**Date:** February 26, 2021

**To:** Acting Mayor Austin Quinn-Davidson

**Thru:** Heather Harris, Anchorage Health Department Director HH

**From:** Janet Johnston, Anchorage Health Department Epidemiologist JMJ

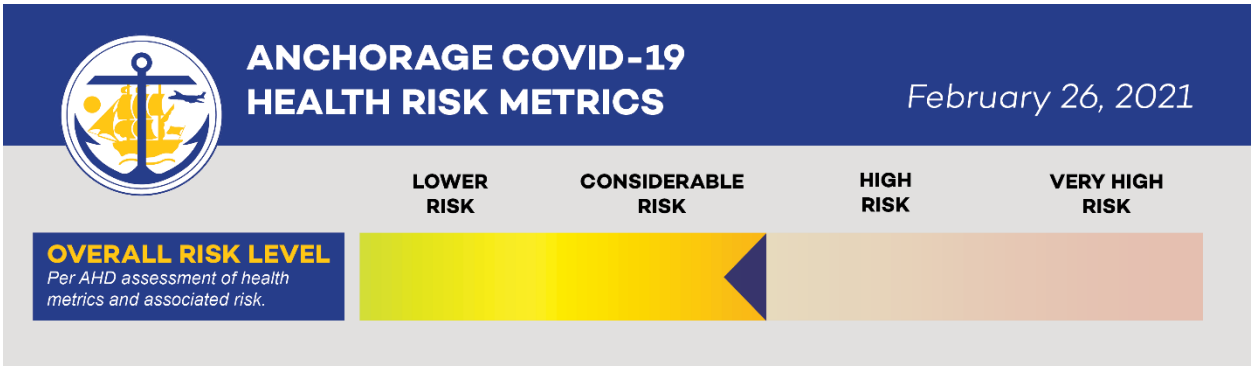
**Subject:** February 26, 2021, COVID-19 Risk Assessment Update for the Municipality of Anchorage

This weekly report shares data available on the State of Alaska and Municipality of Anchorage (MOA) websites for the period February 18, 2020 – February 24, 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 developed the Anchorage COVID-19 Health Risk Metrics tool to communicate the current level of health risks associated with COVID-19 within the Municipality. The tool includes multiple measures, which are referenced throughout this report.

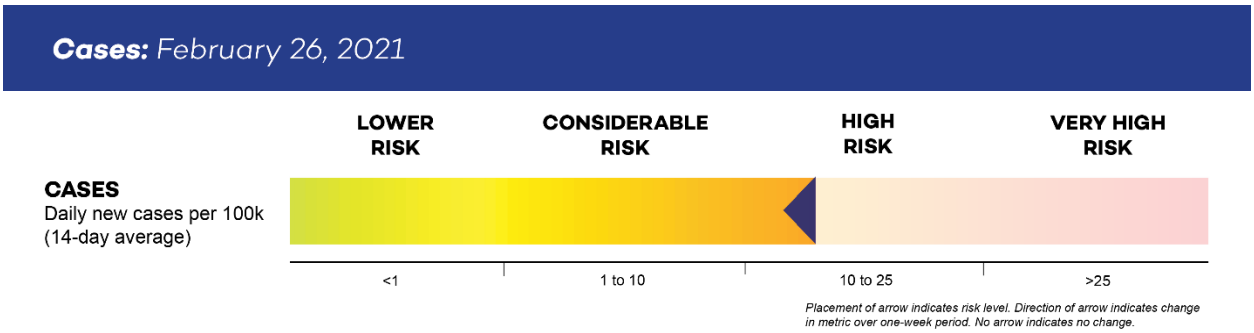
Each metric is assigned one of four categories each week, ranging from Very High Risk to Low Risk. Risk categories are based on public health authorities' standards, including the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), and the Harvard Global Health Institute.




The Overall Anchorage COVID-19 Risk Level has decreased slightly this week but remains in the upper third of the Considerable Risk category. This Overall Risk Level is a consensus metric derived from individual metrics, with appropriate weight given to the most important metrics – Cases and Health Care Capacity. Additional community-level factors that affect risks associated with COVID-19 within the Municipality are also considered.

