
OHA COVID-19 Webinar Series for Healthcare Providers

Tuesday, April 14

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The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font positioned above the "H" of the word "Health". The word "Health" is in a large, dark blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font. A thin blue horizontal line is positioned below the "Health" text, extending from the left side of the "H" to the right side of the "y".

Oregon
Health
Authority

Agenda Items

- COVID-19 Epi Updates
- Testing Updates: testing guidance, testing types and testing of congregate care workers
- Medications and COVID-19
- Federal Changes in Opioid Prescribing Due to COVID-19
- General COVID-19 Questions
- Healthcare Workforce
- Closing

Epidemiology Update

The COVID-19 Pandemic Update in Oregon

As of April 13th:

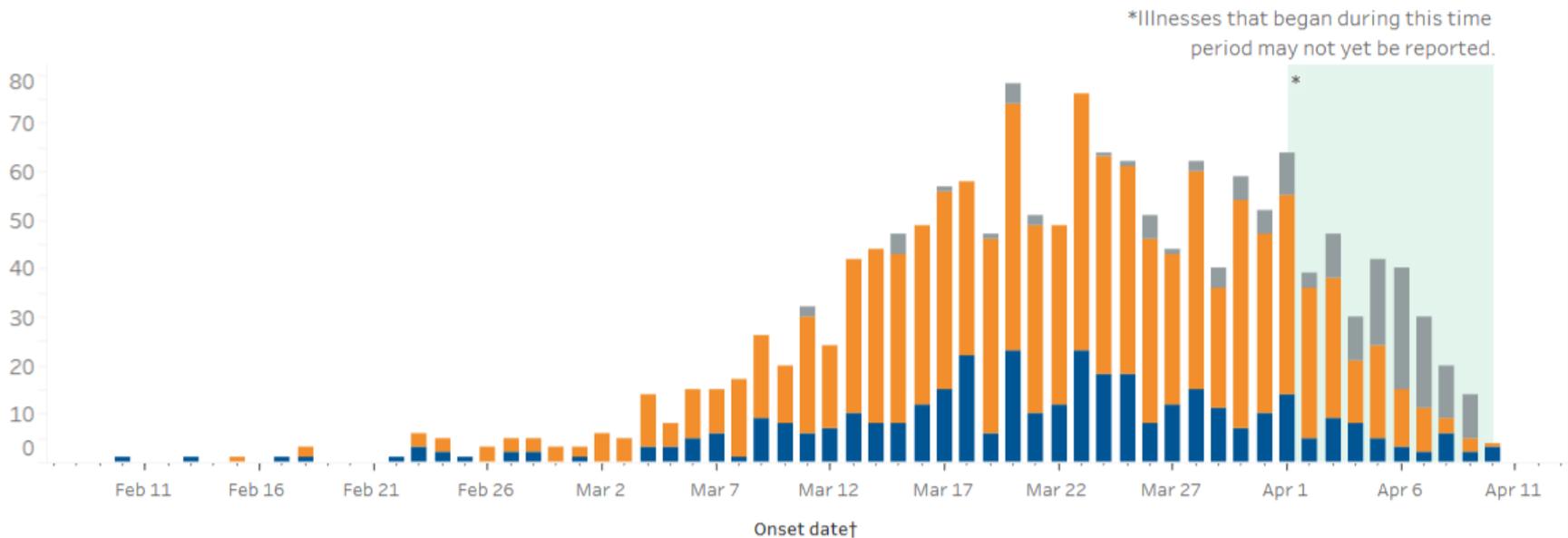
- 1584 positive COVID-19 cases
- 53 deaths
- 29,537 negative tests
- Community transmission is broad, and test results do not reflect the full impact of COVID-19 in our state

Epidemiologic curve

Oregon's Epi Curve: Positive COVID-19 cases

This chart shows the number of Oregonians who have tested positive for COVID-19 and whether they were ever hospitalized for their illness.

