OHA COVID-19 Webinar Series for Health Care Providers

October 1, 2020

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Agenda Items

- COVID-19 update
- Testing update
- OHA COVID-19 news
- Literature update
- Closing
COVID-19 Update
COVID-19 Oregon Update

As of September 30:

- 33,509 total cases
- 2,598 hospitalized cases
- 559 deaths
COVID-19 Situation in Oregon

For the week of September 21-27*:

- 1,999 new cases were recorded
  - Up 32% from the week prior
- The number of Oregonians newly tested was 24,243.
- 6.2% of test results were positive

*Numbers may change as additional test results from specimens collected during the time period are reported.
### Severity and rates of COVID-19 by age group

<table>
<thead>
<tr>
<th>Age group</th>
<th>Cases</th>
<th>% of total cases</th>
<th>Cases per 100,000&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Hospitalized</th>
<th>% Hospitalized</th>
<th>Deaths</th>
<th>Case fatality</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>1,549</td>
<td>4.7%</td>
<td>322.7</td>
<td>27</td>
<td>1.7%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>10-19</td>
<td>3,445</td>
<td>10.4%</td>
<td>693.5</td>
<td>32</td>
<td>0.9%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>20-29</td>
<td>7,149</td>
<td>21.7%</td>
<td>1287.5</td>
<td>170</td>
<td>2.4%</td>
<td>2</td>
<td>0%</td>
</tr>
<tr>
<td>30-39</td>
<td>5,831</td>
<td>17.7%</td>
<td>1007.3</td>
<td>204</td>
<td>3.5%</td>
<td>4</td>
<td>0%</td>
</tr>
<tr>
<td>40-49</td>
<td>5,366</td>
<td>16.3%</td>
<td>987.5</td>
<td>296</td>
<td>5.5%</td>
<td>13</td>
<td>0.2%</td>
</tr>
<tr>
<td>50-59</td>
<td>4,184</td>
<td>12.7%</td>
<td>782.0</td>
<td>412</td>
<td>9.8%</td>
<td>37</td>
<td>0.9%</td>
</tr>
<tr>
<td>60-69</td>
<td>2,638</td>
<td>8.0%</td>
<td>489.1</td>
<td>499</td>
<td>18.9%</td>
<td>83</td>
<td>3.1%</td>
</tr>
<tr>
<td>70-79</td>
<td>1,611</td>
<td>4.9%</td>
<td>473.7</td>
<td>498</td>
<td>30.9%</td>
<td>144</td>
<td>8.9%</td>
</tr>
<tr>
<td>80+</td>
<td>1,205</td>
<td>3.7%</td>
<td>718.8</td>
<td>399</td>
<td>33.1%</td>
<td>264</td>
<td>21.9%</td>
</tr>
<tr>
<td>Not available</td>
<td>16</td>
<td>0.0%</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>32,994</td>
<td>100.0%</td>
<td>778.8</td>
<td>2,538</td>
<td>7.7%</td>
<td>547</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

<sup>a</sup> Calculated using population estimates for July 1, 2020.
## Severity and rates of COVID-19 by race and ethnicity

<table>
<thead>
<tr>
<th>Race</th>
<th>Cases</th>
<th>% of total cases</th>
<th>Cases per 100,000</th>
<th>Hospitalized</th>
<th>% Hospitalized</th>
<th>Deaths</th>
<th>Case fatality</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>13,807</td>
<td>41.8%</td>
<td>386.1</td>
<td>1398</td>
<td>10.1%</td>
<td>361</td>
<td>2.6%</td>
</tr>
<tr>
<td>Black</td>
<td>1,132</td>
<td>3.4%</td>
<td>1402.2</td>
<td>99</td>
<td>8.7%</td>
<td>12</td>
<td>1.1%</td>
</tr>
<tr>
<td>Asian</td>
<td>964</td>
<td>2.9%</td>
<td>532.3</td>
<td>93</td>
<td>9.6%</td>
<td>19</td>
<td>2.0%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>826</td>
<td>2.5%</td>
<td>1694.8</td>
<td>82</td>
<td>9.9%</td>
<td>12</td>
<td>1.5%</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>595</td>
<td>1.8%</td>
<td>3581.7</td>
<td>83</td>
<td>13.9%</td>
<td>7</td>
<td>1.2%</td>
</tr>
<tr>
<td>Other</td>
<td>11,170</td>
<td>33.9%</td>
<td>n/a</td>
<td>597</td>
<td>5.3%</td>
<td>61</td>
<td>0.5%</td>
</tr>
<tr>
<td>&gt;1 race</td>
<td>625</td>
<td>1.9%</td>
<td>311.0</td>
<td>32</td>
<td>5.1%</td>
<td>9</td>
<td>1.4%</td>
</tr>
<tr>
<td>Not available</td>
<td>3,875</td>
<td>11.7%</td>
<td>n/a</td>
<td>154</td>
<td>4.0%</td>
<td>66</td>
<td>1.7%</td>
</tr>
<tr>
<td>Total</td>
<td>32,994</td>
<td>100.0%</td>
<td>778.8</td>
<td>2,538</td>
<td>7.7%</td>
<td>547</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