This week's change is due to the continued slow but steady decline in daily new cases, a decline in percent positivity, and continued vaccinations which are balanced against a decrease in average available adult staff ICU beds and an effective reproductive number that remains just under but close to one. Concern about more transmissible variants increased this week with the identification of the P.1 variant in an Anchorage case with no recent travel history. Additional factors, including increased school and sports activity and high transmission rates in neighboring communities, also keep us in a guarded position.

## Cases




### Case Counts, Hospitalizations, and Deaths

- **Daily new cases.** The current 14-day rolling daily average of 12.95 cases per 100,000 has dropped 9% from one week ago (14.21). This keeps us in the "High Risk" category for the Anchorage COVID-19 Health Risk Metrics.
- **New cases this week.** There were 265 new resident cases this week, down from 271 last week.
- **Racial distribution:** The percentage of Alaska Native (AN) cases this week is slightly lower than the percentage since the beginning of the pandemic despite widespread vaccination within the AN population. This may be related to the shift in age distribution. The percentage of Asian cases (11% this past week, 12% the week prior) continued to be higher than the 7% seen since the beginning of the pandemic. The percentage of White cases is also higher this week (43%) than has been seen since the beginning of the pandemic (36%). These race distribution shifts may be related to differences in vaccine rates across racial groups. See Table 1 for a breakdown by race and ethnicity.
- **Age distribution:** Twenty-four percent of new cases last week were age 19 or younger, compared to 17% for all cases since the beginning of the pandemic. Conversely, there were ten cases over the age of 70 this week, and only 11% of cases were age 60 or older compared to 15% since the beginning of the pandemic. These age shifts may be related to schools re-opening and more older residents getting vaccinated. See and Table 2 for breakdown by age.
- **Cumulative cases.** As of February 24, there are 26,524 confirmed cases in the MOA. This includes 26,037 Anchorage residents in- and out-of-state and 487 nonresidents testing positive in Anchorage.
- **Current hospitalizations**. As of February 243, there were 19 hospitalized COVID-19 cases. The number of hospitalized cases ranged from 15 to 19 this week. As of February 243, there were four hospitalized Persons Under Investigation (PUI). The number of hospitalized PUIs ranged from zero to 14. Hospitalizations have been consistently lower this week compared to last.
- **Deaths.** There have been 155 Anchorage deaths, 154 among Anchorage residents, and one non-resident. This is one more than in last week's report.

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*Table 1: COVID-19 Cases by Race and Ethnicity (excluding cases with missing race or ethnicity data)*

| | Cases in the Last Week | | | All Cases | | | Hospitalizations | | | Deaths | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ***Race*** | ***Cases*** | ***%*** | ***Rate**** | ***Cases*** | ***%*** | ***Rate**** | ***Cases*** | ***%*** | ***Hosp. rate per 100 cases*** | ***Cases*** | ***%*** | ***Death rate per 100 cases*** |
| American Indian or Alaska Native | 30 | 17% | 117 | 3,623 | 20% | 14,177 | 137 | 18% | 3.8 | 42 | 27% | 1.2 |
| Asian | 20 | 11% | 77 | 1,281 | 7% | 4,931 | 78 | 10% | 6.1 | 23 | 15% | 1.8 |
| Black or African American | 2 | 1% | 13 | 881 | 5% | 5,793 | 34 | 4% | 3.9 | 9 | 6% | 1.0 |
| Native Hawaiian or Other Pacific Islander | 10 | 6% | 124 | 1,003 | 5% | 12,474 | 108 | 14% | 10.8 | 16 | 10% | 1.6 |
| White | 77 | 43% | 43 | 6,698 | 36% | 3,713 | 198 | 26% | 3.0 | 59 | 39% | 0.9 |
| Other Race | 23 | 13% | 354 | 2,983 | 16% | 45,963 | 35 | 5% | 1.2 | - | 0% | - |
| Two or More Races | 17 | 9% | 65 | 1,956 | 11% | 7,426 | 180 | 23% | 9.2 | 4 | 3% | 0.2 |
| All Cases (race known) | 179 | 100% | 62 | 18,425 | 100% | 6,398 | 770 | 1 | 4.2 | 153 | 100% | 0.8 |
| ***Ethnicity*** | ***Cases*** | ***%*** | ***Rate**** | ***Cases*** | ***%*** | ***Rate**** | ***Cases*** | ***%*** | ***Rate*** | ***Cases*** | ***Percent*** | ***Rate*** |
| Hispanic | 8 | 11% | 30 | 1,357 | 13% | 5,027 | 35 | 7% | 2.6 | 10 | 7% | 0.7 |
| Non-Hispanic | 65 | 89% | 25 | 9,329 | 87% | 3,574 | 464 | 93% | 5.0 | 140 | 93% | 1.5 |
| All Cases (ethnicity known) | 73 | 100% | 25 | 10,686 | 1 | 3,710 | 499 | 1 | 4.7 | 150 | 100% | 1.4 |

