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# OHA COVID-19 Webinar Series for Healthcare Providers

Tuesday, May 12th

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# Agenda Items

- COVID-19 epi and hospitalization data
- Re-opening Oregon
- Immunizations during COVID-19
- Asymptomatic COVID-19 transmission
- OSU Project: TRACE-COVID-19
- Pediatric multisystem inflammatory syndrome
- General COVID-19 Questions
- Closing

# Epidemiology update

# The COVID-19 Pandemic Update in Oregon

As of May 11th:

- 3,222 positive COVID-19 tests
- 130 deaths
- 74,320 negative tests
- Test results do not reflect the full impact of COVID-19 in our state

# Testing Results Summary through 5/8

*Summary of Oregon test results through 5/8/20*

	<b>Pre- 2/28</b>	<b>2/29- 3/6</b>	<b>3/7- 3/13</b>	<b>3/14- 3/20</b>	<b>3/21- 3/27</b>	<b>3/28- 4/3</b>	<b>4/4- 4/10</b>	<b>4/11- 4/17</b>	<b>4/18- 4/24</b>	<b>4/25- 5/1</b>	<b>5/2-5/8</b>	<b>Total to date</b>
<b>Positive</b>	1	12	35	66	348	437	472	414	392	402	453	3,032
<b>Negative</b>	3	122	466	1,460	7,050	7,434	9,318	8,683	8,779	12,282	14,028	69,625
<b>Total results</b>	4	134	501	1,526	7,398	7,871	9,790	9,097	9,171	12,684	14,481	72,657
<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%	4.2%

As of May 8, Oregon's cumulative positive testing rate has remained fairly consistent at about 4.2% of tests performed. This is considerably lower than the national average of 17.0%.

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.

