

COVID-19 Weekly Report

Oregon's Weekly Surveillance Summary



Weekly Data Report - November 3, 2021

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Background

COVID-19 Weekly Report data will be finalized every Sunday at 11 p.m. PDT/PST, and the report will be published on Wednesday. Please note that the data reported here are continually being updated. For daily up-to-date information, visit the OHA COVID-19 web page: <https://govstatus.egov.com/OR-OHA-COVID-19>.

As of 11 p.m. Sunday, October 31, there have been 367,608 cases of COVID-19 reported to the Oregon Health Authority. Of these, 12,204 (3.3%) are “presumptive” cases—i.e., people with COVID-19-like symptoms and close contact with a confirmed case, but who did not have a confirmatory laboratory test. Though not confirmed, presumptive cases are highly likely to have COVID-19, given their specific symptoms and known exposure. Presumptive cases are encouraged to seek testing to confirm that they do have COVID-19. Presumptive cases who test positive are recategorized as confirmed cases.

These data represent a snapshot of COVID-19 risk factors and clinical and demographic characteristics of cases, and they include data on cases with pending investigations. Not all cases have been interviewed at the time of this report. The data shown in this report come from Oregon’s electronic disease surveillance system for reportable diseases.

During the week of October 24–October 30¹, 130,325 tests for COVID-19 were performed on Oregonians; of these, 7.4% had a positive result.² This figure represents a “test-based” method, whereby all electronic lab reports received by OHA are used to calculate percent positivity.³ Detailed tables of the number of tests and percent positivity can be found online at

<https://public.tableau.com/profile/oregon.health.authority.covid.19#!/vizhome/OregonHealthAuthorityCOVID-19DataDashboard/OregonsCOVID-19ELRsbyCounty>.

¹ This date range aligns with CDC’s “MMWR week.”

² Does not include antibody (serology) tests.

³ www.cdc.gov/coronavirus/2019-ncov/lab/resources/calculating-percent-positivity.html

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Weekly Report Summary

During Monday, October 25, through Sunday, October 31, 2021, OHA recorded 7,877 new cases of COVID-19 infection—a 2.2% increase over last week's count, and the first increase after eight consecutive weeks of declining counts. The increase occurred despite a 5.1% decrease in testing, with test positivity stable at 7.4%. The overall incidence of reported COVID-19 in Oregon was 174 per 100,000 this week, and again higher in counties with population vaccination rates <50% (collectively, 252 per 100,000) and 50%–60% (223 per 100,000). Counties with vaccination rates >60% had a collective COVID-19 incidence of 144 per 100,000. To date, 8.6% of Oregonians have been reported as having had COVID-19; the highest cumulative incidence has been among those 20–29 years of age (13.0%). Through September 5, 6.2% of reported cases had been in children <10 years of age; since September 5, 11.3% of cases have been reported from this age cohort.

Newly reported COVID-19-associated hospitalizations fell from 415 last week to 313 this week—the lowest figure since the week of July 26–August 1, 2021. The recent increase in the proportion of reported cases among persons <10 years of age has not been accompanied by a commensurate increase in COVID-19-associated hospitalizations: 1.2% of hospitalizations were reported in persons this age group before September 5 and 1.3% since that date.

Eighty-two COVID-19-associated deaths were reported last week—down from 110 the previous week. Of the 367,608 cases reported in Oregon to date, 19,565 (5.3%) have been hospitalized, and 4,377 (1.2%) have died. The proportion of COVID-19-associated deaths that have been among those ≥80 years of age has been lower (31%) during the July–October surge than previously (50%); conversely, the proportion among those 30–69 years of age has risen from 25% to 42%. To date, 5 COVID-19-associated deaths (0.1%) have been among persons <20 years of age. Data on mortality in Oregon, including deaths associated with COVID-19, are available at <https://public.tableau.com/profile/oha.center.for.health.statistics>.

Additional data are available at <https://public.tableau.com/profile/oregon.health.authority.covid.19#!/vizhome/OregonCOVID-19CaseDemographicsandDiseaseSeverityStatewide/DemographicData>.

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Clinical Characteristics and risk factors

This section of the report describes the epidemiology of Oregon's COVID-19 cases, 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.

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 of sporadic cases suggest lower community spread of COVID-19. Figure 1 focuses on recent cases of COVID-19, 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. Looking at the data by race and ethnicity helps public health to identify disparities.

Epidemiologic link designations:

- Sporadic:⁴ Cases who do not have known exposure to another case or outbreak.
- Outbreak: Cases who have a shared, defined 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.

⁴ Due to the lag between case reporting and case investigation, the proportion of cases categorized as sporadic is high in the most recent week or more; some of these cases will be recategorized after investigation is completed.

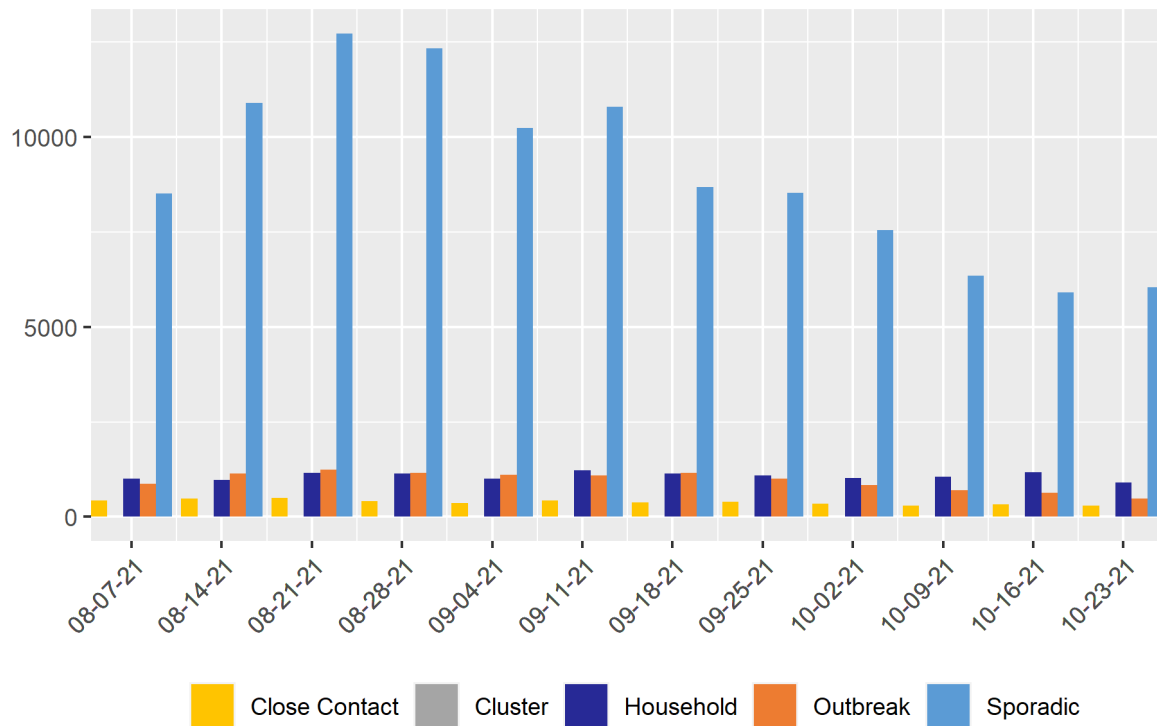
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- Close contact: Cases who were exposed to another case, not in their household. This designation was added on 7/15/2020.

Figure 1. Epidemiologic link of recent COVID-19 cases by week of onset

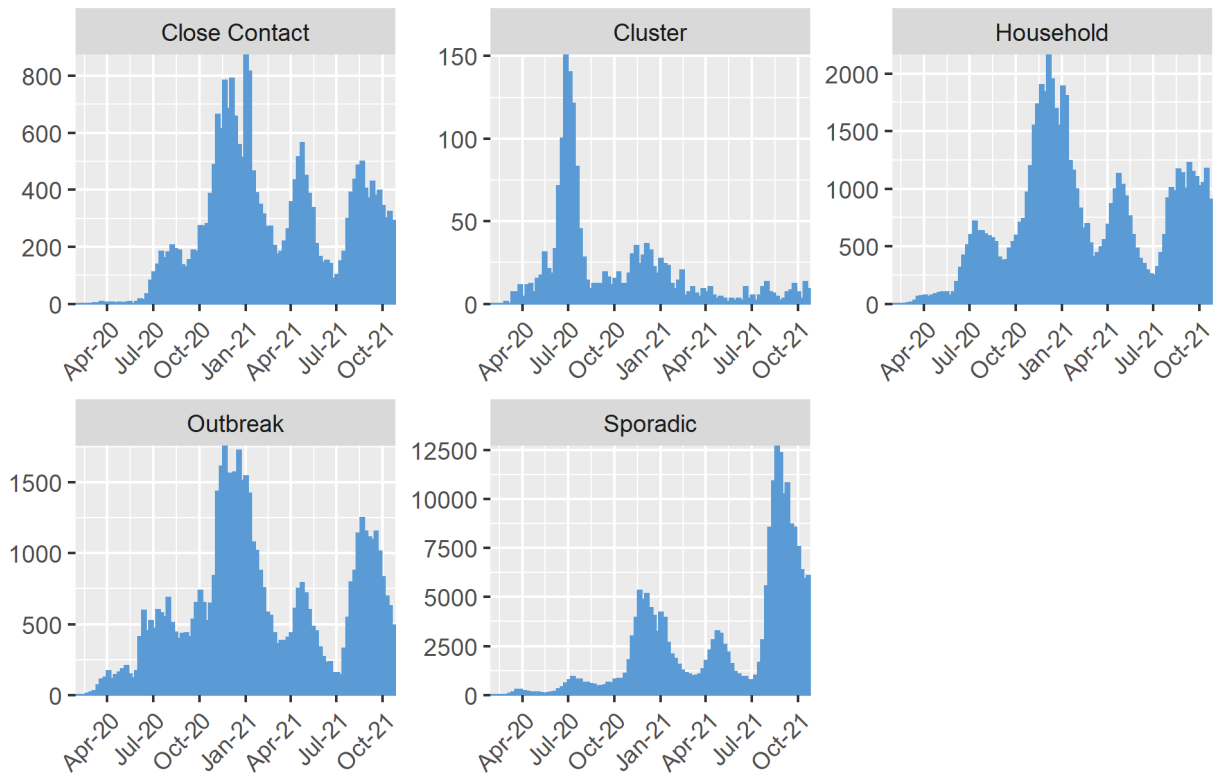


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Figure 2. Epidemiologic link of all COVID-19 cases by week of onset

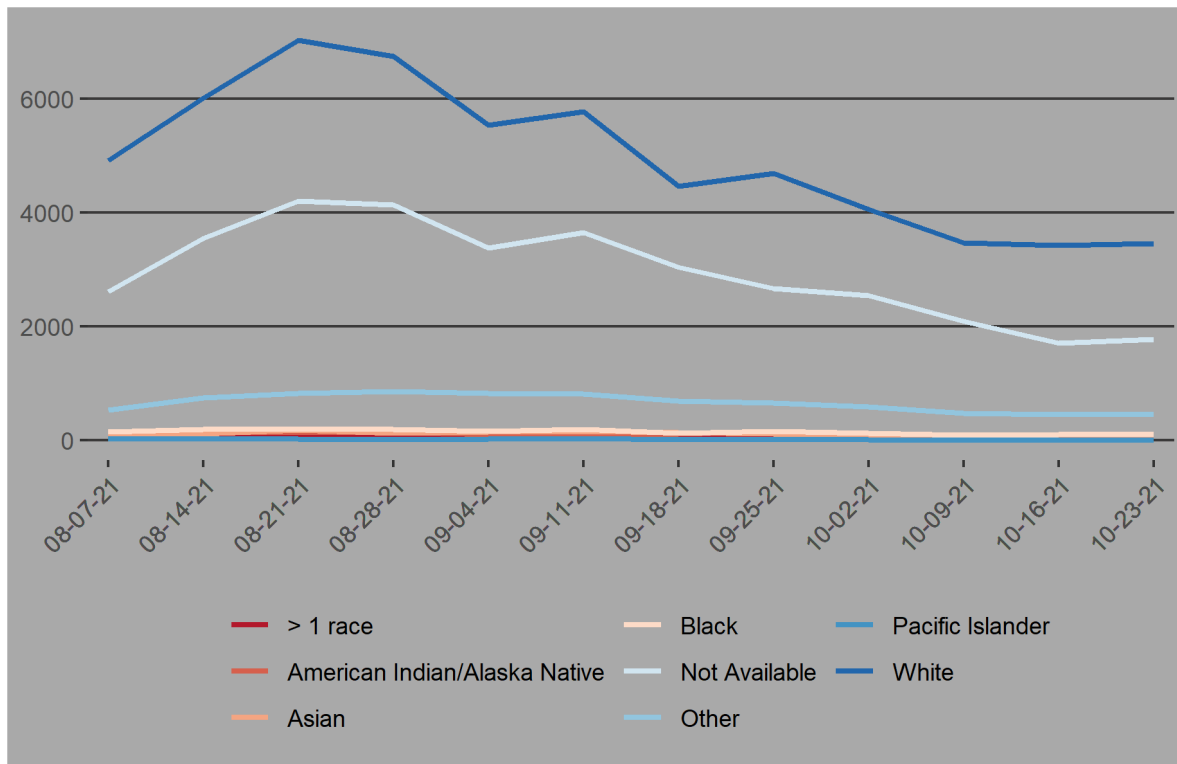


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Figure 3. Recent sporadic COVID-19 cases by race and week of onset

