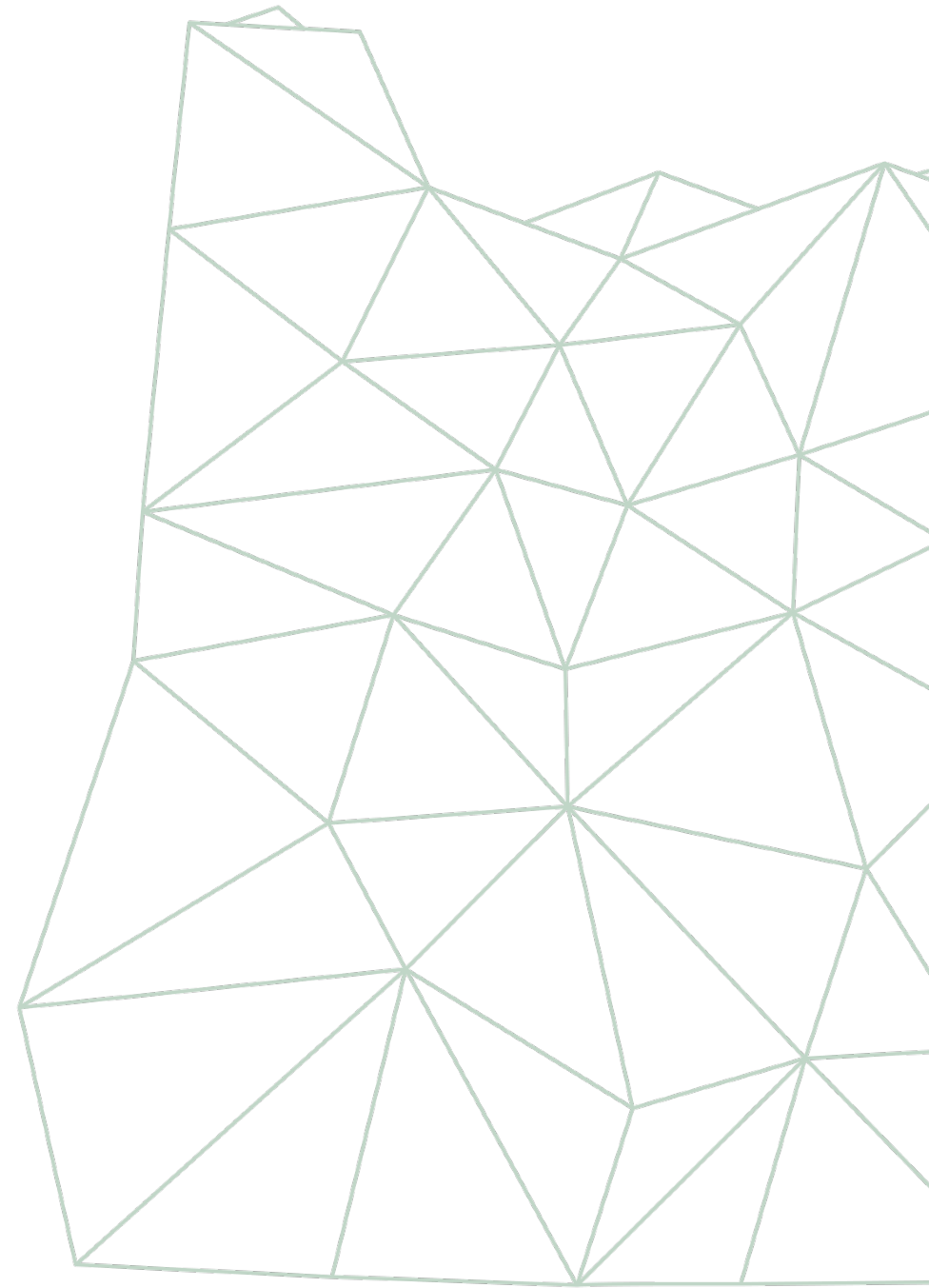




COVID-19 Response ECHO for Oregon Clinicians

Session 4 February 18, 2021



Introduction to COVID-19 ECHO

- Everyone is muted
- Use the Chat Box to submit questions/comments/share links & resources
 - We will strive to select questions directly relevant to the presentations for asking during the session, but will not be able to address all questions. Questions not directly answered will be collated and used in the planning of future sessions
- All sessions will be recorded and available for viewing after the session within 24 hours
- Resources and transcript of today's chat box, PowerPoint slides, and video recording will be posted on our ECHO Network website at www.connect.oregonechonetwork.org (where you registered)
- PLEASE fill out the post-session survey that you'll receive by email today

COVID-19 ECHO Faculty

Facilitator: Eric Wiser, M.D. (OHSU Gabriel Park)

Supporting Faculty:

Holly Tse, M.D. (Legacy Health, Medical Director of Medical Home)

Jay Richards, D.O. (Aviva Health, Chief Medical Officer)

Shelby Lee Freed, M.S.N, F.N.P.-B.C. (OHSU Richmond Clinic)

Tom Jeanne, M.D., MPH (OHA, Deputy State Health Officer and Deputy State Epidemiologist)

Program Support

Tuesday Graham, B.S. (OEN Project Manager)

Miriam Wolf, B.S. (OEN Program Coordinator)

Today's Agenda

- OHA Update
- Brief Q & A for OHA
- Specialty Presentation: Xuan Qin, PhD, Professor of Pathology, School of Medicine, Director of Clinical Microbiology OHSU, *"COVID-19 Variants"*
- Brief Q & A for Xuan Qin



Oregon Health Authority

COVID-19 Update

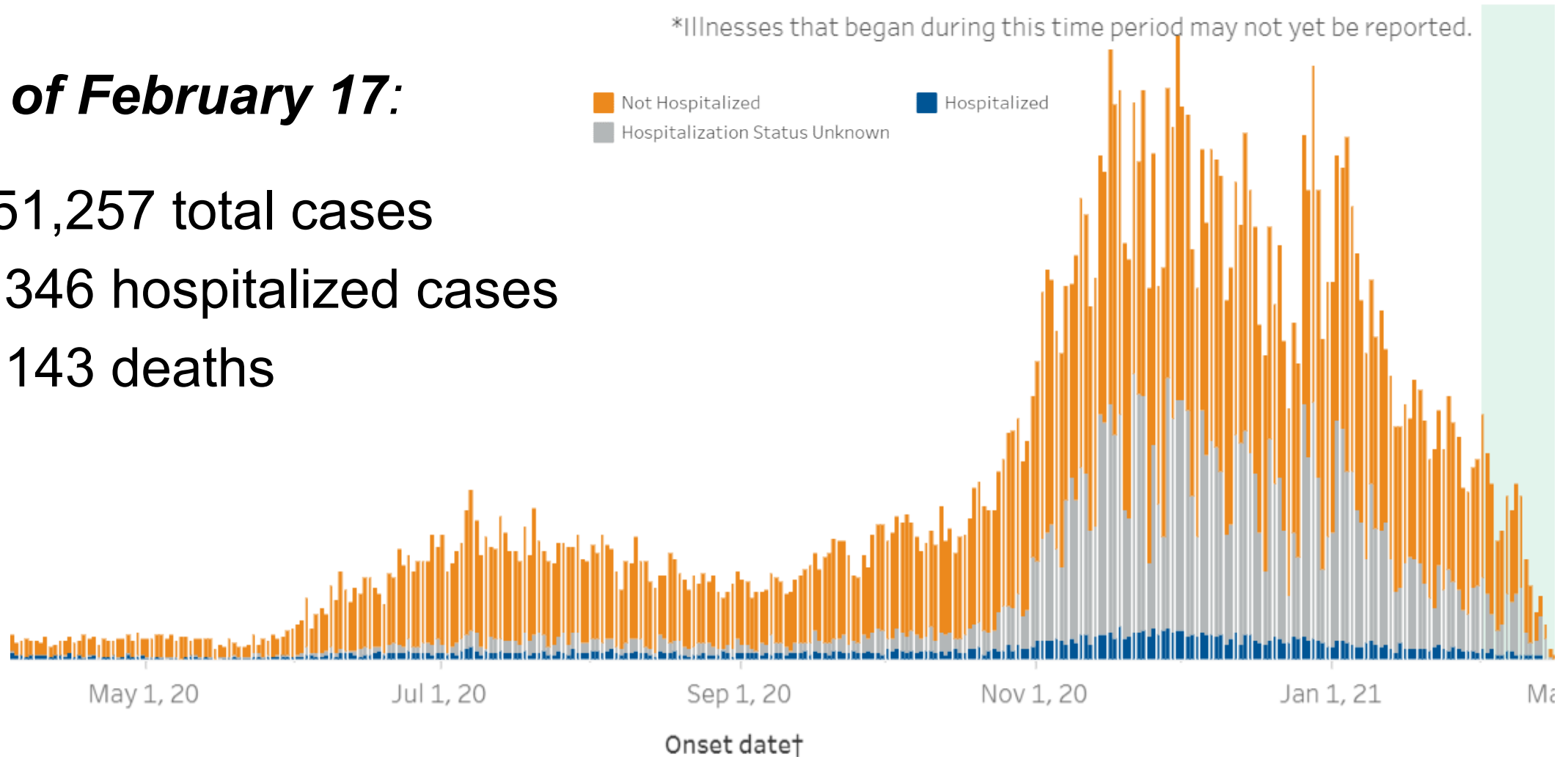
February 18, 2021

Tom Jeanne, MD, MPH

COVID-19 in Oregon

As of February 17:

- 151,257 total cases
- 8,346 hospitalized cases
- 2,143 deaths



Weekly COVID-19 Report

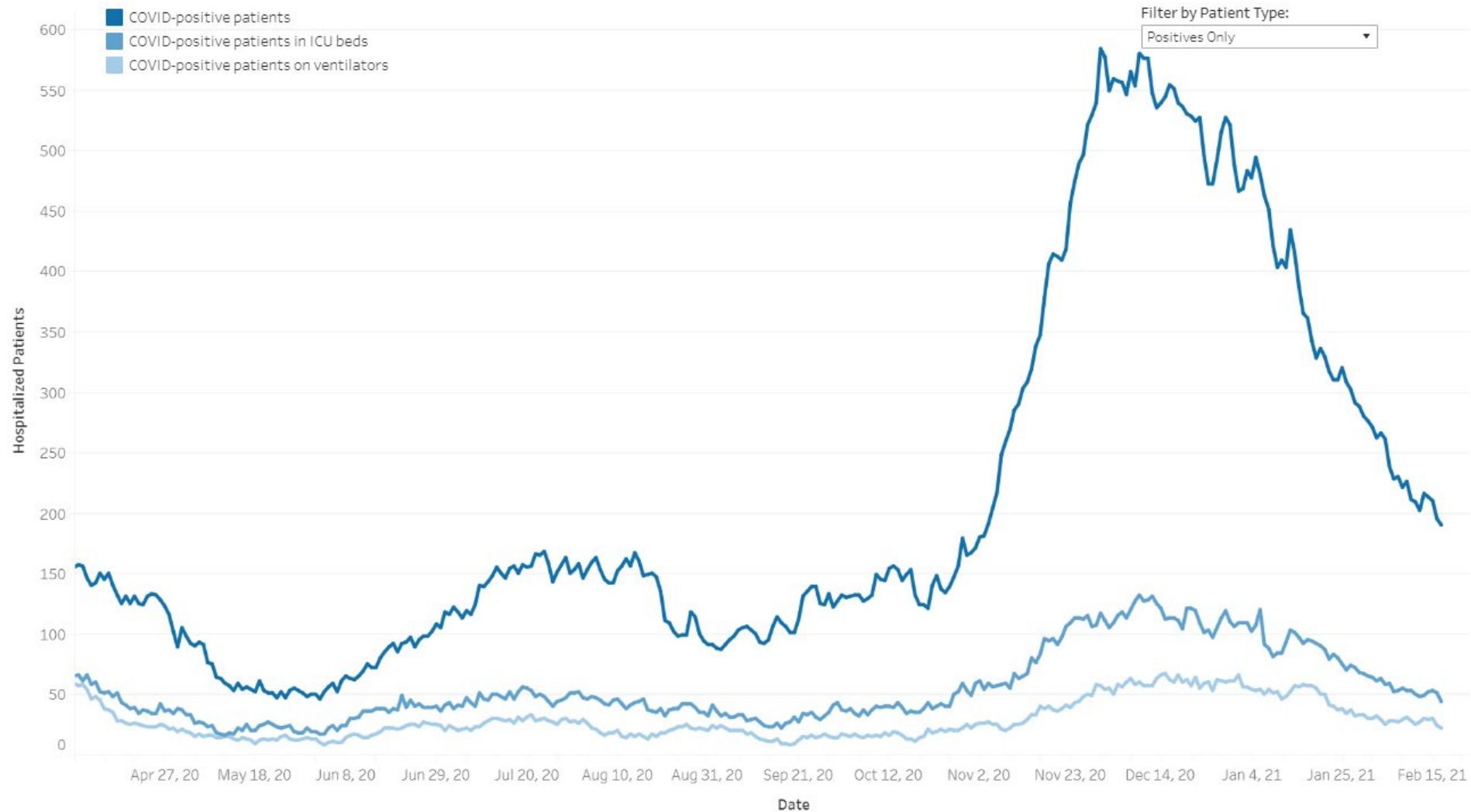
*For the week of **February 8 – 14***

- 3,453 new cases were recorded, a 15% decrease from prior week
- 272 new hospitalizations, an 8% increase from two weeks ago
- 114 Oregonians died in association with COVID-19, a 50% increase from two weeks ago

