

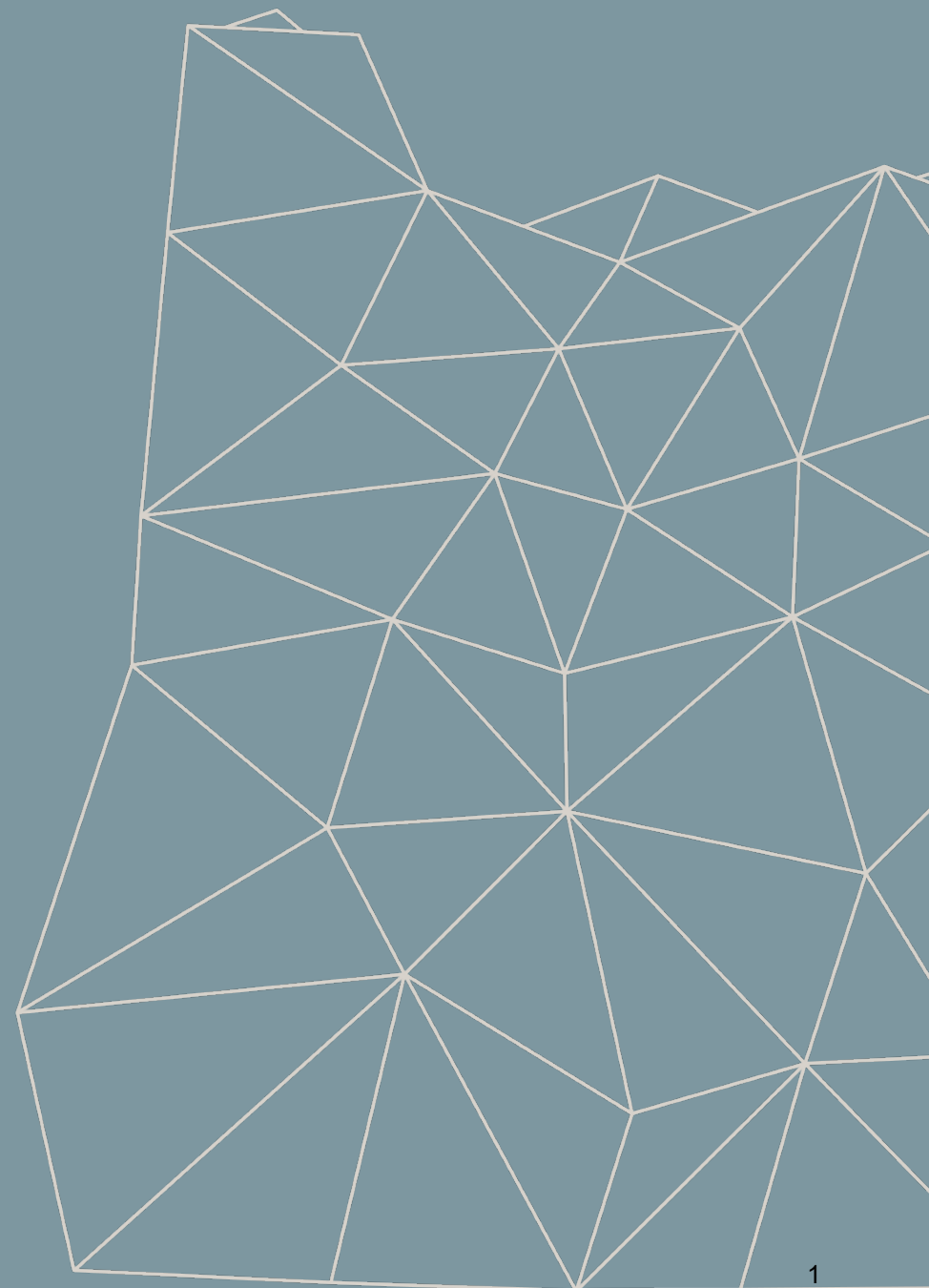


Oregon Health Authority

COVID-19 Update, April 23, 2020

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Oregon Health Authority: COVID-19 Update

