SARS-COV-2/COVID-19 TESTING PRACTICES IN THE CALIFORNIA CENTRAL VALLEY

Research Findings





SARS-CoV-2/COVID-19 Testing Practices in the California Central Valley

This research summary was produced by the Epidemiology Program within the Division of Epidemiology, Statistics, & Data Management at the Fresno County Department of Public Health.

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Table of Contents

Introduction	2
Key Findings	2
Research Participants	3
Table 1. Study Participants	
Table 2. Number of participants with children in household	
Table 3. Percentage of participants who believed they ever had a COVID-19 infection by age	
Table 4. Percentage of participants who reported at least 1 household child ever had a COVID infection, by child(ren)'s age	-19
Figure 1. History of COVID-19	
Figure 2. Household children history of COVID-19	
Figure 3. COVID-19 vaccination status by age	
Past Testing Methods	5
Table 5. COVID-19 testing methods used 'this year' (2022)	
Table 6. COVID-19 testing methods used (2022), includes both positive & negative tests	
Table 7. COVID-19 testing methods used (2022), includes both positive & negative test, by ag	е
Table 8. COVID-19 testing methods used (2022), includes both positive & negative test, by gender	
Table 9. COVID-19 testing methods used (2022), including both positive & negative test, by	
race/ethnicity	
COVID and Testing in Children	6
Figure 4. How did participants know the child(ren) had COVID-19 'this year' (2022)	
Future Testing	7
Table 10. How are participants most likely to test in the future if they develop COVID-19	
symptoms Table 11 Have an activizente maat likele te teat in the fature if they develop COVID 10	
Table 11. How are participants most likely to test in the future if they develop COVID-19 symptoms, by gender	
Table 12. How are participants most likely to test in the future if they develop COVID-19 symptoms, by age	
Table 13. How are participants most likely to test in the future if they develop COVID-19 symptoms, by race/ethnicity	
Table 14. In the next 12 months, if the participant or their child is feeling ill with COVID-like	
symptoms, what percentage of participants would likely test (go get tested or test a home)	it
Testing Barriers	8
Table 15. What did participants fine true about testing	
Table 16. Out of those who said they do not want to test or there is no reason to test, what where the reasons	

Introduction

The SARS-CoV-2/COVID-19 Testing Practices in the California Central Valley research collected crosssectional self-reported data on participant demographics, SARS-CoV-2 testing practices and beliefs, COVID-19 infection history, and COVID-19 vaccination status. This research was approved by the County of Fresno, Department of Public Health, Institutional Review Board on July 05, 2022. Data was collected through an anonymous survey in 2022 by the Fresno, Madera, Merced, and Kings County Health Departments. Recruitment occurred with the assistance of print and electronic flyers.

Key Findings

- Overall, 30% of participants reported that they thought they ever had COVID-19 (this percentage ranged from 19-55% depending on age)
 - 61% of those participants reported at least 1 COVID-19 infection was in 2022
- 50+ year olds were 5.3 times as likely to have been fully vaccinated for COVID-19 with a booster^a, than 12-29 year olds
- 65% of participants reported they had at least one official COVID-19 test from a testing or healthcare facility completed in 2022
- Out of those who believed a household child had COVID-19 in 2022, in all youth age groups, less than 50% of participants reported that they knew the child had COVID-19 due to a positive test at a testing/healthcare facility
- A greater percentage of participants, regardless of gender, age, or race/ethnicity, stated they would only go get a COVID-19 test at a testing/healthcare facility if they already tested positive using an At-Home test than those who stated they would only get an official test if symptomatic and At-Home tested negative
- 25% of participants thought COVID-19 testing costs too much and 22% specifically thought this about At-Home test kits

^aCompleted initial COVID-19 vaccine series and had 1 or more booster doses

Research Participants

There were a total of 4,139 Participants with usable^a data. (Table 1)

