

PLACER COUNTY COVID-19 UPDATE

NOVEMBER 6, 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 11/5/20			
Location	Confirmed Cases	Likely Recovered	New Cases in October
Roseville	1986	1734	669
Lincoln	779	686	157
Rocklin	729	637	104
Auburn	356	313	57
Granite Bay	159	140	36
Kings Beach	145	126	21
Loomis	118	109	29
Newcastle	57	49	14
Tahoe City	49	40	22
Meadow Vista	30	28	*
Colfax	36	21	19
Truckee	35	29	11
Foresthill	26	18	10
Penryn	16	12	6
Sheridan	16	15	*
Olympic Valley	10	8	*
Applegate	11	9	*
Carnelian Bay	13	10	*
Elverta	8	8	*
Pending/Unknown	18	13	7
Total:	4620	4026	832

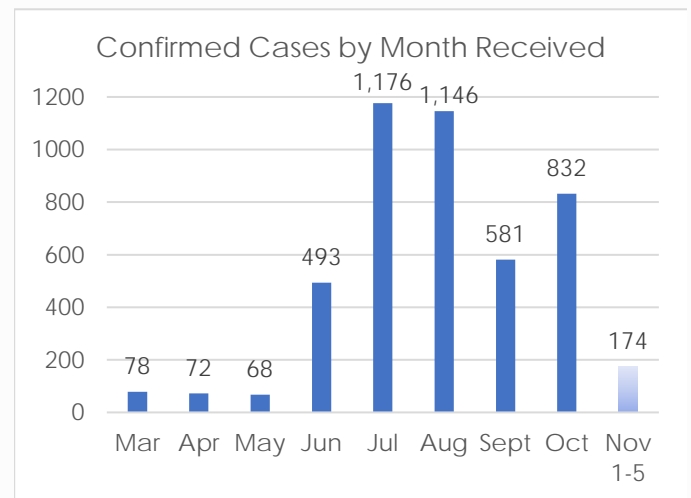
* The number of cases in locations with less than 6 cases is masked to protect patient privacy. As such, cases displayed will not add up to total.

Locations with less than 6 cases include: Alta, Alpine Meadows, Bowman, Dutch Flat, Homewood, Norden, Tahoe Vista, Weimar, and Unhoused.

What's happening now in Placer County?

Cases in Placer County are currently increasing.

About 20% of total cases were received in October, and the first 5 days of November averaged 35 cases per day.



Placer County residents hospitalized (as of 11/5):

- 18 (1 in intensive care)

Estimated active cases (as of 11/5), calculated as total cases minus deaths and likely recovered cases (see link in location table for definition): 534

Confirmed Cases by Region		
	October	Total Cases
South Placer	669	3868
Mid Placer	94	468
East Placer	62	266
Unknown/Unhoused	7	18
Total	832	4620

