

Date: January 29, 2021

To: Acting Mayor Austin Quinn-Davidson

Thru: Heather Harris, Anchorage Health Department Director

From: Janet Johnston, Anchorage Health Department Epidemiologist

Subject: January 29, 2021, COVID-19 Risk Assessment Update for the Municipality of Anchorage

This weekly report shares data available on the State of Alaska and Municipality of Anchorage (MOA) websites for the period of January 21, 2020 – January 27, 2021, with some more recent data. Unless otherwise indicated, this data is for cases reported in the MOA.

Anchorage COVID-19 Health Risk Metrics

The MOA has developed the Anchorage COVID-19 Health Risk Metrics tool (Appendix 1) to assist in communicating the current level of heatlh risks associated with COVID-19 within the Municipality. The tool includes multiple measures which are referenced throughout this report.

Cases

Case Counts, Hospitalizations, and Deaths

- Daily new cases. The current 14-day rolling daily average of 19.70 cases per 100,000 population has dropped 24% from one week ago (26.02). This puts us in the upper end of the "High Risk" category for the Anchorage COVID-19 Health Risk Metrics (Appendix 1).
- New cases this week. There were 424 new resident cases this week, up slightly from 401 new
 resident cases last week. See Table 1 for breakdown by race and ethnicity and Table 2 for
 breakdown by age.
- **Cumulative cases.** As of January 27, there are 25,296 confirmed cases in the MOA. This includes 24,858 Anchorage residents in- and out-of-state and 438 nonresidents testing positive in Anchorage.
- Current hospitalizations. As of January 27, there were 31 hospitalized COVID-19 cases. The
 number of hospitalized cases ranged from 28 to 34 this week. As of January 27, there was one
 hospitalized Persons Under Investigation (PUI). The number of hospitalized PUIs ranged from
 zero to eight.
- **Deaths.** There have been 141 Anchorage deaths, 140 among Anchorage residents, and one non-resident. This is one more than was reported in the Mayor's Report last week.
- See Table 1 for breakdowns by race and ethnicity and Table 2 for breakdowns by age.



Table 1: COVID-19 Cases by Race and Ethnicity

	Cases	in the Las	t Week	,	All Cases		Но	spitalizat	ions <i>Hosp.</i>		Deaths	
Race	Cases	%	Rate*	Cases	%	Rate*	Cases	%	rate per 100 cases	Cases	%	Death rate per 100 cases
American Indian or Alaska	Cuscs	70	Nutc	Cuscs	70	Nute	Cuscs	70	cuses	Cuscs	/0	100 tuses
Native	42	14%	164	3,469	20%	13,574	135	22%	3.9	42	30%	1.2
Hative	12	1170	101	3,103	2070	13,371	133	22/0	3.3	12	3070	1.2
Asian	20	7%	77	1,185	7%	4,562	73	12%	6.2	21	15%	1.8
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Black or African American	17	6%	112	840	5%	5,524	35	6%	4.2	9	6%	1.1
Native Hawaiian or Other												
Pacific Islander	11	4%	137	952	5%	11,839	105	17%	11.0	16	11%	1.7
White	118	40%	65	6,386	36%	3,540	191	31%	3.0	50	36%	0.8
		450/	670	2.070	4.50/	44.000	25	60/	4.0		00/	
Other Race	44	15%	678	2,870	16%	44,222	35	6%	1.2	-	0%	-
Two or More Races	43	15%	163	1,870	11%	7,099	42	7%	2.2	2	1%	0.1
All Cases	295	100%	102	17,572	100%	6,101	616	1	3.5	140	100%	0.8
Ethnicity	Cases	%	Rate*	Cases	%	Rate*	Cases	%	Rate	Cases	%	Rate
Hispanic	21	14%	78	1,325	13%	4,909	35	7%	2.6	9	7%	0.7
Non-Hispanic	131	86%	50	8,921	87%	3,418	450	93%	5.0	128	93%	49
All Cases	152	100%	53	10,246	1	3,558	485	1	4.7	137	100%	1.3