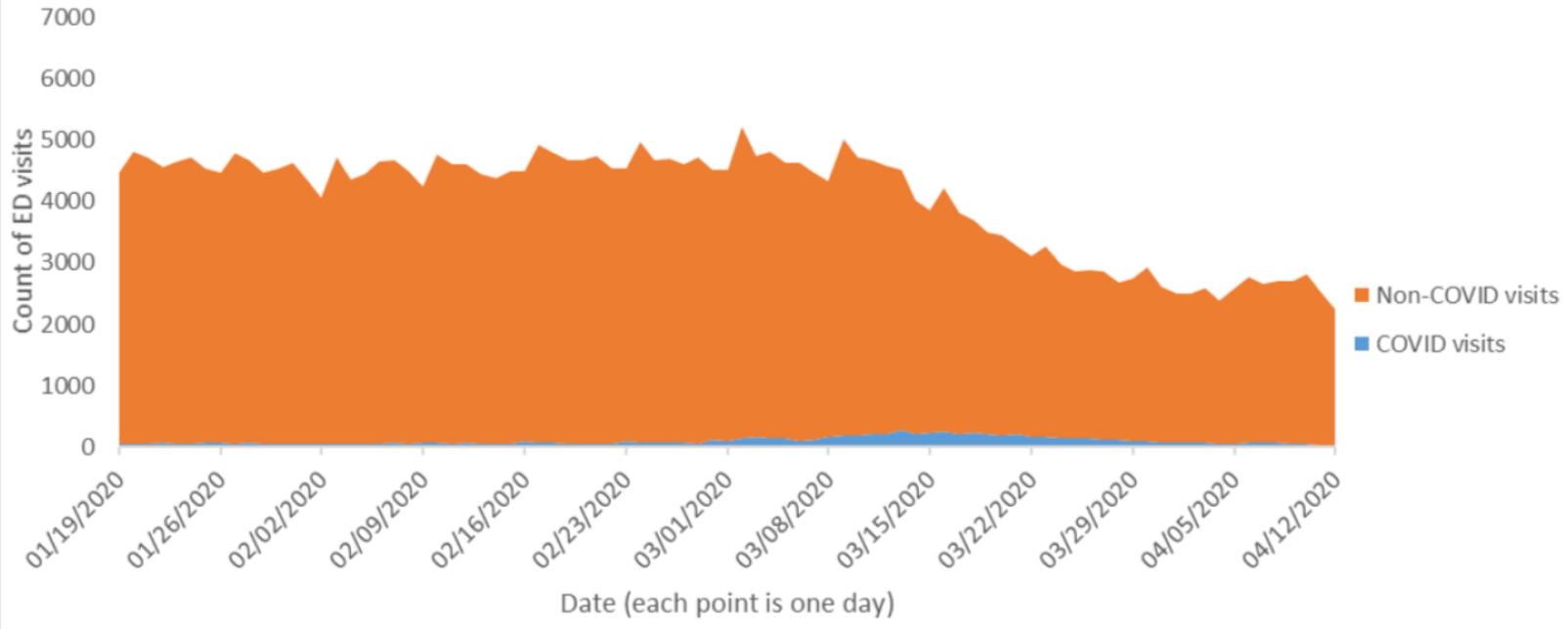
Total Positive Cases	Hospitalized	Not Hospitalized	Hospitalization Status Unknown
1,584	369	1,065	150



