



AD HOC COMMITTEE ON COVID-19 ECONOMIC IMPACT AND RECOVERY

THE RECORD OF ACTION FOR
JULY 30, 2020

Supervisor Candace Andersen, Chair
Supervisor Karen Mitchoff, Vice Chair

Present: Chair Candace Andersen
Vice Chair Karen Mitchoff

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

1. Introductions

Chair Andersen called the meeting to order and introduced the Committee and Dr. Chris Farnitano, County Health Officer. She explained the format for the meeting.

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. Farnitano gave an overview of the COVID-19 situation. As a nation, we have exceeded 150,000 COVID related deaths and California has now surpassed New York for the most cases, understanding that California has a much higher population than New York.

San Mateo County has now been added to State's monitoring list, which means it must also close indoor dining, shopping malls, nonessential workplaces, hair care, religious services. So now the entire Bay Area and most of central valley are under the same restrictions.

Contra Costa County's trend line is not encouraging. There are 7,577 known cases, at least 1,000 of those are active. We have an average of 203 new cases/day as of three days ago. Our positivity rate has increased to 8.8%, the highest level since early April.

We've experienced a steady rise in hospitalizations throughout July. Currently, 108 people are hospitalized. We are seeing widespread transmission in all communities

related to social gatherings, food care and health care workers, and within households where one family member has tested positive. This week, we have had more outbreaks since the beginning of the pandemic. The County's Outbreak Team is very active.

Fortunately, we still have a lot of capacity, with 26% of adult ICU capacity remaining. The state considers a 20% remaining capacity worrisome.

The most significant current challenge is test turnaround time due to shortages of machines, reagents, and other supplies up and down the supply chain, including large commercial labs. We have had a surge of testing, which is ineffective if we cannot get test results soon enough to interrupt transmission of the virus. The County is exploring every avenue for supplies. We have added capacity at the State Lab in Richmond. New quick tests of 10-20 samples a day to be prioritized for emergency situations. The County will be increasing salaries for County Lab Techs to be more competitive in the labor market.

The County's strategy has been to gradually open new sectors, combined with testing and contact tracing. The testing is an important part of the County's overall strategy, so we must address the testing turnaround challenge for the strategy to have a chance of being effective.

Dr. Farnitano responded to questions received by Committee members and staff during the previous week.

The State announced the schools in counties on the monitoring list must do digital/distance learning until a county is off the list for at least two weeks. It is expected that the State will, tomorrow, release a waiver process for certain elementary schools. Waivers are not likely to be granted in counties where cases are increasing. Case rates must be stable and testing capacity must be available. This is not feasible for Contra Costa County right now.

Our County was prioritizing teachers and daycare providers among others at County-run testing sites as well as State-run sites. Currently, the highest priority for testing are hospitalized patients with COVID symptoms; outbreak investigations; people who are symptomatic, especially if they are close contacts of a person who tested positive; and asymptomatic people who are in high-risk settings (first responder, caring for elderly, works in a correctional or congregate care facility). With the shortage of test analysis and closure of schools, teachers are not currently being prioritized. It is likely that the granting of waivers will be conditioned upon the ability for schools to get their teachers tested. At that point, teachers may again be prioritized for testing.

The local health order does not allow outdoor gyms to be open. It would have been part of the July reopening plan, but that plan was postponed due to the rise in COVID numbers. Until we see cases stabilize or improve, we won't be opening any additional business sectors. We haven't seen any outbreaks from gyms because they have not been open. Hair salons were open for a couple of weeks indoors and are allowed outdoors. Dr. Farnitano said he is not aware of any recent outbreaks in either sector.

Fines now established for failing to follow the health order. He is not aware of any citations yet. Health orders are legal orders. Violations are a misdemeanor crime. The new ordinance now provides for civil penalties if education doesn't gain compliance. It is really a last resort to gain compliance of businesses that willfully continue to violate orders and risk their employees' and patrons' safety. To report concerns, call local law enforcement at nonemergency # or the Consumer Complaint Hotline: 925-957-8608 which routes to the District Attorney's Office. He later said that local code enforcement and health inspectors could issue citations and there is also an appeals process.

