SUMMARY

- Alabama is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the red zone for test positivity, indicating a rate above 10%.
- Alabama has seen stability in new cases and a decrease in test positivity over the past week. These improvements are linked to the strong mitigation efforts that need to continue.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Jefferson County, 2. Mobile County, and 3. Madison County. These 3 counties only represent 30.5 percent of new cases in Alabama, as the epidemic is widespread across the state in rural and urban areas.
- CDC is deploying a school mitigation team to Alabama on 8/10 to work with the state to assess school safety in a COVID environment.
- Alabama had 216 new cases per 100,000 population in the past week, compared to a national average of 1.4 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 38 to support operations activities from FEMA and 1 to support operations activities from USCG.
- Between Aug 01 - Aug 07, on average, 189 patients with confirmed COVID-19 and 144 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Alabama. An average of 90 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Applaud continuing the statewide mask mandate until the end of August, as a minimum.
- Close establishments where social distancing and mask use cannot occur, such as bars and nightclubs.
- Move to outdoor dining and limit indoor dining to less than 25% of normal capacity.
- Ask citizens to limit ALL social gatherings to 10 or fewer people; recreating spreading events through bar gatherings in homes will result in continued high cases and result in those with co-morbidities becoming infected.
- Encourage individuals that have participated in large social gatherings, birthday parties, and family gatherings to get tested.
- Continue messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Expand the protection of those in nursing home, assisted living, and long-term care facilities by ensuring access to rapid, facility-wide testing in response to a resident or staff member with COVID-19 and the isolation of all positive staff and residents. Ensure social distancing and universal face mask use. Immediately conduct infection control prevention surveys in all nursing homes with more than 3 cases in the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support routine testing.
- Continue the scale-up of testing, moving to community-led neighborhood testing. Work with local communities to implement and provide clear guidance for households that test positive, including on individual isolation procedures.
- Continue to enhance contact tracing and ensure the ability of tests and contacts to quarantine or isolate safely.
- Monitor testing data to identify additional sites of increased transmission and focus public health resources on zones of transmission.
- Ensure the state public health lab is fully staffed and running 24/7, utilizing all platforms.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems.

We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/region as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital list and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.
## ALABAMA

**STATE REPORT | 08.09.2020**

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES</strong></td>
<td>10,578 (216)</td>
<td>-9.6%</td>
<td>123,846 (185)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td><strong>(RATE PER 100,000)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DIAGNOSTIC TEST</strong></td>
<td>13.7%</td>
<td>-1.8%*</td>
<td>12.2%</td>
<td>7.1%</td>
</tr>
<tr>
<td><strong>POSITIVITY RATE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL DIAGNOSTIC TESTS</strong></td>
<td>84,114** (1,715)</td>
<td>-11.9%**</td>
<td>898,618** (1,343)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td><strong>(TESTS PER 100,000)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>COVID DEATHS</strong></td>
<td>155 (3)</td>
<td>+8.4%</td>
<td>2,438 (4)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td><strong>(RATE PER 100,000)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>31.7%</td>
<td>-6.8%*</td>
<td>22.2%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

### DATA SOURCES

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

- **Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7; previous week is 7/25 - 7/31.

- **Testing:** State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5; previous week is 7/23 - 7/29. Testing data is inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

- **Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

- **SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
# COVID-19 County and Metro Alerts

## Localities in Red Zone

|-------------------|------------|------------|-----------------------|------------|----------------|---------|------------------------|--------|---------|-------------|

**Top 12 shown (full list below)**

**Metro Area (CBSA) Last Week**

<table>
<thead>
<tr>
<th>24</th>
<th>Jasper</th>
<th>Selma</th>
<th>Eufaula</th>
</tr>
</thead>
</table>

## Localities in Yellow Zone

<table>
<thead>
<tr>
<th>Jefferson</th>
<th>Mobile</th>
<th>Madison</th>
<th>Baldwin</th>
<th>Montgomery</th>
<th>Shelby</th>
<th>Tuscaloosa</th>
<th>Calhoun</th>
<th>Etowah</th>
<th>Marshall</th>
<th>Lee</th>
<th>Morgan</th>
</tr>
</thead>
</table>

**Top 12 shown (full list below)**

**County Last Week**

<table>
<thead>
<tr>
<th>54</th>
<th>Covington</th>
<th>Walker</th>
<th>Dallas</th>
<th>Marion</th>
<th>Perry</th>
<th>Clarke</th>
<th>Winston</th>
<th>Lamar</th>
<th>Randolph</th>
<th>Pickens</th>
<th>Greene</th>
</tr>
</thead>
</table>

**All Red CBSAs**: Birmingham-Hoover, Mobile, Montgomery, Huntsville, Daphne-Fairhope-Foley, Tuscaloosa, Anniston-Oxford, Decatur, Florence-Muscle Shoals, Dothan, Gadsden, Albertville, Auburn-Opelika, Talladega-Sylacauga, Fort Payne, Atmore, Cullman, Columbus, Scottsboro, Ozark, Enterprise, Alexander City, Troy, LaGrange


* Localities with fewer than 10 cases last week have been excluded from these alerts.

