

Coronavirus Disease 2019 (COVID-19)

Washington State Board of Health

November 9, 2020

Presenter

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Secretary of Health

Washington State Department of Health

Overview

- Current Outlook
- Equity in Response
- Testing
- COVID-19 Vaccine
- Public Health is Essential

Current Outlook

Epidemiological curves

Learn More



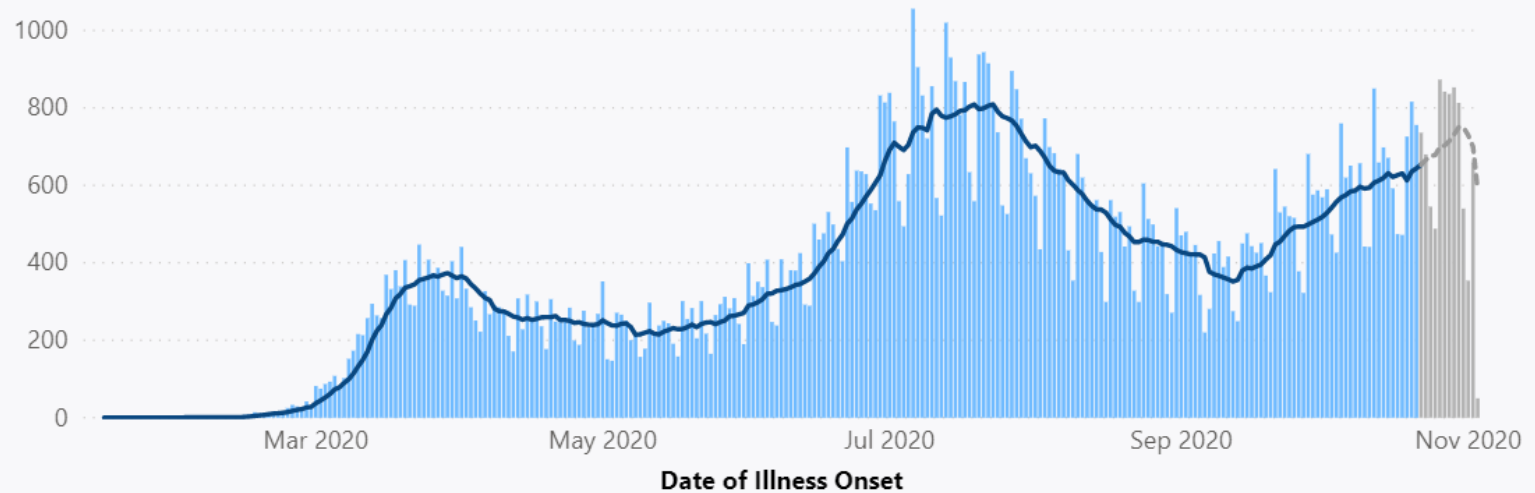
COVID-19 in Washington State

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."

Confirmed Case Counts

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



484 of 111,480 confirmed cases do not have an assigned county. Illnesses from the last 13 days may not yet be reported.

Select an Option

Confirmed Cases

Hospitalizations

Deaths

Select County >>

All

Tabular View

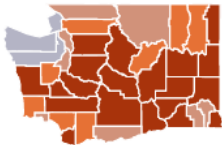
Click on Tabular View to see and download the data.

Select a key metric

- Rate per 100K newly diagnosed cases**
- New hospitalizations per 100K people
- Effective reproductive number (R)

