



KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance...

**Facebook Live Q&A
Friday, April 24, 2020**

NOTES

Panelists: Rick Fuller, Kalamazoo County Sheriff, Dr. William Nettleton, Kalamazoo Medical Director, Jim Rutherford, Kalamazoo County Health Officer, Lyndi Warner, Kalamazoo County HCS Public Information Officer

Lyndi Warner welcomed participants to the second Facebook live.

Panelists demonstrated importance of wearing face masks.

Lyndi recognized need for Spanish and ESL translation. Q&A will be transcribed and will be translated and posted on the HCS Web site.

Lyndi introduced the panelists.

Questions from the community:

To Dr. Nettleton:

Q: Will COVID-19 antibody testing be available here? When / where / at what cost / to whom?

A: Antibody testing should not be used to diagnose someone with COVID-19. But, there is potential for antibody tests to be able to inform treatment in the future, tracking the disease, and determining if someone is immune after being infected. As of yesterday, the FDA has only authorized four antibody tests, even though 90 exist on the market. And, despite those being authorized, a lot of the basic science around antibodies and COVID-19 hasn't been figured out yet. A lot of these tests, at this time, can't really tell if someone has been exposed to COVID-19, and we're still figuring out a lot about the antibodies themselves. With the testing, some may come positive, some negative; there is so much variation in the market right now, and so much to be learned about COVID-19, that caution is really warranted for implementing this at a wide level. Needs to be more research and oversight to fulfill the potential for antibody testing.

To Mr. Rutherford:

Q: Can mosquitos spread COVID? Are you preparing for EEE and how that will affect our current situation?

HEALTH AND COMMUNITY SERVICES DEPARTMENT

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A: I don't think that science has spent a significant amount of time on whether or not insects can transmit COVID-19; the likelihood of that is probably pretty small. There have been animals that COVID-19 has shown up in, but we don't anticipate that it will be a problem in terms of mosquito-borne disease. This has been person-to-person, and it's respiratory. Not really a consideration at this point. It is spring, and we do need to start think about mosquitoes as we had a lot of EEE (Eastern Equine Encephalitis) last year. We will continue to work on our mosquito surveillance program in the summer. Typically, you don't have to worry about mosquito-borne diseases this early in the season. We look at peaking in the summer and into the fall.

To Sheriff Fuller:

Q: I've noticed when I'm out on my essential trips that people are driving fast. Are police not making traffic stops right now?

A: Law enforcement is also noticing faster traffic; violating traffic laws. LE are making traffic stops. There will likely be more traffic stops, believe there will be an increase in traffic with the new Executive Orders coming out. We need your help to keep everyone safe: Don't speed; stop at stop signs; show courtesy. Our mission when we're driving is to get from point A to B without hurting others. So, remember that, please.

To Dr. Nettleton:

Q: Are the drive-thru testing sites and regular testing sites accepting essential worker testing, and do they need have an employer letter?

A: I would refer people directly to the health care provider performing the testing. There is a lot of confusion out there. We heard the announcement from the Governor's office that for essential personnel, which we can categorize as people who are going to work under the "stay at home" order, be allowed to have a test whether they have symptoms or not. State Health Department caveat is, as long as there are adequate laboratory supplies, workers with a higher level of prioritization per the health department's order are able to be met. There is variation across the State and our County for that decision-making. Even though it has been opened up, a lot of health care workers don't have the swabs or the reagents to do the testing themselves, and they may have their own system in place for screening. So, I refer people to the health care provider employing the testing.

Q: 1. Should all essential employees register for testing; and does essential employee include non-medical/non-first responder employees? 2. With limited testing still in Kalamazoo, what is the recommendation for health care workers who are asymptomatic that have known exposure either via a patient or a co-worker they work in close proximity to?

