Summary Title: Supporting Santa Clara County's COVID-19 Testing-Tracing-Isolation Program

Title: Discussion on Santa Clara County's COVID-19 Testing-Tracing-Isolation Program and Potential Direction on Next Steps

From: City Manager

Lead Department: City Manager

Recommendation
Staff recommends that Council discuss and potentially provide direction to staff regarding the County of Santa Clara’s COVID-19 community testing, contact tracing, and isolation plan and its relationship to resuming economic activity in Palo Alto.

Background
State and County public health officials have communicated the importance of testing, contact tracing/investigation, and isolation as key elements of a plan for restoring economic activity and community life. At its May 4 meeting, the City Council directed staff to agendize discussion of this issue at an upcoming Council meeting.

Discussion
Members of the community are anxious to return to normal activities as well as enabling businesses to reopen. The City of Palo Alto has a direct interest in supporting the restoration of civic activities and commerce, in order to support fiscal recovery as well as community well-being.

Based on ongoing communications the County of Santa Clara, as well as with Stanford Health Care and other community partners, it is clear that the supply chain issues associated with increasing the availability of COVID-19 testing are complex and rapidly changing. Over the past week alone, there appears to have been significant progress in the local availability of testing supplies and site capacity. This progress is nonetheless well short of the goals public health officials have set for supporting sustained containment of COVID-19.
Activity has also significantly increased recently with respect to contact tracing. Over the past few weeks, the City of Palo Alto and other cities have been in communication with Santa Clara County to offer assistance with the resources needed to follow-up on positive COVID-19 test results and mitigate further community spread. The County Board of Supervisors discussed this topic at its May 5 meeting. The staff report and presentation are provided as Attachments A and B. This should provide a good foundation for the City Council’s discussion of the associated issues.

Given the County’s indication that staff deployed to contact tracing be available for six months to a year, such duties are likely unsuitable assignments for City staff redeployed as disaster service workers. Staff will therefore continue to monitor opportunities for community members to participate in this activity. It may be appropriate, for example, for current Emergency Services Volunteers (ESVs) to be considered for this activity.

Attachments:

- Attachment A - BOS Report 050520
- Attachment B - BOS Presentation 050520
DATE: May 5, 2020

TO: Board of Supervisors

FROM: Jeffrey V. Smith, County Executive

SUBJECT: Report on Key Elements of County’s COVID-19 Planning Efforts

RECOMMENDED ACTION

FISCAL IMPLICATIONS
While there are significant fiscal implications associated with the County’s response to COVID-19 and the recovery plan, there are no fiscal implications as a result of receiving this informational report. Future fiscal impacts and appropriation modification recommendations will be submitted to the Board on a rolling basis as the COVID-19 event continues.

REASONS FOR RECOMMENDATION
At the April 21, 2020 (Item No. 14) Board of Supervisors meeting, the Board approved a referral from Supervisor Ellenberg requesting that County Administration produce a plan detailing the public health tools, technology, staffing and funding necessary to support future phases of the COVID-19 disease control and prevention effort, including new resources or expanded approaches to testing, disease surveillance, case investigation and contact tracing. The plan should include support the procurement, hiring, staging, and integration of tools and resources that will be needed to support a smooth and safe transition from a community-wide shelter in place into future phases of the response effort which we anticipate will be more targeted. During the Board’s discussion, Supervisor Ellenberg also requested information on Personal Protective Equipment (PPE) needs and gaps.

BACKGROUND
This response to the April 21, 2020 referral consists of three major components:

1. PPE acquisition efforts by the Emergency Operation Center (EOC) and plans to maintain appropriate emergency inventory of PPE as the pandemic continues.

2. Access to COVID-19 testing in the community, indicators and goals for testing, and our strategies for increasing testing throughout the County.
3. The Public Health Department’s strategic plan to massively expand case investigation and contact tracing, including current capacity, needed capacity, staffing expansion plans, technology tools and needs, and external partnerships.

