
Oregon COVID-19 Response

Senate Committee on Health Care
January 25, 2021

Patrick Allen, OHA Director



COVID-19 Cases and Deaths

Oregon COVID-19 Cases and Deaths as of 1/24 at 2:01pm

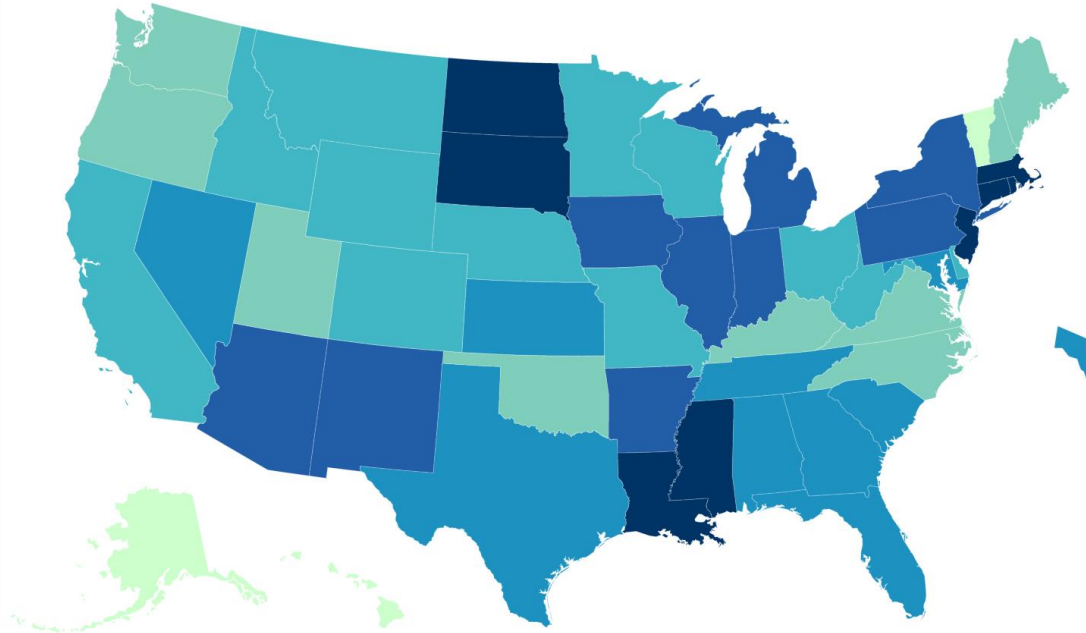
Source: CDC, <https://covid.cdc.gov/covid-data-tracker>

Cases

Total	137,600
per 100k	3,262
Rank	4 th lowest (median: 8,037)

Deaths

Total	1,877
per 100k	44
Rank	5 th lowest (median: 117)



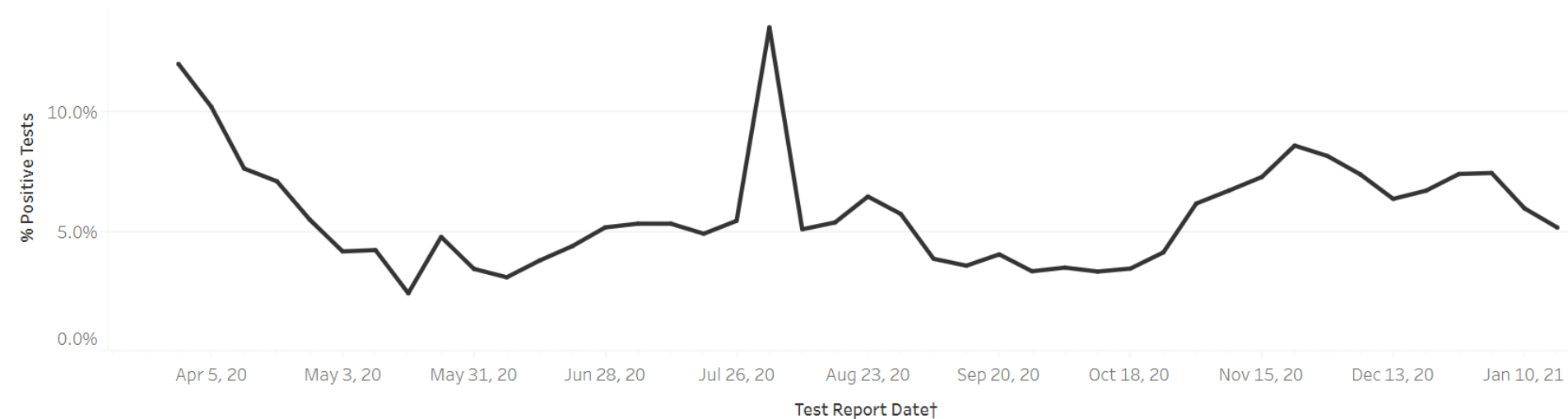
COVID-19 Testing

Oregon COVID-19 Tests as of 1/22 at 12:01am

Source: OHA, <https://public.tableau.com/profile/oregon.health.authority.covid.19#!/vizhome/OregonCOVID-19Update/CaseandTesting>

	Positive Tests	Negative Tests	Positivity Rate	Total Tests
Week of 1/17	4,471	82,698	5.1%	87,169
Total	181,384	2,862,408	6.0%	3,043,792

