

- Good afternoon. My name is Michelle Shoresman and today is Wednesday, June 2, 2021. Thank you for watching today's San Luis Obispo County COVID-19 media briefing. This afternoon we'll have two speakers for you, we will begin with San Luis Obispo County Health Officer, Dr. Penny Borenstein and she will be followed by Medical Reserve Corps volunteer, Dr. Steven Ripple. Thank you once again to our American Sign Language Interpreter, Robin Babb. And now San Luis Obispo County Health Officer, Dr. Penny Borenstein.

- Good afternoon, it's good to be with you and I'm happy to report that we have some good news, we continue to see the light at the end of this pandemic tunnel grow brighter and in our county as well, so I'm happy to be here today to give you some relatively muted statistics in terms of our disease rates. So we do unfortunately continue to see an increase that people are still getting this disease, but they are doing so at a much slower pace than we've seen at other points in this pandemic. So today, we have 21,347 cases, our number of active cases is as low as 56, which is more than half less than the last time I came before you about a month ago. In terms of our hospitalizations, those too have stayed relatively low, we've been wavering between about one to five individuals in the hospital, today we have three and nobody in intensive care. And I'm also happy to report that we have not had a single death in nearly a month in this county and that's what we should be seeing at this point in the pandemic. The means is well within our grasp to prevent anyone from dying from this disease at this point moving forward.

Additional good news, I'm gonna update you on where we are with our Blueprint Metrics. So Blueprint for a Safer Economy as you recall, they are four tiers and we have finally after a number of weeks, met for one week, the metrics for the least restrictive tier or the yellow tier, that means we have minimal spread, it means our case rate, our adjusted case rate is below two, it's actually at 1.5. Our test positivity is also below two, it's at 0.7% of all people being tested for COVID in our county today are actually having positive results. So these are great numbers, our health equity quartile is even slightly lower at point six. So what this means for us is one week into meeting the yellow tier metrics, if we were to do so again next week, we would be in the yellow tier just in time for the Blueprint to go away as of June 15. But nonetheless, it is a good sign that we continue to move in the right direction, our businesses, I think would be happy to take even one week of additional capacity, which comes with moving to a less restrictive tier. So people should stay tuned, follow our metrics and hopefully we'll be able to make, at least before the

end of the blueprint for one week prior to the June 15 timeframe. So stay tuned as to whether or not our county does meet that lowest restrictive tier next week.

Certainly a big part of how we have gotten this pandemic under control in our area in California, and many parts of the United States is we are leading the way nationally, statewide, and in this county, we're doing quite well with vaccinations. Vaccinations, really with any infectious disease, when you have a vaccine available, as has been the case over many diseases that have been a scourge in our human population over decades or even going back to a couple of 100 years when vaccines were first developed, they are the way to get past a very particular infectious disease by having a product that mimics the virus itself and leads your own immune system to cause an immune response should you ever actually encounter the virus. So that's how these vaccines work. They are safe, they are effective, they are nearly 300 million doses that have been administered in the United States, and in California, 10s of millions and in our own County, we have given 261,587 doses of the COVID vaccine administered to SLO County residents. Of that, 62% have been from our three large public health clinics. And the reason that number of 62% is meaningful to me is I like the fact that we are seeing a decrease.

So with each time I've come before you and talked about what proportion of all vaccine doses have been administered by public health, that number has gone down from close to 80% to 75 to 70 and now 62%. What that means is that many more providers are available to provide the vaccine, and over the long term, that's what we want to see. So in our county, we are just shy of 60% of all the eligible population, aged 12 and up, who have gotten at least one dose. In California, that number is 64.6%, so we're still lagging behind the state average but we're in striking distance. If you break that down by how many have completed the vaccine series or either gotten the one dose of the Janssen vaccine, or the two doses of the Pfizer or Madonna, that's just short of 50% of the eligible population, specifically 49.3% of our entire eligible population have been fully vaccinated. And another 10.6% have started the vaccine series, have gotten the one dose and are waiting to get their second dose.

