

COVID-19 Weekly Report

Oregon's Weekly Surveillance Summary



Weekly Data Report - April 21, 2021

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Background

COVID-19 Weekly Report data will be finalized every Sunday at 11 p.m. PDT, and the report will be published on Wednesday. Please note that the data reported here are continually being updated. For daily up-to-date information, visit the OHA COVID-19 web page:

<https://govstatus.egov.com/OR-OHA-COVID-19>.

As of 11 p.m. Sunday, April 18, there have been 175,592 cases of COVID-19 reported to the Oregon Health Authority. Of these, 6,547 (3.7%) are “presumptive” cases—i.e., people with COVID-19-like symptoms and close contact with a confirmed case, but who did not have a confirmatory laboratory test. Though not confirmed, presumptive cases are highly likely to have COVID-19, given their specific symptoms and known exposure. Presumptive cases are encouraged to seek testing to confirm that they do have COVID-19. Presumptive cases who test positive are recategorized as confirmed cases.

These data represent a snapshot of COVID-19 risk factors and clinical and demographic characteristics of cases, and they include data on cases with pending investigations. Not all cases have been interviewed at the time of this report. The data shown in this report come from Oregon’s electronic disease surveillance system for reportable diseases.

During the week of April 11–April 17¹ 113,876 tests for COVID-19 were performed on Oregonians; of these, 5.3% had a positive result.² This figure represents a “test-based” method, whereby all electronic lab reports received by OHA are used to calculate percent positivity.³

Detailed tables of the number of tests and percent positivity can be found online at <https://public.tableau.com/profile/oregon.health.authority.covid.19#!/vizhome/OregonHealthAuthorityCOVID-19DataDashboard/OregonsCOVID-19ELRsbyCounty>

¹ This date range aligns with CDC’s “MMWR week.”

² Does not include antibody (serology) tests.

³ www.cdc.gov/coronavirus/2019-ncov/lab/resources/calculating-percent-positivity.html

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Weekly Report Summary

During Monday, April 12, through Sunday, April 18, 2021, OHA recorded 4,742 new cases of COVID-19 infection, more than one thousand more than during the previous week and the fourth consecutive week of >20% increases in case counts. Testing increased another 9.6% over the previous week, with a higher percentage testing positive—5.3%, compared with 4.4% during the previous week. Hospitalizations rose from 156 to 171, but fewer Oregonians died in association with COVID-19—i.e., 19, down from 47 during the week of April 5–11. Of the 175,592 cases reported in Oregon to date, 9,643 (5.5%) have been hospitalized, and 2,460 (1.4%) have died. Recent data on mortality in Oregon, including deaths associated with COVID-19, are available at <https://public.tableau.com/profile/oha.center.for.health.statistics>.

Hospitalization and death rates increase with age (Table 2). Although only 4.2% of Oregonians are 80 years of age or older, they have accounted for 1,858 (19%) of the COVID-19-associated hospitalizations and 1,283 (52%) of the COVID-19-associated deaths. Persons 70 years of age and older make up 12.4% of Oregon's population, but they have accounted for 3,827 (40%) of the COVID-19 hospitalizations and 1,870 (76%) of the COVID-19-associated deaths. Additional data are available at <https://public.tableau.com/profile/oregon.health.authority.covid.19#!/vizhome/OregonCOVID-19CaseDemographicsandDiseaseSeverityStatewide/DemographicData>.

Persons of Hispanic ethnicity continue to be disproportionately affected by COVID-19 (Table 4): they account for 13% of Oregon's population but 33% of cases of known ethnicity reported to date. This proportion has been falling in recent months: during February, 23% of cases of known ethnicity have been among Hispanics, and since the beginning of March 19%. Table 3 shows that, by race, the highest crude COVID-19 case-fatality rate (CFR)—1.9%—is among whites, with lower CFRs in other races. Similarly, Table 4 shows a lower CFR among Hispanics than among non-Hispanics. However, non-white and Hispanic populations in Oregon are younger overall, which lowers the crude CFRs in these racial and ethnic groups. Age adjustment displays how rates would compare if the age distribution of each racial and ethnic group resembled that of the population of the United States in the year 2000. Table 5 shows that COVID-19 hospitalization rates in non-white populations have been 1.4 to 13.0 times those of whites and death rates 1.2 to 14.7 times those of whites. Table 6 shows that the age-adjusted hospitalization rate among Hispanics in Oregon has been 4.0 times that of non-Hispanics and the death rate 3.1 times as high.

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Additional data are available at

<https://public.tableau.com/profile/oregon.health.authority.covid.19#!/vizhome/OregonCOVID-19CaseDemographicsandDiseaseSeverityStatewide/DemographicData>.

Clinical Characteristics and risk factors

This section of the report describes the epidemiology of Oregon's COVID-19 cases, including indicators of COVID-19 transmission, common symptoms experienced by COVID-19 cases, and demographic breakdowns for sex, age, race, and ethnicity. Indicators of disease severity, specifically hospitalizations and deaths, are included in the tables.

Epidemiologic links

The figures below show the epidemiologic link of COVID-19 cases. Public health classifies all cases as part of a household, part of an outbreak, part of a cluster, a close contact of another case, or sporadic. Sporadic indicates that a case was not linked to a known source of COVID-19. Lower numbers of sporadic cases suggest lower community spread of COVID-19. Figure 1 focuses on recent cases of COVID-19, and allows for the easy comparison of different types of epidemiologic link. Figure 2 includes all COVID-19 cases, showing the pattern of epidemiologic links since the first cases were identified in Oregon. Figures 3 and 4 show sporadic cases by race, and figures 5 and 6 show sporadic cases by ethnicity. Looking at the data by race and ethnicity helps public health to identify disparities.

Epidemiologic link designations:

- Sporadic⁴ Cases who do not have known exposure to another case or outbreak.
- Outbreak: Cases who have a shared, defined exposure with at least one other case. For example, a defined exposure could be an event, a workplace, a congregate facility, etc.
- Cluster: Cases who had contact with another case, but the exposure is not well defined. For example, cases from two households who interacted many times prior to illness onset.
- Household: Cases who were exposed to another case in their household.

⁴ Due to the lag between case reporting and case investigation, the proportion of cases categorized as sporadic is high in the most recent week or more; some of these cases will be recategorized after investigation is completed.

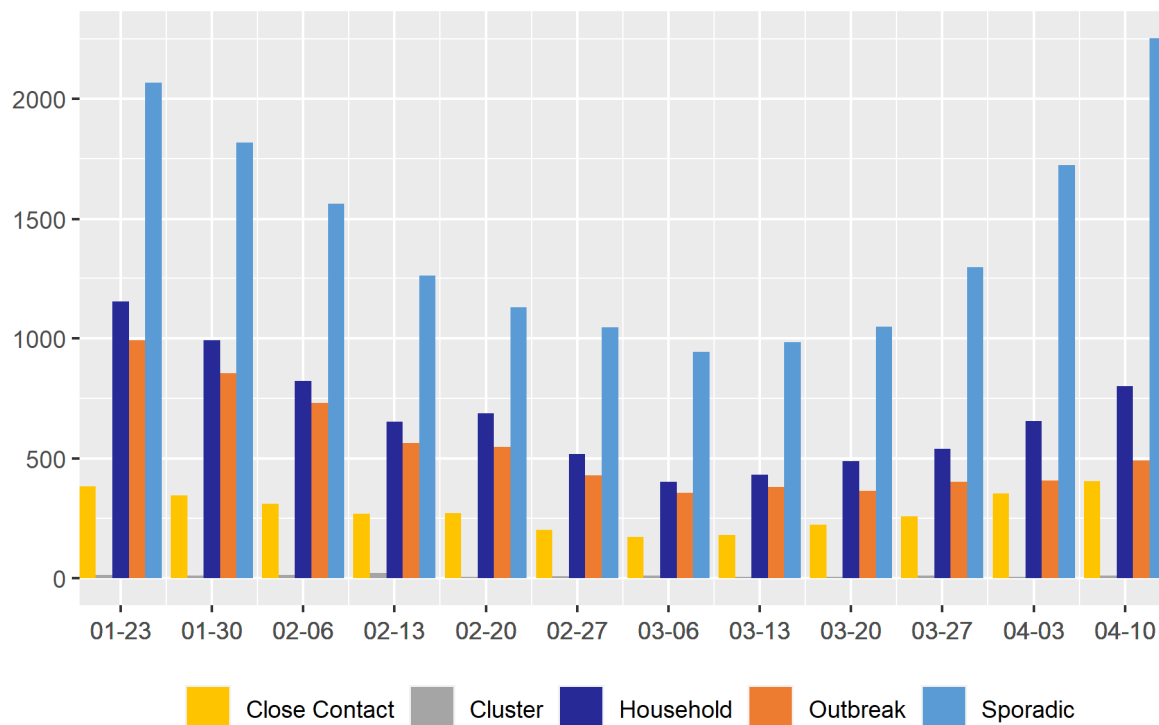
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- Close contact: Cases who were exposed to another case, not in their household. This designation was added on 7/15.

Figure 1. Epidemiologic link of recent COVID-19 cases by week of onset

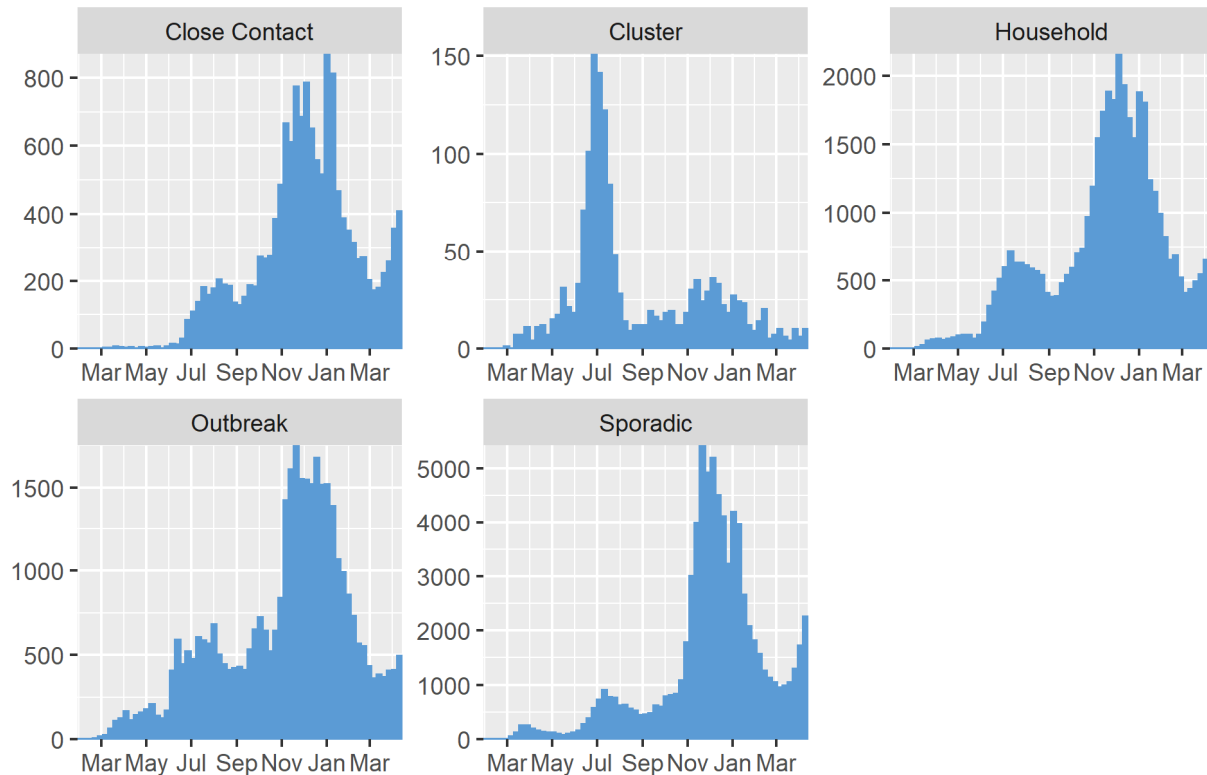


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Figure 2. Epidemiologic link of all COVID-19 cases by week of onset



