COVID-19 Weekly Report

Oregon's Weekly Surveillance Summary

Oregon Health Authority

2020 COVID-19 Data Review
(Reissued 7/13/22)

Updates
07/13/2022 - updated underlying conditions data in Figure 9
06/02/2022 - revised labeling of age data
05/04/2022 - updated hospitalization and death data

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Background

7/13/22 – The underlying conditions bar in figure 9 as well as the statistic in the figure caption were incorrect. Figure 9 and subsequent text now includes updated data.

6/2/22 - The labeling of the age data in Table 2 and Figures 7-9 was incorrect. Age group 0-9 should have read 0-10. Age group 10-19 should have read 11-19. The data in this update are labeled age 0-9, 10-19, and reflect the correct data for these categories. For more information refer to:
https://content.govdelivery.com/accounts/ORDHS/bulletins/31a89f6.

For up-to-date data on ages 0-9 and 10-19 visit:
https://public.tableau.com/app/profile/oregon.health.authority.covid.19/viz/OregonCOVID-19CaseDemographicsandDiseaseSeverityStatewide/DemographicDataHosp.

5/4/22 - This report includes updated information on hospitalizations and deaths since the initial publication in December 2021. Data on deaths and hospitalizations are reconciled periodically as more up to date information from death certificates and hospital records are made available.

The 2020 COVID-19 Annual Data Report serves as a year-in-review summary of trends and key takeaways from the first calendar year of the COVID-19 pandemic response in Oregon. The 2020 Report is modeled after the COVID-19 Weekly Data Report. For up-to-date information, visit the OHA COVID-19 web page: https://govstatus.egov.com/OR-OHA-COVID-19.

On February 28, 2020, Oregon Health Authority reported the first confirmed case of COVID-19 in the state of Oregon. From that time through December 31, 2020, there were 121,440 cases of COVID-19 reported to the Oregon Health Authority. Of these cases, 8,395 (6.9%) were hospitalized and 2,112 (1.7%) died. Of all cases, 4,652

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(3.8%) were "presumptive"—i.e., people with COVID-19-like symptoms and close contact with a confirmed case, but who did not have a confirmatory laboratory test.

This report describes case counts and rates, along with hospitalization and death data from the first year of the pandemic through comparisons across geography, race, ethnicity, sex, and age. Note that not all cases were successfully contacted, leading to an incomplete assessment of COVID-19 risk factors and clinical and demographic characteristics of cases.

The year covered in this report ended just after the first vaccines were made available in Oregon, on December 12, 2020. Vaccination has changed the landscape for fighting COVID-19: it is the safest and most effective way to stop the spread of the virus and prevent hospitalizations and deaths. We encourage you to explore the positive effect of vaccination against COVID-19 in Oregon by exploring the Oregon COVID-19 Case and Vaccination Stories dashboard available at:
https://public.tableau.com/app/profile/oregon.health.authority.covid.19/viz/OregonCOVID-19CaseandVaccinationStories/Statewide.

We hope this report provides a data narrative that highlights key trends and statistics during the first year of the COVID-19 pandemic in Oregon. At the time this report is published, more than two years have passed since COVID-19 was first confirmed in the state. This is a unique opportunity to reflect on the initial burden of COVID-19 during 2020 and inform the ways we respond to COVID-19 and similar public health threats in the future.

2020 Summary

During 2020, OHA recorded 121,440 cases of COVID-19; of those, 8,395 (6.9%) were hospitalized, and 2,112 (1.7%) died. Since the first case was confirmed February 28 by the Oregon State Public Health Laboratory, reported cases came primarily in two waves: a smaller wave during June–August, peaking July 7 with 461 case onsets that date; and a larger wave during September–December, peaking November 30 with 1,702 case onsets that date. The 121,440 cases gave Oregon an overall case rate for the year of 2,845 per 100,000; put another way, a little more than 2.8% of Oregon residents were reported with COVID-19 during 2020. Rates varied significantly by county of residence—from about 1.2% of Wallowa County residents to about 9.3% of Malheur County residents (Figure 10).

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Overall, 51.3% of cases identified as female, and 47.9% identified as male. Male cases were more likely than female cases to be hospitalized (7.5% versus 6.4%) and were slightly more likely to die in association with COVID-19 (1.9% versus 1.6%). Early in the pandemic, relatively high proportions of cases were detected among older adults, as outbreaks swept through long-term care facilities in Oregon. About 12% of people living in Oregon are ≥70 years of age, but through April 2020, 16% of cases were reported among this age group; during May–December the proportion of cases among persons this age fell to 8.8%—in part because of increased availability of testing. For the year, persons 20–29 years of age were at highest risk (4.6%) of contracting COVID-19; children <10 years old were at lowest risk (1.2%). Among those with COVID-19, persons ≥80 years of age were most likely to be hospitalized (33%) and to die (24%) in association with it. Of 18,363 cases <20 years of age, 1.2% were hospitalized, and 1 (0.005%) died.

Equity Impact

COVID-19 highlighted and intensified many of the inequities that already existed within the health care system in Oregon, shown by its devastating impact on our communities of color and Tribal communities. Lack of access to health care, language barriers, crowded working conditions, lower-income jobs, and distrust in government due to historical racism all exacerbated the impact of COVID-19 for these communities. As case rates surged among communities of color, they were also not deemed priority populations.

COVID-19 heavily impacted communities of color, especially earlier in the year. Data on race were available for 83% of all reported cases. Outbreaks among Native Hawaiian or Pacific Islander persons accounted for 4.0% of all cases reported during May–June, compared to 0.7% of cases during other months of 2020. Cumulative 2020 case rates were 6.8% among Native Hawaiian or Pacific Islander persons, 5.0% among American Indian or Alaska Native persons, 3.7% among Black, African and African American persons, 2.1% among Asian or Asian American persons, and 1.6% among White persons. Among cases, Native Hawaiian or Pacific Islander persons were most likely to be hospitalized (11.3%), followed by American Indian or Alaska Native persons (9.3%), Black, African and African American persons (8.9%), and White persons (8.7%). Ethnicity was reported for 93,547 (77%) of all cases. The cumulative case rate during 2020 was 6.2% for Hispanic or Latino/a/x persons, compared to 1.6% for non-Hispanic or Latino/a/x persons (Table 4). About 13% of Oregonians are of Hispanic or Latino/a/x ethnicity, but 37% of COVID-19 cases of known ethnicity during 2020 were Hispanic or Latino/a/x persons. This proportion was higher early in the pandemic, as COVID-19 broke out in food processing facilities with large numbers of employees who were

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Hispanic or Latino/a/x; 47% of cases during May–August were Hispanic or Latino/a/x persons, and lower proportions thereafter.[1]

People who were White had a relatively high case-fatality rate (CFR) – 2.5% (Table 3). However, communities of color in Oregon are generally younger overall, which lowers the crude CFRs in these communities; for example, the median age of cases among White persons was 43.5 years, while for Asian or Asian American persons it was 40.3 years, for American Indian or Alaska Native persons 35.9 years, for Native Hawaiian or Pacific Islander persons 35.4 years, and for Black, African and African American persons 35.3 years. The median age of cases among non-Hispanic or Latino/a/x persons was 42.6 years, compared to 33.9 years for Hispanic or Latino/a/x persons. Age adjustment displays how rates would compare if the age distribution of each racial and ethnic group resembled that of the population of the United States in the year 2000. After adjusting for age, communities of color had hospitalization rates 1.1–11 times and CFRs 1.1–10.5 times those of White persons (Table 5). After adjusting for their relatively younger age, the hospitalization rate among persons of Hispanic or Latino/a/x ethnicity was 4.4 times that of non-Hispanic or Latino/a/x persons, and the CFR was 3.1 times that among non-Hispanic or Latino/a/x persons (Table 6).

Looking at the data by race and ethnicity helps public health identify and respond to health inequities in Oregon. These inequities are rooted in systemic racism and social injustice.[2] Current data on COVID-19 in Oregon are available at https://govstatus.egov.com/OR-OHA-COVID-19.

Data on mortality in Oregon, including deaths associated with COVID-19, are available at https://public.tableau.com/profile/oha.center.for.health.statistics.

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[1] Bui DP, McCaffrey K, Friedrichs M, et al. Racial and Ethnic Disparities Among COVID-19 Cases in Workplace Outbreaks by Industry Sector — Utah, March 6–June 5, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1133–1138. DOI: http://dx.doi.org/10.15585/mmwr.mm6933e3external icon.

[2] https://www.cdc.gov/healthequity/racism-disparities/index.html

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Clinical characteristics and risk factors

This section of the report describes the epidemiology of Oregon's COVID-19 cases in 2020, including indicators of COVID-19 transmission, common symptoms experienced by COVID-19 cases, and demographic breakdowns for sex, age, race, and ethnicity. Indicators of disease severity, specifically hospitalizations and deaths, are included in the tables in the following section.

Epidemiologic links

The figures below show the epidemiologic link of COVID-19 cases. Public health classifies all cases as part of a household, part of an outbreak, part of a cluster, a close contact of another case, or sporadic. "Sporadic" indicates that a case was not linked to a known source of COVID-19. Lower numbers and proportions of sporadic cases suggest lower community spread of COVID-19. Figure 1 focuses on monthly cases of COVID-19 in 2020, and allows for the easy comparison of different types of epidemiologic link. Figure 2 includes all COVID-19 cases, showing the pattern of epidemiologic links since the first cases were identified in Oregon. Figures 3 and 4 show sporadic cases by race, and figures 5 and 6 show sporadic cases by ethnicity.

Epidemiologic link designations:

- Sporadic: Cases who do not have known exposure to another case or outbreak. Cases are reported as sporadic if public health was not able to contact them.

- Outbreak: Cases who have a shared, defined, non-household exposure with at least one other case. For example, a defined exposure could be an event, a workplace, a congregate facility, etc.

- Cluster: Cases who had contact with another case, but the exposure is not well defined. For example, cases from two households who interacted many times prior to illness onset.

- Household: Cases who were exposed to another case in their household.

- Close contact: Cases who were exposed to another case, not in their household. This designation was added on 7/15/2020.

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Figure 1. Epidemiologic link of COVID-19 cases in 2020 by month of onset
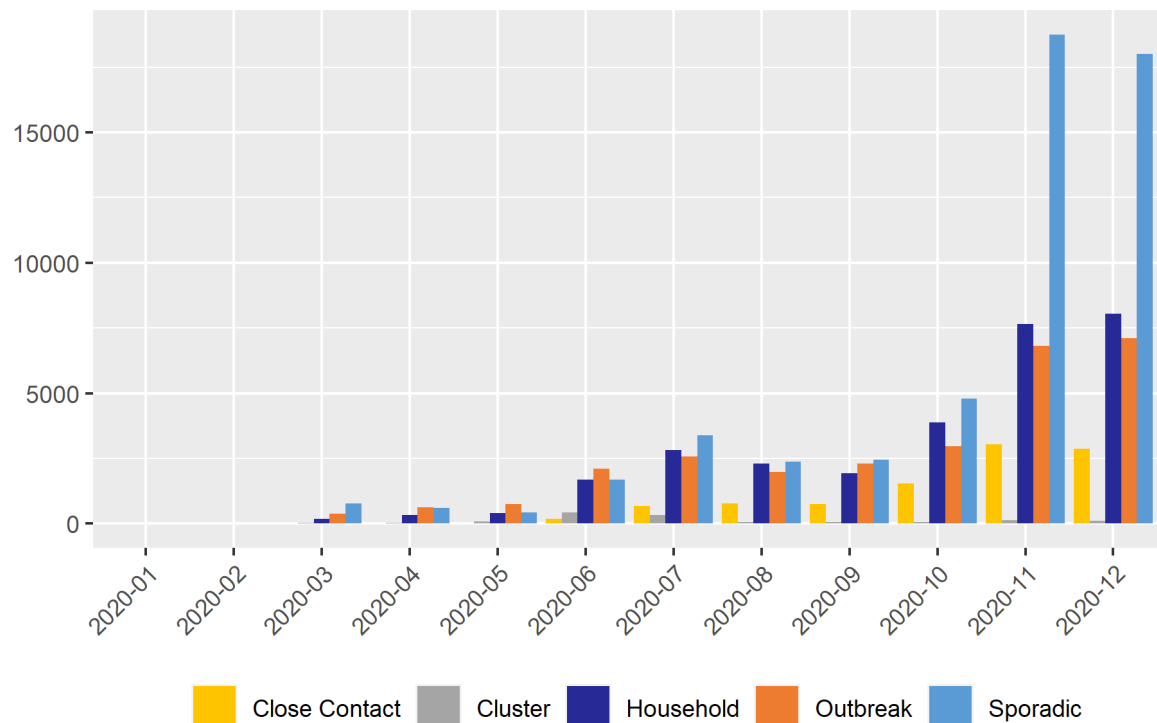
In this side-by-side bar graph, cases are displayed by their epidemiologic link type during each month in 2020. Overall case counts rose in an early summer peak, before declining and then peaking during a late fall 2020 surge. The number of cases with household, outbreak, and sporadic exposures were roughly equal until November and December, when sporadic case counts were roughly double that of cases with household and outbreak exposures. This is likely attributed to cases not being interviewed as they outran public health staff and resources during the fall surge.