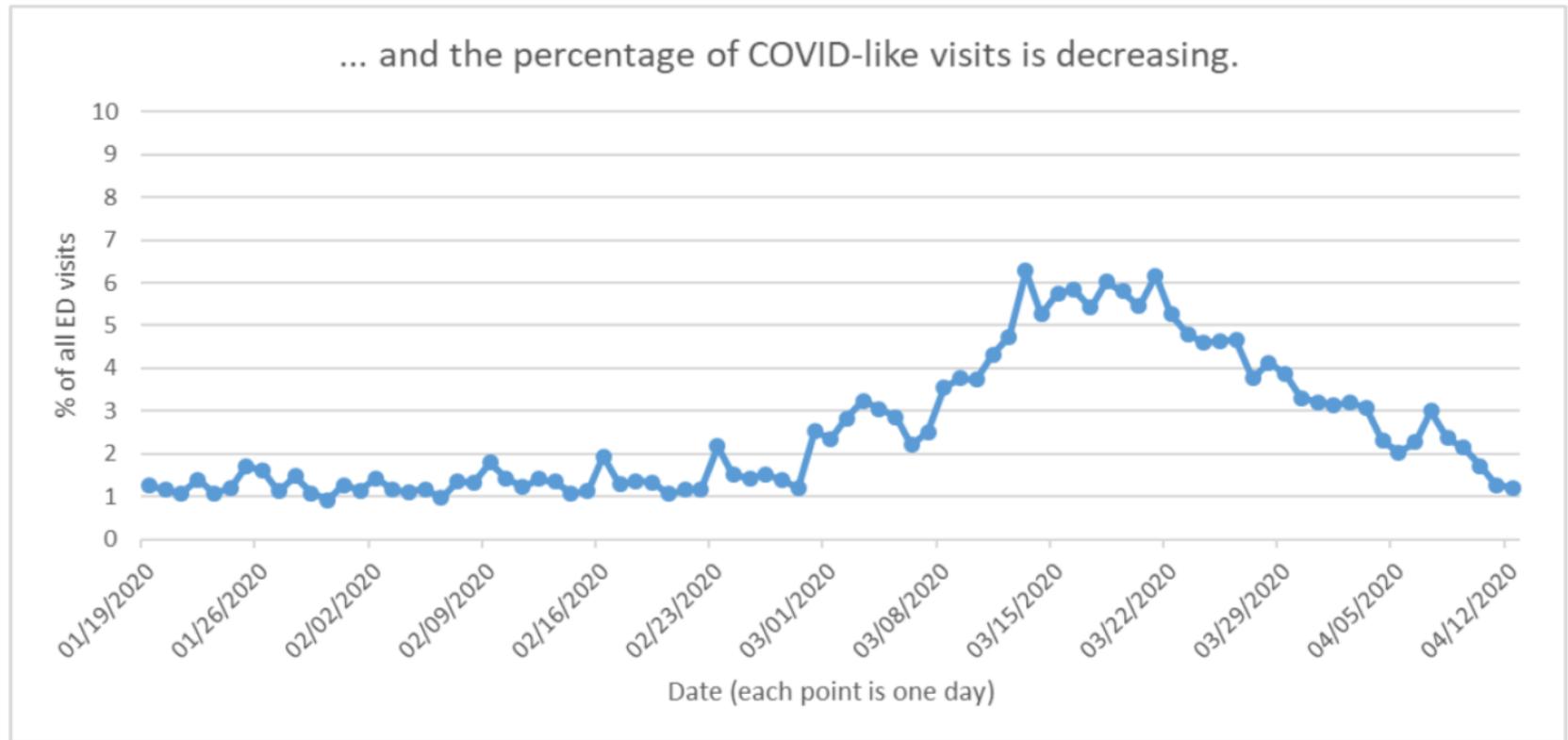
Daily ED visits

Emergency Department Visits in Oregon as reported to Oregon ESSENCE*

COVID-like visits still make up a small proportion of all reported ED visits reported, and total ED visits are decreasing...



Daily ED visits for CLI



*Oregon ESSENCE receives daily reports of emergency department visits from all 60 non-Federal hospitals in Oregon.

