

Deschutes County Health Services

COVID-19 Public Health Update

George A. Conway, MD, MPH
Director

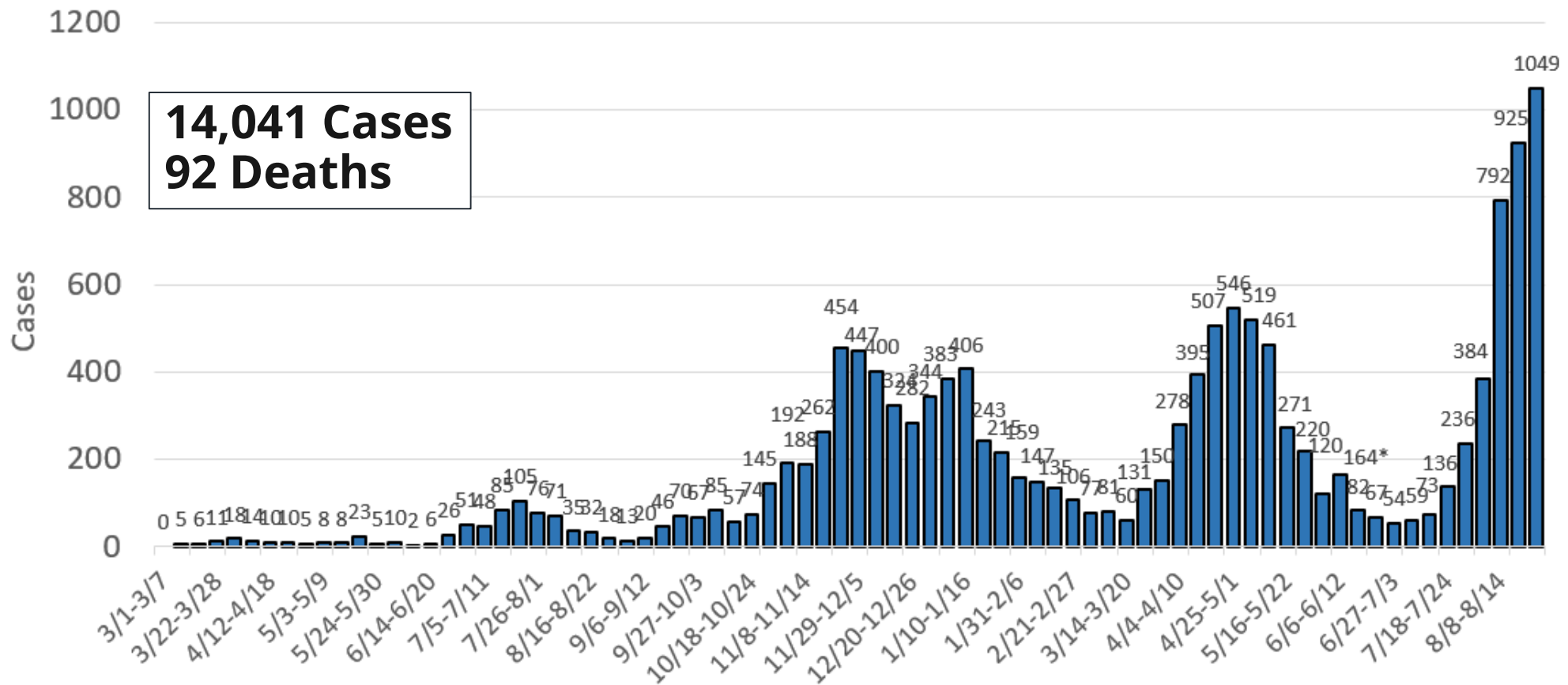
Crystal Sully, BSN
Vaccine Operations Supervisor

