

Public Health COVID-19 update

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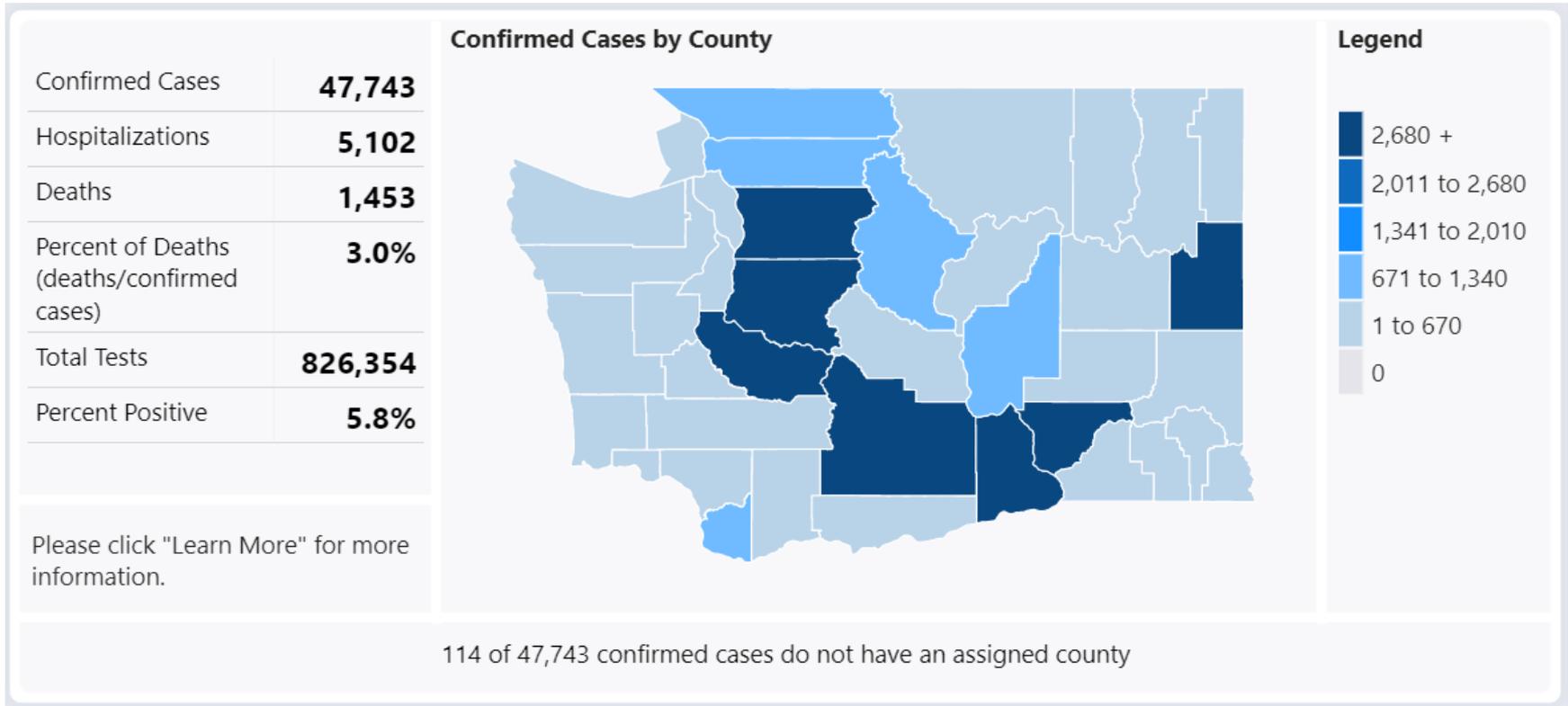
Board of Health

July 22, 2020



Washington state

as of July 21



Washington state

- Latest state situation report, issued July 17, shows Washington state is in an “explosive situation.”
 - Transmission continues to increase or accelerate across most of Washington state.
 - R_e (reproductive number) is above 1 in eastern and western Washington.
 - Eastern: 1.41
 - Western: 1.54
 - Without any changes the burden on all our communities will accelerate in the coming weeks.
- In both eastern and western Washington cases are increasing fastest among 20- to 29-year-olds.
 - Also growing in both younger and older age groups around them.
- Level of daily new cases is substantially higher than the state’s previous peak in March.



