OHA COVID-19 Webinar Series for Health Care Providers

January 14, 2021

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Oregon Health Authority

Agenda Items

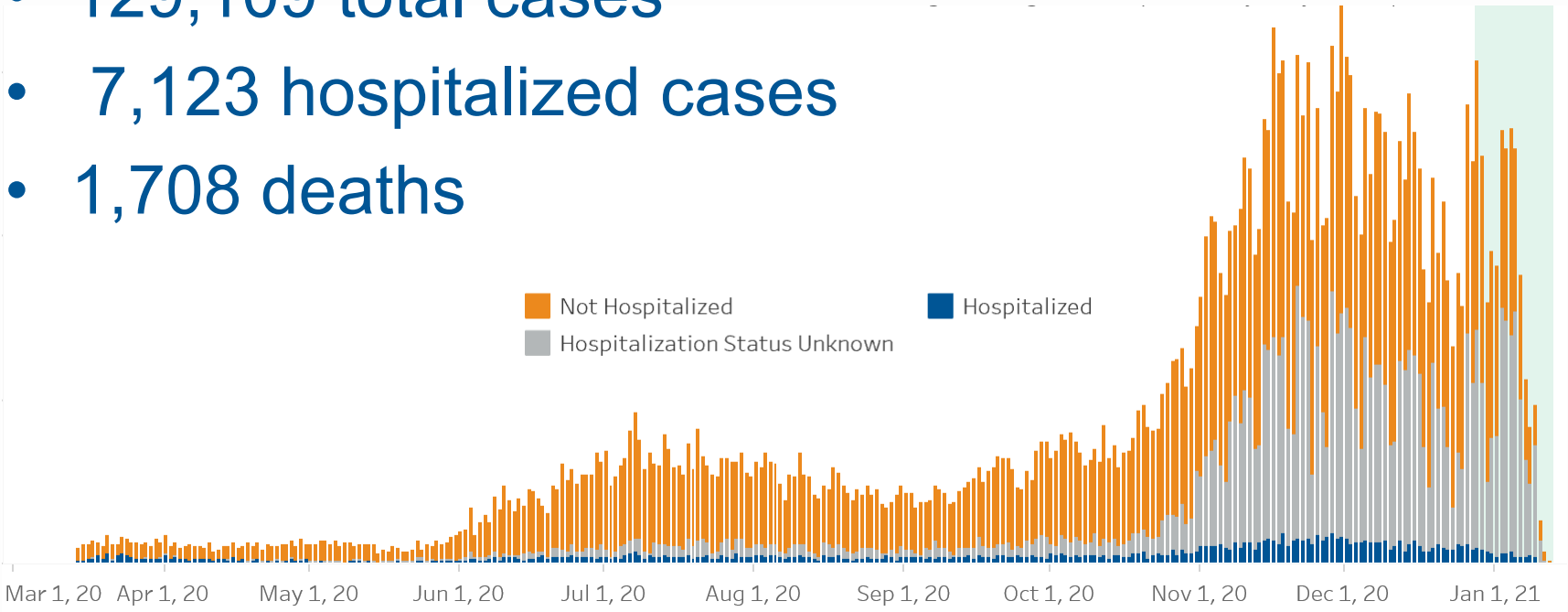
- COVID-19 epi update
- COVID-19 vaccine update
- CDC and OHA guidance
- Literature review
- Closing

COVID-19 Update

COVID-19 Oregon Update

As of January 13th:

- 129,109 total cases
- 7,123 hospitalized cases
- 1,708 deaths



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COVID-19 Situation in Oregon

*For the week of **January 4-10:***

- 8,150 new cases were recorded
  - Up 3% over prior week's total
- 357 hospitalizations, largely unchanged from prior week
- 107 Oregonians died in association with COVID-19

*From **January 3-9***:

- 8.2% of test results were positive

COVID-19 Cases by Race

Table 3. Severity and rates of COVID-19 by race

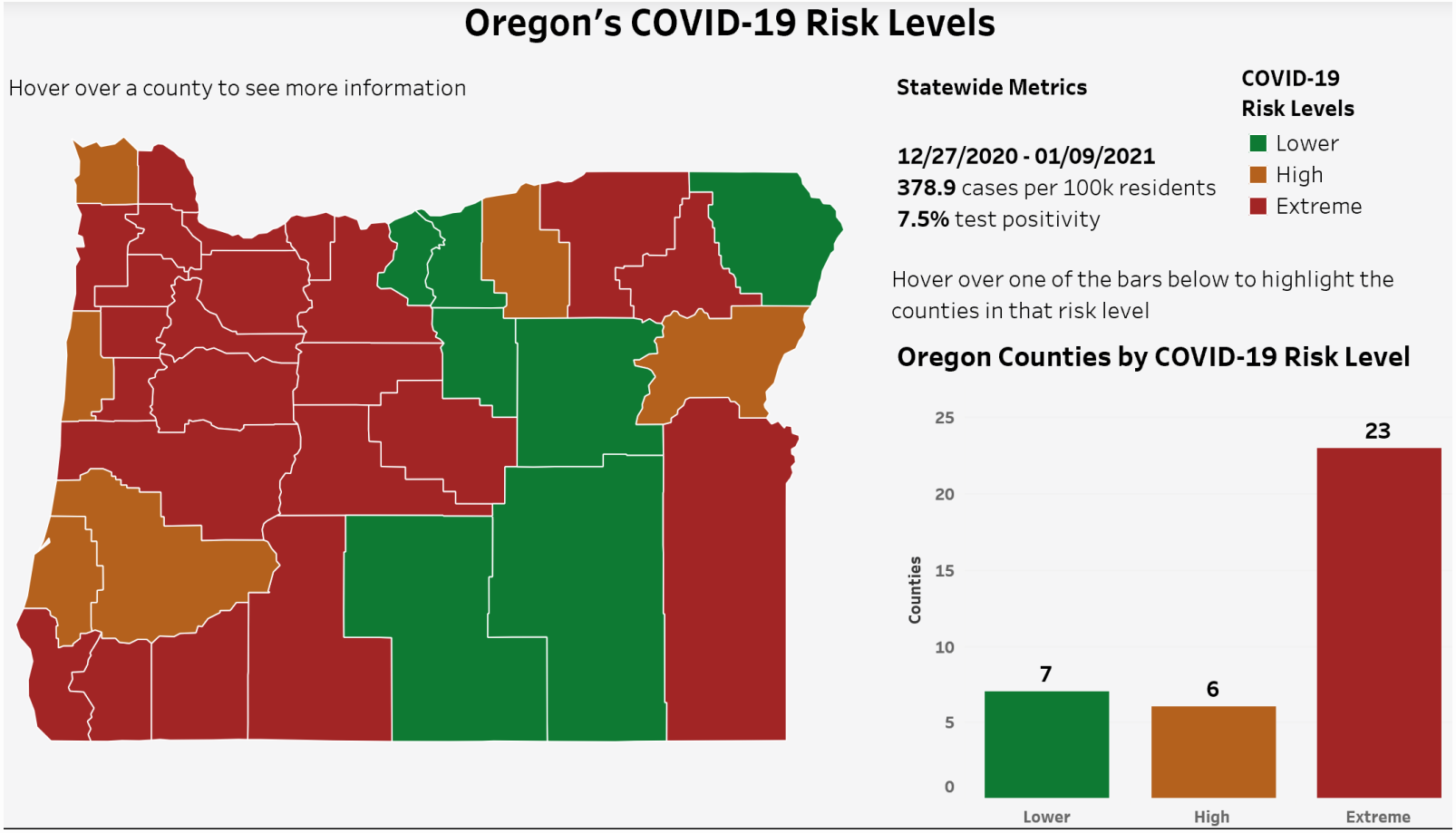
Race	Cases	% of total cases	Cases per 100,000	Hospitalized	% Hospitalized	Deaths	Case fatality
> 1 race	2,009	1.6	1,000	126	6.3	35	1.7
American Indian/Alaska Native	2,285	1.8	4,688	186	8.1	29	1.3
Asian	4,036	3.2	2,228	262	6.5	49	1.2
Black	3,073	2.4	3,806	226	7.4	39	1.3
Not Available	24,110	19.0		620	2.6	238	1.0
Other	30,490	24.1	23,117	1,289	4.2	135	0.4
Pacific Islander	1,150	0.9	6,923	119	10.3	14	1.2
White	59,455	47.0	1,662	4,164	7.0	1,074	1.8
Total	126,608	100.0	2,989	6,992	5.5	1,613	1.3

COVID-19 Cases by Ethnicity

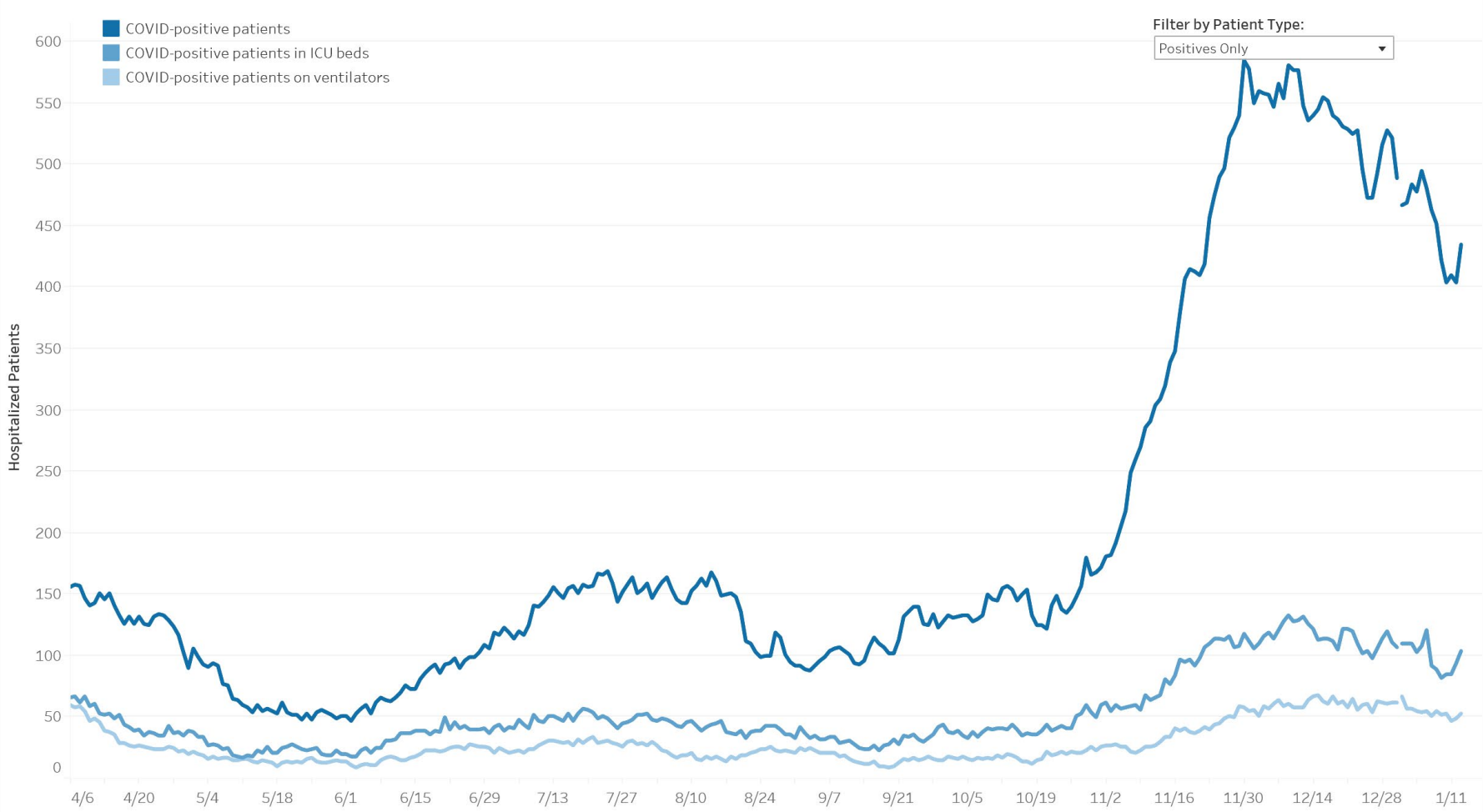
Table 4. Severity and rates of COVID-19 by ethnicity