**Figure 9.** COVID-19 cases by race and week of onset
Severity and rates of COVID-19 by ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Case count</th>
<th>% of total cases</th>
<th>Cases per 100,000</th>
<th>Hospitalized</th>
<th>% Hospitalized</th>
<th>Deaths</th>
<th>Case fatality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>12,788</td>
<td>38.8%</td>
<td>2351.7</td>
<td>696</td>
<td>5.4%</td>
<td>76</td>
<td>0.6%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>16,424</td>
<td>49.8%</td>
<td>444.8</td>
<td>1631</td>
<td>9.9%</td>
<td>378</td>
<td>2.3%</td>
</tr>
<tr>
<td>Not available</td>
<td>3,782</td>
<td>11.5%</td>
<td>n/a</td>
<td>211</td>
<td>5.6%</td>
<td>93</td>
<td>2.5%</td>
</tr>
<tr>
<td>Total</td>
<td>32,994</td>
<td>100.0%</td>
<td>778.8</td>
<td>2,538</td>
<td>7.7%</td>
<td>547</td>
<td>1.7%</td>
</tr>
</tbody>
</table>
School Readiness Metrics

Required for return to in-person instruction, or a hybrid model of on-site and online learning:

**State level**
- COVID-19 test positivity ≤5% in the preceding 7 days for 3 weeks in a row

**County level**
- ≤10 COVID-19 cases per 100,000 population in the preceding 7 days
- COVID-19 test positivity ≤5% in the preceding 7 days for 3 weeks in a row

Planning for 2020–21 School Year > School Metrics Dashboard, Metrics Explainer
## School Readiness Metrics - Statewide

<table>
<thead>
<tr>
<th>Week of Data Date</th>
<th>Case Count</th>
<th>Cases per 100,000</th>
<th>Test Positivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 5, 2020</td>
<td>1,932</td>
<td>45.6</td>
<td>5.7%</td>
</tr>
<tr>
<td>July 12, 2020</td>
<td>2,397</td>
<td>56.6</td>
<td>5.3%</td>
</tr>
<tr>
<td>July 19, 2020</td>
<td>2,171</td>
<td>51.2</td>
<td>5.7%</td>
</tr>
<tr>
<td>July 26, 2020</td>
<td>2,317</td>
<td>54.7</td>
<td>6.2%</td>
</tr>
<tr>
<td>August 2, 2020</td>
<td>2,174</td>
<td>51.3</td>
<td>5.2%</td>
</tr>
<tr>
<td>August 9, 2020</td>
<td>1,987</td>
<td>46.9</td>
<td>5.1%</td>
</tr>
<tr>
<td>August 16, 2020</td>
<td>1,682</td>
<td>39.7</td>
<td>4.9%</td>
</tr>
<tr>
<td>August 23, 2020</td>
<td>1,681</td>
<td>39.7</td>
<td>4.5%</td>
</tr>
<tr>
<td>August 30, 2020</td>
<td>1,498</td>
<td>35.4</td>
<td>4.3%</td>
</tr>
<tr>
<td>September 6, 2020</td>
<td>1,305</td>
<td>30.8</td>
<td>5.1%</td>
</tr>
<tr>
<td>September 13, 2020</td>
<td>1,466</td>
<td>34.6</td>
<td>5.7%</td>
</tr>
<tr>
<td>September 20, 2020</td>
<td>2,039</td>
<td>48.1</td>
<td>6.3%</td>
</tr>
</tbody>
</table>
Hospital COVID Census: Statewide Trends

