OHA COVID-19 Webinar Series for Healthcare Providers

July 30, 2020

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Oregon Health Authority

Agenda Items

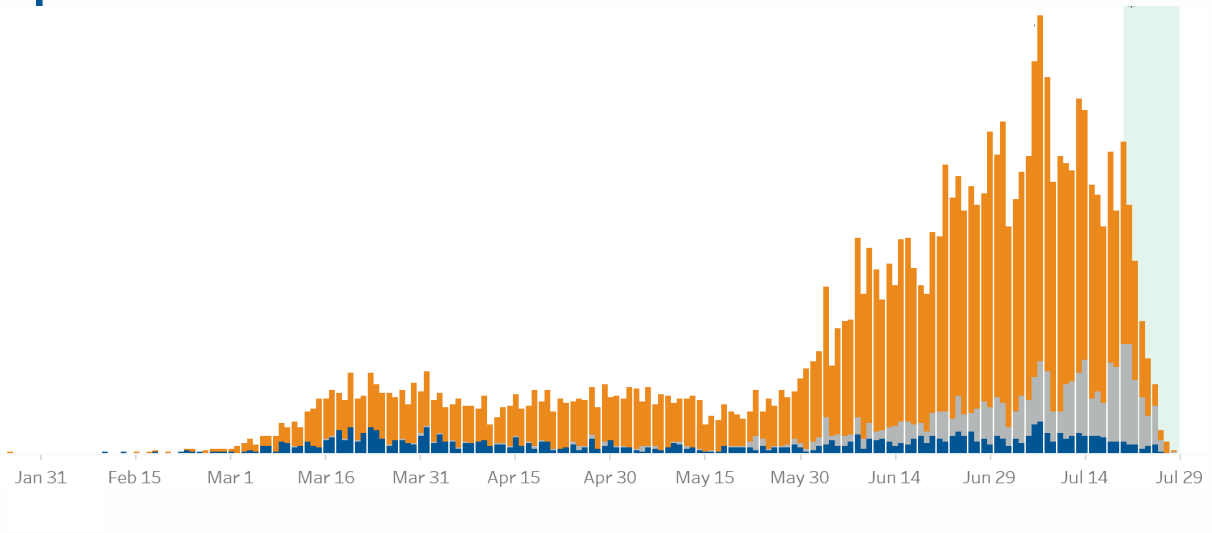
- COVID-19 situational update
- School re-opening
- New testing locator website
- CBO program launch
- Updates: national and OHA guidance
- COVID-19 literature updates
- General COVID-19 Questions
- Closing

Situation Update

The COVID-19 Pandemic Update in Oregon

As of July 29th:

- 17,721 total cases
- 906 presumptive cases
- 311 deaths



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The COVID-19 Pandemic Update in Oregon

For the week of July 20-26:

- 42,452 people were tested for COVID-19
- 2,241 new cases, a slight decline from the prior week

The percent positive of weekly tests have decreased for the first time since late May:

	5/16-5/22	5/23-5/29	5/30-6/5	6/6-6/12	6/13-6/19	6/20-6/27	6/28-7/5	7/6-7/12	7/13-7/18	7/19-7/25	Total to date
Positive	255	304	413	765	1,137	1,441	2,117	1,638	2,292	1,837	15,669
Negative	15,433	17,143	20,126	22,136	26,534	32,183	37,797	26,676	37,009	36,342	357,353
Total results	15,688	17,447	20,539	22,901	27,671	33,624	39,914	28,314	39,301	38,179	373,022
% positive	1.6%	1.7%	2.0%	3.3%	4.1%	4.3%	5.3%	5.8%	5.8%	4.8%	4.2%