- The majority of participants were under 50 years of age; males and females had similar representation (51% males, 46% female, 3% other/unknown); when asked which race/ethnicity they most identified with 59% selected white; and 37% were Fresno County residents
 - Study weakness: Researchers were only able to recruit a limited sample of Hispanics in proportion to the total population size for the California Central Valley
- o 31% of total participants and 33% of Fresno participants thought they ever had COVID-19
 - As a comparison, an estimated 15-28% of the total Fresno County population *ever* had a COVID-19 diagnoses based on a reported positive PCR COVID-19 laboratory test^b during the approximate same time period as the study (*data source: <u>Open Portal CDPH Data</u>*)
- The percentage of participants who believed they had COVID-19 at any point during the pandemic increased with both participant age and child's age category (Table 3 & 4)
 - In all age category, between 60 80% of those who believed they had a past COVID-19 infection, reported at least 1 incident occurred in 2022 (Figure 1 & 2)
 - 50+ year olds were 5.3 times as likely to have been fully vaccinated with a booster^c, then 12-29 year olds (*Data not shown*)

	n	Total, %	Fresno, %	Kings, %	Madera, %	Merced, %		Number of Households	
County							Children in household	1567 (37.86%)	
Fresno	1536	37.11	-	-	-	-	Age category of children		
Kings	365	8.82	-	-	-	-	0-4 years	698	
Madera	976	23.58	-	-	-	-	1 child in category	320	
Merced	687	16.6	-	-	-	-	2 children in category	67	
Other	545	13.17	-	-	-	-	3+ children in category	22	
Unknown	30	0.72	-	-	-	-	Unknown number	289	
Race/Ethnicity							5-11 years	636	
Native American/Alaska Native	477	11.52	16.34	10.41	8.4	5.53	1 child in category	345	
Asian	171	4.13	3.78	2.47	5.43	4.51	2 children in category	102	
Black/African American	318	7.68	6.64	4.11	8.61	9.61	3+ children in category	61	
Native Hawaiian/other Pacific Islander	183	4.42	2.99	4.11	4.51	5.53	Unknown number	128	
Hispanic/Latino	394	9.52	11.07	12.05	10.14	5.39	12-13 years	291	
White	2439	58.93	55.99	63.56	59.02	67.39	1 child in category	175	
Multi-racial	67	1.62	1.43	0.82	0.92	0.73	2 children in category	24	
Other	11	0.27	0.33	0.27	0.41	0.15	15 3+ children in category 27		
Unknown	79	1.91	1.43	2.19	2.56	1.16	Unknown number 65		
Age							14-18 years	242	
12-17	76	1.84	0.98	1.92	3.48	1.89	1 child in category	119	
18-29	2142	51.75	50.65	47.67	52.66	55.31	2 children in category 44		
30-49	1611	38.92	37.96	44.93	35.66	40.17			
50-69	225	5.44	8.2	4.38	5.12	1.89			
70 or older	41	0.99	1.43	0	1.43	0.29		10	
Unknown	44	1.06	0.78	1.1	1.64	0.44	Table 3. Percentage of		
Gender							U U		
Male	2125	51.34	49.61	49.04	52.97	50.95	participants who believed		
Female	1897	45.83	48.44	47.95	44.06	45.12	they ever had a COVID-19	Table 4. Percentage of	
Another gender	40	0.97	0.2	1.64	0.82	2.62	infection by Age ¹	•	
Unknown	77	1.86	1.76	1.37	2.15	1.31	% ²	participants who reported	
COVID-19 Vaccinated							42.20 X	least 1 household child ev	
Not vaccinated	606	14.64	10.81	16.44	15.06	23.29	12-29 Years 25.73	had a COVID-19 infection,	
Partially Vaccinated (1 dose of an mRN/	989	23.89	21.88	25.21	25.61	26.35	30-49 Years 35.46	child(ren)'s age	
Fully Vaccinated WITHOUT Booster	962	23.24	21.61	20.27	24.39	22.56	50 and older 42.25	% ¹	
Fully Vaccinated WITH Booster(s)	1526	36.87	44.01	36.71	33.50	27.51	¹ Some age categories were	-	
Unknown	56	1.35	1.69	1.37	1.43	0.29		0-4 Years 19.45	
hink have ever had COVID-19	1236	30.92	32.78	27.35	31.60	24.89	aggerated due to small	5-11 Years 28.99	
In 2022	737	61.16	56.7	70.21	68.07	66.46	sample size	12-13 Years 43.37	
Symptomatic	857	71.24	66.32	76.34	78.75	75.64	² Percentage based on those		
Excludes 114 surveys with incomplete dat					امام م		with data.	14-18 Years 54.98	

n = number

with data.

