Deschutes County Health Services

COVID-19 Public Health Update

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Director of Health Services

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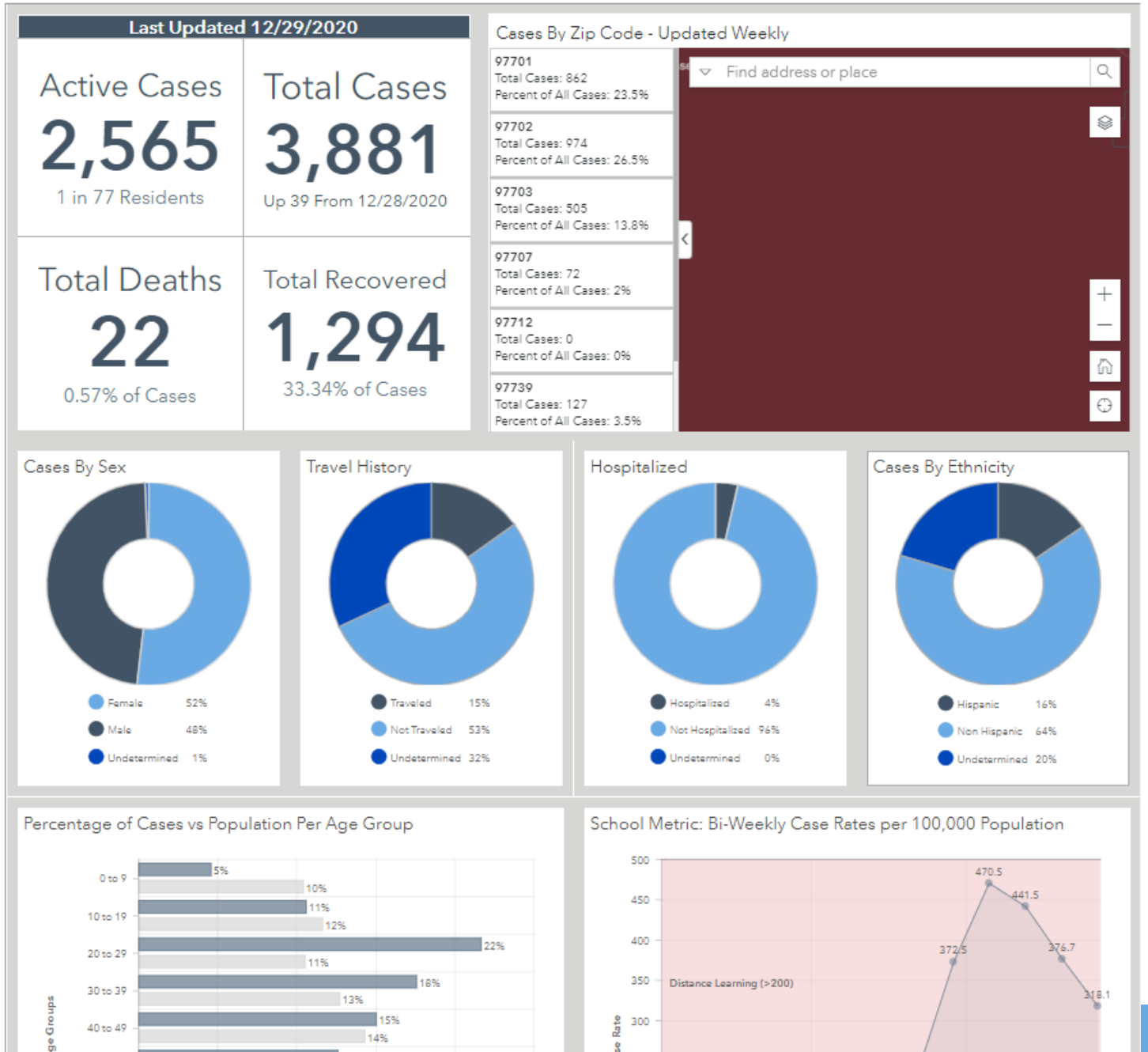
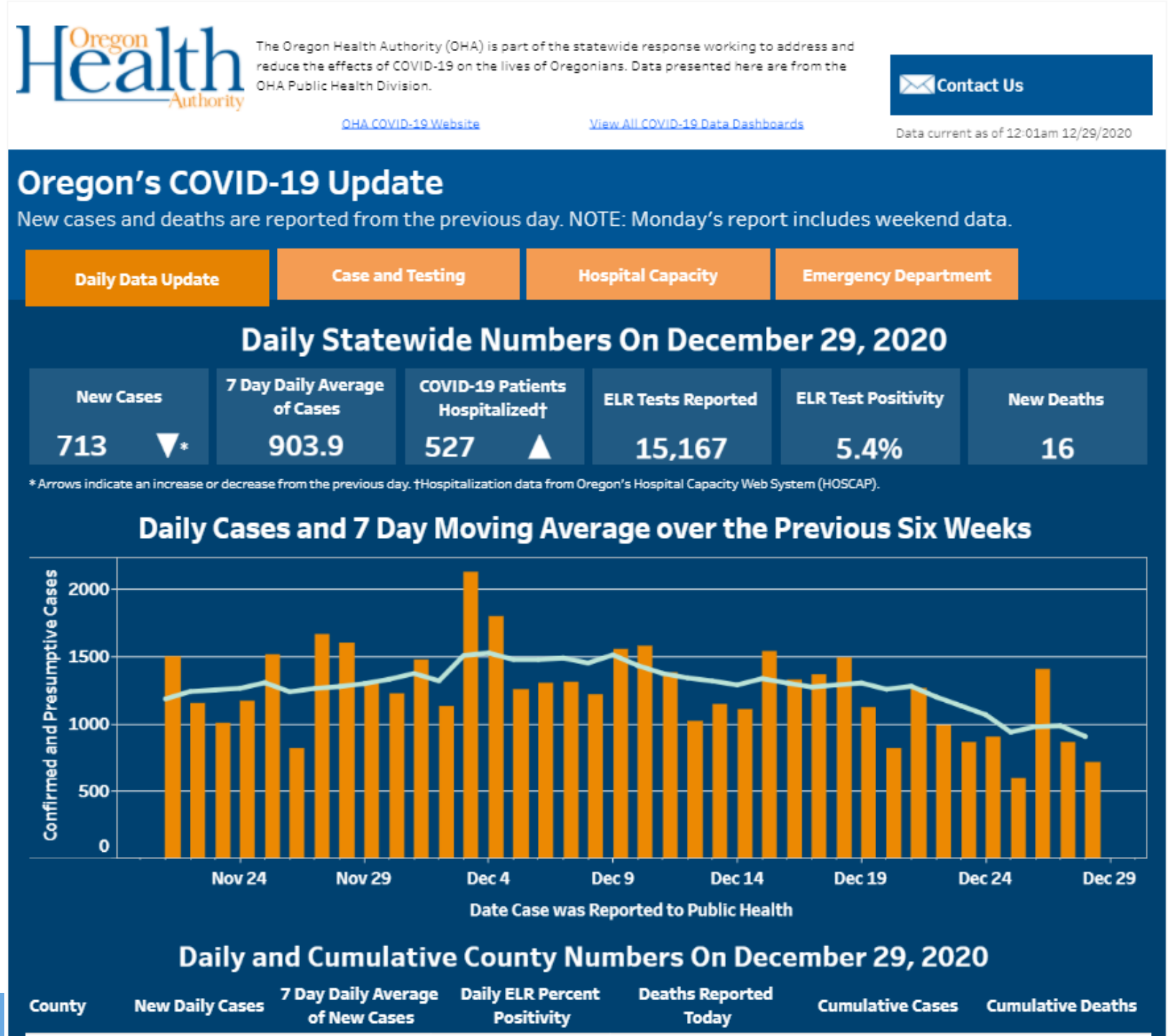
Director of Public Health