^{*} Per 100,000

Table 2: COVID-19 Cases by Age

	Last Week Cases		All Cases, All Time		Hospitalizations			Deaths				
Age	Cases	Percent	Rate*	Cases	Percent	Rate*	Cases	Percent	Hosp. rate per 100 cases	Cases	Percent	Death rate per 100 cases
0 to 9	27	6%	66	1,506	6%	3,707	5	1%	0.3	-	0%	-
10 to 19	54	13%	147	2,780	11%	7,555	6	1%	0.2	-	0%	-
20 to 29	82	19%	183	5,383	22%	11,993	32	5%	0.6	2	1%	0.0
30 to 39	87	21%	192	4,913	20%	10,831	60	9%	1.2	1	1%	0.0
40 to 49	49	12%	148	3,436	14%	10,363	66	10%	1.9	6	4%	0.2
50 to 59	63	15%	172	3,173	13%	8,655	115	17%	3.6	12	9%	0.4
60 to 69	43	10%	150	2,305	9%	8,031	144	21%	6.2	28	20%	1.2
70 to 79	11	3%	68	944	4%	5,818	156	23%	16.5	51	36%	5.4
80+	8	2%	143	440	2%	7,882	98	14%	22.3	40	29%	9.1
All Cases	424	100%	147	24,880	100%	8,639	682	100%	2.7	140	100%	0.6

^{*} Per 100,000



Health Care Capacity

- ICU beds. On average, between January 19 and January 26, 23.5% of staffed adult ICU beds at the three acute care hospitals in Anchorage were available. During that time, the number of staffed adult ICU beds ranged from 60 to 65, and the number of available staffed adult ICU beds ranged from 13 to 17. This puts us in the upper end of the "Lower Risk" category for the Anchorage COVID-19 Health Risk Metrics (Appendix 1).
- **Non-ICU beds**. As of January 27, there were 102 available adult non-ICU beds out of 489 total staffed adult non-ICU beds.
- Ventilators. As of January 27, there were 5 COVID-19 patients on ventilators in Anchorage.
- **Hospital Impact:** As of January 27, 5.8% of all hospitalizations and 6.1% of Emergency Department (ED) visits at the three acute care hospitals in Anchorage were related to COVID-19.

Projected Health Care Capacity

• CDC COVID-19 Surge model: The CDC COVID-19 Surge model has been updated with data through January 27, 2021. The model indicates that there is sufficient ICU capacity to meet demand from COVID-19 cases under current conditions through at least the next three months. Increases in virus transmission after January 29 that are 44% or more above our current Rt of 0.89 could result in ICU capacity being exceeded in Anchorage within three months. This puts us in the middle of the "Considerable Risk" category for the Anchorage COVID-19 Health Risk Metrics (Appendix 1).

Infection Rate

• An effective reproductive number (R_t) of 0.80 to 0.82 puts us in the upper end of the "Lower Risk" category for the Anchorage COVID-19 Health Risk Metrics (Appendix 1). See Table 3.

Table 3: Reproductive Number Estimates

Geography, Source	January 14	January 14 (updated)	January 21
Anchorage, COVID ActNow	0.79	0.84	0.80
Anchorage, SOA model (in-state residents only)	0.85	0.82	0.82
Alaska, COVID ActNow	0.85	0.86	0.81
Alaska, SOA model (in-state residents only)	0.94	0.89	0.87

Testing

• Percent positivity.

- On average, between January 15 and January 21, 3.2% of COVID-19 PCR and antigen tests had positive test results. This is a 13.5% decrease from the week before when 3.7% of tests had positive test results. This puts us in the lower end of the "Considerable Risk" category for the Anchorage COVID-19 Health Risk Metrics (Appendix 1).
- The State reports test results according to the date when the sample was collected. This metric is lagged by seven days to allow time for the majority of test results to be reported to the State.