A: 1. Essential employees do include non-medical/non-first responders; essential worker critical infrastructure is the definition. The question of "should" essential workers be tested is an interesting question, particularly those who do not have symptoms: Across the State, the

medical community is struggling to understand how best to interpret test results for those who do not have symptoms, and that is still being worked out in the scientific and medical community. That is a challenge that all doctors and clinicians are working on. Everyone agrees that we need more testing, because it helps better characterize what is happening in our County and where we are in terms of the pandemic. These are some of the determining steps that go into decision making that you and your doctor make when the doctor orders a test. That is compounded by the permissive guides that just came out from the State health department. It's confusing, but that is the reality.

2. Talk with your doctor, and if you don't have a doctor, find a health care professional through tele-health who can help answer these questions. Whenever a physician orders a test, they think "How does this best care for my patient, and what is the recommendation to give to my patient?" A couple of different scenarios that are challenging for doctors: 1) when a person does not have symptoms, and we do a test: It does take at least several days after they are exposed to the disease before a person has enough virus in their body for it to actually be detected. If you test too soon, you can have a false negative result; other times, I have colleagues who are taking care of COVID-19 patients who are 3-4 weeks later are tested—for whatever reason—after they have been sick and actually had symptoms, and the results are still positive. The doctor and the scientific community is still trying to figure out, does that positive result mean they are still infectious; or, is it because the virus is still detected by the test? That's still being worked out in the science. That's the context, in addition to the supplies, that goes into the decision-making with you and your doctor, while acknowledging that we need more testing overall.

To Jim Rutherford:

Q: I work at a childcare facility and it is still open. Should we should start wearing face masks when working with the children? We have not worn them up until now because to be honest I feel like it is going to cause a communication barrier working with young children and they are apt to be constantly trying to touch the masks. I am not sure what the best decision is moving forward.

A: Today's Executive Order is requiring people wear face masks in a public setting, so a day care would certainly fall under that category. You should be wearing cloth masks. Hopefully you've been able to secure those; they have been a real commodity and an essential part of our response. Moving forward, cloth masks are going to play an even more significant role, particularly as we go beyond essential services. There is a greater need for these masks. We still want to continue to provide the N-95 and surgical masks to the front-line medical professionals. Hand-sewn masks are perfect, they fit a great role here. While it can be cumbersome, we've gotten used to using them and incorporating them into our activities as essential employees. We use them daily. When applied to a setting like a child care facility, which is essential services as well, we know that this is challenging. And we know it is challenging to expect kids and infants to wear masks. But, that's a great environment to try to teach them the importance of this; to be able to have masks available for them. They've got a lot of questions. Masks are going to be a big part of recovery moving forward for many months.

To Sheriff Fuller:

Q: What's the best way to find information for food, or assistance with filling out unemployment?

A: The #1 resource I would recommend now is 2-1-1, which is the resource on where to get food, who can help in different circumstances, who can guide you with possible mental health issues. 2-1-1 is a Gryphon Place-run resource right here in this community. They have several difference places they can send you to assist you. We are putting together a food distribution map; and we will put it on the Kalamazoo County Sheriff's Web site as well as HCS Web site. There are several food pantries. We know of stories in the outlying areas of the County—Richland, Galesburg, Vicksburg—where there are local food banks working to assist. Within the next week, there will be 4 X 4 signs at different intersections in village, township, city squares to help people who don't all have computers or cell phones. We are doing as much as we can to get that information out. 2-1-1 is the best place to stay connected right now.

To Dr. Nettleton:

Q: Why isn't the county creating a mobile COVID-19 testing unit and going to area grocery stores and other essential workers and testing them first and foremost? These are the places most likely to spread the virus. The employees should all be tested.

A: This comes back to access to testing, which has been a challenge here and other places around Michigan. We are at the point in the evolution of the pandemic and the resources that we have, where at first, the public health lab at the State of Michigan was the only place that had testing. Now, we are expanding to different laboratories. The health care system/medical community is coming back to its traditional role in diagnosing and performing testing. In public health, we're coming back to our traditional role of serving the most vulnerable and those who at the highest risk in the community and targeting interventions for testing. For example, with our homeless population, our long-term care facilities, and we're prioritizing helping fill the gaps—and there are still many, and large, gaps at this time with regard to testing, including other vulnerable groups, like grocery store workers. It's about finding that balance is of meeting where the need is of the most vulnerable with our existing resources in the traditional roles that we have in serving our community. We will continue to work on access to the need for testing, as will our health care professionals, as more testing becomes available.

