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# OHA COVID-19 Webinar Series for Healthcare Providers

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# Agenda Items

- COVID-19 situational update
- Statewide masking updates
- Remdesivir news
- OHA testing guidance updates
- COVID literature update
- General COVID-19 Questions
- Closing

# Situation Update

# The COVID-19 Pandemic Update in Oregon

*As of July 2<sup>nd</sup>:*

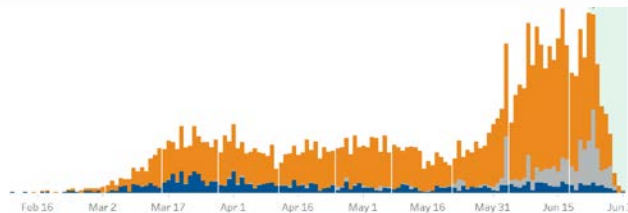
- 8,931 Total Cases
  - 8,525 positive COVID-19 tests
  - 406 presumptive cases
- 208 deaths
- 234,429 negative tests

*Presumptive cases* are people without a positive PCR test who have COVID-19-like symptoms and had close contact with a confirmed case

# The COVID-19 Pandemic Update in Oregon

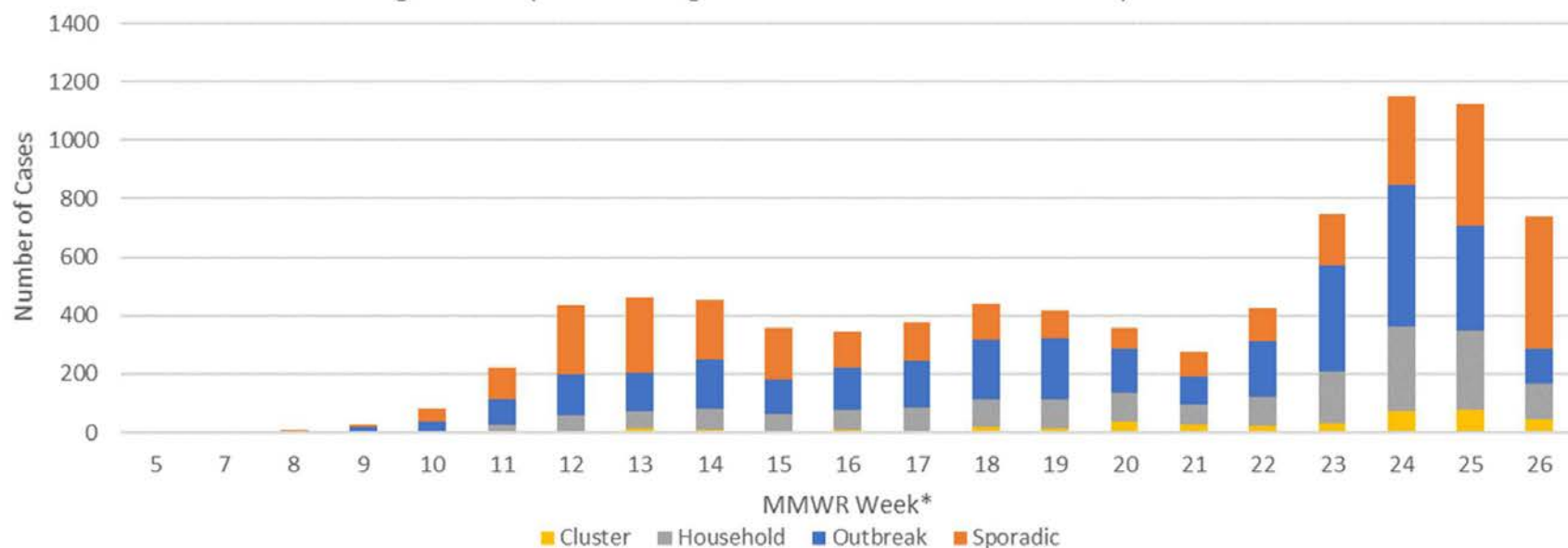
*For the week of June 22-28:*

- 28,359 COVID-19 tests reported
- 1,402 new cases (11% increase from prior week)
- Percent positive tests increased to 4.2%
- Factors for the ongoing rise in cases are likely multifactorial:
  - Increase in COVID-19 incidence
  - Increased testing
  - Large outbreaks + rise in sporadic cases