Test volume:

- As shown in Table 4, testing volume decreased slightly this week but remains well above the White House task force's target level.
- Test volume is calculated using a five-day lag to allow for sample processing time. Because some tests take more than five days to process, the average daily counts for more recent weeks will increase as more test results are received.
- **Test turnaround time:** As shown in Table 5, average test turnaround times are similar to or faster than last week.

Table 4: Weekly Test Count Measures

Metric	January 3 - January 9	January 10 - January 16	January 17 - January 23	White House Target (>2,000 per 100,000 population per week)
Total tests in the week	29,182	25,196	21,828	>5,713
Average daily tests Per 100,000	1,460	1,260	1,092	>285

Table 5: Average Turnaround Time Measures

Lab	January 21	January 28	Change
Commercial	1.6	1.3	Decrease
Alaska State Public Health Lab	1.0	1.0	Same
Facility	1.0	0.7	Decrease

Public Health Capacity

Track and Follow New Cases and Contacts

- Positive case outreach.
 - MOA and State of Alaska (SOA) case interviewers aim to interview or leave a message for each new case within 24 hours of receiving the case assignment. To maximize the effectiveness of case investigations and contact tracing, cases closest to the date of specimen collection are prioritized for interviews, including source investigation for the 5 days prior to specimen collection. Cases are closed if after two unsuccessful outreach attempts.
 - Of the 253 Anchorage cases entered into CommCare with specimen collection dates between January 17 and January 23, 239 (94%) completed interviews. Of those cases with a completed interview, 217 (91%) were completed within 5 days of specimen collection.
- **New contacts.** There were 49 contacts newly registered into CommCare between January 21 and January 27, who were still awaiting investigation as of the close of business on January 29. This is a decrease of 21 outstanding contacts from the week before.

Transmission Trends

This section summarizes trends in infection and transmission found in CommCare or through feedback from the AHD COVID-19 response team.

- Clusters. There were 49 Anchorage cases opened in CommCare during the past week, January 22 through January 29, that were identified as part of a cluster. This included 33 cases at Hiland Correctional Center, four and Anchorage Correction Complex, and four with the outbreak at Trident Seafood in Akutan. The rest of the cluster cases were spread across seven previously identified clusters, primarily at congregate living facilities.
- **Exposure source.** Of the 253 Anchorage cases entered into CommCare with specimen collection dates between January 17 and January 23, 113 (53%) specified an exposure type. The most

- commonly reported exposure types were household (65%), social (10%), other (10%), and employment (7%). Of these 253 cases, 233 (92%) provided information about occupation. Occupation was categorized into the pre-specified list, with the largest group falling into the Other category, followed by unemployed, student, retired, health care worker, and food service.
- At-risk populations. As of January 28, 2021, 464 cases have been identified within homeless shelters, supportive housing locations, and unsheltered homeless individuals, which is the same as last week's report. The number of hospitalizations remains at 25, and the number of COVID-19 deaths remains at five. Regular screening continues at these locations with confirmed cases, and close contacts are moved into isolation and guarantine as soon as cases are confirmed.

Vaccination

- As of January 28, 2021, 36,298 first COVID-19 vaccine doses have been administered within Anchorage, and 7,909 second doses. This is equivalent to 12.6% and 2.7% of the population, respectively, although we do not know for certainty that all vaccines administered within Anchorage are administered to Anchorage residents. See Table 6.
- These numbers may be underestimated as there is often a delay between vaccine
 administration and reporting to VacTrAK, and some vaccines may be administered by providers
 who do not report to VacTrAK. We encourage all vaccine providers to report vaccine
 administration to VacTrAK as quickly as possible.
- Vaccination rates vary by age, race, and ethnicity, as shown in Table 7. One-third of Alaska Natives/American Indians have been vaccinated with at least one dose. Less than two percent of Blacks, Native Hawaiian or Pacific Islanders have been vaccinated. Non-Hispanics are three times more likely to have been vaccinated than Hispanics. Thirty-four percent of people age 60 and older have been vaccinated.

