

Deschutes County Health Services

COVID-19 Public Health Update

George A. Conway, MD, MPH
Health Services Director

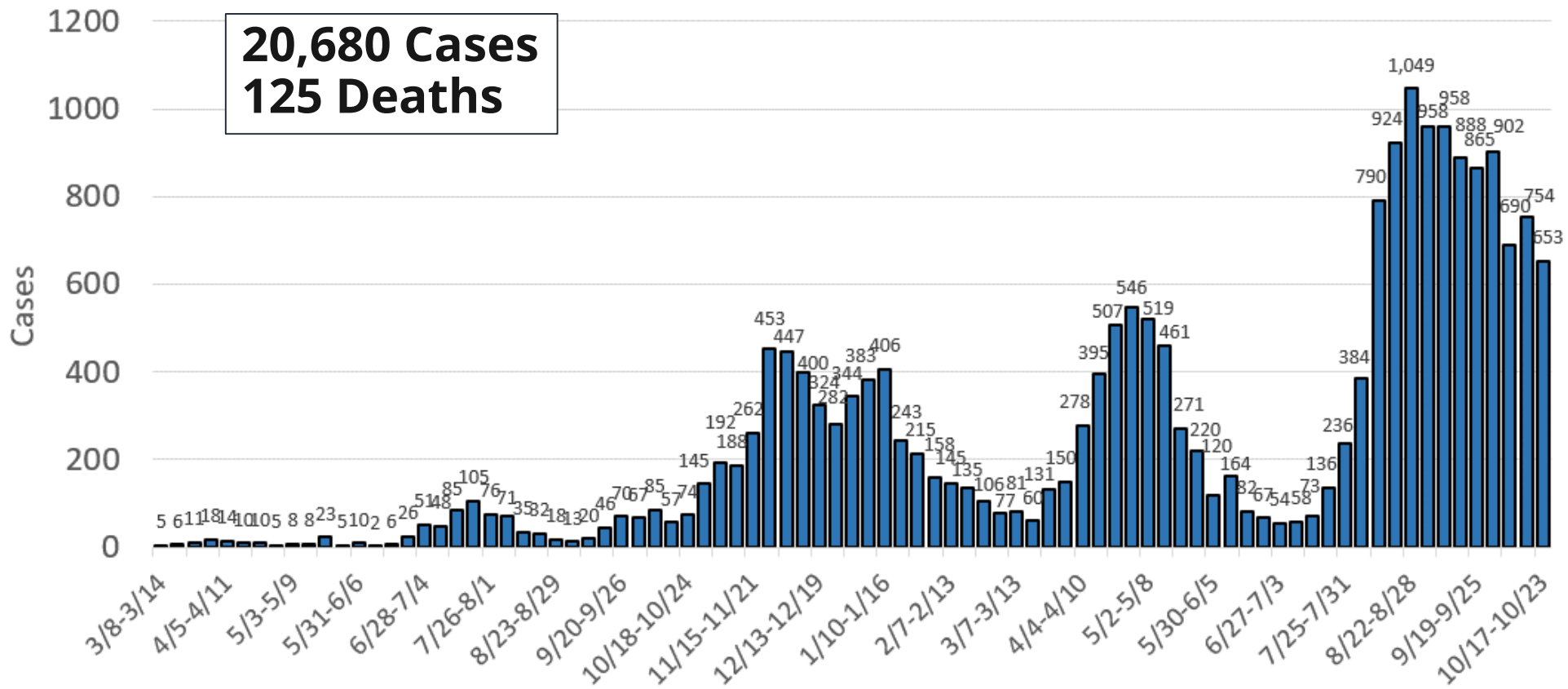
Crystal Sully
COVID-19 Vaccine Delivery Supervisor

Michael Johnson, PhD
St. Charles Hospital



COVID-19 Case Counts: Vary at High Level

Deschutes County COVID-19 Cases by Week

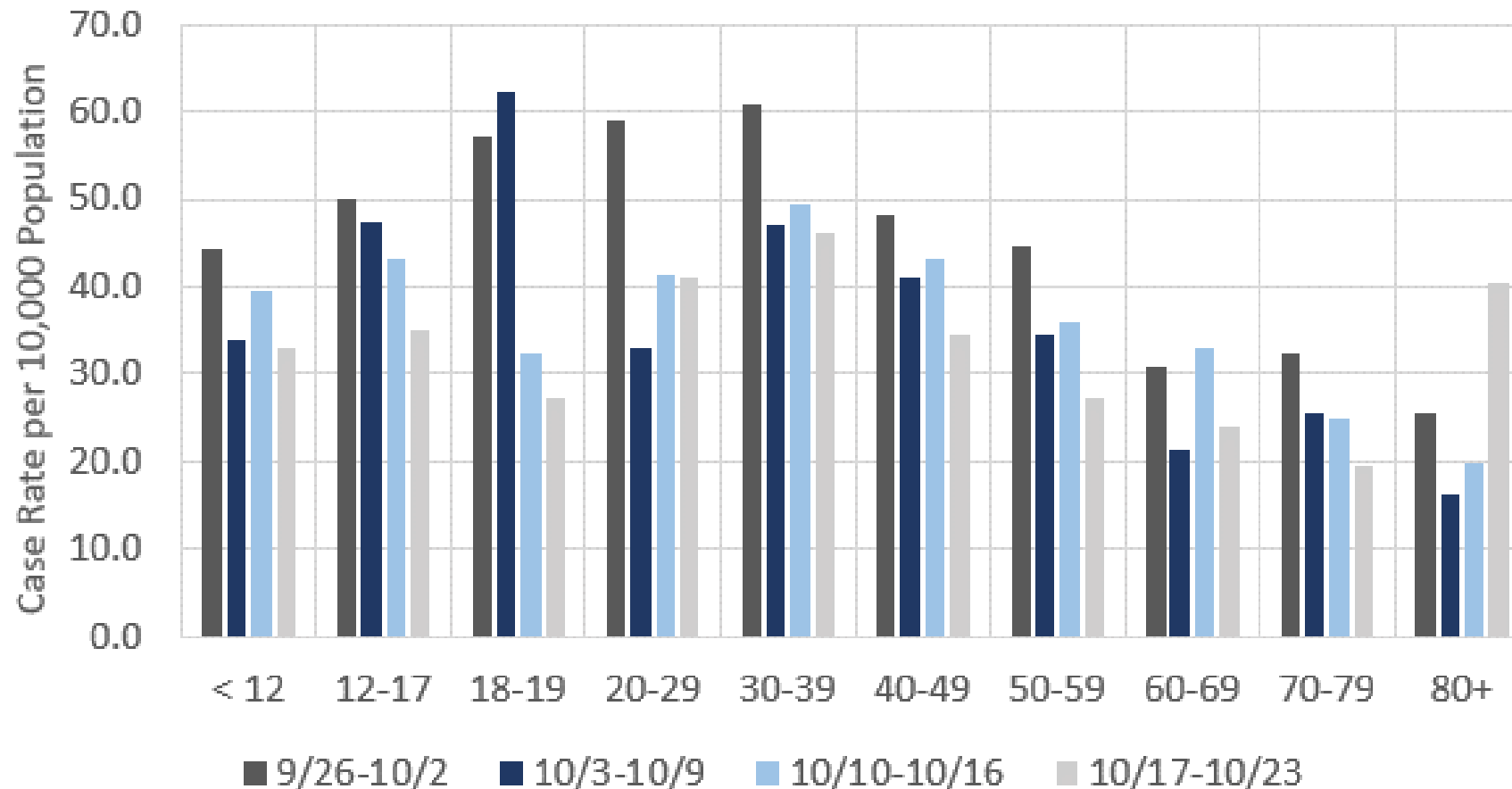


Note. Data are shown based on the date a case first became identified as a case. Data subject to change.

