King County

Update on COVID-19

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May 26, 2020

King County's Role

- Provide transparent data to inform decisions
- Testing
- Contact tracing partnership with state
- Needed material and supplies
- Guidance and materials to employers and community
- Stand up needed facilities
- Prevention and response in congregate settings
- Modify County operations

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Partnership with the state

- The State of Washington will issue industry specific guidance and safety criteria prior to authorizing opening

- King County leadership is in regular communications with counterparts in Olympia, aligned on key strategies

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Data Tools

- **What we have now:**
  - Daily Summary Dashboard
  - Long Term Care Facility
  - Race/Ethnicity
  - Syndromic Surveillance

- **What is under development:**
  - Metrics to safely open
  - Disparities information
  - Deaths

Daily Summary Dashboard

Long Term Care Facility Dashboard
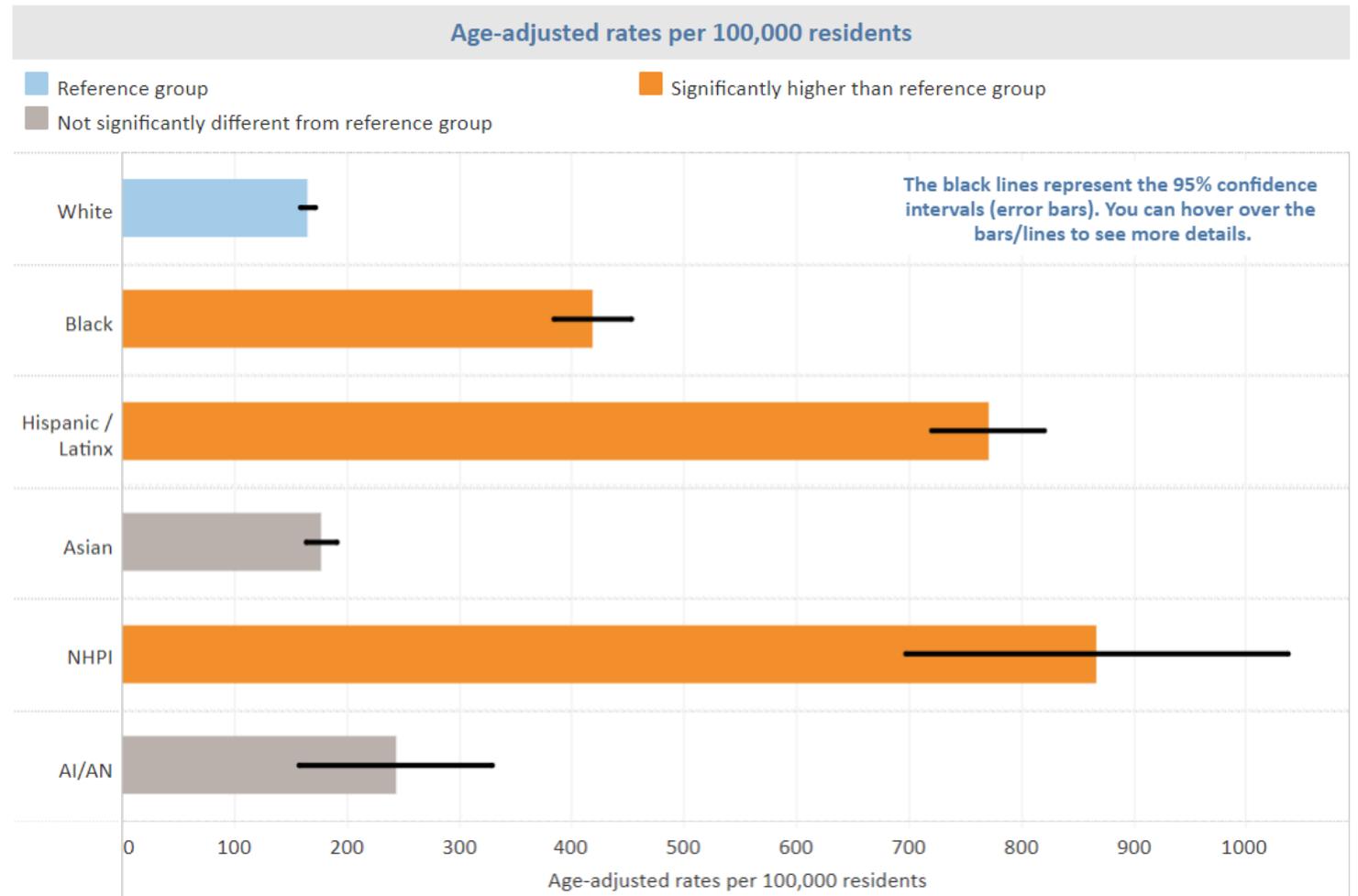
Race/Ethnicity Dashboard