Table 6: Vaccination Rates by Dose

Geography	Dose # 1	Percent with first dose	Series completed	Percent complete	Population
Alaska	90,777	12.5%	24,495	3.4%	728,903
Anchorage	24,495	8.5%	7,909	2.7%	288,970

Table 1: Vaccinations by Race, Ethnicity and Age

	Cases				/accination least one d	Anchorage Population		
Race	Cases	Percent	Cases per 100	Vax	Percent	Vax per 100	Рор	Percent
American Indian or	Cuses	Percent	per 100	vux	Percent	100	РОР	Percent
Alaska Native	3,469	20%	13.6	8,000	34%	31.3	25,556	9%
Asian	1,185	7%	4.6	889	4%	3.4	25,976	9%
Black or African American	840	5%	5.5	289	1%	1.9	15,207	5%
Native Hawaiian or Other Pacific Islander	952	5%	11.8	62	0%	0.8	8,041	3%
White	6,386	36%	3.5	5,900	25%	3.3	180,389	63%
Other Race	2,870	16%	44.2	2,800	12%	43.1	6,490	2%
Two or More Races	1,870	11%	7.1	5,900	25%	22.4	26,341	9%
Ethnicity	Cases	Percent	Per 100	Vax	Percent	Rate	Рор	Percent
Hispanic	1,325	13%	4.9	749	3%	2.8	26,992	9%
Non-Hispanic	8,921	87%	3.4	23,400	97%	9.0	261,008	91%
Age	Cases	Percent	Per 100	Vax	Percent	Rate	Рор	Percent
0 to 9	1,506	6%	3.7	-	0%	-	40,630	14%
10 to 19	2,780	11%	7.6	537	1%	1.5	36,798	13%
20 to 29	5,383	22%	12.0	3,300	9%	7.4	44,884	16%
30 to 39	4,913	20%	10.8	5,500	15%	12.1	45,361	16%
40 to 49	3,436	14%	10.4	4,800	13%	14.5	33,156	12%
50 to 59	3,173	13%	8.7	5,100	14%	13.9	36,662	13%
60 to 69	2,305	9%	8.0	8,100	22%	28.2	28,701	10%
70 to 79	944	4%	5.8	6,600	18%	40.7	16,226	6%
80+	440	2%	7.9	2,500	7%	44.8	5,582	2%
All Cases	24,880	100%	8.6	36,437	100%	12.7	288,000	100%

Public Health Messages

To prevent unneeded serious illness and deaths, AHD urges everyone to do the following:

- **Stay home** if you feel sick, except to get tested.
- Wear a mask and stay at least 6 feet from others in public.
- **Avoid crowds.** Keep gatherings small and outside as much as possible.

Testing identifies COVID-19 cases and helps reduce disease transmission.

- Individuals should get tested immediately at the first sign of any symptoms. Tests work best when obtained promptly after symptoms start. Testing early helps people know if they are positive quickly and helps prompt them to take immediate precautions to minimize the risk of transmitting the virus to others.
- More than half of COVID-19 transmission originates from asymptomatic or pre-symptomatic cases. CDC guidelines recommend regular testing for critical infrastructure workers and other groups at higher risk for COVID-19, even if they are asymptomatic. Anchorage has robust free testing available, and we encourage restaurant and grocery store workers, school staff, first responders, and healthcare workers to get tested weekly. We also encourage people who have attended large gatherings to get tested about a week after the gathering, or sooner if symptoms develop.
- Testing is required when returning to Alaska from out-of-state travel, and a second test is strongly encouraged approximately one week after returning to the state. This two-test strategy will help us identify and contain new, more transmissible COVID-19 variants.