Ethnicity	Cases	% of total cases	Cases per 100,000	Hospitalized	% Hospitalized	Deaths	Case fatality
Hispanic	34,679	27	6,377	1,476	4.3	159	0.5
Not Hispanic	60,781	48	1,646	4,286	7.1	1,033	1.7
Unknown	31,148	25		1,230	3.9	421	1.4
Total	126,608	100	2,989	6,992	5.5	1,613	1.3

Oregon's COVD-19 Risk Levels



Hospital COVID Census: Statewide Trends



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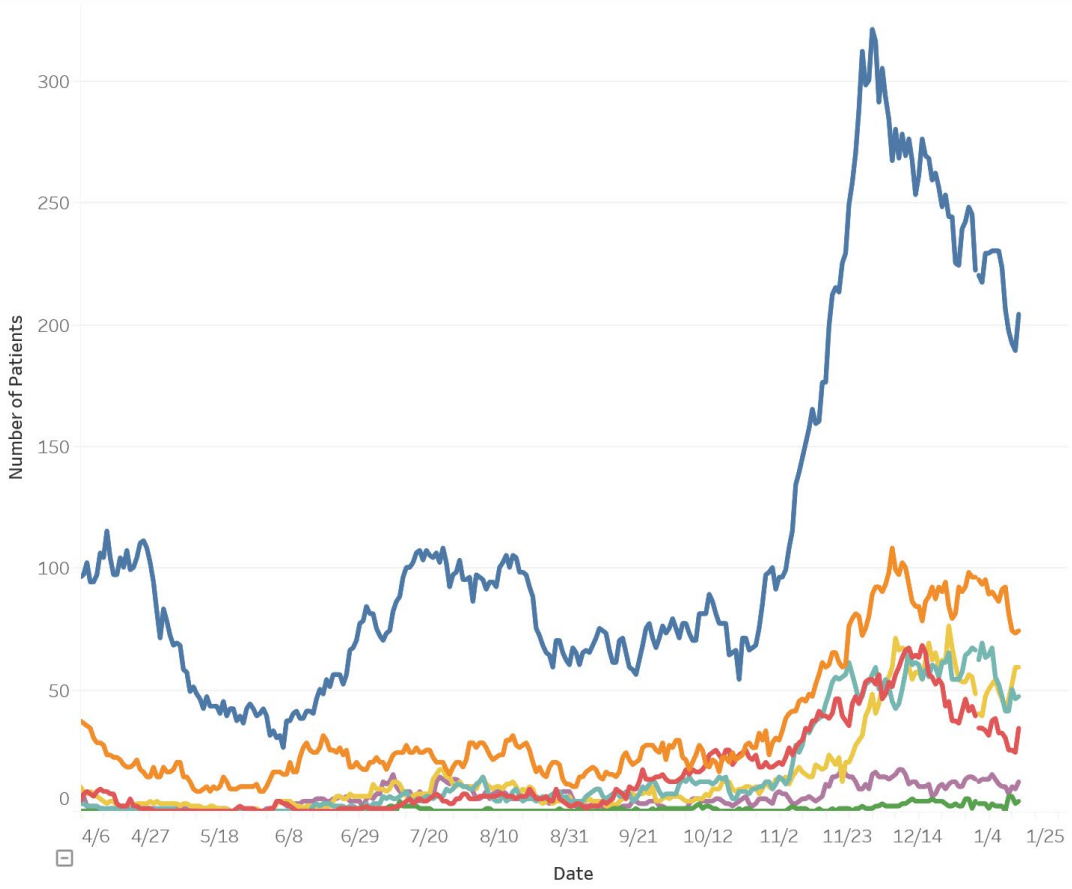
Hospital COVID Census: Statewide Trends

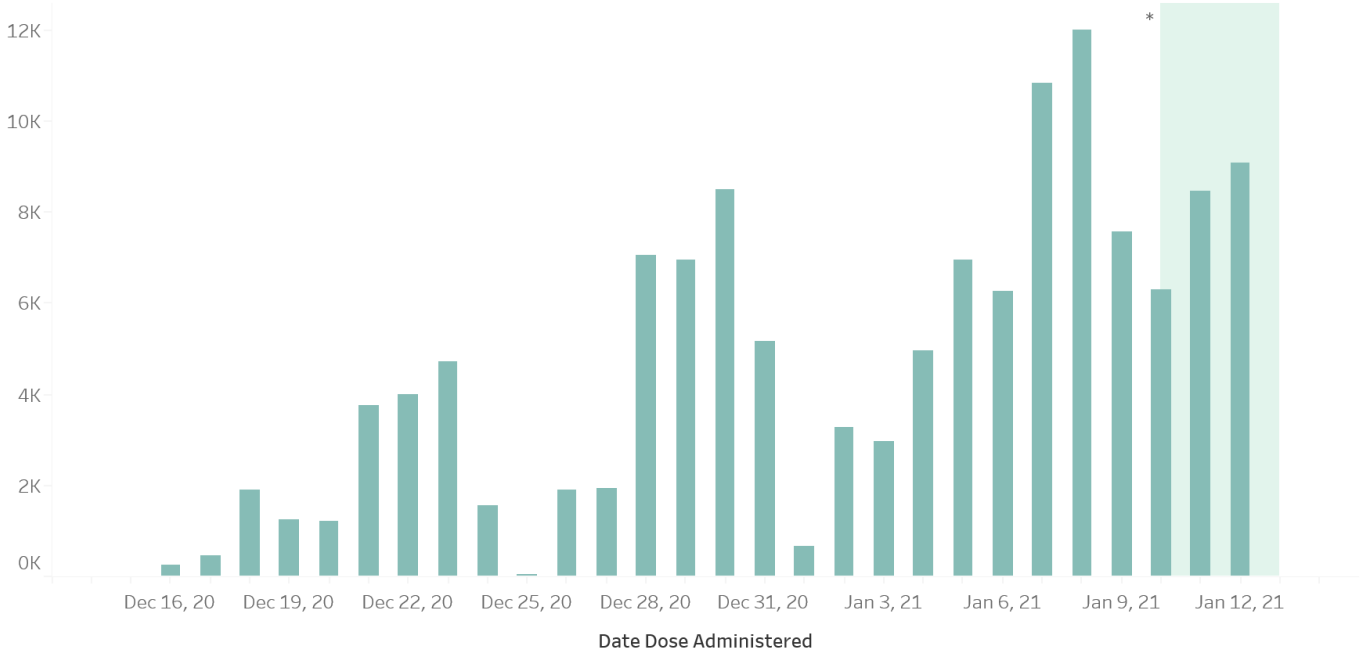


COVID-19 Vaccine Update

Oregon's Vaccination Trend

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.
*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.