Regarding nursing homes, Dr. Farnitano said that the risk of death is high once the virus penetrates a facility. The County issued an order in May requiring testing of all residents and staff, and repeat testing of 25% of staff weekly. The order covers 20 nursing homes and 60 assisted living facilities in this county. This exceeds the state requirements, which do not extend to assisted living facilities. County staff have been active in training staff at these facilities and providing PPE if needed. The County has been heavily involved whenever a case is identified, to help isolate individuals. The challenge is when there is widespread transmission of the virus even outside of these facilities because workers can pick up the virus anywhere and be asymptomatic and then bring the virus into the facility. The County requires symptoms screening of staff every day to minimize risk, but we cannot eliminate all risk. What the State could do to help is mandate more sick leave and mandate an increase to staffing ratios so that facilities are less crowded, and staff aren't as stretched to care for so many individuals. Also, the State could improve home support facilities. We can all advocate to support these facilities and decrease the impact on them.

He said the County's highest priority is to address the lab shortage issue. We're also adding contact tracing staff throughout August. Next is enforcement to curtail risky practices that lead to virus transmission. If these strategies don't work, we may need to close additional sectors, order hospitals to curtail elective surgeries to preserve capacity for COVID, and institute surveillance testing (of the asymptomatic) at high-risk businesses (which would require a robust testing program).

Regarding the Long-Term Care Facility (LTCF) Dashboard, he reported that 541 of cases so far out of 7714 are from LTCFs, so only 7%, and 78 hospitalizations to date. Despite those relatively low rates, 81/109 or 74% of all deaths are from LTCF residents and staff. In San Quentin Prison, 2/3 of inmates have tested positive. None are or have been hospitalized in Contra Costa County. Dr. Farnitano does not have numbers for the average age of patients in hospital but noted that we are seeing more younger people in the hospital now. Anyone who was recently diagnosed with COVID-19 and has died is counted in the death rates, even if there were comorbidities.

Vice Chair Mitchoff commented on Santa Clara County's statement that clarifies that the number of deaths reported reflect people who died and were positive for COVID, even if they died from other causes. Dr. Farnitano said that until an autopsy report is made, we cannot know what the primary cause of death was, so the Contra Costa County Dashboard reports all deaths of people who recently tested positive for COVID (the dashboard states, "Total deaths from COVID-19 in Contra Costa").

Autopsy reports could take months.

He read Nicole Lecher's comments regarding her concerns about the financial impact on businesses who had to close.

He discussed temperature checks saying they are less effective than symptom checking at workplaces because fever is often not the first symptom that people with COVID experience. He thought motion sensor faucets, drinking taps, and hand sanitizers are good ideas but does not plan to mandate it. He explained the health orders as they apply to masking in offices. He said that testing of all County employees monthly is a good idea but not feasible at this time.

Regarding reusable bags at grocery stores, people are permitted to bring in their own bags if the store staff are not required to touch the bags, so customers must bag their own groceries.

He explained that the authority for issuing health orders resides with the County health official. Some cities have a city health department and can issue orders. Cities may be able to place additional restrictions under their city ordinance codes.

He discussed the State-funded Project Roomkey, under which the County houses high-risk or at-risk homeless, individuals who are elderly and have chronic conditions, and people who have tested positive or are awaiting test results and do not have a safe place to isolate.

Dr. Farnitano described the four main criteria for being on the State monitoring list and cautioned that due to the several-day lag in reporting, the County dashboard and State numbers do not always match. He named these criteria:

- if the number of cases over the last 14 days exceeds 100/100,000 people. We would have to get below that rate for at least three consecutive days to satisfy that criterion.*
- the average case positivity rate exceeding 8% over a 7-day period. The County is currently at 8.8%.*
- the number of hospitalizations over the past three days as compared to the three days before that.*
- the ICU capacity: are there at least 20% of ICU bed capacity remaining and do we have at least 25% of our ventilators available?*

He mentioned some of the activities that are directly tied to being on or off the State monitoring list, such as schools and additional business sectors.

Regarding restaurants, County Health requires restaurant employees who test positive to quarantine at home for 14 days, anyone they worked with closely must also, all employees to be tested, and infection control protocols examined. If the restaurant isn't cooperating, the County can close them down.

He discussed the risks for seniors eating outdoors at restaurants. He said it is not zero risk and he recommended against it. Even if one can legally do an activity doesn't mean one should do it, especially if one is in a high-risk group.

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.

