

PLACER COUNTY COVID-19 UPDATE

SEPTEMBER 11, 2020



Placer County COVID-19 Cases at a Glance

The first case of COVID-19, the viral infection caused by SARS-CoV-2, was identified in Placer County on March 1, 2020. Since then, cases have been reported throughout the county.

New cases are investigated as they are reported. Our team of case investigators strive to interview those who have tested positive and their close contacts as soon as possible. These teams provide guidance and offer support to those who need to isolate and quarantine to help keep their families and communities safe.

Confirmed COVID-19 Cases by Location of Residence as of 9/10/20			
Location	Confirmed Cases	Likely Recovered	New Cases in Last 7 Days
Roseville	1411	1215	103
Lincoln	539	507	15
Rocklin	545	506	21
Auburn	271	249	9
Granite Bay	108	97	*
Kings Beach	84	72	7
Loomis	82	73	*
Newcastle	35	32	*
Truckee	21	20	*
Meadow Vista	21	21	*
Tahoe City	24	21	*
Foresthill	14	13	*
Colfax	13	13	*
Sheridan	16	16	*
Olympic Valley	8	7	*
Applegate	7	7	*
Carnelian Bay	8	6	*
Elverta	8	8	*
Penryn	8	8	*
Total:	3249	2916	173

* The number of cases in locations with less than 6 cases is masked to protect patient privacy. As such, cases displayed will not add up to total.

Locations with less than 6 cases include: Alta, Bowman, Dutch Flat, Tahoe Vista, Weimar, Unhoused, and Unknown.

This week in COVID-19 (9/4 – 9/10):

Cases in congregate living settings continue:

- 2 skilled nursing facilities with 15-73 cases (staff or residents) each:
 - 37 new cases in SNFs this week
- 5 additional long-term care facilities with 1-5 cases each
 - 4 new cases in non-SNF LTCFs this week
- [Click here](#) for the latest information about correctional facility cases

When a case is identified in a vulnerable setting, Public Health recommends testing of all residents and staff.

Placer County residents hospitalized (as of 9/10):

- 8 (2 in intensive care)

Estimated active cases, calculated as total cases minus deaths and likely recovered cases (see link in location table for definition): 295

Confirmed Cases by Geographic Zone		
	Total Cases	Last 7 days
South Placer	2752	152
Mid Placer	334	9
East Placer	154	11
Unknown/Unhoused	9	1
Total	3249	173

