

# PLACER COUNTY COVID-19 UPDATE

December 4, 2020



## 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.

New cases are investigated as they are reported. Our team of case investigators strive to interview those who have tested positive and their close contacts as soon as possible. These teams provide guidance and offer support to those who need to isolate and quarantine to help keep their families and communities safe.

Confirmed COVID-19 Cases by Location of Residence as of 12/2/20			
Location	Confirmed Cases	Likely Recovered	New Cases in November
Roseville	2802	2449	848
Rocklin	1142	982	429
Lincoln	1075	944	302
Auburn	592	459	232
Granite Bay	264	226	110
Loomis	186	163	66
Kings Beach	183	170	46
Newcastle	83	68	28
Tahoe City	73	60	24
Colfax	56	41	20
Meadow Vista	44	36	15
Truckee	42	41	7
Foresthill	38	28	11
Penryn	27	19	11
Sheridan	22	18	6
Tahoe Vista	22	16	11
Olympic Valley	21	18	13
Carnelian Bay	20	21	6
Applegate	15	14	*
Elverta	10	9	*
Pending/Unknown	43	17	27
<b>Total:</b>	<b>6784</b>	<b>5799</b>	<b>2228</b>

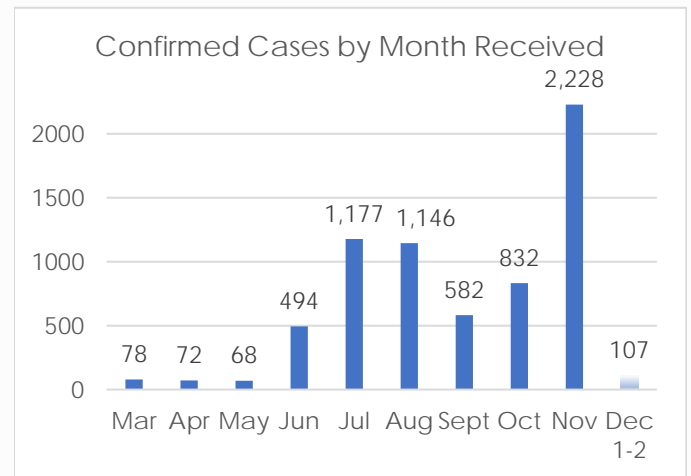
\* The number of cases in locations with less than 6 cases is masked to protect patient privacy. As such, cases displayed will not add up to total.

Locations with less than 6 cases include: Alta, Alpine Meadows, Bowman, Dutch Flat, Homewood, Norden, Weimar, and Unhoused.

### What's happening now in Placer County?

Cases in Placer County are currently surging.

In November, 33% of total cases were received. The 2,082 cases numbered 1.5 times as many cases received in the month of July (during the last epidemic surge).



Placer County residents hospitalized (as of 12/3):

- 63 (11 in intensive care)

Estimated active cases (as of 12/2), calculated as total cases minus deaths and likely recovered cases (see link in location table for definition): 967

Confirmed Cases by Region		
	November	Total Cases
South Placer	1802	5611
Mid Placer	286	758
East Placer	113	371
Unknown/Unhoused	27	44
<b>Total</b>	<b>2228</b>	<b>6784</b>