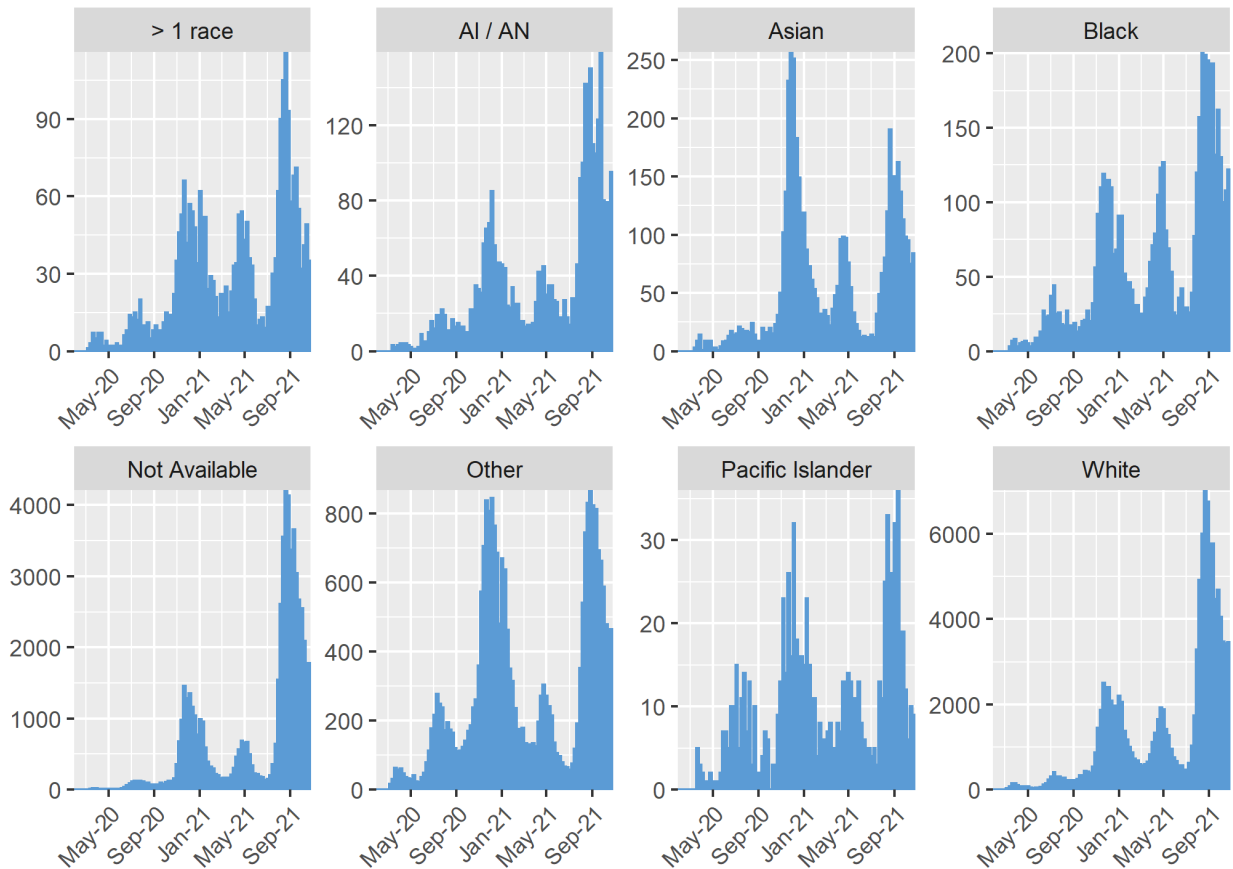


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Figure 4. All sporadic COVID-19 cases by race and week of onset

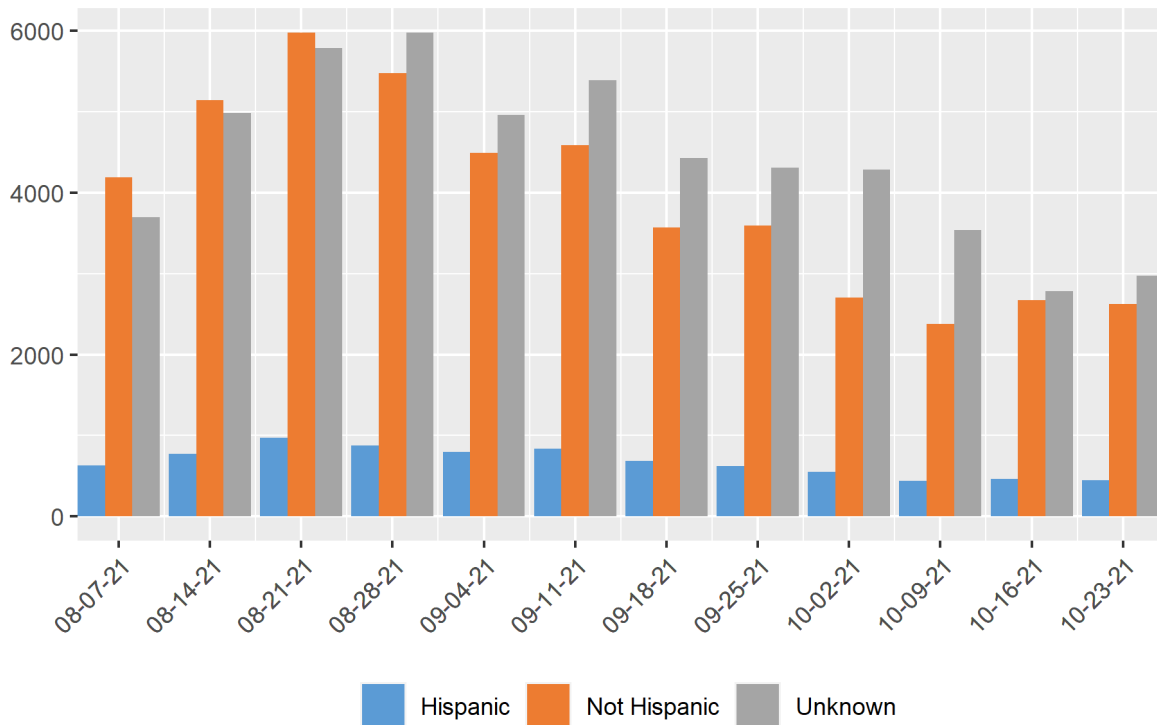


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Figure 5. Recent sporadic COVID-19 cases by ethnicity and week of onset

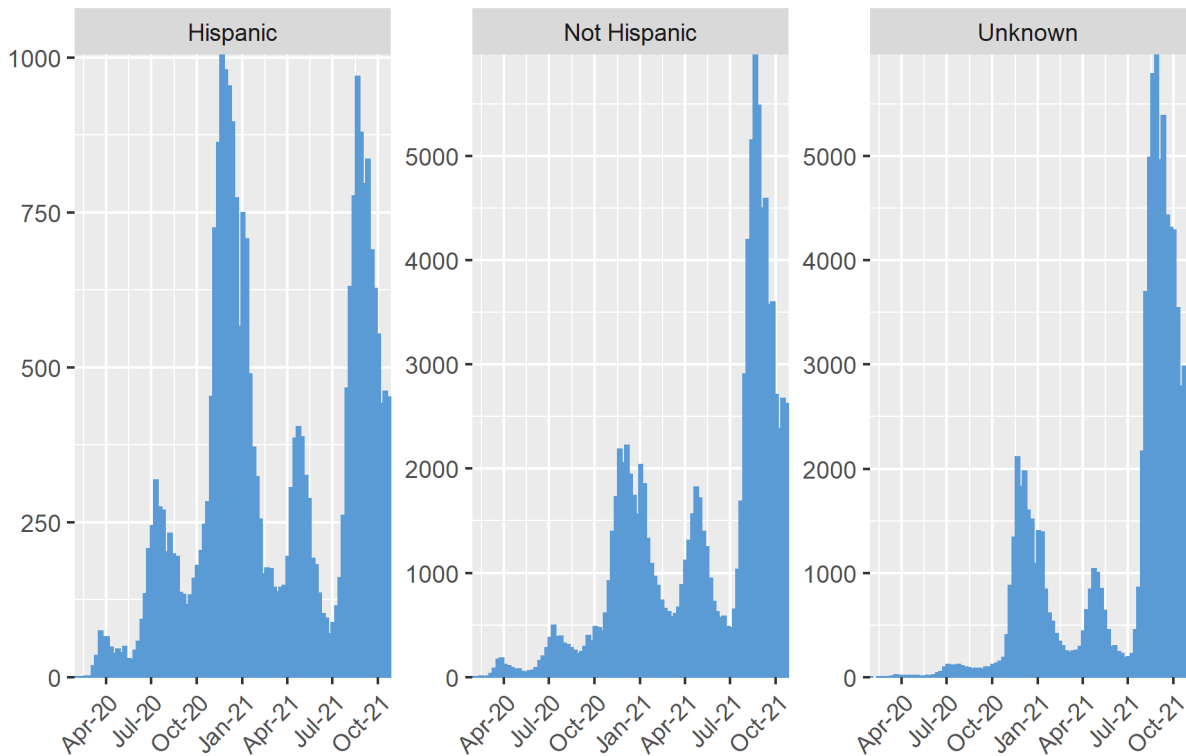


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Figure 6. All sporadic COVID-19 cases by ethnicity and week of onset



