

OHA Media Briefing (Jan. 12, 2023)

Dr. Dean Sidelinger, Health Officer and State Epidemiologist, OHA

Good morning. I'm Dr. Dean Sidelinger, health officer and state epidemiologist with Oregon Health Authority. Thank you for joining us. As we begin 2023, I am hopeful for the situation we are facing.

As we did during December's monthly COVID-19 media briefing, I will share what we know about the status of the three respiratory viruses we've been watching closely over the past few months, including RSV, influenza and, of course, COVID-19. I will also provide a brief update on mpox, or monkeypox virus. For everyone who is sick or caring for a child or loved one – my thoughts are with you. We are still seeing Oregonians get sick.

I want to again thank the health care partners from Providence, OHSU and Legacy who joined our December briefing to help us get the word out about preventing respiratory virus transmission over the holidays. People heard directly from these experts about the strain hospitals were under and why we needed to keep loved ones at risk of severe illness – especially young children – safe and healthy.

I also want to thank everyone in Oregon who took these experts' advice and wore masks, kept their distance from others, avoided gatherings, and got their flu and COVID shots to reduce transmission. I know many of you made the tough decision to postpone or limit that family get-together or forego that holiday concert or play. Please know our public health and health care partners appreciate your sacrifice.

These measures helped limit transmission during the holidays and I have promising news to share.

While overall respiratory virus activity in our communities remains high and our hospital systems are still under extraordinary pressure, with some operating near, at or even above 100% capacity, we are seeing some improvements in respiratory virus hospitalizations. Unfortunately, our hospitals are not yet able to resume normal workflows.

RSV

RSV was the first respiratory virus surge we experienced and, thankfully, it has improved the most. We are well past the peak of RSV in children, which occurred on Nov. 19, and hospitalizations are decreasing rapidly. This is very important for pediatric hospital capacity because RSV causes severe disease mostly in young children, although it can also affect the elderly.

Flu

Influenza activity remains high in both adults and children. We are past the peak of the season in adults, which occurred on Dec. 3, but hospitalizations in children have largely plateaued and are only just beginning to decrease. We believe that adult influenza will continue to decline and that cases among children will begin to decrease more rapidly soon as well.

COVID-19

COVID-19-related hospitalizations increased quickly in November and remain higher than their previous baseline but have dropped in the last week. National forecasts are predicting that COVID-19 hospitalizations will remain at their current level for the next few weeks.

Dr. Peter Graven and his OHSU modeling team, in their statewide forecast published Jan. 6, are predicting a small *increase* in the number of people hospitalized with COVID-19 into February caused by the highly contagious COVID-19 Omicron variant known as XBB.1.5.

The forecast anticipates 367 people will be hospitalized with COVID-19 in Oregon as of Feb. 4, up from 342 reported on OHA data dashboards Jan. 4.

XBB.1.5 variant

OHA and its health care and local public health partners are keeping an eye on the new XBB.1.5 Omicron subvariant that is spreading rapidly in the northeastern United States as it outcompetes other variants, including BA.5 and BQ.1.

XBB.1.5 is not yet widespread in Oregon; our genomic surveillance last detected XBB.1.5 in mid-December when it comprised less than 5% of all variants circulating. However, we do expect rapid XBB.1.5 growth in the coming weeks and are monitoring sequencing data closely.

While XBB.1.5 does appear to be the most transmissible COVID-19 variant so far, at this time there is no evidence that it is associated with more severe COVID-19 infection.

In general, we are not seeing a significant cause for concern about XBB.1.5 right now. Variants are expected to emerge over time, and there is no evidence that XBB.1.5 is more harmful than the currently circulating Omicron subvariants. Bivalent boosters do provide protection against this subvariant, and other Omicron subvariants, including BA.2.75, from which XBB.1.5 is derived.

Protection

So how can you protect yourself?

Even though we're seeing signs of improvement in respiratory virus activity, we need to keep up our efforts to protect ourselves and our loved ones from RSV, influenza and COVID-19.

1. First, it's never too late for a flu shot. As I said earlier, flu activity remains high, and hospitalizations among children have mostly leveled off, but haven't begun to significantly decrease. There is always the possibility of a second influenza wave and the flu shot this year is very well matched to circulating virus.
2. Second, get your COVID-19 booster, and if you haven't yet gotten the first two primary doses, please do so. It's the best way to protect you as the highly contagious XBB.1.5 variant makes its way toward Oregon. It will get here eventually, and we want you to be ready.
3. Then, of course, there are those tried-and-true measures that our health care partners reminded you of last month: wear a mask indoors whenever you can, consider limiting large indoor social gatherings, practice

respiratory etiquette like covering coughs and sneezes, wash your hands and stay home when sick.

EVERY one of us has a role to play in slowing the spread of these viruses as we go through winter – and that will help our health care system ensure that hospital beds are available for those who need them most.

Mpox

I'd now like to provide a quick update on mpox, in Oregon.

As we previously reported, while we did see a brief uptick in mpox cases in late October, they have dropped dramatically following a peak in early August. The 10 to 15 mpox cases diagnosed per week during the height of the outbreak have, once again, returned to a trickle – before our brief spike in October, newly diagnosed cases dropped to just two to three cases per week. We now are seeing fewer than five cases diagnosed each month.

As a result, we are shifting our reporting cadence on our mpox website and data dashboards from weekly to monthly. That means we are also changing our updating to the demographics dashboard to every other month.

We believe these low case counts reflect what we have seen over the last several months, and where we are focusing our efforts:

1. Preliminary vaccine effectiveness data indicate that the Jynneos vaccine is effective against mpox.
2. Two doses of the vaccine offer the best protection for those at greatest risk.
3. Health care providers can – and should – integrate the Jynneos mpox vaccine into routine health maintenance. We are asking providers to recommend and provide Jynneos to patients who are testing for HIV/STI, starting or continuing on pre-exposure prophylaxis, or PrEP, living with HIV, and to transgender and non-binary patients.

All told, Oregon has seen 270 cases of mpox – including 268 adults and two children – since the start of the outbreak in early June, with 12 counties reporting cases.

We are not quite ready to declare victory against mpox, as we expect to keep seeing a handful of cases over the coming months. But we are in a much better place than we were in August and October, and we will continue to work with our partners to promote testing and vaccination among those at risk for infection.

Closing

We are moving into our fourth year battling COVID-19. We are all tired – and want to move on without thinking about the infections that are facing us – but we still have loved ones and neighbors who are getting sick. Let's all take some steps to keep ourselves, our kids, and our loved ones safe.

With that, I'm happy to take your questions.