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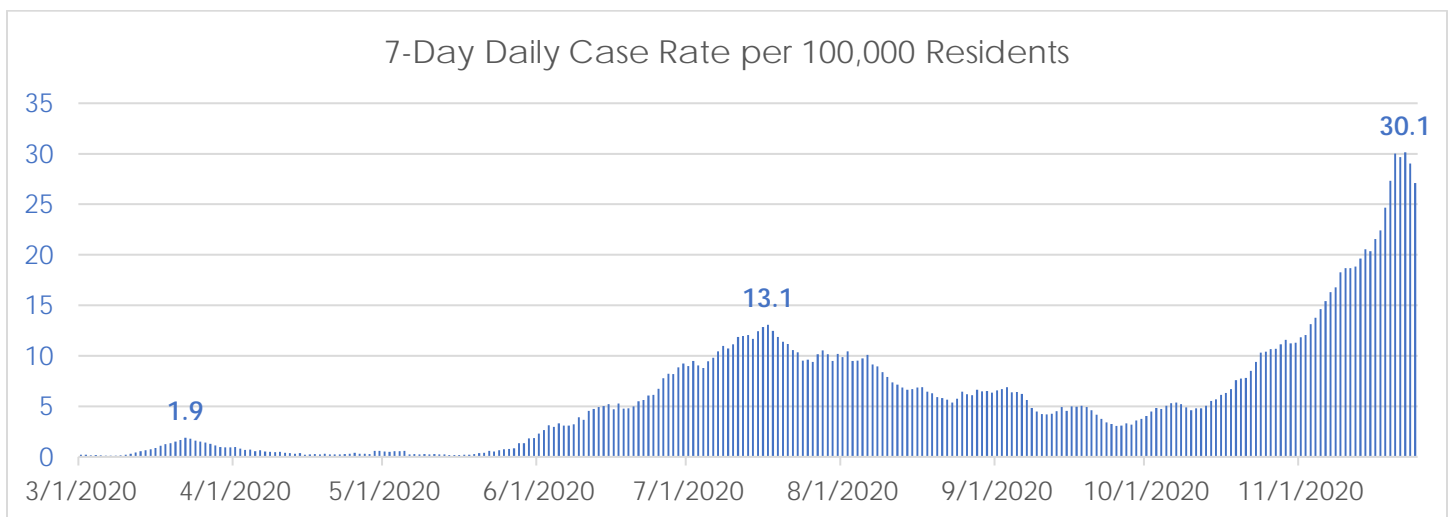
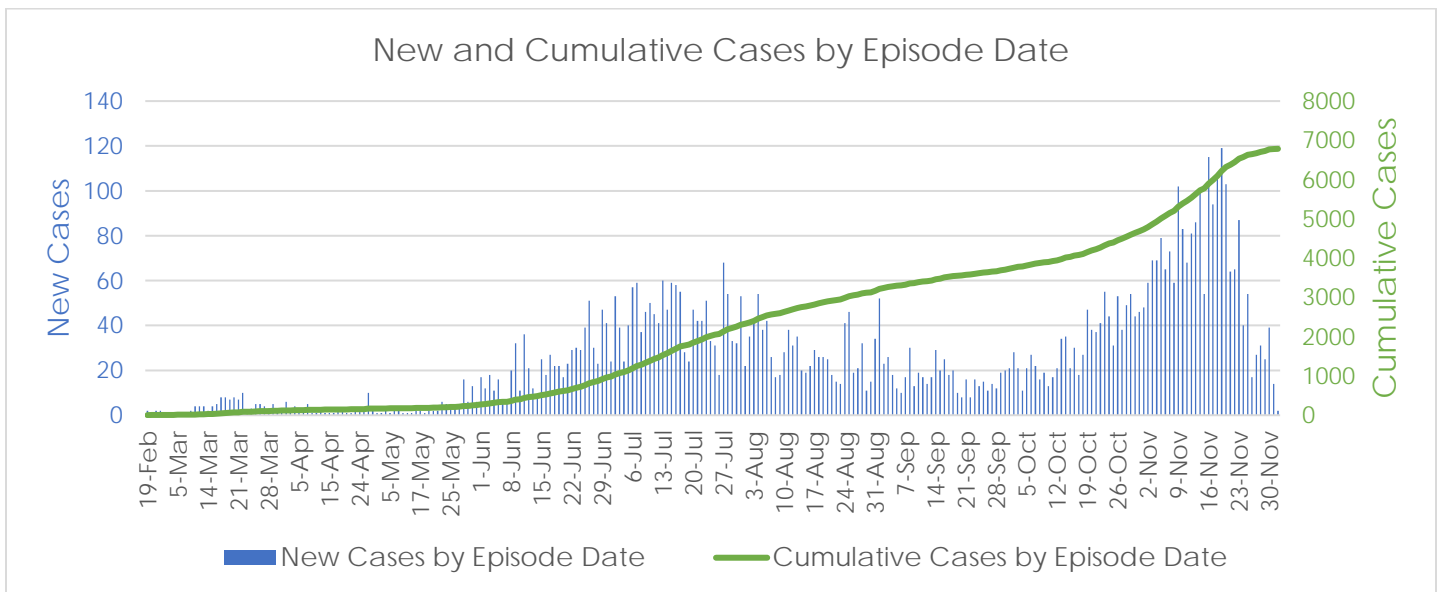
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## Cases

There are now 6,784 confirmed COVID-19 cases in Placer County (data current to 12/2). Cases surged in November. Data remain dynamic as cases are transferred to and from other jurisdictions based on residency determination and as cases previously reported in other counties are assigned to the original jurisdiction.