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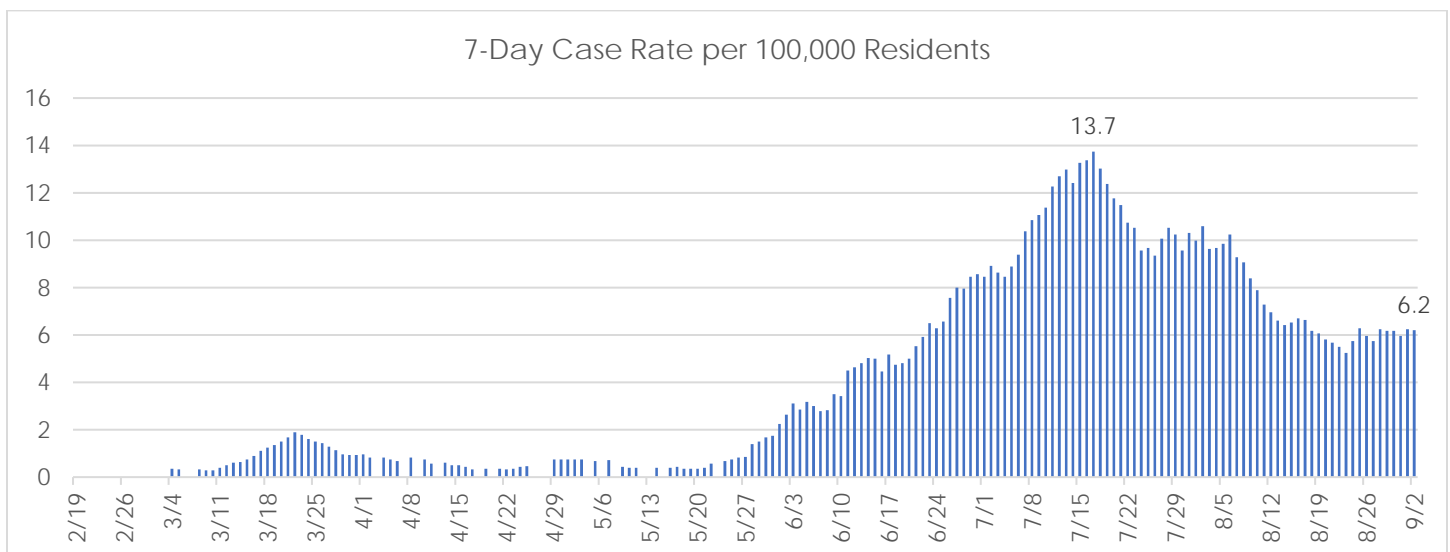
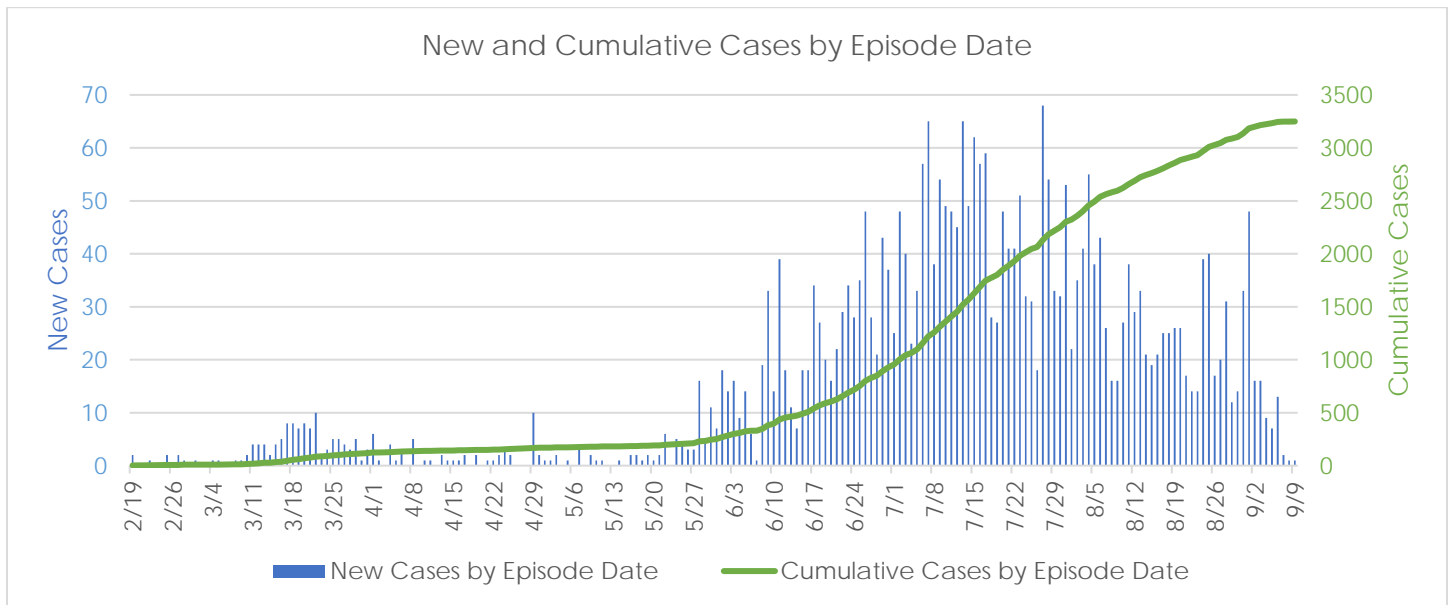
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Cases

There are now 3,249 confirmed COVID-19 cases in Placer County (data current to 9/10). While 173 new cases were received since last week's update, total cases increased from 3,083 to 3,249 (+166). Data remain dynamic as cases are transferred to and from other jurisdictions based on residency determination.

An individual who tests positive on multiple occasions is only counted as a single case. Public Health reports cases by episode date, which is the earliest of several dates (illness onset date, specimen collection date, date of death or date reported).

