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# OHA COVID-19 Webinar Series for Healthcare Providers

Tuesday, May 26th

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# Agenda Items

- COVID-19 epi updates
- Reopening Oregon: update and resources
- Information for Immigrants and Refugees
- Oregon State Legislature
- Upcoming
- General COVID-19 Questions
- New Session Schedule Starting in June
- Closing

# Epidemiology update

# The COVID-19 Pandemic Update in Oregon

As of May 25th:

- 3,861 positive COVID-19 cases
- 148 deaths
- 109,909 negative tests
- Test results do not reflect the full impact of COVID-19 in our state

# Testing Results Summary through 5/22

*Summary of Oregon test results through 5/22/20*

	Pre- 2/28	2/29- 3/6	3/7- 3/13	3/14- 3/20	3/21- 3/27	3/28- 4/3	4/4- 4/10	4/11- 4/17	4/18- 4/24	4/25- 5/1	5/2- 5/8	5/9- 5/15	5/16- 5/22	Total to date
<b>Positive</b>	1	12	35	66	348	437	472	414	392	402	453	438	255	3,725
<b>Negative</b>	3	122	466	1,460	7,050	7,434	9,318	8,683	8,779	12,282	14,028	16,349	15,433	101,407
<b>Total results</b>	4	134	501	1,526	7,398	7,871	9,790	9,097	9,171	12,684	14,481	16,787	15,688	105,132
<b>% positive</b>	25.0%	9.0%	7.0%	4.3%	4.7%	5.6%	4.8%	4.6%	4.3%	3.2%	3.1%	2.6%	1.6%	3.5%

As of May 15, Oregon's cumulative positive testing rate is 3.5% of tests performed. This is considerably lower than the national average of 14.3%. Oregon's decreasing weekly test-positivity rate reflects decreasing numbers of individuals with COVID-19 due to the Governor's stay-at-home order and increasing testing statewide, including the tests run at hospital laboratories and commercial laboratories.