I. The EOC’s PPE Acquisition Efforts and Plans to Maintain Emergency Inventory of PPE as the Pandemic Continues.

As is well known, there is an international, national, and statewide shortage of many categories of PPE. Traditionally, during an emergency, needed supplies that cannot be locally procured are obtained from the state government, and if the state government is unable to obtain the needed supplies, the state requests assistance from the federal government. The County staff working in the EOC’s Medical Supply Unit, led by County Pharmacy Director Narinder Singh, have spent the last several months pursuing an aggressive strategy to identify all potential vendors willing and able to provide the PPE needed in the County. The EOC is also making massive, frequent requests for PPE and other needed resources to the State and Federal Governments. In addition, the EOC is working in close partnership with Valley Medical Center Foundation to obtain PPE donations from every sector in the community.

To date, the EOC’s Medical Supply Unit has procured approximately 16 million pieces of PPE, including purchasing approximately 10 million pieces of PPE, receiving approximately four million pieces of PPE from the State (out of the 115 million that have been requested), and processing approximately two million donated pieces of PPE.

The County has successfully acquired several million N95 masks, though our supply of regular sized (as opposed to small) N95s remains far short of the total we need to ensure adequate supply throughout the county. The EOC’s Healthcare Surge Team is also facilitating implementation of the State’s guidelines for decontamination of N95s, thereby extending the limited supply of N95s available in the county. This process involves cleaning masks with vaporized hydrogen peroxide, which renders them safe for reuse. The State originally designed this process solely for hospitals, but our team has worked with the State to make this process available to skilled nursing facilities and first responders, for whom the shortage of N95s is equally significant.

Over the last few months, our team has successfully addressed a massive shortage in face shields, obtaining a combination of donated, custom manufactured, and internationally procured face shields that should be sufficient to meet our needs in the near term, if cases of COVID-19 remain at their current levels.

We continue to have a significant shortage of gowns, even after we worked with many hospitals in the County to begin using a combination of both washable and disposable gowns. We are currently awaiting the arrival of half a million disposable gowns, which are currently on order. And our EOC Healthcare Surge team is currently vetting an additional local supply of washable gowns.
We are still also far short of our goal for supply of COVID-19 testing swabs, despite aggressively seeking to purchase them from every known supplier, both domestic and international. So far, the State has provided the County 12,000 swabs, we have received another 50,000 in donated swabs, and we currently are awaiting delivery of an additional 300,000 we were able to obtain from an international supplier. However, the State Testing Taskforce has assured counties that previous shortages of testing swabs are being addressed, and going forward this should not be a barrier. We are awaiting further details from the State on exactly when and how those supplies will be distributed and other key details.

The Bay Area Health Officers have established as a key indicator that every acute care hospital in the community has at least 30-days’ supply of PPE on hand at any given time, and that supply is sufficient to meet all normal needs, plus the exceptional need for additional PPE that would arise if a surge in COVID-19 cases were to occur during that 30 day period. The EOC’s Healthcare Surge Team and Medical Supplies Unit are closely tracking the daily reports from all acute care hospitals in the County regarding their current supplies of PPE. (Pursuant to a Health Officer Order, all acute care hospitals are required to report their inventory daily to the County, and all skilled nursing facilities are required to report weekly.) We have also developed a sophisticated tool to project anticipated PPE use under various scenarios, to assess anticipated needs as hospitals return to normal volume of elective procedures and other healthcare utilization, and in the event the number of hospitalized patients with COVID-19 increases significantly. The EOC Medical Supply Unit’s goal is to support all acute care hospitals in achieving a 30-day supply of PPE, and also ensuring all skilled nursing facilities, first responders, other healthcare workers, and other community needs for PPE are addressed. To do so, we are aggressively seeking to acquire, through every possible channel, and in spite of very serious limitations in the supply chain, sufficient PPE to meet the needs of the community for at least 30 days and ultimately 60 days, knowing that it will take significant time and continued heroic efforts on the part of our dedicated EOC team to achieve that goal.

To ensure adequate resources to achieve these goals, we are in the process of expanding the warehouse space where the supplies of PPE are stored. We are also implementing a new warehouse management software system that allows for careful tracking of our entire PPE inventory and more streamlined and efficient distribution of that inventory.

II. Access to COVID-19 Testing in the Community, Indicators and Goals for Testing, and our Strategies for Increasing Testing Throughout the County.

