
OHA COVID-19 Webinar Series for Healthcare Providers

August 6, 2020

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Agenda Items

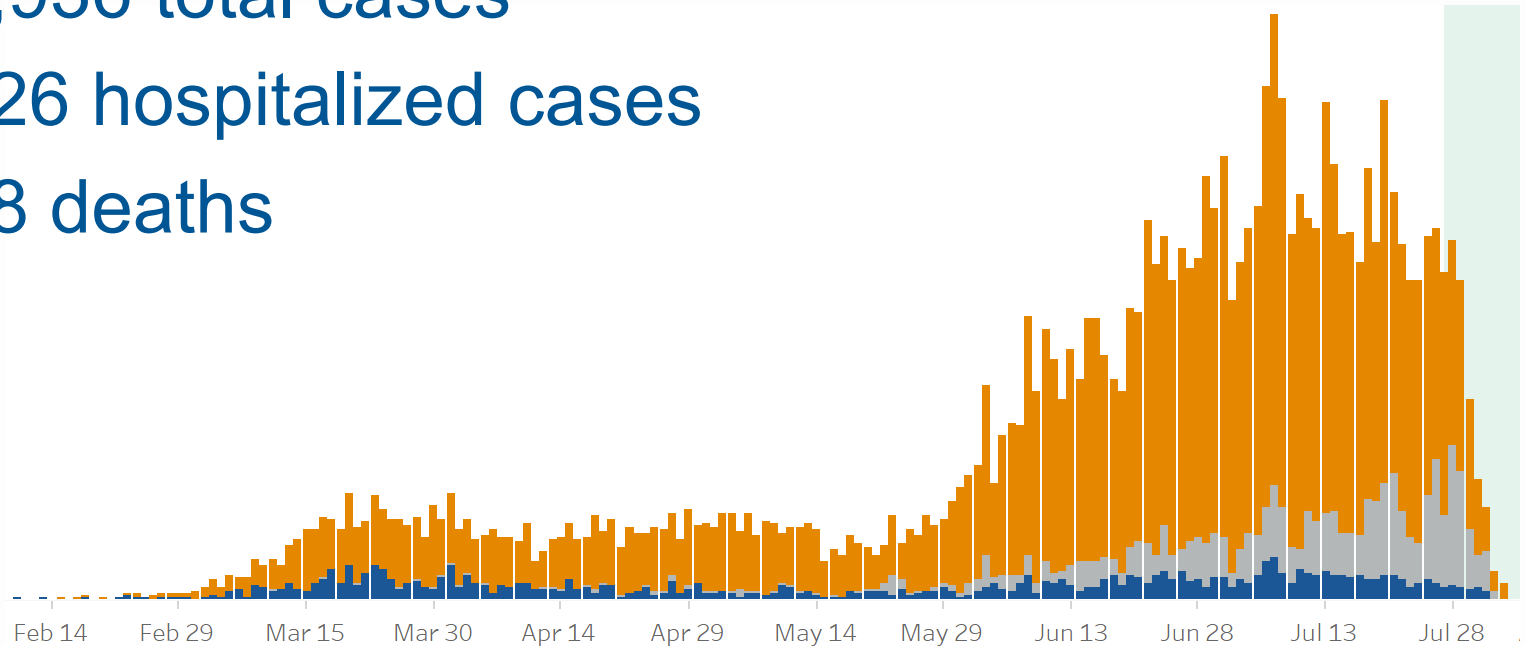
- COVID-19 situational update
- OHA guideline updates
- National guideline update
- COVID-19 literature updates
- General COVID-19 questions
- Closing

Situation Update

The COVID-19 Pandemic Update in Oregon

As of August 5th:

- 18,936 total cases
- 1726 hospitalized cases
- 338 deaths



The COVID-19 Pandemic Update in Oregon

For the week of July 26–August 1:

- 35,424 people were tested for COVID-19
- 2,174 new cases
- The weekly percentage of tests that were positive increased to 6.1%

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	7/26- 8/1	Total to date
255	304	413	765	1,137	1,441	2,117	1,638	2,292	1,837	2,174	17,843
15,433	17,143	20,126	22,136	26,534	32,183	37,797	26,676	37,009	36,342	33,250	390,603
15,688	17,447	20,539	22,901	27,671	33,624	39,914	28,314	39,301	38,179	35,424	408,446
1.6%	1.7%	2.0%	3.3%	4.1%	4.3%	5.3%	5.8%	5.8%	4.8%	6.1%	4.4%

