OHA COVID-19 Webinar Series for Health Care Providers

March 11, 2021

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Outline

• COVID-19 epi update
• COVID-19 vaccine update
• CDC and OHA guidance
• Literature review
• Closing
COVID-19 Epi Update
As of March 10:

- 158,291 total cases
- 8,814 hospitalized cases
- 2,305 deaths

*Illnesses that began during this time period may not yet be reported.
COVID-19 Situation in Oregon

For the week of **March 1–7:**

- 1,729 new cases were recorded
  - Down 35% from prior week’s total
- Patients newly hospitalized fell by 15% to 139
- 86 Oregonians died in association with COVID-19
  - Up from 57 last week

From **February 28–March 6:**

- 129,442 tests for COVID-19
- 2.8% test positivity
## Age-adjusted COVID-19 RR by race

Age-adjusted rate ratios of cases, hospitalizations, and deaths, compared to white persons

<table>
<thead>
<tr>
<th>Race</th>
<th>Cases</th>
<th>Hospitalizations</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 1 race</td>
<td>0.7</td>
<td>1.4</td>
<td>2.2</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>2.6</td>
<td>3.9</td>
<td>3.2</td>
</tr>
<tr>
<td>Asian</td>
<td>1.2</td>
<td>1.6</td>
<td>1.3</td>
</tr>
<tr>
<td>Black</td>
<td>2.1</td>
<td>3.4</td>
<td>2.8</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>4.4</td>
<td>14.2</td>
<td>15.7</td>
</tr>
<tr>
<td>White</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
</tbody>
</table>
Age-adjusted COVID-19 RRs by ethnicity

Age-adjusted rate ratios of cases, hospitalizations, and deaths, compared to non-Hispanic

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Cases</th>
<th>Hospitalizations</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>3.4</td>
<td>4.2</td>
<td>3.2</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
</tbody>
</table>
Hospital COVID Census: Statewide Trends

Filter by Patient Type:
- Positives Only

- COVID-positive patients
- COVID-positive patients in ICU beds
- COVID-positive patients on ventilators

Date:
- Apr 27, 20
- May 18, 20
- Jun 8, 20
- Jun 29, 20
- Jul 20, 20
- Aug 10, 20
- Aug 31, 20
- Sep 21, 20
- Oct 12, 20
- Nov 2, 20
- Nov 23, 20
- Dec 14, 20
- Jan 4, 21
- Jan 15, 21
- Feb 15, 21
- Mar 8, 21
Hospital COVID Census: Regional Trends

COVID-positive patients in Oregon hospitals
Oregon’s COVID-19 Risk Levels (will change on March 12)
COVID-19 Vaccine Update
Vaccine Eligibility Phase 1B

Groups 1–4
- Childcare providers, early learning and K–12 educators and staff
- People 70 and older

Group 5
Eligible March 1, 2021
- People 65 and older

Group 6
Eligible no later than March 29, 2021
- Adults 45–64 with one or more underlying health conditions with increased risk*
- Migrant and seasonal farm workers
- Seafood and agricultural workers
- Food processing workers
- People living in low-income senior housing, senior congregate and independent living

- Individuals experiencing houselessness (sheltered and unsheltered)
- People currently displaced by wildfires
- Wildland firefighters

Group 7
Eligible no later than May 1, 2021
- Frontline workers as defined by CDC**
- Multigenerational household members
- Adults 16–44 with one or more underlying health conditions with increased risk*

Underlying health conditions with increased risk as defined by the Centers for Disease Control and Prevention (CDC)
- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Down Syndrome
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromised state (weakened immune system) from solid organ transplant or HIV
- Obesity (BMI greater than or equal to 30 kg/m^2)
- Pregnancy
- Sickle cell disease
- Type 2 diabetes mellitus

Educators: 152,000 approximately
People over 65: 795,000 approximately

Phase 2
Group 1
Eligible no later than June 1, 2021
- People who are 45–64

Group 2
Eligible no later than July 1, 2021
- All Oregonians 16 and older eligible.

[Reference: https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le3527A.pdf]
**Frontline workers include people who work in these industries:**

- A frontline worker is someone who has a job that puts the individual at higher risk for contracting COVID-19 because of:
  - Regular close contact with others outside of their household (less than six feet); and
  - Routine (more than 15 minutes per person(s)) close contact with others outside of their household; and
  - They cannot perform their job duties from home or another setting that limits the close or routine contact with others outside of their household.