**Red Zone**: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

**Yellow Zone**: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

**Note**: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

**DATA SOURCES**

**Cases and Deaths**: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/19 - 8/7.

**Testing**: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can’t quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in settings where test positivity is under 10%
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can’t quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
ALABAMA
STATE REPORT | 08.09.2020

NEW CASES

COVID-19 CASES

Daily COVID-19 Cases (7-day average)  •  Daily COVID-19 Cases

TESTING

COVID-19 TESTS

Daily Tests Completed (7 day avg.)  •  % Positivity Rate (by result date 7 day avg.)

PERCENTAGE OF TOTAL TESTS

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)

TOP COUNTIES

NEW CASES (CUMULATIVE)

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.

Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
CARTES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.
Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

- Cases and deaths: County-level data from USAFacts as of 15:15 EDT on 08/08/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.

- Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the percentage of positive tests divided by the number of tests performed and resulted. Last week data are from 7/30 to 8/5; previous week data are from 7/23 to 7/29. HHS Protect data is recent as of 14:00 EDT on 08/08/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

- Mobility: Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 8/7/2020.

- Hospitalizations: Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.

- Skilled Nursing Facilities: National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
ALASKA
STATE REPORT | 08.09.2020

SUMMARY
- Alaska is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- Alaska has seen a decrease in new cases and a decrease in test positivity over the past week.
- The following three boroughs had the highest number of new cases over the past 3 weeks: 1. Anchorage Municipality, 2. Matanuska-Susitna Borough, and 3. Fairbanks North Star Borough. These boroughs represent 80.3 percent of new cases in Alaska.
- Alaska had 76 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 17 to support operations activities from FEMA and 22 to support operations activities from USCG.
- Between Aug 01 - Aug 07, on average, 4 patients with confirmed COVID-19 and 10 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Alaska. An average of 71 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS
- Continue aggressive media campaigns and education at the local level, emphasizing use of face coverings in all indoor spaces and the risks of COVID, particularly for older individuals and those with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Continue widespread testing and testing of new arrivals, especially as case rates in receiving areas, such as Anchorage, drop below the national average.
- Expand testing in boroughs and municipalities with weekly testing rates below 1,000 per 100,000 population, especially those with test positivity over 5%.
- Mandate wearing of cloth face coverings outside the home in Anchorage and other metro areas with increasing incidence.
- Promote outdoor dining and effective social distancing, with face coverings, in all indoor commercial spaces. This is especially important in Anchorage and other boroughs and municipalities with weekly case rates over 10 per 100,000 population.
- Monitor implementation of social distancing and wearing of face masks in indoor environments, especially in retail areas and crowded work environments like seafood processing plants. Consider warnings and fines for non- adherence.
- Continue fully scaled contact tracing. Ensure cases are immediately isolated and interviews are conducted within 48 hours of diagnosis.
- Ensure sufficient and safe housing for isolation and quarantine, especially for communities with multi-generational and/or crowded households.
- Ensure continued availability of testing in all crowded work environments and long-term care facilities. Residents should continue to be tested on admission and as clinically warranted. Staff should continue to be tested periodically, especially in areas like Anchorage with high levels of community transmission.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state regulators as those from which we should not expect reports were excluded from the patient reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome."
# ALASKA

## STATE REPORT | 08.09.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
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<td>553 (76)</td>
<td>-24.6%</td>
<td>11,708 (82)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td><strong>DIAGNOSTIC TEST POSITIVITY RATE</strong></td>
<td>3.2%</td>
<td>-0.9%*</td>
<td>6.5%</td>
<td>7.1%</td>
</tr>
<tr>
<td><strong>TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)</strong></td>
<td>23,379** (3,196)</td>
<td>-33.1%**</td>
<td>190,248** (1,326)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td><strong>COVID DEATHS (RATE PER 100,000)</strong></td>
<td>3 (0)</td>
<td>-25.0%</td>
<td>183 (1)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>0.0%</td>
<td>+0.0%*</td>
<td>7.6%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

## DATA SOURCES

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

**Cases and Deaths:** State values are calculated by aggregating borough-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

**Testing:** State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data is inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a borough; 100% represents the baseline mobility level. Data is anonymized and provided at the borough level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
# ALASKA

## COVID-19 BOROUGH AND METRO ALERTS*

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>N/A</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BOROUGH LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>N/A</td>
<td>0</td>
</tr>
</tbody>
</table>

* Localities with fewer than 10 cases last week have been excluded from these alerts.

**Red Zone:** Those core-based statistical areas (CBSAs) and boroughs that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

**Yellow Zone:** Those core-based statistical areas (CBSAs) and boroughs that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

**Note:** Top 12 locations are selected based on the highest number of new cases in the last three weeks.

**DATA SOURCES**

- **Cases and Deaths:** State values are calculated by aggregating borough-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020. Last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take-out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take-out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
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Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
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**ALASKA**

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**NEW CASES**

- Daily COVID-19 Cases (7-day average)
- Daily COVID-19 Cases

**TESTING**

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 7 day avg.)

