

North Central Health District Epidemiology Brief Update



July 2, 2020

This is an emerging and dynamic situation, therefore our data and recommendations are subject to change.

NCHD's Epidemiology Program is responsible for investigating every reported case of laboratory-confirmed COVID-19. The following information describes the activities of the epidemiology program and provides a description of the current situation with the district.

NCHD Epidemiology, per reporting policy, only reports Confirmed cases that reside within the 13 counties that make up the district. Although serology (i.e. antibody tests) and antigen tests are reportable, they do not meet the CDC case definition for a confirmed case, therefore a number of serology and antigen tests are not included in this report.

Any reductions in numbers are a result of data error corrections (i.e. duplication, incorrect case classification, residency, etc). Data corrections are made as soon as they are found and data accuracy is checked daily by NCHD epidemiology staff.

The information in this portion of the report is accurate as of 7/2/2020 at 9AM.

19%

Increase in Cases District- Wide

Between 6/28/2020-7/1/2020

182

21-Day Incidence Rate (6/11 - 7/1)

The incidence rate of COVID-19 for NCHD residents between 6/11/2020-7/1/2020 was 62 per 100,000 population (n=969; population=530,945).

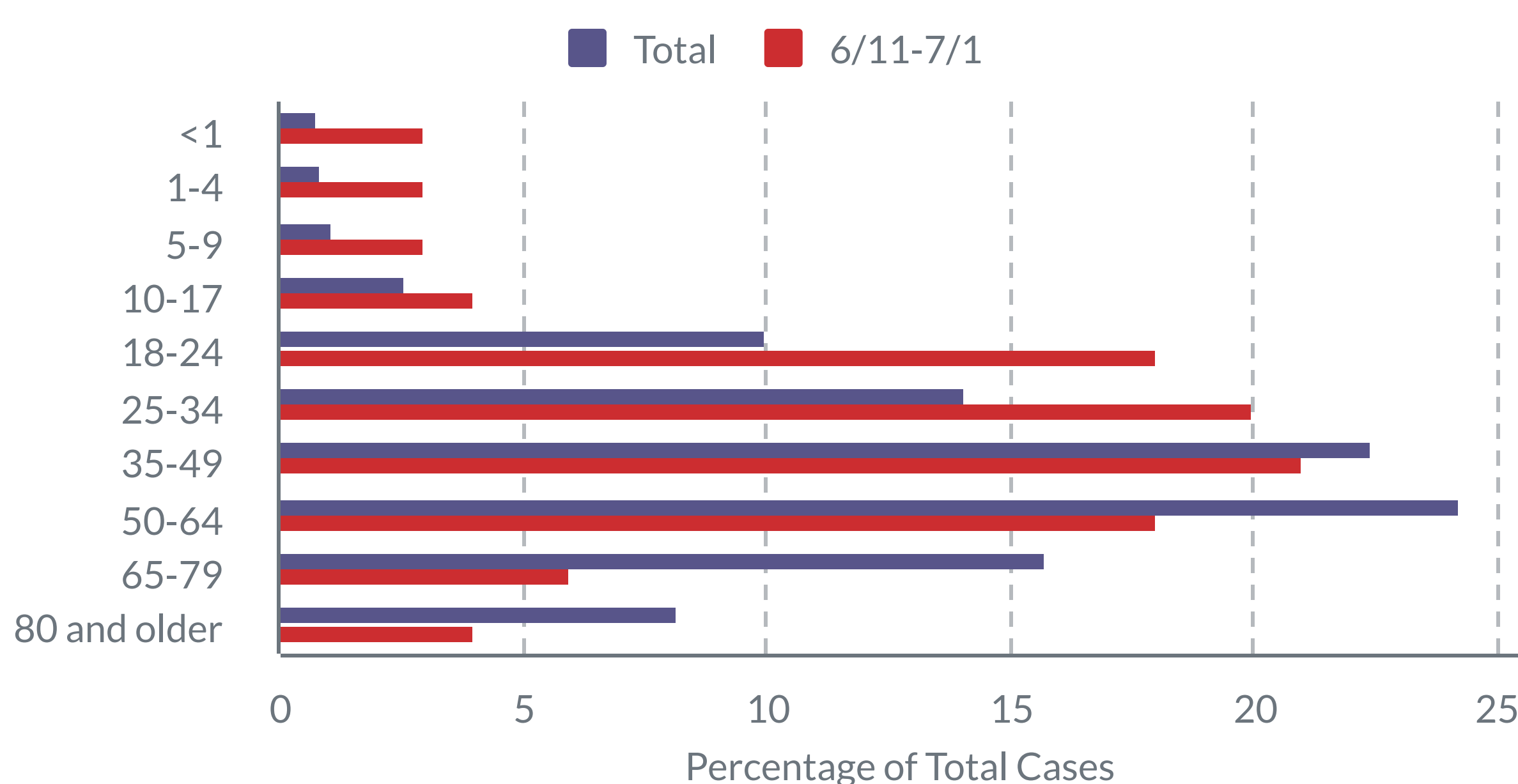
SUBSTANTIAL SPREAD

Total Number of Confirmed and Presumptive	3,297
Median Age (Age Range)	48 (0-101 Years)
Hospitalizations	607 (18%)
Deaths	181 (5.48%)
Deaths Median Age (Age Range)	74 (29-100 Years)
Deaths that were Hospitalized	132 (73%)

County	Total Cases as of 6/28/2020 4PM	Total Cases as of 7/2/2020 9AM	Percent Change	Total Hospitalizations	Total Deaths
Baldwin	480	542	13%	76	34
Bibb	745	962	29%	214	41
Crawford	39	49	26%	4	0
Hancock	210	217	3%	37	32
Houston	579	690	19%	143	24
Jasper	66	70	6%	9	1
Jones	61	95	56%	5	0
Monroe	156	169	8%	27	18
Peach	98	113	15%	26	9
Putnam	137	160	17%	24	12
Twigg	23	26	13%	7	1
Washington	91	126	38%	11	1
Wilkinson	76	78	3%	24	8
Total	2761	3297	19%	607	181

