OHA COVID-19 Webinar Series for Healthcare Providers

Thursday, June 4th

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Oregon Health Authority

Agenda Items

- COVID-19 epi updates
- Immunization updates
- Reopening Oregon: update and resources
- COVID literature updates
- General COVID-19 Questions
- Closing

Epidemiology update

The COVID-19 Pandemic Update in Oregon

As of June 3rd:

- 4,399 total cases
- 4,280 positive tests
- 159 deaths
- 136,549 tests completed
- >20,000 cumulative infections based on modeling
  - Latest IDM modeling update 5/29:
    https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/DISEASESAZ/Emerging%20Respitory%20Infections/Oregon-COVID-19-Projections-2020-05-29.pdf

The COVID-19 Pandemic in Oregon

As of May 31:

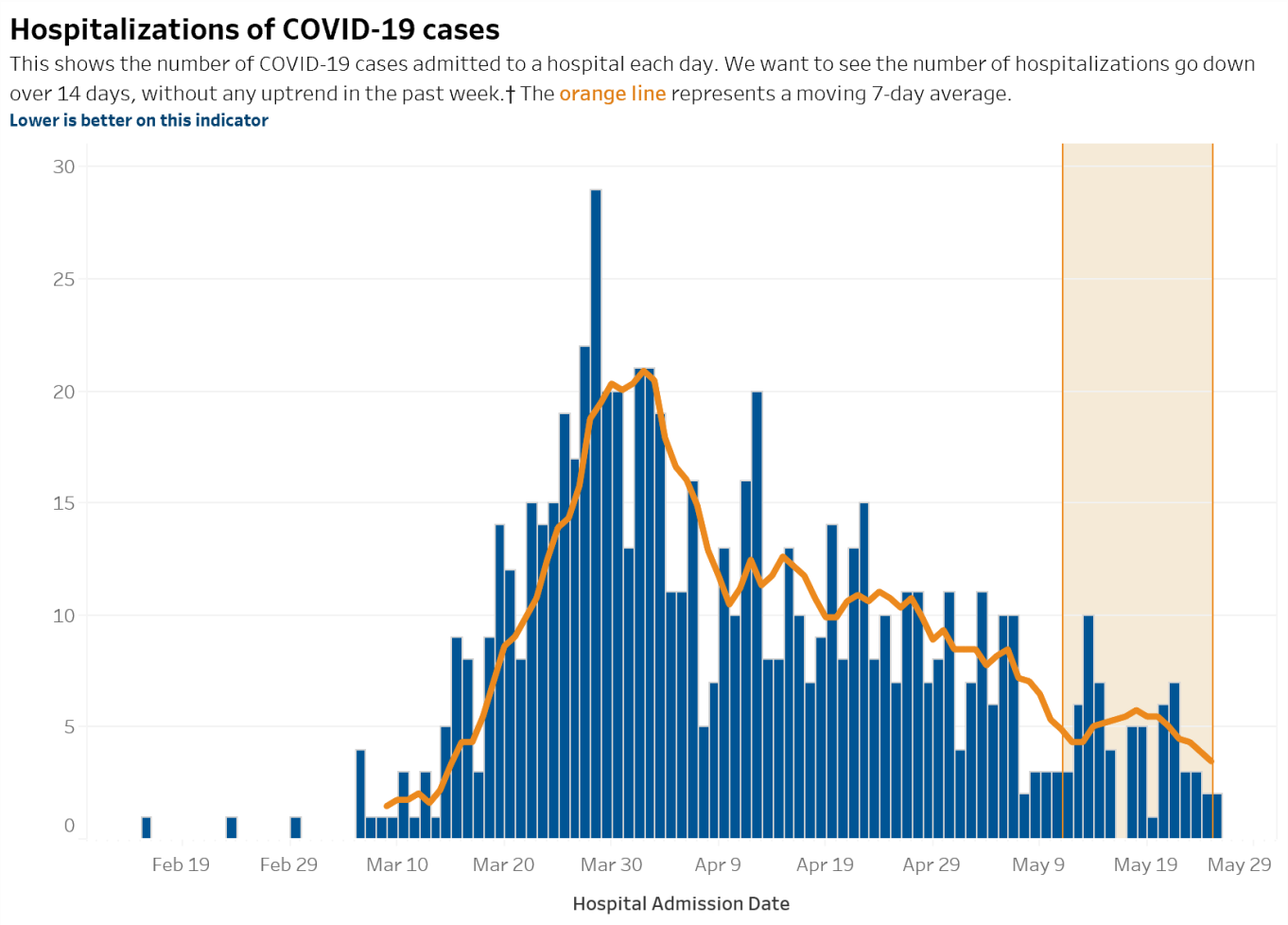
- 136,549 tests done on Oregon residents
- 18,215 tests last week (5/25- 5/31)
- Percent positive results = 1.9% (5/25-5/31)