These include:

- Workers who are manufacturing vaccine, therapeutics, devices, supplies, or personal protective equipment
- Ranching, greenhouses, beverage manufacturing
- Grocery store and retail workers, including food markets, pharmacies, convenience stores, retail clothing and specialty stores
- Community colleges, colleges, universities, vocational rehabilitation, trade and professional schools
- U.S. Postal Service workers
- Public transit workers, including rural, interurban and urban bus and rail operators
- Manufacturing: including paper, petroleum, coal, asphalt, roofing, chemical, plastics, metal, industrial machinery, computers, electronics, transportation, medical equipment, repair and maintenance
- Transportation and logistics, including air, rail, water, truck, taxi, limousine, charter bus, other transit and ground passenger transportation, warehousing, storage and delivery services
- Food service, including restaurant, bar and kitchen staff
- Energy, including utilities, oil and gas extraction, mining, gas stations, fuel delivery, environmental consulting
- Water and wastewater, solid waste management and recycling, including utilities
- Housing, including construction, contractors, real estate and hotels, housing services such affordable housing programs, motels and commercial accommodations
- Information technology and communications
- News media, including broadcasting and publishing
- Public health workers, including scientific and technical consulting, research and development
- Public safety, including civil engineers, human services and social services, such as child protective services
- Finance, including banks, accounting, tax preparation, payroll services
- Legal, including court staff, judges, attorneys
- Government, including employees and contractors performing services or business for the public, and elected officials
- State of Oregon legislative and executive branch frontline employees on a list maintained by the Department of Administrative Services (DAS)

† This is not an exhaustive list; see [https://www.cdc.gov/vaccines/covid-19/categories-essential-workers.html](https://www.cdc.gov/vaccines/covid-19/categories-essential-workers.html) for a full list.
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 by day and manufacturer.

*Doses administered during this time may not yet be reported.
People vaccinated per 10,000: lighter colors represent counties with lower vaccination rates, while darker colors represent counties with higher vaccination rates.
### Vaccinations by Demographic Group

These tables show the number of people who have received COVID-19 vaccine in Oregon by race, ethnicity, sex and age group.

#### RACE/ETHNICITY†
Individuals contribute to the counts of only one racial/ethnic group.

<table>
<thead>
<tr>
<th>RACE/ETHNICITY†</th>
<th>People Count</th>
<th>% of Total Persons Vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian / Alaska Native</td>
<td>14,478</td>
<td>2%</td>
</tr>
<tr>
<td>Asian</td>
<td>28,317</td>
<td>4%</td>
</tr>
<tr>
<td>Black</td>
<td>11,090</td>
<td>1%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>33,934</td>
<td>4%</td>
</tr>
<tr>
<td>Native Hawaiian / Pacific Islander</td>
<td>6,458</td>
<td>1%</td>
</tr>
<tr>
<td>White</td>
<td>546,510</td>
<td>71%</td>
</tr>
<tr>
<td>Other Race</td>
<td>43,647</td>
<td>6%</td>
</tr>
<tr>
<td>Unknown</td>
<td>84,303</td>
<td>11%</td>
</tr>
</tbody>
</table>

#### AGE GROUPS

<table>
<thead>
<tr>
<th>AGE GROUPS</th>
<th>People Count</th>
<th>% of Total Persons Vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;19</td>
<td>7,196</td>
<td>1%</td>
</tr>
<tr>
<td>20 to 29</td>
<td>68,287</td>
<td>9%</td>
</tr>
<tr>
<td>30 to 39</td>
<td>99,382</td>
<td>13%</td>
</tr>
<tr>
<td>40 to 49</td>
<td>101,589</td>
<td>13%</td>
</tr>
<tr>
<td>50 to 59</td>
<td>97,970</td>
<td>13%</td>
</tr>
<tr>
<td>60 to 64</td>
<td>52,523</td>
<td>7%</td>
</tr>
<tr>
<td>65 to 69</td>
<td>81,285</td>
<td>11%</td>
</tr>
<tr>
<td>70 to 74</td>
<td>92,023</td>
<td>12%</td>
</tr>
<tr>
<td>75 to 79</td>
<td>70,132</td>
<td>9%</td>
</tr>
<tr>
<td>80+</td>
<td>98,350</td>
<td>13%</td>
</tr>
</tbody>
</table>

