
OHA COVID-19 Webinar Series for Healthcare Providers

September 17, 2020

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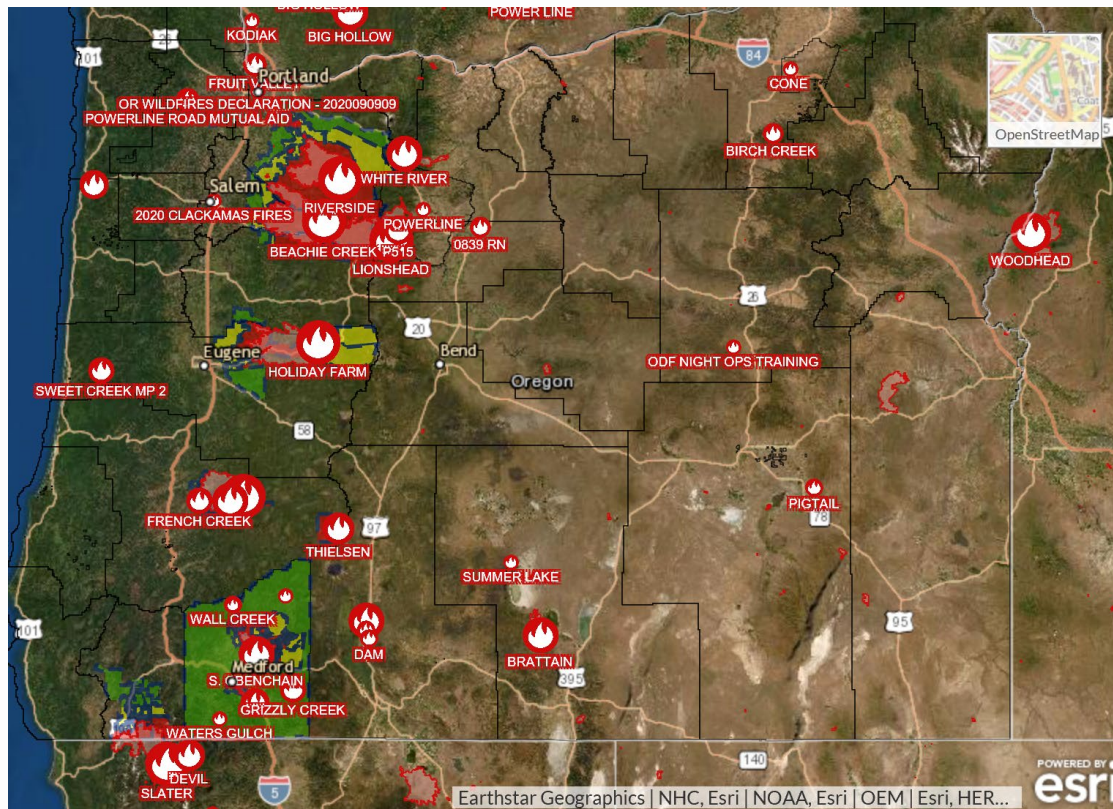
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Agenda Items

- First, Oregon wildfire update
- COVID-19 update
- Other Oregon COVID-19 updates
- COVID-19 literature updates
- COVID-19 questions and answers
- Closing

Oregon Wildfire Update



Oregon Wildfire Situational Update

As of September 16:

- 26 active fires in Oregon
- More than 940,950 acres burned
- Broad evacuations persist, while some able to return home
- Hospital impacts improving, although census is high
- Poor air quality across the state
- Oregon Wildfire Resources can be found here:
<https://wildfire.oregon.gov/>
- OHA Website: Wildfire and Smoke information
<https://www.oregon.gov/oha/PH/Preparedness/Prepare/Pages/PrepareForWildfire.aspx>

Oregon Disaster Declaration Granted 9/16

- Oregon was granted a Presidential Disaster Declaration to supplement state, tribal and local recovery efforts in areas affected by the wildfires since Sept. 7.
- The declaration makes federal funding available to affected individuals in Clackamas, Douglas, Jackson, Klamath, Lane, Lincoln, Linn and Marion counties.
- Individuals and business owners who sustained losses in the designated area can begin applying for assistance by registering online at www.DisasterAssistance.gov or by calling 1-800-621-3362.
- Federal assistance through FEMA's Public Assistance program is available to 20 Oregon counties.
- See press release here:
<https://www.oregon.gov/newsroom/Pages/NewsDetail.aspx?newsid=37358>