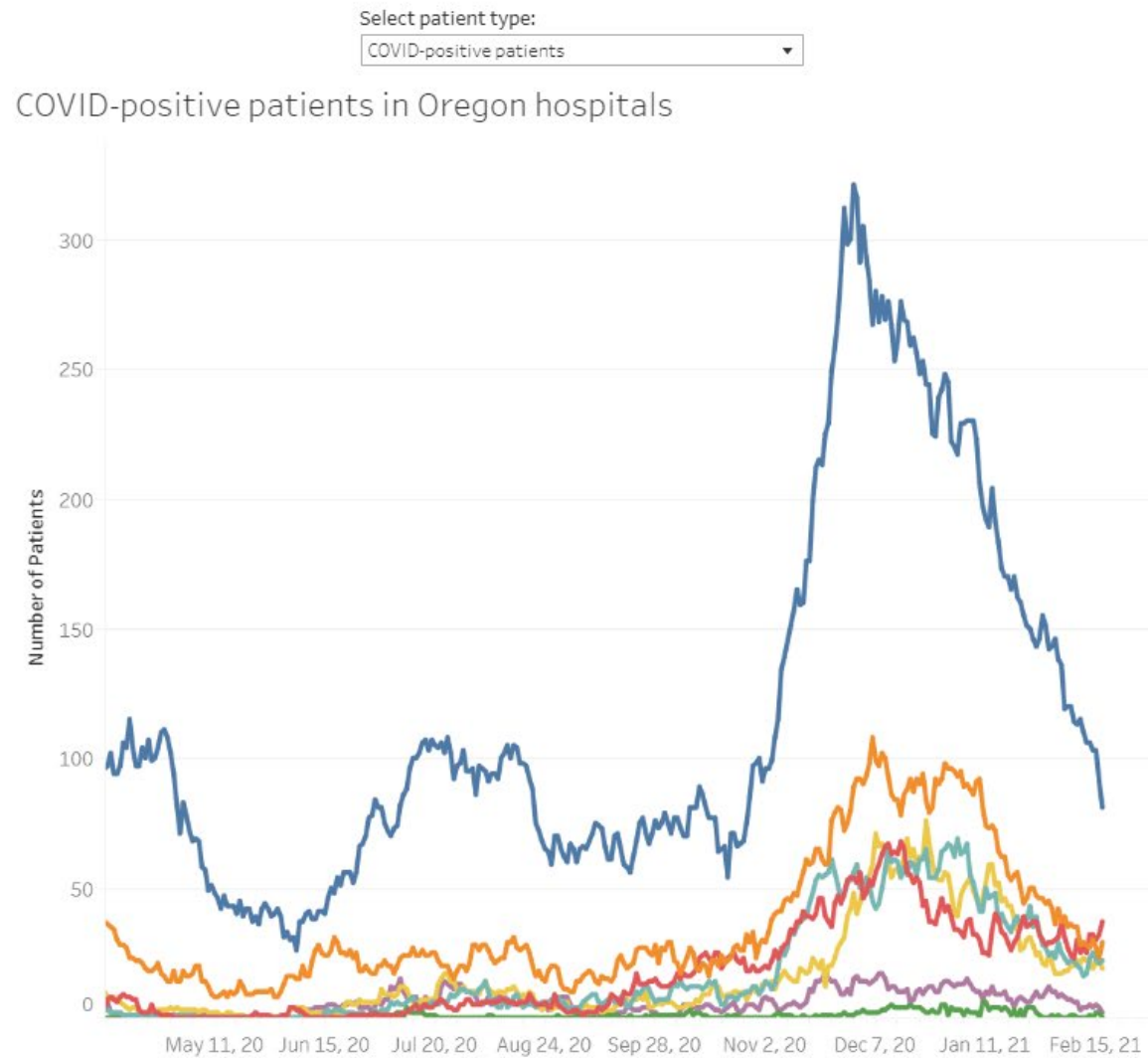
*From **February 7 – 13***

- 102,112 tests for COVID-19
- 3.4% of test results were positive last week

Declining surge in hospital COVID-19 census



COVID-19 patient census by region



Oregon COVID-19 Vaccine Rollout



Vaccine updates

Received FDA EUA and shipping to providers

- Pfizer/BioNTech
- Moderna

Expected soon

- Johnson & Johnson (March)
 - VRBAC Feb 26th
- AstraZeneca (April/May)

Vaccine distribution disruptions

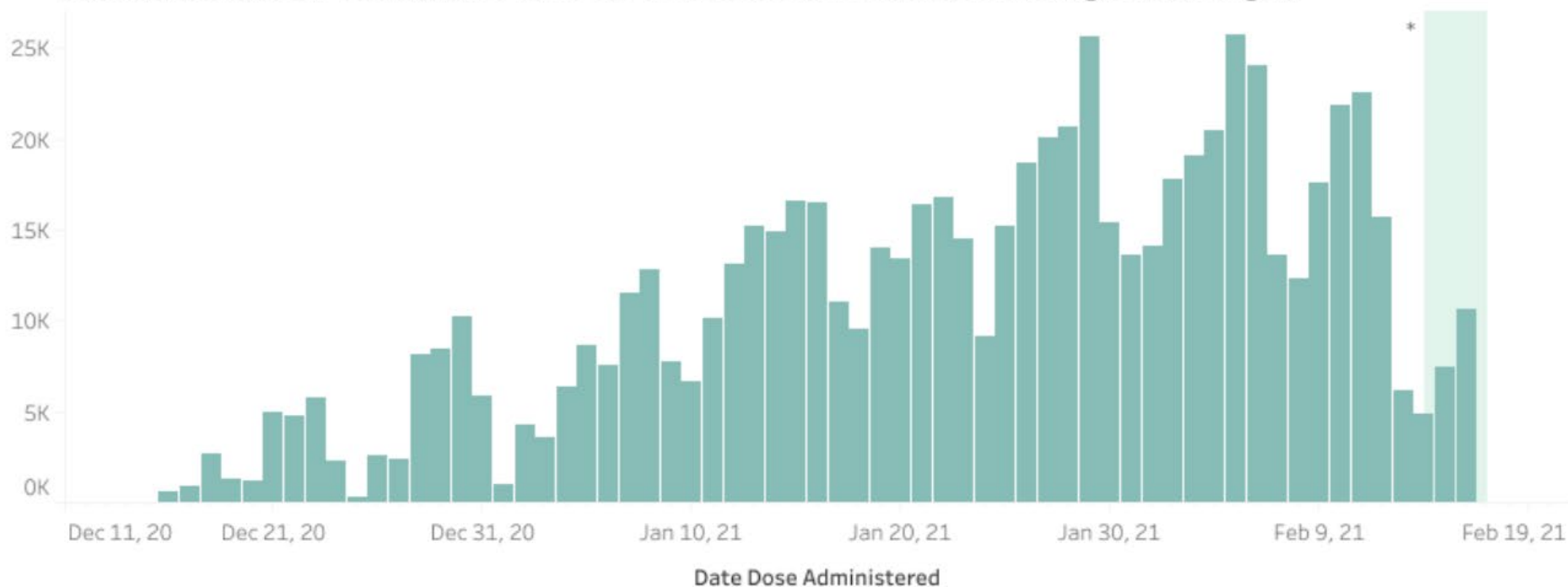
- Severe weather is delaying COVID-19 vaccine shipments across the country.
- These weather-related issues may cause changes to daily number trends reported by OHA in its updates on the cumulative number of doses administered, the daily number of administered doses and the number of doses delivered to Oregon
- OHA remains in regular contact with the Centers for Disease Control and Prevention (CDC) to ensure Oregon doses are safe.
- OHA is assisting Oregon COVID-19 vaccine sites that have lost power to their freezers by moving doses to powered sites to avoid spoilage. We are evaluating the situation and expect to learn more in the next few days.

Vaccination data dashboard

(<https://covidvaccine.oregon.gov>)

Oregon's Vaccination Trend: Doses Administered by Day

This chart shows the total number of COVID-19 vaccine doses that have been given in Oregon.



Doses Administered

707,241

Total Doses Administered

People Vaccinated

290,178

Series In Progress

205,901

Fully Vaccinated

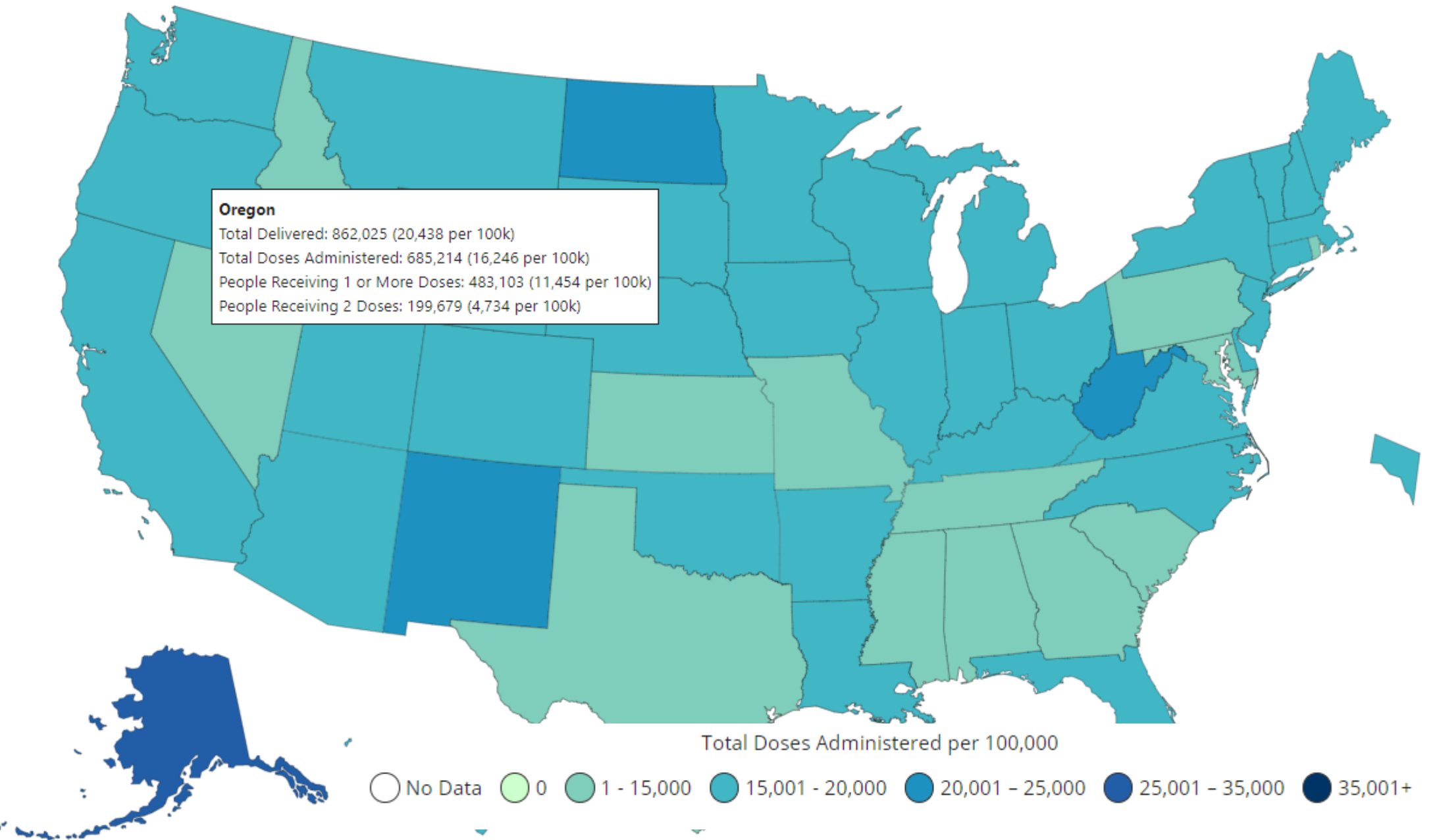
496,079

Total People

Date of administration	Total Doses
Sunday, 2/7/2021	13,602
Monday, 2/8/2021	12,317
Tuesday, 2/9/2021	17,620
Wednesday, 2/10/2021	21,815
Thursday, 2/11/2021	22,535
Friday, 2/12/2021	15,743
Saturday, 2/13/2021	6,203
<i>7-day running average</i>	<i>15,691</i>
<i>Sunday, 2/14/2021</i>	<i>4,892</i>
<i>Monday, 2/15/2021</i>	<i>7,474</i>
<i>Tuesday, 2/16/2021</i>	<i>10,653</i>

Total Doses Administered Reported to the CDC by State/Territory and for Selected Federal Entities per 100,000

As of Feb. 16



Phase 1A Started on December 12, 2020

Everyone in Phase 1A, Groups 1,2,3 and 4 are currently eligible for the vaccine.

Group 1

- Hospital staff with patient care responsibilities
- Urgent care
- Skilled nursing and memory care facility healthcare personnel (HCP) and residents
- Tribal health programs
- Emergency medical services (EMS) providers and other first responders
- All health care interpreters and traditional health workers in any setting within Phase 1a

Group 2

- Other long-term care facilities, including all paid and unpaid HCP, all staff and contractors, including residents who meet the age requirements of:
 - » Residential care facilities
 - » Adult foster care
 - » Group homes for people with intellectual and developmental disabilities
 - » Other similar congregate care sites
- Hospice programs
- Mobile crisis care and related services
- Individuals working in a correctional setting

- Adults and youth in custody 16 years and older

Group 3

- HCPs in outpatient settings serving specific high-risk groups
- Day treatment services
- Non-emergency medical transport (NEMT)
- Paid or unpaid caregivers (including parents or foster parents) of medically fragile children or adults who live at home
- Adults and age-eligible children who have a medical condition or disability who receive services in their homes

Group 4

- All other outpatient HCPs
- Other HCP who provide direct service to people with I/DD and other high-risk populations.
- Other public health settings, such as HCP serving WIC, or CBO's with direct or indirect exposures

People eligible:
400,000 approximately

Phase 1B Started on January 25, 2021

Beyond Date TBD

Oregon's vaccine supply is limited. It is estimated to take until early April 2021 to administer first doses to everyone who is likely to want a vaccine in Groups 1-5 of Phase 1B.

