
OHA COVID-19 Webinar Series for Healthcare Providers

Tuesday, April 21

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Agenda Items

- COVID-19 Epi updates
- Testing guidance updates
- Antibody testing
- Use of homemade masks or face coverings
- General COVID-19 questions
- Healthcare workforce
- Governor Brown: Reopening Oregon
- Closing

Epidemiology Update

The COVID-19 Pandemic Update in Oregon

As of April 20th:

- 1,956 positive COVID-19 cases
- 75 deaths
- 38,089 negative tests
- Community transmission is broad and test results do not reflect the full impact of COVID-19 in our state

Current COVID-19 Hospitalizations*

COVID-19 Details	Patients with Suspected or Confirmed COVID-19	Only Patients with Confirmed COVID-19
Current hospitalized patients	303	131
Current patients in ICU Beds	74	39
Current patients on ventilators	35	26

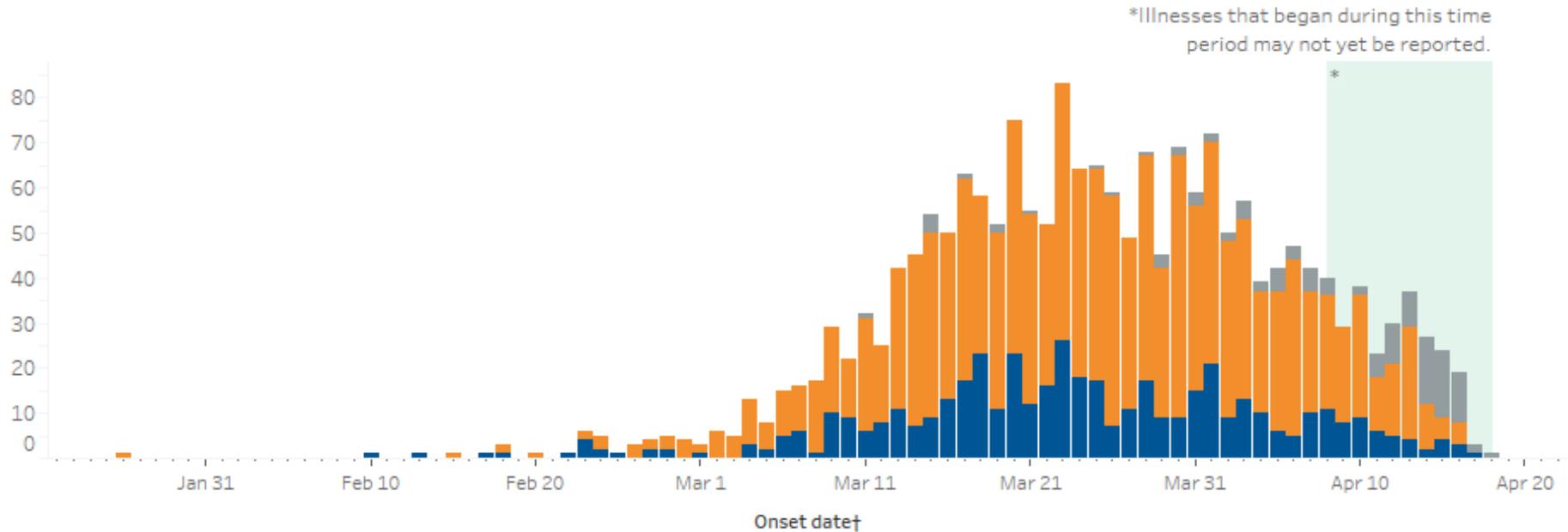
*As reported by hospitals on April 20th

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.