Test positivity over time - All



Contact Tracing

A contact tracer reaches out to close contacts and traces COVID-19

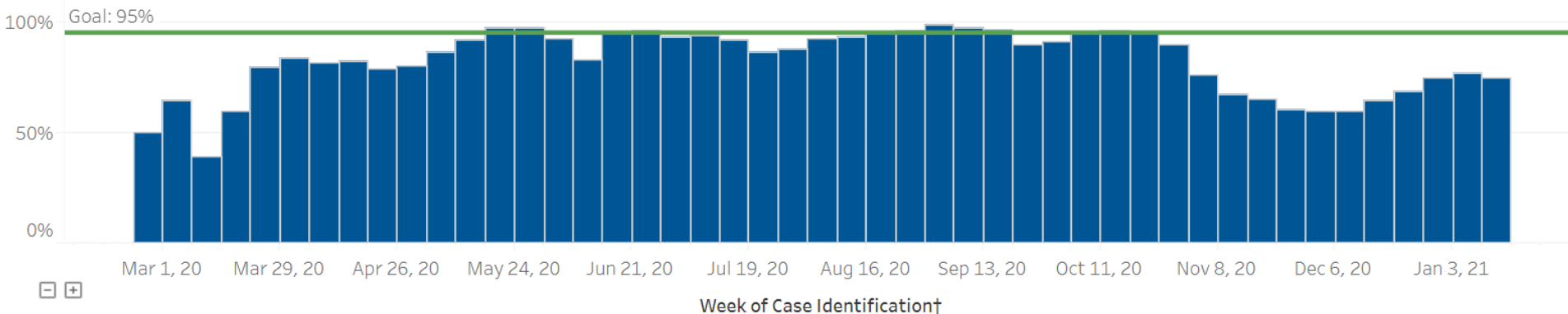
- Informs them about the potential exposure, explains how to monitor their health, and works to provide guidance and support, including connecting them to social services
- <https://public.tableau.com/profile/oregon.health.authority.covid.19#!/vizhome/shared/SSZMGR77Z>

Percentage of COVID-19 cases with follow up initiated within 24 hours

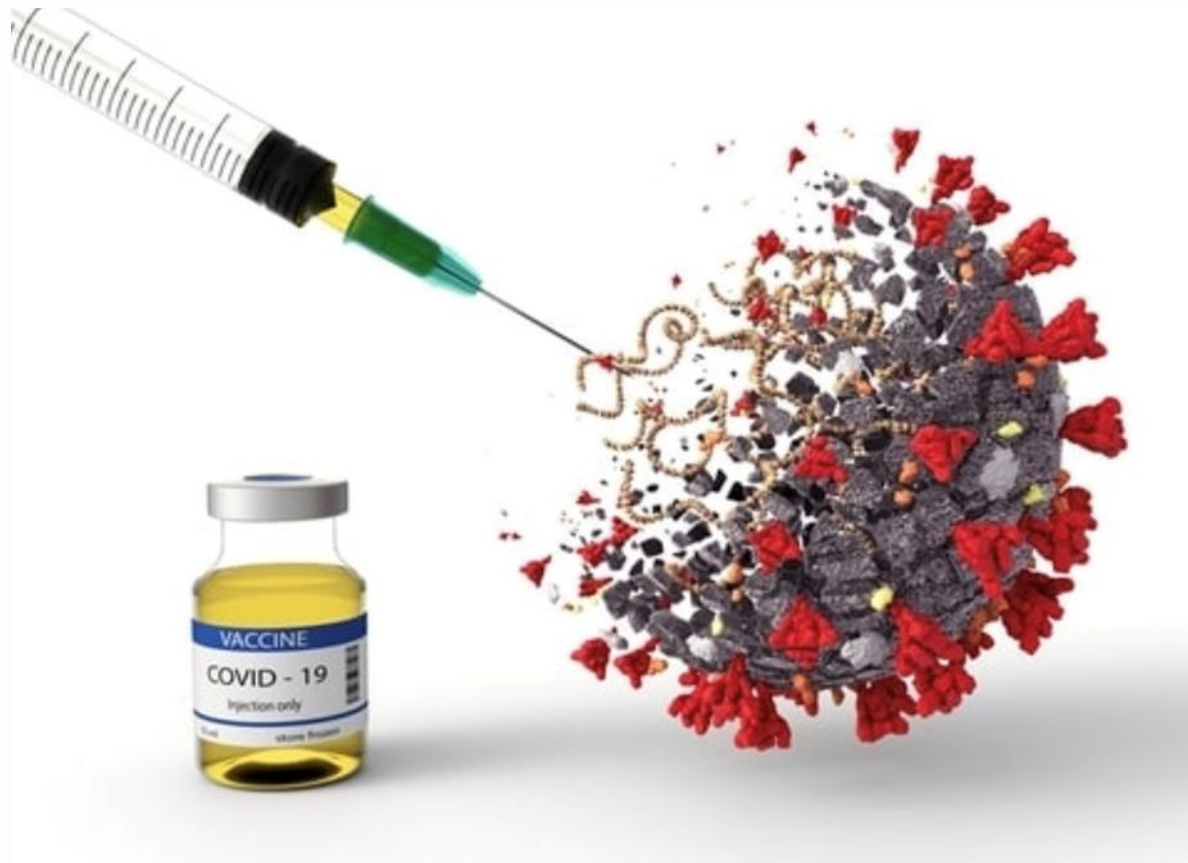
Public health wants to quickly initiate active monitoring and contact tracing of COVID-19 cases. These charts show the percentage of new COVID-19 cases that public health initiated follow up with within 24 hours of identifying the new case.