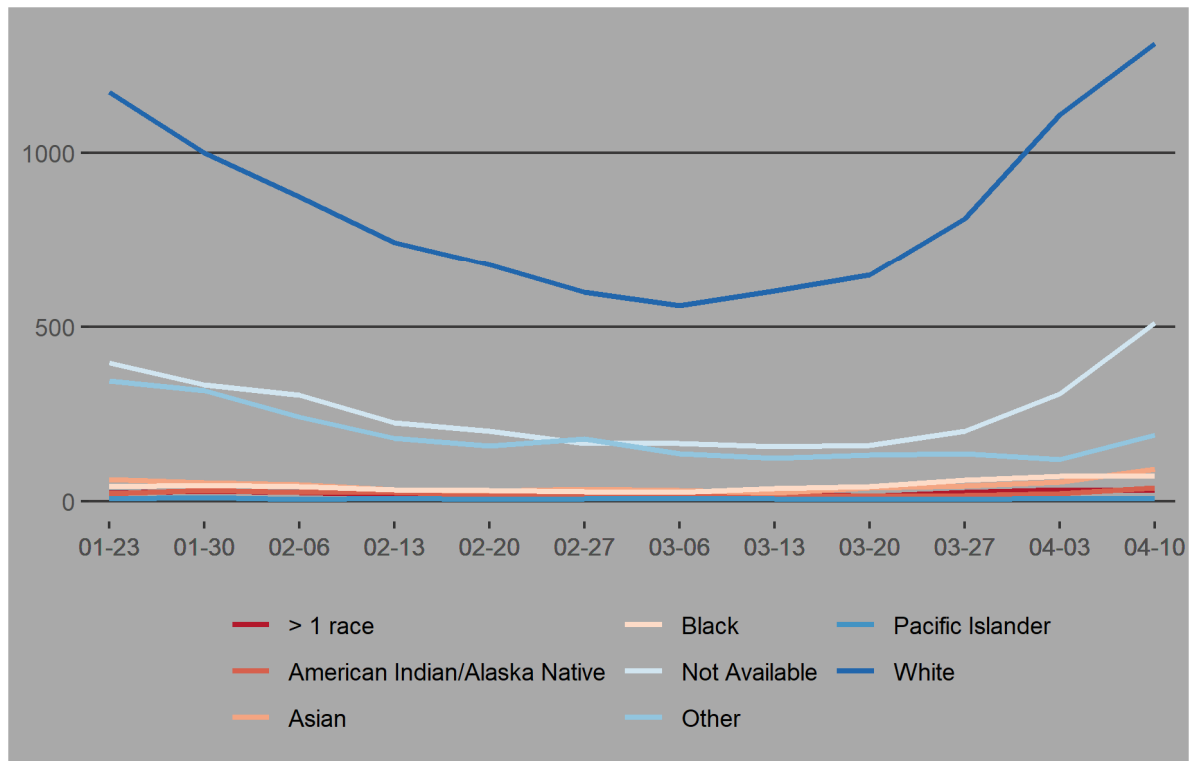
Data are provisional and subject to change.

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Figure 3. Recent sporadic COVID-19 cases by race and week of onset



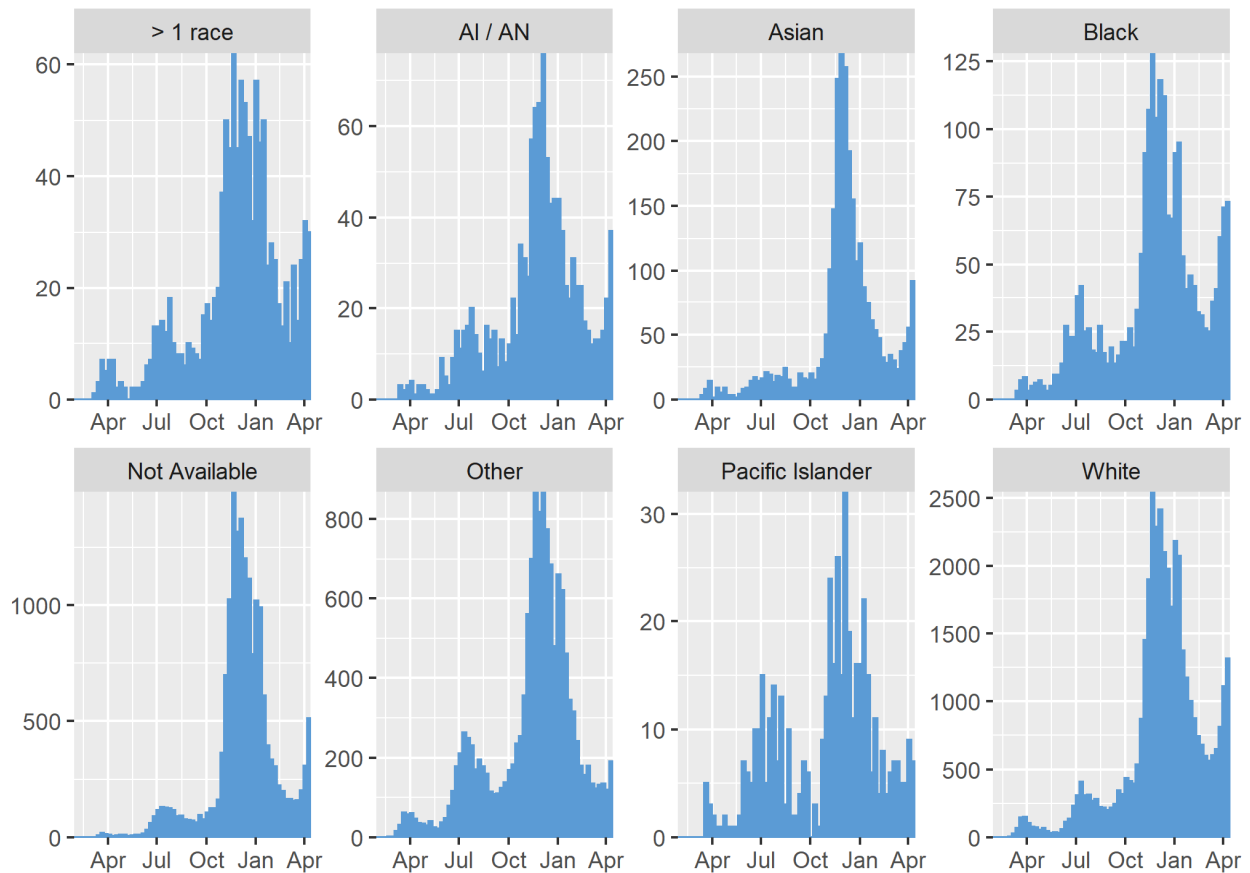
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Figure 4. All sporadic COVID-19 cases by race and week of onset



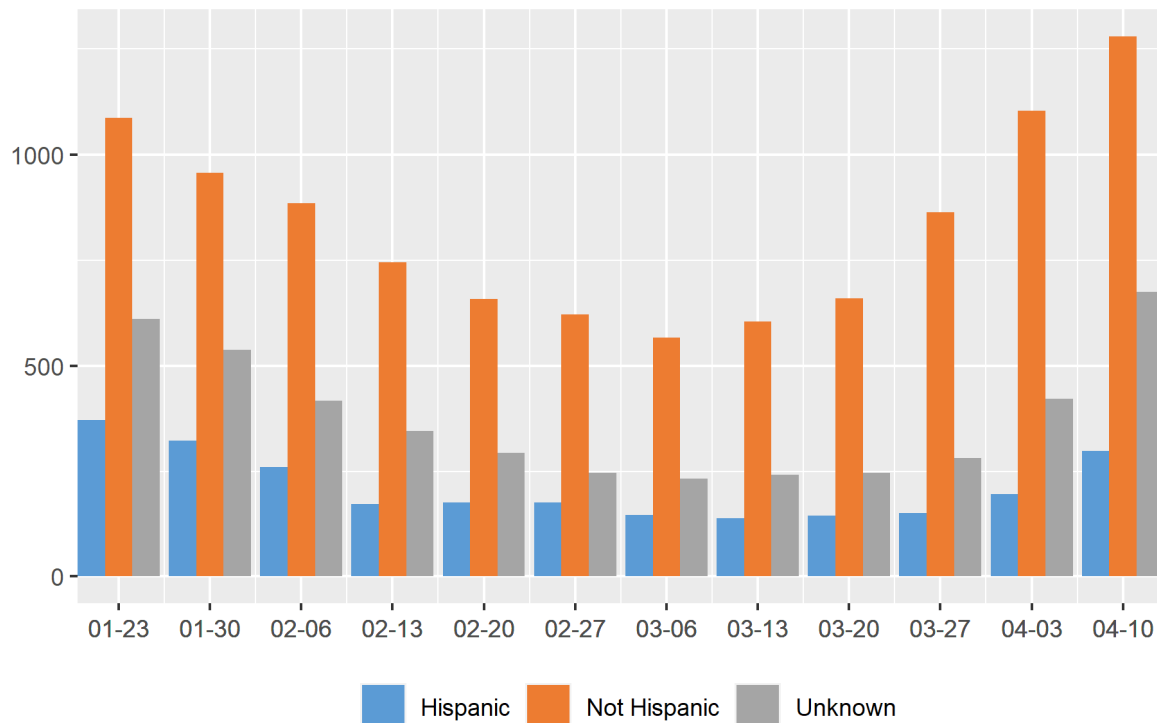
Data are provisional and subject to change.

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Figure 5. Recent sporadic COVID-19 cases by ethnicity and week of onset

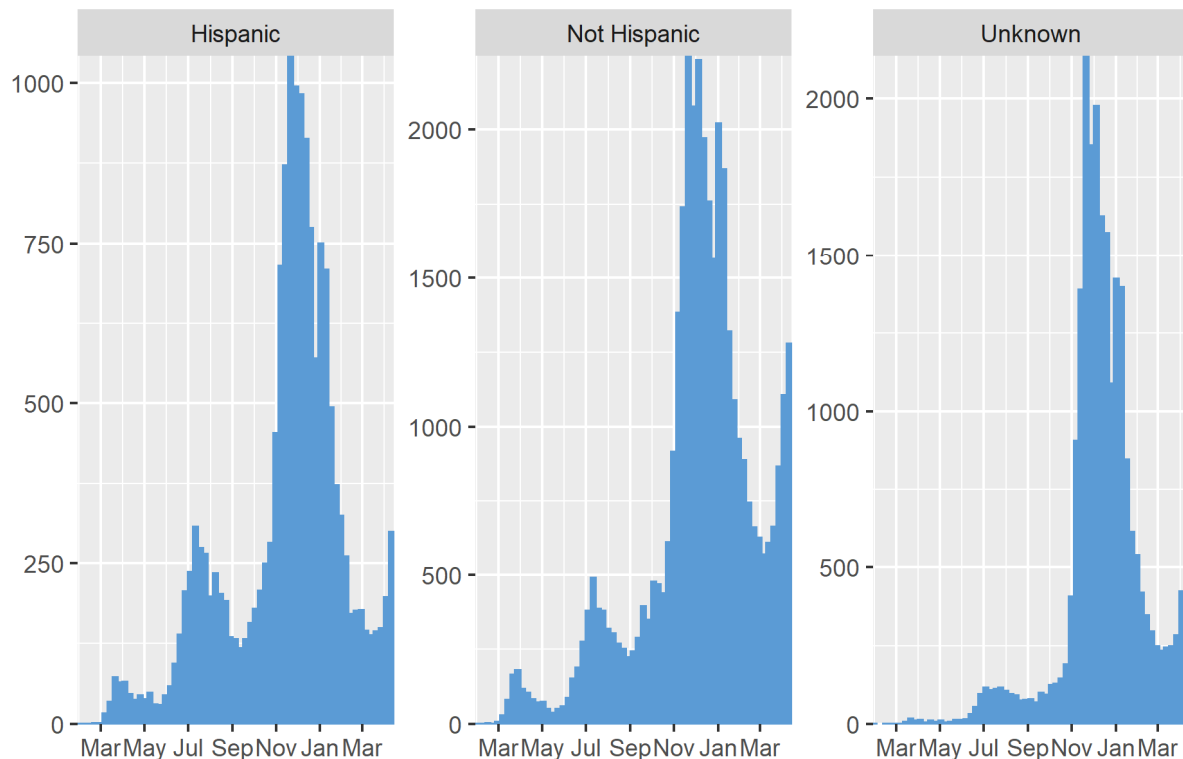


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Figure 6. All sporadic COVID-19 cases by ethnicity and week of onset



