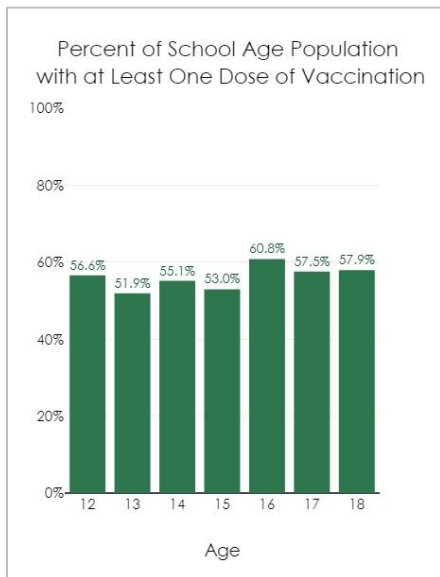


FAQs (broken out from [full epidemiology report](#) – see report for additional data)

What is the current status of youth vaccinations?

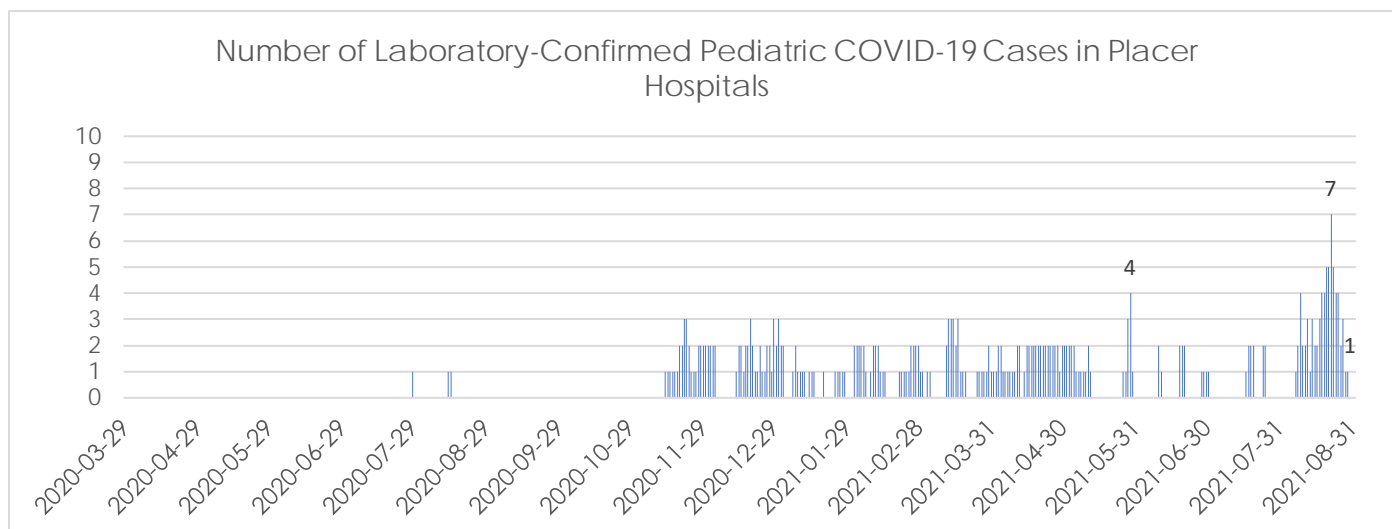


Currently, an estimated 47.7% of Placer County youth aged 12-17 are fully vaccinated, with another 7.8% partially vaccinated. See the chart at left for shares of specific ages with at least one dose.

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:



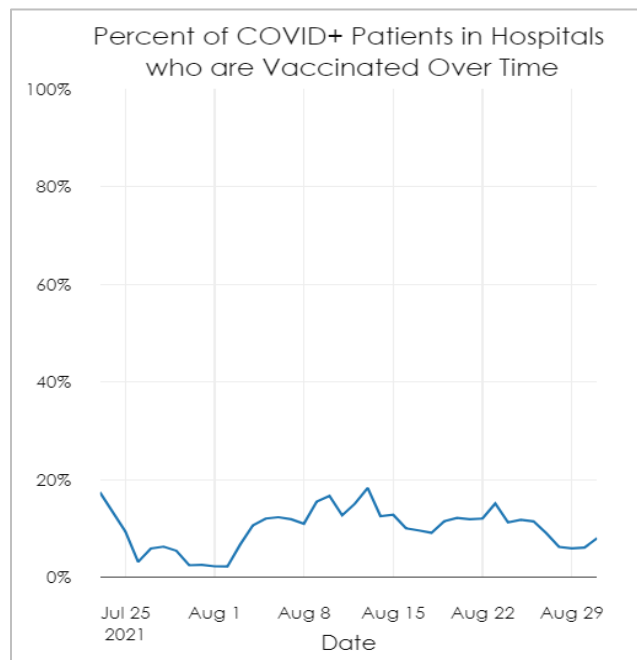
SOURCE: CHA. This data does not specify the reason for admission. Includes observation patients and inpatients in pediatric beds (including NICU).

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.