Oregon Housing and Community services

Neeti Vyas, M.B.B.S.,MPH,CIC Congregate Care Epidemiologist Population Support Team Infection Prevention and Control

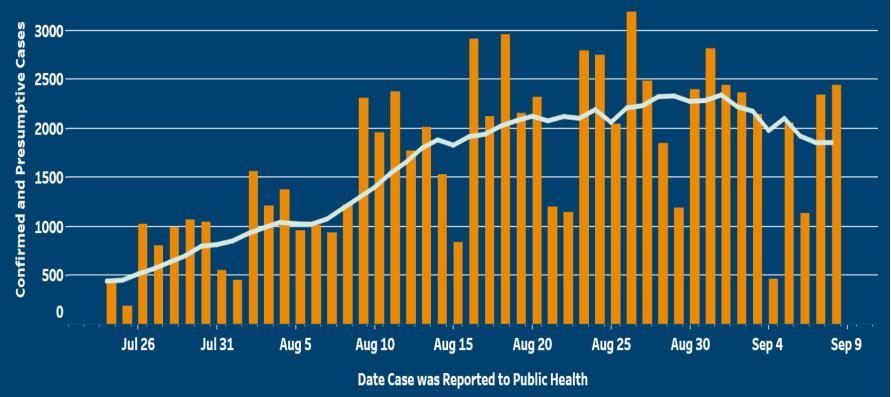


COVID-19 RESPONSE and RECOVERY UNIT (CRRU)



^{*} Arrows indicate an increase or decrease from the previous day. †Hospitalization data from Oregon's Hospital Capacity Web System (HOSCAP).

Daily Cases and 7 Day Moving Average over the Previous Six Weeks



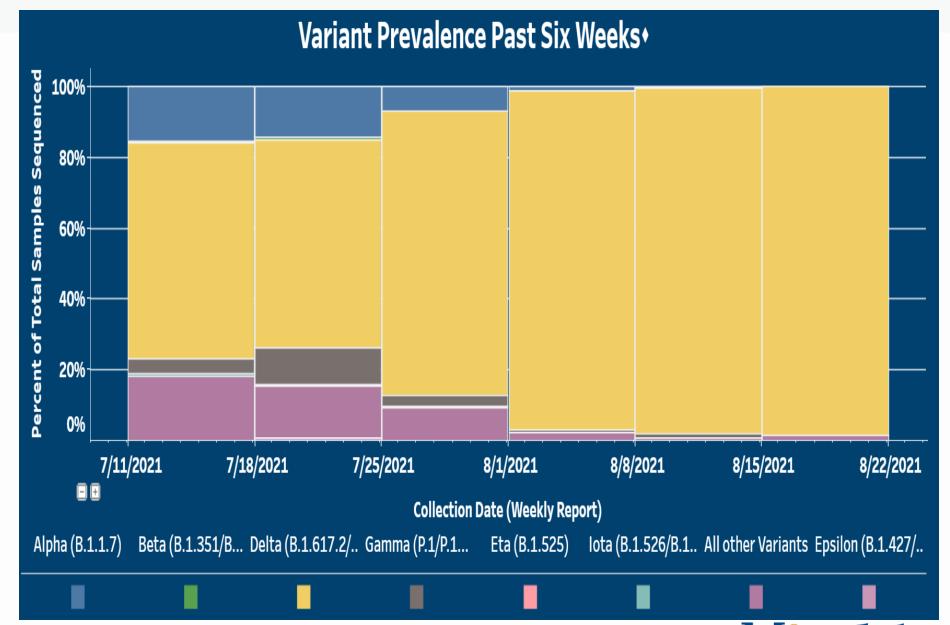
https://public.tableau.com/app/profile/oregon.health.authority.covid.19/viz/OregonCOVID-19Update/DailyDataUpdate



Types of Variant

- Variant of Interest (VOI):Genetic markers associated with changes to receptor binding, reduced antibody neutralization, reduced efficacy of treatments, potential diagnostic impact, or predicted increase in transmissibility or disease severity
- Variant of Concern (VOC): Evidence of increased transmissibility, more severe disease, significant reduction in neutralization by antibodies, reduced effectiveness of treatments or vaccines, or diagnostic detection failures
- Variant of High Consequence (VOHC): Clear evidence that prevention measures or medical countermeasures have significantly reduced effectiveness [None yet]







Outbreak Response

- Symptomatic/ positive individual identified- Inform local public health authority (LPHA) within 24 hours
- Connect with LPHA to establish a testing plan
- Facility-wide testing recommended- At least 2 rounds of negative testing recommended before outbreak is considered over
- Follow screening, masking, physical distancing, disinfection, ventilation etc. other mitigation measures



- 1. Quarantine Guidance for Close Contacts- Not fully vaccinated
- ❖ a 14- day quarantine is the safest option to prevent the spread of COVID-19 to others, the LPHA may consider ending quarantine early for close contacts who have not developed any symptoms:
- After 10 days of quarantine, without any testing, or
- After 7 days, with a negative result by an antigen or PCR test within
 48 hours before ending quarantine



- Shortened quarantine has not yet been adopted for residents or patients in these settings:
- Long-term care facilities (LTCFs)
- Adult family/foster homes (AFHs)
- Residential healthcare settings (e.g., behavioral health residential treatment acilities, group homes for people with intellectual or developmental disabilities)
- Inpatient healthcare settings (e.g., hospitals, inpatient hospice)
- Corrections facilities (e.g., jails and prisons)



- 2. Vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet the following criteria:
- Are fully vaccinated (i.e., ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine)
- Have remained asymptomatic since the current COVID-19 exposure
- ❖ Fully vaccinated persons who do not quarantine should be tested 3-14 days (ideally, 3-5 days) after a COVID-19 exposure, watch for symptoms of COVID-19, and wear a mask while spending time indoors in public for at least 14 days.

- ❖ Vaccinated inpatients and residents in healthcare settings should continue to quarantine following an exposure to someone with suspected or confirmed COVID-19. These settings include:
- Long-term care facilities (LTCFs)
- Adult foster homes (AFHs)
- Residential healthcare settings (e.g., behavioral health residential treatment facilities, group homes for people with intellectual or developmental disabilities)
- Inpatient healthcare settings (e.g., hospitals, inpatient hespice)

Vaccine mandate for Healthcare workers

- On or before October 18, 2021, healthcare providers and healthcare staff must provide their employer, contractor or responsible party with either:
- (a) Proof of vaccination showing they are fully vaccinated; or
- (b) Documentation of a medical or religious exception.
- Vaccine mandate FAQ:
 https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le3879
 .pdf

