

## AD HOC COMMITTEE ON COVID-19 ECONOMIC IMPACT AND RECOVERY

THE RECORD OF ACTION FOR AUGUST 13, 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 called the meeting to order at 1:30 p.m., introduced the Committee, provided a brief summary of the meeting format, and introduced Deputy County Health Officer Dr. Ori Tzvieli, who would provide a status update and respond to questions received since the last 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. Tzvieli provided an update on the COVID-19 pandemic. He said California's current COVID status is muddled because about 300,000 lab tests didn't make it over to the State lab and a few thousand of those were from Contra Costa County. The State identified this problem last week and we are still catching up, having to manually enter a lot of data. There may be still more cases in limbo, especially related to issues with Kaiser Permanente lab tests. In combination, the case count and positivity rate, while not perfect, at least give us a sense of the trend. Death and hospitalization counts are correct; they peaked in July and are showing a very small decline in August. The situation should become much clearer next week, when we expect to have much of these data issues resolved.

He said the County, not the State, is leading the effort on contract tracing in our county. The State has provided about 30 tracers and the County is training them. We have about 200 people doing that work on individual cases, long-term care facilities (LTCFs), and employers. We have been able to reach out to active cases in less than

10 days since a positive test result but are frustrated by slow lab test turnaround time. The County is working very hard to improve this and will be contracting with new labs that promise 24-48 hours turnaround time. Everyone understands the importance of turnaround time.

The tracing cohort is fully staffed, and the County is not actively recruiting for contact tracers. Tracing starts with a positive test result; that person identifies who their contacts are and then tracers work to contact those individuals. The County also coordinates with community clinics.

The County will likely not consider approving elementary school waivers until the COVID case and positivity rates are stable or declining for two weeks; there is too much transmission going on to open schools now. If we reopen schools prematurely, hundreds and even thousands can contract the virus. We will have the application process ready for the time when waivers will be accepted. The State is only allowing (TK) Transitional Kindergarten to 6th grade to open because older kids can transmit the virus more easily than younger kids.

Outdoor business will likely be some of the first to be reopened when the data supports it. They are considered the least risk.

4. DISCUSS the July 7th and 11th, and August 5th updated Health Orders and any subsequent updates to the timeline for future resumption of business and community activities.

Chair Andersen then invited public comment, which is summarized below:

- Shawna Garvin believes the County's actions in response to the pandemic are tantamount to child abuse in the form of neglect. She stated that the data doesn't support the County's restrictions on schooling, and children's sports and social events.
- Tina Sherwin, clinical lab scientist, asked for more accurate COVID data. She asked that new cases and deaths be reported as of the date of the test and date of death rather than the date those events are reported to the County. She observed that the test results are moot since the test result turnaround time exceeds the length of the quarantine period. She asked when the County could begin reporting hospitalizations by age group and city just as deaths and cases are currently reported.
- Erika Coday asked if two families use a Homeowners' Association pool at the same time with one adult as monitor. She also asked if a pool monitor is required if one household in on a pool deck.
- The Angstenberger Family asked why neighboring counties have already accepted school waiver requests. They asked if we can we break the county down by region so that a region with stable or declining cases can be considered for school waivers.
- Barbara Csider observed that for five months, Contra Costans have been under strictest rules in the State. She asked: do we any timeline from the state on reopening; why are we not pushing back on the State; what is the County is doing to mitigate outbreaks in LTCFs, whose numbers significantly drive policy decisions for all other activities within the county. She asked why small private

elementary schools are being denied waivers. She asked how many occupied ICU beds are strictly COVID related.

