
OHA COVID-19 Webinar Series for Healthcare Providers

Tuesday, May 5th

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Agenda Items

- COVID-19 epi updates
- Surveillance strategy
- Quarantine recommendations
- Reopening elective surgery
- “Key to Oregon” study
- General COVID-19 Questions
- Closing

Epidemiology update

The COVID-19 Pandemic Update in Oregon

As of May 4th:

- 2,745 positive COVID-19 cases
- 109 deaths
- 60,698 negative tests
- Test results do not reflect the full impact of COVID-19 in our state

Testing Results Summary through 5/1

Summary of Oregon test results through 5/1/20

	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	4/25- 5/1	Total to date
Positive	1	12	35	66	348	437	472	414	392	402	2,579
Negative	3	122	466	1,460	7,050	7,434	9,318	8,683	8,779	12,282	55,597
Total results	4	134	501	1,526	7,398	7,871	9,790	9,097	9,171	12,684	58,176
% positive	25.0%	9.0%	7.0%	4.3%	4.7%	5.6%	4.8%	4.6%	4.3%	3.2%	4.4%

As of May 1, Oregon's cumulative positive testing rate has remained fairly consistent at about 4% of tests performed; this is considerably lower than the national average of 18.0%. 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 testing at hospital laboratories and commercial laboratories.

