PLACER COUNTY COVID-19 UPDATE

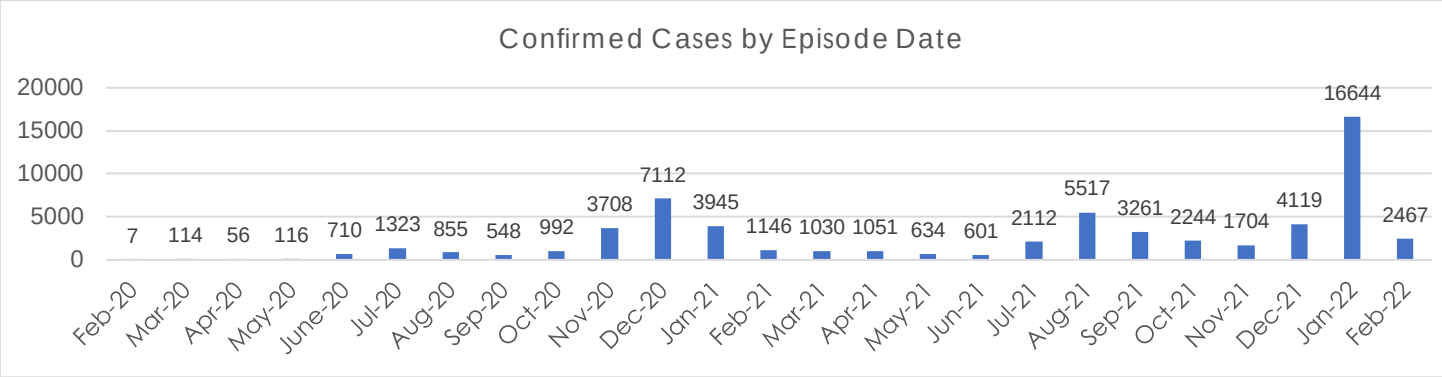
Mar. 4, 2022

County of Placer
Health & Human Services
Public Health

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.

What's happening now in Placer County?
Cases in Placer County have slowed following the Omicron surge.



Placer County COVID-positive residents in local hospitals (on 2/28): 13 (1 in intensive care).

There were 62,016 confirmed COVID-19 cases in Placer County as of Feb. 28 (data pulled Mar. 3). Cases decreased throughout February after surging through January. January 2022 saw 988 cases on the 10th, the highest single-day new case count since the beginning of the pandemic up to this point.

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 the Data Notes tab of the COVID-19 dashboard for this definition). 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.

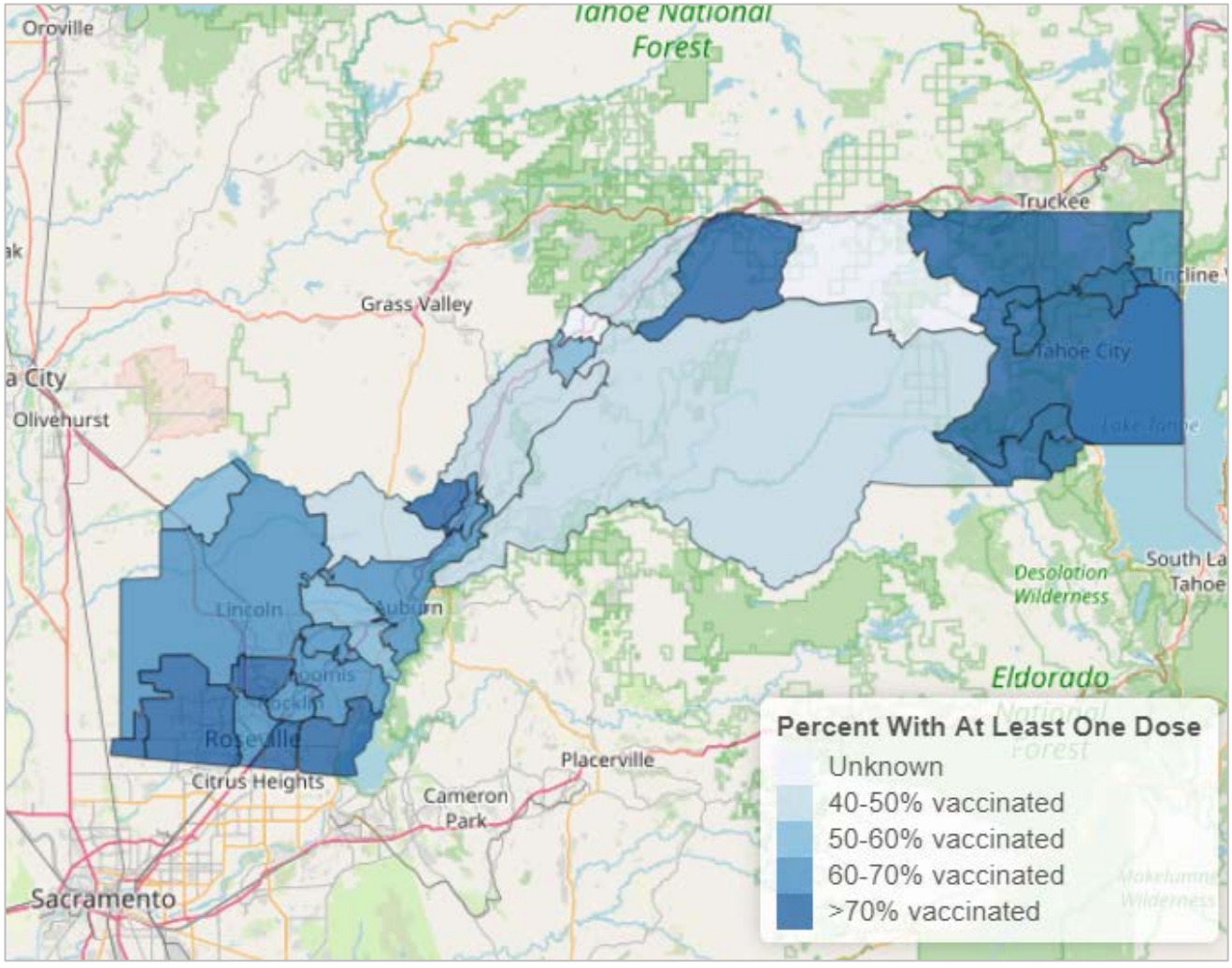
View cumulative and new cases by episode date. California Department of Public Health (CDPH) monitors cases using a 7-day daily case rate, calculated as the average number of COVID-19 cases per day by episode date reported over a 7-day period, divided by the population of Placer County. This number is 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 Vaccination Progress

