Public Health COVID-19 update

Alan Melnick, MD, MPH, CPH

Board of Health

June 17, 2020

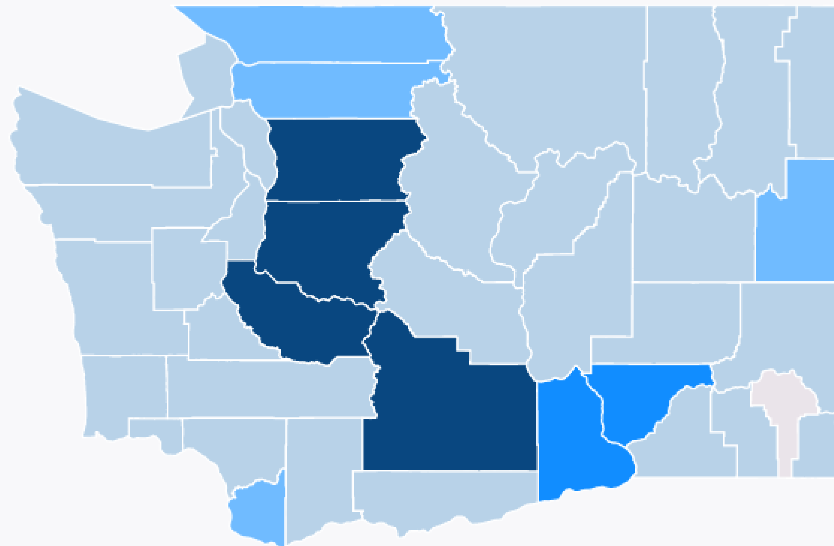
Washington state

as of June 16

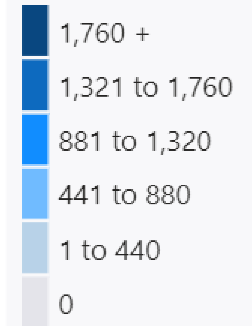
Confirmed Cases	26,158
Hospitalizations	3,894
Deaths	1,221
Percent of Deaths (deaths/confirmed cases)	4.7%
Total Tests	471,265
Percent Positive	5.6%

Please click "Learn More" for more information.

Confirmed Cases by County



Legend



91 of 26,158 confirmed cases do not have an assigned county

Case numbers rising in Washington

- Latest statewide situation report shows COVID-19 transmission continues to increase in Eastern Washington; transmission had been flat in Western Washington, but now increasing.
  - Results include possible transmission over Memorial Day weekend but not any potential increases from recent protests (data up to June 3 for Eastern Washington and June 5 for Western Washington)
- Effective reproductive number in Eastern Washington is 1.5; Western Washington is 1.2 (goal is less than 1)
- In last two weeks, 48.4 cases per 100,000 people statewide (goal is less than 25 cases per 100,000 people)
- Rapid increase in transmission in Yakima, Benton, Franklin and Spokane counties
  - If not contained, cases and deaths will soon increase substantially
  - Local prevalence will likely soon exceed the peak reached in King County in late March

Clark County

as of June 16

Number of positive tests	656
Number of deaths	28
Number of people tested*	13,884

**DOH data as of June 14. May not include all negative tests.*

Firestone Pacific Foods outbreak summary

as of June 16

Total cases	**132**
Employees tested	**173**
Employees positive	**79** (7 non-Clark County residents)
Close contacts tested	**155**
Close contacts positive	**53** (all Clark County residents)

- Public Health notified of first case Saturday, May 16.
- Firestone stopped production, at Public Health request, on Tuesday, May 19.
- Public Health worked with Firestone and The Vancouver Clinic to facilitate universal testing of all employees and close contacts, beginning Friday, May 22.
- Public Health worked with Firestone and Labor & Industries to ensure employees are protected.

Pacific Crest Building Supply outbreak summary

as of June 16

Total cases	**24** (9 non Clark County residents)
Employees tested negative	**101**
Awaiting testing/ results	**29**

- Public Health was notified of the first case on Thursday, June 4.
- Pacific Crest stopped production, at the request of Public Health, on June 4.
- Public Health worked with Kaiser and The Vancouver Clinic to facilitate testing of all employees.
- Cases isolated, close contacts quarantined.
- Public Health is working with Pacific Crest and Labor & Industries to ensure employees are protected.

