

# PLACER COUNTY COVID-19 UPDATE

January 1, 2021

## 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.

Confirmed COVID-19 Cases by Location of Residence as of 12/28/20			
Location	Confirmed Cases	Likely Recovered	New Cases in December
Roseville	5352	3836	2316
Rocklin	2188	1541	955
Lincoln	1873	1402	742
Auburn	1454	959	774
Granite Bay	531	373	245
Loomis	381	261	179
Kings Beach	239	210	55
Newcastle	171	117	82
Colfax	133	83	73
Meadow Vista	119	59	72
Foresthill	113	69	60
Tahoe City	105	93	28
Penryn	79	40	48
Truckee	59	47	16
Applegate	49	34	32
Tahoe Vista	41	30	17
Sheridan	40	32	17
Carnelian Bay	36	30	15
Olympic Valley	33	25	11
Weimar	21	13	13
Elverta	13	11	*
Alta	12	9	6
Bowman	7	*	6
Homewood	6	*	*
Pending/Unknown	197	122	131
<b>Total:</b>	<b>13272</b>	<b>9417</b>	<b>5909</b>

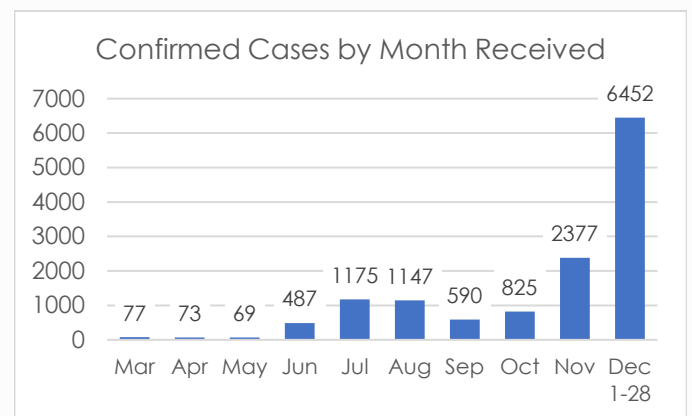
\* The number of cases in locations with less than 6 cases is masked to protect patient privacy. As such, cases displayed will not add up to total.

Locations with less than 6 cases include: Alpine Meadows, Bowman, Dutch Flat, Gold Run, Emigrant Gap, Homewood, Norden, Tahoma, and Unhoused.

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

Cases in Placer County have surged significantly.

Almost half (48.6%) of this year's total cases were received in December. These 6,452 recent cases numbered 5.5 times as many cases received in July (during the last epidemic surge).



Placer County residents in local hospitals (on 12/28): 92 (15 in intensive care). From August to October, approximately 10 residents or fewer were admitted in local hospitals each day.

Estimated active cases (as of 12/28), calculated as total cases minus deaths and likely recovered cases (see link in location table for definition): 3730

Confirmed Cases by Region by Episode Date		
	December	Total Cases
South Placer	4587	10628
Mid Placer	1040	1916
East Placer	149	528
Unknown/Unhoused	133	200
<b>Total</b>	<b>5909</b>	<b>13272</b>