Dr. Richard Fawcett, MD
Health Officer



BoCC meeting | September 1, 2021

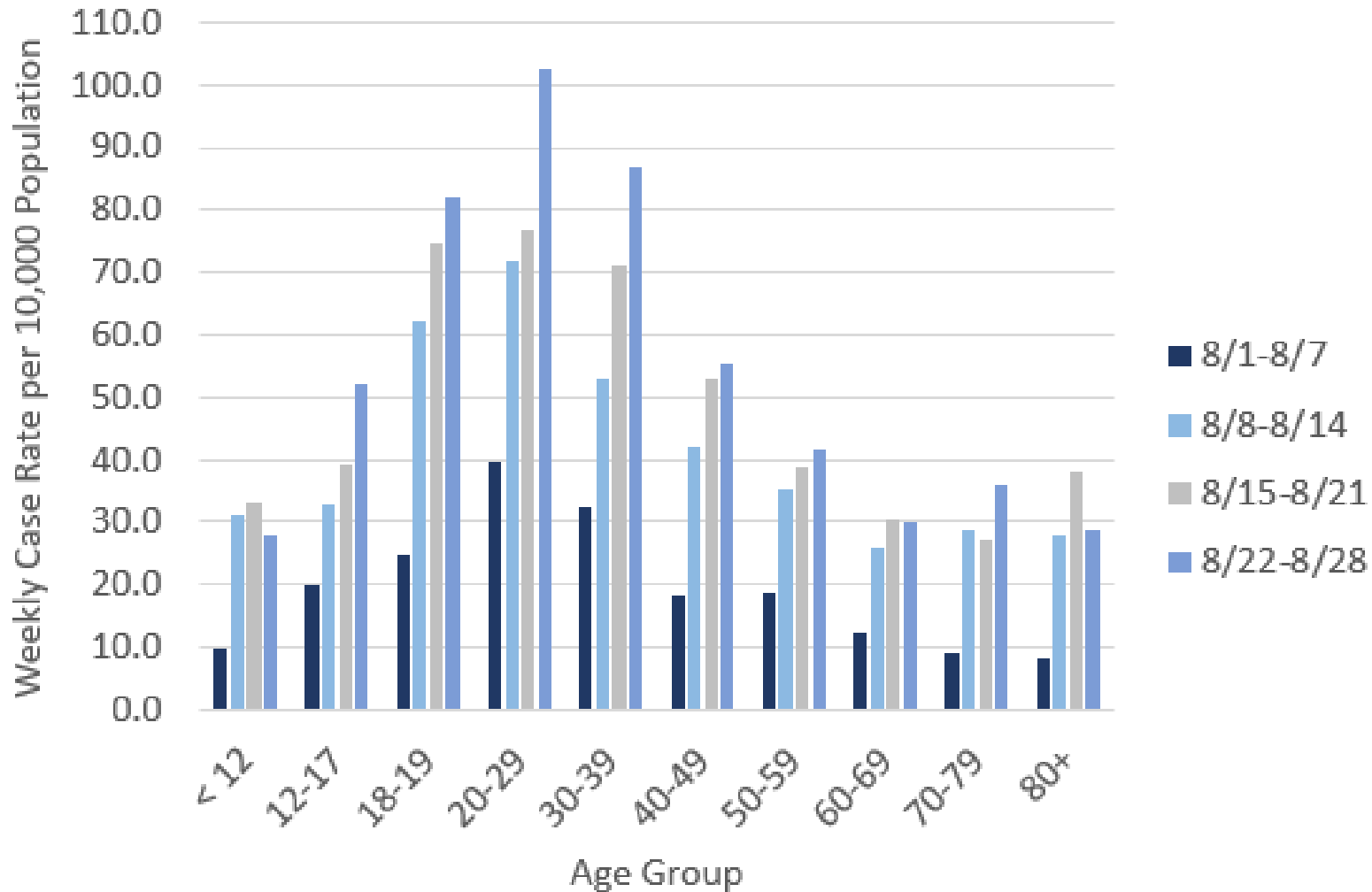
COVID-19 Case Counts by Week



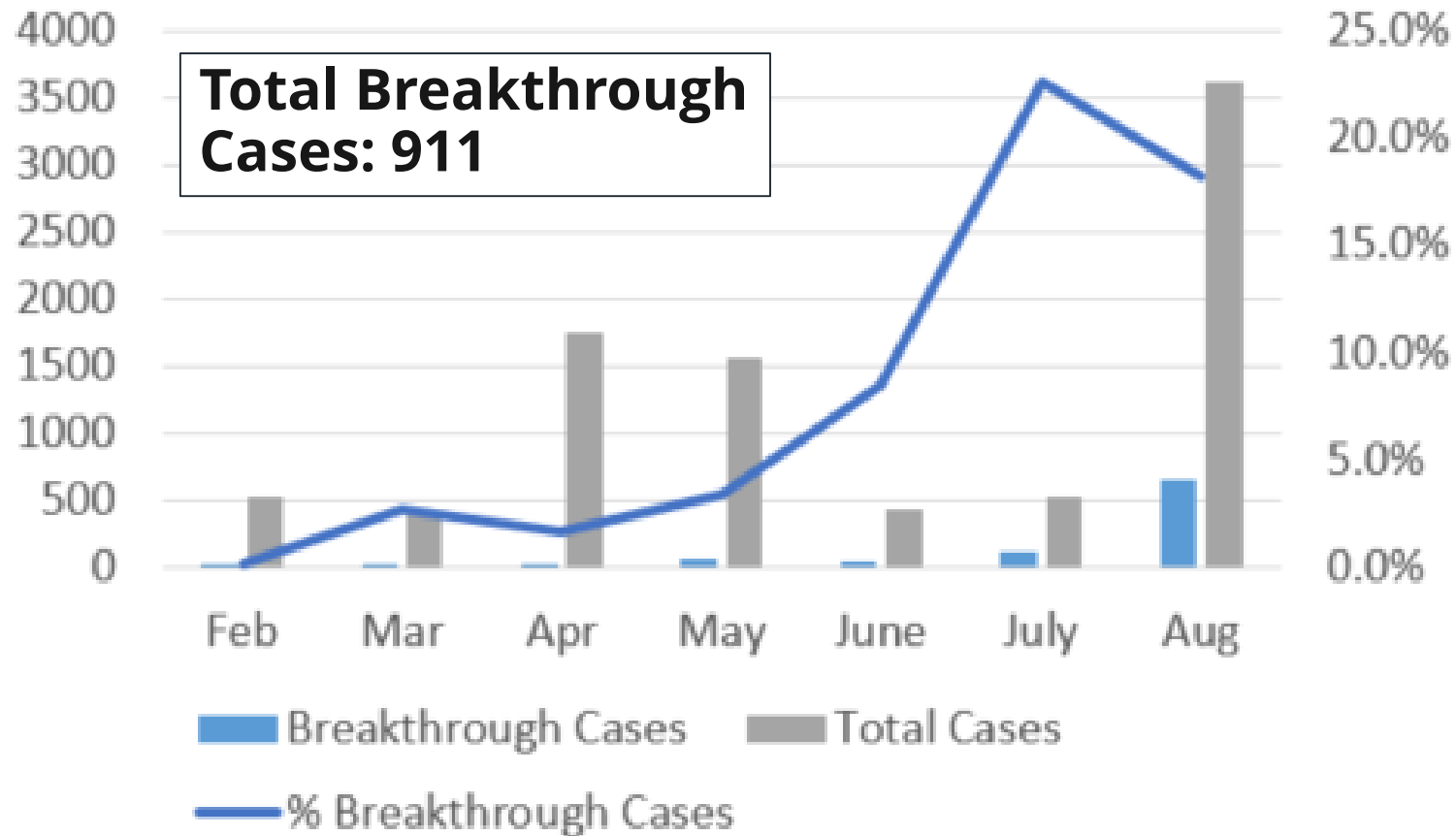
Note. Data are shown based on the date a case first became identified as a case. Data subject to change.