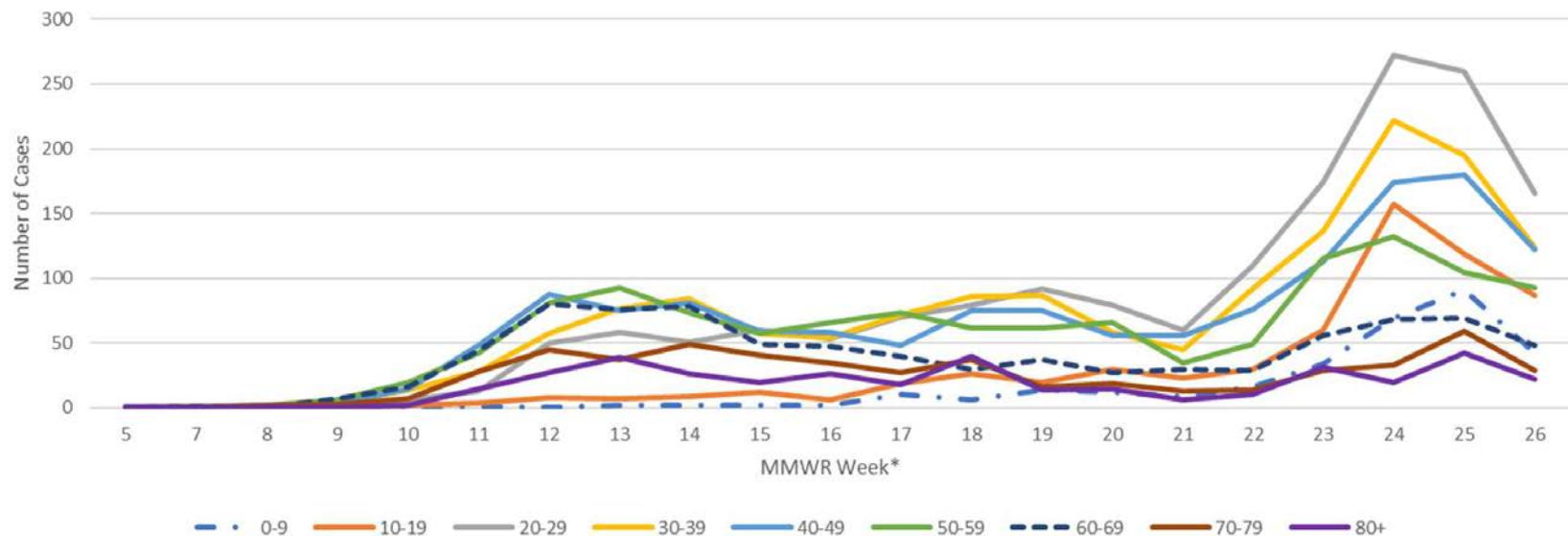
# Epi Link Trends by Week

Figure 1. Epidemiologic link of COVID-19 cases by week



# COVID-19 cases by age group and MMWR week (n= 7,073)

Figure 5. COVID-19 cases by age group and MMWR week (n=8,469)



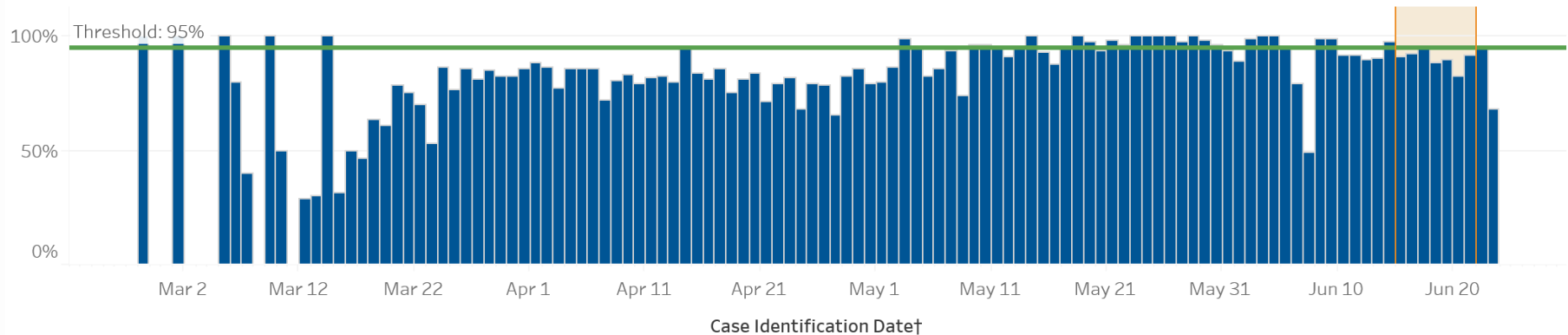
<sup>a</sup>16 cases were missing age; these cases are not included in Figure 5.