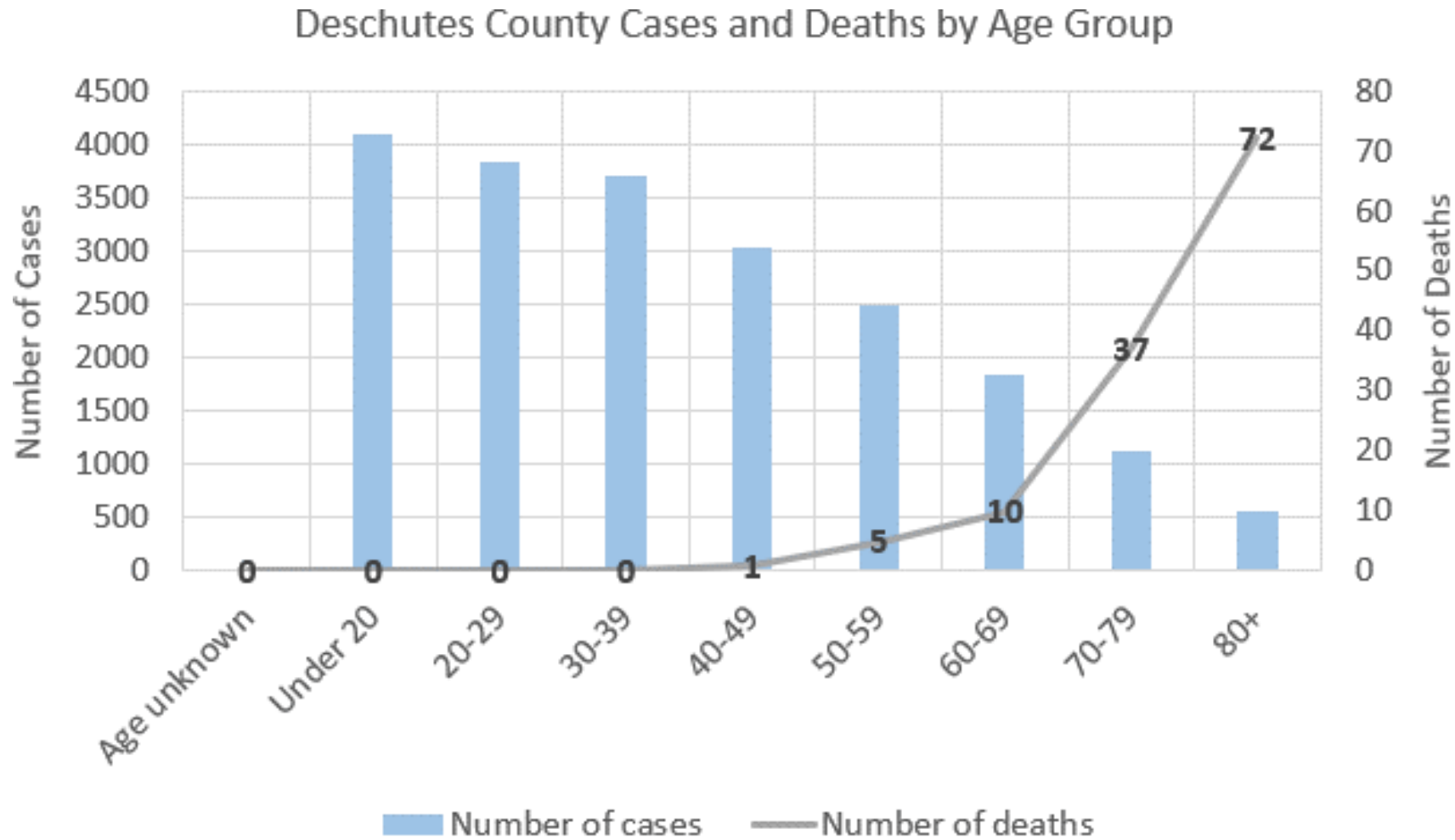


Case Rates Highest Among Young Adults

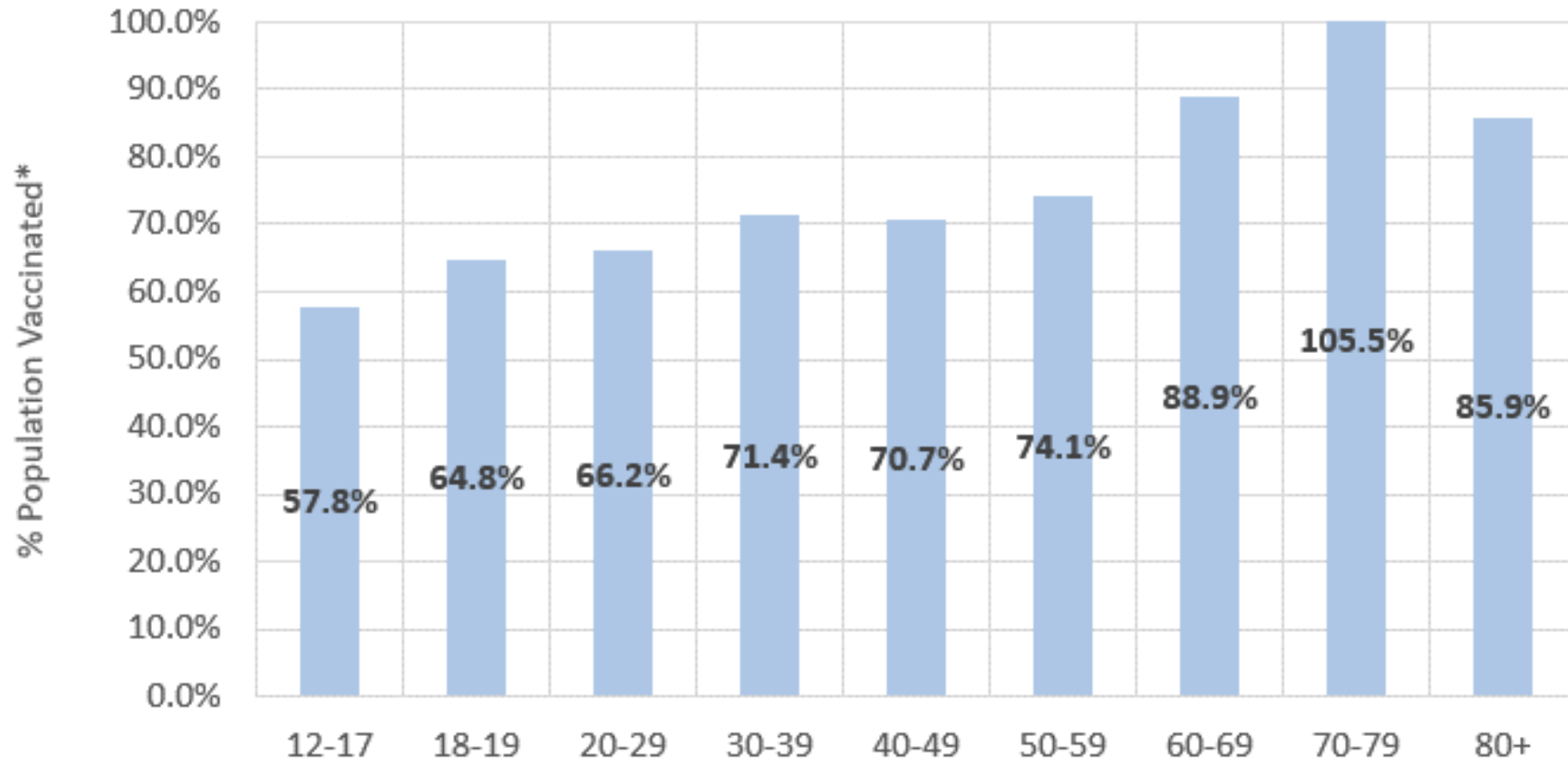
Deschutes County Weekly Case Rate by Age Group



Older age groups most vulnerable



COVID-19 Vaccination Rates Vary by age group

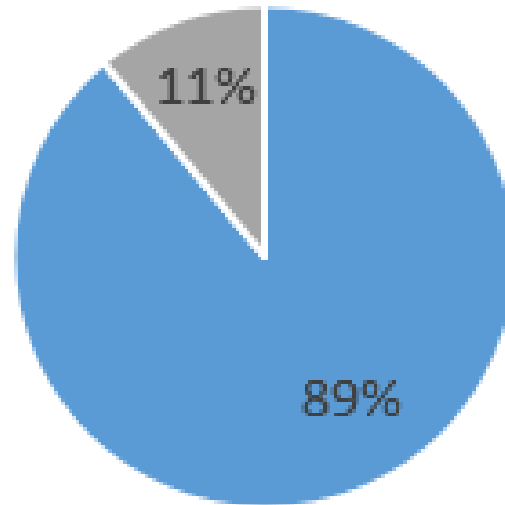


*Includes people with vaccination series in progress or fully vaccinated.



COVID-19 Case Follow Up Improving

COVID-19 Case Investigation Time



- Investigated within 24 hours of case report
- Not investigated within 24 hours of case report



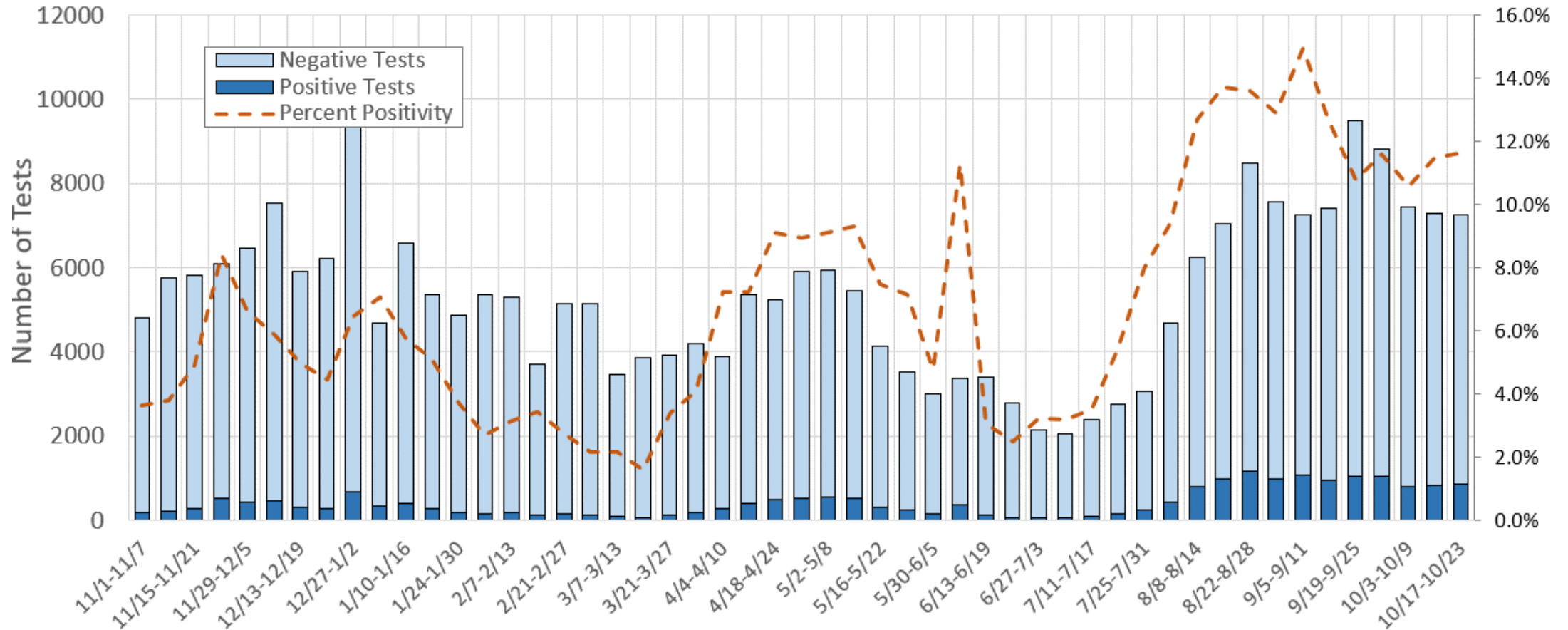
CI / CT PCP Access Navigation

As adequate follow-up to determine one's risk, and licensed clinical referrals are necessary to receive monoclonal antibody and other effective treatments, our team is reminding persons newly-diagnosed with COVID19 to follow-up:

- To see their regular medical provider, if they have one
- If not, to go to immediate / urgent care if covered by private insurance or Medicaid, or
- FQHC for further assistance for follow-up navigation

