

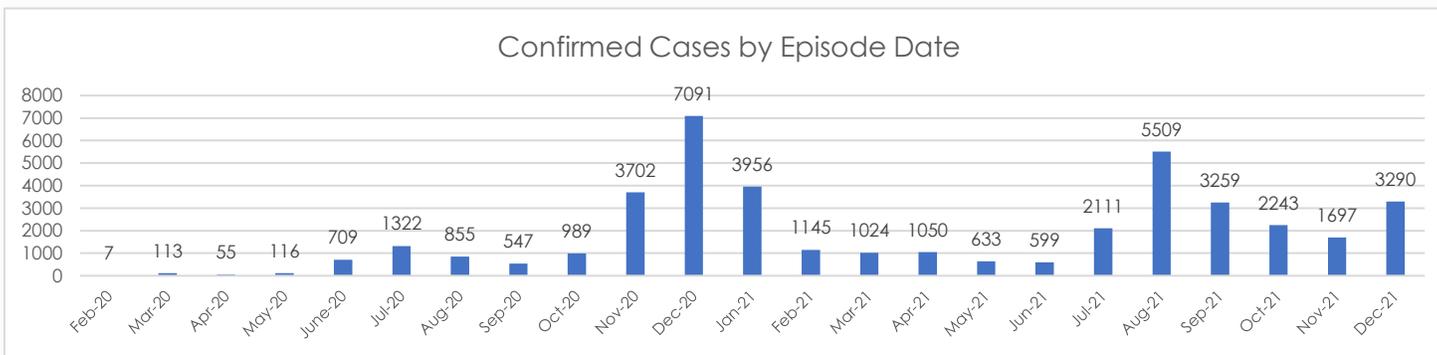
Placer County COVID-19 Cases at a Glance

The first case of COVID-19, the viral infection caused by SARS-CoV-2, was identified in Placer County on March 1, 2020.

Our team of case investigators strives to interview those who have tested positive and their close contacts as soon as reported, prioritized based on level of community transmission. These investigators provide guidance and offer support to those who need to isolate and quarantine to help keep their families and communities safe.

What's happening now in Placer County?

Cases in Placer County are now surging significantly.



Placer County COVID-positive residents in local hospitals (on 12/31): 49 (15 in intensive care).

There were 42,022 confirmed COVID-19 cases in Placer County as of Dec. 31 (data pulled Jan. 4). Cases surged at the end of December after decreasing through November. December 2021 saw 401 cases on the 30th, the highest single-day new case count since the beginning of the pandemic up to that point (data pulled Jan. 7). As of January 7, the highest single-day case count has again been exceeded at 532 new cases on Jan. 3.