*Based on patient county of residence when known

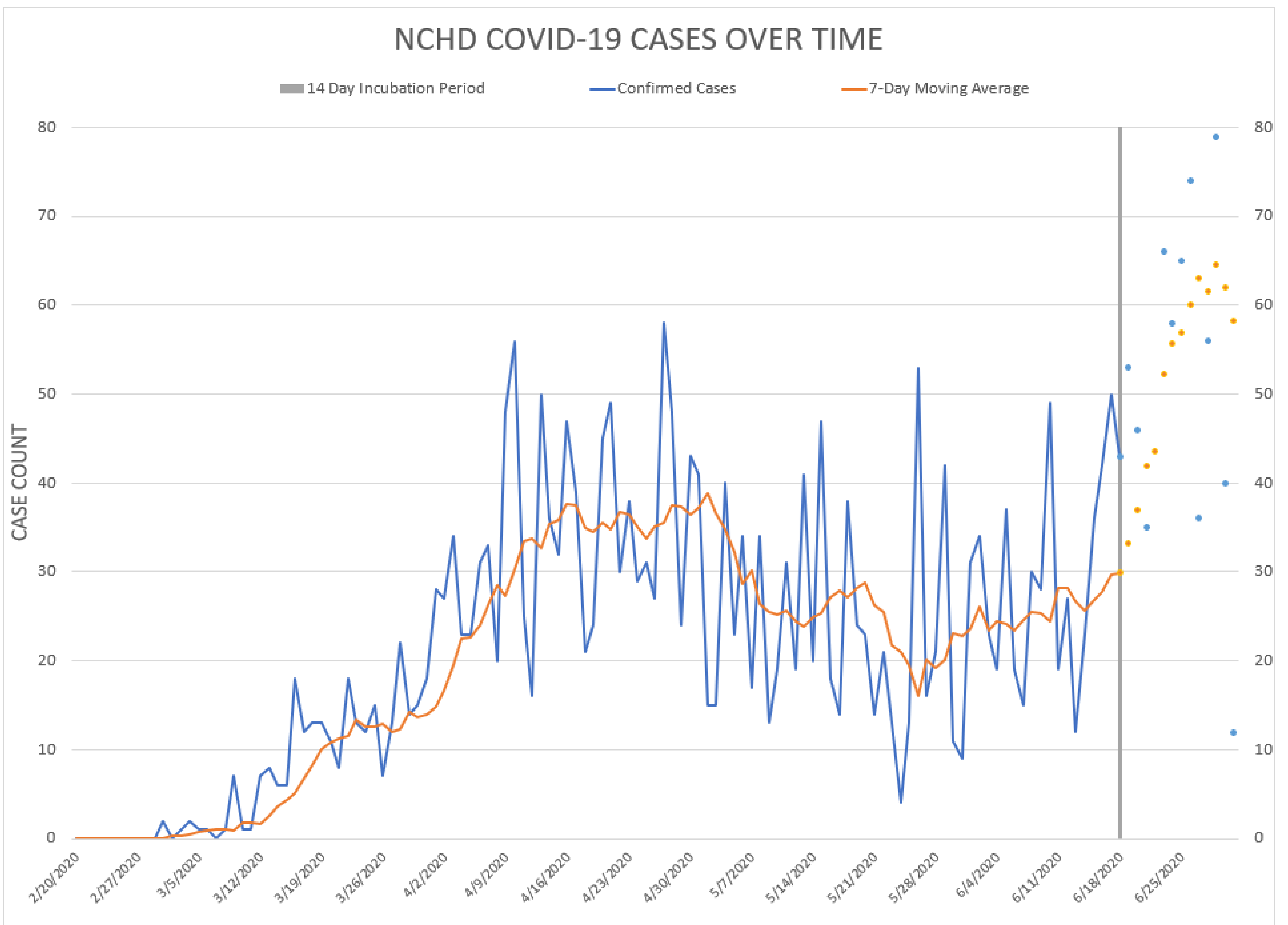