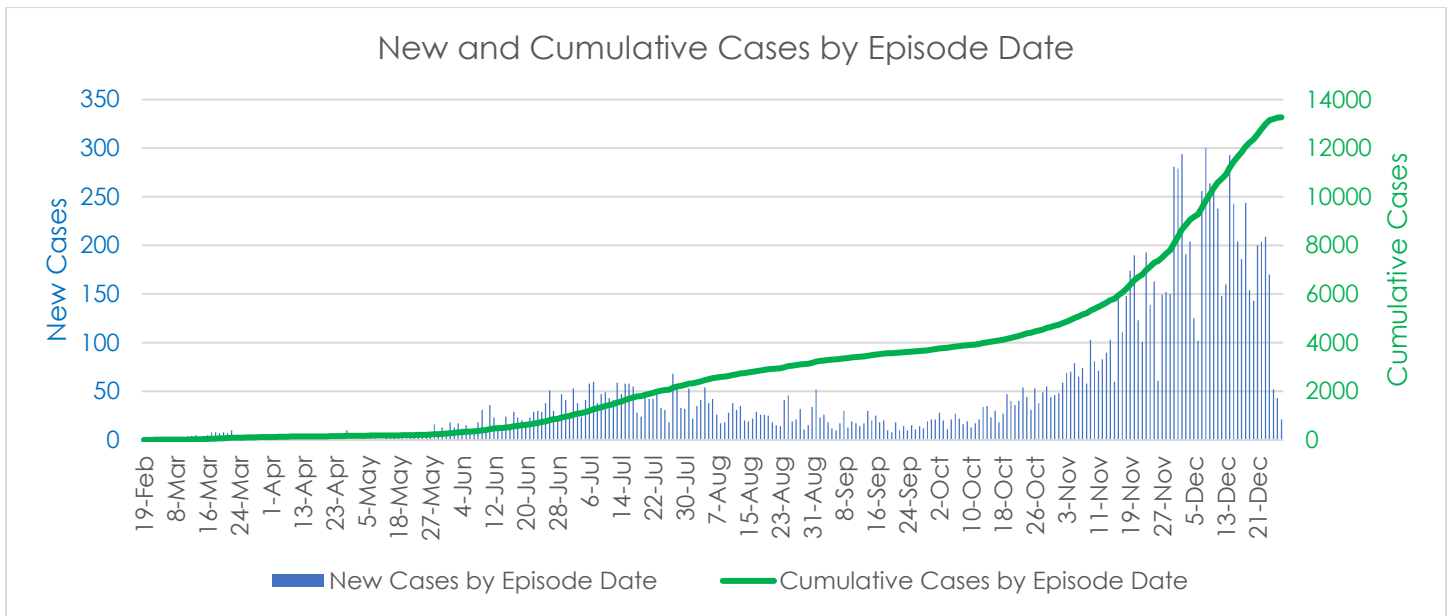
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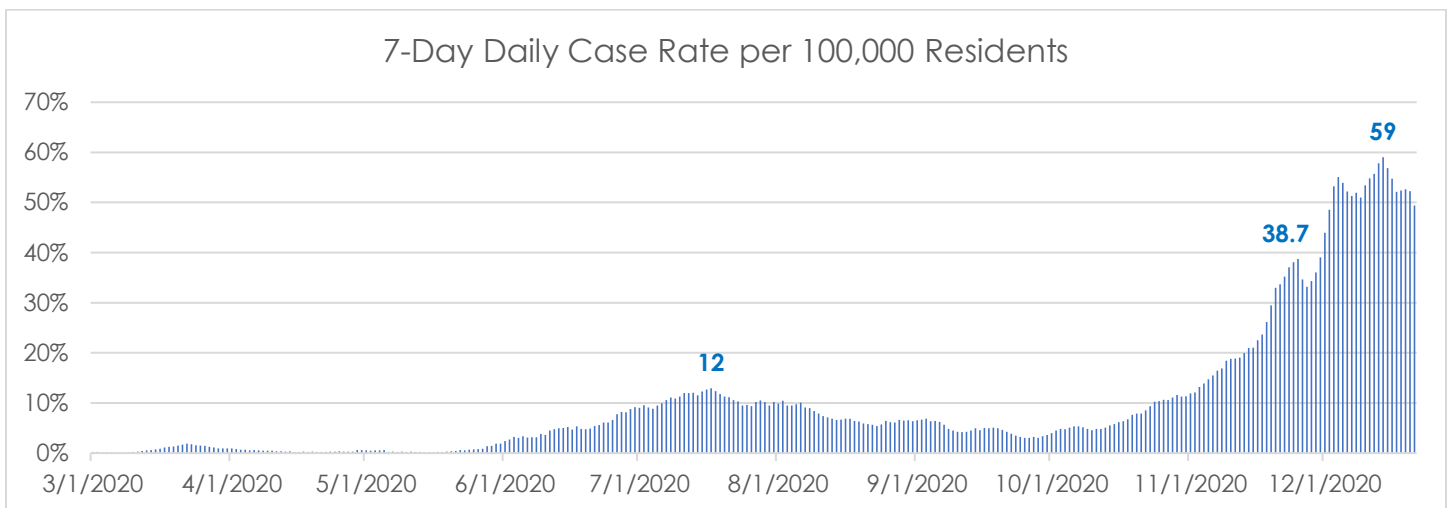
## Cases

There are now 13,272 confirmed COVID-19 cases in Placer County (data current to 12/28). Cases continue surging from November. Data remain dynamic as cases are transferred to and from other jurisdictions based on residency 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.