Clinical symptoms and reported risk factors

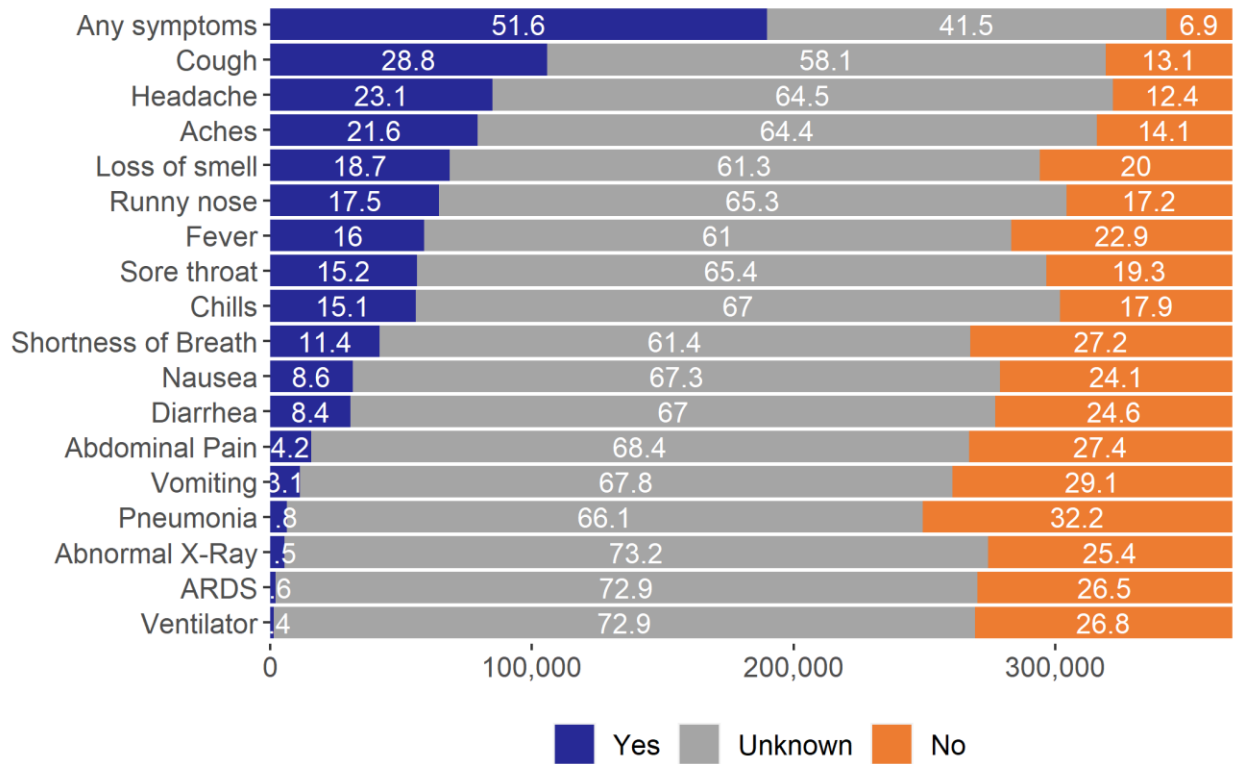
Figure 7 provides information on signs and symptoms from all COVID-19 cases. Of 367,608 cases, 189,825 (51.6%) reported having signs and symptoms of COVID-19. The most commonly reported symptoms are cough (n=105,758, 28.8%) and headache (n=84,899, 23.1%). Figure 8 provides information on the percentage of COVID-19 cases that report symptoms over time. Figure 9 provides information on risk factors from all COVID-19 cases. The most common risk factors are having contact with a known COVID-19 case prior to symptom onset (n=149,089, 40.6%) and having underlying medical conditions (n=230,661, 62.7%). 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. This results in reduced numbers in the most recent week or more due to reporting lags.

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

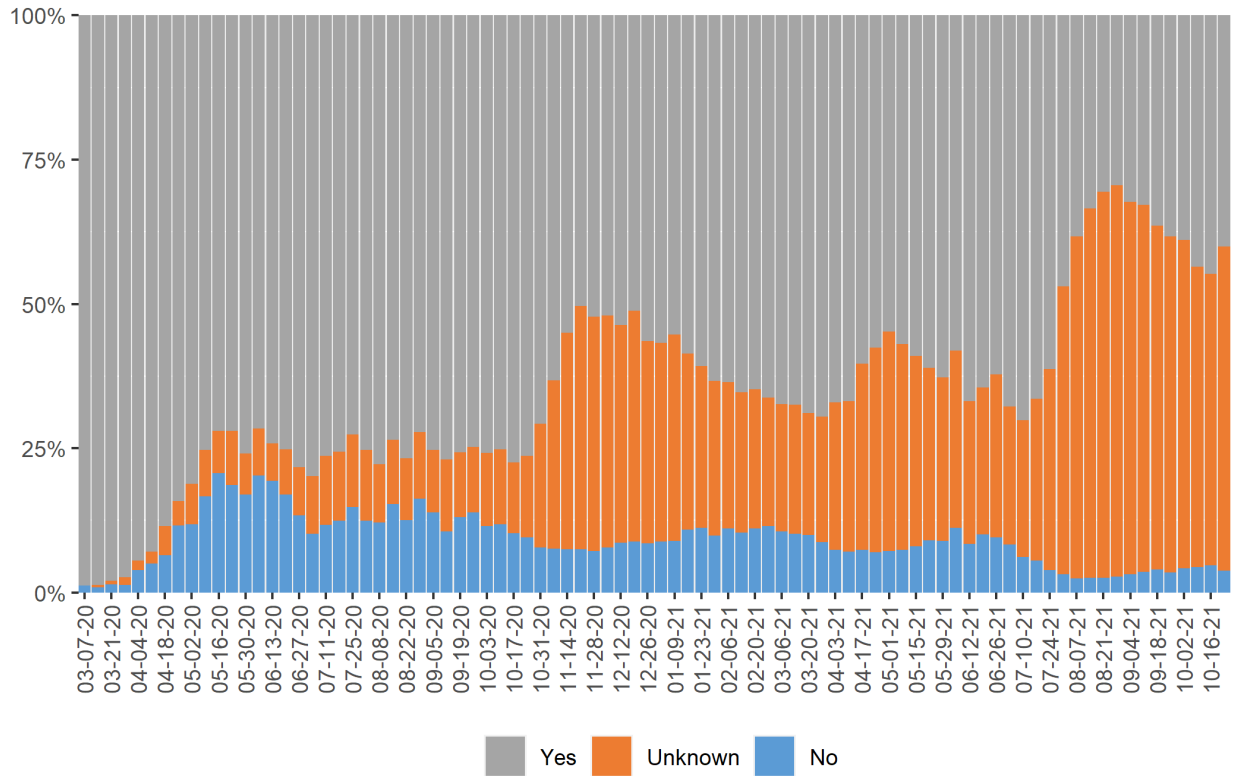


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Figure 8. Reported symptoms among all COVID-19 cases by week of onset

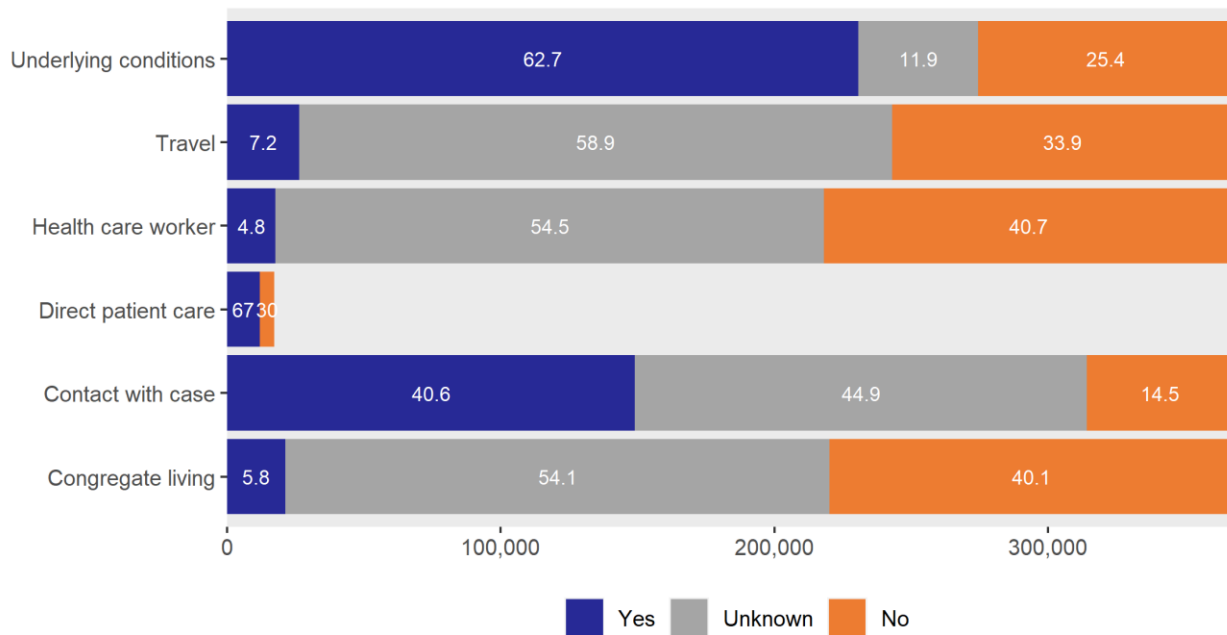


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Figure 9. Reported risk factors among all COVID-19 cases



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

Demographics

The following tables and figures show the demographic characteristics for all COVID-19 cases. The tables show case counts, case rates, and indicators of severity by sex, age, race and ethnicity. The figures show cases over time, by week of onset, for sex, age,

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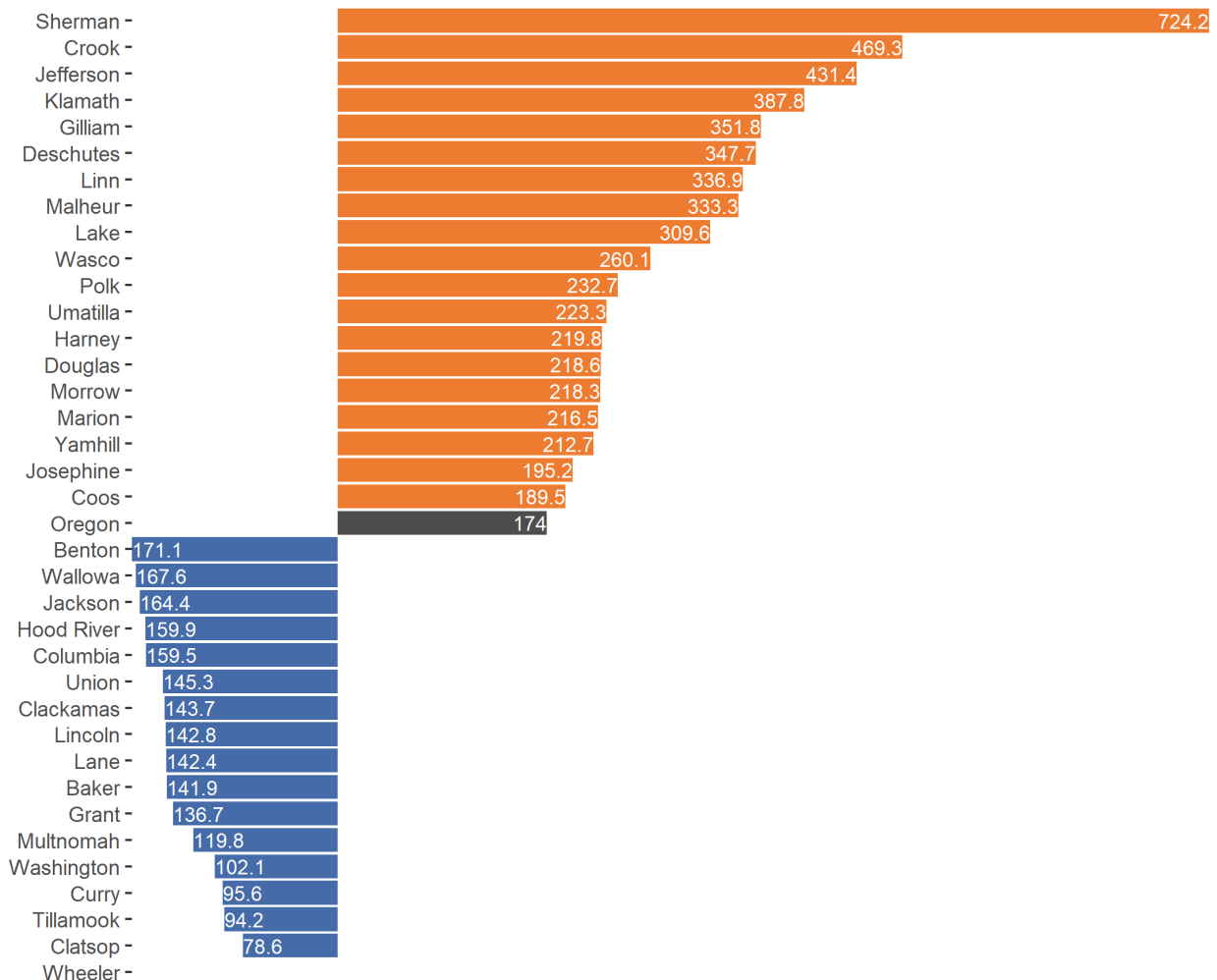


race, and ethnicity. Figure 10 displays case rates by county, in comparison to the case rate for all of Oregon.

Geography

The following figure shows case rates by county for the most recently completed MMWR week, which is currently October 24 to October 30, 2021. Cases are displayed using the date that the case became known to public health.

Figure 10. Case rates per 100,000 population, by county



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1. 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.
2. Counties that had zero cases in the time period displayed appear on the list, but do not have a bar to display.