# Percentage of cases with follow-up within 24 hours

## Percent of COVID-19 cases with follow up initiated within 24 hours

We want to see that counties can quickly initiate active monitoring and contact tracing of their COVID-19 cases. This chart shows the percent of new COVID-19 cases that public health initiated follow up with within 24 hours of identifying the new case.

Higher is better on this indicator



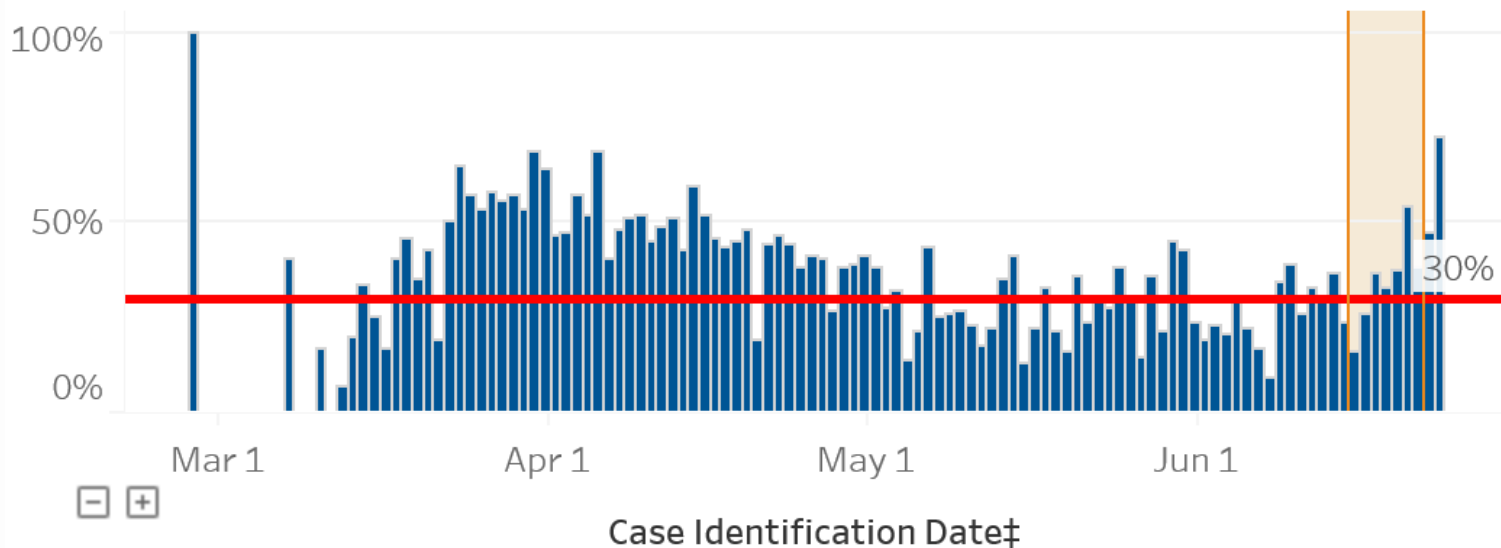


# Percentage of cases not traced to a known source

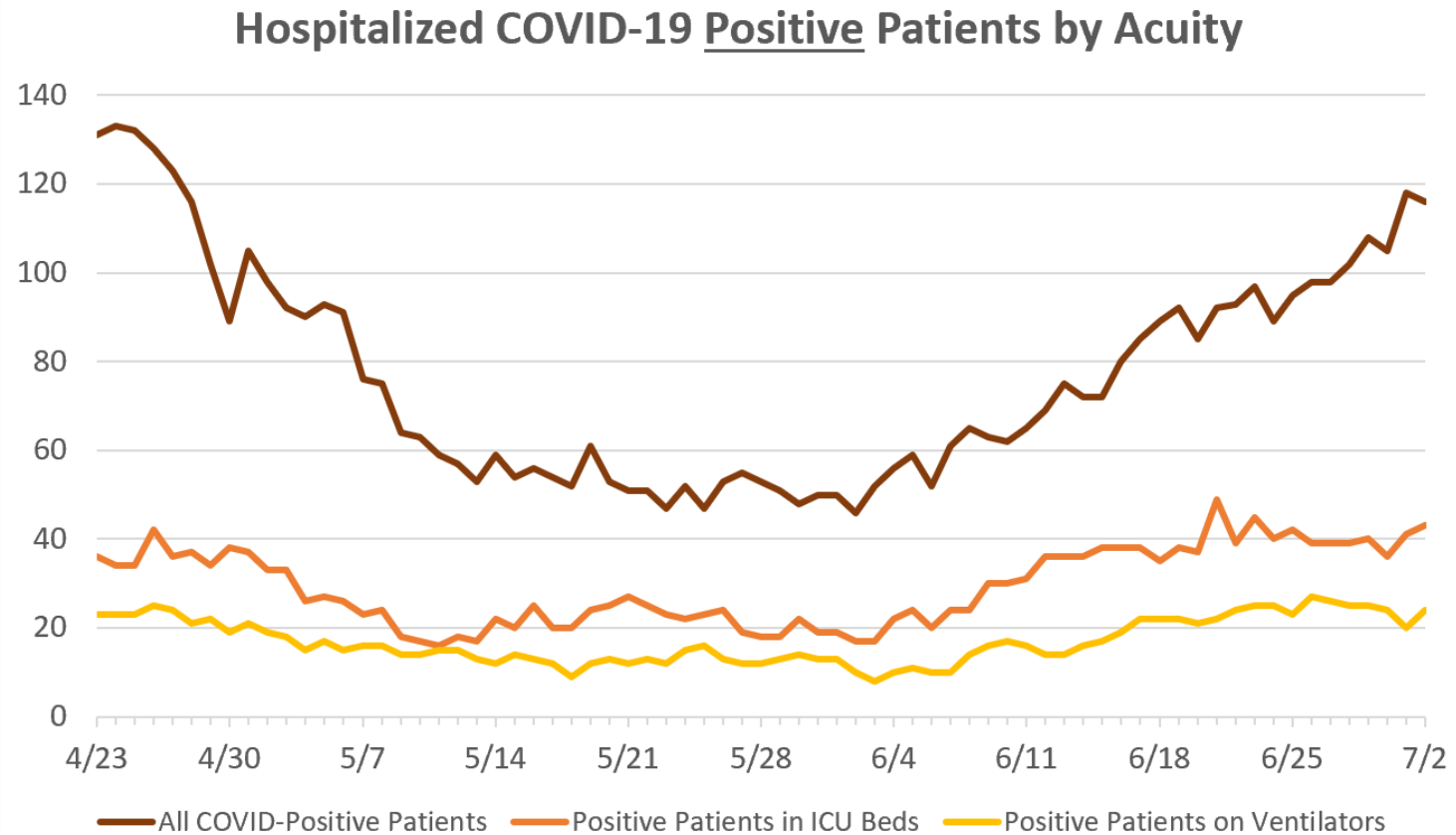
## Percent of COVID-19 cases not traced to a known source

The chart below shows the percent of new cases that could not be traced to a known source of COVID-19. We want to keep this percent below 30% in the past 7 days.

**Lower is better on this indicator**



# COVID-19 Hospitalization Trends



# Statewide Masking Policy

# Statewide Masking Requirement

- Governor Brown issued statewide masking requirements for indoor public spaces effective July 1
- Help spread the word and Mask Up!
  - Social Media Toolkits Available Here: <https://govstatus.egov.com/or-covid-19-social-media-toolkits>
  - Guidance available here: <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2288K.pdf>



# Remdesivir News

# Remdesivir Supplies for US

**Remdesivir** is a direct acting antiviral that inhibits viral RNA synthesis. It received Emergency Use Authorization from the FDA on May 1<sup>st</sup>.

- OHA has received *donated* remdesivir supplies since May 15; the last shipment was received this week; distribution to hospitals underway.
- On June 29, HHS announced an agreement to secure an additional >500,000 treatment courses of remdesivir for the US from Gilead Sciences through September.
  - US hospitals will be able to purchase the drugs in amounts allocated by HHS and state health departments.
- More details forthcoming; news release can be found here:  
<https://www.hhs.gov/about/news/2020/06/29/trump-administration-secures-new-supplies-remdesivir-united-states.html>