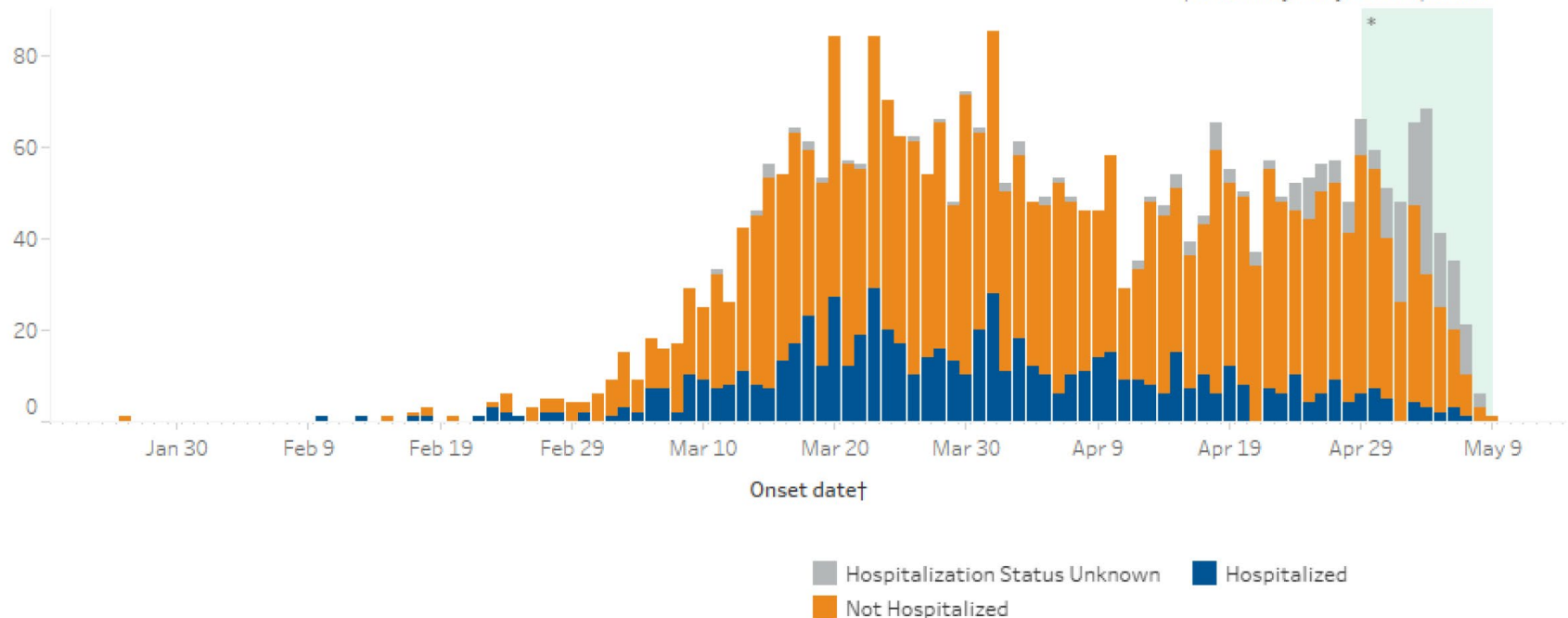
# Epidemiologic curve

## 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.‡

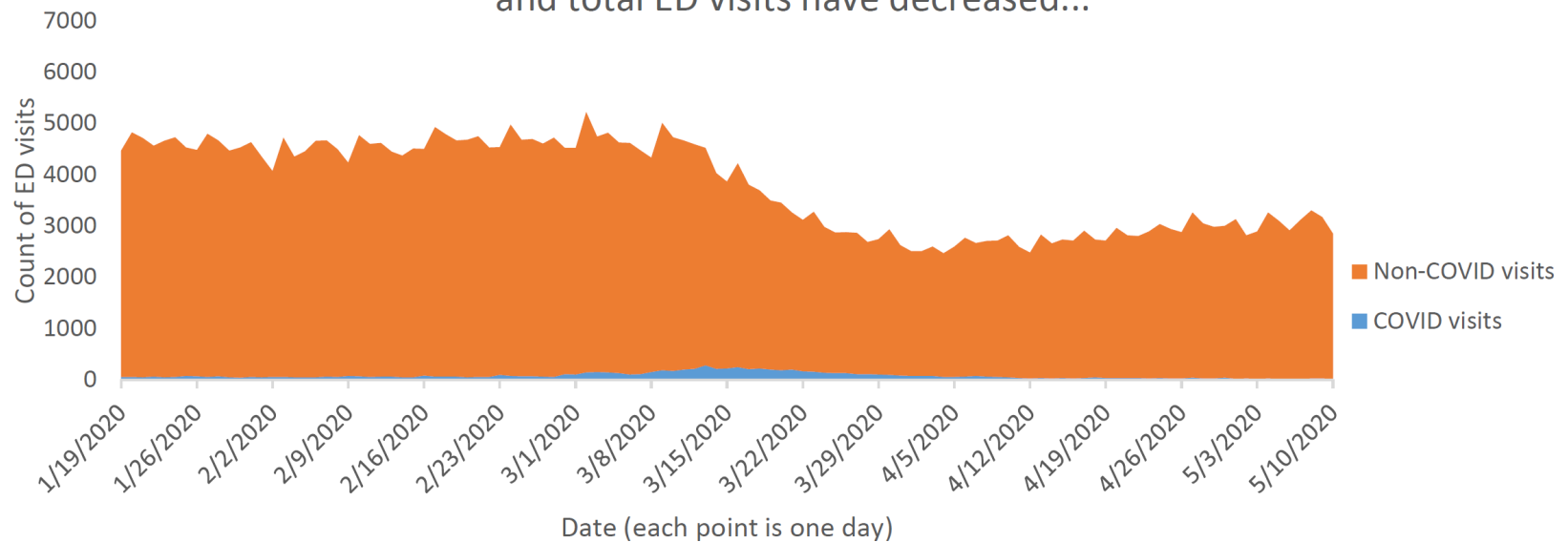
Total Cases	Hospitalized	Not Hospitalized	Hospitalization Status Unknown
3,286	673	2,382	231

