HRSA DISCLAIMER

This presentation is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $1,789,675 with 47 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.
Webinar Logistics on Zoom

- Help avoid background noise by muting your line once you join.
- If you are joining using phone audio, please make sure to enter your Participant ID.
- Please share your camera when you are speaking if you would like participants to see you.
- The chat is available for comments or questions.
- This session is being recorded.
TODAY’S AGENDA

• Welcome and Warm Up
• COVID Data and Forecasts
• Surge Planning and partnering with our LPHAs and communities
• COVID: Testing, Vaccines and other Therapies
• Policy & Advocacy Update
• OPCA’s COVID Response Plan

Purpose of All Member COVID Briefings:

Provide members with up to date information and resources for testing, vaccines and any emerging COVID response needs.
Welcome & Warm Up

What are you the most concerned about as we head into the Winter COVID Surge?

What are you feeling good about as we head into 2021?

“The secret of change is to focus all your energy not on fighting the old, but on building the new.”

Socrates, from Millman’s fictionalized memoir “Way of the Peaceful Warrior”
Thank You CHCs!

Total: 32,193 Virus and Antibody Tests given since April
# of Virus detection tests given since April 10: 31,918
# of Antibody detection tests given since Jun 5: 275

For providing virtual care
For remaining compassionate and connected
For being trauma informed
For supporting your staff
For keeping health equity at the center of what you do
COVID Health Center Data

Week of November 27, 2020
n=25 clinics

• We’re averaging:
  » 25/30 CHCs per week answering the weekly surveys
  » 92% of health centers can test for COVID-19
    • 100% of CHCs could test for COVID this week!
  » 59% of those health centers have drive up/walk up testing capability
  » 46% of visits are conducted virtually
  » 0% of clinics will run out of adequate PPE supplies in the next week
  » 22% of health centers have adequate flu vaccines

What you do is essential.
Turnaround Time for COVID Tests
Week of November 27, 2020
n=25 clinics

• The majority of tests* are processed within 2-3 days

• For the beginning of the pandemic, most tests were processed in the 4-5 days or more than 5 days category. September was the start of the shift to seeing the 24 hour turnaround time increase and 2-3 day turnaround time
  » Still, this category is not the most frequent turnaround time for health centers

• Still, there continues to be backorders of tests and testing machines

• Limited CHCs are doing antibody testing

* virus detection PCR tests
Based on the data, the number of health center sites closed per week is not stagnant. The variation in the month of September could be due to the OR wildfires. The number of CHC staff unable to work took a sharp increase in November.
• Total # of patients tested*: 1,738
  » 48% of those patients were a racial and/or ethnic minority
• 334 patients tested positive for COVID-19
  » 76% of those patients who tested positive were a racial and/or ethnic

*virus detection PCR tests
Positivity Rates
Week of November 27, 2020
n=25 clinics

• Positivity rate=\% of COVID tests that are positive out of all COVID tests given

• The overall CHC positivity rate since April 3rd has been 10\%. This week, (Nov. 27th), it was 19\%.
  » This is a 5\% increase from last week

• Statewide, it is 6\%(OHA).
  Nationwide, it is 10\% (JHU).

Great resources!

• https://govstatus.egov.com/OR-OHA-COVID-19
• https://coronavirus.jhu.edu/testing/individual-states
• https://coronavirus.1point3acres.com/en
When the positivity rates are broken down by ethnicity only, we see almost a 25% difference between Hispanic and non-Hispanic positive rates. This is a large disparity. When the data is broken down by race only, Unreported Race population has the highest positivity rate. One thing to keep in mind is that some of the race categories are very small, i.e. law of small numbers. Still, any number is a patient that is served by our CHCs.
COVID Health Center Data
Week of November 27, 2020
n=25 clinics

• Please keep submitting your survey data to HRSA!
• Upcoming: Race/Ethnicity Dashboard built by OPCA
  » Aggregated COVID data
  » COVID data questions/thoughts/ideas: sheppler@orpca.org

THANK YOU
OHA COVID Forecast as of December 3rd

- 2,000 new cases per day by December 24th 2020, assuming status quo
- About 1.8 times the new cases on 11/24/2020, per OHA data

Disclaimer: models could be wrong. Vaccines could be widespread sooner, people might respond better and predictive factors might change.

