

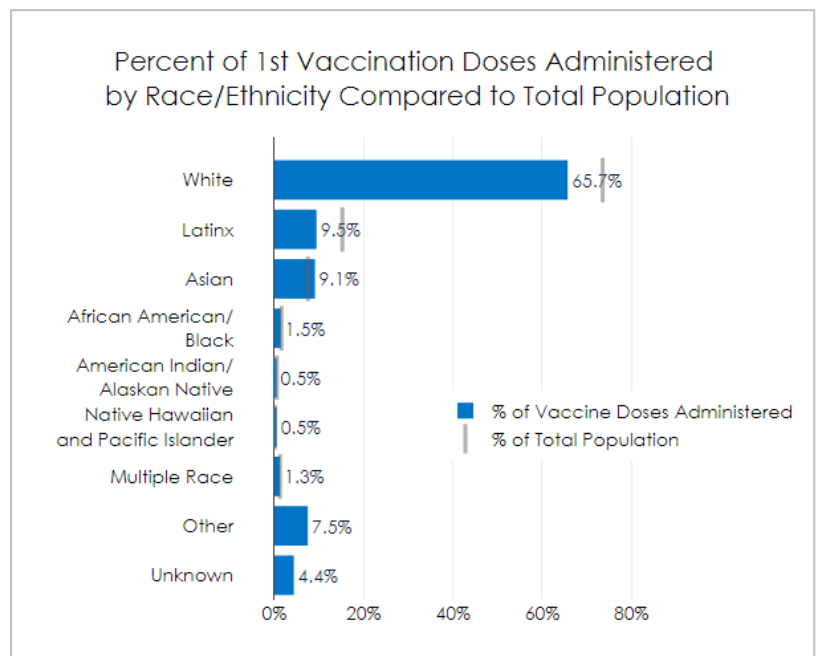
Placer County Vaccination Progress

Placer County received its first allocation of COVID-19 vaccine in Dec. 2020. As of April 30, 302,770 doses have been administered to Placer County residents, including 130,391 second or complete (i.e. single dose) doses (view [dashboard](#)). Public Health receives vaccine allocations on a weekly basis and uses some doses at its own clinic while reallocating others to health care partners including hospitals, clinics and pharmacies.

The vaccine data presented here is dynamic and subject to change.

The graph on the right shows who the vaccines that have been administered so far were given to, while the table on the left estimates what proportion of each group has received at least 1 vaccine dose.

Total Vaccination Doses Administered and Percent of Population With At Least 1 Dose by Race/Ethnicity		
	Total Vaccine Doses Administered	% of Population with at Least One Dose
White	201044	39.8%
Latinx	28015	27.6%
Asian	27168	54.0%
African American/ Black	4388	40.6%
American Indian/ Alaska Native	1571	40.1%
Native Hawaiian and Pacific Islander	1661	--*
Multiple Race	4059	43.6%
Other Race	22450	--
Unknown	12414	--
Total	302770	44.7%



*Due to likely data discrepancies between the vaccination counts and the population estimate for the NHOPI race category, a percentage is not displayed. Only the raw vaccination counts are displayed for this category. Population estimates are not available for Unknown and Other race categories.

Week	Recent Public Health Allocations at a Glance	Allocations	Doses
3/29-4/4	8980	Doses Allocated to Public Health as of 5/6	154330
4/5-4/11	7450	Doses Retained by Public Health	80034
4/12-4/18	5280	Doses Transferred to Other Providers	74296
4/19-4/25	4880		
4/26-5/2	2340		

**Administration data sourced from Snowflake/CAIR; allocation data from Placer County Public Health. Allocations do not reflect total allocations to entities in Placer County as they do not include doses allocated to Multi-County Entities (MCEs) and other provider partners by the state or federal governments directly.