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



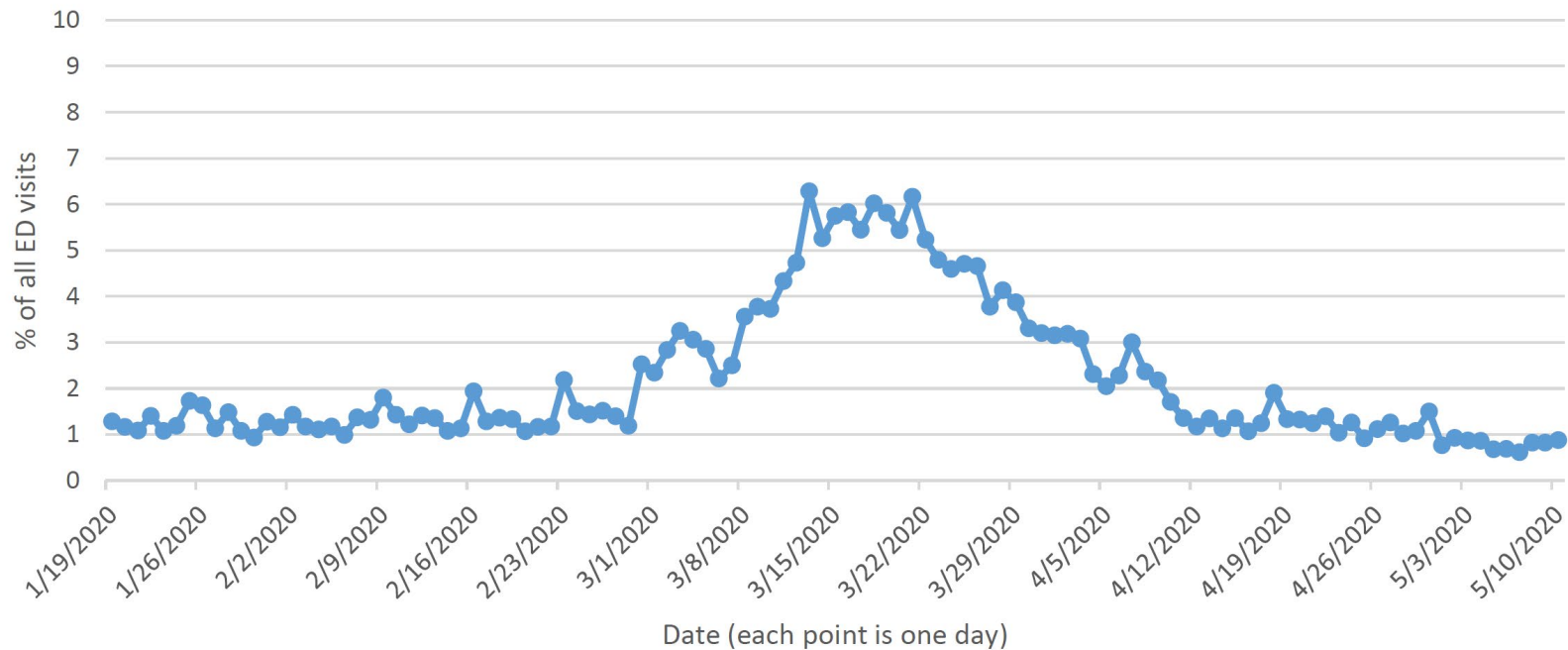
# Daily ED visits

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