Higher is better on this indicator

County
(All) ▼



COVID-19 Vaccination Update

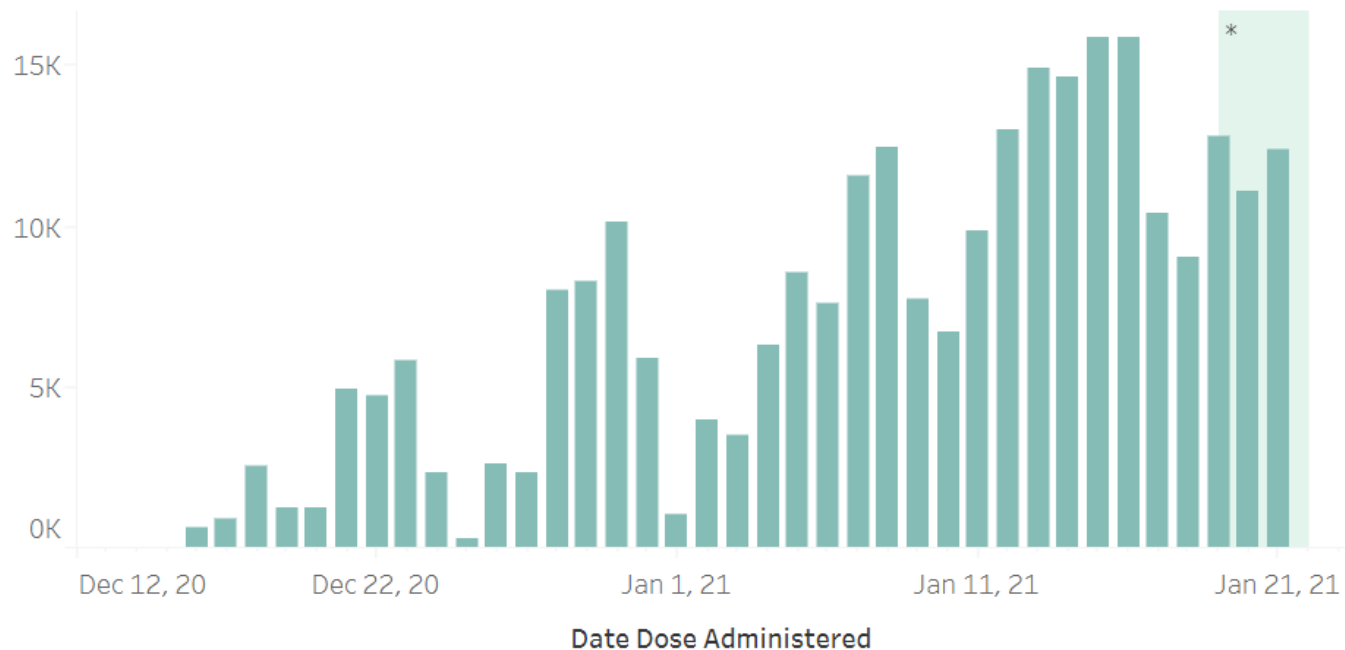


Doses Administered by Day

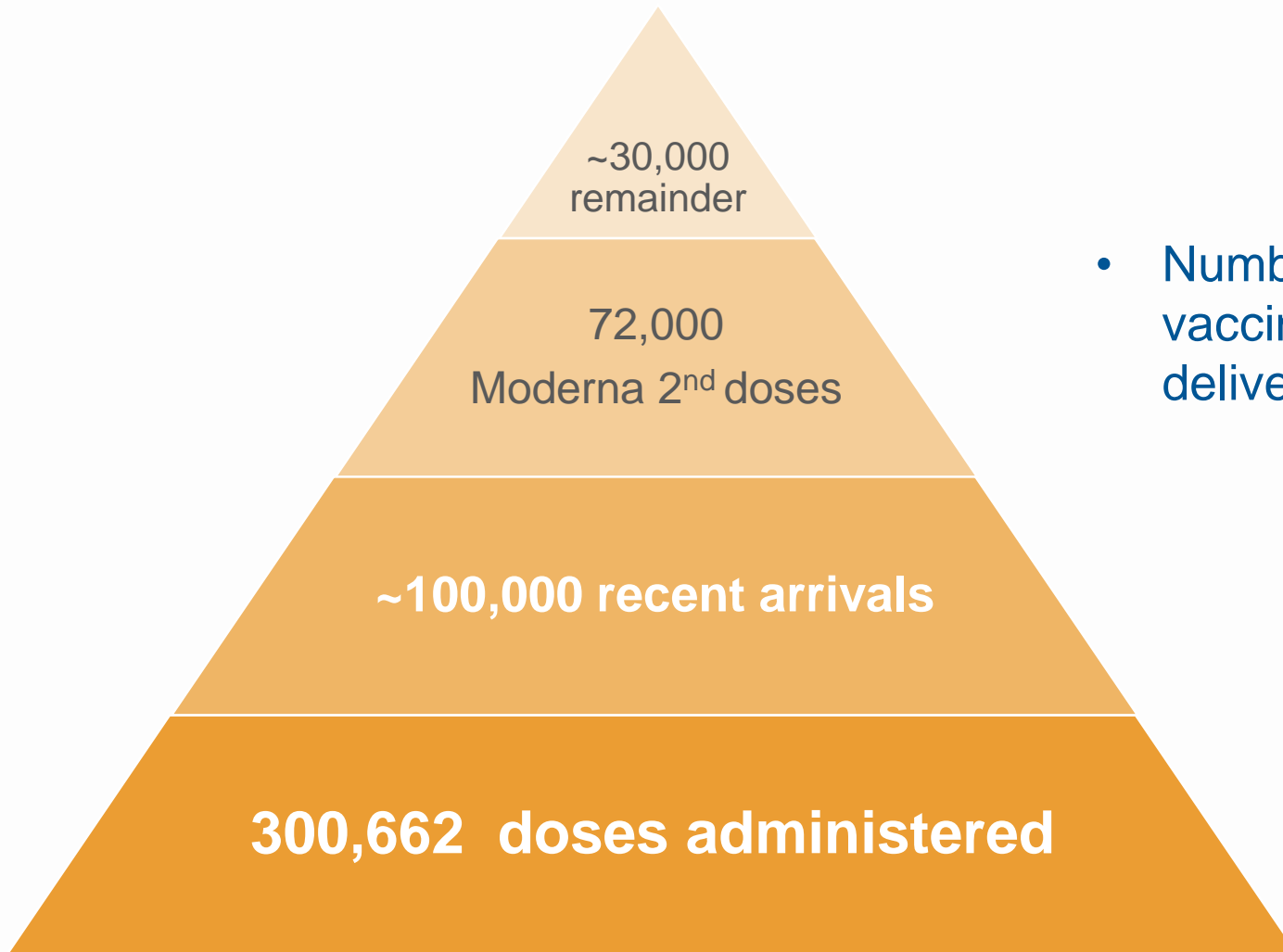
- Number of COVID-19 vaccine doses delivered: **492,450**
- Daily average number of COVID-19 vaccine doses administered (1/12 – 1/22): **12,366**

Doses Administered by Day

*Doses administered during this time may not yet be reported.



COVID-19 Vaccine Snapshot



- Number of COVID-19 vaccine doses delivered: **492,450**

Vaccine Allocations to Oregon

- **Last week:** OHA reported 112,000 additional vaccines administered (~12k per day) and reduced inventory on hand of first doses
- **This week and next:** adding education and early learning personnel expands eligibility to ~150,000 more people
- **Managing statewide county/hospital/LPHA expectations with amount of vaccine available will be very difficult**
 - Prioritizing K-12 education employees and early learning over next 2-3 weeks with all 1st doses and some current inventory will cover ~60% of total eligible
 - Continuing to pursue access to vaccine for hard-to-reach 1a populations
 - Designated planning for vaccine eligibility for age 80 and older
- **Getting all of the IT tools in place** (scheduling website, 211 call center, maps of vaccine locations by county) could alleviate some pressure
- **A growing 2nd dose inventory** will create challenging messages about quickly getting to more categories of Oregonians

Vaccine Allocations to Oregon

- First week for K-12 education employees and Early Learning Eligibility (beginning today)
 - Estimate of ~150k people
- Total available first doses to distribute
 - 51k this week
 - 32k next week
- Goal: begin K-12 education and Early Learning
 - Approx. 30k doses
- Sending doses to places that are still working on Phase 1a
- Continue the tribal allocations per commitments
- Three-week allocation strategy: getting ahead of week over week decisions

Federal Allocation Changes

- **Ordering**

- Beginning tomorrow, allocations provided to jurisdictions will be based on the six-dose yield.
- Allocations listed in Tiberius will continue to reflect the 195 vials per tray
 - Dosage will now total 1,170. (195 vials x 6 doses = 1,170)

- **Supplies**

- Ancillary supplies will contain supplies necessary to deliver the additional dose. These supplies have been added to the boxes.
 - Low dead-volume syringes and/or needles vs standard syringes and needles
- Every effort is being made to reconfigure the ancillary kits with syringes that enable the six-dose draw without impacting the availability or slowing the delivery of supplies to jurisdictions.