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 COVID-19 UPDATE

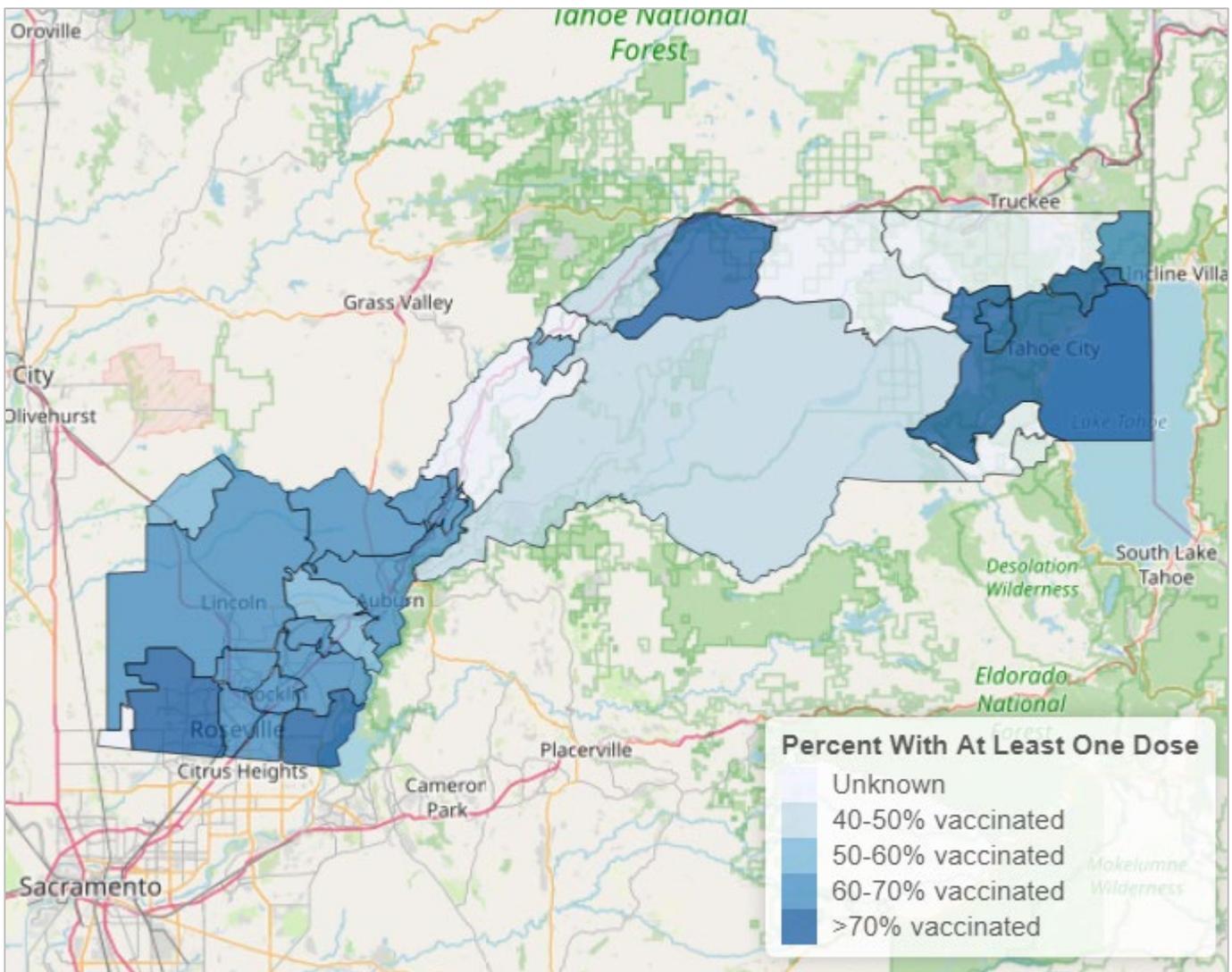
Jan. 7, 2022

Placer County Vaccination Progress

Placer County received its first allocation of COVID-19 vaccine in December 2020. As of Jan. 3, 2022, a total of 629,741 doses have been administered to Placer County residents, including 252,132 second or completing (i.e. single dose) doses.

First Doses	Completing Doses	Additional/ Booster Doses	Total Population	Eligible Population (12+)
272,457	252,132	105,152	400,434	350,457

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.



PLACER COUNTY COVID-19 UPDATE

Jan. 7, 2022

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.

Deaths

As of Jan. 3, Placer County has received reports of 492 COVID-related* deaths.

• 193 (39%) were residents of long-term care facilities.

• 49% were under the age of 80; 18% were under the age of 65.

• At least 93% of those who died had at least one confirmed underlying health condition. (36 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	14	3%
45-49	6	4%
50-54	13	7%
55-59	27	12%
60-64	30	18%
65-69	37	26%
70-74	52	36%
75-79	61	49%
80-84	85	66%
85-89	77	82%
90-94	56	93%
95+	34	100%
Total	492	--

Some deaths may not have yet been processed

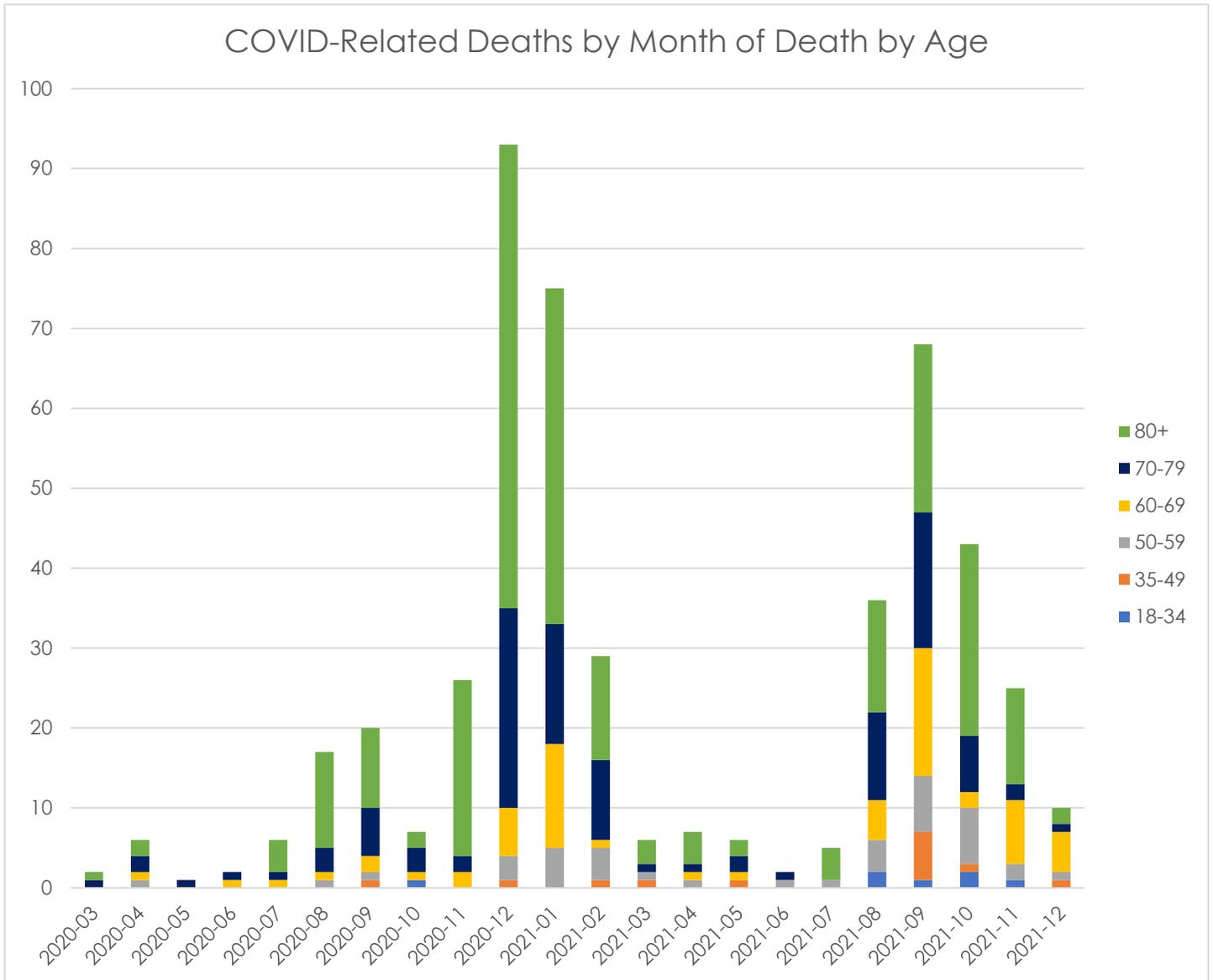
COVID Deaths by Month	Number of Deaths
March 2020	2
April 2020	6
May 2020	1
June 2020	2
July 2020	6
August 2020	17
September 2020	20
October 2020	7
November 2020	26
December 2020	93
January 2021	75
February 2021	29
March 2021	6
April 2021	7
May 2021	6
June 2021	2
July 2021	5
August 2021	36
September 2021	68
October 2021	42
November 2021	25
December 2021	10
Total	492

