
OHA COVID-19 Webinar Series for Health Care Providers

February 11, 2021

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Outline

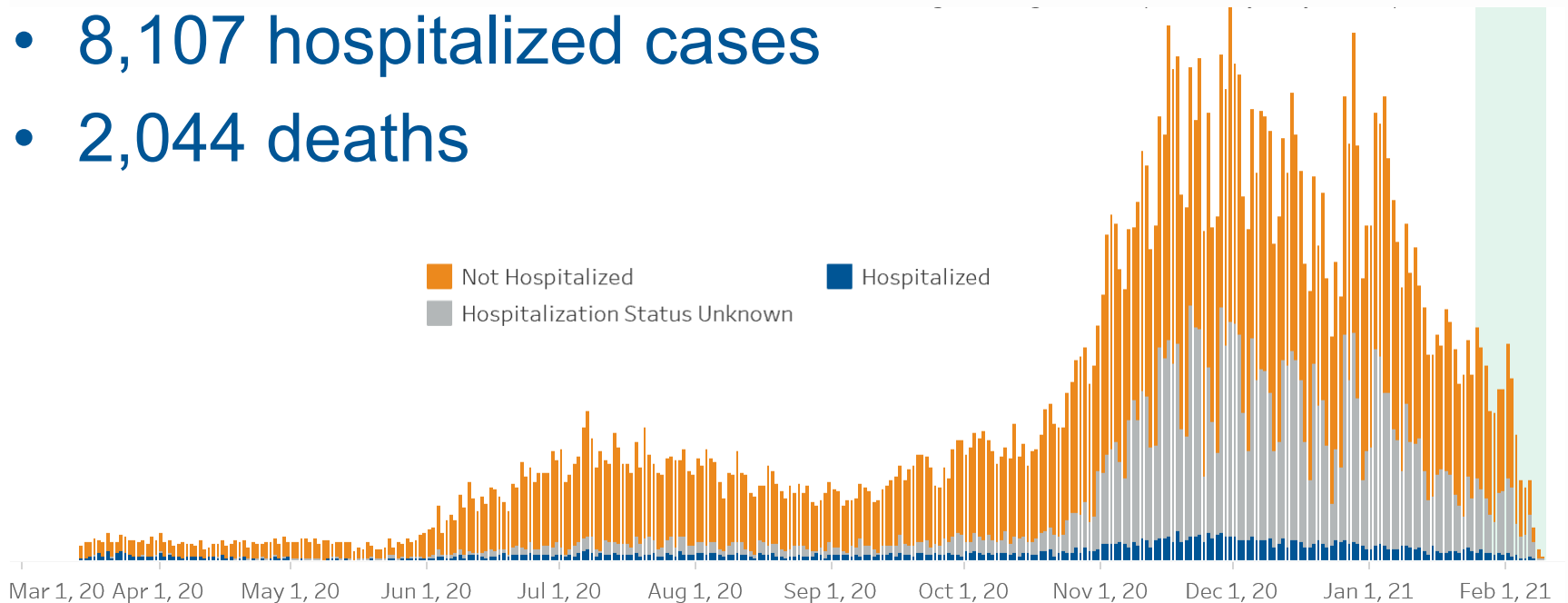
- COVID-19 epi update
- COVID-19 vaccine update
- CDC and OHA guidance
- Literature review
- Closing

COVID-19 Epi Update

COVID-19 Oregon Update

As of February 10th:

- 148,475 total cases
- 8,107 hospitalized cases
- 2,044 deaths



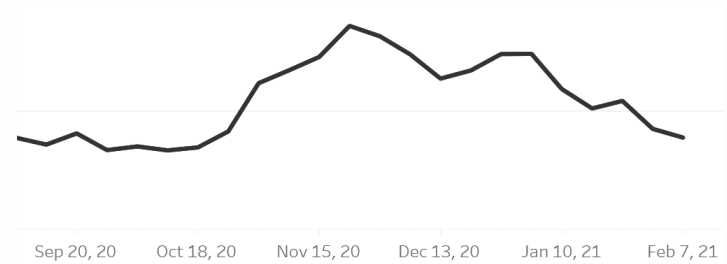
COVID-19 Situation in Oregon

*For the week of **February 1–6:***

- 4,049 new cases were recorded
 - Down 15% over prior week's total; lowest weekly total in 3 months
- Patients newly hospitalized fell by 8% to 230
- 66 Oregonians died in association with COVID-19

