

## Responses to Submitted Questions September 22, 2021 Curry County COVID-19 Town Hall

### Vaccinations

1. *How many individuals are fully vaccinated in Curry County?*

As of 12:01 a.m. on 10/22/2021:

- 10,998 individuals (55%) 18 years and older have completed their initial COVID-19 vaccination series in Curry County.
- 1,489 individuals 18 years and older are in the process of completing their vaccination series.
- Overall, 62% of the 18-and-older population in Curry County have received at least one dose of a COVID-19 vaccine.

2. *What percentage of CHN employees are vaccinated?*

OHA does not have information on the proportion of vaccinated Curry Health Network employees who are vaccinated.

3. *Why do we have such low vaccination numbers in Curry County?*

Vaccination rates in a community can be low for a number of reasons. There can be challenges for some community members to access vaccination clinics, which may not be offered in convenient locations such as sites close to their jobs, or that can be difficult to get to if people don't have a car or access to transit, or are experiencing other transportation issues. Some people may have cultural, religious or medical reasons for not getting vaccinated, and others, unfortunately, may have concerns about the COVID-19 vaccines – despite being shown to be highly safe and effective – due to misinformation they've received or for political reasons.

In Curry County, OHA has worked closely with local public health partners to provide messaging in communities to encourage people to get vaccinated against COVID-19, including running targeted campaigns that give voice to doctors, nurses and other medical experts, as well as real people who've shared their vaccination stories with people in their own communities. These include [www.SafeStrongOregon.org](http://www.SafeStrongOregon.org) (aimed at reaching communities of color), [www.MyVaccineReason.org](http://www.MyVaccineReason.org) (sharing organic stories from social media influencers), and [www.OregonVaccineInfo.org](http://www.OregonVaccineInfo.org) (targeted advertising in non-urban areas). OHA's advertising buys included TV spots on local television stations and cable TV – prioritizing networks most likely to reach communities of color and young audiences, including Spanish-language networks. OHA also heavily advertised on digital video and connected TVs for cord-cutters, on popular platforms for music videos, as well as most on-TV apps. OHA has display ads from both campaigns running on popular websites our audiences are most likely to use.

4. *I understand that youth younger than 18 don't need parental permission to get vaccinated. I think the lowest age is 14. Can you confirm that and what is being done to make this known to the public, especially since we have so many people in Curry County who are adamant about NOT vaccinating their kids?*

Under Oregon law, minors 15 and older may give consent to receive medical treatment, including vaccinations, when provided by a physician, physician assistant, naturopath, nurse practitioner, dentist or optometrist, or other professionals operating under the license of these providers. Under OHA guidance, these COVID-19 vaccine-registered providers may not require consent from a parent or guardian to vaccinate someone age 15, 16 or 17. With the exception of pharmacies, most locations where COVID-19 vaccinations are provided have oversight by a medical provider.

Parental or guardian consent is required to vaccinate people ages 12–14, but the parental or guardian consent requirement does not necessarily mean a parent or guardian must go with the youth to receive the vaccination. Written consent may be obtained in advance. You should contact the vaccine provider or vaccination clinic to determine whether a parent or guardian must be present. Providers administering COVID-19 vaccinations should make it clear on their website, print materials and at the time a vaccine appointment is made what type of consent from a parent or guardian is required, and whether a parent or guardian must be present at the vaccination appointment.

5. *Do immunocompromised people have to present proof/documentation of their condition in order to receive their third dose?*

Immunocompromised people will be asked to self-attest that they have one of the following conditions when they seek their third dose:

- Are undergoing active treatment for solid tumor and hematologic malignancies.
- Have received solid-organ transplant and are taking immunosuppressive therapy.
- Have received CAR (chimeric antigen receptor)-T-cell or hematopoietic stem cell transplant (within two years of transplantation or are taking immunosuppression therapy).
- Have moderate or severe primary immunodeficiency (e.g., DiGeorge, Wiskott-Aldrich syndromes).
- Have advanced or untreated HIV infection.
- Are undergoing active treatment with high-dose corticosteroids (i.e.,  $\geq 20$ mg prednisone or equivalent per day), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, TNF blockers, and other biologic agents that are immunosuppressive or immunomodulatory.