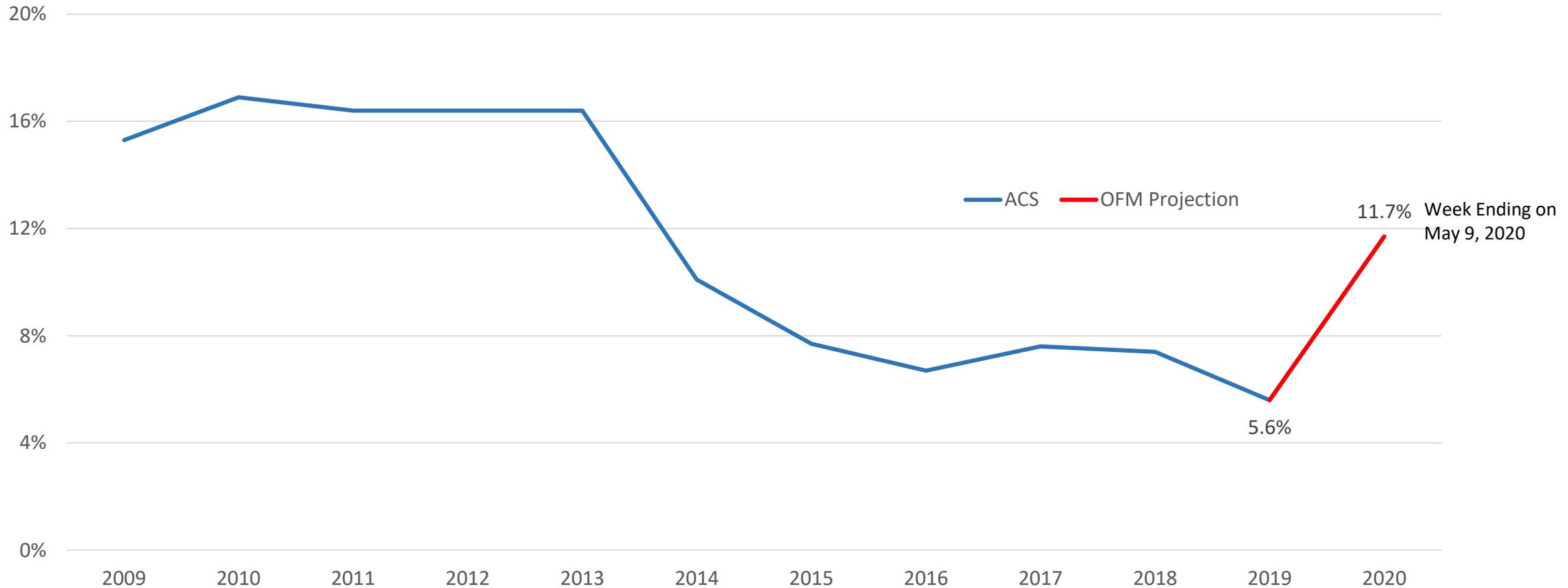**Syndromic Surveillance Dashboard**

Economic, Social and Overall Health Impacts Dashboard

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How systemic inequities are playing out in COVID-19 disease rates

- Rates are per 100,000 people

- Black, Hispanic and Native Hawaiian people are over represented

- Reflects inequities already existing in our communities

Age-adjusted rates per 100,000 residents

- Reference group
- Significantly higher than reference group
- Not significantly different from reference group

The black lines represent the 95% confidence intervals (error bars). You can hover over the bars/lines to see more details.

