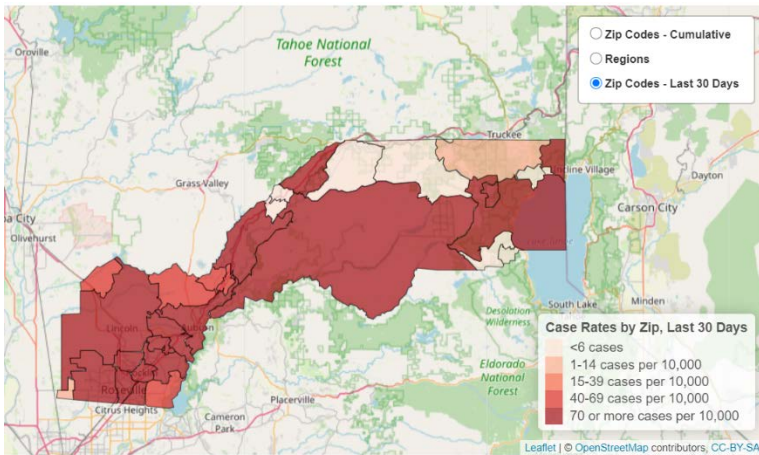


Placer County COVID-19 Cases at a Glance

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.



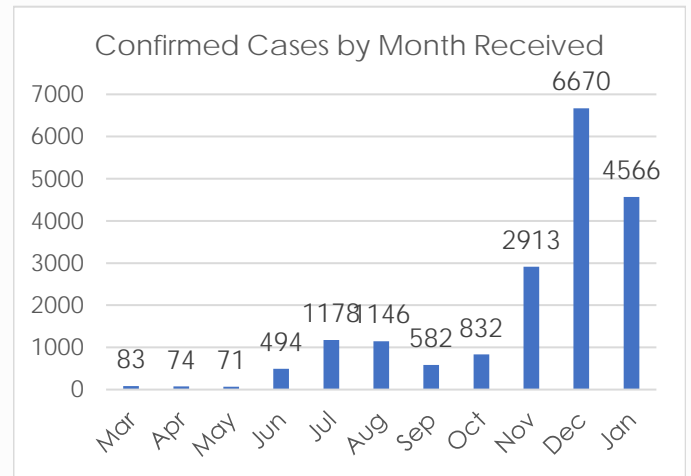
What's happening with cases in my area?

The table of cases by city will no longer be updated in the monthly report. Instead, readers may refer to the '[Cases by Zip Code](#)' tab of Placer County's COVID-19 Dashboard, and click on the newly-added 'Zip Codes - Last 30 Days' button to view recent case counts and case rates by zip code. We may add more information on recent cases to the dashboard in the future.

What's happening now in Placer County?

Cases in Placer County have trended downward yet remain elevated.

Cases received in January have slowed compared to the volume of cases received in December.



Placer County COVID-positive residents in local hospitals (on 1/31): 33 (2 in intensive care). From August to October, approximately 10 COVID-positive residents or fewer were admitted in local hospitals each day.

