# COVID-19 Results Briefing

## Oregon

## December 15, 2022

This document contains summary information on the latest projections from the IHME model on COVID-19 in Oregon. The model was run on December 15, 2022, with data through December 7, 2022.

## Current situation

- Daily infections in the last week increased to 14,000 per day on average compared to 13,000 the week before (Figure 1.1).
- Daily reported cases in the last week increased to 620 per day on average compared to 560 the week before (Figure 2.1).
- Daily hospital census in the last week (through December 7) decreased to 430 per day on average compared to 440 the week before.
- Reported deaths due to COVID-19 in the last week remained the same at four per day on average compared to the week before (Figure 3.1).
- Total deaths due to COVID-19 in the last week increased to seven per day on average compared to six the week before (Figure 3.1). This makes COVID-19 the number five cause of death in Oregon this week (Table 1). Estimated total daily deaths due to COVID-19 in the past week were 1.6 times larger than the reported number of deaths.
- The daily rate of reported deaths due to COVID-19 is greater than 4 per million in one state (Figure 4.1).
- The daily rate of total deaths due to COVID-19 is greater than 4 per million in two states (Figure 4.2).
- We estimate that 96% of people in Oregon have been infected at least once as of December 12 (Figure 6.1). Effective R, computed using cases, hospitalizations, and deaths, is greater than 1 in 41 states and the District of Columbia. Effective R in Oregon was 1.1 on December 1 (Figure 7.1).
- The infection-detection rate in Oregon was close to 7% on December 12 (Figure 8.1).
- Based on the GISAID and various national databases, combined with our variant spread model, we estimate the current prevalence of variants of concern (Figures 9.1-9.6). We estimate that the Alpha variant is circulating in 22 states and the District of Columbia, that the Beta variant is circulating in no states nor the District of Columbia, that the Delta variant is circulating in 50 states and the District of Columbia, that the Gamma variant is circulating in no states nor the District of Columbia, that the BA.1/BA.2 variants are circulating in 50 states and the District of Columbia, and that the BA.5 variant is circulating in 50 states and the District of Columbia.

## Trends in drivers of transmission

- Based on self-reported mask use data collected in the COVID-19 Trends and Impact Survey, an estimated 7% of people are projected to always wear a mask when leaving their home. Mask use after June 24, 2022 is a statistical forecast.
- As of December 12, 36 states and the District of Columbia have reached 70% or more of the population who have received at least one vaccine dose, and 24 states and the District of Columbia have reached 70% or more of the population who are fully vaccinated (Figures 12.1 and 12.2). 84% of people in Oregon have received at least one vaccine dose, and 77% are fully vaccinated.
- In our current reference scenario, we expect that 3.4 million people will be vaccinated with at least one dose by April 1 (Figure 14.1). We expect that 78% of the population will be fully vaccinated by April 1.

## Projections and scenarios

We produce three scenarios when projecting COVID-19. The **reference scenario** is our forecast of what we think is most likely to happen:

- Vaccines are distributed at the expected pace. Brand- and variant-specific vaccine efficacy is updated using the latest available information from peer-reviewed publications and other reports.
- Future mask use will decline to 50% of the minimum level it reached between January 1, 2021, and May 1, 2022. This decline begins after the last observed data point in each location and transitions linearly to the minimum over a period of six weeks.
- Mobility increases as vaccine coverage increases.
- Mandates will be reimposed at the maximum level of mandates in the post-ancestral period once the death rate has reached an algorithmic minimum threshold of daily reported deaths for a given location.
- 80% of those who are fully vaccinated (two doses for most vaccines, or one dose for Johnson & Johnson) receive an additional dose six months after becoming fully vaccinated, and 80% of those who receive an additional dose receive a second additional dose six months later.
- Antiviral utilization for COVID-19 risk prevention has reached 80% in high-risk populations and 50% in low-risk populations between March 1, 2022, and June 1, 2022. This applies in high-income countries, but not low- and middle-income countries, and this rollout assumption follows a similar pattern to global vaccine rollouts.

The **80% mask use scenario** makes all the same assumptions as the reference scenario but assumes all locations reach 80% mask use within seven days. If a location currently has higher than 80% use, mask use remains at the current level.

The **antiviral access scenario** makes all the same assumptions as the reference scenario but assumes globally distributed antivirals and extends coverage to all low- and middle-income countries between August 15, 2022, and September 15, 2022.

### Infections

- Daily estimated infections in the **reference scenario** will rise to 19,640 by January 15, 2023 (Figure 16.1).
- Daily estimated infections in the **80% mask use scenario** will decline to 6,330 by February 8, 2023 (Figure 16.1).
- Daily estimated infections in the **antiviral access scenario** will rise to 19,640 by January 15, 2023 (Figure 16.1).

### Cases

- Daily estimated cases in the **reference scenario** will rise to 950 by January 27, 2023 (Figure 16.2).
- Daily estimated cases in the **80% mask use scenario** will rise to 720 by December 20, 2022 (Figure 16.2).
- Daily estimated cases in the **antiviral access scenario** will rise to 950 by January 27, 2023 (Figure 16.2).

### Hospitalizations

- Daily hospital census in the **reference scenario** will rise to 670 by January 31, 2023 (Figure 16.3). At some point from December through April 1, four states will have high or extreme stress on hospital beds (Figure 18.1). At some point from December through April 1, one state will have high or extreme stress on intensive care unit (ICU) capacity (Figure 19.1).
- Daily hospital census in the **80% mask use scenario** will rise to 470 by December 24, 2022 (Figure 16.3).
- Daily hospital census in the **antiviral access scenario** will rise to 670 by January 31, 2023 (Figure 16.3).

### Deaths

- In our **reference scenario**, our model projects 9,600 cumulative reported deaths due to COVID-19 on April 1. This represents 720 additional deaths from December 12 to April 1. Daily reported COVID-19

deaths in the **reference scenario** will rise to 10 by February 8, 2023 (Figure 16.4).

- Under our **reference scenario**, our model projects 15,000 cumulative total deaths due to COVID-19 on April 1. This represents 1,100 additional deaths from December 12 to April 1 (Figure 16.5).
- In our **80% mask use scenario**, our model projects 9,300 cumulative reported deaths due to COVID-19 on April 1. This represents 390 additional deaths from December 12 to April 1. Daily reported COVID-19 deaths in the **80% mask use scenario** will rise to 10 by January 3, 2023 (Figure 16.4).
- In our **antiviral access scenario**, our model projects 9,600 cumulative reported deaths due to COVID-19 on April 1. This represents 720 additional deaths from December 12 to April 1. Daily reported COVID-19 deaths in the **antiviral access scenario** will rise to 10 by February 8, 2023 (Figure 16.4).
- Figure 17.1 compares our reference scenario forecasts to other publicly archived models. Forecasts are widely divergent.

## Model updates

We have updated our reference scenario to assume that mandates will be re-imposed at the maximum level of mandates in the post-ancestral period once the death rate has reached an algorithmic minimum threshold of daily reported deaths for a given location.

For the foreseeable future, we will not be updating our model or producing COVID-19 estimates. These will be the final briefing documents we produce until further notice.

