

---

# OHA COVID-19 Webinar Series for Health Care Providers

October 15, 2020

Dana Hargunani, MD, MPH

Tom Jeanne, MD, MPH

Ariel Smits, MD, MPH

Joe Sullivan, MD, MPH



---

# Agenda Items

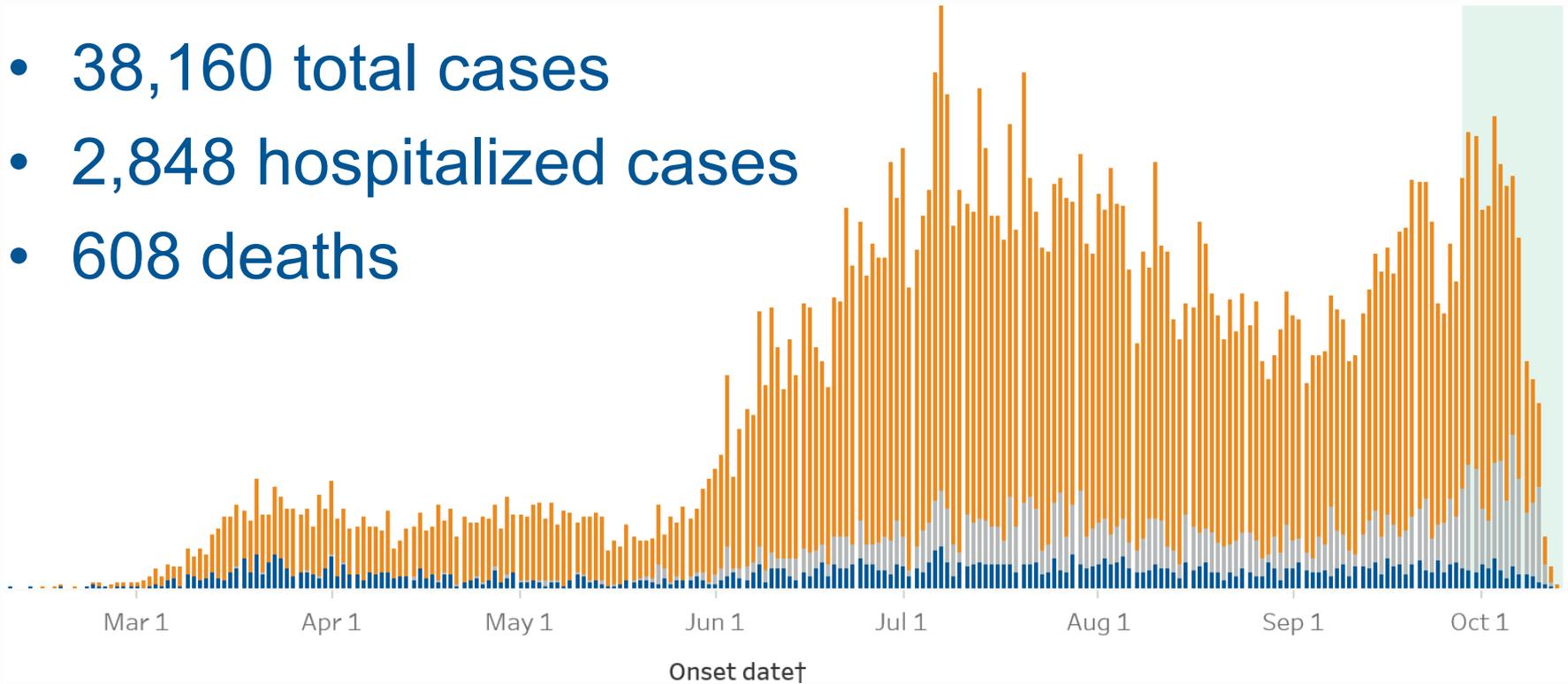
- COVID-19 update
- COVID-19 testing
- COVID-19 vaccine update
- Influenza Update
- Literature update
- Closing

