June 2, 2020

Dr. John Wiesman
Secretary, Washington State Department of Health
101 Israel Rd SE
Tumwater, WA 98504-7890

Dear Secretary Wiesman:

RE: COVID-19 Request for Whatcom County to Advance from Phase 1 to Phase 2

Please accept the following documents as Whatcom County’s application to move from Phase 1 to Phase 2 in accordance with the Governor’s Safe Start guidance.

Background

On May 29, 2020, the Governor announced that counties with a case rate of less than 25 cases per 100,000 for the last two weeks are eligible to apply to move to Phase 2. Whatcom County is now eligible to move to Phase 2. From confirmed cases documented by Washington State Department of Health Cumulative Case Data Dashboard, as of 11:59pm on May 16 through 11:59pm on May 30, Whatcom County has had 35 laboratory confirmed cases of COVID-19, or 15.6 cases/100,000. As our data indicates, Whatcom County has demonstrated the ability to contain the spread of COVID-19 effectively.

Introduction

According to the Washington State Office of Financial Management (OFM) the April 1, 2019, population estimate for Whatcom County was 225,300, making it the 9th most populous county in the state.

The case rate per 100,000 for the time period of May 16 through May 30, 2020, was 15.6 per 100,000. This rate fulfills the criteria stipulated by the Washington State Department of Health (DOH) for eligibility to apply to move to Phase 2 of the Safe Start phased reopening plan. The plan provided in this document demonstrates Whatcom County’s readiness, and required public health and healthcare capacities, to safely move to Phase 2. The Whatcom County Health Board voted to approve the application to move to Phase 2, and the application is supported by partners, cities, and Whatcom Unified Command.

Phase 2 Readiness

Whatcom County was able to markedly reduce its initial rapid increase in COVID-19 infections in early March and decrease its COVID-19 case counts, hospitalizations, and deaths after peaking in late March. This was achieved through people restricting their travel and contact with others, social distancing, and with closures of all but essential businesses and services. These measures allowed marked suppression of transmission of the virus, but at a major social and economic cost that cannot be sustained.

With the needed reopening of the economy and social activity, the risk of transmission of the virus increases. The progress our county made can be sustained by enhancing measures that allow people to
safely work and engage with each other, including enhanced hygiene practices, wearing masks, and physical distancing. The Whatcom County Health Officer, on May 22, 2020, issued a Directive regarding the use of facial coverings, and Whatcom Unified Command is preparing to distribute masks to businesses and organizations for staff and customer use.

In addition to assuring hospital capacity by working closely with PeaceHealth, our community has increased its capacity to test for the virus that causes COVID-19. At this time all persons with symptoms of COVID-19 can be tested, as can their close contacts, and testing of asymptomatic persons who are closed contacts of confirmed cases or who are exposed through outbreaks can be accomplished. Screening for others, such as pre-operative patients and those admitted to hospital, is also performed. In concert with the state, screening of patients and staff of skilled nursing facility and assisted living facilities with memory care units will be done this month, with other long term care facilities to follow.

The WCHD has been able to provide case and contact investigation for individual cases and in response to localized outbreaks. Our community, in partnership with Whatcom Unified Command and the WCHD, has mobilized support for those who isolate or quarantine at home, and has obtained isolation and quarantine facilities for those who cannot do so on their own.

The WCHD is working, through their Public Health Advisory Board Task Force on COVID-19 Employer Support and our subject matter experts, to provide support and resources for businesses to re-open safely. There are over 140 people representing 19 sectors involved with peer support and problem-solving to create buy-in and community support for enhanced hygiene, physical distancing, facial covering measures.

Our community is working to sustain the progress we have made in suppressing virus transmission, and to sustain our economy and community safely through this pandemic.

I look forward to your response to our application.

Sincerely,

[Signature]

Satpal Sidhu
Whatcom County Executive
June 1, 2020

Whatcom County Health Board
311 Grand Street
Bellingham WA 98225

RE: Recommendation to request implementation all Phase 2 modifications of community mitigation strategies identified in the Phased Approach to Reopening Washington Plan.

Dear Board Members,

Whatcom County Health Department (WCHD) and Whatcom Unified Command (WUC) have worked together to respond to the COVID-19 pandemic. This has included planning for and building capacity to suppress transmission of the virus and sustain our economy during the pandemic.

Using Governor Inslee’s Safe Start Plan, WCHD has worked with WUC, healthcare partners, and others to conduct an evaluation of the impact of COVID-19 on our community, of the capacity of the public health system to limit and maintain control of its spread now and in a future with increased risk of transmission, of the healthcare system’s capacity to evaluate and treat patients currently and with future increased demands, and of our capacity to support our community, businesses, and service organizations to operate even more effectively to suppress the virus as economic and social activities expand.

Whatcom County has the capacity and ability to mobilize rapid testing and outbreak mitigation, conduct case and contact tracing, partner with and provide assistance to employers through our Public Health Advisory Board Task Force on COVID-19 Employer Support, and coordinate healthcare services with providers. Whatcom Unified Command, co-led by Whatcom County, the City of Bellingham, the Whatcom County Sheriff, and Lummi Nation, has been effectively leading the response and recovery effort. This includes Isolation and Quarantine facility operations, food and other essential supports for vulnerable populations, and resource/logistic support for healthcare providers and employers. We can jointly manage COVID-19 at its current rate of transmission, even as we move to Phase 2.

Key metrics, as outlined by the Washington State Department of Health, and as a requirement to move to Phase 2 are below:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>Whatcom County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidence of new cases reported during prior two weeks (measured by specimen collection date, and to account for the lag in reporting, the two week period starts 6 days prior to the current date)</td>
<td>Target: &lt;25 cases / 100,000 / 14 days</td>
<td>16.9 per 100,000 resident</td>
</tr>
<tr>
<td>Trends in hospitalizations for lab-confirmed COVID-19</td>
<td>Target: flat or decreasing</td>
<td>Decreasing</td>
</tr>
<tr>
<td>Reproductive rate (if available)</td>
<td>Target: Re &lt; 1</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Based on the information presented in the application demonstrating Whatcom County’s recent case reports and our capacity for testing, case and contact investigation, hospital capacity and surge capacity, protection of vulnerable populations, and the need for coordination of mitigation measures within our region, it is my opinion that Whatcom County is ready to move to Phase 2 of the Safe Start plan. I recommend that you formally apply to the Washington State Department of Health to allow implementation of all Phase 2 modifications at this time.