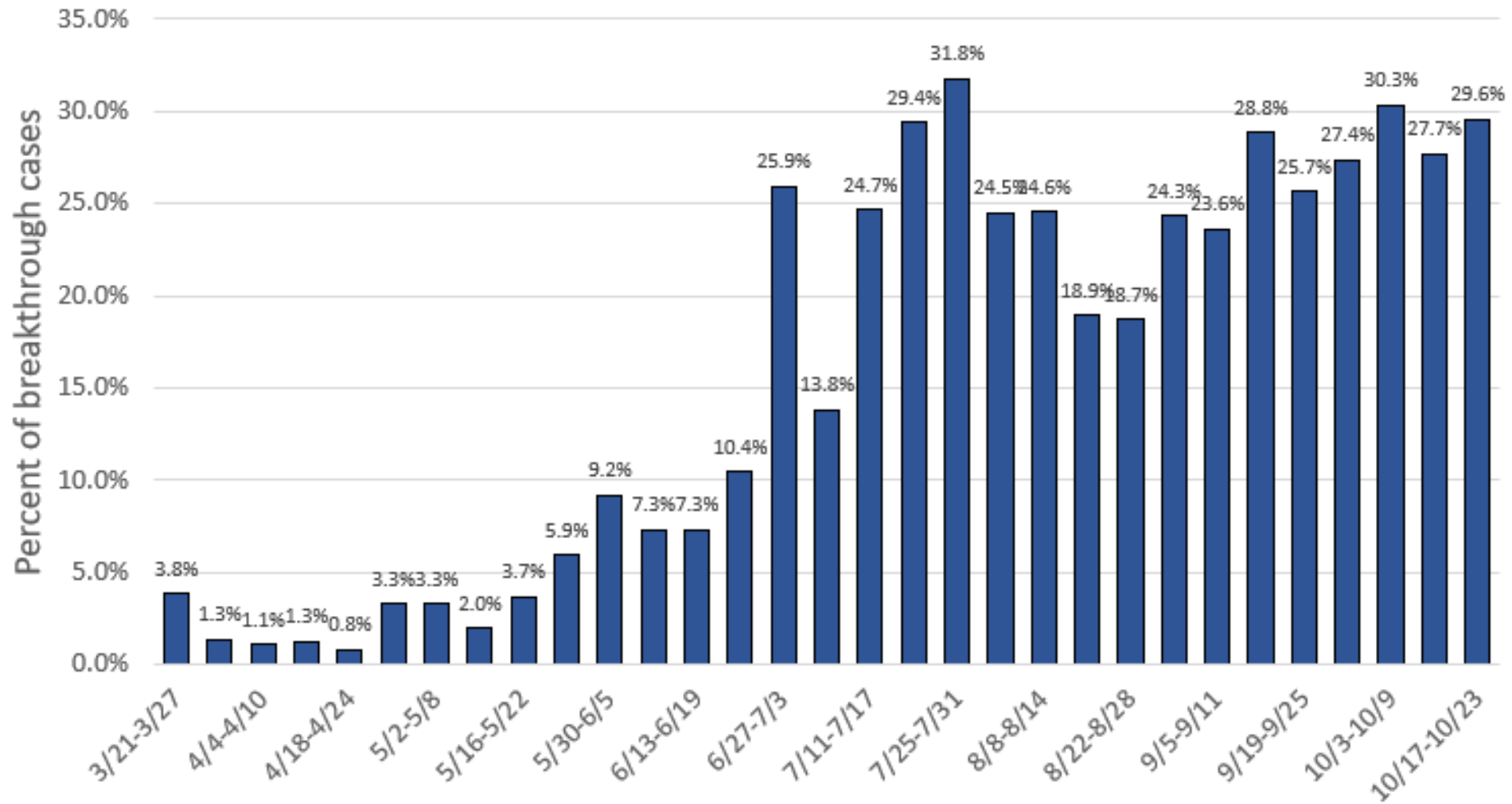


COVID-19 Testing Volume Stable

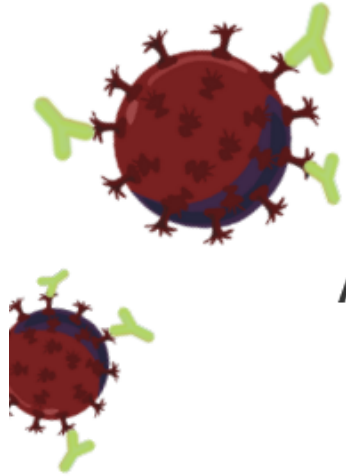


Breakthrough Cases are High

Deschutes County Weekly Percent of Breakthrough Cases



Treatments



VS

Antibody Therapy

A protein that binds to the virus and stops it from infecting you

Treats those who are already infected with the COVID-19 virus

As soon as it is given

Weeks to months

Vaccine

A piece of the virus your immune system can recognize

Trains the immune system to fight against the COVID-19 virus

1-2 weeks after both doses are given

Years to lifetime (may need boosters)



What is it?

What is it for?

How fast does it work?

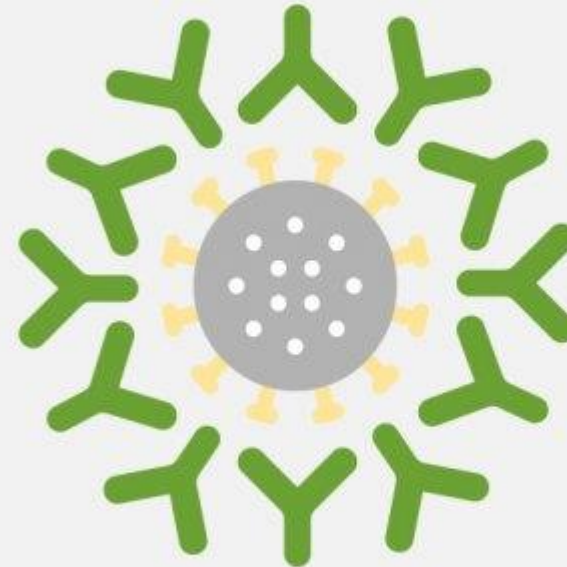
How long does the protection last?

Monoclonal Antibodies (mAb)

How monoclonal antibodies work



Monoclonal antibodies
bind to their target



once attached,
they make it harmless



Recommendations for Post-Exposure Prophylaxis

Casirivimab 600 mg plus imdevimab 600 mg may be administered as subcutaneous (SQ) injections **(AI)** or an intravenous (IV) infusion **(BIII)** as Post-Exposure Prophylaxis (PEP) for

- People who are at high risk for progression to severe COVID-19 if infected with SARS-CoV-2^a
 - *Vaccination Status:*
 - Not fully vaccinated (never vaccinated or received the second in a two-dose series or a single-dose vaccine <2 weeks ago); *or*
 - Fully vaccinated, but not expected to mount an adequate immune response (e.g., those with immunocompromising conditions, including those who are taking immunosuppressive medications **AND**
 - *Exposure History to SARS-CoV-2:*
 - Had a recent exposure to an individual with SARS-CoV-2 infection that is consistent with the Centers for Disease Control and Prevention (CDC) close contact criteria;^b *or*
 - At high risk of exposure to an individual with SARS-CoV-2 infection because of recent occurrence of SARS-CoV-2 infection in other individuals in the same institutional setting (e.g., nursing homes, prisons)



Timing and Doses of Casirivimab Plus Imdevimab

The doses should be administered as soon as possible and preferably within 7 days of high-risk exposure **(AIII)**.

- **Casirivimab 600 mg plus imdevimab 600 mg** should be given as four SQ injections (2.5 mL per injection) at four different sites **(AI)** or as a single IV infusion **(AIII)**. The patient should be observed for at least 1 hour after the injections or infusion.
- There is insufficient evidence for the Panel to recommend either for or against repeat dosing every 4 weeks for those who received PEP and who continue to have high-risk exposures.



How Protective Is Natural Immunity?

DETAILED RECONSTRUCTION OF THE IRANIAN COVID-19 EPIDEMIC REVEALS HIGH ATTACK RATES OF SARS-COV-2 IN SEVERAL PROVINCES

Mahan Ghafari^{1*} , Ariel Karlinsky² , Oliver J Watson³ , Luca Ferretti⁴ , Aris Katzourakis^{1*} Affiliations 1 Department of Zoology, University of Oxford, Oxford, UK; 2 Department of Economics, Hebrew University of Jerusalem, Jerusalem, Israel 3 Department of Infectious Disease Epidemiology, Imperial College London, London, UK 4 Big Data Institute, Li Ka Shing Centre for Health Information and Discovery, Nuffield Department of Medicine, University of Oxford, Oxford, UK; doi: <https://doi.org/10.1101/2021.10.04.21264540>

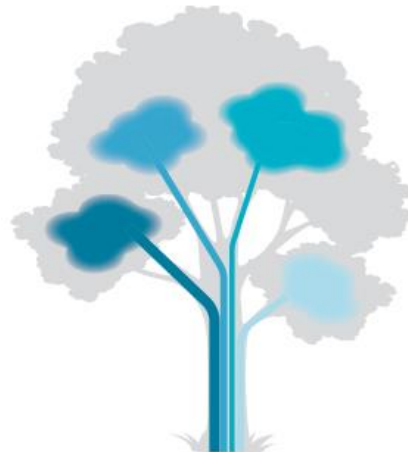
This reports a “natural experiment”, reconstructing the trajectory of the pandemic where COVID19 has been transmitted very widely in multiple Iranian provinces without much impediment.

- We ... find significant heterogeneity in the estimated attack rates across the country with 11 provinces reaching close to or higher than 100% attack rates
- (“That means, on average, one individual might have been exposed to the disease more than once, in fact, twice. Or even in a particular province - Sistan and Baluchestan - we found 254% percent of people exposed. That means even more than twice being exposed [i.e., infected] to the disease over a period of 19 months.”)
- These results also show that despite several waves of infection and high attack rates in many provinces with largely unmitigated epidemics, herd immunity through natural infection has not been achieved.

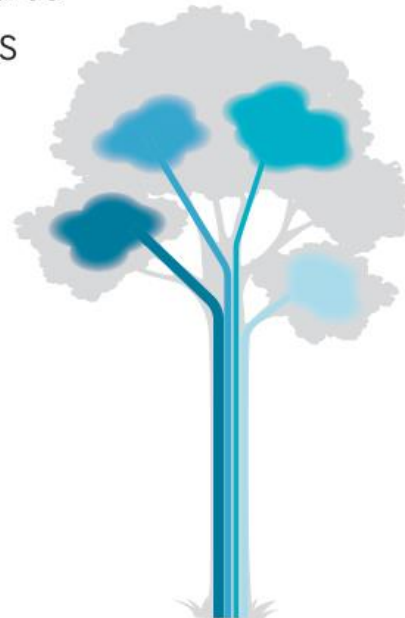
Hybrid vigor immunity with COVID-19 vaccines

Hybrid vigor can occur when different plant lines are bred together and the hybrid is a much stronger plant. Something similar happens when natural immunity is combined with vaccine-generated immunity, resulting in 25 to 100 times higher antibody responses, driven by memory B cells and CD4⁺ T cells and broader cross-protection from variants.

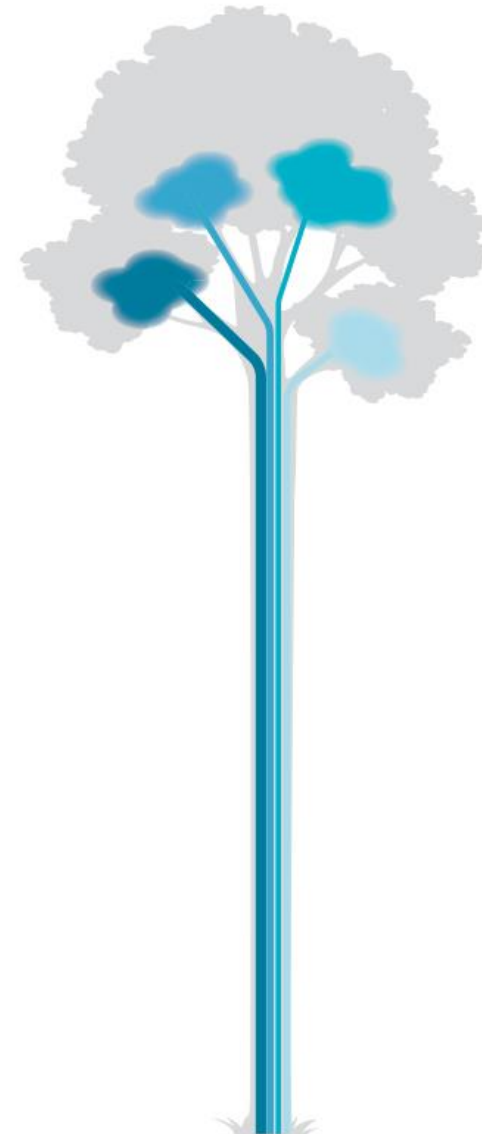
- Memory B cells
- Antibodies
- CD4⁺ T cells
- CD8⁺ T cells



Natural immunity



Vaccine immunity



Hybrid immunity



COVID-19 vaccines are safe

COVID-19 vaccines reduce risk for infection, serious illness, and death

A study of 11 million people found no increased risk of death among COVID-19 vaccine recipients

