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May 11, 2020

RE: Spokane County Variance Request

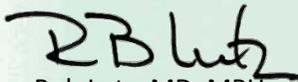
Dear SRHD Board of Health:

The first confirmed case relating to the COVID-19 pandemic was announced by the state of Washington on January 21, 2020. Governor Jay Inslee declared a state of public health emergency on February 29, 2020. He issued a statewide stay-at-home order on March 23, 2020 that has been extended to at least May 31, 2020.

The first confirmed cases of COVID-19 were reported in Spokane on March 14, 2020. A public health state of emergency was declared on March 20, 2020. Since then, 386 confirmed cases of Spokane County residents have been reported, to include 69 individuals hospitalized and 29 deaths (note – Spokane serves as the regional medical hub and hospitalized patients may be from surrounding counties).

Given data, reflecting past and present COVID-19 status in Spokane County, hospital capacity and plans for case and contact investigation as presented in the attached documentation, it is my recommendation consideration be given to provide Spokane County a variance to move to Phase II of the Governor's Safe Start Washington plan.

Sincerely,


Bob Lutz, MD, MPH
Health Officer

Public Health Criteria

Spokane County COVID-19 Disease Activity

Currently, the burden of COVID-19 disease across Washington State is being measured by:

- Number and trend of COVID-19 cases, hospitalizations, and deaths
- Modeling data
- Mobility trends

Applying these three measures to Spokane County, data (see **Appendix 1-3**) demonstrate a peak in cases, hospitalizations and deaths that occurred in late March – early April. With the exception of a single day (24 April 2020), the incidence rate has been below 1.77/100,000 since 12 April 2020 (this rate has been suggested by data from South Korea as one where a strategy of testing, contact tracing, and isolation can suppress any outbreak). Recent modeling data by the Institute for Disease Modeling (IDM) reported a R_e on 18 April between 0.96 and 1.32 for eastern Washington; no Spokane or local-regional data exist. The R_e for eastern Washington is significantly impacted by data from south-central Washington counties. Traffic data for Spokane measuring the daily over average traffic counts demonstrated a smaller decrease percent change than Seattle but qualitatively similar comparable percentage increase since early April. These findings are not surprising, given the lack of mass transit options across Spokane County.

Readiness and Capabilities Needed

1. Healthcare Systems Readiness

Spokane serves as the regional center for healthcare in eastern Washington. Its four hospitals, managed by two healthcare systems (Providence Health and Services and MultiCare Healthy Systems), have coordinated their local/regional response for COVID-19. Data have been regularly provided to REDi and other sources that have allowed timely monitoring. As noted in **Appendix (5)**, the status of these facilities is good from the proposed metrics of licensed bed capacity and ICU capacity, number of available ventilators, days of PPE supply, and ability to surge and coordinate movement of patients. Additional metrics, such as availability of PPE in other healthcare settings, e.g., CHAS, Spokane's FQHC, is also adequate currently. Like everywhere across the state, however, the supply chain of PPE is challenged and of concern as the COVID-19 response continues.

2. Testing Capacity and Availability

Access for COVID-19 PCR testing is provided through numerous clinics and a drive-thru site at the Spokane County Fairgrounds (**Appendix (4)**). While availability is good at this time, a noted decrease in testing performed has been identified. It is believed this represents a lag between when criteria for testing were more stringent and the recent liberalization, which will require changing messaging that has been initiated through the JIC as well as with the business community. Spokane, and eastern Washington more broadly, is limited by local laboratory capacity for testing, causing delays in reporting. This is being aggressively addressed by public health, local government, the business community, and academia. Additionally, challenges remain in obtaining necessary testing materials from the public health standpoint (healthcare has not reported such challenges). The following represents the differences between what has been ordered and what has been received. These concerns have been shared with the Department of Health, which has acknowledged the continued non-availability of these materials at the Washington State level.

