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Summary of COVID-19 Deaths — Alaska, January 1 through October 15, 2020

Background

Older adults and persons with certain underlying health conditions are at greater risk for severe COVID-19.^{1,2} Moreover, certain racial and ethnic minority groups are being disproportionately affected by COVID-19.³ This *Bulletin* summarizes characteristics of COVID-19-related deaths in Alaska residents through October 15, 2020. Additional data are available in the [Alaska Coronavirus Response Hub](#).

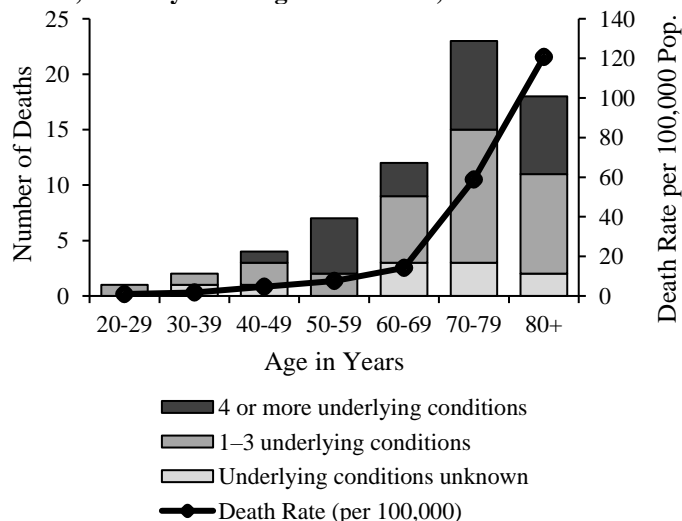
Methods

Deaths are counted as COVID-19-related in accordance with national standards.⁴ This process includes auditing death certificates to verify that COVID-19 was indicated as a primary or contributory cause of death, medical records review, or provider determination that the cause of death was COVID-19 based on laboratory testing and clinical presentation. All decedents had a recent positive SARS-CoV-2 molecular diagnostic test. Underlying conditions were determined by contact tracers and data analysts during interviews and records reviews. Some cases lack data because the patient was too ill or refused interview prior to death. Rates were calculated using Alaska Department of Labor and Workforce Development population estimates.⁵ Cases were attributed geographically to their permanent residence, which may or may not correlate to location of exposure, illness, or death. All data are preliminary.

Results

During January 1 through October 15, 2020, 10,564 cases of SARS-CoV-2 infection were reported in Alaska residents, and 67 deaths were determined to be caused by or related to COVID-19 at the time of data analysis. Of these, 42 (63%) were male. There were no deaths in children. Death rates were highest among persons aged ≥ 80 years, followed by those aged ≥ 70 years (Figure). Among the decedents, 57 (85%) required hospitalization and 27 (40%) were admitted to an intensive care unit (ICU) at some point during their illness. The duration of hospitalization ranged from 1–78 days (median: 9 days). Death occurred at the hospital or within 3 days of discharge for 52 (91%) decedents.

Figure. COVID-19 Counts and Rate of Deaths by Age and Number of Underlying High-Risk Medical Conditions² — Alaska, January 1 through October 15, 2020



All 57 (85%) decedents for whom a past medical history was obtained had at least one underlying medical condition associated with increased risk for severe COVID-19 in adults.² Of these, 31 (54%) had 1–3 underlying medical conditions, 23

(40%) had 4–6 underlying medical conditions, and 3 (5%) had ≥ 7 underlying medical conditions.

Mortality rates were highest among Native Hawaiian/Other Pacific Islanders (NHOPI) and American Indian/Alaska Native people (AI/AN), followed by Asian and Black populations (Table). Mortality rates per 100,000 population by region were highest for the Interior (17.3), followed by Anchorage/Mat-Su (14.0), Southeast (7.0), and Gulf Coast (6.3). No deaths were reported in the Northern or Southwest regions.

Table. COVID-19 Deaths by Race and Ethnicity, Alaska, January 1 through October 15, 2020

Race	Deaths # (%)	Rate per 100,000 population
AI/AN	24 (36%)	26.7
Asian	7 (10%)	18.5
Black	3 (4%)	14.1
NHOPI	7 (10%)	83.6
White	25 (37%)	6.6
Hispanic (of any race)	1 (1%)	2.4
Race unknown	1 (1%)	n/a
Ethnicity unknown	5 (7%)	n/a

Discussion

During this reporting period, Alaska’s COVID-19 death rate was much lower than the national rate (11.6 vs. 86.5 per 100,000 population, respectively).⁶ The majority of COVID-19 deaths occurred among males and older adults, and all decedents for whom a past medical history was known had at least one underlying medical condition associated with increased risk for severe disease. Death rates were highest for NHOPI, followed by AI/AN, Asian, and Black populations. These disparities highlight enduring systemic health and social inequities that have put many people of color at increased risk for COVID-19 acquisition, hospitalization, and death. This information can be used to help guide the allocation of resources and development of culturally appropriate prevention and response activities.

COVID-19 is a life-threatening illness. As such, it is important for all Alaskans to do their part to prevent disease transmission. When we all do our part, we protect individuals at greater risk of severe COVID-19.^{1,2} The most effective way to reduce associated morbidity and mortality is through primary prevention of disease transmission, which requires vigilant social distancing, avoiding crowds, consistently and correctly using a face covering when around non-household members, getting tested if symptoms arise, isolating or quarantining if infected or exposed, and washing hands frequently.

References

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