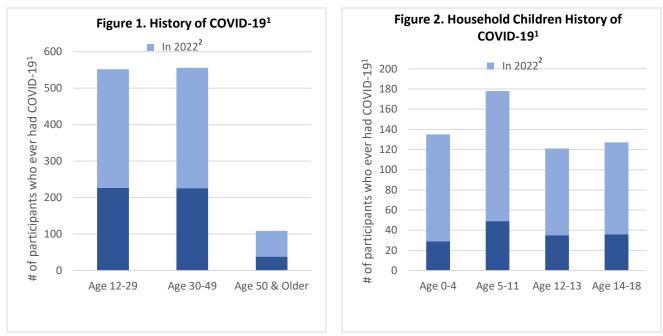
^a To be considered 'usable data', the participants must have met the research age requirement (12 years old). Questionnaires did not have to be fully completed to be included but must have contained responses for multiple COVID-19 testing questions; questionnaires with only demographic and/or geographic data completed were excluded.

^b A real-time reverse transcriptase-polymerase chain reaction (rRT-PCR) laboratory positive confirms the presence of SARS-CoV-2 virus and COVID-19 infection in an individual. PCR testing results were required to be reported to the Local Health Department in 2022.

The percentage provided may be minimally inflated as a result of the potential for double counting of persons reported more than one time due to reinfections.

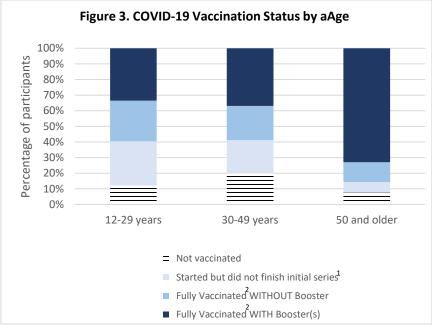
^c Completed initial COVID-19 vaccine series and had 1 or more booster doses.

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¹Based on belief that they had COVID-19 regardless of official confirmation

² In 2022' is calculated as the number who reported ever having COVID-19, who also reported at least 1 incidence in 2022



¹1 dose of an mRNA vaccine like Moderna or Pfizer

² Completed initial series (2 doses of mRNA or 1 dose of 1 dose series)

Past Testing Methods

- 65% of participants reported they had at least one official COVID-19 test at a testing/healthcare facility completed in 2022 (Table 5)
- Fresno County had the highest percentage of participants who reported past use of an official testing site, but the lowest percentage of At-Home testing kit usage and the highest percentage of no testing at all, as compared to other research study counties (Table 6)
- The highest percentage of never testers was seen in the oldest age group (Table 7)

Table 5. COVID-19 Testing Methods Used 'This Year' (2022)

	Had a COVID- 19 test 'this year' ¹	% ²	Positive results	% ³
No Testing	181	4.37	-	-
At a testing/healthcare facility	2696	65.14	733	27.19
At-Home Testing kit	1662	40.15	564	33.94
At another location	240	5.80	80	33.33

Participants could test at more than 1 location

¹ Year of survey- 2022

² Percentages out of total participants

³ Percentages out of those who tested using that method

Table 7. COVID-19 testing methods used (2022), includes both positive and negative tests, by age

	Testing / healthcare facility, %	Used an At-Home Testing kit, %	Never tested, %
12-29	66.37	35.53	4.06
30-49	66.36	42.95	2.92
50 and older	53.38	63.91	16.17

Some age categories were aggerated due to small sample size Participants were able to select more than one option so percentages will not add to 100% (additional option testing at "another location" data not listed)

Table 6. COVID-19 testing methods used (2022), includes both positive and negative tests

-	Testing /healthcare facility, %	Used an At- Home Testing kit, %	Never tested, %
Fresno	70.83	36.72	6.51
Kings	67.95	37.81	4.11
Madera	61.48	42.83	3.48
Merced	55.75	46.29	2.18

Participants could test at more than 1 location

Table 8. COVID-19 testing methods used (2022), includes both positive and negative tests, by gender

	Testing / healthcare facility, %	Used an At-Home Testing kit, %	Never tested, %
Male	67.11	35.67	4.14
Female	64.36	45.07	4.38
Another gender	57.5	60	2.5

Sample size in "another gender" group smaller than other groups and could impact results