**TOP BOROUGHS**

Top boroughs based on greatest number of new cases in last three weeks (7/18 - 8/7)

**DATA SOURCES**

**Cases:** Borough-level data from USAFacts. State values are calculated by aggregating borough-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.

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Top 12 boroughs based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: Borough-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
ALASKA
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CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES
Cases: Borough-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.
Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
# Methods

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**COLOR THRESHOLDS:** Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

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<tr>
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<th>Red</th>
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<tbody>
<tr>
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<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
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<tr>
<td>Diagnostic test result positivity rate</td>
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</tr>
<tr>
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<td>0.5%-0.5%</td>
<td>&gt;0.5%</td>
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<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
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<td>500-1000</td>
<td>&lt;500</td>
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<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>0.5%-0.5%</td>
<td>&gt;0.5%</td>
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**DATA NOTES**

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 15:15 EDT on 06/09/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.
- **Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and result. Last week data are from 7/30 to 8/5, previous week data are from 7/23 to 7/29. HHS Protect data is recent as of 14:00 EDT on 08/09/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 8/7/2020.
- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided. We are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.
- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- Arizona is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the red zone for test positivity, indicating a rate above 10%.
- Arizona has seen a decrease in new cases and a decrease in test positivity over the past week. The mitigation efforts and increased testing throughout the state has allowed for identification of those who are infected with COVID-19 to quarantine and isolate in order to decrease the spread.
- The following three counties had the highest number of new cases over the past 3 weeks: Maricopa County, Pima County, and Yuma County. These counties represent 85.6 percent of new cases in Arizona.
- State is still identifying new areas that need increased testing and has worked with HHS to encourage private stakeholders to increase the deployment of COVID-19 testing to these areas.
- New COVID-19 testing sites have been moved to more rural areas in Yuma, Pima, and Cochise Counties. These testing sites will run from Monday to Thursday in the various locations.
- The Battelle system is being used in Phoenix and has been a positive, key piece of equipment when it comes to sanitizing N-95 masks for multiple uses.
- Arizona has 152 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff and assets to support the state's response: 133 to support operations activities from FEMA; 16 to support medical activities from ASPR; 13 to support epidemiology activities from DOD; 11 to support medical activities from VA; and 2 to support operations activities from VA.
- Between Aug 23 - Aug 27, on average, 111 patients were admitted COVID-19 and 211 patients were admitted with suspected COVID-19 were reported as newly admitted each day to hospitals in Arizona. An average of 73 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies. *

RECOMMENDATIONS

- Expand the protection of those in nursing homes, assisted living, and long-term care facilities by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19 and the isolation of all positive staff and residents. Ensure social distancing and universal facemask use. Immediately conduct infection control prevention surveys in all nursing homes with more than 3 cases in the last 7 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support routine testing.
- Extend mandated public use of face coverings in all current and evolving hotspots.
- Continue bar and gym closures in hotspot counties.
- Continue the limits on indoor dining to less than 50% of normal capacity.
- Continue to ask citizens to limit their social gatherings to 10 or fewer people and to always protect the vulnerable members of their households.
- Increase messaging of the risk of serious disease in all age groups for individuals with pre-existing medical conditions, including obesity, hypertension, and diabetes mellitus.
- Continue this scale-up of testing, moving to community-led neighborhood testing and pool household testing in Maricopa, Pima, and Yuma counties. Work with local communities to implement and provide clear guidance for households that test positive, including on individual isolation procedures.
- Continue to enhance contact tracing and ensure the ability of cases and contacts to quarantine or isolate safely.
- Monitor testing data to identify additional sites of increased transmission and focus public health resources there, with enhanced support to the Tribal Nations.
- Expand testing capacity in public health labs by adding shifts, including weekend shifts, to decrease turnaround times. Institute 2:1 or 2:1 pooling on all high throughput machines as long as turnaround times are greater than 24 hours. For families and households, screen entire households in a single test by pooling specimens.
- Turnaround times are now improving; ensure all capacity is used to expand community testing.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges, and university students).
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
- Tribal Nations: Continue enforcement of social distancing and masking measures in areas of increased transmission. Continue enhanced testing activities. Increase Abbott ID Now supplies to test individuals in positive households.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.
### ARIZONA
**STATE REPORT | 08.09.2020**

<table>
<thead>
<tr>
<th>Data Category</th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Cases (Rate per 100,000)</td>
<td>11,042 (152)</td>
<td>-37.5%</td>
<td>66,023 (129)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td>Diagnostic Test Positivity Rate</td>
<td>12.6%</td>
<td>-1.6%*</td>
<td>8.6%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Total Diagnostic Tests (Tests per 100,000)</td>
<td>92,765** (1,274)</td>
<td>-30.6%**</td>
<td>844,456** (1,647)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td>COVID Deaths (Rate per 100,000)</td>
<td>388 (5)</td>
<td>-4.9%</td>
<td>1,454 (3)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td>SNFs with at Least One Resident COVID-19 Case</td>
<td>26.9%</td>
<td>+1.1%*</td>
<td>14.7%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