Placer County received its first allocation of COVID-19 vaccine in December 2020. As of Mar. 3, 2022, a total of 689,050 doses have been administered to Placer County residents, including 264,550 second or completing (i.e. single dose) doses.

First Doses	Completing Doses	Additional/ Booster Doses	Total Population
283,228	**264,550**	**141,272**	**400,434**

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.

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Deaths

As of Mar. 2, Placer County has received reports of 584 COVID-related* deaths. ****Please note that due to the Omicron surge, recent death data should be considered preliminary and interpreted with caution.**

- 199** (34%) were residents of long-term care facilities.
- 50% were under the age of 80; 20% were under the age of 65.
- At least 89%** of those who died had at least one confirmed underlying health condition. (67 deaths are pending for this data).

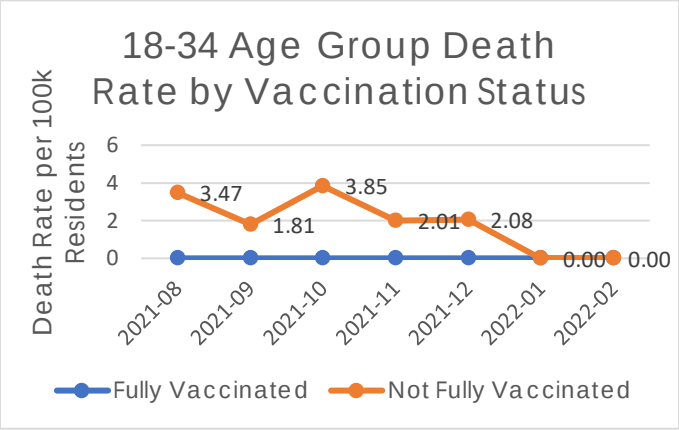
*COVID-related deaths have COVID-19 disease or SARS-CoV-2 listed as a cause of death or a significant condition contributing to death on the death certificate. Public Health death reporting is conducted with consideration of guidance issued by the Council of State and Territorial Epidemiologists and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

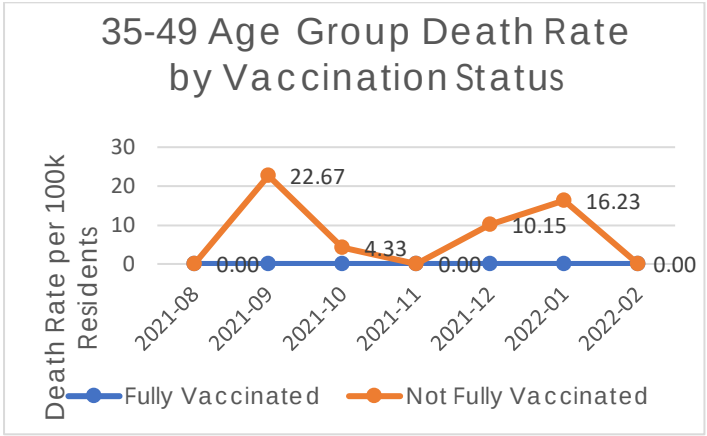
Age Range	Number of Deaths	Cumulative %
18-44	17	3%
45-49	8	4%
50-54	19	8%
55-59	35	14%
60-64	35	20%
65-69	44	27%
70-74	61	38%
75-79	71	50%
80-84	100	67%
85-89	96	83%
90-94	61	94%
95+	37	100%
Total	**584**	--

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	5
August 2021	36
September 2021	68
October 2021	43
November 2021	26
December 2021	26
January 2022	49
February 2022	26
Total	**584**

Some deaths may not have yet been processed

The following charts display death rates by vaccination status and age over time per 100,000 residents. Recent death data should be considered preliminary and interpreted with caution.





