COVID-19

92,215

Cases Reported Yesterday

930

9,810

Hospitalized Reported Yesterday

31

MCHD COVID

CHARACTERISTICS OF COVID-19 PATIENTS
MOBILE COUNTY, ALABAMA
January 13, 2022.

This report was generated by the Mobile County Health Department using data from previous day. All data are preliminary and subject to change as we continue to investigate reports of COVID-19 disease in Mobile County residents

Died

1,413

Deaths Reported Yesterday

2

The daily increase may include COVID cases and deaths that occured in previous weeks but were reported in the last 24 hours.

Figure 1a. Number of COVID-19 by **Report Date*** — Mobile County, Alabama

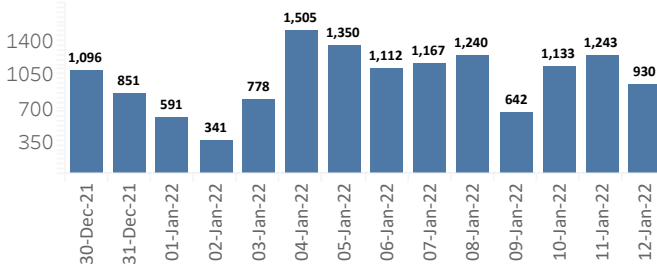*Spikes are sometimes due to data backlogs, errors, or batch processing.

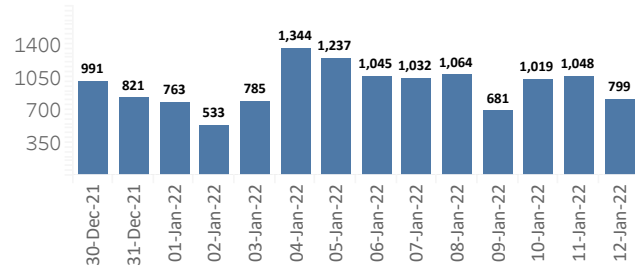Figure 1b. Number of COVID-19 by **Infectious Date**** — Mobile County, Alabama

Table 1. Number of COVID-19 Cases by Select Patient Characteristics in the Last 14 Days — Mobile County, Alabama

Sex	Cases	
Female	8,037	(57%)
Male	5,627	(40%)
Unknown	315	(2%)

Age Group	Cases	
≤4 years	452	(3%)
5-11 years	672	(5%)
12-17 years	799	(6%)
18-24 years	1,705	(12%)
25-49 years	5,056	(36%)
50-64 years	1,939	(14%)
65-74 years	687	(5%)
≥75 years	380	(3%)
Unknown	2,289	(16%)

Race	Cases	
African American	5,314	(38%)
American Indian ..	123	(1%)
Asian	176	(1%)
White	3,708	(27%)
Other*	307	(2%)
Unknown	4,351	(31%)

Female (58%)
Male (40%)
Unknown (2%)

≤4 years (3%)
5-11 years (5%)
12-17 years (6%)
18-24 years (12%)
25-49 years (36%)
50-64 years (14%)
65-74 years (5%)
≥75 years (3%)
Unknown (16%)

African American (38%)
American Indian o.. (1%)
Asian (1%)
White (27%)
Other* (2%)
Unknown (31%)

Figure 2. Number of COVID-19 Hospitalizations in the Last 14 Days — Mobile County, Alabama
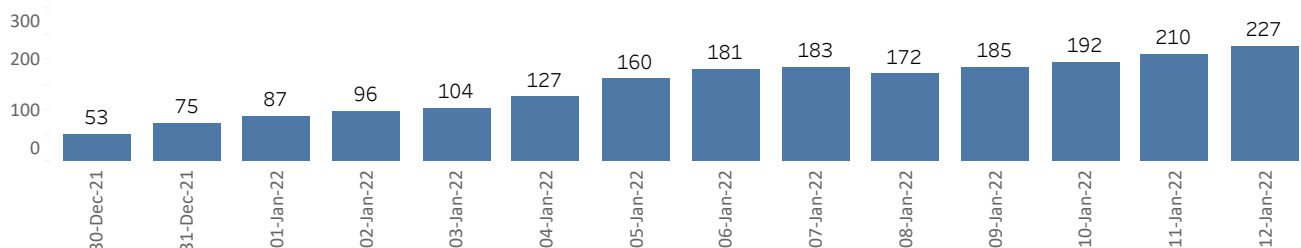
Data Sources:

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 described 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 COVD-19, and laboratory results.

Important Definitions:

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

**Infectious Date: 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.

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.