

PLACER COUNTY COVID-19 UPDATE

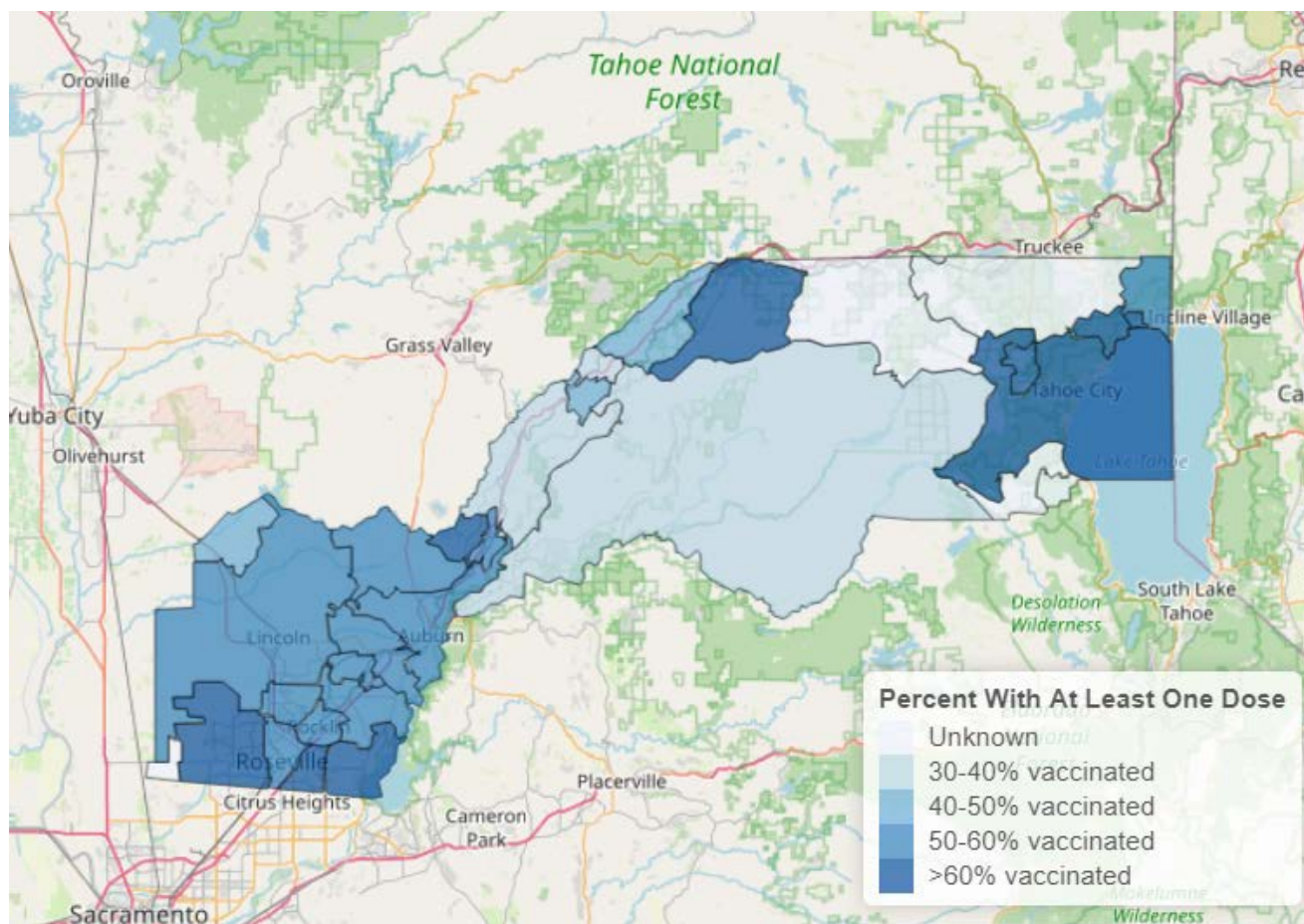
Sept. 3, 2021

Placer County Vaccination Progress

Placer County received its first allocation of COVID-19 vaccine in Dec. 2020. As of August 31st, 442,218 doses have been administered to Placer County residents, including 215,096 second or completing (i.e. single dose) doses.

First Doses	Completing Doses	Total Population	Eligible Population (12+)
238,965	215,096	400,434	350,457

Below is a map that shows the percent of the total population of different Placer zip codes who have received at least one dose of vaccine.



Data on post-vaccination infections and case rates by vaccination status, which account for the portion of the population that has been fully vaccinated, are now available on the [Vaccination tab](#) of Public Health's dashboard.