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Figure 2. Epidemiologic link of COVID-19 cases in 2020 by week of onset
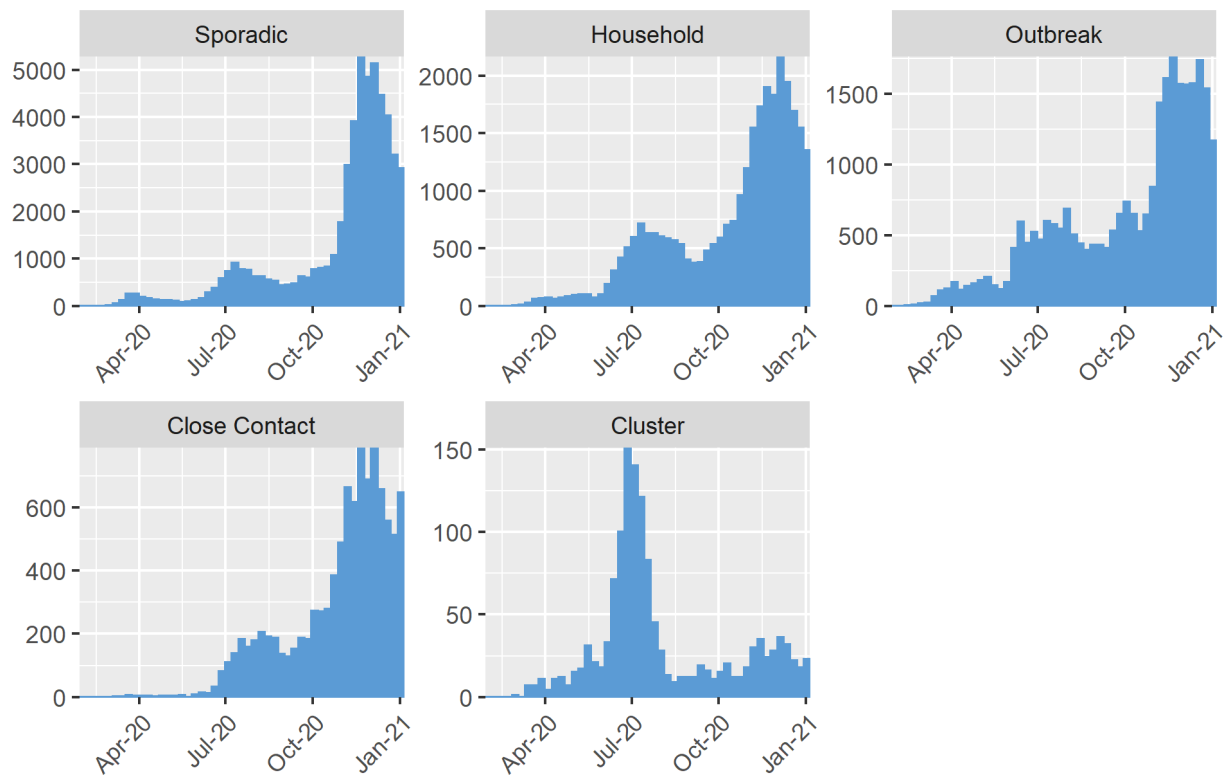
In this paneled bar graph, cases are displayed by their epidemiologic link type, with each bar representing one week in 2020. While most epidemiologic link types displayed relatively similar trends throughout the year, cluster exposures declined sharply after July, largely because the "close contact" option was adopted at that time and became the preferred designation for cases previously categorized as cluster exposures. Please note that the y-axis scales for case counts differ to account for the differences in frequency of each epidemiologic link type.

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Figure 3. Sporadic COVID-19 cases in 2020 by race and month of onset
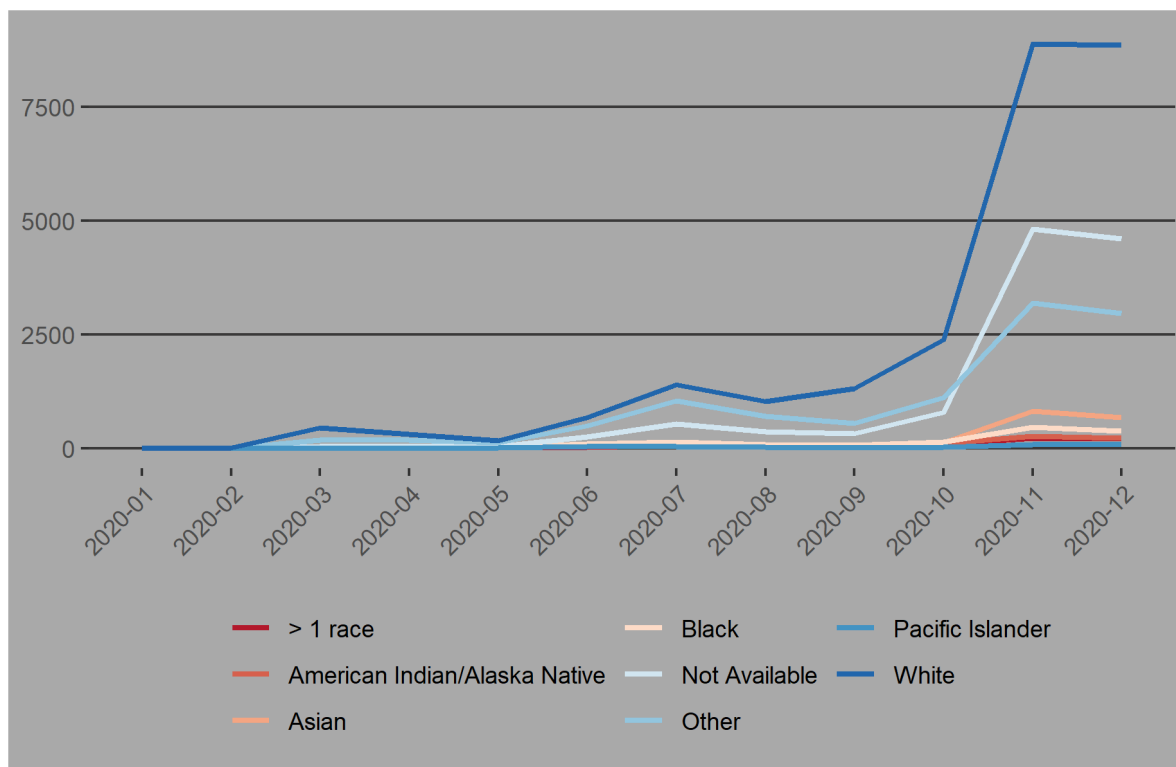
In this line graph, sporadic case counts by race are displayed at each month in 2020. Peaks and dips in case counts generally align across race throughout the year. Please see Table 5 for a comparison of risk by race, accounting for population size and age.

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Figure 4. Sporadic COVID-19 cases in 2020 by race and week of onset
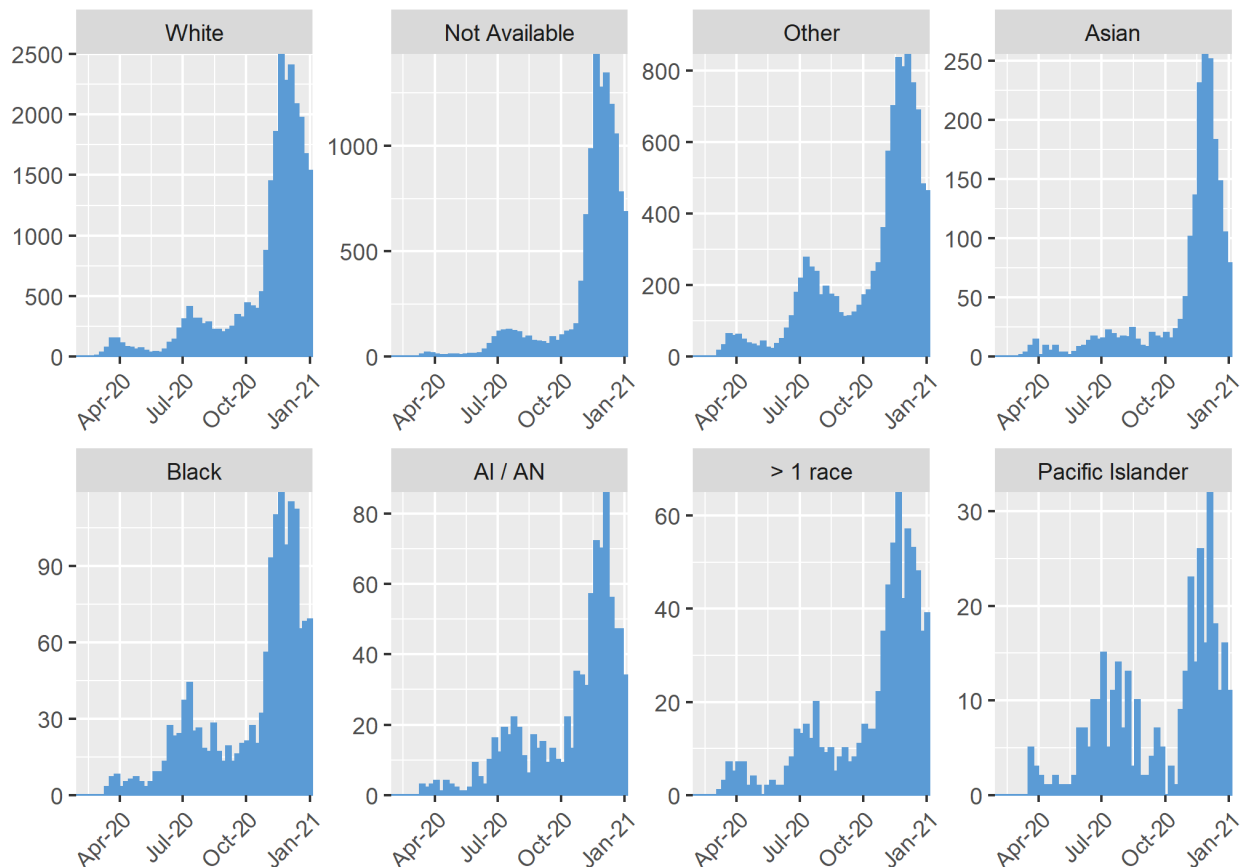
In this paneled bar graph, sporadic case counts by race are displayed during each week in 2020. Each panel corresponds with a different racial group in Oregon. There are peaks and dips in case counts across race that generally align throughout the year. Please note that the individual panels use different y-axis scales to account for different population sizes across race.

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Figure 5. Sporadic COVID-19 cases in 2020 by ethnicity and month of onset

In this side-by-side bar graph, sporadic case counts by ethnicity are displayed at each month in 2020. Peaks and dips in case counts across ethnicity generally align throughout the year.

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Figure 6. Sporadic COVID-19 cases in 2020 by ethnicity and week of onset

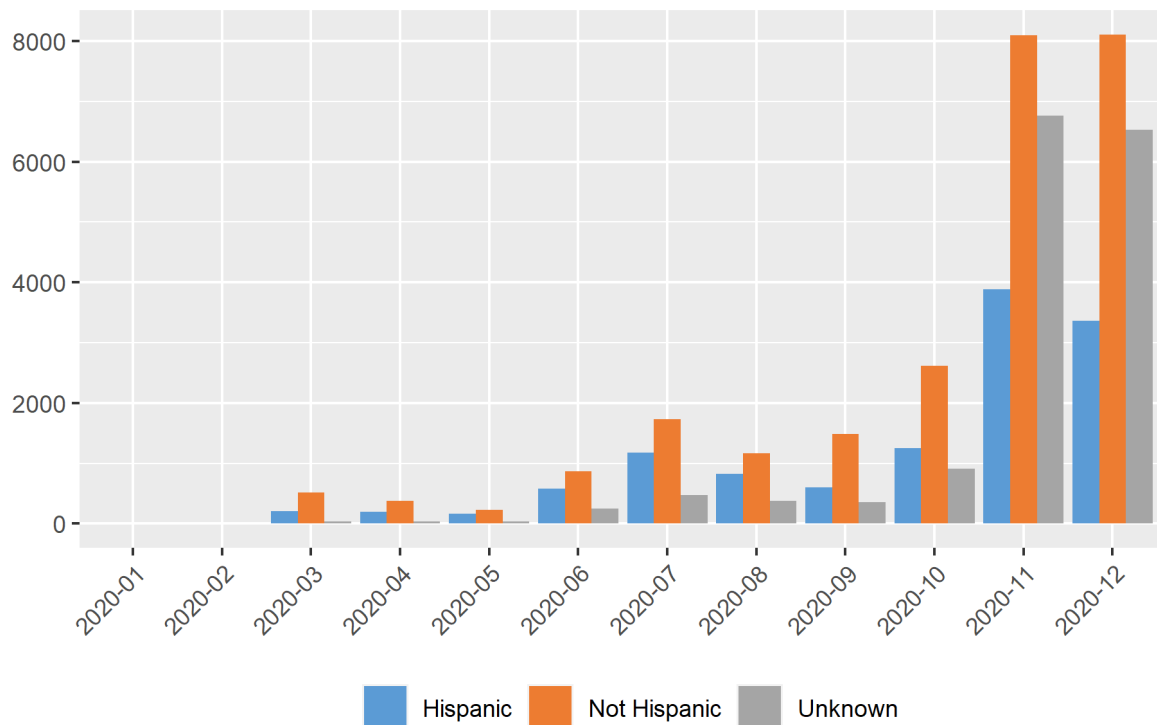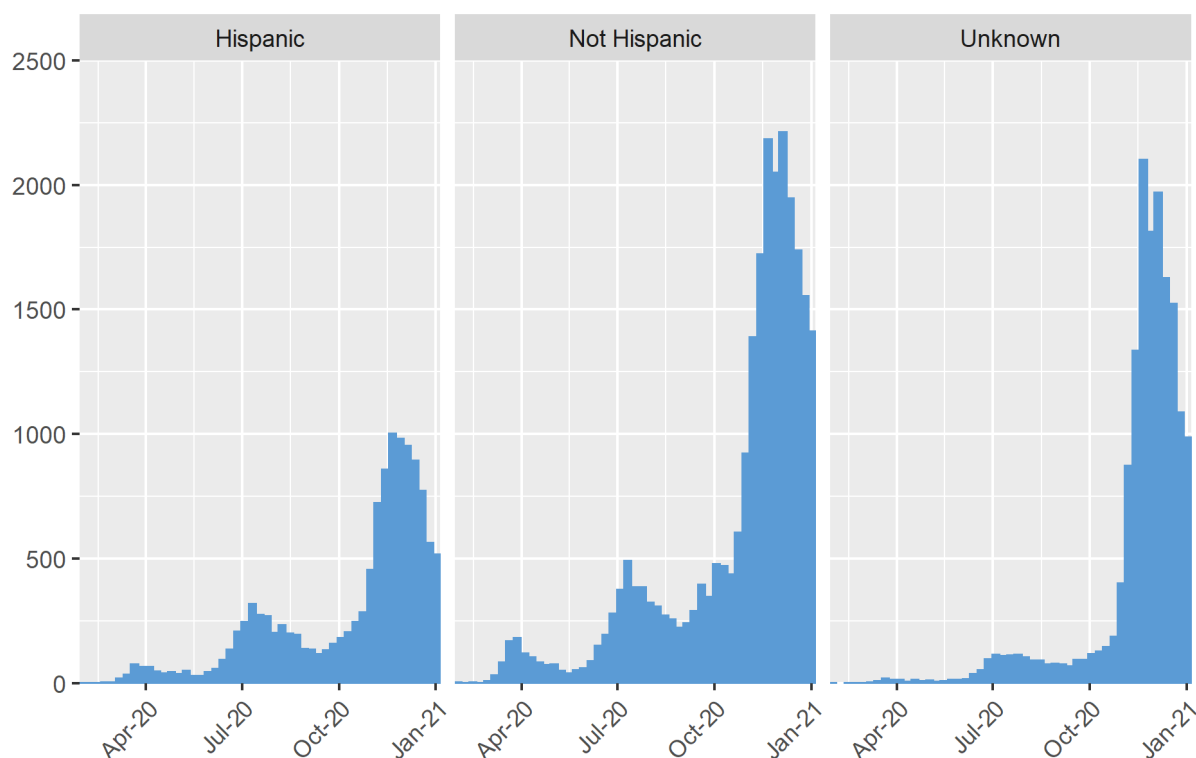In this paneled bar graph, sporadic case counts by ethnicity are displayed during each week in 2020. Each panel corresponds with a different ethnic group. The peaks and dips in case counts across ethnicity generally align throughout the year. Please note that each panel uses the same y-axis scale in this figure to allow for comparisons of both case counts and trends.