Plan for the worst and hope for the best.
IHME Forecast for Oregon as of 12/4/2020
IHME Forecasts for Oregon as of 12/4/2020:
IHME Forecast Summary as of 12/2/2020

• New Cases per day peak at about 7,800 by January 20th 2021
• That’s approximately 2 times worse than today’s daily estimated infections
• Approximately 10 times worse than our previous peak in August 2020
• Estimates total deaths at about 5,170 by April 1st, 2021
• Rapid vaccine rollout not forecast to significantly reduce our peak, but help the post-peak recovery
• If successful, rapid vaccine roll-out to high risk groups forecast to save ~300 lives by April 1st, 2021
• If successful, rapid vaccine roll-out to general population forecast to save ~400 lives by April 1st, 2021
Forecast References and Links


• Regular updates found on this page: https://govstatus.egov.com/OR-OHA-COVID-19

• OHA New cases per day average can be calculated from this data: https://public.tableau.com/profile/oregon.health.authority.covid.19#!/vizhome/OregonHealthAuthorityCOVID-19SummaryTable_15889676399110/OregonsEpiCurveSummaryTable

Surge Planning

Focus areas that fit well for an FQHC organizational structure.

- Community testing hub.
- Vaccination programmatic lead or primary driver.
- Alternate Care Site management (see https://www.cdc.gov/coronavirus/2019-ncov/hcp/alternative-care-sites.html for this concept).

For those with mobile capacity:
Establish “cough and flu only” capacity away from routine patient care facilities to help reduce cross-spread of the virus from contagious to healthy patients.

Consider: How does winter weather affect mobile or outdoor testing capacity?
New equity-driven crisis care principles to support surge planning

From OHA on December 8, 2020

These principles can inform crisis care and surge planning during resource-constrained events

Principles in Promoting Health Equity During Resource Constrained Events
Temporary Rule + Appendix Addressing COVID-19 Workplace Risks (OR OSHA)

- Find the rules [here](#).
  - Adopted 11/6, took effect 11/16
  - Rule in effect until 5/4/21, unless revised or repealed
  - Risk Exposure Assessment + Infection Control Plan, due 12/7
  - Employee training to be completed by 12/21
  - Ventilation requirements due 1/6/2021
  - Additional rules for “workplaces at exceptional risk”
Contact Tracing at FQHCs

- Opportunity to partner with your Local Public Health Authority – we assume that many of you already are. If you need an introduction and warm hand off from OPCA and our state public health partners to your LPHA please let us know.

- Currently: LPHAs are overwhelmed and not able to contact trace a large portion of contacts.

- State is asking: Can primary care help? FQs and other primary care like RHCs and hospitals. Easier for those to engage who are already doing testing so the positive tests can be connected back to the individual for contact tracing efforts.
ELC Enhancing Detection Grant

- Funding would be used to provide testing machines and kits/supplies and FTE for testing coordinators to help with training, accessing testing machines and supplies and sharing best practices.
- OHA has been standing up its infrastructure. Testing Branch Director hired and partnering with Office of Rural Health (ORH) & OPCA to support rural FQs and sites.

Meet & Greet with some of your new testing partners
Sarah Anderson, ORH, ansarah@ohsu.edu
Kassie Clark, OHA, Kassie.Clarke@dhsoha.state.or.us
Stefanie Murray, OHA, STEFANIE.L.MURRAY@dhsoha.state.or.us
Testing Branch and Support

• Sarah Anderson and our OPCA & ORH Rural Testing and messaging support partnership.


ORH COVID-19 Resources for Rural Health

Testing Branch Partners

• Kassie Clark, OHA Testing Branch Director & Stefanie Murray, OHA Testing Branch manager
  » BinaxNow
  » Regional Operations
  » Other
  » Questions
Oregon Office of Rural Health
A Partner in COVID-19 Testing

CONTACT:
Sarah Andersen
Director of Field Services
Oregon Office of Rural Health
3030 S Moody; Suite 200
Portland, OR  97201
Email: ansarah@ohsu.edu
Phone:  503-444-1570
Distribution of Abbott’s BinaxNOW Tests in Oregon

December 8, 2020
BinaxNOW Tests & Limitations

- Rapid, point-of-care antigen tests
- Require a trained professional to administer & CLIA waiver to perform
- Have not yet been validated in children or asymptomatic populations
- NAVICA App
  - Stores test results
  - Does not report to state
  - “Temporary mobile pass”: veneer of safety
Oregon Testing Strategy Using BinaxNOW