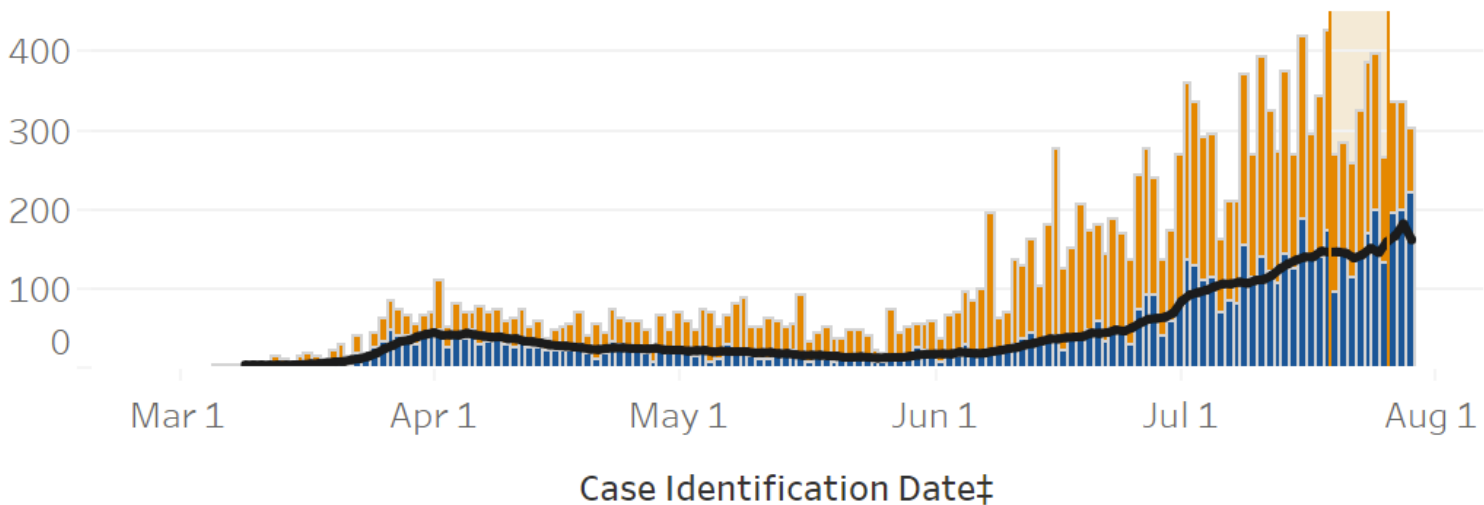
Sporadic Transmission

New COVID-19 cases with and without a known source

This chart shows new COVID-19 cases identified each day and whether or not they were traced to a known source. The **black line** shows a moving 7-day average of the number of cases without a known source.

