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# CLACKAMAS COUNTY PUBLIC HEALTH DIVISION

## WEEKLY REPORT ON COVID-19 FOR 12/1/2021

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### COVID-19 variant B.1.1.529: Omicron



On November 26, 2021, the World Health Organization (WHO) [classified](#) a new variant, B.1.1.529, as a Variant of Concern and has named it Omicron. No cases of this variant have been identified [in the U.S.](#) to date. B.1.1.529 was first discovered in Botswana on November 11. It was then quickly identified in South Africa three days later and identified in two cases in Hong Kong. As of November 25, 100 cases have been identified across the globe.

At South Africa's [media briefing](#), officials said the variant was detected in Gauteng province, where positivity rates in the area around Pretoria jumped from 1% to more than 30% in less than 2 weeks. Sequencing of the recent Gauteng samples found that nearly all were the new variant.

The variant has a large number of mutations, and while it's not clear what their impact will be on how the virus behaves, the findings are concerning. Based on what's known about other variants, the mutations may have implications for the ability of the immune system to respond, transmissibility, and response to treatments, especially regarding monoclonal antibodies. Preliminary evidence suggests a risk of reinfection when compared to other variants of concern.

Current SARS-CoV-2 PCR diagnostics continue to detect this variant. Several labs have indicated that for one widely used PCR test, one of the three target genes is not detected and this test can therefore be used as a marker for this variant, pending sequencing confirmation. Using this approach, this variant has been detected at faster rates than previous surges in infection, suggesting that this variant may have a growth advantage.

As of Wednesday December 1, the [first case](#) of infection with the Omicron variant of the coronavirus has been detected in the U.S.. The patient, a traveler who returned to California from South Africa on November 22 is in isolation and aggressive contact tracing is underway. The individual was fully vaccinated and had mild symptoms that are improving. Continuing COVID-19 circulation gives the virus more opportunities to change; everyone has a role to play in decreasing exposure and taking precautions. Vaccination remains [the best protection](#) against COVID-19 infection and transmission, including most circulating variants.

### Oregon records more than 5,000 COVID-19 related deaths

As of November 22, Oregon's death toll was brought to more than 5,000 [COVID-19 related deaths](#) since the start of the pandemic. As of November 30, Oregon has recorded 5,161 COVID-19 related deaths.

## Oregon lifts outdoor mask mandate

The Oregon Health Authority (Authority), Public Health Division is amending the previously temporarily adopted [OAR 333-019-1025](#), which required masks to be worn in indoor and outdoor spaces in Oregon by removing the requirement that masks be worn in outdoor spaces. As of November 23<sup>rd</sup>, OHA has [lifted the requirement](#) to wear masks in crowded outdoor settings. People in Oregon are still required to wear masks in indoor public settings to protect against the spread of the virus. Unvaccinated individuals, those who are immunocompromised, individuals at higher risk for complications from COVID-19, or individuals who live with someone in one of these categories would still have increased protection from wearing a mask in these outdoor settings. While the rule has been lifted, large gatherings are still high risk settings for transmission. OHA will convene a Rules Advisory Committee meeting on December 2 to review indoor mask requirements.

## Test to stay protocol launched for Oregon schools

As of Friday the 19<sup>th</sup>, OHA introduced two different modified [quarantine options](#) for unvaccinated students in K-12 schools:

1. **Test-to-stay:** This is only available to students who were exposed at school in the controlled classroom, or on the bus. It is not an option for students who were exposed via sports, extracurriculars, mealtimes, etc. In test-to-stay, students will get tested 2x over 7 days. The first test will be after the exposure is identified. If negative, the student can return to school. They will also get tested 5-7 days after exposure. If that result is negative, they will complete their modified test-to-stay quarantine after the 7<sup>th</sup> full day and can partake in regular activities starting day 8.
2. **7-day quarantine:** This is for unvaccinated, asymptomatic close contacts who attend or work in the K-12 setting. Following this protocol, close contacts may be permitted to end quarantine after a minimum of 7 days, with a negative antigen or PCR test taken 5-7 days after exposure. This option is viable should the school or district have the infrastructure (test availability and tracking capacity) to support it. A 10 to 14-day quarantine is still recommended until the shorter quarantine option can be provided in a routine and equitable fashion for all students.

The difference between these quarantine options is that students who are eligible for test-to-stay may continue with in-person learning if they test negative rather than quarantining at home for 7 days. This change will help keep children in the classroom and mitigate learning disruptions.

The test to stay protocol is an option available to all Oregon schools to administer. Tests are offered at no cost to participants. Student participation requires the permission of a parent or guardian. Close contact students and staff have the option of following LPHA recommendation for length of quarantine if their family does not want to participate in test to stay. The change in the outdoor face coverings rule means local school districts, charter schools, and private schools will set local requirements for use of face coverings outdoors.

At present, there are equity-related concerns and human capacity challenges that will need to be worked through between schools, public health, healthcare providers, and families. Our leadership team will be addressing the details of this change, in collaboration with our school partners. Until then, Clackamas County superintendents have agreed to postpone the implementation of the 7-day quarantine until early December.

## COVID-19 vaccine boosters are recommended for everyone over age 18

The FDA, CDC, and Western States Scientific Safety Review Workgroup (WSSSRW) each announced support last week for the use of [booster doses](#) in all adults age [18 and older](#), regardless of risk factors, at least six months after their second dose of mRNA vaccine. For people who received the Johnson & Johnson vaccine, boosters are authorized at least two months after the first dose.

Nearly 1.25 million people across Oregon are now [eligible](#) to get this dose. Everyone ages 18 and older should get a booster dose to protect themselves and others. Boosters are strongly recommended for people older than 50 and people age 18 and older who live in long-term care facilities.