#### SEX

<table>
<thead>
<tr>
<th>SEX</th>
<th>People Count</th>
<th>% of Total Persons Vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>467,672</td>
<td>61%</td>
</tr>
<tr>
<td>Male</td>
<td>297,614</td>
<td>39%</td>
</tr>
<tr>
<td>Unknown</td>
<td>3,451</td>
<td>0%</td>
</tr>
</tbody>
</table>
COVID-19 Cumulative First-dose Vaccination, by Age: Oregon*

(n = 707,367 first doses)

- 20s
- 30s
- 40s
- 50s
- 60s
- 70s
- ≥80

*ALERT data as of March 8, 2021
COVID-19 Vaccines
## COVID-19 Vaccines

<table>
<thead>
<tr>
<th></th>
<th>Pfizer-BioNTech</th>
<th>Moderna</th>
<th>Johnson &amp; Johnson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Trials number</td>
<td>NCT04368728-0</td>
<td>NCT04470427</td>
<td>NCT04505722</td>
</tr>
<tr>
<td>EUA</td>
<td>12/11/2020</td>
<td>12/18/2020</td>
<td>2/27/2021</td>
</tr>
<tr>
<td>Dose/volume (IM)</td>
<td>30 µg/0.3 mL</td>
<td>100 µg/0.5 mL</td>
<td>5x10^10 vps/0.5 mL</td>
</tr>
<tr>
<td>Subjects in Phase 3 trial</td>
<td>43,448</td>
<td>30,418</td>
<td>43,783</td>
</tr>
<tr>
<td>Age range</td>
<td>≥16 years</td>
<td>≥18 years</td>
<td>≥18 years</td>
</tr>
<tr>
<td>Interval between doses 1 &amp; 2</td>
<td>21 days</td>
<td>28 days</td>
<td>N/A</td>
</tr>
<tr>
<td>Time after dose 2 for efficacy assessment</td>
<td>7 days</td>
<td>14 days</td>
<td>14 days 28 days</td>
</tr>
<tr>
<td>Vaccine Efficacy</td>
<td>95.0% (90.3%–97.6%)</td>
<td>94.1% (89.3%–96.8%)</td>
<td>66.1% (55.0%–74.3%)*</td>
</tr>
</tbody>
</table>

*After 28 days. After 14 days: 66.9% (59.0%–73.4%)
Ad26.COV2.S  
(Johnson & Johnson vaccine)  

- Non-replicating adenovirus 26-vectored vaccine  
- Codes for full-length SARS-CoV-2 spike protein  
- Efficacy trial in U.S., Central & South America, South Africa  
- Subjects ≥18 y.o.; globally, n=43,783:  
  - 59% White  
  - 45% Hispanic/Latino  
  - 19% Black  
  - 9% American Indian  
  - 3% Asian  
- 41% had co-morbidities, no immunocompromised  

NCT04505722
Ad26.COV2.S
(Johnson & Johnson vaccine)

• Fever in 9%; grade 3 in 0.2%
• Serious adverse events: more in placebo recipients than vaccine recipients.
• No cases of anaphylaxis reported
• EUA application to FDA submitted Feb. 4, 2021
• EUA granted Feb. 27, 2021
Ad26.COV2.S
(Johnson & Johnson vaccine)

• Accrued 468 symptomatic cases of COVID-19
• 66% efficacy in preventing mod-severe disease starting 28 days after vaccination.
  – South Africa: 57% (95% of cases B.1.351)
  – United States: 72%
  – Central & South America: 66%
• Effectiveness in preventing severe disease: 85%
• No hospitalizations or death in vaccinated group after day 28.