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Mar. 4, 2022

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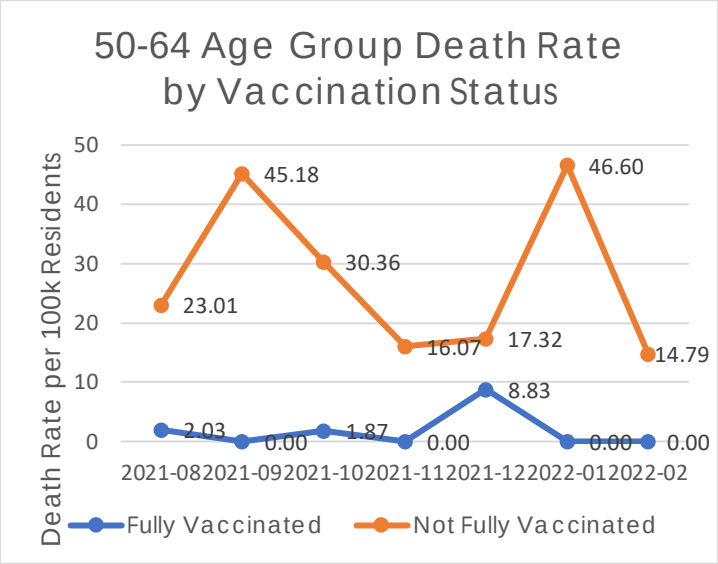
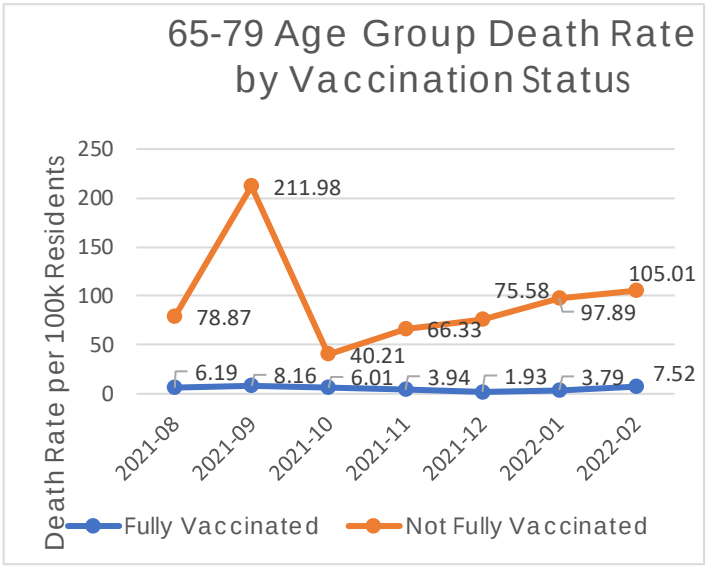
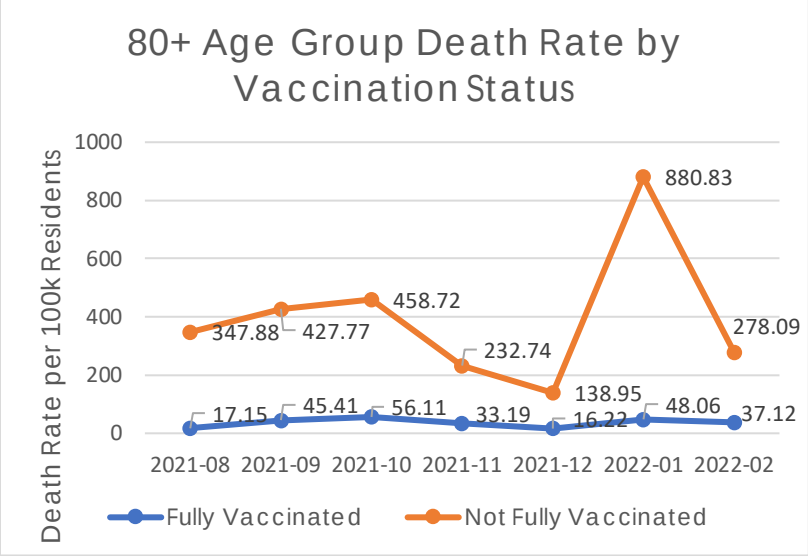
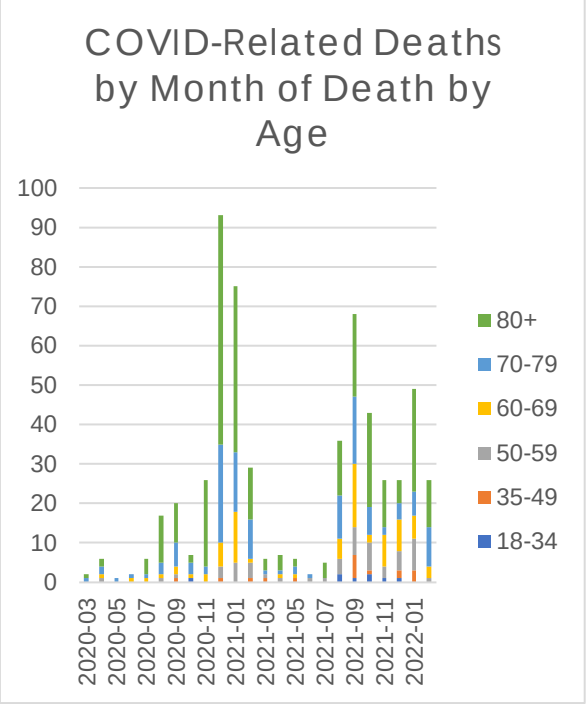