Participants were able to select more than one option thus percentages will not add to 100% (data on the additional option of testing at "another location" not listed)

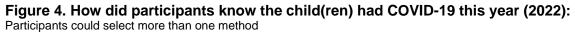
		Used an A	P.
	Testing / healthcare facility, %	Home Testing kit, %	Never tested, %
Native American/Alaska Native	75.47	24.32	8.39
Asian	57.31	57.31	6.43
Black/African American	55.66	50.63	2.52
Native Hawaiian/other Pacific Islander	56.28	40.44	4.92
Hispanic/Latino	58.88	58.63	6.09
White	66.95	37.64	3.08
Multi-racial or Other	70.51	42.31	7.69

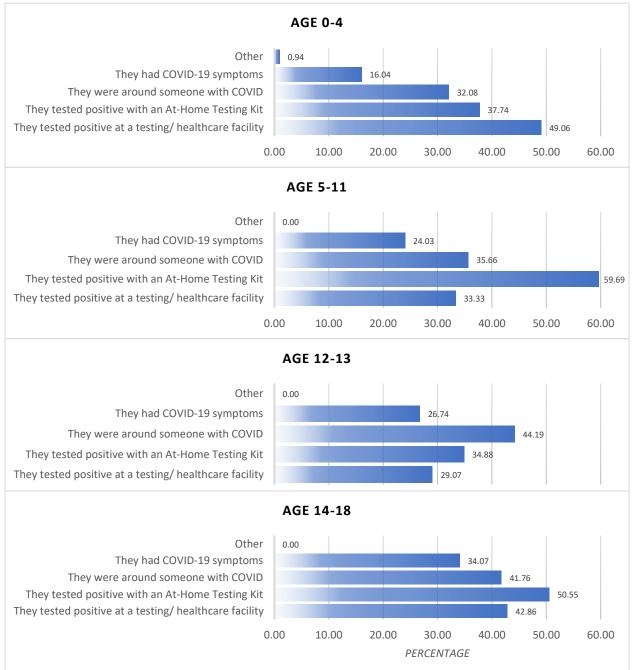
Table 9. COVID-19 testing methods used (2022), includes both positive and negative tests, by race/ethnicity

Participants were able to select more than one option thus percentages will not add to 100% (data on the additional option of testing at "another location" not listed)

COVID and Testing in Children

County COVID-19 case surveillance dashboards captured only cases that tested positive at a testing/healthcare facility. Out of participants who believed a household child had COVID-19 in 2022, in all youth age groups, less than 50% of participants reported that they knew the child had COVID-19 due to a positive test at a testing/health care facility (Figure 4). This highlights the potential that case incidence based on positive labs from facility reporting may under-represent the true case burden in youth.





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Future Testing

Per the <u>Centers for Disease Control</u>, CDC, an At-Home over the counter (OTC) COVID-19 positive test likely means the tester has a COVID-19 infection, whereas a negative test "does not rule out COVID-19". <u>Federal Food and Drug Administration</u>, FDA, recommends serial testing following any negative result to reduce the risk of false negatives. With a greater risk of a false negatives than false positives^a, it would be more important if symptomatic to obtain a secondary test after an At-Home negative to fully rule out COVID-19 infection than to confirm an At-Home positive with a PCR test. However, a greater percentage of participants, regardless of gender, age, or race/ethnicity, stated they would only get a COVID-19 test at a testing/healthcare facility if they already had tested positive compared to those who stated they would only get an official test if symptomatic and tested negative with an At-Home test (Table 10-13).

Table 10. How are participants most likely to test in the future if they develop COVID-19 like symptoms:

	Adult, %	Child, %
Go get tested at a testing/healthcare facility	48.31	44.67
Only go get tested at a testing/healthcare facility if test positive using an At-Home Test kit	31.07	28.98
Only go get tested at a testing/healthcare facility if test negative using an At-Home Test kit	12.11	14.28
Only use an At-Home Test Kit	7.52	11.08
Unsure	0.99	0.99

Excludes those who reported they will not test regardless of situation

Table 11. How are participants most likely to test in the future if they develop COVID-19 like symptoms, by gender:

	Male, %	Female, %
Go get tested at a testing/healthcare facility	54.90	42.43
Only go get tested at a testing/healthcare facility if test positive using an At-Home Test kit	29.24	32.50
Only go get tested at a testing/healthcare facility if test negative using an At-Home Test kit	10.25	13.57
Only use an At-Home Test Kit	4.75	10.39
Unsure	0.86	1.12

Excludes those who reported they will not test regardless of situation

Due to small sample size "another gender" excluded

Table 12. How are participants most likely to test in the future if they develop COVID-19 like symptoms, by age:

	Percentage per age category					
	12-17 ¹	18-29	30-49	50-69	70 or older ¹	
Go get tested at a testing/healthcare facility	40.58	56.78	41.57	28.24	18.42	
Only go get tested at a testing/healthcare facility if test positive using an At-Home Test kit	37.68	28.91	32.32	37.04	44.74	
Only go get tested at a testing/healthcare facility if test negative using an At-Home Test kit	10.14	10.51	14.74	9.72	2.63	
Only use an At-Home Test Kit	7.25	3.10	10.58	23.61	21.05	
Unsure	4.35	0.70	0.79	1.39	13.16	

Excludes those who reported they will not test regardless of situation

¹ Sample size in youngest and oldest age groups was smaller and could impact results

Table 13. How are participants most likely to test in the future if they develop COVID-19 like symptoms, by race/ethnicity:

	Percentage per Race/Ethnicity						
	Native American/ Alaska Native	Asian	Black/ African American	Native Hawaiian/ other Pacific Islander	Hispanic/ Latino	White	Multi- racial or Other
Go get tested at a testing/healthcare facility	70.64	37.11	39.18	38.73	38.8	48.49	39.39
Only go get tested at a testing/healthcare facility if test positive using an At-Home Test kit	19.27	42.77	35.74	35.84	36.89	30.77	31.82
Only go get tested at a testing/healthcare facility if test negative using an At-Home Test kit	7.34	14.47	17.87	18.5	7.38	12.45	10.61
Only use an At-Home Test Kit	2.75	4.40	5.84	6.36	15.57	7.43	12.12
Unsure	0.00	1.26	1.37	0.58	1.37	0.86	6.06

Excludes those who reported they will not test regardless of situation

^aFalse Negative: Have a COVID-19 infection but test negative; False Positive: Do not have a COVID-19 infection but test positive

Table 14. In the next 12 months, if the participant or their child is feeling ill with COVID-like symptoms, what percentage of
participants would likely test (go get tested or test at home) in the following situations

participants would intervie tot (go get rested of rest at nonic) in the following situations								
	Test		Not Test		Maybe or Unsure		Missing	
	Adult, %	Child, % ¹	Adult, %	Child, %	Adult, %	Child, %	Adult, %	Child, %
Close-contact tested positive	55.88	53.73	16.19	12.96	26.07	30.50	1.86	2.81
Mild illness	40.08	36.90	18.39	19.27	39.96	40.92	1.57	2.90
Low community incidence	33.46	37.04	25.37	16.63	38.87	42.08	2.30	4.24
Work/school requires testing negative to return early	58.78	55.61	10.99	11.89	28.56	30.45	1.67	2.05
Very sick	-	50.13	-	13.24	-	32.95	-	3.68
Very young child (0-4 years)	-	39	-	17	-	42	-	1.89

¹ Denominators for Children exclude records with no children and those that stated 'someone else would decided" if the child was tested in that situation. - Data not collected

Testing Barriers

25% of participants thought COVID-19 testing costs too much and 22% specifically thought this about At-Home test kits (Table 15).

Out of those who did not want to test or thought there was no reason to test, 48% believed that testing would not change how they treat the illness (Table 16).

~ /

Table 15. What did participants find true about

testing:	
	%
It is hard to find available testing	15.15
I do not have time to test	18.56
I do not have transportation to get tested	17.18
Testing costs too much money	25.32
At-home test kits cost too much money	21.70
I am scared to get tested	16.89
Testing may scare or upset a child	15.25
I do not know where to go to test	9.62
No reason to get tested	4.78
Do not want to test	3.91
None of the above	21.43

Table 16. Out of those who said they do not want to test or there is no reason to test, what where the

r	eas	soi	ıs:	

	%
It will not change how I treat the illness	47.92
It is not important to test	39.94
Takes too long to get test results	29.71
Other reason	7.03