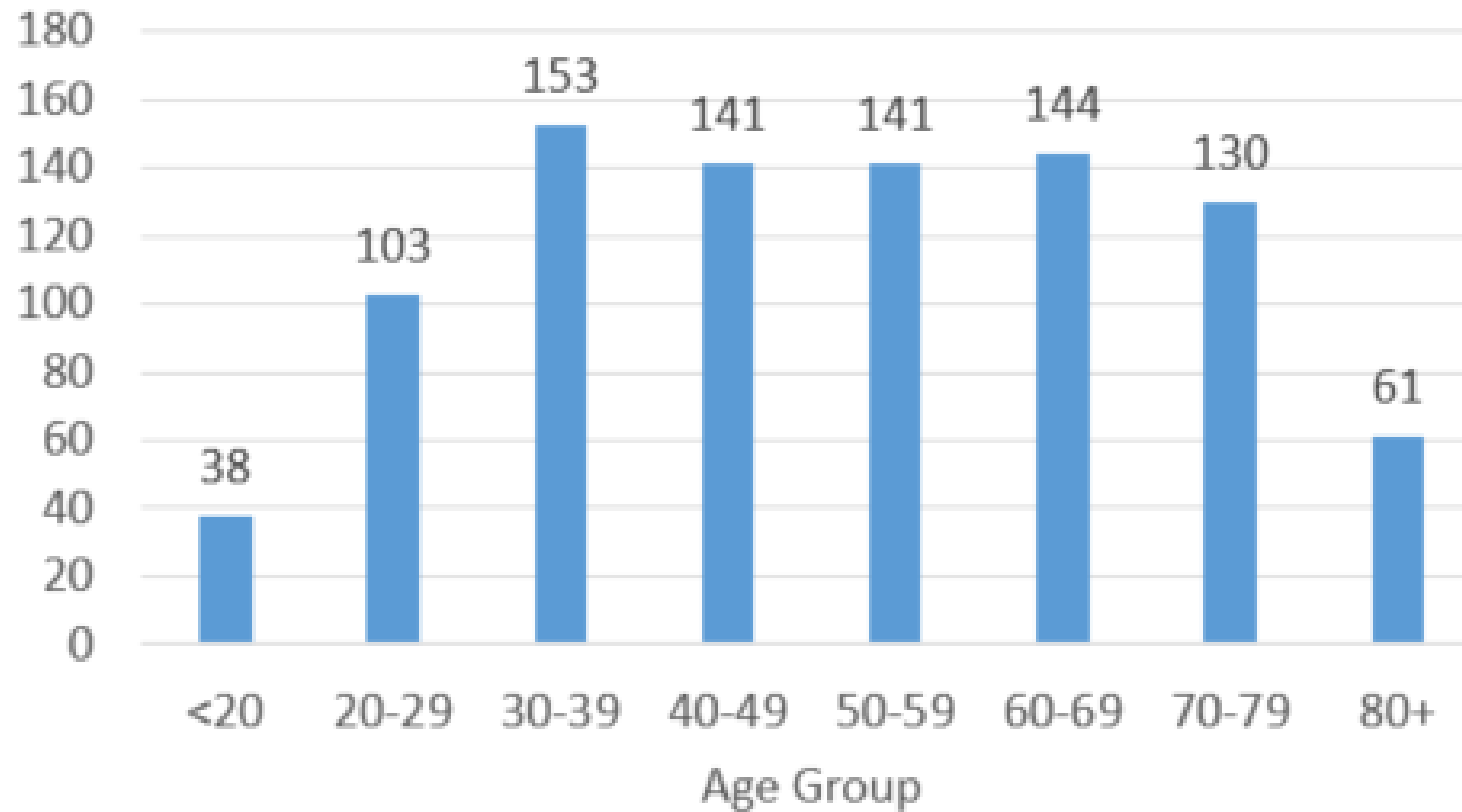
COVID-19 Weekly Case Rates by Age Group



COVID-19 Breakthrough Cases by Month

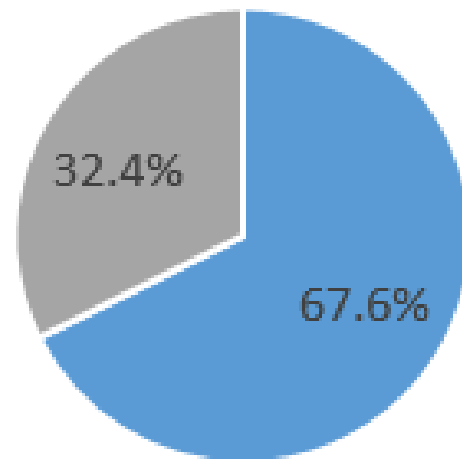


COVID-19 Breakthrough Cases by Age Group



COVID-19 Case Follow Up

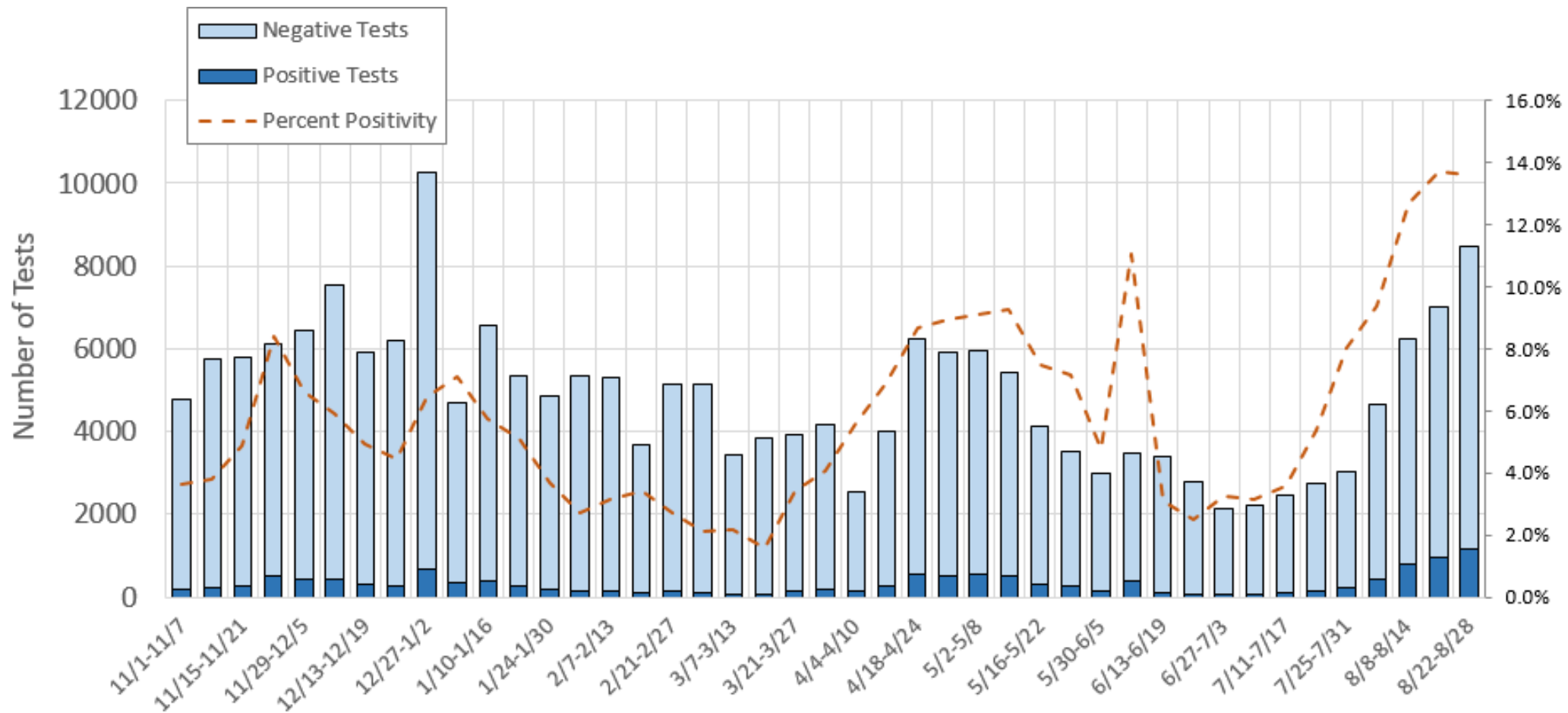
COVID-19 Case Investigation Time



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



COVID-19 Test Results by Week



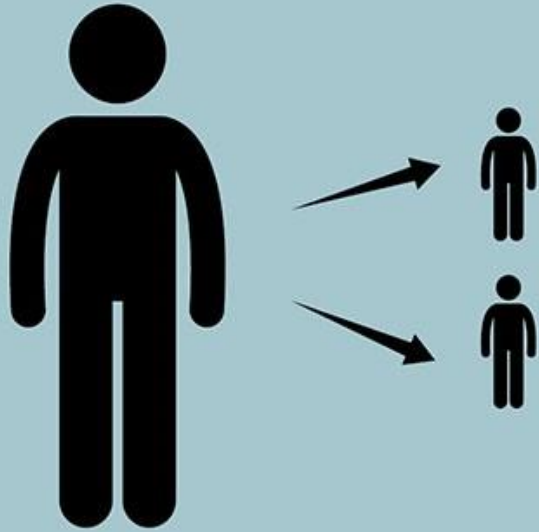
COVID-19 Daily Hospitalizations

St. Charles Health System

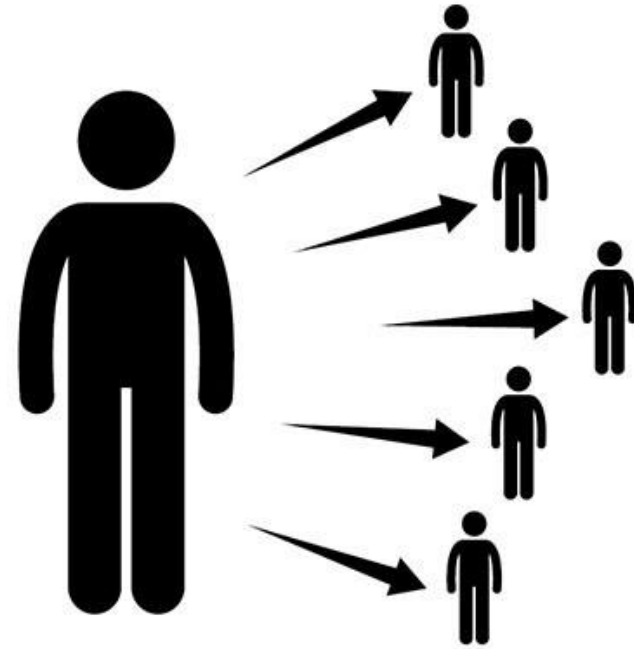


The Delta variant is more contagious than previous strains—it may cause more than **2x** as many infections

ORIGINAL COVID-19 STRAIN



DELTA VARIANT



Vaccines protect you from hospitalization, severe infections, and death

No masks, increased COVID cases

After choir practice with one symptomatic person,
87% of group developed COVID-19



● Index case

● 32 confirmed and 20 probable cases

● unaffected person

COVID-19 spreads easily

- Avoid groups
- Stay at least 6 feet apart
- Wear face coverings



Occasionally unmasked, increased COVID cases

The Delta variant spreads easily in indoor spaces when people are unmasked and unvaccinated

Occasionally unmasked adult infected with Delta variant worked for 2 days



12 of 24 kids infected



Schools can help stop spread by ensuring everyone:



Wears masks correctly in indoor spaces



Gets vaccinated, if eligible



Stays home if having symptoms



Tests routinely

Masks worn, fewer COVID cases

Two hair stylists with **COVID-19**
spent at least 15 minutes with 139 clients

EVERYONE WORE FACE COVERINGS  **NO CLIENTS ARE KNOWN TO BE INFECTED***



WEAR CLOTH FACE COVERINGS CONSISTENTLY AND CORRECTLY TO SLOW THE SPREAD OF COVID-19

*No clients reported symptoms; all 67 customers tested had negative tests

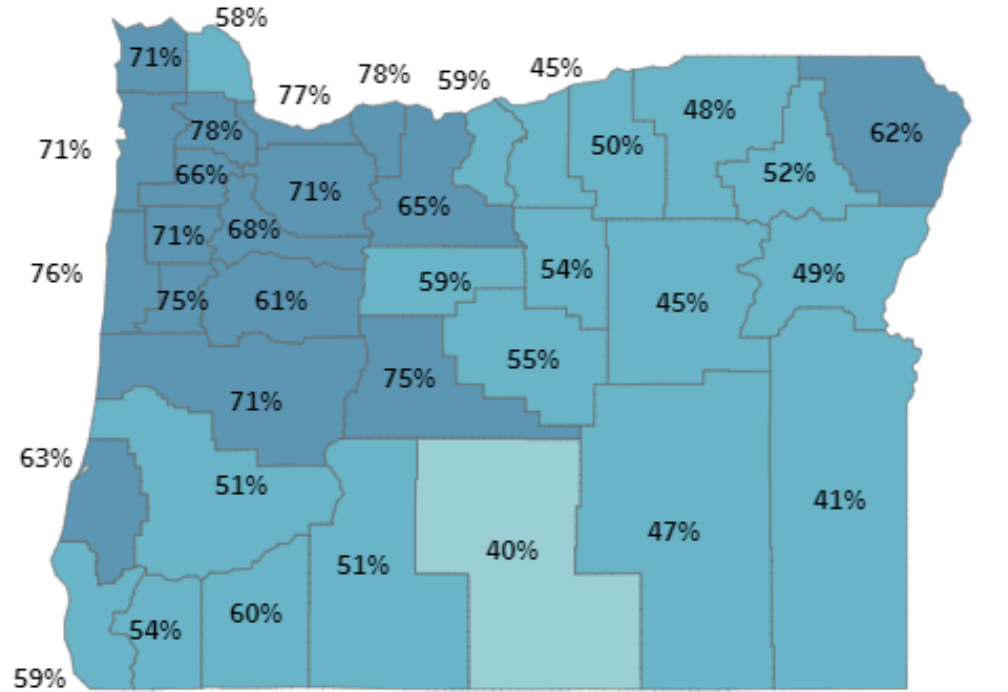
CDC.GOV

bit.ly/MMWR71420

MMWR



COVID-19 Vaccinations in Deschutes County

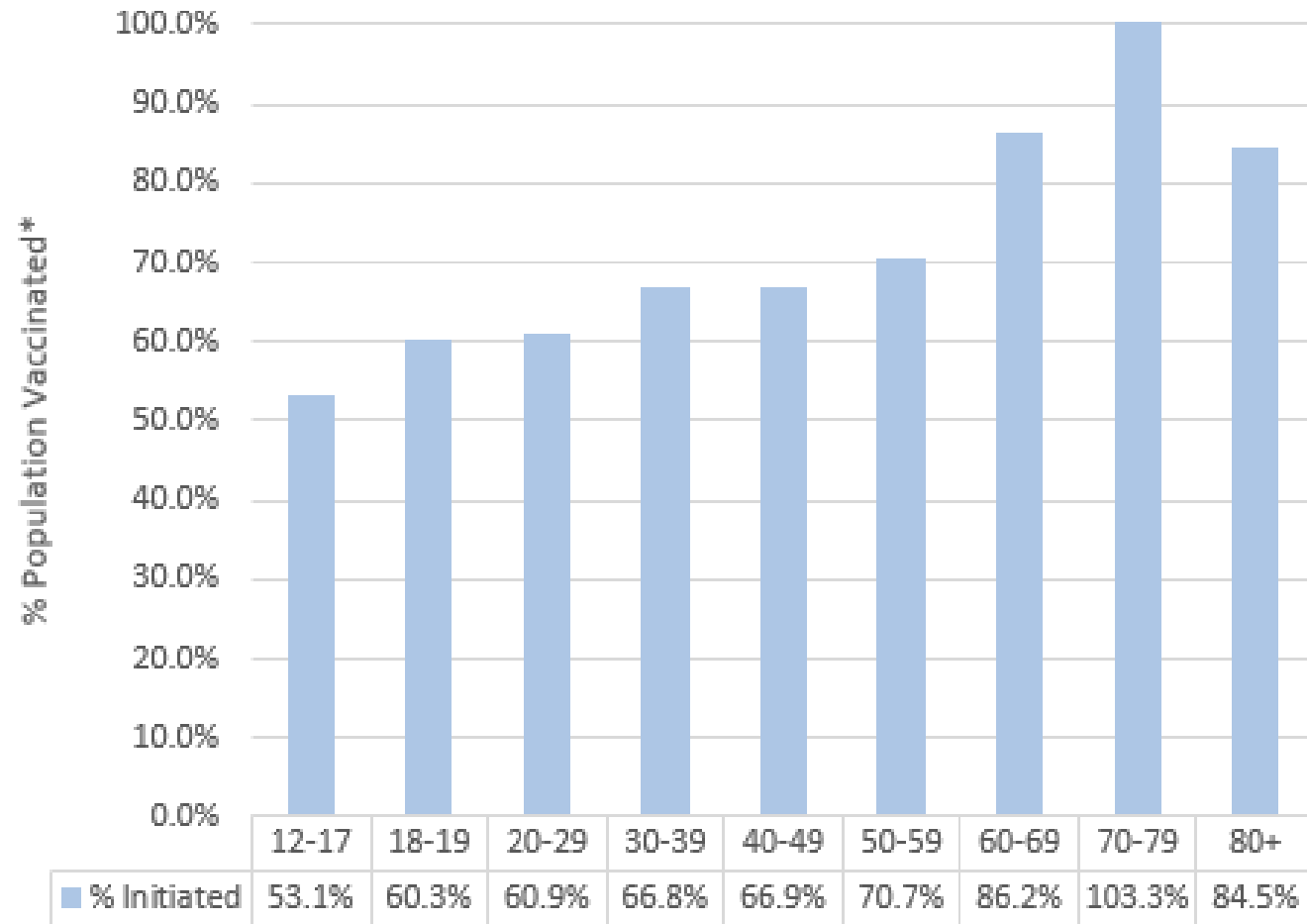


Population 18+ with series in progress	5.2%
Population 18+ fully vaccinated	69.5%
Population 18+ vaccinated*	75%
People vaccinated per 10,000 total population*	6,268

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



COVID-19 Vaccinations by Age Group



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



Vaccination Options Deschutes County

- Pharmacies
- Primary Care Offices
- Deschutes County Public Health Pop Up Clinics