*From **January 31–February 6:***

- 112,226 tests for COVID-19
- 4.2% test positivity



Age-adjusted COVID-19 rates by race

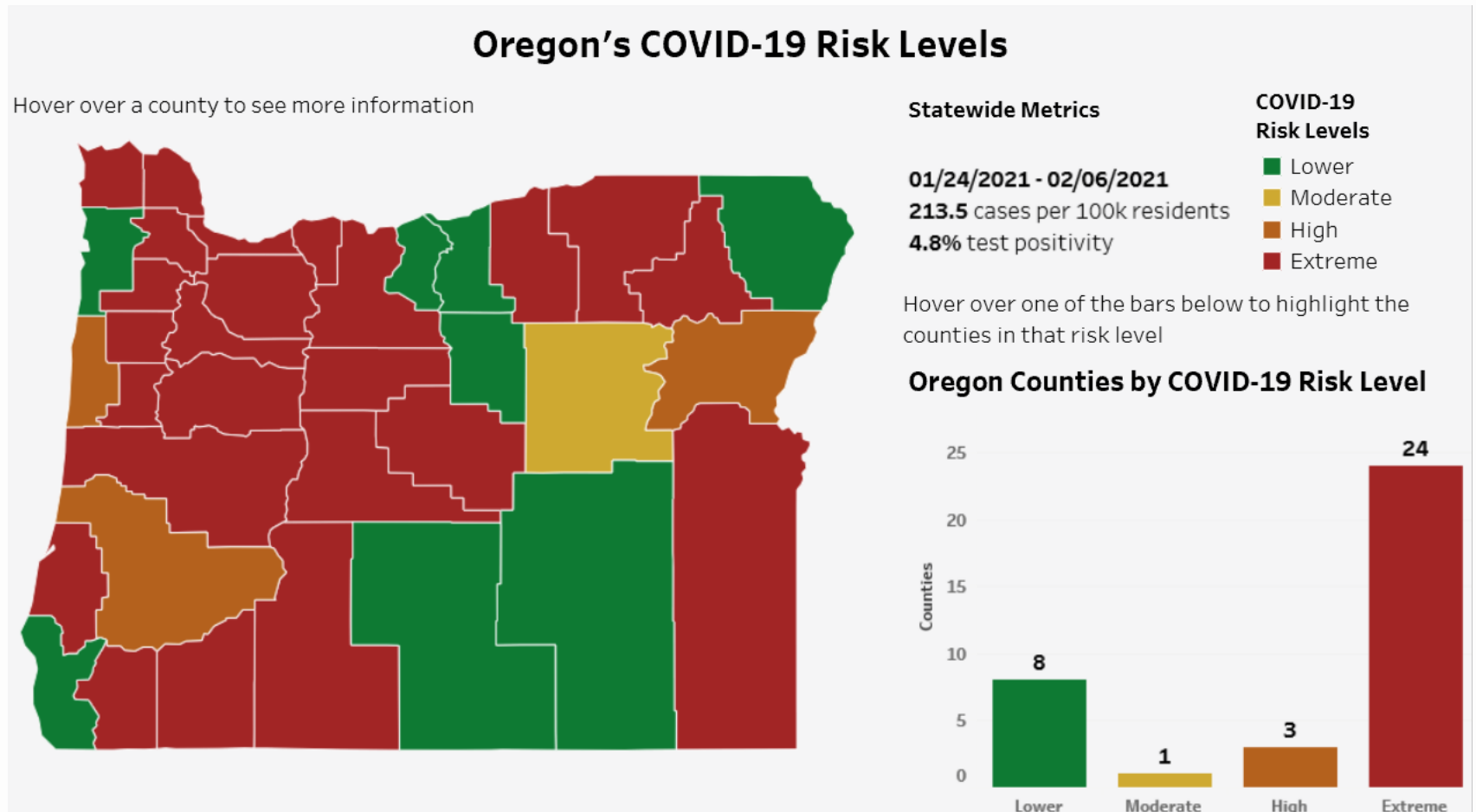
Race	Cases	Hospitalizations	Deaths
> 1 race	0.7	1.4	2.4
American Indian/Alaska Native	2.7	4.0	3.3
Asian	1.3	1.7	1.4
Black	2.2	3.5	3.0
Pacific Islander	4.4	14.5	16.5
White	1.0	1.0	1.0