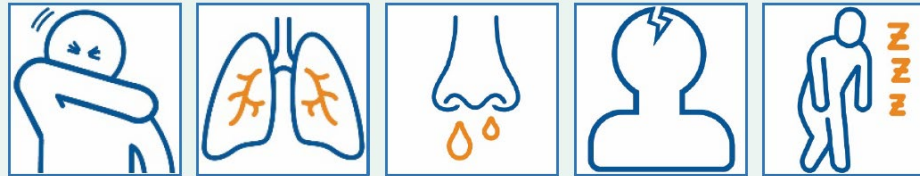
Symptoms: COVID-19 vs. Smoke Exposure

- Continue a high-level of clinical suspicion for COVID-19

Know the difference between symptoms of smoke exposure and COVID-19

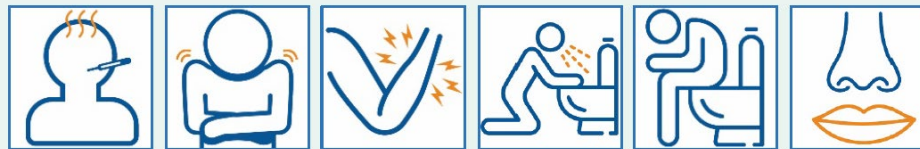
Symptoms that can be caused by both wildfire smoke and COVID-19:

- Cough, difficulty breathing, runny nose, headache, and fatigue



Symptoms not related to wildfire smoke exposure:

- Fever, chills, muscle and body aches, vomiting, diarrhea, and loss of taste or smell



COVID-19 Interim Shelter Guidance

- Evacuation shelters should adopt procedures and policies to prevent the spread of COVID-19.
- Small shelters (fewer than 50 residents) should be prioritized over larger shelters.
- Coordinated with local public health regarding a shelter plan for those with illness due to suspected or confirmed COVID-19
- All shelter residents, even those without symptoms, may have been exposed to COVID-19 and should self-quarantine after leaving the shelter.
- Full guidance can be found here:
<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/Ie2256A.pdf>

Replacing medical items lost to fire

- Oregon Health Plan (OHP) members can get prescription medications and durable medical equipment replaced that were lost or left behind due to the wildfire.
- Members enrolled in a CCO can find the contact information for their CCO here: <https://www.oregon.gov/oha/hsd/ohp/pages/coordinated-care-organizations.aspx>
- For open card OHP members, they can contact Member Services at 800-273-0557.

