



AD HOC COMMITTEE ON COVID-19 ECONOMIC IMPACTS AND RECOVERY

THE RECORD OF ACTION FOR
JULY 9, 2020

Supervisor Candace Andersen, Chair
Supervisor Karen Mitchoff, Vice Chair

Present: Chair Candace Andersen
Vice Chair Karen Mitchoff

Staff Present: Thomas Warne, M.D., Deputy County Health Officer
Julie DiMaggio Enea, Senior Deputy County Administrator

1. Introductions

Chair Andersen welcomed the attendees, introduced the Committee and the Deputy Health Officer, and provided a brief summary of the current status of the virus.

2. Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to two minutes).

All public comment was taken under Agenda Item 4.

3. RECEIVE update on most recent COVID-19 developments and on questions recently received from community members.

Dr. Warne summarized the county's current situation, saying the county has had more than 4,300 cases since the original outbreak of the virus, had 105 new cases on July 8, and a 7-day average of 146 new cases per day. He reported a positivity rate (the number of tests positive for the virus) of 6.9%, noting that our goal is to not exceed a rate of 8%. He reported an average hospitalization rate of 54, noting that we have suffered 88 deaths since the beginning.

He said that in comparison to the seasonal flu that on average infects between 0.8 and 4.2 per 100,000 in population annually, COVID-19 currently has a 7.7 per 100,000 infection rate (not for the full year but just since the first outbreak). Thus, COVID is much more serious than the seasonal flu.

The County is pausing its recovery plan because increases in new case and hospitalization rates are too high. Dr. Warne stressed the importance of testing of even asymptomatic people. The County is targeting county hotspots with outreach and testing. The community is doing a good job following protocols. The younger population is more mobile and social and are experiencing a higher rate of infection.

People in their 30s are 13% of the population but 19% of those infected. We are seeing more hospitalizations of younger adults but, thankfully, not many deaths in that age group. He said that children with COVID don't generally have a severe course of illness and don't seem to play a big role in transmission.

Dr. Warne then addressed questions submitted during the prior week.

- *Local schools and higher education:* *He explained that the County was coordinating with the local schools but policy decisions are made by the State Office of Education and local school districts. The County is not in an authoritative role to schools but a supportive advisory role. The State has not provided guidance for opening higher education, so the County is in a waiting mode. Colleges are planning reopening strategies but are waiting for guidance from the State.*
- *County's current timeline for reopening:* *He noted that we need to pause at least three weeks and watch the numbers before planning any next steps. We are exceeding the State's expectations in terms of the number of tests completed. The business sectors to be opened next will be determined by the risk profile of different activities and the pattern of new cases. We have not yet rolled back any previously allowed activities.*
- *State monitoring list:* *23 counties in the State are on the monitoring list because something about their numbers are causing concern. For Contra Costa County, it is the increase in the number of new cases and hospitalizations. Fortunately, we have not had to roll back business sectors but just had to pause.*
- *Contact tracing, particularly in high-risk living environments:* *He said we are working to mitigate and prevent these outbreaks. High risk environments include social gatherings – graduations, holidays, etc., people from multiple households, indoors, and removing face coverings for eating and drinking.*
- *Out of 56 people in the hospital, 10 were from long term care facilities, so about 18%.*
- *Based on the Stanford model, he estimated we prevented around 4,000 deaths and 21,000 hospitalizations as a result of control measures put into place.*
- *Massachusetts:* *He noted that Boston was hit hard early on, almost as severely as New York. Overall, MA's death rate is 120/100,000 as compared to Contra Costa County's 7.7/100,000. We made different decisions at different times and CA/MA is not an apples to apples comparison.*
- *Swimming/swim lessons:* *Allowed for social bubbles, stable groups of 12, in a pool setting following the County's guidance.*
- *Hospital capacity:* *Hospital capacity can be stressed if people cannot be discharged to nursing homes, but the County works closely with nursing homes to make these transitions as seamless as possible. There are placement alternatives, if necessary.*

4. DISCUSS the June 16 Health Order and any subsequent updates to the timeline for future resumption of business and community activities.