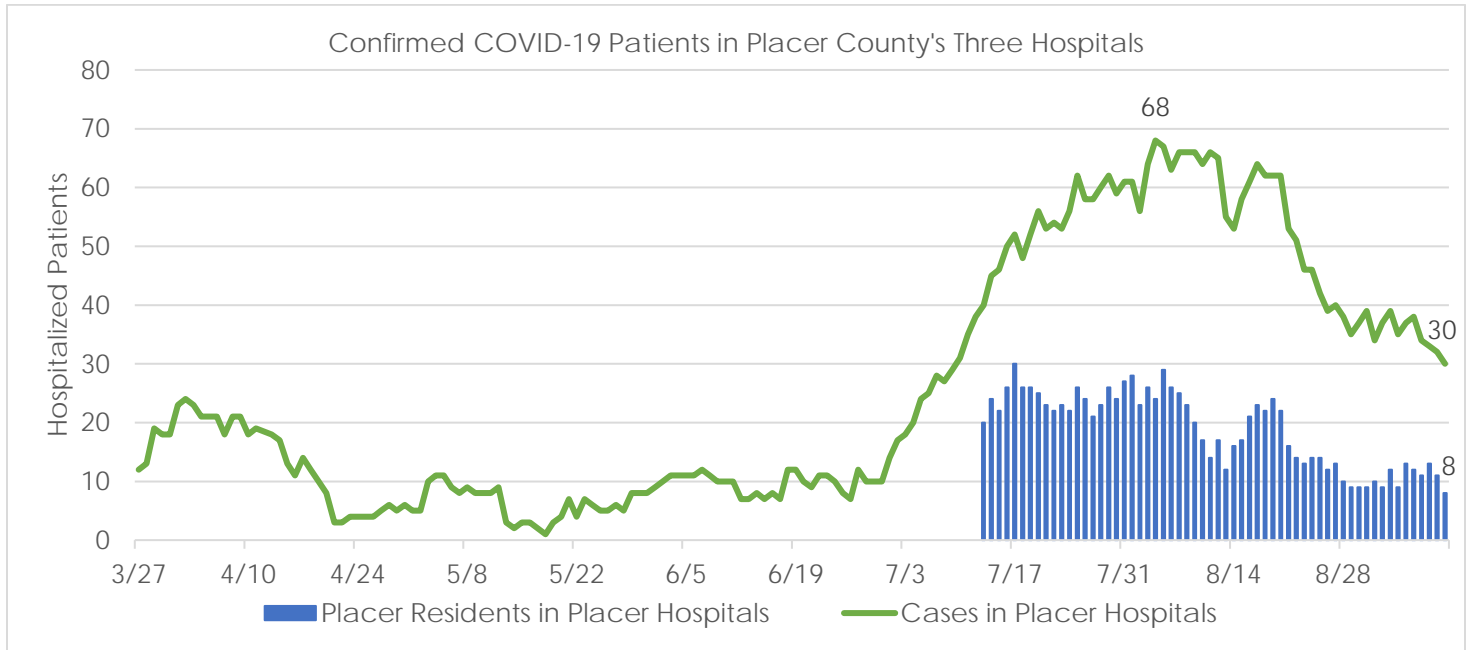
CDPH is now monitoring cases using a 7-day case rate. The 7-day case rate is calculated as the average number of COVID-19 cases reported over a 7-day period, divided by the population of Placer County. This number is then multiplied by 100,000. This case rate is also calculated using episode date.



As information is received by Public Health, episode dates will be updated and case counts will be adjusted to best approximate the date of illness onset. **Data are dynamic and will change as cases are received, updated, and transferred.**

Hospitalizations and Deaths

Hospitalizations in the three Placer County hospitals have begun to decline. The majority of those hospitalized are residents of other counties. Placer County’s two largest hospitals lie on the Placer-Sacramento County border and provide care to residents of both counties, as well as other neighboring counties. Public Health began collecting residency information from hospitals in July.



As of September 10, Placer County has received reports of 38 COVID-related* deaths.

- 22 (58%) were residents of long-term care facilities
- 28 (74%) resided in South Placer/Valley region; 10 (26%) lived in Mid-Placer/Foothills region
- 45% of all reported deaths occurred in August
- 55% of those who died were age 80 or above

COVID Deaths by Month	Number of Deaths
March	2
April	6
May	1
June	2
July	6
August	17
September	4
Total	38

Age Range	Number of Deaths
50-54	1
55-59	2
60-64	2
65-69	3
70-74	4
75-79	5
80-84	7
85-89	7
90-94	6
95-99	1
Total	38

*COVID-related deaths have COVID-19 disease or SARS-CoV-2 listed as a cause of death or a significant condition contributing to death on the death certificate. Public Health reporting is consistent with the case definition set forth by the Council of State and Territorial Epidemiologists and guidance issued by CDPH.

