



AD HOC COMMITTEE ON COVID-19 ECONOMIC IMPACT AND RECOVERY

THE RECORD OF ACTION FOR
JULY 23, 2020

Supervisor Candace Andersen, Chair
Supervisor Karen Mitchoff, Vice Chair

Present: Chair Candace Andersen
Vice Chair Karen Mitchoff

Staff Present: Dr. Ori Tzvieli, Deputy County Health Officer
Julie DiMaggio Enea, Senior Deputy County Administrator

1. Introductions

Chair Andersen introduced the Committee and Dr. Ori Tzvieli, Deputy County Health Director. A list of meeting attendees is attached hereto.

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. Tzvieli recapped the latest County data, reporting total cases of 6425, 500 of which come from Long Term Care Facilities (LTCFs). Nearly one-third or more than 2000 cases were identified in the last 14 days. We reached a new high in the 7-day rolling avg cases/day at 163. Avg hospitalizations = 89. The positivity rate decreased from 8.2 to 5.9%. Testing has increased, exceeding target of 200/100,000 but test results are taking longer due to shortages in reagents, machines, and people to do analysis. Turn around time can be as long as 13 days. CC Health is working hard to develop new resources; the goal is 48-hour turnover for test results. This is not just a local problem, but it is very frustrating. The County's contact tracing team is reaching more patients and their effectiveness will improve as test turnaround time improves.

He highlighted new State guidance on schools. Public and private schools in counties on the State watch list cannot open until the County has been off the watch list for at least two weeks. There is one exception for elementary schools, which can appeal to the health officer and State, who will review applications. Applications must be submitted by the school districts.

Outdoor haircutting is now allowed but not cosmetic services that involve chemicals due to wastewater concerns.

In response to questions received by Committee members during the previous week, Dr. Tzvieli offered the following responses:

- Is it possible to add to the dashboard the historical numbers of positive Covid-19 tests for each town/city so we can compare where we are today to where we were a few weeks or months ago?*

R: There are some minor privacy concerns that CC Health is getting guidance on, but he was able to report that even the County areas that have experienced relatively few cases have at least doubled in the last month.

- The California Interscholastic Federation “CIF” just announced their ruling regarding EDUCATION based fall sports. However, organizations such as Walnut Creek Surf and Soccer club are not education based. Can we get guidance on this ASAP as practices are scheduled to start in mid-August? Are any competitive sports leagues allowed to be playing right now?*

R: Contact sports are not allowed at this time. We expect the State to issue guidance very soon on school sports.

- It is my understanding that Dr. Farnitano stated at last week’s meeting that children are less likely to pass the virus to other children and adults. A few questions regarding this: (1) Have you or do you plan on sharing this vital information with the Governor’s office, the state superintendent, the Contra Costa Board of Education, and the local school districts? (2) Also, since children are less likely to pass it to other children and adults, will you be modifying the “stable group of 12” since the “science” apparently does not support this any longer?*

R.: Kids younger than 10 transmit the virus much less than children older than 10, who appear to transmit the virus like an adult. CC Health will be looking at these subtleties when determining future policies. It is unlikely that groups of 12 will be increased. While there is no magic number, 12 is considered a manageable group size for social distancing.

- When can we expect to see hospitalization data on the dashboard by age group?*

R: We have not received that data from all of the hospitals yet but all hospitals have committed to provide that data, so Dr. Tzvieli expects to see that data in two weeks.

- For COVID positive nursing home residents not hospitalized, how are they separated from other residents to prevent the spread to other residents?*

R: The State has mandated that a separate wing, including dining and break rooms, be assigned for COVID positive residents. Deaths in LTCFs make up 70% of county deaths. The County has a program of testing all LTCF staff by end of June and all LTCF residents by end of July. LTCF infection control practices are improving and becoming more consistent with more education.

- Why do the number of active outbreaks in nursing homes continue to climb?*

R: There is more COVID everywhere, so nursing homes reflect the overall community. Workers can bring it in.

- Is the county still hiring contact tracers? Is the application open to the general public?*

R: The application period is currently closed. The County received over 500 names. If more positions are needed, the County will resume recruiting.

- Can you share more about the county's role in elementary school waivers? What are the specific metrics the health officer would be using to allow an elementary school a waiver to open for in person learning?*

R: Elementary schools can appeal to the health officer and State, who will review applications. Applications must be submitted by the school districts. The application and review process is currently being designed so no criteria have been established thus far.

- Any updates on testing backlog/shortage? Are we seeing local providers offering testing like the Governor wants?*

R: More local providers are offering testing, but everyone is struggling with the shortage of lab analysis, which is the current bottleneck.

