



# COVID-19 UPDATE

August 11, 2020

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# Presentation Overview

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Disease Reporting and the County Monitoring List

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COVID-19 – By the Numbers

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COVID-19 Background Information

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COVID-19 and Children

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Long-Term Effects of COVID-19

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Questions

# Disease Reporting and the County Monitoring List

- As reported by many last week, there were issues with the state's disease reporting system through which local health departments receive lab result notifications. This resulted in undercounting of COVID-19 cases.
  - *We continued to receive some lab results from CalREDIE, directly from labs, and via the OptumServe portal.*
  - *COVID hospitalization and death data were not impacted by this issue.*
- As of 8/10/20, the issue with the reporting system has been addressed and is now performing as expected, and the backlog of results (between 250,000 and 300,000) is being delivered to local health departments.
- Due to this issue, the County Monitoring List was “frozen” until the issue could be resolved to ensure that CDPH once again had good, reliable data available.
  - *CDPH has not yet determined when they will update the County Monitoring List.*
- As a reminder, for purposes of the County Monitoring List, CDPH does not use the lab reporting date to determine case rate; instead, they use the episode date, which is either the date of the onset of symptoms, or the date of specimen collection. This provides a more accurate picture of the epidemic curve.



# COVID-19: BY THE NUMBERS





# California COVID-19 By The Numbers

August 10, 2020

Numbers as of August 9, 2020

## CALIFORNIA COVID-19 SPREAD

**561,911 (+7,751)**

**TOTAL CASES**

### Ages of Confirmed Cases

- 0-17: 53,136
- 18-49: 339,235
- 50-64: 107,300
- 65+: 61,464
- Unknown/Missing: 776

### Gender of Confirmed Cases

- Female: 281,543
- Male: 274,192
- Unknown/Missing: 6,176

**10,359 (+66)**

**Fatalities**

### Hospitalizations

Confirmed COVID-19  
**5,596/1,727**  
Hospitalized/in ICU

Suspected COVID-19  
**1,174/152**  
Hospitalized/in ICU

For county-level  
hospital data:  
[bit.ly/hospitalsca](https://bit.ly/hospitalsca)

# Data Current as of: 8/10/2020, 4:07 PM

Tests Conducted: 14,259

Total Cases

357

2.504% Tested Positive of 14,259 Tests Conducted

West County

197

55.182% of 357 Cases

East County

160

44.818% of 357 Cases

Active

55

15.406% Active of 357 Cases

Recovered

301

84.314% Recovered of 357 Cases

Active Hospitalizations

3

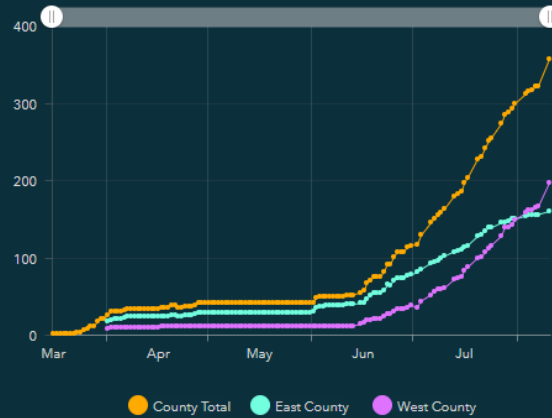
As reported by the California Dept. of Public Health