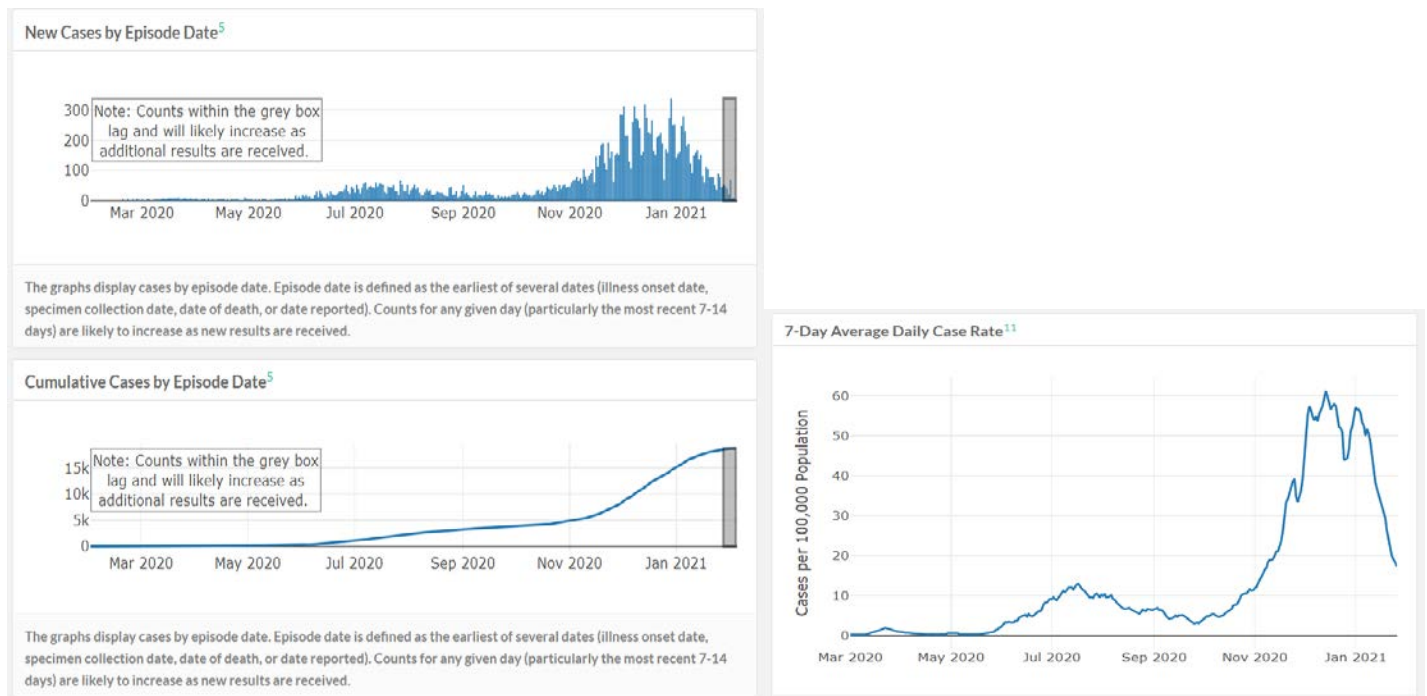
PLACER COUNTY COVID-19 UPDATE

February 5, 2021

Cases

There were 18,609 confirmed COVID-19 cases in Placer County as of 1/31. Cases remain elevated but are slowing down compared to December. 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).



Where can I find case trend data?

The tables of cases by episode date and 7-day average daily case rates will no longer be updated in the monthly report. Instead, readers may refer to the '[Cases](#)' and '[Case Rate and Testing Data](#)' tabs of the daily dashboard for this information on a daily basis, as these features have been added.

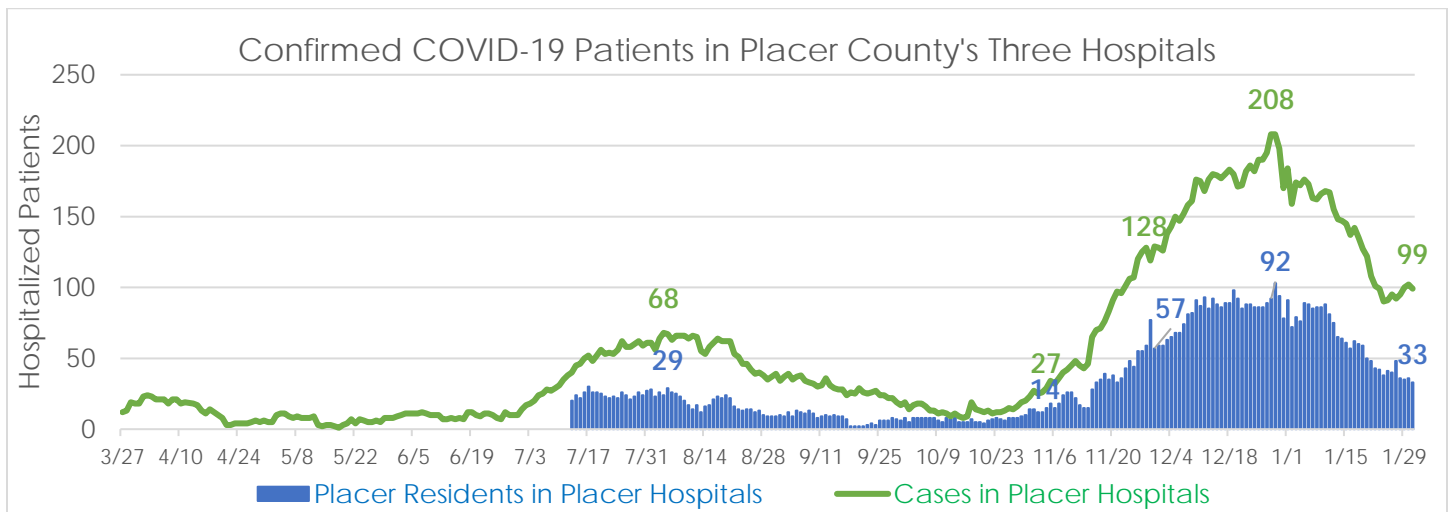
As information is received by Public Health, episode dates will be updated and case counts will be adjusted to best approximate the date of illness onset. **Data are dynamic and will change as cases are received, updated, and transferred.**