** Per 100,000*

***Table 2: COVID-19 Cases by Age (all cases have age data)***

| | 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 | 29 | 11% | 71 | 1,606 | 6% | 3,953 | 5 | 1% | 0.3 | - | 0% | - |
| 10 to 19 | 33 | 13% | 90 | 2,951 | 11% | 8,019 | 6 | 1% | 0.2 | - | 0% | - |
| 20 to 29 | 61 | 23% | 136 | 5,612 | 22% | 12,503 | 29 | 4% | 0.5 | 2 | 1% | 0.0 |
| 30 to 39 | 49 | 19% | 108 | 5,144 | 20% | 11,340 | 61 | 9% | 1.2 | 1 | 1% | 0.0 |
| 40 to 49 | 24 | 9% | 72 | 3,592 | 14% | 10,834 | 72 | 10% | 2.0 | 7 | 5% | 0.2 |
| 50 to 59 | 39 | 15% | 106 | 3,320 | 13% | 9,056 | 114 | 16% | 3.4 | 13 | 8% | 0.4 |
| 60 to 69 | 18 | 7% | 63 | 2,399 | 9% | 8,359 | 148 | 21% | 6.2 | 31 | 20% | 1.3 |
| 70 to 79 | 7 | 3% | 43 | 986 | 4% | 6,077 | 163 | 23% | 16.5 | 54 | 35% | 5.5 |
| 80+ | 3 | 1% | 54 | 454 | 2% | 8,133 | 104 | 15% | 22.9 | 46 | 30% | 10.1 |
| All Cases | 263 | 100% | 91 | 26,064 | 100% | 9,050 | 702 | 100% | 2.7 | 154 | 100% | 0.6 |

** Per 100,000*

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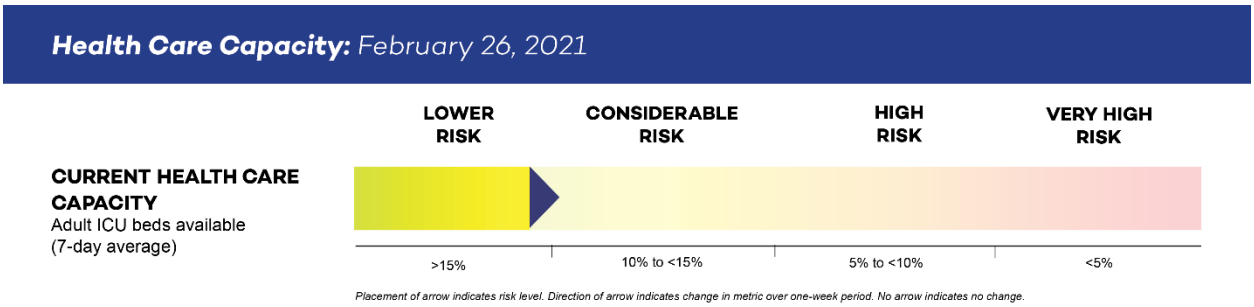
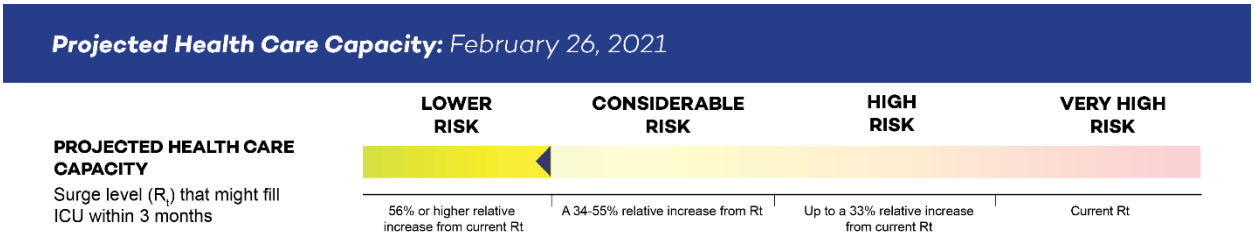
## Health Care Capacity