To Jim Rutherford and Dr. Nettleton:

Q: If someone has tested positive, will the test stay negative when they are over it, or how long could they test positive for? (Lyndi: How long will that positive test result stay good for?)

A: I'm sure it's frustrating for people to keep hearing me say that "it depends" or "I don't know." But that fact is that the scientific and medical communities are still learning. It will depend upon the individual patient, their medical history, and when they were tested in the course of the disease. It depends on the individual patient, and the timing when the person was tested. It also depends on how well that specimen was collected, and it also depends on if that person still has symptoms. There are criteria that health care professionals use to take

someone who has been isolated out of isolation to go back to their family, or go back to a different unit in a nursing home. And, there is a symptom-based and a test-based approach that doctors use. We're going to still be learning more about how that test does and does not remain positive.

Questions to Jim Rutherford; and then Sheriff Fuller:

Q: There are new Executive Orders issued today. Jim, can you talk about what these changes mean? And, Sheriff Fuller, add to that with how that will affect what the Sheriff's Office is doing and respond how are you responding?

Jim Rutherford—A: The Governor announced Executive Order 59 today at about noon. There are some changes, and some restrictions being lifting, as we were anticipating that this would happen end of April or early May, that we would be looking at some of the later restrictions being lifted. Those restrictions were on things, such as, golfing, boating, fishing. Those are now lifted, however, the emphasis on social distancing is still prevalent—it's still terribly important. So, as we allow for activities like golf, you can't use a cart; and, again, we're just trying to make sure that people stay at least six feet apart and they use a mask. The mask is not going to limit the need for distancing, it's just one other tool that we have to be able to reduce the likelihood of exposure. In addition, they're lifting restrictions on landscaping and lawn service companies, nurseries; again, with social distancing and masks as well. Retailers that don't sell necessary supplies can reopen, and they can do curbside pickup and delivery. Employers must provide cloth-based coverings to their employees. Travel is now being allowed between residences in the State if necessary, but remember, travel is strictly discouraged as we continue to work through these isolation and restriction necessities. It's important for people to understand that these are in place for the good of the whole. I know that there have been challenges and people are struggling economically; hopefully some of these liftings begin to help start up the economy. I do anticipate that, hopefully, by the middle of May, we're able to lift some additional, if not many more, restrictions. We recognize that people are struggling financially and economically: we are thankful that people are being patient, and, for the most part, they are adhering to restrictions thus far.

Sheriff Fuller—A: It's going to be important that this is not a time to start taking your children to the grocery store with you. As much as possible you need to make sure few people are traveling to the essentials, doing the shopping, because it's still a contagious situation. We want people to following the Executive Orders as much as possible. That's why I want to remind you of the Sheriff's Office phone number. It is staffed every day, 7 days a week. 385-6101. There are trained deputies to answer these questions. Email questions can be sent to: staysafe@kalamazoo.com. There are several new pieces to this, and I want people to be cautious, make sure you're following the rules. We still have questions to answer for people; and some of those are:

- Making sure that when you are in a building or business in close spaces, that's when you need a cloth mask. Make sure you are doing your part to be part of the safety part of this—"team Kalamazoo."

- Help keep our “Heroes” safe. Grocery store, gas station, first responders, trying to take care of people. And, while there has been some loosening of the Executive Orders directives, it’s important to remember, they still exist. We want to remind you to do what you can to keep our community safe
- We watch traffic patterns and we watch to make sure social distancing is done through different devices. What we’re seeing is that we’ve gone from an “A” to a “C minus.” This is one of the things that we have to be very cautious about. Now is not the time to forget about the rules—now is the time to learn the more specific parts of the rules. It’s nice that some of these things have changed, because people do want to get out and do different things, that’s why it’s important, that when we do these things, we do them with a mask.

