



Weekly Report on Characteristics of COVID-19 Patients — Mobile County, Alabama, 2020-2021

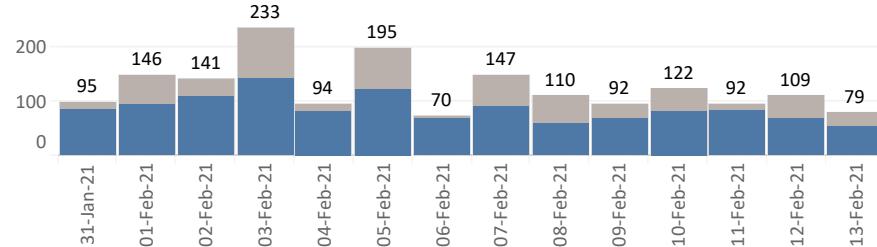
Updated February 14, 2021 for the Report Week Ending February 13, 2021

This summary describes data on COVID-19 patients available in the Alabama Department of Public Health (ADPH) surveillance system (ALNBS), the Alabama Incident Management System (AIMS) reported by hospitals, and the Alabama Syndromic Surveillance (AlaSys) system on 02/14/2021. Investigations are ongoing and data presented may be updated as more information becomes available. Explanations, definitions, and notes are provided at the end of this report.

ALNBS Table 1. Cumulative Number and Rate of Reported COVID-19 — Mobile County, Alabama, March 19, 2020–February 13, 2021

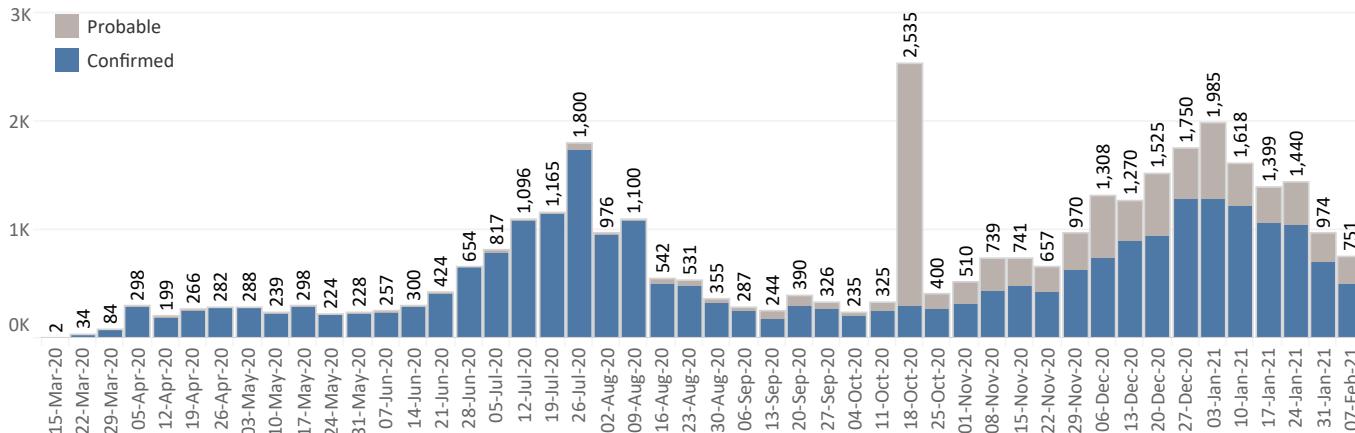
COVID-19 Disease	Number	Percent	Rate
COVID-19 Disease	34,838	100.0%	8,431
Confirmed	26,141	75.0%	6,326
Probable	8,697	25.0%	2,105
Died	688	2.0%	167

ALNBS Figure 1. Number of COVID-19 by Report Date — Mobile County, Alabama, January 31, 2021–February 13, 2021



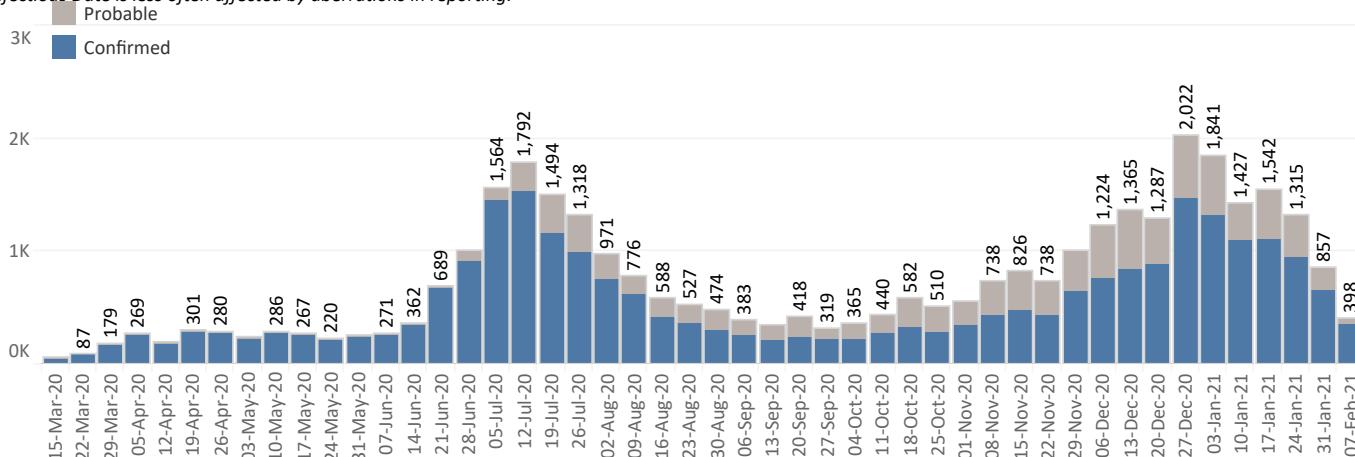
ALNBS Figure 2a. Number of COVID-19 by Report Week* — Mobile County, Alabama, March 19, 2020–February 13, 2021

* Report Week is the week a positive laboratory result is reported to the ADPH. Report Week is often affected by aberrations in reporting (e.g., delays in reporting, electronic processing delays, manual data entry, manual data processing).

