

MCHD COVID

Worldwide and United States COVID-19 case counts are available at <https://coronavirus.jhu.edu/map.html>
 Alabama COVID-19 case counts are available at <https://www.alabamapublichealth.gov/covid19/index.html>

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

Updated October 11, 2020 for the Report Week Ending October 10, 2020

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 10/11/2020. 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.

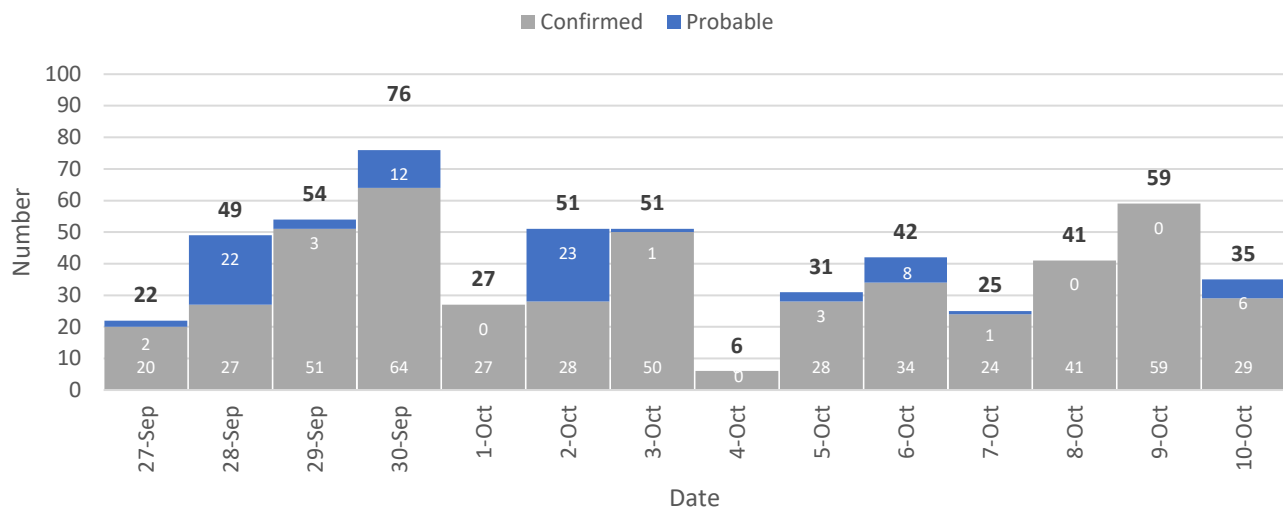
ALNBS Table 1. Cumulative Number and Rate of Reported COVID-19— Mobile County, Alabama, March 19–October 10, 2020

	Number	(%)	Rate*
COVID-19 Disease	13,954	(100.0)	3,377
Laboratory Confirmed	13,420	(96.2)	3,248
Probable Case	534	(3.8)	129