- COVID-positive patients
- COVID-positive patients in ICU beds
- COVID-positive patients on ventilators

Filter by Patient Type:
- Positives Only
Testing Update
Updated Testing Recommendations for Health Care Providers

• Anticipated changes would align with recent CDC update that recommends testing of all asymptomatic contacts of a COVID-19 case
• Update expected to post early next week
• Stay tuned!
Provisional Guidance for POC Antigen Testing for COVID-19 in LTCFs

- If a facility has access to molecular testing (e.g., PCR or NAAT) for COVID-19 with rapid turnaround time, use POC antigen testing to:
  - Test asymptomatic residents and staff in facilities **without an outbreak** of COVID-19.
  - Test symptomatic residents and/or staff, with PCR follow-up if antigen is negative.
- If a facility does **not** have access to molecular testing for COVID-19 or rapid test turnaround time, use POC antigen testing to:
  - Test symptomatic residents and staff, and
  - Test asymptomatic residents and staff in facilities **with an outbreak** of COVID-19.
# Antigen tests with FDA EUA

<table>
<thead>
<tr>
<th></th>
<th>Quidel Sofia 2</th>
<th>BD Veritor</th>
<th>LumiraDx</th>
<th>Abbott BinaxNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Point of care</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Machine required</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Specimen type</strong></td>
<td>NP or nasal swab</td>
<td>Nasal swab</td>
<td>Nasal swab</td>
<td>Nasal swab</td>
</tr>
<tr>
<td><strong>Sensitivity</strong></td>
<td>96.7%</td>
<td>83.9%</td>
<td>97.6%</td>
<td>97.1%</td>
</tr>
<tr>
<td><strong>Specificity</strong></td>
<td>100%</td>
<td>100%</td>
<td>96.6%</td>
<td>98.5%</td>
</tr>
<tr>
<td><strong>Tested in asymptomatic</strong></td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes (7/102)</td>
</tr>
<tr>
<td><strong>Tested in children</strong></td>
<td>Yes</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
BinaxNOW & Oregon Testing Strategy

• September 28 announcement from White House:
  – 50 million rapid POC antigen tests (Abbott BinaxNOW) deployed/in
    process of being deployed to nation’s vulnerable populations including
    those impacted by natural disaster, nursing homes, long term care,
    HBCU, Native American communities
  – 100 million Abbott BinaxNOW tests will be distributed to governors free
    of charge over the next several weeks; 6.5 million tests this week
  – States will be responsible for distributing and administering the tests as
    they see fit.
• Oregon will be receiving tests and working to distribute to outpatient
  providers statewide, with a focus on those serving disadvantaged
  populations.
• More information on Oregon’s plan for these tests coming soon.
BinaxNOW Tests

• Rapid, point-of-care antigen tests
• 15-min turnaround
• Require a medical professional to administer & CLIA waiver to perform
• NAVICA App
  – Stores test results
  – Does not report to state
  – 5-day “pass”
Other OHA COVID News
OHA to report COVID-19 cases in schools

• As of this week, OHA will report all COVID-19 cases in schools that offer any form of in-person instruction.

• This information will be published each Wednesday afternoon in OHA’s Weekly Report and on an Oregon Department of Education (ODE) webpage: [https://www.oregon.gov/ode/students-and-family/healthsafety/Pages/COVID-19-Reporting.aspx](https://www.oregon.gov/ode/students-and-family/healthsafety/Pages/COVID-19-Reporting.aspx).
  – The new reporting protocol applies to all public and private schools.
  – Informs Oregonians about potential exposure to COVID-19 in our schools

• For reporting purposes, OHA will treat schools that have no students being served onsite as workplace outbreaks.
  – In this case, OHA will report a workplace outbreak of COVID-19 when five or more case are identified in a school that has 30 or more employees.
Health equity grant awards announced

- On September 25th, OHA announced it had selected nonprofit organizations and tribal governments grantees from across the state.
- OHA has funded 205 organizations and tribes with grants totaling $45 million.
- The grants focus resources on communities most disproportionately impacted by COVID-19 and programs that will address health and economic disruptions, food insecurity and housing, and safety and violence prevention, among other aspects of need.
- For more information: https://www.oregon.gov/oha/covid19/Pages/equity-grants-covid-19.aspx
REAL-D Data Collection and Reporting

• Tribal members, communities of color and people with disabilities have been impacted by COVID at a higher rate than other populations.