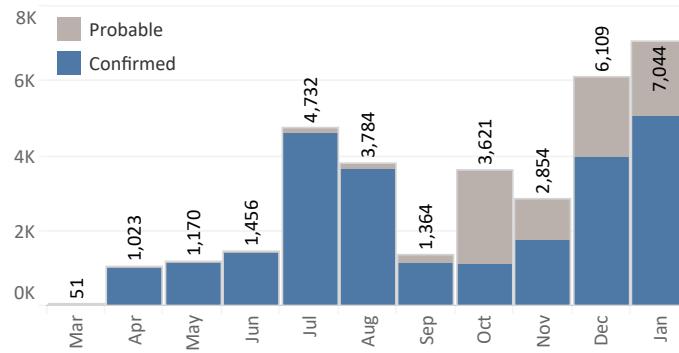


ALNBS Figure 2b. Number of COVID-19 by Infectious Week — Mobile County, Alabama, March 19, 2020–February 13, 2021**

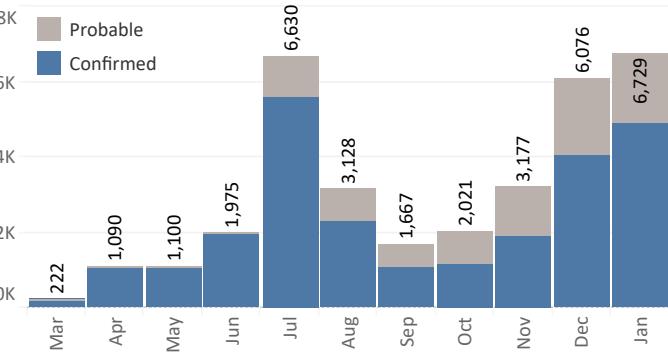
** ADPH estimates the date a person was most likely infectious as the date of illness onset, specimen collection, or report to public health — whichever is earliest. Infectious Date is less often affected by aberrations in reporting.



ALNBS Figure 3a. Number of COVID-19 by Month of Report — Mobile County, Alabama, March 19, 2020–February 13, 2021



ALNBS Figure 3b. Number of COVID-19 by Infectious Month — Mobile County, Alabama, March 19, 2020–February 13, 2021

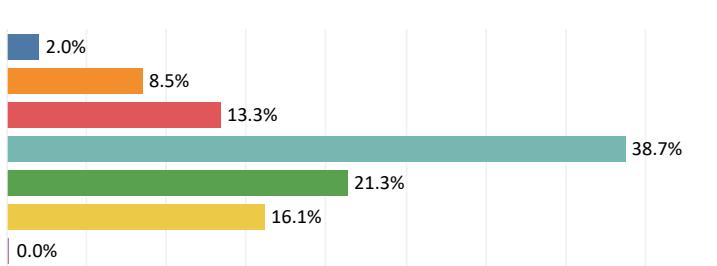


ALNBS Table 2. Cumulative Number and Rate of COVID-19 by Select Patient Characteristics — Mobile County, Alabama, March 19, 2020–February 13, 2021

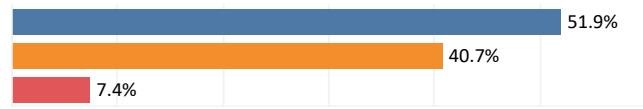
50% increase in rate COVID-19 case reports among people aged 18 to 24 years of age compared to all other age groups.

1.4 times greater case rate among African Americans compared to Whites.

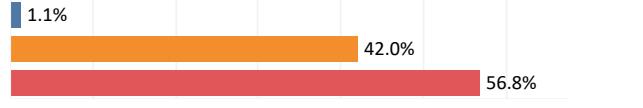
	Number	Percent	Rate
≤4 years	713	2.0%	2,653
5-17 years	2,964	8.5%	4,168
18-24 years	4,642	13.3%	12,061
25-49 years	13,486	38.7%	10,266
50-64 years	7,417	21.3%	9,052
≥65 years	5,612	16.1%	8,847
Unknown	4	0.0%	



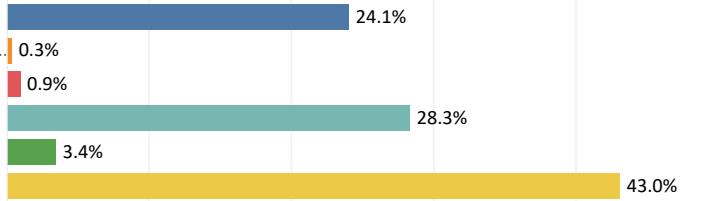
	Number	Percent	Rate
Female	18,090	51.9%	8,339
Male	14,173	40.7%	7,221
Unknown	2,575	7.4%	



	Number	Percent	Rate
Hispanic	395	1.1%	3,187
Non-Hispanic	14,644	42.0%	6,272
Unknown	19,799	56.8%	



	Number	Percent	Rate
African American	8,387	24.1%	5,607
American Indian o..	116	0.3%	3,119
Asian	313	0.9%	3,607
White	9,845	28.3%	4,038
Other*	1,186	3.4%	
Unknown	14,991	43.0%	