Chair Andersen invited public comment:

- *Jared Thomson thanked Supervisor Mitchoff and Supervisor Andersen's office for responding to him directly via email. He asked if singing is prohibited at outdoor religious services.*
- *Tina Sherwin asked how many out of county patients in County hospitals; why monthly testing vs. 14 days for nursing staff testing, if new cases correlate with hospitalizations, if we know the rate of positive cases with symptoms vs. asymptomatic; for the ratio of COVID ICU patients to COVID non-ICU patients; if contract tracing is performed for protests; and if we are considering the psychological toll of COVID.*
- *Barbara Csider asked if the Jun/Jul deaths had been from nursing home outbreaks; how can we build herd immunity if we are on lockdown; is it possible for someone to test positive if they have antibodies; if the County gets remuneration for testing; why, if masks work, is singing banned; are we worried about people who are asymptomatic with the flu; if the work of a dentist more essential than the work of anyone else who must earn a living; and who are we to make such decisions when a client can choose for him/herself.*
- *Elias Mandalaris noted that indoor fitness has reopened in several counties, and that his business sector operates in a controlled environment and is prepared to insure a safe environment.*
- *Shawna Garvin asked about comorbidities for teens, and people in their 20s and 30s. She asked if the percentage of younger people with COVID is any higher than other age groups.*
- *Mike McDermott noted the two new testing facilities in Concord and suggested mobile sites in busy shopping centers would be more effective than in remote locations by appointment only. He also asked why kids' playgrounds are not open.*
- *Susan Morgan commented that the County's press release on facial masking is in error: all individuals in the County shall comply with the June 14 State order. The State order says that only people with medical exemptions who work in a high contact job need to wear a face shield or equivalent, whereas the County order says that any person with a medical exemption must wear a face covering or alternative face covering. She suggested corrections to the press release.*
- *Ellen Mossman asked what to tell people who are afraid to get tested at a test site for fear of exposure to the virus.*
- *Dylan Snow asked for more evidence of a cost/benefit analysis, contrasting 88 deaths from COVID compared to deaths due to unemployment and other economic and social factors. He commented that half of people with cancer are not receiving treatment, half of children not getting immunized, etc. He asked if we could open schools since most teachers are under 41. He said many students are not logging into online classes.*
- *Allison Snow appreciated the new online data. She requested data on mortality of COVID patients vs. someone admitted for something else and COVID was a secondary diagnosis. She wanted to know the rate of COVID in incarcerated persons, in reference to the early release of prisoners.*
- *Pete Sarna commented on the risk to seniors due to lack of access to health care and fitness facilities. He stressed the importance of fitness and mobility for seniors, how hard they work to attain fitness and how that fits into the COVID*

balance.

- *Francesca Schuler, CEO of InShape, said their gyms have been open since mid-June, 350,000 people check in and they have had not one case of COVID, due to implementation of strict hygiene standards. A survey of 12,000 indicated that members feel safe. Mask are required at all times. She predicted emerging physical and mental health crises if we don't let people get back to their routines. She said we might manage the COVID surge but trade it for a physical and mental health crisis afterward.*
- *Sandra Lee, InShape employee, read letters submitted by members who want the gym to reopen.*
- *ToniR asked if she must suspend disbelief that family gatherings spread the virus but a massive protest in Martinez will not. She complained about restricting kids from seeing grandparents and the effect of cooping people up on their immune systems. She asked how many young children have contracted the virus in the County and in the State? She said there is a disparity of opinions among medical doctors regarding mask wearing and wondered how the general population can be expected to wear a mask properly when even doctors cannot seem to do so. She asked if the medical community ever encouraged healthy people to wear masks during other flu outbreaks.*
- *Doug Cervantes, InShape GM, Concord, commented the agency was founded by a physician to reduce the number of his patients. He said the national health crisis preceded COVID-19 and that health clubs can directly mitigate 8 of the top 10 causes of death that account for 75% of deaths in the county, e.g., cancer and heart disease. He opined that fitness, belonging and human connection (6 feet) can improve survival rate for COVID 19.*
- *Jude Mary asked about the survival rate of this virus in our county? She discussed the negative psychological effects of couching these statistics negatively (i.e., death rate vs. survival rate) especially on the older, more vulnerable population. She asked if the Health Officer agreed with CDC that this virus is unlikely to be transmitted by healthy adults and children. She requested a distinction be made between those hospitalized due to COVID vs. those hospitalized for another reason but test positive for COVID. She asked why the County has not emphasized self-care to boost immunity (a good offense for protection).*
- *Sean Butler, InShape GM, Antioch, offered to serve as an ambassador of the County's COVID safety message and invited County officials to take a tour of the club and its sanitizing program.*
- *Joe Shillace, InShape Area Manager, commented that fitness helps to fight disease and cited specific examples of club members who overcame serious disease through improved fitness.*
- *Eric Skow, InShape Director of Safety and Risk Management, read supportive letters from a County Supervisor in Tulare County.*
- *Lydia expressed concern about depriving children of basic humanity, human touch and interaction with other children and adult family members.*
- *Landi contrasted numerous social restrictions with allowing protests to proceed. She said that long-term care facilities should have been closed a long time ago. She said COVID tests are not accurate and that people's health is deteriorating due to COVID restrictions.*
- *Omar Rahman, In Shape employee, spoke about how the health club is*

proactive, helping to mitigate health problems upstream to avoid more health issues downstream.