Age-adjusted COVID-19 rates by ethnicity

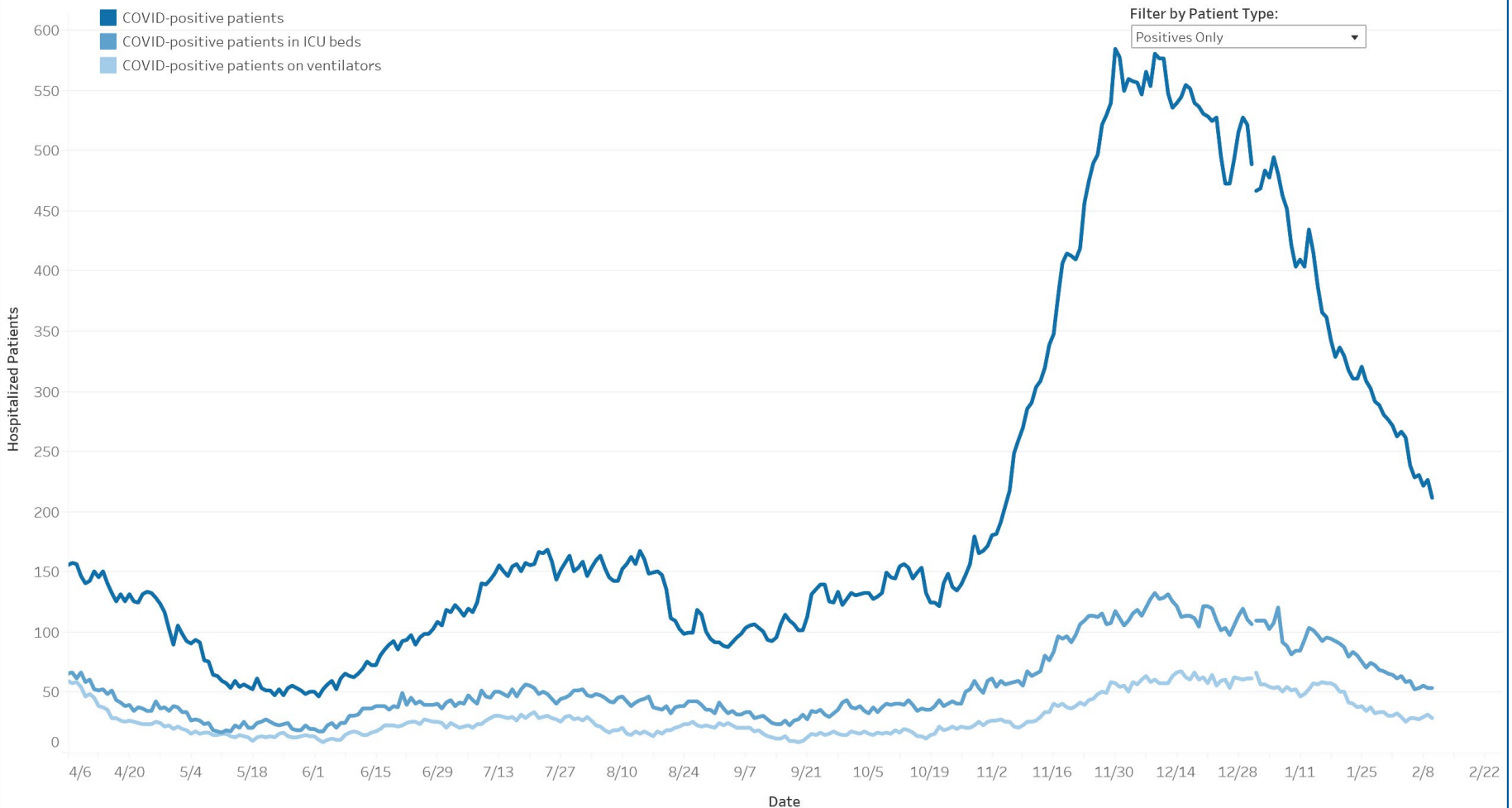
Ethnicity	Cases	Hospitalizations	Deaths
Hispanic	3.5	4.4	3.3
Non-Hispanic	1.0	1.0	1.0

Oregon's COVID-19 Risk Levels

(will be updated Friday 2/12/21)

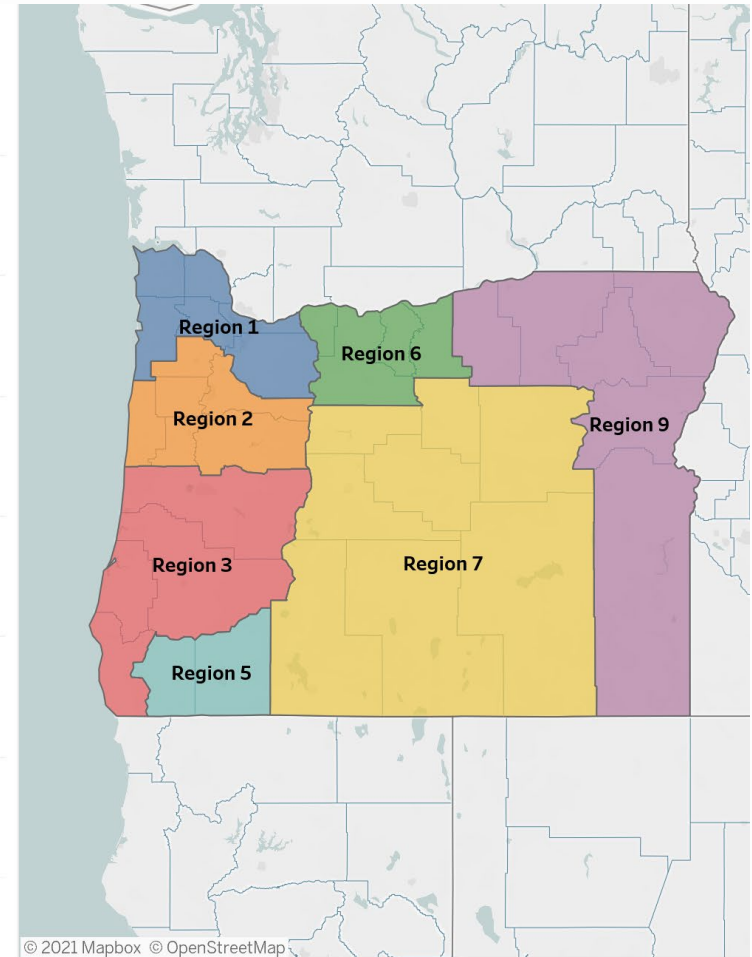
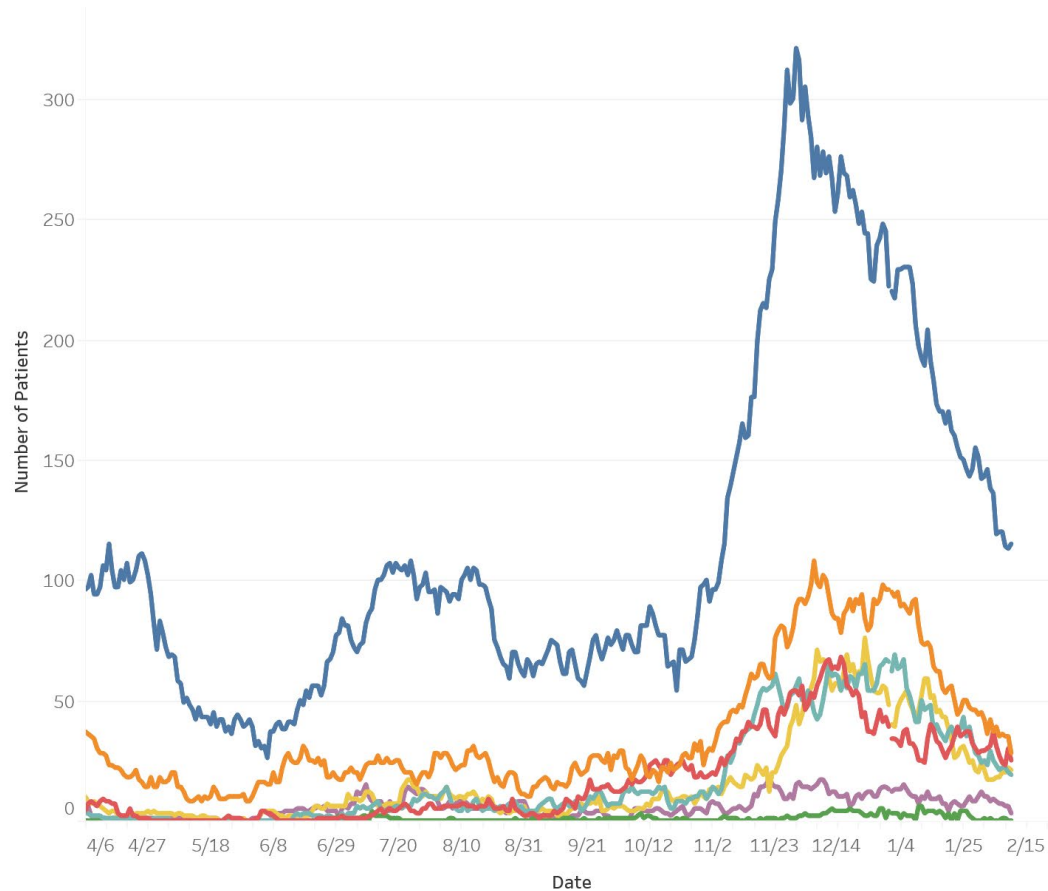


