
OHA COVID-19 Webinar Series for Healthcare Providers

Tuesday, April 28

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Agenda Items

- COVID-19 epi updates
- Surveillance strategy
- Reopening elective surgery
- Hospital visitation policy changes
- Updated IDSA guidelines on PPE
- Updated CDC symptom list for COVID
- General COVID-19 Questions
- Closing

Epidemiology update

The COVID-19 Pandemic Update in Oregon

As of April 27th:

- 2,354 positive COVID-19 cases
- 92 deaths
- 48,844 negative tests
- Test results do not reflect the full impact of COVID-19 in our state

Testing Results Summary through 4/24

Summary of Oregon test results through 4/24/20

	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	Total to date
Positive	1	12	35	66	348	437	472	414	392	2,177
Negative	3	122	466	1,460	7,050	7,434	9,318	8,683	8,779	43,315
Total/ week	4	134	501	1,526	7,398	7,871	9,790	9,097	9,171	45,492
% positive	25.0%	9.0%	7.0%	4.3%	4.7%	5.6%	4.8%	4.6%	4.3%	4.8%

As of April 24th, Oregon's cumulative positive testing rate has remained fairly consistent at about 5% of tests performed; this is considerably lower than the national average of 18.4%. Oregon's low test positivity rate reflects decreasing numbers of individuals with COVID-19 symptoms due to the Governor's stay-at-home order and increasing testing statewide, including testing at hospital laboratories and commercial laboratories.

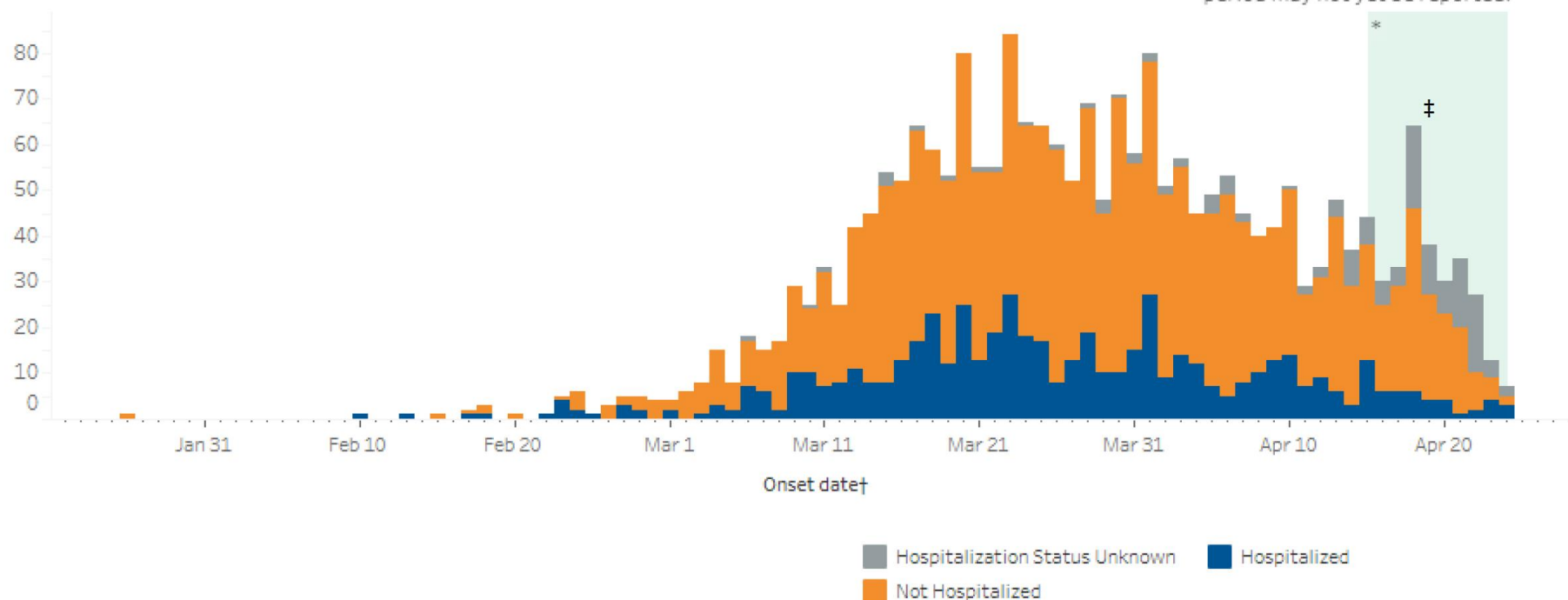
Epidemiologic curve

Oregon's Epi Curve: Positive COVID-19 cases

This chart shows the number of Oregonians who have tested positive for COVID-19 and whether they were ever hospitalized for their illness.

Total Positive Cases	Hospitalized	Not Hospitalized	Hospitalization Status Unknown
2,354	554	1,659	141

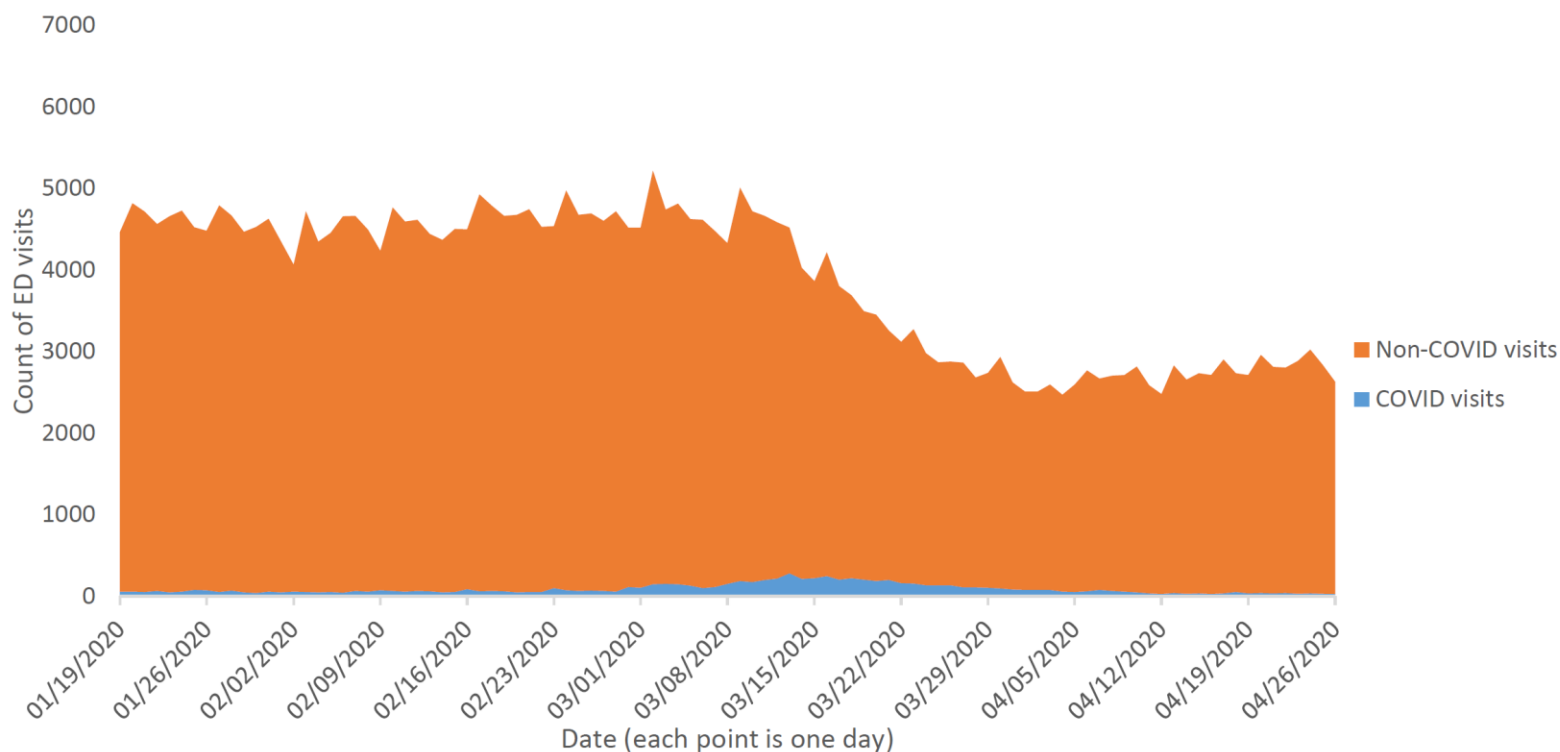
*Illnesses that began during this time period may not yet be reported.