- Some Playgrounds in Southern California are open. Is there anything in the State Order that would allow us to open some playgrounds?*

R: Understands the frustration but the State does not currently permit playgrounds to open. Dr. Tzvieli is optimistic that this restriction might be relaxed when cases begin to decrease.

- Hospitalizations?*

R: More younger people are now being hospitalized but their stay is generally shorter, and fewer end up in the ICU. We have enough hospital and ICU capacity right now, but we are watching the numbers carefully. Hospitalizations lag the positivity rate.

- Does a person in a restaurant drive-through wear a mask? Do their passengers need to wear a mask?*

R: The six-foot social distancing rule still applies; therefore, the driver should wear a mask. The passenger is probably not technically required but may wear a mask to the extent they are in contact with the driver. This helps to protect the employee and everyone else going through the drive-through.

4. DISCUSS the July 7th and 11th updated Health Orders and any subsequent updates to the timeline for future resumption of business and community activities.

Chair Andersen invited public comment:

Tina Sherwin asked if contact tracers specifically ask if a person attended a protest or a church service, or are the questions more generic? She asked if contact tracings have identified cases from attending church. She asked when will libraries fully reopen? Dr. Tzvieli said the contract tracers can ask all of those questions. He does

not believe that protests were a big factor in transmission based on Minnesota data. Outdoor gatherings are lower risk than indoor. He cannot speak to Library policies but they are indoor and considered high-risk. May not be practical to open by appointment only.

Shawna Garvin said that the July health order doesn't have any additional requirements on youth camps, but various cities seem to be applying higher standards than the County. She asked if there different requirements between sports, e.g., baseball vs. soccer? Dr. Tzvieli responded that any business or camp may choose to take more precautions than minimally required in the Health Order.

Kimba Joy Theurich discussed Dr. Michael Mena, a Harvard immunologist/epidemiologist, and the possibility of doing rapid home saliva tests for as little as \$1/test. She said the FDA is holding up these tests because their accuracy is not up to FDA standards. Dr. Mena posits that frequency of testing is more important than test accuracy at this point. These tests already exist but are being held up. Kimba thinks these tests would be a good interim solution until the lab bottleneck gets solved. Dr. Tzvieli likes Dr. Mena's proposal and supports the concept. He thinks we will move towards that sort of solution at least in specific high-risk industries.

Jared Thomsen requested clarification on State church guidance. He asked if the rule is 25% capacity or 100 people or less. Is there a capacity limit on outdoor services? Dr. Tzvieli responded that indoor services are currently not allowed by both State and County orders. Outdoor services are allowed with no limit under County order. He was not sure about the State order and referred Jared to the State website.

Landi discussed how the County took over the Motel 6 in Pittsburg with no City involvement. She said that Pittsburg already has a big homeless crisis, and now the County has taken a large sales tax generator from Pittsburg. She asked why didn't the County purchase a hotel in Walnut Creek instead of Pittsburg and whether it was due to the economic divide between the two cities? Vice Chair Mitchoff explained that the County contacted many hotels, some of whom were willing to sell and some who were not. Motel 6 in Pittsburg was selected because they offered to sell to the County under the grant program.

Paul Silva said that over 70% of those hospitalized were from a LTCF, and asked about the composition of the other 30%: what is age breakdown and where are they coming from? Dr. Tzvieli clarified 70% of deaths not hospitalizations were from LTCFs. He clarified that we have no State prisoners in our hospital system. Most of the hospitalizations are the elderly but there have been some people in the 30s.

Toni R asked a series of questions: Why is everyone subjected to the same restrictions as those living in nursing homes? Were there any other illnesses where asymptomatic people were encouraged to be tested? Why would anyone want to be tested when the response is to increase restrictions on everyday activities? The increase in cases was expected as activities were opened, so why wasn't this simply accepted rather than shut everything down again? Why aren't we reporting the number of recoveries as well as the number of hospitalizations and deaths? The State and County are not following science as claimed. If they were, playgrounds and schools would be open. Will life ever be normal? Does it concern the health officer that so many businesses

will be shut down for good?

Dr. Tzvieli responded that asymptomatic people are less likely to transmit the virus but still can, somewhat, so depending on our current testing capacity it may be worth testing the asymptomatic. When testing resources were scarce, the asymptomatic were a lower priority for testing. Right now, there is more testing demand than supply so we are prioritizing the symptomatic because there are 20% chance of positivity with symptomatic people. There is a 5% chance of positivity for family members of symptomatic people. Asymptomatic people have 2% chance of positivity.

He disagrees that more testing leads to more restrictions. Our most restrictive rules applied during the shelter in place, when very little testing was being done. On the contrary, he sees more testing leading to opening the county. People who test positive take their quarantine more seriously. He said we do look at how many people recover: 100 deaths out of 6,000 cases so, clearly, the vast majority do recover. Part of Health's job is to keep the number who do not recover as low as possible.