White
Black
Hispanic / Latinx
Asian
NHPI
AI/AN

0 100 200 300 400 500 600 700 800 900 1000

Age-adjusted rates per 100,000 residents

Estimated Impact of COVID-19 on King County's Health Insurance Coverage

Notes:
US Census Bureau—American Community Survey, 2018. For 2017 & 2018 "Adult" include those ages 19-64. For all prior years "adults includes ages 18-64.
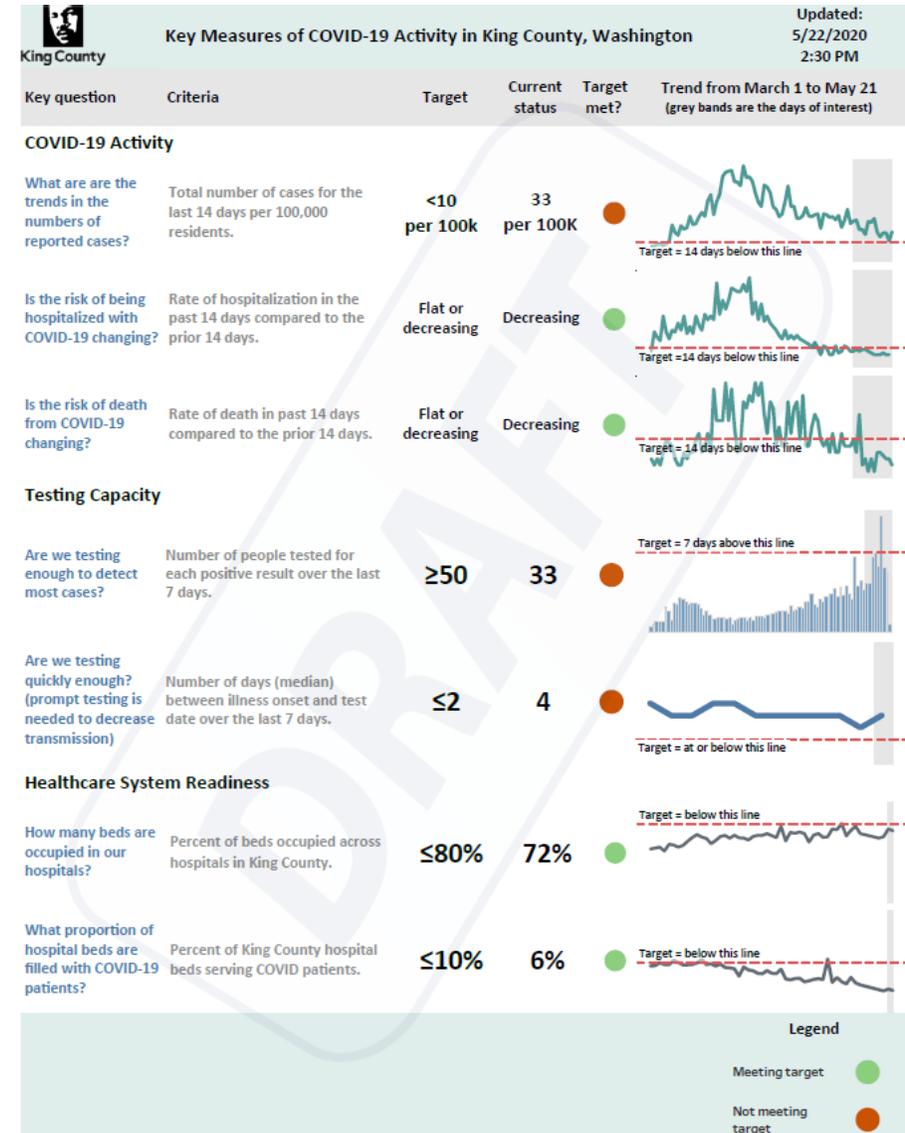WA Office of Fiscal Management, Estimated Impact of COVID-19 on Washington State's Health Coverage
https://www.ofm.wa.gov/sites/default/files/public/dataresearch/healthcare/healthcoverage/COVID-19_impact_on_uninsured_20200520.pdf
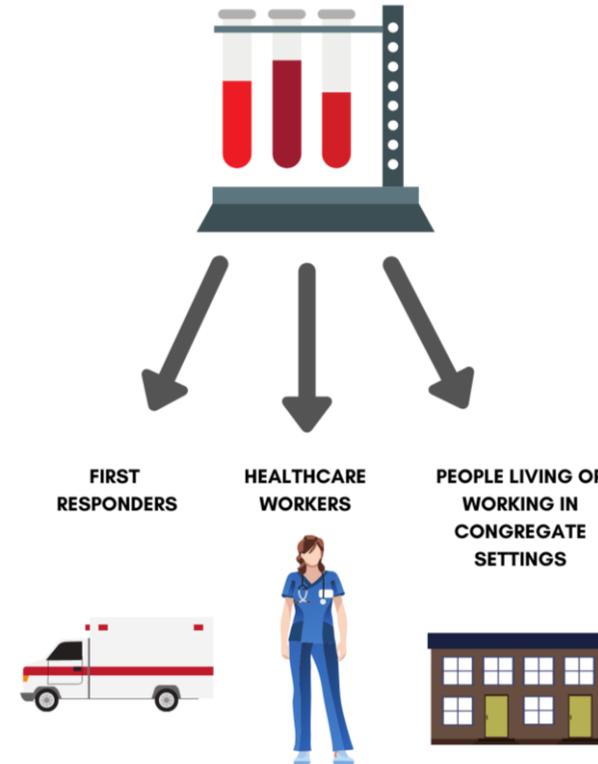Public Health-Seattle & King County, Assessment Policy Development & Evaluation Unit, 5/2020

