

THE *Current*

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Data, Data Everywhere

The data are rolling in, but the changing pandemic landscape makes it challenging to read. Add to that reporting delays and errors — not to mention COVID-19's own unpredictability — and the road to Santa Barbara County's health and economic recovery has become a rough one indeed.

"We're not out of the woods, by any means," said UC Santa Barbara economics professor [Peter Rupert](#), who with Cottage Hospital infectious disease specialist Dr. Lynn Fitzgibbons and Santa Barbara County Assistant CEO Nancy Anderson, updated the community on health, safety and local business. They spoke in the latest "EFP Informs" webinar, part of a series produced by the university's [Economic Forecast Project](#).

The economy is bouncing back very slightly from its historic initial drop in March, when the onset of the outbreak and subsequent stay-at-home order led almost 7 million people to file jobless claims. Five months later, far fewer people across the country are filing initial claims for unemployment insurance, though we're still at unprecedented levels of unemployment. In Santa Barbara County, about 5,000 people have found jobs, but that still leaves roughly 25,000 people unemployed — more than triple the typical number of jobless people in the county during normal times, according to Rupert.

Meanwhile, efforts to get local businesses back up and running are being hampered by Santa Barbara County's own coronavirus numbers, which have been rising gradually since mid-May and more steeply since July. Santa Barbara County

currently has failed to keep its new cases below the threshold of fewer than 100 per 100,000 residents, which would allow businesses such as bars, indoor dining, gyms and hair salons to operate fully. Currently, 38 of California's 58 counties (including Santa Barbara) are on the governor's watchlist and are subject to business rollbacks and strategy calls with the state's public health department to address their situation.

Perhaps the biggest unwelcome surprise of late was the recent news that the county, due to reporting process errors, had underreported 28 COVID-19-related deaths, most occurring between June 22 to July 31 — a situation county public health officials have since vowed to address. Death count may be “the most objective metric of all,” according to Fitzgibbons, but given the delay between initial exposure and the potential for transmitting the disease before symptoms arise, death count is just the tip of an ugly iceberg.

“That, of course, is a very, very late metric,” said Fitzgibbons, who relied on the LA Times' Santa Barbara County coronavirus tracker for her report. “That is too far down the road for our health officials, our clinicians, to be able to really effectively, in a real-time way, enact change in response to death rates.”

Hospitalization counts, she said, are still subject to delay, but are “perhaps the most accurate, closest to real-time metric that are objective, reliable and reflective of the community's condition.” Hospitalizations in the county, Fitzgibbons said, appear to be stabilizing.

In California, according to the tracker, those in the 18-34 age group have the highest risk of becoming infected, but the 80-plus age group has the highest rate of death; 44% of California's coronavirus deaths are occurring in nursing homes.

Person-to-person droplet spread remains the primary way the SARS-CoV-2 virus is transmitted, typically through close contact with infected household members or in indoor settings where people without face coverings interact at a distance less than 6 feet for more than 15 minutes. Airborne and surface spread, though still important, is less significant.

“This period of infectivity probably starts a day or two before they develop symptoms and probably lasts for a few days after they develop symptoms,” Fitzgibbons said. Asymptomatic carriers — those who show no outward signs of infection — can still have high viral loads and be extremely infectious, she added.

“Remember the rationale for all of us wearing masks when we’re around others is ideally to prevent any spread of secretions from someone who has an infection, but may not know it,” she said.

The medical community is learning more about the persistence of the virus even after recovery, leading to updates in isolation recommendations. Though there have been reports of SARS-CoV-2 RNA detected in patients’ upper respiratory tracts after recovery, in an investigation of 285 “persistently positive” persons, no secondary infections were seen in the 790 contacts exposed to these patients, according to Fitzgibbons.

According to the guidelines, for most people with COVID-19, isolation may be discontinued 10 days after symptom onset and resolution of fever for at least 24 hours without fever-reducing medications. Though severe cases may require longer periods of isolation and further testing. Asymptomatic patients may discontinue isolation 10 days after the date of their first positive RT-PCR test. Further tests could also still be considered for those who are severely immunocompromised.

Retesting is not recommended within the three-month window after the date of symptom onset for those who remain symptomatic after recovery, or within the three months of a positive PCR result, for asymptomatic patients. However, those experiencing new symptoms may be candidates for retesting and re-isolation. Serologic testing should not be used to establish infection or reinfection.

“We do think this infection induces protective antibodies in many people,” Fitzgibbons said, “but we don’t know who is going to get these protective neutralizing antibodies. And we don’t know how long these antibodies last.

“For its part, the county is working hard to stay on top of incoming data, changes in the reporting process and recommendations from the state. Santa Barbara County, according to Anderson is “in the red” with regards to case rate per 100,000 people and percentage of tests returning positive, which are among the six main criteria the governor is using to determine which counties can proceed with reopening.

“We’ve had a lot of state changes impact our local businesses,” Anderson said.

At the start of July, the county had to close indoor operations such as dine-in restaurants, bars and movie theaters. By midmonth the county added more businesses to that list, including gyms, hair salons and places of worship — though

outdoor operations were allowed — and issued a health order mandating face coverings “for individuals in high risk situations.” Most recently, the state has released revised school guidelines and guidance on youth sports programs, and is expected to issue more information on individuals and groups “mixing.”

As the county awaits further guidance from the state and works toward lowering the transmission of COVID-19 in the community, they are also reckoning with changes in the reporting process.

“There are some federal reporting changes that have caused the hospitalization and limited hospital capacity numbers to be resynthesized, so it sounds like that is not going to be available for a couple of weeks,” Anderson said.

While the county waits for more data and direction, it has been administering a self-certification attestation process, in which local businesses review the reopening guidelines and confirm that their business is in compliance. So far, more than 3,800 businesses in incorporated and unincorporated areas of the county have submitted attestations of compliance. Should a business be in violation of protection plan protocols or a current health order, reports can be made directly to the county on its [recoverysbc.org](https://www.recoverysbc.org) website, Anderson said.

The next webinar, EFP Informs: COVID-19 & Commercial Real Estate, is slated for noon, Thursday, Aug. 20.

About UC Santa Barbara

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