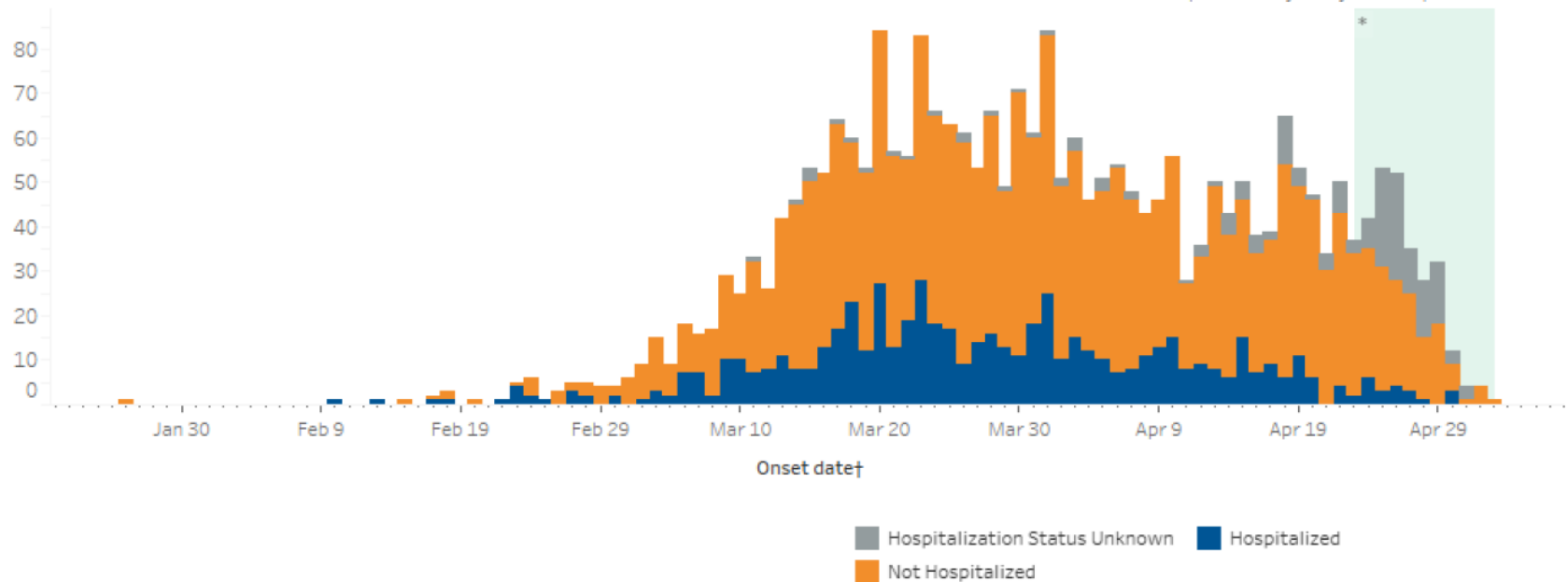
Epidemiologic curve

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
2,759	608	1,976	175

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

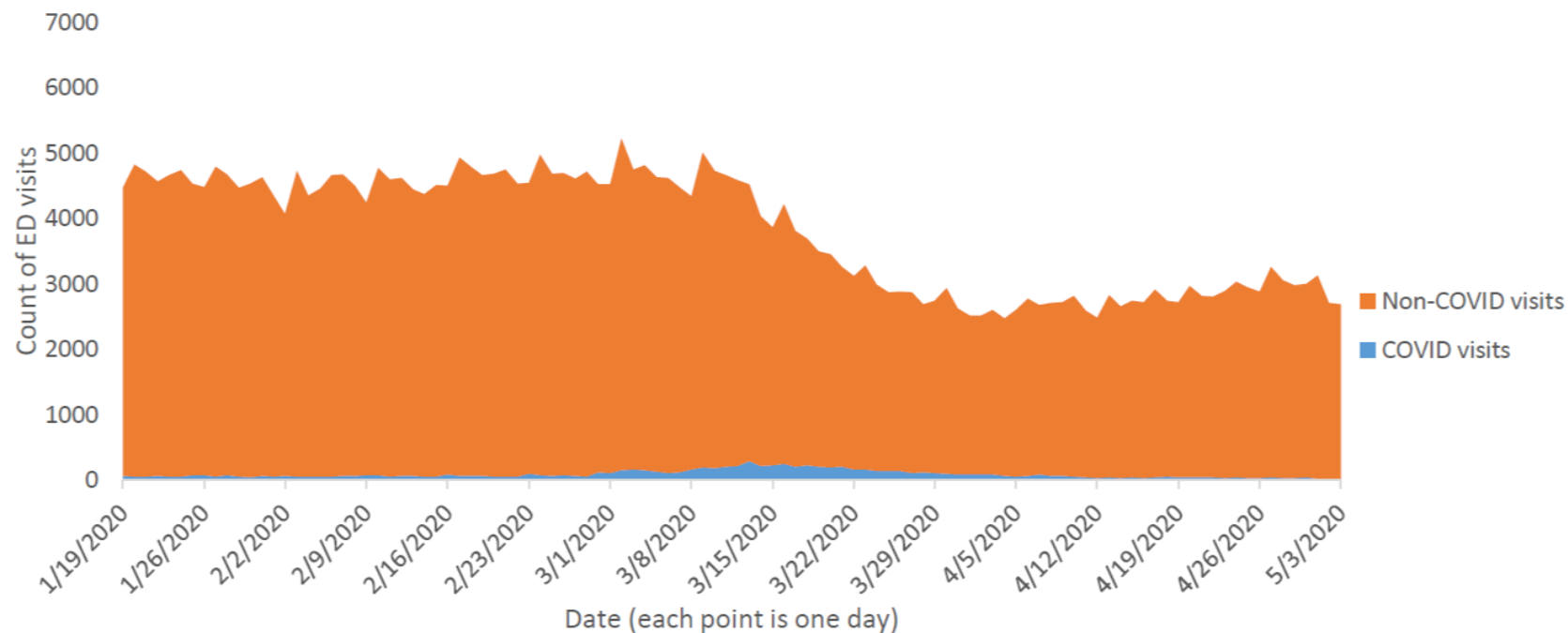


†COVID-19 cases include both confirmed and presumptive cases.

Daily ED visits

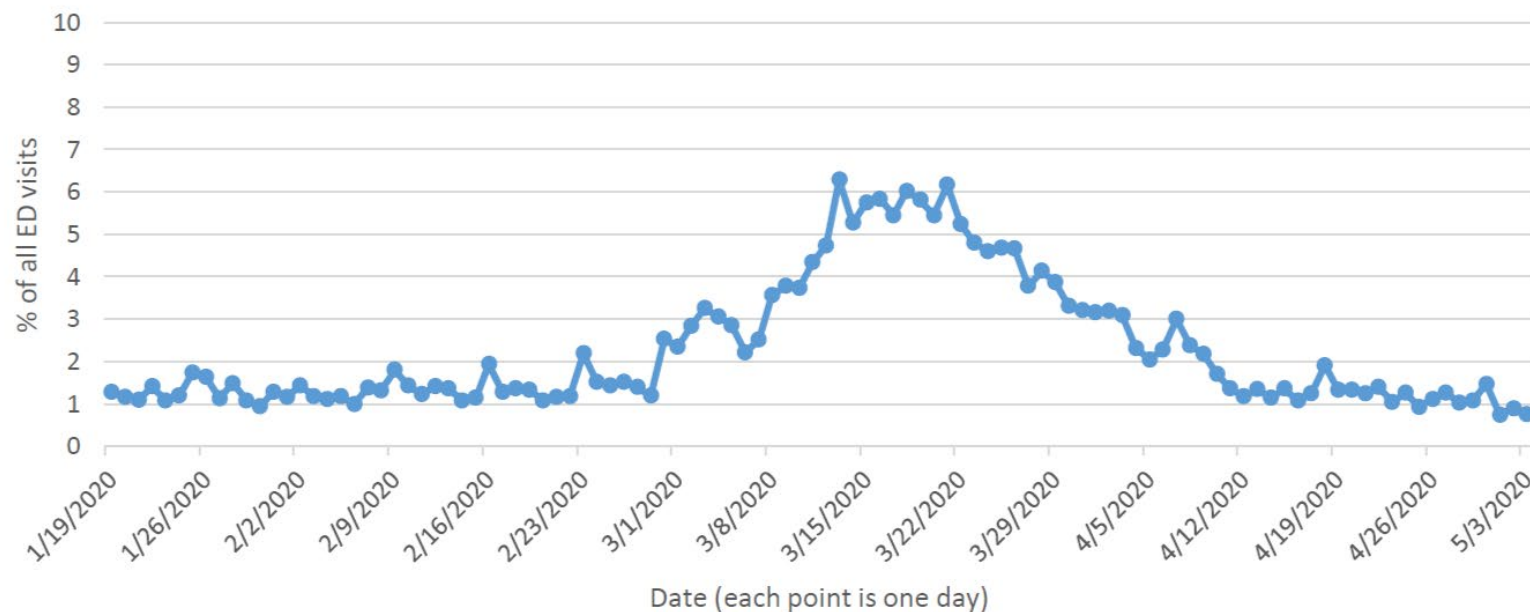
Emergency Department Visits in Oregon as reported to Oregon ESSENCE*

