Deschutes County Health Services

COVID-19 Public Health Update

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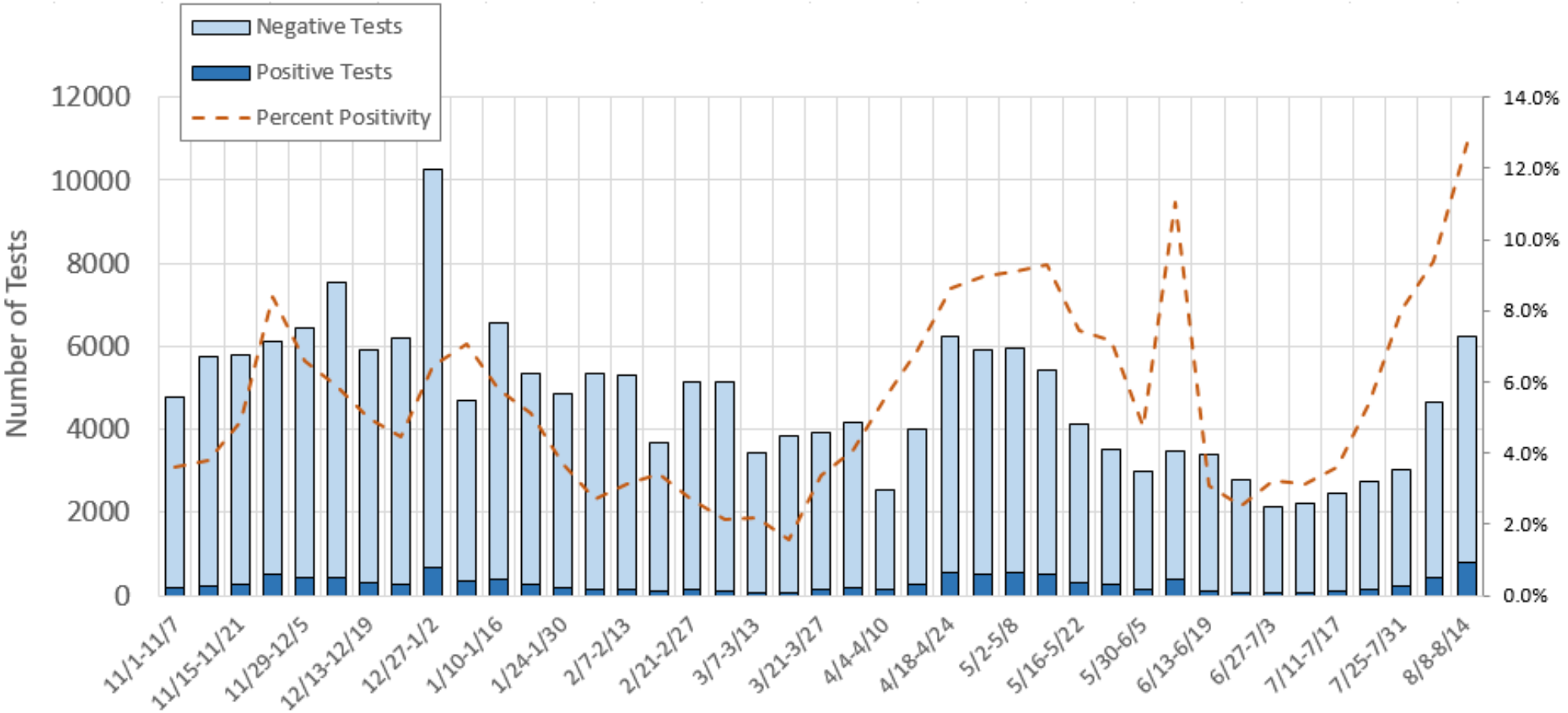
BoCC meeting| August 18, 2021