6. *I am vaccinated. I have COVID-19. I received monoclonal antibody therapy by injection. I am 67 with type 2 diabetes. I am near the six-month, post-second vaccine dose. Does the therapy reduce my immune response? Should I get a booster soon than later?*

Patients who received monoclonal antibodies or convalescent plasma during COVID-19 treatment should defer vaccination, including for boosters, for 90 days after initial

infection to avoid potential immune interference. If you have additional questions, please contact your health care provider.

7. *Can my employer require a weekly test even if I am vaccinated?*

Oregon Health Authority cannot provide employment-related advice. You should review the website of the federal Equal Opportunity Commission (EEOC) and the Oregon Bureau of Labor and Industries (BOLI) for information about what employers can require with regard to COVID-19-related restrictions.

EEOC: <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>.

BOLI: <https://www.oregon.gov/boli/employers/Pages/COVID-19-resources.aspx>.

8. *Am I required to get vaccinated as a homecare worker or other caregiver?*

The rule ([OAR 333-019-1010](#)) does not apply to health care providers that only provide care in private residences if the health care provider only provides care in private residences, and none of those residences are licensed, registered or certified as a home or facility described in the definition of health care setting that is in the [rule](#). For example, an in-home care worker providing care at an apartment complex is not subject to this rule. However, an in-home care worker who provides care at a licensed adult foster home is required to comply with the rule.

9. *Which brand(s) of initial vaccinations require a booster injection? How long after completion of the initial vaccinations should the booster be administered? Which group(s) are eligible for a booster?*

For people who received the Pfizer or Moderna vaccine, booster doses are recommended for the following groups who completed their second shot at least six months ago:

- 65 years and older
- Age 18+ who live in long-term care settings
- Age 18+ who have underlying medical conditions, increased risk of social inequities, or disabilities (including intellectual and developmental disabilities).
- Age 18+ who live or work in high-risk settings.

For people who received the Johnson & Johnson (J&J) vaccine, a booster dose is recommended at least two months after the first dose.

## **Testing, Plus What to Do if COVID-19 Positive or Exposed**

10. *Provide info on what to do after you've gotten tested.*

Testing for COVID-19 will likely involve a health care provider taking a sample on a swab through the nose. Standard tests may take 24–48 hours or longer to get results, depending on the lab used and the demand for tests; point-of-care tests, such as antigen or antibody tests, can provide results within 15 minutes. Test results are returned to the health care provider or local public health authority, who will contact you with your results. For Curry County residents, the test results will be sent directly to Oregon Health Authority as well as the testing health care provider.

If you test positive for COVID-19, OHA staff will try to reach you to give you information about how to keep from spreading the virus to your family and friends, and how to care for yourself, and share resources available in the community that can support you while you self-isolate.

After testing positive for COVID-19, you should:

- Isolate for at least 10 days from symptom onset, or the test date if you had no symptoms.
- Stay away from others, including members of the household and pets, whether or not you have symptoms.
- Stay in a separate room from other people and use a separate bathroom if possible.
- Not share personal household items, like cups, towels and utensils.
- Wash your hands frequently.
- Call your health care provider if you develop any trouble breathing.

*11. If no one contacts me after I test positive, how would I contact you?*

Someone from OHA will try to call you at the phone number provided when you took the COVID-19 test. If you do not answer the call, they will try to leave a message if they are able and try to text you. Please answer your phone or return the call or text. They want to make sure you are OK, see if you need assistance isolating safely, and help you identify others who may have been exposed to COVID-19 so they do not accidentally spread it to others. Even if you do not respond, you must isolate if you tested positive or quarantine if you were exposed to someone with COVID-19 (within 6 feet of someone with COVID-19 for 15 minutes or more).