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- **SNFs**: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
# ARIZONA

## COVID-19 COUNTY AND METRO ALERTS*

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Phoenix-Mesa-Chandler</td>
<td>Prescott Valley- Prescott</td>
</tr>
<tr>
<td></td>
<td>Tucson</td>
<td>Flagstaff</td>
</tr>
<tr>
<td></td>
<td>Yuma</td>
<td>Sierra Vista-Douglas</td>
</tr>
<tr>
<td></td>
<td>Lake Havasu City-Kingman</td>
<td>Payson</td>
</tr>
<tr>
<td></td>
<td>Show Low</td>
<td></td>
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<tr>
<td></td>
<td>Nogales</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Safford</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Maricopa</td>
<td>Pinal</td>
</tr>
<tr>
<td></td>
<td>Pima</td>
<td>Yavapai</td>
</tr>
<tr>
<td></td>
<td>Yuma</td>
<td>Apache</td>
</tr>
<tr>
<td></td>
<td>Mohave</td>
<td>Coconino</td>
</tr>
<tr>
<td></td>
<td>Navajo</td>
<td>Cochise</td>
</tr>
<tr>
<td></td>
<td>Santa Cruz</td>
<td>Gila</td>
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<tr>
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CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

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National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

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<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% -10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5 -2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;-10%</td>
<td>-10% -10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% -5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;-0.5%</td>
<td>-0.5% -0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths**: County-level data from USAFacts as of 15:15 EDT on 08/09/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.
- **Testing**: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 7/30 to 8/5; previous week data are from 7/23 to 7/29. HHS Protect data is recent as of 14:00 EDT on 08/09/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
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- **Skilled Nursing Facilities**: National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- Arkansas is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the red zone for test positivity, indicating a rate above 10%.
- Arkansas has continued to see high levels of cases and test positivity over the past few weeks.
- The majority of the counties across the state continue to be in the red or yellow zones.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Pulaski County, 2. Washington County, and 3. Sebastian County. These counties represent 26.2 percent of new cases in Arkansas.
- Arkansas had 180 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 4 to support operations activities from FEMA and 1 to support operations activities from CDC.
- Between Aug 01 - Aug 07, on average, 59 patients with confirmed COVID-19 and 202 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Arkansas. An average of 71 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Message to residents that if they vacation in an area with low COVID prevalence and have come from an area with high COVID prevalence, they should remain socially distanced, stay masked in all public spaces, and avoid all indoor gatherings where social distancing and masks cannot be maintained.
- Keep mask requirements in place statewide. Identify mechanisms to assess compliance with local regulations.
- Close establishments where social distancing and mask use cannot occur, such as bars, nightclubs, and entertainment venues.
- Limit social gatherings to 10 people or fewer.
- Providing timely test results to individuals so they can isolate and stop the spread is critical. Implement the following to increase testing capacity and decrease turnaround times:
  - (1) For family and cohabitating households, screen entire households in a single test by pooling a sample of each member's specimen. For households that test positive, isolate and contact follow-up individual tests.
  - (2) Expand testing capacity in public health labs by adding shifts, including weekend shifts, to reduce turnaround times.
  - (3) Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Any nursing homes with 3 or more cases of COVID in the last 3 weeks should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population. Protect vulnerable populations in assisted living and long-term care facilities through weekly testing of all workers and requiring masks. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place.
- Contact tracing is ongoing and the state has implemented an automated text messaging system for those who have been in contact with someone who has tested positive. Continue to leverage this system.
- Increase messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Expand public messaging to younger demographics, using social media and other messaging platforms, to communicate changes in the local epidemic and appropriate actions that should be adopted.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state agencies (or hospitals we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.*
**ARKANSAS**
STATE REPORT | 08.09.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASES (RATE PER 100,000)</td>
<td>5,593 (185)</td>
<td>+7.9%</td>
<td>76,858 (180)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td>DIAGNOSTIC TEST POSITIVITY RATE</td>
<td>10.9%</td>
<td>-0.4%*</td>
<td>7.1%</td>
<td>11.4%</td>
</tr>
<tr>
<td>TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)</td>
<td>45,788** (1,517)</td>
<td>-4.1%**</td>
<td>303,878** (711)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td>COVID DEATHS (RATE PER 100,000)</td>
<td>69 (2)</td>
<td>+16.9%</td>
<td>7,261 (2)</td>
<td>1,883 (4)</td>
</tr>
<tr>
<td>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</td>
<td>12.6%</td>
<td>-0.1%*</td>
<td>12.1%</td>
<td>21.3%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

**DATA SOURCES**

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

**Testing:** State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data is inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
# COVID-19 COUNTY AND METRO ALERTS*