# Updated Testing Guidance

# Updated Testing Guidance 6/30

- OHA recommends that any person with symptoms consistent with COVID-19 be tested; antibody testing *not* recommended
- OHA recommends that testing of people without symptoms consistent with COVID-19 be limited to certain groups:
  - Close contacts of confirmed or presumptive COVID-19 cases
  - People exposed to COVID-19 in a congregate setting
  - Migrant/seasonal agricultural workers upon arrival in Oregon
  - People who identify as Black, African-American, Latino, Latina, Latinx, American Indian/Alaska Native, Asian, Asian-American, or Pacific Islander
  - People who identify as having a disability
  - People whose first language is not English



# New: Interpretation of test results

Messaging to patients <b>with</b> symptoms of COVID-19		
	Viral test	Antibody test
Positive	You have COVID-19. Protect your community by isolating according to public health recommendations.	Approximately half of test results may be falsely positive.* Even if you do have antibodies, it's not yet known whether they provide protection against reinfection.
Negative	Tests are falsely negative in about 30% of patients with symptoms. Assume that you have COVID-19 and protect your community by isolating until you feel better.	Your symptoms may be caused by an illness that is not COVID-19. Results may also be falsely negative even if you have or had COVID-19. Antibody tests may not become positive for weeks following infection.

# New: Interpretation of test results

Messaging to patients <b>without</b> symptoms of COVID-19		
	Viral test	Antibody test
Positive	You have COVID-19. You may or may not develop symptoms. Protect your community by isolating according to public health recommendations.	Approximately half of test results may be falsely positive.* Even if you do have antibodies, it's not yet known whether they provide protection against reinfection.
Negative	You may have COVID-19. Tests may be falsely negative, and a negative result provides no indication that you are protected from infection.	Results may be falsely negative even if you have or had COVID-19. Antibody tests may not become positive for weeks following infection.

\* False positive rate depends on the specificity of the test used and the prevalence of COVID-19 in the community.

# Considerations regarding PCR testing

- A negative test on an asymptomatic person does not mean that a person isn't contagious because of the risk of false negatives
- A positive test on an asymptomatic person does not mean that a person is contagious.
  - Some patients can be PCR-positive for many weeks, and long after they have ceased to be contagious
  - False positives are also possible, especially when there is relatively low community prevalence of disease (e.g., 1–5%) even with a highly specific test such as PCR
- Patients and providers should be aware that insurance may not cover testing for asymptomatic individuals
- Patients may choose not to get tested due to potential consequences they will experience from a positive test (e.g., lost wages or loss of job, stigmatization by community, isolation for people in custody)

# COVID-19 Literature Updates

# Masking and Faceshields

- Chu 2020, Lancet systematic review and meta-analysis of effectiveness of masks and faceshields on transmission of COVID-10
  - Studies with COVID-19, SARS or MERS
  - Face mask vs no mask:
    - 39 studies (N=12,817)
    - OR 0.15 (0.07-0.34)
    - Change of viral transmission 17.3% no mask vs 3.1% mask
  - Faceshields or other eye protection vs no eye protection
    - 13 studies (N=3713)
    - OR 0.34 (0.22-0.52)
    - Change of viral transmission 16.0% no faceshield vs 5.5% faceshield or other eye protection
    - Unclear if in addition to masks

# More on Faceshields

- Perencevich 2020, JAMA editorial on faceshields
  - IDSA mentions faceshields as one method to maintain appropriate physical distancing in the community
  - Face shields were shown to reduce immediate viral exposure by 96% when worn by a simulated health care worker within 18 inches of a cough
  - No studies have evaluated the effects or potential benefits of face shields on source control when worn by asymptomatic or symptomatic infected persons
    - It is unlikely that a randomized trial of face shields could be completed in time to verify efficacy
  - Conclusion: Face shields, which can be quickly and affordably produced and distributed, should be included as part of strategies to safely and significantly reduce transmission in the community setting

# ACEI and ARBs

- Mancia et al 2020, NEJM
  - N=6272, Italy
  - Use of ARBs or ACE inhibitors did not show any association with Covid-19 among case patients overall or among patients who had a severe or fatal course of the disease
    - Adjusted odds ratio, 0.95 [95% confidence interval {CI}, 0.86 to 1.05] for ARBs
    - Adjusted odds ratio, 0.96 [95% CI, 0.87 to 1.07] for ACE inhibitors
  - Conclusion: there was no evidence that ACE inhibitors or ARBs affected the risk of COVID-19