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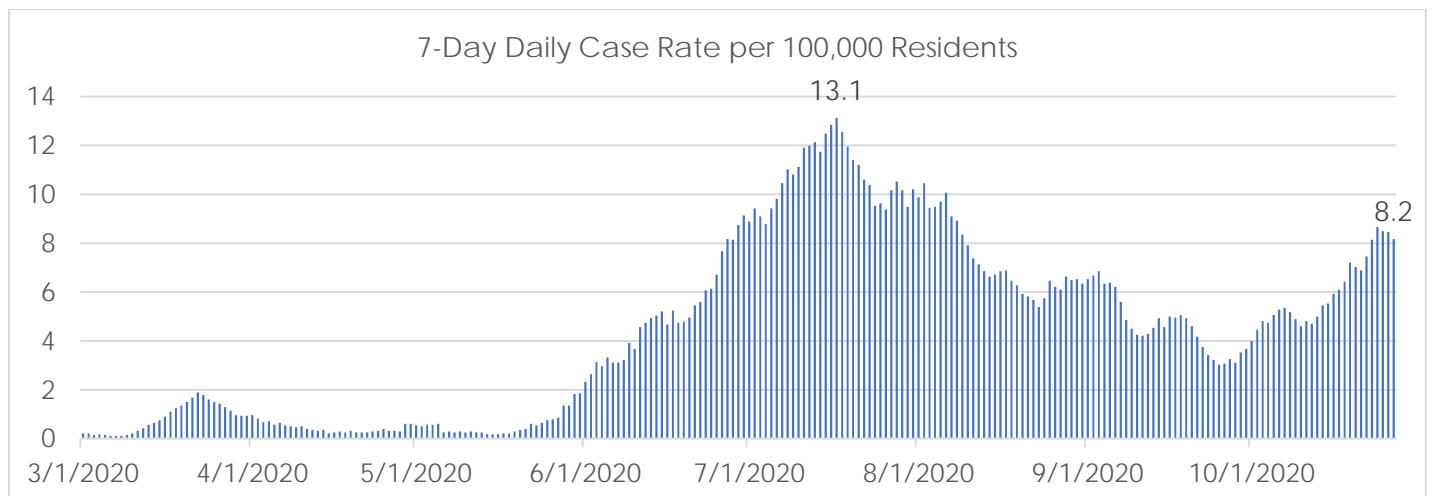
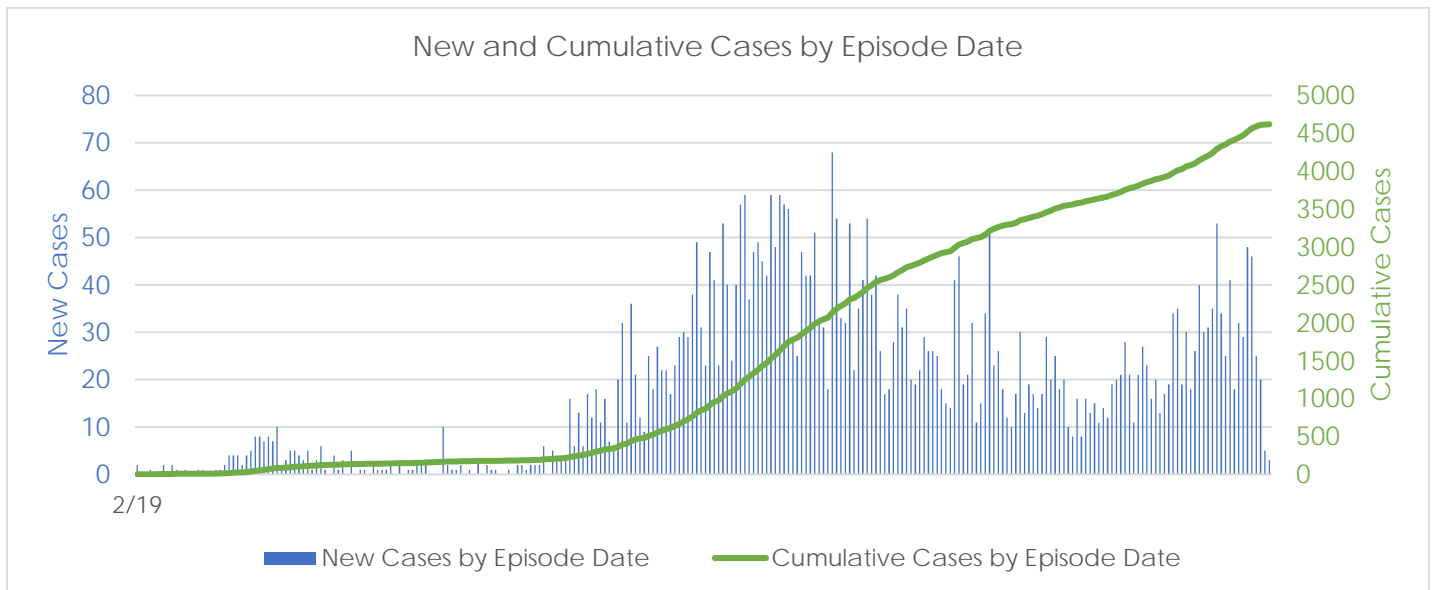
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Cases

There are now 4,620 confirmed COVID-19 cases in Placer County (data current to 11/5). Cases rose in October after a decrease in September. Data remain dynamic as cases are transferred to and from other jurisdictions based on residency determination and as cases previously reported in other counties are assigned to the original jurisdiction.