Select a County

All ▼



- 75 or more
- 50 to <75
- 25 to <50
- 10 to <25
- +0 to <10
- zero cases

Chart View

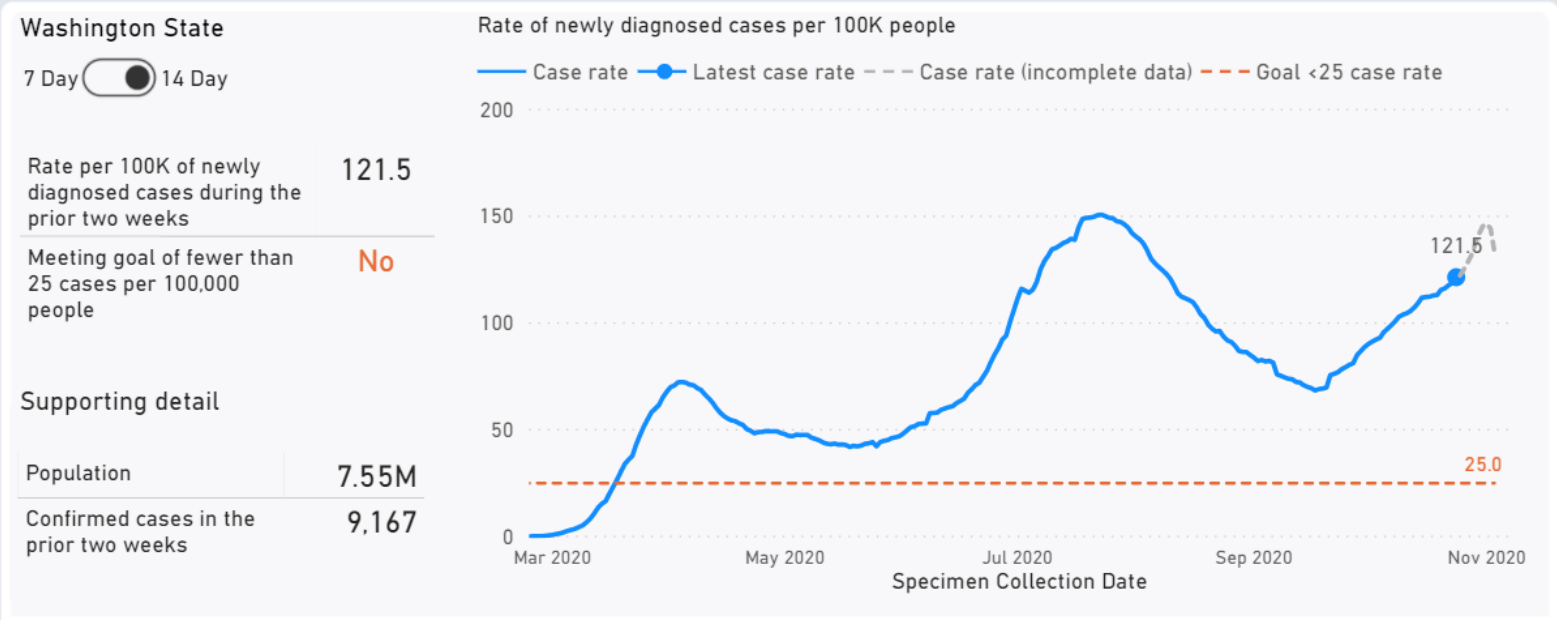
Tabular View

COVID-19 disease activity

Rate of newly diagnosed COVID-19 cases

This graphs shows the trend of the rate of newly diagnosed COVID-19 cases per 100,000 people during a two week period. The most recent period is from Oct 11 through Oct 24. The Department of Health defines low disease activity as having fewer than 25 cases per 100,000 people during the prior two weeks.

[Learn More](#)



Sources: Washington State Department of Health and the Washington State Office of Financial Management

Learn More



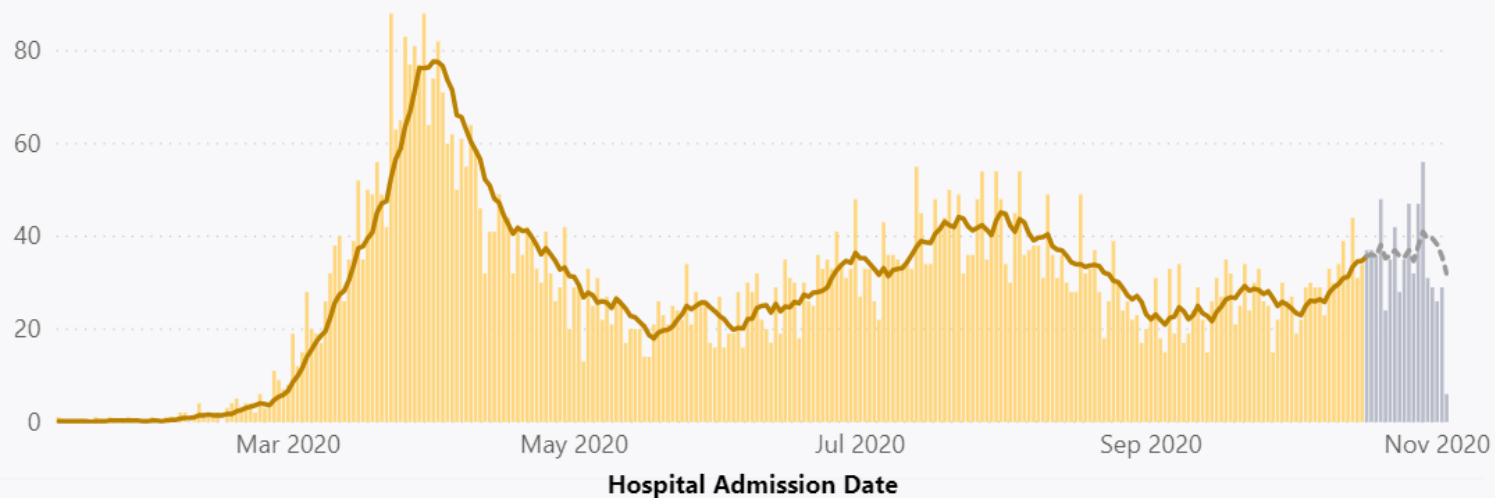
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Hospitalizations Counts

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



226 hospitalizations do not have a hospital admission date reported. 32% of statewide confirmed cases have unknown hospitalization status. Hospitalizations from the last 18 days may not yet be reported.

Select an Option

Confirmed Cases

Hospitalizations

Deaths

Select County >>

All

Tabular View

Click on Tabular View to see and download the data.

Select an Option

Confirmed Cases

Hospitalizations

Deaths

Select County >>

All v

Tabular View

Click on Tabular View to see and download the data.

COVID-19 in Washington State

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

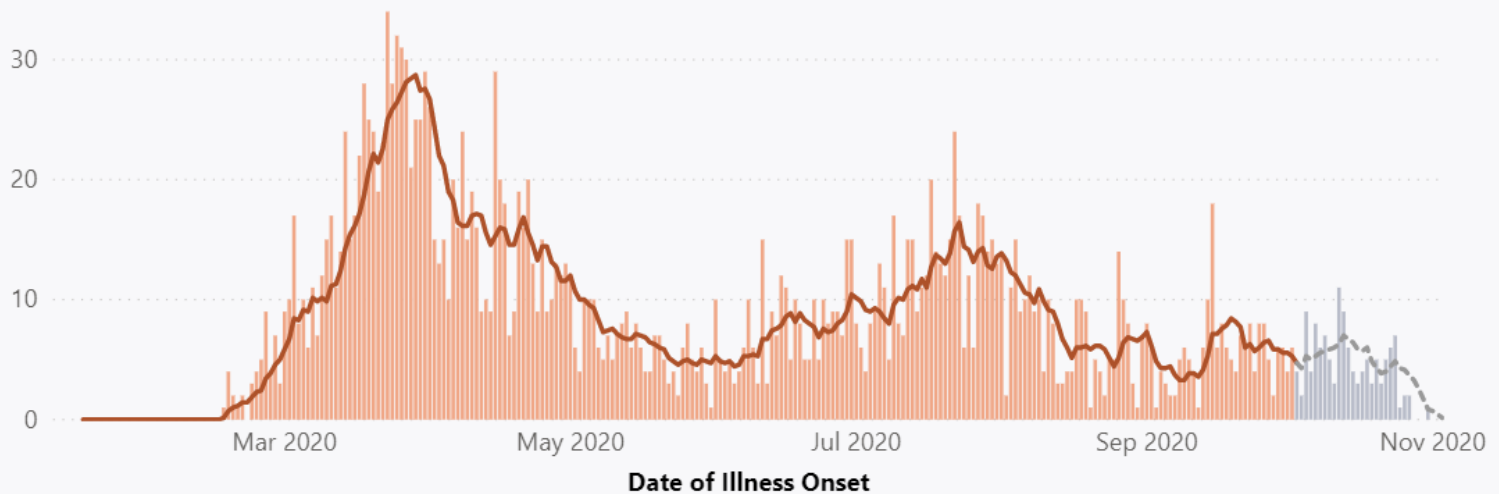
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Learn More



Deaths Counts

● Deaths ● Data are incomplete for the most recent dates. — Deaths (7 day rolling avg.) — Incomplete data (7 day rolling avg.)



