Road Map to Reopening

June 11, 2020

Barbie Robinson,
Director, Sonoma County, Department of Health Services & Interim Executive Director, Community Development Commission

Dr. Sundari Mase
Sonoma County Health Officer

sonoma county
DEPARTMENT OF HEALTH SERVICES

Health Updates

- Latinx Community Outreach
- Alternate Care Site
- Homeless Response
- State Modeling Information
- Local COVID-19 Data and Community Health
- Reopening Timeline

COVID-19 Impact on Latinx Community

and less likely to be able to implement recommended mitigation strategies.

COVID-19 Impact on Latinx Community

- Disproportionate number of COVID-19 cases in Latinx community
- As compared to non-Latinx cases, Latinx COVID-19 cases are:
  - Younger (86% are under 50)
  - More often due to close contact transmission
  - More often show no symptoms
  - Less likely to have an underlying condition or be hospitalized

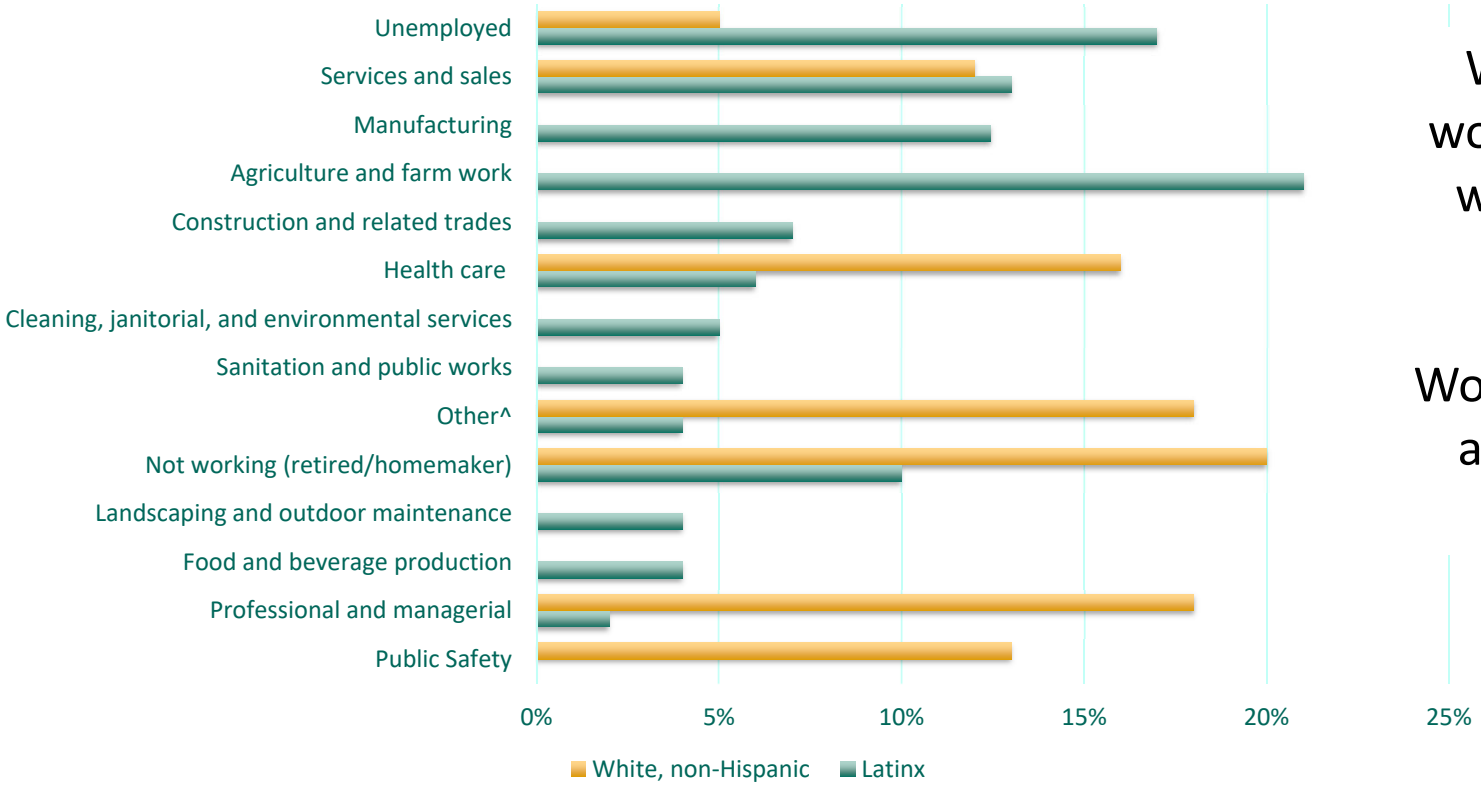
Sonoma County Cases by Race/Ethnicity

Race/Ethnicity	Number of Cases	Percent of Cases	Percent of Population
Hispanic/Latino	443	75%	27.2%
White, non-Hispanic	119	20%	64.7%
Asian/Pacific Islander, non-Hispanic	17	3%	5.1%
Other*, non-Hispanic	14	2%	3.0%

*Black/African American, American Indian/Alaska Native, and Other

Cases: 671 total, 78 (12%) missing race/ethnicity

Employment Sectors of COVID-19 Cases by Race/Ethnicity



Where an individual works is not necessarily where COVID-19 was transmitted.

Workplace transmissions account for less than 10% of cases.

Why the inequity?

The barriers to mitigation are felt most strongly by our Latinx Community

- Institutionalized racism
- Essential workers
- Housing

Actions to Date

- Detailed Data Tracking and Dashboard
- Convene Latinx Health Workgroup
- Focused, mobile testing in Latinx communities and workplaces
- Multi-language outreach, communication and intake
- Dissemination of key information in Spanish-language media outlets

Actions to Date, Continued

- Hire bilingual-bicultural staff to support COVID19 response.
  - Contact Tracers, nursing staff, intake workers
  - Culturally appropriate case management

- Employer engagement
  - Weekly meetings with employers and leaders in the Ag Community.

Continuing & Future Actions

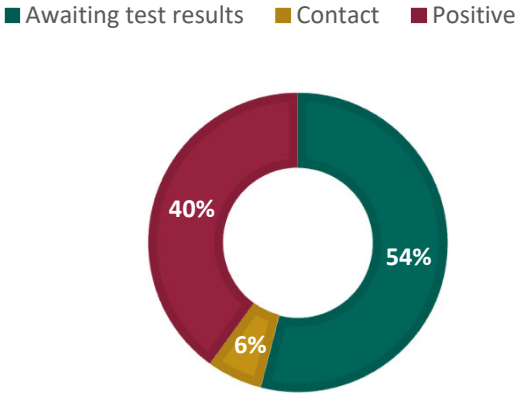
- Continue building overarching strategy to address outreach, testing, mitigation, communication and care in LatinX community
- DOC Equity Officer
- Prioritize bilingual/bicultural staff when hiring/staffing
- Strengthen partnerships with Latinx and Latinx-serving groups
- Develop outreach plan to improve awareness of COVID risks, educate on DHS efforts, improve interventions with LatinX community
- Preparing for a future surge

Alternate Care Site (ACS) Updates

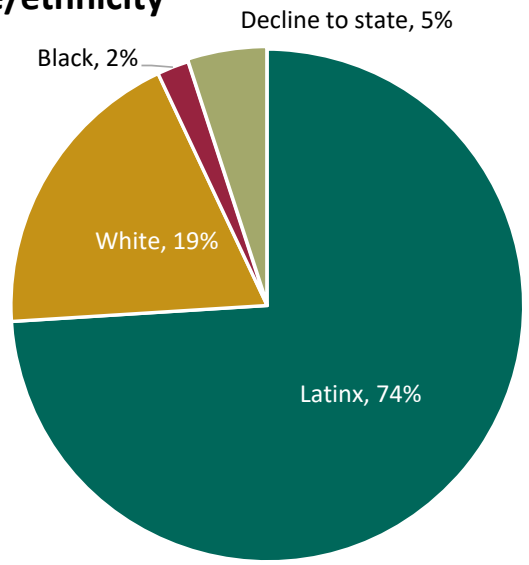
105 individuals served by the ACS to date; 13 currently housed at ACS

Region	%
Central	53%
South	14%
North	10%
East	8%
West	0%
Out of County	13%
Unknown	1%