Group 1

- Childcare providers, early learning and K-12 educators and staff
- Eligible week of January 25, 2021**

Group 2

- People 80 and older
- Eligible February 8, 2021**

Group 3

- People 75 and older
- Eligible February 15, 2021**

Group 4

- People 70 and older
- Eligible February 22, 2021**

Group 5

- People 65 and older
- Eligible March 1, 2021**

Educators:

152,000 approximately

People over 65:

795,000 approximately

Subsequent groups will be determined in coordination with the Vaccine Advisory Committee and shared on OHA's COVID-19 vaccine web page. These are examples of groups of people who may included:

- Critical workers in high-risk settings — workers who are in industries essential to the functioning of society and substantially higher risk of exposure
- People of all ages with underlying conditions that put them at moderately higher risk
- General population

Oregon
Health
Authority

Ensuring everyone can access vaccine

- Oregon Health Authority Vaccine Information Tool
- Get Vaccinated Oregon tool
- Vaccine event information by county
- 211info call-in sign-up process
 - Call center now staffed with additional national guard staff to ensure adequate capacity
 - Serves people unable to access the website or requiring other assistance

Federal pharmacy vaccine program partnership rolls out

The Federal Retail Pharmacy Program is a collaboration between the federal government, states and territories, and 21 national pharmacy partners and independent pharmacy networks to increase access to COVID-19 vaccinations across the country.

- The program is now online in Oregon. Shipments arrived on Feb. 10 at 127 retail pharmacies in Oregon.
- This program offers locations in 27 of Oregon's 36 counties. These locations include 103 Safeway/Albertson's locations, 13 Costco Locations and 11 Health Mart (independent affiliate) pharmacies.
- The retail partners in this program will screen for the appropriate age per Oregon's vaccine plan, starting with people 75 and older.

Federal pharmacy vaccine program partnership rolls out

Eligible Oregonians can make appointments at these retailers' websites. However, each site is currently only scheduled to receive 100 doses per week. That means there will not be enough vaccines to immunize all eligible Oregonians at these locations.

The chain pharmacies' websites are as follows; individual Health Marts will need to be contacted directly:

Costco: www.costco.com/covid-vaccine.html

Safeway/Albertsons: www.safeway.com/pharmacy/covid-19.html

Four people test positive after receiving COVID-19 vaccine

- OHA is beginning to receive reports of individuals who have tested positive after receiving a COVID-19 vaccine.
- These are termed “breakthrough cases.” These are people who get sick with COVID-19 at least 14 days after completing their vaccination series.
- As of Feb. 12, we have reported four of these cases
 - Two are in Yamhill County and two are in Lane County
 - The illness in these individuals ranges from asymptomatic to mild. We are working with our local and federal public health partners to investigate these cases and determine their origin. Genome sequencing is underway, and we expect results soon.

Can vaccinated people still spread COVID-19?

February 2 study from Spain in *The Lancet*

- Cohort study of 314 patients with COVID-19 and their contacts
- Viral load (Ct) of index cases in the nasopharynx (NP swab) was a leading driver of SARS-CoV-2 transmission
- Risk of symptomatic COVID-19 was strongly associated with viral load of contacts at baseline and shortened the incubation time of COVID-19 in a dose-dependent manner

February 8 preprint from Israel

- Observational study of specimens from 5,794 patients collected via oro/nasopharyngeal swabs
- Viral load (Ct) was reduced 4-fold for infections occurring 12-28 days after the first dose of vaccine, suggesting lower infectiousness
- Implications for vaccine impact on virus spread

Together, these represent early evidence that vaccinations may indeed reduce asymptomatic transmission

Where to find additional information

Clinical and operational questions: We are prioritizing these questions; you may also find an answer on the [COVID-19 vaccine provider page](#).

Enrolling as a COVID-19 vaccine provider: Your email will be forwarded to our enrollment team. In the future you may email Vaccine.ProviderEnroll@dhsosha.state.or.us. Please also see the materials on the [Provider Enrollment page](#) (scroll down to the Vaccine Planning section).

ALERT Immunization Information System users: Specific ALERT questions will be forwarded to the ALERT IIS Helpdesk. In the future you may email alertiis@state.or.us.

COVID-19 unrelated to vaccine: Visit the main [OHA COVID-19 website](#) or email ORCOVID19.JIC@dhsosha.state.or.us.

Media inquiries: Please contact the COVID-19 Health Information Center orcovid19.media@dhsosha.state.or.us.

If you need more immediate assistance, please call 211 for info at 1-866-698-6155. TTY: dial 711 and call 1-866-698-6155

Questions



Thank you!

Questions

Moderated by Holly Tse, MD





SARS-CoV-2: Genome Epidemiology

Presented by: Xuan Qin, PhD, D(ABMM)
Date: February 18, 2021

The first genome of SARS-COV-2 (Jan 11, 2020)

Severe acute respiratory syndrome x +

ncbi.nlm.nih.gov/nuccore/NC_045512

NCBI Resources How To dmaccannell My NCBI Sign Out

Nucleotide Nucleotide Search

Advanced Help

GenBank

Severe acute respiratory syndrome coronavirus 2 isolate Wuhan-Hu-1, complete genome

NCBI Reference Sequence: NC_045512.2

FASTA Graphics

Go to:

LOCUS NC_045512 29903 bp ss-RNA linear VRL 18-JUL-2020

DEFINITION Severe acute respiratory syndrome coronavirus 2 isolate Wuhan-Hu-1, complete genome.

Send to: Change region shown Customize view Analyze this sequence Run BLAST Pick Primers Highlight Sequence Features Find in this Sequence

JOURNAL Submitted (05-JAN-2020) Shanghai Public Health Clinical Center & School of Public Health, Fudan University, Shanghai, China

COMMENT

Viruses; Riboviria; Orthornavirae; Pisuviricota; Pisoniviricetes; Nidovirales; Coronavirineae; Coronaviridae; Orthocoronavirinae; Betacoronavirus; Sarbecovirus.

REFERENCE 1 (bases 1 to 29903)

AUTHORS Wu, F., Zhao, S., Yu, B., Chen, Y.M., Wang, W., Song, Z.G., Hu, Y., Tao, Z.W., Tian, J.H., Pei, Y.Y., Yuan, M.L., Zhang, Y.L., Dai, F.H., Liu, Y., Wang, Q.M., Zheng, J.J., Xu, L., Holmes, E.C. and Zhang, Y.Z.

TITLE A new coronavirus associated with human respiratory disease in China

JOURNAL Nature 579 (7798), 265-269 (2020)

PUBMED 32015508

REMARK Erratum: [Nature. 2020 Apr;580(7803):E7. PMID: 32296181]

REFERENCE 2 (bases 13476 to 13503)

AUTHORS Baranov, P.V., Henderson, C.M., Anderson, C.B., Gesteland, R.F., Atkins, J.F. and Howard, M.T.

TITLE Programmed ribosomal frameshifting in decoding the SARS-CoV genome

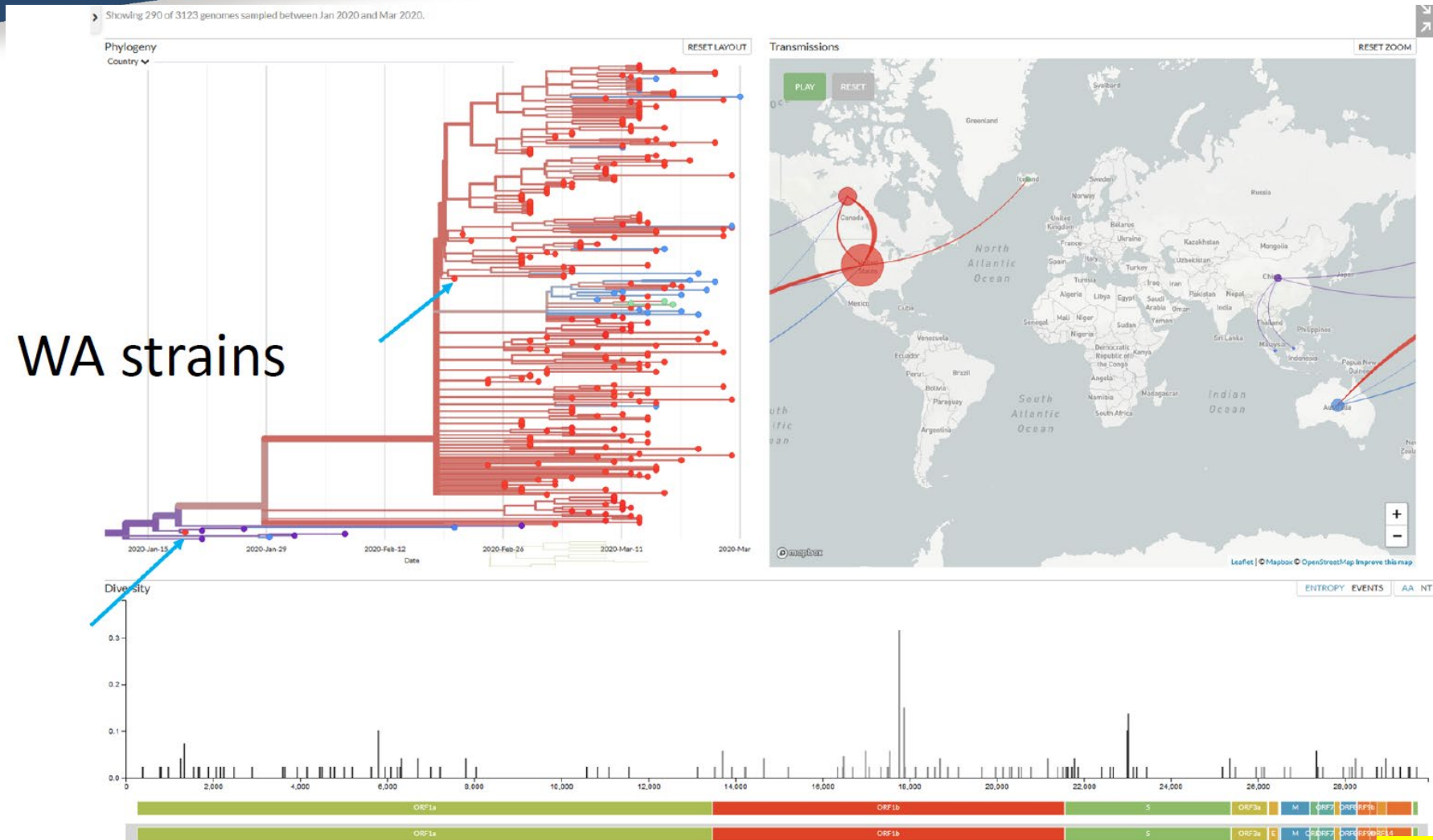
JOURNAL Virology 332 (2), 498-510 (2005)

PUBMED 15680415

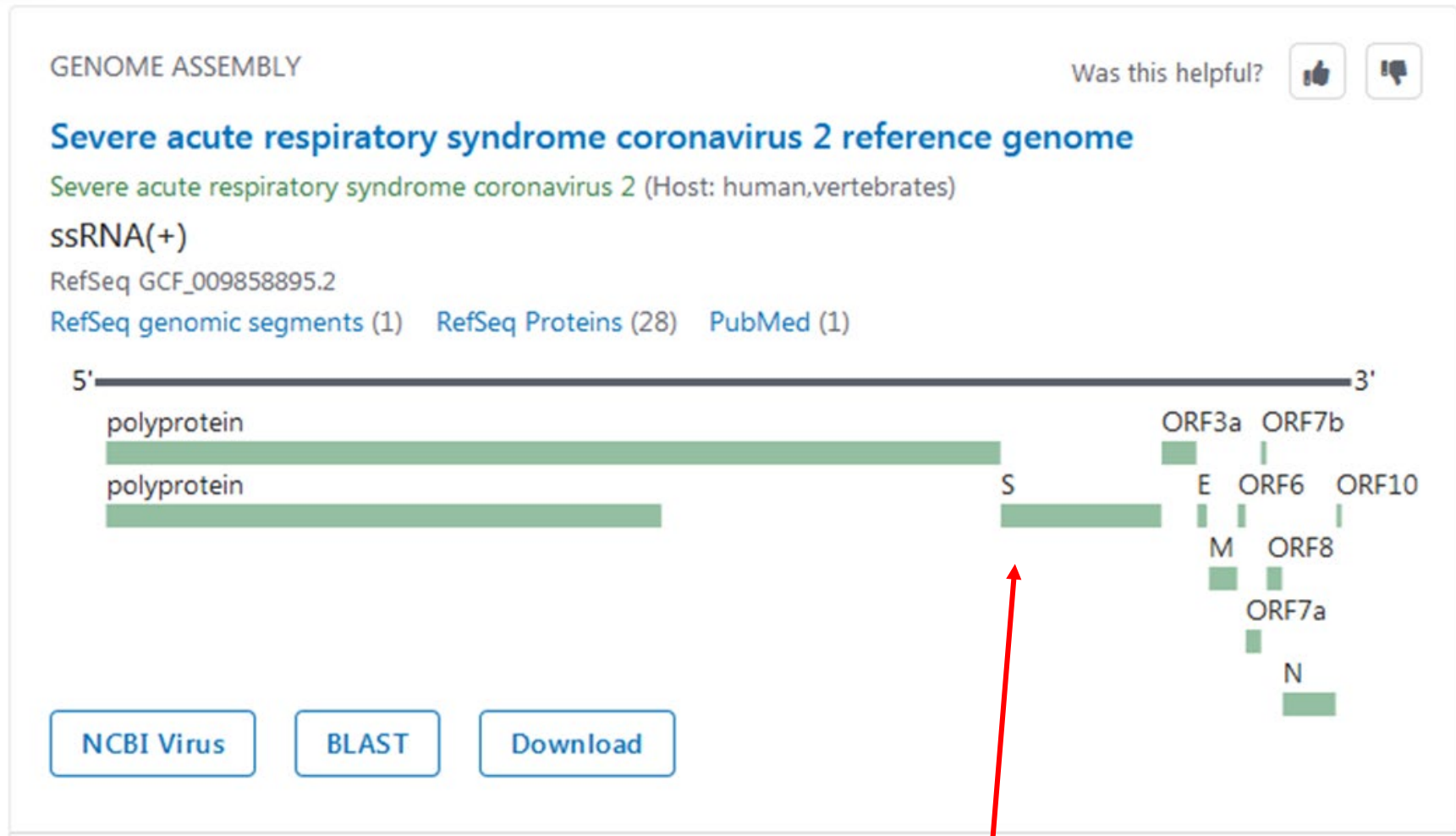
REFERENCE 3 (bases 29728 to 29768)

Related information Assembly BioProject Protein PubMed Taxonomy Full text in PMC Gene Genome Identical GenBank Sequence