# COVID-19 Update

# COVID-19 Oregon Update

*As of October 14:*

- 38,160 total cases
- 2,848 hospitalized cases
- 608 deaths



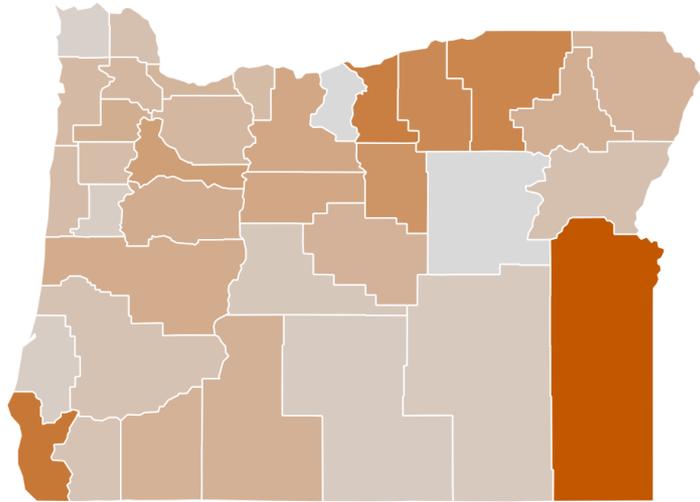
# COVID-19 Situation in Oregon

*For the week of **October 5-11**\**:

- 2,418 new COVID-19 cases were recorded
  - Up 18% from the week prior
- The number of Oregonians newly tested was 28,490.
  - Up 26% from the week before
- 6.4% of test results were positive, a slight increase.

*\*Numbers may change as additional test results from specimens collected during the time period are reported.*

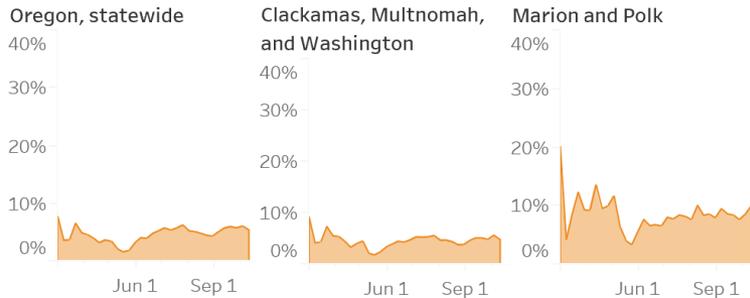
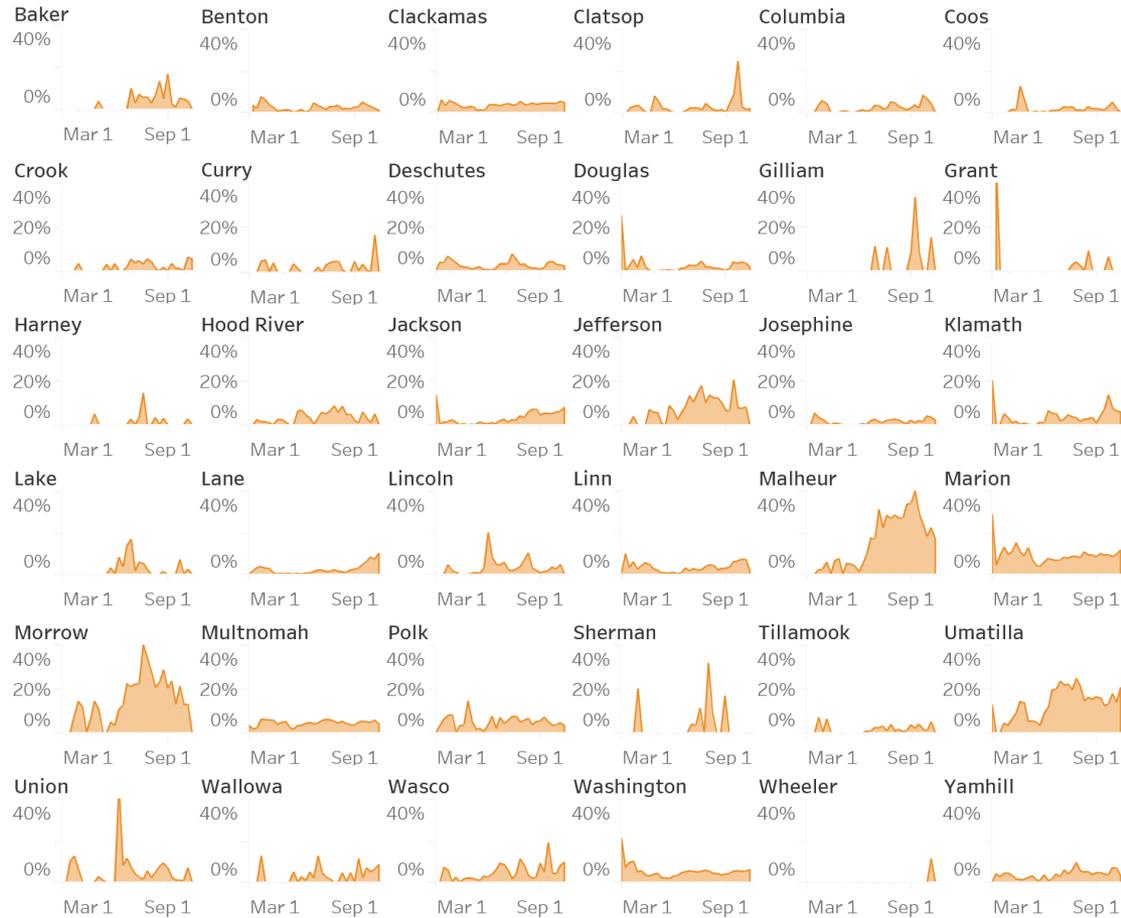
# Trends in Test Positivity