2nd Doses

- **Distribution**

- Sending 2nd doses on a schedule to match first dose allocations (3 weeks for Pfizer and 4 weeks for Moderna)
- 2nd doses will be sent to where 1st doses were sent

- **Transfers**

- Asking providers to transfer 2nd doses to places where 1st doses were transferred
- Documenting all transfers in ALERT so that OHA can match administration to supply

- **Reserves**

- OHA does NOT have a safety reserve of 2nd doses
- If providers use 2nd dose stock on new 1st doses, OHA unlikely to be able to meet the need to provide that 2nd dose

Ensuring Vaccine Access for all Phase 1a

- Working with LPHAs to assess ongoing 1a vaccine needs
 - Example: Moderna vaccine allocation to LPHAs for special populations
- Federal Pharmacy Partnership
- State mobile vaccination partnerships
- Check-list requirement
- Coordination with ODHS and CRRU Congregate Care Work Group

Working with LPHAs to Assess Ongoing 1a Needs

- OHA collected detailed information from LPHAs last week to understand ongoing Phase 1a vaccine needs to inform ongoing allocations
 - Emphasis has been placed on special populations that may not have access to routine communications channels and/or accessible vaccination locations, such as:
 - Eligible individuals with I/DD and their caregivers, such as those receiving in-home care services or residing in a group home
 - Health care interpreters
 - Traditional health workers
 - Home health providers
 - Long-term care facilities that are not covered by the federal pharmacy partnership (FPP)
 - Long-term care facilities that are covered by FPP but not yet scheduled yet, especially if have had recent outbreaks
 - Other congregate care facilities outlined in Phase 1a
- For the week of Jan 18th , OHA has allocated 18,900 Moderna doses to 18 LPHAs and partners for the vaccination of priority Phase 1a eligible individuals, with a focus on individuals with I/DD
 - These LPHAs have confirmed ready plans to vaccinate the targeted populations within a week

Federal Pharmacy Partnership

- OHA's federal pharmacy partnership (FPP) team, in partnership with ODHS partners (e.g., ODDS, APD teams) and the CRRU Congregate Care Work Group, are continuing critical work to:
 - Verify who is eligible and enrolled in the FPP
 - Collect information from the FPP pharmacies on progress of vaccination efforts
 - Exert pressure to ensure efficiency of vaccination for these priority populations
- Gaps identified within the FPP help to inform:
 - LPHAs work to address the gaps
 - Ongoing LPHA allocations
 - State Mobile Vaccination plans and priorities

State Mobile Vaccine Clinics and Partnerships

- Initially focused on serving congregate care settings not served by the federal pharmacy partnership program; could be expanded through later vaccine distribution phases
 - Coordination with local partners who may have their own mobile vaccine delivery options (e.g., OHSU, FQHCs) or may who may request utilization of OHA's contracted partners (e.g., AMR MetroWest)
- Working to develop additional partners (e.g., pharmacy, EMS) with ability to service all counties and perform the following:
 - Full operations from scheduling, registration, vaccination, vaccine storage and transport, and data reporting
 - Ability to operate in various settings (e.g., mobile van, in-home, in-facility) serving potentially high-risk populations
 - Work with targeted population/facility as defined by state or in coordination with LPHA
 - Efficiently deliver vaccine once allocation provided
- Mobile vaccine clinics for I/DD population last week in partnership with Safeway:
 - Keizer SACU Office: all SACU residents and HCP from Portland to Eugene (~350 individuals)
 - Portland's Elliot House for medically fragile individuals (~60 individuals)
 - Multnomah Co using AMR contract to deliver over 2,000 doses to priority populations this week

Ensuring Access to Phase 1a Individuals

- Requiring County Board Chair and LPHA Administrator describe how the LPHA jurisdiction:
 - Has made sufficient efforts to ensure that the individuals in Phase 1a have been given the opportunity to be vaccinated.
 - Is ready to move onto vaccinating individuals in Phase 1b before designated dates, starting with staff in K-12 education and early learning settings, and as vaccine becomes available, individuals age 65 and older.
 - Will continue to make efforts to reach out to individuals in Phase 1a who have not yet been vaccinated, provide initial vaccinations for these individuals not yet vaccinated, and will ensure that individuals in Phase 1a get their booster
 - Has ensured that vaccines sites are culturally responsive, linguistically appropriate and accessible to people with physical, intellectual and developmental disabilities.
- Some jurisdictions will still be completing Phase 1a while starting to vaccinate educators as of today; documentation is still required once jurisdiction has completed Phase 1a.

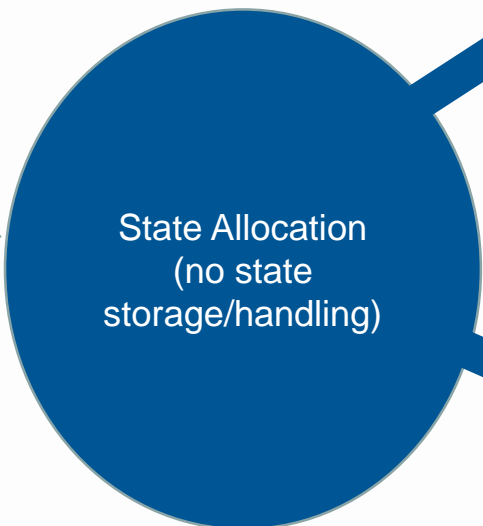
Child Care, Early Learning and Education Roll-Out

Work Underway and General Expectations:

- Oregon Department of Education (ODE) and the Early Learning Division (ELD):
 - Completed estimations of total eligible population in these groups
 - Collaborate with school districts in sequencing decision making; facilitate conversations around equity and prioritization
- OHA:
 - New team structure to ensure access points for vaccination (i.e., LPHAs, Hospital Hubs, other) are ready and supported
 - Survey LPHAs to identify vaccination plans for childcare, early learning and education employees
 - Work with communities to support planning for any remaining gaps
 - Ensure plans include all eligible individuals
 - Use all available information to inform upcoming allocation decisions starting this week
 - Oregon's upcoming allotments will be inadequate to cover all eligible populations immediately
 - Complicated by lack of clarity regarding vaccine acceptance rate in this population
 - Ensuring information readily available so that eligible individuals know where, how and when to access vaccine
 - Vaccine coordinators are ready to help communities make specific connections when needed