**Figure 1.1: Daily COVID-19 hospital census and estimated infections**

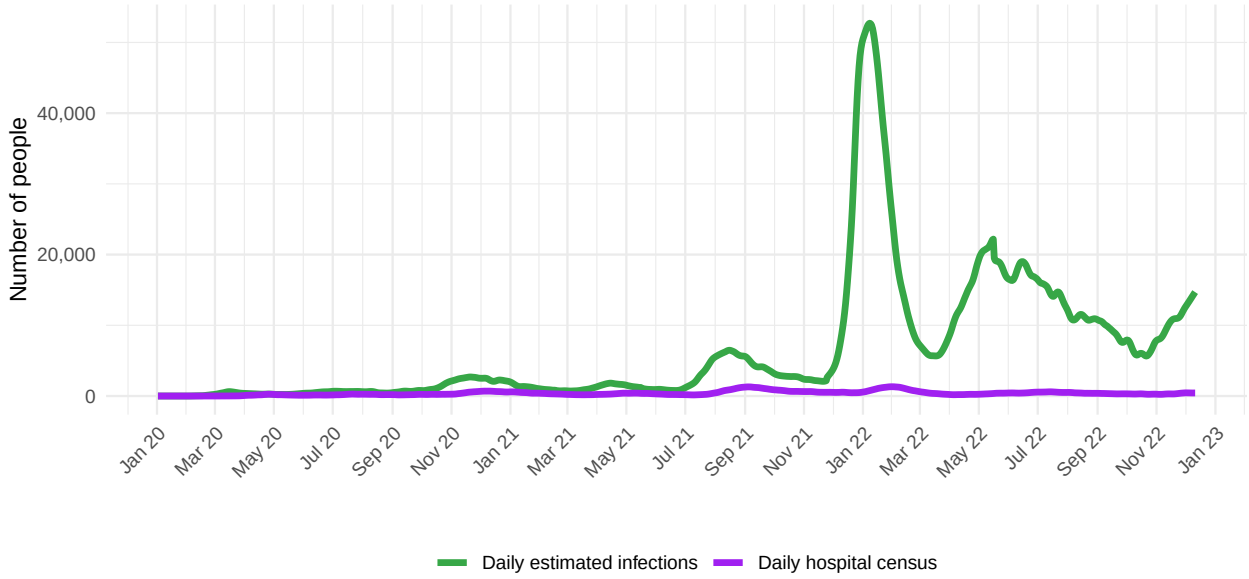



**Figure 2.1: Reported daily COVID-19 cases, moving average**

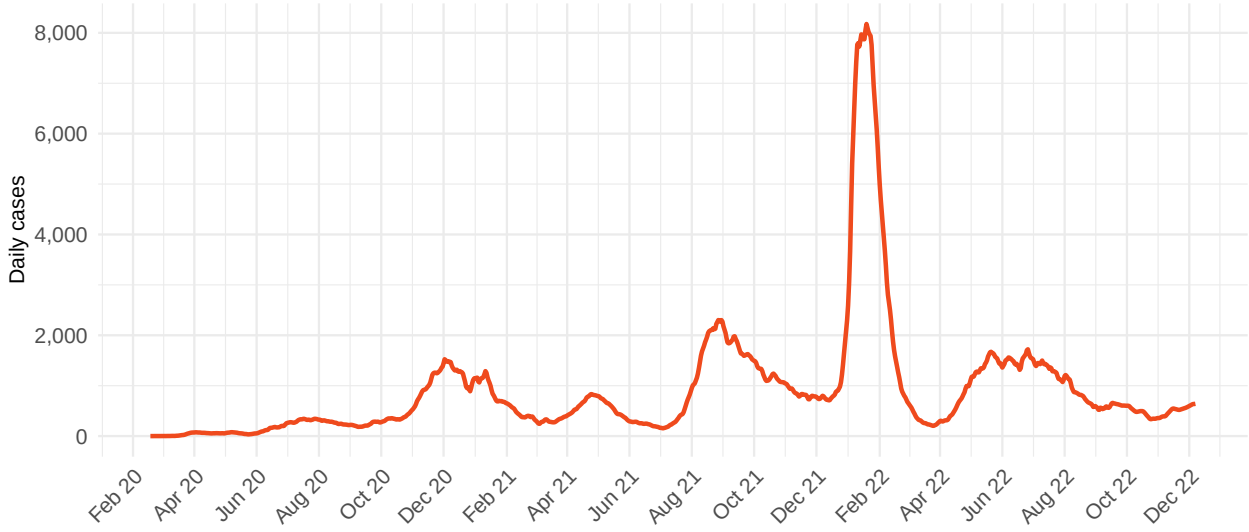
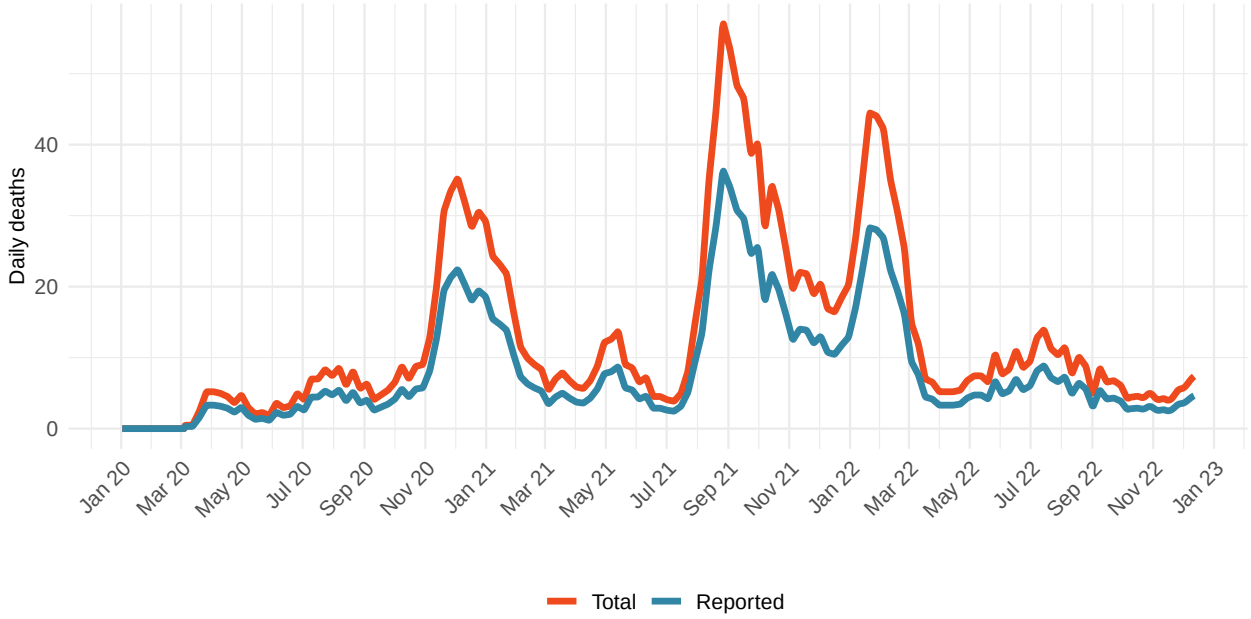


**Table 1: Ranking of total deaths due to COVID-19 among the leading causes of mortality this week, assuming uniform deaths of non-COVID causes throughout the year**

| Cause name | Weekly deaths | Ranking |
|---|---|---|
| Ischemic heart disease | 107 | 1 |
| Tracheal, bronchus, and lung cancer | 53 | 2 |
| Chronic obstructive pulmonary disease | 52 | 3 |
| Stroke | 52 | 4 |
| COVID-19 | 48 | 5 |
| Alzheimer's disease and other dementias | 34 | 6 |
| Chronic kidney disease | 23 | 7 |
| Diabetes mellitus | 21 | 8 |
| Colon and rectum cancer | 20 | 9 |
| Cirrhosis and other chronic liver diseases | 19 | 10 |

**Figure 3.1: Smoothed trend estimate of daily COVID-19 deaths**



Daily COVID-19 death rate per 1 million on December 12, 2022

**Figure 4.1: Daily reported COVID-19 death rate per 1 million**

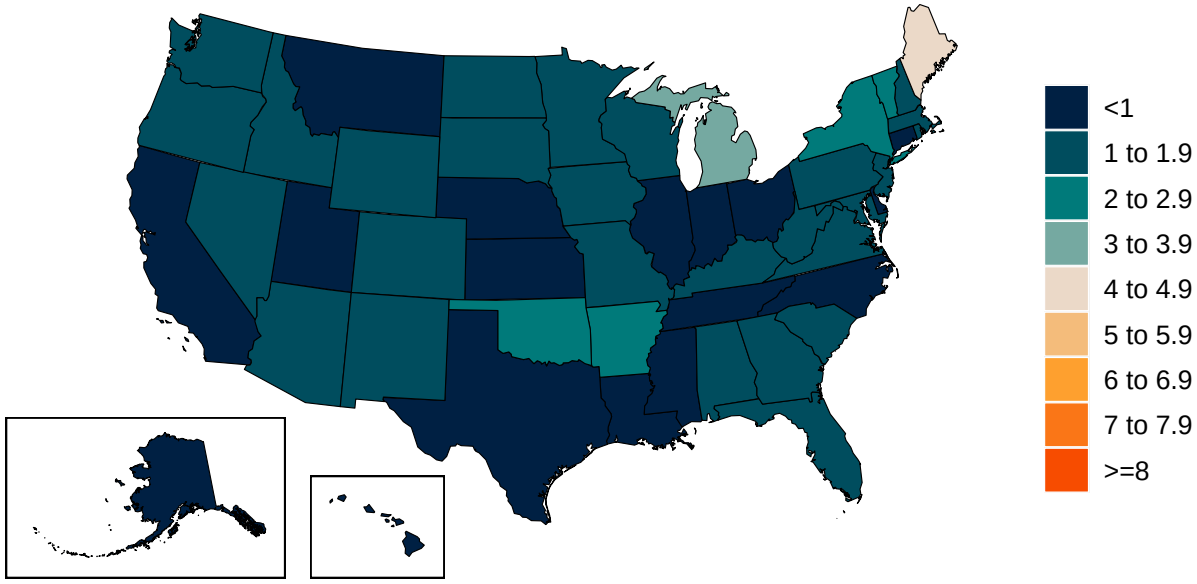
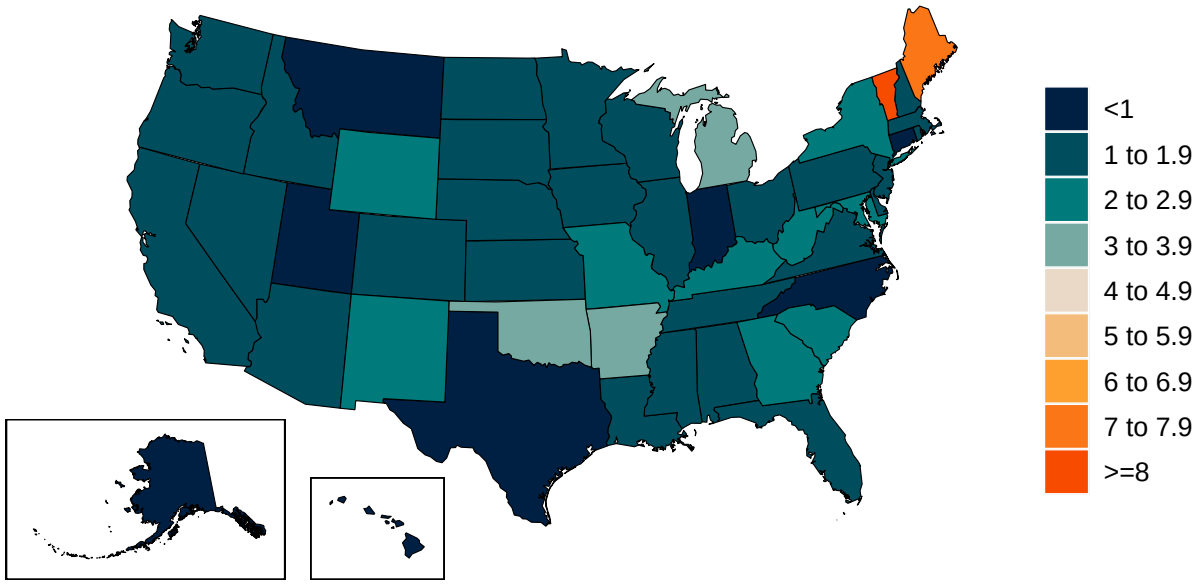



