



Legislative Testimony

OREGON DEPARTMENT OF CORRECTIONS

March 15, 2021

The Honorable Maxine Dexter, Chair
House Human Services COVID-19 Subcommittee

RE: COVID-19 Update

Chair Dexter and members of the committee, I am Dr. Warren Roberts, Medical Director for the Oregon Department of Corrections (DOC). I am providing an update on the agency's COVID-19 response and vaccination planning.

Background:

I would like to take a moment to reiterate some of the information provided in DOC's previous report for background, before sharing updated information.

DOC has approximately 4,600 staff and contractors and now less than 13,000 adults in custody (AICs).

Individuals working in a correctional setting are included in the highest priority of the Oregon Health Authority's (OHA) phasing, which is Phase 1A. Although DOC was not responsible for making this decision, the agency had significant input into that decision and supported it. Almost every outbreak in DOC facilities has been caused by team members bringing the virus into the prison before they were symptomatic. With limited supplies available, the state of Oregon determined the most effective means of slowing transmission by vaccines was to administer vaccines to employees as quickly as possible.

On Monday, December 28, DOC received the first shipment of the Moderna vaccine, and we began vaccinating. The first employees to get the vaccine were transport and hospital watch officers and all employees in the COVID-19 units and infirmaries.

As of January 29, 2021, all DOC employees and contractors had an opportunity to receive the first dose of the COVID-19 vaccine. Since then, employees or contractors requesting the first dose are referred to their local community health providers. As mentioned previously, DOC turned over administration of employee vaccinations to Safeway. Since then, DOC no longer tracks or reports employee vaccination numbers. Many DOC employees have also taken advantage of the vaccine clinics in their communities. DOC does not require employees to report they have received the vaccine as this would be considered a violation of HIPPA guidelines.

While difficult to gauge exactly how many of our employees have been vaccinated, OHA may have the technical capacity to report what percent of any given population has been vaccinated

– including DOC employees. OHA has not been asked to conduct that review for DOC, however. And it would still be premature at this point while employees continue to be encouraged to get vaccinated.

To date, every AIC who wanted a vaccine has now had at least one dose. DOC has and will continue to use, an "opt out" process for COVID-19 vaccines for the AIC population. This means each AIC will be called out to an appointment with a nurse or other healthcare provider, at which point the AIC receives a dose of the vaccine or affirmatively declines. Individuals who initially opted out of the vaccination receive a follow up from Health Services in case they change their minds.

DOC has communicated information about the COVID-19 vaccine through educational materials. AICs are encouraged to talk to a healthcare provider to address any questions or concerns they have on the topic. The department hopes to encourage AICs to protect themselves and others around them from spreading the virus by getting vaccinated. DOC will continue this campaign with town hall meetings to gain AIC input, peer advocacy, and other means through work in partnership with OHA. We will not stop until we have eradicated COVID-19 from DOC institutions.

Facts and figures about the vaccine rollout across DOC institutions:

- Total AICs offered COVID-19 vaccine 13,200 (entire population)
- Total first doses administered to AICs 9,156
- Current AIC acceptance rate 69 percent
- Total second doses administered to AICs 1,256*

**Many AICs who received their first dose will receive their second in the coming weeks.*

Johnson & Johnson (J&J) vaccine:

The J&J COVID-19 vaccine is a recombinant replication-incompetent adenovirus expressing SARS-CoV-2 spike protein delivered as a single dose. The vaccine has been found to be 77 percent effective in preventing severe/critical COVID-19 occurring at least 14 days after vaccination and 85 percent effective in preventing severe/critical COVID-19 28 days after vaccination. This data is derived from an ongoing randomized, placebo-controlled trial being conducted in South Africa, certain countries in South America, Mexico, and the United States.

This week, DOC will be receiving more Moderna vaccine to administer second doses to AICs who were dosed during the week of February 8. Because DOC has not received the J&J vaccine yet, we will need to administer more first doses (primer) to those AICs who have changed their minds or who have recently entered DOC. This means that Moderna clinics will be pushed out to mid-April as DOC conducts second dose clinics, and possibly further depending on AIC need.

In discussions with OHA, they are aware of this logistical situation and have agreed it is best that DOC receive the J&J vaccine at the next earliest opportunity, which likely is the week of

March 29. DOC has partnered with them to receive a standardized amount of J&J vaccine to be received monthly so we can administer the vaccine to all AICs that wish to be inoculated at intake, as well as routinely at all locations.

The J&J vaccine treatment regimen is a single dose, one and done. The use of the J&J vaccine will significantly streamline the process and will be less burdensome for both OHA and DOC to manage, while offering protection from COVID-19 to all AICs.

DOC will be shifting away from mRNA vaccines, as they are difficult to manage in our system – with storage, individuals moving in between locations, and the like. DOC wants to make sure every AIC who wants a vaccine is offered one, and their treatment is complete. The J&J vaccine better ensures that.

Racial Disparity:

During the last update, I declared my interest in addressing issues related to vaccine hesitancy and confidence and have instructed DOC employees to report to me the racial breakdown of who is, and who is not, receiving the vaccine. I am addressing vaccination disparities with education in order to address confusion and misinformation regarding the benefits of getting vaccinated.

DOC is working to bolster efforts in communicating about vaccines to black, indigenous, and people of color (BIPOC) AICs in several ways, potentially with:

- Townhalls and housing unit tours with me, local institution team members, and/or OHA or local county health professionals;
- Filming these townhalls and playing on AIC televisions; and
- Meeting with clubs like the Asian Pacific Family Club, Uhuru Sasa, etc. to identify AIC ambassadors who can share and promote vaccine information for their members and possibly in a video.

It is through education and engagement that we can improve vaccine confidence and save lives. Looking at population vaccination rates by institution, only two DOC facilities (Coffee Creek Correctional Facility and South Fork Forest Camp [SFFC]) do not have a disparity. While SFFC is small, they have vaccinated 9 of 10 of their Black AICs.

Some locations (Deer Ridge Correctional Institution, Oregon State Penitentiary, and Santiam Correctional Institution) have done better than average, but still have a difference between their black population and the institution average.

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Thank you for providing the opportunity to share a DOC COVID-19 update. I am happy to answer any questions you may have.

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