Died 310 (2.2) 75

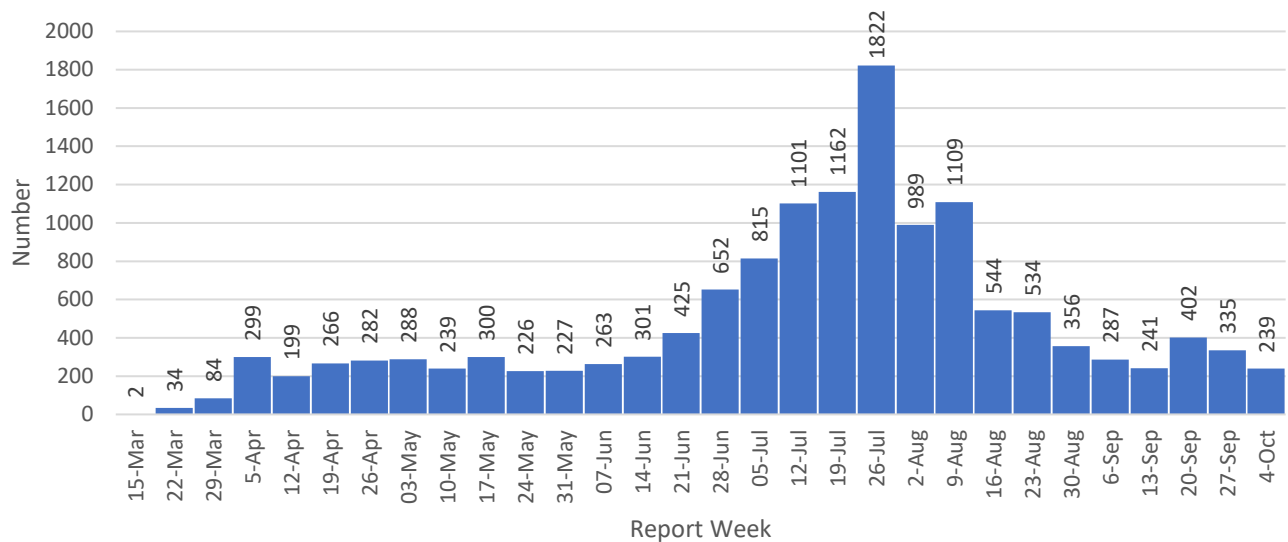
*Number of COVID-19 per 100,000 persons

ALNBS Figure 1. Number of COVID-19 by Report Date — Mobile County, Alabama, September 27–October 10, 2020

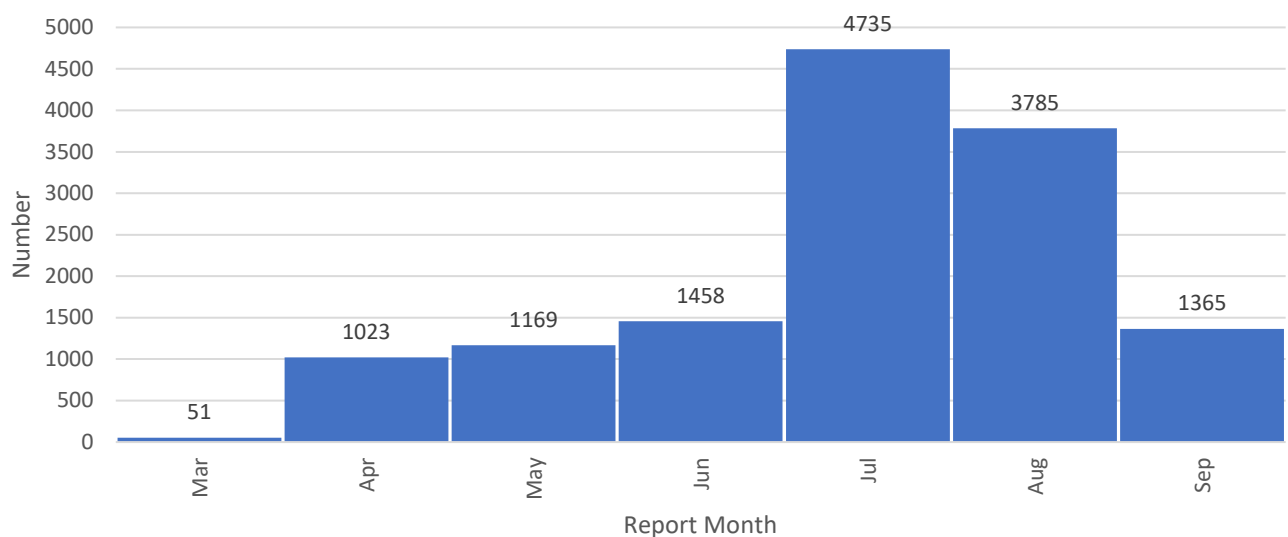


ALNS Figure 2. Number of COVID-19 by Report Week — Mobile County, Alabama, March 19–October 10, 2020

Note: Report Week is the week a positive laboratory result is reported to the Alabama Department of Public Health. Report Week is often affected by aberrations in reporting (e.g., delays in reporting, electronic processing delays, manual data entry, manual data processing).