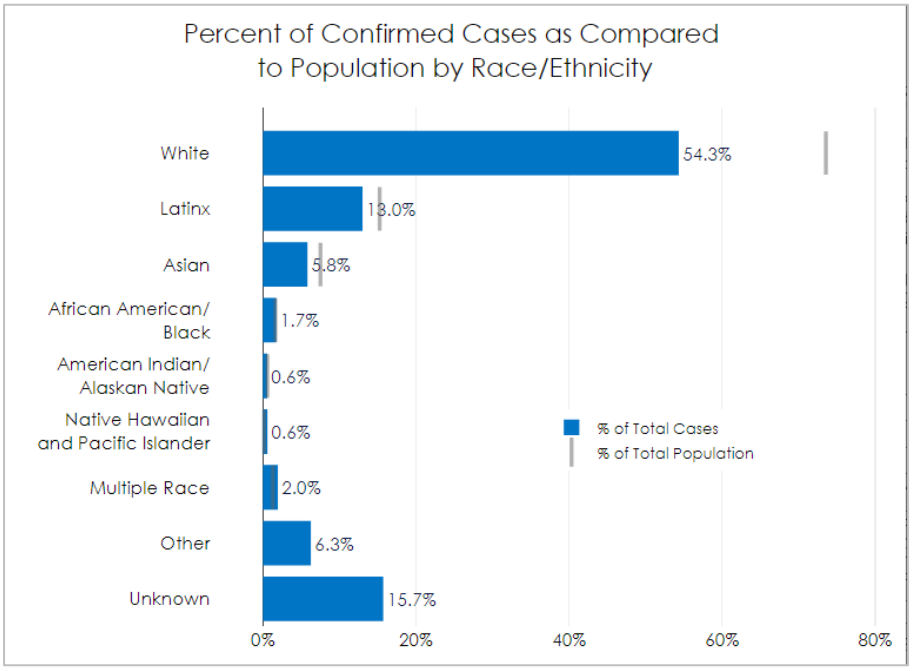


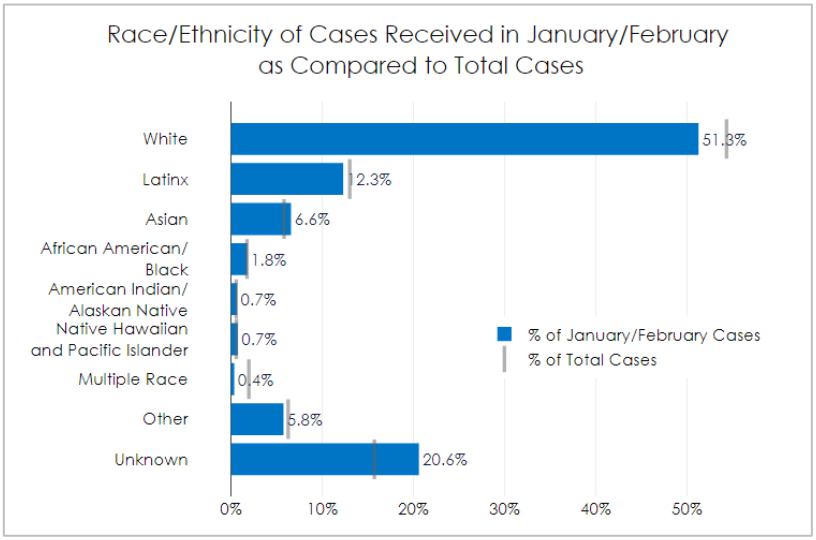
Descriptive Statistics

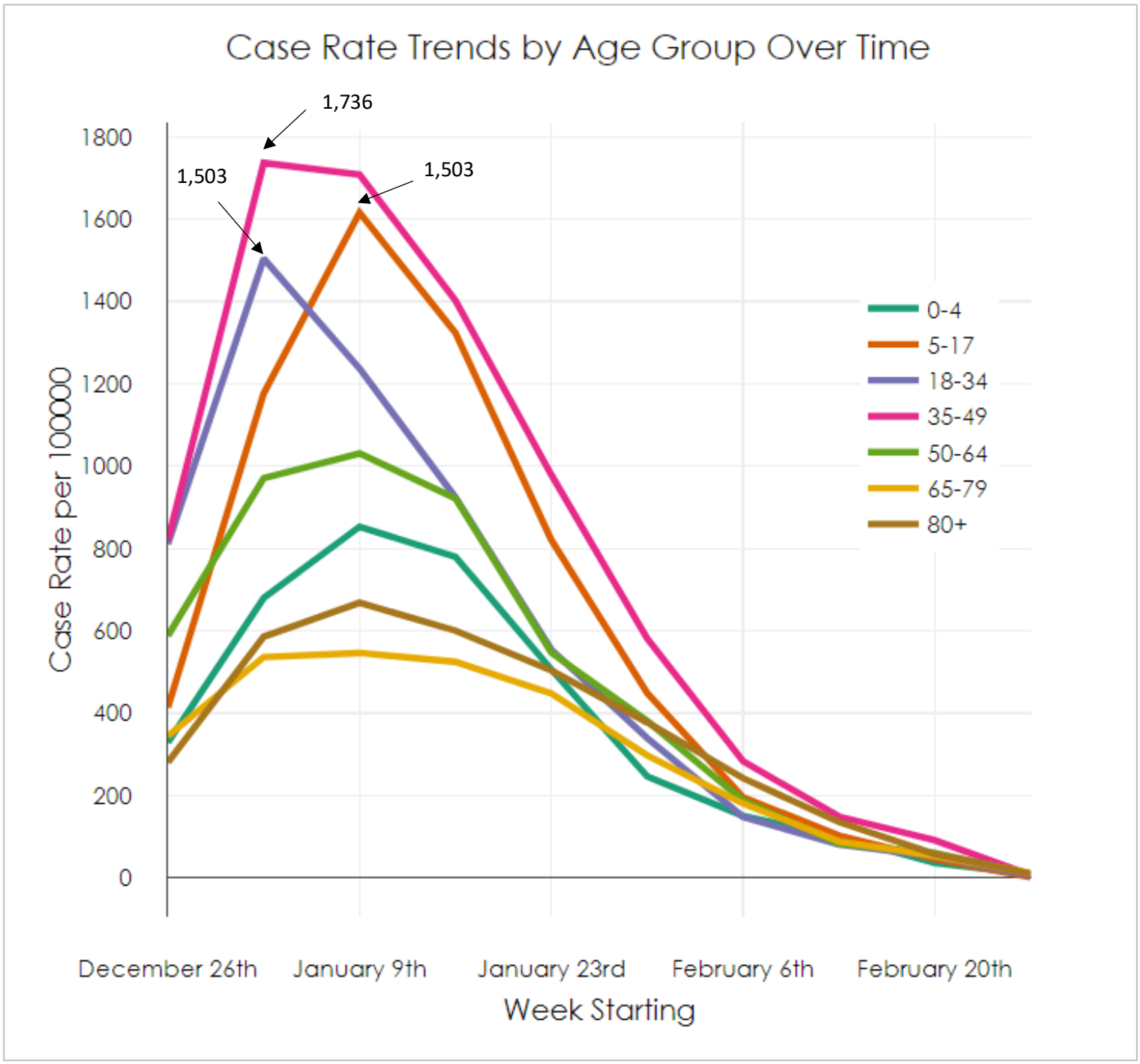
About one-seventh of race/ethnicity data remains unknown, although systematic data collection has improved. Placer County lacks race/ethnicity data for 15.7% of cases compared to 19% statewide. Race/ethnicity data are sometimes provided by labs, but most often collected during the case interview. Some cases cannot be reached for interview and some decline to share this information.

Demographic patient data for hospitalized Placer residents are not reported in real-time like hospital bed census data, and are 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 late summer surge as well as this most recent surge, the hospitalization data below are known to be an undercount.

Race/Ethnicity Distribution Among Confirmed Cases		
	January/ February Cases	**Total Cases**
White	9796	33694
Latinx	2350	8072
Asian	1256	3607
African American/ Black	340	1084
American Indian/ Alaska Native	125	354
Native Hawaiian and Pacific Islander	141	363
Multiple Race	67	1211
Other Race	1099	3884
Unknown	**3937**	**9747**
Total Cases	19111	62016






Case Rate Trends by Age Group Over Time
1,736
1,503
1,503
1800
1600
1400
1200
1000
800
600
400
200
0
Case Rate per 100000
0-4
5-17
18-34
35-49
50-64
65-79
80+
December 26th
January 9th
January 23rd
February 6th
February 20th
Week Starting