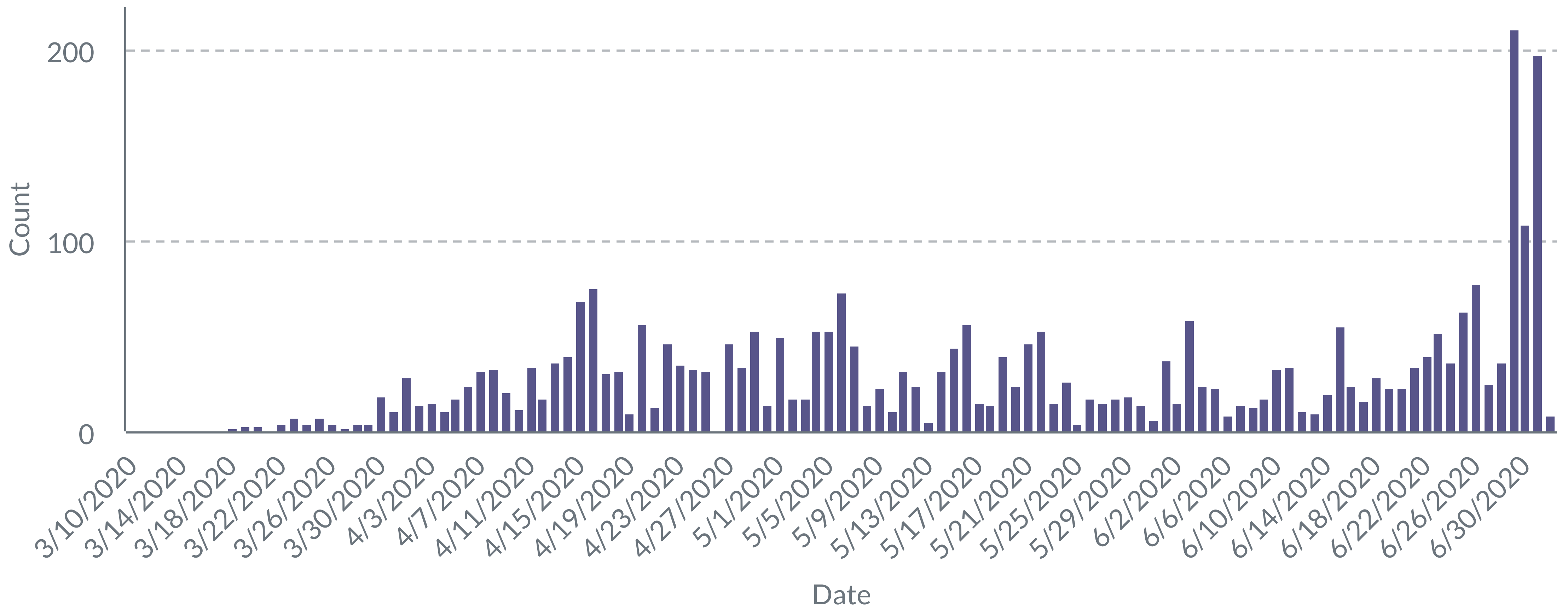
Age Distribution of Cases