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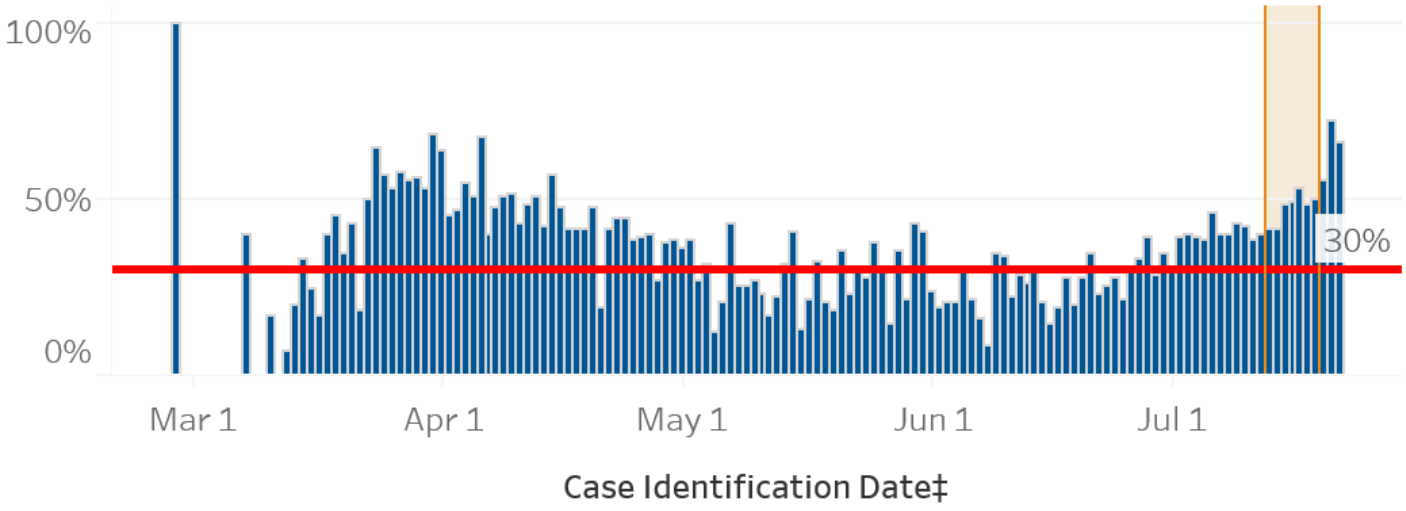
Sporadic Transmission

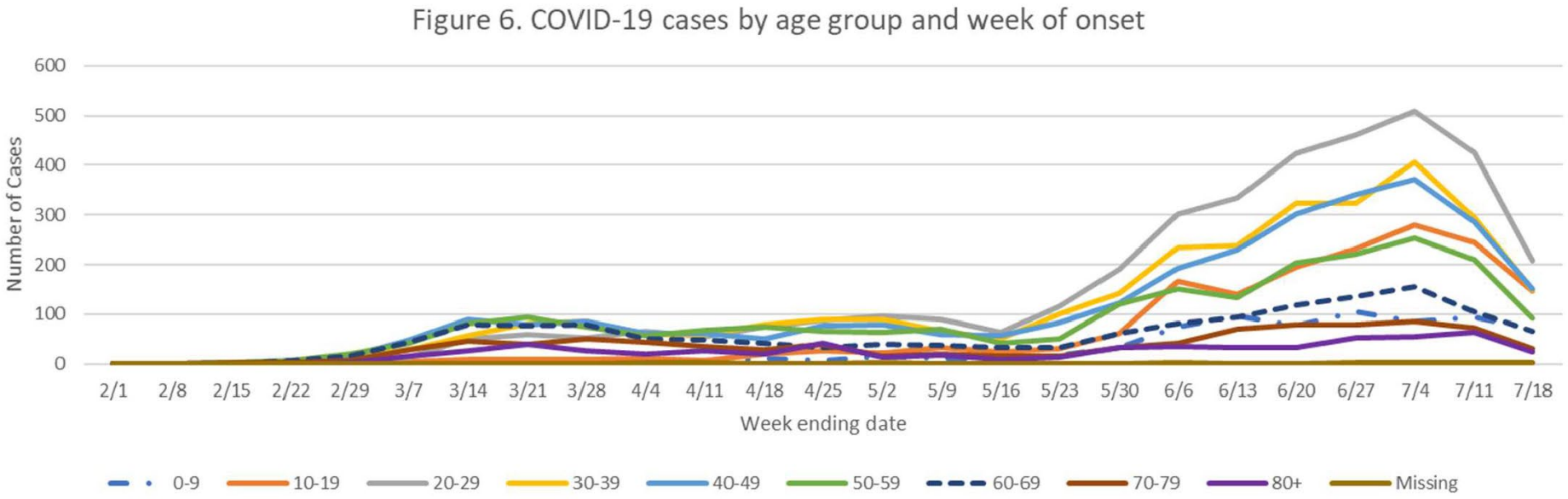
Percent of COVID-19 cases not traced to a known source