So we're well on our way but there still is obviously a lot more room for many more people to make the decision that today is the day to go get vaccinated. In our older age groups, as you can see on the slide, we're doing quite well. So if the blue color shows that portion of that age group who have been fully vaccinated, green are the people who have started the series and the white portion is who we still want to

communicate with and provide a safe and effective vaccine too. So in our older groups, we have upwards of 75% above the age of 65 who have taken advantage of the vaccine opportunity, we're doing quite well also with the 50 to 64 age group, and as we get into younger age groups, and particularly the 30 to 49 year old population, we see a much larger span of white, that means that there's a lot of people in that age group who have not yet made the decision to begin getting vaccinated. Proportionately also we're quite low on the earliest, the most recent group who became eligible, the 12 to 15 year olds, we're making some progress there, were going to schools were offering it free, accessible at our schools in our community to the age group of 12 to 17, so we hope to see some progress there in the coming weeks.

We also though, as you had heard, we are planning to shut down our mega clinics, we are just not seeing the same demand that we were seeing in the early months of vaccine availability, we're needing to do more community based vaccinations or mobile clinics and we have really ramped up how much of that we are doing. As I mentioned schools, but community organizations, churches, anyone who wishes to take the opportunity to look to public health to provide a smaller, accessible clinic. So we're doing a lot of that and with that, this Friday, June 4, will be our last day for offering the clinics at the three sites that we've been doing since late December. So for nearly six months now, we have been providing at Paso Robles Event Center, The SLO Cuesta College and in Arroyo Grande at the Regional Center. Between those three sites, we have administered over 87,000, we have administered vaccines to over 87,000 individuals and on our last day, we're inviting everyone to take advantage of this opportunity to go to one of those sites, we have availability for 3,000 people, 1,000 at each of those sites, and you can still make an appointment, you can do so on MyTurn.ca.gov or you can still go through our local website at RecoverSLO.org/Vaccine.

Again, if internet access is a concern and not available or challenging, you can absolutely reach a person by telephone to make your appointment and that phone number is 833-422-4255. That is My Turn staff who will help you make an appointment at one of our sites, or at any site that is using the My Turn system for their appointments, which includes many of our community locations. If you have general questions about COVID, COVID vaccinations, anything COVID related, we still have our local phone assistance center available. I do want to point out on Friday, we are taking walk ins, so you don't have to make an appointment, though

it's recommended, and that we are going to be operational at each of those sites between the hours of 9: a.m. to 3:00 p.m. staff does take a lunch break so please do go to the website to really look at the hours for each site, it's going to be a little bit different at each site.

If you do not get to have your first or second dose at these clinics by Friday, please do not worry, there are continuing to be many opportunities to take advantage of the vaccine, including our transition to our own routine public health clinics. So we've been in these communities for many decades, we have a public health clinic in Paso Robles, in SLO City and in Grover Beach and all of those sites. If you go into My Turn, you can see what days and what times you can get your doses at the public health clinics. The other thing that is gonna be changing as we move into that system is that you not only can but will be encouraged to make both your first and second dose appointment at the same time. So many of our partners have been doing that for some time, we were always a little bit uncertain about our supply, supply is not an issue at this point and also we now are able to know exactly what days and the staffing that we'll have available.

So first and second dose appointments being made at the same time through the My Turn system at the public health clinics is your best bet. You also can use the My Turn website to find any other community pharmacies or increasingly more providers who are taking advantage of enrollment and participating in vaccination. I do wanna talk a little bit about the vaccine variants, that certainly is something that we keep our eyes on and is of appropriate concern. The reason for that is each one of the variants of concern, and now there are about a half a dozen of them, do come with higher rates of transmission, up to 50% more easily spread from person to person, as well as in some cases more likely to result in severe disease or even death.

So the endgame here, and why we want to see the cases low, as I've said many times, is not just to protect the individuals from getting this disease at this point, we don't want anyone to land in the hospital, we don't want any more deaths from this, but equally important to our entire community is we do not want to see a variation of this particular virus that has us starting over. We do not want to see a variant that is no longer responsive to the vaccines we have available, that is much more infectious, that is much more deadly. And so every time a person gets this virus, their body can serve as an incubator for a mutation of the virus. So we wanna

keep the disease cases low, as you hear many experts say so that we can win the race against these vaccine variants.