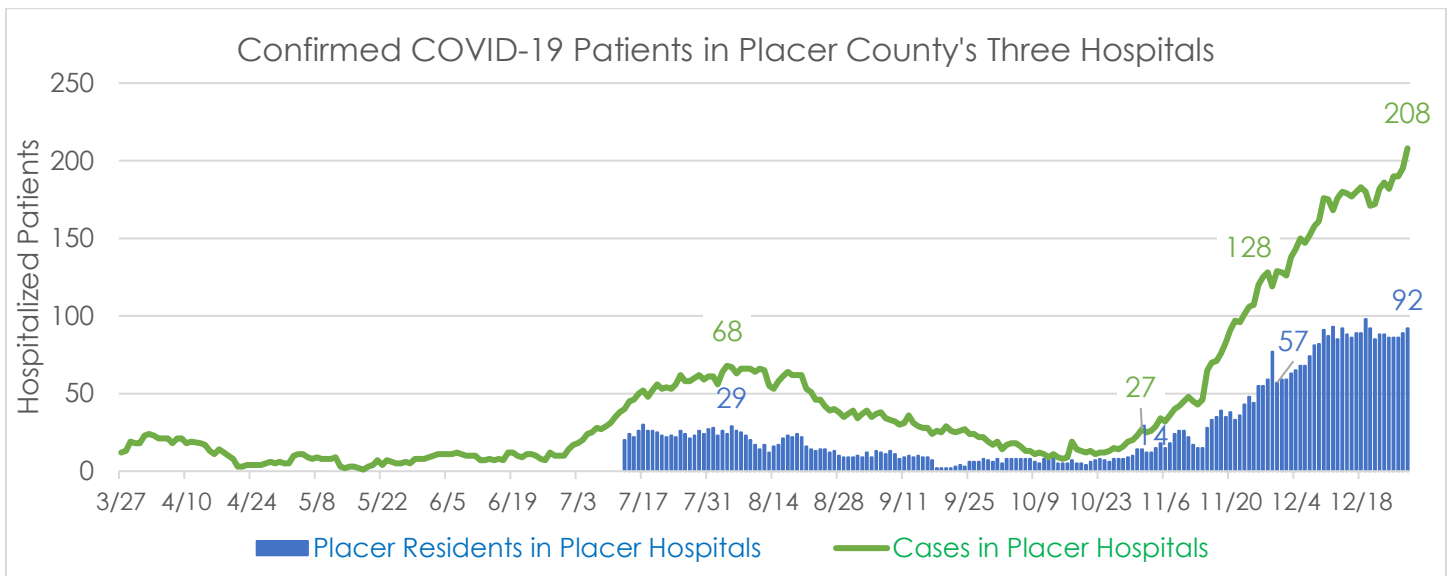
As information is received by Public Health, episode dates will be updated and case counts will be adjusted to best approximate the date of illness onset. **Data are dynamic and will change as cases are received, updated, and transferred.**

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## Hospitalizations and Deaths

Placer County's three hospitals report COVID-19 census counts to Public Health every day; these aggregated reports do not specify individual patient data. Therefore, these counts best describe hospital capacity trends and serve as an indicator for community transmission rates, but we do not have data to indicate how many Placer residents with COVID-19 may have been hospitalized outside of Placer County. This data does not include Placer County residents hospitalized in other counties. Hospitalizations were almost 7.7 times as high at the end of December compared to the beginning of November. Over two-fifths (44%) of those currently hospitalized are Placer County residents. Placer County's two largest hospitals lie near 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 28, Placer County has received reports of 125 COVID-related\* deaths.

- 74 (59%) were residents of long-term care facilities.
- 38% were under the age of 80; 8% were under the age of 65.
- At least 93% of those who died had at least one confirmed underlying health condition. (Nine 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	24
December	40
<b>Total</b>	<b>125</b>

Age Range	Number of Deaths	Cumulative %
18-44	1	1%
45-49	2	2%
50-54	1	3%
55-59	3	6%
60-64	3	8%
65-69	6	13%
70-74	13	23%
75-79	18	38%
80-84	29	61%
85-89	21	78%
90-94	17	91%
95-99	11	100%
<b>Total</b>	<b>125</b>	--

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## Descriptive Statistics

About one-fifth of race/ethnicity data remains unknown, although systematic data collection has improved. Placer County lacks race/ethnicity data for 17% of cases compared to 28% [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.

All hospitalization data below, including demographic breakdown, is an undercount of cases ever hospitalized. This data is dependent upon case interviews, which may happen prior to hospitalization, or hospital notification to Public Health. The current elevated level of community transmission makes it difficult for Public Health and healthcare to interview all cases, report each inpatient status and process all available data in a timely manner.