The chart below shows the percent of new cases that could not be traced to a known source of COVID-19. We want to keep this percent below 30% in the past 7 days.

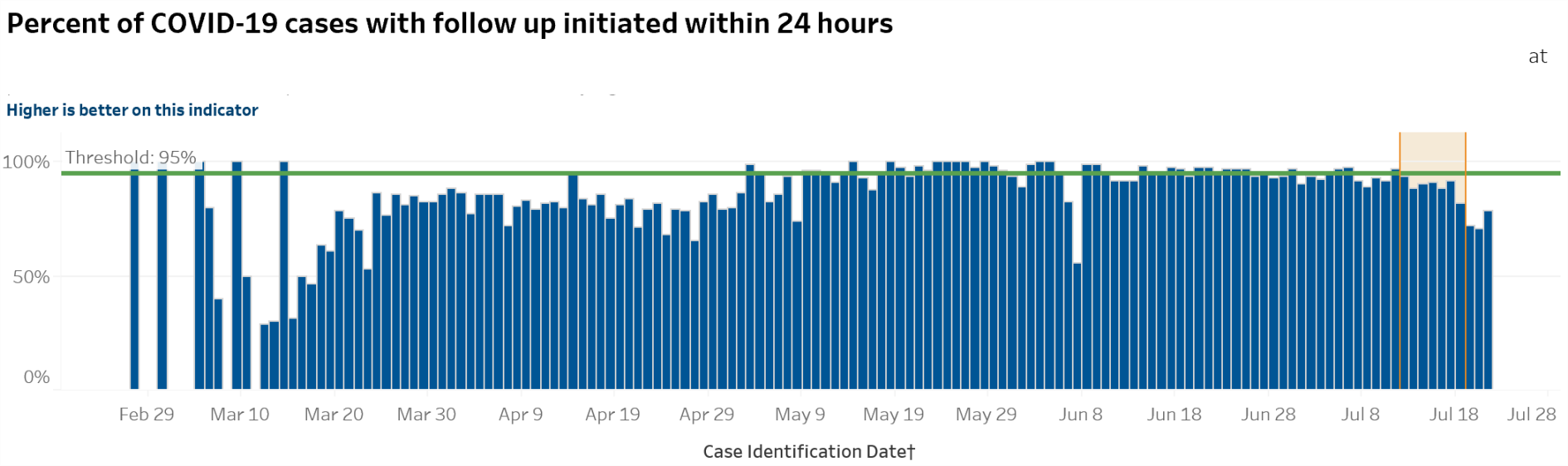
Lower is better on this indicator



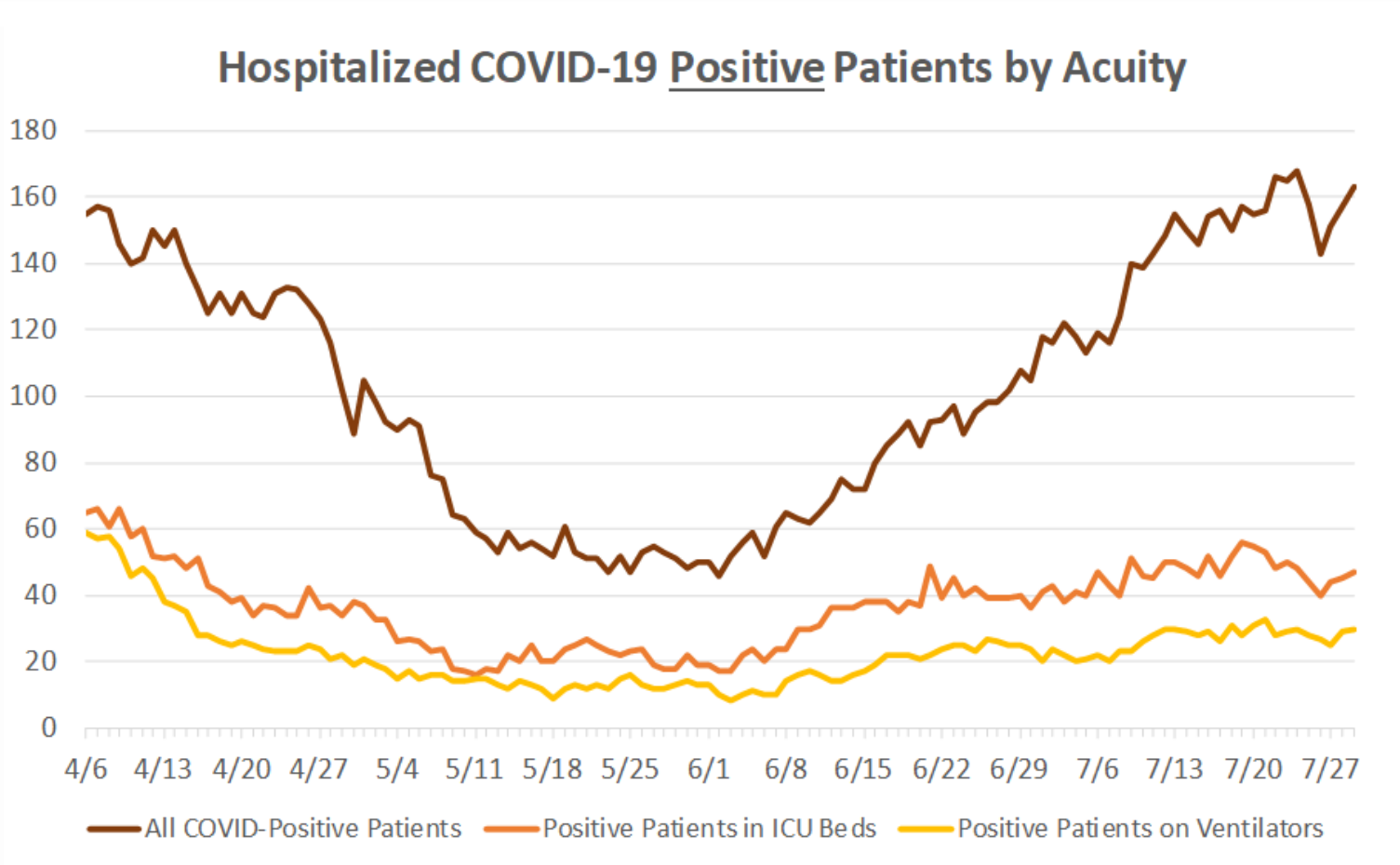
COVID-19 Cases by Age Group



Active Monitoring Capacity



Statewide Hospital COVID Census Trends



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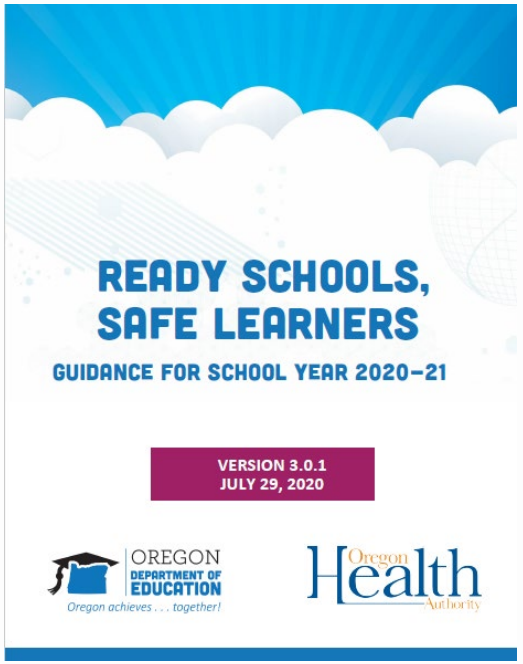
Updates to School Guidance and School Readiness Metrics

Updates to School Guidance

- Face coverings required for students in Kindergarten and above and all staff
- More clearly explains cohorting as a risk mitigation strategy; firm limit on cohort size
- Clarifies the roles of local public health authorities, school districts, and state leaders in determining when school facilities need to close due to an outbreak of COVID-19
- Updates exclusion to align with CDC guidance change
  - Remain home for at least 10 days after illness onset and **24 hours** after fever is gone, without use of fever reducing medicine, and other symptoms are improving



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School Readiness Metrics