Sincerely,

Greg Stern MD, Health Officer

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>Whatcom County</th>
</tr>
</thead>
<tbody>
<tr>
<td>% licensed beds occupied by patients (i.e., hospital census relative to licensed beds)</td>
<td>Targets: Green: &lt;80% (Yellow: 81-90%; Red: &gt;90%)</td>
<td>71.9%</td>
</tr>
<tr>
<td>% licensed beds occupied by suspected and confirmed COVID-19 cases</td>
<td>Target: Green: &lt;10% (Yellow: 11-20%; Red: &gt;20%)</td>
<td>1%</td>
</tr>
<tr>
<td>Average number of tests performed per day during the past week (or average % tests positive for COVID-19 during the past week)</td>
<td>Target: 50 times the number of cases (or 2%)</td>
<td>Percent positive 3.1% for week 5/17-5/23</td>
</tr>
<tr>
<td>Median time from symptom onset to specimen collection among cases during the past week</td>
<td>Target: median &lt;2 days</td>
<td>Median time: one day</td>
</tr>
<tr>
<td>Percent of cases reached by phone or in person within 24 hours of receipt of positive lab test report</td>
<td>Target: 90%</td>
<td>94%</td>
</tr>
<tr>
<td>Percent of contacts reached by phone or in person within 48 hours of receipt of positive lab test report on a case</td>
<td>Target: 80%</td>
<td>70%</td>
</tr>
<tr>
<td>Percent of cases being contacted daily (by phone or electronically) during their isolation period</td>
<td>Target: 80%</td>
<td>N/A</td>
</tr>
<tr>
<td>Percent of contacts being contacted daily (by phone or electronically) during their quarantine period</td>
<td>Target: 80%</td>
<td>N/A</td>
</tr>
<tr>
<td>Number of outbreaks reported by week (defined as 2 or more non-household cases epidemiologically linked within 14 days in a workplace, congregate living, or institutional setting)</td>
<td>Target: 1 for medium counties (75,000-300,000)</td>
<td>Two on-going outbreaks. One since 3/22 and the second since 4/26</td>
</tr>
</tbody>
</table>
CALL TO ORDER

Council Chair Barry Buchanan called the meeting to order at 10:02 a.m. in a virtual meeting.

ROLL CALL

Rud Browne, Barry Buchanan, Tyler Byrd, Todd Donovan, Carol Frazey, Ben Elenbaas and Kathy Kershner
Present: 7 - Absent: None

OTHER ITEMS

1. AB2020-232 Resolution of the Whatcom County Health Board applying for variance under Governor Inslee’s Safe Start Washington Plan to move to Phase 2

ITEM ADDED 6.1.2020

Erika Lautenbach, Health Department Director, briefed the Council on the resolution.

Motion: Kershner moved to approve the resolution. The motion was seconded by Frazey. The motion carried 7-0.
HEALTH BOARD RESOLUTION

PROPOSED BY: ____________________________
INTRODUCTION DATE: JUNE 2, 2020

RESOLUTION NO. 2020-018

APPLYING UNDER GOVERNOR INSLEE'S
SAFE START WASHINGTON PLAN TO MOVE TO PHASE 2

WHEREAS, on February 29, 2020, Washington State Governor Jay Inslee declared a
State of Emergency for all counties throughout the state as a result of the COVID-19 outbreak
in the United States and the confirmed person-to-person spread of COVID-19 in Washington
state; and

WHEREAS, on March 10, 2020, Whatcom County Executive Satpal Sidhu declared a
State of Emergency in Whatcom County due to COVID-19; and

WHEREAS, on March 11, 2020, the World Health Organization declared a state of
pandemic due to COVID-19; and

WHEREAS, on March 13, 2020, President Donald Trump declared a National
Emergency due to COVID-19, and on March 22, 2020 a Major Disaster was declared for the
State of Washington; and

WHEREAS, on March 23, 2020, Governor Inslee imposed a "Stay Home – Stay
Healthy" Order throughout Washington State prohibiting all people in Washington State
from leaving their homes or participating in social, spiritual, and recreational gatherings of
any kind regardless of the number of participants, and all non-essential businesses in
Washington State; and

WHEREAS, on May 4, 2020, Governor Inslee issued a Proclamation modifying his
"Stay Home – Stay Healthy" Order, with a phased-in approach to re-open Washington,
which will increase the number of Whatcom County residents and frequency of their
encounters with non-household members, and will increase their risk of exposure to persons
with infectious COVID-19; and

WHEREAS, on May 19, 2020, the Governor outlined circumstances under which
counties that meet certain criteria could apply for a variance to allow them to move to Phase
2 of the Safe Start Washington approach; and

WHEREAS, on May 29, 2020, the Governor announced the end of the "Stay Home –
Stay Healthy" Order and outlined new metrics and criteria for counties to move to Phase 2;
and

WHEREAS, Whatcom County meets the criteria for Phase 2, using case count data
from May 16 – May 30, 2020; and

WHEREAS, Whatcom County Public Health Officer Dr. Greg Stern has reviewed the
current status of COVID-19 in Whatcom County, as well as the plan for reopening, and has
provided a signed recommendation to request the State to allow implementation of all Phase
2 modifications; and

WHEREAS, necessary plans and resources have been demonstrated and documented
for inclusion in the application, including the following:

1. County epidemiology, including populations disproportionately affected by COVID-19
   and cases without an epidemiologic link to other cases
2. Plans and identified resources making COVID-19 testing available and accessible to
everyone in the county with symptoms consistent with COVID-19, including for
residents who are low income, have no insurance, or are underserved
3. Speed in which residents are tested following the onset of symptoms
4. The number of reported COVID-19 tests performed by week over the past four weeks, as well as the number of negative and positive test results for this period
5. Whatcom County’s plans and resources to continue performing case investigation and contact tracing
6. Plans and resources to house people in isolation or quarantine who do not have a home of their own or who are unable to quarantine outside of their home if it becomes necessary
7. Plans to provide needed services to people in home isolation and quarantine that these individuals could not otherwise obtain without going into the community (e.g., food, medications, etc.)
8. Plans to rapidly respond to outbreaks in congregate care settings and workplaces
9. Number and epidemiologic nature of outbreaks in the last four weeks
10. Plans to protect disproportionately affected populations, including low income communities and communities of color

WHEREAS, the Whatcom County Health Board chooses to move forward with an application to implement all Phase 2 modifications determining that it is in the public’s best interest.

NOW THEREFORE BE IT RESOLVED that the Whatcom County Health Board hereby approves moving forward with an application to be submitted to the Washington state Department of Health that would allow Whatcom County to implement all Phase 2 modifications.

ADOPTED the 3rd day of June, 2020.