COVID-19 Epidemiologic Curve – Washington State

COVID-19 in Washington State

Confirmed Cases and Deaths by Illness Onset Date, and Hospitalizations by Admission Date

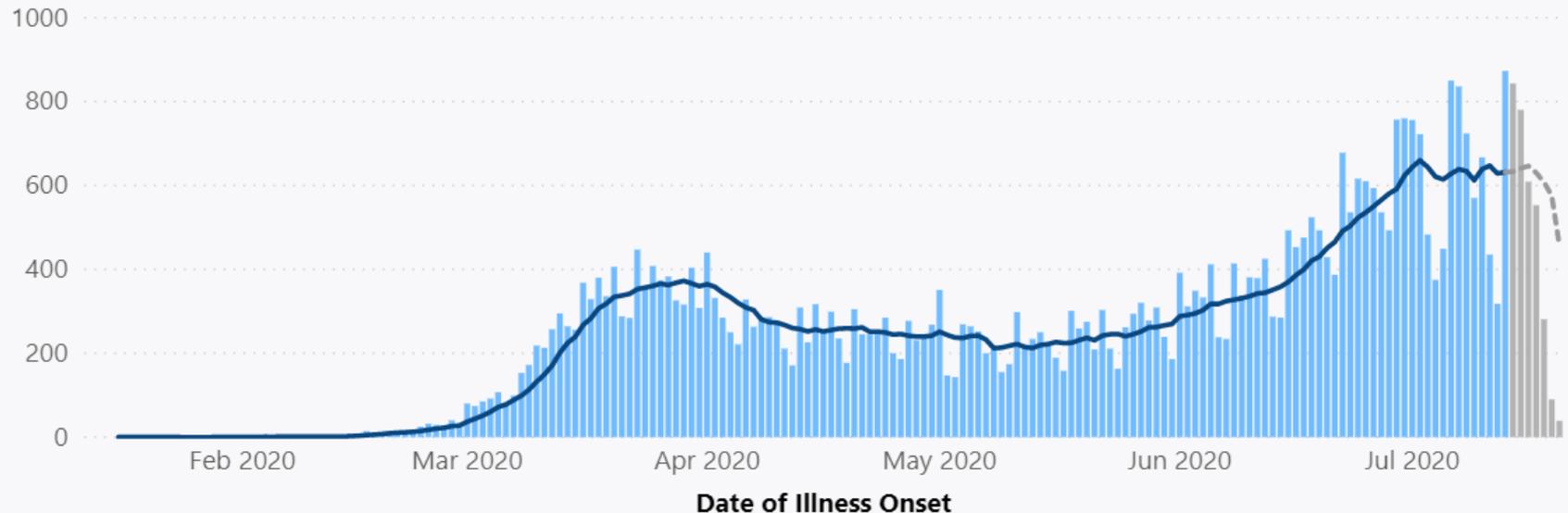
This chart shows the progression of the COVID-19 outbreak in Washington by cases, hospitalizations and deaths over time and is known as an epidemiologic curve. The epidemiologic curve is the curve referred to in the phrase, "flatten the curve."