Clinical symptoms and reported risk factors

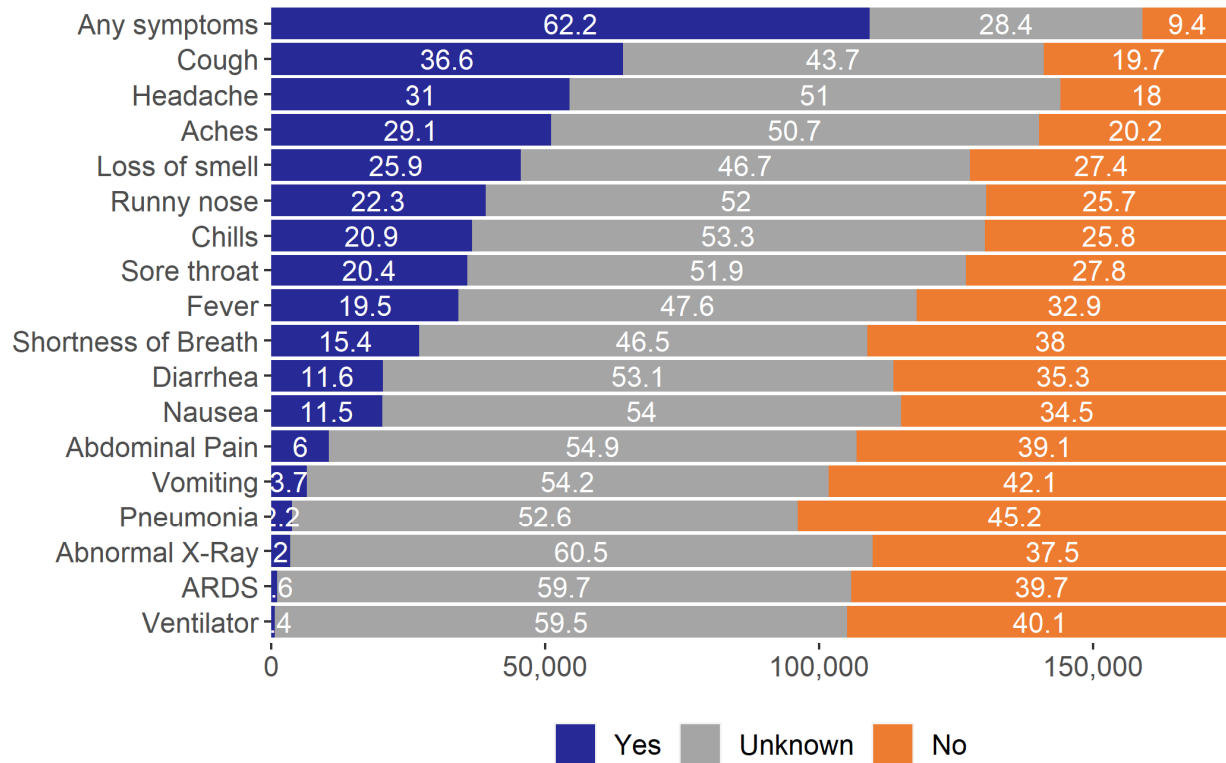
Figure 7 provides information on signs and symptoms from all COVID-19 cases. Of 175,592 cases, 109,259 (62.2%) reported having signs and symptoms of COVID-19. The most commonly reported symptoms are cough (n=64,247, 36.6%) and headache (n=54,427, 31%). Figure 8 provides information on the percentage of COVID-19 cases that report symptoms over time. Figure 9 provides information on risk factors from all COVID-19 cases. The most common risk factors are having contact with a known COVID-19 case prior to symptom onset (n=93,761, 53.4%) and having underlying medical conditions (n=94,118, 53.6%). Note that a person may report more than one sign/symptom or risk factor. Where displayed by week in this report, case data are categorized by week of reported symptom onset, not by date of case report. This results in reduced numbers in the most recent week or more due to reporting lags.

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Figure 7. Reported signs and symptoms for all COVID-19 cases

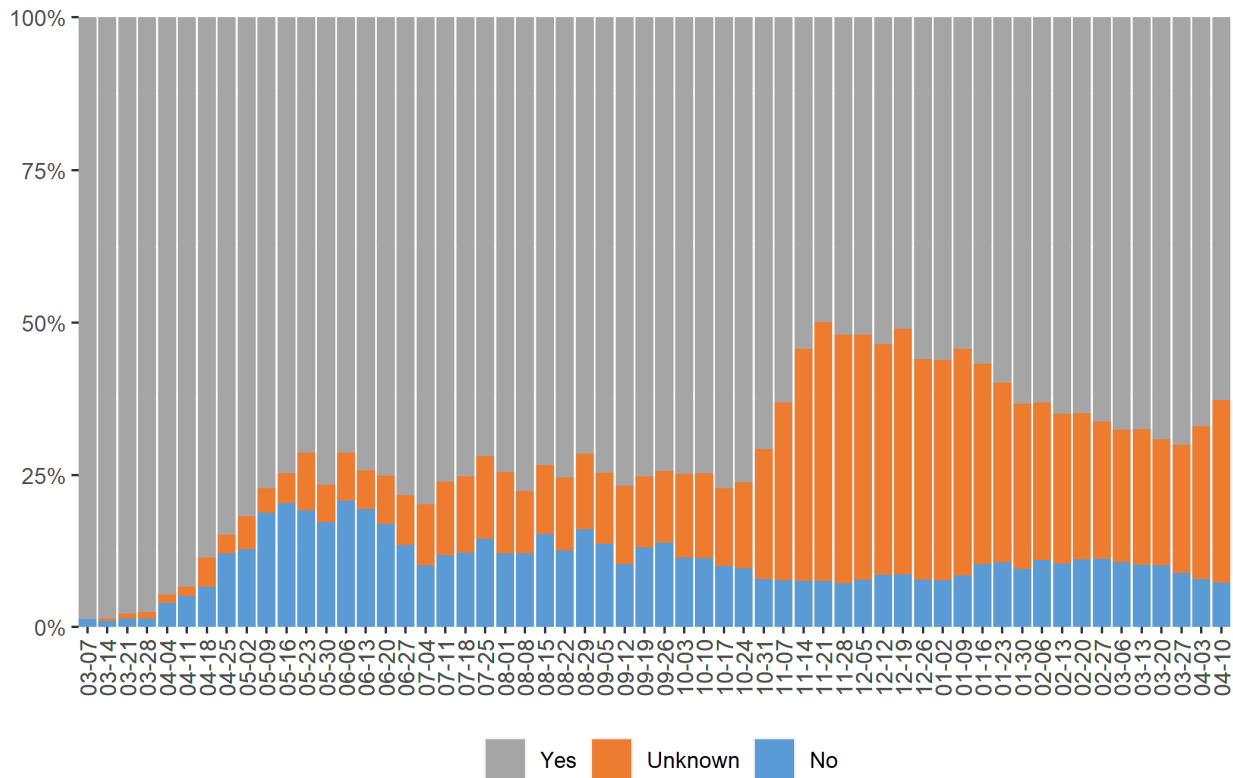


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Figure 8. Reported symptoms among all COVID-19 cases by week of onset



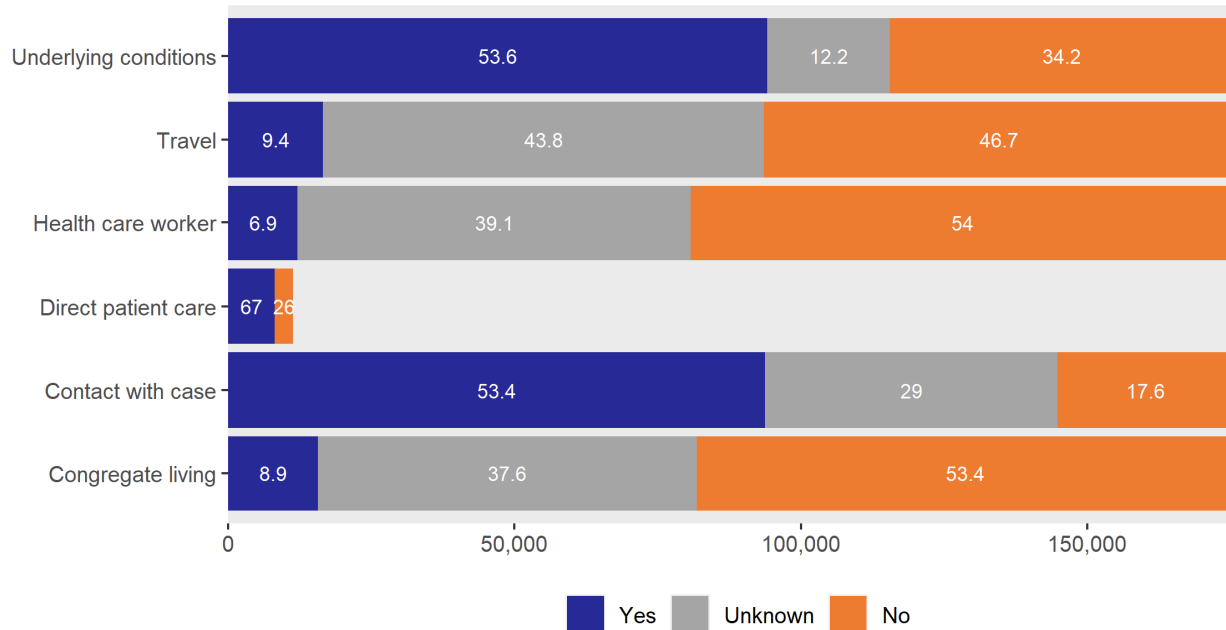
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Figure 9. Reported risk factors among all COVID-19 cases



Risk factor definitions:

- Congregate living situations include, but are not limited to, long-term care facilities, group homes, prisons, and shelters. Data include people with confirmed cases who live or work in congregate living situations.
- Direct patient care is only asked if a case is a healthcare worker or volunteer. The denominator is the number of healthcare workers or volunteers.
- Underlying medical conditions include cardiovascular disease, chronic liver disease, chronic lung disease, chronic renal disease, current or former smoker, diabetes mellitus, immunocompromised condition, neurologic and neurodevelopmental conditions, obesity, or other chronic diseases.

Demographics

The following tables and figures show the demographic characteristics for all COVID-19 cases. The tables show case counts, case rates, and indicators of severity by sex, age, race and

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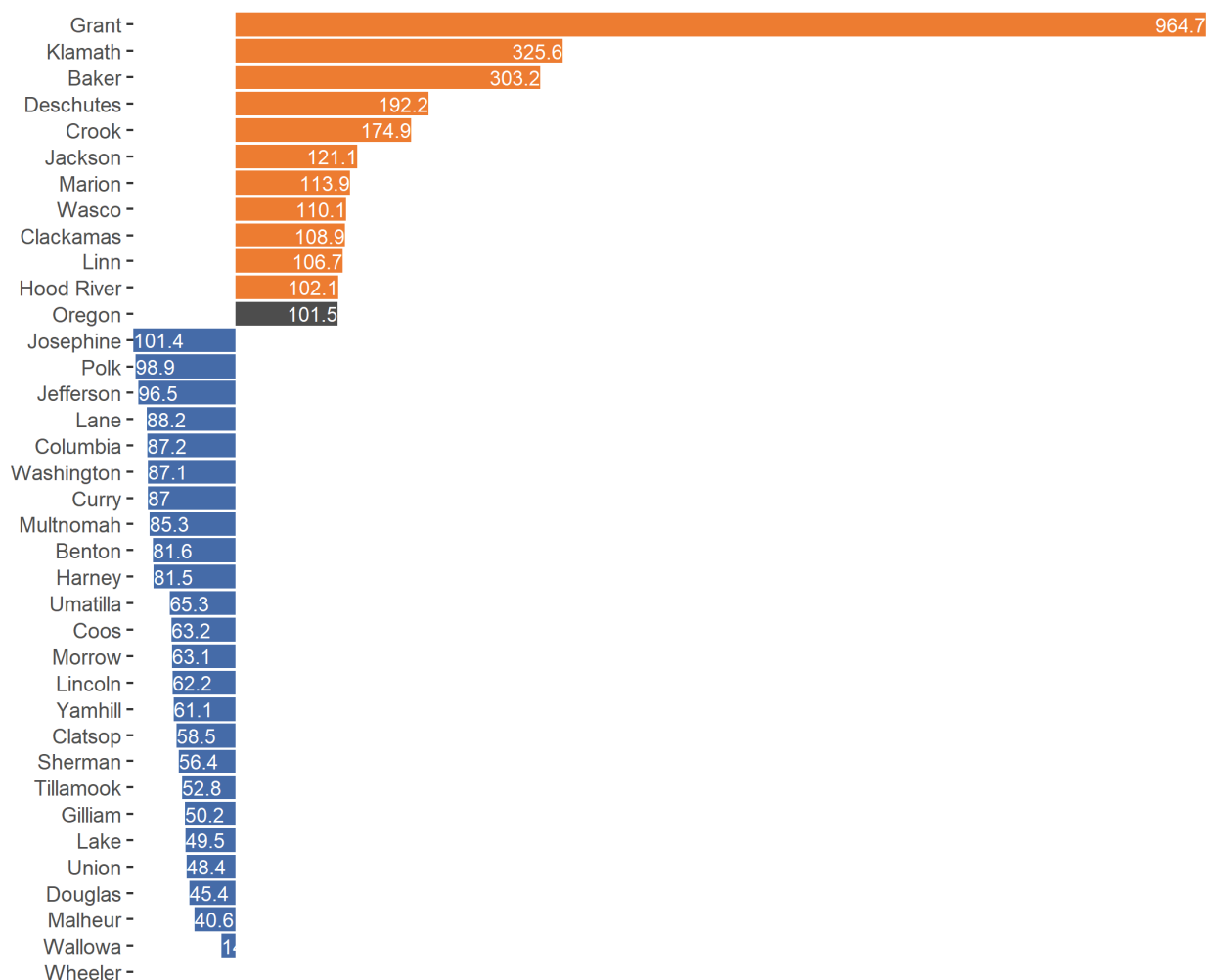


ethnicity. The figures show cases over time, by week of onset, for sex, age, race, and ethnicity. Figure 10 displays case rates by county, in comparison to the case rate for all of Oregon.