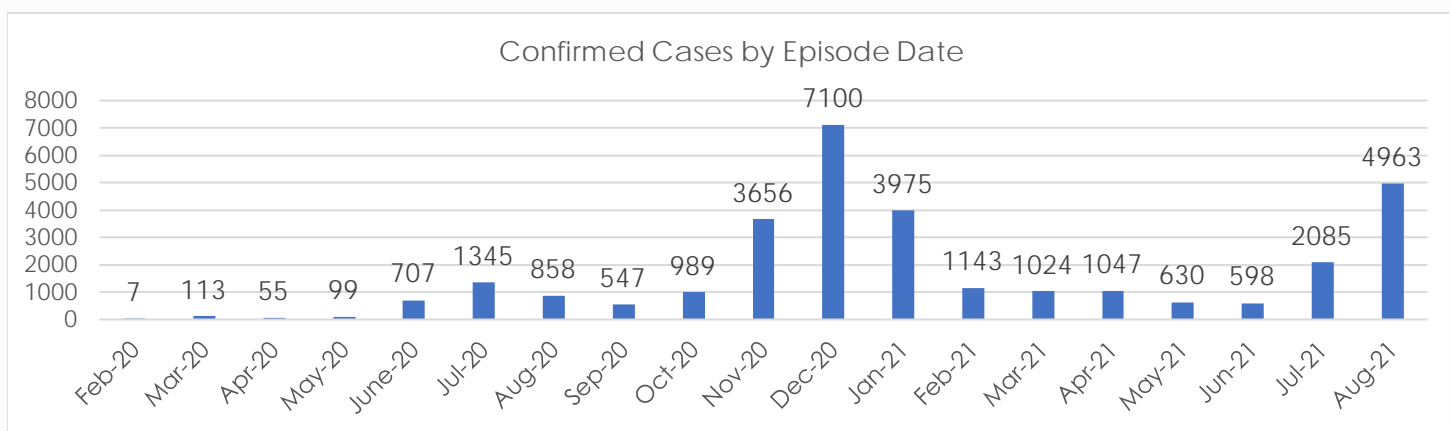
Placer County COVID-19 Cases at a Glance

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 surged significantly in July and August.



Placer County COVID-positive residents in local hospitals (on 8/31): 99 (27 in intensive care).

There were 30,941 confirmed COVID-19 cases in Placer County as of 8/31 (data pulled 9/1). Cases have increased significantly over the past two months. Data remain dynamic as cases are transferred to and from other jurisdictions based on residency.

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.

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Deaths

As of August 31, Placer County has received reports of 330 COVID-related* deaths.

- 163 (49%) were residents of long-term care facilities.
- 44% were under the age of 80; 14% were under the age of 65.
- At least 91% 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	3	1%
45-49	4	2%
50-54	8	5%
55-59	14	9%
60-64	16	14%
65-69	17	19%
70-74	39	31%
75-79	43	44%
80-84	58	61%
85-89	58	79%
90-94	41	91%
95+	29	100%
Total	330	--

COVID Deaths by Month	Number of Deaths
March 2020	2
April 2020	6
May 2020	1
June 2020	2
July 2020	6
August 2020	17
September 2020	20
October 2020	7
November 2020	26
December 2020	93
January 2021	75
February 2021	29
March 2021	6
April 2021	7
May 2021	6
June 2021	2
July 2021	4
August 2021	21
Total	330

Some deaths may not have yet been processed.

3 out of 330 COVID-related deaths were confirmed to have been fully vaccinated prior to their COVID illness. All 3 decedents had multiple comorbidities. 2 out of 3 were immunocompromised. People with moderately to severely compromised immune systems may not build the same level of immunity to an initial vaccine series compared to people who are not immunocompromised.

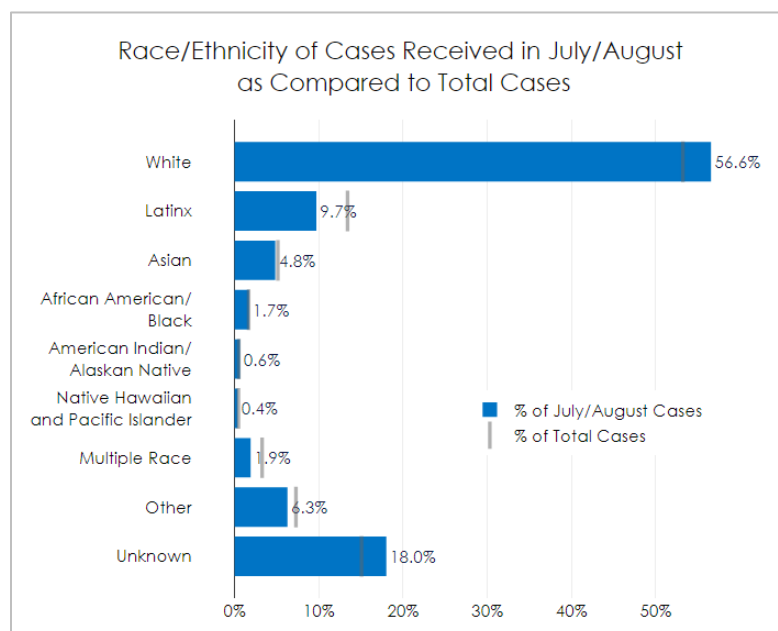
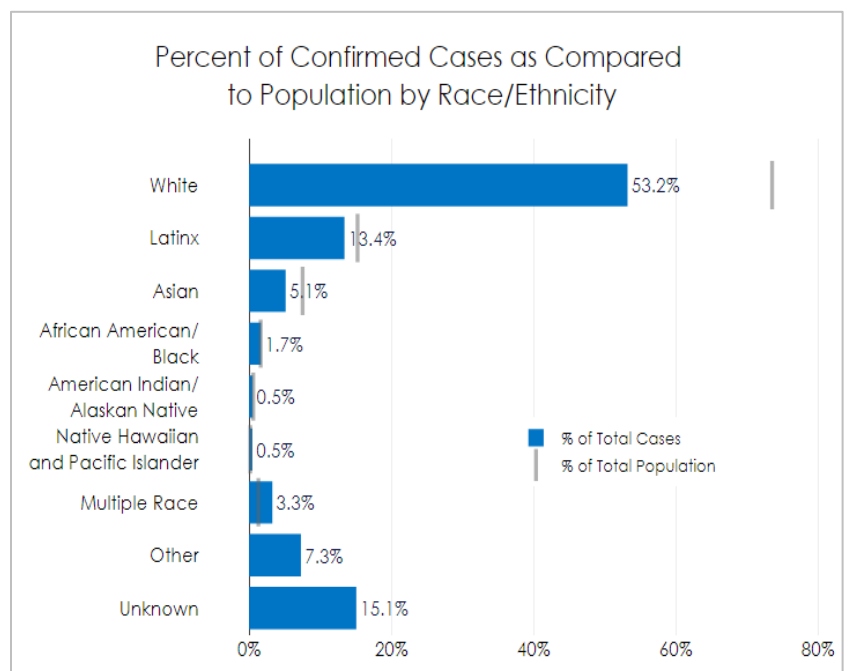
No other vaccine records were found for the other deaths in the IRIS/CAIR vaccine database.