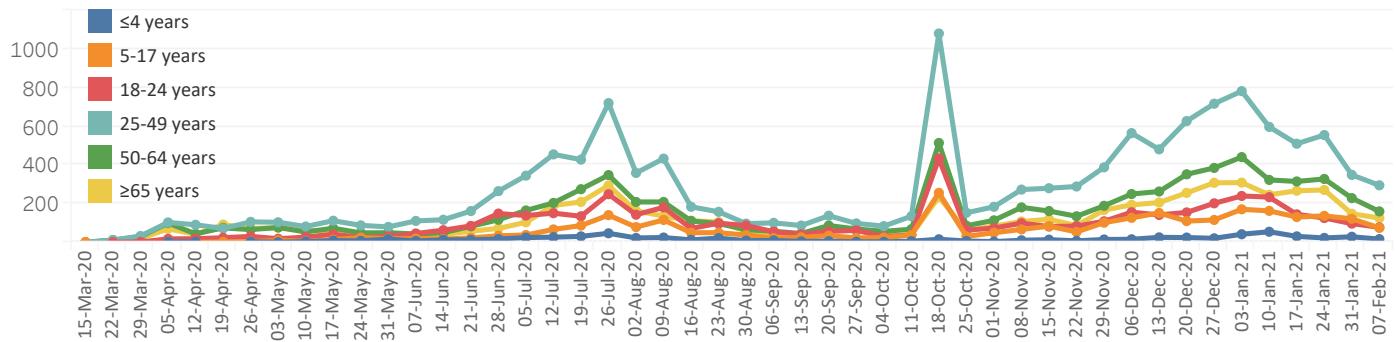


[^]Rate = Number of COVID-19 per 100,000 persons

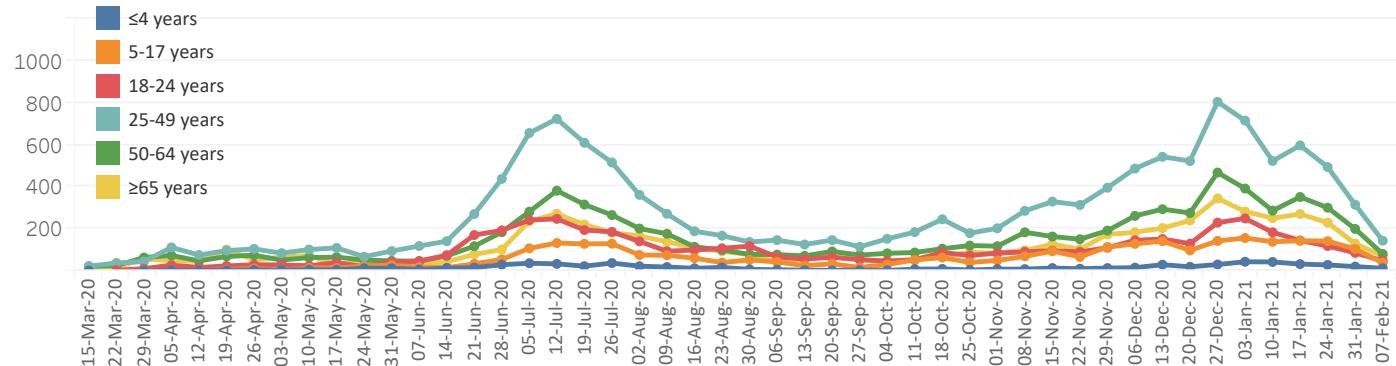
*Other includes patients who reported Other Race or more than one Race.

#According to the US Census Bureau, Hispanic may be of any race.

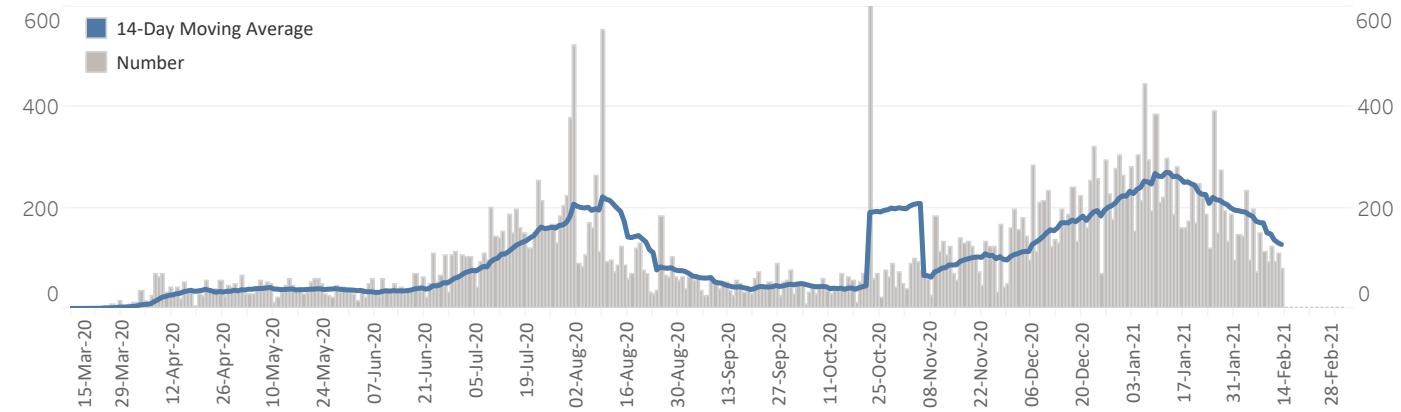
ALNBS Figure 4a. Number of COVID-19 by Report Week and Age Group — Mobile County, Alabama, March 19, 2020–February 13, 2021



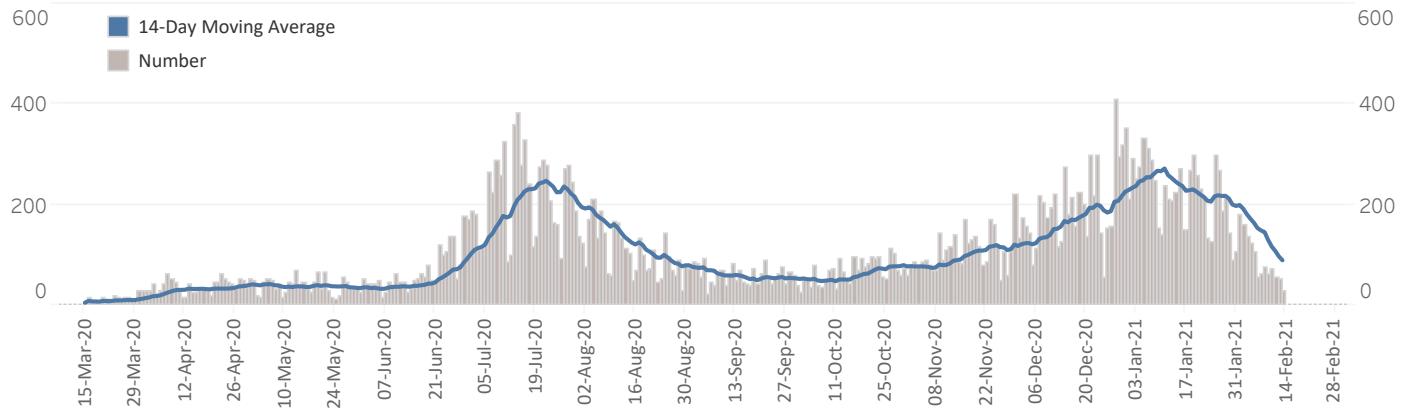
ALNBS Figure 4b. Number of COVID-19 by Infectious Week and Age Group — Mobile County, Alabama, March 19, 2020–February 13, 2021