Geography

The following figure shows case rates by county for the most recently completed MMWR week, which is currently April 11, 2021 to April 17, 2021. Cases are displayed using the date that the case became known to public health.

Figure 10. Case rates per 100,000 population, by county



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1. Counties that had case rates above the case rate for the state are displayed in orange. Counties that had case rates below the case rate for the state are displayed in blue.
2. Counties that had zero cases in the time period displayed appear on the list, but do not have a bar to display.

Sex

Table 1. Severity and rates of COVID-19 by sex

Sex	Cases	% of total cases	Cases per 100,000	Hospitalized	% Hospitalized	Deaths	Case fatality
Female	89,131	50.8	4,144.3	4,560	5.1	1,151	1.3
Male	84,692	48.2	4,060.6	5,029	5.9	1,296	1.5
Non-Binary	19	0		0	0.0	0	0.0
Not Available	1,749	1.0		54	3.1	13	0.7
Total	175,591	100.0	4,144.8	9,643	5.5	2,460	1.4

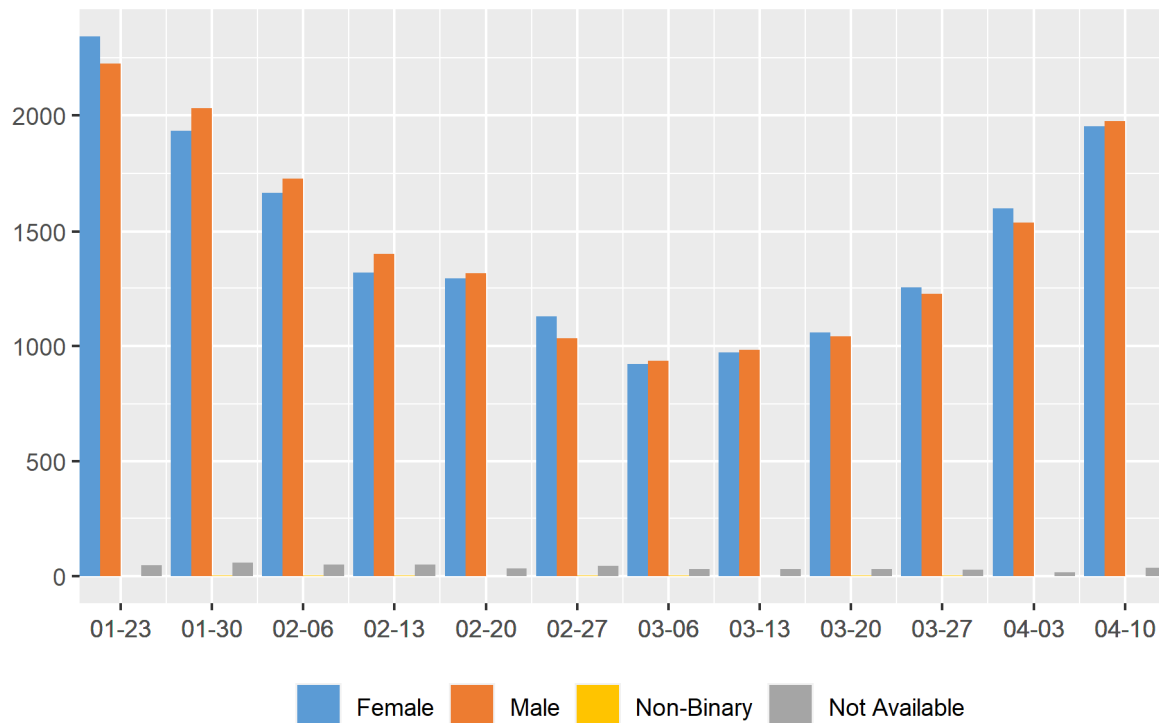
1. National Center for Health Statistics (NCHS). Estimates of the resident population of the U.S. by year, county, age, bridged race, Hispanic origin, and sex (Vintage 2018).
2. Census Bureau Population Estimates: U.S. Census bureau, Population Division, Annual Estimates of the Resident Population by Age, Sex, Race, and Hispanic Origin for counties (Vintage 2018)

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Figure 11. Recent COVID-19 cases by sex and week of onset

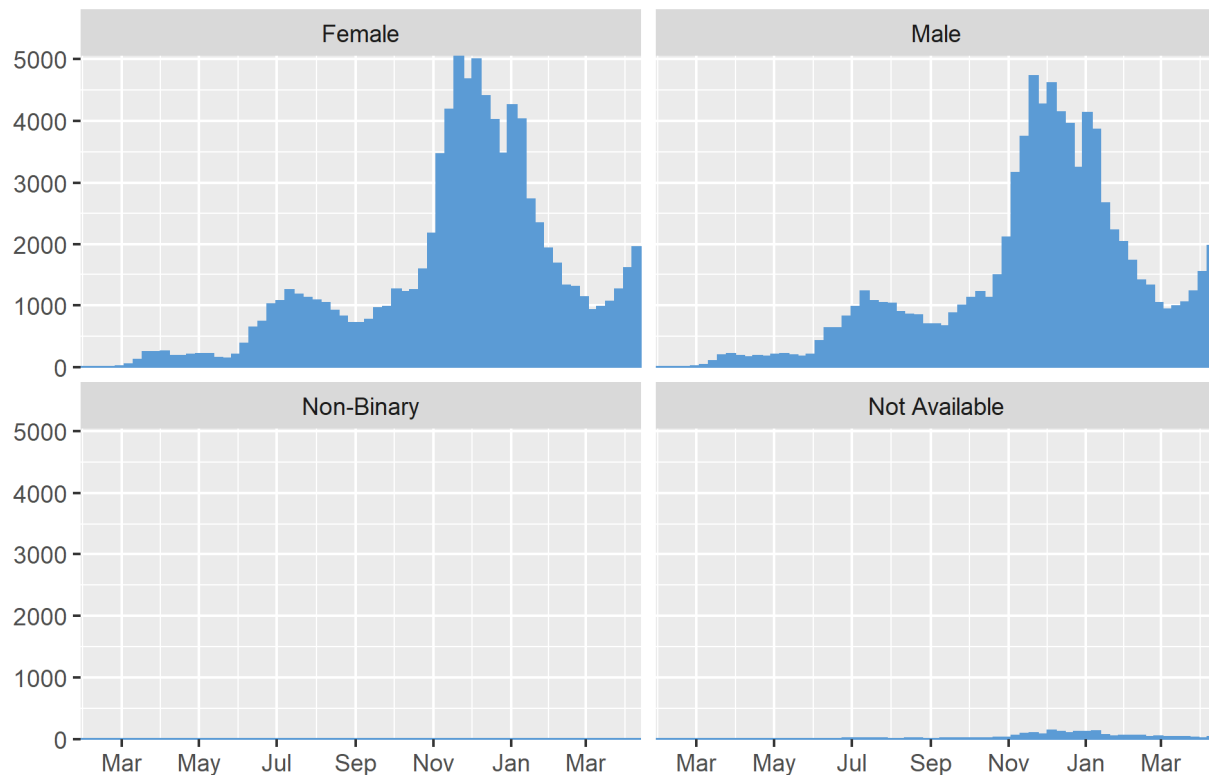


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Figure 12. All COVID-19 cases by sex and week of onset



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Age

Table 2. Severity and rates of COVID-19 by age

Age group	Cases	% of total cases	Cases per 100,000	Hospitalized	% Hospitalized	Deaths	Case fatality
0-9	9,199	5.2	1,916.6	112	1.2	1	0.0
10-19	18,884	10.8	3,801.5	153	0.8	1	0.0
20-29	36,909	21.0	6,647.0	590	1.6	5	0.0
30-39	30,489	17.4	5,267.2	712	2.3	20	0.1
40-49	27,062	15.4	4,980.4	965	3.6	58	0.2
50-59	22,493	12.8	4,203.9	1,430	6.4	151	0.7
60-69	15,105	8.6	2,800.3	1,832	12.1	354	2.3
70-79	8,807	5.0	2,589.6	1,969	22.4	587	6.7
80+	6,268	3.6	3,738.9	1,858	29.6	1,283	20.5
Not Available	375	0.2		22	5.9	0	0.0
Total	175,591	100.0	4,144.8	9,643	5.5	2,460	1.4

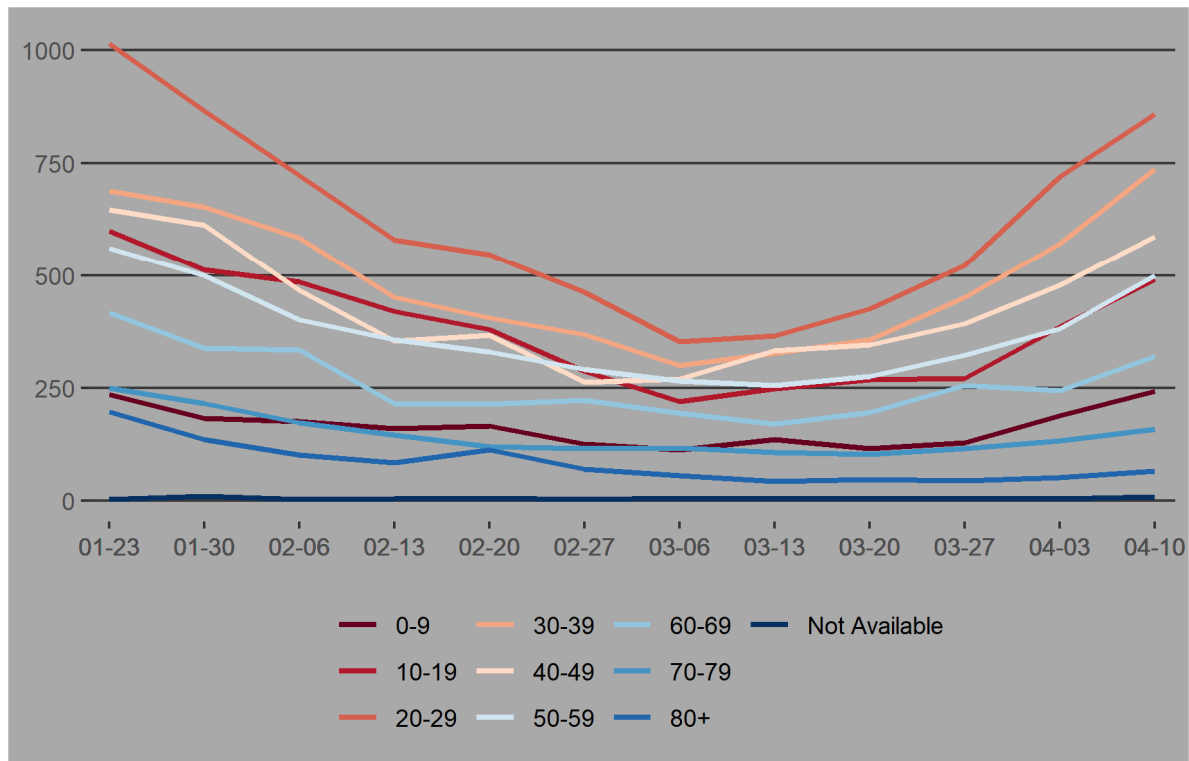
1. National Center for Health Statistics (NCHS). Estimates of the resident population of the U.S. by year, county, age, bridged race, Hispanic origin, and sex (Vintage 2018).
2. Census Bureau Population Estimates: U.S. Census bureau, Population Division, Annual Estimates of the Resident Population by Age, Sex, Race, and Hispanic Origin for counties (Vintage 2018)

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Figure 13. Recent COVID-19 cases by age and week of onset