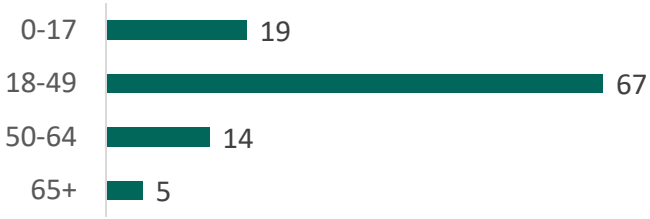
Reason for admission



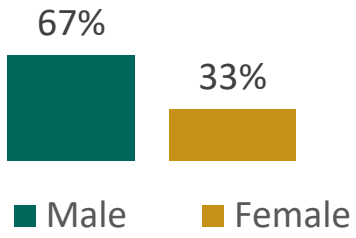
Race/ethnicity



Age



Gender

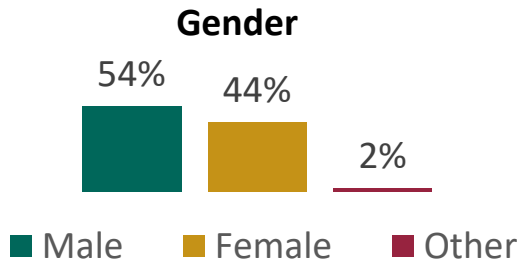


Non-Congregate Housing for the Homeless

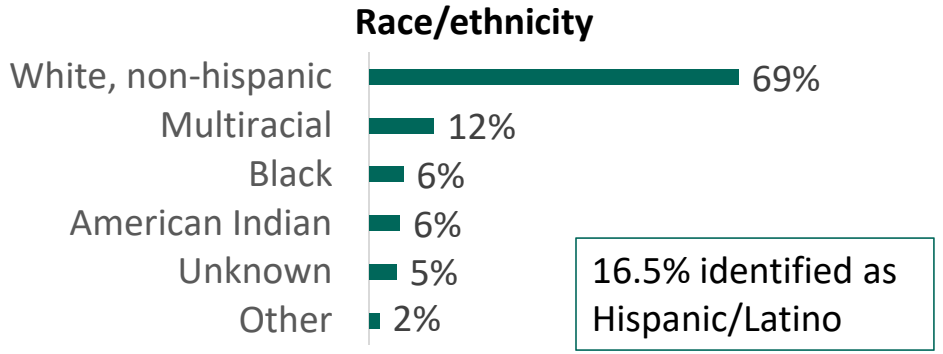
157 served

(Astro Hotel = 57, Fairgrounds/trailers = 24, SSU = 106)

- 75 Chronically Homeless
- 38 Leavers (10 day avg participation)
- 119 Stayers (29 day avg participation)

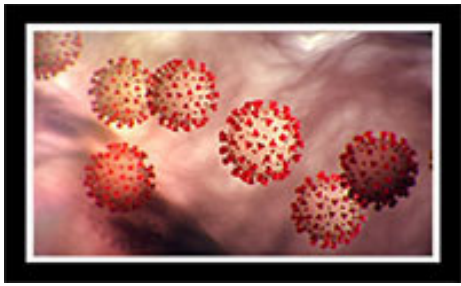


Age	Number of Individuals
0-17 years	5
18-44 years	24
45-61 years	58
62+ years	38
Unknown	32



16.5% identified as Hispanic/Latino

IMDT COVID-19 Cohort



Target outreach: homeless, 65 years of age or older and those under 65 with serious underlying health conditions (respiratory illness, heart conditions, diabetes, cancer, etc.)

Covid-19

- Launched May 14, 2020
- (**138**) COVID-vulnerable sheltered
- (**92**) Individual needs assessed for safety net services & housing
- (**92**) ACCESS enrolled

Covid-19 Service Success

- (34.7%) Medi-Cal Enrollments
- (43.8%) CalFresh enrollments
- (15.7%) SSI Enrollments
- (100%) Shelter Placements

80 Vouchers for COVID-19 homeless

State Modeling Updates

HIGHLIGHTS

1. Most COVID-19 models predict a 2nd peak of cases, hospitalizations, and deaths in the fall. The size and timing of that peak depends on mitigation strategies in place during re-opening and individual behavior.
2. Surveillance testing will increases the accuracy of modeling and reduces error bars on nowcasting
3. With more data from the pandemic and constantly improving modeling platforms, we are improving accuracy of short-term and long-term projections.
4. The data indicate that the actions of individual Californians across the state, guided by the Stay at Home order, flattened the curve.

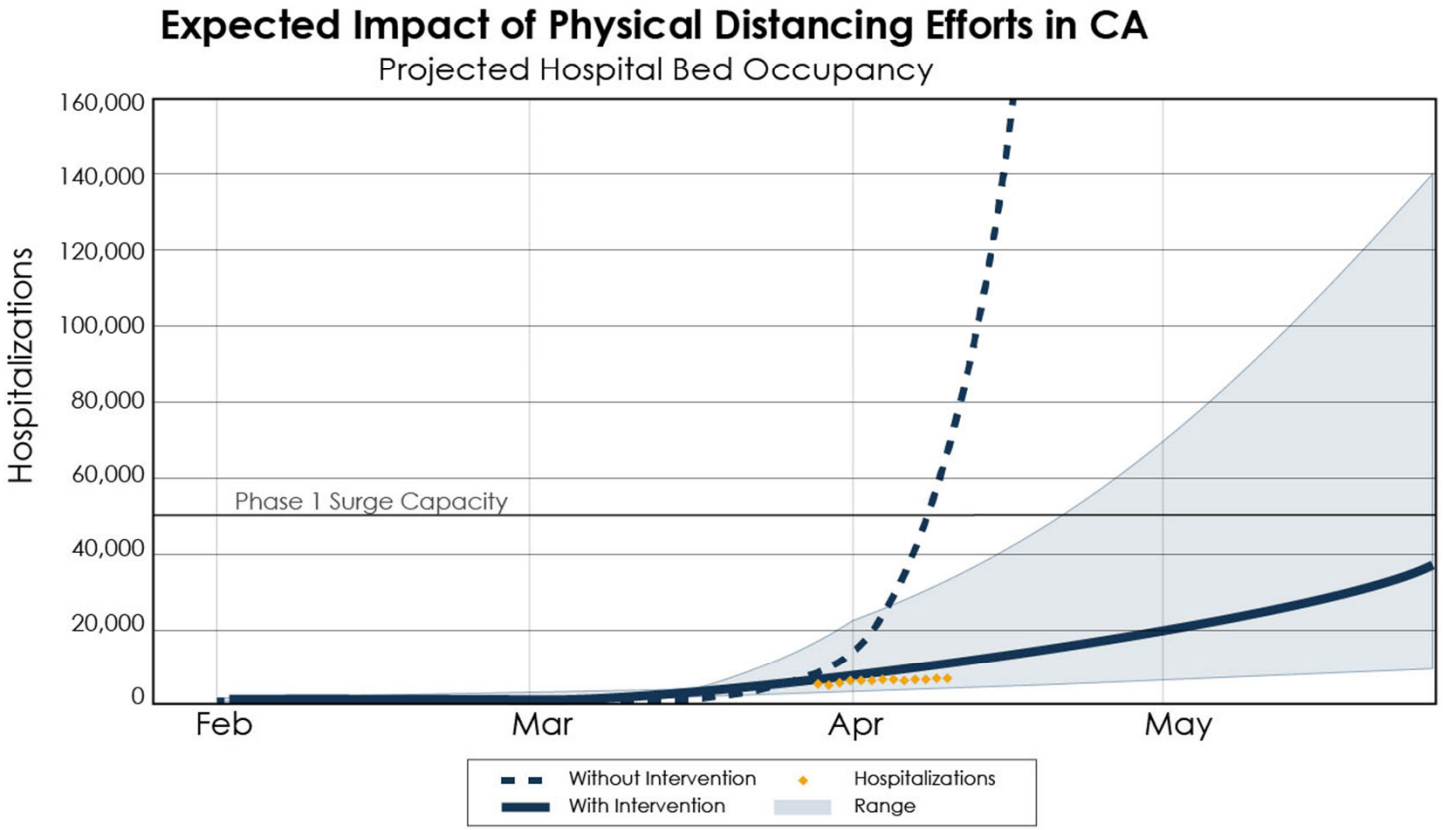
COVID-19 Modeling Recap as shown in April 10th press conference

KEY TAKEAWAY

Action in March saved thousands in May

- This figure showed that 1) the size and timing of the worst-case scenario: an uncontrolled peak that could happen if no action were taken; 2) the expected impact of the interventions; and 3) actual hospitalizations.

- Seeing these modeled projections enabled CA leaders to take strong action, thereby preventing a far worse outcome (as seen in other parts of the US and world).