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Descriptive Statistics

A sizeable proportion of race and ethnicity data remains unknown, although systematic data collection has improved through the course of the pandemic. Placer County lacks race/ethnicity data for 25% of cases compared to 32% missing this data statewide. Race/ethnicity information is collected during the case interview, so data quality improves as closed cases are entered into the database. In addition, some cases decline to share this information.

Age Distribution and Hospitalization Among Confirmed Cases					
	Total Cases	Age Distribution of Total Cases	Cases Last 7 Days	Age Distribution Last 7 Days	Percent Ever Hospitalized
0-17 years	306	9%	20	12%	1%
18-34 years	1075	33%	53	31%	2%
35-49 years	775	24%	27	16%	5%
50-64 years	690	21%	35	20%	10%
65-79 years	258	8%	19	11%	17%
80+ years	129	4%	19	11%	32%
Unknown	16	1%	0	0%	0%
Total	3249	100%	173	100%	7%

Ethnicity and Race of Confirmed Cases		
	# Cases	% Cases
Latinx	627	19%
White	1313	40%
Asian	134	4%
African American/Black	53	2%
Multiple Race	115	4%
American Indian/Alaska Native	10	0%
Native Hawaiian and Pacific Islander	17	1%
Other Race	162	5%
Unknown*	818	25%
Total Cases	3249	100%

Cases Ever Hospitalized				
	Overall Cases		Cases in Past Month (since 8/3)	
	# Cases	% Cases	# Cases	% Cases
White	104	48%	17	53%
Latinx	46	21%	5	16%
Asian	11	5%	3	9%
African American/ Black	7	3%	1	3%
Other Race	10	5%	4	13%
Unknown*	34	16%	1	3%
Total Cases	218	100%	32	100%

*Some demographic information is unknown despite changes to improve reporting. In addition, some cases decline to share this information. Therefore, data should be interpreted with caution. Data are subject to change as cases are transferred to other counties or new information is obtained. Hospitalization data are dependent upon patient or hospital notification of inpatient status and are likely an undercount.