# Daily ED visits for CLI

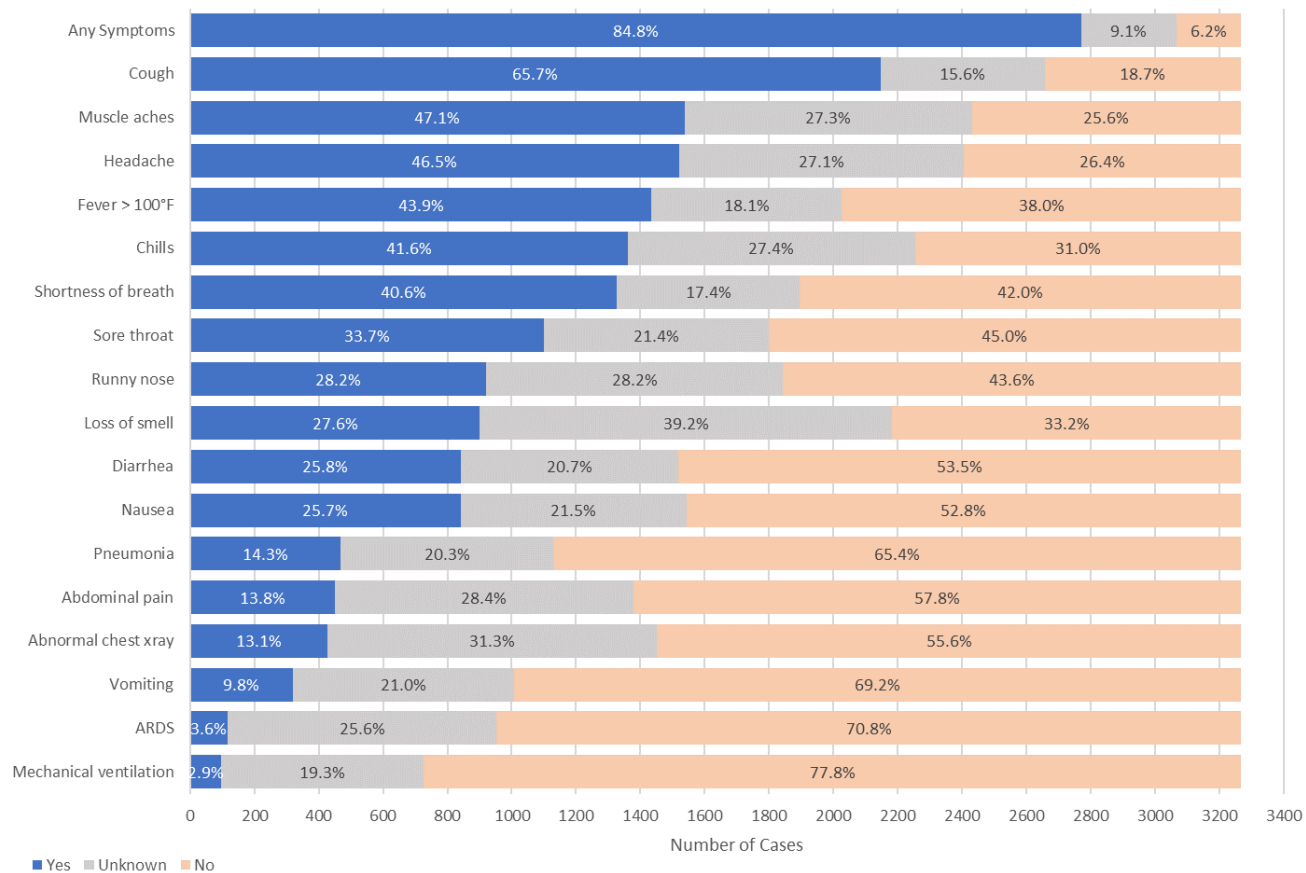
... and the percentage of COVID-like visits has decreased.