Learn More



Confirmed Case Counts

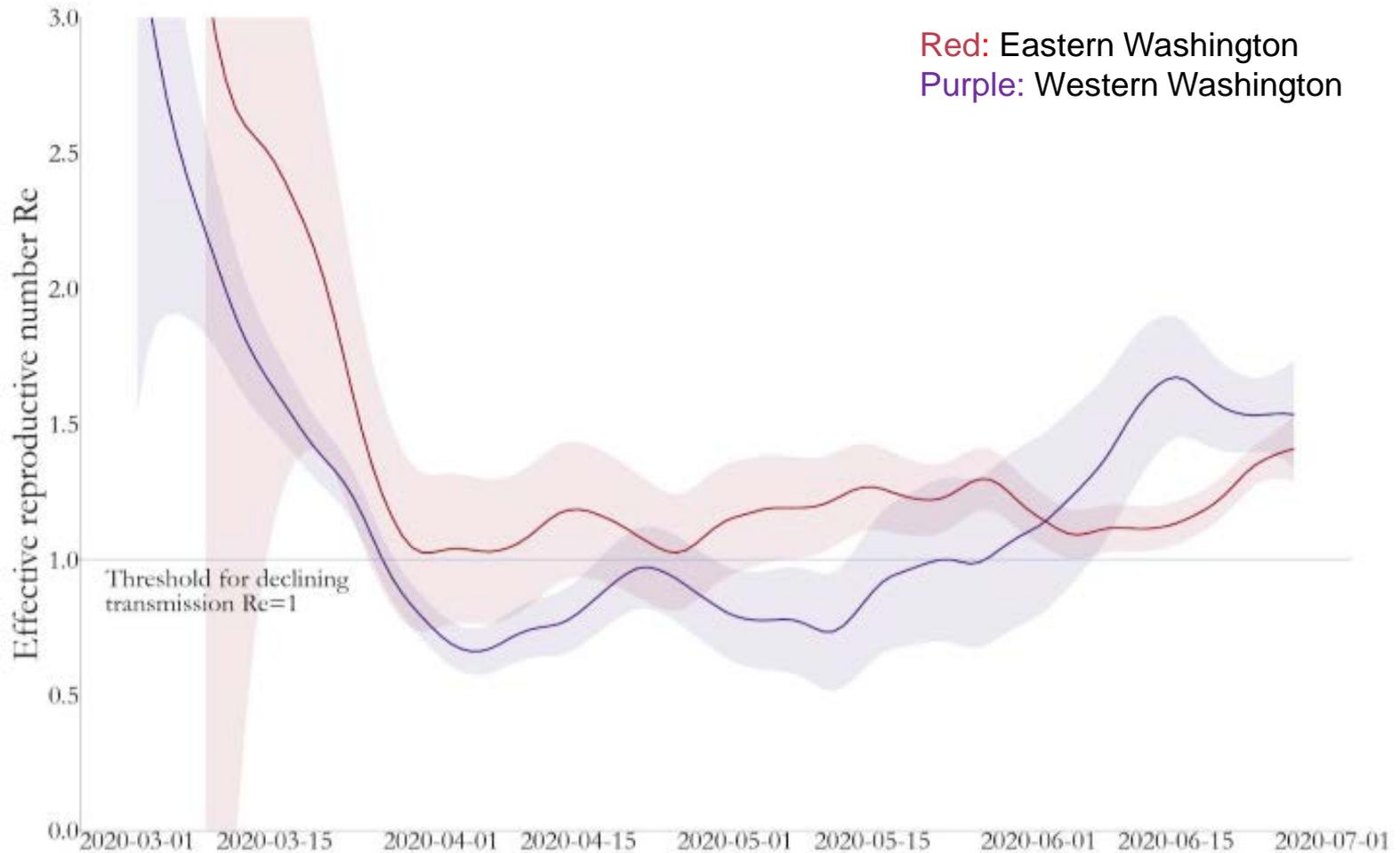
● Confirmed Cases ● Data incomplete for recent dates — Confirmed Cases (7 day rolling avg.) — Incomplete data (7 day rolling avg.)