**Figure 4.2: Daily total COVID-19 death rate per 1 million**



Cumulative COVID-19 deaths per 100,000 on December 12, 2022

**Figure 5.1: Reported cumulative COVID-19 deaths per 100,000**

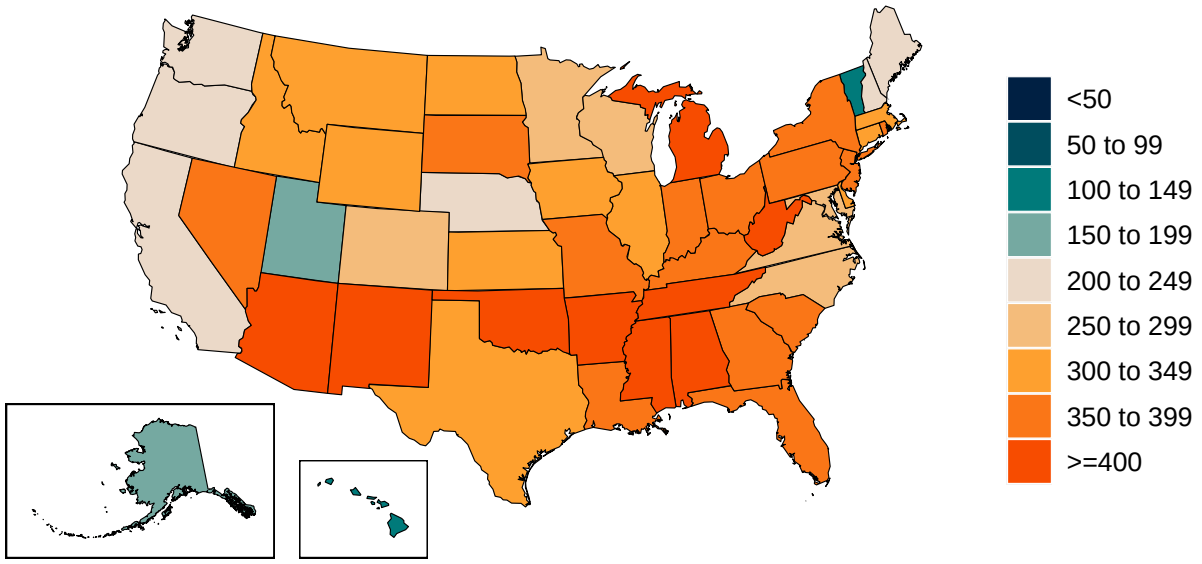



**Figure 5.2: Total cumulative COVID-19 deaths per 100,000**

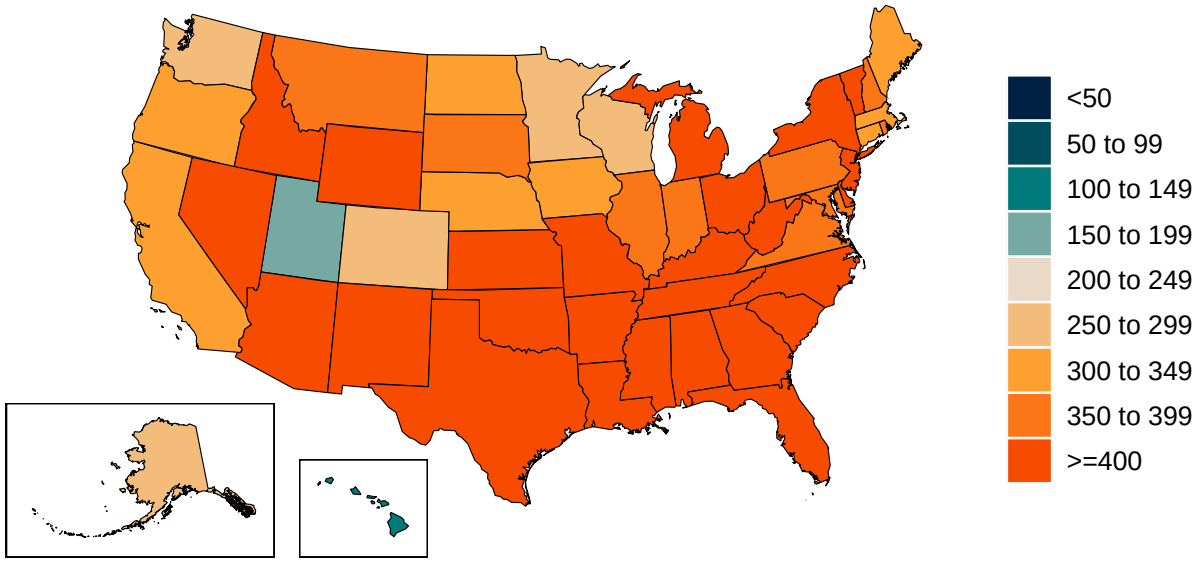


**Figure 6.1: Estimated percent of the population infected with COVID-19 on December 12, 2022**

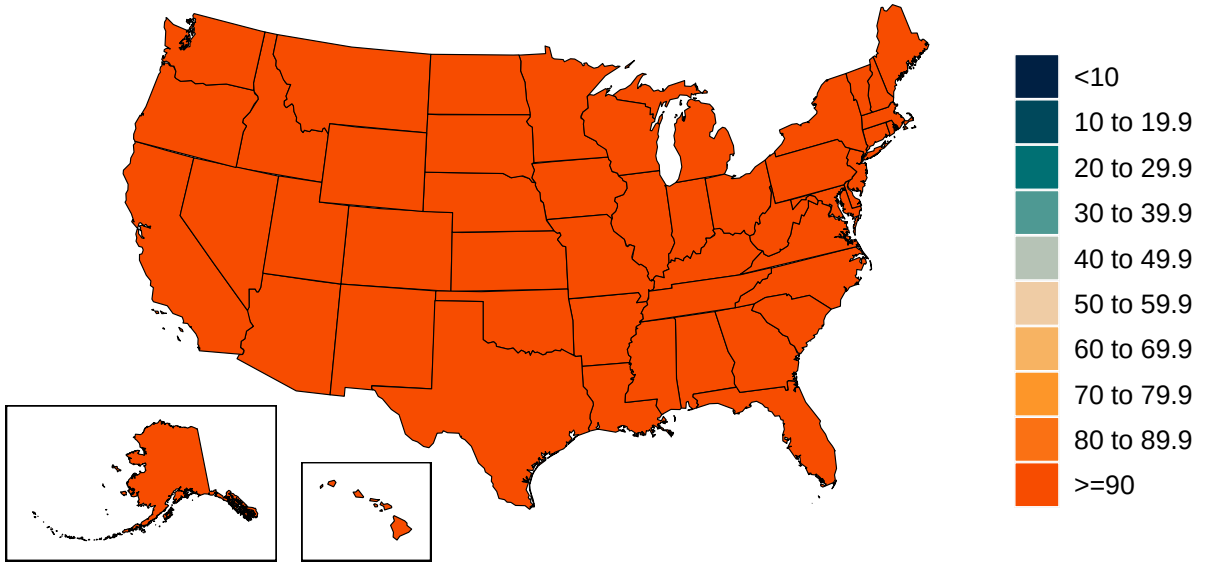



**Figure 7.1: Mean effective R on December 1, 2022.** Effective R less than 1 means that transmission should decline, all other things being held the same. The estimate of effective R is based on the combined analysis of deaths, case reporting, and hospitalizations where available. Current reported cases reflect infections 11-13 days prior, so estimates of effective R can only be made for the recent past.

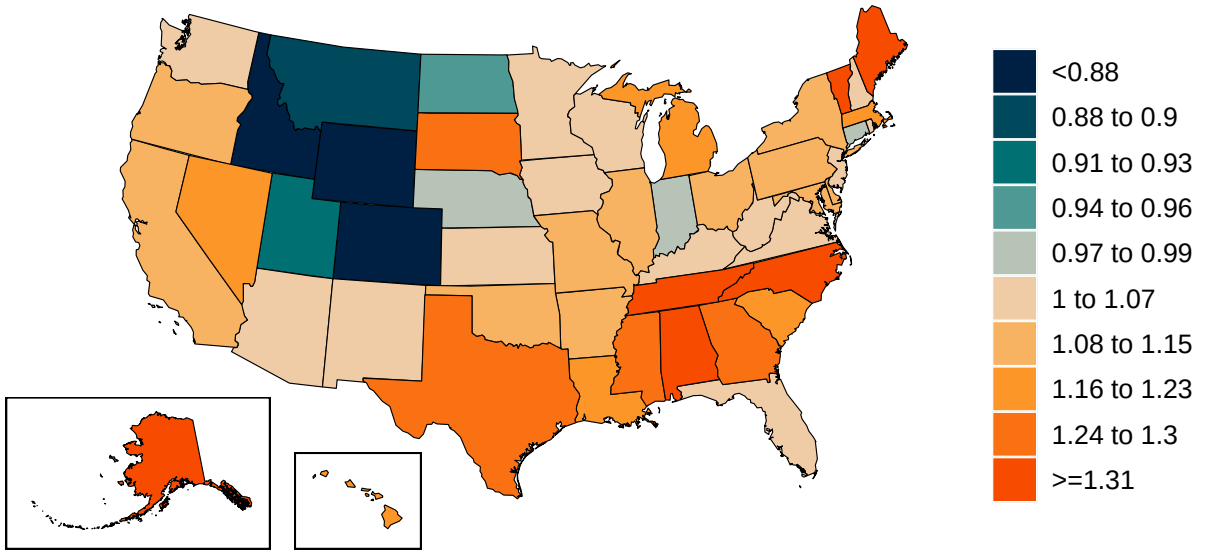
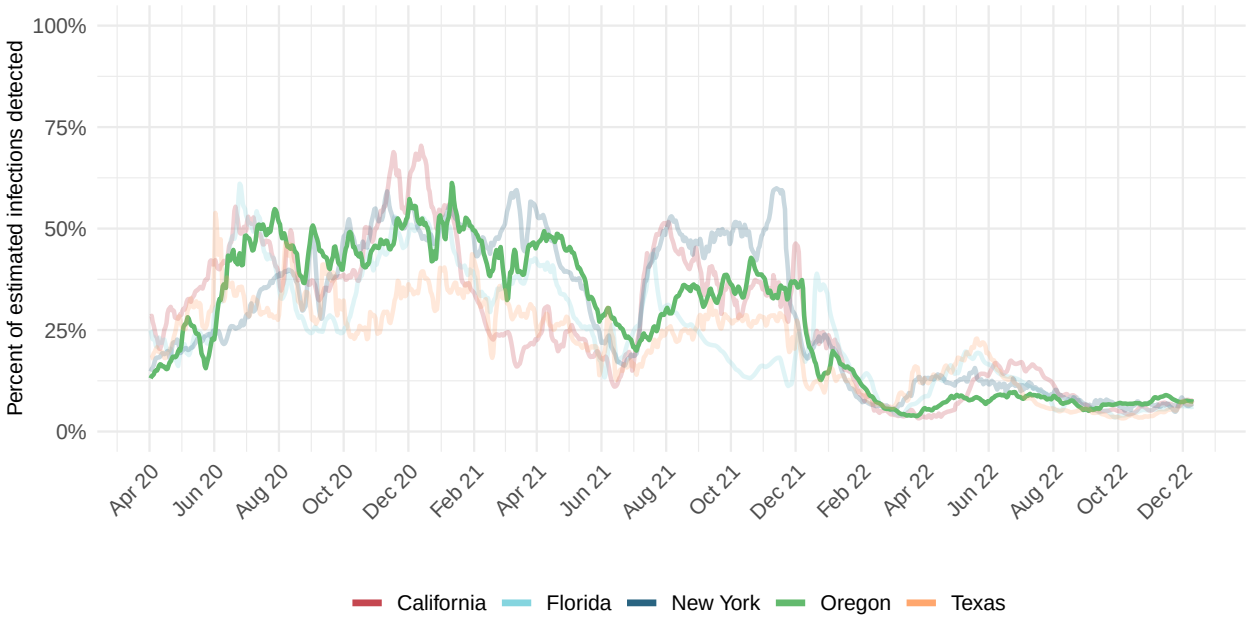


**Figure 8.1: Percent of estimated COVID-19 infections detected.** This is estimated as the ratio of reported daily COVID-19 cases to estimated daily COVID-19 infections based on the SEIR disease transmission model. Due to measurement errors in cases and testing rates, the infection-detection rate can exceed 100% at particular points in time.



Estimated percent of circulating SARS-CoV-2 for primary variant families on December 12, 2022