## LOCALITIES IN RED ZONE

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Fort Smith</td>
</tr>
<tr>
<td></td>
<td>Jonesboro</td>
</tr>
<tr>
<td></td>
<td>Pine Bluff</td>
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<tr>
<td></td>
<td>Russellville</td>
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<td></td>
<td>Blytheville</td>
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<td></td>
<td>Batesville</td>
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<td></td>
<td>Memphis</td>
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<td></td>
<td>Paragould</td>
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<td></td>
<td>Malvern</td>
</tr>
<tr>
<td></td>
<td>Helena-West Helena</td>
</tr>
<tr>
<td></td>
<td>Magnolia</td>
</tr>
</tbody>
</table>

## LOCALITIES IN YELLOW ZONE

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>Little Rock-North Little Rock-Conway</td>
</tr>
<tr>
<td>Top 12 shown</td>
<td>Fayetteville-Springdale-Rogers</td>
</tr>
<tr>
<td>(full list</td>
<td>Hot Springs</td>
</tr>
<tr>
<td>below)</td>
<td>Texarkana</td>
</tr>
<tr>
<td></td>
<td>Forrest City</td>
</tr>
<tr>
<td></td>
<td>Harrison</td>
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<tr>
<td></td>
<td>El Dorado</td>
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<td></td>
<td>Hope</td>
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<tr>
<td></td>
<td>Arkadelphia</td>
</tr>
<tr>
<td></td>
<td>Camden</td>
</tr>
<tr>
<td>25</td>
<td>Pulaski</td>
</tr>
<tr>
<td>Top 12 shown</td>
<td>Washington</td>
</tr>
<tr>
<td>(full list</td>
<td>Benton</td>
</tr>
<tr>
<td>below)</td>
<td>Garland</td>
</tr>
<tr>
<td></td>
<td>Saline</td>
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<tr>
<td></td>
<td>Faulkner</td>
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<td></td>
<td>Crawford</td>
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<tr>
<td></td>
<td>Lonoke</td>
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<tr>
<td></td>
<td>St. Francis</td>
</tr>
<tr>
<td></td>
<td>Union</td>
</tr>
<tr>
<td></td>
<td>Boone</td>
</tr>
<tr>
<td></td>
<td>Hempstead</td>
</tr>
</tbody>
</table>

**All Red Counties:** Sebastian, Craighead, Mississippi, Jefferson, Pope, Chicot, Crittenden, Independence, Greene, Johnson, Ashley, Miller, Howard, Poinsett, Yell, Hot Spring, Sevier, Logan, Little River, Phillips, Desha, Lincoln, Newton, Columbia, Drew, Cross, Pike, Cleveland, Prairie, Lee, Scott  

**All Yellow Counties:** Pulaski, Washington, Benton, Garland, Saline, Faulkner, Crawford, Lonoke, St. Francis, Union, Boone, Hempstead, Randolph, Arkansas, Carroll, Bradley, Clark, Franklin, Lawrence, Ouachita, Cleburne, Madison, Polk, Clay, Stone

* Localities with fewer than 10 cases last week have been excluded from these alerts.

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

**Yellow Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

**Note:** Top 12 locations are selected based on the highest number of new cases in the last three weeks.

**DATA SOURCES**

- **Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020. Last week is 8/1 - 8/7, three weeks is 7/19 - 8/7.

- **Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in settings where test positivity is under 10%
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
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- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.
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Methods
STATE REPORT | 08.09.2020

COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10%</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&gt;0.5</td>
<td>0.5-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
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</table>

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- Hospitalizations: Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with states/liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.
- Skilled Nursing Facilities: National Healthcare Safety Network (NHSN), Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- California is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- California has seen a decrease in new cases and a decrease in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Los Angeles County, 2. Kern County, and 3. Riverside County. These counties represent 45.8 percent of new cases in California.
- Viral transmission is occurring throughout the state with continued, significant geographic variation. Cases continued to decline in most coastal Southern California areas while remaining high in inland areas. The Central Valley continues to be the most affected region, although Central Coast counties had increasing cases as well. Bay Area counties reported both increasing and decreasing cases.
- California had 120 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 150 to support medical activities from DOD; 23 to support operations activities from DOD; 113 to support operations activities from FEMA; 49 to support operations activities from ASPR; 8 to support epidemiology activities from CDC; 2 to support operations activities from CDC; 262 to support operations activities from USCG; and 1 to support medical activities from VA.
- The federal government has supported a surge testing site in Bakersfield, CA.
- Between Aug 01 - Aug 07, on average, 686 patients with confirmed COVID-19 and 737 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in California. An average of 88 percent of hospitals reported either new confirmed or new suspected COVID-19 patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue the expanded statewide limitations on activity and the adaptive inclusion of counties with elevated reported cases on list subject to state orders for intensified limitations.
- Continue with state masking mandate and develop innovative ways to monitor compliance.
- Ensure that all business retailers and personal services require masks and can safely social distance.
- Continue the enhanced focus on Central Valley outbreaks; the formation of the Central Valley Taskforce is commended.
- Surge testing and contact tracing resources to neighborhoods and zip codes with the highest case rates. The direction of augmented state and federal testing resources for Bakersfield is commended.
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates and increase community level testing. Work with local communities to provide clear guidance for households that test positive, including on individual isolation procedures.
- Continue efforts to increase testing at both public health and private laboratories.
- Protect those in nursing homes and long-term care facilities (LTCF) by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19. Address staff and supply shortages, California’s efforts to augment staff at LTCFs and other clinical facilities through innovative measures is commended. Ensure social distancing and universal facemask use.
- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and schools (K-12, community colleges).
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/local executives from which we should not expect reports were excluded from the percent reporting figures. This value may differ from those in state databases because of differences in hospital list and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.
# California State Report | 08.09.2020