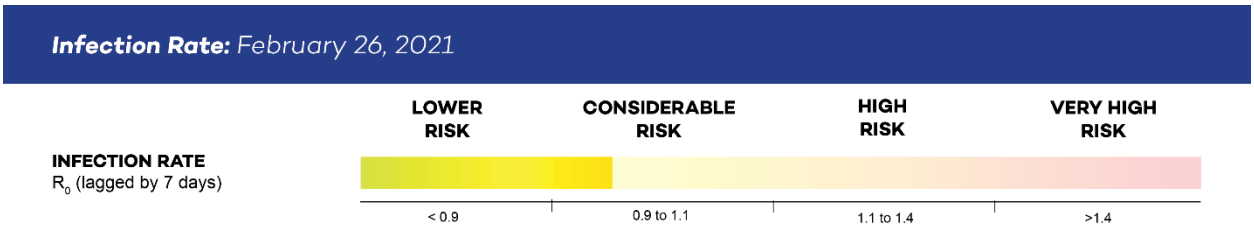

- **ICU beds**. On average, between February 17 and February 23, 17.0% of staffed adult ICU beds at the three acute care hospitals in Anchorage were available. This is a decrease from the 23.8% available on average the week before. During that time, the number of staffed adult ICU beds ranged from 68 to 72, and the number of available staffed adult ICU beds ranged from 7 to 20. This keeps us into the upper end of the "Lower Risk" category for the Anchorage COVID-19 Health Risk Metrics.
- **Non-ICU beds**. As of February 24, there were 94 available adult non-ICU beds out of 490 total staffed adult non-ICU beds.
- **Ventilators**. As of February 24, there were 4 COVID-19 patients on ventilators in Anchorage.
- **Hospital Impact:** As of February 24, 4.1% of all hospitalizations and 3.6% 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 February 23. The model indicates 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 February 26 that are 50% or more above our current $R_t$ could result in ICU capacity being exceeded in Anchorage within three months. Adjusting for the effect of COVID vaccinations in Anchorage reduces this likelihood somewhat, indicating that increases in transmission of ≥55% would be required to exceed ICU capacity. This puts it at the lower end of the "Considerable Risk" category for the Anchorage COVID-19 Health Risk Metrics (Appendix 1).