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).

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 shown is lagged by 7 days to allow for receipt and transfer of additional results.



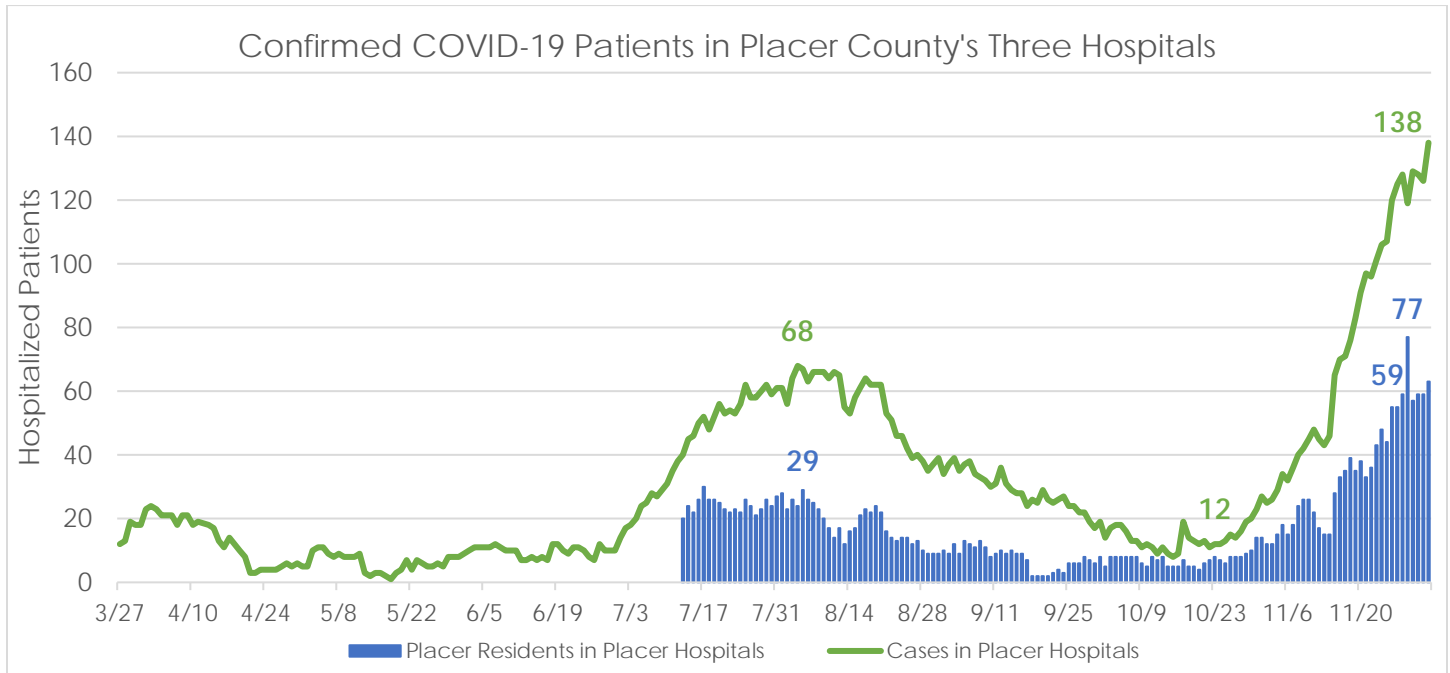
As information is received by Public Health, episode dates will be updated and case counts will be adjusted to best approximate the date of illness onset. **Data are dynamic and will change as cases are received, updated, and transferred.**

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## Hospitalizations and Deaths

Hospitalizations in the three Placer County hospitals were almost 5 times as high at the end of November compared to the beginning of the month. Almost half (46%) of those currently hospitalized are Placer County residents. Placer County's two largest hospitals lie on the Placer-Sacramento County border and provide care to residents of both counties, as well as other neighboring counties. Public Health began collecting residency information from hospitals in July.