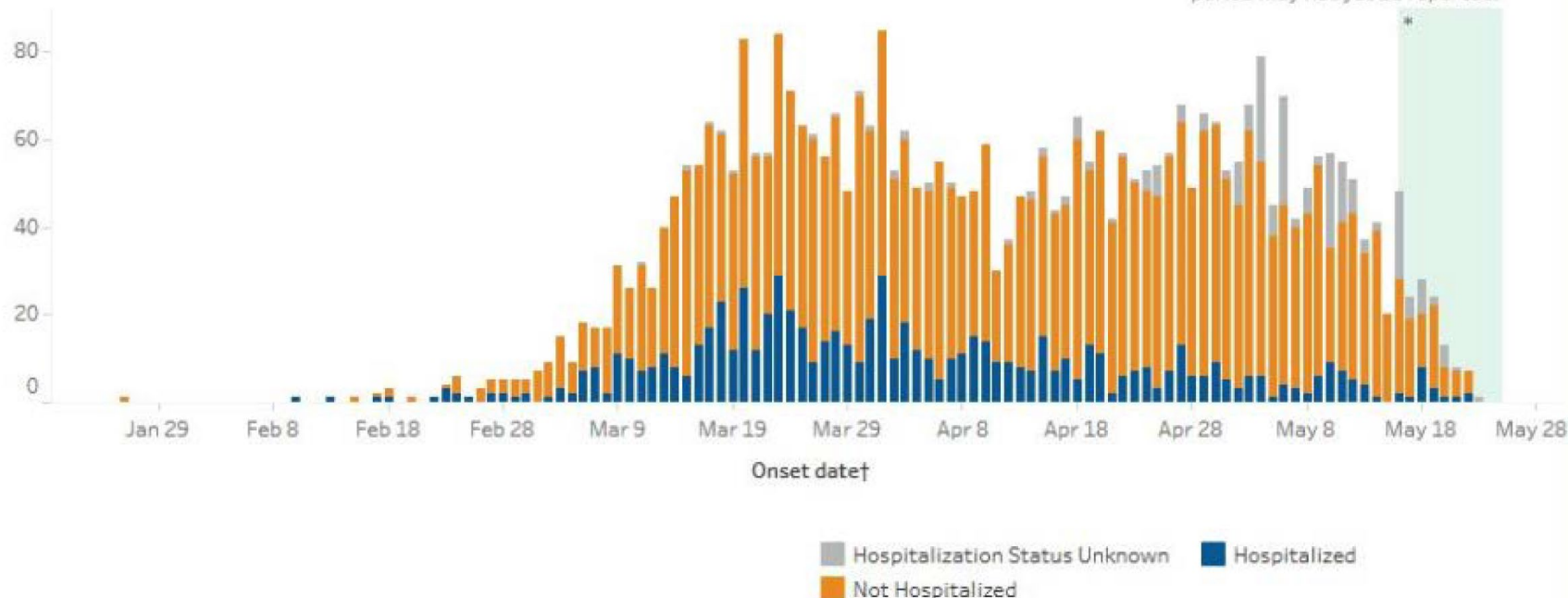
# Epidemiologic curve

## Oregon's Epi Curve: COVID-19 cases

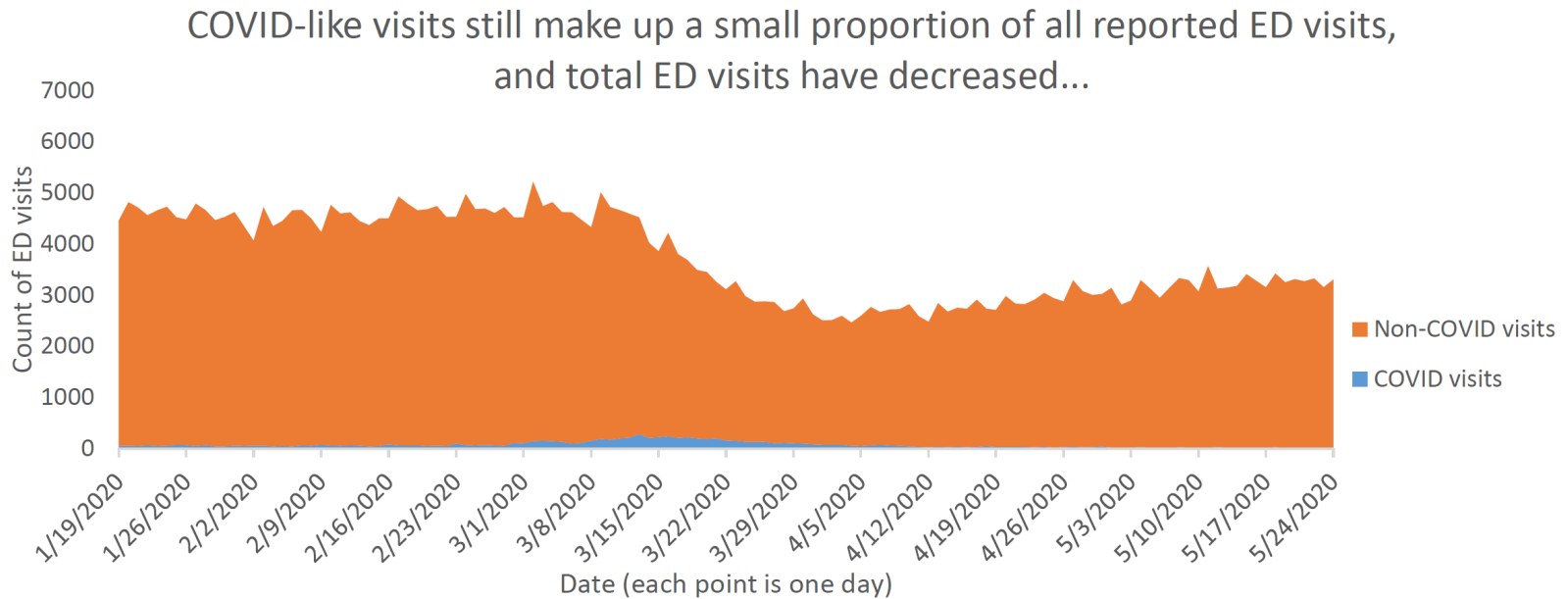
This chart shows the number of Oregonians who have been identified as COVID-19 cases and whether they were ever hospitalized for their illness.‡

Total Cases	Hospitalized	Not Hospitalized	Hospitalization Status Unknown
3,949	747	2,969	233

\*Illnesses that began during this time period may not yet be reported.