Access to testing is rapidly expanding throughout Santa Clara County as healthcare providers increase the number of patients they test, labs increase the number of samples they can test each day, and the County and others expand the number of drive up and walk up testing sites throughout the community. Most healthcare providers throughout the County are now offering testing to their patients, and will be expanding the number of patients they test in the coming weeks under new guidance issued by the Public Health Department.

Both the State and the County are providing substantial support to healthcare providers and laboratories to increase both testing capacity and access to testing, to increase the number of
people being tested. The State of California’s Testing Taskforce is taking the lead statewide in expanding access to testing supplies and increasing capacity, addressing the many barriers that have slowed testing expansion in counties across the state and nationally. The Testing Taskforce is working directly with private labs and many private healthcare providers, which operate most of the testing locations and infrastructure both locally and nationally, to expand capacity as rapidly as possible. The State is also vetting new testing technologies and making recommendations on which are appropriate for use.

The County directly provides COVID-19 testing through both our Public Health Laboratory and through Valley Medical Center’s (VMC) hospitals and clinics. Testing is currently being conducted at all three of the County’s hospitals as well as through several drive-through testing locations operated by VMC throughout the County. The VMC laboratory has also substantially increased the number of COVID-19 tests it can run each day in recent weeks and is working to expand even further. The Public Health Laboratory also anticipates significantly increasing its COVID-19 testing volume by mid-May, which will increase our capacity to test persons in particularly high-risk settings such as nursing homes and other congregate settings with a concentration of people at high risk of severe illness.

In addition, the County’s Public Health Department has been regularly updating guidance to healthcare providers on who should be tested, making sure they are aware they should be increasing the number of persons they test as testing capacity has increased. With the recent expansion of testing capacity, Public Health provided updated guidance to all healthcare providers in the community recommending testing for all individuals with COVID-19 symptoms, and many others (symptomatic or not) who work in higher risk settings or who are at higher risk of infection or severe illness. Current Public Health guidance calls for testing of the following individuals:

- All persons who were notified that were exposed to someone who was confirmed to have COVID-19;
- All persons who work in high-risk congregate settings such as skilled nursing facilities, other long-term care facilities, jails, or shelters; and
- All hospital employees, including healthcare workers and essential service employees.

If testing capacity allows, Public Health also recommends that additional categories of people without symptoms should be tested, including:

- Other healthcare workers, first responders, and essential service employees (e.g. grocery clerks, utility workers, food supply workers, or other employees with frequent contact with the public);
- All hospitalized persons and persons undergoing elective surgeries/procedures;
- All residents of congregate living facilities;
- All persons >60 years of age OR of any age with chronic medical conditions that increase the risk of severe COVID-19 illness.

The County is also providing significant testing support for skilled nursing facilities (SNFs), shelters, and other congregate care settings through both the Public Health Department and
the County Health and Hospital System. For example, the Public Health Department has provided comprehensive testing and extensive onsite consultation at several highly-impacted SNFs throughout the County. Additionally, the County’s Valley Homeless Healthcare Program is provided testing for symptomatic unsheltered residents or those with exposure history, as well as more expansive testing in certain high-risk areas and shelters. In the County’s jails and juvenile detention facilities, we are testing all symptomatic individuals, those with any exposure history, and other individuals who may be at higher risk including those who are asymptomatic.

The County is also playing a critical coordination role to help rapidly expand testing capacity and access to testing for vulnerable communities. The County helped facilitate one of the first community-based pilot testing sites with Verily at the Santa Clara County Fairgrounds. This week, Verily will launch a second site in partnership with the County and the City of San José to expand these free testing services to a new site in East San José. The County is also facilitating the opening of two other sites, one in Gilroy (at Christopher High School) and another in San José (at James Lick High School), working in partnership with the State and its contractor, OptumServe, which will operate the sites.

The County is also partnering with local community health centers to expand access to COVID-19 testing, seeking to connect community health centers to the resources they need to ensure access to testing supplies and laboratories that will test the specimens they collect from their patients.