Clinical symptoms and reported risk factors

The following figures display information on symptoms and risk factors for all COVID-19 cases in 2020. Figure 7 provides information on signs and symptoms from all COVID-19 cases in 2020. Figure 8 provides information on the percentage of COVID-19 cases that report symptoms over time. Figure 9 provides information on risk factors from all COVID-19 cases. Note that a person may report more than one sign, symptom or risk factor. Where displayed by week in this report, case data are categorized by week of reported symptom onset, not by date of case report.

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Figure 7. Reported signs and symptoms for COVID-19 cases in 2020

Symptom	Yes	Unknown	No
Any symptoms	63	27.2	9.8
Cough	38	40.7	21.3
Headache	32.7	47.4	19.9
Aches	30.7	47.2	22.1
Loss of smell	27.4	43.8	28.7
Runny nose	22.5	48.4	29.1
Chills	22.3	49.3	28.4
Sore throat	21.5	48.2	30.3
Fever	20.9	44.1	35
Shortness of Breath	16.4	43.2	40.4
Diarrhea	12.8	48.8	38.4
Nausea	12.7	49.7	37.6
Abdominal Pain	6.7	50.6	42.7
Vomiting	4.1	49.9	45.9
Pneumonia	2.5	48.8	48.7
Abnormal X-Ray	2.3	55.4	42.3
ARDS	.7	54.3	45
Ventilator	.5	53.9	45.6

In this stacked horizontal bar graph in Figure 7, each bar represents a different sign or symptom of COVID-19, providing the proportion of all cases during 2020 that reported experiencing that specific sign or symptom. This graph allows us to evaluate the most common symptoms that cases reported in the first year of the pandemic in Oregon, where the blue portion of the bar represents those who responded "Yes" to experiencing the sign or symptom. Of 121,440 cases, 76,527 (63%) reported having signs and symptoms of COVID-19. The most commonly reported symptoms were cough (n=46,139, 38%) and headache (n=39,730, 32.7%).

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Figure 8. Reported symptoms among COVID-19 cases in 2020 by week of onset
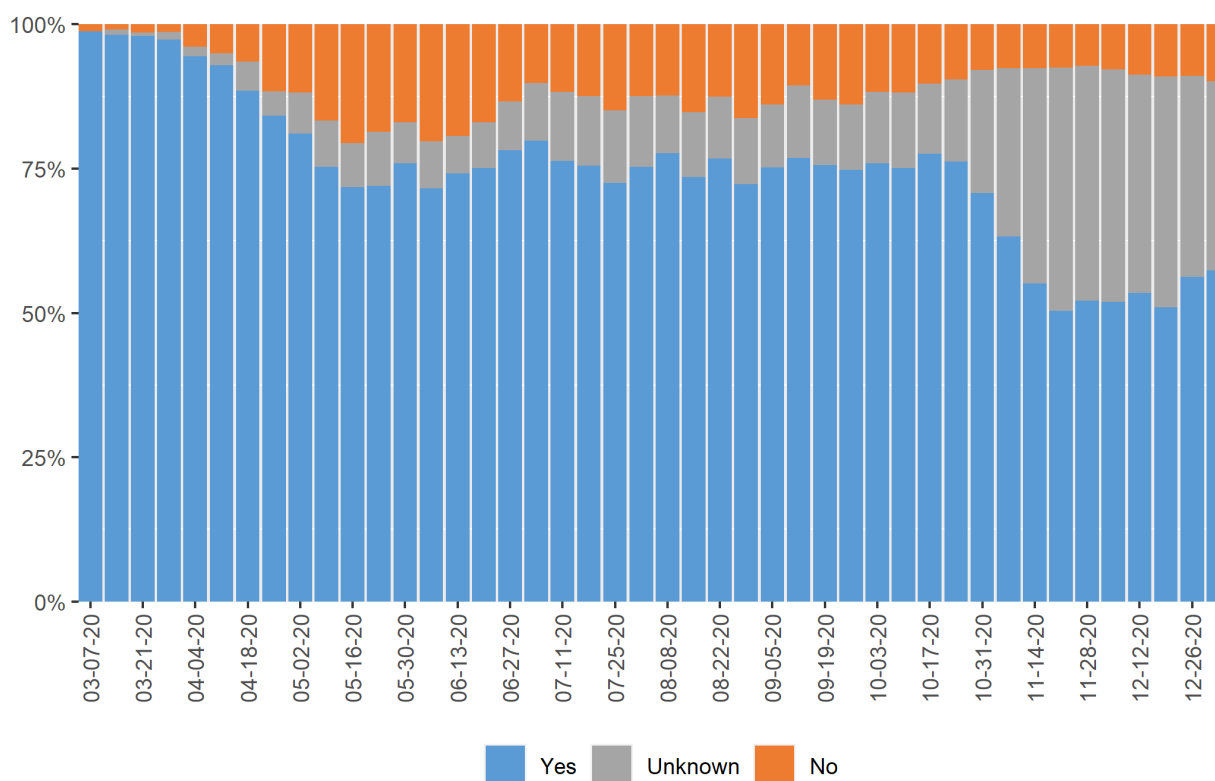
This stacked bar graph displays the proportion of cases reporting any signs or symptoms of COVID-19 starting in March 2020 through the end of the year. Each bar displays the proportion of cases reporting symptoms (blue), no symptoms (orange), or those for whom the information was not available and were categorized as unknown (grey). In November and December, the proportion of cases with a symptom status of "unknown" increased, likely due to strain on public health departments completing case investigations during the fall surge in cases.

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Figure 9. Reported risk factors among COVID-19 cases in 2020
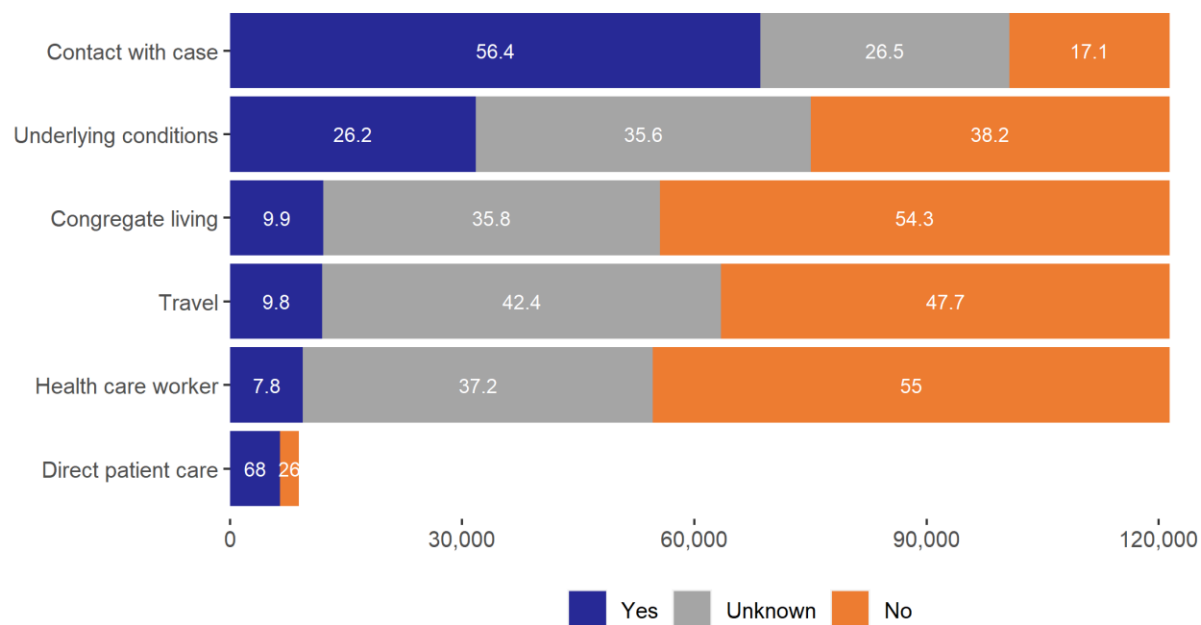
This stacked horizontal bar graph displays the proportion of cases with reported risk factors in 2020. Each bar represents a different risk factor and displays the proportion of all cases with that given risk factor, sorted from most commonly reported (top of figure) to least commonly reported. Notice that reported contact with a case (n=68,503, 56.4%) and the presence of underlying conditions (n=31,760, 26.2%) were the two most prevalent risk factors amongst cases. Please see below for expanded definitions of risk factors.

Risk factor definitions:

- Congregate living situations include, but are not limited to, long-term care facilities, group homes, prisons, and shelters. Data include people with confirmed cases who live or work in congregate living situations.

- Direct patient care is asked only if a case is a healthcare worker or volunteer. The denominator is the number of healthcare workers or volunteers.

- Underlying medical conditions include cardiovascular disease, chronic liver disease, chronic lung disease, chronic renal disease, current or former smoker,

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diabetes mellitus, immunocompromised condition, neurologic and neurodevelopmental conditions, obesity, or other chronic diseases.

- Travel includes cases determined to have flown or to have traveled to another state during their transmissible period.

Demographics

The following tables and figures show the demographic characteristics for all COVID-19 cases in 2020. Each table in this section shows case counts, case rates, and indicators of severity. The figures show cases over time, and by week or month of onset; and the tables breakdown trends by sex, age, race, and ethnicity. Cases are displayed using the date on which the case became known to public health.
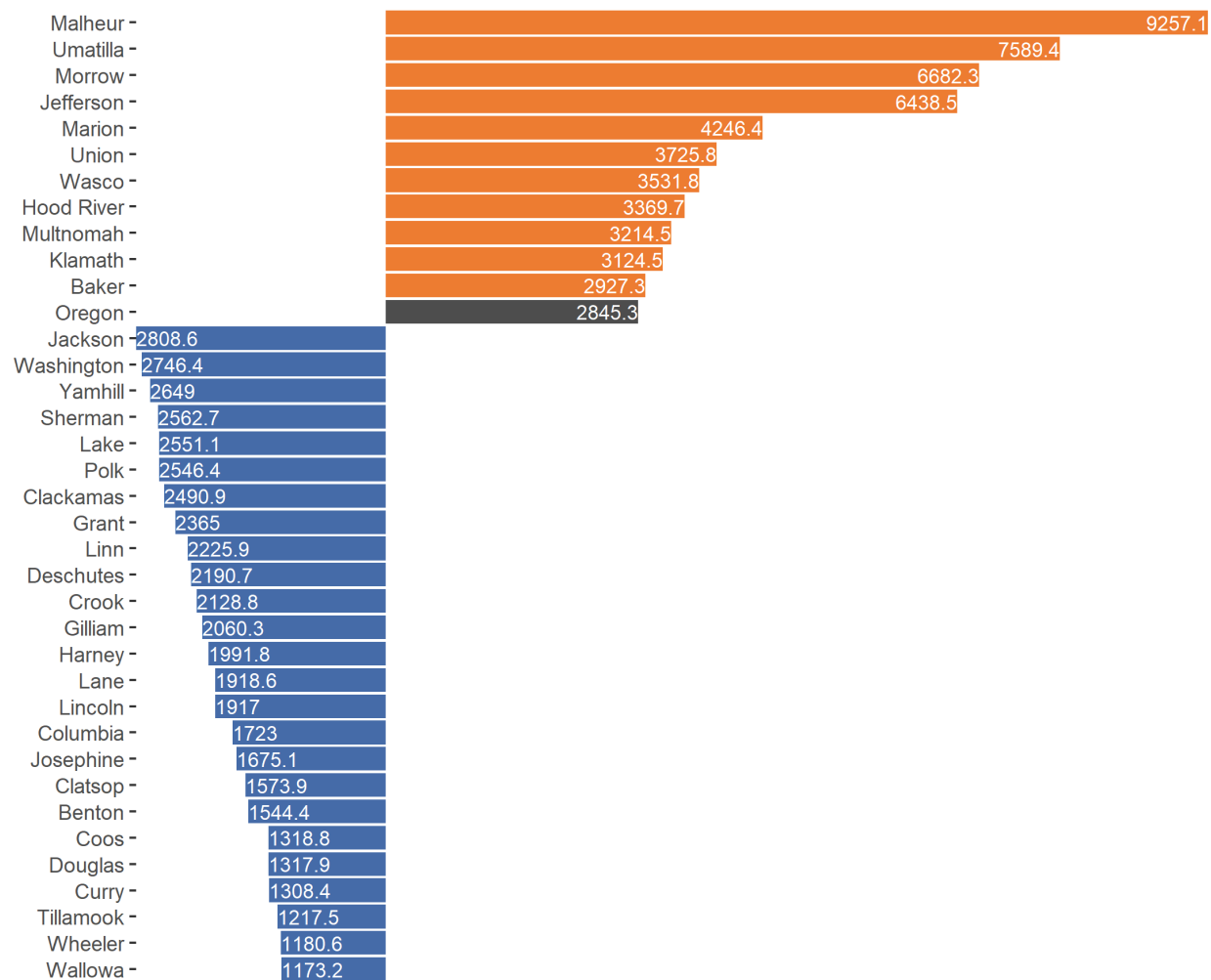
Geography