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Key Metrics

- ## COVID-19 Activity

- ## Testing Capacity

- ## Health Care System Readiness

Testing process and principles

- Most tests are provided through employers and private providers

- Public Health is not normally a primary provider of tests, but *does* provide testing for priority populations: first responders, healthcare workers, and people living in congregate settings
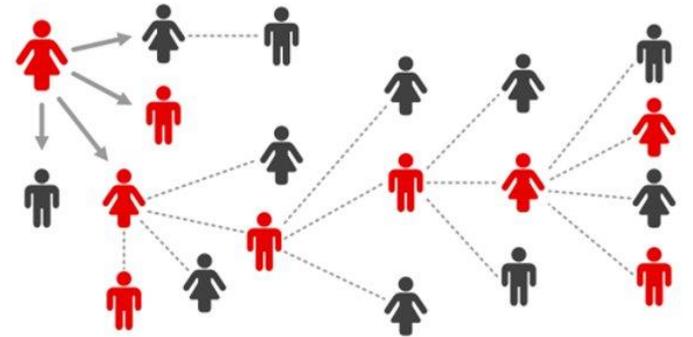

FIRST RESPONDERS

HEALTHCARE WORKERS

PEOPLE LIVING OR WORKING IN CONGREGATE SETTINGS

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Testing process and principles

Specimen collected
(12K/week vs 35K target)

COVID19 symptoms
(healthcare providers)

Congregate facility testing
(LTCF, homeless, workplace)

Symptoms at home (self collection)

Laboratory testing

(>100K/week local capacity)

Case and Contact Investigation

Care, Isolation & Quarantine

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Case and contact tracing

Goals of contact tracing

- Notify contacts of COVID-19 exposure
- Facilitate referrals to testing and clinical care
- Reinforce quarantine recommendations
- Increase compliance to quarantine recommendations by providing support services
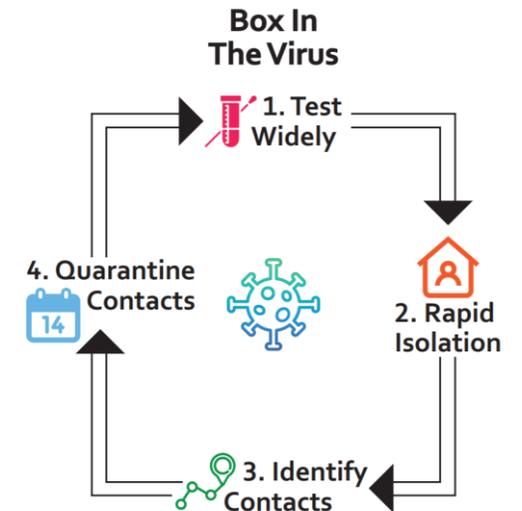
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Case and contact tracing