Source: Johns Hopkins University Infectious Disease Dynamics; CDPH

Key modeling results

COVID-19 MODELING

Nowcasting: Understanding R-effective

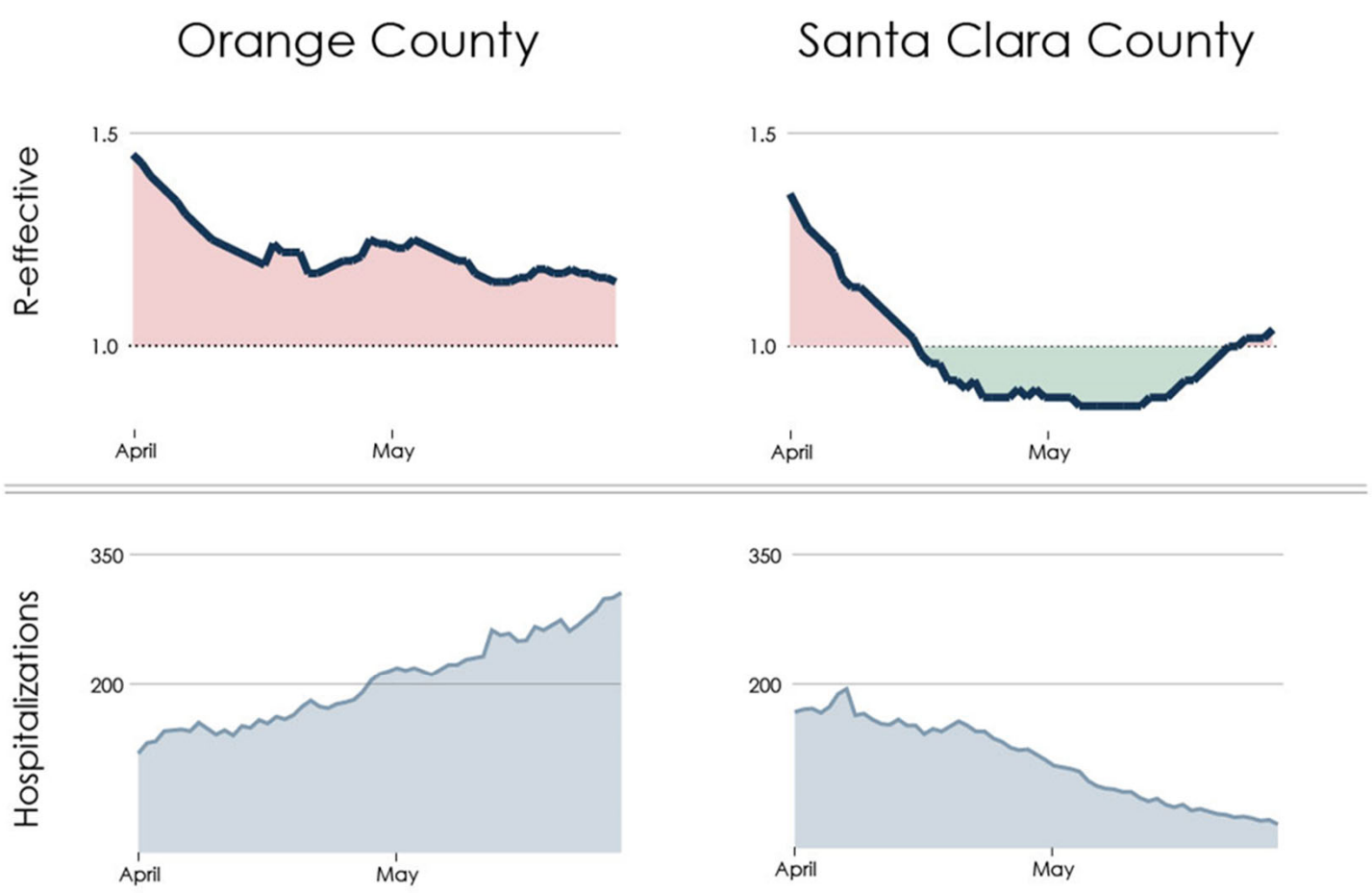
Data freshness: as of Thursday, 05.28.20

KEY TAKEAWAY

R-effective a key indicator for predicting the course of the epidemic

- The Effective Reproduction Number (Reff) is the number of new infections expected to result from each existing COVID-19 infection. Reff >1 means cases are increasing. Reff < 1 means cases are decreasing, exponentially.
- Consider two urban, coastal, and affluent California counties: Orange and Santa Clara. On April 1 both had similar number of hospitalized patients with COVID-19.
  - Santa Clara was able to reduce transmission (Reff <1) which is reflected in decreasing hospitalizations. Re-opening has led to an increase in Reff, which should be reflected in increasing cases and hospitalizations in coming weeks.
  - Orange County shows transmission continuing (Reff > 1), reflected in increasing hospitalizations.

Source: Covid Act Now; CDPH



COVID-19 MODELING

Nowcasting: Real-time estimates of R_0

Data freshness: as of Friday, 05.29.20

KEY TAKEAWAY

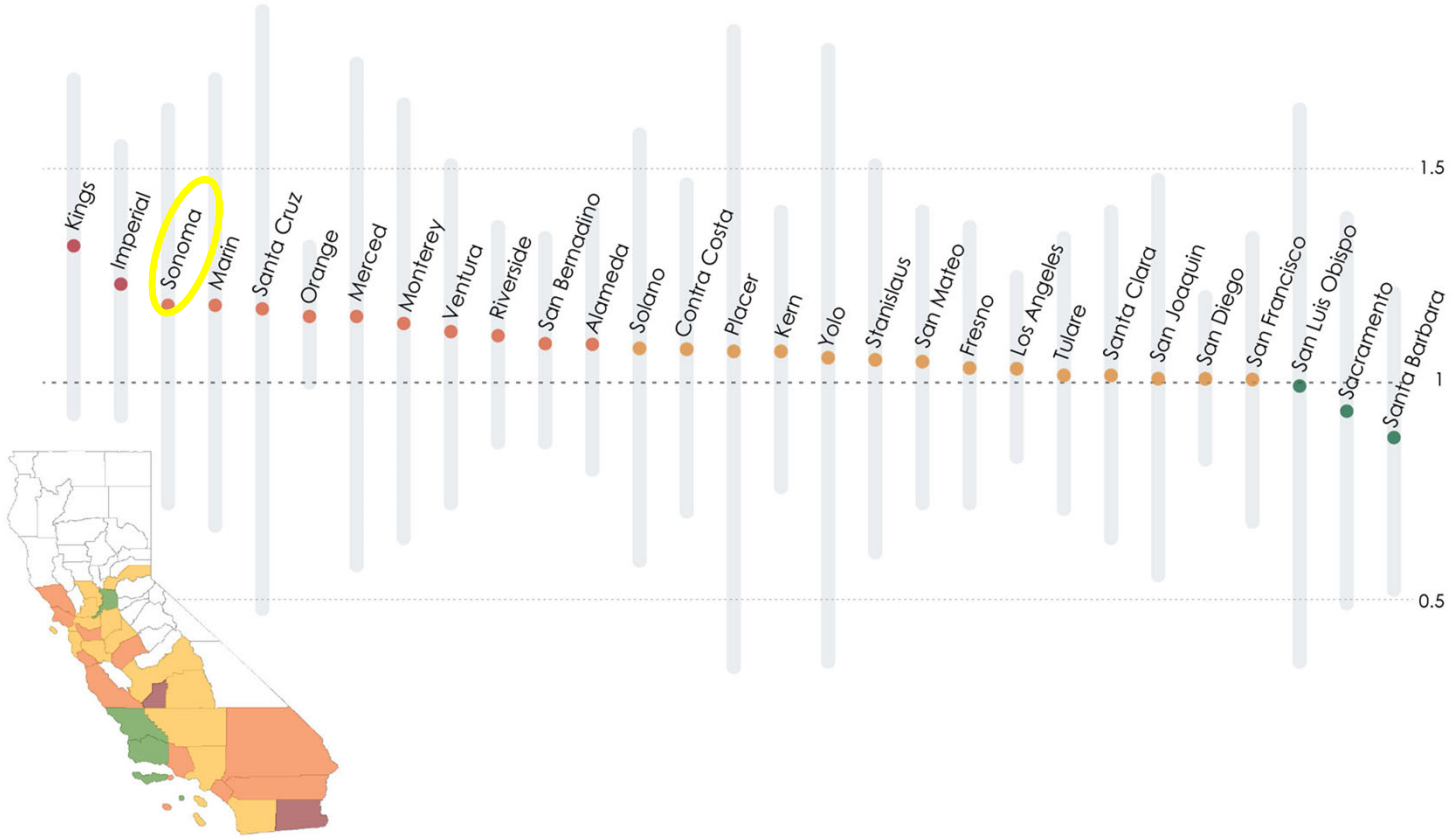
While the number of cases is stabilizing, pandemic control is still fragile

- Most counties remain above 1.
- Opening too quickly may cause R-effective to tip back into growth phase (greater than 1) and cause a surge in infections and deaths.
- In the absence of widespread surveillance testing, there is still a 2 week lag before we can see the impact of increases in transmission. Because of the lag between infection, symptoms, and testing at least two weeks of decreasing cases (R-effective < 1) is a metric to guide a reopening policy.
- Error bars are large because of lack of widespread surveillance testing.

Source: Covid Act Now: See important caveats in Appendix.

Current Assessment of Effective Reproduction Number

(average May 14-21)



COVID-19 MODELING

What the ensemble of models say about hospitalizations

Data freshness: as of Friday, 05.29.20

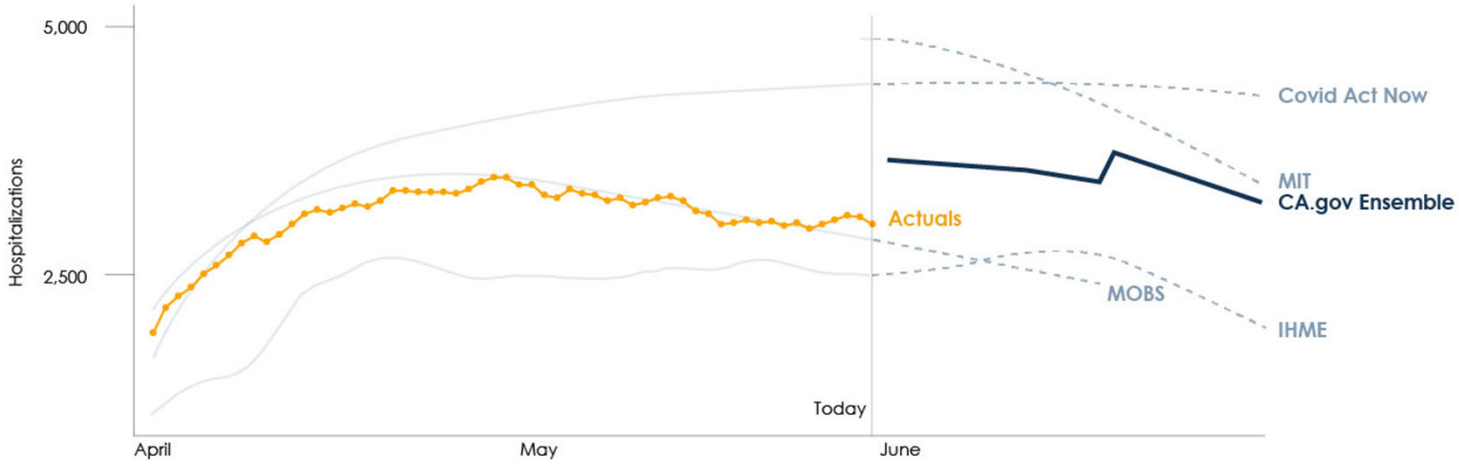
KEY TAKEAWAY

Statewide hospitalizations are expected to continue at current levels

- Short-term forecasts vary, but on average (dark blue line) hospitalizations stay the same over the next 4 weeks.
- Statewide numbers do not tell the whole story for specific counties, where hospitalizations may increase in the coming weeks.
- These results can be improved to reflect local policies as models are updated with county-level data. Results seen here reflect continuation of current interventions.