- *Jonathan Katayanagi requested guidance on how the new mask order impacts childcare, day care. He noted the potential for cross-contamination with very young children sharing or touching their masks.*

Dr. Warne thanked callers for their thoughtful questions and input.

Regarding church services, he clarified that outdoor singing is allowed with masks but not allowed indoors. Social distancing and stable groups of no more than 12 apply to youth groups. He said the claim that church gatherings are increasing the spread of the virus is a national not local claim.

Regarding hospitalizations of non-County residents, he said the number varies but, on net, there are more County residents hospitalized outside the County. The current recommendation for high-risk professions to be COVID tested monthly instead of bi-weekly considered testing capacity and feasibility for the individuals. There is a correlation between infections and hospitalizations, mitigated by good home care guidance. Of those hospitalized, COVID is an illness that disproportionately puts people into the ICU due primarily to the need for ventilation.

Regarding impacts on mental health, he acknowledged that we cannot sustain a dramatic SIP for a long period due to the deleterious effects on physical and mental health. But the original SIP provided the needed time to develop policies, supply chains, inventories of PPE, and to set up testing and contact tracing capacity – all the strategies designed to protect public health.

He reported that the majority of County deaths (62/88 or 70%) were in skilled nursing facilities. The County focuses on PCR rather than antibody tests. It is possible to be positive for both. Antibody tests will have a role someday, but they are not the County's primary focus right now. We prioritize high-risk individuals, but testing is open to everyone and free of charge. He acknowledged the value of mobile testing sites. Testing sites offer low risk of exposure due to the many precautions put in place and availability of drive-up testing. Testing is important to avoid a further chain of transmission, particularly within families.

He said we are trying to gain a better understanding about the increase in infections in 20/30 year olds. It might be that they are out socializing more, out working more, or both.

He understands the sentiments about children being restricted from playing at playgrounds but explained that this is a State restriction and the County cannot be more lenient than the State. He said the basis is likely the difficulty in regulating playgrounds for social distancing and hygiene protocols.

Regarding the County's face coverings press release, it has been corrected to indicate that it is recommended that people who have medical conditions that prevent the wearing of a tight-fitting mask instead wear a face shield with cloth extension, consistent with State guidance.

Regarding a cost/benefit analysis of the COVID shutdown, he said the Bay Area reacted more quickly and so avoided the level of severity that impacted New York and Europe. A crystal ball wasn't available when early decisions were made, and they were made based on public health urgency. Doubtless, those decisions will be analyzed in hindsight. However, Sweden's economy still suffered in the end despite their different path. He said, of course, we are concerned about delaying preventative care, cancer care, mental health care. Those services are still available as well as vital clinic services.

Dr. Warne recognized the great value of fitness centers to people's overall health and wellbeing, but said we are in a pause on any further openings. Some counties have allowed reopening but while we encourage fitness and made exceptions for outdoor recreation, we are currently in a three-week hold. Any new openings must be indicated by our data.

He said there is clear guidance by the State on what deaths get counted or attributed to Corona virus. Only those cases where the virus was the critical factor in the death are counted as COVID deaths.

He said that Contra Costa County is now, and has long been, part of the regional response to COVID but county hospitals currently have no admissions of prisoners released due to prison overflow.

He said there is COVID guidance around protests. Organizers are encouraged to follow social distancing and masking guidelines to keep safe in that setting. People have speculated that recent protests have led to increased spread of the virus, which is certainly possible, but the tracing data thus far hasn't indicated that.

Regarding the contrast of COVID with other flus, he said that for other flus, we ask people to get vaccinated. We're looking forward to an effective vaccine for the Corona virus. In the meantime, we must stress the importance of facial coverings and other precautionary measures.

5. RECEIVE and APPROVE the Record of Action for the July 2, 2020 meeting.

The Committee approved the July 2, 2020 Record of Action as presented.

AYE: Chair Candace Andersen, Vice Chair Karen Mitchoff
Passed

6. The next meeting is currently scheduled for July 16, 2020.

The Committee confirmed the next meeting date of July 16, 2020. Vice Chair Mitchoff indicated will not be in attendance due to a prior commitment.

7. Adjourn

Chair Andersen adjourned the meeting at 3:41 p.m.

For Additional Information Contact:

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