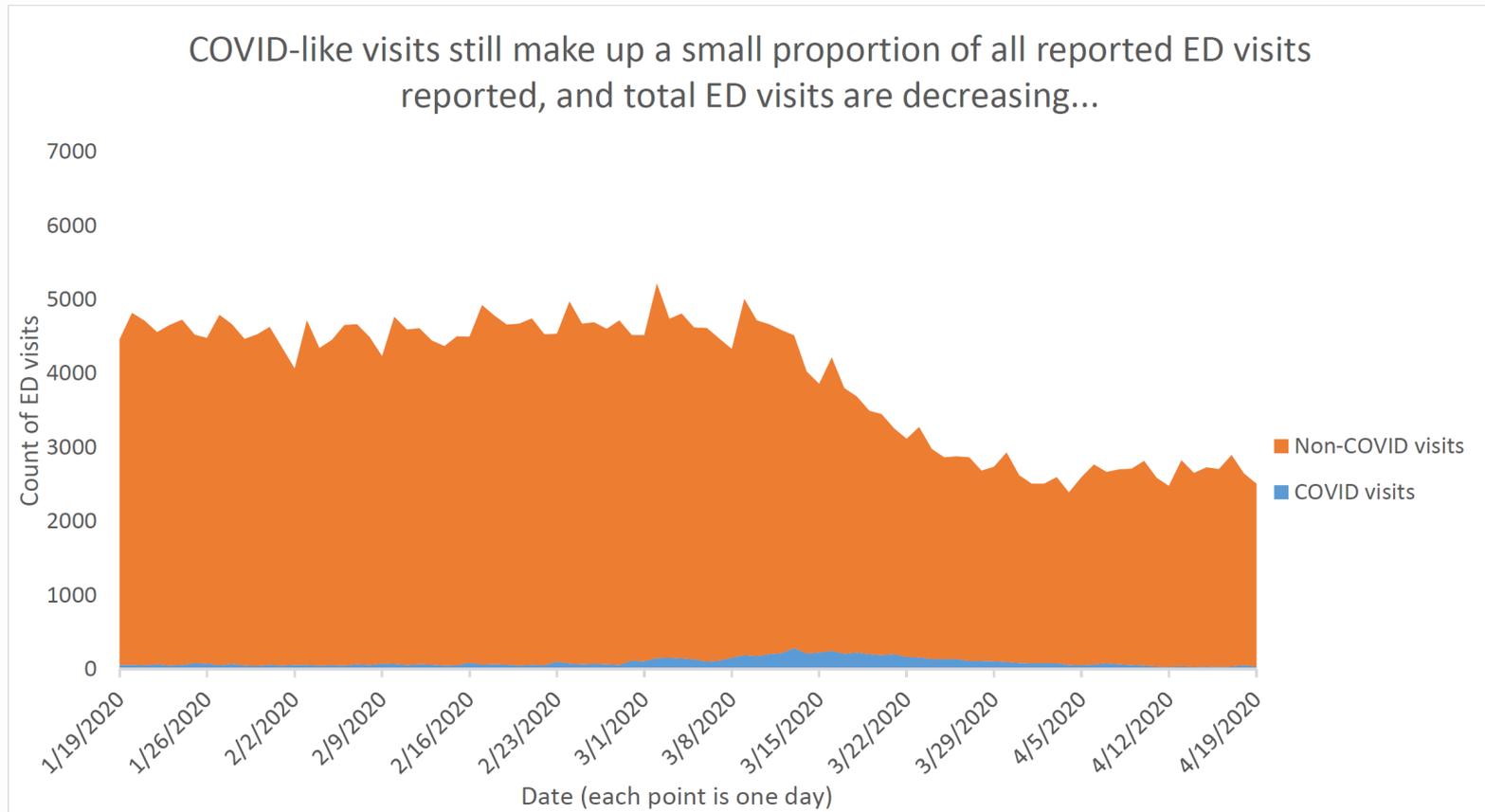
Total Positive Cases	Hospitalized	Not Hospitalized	Hospitalization Status Unknown
1,956	465	1,376	115



Enter or drag the cursors to change the onset date range.