BoCC meeting| January 6, 2020

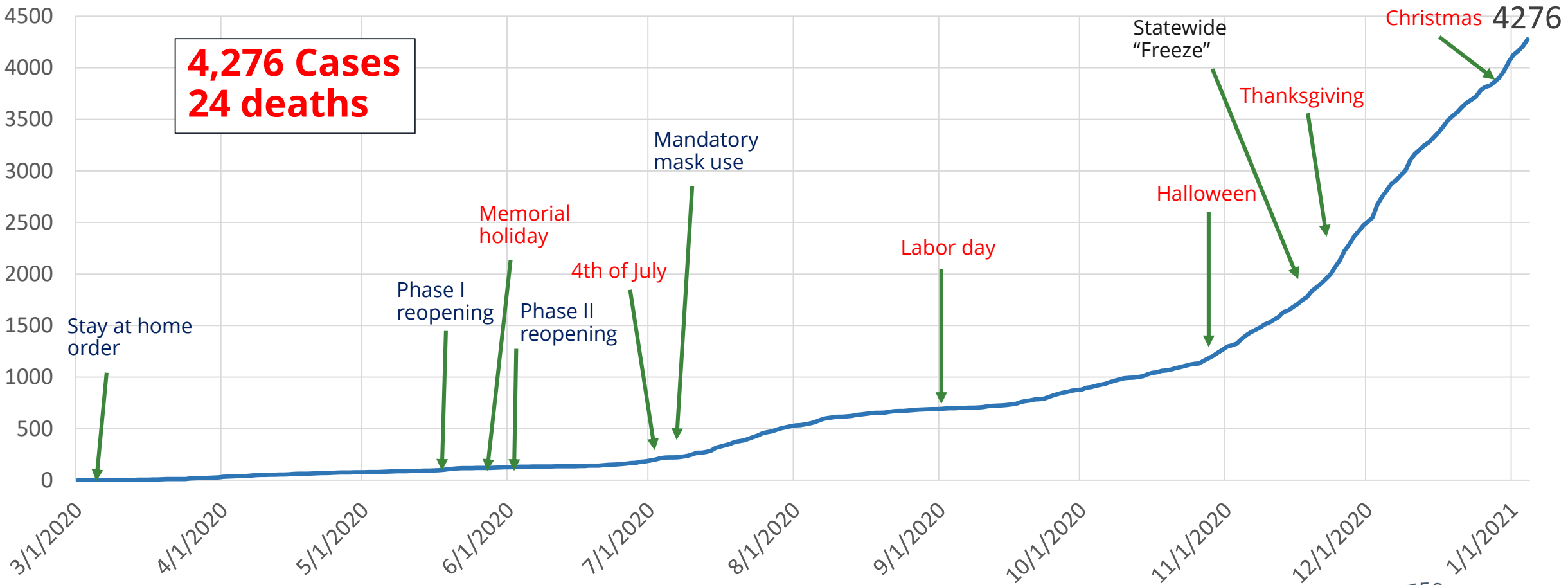
Deschutes.org/covid19



State level data available on the Oregon Health Authority website



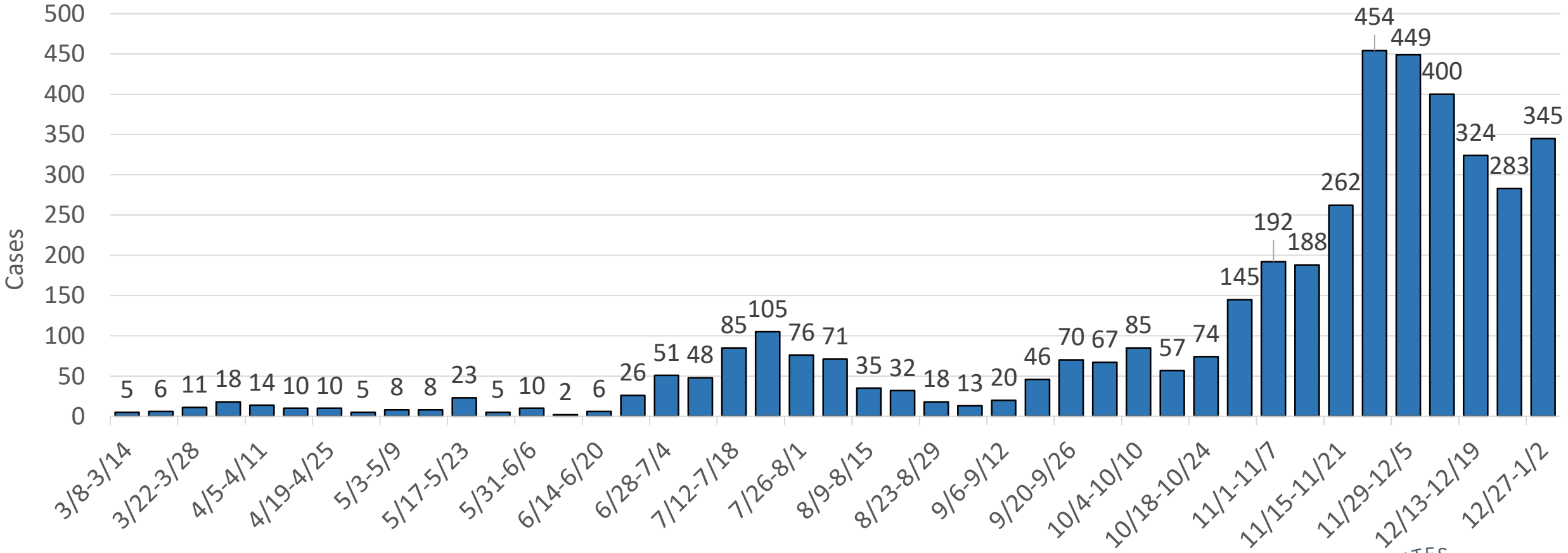
Deschutes County Cases (Cumulative)



Data are shown based on the date a case first became identified as a case.