Sex

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

| Sex | Cases | % of total cases | Cases per 100,000 | Hospitalized | % Hospitalized | Deaths | Case fatality |
|---------------|---------|------------------|-------------------|--------------|----------------|--------|---------------|
| Female | 185,653 | 50.5 | 8,583.4 | 9,179 | 4.9 | 1,974 | 1.1 |
| Male | 175,209 | 47.7 | 8,323.0 | 10,238 | 5.8 | 2,387 | 1.4 |
| Non-Binary | 37 | 0.0 | | 0 | 0.0 | 0 | 0.0 |
| Not Available | 6,709 | 1.8 | | 148 | 2.2 | 16 | 0.2 |
| Total | 367,608 | 100.0 | 8,613.0 | 19,565 | 5.3 | 4,377 | 1.2 |

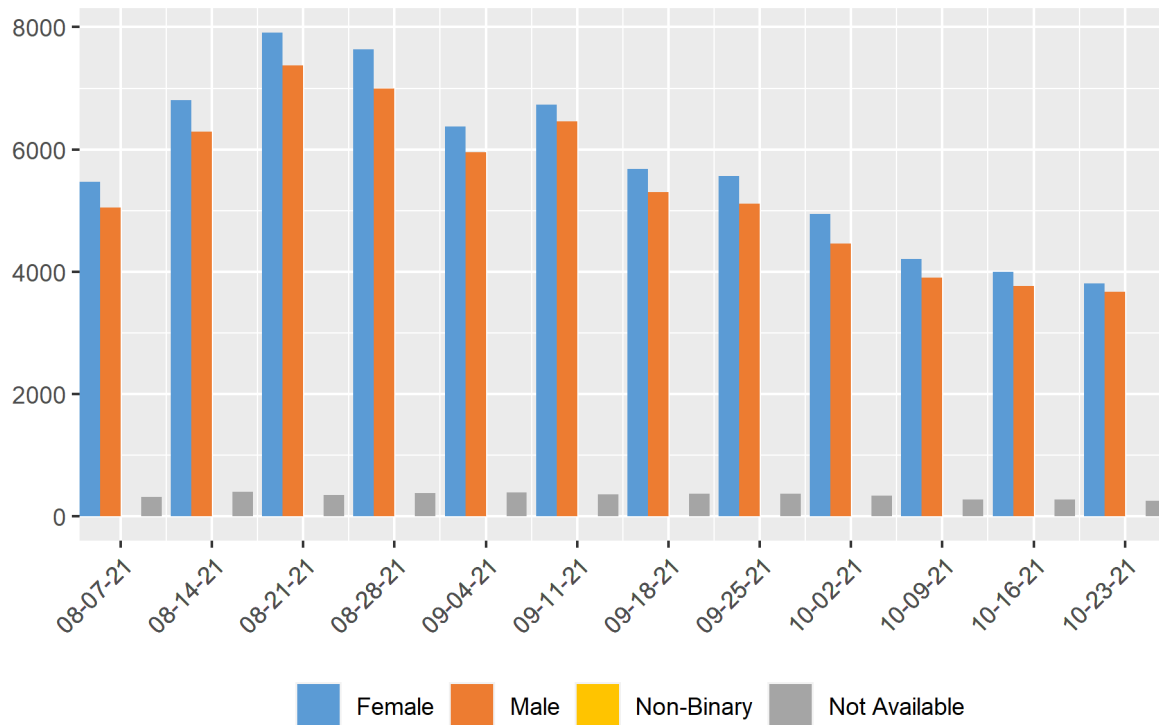
1. Rates are calculated using population estimates from the 2020 Annual Population Report from Portland State University's College of Urban & Public Affairs Population Research Center and 2019 housing and demographic data from the U.S. Census Bureau's American Community Survey (ACS).

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Figure 11. Recent COVID-19 cases by sex and week of onset

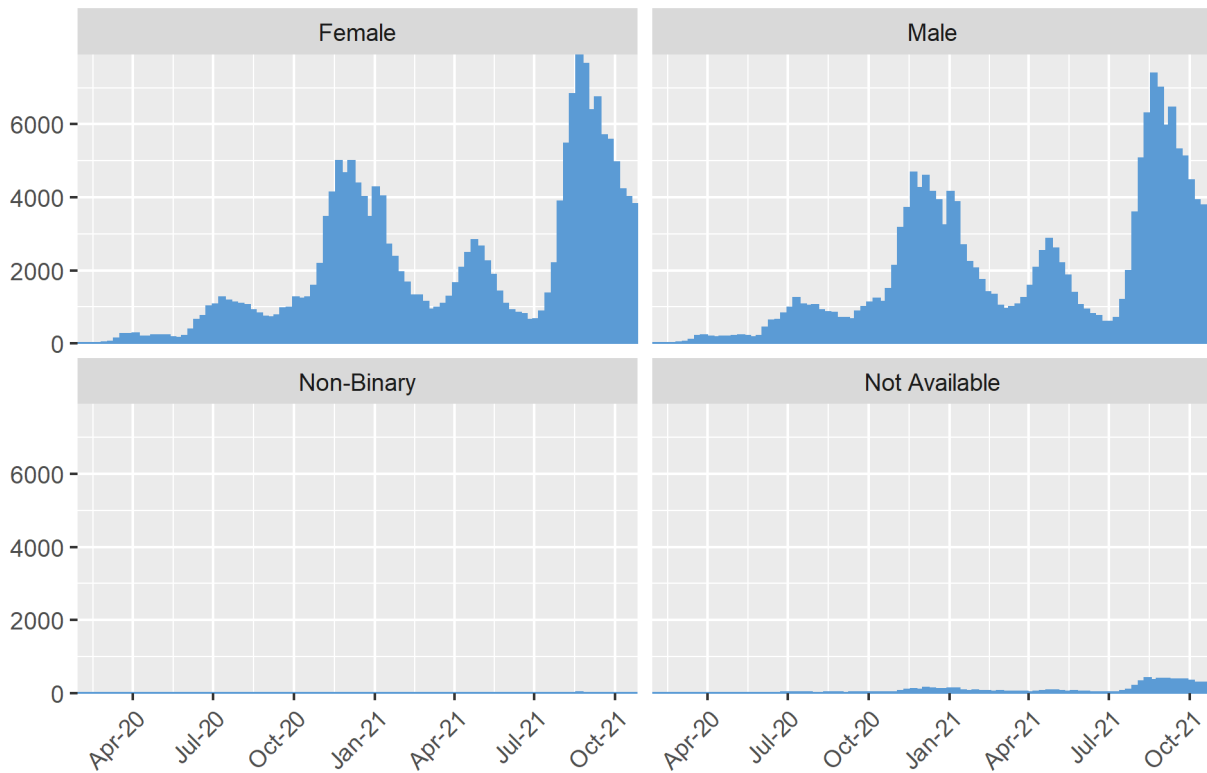


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Figure 12. All COVID-19 cases by sex and week of onset



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Age

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

| Age group | Cases | % of total cases | Cases per 100,000 | Hospitalized | % Hospitalized | Deaths | Case fatality |
|---------------|----------------|------------------|-------------------|---------------|----------------|--------------|---------------|
| 0-9 | 26,370 | 7.2 | 5,623.8 | 240 | 0.9 | 2 | 0.0 |
| 10-19 | 41,867 | 11.4 | 8,296.6 | 335 | 0.8 | 3 | 0.0 |
| 20-29 | 71,520 | 19.5 | 12,987.3 | 1,158 | 1.6 | 23 | 0.0 |
| 30-39 | 64,426 | 17.5 | 10,868.6 | 1,605 | 2.5 | 58 | 0.1 |
| 40-49 | 54,779 | 14.9 | 10,152.6 | 2,144 | 3.9 | 163 | 0.3 |
| 50-59 | 45,438 | 12.4 | 8,511.8 | 3,120 | 6.9 | 377 | 0.8 |
| 60-69 | 32,298 | 8.8 | 5,897.1 | 3,962 | 12.3 | 784 | 2.4 |
| 70-79 | 18,789 | 5.1 | 5,340.0 | 3,776 | 20.1 | 1,066 | 5.7 |
| 80+ | 11,478 | 3.1 | 6,443.5 | 3,218 | 28.0 | 1,901 | 16.6 |
| Not Available | 643 | 0.2 | | 7 | 1.1 | 0 | 0.0 |
| Total | 367,608 | 100.0 | 8,613.0 | 19,565 | 5.3 | 4,377 | 1.2 |

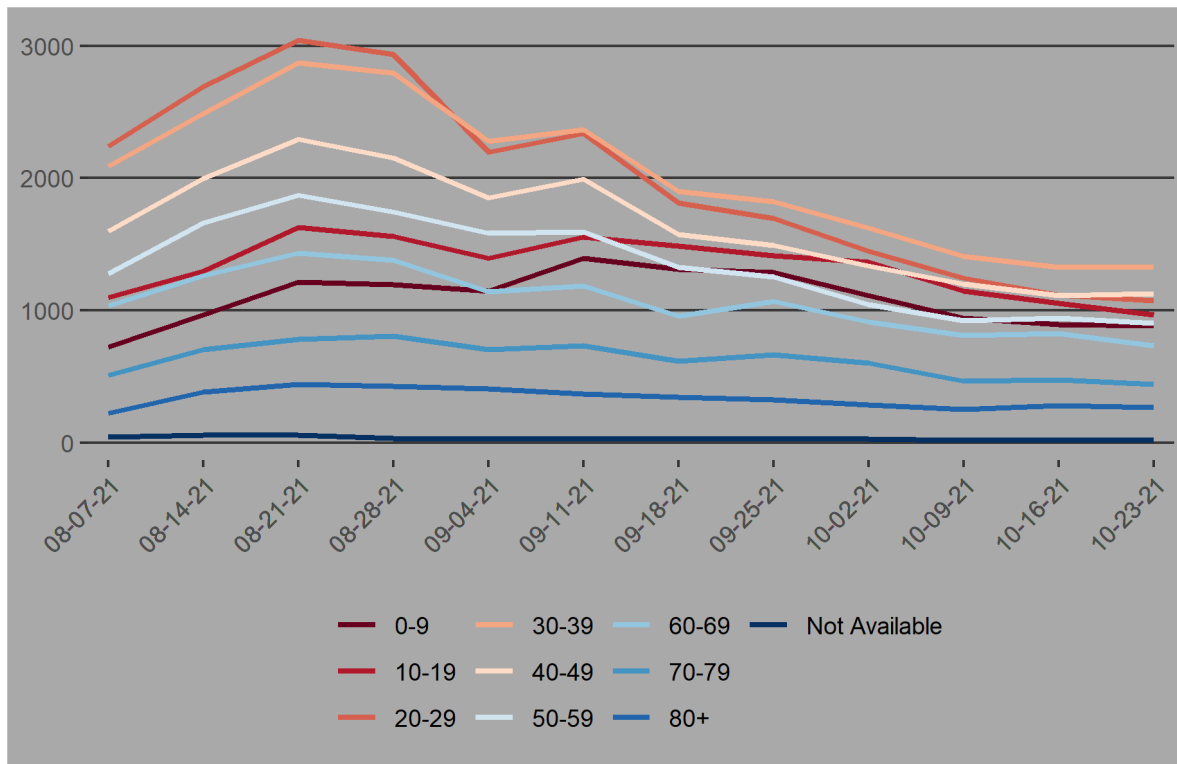
1. Rates are calculated using population estimates from the 2020 Annual Population Report from Portland State University's College of Urban & Public Affairs Population Research Center and 2019 housing and demographic data from the U.S. Census Bureau's American Community Survey (ACS).