Latest projections

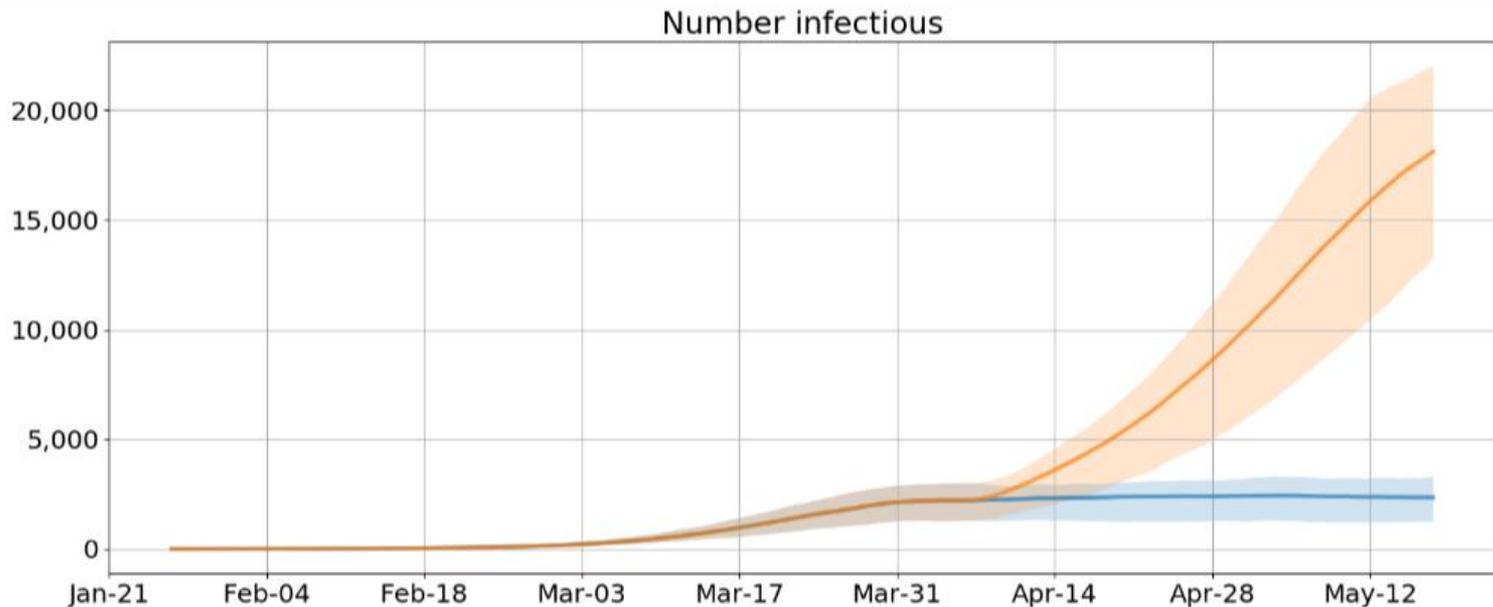


Figure 3: Model projections for the next 6 weeks assuming either a continuation of current social distancing interventions (blue), or a return to the moderate social distancing interventions as of March 22nd (orange).