- Initial distribution to emphasize using tests in outpatient settings consistent with updated, more robust testing strategy: testing of all symptomatic persons and close contacts of cases.
- This more robust testing strategy will slow COVID spread in the community and allow K-12 schools in Oregon to reopen sooner.
- Number of tests are not enough to perform routine, serial testing and there remains no evidence to support this as a rational public health strategy.
- May modify as we understand test performance and pandemic needs evolve.
- Continue to test at-risk, vulnerable populations: homeless, migrant and seasonal farmworkers, communities of color.
Meeting Schools’ Needs

• BinaxNOW will be deployed to both K-12 and higher education to support testing of symptomatic students and staff and outbreak investigations.
• Integrate into higher education through student health centers.
• Integrate into K-12 through school-based health centers, partnerships with community healthcare providers and mobile units.
• Expand distribution to K-12 schools that opt-in to new on-campus testing option.
Initial Allocation

60k-80k tests per week

Between 500-5k tests each
  • Scaled to population, capacity

Initial Allocation: 500

CRRU

Counties

Tribal Health Centers

FQHCs (33)

Rural Hospitals (32)

Reserve: hold back portion of tests for Outbreaks, Fall/Winter surge, Q1 of 2021
Distribution: November - December

- Continuing distributions to counties, tribes, hospitals, FQHCs/RHCs
- SBHCs not covered by FQHCs
- Higher Ed Health Centers
- Urgent Care
- Primary Care
- Fire Stations
- Pharmacies
- Mobile units:
  - Schools
  - Congregate settings (i.e., shelters, ID/DD facilities, H2A housing)
  - Sites without a CLIA waiver or trained professional to administer
- DOC & OYA sites
- Gaps in federal distribution:
  - LTC, home health, hospice
Monitoring BinaxNOW Tests

- Validating test performance
  - Repeat testing by PCR to assess false positivity more than any other issue
- Feedback
  - Monitoring test use + reporting
  - Expect percent positivity to fall as testing increases
    - Testing demand will rise & fall with case counts
Next Steps

**Distribution: Initial + Future**
- Continue to align distribution with testing strategy
- Increase CLIA-certified sites within Oregon

**Agreement with test sites**
- Reporting Results (+/-) and collection of REALD Info
- Follow OHA Testing Guidance
- No charge for test itself

**Training**
- Testing Administration
- Data Collection + Reporting

**Contact Tracing + Case Investigation**
- Prepare for increase in CT/CI across CRRU, LPHA, Tribes, CBOs

**Communications**
- New testing guidance
- Plan for distribution

OREGON PUBLIC HEALTH DIVISION
Acute & Communicable Disease Prevention
Gov. Brown names Oregon’s representatives for the Western States’ Scientific Safety Review

**Workgroup:** Dr. Laura Byerly and Dr. Louis Picker will serve on the workgroup alongside other 2 doctors, scientists, and health experts from California, Washington, and Nevada. The workgroup will review the safety and effectiveness of COVID-19 vaccines that receive Emergency Use Authorization from the U.S. Food and Drug Administration (FDA).
Expectations and Hopes

• The US Government has purchased 100 million doses of each mRNA vaccine and 300 million of the AZ vaccine with an option to purchase more.

• Timeline is uncertain but supposedly the US will get these cumulative doses by April/May 2021
  o 22 million Pfizer and 18 million Moderna in December
  o 30 million Pfizer and 20 million Moderna in January
  o 35 million Pfizer and 25 million Moderna in February and March – This should take us through most of the 1a and 1b groups.

• Additional vaccines may speed this timeline.
  o AstraZenica- Will likely apply for an EUA soon
  o Jannsen- Will likely have interim analysis readout by early January which might let them apply for EUA
Factors Affecting Timeline

- EUA submission (Pfizer-current, Moderna- 11/30/20, AstraZenica – coming soon)
- Vaccines and Related Biological Products Advisory Committee (VRBPAC) – Advises the FDA- Meets December 8, 9 and 10 to review the Pfizer EUA application and December 17 to consider the Moderna EUA
- Advisory Committee on Immunization Practices (ACIP) – Advises the CDC regarding the guidelines for usage. This process begins simultaneously while VRBPAC committee is deliberating but their guidelines come out after official FDA authorization.
- Western States Scientific COVID-19 Vaccine Safety Workgroup- Also will work concurrently with other committees
- Pfizer vaccine is scheduled to be shipped to Oregon December 15 and Moderna as early as December 21
OHA Vaccination Priority Groups, 12/3