- Jacqueline Halm asked to see the number of negative tests published along with the number of positive tests and deaths. She said that no statistics have been given for regular flu. She described the heightened challenges of teaching students who have disabilities, and her feelings hopelessness and frustration. She is concerned about health/wellbeing of all students but particularly disabled students.
- Dane's iPad asked about HCQ) and Remdesivir for treatment of COVID-19.Dr. Tzvieli responded that Remdesivir was approved in late July but HCQ has not been approved or proven effective.
- Ellen Mossman discussed the potential benefits of rapid turnaround testing. She said they are fast, cheap, can be done daily, and would be a game changer. She said they are not yet approved but people are pushing the regulatory agencies to move forward. She asked if the County is looking into this.
- Jen Juroff asked to adjust data reporting to reflect the date of death. She said that active cases and death rates are below 0.1%, and so wondered why the County continues to spread what she considers to be inflammatory data and maintain such restrictive health orders since most of the population are not at high risk.
- ToniH asked if people are being counted for multiple positive cases, and how false positive tests are being counted. She stated that death statistics should be verified/corrected ex post facto by autopsy results. She said that SIP (shelter in place) started at three weeks but has turned into a 150+ day lockdown, and it's time to open our economy and continue SIP for only those most at risk.
- Unlimited (Mark), Danville business owner, said that Contra Costa COVID-19 deaths are at 149, less than 0.5%, not accounting for seasonal flu victims. In his opinion, Contra Costa leaders have decimated the county for no reason. He vowed to track this and report it on social media for accountability of elected officials. He characterized COVID-9 as a fake Chinese virus decimating families, business and community with no pushback from leadership and complained about the negative effect of 8,000 parents now unemployed and out of business.
- Beth Barron also expressed interest in rapid response daily testing and encouraged everyone to advocate for it, as it seems a good way to squash the pandemic, open the economy sooner, and bridge the divide between people who are advocating for each. She offered information about avenues to advocate for rapid testing.
- Lucy Burkmeister asked why preschools, daycares, shadow schools and distance learning support schools are permitted in to operate in person, but small private schools are not permitted to seek a waiver at this time.
- Jerry L commented about a lack of consistency in policy. He said our numbers are relatively good yet we're stricter than every other county. He asked which the County is more concerned about: deaths or sickness. He also commented about the rationale for the administrative penalties for violating the mask order.
- Concerned Citizen (Lydia) was concerned about the 18,000 prisoners to be released and their impact on community health and safety, which the County is supposed to be safeguarding. She asked if the County is pushing back on this at all and, if not, then why not.

• Call in User 1 (ToniR) asked why the whole county is being shut down when most deaths have occurred in rest homes. Rest homes have been shut down for months. She asked how does the Health Officer reconcile that so many in the community are ill when rest homes are shut down? She claimed that the community is being held hostage by rest home deaths. She asked under what authority do County officials get to decide whether to submit school waivers.

Dr. Tzvieli acknowledged that people feel the county has been shut down too long and that the impacts are striking. He appreciates that perspective and people's fears about the virus. He recognized that there are strong feelings and voices for both perspectives.

He agreed that Dashboard data should reflect tests as of the date taken vs. when the results were reported to the County. He will investigate the capacity for reporting deaths by date of death and noted that, generally, deaths are reported to the County close to the actual date of death. He will also investigate the capacity for reporting hospitalizations by age group and adding an "Unknown" category. He cautioned that we are making many data demands on our hospitals, who are always so busy and overwhelmed. He said that people who are aged 50+ will dominate the hospital death numbers. He said that the number of negative tests can be derived by subtracting the positive tests from the total tests, both of which are reported don the County's COVID dashboard.

He clarified that two separate households may be able to use a HOA pool simultaneously depending on the size of the pool. Chair Andersen advised that two households can use the pool simultaneously if they are complying with health order (six feet apart) under the supervision of an adult pool monitor, which can be one of the household members.

Dr. Tzvieli explained that we must get a comfort level that our data is accurate before we can make the finding of stability or a decline in cases that would make school waivers possible. He said that schools are a high priority and will be reopened as soon as it is deemed safe.

He explained that the county remains on the State watchlist until the State does a reevaluation, which is expected next week. LTCFs account for close to two-thirds of COVID deaths in the county. He said we are doing extensive education with 44 LTCFs right now. Three zones get established: negative, positive and at-risk, with different recommended staffing and PPE guidelines for each zone.

He did not have a breakdown of ICU numbers, but Chair Andersen provided a link to a State website that breaks down ICU availability and COVID patients statewide and county by county. Contra Costa County's hospital and ICU capacity is currently adequate.

He advised that Remdesivir is currently the only proven treatment for COVID-19. He explained that the County receives an allotment of that drug based on county size and number of cases. It is reserved in this county for people who are the sickest. He reiterated that studies so far on HCQ have not proven any benefit for treatment of COVID 19 and has not received FDA approval.