- COVID-19 Status in Oregon
- Surveillance Summary
- Updated Testing Guidance
- Antibody Testing
- Cloth Face Coverings
- Governor Brown: Reopening Oregon

The COVID-19 Status in Oregon

As of April 22:

- 2059 positive COVID-19 cases*
- 78 deaths

*Positive test results do not reflect the full impact of COVID-19 in our state

Current COVID-19 Hospitalizations in Oregon (as of April 22)

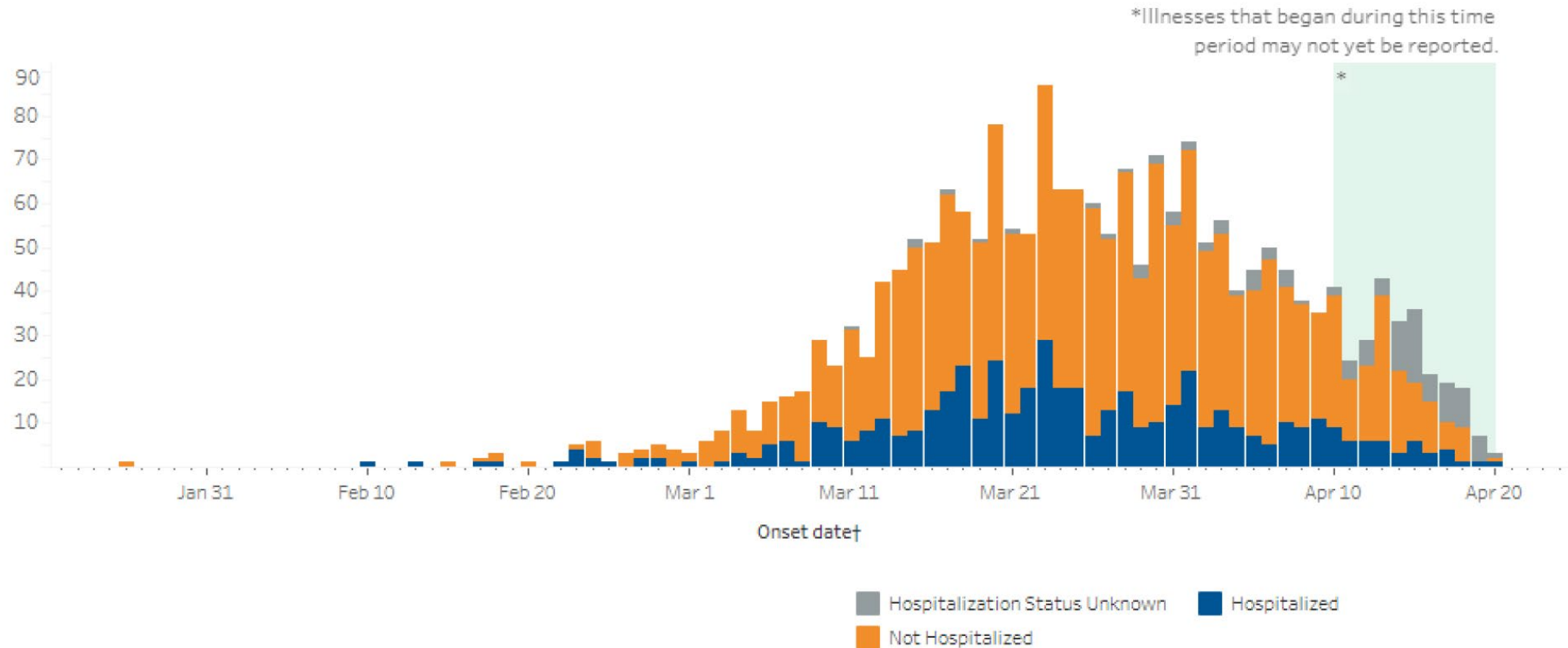
	Currently Hospitalized COVID-19 Patients*	Currently Hospitalized COVID-19 Positive Patients**
Hospitalized COVID-19 Patients	302	124
COVID-19 Patients in ICU Beds	67	37
COVID-19 Patients on Ventilators	35	24
*Includes both confirmed and suspected COVID-19 patients		
**Includes only confirmed positive COVID-19 patients		

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.