NCT04505722
## COVID-19 Vaccine Storage

<table>
<thead>
<tr>
<th></th>
<th>Pfizer-BioNTech</th>
<th>Moderna</th>
<th>Johnson &amp; Johnson</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Long-term storage</strong></td>
<td>6 months @ -80° to -60°C</td>
<td>6 months @ -25° to -15°C</td>
<td>3 months @ 2°–8°C</td>
</tr>
<tr>
<td></td>
<td>2 weeks @ 25° to -15°C*</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Transport</strong></td>
<td>12 hours if thawed</td>
<td>12 hours if thawed</td>
<td>No limit given</td>
</tr>
<tr>
<td><strong>After thawing</strong></td>
<td>120 hours @ 2°–8°C</td>
<td>30 days @ 2°–8°C</td>
<td>n/a</td>
</tr>
<tr>
<td></td>
<td>2 hours @ 8°–25°C</td>
<td>12 h @ 8°–25°C</td>
<td></td>
</tr>
<tr>
<td><strong>After puncture</strong></td>
<td>6 hours</td>
<td>6 hours</td>
<td>6 hours @ 2°–8°C</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 hours @ 8°–25°C</td>
</tr>
</tbody>
</table>

*After storing at this temperature, may be returned to ultra-cold storage once.*
Real-world effectiveness
Vaccine Effectiveness: Scotland, 12/2020–2/2021

• Open, real-time, prospective observational cohort
  – Population of Scotland: 5.4 million
  – Excluded previous RT-PCR positives
  – 1st dose given 8 Dec 2020–15 Feb 2021 (~22%)
  – BNT162b2 and AZD1222 in use

• End point: hospitalization for COVID-19, or positive RT-PCR within 28 days

• Analysis: VE overall, by vaccine, by age

Vasileiou E. Lancet 2021 [preprint].
Post-Authorization Effectiveness

• Overall, 35% vaccinated

• Higher vaccine uptake:
  – Females
  – 2nd “least-deprived” SIMD quintile
  – Remote rural residents
  – Persons with ≥5 comorbidities
  – Ex-smokers
  – Persons with very raised BP

Vasileiou E. Lancet 2021 [preprint].
## Vaccine Effectiveness: Scotland, 12/2020–2/2021

<table>
<thead>
<tr>
<th>Vaccination status</th>
<th>Person years</th>
<th>Events</th>
<th>Adjusted VE % (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unvaccinated</td>
<td>787,518</td>
<td>7,472</td>
<td>—</td>
</tr>
<tr>
<td>7–13 days</td>
<td>13,487</td>
<td>212</td>
<td>47 (39–55)</td>
</tr>
<tr>
<td>14–20 days</td>
<td>9,191</td>
<td>120</td>
<td>60 (52–66)</td>
</tr>
<tr>
<td>21–27 days</td>
<td>6,343</td>
<td>52</td>
<td>70 (62–77)</td>
</tr>
<tr>
<td>28–34 days</td>
<td>3,867</td>
<td>20</td>
<td>84 (74–90)</td>
</tr>
<tr>
<td>35–41 days</td>
<td>2,326</td>
<td>17</td>
<td>61 (42–74)</td>
</tr>
<tr>
<td>≥42 days</td>
<td>3,843</td>
<td>21</td>
<td>58 (39–70)</td>
</tr>
</tbody>
</table>
Vaccine Effectiveness: Scotland, 12/2020–2/2021

• VE at 28–34 days
  • 18–64 y.o.: 85% (68%–93%)
  • 65–79 y.o.: 79% (17%–95%)
  • ≥80 y.o.: 81% (65%–90%)
  • BNT162b2: 85% (76%–91%)
  • AZD1222: 94% (73%–99%)

Vasileiou E. Lancet 2021 [preprint].
Pfizer Vaccine Effectiveness: Israel

- BNT162b2 mRNA vaccine
- Largest HMO in Israel (53% of population)
- Persons ≥16 y.o. newly vaccinated 20 Dec. 2020 – 1 Feb. 2021
- Matched 1:1 with unvaccinated controls
  - Age
  - Sex
  - Sector
  - Neighborhood
  - hx influenza vaccination
  - Pregnancy
  - Number of coexisting conditions

Pfizer Vaccine
Effectiveness: Israel

- 1,163,534 eligible vaccinees
- 596,618 matched to unvaccinated controls

Outcomes
- + PCR
- Symptomatic COVID-19
- Hospital admit for COVID-19
- Severe COVID-19
- Death from COVID-19

Follow up until
- Outcome
- Unrelated death
- Vaccination (of control)
- End of study period