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



Daily ED visits for CLI

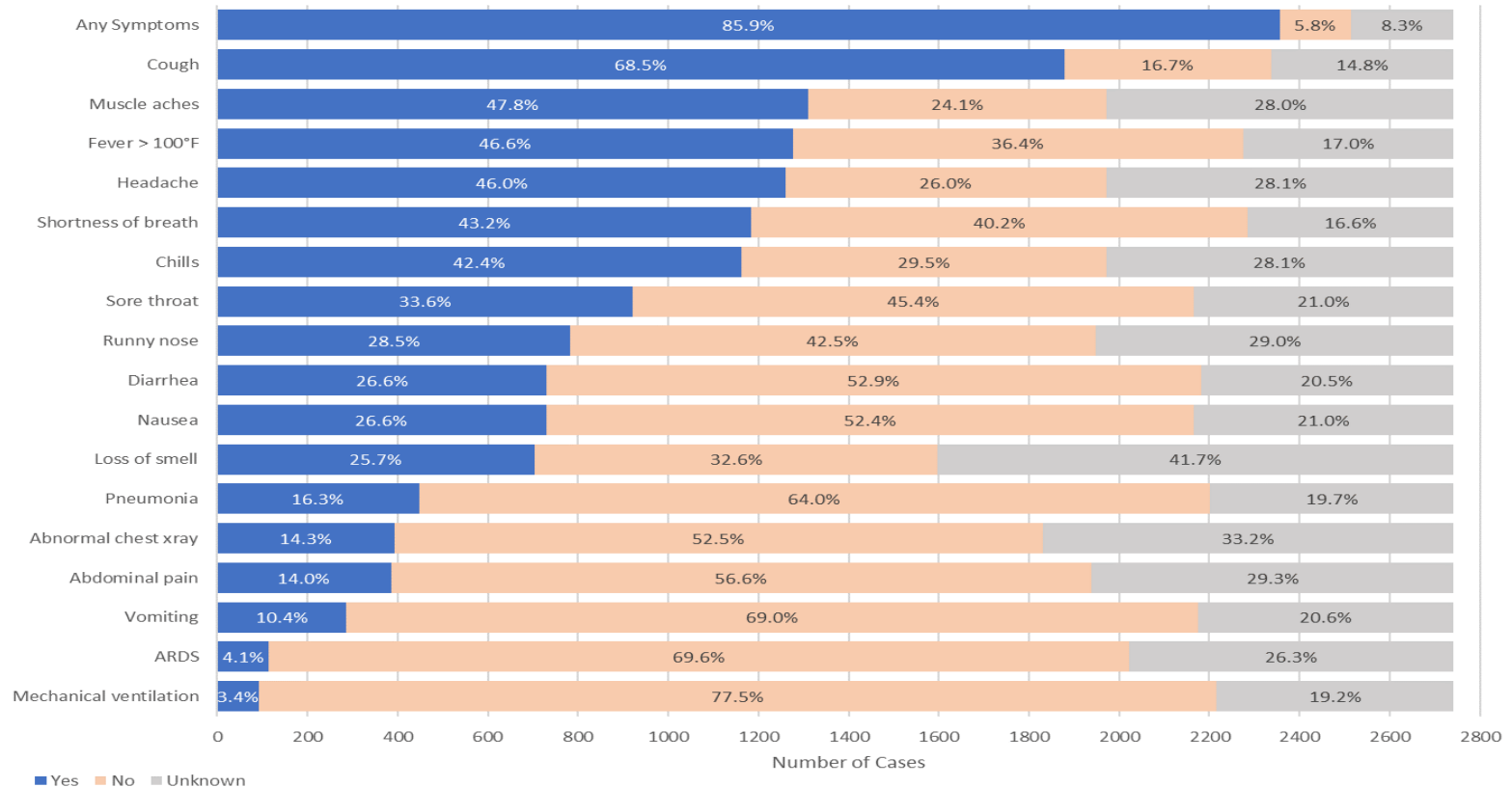
... and the percentage of COVID-like visits has decreased.