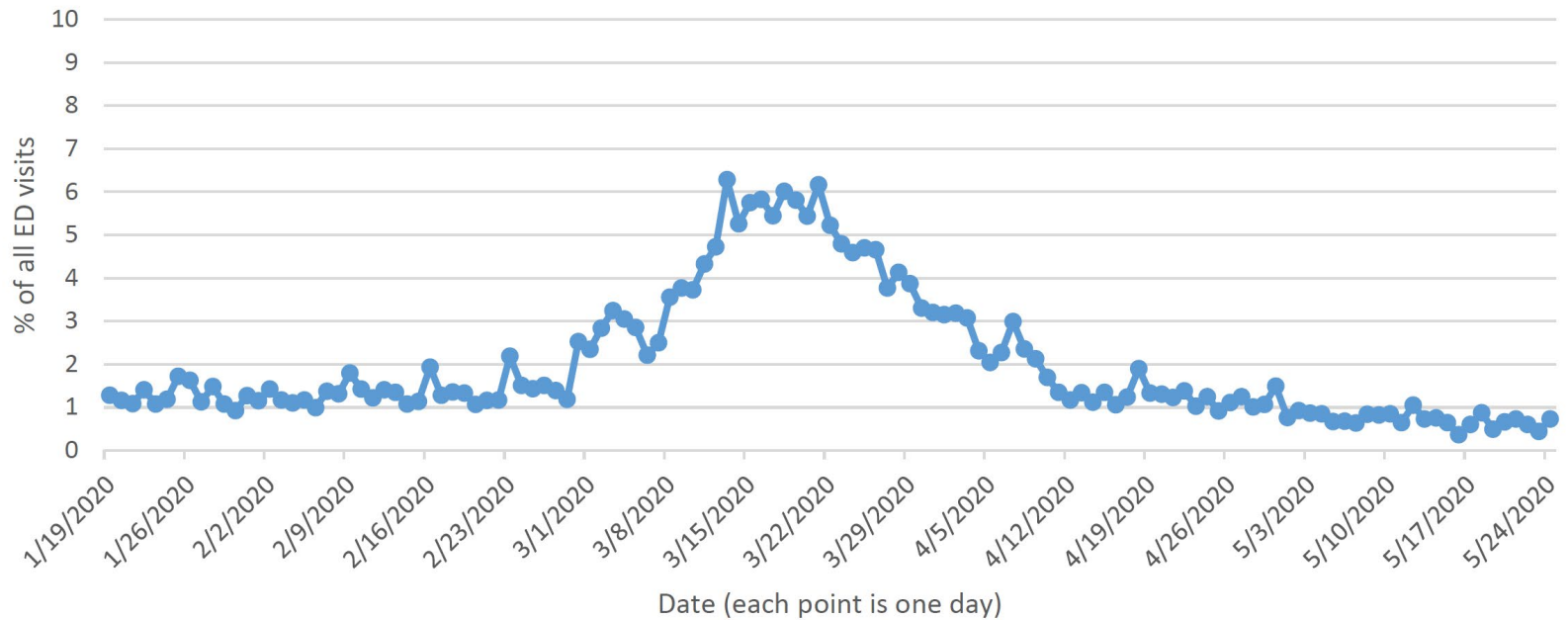


# Daily ED visits



# Daily ED visits for CLI

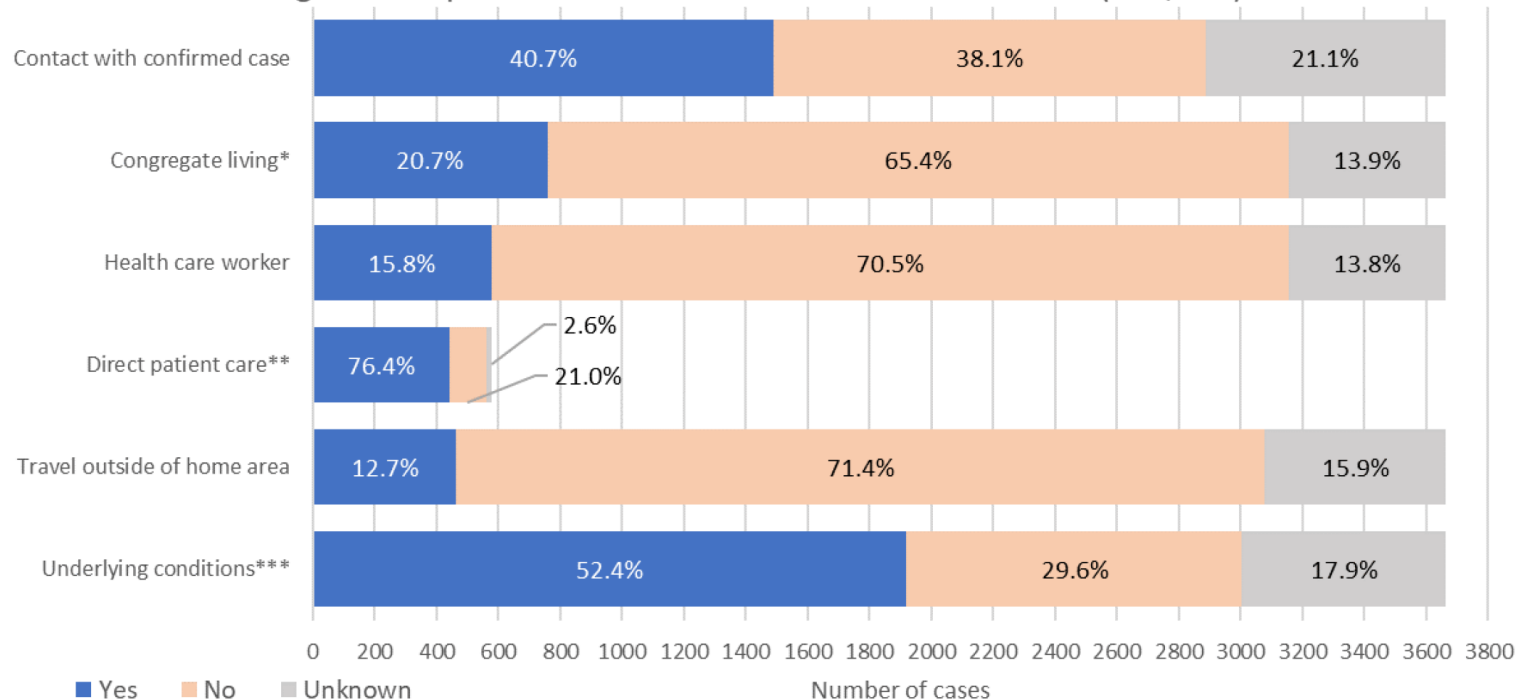
... and the percentage of COVID-like visits has decreased.





# Reported Risk Factors for All COVID-19 Cases as of May 19

Figure 2. Reported risk factors from all COVID-19 cases (n=3,660)



\*Congregate living situations include, but are not limited to, long-term care facilities, group homes, prisons, shelters, etc. Data include people with confirmed cases who live or work in congregate living situations.

\*\*Direct patient care is only asked if a case is a healthcare worker or volunteer. The denominator is the number of healthcare workers or volunteers.

\*\*\*Underlying medical conditions include cardiovascular disease, chronic liver disease, chronic lung disease, chronic renal disease, current or former smoker, diabetes mellitus, immunocompromised condition, neurologic/neurodevelopmental condition, obesity, or other chronic diseases.

# Severity by Race as of May 19

**Table 3. Severity and rates of COVID-19 by race<sup>a</sup> (n=3,660)**

Race	Cases	% of total cases	Cases per 10,000 <sup>b</sup>	Deaths	Case fatality (%)	Hospitalized
White	1,842	50.3%	5.8	100	5.4%	434
Black	86	2.3%	10.5	6	7.0%	24
Asian	135	3.7%	6.9	7	5.2%	36
American Indian/Alaska Native	67	1.8%	14.3	3	4.5%	10
Pacific Islander	47	1.3%	27.9	1	2.1%	10
Other <sup>c</sup>	1,023	28.0%	n/a	9	0.9%	147
>1 race	70	1.9%	5.1	2	2.9%	12
Not available	390	10.7%	n/a	10	2.6%	34
<b>Total</b>	<b>3,660</b>	<b>100.0%</b>	<b>8.7</b>	<b>138</b>	<b>3.8%</b>	<b>707</b>

<sup>a</sup>During the course of the case investigation, people are asked to self-report their race, ethnicity, tribal affiliation, country of origin, or ancestry.

<sup>b</sup>NCHS Population Estimates: National Center for Health Statistics (NCHS), Estimates of the resident population of the US by year, county, age, bridged race, Hispanic origin, and sex (Vintage 2018). 2) Census Bureau Population Estimates: U.S. Census bureau, Population Division, Annual Estimates of the Resident Population by Age, Sex, Race, and Hispanic Origin for counties (Vintage 2018)

<sup>c</sup>1,003 of the 1,023 persons who identify as “Other” race also self-identify as Hispanic or Latino. See “Weekly Report Summary” for more information.