COVID-19 Test Results by Week



COVID-19 Daily Hospitalizations

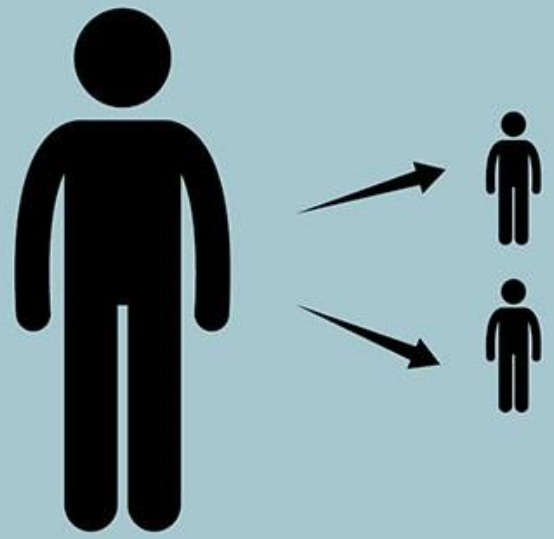
St. Charles Health System

DESCHUTES COUNTY

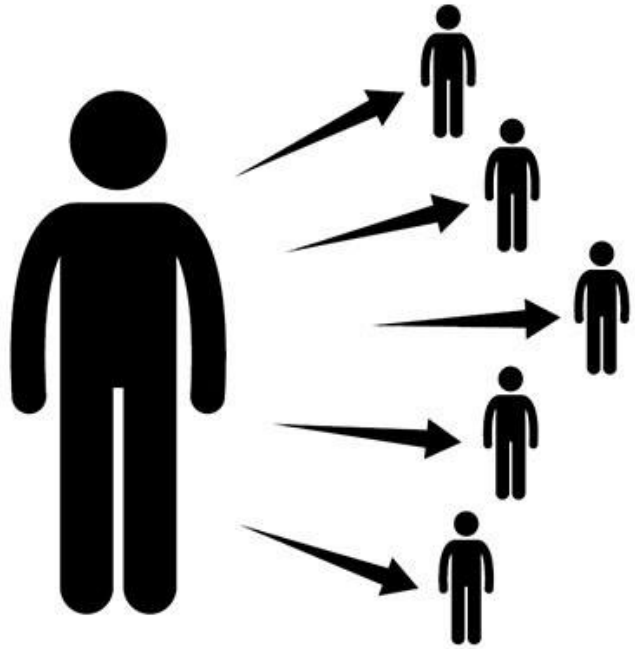
Data as of 8/17/2021

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

ORIGINAL COVID-19 STRAIN

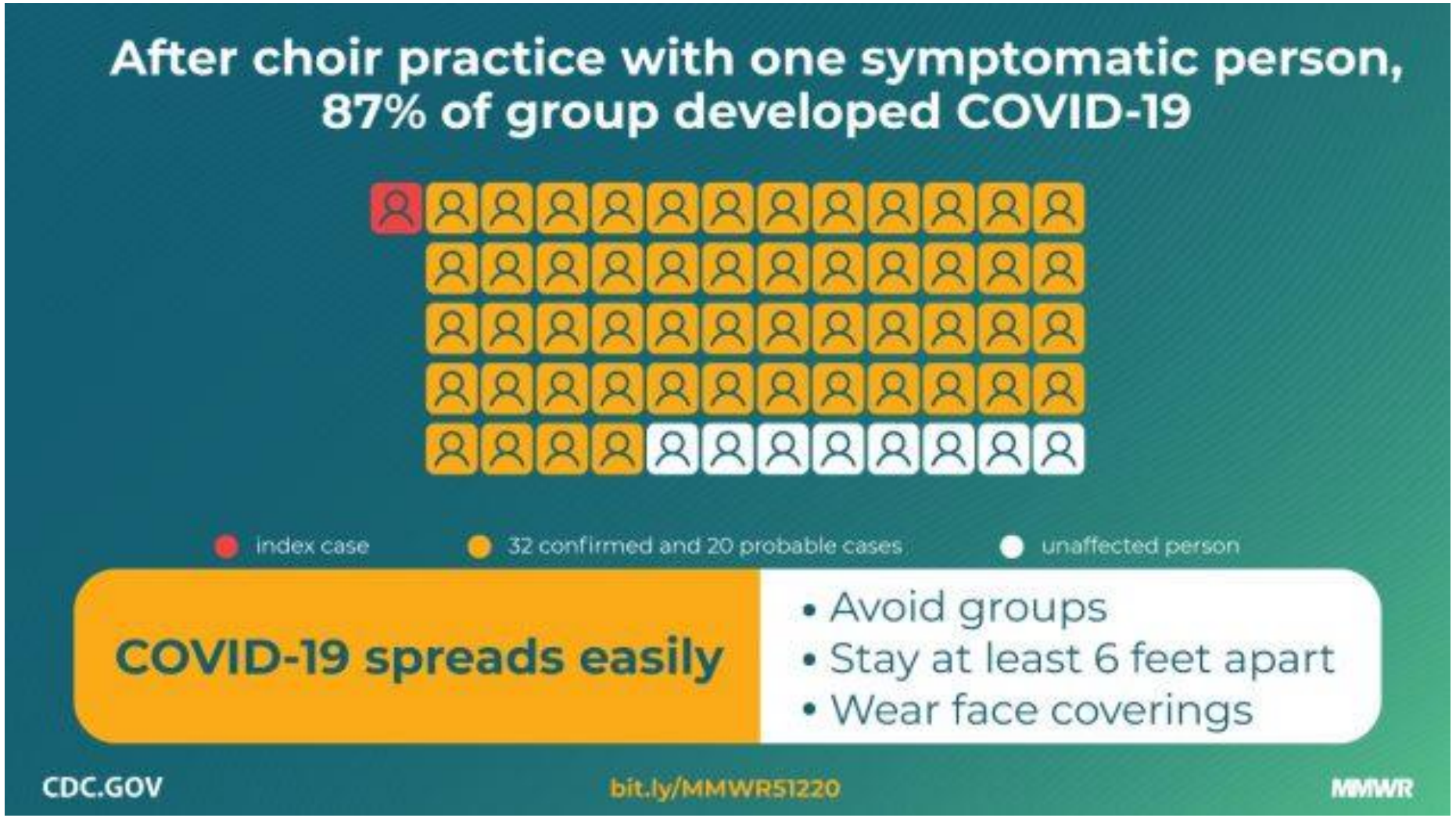


DELTA VARIANT



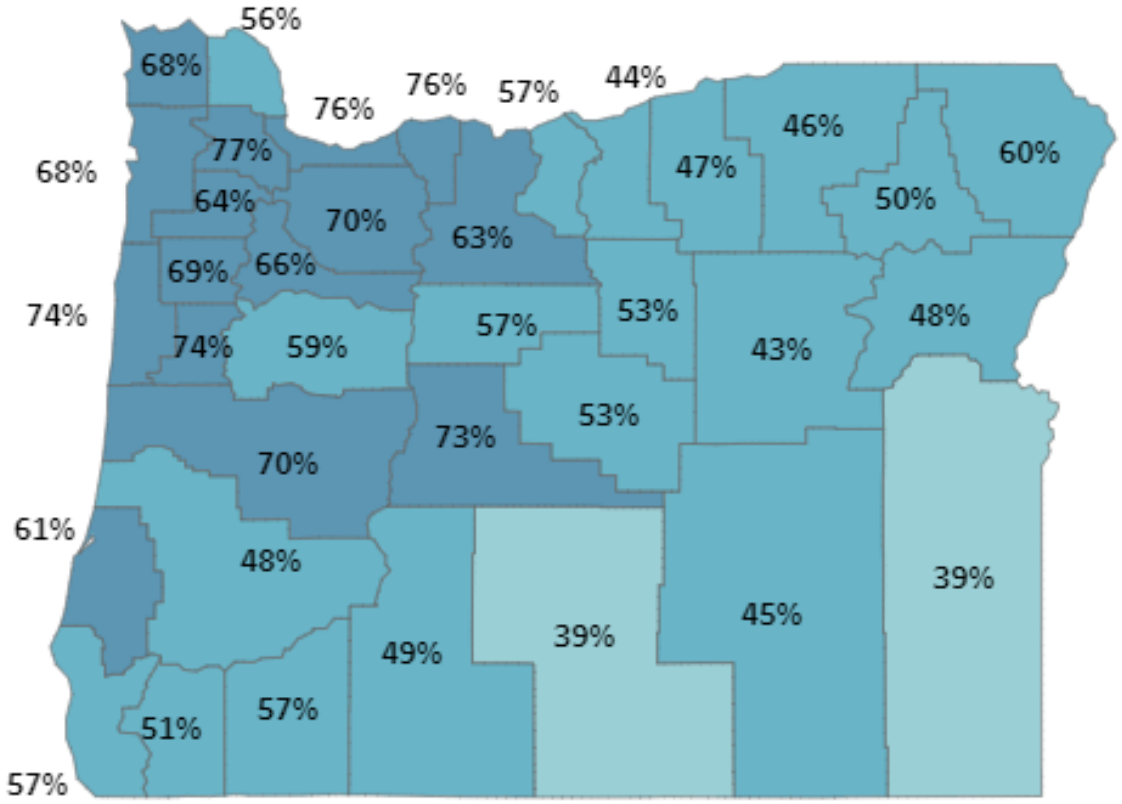
Vaccines protect you from hospitalization, severe infections, and death