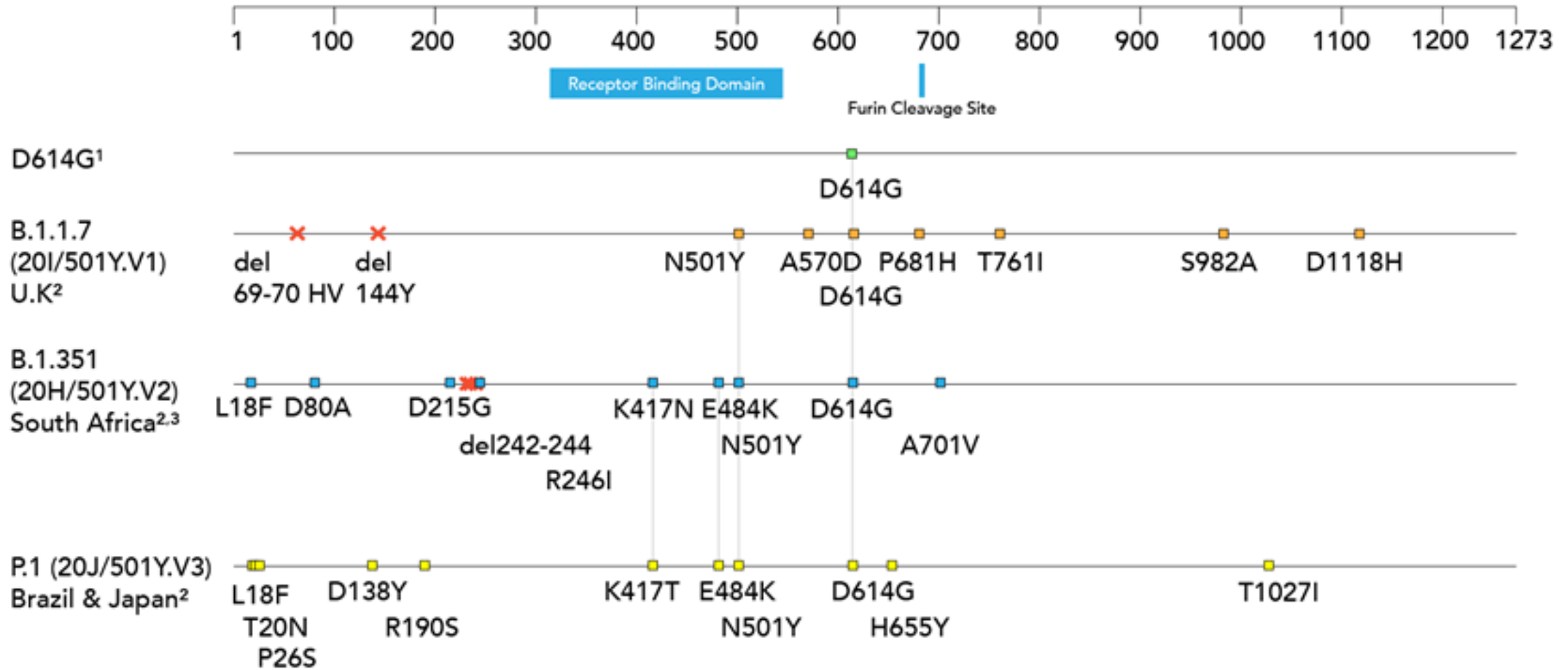
6 weeks of silent transmission mid-Jan to 1st of Mar



SARS-cov2 genome



Amino Acid Changes to the Spike (S) Protein in SARS-CoV-2 Variants



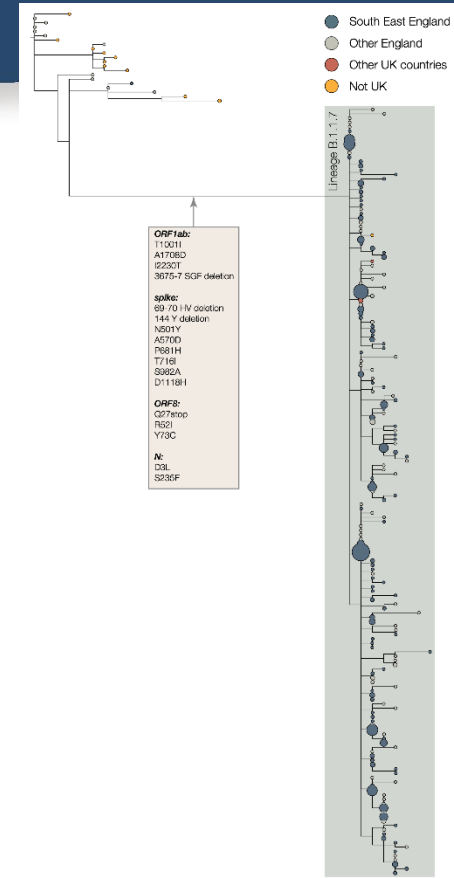
¹[https://www.cell.com/cell/fulltext/S0092-8674\(20\)31229-0?returnURL=https%3A%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS0092867420312290%3Fshowall%3Dtrue](https://www.cell.com/cell/fulltext/S0092-8674(20)31229-0?returnURL=https%3A%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS0092867420312290%3Fshowall%3Dtrue)

²https://www.cdc.gov/mmwr/volumes/70/wr/mm7003e2.htm?s_cid=mm7003e2_w#T1_down

³<https://doi.org/10.1101/2021.01.25.428137>

Emerging variants of concern (S, 1272aa)

- B.1.1.7 (a.k.a., 20B/**N501Y.V1**)
 - Originally found in UK
 - 69/70 deletion (produce S-gene target failure with ThermoFisher TaqPath)
- B.1.351 (a.k.a., 20C/**N501Y.V2**)
 - Originally found in South Africa
 - Does not have a 69/70 deletion, but contains E484K
- B.1.1.28.1/**P.1** (a.k.a., 21J/**N501Y.V3**)
 - A report from Japan of 4 travelers at Haneda airport, returning from Brazil (<https://www.niid.go.jp/niid/ja/diseases/ka/corona-virus/2019-ncov/10107-covid19-33.html#>)
 - A report from Manaus – upto 75% cases (<https://virological.org/t/genomic-characterisation-of-an-emergent-sars-cov-2-lineage-in-manaus-preliminary-findings/586>)
 - Spike mutations: K417T, **E484K**, **N501Y**, D614G, H655Y



Genomic epidemiology of novel coronavirus - Global subsampling

Maintained by the [Nextstrain team](#). Enabled by data from [GISAID](#)

Showing 3931 of 3931 genomes sampled between Dec 2019 and Jan 2021.