# Severity by Ethnicity as of May 19

**Table 4. Severity and rates of COVID-19 by ethnicity (n=3,660)**

Ethnicity	Case count	% of total cases	Cases per 10,000 <sup>a</sup>	Deaths	Case fatality (%)	Hospitalized
Hispanic	1,162	31.7%	20.9	12	1.0%	166
Non-Hispanic	2,103	57.5%	5.8	108	5.1%	503
Not available	395	10.8%	n/a	18	4.6%	38
Total	3,660	100.0%	8.7	138	3.8%	707

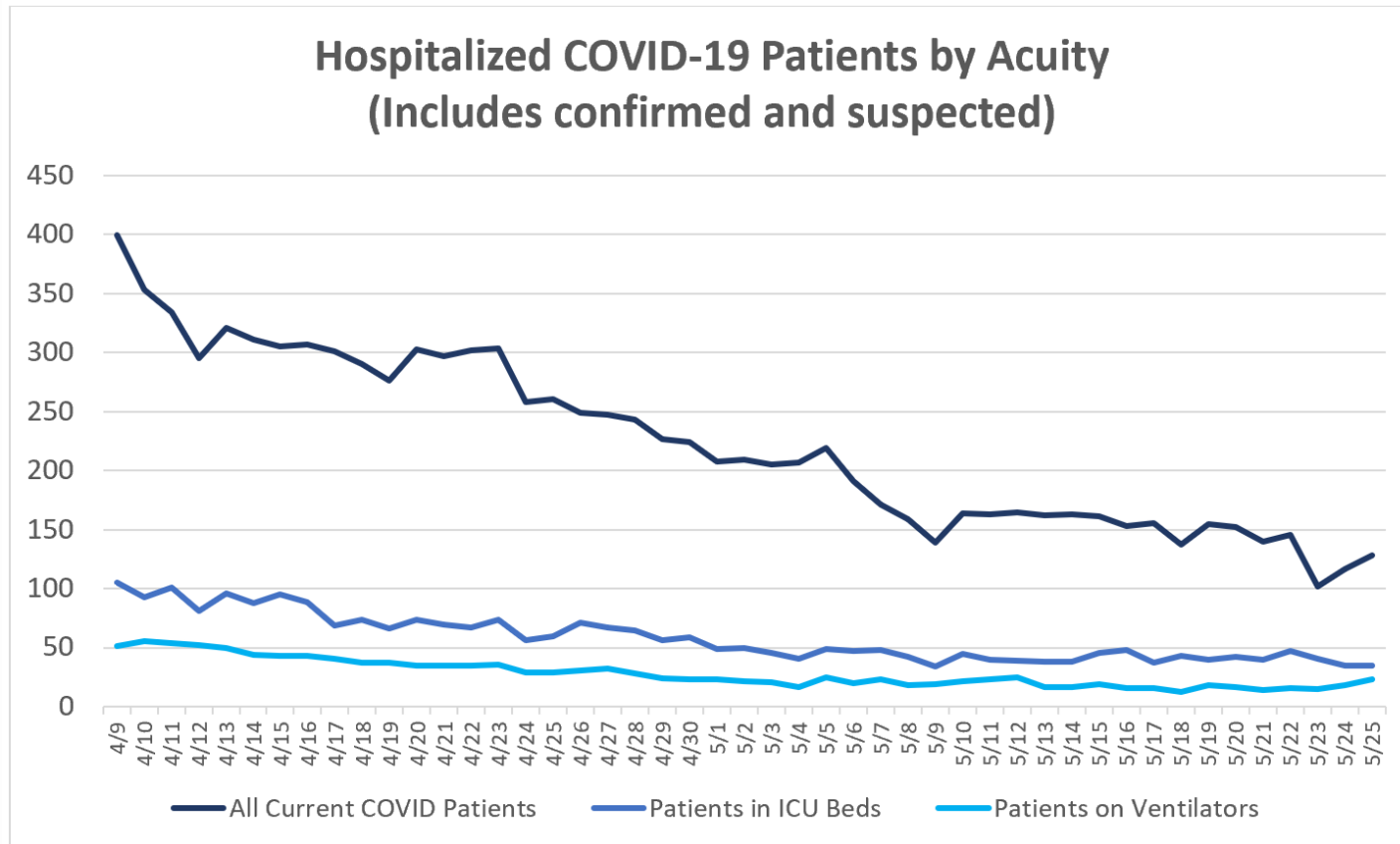
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# Current COVID-19 Hospitalizations