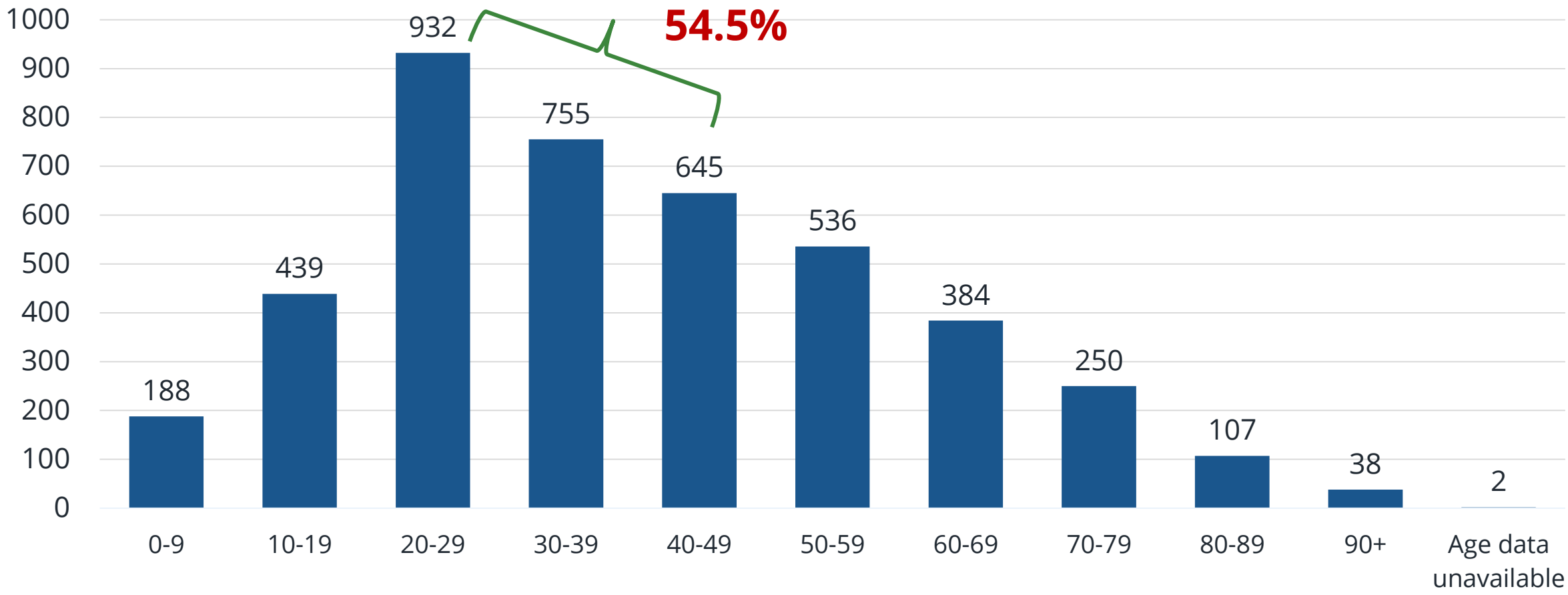
Data as of 1/5/21

Deschutes County Cases by Week



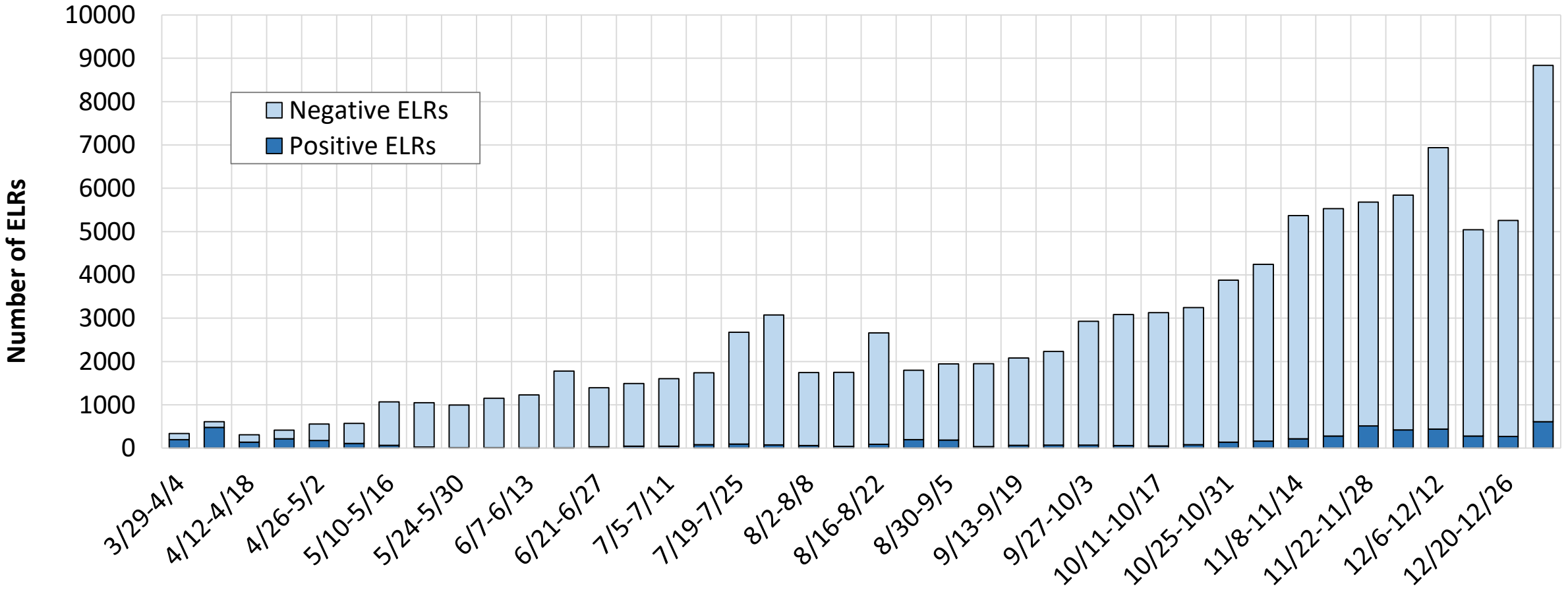
Data are shown based on the date a case first became identified as a case.

Deschutes County Cases by Age Group



Data as of 1/5/21

Deschutes County COVID Electronic Laboratory Reports (ELRs) by Week



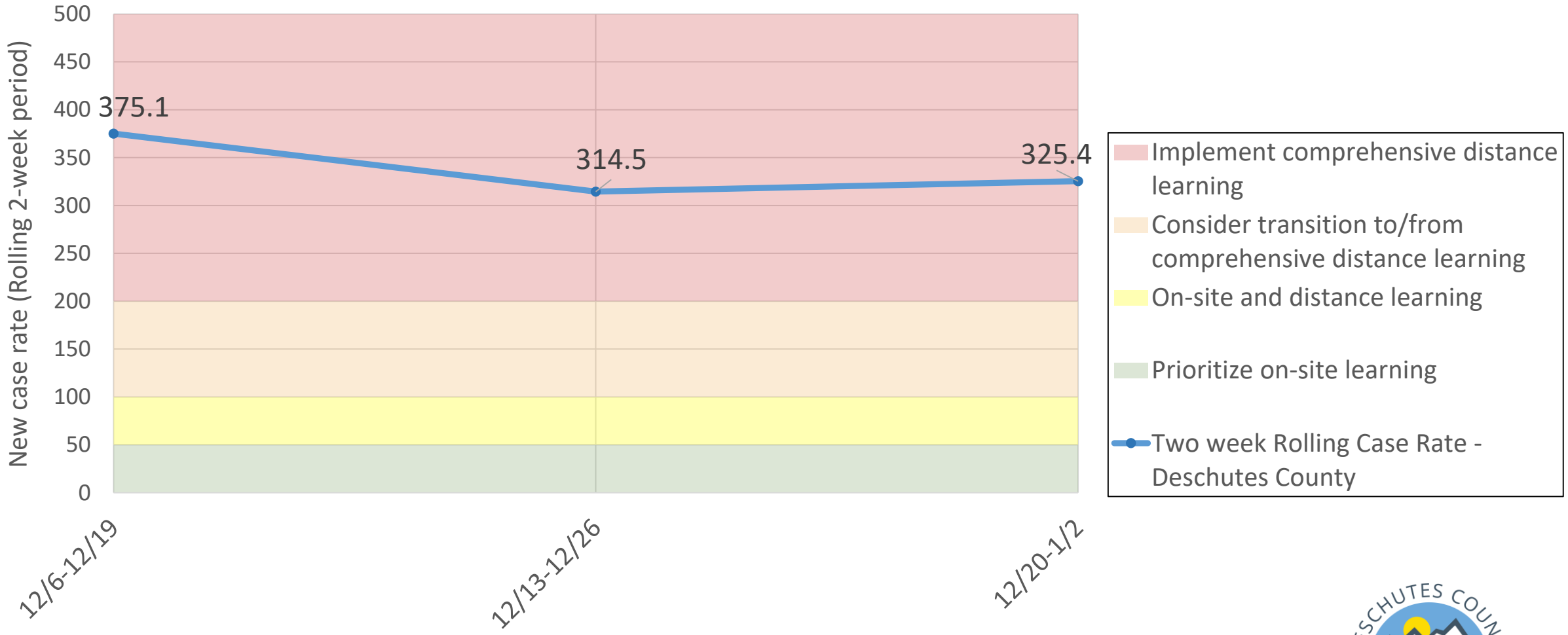
Beginning 12/3/20, Oregon Health Authority transitioned to reporting total COVID Electronic Laboratory Reports (ELRs) rather than reporting total persons tested for COVID. Electronic Laboratory Reports better reflect the total volume of COVID tests for a county and may include duplicate positive and/or duplicate negative test results for individuals.