- # of swabs ordered: 31,210
- # of swabs received: 1,000
- # of VTM ordered: 21,210
- # of VTM received: 800

- # of individual complete test kits (includes all materials needed) ordered: 26,000
- # of individual complete test kits (includes all materials needed) received: 775

Plan Moving Forward

As noted above, Spokane is benefitted by having a robust healthcare community that has increased local capacity for testing. The combination of relaxing requirements for testing, increasing community awareness of its availability through coordinated messaging, and working with the business community, community leaders and others to ensure this awareness exists, will increase testing.

3. Case and Contact Investigations

Spokane Regional Health District epidemiologists are currently conducting case and contact investigation and tracing for all confirmed cases of COVID-19. Depending on the complexity of the case, contacts are assigned to either an epidemiologist or contact tracing volunteer or support staff to conduct contact investigation or tracing. Currently, 16 internal staff including epidemiologists, disease investigation specialists, and other paid staff are trained and capable of handling contact tracing needs. Twelve staff are currently providing support. Due to current low case counts, contact tracing needs are not anticipated to exceed internal capacity. Additional staff are available to be trained and support case and contact investigation in the short term. In anticipation of increased cases and exposures due to reopening of business, volunteers (currently 12) are being recruited through local medical and health university programs including the WSU College of Medicine, WSU College of Nursing, UW College of Medicine, and EWU MPH program. SRHD epidemiology staff anticipate these volunteers to be activated by mid-June of 2020, meeting any additional capacity needs. Performance measures for case and contact investigation include:

- #/% of complete investigations
- #/% of cases contacted and advised within 24 hours of notification of positive case
- #/% of contacts reached within 48 hours of identification
- #/% of contacts who receive follow-up at 14-day mark of advised quarantine
- # contacts in same household identified within 12 hours
- # symptomatic contacts (in same household) rested within 24 hours

Plan Moving Forward

Early in the evolution of our local/regional efforts, Spokane County Fairgrounds was identified as the site for an isolation facility designed to serve up to one-hundred individuals. Given this resource never neared its envisioned capacity, it is being placed into a holding pattern, while concurrently, a collection of other sites (e.g., college dormitories, hotels/motels, vacant buildings, shelters, etc.) have been identified and prioritized. MOUs are being prepared for future use as needed. Discussions have also been held with healthcare organizations to assist in case management of individuals currently under their care. SRHD is coordinating these efforts.

4. Ability to Protect High-risk Populations

Spokane has been fortunate in its ability to address high-risk populations. Demographic data are regularly reported (**Appendix Table 1.**). Cases have been identified in only 7 long term care/retirement communities and 3 adult family homes. A Department of Health Infection Prevention Specialist is located at SRHD, and she worked proactively with facilities prior to the local COVID-19 surge. Additionally, a local healthcare organization has developed a “drop team.” This team, composed of an Infection Prevention Specialist, physicians and nurses, has been able to quickly and aggressively identify issues in these facilities and through both infection prevention recommendations and case/contact investigations, have prevented outbreaks

from occurring, with a single exception. SRHD has established an outreach team that makes daily rounds to homeless shelters, encampments, and other high-risk settings, to evaluate individuals.