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Figure 13. Recent COVID-19 cases by age and week of onset

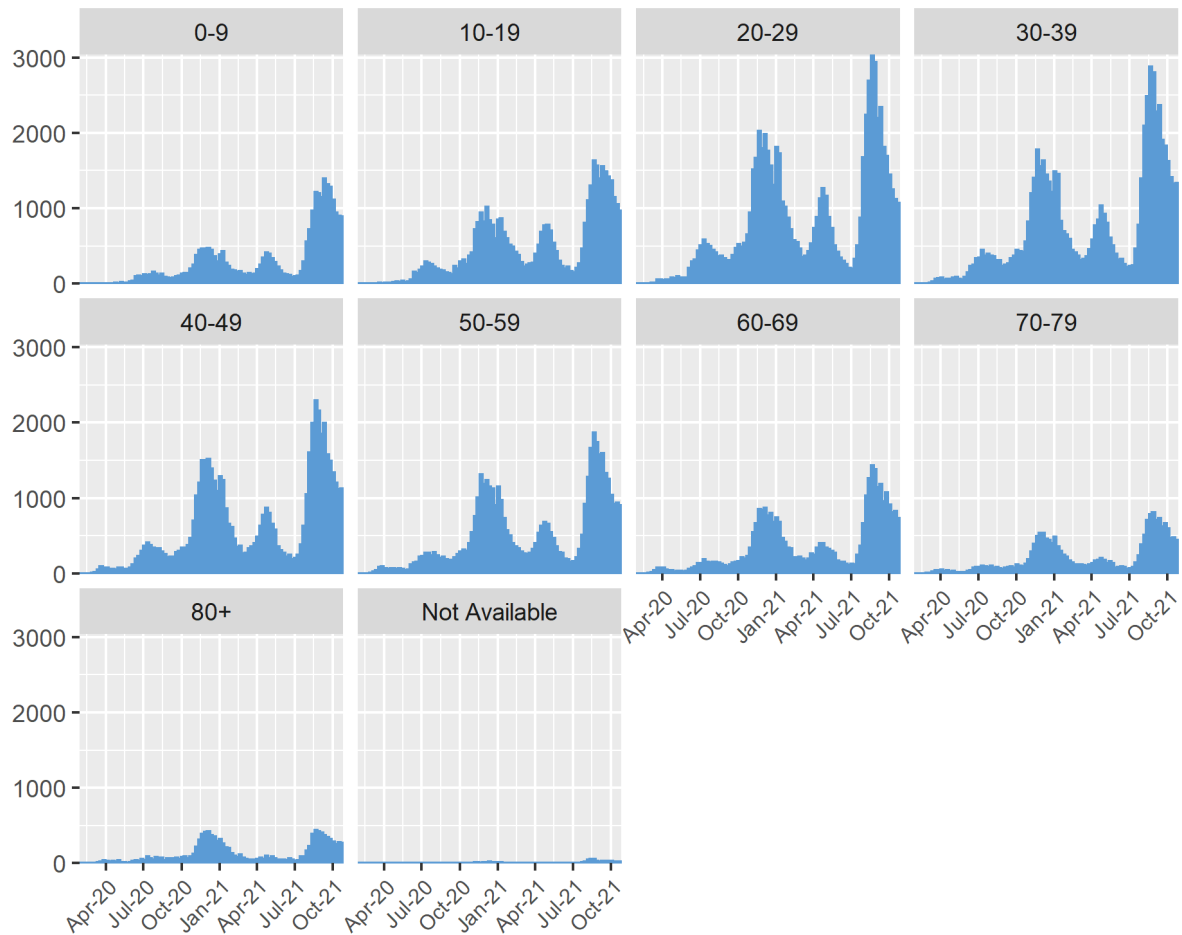


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Figure 14. All COVID-19 cases (counts) by age and week of onset

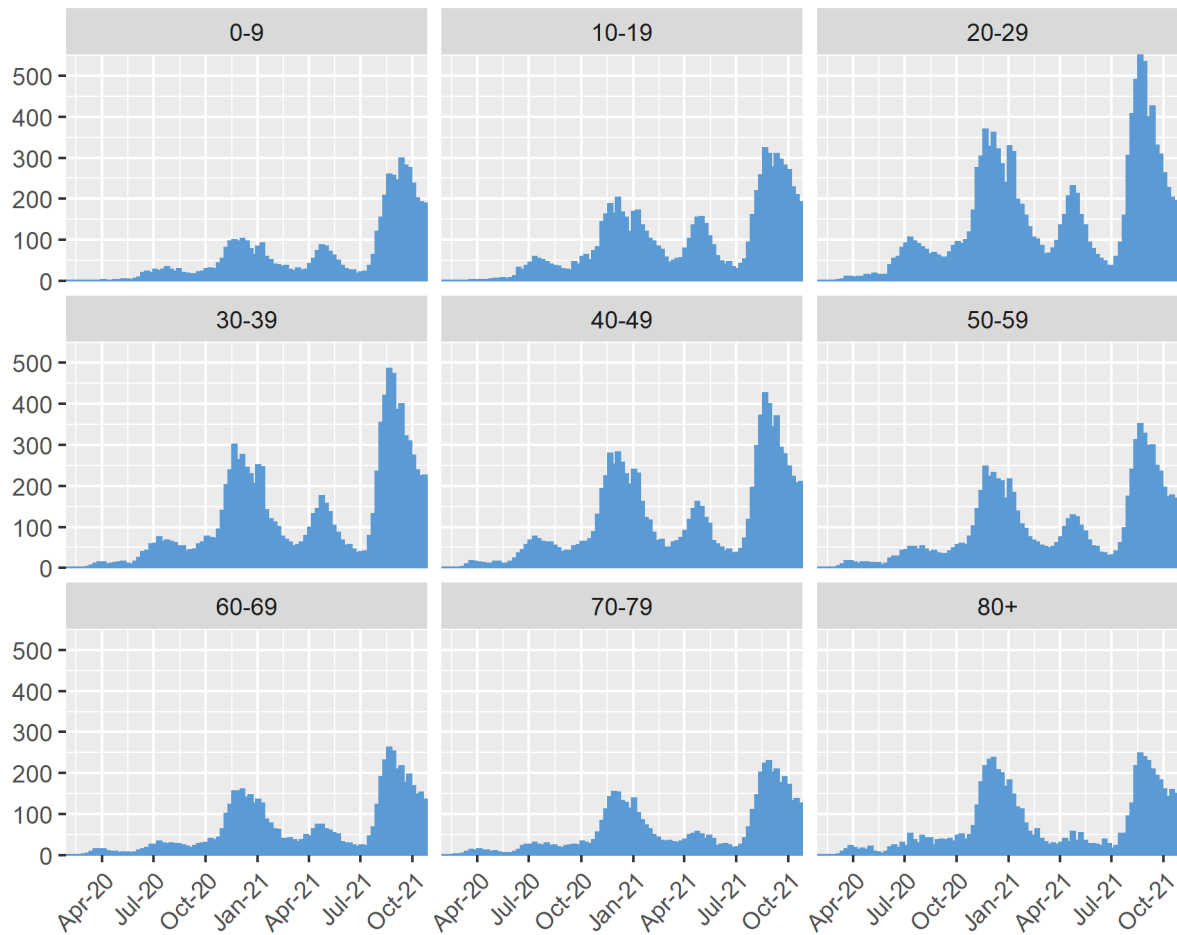


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Figure 15. All COVID-19 cases (case rate per 100,000) by age and week of onset



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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 | 5,266 | 1.4 | 2,568.9 | 290 | 5.5 | 67 | 1.3 |
| American Indian/Alaska Native | 6,118 | 1.7 | 12,317.6 | 422 | 6.9 | 78 | 1.3 |
| Asian | 8,170 | 2.2 | 4,377.8 | 477 | 5.8 | 87 | 1.1 |
| Black | 8,329 | 2.3 | 10,243.1 | 640 | 7.7 | 78 | 0.9 |
| Not Available | 85,769 | 23.3 | | 2,304 | 2.7 | 742 | 0.9 |
| Other | 54,264 | 14.8 | | 2,556 | 4.7 | 323 | 0.6 |
| Pacific Islander | 2,159 | 0.6 | 12,565.8 | 202 | 9.4 | 25 | 1.2 |
| White | 197,533 | 53.7 | 5,490.9 | 12,674 | 6.4 | 2,977 | 1.5 |
| Total | 367,608 | 100.0 | 8,613.0 | 19,565 | 5.3 | 4,377 | 1.2 |

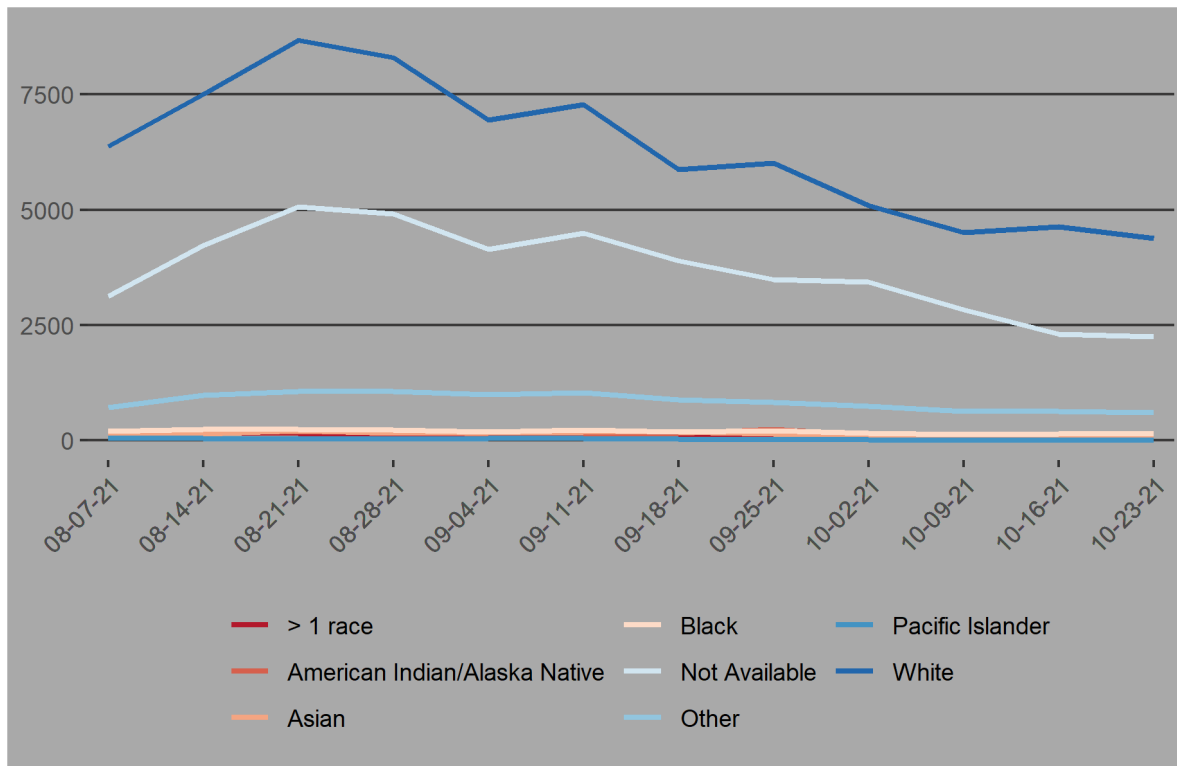
1. During the case investigation, people are asked to self-report their race, ethnicity, tribal affiliation, country of origin or ancestry.
2. Rates are calculated using population estimates from the 2020 Annual Population Report from Portland State University's College of Urban & Public Affairs Population Research Center and 2019 housing and demographic data from the U.S. Census Bureau's American Community Survey (ACS).
3. Persons for which 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.
4. 43,140 (79.5%) of the 54,264 persons who identify as "Other" race also self-identify as Hispanic or Latino.