Age Distribution and Hospitalization Among Confirmed Cases						
	Total Cases	Age Distribution of Total Cases	Age Group % population	Cases in December	Age Distribution December	Percent of Total Cases Ever Hospitalized
Less than 5 years	171	1%	6%	60	1%	1%
5-17 years	1242	9%	15%	577	10%	1%
18-34 years	3629	27%	22%	1424	24%	1%
35-49 years	3199	24%	17%	1396	24%	2%
50-64 years	2830	21%	20%	1267	21%	4%
65-79 years	1403	11%	15%	743	13%	9%
80+ years	778	6%	5%	441	7%	17%
Unknown	20	0%	--	1	0%	40%
Total	13272	100%	100%	5909	100%	4%

Ethnicity and Race of Confirmed Cases			
Overall Cases			
	# Cases	% Cases	% Population
Latinx	1924	14%	15%
White	6499	49%	74%
Asian	586	4%	8%
African American/Black	208	2%	2%
Multiple Race	403	3%	1%
American Indian/Alaska Native	58	0%	1%
Native Hawaiian and Pacific Islander	74	1%	0%
Other Race	1202	9%	--
<b>Unknown</b>	<b>2318</b>	<b>17%</b>	<b>--</b>
Total Cases	13272	100%	100%

Cases Ever Hospitalized				
	Overall Cases		Cases in December	
	# Cases	% Cases	# Cases	% Cases
Latinx	89	18%	10	10%
White	275	56%	72	69%
Asian	23	5%	8	0%
African American/Black	12	2%	1	1%
Multiple Race	17	3%	2	2%
American Indian/Alaska Native	3	1%	1	0%
Native Hawaiian and Pacific Islander	3	1%	--	0%
Other Race	11	2%	2	2%
<b>Unknown</b>	<b>59</b>	<b>12%</b>	<b>8</b>	<b>8%</b>
Total Cases	492	100%	104	100%

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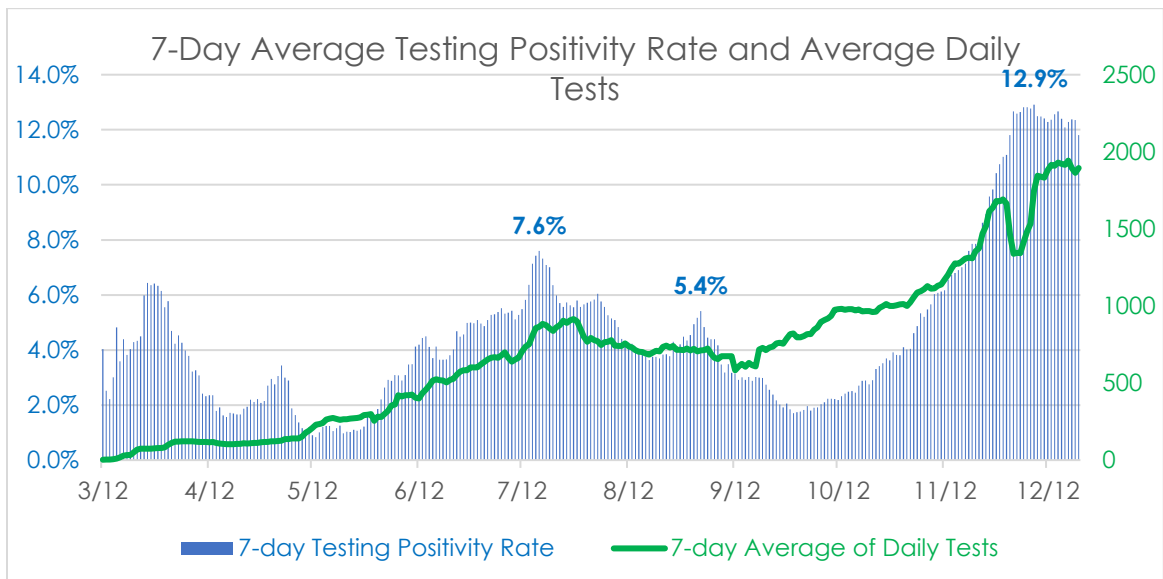
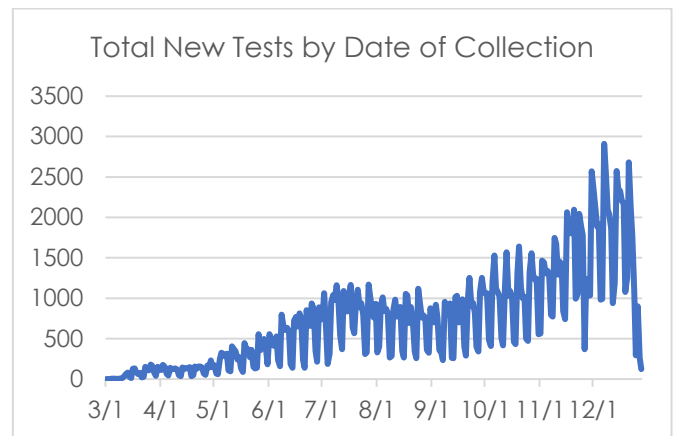
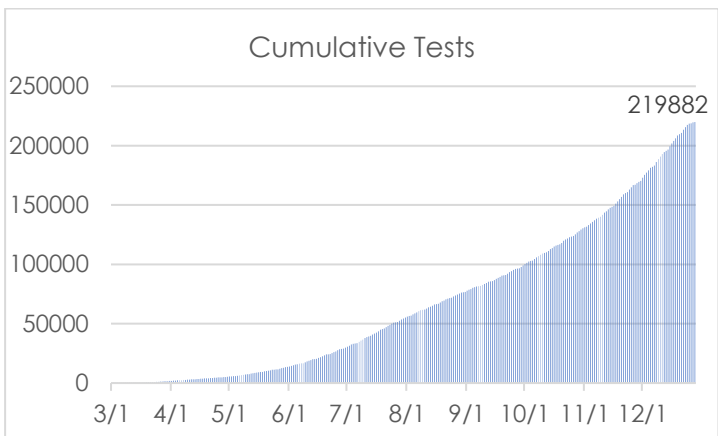
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Data should be interpreted with caution and are subject to change as cases are transferred to other counties or new information is obtained.