Descriptive Statistics

About one-sixth to one-seventh of race/ethnicity data remains unknown, although systematic data collection has improved. Placer County lacks race/ethnicity data for 15.1% of cases compared to 19% [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.

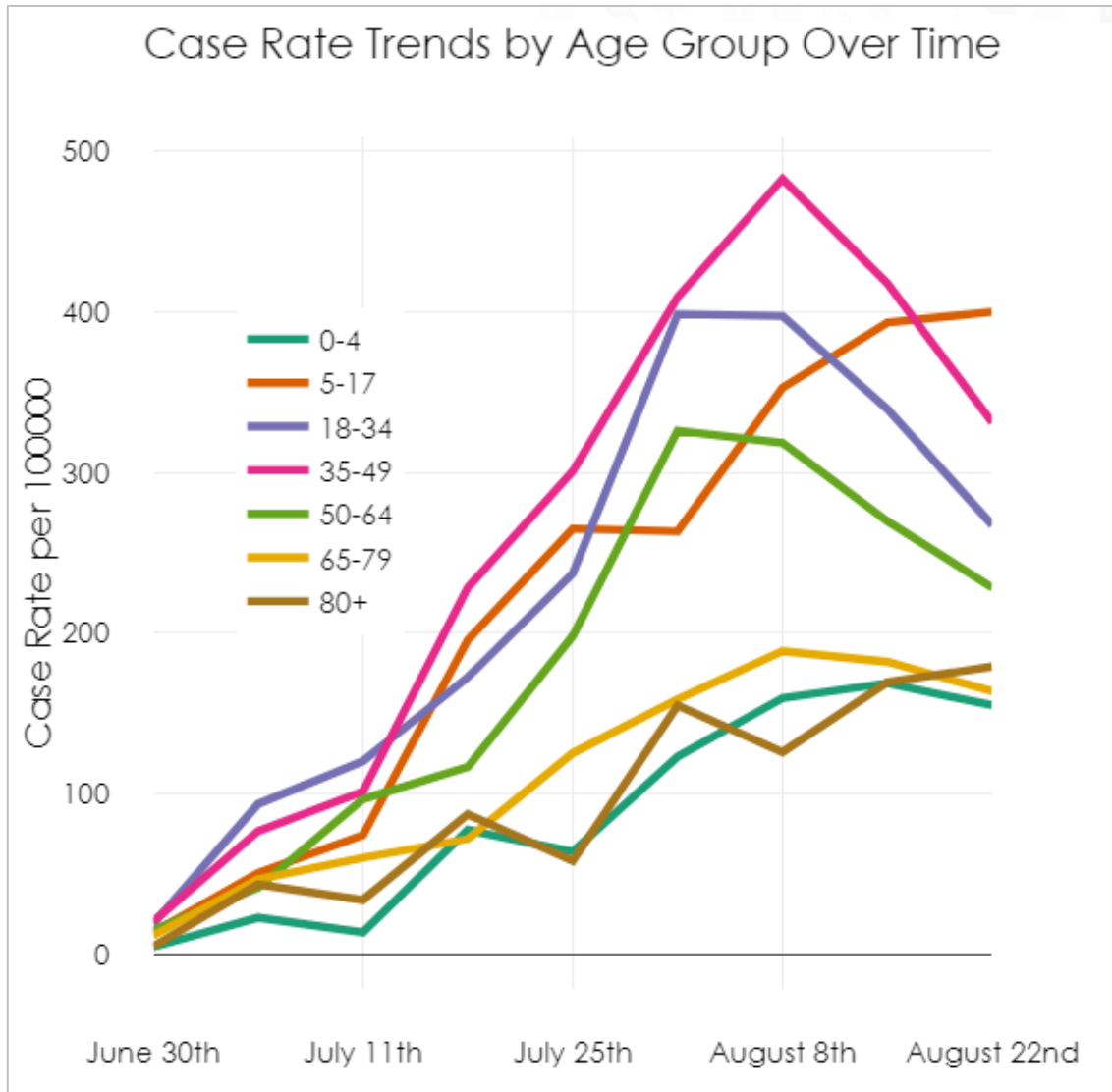
Demographic patient data for hospitalized Placer residents is not reported in real-time like hospital bed census data, and is dependent upon case interviews, which may occur prior to hospitalization, or hospital notification to Public Health. Therefore, all hospitalization data below should be considered as estimates and interpreted with caution. During this surge, the hospitalization data below is known to be an undercount.