129,781 Total Doses Administered

****People Vaccinated**

110,411 Series In Progress

9,568 Fully Vaccinated

119,979 Total People

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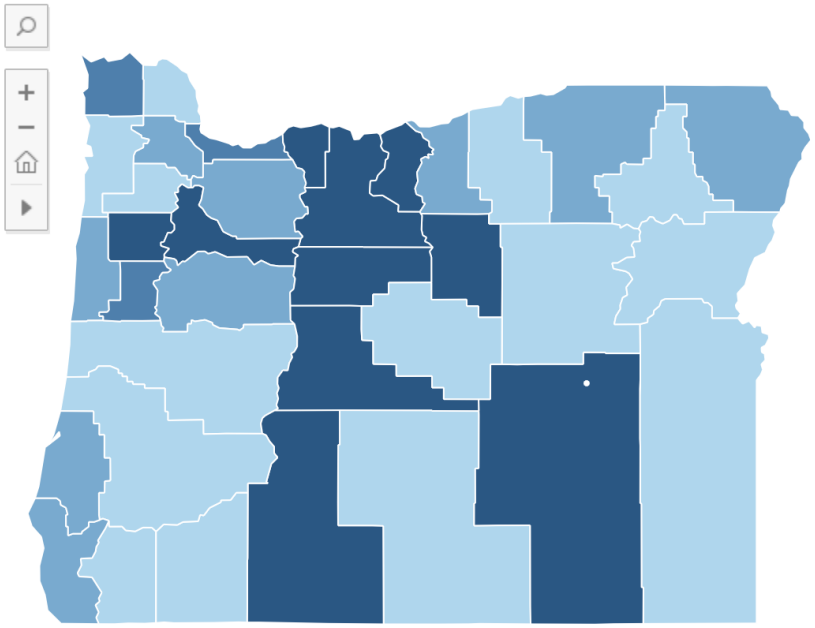
The map shows the number of people vaccinated per 10,000 by county of residence. For privacy purposes, counties with the number of vaccinated people between 1 and 5 will be shown as "Suppressed."

Click on a county below to filter the data on the right. Click again to clear the filter.



People vaccinated per 10,000

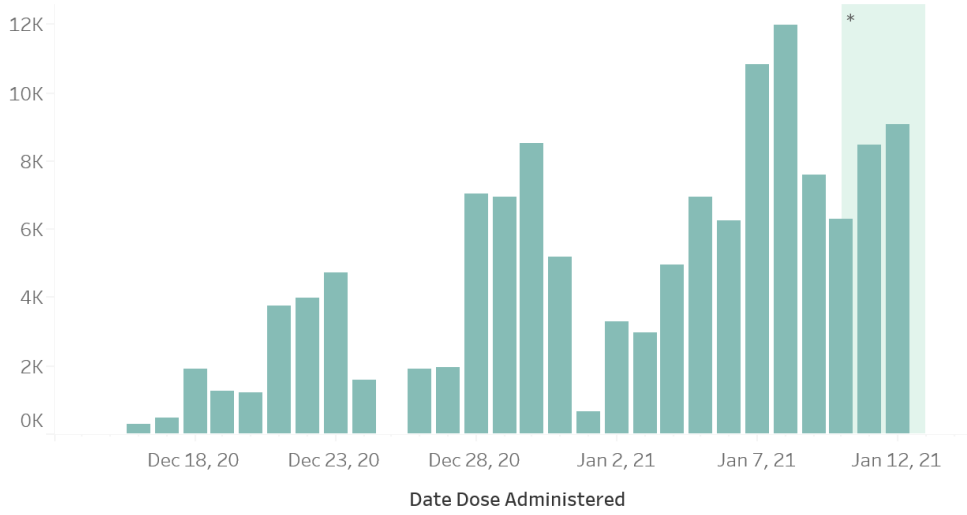
- 0.00
- 94.60-231.89
- 233.97-272.07
- 283.99-299.71
- 305.19-775.82

People Vaccinated ALL COUNTIES

110,411	9,568	119,979
Series In Progress	Fully Vaccinated	Total People

Doses Administered by Day

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



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	1,929
Asian	6,032
Black	1,777
Native Hawaiian / Pacific Islander	1,003
White	84,490
Other Race	30,803
Unknown	20,497