*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 May 3 (n=2,742)

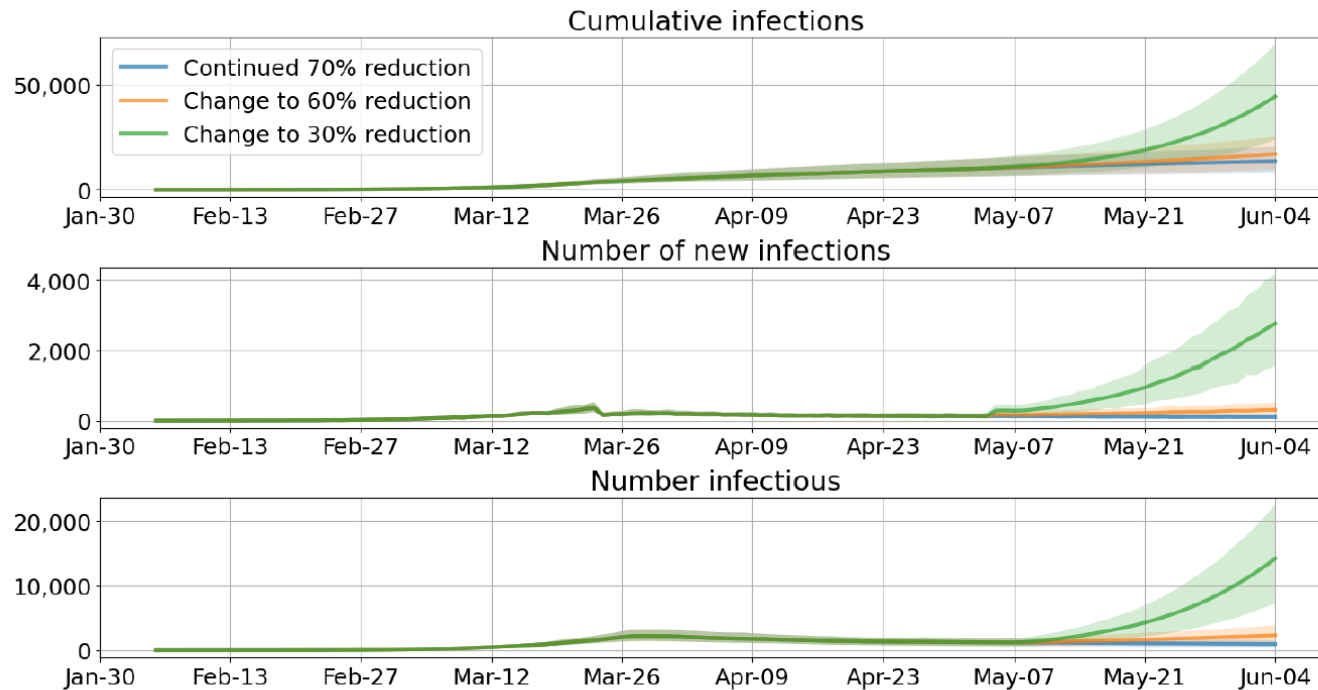
Figure 1. Reported signs and symptoms for all confirmed COVID-19 cases (n=2,742)