Latest projections

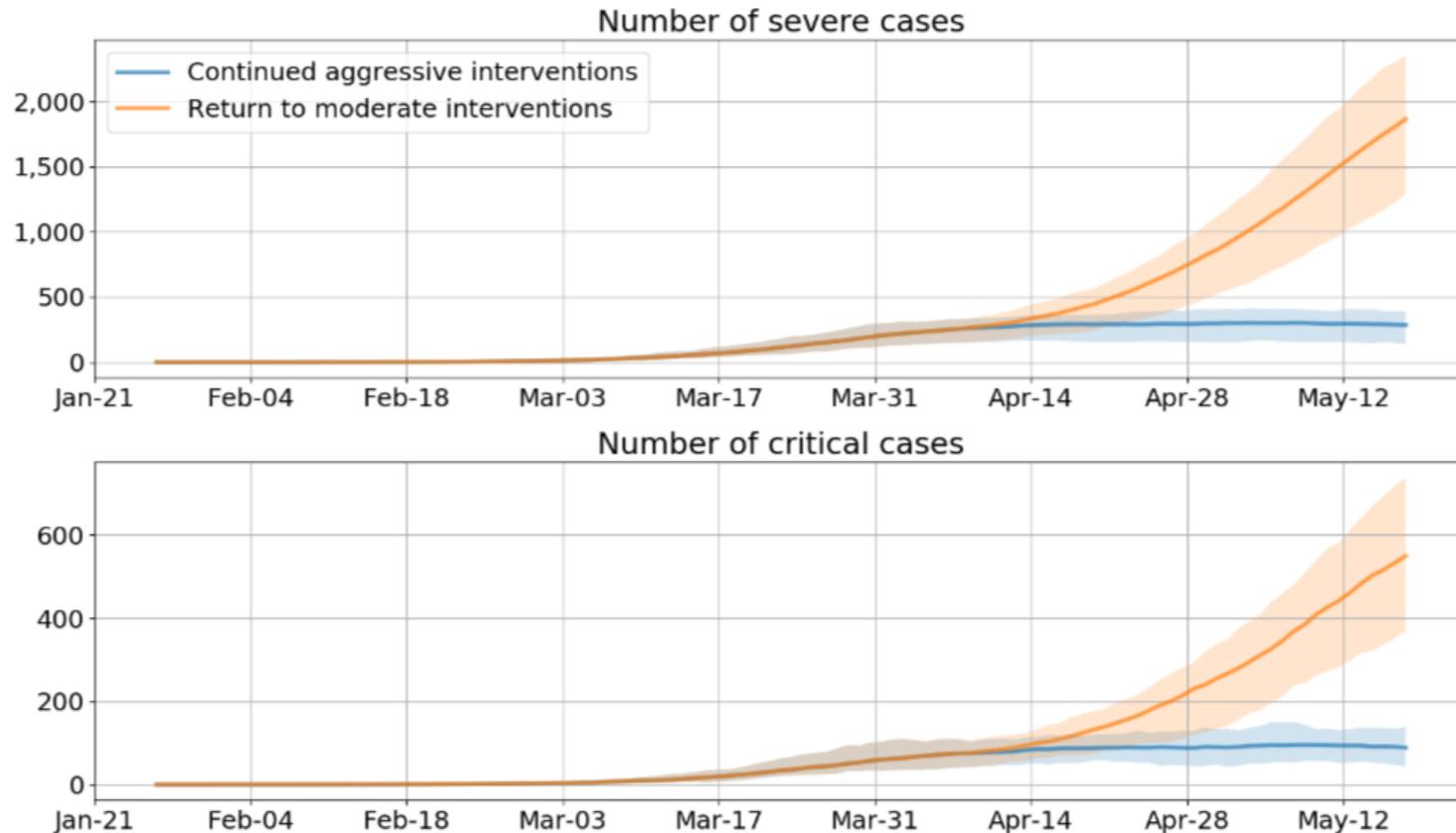


Figure 4: Model projections on hospital demand and deaths over the next 6 weeks assuming either a continuation of current social distancing interventions (blue), or a return to the moderate social distancing interventions as of March 22nd (orange).

Testing Updates

Updated Testing Guidance

Types of Testing

Timely Testing of Congregate Care Workers

Updates to testing guidance

Recommendations for COVID-19 testing at clinical laboratories: persons in the following groups with fever, cough, or dyspnea:

Added: Persons in a care facility or group living setting (e.g., healthcare facility, residential care facility, school, child care, or corrections)

Recommendations for COVID-19 testing at Oregon State Public Health Laboratory: persons in the following groups with fever, cough, or dyspnea:

Added child care to list of facility and group settings.

Testing types

RT-PCR (RNA) – respiratory tract specimen

- High throughput: Roche, Abbott
- Rapid: Cepheid, BioFire, Thermofisher, Hologic
- Rapid point of care: Abbot ID NOW

Serology (IgG/IgM antibody) – serum specimen

- ELISA (blood draw): universities and research hospitals
- Rapid (fingerprick): point of care (Cellex)

Timely Testing of Congregate Care Workers

- Examples of congregate care settings
 - long term care facilities, corrections settings, residential facilities that serve medically fragile persons with intellectual and/or developmental disabilities, homeless shelters, etc.
- Needs
 - Quickly identifying COVID-19 is critical to reducing the spread of COVID-19 in such settings
 - This includes timely testing of symptomatic facility residents and staff
- OHA is distributing a letter to congregate care facilities that facilities can provide to a symptomatic staff person to share with their healthcare provider when the provider assesses their symptoms and need for testing.

Timely Testing of Congregate Care Workers

- While most individuals with mild symptoms likely do not need testing and can recover at home, **congregate care workers, even those with mild symptoms, should be tested quickly.**
- If the lab you normally use for COVID-19 testing is not able to turnaround test results in 1-3 days, we strongly encourage you to use the Oregon State Public Health Laboratory.