Hazardous Air Pollutants Exposure and Mortality from COVID-19 in the US

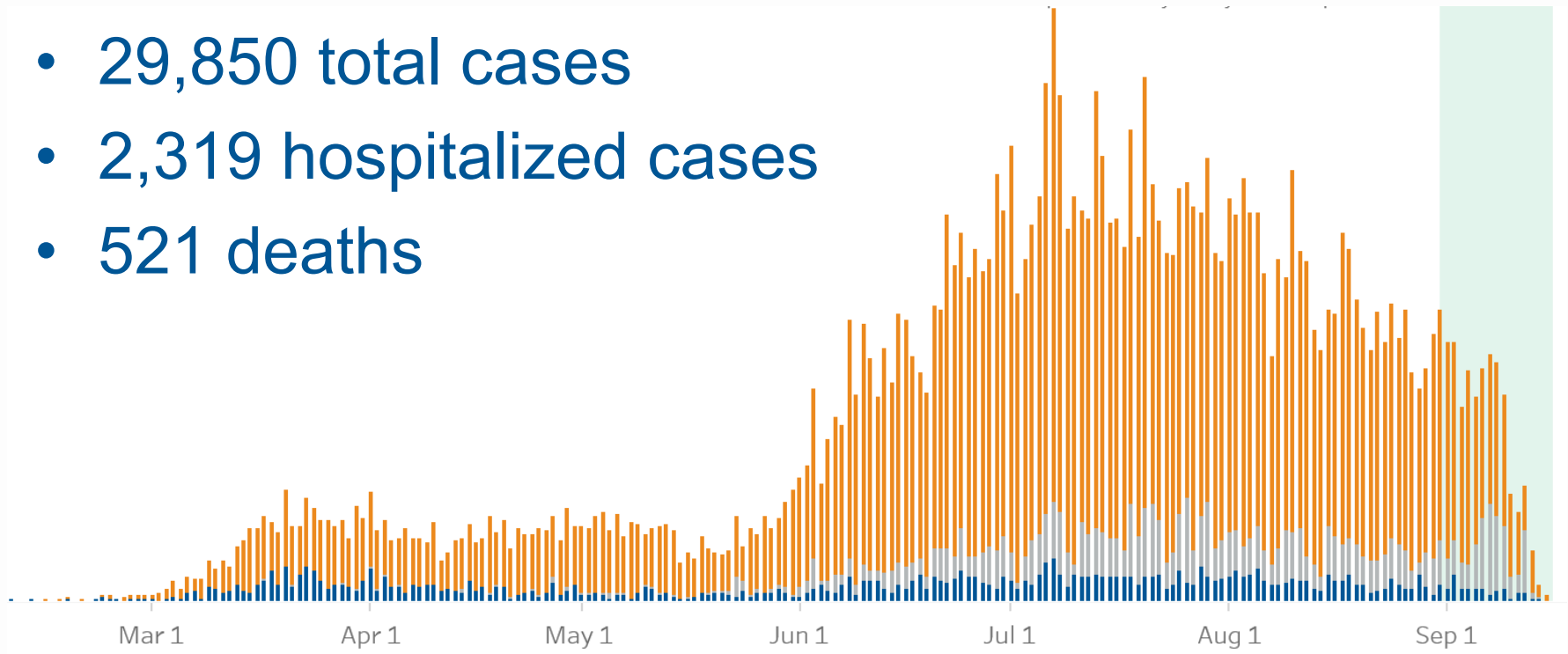
- Petroni *et al* 2020 *Environ. Res. Lett.*
 - Looked at 5 different air pollutants
 - An increase in the respiratory hazard index is associated with a 9% increase in COVID-19 mortality.
 - Long term increase, not short-term event such as wildfire smoke
 - Although differing in magnitude, this association holds for individual HAPs acetaldehyde, and diesel PM.
 - Our models suggest increased chronic multi-air pollutant exposure, even at levels below expected impact thresholds, are associated with higher COVID-19 mortality rates when controlling for known socioeconomic and behavioral health influences.

COVID-19 Update

COVID-19 Oregon Update

As of September 16:

- 29,850 total cases
- 2,319 hospitalized cases
- 521 deaths



COVID-19 Situation in Oregon

*For the week of **September 7-13***:*

- 1,294 new cases were recorded.
 - This is down 12% from the prior week.
- The number of Oregonians newly tested was 1,736.
 - This is down 35% from the week prior, likely a result of the wildfires.
- 5.6 % of test results were positive.
 - compared to 4.3% the week prior

**Numbers may change as additional test results from specimens collected during the time period are reported.*

Continued Disproportionate Impact

Race	Cases	% of total cases	Cases per 100,000 ^b	Hospitalized	% Hospitalized	Deaths	Case fatality
White	12,012	40.7%	335.9	1234	10.3%	335	2.8%
Black	1,007	3.4%	1247.3	93	9.2%	12	1.2%
Asian	854	2.9%	471.5	87	10.2%	19	2.2%
American Indian/Alaska Native	733	2.5%	1504.0	70	9.5%	11	1.5%
Pacific Islander	551	1.9%	3316.9	78	14.2%	7	1.3%
Other	10,296	34.9%	n/a	548	5.3%	52	0.5%
>1 race	546	1.9%	271.7	27	4.9%	8	1.5%
Not available	3,485	11.8%	n/a	142	4.1%	67	1.9%
Total	29,484	100.0%	696.0	2,279	7.7%	511	1.7%