46 out of 492 COVID-related deaths were confirmed to have been fully vaccinated prior to their COVID illness. 45 of the 46 fully vaccinated decedents had at least one confirmed underlying health condition, and this information is unknown for one decedent. 19 out of these 46 deaths (41%) were associated with outbreaks in long-term care facilities. Three were immunocompromised. People with moderately to severely compromised immune systems may not build the same level of immunity to a two-dose vaccine series compared to people who are not immunocompromised.

PLACER COUNTY COVID-19 UPDATE

Jan. 7, 2022

COVID-Related Deaths by Month of Death by Age

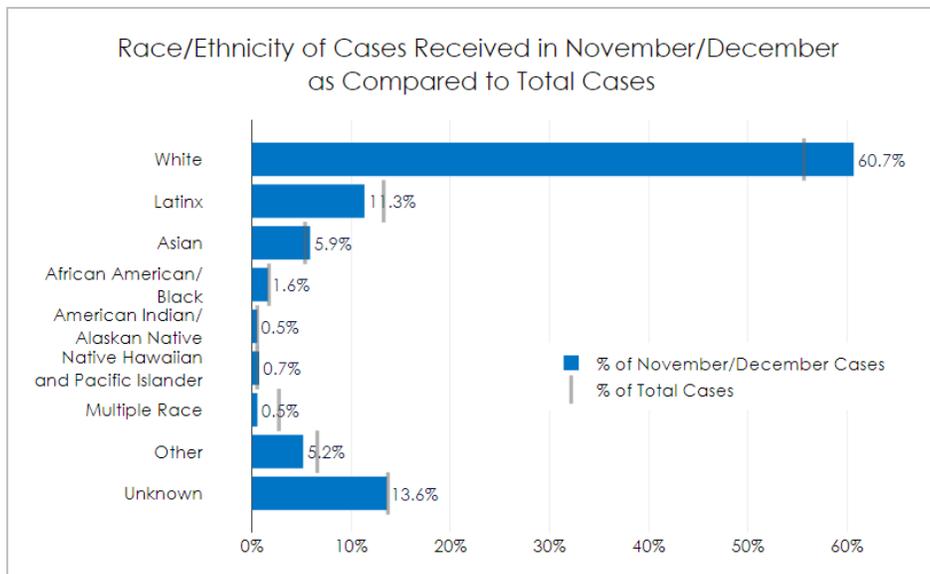
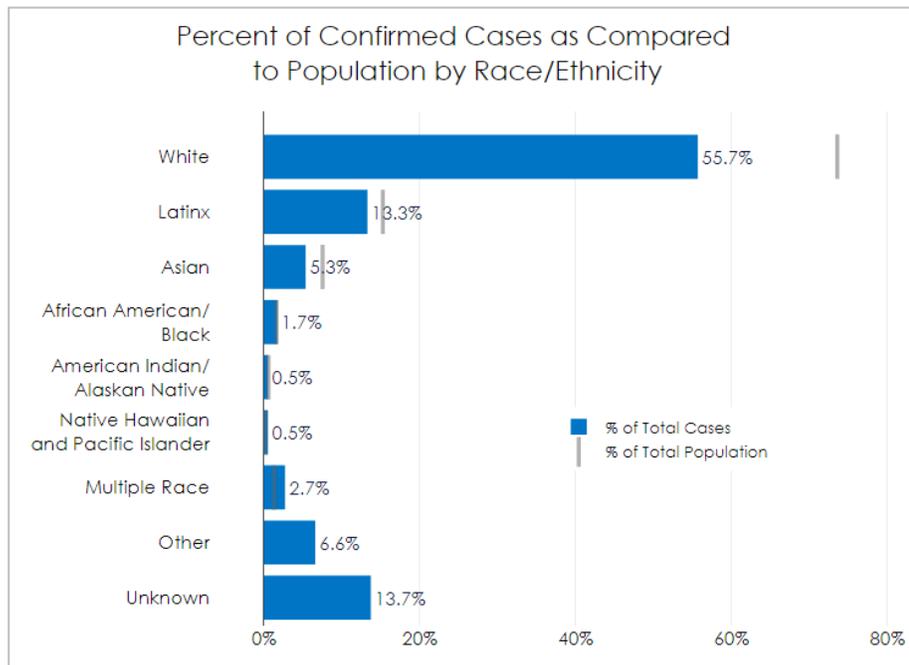