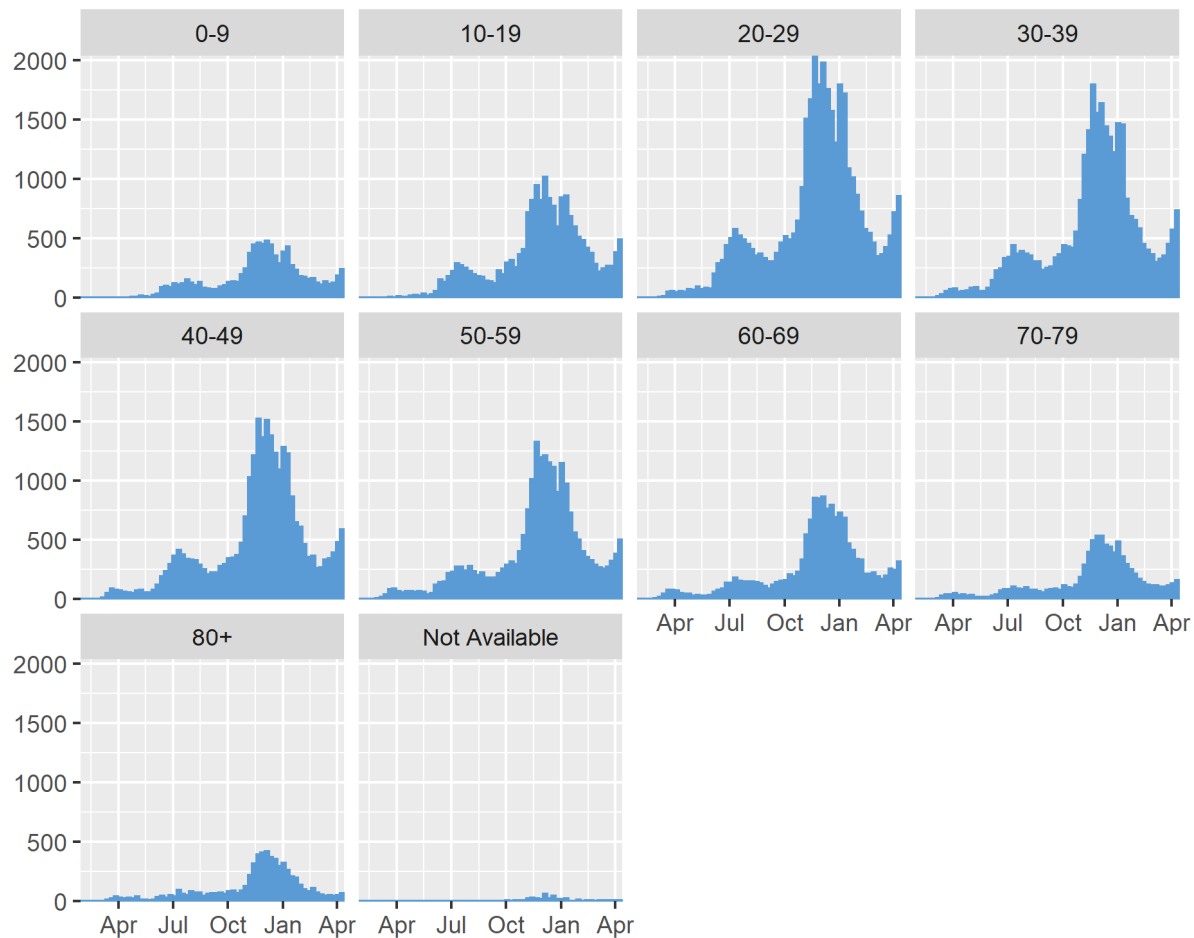
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Figure 14. All COVID-19 cases (counts) by age and week of onset



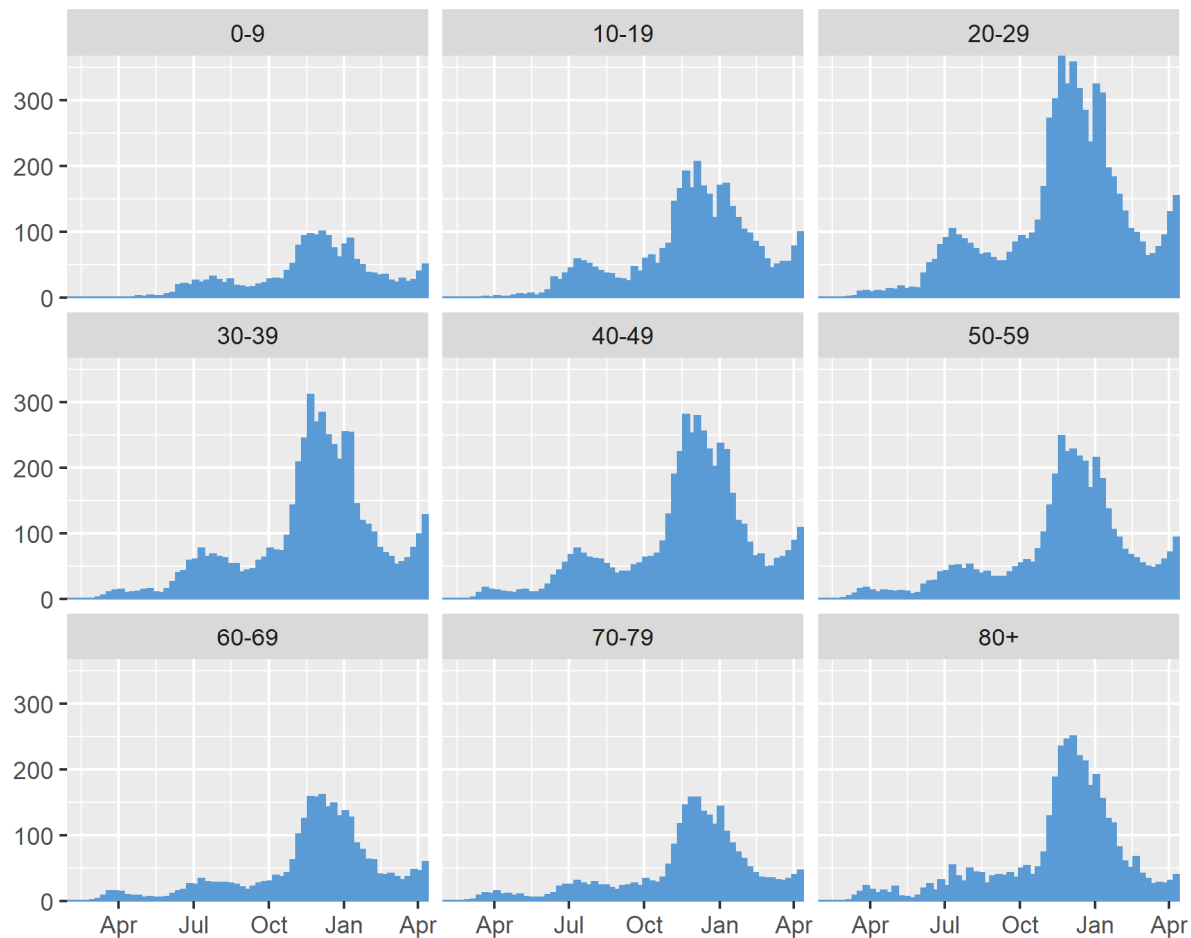
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Figure 15. All COVID-19 cases (case rate per 100,000) by age and week of onset



Data are provisional and subject to change.

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Race

Table 3. Severity and rates of COVID-19 by race

Race	Cases	% of total cases	Cases per 100,000	Hospitalized	% Hospitalized	Deaths	Case fatality
> 1 race	2,958	1.7	1,471.7	184	6.2	52	1.8
American Indian/Alaska Native	3,079	1.8	6,317.5	239	7.8	43	1.4
Asian	5,417	3.1	2,991.0	337	6.2	61	1.1
Black	4,437	2.5	5,496.0	312	7.0	46	1.0
Not Available	31,198	17.8		823	2.6	385	1.2
Other	38,929	22.2	29,515.8	1,700	4.4	192	0.5
Pacific Islander	1,491	0.8	8,975.4	156	10.5	21	1.4
White	88,082	50.2	2,462.9	5,892	6.7	1,660	1.9
Total	175,591	100.0	4,144.8	9,643	5.5	2,460	1.4

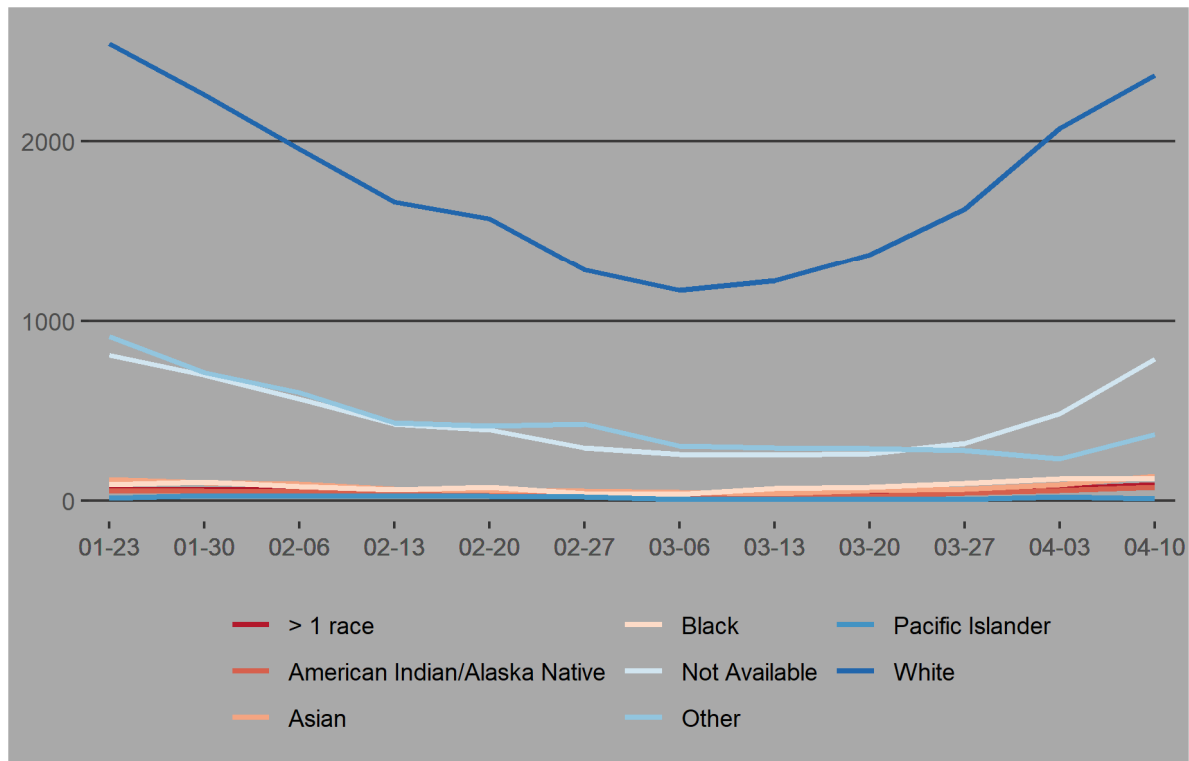
1. During the case investigation, people are asked to self-report their race, ethnicity, tribal affiliation, country of origin, or ancestry.
2. National Center for Health Statistics (NCHS). Estimates of the resident population of the U.S. by year, county, age, bridged race, Hispanic origin, and sex (Vintage 2018).
3. Census Bureau Population Estimates: U.S. Census bureau, Population Division, Annual Estimates of the Resident Population by Age, Sex, Race, and Hispanic Origin for counties (Vintage 2018)
4. Persons for which race information was not available were not included in these estimates. The number of persons with race data unavailable can be found in Table 3.
5. 35,202 (90.4%) of the 38,929 persons who identify as "Other" race also self-identify as Hispanic or Latino.