Plan Moving Forward

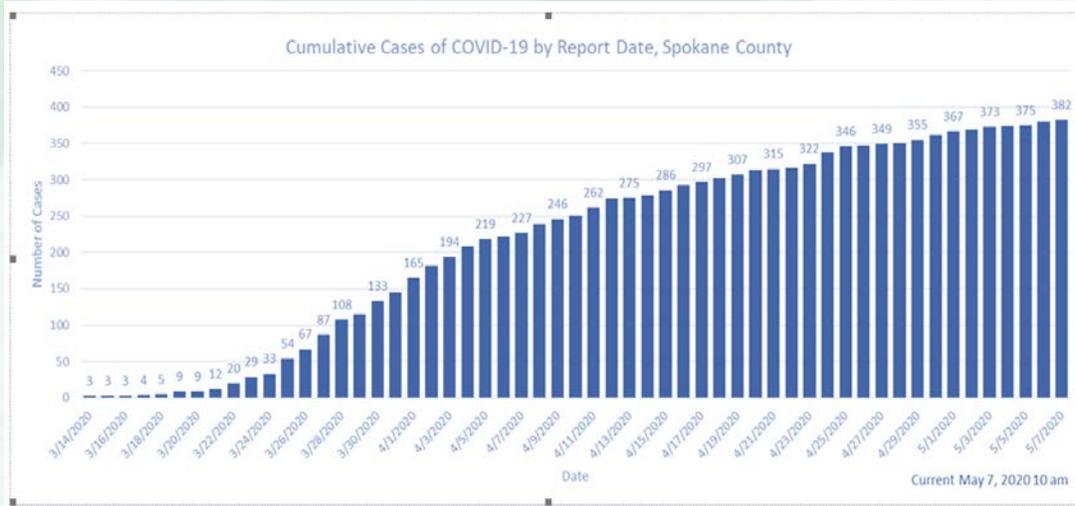
As noted above (see 3.), SRHD has established a team composed of epidemiologists, disease investigation specialists, and trained volunteers, to rapidly respond to cases and perform contact investigations, following parameters defined by Department of Health. Additionally, SRHD has been able to rapidly respond to outbreaks in congregate settings and will enhance these resources as Spokane moves through its opening phases. SRHD also plans, where and when able, to support other counties that have relied on it for assistance in investigations of outbreaks of communicable diseases.

Summary

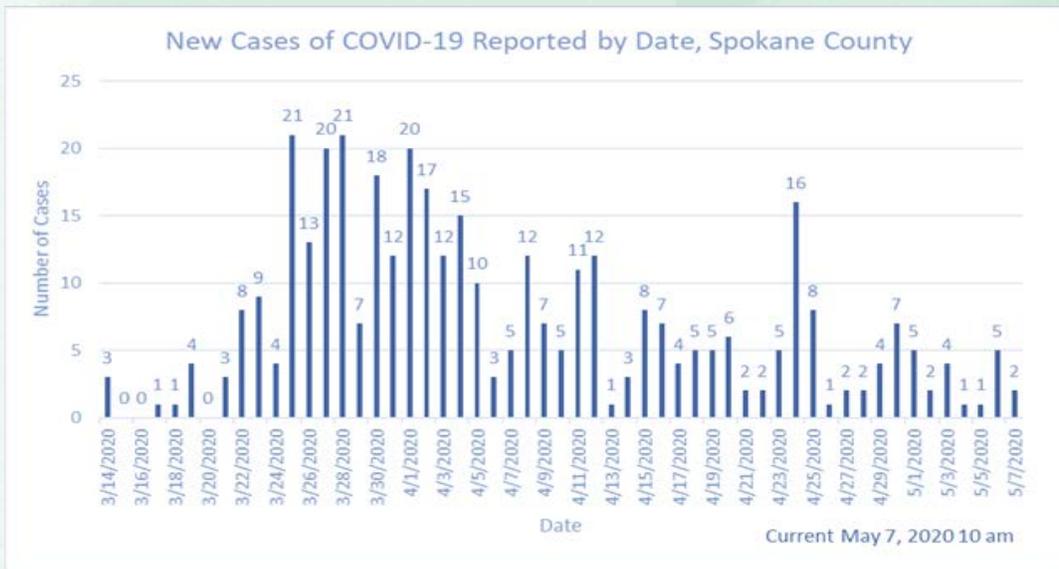
Spokane County and the surrounding counties have demonstrated lower overall cases and deaths attributable to COVID-19 as compared to other eastern Washington and western Washington counties (**Appendix (6)**). All counties continue to be challenged by limited resources for testing and PPE, but irrespective of these, communities have demonstrated the ability to address them and move forward in their response to the pandemic. Three of the surrounding counties have been granted a variance (Lincoln, Pend Oreille, and Ferry), with Stevens County awaiting determination of its status.

APPENDIX.