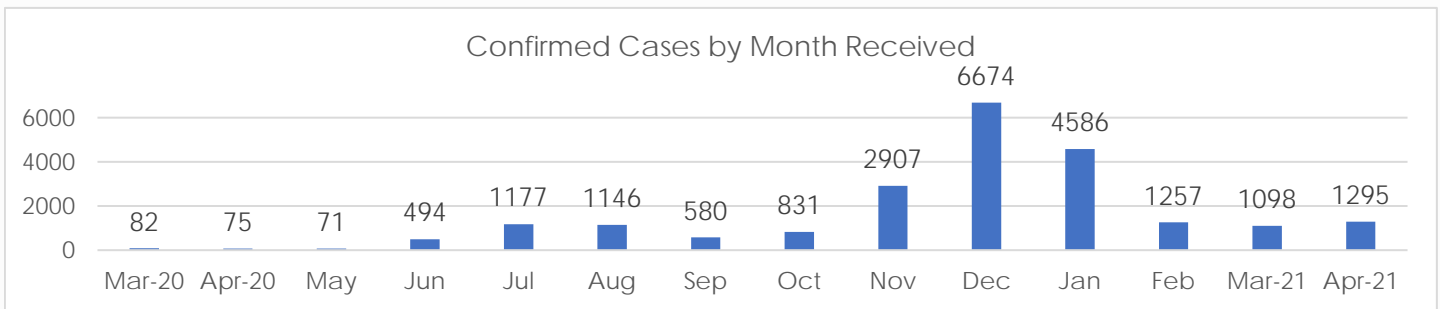
Placer County COVID-19 Cases at a Glance

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.

Our team of case investigators strive to interview those who have tested positive and their close contacts as soon as reported, and prioritized based on level of community transmission. These teams provide guidance and offer support to those who need to isolate and quarantine to help keep their families and communities safe.

What's happening now in Placer County?

Cases in Placer County have stabilized from February through April.



Placer County COVID-positive residents in local hospitals (on 4/30): 12 (2 in intensive care).

There were 22,273 confirmed COVID-19 cases in Placer County as of 4/30 (data pulled 5/3). Cases have remained relatively stable throughout the last three months. Data remain dynamic as cases are transferred to and from other jurisdictions based on residency 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). 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.

[View cumulative and new cases by episode date.](#)

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 is lagged by 7 days to allow for receipt and transfer of additional results. [View a chart](#) of the 7-day average daily case rate.

PLACER COUNTY COVID-19 UPDATE

May 7, 2021

Deaths

As of April 30, Placer County has received reports of 289 COVID-related* deaths.

- 156 (54%) were residents of long-term care facilities.
- 42% were under the age of 80; 11% were under the age of 65.
- At least 90% of those who died had at least one confirmed underlying health condition. (29 deaths are pending for this data).

*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.

Age Range	Number of Deaths	Cumulative %
18-44	1	0%
45-49	3	1%
50-54	5	3%
55-59	12	7%
60-64	12	11%
65-69	16	17%
70-74	33	28%
75-79	38	42%
80-84	53	60%
85-89	53	78%
90-94	37	91%
95+	26	100%
Total	289	--

COVID Deaths by Month	Number of Deaths
March 2020	2
April 2020	6
May	1
June	2
July	6
August	17
September	20
October	7
November	26
December	93
January	72
February	28
March 2021	5
April 2021	4
Total	289

Some deaths may not have yet been processed.