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Figure 16. Recent COVID-19 cases by race and week of onset

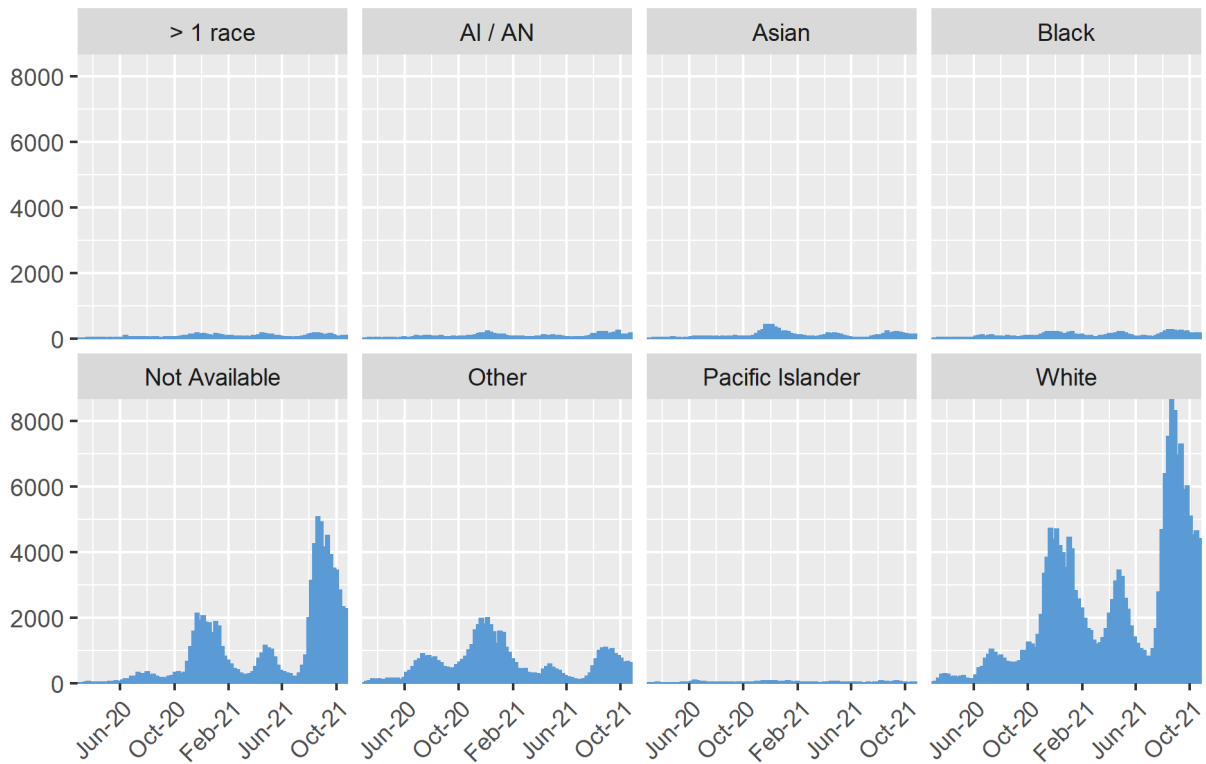


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Figure 17. All COVID-19 cases (counts) by race and week of onset

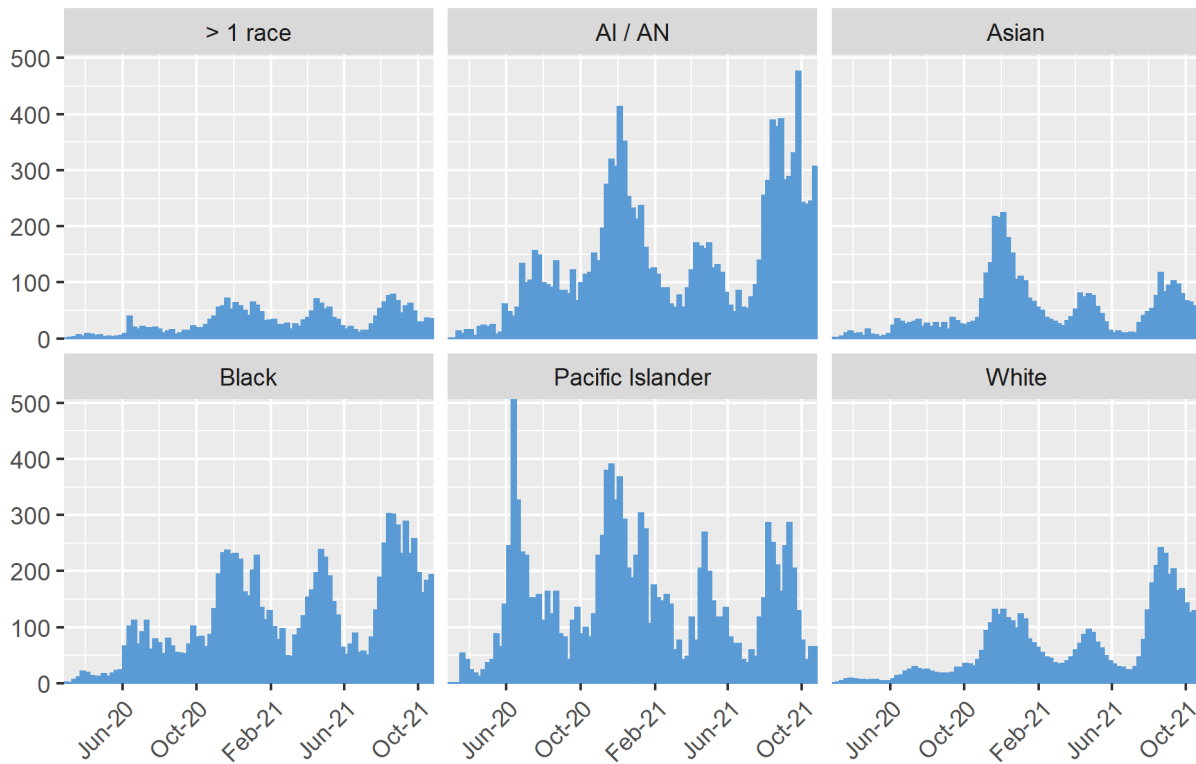


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Figure 18. All COVID-19 cases (case rates per 100,000) by race and week of onset



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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 rate |
|------------------|--------------|-------------------------|--------------------------|---------------------|-----------------------|---------------|---------------------------|
| Hispanic | 61,725 | 16.8 | 11,124.7 | 2,680 | 4.3 | 307 | 0.5 |
| Not Hispanic | 185,045 | 50.3 | 4,983.4 | 12,138 | 6.6 | 2,720 | 1.5 |
| Unknown | 120,838 | 32.9 | | 4,747 | 3.9 | 1,350 | 1.1 |
| Total | 367,608 | 100.0 | 8,613.0 | 19,565 | 5.3 | 4,377 | 1.2 |

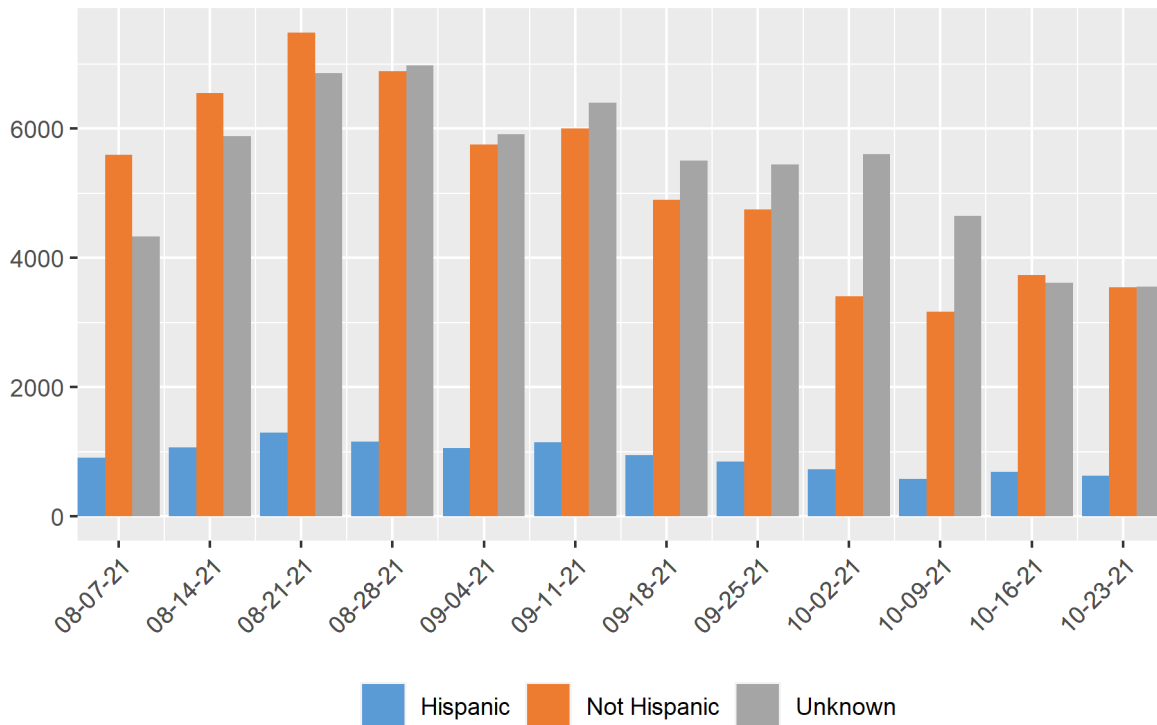
1. Rates are calculated using population estimates from the 2020 Annual Population Report from Portland State University's College of Urban & Public Affairs Population Research Center and 2019 housing and demographic data from the U.S. Census Bureau's American Community Survey (ACS).

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Figure 19. Recent COVID-19 cases by ethnicity and week of onset

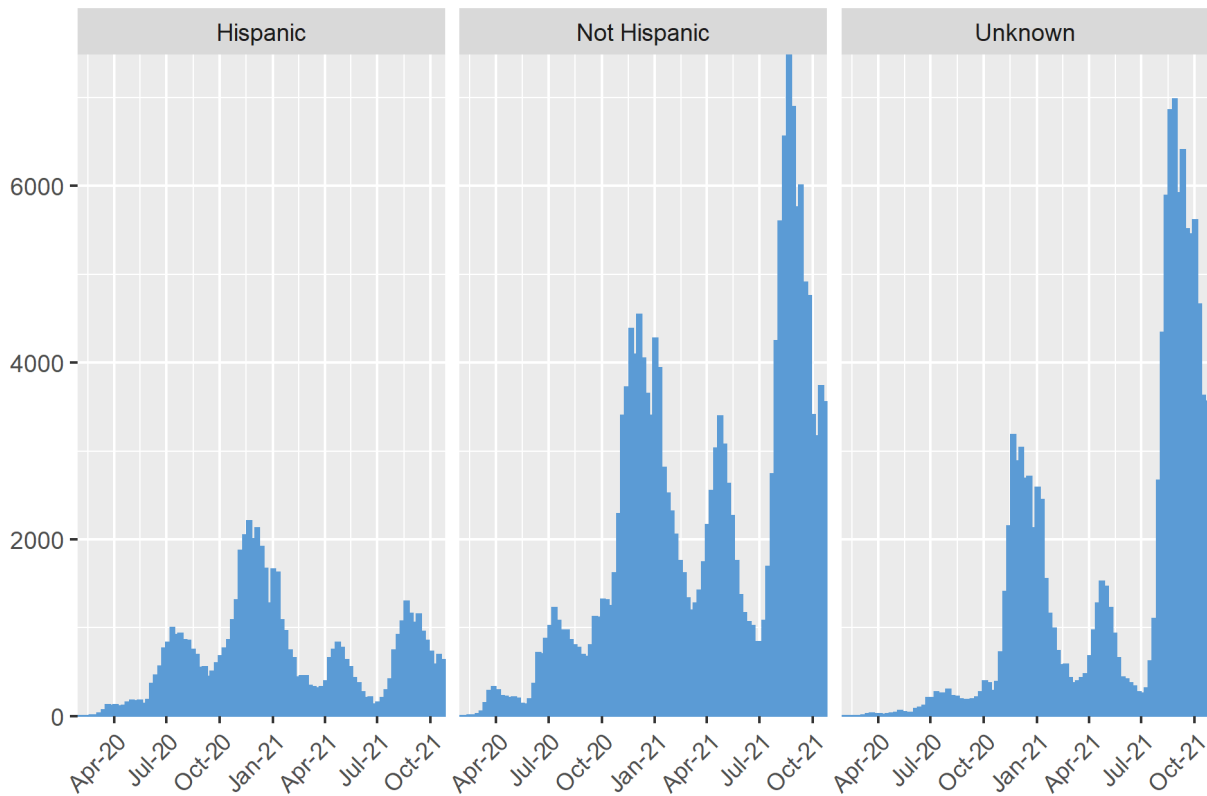


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Figure 20. All COVID-19 cases by ethnicity (counts) and week of onset

