



# *Leading Oregon's Charge into the Unknown: Lessons Learned from Washington County's COVID-19 Outbreak Response Structure*

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**WASHINGTON COUNTY**  
**OREGON**

Department of Health and Human Services

# COVID-19 Outbreak Response Structure Timeline

First COVID-19 case identified in Oregon (Washington County)



Limited SARS-specific disease investigation guidance or prevention tools

Leveraged skills of existing staff to develop the tools, protocols and workflows needed to address COVID-19



Quickly became a leader in disease mitigation and response efforts in addressing the novel spread of COVID-19

Expanded to create multi-disciplinary strike teams



Expansion included a senior program coordinator and registered environmental health specialists, to support priority populations.

# COVID-19 Case and Contact Investigation



**FTE 4**  
Electronic Lab  
Reporting  
(ELR) Team

Reporting: ELR,  
eCR, OCRP,  
Providers, Facilities

Case Investigation



**FTE 30**  
Interview Team



**FTE 29**  
Strike Team

Exposure  
Investigation at  
High-risk Settings

Contact  
Investigation



**FTE 40**  
Oregon Public  
Health Institute  
(OPHI)

Quarantine and  
Isolation Support



**FTE 9**  
Quarantine and  
Support Team  
(QST)

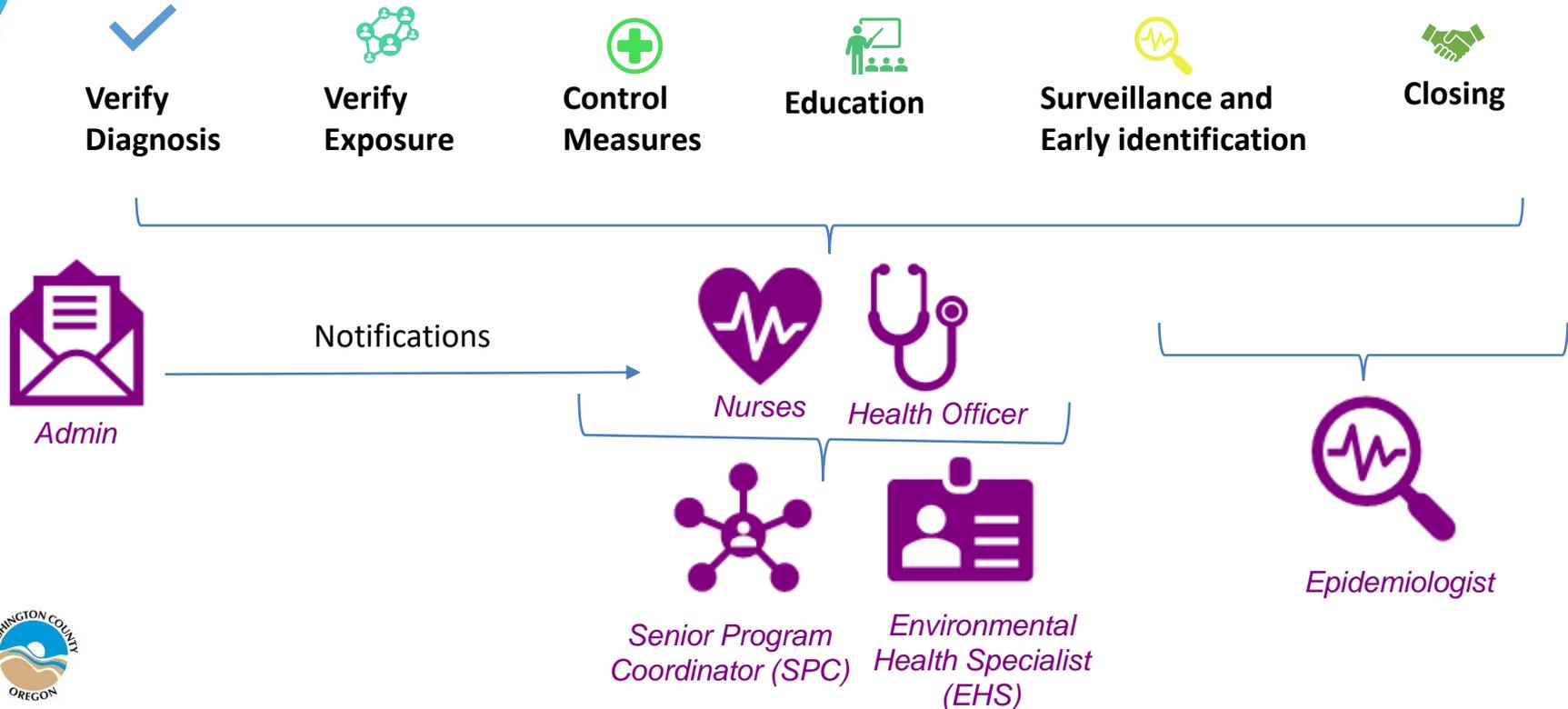


**FTE 10**  
Administrative  
Support Staff (Admin)

Other teams:  
Communications-  
3 FTE  
Testing & vaccine-  
10-17 FTE  
CBO  
Partnership/Equity  
- 2 FTE  
Epi/Data Team-  
15 FTE  
Infection control-  
2-3 FTE

**Approximately  
~160 FTE**

# Strike Team Investigation Framework



# Strike Team



Long-term  
Care Facility-  
Adult Foster  
Homes



Jail-Correction



Shelters



School-  
Daycare



Camps-  
Extra-  
Curricular  
Activities



Higher Education



Healthcare-  
Health  
Systems



Workplaces



Other  
Congregated  
Settings



Migrant  
Seasonal  
Farm Workers

## Restructured



Congregated Settings

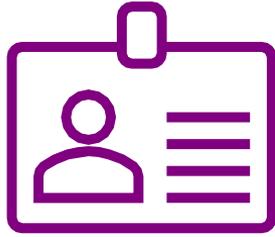


School & Daycares



Workplaces

# Education and Prevention



Environmental  
Health  
Specialists  
(EHS)

EHS contacted the largest 48 LTCFs

- Provide infection control information
- Reviewed a Washington County developed Response Toolkit
- Built relationships with facilities before experiencing COVID-19 cases

Reeducation by EHS and support during entire outbreak.

This connection became crucial for fast, accurate information and allowed other COVID staff to focus on different aspects of the response.

# Collaboration

SPC pull together partners internally and externally.

Led to the development of a regional educational webinar series with a focus on evolving landscape of COVID-19:

**10** months

**25** sessions

**100+** participants



Senior Program  
Coordinator  
(SPC)

# Strike Team

Over 16 months

~940 Outbreaks

Allowed capacity to prioritize

- Diversity
- Equity
- Inclusion



**Public Health**  
Prevent. Promote. Protect.





*Nurses*



*Epidemiologist*

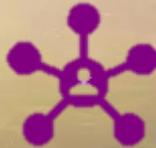


*Health Officer*

# Strike Team



*Admin*



*Senior Program  
Coordinator (SPC)*



*Environmental  
Health Specialist  
(EHS)*

# Summary

## Support, Expertise, Prevention & Partnership



This response structure is easily adaptable to local and state public health programs to serve as a model for large scale outbreak response; particularly where regular evaluation, prioritization, and allocation of finite resources is valuable.



# Thank You!

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