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).

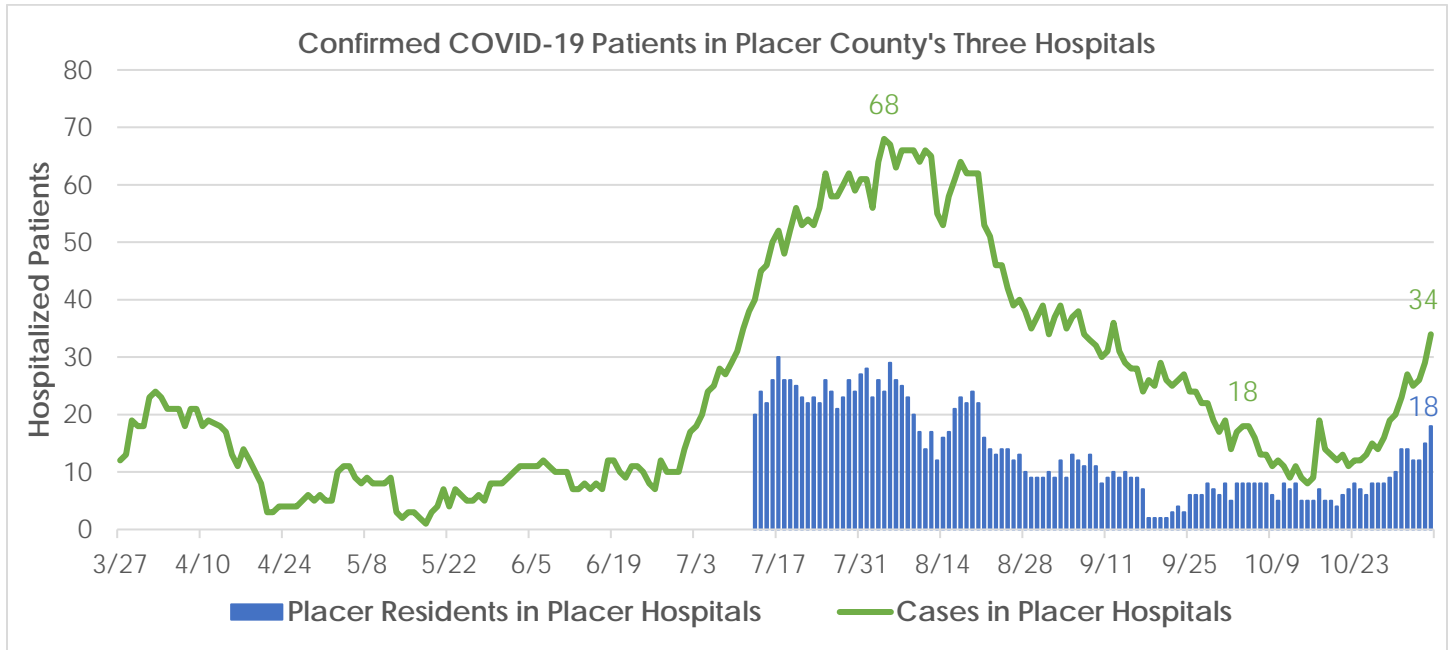
California Department of Public Health (CDPH) monitors cases using a 7-day daily case rate, calculated as the average number of COVID-19 cases per day by episode date reported over a 7-day period, divided by the population of Placer County. This number is then multiplied by 100,000. The figure shown is lagged by 7 days to allow for receipt and transfer of additional results.