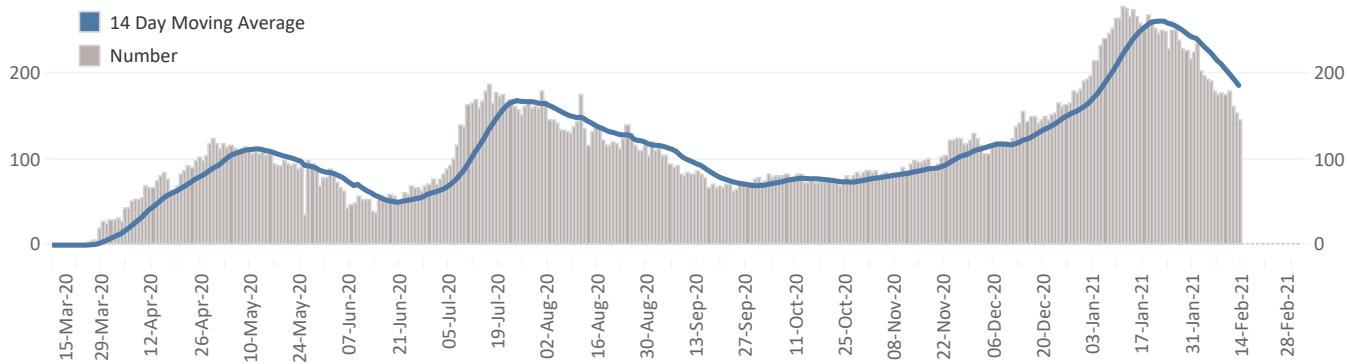
ALNBS Figure 5a. Number COVID-19 by Report Date — Mobile County, Alabama, March 19, 2020–February 13, 2021



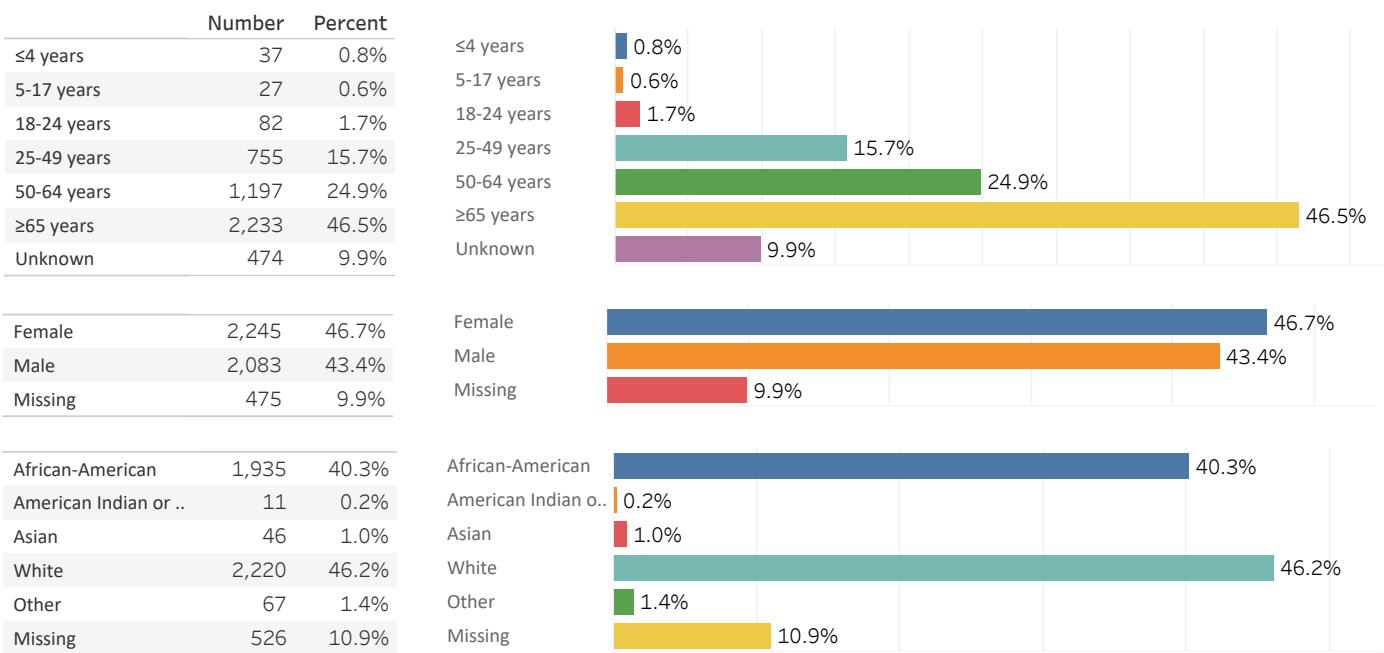
ALNBS Figure 5b. Number COVID-19 by Infectious Date — Mobile County, Alabama, March 19, 2020–February 13, 2021