PLACER COUNTY COVID-19 UPDATE

February 5, 2021

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 this data is not indicative of the total number of Placer County residents ever hospitalized due to COVID-19. This data does not include Placer County residents hospitalized in other counties. Hospitalizations have trended downward throughout the month of January compared to December. One third (33%) of those hospitalized on 1/31 were 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.



*The data for 1/2 and 1/16 are likely undercounts, as we received incomplete hospital reports on those days.

As of January 31, Placer County has received reports of 201 COVID-related* deaths. Some outstanding deaths in January have not yet been processed.

- 110 (55%) were residents of long-term care facilities.
 - 40% were under the age of 80; 9% were under the age of 65.
 - At least 91% of those who died had at least one confirmed underlying health condition. (Nineteen 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.

Age Range	Number of Deaths	Cumulative %
18-44	1	0.5%
45-49	2	1%
50-54	2	2%
55-59	5	5%
60-64	9	9%
65-69	13	16%
70-74	24	28%
75-79	24	40%
80-84	38	59%
85-89	34	76%
90-94	30	91%
95+	19	100%
Total	201	--

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	80
January	36
Total	201

PLACER COUNTY COVID-19 UPDATE

February 5, 2021

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 24% [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 persistent elevated level of community transmission makes it difficult for Public Health and health care to interview all cases, report each inpatient status and process all 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	240	1%	6%	60	1%	0%
5-17 years	1891	10%	15%	584	13%	0%
18-34 years	5017	27%	22%	1181	26%	1%
35-49 years	4555	24%	17%	1169	26%	2%
50-64 years	3928	21%	20%	920	20%	3%
65-79 years	1922	10%	15%	444	10%	9%
80+ years	1021	5%	5%	193	4%	18%
Unknown	35	0%	--	15	0%	23%
Total	18609	100%	100%	4566	100%	3%

Ethnicity and Race of Confirmed Cases			
Overall Cases			
	# Cases	% Cases	% Population
Latinx	2502	13%	15%
White	9298	50%	74%
Asian	825	4%	8%
African American/Black	286	2%	2%
Multiple Race	525	3%	1%
American Indian/Alaska Native	75	0%	1%
Native Hawaiian and Pacific Islander	101	1%	0%
Other Race	1797	10%	--
Unknown	3200	17%	--
Total Cases	18609	100%	100%

Cases Ever Hospitalized				
	Overall Cases		Cases in December	
	# Cases	% Cases	# Cases	% Cases
Latinx	97	16%	5	7%
White	369	60%	46	68%
Asian	29	5%	4	0%
African American/Black	15	2%	3	4%
Multiple Race	23	4%	5	7%
American Indian/Alaska Native	4	1%	0	0%
Native Hawaiian and Pacific Islander	5	1%	2	3%
Other Race	20	3%	3	4%
Unknown	56	9%	0	0%
Total Cases	618	100%	68	100%