Data as of 1/4/21

Risk-based Framework for Counties

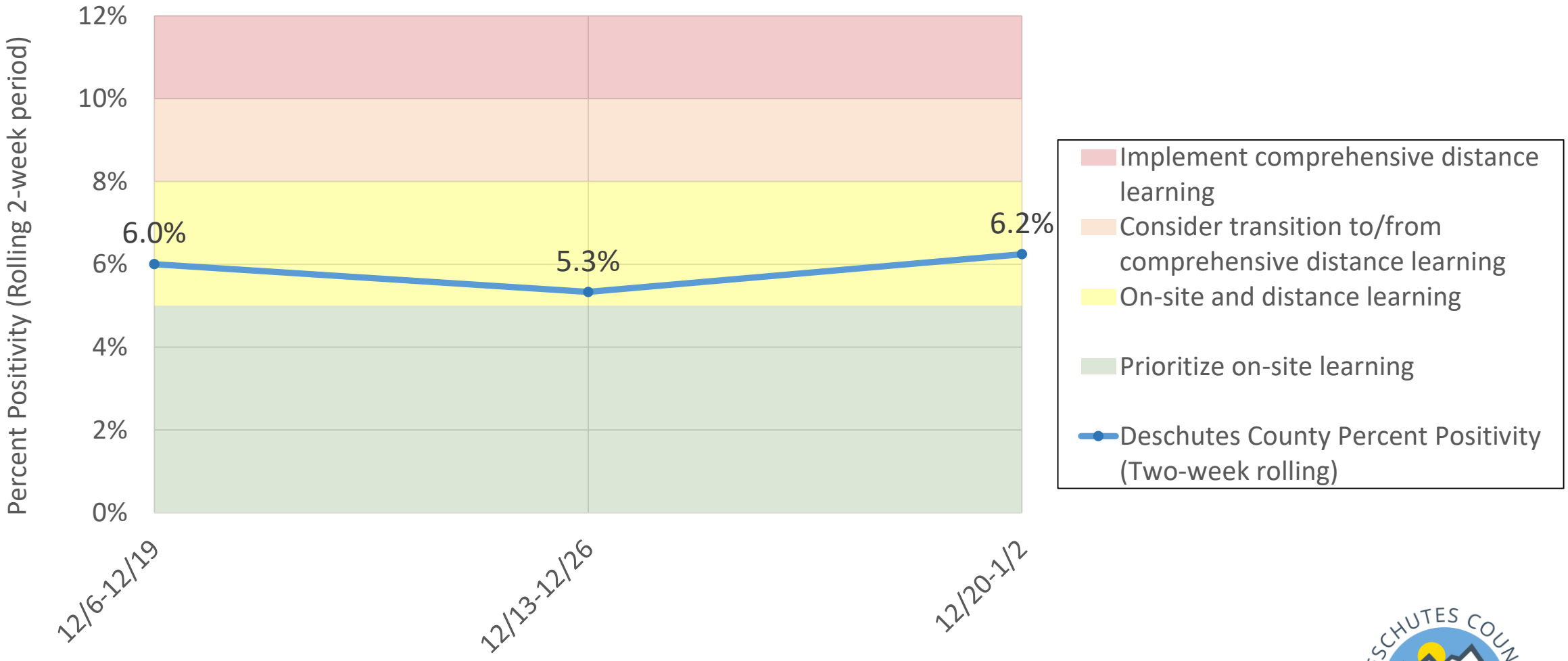
Disease Activity	Lower Risk	Moderate Risk	High Risk	Extreme Risk
Rate of COVID-19 cases per 100,000 over 14 days (counties with 30,0000 or more people)	<50.0	50.0 to <100.0	100.0 to < 200.0	≥200.0
-or-				
Number of COVID-19 cases over 14 days (counties with less than 30,000 people)	<30	30 to <45	45 to <60	≥60
-and-				
Percentage test positivity over previous 14 days	<5.0%	5.0% to <8.0%	8.0% to <10.0%	≥10.0%

Advisory School Metrics: Two-week Case Rates per 100,000 population



As of 1/1/21, school metrics are advisory. Data are provisional and subject to change.

Advisory School Metrics: Two-week Percent Positivity



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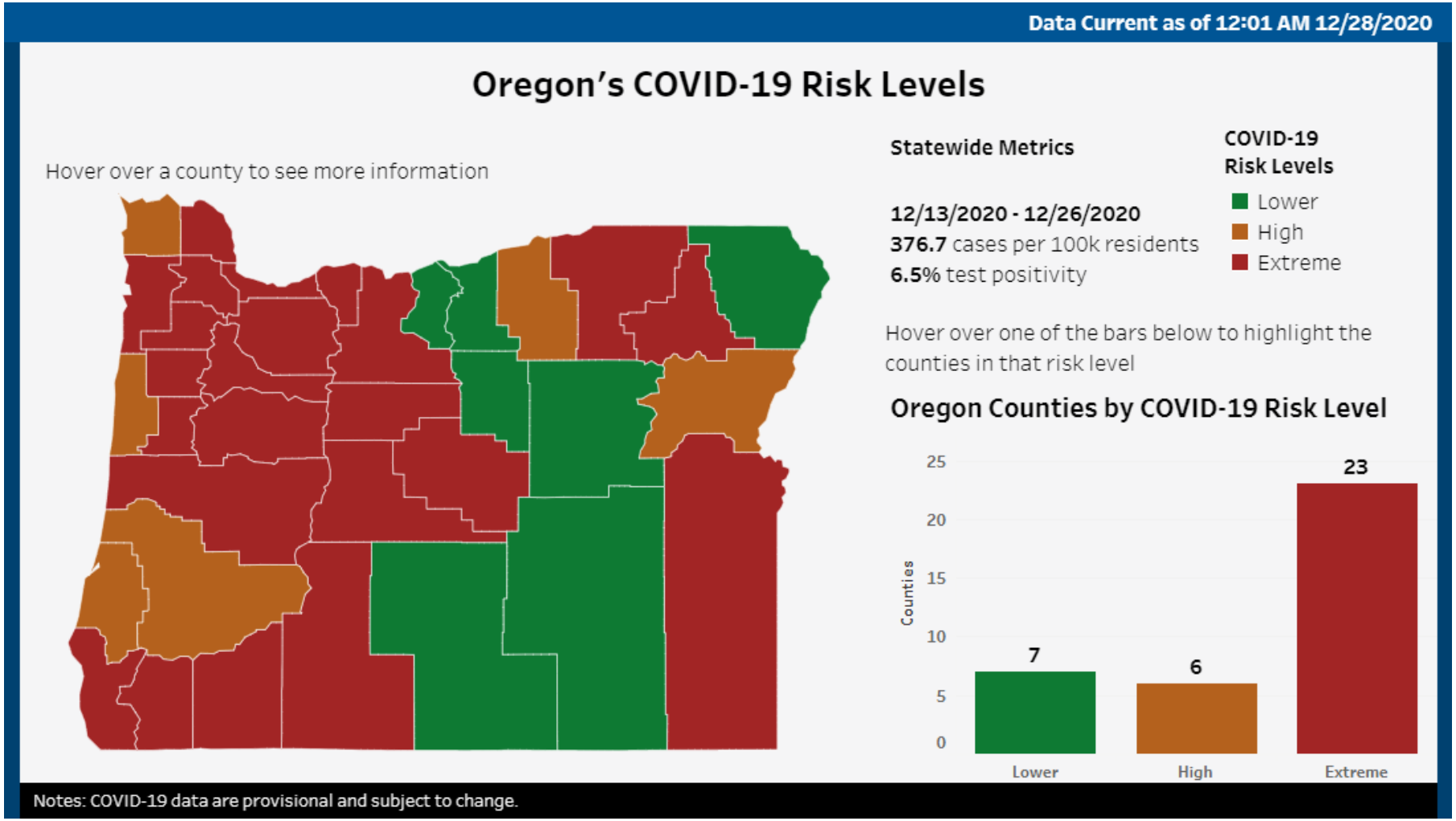
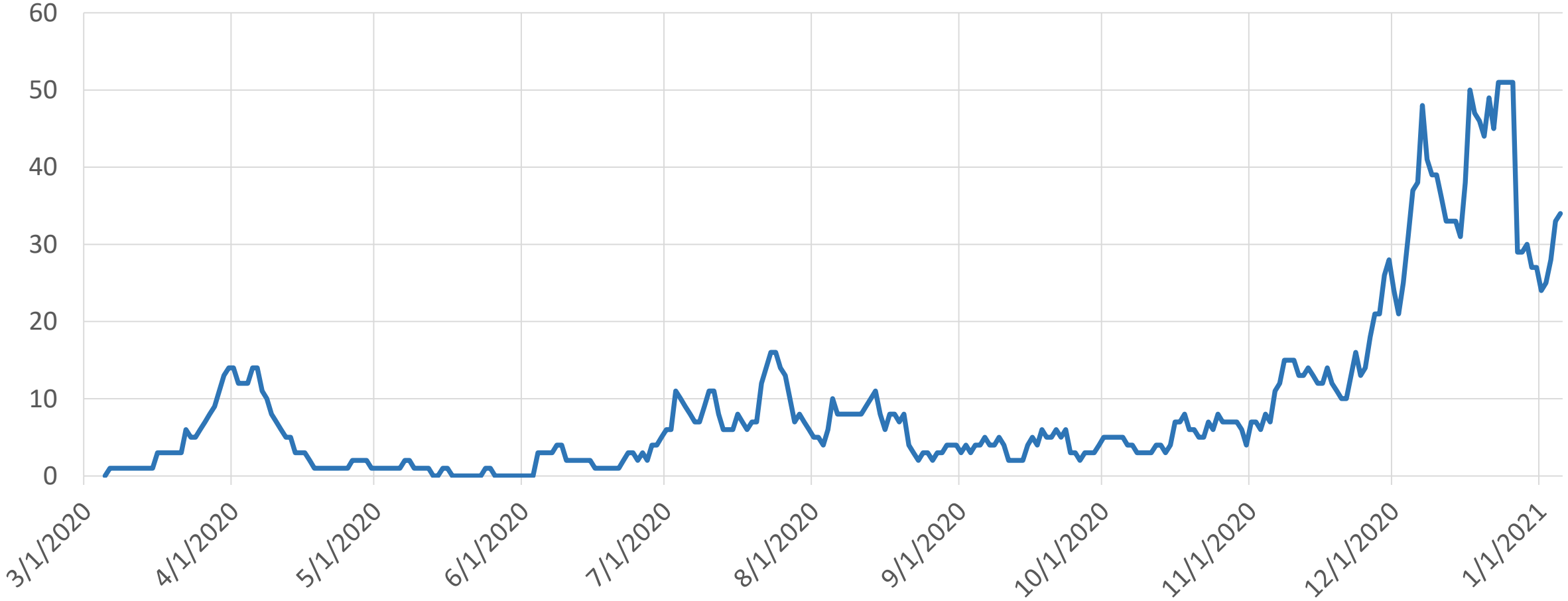
Risk-based Framework for Counties