## Testing

As of December 28, Placer County Public Health has received 219,882 total test results to detect COVID-19 infection. The 7-day average testing positivity rate (with data from December 15-21) is 11.8%. Following consultation with the CDPH, 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 rapid antigen tests or serology (antibody) tests. An individual who tests positive on multiple occasions is only counted as a single case. Of the 47,068 total PCR tests with specimen collection dates between December 1-28 (data pulled 12/30), approximately 175 tests (~0.4%) resulted as inconclusive or indeterminate; approximately 100 of these 175 tests were collected at an Optum Serve site.

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: December 1-28

Potential Exposure Settings*		
	Cases	%
Total Cases received by Public Health December 1-28	6452	100%
Personal contact attempted for interview (includes non-response) (A virtual survey was sent to all case/contacts if a phone number was provided.)	3567	55.3%
Cases interviewed (additional responses provided by virtual survey) (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.)	1,734	26.9%
<i>Those with at least one potential exposure setting among those with completed interview/survey:</i>		
	Count	
<b>Reported close contact to a confirmed case*</b>	<b>2202</b>	
Household member	417	
Work	115	
Other individual (outside of households)	161	
Healthcare setting (as employee or patient)	21	
	Count	
<b>Reported attending a large gathering*</b>	<b>2071</b>	
Friend or family gathering (may include Thanksgiving)	107	
Thanksgiving (see FAQs for additional information)	68	
Other gathering	51	
Travel in state	35	
Travel out of state	15	
Religious	12	
Sports/gym	11	
Wedding	4	
Funeral	4	
Protest	1	

\*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.

## Congregate Settings

As of December 24, there were 35 congregate living facilities (e.g., skilled nursing, long-term care, memory care, shelters, etc.) with at least 883 total confirmed cases of COVID-19. These include total case counts for staff and residents. Each facility has 2-149 cases who are recently linked to one another. Public Health and the CDPH Healthcare-Associated Infections Program continue providing consultation to 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.

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

## FAQs

### What is the status of vaccine distribution in the county?

Placer County is still in the first tier of Phase 1a, focused on health care workers and long-term care facilities, according to [CDPH's vaccine allocation guidance](#) for this phase. A summary of the tiers and phases and the county's current status can be found on our [website](#).

As of Dec. 31, Placer County has received 11,525 doses of vaccine. Vaccine allocations to Placer County thus far have been as follows:

Week of:	Pfizer	Moderna
12/10	3900	0
12/17	1950	2900
Week of 12/24	975	1800

Many of these doses have been distributed directly to hospital systems (as multi-county entities) from the state; others have gone to Public Health and been redistributed or administered to health care providers and long-term care facilities. Most individuals in Phase 1a, Tier 1 will not complete their two-dose COVID vaccination series until late January or early February.