Ethnicity	Case count	% of total cases	Cases per 100,000 ^a	Hospitalized	% Hospitalized	Deaths	Case fatality
Hispanic	11,812	40.1%	2172.2	647	5.5%	67	0.6%
Non-Hispanic	14,268	48.4%	386.4	1450	10.2%	351	2.5%
Not available	3,404	11.5%	n/a	182	5.3%	93	2.7%
Total	29,484	100.0%	696.0	2,279	7.7%	511	1.7%

School Readiness Metrics

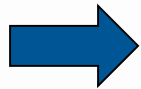
Required for return to in-person instruction, or a hybrid model of on-site and online learning:


State level

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



 **School Health and Safety Metrics**

Oregon public health officials have developed evidence-based metrics to help school boards and school districts make decisions about how they can safely reopen schools. Visit ODE's [Ready Schools, Safe Learners web page](#) for more information.

[Learn About the Metrics](#) ▼

[County Case and Testing Rates](#)

www.oregon.gov/ode/

Planning for 2020–21 School Year >
School Metrics Dashboard, Metrics
Explainer

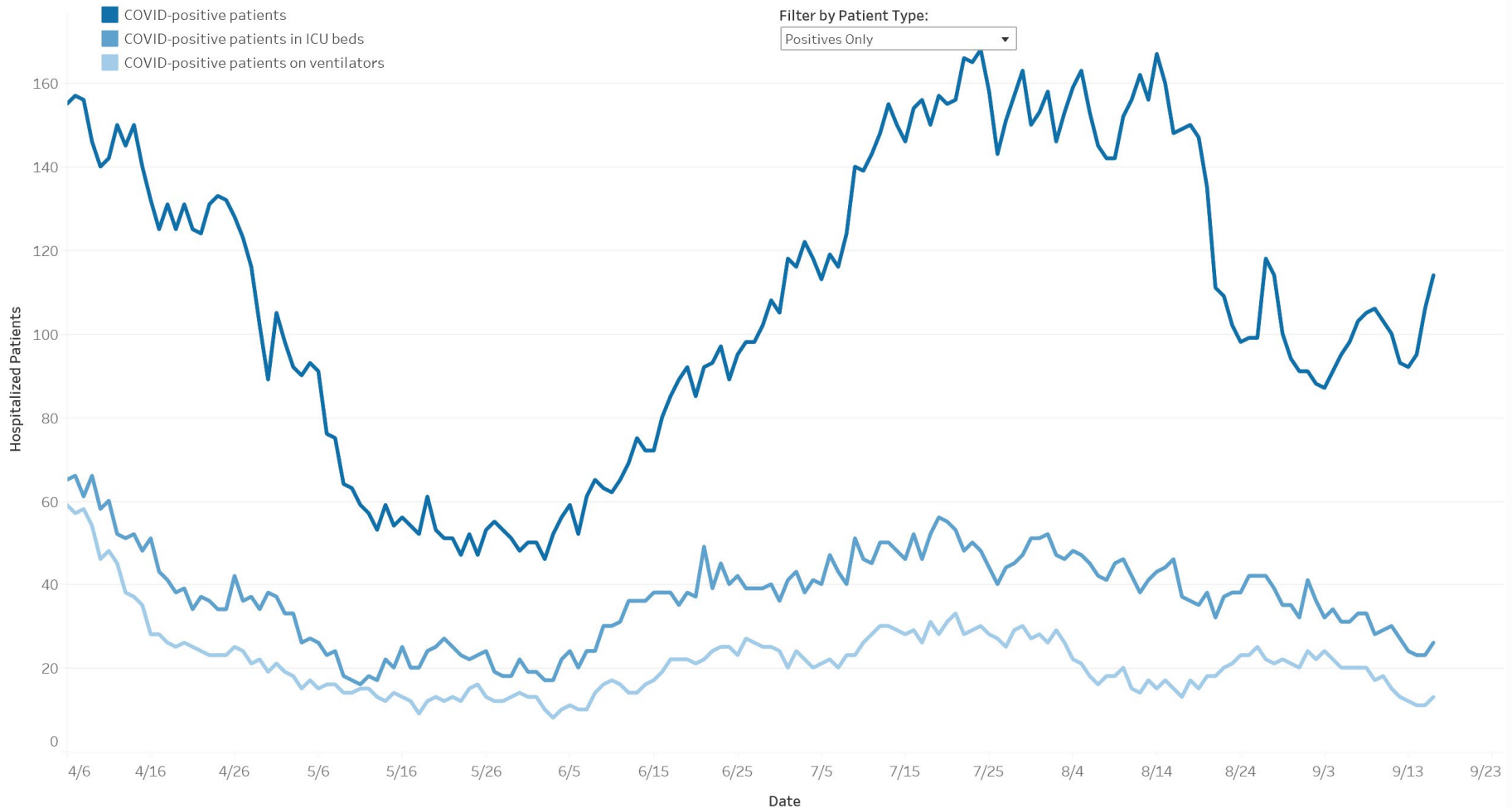
School Readiness Metrics

Oregon COVID-19 County Case Rates and Test Positivity by MMWR Week: July 5th - September 12th

This table is based on data pulled at 12:01 AM on September 14th, 2020. For case counts and case rates, cases are assigned to a week based on their true case date, which is the date when public health first identified them as a confirmed or presumptive COVID-19 case. For percent positivity in testing, persons tested are assigned to a week based on their specimen collection date. All data are provisional and subject to change.