*12. When we receive a positive test, will you be able to tell us if it was the Delta variant?*

No. COVID-19 tests do not identify the specific variant. A small representative sample of all COVID-19 specimens collected in Oregon undergo further testing to identify the variant to better understand what variants are currently circulating in the state. Currently, almost all COVID-19 cases in Oregon are the Delta variant.

*13. What supports are available for families who need to keep a child home from school when working from home isn't an option?*

All three OHA-funded community organizations in Curry County – Brookings-Harbor Food Bank, St. Timothy's Episcopal Church and Curry Homeless Coalition – can provide supports, such as rental assistance, food and utilities, to help a parent stay

home while a child is in isolation or quarantine. If there are multiple cases in a household and the family is in quarantine longer than expected, these supports can be used for each case – i.e., beyond the two-week period. The intent of the funds OHA is providing to these organizations is to enable people to stay at home and safely isolate or quarantine.

14. *My husband is immunocompromised and is seeing a pulmonologist and oncologist in the Eugene/Springfield area. If he were to test positive for COVID-19, would he be transferred ASAP regardless of the level of infection?*

OHA does not direct the health care of individual people with COVID-19. Please talk with your health care provider about this concern.

15. *Are clinics required to test me weekly if I am unvaccinated and my work requires weekly testing?*

If you work in a health care or education setting and the vaccination requirement applies to you, and you have requested and received an exception from your employer, your employer can determine reasonable safety measures for the exception. Among possible safety measures, as part of granting an exception to the vaccine requirement, an unvaccinated employee, contractor or volunteer entering the workplace might be required to wear an N95 face mask, be physically distanced from others while at the workplace, work a modified shift when there are fewer individuals at the workplace, get periodic tests for COVID-19, be given the opportunity to telework or, finally, accept a reassignment. Safety measures that an employer imposes will depend on the employee's position duties and work environment among factors. If feasible, employers may consider granting certain accommodations on a temporary basis and reviewing again after a specified period.

Clinics conducting COVID-19 testing can determine whether they will provide screening testing for unvaccinated individuals on a regular basis. If a clinic receives BinaxNOW rapid test supplies from OHA, the clinic may not use those testing supplies for screening of unvaccinated individuals. Screening tests also may not be covered by insurance.

## **Care for those with COVID-19**

16. *If insured and insurer is billed, does patient have a co-pay? (if they go to hospital due to COVID-19)*

Curry Health Network has confirmed that currently all COVID-19 related care is being covered by insurance companies. If a patient received care "unrelated" to COVID-19, the insurance company will pay what is required by contract and the patient would be responsible for their portion depending on the insurance provider and plan. Uninsured patients are billed to a COVID-19 relief fund paid by the federal government. So, for COVID-19 care, patients are not expected to pay anything out of pocket. If a patient has received a bill for COVID-19 care, testing, vaccination or

other services, please contact the Curry Health Network Business Office so they can review the specific situation.

17. *After some frustrating appointments with local providers, I'd like to know if they are being supplied by a state or federal health authority with the latest information on COVID-19 and its lingering effects. Some providers appear not to be aware of the varied symptoms of long COVID-19 and other lingering effects from COVID-19 or the vaccines. I know that it is difficult to keep abreast when the developing research keeps adjusting what is known. I hope the providers are not left to dig through reputable online sources as we the patients are. Once again patients are being met with doubt when describing their faltering state. I read that this is a nationwide problem.*

Local, state and federal public health officials work diligently to stay up to date on the latest research findings, health guidance and other developments related to short- and long-term symptoms of COVID-19, and pass that information to health care providers around the state through a number of means, such as advisories through the state's Health Alert Network that thousands of health care providers subscribe to, as well as through webinars and other online trainings offered by the state and local public health authorities.