- 1,558 recovered cases
- Median time to recovery among symptomatic cases is presently 21 days
- Median time to recover for symptomatic cases who were hospitalized is 25 days

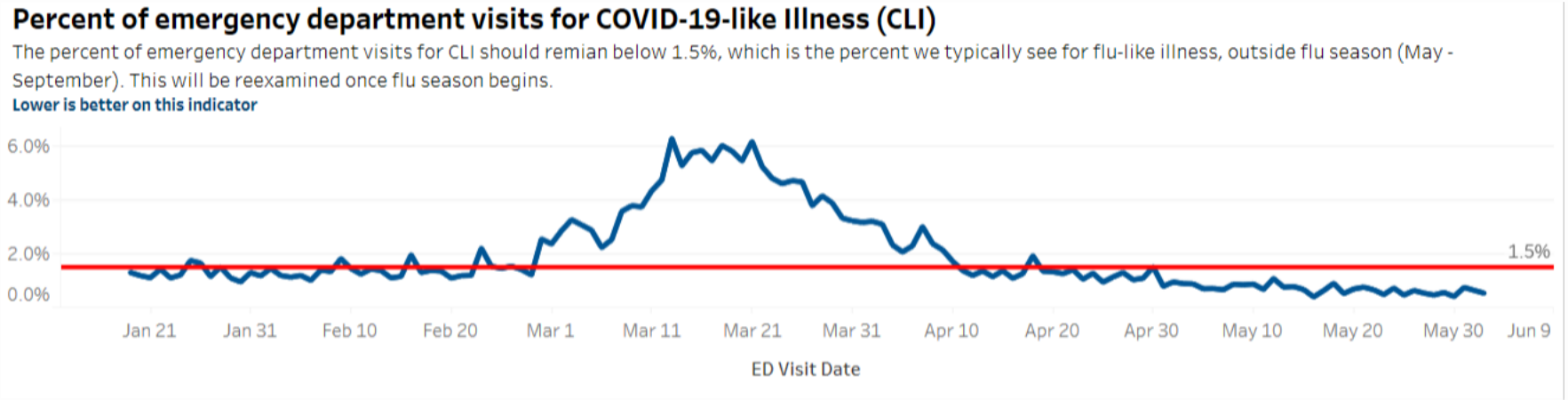
New: Weekly Workplace Outbreak Report

- New table in OHA's Weekly Report: Active Workplace outbreaks with five or more confirmed COVID-19 cases
- Workplace outbreak defined as two or more COVID-19 cases that work in the same location, have an epidemiologic link and have symptom onset or positive test within 14 days of each other
  - In order to protect privacy, OHA is only reporting workplace outbreaks with 5 or more cases and only for workplaces where there are at least 30 employees
- The presence of correctional facilities and food packing and agricultural worksites on this list is illustrative of the challenges controlling COVID-19 in settings where people must work or live in close proximity
- In addition, people of color are overrepresented in agricultural and correctional settings, perhaps contributing to higher rates of COVID-19 observed in these groups.