Race/Ethnicity Distribution Among Confirmed Cases		
	July/August Cases	Total Cases
White	3985	16467
Latinx	684	4148
Asian	340	1588
African American/Black	45	155
American Indian/Alaska Native	45	155
Native Hawaiian and Pacific Islander	26	142
Multiple Race	134	1010
Other Race	442	2253
Unknown	1269	4663
Total Cases	7046	30941



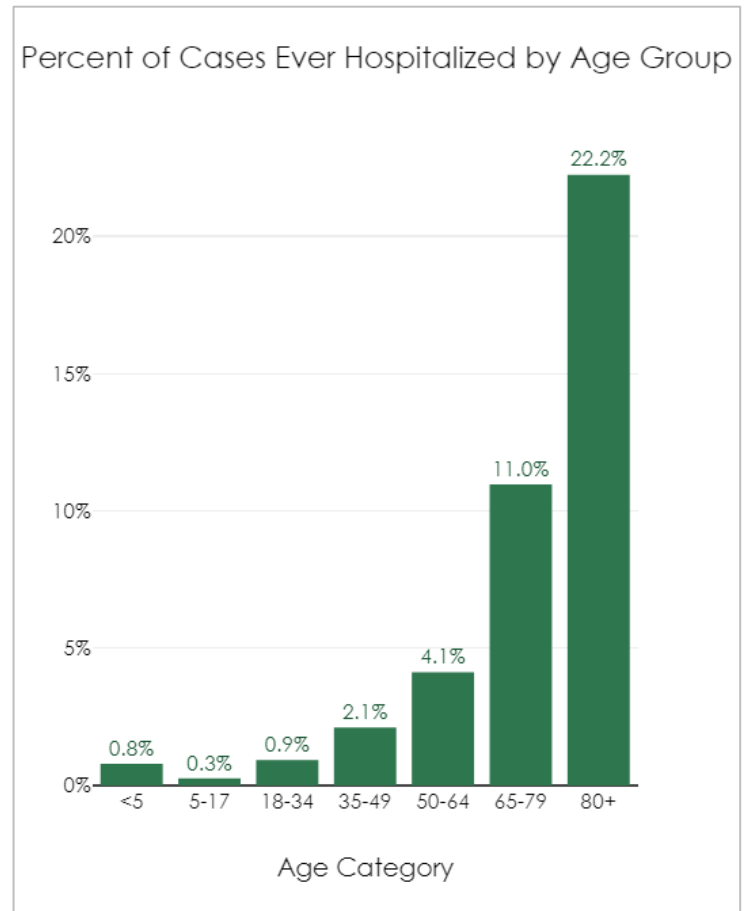
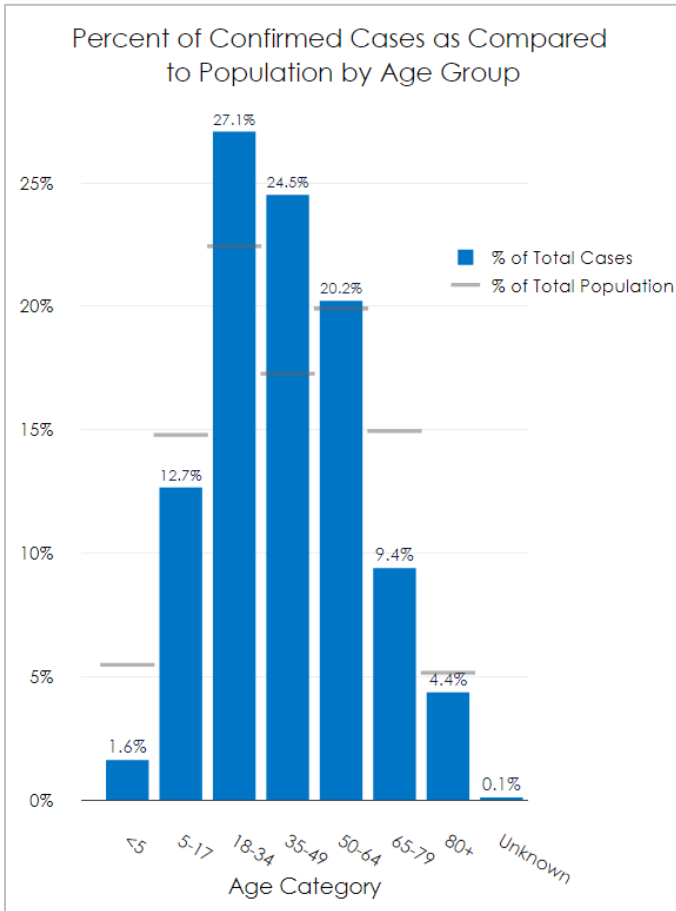
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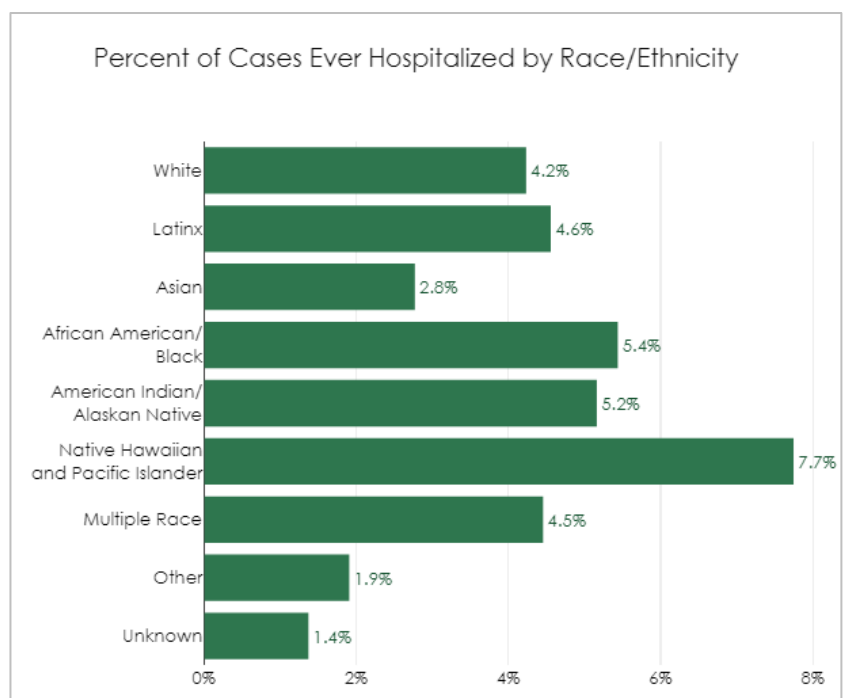