Percent Positivity: 0.0% 22.2%

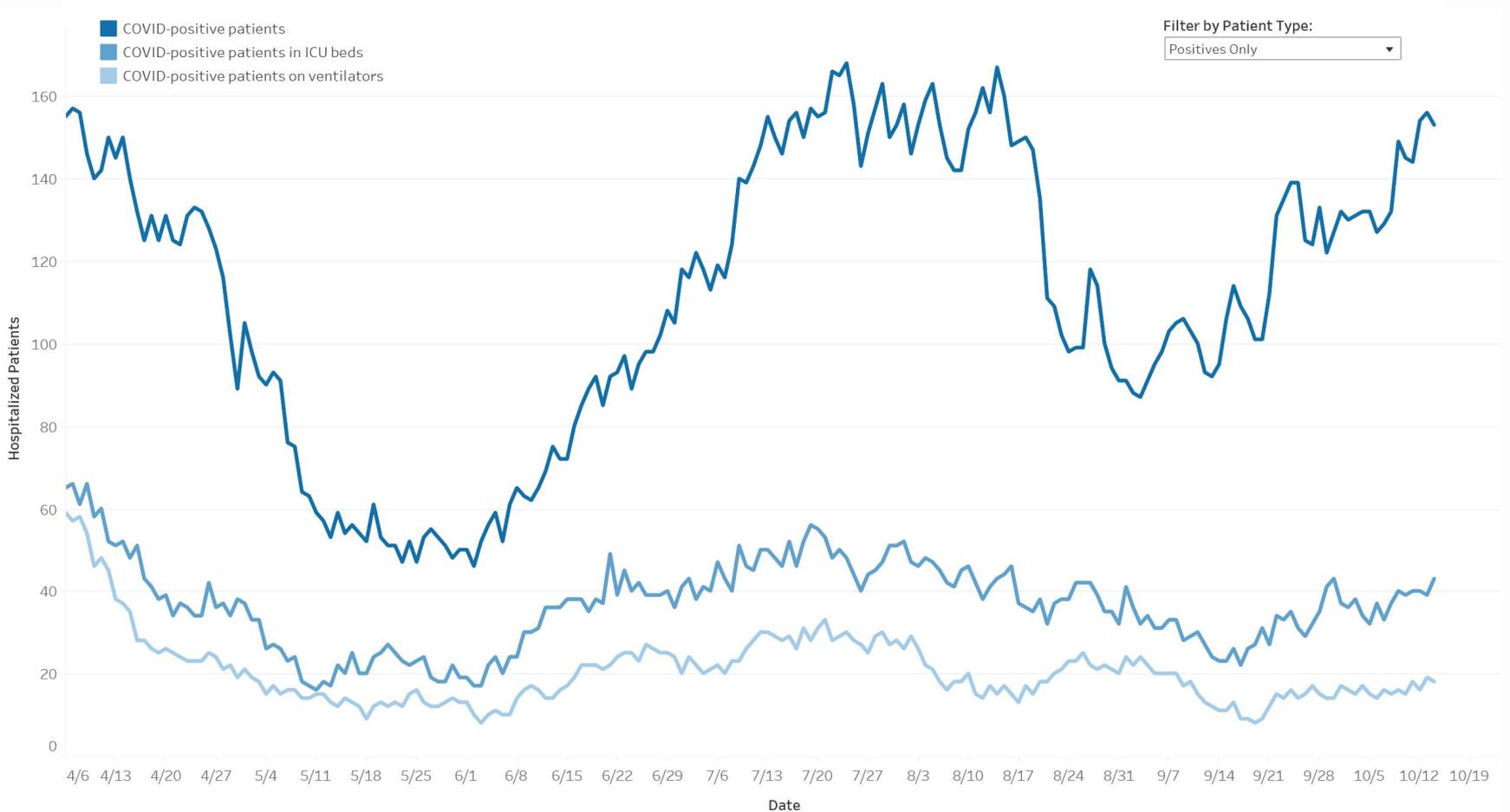
Counties without any reported testing in the past week will not appear on the map.