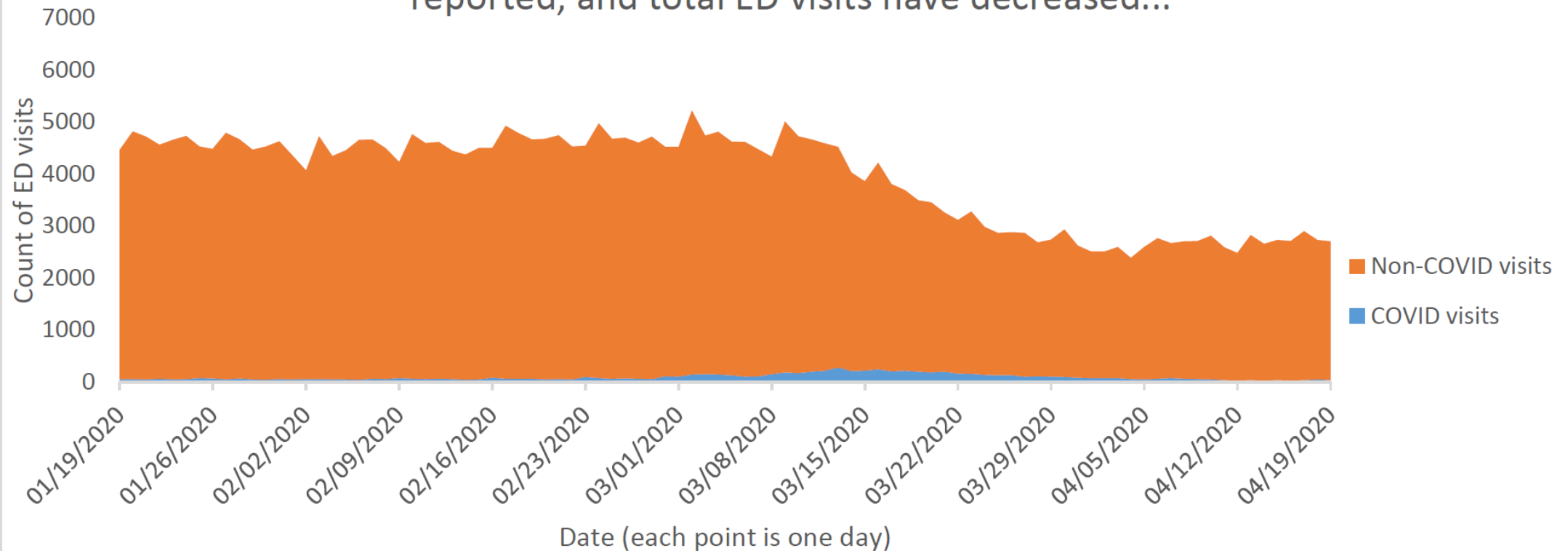
Total Positive Cases	Hospitalized	Not Hospitalized	Hospitalization Status Unknown
2,059	488	1,458	113