Hospital COVID Census: Statewide Trends



Hospital COVID Census: Statewide Trends

COVID-positive patients in Oregon hospitals



COVID-19 Vaccine Update

Phase 1A Started on December 12, 2020

Everyone in Phase 1A, Groups 1,2,3 and 4 are currently eligible for the vaccine.

Phase 1B Started on January 25, 2021

Beyond Date TBD

Group 1

- Hospital staff with patient care responsibilities
- Urgent care
- Skilled nursing and memory care facility healthcare personnel (HCP) and residents
- Tribal health programs
- Emergency medical services (EMS) providers and other first responders
- All health care interpreters and traditional health workers in any setting within Phase 1a

Group 2

- Other long-term care facilities, including all paid and unpaid HCP, all staff and contractors, including residents who meet the age requirements of:
 - Residential care facilities
 - Adult foster care
 - Group homes for people with intellectual and developmental disabilities
 - Other similar congregate care sites
- Hospice programs
- Mobile crisis care and related services

- Individuals working in a correctional setting

Group 3

- HCPs in outpatient settings serving specific high-risk groups
- Day treatment services
- Non-emergency medical transport (NEMT)
- Paid or unpaid caregivers (including parents or foster parents) of medically fragile children or adults who live at home
- Adults and age-eligible children who have a medical condition or disability who receive services in their homes

Group 4

- All other outpatient HCPs
- Other HCP who provide direct service to people with I/DD and other high-risk populations.
- Other public health settings, such as HCP serving WIC, or CBO's with direct or indirect exposures

People eligible:
400,000 approximately

Oregon's vaccine supply is limited. It is estimated to take until early April 2021 to administer first doses to everyone who is likely to want a vaccine in Groups 1-5 of Phase 1B.

Group 1

- Childcare providers, early learning and K-12 educators and staff
Eligible week of January 25, 2021

Group 2

- People 80 and older
Eligible February 8, 2021

Group 3

- People 75 and older
Eligible February 15, 2021

Group 4

- People 70 and older
Eligible February 22, 2021

Group 5

- People 65 and older
Eligible March 1, 2021

Educators:
152,000 approximately
People over 65:
795,000 approximately

Subsequent groups will be determined in coordination with the Vaccine Advisory Committee and shared on OHA's COVID-19 vaccine web page. These are examples of groups of people who may included:

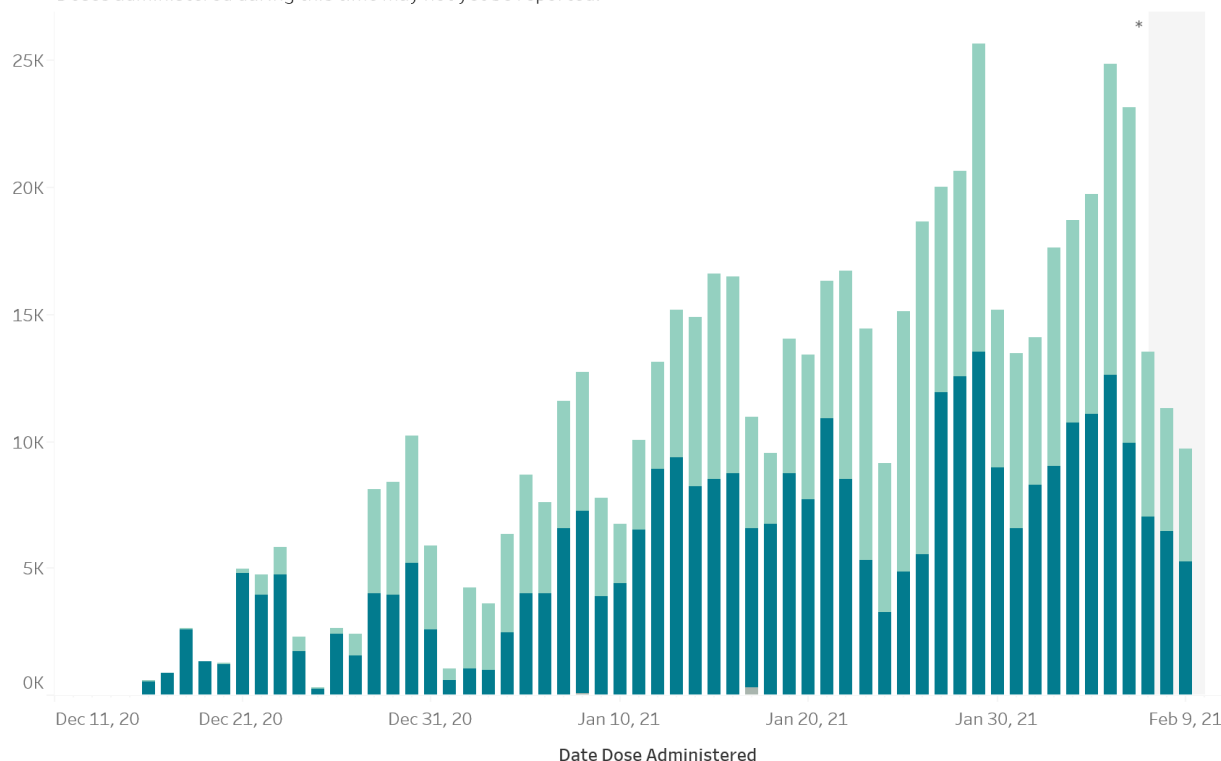
- Critical workers in high-risk settings — workers who are in industries essential to the functioning of society and substantially higher risk of exposure
- People of all ages with underlying conditions that put them at moderately higher risk
- General population

Oregon's Vaccination Dashboard

Oregon's Vaccination Trend: Doses Administered by Day

This chart shows the total number of COVID-19 vaccine doses that have been given in Oregon by day and manufacturer.

*Doses administered during this time may not yet be reported.



Doses Administered

**The number of doses administered and people vaccinated may not match. Please see below for more detail.

328,101 Pfizer doses

275,503 Moderna doses

608 Unspecified

604,212 Total Doses Administered

**People Vaccinated

288,069 Series In Progress

155,689 Fully Vaccinated

443,758 Total People

***people vaccinated per 10,000 residents**

***people vaccinated per 10,000 residents**



Vaccinations by Demographic Group

People Vaccinated by Demographic Group

These tables show the number of people who have received COVID-19 vaccine in Oregon by race, ethnicity, sex and age group.

RACE†

People with two or more races are counted in each of their racial groups.

American Indian / Alaska Native	9,427
Asian	18,525
Black	6,915
Native Hawaiian / Pacific Islander	3,610
White	323,898
Other Race	136,603
Unknown	60,331