ETHNICITY†

Hispanic	5,880
Not Hispanic	83,981
Unknown	30,118

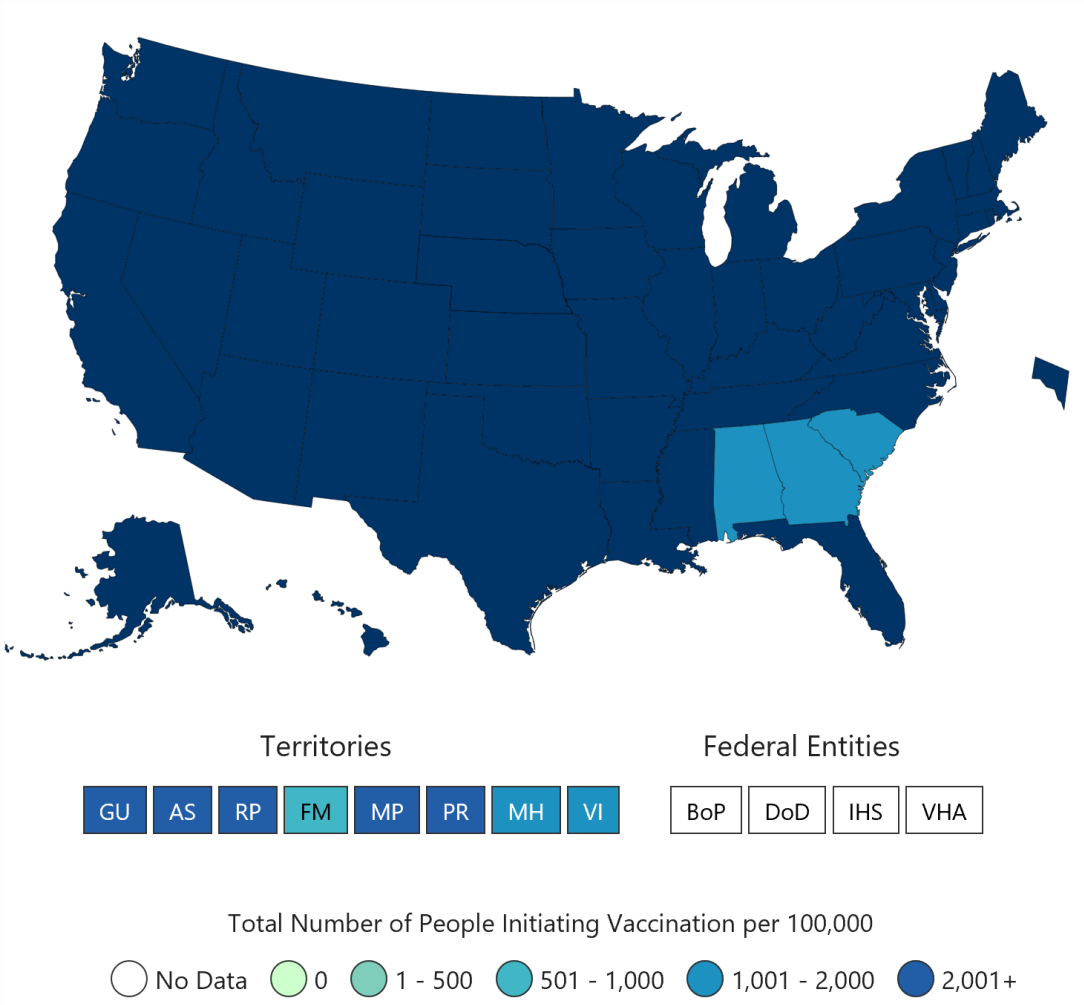
SEX

Female	78,323
Male	40,538
Unknown	1,118

AGE GROUPS

16 to 19	748
20 to 29	15,517
30 to 39	27,425
40 to 49	26,931
50 to 59	23,143
60 to 69	15,782
70 to 79	5,781
80+	4,652

Total number of People Initiating Vaccination (1st Dose Received) Reported to the CDC



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Looking Ahead: news this week

- Governor Brown announced that starting January 23rd, vaccination will be expanded to include ***seniors 65 and older***, ***child care providers*** and ***early learning*** and ***K-12 educators and staff***
- The federal government announced it will be releasing its full reserve of vaccines available to other states, rather than holding some doses in storage
  - Allocations will depend on administration level by state, no longer by population; therefore, Oregon must demonstrate utilization at the highest level
- Phase 1a vaccinations continue in the meantime, with a push to get access to those most vulnerable and disproportionately impacted from COVID-19

National Vaccination Data

Overall US COVID-19 Vaccine Distribution and Administration

Total Doses Distributed	Total Number of People Initiating Vaccination (1st Dose Received)
29,380,125	10,278,462

CDC | Updated: Jan 13 2021 As of 9:00am ET

Federal Pharmacy Partnership for Long-Term Care Program (Subset of Overall Numbers)

Doses Distributed for Use in Long-Term Care Facilities	Number of People Initiating Vaccination (1st Dose Received) in Long-Term Care Facilities
4,556,575	1,084,177

CDC | Updated: Jan 13 2021 As of 9:00am ET

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Challenges in Vaccine Distribution, Administration

- Distribution Challenges
  - Cold storage needs
  - Minimum dosages for shipments (975 - Pfizer, 100 Moderna)
  - Allocation challenges and unknowns
  - Inadequate federal allotments to meet the need

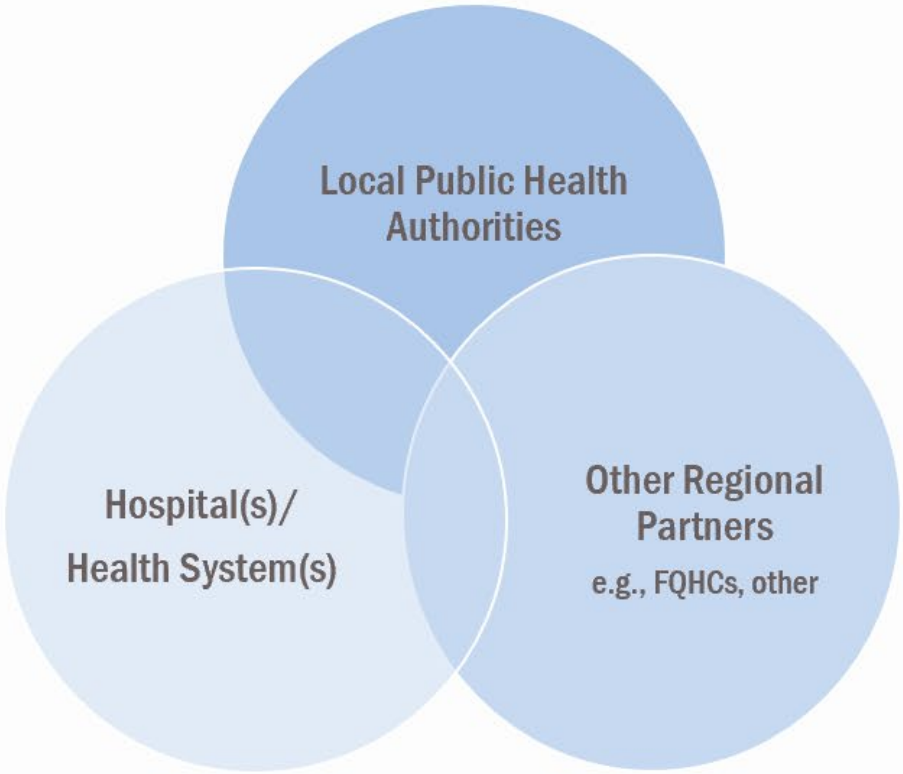
- Administration/throughput challenges:
  - Operational Challenges:
    - Scheduling
    - Space requirements (physical distancing)
    - Observation period post vaccination (15–30 minutes)
  - Limited outlets to give vaccine
  - Provider enrollment
  - Data lag