Weekly trends in percent of COVID-19 tests that are positive. Data will load slowly, please be patient. Hover over the graph to learn more about each week.



[www.healthoregon.org/coronavirus](http://www.healthoregon.org/coronavirus) → Data Dashboards → Trends in Test Positivity

# Hospital COVID Census: Statewide Trends



# Testing Update

# Testing Guidance for Health Care Providers – Updated 10/6/20

***New!*** OHA recommends that people in the following groups be tested ***regardless of whether they have symptoms*** (page 2):

- Close contacts of confirmed or presumptive COVID-19 cases. The optimal time for testing of asymptomatic contacts is unknown, but 3-14 days after exposure is recommended based on data on testing sensitivity, which indicates that likelihood of a positive test in an infected person remains close to zero until day 3-4 after exposure. Note that a negative test does not change the need for 14 days of quarantine for all contacts.
- People exposed to COVID-19 in a congregate setting
- Migrant/seasonal agricultural workers upon arrival in Oregon

Other:

- New information on interpretation of testing results

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2267.pdf>

# BinaxNOW Update

BinaxNOW tests Oregon has received from federal government

- 15,000 tests for wildfire-affected areas
- Week One: 82,600
- Week Two: 62,690

Test distribution throughout Oregon; 48,280 tests so far to:

- 23 counties in every part of the state
- The Coquille Indian Tribe, Burns Paiute Tribe, Klamath Tribes, Confederated Tribes of Grand Ronde and Confederated Tribes of Warm Springs
- Winding Waters and NARA Clinics
- An additional 250 tests have been sent to LTCFs that were evacuated due to wildfire and to respond to an outbreak at a shelter in Jackson County.

# BinaxNOW Update

- We have spoken with all counties in Oregon and expect to ship tests to additional counties and Tribes in the coming week
- We are also reaching out to K-12 school-based health centers and higher education student health centers; plan to send tests directly to their clinics to assist with testing symptomatic students and staff
- Distribution plan also includes 33 FQHCs, one third in underserved urban areas, and 32 rural/critical access hospitals



# Access to Testing for Populations Disproportionately Impacted by COVID

- OHA works with local community partners like faith communities, clinics, hospitals, schools, tribes, non-profits and other groups to ensure our COVID-19 response strategies are meeting community needs
- OHA hosts biweekly **community partner calls** to share information and hear from community members
  - Two-way dialogue
  - Calls in English and Spanish

# Access to Testing for Populations Disproportionately Impacted by COVID

- OHA has daily **community engagement coordination** meetings to discuss coordination with CBOs
  - Ensuring testing materials and services are culturally and linguistically concordant
  - Ensuring their PPE is appropriate and standardized
  - Ensuring that wraparound services are appropriate and available for those who need to be tested
    - Devising a standardized template for healthcare providers to use to recommend quarantine for those individuals with delays in testing or inability to test entirely
  - Ensuring appropriate state-to-state coordination for the quarantine of contacts of cases from across state borders; e.g., families and contacts of migrant seasonal farmworkers from California