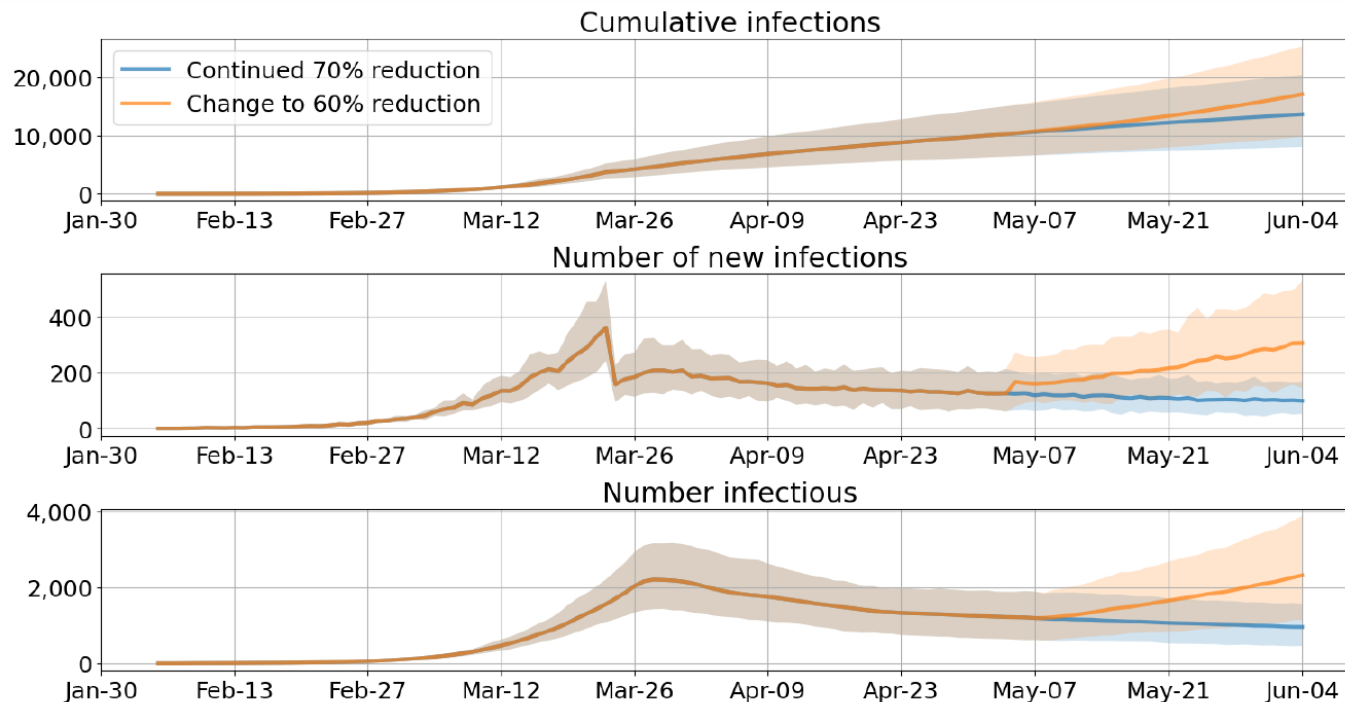
Current COVID-19 Hospitalizations

	Currently Hospitalized COVID-19 Patients*	Currently Hospitalized COVID-19 Positive Patients**
Hospitalized COVID-19 Patients	207	90
COVID-19 Patients in ICU Beds	41	26
COVID-19 Patients on Ventilators	17	15
*Includes both confirmed and suspected COVID-19 patients		
**Includes only confirmed positive COVID-19 patients		

