PLACER COUNTY COVID-19 UPDATE

Nov. 5, 2021

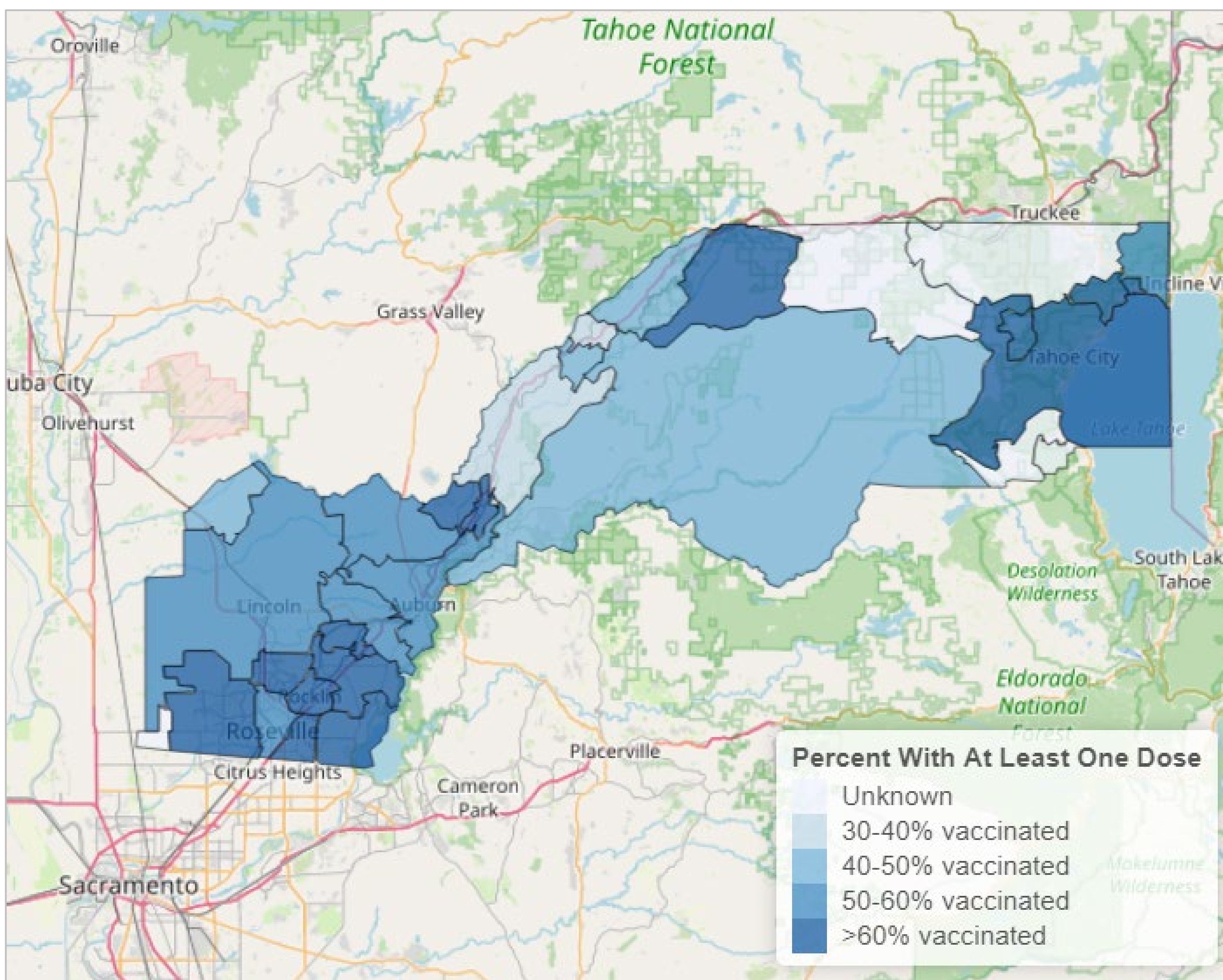
County of Placer
Health & Human Services
Public Health

Placer County Vaccination Progress

Placer County received its first allocation of COVID-19 vaccine in Dec. 2020. As of Nov. 3, 526,750 doses have been administered to Placer County residents, including 235,098 second or completing (i.e. single dose) doses.

First Doses	Completing Doses	Additional/ Booster Doses	Total Population	Eligible Population (12+)
253,608	235,098	38,044	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.