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Figure 16. Recent COVID-19 cases by race and week of onset



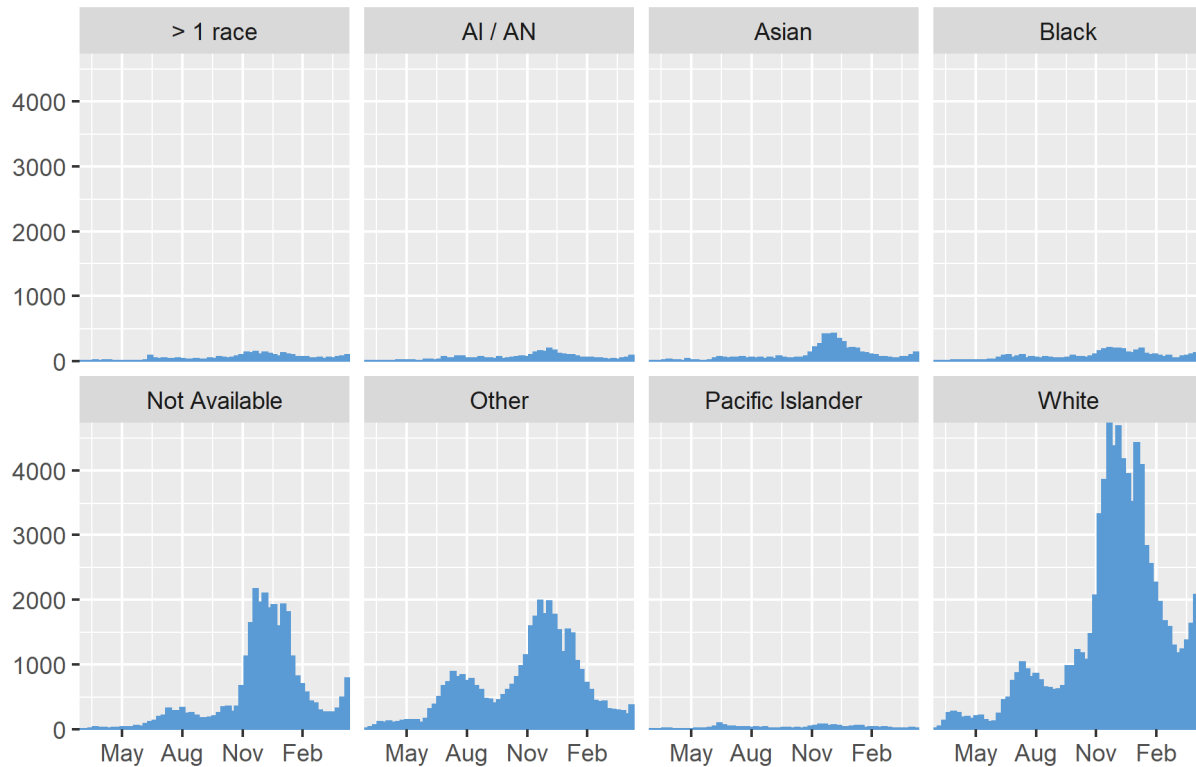
Data are provisional and subject to change.

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Figure 17. All COVID-19 cases (counts) by race and week of onset



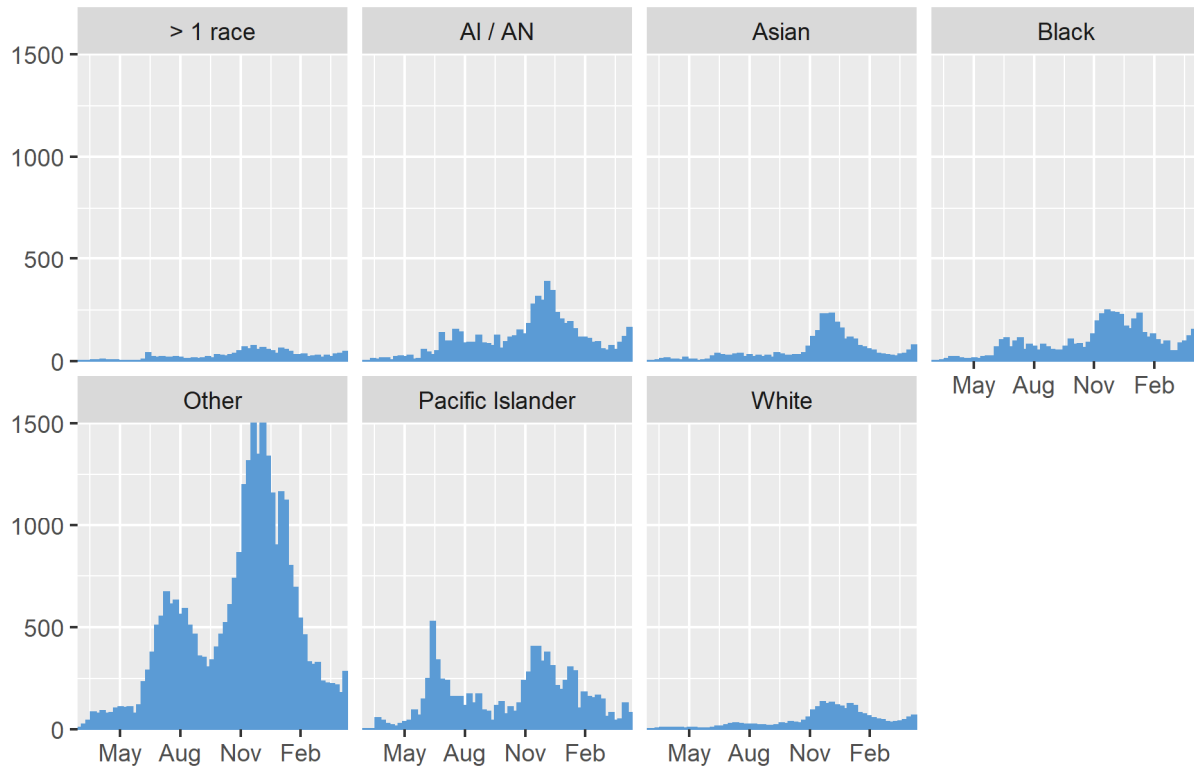
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Figure 18. All COVID-19 cases (case rates per 100,000) by race and week of onset



Ethnicity

Table 4. Severity and rates of COVID-19 by ethnicity

Ethnicity	Cases	% of total cases	Cases per 100,000	Hospitalized	% Hospitalized	Deaths	Case fatality
Hispanic	43,724	24.9	8,040.7	1,897	4.3	220	0.5
Not Hispanic	90,256	51.4	2,444.2	6,053	6.7	1,586	1.8
Unknown	41,611	23.7		1,693	4.1	654	1.6
Total	175,591	100.0	4,144.8	9,643	5.5	2,460	1.4

Data are provisional and subject to change.

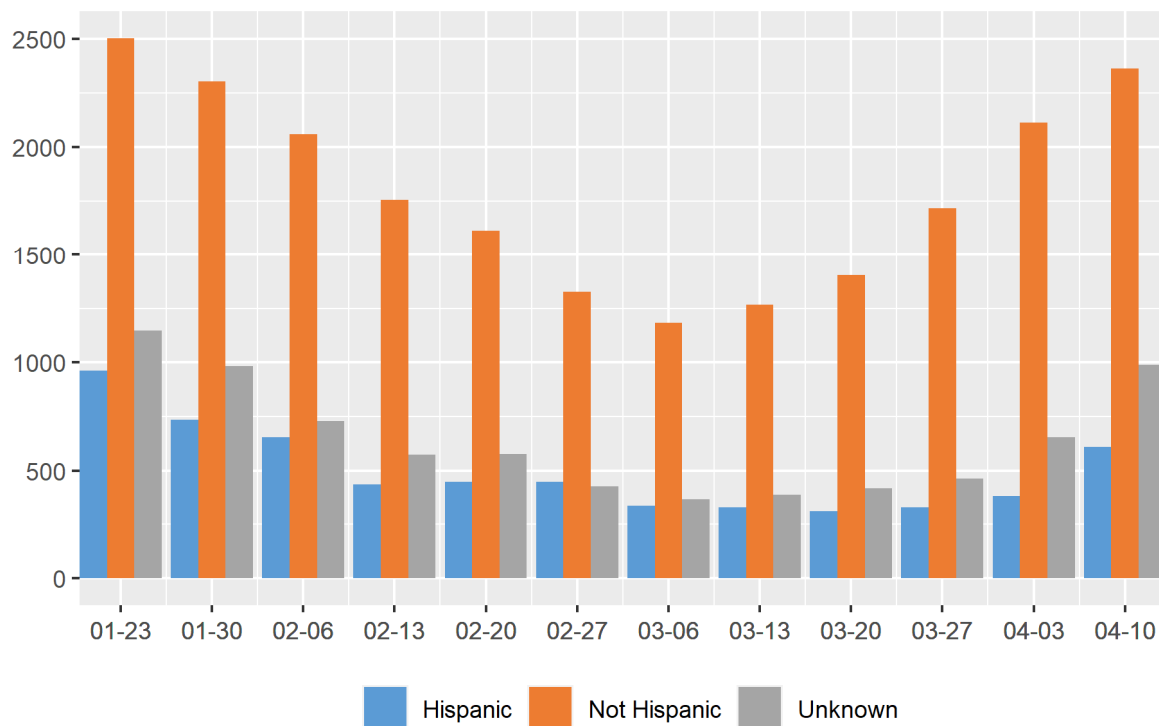
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1. National Center for Health Statistics (NCHS). Estimates of the resident population of the US by year, county, age, bridged race, Hispanic origin, and sex (Vintage 2018). 2) Census Bureau Population Estimates: U.S. Census bureau, Population Division, Annual Estimates of the Resident Population by Age, Sex, Race, and Hispanic Origin for counties (Vintage 2018)

Figure 19. Recent COVID-19 cases by ethnicity and week of onset

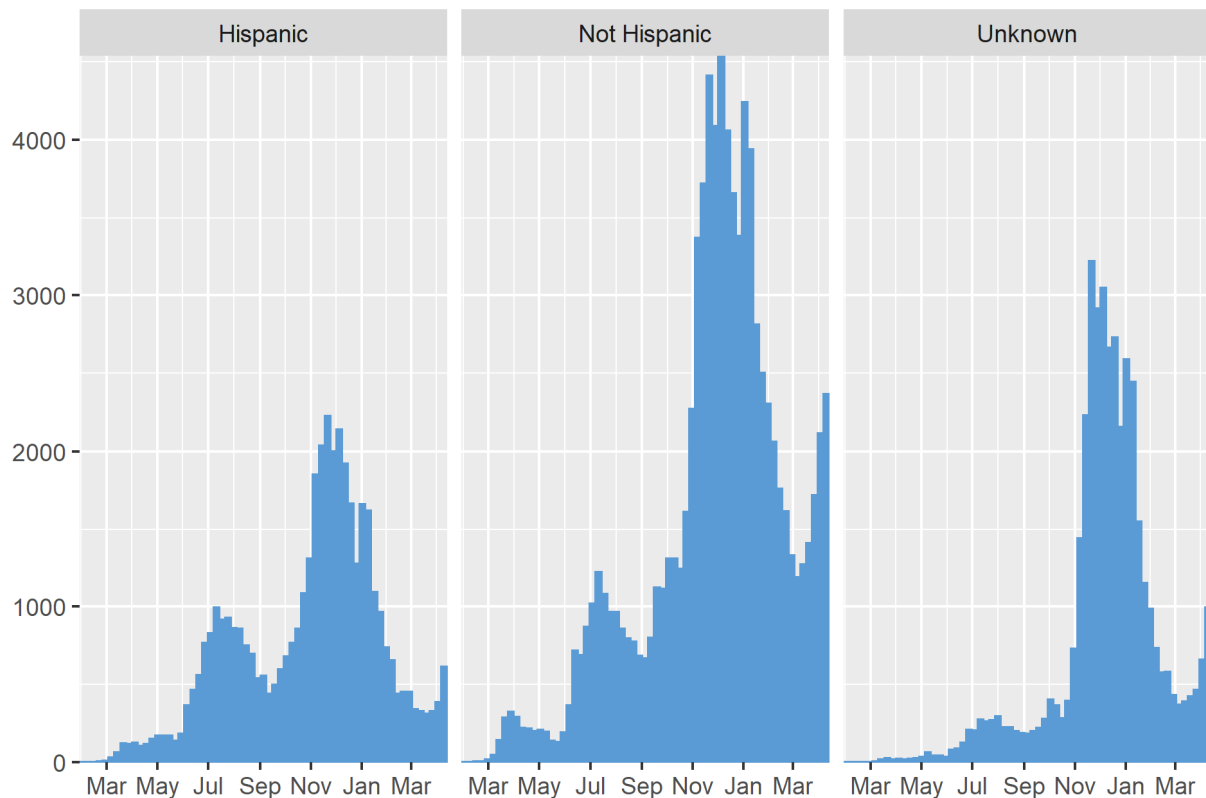


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Figure 20. All COVID-19 cases by ethnicity (counts) and week of onset