King County Case Investigation/Contact Tracing Pilot

- In the beginning:
  - On average, 100 cases/day – King County will process 20-30 cases and their contacts each day
  - State will follow up with the rest

- Many cases from diverse racial/ethnic backgrounds and limited English proficiency

Transition to KC Program est. summer 2020

- Hundreds of shifts needed, working with UW to have students participate

- Community input (e.g. through Pandemic Advisory Group)

Box In The Virus
1. Test Widely
2. Rapid Isolation
3. Identify Contacts
4. Quarantine Contacts 14

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Wear a face covering and keep 6 feet apart from others in public spaces.

Wash hands before and after wearing a mask

Fit coverings snugly but comfortably against the side of the face

Use the ties or loops to put your mask on and off

Face coverings should have multiple layers

Avoid touching the front of the face covering, especially when you take it off

Wash and dry your cloth mask daily

Children should only wear them with adult supervision

KCHDCE Rev:2004_100371_COVID-19_PH-MASKdirective_ENGLISH.ai

Supplies to Open Safely

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Guidance and Materials for Employers

- Existing PH Guidance
- Challenge Seattle/BCG Materials
- Pandemic Advisory Group
- Education Campaigns
- Webinars and online materials
- Technical Assistance

King County focused on congregate housing

Isolation/Quarantine, Shelter De-intensification

- **Isolation and quarantine** are public health practices used to stop or limit the spread of disease.

- King County has stood-up facilities to provide supervised care to symptomatic or COVID-positive adults who cannot isolate, quarantine or recover in their own home, or do not have a home.

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Isolation/Quarantine, Shelter De-intensification

Isolation/Quarantine Locations

- Kent Motel (83 beds)
- Issaquah Motel (100 beds)
- Aurora Modular (24 beds)

Assessment/Recovery

- Shoreline (149 beds)
- Eastgate (140 beds)

Shelter De-intensification

- Red Lion Bellevue (50 beds)
- Red Lion Renton (200 beds)
- Quality Inn SeaTac (101 beds)
- Inn at Queen Anne (46 beds)
- The Civic Hotel (SLU) (53 beds)
- Interbay Modular (45 beds)

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Long Term Care Facilities
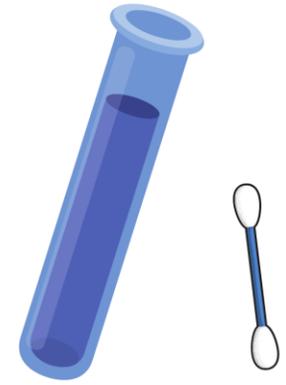
COVID-19 Outbreak Impacts

- More than 20 percent of all cases and 60 percent of all COVID illness related deaths in King County are associated with LTCFs.

- One out of every four people in LTCFs who become infected, die.

- As of May 17, a total of 327 people associated with LTCFs have died.

Type of long-term care facilities			
	Facilities with cases	All licensed facilities	% with cases
Skilled Nursing	36	52	69.2%
Adult Family Home	30	988	3.0%
Assisted Living	40	149	26.8%

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Long Term Care Facilities

The Public Health Response

- **Infection control and prevention:** To stop the virus from entering a facility and mitigate spread when it does.

- **Testing**: To identify residents and workers who are COVID positive and further inform infection control.

- **Isolation and quarantine:** Cohorting to separate the sick from the well, and in some cases transferring residents to a designated facility.

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Detention Facilities (Downtown and MRJC, CJFC)

- Reducing inmate capacity of inmates under 1,280 to allow for single occupancy cells

- Temperature taking of staff entering the facilities

- Immediate employee and patient contact tracing and testing

- Transferring and testing sick inmates to isolated areas

- Sheltering most vulnerable populations at one designated site (MRJC) for intensified services

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What the future holds:
King County as a regional employer

- Rethinking customer facing operations

- Developing our workforce "ramp up"
  - Continued telecommuting
  - PPE and supply needs
  - Employee engagement and support

- Budget
  - Reserves, financial policies
  - Federal resources
  - Invest + cut strategically

- Transforming key operations?
  - Example: transit