18. *Since both vaccinated and unvaccinated individuals can spread this disease, I expect there to be an ongoing increase in cases. My questions relate to what the policies are regarding therapeutics that can alleviate both some of the symptoms and lessen the severity of infections and the resulting hospitalizations.*

**a. What therapeutics are available?**

Getting a COVID-19 vaccine along with wearing a mask remains the most effective way to prevent COVID-19 infections, severe COVID-19 complications, hospitalizations and deaths.

Most people who get COVID-19 will be able to manage their illness and symptoms at home.

There are several therapies that can be used to help manage COVID-19 symptoms, including monoclonal antibodies, remdesivir and corticosteroids. Use of these therapies must be determined by the treating health care provider because treatment will depend on the individual situation.

**b. Do local physicians prescribe Ivermectin, hydroxychloroquine, etc., and monoclonal antibodies?**

OHA cannot speak to what local health care providers are doing. However, currently available data do not show ivermectin is effective against COVID-19 and the Food and Drug Administration (FDA) has not authorized or approved ivermectin for use in preventing or treating COVID-19. The FDA revoked the emergency use authorization (EUA) for hydroxychloroquine for the treatment of COVID-19 on June 15, 2020, after results from several clinical trials failed

to show that it was safe and effective for treating or preventing COVID-19. The National Institutes of Health (NIH) COVID-19 Treatment Guidelines Panel also recommends against the use of chloroquine or hydroxychloroquine and/or azithromycin for the treatment of COVID-19.

FDA: <https://www.fda.gov/consumers/consumer-updates/why-you-should-not-use-ivermectin-treat-or-prevent-covid-19>

NIH: <https://www.covid19treatmentguidelines.nih.gov/therapies/antiviral-therapy/chloroquine-or-hydroxychloroquine-and-or-azithromycin/>

c. ***Are these medicines and treatments available and used at the hospital?***

Currently the only treatment for COVID-19 approved by the FDA are monoclonal antibodies.

***Will local pharmacists fill those medicines if they are prescribed?*** Not all pharmacies will fill prescriptions for these therapeutics, even when legally prescribed by a physician in parts of the country. OHA does not have details about what individual pharmacies are doing. However, many pharmacies stock COVID-19 vaccines and getting vaccinated is one of the most important things anyone can do to help end the pandemic.

d. ***Are monoclonal antibodies available locally? Do they have to be given in the ER, rather than after hospital admission? (I understand if you are already admitted to the hospital, monoclonal antibodies are often not allowed....only if you receive them in ER prior to admission.)***

Coast Community Health Center and Curry Health Network are able to order monoclonal antibodies from OHA. However, at times, monoclonal antibodies supply may be limited as OHA receives its allocation from the federal government.

There are two ways that monoclonal antibodies are given: intravenously (IV) or by injection under the skin. Depending on how the therapy is given, there may be limitations on where it is available. Monoclonal antibody therapy is most effective when given within the first few days after symptom onset.

e. ***What are we, in this area, doing to provide, encourage and access these types of therapeutics?***

OHA is releasing information to providers and the public through a variety of communication channels (social media, OHA vaccine blog, OHA website, etc.) about monoclonal antibodies and future therapeutics. OHA also hopes to publish the weekly list of sites ordering monoclonal antibodies through the federal government (and allocated by OHA) on the OHA website in the coming weeks. OHA is working on culturally responsive and equitable strategies to amplify the message regarding availability of monoclonal antibodies through our community engagement teams and community messengers.

19. *Please can you share any new information or any updates regarding monoclonal antibody treatments for Curry County? Is there may a plan being hatched or one already in the works?*

Please see above.

20. *Our “info queue” indicates that CCH is already providing monoclonal antibody treatment in Coos County, and quite possibly could have monoclonal antibody treatments in Port Orford as early as the next few weeks. Is this information correct? What else can you share about CCH providing this treatment?*

Coast Community Health Center is giving monoclonal antibodies treatment at its Port Orford location.

