

# CITY OF HOLYOKE FINDINGS FROM COVID-19 SEROPREVALENCE STUDY

### WHAT IS A SEROPREVALENCE STUDY?

Information from testing sites provide the number of confirmed COVID-19 cases in a population, which may miss many cases if infected persons do not get tested. To get a better estimate of the number of people that were previously infected with SARS-CoV-2, the virus that causes COVID-19, a "seroprevalence study" can be conducted by testing individuals' blood samples for the presence of SARS-CoV-2 antibodies.

### WHAT IS AN ANTIBODY?

Antibodies are created by your body's immune system soon after you have been infected with a virus or vaccinated against it. Antibodies can start to be detected in the blood 1-3 weeks after infection and may protect you from getting that disease again.\*



# A recent seroprevalence study estimated how many Holyoke residents had a SARS-CoV-2 infection prior to January 31, 2021.



## 13.9% of the population of Holyoke had SARS-CoV-2 antibodies as of January 31, 2021\*\*

#### THE RESULTS DIFFERED BY RACE & ETHNICITY, SEX, AND AGE



2 IN 12 PEOPLE IDENTIFYING AS HISPANIC OR LATINX HAD SARS-COV-2 ANTIBODIES



1 IN 12 PEOPLE IDENTIFYING AS NON-HISPANIC WHITE HAD SARS-COV-2 ANTIBODIES



PEOPLE YOUNGER THAN 19 WERE 2.2X MORE LIKELY TO HAVE SARS-COV-2 ANTIBODIES THAN THOSE 45-85 YEARS.

**PEOPLE BETWEEN 20-44 WERE 1.5X MORE LIKELY** TO HAVE SARS-COV-2 ANTIBODIES THAN THOSE 45-85 YEARS.

MALES WERE 1.2X MORE LIKELY TO HAVE SARS-COV-2 ANTIBODIES THAN FEMALES

## THE CITYWIDE TESTING DATA DOES NOT CONTAIN ALL INFECTIONS

Based only on Holyoke testing data, 9.8% of Holyoke residents tested positive for COVID-19 at least once by January 31, 2021. This indicates that **at least 1,630 infections were not captured by the testing data.** 

\* Even those who have SARS-CoV-2 antibodies are recommended to get a COVID-19 vaccine because it is not clear how long or well these antibodies protect against recurrent infection. \*\* In the study, 27 of 328 people tested positive. We performed a statistical procedure called "weighting" to take into account the differences in our survey participants compared to the city as a whole. This gives a more representative measure of prior SARS-CoV-2 infections at the city-level.

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