## Infection Rate

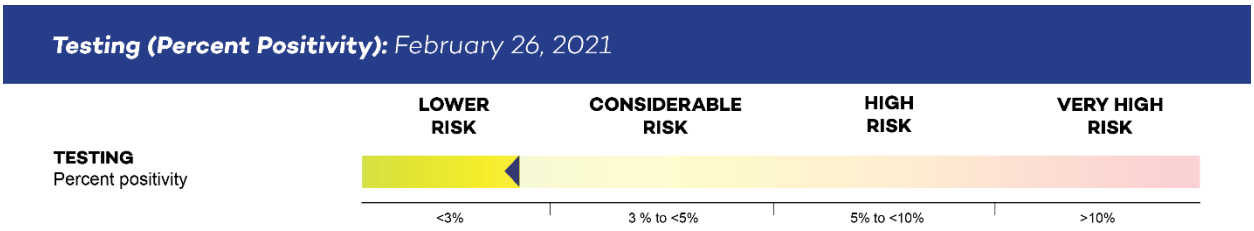



- The consensus effective reproductive number ($R_t$) for Anchorage of 0.96 is similar to last week. It keeps us in the lower end of the "Considerable Risk" category for the Anchorage COVID-19 Health Risk Metrics (Appendix 1). See Table 3.
- The discrepancy between the SOA and the COVID ActNow model estimates for $R_t$ in Anchorage as of February 18 may be related to the change in reporting such that case counts are no longer updated on weekends and holidays. The SOA model labels the February 18 estimate as provisional with a firm estimate of 0.95 for February 15; therefore, we calculated the consensus $R_t$ to be the average of the SOA value for February 15 and the COVID ActNow value for February 18.

***Table 3: Reproductive Number Estimates***

| Geography, Source | February 11 | February 11 (updated) | February 18 |
|---|---|---|---|
| Anchorage, COVID ActNow | 0.95 | 0.95 | 0.97 |
| Anchorage, SOA model (in-state residents only) | 0.96 | 0.91 | 0.91 |
| Alaska, COVID ActNow | 0.94 | 0.96 | 0.97 |
| Alaska, SOA model (in-state residents only) | 0.98 | 0.92 | 0.95 |

## Testing




- **Percent positivity:**
    - On average, between February 12 and February 18, 1.73% of COVID-19 PCR and antigen tests had positive test results, decreasing last week. This keeps us into the upper end of the "Low Risk" category for the Anchorage COVID-19 Health Risk Metrics.
    - The State reports test results according to the date when the sample was collected. This metric is lagged by seven days to allow most test results to be reported to the State.
- **Test volume**:
    - As shown in Table 4, the testing volume is lower than last week, but remains well above the White House task force's target level. This lower testing volume may be related to fewer confirmed cases and, therefore, fewer close contacts and a change in testing location. With the State COVID-19 Emergency Declaration's expiration, the testing site on Lake Otis closed, and a new site opened at the MOA Permit Center on Elmore. The Lake Otis site was particularly well known as it has been open since very early in the pandemic.
    - Test volume is calculated using a seven-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 for the Alaska State Public Health Lab increased from 1.0 to 1.5 days. Average turnaround times for commercial labs and health care facilities are similar to last.

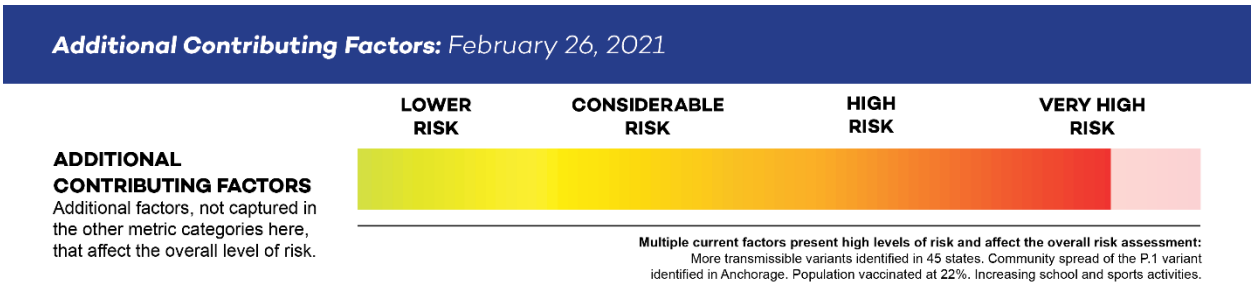
***Table 4: Weekly Test Count Measures***

| Metric | January 29 - February 4 | February 5 - February 11 | February 12 - February 18 | *White House Target (>2,000 per 100,000 population per week)* |
|---|---|---|---|---|
| **Total tests in the week** | 21,074 | 20,749 | 18,040 | *>5,713* |
| **Average daily tests Per 100,000** | 1,054 | 1,038 | 902 | *>285* |