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 increased 90% in the past month. Almost half (47%) of those currently 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 November 5, Placer County has received reports of 60 COVID-related* deaths.

- 37 (62%) were residents of long-term care facilities
 - 48% were 79 years of age or younger
 - 100% of those who died had at least one underlying health condition
- *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.

COVID Deaths by Month	Number of Deaths
March	2
April	6
May	1
June	2
July	6
August	17
September	20
October	6
Total	60

Age Range	Number of Deaths	Cumulative %
18-44	1	2%
45-49	1	3%
50-54	1	5%
55-59	2	8%
60-64	3	13%
65-69	4	20%
70-74	9	35%
75-79	8	48%
80-84	12	68%
85-89	10	85%
90-94	7	97%
95-99	2	100%
Total	60	--

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Descriptive Statistics

About one-fifth 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 21% of cases compared to 29% 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	Age Group % population	Cases in October	Age Distribution October	Percent of Total Cases Ever Hospitalized
Less than 5 years	71	2%	6%	24	3%	1%
5-17 years	430	9%	15%	93	11%	1%
18-34 years	1462	32%	22%	234	28%	2%
35-49 years	1125	24%	17%	226	27%	4%
50-64 years	977	21%	20%	164	20%	8%
65-79 years	365	8%	15%	64	8%	16%
80+ years	172	4%	5%	24	3%	32%
Unknown	18	0%	--	3	0%	0%
Total	4620	100%	100%	832	100%	6%

Ethnicity and Race of Confirmed Cases			
Overall Cases			
	# Cases	% Cases	% Population
Latinx	935	20%	15%
White	2015	44%	74%
Asian	195	4%	8%
African American/Black	67	1%	2%
Multiple Race	177	4%	1%
American Indian/Alaska Native	27	1%	1%
Native Hawaiian and Pacific Islander	22	0%	0%
Other Race	234	5%	--
Unknown*	948	21%	--
Total Cases	4620	100%	100%

Cases Ever Hospitalized				
	Overall Cases		Cases in October	
	# Cases	% Cases	# Cases	% Cases
Latinx	59	22%	9	30%
White	142	52%	15	50%
Asian	11	4%	--	0%
African American/Black	8	3%	1	3%
Multiple Race	8	3%	1	3%
American Indian/Alaska Native	1	0%	--	0%
Native Hawaiian and Pacific Islander	2	1%	1	3%
Other Race	8	3%	2	7%
Unknown*	35	13%	1	3%
Total Cases	274	100%	30	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.