3 of 2,416 deaths do not have an assigned county. Deaths from the last 3-4 weeks may not yet be reported.

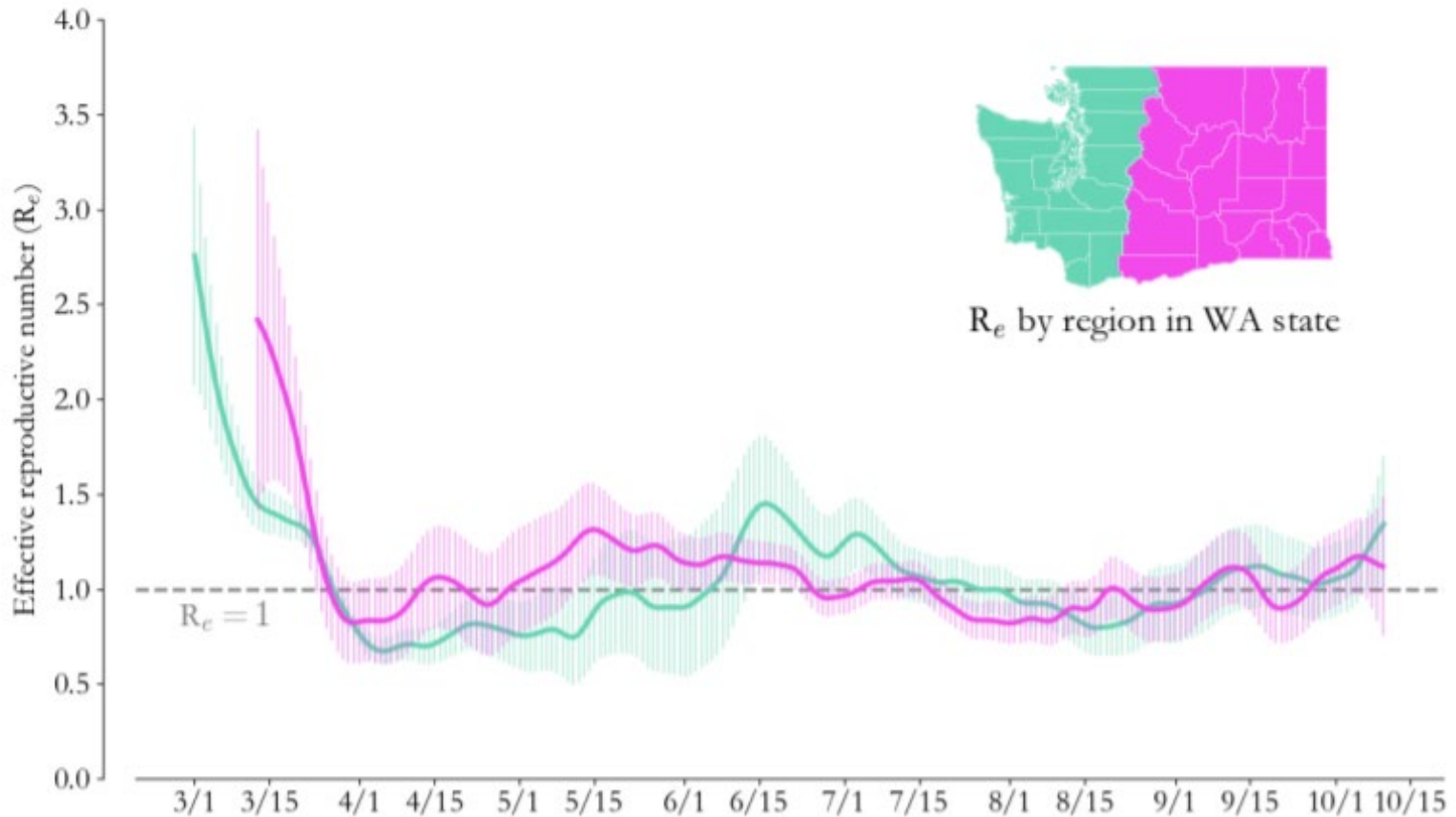


Figure 1: R_e estimates for eastern (pink) and western (green) WA, with 2 standard deviation error bars. Our most recent estimates suggest that R_e is highly likely above 1 in western WA as of October 10 and that recent increases in cases and hospitalizations were driven by accelerating transmission. R_e was lower in eastern WA but still likely above 1. In both eastern and western WA our best estimates of R_e have been above one since October 1.

Source: Institute of Disease Modeling. Data through October 15 with R_e as of October 26, 2020

Equity in the Response

COVID-19 Communities Highly Impacted

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COVID-19 in Washington State

Confirmed Cases, Hospitalizations and Deaths by Race/Ethnicity

A significant number of confirmed COVID-19 cases and deaths are missing race and ethnicity information, which limits the conclusions that we can draw. As we work to increase completeness, these data may change significantly.