Descriptive Statistics

About one-seventh of race/ethnicity data remains unknown, although systematic data collection has improved. Placer County lacks race/ethnicity data for 13.7% 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.

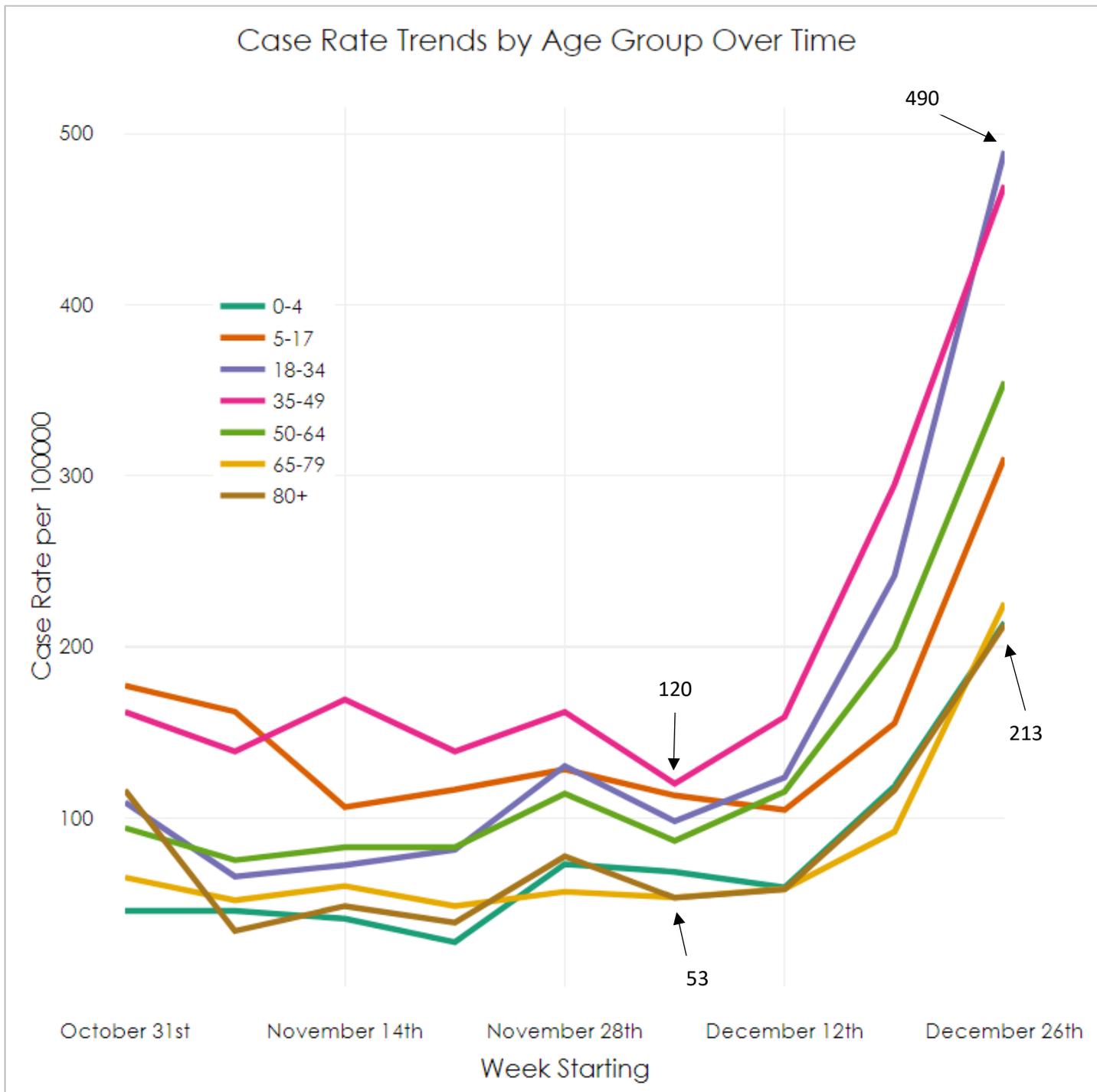
Demographic patient data for hospitalized Placer residents are not reported in real-time like hospital bed census data, and are dependent upon case interviews, which may occur prior to hospitalization, or hospital notification to Public Health. Therefore, all hospitalization data below should be considered 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		
	November/December Cases	Total Cases
White	3026	23390
Latinx	565	5577
Asian	292	2247
African American/Black	80	716
American Indian/Alaska Native	26	219
Native Hawaiian and Pacific Islander	36	214
Multiple Race	27	1138
Other Race	257	2763
Unknown	678	5758
Total Cases	4987	42022