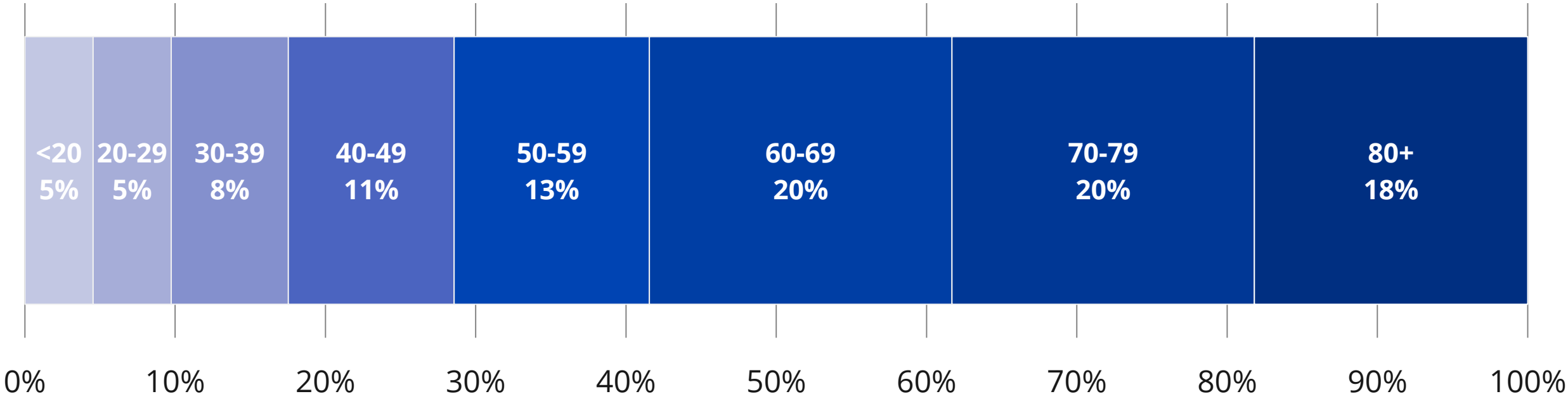
Daily Count of COVID-19 Patients Currently Hospitalized (St. Charles Health System Data)



DESCHUTES COUNTY

Data as of 1/5/21

Age distribution of Deschutes County hospitalized patients

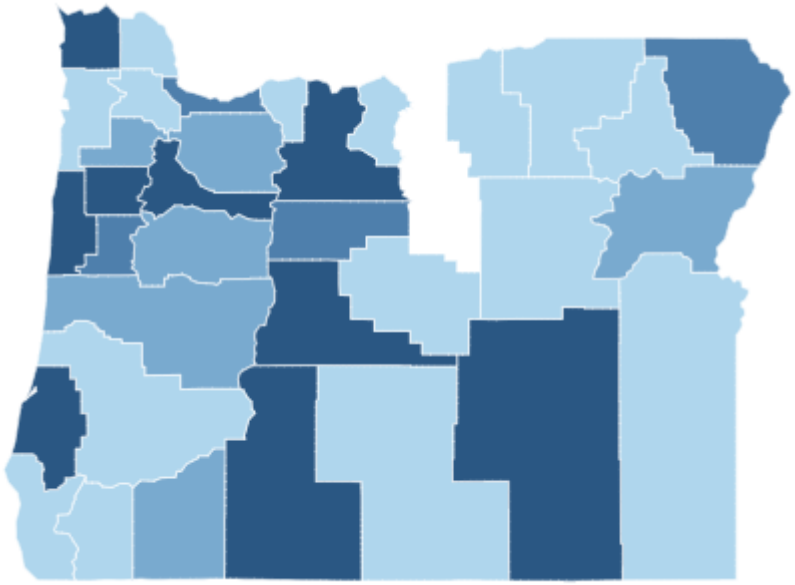


Denominator: 154 Deschutes County cases ever-hospitalized

Data as of 1/5/21

COVID-19 Vaccination Data

Vaccination Rates per 10,000 population, by county of residence*



Sherman, Gilliam, and Wheeler counties are not displayed due to suppression rules. These counties have between 1 and 5 vaccinated people.

People vaccinated per 10,000

0.00 | 35.33-112.09 | 112.75-125.63 | 126.67-133.29 | 134.98-198.31

Deschutes County COVID-19 Vaccination Data as of 1/5/21	
# people with vaccination series in progress	2,607
# people fully vaccinated	2
# people with vaccination series in progress or fully vaccinated per 10,000 population	135.18

*Includes people with vaccination series in progress or fully vaccinated

COVID-19 Vaccination Distribution

Our highest priority is to vaccinate residents as quickly as possible

- Administered our first weekly allotment (500) doses within 3 business days
- Coordinating with health care partners to increase capacity to vaccinate and to scale up as we receive more vaccines

Currently vaccinating: Phase 1a, Group 1

Phase 1a, Group 1	**Hospitals, EMS, first responders, urgent care staff, vaccinators, and long-term care – skilled and memory care**
Phase 1a, Group 2	Other residential care facilities (assisted living), hospice, behavioral health crisis teams, adult group homes, Oregon Youth Authority, corrections, drug and alcohol residential treatment and homeless shelters
Phase 1a, Group 3	Outpatient clinical staff serving specific high-risk groups, in-home medical care providers, day treatment services and non-emergency medical transport, Outpatient clinical staff serving specific high-risk groups, in-home medical care providers, day treatment services and non-emergency medical transport
Phase 1a, Group 4	All other outpatient clinic staff, public health, early learning sites and death care workers

When can I receive the vaccine?