Get vaccinated as soon as possible



Data from December 2020 to July 2021

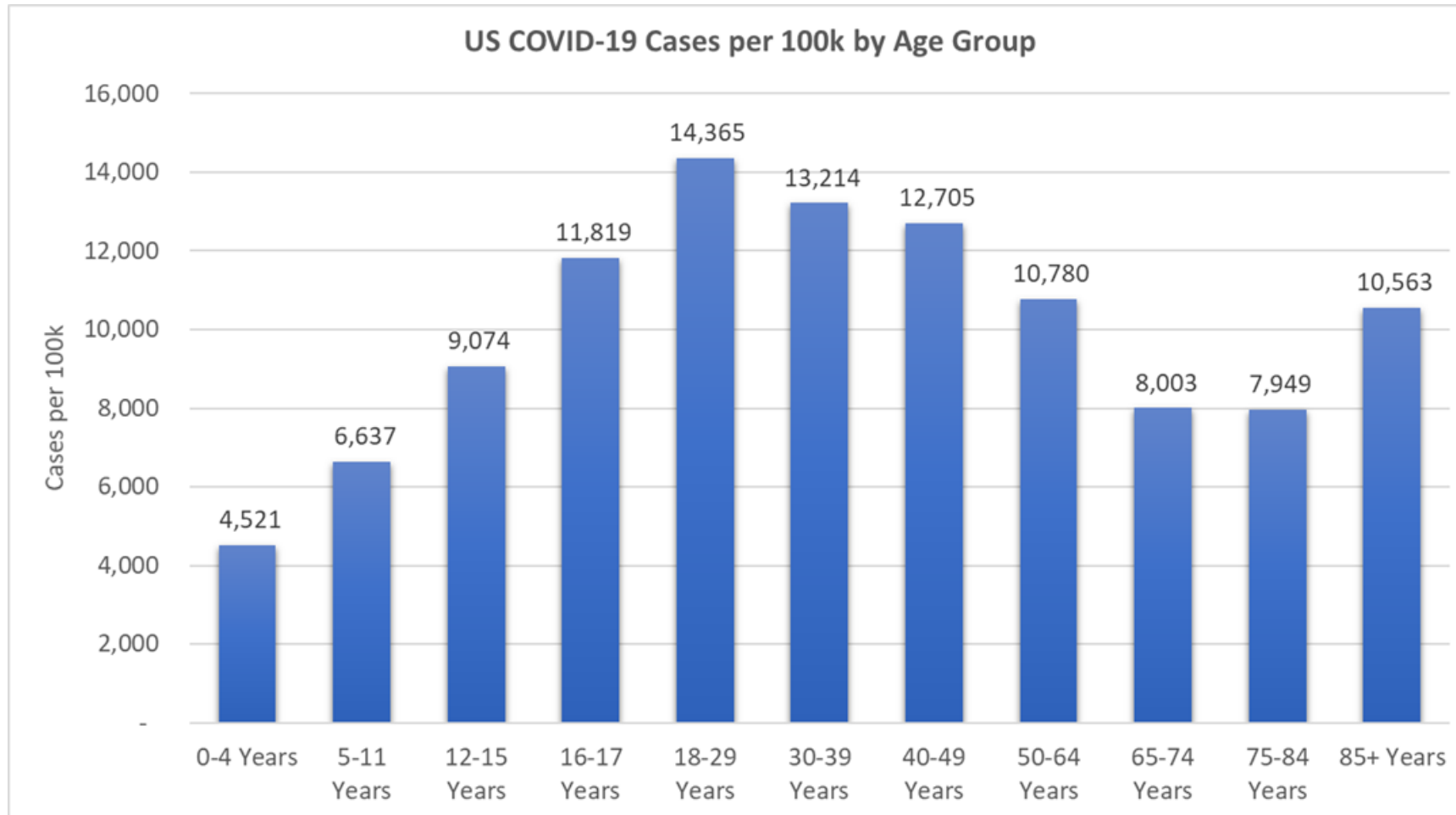
bit.ly/MMWR7043e2





Demographic Trends of COVID-19 Cases

CDC | Data as of: Monday, October 25, 2021 4:27 PM ET



Vaccines for Children Ages 5 to

11

- FDA advisory committee endorsed Pfizer-BioNTech COVID-19 vaccine as a 2-dose series, administered 3 weeks apart, in children 5-11 years of age.
- Each dose contains 10 μg mRNA (0.2 mL) of the same formula that is currently available for those 12 or older. Those 12 and older receive doses that are dose contains 30 μg mRNA (0.3 mL).
- Trials showed a vaccine efficacy of 90.7% with no severe COVID-19 cases or hospitalizations.
- Trials had no reports or myocarditis/pericarditis or anaphylaxis, no participant deaths. Included 2 months of follow-up.
- Most common immune responses were pain at the injection site, fatigue and headache. Most resolved within 1-2 days.



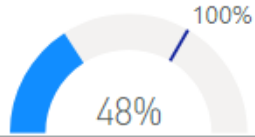
Financial Update

COVID: ARPA Financial Update



Krypton Grant Cluster Grouping

COVID



Cluster Grants

- Grant : ARPA - 1.3
- Grant : COHC COVID - ...
- Grant : PE 01-09 - HS3...
- Grant : PE 01-10 - HS3...
- Grant : Vaccine Equity -...

Grant Award

1.27M

Expenses Incurred

607.96K

Grant Available

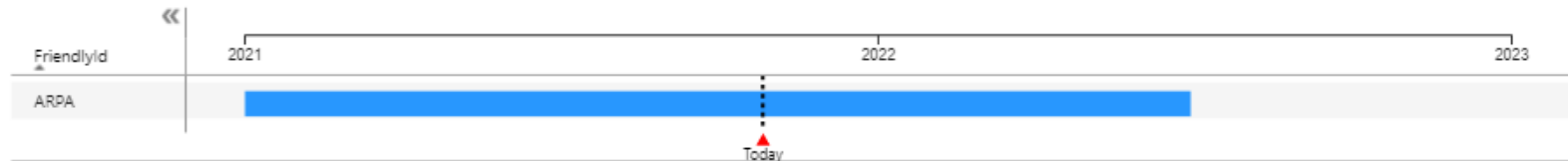
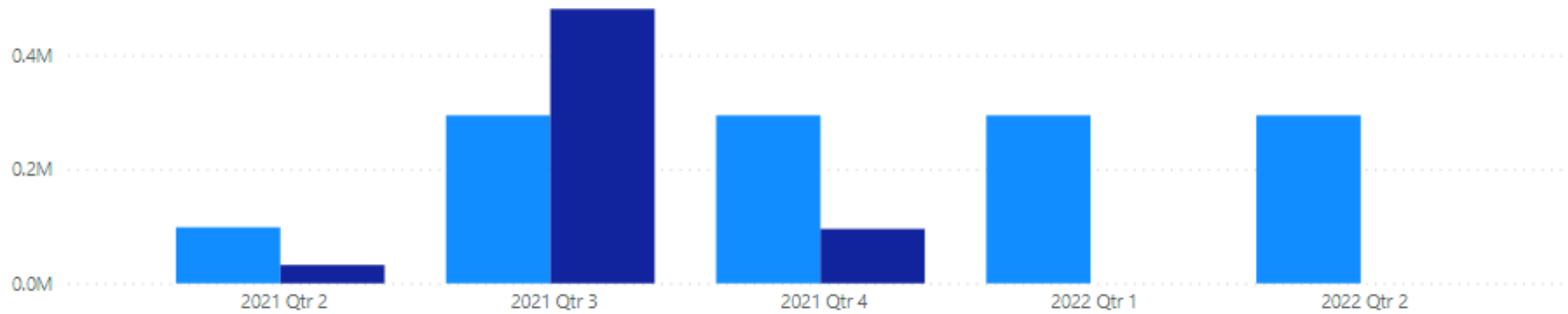
667.04K

Grant Used

48%

Cluster Awards vs. Actuals

● Award ● Spent



Medical System Update

Creating America's healthiest community, together.



COVID-19 Update

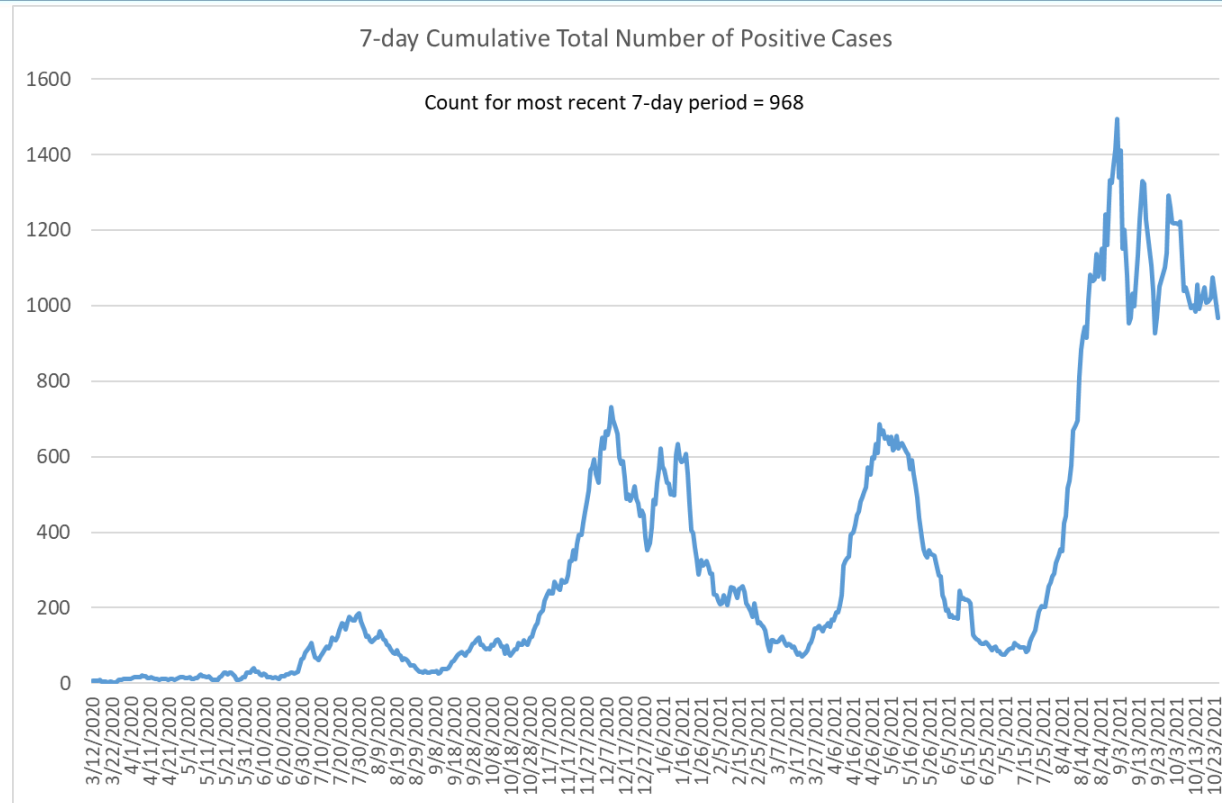
October 27, 2021

Michael Johnson, Ph.D.

Senior Data Scientist, St. Charles Health System

Positive Cases in Central Oregon

- Yes, positive cases are coming down, but at a very slow rate.
- Some of the recent variation is likely due to data lag as a result of OHA figures not being updated over the weekends.
- We need the count to be around 200 before we can hope to have sustained manageable number of hospitalized cases.
- The other indicator of interest is the positivity rate for the three counties in our region. These have not yet entered the desired range of 5% to 8% and are stubbornly remaining at these elevated levels.