PLACER COUNTY COVID-19 UPDATE

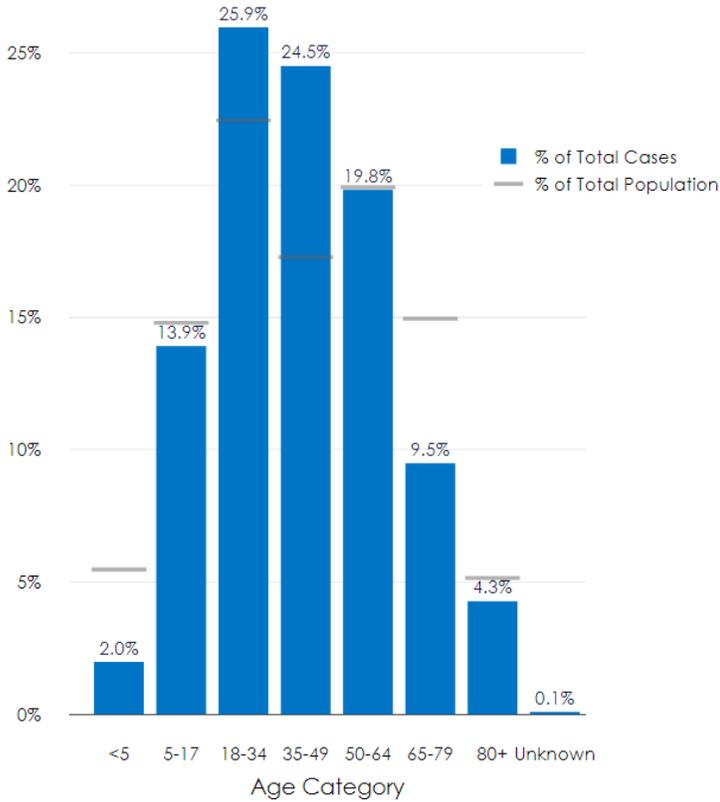
Jan. 7, 2022



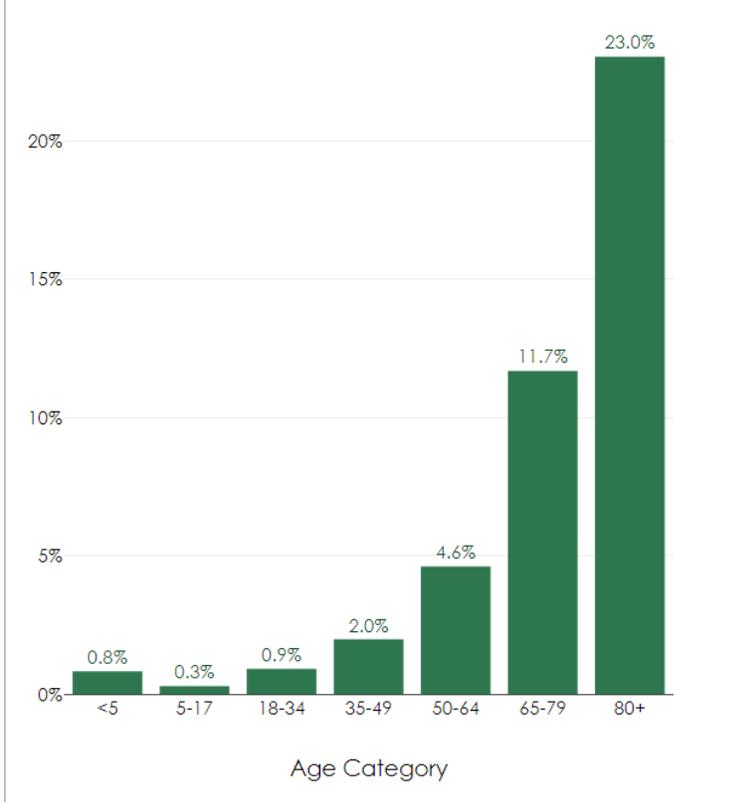
PLACER COUNTY COVID-19 UPDATE

Jan. 7, 2022

Percent of Confirmed Cases as Compared to Population by Age Group

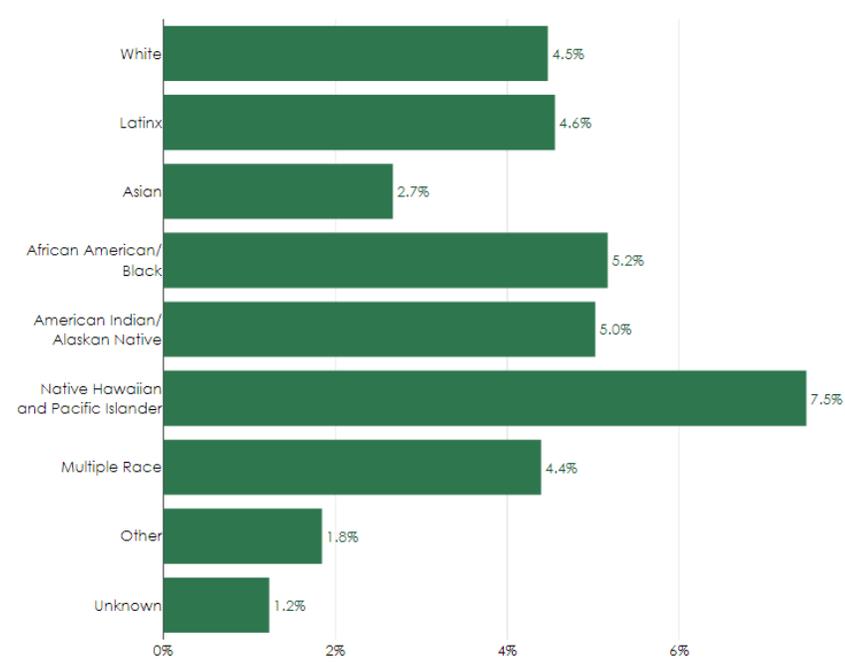


Percent of Cases Ever Hospitalized by Age Group



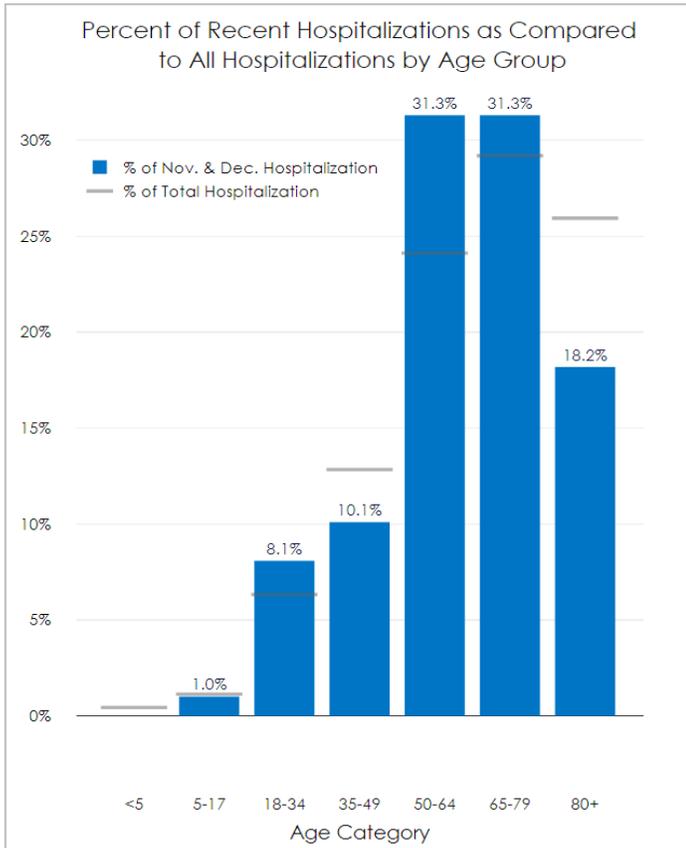
Race/Ethnicity Distribution and Hospitalization Among Confirmed Cases		