Comment, Lyndi Warner: We will be putting the phone number and email that Sheriff Fuller mentioned in the comments section. Also, comments have come in about children wearing masks: If the child cannot take the mask on and off themselves, the CDC does not recommend putting a mask on the child. We will add a link to the CDC Web site in the comments section as we’re moving into the norm of wearing masks.

To Jim Rutherford:

Q: I’m very concerned about our homeless population, especially when you see reports across the nation about the death rates being high for this group, and knowing this an issue we look at very closely in our community. What is being done for our homeless population?

A: When we talk about vulnerable populations, we’re talking about our homeless population, the senior population, many of which have compromised immunity, preexisting conditions. A lot don’t have access to primary care physicians. They don’t have transportation. We don’t want to forget about these groups of individuals. We’ve worked closely with our community partners at the shelters. At organizations like United Way, housing and other partners. We’ve developed some relief for the shelters; we’ve created a new day shelter that’s populated now. We’ve got an overnight shelter that we are able to take some of the most vulnerable within that vulnerable subset to make sure that they’ve got safe housing that allows them the ability to do some distancing. We’ve partnered with contiguous counties; we’ve got a quarantine and isolation hotel in another city that we have been using in the last couple of weeks. Dr. Nettleton is working very closely with these centers as it relates to providing testing and making sure that’s readily available, particularly for those who are symptomatic, so that those considerations have been addressed. We’ve done a lot of testing; not only residents within these facilities but also employees. These are front line workers, and we’re making sure we’re testing those when they need it and when they’re symptomatic as well. In terms of elderly population, we work very closely with long-term care facilities. We are very fortunate to have the Area Agency on Aging right here under the umbrella of the HCS; that’s been very helpful. Samantha Carlson, who’s the Director, and her staff have been significantly helpful in being able to respond to the needs of that population. I think we’re doing a good job. It’s challenging, but we’re getting there with these populations.

Comment, Dr. Nettleton: This is where the issue of health equity is really highlighted in our community. This concept of health equity that all of our Kalamazoo County residents have the opportunity to achieve the best health possible. And, what this disease does is highlight those disparities between populations. We know that it is essential for people to isolate if they are positive, and to quarantine or remove themselves if they have been exposed to others; but, not everyone in our community has equal opportunity to do that. Not everyone has a multi-level house or a different room in their house. Some folks live in multi-generational households; some folks don't have a house. We in public health try to address that inequity by, for example, providing a service such as a hotel to isolate those who cannot isolate themselves. I just wanted to highlight that important point.

To Jim Rutherford:

Q: The Executive Order applies to facial covering in enclosed public spaces. Should our health department issue a directive at this time for essential workers to be covered? Some of them are in private settings, such as manufacturing and office buildings. Will we issue such a directive, or does the EO apply to all essential workers?

A: Typically, when the Governor issues an Executive Order, there are a lot of questions that need to be answered. This is one of those cases where a little more specificity is going to have to be provided. We've been working with our Environmental Health unit here about questions and concerns from individuals who walk into a restaurant and say, "Why isn't the person preparing my meal wearing a mask?" Hopefully, this EO addresses that. We're in a position now where, if it doesn't, we are prepared to go forth with a required health officer mandate within our community that would require that type of protection. We've done it as a recommendation in the past. Primarily due to the fact that there wasn't a lot of PPE. Since then, we've been able to garner more. We don't have enough, and hopefully that is addressed over the course of the next couple of weeks. Because as we see these restrictions being lifted, you're going to see more individuals that start to come out work. That puts more of a demand on the PPE that's been limited, so we have to be considerate of that. Can't throw out an order if I don't know that we have the PPE to be able to do that.

To Sheriff Fuller:

Q: What efforts are being made to get information to people who are not as connected online?

A: Most of the services in Kalamazoo County are connected to 2-1-1. Gryphon Place has worked hard over the last 20 years to make sure they are the conduit, or collection place, of information for people to come to make to make sure they are going to be able to find what they need to find help with. Neighbors Helping Neighbors is what we are working on, as well as all the different places that are going to have these 2-1-1 signs posted. 2-1-1 is our best spot for people to call in. We're going into communities that we know there is not generally an obvious access for people to go to. If there's a house down the street that you know you haven't seen or heard from anyone in a while, the Sheriff is asking you to be a neighbor to your neighbor.