Lower blue bars are better on this indicator

Traced to a known source Not traced to a known source

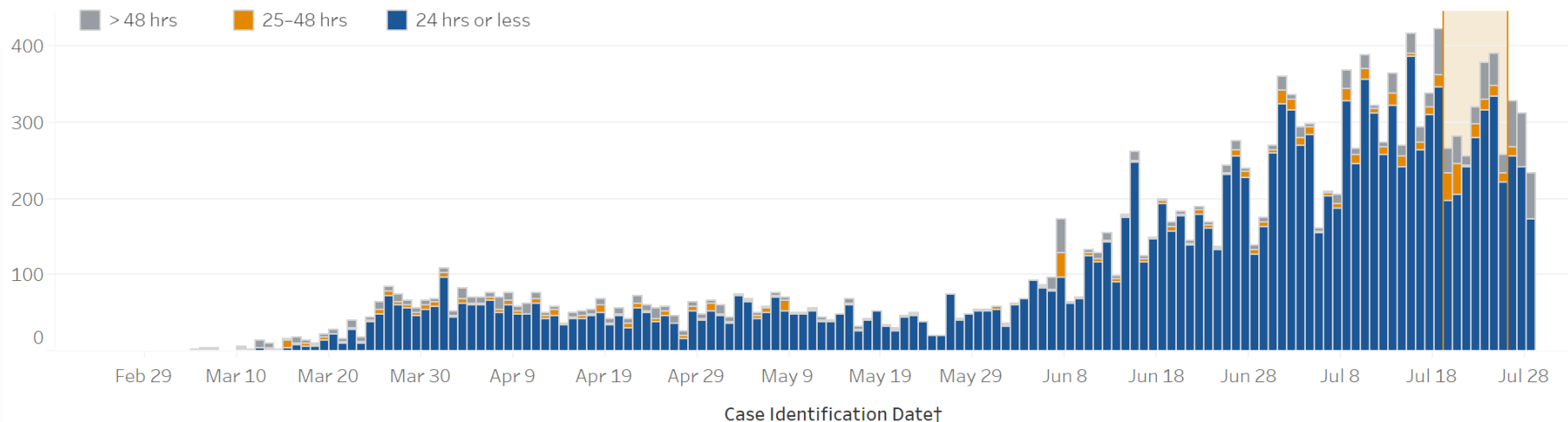


Active Monitoring Capacity

New COVID-19 cases and time to follow up

This chart shows the number of new COVID-19 cases each day and the length of time that passed before public or tribal health was able to begin follow up with that person.

