

Oregon Health Authority Media Briefing, October 13, 2022

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Good morning. I'm Dr. Dean Sidelinger, health officer and state epidemiologist at Oregon Health Authority (OHA). Thanks for joining us today for our October update on the state's continued response to COVID-19.

Today I want to highlight the latest trends we are seeing with COVID-19 in Oregon. I will also provide an update on the status of hMPXV (monkeypox virus) in Oregon, including current case information and the availability of monkeypox vaccines.

Let me begin with the latest milestone in ensuring that all people are protected against COVID-19, including some of our youngest residents.

Yesterday, the U.S. Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) expanded Emergency Use Authorization of COVID-19 vaccine boosters for children 5-11. The Western States Scientific Safety Review Workgroup met last night and affirmed the new eligibility recommendations.

That means that as of today, all people age 5 and older are recommended to receive an age-appropriate bivalent mRNA booster dose at least two months after finishing a primary series or prior monovalent booster dose. OHA data show that there are nearly 343,000 persons between the ages of 5-11 in Oregon.

Just before Labor Day, the federal agencies and Western states approved the Pfizer bivalent boosters for ages 12 and older and the Moderna vaccine for ages 18 and older. This week's news is the next step in expanding protection to all ages.

Pfizer's booster for ages 5-11 is a smaller dose than its currently authorized booster for ages 12 years and older. Moderna's bivalent booster, for ages 6-17, is the same dose formulation as the product authorized for people 18 years and older. Vaccine recipients also can mix brands from the ones they used getting their primary series.

The newly approved bivalent boosters target the BA.4 and BA.5 Omicron subvariants and also protect against the original COVID-19 virus strain. We know

that vaccine effectiveness, particularly from infections, wanes over time. The new bivalent boosters that are widely available throughout Oregon will provide better protection against currently circulating strains than the original vaccines.

The Pfizer and Moderna mRNA vaccines went through extensive clinical trials before they updated their formulas for the bivalent booster, similar to how the influenza vaccine gets updated every year. Both have been deemed safe.

Young people who are now eligible based on their age and the timing of their original series do not need to have had previous boosters to get the new bivalent boosters. The boosters are free and no insurance or proof of residency is required.

As of today, COVID-19 vaccine providers in Oregon can begin administering bivalent booster vaccine to anyone age 5 and older, if providers have received their vaccine supplies and are ready to serve parents and children.

Because demand for all vaccines is typically higher this time of year, in Oregon and nationally, and because the first wave of boosters coming to Oregon are based on pre-orders, it may take some time to schedule your child's booster appointment.

We encourage parents and caregivers to make sure their vaccine provider has supplies of COVID-19 boosters and flu vaccine when they schedule appointments. It is safe for young people, ages 5 and older, to get the flu shot at the same time they get their COVID-19 vaccine or booster. We also encourage parents and caregivers to talk to their pediatrician if they have questions.

I also want to thank everyone in Oregon who has already been vaccinated and has received a bivalent booster. As of this week, nearly seven in 10 residents have completed their original series, providing a high level of protection to a large proportion of our population.

As of yesterday, more than 259,000 bivalent booster doses have been administered statewide by OHA clinics, Tribal and public health partners, pharmacies and health care providers. All told, 6.1% of all people in Oregon have received the new bivalent booster compared to 3.5% nationwide.

Also this week, OHA updated data on other key indicators for tracking the impact of COVID-19 as we head into our third fall living with the disease. While we are all

tired of talking about COVID-19, Oregonians are still getting sick with the disease. My thoughts are with all of those recovering from the disease, caring for a loved one or mourning the loss of someone close to them.

As we reported in September, OHA has shifted resources from daily to monthly reporting of COVID-19 data, allowing us to focus on a wider set of public health concerns, including other respiratory viruses, the monkeypox outbreak and our ongoing work to eliminate health inequities.

Since Sept. 7, daily reported case counts have fallen in Oregon from a rolling seven-day average of 580 cases as of Sept. 7 to 482 cases as of Oct. 12. By comparison, CDC shows a national seven-day moving average that is also trending slightly downward. Test positivity — another measure of COVID-19 spread — is down in Oregon, from the 7.2% reported Sept. 7, to 6.8% reported Oct. 12.

OHA continues its collaboration with nearly three dozen communities statewide and Oregon State University to monitor COVID-19 transmission through wastewater monitoring and testing. Wastewater surveillance shows that general declines in viral concentrations since mid-July have begun to taper off, and some increases in infection levels are being detected starting in late September.

As we have shared since March, the number of reported cases do not fully show the level of COVID-19 circulating in Oregon. Many people in Oregon take at-home tests and the results are not reported to public health. Many others are not testing. From tests reported to local public health, and through our wastewater monitoring effort, we can still determine that while disease is coming down, there is still a high level of COVID-19 transmission in Oregon.

On Oct. 6, the CDC reported nine counties in eastern and southern Oregon were in the CDC's medium COVID-19 community level, indicating those who are immunocompromised or at increased risk for severe disease should consider wearing a mask for greater protection. This is similar to our last update Sept. 7, when one county recorded a high level of COVID-19 community transmission and seven counties recorded medium community levels.

As of yesterday, OHA data continue to show that the Omicron subvariant BA.5 remains the predominant strain in 91% of the sequenced samples.

I would now like to highlight hospitalization numbers.

We have seen an overall decrease in the number of hospitalized patients with COVID-19 in Oregon, from a peak of 464 on July 17. As of today, the number of COVID-19-positive patients in hospitals is 248, down from 272 from the week prior.