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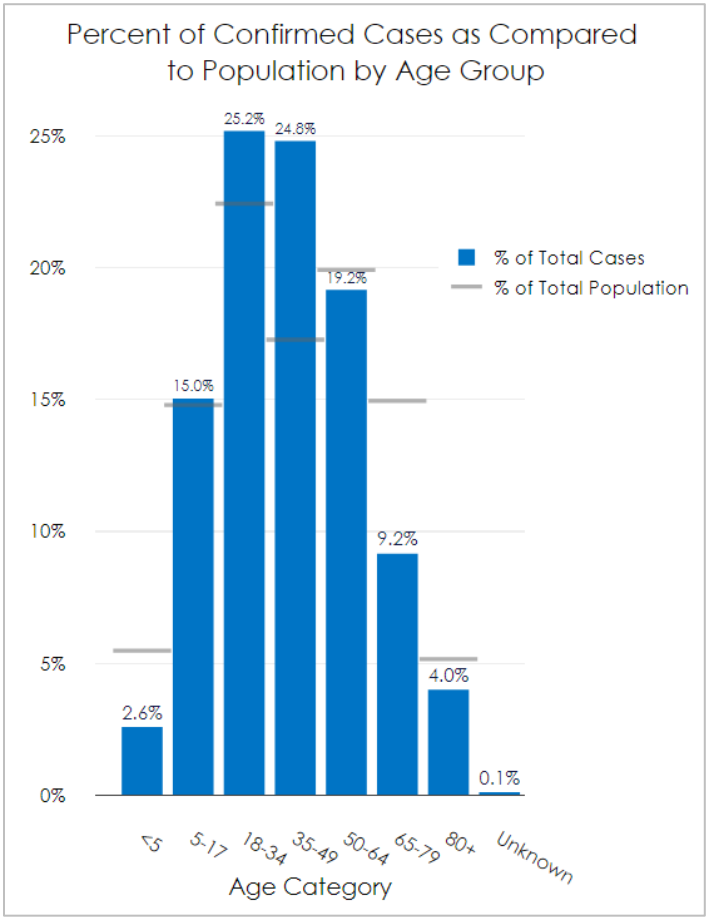
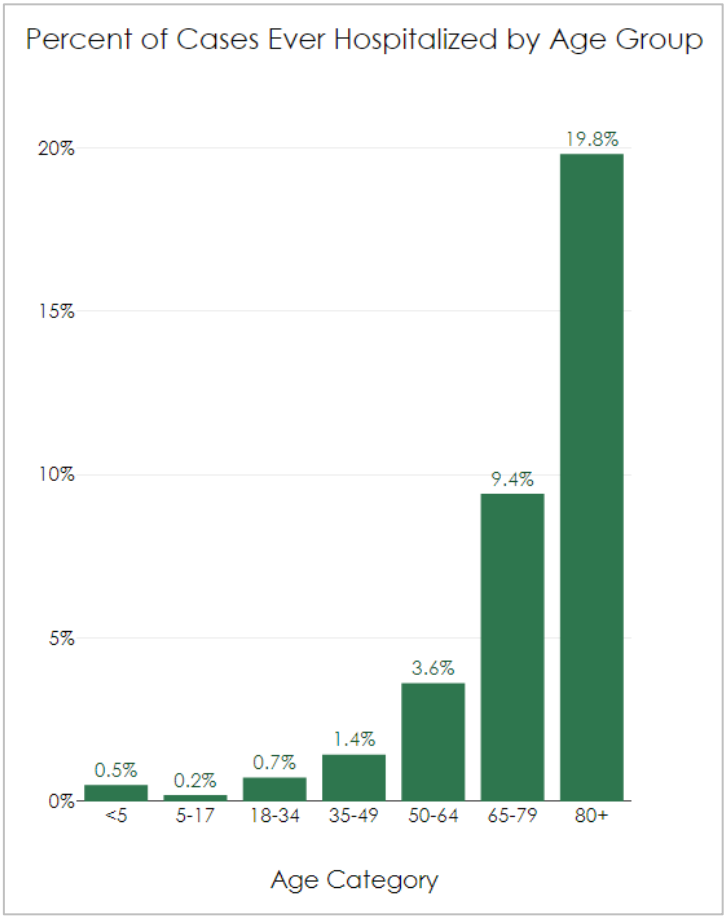
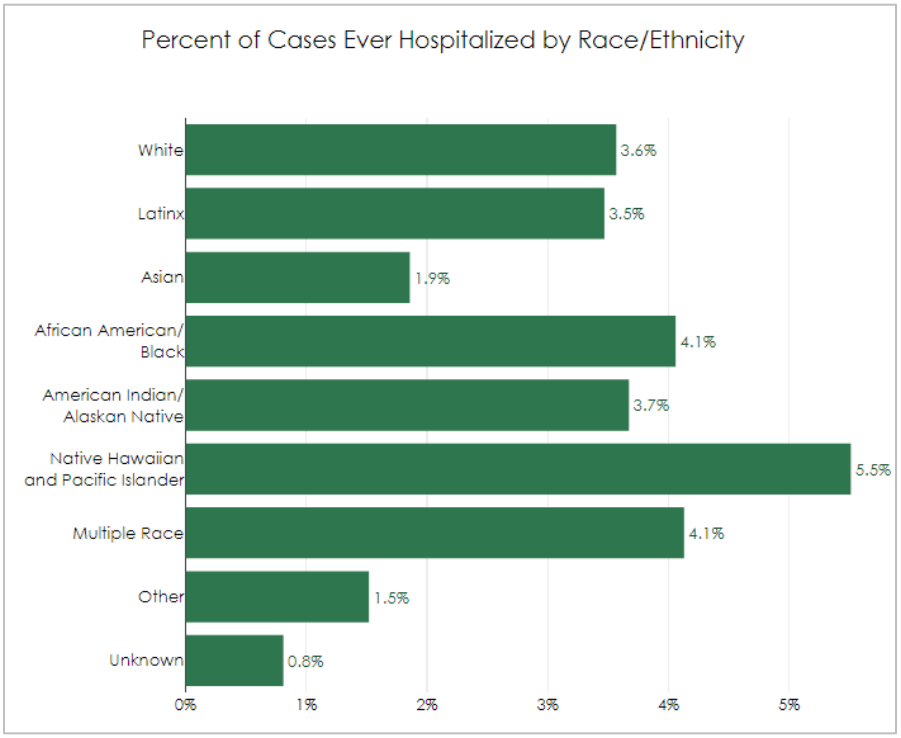
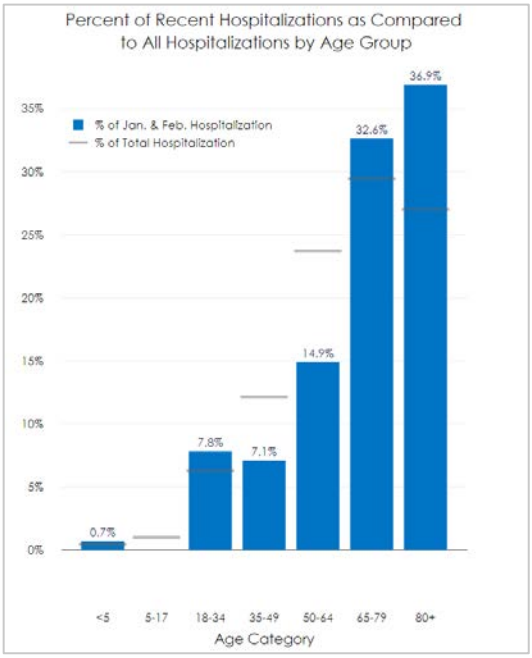