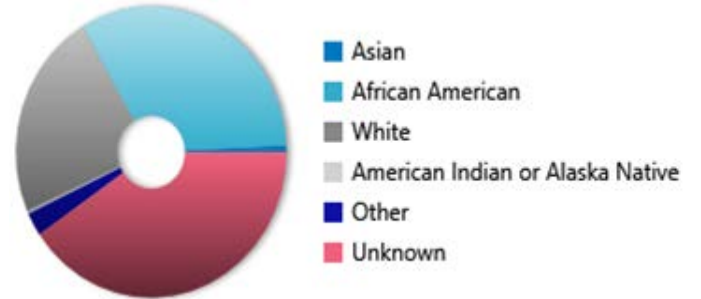
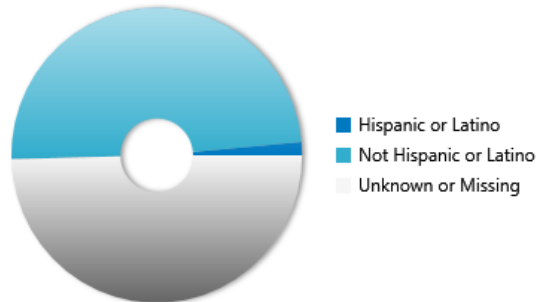
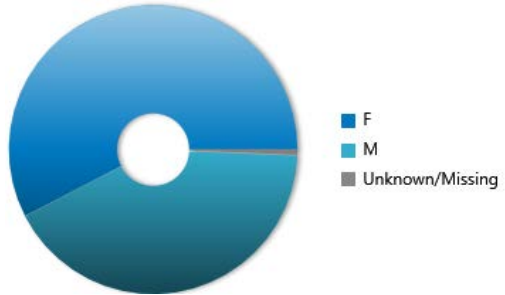
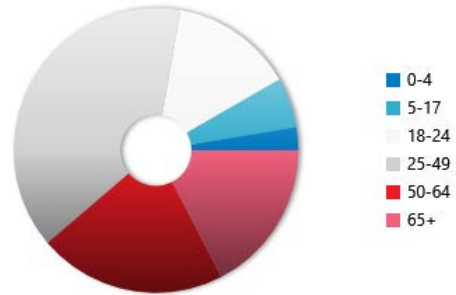
ALNS Figure 5. Number COVID-19 by Month of Report — Mobile County, Alabama, March 19–September 30, 2020



ALNBS Table 2. Cumulative Number and Rate of COVID-19 by Select Patient Characteristics — Mobile County, Alabama, March 19–October 10, 2020

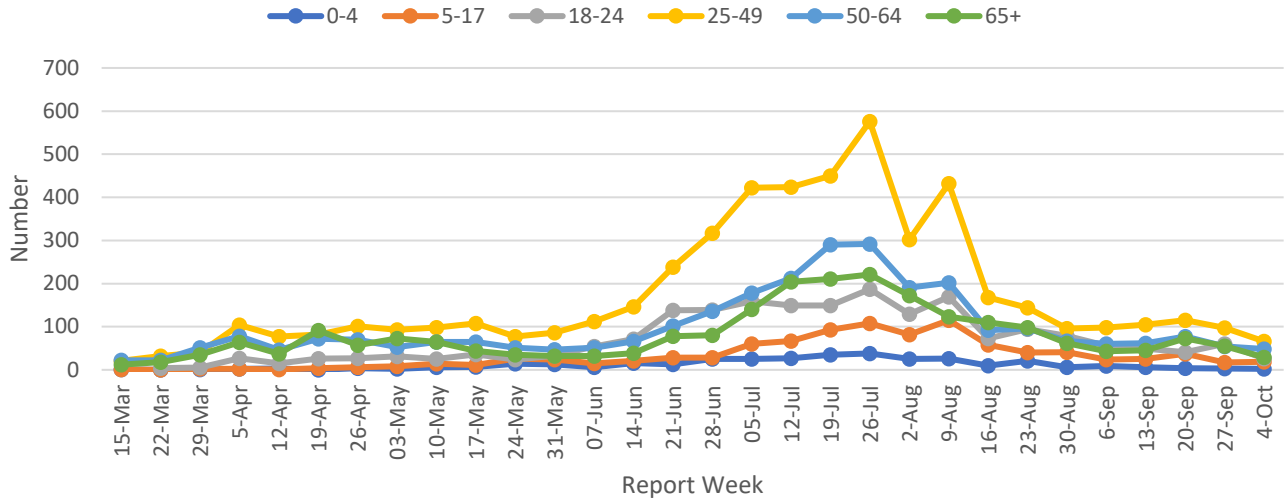
71% increase in rate COVID-19 case reports among people aged 18 to 24 years of age compared to all other age groups.

	Number	(%)	Rate [^]
All COVID-19	13,954	(100%)	3,377
Age			
0-4	356	(2.6)	1,325
5-17	977	(7.0)	1,374
18-24	2,076	(14.9)	5,394
25-49	5,235	(37.5)	3,985
50-64	2,921	(20.9)	3,565
65+	2,383	(17.1)	3,757
Unknown	6	(0.0)	
Sex			
Female	8,019	(57.5)	3,638
Male	5,869	(42.1)	2,945
Unknown	66	(0.5)	
Race			
African American	4,517	(32.4)	3,020
American Indian or Alaska Native	45	(0.3)	1,210
Asian	102	(0.7)	1,176
White	3,392	(24.3)	1,391
Other*	380	(2.7)	5,409
Unknown or Missing	5,518	(39.5)	
Ethnicity			
Hispanic [#]	207	(1.5)	1,670
Non-Hispanic	6,865	(49.2)	2,940
Unknown or Missing	6,882	(49.3)	
Zip Code			
36582	643	(4.6)	2,611
36605	1,010	(7.2)	3,839
36608	1,290	(9.2)	3,625
36609	762	(5.5)	3,138
36695	1,300	(9.3)	2,545
Other 365	2,571	(18.4)	2,406
Other 366	4,997	(35.8)	2,873
Unknown	1,381	(9.9)	