## Oregon reaches another milestone administering COVID-19 vaccines

With the expansion of pediatric COVID-19 vaccine to children ages 5 to 11 and the approval of booster doses to anyone 18 and older, Oregon recorded more than 6 million COVID-19 doses administered to people eligible for vaccination last week.

On November 23, the ALERT IIS registry that tracks immunizations tallied 6,007,214 doses of Pfizer Comirnaty, Moderna and Johnson & Johnson doses to all age groups. The count includes all shots in a primary vaccine series, including pediatric doses, third doses and boosters.

## COVID-19 is associated with an increased risk for adverse perinatal outcomes

Pregnant women are at increased risk for severe COVID-19–related illness, and COVID-19 is associated with an increased risk for [adverse pregnancy outcomes](#) and maternal and neonatal complications. Among 1,249,634 delivery hospitalizations during March 2020–September 2021, U.S. women with COVID-19 were at increased risk for stillbirth compared with women without COVID-19. The magnitude of association was higher during the period of Delta variant predominance than during the pre-Delta period. Implementing evidence-based COVID-19 prevention strategies, including vaccination before or during pregnancy, is critical to reduce the impact of COVID-19 on stillbirths.

## COVID-19 Vaccinations in Clackamas County

[Vaccination data](#) for Clackamas County.

Age Groups of people in Clackamas County who have received at least one dose of the COVID-19 vaccine in Oregon (per OHA)	
AGE	NUMBER VACCINATED
<b>5 to 11</b>	7,422
<b>12 to 17</b>	21,953
<b>18 to 19</b>	6,696
<b>20 to 49</b>	114,415
<b>50 to 64</b>	66,829
<b>65+</b>	71,606

## COVID-19 cases among people under age 18

The population of ages 0-17 in Clackamas County is 86,962. The number of pediatric cases in Clackamas County the week of November 14 is 86. The pediatric case rate in Clackamas County the week of November 14 is 98.9 per 100,000.

For more information on pediatrics, [visit the OHA Pediatric Dashboards](#).

## COVID-19 hospitalizations

As of November 29<sup>th</sup>, the number of hospitalized patients with COVID-19 across Oregon is 396, which is 21 more than yesterday. There are 91 COVID-19 patients in intensive care unit (ICU) beds, with no change from yesterday. There are 68 available adult ICU beds out of 679 total (10% availability) and 368 available adult non-ICU beds out of 4,092 (9% availability).

## COVID-19 Cases in Clackamas County

The number of [new confirmed and presumptive COVID-19 cases reported](#) for Clackamas County.

Week of Date	Case Count	Cases per 100k	Test Positivity
November 21 <sup>st</sup>	<b>416</b>	<b>97.5</b>	<b>6.3%</b>
November 14 <sup>th</sup>	552	129.4	6.7%
November 7 <sup>th</sup>	539	126.4	7.8%

## Disease Response

The Federal Emergency Management Agency (FEMA) currently is providing a high volume drive through mobile vaccination clinics in Estacada until Friday December 3rd and Sandy December 12-14. Plans are being finalized to locate a high volume vaccination clinic in Wilsonville in partnership with Oregon Health Authority. For the week of November 29<sup>th</sup> the Public Health COVID Vaccine Distribution Team will hold 18 vaccination clinics with local partner schools, businesses, and churches throughout the county. The Clackamas County Public Health vaccination team is noticing an increase interest in booster vaccination with the announcement of the Omicron variant.

The case investigation team opened 418 cases last week for a case rate of 98.7/100,000 population. The first time the case rate has been below 100 since late July. Due to holiday staffing, they interviewed 26% of cases. The outbreak team is monitoring 73 high consequence outbreaks, a decrease from 100 in mid-October. The majority are in long-term care or school settings. Currently, Clackamas has 31 assigned and trained case investigators and 14 assigned and trained contact tracers.

The current shortage of healthcare workers is of significant concern; there is firm evidence that the USA amidst a [nursing shortage](#). This shortage has made it increasingly difficult to recruit vaccinators. State health officials have expanded [measures](#) to ease staffing constraints among Oregon's health care workforce, maintain adequate staffing through the end of the year, and support health care workers.

## From the frontlines

Health care workers across the field fighting coronavirus, collaborating with their communities, supporting each other and coping every day. Here is one worker's story of overcoming extraordinary challenges.

*I work in the medical field, and for the last 20 years I have taken care of elderly people in Memory Care units. I never imagined that I would have to do it in the middle of a global pandemic. 2020 was the hardest year I have ever faced in my career, and it wasn't easy in my personal life either. For the past 4 years I have worked at a nursing home. The staff did everything in their power to keep themselves, and the residents safe. We watched the world argue about the inconvenience of wearing a mask for a short time as they shopped, while we spent eight or more hours a day wrapped up from head to toe in PPE gear. It was uncomfortable and hard to bear at times, but we did it in the desperate hope that we could keep this horrible thing away from the people we were supposed to keep safe. Unfortunately, all of our best efforts were not enough, and in November of 2020 COVID found its way in. About half our residents and some of our staff tested positive. It only took one sick housekeeper to break the shield we had so carefully built around our very fragile residents. We felt totally defeated. We had all dropped our pride, our opinions, and our personal comfort.*

*The next couple of months were some of the hardest that I have ever faced. Everybody had to sacrifice so much. It felt like I had lost so much. The phone was our only connection to our family outside of the immediate household, and so many important holidays and events were missed at a time when we needed them the most. My life during that time was a depressing cycle of gearing up for work and spending hour after hour caring for dying people, who I had come to regard as family, and then coming home to carefully disinfect myself and my clothing. I spent many evenings crying, and unable to properly communicate all the painful feelings I had with the people who loved me.*