1 Required for return to in-person instruction, or a hybrid model of on-site and online learning

State level

- COVID-19 test positivity ≤5% in the preceding 7 days for 3 weeks in a row

County level

- ≤10 COVID-19 cases per 100,000 population in the preceding 7 days
- COVID-19 test positivity ≤5% in the preceding 7 days for 3 weeks in a row

School Readiness Metrics

3 exceptions if a school district cannot meet these metrics:

1. Schools will offer in-class options for students in grade K-3 to the extent possible
2. Remote and rural **school districts** with ≤100 total students and remote and rural **private schools** with ≤100 students may also offer onsite instruction
3. School districts may provide limited on-site instruction to students with disabilities or to support other instructional needs, such as hands-on career technical education

School Readiness Metrics

2 Schools should plan for a transition back to comprehensive distance learning if COVID-19 is increasing in their community

County level

- ≥20 cases per 100,000 population in the preceding 7 days
- COVID-19 test positivity ≥7.5% in the preceding 7 days

School Readiness Metrics

3 Schools that are offering in-person instruction should shift to Comprehensive Distance Learning when

County level

- ≥30 cases per 100,000 population in the preceding 7 days
- COVID-19 test positivity ≥10% in the preceding 7 days

New Website: Testing Site Locator

https://govstatus.egov.com/or-oha-covid-19-testing

Español / Spanish

Find a testing site in Oregon

Are you wondering where you can find a COVID-19 testing site? OHA is partnering with Google, Castlight and local public health authorities to help you find local information about where testing is available.

While we are working hard to keep the information about where Oregonians can get a COVID-19 test as up to date as possible, you should contact the site first to make sure testing is still occurring. OHA cannot guarantee that you will be able to get tested at one of these sites. It is always best to contact your health care provider about getting a COVID-19 test.

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Call before you go

If you have flu-like symptoms or have reason to think you might have COVID-19, let your healthcare provider know before you visit. This will help avoid exposing anyone else at the provider's facility.

Have test results?

Learn what the different results mean and what you should do next.

Understanding your test results

To find a testing site, use the map below or call 211.

