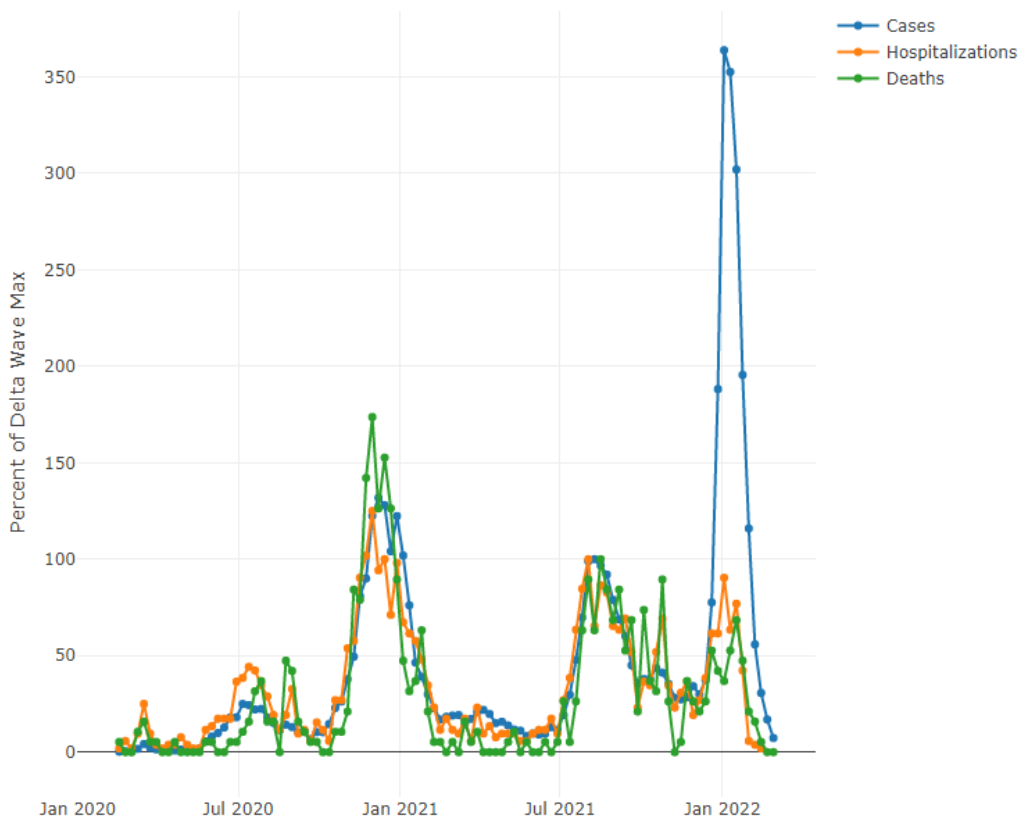


FAQs

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.

PLACER COUNTY COVID-19 UPDATE

Mar. 4, 2022



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).