# Reported Signs and Symptoms for All COVID-19 Cases as of May 10 (n=3,268)

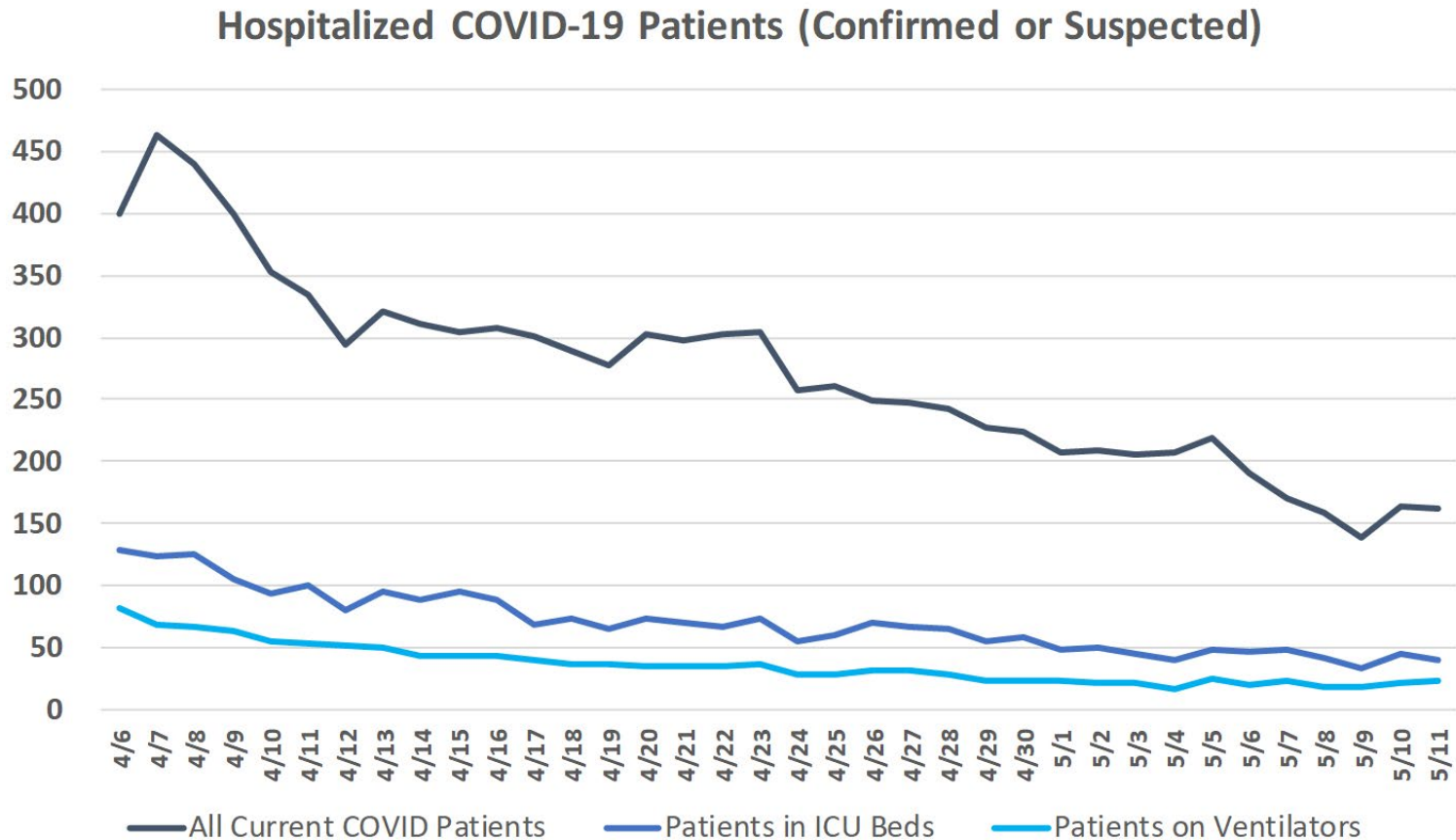
Figure 1. Reported signs and symptoms for all confirmed COVID-19 cases (n=3,268)