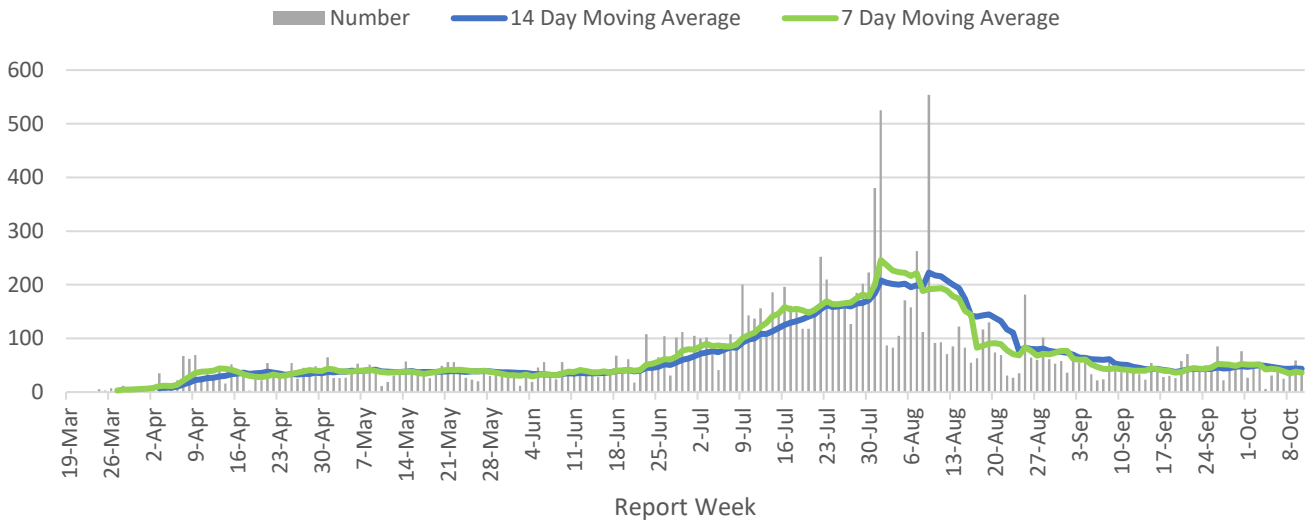


[^]Rate = Number of COVID-19 per 100,000 persons
 *Other includes patients who reported Other Race or more than one Race.
[#]According to the US Census Bureau, Hispanic may be of any race.

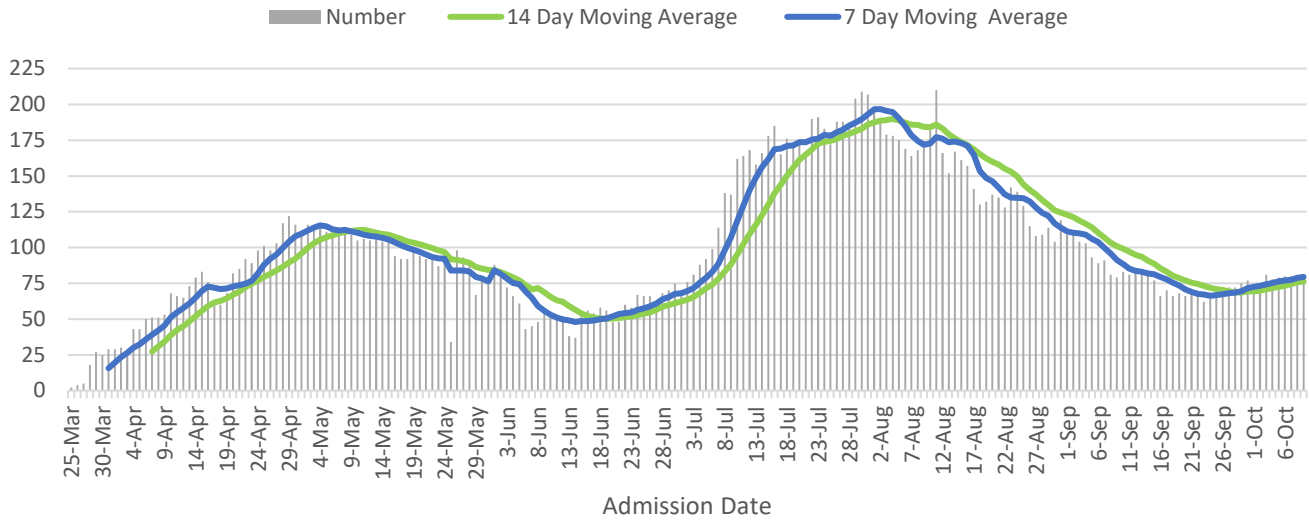
ALNBS Figure 3. Number of COVID-19 by Report Week and Age Group — Mobile County, Alabama, March 19–October 10, 2020



