OHA COVID-19 Webinar Series for Healthcare Providers

July 16, 2020

Ariel Smits, MD, MPH
Melissa Sutton, MD, MPH
Agenda Items

• COVID-19 situational update
• Testing shortages
• Revised PPE guidance for resource constrained settings
• Remdesivir updates
• Masking in health care settings
• COVID literature update
• General COVID-19 Questions
• Closing
Situation Update
The COVID-19 Pandemic Update in Oregon

As of July 14th:

- 12,805 total cases
- 643 presumptive cases
- 244 deaths
The COVID-19 Pandemic Update in Oregon

For the week of July 6-12:

- 32,736 COVID-19 tests reported
- 2,043 new cases (7% increase from prior week)
- Percent positive tests increased to 6.2%
- Rise in cases is largely a result of widespread community transmission
Epi Link Trends by Week

![Graph showing weekly trends in cases by type: Cluster, Household, Outbreak, Sporadic.](image)
Sporadic Transmission
COVID-19 Cases by Age Group
Active Monitoring Capacity
COVID-19 Hospitalization Trends

[Bar chart showing hospital admission dates with non-ICU and ICU hospitalization counts.]
COVID-19
Testing Shortages
COVID-19 Testing Shortages

- The number of tests performed the week of July 6-12 week dropped by 29%
- Simultaneously, we are receiving widespread reports of delayed turn-around times through commercial laboratories
- Both local and national case counts are affecting our testing supplies
Remdesivir Update
Remdesivir Update

• No new, peer-reviewed, published articles

• According to an April 29, 2020 NIH news release, preliminary results for the NIAID study involving 1063 individuals with advanced lung disease “indicate that patients who received remdesivir had a 31% faster time to recovery than those who received placebo (p<0.001). Specifically, the median time to recovery was 11 days for patients treated with remdesivir compared with 15 days for those who received placebo.” Differences in mortality rate were not statistically significant, and full results of the study have not been published.

Remdesivir Update

• Press release issued July 10th from the drug manufacturer, Gilead Sciences, Inc., stated:
  
  – “Separate subgroup analyses from the Phase 3 SIMPLE-Severe trial, including an evaluation of the safety and efficacy of remdesivir across different racial and ethnic patient subgroups treated in the United States, found that traditionally marginalized racial or ethnic groups treated with remdesivir in this study experienced similar clinical outcomes as the overall patient population in the study.”

Remdesivir Update

• Recent article in Science News stated:
  – “Currently, remdesivir is given intravenously to people who are hospitalized with COVID-19. But many researchers think giving the drug earlier in an infection would be even better. Gilead announced July 8 that it would begin a clinical trial to test the safety of an inhaled form of the drug. If the inhaled form is safe and effective, it might be used to treat people at home. The company also announced it would begin testing the intravenous drug in children.”

Remdesivir Update

• Between May 15\textsuperscript{th} and June 29\textsuperscript{th}, OHA received a total of 2,680 doses of donated remdesivir for the treatment of COVID+ patients who meet inclusion criteria according to the Emergency Use Authorization issued by the FDA
  – No further donated doses are expected and OHA has now completed distribution of these doses to Oregon hospitals

• Based on an agreement between the federal government and the drug manufacturer, Gilead, Oregon will now receive every other week allotments of commercially available remdesivir through September beginning as early as this week
  – The first expected shipment to Oregon includes 200 doses

• Depending on the size of future remdesivir shipments to Oregon, it is likely to be a scarce resource in the near future
Revised PPE guidance for Resource Constrained Settings
Revised Interim Guidance: Use of PPE by Healthcare Personnel in Resource-Constrained Settings

• Revisions published July 8 by OHA and Oregon OSHA
• Provides more granular guidance for PPE use in varying degrees of resource constrained settings in alignment with federal guidance and available evidence
• Guidance is provided for the following three areas:
  – General measures to optimize PPE use
    • Engineering controls
    • Administrative controls
  – Use of a tiered approach to optimize PPE supply
    • Spanning conventional, contingency (tiers 1 & 2) and crisis (tiers 3 & 4) capacity strategies
  – Monitoring PPE availability to guide optimal use

https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2288t.pdf
Universal Masking in Healthcare Settings
COVID-19 Literature Updates
Persistent Symptoms after COVID-19

• Carfi et al, July 9 2020, JAMA
  – N=143 patients
    • The mean age was 56.5 (SD, 14.6) years (range, 19-84 years), and 53 (37%) were women.
    • The mean length of hospital stay was 13.5 (SD, 9.7) days; 21 patients (15%) received noninvasive ventilation and 7 patients (5%) received invasive ventilation.
  – Patients were assessed a mean of 60.3 (SD, 13.6) days after onset of the first COVID-19 symptom
  – At the time of the evaluation, only 18 (12.6%) were completely free of any COVID-19–related symptom, while 32% had 1 or 2 symptoms and 55% had 3 or more. None of the patients had fever or any signs or symptoms of acute illness. Worsened quality of life was observed among 44.1% of patients. A high proportion of individuals still reported fatigue (53.1%), dyspnea (43.4%), joint pain, (27.3%) and chest pain (21.7%).
MMWR Face Mask Report

• Hendrix et al, July 14, 2020
• Springfield, MO, 2 symptomatic hairstylists with COVID-10 exposed 139 clients
  – 15-45 min appointments
• Both the stylists and the clients wore face masks
  – Stylists: stylist A wore a double-layered cotton face covering, and stylist B wore a double-layered cotton face covering or a surgical mask
  – Clients: 49 (47.1%) wore cloth face coverings, 48 (46.1%) wore surgical masks, five (4.8%) wore N95 respirators, and two (1.9%) did not know what kind of face covering they wore
• No symptomatic secondary cases were reported; among 67 clients tested for SARS-CoV-2, all test results were negative.
• Several household contacts of stylist A became sick
• Conclusion: Adherence to the community’s and company’s face-covering policy likely mitigated spread of SARS-CoV-2.
Clinical Care Questions
Your questions

• When can a patient return to work after a COVID diagnosis?
  – If all three of the following are true:
    • At least 72 hours have passed after fever (without use of antipyretics)
    • COVID-19 symptoms (cough, shortness of breath, diarrhea) are getting better; and
    • At least 10 days have passed since the positive test for COVID-19.
  – If the patient never had any symptoms, they may return to work 10 days after the first positive test for COVID-19.
  – Employees do not need a return to work note from a provider or from public health if they meet the above criteria.

• What interval should you retest asymptomatic individuals?
  – No need to retest
Your questions

• When should an asymptomatic person with a known contact be tested for best results?
  – Testing is not required in asymptomatic contacts during quarantine, but may be considered
  – A negative test does not negate quarantine
  – Sensitivity of the PCR tests is highest at about day 8 after exposure
  – Or when symptoms develop

• When is antibody testing useful?
  – It is only recommended as part of the work up for MIS-C or as surveillance

• Any data on protests and case numbers?
  – Several early studies from cities with large protests show no correlation between the protests and the number of positive tests 2 weeks later
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.