# Current COVID-19 Hospitalizations

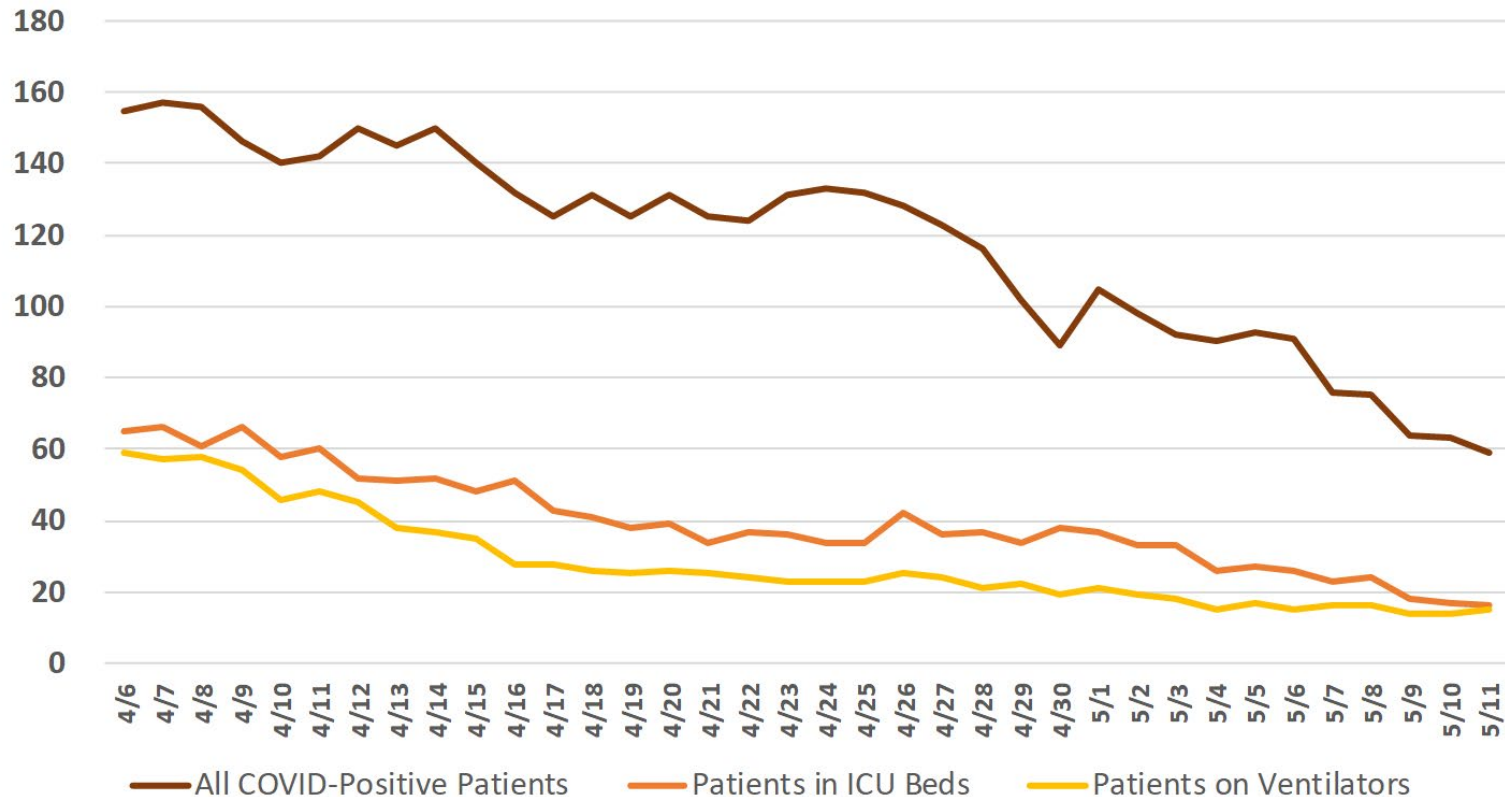
	Currently Hospitalized COVID-19 Patients*	Currently Hospitalized COVID-19 Positive Patients**
Hospitalized COVID-19 Patients	163	59
COVID-19 Patients in ICU Beds	40	16
COVID-19 Patients on Ventilators	23	15
*Includes both confirmed and suspected COVID-19 patients		
**Includes only confirmed positive COVID-19 patients		

# Trends in COVID-19 Hospitalizations



# Trends in COVID-19 Hospitalizations

Hospitalized COVID-19 Positive Patients



# Reopening Oregon

# Phased Reopening

- Announced by Governor Brown at May 7 press conference
- Visit Oregon's Reopening Materials at:  
[www.healthoregon.org/coronavirus](http://www.healthoregon.org/coronavirus)
- Goals:
  - Minimize hospitalizations and deaths
  - Allow people to safely return to work so they can support themselves and their families
  - Minimize risk to frontline workers
  - Avoid overwhelming health systems
  - Protect those at highest risk of severe illness, especially communities of color
  - Support for small local gatherings that preserve community cohesion and cultural practices.