The County’s COVID-19 webpage has been updated to provide a dedicated site related to testing that includes more comprehensive information on who should be tested, locations throughout the community where testing is available, information on the types of COVID-19 tests being utilized, the number of tests being conducted in the County each day, and our progress toward meeting the testing indicator set by the Bay Area Health Officers. The URL for that portion of the website is sccgov.org/cv19testing.

Despite these efforts, some significant barriers remain. The Bay Area Health Officers have identified 200 tests per 100,000 residents per day as an initial indicator that testing has increased significantly. This translates to approximately 4,000 tests per day in Santa Clara County. As of today, the average number of tests being performed in the County each day is approximately 1,000, but it is increasing significantly. Current impediments to more expansive testing expansion are as follows:

- **Many testing locations are currently being underutilized.** For example, the Verily site at the Fairgrounds has been underutilized since it opened. This has remained true even after Verily relaxed its criteria for who could be tested. Similarly, the drive through testing made available through VMC at locations throughout the County is not currently being fully utilized, particularly at certain locations. We plan to aggressively advertise the availability these testing sites to ensure broad awareness of the availability of these testing locations, and will also be asking our partners to ensure that every member of our community knows where testing is available.

- **Healthcare providers will need to follow new guidance from Public Health directing them to test a much larger number of their patients.** The Public Health Department
has pushed this message out to every healthcare provider in the community, and will continue to press this message to all healthcare providers to ensure they are testing all appropriate patients.

- **Because of specimen collection is currently limited, laboratories are not being sent as many specimens as they have the capacity to test.** As regional large-scale laboratories have increased their capacity to test specimens significantly, they have not been receiving the number of specimens for testing that they have the capacity to analyze. As the challenges above are addressed, we expect that these labs will begin receiving the number of specimens needed to more fully utilize their capacity.

### III. The Public Health Department’s Strategic Plan to Expand Case Investigation and Contact Tracing, Through Staffing Expansion, New Technology Tools, and External Partnerships.

As one of the first jurisdictions in the country to have a confirmed case of COVID-19, the County’s Public Health Department engaged in extensive and detailed case and contact investigations in February and March of this year, with the assistance of staff deployed to our County from the Centers for Disease Control and Prevention (CDC). As the number of cases of COVID-19 began to rapidly increase here and elsewhere around the country, this initial containment strategy—identifying and interrupting all chains of transmission—had to give way to the population-based mitigation strategy of shelter in place. While we continue to use shelter in place to broadly mitigate the spread of the virus, we have been pursuing and evaluating all avenues to stand up the much larger case investigation and contact tracing infrastructure needed to instead utilize containment strategies to contain the virus, which will be among the factors that will allow for far fewer restrictions to be placed on the community in order to contain the virus’s spread. The level of resources needed for this effort is unprecedented and is being built off of a national and state public health infrastructure—including critical technology—that has been neglected for decades.

#### a. Technology

The Public Health Department, working in collaboration with the San Francisco Department of Public Health, has deployed new technology to support case and contact investigations – the Dimagi platform. Dimagi provides a robust data management and communications platform that will guide our expanding workforce of case and contact investigators. The platform supports the investigation of newly identified infections, identification of each of their contacts, and communication with those contacts to provide them with instructions designed to break chains of transmission. Public Health is also in discussions regarding the potential use of technologies developed by Apple, Google, Stanford University, and others. We are also awaiting the State of California’s apparently imminent selection of a vendor that will provide a similar suite of technology tools to that offered by Dimagi to counties that opt to use the State’s tool. One challenge in this area is that there is very limited interoperability with the State’s CalREDIE system, requiring labor-intensive manual data entry. Dr. Cody
and San Francisco Public Health Officer Dr. Aragón have asked the State to urgently address this issue.

b. Staffing Ramp-Up

After revising many existing protocols and deploying the new technology described above, Public Health’s current case investigation and contact tracing team has increased its capacity to investigate cases significantly, and is now able to investigate 25 new cases per day, including communicating with each of those individuals contacts. However, when shelter-in-place restrictions are significantly reduced, the number of contacts for each confirmed case will increase significantly, requiring a much more robust staffing model to maintain our current capacity to investigate 25 cases per day, much less increase that significantly. As shelter in place restrictions are rolled back and as the number of contacts each newly infected person increases, Public Health anticipates it will need capacity to conduct detailed case investigation and contact tracing for approximately 50 to 75 new cases per day, with an average of 40 contacts per case.