*It was even worse for the residents. They were elderly, and many of them at the end of their lives. Now their families were not allowed to be with them, and they were left to face the end without the people who loved them. I had come to love them all, and it hurt a lot to watch them suffer without understanding why. We lost so many during that time. I can't help but feel that maybe it could have been better if it weren't for carelessness and disregard on the part of so many people.*

*These days, things are getting better. The world is slowly opening up, and people have adjusted to life in the new world. My job has for the most part gone back to normal, with certain restrictions still in place. We are now busy maintaining a new shield to protect ourselves from any more outbreaks. My partner and I got vaccinated as soon as we could, and our families did as well. Just two months before turning 12, our child contracted COVID. Luckily for us, our child's case was mild, and was comparatively easy to handle.*

*I advocate the importance of the vaccine to everybody as we move forward in this, and I look forward to a day when we can say that the population is safe. I see hope, and a light at the end of the tunnel but there is still work left to do.*

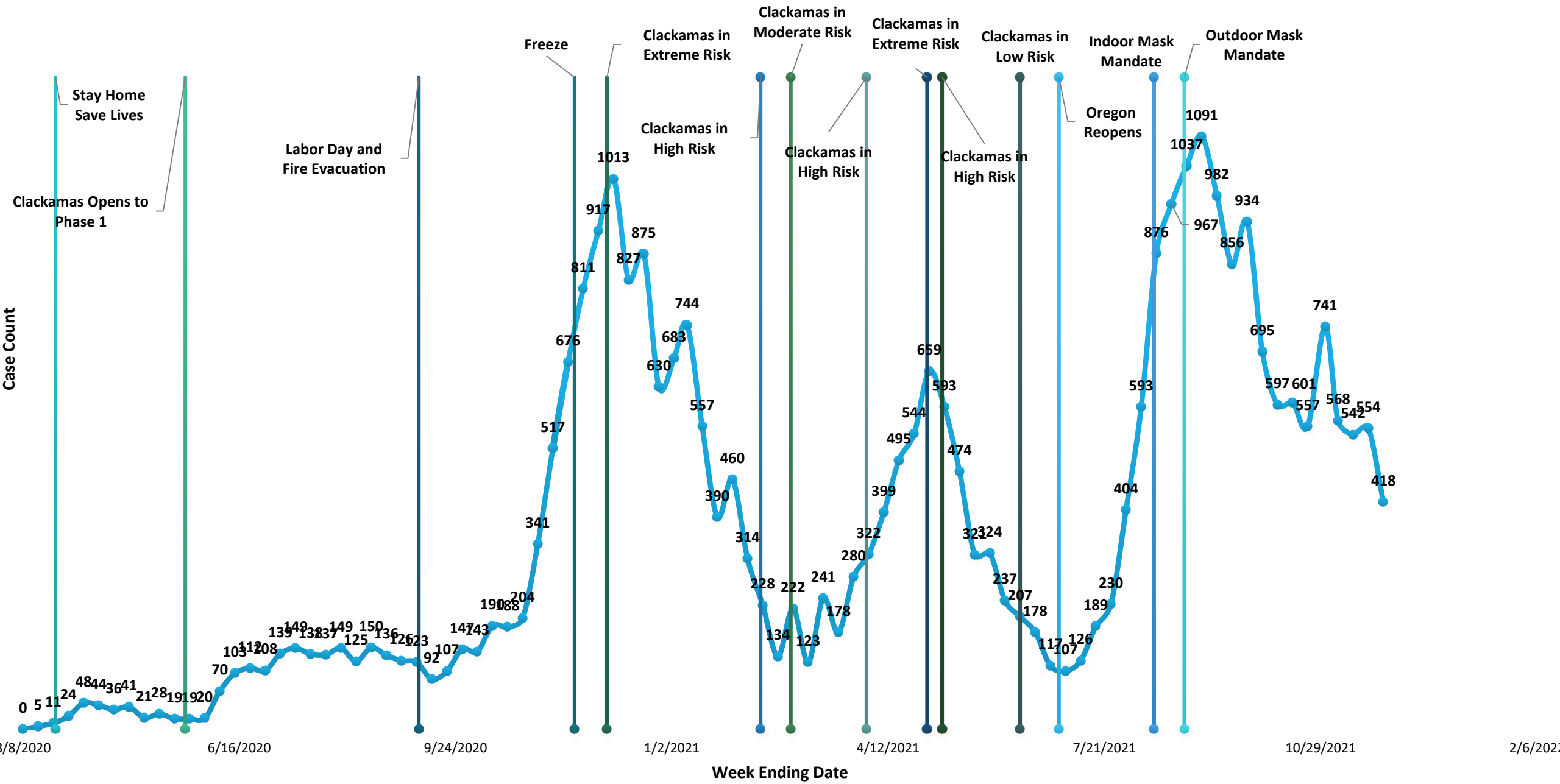
# COVID-19 Update 12/1/21



# COVID current case/death data

as of 11/28/2021	Total cases	Total deaths	Change since prior week
Clackamas County	32,722	377	Cases: +970 Deaths: +33
Multnomah County	60,179	836	Cases: +1,352 Deaths: +44
Washington County	41,910	395	Cases: +1,033 Deaths: +23