Medications for COVID-19

Medications and COVID-19

- JAMA review 4/13/20
 - Chloroquine and hydroxychloroquine
 - Two small studies, one positive and one negative
 - Both with multiple methodologic flaws
 - Serious adverse events reported
 - No high-quality evidence exists for the efficacy of chloroquine/hydroxychloroquine treatment of SARS or MERS
 - Ongoing RCTs
 - Lopinavir/ritonavir
 - No evidence of effectiveness, high rates of adverse events
 - Ribavirin
 - inconclusive efficacy data with ribavirin for other nCoVs and its substantial toxicity suggest that it has limited value for treatment of COVID-19

Medications and COVID-19

- Remdesivir has potent in vitro activity against SARS-CoV-2, but it is not US Food and Drug Administration approved and currently is being tested in ongoing randomized trials.
 - current dose under investigation is a single 200-mg loading dose, followed by 100-mg daily infusion
- Oseltamivir has not been shown to have efficacy against COVID-19
- Umifenovir is being studied in China and Russia
- No data on interferon-alpha or beta
- No data on netazoxanide
- corticosteroids are currently not recommended

Federal Changes in Opioid Prescribing Due to COVID-19

Opioid Prescribing

- DEA has issued policy effective March 31, 2020
[https://www.dea diversion.usdoj.gov/GDP/\(DEA-DC-023\)\(DEA075\)Decision_Tree_\(Final\)_33120_2007.pdf](https://www.dea diversion.usdoj.gov/GDP/(DEA-DC-023)(DEA075)Decision_Tree_(Final)_33120_2007.pdf)
- Established patient previously examined by prescriber
 - Any method ok for evaluation (email, telephone, telehealth, in person)
- Not previously examined in person
 - Opioid for pain – requires in person or telemedicine audio/video (telephone not okay)
 - Buprenorphine – telephone or audio/video okay
- Mail order option

Medication Treatment for Opioid Use Disorder in OTPs

- Flexibility for OTPs to increase duration of dispensed MT treatment
 - Up to 28 days for “stable” patients/Up to 14 days for “less stable” patient
- Decisions for individuals are still on a case-by-case basis
 - Important factors include things like safe storage and comorbid substance use
 - Balance between patient safety/overdose risk and controlling coronavirus spread
 - Clinics have dramatically cut down “traffic flow”

Clinical Care Questions

Answers to Your Questions

- Well person care during COVID
 - Such care can be provided if it does not require PPE
 - Prioritized time sensitive care, such as that involving immunizations
 - Consider delaying well person care when this can be done safely
- Return to work for food service workers or workers in congregate settings?
 - No difference from other critical employees
 - At least 3 days (72 hours) have passed since recovery defined as resolution of cough and fever without the use of fever-reducing medications
 - At least 7 days have elapsed since symptoms first appeared
 - Consider wearing a facemask while at work until 14 days after positive test
 - Adhere to hand hygiene, cough hygiene, etc.
 - What is “improvement” in respiratory symptoms?
 - Generally, resolution of cough and shortness of breath

Healthcare Workforce

Healthcare Workforce

- Q&A
- Statewide Emergency Registry of Volunteers in Oregon: <https://serv-or.org/>
- Oregon Medical Board updated information on COVID-19:
<https://www.oregon.gov/omb/Topics-of-Interest/Pages/COVID-19.aspx>

Closing and Important Contact Info

OHA Coronavirus Information for healthcare providers

<http://www.healthoregon.org/coronavirushcp>

Email your COVID-19 questions here that you want us to address at future informational sessions (*do not expect an individual response and do not send PHI*):

HealthCare.Provider@dhsoha.state.or.us

Oregon COVID-19 Response for Clinicians: Project ECHO

The "**Oregon COVID-19 Response for Clinicians** " **Project ECHO**, a weekly virtual interactive session, will be held on **Thursdays from 12-1:00 pm**. This is hosted by the Oregon ECHO Network at OHSU and will be staffed by Dr. Hargunani and Dr. Jennifer Vines, Multnomah County Health Officer and other invited content experts. They will provide the latest updates, share COVID-19 clinical cases and answer questions.

For more information see the attached flyer or connect directly on Thursday here: <https://zoom.us/j/575366462>