Source: Covid Act Now; Institute for Health Metrics and Evaluation; MIT; MOBS

Projected Hospitalizations



COVID-19 MODELING

Forecasts for the rest of 2020

Data freshness: as of Friday, 05.29.20

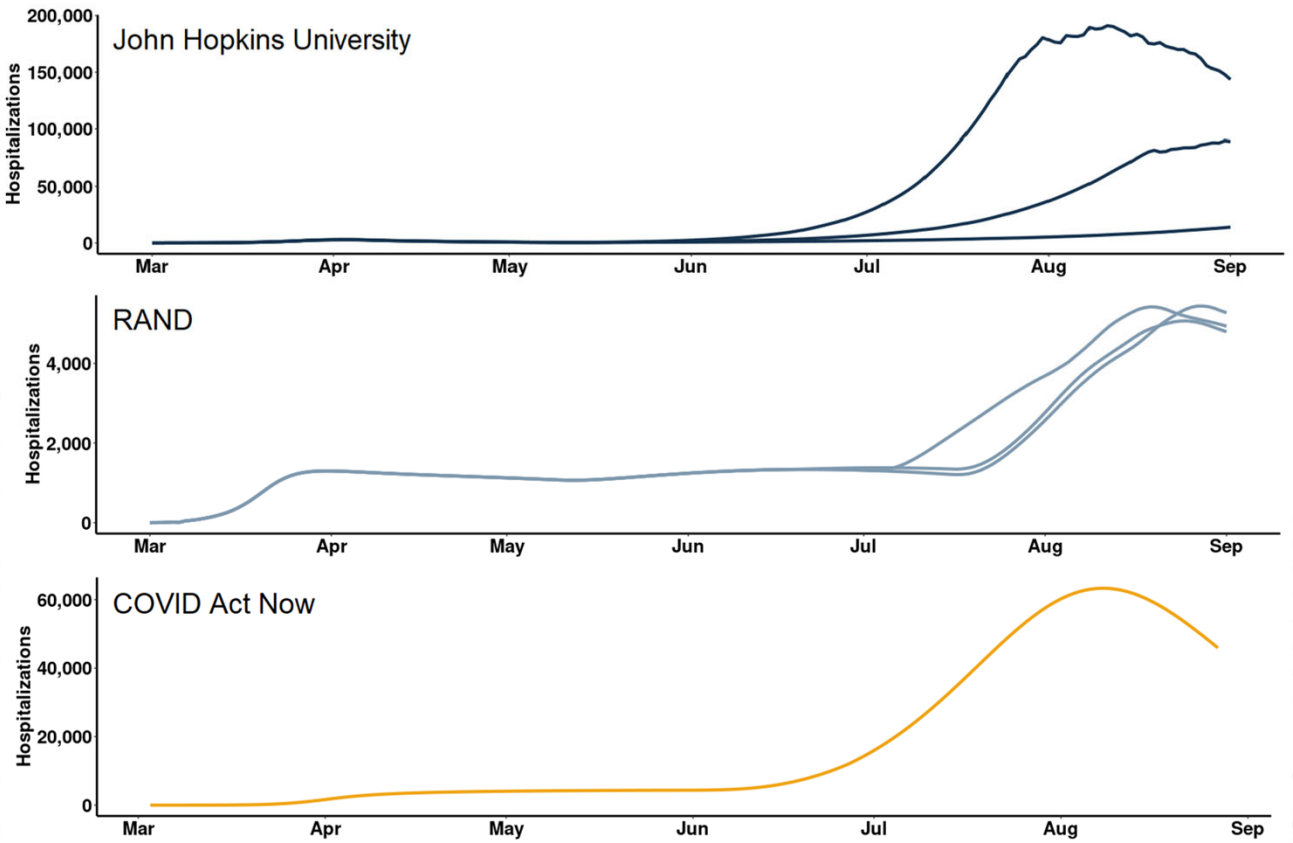
KEY TAKEAWAY

Most models agree that a second peak will occur

- Additional peaks in cases, hospitalizations, and deaths will occur.
- The models show the timing and the magnitude of the peak is strongly dependent on the strength of NPIs.
- Weekly tracking of these models is essential given their variability, as they improve, and more data becomes available.
- A cautious approach to loosening of restrictions can avert a substantial number of hospitalizations and deaths. A moderate NPI strategy can save over 50,000 lives by Labor Day, as compared to implementing weak NPIs.

Source: Johns Hopkins University Infectious Disease Dynamics

Multiple models suggest a second peak is coming



Key takeaways from current models

Most COVID-19 models predict a **2nd peak** of cases, hospitalizations, and deaths in the fall. The size and timing of that peak depends on having mitigation strategies in place during phased re-opening.

The spread of COVID-19 could be tracked in real-time using nowcasting of the effective reproductive number (Reff). Currently, the spread of COVID-19 persists with **Reff ~ 1** for California.

With increased opening of data at the county level we expect improved forecasting.

Surveillance testing will increases the accuracy of modeling and reduces error bars on nowcasting.

Sonoma County Case Updates

June 9, 2020 9:10 PM

Sonoma County Coronavirus Cases at a Glance

Coronavirus Cases	Total	Active	Recovered	Deaths	Tests
Current Case Count	671	297	370	4	32,125
Change in Last 24 Hours	+7	+7	+0	+0	+400

State Criteria

County	Avg # tests per day (per 100,000 population) (7 day average with a 7 day lag)	Case rate per 100,000 (14 days)	Testing positivity (%) (7 day average with a 7 day lag)	% Change in 3-day avg COVID+ hospitalized patients	% ICU beds currently available	% Ventilators currently available
Threshold	**<150 per 100,000**	**>25 per 100,000**	**>8%**	**>10%**	**<20%**	**<25%**
Sonoma County	114.5	30.8	2%	18%	22.4%	79.3%

Data updated 06/11/20

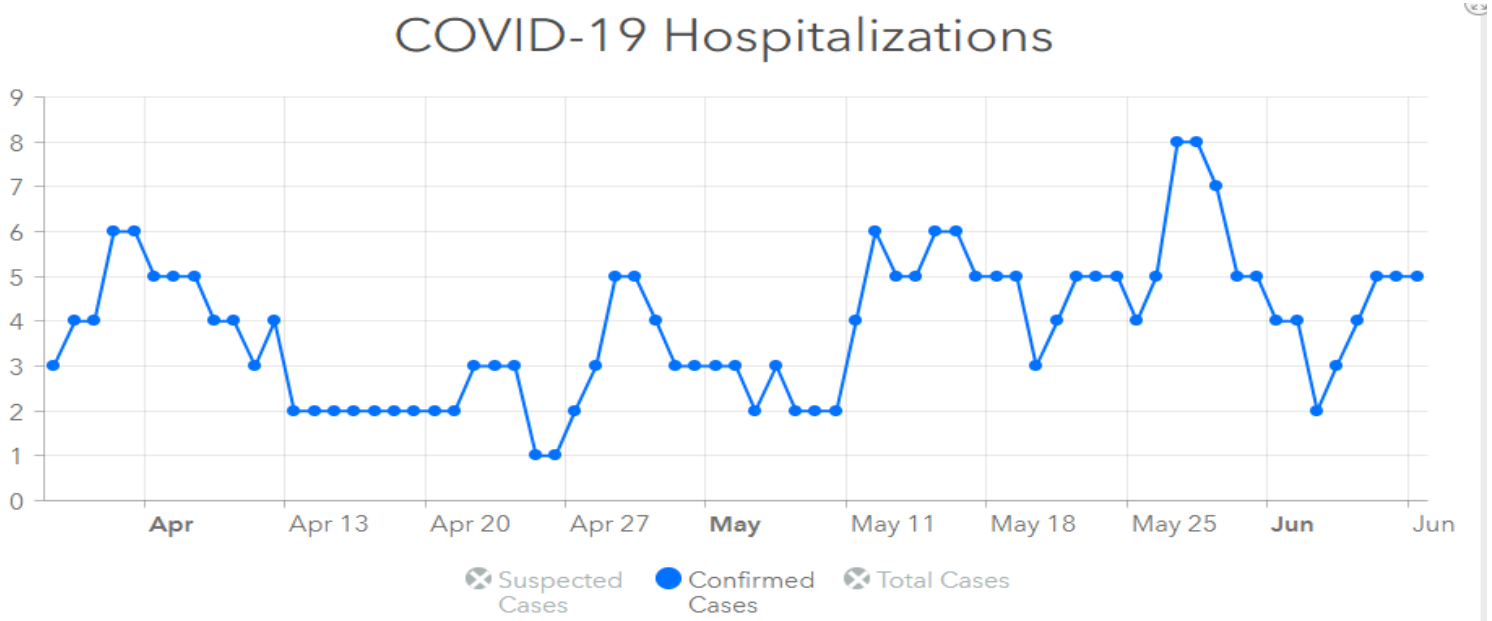
State Criteria Indicating Elevated Case Transmissions