Education
Population
Vaccine
Distribution

Vaccines
Supply



Allocation
Sites

Hospital
Hub

Federal Pharm
Part A

Federal Pharm
Part B

State Mobile
Vaccine
Partners (e.g.,
pharm, EMS)

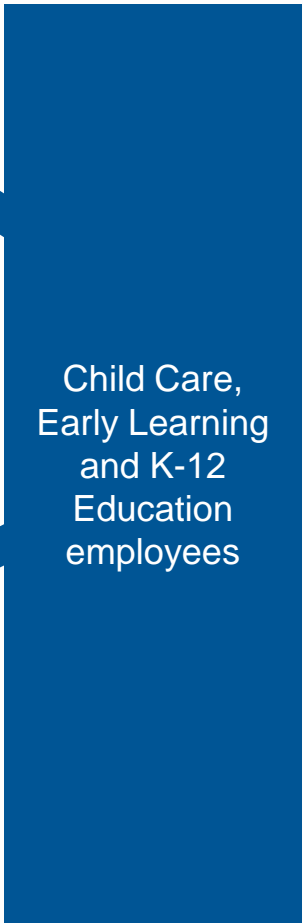
LPHA

PCP / FQHC

Retail
Pharmacy

Vaccine
Coordinators

Education
Populations



Tri-County Plan

- Operational planning underway for tri-county educator employees
- Extensive partner collaboration to efficiently and effectively administer vaccine
- Approximately 55,000 staff to vaccinate
 - Divide into 5 groups and assign each of these groups to separate sites (either convention center or drive through)
 - Plan to activate once the coordination group has 20% of the total vaccine needed for this group

COVID-19 Vaccine: Communications and Community Engagement

Definition of Health Equity

“Oregon will have established a **health system** that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

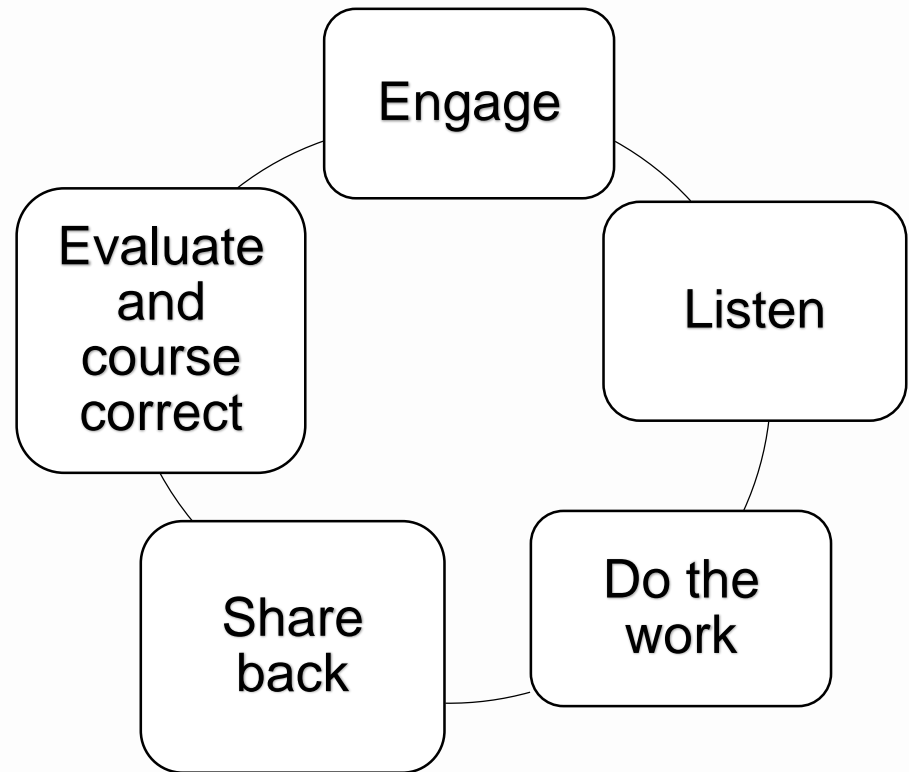
“Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

The equitable **distribution or redistribution** of resources and power; and

Recognizing, reconciling and rectifying historical and contemporary injustices.”