# Access to Testing for Populations Disproportionately Impacted by COVID

- Oregon's **testing guidance** encourages testing for anyone with symptoms in consultation with a health care provider. If testing resources are limited, the following groups should be prioritized:
  - People in congregate settings, including agricultural workers, food processing plants and shelters
  - Essential front-line service workers
  - People who identify as Black, African American, 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

# Access to Testing for Populations Disproportionately Impacted by COVID

- **OHA-supported community testing events:**
  - 10 events since August 1 in Multnomah, Hood River, Umatilla, Jackson counties
  - Events located at worksites, community sites, faith-based sites, schools
  - 884 tested in these events
- 28 more community testing events scheduled for October and November throughout Oregon

# Access to Testing for Populations Disproportionately Impacted by COVID

- The Oregon Health Authority has published a **COVID-19 test site locator** to help people in Oregon find testing sites in their community. The interactive map is available on pages in both English and Spanish and can be toggled into multiple other languages: [healthoregon.org/covid19testing](https://healthoregon.org/covid19testing) or [healthoregon.org/pruebasdecovid19](https://healthoregon.org/pruebasdecovid19) (Spanish)
- The governor reached an agreement with insurers so that people will not have to pay anything out of pocket for COVID-19 tests or hospitalizations from COVID-19. If you have CAWEM, CAWEM plus, OHP or private insurance, you won't be charged for a test or treatment for COVID-19, including going to the hospital.

# OHA COVID -19 Vaccine Update

Joe Sullivan MD MPH 10-15-20

## The three most common questions:

- What kind of vaccine will we get and when?
- How will we know it works?
- Will it be safe?

# Operation Warp Speed

- mRNA Vaccine (**Moderna, Pfizer**)
- Non-Replicating Viral Vector Vaccine (**AstraZeneca, Johnson and Johnson**)
- Protein Subunit with Adjuvant Vaccine (**Novavax and Sanofi**)
- Attenuated Replicating Viral Vaccine (**Merck**)

# mRNA

# NR Viral Vector

# Protein Subunit

# Attenuated Replicating Viral Vector

- Do we have precedent for this platform?
- Where in Phase 3 trials-and expected readout
- Known advantages
- Known disadvantages
- Scalability and manufacturing issues

# How will we judge vaccine effectiveness?

- Preclinical - Primate challenge studies
- Phase 1/2 - Neutralizing Antibody response (compared with those naturally infected) and TH-1 predominant cellular response.
- Phase 3 trials- significant difference in severe COVID-19 disease between placebo controls and vaccine recipients.

# Will it be safe?

- Vaccines are the most regulated medical products in the United states
- Numbers enrolled in safety and efficacy trials are 2-4 x larger for COVID vaccines compared with normal vaccine trials
- New FDA rules before consideration of EUA
- Independent oversight by non-governmental, non-pharmaceutical industry scientists at multiple levels.
  - Data Safety Monitoring Board
  - Vaccine and Biologicals Product Advisory Committee with open session for public scrutiny
  - Advisory Committee on Immunization Practices

# What is the difference between an EUA and a full FDA vaccine license?

- An EUA does save time. In a pandemic time is critical.
- With an EUA we won't have long term(> 2 months) safety data
- When released through an EUA, we won't know if the vaccine prevents transmission as well as preventing disease.
- Early release of any vaccine might adversely affect other ongoing vaccine trials.
- If a vaccine is accepted under an EUA than all future vaccine trials will have to use it, as the control. Trials will take longer.

# Influenza Update

# Influenza Activity: Flu Bites

## Data at a Glance September 27—October 3, 2020 (Week 40)

	Current Week (40)	Previous Week (39)
Percentage of emergency department visits for ILI <sup>1</sup>	1.9%	1.7%
Percentage positive influenza tests <sup>2</sup>	0.3%	—
Portland tri-county influenza-associated hospitalizations <sup>3</sup>	0	—
Portland tri-county COVID-19-associated hospitalizations <sup>3</sup>	38	62
Reported influenza outbreaks	0	0
Influenza-associated pediatric mortality	0	0
Respiratory Syncytial Virus (RSV) activity <sup>4</sup>	0.0%	—

<sup>1</sup>Based on Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percent.