PLACER COUNTY COVID-19 UPDATE

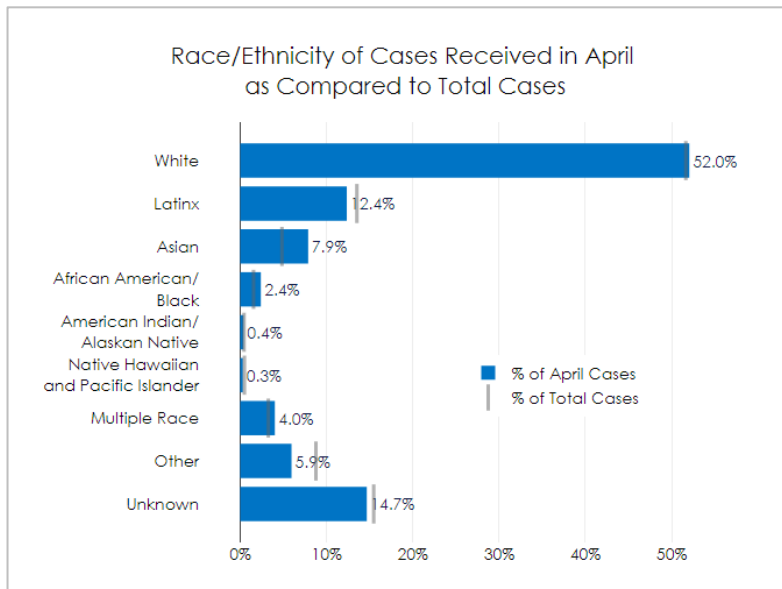
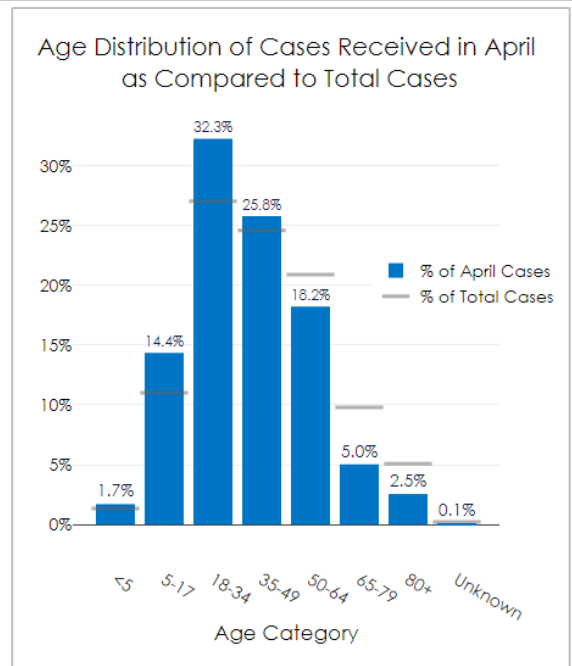
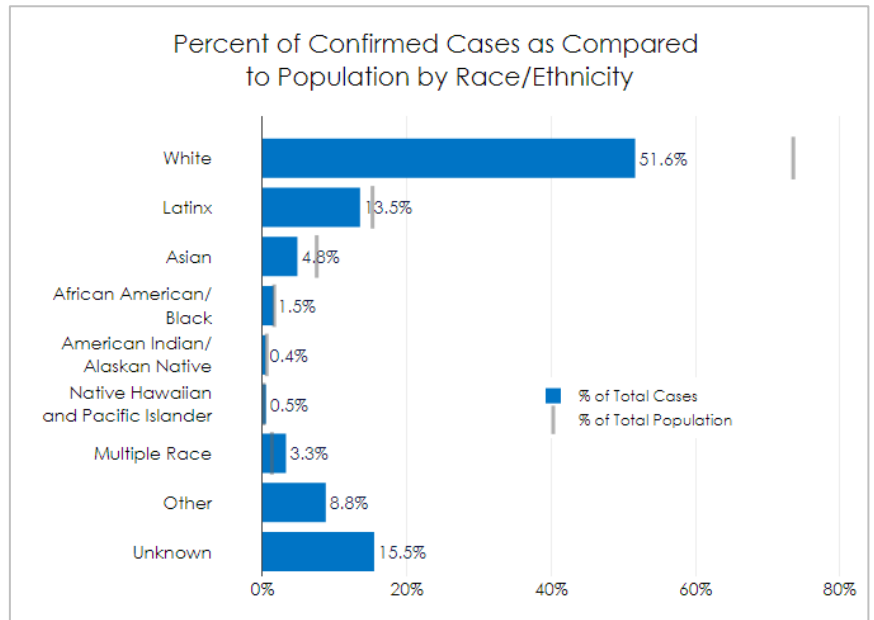
May 7, 2021