To Dr. Nettleton:

2-part question:

- 1) What is the responsibility of medical employers to notify their health care employees when their co-workers have tested positive?
- 2) Can you please tell us what are the symptoms and criteria the Health Department is using to tell people they can come out of quarantine and back to their families?

Answers:

- 1) At the heart of that communication is the communication that the Health Department does, and oftentimes, does in concert with—whether it's a clinic or a hospital—we work together. It's all about the principle of interrupting disease transmission. It's based upon what the public health department learns and determines to say, "this person likely had an exposure", and we need to contact them to make recommendations, and they need to work with their employer to help inform what the recommended steps are in order to continue to deliver those health care services that may be essential or may be critical. It also may be on a case-by-case basis as well. If there is a large outbreak, or a concerning outbreak, that is occurring, and there is staff that is available to back up staff who are exposed or ill, it's going to depend on the situation, for recommendations on what to do that result.
- 2) We use the CDC guidance. There are a couple of different layers depending upon what population the individual belongs to: a) health care professionals: nurse, doctor, respiratory therapist, for example, if that person tests positive, when can they go back to work? There is a test-based strategy and a non-test-based strategy. A lot of communities have been using a non-test-based strategy because of a lack of resources, and it may also depend on the employer. For health care professionals, non-test-based strategy, at least three days have passed since recovery (defined as a resolution of fever, without using medicines), an improvement in breathing symptoms, and, at least a week has gone by since those symptoms first appeared. That is oftentimes the baseline for a health care worker to return to work after they been ill or had symptoms of COVID-19. There are a lot of other populations.

Question for Sheriff Fuller:

Q: Does 2-1-1 accommodate callers who do not speak English?

A: They have multiple language translations; not just Spanish. They are able to assist large portions of our community, include our deaf community.

Comment, Lyndi Warner: When you call the Health Department, and speak a language other than English, we are able to accommodate you.

Question for Jim Rutherford:

Q: Is the County working on a re-opening plan?

A: We are; we're working in unison with other municipalities. Our County Administrator works on a regular basis with our city partners. There is a lot of re-opening discussion and plans. The

White House and the CDC put out a plan over a week ago. We're working on our own plan, but, we're also working with our partners at the State public health department. There are a lot of considerations. We'll be breaking down our plan based upon manufacturing, food facilities, government organizations, private sector, libraries, all sorts of different considerations. The County is continuing to look at our real estate in terms of the buildings that the County has, and what does that look like. Again, we are going to coincide with the Governor's orders; and, if she says the middle of May, then that's when we'll be beginning to be providing service. Service is going to have to change for a while. We're going to have to incorporate distancing in any plan that we have. Restaurants and bars are going to have to be very mindful of that; to evolve with the types of services they provide and the way that they provide it. I've seen a lot a great response from essential services, particularly with food facilities, the grocery stores have really stepped up very quickly. You see a lot of separation, Plexiglas separation. People are going to have to get used to wearing masks. It's going to take a group effort. I think that we will effectively get there. People have been patient and need to continue to be patient, and to be mindful things are a little tougher to get, and we're just going to have to understand that it's going to take some time to get back to what we consider a normal environment.

Question for Dr. Nettleton:

Q: How are we tracking (counting) people who are presumed positive by their doctor, because they aren't being tested, but are being told to act like they most likely have COVID-19.

A: About 10 days ago, a national body came up with how to define someone who has COVID-19 disease but doesn't have a test result. We first have to be notified by a physician of that patient. If we're not notified by that physician, or that patient is not identified in a contact investigation, we don't know about it. This would be a reliance upon a physician reporting or we learn about these individuals in our contact investigations through our public health nursing; that's right now where we have the highest number, in our contact investigations. We do count and track those individuals, and perform and give recommendation to those individuals.