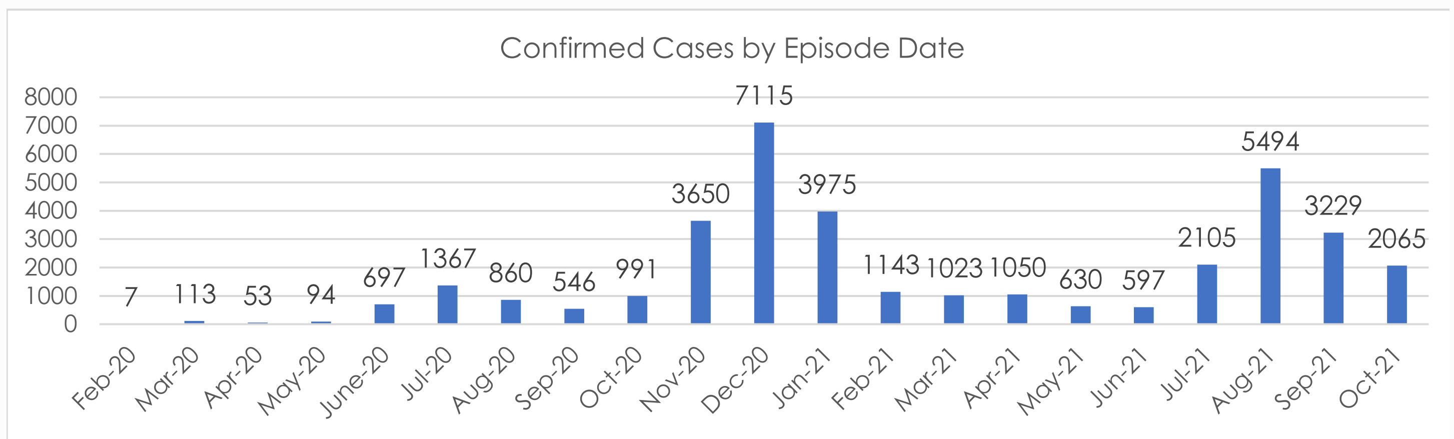
Placer County COVID-19 Cases at a Glance

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 decreased in September and October as compared to August.



Placer County COVID-positive residents in local hospitals (on 10/31): 44 (11 in intensive care).

There were 36,781 confirmed COVID-19 cases in Placer County as of Oct. 31 (data pulled Nov. 2). Cases have decreased over the past two months after surging in August. However, October had the sixth highest number of cases over the past 20 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, except if the reinfection surveillance definition is met (see FAQ #4 for more information)[1]. 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.

1. Reinfections are not included in the data for this report, but they are now included on the dashboard as of Nov. 3.

Deaths

As of Nov. 1, Placer County has received reports of 437 COVID-related* deaths.

- 181 (42%) were residents of long-term care facilities.
- 49% were under the age of 80; 18% were under the age of 65.
- At least 93% of those who died had at least one confirmed underlying health condition. (32 deaths are pending for this data).

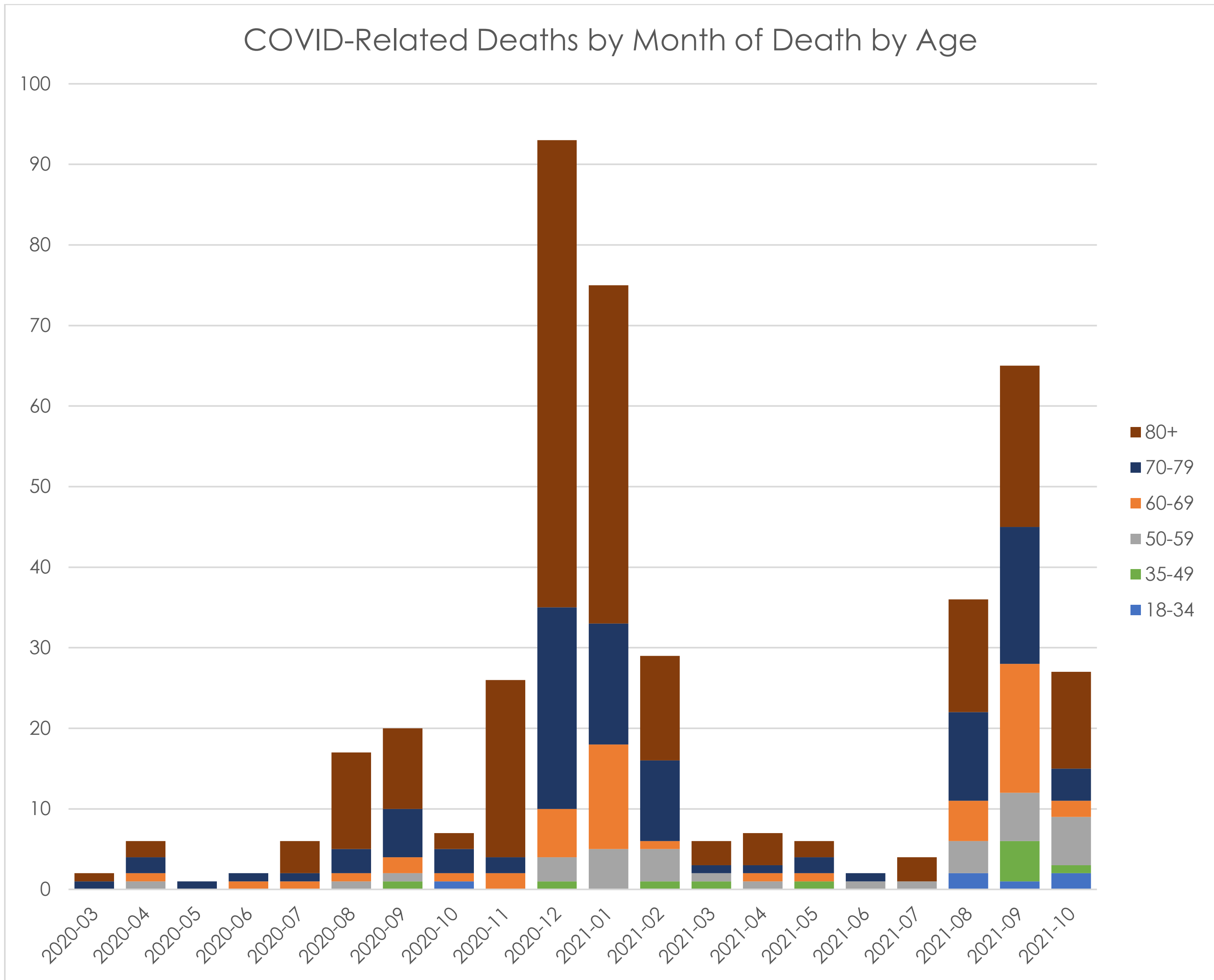
*COVID-related deaths have COVID-19 disease or SARS-CoV-2 listed as a cause of death or a significant condition contributing to death on the death certificate. Public Health reporting is consistent with the case definition set forth by the Council of State and Territorial Epidemiologists and guidance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