# Case Count by Week for 3/1/20 - 11/27/21



# Recent COVID-19 updates

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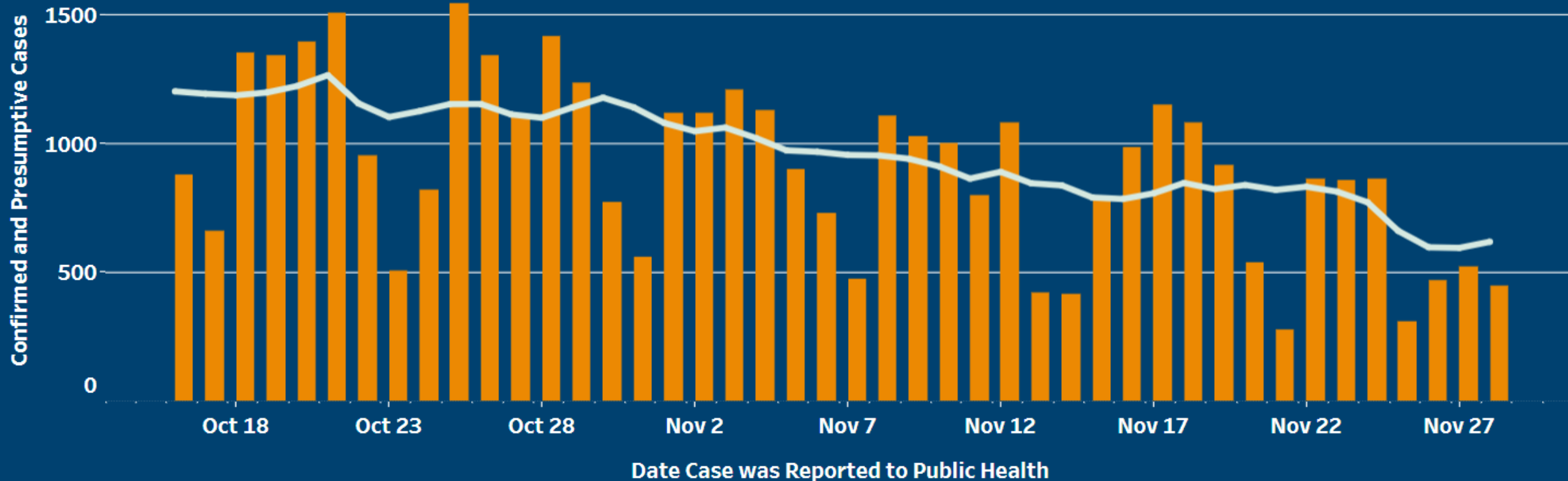
- COVID-19 vaccine boosters recommended for everyone 18+
- Test-to-stay protocol launched for Oregon schools
- Outdoor mask mandate lifted
- COVID-19 positive hospitalizations continue decline
- Oregon records more than 5,000 COVID-19 related deaths
- COVID-19 variant - Omicron

# Statewide Numbers from 11/24/2021 to 11/28/2021

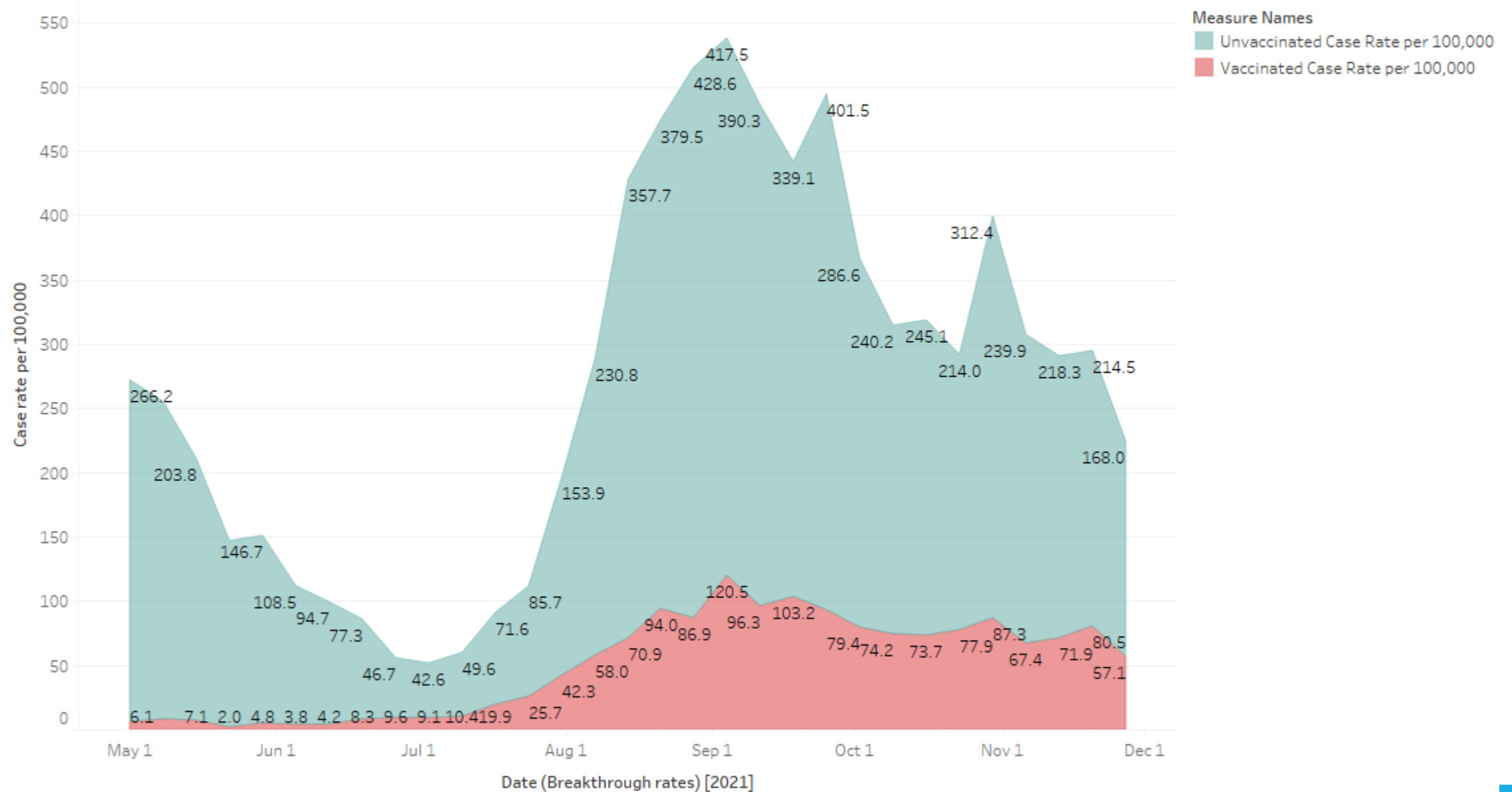
New Cases	7 Day Daily Average of Cases	Cases Per 100k in Previous 7 Days	COVID-19 Patients Hospitalized†	Tests Reported	Test Positivity	New Deaths
2,598 ▼*	616.4	101.1	396 ▲	59,406	5.9%	27