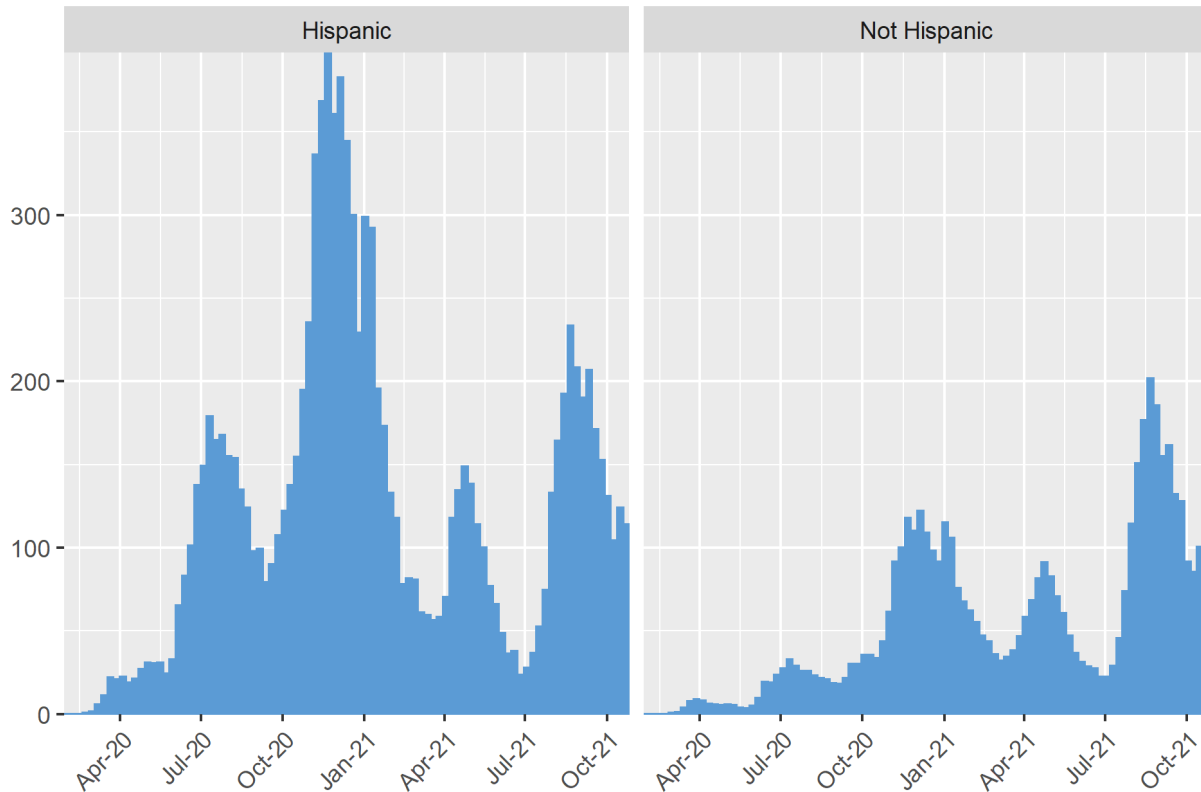


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Figure 21. All COVID-19 cases by ethnicity (case rates per 100,000) and week of onset



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Age-adjustment

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

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

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

| Race | Cases | Hospitalizations | Deaths |
|-------------------------------|-------|------------------|--------|
| > 1 race | 0.5 | 0.8 | 1.2 |
| American Indian/Alaska Native | 2.2 | 2.9 | 3.0 |
| Asian | 0.8 | 0.9 | 0.9 |
| Black | 1.8 | 3.1 | 2.2 |
| Pacific Islander | 2.3 | 5.8 | 5.7 |
| White | 1.0 | 1.0 | 1.0 |

1. During the case investigation, people are asked to self-report their race, ethnicity, tribal affiliation, country of origin or ancestry.
2. U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates.
3. Persons for which 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 by ethnicity

Age-adjusted rate ratios of cases, hospitalizations and deaths, compared to non-Hispanic

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| Ethnicity | Cases | Hospitalizations | Deaths |
|------------------|--------------|-------------------------|---------------|
| Hispanic | 2 | 2.6 | 2.3 |
| Non-Hispanic | 1 | 1.0 | 1.0 |

1. During the case investigation, people are asked to self-report their race, ethnicity, tribal affiliation, country of origin or ancestry.
2. U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates.
3. Persons for which 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.

Follow-up

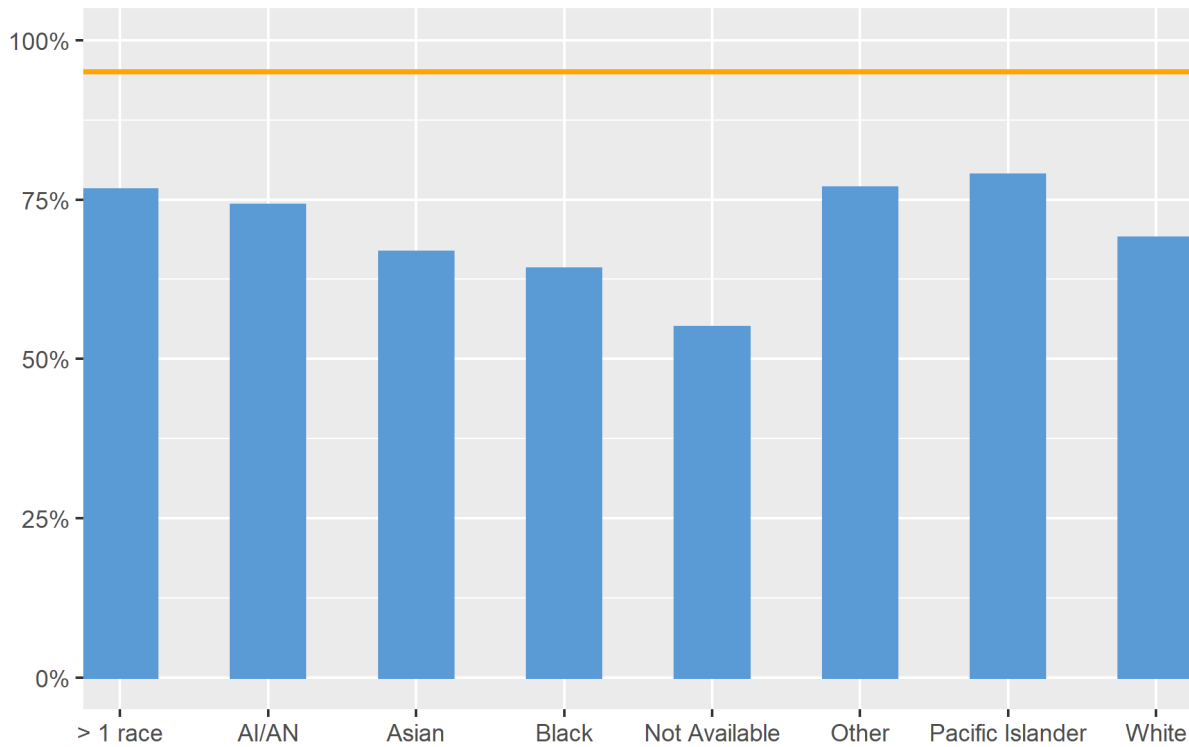
Figure 22 shows the percentage of cases that were called within 24 hours of being reported to public health by race. Figure 23 shows the percentage of cases that were called within 24 hours of being reported to public health by ethnicity. Figure 24 shows the percentage of cases that were interviewed by race. Figure 25 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 it is available. The orange line in figures 22 and 23 represents the state metric for timely follow up for all cases: 95%.

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Figure 22. Follow up attempted within 24 hours, % by race

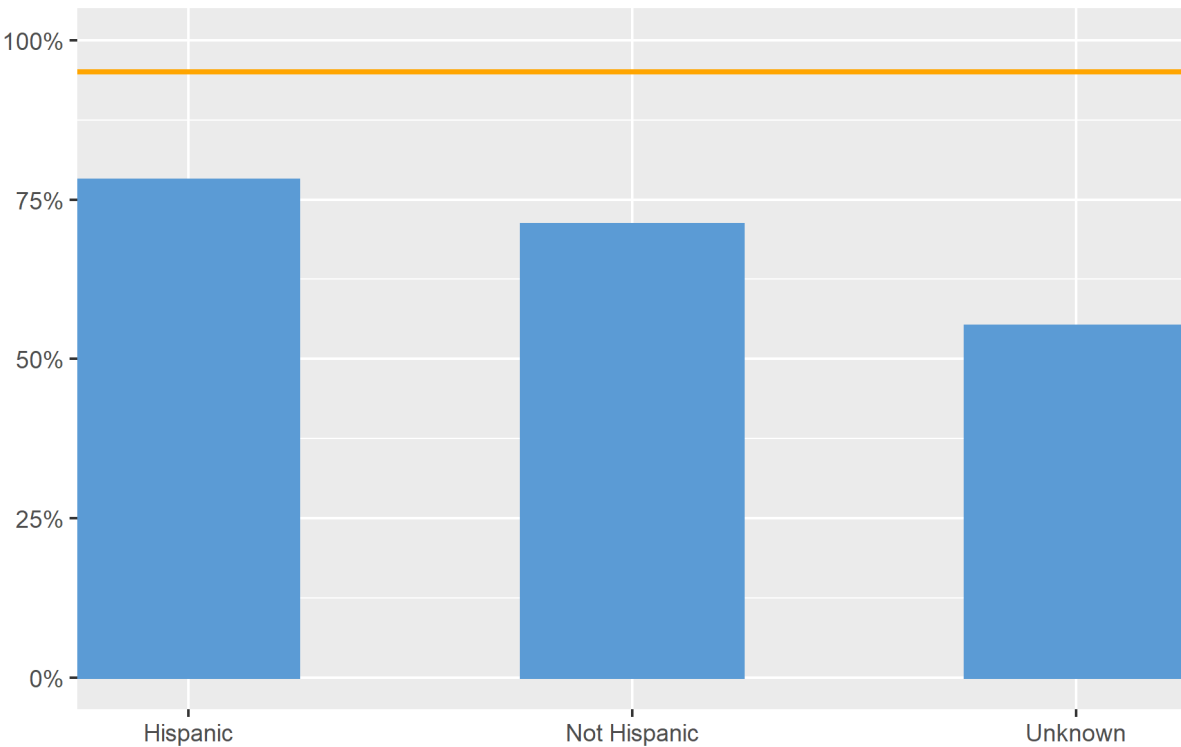


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Figure 23. Follow up attempted within 24 hours, % by ethnicity

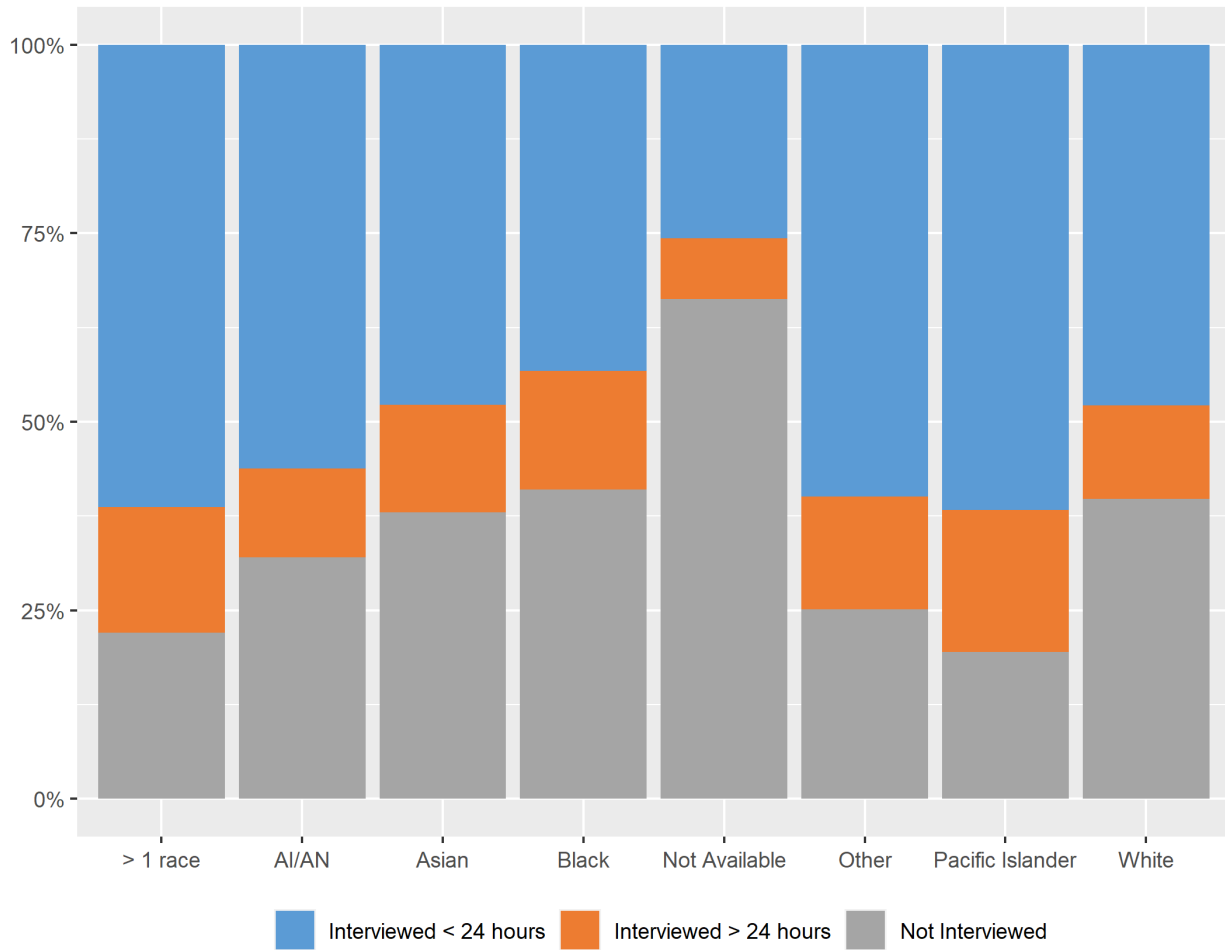


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Figure 24. Cases interviewed, by race