Deaths

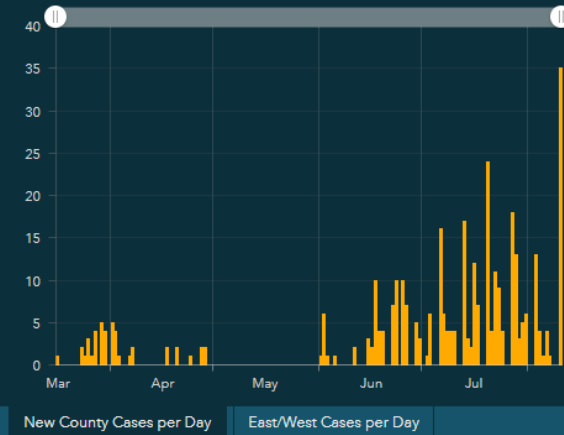
1

0.28% Deceased of 357 Cases

Total Confirmed Cases Over Time

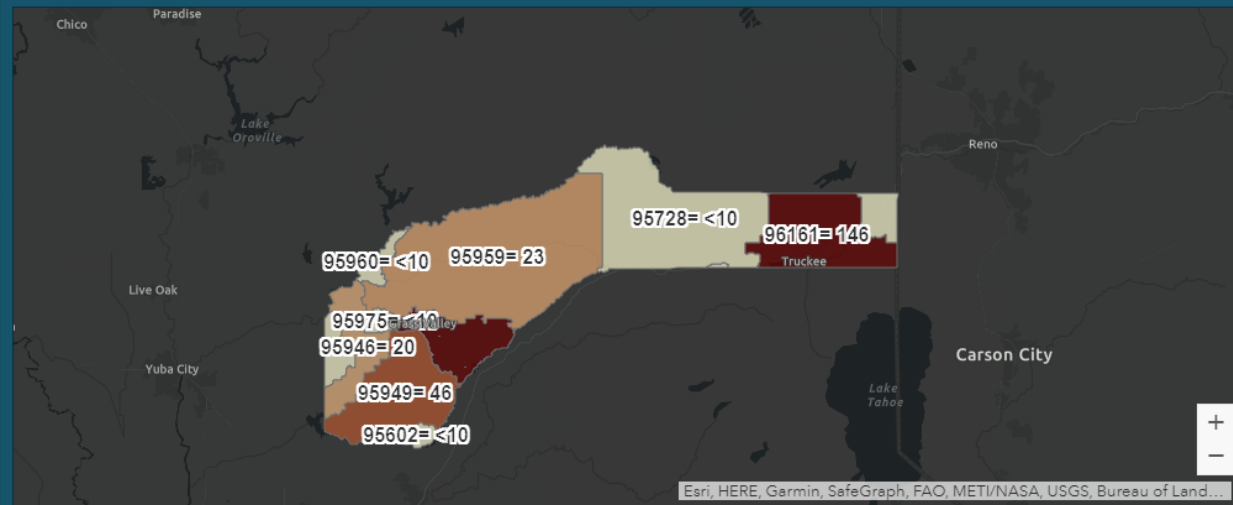
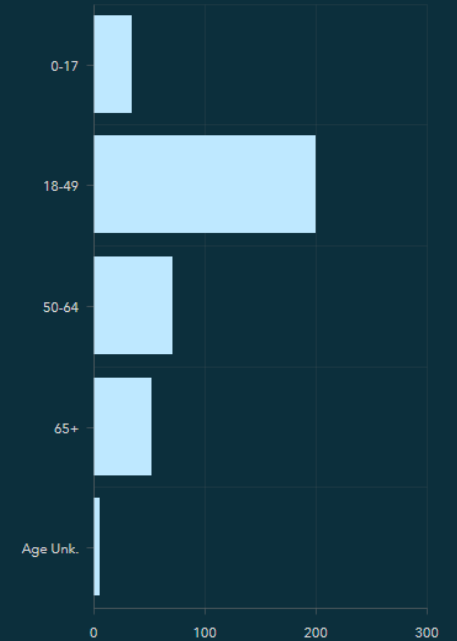


New County Cases by Day



8/5/20 Update: Due to issues with the state's electronic laboratory reporting system, the data on our dashboard may represent an underreporting of actual positive cases. The state is working to address the issue with the system. We'll remove this disclaimer once the issue is resolved

Cases by Age



# COVID-19 Background

## Science

- *In the ideal world, decisions are based on evidence*
- *In the current pandemic, we have competing priorities that need to be balanced, with inconclusive and contradictory studies and little certainty, with no good choices*
- *Be suspicious of anyone who is dogmatic!*

## Plans

- *Plans are useful but planning is indispensable (Gen. Eisenhower)*
- *It's tough to make predictions, especially about the future (Yogi Berra)*
- *No plan survives the first contact with the enemy (Napoleon)*