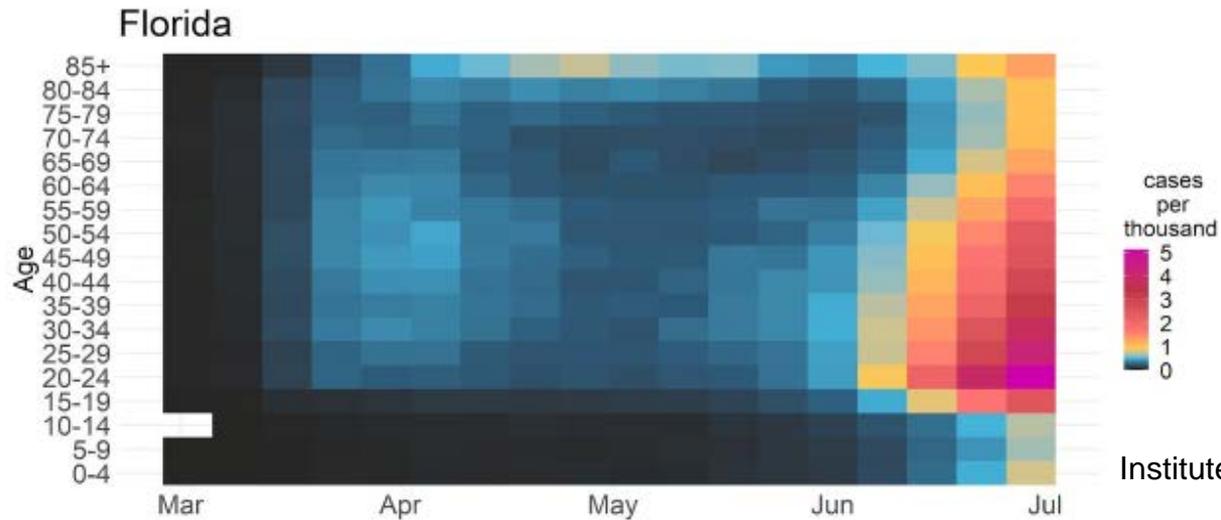
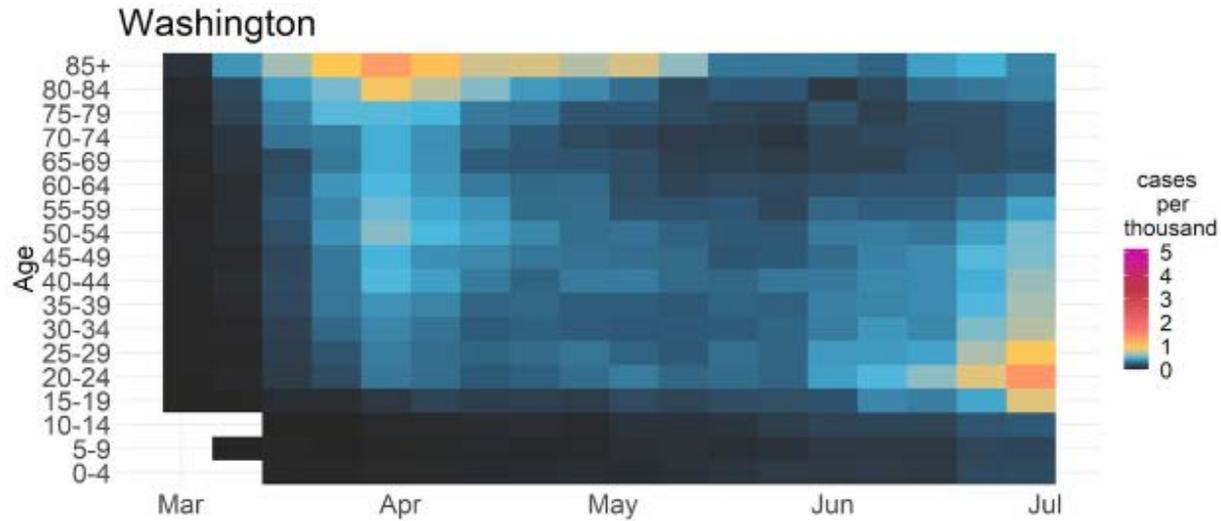
179 of 48,575 confirmed cases do not have an assigned county. Illnesses from the last 4 to 7 days may not yet be reported.