***Table 5: Average Turnaround Time Measures***

| Lab | February 18 | February 25 | *Change* |
|---|---|---|---|
| **Commercial** | 0.9 | 0.9 | *same* |
| **Alaska State Public Health Lab** | 1 | 1.5 | *Increase* |
| **Facility** | 0.6 | 0.4 | *same* |

## Additional Community Factors




The following additional community factors present very high levels of risk currently within the Municipality:

- More transmissible COVID-19 variants have been identified in at least 45 states. Both the B.1.1.7 variant and the P.1 variant have been identified in Anchorage. The P.1 case is particularly concerning because it was identified in an individual who had not recently traveled. The P.1 variant may be less susceptible to the currently approved vaccines.
- Supply of COVID-19 vaccine remains limited, but we anticipate an increased supply in March compared to February. Current eligibility includes individuals aged 50 and older with certain high-risk medical conditions or work within six feet of others as an essential worker. Pre-K through 12 educators and childcare staff and people living or working in congregate settings of any age are now eligible. Demand for vaccine remains high, and there are very limited appointments currently available within Anchorage.
- We are seeing increased school and sports activities as well as planning for events such as Fur Rondy and the Tour of Anchorage.
- Data for MatSu continues to indicate high levels of disease transmission with an effective reproductive number of approximately 1.07, average new daily case counts per 100,000 residents more than two-and-a-half times higher than in Anchorage, and percent positivity four times higher. The large number of people who travel between the two communities daily makes high levels of disease transmission in MatSu a concern for the MOA.

## 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 five days prior to specimen collection. Cases are closed if after two unsuccessful outreach attempts.
    - Of the 174 Anchorage cases entered into CommCare with specimen collection dates between February 13 and February 19, 151 (87%) completed interviews. Of those cases with a completed interview, 149 (99%) were completed within five days of specimen collection.
- **New contacts.** There were nine contacts newly registered into CommCare between February 17 and February 23, who were still awaiting investigation as of the close of business on February 25. This is a decrease of 11 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 nine Anchorage cases opened in CommCare during the past week, February 18 through February 25, that were identified as part of a cluster. This included five cases at Department of Corrections facilities, two in congregate care settings, and two additional cases.
- **Exposure source.** Of the 174 Anchorage cases entered into CommCare with specimen collection dates between February 13 and February 19, 74 (43%) specified an exposure type. The most commonly reported exposure types were household (80%), social events (4%), employment (8%), and other (4%). Of these 174 cases, 148 (85%) provided information about occupation. Occupation was categorized into the pre-specified list. The largest group fell into the Other category, followed by student, unemployed, retired, self-employed, food service, health care worker, and self-employed.
- **At-risk populations.** As of February 25, 2021, 537 cases have been identified within homeless shelters, supportive housing locations, and unsheltered homeless individuals, an increase of 12 since last week's report. All twelve of these additions were added based on records review. The most recent case was diagnosed two weeks ago. The number of hospitalizations remains at 27, and the number of deaths remains at five. Regular screening continues at these locations with confirmed cases, and close contacts are moved into isolation and quarantine as soon as cases are confirmed.

## Vaccination

- As of February 25, 2021, 62,592 first COVID-19 vaccine doses have been administered within Anchorage, and 39,688 second doses. This is equivalent to 21.7% and 13.7% 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. Thanks to the Indian Health Services allocation, 41 percent of Alaska Natives/American Indians have been vaccinated with at least one dose. Almost three percent of Native Hawaiian or Pacific Islanders have been vaccinated, more than double the percentage from last week. Non-Hispanics are 2.5 times more likely to have been vaccinated than Hispanics. Fifty-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 | 149,992 | 20.6% | 95,257 | 13.1% | 728,903 |
| Municipality of Anchorage | 62,592 | 21.7% | 39,688 | 13.7% | 288,970 |