County	Week of Data Date	Case Count	Cases per 100,000	Test Positivity
Oregon, statewide	July 5, 2020	1,933	45.6	5.7%
	July 12, 2020	2,398	56.6	5.3%
	July 19, 2020	2,172	51.3	5.6%
	July 26, 2020	2,320	54.8	6.1%
	August 2, 2020	2,173	51.3	5.2%
	August 9, 2020	1,990	47.0	5.2%
	August 16, 2020	1,683	39.7	5.0%
	August 23, 2020	1,682	39.7	4.4%
	August 30, 2020	1,502	35.5	4.3%
	September 6, 2020	1,314	31.0	5.6%

Hospital COVID Census: Statewide Trends



Other Oregon Updates

Pilot Project to Test COVID-19 Exposure Notification Technology

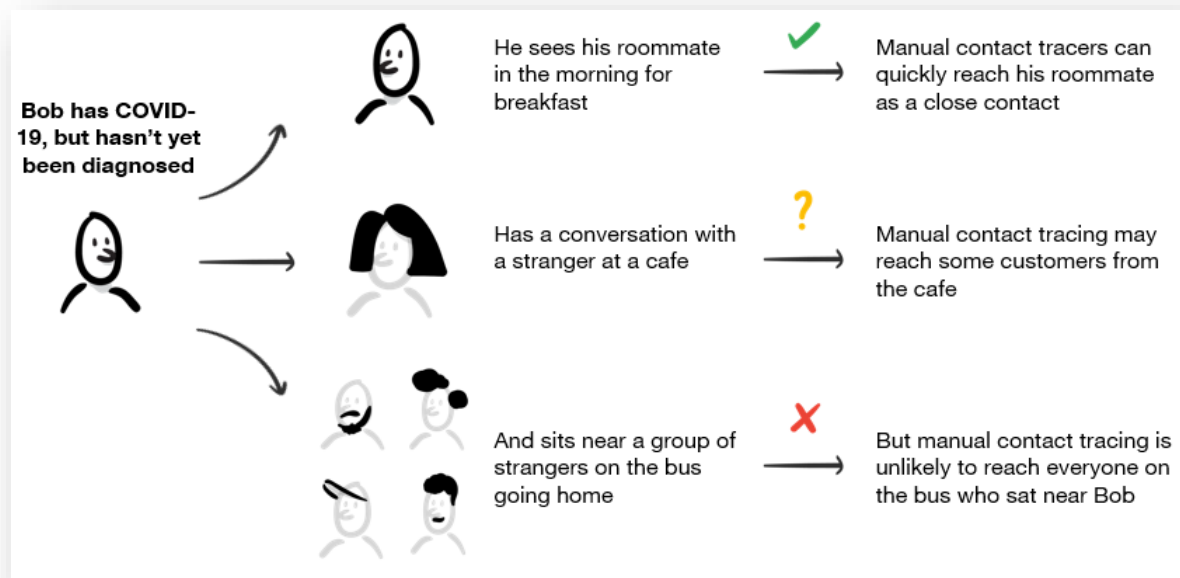
- On September 16, Governor Brown announced that Oregon has joined with Western States Pact members California, Washington, Colorado and Nevada in a pilot project to test COVID-19 exposure notification technology
 - Will test the Exposure Notification Express mobile application developed by Google and Apple
- Exposure notifications (EN) are alerts that people can receive on their phones to let them know if they've been in contact with someone diagnosed with COVID-19.
- Participation is voluntary—users must opt in.
 - Users can **voluntarily** report a verified positive COVID-19 test or diagnosis.