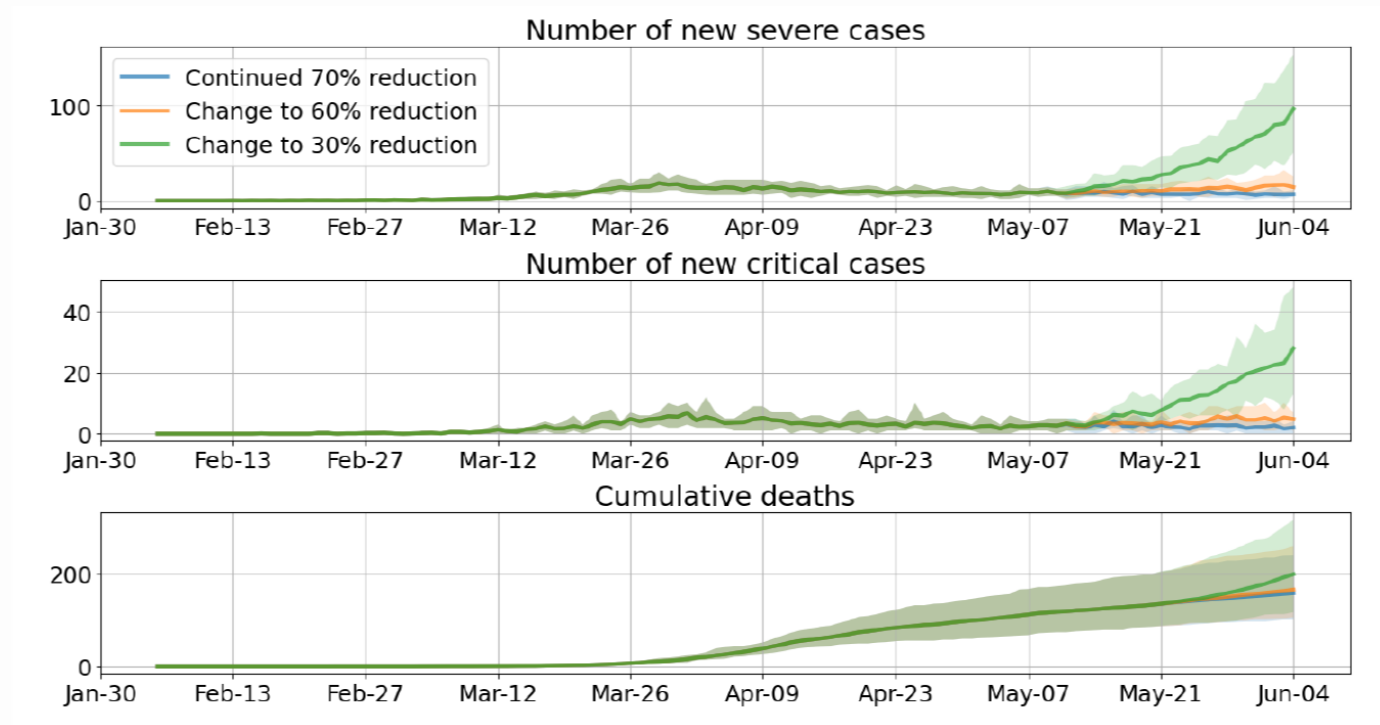
Latest projections



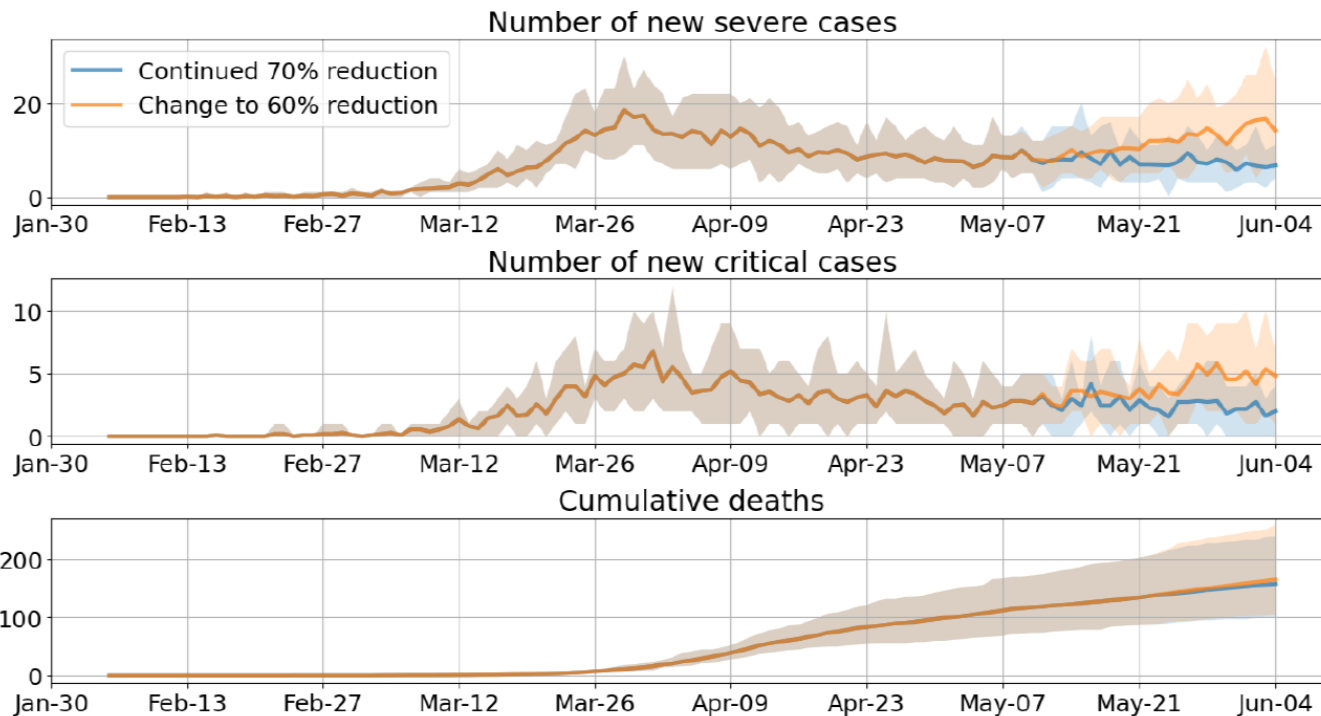
Latest projections



Latest projections



Latest projections



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

Contact Tracing

Oregon COVID-19 Testing and Contact Tracing Strategy

Summary

- 1. Test every Oregonian who is symptomatic**
 - a. Must be available with 48–72 hour turnaround statewide.
 - b. Rapid tests must be available for first responders, healthcare professionals and congregate care settings that cannot effectively isolate or quarantine residents.
- 2. Test asymptomatic individuals in group living situations where COVID-19 is suspected**
 - a. Includes nursing homes, adult foster homes, group homes, farmworker housing, fishing boats, prisons, and more.
 - b. Must have surge capacity to test large numbers in group settings