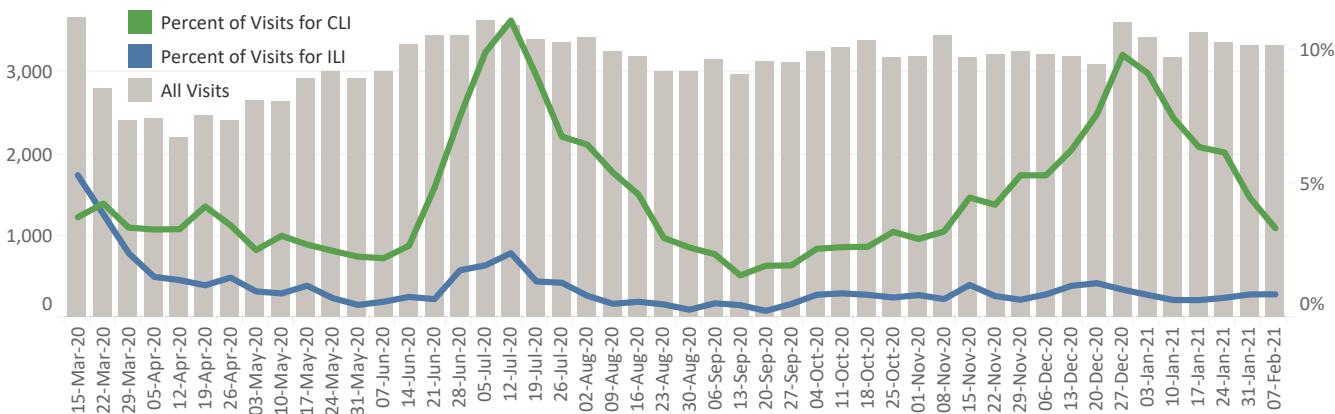
AIMS Figure 6. Number of Patients Hospitalized with COVID-19 by Admission Date — Mobile County, Alabama, March 19, 2021–February 13, 2021



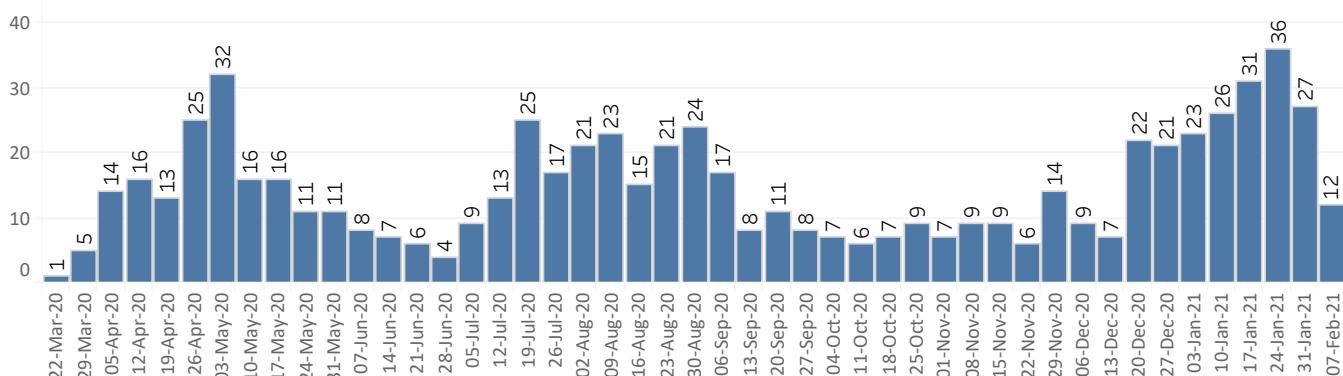
AIMS Table 3. Characteristics of Patients Hospitalized with COVID-19 — Mobile County, Alabama, March 19, 2020–February 13, 2021



AlaSyS Figure 7. Percent of Emergency Department (ED) Visits for COVID-19-Like Illness (CLI) and Influenza-Like Illness (ILI) among all ED Visits, by Week — Mobile County, Alabama, March 19, 2020–February 13, 2021



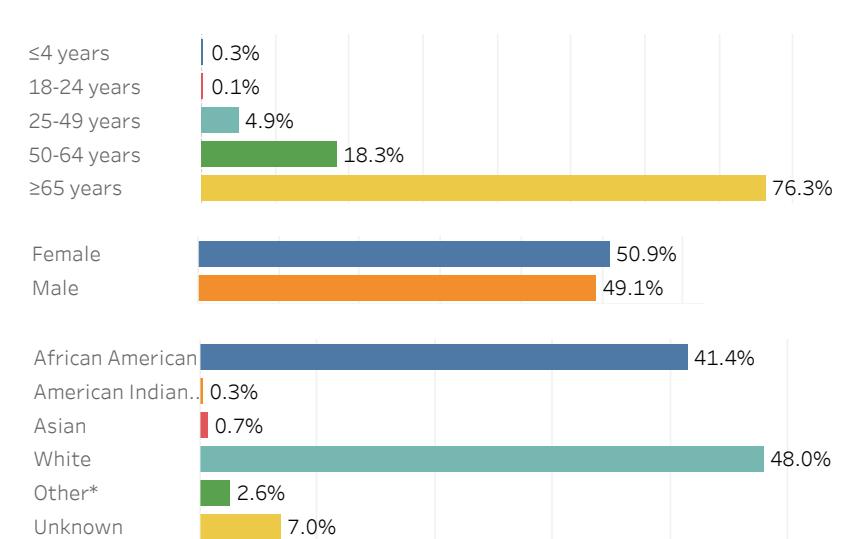
ALNBS Figure 8. Number of Persons Who Died With COVID-19 by Week of Death—Mobile County, Alabama, March 19, 2020–February 13, 2021



ALNBS Table 4. Cumulative Number and Rate of Persons who Died with COVID-19 by Select Patient Characteristics—Mobile County, Alabama, March 19, 2020–February 13, 2021

	Number	Percent	Rate
≤4 years	2	0.3%	7
18-24 years	1	0.1%	3
25-49 years	34	4.9%	26
50-64 years	126	18.3%	154
≥65 years	525	76.3%	828

	Number	Percent	Rate
Female	350	50.9%	161
Male	338	49.1%	172
African American	285	41.4%	191
American Indian ..	2	0.3%	54
Asian	5	0.7%	58
White	330	48.0%	135
Other*	18	2.6%	
Unknown	48	7.0%	



18 times greater death rate among people 65+ compared to the death rate among those under 65.

1.4 times greater death rate among African Americans compared to Whites.

78% of patients who died with COVID-19 were known to have underlying medical conditions.

28% of deaths are associated with COVID-19 transmission in long-term care facilities (nursing homes, assisted living, or specialty care).