	Cases Ever Hospitalized	Total Cases
White	1046	23390
Latinx	254	5577
Asian	60	2247
African American/ Black	37	716
American Indian/ Alaska Native	11	219
Native Hawaiian and Pacific Islander	16	214
Multiple Race	50	1138
Other Race	51	2763
Unknown	71	5758
Total Cases	1596	42022

Percent of Cases Ever Hospitalized by Race/Ethnicity



PLACER COUNTY COVID-19 UPDATE

Jan. 7, 2022

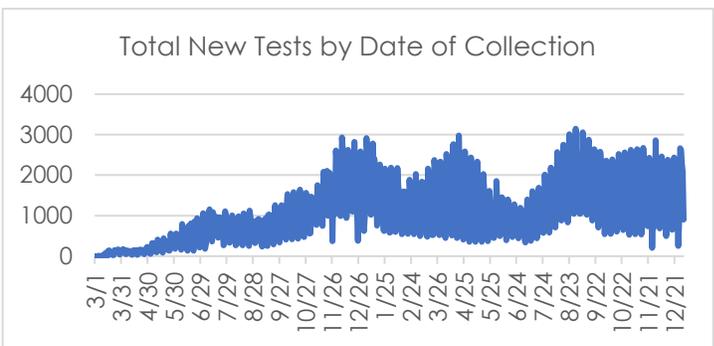
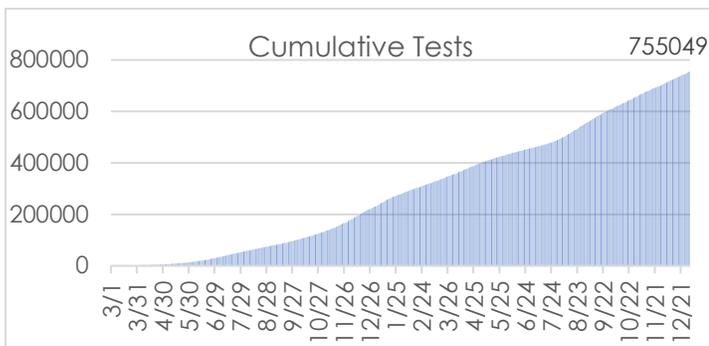