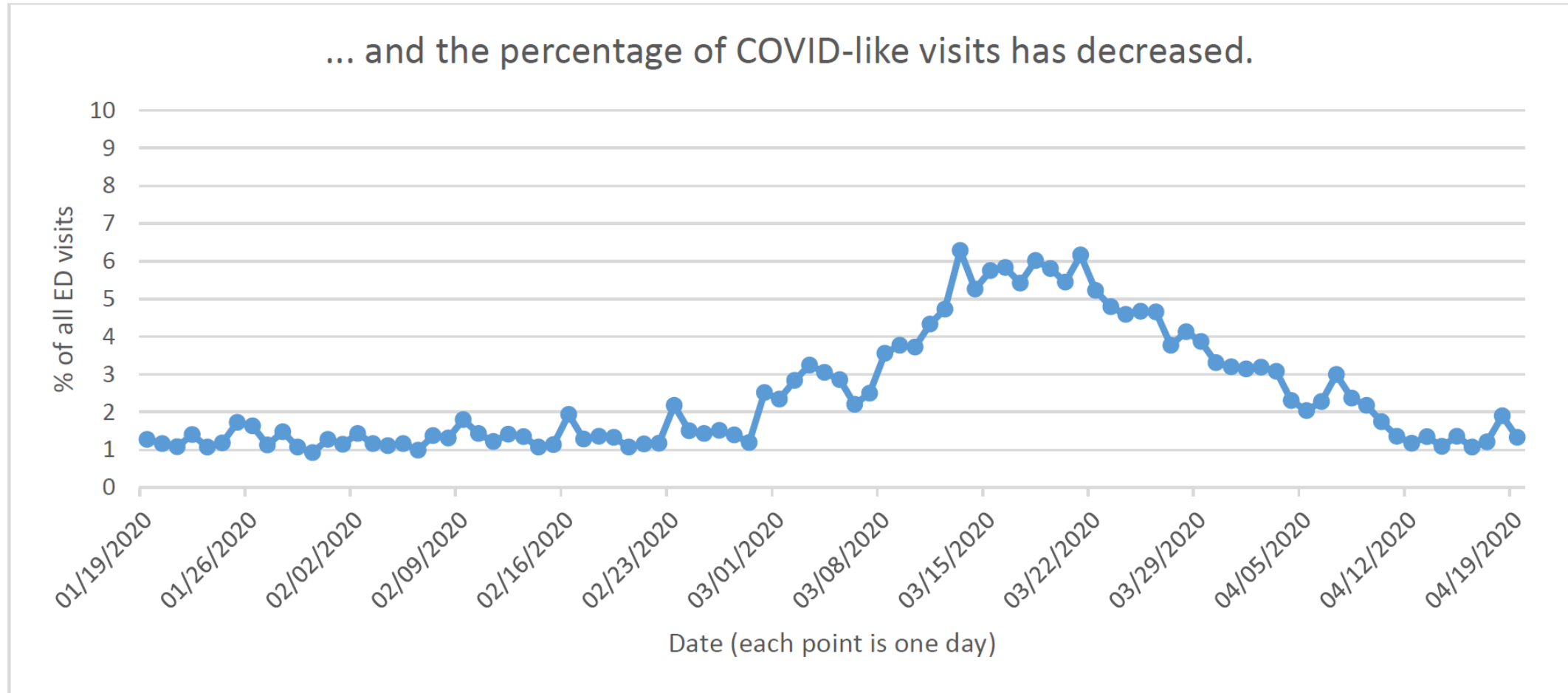
Daily ED Visits

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...