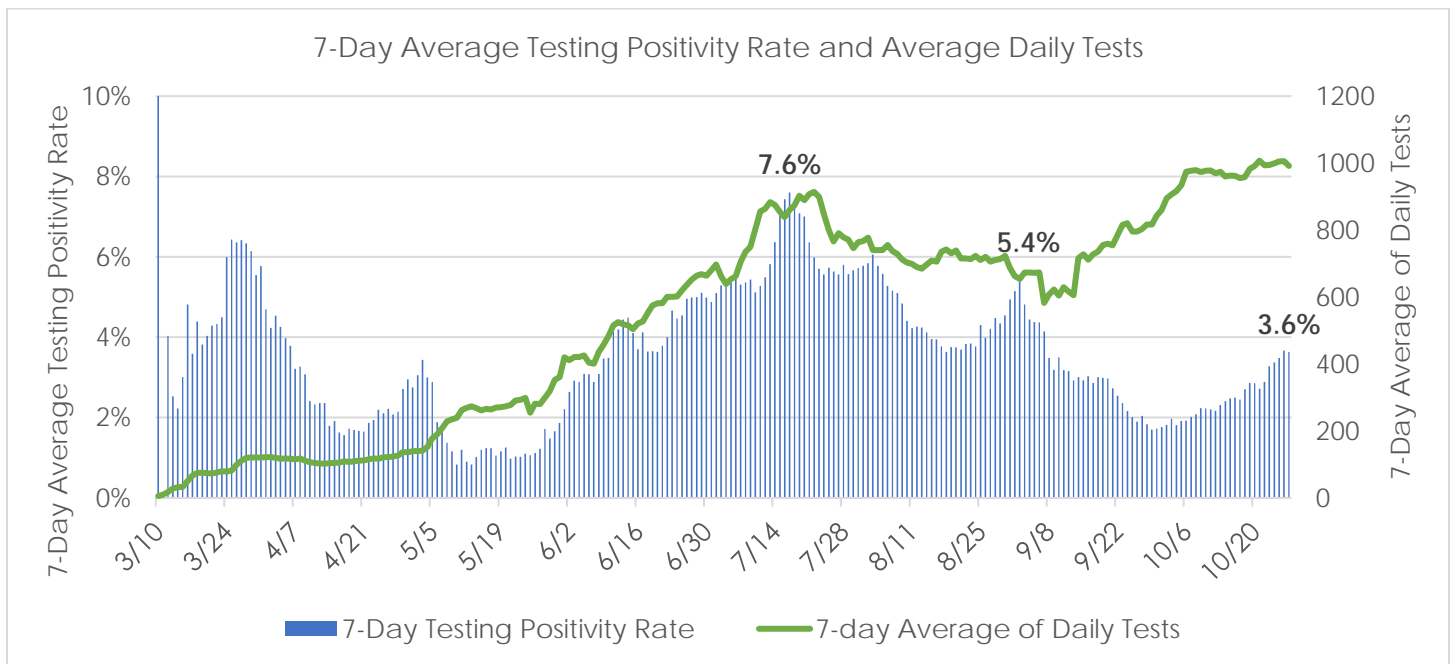
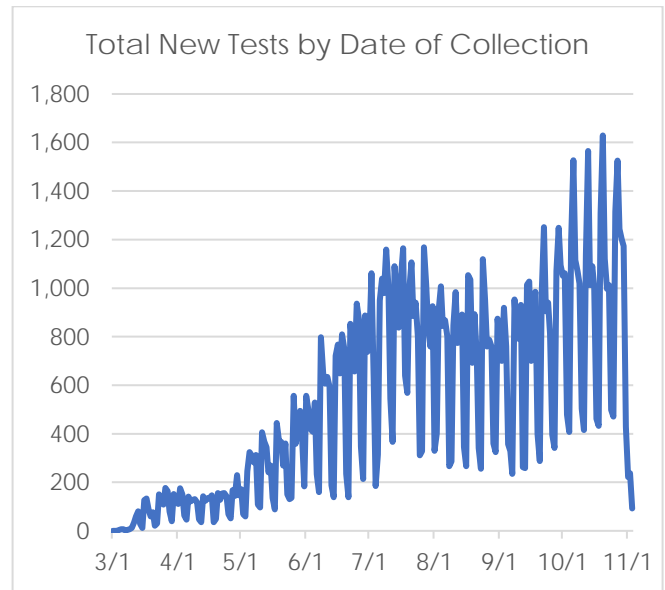
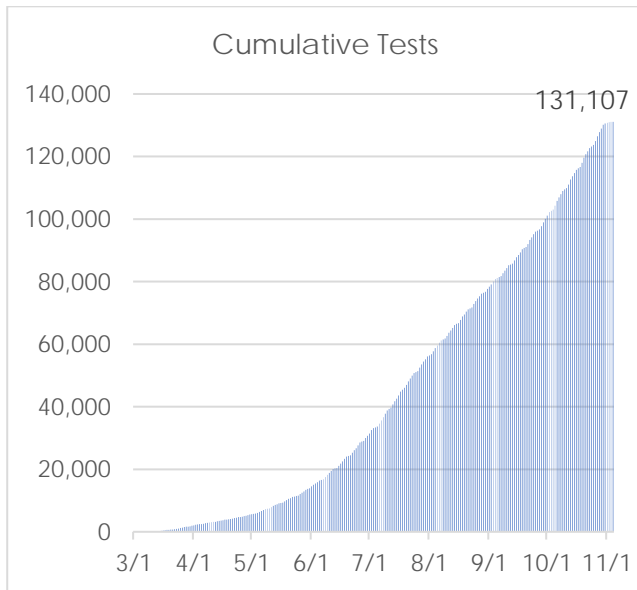
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Testing