# Reopening Oregon: statewide updates

- May 1
  - Non-emergency and elective procedures allowed to resume (PPE and hospital capacity dependent)
- May 5
  - Recreation where physical distancing can be followed (some state park day use areas and boat ramps, option for county/federal campgrounds)
- May 15
  - Stand-alone retail that was previously closed but can follow OSHA guidelines: furniture stores, art galleries, jewelry shops and boutiques
  - Childcare, summer school, camps and youth programs (with limitations and specific guidelines)

# Phased Reopening

- Governor Brown began accepting applications from counties for phased reopening on May 8<sup>th</sup>
- Goal to allow some counties to enter Phase I as soon as May 15<sup>th</sup>
- 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
- Phase II:
  - After 21 days in Phase I, counties continuing to meet the prerequisites may be able to enter phase II



# Prerequisites for reopening

- Declining COVID-19 Prevalence
  - Hospitalizations measured by county declining for 14 days
  - Emergency department visits for COVID-like illness below influenza-like illness baseline measured statewide
- Minimum Testing Regimen
  - 30 tests per 10K population per week
  - Accessible testing for underserved communities
- Contact Tracing System
  - 15 tracers per 100K population
  - Able to trace 95% of contacts within 24 hours
  - Cultural and linguistic relevant approach

# Prerequisites for reopening

- Isolation/Quarantine Facilities
  - Available room capacity
  - Response narratives for group living outbreaks
- Finalized Statewide Sector Guidelines
- Sufficient Healthcare Capacity
  - 20% hospital bed surge capacity
- Sufficient PPE supply
  - Required daily inventory reporting to OHA
  - 30-day supply required; 14-days for small and rural hospitals
  - Sufficient PPE for first responders in the county

# Immunizations during COVID-19

# Immunizations during COVID-19 crisis

- The CDC's Morbidity and Mortality Weekly Report (MMWR) released on May 8 outlines the "Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration- United States, 2020"
- CDC data shows that since the March 13 declaration of a national emergency due to COVID-19:
  - Notable decrease in orders for VFC-funded, ACIP-recommended non-influenza childhood vaccines and for measles-containing vaccines
  - Similar declines in orders of other vaccines also observed
  - Corresponding decline in measles-containing vaccine administrations
- The MMWR publication can be found here:  
[https://www.cdc.gov/mmwr/volumes/69/wr/mm6919e2.htm?s\\_cid=m6919e2\\_w](https://www.cdc.gov/mmwr/volumes/69/wr/mm6919e2.htm?s_cid=m6919e2_w)

# Immunizations during COVID-19 crisis

- Based on a survey administered by OHA's Immunization Program conducted April 18-29th, among clinics that routinely provide immunizations to infants and children:
  - 95% reported changing their immunization practices
  - 65% reduced or limited well-child visits, with 5% cancelling all well-child visits
  - 50% reported cancelling or rescheduling immunizations that were due for older children and adolescents
  - 81% reported difficulty maintaining staffing

Survey results can be found here:

<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINE/SIMMUNIZATION/Documents/Imm-COVIDsurvey.pdf>

# Asymptomatic COVID-19 Transmission

# Asymptomatic COVID-19 Transmission

- Emerging Infectious Disease, May 4, 2020
  - [https://wwwnc.cdc.gov/eid/article/26/7/20-1595\\_article](https://wwwnc.cdc.gov/eid/article/26/7/20-1595_article)
- Multiple case reports of asymptomatic or presymptomatic transmission
  - 11 case reports included
  - China (9 reports), Germany (1 case), Singapore (7 clusters)
    - German and Singapore cases occurred before widespread community transmission
- Presymptomatic patients were asymptomatic for 3 to 11 days after known exposure
- Virus has been cultured from asymptomatic patients
- Models suggest that the speed and extent of SARS-CoV-2 transmission cannot be accounted for solely by transmission from symptomatic persons

# Asymptomatic COVID-19 Transmission

- The existence of persons with asymptomatic SARS-CoV-2 infection who are capable of transmitting the virus to others has several implications.
  - First, the case-fatality rate for COVID-19 may be lower than currently estimated ratios
  - Second, transmission while asymptomatic reinforces the value of community interventions to slow the transmission of COVID-19. Knowing that asymptomatic transmission was a possibility, CDC recommended key interventions including physical distancing, use of cloth face coverings in public, and universal masking in healthcare facilities.
  - Third, asymptomatic transmission enhances the need to scale up the capacity for widespread testing and thorough contact tracing to detect asymptomatic infections, interrupt undetected transmission chains, and further bend the curve downward.