Age Group	Cases Ever Hospitalized	Cases Hospitalized in Nov. & Dec.
<5	7	0
5-17	18	1
18-34	101	8
35-49	205	10
50-64	385	31
65-79	466	31
80+	414	18

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.

Testing

As of Dec. 31, Placer County Public Health has received 755,049 total test results to detect COVID-19 infection (data pulled Jan. 4). The lagged 7-day average testing positivity rate falling on Dec. 28 is 11.6%. The non-lagged 7-day average testing positive rate falling on Jan. 4 is 18.6%. Reported tests only include molecular tests that detect viral ribonucleic acid (RNA) and 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, except if they meet the reinfection surveillance criteria. 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. Additional discussion of the types of tests available is included in the Frequently Asked Questions section of this document. The figures for daily tests will increase as new results are received. View a graph of [7-day average daily tests and average testing positivity rate](#).



PLACER COUNTY COVID-19 UPDATE

Jan. 7, 2022



Variants

Variants of Concern and Variants Being Monitored have been identified in Placer County. At least 2,818 specimens have been sequenced and reported to Public Health and processed as of Jan. 6, 2021. The proportions below are likely to change over time as additional sequencing results are received. Current Variants of Concern are highlighted in red. A discussion of the local incidence of the emerging Omicron variant is included in the Frequently Asked Questions section below. [Click here for CDPH data on variants, including sequencing volume and variant proportions.](#)

Month	Alpha	Delta	Gamma	Epsilon	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				25.49%					0.98%	73.53%
February 2021				44.30%					1.27%	54.43%
March 2021	30.26%			46.05%					2.63%	21.05%
April 2021	52.29%	0.65%	4.58%	23.53%	1.31%					17.65%
May 2021	54.55%	5.05%	1.01%	11.11%	5.05%					23.23%
June 2021	40.91%	39.77%	4.55%		9.09%		1.14%			4.55%
July 2021	3.06%	95.06%	0.47%			0.24%				1.18%
August 2021		97.80%		0.22%						1.98%
September 2021		93.75%								6.25%
October 2021		99.10%								0.90%
November 2021		98.75%						0.42%		0.83%
December 2021		84.78%						10.87%		4.35%

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 Dec. 31, 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: Nov 1-30 — Dec 1-31

	Number of cases	% of total
Total cases received by Placer County Public Health with Nov & Dec episode dates	4987	100%
Personal contact attempted for interview*	4284	86%
Cases interviewed	2207	44%

*Includes non-response

Potential Exposure Settings:

	Count
Reported close contact to a confirmed case	816
Household member contact	541
Community contact	142
School-affiliated contact	60
Work-affiliated contact	53
Travel-related contact	22
Other contact	13

	Count
Reported attending a large gathering	929
School-affiliated gathering	494
Friend or family gathering	351
Travel-related gathering	66
Religious gathering	52
Other gathering	54

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 widespread is the Omicron variant in Placer County?

The rapid increase of COVID-19 cases and hospitalizations beginning in late December strongly suggests that the highly transmissible Omicron variant is spreading widely in Placer County as it is throughout the region. COVID-19 variants are not identified directly by either a polymerase chain reaction (PCR) or antigen (rapid) tests, but rather by a separate genomic sequencing process used on a sample of cases. (Though some markers in PCR tests may be indicative of certain variants, whole genome sequencing is required to definitively identify variants). While genomic sequencing is more widely employed in California than in many other states, it is not universal and lags case reporting. As of this report, it's too early to know what proportion Omicron makes up of recent COVID-19 confirmed cases, yet it is expected to be dominant locally within a matter of weeks, if it is not already. Early evidence suggests the Omicron variant may result in more mild illness than other variants. However, unvaccinated people tend to be more vulnerable to severe illness and hospitalization caused by Omicron and other variants still circulating. And its significantly higher rate of transmission, already contributing to a surge in hospitalizations, is likely to strain the medical systems we share. In light of this concern, Placer Public Health on Jan. 4 [extended its Health Warning](#) from late summer of 2021, encouraging residents to use high-quality medical masks when indoors around others and to get fully vaccinated, including booster shots. The California Department of Public Health has issued a [statewide order](#) requiring all Californians, regardless of vaccination status, to wear face coverings in indoor public settings from Dec. 15, 2021, to Feb. 15, 2022.