Principles

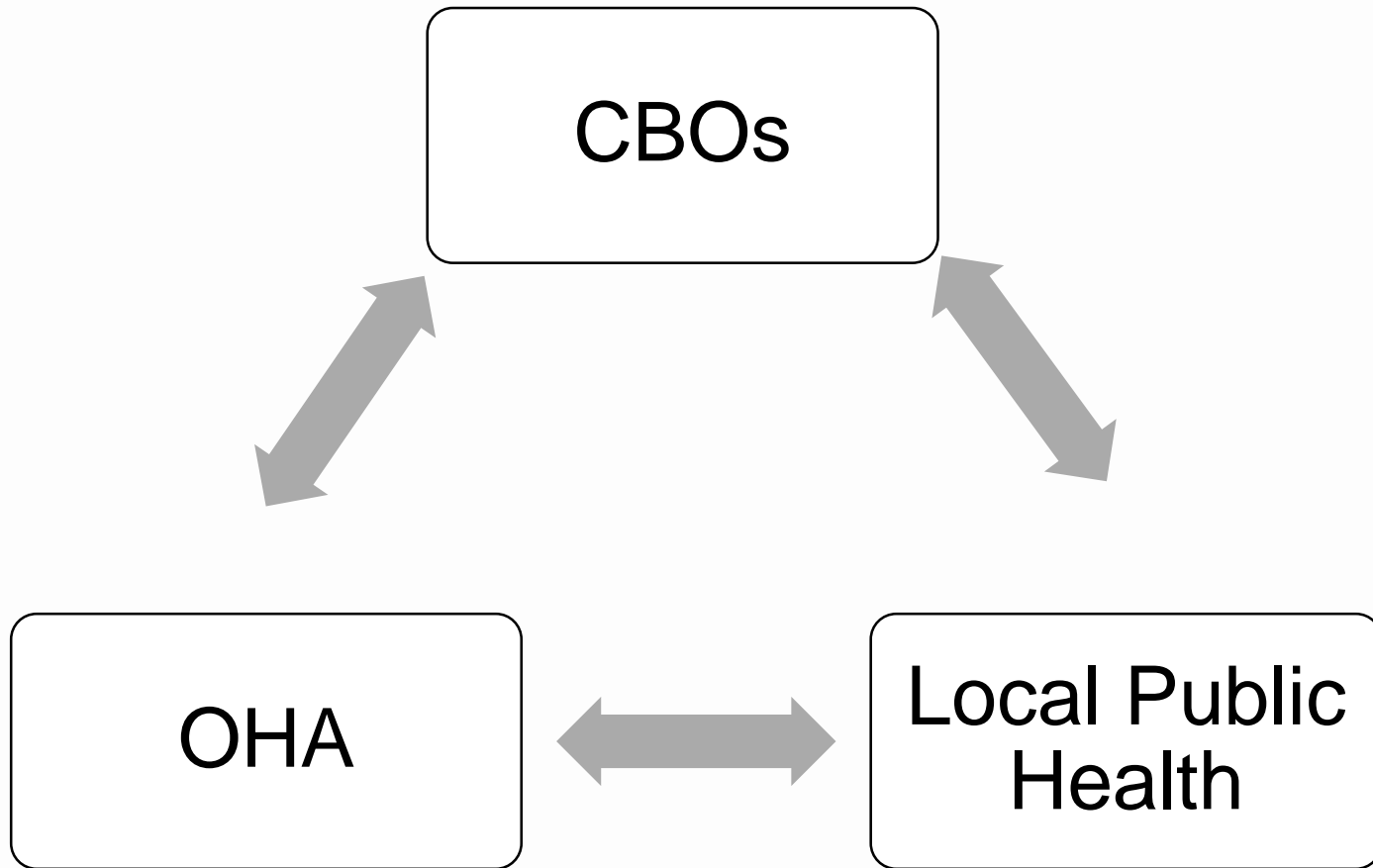
- Work moves at the speed of trust
- Elevate community wisdom
- Never “one and done”