Reproductive number



Cases by age



Institute for Disease Modeling

Clark County

as of July 21

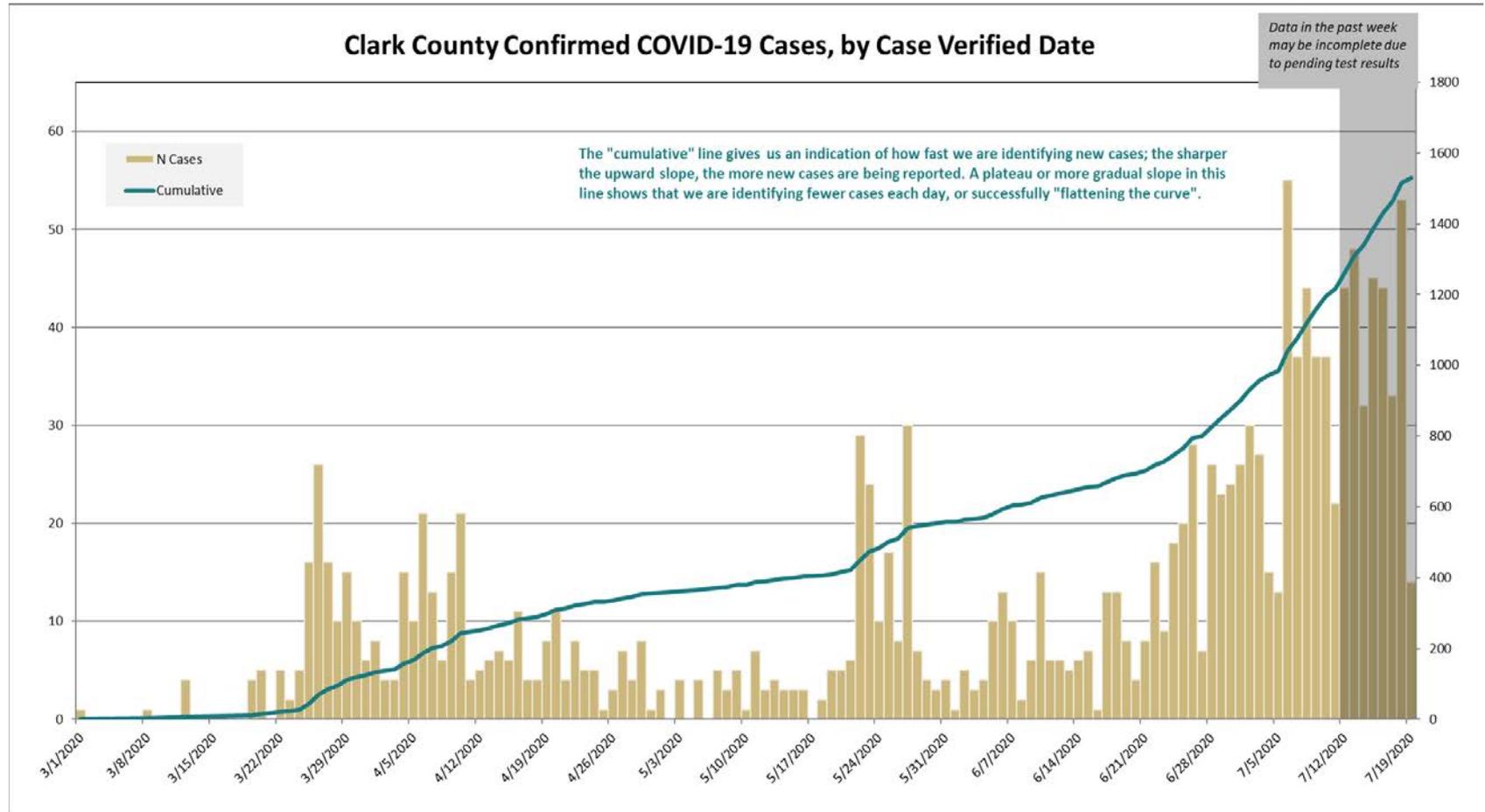
Number of positive cases	1566
Number of deaths	38

Case Verified Date	N
July 1	26
July 2	30
July 3	27
July 4	15
July 5	13
July 6	55
July 7	37
July 8	44
July 9	37
July 10	37

Case Verified Date	N
July 11	22
July 12	44
July 13	48
July 14	32
July 15	45
July 16	44
July 17	33
July 18	53
July 19	14



Clark County



Face coverings & physical distancing

- We need to take steps to slow the spread of COVID-19 in Clark County and across the state in order to continue to safely reopen our community.
- Face coverings and physical distancing are necessary in all phases of the reopening process.
- Staying home and physical distancing whenever around those from outside of your household are the best ways to reduce the risk of exposure to COVID-19.
 - Data show social gatherings are a frequent source of exposure.
- Face coverings are also important when around others. They serve as barriers, blocking droplets from spreading when an infected person coughs, sneezes or speaks.
 - People infected with the virus causing COVID-19 may not have any symptoms but can still spread the virus to others.
 - <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>