Descriptive Statistics

About one-fifth of race/ethnicity data remains unknown, although systematic data collection has improved. Placer County lacks race/ethnicity data for 15.5% of cases compared to 20% [statewide](#). Race/ethnicity data is sometimes provided by labs, but most often collected during the case interview. Some cases cannot be reached for interview and some decline to share this information.

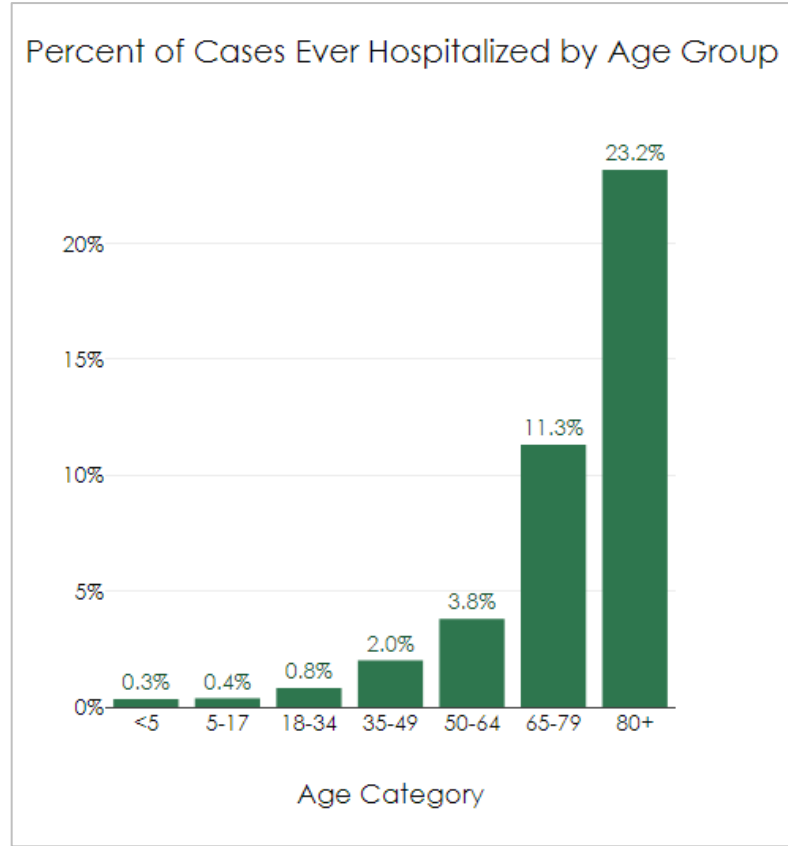
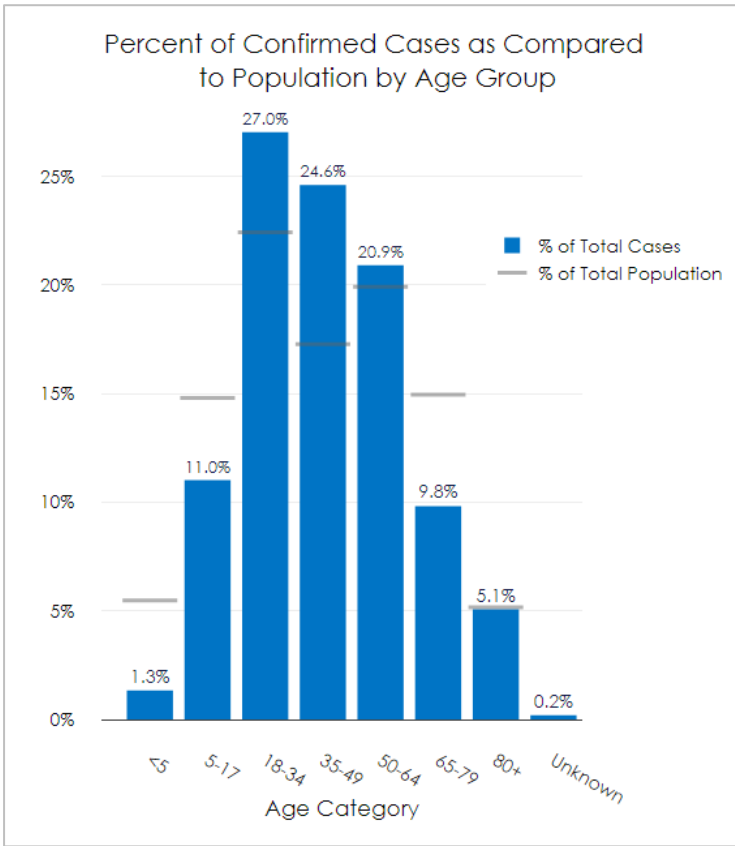
Hospitalization data is dependent upon case interviews, which may occur prior to hospitalization, or hospital notification to Public Health. Therefore, all hospitalization data below should be considered as estimates and interpreted with caution.