Race/Ethnicity Distribution and Hospitalization Among Confirmed Cases		
	Cases Ever Hospitalized	**Total Cases**
White	1202	33694
Latinx	280	8072
Asian	67	3607
African American/ Black	44	1084
American Indian/ Alaska Native	13	354
Native Hawaiian and Pacific Islander	20	363
Multiple Race	50	1211
Other Race	59	3884
Unknown	**79**	**9747**
Total Cases	1814	62016





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

Age Distribution and Hospitalization Among Confirmed Cases		
	Cases Ever Hospitalized	**Cases Hospitalized in Jan. & Feb.**
<5	8	1
5-17	18	0
18-34	114	11
35-49	220	10
50-64	430	21
65-79	534	46
80+	490	52

Variants

Variants of Concern and Variants Being Monitored have been identified in Placer County. At least 3,601 specimens have been sequenced and reported to Public Health and processed as of Mar. 3, 2021. The proportions below are likely to change over time as additional sequencing results are received. Current Variants of Concern are highlighted in red. Click here for CDPH data on variants, including sequencing volume and variant proportions.

Month	Alpha	Beta	Delta	Gamma	Epsilon	Eta	Iota	Kappa	Mu	Omicron	Zeta	Other (non-VBM)
October 2020												100.00%
November 2020												
December 2020	0.91%		0.91%		5.45%							92.73%
January 2021	1.00%	1.00%			24.00%	1.00%					1.00%	72.00%
February 2021					45.45%						1.30%	53.25%
March 2021	28.57%				46.75%						2.60%	22.08%
April 2021	51.90%		0.63%	4.43%	22.78%		1.27%					18.99%
May 2021	54.46%		4.95%	0.99%	11.88%		4.95%					22.77%
June 2021	41.57%		39.33%	4.49%			8.99%		1.12%			4.49%
July 2021	3.29%		94.82%	0.47%				0.24%				1.18%
August 2021			97.82%		0.22%							1.97%
September 2021			93.75%									6.25%
October 2021			99.21%									0.79%
November 2021			99.21%							0.26%		0.52%
December 2021			68.37%							30.70%		0.93%
January 2022			2.03%							97.97%		
February 2022										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 and all BA sublineages are grouped in with the Omicron 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 Mar. 3, Public Health has received 6 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: Jan 1-31 — Feb 1-28

	Number of cases	% of total
Total cases received by Placer County Public Health with Jan & Feb episode dates	**19,111**	**100 %**
Personal contact attempted for interview*	11,971	63 %
Cases interviewed	4,189	22 %

**Includes non-response*

Potential Exposure Settings:

	Count
Reported close contact to a confirmed case	**1,305**
Household member contact	1,107
School-affiliated contact	81
Community contact	78
Work-affiliated contact	34
Other contact	6

	Count
Reported attending a large gathering	**754**
School-affiliated gathering	380
Friend or family gathering	304
Religious gathering	68
Other gathering	2

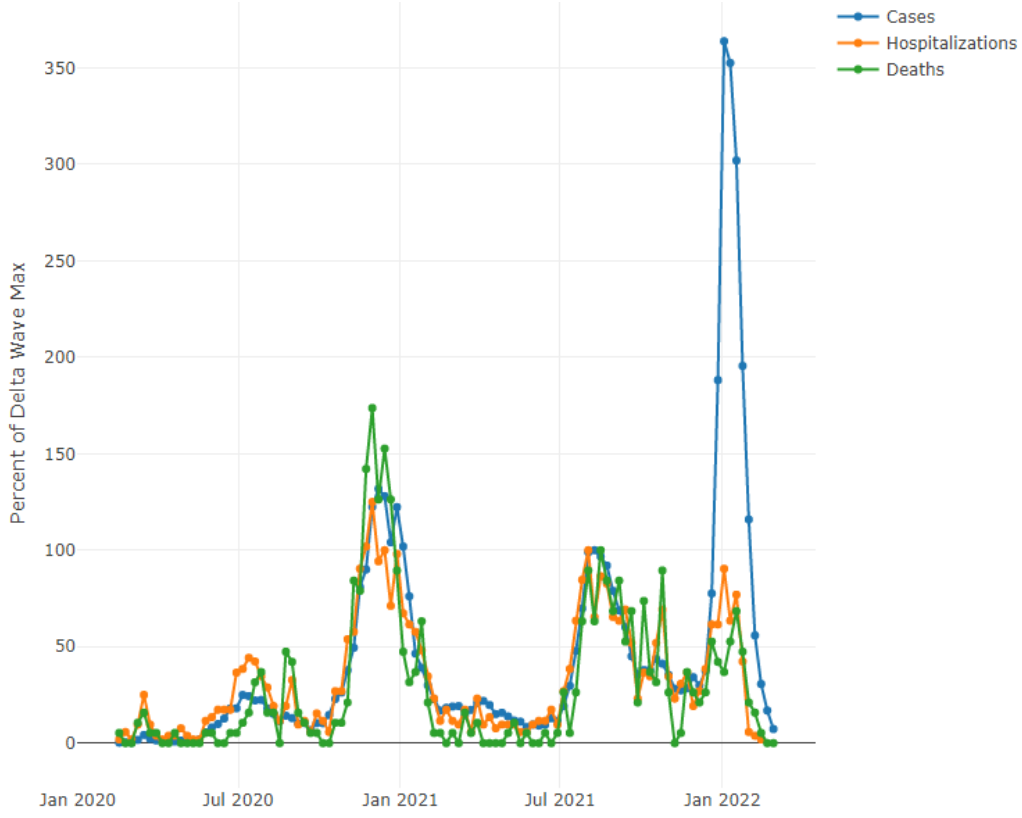
Public Health strives to interview as many cases as possible. Cases are prioritized for an interview based on how many days have elapsed since the time of their test date and result date, along with risk factors, including age and vulnerable settings. A virtual survey was sent to all cases/contacts if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