Age Range	Number of Deaths	Cumulative %
18-44	11	3%
45-49	6	4%
50-54	10	6%
55-59	25	12%
60-64	26	18%
65-69	28	24%
70-74	50	36%
75-79	57	49%
80-84	71	65%
85-89	72	81%
90-94	49	93%
95+	32	100%
Total	**437**	--

Some deaths may not have yet been processed.

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	36
September 2021	65
October 2021	27
Total	**437**

29 out of 437 COVID-related deaths were confirmed to have been fully vaccinated prior to their COVID illness. All 29 decedents had multiple comorbidities. 13 out of these 29 deaths (45%) were associated with outbreaks in long-term care facilities. 2 were immunocompromised. People with moderately to severely compromised immune systems may not build the same level of immunity to a 2-dose vaccine series compared to people who are not immunocompromised.

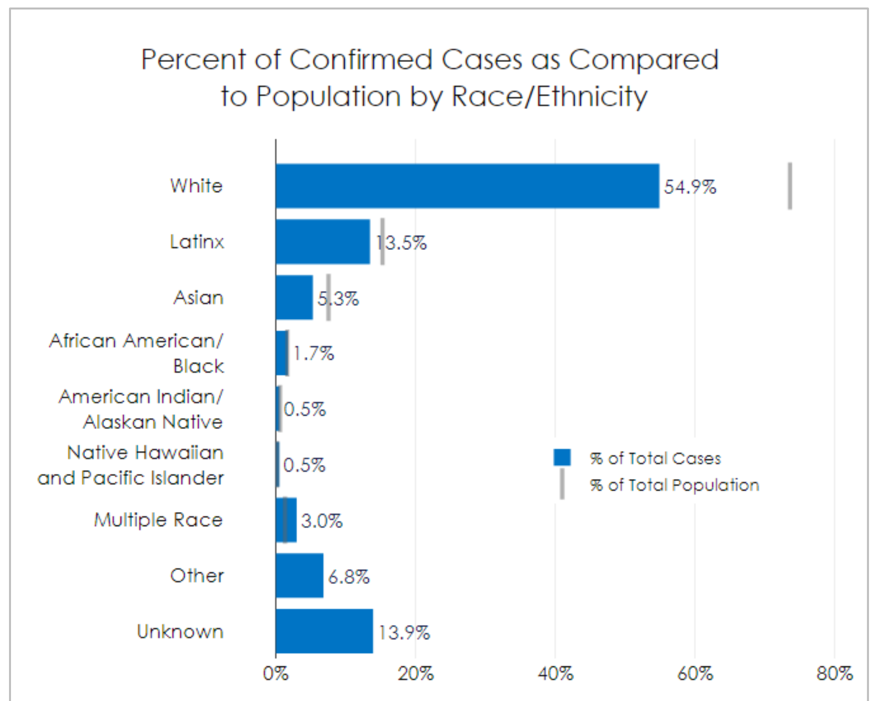

COVID-Related Deaths by Month of Death by Age
100
90
80
70
60
50
40
30
20
10
0
2020-03
2020-04
2020-05
2020-06
2020-07
2020-08
2020-09
2020-10
2020-11
2020-12
2021-01
2021-02
2021-03
2021-04
2021-05
2021-06
2021-07
2021-08
2021-09
2021-10
80+
70-79
60-69
50-59
35-49
18-34