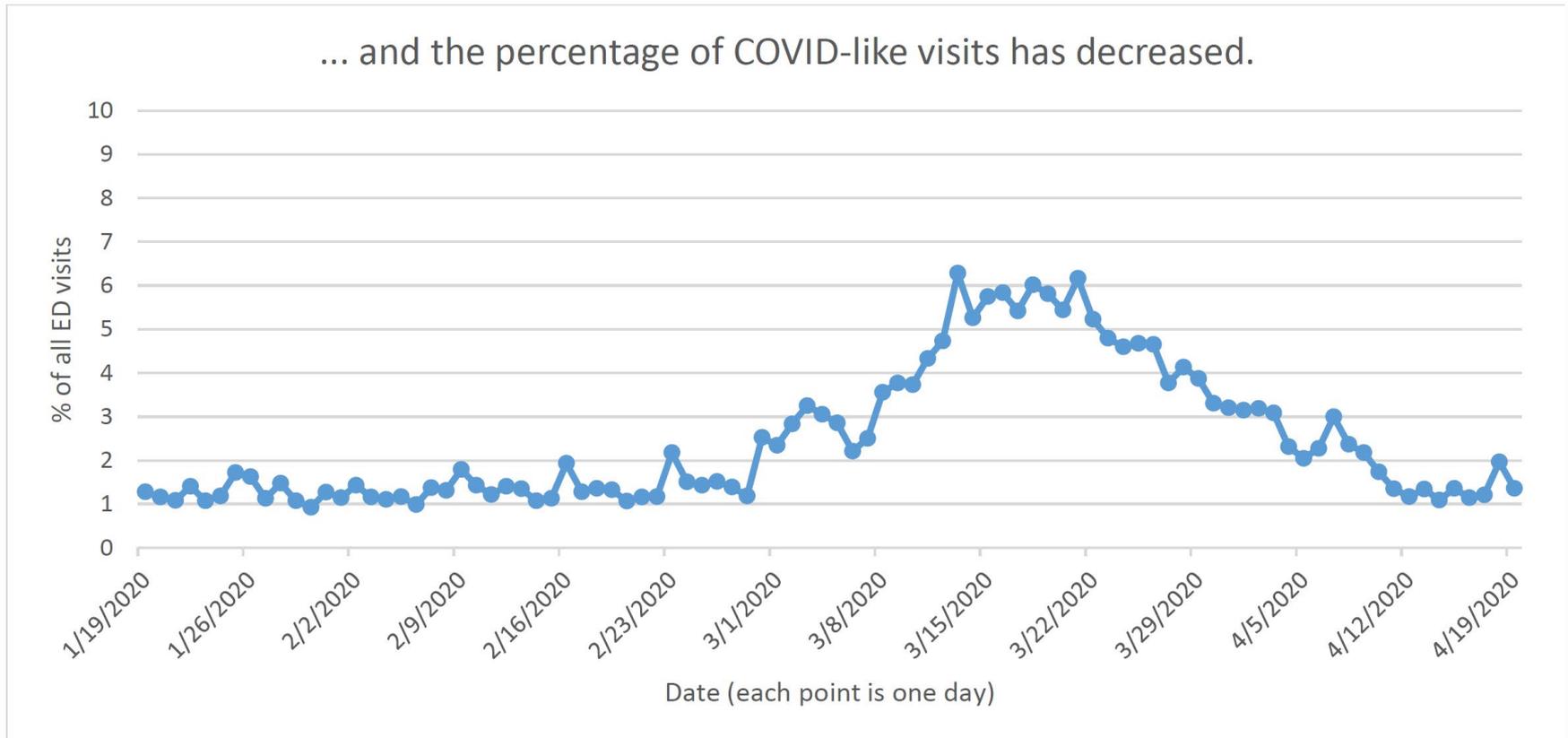


Daily ED visits



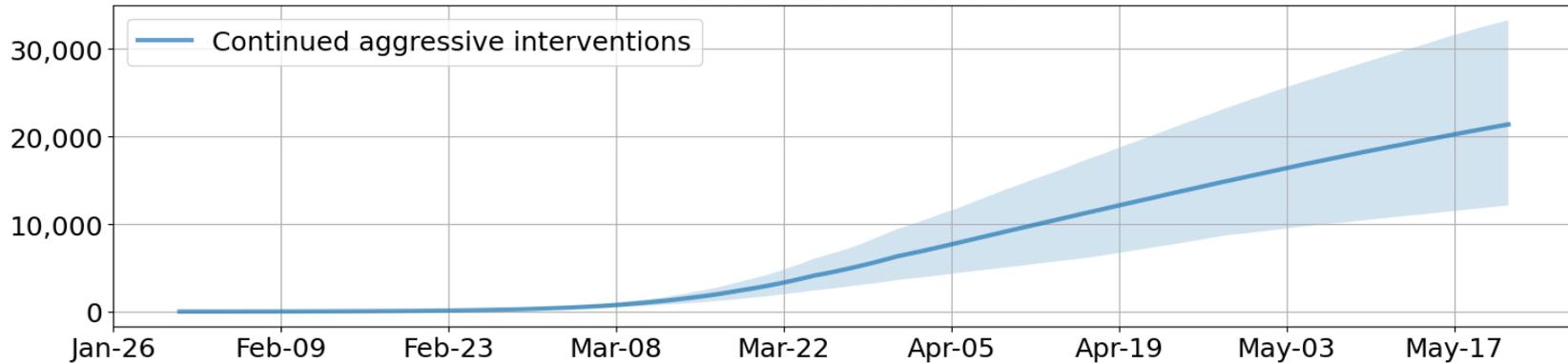
Daily ED visits for CLI

... and the percentage of COVID-like visits has decreased.