\* Arrows indicate an increase or decrease from the previous day. †Hospitalization data from Oregon's Hospital Capacity Web System (HOSCAP).

## Daily Cases and 7 Day Moving Average over the Previous Six Weeks



# Unvaccinated, Vaccinated Case Rates

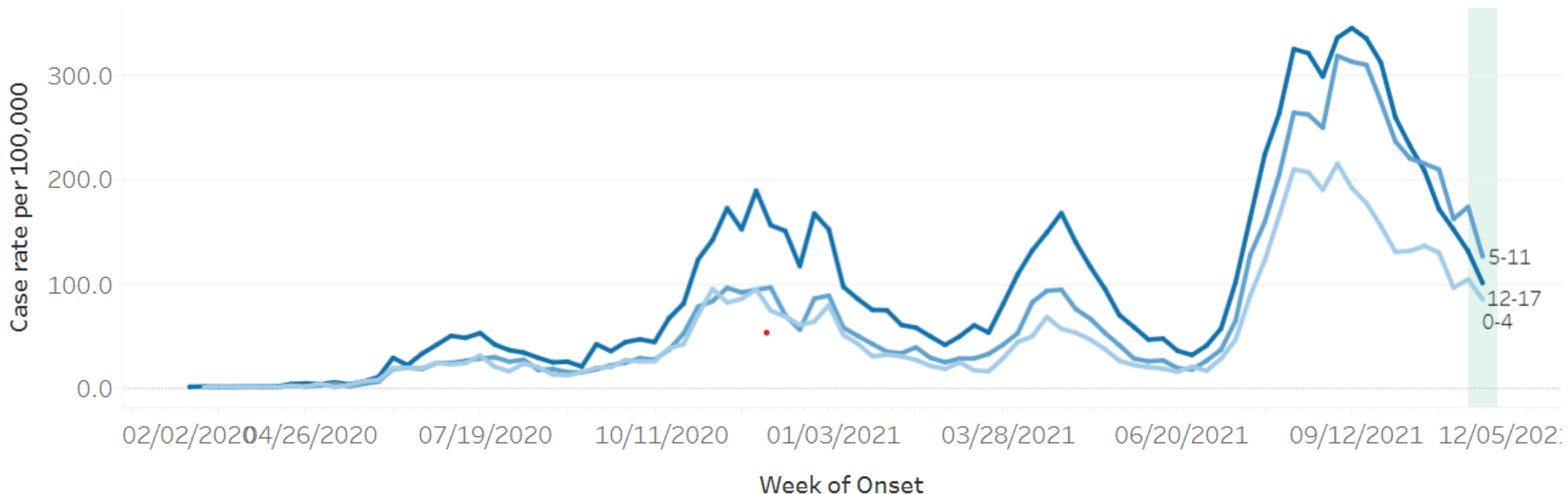


The plots of Unvaccinated Case Rate per 100,000 and Vaccinated Case Rate per 100,000 for Date (Breakthrough rates). Colour shows details about Unvaccinated Case Rate per 100,000 and Vaccinated Case Rate per 100,000. The data is filtered on Date (Breakthrough rates), which keeps 31 of 31 members.