More bars in blue (24 hrs or less) is better on this indicator



Pediatric COVID-19 Report

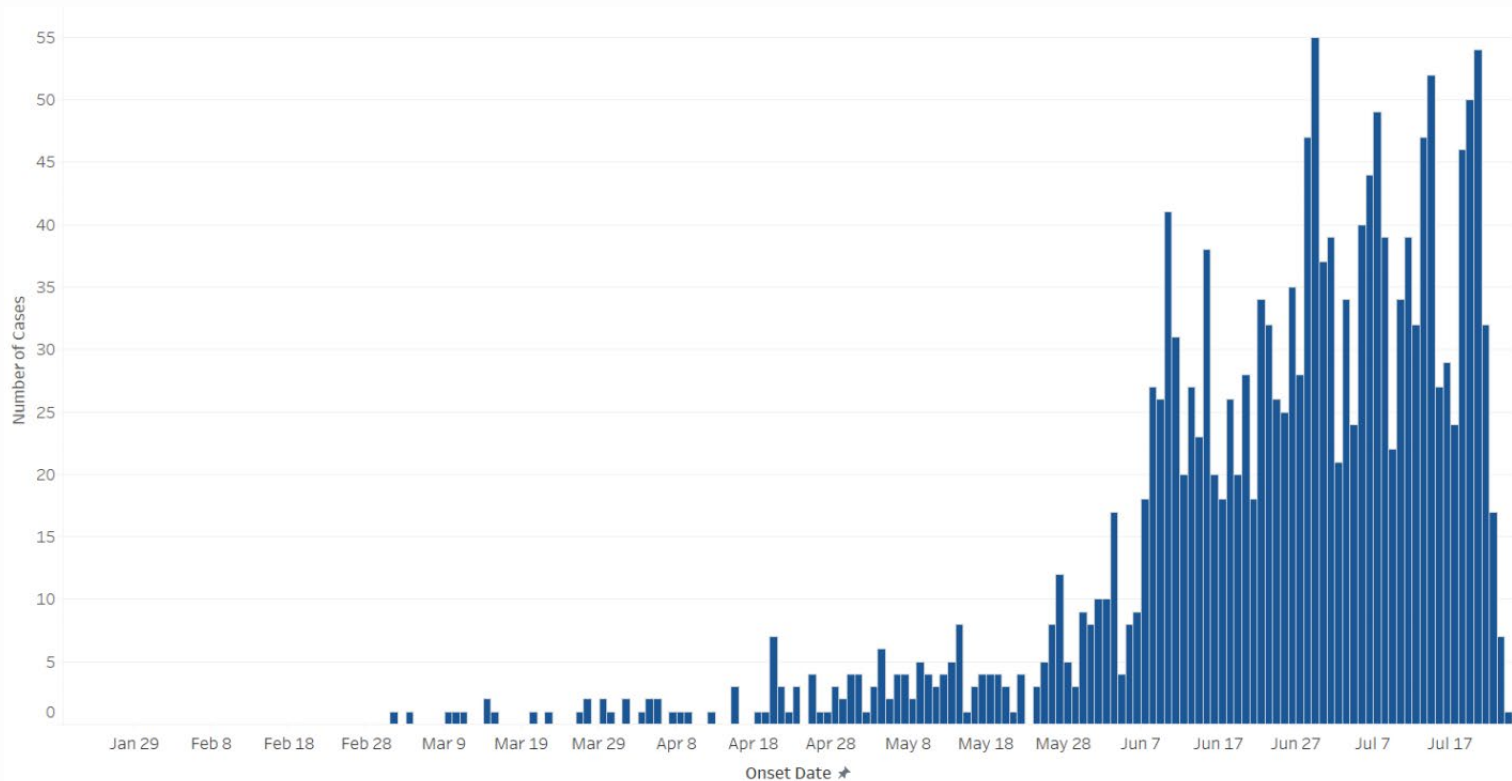


Figure 3. Pediatric cases by date of symptom onset.

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le3222.pdf>

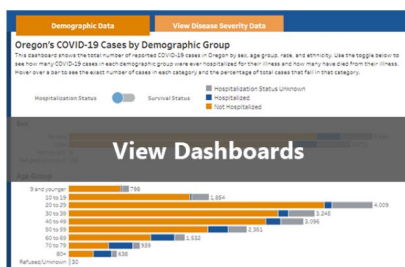
Statewide Hospital COVID Census Trends

- New interactive site on COVID-19 and hospital capacity by region
- Visit healthoregon.org/coronavirus, then click “View Dashboards”

📍 Situation in Oregon

Data Dashboards

Find detailed information on Oregon's COVID-19 data.



COVID-19 Data Dashboards ▾

Featured Data Reports

Read OHA's latest reports. Previous reports are available on OHA's COVID-19 News page. COVID-19 data are provisional and subject to change with ongoing data reconciliation.

📅 Daily Update
(Monday - Friday)