The following figures show case rates by county in 2020. Figure 10 displays case rates by county of residence, in comparison to the case rate for all of Oregon, while Figure 11 maps these case rates by county across Oregon.

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Figure 10. COVID-19 case rates (cases per 100,000) in 2020, by county

County	Rate
Malheur	9257.1
Umatilla	7589.4
Morrow	6682.3
Jefferson	6438.5
Marion	4246.4
Union	3725.8
Wasco	3531.8
Hood River	3369.7
Multnomah	3214.5
Klamath	3124.5
Baker	2927.3
Oregon	2845.3
Jackson	2808.6
Washington	2746.4
Yamhill	2649
Sherman	2562.7
Lake	2551.1
Polk	2546.4
Clackamas	2490.9
Grant	2365
Linn	2225.9
Deschutes	2190.7
Crook	2128.8
Gilliam	2060.3
Harney	1991.8
Lane	1918.6
Lincoln	1917
Columbia	1723
Josephine	1675.1
Clatsop	1573.9
Benton	1544.4
Coos	1318.8
Douglas	1317.9
Curry	1308.4
Tillamook	1217.5
Wheeler	1180.6
Wallowa	1173.2

This horizontal bar graph displays case rates (per 100,000 population) by county in Oregon during 2020. Counties that had case rates above the case rate for the state are displayed in orange. Counties that had case rates below the case rate for the state are displayed in blue. Malheur and Umatilla counties had the highest case rates of counties in the state in 2020, while Tillamook, Wheeler and Wallowa counties had the lowest case rates in 2020. The state average was 2,845 cases per 100,000 during the year.

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Figure 11. Map of COVID-19 case rates compared to the state average, by county

County case rate compared to statewide case rate — Above — Below
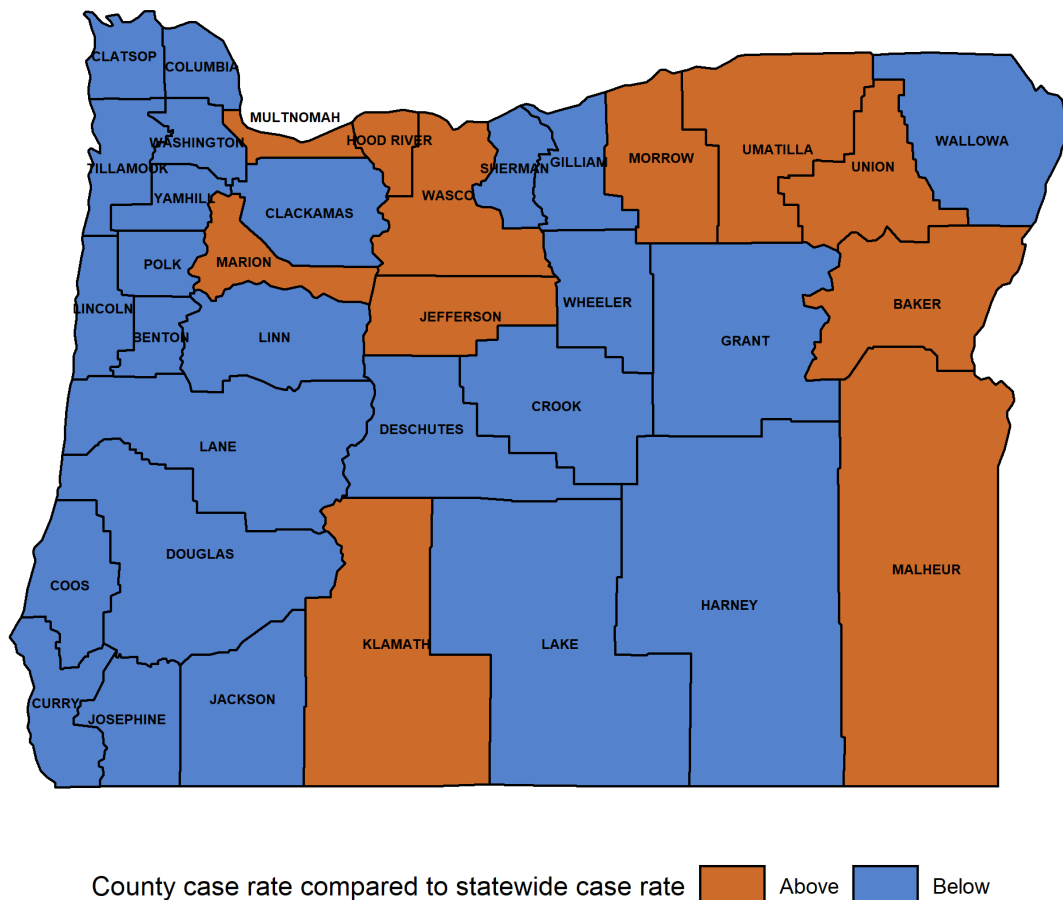
This map serves as an alternative representation of the data in Figure 10 and visualizes case rates by county in relation to the statewide case rate (2,845 cases per 100,000 population) in 2020. Counties that had case rates above that of the state are displayed in orange, while counties below the statewide case rate are displayed in blue. In general, counties in Eastern Oregon were more likely to have had 2020 case rates above the statewide case rate, and the two most populated counties in Oregon (Multnomah and Marion) also had case rates above the statewide case rate.

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Sex

Table 1. Severity and rates of COVID-19 in 2020, by sex

| Sex	Cases	% of total cases	Cases per 100,000	Hospitalized	% Hospitalized	Deaths	Case fatality
Female	62,248	51.3	2,878.0	3,974	6.4	1,012	1.6
Male	58,149	47.9	2,762.3	4,383	7.5	1,094	1.9
Non-Binary	9	0.0		0	0.0	0	0.0
Not Available	1,034	0.9		38	3.7	6	0.6
Total	121,440	100.0	2,845.3	8,395	6.9	2,112	1.7

Rates are calculated using population estimates from the 2020 Annual Population Report from Portland State University's College of Urban & Public Affairs Population Research Center and 2019 housing and demographic data from the U.S. Census Bureau's American Community Survey (ACS).

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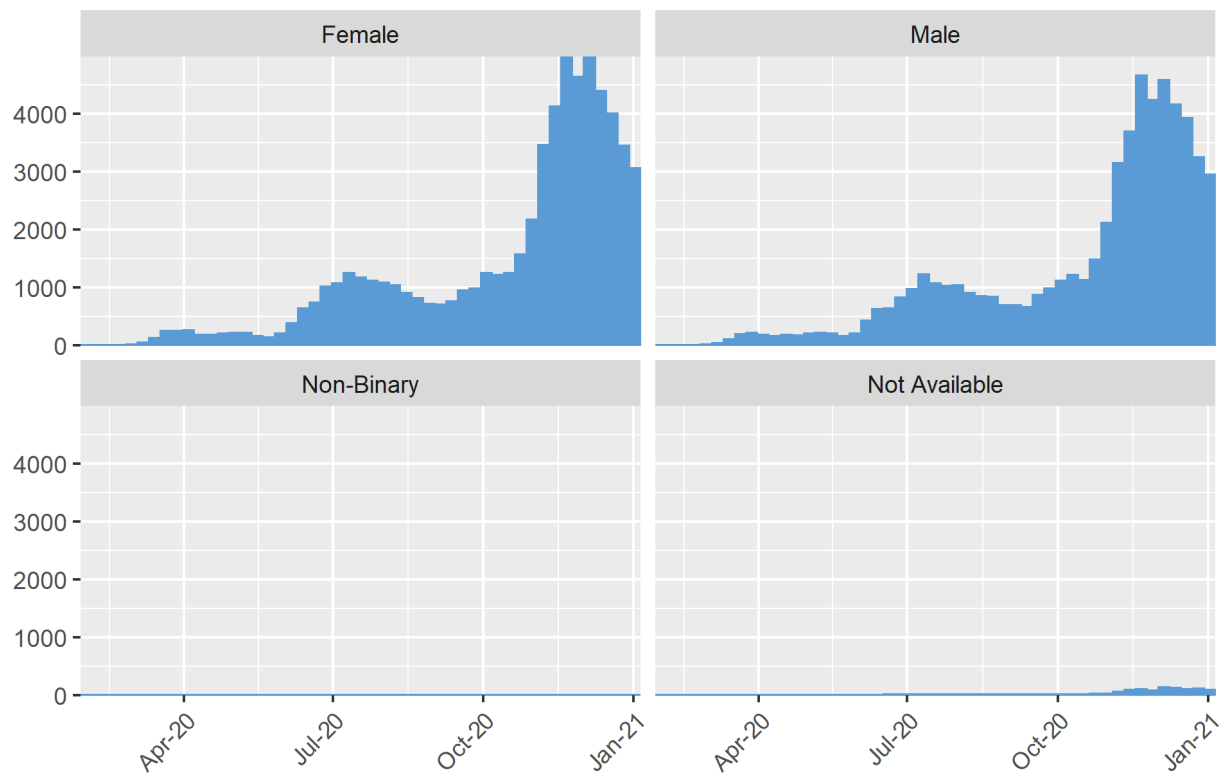**Figure 12. COVID-19 cases in 2020, by sex and month of onset**
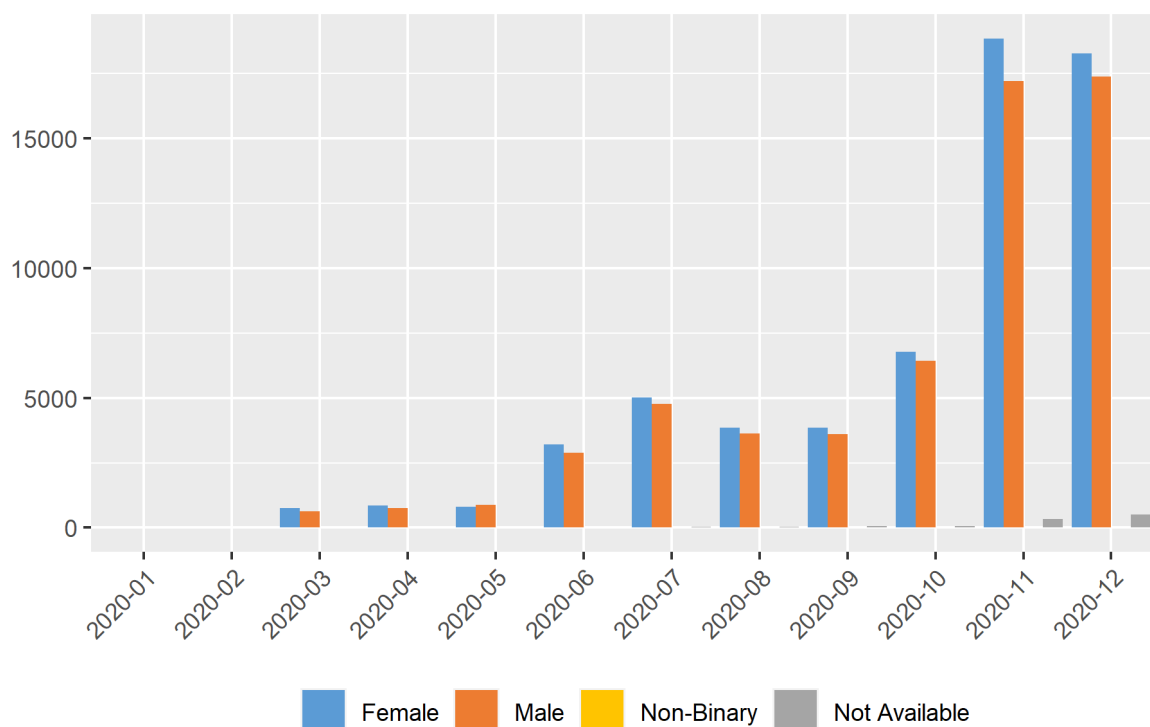
In this side-by-side bar graph, case counts by sex are displayed at each month in 2020. The peaks and dips in case counts generally align across sex throughout the year.