Testing results

CDC Week	Week Ending	No. PCR Positive	No. POC Positive	Total No. Positive	No. Tested	Total Positivity
12	3/21/2020	34	0	34	143	23.8%
13	3/28/2020	90	0	90	486	18.5%
14	4/4/2020	43	5	48	764	6.3%
15	4/11/2020	49	20	69	965	7.2%
16	4/18/2020	35	18	53	1064	5.0%
17	4/25/2020	17	12	29	1610	1.8%
18	5/2/2020	19	5	24	1813	1.3%
19	5/9/2020	22	4	26	2113	1.2%
20	5/16/2020	15	3	18	2235	0.8%
21	5/23/2020	24	45	69	2775	2.5%
22	5/30/2020	55	17	72	2944	2.4%
23	6/6/2020	42	12	54	3015	1.8%
Total		**445**	**141**	**586**	**19927**	**2.94%**

Note: All COVID-19 data are subject to change following ongoing data reconciliation and reporting by partner organizations

Universal testing at nursing homes

- May 18 Centers for Disease Control and Prevention/Centers for Medicare and Medicaid Services recommendations:
  - Baseline testing of all residents and health care providers along with weekly testing of all health care providers recommended for nursing homes as part of the reopening process.
  - State and local officials may adjust health care provider testing frequency based on the prevalence of the virus, with weekly testing in areas with moderate to substantial community transmission.
- Washington Department of Health requiring testing of all residents and staff at nursing homes by June 12 and assisted living facilities with memory care units by June 26.

Universal testing at nursing homes

- Washington State Department of Health has encountered challenges in implementation of universal testing.
  - Inconsistent supplies – Shortage of shipping containers and cold packs created complications for facilities trying to return samples to labs.
  - Labs – All specimens now only going to one lab (University of Washington Virology Lab).
  - State health department still confirming supply needs at memory care facilities.
- Some facilities unable to meet June 12 deadline. State asking facilities to complete testing as soon as feasible if miss deadline. No fines.

Testing – long term care facilities

- CDC: Testing should not supersede existing infection prevention and control interventions
  - Testing should be implemented *in addition* to infection prevention and control interventions
- DOH guidance for infection prevention and control:
  - Prevent COVID-19 from entering the facility
    - Visitor restrictions, screening, cancelling field trips
  - Identify infections and isolate early: symptoms might be atypical (e.g., dizziness, malaise, diarrhea, sore throat)
  - Identify and control exposures: contact notification and quarantine
  - Prevent spread: physical distancing, respiratory and hand hygiene, personal protective equipment
    - Assess supply of personal protective equipment and initiate measures to optimize current supply

Testing – long term care facilities

- In Clark County there are:
  - 8 skilled nursing facilities with 819 licensed beds
  - 15 assisted living facilities with 1,302 licensed beds
  - 4 memory/Alzheimer's care facilities with 262 licensed beds
  - Total: 2,383 licensed beds with an estimated 2,800 to 3,500 staff
- In addition, Clark County has hundreds of adult family homes, each with up to 6 licensed beds.

- COVID-19 test cost is about $130
  - To test all residents in skilled nursing, assisted living and memory/Alzheimer's care facilities one time would cost $309,790.
  - To test all staff in skilled nursing, assisted living and memory/Alzheimer's care facilities one time would cost $364,000 to $455,000.

Testing – long term care facilities

- Public Health partnership with The Vancouver Clinic to offer on-site testing of all employees and residents in long-term care facilities with a positive case.

- Public Health has identified and investigated 20 outbreaks in long-term care facilities.
  - 7 adult family homes
  - 7 assisted living facilities
  - 6 skilled nursing facilities

- Testing among long-term care residents and staff:
  - 1,126 tests
  - 44 residents tested positive
  - 31 staff tested positive
  - 1 visitor/other

- 16 resident deaths

Workplace outbreaks: Public Health response

- Identify and immediately isolate cases
- Identify, notify and immediately quarantine all close contacts
- Consider closing the workplace based on:
  - Evidence of transmission in the facility
  - Inadequate infection control engineering and practices
- Identify additional cases by testing employees, including those in quarantine (active surveillance)
  - All employees considered close contacts will remain in quarantine for duration of 14-day period, regardless of test result.
- Work with Labor & Industries to ensure workplace practices protect employees and minimize chance of future outbreak

Workplace outbreaks: response challenges

- Testing Challenges:
  - Lack of insurance
  - Workplaces with multiple insurance providers require facilitating testing with multiple providers
  - Logistics: provider workflow, available sites
  - Access: transportation, childcare
- Notification challenges can affect testing, isolation, quarantine and active monitoring while in quarantine
  - Language barriers
  - Contact data inaccurate
  - Multiple attempts to contact might be necessary
- Compliance with testing recommendations:
  - Public Health may recommend all employees be tested but cannot require someone to be tested

Public Health staffing update

- Public Health Institute staff onboard and doing contact notification and active monitoring (daily calls/texts) of everyone in isolation and quarantine.
  - Still hiring additional people for contact notification and active monitoring, as well as data analysts

- 13 RNs (temporary workers) doing case interviews

- Public Health working to fill several supervisory positions (program coordinators and infection prevention practitioner).
  - Interviewing in progress for several positions.