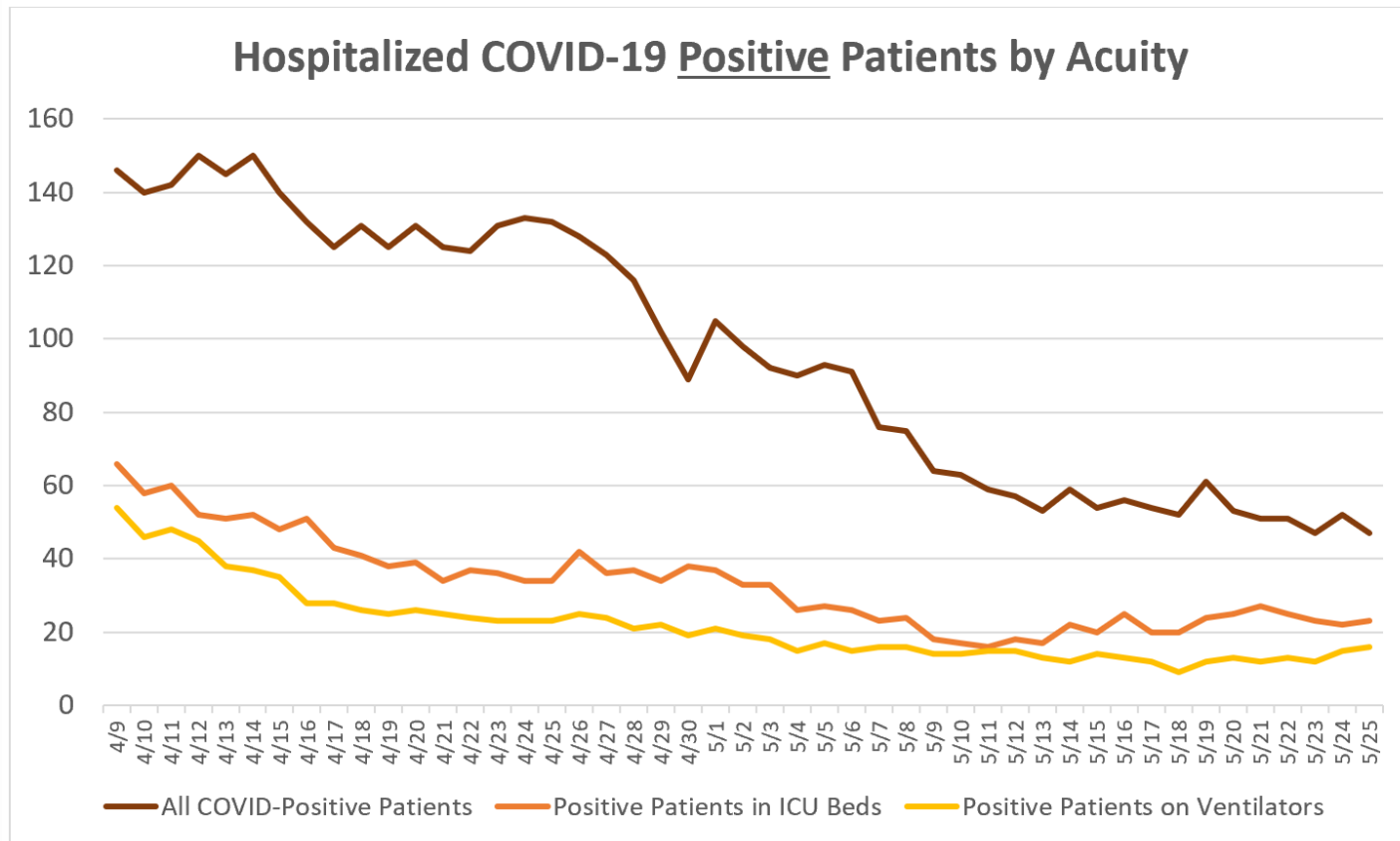
	Currently Hospitalized COVID-19 Patients*	Currently Hospitalized COVID-19 Positive Patients**
Hospitalized COVID-19 Patients	128	47
COVID-19 Patients in ICU Beds	35	23
COVID-19 Patients on Ventilators	23	16
*Includes both confirmed and suspected COVID-19 patients		
**Includes only confirmed positive COVID-19 patients		

May 25, 2020

# Current COVID-19 Hospitalization Trends: confirmed and suspected cases



# Current COVID-19 Hospitalization Trends: confirmed cases only



# Reopening Oregon Update and Resources

# Reopening: Phase 1

- Phase I:
  - Local gatherings for local groups only up to 25 (no travel)
  - Restaurants/bars: physical distance spacing, employees wear cloth face or disposable coverings, end all consumption by 10 pm
  - Personal services: by appointment, pre-appointment health check, maintain customer log, six feet physical distancing, face coverings/capes/smocks

Visit Oregon Reopening Tab and Criteria at:

[www.healthoregon.org/coronavirus](http://www.healthoregon.org/coronavirus)



# Reopening Information

## Reopening Oregon



Oregon Governor Kate Brown has outlined a phased approach to reopening Oregon's communities and economy in an effort to allow individual counties to begin reopening if they have met specific health and safety criteria. These criteria are designed to ensure each county has the capacity to slow the spread of COVID-19 and protect those at highest risk of severe disease as we work to build a safe and strong Oregon.

[↪ Reopening Criteria](#)[📍 County Status Chart](#)

## Oregon Plans

- Presentation on Phases for Reopening Oregon
- Reopening Oregon: Details on Restarting Public Life and Business
- Prerequisites for Phased Reopening of Oregon
- Three Health Signs We Must See to Reopen Oregon
- Strategic Testing Plan
- Plan to Stop the Spread of COVID-19
- Actions for an Equity-Centered Response to COVID-19

## Guidance Documents

See the OHA Guidance section below for general and sector-specific guidance.

## Summary Documents

- Oregon COVID-19 Testing and Contact Tracing Strategy
- Oregon COVID-19 Containment Strategy



[www.healthoregon.org/coronavirus](http://www.healthoregon.org/coronavirus)

# Reopening Oregon: Criteria + Dashboard

## Oregon Health Authority | COVID-19 Updates

➔ Reopening Criteria

📊 Public Health Indicators Dashboard



On March 8, Gov. Kate Brown declared a state of emergency to address the spread of COVID-19 in Oregon. An Executive Order issued March 23 directs Oregonians to stay home except for essential needs. The Oregon Health Authority (OHA) serves as the lead agency for the public health response.

**You can help stop COVID-19 from spreading.** Wash your hands and cover your cough. Stay home if you are sick and avoid contact with people who are sick. For general information on COVID-19 in Oregon, call 211. If you are having a medical emergency, call 911.