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Figure 13. COVID-19 cases in 2020, by sex and week of onset

In this paneled bar graph, COVID-19 case counts by sex are displayed over time in 2020. Each panel corresponds with a different sex. The peaks and dips in case counts across sex generally align throughout the year. More detailed information on case counts and rates by sex are available at:

https://public.tableau.com/app/profile/oregon.health.authority.covid.19/viz/OregonCOVID-19CaseDemographicsandDiseaseSeverityStatewide/DemographicDataHosp?publish=yes.

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Age

Table 2. Severity and rates of COVID-19 in 2020, by age

| Age group	Cases	% of total cases	Cases per 100,000	Hospitalized	% Hospitalized	Deaths	Case fatality
0-9	5,585	4.6	1,191.1	82	1.5	0	0.0
10-19	12,778	10.5	2,532.2	136	1.1	1	0.0
20-29	25,513	21.0	4,632.9	565	2.2	4	0.0
30-39	21,401	17.6	3,610.3	664	3.1	19	0.1
40-49	19,041	15.7	3,529.0	901	4.7	42	0.2
50-59	15,675	12.9	2,936.4	1,263	8.1	131	0.8
60-69	10,432	8.6	1,904.7	1,580	15.1	297	2.8
70-79	6,189	5.1	1,759.0	1,641	26.5	505	8.2
80+	4,714	3.9	2,646.3	1,561	33.1	1,113	23.6
Not Available	112	0.1		2	1.8	0	0.0
Total	121,440	100.0	2,845.3	8,395	6.9	2,112	1.7

Rates are calculated using population estimates from the 2020 Annual Population Report from Portland State University's College of Urban & Public Affairs Population Research Center and 2019 housing and demographic data from the U.S. Census Bureau's American Community Survey (ACS).

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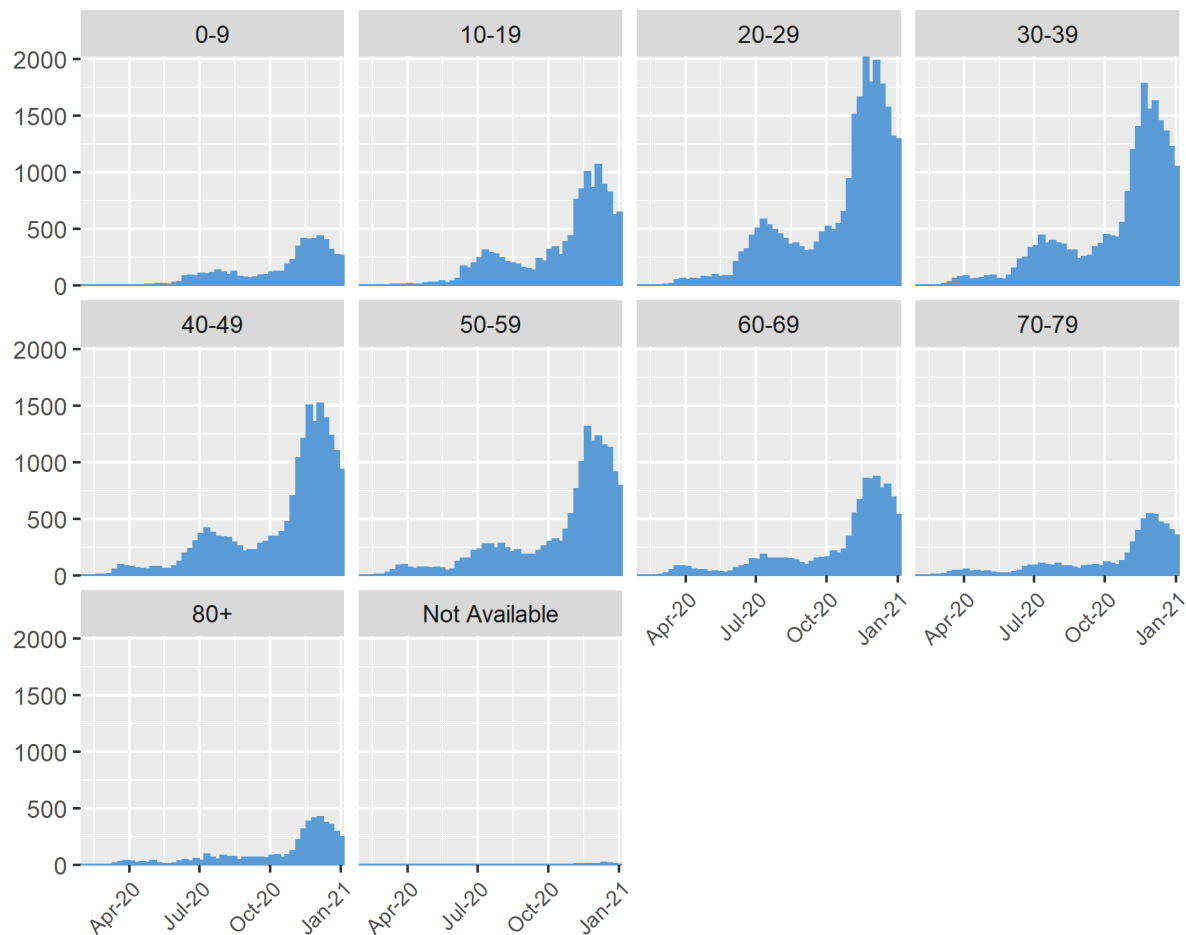**Figure 14. COVID-19 cases in 2020, by age and month of onset**
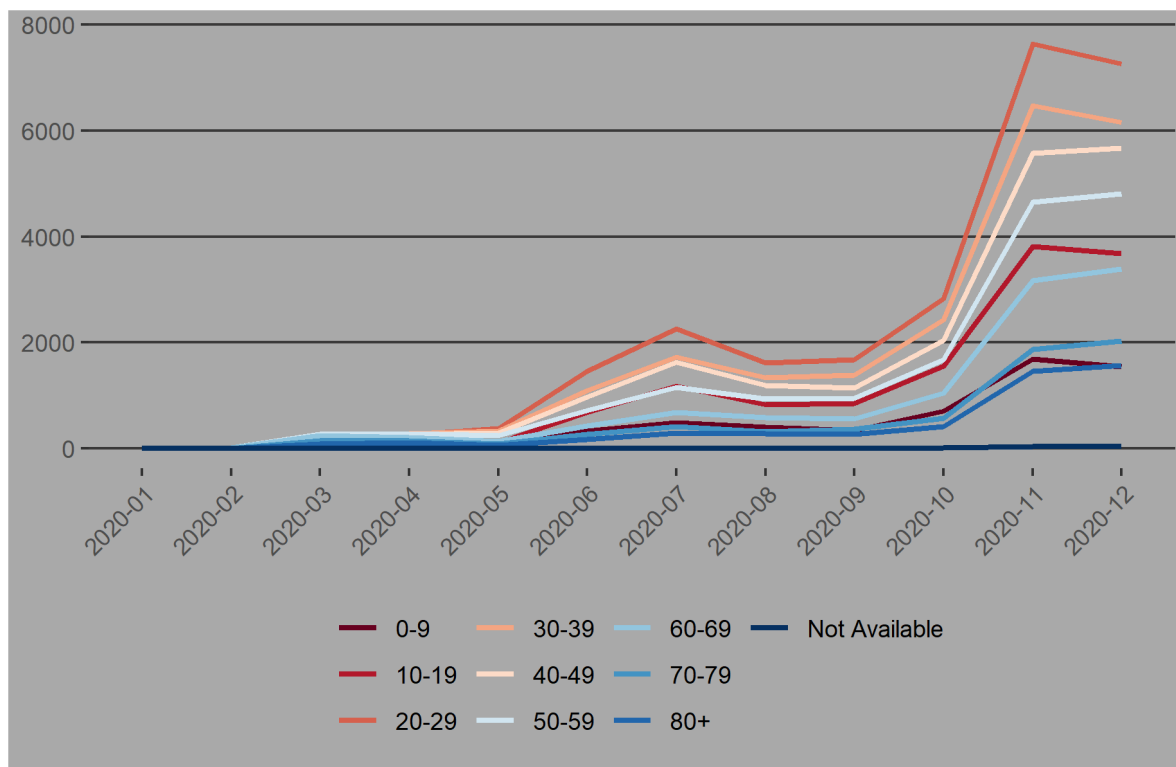
In this line graph, case counts by age group are displayed over time in 2020. The peaks and dips in case counts for each age group generally align throughout the year.

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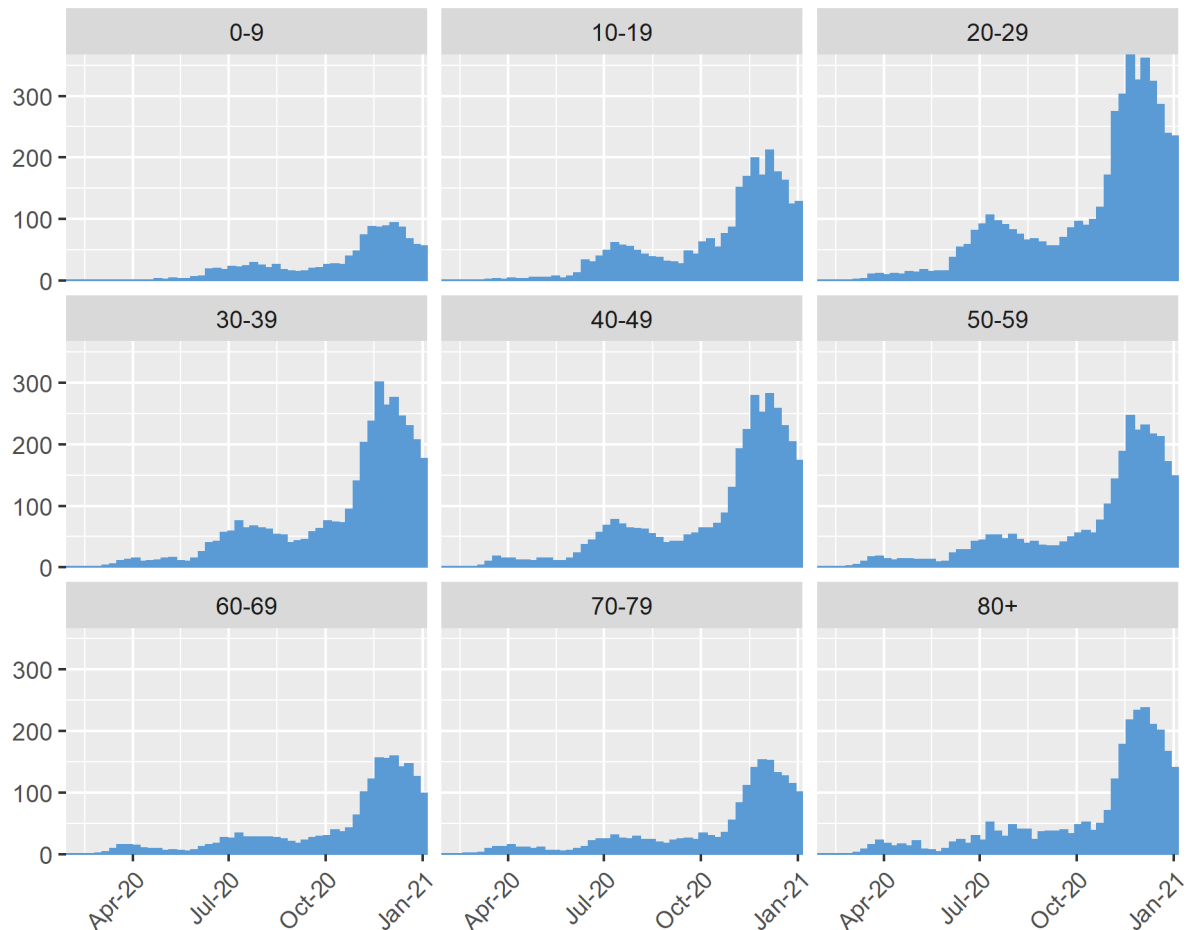**Figure 15. COVID-19 cases (counts) in 2020, by age and week of onset**

In this paneled bar graph, COVID-19 case counts by age group are displayed over time in 2020. Each panel corresponds with a different age group. The peaks and dips in case counts across age group generally align throughout the year, while cumulative case counts were highest in ages 20-29 and 30-39.

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Figure 16. COVID-19 case rates (cases per 100,000) in 2020, by age and week of onset

In this paneled bar graph, COVID-19 case rates per 100,000 by age group are displayed over time in 2020. Each panel corresponds with a different age group. The peaks and dips in case rates across age group generally align throughout the year, while 20-29 year old individuals had the highest case rate of any age group throughout the year. More detailed information on case counts and rates by age are available at: https://public.tableau.com/app/profile/oregon.health.authority.covid.19/viz/OregonCOVID-19CaseDemographicsandDiseaseSeverityStatewide/DemographicDataHosp?publish=yes.

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Race

Table 3. Severity and rates of COVID-19 in 2020, by race

Race	Cases	% of total cases	Cases per 100,000	Hospitalized	% Hospitalized	Deaths	Case fatality
> 1 race	1,908	1.6	930.8	128	6.7	28	1.5
American Indian/Alaska Native	2,485	2.0	5,003.1	230	9.3	50	2.0
Asian	3,973	3.3	2,128.9	297	7.5	58	1.5
Black	3,021	2.5	3,715.3	270	8.9	41	1.4
Not Available	20,918	17.2		734	3.5	338	1.6
Other	30,714	25.3		1,647	5.4	175	0.6
Pacific Islander	1,162	1.0	6,763.1	131	11.3	19	1.6
White	57,259	47.2	1,591.7	4,958	8.7	1,403	2.5
Total	121,440	100.0	2,845.3	8,395	6.9	2,112	1.7

During the case investigation, people are asked to self-report their race, ethnicity, Tribal affiliation, country of origin, or ancestry. Rates are calculated using population estimates from the 2020 Annual Population Report from Portland State University's College of Urban & Public Affairs Population Research Center and 2019 housing and demographic data from the U.S. Census Bureau's American Community Survey (ACS).