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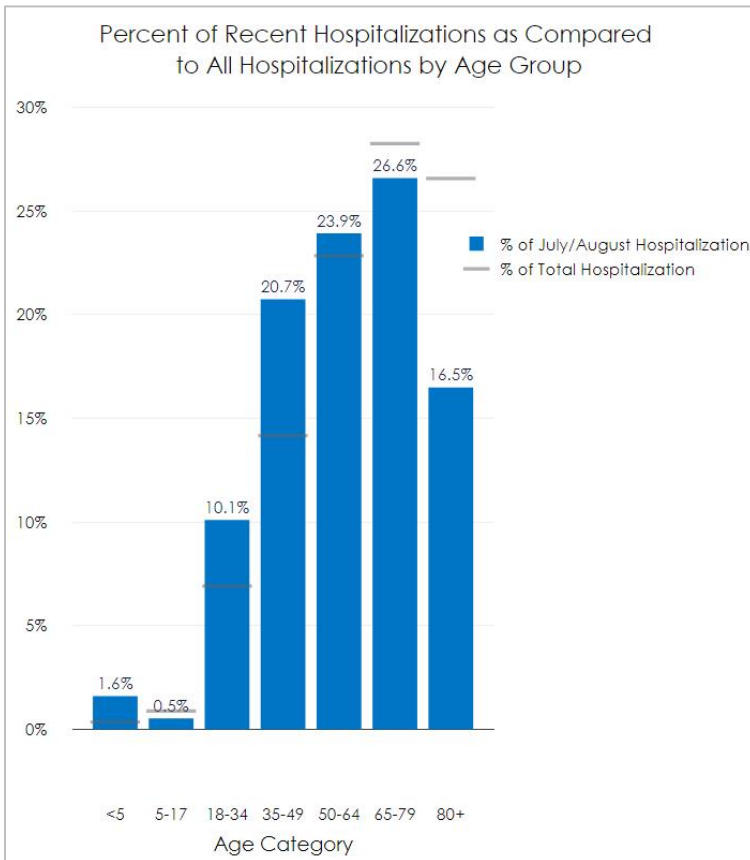


Race/Ethnicity Distribution and Hospitalization Among Confirmed Cases		
	Cases Ever Hospitalized	Total Cases
White	697	16467
Latinx	189	4148
Asian	44	1588
African American/Black	28	515
American Indian/Alaska Native	8	155
Native Hawaiian and Pacific Islander	11	142
Multiple Race	45	1010
Other Race	43	2253
Unknown	64	4663
Total Cases	1129	30941



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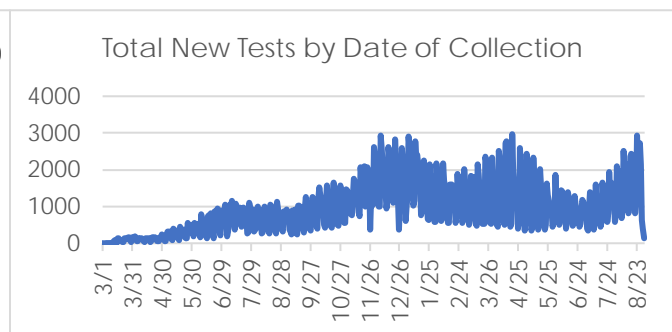
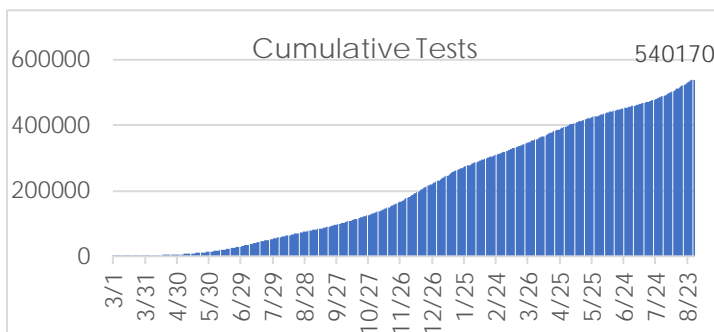


	Cases Ever Hospitalized	Cases Hospitalized in July/August
<5	4	3
5-17	10	1
18-34	78	19
35-49	160	39
50-64	258	45
65-79	319	50
80+	300	31

REMINDER: Per page 4, these charts display hospitalization age trends among those Placer resident cases confirmed to have ever been hospitalized. This data is incomplete and should be interpreted with caution.

Testing

As of August 31, Placer County Public Health has received 540,170 total test results to detect COVID-19 infection (data pulled 9/1). The 7-day average testing positivity rate is 10.1%. 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 average testing positivity rate](#).