## Pfizer Vaccine Effectiveness: Israel ≥7 Days after Dose 2

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Vaccine Effectiveness (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documented infection</td>
<td>92% (88%–95%)</td>
</tr>
<tr>
<td>Symptomatic illness</td>
<td>94% (87%–98%)</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>87% (55%–100%)</td>
</tr>
<tr>
<td>Severe Disease</td>
<td>92% (75%–100%)</td>
</tr>
<tr>
<td>Death</td>
<td>N/A*</td>
</tr>
<tr>
<td>PCR+, no documented symptoms</td>
<td>90% (83%–94%)</td>
</tr>
</tbody>
</table>

*no deaths ≥7 days after Dose 2

VE for 14–20 days after dose 1: 72% (19%–100%)  
21–27 days after dose 1: 84% (44%–100%)

Do COVID-19 Vaccines Prevent Transmission?

• Pfizer vaccine
  – Reduced transmission in animal model
  – Israel: 90% reduction in SARS-CoV-2 infection without documented symptoms ≥7 days after dose 2

• Moderna vaccine: Recipients 63% less likely to carry virus at time of second dose

• Johnson & Johnson vaccine: After day 29, reduced asymptomatic seroconversion by 74%
Do COVID-19 Vaccines Prevent Transmission?

• AstraZeneca vaccine: Reduces carriage by 67% after first dose

• Novavax vaccine: Completely prevented transmission in Rhesus macaque monkeys
Preparing for anticipated surge in vaccine allocations ahead

- Maximize FQHC and retail pharmacy allocations
- Ensure ongoing LPHA vaccine distribution
- Ensure ongoing vaccine access for long-term care facilities and other congregate care settings
- Continue use of high throughput vaccination sites (e.g., Salem Fairgrounds, Oregon Convention Center)
- Continue and ramp up targeted, mobile vaccination activities for homebound and other hard-to-reach populations
- Elevate role of CBOs, faith-based leaders, other trusted partners
- Exploring for the future:
  - Vaccine distribution to outpatient clinics (e.g., primary care)
  - Inpatient vaccine access
  - Employer-based vaccine events
COVID-19 Vaccination Information for Providers

COVID-19 Vaccine in Oregon

- General information
- Enrolling as a COVID-19 provider: The COVID Healthcare Partner page has information about enrolling with the Immunization Program; click on the “Vaccine Provider Enrollment and Planning” box under the orange line for more details.
- Vaccine Access for People with Disabilities
- COVID-19 Vaccine Provider Communications Toolkit
- COVID-19 Health Talking Points
- Funding available for vaccine storage and handling equipment
- COVID-19 Vaccine Advisory Committee

https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/IMMUNIZATIONPROVIDERRESOURCES/Pages/COVIDvaccine.aspx
Vaccinations: How can you help?

- Enroll as a COVID-19 vaccine provider!
- Volunteer at a vaccine site in your community
- Volunteer to support mobile vaccine efforts
- Develop your operational plan to administer vaccine within your clinic once supplies allow
- Identify your eligible patients and share information on how to access a vaccine
- Talk to your patients and community members about the importance of vaccination
- Encourage ongoing promotion of masks, physical distancing and hand-washing
Variants in Oregon
Sars-CoV-2 Variants

- Viruses constantly change due to mutation and due to:
  - Chronic infection in those with compromised immune systems
  - Interspecies transmission (e.g. Minks)
  - Treatment with monoclonal antibodies and convalescent plasma
  - Prior immunity to other strains
  - Increased transmission (more hosts, more mutations)
Variants in the world

- Original Wuhan strain was already replaced by a new strain called D614G (called G variant early on)
- 20% more transmissible
- Current vaccines are still very effective
- Need more people vaccinated before the variants predominate and to reduce selection of new variants
New emerging variants

<table>
<thead>
<tr>
<th>Name</th>
<th>First detected</th>
<th># cases in US</th>
<th># countries with cases</th>
<th>Transmissibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.1.1.7</td>
<td>United Kingdom</td>
<td>2400</td>
<td>101</td>
<td>~50% increase</td>
</tr>
<tr>
<td>B.1.351</td>
<td>South Africa</td>
<td>53</td>
<td>51</td>
<td>~50% increase</td>
</tr>
<tr>
<td>P.1</td>
<td>Brazil/Japan</td>
<td>10</td>
<td>29</td>
<td>Not determined</td>
</tr>
</tbody>
</table>
Vaccine effectiveness by variant

• Before J+J vaccine trials, only data has been laboratory-based showing the following impacts on effectiveness:
  – B.1.351 (South Africa) > P1, P2 (Brazil) > B.1.1.7 (UK)
  – Most studies on B.1.351 show a 3-11 times reduction
  – Most studies on B.1.1.7 show <3 times reduction
Variants in Oregon

- New variants have been identified in several counties in Oregon.