We are grateful that so many Deschutes County residents are excited to receive their vaccine!

Currently, individuals eligible for Phase 1a vaccines are notified by their employer or residential living facility.

Most people will receive the vaccine from their doctors, a pharmacy, or future community clinics.

Deschutes County Health Services, as well as our health care community, will provide ongoing communications to let everyone know when it is their turn for the vaccine.

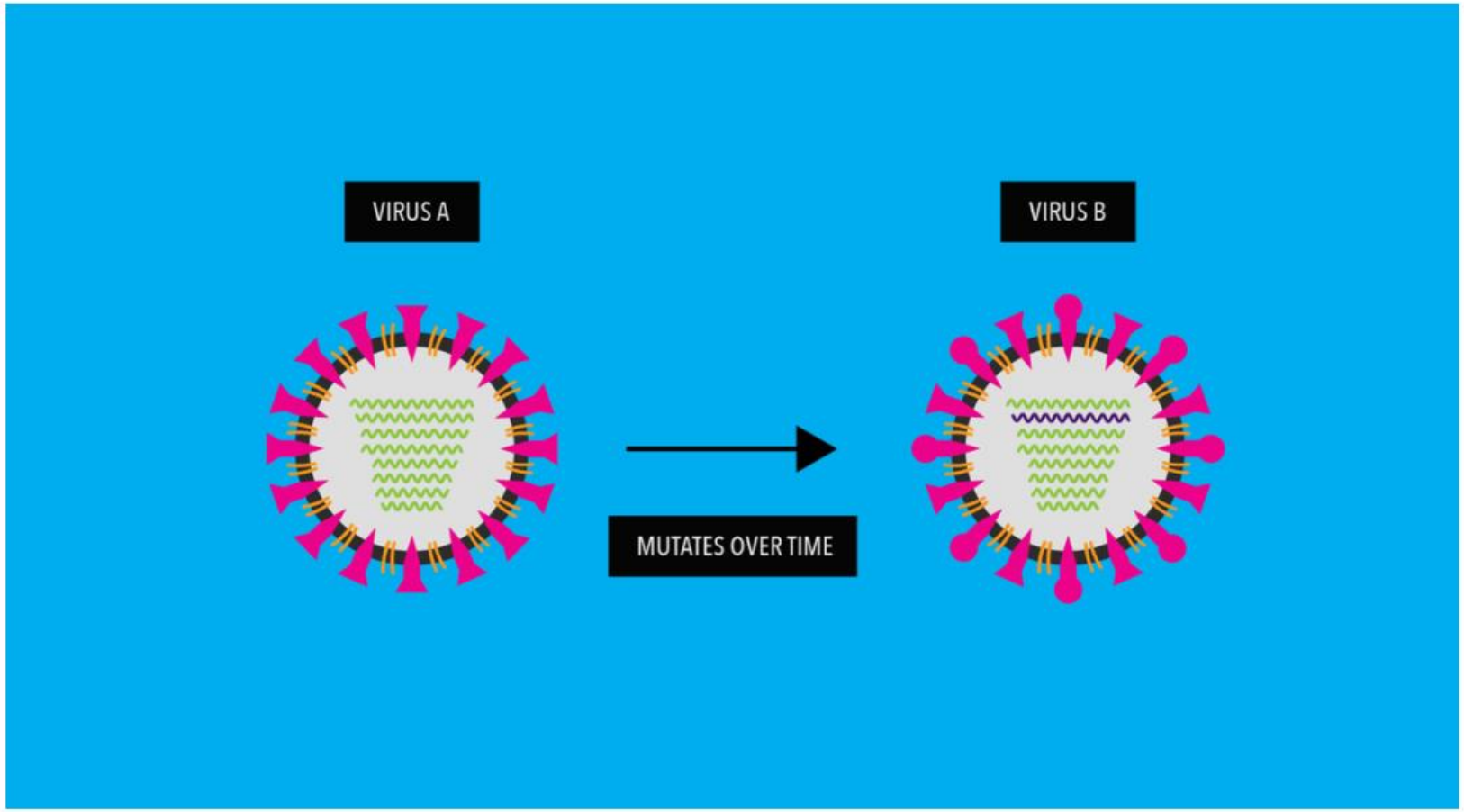
Stay up-to-date on vaccine distribution:
www.deschutes.org/covid19vaccine

DESCHUTES COUNTY

As viruses replicate, they will have mutations. Some may have no effects, but some may have serious effects. The more replication, the higher the risk.

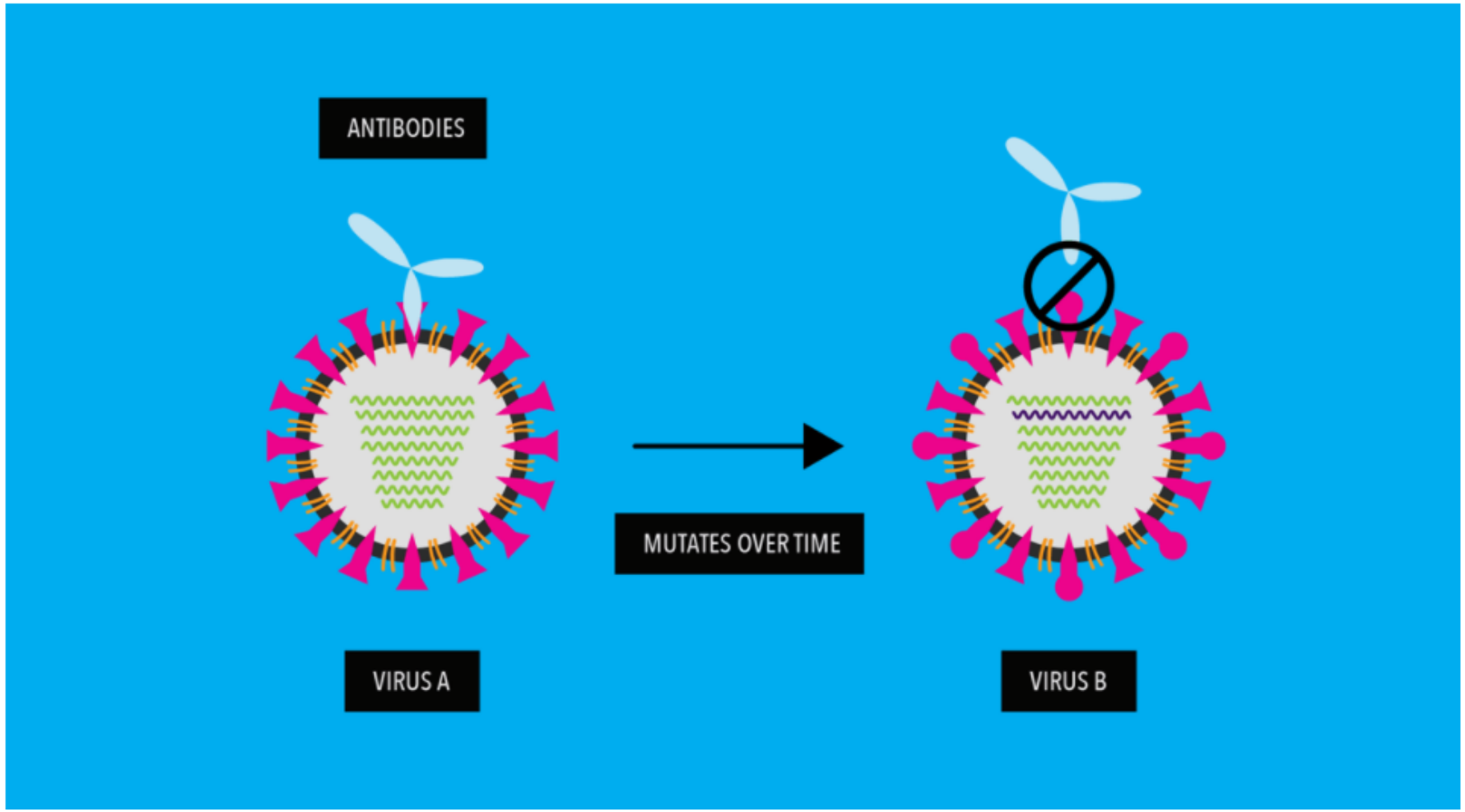
Antigenic Drift

As a virus replicates, its genes undergo random "copying errors" (i.e. genetic mutations). Over time, these genetic copying errors can, among other changes to the virus, lead to alterations in the virus' surface proteins or antigens.