No masks, increased COVID cases



Masks worn, fewer COVID cases

COVID-19 Vaccinations in Deschutes County

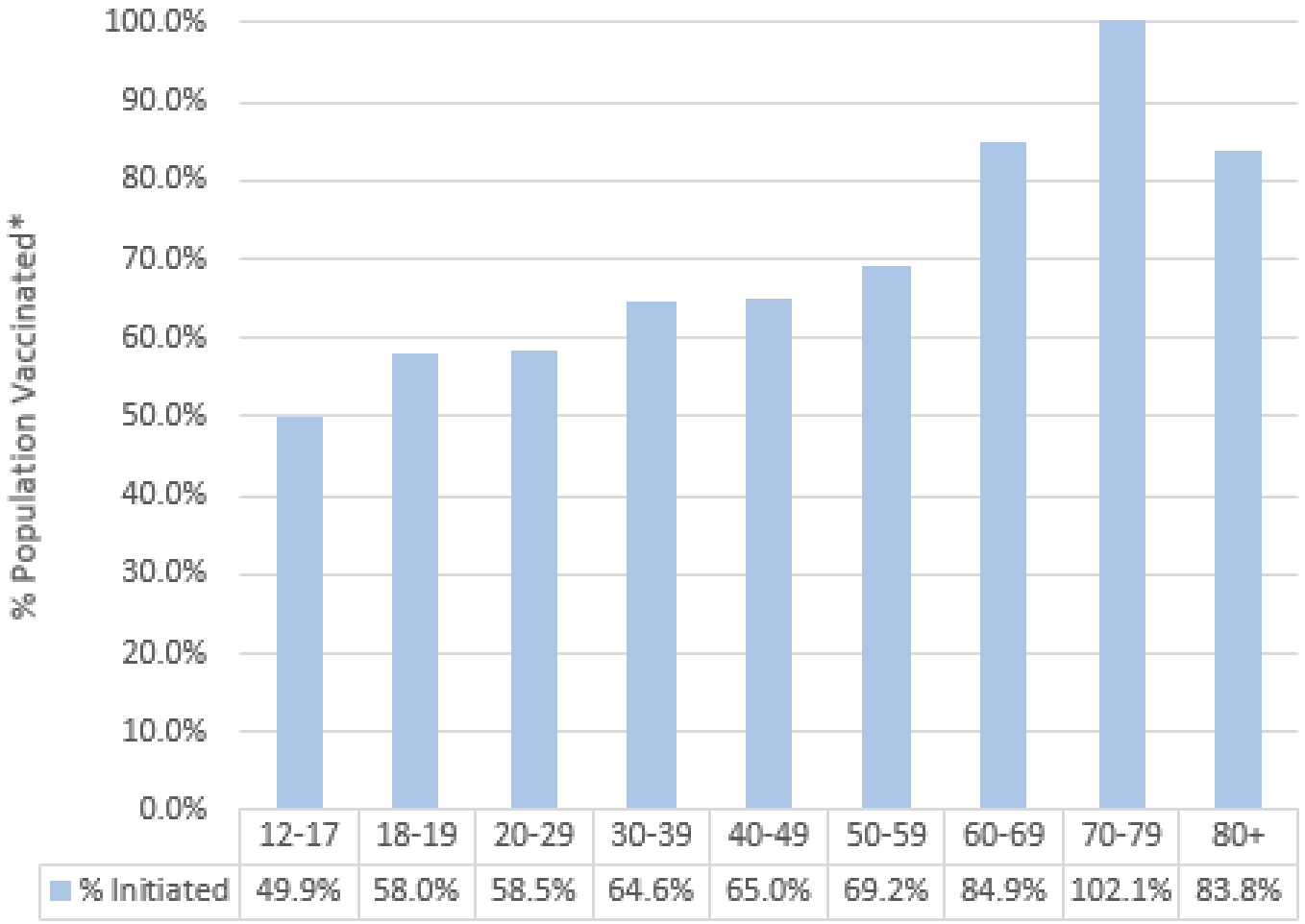


Population 18+ with series in progress	4.7%
Population 18+ fully vaccinated	68.3%
Population 18+ vaccinated*	**73%**
People vaccinated per 10,000 total population*	6,110

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

Data as of 8/16/2021

COVID-19 Vaccinations by Age Group



	12-17	18-19	20-29	30-39	40-49	50-59	60-69	70-79	80+
% Initiated	49.9%	58.0%	58.5%	64.6%	65.0%	69.2%	84.9%	102.1%	83.8%