Vaccine Distribution To Date

- Hospitals, Tribal Health
- Local Public Health Authorities
- Emergency Medical Service and First Responders
- Urgent Care Centers
- Federal Pharmacy Partnership:
  - Part A: skilled nursing facilities
  - Part B: other long-term care facilities and other congregate care settings

- *Looking ahead*: larger eligible populations

Centralized, Regional Vaccine Access Points



Federal Pharmacy Program

State Pharmacy Program

Must also ensure access through trusted, culturally responsive and accessible sites

Vaccine limitations

- There aren't enough vaccines for everyone eligible
- Standard vaccination distribution process isn't possible immediately
- For some groups the distribution has more straightforward pre-existing pathways:
    - Hospitals can vaccinate their own employees and affiliated staff
    - Federal pharmacy partnership offers pathway for skilled nursing facilities and other congregate care settings
- For other groups it's a more complex process:
    - For example, vaccinating health care personnel who aren't affiliated with a hospital requires Oregon's health care system to adapt to new approaches
- As a result, we need to expand the number of administration sites and establish new collaborations to deliver new COVID-19 vaccines in new ways among all our health care partners, including those most vulnerable and disproportionately impacted from COVID-19

Work Underway

- **Part B of our federal pharmacy partnership has been activated**
  - Oregon is working with CDC and Walgreens, Consonus and CVS to activate the second phase of the federal pharmacy partnership program as soon as possible.
- **Use retail pharmacies to get more vaccines to HCW and other Phase 1A groups.**
  - Accelerate retail pharmacy involvement to make available to health care workers in Phase 1A, including mobile capability to those not included in federal pharmacy partnership
- **Work with local partners to extend access to unaffiliated healthcare personnel such as traditional health workers and health care interpreters, as well as eligible individuals with I/DD and other disabilities**

Where can I find additional information ?

- ***Many of your questions related to the vaccine might already be answered on our OHA COVID-19 vaccine website. We encourage you to visit this site regularly for updates. ***

- Clinical and operational questions regarding the COVID-19 vaccine from providers will inform our OHA COVID-19 vaccine provider page. Please visit this site regularly for updates.

- If you are a provider with COVID-19 vaccine enrollment questions, your email will be forwarded to our enrollment team. In the future you may email our provider enrollment team directly Vaccine.ProviderEnroll@dhsoha.state.or.us.

- Questions from Alert Immunization Information System users will be forwarded to the Alert IIS Helpdesk. In the future you may email our ALERT IIS Helpdesk directly alertiis@state.or.us.

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Operation Warp Speed Update-12-12-21 Timeline for New Vaccines

Janssen- Non-Replicating Viral Vector Vaccine (Adenovirus 26)

- Phase 3 ENSEMBLE trial nearing completion- **will likely submit for an EUA before the end of January**
- **Single dose** (ENSEMBLE 2 Trial –ongoing is testing a 2 shot regimen)
- **Normal refrigeration**

AstraZeneca Non-Replicating Viral Vector Vaccine (AZD 1222)

- Likely to submit application for EUA based on data from ongoing US based phase 3 trial the **1st week of March**.
- **2 dose regimen**
- **Normal refrigeration**

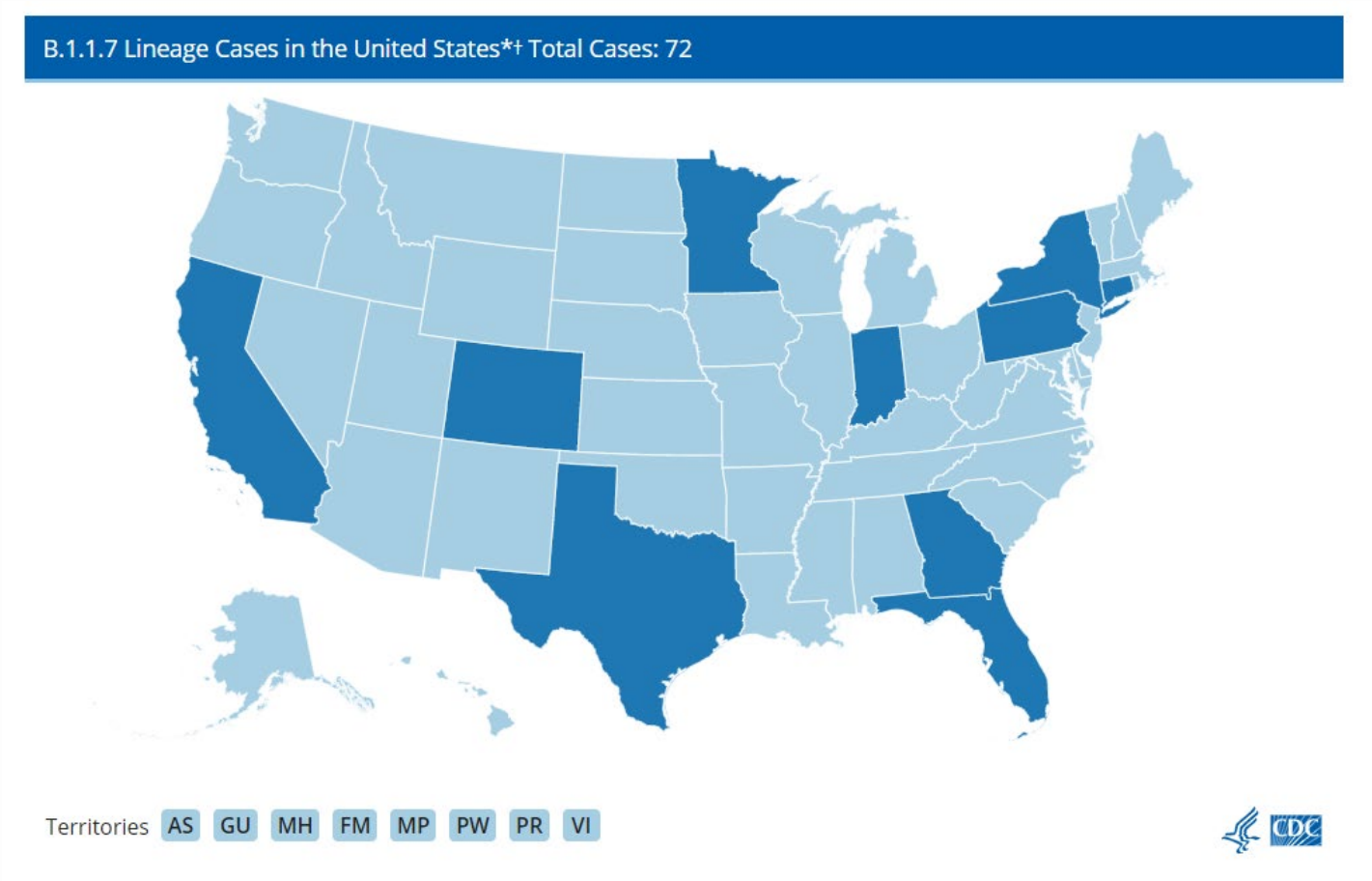
Novavax: Protein Subunit with Adjuvant Vaccine (NVX-CoV2373)