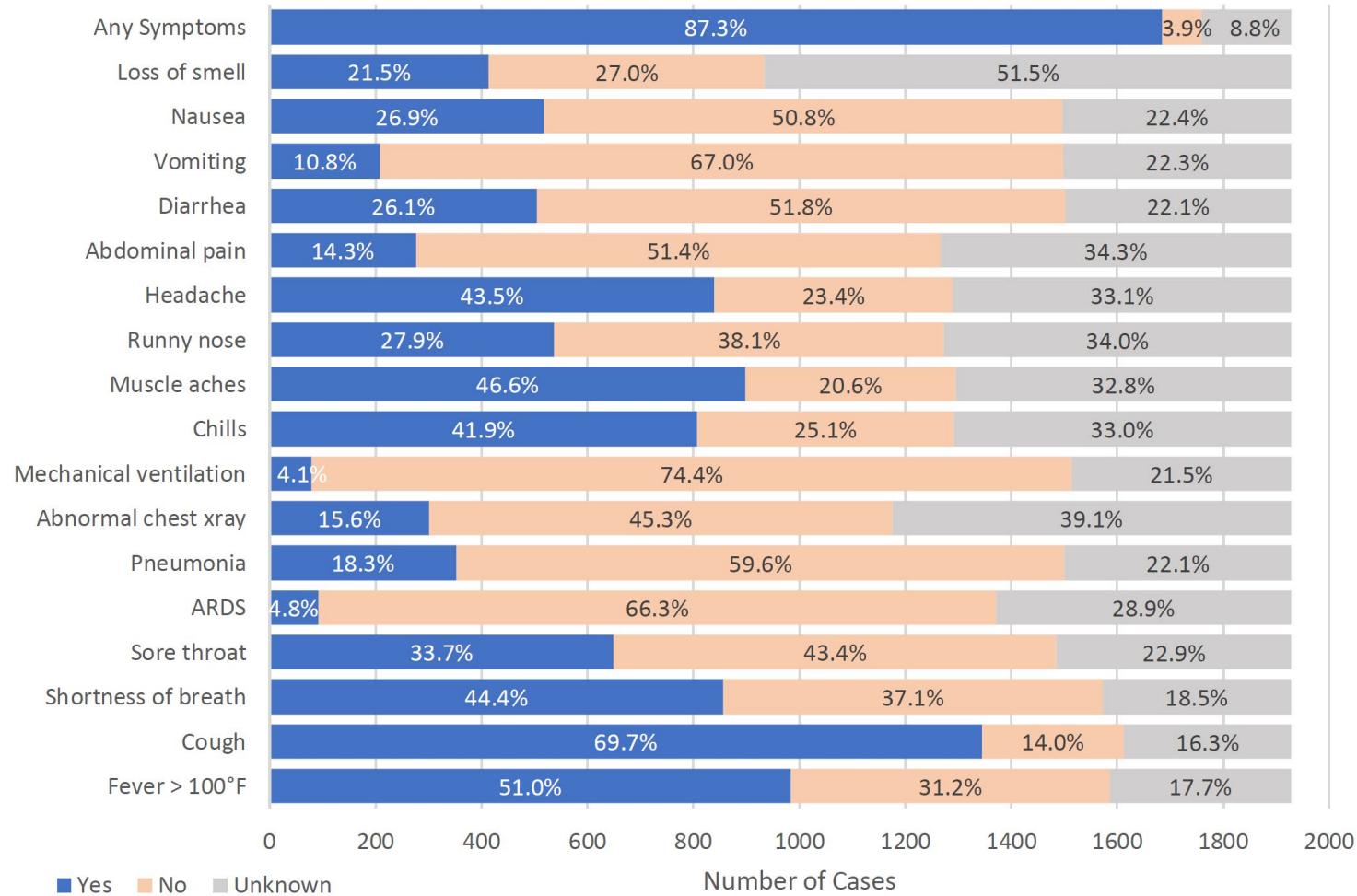


Daily ED Visits for COVID-Like Illness



*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 21 (n=1,928)



Distribution of all COVID-19 Cases by Race as of April 21 (n=1,928)

Table 2. Race distribution of all COVID-19 cases (n=1,928)

Race	Cases	% of total cases	Cases per 10,000 ^a	Deaths	Hospitalized
White	1065	55.2%	3.4	50	276
Black	47	2.4%	5.7	3	18
Asian	64	3.3%	3.3	3	24
American Indian/Alaska Native	17	0.9%	3.6	1	5
Pacific Islander	22	1.1%	13.1	0	6
Other	425	22.0%	n/a	4	83
>1 race	44	2.3%	3.2	1	4
Not available	244	12.7%	n/a	13	44
Total	1928	100.0%	4.6	75	460

^aNCHS Population Estimates: National Center for Health Statistics (NCHS), Estimates of the resident population of the US by year, county, age, bridged race, Hispanic origin, and sex (Vintage 2018). 2) Census Bureau Population Estimates: U.S. Census bureau, Population Division, Annual Estimates of the Resident Population by Age, Sex, Race, and Hispanic Origin for counties (Vintage 2018)

