

Letter to the Community: October 21, 2020

Hello Thurston County! This week we have continued to see our cases spike. While some of our cases are due to outbreaks in long-term care facilities, many people are contracting COVID-19 from community contacts. I am seeing spread during gatherings with family and friends. Once one member of a household gets sick, the rest of the household is likely to also become sick. The majority of cases in our county are linked, meaning when one person gets sick it is often from contact with someone they knew who either tested positive or had symptoms of illness. I am finding exposure occurs more often from a family member or friend.

As transmission increases within our community, there are more instances of transmission within the workplace. When community transmission rises, the risk of someone coming to school or to work sick increases. I have also seen some instances where people were under quarantine precautions and did not observe our instructions to quarantine. They became symptomatic and tested positive within their quarantine period and posed a risk to other people because they did not stay home. Staying home during the quarantine period, if you have been identified as a close contact, is essential because people can become sick at any time during the exposure period of 14 days. In addition, following public health guidance is the best way to limit the spread of the virus.

We are currently investigating six outbreaks in long-term care facilities. An outbreak in a long-term care facility is defined as one resident or health care worker who tests positive for COVID-19, or two or more residents or healthcare workers who are newly symptomatic with symptoms consistent with COVID-19 within 72 hours of each other. COVID-19 can enter the facility through many different means which can include staff members who get COVID-19 in the community, trips outside the facility by residents, and visitors coming to the facility. Monthly testing is conducted at long-term care facilities as a standard practice.

Once a case is identified in a long-term care facility, we work with the facility to initiate outbreak precautions to help ensure residents and staff are checked for symptoms frequently, keep residents separated, ensure staff are using the right personal protective equipment, and taking precautions to prevent further spread within the facility. We arrange testing for all residents and staff and repeat the testing until there are no new cases for 14 days. I continue to monitor the facility for new cases for an additional fourteen days before releasing it from outbreak precautions. We provide the facility with instructions on ways to stop the spread and make sure each facility, to the extent possible, has the resources they need to care for their residents and staff safely.

As the pandemic progresses, we have heard of cases where some people become much sicker than others when they get COVID-19. This is a novel virus and our understanding is evolving as scientists learn more. There is some evidence suggesting people who encounter more infectious viral particles may get sicker than people who encounter fewer. This pattern also is true for multiple other infectious diseases. A recent article in the [International Journal of Infectious Diseases](#) looked at three clusters of people in Madrid, Spain and suggested people who have a smaller infecting dose of the SARS-CoV2 (COVID-19) may have a lower risk of severe COVID-19 than those with a larger infecting dose. Wearing a mask is thought to potentially reduce the amount of virus that reaches the wearer and may be contributing to reduced disease severity.

Other factors which can impact disease severity is if an individual has a suppressed immune system, genetic susceptibility for severe outcomes from the disease, comorbidities, and increased age. The comorbidities the CDC has determined to increase risk of severe illness in adults are cancer, obesity, heart conditions, immunocompromise following a transplant, type 2 diabetes, sickle cell disease, smoking, chronic kidney disease, and chronic obstructive pulmonary disease. In children, comorbidities which increase risk include severe genetic and neurologic disorders, inherited metabolic disorders, congenital heart disease, chronic lung disease, immunosuppression, diabetes, and obesity.

While there are certain conditions which predispose people to severe COVID-19 disease, healthy people without comorbidities can become severely ill as well which is why it is so important each of us take precautions to not get sick and to not spread the disease to others. I encourage people at high risk for severe COVID-19 disease to avoid situations where 6 feet of distance cannot be maintained, people are not masking, or there are large gatherings of people. While some may be at higher risk of severe disease, everyone, regardless of risk factors, has a role to play in reducing the spread of COVID-19 in our community by maintaining physical distance, wearing face coverings in public, avoiding gatherings of more than 10 people, covering coughs and sneezes, washing hands, and staying home when sick.

Please submit your question for next week's letter to tcphss.pio@co.thurston.wa.us.

Wishing you the best of health,

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