Phylogeny

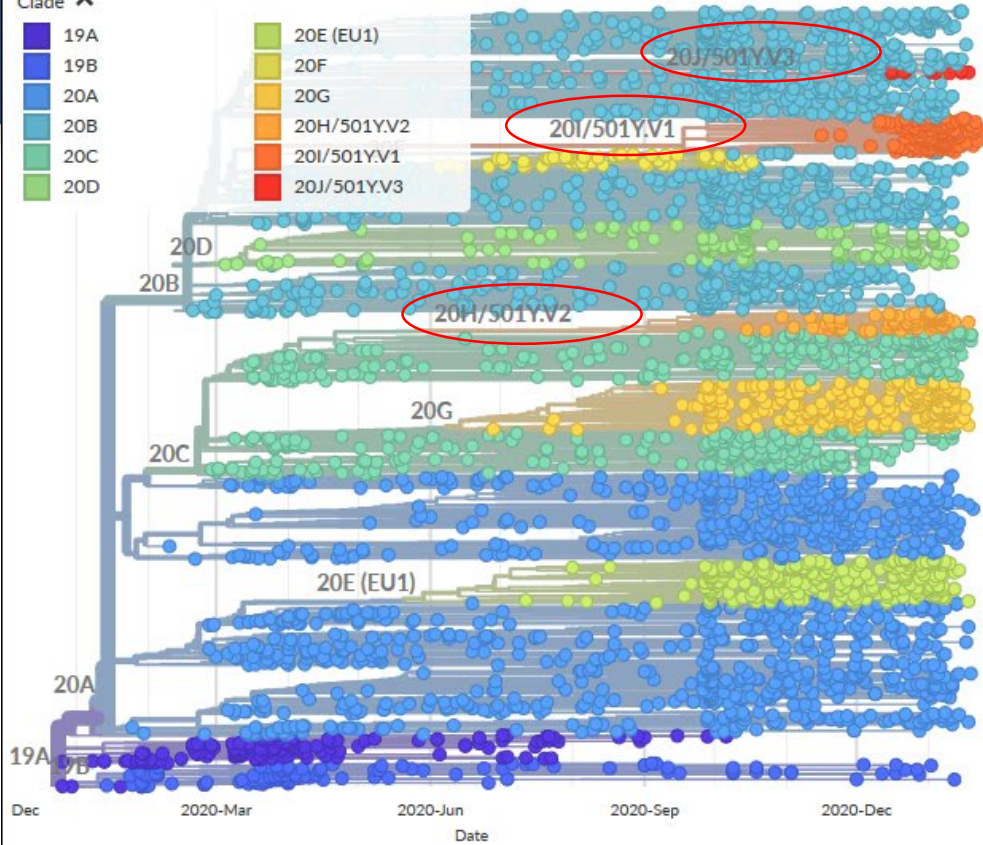
ZOOM TO SELECTED

RESET LAYOUT

Clade ^

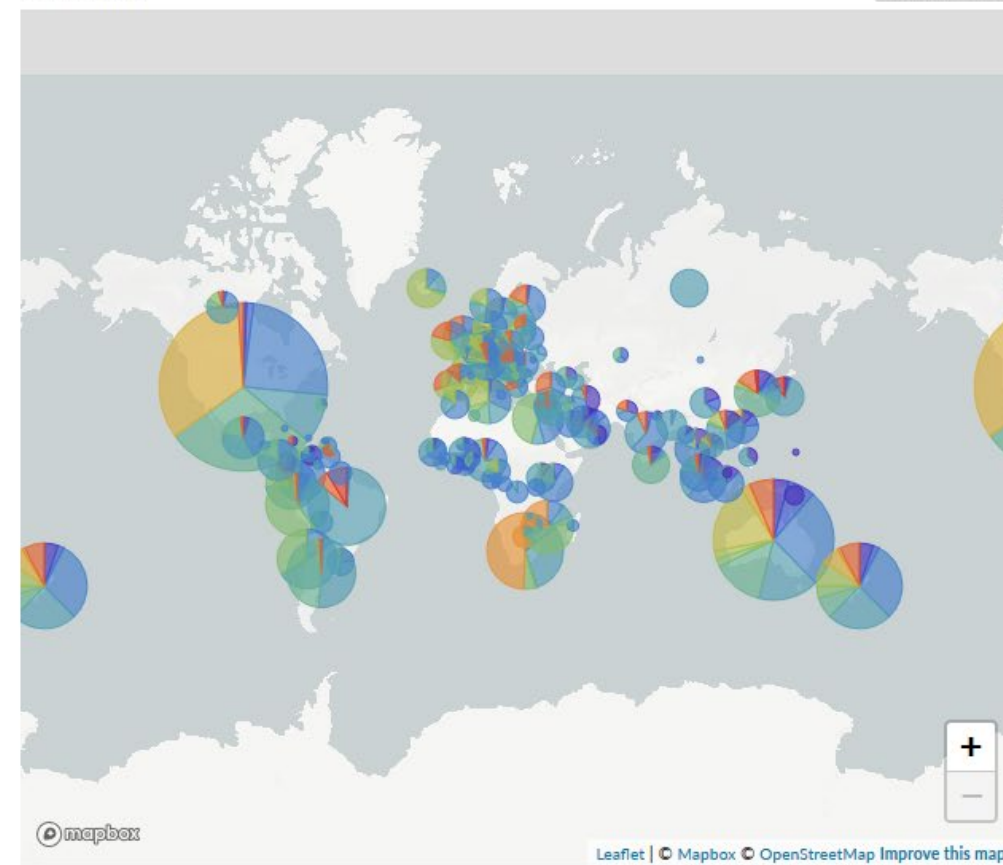
19A
19B
20A
20B
20C
20D

20E (EU1)
20F
20G
20H/501Y.V2
20I/501Y.V1
20J/501Y.V3



Geography

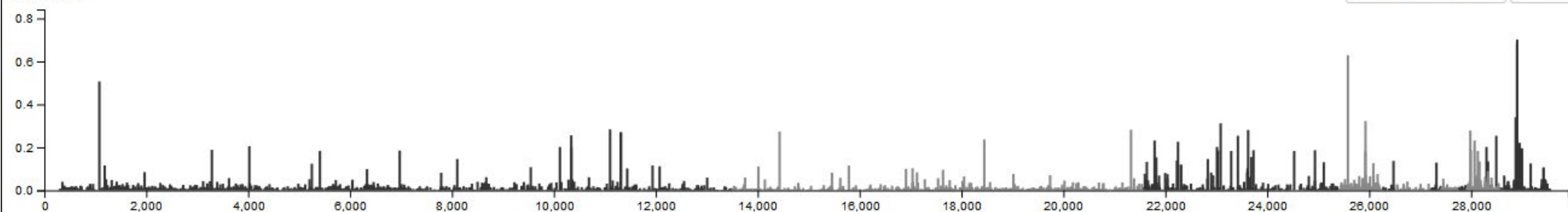
RESET ZOOM



Diversity

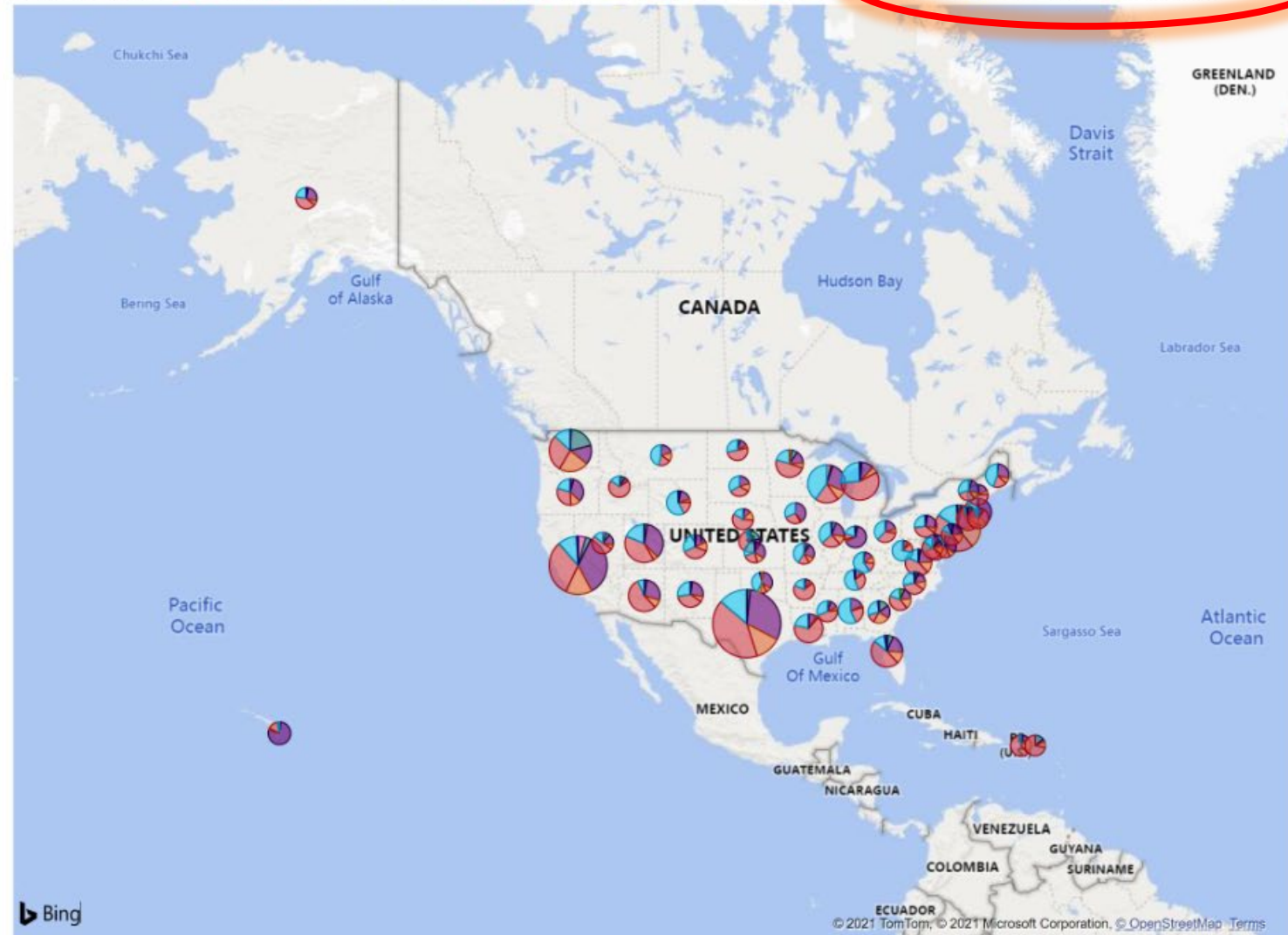
ENTROPY EVENTS

AA NT



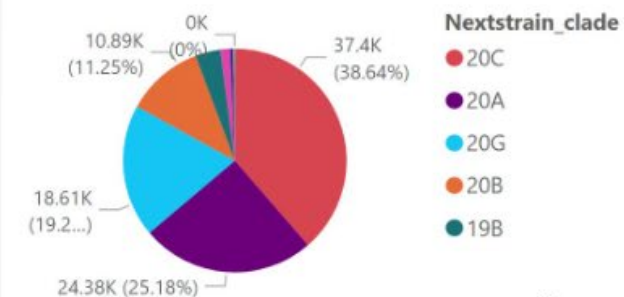
CUMULATIVE SUBMISSIONS TO GISAID BY STATE

Nextstrain_clade ● 19A ● 19B ● 20A ● 20A.EU2 ● 20B ● 20C ● 20D ● 20E (EU1) ● 20G ● 20H/501Y.V2 ● 20I/501Y.V1 ● 20J/501Y.V3



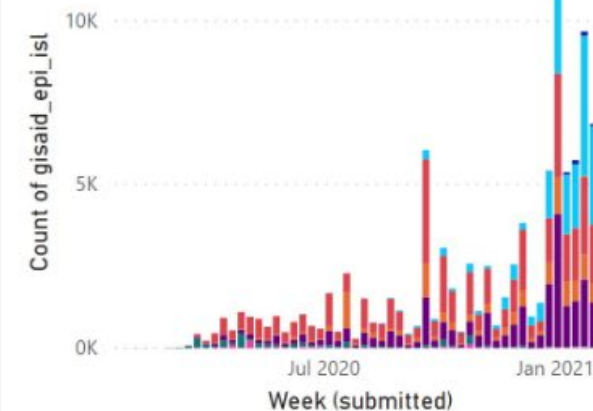
96805

USA SEQUENCES IN GISAID



Count of gisaid_epi_isl by Week (submitted) and Nextstrain_clade

Nextstrain_c... ● 19A ● 19B ● 20A ● 20A.EU2 ● 20B



Friday, January 24, 2020

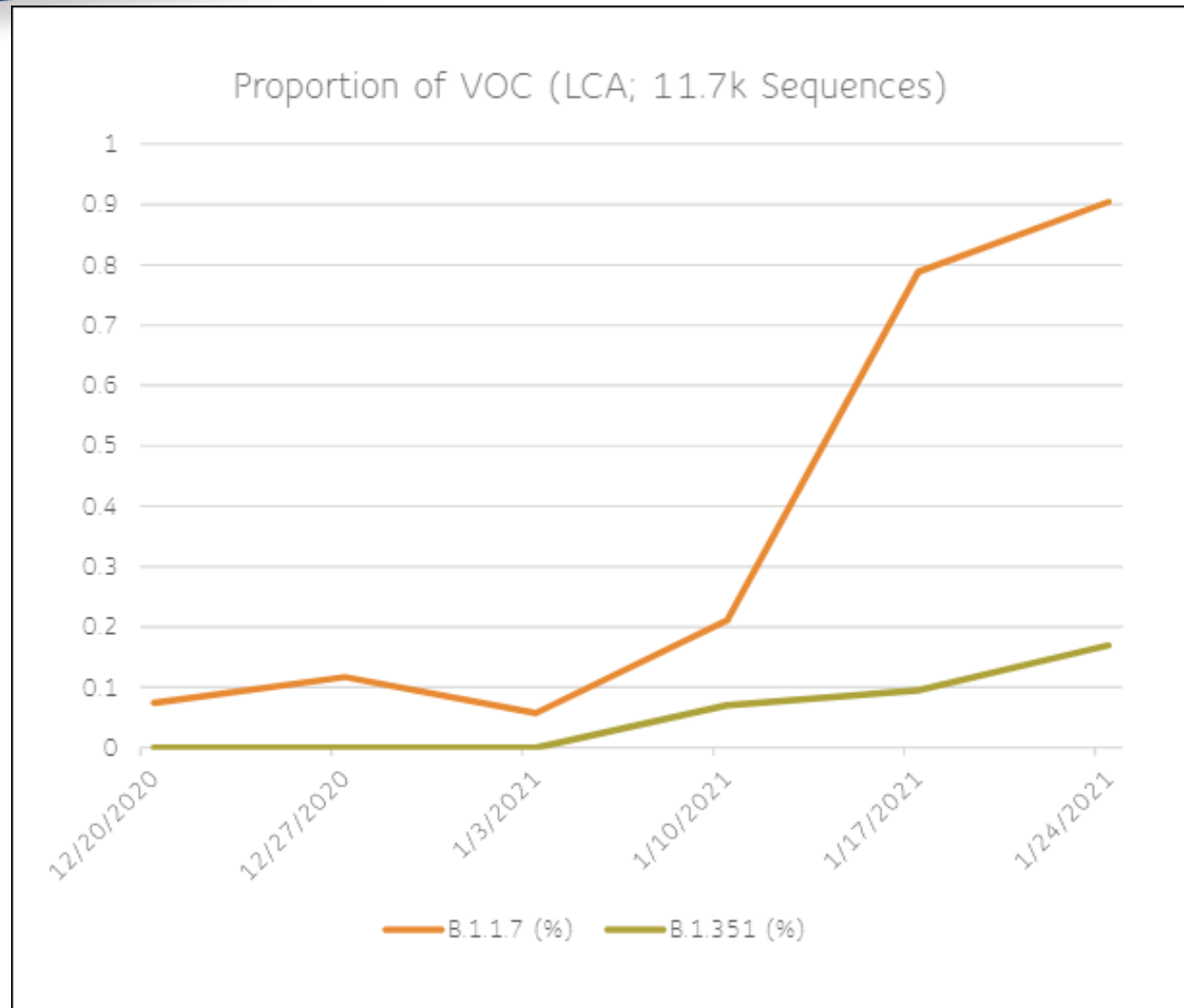
Monday, February 8, 2021

Earliest Submission

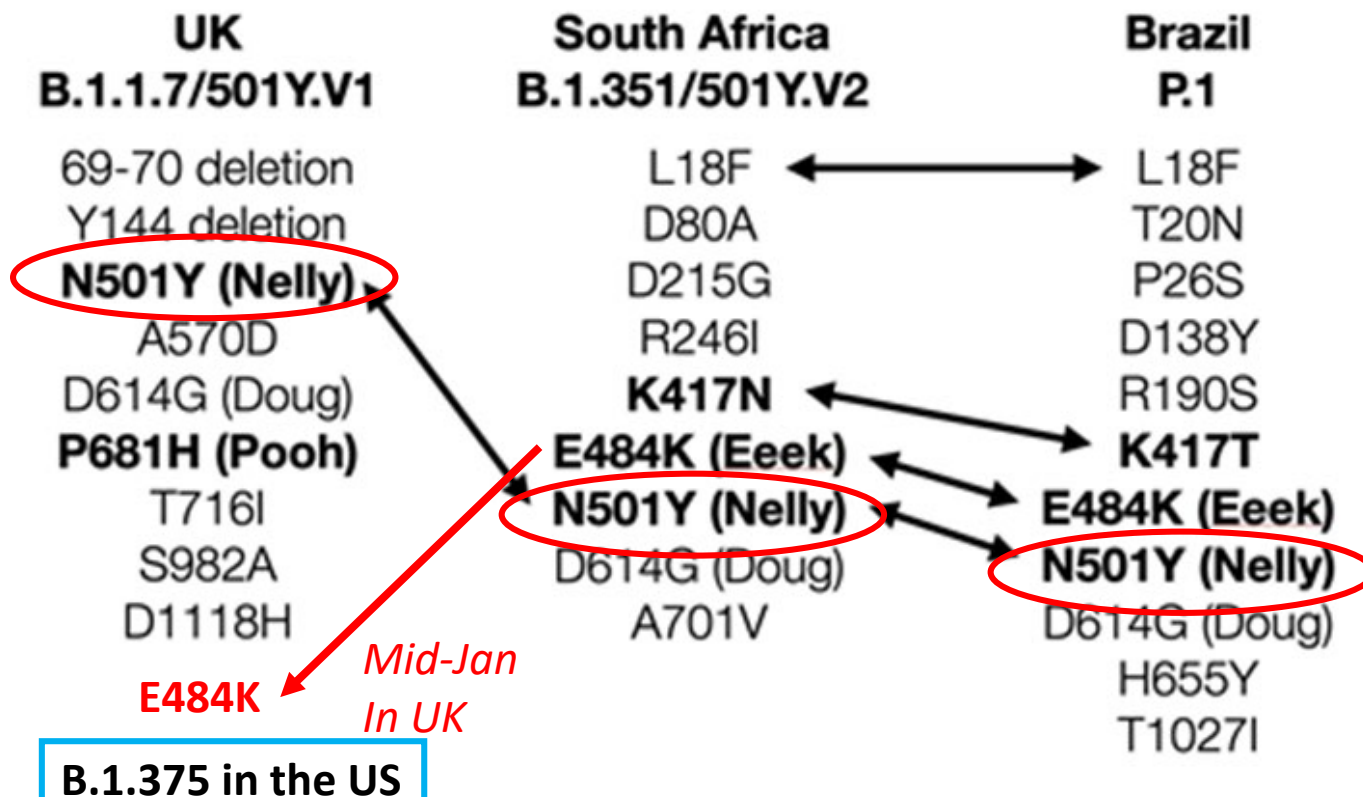
Latest Submission

S-dropout as a B.1.1.7.proxy: ~100 specimens in OHSU data set (2.4%, ~12/week) of all the positives using ThermoFisher since Nov 9, 2020

Proportion of VOC in the US as Feb 12, 2021



Shared mutations suggestive of host selective pressure – evolutionary convergence



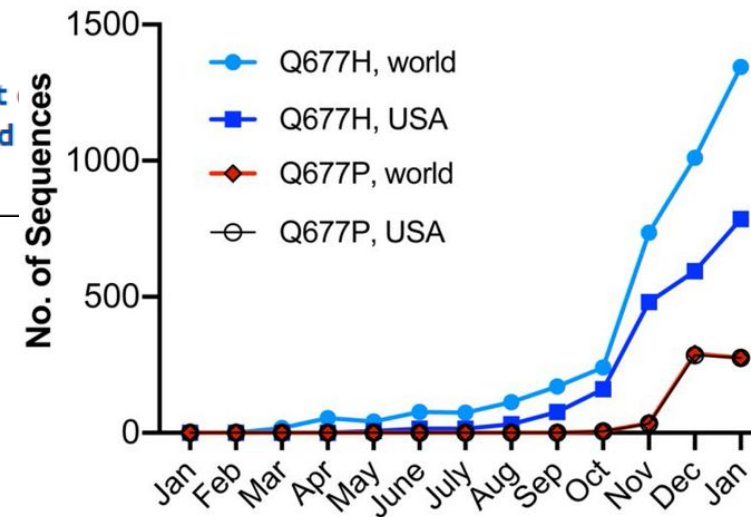
Emergence in late 2020 of multiple lineages of SARS-CoV-2 Spike protein variants affecting amino acid position 677