Barriers to Vaccination



Monetary Cost

No Cost for vaccine or administration of vaccine at DCHS Pop Ups



Time

Minimal wait time and standing clinic locations

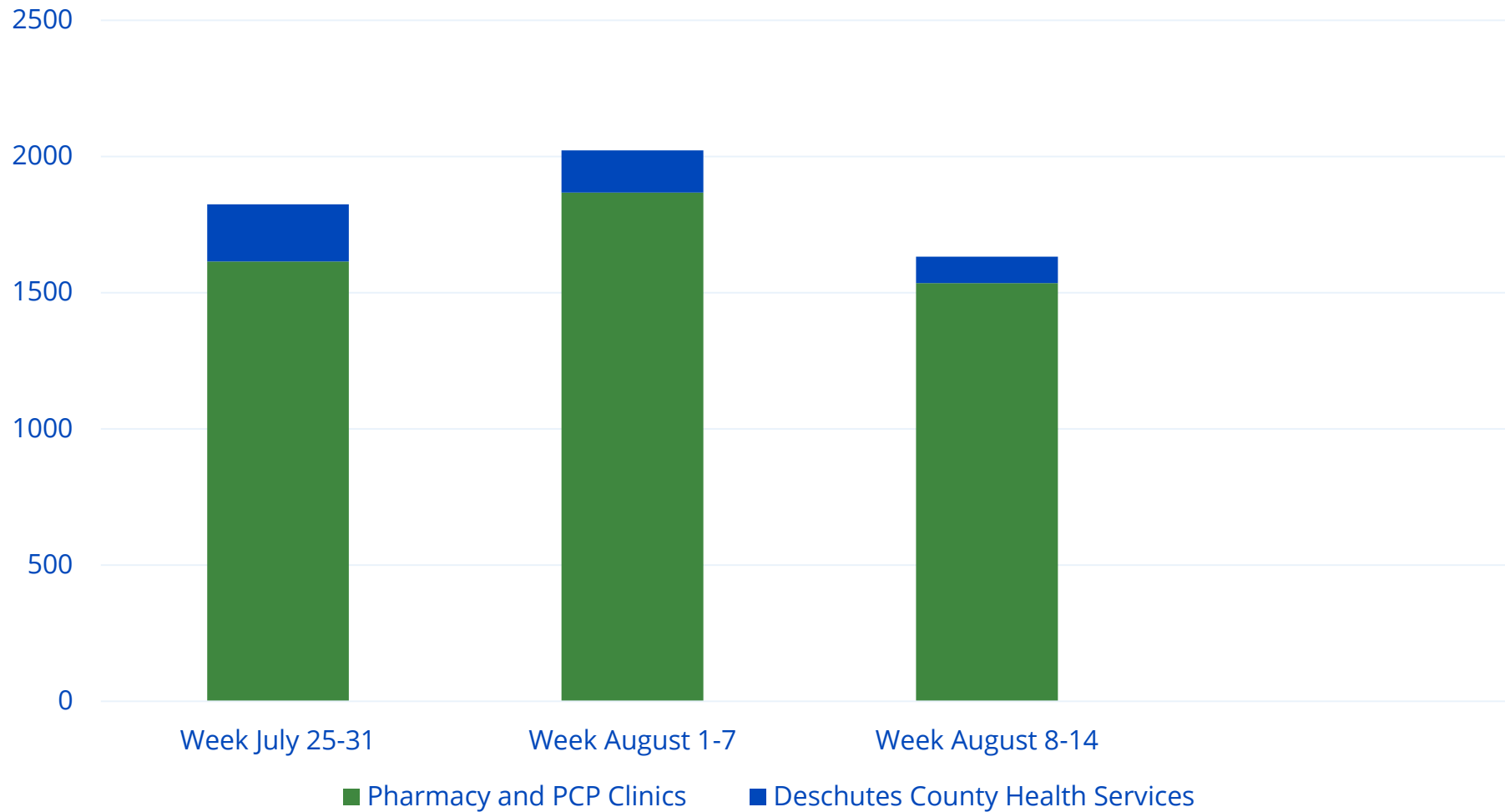


Education

DCHS Pop Ups are staffed with health care workers who can provide education to the public



Vaccination by Numbers



Vaccine Administration Workgroup

DCHS leads a twice monthly meeting with our community partners who are administering vaccine.

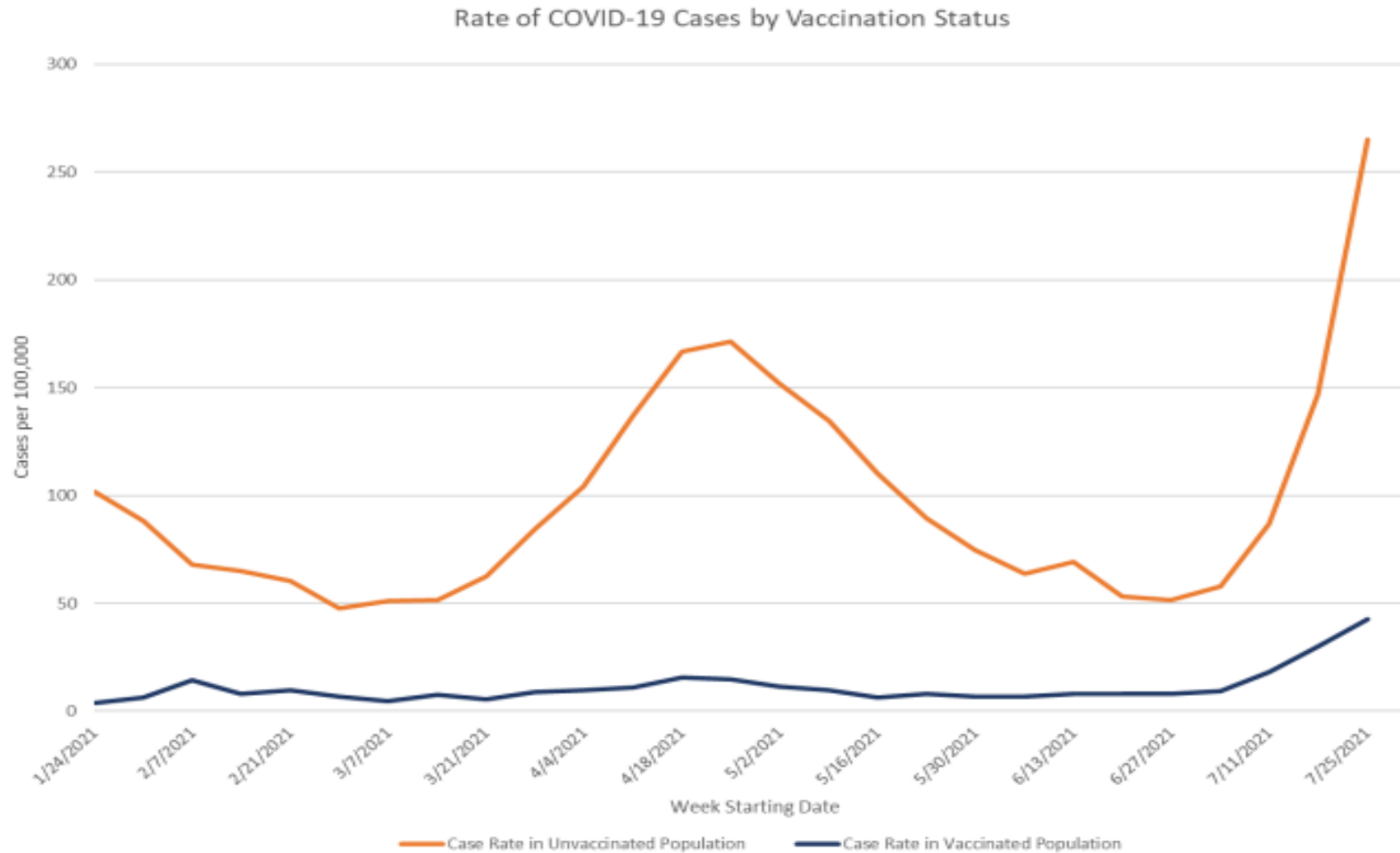
Some of our participating partners:

- Mosaic Medical
- St. Charles Health System
- Summit Medical Group
- High Lakes Health Care
- La Pine Community Health Center
- Central Oregon Pediatric Associates