ALNBS Figure 4. Number COVID-19 by Report Date — Mobile County, Alabama, March 19–October 10, 2020



AIMS Figure 6. Number of Patients Hospitalized with COVID-19 by Admission Date — Mobile County, Alabama, March 19–October 10, 2020

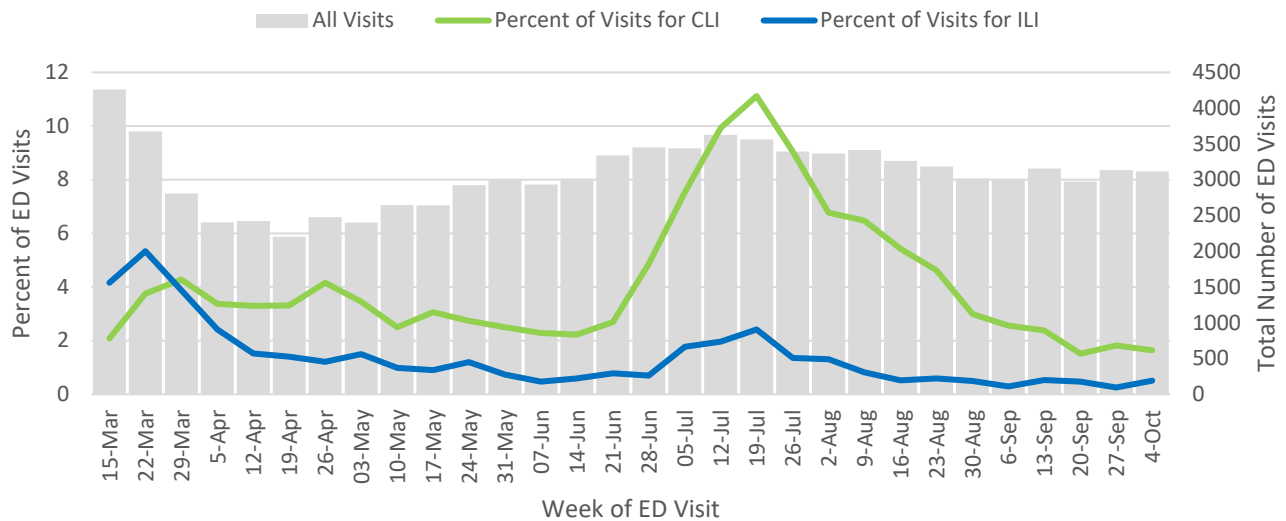


AIMS Table 3. Characteristics of Patients Hospitalized with COVID-19 — Mobile County, Alabama, March 19–October 10, 2020