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

Data as of 8/16/2021

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

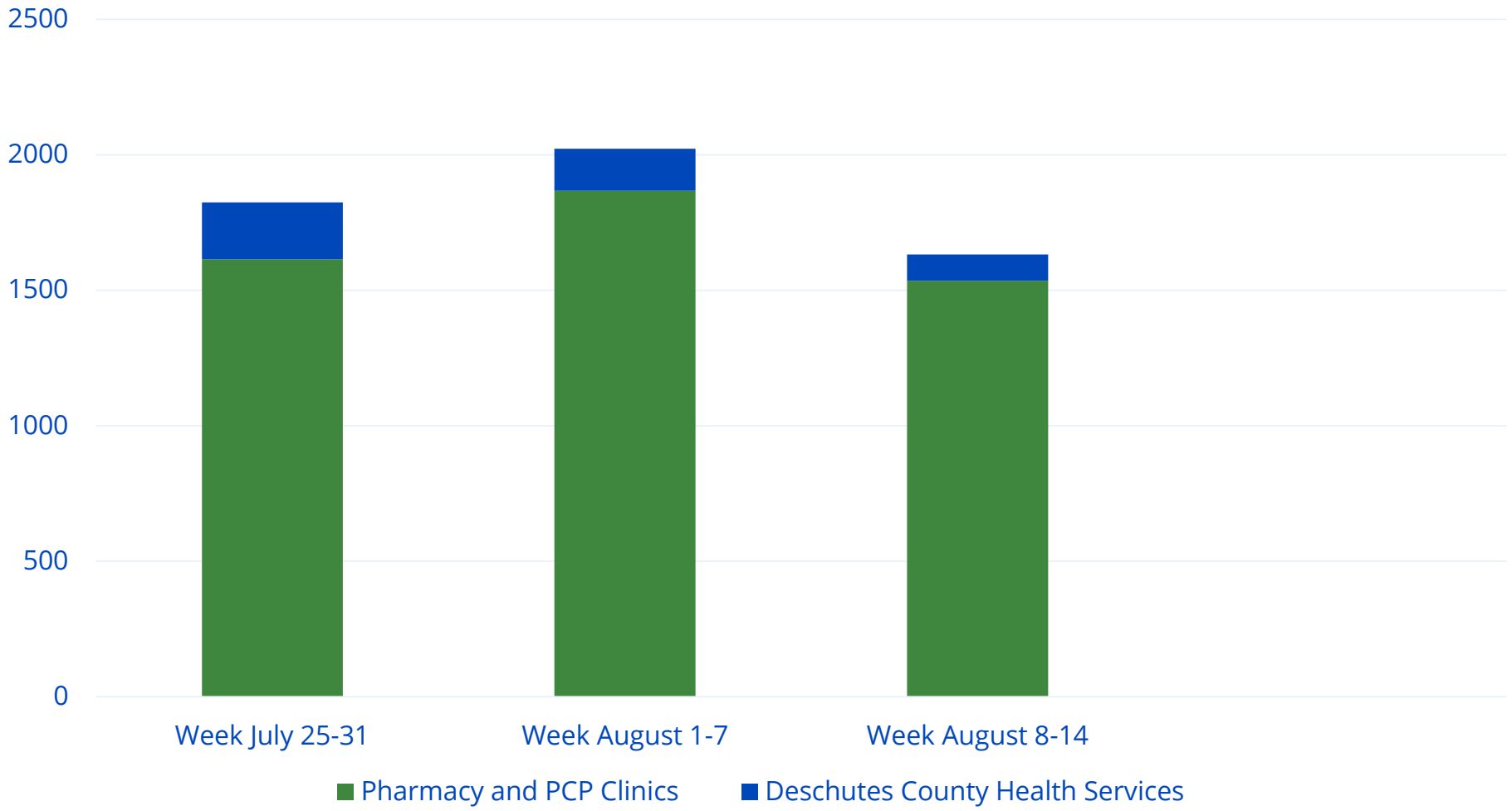
Time

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

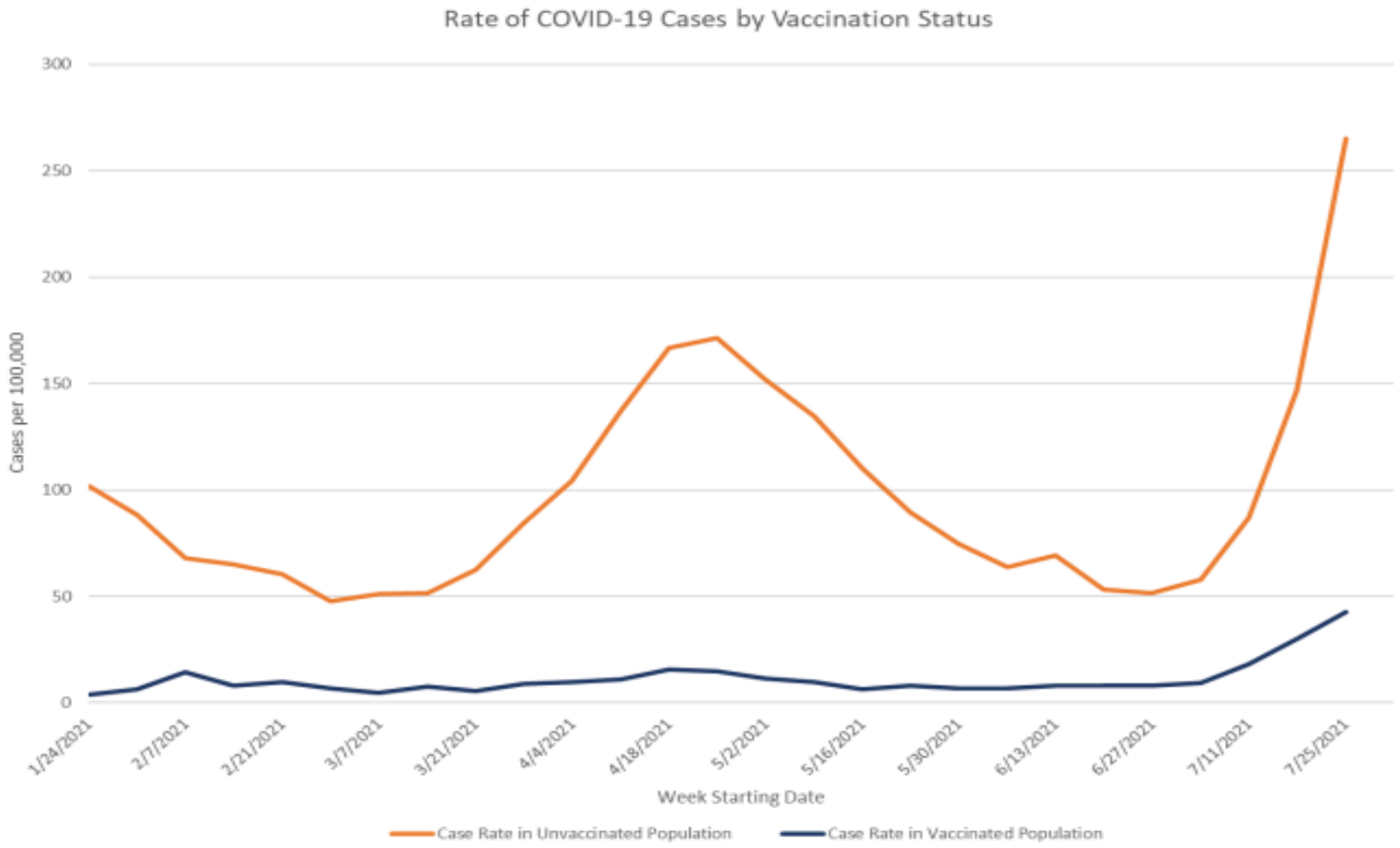
DCHS leads a twice monthly meeting with our community partners who are administering vaccine.