With respect to the variance, you've heard lots of names used, the number system, the country that they emanated from, at this point, the World Health Organization and the CDC have renamed the variance to use a Greek lettering system. And so we have now Alpha, Beta, Delta, Epsilon, are the are the different variants that you will start to hear more about in that terminology as opposed to the UK variant or the India variant, or the B.1.427. So, with that in mind, what we've seen is, and I will refer one last time to the West Coast variants or the California variants, is though those have had the most occurrences since we began genomic sequencing of the virus, they are leading in terms of the number, but in more recent weeks, we have seen those variants fall off considerably and we've seen a great increase of some of the other variants. And again, I'm gonna for the last time talk about the alpha variant is the old UK variant or B. 1.1.7, the India variant is B.1.617, that is now Delta. So as you go forward, we will get used to calling these the Alpha, the Beta, the Delta variants. But there has been a real shift in what we are seeing as we move forward in the time continuum and we're seeing that the more typical variants in our area, the West Coast variant, the California variant begin falling off and some of these others are really taking over. They are taking over to the point that they now represent more than half of all diseases, so the original virus structure is really now a minority of the cases that we're seeing.

I do wanna talk a moment about the economic impacts particularly around rent relief. So while this has been a tremendously difficult circumstance for many families who have experienced the health consequences, the ravages of this disease, it has also been a very trying time in terms of the economy and particularly for those that the lower income level or people having difficulties with managing businesses with lower income. So I do want to today, just mention again, that [Recoverslo.org/rentrelief](https://recoverslo.org/rentrelief) is your go to place to get information about how you can actually get help, financial help, with alleviating your rent payments, if you're behind or you're having difficulty making future rent payments. This is still available to you, it is through the California COVID-19 Rent Relief Program. It's available to renters, it's also available for landlords. And all the information on that program can be had through our website, as pictured here, again, [Recoverslo.org/rentrelief](https://recoverslo.org/rentrelief) and there are also a few entities in our county that are able to help people manage their way through the application process. So that information has two points of

contact for five cities Homeless Coalition, the Salvation Army and United Way are three organizations that are helping people with the application process, and you can get their contact information through this particular website.

And lastly and finally, I want to take a moment to give my incredible gratitude to over 600 volunteers that we have had working these PODs, points of distribution as we call them, our vaccine clinics. We have had over 40 individuals contracted through the state's SNAP program. Those 40 individuals came from all over the country, they are nurses, they are licensed vocational nurses, pharmacists, clerical staff, all manner of support that this county has received, plus those 600 volunteers that worked over 28,000 hours of unpaid time giving back to our community to help support our vaccination efforts, as well as quite a few county employees who most of them really enjoyed doing something different, they came from public works, they came from fire departments, they came from the IT department, all over the county, as well as county and city agency partners that all contributed to having about 150 people a day at our peak doing 3,000 vaccinations a day resulting in, as I mentioned, us having given now over 160,000 vaccinations over this period of time.

The work is not done, but is important to take this moment where we are going to be closing down these mega PODs and make sure that I give my incredible gratitude to all the people who contributed to making this system work. One, and I'm sorry, I left out librarians, I've got to just mention them because we, for those community members who know that our libraries were closed for a period of time, that's what your local librarians were doing in great numbers. I do have one very special volunteer who I want to recognize today and give him the microphone, Dr. Steven Ripple, worked every single day at our Paso Robles vaccination state, almost every day, maybe I'm exaggerating a bit. Retired physician, gave of himself to the community to do this work. He is but one representative but a shining example of all that our volunteers were able to give back to the community in helping us vaccinate our population. And so as a representative of the Medical Reserve Corps, I'd like to turn the microphone over to Dr. Ripple to say a few words from his perspective of how these vaccination clinics, not only helped our community, but also helped our volunteers. Thanks.

- Good afternoon, and thank you, Dr. Borenstein for literally your tireless efforts. My name is Steven Ripple. My prior day job was retired physician until the start of the COVID pandemic. I've been a volunteer for the Medical Reserve Corps, I think since the summer of 2020, when we were about ready to open the emergency

hospital at Cal Poly. I've been volunteering at the county's vaccination clinic in Paso just about since its inception this year as slots were available. A few times I wasn't there, I was, just as you intimated earlier, of vaccine shortage. But fortunately, right now we are in a good position. So I'd like to encourage people that have not been vaccinated to take advantage of that and again, like to express my gratitude to Dr. Borenstein and her staff for the opportunity to speak today, and I'd like to emphasize I speak as a member of the MRC team but not as a spokesperson per se.