WHATCOM COUNTY COUNCIL
WHATCOM COUNTY, WASHINGTON

[Signature]
Barry Buchanan, Council Chair

Dana Brown-Davis, Clerk of the Council

APPROVED AS TO FORM:

/s/ Karen N. Frakes
Civil Deputy Prosecutor
May 28, 2020

Erika Lautenbach, Director  
Whatcom County Health Department  
509 Girard Street  
Bellingham, WA 98225

Dear Ms. Lautenbach:

PeaceHealth St. Joseph Medical Center ("SJMC") serves the residents of Whatcom County and provides this letter in support of Whatcom County's variance request to move into Phase 2 of re-opening the county. SJMC certifies as follows:

- SJMC has adequate bed capacity to accommodate a 20% increase in suspected or confirmed COVID-19 hospitalizations.
- SJMC is reporting, and will continue to report daily, including on weekends, all data requested by the Washington Department of Health into WA HEALTH.
- SJMC has adequate personal protective equipment (PPE) to keep workers safe. Specifically, as of the date of this letter, SJMC has at least fourteen (14) days of the following PPE supplies in the facility: N95 respirators, surgical masks, face shields, gowns and gloves. SJMC plans to maintain this minimum level of PPE.
- In the event PPE supplies run low and PPE conversation methods must be utilized, SJMC will ensure that clinical staff wearing any one N95 respirator or surgical mask will not wear it for longer than one shift. In addition, SJMC will follow the Extended and Re-use of PPE by Healthcare Personnel (HCP) guidance issued by the Washington Department of Health, which can be found at the following link: [https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/PPE-Reuse.pdf](https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/PPE-Reuse.pdf).

SJMC is committed to communicating with Whatcom County and the state on our preparedness, and stands ready to serve the needs of the residents of Whatcom County.

Sincerely,

Richard DeCarlo  
Executive Vice President  
Chief Operating Officer
Whatcom County Safe Start Healthcare System Readiness and COVID-19 Activity Key Metrics

As a part of the required information to be included in the local hospital letter, data was retrieved by the Whatcom County Health Department (WCHD) from the WA Health database to report on the following elements.

- Percent of licensed beds occupied by patients
- Percent of licensed beds occupied by COVID-19 patients

Included below are these two metrics as well as two additional required key metrics that are included in the health officer’s letter but are not required to be reported on in the narrative section of the application.

- Incidence of new cases reported during prior two weeks (measured by specimen collection date)
- Trends in hospitalizations for lab-confirmed COVID-19

Healthcare System Readiness

- Percent of licensed beds occupied by patients
- Percent of licensed beds occupied by COVID-19 patients

In Whatcom County, there is only one hospital system, operated by Peace Health. As of 6/1, 71.9% of the licensed beds were occupied by patients, and 2 out of 201 or 1% of licensed beds were occupied by COVID-19 patients.

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</tr>
</tbody>
</table>
COVID-19 Activity

- Incidence of new cases reported during prior two weeks (measured by specimen collection date)
  The average of new daily COVID-19 cases reported during the prior two weeks, ending on May 26 is 2.7, and equates to 16.9 per 100,000 residents, as measured by the specimen collection date.

Whatcom Covid19 - Average Cases Per Day:  2.7 as of Specimen Date

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>New Cases Per Day</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

Note: (25 Target Cases/14 Days) * (225000 Whatcom People/100000 People) = 4.0 Whatcom Target Cases/Day

<table>
<thead>
<tr>
<th></th>
<th>As of 5/26:</th>
<th>14 Day Summary</th>
<th>14 Day Daily Avg</th>
<th>14 Day Summary Per 100K</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target:</td>
<td></td>
<td></td>
<td>4</td>
<td>25</td>
</tr>
<tr>
<td>Observed Cases:</td>
<td></td>
<td>38</td>
<td>2.7</td>
<td>16.9</td>
</tr>
</tbody>
</table>
- Trends in hospitalizations for lab-confirmed COVID-19
  In Whatcom County, there is only one hospital system, operated by Peace Health. Weekly hospitalizations associated with COVID-19 have been decreasing in Whatcom County since 4/25.

**Whatcom Covid-19: Hospitalizations Per Week**
June 2, 2020

Whatcom County Health Board
311 Grand Street
Bellingham WA 98225

RE: Recommendation to request implementation of all Phase 2 modifications of community mitigation strategies identified in the *Phased Approach to Reopening Washington Plan*.

Dear Board Members:

I have reviewed the documents submitted by the Whatcom County Health Department, Whatcom Unified Command, and PeaceHealth. Based on their analysis and their stated ability to meet the requirements to move to Phase 2, I approve the application, plan and your resolution to recommend implementation of all Phase 2 modifications. I will officially submit all documents to the Washington State Secretary of Health today.

Thank you for your leadership and partnership throughout this pandemic. I look forward to working with you to ensure our community can both re-open safely and sustain low rates of disease.

Sincerely,

[Signature]

Satpal Sidhu
County Executive
1. Provide a brief summary of the epidemiology of COVID-19 in the county, including populations disproportionately affected by COVID-19 and proportion of cases without an epidemiological link to other cases.

**Epidemiological Curve**

Whatcom County was initially impacted by COVID-19 approximately two weeks after King and Snohomish Counties, areas with the earliest known cases of COVID-19 in Washington State. As of June 1, 2020, Whatcom County has had 404 confirmed cases and 35 deaths. Fifty-six percent of cases do not have an epidemiological link to a confirmed case.

**Age Demographics and Settings**

Early in the outbreak, older adults in long term care settings, particularly ages 80 and older, were most impacted and disproportionately compared to other populations. As the outbreak within Whatcom County has continued, there is more even distribution across age categories, including younger adults, some of these attributed to individuals working in healthcare settings and workplace outbreaks such as Facility A*.

*Employer of current outbreak has not authorized use of name publicly so will heretofore be referred to as Facility A.

DOH is involved in this outbreak and has information about Facility A.

**Race/Ethnicity**

When considering race and ethnicity, Whatcom County is experiencing disparities similar to those experienced throughout the state and nation. Hispanic community members are experiencing higher rates of COVID-19 in Whatcom County than neighboring counties, and rates are increasing. As of June 1, 2020, 23% of COVID-19 cases have been Hispanic despite accounting for 9% of the general county population. American Indian Alaska Native individuals are experiencing higher rates of COVID in Whatcom County, and rates are increasing. Also as of June 1, 2020, American Indian Alaska Native community members account for 12% of the COVID-19 confirmed cases and only 3% of the general county population.

**Occupational Settings**

As businesses reopen and community members have more social interaction, more outbreaks in workplace settings are anticipated. In Whatcom County, this includes agricultural workplaces.

**Supporting Data Charts** (below)
2. Provide a summary narrative of the COVID-19 testing sites in your county (clinic, hospital, health department, pharmacy, drive up, etc.) and your efforts to communicate with the public about the need to get tested and promote/advertise those sites. In addition, specifically identify sites that serve persons with low-income, no insurance, or underserved and the hours and days of those services.

In Whatcom County, there are testing sites located throughout the county. Below is a list of current testing sites that include hours of operation and advertisement practices for the sites that serve persons with low-income, no insurance, or underserved. Also included is a list of primary care providers who offer testing to their patients. In addition to the testing sites listed, testing is available as needed through the PeaceHealth Emergency Department.