ALNBS Figure 9. Number of COVID-19 PCR Laboratory Tests by Week of Specimen Collection and Result – Mobile County, Alabama, March 19–February 13, 2021

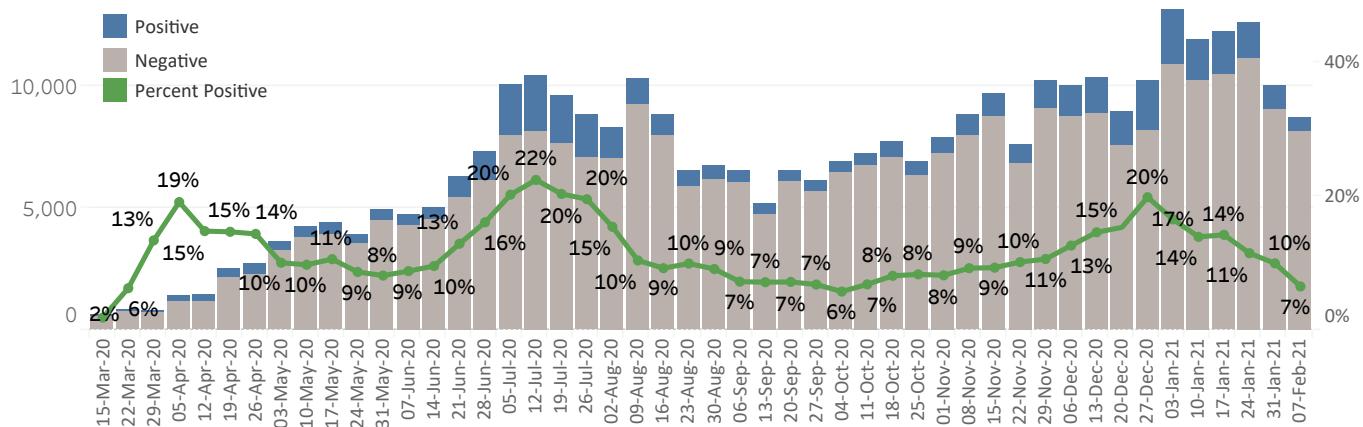
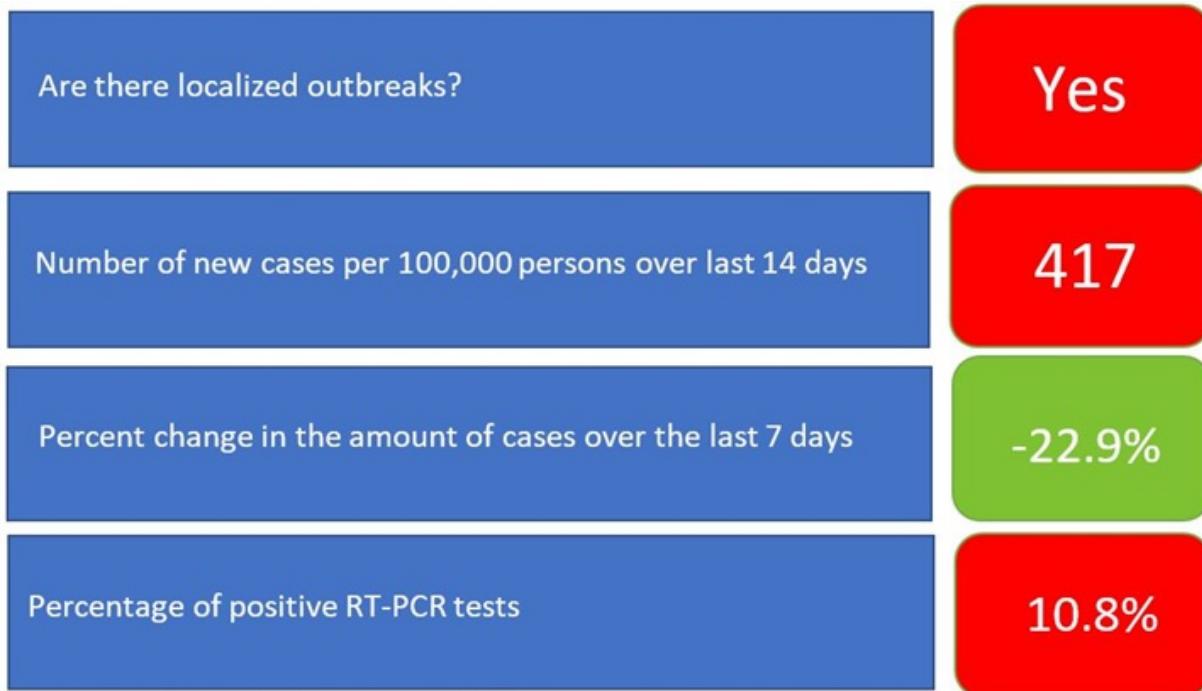


Figure 10. School Risk Indicators as of February 13, 2021 —Mobile County, Alabama



This infographic tracks indicators that schools can use to aid in their decision-making process. Risk of transmission is based on Mobile County community estimates and ranges from lowest, lower, moderate, higher, and highest level of risk with a color scale from green to red.