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Variants

Variants of Concern and Variants of Interest have been identified in Placer County. At least 426 specimens have been sequenced and reported to Public Health and processed as of Sept. 1, 2021. [Click here for statewide CDPH data on variants, including sequencing volume and variant proportions.](#)

Month	B.1.427	B.1.429	Other	B.1.1.7	B.1.1.281	B.1.526	Delta (B.1.617.2)	B.1.526.1	B.1.617.1
December 2020			80.00%	20.00%					
January 2021	20.00%	40.00%	40.00%						
February 2021	15.38%	42.31%	42.31%						
March 2021		42.11%	15.79%	42.11%					
April 2021	7.32%	6.10%	3.66%	71.95%	8.54%	1.22%	1.22%		
May 2021	7.69%			69.23%	3.85%		19.23%		
June 2021			1.79%	53.57%	3.57%	5.36%	32.14%	3.57%	
July 2021			1.65%	2.20%			95.60%		0.55%
August 2021							100.00%		

These variants were identified via genomic surveillance. Note: all AY sublineages are grouped in with the Delta lineage counts. Click here for [CDC information on Variants of Interest and Variants of Concern](#). Click here for [CDC information on proportions of variants circulating in the U.S. and regionally](#).

MIS-C

Placer County Public Health has received reports of Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID-19. As of August 31, Public Health has received 5 reports of confirmed cases of MIS-C. Click here for [CDC information about MIS-C](#). Public Health has not received reports of any deaths related to MIS-C.

Case Investigation Findings: July 1-30 — Aug 1-31

	Number of cases	% of total
Total cases received by Placer County Public Health with July & Aug episode dates	7,048	100%
Personal contact attempted for interview*	5,279	75%
Cases interviewed	1,049	15%

*Includes non-response

Potential Exposure Settings:

	Count
Reported close contact to a confirmed case	823
Household member contact	490
Work-affiliated contact	110
School-affiliated contact	44
Community contact	169
Other/not specified	26

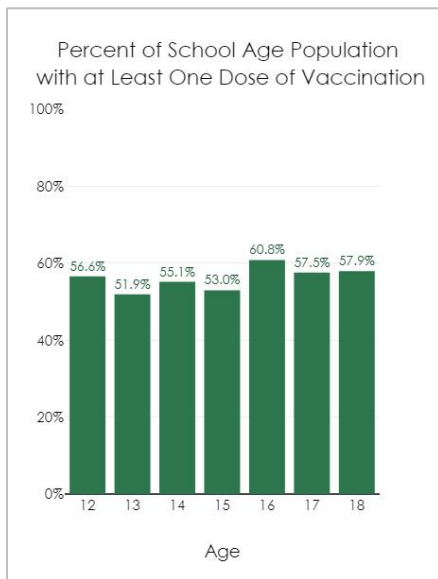
	Count
Reported attending a large gathering	410
Friend or family gathering	206
Work-affiliated gathering	0
School-affiliated gathering	128
Religious gathering	71
Travel	0
Other/not specified	12

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 the current status of youth vaccinations?

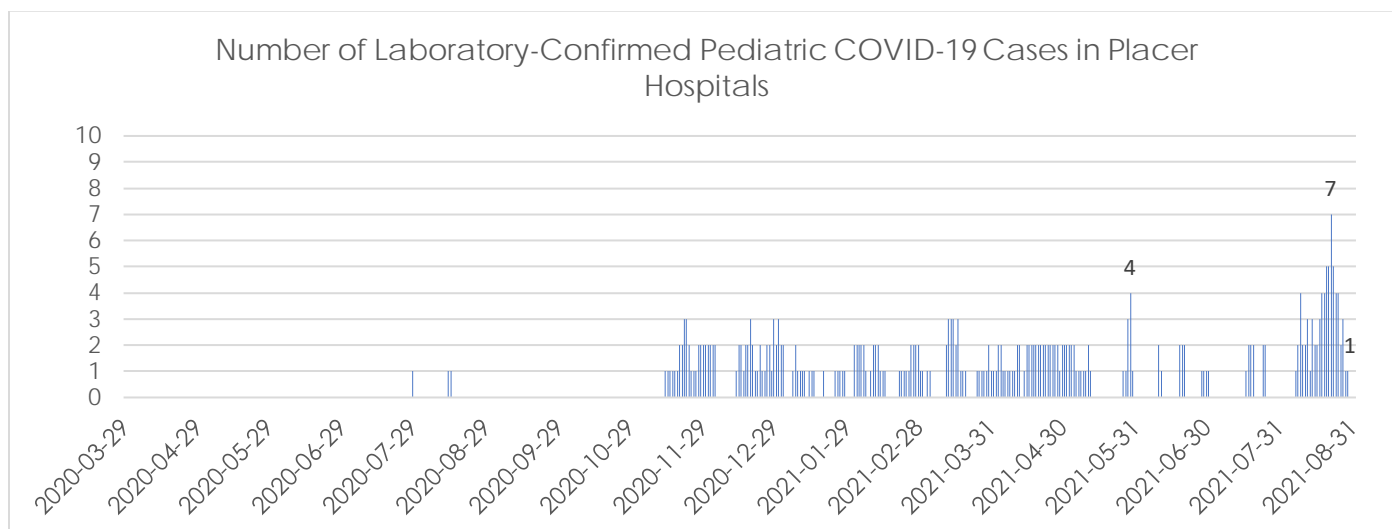


Currently, an estimated 47.7% of Placer County youth aged 12-17 are fully vaccinated, with another 7.8% partially vaccinated. See the chart at left for shares of specific ages with at least one dose.

At this stage, Placer County Public Health does not publish this more granular age breakdown on its [dashboard](#) because the dashboard relies on county population ranges that are not broken down at that level of detail, out of a total estimated Placer population of 400,434, in order to be consistent with population estimates used by the state for other key metrics. The percentages above reflect slightly different population estimates from different sources and are thus not directly comparable to the other age range percentages on the dashboard.