Increases in:

- Young Adults and Children
- Emergency Department Visits and Hospitalizations

Number of Positive COVID-19 Cases By Day of Report to NCHD



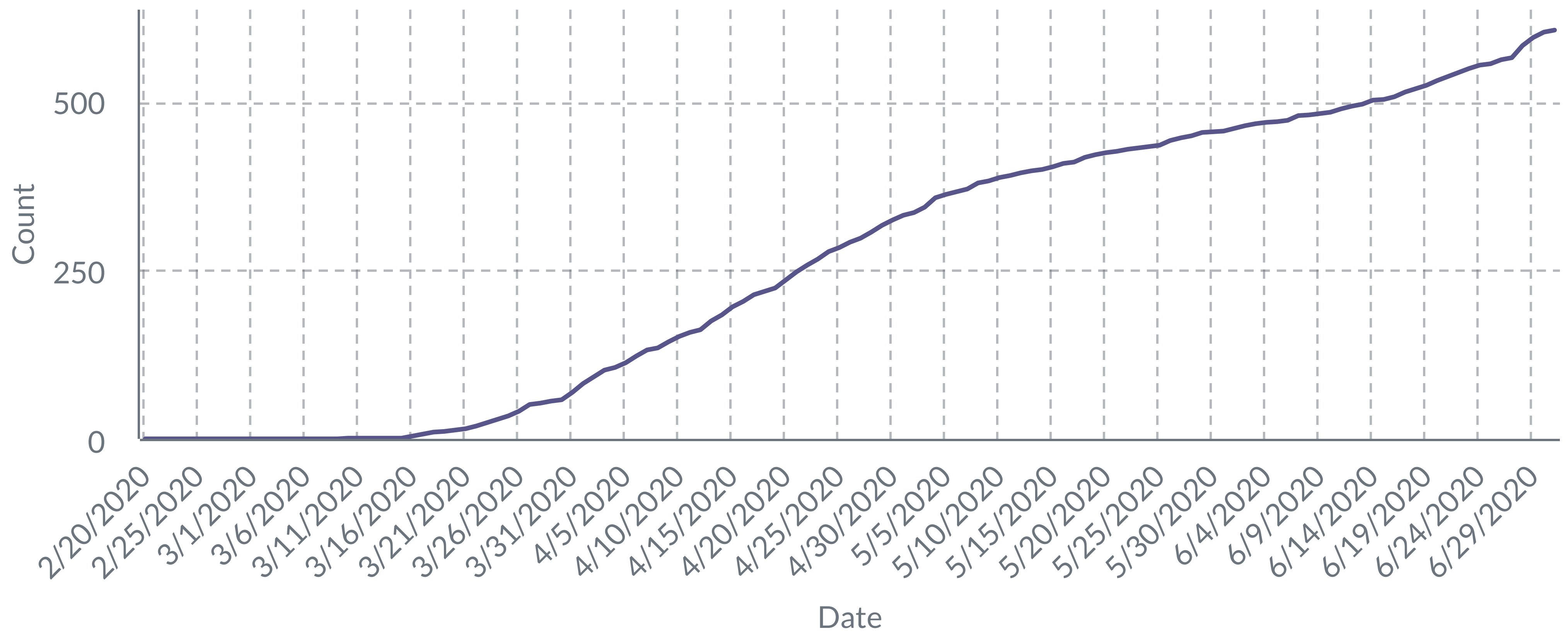
The date indicated for the newly confirmed COVID-19 cases is based on the combination of dates based on: 1) date of symptom onset; 2) if the date is invalid or missing, the first positive collection date is used and 3) if both of those dates are invalid or missing, the date the case is reported is used.

* 14-day window - Confirmed cases over the last 14 days may not be accounted for due to illnesses yet to be reported or test results may still be pending.