<sup>2</sup>Percent positivity based on data from Oregon reporters to the National Respiratory and Enteric Virus Surveillance System (NREVSS)

<sup>3</sup>Based on hospitalization surveillance in Clackamas, Multnomah, and Washington counties only.

<sup>4</sup>Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.

Subscribe to OHA's FluBites:

<https://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/DiseaseSurveillanceData/Influenza/Pages/surveil.aspx>

# Influenza Tests Results Sept 27- Oct 3

**Table 1. Influenza Test Results in Oregon, NREVSS, Current Week, 2020–2021 Season**

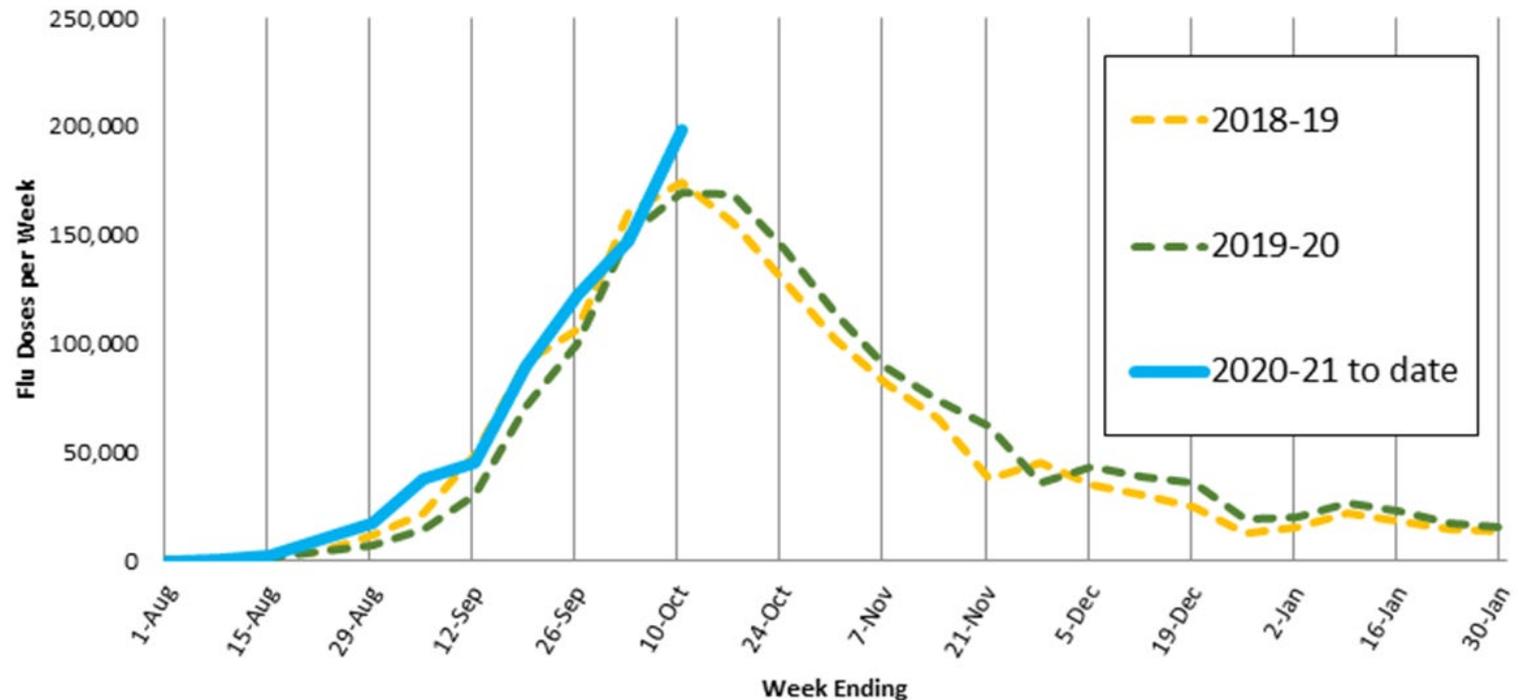
Region	Total Tests	Positive		Flu A		Flu B	
		No.	(%)	No.	(%)	No.	(%)
Portland Metro	130	0	0.0%	0	0.0%	0	0.0%
Southern Oregon	91	1	1.1%	0	0.0%	1	0.0%
Columbia Gorge	24	0	0.0%	0	0.0%	0	0.0%
Central Oregon	51	0	0.0%	0	0.0%	0	0.0%
Willamette Valley	41	0	0.0%	0	0.0%	0	0.0%
<b>State Total</b>	<b>337</b>	<b>1</b>	<b>0.3%</b>	<b>0</b>	<b>0.0%</b>	<b>1</b>	<b>100.0%</b>