Emma B. Hodcroft, Daryl B. Domman, Daniel J. Snyder, Kasopefoluwa Oguntuyo, Kenneth H. Densmore, Kurt C. Schwalm, Jon Femling, Jennifer L. Carroll, Rona S. Scott, Marti Michael D. Edwards, Noah C. Hull, Christopher G. Kevil, John A. Vanchiere, Benhur Lee, Darrell L. Dinwiddie, Vaughn S. Cooper, Jeremy P. Kamil

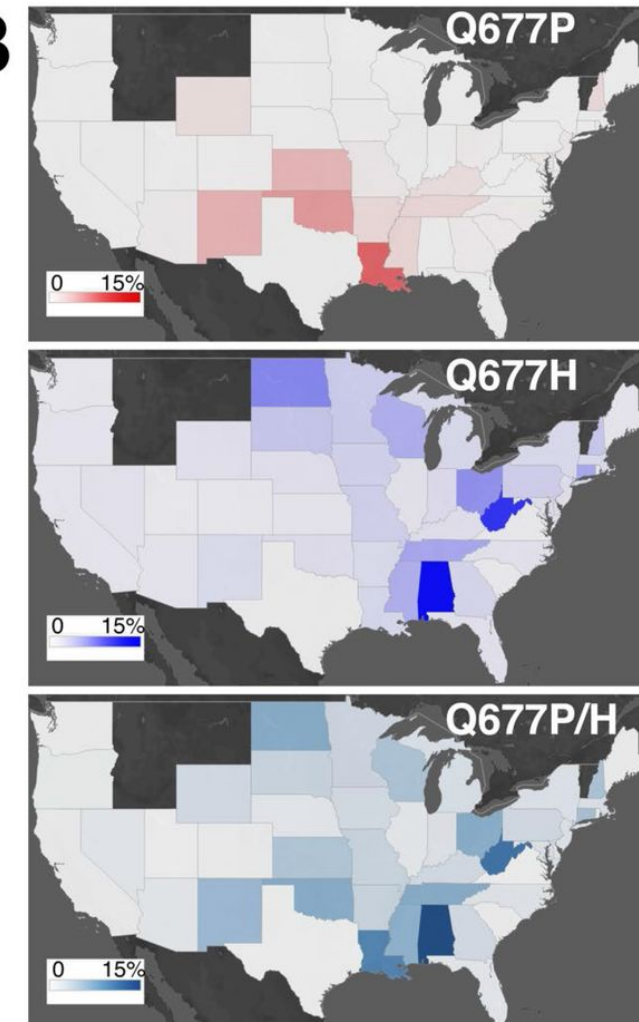
doi: <https://doi.org/10.1101/2021.02.12.21251658>

This article is a preprint and has not been certified by peer review [what mean?]. It reports new medical research that has yet to be evaluated and used to guide clinical practice.

A

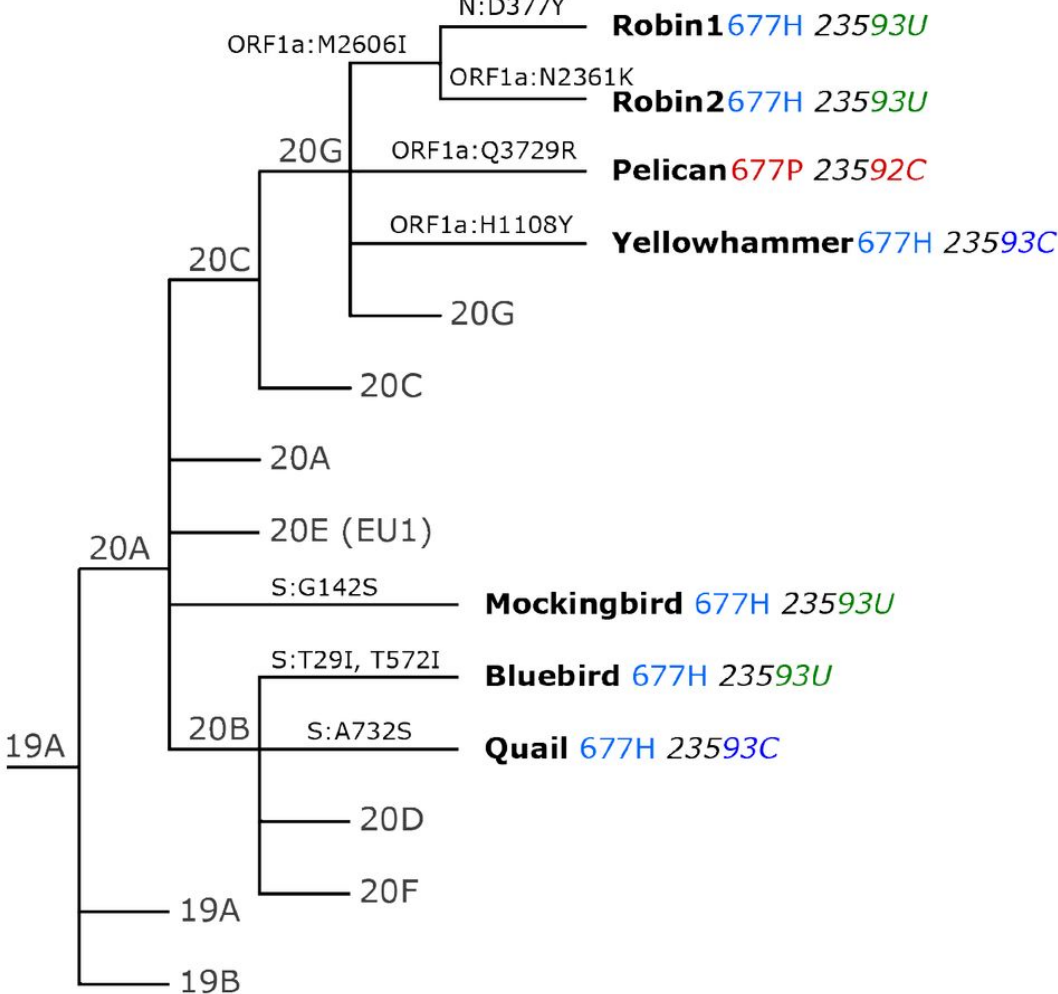


B

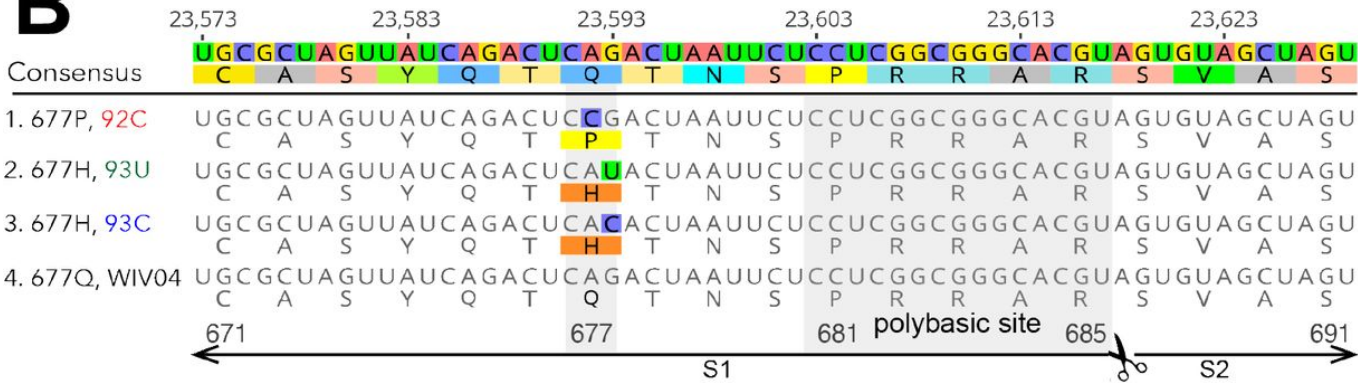


The Q677H or Q677P mutations converged from 7 different lineages simultaneously!