The team, as Dr. Borenstein has mentioned, the vaccination site has been a diverse and remarkable group of people to work with. From all over the county, people have stepped forward from all walks of life and work backgrounds, including but not limited to doctors, nurses, administrators, teachers, business leaders, and others, all of whom were community minded individuals willing to help in whatever capacity. They have performed a myriad of tasks for almost six months, many that they had never done before and we're very grateful for that. To review just some of the statistics that Dr. Borenstein referred to, there about 612 individual volunteers that have served during this particular COVID response, that is the first half of this year. As she mentioned, these volunteers have worked over 28,000 hours total and I've given over and my most recent estimates, 162,000 doses at these public health clinics. So in addition to the MRC, I would be remiss if I did not remark on the other two sectors that helped bring this all together.

And as mentioned also by Dr. Borenstein, first, I'd like to compliment and again, I just have to acknowledge this amazing service from the county employees themselves, they were pulled away from their usual jobs to help us and provide the necessary support structure, the lab, the day to day functioning of the clinics. To use an analogy that we can all understand, they were like the ground crew that help the planes takeoff safely, flight after flight after flight. And also as Dr. Borenstein alluded to, I have to mention the third sector, which we're all very grateful for, that it's been essential to clinic operations and help us operate at an extremely high and efficient level were the traveling nurses and pharmacists. They literally came from all over this country and spent many, many months here away from family and friends to help us protect our county's residents. We owe them a big thanks as well. So I'm grateful for this experience of being able to serve my community in this unprecedented time, and I'd like to close with an idea that there was a miracle in every vaccine vial but for that miracle to take place, it really has to go into the actual arm, it can't just stay in the vial. And so I'd like to end on that and again, thank Dr.

Borenstein and her staff who have been incredible, and also our signing person today, who has been through the thick and thin of all this. So any media questions I guess we can go to or I'll turn it back to Dr. Borenstein.

- [Reporter] I've got a question for Dr. Borenstein. So we won't see, we won't have one of these before June 15, which we know if everything goes according to schedule as we've heard from the governor, reopening of California June 15. Just to, I guess to refresh everyone, or maybe those that may not know, what will that mean? What does that mean?

- Yeah, thank you for the opportunity, the question. So there is not some magic switch that goes off on June 15 and declares the pandemic over. We will continue to have cases, we will continue to have people in the hospital, as I've said many times, we wanna keep those numbers very low but we don't magically make the virus disappear from the world on June 15. What we do is we acknowledge that the cases in specially California are so low at this point that we can continue to get back to more normalcy. It's not 100%, so mega events will still have rules around it, schools will still have rules around it, over the summer rules are being looked at for change in the fall, health care sector, long term care facilities, there are some sectors that will still have what may look like not a lot of change in terms of mask wearing and protections and sanitation et cetera in those very high risk settings, but for most of us, and especially for vaccinated individuals, you can begin to enjoy life as you knew it before the pandemic. What that means is no physical distancing when you're out and about as a member of the public, indoor or outdoor when you're fully vaccinated, the masks do not need to be worn.

There are some rules that are coming down the pipe from Cal OSHA in terms of employees and business sectors and we'll hear more about that once those are solidified. But for the average, vaccinated employee, vaccinated person sorry, you can feel that you can do just anything that you would have before the pandemic. Our bars will be open, please be aware of your surroundings, not everyone's vaccinated, you heard we're only at 60% but if you're a vaccinated person, you're in good shape. So all of the guidances that have been in place for you know, whether your movie theater or an entertainment center or waterpark or office building, those will all morph into something much more general that just provides general guidance for how to live safely while we continue to see cases of disease but it will be a very different experience for our community.

- [Reporter] And just another question in terms of testing, what does the future hold for county in terms of testing sites and how are the numbers, you're still wanting people to do that and what can you update us on that?

- Yeah, so our testing this past week, we had a quite a big adjustment factor, we haven't seen that for a while so that means that we are continuing to see testing in our community. This overall, the testing numbers are down quite a bit. So we continue to test at higher rates than the state average, we will continue to have some of our testing sites available ongoing until those are no longer needed. When there's enough capacity for folks to go to urgent care or their personal physician, public health clinics, but we are still seeing enough testing that we're gonna maintain some of those sites in the community.

- [Reporter] And Dr. Borenstein, in terms of any kind of future shot like a booster that might be necessary, what's the protocol for that at this point?