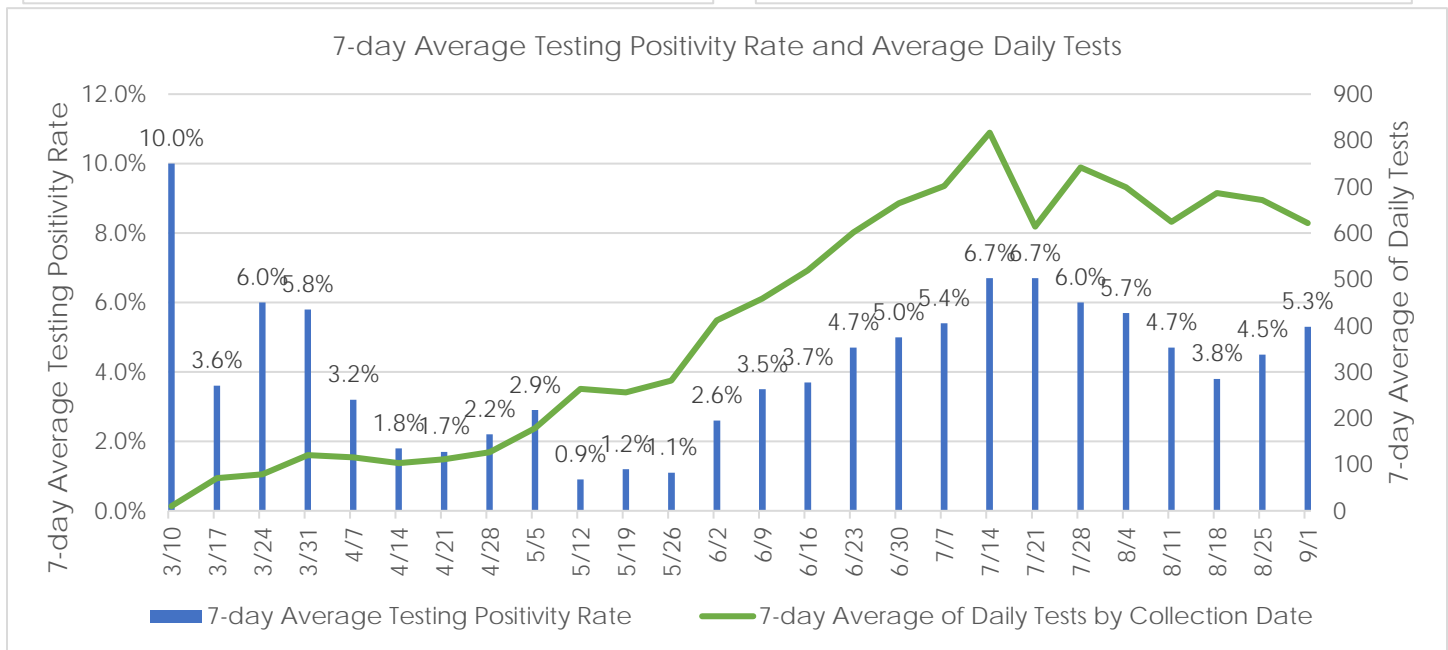
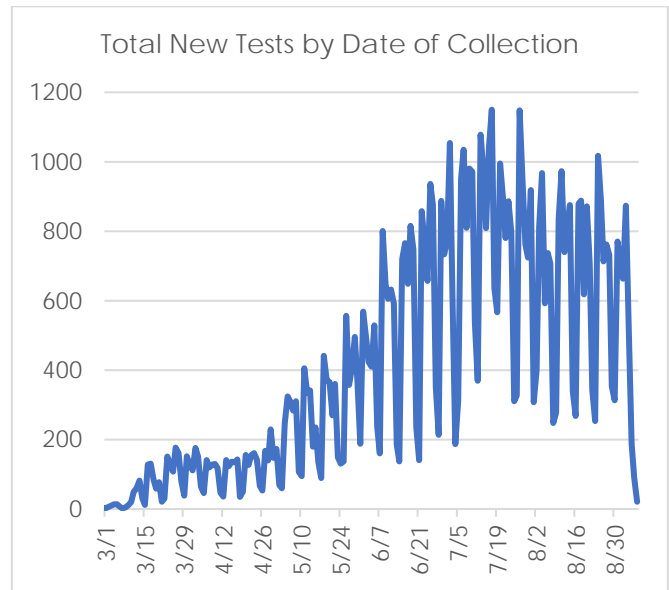
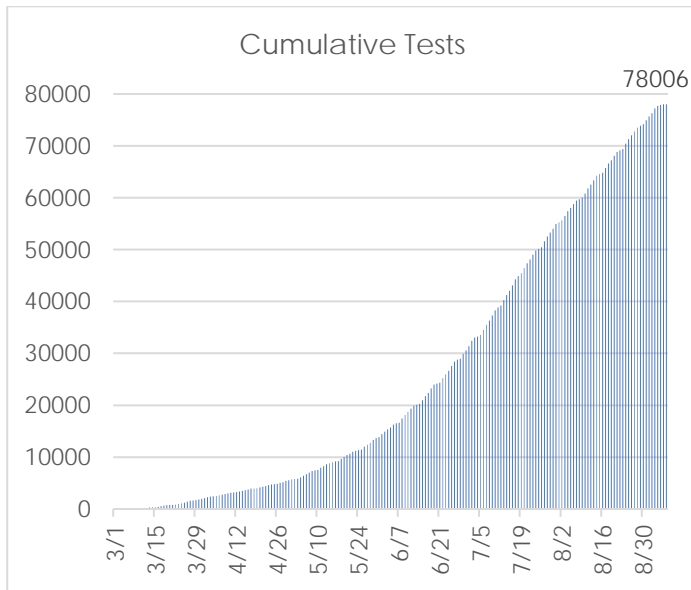
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Testing

As of September 10, Placer County Public Health has received 78,006 total test results to detect COVID-19 infection. Overall, 4.2% of tests have been positive. The 7-day average testing positivity rate is 5.3%. Following thorough consultation with the California Department of Public Health, Placer County Public Health now reports and calculates testing positivity using all tests, rather than the total number of individuals tested. Reported tests only include molecular tests that detect viral RNA. They do not include serology (antibody) tests or antigen tests. An individual who tests positive on multiple occasions is only counted as a single case.

* Testing positivity rate is the number of new positive tests in the last 7 days / total tests reported in the last 7 days. The 7-day average testing positivity rate is variable for several days as new test results are reported. Public Health reports the rate for the 7-day period ending 7 days prior to the current day. The figures for daily tests will increase as new results are received.