Confirmed Cases by Race/Ethnicity

	Confirmed Cases	% of Cases	Total WA Population (%)
Total Number	111,480	100%	
Unknown Race/Ethnicity (% of Total)	37,434	34%	NA
Total with Race/Ethnicity Available	74,046	100%	100%
Non-Hispanic White	31,429	42%	68%
Hispanic	28,461	38%	13%
Non-Hispanic Black	4,326	6%	4%
Non-Hispanic Asian	3,742	5%	9%
Non-Hispanic Multiracial	1,923	3%	4%
Non-Hispanic Native Hawaiian or Other Pacific Islander	1,675	2%	1%
Non-Hispanic Other Race	1,327	2%	NA
Non-Hispanic American Indian or Alaska Native	1,163	2%	1%

Select an Option

- Confirmed Cases**
- Hospitalizations
- Deaths

- Sex & Age
- Race/Ethnicity**

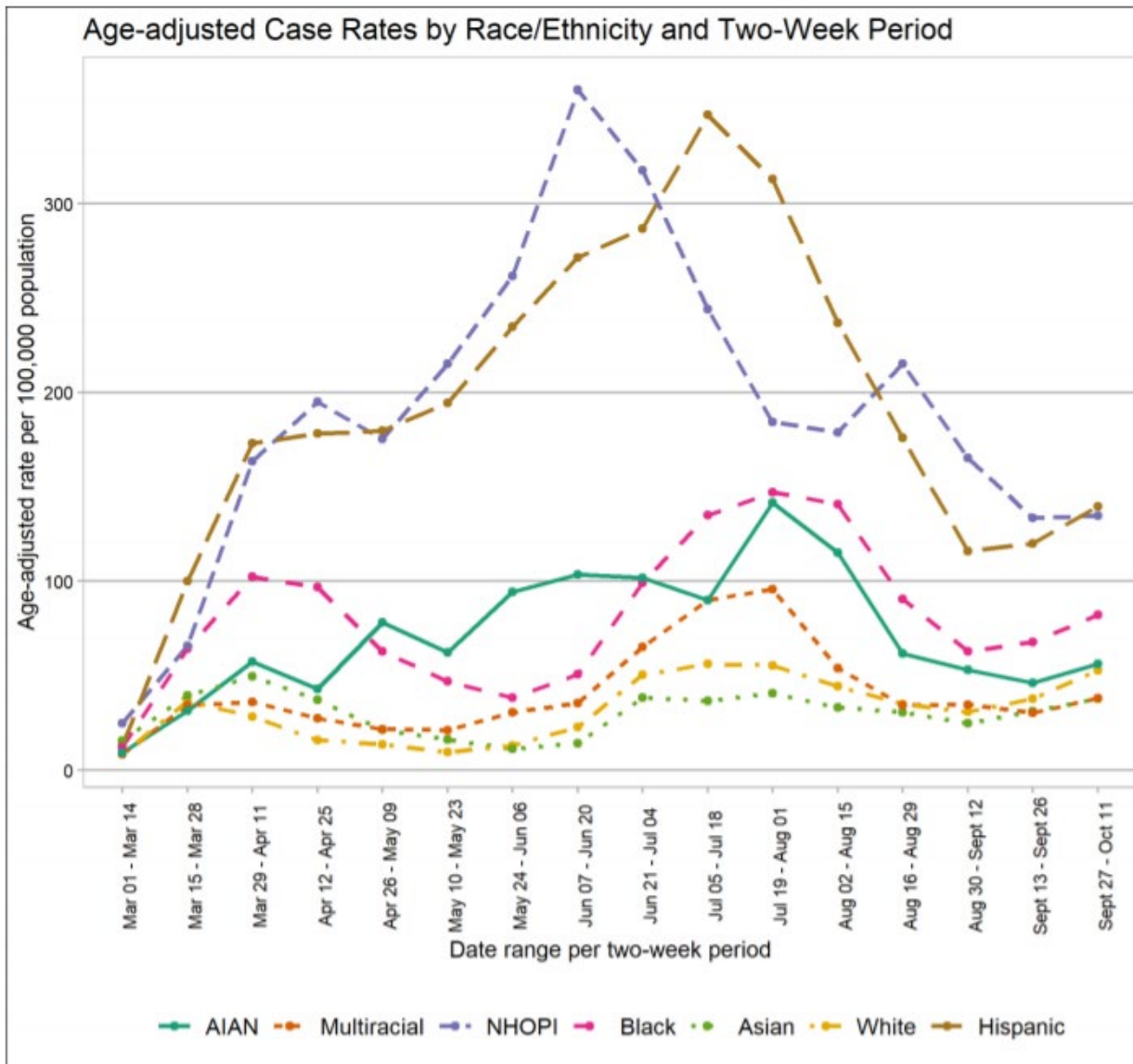


Table 3. Age-adjusted COVID-19 case rates by race and ethnicity per two-week period (Mar 1 - Oct 11, 2020)

Testing

Select a County

All

Download

COVID-19 in Washington State

Number of Tests by Specimen Collection Date

[Learn More](#)

Testing was initially limited, but since late June, we have averaged over 10,000 tests per day. We continue to work on increasing test availability and accessibility across Washington.