### **Data, Statistics, and Where to Find Info and Resources**

21. *Have we had many people transferred out of the area?*

During the peak of the COVID\_19 Delta variant surge, hospitals throughout Oregon were above capacity and a few patients had to be transferred from Curry Health Network (emergency room) to Boise ID, Reno NV and San Francisco CA. This was for a brief period. Hospital bed capacity has improved in Oregon and Curry Health Network is not experiencing delays in transfers to neighboring facilities at this time.

22. *Is the CHN COVID-19 triage line still available?*

The COVID-19 Triage Line is not operational at this time.

### **Enforcing COVID-19 Safety Protocols**

23. *People aren't masking in the farmers market. What can people do if mask mandates aren't being followed*

Employees or concerned customers in Oregon who want to report hazards at a worksite, such as people not complying with masking requirements, may submit a complaint to the Oregon Occupational Safety and Health Agency (OR-OSHA):

Complaint website: <https://osha.oregon.gov/workers/Pages/index.aspx>  
Medford OR-OSHA Field Office Enforcement Phone: 541-777-6030

24. *How can community spread be kept at a minimum while large gatherings are still happening? For example, a couple of weeks ago, there were hundreds of church members from two local churches congregating at Azalea Park in Brookings. While the event was outdoors, there could easily have been exposure to COVID-19. Shouldn't our local governments be more proactive in limiting community spread?*



Oregon Health Authority and local public health authorities have been clear about the risks of attending large gatherings and events during the pandemic, particularly as cases, hospitalizations and deaths have surged due to the prominence of the highly transmissible Delta variant. These gatherings, where large numbers of people, particularly unvaccinated individuals, may be within close proximity of others and not wearing masks, can cause COVID-19 to spread very quickly. As we've stated in our guidance, if you are unvaccinated or at risk for severe COVID-19 illness, you should wear a mask and physically distance from others when in groups or large gatherings. Here's our guidance documents that would apply:

- COVID-19 Public Health Recommendations for the General Public:  
<https://sharingsystems.dhsoha.state.or.us/DHSForms/Served/le2342D.pdf>
- Wearing Masks, Face Coverings and Face Shields and Physically Distancing in Public Settings:  
[https://sharingsystems.dhsoha.state.or.us/DHSForms/Served/le2288K\\_R.pdf](https://sharingsystems.dhsoha.state.or.us/DHSForms/Served/le2288K_R.pdf)

25. *What are the school's response to non-compliance?*

When students do not comply with mask wearing, school staff provide positive reminders. If a student is purposefully not complying, the school will work to determine a different placement option. Oregon Department of Education rules state that if a student refuses to wear a mask, the school cannot provide in person instruction to that student.

26. *OHA has "taken over" Curry County's Public Health, yet neither OHA nor the Governor's Office responds to questions, nor do they appear to be enforcing public health regulations/requirements, including those related to COVID-19. Who is accountable and how do we attain the public health services required?*

On April 28, 2021, the Curry County Board of Commissioners voted to transfer its local public health authority to Oregon Health Authority. As of May 2, 2021, OHA assumed responsibility for providing limited public health services to protect the public's health in Curry County, including:

- Monitoring communicable diseases and controlling outbreaks, including the COVID-19 pandemic response.
- Ensuring access to safe drinking water.
- Ensuring access to WIC services.
- Licensing and inspecting food, pool and lodging facilities.

OHA is unable to replicate a local public health department in those jurisdictions that have chosen to transfer their local public health authority to the Oregon Health Authority. OHA partners with community-based organizations, healthcare partners and others to help expand the reach of limited public health services in the county.

In partnership with OR-OSHA, Oregon Department of Education, and other state agencies, OHA supports the development and enforcement of COVID-19 guidance and policies. Depending on the specific COVID-19 rules, OHA is not always the

enforcing agency. For example, OR-OSHA is the enforcing agency for mask requirements in workplaces.