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

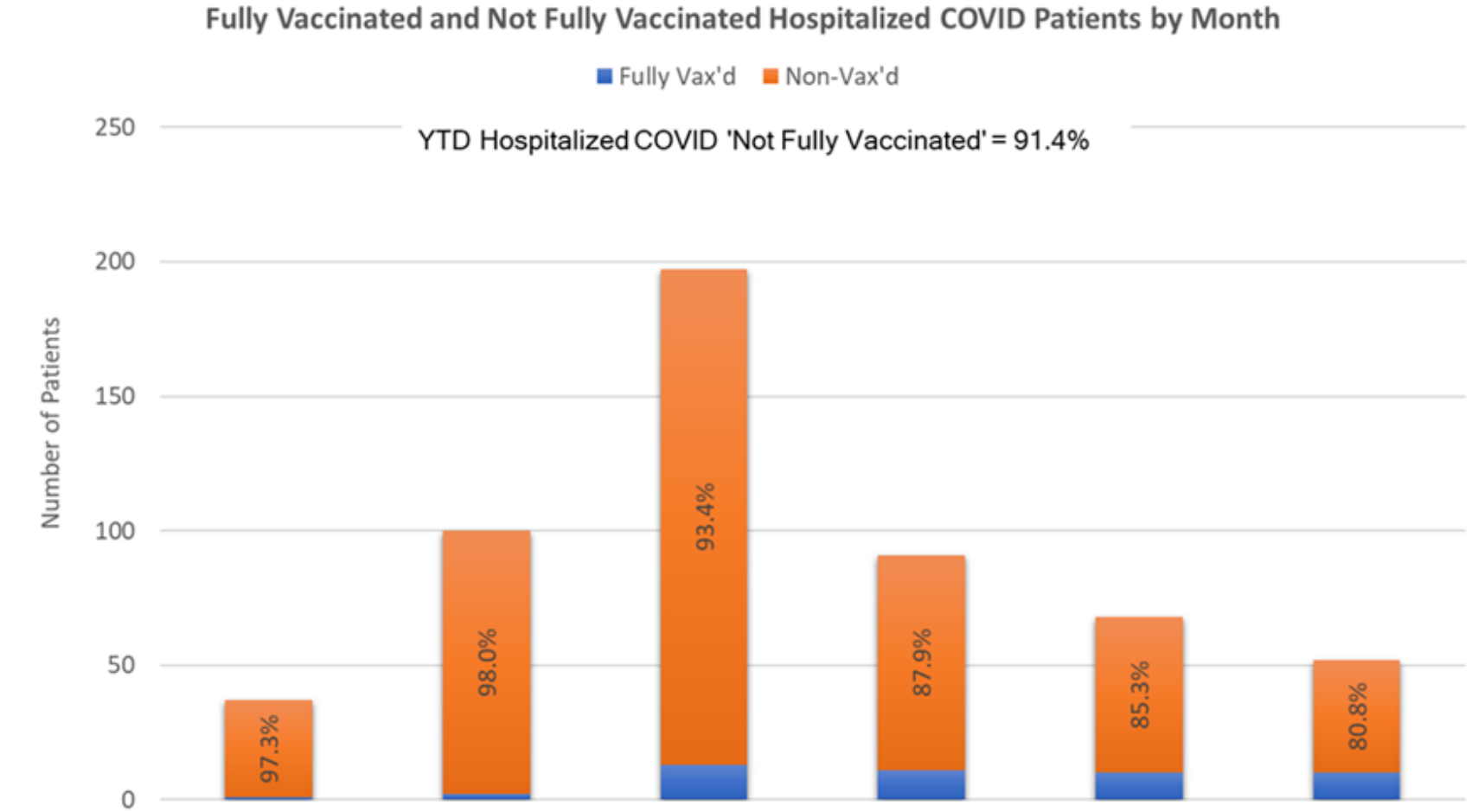
The vaccine prevents COVID-19 cases

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

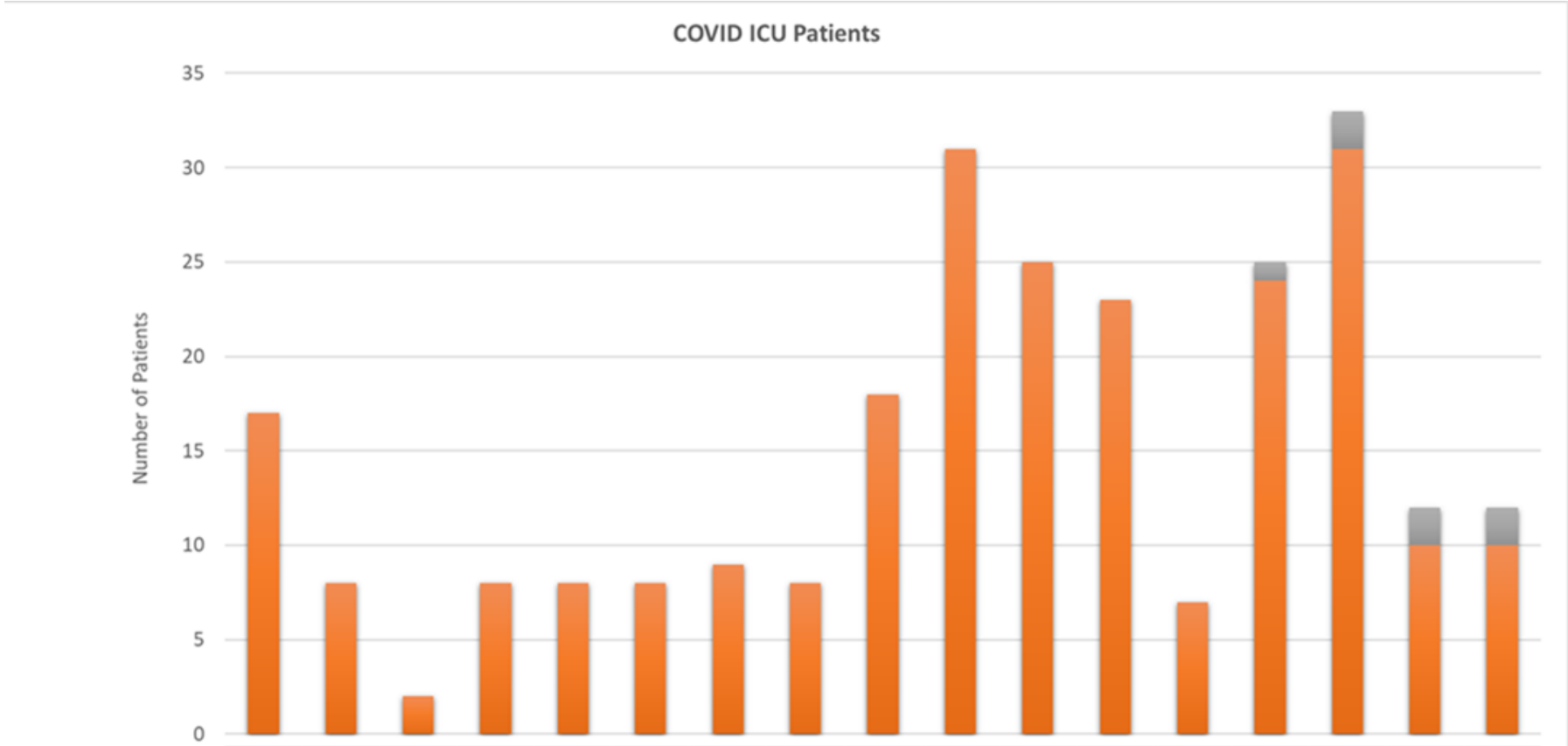
COVID-19 Hospitalizations by Vaccine Status
St. Charles Health System



	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Non-Vax'd	36	98	184	80	58	42
Fully Vax'd	1	2	13	11	10	10

Data as of 8/12/2021

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

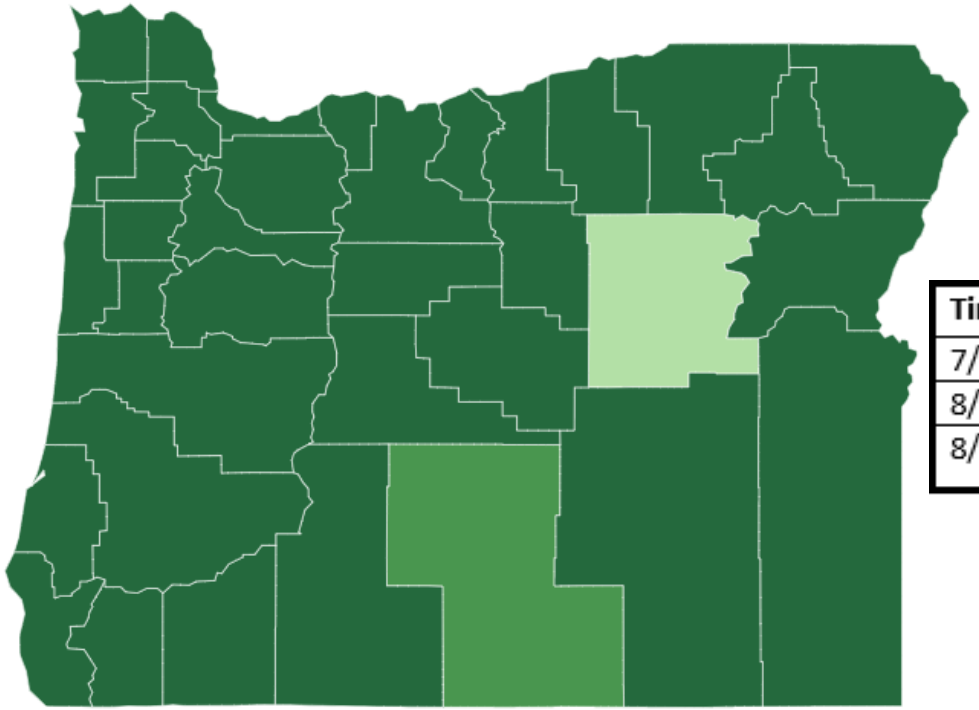


	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Fully Vaccinated	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	2	2
Not Vaccinated	17	8	2	8	8	8	9	8	18	31	25	23	7	24	31	10	10
All COVID ICU	17	8	2	8	8	8	9	8	18	31	25	23	7	25	33	12	12

Data as of 8/16/2021

Community Spread is High

Indicators	Low Transmission	Moderate Transmission	Substantial Transmission	High Transmission
Total new cases per 100,000 persons in the past 7 days	<10.0	10.0 to <50.0	50.0 to <100.0	≥100.0
Percentage of test positivity over 14 days	<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
7/25-7/31	High	236	119.8	8.0%
8/1-8/7	High	384	194.9	9.4%
8/8-8/14	High	793	402.5	12.7%

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

DESCHUTES COUNTY HEALTH SERVICES

COVID-19 VACCINES

FREE - JUST WALK-IN

Mondays: Sisters Fire House, 2 - 4 p.m.
Tuesdays: La Pine Chamber of Commerce, 1 - 3 p.m.
Tuesdays: Bend Wall Street Services Building, 5 to 7 p.m.
Wednesdays: Downtown Bend Library, 1 - 3 p.m.
Thursdays: Redmond Library, 9:30 - 11:30 a.m.