- On track to complete trial and submit application for **EUA late March**
- **2 dose regimen (21 days apart)**
- Uses nanoparticle technology with a stabilized form of the coronavirus spike protein combined with a proprietary adjuvant, Matrix M.

Coronavirus Variants and Increased Transmissibility

- 2 recent variants from the UK and South Africa show concerning increase in transmissibility . (40-70%) https://www.who.int/csr/don/21-december-2020-sars-cov2-variant-united-kingdom/en/
  - Increased viral load - https://www.medrxiv.org/content/10.1101/2020.12.24.20248834v1 (Preprint)
  - Tighter binding to receptor site-
- **Do not appear more deadly but incr. transmission causes increased cases and ultimately increased hospitalizations and death**.
- Possible effect on monoclonal antibody therapy
- **mRNA vaccine creates polyclonal antibodies and still seems effective** https://www.biorxiv.org/content/10.1101/2021.01.07.425740v1.full
- Sequencing is ongoing in Oregon Oregon OHSU, UofO and OSU.
- The UK variant (B117) has been found in several states but the So. African variant has not been seen in the US yet.

B117 in the US as of 1-11-21



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Testing

Reminder: Point of care antigen BinaxNOW tests still available to augment testing capacity and point of care support!

- BinaxNOW point-of-care antigen COVID-19 tests require Clinical Laboratory Improvement Amendment (CLIA) certification or CLIA waiver to perform, but do not require any additional laboratory devices to process the sample. **Results can be provided to patients in as little as 15 minutes.**
- BinaxNOW antigen tests are most accurate at detecting COVID-19 in symptomatic individuals; OHA recommends they be used to test patients with symptoms consistent with COVID-19 or contacts of COVID-19 cases.
- OHA is distributing these tests at no cost to primary care and urgent care providers. If your clinic is interested in receiving an allotment of these tests from OHA, please email ORESF8.AOCTestingBranch@dhsoha.state.or.us and a member of OHA's Testing Team will reach out to you.
- You must accept Medicare and Medicaid and have a CLIA certificate or waiver in order to be eligible to receive these tests.

Ready Schools Safe Learners Update

Updated guidance will be released on January 19, 2021

Governor Brown's Direction:

- Stay grounded in the evidence and work together to return to in-person instruction by February 15th, especially at the elementary level.
- Partner with OHA to provide for on-site COVID-19 testing at schools.
- Health Metrics for returning to in-person instruction transition to advisory recommendations on January 1st.
- Review and possibly update the Advisory Health Metrics for returning to in-person instruction by January 19th.
- Align RSSL guidance and Oregon OSHA rules to ensure all necessary health and safety procedures and protocols are included to allow maximum access to in-person instruction

Transition to Local Decision-Making

- At this point in Oregon's evolution of responding to COVID-19, the assessment is that we are at a point where we can **return to local decision making.**
- **Local schools/districts are the best judge for *local* capacity** for meeting requirements and successfully implementing On-Site, Hybrid, and Comprehensive Distance Learning Instructional Models.
- Focus is to get the **community case counts to a low enough number** that the community is not regularly introducing COVID-19 into the school - which destabilizes the learning environment as contact tracing leads to quarantining.
- Local decision making better able to **implement public health and safety protocols/requirements in the schools with fidelity**. This includes universal use of face coverings, physical distancing, cohorting, frequent handwashing, and all of RSSL detailed guidance

Current Metrics

Small = Less than 15,000 **Medium = 15,000 to 29,999** **Large = 30,000 or more**

Metrics & Models	On-Site	On-Site and Distance Learning	Transition	Distance Learning
County Case Rate per 100,000 People Over 14 days	<50.0	50.0 to <100.0	100.0 to ≤200.0	>200.0
County Case Count Over 14 days *Advised for* small and medium counties	<30	30 to <45	45 to ≤60	>60
County Test Positivity[1] *Advised for* to medium and large counties[4]	<5.0%	5.0% to <8.0%	8.0% to ≤10.0%	>10.0%
Advisory **Instructional Model** ***Guidance***	Prioritize *On-Site* or *Hybrid* (*only* as needed to maintain small cohorts) instructional models.	Prioritize careful phasing in of *On-Site* or *Hybrid* for elementary schools (starting with *younger students* and adding additional grades *over time*). Middle school and high school primarily *Comprehensive Distance Learning* with *Limited In-Person Instruction*. Over time, if elementary schools demonstrate the ability to limit transmission in the school environment[2], transition to *On-Site* or *Hybrid*.	Consider transition to *Comprehensive Distance Learning* with *Limited In-Person Instruction*. → For counties with an upward case/positivity trend (entering from a lower risk category), school officials should discuss with their local public health authority (LPHA) and consider the spread of COVID-19 within schools and the local community in deciding whether to return to Comprehensive Distance Learning (CDL).[3] ← Schools in counties with downward case/positivity trend *should* remain in CDL until they drop into the "On-Site and Distance Learning" category or lower.	*Prioritize Comprehensive Distance Learning* with *Limited In-Person Instruction*.