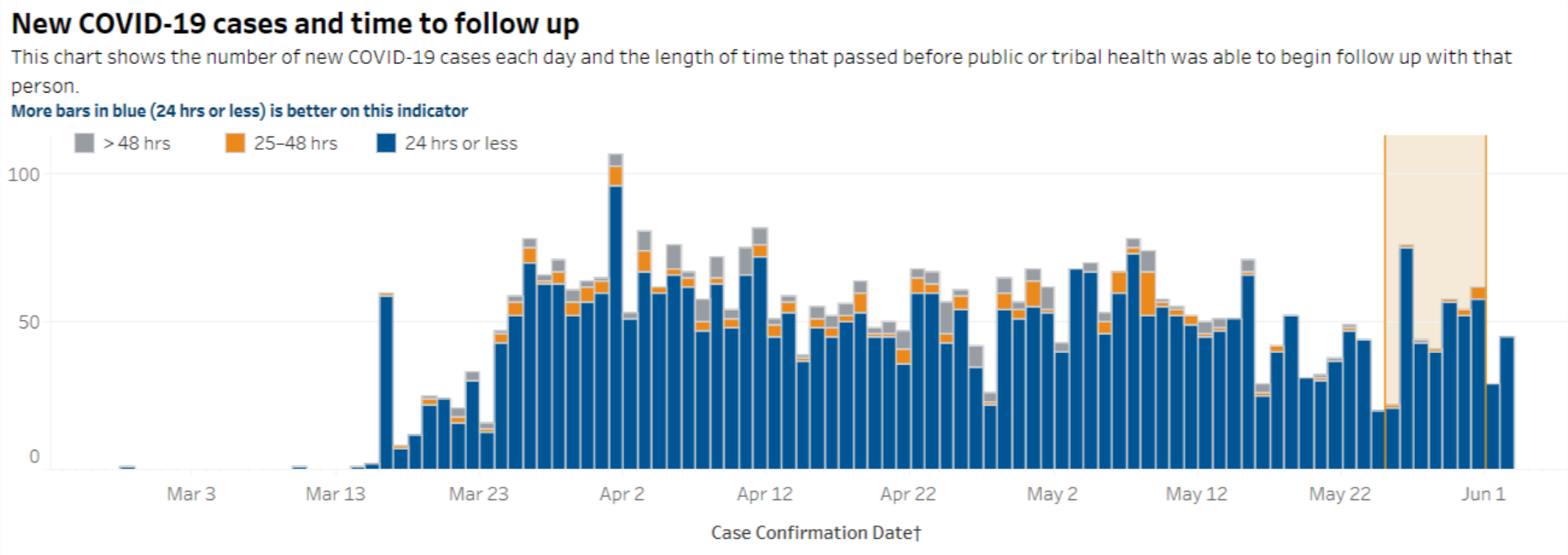
Public Health Indicators: hospital admissions