Information about testing sites in Whatcom County has been provided to the public by the Whatcom County Health Department (WCHD) through the WCHD website, blog posts, social media posts, and paid Facebook ads and media briefings. The WCHD website instructs people without health insurance, or people who have difficulty accessing testing, to contact WCHD for information about how to get tested. In consultation with local Federal Qualified Health Centers (FQHC), WCHD triages these calls to avoid overwhelming FQHCs, who may not be able to accept new patients. The WCHD website also includes information about how to enroll in health insurance plans. Additionally, in coordination with health care providers, a mobile testing pilot was initiated in rural, eastern Whatcom County in order to serve this more isolated community. The testing site was advertised by the Mount Baker School District and the East Whatcom Regional Resource Center; two trusted messengers in that community.

Testing information is shared in weekly Healthcare Coalition meetings convened by the WCHD since late March. Primary care providers, community health centers, tribal clinics, the hospital, and local lab providers have kept up-to-date on capacity issues, testing recommendations, new collection sites and services, and how to refer patients. Information about HRSA COVID-19 Uninsured Testing and Treatment Fund has been disseminated, and local providers utilize this resource for uninsured patients. The WCHD has the capacity to consult with clinical partners to facilitate testing and build capacity within their organization. This includes partnering with long-term care facilities to help create systems so they can safely do their own specimen collection and submit to a lab via their own contract.

COVID-19 testing sites in Whatcom County:

Northwest Labs Drive through testing with provider prescription and appointment.
3548 Meridian St, Bellingham
- Open Monday – Friday, 8am through 4pm, Saturday & Sunday, 8am through 1pm
- Serves all community members with a provider prescription.
- Advertised by Whatcom County and Northwest Labs: https://www.nwlaboratory.com/coronavirus-information/

Sea Mar Community Health Centers – Bellingham
4455 Cordata Parkway, Bellingham
- Open Monday, 8am through 9pm. Tuesday –Saturday, 8am through 5pm
- Serves all patients with symptoms of COVID-19, including low-income or uninsured community members.
  Offers sliding fee schedule to patients without insurance
- Advertised on Sea Mar website: https://www.seamar.org/coronavirus.html

Sea Mar Community Health Centers – Everson
6884 Hannegan Road, Everson
- Open Monday, Tuesday, Thursday, Friday 8am through 5pm, Wednesday 8am through 9pm.
- Serves all patients with symptoms of COVID-19, including low-income or uninsured community members.
  Offers sliding fee schedule to patients without insurance
- Advertised on Sea Mar website: https://www.seamar.org/coronavirus.html
Unity Care Northwest - Bellingham
220 Unity Street, Bellingham
- Open Monday – Friday, 7:45am through 6pm, Saturday 7:45am through 5pm
- Serves all patients with symptoms of COVID-19, including low-income or uninsured community members. Offers sliding fee schedule to patients without insurance
- Advertised on Unity Care Northwest website: https://unitycarenw.org/ucnw-response-to-coronavirus/

Unity Care Northwest – Ferndale
6060 Portal Way, Ferndale
- Open Monday – Friday, 7:45am through 6pm
- Serves all patients with symptoms of COVID-19, including low-income or uninsured community members. Offers sliding fee schedule to patients without insurance
- Advertised on Unity Care Northwest website: https://unitycarenw.org/ucnw-response-to-coronavirus/

Family Care Network – Various Locations
- 2 urgent care clinics open 7 days a week to FCN patients and non-patients
- 8 clinics, including rural communities (Blaine, Lynden, and Ferndale)
- On-demand telemedicine visits for any community member, whether or not they have a PCP, including COVID screening and testing orders for NWL drive-up site.
- Advertised on Family Care Network website www.familycarenetwork.com and ValPak direct mail

Whatcom County Health Department
1500 N. State St., Bellingham
- Open Monday – Saturday, Varies - by appointment
- Provides drive-through testing for people with symptoms of COVID-19 or close contacts of confirmed cases who are uninsured or have no provider.
- Advertised by Whatcom County via the website, social media, paid Facebook ads, blog posts, and media briefings.

Lummi Tribal Health Center
2592 Kwina Rd, Bellingham
- Operating Hours: 7:30am through 6pm Monday – Friday. Closed Saturday - Sunday
- Serves Lummi Tribal members including tribal members who are uninsured
- Advertised by Lummi Tribal Health Center

Nooksack Tribal Clinic
6760 Mission Rd, Everson
- Operating Hours: COVID Hours 10:00 am-3:00 pm
- Serves Nooksack Tribal members including tribal members who are uninsured
- Advertised by the Nooksack Tribal Clinic

Additional medical clinics that are able to order testing for their patients:
- Care Medical Group
- Peace Health Medical Group
- Western Washington University Student Health Center
- Whatcom County Fire District #5 – Point Roberts residents only
3. The median number of days from onset of illness to COVID-19 specimen collection date for the cases identified in your county over the past 4 weeks. The ideal target is a median number of days \(<2\) days.

As determined per Whatcom County, confirmed COVID-19 cases in the four weeks prior to June 1, the median number of days between symptom onset and specimen collection is one day. Testing availability in Whatcom County has been increasing during this period, especially following the increase in capacity of Northwest Labs.

**Whatcom Covid19 - Median Days from Symptom Onset to Specimen Taken: 1, as of June 1, 2020**
4. For each of the previous four weeks, report the total number of COVID-19 tests reported for your county, the number of negative and the number of positive test results, percent positive and what 50 times the number of positive tests would be. In addition, report the percent positive of all tests for the four week period. (Note: The ideal target is to perform about 50 tests per case and have a percent positivity no more than 2 percent.)

The number of total COVID-19 tests conducted in Whatcom County for the four weeks prior to the last week is summarized below, including the number of tests with positive results. Data provided by the Department of Health is provided weekly and is only complete up until the week ending 5/23. The WCHD has not yet received data from the Department of Health through 5/30.

Please note that the data presented below includes only records in which Whatcom County is designated as the county of residence for the test result. Hundreds of negative test data reports from both Northwest Laboratory and WDRS are missing an assigned county. They are not included in this data below, resulting in an over-estimate of percent positive cases.

The total positive tests for the previous 4 weeks is 124, with an average percent positivity of 3.4%.

<table>
<thead>
<tr>
<th>Week</th>
<th>Dates</th>
<th>Total Test</th>
<th>Total Positive Tests</th>
<th>Percent positivity</th>
<th># Tests to meet 50x Total Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td>4/26 - 5/2</td>
<td>1202</td>
<td>40</td>
<td>3.3%</td>
<td>2000</td>
</tr>
<tr>
<td>Week 2</td>
<td>5/3 - 5/9</td>
<td>1133</td>
<td>33</td>
<td>2.9%</td>
<td>1650</td>
</tr>
<tr>
<td>Week 3</td>
<td>5/10 - 5/16</td>
<td>652</td>
<td>31</td>
<td>4.8%</td>
<td>1550</td>
</tr>
<tr>
<td>Week 4</td>
<td>5/17 - 5/23</td>
<td>654</td>
<td>20</td>
<td>3.1%</td>
<td>1000</td>
</tr>
<tr>
<td>All weeks</td>
<td></td>
<td>3641</td>
<td>124</td>
<td>3.4%</td>
<td></td>
</tr>
</tbody>
</table>
5. The local health jurisdiction’s resources to perform case investigations and contact tracing using statewide standardized COVID-19 case and contact investigation protocols.

a. The calculation showing how many case and contact tracers are needed for the county’s population, assuming a minimum of 15 contact tracers for every 100,000 population. Show the calculation: county population/100,000 x 15 = #.