<table>
<thead>
<tr>
<th>Metric</th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Cases (Rate per 100,000)</td>
<td>47,508 (120)</td>
<td>-22.8%</td>
<td>66,023 (129)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td>Diagnostic Test Positivity Rate</td>
<td>7.7%</td>
<td>-2.0%*</td>
<td>8.6%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Total Diagnostic Tests (Tests per 100,000)</td>
<td>674,542** (1,707)</td>
<td>+21.5%**</td>
<td>844,456** (1,647)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td>COVID Deaths (Rate per 100,000)</td>
<td>972 (2)</td>
<td>+9.8%</td>
<td>1,454 (3)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td>SNFs with at Least One Resident COVID-19 Case</td>
<td>13.6%</td>
<td>-6.9%*</td>
<td>14.7%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

**DATA SOURCES**

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/03/2020. CA reports delays with state reporting systems. We understand that data shown may be incomplete or inaccurate until these delays are resolved.

Mobility: Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

## COVID-19 COUNTY AND METRO ALERTS*

### LOCALITIES IN RED ZONE

**METRO AREA (CBSA) LAST WEEK**

- Riverside-San Bernardino-Ontario
- Bakersfield
- Fresno
- Stockton
- Visalia
- Modesto
- Merced
- Salinas
- El Centro
- Yuba City

**COUNTY LAST WEEK**

- Kern
- Riverside
- San Bernardino
- Fresno
- San Joaquin
- Tulare
- Stanislaus
- Merced
- Monterey
- Imperial
- Sutter
- Yuba

### LOCALITIES IN YELLOW ZONE

- Los Angeles-Long Beach-Anaheim
- San Diego-Chula Vista-Carlsbad
- Sacramento-Roseville-Folsom
- Oxnard-Thousand Oaks-Ventura
- Santa Maria-Santa Barbara
- Santa Rosa-Petaluma
- Hanford-Corcoran
- Madera
- San Luis Obispo-Paso Robles

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**All Red Counties:** Kern, Riverside, San Bernardino, Fresno, San Joaquin, Tulare, Stanislaus, Merced, Monterey, Imperial, Sutter, Yuba, Colusa, Amador

**All Yellow Counties:** Los Angeles, Orange, San Diego, Sacramento, Alameda, Contra Costa, Ventura, Santa Barbara, San Mateo, Sonoma, Kings, Madera, San Luis Obispo, San Benito, Glenn, Inyo

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*Localities with fewer than 10 cases last week have been excluded from these alerts.

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

**Yellow Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

**Note:** Top 12 locations are selected based on the highest number of new cases in the last three weeks.

**DATA SOURCES**

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7; three weeks is 7/18 - 8/7.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible. CA reports delays with state reporting systems. We understand that data shown may be incomplete or inaccurate until these delays are resolved.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
• Wear a mask at all times outside the home and maintain physical distance
• Limit social gatherings to 10 people or fewer
• Do not go to bars, nightclubs, or gyms
• Use take-out or eat outdoors socially distanced
• Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
• Reduce your public interactions and activities to 25% of your normal activity

Public Officials
• Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
• Limit social gatherings to 10 people or fewer
• Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
• Ensure that all business retailers and personal services require masks and can safely social distance
• Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
• Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
• Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
• Provide isolation facilities outside of households if COVID-positive individuals can’t quarantine successfully

Testing
• Move to community-led neighborhood testing and work with local community groups to increase access to testing
• Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
• Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
• Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
• Wear a mask at all times outside the home and maintain physical distance
• Limit social gatherings to 25 people or fewer
• Do not go to bars or nightclubs
• Use take-out, outdoor dining or indoor dining when strict social distancing can be maintained
• Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
• Reduce your public interactions and activities to 50% of your normal activity

Public Officials
• Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
• Limit social gatherings to 25 people or fewer
• Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
• Ensure that all business retailers and personal services require masks and can safely social distance
• Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
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Testing
• Move to community-led neighborhood testing and work with local community groups to increase access to testing
• Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
• Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
• Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
CALIFORNIA
STATE REPORT | 08.09.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. CA reports delays with state reporting systems. We understand that data shown may be incomplete or inaccurate until these delays are resolved.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
CALIFORNIA
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible. CA reports delays with state reporting systems. We understand that data shown may be incomplete or inaccurate until these delays are resolved.
National Picture