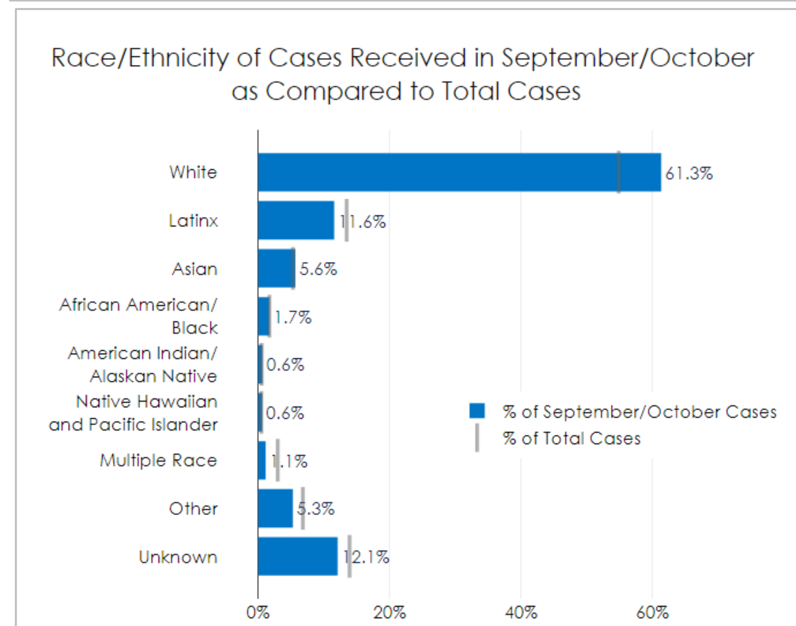
Descriptive Statistics

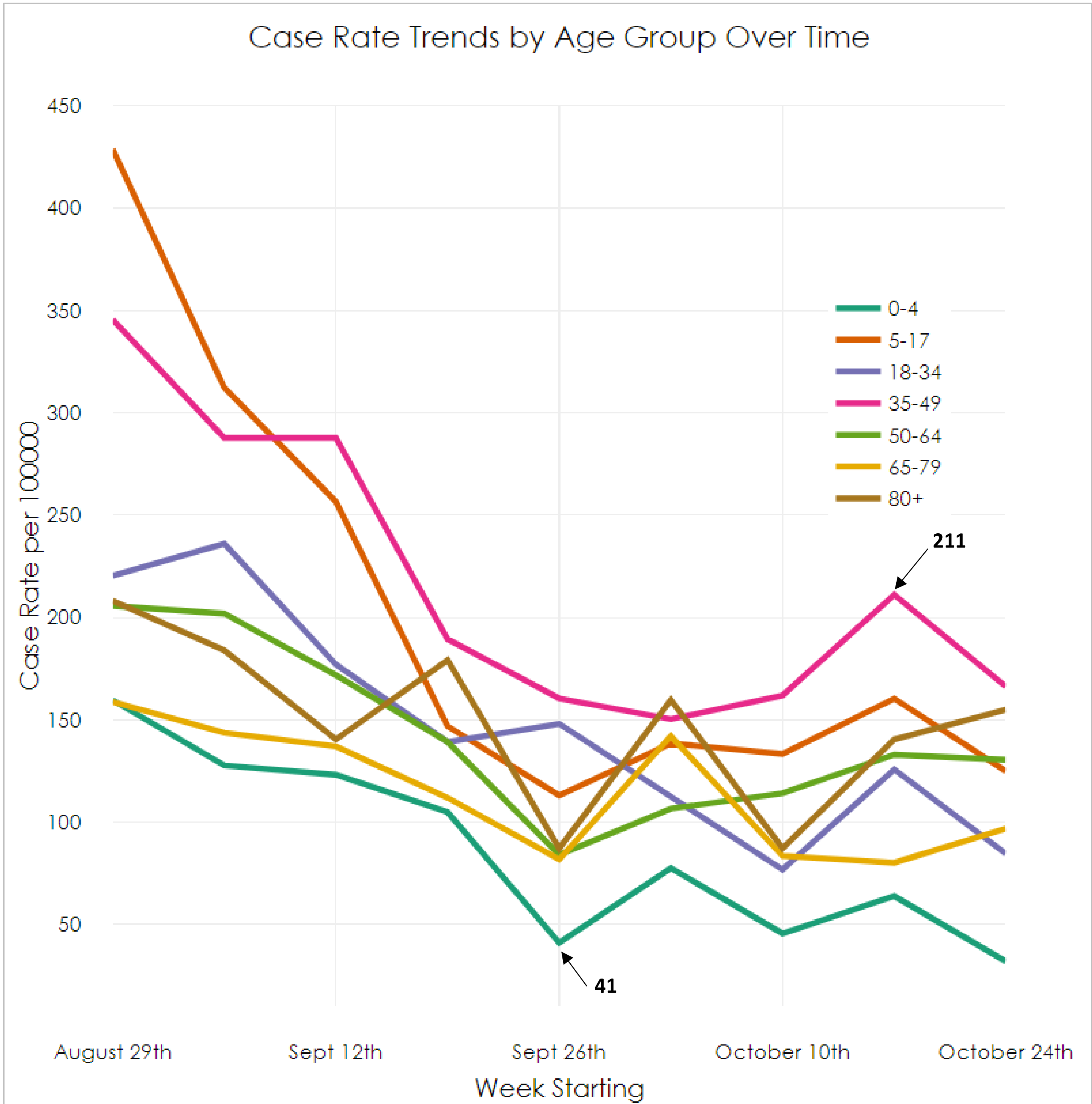
About one-sixth to one-seventh of race/ethnicity data remains unknown, although systematic data collection has improved. Placer County lacks race/ethnicity data for 14.6% of cases compared to 19% statewide. Race/ethnicity data is sometimes provided by labs, but most often collected during the case interview. 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. Following the most recent late summer surge, the hospitalization data below is known to be an undercount.