Persons for whom race information was not available were not included in these estimates. The number of persons with race data unavailable can be found in Table 3. 28,035 (91.3%) of the 30,714 persons who identify as "Other" race also self-identify as Hispanic or Latino/a/x.

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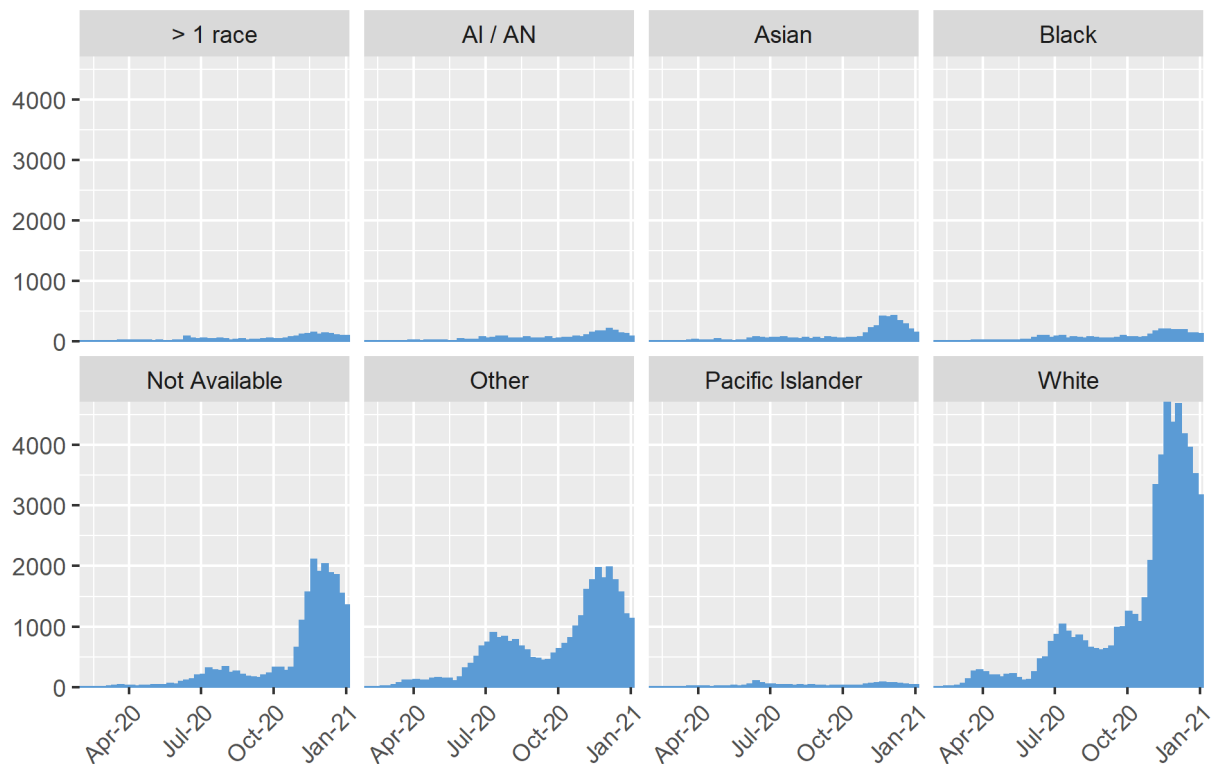**Figure 17. COVID-19 cases in 2020, by race and month of onset**
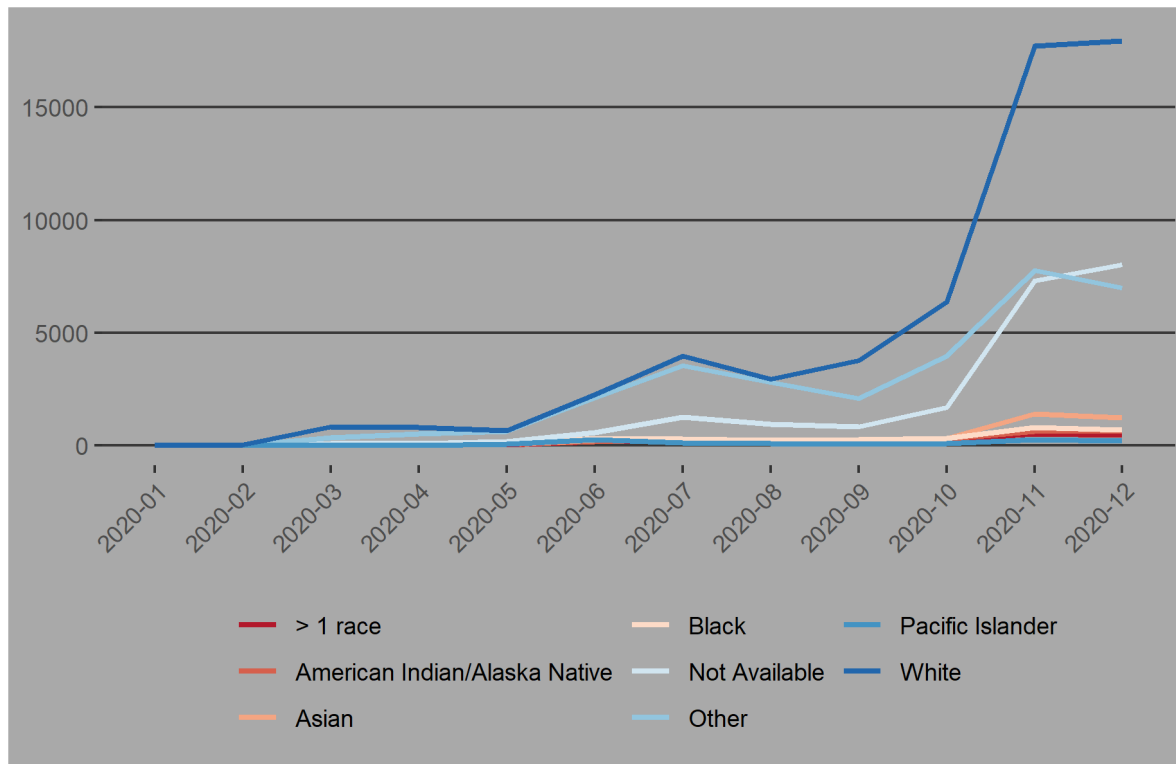
This line graph displays case counts by race during each month in 2020. The peaks and dips in case counts generally align across race throughout the year.

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Figure 18. COVID-19 cases (counts) in 2020, by race and week of onset
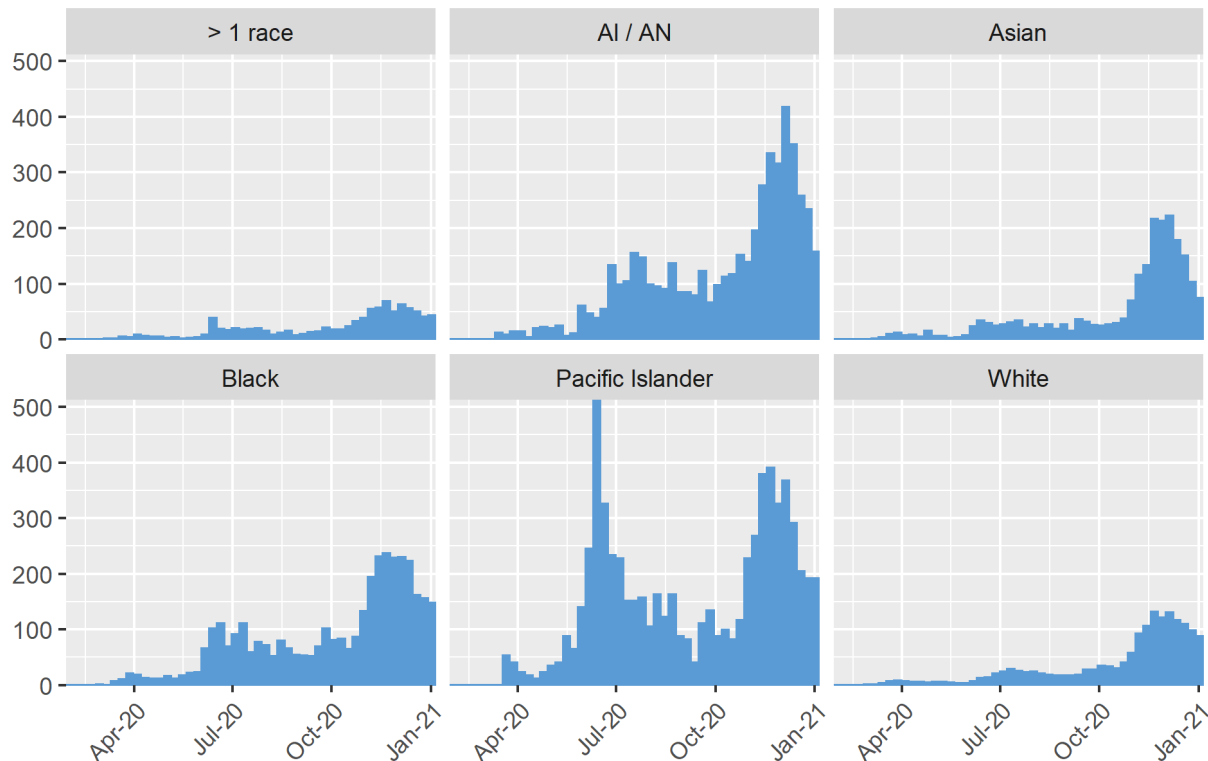

In this paneled bar graph, COVID-19 case counts by race are displayed over time in 2020. Each panel corresponds with a different race. The peaks and dips in case counts across race generally align at specific time points throughout the year.

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Figure 19. COVID-19 case rates (cases per 100,000) in 2020, by race and week of onset

In this paneled bar graph, COVID-19 case rates per 100,000 by race are displayed over time in 2020. Each panel corresponds with a different race. The peaks and dips in case rates across race generally align throughout the year. Native Hawaiian or Pacific Islander persons, Black, African and African American persons, and American Indian or Alaska Native persons experienced higher case rates of COVID-19 than did White persons and Asian or Asian American persons throughout 2020. These health disparities by race can be linked to systemic and structural racism in Oregon. More detailed information on case counts and rates by race are available at: https://public.tableau.com/app/profile/oregon.health.authority.covid.19/viz/OregonCOVID-19CaseDemographicsandDiseaseSeverityStatewide/DemographicDataHosp.

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Ethnicity

Table 4. Severity and rates of COVID-19 in 2020, by ethnicity

| Ethnicity	Cases	% of total cases	Cases per 100,000	Hospitalized	% Hospitalized	Deaths	Case fatality rate
Hispanic	34,151	28.1	6,155.0	1,825	5.3	194	0.6
Not Hispanic	59,263	48.8	1,596.0	5,133	8.7	1,348	2.3
Unknown	28,026	23.1		1,437	5.1	570	2.0
Total	121,440	100.0	2,845.3	8,395	6.9	2,112	1.7

Rates are calculated using population estimates from the 2020 Annual Population Report from Portland State University's College of Urban & Public Affairs Population Research Center and 2019 housing and demographic data from the U.S. Census Bureau's American Community Survey (ACS).

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**Figure 20. COVID-19 cases in 2020, by ethnicity and month of onset**
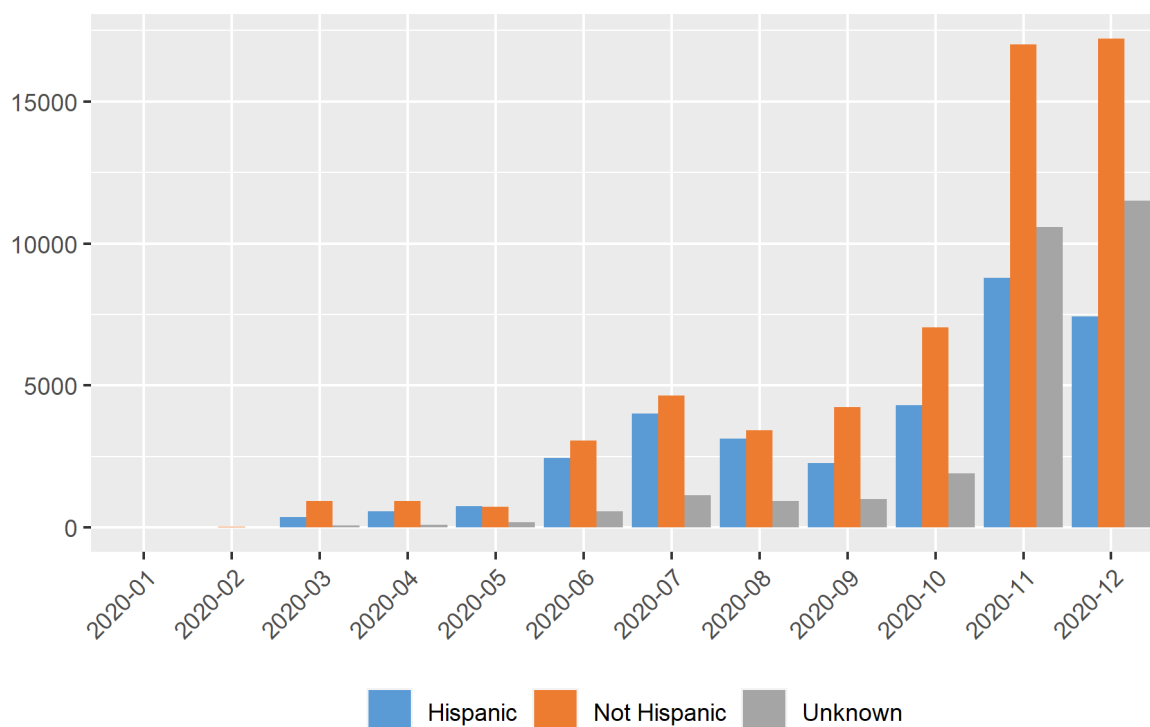
In this side-by-side bar graph, case counts by ethnicity are displayed for each month of 2020. The peaks and dips in case counts generally align across ethnicity throughout the year. In November and December, the proportion of cases with unknown ethnicity status increased, likely due to strain on public health departments completing case investigations during the surge in cases. Please see Figure 22 for a comparison of case rates by ethnicity, and Table 6 for age-adjusted rate ratios by ethnicity.