The number of COVID-19-positive patients in hospitals and receiving ICU care is still far below the large peaks we saw during the Delta surge in late summer 2021 and the Omicron surge this past winter. As of Oct. 12, there were 29 COVID-19-positive patients in ICU beds, up one from a week earlier.

However, hospitals are still straining under disruptions to care during the pandemic and health care workforce shortages. OHA remains in close contact with hospital partners and the Oregon Legislature on proposals to support health care systems to address these challenges.

Based on modeling and national data, we also anticipate that seasonal influenza this fall and winter will pose a greater burden on hospitals. The best protection available is a seasonal flu shot, which can be found throughout the state. It is safe and effective to get your flu shot when you get your COVID-19 vaccine or booster.

For those who become ill from COVID-19, antivirals remain an available treatment to help prevent severe disease and hospitalization. You can find out about treatments on OHA's COVID-19 website.

If you are at increased risk because of your age or underlying health conditions, please make a plan for how and where you will get tested and receive treatment, in case you get the flu or COVID-19. Those who don't have a health care provider can contact their local health center or call 2-1-1.

hMPXV/Monkeypox Update:

I'd now like to provide an update the status of monkeypox — or hMPXV — in Oregon. All of the data indicate that its spread is slowing, thanks to the work of public health and our community and medical partners — as well as changes those most at risk have made.

First, for those who have been affected by monkeypox — people who have had the disease or know someone who has — you are in my thoughts. Although monkeypox does not spread easily, a monkeypox diagnosis can be frightening and create a lot of anxiety. Anyone who has close skin to skin contact with someone who has monkeypox can become infected — there's no shame in finding out you have monkeypox. A rash or sores brought on by the virus can be very painful, leave lasting scars and, unfortunately, can be stigmatizing, particularly for gay and bisexual men or other men who have sex with men who have been most affected during this outbreak.

But as we look to a brighter future in our COVID-19 response — with people in Oregon continuing to get the bivalent boosters and the coming availability of boosters for children 11 and younger — we are feeling similarly optimistic about monkeypox.

Make no mistake: Monkeypox is still with us. We continue to see new cases every day.

As of yesterday, there are 230 presumptive and confirmed cases of monkeypox in Oregon, with illness onset ranging from June 7 to Sept. 30. The cases are in 9 counties: 11 in Clackamas, 2 in Columbia, 1 in Coos, 1 in Hood River, 22 in Lane, 8 in Marion, 157 in Multnomah, 1 in Union and 27 in Washington.

About 9% of cases identify as Mexican, 2.7% of cases identify as South American, and 10.3% of cases identify as Other Hispanic or Latino a/x/e. Case counts for Central American were too low to calculate a percent.

However, the number of new daily cases being reported to OHA has slowed significantly over the last two months, with about 10 cases per week in September compared to about 30 cases per week at the peak of the outbreak in early August. Our epi curve shows that we are at the bottom of the downhill side of that curve, meaning that cases have leveled off at their lowest numbers since the start of the outbreak.

This is due to the behavior changes that those most at risk have made — including choosing to be vaccinated. I appreciate all of the great work of community-based organizations and local public health authorities continue to do to get the word out

about monkeypox, who is most at risk of infection and how the virus can be prevented or treated. This outreach has involved sharing information with people in places where they are at higher risk for the close, prolonged, skin-to-skin contact that can easily spread the virus, such as large events and settings where large numbers of people congregate, such as bars, clubs, parties, saunas and bathhouses.

Using new guidance published in September, OHA also has encouraged vaccine provider partners to think creatively in planning vaccine events, such as recommending providers work in partnership with community-based organizations or local businesses to offer “venue-based vaccine events” that prioritize communities most affected by monkeypox, which will make vaccines more accessible and acceptable. Venue-based vaccine clinics are those that occur in spaces or at events frequented by people from communities most affected by monkeypox. For example, OHA and partners have been offering vaccines at large community events, nightclubs and bathhouses.

OHA’s guidance also has advised that anyone who requests the vaccine at community-based vaccine events should receive it. We still have a tremendous amount of work to do to ensure that individuals from communities of color receive vaccines at higher rates — as they, unfortunately, are more impacted in this outbreak.

Final Remarks:

Finally, I want to share a few final words on our Oregon’s evolving pandemic response. We are now approaching a cadence similar to our public health response to seasonal influenza, with updated COVID-19 shots matched to the currently circulating strains for most of the population.

As federal resources begin to shift to other priorities, OHA has begun to close its high-volume vaccine clinics, beginning this month. We’ll share those closures on our [website](#) and on social media and other channels.

As long as they are open, the high-volume clinics remain a quick and convenient way to get vaccinated and boosted. The clinics welcome walk-ins, or drive-ups in some locations, and do not require appointments, insurance or proof of

citizenship. We'll also continue to operate mobile clinic events with community partners to support priority populations.

Pharmacies, community clinics and health care providers remain great locations to receive a COVID-19 vaccinations and booster. The [Get Vaccinated Oregon](#) (GVO) tool lets you search for vaccines and boosters by location and vaccine product in your community.

Finally, I want to thank everyone in Oregon who continues to support their neighbors and take care of one another. In addition to being up to date with all your vaccinations, well-fitting masks can continue to be required in health care settings and can be used in other indoor settings, where many of us will be spending more time through the winter. For people at high risk, or those who care for or live with someone at high risk, masks worn indoors offer extra protection and peace of mind.

And with that I will open it up to questions from reporters.