Pilot Project to Test COVID-19 Exposure Notification Technology

- The app confidentially notifies individuals who may have been exposed to someone who tested positive for the virus.
- The app does not collect, store or transmit any personally identifiable user information (including location).
- EN can augment public health contact tracing.
 - Contacts identified through the app are instructed to call their LPHA for follow-up.
- Digital EN is effective at all levels of uptake.
 - 15% uptake in the adult population results in 15% fewer infections, and 11% fewer deaths.
 - ~240 fewer infections per week in Oregon
<https://www.ox.ac.uk/news/2020-09-03-new-research-shows-tracing-apps-can-save-lives-all-levels-uptake>

Pilot Project to Test COVID-19 Exposure Notification Technology

- EN can increase the speed and reach of contact tracing including anonymous and forgotten contacts.
- EN can reduce COVID-19 transmission and save lives.
- Press release: <https://www.oregon.gov/oha/ERD/Pages/OHA-Weekly-Report-Shows-Declining-Case-Count-Trend.aspx>



COVID-19 Wastewater Monitoring Project

- OHA has launched a statewide COVID-19 wastewater monitoring project to study the presence of the SARS-CoV-2 virus in more than 40 small to medium-sized communities around the state.
 - Will include weekly wastewater testing over the next 30 months
- The project will enable epidemiologists to better understand the circulation of COVID-19 in some of Oregon's communities.
 - It will serve as an “early warning” system to tell if COVID-19 is spreading silently in communities.
- Most of the work will be carried out by Oregon State University researchers along with local partners.
- Funded by the CDC
 - Melisa Sutton MD, MPH is the principal investigator

COVID-19 Literature Updates

Influenza vs COVID-19 Symptoms in US Children

- Song et al, JAMA September 8, 2020
 - Retrospective cohort study
 - 315 children with COVID-19
 - 1402 children with seasonal influenza A or B
 - No patients in this cohort were hospitalized with coinfection of both COVID-19 and seasonal influenza
 - Note: sharp drop in influenza positive rate seen with school closures and further reduction with stay at home orders (positive detection rate 22% pre to 0.3% post)
 - Patients hospitalized with COVID-19 were significantly older (median age 9.7 yrs vs 4.2 yrs) and more likely to have an underlying medical condition than those hospitalized with seasonal influenza.
 - Patients with COVID-19 and those with seasonal influenza had a similar hospitalization rate (54 [17%] vs 291 [21%], $P = .15$), intensive care unit admission rate (18 [6%] vs 98 [7%], $P = .42$), and use of mechanical ventilators (10 [3%] vs 27 [2%], $P = .17$).

Influenza vs COVID-19 Symptoms in US Children

- More patients hospitalized with COVID-19 than with seasonal influenza reported fever (41 [76%] vs 159 [55%], $P = .005$), diarrhea or vomiting (14 [26%] vs 36 [12%], $P = .01$), headache (6 [11%] vs 9 [3%], $P = .01$), body ache or myalgia (12 [22%] vs 20 [7%], $P = .001$), and chest pain (6 [11%] vs 9 [3%], $P = .01$).
- Differences between patients hospitalized with COVID-19 vs influenza who reported cough (24 [48%] vs 90 [31%], $P = .05$) and shortness of breath (16 [30%] vs 59 [20%], $P = .13$) were not statistically significant.
- Two patients with influenza A died. No deaths were observed among patients with COVID-19 or influenza B
- Conclusions: Children with COVID-19 and influenza present with similar symptoms and have similar hospitalization rates, ICU admission rates, and intubation rates.