Number of case and contact tracers required per population of Whatcom County
Whatcom County Population (2019 OFM) 225,300
225,300/100,000 = 2.25 x 15 = 34 case and contract tracers required for Whatcom County

i. The number of health department staff trained and ready to perform case investigations and contact tracing, as well as their job classifications. The total number should then be equated to full-time equivalent staff.

The Whatcom County Health Department (WCHD) has relied on cross-training of internal staff, primarily Environmental Health Specialists to support case and contact interviews. WCHD has 26 staff trained and ready to perform case investigations and contact tracing, which is detailed in the table below. The total full time equivalent (FTE) WCHD staff currently available is 21.8. Employees may perform other work if not required for case/contact investigations at specific times but are available at daily notice if case numbers require. Names, titles, and FTE are listed below.

<table>
<thead>
<tr>
<th>WCHD Staff Names</th>
<th>Position Title</th>
<th>FTE available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lynn Pittsinger</td>
<td>Public Health Nurse Supervisor</td>
<td>1</td>
</tr>
<tr>
<td>Erin Schuldt</td>
<td>Public Health Nurse II</td>
<td>1</td>
</tr>
<tr>
<td>Janna Uffelman</td>
<td>Public Health Nurse I</td>
<td>0.5</td>
</tr>
<tr>
<td>Harp Cheema (Fluent Punjabi)</td>
<td>Public Health Nurse</td>
<td>1</td>
</tr>
<tr>
<td>Zac Doobovsky</td>
<td>Public Health Nurse</td>
<td>1</td>
</tr>
<tr>
<td>Brittany Fuentes (Fluent Spanish)</td>
<td>Public Health Nurse</td>
<td>1</td>
</tr>
<tr>
<td>Wendy Hancock</td>
<td>Public Health Nurse</td>
<td>0.5</td>
</tr>
<tr>
<td>Ann Lund</td>
<td>Public Health Nurse</td>
<td>1</td>
</tr>
<tr>
<td>Nicole Miller</td>
<td>Public Health Nurse</td>
<td>1</td>
</tr>
<tr>
<td>Kim Hankinson</td>
<td>Public Health Nurse</td>
<td>0.5</td>
</tr>
<tr>
<td>Stephanie Peterka</td>
<td>Public Health Nurse</td>
<td>1</td>
</tr>
<tr>
<td>Nancy Poulin</td>
<td>Public Health Nurse</td>
<td>0.5</td>
</tr>
<tr>
<td>Lela Rhierd</td>
<td>Public Health Nurse</td>
<td>1</td>
</tr>
<tr>
<td>Julie Rose</td>
<td>Public Health Nurse</td>
<td>0.5</td>
</tr>
<tr>
<td>Olivia Rutherford</td>
<td>Public Health Nurse</td>
<td>0.5</td>
</tr>
<tr>
<td>Kelly Verschueren (Fluent Spanish)</td>
<td>Public Health Nurse</td>
<td>1</td>
</tr>
<tr>
<td>Luis Flores (Fluent Spanish)</td>
<td>Environmental Health Specialist III</td>
<td>1</td>
</tr>
<tr>
<td>Wade Bessett</td>
<td>Environmental Health Specialist II</td>
<td>1</td>
</tr>
<tr>
<td>Patrick Hull</td>
<td>Environmental Health Specialist II</td>
<td>1</td>
</tr>
<tr>
<td>Josh Leinbach</td>
<td>Environmental Health Specialist II</td>
<td>1</td>
</tr>
<tr>
<td>Dani Love</td>
<td>Environmental Health Specialist II</td>
<td>1</td>
</tr>
</tbody>
</table>
ii. The number of other county/city government staff trained and ready to perform case investigations and contact tracing. The total number should then be equated to full-time equivalent staff.

Staff from other county departments are being provided to the WCHD. Currently nine staff from other departments are trained and ready to perform case investigations and contact tracing interviews (full-time equivalent nine). Names, titles, and FTE are listed below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Position Title</th>
<th>FTE Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robin Klein</td>
<td>Division Secretary</td>
<td>1</td>
</tr>
<tr>
<td>Sarah Collier</td>
<td>Clerk III</td>
<td>1</td>
</tr>
<tr>
<td>Garrett Faddis</td>
<td>Planner III</td>
<td>1</td>
</tr>
<tr>
<td>Suzanne Bosman</td>
<td>Senior Planner</td>
<td>1</td>
</tr>
<tr>
<td>Kristin Lunderville</td>
<td>Clerk III</td>
<td>1</td>
</tr>
<tr>
<td>Gerald Kuhns</td>
<td>Clerk III</td>
<td>1</td>
</tr>
<tr>
<td>Becky Boxx</td>
<td>Coordinator</td>
<td>1</td>
</tr>
<tr>
<td>Beth Bushaw</td>
<td>Division Secretary</td>
<td>1</td>
</tr>
<tr>
<td>Nancy Moore</td>
<td>Clerk/Receptionist</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total FTE</strong></td>
<td></td>
<td><strong>9</strong></td>
</tr>
</tbody>
</table>

iii. The number of volunteers or non-governmental employees trained and ready to perform case investigations and contact tracing. The total number should then be equated to full-time equivalent staff.

Currently, the WCHD has one volunteer or non-governmental employee trained and ready to perform case investigations and contact tracing with a total full time equivalent (FTE) of 0.5.

iv. Subtotal of those trained and ready, using the full-time equivalent number.

The current subtotal trained and ready to conduct case investigations and contract tracing is 36, with 31.3 FTE.

v. The number of persons (from all sources) in the pipeline to be trained by June 15, 2020. The total number should then be equated to full-time equivalent staff.

The WCHD currently has seven people that are in the process of being trained and ready to perform case investigations, and contact tracing. Three individuals are interns from Western Washington University who will be able to provide full-time work for 10 weeks. Four individuals are community volunteers who will
provide half-time work for up to 6 months. The total full time equivalent is five. As WCHD prepares to re-open and return internal staff to their regular roles, the department has identified funding and is currently interviewing for a volunteer program coordinator position to support the volunteer workforce.

vi. The gap between the minimum of 15/100,000 and the trained and to-be-trained personnel, using the full-time equivalent number. A plan for filling that gap, which could include a request for staff trained by the state.

There is no gap between the minimum of staff needed (34) and those trained or to-be-trained. The total number of trained or to-be-trained is 43, with a full time equivalent of 36.3. There are currently 25 more volunteer applications that are being screened and considered for interviews. The WCHD will continue to recruit and train volunteers and interns to ensure maximum case and contact tracing staff are available to address the needs of our community. Additionally, Whatcom County is hiring a temporary volunteer program coordinator to manage the onboarding and coordinate training of volunteers.

b. The total number of cases identified over the past 2 weeks and the percentage of cases reached by phone or in person within 24 hours of receipt of positive lab test report (the ideal target is 90%).