The vaccine prevents COVID-19 cases

Figure 3. Rate of COVID-19 cases by vaccination status

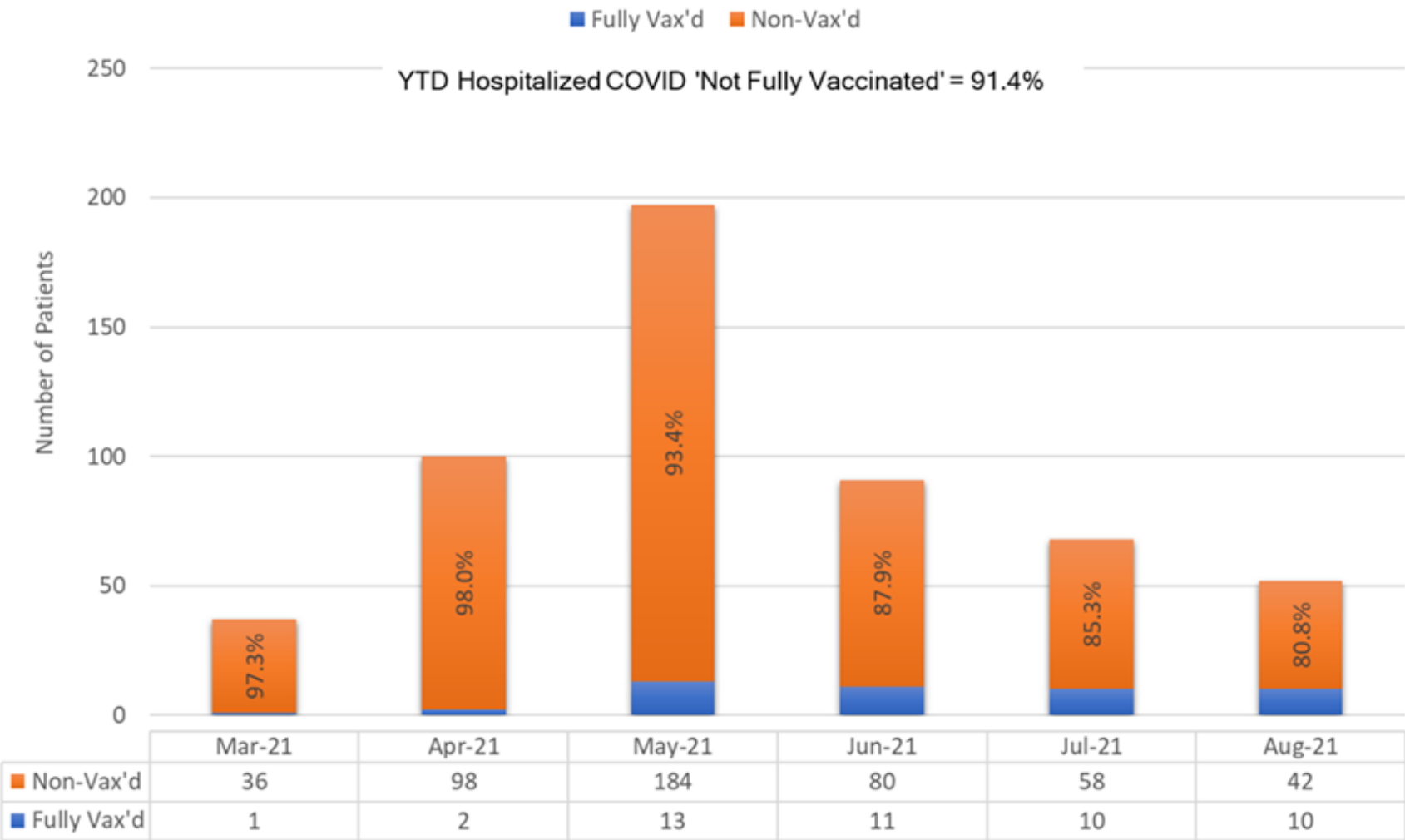


Denominators for vaccinated population are the cumulative number of Oregonians that were fully vaccinated by week

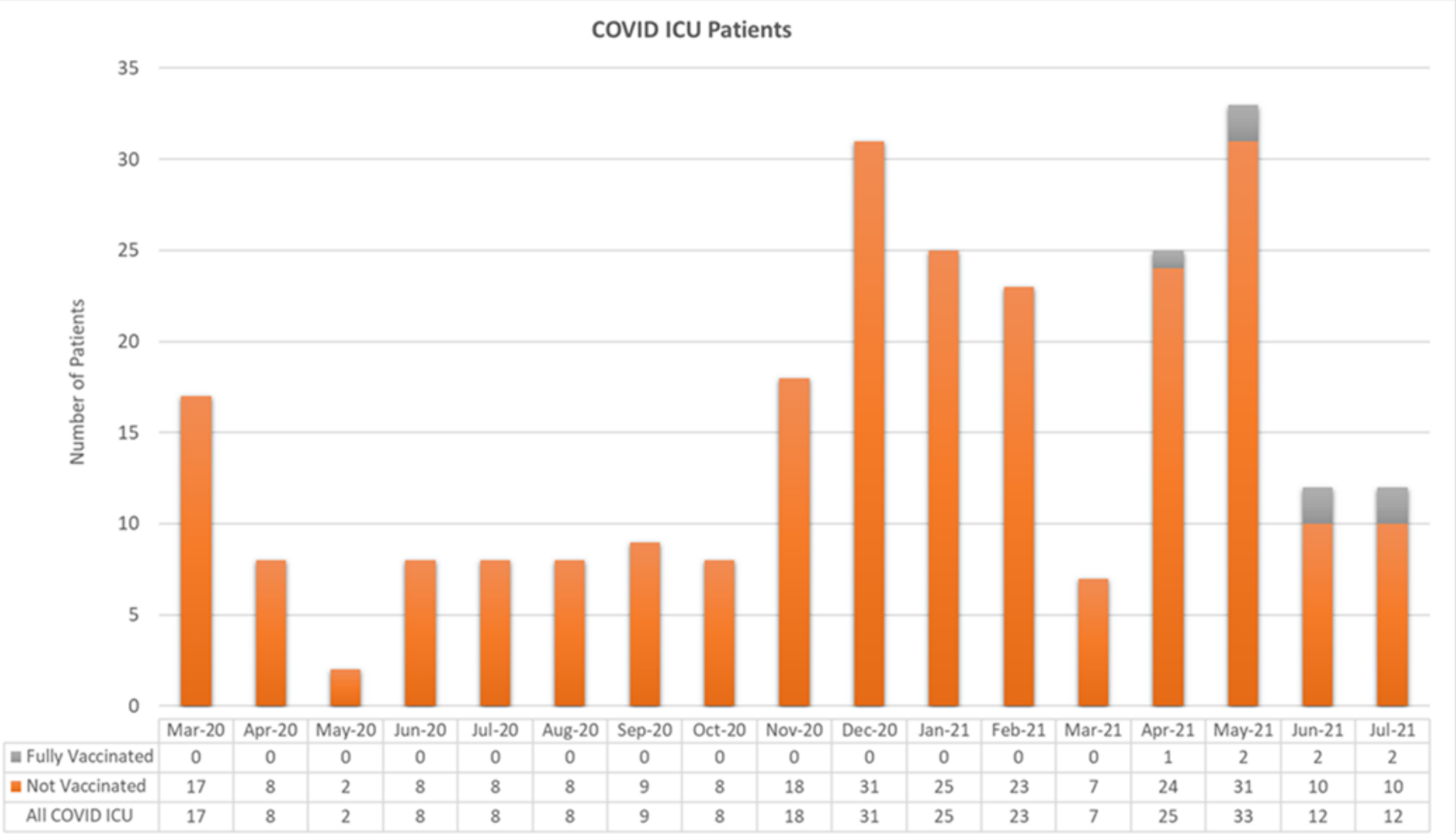


COVID-19 Hospitalizations by Vaccine Status St. Charles Health System

Fully Vaccinated and Not Fully Vaccinated Hospitalized COVID Patients by Month



COVID-19 ICU Patients by Vaccine Status St. Charles Health System



Vaccination status of SCHS patients

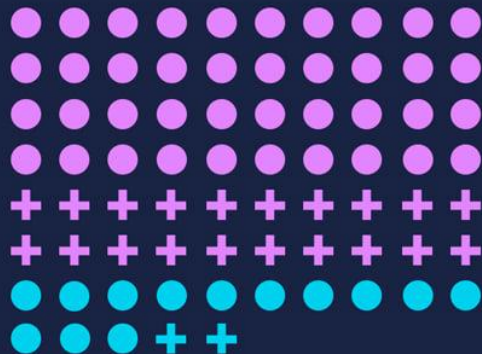
COVID-19 HOSPITALIZATION
August 31, 2021