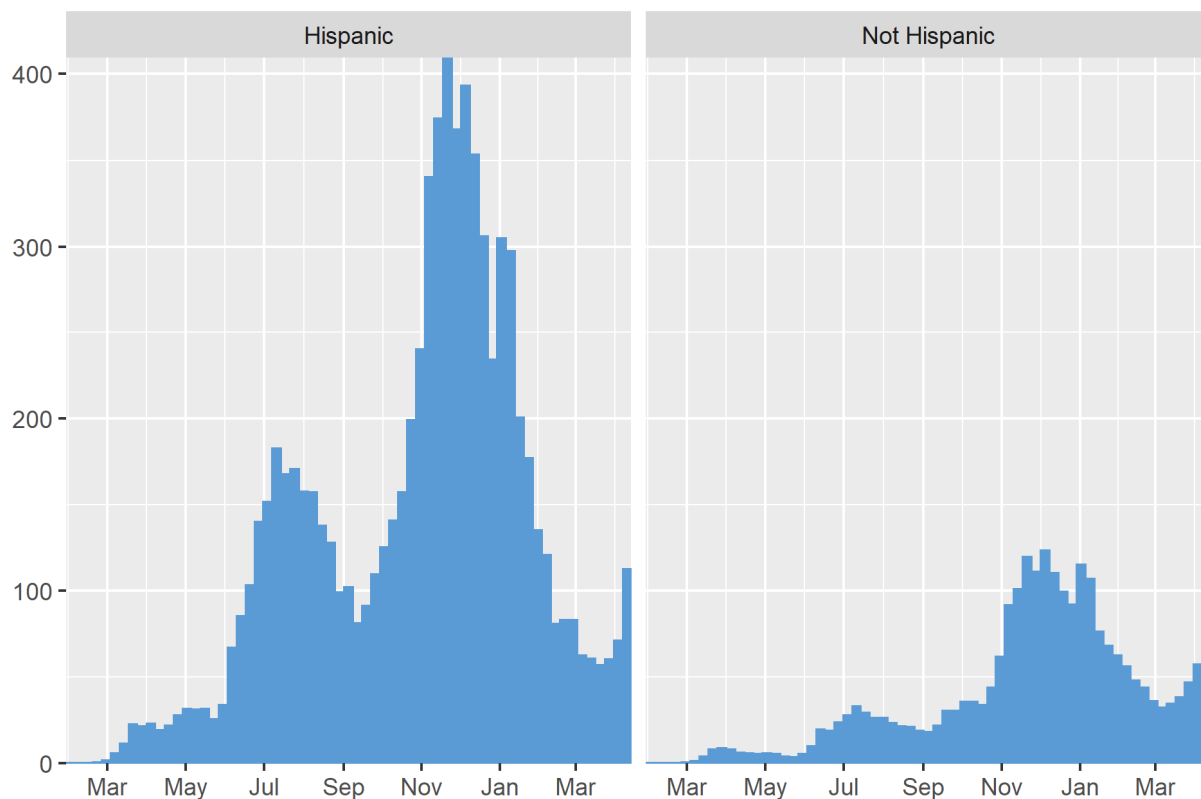


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Figure 21. All COVID-19 cases by ethnicity (case rates per 100,000) and week of onset



Age-adjustment

Tables 5 and 6 show the ratio of age-adjusted rates of COVID-19 for cases, hospitalizations, and deaths by race and ethnicity. Each table compares the rates of cases, hospitalizations, and deaths between each group and a reference group and accounts for differences in population distributions in each group.

Table 5. Ratio of age-adjusted rates for cases, hospitalizations, and deaths by race

Age-adjusted rate ratios of cases, hospitalizations, and deaths, compared to white persons

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Race	Cases	Hospitalizations	Deaths
> 1 race	0.7	1.4	2.2
American Indian/Alaska Native	2.5	3.8	3.1
Asian	1.2	1.5	1.2
Black	2.2	3.4	2.6
Pacific Islander	4.0	13.0	14.7
White	1.0	1.0	1.0

1. During the case investigation, people are asked to self-report their race, ethnicity, tribal affiliation, country of origin, or ancestry.
2. National Center for Health Statistics (NCHS). Estimates of the resident population of the U.S. by year, county, age, bridged race, Hispanic origin, and sex (Vintage 2018).
3. Census Bureau Population Estimates: U.S. Census bureau, Population Division, Annual Estimates of the Resident Population by Age, Sex, Race, and Hispanic Origin for counties (Vintage 2018)
4. Persons for which race information was not available were not included in these estimates. The number of persons with race data unavailable can be found in Table 3.

Table 6. Ratio of age-adjusted rates for cases, hospitalizations, and deaths by ethnicity

Age-adjusted rate ratios of cases, hospitalizations, and deaths, compared to non-Hispanic

Ethnicity	Cases	Hospitalizations	Deaths
Hispanic	3.1	4	3.1
Non-Hispanic	1.0	1	1.0

1. During the case investigation, people are asked to self-report their race, ethnicity, tribal affiliation, country of origin, or ancestry.
2. National Center for Health Statistics (NCHS). Estimates of the resident population of the U.S. by year, county, age, bridged race, Hispanic origin, and sex (Vintage 2018).

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3. Census Bureau Population Estimates: U.S. Census bureau, Population Division, Annual Estimates of the Resident Population by Age, Sex, Race, and Hispanic Origin for counties (Vintage 2018)
4. Persons for which ethnicity information was not available were not included in these estimates. The number of persons with ethnicity data unavailable can be found in Table 4.

Follow-up

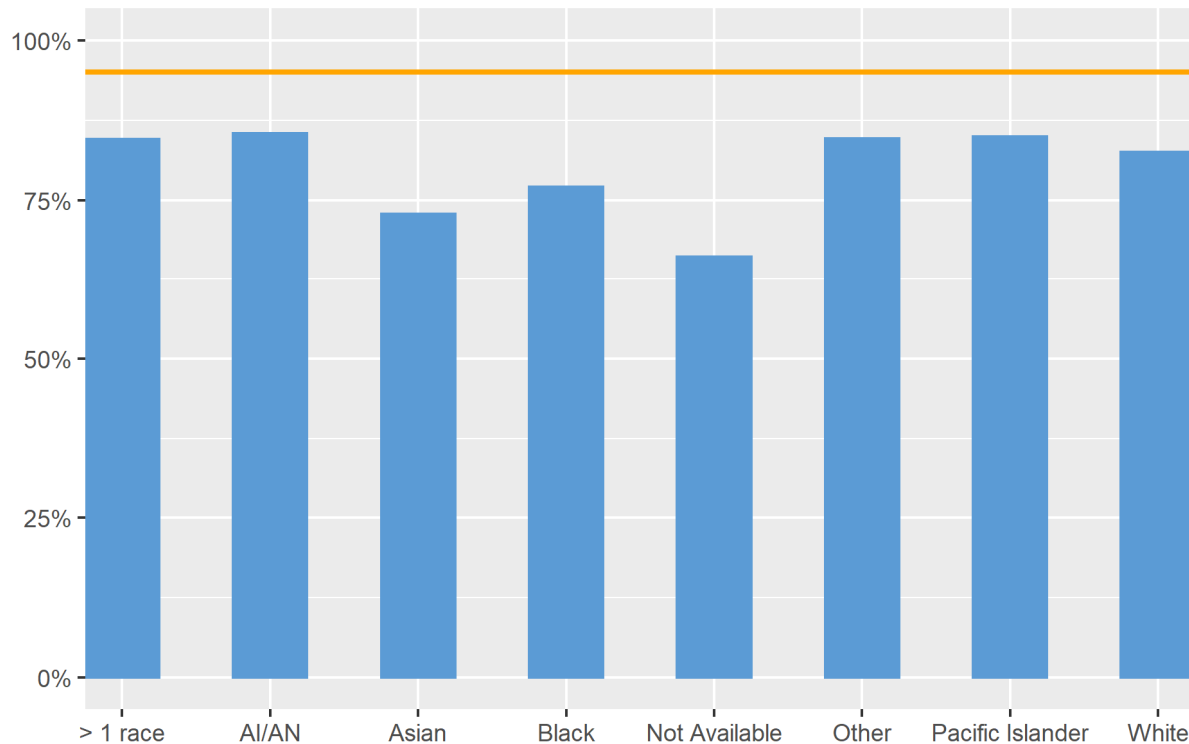
Figure 22 shows the percentage of cases that were called within 24 hours of being reported to public health by race. Figure 23 shows the percentage of cases that were called within 24 hours of being reported to public health by ethnicity. Figure 24 shows the percentage of cases that were interviewed, by race. Figure 25 shows the percentage of cases that were interviewed, by ethnicity. Race and ethnicity data are collected when cases are interviewed. Race and ethnicity data for cases that were not interviewed are abstracted from laboratory reports and medical records if it is available. The orange line in figures 22 and 23 represents the state metric for timely follow up for all cases: 95%.

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Figure 22. Follow up attempted within 24 hours, % by race



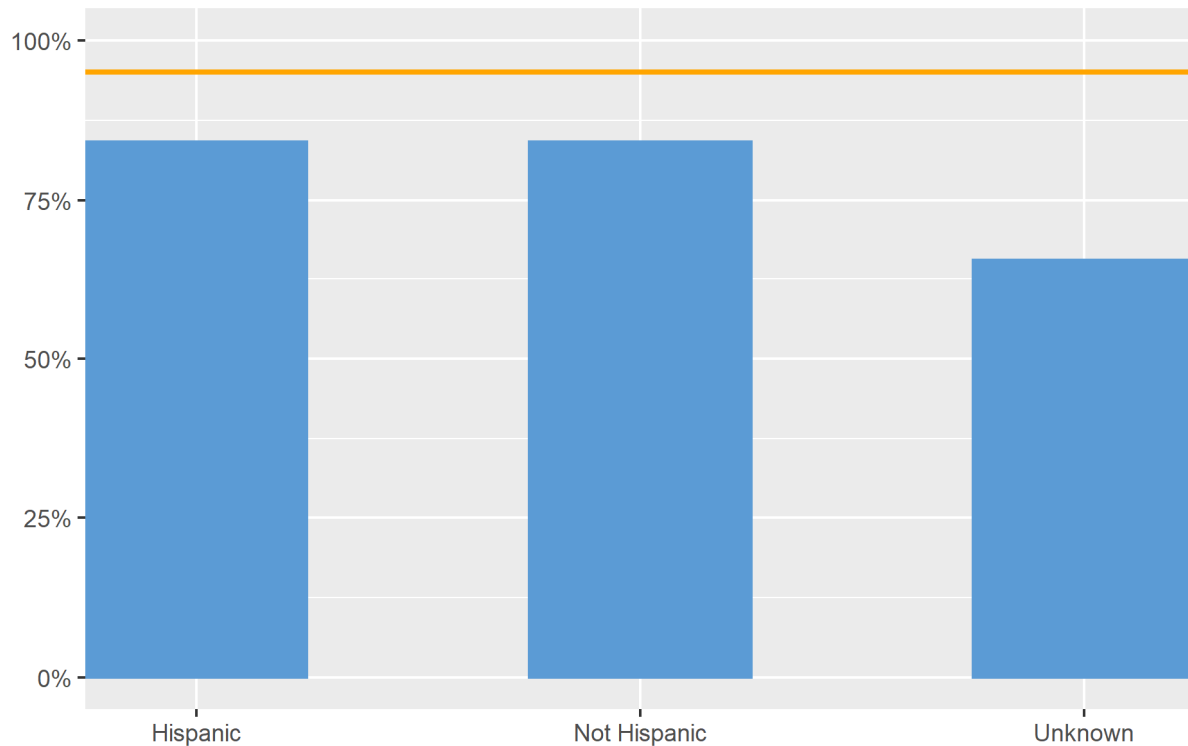
Data are provisional and subject to change.