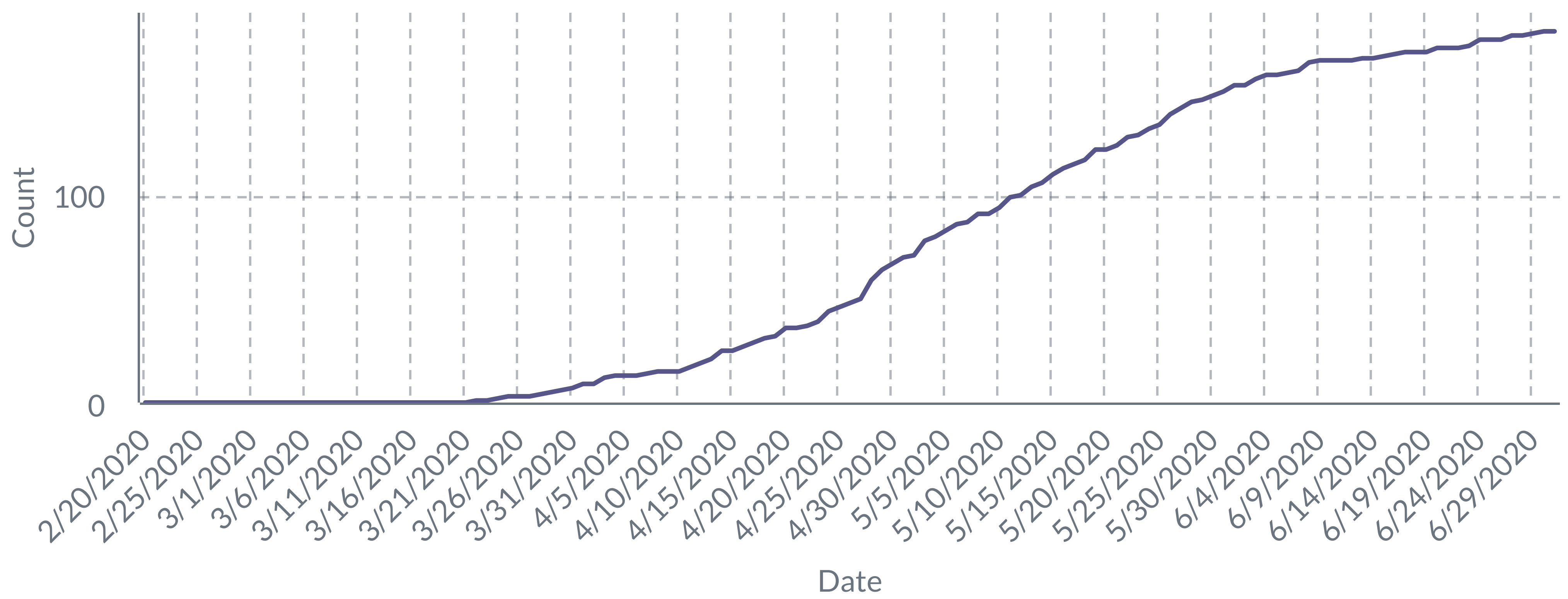
Note - Data during the reporting period may be incomplete due to the lag in time between when the case was tested and/or reported and submitted to the Georgia DPH for reporting purposes. This delay can vary depending on the testing facility and/or jurisdiction.