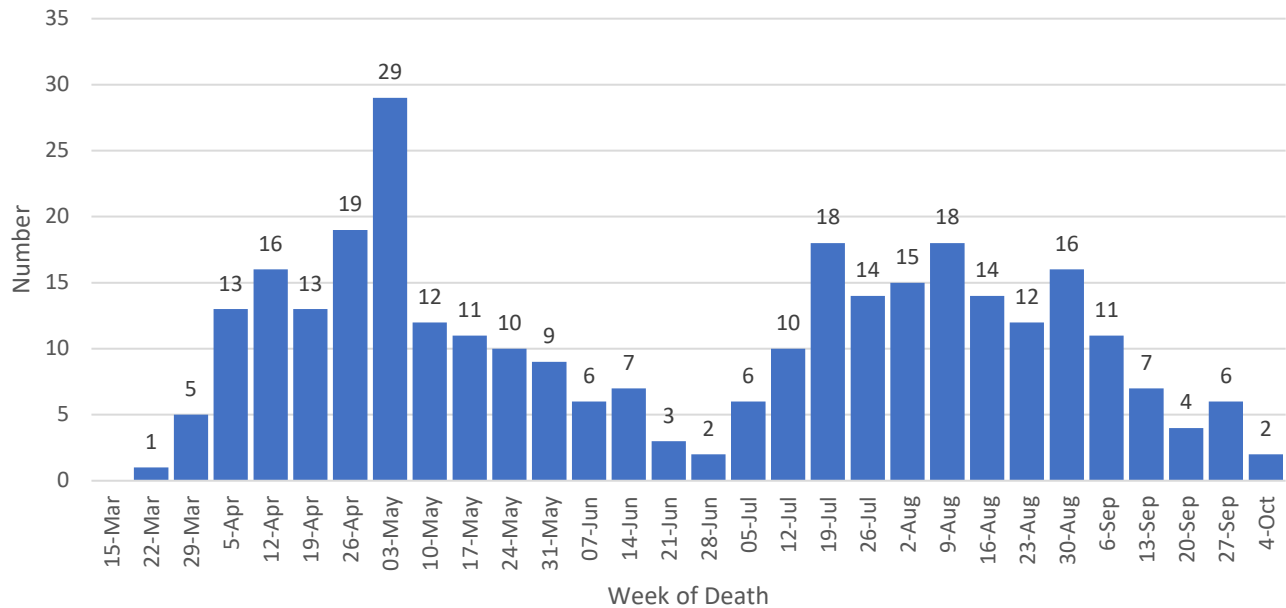
COVID-19 Hospitalizations	Number	(%)
COVID-19 Hospitalizations	2,257	100
Age		
0-4	10	(0.4)
5-17	7	(0.3)
18-24	40	(1.8)
25-49	382	(16.9)
50-64	589	(26.1)
65+	1,010	(44.7)
Missing	219	(9.7)
Sex		
Female	1,101	(48.8)
Male	935	(41.4)
Missing	221	(9.8)
Race		
African American	1,140	(50.5)
American Indian or Alaska Native	7	(0.3)
Asian	22	(1.0)
White	810	(36.0)
Other*	18	(0.8)
Missing	241	(10.7)

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

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–October 10, 2020



ALNBS Figure 8. Number of Persons Who Died With COVID-19 by Week of Death—Mobile County, Alabama, March 19–October 10, 2020



ALNBS Table 4. Cumulative Number and Rate of Persons who Died with COVID-19 by Select Patient Characteristics—Mobile County, Alabama, March 19–October 10, 2020

	Number	(%)	Rate#
Died with COVID-19	310	(100.0)	75
Age			
0-4	1	(0.3)	4
5-17	0	(0.0)	0
18-24	1	(0.3)	3
25-49	15	(3.7)	11
50-64	62	(20.5)	76
65+	231	(75.1)	364
Sex			
Female	155	(50.0)	71
Male	155	(50.0)	79
Race			
African American	162	(52.3)	108
American Indian or Alaska Native	2	(0.6)	54
Asian	2	(0.6)	23
White	123	(39.7)	50
Other	4	(1.3)	57
Unknown	17	(5.5)	

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

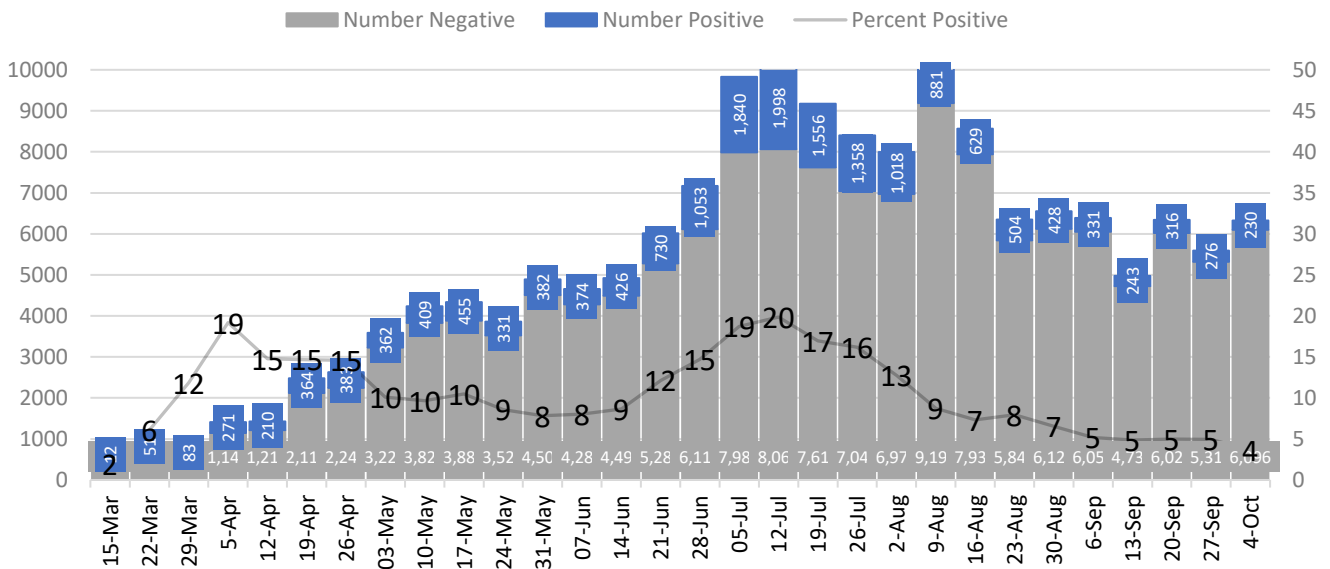
2 times greater case rate and death rate among African Americans compared Whites.