Subscribe to OHA's FluBites:

<https://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/DiseaseSurveillanceData/Influenza/Pages/surveil.aspx>

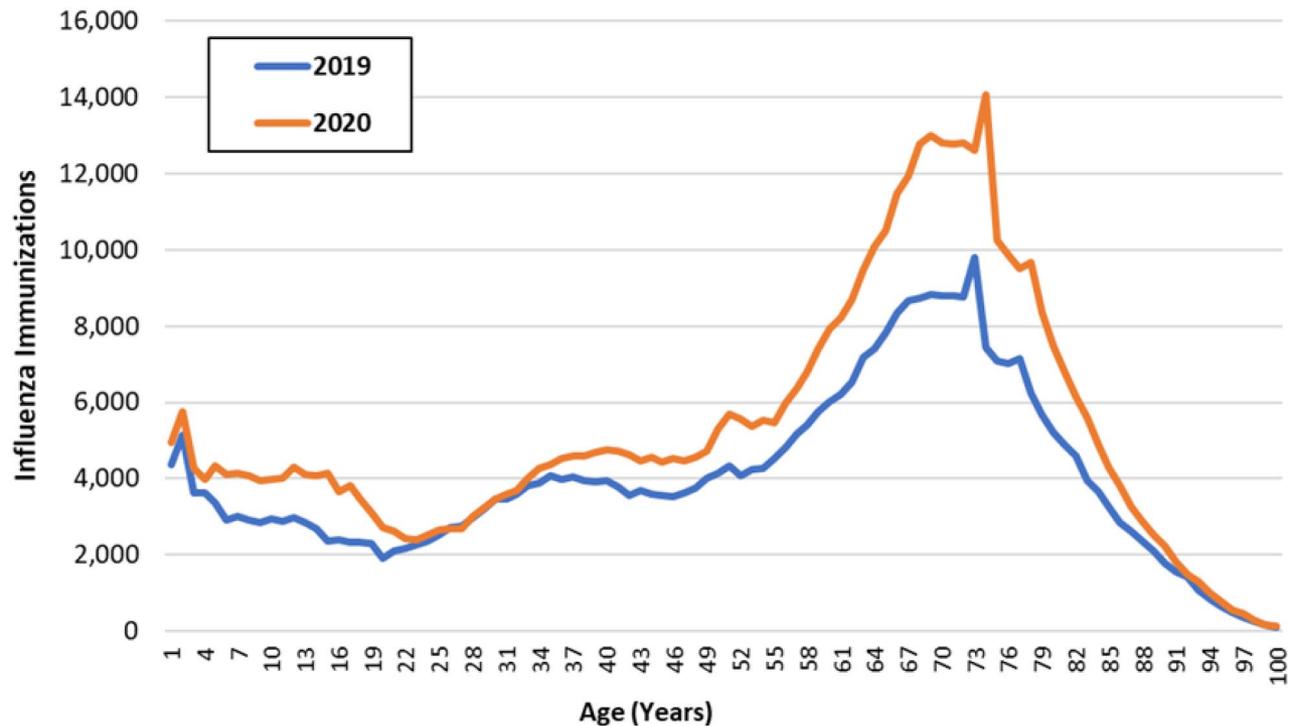
# Influenza Immunizations by Week

2020-21 Season Oregon Flu Vaccine Doses in ALERT IIS by Week



# Influenza Immunizations by Age

Figure 8. Seasonal Influenza Immunizations in Oregon by Age, As of Oct. 7th, 2020 vs 2019



Subscribe to OHA's FluBites:

<https://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/DiseaseSurveillanceData/Influenza/Pages/surveil.aspx>