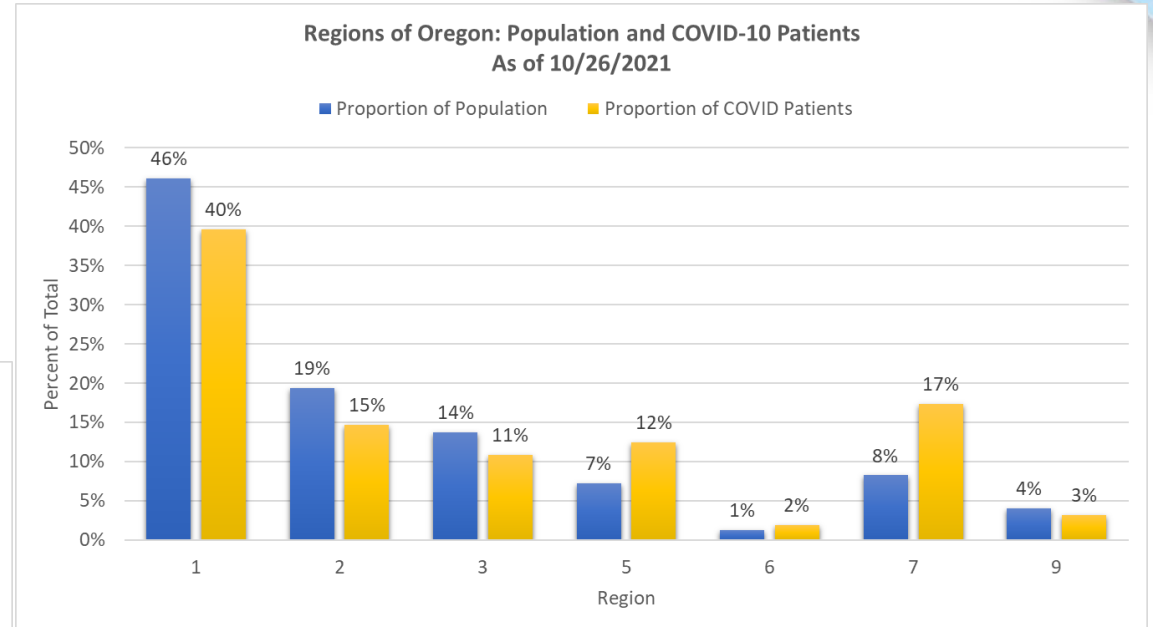
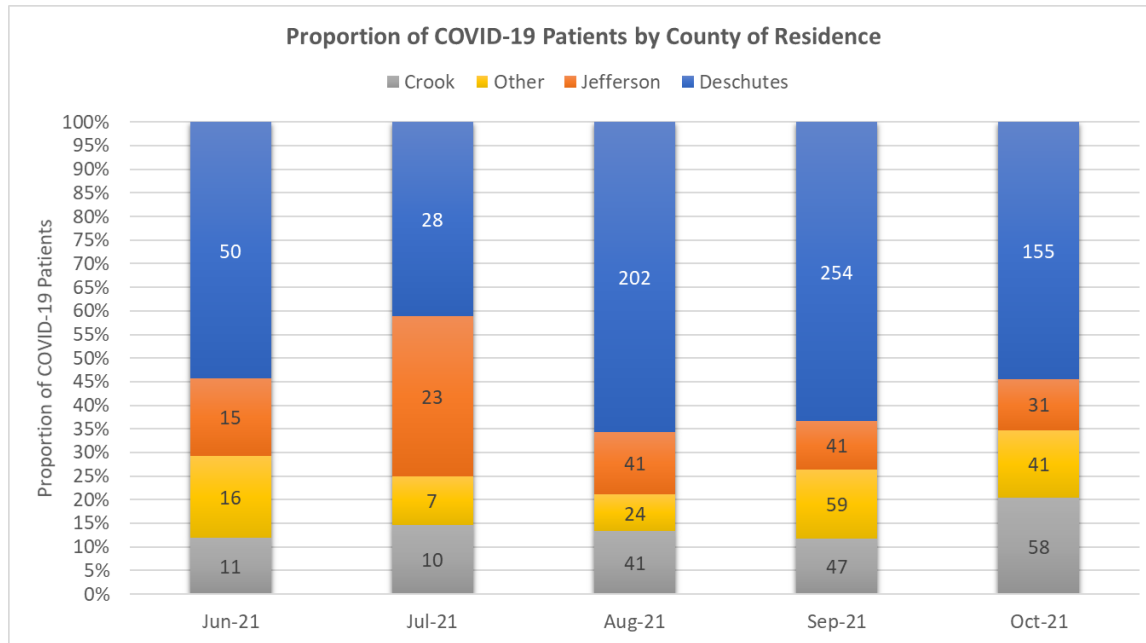


Testing Volume and Positivity Rate for Week Ending 10/24				
	Updated:	10/25/2021		
	Pos	Neg	Total	Pos Rate
Crook	126	702	828	15.2%
Deschutes	594	4619	5213	11.4%
Jefferson	105	574	679	15.5%
Tri-County	825	5895	6720	12.3%

Note: Data through October 25, 2021

Hospitalizations Across the Regions of Oregon State

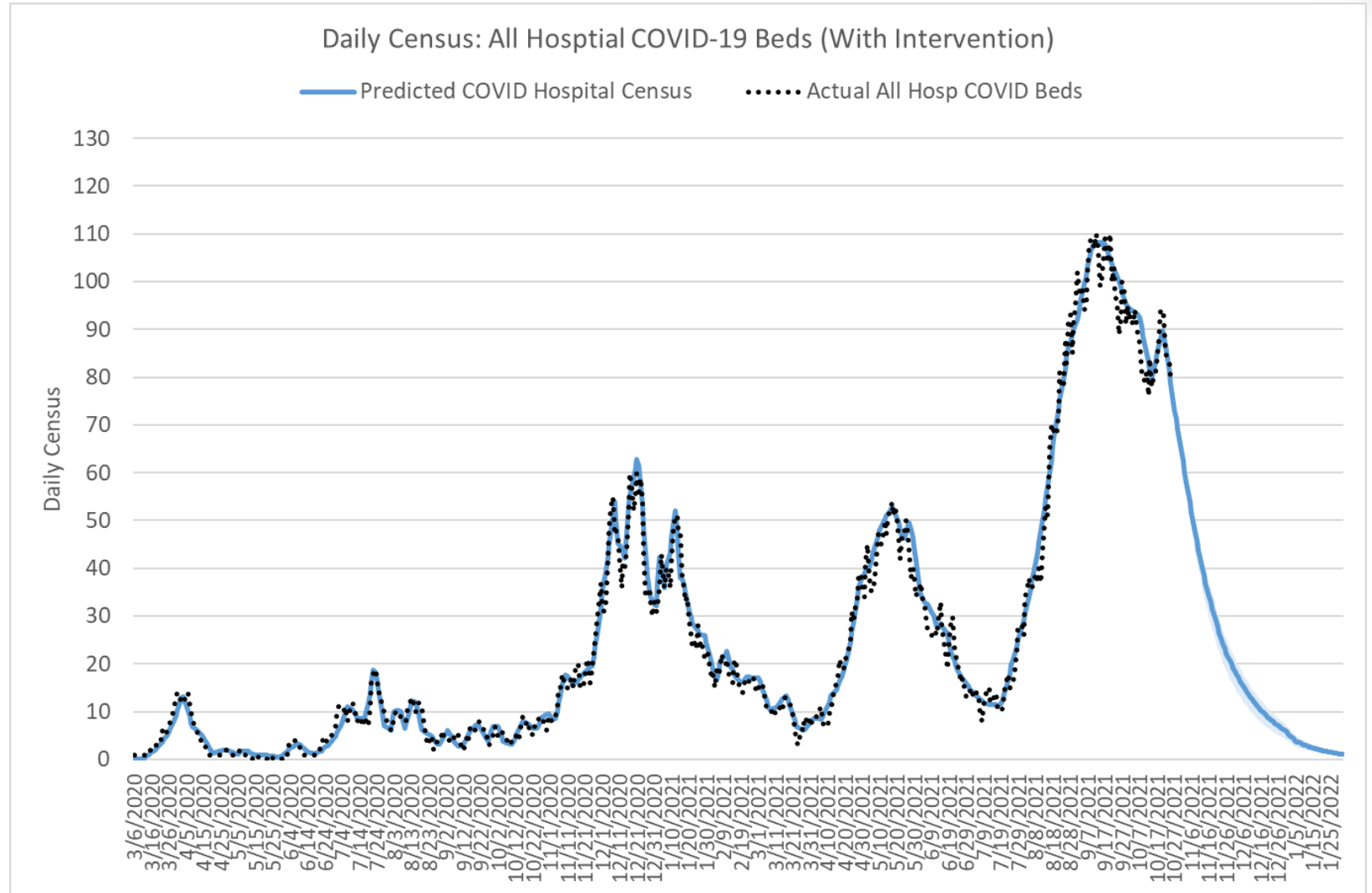
- Deschutes County is in Region 7 with Crook, Jefferson, Grant, Harney, Klamath, Lake and Wheeler Counties.
- Region 7 comprises 8% of the state population but currently has 17% of the COVID-19 patients.
- Our tri-county area comprises 74% of the population in Region 7.
- Deschutes county comprises 59% of the population of Region 7.



- Deschutes County comprises 80% of the population in the tri-county area but only accounts for 54% of the COVID-19 patients in October.
- Crook and “other” counties are over-represented with 35% of all the COVID-19 patients in October.

Predicted COVID Hospital Census

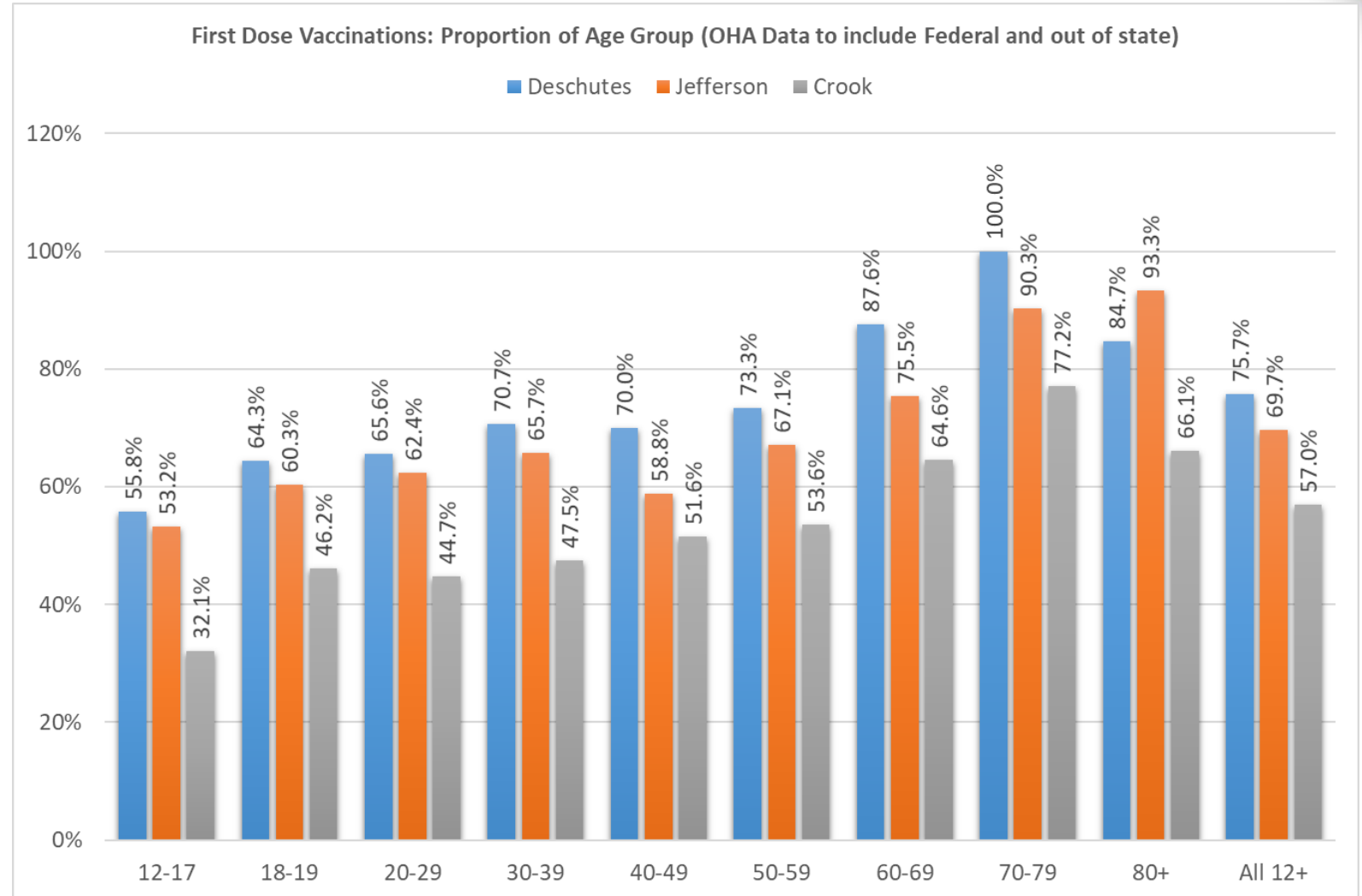
- These are predictions for “patient throughput” not midnight census.
- We may not be back to “manageable levels” of COVID patients until the very end of November.