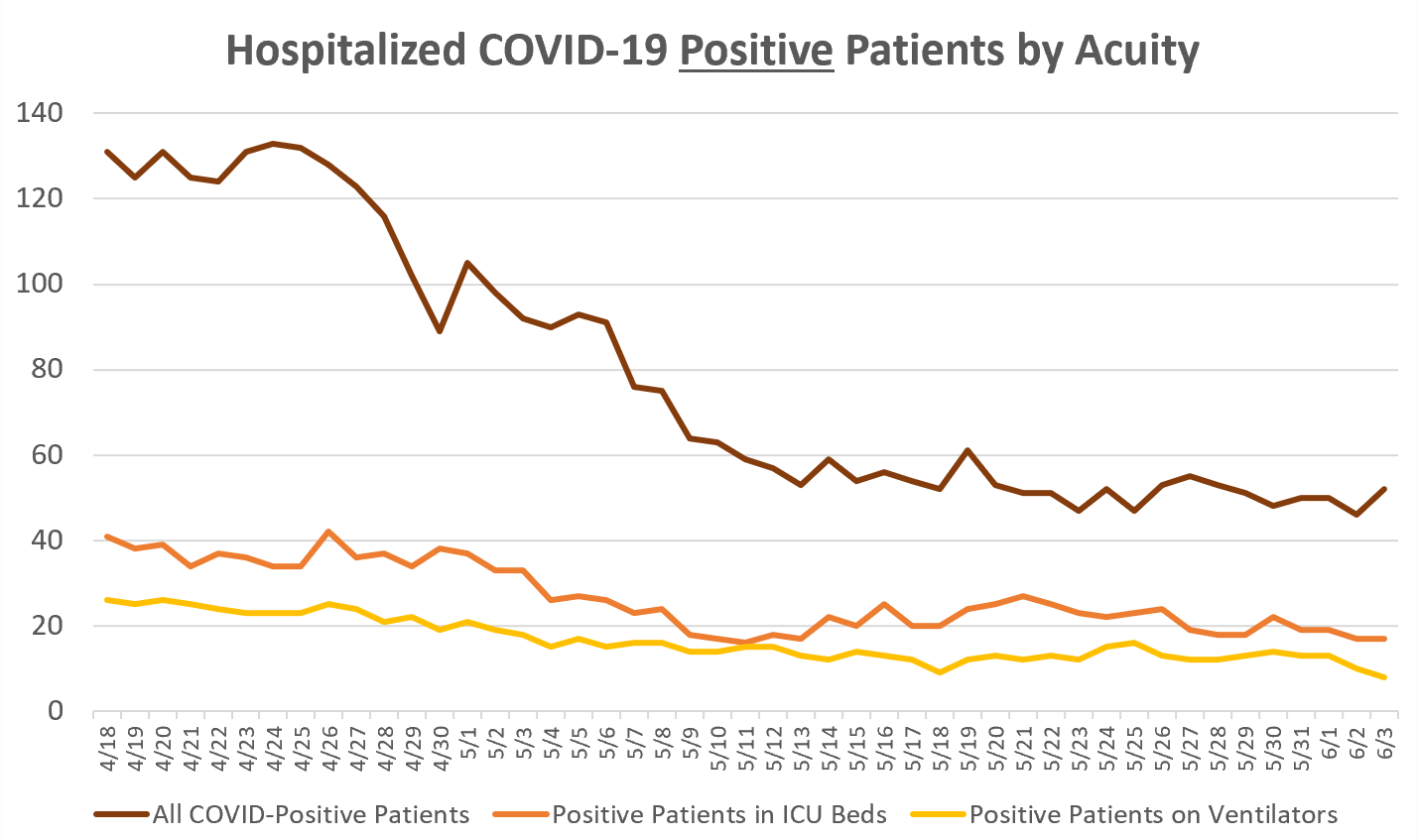
Public Health Indicators: CLI visits



Public Health Indicators: time between diagnosis and follow-up



Current COVID-19 Hospitalization Trends: confirmed cases only



Immunizations

Immunizations: COVID-19 Update

- Immunization rates low compared to 2019
  - Some improvement in youngest ages
  - Additional survey data in the coming weeks
- More information (survey results and county-level data) can be found at our Immunization Website: https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/Pages/platform.aspx
- Planning to carry on as normal with immunization requirements for childcare and school.
- **Need your help getting children, adolescents and adults vaccinated!**
  - Additional focus on influenza vaccination this fall
- Planning more resources about how to catch up on missed vaccinations--stay tuned!

Immunizations Changes After COVID-19

	EpiWeek 12 to 18 Total Immunizations		
Immunizations	**2019**	**2020**	**%Change**
DTaP given to infants age 2 to 7 months	13344	11352	**-14.9%**
Rotavirus vaccine at age 2 to 7 months	12057	10370	**-14.0%**
First MMR given at ages 12 to 13 months	4143	3077	**-25.7%**
Second MMR given at ages 2 to 12 years	7169	1686	**-76.5%**
Tdap given at ages 9 to 13	4917	1011	**-79.4%**
First HPV given at ages 9 to 13	6546	1344	**-79.5%**

Reopening Oregon Update and Resources

Reopening: Phase 2

- Governor's Press Release and Press Conference June 3
- New Sector Guidance available now:
  - Gatherings
  - Indoor and Outdoor Entertainment Facilities
  - Recreational Sports, Limited to Play for Specified Sports
  - Restaurants and Bars
  - Swimming Pools, Spas and Sports Courts
  - Venue and Event Operators

- Visit Oregon Reopening Tab and Criteria at:

www.healthoregon.org/coronavirus

Oregon's Phased Reopening

Statewide Baseline

Current Guidance
- Face Covering Guidelines
- Public Transit
- Outdoor Recreation
- Retail
- Childcare; Summer Camps & Youth Activities; Summer School

- **Additional Changes**
- Zoos/Gardens/Museums
- Sports: Return to Train

Phase I

Current Guidance
- Restaurant/Bars
- Personal Services
- Gyms/Fitness
- Indoor/Outdoor Malls

- **No Changes**

Phase II

New Guidance
- Small/Medium Venues
- Youth Sports
- Overnight Camps
- Indoor Activities
- Outdoor Activities
- Certain Outdoor Rec

Additional Changes
- Limited Return to Work
- Restaurant & Bars
- Travel

Never Closed: Construction, Manufacturing, Agriculture, Other Industries

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OREGON COUNTIES APPROVED TO ENTER PHASE 1