**Figure 9.1: Estimated percent of new infections that are Alpha variant**

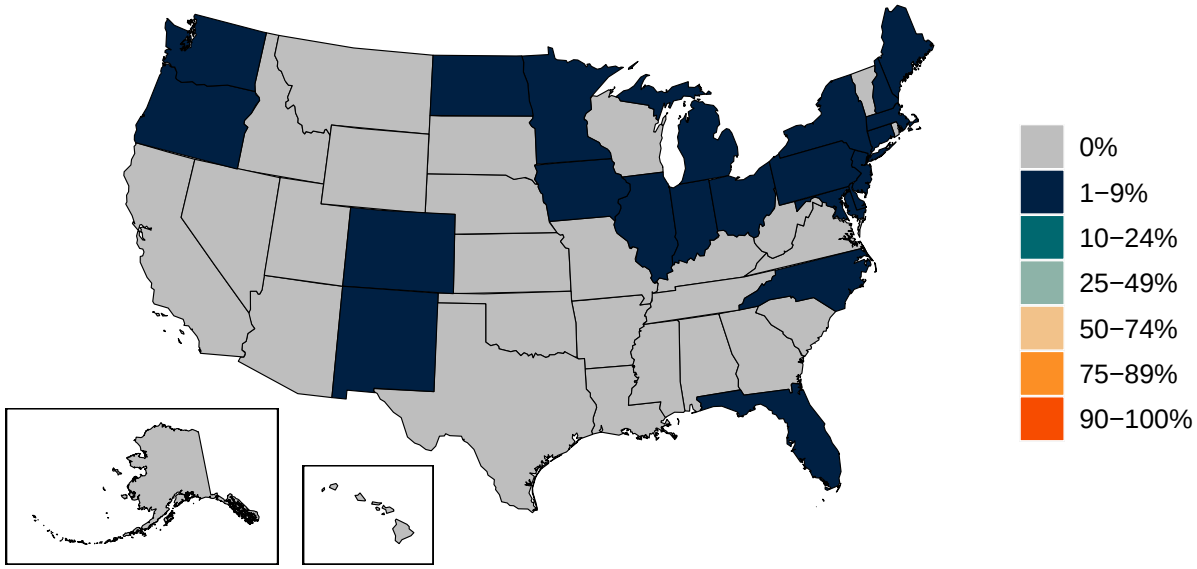



**Figure 9.2: Estimated percent of new infections that are Beta variant**

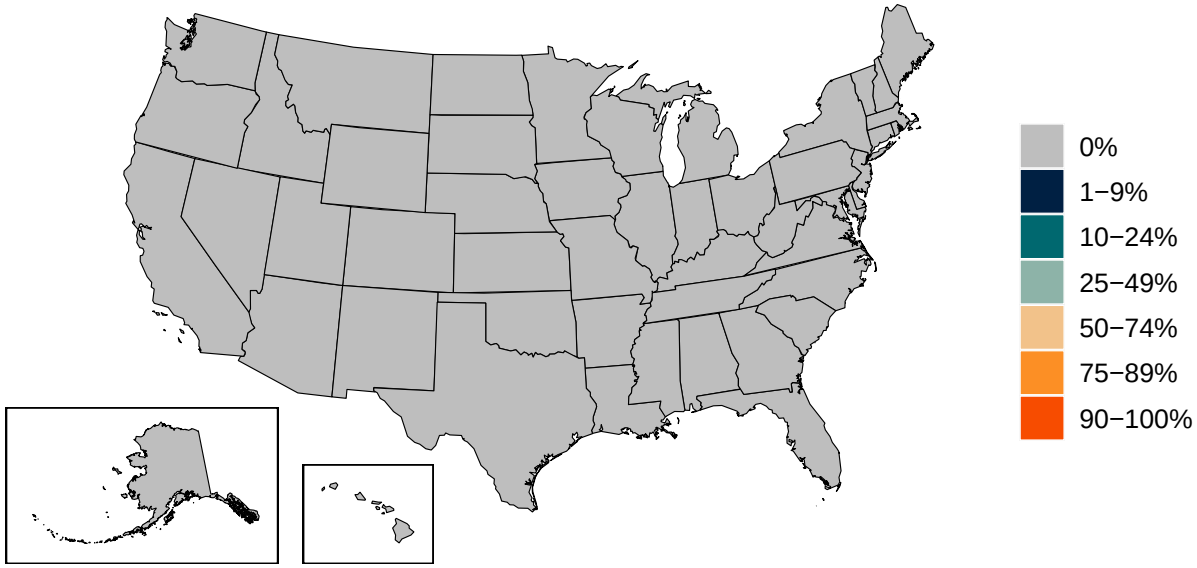


**Figure 9.3: Estimated percent of new infections that are Delta variant**

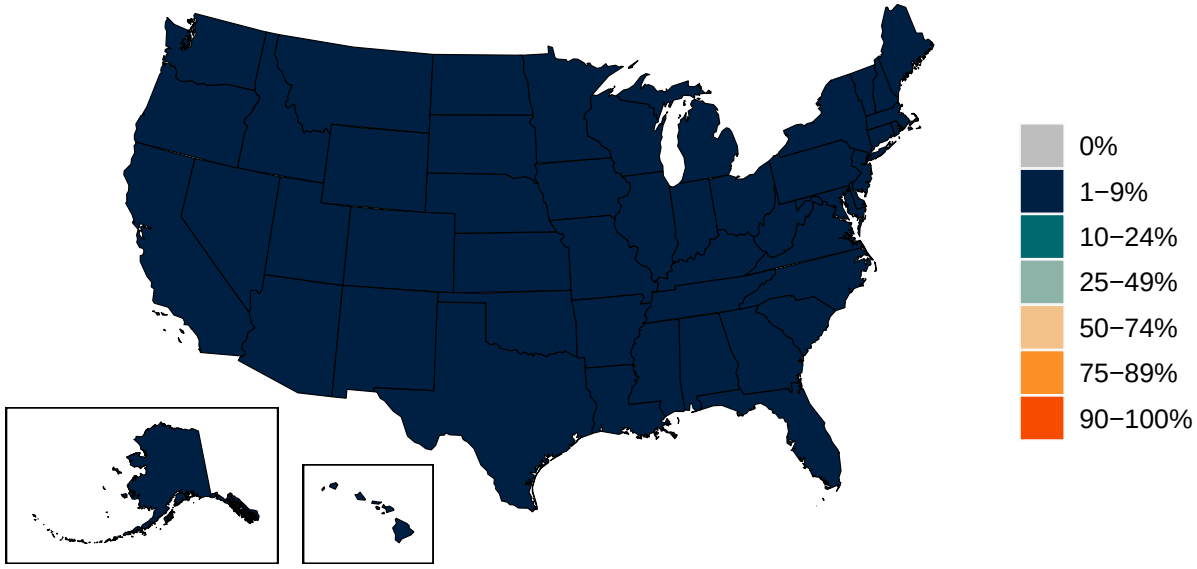



**Figure 9.4: Estimated percent of new infections that are Gamma variant**

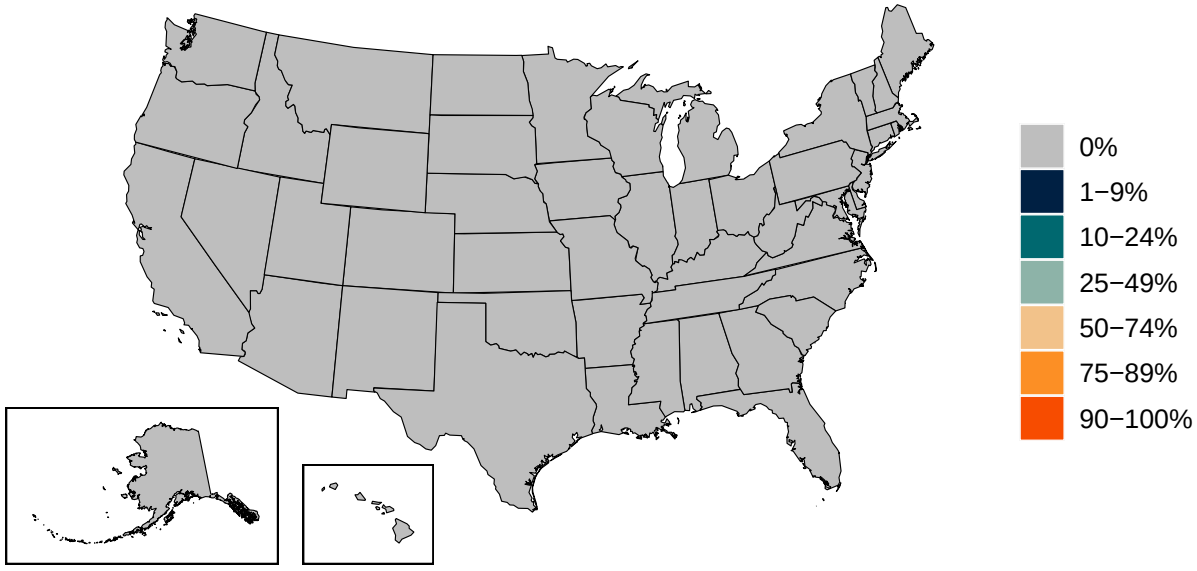


**Figure 9.5: Estimated percent of new infections that are BA.1/BA.2 variant**

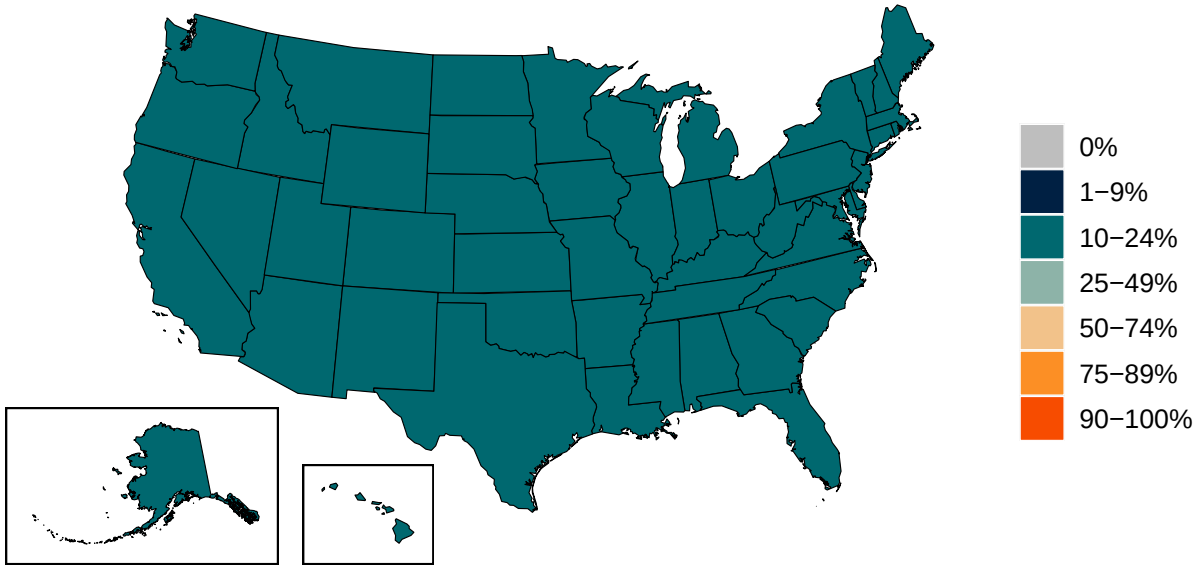



**Figure 9.6: Estimated percent of new infections that are BA.5 variant**

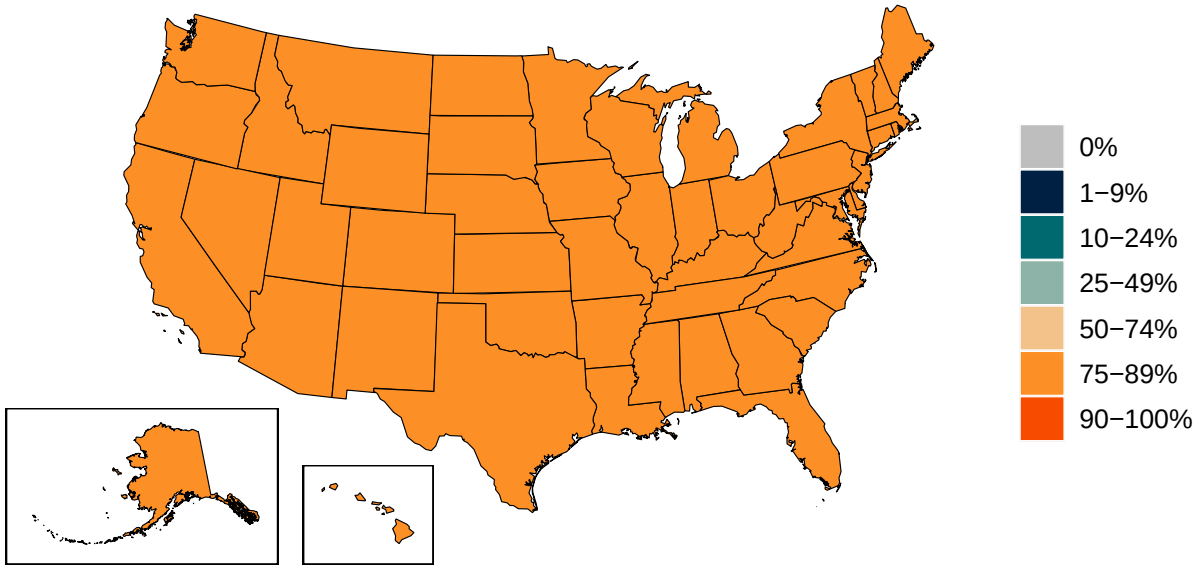
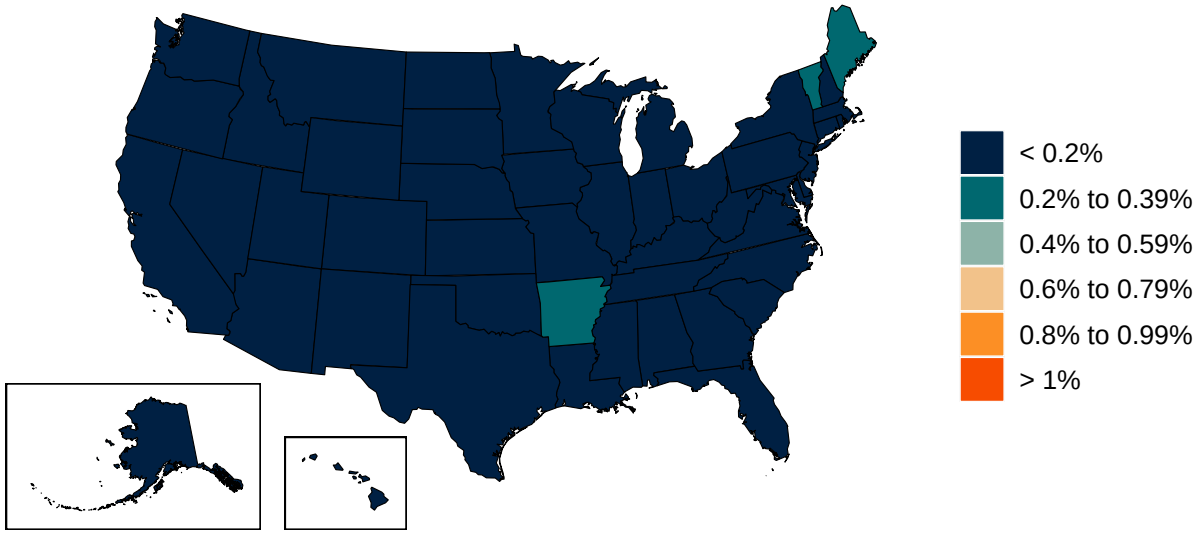


**Figure 10.1: Infection-fatality rate on December 12, 2022.** This is estimated as the ratio of COVID-19 deaths to estimated daily COVID-19 infections.