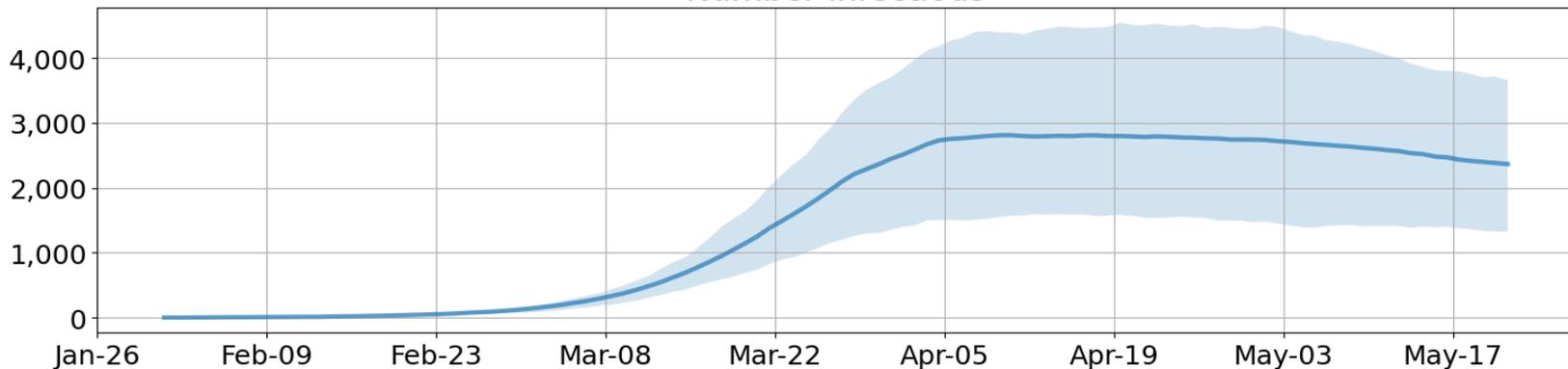


Latest projections

Cumulative infections

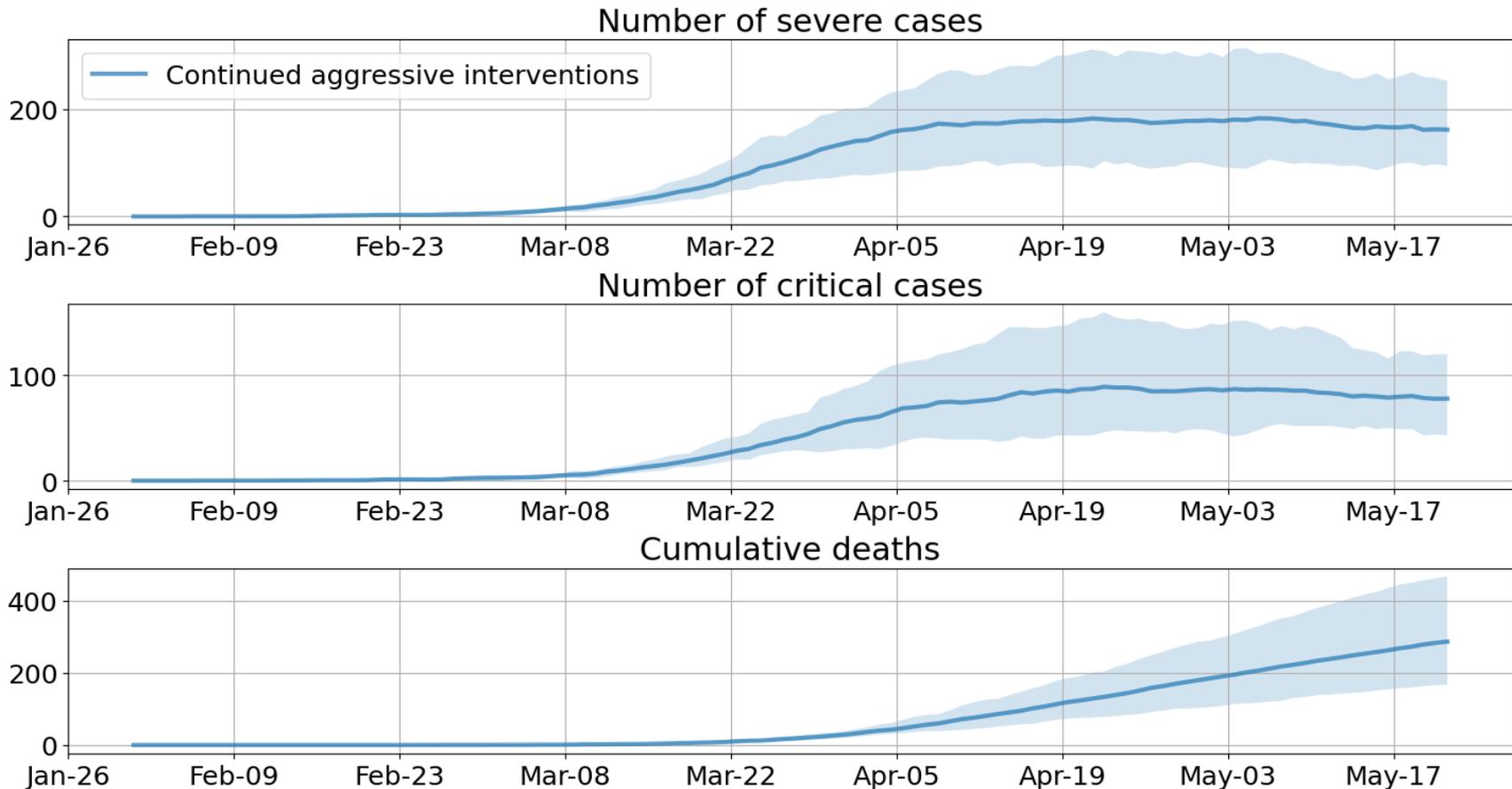


Number infectious



Model projections assuming continuation of
“Stay Home, Save Lives”

Latest projections



Model projections assuming continuation of
“Stay Home, Save Lives”

Testing Updates:

- Updated testing guidance
- Antibody testing

Testing guidance update – April 20

- Available at healthoregon.org/coronavirushcp - Healthcare Providers and Clinical Laboratories section
- Expands recommendations for testing of residents, staff, children, or other people in a care facility or group living setting (e.g., healthcare facility, residential care facility, school, child care, or corrections):
 - **Removes limit of 5 symptomatic people per facility for testing at OSPHL**
 - **When laboratories have sufficient testing capacity, asymptomatic people in these settings may be considered for testing.**