To create this capacity, we are in the process of rapidly scaling up our staffing in accordance with the following an anticipated staffing plan:

- **Program Manager (1):** Develops and implements countywide case investigation and contact tracing program. Provides strategic oversight of program staff, contract monitoring, communication and coordination with Public Health Department and County leadership.
- **Project Managers (2):** Provides day-to-day operational oversight. Develops and manages workflows, prioritizes resources, and coordinates training.
- **Team Clinicians (140):** Provide medical guidance to investigators, discuss cases with clinical providers, and follows-up with cases and contacts who need to speak to a clinician or report symptoms.
- **Team Lead (140):** Manages a team of case investigators, provides clinical knowledge and support, ensures fidelity to investigation protocols and effectiveness of investigations conducted by team members, provides information to project managers.
- **Case Investigators (680):** Interviews cases, provides guidance and direction on isolation procedures, assists cases in recalling persons with whom they had contact during their infectious period, obtains names and information for contacts, calls contacts to evaluate symptoms and enroll in symptom monitoring and quarantine, and refers individuals for testing. Excellent customer service skills are required; medical knowledge/background is preferred.
- **Data Entry Support (68):** Enter data on every case into CalREDIE, the State of California’s electronic reporting system. Ensure quality and accuracy of data, checking for duplications and merging data as needed.

As set forth above, the number of staff needed to fulfill these roles is substantial. We anticipate that intensive case investigation and contact tracing will need to remain operational
for at least a year. We anticipate filling these positions with a combination of (1) County and other public agency staff who are available to be deployed for at least six months to a year to assist with this effort; (2) community volunteers willing to make a similar commitment; and (3) contracted staff to meet needs not fillable by persons in categories (1) and (2).

c. Outside Assistance with Ramp-Up and Program Management

While Public Health staff will lead and provide the core staffing for this effort, we have retained Heluna Health, a not-for-profit organization with extensive experience supporting public health initiatives in partnership with many state and local health jurisdictions, nonprofits, and academic institutions. Heluna Health will support recruitment, training, human resources support, and oversight of a diverse workforce of temporarily reassigned government staff, volunteers, and contracted team members. The assistance provided by Heluna Health will allow the County to mobilize this workforce much more rapidly than would otherwise be possible. Heluna Health will be training approximately 100 new team members each week starting in mid-May, with a goal of reaching our ultimate goal of approximately 1,000 case and contact investigation staff fully trained by mid-July.

d. State Program

Additionally, the California Department of Public Health (CDPH) recently informed counties that it is currently developing a statewide community contact tracing plan. Through this program, CDPH anticipates redirecting an unknown number of state workers who could augment counties’ case investigation and contract tracing teams. Training resources being developed by CDPH to onboard the statewide workforce will be made available to us, and we will leverage these resources as much as possible. We will continue to work closely with the State as the landscape rapidly evolves.

e. Support for Persons Who Must Isolate or Quarantine

Another critical element the case and contact investigation infrastructure needed to move away from shelter-in-place is the ability to support individuals who are directed to isolate or quarantine, so that we can interrupt chains of transmission and slow the spread of COVID-19. These individuals may need support to identify a safe place to isolate or quarantine, assistance with food, childcare, and financial support while out of work. The EOC’s Housing and Human Service’s Branch, led by the County Office of Supportive Housing Director Ky Le, is preparing to help support this effort as part of its broader work to ensure that members of the community can access the housing and other services they need. But this is a critical area where there will need to be broad-based partnership. For example, this area is a major place where cities can and will need to play a leadership role.

As plans for the massive expansion of case investigation and contact tracing are further refined, we will continue to collaborate with our public health partners throughout the Bay Area, at CDPH, and across the nation, sharing best practices, strategies, and resources as they
are developed. We will also continue to work with experts in academic institutions, the technology sector, and other jurisdictions to refine our approach as the pandemic continues to rapidly evolve. And of course we will continue to work with local jurisdictions, nonprofits, and other local partners to continue to lead the nation in the response to this pandemic.