## Critical drivers

**Table 2: Current mandate implementation**

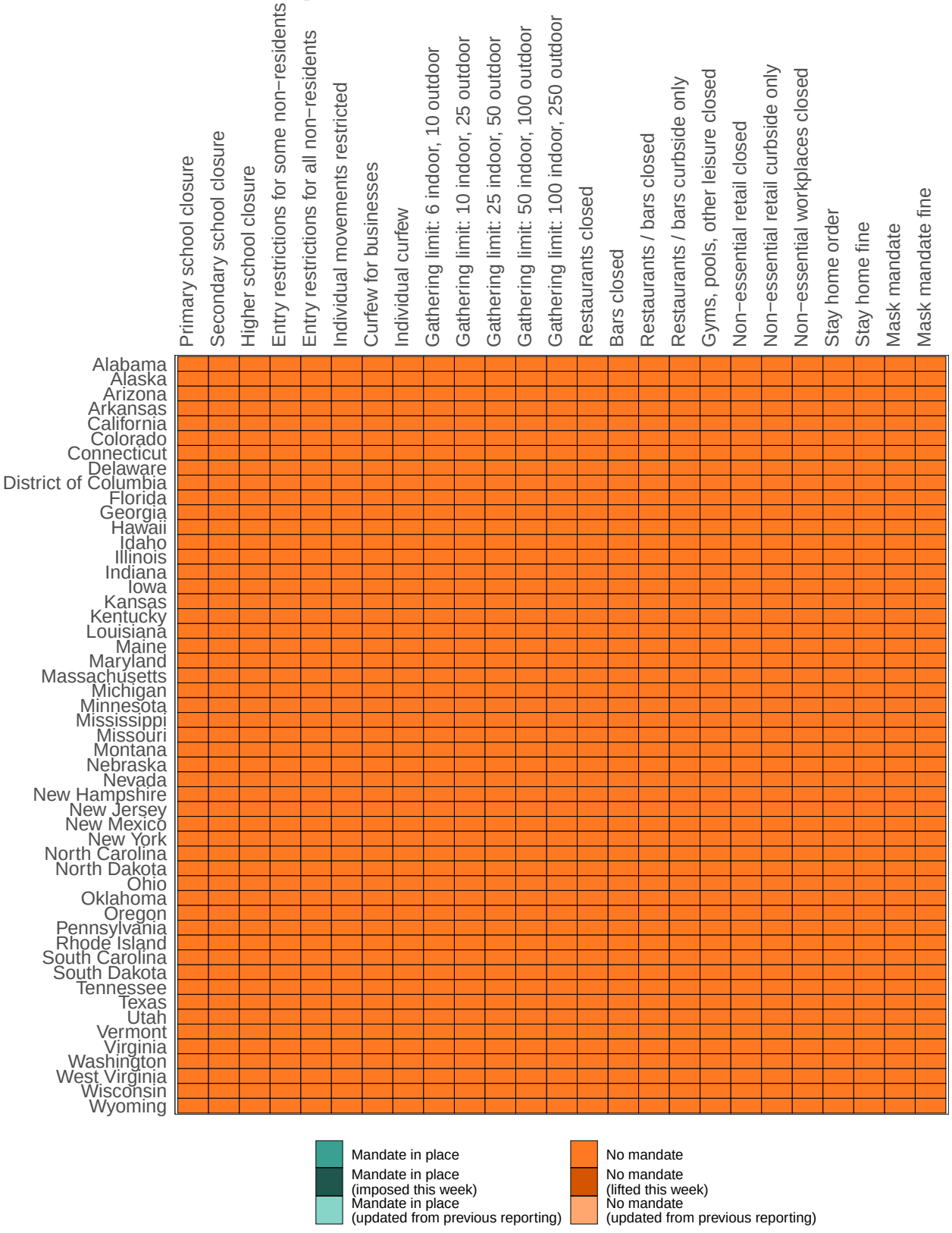


**Figure 11.1: Trend in the proportion of the population reporting always wearing a mask when leaving home**

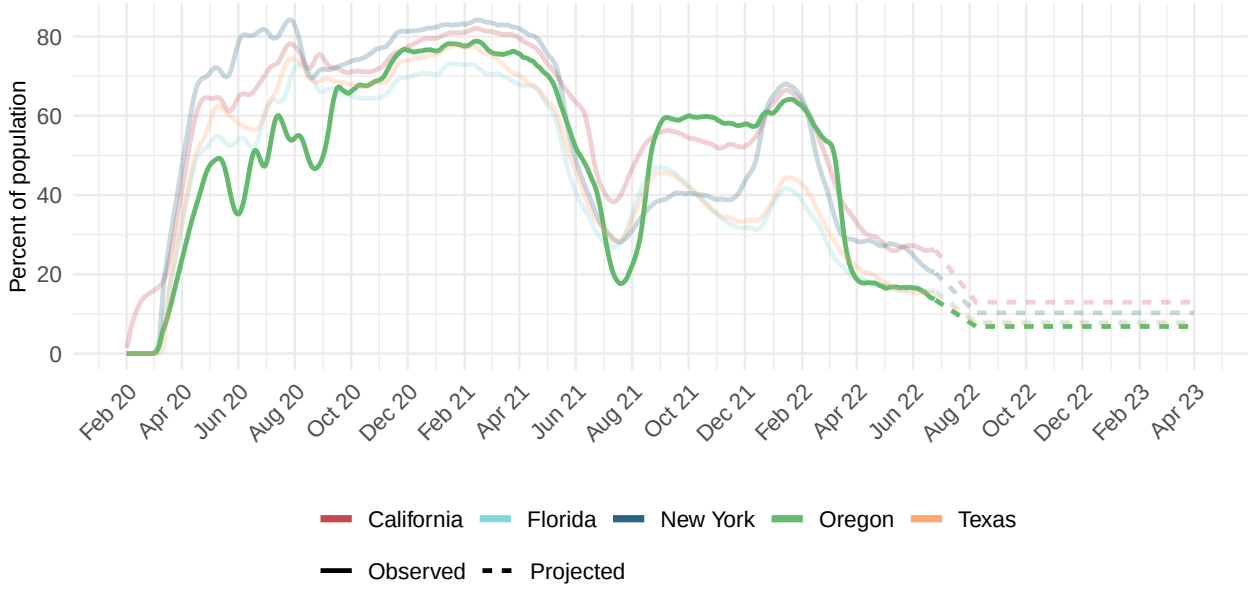


**Table 3: Estimates of vaccine effectiveness for specific vaccines used in the model at preventing severe disease and infection.** We use data from clinical trials directly, where available, and make estimates otherwise. More information can be found on our website.

| | Effectiveness at preventing | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Ancestral | | Alpha | | Beta | | Gamma | | Delta | | BA.1/BA.2 | | BA.5 | |
| Vaccine | Severe disease | Infection | Severe disease | Infection | Severe disease | Infection | Severe disease | Infection | Severe disease | Infection | Severe disease | Infection | Severe disease | Infection |
| AstraZeneca | 94% | 63% | 94% | 63% | 94% | 69% | 94% | 69% | 94% | 69% | 71% | 36% | 71% | 36% |
| CanSino | 66% | 62% | 66% | 62% | 64% | 61% | 64% | 61% | 64% | 61% | 48% | 32% | 48% | 32% |
| CoronaVac | 50% | 47% | 50% | 47% | 49% | 46% | 49% | 46% | 49% | 46% | 37% | 24% | 37% | 24% |
| Covaxin | 78% | 73% | 78% | 73% | 76% | 72% | 76% | 72% | 76% | 72% | 57% | 38% | 57% | 38% |
| Johnson & Johnson | 86% | 72% | 86% | 72% | 76% | 64% | 76% | 64% | 76% | 64% | 57% | 33% | 57% | 33% |
| Moderna | 97% | 92% | 97% | 92% | 97% | 91% | 97% | 91% | 97% | 91% | 73% | 48% | 73% | 48% |
| Novavax | 89% | 83% | 89% | 83% | 86% | 82% | 86% | 82% | 86% | 82% | 65% | 43% | 65% | 43% |
| Pfizer/BioNTech | 95% | 86% | 95% | 86% | 95% | 84% | 95% | 84% | 95% | 84% | 72% | 44% | 72% | 44% |
| Sinopharm | 73% | 68% | 73% | 68% | 71% | 67% | 71% | 67% | 71% | 67% | 53% | 35% | 53% | 35% |
| Sputnik-V | 92% | 86% | 92% | 86% | 89% | 85% | 89% | 85% | 89% | 85% | 67% | 44% | 67% | 44% |
| Other vaccines | 75% | 70% | 75% | 70% | 73% | 69% | 73% | 69% | 73% | 69% | 55% | 36% | 55% | 36% |
| Other vaccines (mRNA) | 91% | 86% | 91% | 86% | 88% | 85% | 88% | 85% | 88% | 85% | 67% | 45% | 67% | 45% |

Percent of the population having received at least one dose (12.1) and fully vaccinated against SARS-CoV-2 (12.2) by December 12, 2022