Our immune system uses these antigens to recognize and fight the virus. So, what happens if a virus mutates to evade our immune system?

In influenza viruses, genetic mutations accumulate and cause its antigens to “drift”— meaning the surface of the mutated virus looks different than the original virus.



Source: https://www.breakthroughs.com/advancing-medical-research/how-do-viruses-mutate-and-what-it-means-vaccine

HEALTH AND SCIENCE

South African Covid variant appears to 'obviate' antibody drugs, Dr. Scott Gottlieb says

PUBLISHED TUE, JAN 5 2021•8:43 PM EST | UPDATED WED, JAN 6 2021•12:43 AM EST

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KEY POINTS

- "The South Africa variant is very concerning right now because it does appear that it may obviate some of our medical countermeasures, particularly the antibody drugs," Dr. Scott Gottlieb said.
- The South African variant is also known as 501.V2, and in mid-December officials reported that 501.V2 had been largely replacing other strains of the coronavirus as early as November.
- More than 17 million Covid doses have been distributed to states, but only 4.8 million Americans have received their first shot according to the Centers for Disease Control and Prevention.

A man sits alone on a Bakerloo Line underground train in central London after the capital went into the strictest level of lockdowns

AP

Biotechnology

The UK is spooking everyone with its new covid-19 strain. Here's what scientists know.

European nations are throwing up travel barriers to the UK over fears of a more transmissible strain of the coronavirus.

by **Antonio Regalado** December 21, 2020

A rising wave of covid-19 cases in the south of England has been blamed on a new variant of the coronavirus. The new version, which appeared by September, is now behind half the cases in the region. Genomic researchers have found that not only does the variant have a lot of mutations, but several of the genetic alterations are predicted to make possibly significant changes to the spike protein, a part of the virus that plays a key role in infecting cells.

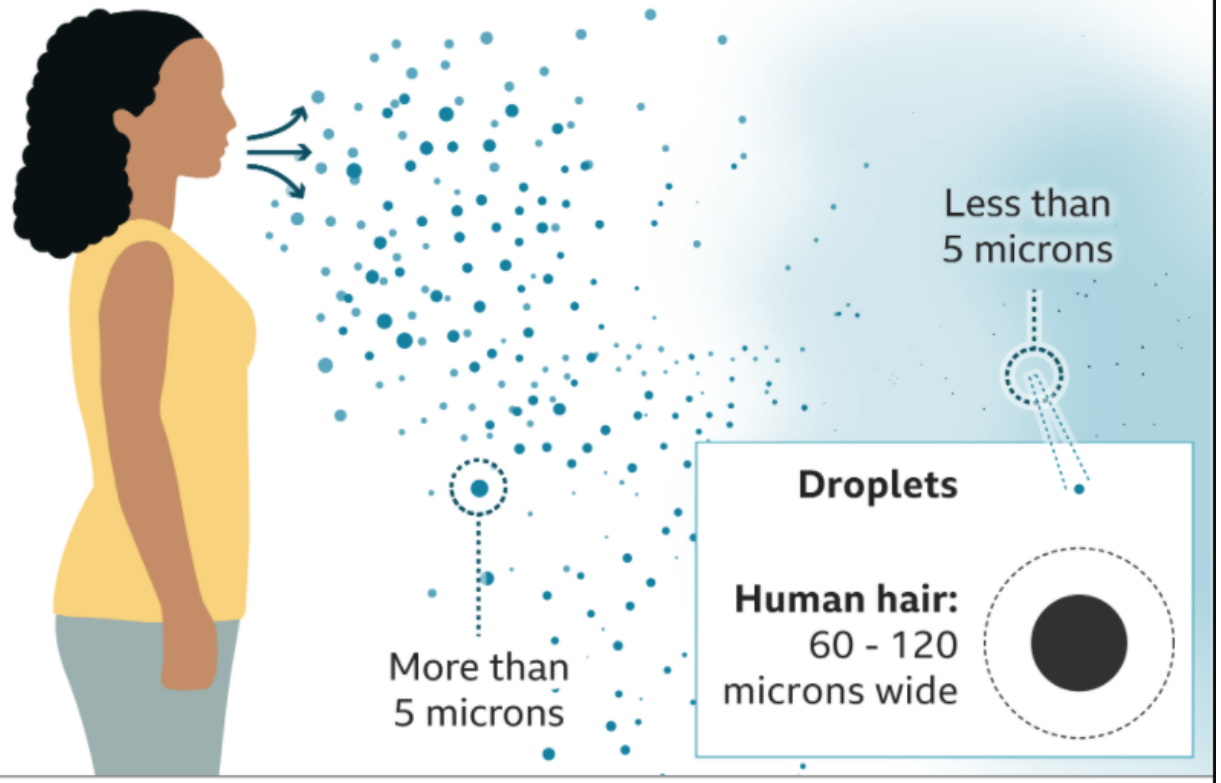
The difference between droplet and airborne transmission

Droplet transmission

Coughs and sneezes can spread droplets of saliva and mucus

Airborne transmission

Tiny particles, possibly produced by talking, are suspended in the air for longer and travel further



Source: WHO

BBC

COVID-19
CORONAVIRUS DISEASE

BE INFORMED:

Know Your Risk During COVID-19

On a scale of 1 to 10, how risky is...

Ranked by physicians from the TMA COVID-19 Task Force and the TMA Committee on Infectious Diseases.

Please assume that participants in these activities are following currently recommended safety protocols when possible.

Texas Medical Association
Physicians Caring for Texans

LOW RISK	1	Opening the mail
	2	Getting restaurant takeout
	2	Pumping gasoline
	2	Playing tennis
	2	Going camping
LOW-MODERATE	3	Grocery shopping
	3	Going for a walk, run, or bike ride with others
	3	Playing golf
	4	Staying at a hotel for two nights
	4	Sitting in a doctor's waiting room
	4	Going to a library or museum
	4	Eating in a restaurant (outside)
	4	Walking in a busy downtown
	4	Spending an hour at a playground
MODERATE RISK	5	Having dinner at someone else's house
	5	Attending a backyard barbecue
	5	Going to a beach
	5	Shopping at a mall
	6	Sending kids to school, camp, or day care
	6	Working a week in an office building
	6	Swimming in a public pool
	6	Visiting an elderly relative or friend in their home
MODERATE-HIGH	7	Going to a hair salon or barbershop
	7	Eating in a restaurant (inside)
	7	Attending a wedding or funeral
	7	Traveling by plane
	7	Playing basketball
	7	Playing football
	7	Hugging or shaking hands when greeting a friend
HIGH RISK	8	Eating at a buffet
	8	Working out at a gym
	8	Going to an amusement park
	8	Going to a movie theater
	9	Attending a large music concert
	9	Going to a sports stadium
	9	Attending a religious service with 500+ worshipers
	9	Going to a bar

Texas Medical Association | 401 W. 15th St. | Austin, TX 78701-1680
www.texmed.org @texmed @wearetma

Q: Can you provide Covid-19 positive numbers and outbreaks from our restaurants, breweries, and gyms in Deschutes County

A: We are unable to provide COVID-19 case counts and outbreaks for restaurants, breweries and gyms.