• The collection and reporting of data on race, ethnicity, preferred spoken and written language, English proficiency, interpreter needs and disability status (REAL-D data) provides OHA and ODHS with granular data to better address COVID-19 disparities and inequities in service delivery, including but not limited to testing, treatment and vaccination.

• Sections 40-43 of House Bill 4212 (2020) require OHA to adopt rules requiring health care providers to collect REAL-D data for all COVID-19 encounters and report this data to OHA if the health care provider is required to report under Oregon’s disease reporting rules.
REAL-D Data Collection and Reporting

• Data Collection Requirements:
  – At the time of an encounter, or as soon as possible thereafter, health care providers must collect data on race, ethnicity, preferred spoken and written language, English proficiency, interpreter needs and disability status in accordance with Oregon Administrative Rule (OAR) Chapter 943, Division 70.
  – To learn more about REAL-D data collection requirements, visit OHA’s REALD page: https://www.oregon.gov/OHA/OEI/Pages/REALD.aspx.
REAL-D Data Reporting

• Until October 1, 2021, providers must report the data to OHA at the time a COVID-19 test is ordered or when reporting COVID-19 information as required in OAR 333-018-0016:
  – Through online reporting at www.healthoregon.org/howtoreport; or
  – By facsimile but only if online reporting is not operable; or
  – Through direct electronic case reporting, or another means, if approved by OHA; or
  – To a clinical laboratory that can submit the data at the time COVID-19 test results are reported.

• On or after October 1, 2021, health care providers must report the data by submitting an Electronic Initial Case Report (eICR) in accordance with OHA’s Electronic Case Reporting (eCR) Manual.
REAL-D Requirements

• To learn more about disease reporting requirements, visit Oregon’s Disease Reporting website: https://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/Pages/index.aspx

• Coming soon: FAQ, training opportunities, and more

• For questions: Contact Belle Shepherd at belle.shepherd@dhsoha.state.or.us
COVID-19 Literature Updates
Drug Updates: Tocilizumab

  - Meta-analysis
  - 10 observational studies (1358 patients)
  - Mortality was 12% lower for COVID-19 patients treated with tocilizumab compared to COVID-19 patients not treated with tocilizumab.
  - The risk ratio (RR) was 0.27 95%CI 0.12 to 0.59 and the risk difference (RD) was 12% 95%CI 4.6% to 20% in favor of the tocilizumab group.
  - The number needed to treat was 11.
Drug Updates: Favipiravir

  – Systematic review and meta-analysis
  – N=13 studies
  – There was a significant clinical improvement in the FVP group on the 14th day compared to the control group (RR 1.29, 1.08–1.54).
  – No significant differences between the two groups on viral clearance (day 14: RR 1.06, 95% CI 0.84–1.33), non-invasive ventilation or oxygen requirement (OR 0.76, 95% CI 0.42–1.39), and adverse effects (OR 0.69, 0.13–3.57).
  – There are 31 randomized controlled trials (RCTs) registered in different parts of the world focusing FVP for COVID-19 treatment.
Drug Update: Hydroxychloroquine
One last look…

  – Meta-analysis
  – N=6 studies (381 patients)
  – The groups treated with HCQ had an overall mortality rate that was 2.5 times greater than that of the control group.
  – HCQ treated patients had higher rates of adverse clinical outcomes and side effects compared with the control populations

• Abella 2020, JAMA Int Med
  – RCT of HCQ as pre-exposure prophylaxis for hospital-based health care workers
  – N=132 participants, 8-week course of HCQ or placebo
  – There was no significant difference in infection rates in participants randomized to receive hydroxychloroquine compared with placebo (4 of 64 [6.3%] vs 4 of 61 [6.6%]; \( P > .99 \)).
  – Study terminated early due to futility.
Health Care Provider Weekly Webinars

• Oregon Health Authority COVID-19 Information Sessions for Oregon Health Care Providers
  – 1st and 3rd Thursdays, noon-1 p.m.
  – Weekly session information, slides and recordings at: www.healthoregon.org/coronavirushcp

• OHSU’s COVID-19 Response ECHO for Oregon Clinicians Part 2
  – 2nd and 4th Thursdays, noon-1:15 p.m.
  – For full resources and benefits, register at: https://connect.oregonechonetwork.org/Series/Registration/278
Thank you