He acknowledged that isolation contributes to many negative mental health outcomes, which is also a concern. It's a tough balancing act. He is likewise concerned about people losing their businesses, which is why they try to open business sectors as soon as is prudent. He thinks an effective vaccine that people trust and take will help us return to a normal life.

Barbara Csider asked what kind of actions we are taking to mitigate deaths in nursing homes, which have been driving our numbers. Some of the elderly have been locked in rooms for 4 months. If we are placing the homeless in hotels, she asked why can't we do the same for our non-COVID elderly, who are not being allowed to live properly? Why are healthy people being shuttered? Are tracers forbidden to ask if a person has participated in a protest? Dr. Tzvieli responded that CC Health does a lot of education on infection control. The County conducts baseline surveillance testing and when there is an outbreak, we test more frequently (every 7 days). Frequent communication, Outbreaks Team. He clarified that nursing homes are State regulated. The County will call the State in when there are staffing concerns at nursing homes.

Beth Baron commented about Dr. Mena's home tests. She said the home tests have less accuracy for determining the type of virus but more accuracy in determining who can transmit the virus. She supports use of these tests as it will help to bridge the gap between people who believe we should continue isolating ourselves with those who believe the government restrictions are too intrusive on personal rights. She asked how we can best advocate for these tests. To advocate, Dr. Tzvieli suggests lobbying the FDA.

Lisa Blackwell commented about the sensitivity of viral tests and contact tracing. She asked for recommendations for people who test positive. Dr. Tzvieli referred her to the County website for full guidance, but recommended isolation and encouraging close contacts to also get tested.

Mike McDermott commented about the changes in rules for indoor church services: First 12, then 100, then 0. He suggested that we need configuration management for

each type of entity to avoid confusion: explain the rules both before the change and after the change. He asked what data supports the new restriction on churches? Dr. Tzvieli responded that COVID infection numbers caused the change in rules.

Robin Wood commented about the Manor Care Tyce Valley LTCF, claiming it is understaffed and staff are not wearing proper PPE. She asked how the County is monitoring that, how to test following quarantine period, and how to get loved ones out of that facility and into a safer environment. She said about 40 employees have gotten sick, causing mental stress on residents and family members. She asked why the May 29 testing order came out so late?

Lori Moraca requested to have school staff tested twice monthly. She has been told they must wait 30 days or longer. Dr. Tzvieli said that because demand for testing is currently so high, we are prioritizing the symptomatic right now, so 30-day restriction will remain until testing capacity increases. He said that people who have medical insurance may be able to obtain a test for their own medical provider who may be willing to test more frequently.

Ellen Mossman noted that she sent Dr. Mena articles and link to his presentation to the County Health Officer.

Elias Mandilares asked the health officer to have a dialogue on guidelines on lap swimming. Dr. Tzvieli responded that CC Health welcomes hearing proposals that make sense within the State restrictions. Right now, however, the County is not inclined to loosen restrictions due to current COVID numbers.

Danielle Barcena asked how contact tracing is done for people who work but not reside in Contra Costa County. Dr. Tzvieli responded that there are two types of contact tracing: home and work, each being conducted by whichever County has jurisdiction.

Lydia commented that it was tiresome that law-abiding citizens live under the constant threat of lockdown, when 18,000 prisoners are being released, which will endanger citizens' safety. She asked if the County is being compensated per test and if testing of asymptomatic people is important, then why are their tests given lower priority for analysis? She asked if the test specifically identifies COVID-19 or any coronavirus? Dr. Tzvieli said the PCR test is specific to COVID-19. Prisoners are required to quarantine for 14 days. He said the County gets reimbursed for the cost of COVID tests via private insurance or FEMA funding. Vice Chair Mitchoff emphasized that the County and county taxpayers are reimbursed for the cost of conducting COVID tests but money is not the motivation for testing.

Vice Chair Mitchoff asked if it was possible for one person to count for multiple cases. Dr. Tzvieli answer er is no and went on to say that we don't yet know if someone can catch COVID twice. Tests can stay positive for a long time. The general rule is not to test sooner than three months following a positive test, but there are exceptions.

5. RECEIVE and APPROVE the Record of Action for the July 16, 2020 meeting.

The Committee approved the Record of Action for the July 16, 2020 meeting as presented.

AYE: Chair Candace Andersen, Vice Chair Karen Mitchoff

Passed

6. The next meeting is currently scheduled for July 30, 2020.

Chair Andersen confirmed the next meeting date of July 30 and announced that the Committee will be moving to a biweekly meeting schedule unless changing circumstances dictate otherwise.

7. Adjourn

Chair Andersen adjourned the meeting at 2:23 p.m.

For Additional Information Contact:

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