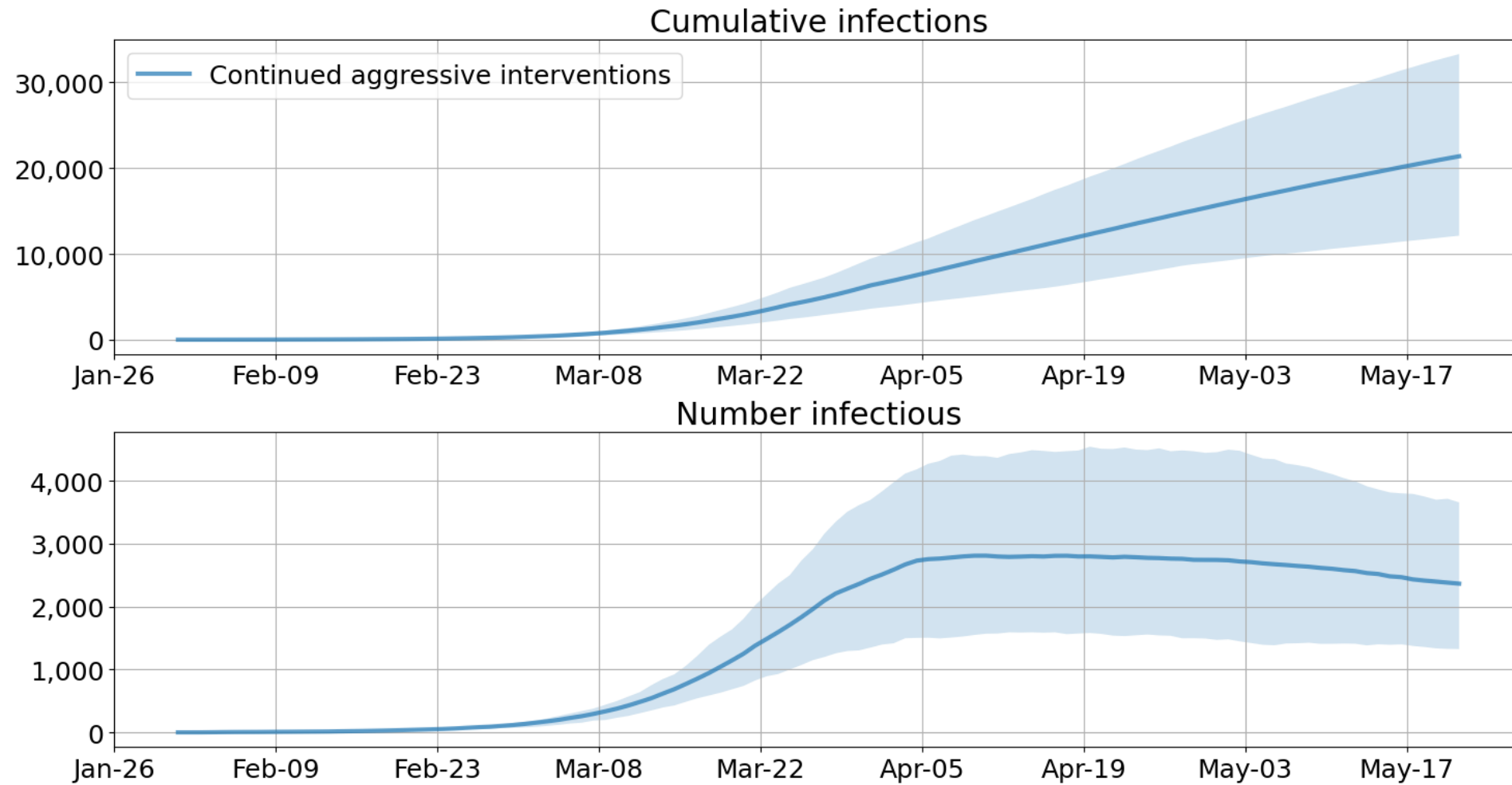
Distribution of all COVID-19 Cases by Ethnicity as of April 21 (n=1,928)

Table 3. Ethnicity and death by ethnicity of all COVID-19 cases (n=1,928)