1. Cumulative Cases of COVID-19, Spokane County



2. New Cases COVID-19, Spokane County, Reported by Date



3. COVID-19 Hospitalizations

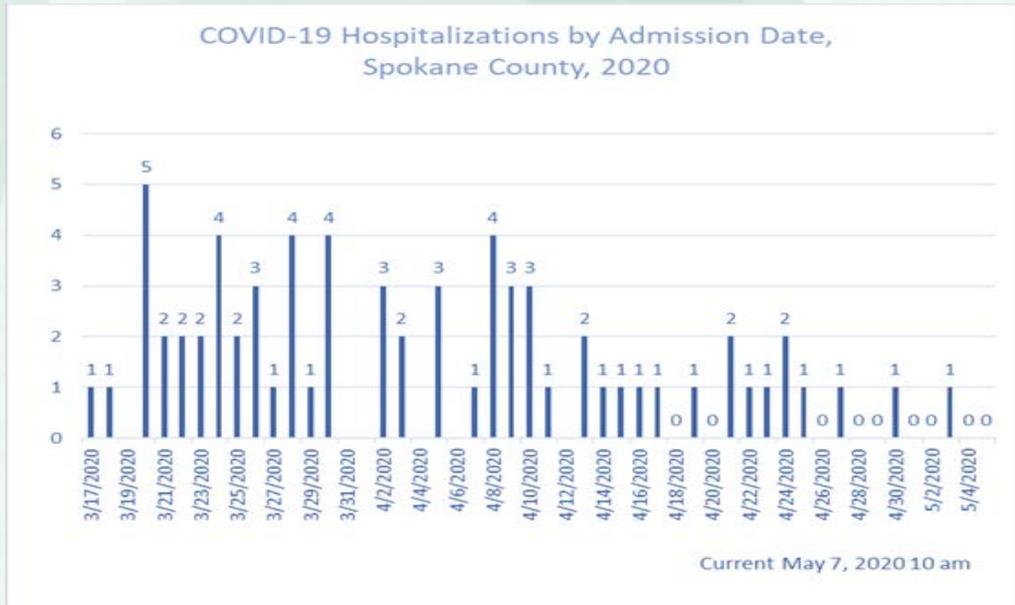
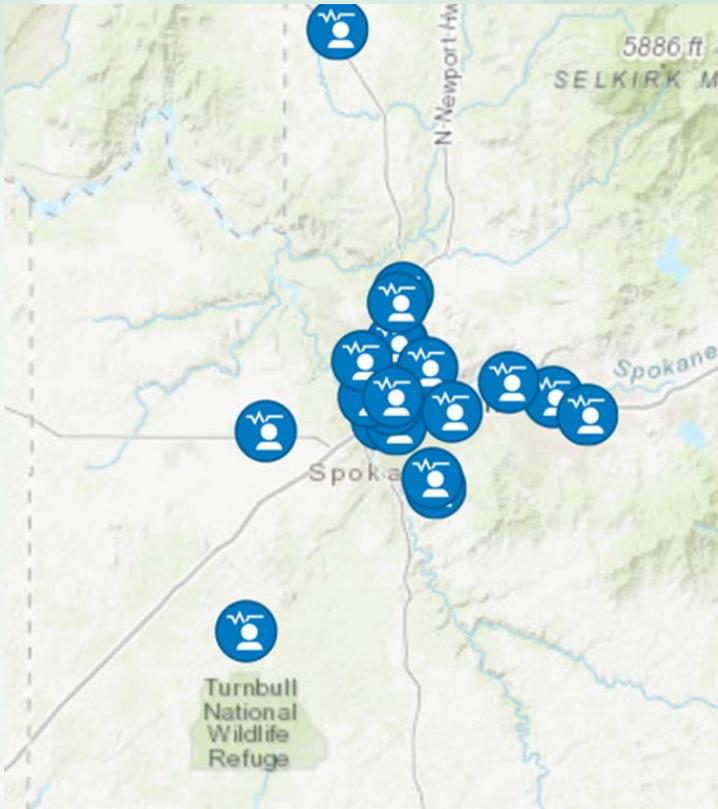