90% of patients who died with COVID-19 were known to have underlying medical conditions.

41% of deaths are associated with COVID-19 transmission in long-term care facilities (nursing homes, assisted living, or specialty care).

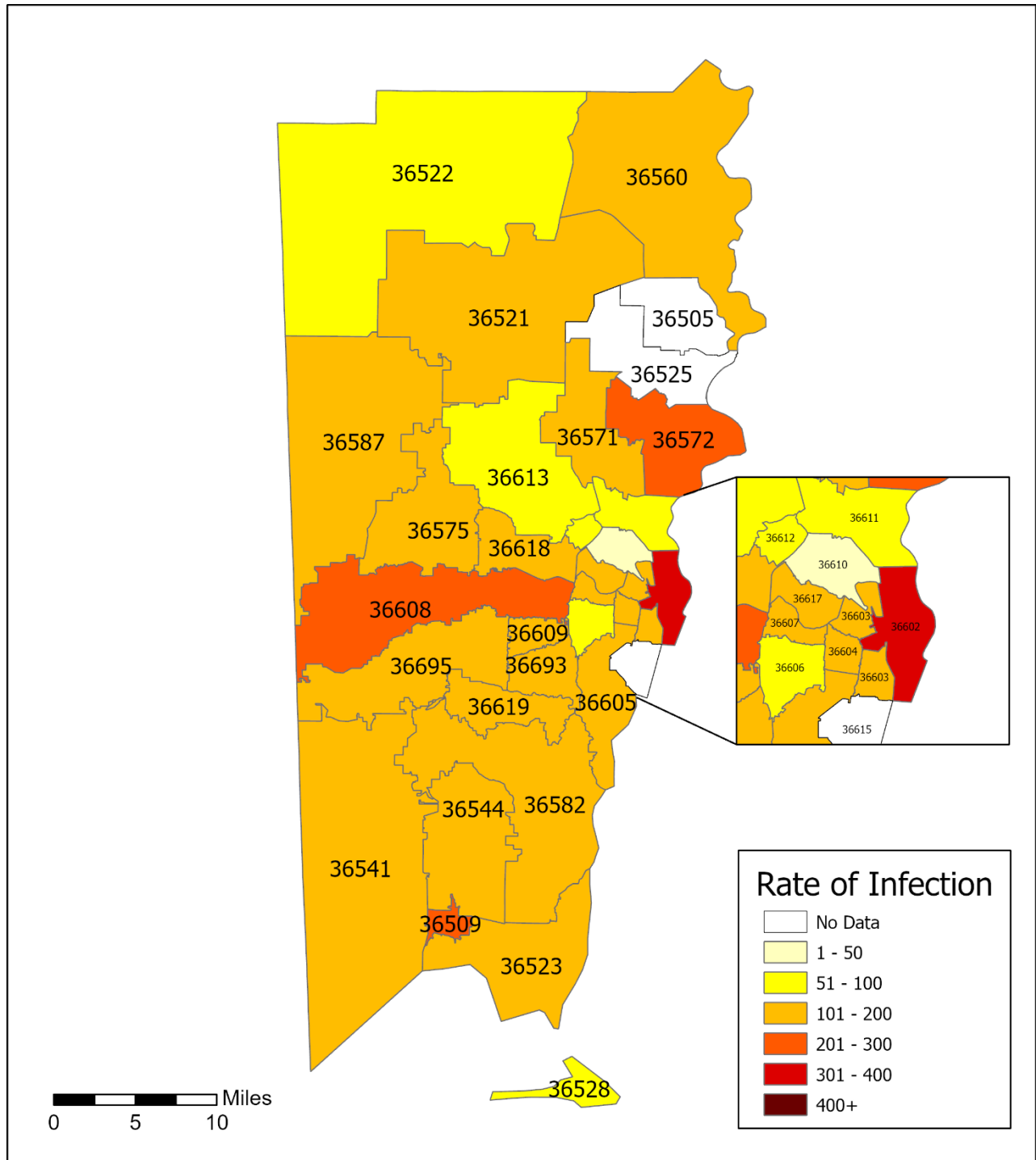
*Other includes patients who reported Other Race or more than one Race.