Contact Tracing

Oregon COVID-19 Testing and Contact Tracing Strategy

3. Widespread, voluntary sample testing, particularly for at-risk populations

- a. Widespread, voluntary representative sample testing project
- b. Must have accurate data for at-risk communities, particularly tribal members and communities of color

4. Active and timely contact tracing

- a. Staffing to cover every region of the state – current goal is 600 trained people, who are culturally and linguistically representative of the populations served.
- b. Widespread voluntary use of mobile app to facilitate quick contact identification

5. Centralized operations and coordination

- a. New testing division established at emergency coordination center
- b. Unified coordination among all hospital labs in the state

Presumptive case definition

- Starting May 1, OHA began tracking presumptive COVID-19 cases in its daily reports, consistent with recently amended CDC guidance
- A presumptive case is someone who does not have a positive PCR and had close contact with a confirmed case. If they later test positive by PCR, those will be recategorized as confirmed cases.
- A presumptive case is investigated by local public health authorities as they would a confirmed case. Presumptive cases are asked to follow the same self-isolation protocol as confirmed cases.
- In rare instances, a presumptive case will later be diagnosed with another disease that better explains their illness. In those instances, the presumptive COVID-19 case will be recategorized and they will no longer be reported as a COVID-19 case.

Updates to testing guidance 5/1

- Patients with new onset of symptoms consistent with COVID-19 are recommended for testing according to the guidelines detailed below. Symptoms consistent with COVID-19 are:
 - Cough **or** shortness of breath **or** difficulty breathing
or
 - At least two of the following symptoms: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss
- OHA recommends that **any person with symptoms consistent with COVID-19** may be tested for COVID-19, but should be considered a lower priority than the high-risk groups. Severity of symptoms and available testing and health care system capacity should be factored into the decision, including staff, PPE, testing supplies, specimen collection supplies, and current testing turnaround time.

Updates to testing guidance 5/1

- Added the following to high-priority groups for testing:
 - Migrant or seasonal farm workers
 - Pacific Islanders
 - People from other linguistically diverse populations due to longstanding social and health inequities

Quarantine Recommendations

Quarantine

- How long should we recommend patients self-quarantine after exposure to a known COVID-19 case?
 - 14 days
- What should we recommend for quarantine?
 - Checking one's temperature twice a day.
 - Avoiding places where many people gather, including stores, workplaces, and schools.
 - Staying off transportation like planes, trains, and buses.
 - Calling one's healthcare provider promptly if fever, cough, or trouble breathing develop.
- How long should a COVID-19 positive patient without symptoms self-quarantine?
 - If a confirmed case is asymptomatic or only has symptoms other than fever, cough, shortness of breath, and diarrhea, they should be isolated for 10 days after the collection date of the specimen that tested positive.

Reopening Elective Procedures

Resuming Non-Emergency and Elective Procedures requiring PPE

- On April 23 Governor Brown announced her plan for resuming non-emergency and elective procedures beginning as early as **May 1st** as long as certain criteria are met
- 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”*
- Last week, OHA issued guidance for resuming nonemergent and elective procedures within hospitals, ambulatory surgical centers, veterinary facilities, and medical/dental/other healthcare offices

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

Detailed guidance documents can be found out:

www.healthcareoregon.org/coronavirushcp

FAQs: Resuming Non-Emergency and Elective Procedures requiring PPE

- **Can healthcare clinics re-open now that Governor Brown has issued EO 20-22?**
- Healthcare clinics were never required to close in Oregon.
- EO 20-22 pertains to resuming nonemergent and elective procedures (i.e., those procedures that required PPE prior to COVID-19).
- Specific businesses were required to close under EO 20-12 and must remain closed at this time.

FAQs: Resuming Non-Emergency and Elective Procedures requiring PPE

- **Am I required to maintain a distance of at least 6 feet between staff and patients except during a procedure, or is that just a recommendation?**
- It is a strong recommendation. An office should implement, to the extent possible, physical distancing measures within waiting rooms and other areas of the office.

FAQs: Resuming Non-Emergency and Elective Procedures requiring PPE

- **How can I best limit the number of people in a waiting area?**
- The following are some best practices:
 - To the extent possible, have patients wait in their cars before entering your facility, and contact them when it is time for their procedure.
 - Ask patients if they are bringing someone with them, so you know whether to expect more than just the patient.
 - Ask anyone waiting to take a patient home after a procedure to wait outside the facility, and call them when the patient is ready to be picked up.