Race/Ethnicity Distribution Among Confirmed Cases		
	Sept/October Cases	**Total Cases**
White	3247	20181
Latinx	612	4950
Asian	299	1943
African American/ Black	91	630
American Indian/ Alaska Native	34	193
Native Hawaiian and Pacific Islander	32	179
Multiple Race	60	1091
Other Race	279	2501
Unknown	**640**	**5113**
Total Cases	5294	36781






Case Rate Trends by Age Group Over Time
450
400
350
300
250
200
150
100
50
Case Rate per 100000
0-4
5-17
18-34
35-49
50-64
65-79
80+
211
41
August 29th
Sept 12th
Sept 26th
October 10th
October 24th
Week Starting

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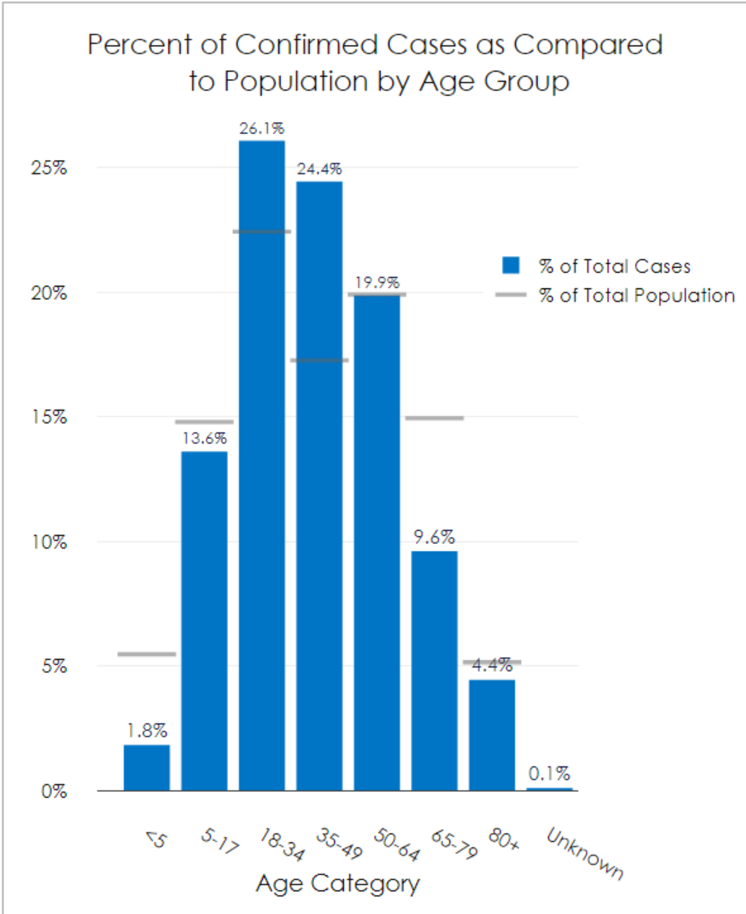
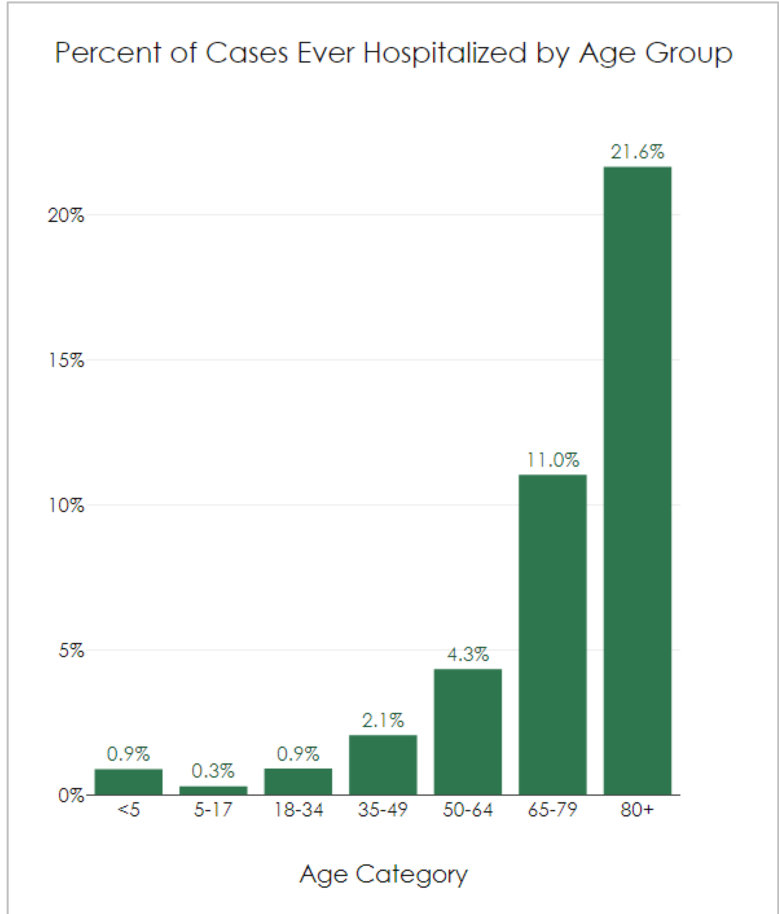
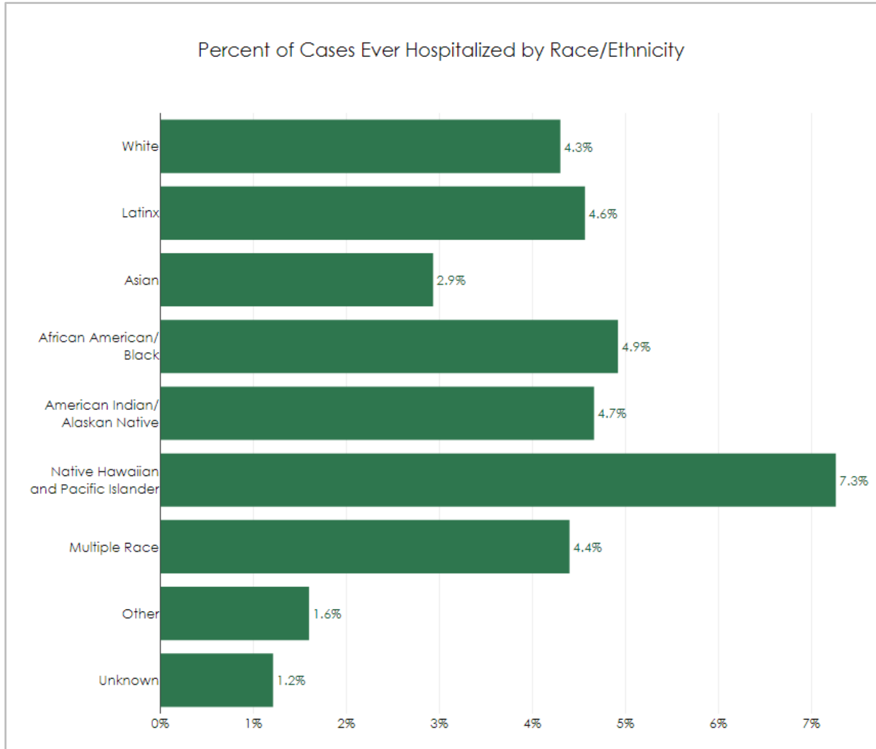




Race/Ethnicity Distribution and Hospitalization Among Confirmed Cases		
	Cases Ever Hospitalized	**Total Cases**
White	868	20181
Latinx	226	4950
Asian	57	1943
African American/ Black	31	630
American Indian/ Alaska Native	9	193
Native Hawaiian and Pacific Islander	13	179
Multiple Race	48	1091
Other Race	40	2501
Unknown	**62**	**5113**
Total Cases	1354	36781