- We are unable to provide an estimate for **the number of cases who were exposed** to COVID at restaurants, bars, and gyms
    - Questions about exposures these settings are not built in to the standard case investigation or tracking database.
    - There is currently no mechanism to identify spread in these settings unless there is an identified outbreak, which would typically be among staff and would likely not include patrons.

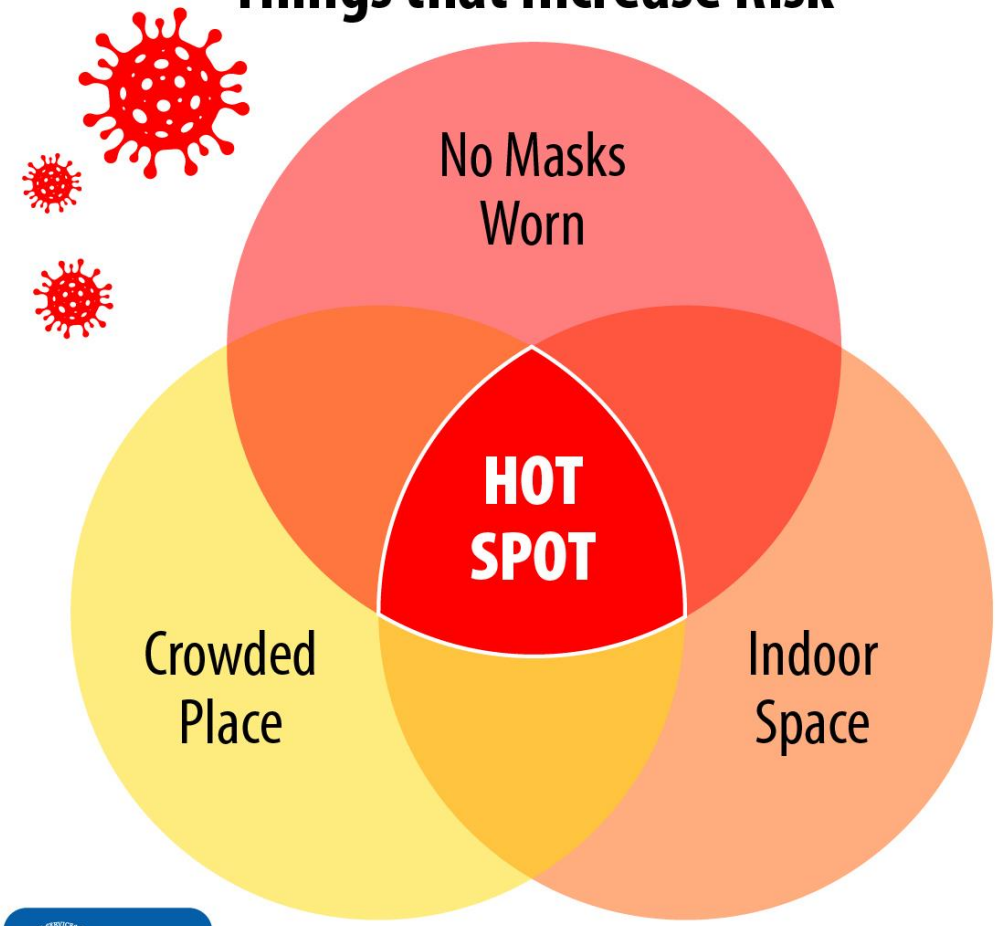
- We are currently unable to provide information on **outbreaks** in restaurants, breweries, and gyms while implementing OHA surge guidance.
    - OHA surge guidance directs our team to focus outbreak investigations primarily on “high-consequence” settings such as long term care facilities, schools, shelters, and jails.
    - Our team is still tracking “large or otherwise notable” outbreaks in other settings, but the threshold for identifying such outbreaks is higher (5+ epidemiologically-linked cases) and data would likely be incomplete.
    - Restaurants, breweries, and gyms are also closed or experiencing limited operations, so outbreaks in these settings would be rare and, if identified, would most likely only include employees rather than patrons.

Opinion:

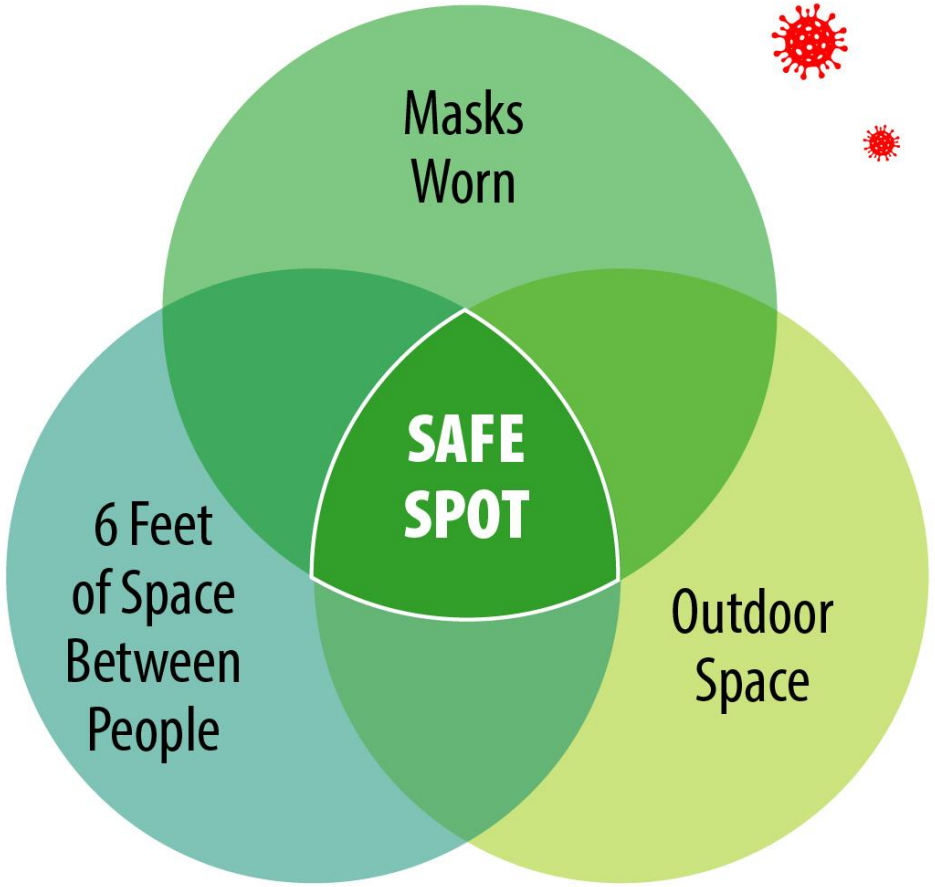
- Our only sensible option is to reduce viral transmission as much as possible until vaccine coverage is broad.
- This will entail continuing constraints on human activities, including many enterprises and social amenities, until rates fall substantially.
- As enterprises are being constrained to serve a public good (reducing transmission of a potentially lethal virus), we should, as a society, thank the owners and proprietors and provide compensation and accommodations for their losses and do our best to ensure adequate unemployment payments for employees.
- Failure to do so will contribute to resentments and non-compliance with those strictures.
- We may also have to take near-heroic and costly measures to enable the safe reopening of schools as soon as infection rates fall. With the aerosol nature of the virus transmission becoming clearer, these may include much more ventilation, high-volume air cleaning devices, and the ready availability of on-site rapid COVID19 testing for people who are symptomatic or have been exposed to COVID19

Tips for Reducing Risk of Getting COVID-19

Things that Increase Risk



Things that Decrease Risk



www.cdc.gov/coronavirus

CS 319539 08/10/2020