Daily ED visits

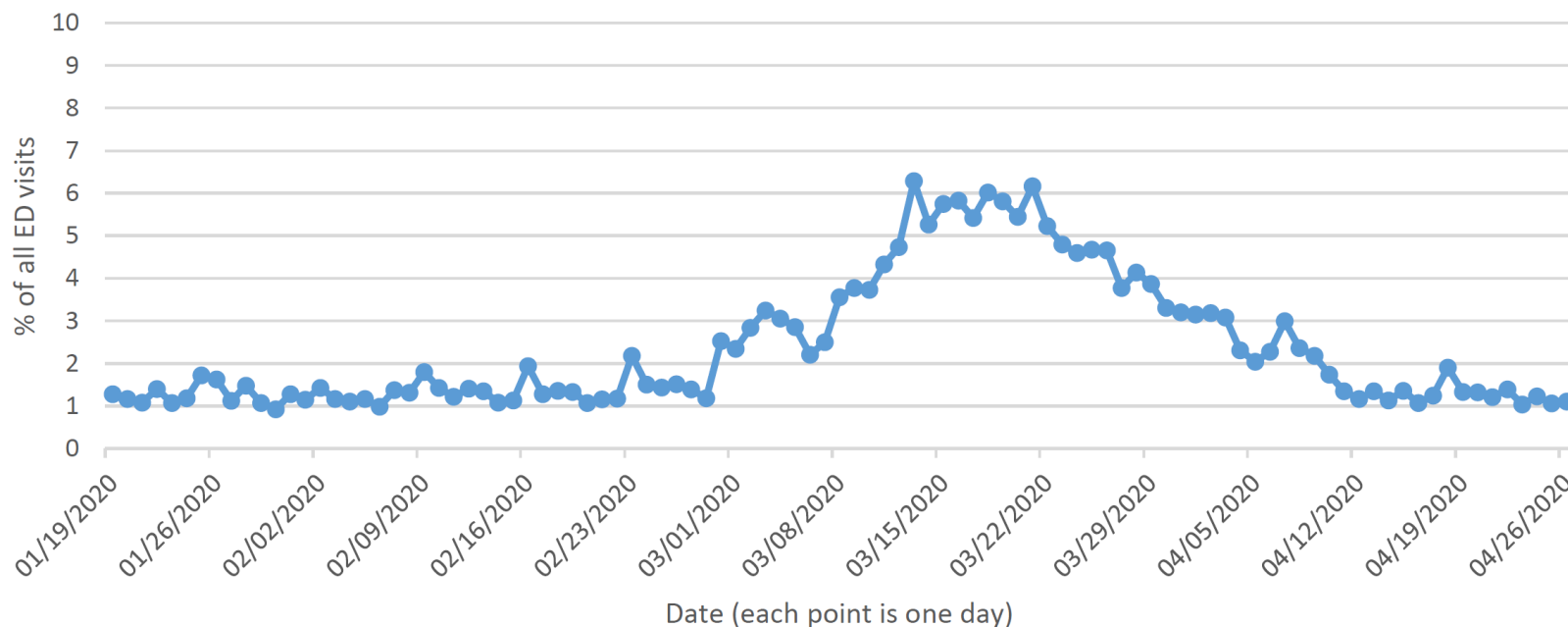
Emergency Department Visits in Oregon as reported to Oregon ESSENCE*

COVID-like visits still make up a small proportion of all reported ED visits reported, and total ED visits have decreased...



Daily ED visits for CLI

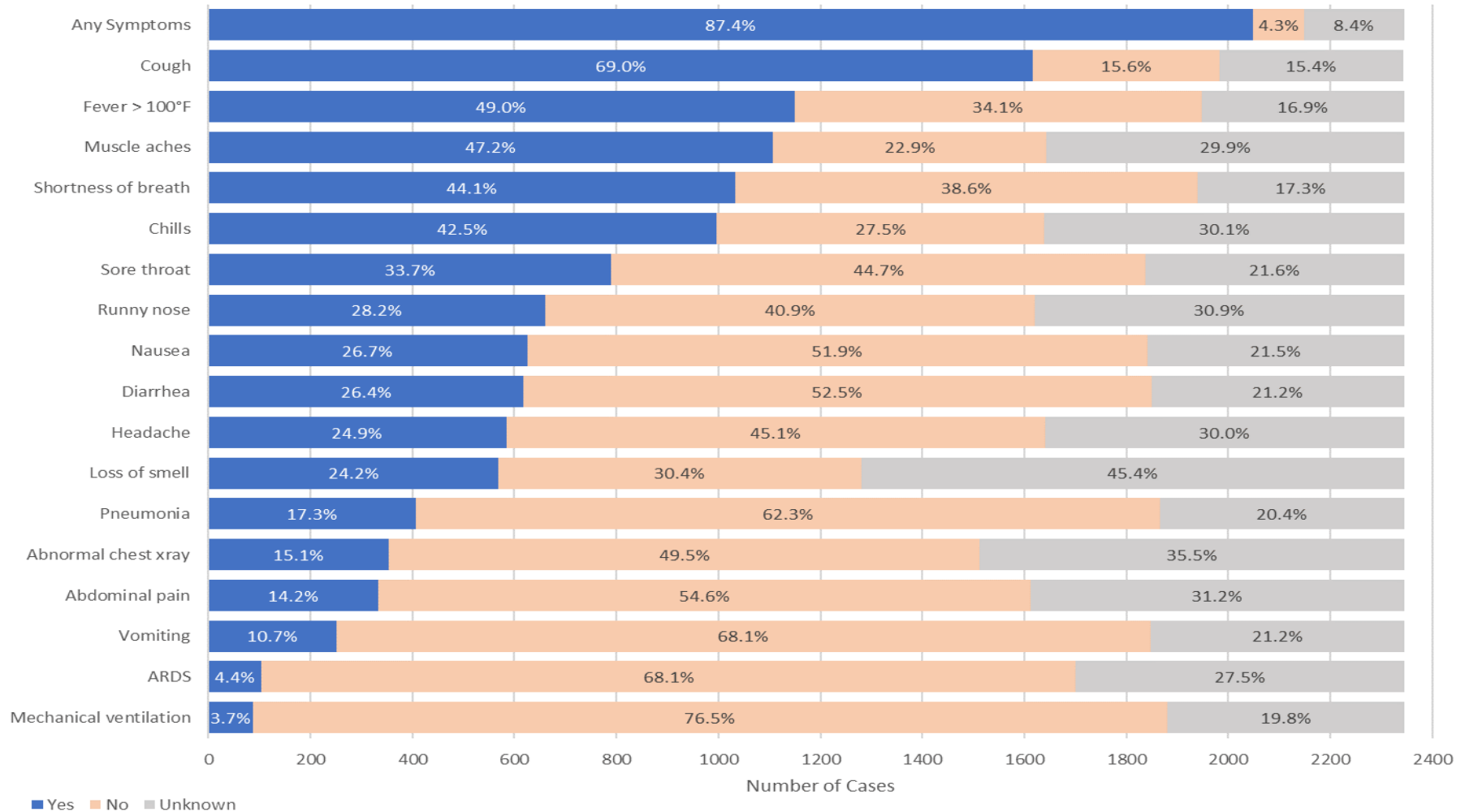
... and the percentage of COVID-like visits has decreased.