Sonoma County Status	State Criteria
30.8 cases per 100,000 in past 14 days	> 25 cases per 100,000 residents in past 14 days indicates elevated transmission
< 8% testing positivity in past 7 days	> 8% testing positivity in past 7 days indicates elevated transmission

State Criteria Indicating Stability of Hospitalizations

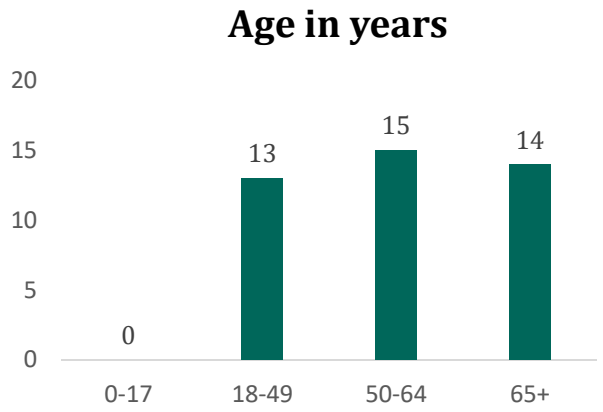
Sonoma County Status	State Criteria for Stability of Hospitalizations
18% average daily percent change in hospitalized COVID-19 patients over past week	<5% average daily percent change in hospitalized COVID-19 patients over past week
Met	< 20 confirmed COVID-19 patients hospitalized on any single day over the past 14 days

State Criteria Indicating Increasing Hospitalizations

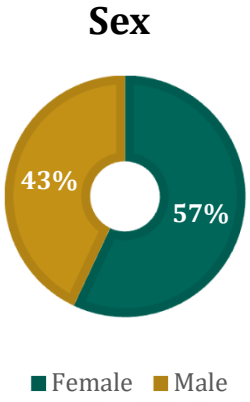


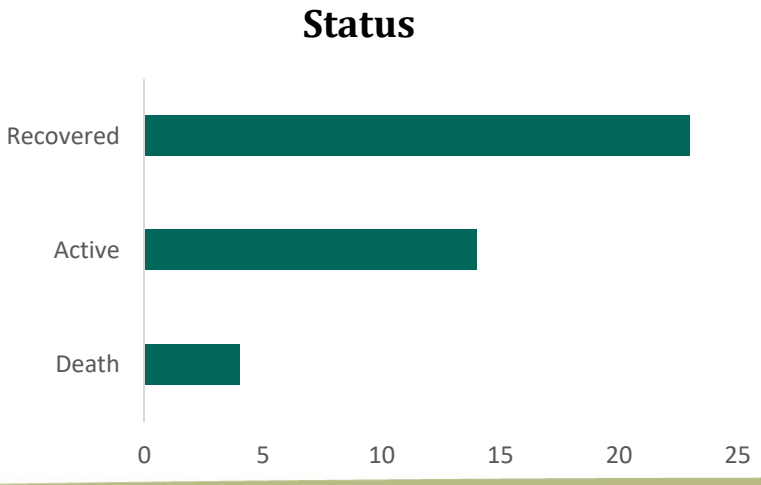
Sonoma County Status	State Criteria indicating Increasing Hospitalizations
67% increase Average change in number of confirmed COVID+ patients currently hospitalized	>1% increase Average change in number of confirmed COVID+ patients currently hospitalized

Characteristics of COVID-19 Patients Ever Hospitalized (n=42)



Ever in ICU:
15 (36%)*





Underlying conditions	%
None	27%
Diabetes	39%
Cardiovascular disease	27%
Chronic lung disease	17%
Hypertension	17%
Other	17%

^For cases entered into CalRedie (N=41)- proportions calculated for cases with known underlying conditions and symptoms

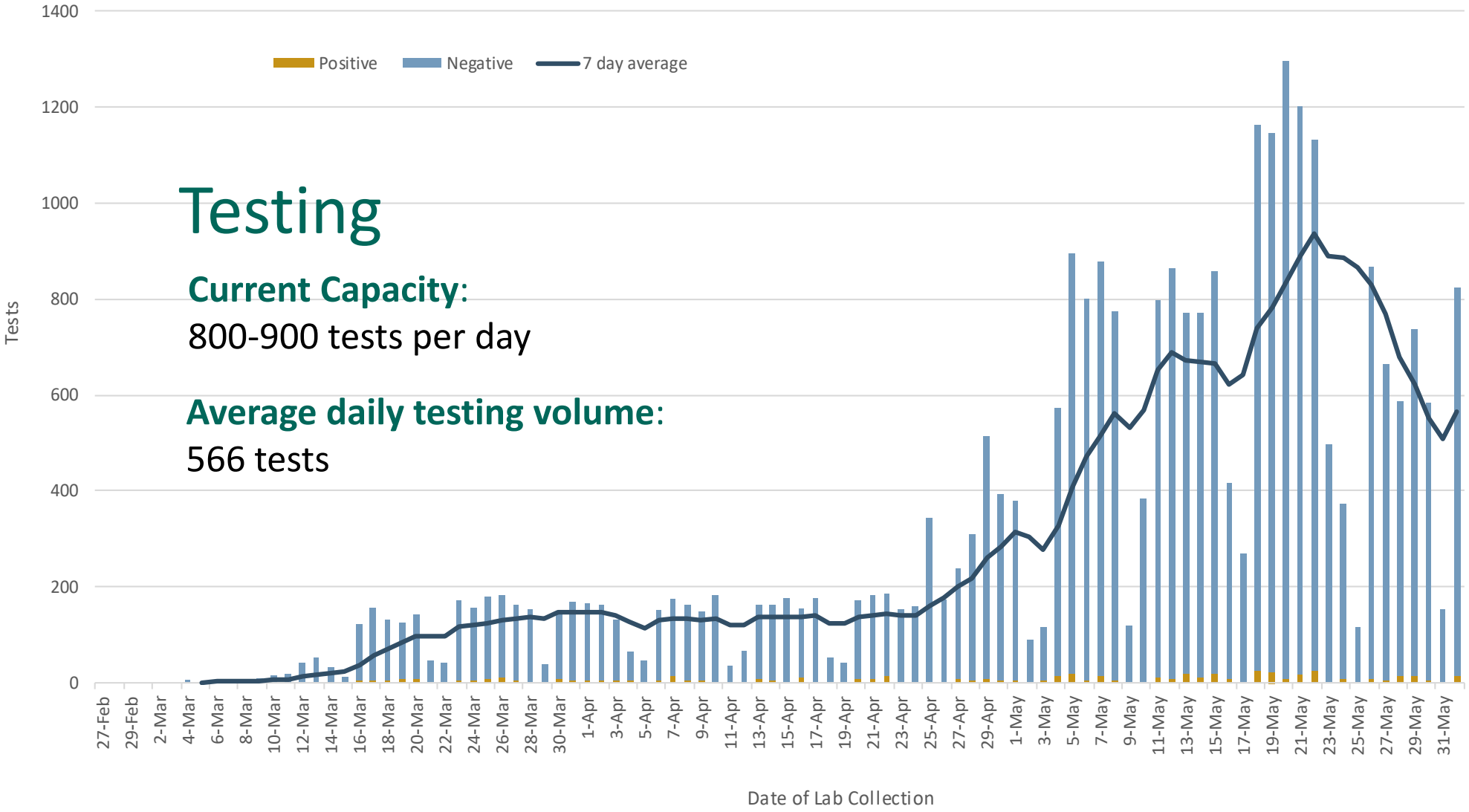
State Criteria Indicating Limited Hospital Capacity

Sonoma County Status	State Criteria
22.4% ICU beds available	<20% ICU beds available indicate limited capacity
79.3% ventilators available	<25% ventilators available indicate limited capacity
>14 day supply PPE Available	<14 day supply PPE available indicate limited capacity

Testing

Current Capacity:
800-900 tests per day

Average daily testing volume:
566 tests



Approach to Field Surveillance

Daily coordination and review of data to set testing priorities for field testing (workplaces, residential settings, community-based) among:

- Asymptomatic and symptomatic contacts to cases
- Latinx community (pop-up and high risk worksite testing)
- Vulnerable populations (SNFs, RCFEs, B&C homes, assisted/independent living facilities, jails, homeless)
- Asymptomatic and symptomatic Health Care Workers
- Asymptomatic and symptomatic First Responders
- Symptomatic community members
- Asymptomatic community members

Percent of individuals testing positive by testing strategy

Testing Strategy	Number of tests conducted	Percent positivity
Close Contact	547	17.5%
Latinx Outreach	524	2.5%
Chanate Drive Thru	4,863	0.74%
Optum Serve Petaluma	3,036	0.23%
Optum Serve Santa Rosa	3,777	0.11%