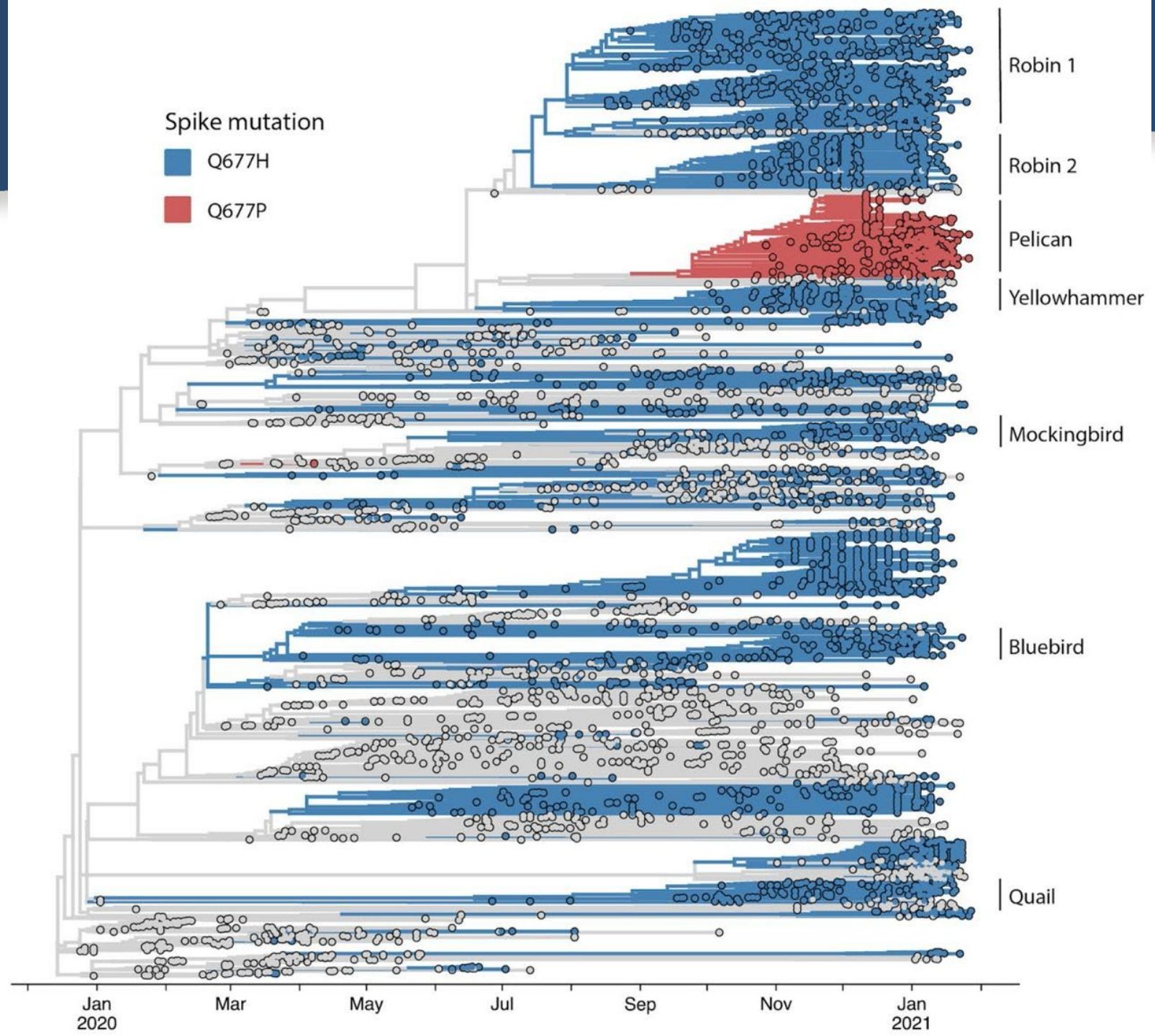
A

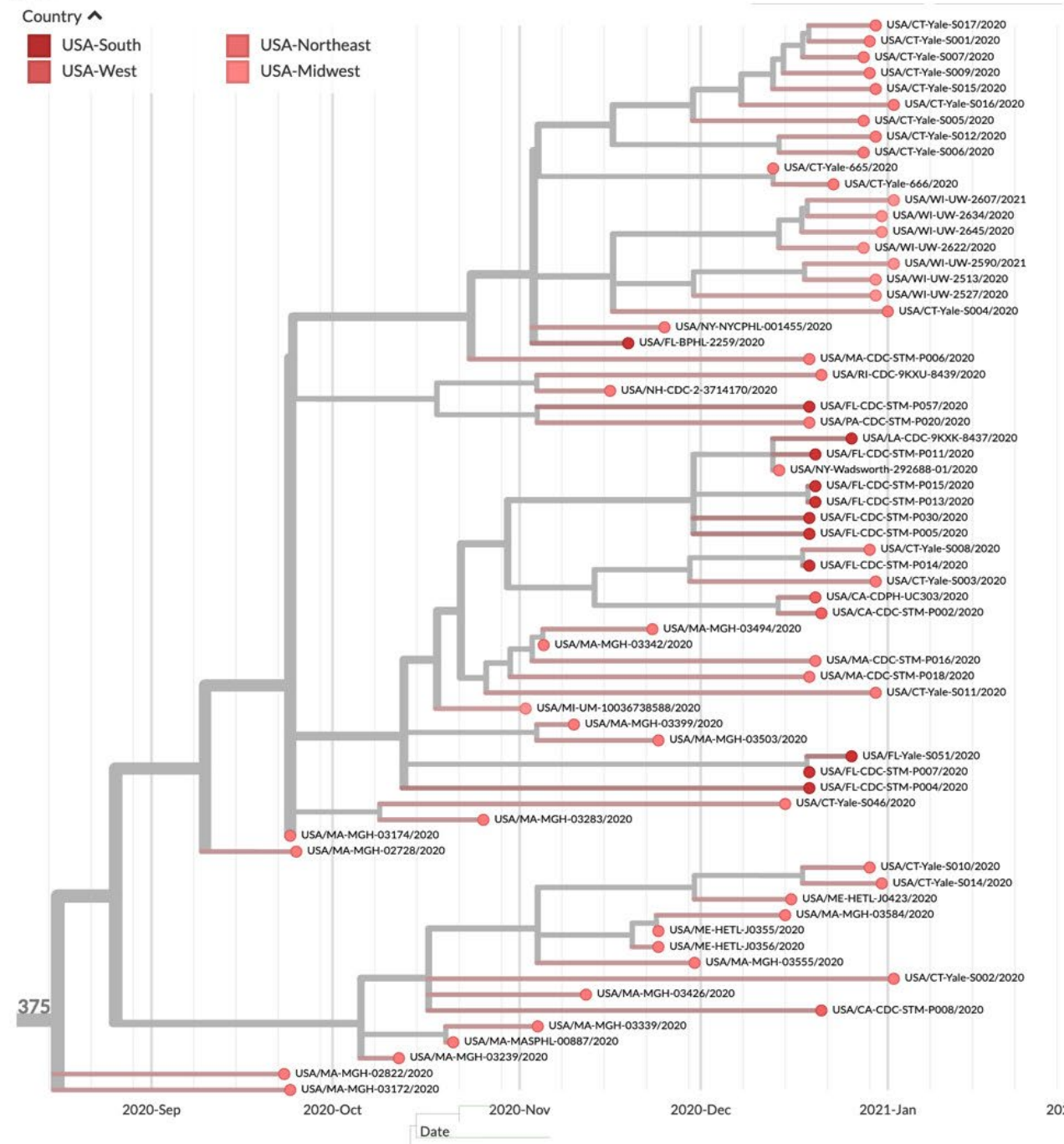
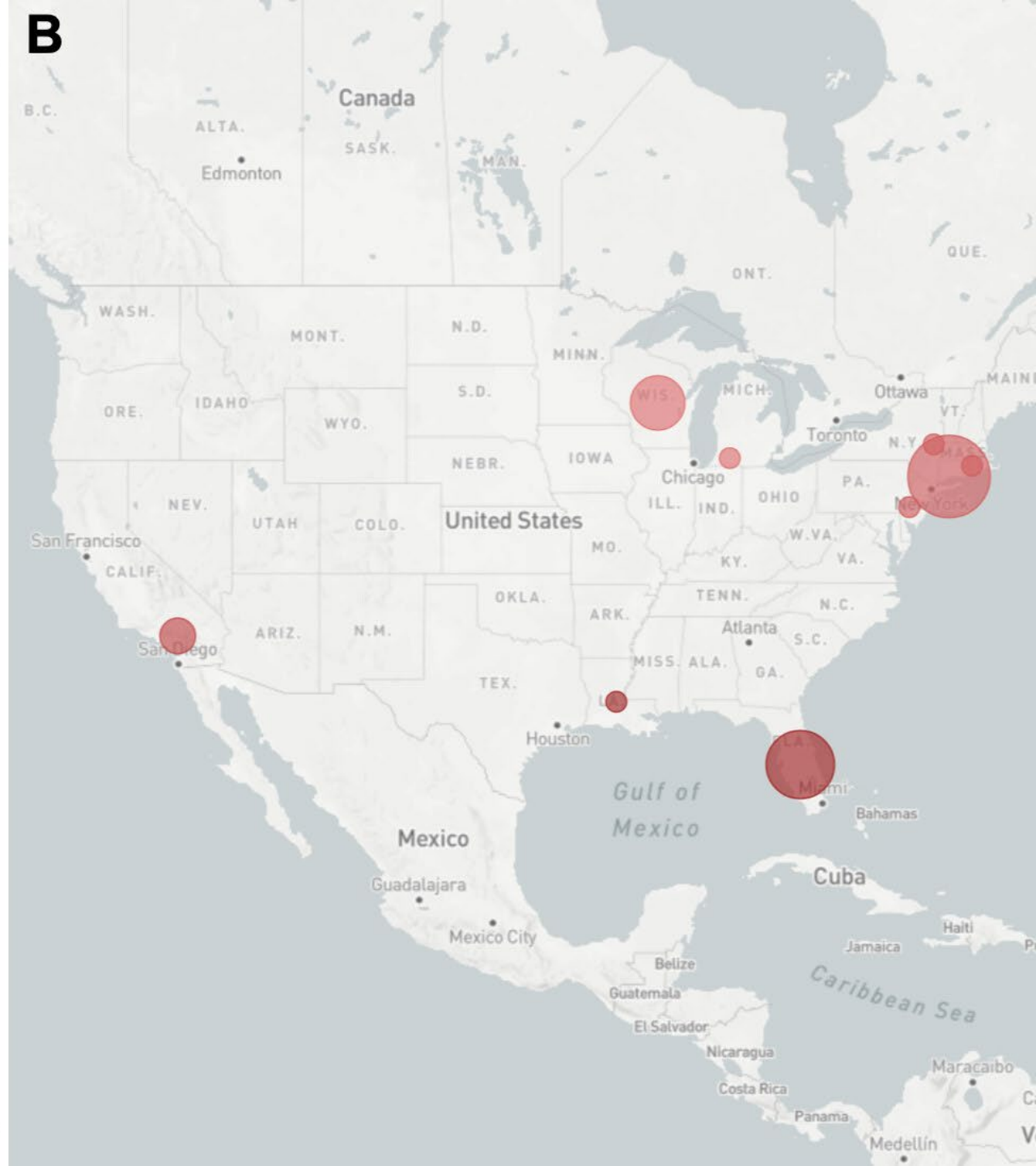


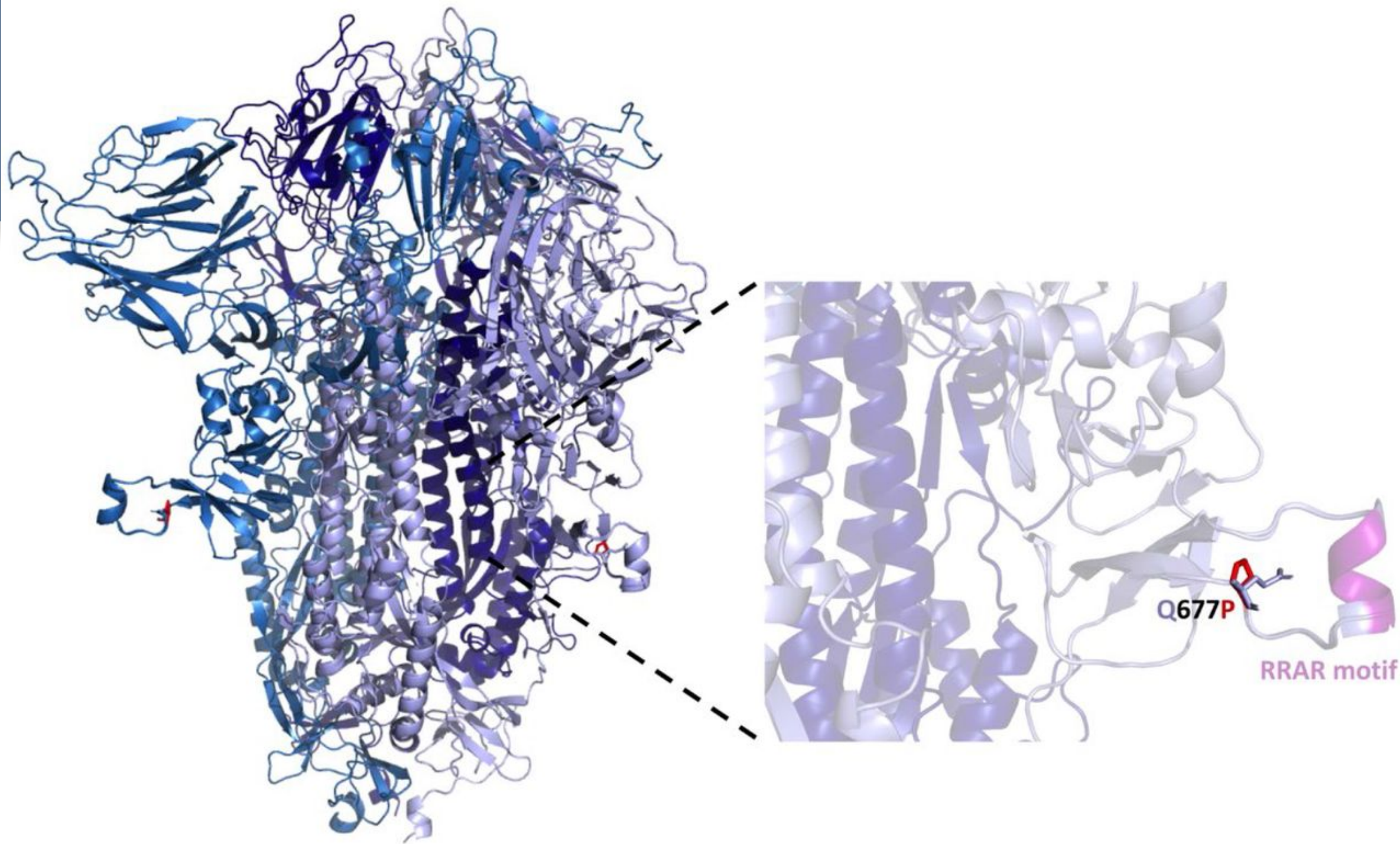
B



Evolutionary
timeline:
not from a single
ancestral strain.
They were given
bird names.



A**B**



<https://www.washingtonpost.com/world/2020/12/23/u-s-leads-world-coronavirus-cases-ranks-43rd-sequencing-check-variants/>

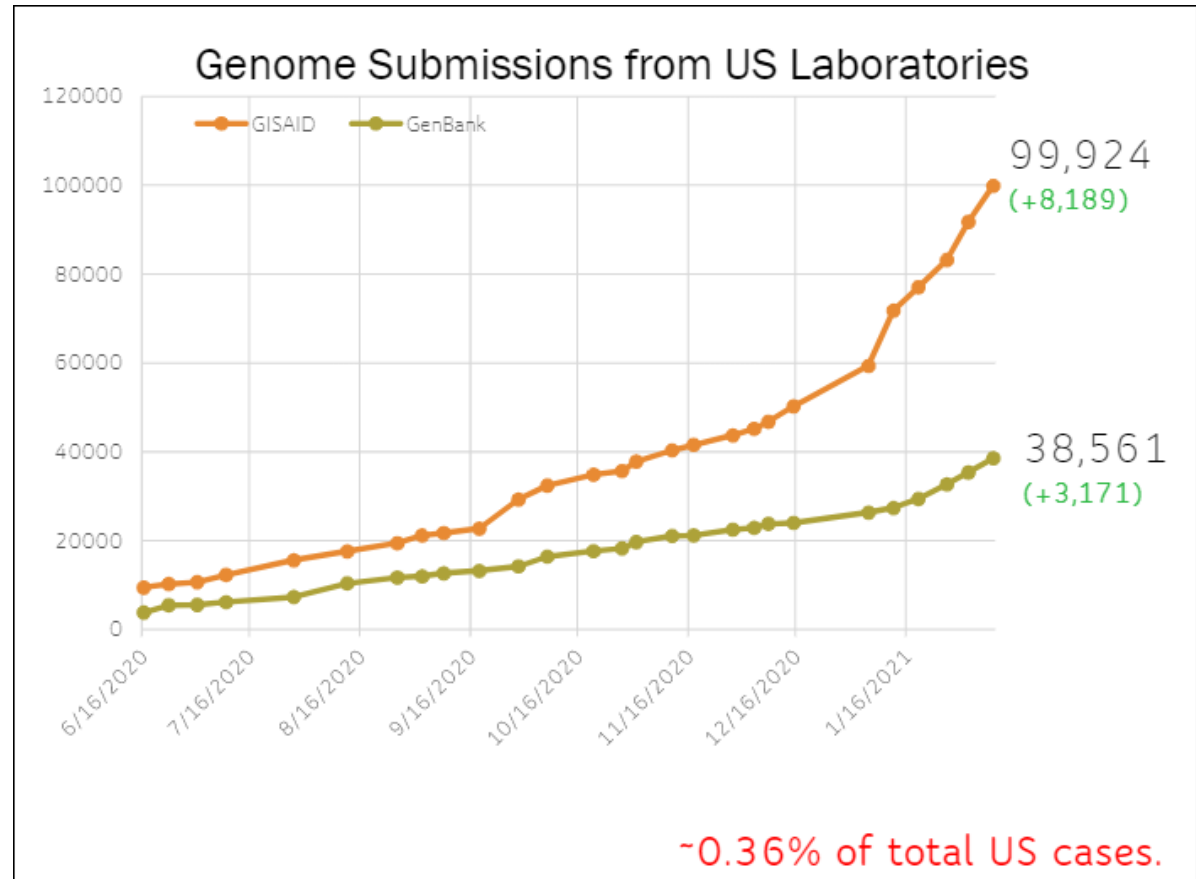
World

U.S. ranks 43rd worldwide in sequencing to check for coronavirus variants like the one found in the U.K.