How did Placer's Omicron surge compare to previous COVID surges?

Like other areas of the state, nation and globe, Placer reported dramatically higher case rates during Omicron compared to previous waves. With the increased prevalence of at-home tests, PCR case reporting likely captured a lower share of cases than in previous waves. Hospitalizations and deaths also increased, yet there were fewer in relation to case numbers compared to previous waves. *Please note that recent data on individual-level hospitalizations and deaths is preliminary and should be interpreted with caution.*



To illustrate this another way, the Delta wave saw a maximum single day new case count of 225 and a maximum hospital census of 211 COVID cases hospitalized for COVID in Placer hospitals. In comparison, the Omicron wave saw a maximum single day new case count of 988 and a maximum hospital census of 190 COVID cases hospitalized for COVID in Placer hospitals. Local hospitals reported shorter stays for the majority of patients during the Omicron surge as well as fewer patients requiring intensive care, including procedures like intubation.

How should data around the number of fully-vaccinated people in the hospital be understood?

Placer County Public Health recently adjusted the data around hospitalization by vaccination status on its dashboard to include only those cases hospitalized *because of* COVID and exclude patients admitted for other reasons who tested positive incidentally. Previously, this data did not distinguish between these categories. Additionally, all three hospitals within county borders are now reporting this metric to Public Health.

Public Health has seen some confusion around this data point and its relationship to vaccine efficacy. In settings where the majority of people are vaccinated, it is possible for larger shares of hospitalizations to be among vaccinated individuals. Associating this directly with vaccine efficacy is an example of a base rate fallacy.

As a hypothetical example, there are 100 individuals, 80% of whom are vaccinated and 20% of whom are unvaccinated. Two are hospitalized, one vaccinated and one unvaccinated (50% of hospitalizations are vaccinated and 50% are unvaccinated). Does this mean that the vaccine is not effective? No, because there are more people in the vaccinated group. The actual risk is found by comparing the proportion of people in each group (1 in 80 versus 1 in 20).

Because hospitalization census data is not provided by county of residency, it is difficult to assess what this proportion looks like for Placer County residents (though it would likely be similar to death rate trends by vaccination status published on page 3-4). The state publishes this data for California as a whole, including booster data as well. For the most recent period from February 7, 2022 to February 13, 2022, unvaccinated people were 8.9 times more likely to be hospitalized with COVID-19 than people who received their booster dose.

What are recent changes to vaccine recommendations?

This easy-to-use COVID Vaccine Timing By Age chart reflects the most current recommendations and considerations around vaccine timing by brand and age. Recently, the CDC has stated that an interval up to 8 weeks may be preferable between the first and second dose of Pfizer or Moderna for some people ages 12 years and older, especially for males ages 12-to-39-years-old.

There have also been some updates to recommendations for immunocompromised people:

- Clarification of existing recommendation to receive a 3-dose mRNA vaccine primary series followed by a booster dose for a total of 4 doses.
- New guidance to shorten the interval between completion of the mRNA vaccine primary series and the booster dose to at least 3 months (instead of 5 months).
- New guidance for those who receive the Janssen COVID-19 vaccine primary series to receive an additional dose (of mRNA vaccine) and a booster dose, for a total of 3 doses.

What will be changing about this report?

Going forward, this report will now be published on an ad-hoc basis as determined by Public Health based on the volume of community questions and disease trends.

The testing section of this report has been removed, as the testing data on the dashboard is most meaningful and the raw test numbers previously published in this report have become less valuable over time, particularly with the increased prevalence of at-home tests.

In future reports, the case investigation data portion of this report will also be phased out. Both the CDC and CDPH now prioritize high-risk settings for contact tracing and case investigation. This can skew the available data. Per CDPH: *"As the SARSCoV-2 virus has evolved (the shorter incubation period, dramatically increased transmissibility, and high proportions of asymptomatic cases), its transmission dynamics has reduced the impact and feasibility of universal case investigation and contact tracing. In addition, with the increasing availability of more effective prevention strategies at this stage of the pandemic, including vaccination, masking, ventilation, testing, and treatment, prioritizing CICT to the highest risk situations and leveraging other public health tools will have a more efficient and higher impact on prevention of the most severe outcomes of COVID-19."*

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).