To date, Public Health has received all vaccine doses it has been told to expect. Later tiers of 1a, likely in January, will see vaccination of other types of health care workers, from outpatient specialists to in-home health workers.

The state is expected to publish more thorough details on phases 1b and 1c in the coming days; subphases that are expected to prioritize essential workers and those most at risk of severe illness or death.

The Pfizer and Moderna vaccines – those which have received FDA emergency use authorization thus far – require two doses to be fully effective. The manufactured doses should not be interchanged, i.e., if your first dose is from Pfizer, the second needs to be from Pfizer. Pfizer and Moderna have slightly differing timelines for the second dose, so it is important to follow instructions given by the vaccine administrator.

As the state standardizes reporting on vaccine distribution and uptake, Placer County Public Health will assess what additional metrics can be added to either this report or the daily dashboard.

### What factors make it difficult for the county to contact trace all cases?

There are 64 contact tracing/case investigation staff working for Public Health. Due to the sizeable surge in cases, Placer County has prioritized cases for phone interviews based on risk factors such as age, date of specimen collection and living/working in congregate settings. In December, 1,734 cases were interviewed and 1,006 resulting contacts were notified of their exposure. These represent the highest raw numbers of interviews conducted, while also accounting for a smaller share of overall cases than in previous months in the pandemic.

Like other health jurisdictions, Public Health is confronted with barriers that reduce the effectiveness of local contact tracing. Widespread infection, indicated by elevated testing positivity and case rate, makes it difficult to break the chain of transmission. Reluctance, among some, to participate in interviews and sharing complete information to prevent future spread is another barrier we have observed.

Despite the current challenges, Public Health has continued to bring on and train staff throughout the pandemic, and, in November, began using a virtual survey to reach some cases and obtain information. Filling out this survey, if you receive one, goes a long way to improving efficiency and helping slow the spread.

## **What is AB685?**

Click [here](#) for an full overview of [AB685](#) from Cal/OSHA.

Public Health has received many questions about outbreak reporting. Starting January 1, 2021, California AB 685 requires that all workplaces report COVID-19 outbreaks (3 or more employees) to their local health department (echoing previous CDPH guidance). Businesses may [report an outbreak](#) to Placer County Public Health using an online form.

## **What was the impact of Thanksgiving gatherings on transmission locally?**

Sixty-eight (68) confirmed cases were associated with Thanksgiving gatherings. Some confirmed cases shared they were part of large gatherings of 10-20 people each, while some traveled or received out-of-state visitors.

Many cases reported smaller gatherings, which reduced possibility of super-spreader events. A number of cases *not* included in these 68 cases shared that they canceled Thanksgiving plans to reduce spread upon testing positive or feeling mild/moderate symptoms.

Multiple cases reported exposure to asymptomatic cases who tested positive shortly after Thanksgiving.

There are likely additional cases associated with Thanksgiving or other family/friend gatherings as more than half of recent cases could not be reached for interview while others declined sharing their exposure information.

With the case rate remaining high relative to other times during the pandemic, the impact of additional holiday gatherings on transmission and hospital capacity is a concern.

Regardless, leading into the New Year's holiday, taking simple precautions can 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 under the state's Blueprint for a Safer Economy reopening framework 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's 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. At the time of this writing, Placer County and the Greater Sacramento Region remain under the state's Regional Stay-At-Home Order, which takes effect when ICU availability in a region drops below 15%. The order is in effect for a minimum initial period of three weeks and will continue until CDPH's four-week projections of the region's total available adult ICU bed capacity is greater than or equal to 15%. The Greater Sacramento Region was placed under the Regional Stay-At-Home Order on Dec. 10. The earliest the order could be lifted is Jan. 1, if projected ICU capacity four weeks from that date is 15% or greater.

\*\*During the current surge, CDPH is currently assigning tiers on a more frequent basis, not just weekly.

State Monitoring Indicators for Placer County		
State Indicators	12/21 Tier Assessment	12/28 Tier Assessment
Adjusted case rate per 100,000 (7-day average, 7-day lag)	43.5	43.5
Testing positivity rate (7-day average, 7-day lag)	12.5	12.5
Current overall tier	Purple	

[State Tier Legend:](#)

Adjusted case rate per 100,000 (7-day average, 7-day lag)	>7	4-7	1-3.9	<1
Testing positivity rate (7-day average, 7-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.

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- 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 6 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 \(English\) \(Spanish\)](#).