COVID-19 demographics

COVID-19 in racial and ethnic minority groups

Current national data suggest a disproportionate burden of illness and death among racial and ethnic minority groups.

Recent CDC report with race and ethnicity data from 580 patients hospitalized with lab-confirmed COVID-19 found:

- 45% of individuals for whom race or ethnicity data was available were white, compared to 59% of individuals in the surrounding community
- 33% of hospitalized patients were black, compared to 18% in the community
- 8% of hospitalized patients were Hispanic, compared to 14% in the community

U.S. COVID-19 demographics

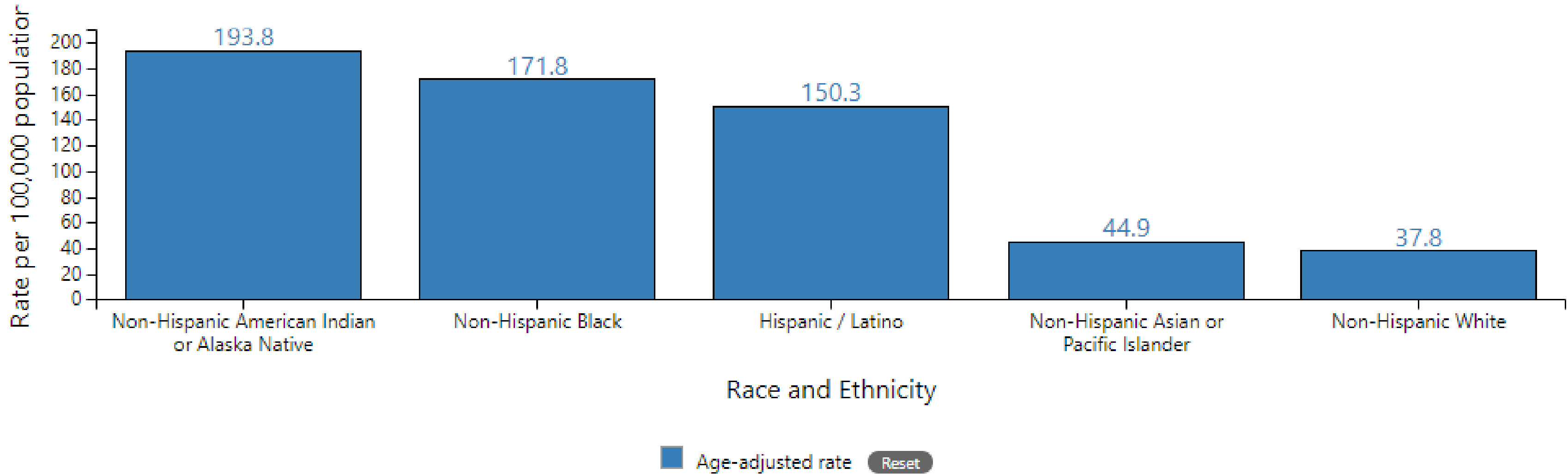
70%
60%
50%
40%
30%
20%
10%
0%

American Indian/ Alaska Native
Asian
Black
Hispanic/ Latinx
Multiple/other, Non-Hispanic
Native Hawaiian/ other Pacific Islander
White, non-Hispanic

Total population
COVID-19 cases

*CDC case data collected from 1,737,521 people, but race/ethnicity was only available for 832,487 (47.9%) people.

U.S. COVID-19 demographics



U.S. COVID-19 demographics

U.S. percent distribution of COVID-19 deaths

Indicator	Non-Hispanic white	Black/ African American	American Indian/ Alaska Native	Asian	Hispanic/ Latinx	Other
Distribution of COVID-19 deaths (%)	53.3	23.0	0.6	5.2	16.5	1.5
Weighted distribution of population (%)	42.2	17.5	0.3	10.9	27.3	1.9

Washington COVID-19 demographics

Confirmed Cases by Race/Ethnicity

	Confirmed Cases	% of Cases	Total WA Population (%)
Total Number	**24,779**	**100%**	
Unknown Race/Ethnicity (% of Total)	6,921	28%	NA
Total with Race/Ethnicity Available	**17,858**	**100%**	**100%**
Hispanic	7,570	42%	13%
Non-Hispanic White	6,547	37%	68%
Non-Hispanic Asian	1,218	7%	9%
Non-Hispanic Black	1,114	6%	4%
Non-Hispanic Native Hawaiian or Other Pacific Islander	502	3%	1%
Non-Hispanic Other Race	337	2%	NA
Non-Hispanic Multiracial	312	2%	4%
Non-Hispanic American Indian or Alaska Native	258	1%	1%