ETHNICITY†

Hispanic	21,729
Not Hispanic	318,954
Unknown	103,075

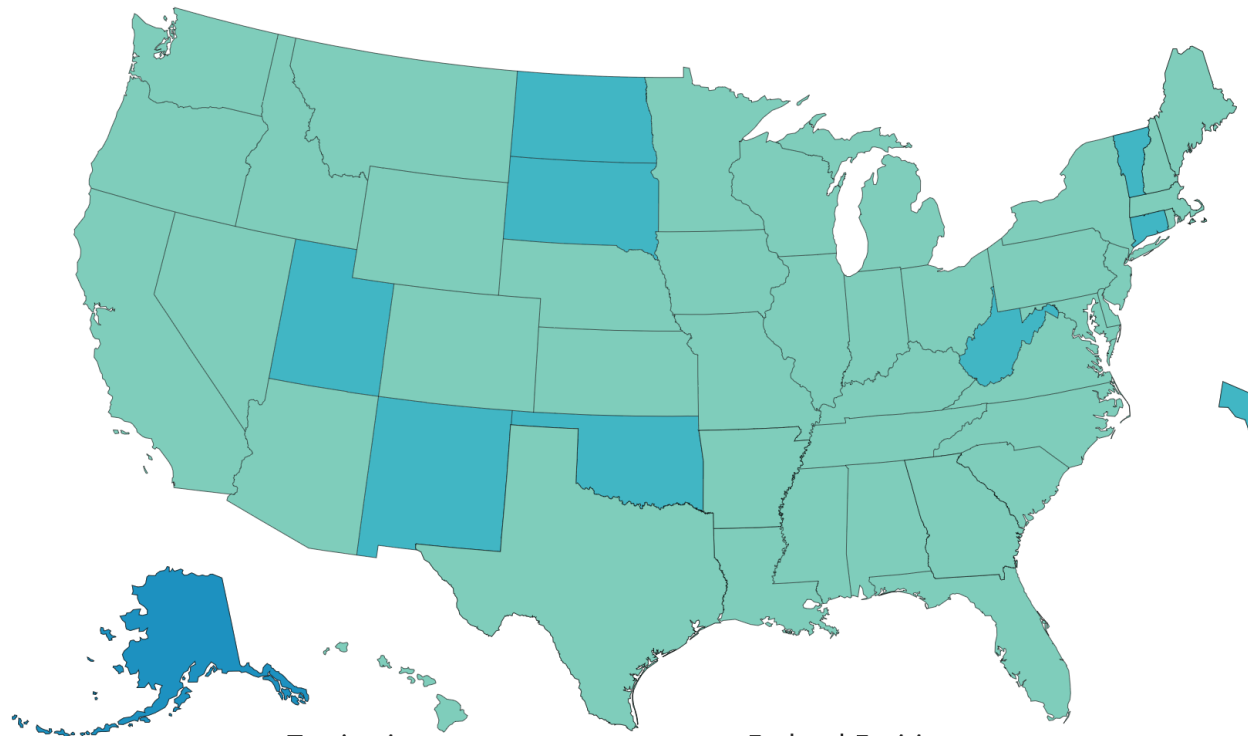
SEX

Female	283,847
Male	157,146
Unknown	2,765

AGE GROUPS

16 to 19	5,046
20 to 29	53,517
30 to 39	78,604
40 to 49	79,791
50 to 59	74,612
60 to 69	67,003
70 to 79	45,817
80+	39,368

Total Doses Administered: CDC

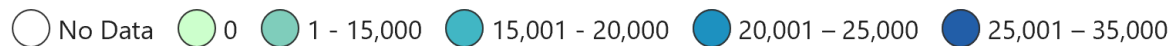


Territories

Federal Entities



Total Doses Administered per 100,000



Vaccine Distribution To Date

- Hospitals
- Tribal Health
- Local Public Health Authorities
- Other Phase 1a:
 - Emergency Medical Service and First Responders
 - Urgent Care Centers
- Federal Pharmacy Partnership:
 - Skilled nursing facilities; other long-term care facilities and other congregate care settings
- High throughput vaccination sites (e.g., Salem Fairgrounds, Oregon Convention Center)
- Targeted, mobile vaccination activities
- Upcoming: targeted FQHCs, retail pharmacies

Federal Retail Pharmacy Partnership

- Estimate of 12,800 doses per week for Oregon
- Shipping to 127 stores beginning this week
- Basically 100 doses per store:
 - Multnomah: 20 stores
 - Lane: 18 stores
 - Clackamas: 14 stores
 - Washington: 12 stores
 - Jackson: 9 stores
 - Marion: 8 stores
 - Less than 5 stores: Baker, Benton, Clatsop, Coos, Curry, Deschutes, Douglas, Harney, Hood River, Jefferson, Josephine, Klamath, Lincoln, Linn, Polk, Tillamook, Umatilla, Union, Wallowa, Wasco, Yamhill

<https://covidvaccine.oregon.gov/>



Sign up for COVID-19 notifications at the Get Vaccinated Oregon webpage

Find out if you are currently eligible. Sign up to be notified when you become eligible and find vaccination providers in your county.

[Get Vaccinated Oregon](#)[Get Vaccinated Oregon FAQs](#)

Find a vaccine appointment and access FAQs

If you are currently eligible and you live or work in Multnomah, Washington, Clackamas, Columbia or Marion counties, click below to find a vaccination appointment, if vaccine is available.

[Let's get started](#)[General FAQs](#)[Educator FAQs](#)[Over 65+ FAQs](#)

Safety

Learn about the different



Sequencing

Oregon will use a phased



Teamwork

Find answers to some of



Providers

Resources to support



Hello there! Use this tool to determine when you can get a COVID-19 vaccine in Oregon OR to ask a vaccine-related question.

Ad26.COV2.S (Janssen vaccine)

- Non-replicating adenovirus 26-vectored vaccine
- Codes for full-length SARS-CoV-2 spike protein
- Efficacy trial in U.S., Central & South America, South Africa
- Subjects ≥ 18 y.o.; globally, n=43,783:
 - 59% White
 - 45% Hispanic/Latino
 - 19% Black
 - 9% American Indian
 - 3% Asian
- 41% had co-morbidities, no immunocompromised

Ad26.COV2.S (Janssen vaccine)

- Accrued 468 symptomatic cases of COVID-19
- 66% efficacy in preventing mod-severe disease starting 28 days after vaccination.
 - South Africa: 57% (95% of cases B.1.351)
 - United States: 72%
 - Central & South America: 66%
- Against severe disease: 85%
- No hospitalizations or death in vaccinated group after day 28.