Note: Data through October 25, 2021

Vaccination Percentage by County

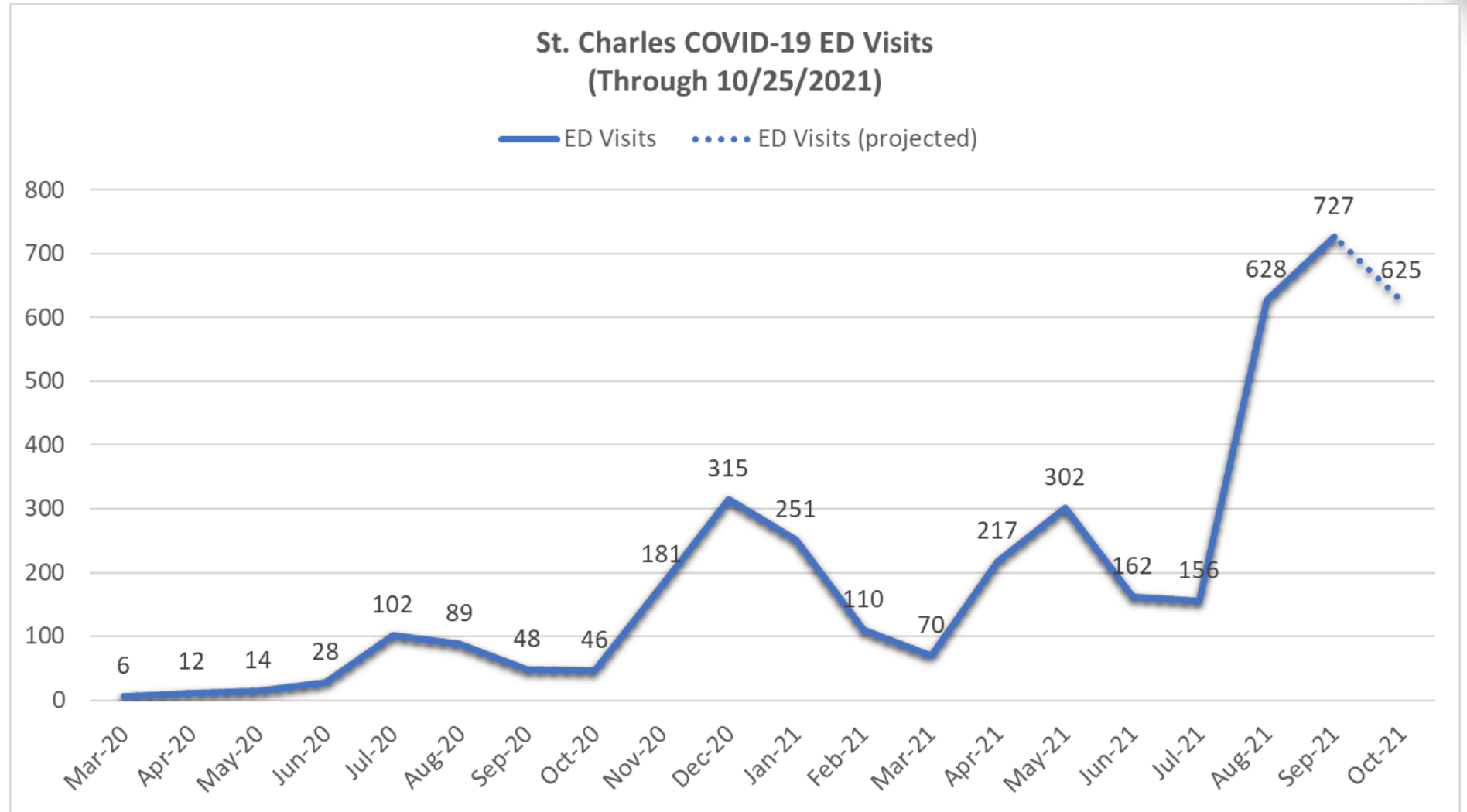
- The vaccination rate for Deschutes county has increased by less than 1% since the last briefing two weeks ago.
- Combined tri-county percentage of eligible people vaccinated is 73.2%.
- Note: Population size for each county adjusted with 3.5% growth from 2020 census figures.



Note: Data through October 25, 2021

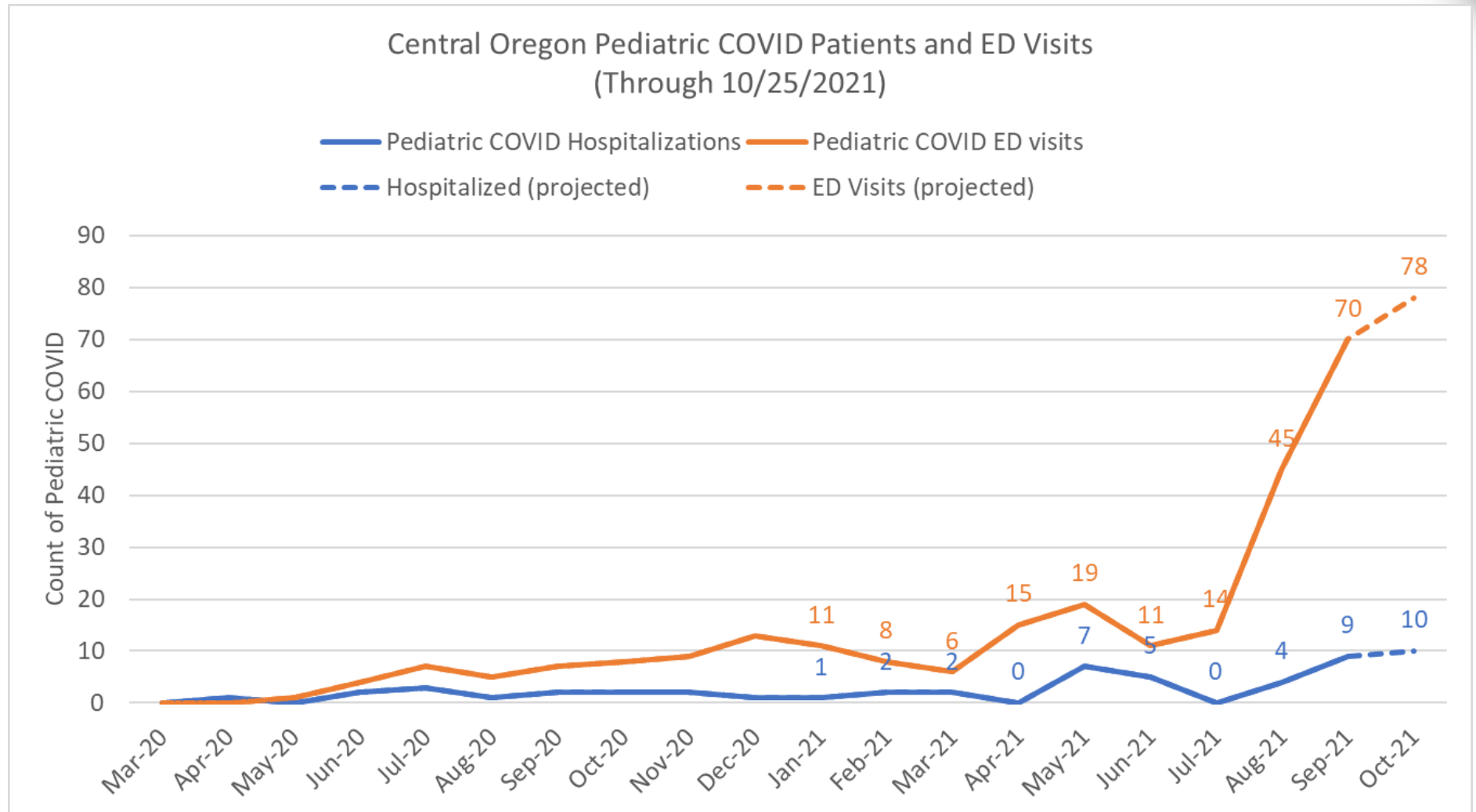
Central Oregon COVID ED Visits by Month

- At the current pace, we expect to see about a 14% drop from September to October but still nearly a tied with the second highest month so far.