NOTE: Currently, the locator below shows the availability of multiple test types, including antibody testing.
OHA does not recommend antibody testing for diagnosis due to potential inaccuracy

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New Community Based Organization Program Launches

CBO Program Launched

- On July 23, OHA announced the launch of a new program to fund work by community-based organizations (CBOSs) to help respond to COVID-19 in culturally and linguistically responsive ways across the state
- OHA will provide 173 CBOs with $9.4 million in CARES Act funds
- CBOS are contracted to help with one or more of the following areas:
  - Outreach and community engagement
  - Contract tracing together with local public health authorities; and
  - Providing people with social services/wraparound supports
- Organizations are located in every county in the state, with deep ties to the communities they serve.
- Find out more about the CBOs here:

www.healthoregon.org/communityengagement

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National Guideline Updates

CDC Guidelines on Isolation and Quarantine

Updates as of July 20, 2020:

- A test-based strategy is no longer recommended to determine when to discontinue home isolation, except in certain circumstances.
- **Persons with COVID-19 who have symptoms** and were directed to care for themselves at home may discontinue isolation under the following conditions:
  - At least 10 days* have passed since symptom onset, **and…**
    - *A limited number of persons with severe illness may produce replication-competent virus beyond 10 days, that may warrant extending duration of isolation for up to 20 days after symptom onset. Consider consultation with infection control experts

CDC Guidelines on Isolation and Quarantine

  - At least 24 hours **[changed from 72 hours]** have passed since resolution of fever without the use of fever-reducing medications **and**
  - Other symptoms have improved.
    - Changed from “improvement in respiratory symptoms” to “improvement in symptoms” to address expanding list of symptoms associated with COVID-19.

- **Persons infected with SARS-CoV-2 who never develop COVID-19 symptoms** may discontinue isolation and other precautions 10 days after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.

NIH Remdesivir Guideline

Updated July 24, 2020

- **Recommendation for Prioritizing Limited Supplies of Remdesivir**
  - Because remdesivir supplies are limited, the Panel recommends that remdesivir be prioritized for use in hospitalized patients with COVID-19 who require supplemental oxygen but who are not on high-flow oxygen, noninvasive ventilation, mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) (BI).
- **Recommendation for Patients with Mild or Moderate COVID-19**
  - There are insufficient data for the Panel to recommend either for or against the use of **remdesivir** in patients with mild or moderate COVID-19.

NIH Remdesivir Guideline

- **Recommendation for Patients with COVID-19 Who Are on Supplemental Oxygen but Who Do Not Require High-Flow Oxygen, Noninvasive or Invasive Mechanical Ventilation, or ECMO**
  - The Panel recommends using **remdesivir** for 5 days or until hospital discharge, whichever comes first **(AI)**.
  - If a patient who is on supplemental oxygen while receiving remdesivir progresses to requiring high-flow oxygen, noninvasive or invasive mechanical ventilation, or ECMO, the course of remdesivir should be completed.
- .

NIH Remdesivir Guideline

- **Recommendation for Patients with COVID-19 Who Require High-Flow Oxygen, Noninvasive Ventilation, Mechanical Ventilation, or ECMO**
  - Because there is uncertainty regarding whether starting remdesivir confers clinical benefit in these groups of patients, the Panel cannot make a recommendation either for or against starting remdesivir

- **Duration of Therapy for Patients Who Have Not Shown Clinical Improvement After 5 Days of Therapy**
  - There are insufficient data on the optimal duration of remdesivir therapy for patients with COVID-19 who have not shown clinical improvement after 5 days of therapy. In this group, some experts extend the total remdesivir treatment duration to up to 10 days **(CIII)**.

OHA Guidance Updates:

Clinical Care, and Healthcare Infection Prevention and Control Guidance for COVID-19 Updates (July 22)

- Summary of recent changes:
  - Clinical management and treatment
  - Recommendation for outpatient settings: guidance on patient triage and preventive care visits
  - Adds recommendation for the universal use of eye protection for HCP
  - Discontinuation of transmission-based precautions: updated in accordance with CDC guidelines
  - Return-to-work considerations

https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2288J.pdf

Universal Eye Protection for HCP

- **Universal eye protection for HCP.** Wearing eye protection in addition to face mask or an N95 respirator ensures the eyes, nose, and mouth are all protected from exposure to respiratory secretions during encounters in healthcare settings.
  - Due to the increased risk of spread in long-term care settings and the likelihood for close-contact exposures to residents and coworkers, long-term care facility staff should wear a face mask and eye protection (goggles or face shield) at all times within the facility
  - HCP in other settings should consider the addition of eye protection to universal masking, particularly in scenarios where patients are unable to wear a face covering.