Phase 3 metrics

- Clark County submitted a Phase 3 application on June 26.
- Gov. Inslee extended the pause on all applications for moving to the next phase until at least July 28.
- Secretary of Health John Wiesman returned all pending applications, including Clark County's application, on Monday, July 20.
 - It's unclear what the application process will look like after the pause ends.
- Clark County continues to see increases in case numbers and positivity rates.
 - Currently, Clark County does not meet state targets for several Phase 3 metrics.



Phase 3 metrics

	Metric	Target	Clark County – Phase 3 application	Clark County - current
COVID-19 activity	Incidence of new cases reported during prior two weeks (measured by specimen collection date, and to account for the lag in reporting, the two week period starts 6 days prior to the current date)	Target: <25 cases / 100,000 / 14 days	19.45	99.7 (July 1-14)
	Trends in hospitalizations for lab-confirmed COVID-19	Target: flat or decreasing	flat	decreasing
	Reproductive rate (if available)	Target: $Re < 1$	n/a	n/a



Closer look: hospitalization trends

Trends in hospitalizations for lab-confirmed COVID-19

- Target: flat or decreasing
- Clark County: decreasing

Date	COVID-19 confirmed hospitalizations	COVID-19 PUI hospitalized	Percent of beds occupied by COVID confirmed and PUI patients
July 1	8	7	2.4%
July 2	9	8	2.7%
July 3	9	2	1.8%
July 4	11	3	2.2%
July 5	14	6	3.2%
July 6	18	5	3.7%
July 7	22	9	4.9%
July 8	19	13	5.1%
July 9	20	12	5.1%
July 10	22	10	5.1%
July 11	24	4	4.5%
July 12	26	7	5.3%
July 13	29	12	6.5%
July 14	29	9	6.1%
July 15	27	8	5.6%
July 16	23	4	4.3%
July 17	21	2	3.7%
July 18	20	4	3.8%
July 19	22	6	4.5%



Phase 3 metrics

	Metric	Target	Clark County – Phase 3 application	Clark County - current
Healthcare system readiness	% licensed beds occupied by patients (i.e., hospital census relative to licensed beds)	Target: Green: < 80% (Yellow: 81-90%; Red: >90%)	Green (64.9%)	Green (72.5%)
	% licensed beds occupied by suspected and confirmed COVID-19 cases	Target: Green: < 10% (Yellow: 11-20%; Red: >20%)	Green (3.4%)	Green (4.5%)



Closer look: hospital capacity

- Hospital capacity is currently good and has remained below the metric targets.
- In March, among concerns about hospital capacity, DOH issued guidance to long-term care facilities, asking them not to turn away residents with pending COVID tests, as long as they take precautions (appropriate PPE, private rooms).
 - Public Health passed this guidance along to regional providers through a provider advisory.
- Intent was to ensure adequate space in hospitals for people who needed acute care.
 - If long-term care facilities didn't take patients while a test was pending, that could potentially mean a bed wasn't available to someone needing acute care.
- Long-term care facilities have improved infection prevention practices over last several months.



Phase 3 metrics

	Metric	Target	Clark County – Phase 3 application	Clark County - current
Testing	Average number of tests performed per day during the past week (or average % tests positive for COVID-19 during the past week)	Target: 50 times the number of cases (or 2%)	Average 417 tests per day 1.85% positivity (June 14-20)	Average 696 tests per day 5.3% positivity (July 5-11)
	Median time from symptom onset to specimen collection among cases during the past week	Target: median <2 days	2 days (June 14-20); 3 days (June 21-25)	2 days (July 12-18)



Closer look: testing

- Average number of tests performed per day during the past week (or average % tests positive for COVID-19 during the past week)
 - Target: 50 times the number of cases (or 2%)
 - Clark County:

Week ending	Total number positive	Total number of tests	Target number of tests	Meeting testing target	Positivity	Percent change in testing	Percent change in positivity
June 20	56	4079	2800	yes	1.37%		
June 27	148	5670	7400	no	2.61%	39% increase	91% increase
July 4	165	5186	8250	no	3.18%	9% decrease	22% increase
July 11	260	4874	13000	No	5.33%	6% decrease	68% increase



Phase 3 metrics

	Metric	Target	Clark County – Phase 3 application	Clark County - current
Case and contact investigations	Percent of cases reached by phone or in person within 24 hours of receipt of positive lab test report	Target: 90%	63%	7% (July 5-18)
	Percent of contacts reached by phone or in person within 48 hours of receipt of positive lab test report on a case	Target: 80%	61%	68% (July 4-17)
	Percent of cases being contacted daily (by phone or electronically) during their isolation period	Target: 80%	88%	82% (July 11-17)
	Percent of contacts being contacted daily (by phone or electronically) during their quarantine period	Target: 80%	88%	80% (July 11-17)



Closer look: case investigations

- Public Health nurses (23) interview all new cases
 - Collect information about where case has been and who they've been around
 - Identify close contacts who may be at risk of getting sick
- Public Health Institute contact notifiers (36) notify close contacts of potential exposure, ask to quarantine for 14 days
- Public Health Institute contact notifiers also do daily monitoring calls/texts for all cases and close contacts



Closer look: case investigations

- Challenges with reaching cases within 24 hours:
 - Hiring and training new nurses
 - Launching new database
 - Influx of new cases (30-50+ new cases each day)
 - More time-intensive facility investigations
- Steps taken to improve the metric:
 - Removed some unnecessary questions from case interviews to help speed up the interview process.
 - Nurses becoming more proficient with experience
 - Now completing about 60 interviews per day (up from 20)
 - Addressing newest cases first, rather than working through backlog of old cases.
 - County Council approval to hire additional nurses.



Phase 3 metrics

	Metric	Target	Clark County – Phase 3 application	Clark County - current
Protecting high-risk populations	Number of outbreaks reported by week (defined as 2 or more non-household cases epidemiologically linked within 14 days in a workplace, congregate living, or institutional setting)	Target: 0 for small counties (<75,000); 1 for medium counties (75,000-300,000), 2 for large counties (>300,000) , 3 for very large counties (>1 million)	0-2 per week	10 (no LTCF) (July 12-18)



Response updates and common questions



Testing supplies

- As testing demand increases, some local providers are depleting their supplies and dipping into their reserves.
- Increased testing demand is also causing concern about lab turnaround time.
- DOH recently learned of significant delays in obtaining COVID-19 test results from some large commercial labs.
- Public Health issued a provider advisory last week, urging providers to use in-state labs and providing a list of labs willing to provide molecular COVID-19 testing to hospitals and clinics.
- Obtaining test results quickly is critical for informing contact tracing efforts and containing the spread of the virus.



COVID-19 associated deaths

- 38 Clark County deaths, as of July 21
- DOH guidance for COVID-associated death: anyone who dies following a positive COVID-19 test.
 - Guidance established in an effort to provide timely death data to help inform policy decisions.
 - Verification of data, including death data, takes time.
- DOH reviews death records submitted by physicians for accuracy and, if there is an instance where a death was considered COVID-associated but upon verification it appears the person's death was not due to COVID-19, that death would be removed from the total.
 - Clark County has not, to date, had any deaths removed from its total.



COVID-19 associated deaths

- DOH recently announced it will break down death data into these categories:
 - **Confirmed** COVID-19 death (death certificate, positive test result, and other case information available to confirm) As of July 14, 1,301 of the 1,458 (89%) deaths are confirmed COVID deaths
 - **Pending** COVID-19 death (death certificate is still pending or deaths that are missing a cause of death on the death certificate)
 - **Suspected** COVID-19 death (positive test results, but COVID not listed on death certificate follow-up being conducted prior to ruling out or confirming death) - 67 (5%) deaths as of July 14
 - **Non-COVID-19** deaths – cases tested positive but with clear exclusion of COVID-19 illness (examples include homicide, overdose, suicide, car accident). DOH identified 65 cases (4%) and removed them.
- DOH [detailed death report](#) issued July 14.
- Confirmed 26 of Clark County's 33 deaths and classified the remaining seven as suspected deaths, pending additional follow up.
- If DOH determines any suspected deaths were not due to COVID-19, they will be removed from our total.
- DOH also identified two probable COVID-19 deaths in Clark County (death certificate lists COVID-19 as a cause or contributor to the death but do not have a known positive COVID-19 PCR test). These deaths are not included in the Clark County total.



