

OHA Media Briefing (Feb. 9, 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.

We are now well into the new year, with spring rapidly approaching, and I'm happy to report there's reason for optimism in the months ahead.

Overall, respiratory virus hospitalizations in Oregon have decreased significantly. And influenza and RSV spread in our communities continues to decrease, which means even fewer hospitalizations are expected in the coming weeks.

We are keeping an eye on a recent uptick in COVID-19 activity, and we remain alert to the possibility of a second influenza wave driven by influenza B.

Masking in health care

Let me first give an update on the masking requirement for health care settings.

As you know, when we decided to lift the mask requirement for public indoor settings and schools on March 19, 2022 – as hospitalizations decreased and more people in Oregon stepped up to get vaccinated and boosted – we kept in place the mask requirement for health care settings to protect workers and the people they care for.

This requirement for health care settings covered those who work in any place where health care is delivered – hospitals, long-term care facilities, mobile clinics, ambulances, outpatient facilities, dental offices, urgent care centers, counseling offices, school-based health centers, complementary and alternative medicine locations. Exceptions were health facilities or medical offices where no health care is delivered and no patients are allowed, or areas that are *physically separated* from patient care areas.

Members of our health care workforce have been on the front lines of Oregon's response to the COVID-19 pandemic throughout this public health emergency. They have weathered Delta and Omicron surges. They, and people in their care, needed the added protection of masks, which have proven themselves over the

course of the pandemic to be highly effective means of reducing virus transmission, not only of COVID-19, but other respiratory viruses including influenza and RSV.

But we recognize that we are entering yet another important, more sustainable phase of the pandemic. Even as we monitor for temporary increases in COVID-19 and influenza B activity in the coming weeks, overall hospitalizations are expected to continue trending downward. And 86.6% of people 18 and older in Oregon have received at least one dose of the COVID-19 vaccines, while 24.5% have also gotten the bivalent booster.

If these trends continue, we may be able to safely lift the health care masking requirement over the coming months. Thank you to all the health care providers who continue working so hard to provide care for us as we need it. But we are still operating under an emergency because of the hospitalizations for patients with respiratory diseases, which allows our health care partners additional flexibility to care for patients that show up for care.

Any change to the health care masking requirement must be made carefully, in consultation with our health care and local public health partners, and OHA senior health advisors and leaders. As we move through this new phase of the pandemic, please know we are reexamining all pandemic-related policies in place, including masking in health care settings, and we'll be sharing additional information as it becomes available.

Now for the numbers.

RSV

RSV activity has dropped significantly since its peak during the week ending Nov. 19, when more than 25% of RSV tests were positive and the RSV hospitalization rate in children reached 13 per 100,000. RSV test positivity is now at 5.2%, and we're seeing just under two hospitalizations per 100,000 children. RSV continues to circulate and may continue causing a handful of illnesses through early spring, but we are close to the end of RSV season.

Flu

As I shared earlier, we have seen a recent slight rise in influenza activity driven by influenza B virus. We do often see increases in influenza B late in the flu season as cases of the seasonally predominant influenza A virus decrease, leaving flu B to essentially fill the void. This is why we continue to remind people – especially parents of young children – that it’s not too late to get a flu shot, as influenza B tends to cause more severe illness in children and young adults.

During the 2022-2023 season, we experienced the earliest seasonal peak of influenza since the H1N1 pandemic in 2009. Not surprisingly, we have also seen the earliest *plunge* in flu activity in that time. Influenza test positivity peaked at 32.3% in early December and is now at 0.8%. By comparison, the peak of the 2017-2018 season wasn’t reached until mid-March, and test positivity didn’t drop below 5% until the end of April.

This tracks closely with what’s happening across the country, as seasonal influenza activity continues to decline nationwide and the proportion of laboratory specimens testing positive for influenza declined for the seventh consecutive week.

COVID-19

COVID-19 test positivity has increased in the last two weeks. However, COVID-19-related hospitalizations have been stable following a steady decline since late December.

We believe that the XBB.1.5 Omicron subvariant is now predominant here in Oregon and is likely the cause of our recent increase in test positivity. We do not know if this will lead to increasing hospitalizations.

Modeling from the Centers for Disease Control and Prevention predicts that COVID-19 hospitalizations will remain flat during the month of February.

Overall, hospital admissions for respiratory illnesses have declined dramatically since early December. However, hospitals remain at or near capacity as large numbers of people continue seeking care for all types of medical conditions.

Winding down

As conditions continue to improve in Oregon, and as our state and the rest of the country finally begin the formal wind-down of the pandemic response after more than three years, we are seeing more positive changes that speak to the normalization – and manageability – of COVID-19 in our lives.

For example, on Feb. 1, the U.S. Food & Drug Administration (FDA) removed the requirement for a positive COVID-19 test result prior to prescribing the antiviral medicines Paxlovid and Lagevrio, which reduce the risk of severe COVID-19 infection in individuals at increased risk.

This change:

- Acknowledges the limited accuracy of COVID-19 tests.
- Allows prescribers to consider symptoms and exposure history when diagnosing and treating COVID-19 infection.
- Ensures anyone with risk factors for severe disease – such as people 50 and older, those with underlying medical conditions, those who are under- or unvaccinated, and individuals from communities of color and tribal communities – can more easily access potentially lifesaving antivirals.

In addition, OHA and CDC guidance empowers individuals at risk for severe illness to prepare for COVID-19 exposure and possible infection – using tools, information and action steps to protect themselves and their families.

The recommendations in the guidance are simple:

1. **Know your risk.** Talk to your health care provider about whether your age, vaccination status or medical condition makes you more susceptible to severe illness.
2. **Make a plan.** Think about how you'll protect yourself and those around you if you become ill with COVID-19 or your community's transmission level changes.
3. **Take action when needed.** Get tested if you have symptoms. If you test positive, contact your health care provider for treatment, or consider telehealth options; let those around you know they may have been exposed; isolate at home at least five days; wear a high-quality mask at least 10 days; and monitor your symptoms.

And give yourself a leg up on reducing your risk of infection by getting the COVID-19 vaccine and booster. Thank you to everyone who has already stepped up – and received their booster – and flu shot!

Mpox

Now I'd like to touch briefly on where we are with mpox.

We continue to monitor mpox activity in Oregon. We are still seeing a small number of mpox cases a month – typically one to two, and often no cases – and we expect this to continue for the foreseeable future as we settle into an endemic phase of the outbreak.

We are working closely with local public health, health care and community partners to get the word out about the importance and availability of the Jynneos vaccine, and to promote vaccination events as they become available.

The total number of mpox cases in Oregon now stands at 270, with cases reported in 12 counties since the outbreak began in June 2022.

Closing

Thank you to my colleagues in public health – our federal partners, my co-workers at the state, local public health staff, tribal public health partners and our community partners who continue working to confront all the challenges put before us. You continue to make a difference.

To those still impacted by the diseases I discussed – my thoughts are with you. Too many Oregonians are still getting sick, battling long-term symptoms, caring for family members or mourning the loss of a loved one.

But, spring is almost upon us, and I hope everyone looks to this season of renewal as an opportunity to reinvigorate those prevention steps that have proven themselves over the last three years, and ensure we and our families, friends and neighbors stay healthy during 2023.

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