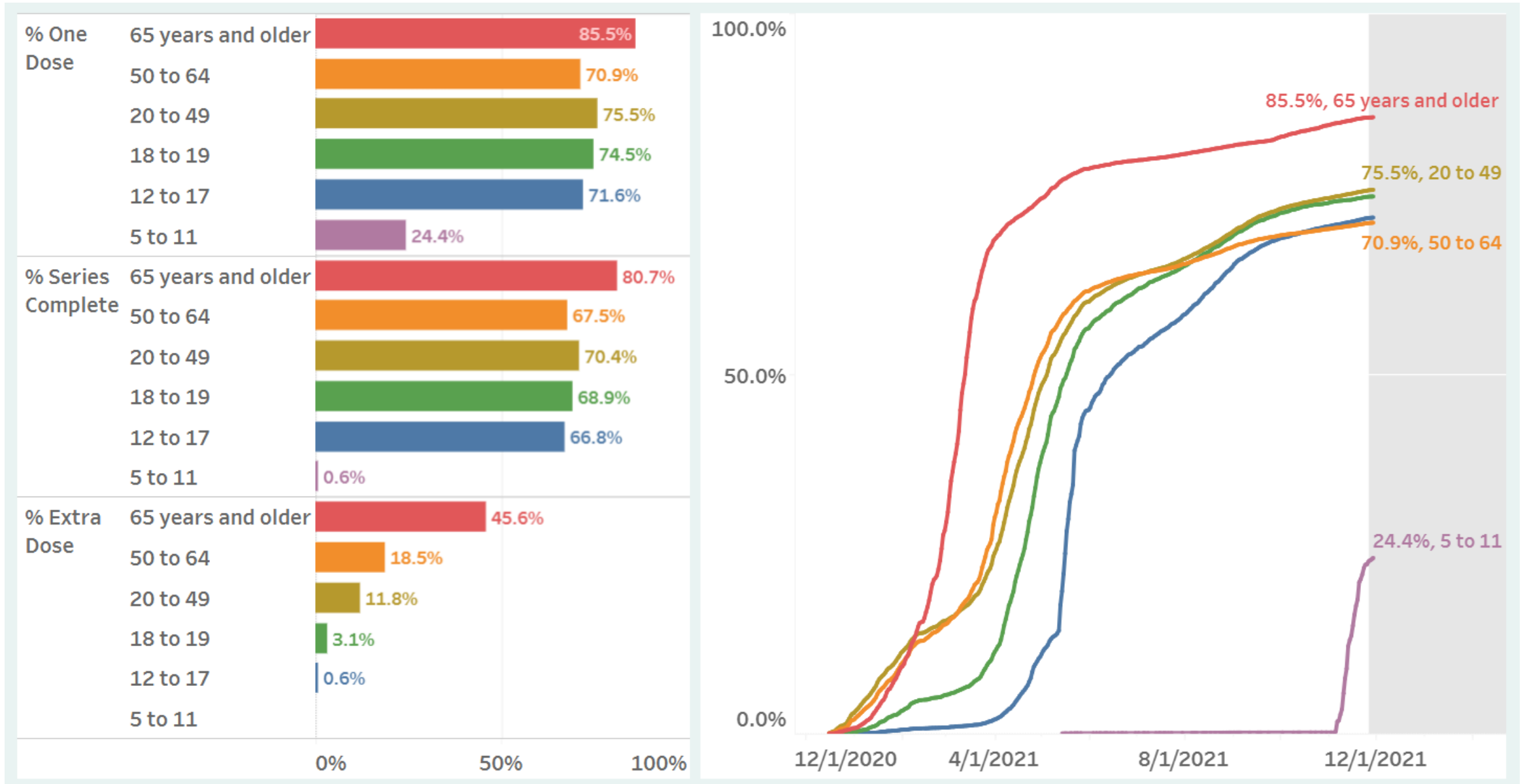
# Oregon Pediatric COVID-19 cases by age range

**Recent pediatric COVID-19 case rates are highest among people age 5-11**

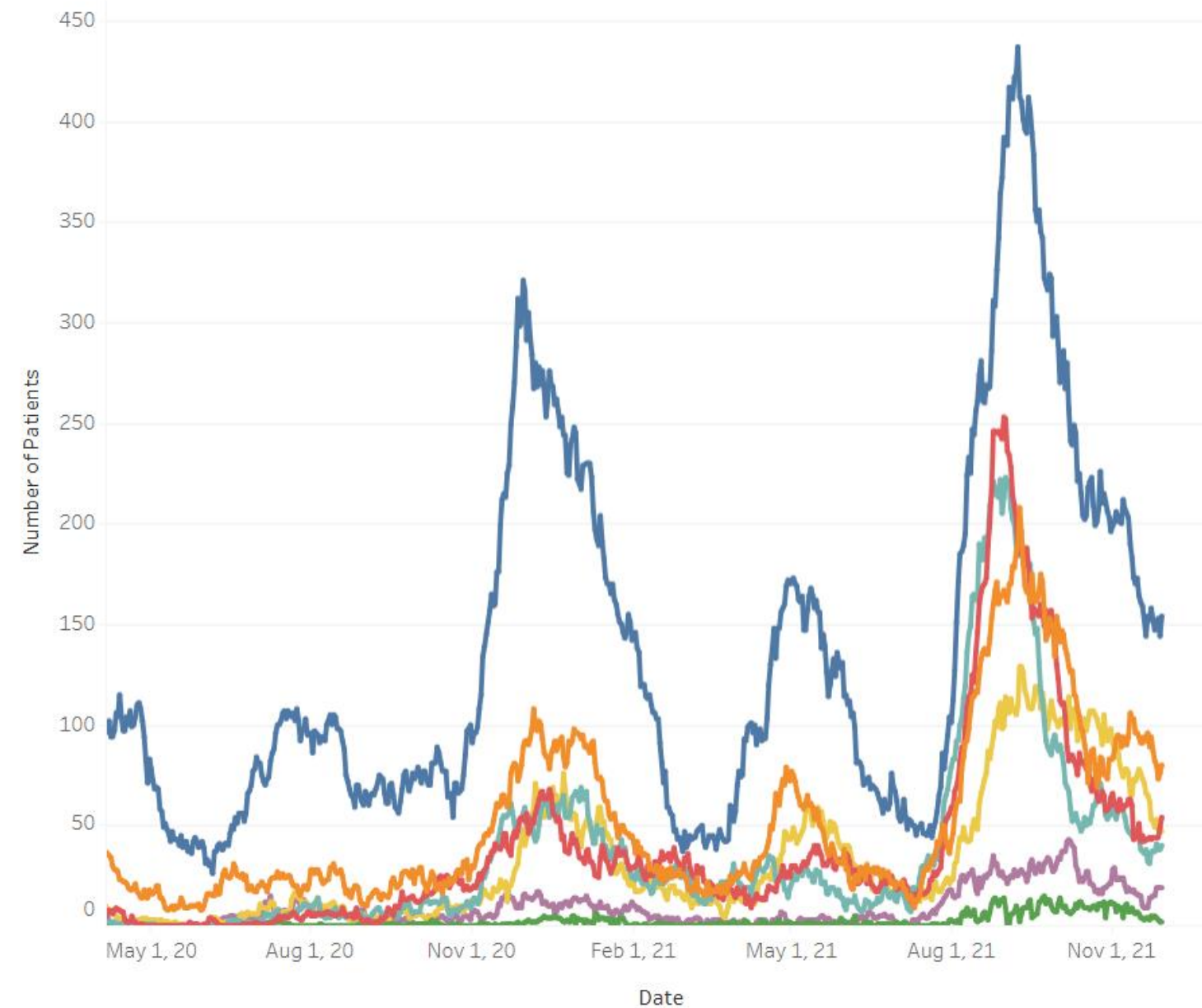
The chart below shows the rate of pediatric cases per 100,000 by week of onset and age group, in years.