Testing guidance update – April 20

- Expanded recommendations for testing to include people **with symptoms** (fever, cough, or dyspnea) in the following groups:
 - **Workers who provide direct care or service in multiple group facilities or who provide in-home services** (e.g. hospice care workers, physical or occupational therapists, in-home personal care workers)
 - **Essential front-line service workers who have regular contact with large numbers of people** (e.g., those working in grocery stores, pharmacies, food service, transportation, delivery, and other critical infrastructure services)
 - **People who identify as Black, African-American, Latino, Latina, Latinx, Hispanic, American Indian/Alaska Native, or as having a disability**; data indicate that these communities are at higher risk for COVID-19 and associated complications due to longstanding social and health inequities

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)

Provider Survey Monkey Link

<https://www.surveymonkey.com/r/2YBB7YQ>

Antibody Testing for Covid-19

Antibody testing for COVID-19

- IgM and IgG
- Positive days to weeks after infection
- Not all patients produce antibodies
- Unclear clinical utility
- Possible epidemiological surveillance use
- WHO does not recommend the use of antibody-detecting rapid diagnostic tests for patient care but encourages the continuation of work to establish their usefulness in disease surveillance and epidemiologic research

Antibody testing for COVID-19

Self-reported sensitivities and specificities of various tests with FDA approval

Test	Sensitivity ¹	Specificity ²	Notes
Cellex	93.8%	95.6%	
Mount Sinai	92%	100%	IgG, only available in NY 114 patients studied
Chembio	IgM 77%, IgG 87.1% IgM or IgG 93.5%	IgM 97.6%, IgG 92.7- 96.8% IgM or IgG 90.2-94.4%	Blood, plasma or fingerstick Appears to be a rapid test (<15 min). Results more reliable after 11 days from symptom onset Specificity varies on whether patient is symptomatic or not
Vitros	83%	100%	No cross reactivity to other viruses Time to first result is 48 minutes

Above are based on small numbers of patients

¹Compared to PCR positive patients

²Compared to PCR negative patients, random blood donor samples, or well person test volunteers

Use of Homemade Masks or Face Coverings

Use of homemade masks/face coverings

- Healthcare settings:
 - NOT to be used by healthcare personnel
 - May reduce spread of infection when worn by a sick person, particularly with respiratory symptoms
- **The most** effective strategies to prevent infection include the physical distancing measures outlined the [Governor's Executive Orders](#), along with basic hand hygiene and cough etiquette.
- Following CDC recommendations. OHA recognizes that use of cloth face coverings may reduce the spread of virus and help prevent those who have the virus but do not have symptoms from passing it to others.
 - Physical distancing, not touching face, etc. must be continued!

Clinical Care Questions

Answers to Your Questions

- Can persons exercise outdoors?
 - Yes! This is encouraged as long as a 6 foot distance can be maintained
- Is there data on infection by race?
 - Yes! This is now included on the OHA daily briefing

COVID-19 Cases by race and ethnicity

Cases by Race [†]	n (%)
White	766 (49)
Black	31 (2)
Asian	48 (3)
AI/AN**	9 (1)
Pacific Islander	13 (1)
Other	288 (18)
>1 race	27 (2)
Not available	392 (25)
Total	1574
**American Indian/Alaska Native	

Cases by Ethnicity [†]	n (%)
Hispanic	340 (22)
Not Hispanic	780 (50)
Not available	454 (29)
Total	1574

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>

Reopening Oregon

- On April 14, 2020, Governor Brown presented her public health framework for restarting public life and business in Oregon:
 - Declining growth rate of active cases
 - Sufficient personal protective equipment (PPE)
 - Hospital surge capacity
 - Robust testing, tracing and isolation strategy
 - Strategies that work for hardest hit and vulnerable populations, including nursing homes and people experiencing homelessness

Reducing physical distancing too quickly will create a spike in cases.

See full press release, presentation and recording here:

<https://www.oregon.gov/newsroom/Pages/NewsDetail.aspx?newsid=36373>

Closing and important contact info

OHA Coronavirus Information for healthcare providers

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

Email your COVID-19 questions 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, OHA Chief Medical Officer 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>