📰 COVID-19 News

🔔 Sign up for Updates

✉ Contact Us

🌐 Governor's Website

📄 Contact Tracing Interest Form

[www.healthoregon.org/coronavirus](http://www.healthoregon.org/coronavirus)

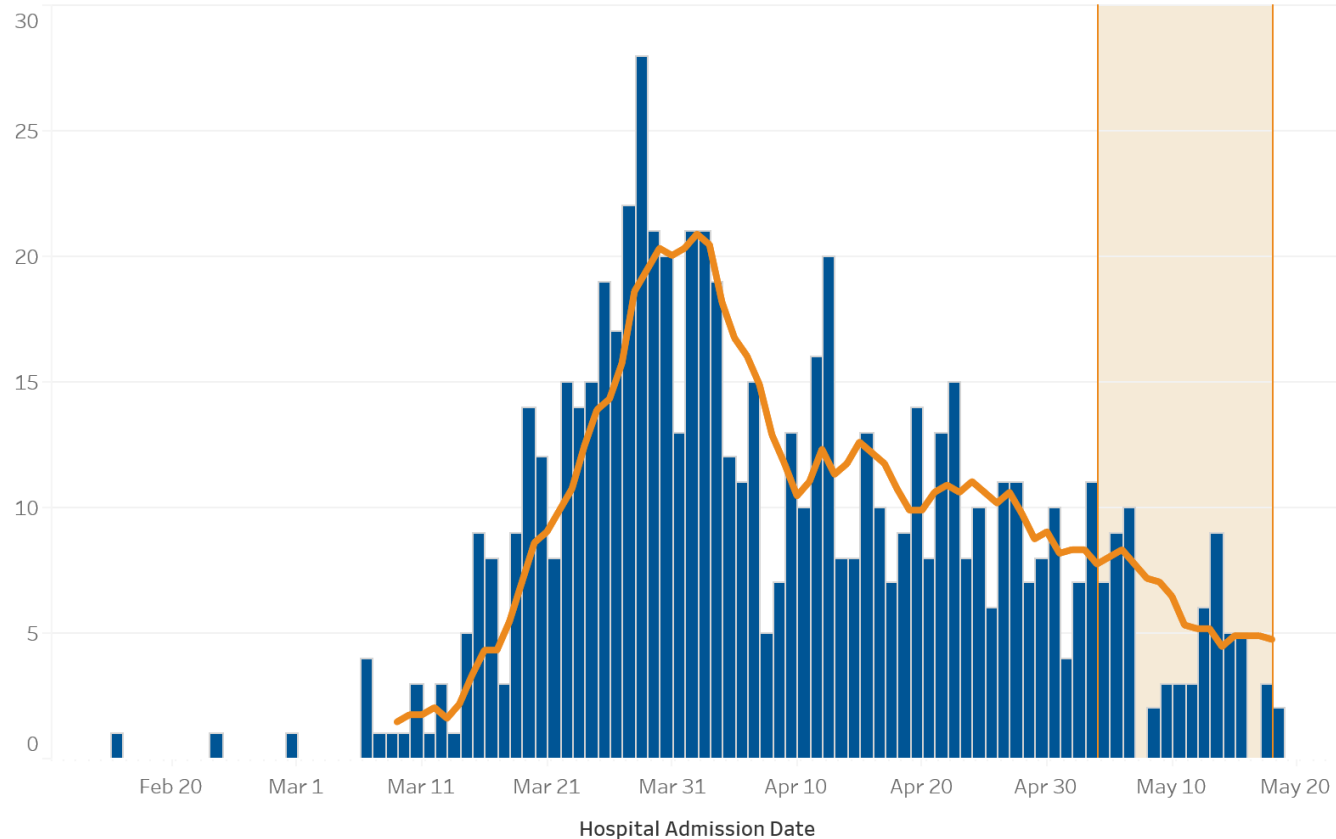


# Daily COVID-19 Hospital Admissions

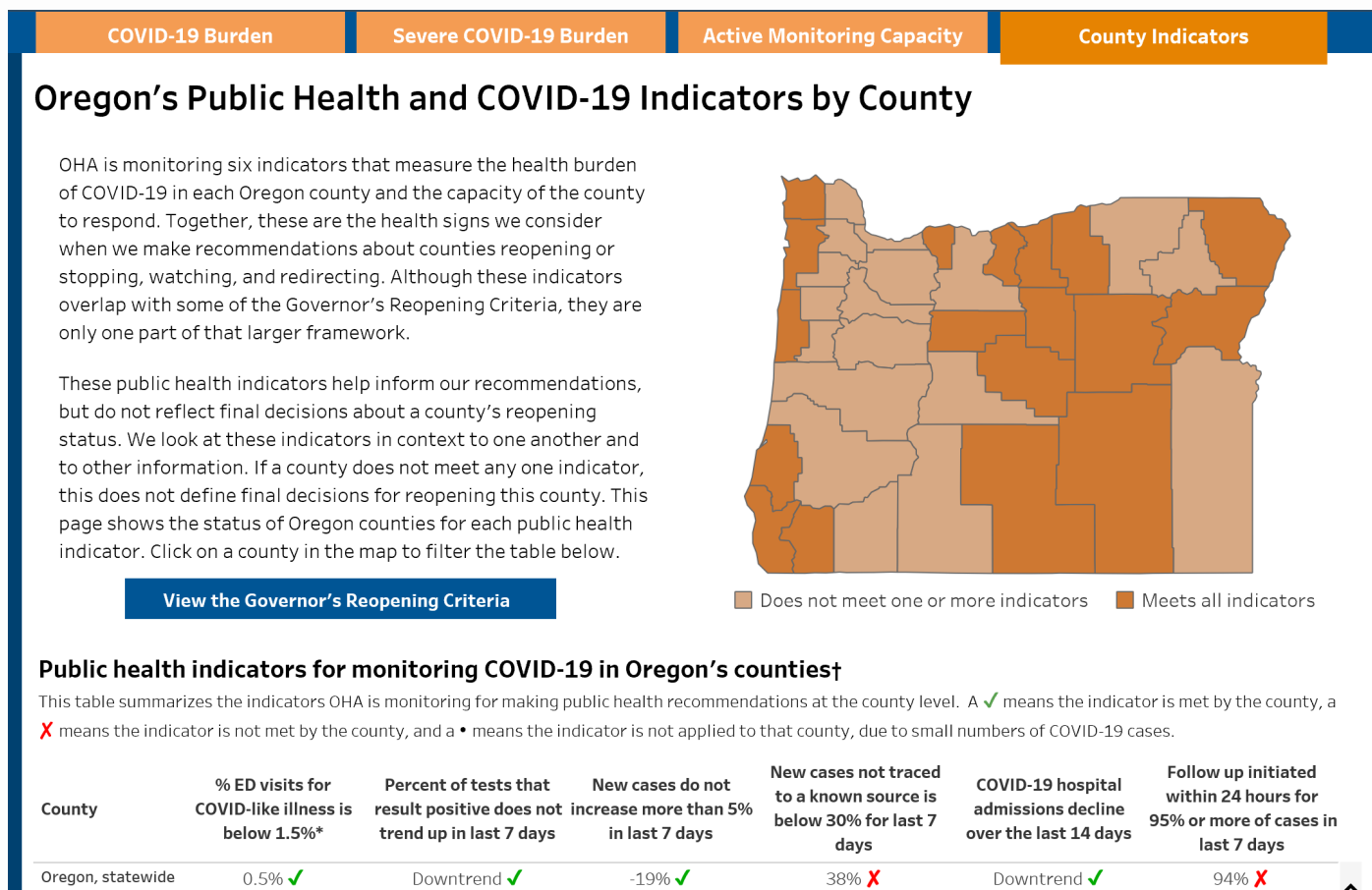
## Hospitalizations of COVID-19 cases

This shows the number of COVID-19 cases admitted to a hospital each day. We want to see the number of hospitalizations go down over 14 days, without any uptrend in the past week.† The orange line represents a moving 7-day average.

Lower is better on this indicator




# Public Health Indicators by County



# Oregon State Legislature

May 2020


# Oregon State Legislature: Interim Committees




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## 2019-2020 Interim

[House Interim Committee On Health Care](#)  
Meeting Details [5/22/2020 8:00 AM](#), Offsite 

Follow: [Committee Materials](#) | [e-Subscribe Email](#) | [RSS](#) 

Agenda ▾ Meeting Materials Recording Log

[Open PDF Agenda](#) Revision 3, Posted on 5/21/2020 at 1:08 PM

**Current Agenda Status** ▾





[5/22/2020 8:00 AM](#), Remote Meeting

**Please Note:** The Capitol Building is currently closed to the public and meetings are taking place remotely. Go to <https://olis.oregonlegislature.gov/liz/20191/Committees/HHC/Overview> to access a live stream of this meeting. Locate the meeting date and click on the camera icon at the designated time. A viewing station will also be available outside on the front steps of the Capitol Building.

**Informational Meeting**  
*Invited testimony only*

**8:10 - 8:40 AM**  
**Oregon Health Authority and COVID-19 Public Health Crisis**  
Patrick Allen, Director, Oregon Health Authority

**Meetings** ▾

- [5/22/2020 8:00 AM](#) 
- [1/13/2020 2:00 PM](#) 
- [11/19/2019 8:00 AM](#) 
- [9/16/2019 1:00 PM](#) 

<https://olis.oregonlegislature.gov/liz/20191/Committees/HHC/2020-05-22-08-00/Agenda>

# House Interim Committee on Health Care: May 22, 2020

- COVID-19 Public Health Crisis
- Oregon's Health Care Workforce and COVID-19 Impacts
- COVID-19 Impacts on Vulnerable Populations
- Access to and Reimbursement Parity for Telehealth Services
- Oregon Hospitals and Models of Care
- Materials and recording available at:
  - <https://olis.oregonlegislature.gov/liz/2019I1/Committees/HHC/2020-05-22-08-00/MeetingMaterials>
- Additional House Interim Committee Meetings this week, including:
  - Human Services
  - Education
  - Revenue

# Information for Immigrants and Refugees



# Frequently Asked Questions

- *What is the Oregon Health Plan and CAWEM?*
- The Oregon Health Plan is health insurance for people in Oregon who have limited income. You can apply at any time by calling 800-699-9075 or apply online at <https://one.Oregon.gov/>.
- CAWEM (Citizen Alien Waived Emergent Medical) is health insurance for emergency medical services only. It is available to anyone who would be eligible for the Oregon Health Plan, but people are not required to provide citizenship information or Social Security Numbers. Call 800-699-9075 for more information and to find out if you are eligible.

# Frequently Asked Questions

- *If I have CAWEM, OHP, or private insurance, how much will it cost for me to get a test or treatment for COVID-19, including going to the hospital?*
- **Nothing.** The Governor has reached an agreement with insurers so that people will not have to pay anything out of pocket for COVID-19 tests or hospitalizations from COVID-19. The Oregon Health Plan's (OHP) Citizen/Alien Waived Emergency Medical (CAWEM) benefit includes emergency services related to the coronavirus (COVID-19). This includes testing at a hospital emergency room and being hospitalized if needed

# Frequently Asked Questions

- *I am an undocumented Oregon resident. Can I be tested for COVID-19 or seek medical treatment for COVID-19 and get coverage through the emergency-only coverage (CAWEM)?*
- **Yes.** The Oregon Health Authority says that the Oregon Health Plan's (OHP) Citizen/Alien Waived Emergency Medical (CAWEM) benefit includes emergency services related to the coronavirus (COVID-19), so you can be tested and receive treatment related to COVID-19 for free.

# Frequently Asked Questions

- *I'm concerned about the public charge. Will my family get in trouble if we get tested or treated for coronavirus?*
- **No.** If you are a Legal Permanent Resident (have a green card) applying to become a U.S. naturalized citizen, USCIS issued an alert on its website saying they will not consider testing, treatment, or preventive care (including vaccines, if a vaccine becomes available) related to COVID-19 as part of a public charge determination. If you have symptoms that resemble Coronavirus/COVID-19 (fever, cough, shortness of breath), you should get medical treatment. This will not negatively affect you as part of a future Public Charge analysis.