📅 Weekly COVID-19
Report

📅 Weekly Testing
Summary

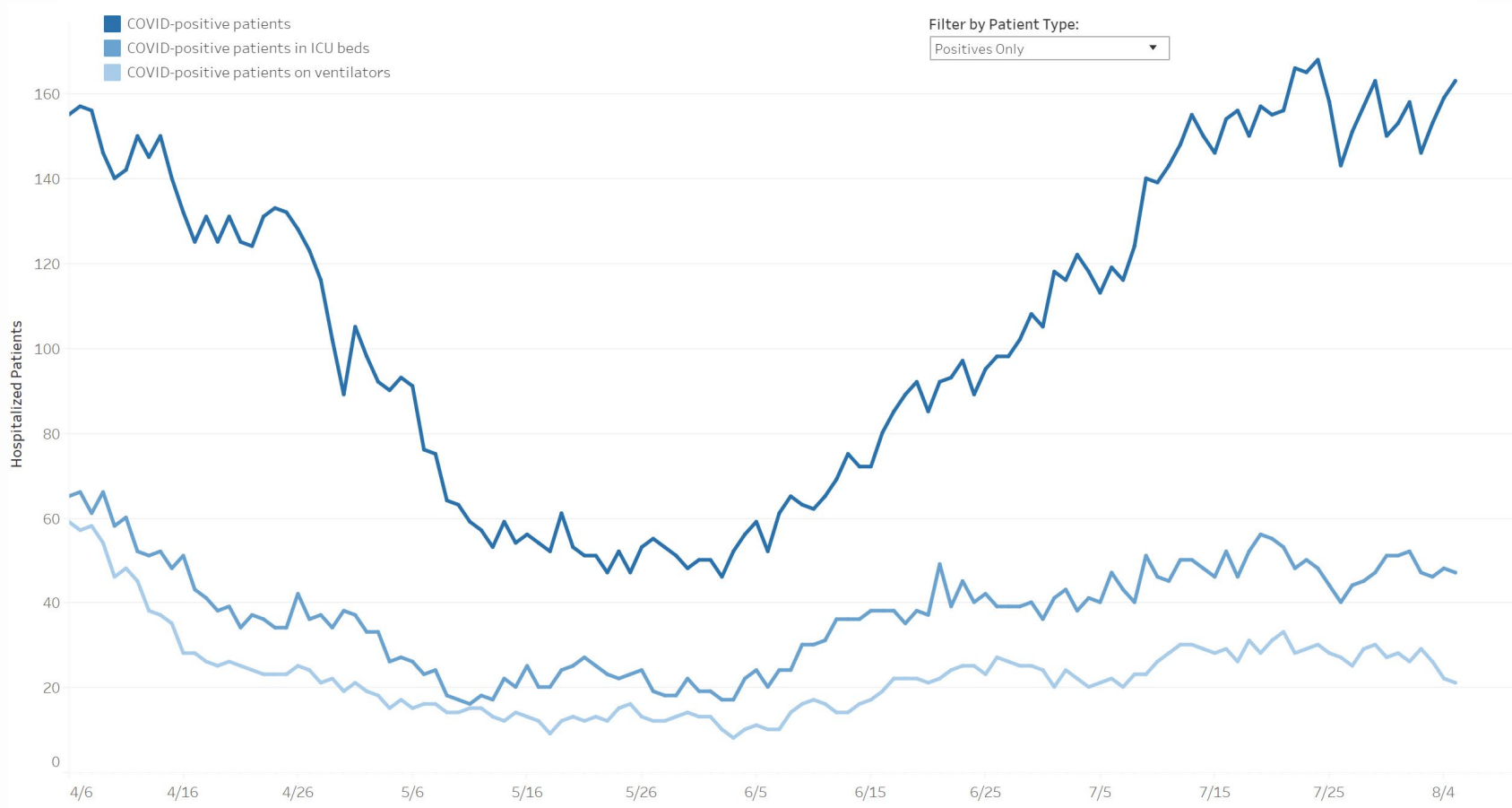
OHP (Medicaid)
Enrollment Report

Pediatric COVID-19
Report

Epidemic Trends and
Projections

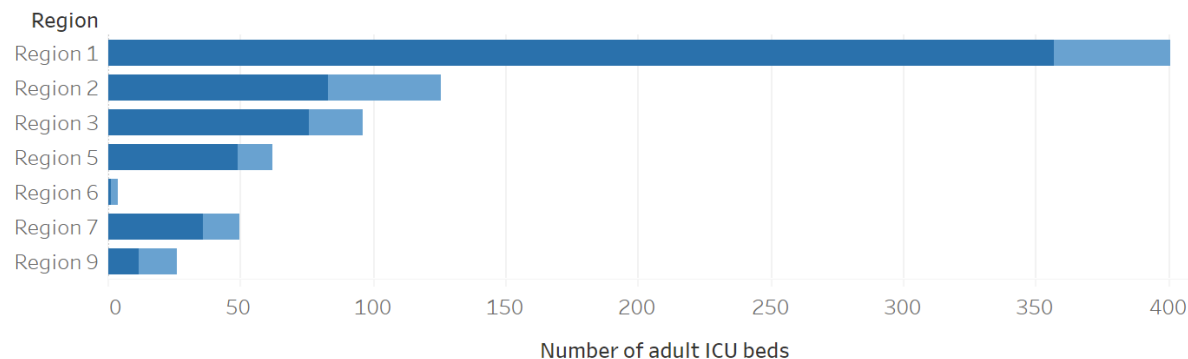
School Metrics: Case
and Testing Rates

Statewide Hospital COVID Census Trends

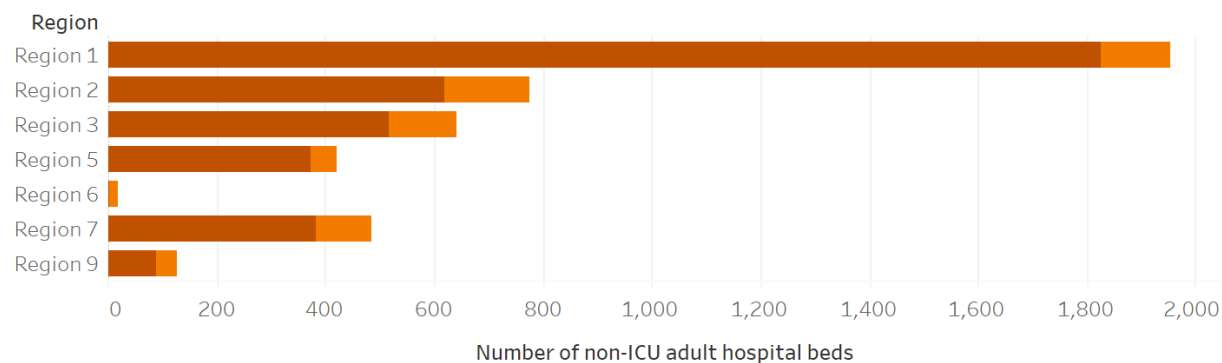


Statewide Hospital COVID Census Trends

Occupied and **Available** staffed adult ICU beds by region



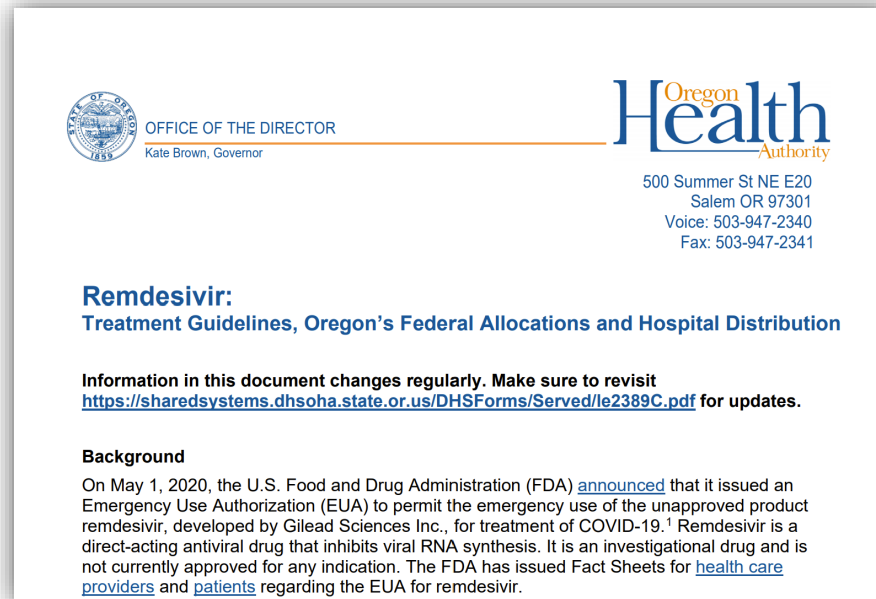
Occupied and **Available** staffed non-ICU adult hospital beds³ by region



OHA Guidance Updates:

Remdesivir treatment guidance

- Updated August 4
- Includes updated NIH COVID-19 Treatment Guidelines
- healthoregon.org/coronavirushcp
- <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2389C.pdf>



OHP Prioritized List Updates

8/14/2020 Prioritized List

- ***CPT 87426 (SARS-CoV-2 antigen testing) – NEW diagnostic testing code***
- SARS-CoV-2 (COVID-19) testing guideline
- Updated telemedicine guideline

DIAGNOSTIC GUIDELINE DX, SARS-COV-2 (COVID-19) TESTING

Testing for SARS-CoV-2 (COVID-19) virus RNA or viral antigen is a covered diagnostic service.

Antibody testing for SARS-CoV-2 (COVID-19; CPT 86328 or 86769) is covered as diagnostic only when such testing meets the following criteria:

- Testing is done using tests that have FDA Emergency Use Authorization (EUA) or FDA approval; AND
- Testing is used as part of the diagnostic work up of multisystem inflammatory syndrome in children (MIS-C) for hospitalized persons under the age of 21

Update to CDCs Isolation and Quarantine Guidance

Change of CDC's guidance on duration of isolation

Rationale

1. Concentrations of SARS-CoV-2 RNA measured in upper respiratory specimens and the likelihood of recovering replication-competent virus both decline after onset of symptoms
2. For patients with mild to moderate COVID-19, replication-competent virus has not been recovered after 10 days following symptom onset. Recovery of replication-competent virus between 10 and 20 days after symptom onset has been documented in some persons with severe COVID-19 that, in some cases, was complicated by immunocompromised state. However, in this series of patients, it was estimated that 88% and 95% of their specimens no longer yielded replication-competent virus after 10 and 15 days, respectively, following symptom onset.
3. A large contact tracing study demonstrated that high-risk household and hospital contacts did not develop infection if their exposure to a case patient started 6 days or more after the case patient's illness onset