Lowest Risk

Lower

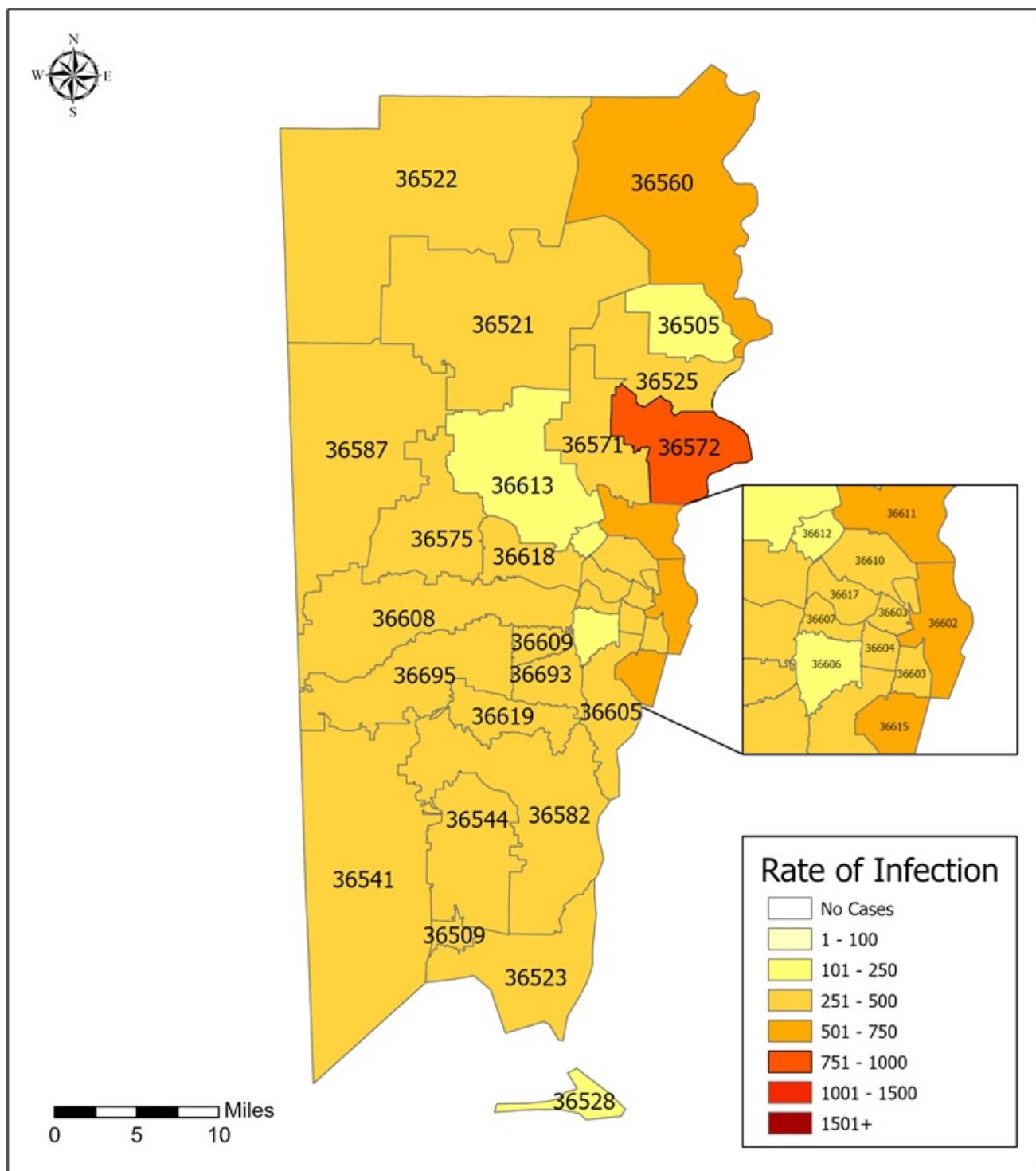
Moderate

Higher

Highest

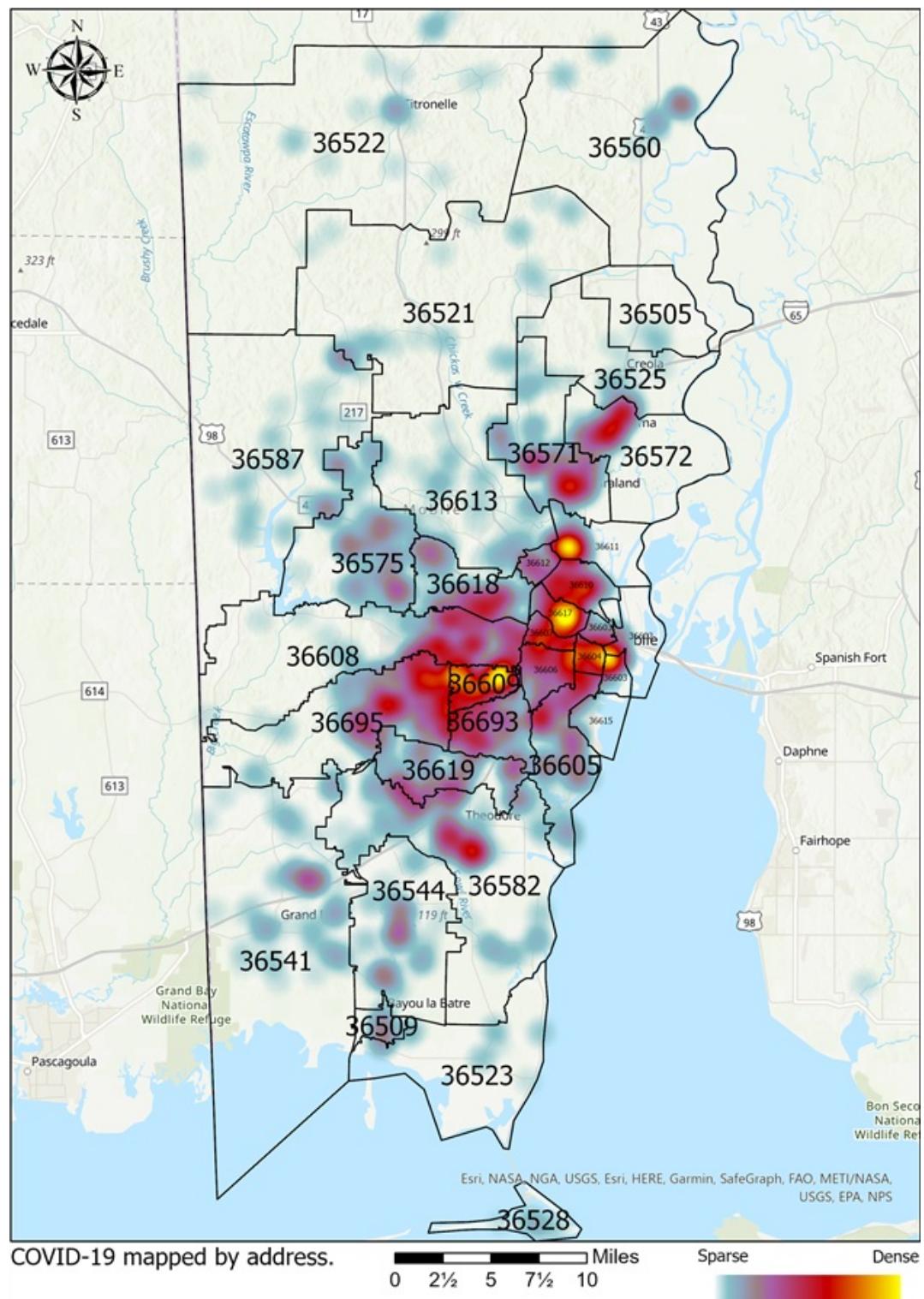
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/indicators.html#thresholds>

ALNBS Figure 11. Rate of Reported COVID-19 Disease—Mobile County, Alabama, January 31, 2021–February 13, 2021



Rate = Rate of infection per 100,000 persons.