*Oregon ESSENCE receives daily reports of emergency department visits from all 60 non-Federal hospitals in Oregon.

Reported Signs and Symptoms for All COVID-19 Cases as of April 26 (n=2,345)

Figure 1. Reported signs and symptoms for all confirmed COVID-19 cases (n=2,345)



Current COVID-19 Hospitalizations

	Currently Hospitalized COVID-19 Patients*	Currently Hospitalized COVID-19 Positive Patients**
Hospitalized COVID-19 Patients	247	123
COVID-19 Patients in ICU Beds	67	36
COVID-19 Patients on Ventilators	32	24
*Includes both confirmed and suspected COVID-19 patients		
**Includes only confirmed positive COVID-19 patients		

Latest projections

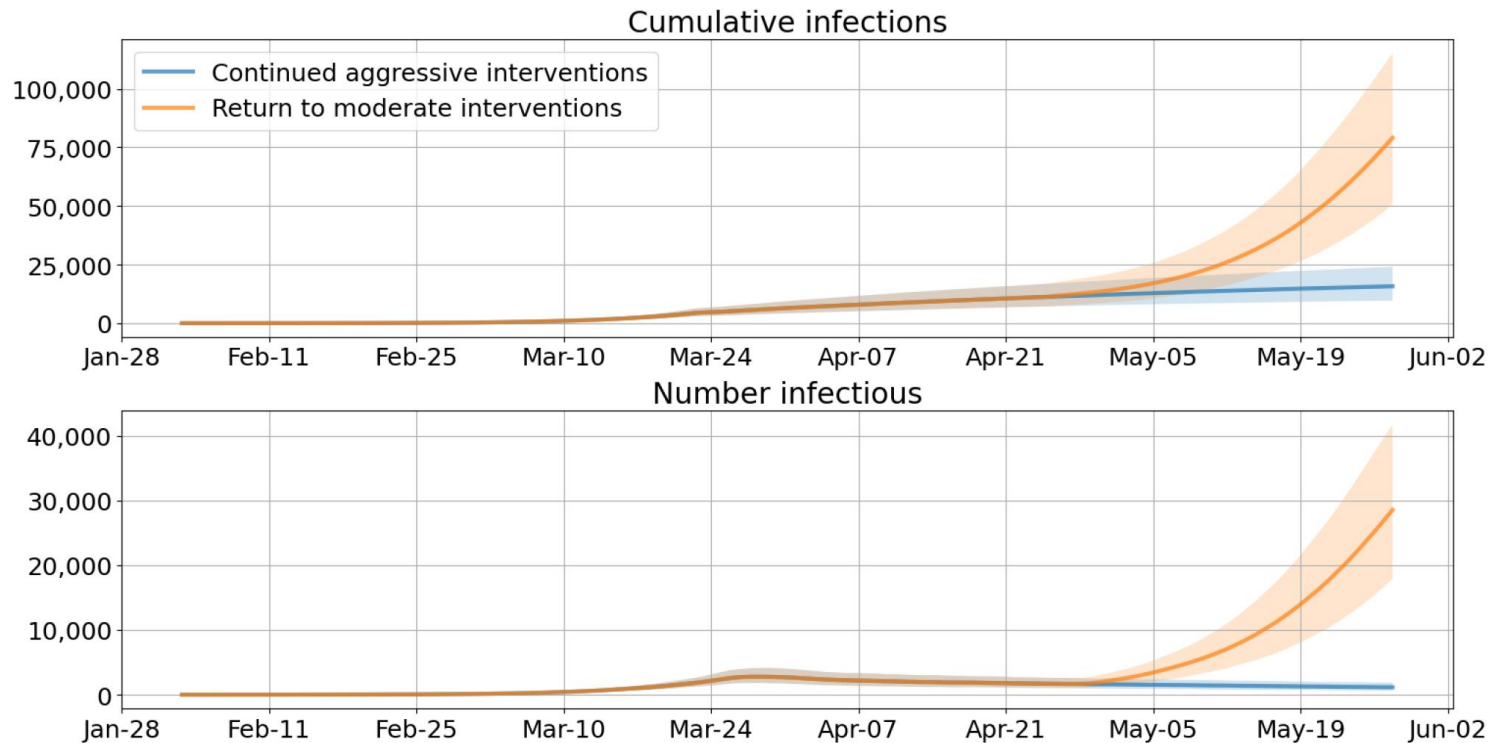


Figure 3: Model projections for the next 6 weeks assuming either a continuation of current physical distancing interventions (blue), or a return to the moderate physical distancing interventions as of March 22nd (orange).