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

School Metrics

Studies on children and SARS-CoV-2

- Heald-Sargent 2020, JAMA Pediatrics
 - Cohort study of all persons testing positive for SARS-CoV-2 by PCR testing at various sites in Chicago in March and April
 - N=145 patients, mild to moderate illness, testing within 1 week of symptom onset
 - 3 groups: young children younger than 5 years (n = 46), older children aged 5 to 17 years (n = 51), and adults aged 18 to 65 years (n = 48). We found similar median (interquartile range) cycle time values for older children (11.1 [6.3-15.7]) and adults (11.0 [6.9-17.5]). However, young children had significantly lower median (interquartile range) CT values (6.5 [4.8-12.0]), indicating that young children have equivalent or more viral nucleic acid in their upper respiratory tract compared with older children and adults
 - The observed differences in median CT values between young children and adults approximate a 10-fold to 100-fold greater amount of SARS-CoV-2 in the upper respiratory tract of young children.

Studies on children and SARS-CoV-2

- MMWR July 31, 2020: Summer camp outbreak
 - June 17-20, overnight orientation 138 trainees and 120 staff
 - June 21, 363 campers and 3 senior staff arrive
 - Camp followed CDC guidance on infection control
 - Campers cohorted, staff all wore masks
 - June 23, counselor sent home sick, COVID-19 positive June 24
 - Campers sent home June 24-27
 - Test results were available for 344 (58%) attendees; among these, 260 (76%) were positive. The overall attack rate was 44% (260 of 597), 51% among those aged 6–10 years, 44% among those aged 11–17 years, and 33% among those aged 18–21 years
 - Among 136 cases with available symptom data, 36 (26%) patients reported no symptoms; among 100 (74%) who reported symptoms, those most commonly reported were subjective or documented fever (65%), headache (61%), and sore throat (46%).

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What do studies show about reopening schools?

- Closing schools does reduce the spread of COVID-19 in communities
- But wearing face coverings, hand washing, and physical distancing probably make an even bigger difference
- If we re-opened schools and didn't take any other prevention measures, rates of COVID-19 would double in the first 3 months
- But if we use the combination of face coverings, handwashing, physical distancing, excluding children with symptoms, and classroom cohorting, we can make school safe