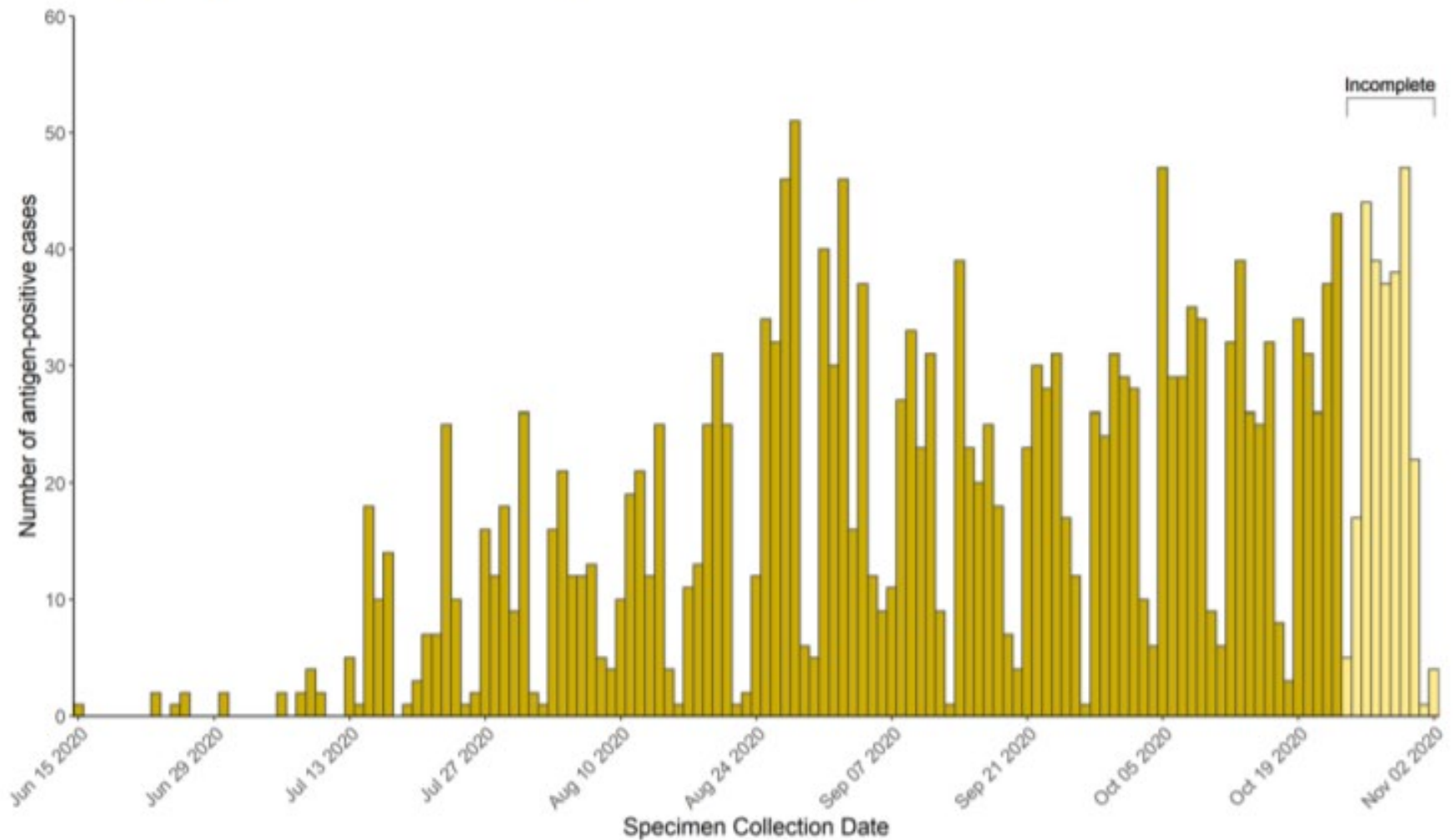
Number of Tests

● Positive ● Positive (Incomplete) ● Negative ● Negative (Incomplete) — Total (7 day rolling avg.) — Incomplete data (7 day rolling avg.)



408,754 out of 2,519,494 test results do not have an assigned county.

Number of reported antigen-positive COVID-19 cases by specimen collection date - Washington, June 15-November 02, 2020 (n=2211*)



*6 antigen positive cases were missing a specimen collection date and excluded from this analysis

Case investigations and contact tracing conducted by DOH centralized investigations team

Positive Lab Report Date Range	Cases Assigned to DOH	% total cases with first call attempt made within 1 day of positive lab report	% total cases reached within 1 day of positive lab report	% total cases interviewed within 1 day of positive lab report
10/4-10/10	180	85%	65%	54%
10/11-10/17	383	83%	58%	49%

Positive Lab Report Date Range	Contacts of Cases Assigned to DOH	% total contacts with first contact attempt made within 2 days of case positive lab report	% total contacts reached within 2 days of case positive lab report	% total contacts interviewed within 2 days of case positive lab report
10/4-10/10	250	92%	79%	71%
10/11-10/17	416	83%	70%	64%

● Challenges:

- Positive COVID-19 lab results submitted to DOH without contact information for the patient
- Cases refuse to participate in an interview
- Cases refuse to reveal the names of their contacts

COVID-19 Vaccine

CDC letter – jurisdictional readiness



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta, GA 30341-3724

October 26, 2020

COVID-19 Pandemic Vaccination Planning: Update for State and Local Public Health Programs

Dear Colleague:

Thank you for the submission of your jurisdiction's plan on COVID-19 vaccine implementation.

As you know, CDC is working with other federal members of [Operation Warp Speed](#) (OWS) to plan and implement a COVID-19 vaccination program as soon as vaccine(s) is available, which could be prior to the end of this calendar year. Planning for this challenging mission continues as we learn more about the safety, effectiveness, and complex storage and handling of these vaccines. In order to increase readiness at all levels, we ask that all jurisdictions plan to be ready to receive vaccine by November 15, 2020 (updated).

Please see important updates below and prioritize the following 5 key activities to further augment jurisdictional readiness to receive, administer and implement this vaccination mission.

Planning updates:

A. Data Use Agreement for COVID-19 vaccine response is one of the first steps you choose to share and a limiting step in sharing data with the Immunization Data Lake.

- Sharing data with uptake, identifying coverage disparities
- Sharing of information on dose of vaccines, series with the state
- CDC asks that all plans to support

B. Planning and Site Enumeration under an [Emergency Use Authorization \(EUA\)](#), based on COVID-19 vaccine will be available to the public in response, when vaccine s

Key Activities to Prioritize to Ensure Readiness to Receive Vaccine:

OWS will be testing the distribution and data infrastructure. In order to increase readiness at all levels, we ask that all jurisdictions plan with a need to be ready to receive pre-positioned vaccine by November 15, 2020 (updated). To meet the November 15 readiness date, additional items must be in place and tested.