Ad26.COV2.S (Janssen vaccine)

- Fever in 9%; grade 3 in 0.2%
- Serious adverse events: more in placebo recipients than vaccine recipients.
- No cases of anaphylaxis reported
- EUA application to FDA submitted Feb. 4, 2021
- Scheduled for VRBPAC review Feb. 26, 2021



CNBC

Oregon
Health
Authority

Where to find additional information

- **Clinical and operational questions:** We are prioritizing these questions; you may also find an answer on the [COVID-19 vaccine provider page](#).
- **Enrolling as a COVID-19 vaccine provider:** Your email will be forwarded to our enrollment team. In the future you may email Vaccine.ProviderEnroll@dhsosha.state.or.us. Please also see the materials on the [Provider Enrollment page](#) (scroll down to the Vaccine Planning section).
- **ALERT Immunization Information System users:** Specific ALERT questions will be forwarded to the ALERT IIS Helpdesk. In the future you may email alertiis@state.or.us.
- **COVID-19 unrelated to vaccine:** Visit the main [OHA COVID-19 website](#) or email ORCOVID19.JIC@dhsosha.state.or.us.
- **Media inquiries:** Please contact the COVID-19 Health Information Center orcovid19.media@dhsosha.state.or.us.
- If you need more immediate assistance, please call 211 for info at 1-866-698-6155. TTY: dial 711 and call 1-866-698-6155

OHA Guidance

OHA Interim Investigative Guidelines

Updated January 20, 2021

- Close contacts who have been fully immunized with COVID-19 vaccine according to the ACIP schedule and are at least 14 days beyond completion of the vaccine series at the time of their exposure are not required to quarantine. Fully-immunized close contacts should still monitor themselves for symptoms of COVID-19 during the 14 days after exposure, and if symptoms develop they should isolate and seek testing.

https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/COMMUNICABLE_DISEASE/REPORTING/COMMUNICABLE_DISEASE/REPORTING_GUIDELINES/Documents/Novel-Coronavirus-2019.pdf

COVID-19 Literature and Other Updates

Saliva Testing for COVID-19

- **Butler-Laporte et al 2021**, JAMA, Comparison of Saliva and Nasopharyngeal Swab Nucleic Acid Amplification Testing for Detection of SARS-CoV-2; A Systematic Review and Meta-analysis
 - N=16 studies (8 peer reviewed and 8 preprints); 5922 patients
 - Outpatient, generally mild or no symptoms
 - Saliva NAAT pooled sensitivity was 83.2% (95% credible interval [CrI], 74.7%-91.4%) and the pooled specificity was 99.2% (95%CrI, 98.2%-99.8%). The nasopharyngeal swab NAAT had a sensitivity of 84.8% (95%CrI, 76.8%-92.4%) and a specificity of 98.9% (95%CrI, 97.4%-99.8%).
 - These results suggest that saliva NAAT diagnostic accuracy is similar to that of nasopharyngeal swab NAAT, especially in the ambulatory setting

Remdesivir for Treatment of COVID-19

- **Kaka et al 2021**, Annals of Internal Medicine; Living Systematic Review and Meta-Analysis of Remdesivir for Adults With COVID-19
 - 5 new RCTs included
 - Compared with control, a 10-day course of remdesivir probably results in little to no reduction in mortality (risk ratio [RR], 0.93 [95% CI, 0.82 to 1.06]; 4 RCTs); moderate COE
 - Mortality results varied little when we did sensitivity analyses that included results of a 5-day course of remdesivir
 - Remdesivir may result in little to no decrease in mortality in patients not requiring supplemental oxygen (RR, 0.78 [CI, 0.41 to 1.50]; ARD, -0.5% [CI, -0.2% to 0.8%]; 3 RCTs), a moderate decrease in patients receiving supplemental oxygen but not needing ventilation (RR, 0.81 [CI, 0.68 to 0.96]; ARD, -2.3% [CI, -4.2% to -0.4%]; 3 RCTs), and a moderate increase in patients receiving ventilation (RR, 1.19 [CI, 0.98 to 1.46]; ARD, 4.9% [CI, -0.6% to 10.3%]; 3 RCTs).

Remdesivir for Treatment of COVID-19

- Remdesivir probably results in a moderate increase in the percentage of patients who recovered (ARD, 6.5% [CI, 2.4% to 10.7%]; 3 RCTs) (moderate COE).
- Trial results varied on whether remdesivir reduced the need for mechanical ventilation or ECMO.
- Remdesivir may result in a moderate reduction in median time to clinical improvement versus control (low COE).
- Effect on hospital length of stay or percentage remaining hospitalized is mixed.
- For patients not receiving ventilation, a 5-day course may provide greater benefits and fewer harms with lower drug costs than a 10-day course.

Remdesivir for Treatment of COVID-19

- **Qaseem et al 2021**, Annals of Internal Medicine; American College of Physicians Living Practice Points on Remdesivir
 - Practice point 1: consider remdesivir for 5 days to treat hospitalized patients with COVID-19 who do not require mechanical ventilation of ECMO.
 - No longer include oxygen supplementation or “moderate” or “severe” disease.
 - Practice point 2: Consider extending the use of remdesivir to 10 days to treat hospitalized patients with COVID-19 who require mechanical ventilation of ECMO within a 5-day course.
 - Change to remove recommendation for use in worsening patients who do not require mechanical ventilation/ECMO.
 - Practice Point 3: Avoid initiating remdesivir to treat hospitalized patients with COVID-19 who are already on mechanical ventilation or ECMO.
 - New practice point.