As of December 2, Placer County has received reports of 72 COVID-related\* deaths.

- 41 (57%) were residents of long-term care facilities
- 43% were under the age of 80; 11% were under the age of 65.
- At least 97% of those who died had at least one confirmed underlying health condition. (Two recent 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.

COVID Deaths by Month	Number of Deaths
March	2
April	6
May	1
June	2
July	6
August	17
September	20
October	7
November	11
<b>Total</b>	<b>72</b>

Age Range	Number of Deaths	Cumulative %
18-44	1	1%
45-49	1	3%
50-54	1	4%
55-59	2	7%
60-64	3	11%
65-69	4	17%
70-74	10	31%
75-79	9	43%
80-84	15	64%
85-89	13	82%
90-94	10	96%
95-99	3	100%
<b>Total</b>	<b>72</b>	--

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## Descriptive Statistics

About one-fifth of race and ethnicity data remains unknown, although systematic data collection has improved through the course of the pandemic. Placer County lacks race/ethnicity data for 18% of cases compared to 28% missing this data [statewide](#). Race/ethnicity information is collected during the case interview, so data quality improves as closed cases are entered into the database. In addition, some cases decline to share this information.

Age Distribution and Hospitalization Among Confirmed Cases						
	Total Cases	Age Distribution of Total Cases	Age Group % population	Cases in November	Age Distribution November	Percent of Total Cases Ever Hospitalized
Less than 5 years	103	2%	6%	35	2%	1%
5-17 years	627	9%	15%	217	10%	1%
18-34 years	2050	30%	22%	616	28%	2%
35-49 years	1679	25%	17%	560	25%	4%
50-64 years	1439	21%	20%	468	21%	7%
65-79 years	592	9%	15%	226	10%	15%
80+ years	276	4%	5%	106	5%	32%
Unknown	18	0%	--	--	0%	0%
<b>Total</b>	<b>6784</b>	<b>100%</b>	<b>100%</b>	<b>2228</b>	<b>100%</b>	<b>6%</b>

Ethnicity and Race of Confirmed Cases			
Overall Cases			
	# Cases	% Cases	% Population
Latinx	1224	18%	15%
White	3196	47%	74%
Asian	304	4%	8%
African American/Black	95	1%	2%
Multiple Race	291	4%	1%
American Indian/Alaska Native	32	0%	1%
Native Hawaiian and Pacific Islander	32	0%	0%
Other Race	357	5%	--
<b>Unknown*</b>	<b>1253</b>	<b>18%</b>	<b>--</b>
<b>Total Cases</b>	<b>6784</b>	<b>100%</b>	<b>100%</b>

Cases Ever Hospitalized				
	Overall Cases		Cases in November	
	# Cases	% Cases	# Cases	% Cases
Latinx	75	20%	16	20%
White	186	49%	45	56%
Asian	13	3%	2	0%
African American/Black	11	3%	3	4%
Multiple Race	15	4%	7	9%
American Indian/Alaska Native	2	1%	1	0%
Native Hawaiian and Pacific Islander	4	1%	2	2%
Other Race	9	2%	2	2%
<b>Unknown*</b>	<b>63</b>	<b>17%</b>	<b>3</b>	<b>4%</b>
<b>Total Cases</b>	<b>378</b>	<b>100%</b>	<b>81</b>	<b>100%</b>

\*Some demographic information is unknown despite changes to improve reporting. In addition, some cases decline to share this information. Therefore, data should be interpreted with caution. Data are subject to change as cases are transferred to other counties or new information is obtained. Hospitalization data are dependent upon patient or hospital notification of inpatient status and are likely an undercount.