We ask that by November 2:

- 1) Jurisdictions return signed data use agreements (DUA) to share data with HHS/CDC. (*Item A above*)
- 2) Jurisdictions must indicate the prioritized sites, as identified above, for vaccine pre-positioning (*Item C above*)
- 3) Jurisdictions should submit all provider enrollment data, but at a minimum data for those providers needed for Phase 1, to the CDC Datalake. At the very minimum, jurisdictions must submit their provider enrollment data for sites listed in #2 above to CDC by November 2.
- 4) Jurisdictions must have Phase 1 providers uploaded into CDC's vaccine ordering system, VTrckS. At the very minimum, the sites listed in #2 above should have providers enrolled into VTrckS by November 2.
- 5) Indicate to CDC project officers if you would like to *opt out* of the Pharmacy Partnership for Long-term Care Program (*Item C above*).

Jurisdictional Readiness goal by November 15

- CDC-DOH Data Use Agreement
- Early shipment of vaccine to select sites under consideration
- Provider enrollment of Phase 1 providers
- Behind scenes: upload of providers into CDC VTrckS vaccine ordering system
- Federal Pharmacy Partnership for Long-term Care Program participation

Provider Enrollment – Phased Approach

Pre-Screening Survey

Please complete the survey below.
Thank you!

WE NEED YOUR HELP WITH PANDEMIC RESPONSE

Thank you for your interest in becoming a COVID-19 Vaccine provider!

To enroll in the COVID-19 Vaccination Program, organizations will need to complete the provider agreement package, which is separated into six forms:

1. Pre-screening (this form)
2. Organization information
3. Facility information
4. Facility storage
5. List of providers
6. Agreement & signatures

You will need to select "submit" at the end of each survey form to move onto the next one. Please review your answers thoroughly before submitting a section. You cannot edit answers once you submit it, but you can send an email to covid_vaccine@doh.wa.gov to inform the provider enrollment team of any amendments.

To save your progress and return later, click on the 'Survey Queue' button in the top right corner of the screen, and then click 'Get link to my survey queue.' You can also select the 'Save and Return Later' button at the end of each form to save your progress and return a later time.

If your organization plans to administer COVID-19 vaccine at multiple locations, you will need to repeat all sections of the survey. Please be sure the organization information (next form) is the same on each location's application to ensure all of your locations are reviewed together. The organization and location name is displayed at the top of each page for your convenience.

After completing the enrollment survey, the Washington State Department of Health and local health departments will review your facility's information and follow up with any questions. Once your submission is approved, your organization may need to:

1. Complete the Immunization Information System (IIS) Information Sharing Agreement (ISA)
2. Submit proof that the vaccine cold storage equipment at each of your organization's facilities meets program requirements

We will follow-up with additional instructions on how to complete these next steps.

If you have questions, please email us at COVID.Vaccine@doh.wa.gov.

For more information about the COVID-19 vaccine, visit our website at <https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders>.

Are you interested in becoming a pandemic provider?

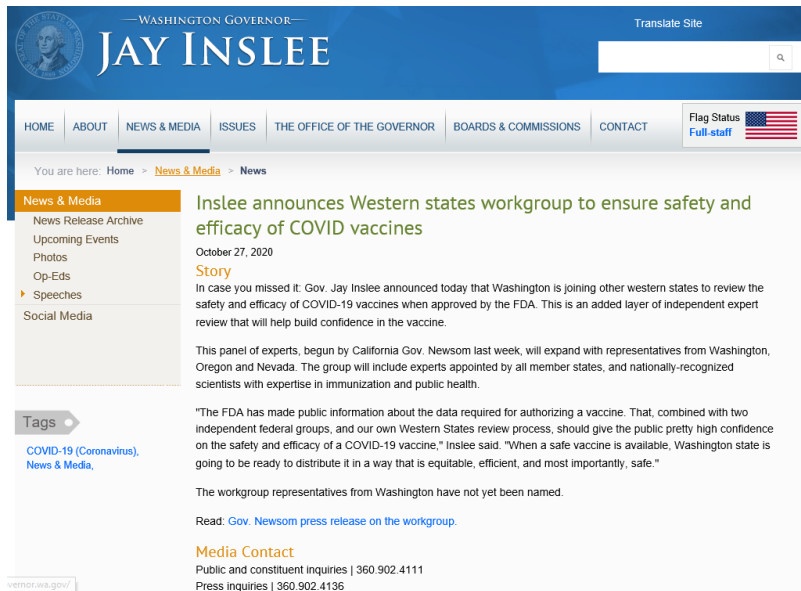
* must provide value

- Yes
 No

reset

- Launch: Monday, November 2
- Each facility enrolling will need to complete a survey
- Expanding to additional sites to enroll over subsequent weeks

Western Pact: Independent review of vaccine safety



The screenshot shows the official website of Washington Governor Jay Inslee. The header features the governor's name and a search bar. The navigation menu includes links for Home, About, News & Media, Issues, The Office of the Governor, Boards & Commissions, and Contact. The main content area displays a news article titled "Inslee announces Western states workgroup to ensure safety and efficacy of COVID vaccines" dated October 27, 2020. The article text states that Governor Inslee announced Washington is joining other western states to review the safety and efficacy of COVID-19 vaccines when approved by the FDA. It mentions that this is an added layer of independent expert review and that the workgroup will include experts from Washington, Oregon, and Nevada. A quote from the governor is provided: "The FDA has made public information about the data required for authorizing a vaccine. That, combined with two independent federal groups, and our own Western States review process, should give the public pretty high confidence on the safety and efficacy of a COVID-19 vaccine," Inslee said. "When a safe vaccine is available, Washington state is going to be ready to distribute it in a way that is equitable, efficient, and most importantly, safe." The article also notes that the workgroup representatives from Washington have not yet been named. A "Media Contact" section provides public and constituent inquiries at 360.902.4111 and press inquiries at 360.902.4136.