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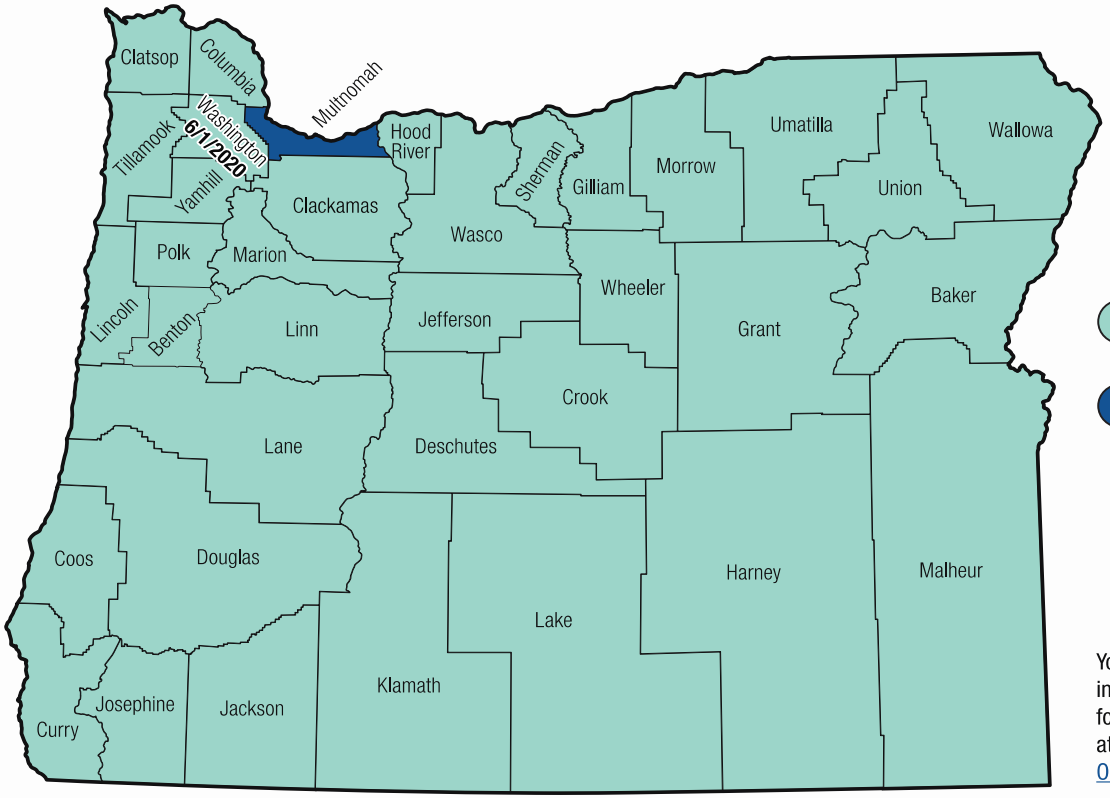

Building a safe and strong Oregon

May 20, 2020

- Counties that are approved for Phase 1 reopening
- Counties that have not yet applied for reopening

You can get this document free of charge in other languages, large print, braille or a format you prefer. Contact Mavel Morales at 1-844-882-7889, 711 TTY or OHA.ADAModifications@dhsoha.state.or.us.

OHA 2321D (05/28/2020)

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COVID-19 Literature Updates

COVID-19 Case Fatality Rates

- Oxford Center for Evidence Based Medicine

Country	Case Fatality	CI
France	19.1%	(18.93-19.32)
Italy	14.4%	(14.22-14.50)
Canada	8.0%	(7.83-8.18)
US	5.7%	(5.71-5.78)
Germany	4.7%	(4.62-4.81)
New Zealand	1.5%	(0.92-2.21)
Iceland	0.6%	(0.27-1.02)

COVID-19 Convalescent Plasma Treatment

- Cochrane rapid review, May 14, 2020
  - N=8 studies (32 patients), all case series
  - We do not know whether convalescent plasma therapy affects mortality or clinical symptoms or length of ICU or hospital stay (very low-certainty evidence)
  - We are very uncertain whether or not convalescent plasma therapy affects the risk of moderate to severe adverse events (very low-certainty evidence).
  - There are 47 ongoing studies evaluating convalescent plasma, of which 22 are RCTs
  - Note: this review may be underpowered to detect a difference in outcomes