**Figure 12.1: Percent of the population having received one dose of a COVID-19 vaccine**

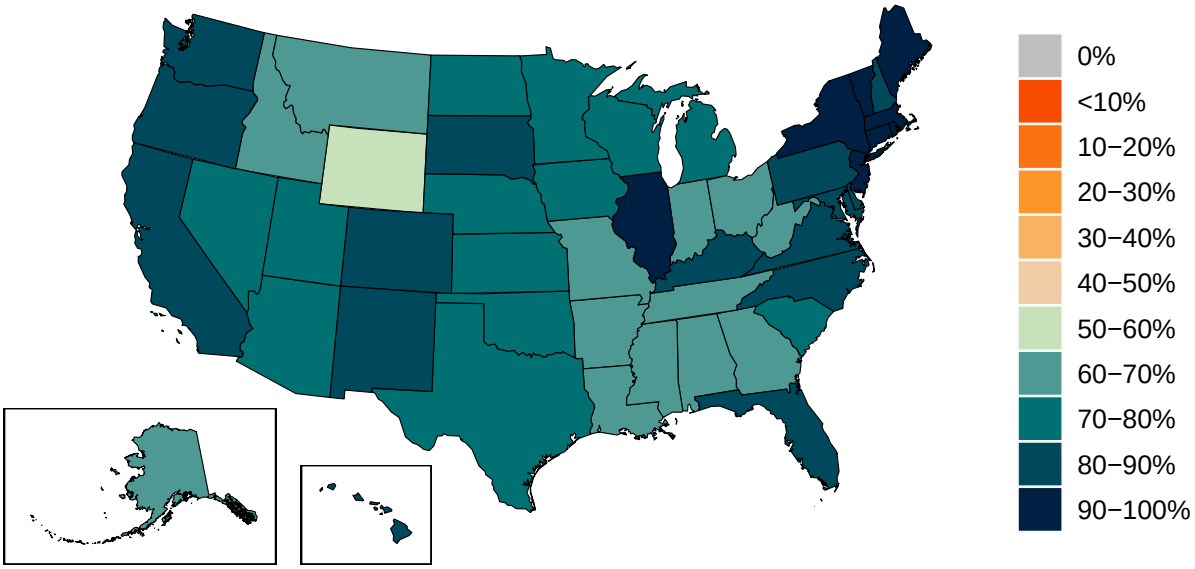



**Figure 12.2: Percent of the population fully vaccinated against SARS-CoV-2**

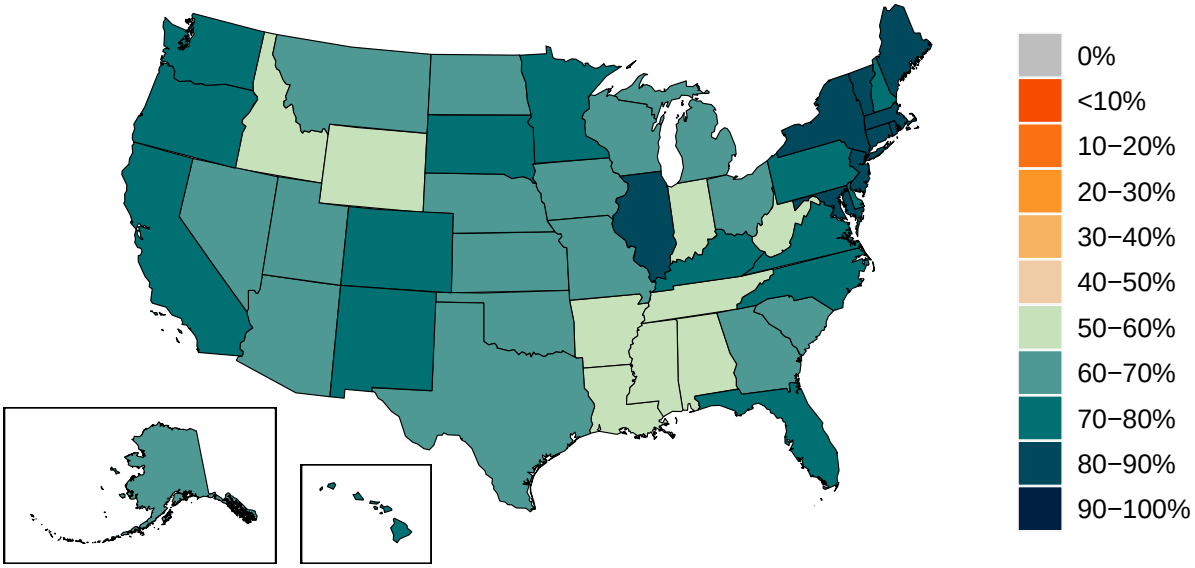


**Figure 13.1: Estimated proportion of the total population that is not vaccinated but willing to be vaccinated as of June 24, 2022**

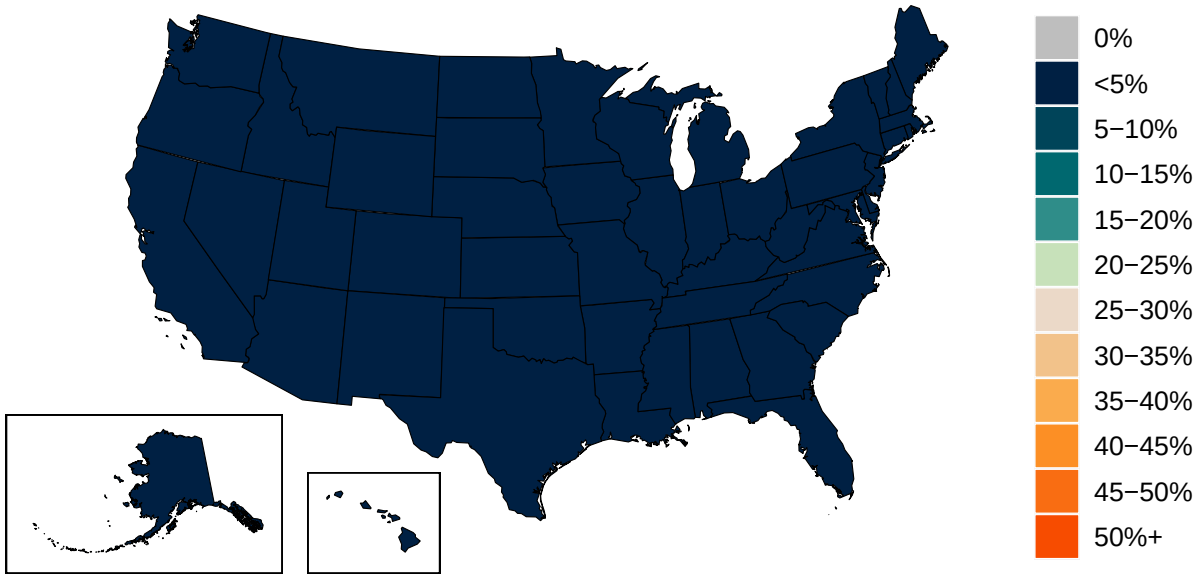


**Figure 14.1: Percent of people who receive at least one dose of a COVID-19 vaccine and those who are fully vaccinated**

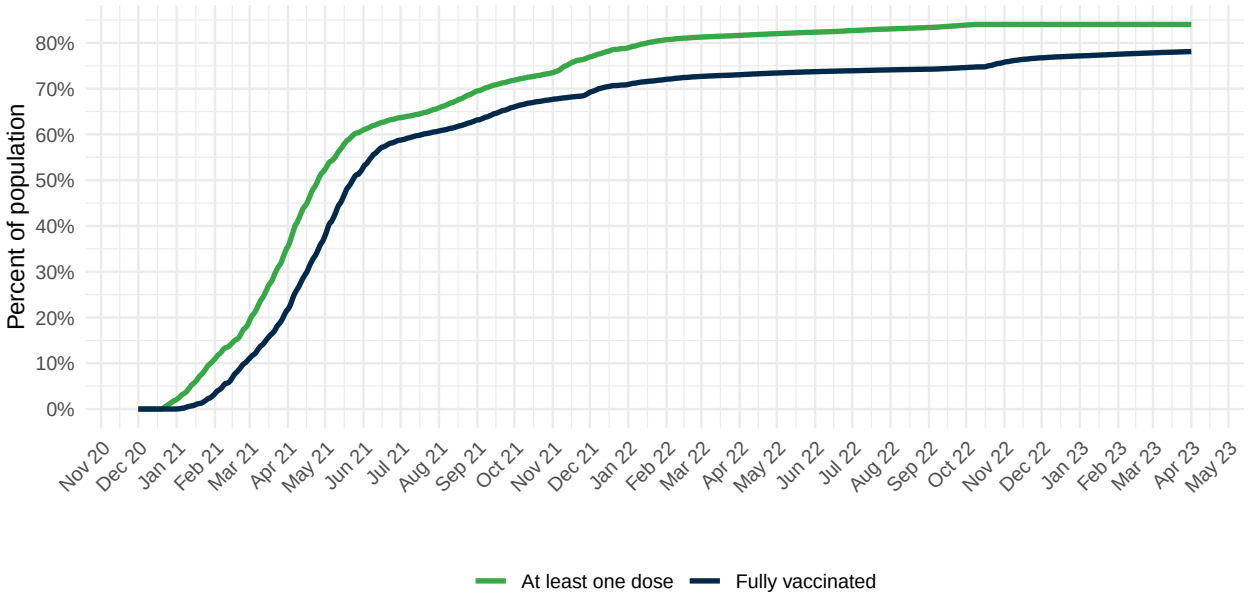
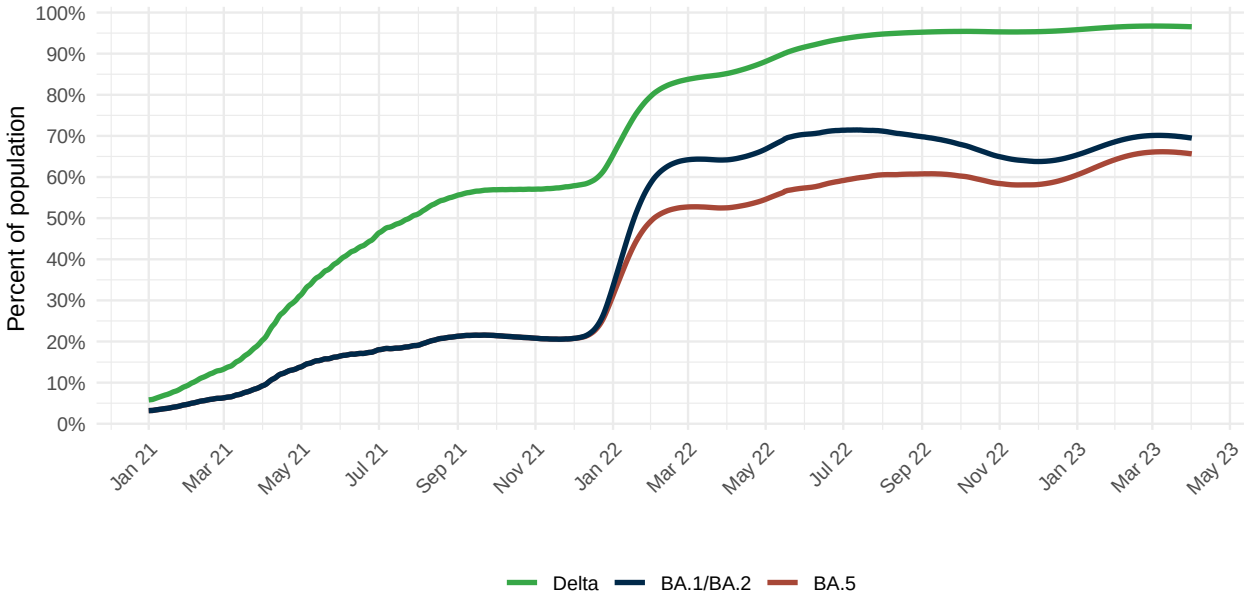



**Figure 15.1: Percent of people who are immune to Delta, BA.1/BA.2 or BA.5.** Immunity is based on protection due to prior vaccination and infection(s). Moreover, variant-specific immunity is also based on variant-variant specific protection.