As of November 5, Placer County Public Health has received 131,107 total test results to detect COVID-19 infection. The 7-day average testing positivity rate is 3.6% and the overall positivity rate is 3.5%. Following consultation with the CD PH, Placer County Public Health 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.



Case Investigation Findings: October

Potential Exposure Settings - October		
	Cases	%
Total Cases	832	100%
Number interviewed (All cases are contacted for an interview. If unable to be reached, written instructions are sent when possible, or are lost to follow up.)	710	85.3%
<i>Those with at least one potential exposure setting among those with completed interviews:</i>		
Potential Exposure Settings*		
	Count	%
Reported Close Contact to a Confirmed Case	342	48.2%
Household Member	191	26.9%
Other (including non-household family members; out-of-state travel; etc.)	62	8.7%
Work	53	7.5%
Community Contact	27	3.8%
Healthcare Contact	9	1.3%
	Count	%
Reported attending a large gathering	140	19.7%
Friend or Family Gathering	66	9.3%
Other gathering	65	9.2%
Religious	25	3.5%
Travel out of state	18	2.5%
Wedding	9	1.3%
Sports	8	1.1%
Travel in state	4	0.6%
Protest	1	0.1%
Total Cases with Positives in Same Household	376	45.2%

*Potential exposure settings are defined as indoor or outdoor locations in which cases came within 6 feet of anyone who was not a household member for at least 15 minutes during the 2-14 days prior to symptom onset. Potential exposure settings are places visited during the exposure period, not confirmed sources of infection. Persons may have visited more than one location. Responses are based on information volunteered on interview. Cases with additional positives in same household is determined by household address and interview information.

Congregate Settings

Cases in congregate living settings:

- 3 skilled nursing facilities with 1-3 cases (staff or residents) each:
 - 6 new cases in October
- 7 additional long-term care facilities with 16 cases (staff or residents)
 - 16 new cases in October
- [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.

FAQs

What is the status of Placer County's adjudication?

Placer County submitted its intent to adjudicate on November 3 and submitted its formal adjudication request on November 5, noting that the county's testing positivity rate (both overall and for the equity metric) remain in orange (and state leadership has emphasized the importance of testing positivity rate compared to case rate alone). The adjudication request also noted that private social gatherings (which are largely unaffected by tier movement) appear to be a key driver of increased transmission. CDPH is expected to share its determination regarding movement into a more restrictive tier on or potentially before the next tier assessment day (November 10).

What is driving the current increase in cases?

Public Health is aware of speculation that large outbreaks in nursing homes, schools and other congregate settings could be driving recent increases in transmission.