- The most common of the new variants in the United States is the UK B.1.1.7 variant. The most common strain overall is still the Wuhan strain (G strain).

- A single case of the P.1 variant has also been identified.
CDC, OHA Guidance
CDC Guidance: When You’ve Been Vaccinated

If you’ve been fully vaccinated:
• You can gather indoors with fully vaccinated people without wearing a mask.
• You can gather indoors with unvaccinated people from one other household (for example, visiting with relatives who all live together) without masks, unless any of those people or anyone they live with has an increased risk for severe illness from COVID-19.
• If you’ve been around someone who has COVID-19, you do not need to stay away from others or get tested unless you have symptoms (no quarantine needed).
• However, if you live in a group setting (like a correctional or detention facility or group home) and are around someone who has COVID-19, you should still stay away from others for 14 days and get tested, even if you don’t have symptoms.
CDC Guidance: When You’ve Been Vaccinated

For now, if you’ve been fully vaccinated:

- Wear a mask, keep 6 feet apart from others and avoid crowds and poorly ventilated spaces:
  - In public
  - Gathering with unvaccinated people from >1 other household
  - Visiting an unvaccinated person at increased risk of severe illness or death from COVID-19 or who lives with a person at increased risk
- Avoid medium or large-sized gatherings.
- Avoid nonessential travel. If you do travel, follow CDC requirements and recommendations.
- Watch for symptoms of COVID-19, especially if you’ve been around someone who is sick. If you have symptoms of COVID-19, you should get tested and stay home and away from others.
- Follow guidance at your workplace.

In-person Instruction in Schools

- On March 5, Governor Brown directed all public schools to offer universal access to in-person instruction by the weeks of March 29 for K–5 students and April 19 for students in grades 6–12.
- All public schools in Oregon will operate under either a fully on-site or a hybrid instructional model when counties meet or exceed Oregon’s advisory COVID-19 metrics.
- Individual students or parents who want to remain in comprehensive distance learning, or who have health needs, may do so.
- Comprehensive distance learning for all will be an option for school districts when community transmission rates of COVID-19 warrant a transition, as determined by state or local public health directives.
In-person Instruction in Schools

• The Oregon Department of Education (ODE) and the Oregon Health Authority (OHA) are revisiting the health and safety guidelines in Ready Schools, Safe Learners (RSSL) based on updated research on COVID-19 in schools and guidance from partners.

• ODE and OHA will issue updated guidance to match the directives set out by the Governor by March 19.
Testing Update
Testing needs and gap analysis

Daily testing gap over time

- Estimated daily testing need
- Estimated daily testing performed
Testing strategy updates

• CDC issued new **Operational Strategy for K-12 schools**
  – Recommends that all students and staff who develop symptoms at school or experience an exposure be referred for testing
    • Oregon could meet by mandating the K-12 testing project in all schools
    • Oregon could meet by asking schools to refer out to community testing resources, *but these do not exist in all areas*
    • Access could be guaranteed through the first strategy, not through the second
  – Screening may or may not be implemented

• **K-12 Testing in Oregon’s Schools** project — 766 registered
  – Testing offered to all public and private K-12 schools
  – Testing **required** under the following circumstances:
    • K-12 schools operating in-person in counties above advisory metrics
    • K-12 outdoor contact sports opening in high or extreme levels
Testing strategy updates