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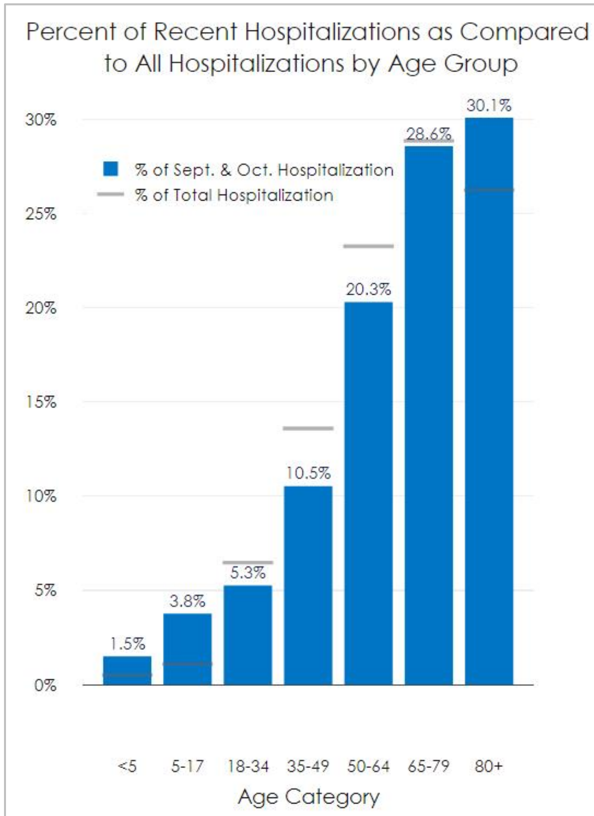
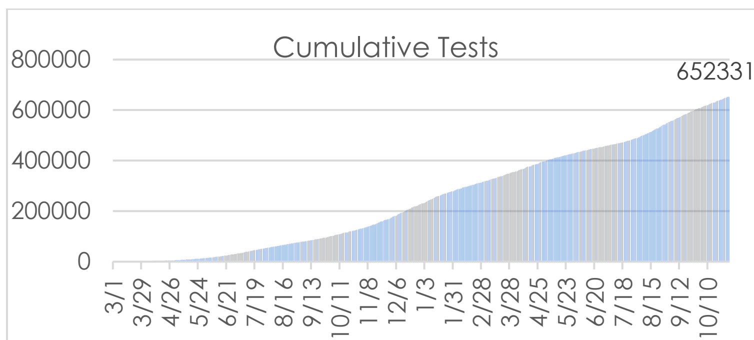


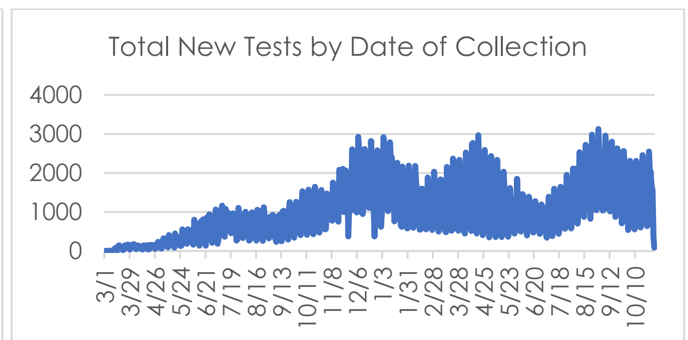
Age Distribution and Hospitalization Among Confirmed Cases		
	Cases Ever Hospitalized	**Cases Hospitalized in Sep. &Oct.**
<5	6	2
5-17	15	5
18-34	87	7
35-49	185	14
50-64	317	26
65-79	390	36
80+	354	34

REMINDER: Per page 5, these charts display hospitalization age trends among those Placer resident cases reported to have ever been hospitalized. This data is incomplete and should be interpreted with caution.

Testing

As of Oct. 31, Placer County Public Health has received 652,331 total test results to detect COVID-19 infection (data pulled Nov. 2). The 7-day average testing positivity rate is 5.2%. 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, except if they meet the reinfection surveillance criteria (see FAQ #4 for more information). 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.





Variants

According to the Centers for Disease Control and Prevention, the US government SARS-CoV-2 Interagency Group (SIG) has added a new class of SARS-CoV-2 variants designated as Variants Being Monitored.

This class includes variants with substitutions of concern, including previously designated Variants of Interest (VOIs) or Variants of Concern (VOCs), that are no longer detected or are circulating at very low levels in the United States, and as such, do not pose a significant or imminent risk to public health in the United States.

Variants of Concern and Variants Being Monitored have been identified in Placer County. At least 1,176 specimens have been sequenced and reported to Public Health and processed as of Nov. 1, 2021. The proportions below are likely to change over time as additional sequencing results are received. Nearly all specimens sequenced since July were identified as the Delta variant. Click here for statewide CDPH data on variants, including sequencing volume and variant proportions.