75

Total Inpatients

60 Not Fully Vaccinated
15 Fully Vaccinated



9

Total in ICU

6 Not Fully Vaccinated
3 Fully Vaccinated



+ Patient under 60

● Patient 60 or older

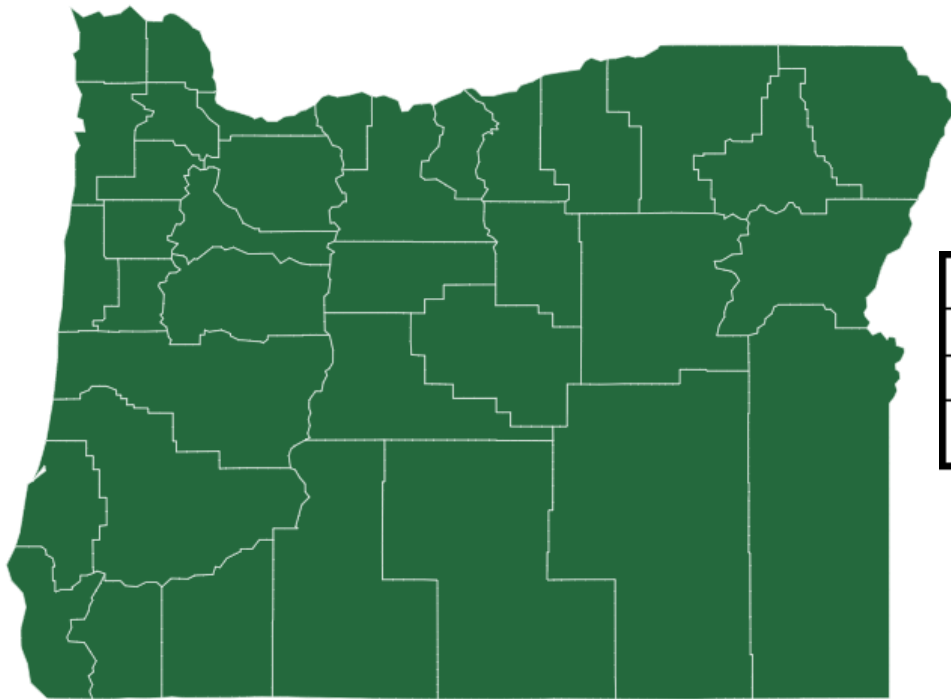


Community Spread is High

Indicators

Total new cases per 100,000 persons in the past 7 days
Percentage of test positivity over 14 days

Low Transmission	Moderate Transmission	Substantial Transmission	High Transmission
<10.0	10.0 to <50.0	50.0 to <100.0	≥100.0
<5.0%	5.0% to <8.0%	8.0% to <10.0%	≥10.0%



Time Period	Level of Spread	Case Count	Cases per 100,000	Test Positivity
8/8-8/14	High	792	402.0	12.7%
8/15-8/21	High	925	469.5	13.7%
8/22-8/28	High	1,049	534.5	13.6%



Pregnant Women

Pregnant people are more likely to get severely ill from COVID-19 compared to non-pregnant people. Pregnant women are encouraged to get vaccinated for COVID-19.

The vaccine is safe and has been shown to have:

- No increase in miscarriage rates
- No increase in adverse pregnancy outcomes



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

THIS WEEK: VACCINE CLINICS

Mondays: Sisters Fire House, 2 - 4 p.m.

Tuesdays: La Pine Library, 1 - 3 p.m.

Tuesdays: Downtown Bend - 1340 NW Wall St., 5 - 7 p.m.

Wednesdays: Downtown Bend Library, 1 - 3 p.m.

Thursdays: Redmond City Hall, 9:30 - 11:30 a.m.



it's your turn: available now at pharmacies,
primary care clinics & pop-up clinics

Booster doses

FDA approved an update to the EUA for moderately and severely immunocompromised people to receive an additional mRNA vaccine dose. This includes people who have:

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response

DCHS is administering 3rd doses to qualifying immunosuppressed individuals



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.



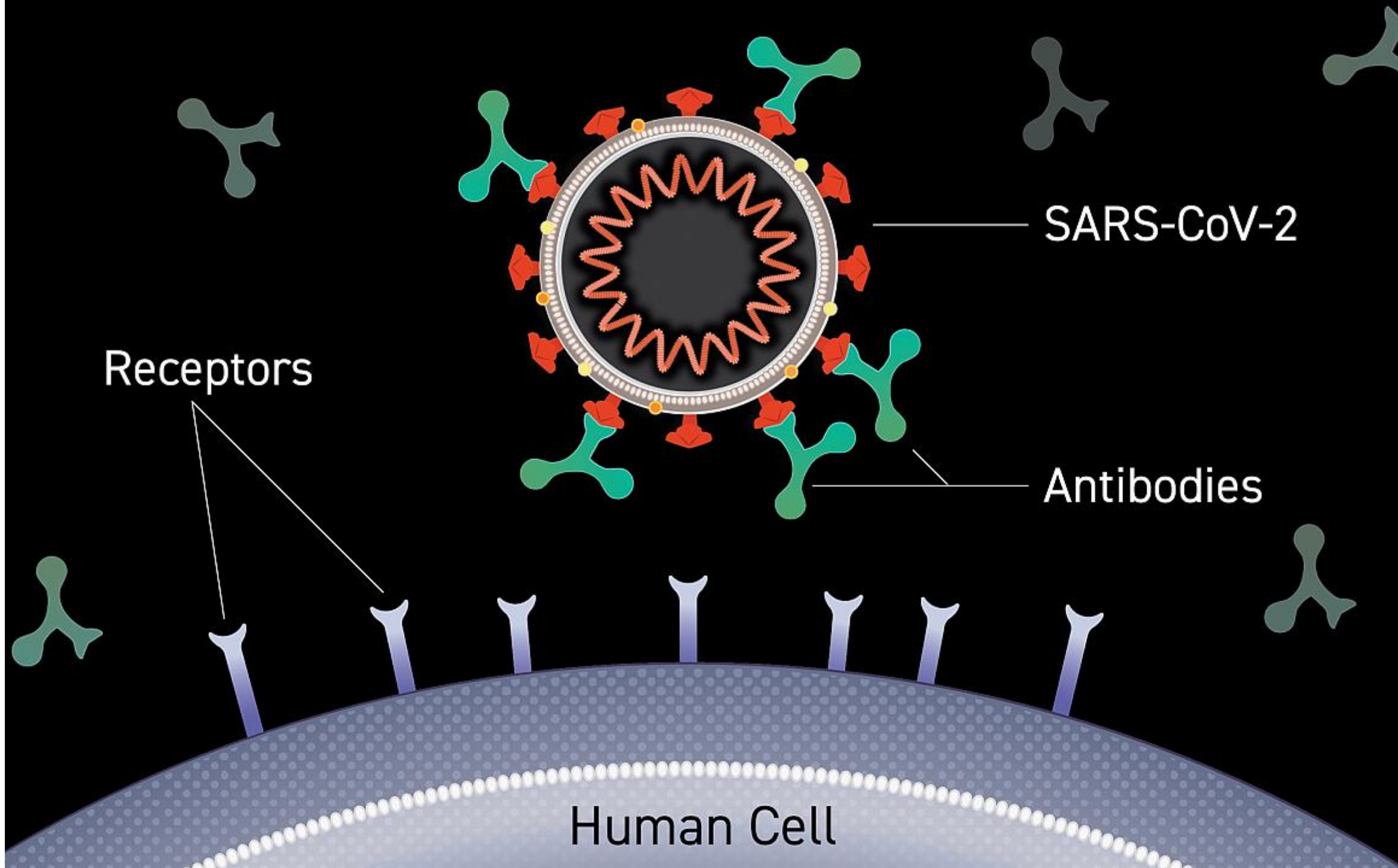
Overview of IDSA COVID-19 Treatment Guidelines

Version 4.4.0 – June 23, 2021

		Setting and severity of illness			
		<i>Ambulatory care: mild-to-moderate disease</i>	<i>Hospitalized: mild-to-moderate disease without need for suppl. oxygen</i>	<i>Hospitalized: severe but non-critical disease (SpO₂ ≤94% on room air)</i>	<i>Hospitalized: critical disease (e.g., in ICU needing MV, or septic shock, ECMO)</i>
1	<i>Hydroxy-chloroquine (HCQ)*</i>	NA	Recommend against use ⊕⊕⊕○	Recommend against use ⊕⊕⊕○	Recommend against use ⊕⊕⊕○
2	<i>HCQ* + azithromycin</i>	NA	Recommend against use ⊕⊕○○	Recommend against use ⊕⊕○○	Recommend against use ⊕⊕○○
3	<i>Lopinavir + ritonavir</i>	NA	Recommend against use ⊕⊕⊕○	Recommend against use ⊕⊕⊕○	Recommend against use ⊕⊕⊕○
4-6	<i>Corticosteroids</i>	NA	Suggest against use ⊕○○○	Suggest use ⊕⊕⊕○ R: If dexamethasone is unavailable, equivalent total daily doses of alternative glucocorticoids may be used.**	Recommend use ⊕⊕⊕○ R: If dexamethasone is unavailable, equivalent total daily doses of alternative glucocorticoids may be used.**