# Clackamas County Vaccination Rates by Age Group



# COVID-19 positive patients in Oregon hospitals



# Clackamas County Vaccinations

as of 11/29/2021

**72.1%** of Clackamas County Residents have completed their primary series.

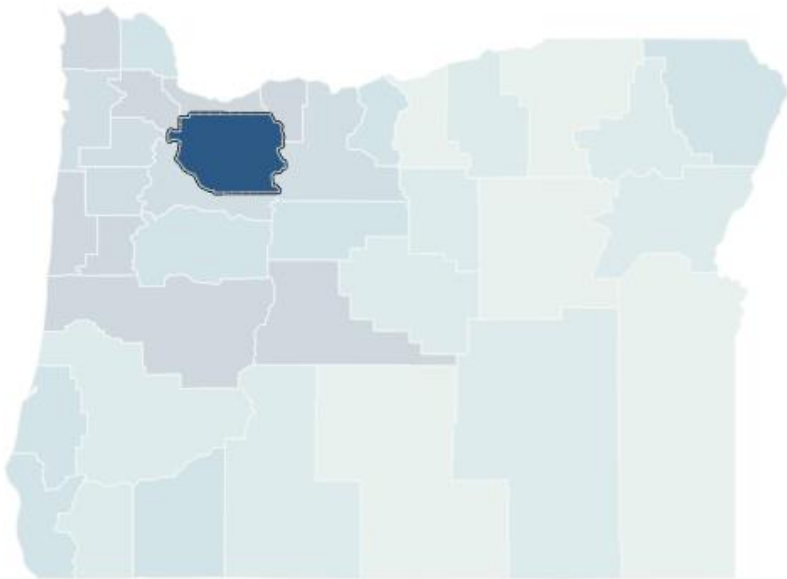
**76.7%** of Clackamas County residents initiated vaccination and have received at least one dose.

