

OHA Media Briefing (March 9, 2023)

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

Good morning. I'm Dr. Dean Sidelinger, health officer and state epidemiologist with the Oregon Health Authority. Thank you for joining us.

As we prepare to move into spring in the next couple weeks, my sense of optimism is growing. We have made it through the worst respiratory virus surge this state has ever seen, and conditions with COVID-19, RSV and influenza are better overall than they've been in a long time.

Such optimism was not always easy to muster in the more than three years since we announced Oregon's first COVID-19 case on Friday, Feb. 28, 2020 (I remember the day well ...):

- The daily reports of hundreds of COVID-19 cases and deaths, and the suffering and loss we knew each one brought.
- The worry about the devastation that the next holiday or variant-driven surge would trigger.
- The shortages of vaccines and treatments, and the misinformation about their safety and effectiveness.
- The outbreaks that may have been prevented with masks, physical distancing, and getting vaccinated.
- The Oregonians from vulnerable communities that suffered the greatest from the ravaging effects of the virus.

To those who have experienced – and continue to face - the challenges of a COVID-19 infection, battled long-term symptoms, cared for ill family members or are mourning the loss of a loved one, I know you have suffered, and I share in your worry, your grief and your sorrow.

Today, I'm here to report that the near-term outlook for our state in the battle against COVID-19 and the other respiratory pathogens is good. People in Oregon continue to get the COVID-19 vaccines, with nearly 87% of adults 18 and older having received at least one dose, 78% completing a primary vaccination series, and more than 25% receiving a bivalent booster shot.

Test positivity for respiratory viruses is trending downward, with rates for influenza and RSV now consistently below the thresholds at which we would consider circulation to be a growing concern.

And although hospitalizations for respiratory infections in Oregon have stubbornly remained above 200 per day – with a brief increase in the last month driven by a rise in COVID-19 activity – they, too, are declining overall. Even with recent increases in community transmission of COVID-19, we are not seeing a subsequent increase in hospitalizations.

In fact, we saw numbers under the Oregon Health & Science University modeling team's Feb. 15 forecast, which predicted a peak of 283 people with COVID-19 in Oregon hospitals last Friday (March 3) – on March 1, COVID hospitalizations were at 232, and yesterday they were at 229. But we need to remember these numbers represent people – with families – our neighbors. Too many people continue to get sick. If you haven't yet had your bivalent COVID booster – get it. If you haven't had your seasonal influenza shot—it's not too late.

I feel confident that by next month, our state's hospitalization rates for respiratory diseases will return to lower levels in Oregon hospitals.

As a reflection of these positive developments, we have seen a number of significant changes in our state's response to the COVID-19 pandemic and respiratory virus surge in recent weeks.

Health care mask requirement ends April 3

Last week, we announced that we are lifting Oregon's mask requirement for health care settings effective April 3. These settings include any place where health care -- physical, dental or behavioral health care – is delivered, such as 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.

As we shared Friday, this is a positive step in our ongoing response to COVID-19. Indicators of COVID-19, RSV and influenza spread have significantly decreased in the last several few months and continue to decline. As of yesterday, COVID-19

test positivity is at 9.6%; influenza test positivity is at 0.3%; and we have met criteria for the end of RSV season.

These significant reductions in respiratory virus activity have meant less pressure on our health care system, although we still see high demand for hospital beds already running at or near capacity statewide, which shows COVID-19 continues to be with us. But we are headed in the right direction.

While we are confident that lifting the statewide mask requirement for health care settings is the right thing to do, we recognize this action is cause for anxiety for some people, especially those with chronic conditions or who are immunocompromised who are at higher risk of severe illness from a respiratory infection.

People have a reasonable expectation that the places where they seek medical care are going to be safe. I believe these places are safer now than they ever were earlier in the pandemic or last fall's respiratory surge. But high-risk persons can, and should, take additional steps to protect themselves and reduce their risk – by wearing a mask in these and other indoor settings, and by staying up to date with recommended vaccines and boosters.

Some health care settings may continue requiring masks at their sites, either based on their own policies or federal rules. OHA supports these partners in making those decisions based on local considerations. Check with your health care provider to find out if you may still need to wear a mask during your next visit.

Executive Order 22-23 expired Monday

Supporting the need to end the mask requirement for health care settings – and another criterion for lifting the health care mask requirement – is that Executive Order 22-24, which former Gov. Kate Brown's issued December 7, 2022, expired this past Monday, March 6.

This emergency declaration gave hospitals needed flexibility to respond to a surge in COVID-19, RSV and influenza hospitalizations that pushed many emergency departments and critical care units to the brink last fall. The surge caused many

hospitals around the state, for the first time, to implement crisis standards of care so they could more efficiently adjust staffing and bed use to provide the best care to as many critically ill people as possible.

While this was a very difficult time for our health care partners, it allowed for unprecedented coordination among Oregon hospitals, and state and local agencies. OHA also brought additional health care providers from out of state to help ease the state's hospital capacity issues, and it was able to pursue \$25 million in additional state funding for supplemental nurse staffing contracts to address the critical workforce shortages.

We're relieved to have gotten through this very challenging period, but grateful to have had the opportunity to support our health care partners in ensuring continuity of care for their sickest patients.

Tools to empower individuals at risk

As I shared earlier, it's important that people with chronic conditions or who are immunocompromised consider taking steps to protect themselves as the mask requirement for health care settings ends. This also pertains to caretakers and household members of people with these conditions.

As we move forward in living with COVID-19 in which we manage the constant, but low-level presence of the virus in our communities, we need to shift from a state-level response to a focus on individual risk assessment. We now have access to tools we didn't have at the start of the pandemic: safe and effective vaccines; antiviral medications for preventing severe illness; information on how the virus affects people with certain medical conditions; and resources for understanding the level of transmission in communities.

I want to repeat what I shared at February's media briefing, which is OHA and CDC guidance that empowers individuals at risk for severe illness to prepare for COVID-19 exposure and possible infection with these simple recommendations:

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.

Ending of monthly COVID-19 briefing

Finally, I wanted to share that our monthly COVID-19 media briefing in April will be our last regularly scheduled briefing. We will remain flexible and ready to restart these briefings as conditions with COVID-19 and other respiratory viruses dictate.

I appreciate the incredible commitment of all of you to keep the attention on COVID-19, influenza and RSV throughout the pandemic and during these recent surges. You all are part of the state's public health response during these crises, and I want to thank all of you for your dedication to quickly and accurately delivering critical, lifesaving information to people in Oregon so they could take steps to keep themselves, their loved ones and their neighbors safe and healthy.

Closing

As Oregon's health care system prepares for the end of the state's mask requirement, I want to ask everyone in Oregon to show support, acceptance and kindness for workers, patients and visitors in health care settings, regardless of whether they require masking or choose to wear a mask in these settings. The same goes for anyone, in any indoor or outdoor public space. Wearing a mask offers significant protection and should never be stigmatized.

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