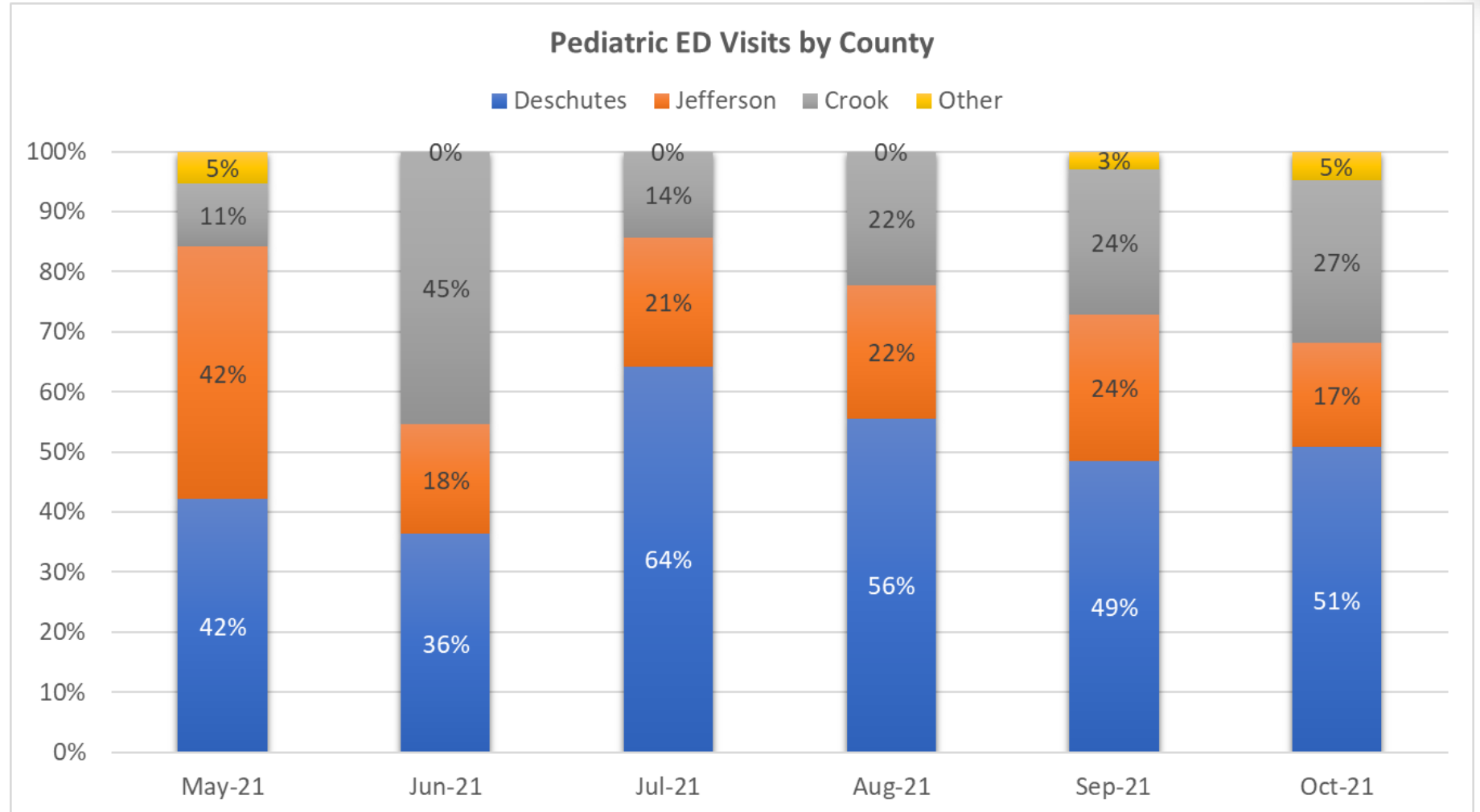
Pediatric COVID Hospitalizations and ED Visits

- As predicted with the opening of the schools, the number of COVID-19 pediatric ED visits have increased dramatically.
- At the current pace we will have 8 more pediatric ED visits in October than in September.
- At the current pace we will have 1 more pediatric hospitalizations in October than in September.



COVID-19 Pediatric Visits to the ED: Distribution by County

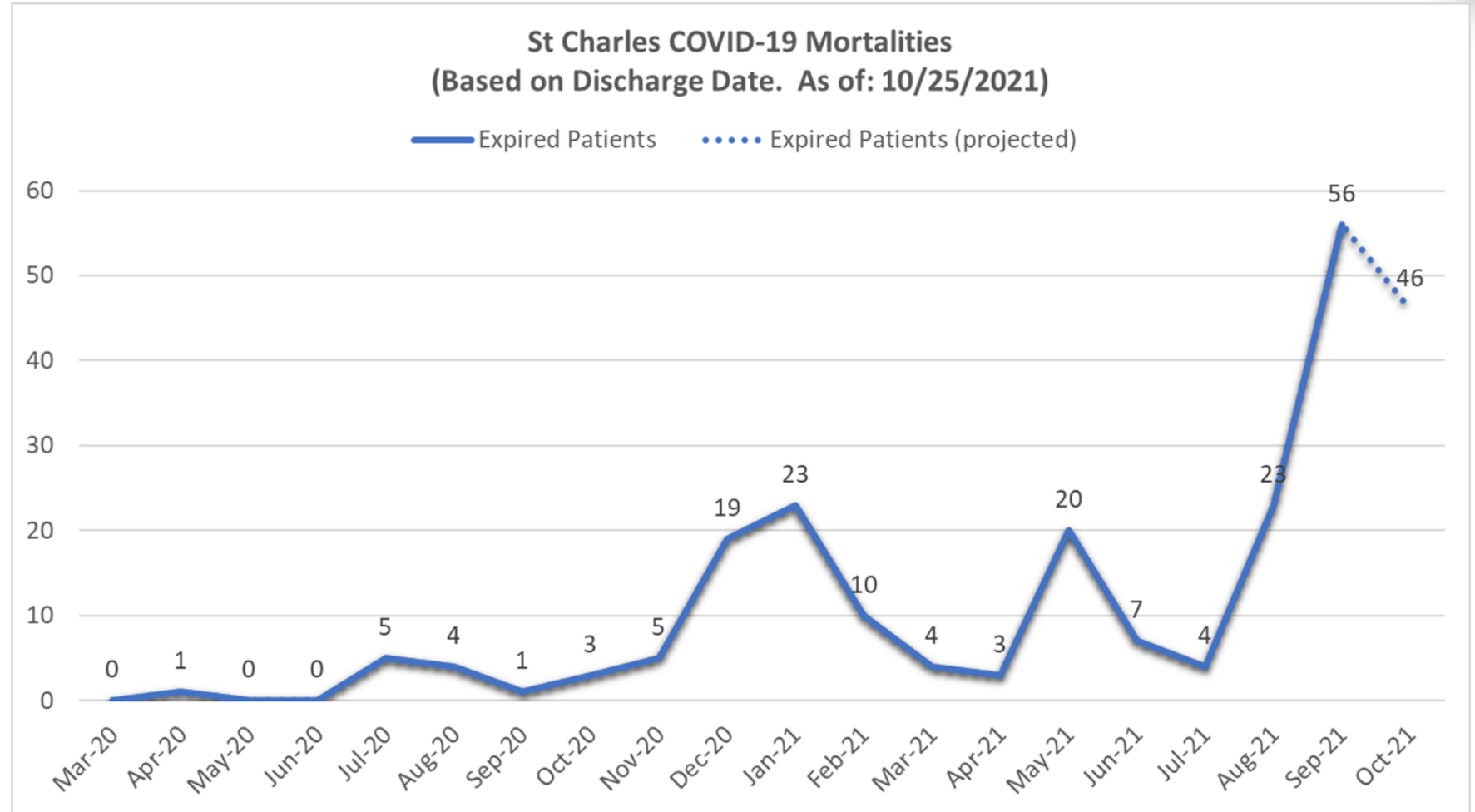
- Jefferson and Crook Counties are over-represented.
- Keep in mind Deschutes County comprises 80% of the population in central Oregon, Jefferson and Crook Counties carry about 10% each.
- Vaccination rates for the eligible population is shown to have more effect on the pediatric cases than school policy.



Note: Data through October 25, 2021

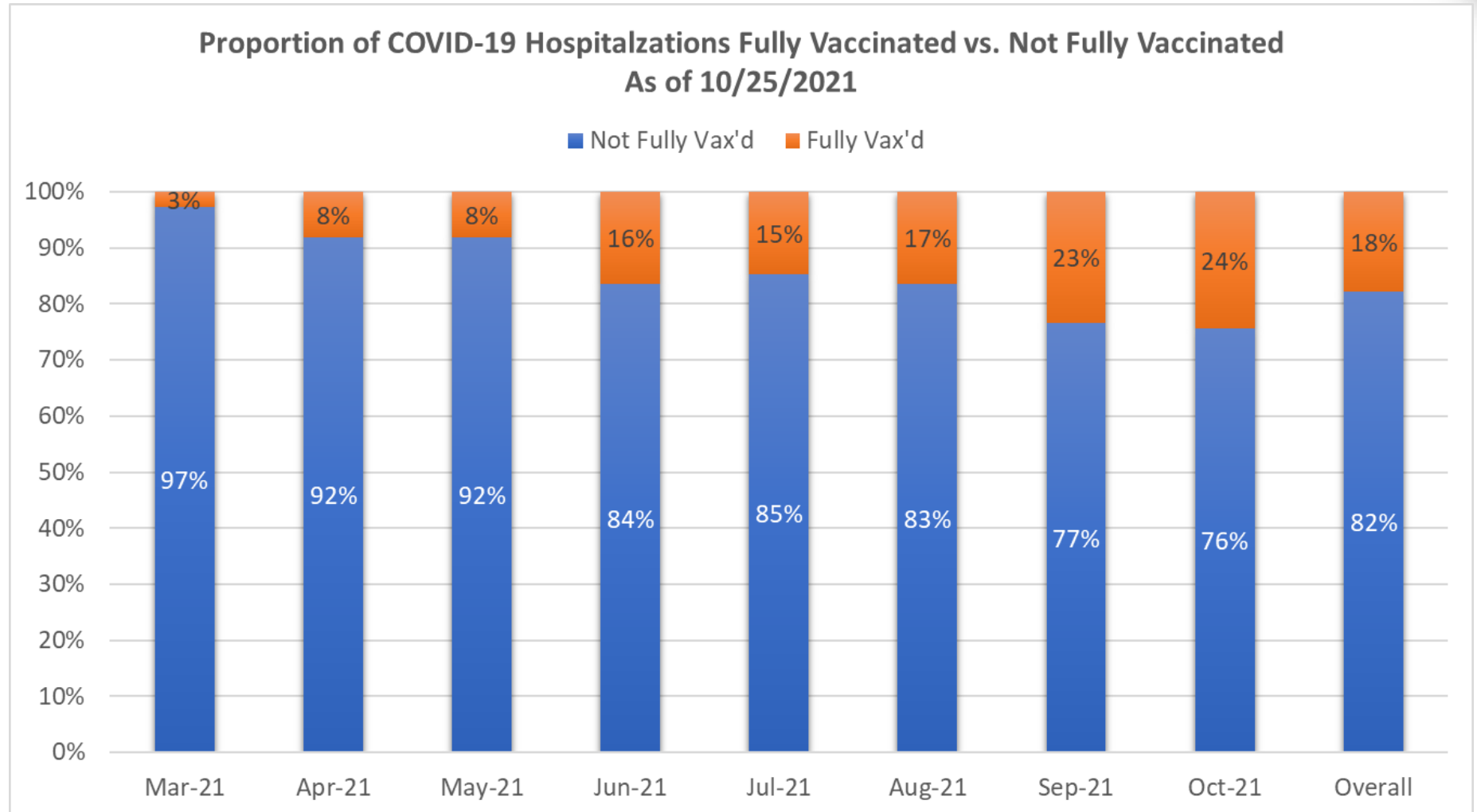
COVID-19 Deaths at St. Charles

- These are only COVID-19 deaths that occur at St. Charles and does not include those who died in other facilities throughout central Oregon.
- At the current pace we are on track to have 46 COVID deaths in October.
- Mortality rate for hospitalized COVID patients is 13.0% for October so far.
- County breakdown for October so far:
 - Deschutes (21)
 - Jefferson (2)
 - Crook (3)
 - Other (11)
- County breakdown for total COVID deaths:
 - Deschutes (105)
 - Jefferson (48)
 - Crook (29)
 - Other (43)