ALNBS Figure 9. Number of COVID-19 PCR Laboratory Tests by Week of Specimen Collection and Result – Mobile County, Alabama, March 19–October 10, 2020



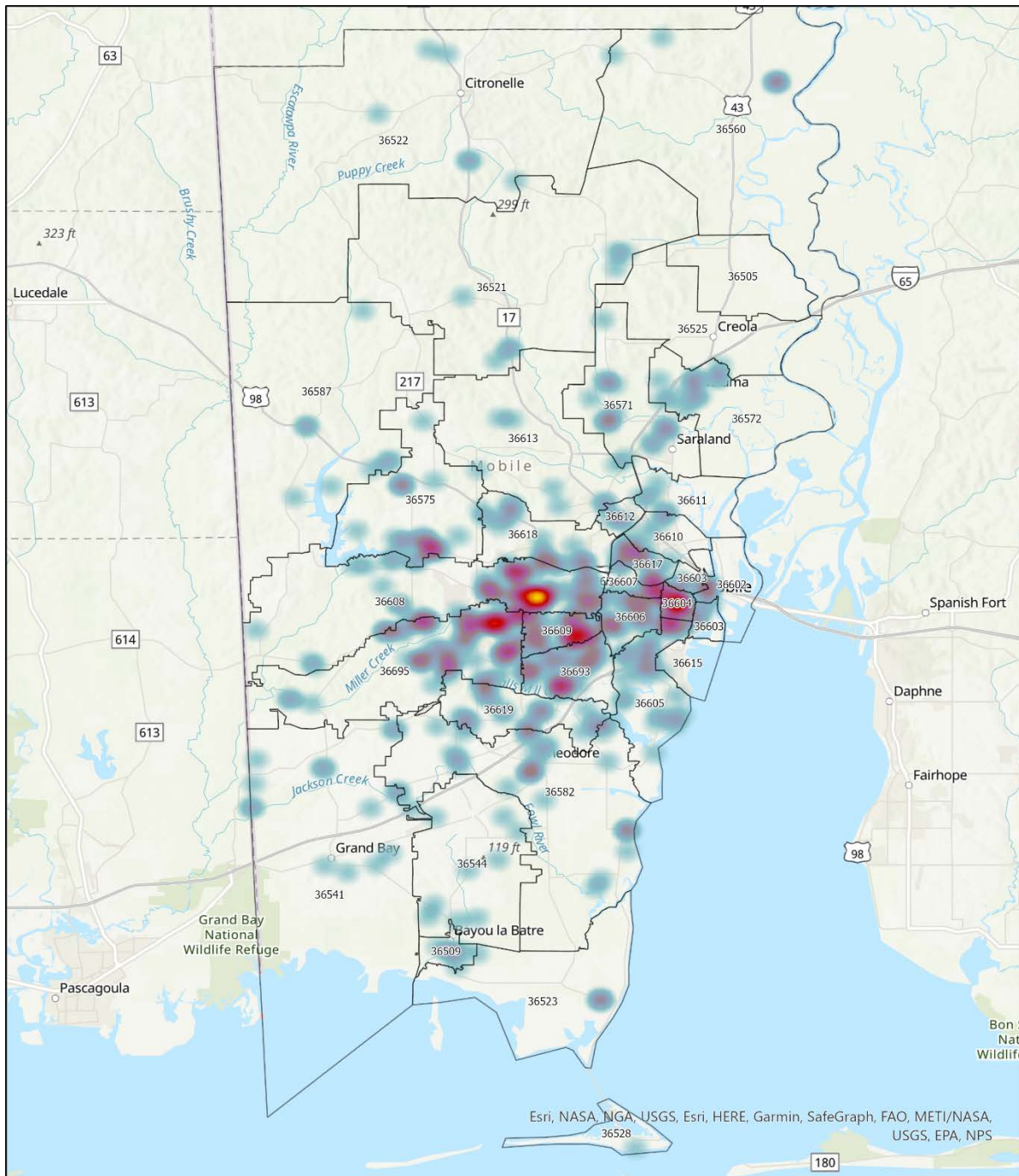
ALNBS Figure 10. Cumulative Rate of Reported COVID-19 Disease—Mobile County, Alabama, March 1–October 10, 2020

*Rate Per 100,000 Persons



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

ALNSB Figure 11. Reported COVID-19 Disease Area Density—Mobile County, Alabama, September 20–October 10, 2020



COVID-19 Mapped by Street Address



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>.