**CONSEQUENCES OF NEGATIVE ACTION**

Failure to approve the recommended action would result in the Board not receiving this informational report.
A New Phase of Response: COVID-19 Public Health and EOC Response
Unique Pandemic

First Coronavirus Pandemic in history
• Similar virus causes the common cold
• Never a vaccine, no specific Rx

One of only 4 deadly viral respiratory pandemics in recent history
• COVID 19—2019, so far 252k deaths
• Hong Kong flu (H3N2)—1968, 1M deaths
• Asian flu (H2N2)—1956, 2M deaths
• Spanish flu (H1N1)—1918, 50M deaths
General Pattern of Pandemics
California and SCC COVID-19 Deaths so far
Total COVID-19 Deaths: California vs SCC

Comparison of Total California Deaths to SCC Deaths
RECENT PROJECTIONS WITH AND WITHOUT SIP: IHME

- **California**
  - 4,666 decreased SIP
  - 2,104 maintained SIP

- **United States**
  - 134,475 decreased SIP
  - 72,433 maintained SIP

- **2,562 NEW DEATHS**

- **62,042 NEW DEATHS**
Standard Phases of Typical PH Response

- Identify
- Prevent
- Protect
- Target
- Trace
- Isolate
- Treat
- Repeat

Phase I

Phase II (&I)

Phase III (&I+II)
SIP Phase I: Public Health March Order

- **Identification of crisis**
  - Small study of sick individuals presenting to SCVMC clinics
    - Significant community spread
    - Recognized that pandemic was emerging
  - No treatment or immunization

- **Prevention and Protection**
  - Social distancing, only option
    - Close high contact businesses
    - Limit gatherings
  - Hospital surge, PPE, and protocols
Learned During March and April

- COVID-19 exploded worldwide and in the US. Particularly hard hit were New York and Louisiana.
- SIP is working in SCC.
- Pandemic will not end soon for many reasons.
- Multiple spikes expected, including toward the end of the year.
- Inconsistent national, state, and local SIP put everywhere at risk.
- High frequency of spread from asymptomatic patients.
- Earlier presence in the County than recognized before.
- No "herd immunity".
- 78% of deaths in people over 60.
- 57% of deaths in men.
- 65% in Latinx and Asian populations.
- 89% with comorbidities.
SIP Phase II:
Public Health
May Order

- **Target (Identify Every Case)**
  - Using PCR testing for case finding, including asymptomatic cases
  - Evaluate high risk first
    - Initial goal is 200 results reported per 100k population per day
    - In last week, about 50 per 100k per day

- **Trace**
  - Identify contacts, test them appropriately
    - Goal is tracing every infected person
    - Need at least 600 tracers
    - Significant training of new tracers

- **Isolate**
  - Isolate individuals who are positive and quarantine people who have been exposed
  - Provide necessary support (housing, food, income, child/elder care where needed)
Phased and Focused Reopening

1. ANY RELAXATION OF SHELTER IN PLACE IS RISKY
2. RELAXATION THAT IS MORE RAPID AND MORE WIDESPREAD CAUSES MORE RISK
3. MUST MEASURE PROGRESS OBJECTIVELY
4. MEETING INDICATOR GOALS DOES NOT MEAN ENDING ALL SIP
5. INDICATORS LAG SIGNIFICANTLY

- **Indicator 1**: The Total Number of Cases in the Community is Flat or Decreasing, and the Number of Hospitalized Patients with COVID-19 is Flat or Decreasing
- **Indicator 2**: We Have Sufficient Hospital Capacity to Meet the Needs of our Residents
- **Indicator 3**: Sufficient COVID-19 Viral Detection Tests Are Being Conducted Each Day
- **Indicator 4**: We Have Sufficient Case Investigation, Contact Tracing, and Isolation/Quarantine Capacity
- **Indicator 5**: We Have At Least A 30-Day Supply of Personal Protective Equipment (PPE) Available for All Healthcare Providers
There Are Many Components of “Testing”

- Collection of Specimen
  - Sites and patient access
  - PPE
  - Staffing
  - Clinical criteria and priorities
  - Supplies
  - Liability questions
  - Point of Care vs standard test