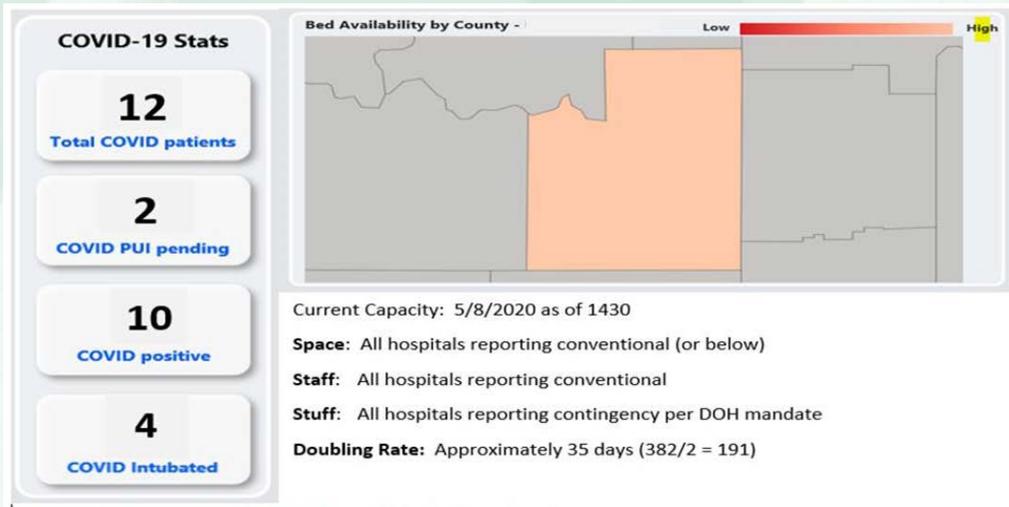
Table 1. Race/ethnicity

Race/Ethnicity	# COVID+	% COVID+	# county	% county
Hispanic all	29	7.8%	29291	5.7%
Non-Hispanic AI/AN	2	0.5%	7152	1.4%
Non-Hispanic Asian	7	1.9%	13110	2.5%
Non-Hispanic black	2	0.5%	9549	1.9%
Non-Hispanic multiple	1	0.3%	20118	3.9%
Non-Hispanic NH/OPI	13	3.5%	2839	0.6%
Non-Hispanic white	290	77.7%	433191	84.1%
Unknown	29	7.8%		
TOTAL	373		515250	100%

4. Testing Sites for COVID-19, Spokane County (available at <https://srhd.org/covid-19-drive-through-screening-clinic>)



5. COVID-19 Healthcare System Monitoring



Model Summary - Supply		
SUPPLY	Full Capacity	Model Duration
# Days	0	30
Cumulative number of Pair of Gloves <i>(Calculated at 10 per hospitalized patient per day)</i>	Not Reached Full Capacity	2243
Cumulative number of Gowns <i>(Calculated at 5 per hospitalized patient per day)</i>	Not Reached Full Capacity	1175
Cumulative number of N95 Masks <i>(Calculated at 12 per ventilator patient per day)</i>	Not Reached Full Capacity	122
Cumulative number of Procedural Masks <i>(Calculated at 5 per hospitalized patient per day)</i>	Not Reached Full Capacity	1110
Cumulative number of Ventilator supplies <i>(Calculated at 0.14 per ventilator per day)</i>	Not Reached Full Capacity	0
Cumulative number of Physician hours <i>(Calculated at 0.56 per patient per day)</i>	Not Reached Full Capacity	111
Cumulative number of Nurse hours <i>(Calculated at 2.64 per hospitalized patient per day (9.6 per Ventilator))</i>	Not Reached Full Capacity	672
Cumulative number of Intensivists hours <i>(Calculated at 1.04 per ventilator per day)</i>	Not Reached Full Capacity	0
Cumulative number of Respiratory therapists hours <i>(Calculated at 2 per ventilator per day)</i>	Not Reached Full Capacity	9

6. Comparison of Spokane County, Eastern and Western Washington, and Surrounding Counties