• **Expanding testing access** with new federal funding:
  1. **Bridging exposed contacts to testing** through mail-in testing resources
     • OHA would cover cost for uninsured
  2. **Expanding CBO partnerships to plan and assist at testing events**
     • This work is currently being done voluntarily
     • OHA would fund CBOs for their collaboration with this essential work
  3. **Expanding CBO partnerships to understanding testing barriers** in disproportionately impacted communities
     • OHA would fund CBOs to gather detailed information that could inform our work and CDC
  4. **Supporting targeted testing of disproportionately impacted populations** through regional framework
     • Reimbursement for testing of uninsured populations
  5. **Supporting OHA mobile testing**
Regional testing framework progress

- **190 low-barrier testing events** to date and over **23,000** tested
- **MSFW H2A/B visa testing** initiated
  - Will be offered to all farms upon arrival of workers
- Asked by HHS testing provider to function as a **testing mentor** to other states
- Regional Testing Partners identified for all regions
  - Region 1: OHSU
  - Region 2: Santiam Hospital
  - Region 3: McKenzie-Willamette
  - Region 5: Asante
  - Region 6: One Community Health
  - Region 7: Sky Lakes
  - Region 9: Grande Ronde
- Mobile capacity
  - OHSU received three vans: one operational, otherwise retrofitting
  - OHA received four vans: retrofitting
  - Three CBO partners will receive vans:
    - HIV Alliance: Lane/Marion/Douglas/Josephine
    - Neighborhood Health Care: Clackamas/Wash.
    - White Bird Clinic: Lane
Regional testing framework progress

• Distributed 750,000+ tests to partners statewide, including:
  – Abbott BinaxNOW rapid point-of-care testing
    • 402,600 BinaxNOW distributed to 246 testing partners including critical access, primary care, LTCFs
    • Strategic reserve for K-12 testing
  – Abbott IDNOW rapid point-of-care testing
    • 44 testing platforms and 70,000 tests distributed to testing partners
    • Strategically distributed to areas of limited testing capacity and disproportionately affected populations
  – Thermofisher high-volume laboratory testing
    • 8 testing platforms and 310,000 tests distributed to large healthcare testing partners
• Building additional testing capacity in Oregon at UO, OSU, OHSU
COVID-19 Literature and Other Updates
Convalescent Plasma

- **Janiaud et al 2021**, *JAMA*, Association of **Convalescent Plasma** Treatment With Clinical Outcomes in Patients With COVID-19, A Systematic Review and Meta-analysis
  - 1,060 patients from four peer-reviewed RCTs and 10,722 patients from six other publicly available RCTs
  - The summary risk ratio (RR) for all-cause mortality with convalescent plasma in the four peer-reviewed RCTs was 0.93 (95% CI, 0.63 to 1.38)
  - Treatment with convalescent plasma compared with placebo or standard of care was not significantly associated with a decrease in all-cause mortality or with any benefit for other clinical outcomes. The certainty of the evidence was low to moderate for all-cause mortality and low for other outcomes.
Ivermectin

- **Lopez-Medina et al 2021**, JAMA; Effect of Ivermectin on Time to Resolution of Symptoms Among Adults With Mild COVID-19, A Randomized Clinical Trial
  - 200 patients randomized to **ivermectin** and 200 to placebo
  - The median time to resolution of symptoms was 10 days (IQR, 9-13) in the ivermectin group compared with 12 days (IQR, 9-13) in the placebo group (hazard ratio for resolution of symptoms, 1.07 [95% CI, 0.87 to 1.32]; \( P = .53 \) by log-rank test). By day 21, 82% in the ivermectin group and 79% in the placebo group had resolved symptoms.
  - Among adults with mild COVID-19, a 5-day course of ivermectin, compared with placebo, did not significantly improve the time to resolution of symptoms.
  - Note: the manufacturer of ivermectin (Merck) does not recommend its use for treatment of COVID-19
Upcoming Health Care Provider Sessions on COVID-19

**Second Thursdays:** OHA COVID-19 Information Session for HCPs*

**First and third Thursdays:** Project Echo COVID-19 Response for Clinicians Part II^

*Oregon Health Authority COVID-19 Information Sessions for Oregon Health Care Providers
  - Session information, slides and recordings at: [www.healthoregon.org/coronavirushcp](http://www.healthoregon.org/coronavirushcp)

^OHSU’s COVID-19 Response ECHO for Oregon Clinicians Part 2
  - [https://connect.oregonechonetwork.org/Series/Registration/278](https://connect.oregonechonetwork.org/Series/Registration/278)
Thank you