Clusters

- Among the first 380 cases there were 23 multi-household clusters
  - 6 were associated with worksites or work-related events
  - 4 were associated with family events (funerals and birthday parties)
  - The remaining 13 are complex with extensive overlap between household, work, and extended family
- Clusters ranged in size from 2 cases – 32 cases (average 9 cases)
- The largest cluster had 32 cases, 83 contacts, 7 households and led to 5 worksite investigations

Sector of employment of COVID-19 cases*, residents 18+ years

	N	%
Total	**508**	**100%**
Agriculture and farmwork	79	16%
Unemployed	73	14%
Services and sales	66	13%
Not working	44	9%
Health care	44	9%
Manufacturing	36	7%
Professional and managerial	29	6%
Construction and related trades	24	5%
Landscaping and outdoor maintenance	21	4%
Public Safety	19	4%
Sanitation and public works	15	3%
Cleaning, janitorial, and environmental services	14	3%
Food and beverage production	13	3%
Education	9	2%
Caregiver and personal help	9	2%
Transportation	6	1%
Other^	7	1%

*with known employment. Where case works, not necessarily where case was exposed

^Other includes arts, design, entertainment, sports, media, and student

Outbreaks and Investigations by Industry

Industries with clusters of illness or extensive worksite investigation include:

- Agriculture and farmwork
- Services and sales
- Healthcare
- Manufacturing
- Construction and related trades
- Landscaping and outside maintenance
- Public Safety
- Sanitation and public works
- Cleaning, janitorial and environmental services
- Food and beverage production

Community Health: Overdose and Suicide Deaths

Overdose and suicide deaths by month, 2017-2019 3 year average with 2020 comparision, Sonoma County

		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Overdose	3 year average 2017-2019	6	8	6	8	6	6	8	7	7	5	6	7
	2020*	ABOVE	ABOVE	ABOVE	ABOVE	BELOW							
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Suicide	3 year average 2017-2019	7	4	6	7	6	6	6	6	5	8	8	5
	2020*	ABOVE	ABOVE	BELOW	BELOW	BELOW							

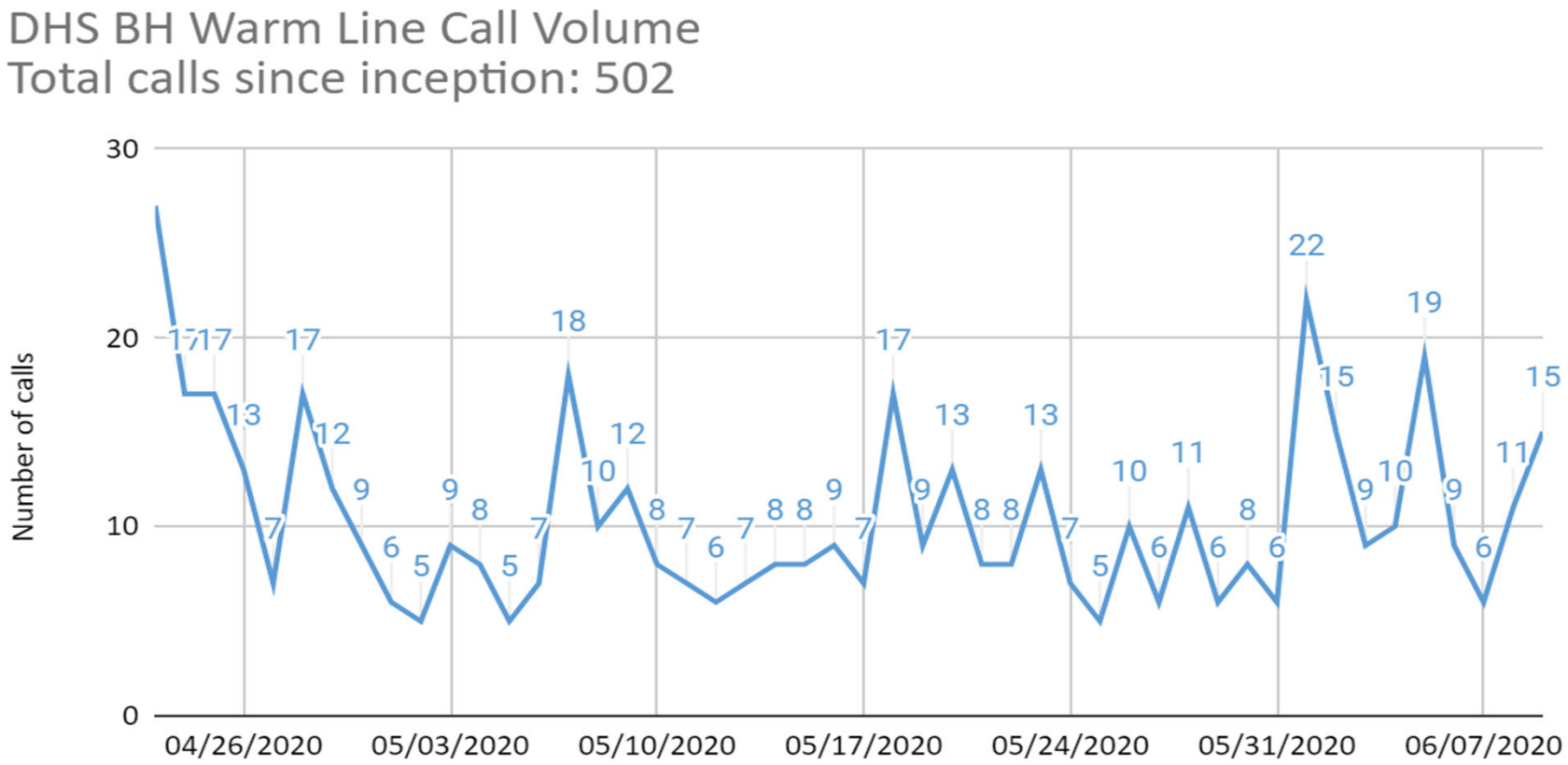
Source: CA Comprehensive Death File, 2017- May 28, 2020

*Data are preliminary

Since Shelter in Place was implemented in March:

- A trend of heightened overdose deaths continued in March and April, but fell below average levels in May 2020
- Suicide deaths have been occurring less frequently than average since March 2020

Mental Health Warmline



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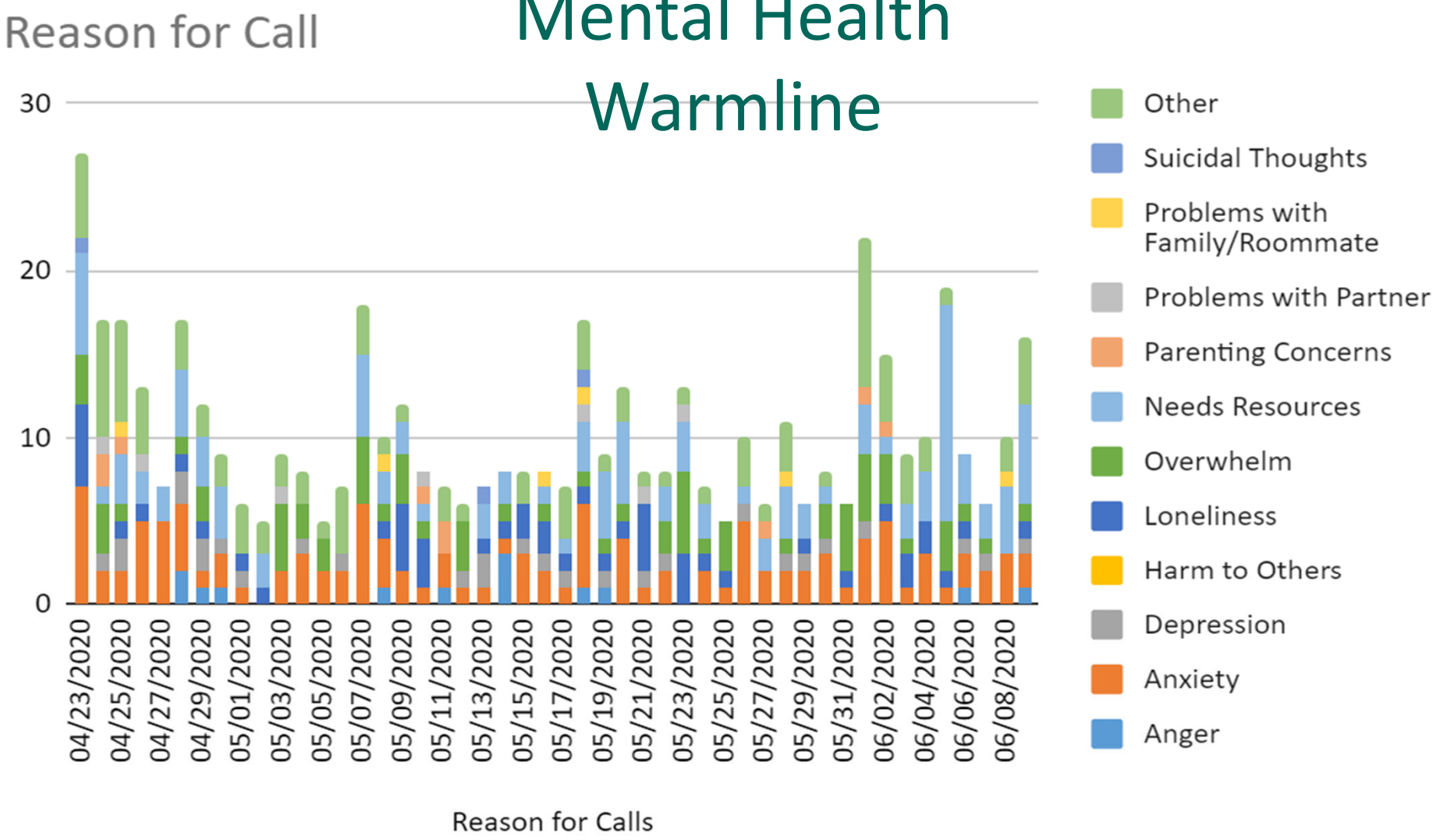