- **3 collaborative events with Latino Community Association (LCA) with evening and weekend hours**

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 will start administering 3rd doses this week

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.

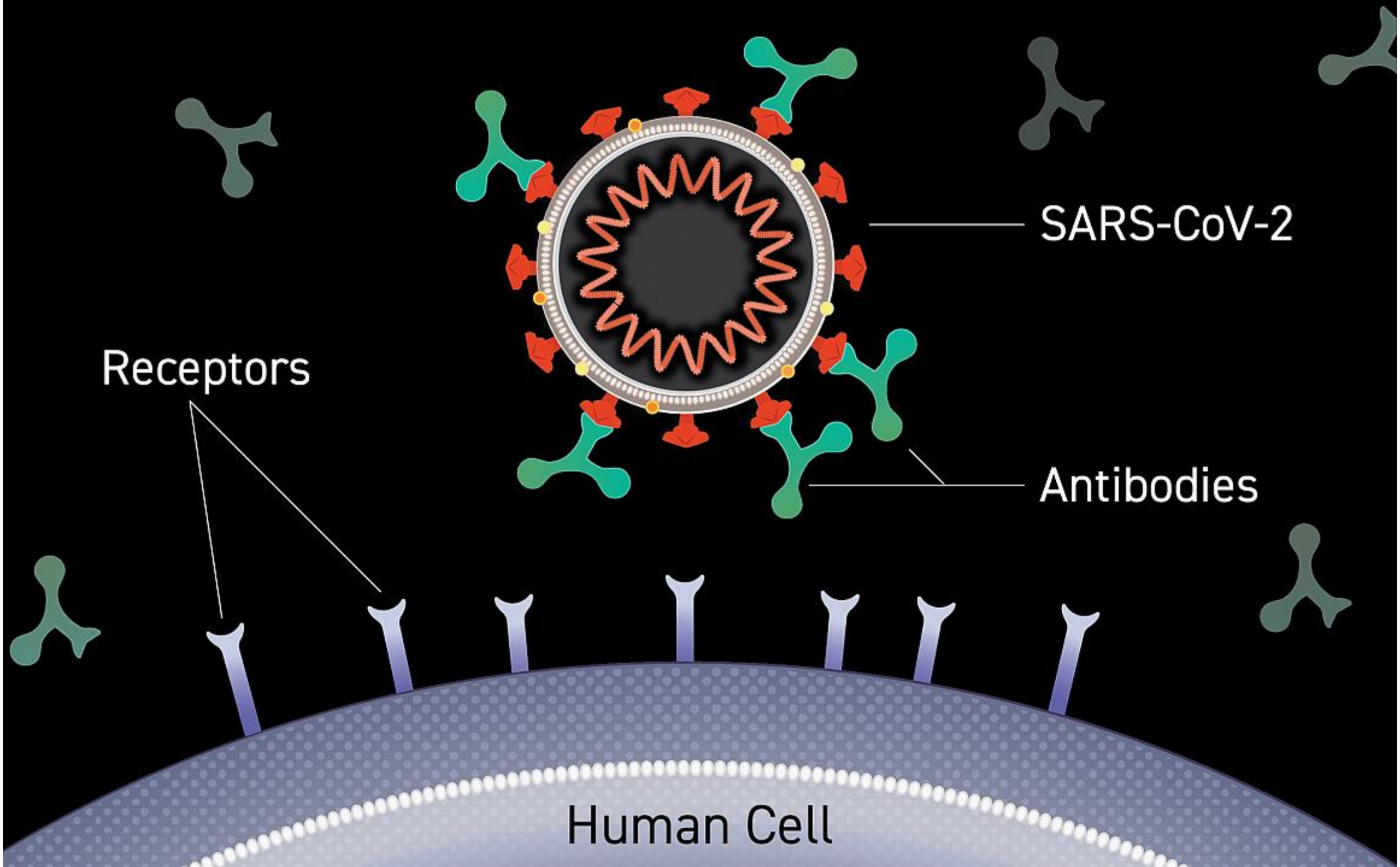
Overview of IDSA COVID-19 Treatment Guidelines

Version 4.4.0 – June 23, 2021

		Setting and severity of illness			
		Ambulatory care: *mild-to-moderate disease*	***Hospitalized:*** *mild-to-moderate disease without need for suppl. oxygen*	***Hospitalized:*** *severe but non-critical disease (SpO_2 ≤94% on room air)*	***Hospitalized:*** *critical disease (e.g., in ICU needing MV, or septic shock, ECMO)*
1	*Hydroxy-chloroquine (HCQ)**	NA	**Recommend against use** ⊕⊕⊕◯	**Recommend against use** ⊕⊕⊕◯	**Recommend against use** ⊕⊕⊕◯
2	*HCQ* + azithromycin*	NA	**Recommend against use** ⊕⊕◯◯	**Recommend against use** ⊕⊕◯◯	**Recommend against use** ⊕⊕◯◯
3	*Lopinavir + ritonavir*	NA	**Recommend against use** ⊕⊕⊕◯	**Recommend against use** ⊕⊕⊕◯	**Recommend against use** ⊕⊕⊕◯
4-6	*Corticosteroids*	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	*Tocilizumab*	NA	NA	**Suggest use** ⊕⊕◯◯ **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. **R:** In the largest trial on the treatment of tocilizumab, criterion for systemic inflammation was defined as CRP ≥75 mg/L	**Suggest use** ⊕⊕◯◯ **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. **R:** In the largest trial on the treatment of tocilizumab, criterion for systemic inflammation was defined as CRP ≥75 mg/L
8-9	*Convalescent plasma*	Recommended only in the context of a clinical trial (knowledge gap)	**Suggest against use** ⊕⊕◯◯	**Suggest against use** ⊕⊕◯◯	**Suggest against use** ⊕⊕◯◯
10-12	*Remdesivir*	NA	**Suggest against routine use** ⊕◯◯◯	**Suggest use** ⊕⊕⊕◯ ***5 days vs. 10 days, on supplemental oxygen but without mechanical ventilation or ECMO:*** **Suggest use** ⊕⊕◯◯	***Routine initiation of remdesivir:*** **Suggest against use** ⊕◯◯◯