Phase 1a group for vaccination

- Frontline healthcare workers and staff - hospital based
- EMS providers who care for patients
- Residents and workers in long-term and congregate care settings (this will be done through the federal-pharmacy partnership)
- HCWs and staff in out-patient settings

- Do not give vaccine within 90 days of a known COVID-19 infection
Oregon’s Allocation + Implications

Oregon’s Initial Allocations and Implications

- Allocation is based on a pro rata (population based) basis. Oregon has roughly 2% of the US population.
- It appears that with initial allocations of Pfizer and Moderna vaccines, Oregon will be given enough vaccine to fully vaccinate over 100K HCWs and staff in December (though to fully vaccinate this group will extend into January).
- This number will be inadequate to cover all healthcare workers and others in group 1a.
- Some sub-prioritization will be necessary.
- Most, if not all, hospitals will likely receive the Pfizer ultra-cold mRNA vaccine.
- A hub and spoke distribution method is being developed to address the ultra-cold requirement for the Pfizer vaccine.
Influenza Immunization Update

Influenza Immunizations by Week

OHA Provider Covid-19 Resources

Provider Office Hours and Web Resources

**Topic:** COVID-19 Vaccine Office Hours
- **Monday Noon-1pm**
- **Wednesdays**
  - Dec 2, 2020 07:00 AM
  - Dec 9, 2020 07:00 AM
  - Dec 16, 2020 07:00 AM
  - Dec 23, 2020 07:00 AM
  - Dec 30, 2020 07:00 AM

Please download and import the following iCalendar (.ics) files to your calendar system.

- Weekly:
  - [https://www.zoomgov.com/meeting/u/jlscsung1whFVvJm_Cmc4WB7OSsbRRdik/kcs?csToken=9lbyKuiterz0xGoDaStx_Bel8EFlYn4ihQnFjWvmLzrVLaIC1QNTYUc-xib8NTy1](https://www.zoomgov.com/meeting/u/jlscsung1whFVvJm_Cmc4WB7OSsbRRdik/kcs?csToken=9lbyKuiterz0xGoDaStx_Bel8EFlYn4ihQnFjWvmLzrVLaIC1QNTYUc-xib8NTy1)
  - Join ZoomGov Meeting
  - [https://www.zoomgov.com/j/61532773?pwd=rGskf9O4euLVJhjuyt39b0CFKx0dAvUT09](https://www.zoomgov.com/j/61532773?pwd=rGskf9O4euLVJhjuyt39b0CFKx0dAvUT09)
  - Meeting ID: 615 3277 277
  - Passcode: 613378

[https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINES/IMMUNIZATION/IMMUNIZATION_PROVIDERRESOURCES/Pages/COVIDvaccine.aspx](https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINES/IMMUNIZATION/IMMUNIZATION_PROVIDERRESOURCES/Pages/COVIDvaccine.aspx)
Policy and Advocacy Updates

Federal & State Updates

Late breaking from the OPCA Policy Team:

Quarantine Period Change from CDC

• CDC quarantine guidelines change. Still waiting to hear from OHA and local public health authorities about whether we will adopt this change in Oregon and counties in our region.

• Washington state has announced it will adopt these guidelines.
COVID-19 Winter Social Media Toolkit

We’re entering our first Winter with COVID-19, and need to remind Oregonians of simple actions they can take to reduce their COVID-19 exposure risk. The sooner we can get Oregonians to take additional steps to slow the spread of the virus, the sooner we get back to normal life.

Where to find the latest COVID-19 information

- OPCA’s Member Update: Sign up at https://action.orpca.org/newsletter_signup/
  » Check your spam or junk folders to ensure you are receiving these
- Visit OPCA’s website for COVID-19 resources: www.orpca.org
- Follow us on Twitter @OregonPCA
  Facebook @OregonPrimaryCareAssociation
  or LinkedIn: www.linkedin.com/company/oregon-primary-care-association
• We heard from our Board Members on November 20\textsuperscript{th} that work of 2021 needs to focus on our COVID response and other work we do at OPCA should be through the COVID lens.

• Strategic Plan Retreat on Friday, December 11\textsuperscript{th}, 1-3:30pm

• What would renewed or increased COVID support look like to you? be biggest value add from OPCA?

• How often and in what venue would you want to connect with CHC peers?
Menti Poll and Meeting Evaluation

Go to Menti.com and enter 17 89 05 7

Top three issue and why

Frequency of future COVID Briefings

Topic Specific Groups?

Satisfaction and information you can use from this briefing.
Thank You!