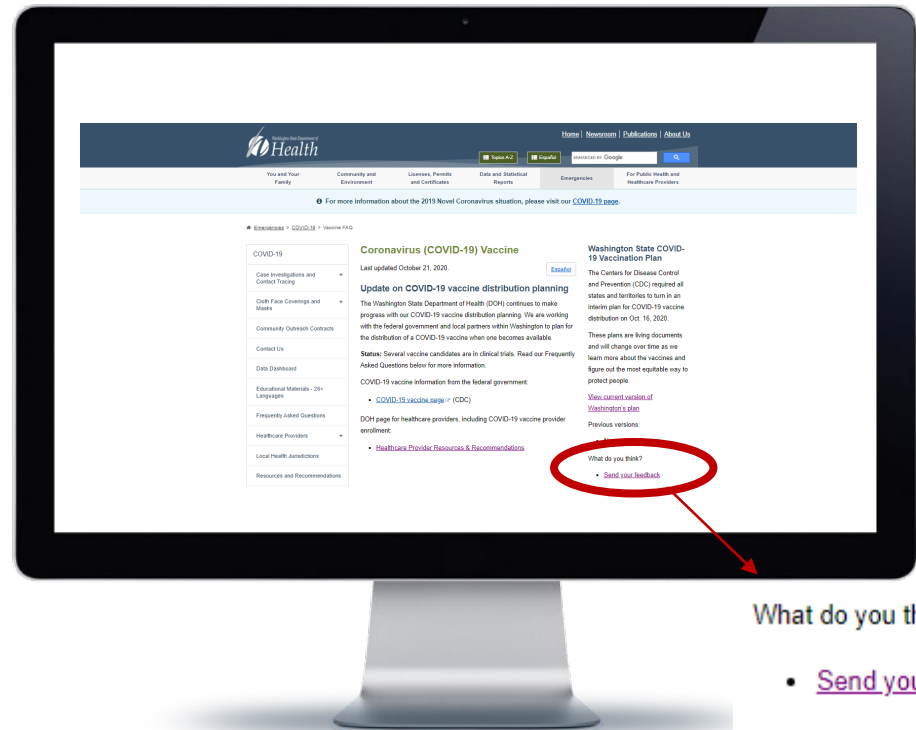
- WA, OR, NV joining California's workgroup
 - Independently review COVID-19 vaccine approved by FDA
- Each joining state will add 1 representative to California's workgroup
- Will include nationally-recognized scientists with expertise in immunization and public health
- Added layer of independent expert review to help build confidence in the vaccine
- Charter in development

Media Release: <https://www.governor.wa.gov/news-media/inslee-announces-western-states-workgroup-ensure-safety-and-efficacy-covid-vaccines>

Washington State Interim COVID-19 Vaccination Plan

Interim plan is available on website

- Seeking feedback and input to understand best ways to equitably distribute vaccine
- Plan will be updated as we receive direction from CDC and feedback

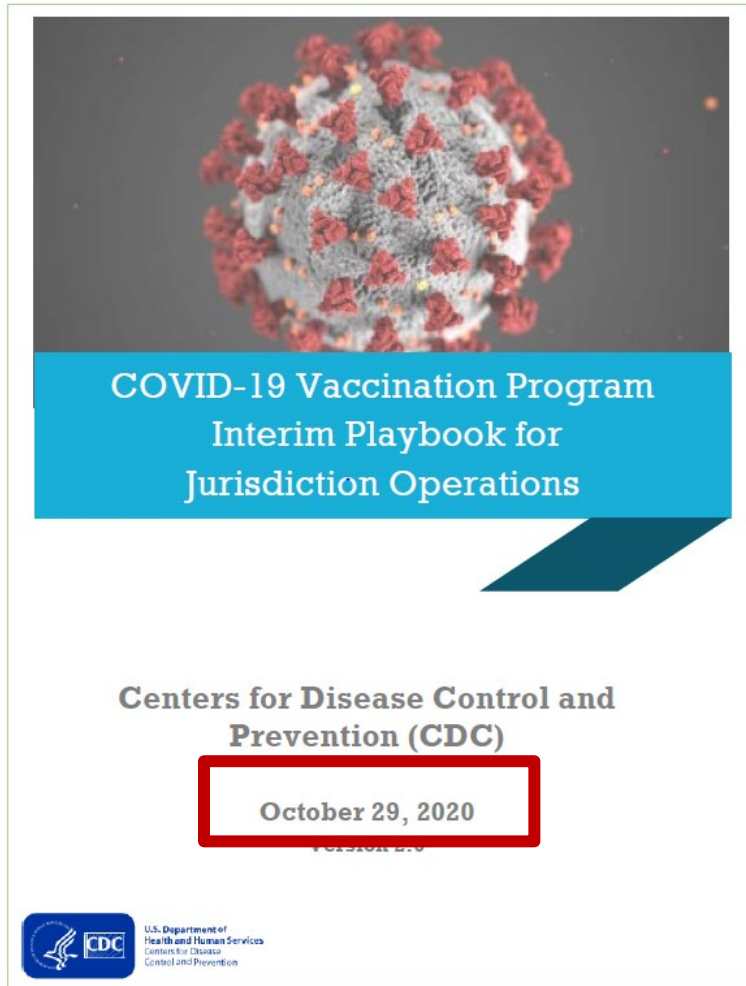


What do you think?

- [Send your feedback](#)

<https://www.doh.wa.gov/Emergencies/COVID19/vaccine>

CDC COVID-19 Vaccination Program Interim Playbook v2.0



CDC posted version 2.0 of the interim playbook for jurisdiction operations

https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf

CDC/Retail Pharmacy for Long Term Care

- Open to nursing homes, assisted living facilities, and other community-based, congregate living settings where most individuals over 65 years of age are receiving care, supervision, or assistance
- Free of cost to the facility
- Provides complete end-to-end service for the COVID vaccine administration
- Skilled nursing facilities can register through the [National Healthcare Safety Network](#)
- Other facilities, including adult family homes, residential care locations, and assisted living facilities, can register through a [REDCap survey](#)
- Registration extended and is open until **Friday, November 6, 2020**

Prioritization and Allocation Guidance

- Drafting. Incorporating engagement work from the month of October
- Will be discussing the guidance at the November 12 DOH [Vaccine Advisory Committee Meeting](#)
- Alignment with ACIP recommendations when that occurs

Tribal Roundtable 10/27/2020



DOH COVID-19 UPDATE TRIBAL ROUNDTABLE

October 27, 2020



The DOH/HCA Monthly Tribal Meeting, second Wednesday of each month, will be the forum DOH presents COVID-19 collaboration updates going forward. Noting, that any time a tribal nation or tribal public health partner requests a specific consultation, DOH will honor the request.