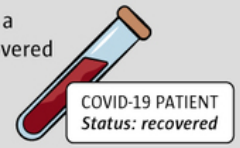
13	*Famotidine*	NA	**Suggests against use except in a clinical trial** ⨁◯◯◯	**Suggests against use except in a clinical trial** ⨁◯◯◯	**Suggests against use except in a clinical trial** ⨁◯◯◯
14	*Bamlanivimab + etesevimab* *<u>OR</u>* *casirivimab + imdevimab* *<u>OR</u>* *Sotrovimab*	**Suggest use** ⨁⨁⨁◯ **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


SARS-CoV-2
Receptors
Antibodies
Human Cell

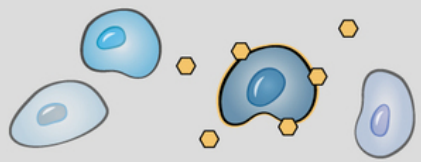
A bridge to vaccines: Monoclonal antibodies could save lives and slow the spread of the coronavirus

How to make **monoclonal antibodies**

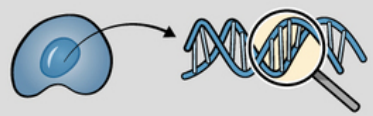
1. Take blood from a person who recovered from COVID-19



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.

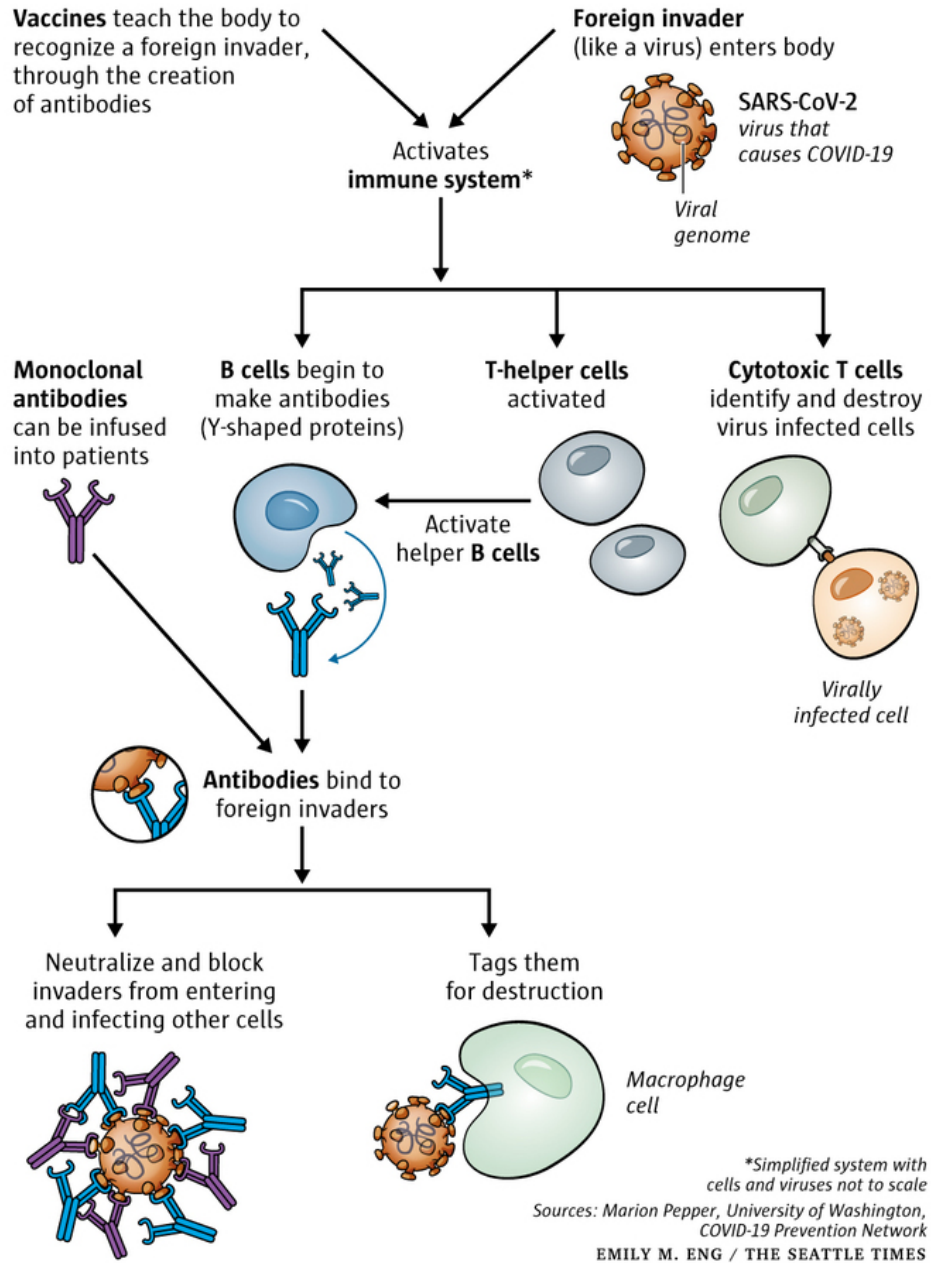
Potential benefits:

- 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



**Simplified system with cells and viruses not to scale*

Sources: Marion Pepper, University of Washington, COVID-19 Prevention Network

EMILY M. ENG / THE SEATTLE TIMES

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.