Epidemiology - Overview

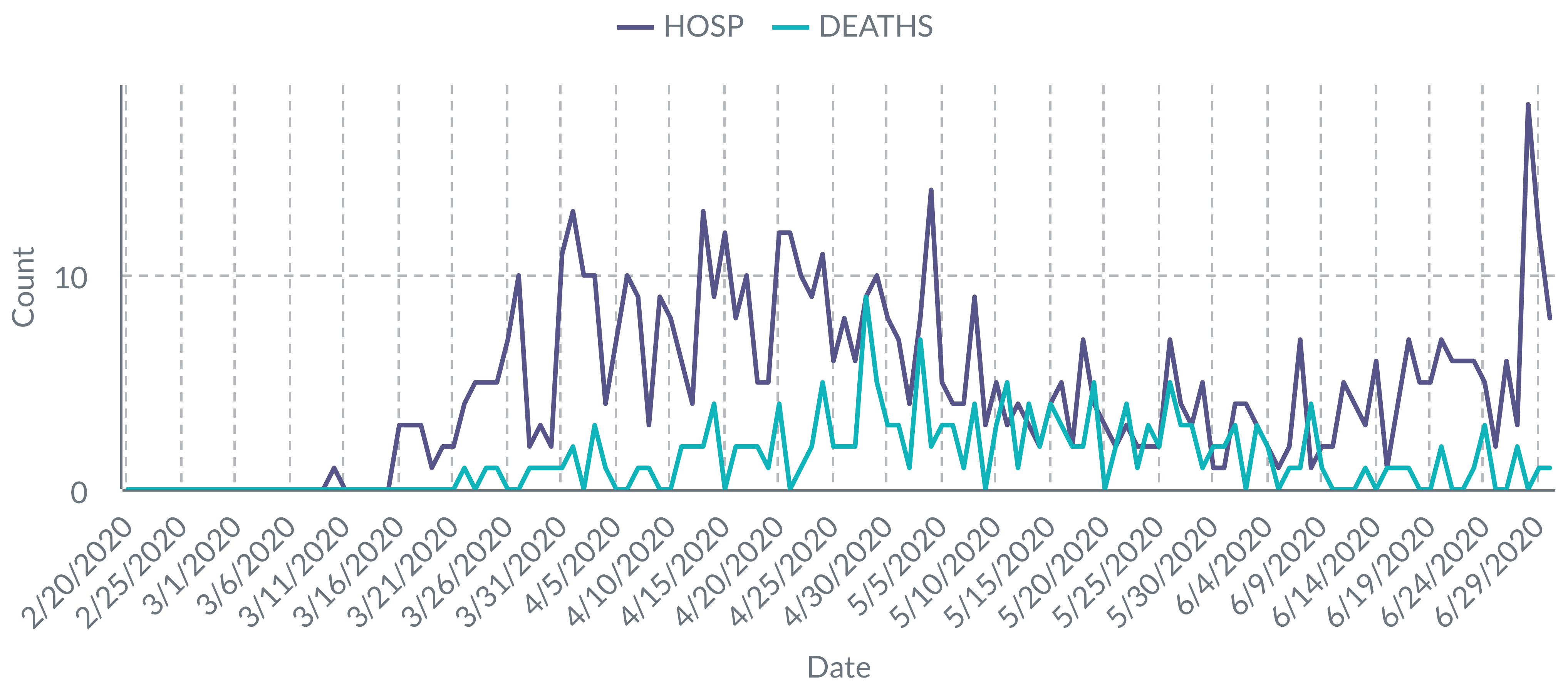
Hospitalizations Over Time



Deaths Over Time



Hospitalizations and Death By Date of Occurrence



Epidemiology - Data Definitions

21-Day incidence rate indicates newly reported confirmed COVID-19 cases among county residents per 100,000 residents during the 21- day period indicated, using 2018 U.S. Census data to derive county population. Rates cannot be accurately calculated for Counties with <5 cases.

Transmission Levels are based on the incidence rate and defined as:

- Substantial Spread: greater than 100 cases per 100,000 county residents
- Minimal/Moderate Spread: 6-100 cases per 100,000 county residents
- No/Low Spread: 1-5 cases per 100,000 county residents
- Insufficient Data: These counties may likely have low levels of transmission but may be affected by other factors such as levels of COVID-19 testing.

Syndromic surveillance (SS) provides a method for timely detection of potential clusters or outbreaks of specified diseases/events. SS data include emergency department (ED) visits based on the patient's chief complaint upon admission and/or discharge diagnosis. SS data used within this report is based on county of residence NOT facility.

- Approximately 90% of Georgia EDs currently report to DPH
- Most data available within 72 hours of patient visit
- 80% of facilities currently submitting discharge diagnosis information
- Final diagnosis may differ from submitted diagnosis
- Documentation of chief complaint varies by facility
- SS data does not necessarily depict the true burden of specified diseases/events
- Date represents the ED visit date
- *Covid-19 Syndrome includes:* Chief complaint text for "coronavirus", "covid", "c-19", or "ncov". Selected discharge diagnosis codes (ICD or Snomed) relevant to COVID-19; including confirmed COVID-19, suspected/probable COVID-19, unspecified coronavirus infection, exposure to COVID-19, or severe acute respiratory syndrome.
- *ILI Syndrome includes:* Chief complaint text for fever, influenza, RSV, viral infection, viral pneumonia, cough (if fever), or sore throat (if fever).
- *Note:* Covid-19 Syndrome excludes select visits related to Covid-19 testing or exposure with no mention of symptoms. Criteria for syndromes are subject to change as additional information is received.