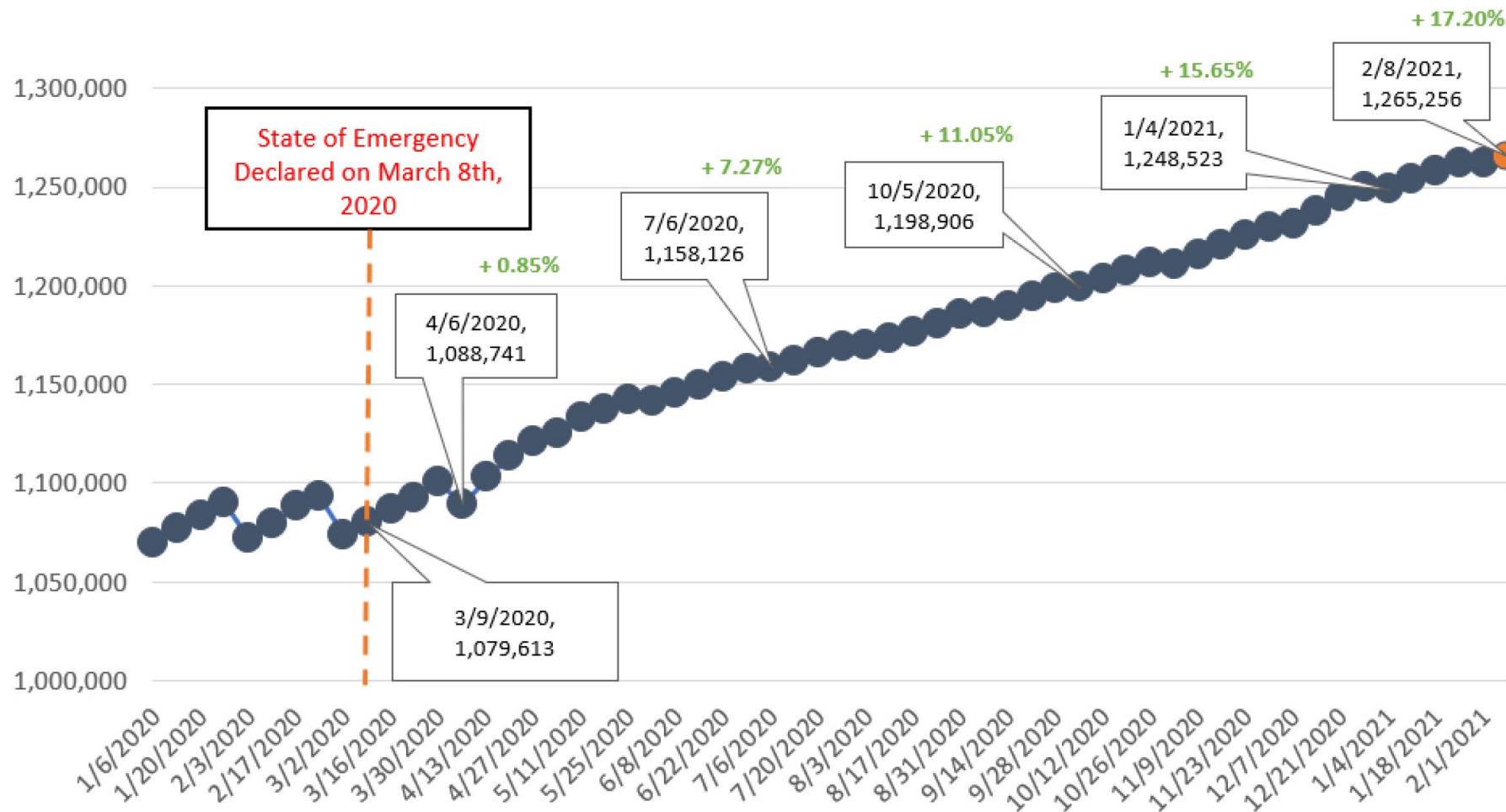
COVID-19 in Breastfeeding Women

- **Kumar et al 2021**, J Matern Fetal Neonatal Med; SARS-CoV-2 detection in human milk: a systematic review
 - N=24 case-reports, 10 cohort studies; 116 lactating women
 - The overall pooled proportion (from cohort studies) for SARS-CoV-2 RNA detection in human milk was 2.16% (95% CI: 0.0-8.81%, I^2 : 0%).
 - Four studies (six patients) also reported the presence of SARS-CoV-2-specific antibodies (along with RT-PCR) in human milk
 - In concordance with World Health Organization recommendations, exclusive breastfeeding should be considered in all cases unless any other contraindication exists.

Smoking and COVID-19

- **Umnuaypornlert et al 2021**, Tobacco Induced Diseases; Smoking and risk of negative outcomes among COVID-19 patients: A systematic review and meta-analysis
 - N=40 studies
 - Both current smoking and former smoking significantly increase the risk of disease severity (OR=1.58; 95% CI: 1.16–2.15, $p=0.004$; and OR=2.48; 95% CI: 1.64–3.77, $p<0.001$; respectively)
 - Current smoking and former smoking also significantly increase the risk of death (OR=1.35; 95% CI: 1.12–1.62, $p=0.002$; and OR=2.58; 95% CI: 2.15–3.09, $p<0.001$; respectively)

Total Oregon Health Plan (OHP) Enrollment



Upcoming Health Care Provider Sessions on COVID-19

2nd Thursdays: OHA COVID-19 Information Session for HCPs*

1st and 3rd Thursdays: Project Echo COVID-19 Response for Clinicians Part II^

***Oregon Health Authority COVID-19 Information Sessions for Oregon Health Care Providers**

- Session information, slides and recordings at:
www.healthoregon.org/coronavirushcp

^OHSU's COVID-19 Response ECHO for Oregon Clinicians Part 2

- <https://connect.oregonechonetwork.org/Series/Registration/278>

Thank you