COVID-19 Literature Updates

Children as Sources of Infection

- Park 2020, **Contact Tracing during Coronavirus Disease Outbreak, South Korea, 2020**
  - Korean CDC monitored 59,073 contacts of 5,706 COVID-19 index patients for an average of 9.9 (range 8.2–12.5) days after severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection was detected
  - A total of 11.8% (95% CI 11.2%–12.4%) household contacts of index patients had COVID-19; in households with an index patient 10–19 years of age, 18.6% (95% CI 14.0%–24.0%) of contacts had COVID-19.
    - However, children were very rarely the index case
    - Children aged 0-9
      - 29 were index patients (0.5% of total index patients)
      - 3/57 (5.3%) household contacts traced were positive for these index patients
      - 2/180 (2.2%) of non-household contacts traced were positive for these index patients

Children as Sources of Infection Cont'd

- Children aged 10-19 years
  - 124 were index patients (2.2% of total index patients)
  - 43/231 (18.6%) household contacts traced were positive for these index patients
  - 2/226 (0.9%) of non-household contacts traced were positive for these index patients
- Take aways:
  - The highest COVID-19 rate (18.6% [95% CI 14.0%–24.0%]) was found for household contacts of school-aged children and the lowest (5.3% [95% CI 1.3%–13.7%]) for household contacts of children 0–9 years in the middle of school closure.
  - Children were still rarely the index case in a cluster
    - Further evidence, including serologic studies, is needed to evaluate the public health benefit of school closure as part of mitigation strategies

Effects of School Closures

- Auger et al, Association Between Statewide School Closure and COVID-19 Incidence and Mortality in the US. JAMA, July 29, 2020
  - US population–based time series analysis conducted between March 9, 2020, and May 7, 2020
  - Nonpharmaceutical intervention covariates considered: stay-at-home or shelter-in-place order, nonessential business closure, restaurant and bar closure, and prohibition of gatherings with more than 10 people.
  - School closure was associated with a significant decline in the incidence of COVID-19 (adjusted relative change per week, −62% [95% CI, −71% to −49%]) and mortality (adjusted relative change per week, −58% [95% CI, −68% to −46%]). Both of these associations were largest in states with low cumulative incidence of COVID-19 at the time of school closure.
  - School closure in this study was associated with a −62% relative change in COVID-19 incidence per week

Effect of School Closures Cont'd

- The absolute difference associated with school closure was 423.9 (95% CI, 375.0 to 463.7) cases per 100 000.
- The relative change associated with school closure for COVID-19 incidence varied significantly by the testing rate per 1000 residents, by the percentage of the state's population aged 65 years or older, by the number of nursing home residents per 1000 people, and by urban density
- Limitation: attempted to control for other interventions, but could not isolate school closure completely from these other interventions

Seroprevalence of COVID Antibodies

- Haver 2020, **Seroprevalence of Antibodies to SARS-CoV-2 in 10 Sites in the United States, March 23-May 12, 2020**
  - Cross-sectional study of a convenience sample of serum collected from March 23 through May 12, 2020.
  - Sites of collection were San Francisco Bay area, California; Connecticut; south Florida; Louisiana; Minneapolis-St Paul-St Cloud metro area, Minnesota; Missouri; New York City metro area, New York; Philadelphia metro area, Pennsylvania; Utah; and western Washington State
  - Serum samples were tested from 16,025 persons,
  - Adjusted estimates of the proportion of persons seroreactive to the SARS-CoV-2 spike protein antibodies ranged from 1.0% in the San Francisco Bay area (collected April 23-27) to 6.9% of persons in New York City (collected March 23-April 1).