The total number of cases identified in the previous two weeks, from 5/16-5/30, was 47. The WCHD was able to contact 45 of these cases within 24 hours of receipt of the positive result. This equates to 95% of cases contacted within 24 hours of our receipt of the test result.

c. The total number of close contacts identified over the past 2 weeks and the percentage of contacts reached by phone or in person within 48 hours of receipt of positive lab test report on a case (the ideal target is 80%).

Of the 47 cases identified between 5/16-5/30, a total of 131 close contacts were identified. 70% of the 131 were reached by phone or in person within 48 hours of receipt of positive lab test on a case. The WCHD is actively recruiting and training additional contact investigators to increase capacity and ability to contact all contacts within 48 hours.

d. For cases, are you currently reaching out to them daily throughout their isolation period via a combination of phone calls and electronic means (e.g., text) to check on their overall status and ability to successfully isolate? If so, for how long have you been doing the daily contacts and what percent of your cases over the last week have you made daily contact with (the ideal target is 80%)?

WCHD was very recently made aware of this new standard of care for isolation, and while WCHD anticipates meeting this expectation with the advent of the statewide system under development, WCHD does not yet have staffing or resources to make daily contact with all residents in isolation. Whatcom County Public Health Nurses are currently implementing isolation monitoring as follows:

- Check in daily with any guests at the Byron St. Isolation and Quarantine facility.
- Check in a minimum of three times will all positive cases regarding their ability to maintain isolation and provide linkage to case management supports and other services as needed.
- Provide documentation of release from isolation individuals who have completed recommended period.
- Provide information about individual isolation status to employers or facilities as needed for outbreak prevention and/or management.
WCHD has been closely following the planning and implementation of the Centralized Technology System (CTS) now called CREST as the main tool to be able to manage the volume of case monitoring.

e. For contacts, are you currently reaching out to them daily through a combination of phone calls and electronic means (e.g., text) to check on symptom development and their ability to successfully self-quarantine? If so, for how long have you been doing the daily contacts and what percent of your contacts over the last week have you made daily contact with (the ideal target is 80%)?

We were very recently made aware of this new standard of care for quarantine, and while we anticipate meeting this expectation with the advent of the statewide system under development, we do not yet have staffing or resources to make daily contact with all residents in quarantine. Whatcom County Public Health Nurses are currently implementing quarantine monitoring as follows:

- Check in daily with any guests at the Byron St Isolation and Quarantine facility.
- Provide follow-up and case management for close contacts of confirmed cases who are at risk of difficulty maintaining quarantine for recommended period, due to social or other issues.
- Provide documentation of release from quarantine for individuals who have completed recommended period.
- Provide information about individual quarantine status to employers or facilities as needed for outbreak prevention and/or management.

f. Does the department conduct full case and contact investigations 7 days a week, every week?

Yes WCHD is staffed 7 days a week for case and contact investigations, call center operations, and on-call manager call intake and triage.
6. The number and type of isolation/quarantine facilities secured to house persons with COVID-19 who do not have a home or otherwise wish to isolate or quarantine themselves outside of their home, if it becomes necessary. For each facility list:

i. The facility name: Byron Avenue Isolation/Quarantine Site

ii. Type (e.g., hotel/motel, apartment building, university dorm, county fairgrounds, etc.): Motel

iii. The number of rooms/people it can house for isolation: Up to 57 rooms (depending on quarantine needs) and up to 114 persons depending on if one or two persons (from the same household) are in each room.

iv. The number of rooms/people it can house for quarantine: Up to 57 rooms (depending on isolation needs) and up to 114 persons depending on if one or two persons (from the same household) are in each room.

v. The time period for which the space has been secured, and if there is a clause for extension/renewal and the terms of that extension:

   b. Extension/renewal: Yes, by mutual written agreement
   c. Extension terms: Extension of primary term conditions.

vi. Services provided (e.g., housing, laundry, food, etc.) and by whom (e.g., the motel/hotel, a non-profit, etc.).

   a. Housing: Motel owner
   b. Laundry: Northwest Linen Care
   c. Food: Maple Alley Inn (non-profit)
   d. Social Services: Sea Mar Community Health Center
   e. Cleaning: Service Master
   f. Security: Pacific Security Services
   g. Garbage: Sanitary Services Corporation
   h. Public Health Monitoring: WCHD

Whatcom Unified Command is currently in the final phase of negotiation with the Holiday Inn – Airport, in Bellingham. This location will provide an additional 51 rooms for quarantine and isolation of people with mild symptoms.
7. Describe how the health department provides or links persons in home isolation or quarantine with needed services they cannot otherwise obtain without going out for on their own (e.g., food, medications, etc.). In this description, include:

i. Who does this work (e.g., health department case investigator, contract with specific agency, etc.)?

ii. How referrals are made to that agency, if other than health department?

iii. How it is ensured that the referral agency connects with the client?

Cases and close contacts are provided with written instructions based on DOH isolation and quarantine guidance. Case and contact investigators include questions as part of the interview process to identify whether someone can safely isolate or quarantine at home. All positive cases and all close contacts that identify potential needs for isolation and quarantine are referred to the Quarantine, Isolation and Recovery Team (QIRT) for follow-up using a color-coded system: Red-individual or family needs assistance immediately (today), Yellow-individual or family has potential needs (not urgent), or Green (no immediate needs identified). A QIRT Public Health Nurse (PHN) or case manager follows-up via phone on the day of referral from case/contact investigators for all those marked “Red” and by the end of the next day for those marked “Yellow.” A nurse or case manager completes an assessment to identify needs and provides a list of available resources. If the individual or family is not able to safely isolate or quarantine at home, the QIRT staff will facilitate entry into the Byron St. Isolation and Quarantine Facility, or assist with problem-solving for other options. Individuals are provided contact information to sign up for home delivery of food and other services. Arrangements to provide economic supports for individuals who do not qualify for other benefits are being put in place with local philanthropy to assist individuals requiring isolation or quarantine. A local FQHC is planning to provide 2 additional case management/community health worker staff to join WCHD case management team, which includes 1 PHN Supervisor and 2 FTE PHN.

All confirmed cases are contacted approximately 3 times during isolation, including soon after entry into isolation, mid-isolation, and end of isolation to monitor the course of illness and determine the required isolation period. A voluntary isolation memo providing initial guidance is given at the initiation of isolation, and an isolation release memo is provided when the individual has finished their required isolation period (at least 10 days from symptom onset, no fever for at least 3 days, and improving symptoms).

Close contacts of confirmed cases are contacted by the QIRT if information provided by contact investigators indicates the need for supports to maintain quarantine or if assistance is needed to arrange testing. The process includes a needs assessment and arrangement of services and supports as above. Close contacts are instructed to contact providers or the WCHD if they become symptomatic. A voluntary quarantine memo and release from quarantine letter are provided to those who need these for return to work.