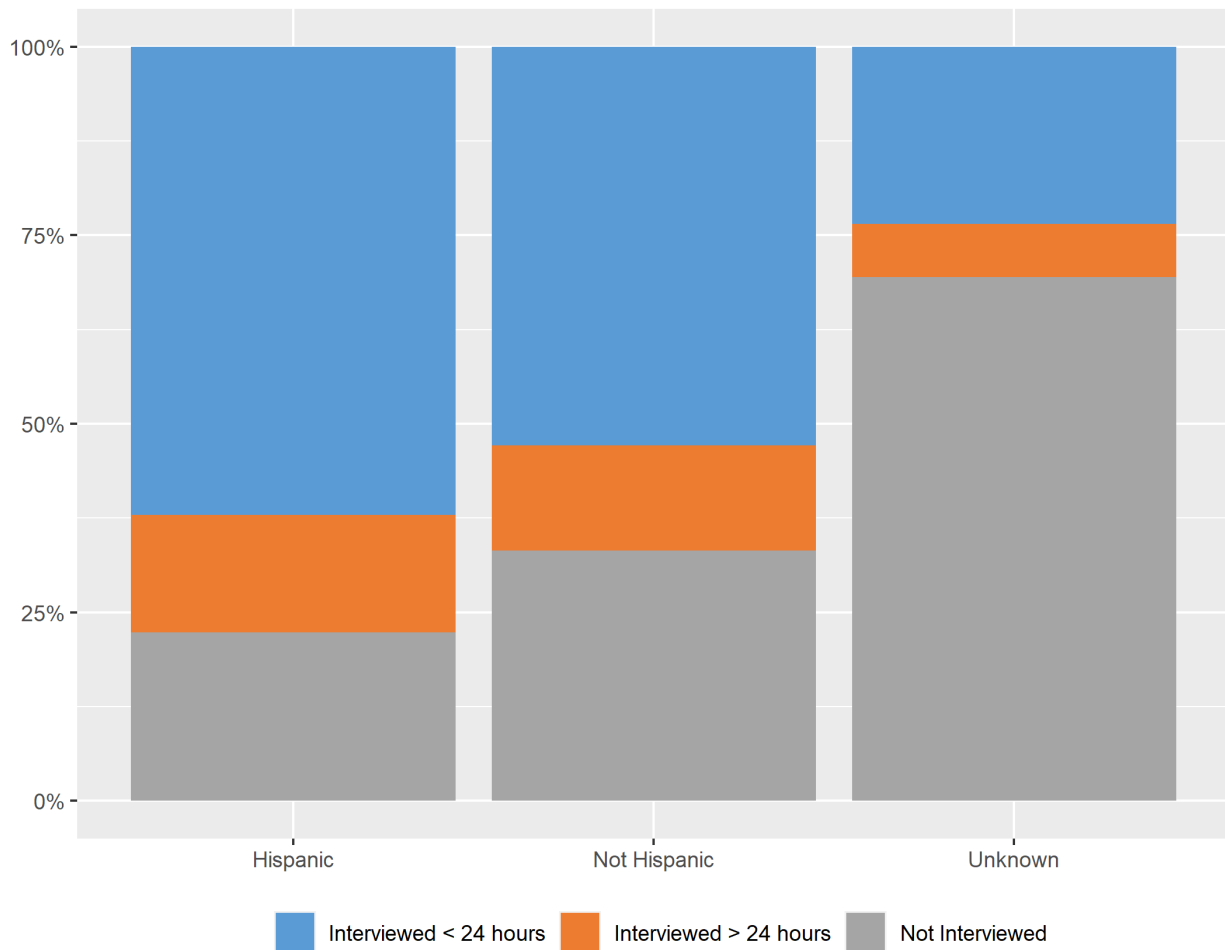


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Figure 25. Cases interviewed, by ethnicity



Recovery

OHA staff periodically call 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 inquire about resolution of symptoms. This group includes 1,884 people who were all diagnosed before mid-April and have not succumbed to their illness. Among these, 1,682 (88.8%) are considered to have recovered, and a recovery date is available for 1,387 people; their time to recovery

OHA 2395 (11/3/21)

Data are provisional and subject to change.

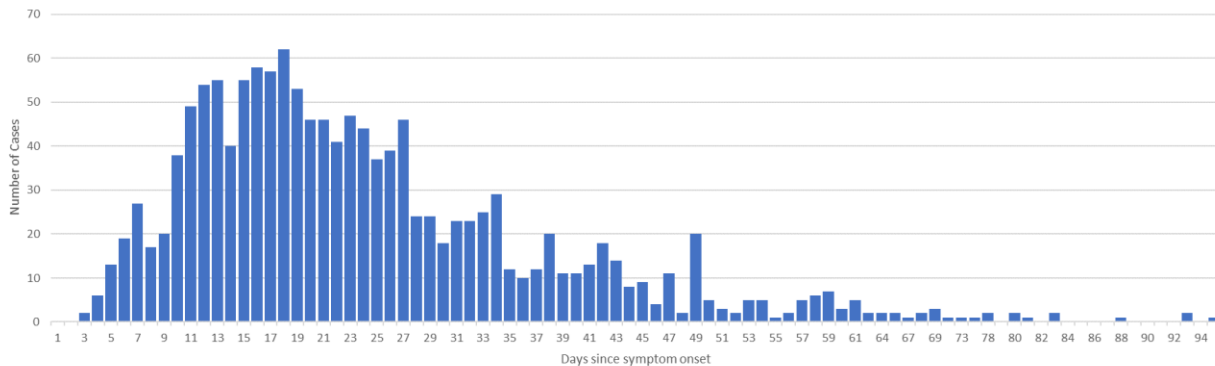
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is depicted in Figure 26. Of these 1,884 people, 16 (0.8%), have not yet recovered; and recovery status is not available for 186 (9.8%). People are assumed to have recovered three days after resolution of all symptoms. The median time to recovery among non-hospitalized symptomatic cases is 20 days (interquartile range: 15–29 days); among symptomatic cases who were hospitalized it is 26 days (interquartile range: 18–37 days).

Figure 26. 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; Data will be updated again as new information is available.

People with Intellectual and Developmental Disabilities

As of September 26, 2021 OHA is aware of 1,407 people with intellectual or developmental disabilities who have had COVID-19 to date. This includes individuals who live in congregate settings and in family or individual homes. To date, there are 41 deaths among people with intellectual or developmental disabilities. This number is from

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conducting a match between the ODHS Office of Developmental Disabilities Services client list and the Oregon COVID-19 case database. OHA will update this number on a quarterly basis.

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.

Weekly COVID-19 Hospitalizations (HOSCAP)

OHA is publishing data on the number of COVID-19 hospitalizations by hospital in the prior week; data are from HOSCAP. Table 7 lists all hospitals which, at some time during the week reported, had 10 or more COVID-19 patients. The left column shows the highest number of COVID-19 hospitalized patients for each hospital between 10/25/2021 and 10/31/2021. The right column shows the highest number of COVID-19 patients hospitalized during the same time period.

Table 7. Hospitals reporting 10 or more COVID-19 patients.

| Hospital | Maximum Patients (both suspected and confirmed) | Maximum Patients (confirmed only) |
|--|---|-----------------------------------|
| St. Charles Bend | 76 | 74 |
| Salem Health Hospital | 55 | 54 |
| PeaceHealth Sacred Heart MC at Riverbend | 38 | 38 |
| Providence St. Vincent Medical Center | 38 | 38 |
| Providence Medford Medical Center | 29 | 28 |
| Providence Portland Medical Center | 28 | 26 |

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| Hospital | Maximum Patients (both suspected and confirmed) | Maximum Patients (confirmed only) |
|--|---|-----------------------------------|
| OHSU Hospital | 28 | 21 |
| Sky Lakes Medical Center | 26 | 26 |
| Kaiser Permanente Sunnyside Medical Center | 24 | 24 |
| Hillsboro Medical Center | 21 | 20 |
| Legacy Emanuel Medical Center | 19 | 18 |
| Asante Three Rivers Medical Center | 18 | 18 |
| Adventist Health Portland | 17 | 17 |
| McKenzie-Willamette Medical Center | 17 | 17 |
| Good Samaritan Regional Medical Center | 17 | 14 |
| Asante Rogue Regional Medical Center | 16 | 16 |
| Providence Willamette Falls Medical Center | 16 | 16 |
| Legacy Good Samaritan Medical Center | 15 | 14 |
| Mercy Medical Center | 12 | 12 |
| Asante Ashland Community Hospital | 10 | 10 |
| Legacy Meridian Park Hospital | 10 | 10 |

The hospitals listed in Table 8 reported 1–9 COVID-19 patients 10/25/2021 through 10/31/2021. Hospitals not listed in either table did not report any COVID-19 patients during the week.

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Table 8. Hospitals reporting 1–9 COVID-19 patients.

| Hospital |
|---|
| Adventist Health Tillamook |
| Bay Area Hospital |
| Columbia Memorial Hospital |
| Curry General Hospital |
| Good Shepherd Health Care System |
| Grande Ronde Hospital |
| Harney District Hospital |
| Kaiser Permanente Westside Medical Center |
| Lake District Hospital |
| Legacy Mount Hood Medical Center |
| Legacy Silverton Medical Center |
| Lower Umpqua Hospital |
| Mid-Columbia Medical Center |
| OHSU Doernbecher Children's Hospital |
| Providence Hood River Memorial Hospital |
| Providence Milwaukie Hospital |
| Providence Newberg Medical Center |
| Randall Children's Hospital at Legacy Emanuel |
| Samaritan Albany General Hospital |
| Samaritan Lebanon Community Hospital |
| Samaritan North Lincoln Hospital |

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| Hospital |
|---|
| Samaritan Pacific Communities Hospital |
| Santiam Hospital |
| Southern Coos Hospital and Health Center |
| St. Alphonsus Medical Center - Baker City |
| St. Alphonsus Medical Center - Ontario |
| St. Anthony Hospital |
| St. Charles Madras |
| St. Charles Prineville |
| St. Charles Redmond |
| VA Portland Health Care System |
| Wallowa Memorial Hospital |
| Willamette Valley Medical Center |

ZIP code

OHA is publishing data on cases at the ZIP code level, available online at:

<https://public.tableau.com/profile/oregon.health.authority.covid.19#!/vizhome/OregonCOVID-19CasesbyZIPCode/OregonsCOVID-19CasesbyZipCode?publish=yes>.

Summary table of all zip codes available here:

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<https://public.tableau.com/profile/oregon.health.authority.covid.19#!/vizhome/OregonCOVID-19CasesbyZIPCode-SummaryTable/CasesbyZIPCodeSummaryTable?publish=yes>.

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@dhsosha.state.or.us.