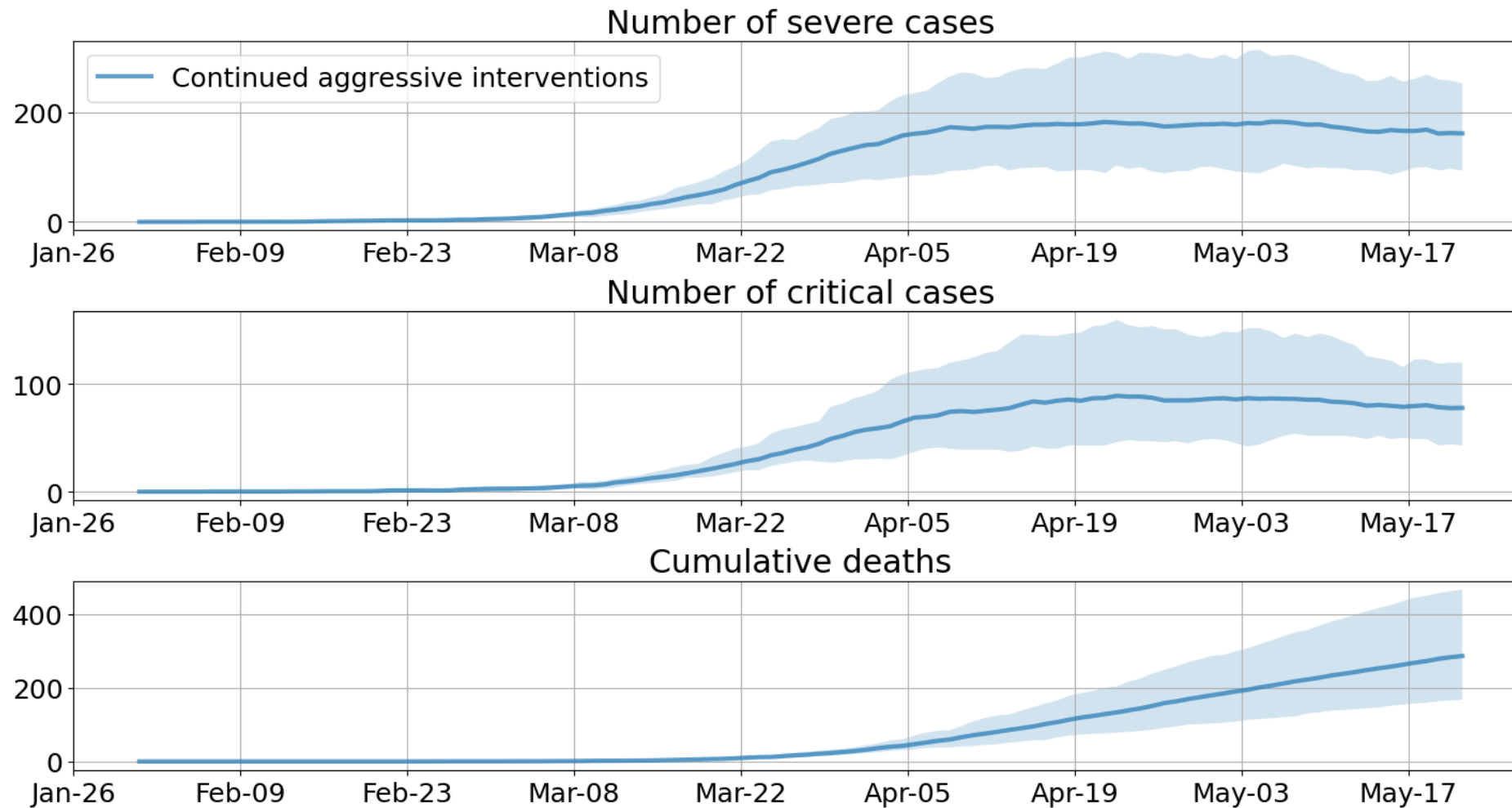
Ethnicity	Case count	% of total cases	Cases per 10,000 ^a	Deaths	Hospitalized
Hispanic	509	26.4%	9.1	4	102
Non-Hispanic	1151	59.7%	3.2	54	318
Not available	268	13.9%	n/a	17	40
Total	1928	100.0%	4.6	75	460

^aNCHS Population Estimates: National Center for Health Statistics (NCHS), Estimates of the resident population of the US by year, county, age, bridged race, Hispanic origin, and sex (Vintage 2018). 2) Census Bureau Population Estimates: U.S. Census bureau, Population Division, Annual Estimates of the Resident Population by Age, Sex, Race, and Hispanic Origin for counties (Vintage 2018)