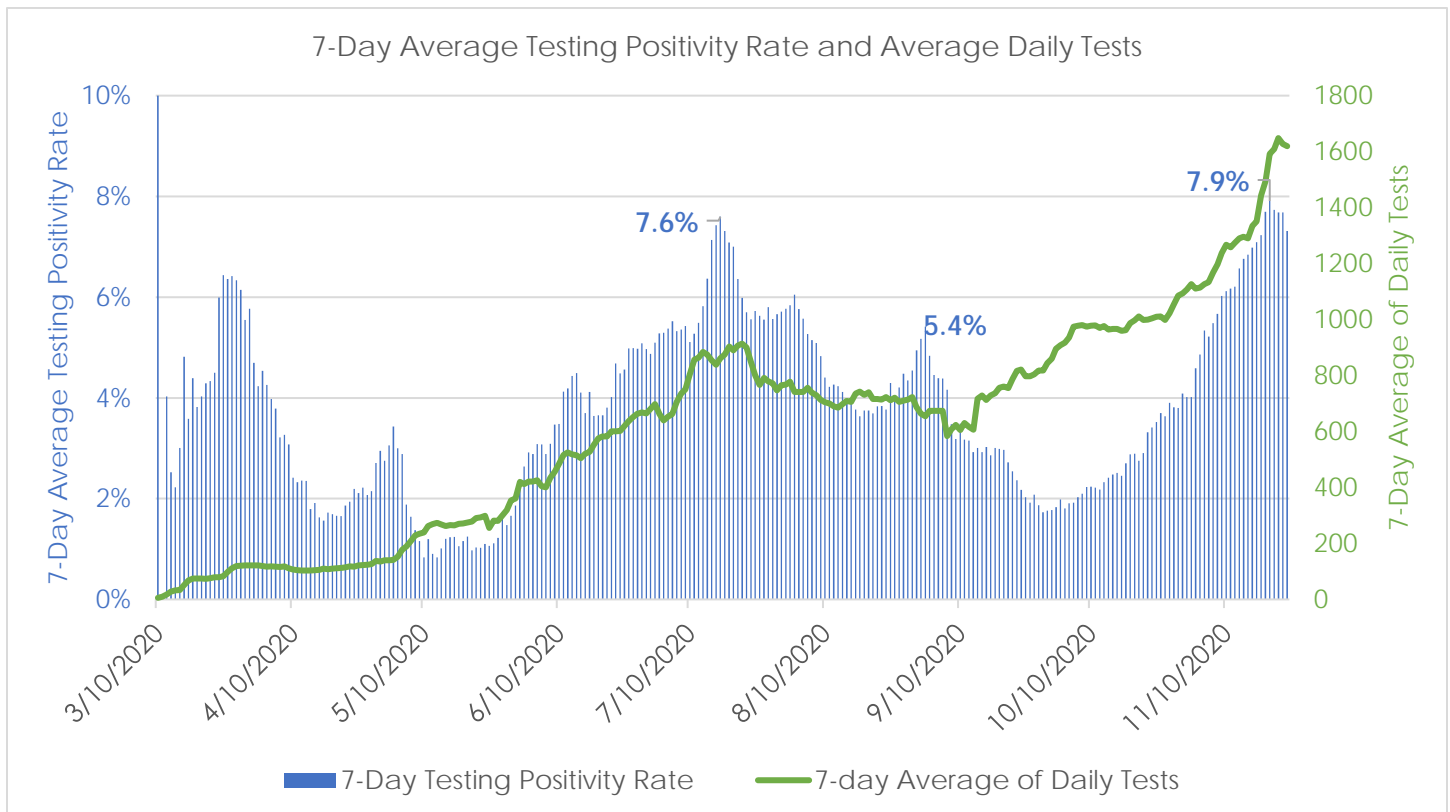
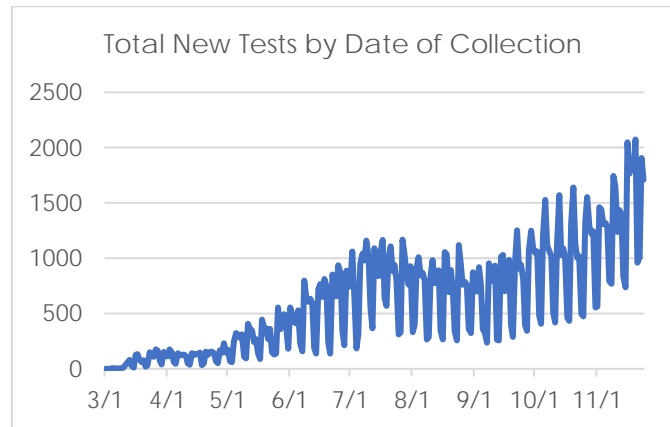
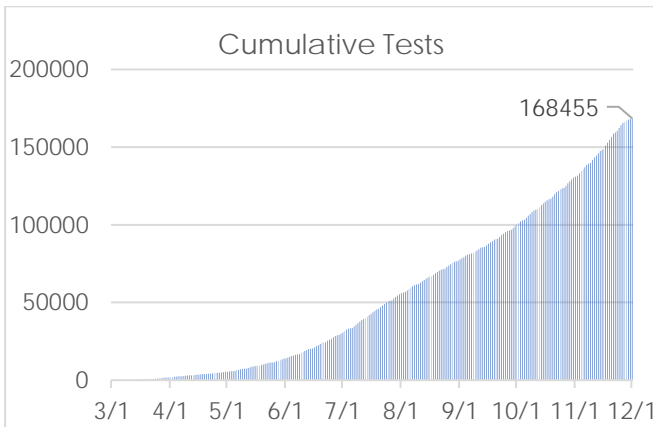
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## Testing