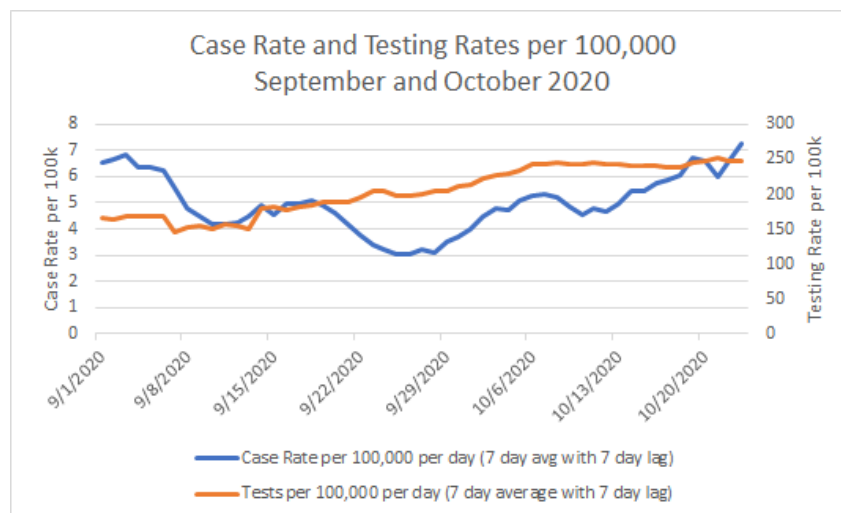
This does not appear to be the case. While there have been ongoing cases in these settings, any clusters have been relatively small and contained in recent weeks.

Public Health has noted that the percentage of positive cases who reported attending a large gathering during their infectious period was higher in October than in other months of the pandemic thus far. Household transmission has also continued to be a challenge.

Of 832 confirmed cases received in October, approximately:

- 48% reported having close contact to a confirmed case
- 45% of Placer cases were part of a household with more than one case
- 20% reported having attended a gathering (see page 6 for examples)
- 4% lived or worked in congregate settings

There have also been questions about the role of testing; while testing has improved over time, it does not appear to be a key factor in case rates continuing to rise in late October (from October 10-23 testing increased by 1.5%).



Are cases associated with particular business types?

For a recent one-month period (Sept. 15 through Oct. 15), the most common occupations of cases were clerical, office, and sales workers who comprised 13% of cases. The most common occupational settings were health care and schools (each 9%). About 5% of cases worked in food service. While these are the common occupations of confirmed cases that may signal trends, individuals may have been exposed to COVID-19 while at work, from a family member, during a group gathering, etc. Rarely is there a “smoking gun” on a COVID case investigation where it is possible to identify exactly where a person contracted COVID. In fact, a person with COVID often has a long list of potential community exposures.

How many recent COVID-19 cases are asymptomatic?

Of 832 confirmed cases in Placer in October, 8% reported having no symptoms by the time of their case interview. This may be an underestimate of all asymptomatic cases, however, as individuals without symptoms may be less likely to seek testing; the CDC estimates that 40% of COVID-19 cases are asymptomatic.

Can this report be made more frequent again?

Public Health’s epidemiology staff are working on getting more of the data that was previously in the “Weekly Report” to automatically update on the daily dashboard which is updated every weekday. This is part of an overall effort to improve efficiency.

Planned enhancements to the dashboard include:

- Case charts will use episode dates from CalREDIE rather than the county’s internal spreadsheet, which should align more closely to the CDPH case rate calculation. Confirmed cases remain the same on both lists.
- Expanded demographic information on cases.
- Trends of recent case data.
- Congregate setting data.
- Hospitalization data over time.
- Information on current state tier placement.

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 2 consecutive weeks. If one or both of a county metrics land in a more restrictive tier for 2 weeks in a row, a county must move backward to the more restrictive tier. The [Health Equity Metric](#) can also affect movement.

State Monitoring Indicators for Placer County		
State Indicators	Week Ending 10/17	Week Ending 10/24
Adjusted case rate per 100,000 (7-day average, 7-day lag)	5.0	7.8
Testing positivity rate (7-day average, 7-day lag)	2.5%	3.4%
Health Equity Quartile Test Positivity Excl. Prison Cases (7-day average, 7-day lag)	2.7%	3.1%
Current overall tier	Orange (while undergoing adjudication process)	
Date of next State update	Tuesday 11/10	

[State Tier Legend:](#)

Adjusted case rate per 100,000 (7-day average, 7-day lag)	>7	4-7	1-3.9	<1
Testing positivity rate (7-day average, 7-day lag)	>8%	5-8%	2-4.9%	<2%

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](#)).