# Public Charge Information

- Information on Public Charge and COVID-19 from the Protecting Immigrant Families group:
  - [https://docs.google.com/document/d/1fQyxwXnXqGD4wxMNj4xMsJ4\\_1aOschcbK0yxliN4k9w/edit](https://docs.google.com/document/d/1fQyxwXnXqGD4wxMNj4xMsJ4_1aOschcbK0yxliN4k9w/edit)
- Information on Public Charge and COVID-19 from the Federal Government:
  - <https://www.uscis.gov/greencard/public-charge>
- Information from Oregon Health Authority on Public Charge:
  - <https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/DISEASES/ZA/Pages/COVID19-FAQ.aspx>
- Fact Sheet and FAQs on the New Federal “Public Charge Rule”:
  - <https://www.oregon.gov/OHA/ERD/Pages/public-charge.aspx>

# Frequently Asked Questions

- *Will ICE be at medical facilities and will my medical information be shared?*
- If you have a medical emergency or are in need of medical care, you should seek care. The Department of Homeland Security has recognized medical facilities as dedicated sensitive locations. Federal guidelines prohibit immigration agents from conducting arrests or other enforcement actions at health care facilities, such as hospitals, doctors' offices, health clinics, and urgent care facilities. Your medical information is only shared between you and your doctor and is protected by HIPPA privacy rules.

# Frequently Asked Questions

- *If I receive SNAP benefits (formerly known as food stamps), can I use them to order groceries online?*
- In addition to grocery stores, SNAP recipients can now also order groceries online from Amazon or Walmart. To see if you are eligible for SNAP benefits to receive money to buy groceries, call Oregon SafeNet, 1-800-723-3638.

# COVID-19 Interim Guidance for Agricultural Workers and Migrant and Seasonal Farm Workers

## Community Resources for Specific Groups

Individuals, Families and Caregivers

+

Older Adults

+

People with Disabilities

+

Agricultural Workers and Employers

+

Election Workers

+

Home Care Workers

+

[www.healthoregon.org/coronavirus](http://www.healthoregon.org/coronavirus)



# Clinical Care Questions

# Update on Hydroxychloroquine

- **Mehra et al, Lancet May 22, 2020**
  - Multinational registry analysis of data from 671 hospitals in six continents
  - N=96,032 patients with positive PCR for COVID-19
    - 14,888 patients were in the treatment groups
      - 1868 received chloroquine,
      - 3783 received chloroquine with a macrolide
      - 3016 received hydroxychloroquine
      - 6221 received hydroxychloroquine with a macrolide
    - 81,144 patients were in the control group (no treatment)
    - Excluded if received remdesivir/antivirals
- All included patients completed their hospital course (discharged or died) by April 21, 2020.

# Update on Hydroxychloroquine

- Analyses using propensity score matching by treatment group
- Increased hospital mortality in treatment groups
  - Control group (9.3%)
  - Hydroxychloroquine (18.0%; hazard ratio 1.335, 95% CI 1.223–1.457),
  - Hydroxychloroquine with a macrolide (23.8%; 1.447, 1.368–1.531)
  - Chloroquine (16.4%; 1.365, 1.218–1.531)
  - Chloroquine with a macrolide (22.2%; 1.368, 1.273–1.469)
  - Controlled for multiple confounding factors
- Increased risk of de-novo ventricular arrhythmia during hospitalization with drug

# Update on Hydroxychloroquine

- In summary, this multinational, observational, real world study of patients with COVID-19 requiring hospitalization found that the use of a regimen containing hydroxychloroquine or chloroquine (with or without a macrolide) was associated with no evidence of benefit, but instead was associated with an increase in the risk of ventricular arrhythmias and a greater hazard for in-hospital death with COVID-19.
- Randomized controlled trials will be required before any conclusion can be reached regarding benefit or harm of these agents in COVID-19 patients.
- The World Health Organization says it is temporarily halting its clinical trials that use hydroxychloroquine to treat COVID-19 patients over concerns that the drug may do more harm than good

# Your questions

- What should we tell asymptomatic patients requesting testing?
  - Testing asymptomatic patients is not recommended by OHA in general
    - Exception: people in high-risk congregate settings that have active cases
  - However, testing is up to the provider's clinical judgment; provider and patient need to understand the limitations: test is likely to be negative and negative results provides little useful information (and no protection)
- When can we expect to see the impact of reopening on number of cases?
  - It will likely be weeks before an increase in cases is seen
- Oregon's percent positive cases has been steadily going down. Is this due to increased testing? A genuine decrease in prevalence?
  - Both: % positivity declining since beginning of April, and total counts declining since early May, even with greatly increased testing

# Your questions

- What percentage of the population is health care workers?
  - Around 3% in Oregon
  - 18% of cases (with information on HCW status) are HCWs
  - We know health care workers are being tested at a higher rate than the public
- Are the local labs only using tests with FDA EUA? Providence, Legacy, OHSU, Adventist, Kaiser, Labcorp, Quest?
  - Yes, the major labs in Oregon are using tests with EUA, and Quest and LabCorp were among the earliest to have their own tests developed and granted EUA

# Upcoming...

# Expect updates soon on the following:

- Oregon Guidance for Healthcare Personnel on Use of PPE in Resource-Constrained Settings
- Guidance on Resumption and Continuation of Non-Emergent and Elective procedures
- Guidance for Entry into Acute Health Care Facilities
- Additional Reopening Guidance
- Changes to testing guidance
- *And much more...*



# **Project ECHO: *Final* Part 1 Session on COVID-19 Thursday 5/28**

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>***

# Healthcare Provider Webinar Changes

- *Note **new schedule starting in June!***
  - Moving to weekly events- no more Tuesday sessions.
- **Oregon Health Authority COVID-19 Information Sessions for Oregon Health Care Providers**
  - 1<sup>st</sup> and 3<sup>rd</sup> Thursdays, noon-1 p.m.
  - Weekly session information, slides and recordings at:  
[www.healthoregon.org/coronavirushcp](http://www.healthoregon.org/coronavirushcp)
- **OHSU's COVID-19 Response ECHO for Oregon Clinicians Part 2**
  - June – August, 2<sup>nd</sup> and 4<sup>th</sup> Thursdays, noon-1 p.m.
  - For full resources and benefits, register at:  
<https://connect.oregonechonetwork.org/Series/Registration/278>

# Thank you.