## Projections and scenarios

**Figure 16.1: Daily COVID-19 infections until April 01, 2023 for three scenarios**

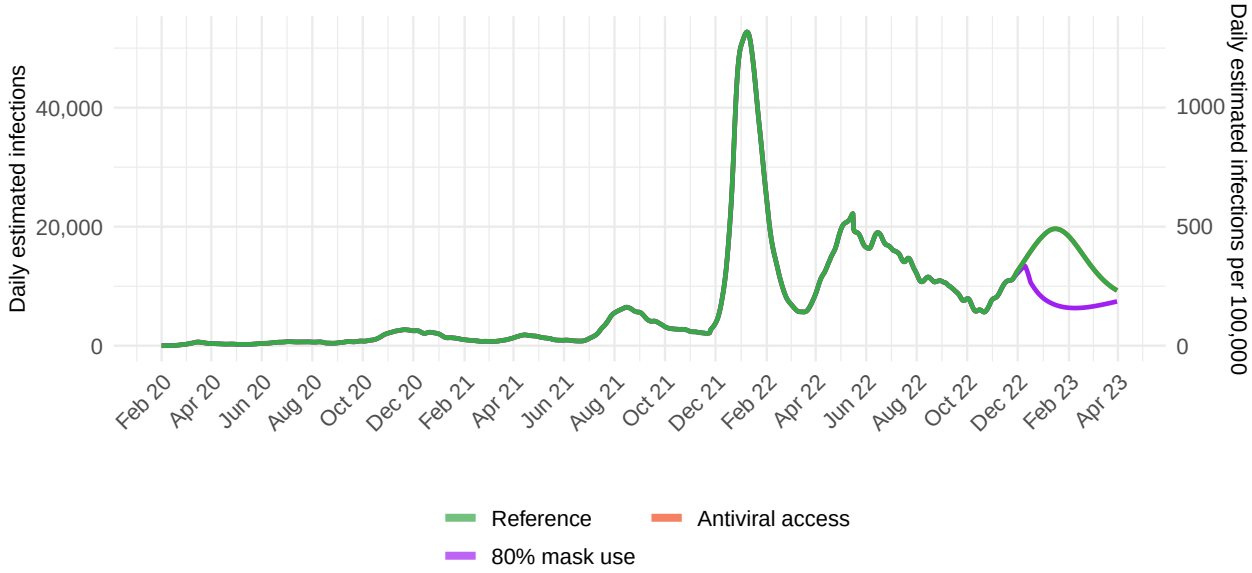



**Figure 16.2: Daily COVID-19 reported cases until April 01, 2023 for three scenarios**

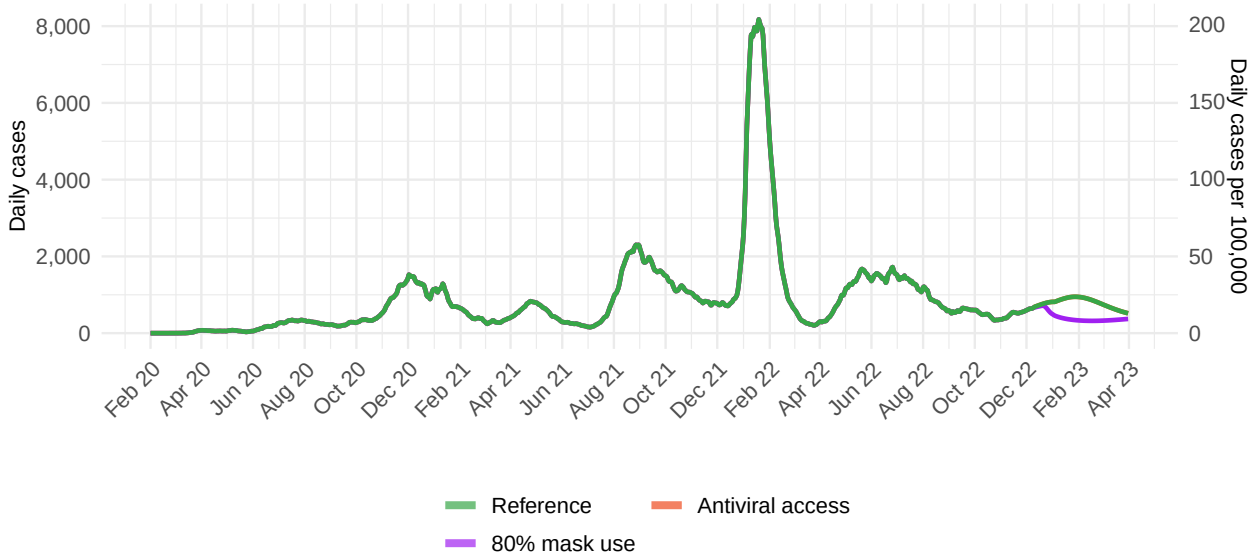


**Figure 16.3: Daily COVID-19 hospital census until April 01, 2023 for three scenarios**

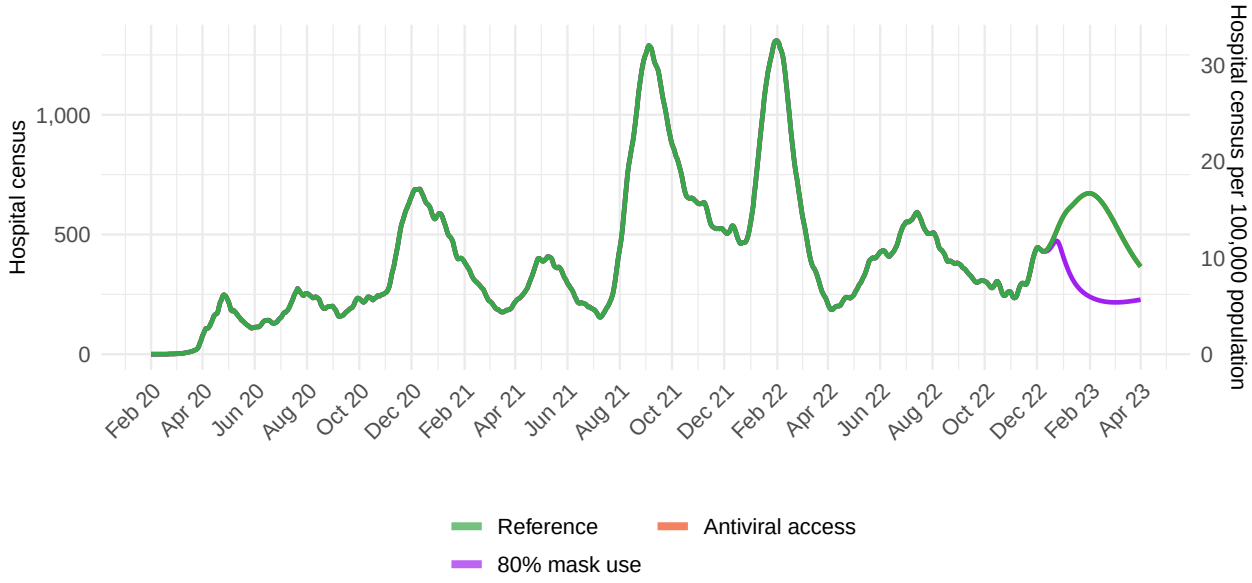


**Figure 16.4: Reported daily COVID-19 deaths per 100,000**

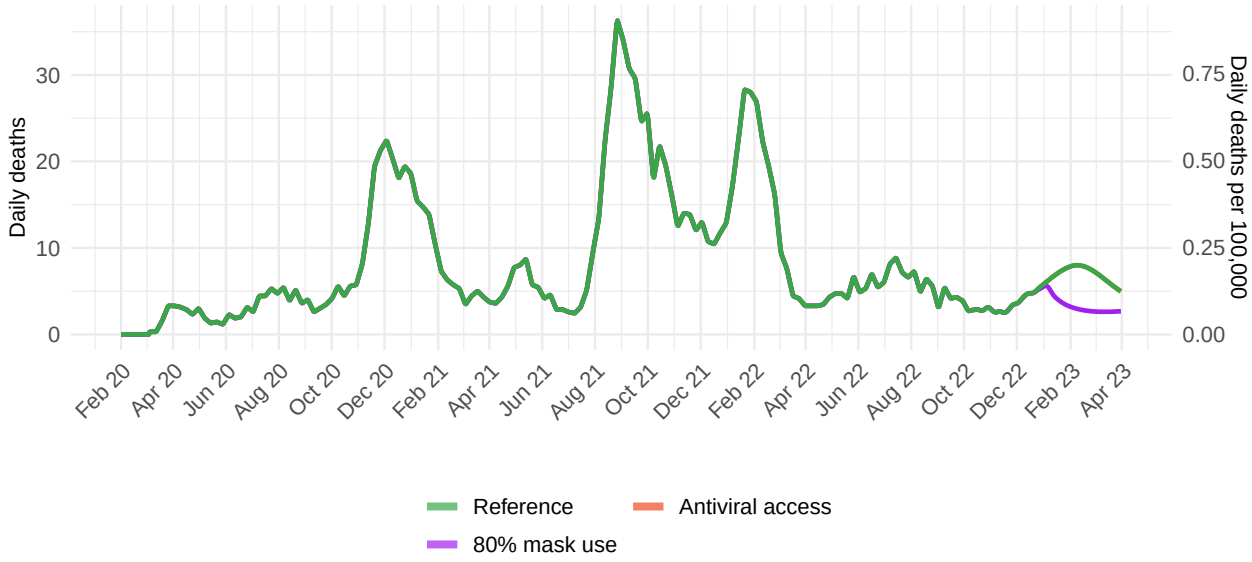


**Figure 16.5: Total daily COVID-19 deaths per 100,000**

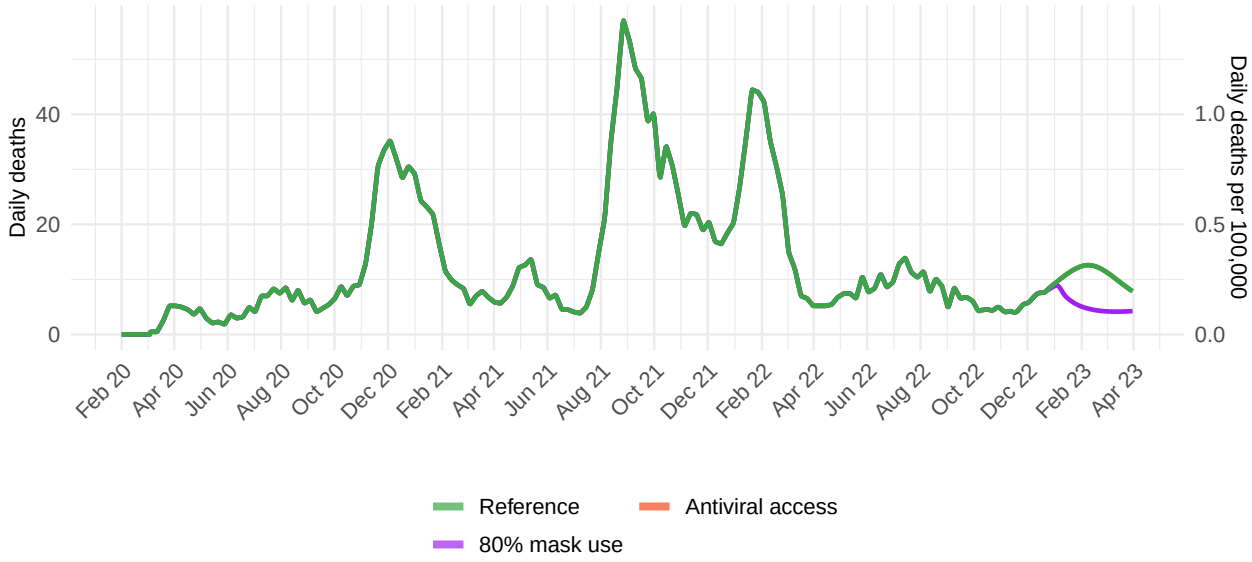


**Figure 17.1: Comparison of reference model projections with other COVID modeling groups.** For this comparison, we are including projections of daily COVID-19 deaths from other modeling groups when available, last model update in brackets: the SI-KJalpha model from the University of Southern California (SIKJalpha) [December 5, 2022], and the CDC Ensemble Model (CDC) [December 12, 2022]. Regional values are aggregates from available locations in that region.