Latest projections

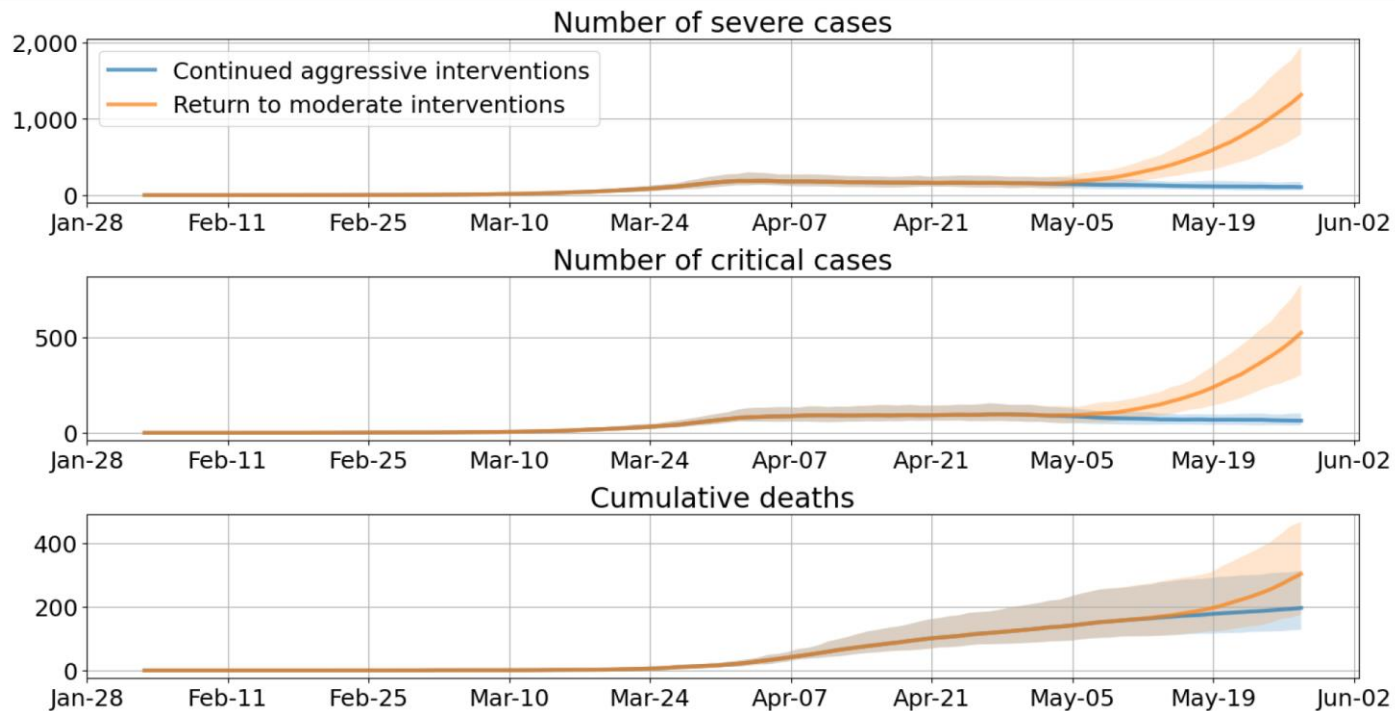


Figure 4: Model projections on hospital demand and deaths over the next 6 weeks assuming either a continuation of current physical distancing interventions (blue), or a return to the moderate physical distancing interventions as of March 22nd (orange). Top two graphs depict active cases; bottom graph depicts cumulative deaths.

Surveillance Strategy

Surveillance Strategy

- Governor's Medical Advisory Panel reviewed and approved active surveillance strategy last week; reviewing parameters for considering stepwise easing of social restrictions today.
- Active surveillance
 - Expand diagnostic testing
 - Identify and investigate COVID-19 cases, including contact tracing
 - Isolate cases, quarantine contacts; provide wraparound support
 - Reduce transmission in at-risk groups and intervene in clusters
- Resource needs for active surveillance: workforce (hiring, training); IT capacity; equipment, supplies and space; support for those under isolation and quarantine

Reopening Elective Procedures

Resuming Non-Emergency and Elective Procedures requiring PPE

- Six weeks ago, Governor Brown issued Executive Order No. 20-10 cancelling all elective and non-urgent procedures requiring PPE
 - Appropriate to ensure we had enough hospital capacity and PPE in preparation for a potential surge of COVID-19 cases
 - Cancellation included procedures that are necessary, and if further delayed, could impact Oregonian's health
 - Cancellation of elective procedures has also had a significant impact to the financial stability of the health care system
- On April 23 Governor Brown announced her plan for resuming non-emergency and elective procedures as early as **May 1st** as long as certain criteria are met

Resuming Non-Emergency and Elective Procedures requiring PPE

- Priorities that must inform all actions towards resuming non-emergent and elective procedures in Oregon:
 - Minimize the risk of SARS-COV-2 transmission to patients, healthcare workers, and others;
 - Avoid further delays in healthcare for Oregonians;
 - Maintain adequate hospital capacity in case of an increase in COVID-19 cases;
 - Minimize transfers to skilled nursing facilities and other long-term care facilities due to the vulnerability of these congregate care settings; and
 - Reduce financial impacts to Oregon's health system.

Resuming Non-Emergency and Elective Procedures requiring PPE

- Requirements before resuming non-emergent and elective procedures:
 - Adequate hospital bed capacity
 - Adequate PPE supplies and recommended use
 - Access to adequate testing capacity
 - Following strict infection control policy
 - Following strict visitation policies
- Once procedures resume:
 - Start slowly
 - Physical distancing
 - Prioritize procedures based on indication and urgency
 - Balance risks vs. benefits and consider needed resources

Resuming Non-Emergency and Elective Procedures requiring PPE

- On April 27, Governor Brown issued Executive Order No. 20-20:
 - *“Oregon is at the point where it is possible to gradually resume elective and non-urgent procedures, as long as those procedures are performed in compliance with Oregon Health Authority guidance, which will ensure COVID-19 safety and preparedness by maintaining hospital capacity and adequate supply of PPE”*
- Next Steps:
 - OHA will issue guidance for hospitals, ambulatory surgical centers, veterinary facilities, and medical/dental/other healthcare office by May 1st
- Monitoring:
 - COVID-19 cases, hospitalizations
 - Readiness to slow down or change course if needed