Materials are currently available in English and Spanish, with the option to translate materials in other languages as needed. Language Line and staff who speak Spanish and other languages (Russian and Punjabi) are available to assist the QIRT as needed.
8. Describe the health department's capacity to conduct outbreak investigations in congregate living settings (e.g., skilled nursing facilities, jails, multiple-family housing buildings) and workplaces (e.g., food processing facility, manufacturing plant, office building, etc.). These plans should describe:

a. The number and type of staff who are trained to conduct outbreak investigations:

The WCHD has conducted outbreak investigations from the onset of this pandemic. Staff identified and contained multiple outbreaks since cases first began in Whatcom County and reported these in WRDS. WCHD has a team of competent and skilled staff members who are available for outbreak investigations in a variety of roles including data analysis, working with the site operator, and serving as outbreak manager. These staff and their position titles are included in the table below. This list is not inclusive of all staff listed as case and contact interviewers.

<table>
<thead>
<tr>
<th>Name</th>
<th>Position Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cindy Hollinsworth</td>
<td>CD &amp; Epi Manager</td>
</tr>
<tr>
<td>Lynn Pittsinger</td>
<td>Public Health Nurse Supervisor</td>
</tr>
<tr>
<td>Harp Cheema</td>
<td>Public Health Nurse</td>
</tr>
<tr>
<td>Zac Doobovsky</td>
<td>Public Health Nurse</td>
</tr>
<tr>
<td>Wendy Hancock</td>
<td>Public Health Nurse</td>
</tr>
<tr>
<td>Ann Lund</td>
<td>Public Health Nurse</td>
</tr>
<tr>
<td>Nicole Miller</td>
<td>Public Health Nurse</td>
</tr>
<tr>
<td>Kim Hankinson</td>
<td>Public Health Nurse</td>
</tr>
<tr>
<td>Lela Riherd</td>
<td>Public Health Nurse</td>
</tr>
<tr>
<td>Julie Rose</td>
<td>Public Health Nurse</td>
</tr>
<tr>
<td>Kelly Verschueren</td>
<td>Public Health Nurse</td>
</tr>
<tr>
<td>Tom Kunesh</td>
<td>Environmental Health Supervisor</td>
</tr>
<tr>
<td>Josh Leinbach</td>
<td>Environmental Health Specialist II</td>
</tr>
<tr>
<td>Dani Love</td>
<td>Environmental Health Specialist II</td>
</tr>
<tr>
<td>Mark Raaka</td>
<td>Emergency Response Specialist</td>
</tr>
<tr>
<td>Astrid Newell</td>
<td>Community Health Manager</td>
</tr>
<tr>
<td>John Wolpers</td>
<td>Environmental Health Manager</td>
</tr>
<tr>
<td>Greg Stern</td>
<td>Health Officer</td>
</tr>
<tr>
<td>Amy Hockenberry</td>
<td>Health Informatics and Assessment Supervisor</td>
</tr>
<tr>
<td>Morris Arthur</td>
<td>Data Analyst</td>
</tr>
</tbody>
</table>

This group of employees comprised of Public Health Nurses, Environmental Health Specialists, Data Specialists, and Managers have worked together to identify and respond to clusters of COVID-19 cases since the beginning of the pandemic.

Outbreak investigations within congregate care facilities are a priority. Early in the response, the WCHD brought in additional staff to support the Public Health Nurse liaison to the Skilled Nursing facilities and create a dedicated Congregate Facilities team. In addition to nursing, team members include an Environmental Health Specialist and a Human Services program specialist who serves as a liaison to the buildings. The team meets regularly with the Health Officer and the CD&E Manager to discuss both rapid and emerging needs. Initially the WCHD focused on Skilled Nursing, Assisted Living, and Adult Family Homes. Staff
conducted comprehensive assessment and planning with facilities to identify their COVID-19 response plans, provide current, updated guidance materials and consulting, and identify opportunities for support. The WCHD developed a comprehensive database that includes detailed facility information including administrator names and contact information, ability to safely collect specimens, numbers of staff and residents and site maps for all facilities. In April, staff began to reach out to supported living facilities serving those with developmental disabilities as well as people living in transitional housing and conduct the same assessment.

The congregate Facilities team consulted closely with DOH Healthcare-Associated Infections (HAI) team, and DOH Epidemiology team for the Shuksan Healthcare Center, Good Samaritan Society – Staffholt Center, Summit Place, and Lynden Manor outbreaks. Support provided to the facilities included connecting with Whatcom Unified for PPE and staffing resources, daily check-ins, and support. The WCHD provides detailed Infection Prevention consulting and has done on-site assessment visits with all facilities that have had outbreaks; the site visit team is comprised of the Deputy Health Officer, Public Health Nurse, and Environmental Health Specialist. Each team member brings specialized expertise to the assessment of the environment and follow-up recommendations.

For workplace outbreaks, WCHD staff are working closely with DOH Epidemiology regarding the Facility A cluster. The Facility A outbreak has required extensive work with the employer to assess and upgrade the work environment to best integrate social distance guidance and implement environmental controls that will allow critical infrastructure workers to continue to work while in quarantine. The main priority of this outbreak is to support effective isolation and quarantine for employees who are primarily Spanish speaking (Spanish is second language and Indian dialect is first language). The WCHD has referred people to the isolation and quarantine facility, provided resources for rent and food, and tested many close contacts as staff work to contain this outbreak. More recently, WCHD staff are involved an emerging outbreak with American SeaFoods Processing Vessels; this requires coordination with King County Public Health, staff at the employer’s headquarters in Oregon, DOH Epidemiology, Coast Guard, and the Port of Bellingham. The WCHD has the capacity to coordinate resources locally to work with partners across jurisdictions.

WCHD staff focus on prevention in vulnerable populations and congregate settings by providing consultation on infection prevention plans and site visits. A few examples include:

- Staff work closely with the drop-in shelter, which required relocation to assure appropriate responses to situations of COVID-19 outbreak risk. The WCHD facilitated a mini-table-top to discuss the rapid implementation of testing and quarantine in the event of a positive case at the drop-in shelter.
- Staff work with the Whatcom County Jail regarding their COVID-19 response plan, including infection control and screening practices.
- Staff are completing education and resource visits, in partnership with an FQHC, to farms and farm workers. Staff are also actively working with farmers to ensure plans are in place to rapidly respond to an outbreak among their employees, especially farms that have seasonal migrant farm workers and on-site farm worker housing.
- The Whatcom County Public Health Advisory Board has convened a Task Force on Employer Support to work with industry sectors on implementation and sustained practices around infection control and physical distancing guidelines established by the State DOH.
b. **Resources to conduct testing.**

People who have symptoms of COVID-19 are directed to contact their primary care provider and ask to be screened for testing. There are 8 primary care organizations in Whatcom County that offer testing to their patients. If a person does not have a primary care provider, their provider does not test, or they have no health insurance, WCHD is able to test or refer for testing through a Health Officer standing order.

