

## COVID-19: Cases are trending steeply upward across Oregon

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patients, one in the intensive care unit (ICU) on a ventilator.

On Monday, the overall count dropped to six, but three were in the ICU on ventilators.

“We’re definitely below our peak, but it’s ramping back up,” said Dr. Robert Pfister, chief safety and quality officer for St. Charles Health System. “We’re definitely seeing more cases than we did a few weeks ago.”

Sisters has recently recorded the first confirmed cases in the 97759 zip code since the pandemic began. The actual numbers are not reported until they exceed 10; currently Sisters is listed simply as one to nine cases.

Dr. Pfister notes that the St. Charles ICUs are at or near capacity due to standard medical and accident-related traffic. Bend was at 92 percent capacity as of Friday; Redmond was at 100 percent. Just a handful of critical COVID patients would severely strain the system.

Oregon at large has broken single-day reporting records several times over the past two weeks. On Sunday, Oregon Health Authority reported 332 new cases and two new deaths. As of Sunday’s reporting, Oregon has reported 12,170 cases and 234 deaths.

### Spread of COVID-19

The increased community spread of COVID-19 was an inevitable — and expected — byproduct of “reopening” economic and social activity. The reopening seems to have led some to let down their guard.

Oregon Health Authority reported last week that, “Since Oregon began reopening, we have seen spread of COVID-19 when people get together to celebrate with family and friends.” Some examples include:

- Graduations.
- Birthdays.
- Weddings.
- Holidays.

“For sure a lot of the uptick we’ve been seeing has been from gatherings,” Dr. Pfister said. “If you just drive around.... You’ll see people in large groups.... I think people are trying to do the right thing in general terms, but it’s pretty hard to drink a beer through a mask.”

COVID-19 is spreading more through social activities involving groups of younger people, OHA reports. OHA has recorded outbreaks linked to:

- Exercise classes.
- A fraternity party.
- A bachelor party.

Citing rapid increase in COVID-19 cases, Governor Kate Brown announced on Monday a ban on indoor

social gatherings of more than 10 people — which does not apply to churches or businesses.

The Governor also extended mask requirements to apply outdoors when people are unable to maintain six feet of physical distancing.

She left the door open to applying further restrictions.

“I hope I don’t have to go the route of Texas and California and close bars and restaurants, but nothing is off the table,” Brown said.

The spread among younger demographics may be behind the rapid increase in cases — and a reason why mortality has not climbed along with cases.

### COVID-19 Mortality

Dr. Pfister noted that, nationwide, 85 percent of new cases have involved patients ages 20 to 40. That skew toward younger populations, Dr. Pfister believes, may in part explain why the death rate has not soared along with case increases.

Data shows that the death rate from COVID-19 has not been increasing apace with significantly increased case-loads. Data shows that the daily death toll from coronavirus — allowing for a couple of spikes well above 1,000/day — has hovered between 500 and 1,000 through most of June and into July, after peaking at 4,900 in a single day on April 16.

Dr. Pfister and other medical professionals posit several possible causes for the flat mortality curve in the face of a climbing case curve.

First, the virus has mutated, and it may be more

contagious and less deadly. Dr. Pfister notes that the first element is certain — the second aspect is not yet established.

“We know that the virus has already mutated eight or nine times,” he said. “The virus we see now is definitely more contagious. We don’t know if it’s less deadly or not, but that’s a real possibility.”

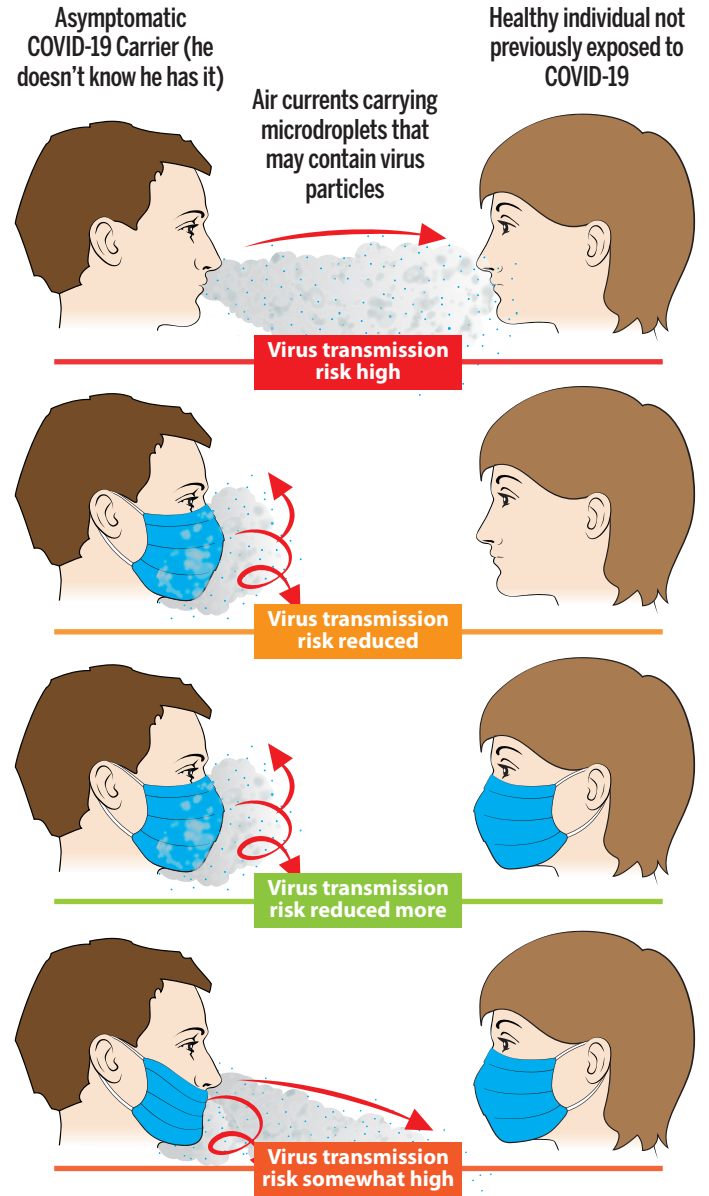
Dr. Pfister notes that the mortality rate for COVID-19 is 0.3 percent — considerably less than what was experienced in severe, deadly outbreaks in Italy and Spain, where death rates were estimated at two percent or higher. However, he is not complacent about the lower number.

“I’m eternally grateful for that (0.3 percent number) — but that’s still pretty deadly,” he said.

Asked if treatment protocols have reduced mortality, Dr. Pfister demurred. While he is full of praise for the diligence and adaptivity of the front-line medical professionals dealing with the worst cases, he says that treatment protocols — “proning” (keeping a patient face down instead of on their back) and the use of less-invasive respiratory support; the use of anti-coagulants and corticosteroids; and the antiviral treatment remdesivir — have been refined, but aren’t revolutionary.

“We were doing most of them in the first wave,” he said.

He doesn’t see improved treatment as having a big enough effect to significantly bend the mortality curve downward.



INFOGRAPHIC BY LISA MAY

“My gut tells me that’s not it,” he said.

For Dr. Pfister, the key to the reduced rate may lie in who is currently getting sick — that younger demographic that makes up 85 percent of new cases. Though there have been terrible stories of death

in young, apparently healthy patients, the vast majority of deaths have been recorded in older people with underlying medical conditions. Most of Oregon’s deaths have been in people in their 80s and

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