Race/Ethnicity Distribution Among Confirmed Cases		
	April Cases	Total Cases
White	674	11503
Latinx	160	3012
Asian	102	1078
African American/Black	31	345
American Indian/Alaska Native	5	99
Native Hawaiian and Pacific Islander	4	109
Multiple Race	52	726
Other Race	77	1954
Unknown	190	3447
Total Cases	1295	22273

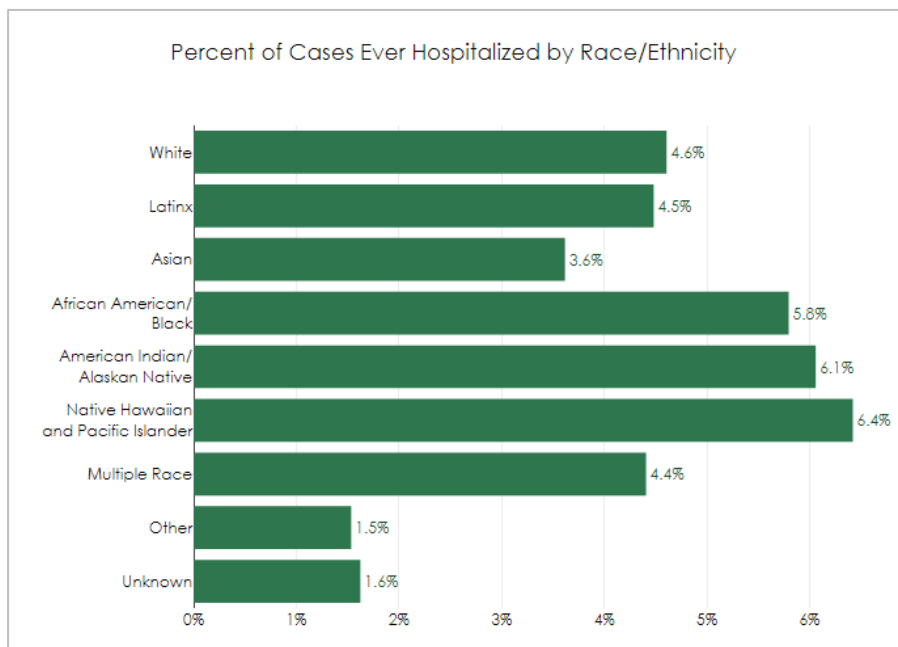


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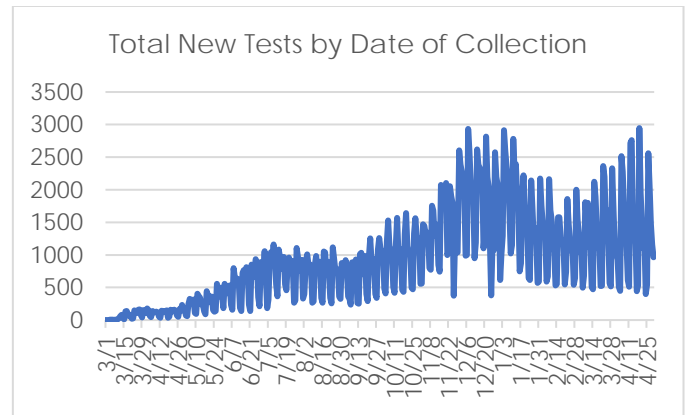
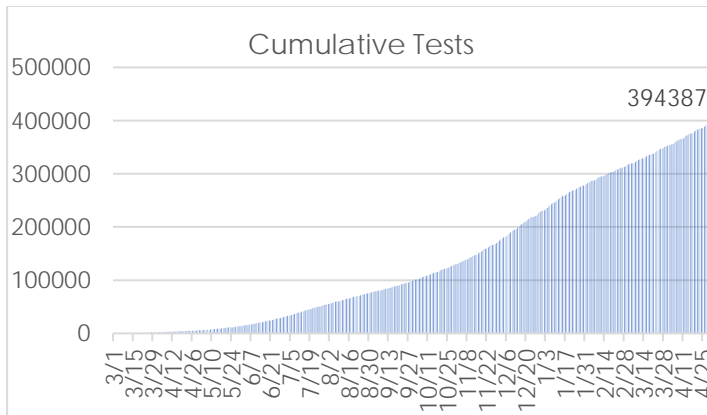


Race/Ethnicity Distribution and Hospitalization Among Confirmed Cases		
	Cases Ever Hospitalized	Total Cases
White	530	11503
Latinx	135	3012
Asian	39	1078
African American/Black	20	345
American Indian/Alaska Native	6	99
Native Hawaiian and Pacific Islander	7	109
Multiple Race	32	726
Other Race	30	1954
Unknown	56	3447
Total Cases	855	22273



Testing

As of April 30, Placer County Public Health has received 394,387 total test results to detect COVID-19 infection (data pulled 5/5). The 7-day average testing positivity rate is 2.9%. Reported tests only include molecular tests that detect viral RNA. They do not include rapid antigen tests or serology (antibody) 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. The figures for daily tests will increase as new results are received.



View a graph of [7-day average daily tests and 7-day average testing positivity rate.](#)

Variants

Variants of Concern have been identified in Placer County.

Variant of Concern Lineage	Number of Cases Identified
B.1.1.7	17
B.1.427	1
B.1.429	12

These variants were identified via genomic surveillance, and likely represent only a small proportion of the true number of variant cases in the county.

Click here for [CDC information on Variants of Interest and Variants of Concern.](#)

Case Investigation Findings: April 1-30

	Number of cases	% of total
Total cases received by Placer County Public Health	1,296	100%
Personal contact attempted for interview*	1,206	93%
Cases interviewed	704	54%

*Includes non-response

Potential Exposure Settings:

	Count
Reported close contact to a confirmed case	107
Household member contact	53
Work-affiliated contact	6
School-affiliated contact	20
Community contact	18
Other/not specified	10

	Count
Reported attending a large gathering	93
Friend or family gathering	42
Work-affiliated gathering	3
School-affiliated gathering	34
Religious gathering	7
Other/not specified	7

Public Health strives to interview as many cases as possible. Cases are prioritized for an interview based on how many days have elapsed since the time of their test date and result date, along with risk factors, including age and vulnerable settings. A virtual survey was sent to all cases/contacts if a phone number was provided and personal contact for interview was attempted.