***Table 7: Vaccinations by Race, Ethnicity, and Age***

| | Cases | | | Vaccinations (At least one dose) | | | Anchorage Population | |
|---|---|---|---|---|---|---|---|---|
| ***Race*** | *Cases* | *Percent of cases* | *Cases per 100 pop* | *Vax* | *Percent of vaccinated individuals* | *Vax per 100 pop* | *Pop* | *Percent* |
| American Indian or Alaska Native | 3,623 | 20% | 14.2 | 10,500 | 25% | 41.1 | 25,556 | 9% |
| Asian | 1,281 | 7% | 4.9 | 2,000 | 5% | 7.7 | 25,976 | 9% |
| Black or African American | 881 | 5% | 5.8 | 790 | 2% | 5.2 | 15,207 | 5% |
| Native Hawaiian or Other Pacific Islander | 1,003 | 5% | 12.5 | 231 | 1% | 2.9 | 8,041 | 3% |
| White | 6,698 | 36% | 3.7 | 13,000 | 31% | 7.2 | 180,389 | 63% |
| Other Race | 2,983 | 16% | 46.0 | 4,900 | 12% | 75.5 | 6,490 | 2% |
| Two or More Races | 1,956 | 11% | 7.4 | 10,700 | 25% | 40.6 | 26,341 | 9% |
| ***Ethnicity*** | ***Cases*** | ***Percent*** | ***Per 100*** | ***Vax*** | ***Percent*** | ***Rate*** | ***Pop*** | ***Percent*** |
| Hispanic | 1,357 | 13% | 5.0 | 1,500 | 4% | 5.6 | 26,992 | 9% |
| Non-Hispanic | 9,329 | 87% | 3.6 | 36,300 | 96% | 13.9 | 261,008 | 91% |
| ***Age*** | ***Cases*** | ***Percent*** | ***Per 100*** | ***Vax*** | ***Percent*** | ***Rate*** | ***Pop*** | ***Percent*** |
| 0 to 9 | 1,606 | 6% | 4.0 | - | 0% | - | 40,630 | 14% |
| 10 to 19 | 2,951 | 11% | 8.0 | 1,200 | 2% | 3.3 | 36,798 | 13% |
| 20 to 29 | 5,612 | 22% | 12.5 | 5,600 | 9% | 12.5 | 44,884 | 16% |
| 30 to 39 | 5,144 | 20% | 11.3 | 9,000 | 14% | 19.8 | 45,361 | 16% |
| 40 to 49 | 3,592 | 14% | 10.8 | 8,400 | 13% | 25.3 | 33,156 | 12% |
| 50 to 59 | 3,320 | 13% | 9.1 | 11,100 | 18% | 30.3 | 36,662 | 13% |
| 60 to 69 | 2,399 | 9% | 8.4 | 14,300 | 23% | 49.8 | 28,701 | 10% |
| 70 to 79 | 986 | 4% | 6.1 | 9,600 | 15% | 59.2 | 16,226 | 6% |
| 80+ | 454 | 2% | 8.1 | 3,500 | 6% | 62.7 | 5,582 | 2% |
| **Total** | 26,064 | 100% | 9.1 | 62,700 | 100% | 21.8 | 288,000 | 100% |

## Public Health Messages

**The COVID-19 vaccines protect you, your family, and your community.**

- Individuals are encouraged to get vaccinated as soon as they are eligible.
- Frontline health care workers and anyone age 65 years or older remain eligible to be vaccinated. In addition, the following groups are now eligible:
    - People 50 years and older with a high-risk medical condition.
    - People 50 years and older working within 6 feet of others as an essential worker.
    - PreK – 12 education and child care staff.
    - People living and working in congregate settings.
- Please refer to the Alaska Vaccine Eligibility website for additional details.
- The COVID-19 vaccines are extremely effective at preventing serious disease and death from COVID-19. The vaccines also likely decrease the spread of COVID-19, although asymptomatic transmissions is still possible.
- The vaccines are safe, and you are safer after you have been vaccinated.

**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 strongly recommended when returning to Alaska from out-of-state travel, with one test at the time of travel and a second test approximately five days after returning to the state. **This two-test strategy will help us identify and contain new, more transmissible COVID-19 variants.**

**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.