WCHD operates drive-through testing at one of the department’s buildings in downtown Bellingham. Drive-through testing is available six days a week and the focus is to test uninsured people, or those who have no provider, with symptoms of COVID-19 or those who are close contacts of confirmed cases. The WCHD has the capacity to test at other locations such as at a skilled nursing facility as part of an outbreak response using a county van and public health nurses to the site.

c. **Any community or state resources relied upon to conduct these investigations.**

Staff coordinate with DSHS, DOH, and regional/state partners for guidance and lessons learned in other facility or workplace outbreaks. Investigations may be coordinated with Whatcom Unified Command for community resources such as PPE and access to the Isolation and Quarantine facility in Whatcom; however the actual investigation does not rely on community or state resources at this time.
9. For each of the last 4 weeks, report the number of outbreaks, the facility name, and type using an outbreak definition of 2 or more non-household cases epidemiologically linked with 14 days in a workplace, congregate living, or institutional setting, and for each facility, the number of cases associated with that outbreak.

Whatcom County has had two on-going outbreaks in the past 4 weeks.

Summit Place Assisted Living had their first case on March 22\textsuperscript{nd}. There are 26 positive cases associated with the outbreak (19 residents, 7 staff). The most recent positive case was May 28, 2020.

Facility A had their first case on April 26\textsuperscript{th}. There are 20 positive cases associated with the outbreak. The most recent positive case was May 29, 2020.
10. If COVID-19 is disproportionately affecting low income communities or communities of color in your county, what are your plans to protect these populations?

COVID-19 has impacted Whatcom County populations disproportionately, specifically older adults, and the Hispanic and American Indian/Alaska Native communities. The WCHD tracks and monitors these data as shown in the charts below.

**Confirmed Cases And Deaths, By Age Category**

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Confirmed Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>100-109 yr</td>
<td>0.6%</td>
<td>40.7%</td>
</tr>
<tr>
<td>90-99 yr</td>
<td>7.9%</td>
<td>33.3%</td>
</tr>
<tr>
<td>80-89 yr</td>
<td>13.2%</td>
<td>14.8%</td>
</tr>
<tr>
<td>70-79 yr</td>
<td>8.8%</td>
<td>11.1%</td>
</tr>
<tr>
<td>60-69 yr</td>
<td>12.0%</td>
<td>5%</td>
</tr>
<tr>
<td>50-59 yr</td>
<td>12.3%</td>
<td></td>
</tr>
<tr>
<td>40-49 yr</td>
<td>12.9%</td>
<td></td>
</tr>
<tr>
<td>30-39 yr</td>
<td>15.9%</td>
<td></td>
</tr>
<tr>
<td>20-29 yr</td>
<td>15.6%</td>
<td></td>
</tr>
<tr>
<td>10-19 yr</td>
<td>3.5%</td>
<td></td>
</tr>
<tr>
<td>0-9 yr</td>
<td>1.3%</td>
<td></td>
</tr>
</tbody>
</table>

**Percentage of Confirmed COVID-19 Cases, by Race and Ethnicity**

- **AI/AN**: 3% 12%
- **Asian/NHPI**: Data suppressed 5%
- **Black**: Data suppressed 2%
- **White**: 69% 82%
- **Other**: 8%
- **Hispanic**: 9% 18%

Data are suppressed to comply with Washington State Department of Health small numbers guidelines when counts are between 1-6.
AI/AN: American Indian / Alaska Native,
NHPI: Native Hawaiian / Pacific Islander,
Other: Respondent selected "other race."
Hispanic: Hispanic ethnicity of any race.
The WCHD has systems in place to help mitigate the spread of COVID-19 to some of the county’s most vulnerable populations. The WCHD has stood up a Vulnerable Populations Team, and they are currently working with the largest congregate living drop-in shelter that serves those experiencing homelessness. This work includes ensuring ample physical distance and access to PPE supplies. The drop-in shelter providers reach out regularly to a point person within the WCHD to make sure issues are addressed around supplies, design of space, and testing. This close communication and quick re-location of the shelter for additional social distancing space has prevented an outbreak of COVID-19 among those who are experiencing homelessness. *This population is noted because AI/AN folks experience homelessness at a disproportionate rate in Whatcom County than other populations.

The WCHD has begun meeting with different groups within the agricultural community. Staff are coordinating with the COVID-19 leads for the largest farms in Whatcom County. These farms employ local and migrant farmworkers to harvest and process their crops. WCHD staff have recently been invited to participate in the Department of Agricultural meetings as well as working with local farm leads to discuss ways to mitigate the spread of the virus in both the work and living environment for this predominantly Hispanic population. Many of the larger farms have already begun to prepare by designing plans for more social distance in the processing plants, spaces to offer for I/Q facilities as well as direct COVID-19 leads at each farm so that large outbreaks can be stopped before they begin.

The Vulnerable Populations Team has also been working with the farmworkers directly to provide resources to meet their needs if they have tested positive for COVID-19 or are close contacts of those who have. The QIRT meets with individuals to discuss their basic needs and how to best address them so they can safely enter and remain in isolation or quarantine. Part of this work has been done by partnering with the Promotores Program out of Sea Mar Community Health Center. The partnership with Promotores has helped to establish some trust between the WCHD team and the farmworker community, so staff are better able to offer services. For many of those working in the farmworker community, a COVID diagnosis means they will have to stop working to isolate and then are unable to work to pay for housing or food. The QIRT partners with the Catholic Community Services (CCS) Outreach team focused on supporting farmworker communities to help navigate resources available to them so their needs can be met, and they will not continue to work. The Whatcom Community Foundation has created a fund to specifically focus on those who have basic needs that cannot be met if they are asked to remain in isolation or quarantine. The CCS Outreach Team can link them with those resources, so they are able to access them without navigating more complex government systems.

The WCHD also works closely with Lummi Nation as they do their own public health work, and to support contact investigations for non-tribal contacts. WCHD has an informal agreement with the Nooksack Tribe to assist with their case and contact investigations in the event of a positive case.

Through Whatcom Unified Command, the Food Security Unit designed a system to get food to some of the county’s most vulnerable neighbors. The program assists those in isolation/quarantine and others who can’t get to a food bank distribution site, or have impairments preventing them from accessing food outside the home. On average 950 families are receiving food deliveries once a week. Volunteers partner with CERT, YMCA, Whatcom Transportation Authority, Whatcom Educational Credit Union, Civil Air Patrol, and Search & Rescue, and many other community organizations.

Whatcom Unified Command continues to coordinate with Food Lifeline to bring supplemental food supplies to the county through the state channels. These efforts to support the community are part of a larger network which includes all food banks, school districts, community based organizations and non-profits. With this partnership an estimated 900,000 meals are being distributed monthly to people in Whatcom County.