Washington COVID-19 demographics

Hospitalizations by Race/Ethnicity

	Hospitalizations	% of Hospitalizations	Total WA Population (%)
Total Number	**3,772**	**100%**	
Unknown Race/Ethnicity (% of Total)	1,032	27%	NA
Total with Race/Ethnicity Available	**2,740**	**100%**	**100%**
Non-Hispanic White	1,440	53%	68%
Hispanic	722	26%	13%
Non-Hispanic Asian	233	9%	9%
Non-Hispanic Black	163	6%	4%
Non-Hispanic Native Hawaiian or Other Pacific Islander	65	2%	1%
Non-Hispanic Other Race	48	2%	NA
Non-Hispanic American Indian or Alaska Native	36	1%	1%
Non-Hispanic Multiracial	33	1%	4%

Washington COVID-19 demographics

Deaths by Race/Ethnicity

	Deaths	% of Deaths	Total WA Population (%)
Total Number	**1194**	**100%**	
Unknown Race/Ethnicity (% of Total)	45	4%	NA
Total with Race/Ethnicity Available	**1149**	**100%**	**100%**
Non-Hispanic White	808	70%	68%
Hispanic	133	12%	13%
Non-Hispanic Asian	105	9%	9%
Non-Hispanic Black	38	3%	4%
Non-Hispanic Other Race	25	2%	NA
Non-Hispanic Multiracial	16	1%	4%
Non-Hispanic American Indian or Alaska Native	13	1%	1%
Non-Hispanic Native Hawaiian or Other Pacific Islander	11	1%	1%

Clark County COVID-19 demographics

Race	No. cases	% cases	% Clark County population
American Indian/ Alaska Native	N/A	N/A	0.8%
Asian	14	2.2%	4.3%
Black/African American	13	2.0%	1.6%
Native Hawaiian/ Other Pacific Islander	10	1.5%	1.0%
White/Caucasian	353	54.6%	84.4%
Other/More than one race	70	10.8%	
Unknown/declined	185	28.6	
Total	647	100%	

**Information for demographic groups with <10 cases are redacted for privacy purposes.*

Clark County COVID-19 demographics

Ethnicity	No. cases	% cases	% Clark County population
Hispanic/Latinx	201	31.1%	10.0%
Non-Hispanic/Latinx	371	57.3	90.0%
Other	3	0.5%	
Unknown/declined	72	11.1%	
Total	647	100%	

Clark County COVID-19 demographics

Age group	Total	Hispanic/Latinx	White/Non-Hispanic
19 and younger	65	44	10
20-29	70	21	26
30-39	115	53	30
40-49	128	45	44
50-59	105	27	44
60-69	83		46
70-79	33		19
80 and older	48		28

**Categories with less than 10 cases are redacted for privacy purposes.*

Clark County COVID-19 demographics

Overall	No. cases	% of total cases
19 and younger	65	10.0%
20-29	70	10.8%
30-39	115	17.8%
40-49	128	19.8%
50-59	105	16.2%
60-69	83	12.8%
70-79	33	5.1%
80 and older	48	7.4%
Total	647	100.0%

Clark County COVID-19 demographics

Among Hispanic/Latinx	No. cases	% of total cases
19 and younger	44	6.8%
20-29	21	3.2%
30-39	53	8.2%
40-49	45	7.0%
50-59	27	4.2%
60-69	N/A	N/A
70-79	N/A	N/A
80 and older	N/A	N/A
Total	201	31.1%

Among White/ Non-Hispanic	No. cases	% of total cases
19 and younger	10	1.5%
20-29	26	4.0%
30-39	30	4.6%
40-49	44	6.8%
50-59	44	6.8%
60-69	46	7.1%
70-79	19	2.9%
80 and older	28	4.3%
Total	247	38.2%

**Categories with less than 10 cases are redacted for privacy purposes.*

COVID-19 in racial and ethnic minority groups

Health differences between racial and ethnic groups are often due to economic and social conditions that are more common among some racial and ethnic minorities.

Factors influencing racial and ethnic minority group health include:

- Living conditions
  - Densely populated areas, multi-generational households
- Work circumstances
  - Jobs in manufacturing, service industry, agriculture
  - Lack of paid sick leave
- Underlying health conditions
  - Higher prevalence of underlying medical conditions
- Lower access to care
  - No health insurance, less access to testing, cost of care

Thank you!