Metrics Risk Table Footnotes

1. If statewide testing volume decreases by more than 10% in the week prior compared to the previous week due to external factors (such as due to a natural disaster or acute decrease in testing supplies), then OHA and ODE will *advise temporarily* suspending the use of percent positivity in *local* reopening considerations.
2. As a measure to monitor limited introduction or spread, local public health should look for an average outbreak size of 3 or less, excluding outbreaks with only one case, over the prior 4 weeks.
3. In considering community spread, public health should take into consideration the cases in the community, COVID-19 test availability in the community, recent percent positivity of tests, capacity in the community to respond to cases and outbreaks and the regional hospital capacity available for those with severe disease.
4. Small counties with a population of less than 15,000 *are advised* to meet case counts in the metrics framework and *not* test positivity rates.

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Proposed Metrics

Metrics & Models	On-Site	On-Site and Hybrid	Transition	Distance Learning
County Case Rate per 100,000 People Over 14 days	<50.0	50.0 to <200.0	200.0 to ≤350.0	>350.0
County Case Count Over 14 days (for small counties[1])	<30	30 to <60	60 to ≤90	>90
County Test Positivity[2]	<5.0%	5.0% to <10.0%	≤10.0%	>10.0%
***Advisory* Instructional Model**	Prioritize *On-Site* or *Hybrid* (as needed to maintain small cohorts) instructional models.	Prioritize careful phasing in of *On-Site* or *Hybrid* for elementary schools (starting with younger students and adding additional grades over time). Middle school and high school primarily *Comprehensive Distance Learning* with *Limited In-Person Instruction.* Over time, if elementary schools can demonstrate the ability to limit transmission in the school environment[5], transition to *On-Site* or *Hybrid*.	Prioritize careful phasing in of *On-Site* or *Hybrid* for elementary schools (starting with younger students and adding additional grades over time).	Prioritize *Comprehensive Distance Learning* with *Limited In-Person Instruction.*

When trends are increasing, pause expansion of additional in-person learning and maintain access to in-person learning for those who have it. Schools are not required to reduce in-person learning or revert to Comprehensive Distance Learning based on metrics if the school can demonstrate the ability to limit transmission in the school environment.

Rapid COVID-19 testing in schools:

- OHA and ODE recognize in-person instruction is critical to child development and should be prioritized over other social goods.
- In order to mitigate the risk of school reopening, OHA will offer rapid COVID-19 testing resources directly to schools (BinaxNOW test kits)
- Testing delays have been shown to increase household transmission of COVID-19:
  - Preprint publication (Paul et al, 2020) showed 3-fold increased risk of HH transmission associated with a testing delay of 5 days vs. 0
- Rapid testing on campus gives students and staff immediate and equitable access.

Recommendation:

- Test all students and staff who develop symptoms promptly
- Test all students and staff exposed to a case within their cohort(s)

COVID-19 Literature Updates

MMWR article on COVID and kids

- Just under 900 kids, wide age range
- Case-control study using data from a testing center in Mississippi
- Compared various exposures reported by parents or guardians of children and adolescents aged <18 years pos PCR test (case-patients) with exposures reported among those who received negative test results (controls)
- Results suggest that **schools where not where kids get COVID** (14 days prior to test, in-person school vs not)
- Face mask use in schools was reported: consistent face mask use reported associated with neg tests (aOR 0.4, CI 0.2-0.8)
- close contacts with confirmed COVID, attending gatherings/social functions, activities with other children, and visitors in the home were the main associations with positive test results, all statistically significant

What it means to us: like with much of the literature being published lately (US and international), if people adhere to safety precautions, suggests that in-person school is fairly safe

https://www.cdc.gov/mmwr/volumes/69/wr/mm6950e3.htm?s_cid=mm6950e3_w

Other references re schools and COVID

- https://www.cidrap.umn.edu/news-perspective/2021/01/three-studies-highlight-low-covid-risk-person-school
- https://pediatrics.aappublications.org/content/early/2021/01/06/peds.2020-048090
- https://www.nejm.org/doi/10.1056/NEJMc2026670
- https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.26.1.2002011
- https://www.reachcentered.org/publications/the-effects-of-school-reopenings-on-covid-19-hospitalizations
- https://pediatrics.aappublications.org/content/pediatrics/early/2021/01/06/peds.2020-048090.full.pdf
- https://www.cdc.gov/mmwr/volumes/69/wr/mm6950e3.htm?s_cid=mm6950e3_w

Opioid Overdoses Deaths During COVID

- CDC, December 17, 2020
  - 81,230 drug overdose deaths occurred in the United States in the 12 months ending May 2020
    - Highest 1 year total ever
    - Largest increase documented from March 2020 to May 2020, a time when widespread mitigation measures were implemented.
  - Main driver of increased overdose deaths appears to be fentanyl
  - Overdose deaths involving cocaine also increased by 26.5 percent
    - Concern for illicit mixing with heroin or fentanyl
  - Overdose deaths involving psychostimulants, such as methamphetamine, increased by 34.8 percent

Opioid Overdoses Deaths During COVID

- CDC recommending the following actions as appropriate based on local needs and characteristics:
  - Expand distribution and use of naloxone and overdose prevention education.
  - Expand awareness about and access to and availability of treatment for substance use disorders.
  - Intervene early with individuals at highest risk for overdose.
  - Improve detection of overdose outbreaks to facilitate more effective response

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Non Fatal Overdoses During COVID

- Ochalek et al, JAMA September 18, 2020
  - Virginia Commonwealth University ER visit data
  - The total number of nonfatal opioid overdose visits increased from 102 between March and June 2019 to 227 between March and June 2020
  - Similar rates of Naloxone prescriptions in both time periods
  - Limitations: single center study
  - This study highlights the need for emergency clinicians, communities, and healthcare systems to aggressively promote harm-reduction strategies and help appropriate patients begin treatment with medication for OUD

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

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Thank you