7	<i>Tocilizumab</i>	NA	NA	<p>Suggest use ⊕⊕○○</p> <p>R: Patients, particularly those who response to steroids alone, who put a high value on avoiding possible adverse events of tocilizumab and a low value on the uncertain mortality reduction, would reasonably decline tocilizumab.</p> <p>R: In the largest trial on the treatment of tocilizumab, criterion for systemic</p>	<p>Suggest use ⊕⊕○○</p> <p>R: Patients, particularly those who response to steroids alone, who put a high value on avoiding possible adverse events of tocilizumab and a low value on the uncertain mortality reduction, would reasonably decline tocilizumab.</p> <p>R: In the largest trial on the treatment of tocilizumab, criterion for systemic</p>
8-9	<i>Convalescent plasma</i>	Recommended only in the context of a clinical trial (knowledge gap)	<p>Suggest against use ⊕⊕○○</p>	<p>inflammation was defined as CRP ≥75 mg/L</p> <p>Suggest against use ⊕⊕○○</p>	<p>inflammation was defined as CRP ≥75 mg/L</p> <p>Suggest against use ⊕⊕○○</p>
10-12	<i>Remdesivir</i>	NA	<p>Suggest against routine use ⊕○○○</p>	<p>Suggest use ⊕⊕⊕○</p> <p><i>5 days vs. 10 days, on supplemental oxygen but without mechanical ventilation or ECMO:</i></p> <p>Suggest use ⊕⊕○○</p>	<p>Routine initiation of remdesivir:</p> <p>Suggest against use ⊕○○○</p>

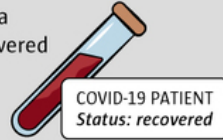
13	<i>Famotidine</i>	NA	Suggests against use except in a clinical trial ⊕○○○	Suggests against use except in a clinical trial ⊕○○○	Suggests against use except in a clinical trial ⊕○○○
14	<i>Bamlanivimab + etesevimab</i> <u>OR</u> <i>casirivimab + imdevimab</i> <u>OR</u> <i>Sotrovimab</i>	Suggest use ⊕⊕⊕○ R: Patients with mild to moderate COVID-19 who are at high risk of progression to severe disease admitted to the hospital for reasons other than COVID-19 may also receive bamlanivimab/etesevimab, casirivimab/imdevimab, or sotrovimab. R: Local variant susceptibility should be considered in the choice of the most appropriate neutralizing antibody therapy.	NA	NA	NA



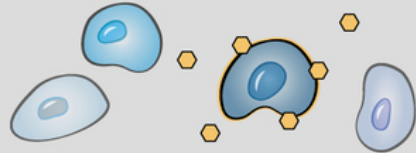
A bridge to vaccines: Monoclonal antibodies could save lives and slow the spread of the coronavirus

How to make monoclonal antibodies

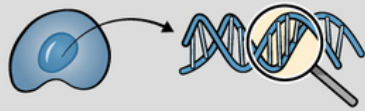
- 1 Take blood from a person who recovered from COVID-19



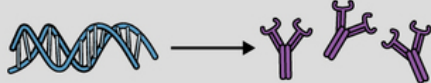
- 2 Use "bait" molecules to fish out the B cells that produce antibodies for a key portion of the novel coronavirus spike protein and block infection



- 3 Decipher the DNA for those antibodies



- 4 Insert that DNA into cells that mass-produce the antibodies.



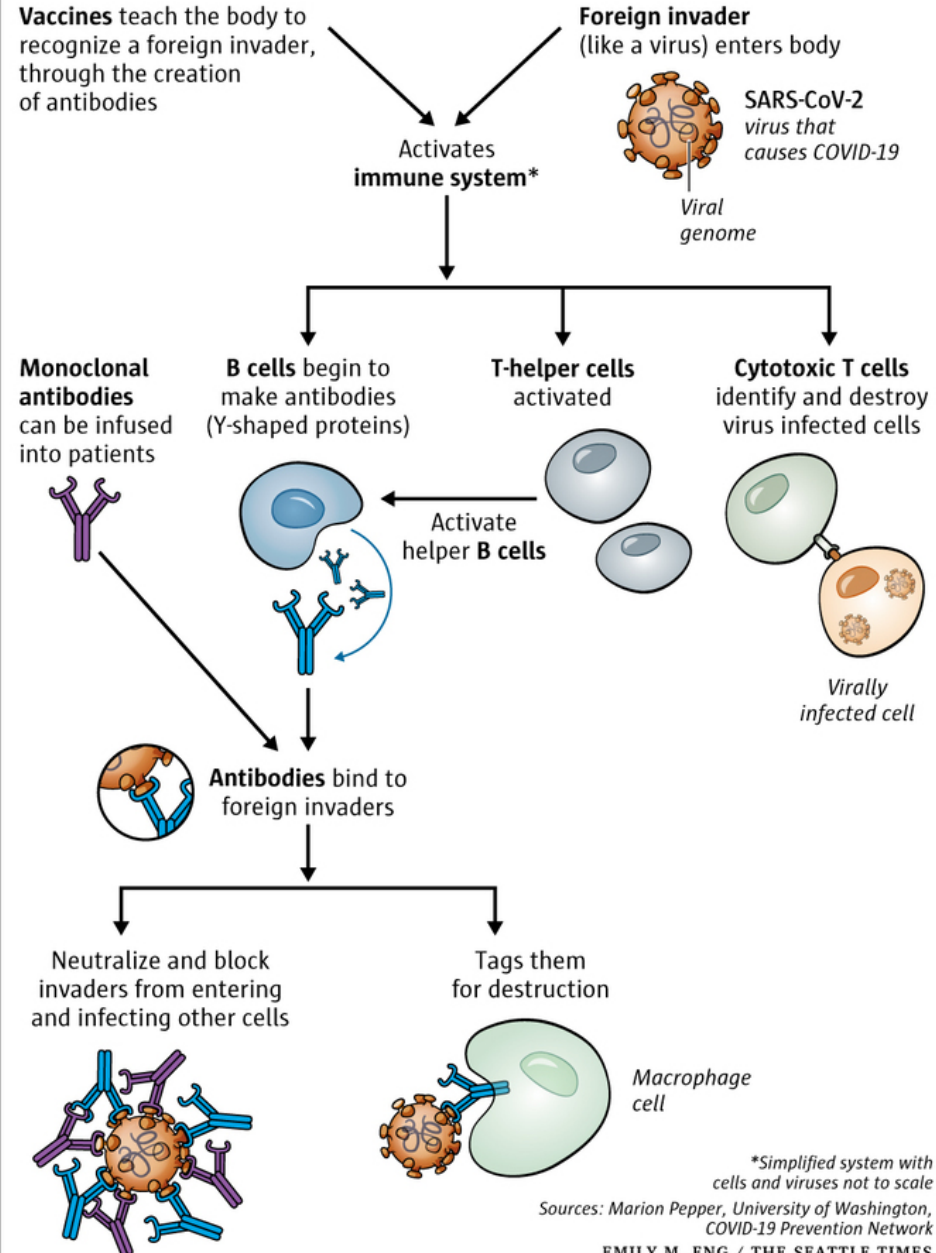
Potential benefits:

- Prevention option before a vaccine is available
- Provide immediate protection or treatment for those exposed
- Benefits to people who cannot develop or maintain an adequate immune response after vaccination

Monoclonal antibody limitations:

- Protection is short-lived
- The drugs are expensive

HOW VACCINES AND MONOCLONAL ANTIBODIES WORK



Recommendations for Post-Exposure Prophylaxis

The Panel recommends using **casirivimab 600 mg plus imdevimab 600 mg** administered as subcutaneous (SQ) injections **(AI)** or an intravenous (IV) infusion **(BIII)** as PEP for people who are at high risk for progression to severe COVID-19 if infected with SARS-CoV-2^a **AND** who have the following vaccination status **AND** exposure history.

- *Vaccination Status:*
 - Not fully vaccinated (defined as people who were never vaccinated or those who received the second vaccine dose 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.