- Academic, Private, and Clinical Laboratories
  - Selection of technology
    - Reliability
    - Approved/Recommended/Experimental
  - Processing in laboratories
    - Supplies and equipment
    - Turnaround
    - Result Reporting
  - Capacity
Situational Awareness of Testing in County

Testing Team

- Marty Fenstersheib, MD—former Public Health Officer
  - Administration is finalizing a contract for him to lead team
- Team will include:
  - Healthcare Provider Liaisons
  - Medical Supply Team
  - Lab Team
  - Community Outreach Team
  - Public Information Team
Testing Status and Plans to Expand Testing

- Access to testing is rapidly expanding throughout the County.
- Most healthcare providers in the County are now offering testing to their patients.
- Both the State and the County are providing substantial support to increase testing including:
  - Testing for all VMC patients and anyone without insurance or a care provider who should be tested.
  - Testing in SNFs, shelters, and other high-risk environments.
  - Updated guidance to all healthcare providers recommending much more expansive testing.
  - Supporting expanded drive through testing in high risk communities including three new sites this week.
- The County’s COVID-19 webpage now has information on all locations where testing is available: sccgov.org/cv19testing.
Current Barriers to More Expansive Testing and Plans to Address Them

- Many testing locations are currently being underutilized.
  - We will be aggressively advertising the availability of testing at locations throughout the County, and asking our partners to assist with this effort.

- Healthcare providers need to follow guidance from Public Health directing them to test a much larger number of their patients.
  - Public Health has pushed a message out to all providers and will continue to press this message.

- Laboratories are not being sent as many specimens as they have the capacity to test.
  - This is because people aren’t going to testing sites, and healthcare providers haven’t yet ramped up collecting specimens from a much larger group of patients.
  - Once testing locations are being utilized fully, labs will receive specimens that allow them to test up to their capacity.
Currently, acute care hospitals’ basic PPE needs are generally being met, but this is because patient volume is extremely low.

- As patient volumes return to normal, PPE usage will increase significantly

The international, national, state, and local shortage of PPE is ongoing.

- Although we have acquired approximately 16M pieces of PPE through the EOC’s Medical Supply Unit, we still have key shortages including regular sized N95s, and gowns.

- We are tracking PPE supply at acute care hospitals across the County daily.

- We will be asking hospitals to certify whether they have a 30-day supply of PPE weekly.

- We are also supporting the PPE needs of SNFs, first responders, and others.

- We still have far less PPE than we believe will need in the coming months.
Case Investigation and Contact Tracing

- Public Health is rapidly and massively expanding case investigation and contact tracing.
- Implemented new technology to increase the efficiency, consistency, and effectiveness of our investigations as we scale.
- Currently, we have capacity to investigate 25 new cases a day, each of whom have few contacts because of SIP.
- We believe will need capacity to investigate and contact trace 50 to 75 cases a day, with an anticipated average of 40 contacts per case.
The expanded team will likely include approximately 1,000 team members, but we will be continuously assessing staffing needs:

- 3 program and project managers
- 140 Team Clinicians
- 140 Team Leads
- 680 Case Investigators
- 68 Data Entry Support Staff
- 2 epidemiologists (funded by the CDC Foundation)

Specific expertise is required for many of these positions.

Heluna Health will provide the assistance needed to rapidly scale this effort.
Case Investigation and Contact Tracing

- Positions will be filled with:
  - County and other public agency staff (from cities, school districts, the State) who are available to work on this for at least 6 to 12 months;
  - Community volunteers who can make the same commitment; and
  - Contracted staff, but only for positions that cannot be filled with County/public agency staff and volunteers.

- We will seek as much external funding support to offset the cost of this effort as much as possible, but the costs will be substantial.
Case Investigation and Contact Tracing

- The State plans to offer some State employees to counties to fill out their teams, and we will be reaching out to local partners seeking staff who they can commit to this effort.

- To make this effort effective in controlling the spread of the disease, we will need substantial support from cities and other community partners. A significant number of individuals who must isolate or quarantine will need support for:
  - Housing
  - Food
  - Income support
  - Child and elder care