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Figure 21. COVID-19 cases (counts) in 2020, by ethnicity and week of onset
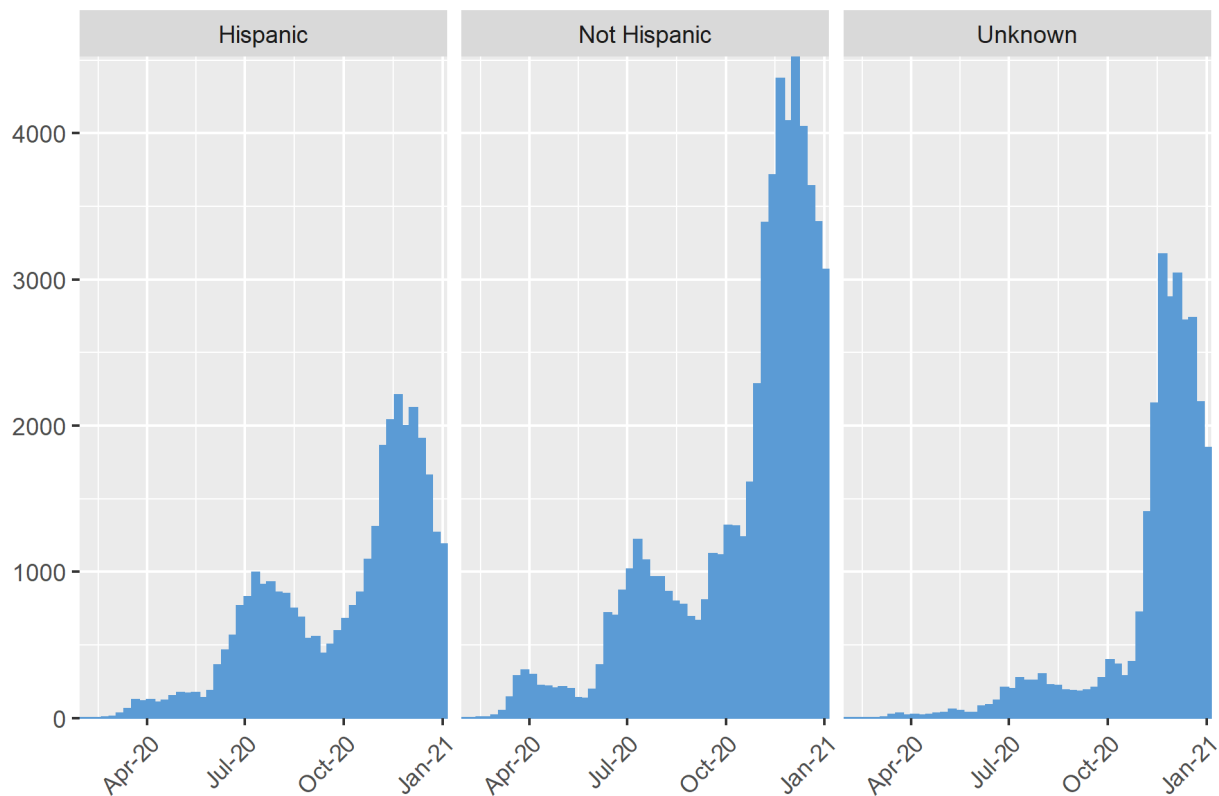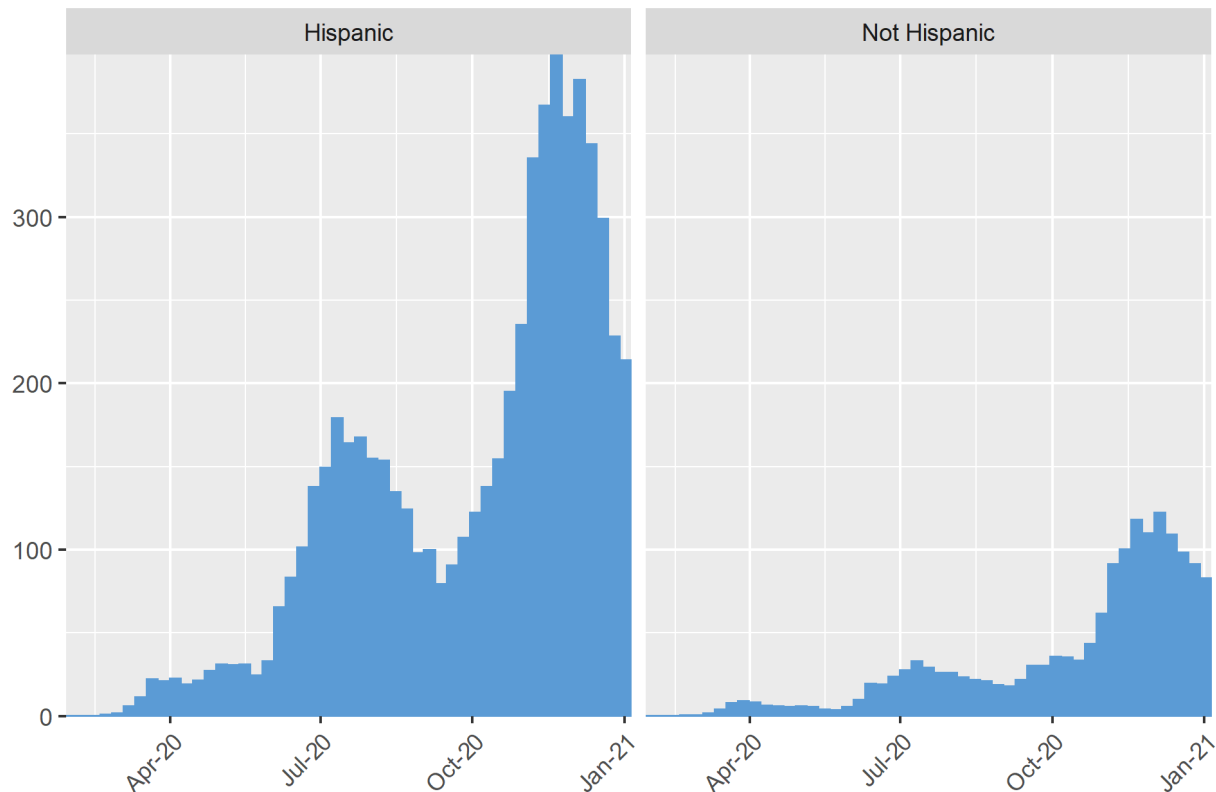

In this paneled bar graph, COVID-19 case counts by ethnicity are displayed over time in 2020. Each panel corresponds with a different ethnicity. The peaks and dips in case counts across ethnicity generally align throughout the year. Please see Figure 22 for case rates by ethnicity status, and Table 6 for a comparison of risk by ethnicity.

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Figure 22. COVID-19 case rates (cases per 100,000) in 2020, by ethnicity and week of onset

In this paneled bar graph, COVID-19 case rates per 100,000 by ethnicity are displayed over time in 2020. Each panel corresponds with a different ethnicity. Hispanic or Latino/a/x persons experienced higher case rates of COVID-19 than did non-Hispanic or Latino/a/x persons throughout the year, which reflects health inequities linked to systemic racism. These disparities are further reflected in Table 6, which reports age-adjusted rate ratios by ethnicity. More detailed information on case counts and rates by ethnicity are available at:

https://public.tableau.com/app/profile/oregon.health.authority.covid.19/viz/OregonCOVID-19CaseDemographicsandDiseaseSeverityStatewide/DemographicDataHosp?publish=yes.

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Age adjustment

Tables 5 and 6 show the ratio of age-adjusted rates of COVID-19 cases, hospitalizations, and deaths by race and ethnicity in 2020. Each table shows the rates of cases, hospitalizations, and deaths by each group relative to a reference group and accounts for differences in age distributions in each group.

Age-adjusted rate ratios in Table 5 show that Native Hawaiian or Pacific Islander persons were more than four times as likely to become a COVID-19 case compared to White persons, while being more than eleven times as likely to be hospitalized with COVID-19, and nearly eleven times as likely to die with COVID-19. American Indian or Alaska Native persons were more than three times as likely to become a COVID-19 case relative to White persons, while being more than four times as likely to be hospitalized with COVID-19, and nearly four times as likely to die with COVID-19. Black, African and African American persons also experienced disproportionately high rate ratios of cases (2.3), hospitalizations (3.7), and deaths (2.8) in comparison with White persons.

In Table 6, age-adjusted rate ratios show that Hispanic persons were more than 3 times as likely to become a COVID-19 case relative to non-Hispanic persons. Of all cases, Hispanic persons were more than 4 times as likely to be hospitalized than White persons, and more than 3 times more likely to die with COVID-19. Collectively, Table 5 and Table 6 illustrate health inequities attributed to systemic and institutional racism.

Table 5. Ratio of age-adjusted rates for cases, hospitalizations, and deaths in 2020 by race

Age-adjusted rate ratios of cases, hospitalizations, and deaths, compared to White persons.

Race	Cases	Hospitalizations	Deaths
> 1 race	0.7	1.1	1.1
American Indian/Alaska Native	3.1	4.2	4.1
Asian	1.3	1.6	1.3
Black	2.3	3.7	2.7

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Race	Cases	Hospitalizations	Deaths
Pacific Islander	4.4	11.0	10.5
White	1.0	1.0	1.0

During the case investigation, people are asked to self-report their race, ethnicity, tribal affiliation, country of origin, or ancestry. Population denominators are from the U.S. Census Bureau's 2019 American Community Survey 5-Year Estimates. Persons for whom race information was not available were not included in these estimates. The number of persons with race data unavailable can be found in Table 3.

Table 6. Ratio of age-adjusted rates for cases, hospitalizations, and deaths in 2020 by ethnicity

Age-adjusted rate ratios of cases, hospitalizations, and deaths among Hispanic persons, relative to those among non-Hispanic persons.

Ethnicity	Cases	Hospitalizations	Deaths
Hispanic	3.6	4.4	3.1
Non-Hispanic	1.0	1.0	1.0

During the case investigation, people are asked to self-report their race, ethnicity, tribal affiliation, country of origin, or ancestry. Population denominators are from the U.S. Census Bureau's 2019 American Community Survey 5-Year Estimates. Persons for whom ethnicity information was not available were not included in these estimates. The number of persons with ethnicity data unavailable can be found in Table 4.

People with Intellectual and Developmental Disabilities

OHA is aware of 219 people with intellectual or developmental disabilities who had COVID-19 during 2020. This includes individuals who lived in congregate settings and in family or individual homes. In 2020, there were 5 COVID-19-associated deaths reported among people with intellectual or developmental disabilities. These deaths were identified through matching the Oregon Department of Human Services (ODHS) Office of Developmental Disabilities Services (ODDS) client list and the Oregon COVID-19 case database.

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Additional information about the ODDS program and COVID-19 can be found here: https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/ODDS%20Resource%20Library/ODDS-Residential-COVID-19-Report.pdf.