Hospital Visitation Policy Changes

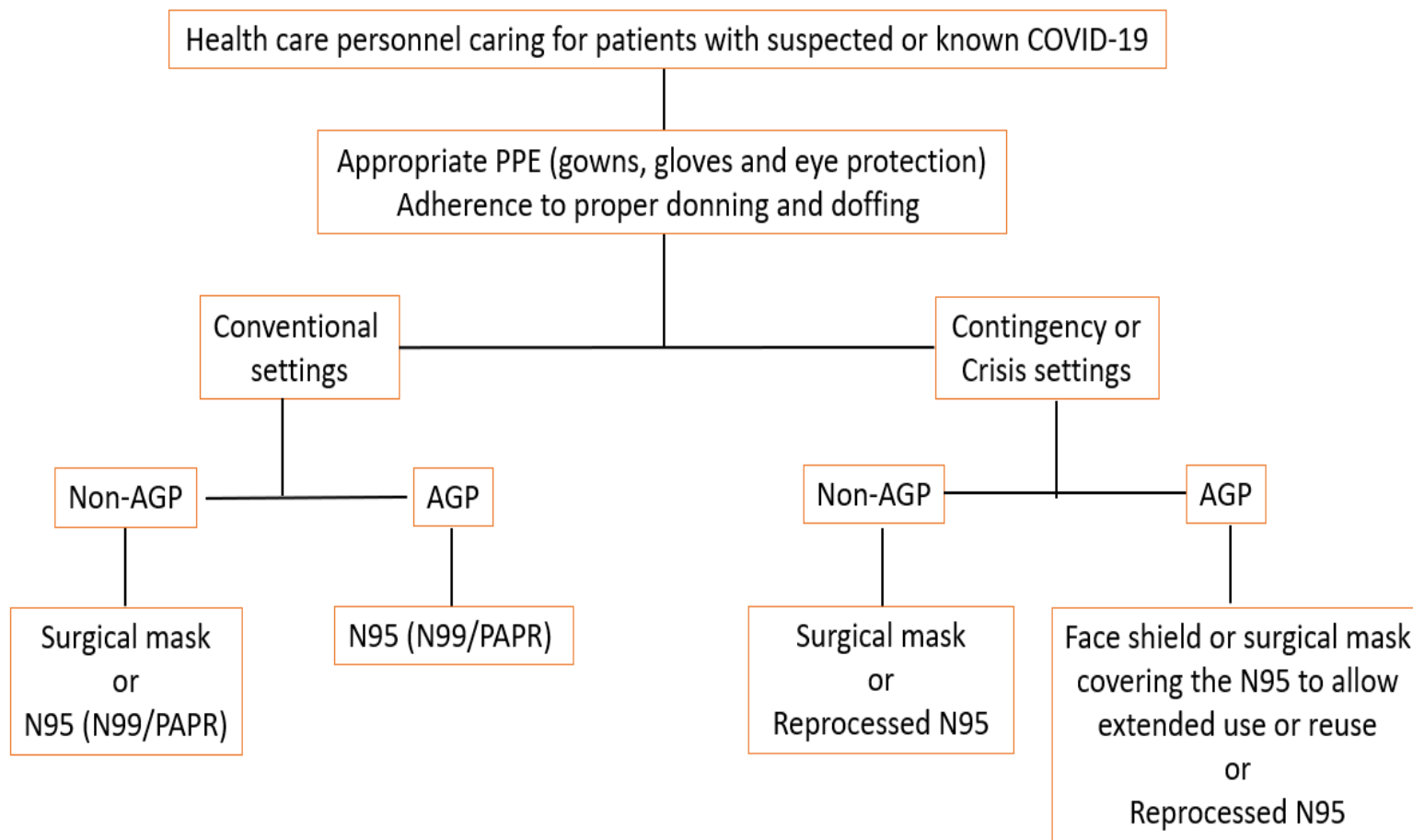
Hospital Visitation Policy Changes

- Refuse visitation to a patient who is being treated for COVID-19, however, exceptions may be made in the following cases:
 - End-of-life care as determined by the medical provider in charge of patient's care
 - **Pediatric hospitalized patients**
 - **Patients who need assistance due to their disability.** This could include needs due to altered mental status, intellectual or cognitive disability, communication barriers, or behavioral concerns
- Permit no more than one essential individual to visit a patient on any day.
- Permit no more than two essential individuals to visit a patient on any day in the following situations except as provided above:
 - **Pediatric hospitalized patients may have two parent or guardian visitors.**
 - **Patients who are at the end-of-life**

Infectious Diseases Society of America Guidelines on Infection Prevention for Health Care Personnel Caring for Patients with Suspected or Known COVID-19

Last updated April 27, 2020

Figure 1. IDSA Algorithm for Appropriate PPE in Conventional and Contingency or Crisis Settings



AGP: aerosol-generating procedures; **PPE:** personal protective equipment

IDSA guidelines continued

- In **CONVENTIONAL, CONTINGENCY OR CRISIS CAPACITY SETTINGS:**
 - **Recommendation 3:** The IDSA guideline panel makes no recommendation for the use of double gloves versus single gloves for health care PPE*. (Knowledge gap)
 - **Recommendation 4:** The IDSA guideline panel makes no recommendation for the use of shoe covers versus no shoe covers for health care personnel caring for patients with suspected or known COVID-19 as part of appropriate PPE*. (Knowledge gap)
- <https://www.idsociety.org/practice-guideline/covid-19-guideline-infection-prevention/>

Changes to CDC Definition of Covid- 19 Disease

New CDC Disease Definition

- People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness.
- These symptoms may appear 2-14 days after exposure to the virus:
 - Fever
 - Cough
 - Shortness of breath or difficulty breathing
 - Chills
 - Repeated shaking with chills
 - Muscle pain
 - Headache
 - Sore throat
 - New loss of taste or smell

Clinical Care Questions

Answers to Your Questions

- Is there an outbreak among healthcare workers?
 - The daily OHA COVID-19 briefing now includes data on healthcare workers testing positive
 - Currently 18% of all cases in the state
- Are we seeing difference in virus strains on the west coast vs places like New York City?
 - There are viral subtyping studies suggesting that the majority of west coast patients have a virus which is similar to that seen in Wuhan vs the virus seen in NYC, which is more like Italy's strain
 - There appears to be no clinical difference in disease caused by these strains

Closing and Important Contact Info

OHA Coronavirus Information for healthcare providers

<http://www.healthoregon.org/coronavirushcp>

Email your COVID-19 questions here that you want us to address at future informational sessions (*do not expect an individual response and do not send PHI*):