Potential exposure settings are defined as indoor or outdoor locations in which cases came within 6 feet of a case for at least 15 minutes during the 2-14 days prior to symptom onset or test collection date for asymptomatic cases. Potential exposure settings are not confirmed sources of infection, and do not reflect all reported potential exposure settings. Persons may have visited more than one location. Responses are based on information volunteered on interview or submitted via virtual survey.

FAQs

What is driving persistent 'red tier' case rates?

Case rates in several counties in the region (including Sacramento, Nevada and Placer) saw slight upticks in April and while Placer's case rate has been declining more recently, it remains in the state's red tier. Multiple factors are likely associated with Placer's placement in the red tier. Approximately 90% of cases with episode dates in April 2021 were under the age of 65. This age group has also received far fewer vaccine doses than their older counterparts. This makes sense given that California opened vaccination to all Californians 16 and older on April 15.

Public Health is aware of speculation about how surveillance testing at schools may be impacting case rates; while cases did tick up in school-aged children, young adults (18-49) appear to be primary drivers of case rates.

The county has also received more reports of variants of concern identified through genomic sequencing surveillance programs (see page 6). The specific variants of concern that have been identified are considered [more transmissible](#), and these cases identified through surveillance are likely a fraction of the actual number of variant cases.

Why have vaccine allocations to the county decreased so dramatically?

As the county now receives allocations from Blue Shield, the state's third-party administrator, rather than California Department of Public Health directly, some change was anticipated. The decreases are likely related to a few factors:

- The state has prioritized 40% of the state's available vaccine doses for zip codes in the first HPI quartile (i.e., those with the lowest 25 percent HPI scores). Placer has no zip codes in this quartile.
- The state's allocation calculation also figures in demographic profiles of each county in relation to the eligible vaccine population. Placer County's allocations may have benefitted early on from its relatively older demographic landscape (Placer is around 5 years older than California as a whole), but this could be shifting with younger populations now eligible.

See [this state fact sheet](#) for more information on allocation formulas. In part because of this decline, Public Health is unable to continue mass vaccination at the same scale of the past few months. While allocations to County Public Health have declined, these decreases are mitigated by the doses health systems and some pharmacies receive directly through Blue Shield and the federal government.

Is there truly enough capacity via other providers to demobilize the @the Grounds clinic without impacting appointment availability?

Yes. Healthcare systems, pharmacies and smaller clinics alike continue to request thousands of additional doses from the county each week beyond what the state is providing, illustrating their continued ample capacity for administration - and with demand plateauing in the last few weeks, the county's clinic is increasingly causing these providers to compete for patients, as well. Both the health care system mass vaccination clinics (Sutter and Kaiser) and pharmacy partners offer evening and weekend appointments.

Public Health anticipates these providers will be able to meet the needs of the bulk of county residents while we refocus efforts on targeted populations that may have more challenges accessing appointments.

What will targeted vaccination efforts look like?

Public Health anticipates working along with health care partners for smaller events in [areas of the county](#) with lower vaccination rates or more limited access to healthcare providers in proximity, such as portions of east

Placer. These would likely leverage the one-dose J&J vaccine as much as possible to limit barriers and avoid the need to return for a second dose. As these events are formalized they would be publicized as needed by the county and our community partners working in these areas.

Monitoring/Thresholds

Every county in California is assigned to a tier under the state’s Blueprint for a Safer Economy reopening framework 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’s 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	4/27 Tier Assessment	5/4 Tier Assessment
Adjusted case rate per 100,000 (7-day average, 7-day lag)	8.0	6.5
Testing positivity rate (7-day average, 7-day lag)	3.3%	2.4%
Health Equity Quartile test positivity (7-day average, 7-day lag)	4.0%	2.8%
Current overall tier	Red	

[State Tier Legend:](#)

Adjusted case rate per 100,000 (7-day average, 7-day lag)	>10	4-10	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 6 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](#)).