Latest Projections



Latest Projections



Testing Updates:

- Updated testing guidance
- Antibody testing



Testing Guidance: April 20 Updates

Available at healthoregon.org/coronavirushcp - Healthcare Providers and Clinical Laboratories section

Expands recommendations for testing of residents, staff, children, or other people in a care facility or group living setting (e.g., healthcare facility, residential care facility, school, child care, or corrections):

- **Removes limit of 5 symptomatic people per facility for testing at OSPHL.**
- **When laboratories have sufficient testing capacity, asymptomatic people in these settings may be considered for testing.**

Testing Guidance Update (continued)

Expanded recommendations for testing to include people **with symptoms** (fever, cough, or dyspnea) in the following groups:

- **Workers who provide direct care or service in multiple group facilities or who provide in-home services** (e.g. hospice care workers, physical or occupational therapists, in-home personal care workers)
- **Essential front-line service workers who have regular contact with large numbers of people** (e.g., those working in grocery stores, pharmacies, food service, transportation, delivery, and other critical infrastructure services)
- **People who identify as Black, African-American, Latino, Latina, Latinx, Hispanic, American Indian/Alaska Native, or as having a disability**; data indicate that these communities are at higher risk for COVID-19 and associated complications due to longstanding social and health inequities

Antibody Testing for COVID-19

- IgM and IgG
- Positive days to weeks after infection
- Not all patients produce antibodies
- Unclear clinical utility
- Possible epidemiological surveillance use
- WHO does not recommend the use of antibody-detecting rapid diagnostic tests for patient care but encourages the continuation of work to establish their usefulness in disease surveillance and epidemiologic research

Antibody Testing for COVID-19

Self-reported sensitivities and specificities of various tests with Emergency Use Authorization approval

Test	Sensitivity ¹	Specificity ²	Notes
Cellex	93.8%	95.6%	
Mount Sinai	92%	100%	IgG, only available in NY 114 patients studied
Chembio	IgM 77%, IgG 87.1% IgM or IgG 93.5%	IgM 97.6%, IgG 92.7-96.8% IgM or IgG 90.2-94.4%	Blood, plasma or fingerstick Appears to be a rapid test (<15 min). Results more reliable after 11 days from symptom onset Specificity varies on whether patient is symptomatic or not
Vitros	83%	100%	No cross reactivity to other viruses Time to first result is 48 minutes

Above are based on small numbers of patients

¹Compared to PCR positive patients

²Compared to PCR negative patients, random blood donor samples, or well person test volunteers

Use of Cloth Face Coverings

Use of Cloth Face Coverings

Healthcare settings:

- NOT to be used by healthcare personnel
- May reduce spread of infection when worn by a sick person, particularly with respiratory symptoms

The most effective strategies to prevent infection include the physical distancing measures outlined the [Governor's Executive Orders](#), along with basic hand hygiene and cough etiquette.

Following CDC [recommendations](#). OHA recognizes that use of cloth face coverings may reduce the spread of virus and help prevent those who have the virus but do not have symptoms from passing it to others.

- Physical distancing, not touching face, etc. must be continued!

Reopening Oregon



Reopening Oregon

On April 14, 2020, Governor Brown presented her public health framework or restarting public life and business in Oregon:

- Declining growth rate of active cases
- Sufficient personal protective equipment (PPE)
- Hospital surge capacity
- Robust testing, tracing and isolation strategy
- Strategies that work for hardest hit and vulnerable populations, including nursing homes and people experiencing homelessness

Reducing physical distancing too quickly will create a spike in cases.

See full press release, presentation and recording here:

<https://www.oregon.gov/newsroom/Pages/NewsDetail.aspx?newsid=36373>

Q&A

RESOURCE LINKS:

Oregon Health Authority:

www.healthoregon.org/coronavirus (all information)

www.healthoregon.org/coronavirushcp (healthcare provider)

CDC COVID-19 site:

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Oregon ECHO Network :

www.oregonechonetwork.org

CASE/Community Innovation presentations:

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