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Figure 23. Follow up attempted within 24 hours, % by ethnicity

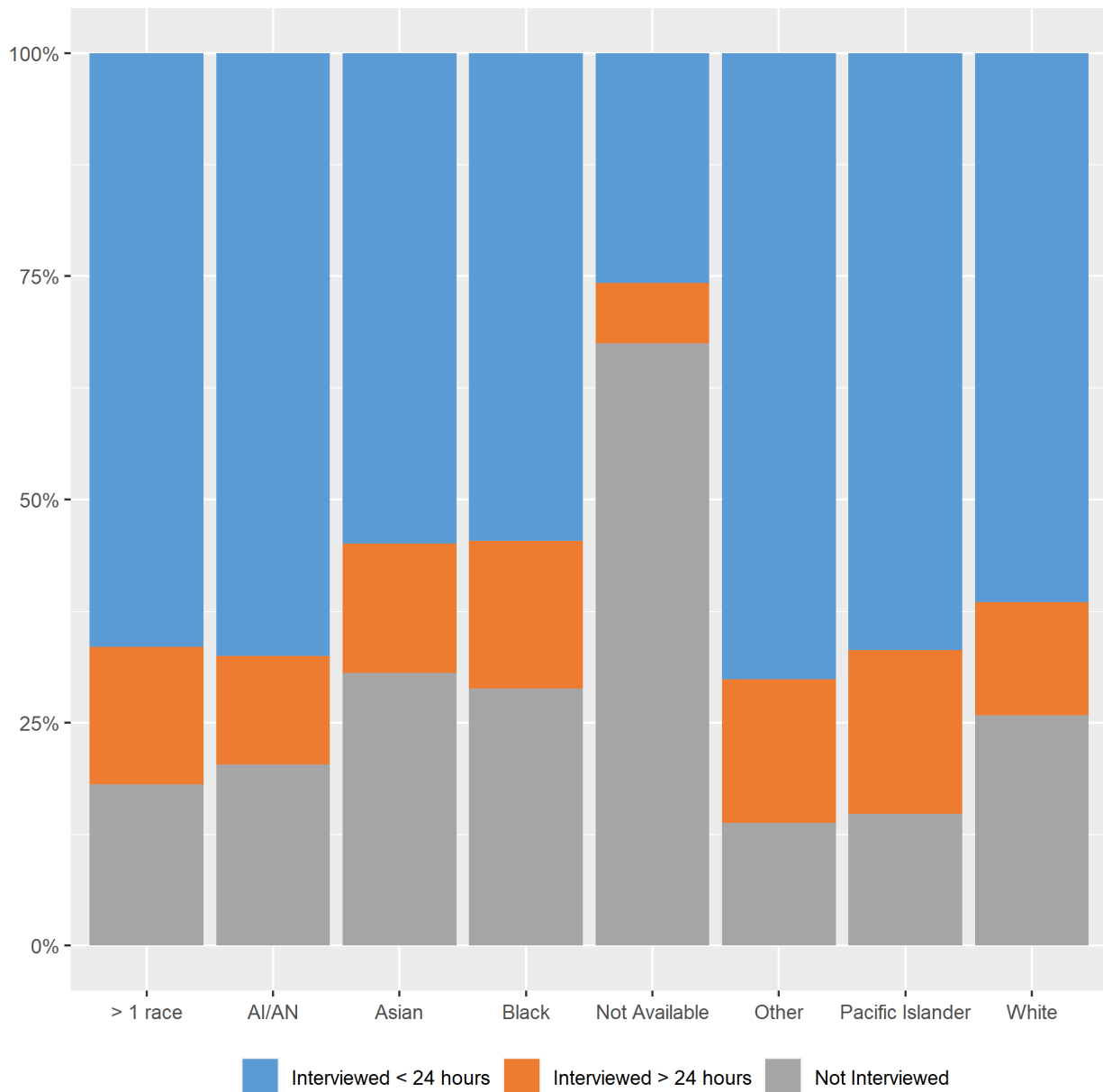


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Figure 24. Cases interviewed, by race



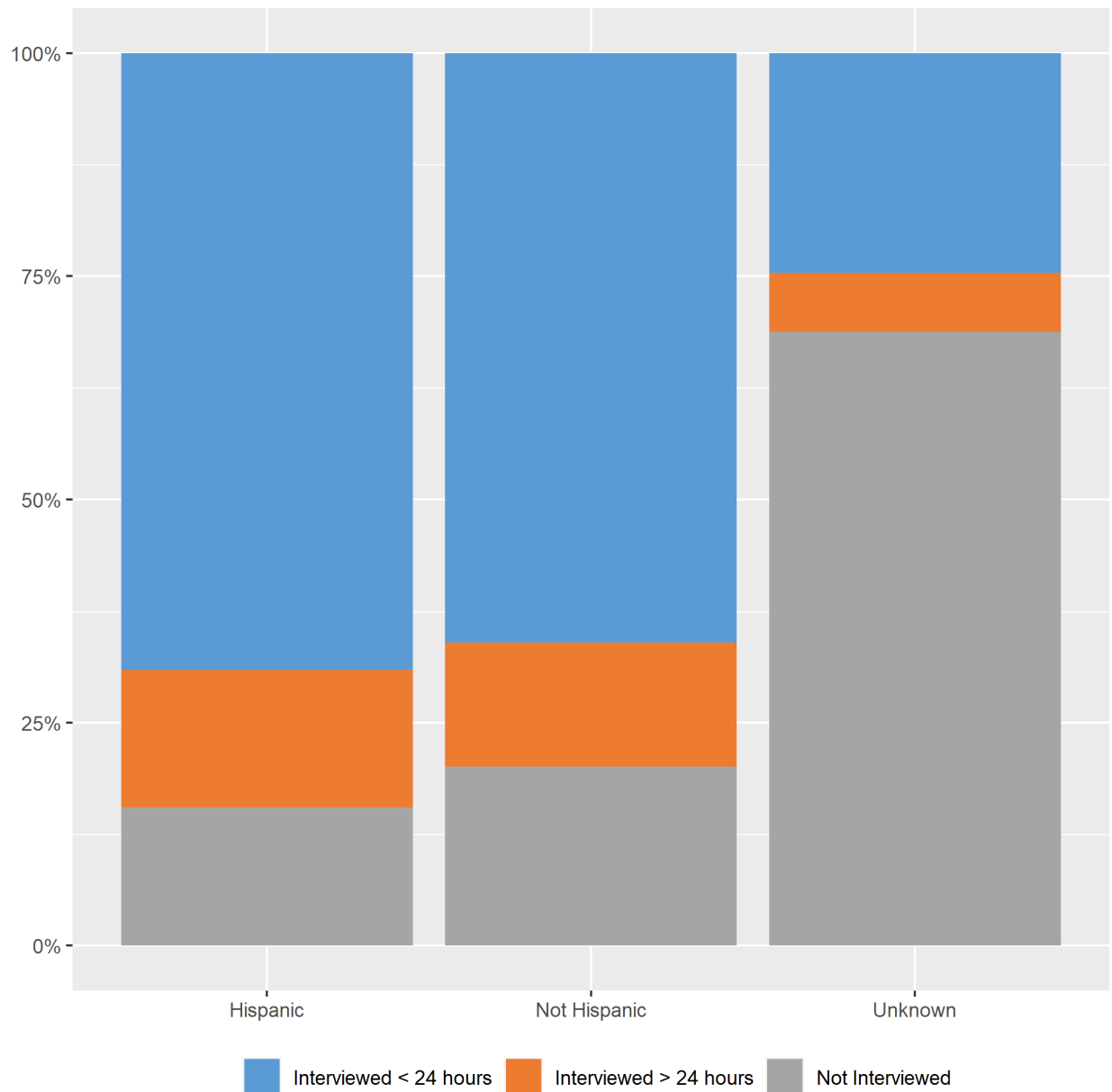
Data are provisional and subject to change.

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Figure 25. Cases interviewed, by ethnicity



Data are provisional and subject to change.

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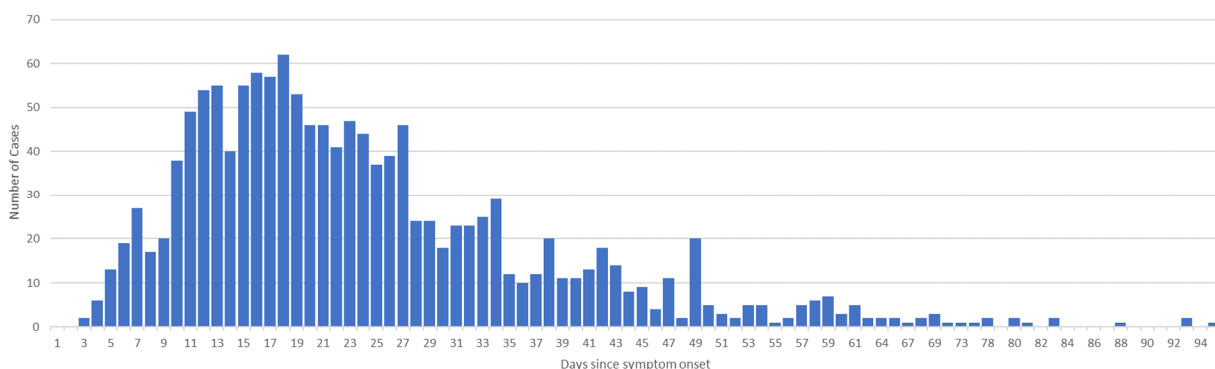
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Recovery

OHA staff periodically call people with reported COVID-19 who experienced fever, cough, shortness of breath or diarrhea and were initially interviewed before May 1, when OHA changed its definition of recovery, to inquire about resolution of symptoms. This group includes 1,884 people who were all diagnosed before mid-April and have not succumbed to their illness. Among these, 1,682 (88.8%) are considered to have recovered, and a recovery date is available for 1,387 people; their time to recovery is depicted in Figure 26. Of these 1,884 people, 16 (0.8%), have not yet recovered; and recovery status is not available for 186 (9.8%). People are assumed to have recovered three days after resolution of all symptoms. The median time to recovery among non-hospitalized symptomatic cases is 20 days (interquartile range: 15–29 days); among symptomatic cases who were hospitalized it is 26 days (interquartile range: 18–37 days).

Figure 26. Time to recovery among symptomatic people with COVID-19



Notes about recovery data:

- Recovery definition: three days after reported resolution of diarrhea, cough, shortness of breath and fever.
- Inclusion criteria: cases who were interviewed about their date of recovery before a change in recovery definition on May 1
- Data for 1,387 cases are included
- This was last updated on 9/16; Data will be updated again as new information is available.

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People with Intellectual and Developmental Disabilities

As of March 8, 2021 OHA is aware of 744 people with intellectual or developmental disabilities who have had COVID-19 to date. This includes individuals who live in congregate settings and in family or individual homes. To date, there are 21 deaths associated with people with intellectual or developmental disabilities. This number is from conducting a match between the ODHS Office of Developmental Disabilities Services client list and the Oregon COVID-19 case database. OHA will update this number on a quarterly basis.

Additional information about the ODDS program and COVID-19 can be found here:

<https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/ODDS%20Resource%20Library/ODDS-Residential-COVID-19-Report.pdf>

ODDS data is based on self-reports from providers and case management entities and therefore may differ from testing data received from the Oregon Health Authority.

Weekly COVID-19 Hospitalizations (HOSCAP)

OHA is publishing data on the number of COVID-19 hospitalizations by hospital in the prior week; data are from HOSCAP. Table 7 lists all hospitals which, at some time during the week reported, had 10 or more suspected/confirmed COVID-19 patients. The left column shows the highest number of suspected and confirmed COVID-19 hospitalized patients for each hospital between 4/12/2021 and 4/18/2021. The right column shows the highest number of confirmed COVID-19 patients hospitalized during the same time period.

Table 7. Hospitals reporting 10 or more COVID-19 patients.

Hospital	Maximum Patients (both suspected and confirmed)	Maximum Patients (confirmed only)
Salem Health Hospital	32	27
Providence St. Vincent Medical Center	22	22
Providence Portland Medical Center	21	21
St. Charles Bend	19	15
OHSU Hospital	14	10

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Hospital	Maximum Patients (both suspected and confirmed)	Maximum Patients (confirmed only)
Kaiser Permanente Sunnyside Medical Center	13	13
Adventist Health Portland	12	11
Legacy Good Samaritan Medical Center	12	<10
Legacy Mount Hood Medical Center	12	<10
Asante Ashland Community Hospital	11	10
Asante Rogue Regional Medical Center	10	10

The hospitals listed in Table 8 reported 1–9 suspected or confirmed COVID-19 patients 4/12/2021 through 4/18/2021. Hospitals not listed in either table did not report any suspected or confirmed patients during the week.

Table 8. Hospitals reporting 1–9 COVID-19 patients.

Hospital
Asante Three Rivers Medical Center
Bay Area Hospital
Columbia Memorial Hospital
Good Samaritan Regional Medical Center
Good Shepherd Health Care System
Grande Ronde Hospital
Hillsboro Medical Center
Kaiser Permanente Westside Medical Center
Lake District Hospital
Legacy Emanuel Medical Center
Legacy Meridian Park Hospital
Legacy Silverton Medical Center

Data are provisional and subject to change.

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Hospital
McKenzie-Willamette Medical Center
Mercy Medical Center
Mid-Columbia Medical Center
OHSU Doernbecher Children's Hospital
PeaceHealth Sacred Heart MC at Riverbend
Providence Medford Medical Center
Providence Newberg Medical Center
Randall Children's Hospital at Legacy Emanuel
Samaritan Albany General Hospital
Samaritan Lebanon Community Hospital
Samaritan North Lincoln Hospital
Samaritan Pacific Communities Hospital
Santiam Hospital
Sky Lakes Medical Center
St. Anthony Hospital
St. Charles Madras
VA Portland Health Care System
Willamette Valley Medical Center

ZIP code

OHA is publishing data on cases at the ZIP code level, available online at:

<https://public.tableau.com/profile/oregon.health.authority.covid.19#!/vizhome/OregonCOVID-19CasesbyZIPCode/OregonsCOVID-19CasesbyZipCode?publish=yes>

Summary table of all zip codes available here:

Data are provisional and subject to change.

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<https://public.tableau.com/profile/oregon.health.authority.covid.19#!/vizhome/OregonCOVID-19CasesbyZIPCode-SummaryTable/CasesbyZIPCodeSummaryTable?publish=yes>

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