# TRACE-COVID-19

Oregon State University Project

# TRACE-COVID-19

## Oregon State University Project

- TRACE first week's results suggest two people per 1,000 in Corvallis were infected with SARS-CoV-2
  - 16 two-person field teams visited 237 households spread among 30 U.S. census blocks in Corvallis
  - Eighty percent of people contacted by the field workers opted to participate in the study, and 455 people were tested.
  - Participants are given a nasal-swab test kit that they administer to themselves inside their home and their minor children if they want them to take part.
- TRACE-COVID-19 press release: <https://today.oregonstate.edu/news/trace-first-week%E2%80%99s-results-suggest-two-people-1000-corvallis-were-infected-sars-cov-2>
- TRACE-COVID-19 study website: <https://trace.oregonstate.edu/>

# Pediatric Multisystem Inflammatory Syndrome

# Pediatric Multisystem Inflammatory Syndrome

- New York State case definition:
  - A child presenting with persistent fever, inflammation (e.g. neutrophilia, elevated C-reactive protein and lymphopenia) and evidence of single or multi-organ dysfunction (shock, cardiac, respiratory, renal, gastrointestinal or neurological disorder).
  - Exclusion of any other microbial cause, including bacterial sepsis, staphylococcal or streptococcal shock syndromes, and infections associated with myocarditis such as enterovirus.
- This syndrome has features which overlap with Kawasaki Disease and Toxic Shock Syndrome.
- The majority of patients who have presented with this syndrome have tested positive for SARS-COV-2 or corresponding antibodies.
- One suspected case in Oregon
- Currently not a reportable disease in Oregon
  - OHA is considering this

# Pediatric Multisystem Inflammatory Syndrome

- **Follow-up:** Children with unexplained fever and evidence of inflammation (elevated C-reactive protein or white blood cell count) should be carefully followed to detect potential progression of disease.
- **Laboratory tests:** CBC with differential, C-reactive protein, erythrocyte sedimentation rate; D dimer and ferritin; liver function markers; and a cytokine panel. Children should have antibody testing in addition to PCR testing for SARS-CoV-2, since many children are antibody-positive even when PCR-negative.
- **Echocardiography:** Children with this syndrome should have serial echocardiograms including detailed assessment of the coronary arteries. Many to date have been found to have low heart function, and some have enlargement of the coronary arteries. Children with serious cardiac complications should be followed longer-term.

# Pediatric Multisystem Inflammatory Syndrome

- Treatments have included anticoagulation, IV immunoglobulin, IL-1 or IL-6 blockade, and corticosteroids. Some children have only needed supportive care.
- This syndrome appears much more common on the East Coast, which has a slightly different strain of SARS-CoV-2
- Take home points
  - This is a rare syndrome
  - Clinicians who suspect a case should consult promptly with pediatric infectious disease, rheumatology, or critical care specialists.
  - Because some children get sicker rapidly, they should be cared for in hospitals with tertiary pediatric/cardiac intensive care units.
  - SARS-CoV-2 PCR may be positive or negative

# Clinical Care Questions

# Answers to Your Questions

- What are general return to work guidelines?
  - People should be without fever or cough for 72 hours without using fever reducing medicines like aspirin or acetaminophen before returning to work or school. This applies to everyone, not just people that have been tested for COVID-19.
- When can health care workers who are positive for COVID-19 by PCR without symptoms return to work?
  - Such employees should remain in isolation for 10 days after the positive PCR test before returning to work.
  - Same recommendation for asymptomatic COVID+ patients.
- What do you recommend for individuals with no medical provider who become ill with Covid-like illness, especially those (with severe symptoms) who need to be referred for in-person urgent care?
  - 211, OHSU COVID hotline, local urgent care



# Closing and Important Contact Info

OHA Coronavirus Information for healthcare providers

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

\*\*\*includes links to these and previous webinar slides\*\*\*

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>***