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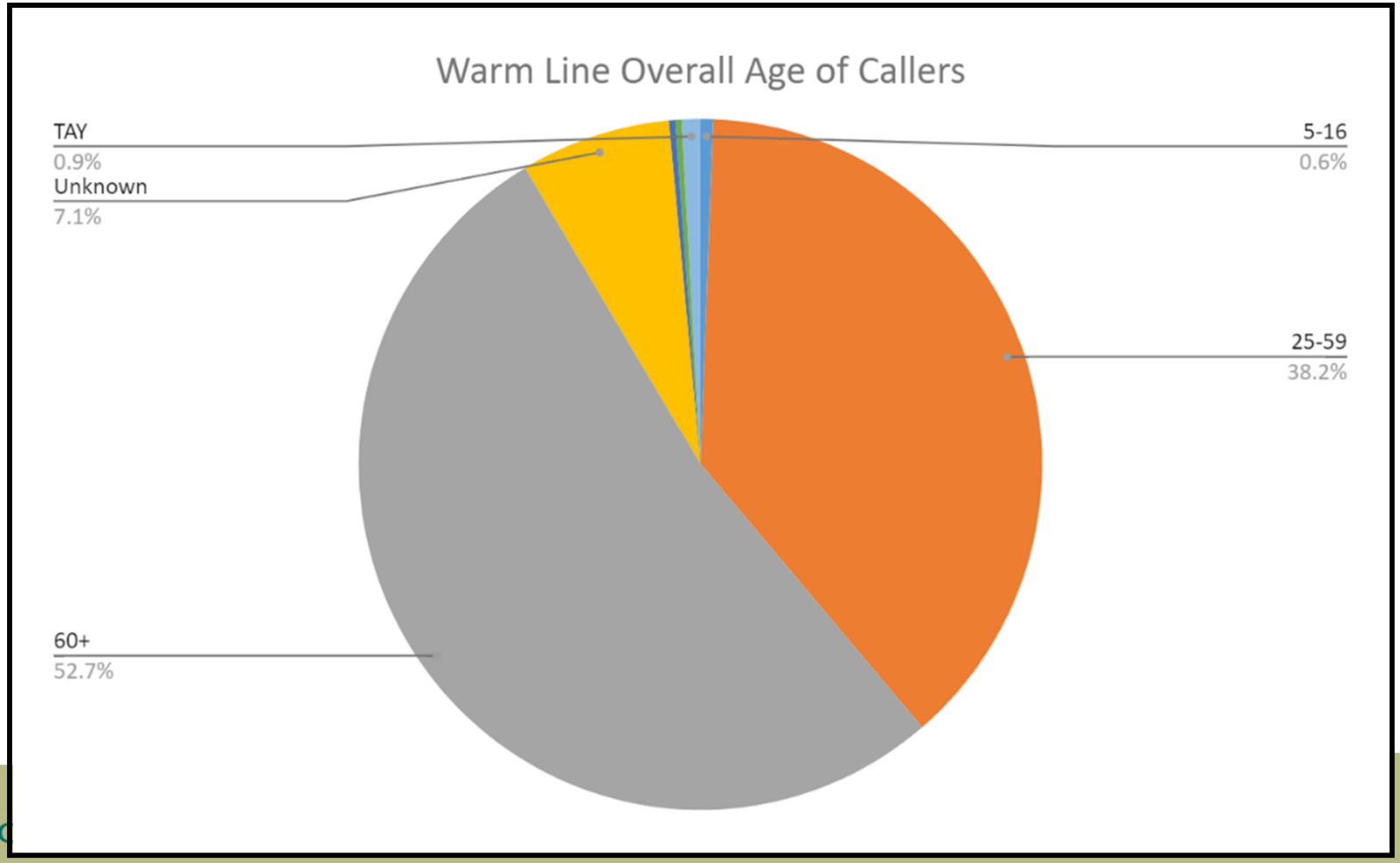

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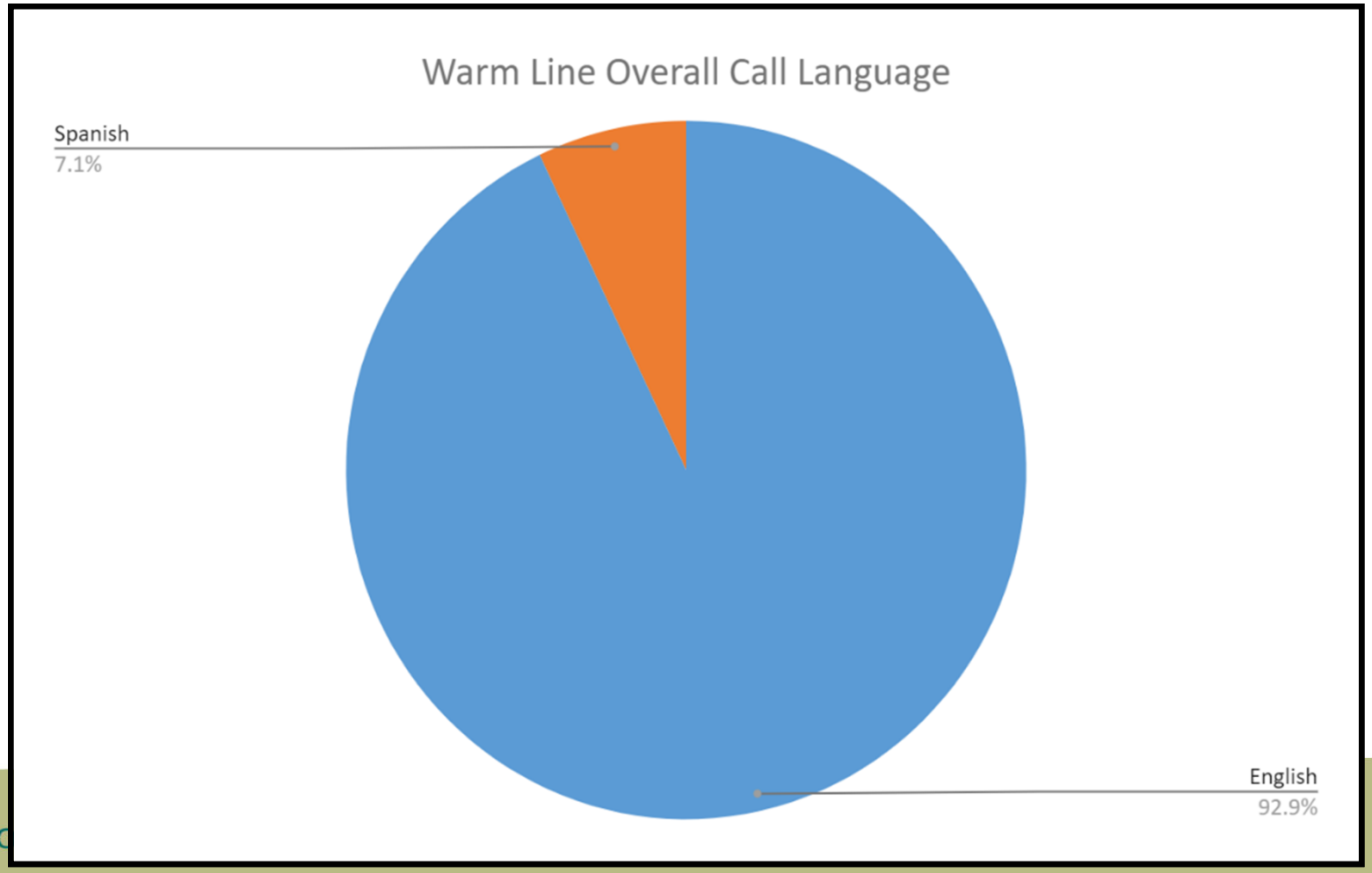
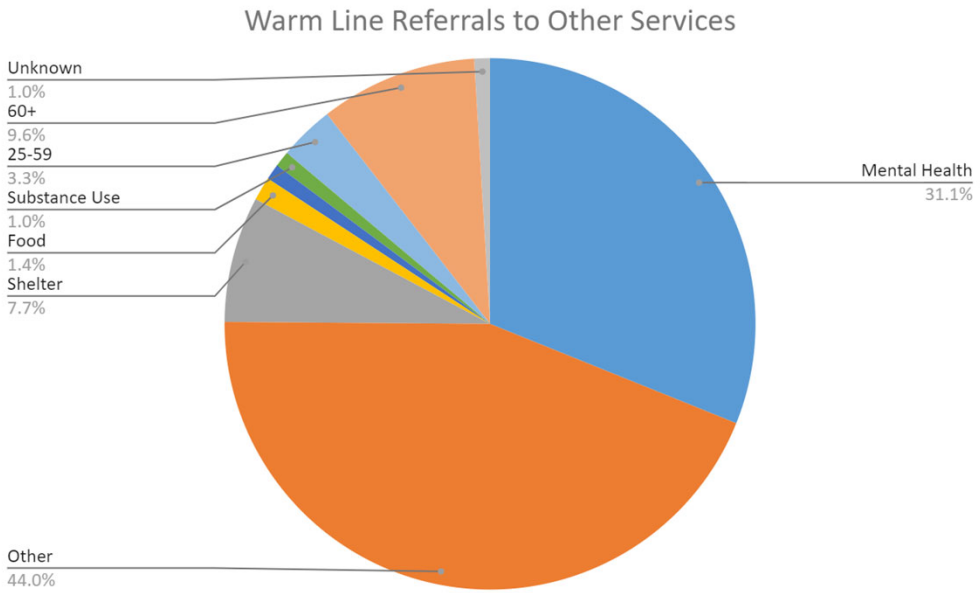
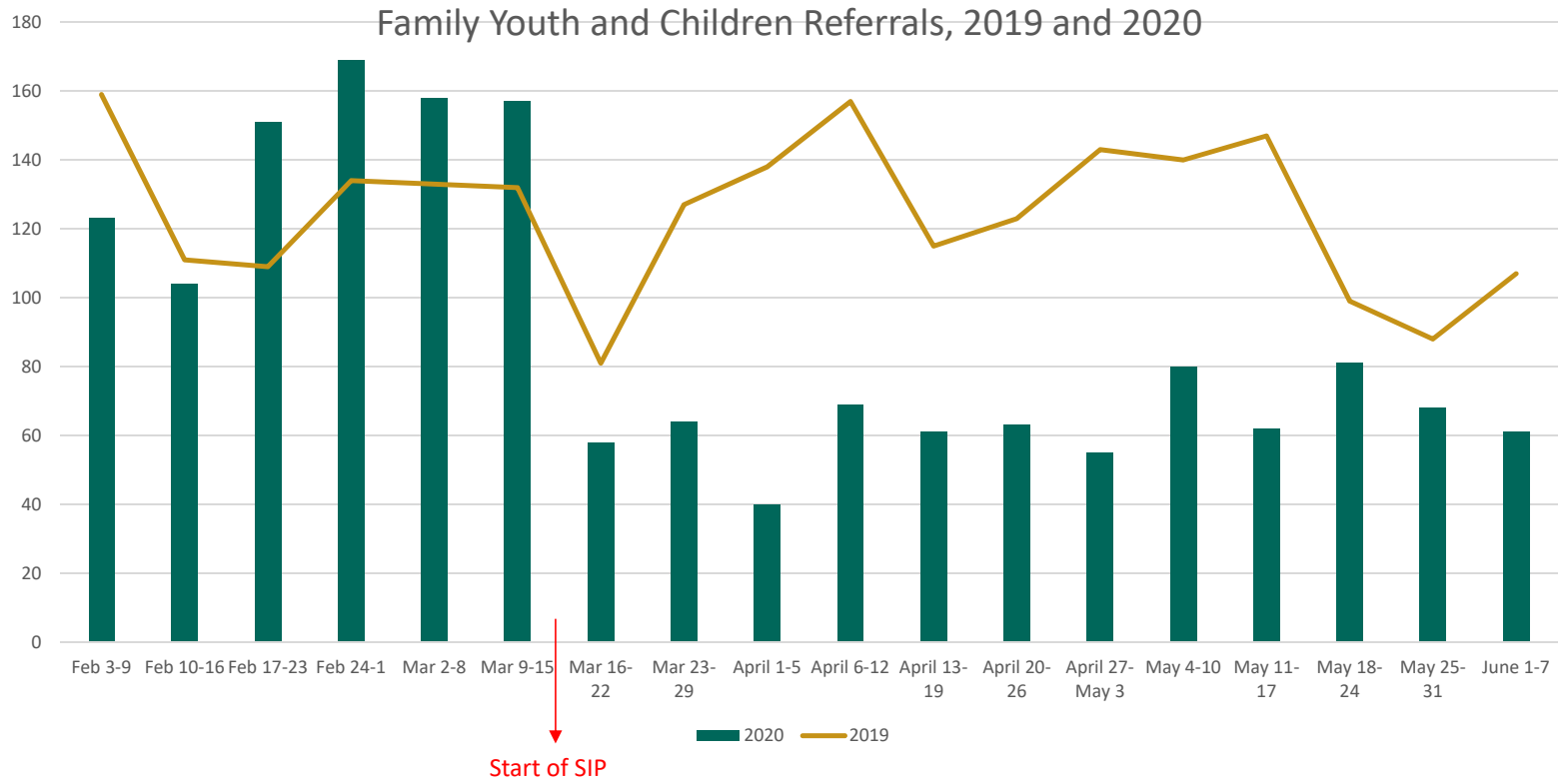