He said he is a fan of rapid turnaround testing, described it as the "holy grail" of testing solutions and said the County is looking into it. He said as an antigen test, which identifies proteins secreted by the virus, it is most effective during the first five days of symptoms and so is not recommended for the asymptomatic. It is not widely available yet, less accurate, but good enough to be useful for the early symptomatic. He says it will likely be part of the future County strategy.

With regard to countywide restrictions of even lower-risk populations, he explained that the County is restricting even lower risk people because we are all interconnected and there is no way to isolate the elderly completely. When we have more COVID in the community, it transmits to older people. He said that 3/1,000 who get the virus will die, so the more cases we have, the more deaths we will have. So we are concerned about both deaths and sickness. We know we cannot stop the virus, so our goals are to mitigate transmission and slow it down to provide more time for a vaccine and treatments to be developed. Different countries have taken different approaches and the results were not always positive, Sweden as an example. Many opinions are valid.

Dr. Tzvieli said he is concerned about the health of the community during prison releases, which is why prisoners must enter 14 days of quarantine, either at home or in hotels, before they re-enter the community. Chair Andersen interjected that, in terms of public safety from the law enforcement standpoint, the State not County determines which prisoners will be released. The County Probation Department will supervise some of those who have been released. We have accepted none of these prisoners so far in County jails or hospitals. Thanks to our Sheriff and Health Dept., we have had no outbreaks in our jails. The County released people early on for safety reasons, but our Sheriff was very careful to make risk assessments to determine who could be released and to keep violent offenders incarcerated. Local law enforcement knows who is being released and will exercise due diligence.

He clarified that COVID death data has not included regular flu deaths. Flu season is coming up and COVID safety and hygiene practices will likely mitigate some of the regular flu. A planned surveillance project will test for both seasonal flu and COVID; he recommended that everyone get a regular flu shot.

Multiple positive test results for the same person are de-duplicated in data reporting and only counted once. He recommends not to test for at least three months after testing positive. Science isn't clear yet about whether a person can get COVID more than once.

Chair Andersen asked Dr. Tzvieli what the future vision is for the county. She said through the twists and turns of this virus, we have relied on science and data to inform policy. She said our early actions saved many lives but even now we are experiencing a surge, going from 10 to 110 hospitalizations in just a few months. We had 20 deaths in the last week, 11 of which were older people not from LTCFs but from within the general community.

She acknowledged that schooling during the pandemic is far from a perfect situation, but the County's goal is to keep children and families safe and open back up as soon

as it is safe.

Dr. Tzvieli said that what would indicate a safe enough environment for schools to obtain waivers are a stable or decreasing case count, decreased hospitalization, and getting removed from the State watch list. He foresees the reopening of outdoor businesses. He is hoping for a vaccine in fall/winter and for better treatments to pan out. He foresees faster turnaround time on testing, so that tracing will be more effective. He said that to the extent the community can endorse compliance, we'll open that much sooner.

Chair Andersen encouraged voting by mail in the November election, but noted that some polling places will be available.

She also discussed enforcement of the mask order and the role of the DA and law enforcement in that enforcement. The focus will be on education rather than penalization. We can operate businesses more safely if everyone observes the COVID prevention rules.

Vice Chair Mitchoff appreciates the challenges of parents with schoolchildren but cited examples of school outbreaks. Science is demonstrating that masking helps to reduce transmission. Dr. Tzvieli added that children over 10 can transmit the virus just as an adult. While they get milder illness and few die, they are yet part of the transmission cycle.

He concluded by summarizing the quarantine orders for people who have tested positive, been in contact with someone who tested positive or have symptoms.

5. RECEIVE and APPROVE the Record of Action for the July 30, 2020 meeting.

The Committee approved the Record of Action for the July 30, 2020 meeting as presented.

AYE: Chair Candace Andersen, Vice Chair Karen Mitchoff Passed

6. The next meeting is currently scheduled for August 27, 2020.

Chair Andersen announced that the next meeting has been rescheduled to September 3, 2020 at 1:30 p.m.

7. Adjourn

Chair Andersen adjourned the meeting at 3:00 p.m.