FAQs of the Week

How do testing rates factor into the State’s “adjusted” case rate calculation?

The California Department of Public Health’s case rate metric is adjusted based on testing volume per 100,000 population:

Testing Volume	Case Rate Adjustment Factor*
0	1.4
0.25*Average	1.3
0.50*Average	1.2
0.75*Average	1.1
Average	1
1.25*Average	0.9
1.5*Average	0.8
1.75*Average	0.7
2.0*Average and above	0.6

- For counties with testing volume above the state average, the factor is less than 1, decreasing in a linear manner from 1.0 to 0.6 as testing volume increases from the state average to 2x the state average. The factor remains at 0.6 if the testing volume is greater than 2x the state average.

- For counties with testing volume below the state average, the factor is greater than 1, increasing in a linear manner from 1.0 to 1.4 as testing volume decreases from the state average to zero.

Counties with fewer than ~100,000 individuals are exempted from case rate adjustments, and counties with test positivity <3.5% are exempted from adjustment for testing rates lower than the state average.

Test rates are calculated as average of PCR tests per day over a 7-day period (based on specimen collection date), excluding tests for persons incarcerated at state or federal prisons, and divided by the number of people living in the county/region/state. This number is then multiplied by 100,000. Due to reporting delay, there is a 7-day lag included in the calculation.

For example, as of Sept. 10, Placer County’s unadjusted 7-day case rate is 6.2 cases per 100,000. Our testing volume is 157.9 tests per 100,000 (based on specimens collected from August 27 – September 2 given the 7-day lag), below the state average of 231 per 100,000. Therefore, our case rate would be multiplied by an adjustment factor of 1.128, making an adjusted case rate of 7.0 per 100,000.

What is the difference between a “rapid test” compared to a PCR test, and how might they be valuable?

Typically, when Public Health professionals talk about ‘rapid tests,’ they are referring to point-of-care tests with a turnaround time of as little as 15 minutes, as opposed to PCR (polymerase chain reaction) tests whose results come back within a few days.

Antigen tests are a common type of rapid test. Antigens are generally detectable in the respiratory system during the acute stage of infection, when people are more likely to be actively infectious. Antigen tests are very specific but not as sensitive as molecular tests (like PCR tests). This means there is a greater chance of false negative results (i.e., a person who is infected will test negative) compared to a molecular test, if someone is in an early or late stage of infection without a high viral load. In other words, a negative antigen test does not rule out COVID-19 infection. Confirmatory testing through PCR is the best way to rule out infection. Confirmatory testing through PCR is also recommended for positive antigen test results due to possibility of cross-contamination. Results from antigen tests are not currently included in Placer’s data.

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If they do become more widely available, antigen tests may be a useful tool for routine mass testing, such as businesses and educational institutions where there is a demand for frequent, rapid testing to identify people who are in the acute stage of infection.

Monitoring/Thresholds

Every county in California is assigned to a tier based on its testing positivity and adjusted case rate. After the initial placement process, counties must remain in a tier for at least 3 weeks before moving forward. Data is reviewed weekly and tiers are updated on Tuesdays. To move forward, a county must meet the next tier's criteria for two consecutive weeks.

State Monitoring Indicators			
State Indicators	Week Ending 8/18	Week Ending 8/29	Current (Lagged 7 days)
Adjusted case rate per 100,000 (7-day average, 7-day lag)	7.1	6.1	7.0
Testing positivity rate (7-day average, 7-day lag)	3.9%	4.5%	5.3%
Current overall tier	Red		
Date of next State update	Tuesday 9/15		

Preventing Infection

Personal precautions go a long way to help reduce the spread of COVID-19.

- Remember: the safest gathering is a virtual gathering. The next safest gathering is a small, outdoor, distanced gathering with everybody wearing masks; washing/sanitizing their hands; and not sharing food, utensils, or other items.
- Anyone who is feeling ill should stay home.
- Vulnerable (high risk) individuals are encouraged to stay at home. This includes those over age 65 or with serious medical conditions.
- Wear a face covering in public. [Read some Face Covering FAQs here.](#)
- When in public, maximize physical distance from others (at least six feet).
- Maintain good hygiene practices by washing hands, using hand sanitizer, disinfecting frequently touched surfaces, and covering coughs and sneezes.
- Find [Guidance for Confirmed Cases \(English\)](#) ([Spanish](#)) and [Guidance for Contacts \(English\)](#) ([Spanish](#)).