What about youth hospitalizations?

Hospitalization data is complex. In terms of pediatric hospitalizations, Public Health does not receive demographic data, like age, on hospitalized patients in our real-time bed census reports from either Sutter or Kaiser Permanente. Nor would age data from the three hospitals located within our county necessarily fully account for the number of Placer County minors hospitalized. Many out-of-county residents seek care in Placer County, and likewise Placer residents receive care in hospitals in neighboring communities. This is especially true for children, given the absence of a children’s hospital in Placer. The following data for Placer hospitals (*regardless of residency*) is from the California Hospital Association:



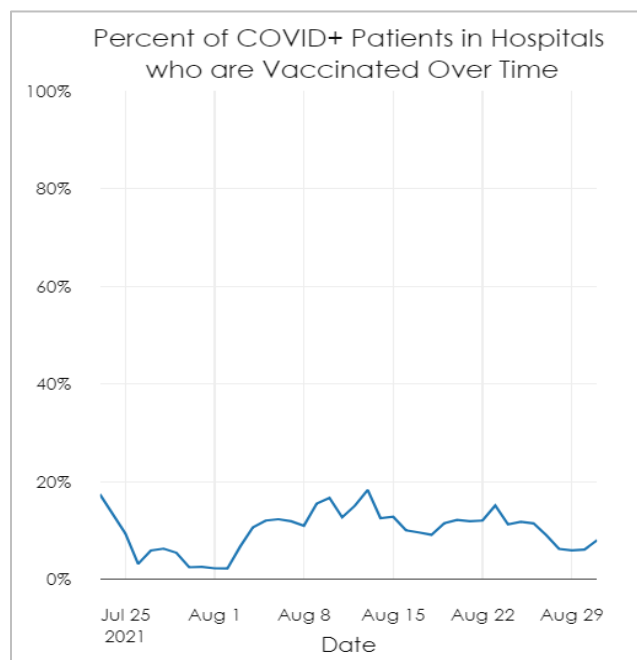
SOURCE: CHA. This data does not specify the reason for admission. Includes observation patients and inpatients in pediatric beds (including NICU).

Public Health is able to gather some demographic data *specifically around Placer residents*, though partial, through other means in a more delayed fashion, and we publish what we are able in this report (see page 7 for an age breakdown on these *resident* hospitalizations).

What is known about the vaccination status, age or other characteristics of hospitalized COVID-19 patients in Placer?

Placer County is currently receiving real-time vaccination status data from 2 of the county's 3 hospitals, which is available on the dashboard. The 14-day daily average percent of patients not fully vaccinated among those reporting hospitals stands at 88.6%. Typically, another handful of patients may be partially vaccinated (for example, of 94 patients at those 2 hospitals as of Sept. 2, 5 were fully vaccinated and 6 were partially vaccinated, with 83 not having begun their vaccination series). Full vaccination offers the greatest protection.

Here is a trend line over time of those hospitalized and fully vaccinated:



It is currently difficult to make comparisons to Placer County population (i.e. "X% of vaccinated residents have been hospitalized compared to X% of unvaccinated residents") because the vaccination status data received from our hospitals is comprised of aggregate totals not cross-mapped against residency.

Public Health is able to gather some demographic data *specifically around Placer residents*, though partial, through other means in a more delayed fashion. As shown on page 7, hospitalizations do appear to be skewing younger recently.

How many people have gotten additional doses of vaccine since immunocompromised individuals became eligible?

Starting this month, an additional mRNA dose for moderately to severely immunocompromised people was approved for [certain conditions](#) and is available. Since Aug. 12, a total of 2,157 Placer residents received an additional dose following their initial two-dose mRNA series. Public Health cannot verify immunocompromised status for these individuals as this is self-attested or up to a provider. The CDC is still evaluating additional doses for recipients of the J&J/Janssen vaccine.

These doses are not currently included on Placer County's data dashboard, and Public Health is awaiting reporting standards from the federal or state levels.

What is the standard cycle threshold for COVID-19 tests and why are PCR tests being used?

Placer County Public Health is not directly processing PCR tests as it does not operate a public health laboratory, so PCR results are processed at other labs in the community and region. There is no nationwide standard for PCR cycle thresholds at this time. Each PCR test has cutoff points (the number of cycles it runs), which tells the machine to stop running the test. Different brands who make PCR tests may have different cutoff values based on how sensitive the test is and how the test is designed.

Cycle thresholds (Ct) represent the number of cycles it takes for a PCR test to detect a virus, estimating the amount of virus that was in the sample to start with. If the virus is found with a low number of cycles, it suggests that the virus was easier to find in the sample and that a large amount of virus was likely present. Ct values don't indicate severity of disease yet may point to how much virus was present at the time the sample was collected. However, the significance and precision associated with those differences in Ct values have not been determined. PCR Ct values may vary significantly between different laboratory assays.

Information on tests (PCR and other) approved for EUA by the FDA, including supporting data, are available for review [here](#). Test authorization and usage is not determined by Placer County Public Health at the local level.

PCR testing is considered highly reliable. While false positives can happen during PCR testing, they are rare. PCR testing is used routinely in medicine to identify infections with all kinds of infectious diseases and by law enforcement to identify the DNA of potential suspects at crime scenes. If a COVID PCR test is positive, it suggests a strong likelihood that the person testing positive is still shedding SARS-CoV-2 virus (the virus that causes COVID).

The FDA has fully authorized Comirnaty. Is that even available?