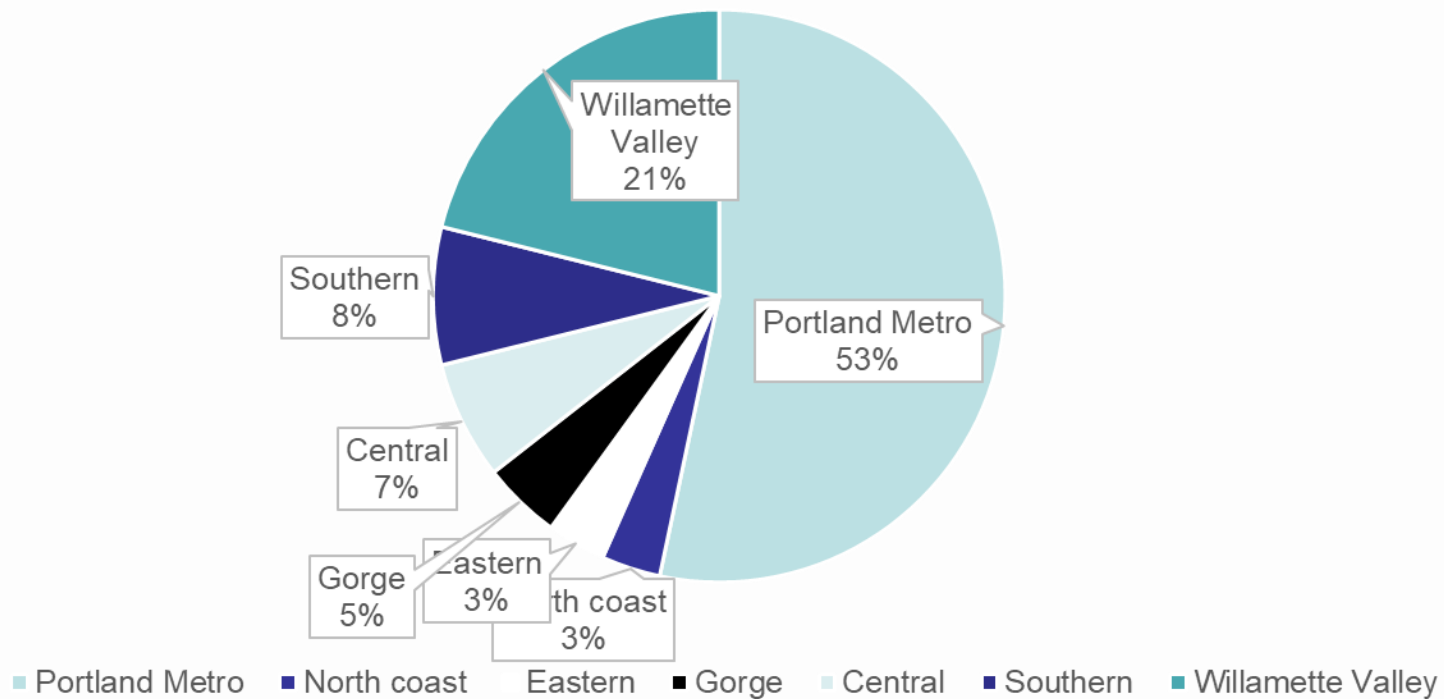
HealthCare.Provider@dhsoha.state.or.us

Oregon COVID-19 Response for Clinicians: Project ECHO

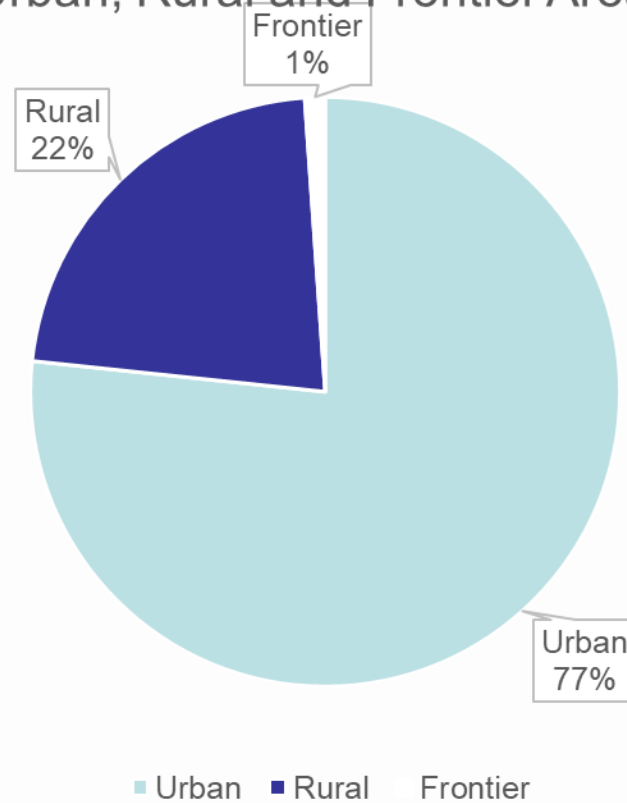
The "**Oregon COVID-19 Response for Clinicians "Project ECHO**", a weekly virtual interactive session, will be held on **Thursdays from 12-1:00 pm**. This is hosted by the Oregon ECHO Network at OHSU and will be staffed by Dr. Hargunani and Dr. Jennifer Vines, Multnomah County Health Officer and other invited content experts. They will provide the latest updates, share COVID-19 clinical cases and answer questions.

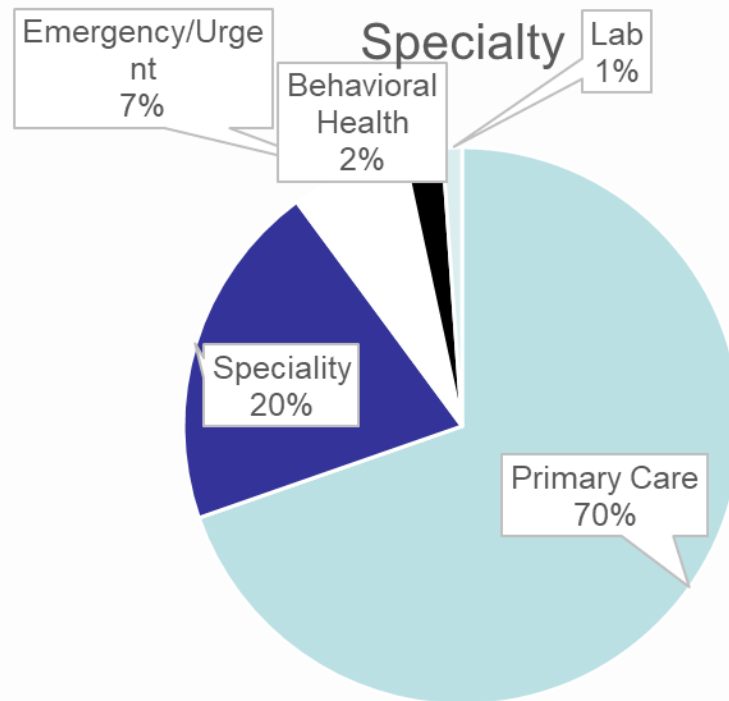
For more information see the attached flyer or connect directly on Thursday here: <https://zoom.us/j/575366462>