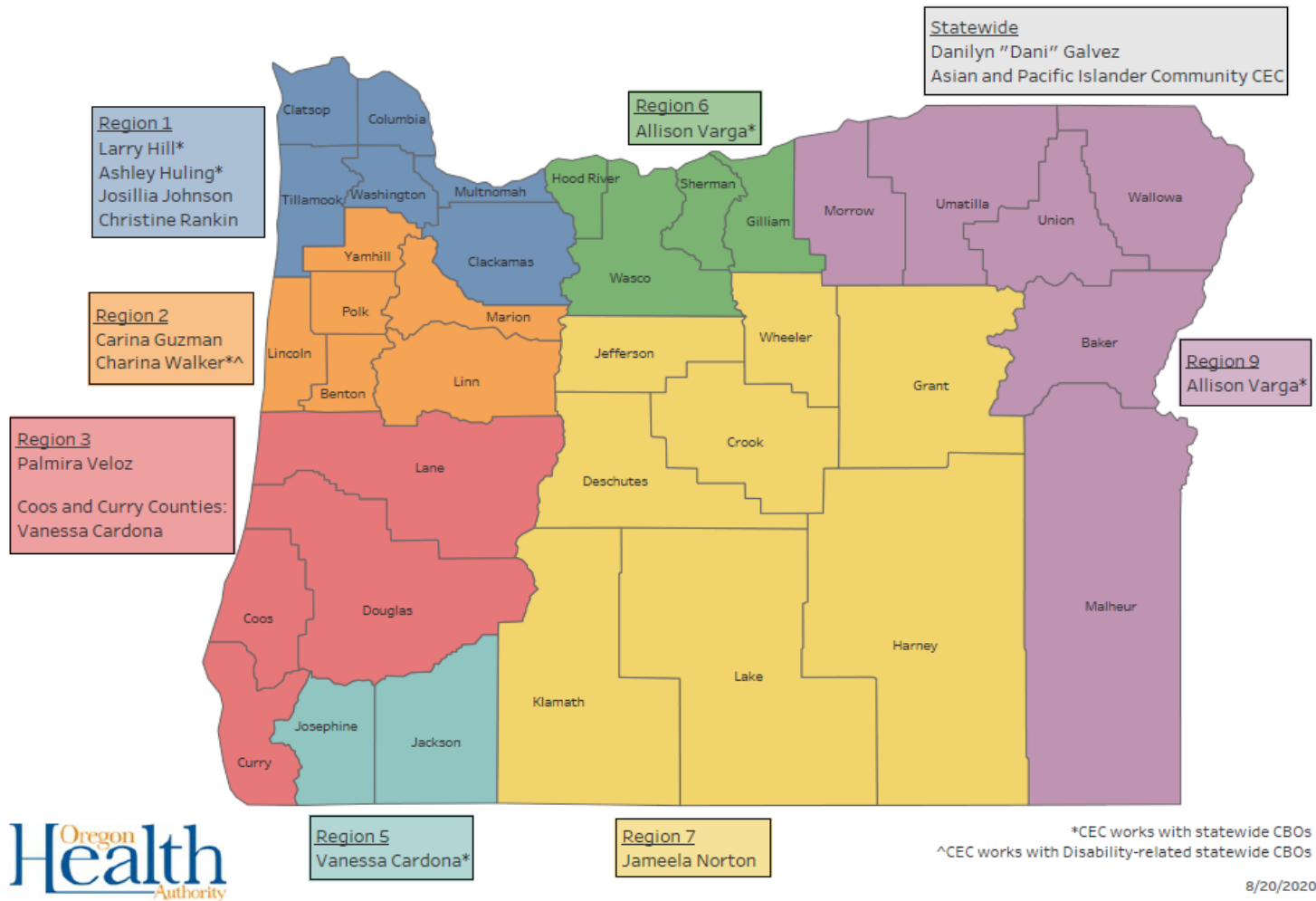
Vaccine Coordinators and Equity Leads

- Cross Systems Equity
 - Ensure each work stream's equity leads embed equity principles into plans and implementation strategies that reach those often left behind
 - Develop culturally specific strategies and plans that link to existing efforts for outreach, engagement, communications, etc.
 - Align with MAC 2.0 sub-committees, CPOP, OEI, Community engagement team and vaccine coordinators to implement comprehensive plans
- Working with:
 - Vaccine Coordinators:
 - Work with stakeholders, partners, subject matter experts and allocation site developers to ensure vaccine access (first and second dose) for particular groups
 - Match vaccination needs for various populations to efficient administration channels
 - Equity Leads:
 - Identify current system inequities, create inclusivity plans, provide technical assistance
 - Ensure eligible phased groups are connected to vaccine in appropriate ways
 - Develop plans, if necessary, to connect specific groups and folks who are disproportionately impacted by COVID to vaccine

Network building to serve community



Oregon Community Engagement Coordinators by Region



Existing Partnership

- Public Health Division staff support and build relationships between CBOs and LPHAs
- 156 statewide community-based organization grants for community engagement
 - Will add additional new federal funds
- External community engagement technical assistance
- Semiweekly COVID-19 community partner calls
- Community-specific engagement
- Vaccine Advisory Committee

Community-specific dialogues to date







- Black and African American community
- Rural LGBTQIA+ community
- Intellectual and developmental disabilities community
- Pacific Islander community
- Migrant and seasonal farmworker community
- Immigrant and refugee communities
- More planned....

Structural Racism and COVID-19 Health Outcomes


- The burden of health effects and death from COVID-19 are a direct result of structural racism.
- Race is a proxy to study the effects of structural racism on communities.
- These inequities are unjust and avoidable.

Oregon Hospitalizations by Race and Ethnicity

RACE

AI/AN*	186	370	1,729	2,285		4,688.3
Asian	262	1,245	2,529	4,036		2,228.4
Black	226	663	2,184	3,073		3,806.4
Multiracial	126	312	1,571	2,009		999.6
Pacific Is.*	119	136	895	1,150		6,922.7
White	4,164	14,463	40,828	59,455		1,662.5
Other	1,289	4,156	25,045	30,490		
Refused/Unknown	620	15,612	7,877	24,109		

ETHNICITY

Hispanic	1,476	5,795	27,408	34,679		6,377.4
Not Hispanic	4,286	11,110	45,385	60,781		1,646.0
Refused/Unknown	1,230	20,052	9,865	31,147		

Hospitalizations Deaths

■ Not Hospitalized
■ Hospitalization Status Unknown
■ Hospitalized

Vaccine Advisory Committee Priorities

- Based on current COVID-19 data on cases, hospitalizations, deaths, outbreaks and risks of exposure, the VAC recommends:
 - Addressing past and current health inequities by focusing on communities
 - Black, African American, Hispanic/Latinx/o, Indigenous, tribal and urban based Natives, Pacific Islander
 - Refugee
 - Individuals age 16 to 64 with chronic conditions
 - Adults and youth in custody (AIC and YIC)
 - Frontline workers (not already in Phase 1a or 1b)
 - Multi-generational homes
 - Adults under age 65 living in low-income senior housing and other congregate senior housing

Thank you!