The COVID-19 vaccine which has been known as the Pfizer-BioNTech COVID-19 Vaccine is now marketed as Comirnaty and has been fully approved for Americans 16+. It is the same vaccine, with Comirnaty being used as a brand name. The FDA approved Pfizer's application for full authorization for ages 16+ Aug. 23. Children ages 12 to 15, as well as immunocompromised individuals seeking an

additional dose, may still receive the vaccine under an emergency use authorization. More information is available from the FDA directly [here](#) including background data and information.

Why trust COVID tests if they can't distinguish between COVID and flu – aren't these 'false positives'?

The CDC's [July 21 alert](#) has been widely misrepresented as suggesting that the CDC revoked Emergency Use Authorization for COVID PCR tests because they led to false positives and confused positive influenza cases with COVID-19.

This is not what the alert said.

The CDC announced they would no longer request EUA for one PCR test because other, newer tests are now available that can simultaneously test for COVID and flu. These are encouraged to save laboratory time and resources, not because of any inaccuracy associated with previous tests. PCR tests are highly accurate and able to distinguish between SARS-CoV-2 and influenza.

Again, test authorization and usage is not determined by Placer County Public Health at the local level.

Why aren't doctors prescribing hydroxychloroquine or ivermectin?

The FDA has not approved hydroxychloroquine or ivermectin for use in treating or preventing COVID-19 in humans.

The FDA revoked its emergency use authorization for chloroquine and hydroxychloroquine [in 2020](#), stating the agency: *"determined that the legal criteria for issuing an EUA are no longer met. Based on its ongoing analysis of the EUA and emerging scientific data, the FDA determined that chloroquine and hydroxychloroquine are unlikely to be effective in treating COVID-19 for the authorized uses in the EUA. Additionally, in light of ongoing serious cardiac adverse events and other potential serious side effects, the known and potential benefits of chloroquine and hydroxychloroquine no longer outweigh the known and potential risks for the authorized use."*

[On ivermectin, per the FDA](#): *"FDA has not approved ivermectin for use in treating or preventing COVID-19 in humans. Ivermectin tablets are approved at very specific doses for some parasitic worms, and there are topical (on the skin) formulations for head lice and skin conditions like rosacea. Ivermectin is not an anti-viral (a drug for treating viruses). [...] Some forms of ivermectin are used in animals to prevent heartworm disease and certain internal and external parasites. It's important to note that these products are different from the ones for people, and safe when used as prescribed for animals, only."*

There are other approved early treatments for COVID-19 available. For example, the FDA has [issued](#) an EUA for REGEN-COV, a monoclonal antibody therapy, for both treatment and as post-exposure prophylaxis in certain patients based on demonstrated success. The FDA FAQ on this is [here](#), and a list of locations where monoclonal antibody therapeutic treatments have been shipped is available [here](#). Patients should coordinate with their individual physician or care provider if they believe they are eligible.

Placer County Public Health does not play a role in the authorization, or any potential [off-label usage](#), of COVID-19 therapeutics.

Why wear masks if virus particles are so small that they can penetrate through a mask?

It is true that individual virus particles are quite small. Yet in terms of transmission, virus particles are transmitted via larger droplets or aerosols.

The act of speaking, coughing and breathing can generate droplets that vary widely in size, and these droplets can hold many infectious virus particles. While masks – especially lower-quality masks like cloth face coverings - will not contain every single virus particle, the science [shows](#) that face coverings can reduce the emission of droplets.

Because of the higher viral load of Delta, mask quality is of the utmost importance as more virus particles are being shed, meaning the risk of infection is greater. This is why Placer County Public Health is currently promoting the use of [higher-quality](#) masks for added protection.

How do we know cases are Delta if tests can't test for Delta?

Diagnostic COVID tests determine whether you are infected with COVID-19, not the specific variant. But this does not mean that the prevalence of variants cannot be monitored. That is determined via a separate process of genomic surveillance; representative samples from across the state (including Placer) are sequenced and the state's FAQs and data on this are available [here](#). Trends in the predominance of different variants can be seen over time among the sequenced samples. Local data is included above on page 8.

The California Department of Public Health (CDPH) has [asked](#) all health care providers collect and submit specimens for whole genome sequencing from individuals with SARS-CoV-2 virus infection who meet certain criteria. Any provider can request genomic sequencing and labs also [submit](#) samples as part of surveillance.

How many people have died due to side effects from the COVID-19 vaccine compared to the virus?

Many claims citing the [Vaccine Adverse Event Reporting System \(VAERS\)](#) distort the role and limitations of this system. Anyone can submit a report to VAERS. [Per the CDC](#), "Reports of death after COVID-19 vaccination are rare. More than 363 million doses of COVID-19 vaccines were administered in the United States from December 14, 2020, through August 23, 2021. During this time, VAERS received 6,968 reports of death (0.0019%) among people who received a COVID-19 vaccine. FDA requires healthcare providers to report any death after COVID-19 vaccination to VAERS, even if it's unclear whether the vaccine was the cause. Reports of adverse events to VAERS following vaccination, including deaths, do not necessarily mean that a vaccine caused a health problem. A review of available clinical information, including death certificates, autopsy, and medical records, has not established a causal link to COVID-19 vaccines. However, recent reports indicate a plausible causal relationship between the [J&J/Janssen COVID-19 Vaccine and TTS](#), a rare and serious adverse event—blood clots with low platelets—which has caused deaths."

The CDC's data on nationwide COVID deaths is available [here](#) – currently at more than 630,000 - with data definitions included in the footnotes. Placer County's reported deaths – at 330 as of this writing – include COVID-related deaths among laboratory-confirmed cases who are Placer County residents. 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.