U.S. lags behind dozens of other countries in sequencing the coronavirus

Share of coronavirus outbreak sequenced by countries with at least 100 reported cases

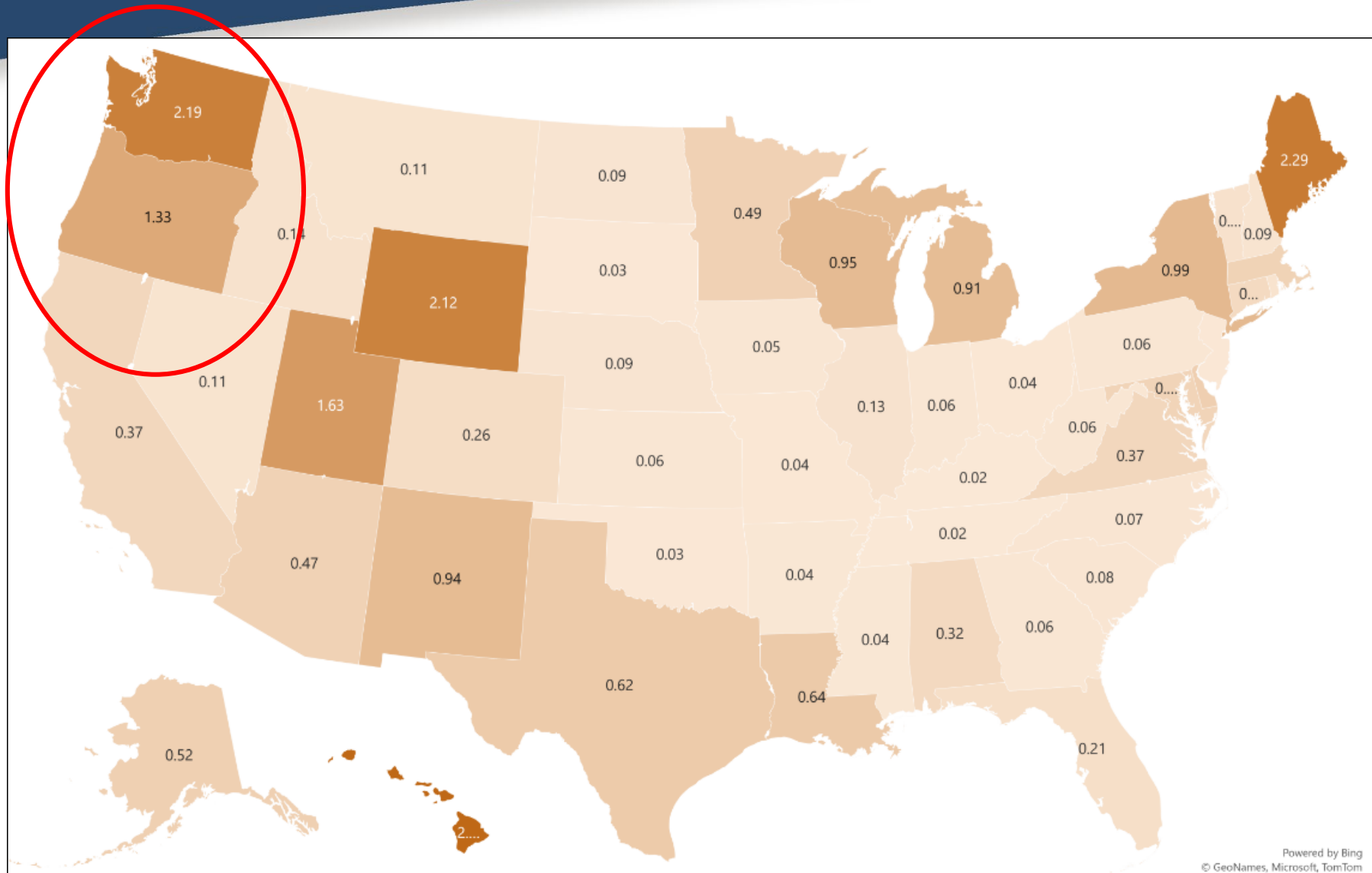
RANK	COUNTRY	REPORTED CASES	SAMPLES SEQUENCED	PERCENTAGE OF CASES SEQUENCED
1	Australia	28,238	16,537	58.6
2	New Zealand	2,128	1,034	48.6
3	Taiwan	776	137	17.7
4	Denmark	144,047	16,790	11.7
5	Iceland	5,683	601	10.6
6	Gambia	3,791	360	9.5
7	Vietnam	1,421	113	8.0
8	Britain	2,116,609	157,439	7.4
9	Thailand	5,762	343	6.0
10	Japan	207,001	9,599	4.6
43	United States	18,229,260	51,212	0.3



Dec 23, 2020

Jan 12, 2021

Percentage of Cumulative Cases Sequenced (2/8/21)

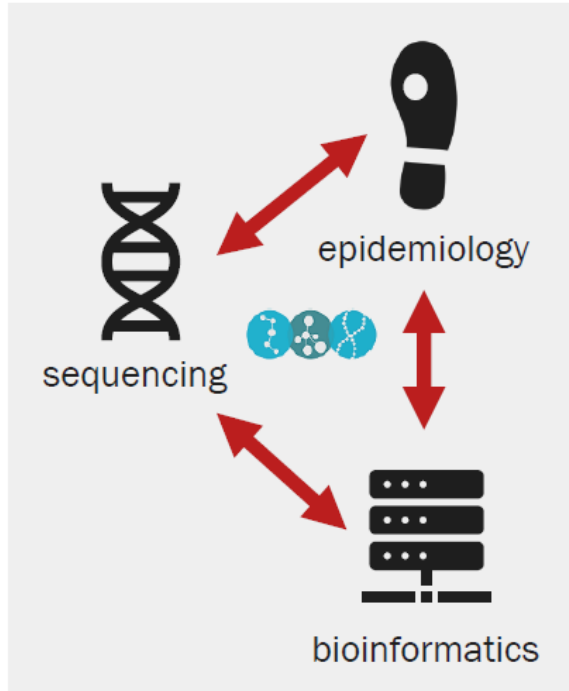




patients



diagnostic
testing



**PUBLIC
HEALTH
RESPONSE**



1. Diagnostic testing by various private sector labs.
2. Public health labs are **stretched thin**.
3. Epidemiologist bandwidth and engagement.
4. Sequence data isn't always **informative**.



TURNAROUND TIME



COST/SUSTAINABILITY



ACTIONABILITY OF DATA

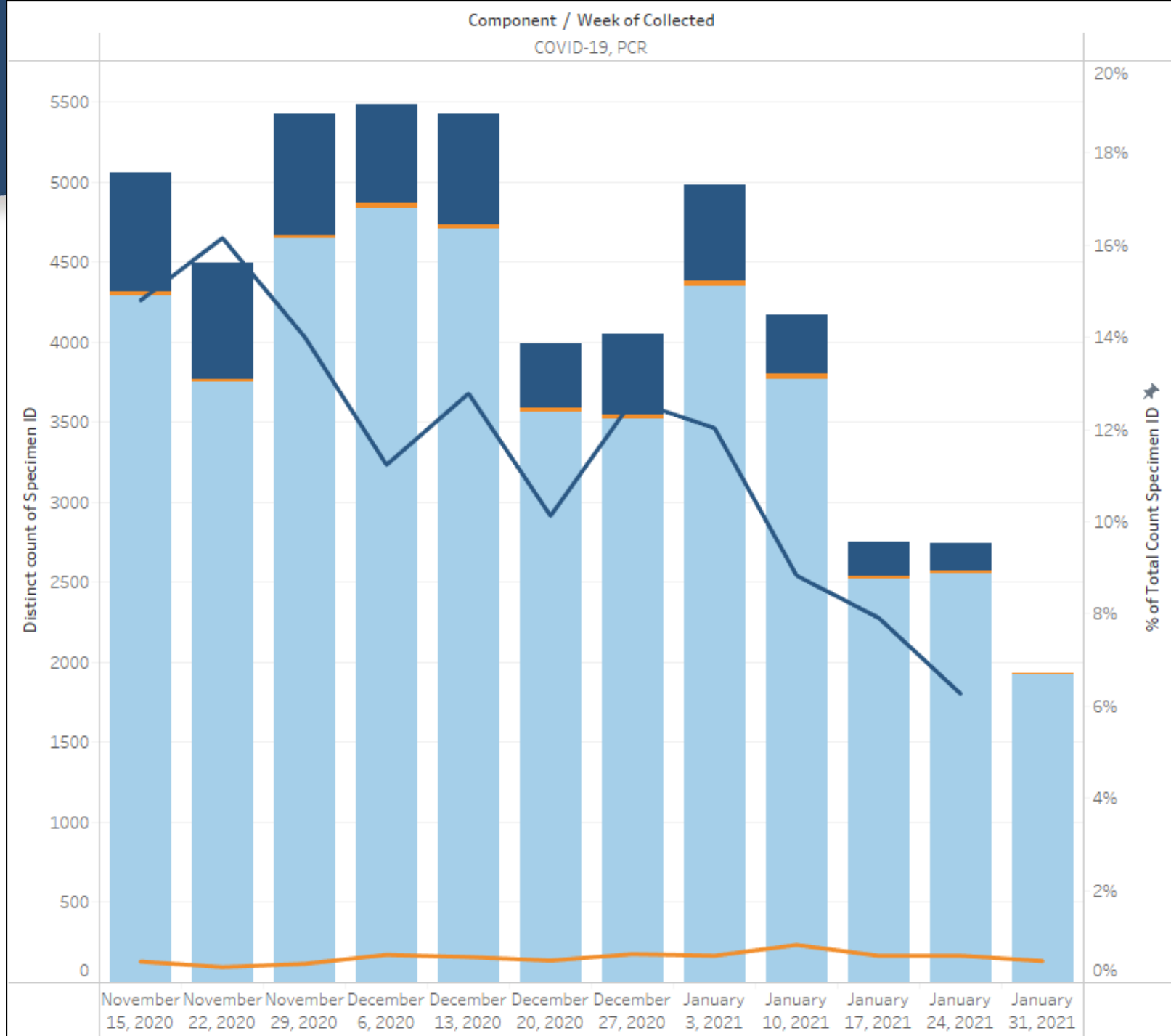


SCALE/OBJECTIVES



LOGISTICS AND DATA SHARING

“...many of my colleagues have been asking me why the case count has been going down, particularly with the new variants, and if it truly means that COVID is less prevalent in the community or if it is related to less test (more resources going to vaccination), COVID variants are not being detected, effects of herd immunity/vaccination, or a combination of these?”



Are we out of the woods yet?

Is it the quiet before the storm?

- On a good note—
 - The vaccine and masks/social-distancing are doing something – a critical mass of positive spreaders are reduced.
 - The VOC strains have not become the predominant strains in the community?
 - The VOC strains are partially covered by the current vaccines?
- Concerns –
 - Why VOC all emerged at the same time?
 - Mutations as a result of evolutionary convergence is suggestive of viral adaptation to human host. Some emerged from patients with underlying conditions who are maintained by drug/antibody interventions for prolonged period of time.
 - Viral recombination among various VOCs with increased transmissibility and virulence.
 - The detection of VOC by sequencing is currently in the research space (not in patient records, PCP will not get this info). The reporting or tracking system is yet to be established that adheres to CLIA and HIPAA standards.

Vaccine breakthrough cases in Oregon!

CORONAVIRUS

Four people in Oregon who received both doses of vaccine test positive for coronavirus

There are two cases each in Yamhill and Lane counties, the state's Health Authority said.

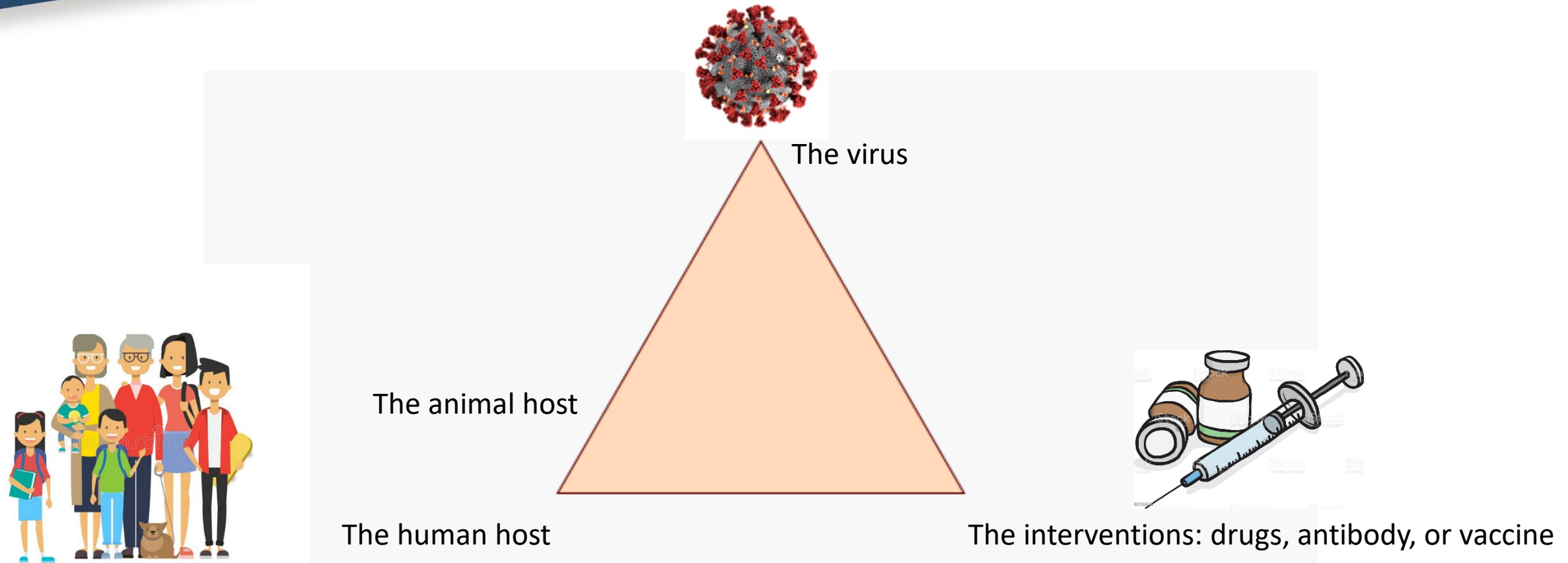
Feb. 13, 2021, 12:59 PM PST

By Minyvonne Burke

Four people in Oregon have tested positive for the coronavirus after receiving both doses of the [Covid-19](#) vaccine, health officials said.

There are two cases each in Yamhill and Lane counties, the state's Health Authority said in a [series of tweets](#) on Friday. The cases are either mild or asymptomatic.

A non-equilateral triangle



Questions

Moderated by Shelby Lee Freed, FNP

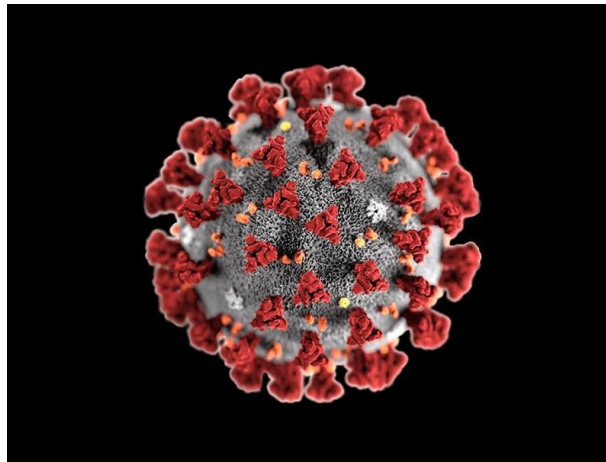




Important Reminder

Next COVID-19 Response ECHO for Oregon Clinicians:

Thursday, March 4th at noon: *“Long Haulers”*



oregonechonetwork.org