Seroprevalence of COVID Antibodies Cont'd

- The estimated number of infections ranged from 6 to 24 times the number of reported cases; for 7 sites (Connecticut, Florida, Louisiana, Missouri, New York City metro area, Utah, and western Washington State), an estimated greater than 10 times more SARS-CoV-2 infections occurred than the number of reported cases.
- Conclusion: The estimated number of infections was much greater than the number of reported cases in all sites.

Persistent COVID-19 Symptoms in Mild Cases

- Tenforde 2020, **Symptom Duration and Risk Factors for Delayed Return to Usual Health Among Outpatients with COVID-19 in a Multistate Health Care Systems Network — United States, March–June 2020**
  - 274 patients who reported one or more symptoms at outpatient testing and a positive outpatient test result for SARS-CoV-2 infection
  - Following outpatient testing, 7% (19 of 262 with available data) reported later being hospitalized, a median of 3.5 days after the test date.
  - Among the 270 of 274 interviewees with available data on return to usual health, 175 (65%) reported that they had returned to their usual state of health a median of 7 days (IQR = 5–12 days) from the date of testing

Persistent COVID-19 Symptoms in Mild Cases, Cont'd

- 35% had not returned to their usual state of health when interviewed 2–3 weeks after testing. Among persons aged 18–34 years with no chronic medical conditions, one in five had not returned to their usual state of health.
  - Most common continuing symptoms were cough and fatigue, followed by shortness of breath
  - Longest time to recovery was loss of sense of smell
- Adjusting for other factors, age ≥50 versus 18–34 years (adjusted odds ratio [aOR] = 2.29; 95% confidence interval [CI] = 1.14–4.58) and reporting three or more versus no chronic medical conditions (aOR = 2.29; 95% CI = 1.07–4.90) were associated with not having returned to usual health
- Conclusion: COVID-19 can result in prolonged illness, even among young adults without underlying chronic medical conditions

Clinical Care Questions

Your questions

- What is new (since early May) about survival after invasive mechanical ventilation?
  - Auld et al, May 26, 2020
    - Cohort study in an academic health center network in Atlanta, Georgia
    - Mortality for those who required mechanical ventilation was 35.7% (59/165), with 4.8% of patients (8/165) still on the ventilator at the time of this report
    - Outcomes not associated with treatment with hydroxychloroquine, remdesivir, or other therapy
  - NIH has new guidelines regarding avoiding intubation when possible
    - **https://www.covid19treatmentguidelines.nih.gov/critical-care/oxygenation-and-ventilation/**
    - **Using high flow nasal cannula oxygen, prone positioning, etc.**

Your questions

- Please comment on cardiac impacts of COVID-19
  - Puntmann et all, July 27, 2020 JAMA Cardiology
    - Cohort study of 100 patients recently recovered from COVID-19 in Germany
    - Median age 49; 67% did not require hospitalization
    - A total of 78 patients recently recovered from COVID-19 (78%) had abnormal cardiac MRI findings
    - Compared with healthy controls and risk factor–matched controls, patients recently recovered from COVID-19 had lower left ventricular ejection fraction, higher left ventricle volumes, higher left ventricle mass
    - Endomyocardial biopsy in patients with severe findings revealed active lymphocytic inflammation.
    - Conclusions: CMR revealed cardiac involvement in 78 patients (78%) and ongoing myocardial inflammation in 60 patients (60%), independent of preexisting conditions, severity and overall course of the acute illness, and time from the original diagnosis.

Healthcare Provider Weekly Webinars

- **Oregon Health Authority COVID-19 Information Sessions for Oregon Health Care Providers**
  - 1st and 3rd Thursdays, noon-1 p.m.
  - Also hosting the 5th Thursday of July (today!)
  - Weekly session information, slides and recordings at: www.healthoregon.org/coronavirushcp

- **OHSU's COVID-19 Response ECHO for Oregon Clinicians Part 2**
  - 2nd and 4th Thursdays, noon-1:15 p.m.
  - For full resources and benefits, register at:

  https://connect.oregonechonetwork.org/Series/Registration/278

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Thank you.