Geographical Area



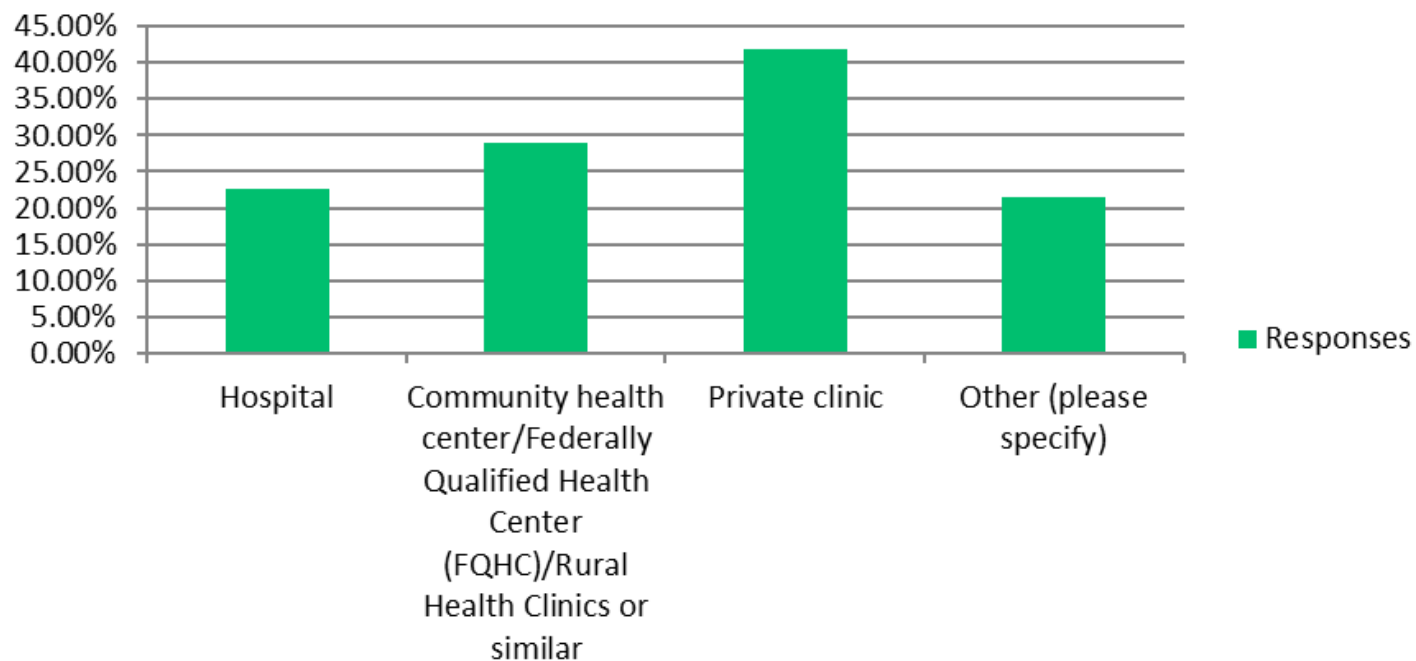
Urban, Rural and Frontier Areas



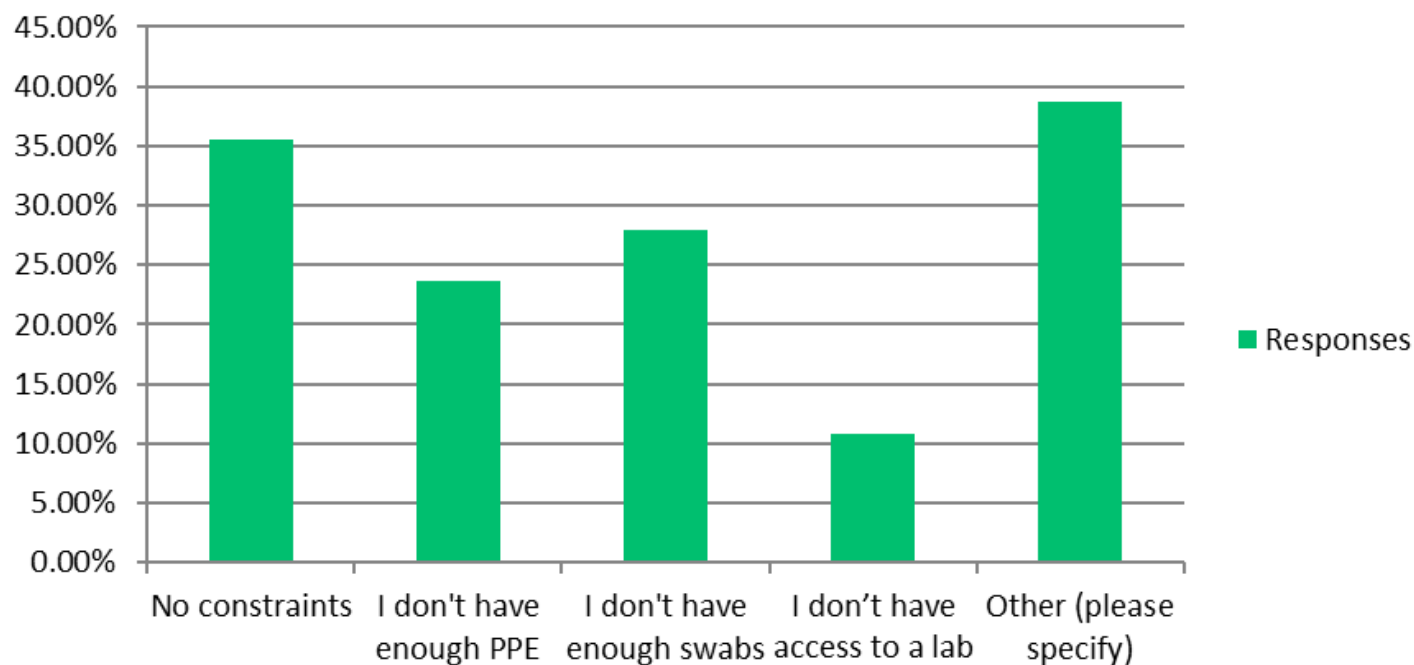


■ Primary Care ■ Speciality ■ Emergency/Urgent ■ Behavioral Health ■ Lab

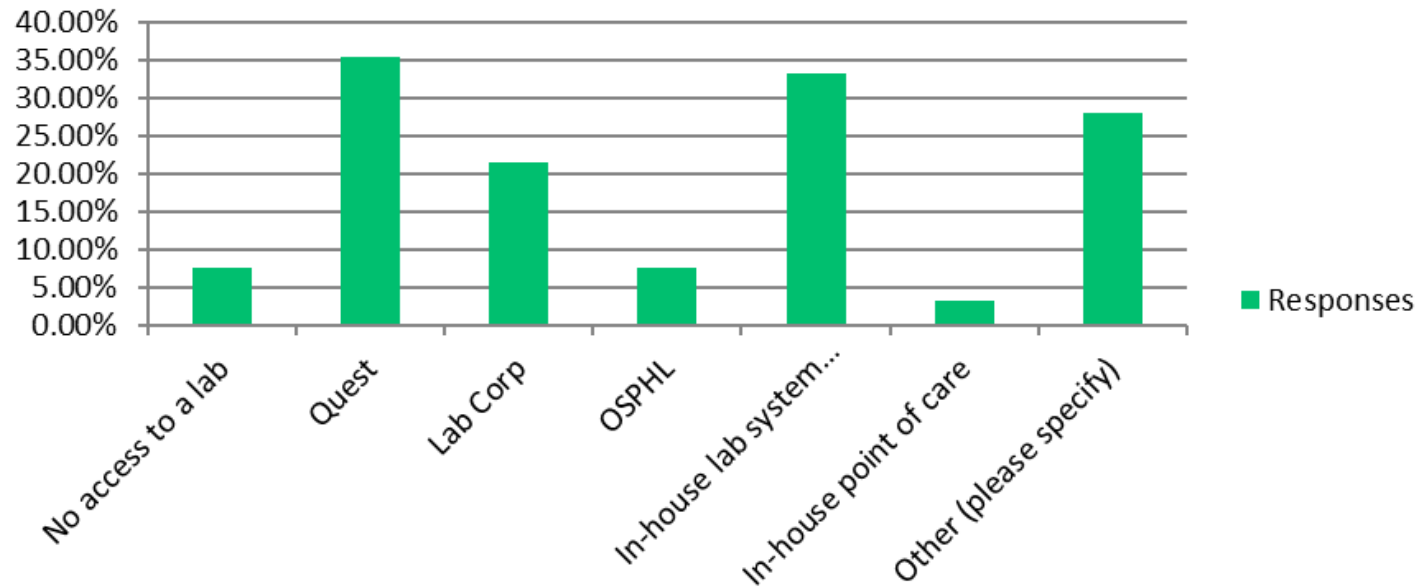
In what setting(s) do you practice (check all that apply)?