ODDS data is based on self-reports from providers and case management entities and therefore may differ from testing data received from the Oregon Health Authority.
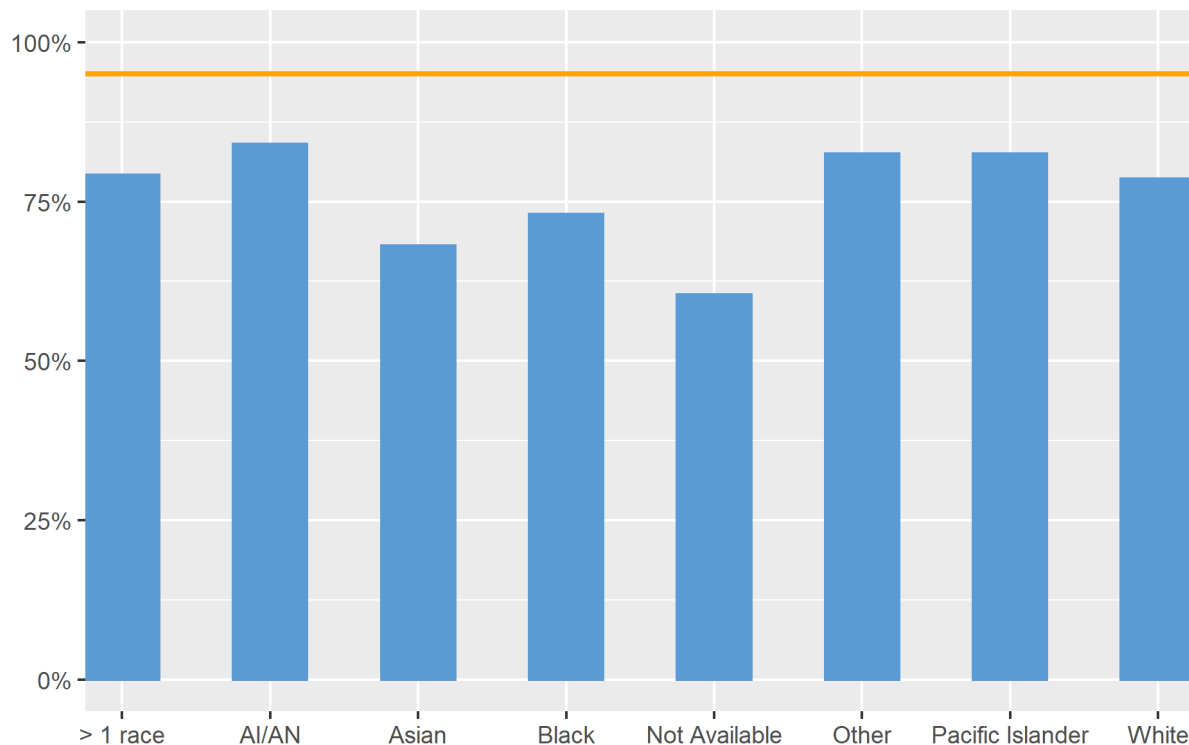
Follow-up

Figure 23 shows the percentage of cases that were called (followed up) within 24 hours of being reported to public health by race. Figure 24 shows the percentage of cases that were called within 24 hours of being reported to public health by ethnicity. Figure 25 shows the percentage of cases that were interviewed, by race. Figure 26 shows the percentage of cases that were interviewed, by ethnicity. Race and ethnicity data are collected when cases are interviewed. Race and ethnicity data for cases that were not interviewed are abstracted from laboratory reports and medical records if they are available. The orange line in Figures 23 and 24 represents the state metric for timely follow-up for all cases: 95%.

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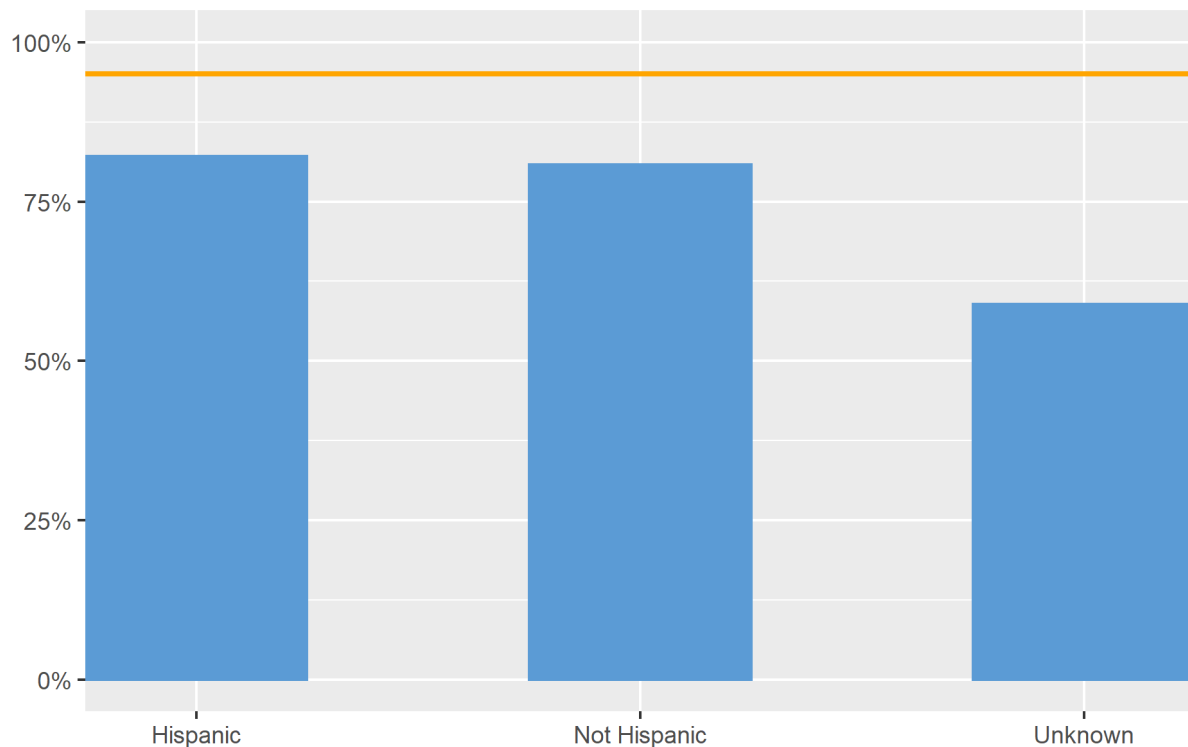**Figure 23. Follow up attempted within 24 hours in 2020, % by race**

This bar graph displays the percentage of cases which local public health attempted to call within 24 hours of being reported, by race. The orange line represents the state metric for timely follow-up for all cases: 95%. The state metric was not achieved for any racial group within the state of Oregon in 2020.

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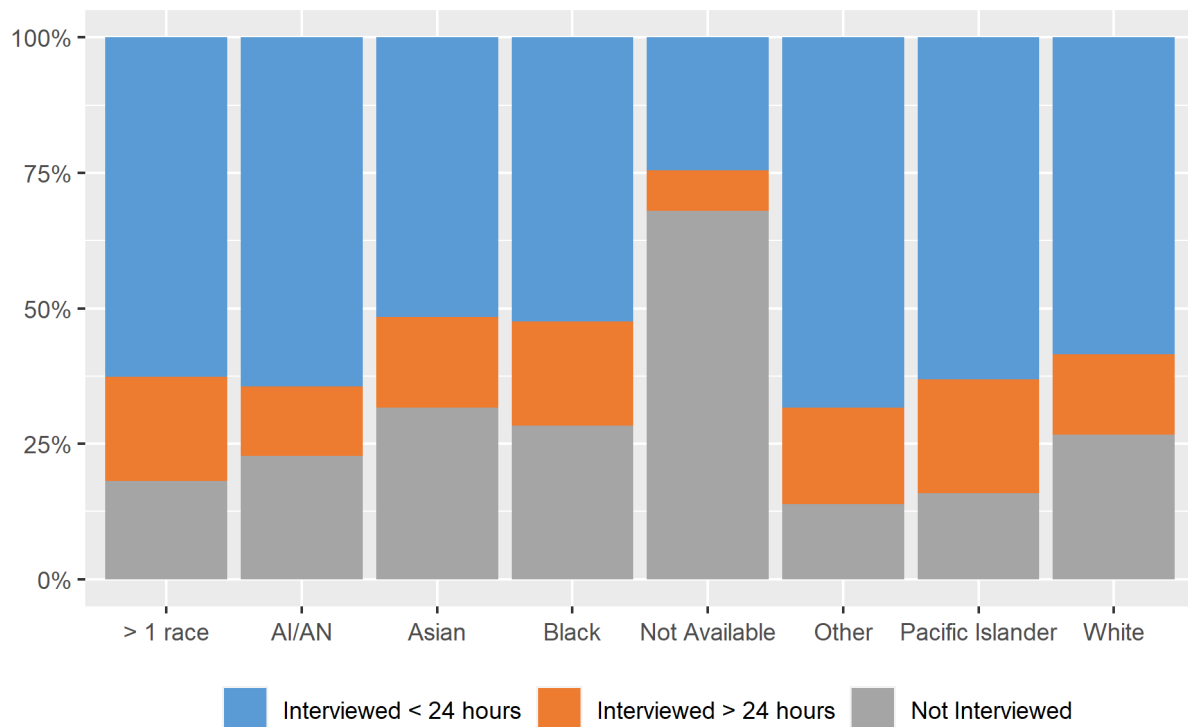**Figure 24. Follow up attempted within 24 hours in 2020, % by ethnicity**

This bar graph displays the percentage of cases which local public health attempted to call within 24 hours of being reported, by ethnicity. The orange line represents the state metric for timely follow-up for all cases: 95%. The state metric was not achieved for any ethnic group within the state of Oregon, though follow-up was similar for Hispanic and non-Hispanic populations.

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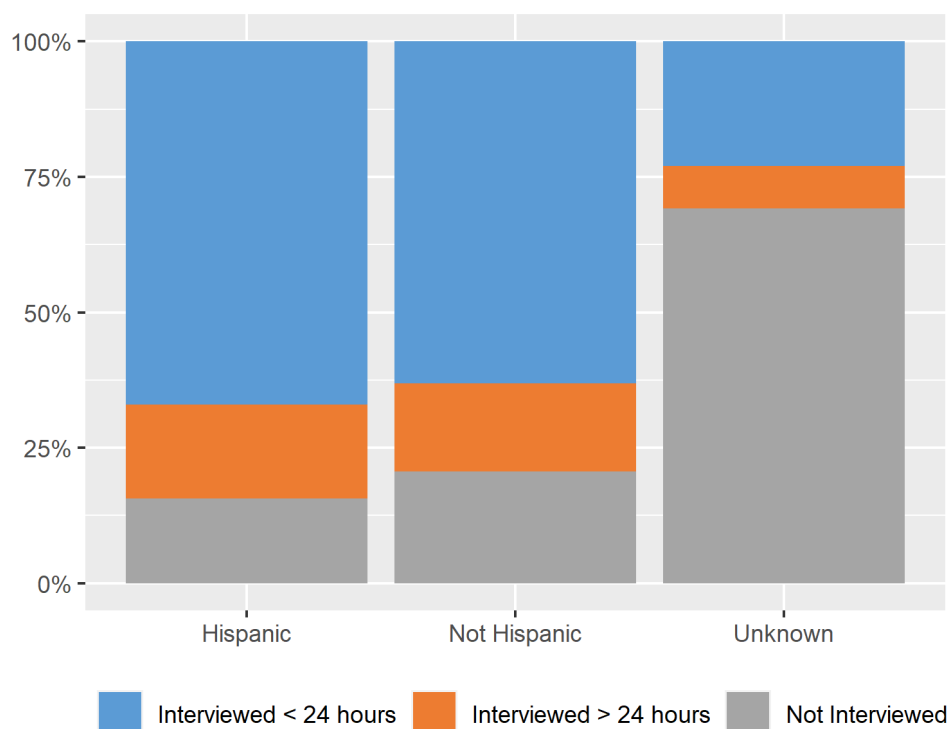**Figure 25. Cases interviewed in 2020, by race**

This stacked bar graph displays the percentage of cases that were interviewed within 24 hours of being reported to public health, by race. The percentage of cases that were interviewed within 24 hours of reporting to public health was relatively consistent across race in 2020.

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Figure 26. Cases interviewed in 2020, by ethnicity

This stacked bar graph displays the percentage of cases that were interviewed within 24 hours of being reported to public health, by ethnicity. The percentage of cases that were interviewed within 24 hours of reporting to public health was slightly higher in Hispanic populations relative to non-Hispanic populations in 2020.

Recovery

OHA staff periodically called people with reported COVID-19 who experienced fever, cough, shortness of breath or diarrhea and were initially interviewed before May 1, 2020, when OHA changed its definition of recovery, to ask about resolution of symptoms. This group included 1,884 people who were all diagnosed before mid-April and had not succumbed to their illness. Among these, 1,682 (89.3%) are considered to have recovered, and a recovery date is available for 1,387 people; their time to recovery is depicted in Figure 26. Of these 1,884 people, 16 (0.8%) had not yet recovered;

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recovery status was not available for 186 (9.9%). People were assumed to have recovered three days after resolution of all symptoms. The median time to recovery among non-hospitalized symptomatic cases was 20 days (interquartile range: 15–29 days); among symptomatic cases who were hospitalized it was 26 days (interquartile range: 18–37 days).

Figure 27. Time to recovery among symptomatic people with COVID-19
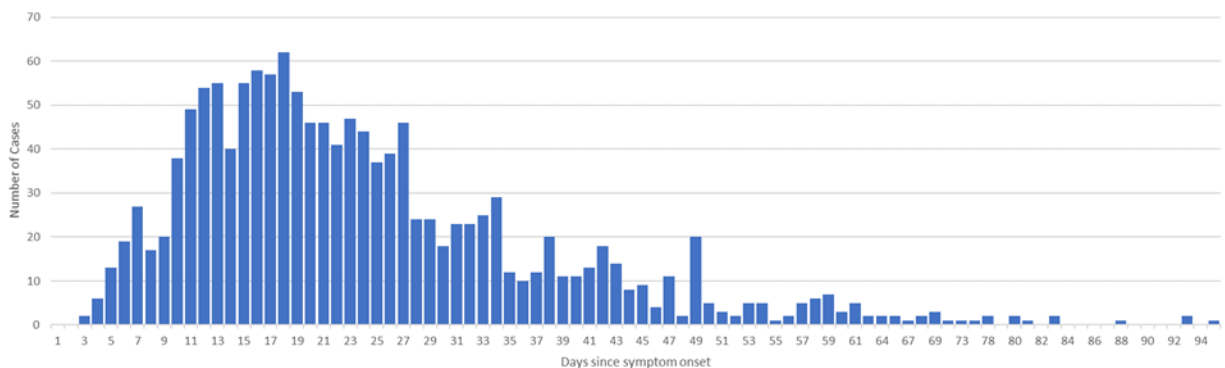
Notes about recovery data:

• Recovery definition: three days after reported resolution of diarrhea, cough, shortness of breath, and fever.

• Inclusion criteria: cases who were interviewed about their date of recovery before a change in recovery definition on May 1, 2020.

• Data for 1,387 cases are included.

• This was last updated on September 16, 2020.

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Health Information Center at 1-971-673-2411, 711 TTY or COVID19.LanguageAccess@dhsoha.state.or.us.

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