As of December 2, Placer County Public Health has received 168,455 total test results to detect COVID-19 infection. The 7-day average testing positivity rate is 7.3% and the overall positivity rate is 4.4%. Following consultation with the CDPH, Placer County Public Health reports and calculates testing positivity using all tests, rather than the total number of individuals tested. Reported tests only include molecular tests that detect viral RNA. They do not include serology (antibody) tests or antigen 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. Public Health reports the rate for the 7-day period ending 7 days prior to the current day. The figures for daily tests will increase as new results are received.



## Case Investigation Findings: November

Potential Exposure Settings - November		
	Cases	%
Total Cases	2228	100%
Number interviewed (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.)	1223	54.9%
<i>Those with at least one potential exposure setting among those with completed interviews:</i>		
Potential Exposure Settings*		
	Count	%
<b>Reported Close Contact to a Confirmed Case</b>	<b>661</b>	<b>54.0%</b>
Household Member	380	57.5%
Other (including non-household family members; out-of-state travel; etc.)	93	14.1%
Work	110	16.6%
Community Contact	57	8.6%
Healthcare Contact	21	3.2%
	Count	%
<b>Reported attending a large gathering</b>	<b>220</b>	<b>18.0%</b>
Friend or Family Gathering	82	37.3%
Other gathering	65	29.5%
Religious	34	15.5%
Travel out of state	13	5.9%
Wedding	2	0.9%
Sports	8	3.6%
Travel in state	10	4.5%
Funeral	6	2.7%
<b>Total Cases with Positives in Same Household</b>	<b>808</b>	<b>36.3%</b>

\*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 places visited during the exposure period, not confirmed sources of infection. Persons may have visited more than one location. Responses are based on information volunteered on interview. Cases with additional positives in same household is determined by household address and interview.

## Congregate Settings

As of December 2nd, there were 22 congregate living facilities (e.g., skilled nursing, long-term care, memory care, shelters, etc.) with 1-67 recently-confirmed cases in each facility. These include total case counts for staff and residents. Public Health and the CDPH Healthcare-Associated Infections Program continue to work with these facilities in addition to their respective licensing institutions to control and prevent additional transmission of COVID-19. When a case is identified in a vulnerable setting, Public Health recommends testing of all residents and staff.

[Click here](#) for the latest information about correctional facility cases

## FAQs

### **What is the ICU availability as measured by the state's new 'Regional Stay Home Order' and what is historic ICU availability?**

The new order is applied regionally and Placer falls within the Greater Sacramento region. ICU capacity remaining in each region is posted to the state on [this website](#), and was 22.2% for the Greater Sacramento region as of Dec. 3, not meeting the 15% threshold for the Regional Stay Home Order.