- So I know there's been a lot of dialogue about whether we will need a booster shot and some, you know, some of the experts have said it's likely to occur. My personal feeling on that is that we don't have enough information yet. What we're seeing at this point, and this is many months out for people who started in those earliest phases of the clinical trials, is that they retain enough immunity that no one has yet needed a booster dose in order to have long term immunity. We won't really know what that looks like for the large number of people now vaccinated in recent months, you know, six months from now, a year from now, two years from now, five years from now, those clinical trials are ongoing, testing of the antibody status of people in those clinical trials and those will be ongoing for a period of time in order to help inform whether we need booster doses. The other aspect though, of a booster dose is, has the virus changed enough such that we need a different shade of the vaccine. So like we do with flu, the reason we get a flu vaccine every year is not so much that the vaccine waned, I mean the immunity waned, it's that the actual viruses change just enough that last year's vaccine is not as protective as we want it to be. So the short answer to your question is I think we really all need to stay tuned. I would hope that people do not bother to get vaccinated because they might need another dose somewhere down the line but take advantage of the protection now and we'll all stay tuned together as to whether or not we'll need booster doses going forward.

- [Reporter] And just to follow up on that a little bit, with the variants, are there things that you're looking at specifically to track that or try to monitor it here locally?

- Yes, we've actually locally begun to be able to do the whole genome sequencing in our public health lab. So we are now one of the dozen or so county level labs that can do that testing, we also have lots of results from state lab as well as the, blanking on that, Zuckerberg Chan Biohub is where we've been getting a lot of our results from. So we've been transitioning to sending out most of our specimens to now doing them in house, and we will continue to track our variants locally.

- [Reporter] And I know some states have adopted incentive programs and those kinds of things to get people to be vaccinated. Do you think anything like that is coming in California or in SLO County?

- Well, the governor did announce both a lottery system as well as incentives. So the lottery system for anyone who has gotten vaccinated already didn't wanna, you know, not give people the chance who got in early. So there'll be drawings for large and smaller amounts of money. But going forward, anyone who now wants to take advantage of getting vaccinated, there'll be gift cards available to them. We also locally are looking at some of our funding opportunities to provide additional incentives and tailor them to the various community settings and the desires and needs of the individual communities that we are bringing mobile vaccination and other types of vaccine opportunities too.

- [Reporter] Sounds good. Last question for me is mega events. You're talking about that, can you just talk a little bit more about what that means and how that might work?

- Yeah, so for an event outdoors that exceeds attendance of 10,000 persons, they'll be specific guidance on what the rules of participation need to look like and similarly for indoor events with more than 5,000 people. And so that can be a business event, it can be a conference, it can be a convention, it can be a concert, but guidance was expected out last week, we hope to see it soon to see what the details are for those kinds of events where they'll still be because of, you know, even if a vaccine is 95% effective, when you're talking about 5% risk in a crowd of 10,000, that's a much different risk than a 5% risk in a crowd of 10. So okay, thank you.

- Thank you all once again for being here. I'll just summarize a few reminders for today. You can still get all our county's COVID-19 information on readyslo.org and

recoverslo.org/vaccine. Our Phone Assistance Center remains open, Monday through Friday from 8:00 a.m. to 5:00 p.m. and our recorded public health information line remains available 24 hours a day, seven days a week. To make an appointment for either your first or second dose of COVID-19 vaccine, please go to MyTurn.ca.gov. There is also assistance available at the phone number that Dr. Borenstein gave, which is again 833-422-4255. As she said, there are still appointments available for this Friday, June 4. After that, the county will still have appointments available on My Turn but the locations for those doses to be delivered will convert to our regular public health clinic sites in Grover Beach, San Luis Obispo, and Paso Robles. Free COVID-19 testing remains available around the county with all the details and locations provided again at emergencyslo.org/testing. We've planned to have our next regularly scheduled COVID-19 briefing on July 7 at 3:15pm. If there are pressing COVID-19 updates before then, we will call an urgent press conference and ensure that we share the time and date on social media. So please follow SLO Public Health on social media channels if you haven't done so already. You can watch these briefings live on our county's YouTube channel, they are also rebroadcast on our SLO County Public Health Facebook page, as well as public access Channel 21 at midnight, 8:00 a.m. and 5:00 p.m. until the next briefing occurs. Thank you once again for staying informed, be well and we will see you all again on July 7 at 3:15 p.m.