Last Question:

Q: Do we plan to give to start giving recover data, knowing that in our nation and other countries, you see that recovery data provided. And, in general, the data we are sharing, will be sharing more of it?

Answer, Dr. Nettleton: That recovery question is difficult to qualify and to standardize and be able to compare. The definition of recovery is often your doctor's definition. So, there is lots of variability there. The State health department is using 30 days as an initial parameter for recovery, because a lot of things can change between when a person first gets their test results, diagnosis, and a few weeks go by, and something changes in the meantime. The State using 30 days, in a nutshell, that's difficult to do so we can compare "apples to apples" across counties, or even within our county. So that's been a determining step in many places. Where I do think we can expand further data is reporting hospitalizations. For me, that is a concrete way how severe disease is affecting our county residents. It does take that extra layer of diving deep and

working with our hospital partners to make that happen. That's a tangible of what is happening in our community.

Comment, Lyndi Warner: We will try to respond to other questions that we have received in the comments section, or feel free to send questions to us at PIO@kalcounty.com. Send us your question if we didn't get to it today.

Closing comments:

Sheriff Fuller: Thank you everyone for attending today's Facebook Live and for sending in your questions; they're very important, and it's a good thing to be able to connect like this. The Sheriff's Office and the Emergency Management Office are working here at HCS as a team with everybody here to do what we can to make our community safer. Sometimes you'll see the patrol vehicles out, or the Office of Emergency Management vehicles out; we're delivering things, or checking on things, and one of the things that we've noted is that people are noticing us. They'll wave, smile, give a thumbs up; so if you can continue that, that's a huge thing for any of the essential workers or first responders to see from their community. I want you to understand that when we're looking at the Executive Orders, we're trying to guide our community with answers. We recognize that there's anxiety. We recognize that there's some fear. And, we recognize that there's some emotion tied up in some of these questions. So, we are working really hard to make sure that you understand that, when we are answering you or working with you, we're trying to recognize what you're dealing with; and, at the same time we want you to hopefully try to understand that we are working through a legal process, we are using the law, and we are using what the scientists we're working with to make sure that we are doing everything we can. We want clarity, not confusion, and we'd like to see our neighbors helping neighbors. Thank you.

Dr. Nettleton: Lots of folks are working on response to protect the health of our community—our law enforcement, our first responders, but I ask the community to highlight and thank a nurse. Thank nurses working in the clinics, the hospitals, thank your public health nurses who are working so hard to protect our community. On the topic of re-opening, my recommendation to our community is to be thinking about and looking at the data sources that we have, to make informed decisions as a community as we reopen next month. We, as a community, over the coming months, really, are going to have to adjust our strategies as we learn more and cases go up or they go down, and that we're all in this together.

Jim Rutherford: I echo sentiments of both Sheriff Fuller and Dr. Nettleton. We want to thank all of the first responders, essential workers, who have been, just that, so essential. We know that other people are going to start rolling out more because of the lifting of some of the restrictions. We expect that all of these additional workers, and people who are enjoying things like the liberties that we all take for granted, like golfing, fishing and boating, they need to be respectful of the great work that's been done, the distancing that everybody's adhered to. They need to continue to do that. I go home every night and my kids are frustrated, which makes my wife even more frustrated. But, the reality is that we're almost there, folks. We have done so

much. And, we're three weeks out to really being able to take off some of these major restrictions. It's so important, that even after those restrictions are lifted that we don't forget about the importance of distancing, the mask, and being mindful of everything that's gotten us safely to where we are today. From the standpoint of what we're asking this particular generation, it still pales in comparison to what other generations have endured. World War I, World War II, the Holocaust, those were significant, significant issues that those generations had to deal with. I think that this has been tough for a lot of people, but I think that, again, we're almost there. Just be patient. Continue to be diligent about it, be smart, and we'll get there safely and healthy.

Comment, Lyndi Warner: Thank you all for joining us today. Thank you everyone who was watching on Facebook. Just as a reminder, if you have question, email us a PIO@kalcounty.com. See comments section for references and resources. Before we end, a reminder to our panelists to mask back up. Thank you, and we will see you again soon.