Placer County had 122 licensed ICU beds and 83 staffed/equipped (or readily staffed/equipped) beds as of the Dec. 2 California Hospital Association (CHA) poll. Of those staffed/equipped beds, 24 were available. Licensed beds do not generally figure into available bed data on the county dashboard. The state reported Placer's ICU availability at 25.8% as of Dec. 3, suggesting they are calculating as a percentage staffed/equipped beds (which can shift slightly day to day). Public Health will be working to add additional local data to the daily dashboard related to this metric, but the state's [website](#) will continue to be the source for regional information that the order's implementation is tied to, and thus it is recommend that those who are interested in this metric visit that site.

As to historic availability, one [study](#) showed that typical ICU occupancy in the U.S. ranges from 57.4% to 82.1%; Public Health is working, with our hospitals, to assess what data is available for Placer County to provide a more localized picture.

### **What is the status of testing availability and turnaround time in Placer County?**

Local and state testing providers operating in Placer County have been challenged in recent weeks by the demand for testing. Between health care providers and our community testing sites, we are now testing nearly 2,000 Placer residents per day, the highest volume of testing experienced in the pandemic. Placer County's testing rate per 100,000 exceeds the state median, meaning our county is doing more testing than many others (which has led to the state adjusting the case rate downward for tier placement purposes).

Despite this, demand for testing still seems to be outpacing supply. As a result, Public Health requested and received additional testing lanes at our OptumServe testing sites in Roseville and in Truckee which launched this week and are ramping up implementation. This will increase our testing capacity by 1,650 tests per week. In addition, Public Health continues to partner with the Placer County Office of Education on three school-specific testing sites that can collect 720 specimens per week.

For tests that resulted Nov. 19 to Dec. 2, the median turnaround time for all tests was 2 days from collection date. Turnaround for tests performed at the OptumServe is averaging 67 hours, a decrease from two weeks prior. Depending on lab and staff capacity, Public Health may receive lab reports 0-2 days after results have been processed, which in some cases may be after a patient has received results.

## **How can the number of new cases fluctuate so much day to day?**

The number of lab tests that are reported and processed depend on multiple factors: the capacity and weekly cycle of the lab, the method of reporting, public health's capacity to vet each case, and quality assurance data reconciliation. CDPH has also started assisting local health jurisdictions process any backlogged lab results; each lab is still confirmed by Public Health and will still be counted according to its Episode Date. Because the State pulls case data at different stages of processing in CalREDIE through coding compared to the county, the county numbers may lag State numbers in the coming days. With these efforts and the current surge of transmission in Placer County, we can still expect to see higher numbers in the next few weeks (on average as well as spikes throughout the week).

## **What is the current outlook for hospitalizations, and how has hospital bed availability reporting changed?**

COVID-19 hospitalizations are now nearly double what they were at the peak of the summer surge, and are now taking up more than 15% of total hospital bed capacity. This is concerning, especially going into the winter season when hospital admissions tend to peak. However, Public Health is in regular contact with our hospitals, who are each part of large, integrated health systems. They have robust surge plans, and remain confident that they will continue to be able to meet the needs of our community. They have made many additional preparations since the spring. At this point, they have not needed to postpone other procedures or take other steps that were necessary back during the first wave. Public Health will continue to watch hospitalizations closely and provide support to hospitals as needed.

Regarding reporting, Placer County Public Health previously received our bed availability data from the Sierra-Sacramento Valley Emergency Medical Services Agency (SSV-EMS) daily hospital poll. The SSV-EMS hospital poll was discontinued in November, at which point Public Health began considering suitable alternatives. Moving forward, Public Health will source this data directly from the daily hospital polling done by the California Hospital Association (CHA). The definitions provided by CHA for total beds are as follows:

### *Total Non-Surge Inpatient Beds Adult:*

The total number of all staffed inpatient adult beds in your hospital (including all ICU beds). If the bed is not currently staffed or equipped but is usable and has the potential to be staffed and equipped using routine available hospital resources and staffing, it should be counted. This number should also include outpatient beds that are holding inpatients who are boarding, and should exclude surge beds.