Nearly two years into the pandemic, how does COVID-19 compare with other leading causes of death for Placer County residents in recent years?

COVID-19 has caused or been a significant condition contributing to the death of nearly 500 Placer County residents since March 2020. On average, approximately 1% of Placer residents die each year, of a variety of causes. Mortality rates and causes are complex, and vary over time according to a variety of factors including population age composition, and access to health care and education resources, among many others. In recent years, Placer County has consistently ranked highly compared with other California counties in most population health metrics. Due to the complexity and nuances of the raw death data, Placer County Public Health relies on the state to analyze the top causes of death in our community. The last completed analysis was in 2019, however they have a preliminary analysis for 2020 available to review [here](#). According to preliminary analysis that can be reviewed [here](#), COVID-19 has become the fifth-leading cause of death for Placer residents in 2020 and the second-leading cause of death for all Californians.

How many of Placer's school-aged children have received COVID-19 vaccines?

As of Jan. 6, 2022, 48% of Placer youth ages 5-17 have received at least one dose of COVID-19 vaccine. Vaccination rates are higher among ages 12-17, who have been approved to receive COVID-19 for a longer period. Booster doses for ages 12-17 have been approved and recommended by the FDA and CDC. Booster dose appointments for those groups are now available in [MyTurn.ca.gov](#).

Who should get a COVID-19 booster shot and why is it important?

Booster shots are recommended and approved for everyone ages 5 and over who has received their full initial vaccination series more than 6 months ago, although this recommendation by vaccine type may change. As with many vaccines, the immunity COVID vaccines provide wanes over time, and new virus variants emerge that are better able to overcome the protection they offer. Booster shots have been through the same safety and effectiveness review process as all other vaccines, and have been shown to further protection against all COVID variants. While evidence suggests that those who have received a full vaccination series but not a booster still have good protection against severe illness and death, Omicron's high number of mutations give it an increased ability to infect even fully vaccinated individuals, making boosters even more important for those who are eligible.

What types of COVID tests are available and what is the difference?

There are two types of tests for COVID-19: diagnostic and antibody. Diagnostic tests can show if you have an active infection and need to isolate yourself from others. Molecular and antigen tests are types of diagnostic tests that can detect an active infection. Samples for diagnostic tests are usually collected with a nasal or throat swab, or saliva collected in a tube, and do not require administration by a medical professional. Antibody tests look for antibodies in your immune system produced in response to the virus that causes COVID-19. Antibody tests should not be used to diagnose active infection, as antibodies can take several days or weeks to develop after you have had an infection. Samples for antibody tests are typically blood from a finger stick or a blood draw and must be done by a medical professional.

It is important to understand the differences between home collection tests versus at-home tests because the differences determine where the sample is collected, where the test is processed and how quickly the results are known. Home collection tests are collected at home but analyzed by a laboratory for final diagnosis, whereas at-home tests and final results are completed and interpreted by the consumer. If you want to be sure the test you are buying is authorized, please visit the [Federal Drug Administration's tables](#) of molecular, antigen and serology and adaptive immune response for more information.

Are positive rapid (antigen) tests counted as confirmed cases, and what should I do if mine comes back positive?

Labs are required to report antigen results to Public Health like any other COVID test results. Positive antigen tests performed by CLIA-certified labs and providers are counted as 'Probable' cases rather than 'Confirmed' cases. In contrast, at-home self-tests that come back positive do not meet the laboratory criteria to be counted as 'Confirmed' or 'Probable' cases. Laboratory tests must be performed by a CLIA-certified provider in order to meet this criteria. It is expected that these results are underreported. At-home self-tests should be reported through the product's mobile app or via an individual's regular health care provider. Data from self-testing may be useful for case investigation and contact tracing, yet is not consistently reported. If your at-home test comes back positive, you should isolate in accordance with [CDC guidance](#) and seek confirmatory PCR testing.

How widely available are COVID therapeutics locally?

Two antiviral drugs have received emergency use authorization from the U.S. Food and Drug Administration: Pfizer's Paxlovid and Merck's Molnupiravir. Both are oral medications that can help reduce the severity of COVID-19 symptoms. Paxlovid is authorized for the treatment of mild to moderate COVID-19 in adult and pediatric patients ages 12 years and older weighing at least 40 kg, with positive SARS-CoV-2 test, who are at high risk for progressing to severe COVID-19, including hospitalization or death. Molnupiravir is authorized for the treatment of mild to moderate COVID-19 in adults ages 18 years and older, who are at high risk for progressing to severe COVID-19 and for whom alternative COVID-19 treatment options are not accessible or clinically appropriate. The new oral antivirals are in limited supply and will likely not be available to physicians to prescribe in the short term. Allocation of both oral antivirals will be to pharmacies and providers able to dispense the medication. The number of courses allocated to each county is determined using the overall COVID-19 cases in that county combined with an equity measure based on the Healthy Places Index. Learn more about currently approved antivirals and distribution protocols on the California Department of Public Health's website [here](#).

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).