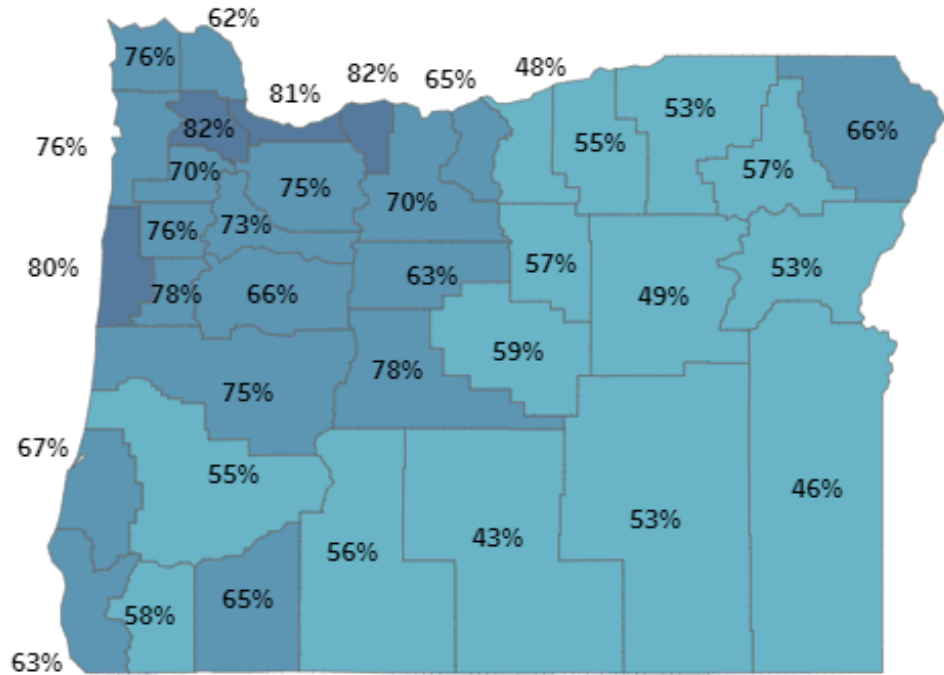
Hospitalized Breakthrough Cases at St. Charles

- Vaccinations continue to perform very well.
- The vaccines from each manufacturer are performing as advertised.
- Some increase of breakthrough cases is expected as more people receive the vaccination.
- The average age of a breakthrough patients is 14 years older than a non-breakthrough patient.
- We have not had time yet to see the impact of boosters.



Vaccination and Boosters

COVID-19 Vaccinations Among Highest in Oregon

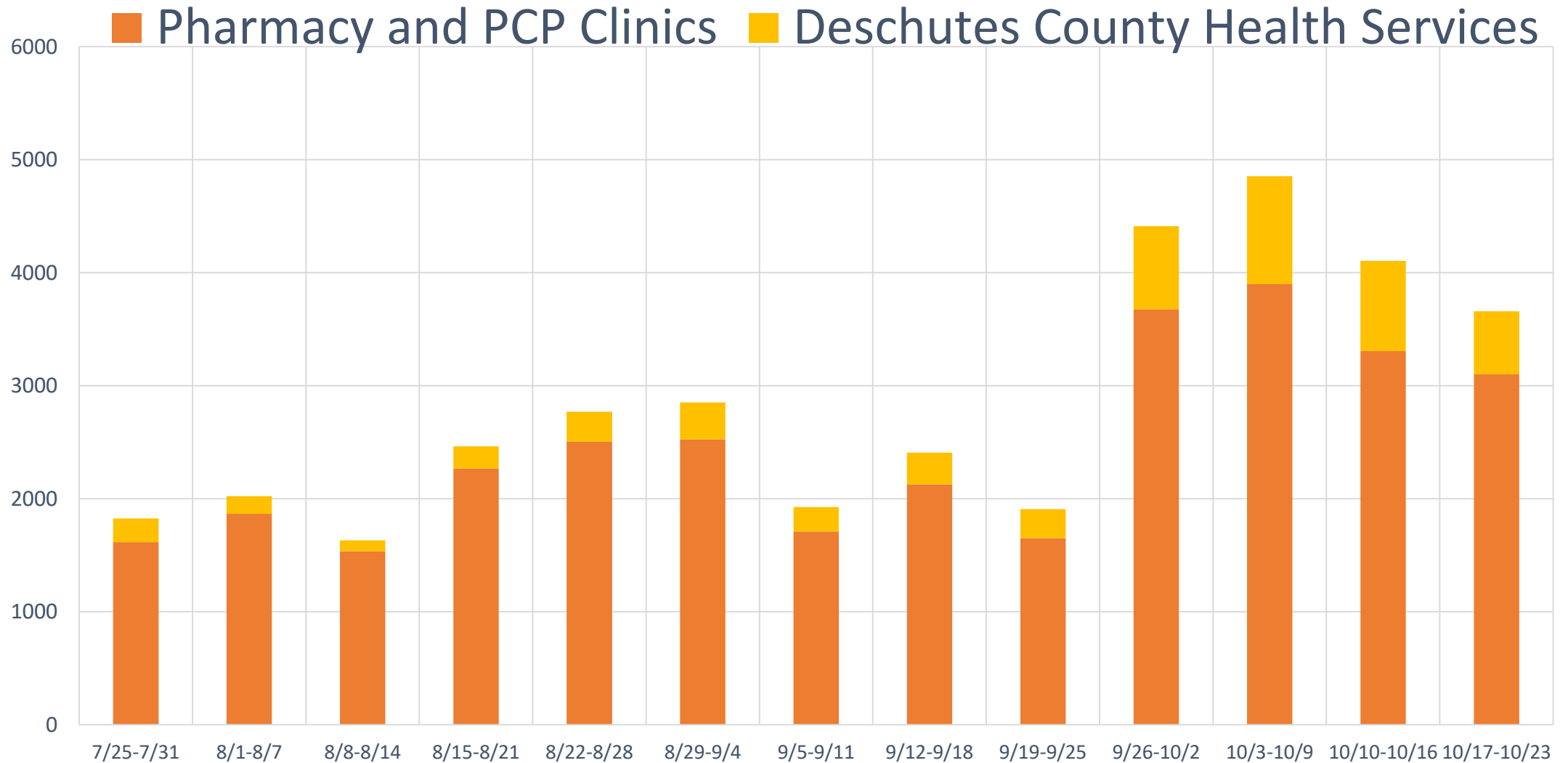


Population 18+ with series in progress	5%
Population 18+ fully vaccinated	73.4%
Population 18+ vaccinated*	78.3%
People vaccinated per 10,000 total population*	6,587

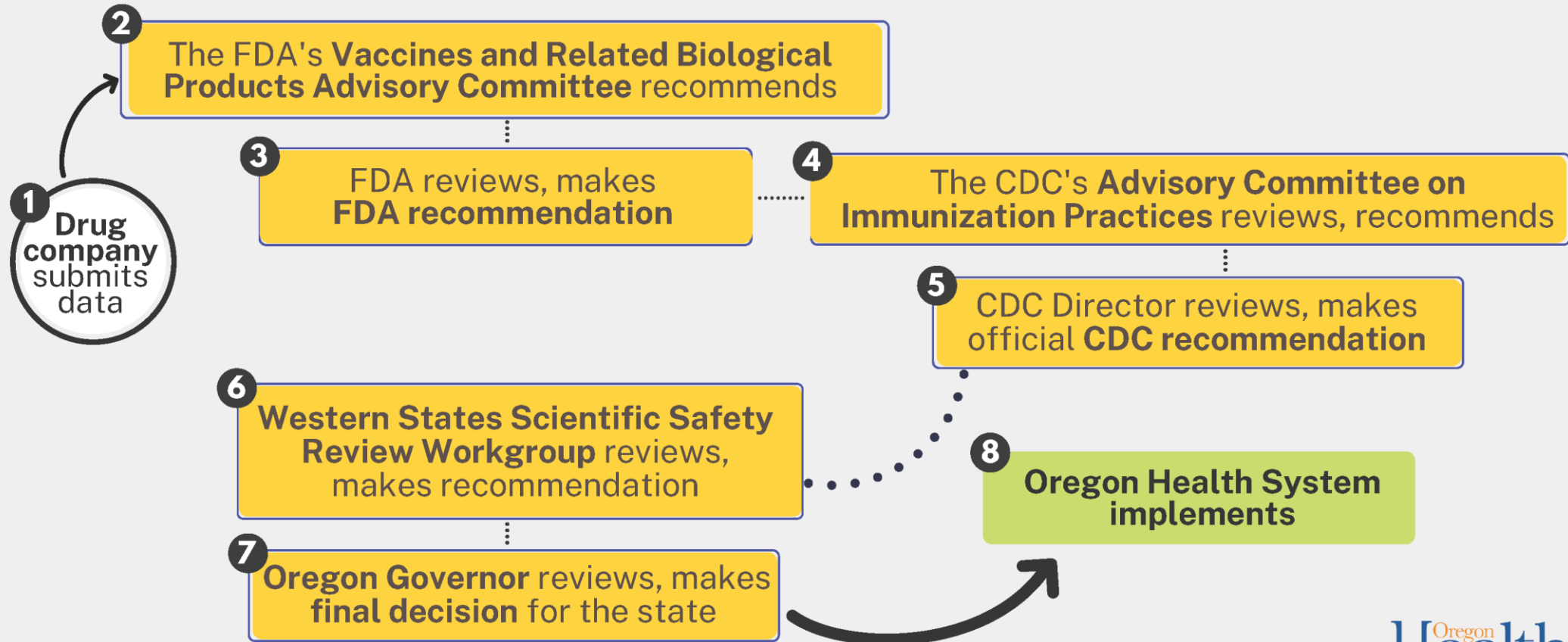
*Includes people with vaccination series in progress or fully vaccinated.



Vaccination by the Numbers



How are vaccine recommendations implemented in Oregon?





COVID-19

Am I eligible for a booster shot?

Who?

If you received a Pfizer or Moderna series:

- > 65 years and older
- > Age 18+ who live in long-term care settings
- > Age 18+ who have underlying medical conditions
- > Age 18+ who work or live in high-risk settings

If you received a J&J vaccine:

- > Age 18+

When?

- > At least 6 months after Pfizer or Moderna
- > At least 2 months after J&J

Which booster shot do I get?

- > You may have a preference, but you can get any booster shot.



FIND OUT MORE AT [CDC.GOV](https://www.cdc.gov) & [VACCINES.GOV](https://www.vaccines.gov)



I get it

so I won't get

***wiped out
by the flu***

#FIGHT FLU

Get your flu shot today.



where can I get a booster dose?

- Pharmacies: www.vaccines.gov
- Your primary care physician
- DCHS Vaccine Clinics

VACCINATION OPTIONS

- ✓ free
- ✓ no insurance required
- ✓ no id required

www.centraloregoncovidvaccine.com



St. Charles

Available to all aged 12+

Schedule!



Mosaic Medical

Available to all aged 12+

Schedule!



High Lakes

Available to all aged 12+

Schedule!



Central Oregon
Pediatric
Associates

Available to all aged 12+

Schedule!



Local
Pharmacies

Fred Meyer, Walgreens,
Safeway, Costco ...

Find one near you



Family Choice
Urgent Care

Available to all aged 12+

Schedule!



La Pine
Community
Health Center

Available to all aged 12+

Schedule!



Summit Health

Current patients only

Schedule!



Deschutes Co

Check out Deschutes
County's pop-up clinics!

Learn more!



Crook Co

Crook County is hosting
some great pop-up clinics.

Schedule!



Jefferson Co

What's available in
Jefferson County?

Schedule!



Vaccines.gov

Check out the CDC's
vaccine locator tool.

Search

Help with Questions



Frequently Asked Questions

www.deschutes.org/covid19vaccine

Email assistance

healthservices@deschutes.org

COVID-19 Vaccine Hotline

541-699-5109

Monday – Friday, 9 a.m. to 5 p.m.