Series In Progress  
**24,758**

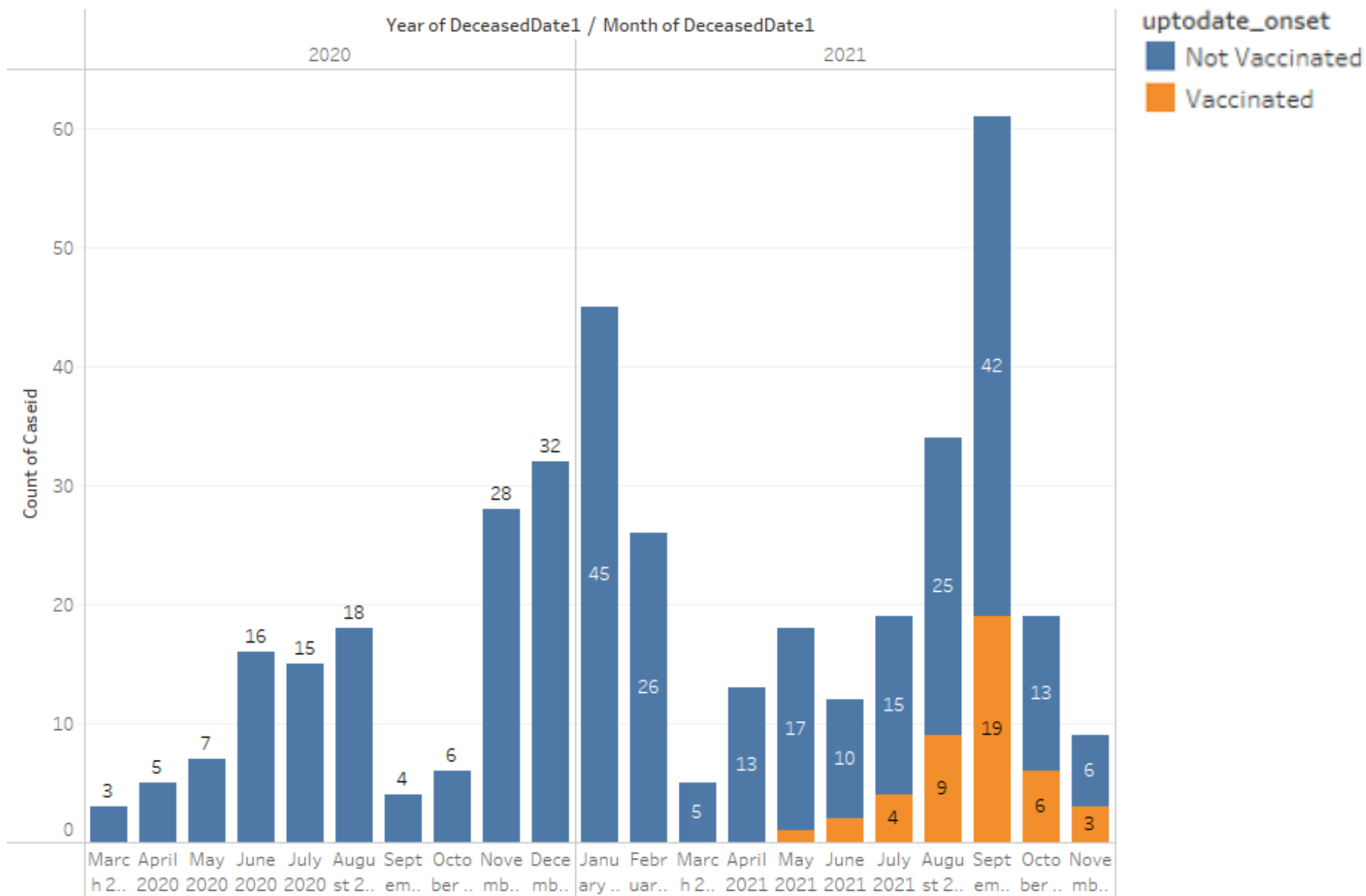
Series Complete  
**265,455**

606,742 doses administered in Clackamas

290,213 people vaccinated in Clackamas



## Deaths by Month (Deceased Date) And Vaccination Status



Count of Caseid for each DeceasedDate1 Month broken down by DeceasedDate1 Year. Colour shows details about Uptodate Onset. Details are shown for DeceasedDate1 Month. The data is filtered on Coviddeath, which keeps 1. The view is filtered on Exclusions (MONTH(DeceasedDate1),uptodate\_onset,YEAR(DeceasedDate1)) and DeceasedDate1 Year. The Exclusions (MONTH(DeceasedDate1),uptodate\_onset,YEAR(DeceasedDate1)) filter keeps 29 members. The DeceasedDate1 Year filter excludes Null.

# Am I eligible for a COVID-19 vaccine booster?

Yes, if you are  **18+** and it's been 6 months since your second dose of **Moderna** or **Pfizer** vaccine.

Yes, if you are  **18+** and it's been 2 months since your first dose of **Johnson & Johnson** vaccine.

## Pfizer and Moderna

Everyone age 18 and older is eligible for a booster dose six months after their second dose.

Health experts strongly recommend the following groups of people get a booster dose:

- People age 50 and older
- People age 18+ who live in long-term care settings

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## Johnson & Johnson

Health experts strongly recommend anyone who received the Johnson & Johnson (J&J) vaccine get a second dose of authorized COVID-19 vaccine at least two months after the first dose.

# K-12 “Test-to-stay” Programs

## STUDENT ELIGIBILITY

- Be a K-12 student member
- Be entirely asymptomatic
- Compliance with universal masking at school
- Have been exposed to a person with COVID-19 in the classroom.
- Modified Quarantine when not at school

## AT-SCHOOL “TEST-TO-STAY”

- Exposed children will return to school for a rapid test under CLIA waiver held by state
- Consent on file required
- Testing will occur twice over 7 days
- School districts would be responsible for test distribution

## BACKGROUND

- First discovered in Botswana on November 11
- Reported to WHO from South Africa on November 24
- Classified as a Variant of Concern by the WHO on November 26
- First case detected in the U.S. on December 1
- Highly divergent variant with a high number of mutations

## MAIN UNCERTAINTIES

1. How transmissible the variant is and whether any increases are related to immune escape, intrinsic increased transmissibility, or both?
2. How well vaccines protect against infection, transmission, clinical disease of different degrees of severity and death?
3. Does the variant present with a different severity profile?

# Omicron (B.1.1.529)



# Vaccine Scheduling

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**Local opportunities in Clackamas County**

[clackamas.us/coronavirus/vaccine](https://clackamas.us/coronavirus/vaccine)

**Register to receive notification for when an appointment is available:**

[GetVaccinated.oregon.gov](https://GetVaccinated.oregon.gov)

**Questions? Email [COVIDvaccine@clackamas.us](mailto:COVIDvaccine@clackamas.us) or call our  
Public Inquiry Center at **503-655-8224** (Mon-Fri. from 8am-5pm)**

# FREE COVID-19 Testing

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- Weekly at Clackamas County Fairgrounds!
- Thursday - Monday 8 a.m. – 3 p.m.
- Drive-Through
- 140 appointment available each clinic day
- Schedule an appointment [cur.tv/canby](https://cur.tv/canby)

*Thank you to community partners Curative, Canby Fire Department, and Clackamas County Fairgrounds*



## COVID-19 Testing

No out of pocket costs

Self-collected, shallow nasal PCR test

Results within 1-2 days from receipt of the sample at the lab

Schedule an appointment at [cur.tv/canby](https://cur.tv/canby)

# What can you do for vaccine safety?

- Report adverse events following vaccination to VAERS even if you aren't sure if the vaccination caused the adverse event
- Enroll yourself in v-safe
- Healthcare providers, encourage your patients to enroll in v-safe
- Parents and guardians, you can enroll your children in v-safe



**VAERS**

Vaccine Adverse Event  
Reporting System

<http://vaers.hhs.gov>



[vsafe.cdc.gov/en/](https://vsafe.cdc.gov/en/)

**Please get involved, your participation matters**