FAQs: Resuming Non-Emergency and Elective Procedures requiring PPE

- **Does home-made PPE count towards my supply of PPE that is required under the guidance?**
- No, in order to be counted in the required days of PPE on-hand under the guidance, the PPE must be medical grade and meet the standards set by the Oregon Occupational Safety and Health Administration, the National Institute for Occupational Safety and Health and the U.S. Food and Drug Administration.

FAQs: Resuming Non-Emergency and Elective Procedures requiring PPE

- **Can I provide massage therapy?**
- The answer depends on the location and type of massage services to be provided. All medical spas, facial spas, day spas and non-medical massage therapy services were closed or cancelled under [EO 20-12](#), and must remain closed or cancelled. If medical massage therapy is provided in a setting not required to close under EO 20-12, then it can be provided if the criteria listed in the [guidance for medical, dental, and other health care settings](#) can be met.

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OHSU COVID study

“Key to Oregon” research study

- 100,000 participants
 - Randomly selected across the state
- 12 month study period
- Starts May 11
- Smart thermometers will track temperatures
- Self report of COVID-19 symptoms
- If symptoms, sent home test kit
 - Follow up on positive tests by OHA for contact tracing, treatment recs
- A subset of up to 10,000 randomly selected study participants also will be provided home testing kits to provide better data about prevalence of asymptomatic infection

“Key to Oregon” continued

- Goals:
 - Gather data about the virus in Oregon to determine the relationship between easing physical distancing measures and resurgence of COVID-19 transmission.
 - Identify new COVID-19 cases at their earliest stages, enabling swift contact tracing and isolation to help control the spread of the disease.
 - Provide early warnings of emerging virus “hotspots”

Testing and Surveillance Questions

Answers to Your Questions

- Are your COVID-19 test results just from the OHA lab or do commercial and hospital systems report their results to you?
 - All of the above. The great majority of results in Oregon come from clinical and commercial labs.
- Are positive antibody tests required to be reported now? or possibly in the future?
 - Yes, they must be reported by health care systems as well as by electronic lab reporting
- Will further interviewing and contact tracing be done on those with positive antibody tests?
 - No
- Can a patient choosing to be tested for antibodies have their personal information remain anonymous, other than the county in which they reside?
 - The results will only be shared with the patient, the ordering provider, and public health. No personally identifiable information will be shared.

Answers to Your Questions

- What is the false positive and false negative rate of the tests?
 - Varies by test type and manufacturer
- If an asymptomatic patient is positive, what would be the guidelines for contact investigation? My understanding is that contact investigation for symptomatic patients begins 48 hours prior to the onset of symptoms. How far back does one go if the patient is asymptomatic?
 - 48 hours prior to when the specimen that tested positive was collected
- I've heard in the news that 50% of the COVID deaths are from nursing homes. Is this true in Oregon?
 - Yes, just over half of deaths have been from people in LTCFs
- When are we going to start opening up, especially in southern Oregon where we have very little cases and access to testing easily
 - Some regions may start to reopen as early as May 15

Answers to Your Questions

- Is it yet know if the mutations are significant in trying to develop a vaccine, especially given that these mutations occurred within just a few months and a vaccine will take 18+ mo?
 - The virus is quite stable so this seems unlikely.

Clinical Care Questions

Answers to Your Questions

- What is the sensitivity of COVID PCR testing?
 - Oxford Center for Evidence Based Medicine review
 - Based on one case series,
 - Day 0-7
 - Mild symptoms: OP 61.3% (46/75) NP 72.1% (147/204)
 - Severe symptoms: OP 60% (12/20) NP 73.3% (11/15)
 - » OP=oropharyngeal, NP=nasopharyngeal
 - No way to determine false positives and negatives, therefore sensitivity is not able to be accurately determined
- What is the rate of cases/deaths in Oregon in nursing homes?
 - 17.8% of cases are in congregate care settings
 - OHA is working on evaluating the characteristics of patients who have died

Answers to Your Questions

- What should we know about skin findings/rashes in COVID-19?
 - There have been case reports of chilblain like lesions on toes in children and young adults (“COVID toe”), but these findings are not included in the CDC definition of disease and are of unknown significance
- What can you tell us about fecal transmissibility?
 - GI complaints are a frequent COVID-19 symptom
 - Studies have found 29-39% of stool samples were positive for COVID-19
 - Per CDC: unclear whether the virus found in feces may be capable of causing COVID-19. There has not been any confirmed report of the virus spreading from feces to a person.

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>