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

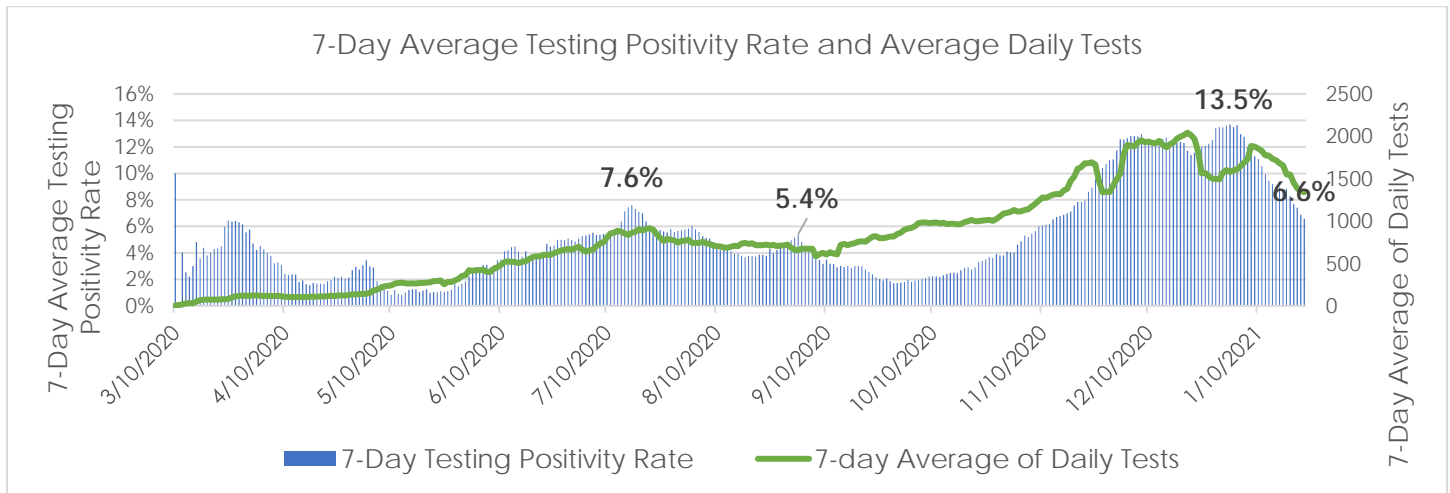
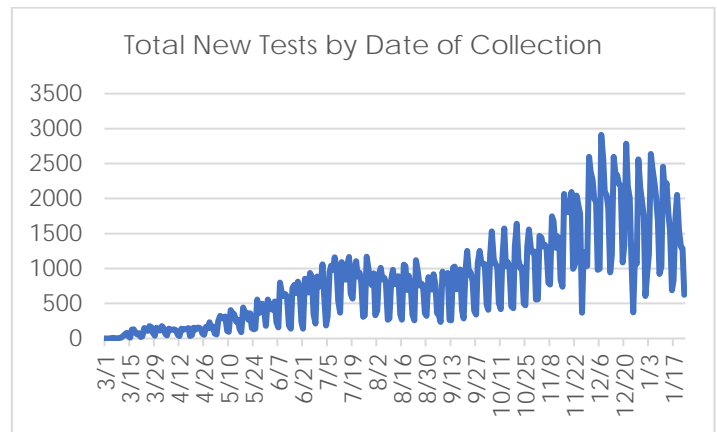
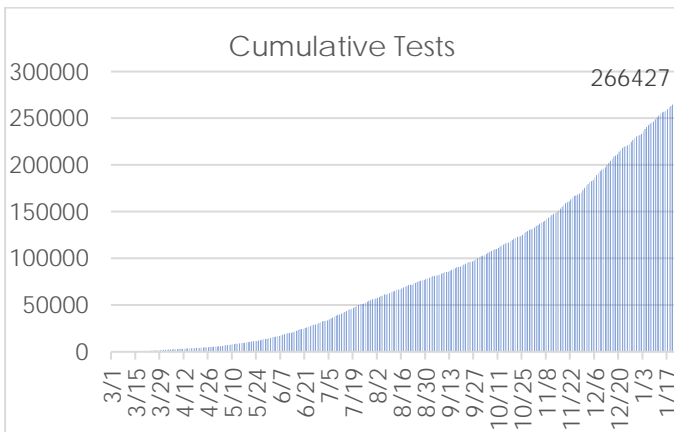
PLACER COUNTY COVID-19 UPDATE

February 5, 2021

Testing

As of January 31, Placer County Public Health has received 266,427 total test results to detect COVID-19 infection. The 7-day average testing positivity rate is 6.6%. 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.