## Current Situation

- *Internationally, almost 19 million cases and >700,000 deaths*
- *USA: 4.9 million cases, approx.160,000 deaths*
- *80% mildly affected, 14% serious, 5% critical, 2% fatal*
- *Transmission – mainly by droplet, also fomites, fecal-oral, airborne*
- *Incubation period – 2-14 days, median 5 days*
- *How many people a case will infect: 1-3.5*

# COVID-19 and Children

## Can children get COVID-19?

- Yes, but at a rate about half of that for adults
- Children <18 years of age have had 6-9% of cases, but are >20% of the population
- Problem – We do not know how many cases are without symptoms and not detected. It may be even 70-80% for children.

## Can children get seriously ill?

- Yes. As of July 22, there have been 77 childhood deaths out of 144,000 in the USA, with 800 ICU admissions. In California, the first death recently occurred in a child.
- Children most at risk: < age 1 year. Decreased risk: age 1-10 years. Risk same as adults: >10 years
- 1,000 cases of MIS-C (multi-system inflammatory syndrome) worldwide, a recent 10-year old from El Dorado County now at UC Davis



# COVID-19 and Children, continued

## Why are children less vulnerable?

- Fewer angiotensin-converting enzyme 2 (ACE2) receptors to bind the virus
- Cross immunity from other “benign” “cold” coronaviruses
- Spillover protection from vaccinations
- Stronger immune system
- Everything is new – better equipped to fight off novel infections
- Fewer underlying medical conditions (<20%) (cardiac, pulmonary, diabetes, obesity, neuromuscular, genetic, immunosuppression)

# COVID-19 and Children, continued

## Can children infect others?

- Yes
- However, a striking difference – less – in children <10 years of age
- Unlike flu, children do not drive the pandemic (If you want to get the flu, go to kindergarten)
- A child is more likely to get it from a parent or teacher than give it to them
- In Israel, New Zealand, and France, they had large outbreaks in middle and high school, but not elementary school
- Childcare facilities for essential workers have been open, >33,000 facilities with >720,000 young children, only 1,365 cases with 261 in children

# COVID-19 and Children, continued

## What affects transmission and how could we limit/stop it?

- Age versus chronic underlying medical conditions – a 75-year old has the same risk of severe disease as a 20-year old, but the 75-year old is much more likely to have some chronic underlying medical conditions (>80% versus <20%).
- Rate of community transmission
- Use of non-pharmaceutical interventions (NPI) – social distancing, masks, handwashing, no gatherings
- School closure with focus on infection control, testing, contact tracing, and supported isolation and quarantine

# Long-Term Sequelae – Systemic, Multiorgan Dysfunction

## What Symptoms are involved?

- Pulmonary – scarring, reduced lung capacity (recently 2 younger patients with double lung transplants)
- Cardiovascular - heart muscle injury, myocarditis, heart attack, heart failure, arrhythmias, venous thromboembolic events (coagulation abnormality), shock, cardiac arrest
- Liver – cirrhosis, failure
- Kidney – infection, failure, need dialysis and transplant
- Neurological – hallucinations, seizures, personality change, encephalitis, flashbacks, memory problems, “foggy brain”
  - *In the young, regression to a younger version of self, impaired brain growth*

# Long-Term Sequelae – Systemic, Multiorgan Dysfunction, continued

## Who is at risk?

- Even when symptoms are mild or moderate
- Even after seeming recovery
- Anybody, but especially with pre-existing coronary artery disease, hypertension, diabetes, clotting disorders, advanced age, immunocompromised state, underlying systemic inflammatory conditions
- Five-fold risk of dying with underlying cardiovascular disease

## How many, how bad, and how long?

- Prevalent
- Variable
- Debilitating
- Life-long?

1

Wear a face  
covering

2

Physically  
distance

3

Wash your  
hands

4

Minimize  
mixing of  
households

Your Actions Make a Difference





NEVADA COUNTY  
Public Health

QUESTIONS?