# COVID-19 Literature Updates

# Point of Care and Rapid Testing Review

- Dinnes et al, 2020 Cochrane Review of rapid, point-of-care antigen and molecular-based tests for diagnosis of SARS-CoV-2 infection
  - 8 study cohorts with 3198 unique samples, of which 1775 had confirmed SARSCoV-2 infection
    - All high risk of bias
  - Antigen tests
    - Sensitivity varied considerably across studies (from 0% to 94%): the average sensitivity was 56.2% (95% CI 29.5 to 79.8%) and average specificity was 99.5% (95% CI 98.1% to 99.9%; based on 8 evaluations in 5 studies on 943 samples)
  - Rapid molecular assays
    - Sensitivity showed less variation compared to antigen tests (from 68% to 100%), average sensitivity was 95.2% (95% CI 86.7% to 98.3%) and specificity 98.9% (95% CI 97.3% to 99.5%) based on 13 evaluations in 11 studies of on 2255 samples

# Point of Care and Rapid Testing Review

## – Conclusions

- We are uncertain whether tests will perform in the same way in clinical practice, and according to symptoms of COVID-19, duration of symptoms, or in asymptomatic people.
- Rapid tests have the potential to be used to inform triage of RT-PCR use, allowing earlier detection of those testing positive, but the evidence currently is not strong enough to determine how useful they are in clinical practice.

# Acute Kidney Injury in COVID-19

- Barbosa Oliveira 2020, BMJ. High burden of acute kidney injury in COVID-19 pandemic: systematic review and meta-analysis
  - 21 observational studies with 15 536 patients
  - The overall incidence of AKI was 12.3% (95% CI 7.3% to 20.0%) and 77% of patients with AKI were critically ill (95% CI 58.9% to 89.0%). The mortality among patients with AKI was 67% (95% CI 39.8% to 86.2%) and the risk of death was 13 times higher compared with patients without AKI (OR=13.3; 95% CI 6.1 to 29.2).
  - Conclusions: it is extremely important for health systems to be aware about the impact of AKI on patients' outcomes in order to establish proper screening, prevention of additional damage to the kidneys and adequate renal support when needed.

# Excess Deaths in the US 2020

- Woolf et al 2020, JAMA. Excess Deaths From COVID-19 and Other Causes, March-July 2020
  - Between March 1 and August 1, 2020, 1 336 561 deaths occurred in the US, a 20% increase over expected deaths (1 111 031 [95% CI, 1 110 364 to 1 111 697]).
  - Of the 225 530 excess deaths, 150 541 (67%) were attributed to COVID-19.
  - Two additional causes of death reached statistical significance.
    - US mortality rates for heart disease increased between weeks ending March 21 and April 11 (APC, 5.1 [95% CI, 0.2-10.2])
    - Mortality rates for Alzheimer disease/dementia increased twice, between weeks ending March 21 and April 11 (APC, 7.3 [95% CI, 2.9-11.8]) and between weeks ending June 6 and July 25 (APC, 1.5 [95% CI, 0.8-2.3])

# COVID-19 Questions and Answers

# How effective are forehead thermometers?

- **Oxford Center for Evidence Based Medicine, 2020** rapid review of thermometers
  - Forehead chemical thermometers: unreliable and should not be used by healthcare professionals
  - Verdict: If peripheral thermometers are used they will not detect a fever in about 4 in every 10 children. Peripheral thermometers should not be relied on by clinicians to influence clinical decision making.
- **CADTH 2014** Systematic Review
  - N=20 studies (4 systematic reviews, 16 non-randomized trials)
  - Handheld infrared skin thermometers
    - Comparators were rectal temperature, axillary temperature, pulmonary artery catheter temperature, nasopharyngeal probe temperature, or either oral, rectal or axillary temperature.
    - Reported sensitivities were 76.8-97%; reported specificities were of 79.4-99.6%; reported PPV were of 47-99.3%; reported NPV were of 96-98.1%

# How effective are forehead thermometers?

- Answer: The short answer is they are not accurate for diagnosing fever. Infrared, thermal scanners and forehead chemical thermometers are not accurate for either diagnosing or ruling out fever.

# Health Care 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