Clinical Outcomes in Young Adults Hospitalized with COVID-19

- Cunningham et al, JAMA September 9, 2020
 - Cohort study
 - 3222 adults aged 18-34 with diagnosis of COVID-19 admitted to US hospitals
 - During hospitalization, 684 patients (21%) required intensive care, 331 (10%) required mechanical ventilation, and 88 (2.7%) died.
 - The median length of stay was 4 days (interquartile range, 2-7 days).
 - Morbid obesity (adjusted odds ratio [OR], 2.30; 95% CI, 1.77-2.98; vs no obesity; $P < .001$) and hypertension (adjusted OR, 2.36; 95% CI, 1.79-3.12; $P < .001$) were common and in addition to male sex (adjusted OR, 1.53; 95% CI, 1.20-1.95; $P = .001$) were associated with greater risk of death or mechanical ventilation.
 - Diabetes also associated with death or intubation
 - No difference based on race or ethnicity

Maternal and Perinatal Outcomes from COVID-19

- Allotey et al, BMJ, September 1, 2020
 - Living systematic review and meta-analysis
 - N=77 studies (11,432 women)
 - Pregnant women with COVID-19 are more likely to require ICU admission or mechanical ventilation than pregnant women without COVID-19.
 - 73 pregnant women (0.1%) with confirmed covid-19 died from any cause.
 - Increased maternal age (1.78, 1.25 to 2.55), high body mass index (2.38, 1.67 to 3.39), chronic hypertension (2.0, 1.14 to 3.48), and pre-existing diabetes (2.51, 1.31 to 4.80) were associated with severe covid-19 in pregnancy.

Maternal and Perinatal Outcomes from COVID-19

- Spontaneous preterm birth rate was 6% (95% confidence interval 3% to 9%) in women with covid-19. The odds of any preterm birth (3.01, 95% confidence interval 1.16 to 7.85) was high in pregnant women with covid-19 compared with those without the disease.
- A quarter of all neonates born to mothers with covid-19 were admitted to the neonatal unit (25%) and were at increased risk of admission (odds ratio 3.13, 95% confidence interval 2.05 to 4.78) than those born to mothers without covid-19.
- Conclusion: Pre-existing comorbidities, high maternal age, and high body mass index seem to be risk factors for severe covid-19 in pregnant women. Preterm birth rates are high in pregnant women with covid-19 than in pregnant women without the disease.

COVID-19 Questions and Answers

What are the long term effects of COVID-19?

- Yelin et al, Lancet, September 1, 2020
 - Reported long term effects of COVID-19:

Extreme fatigue	Muscle weakness	Low grade fever
Inability to concentrate	Changes in mood	Diarrhea and vomiting
Memory Lapses	Sleep difficulties	Shortness of breath
Chest pains	Headaches	Needle pains in arms and legs
Sore throat/difficulty swallowing	Palpitations	Loss of taste and smell
Skin rash	New onset DM and HTN	

What are the long term effects of COVID-19?

- Theoretical long-term effects of COVID-19
 - Lung scarring or damage
 - Cardiac damage
 - Neurologic effects

What are the long term effects of COVID-19?

- Studies currently underway
 - National Heart, Lung, and Blood Institute
 - COVID-19 Observational Study, or the CORAL study
 - researchers across approximately 50 participating PETAL network hospitals plan to enroll 3,000 adult COVID-19 patients to follow their long term outcomes for 2 years
 - In the United Kingdom, the [Post-Hospitalisation COVID-19 Study](#) (PHOSP-COVID) aims to follow 10,000 patients for a year.
 - Data-sharing initiatives such as the CAPACITY registry, launched in March, are compiling reports from dozens of European hospitals about people with COVID-19 who have cardiovascular complications.

Healthcare Provider Weekly Webinars

- **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-1:15 p.m.
 - For full resources and benefits, register at:
<https://connect.oregonechonetwork.org/Series/Registration/278>

Thank you