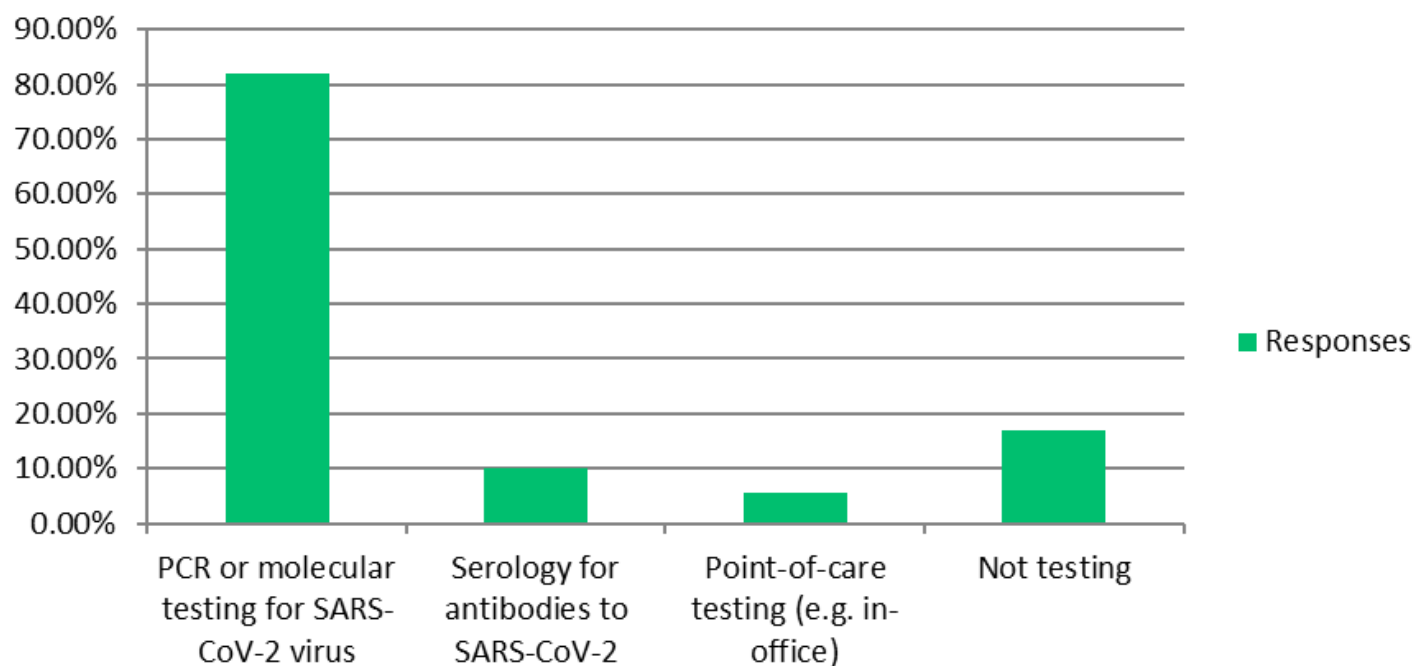
Are there constraints on your ability to test (check all that apply)?

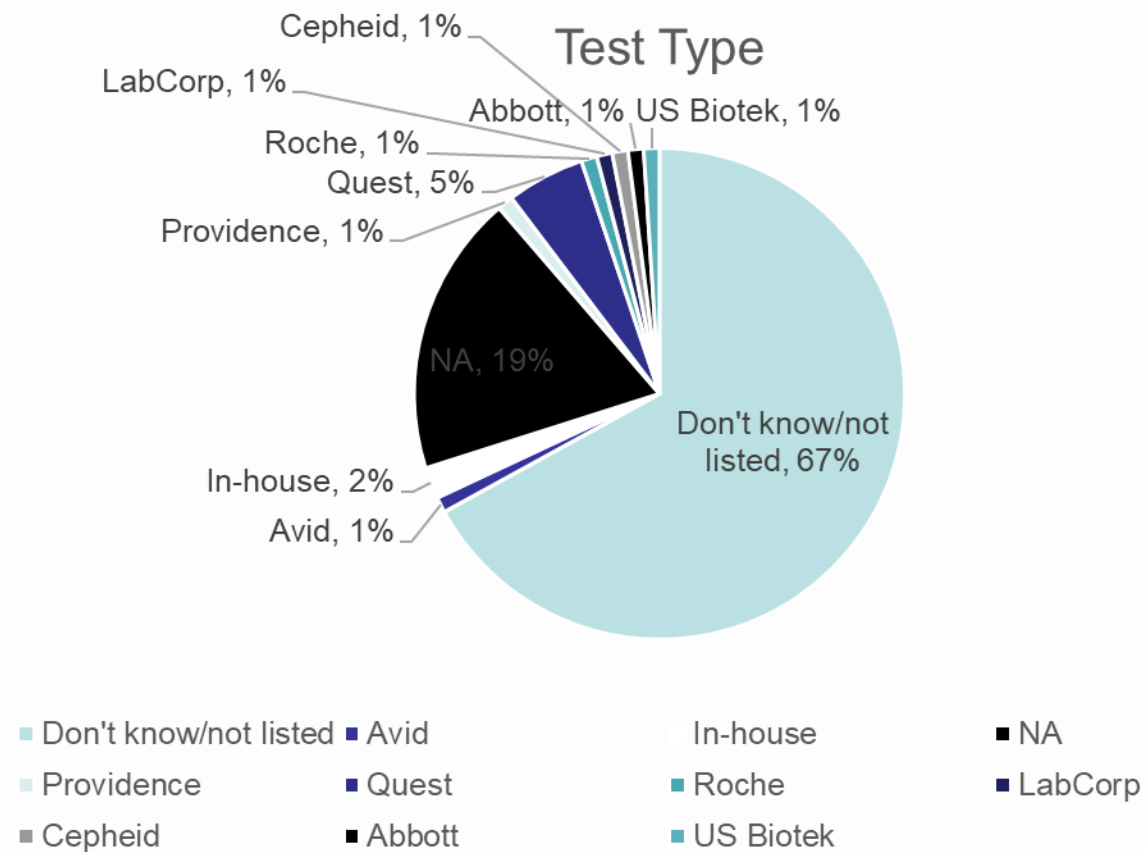


Do you have access to a lab? If so, which lab do you send your tests to (check all that apply)?



What type of testing are you doing (check all that apply)?





Is guidance a constraint on your ability to test (check all that apply)?