### *ICU Non-Surge Total Beds Adult:*

The current number of physical, staffed adult intensive care beds in the facility. If the intensive care bed is not currently staffed and equipped but is usable and has the potential to be staffed and equipped using routine available hospital resources and staffing it should be counted. The same would apply to a blocked intensive care bed. If the intensive care bed is



currently blocked, but is a usable bed, it should be counted. This number should exclude surge beds.

The available beds for these categories are then obtained by subtracting the “occupied” bed numbers from the “total” bed numbers in these categories.

The definition of available beds for the SSV-EMS poll did *not* include beds that were not currently staffed or equipped. This means that the bed availability data reported from the SSV-EMS poll was consistently lower than what is reported by CHA. Therefore, the public should expect to see a sizable difference in the bed availability data that will be reported moving forward than would have typically been seen before. There are advantages and disadvantages to both data definitions: While CHA takes into account beds that could be made available and used in the near future, the SSV-EMS poll reflected only beds that are immediately available. The number of available hospital beds is always variable, as patients are admitted and discharged throughout the day. The daily polling of this data and publishing of this data on our dashboard reflects a point-in-time estimate of general hospital bed availability.

### **How have holidays (Halloween, Thanksgiving, etc.) impacted case numbers?**

From the incubation period following Halloween, at least 26 cases shared with Public Health that they had involvement in a Halloween gathering. Gatherings ranged from 5 to 20+ people. Many cases chose to not share contact details for the host and others at the gathering, limiting the opportunity to recommend testing and quarantine for those potentially exposed.

Thanksgiving data is still emerging, as there is a lag in the time as individuals may begin experiencing symptoms, make an appointment to get tested, and receive results.

Regardless, leading into other holidays including Christmas and New Year’s, taking simple precautions can help lessen the chance of getting or passing on COVID-19 from or to family and loved ones. Find some tips for the holidays including creative ideas for alternative celebrations here in [English](#) and [Spanish](#).

## Monitoring/Thresholds

Every county in California is assigned to a tier based on its testing positivity and adjusted case rate. After the initial placement process, counties must remain in a tier for at least 3 weeks before moving forward. Data is reviewed weekly and tiers are updated on Tuesdays. To move forward, a county must meet the next tier's criteria for 2 consecutive weeks. If one or both of a county metrics land in a more restrictive tier for 2 weeks in a row, a county must move backward to the more restrictive tier. The [Health Equity Metric](#) can also affect movement. \*\*During the current surge, CDPH is currently assigning tiers on a more frequent basis, not just weekly, as well as looking at the testing positivity rate and adjusted case rate on a 4-day lag instead of a 7-day lag.

State Monitoring Indicators for Placer County		
State Indicators	11/28 Tier Assessment	12/1 Tier Assessment
Adjusted case rate per 100,000 (7-day average, 4-day lag)	16.1	15.9
Testing positivity rate (7-day average, 4-day lag)	5.5%	5.7%
Current overall tier	Purple	

### [State Tier Legend:](#)

Adjusted case rate per 100,000 (7-day average, 4-day lag)	>7	4-7	1-3.9	<1
Testing positivity rate (7-day average, 4-day lag)	>8%	5-8%	2-4.9%	<2%

## Preventing Infection

Personal precautions go a long way to help reduce the spread of COVID-19.

- Remember: the safest gathering is a virtual gathering. The next safest gathering is a small, outdoor, distanced gathering with everybody wearing masks; washing/sanitizing their hands; and not sharing food, utensils, or other items.
- Anyone who is feeling ill should stay home.
- Vulnerable (high risk) individuals are encouraged to stay at home. This includes those over age 65 or with serious medical conditions.
- Wear a face covering in public. [Read some Face Covering FAQs here.](#)
- When in public, maximize physical distance from others (at least six feet).
- Maintain good hygiene practices by washing hands, using hand sanitizer, disinfecting frequently touched surfaces, and covering coughs and sneezes.
- Find [Guidance for Confirmed Cases \(English\)](#) ([Spanish](#)) and [Guidance for Contacts \(English\)](#) ([Spanish](#)).