For all other programs, policies, funding issues, etc., we will follow our government-to-government agreement on consultation/collaboration using:

- Dear Tribal Leader letters
- Tribal Roundtables
- Tribal Consultations

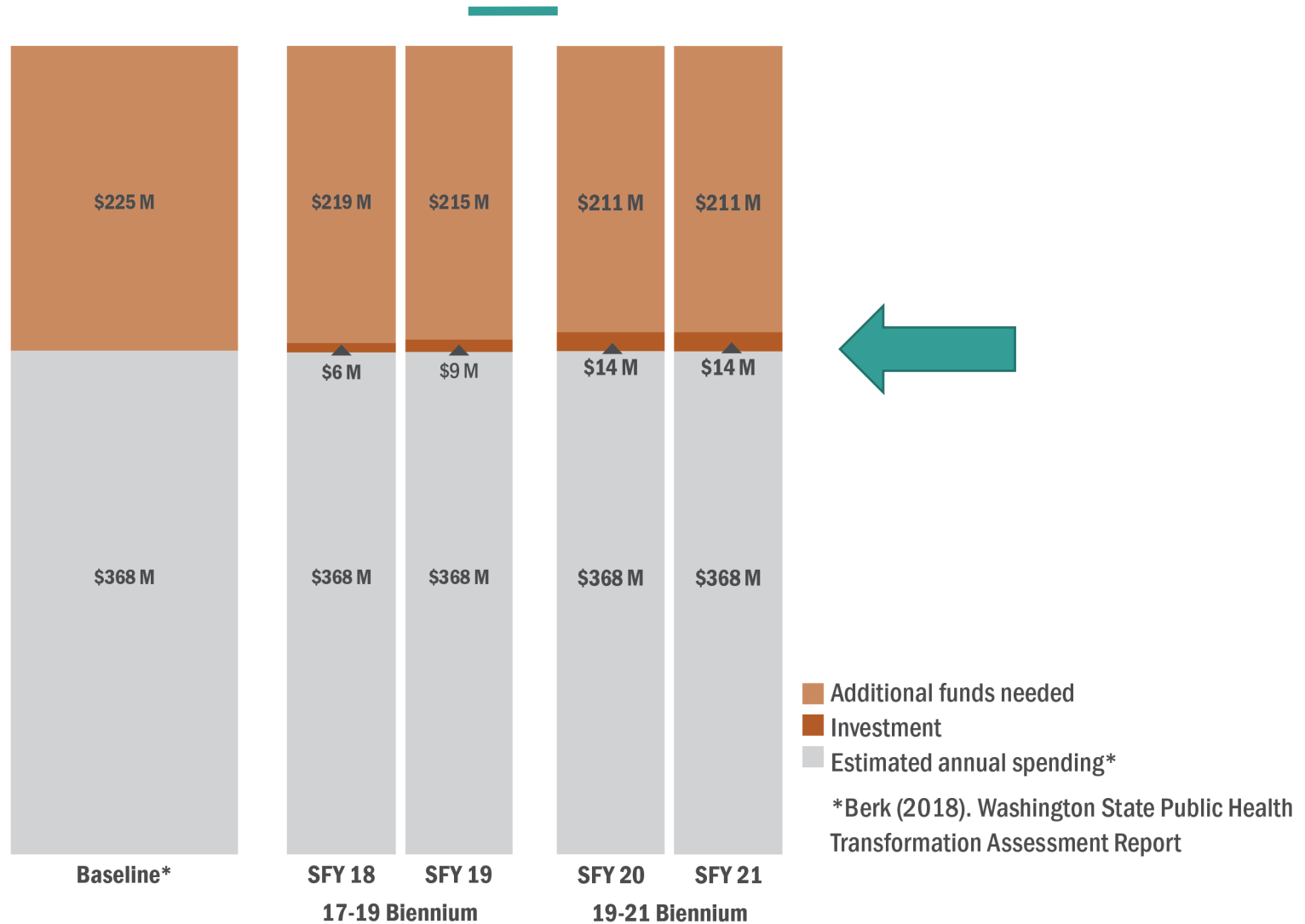
- Purpose: update on DOH's work with tribal nations and tribal public health partners regarding COVID-19 impact on American Indian/Alaska Natives
 - Vaccine sharing and discussion
 - Invite further government-to-government collaboration and consultation

- Tribes and Urban Indian Health Programs will choose to receive vaccine either from IHS or DOH
- Tribes and UIHP receiving vaccine from DOH will enroll as part of phase 1 provider enrollment

Program monitoring metrics

- Provider enrollment
 - Number of providers
 - location, provider type, populations served
- Access to vaccination
 - Ensure areas with high-risk populations have adequate supply and high coverage
- Provider-level data reporting
 - Date from dose administered to date entered into IIS
- Vaccine ordering & distribution
 - Based on populations served to ensure vaccine is going to high-priority groups
 - Compare state-, county-, and provider-level doses ordered with doses administered to ensure vaccine is being used
- Vaccination coverage
 - Percent with vaccine initiation (1-dose) and series completion (2-dose)
 - geographic and population groups (by county, age group, race/ethnicity, sex)

Small Progress Toward Full Funding (dark orange)



Resources

www.doh.wa.gov/Coronavirus

www.coronavirus.wa.gov

www.CDC.gov





Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.