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: January 1-31

Potential Exposure Settings*		
	Cases	%
Total Cases received by Public Health January 1-31	4,566	100%
Personal contact attempted for interview (includes non-response) (A virtual survey was sent to all case/contacts if a phone number was provided.)	3,957	87%
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.)	1,490	33%
<i>Those with at least one potential exposure setting among those with completed interview/survey:</i>		
	Count	
Reported close contact to a confirmed case*	929	
Household member	547	
Work	121	
Other individual (outside of households)	229	
Healthcare setting (as employee or patient)	14	
Multiple settings	18	
	Count	
Reported attending a large gathering*	184	
Friend or family gathering (may include Christmas/New Year's)	104	
Christmas/New Year's	40	
Other gathering	13	
Travel in state	2	
Travel out of state	8	
Religious	7	
Sports/gym	7	
Funeral	3	

*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.

Congregate Settings

As of January 29, 2021, there were 20 congregate living facilities (e.g., skilled nursing, long-term care, memory care, etc.) with at least 971 cumulative confirmed cases of COVID-19. These include total case counts for staff and residents. Each facility has 1-197 cases who are 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.

During the past month, 3,076 doses of vaccine have been administered by CVS and Walgreens to staff and residents at congregate care facilities, including 2,657 first doses and 419 second doses of vaccine.

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

PLACER COUNTY COVID-19 UPDATE

February 5, 2021



Vaccination

Total Doses Administered to Placer County Residents as of 2/1, [per CDPH](#): 46,254

(Note: Some residents may not have been vaccinated in their county of residence based on location of employment or other factors. Administration figures should not be compared directly to allotments.)

Total Doses Allocated to Placer County Public Health by 1/31*	
First Doses	26,975
Second Doses	11,625
Average Weekly Allocation (First and Second)	4,825

Of these, doses re-allocated to other providers	
First Doses	14,225
Second Doses	6,250
<i>Recipients: Sutter and Kaiser (during early Phase 1A), Tahoe Forest Hospital, Safeway, Western Sierra Medical Clinic, Save Mart</i>	

Doses Retained By Public Health	
First Doses	12,750
Second Doses	5,375
Doses (First and Second) Administered by 1/29	11,302
Approximate Doses Scheduled for Administration 2/1-2/5	4,200

*Does not include direct allotments from the state to Multi-County Entities such as Kaiser Permanente and Sutter Health.

FAQs

How can vaccine allocation and administration data be understood?

Kaiser Permanente and Sutter Health offices in Placer County primarily receive vaccine via their corporate offices, who are allotted vaccine directly by the state as [multi-county entities](#) (MCEs), without the county acting as a 'middleman' as we currently do with some other providers. Placer County Public Health does not currently have access to data through the state's allocation system (CalVax) around the size of allocations received by MCEs in our county, nor does it have access to granular data on doses administered by Kaiser, Sutter or other third-party providers.

The state is now [providing daily county-level data](#) on doses administered by county of residence, which does purport to include doses administered by MCEs and other providers. This state dashboard does not yet distinguish between first and second doses or offer provider-level insights.

Currently, in terms of administration data, Public Health is only able to access data in CAIR2 on doses administered by our own staff. This reflects only a piece of the vaccination picture in the county. Public Health continues to try to work with the state for access to more detailed data that could help in public understanding as well as vaccination planning.

Is there a 'vaccine gap' or are doses sitting in freezers?

From the local Public Health perspective vaccine supply is the barrier, as capacity to administer currently exceeds vaccine supply. Public Health has other providers waiting in the wings to administer vaccine, without supply to offer them. Public Health and Safeway alone have the capacity to administer 7,400 doses per week, much more than is being allotted to the county on average.

Many reports on vaccine administration also do not distinguish between first and second doses. Public Health has tried to strike a balance on second doses. At one point, the state had indicated based on anticipated releases from federal reserves that counties could use up to half of their second doses as first doses. Since then, with those reserves in question, Placer County Public Health has tried not to use second doses as first doses. Public Health generally receives second doses a week before they are due.

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. 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. The Regional Stay at Home Order was lifted in the Greater Sacramento region based on four-week ICU projections from CDPH.

State Monitoring Indicators for Placer County		
State Indicators	1/25 Tier Assessment	2/1 Tier Assessment
Adjusted case rate per 100,000 (7-day average, 7-day lag)	34.4	21.3
Testing positivity rate (7-day average, 7-day lag)	9.0	6.6
Health equity quartile test positivity (7-day average, 7 day lag)	8.7	6.6
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.
- 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 \(English\) \(Spanish\)](#).