Mental Health Warmline

Referrals Provided



Child Abuse and Neglect Allegations



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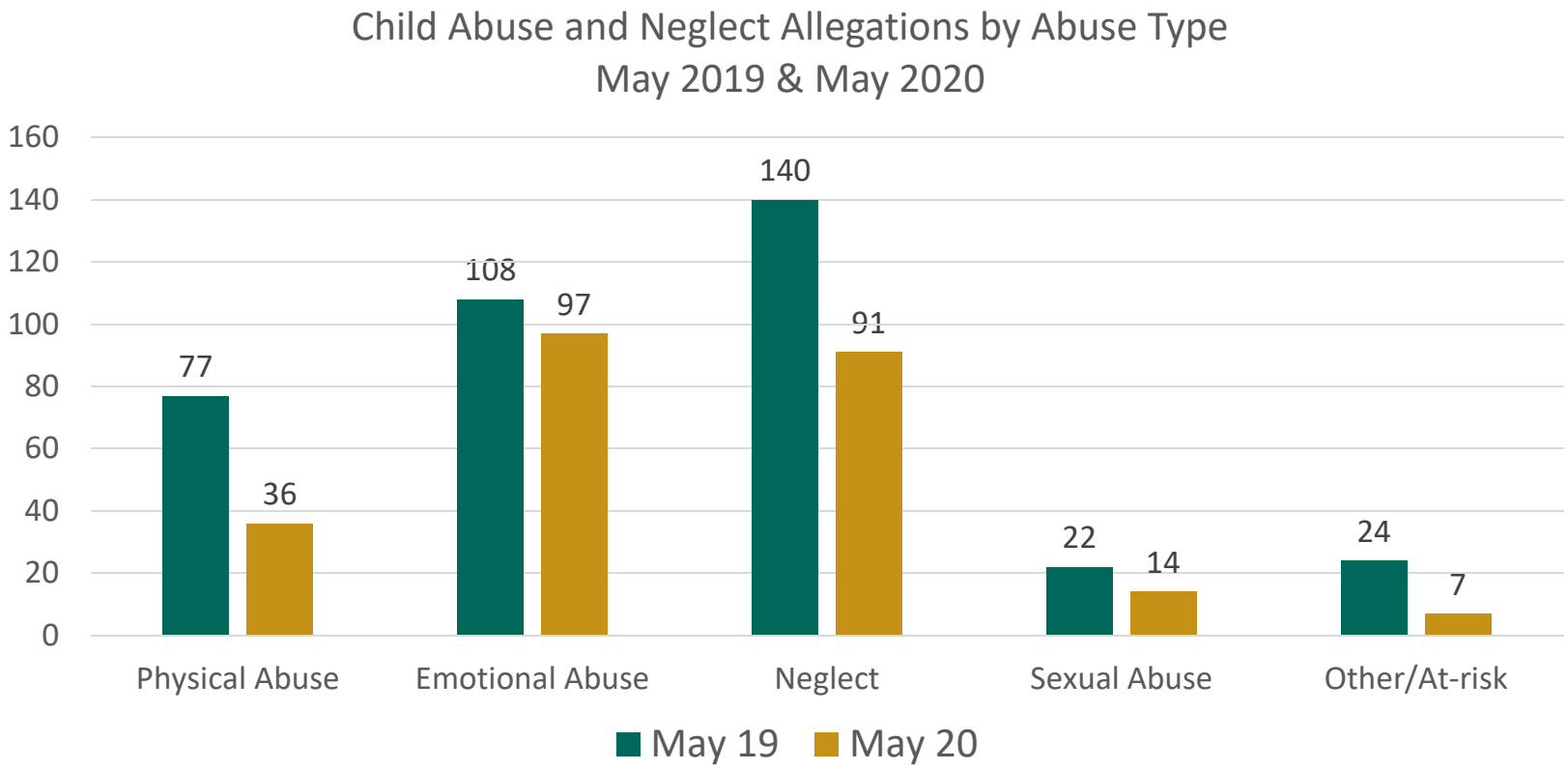

Sonoma County Reopening Updates

Beginning **June 12th**, wineries, breweries and distilleries will be permitted to serve alcohol not paired with food.

The County and Economic Development Board are working to allow the following businesses to open **June 19th** in compliance with State guidance and mitigation measures, if COVID-19 cases remain stable:

- **Casinos and card rooms**
- **Film, television, and music production**
- **Pro Sports without live audience**
- **Schools**
- **Day Camps**
- **Campgrounds**
- **Hotels for tourism**
- **Bars**
- **Gyms and fitness centers**
- **Movie theaters and family entertainment centers**
- **Zoos and museums**

Questions