COVID-19 Convalescent Plasma Treatment

- Li et al, June 3 2020 RCT of convalescent plasma for COVID-19
  - N=103 patients
    - Convalescent plasma in addition to standard treatment (n = 52)
    - Standard treatment alone (control) (n = 51)
    - All patients had PCR confirmed COVID-19 infection with severe or life threatening symptoms
    - 7 hospitals in Wuhan China
  - Plasma had an S-RBD–specific IgG titer of at least 1:640
  - Standard treatment: antiviral medications, antibacterial medications, steroids, human immunoglobulin, Chinese herbal medicines, and other medication
  - Study terminated early due to lack of eligible patients after March 27, 2020

COVID-19 Convalescent Plasma Treatment

- Li et al 2020 continued
  - Clinical improvement occurred within 28 days in 51.9% (27/52) of the convalescent plasma group vs 43.1% (22/51) in the control group (difference, 8.8% [95% CI, −10.4% to 28.0%]; hazard ratio [HR], 1.40 [95% CI, 0.79-2.49]; *P* = .26).
    - No differences seen when stratified for disease severity
  - There was no significant difference in 28-day mortality (15.7% vs 24.0%; OR, 0.65 [95% CI, 0.29-1.46]; *P* = .30) or time from randomization to discharge (51.0% vs 36.0% discharged by day 28; HR, 1.61 [95% CI, 0.88-2.93]; *P* = .12
  - Two patients had significant adverse event with plasma therapy requiring IV steroid treatment
  - Conclusion: Among patients with severe or life-threatening COVID-19, convalescent plasma therapy added to standard treatment, compared with standard treatment alone, did not result in a statistically significant improvement in time to clinical improvement within 28 days
  - Trial may have been underpowered

Telemedicine Outcomes

- Cochrane rapids reviews
  - Asthma: No differences were detected between groups for any other outcome reported (exacerbations requiring oral corticosteroids, asthma control, asthma-related quality of life, unscheduled healthcare visits, exacerbations requiring emergency department visit or admission).
    - Low quality evidence
  - Heart failure
    - No consistent data on mortality rate, ER visits, admission rates
  - Diabetes
    - High-quality evidence shows that, compared with usual care, interactive telemedicine with or without usual care decreases the HbA1c at median 9 months' follow-up compared with usual care alone
    - Moderate-quality evidence suggests that telemedicine decreases LDL-cholesterol and systolic blood pressure at median 6 to 9 month's follow-up respectively, with no apparent difference in hyperglycemia or hypoglycemia events between the two treatment arms

Persistent COVID-19 Positivity

- JAMA June 2020
  - N=60 patients, case series
    - Hospitalized with positive PCR tests for COVID-19
  - 10 of 60 patients previously diagnosed with and treated for COVID-19 had RT-PCR test results positive for SARS-CoV-2 from 4 to 24 days after index hospital discharge
  - Persistent positive results were presumed to be persistent viral shedding rather than reinfection
  - 6 patients had persistent viral shedding in the gastrointestinal tract after hospital discharge
  - The infectivity of the patient/virus remains unclear
  - Take away: be aware that patients may have persistent positive PCR tests for weeks, but are likely not infectious

Clinical Care Questions

Your questions

- I have noticed a significant increase in depression in patients. Are OHA/CDC guidances too restrictive?
  - McGinty et al 2020
    - In April 2020, 13.6% (95% CI, 11.1%-16.5%) of US adults reported symptoms of serious psychological distress, relative to 3.9% (95% CI, 3.6%-4.2%) in 2018
  - Encourage patients to make contact with friends and family through phone calls or video chats
  - Encourage patients to walk or exercise outdoors
  - Encourage patients to continue hobbies and other activities at home
  - Be aware of increased need for medication, counseling, or other therapy among your patient population
- Does OHA combine antigen (PCR) test results with antigen test results in their reporting?
  - We will be including antigen tests in our case definition, but we have concerns about sensitivity of antigen tests (not specificity)

Clinical issues

- OHP has recently adopted coverage criteria for COVID-19 antigen testing
  - The test must have FDA EUA
  - The only group currently covered are people under age 21 in the hospital who are suspected of having multisystem inflammatory syndrome in children (MIS-C)
  - This coverage is subject to change as the evidence develops!

Healthcare Provider Webinar Changes

- *Note **new schedule starts started!***
  - Moving to weekly events- no more Tuesday sessions.

- **Oregon Health Authority COVID-19 Information Sessions for Oregon Health Care Providers**
  - 1st and 3rd Thursdays, noon-1 p.m.
  - 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 p.m.
  - For full resources and benefits, register at:

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

Thank you.

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