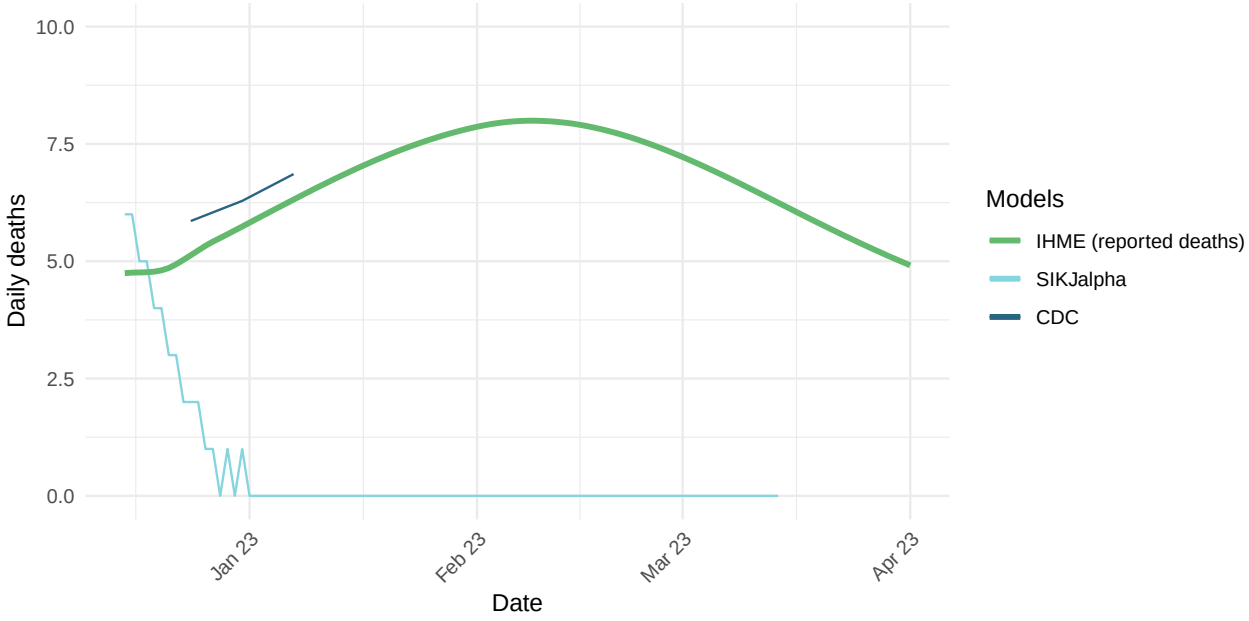


**Figure 18.1: The estimated inpatient hospital usage is shown over time.** The percent of hospital beds occupied by COVID-19 patients is color-coded based on observed quantiles of the maximum proportion of beds occupied by COVID-19 patients. Less than 5% is considered *low stress*, 5-9% is considered *moderate stress*, 10-19% is considered *high stress*, and 20% or greater is considered *extreme stress*.

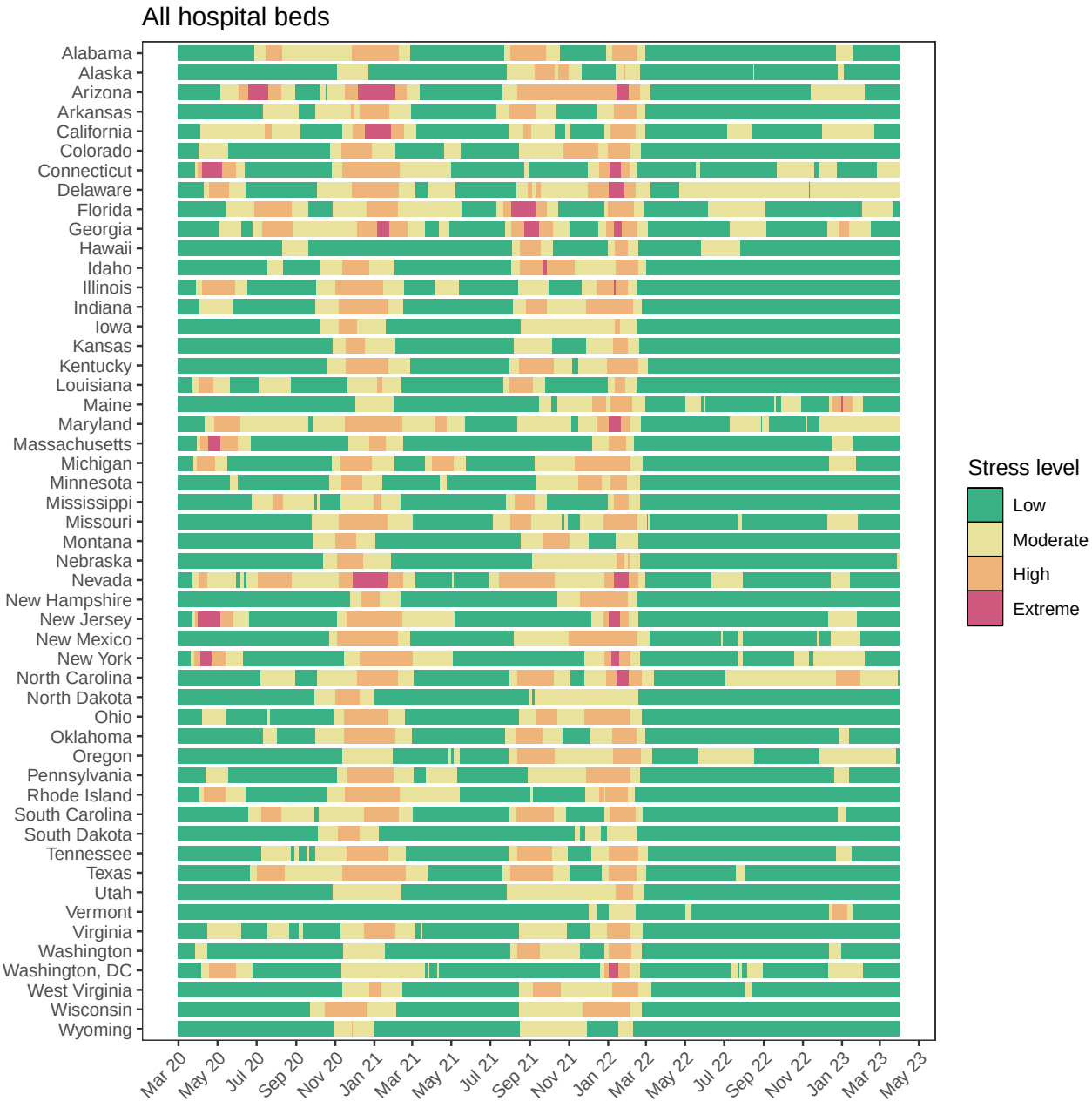
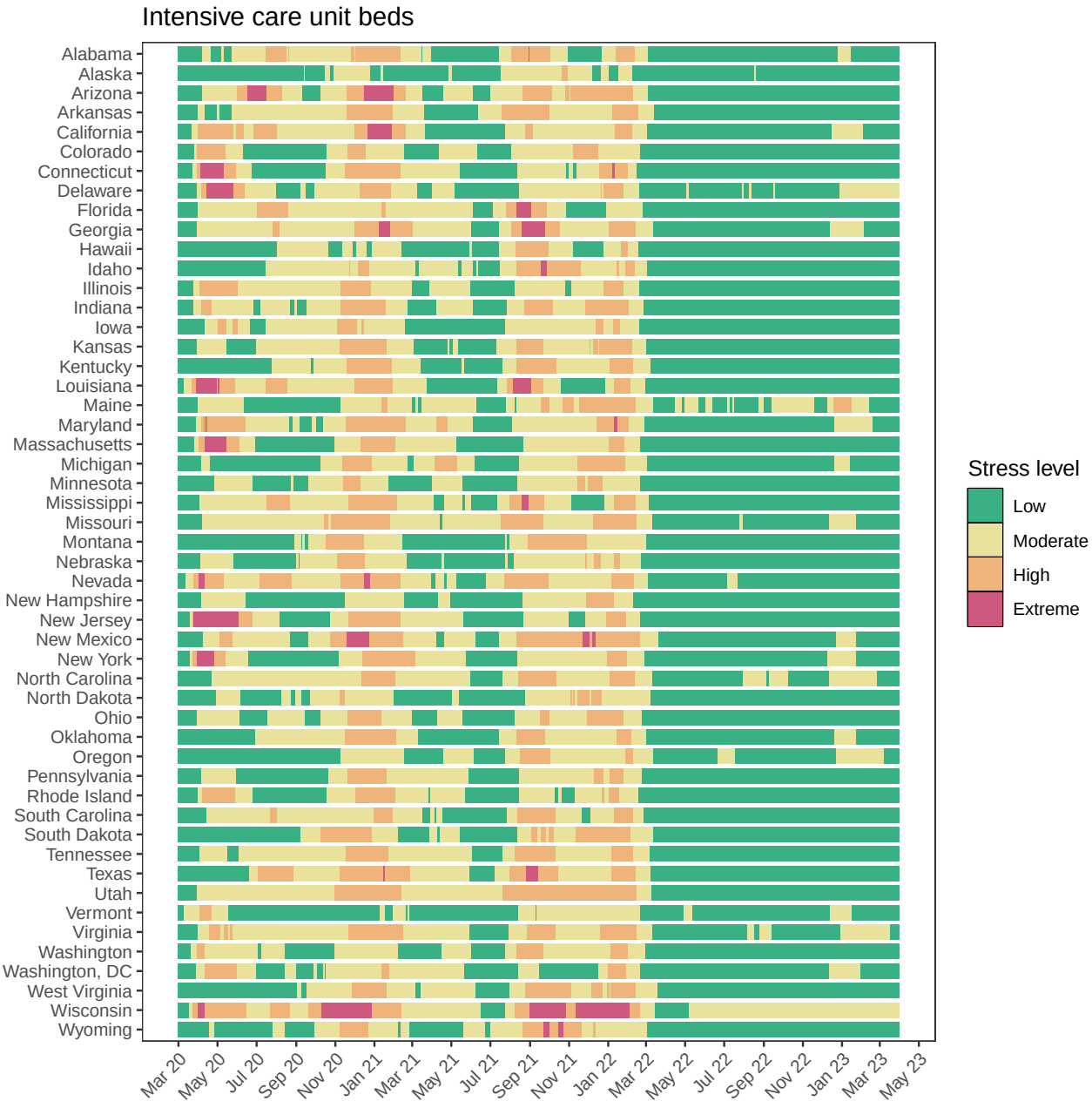


**Figure 19.1: The estimated intensive care unit (ICU) usage is shown over time.** The percent of ICU beds occupied by COVID-19 patients is color-coded based on observed quantiles of the maximum proportion of ICU beds occupied by COVID-19 patients. Less than 10% is considered *low stress*, 10-29% is considered *moderate stress*, 30-59% is considered *high stress*, and 60% or greater is considered *extreme stress*.



## More information

**Data sources:**

Mask use and vaccine confidence data are from the The Delphi Group at Carnegie Mellon University and University of Maryland COVID-19 Trends and Impact Surveys, in partnership with Facebook. Mask use data are also from Premise, the Kaiser Family Foundation, and the YouGov COVID-19 Behaviour Tracker survey.

Genetic sequence and metadata are primarily from the GISAID Initiative. Further details available on the COVID-19 model FAQ page.

**A note of thanks:**

We wish to warmly acknowledge the support of these and others who have made our COVID-19 estimation efforts possible.

**More information:**

For all COVID-19 resources at IHME, visit http://www.healthdata.org/covid.

To download our most recent results, visit our Data downloads page.

Questions? Requests? Feedback? Please contact us at https://www.healthdata.org/covid/contact-us.