# MIS-C

- Feldstein et al, June 29, 2020 NEJM
  - Case series, N=186 children
  - The median age was 8.3 years, 115 patients (62%) were male, 135 (73%) had previously been healthy, 131 (70%) were positive for SARS-CoV-2 by RT-PCR or antibody testing
  - The median duration of hospitalization was 7 days (interquartile range, 4 to 10); 148 patients (80%) received intensive care, 37 (20%) received mechanical ventilation, 90 (48%) received vasoactive support, and 4 (2%) died.
  - Most patients (171 [92%]) had elevations in at least four biomarkers indicating inflammation
    - Highest CRP, median (IQR): 17.8 (12.8, 25.9)
    - Highest ESR, median (IQR): 65 (42, 91)
    - Highest D-dimer, median (IQR): 4090 (2240, 8404)
  - The use of immunomodulating therapies was common: intravenous immune globulin was used in 144 (77%), glucocorticoids in 91 (49%), and interleukin-6 or 1RA inhibitors in 38 (20%).



# Clinical Care Questions

# Your questions

- Are face shields a safe alternative to face masks?
  - CDC: It is not known if face shields provide any benefit as source control to protect others from the spray of respiratory particles. CDC does not recommend use of face shields for normal everyday activities or as a substitute for cloth face coverings.
    - If a person cannot wear a cloth face covering, then a face shield should be worn. The face shield should wrap around the sides of the wearer's face and extend to below the chin.
  - Lancet article found protective effect of faceshields, but not as high as face masks in medical settings
  - For health care providers, faceshields should be used with a medical grade masks

# Your questions

- What should be/are the medical contraindications to cloth face coverings?
  - Clinical discretion in writing medical notes
  - Studies have found no change in oxygenation or CO2 retention with surgical type face coverings.
  - OHA recommends face coverings for all persons except
    - Children under 12 unless closely supervised. Children under 2 should never wear masks.
    - People with significant disability which makes use of the mask unsafe
    - People with a severe underlying illness that makes mask use difficult
  - Counsel patients on trying different materials for masks or wearing a face shield
  - Counsel patients that the ADA only requires reasonable accommodations
  - Check with your health system or clinic regarding patient visit policies

# Your questions

- What evidence is there of immunity after infection? Do people who have had COVID need to wear facemasks?
  - There is some evidence of at least short term antibody production after infection. However, there is no data about whether these antibodies provide protection from future infection. People should wear masks and other protective gear if indicated even if previously infected

# Your questions

- Testing:
  - How long after exposure is it best to test?
    - A review based on 7 studies (2 preprints and 5 peer-reviewed articles) with a total of 1330 respiratory samples analyzed by RT-PCR indicated that sensitivity peaks on day 8 after exposure (day 3 after median symptom onset) with 80% sensitivity on that day.  
<https://www.acpjournals.org/doi/full/10.7326/M20-1495>
    - If a patient has a negative test, but there is a strong clinical suspicion for COVID-19, retesting is reasonable
    - Test results are most reliable if the patient has symptoms
  - Is there any talk of testing asymptomatic health care workers?
    - OHA does not recommend testing asymptomatic healthcare workers except for those exposed to COVID-19 in a congregate care setting (e.g., residential care facility)
    - See OHA's updated testing guidance at:  
<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2267.pdf>

# Your questions

- What are the recommendations re indoor ventilation, including fans, air conditioners, etc.?
  - European Center for Disease Prevention and Control
    - There is currently no evidence of human infection with SARS-CoV-2 caused by infectious aerosols distributed through the ventilation system ducts of HVACs. The risk is rated as very low.
    - Air flow generated by air-conditioning units may facilitate the spread of droplets excreted by infected people longer distances within indoor spaces.
    - Well-maintained HVAC systems, including air-conditioning units, securely filter large droplets containing SARS-CoV-2. It is possible for COVID-19 aerosols (small droplets and droplet nuclei) to spread through HVAC systems within a building or vehicle and stand-alone air-conditioning units if air is recirculated.

# Your questions

- What are the recommendations re indoor ventilation, including fans, air conditioners, etc.?
  - Recommendations:
    - Building administrators should maintain heating, ventilation, and air-conditioning systems according to the manufacturer's current instructions, particularly in relation to the cleaning and changing of filters
    - Direct air flow should be diverted away from groups of individuals to avoid pathogen dispersion from infected subjects and transmission
    - avoid the use of air recirculation as much as possible .

# Healthcare Provider Weekly Webinars

- **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**
  - 2<sup>nd</sup> and 4<sup>th</sup> Thursdays, noon-1:15 p.m.
  - For full resources and benefits, register at:  
<https://connect.oregonechonetwork.org/Series/Registration/278>



# Thank you.