ALNBS Figure 12. Reported COVID-19 Disease Area Density—Mobile County, Alabama, January 31, 2021–February 13, 2021



Data Sources:

Alabama Incidence Management System (AIMS) contains some aggregate and minimal individual data on patients hospitalized in Mobile County but may reside in other counties or states. AIMS data are used to describe characteristics of patients who have tested positive for COVID-19 while hospitalized. Individual data are provided after the patient is discharged or deceased.

Alabama NEDSS Base System (ALNBS) receives minimal patient information from electronic laboratory results reporting and information on deaths from the ADPH Center for Health Statistics. MCHD reports ALNBS data on Mobile County residents. ALNBS data are used to describe characteristics of patients with COVID-19, patients who have died with COVID-19, and laboratory results.

Alabama Syndromic Surveillance (AlaSys) The Alabama Department of Public Health (ADPH) collects and monitors data on emergency department visits to inform public health interventions and data on more than two million emergency department visits reported by ~85 hospitals each year. Each record includes de-identified information on the patient and their chief complaint. Ninety-four percent of records are available within two days of patient visit.

Case Definitions:

Confirmed Cases are the total number of patients with laboratory confirmation of SARS-CoV-2, the virus causing COVID-19.

Probable Cases are the total number of patients who are epidemiologically linked (have had close contact) with a confirmed case, have symptoms meeting clinical criteria of COVID-19, and have no confirmatory laboratory testing performed for COVID-19. In addition, persons who test positive by antigen are considered probable cases.

Confirmed and Probable Deaths represent patients who have a death certificate that lists COVID-19 disease or SARS-CoV-2 as a cause of death or a significant condition contributing to death.

Confirmed Deaths have a laboratory confirmation of SAR-CoV-2. Probable Deaths have no confirmatory laboratory testing performed for COVID-19.

Other Definitions:

Percent Calculation: Percentage of COVID-19 Cases in Mobile County is calculated by dividing the number of positive tests for select characteristics since March 2020 by the total number of positive tests in Mobile County and multiplying by 100. Percentage of COVID-19 deaths in Mobile County is calculated by dividing the number of deaths with COVID-19 for select characteristics since March 2020 by the total number of deaths with COVID-19 in Mobile County and multiplying by 100.

Rate Estimation: Rates are estimated per 100,000 persons. Cumulative COVID-19 incidence case rates per 100,000 persons are calculated by number of reported COVID-19 cases in Mobile county divided by the population of Mobile County estimated on July 1, 2019 by United States Census Bureau and multiplying by 100,000. Cumulative COVID-19 Death Rates are calculated by number of reported COVID-19 deaths in Mobile county divided by the population of Mobile County estimated on July 1, 2019 by U.S. Census Bureau and multiplying by 100,000. Estimated population of Mobile County 2019 is 413,210. Population estimates for selected characteristics are found at <https://data.census.gov/cedsci/all?q=mobile%20county>.

ADPH Note on Laboratory Results Reporting:

The Alabama Department of Public Health (ADPH) receives reports of testing for SARS-CoV-2 from commercial and clinical laboratories as well as the ADPH's Bureau of Clinical Laboratories (BCL). While ADPH has long term reporting relationships with many labs in Alabama and other states, new labs have begun to provide testing for SARS-CoV-2 during the COVID-19 pandemic. There have been instances where ADPH was not aware of some of these laboratories, and these labs were not familiar with mandatory reporting of notifiable diseases. ADPH has two large entities transmit data, including antigen tests, which increase daily numbers of cases, including probable cases. When ADPH becomes aware of a new lab performing SARS-CoV-2 testing, ADPH educates the labs regarding uploading data in a timely, accurate electronic format. As these labs were not reporting to ADPH until they understood the requirement, their data contains older reports which increases case numbers. ADPH continues to make all efforts possible to identify new labs and bring them into the electronic reporting process to capture the positive and negative labs for case investigation and data accuracy.

Strengths and Weaknesses of COVID-19 Surveillance Data:

In June, the National Academies released a rapid expert consultation summarizing the benefits and drawbacks of seven specific COVID-19 measures that we rely on to respond to the outbreak. MCHD currently relies on four of these measures to understand the spread of the disease in Mobile County:

Confirmed cases: This measure is readily available but is an underestimate of total persons with the disease. As the volume of testing expands, this measure becomes more useful and representative of the population. As the volume of testing decreases, this measure becomes less useful and is likely to be biased with respect to population representativeness.

Hospitalizations: These data reflect only the most severe cases of infection and patients who were exposed to the virus several weeks before admission.

Confirmed deaths: These data reflect the state of the outbreak several weeks previously because of the long course of infection. COVID-19 deaths are identified using a new ICD-10 code. When COVID-19 is reported as a cause of death or when it is listed as a "probable" or "presumed" cause the death is coded as U07.1.

Fraction of viral tests that are positive: These data may not be an adequate measure of prevalence, depending on testing criteria. If mainly symptomatic people are tested, these data are expected to overestimate the true community prevalence. The proportion of positive tests is expected to decline as testing expands to include mildly symptomatic and asymptomatic people.

Read the full National Academies consultation at

<https://www.nationalacademies.org/news/2020/06/national-academies-release-covid-19-data-guide-for-decision-makers>.