Month	Alpha	Gamma	Delta	Epsilon	Iota	Kappa	Mu	Zeta	Other (non-VBM)
December 2020	20.00%								80.00%
January 2021				60.00%					40.00%
February 2021			1.85%	46.30%				1.85%	50.00%
March 2021	38.46%			46.15%					15.38%
April 2021	67.05%		1.14%	13.64%	1.14%				17.05%
May 2021	67.86%		17.86%	7.14%					7.14%
June 2021	44.74%	5.26%	38.16%		7.89%		1.32%		2.63%
July 2021	2.36%		92.45%			0.24%			4.95%
August 2021			98.27%						1.73%
September 2021			99.04%						0.96%
October 2021			100.00%						

These variants were identified via genomic surveillance, and likely represent only a small proportion of the true number of variant cases in the county. 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 Oct. 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: Sept. 1-30 — Oct. 1-31

	Number of cases	% of total
Total cases received by Placer County Public Health with September & October episode dates	**5,294**	**100 %**
Personal contact attempted for interview*	4,556	86 %
Cases interviewed	1,913	36 %

*Includes non-response

Potential Exposure Settings:

	Count
Reported close contact to a confirmed case	**835**
Household member contact	458
Community contact	165
School-affiliated contact	122
Work-affiliated contact	72
Other contact	26

	Count
Reported attending a large gathering	**672**
School-affiliated gathering	515
Friend or family gathering	130
Religious gathering	31
Travel	6
Work-affiliated gathering	0

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 over a 24-hour period 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.

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PUBLIC HEALTH

FAQs

How are antigen tests, including at-home tests, reported and included in data?

Per CDPH: *"For clinical care and for public health investigation and follow-up purposes, all patients with positive antigen test results should be considered true cases.*

However, for the purpose of surveillance, per the most recent updated interim CSTE case definition for COVID-19, positive antigen tests are considered presumptive, rather than confirmatory laboratory evidence of acute infection. Per the case definition, if 'the patient has tested positive for SARS-CoV-2 by an antigen test of a respiratory secretion' they are considered probable cases for public health reporting purposes."

Labs are required to report antigen results to Public Health like any other COVID test results. At-home self-tests should be reported through the product's mobile app or via an individual's regular health care provider. Data from self-testing may be useful for case investigation and contact tracing, yet is not consistently reported, so individuals are encouraged to seek confirmatory PCR testing. It is expected that these results are underreported.

Additionally, at-home self-tests that come back positive do not meet the laboratory criteria to be counted as 'Confirmed' or 'Probable' cases. Laboratory tests must be performed by a CLIA-certified provider in order to meet this criteria.

Probable cases are not included in Public Health's COVID-19 dashboard, where metrics such as "Total Cases" and "Positivity Rate" reflect lab-confirmed positive PCR results.

Public Health has received an estimated 4,348 probable cases from antigen testing dating back to June 28, 2020 (by specimen collection date).

How has mortality during this late summer/fall wave compared to previous surges?

As always, death reporting typically lags both case and hospitalization reporting significantly. Public Health requires a death certificate in order to count a COVID-19 death on its dashboard, which can sometimes be received weeks after the actual date of death (this requirement may differ slightly from CDPH practice, meaning local death figures may lag state figures for Placer County occasionally). The chart on page 4 shows deaths by month of death (versus report date) to better indicate trends.

Deaths in August-September 2021 averaged 72.4 years, compared to age 80.8 years in December-January of 2020-21 (see chart on page 4). September had the third highest number of deaths over the past 20 months.

What are the ingredients in COVID-19 vaccines?

Vaccine ingredients vary by manufacturer. None of the vaccines contain eggs, gelatin, latex or preservatives. All COVID-19 vaccines are **free from metals** such as iron, nickel, cobalt, lithium, and

rare earth alloys. They are also free from manufactured products such as microelectronics, electrodes, carbon nanotubes, or nanowire semiconductors.

To find a full list and learn more about the ingredients in authorized COVID-19 vaccines, click here.

What is changing about the Placer County COVID-19 data dashboard?

The following adjustments have recently been made to the dashboard:

Additional doses and boosters: The dashboard now reports an aggregate figure of additional vaccine doses administered to immunocompromised individuals after CDC approval on Aug. 13, as well as booster doses. Since these are primarily self-attested qualifications, Public Health is not able to verify eligibility validity and includes data on any dose beyond the primary vaccination series.

Percent fully vaccinated: This figure represents a percentage of the total population – not just the eligible population. The latter is calculated using different population estimates as described in the Sept. 3, 2021 Epidemiology report.

Reinfection data: Following changes to the CSTE case definition that took effect on Sept. 1, 2021, "Total Cases" on the dashboard may now include the same individual more than once if they meet reinfection criteria (>90 days from first test and new test OR sequencing data demonstrates differing lineages between first test and new test), after the Sept. 1 date (reinfection cases prior to this date are not included). The standalone post-Sept. 1 reinfection total is also included.

Partial vaccination data: Individuals who are partially vaccinated have been disaggregated from the post-vaccination case rate chart to better reflect trends among the three groups (unvaccinated, partially vaccinated and fully vaccinated).

Dashboard navigation tip: Dashboard features automatically resize depending on the size of your screen. However, this resizing works best if you zoom your browser in or out and find a zoom level that will work best for your specific screen size. Smaller screens such as laptops should try decreasing their zoom (zooming out), while larger screens such as large desktop monitors should try increasing their zoom (zooming in).