Mortality

- Common question we hear is how COVID-19 mortality compares to influenza.
- Mortality rate is the number of deaths due to a disease divided by the total population **over a period of time**.
 - Generally presented as annual mortality rates, not a point-in-time rate.
- There are also significant difference between the diseases:
 - **Influenza** is well studied (first influenza pandemic was 100 years ago), tracked with established methods, prevented with seasonal vaccines, and treated with antivirals.
 - **SARS-CoV-2** (the virus that causes COVID-19) is still new. It's unclear what immunity, if any, an infected person will retain. Vaccines, while in development, have not yet been approved for widespread use. And there are no specific treatments for this illness.



Mortality

Influenza- and COVID-population mortality, Clark County

Season/Year	Clark County Population Estimate	Influenza Deaths	Influenza Mortality Rate (per 100,000 population)	COVID Deaths	COVID Mortality Rate (per 100,000 population)
2014-2015	451820	5	1.1	0	0.0
2015-2016	461010	8	1.7	0	0.0
2016-2017	471000	26	5.5	0	0.0
2017-2018	479500	15	3.1	0	0.0
2018-2019	488500	4	0.8	0	0.0
2020**	488500	1	0.2	38	7.8

***2020 influenza and COVID data are provisional and subject to change. As yearly populations estimates are published by the State of Washington on April 1 of the following year, we've applied the 2019 population estimate in 2020.*



Mortality

Influenza- and COVID-case fatality, Clark County

Season/Year	Influenza Deaths	Influenza Cases*	Influenza Case Fatality	COVID Deaths	COVID Cases	COVID Case Fatality
2014-2015	5	2789	0.18%	0	0	-
2015-2016	8	3168	0.25%	0	0	-
2016-2017	26	6567	0.40%	0	0	-
2017-2018	15	7679	0.20%	0	0	-
2018-2019	4	7061	0.06%	0	0	-
2020**	1	3395	0.03%	38	1566	2.43%

**Individual influenza cases are not required to be reported to Public Health, influenza deaths are required to be reported. As such, the estimated case fatality is likely an overestimate.*

***2020 influenza and COVID data are provisional and subject to change. As yearly populations estimates are published by the State of Washington on April 1 of the following year, we've applied the 2019 population estimate in 2020.*



Mortality

- Both methods clearly demonstrate greater risk of death following COVID infection compared to seasonal influenza.
- COVID-19 mortality is also already higher than some of the major causes of death in the U.S.
 - 140,630 COVID-19 deaths, as of July 21
- Leading causes of death in the U.S. (**annual** numbers):
 - **Heart disease:** 647,457
 - **Cancer:** 599,108
 - **Accidents (unintentional injuries):** 169,936
 - **Chronic lower respiratory diseases:** 160,201
 - **Stroke (cerebrovascular diseases):** 146,383
 - **Alzheimer's disease:** 121,404
 - **Diabetes:** 83,564
 - **Influenza and Pneumonia:** 55,672
 - **Nephritis, nephrotic syndrome and nephrosis:** 50,633
 - **Intentional self-harm (suicide):** 47,173



Hospitalizations

- State metrics look at two different hospitalization rates to determine capacity and ability to respond to a surge of COVID-19 cases:
 - Licensed beds occupied by all patients
 - Licensed beds occupied by suspected and confirmed COVID-19 cases
- A person who is hospitalized and tests positive for COVID-19 will require the same precautions and same use of PPE, regardless of the reason for the hospital admission.
- Majority of people who are COVID-19 positive and admitted to the hospital are hospitalized due to COVID-19.
- Hospitals are testing patients before procedures. If the person tests positive before a non-urgent procedure, the procedure is rescheduled and the patient is never admitted (or counted in the hospitalization number).



Thank you!