Mike McDermott observed the inverse relationship between low number of tests and the high positivity rate. He theorized that since we are prioritizing testing of high-risk and symptomatic people, we are likely to have a higher positivity rate. He thinks more testing capacity is vital and suggested adding a metric to the Dashboard showing the average turnaround time for test results. He criticized the County's efforts with contact tracing (low numbers) and said the County appears to have been unprepared. He asked about the number of bilingual contact tracers.

Dr. Farnitano concurred and noted that a high positivity rate may also indicate that we're not doing enough testing of the asymptomatic. He noted that we have reached our minimum testing goal. He said we have more than 120 but a goal of getting 187. He said our recruiting encourages bilingual applicants. About 30% of County employed tracers are bilingual plus we have access to contract interpreter services. He added that 46 State contact tracers supplement the local contact tracers.

Susan Morgan reported that some places including John Muir Health in Brentwood insist that patrons may only enter if wearing a mask, not shield, even if they have a legitimate exemption from the mask rule. She asked if that violates the law and what recourse she has. Dr. Farnitano explained that certain health facilities can implement stricter rules and refuse service if a mask isn't worn.

Shell spoke about apartment pools and suggested that the rules should take into consideration the proximity of the pool to residences and HVAC systems. Dr. Farnitano said they haven't seen much transmission through HVAC systems and believes the risk is comparatively low. The virus is mostly passed person to person.

Barbara Csider asked a series of questions: What number of ICU beds are strictly COVID related? Are business owners allowed to ask about the nature of a medical exemption from wearing a mask? What is the Penal Code section applicable to wearing a mask? How many patients are we taking from other counties? LTCFs, why aren't we prioritizing the tests of the symptomatic? Are we concerned about the release of 18,000 San Quentin inmates? Will Contra Costa adjust the COVID death statistic to break out the number that had comorbidities that caused or contributed to death? She also asked about face shield requirements.

Dr. Farnitano said that 152 ICU beds are occupied, of which 36 are COVID positive and four more are suspected to be. He said we periodically poll our hospitals to determine how many nonresident patients are in our system. At last check, there were four. He said we are prioritizing the symptomatic for testing. He said it would require a lot of manual work to go back and update death data once actual cause of death was determined through autopsy. He doesn't expect it would make a big difference but understands the importance of confidence in the numbers. Face shields with cloth coverings are required for employees who are required to wear masks but cannot; face shields are not required but are recommended for non-employees/customers who are otherwise required to wear a mask but have a

legitimate exemption.

Call in User #1 (Toni R) asked why some businesses are deemed nonessential vs. the big box stores like Costco and Wal-Mart. She claimed that Dr. Redfield at CDC said that suicide rates have spiked. She asked why we are having another sales tax measure and why the citizens are always expected to shore up government. She asked if the County was concerned about the potential for increased crime due to the early release of San Quentin inmates. She contrasted the release of people who have committed serious crimes with people cited for failing to mask under the Health Order.

Dr. Farnitano said the State determines which businesses are essential and nonessential but State and local orders are mostly moving away from that distinction.

Dane's iPad asked if a family member tests positive, is it true that you cannot get hydroxychloroquine (HCQ)? Dr. Farnitano replied that HCQ is a legal drug approved by the FDA and can be prescribed by a doctor but has been found to not be an effective COVID treatment and may be harmful, so most doctors are not prescribing it.

Jerry L commented that the administrative fine starting at \$100 seems excessive and much higher than a parking ticket.

Chair Andersen acknowledged that the fine is, indeed, more than a parking ticket. She and the Board do not envision law enforcement actively searching for violators of the mask order. The purpose of the administrative fines is to provide a more efficient method of achieving compliance than the criminal misdemeanor prosecution process, and then only after education hasn't achieved compliance. She explained that the administrative process provides an opportunity for appeal before a hearing officer.

5. RECEIVE and APPROVE the Record of Action for the July 23, 2020 meeting.

The Record of Action for the July 23, 2020 meeting was approved as presented.

AYE: Chair Candace Andersen, Vice Chair Karen Mitchoff
Passed

6. The next meeting is currently scheduled for August 13, 2020.

The Committee confirmed the next meeting date of August 13.

7. Adjourn

Chair Andersen invited attendees to email any additional questions to her and Supervisor Mitchoff, and adjourned the meeting at 2:50 p.m.

For Additional Information Contact:

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