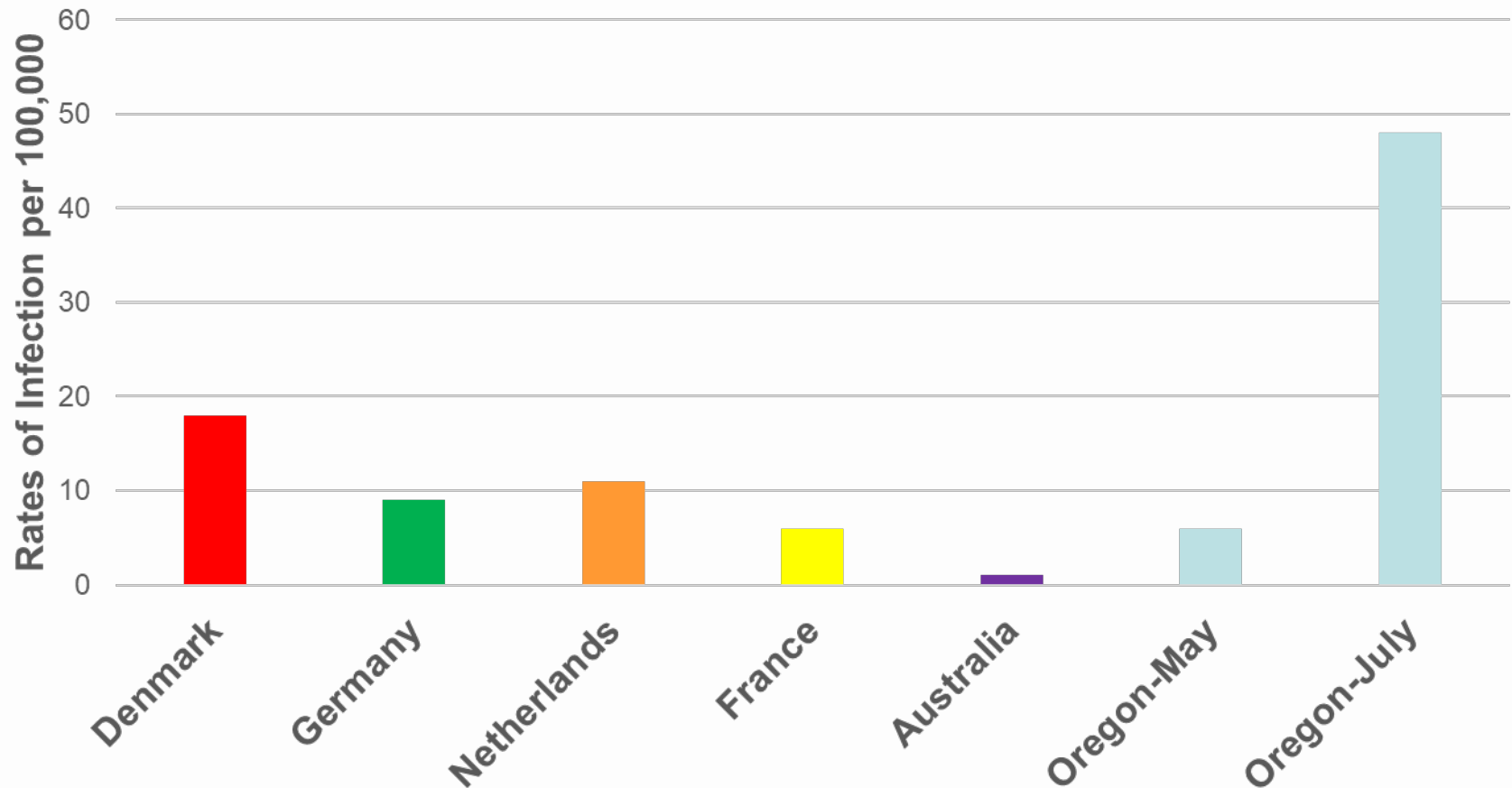
Safe to Reopen

- **County level**, for last 3 weeks in a row :
 - ≤ 10 cases/100,000 per week
 - % who test positive $\leq 5\%$ in past week

AND

- **State**
 - % who test positive $\leq 5\%$ in past week

Rates of COVID-19 when other countries went back to school



Oregon Statistics

County	Week Begin	Case rate per 100,000	Test Positive Rate
Oregon, statewide	7/5/2020	45.9	5.9%
	7/12/2020	57.1	5.4%
	7/19/2020	52.3	5.1%

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le3221.pdf>

COVID-19 Literature Updates

Racial Disparities in COVID-19

- Adhikari et al, July 2020, JAMA. Assessment of Community-Level Disparities in Coronavirus Disease 2019 (COVID-19) Infections and Deaths in Large US Metropolitan Areas
 - Ecological study using county level data
 - For the less-poverty counties, the median county-level income was \$79,834 (range, \$53,060-\$119,731) compared with \$60,240 (range, \$36,850-\$88,960) for the more-poverty counties.
 - In more-poverty counties, those with substantially non-White populations had an infection rate nearly 8 times that of counties with substantially White populations (RR, 7.8; 95%CI, 5.1-12.0) and a death rate more than 9 times greater (RR, 9.3; 95%CI, 4.7-18.4).

Racial Disparities in COVID-19

- Among both more-poverty and less poverty counties, those with substantially non-White or more diverse populations had higher expected cumulative COVID-19 incident infections compared with counties with substantially White or less-diverse populations (eg, more diverse counties with less poverty: RR, 3.2; 95%CI, 2.3-4.6).
- Similar associations were observed for deaths (eg, more diverse counties with less poverty: RR, 3.8; 95%CI, 2.2-6.7).
- Conclusion: racial and ethnic disparities in COVID-19 infections and deaths existed beyond those explained by differences in income.

Clinical Care Questions

Your questions

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>

Thank you.