NEW CASES PER 100,000 LAST WEEK

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.
Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% -10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% -10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% -10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES
- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths: County-level data from USAFacts as of 15:15 EDT on 08/09/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.
- Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and reported. Last week data are from 7/30 to 8/5; previous week data are from 7/23 to 7/29. HHS Protect data is as of 14:00 EDT on 08/09/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
- Mobility: Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality. 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 8/7/2020.
- Hospitalizations: Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.
- Skilled Nursing Facilities: National Healthcare Safety Network (NHSN), Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- Colorado is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- Colorado has seen a decrease in new cases and a decrease in test positivity over the past week.
- Cases remain concentrated near the Front Range urban centers, especially Denver and Colorado Springs with continued high incidence in counties west of these areas (Eagle, Garfield, Chaffee, Gunnison).
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Denver County, 2. El Paso County, and 3. Adams County. These counties represent 44.8 percent of new cases in Colorado.
- Colorado had 54 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 69 to support operations activities from FEMA, 4 to support operations activities from ASPR, 14 to support epidemiology activities from CDC, and 3 to support operations activities from CDC.
- Between Aug 01 - Aug 07, on average, 43 patients with confirmed COVID-19 and 74 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Colorado. An average of 81 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue with state masking mandate and targeted tailored messaging to encourage compliance. Commend the surveys being done in Tri-County and other localities to collect objective data on compliance.
- Continue the restrictions on bars and public entertainment venues.
- Limit social gatherings to 10 people or fewer; remove variances that allow for larger gatherings in counties reporting increasing cases.
- Continue increasing testing at both public health and private laboratories.
- Monitor testing data to identify additional sites of increased transmission and focus public health resources on those areas.
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates and increase community level testing.
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours.
- Continue messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Protect those in nursing homes and long-term care facilities by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19. Address staff and supply shortages. Ensure social distancing and universal facemask use.
- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and schools (K-12, community colleges).
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).
## Colorado State Report | 08.09.2020

<table>
<thead>
<tr>
<th>Metric</th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
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<td>New Cases (Rate per 100,000)</td>
<td>3,086 (54)</td>
<td>-19.4%</td>
<td>8,867 (72)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td>Diagnostic Test Positivity Rate</td>
<td>4.3%</td>
<td>-0.7%*</td>
<td>5.6%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Total Diagnostic Tests (Tests per 100,000)</td>
<td>68,982** (1,198)</td>
<td>-13.1%**</td>
<td>177,074** (1,444)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td>Covid Deaths (Rate per 100,000)</td>
<td>18 (0)</td>
<td>-61.7%</td>
<td>86 (1)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td>SNFs with at least one resident COVID-19 case</td>
<td>3.8%</td>
<td>-1.2%*</td>
<td>4.9%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

### Data Sources

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**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>N/A</td>
<td>Colorado Springs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Greeley</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Glenwood Springs</td>
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<td>Edwards</td>
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<td>Montrose</td>
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<td>Teller</td>
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<td>Elbert</td>
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<tr>
<td></td>
<td></td>
<td>Pitkin</td>
</tr>
<tr>
<td>COUNTY LAST WEEK</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Garfield</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gunnison</td>
<td></td>
</tr>
</tbody>
</table>

* Localities with fewer than 10 cases last week have been excluded from these alerts.

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can’t quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
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- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
COLORADO
STATE REPORT | 08.09.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
COLORADO
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
DATA SOURCES

**Cases:** County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.

**Testing:** Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
**Methods**

**STATE REPORT | 08.09.2020**

**COLOR THRESHOLDS:** Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;-10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;-0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
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**DATA NOTES**

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- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 8/7/2020.

- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.

- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- Connecticut is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- Connecticut has seen a decrease in new cases last week after an uptick in the second half of July related to transmission at social gatherings among younger age groups. Test positivity remained <2% over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Fairfield County, 2. Hartford County, and 3. New Haven County. These counties represent 62.9 percent of new cases in Connecticut.
- Connecticut had 14 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 2 to support operations activities from FEMA; 4 to support operations activities from USCG; and 1 to support operational activities from VA.
- Between Aug 01 - Aug 07, on average, 14 patients with confirmed COVID-19 and 71 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Connecticut. An average of 65 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue closures of bars and limitations on restaurants and gathering sizes as specified in phase 2 of Connecticut’s Reopen Plan. Continue efforts to maintain high compliance.
- Continue the scale-up of testing and rollout of contact tracing currently underway. Continue to monitor success rates with contact elicitation and tracing.
- Continue the state masking requirement and intensify public messaging of its importance given national trends and increases in nearby states. Consider measures such as the in-person surveys conducted by Colorado in order to monitor compliance of local ordinances.
- Protect those in nursing homes and long-term care facilities by continuing the existing testing programs. Ensure social distancing and universal facemask use.
- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and schools (K-12, community colleges).
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/region as those from which we should not expect reports were excluded from the present reporting figure. This value may differ from those in state databases because of differences in hospital lab and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.
# Connecticut

## State Report | 08.09.2020

<table>
<thead>
<tr>
<th></th>
<th>State, Last Week</th>
<th>State, % Change From Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Cases (Rate per 100,000)</td>
<td>510 (14)</td>
<td>-50.7%</td>
<td>4,242 (29)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td>Diagnostic Test Positivity Rate</td>
<td>0.8%</td>
<td>-0.3%*</td>
<td>1.7%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Total Diagnostic Tests (Tests per 100,000)</td>
<td>40,666** (1,141)</td>
<td>-45.1%**</td>
<td>244,677** (1,648)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td>Covid Deaths (Rate per 100,000)</td>
<td>9 (0)</td>
<td>-52.6%</td>
<td>122 (1)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td>SNFs with at Least One Resident COVID-19 Case</td>
<td>2.8%</td>
<td>-3.3%*</td>
<td>3.5%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.

** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

## Data Sources

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

**Testing:** State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data is inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
## CONNECTICUT

**STATE REPORT | 08.09.2020**

### COVID-19 COUNTY AND METRO ALERTS*

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>N/A</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>N/A</td>
<td>0</td>
</tr>
</tbody>
</table>

* Localities with fewer than 10 cases last week have been excluded from these alerts.

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

**Yellow Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

**Note:** Top 12 locations are selected based on the highest number of new cases in the last three weeks.

### DATA SOURCES

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020. Last week is 8/1 - 8/7, three weeks is 7/19 - 8/7.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can’t quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
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CONNECTICUT
STATE REPORT | 08.09.2020

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CONNECTICUT
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

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National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

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</tr>
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SUMMARY

- Delaware is in the yellow zone for cases with 58 new cases per 100,000 population last week, and the green zone for test positivity with a rate below 5%.
- Delaware has seen a sharp decrease in new cases and a decrease in test positivity over the past week.
- Younger age groups continue to predominate in recent cases.
- Rates increased in Sussex County, site of many highly popular beaches.
- Delaware had 58 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 5 to support operations activities from FEMA.
- Between Aug 01 - Aug 07, on average, 4 patients with confirmed COVID-19 and 20 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Delaware. An average of 84 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Given the likelihood that Delaware schools will reopen under a hybrid scenario, plan for surge testing, increases in contact tracing capabilities, and the identification of spaces where students can be safely quarantined.
- Given the recent increases in cases among younger age groups and in Sussex County:
  - (a) Develop targeted messaging to younger individuals (ages 18-49 years old).
  - (b) Increase public messaging to out-of-state tourists and increase testing capabilities in beach communities and tourist areas.
- Continue closure of or limited seating at bars in highly affected areas. Consider additional restrictions on occupancy or operation in other localities depending on changes in reported cases. Consider intensifying efforts to improve compliance.
- Continue emphasis on masking requirements in more affected areas. Encourage masking statewide.
- Continue ongoing efforts to build contact tracing capacity and command interm use of National Guard personnel. Ensure all cases are contacted and all members of positive households are individually tested within 24 hours.
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates and increase community level testing. The efforts by the Delaware Division of Public Health and the Healthy Communities Delaware (HCD) to support communities are commended; consider targeted messaging using various dissemination methods to vulnerable populations through HCD collaborations.
- Consider targeted messaging for wearing of face coverings, hand washing, and social distancing to individuals attending worship services; recommend testing for all attendees if cases are detected.
- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and schools (K-12, community colleges).
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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# Delaware

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<td>-0.6%*</td>
<td>5.4%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Total Diagnostic Tests (Tests per 100,000)</td>
<td>11,473** (1,178)</td>
<td>+7.4%**</td>
<td>494,173** (1,602)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td>Covid Deaths (Rate per 100,000)</td>
<td>5 (1)</td>
<td>-28.6%</td>
<td>343 (1)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td>SNFs with at least one Resident Covid-19 Case</td>
<td>9.5%</td>
<td>+2.0%*</td>
<td>8.7%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.
* Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

** DATA SOURCES **

* Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

* Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

* Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data is inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/03/2020.

* Mobility: Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

## DELAWARE

**STATE REPORT | 08.09.2020**

### COVID-19 COUNTY AND METRO ALERTS*

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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* Localities with fewer than 10 cases last week have been excluded from these alerts.

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

**Yellow Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

**Note:** Top 12 locations are selected based on the highest number of new cases in the last three weeks.

**DATA SOURCES**

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/16 - 7/27.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can’t quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling**: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- **Surveillance pooling**: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
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- **Surveillance pooling**: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
DELWARE
STATE REPORT | 08.09.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020.
Top 12 counties based on number of new cases in the last 3 weeks

**DATA SOURCES**

**Cases:** County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.

Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
**Methods**

**STATE REPORT | 08.09.2020**

**COLOR THRESHOLDS:** Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;-10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;-0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;10000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;-10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;-0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

**DATA NOTES**

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

- **Cases and deaths:** County-level data from USAFacts as of 15:15 EDT on 08/09/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.

- **Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 7/30 to 8/7; previous week data are from 7/23 to 7/29. HHS Protect data is recent as of 14:00 EDT on 08/09/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 8/7/2020.

- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.

- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
THE DISTRICT OF COLUMBIA
STATE REPORT | 08.09.2020

SUMMARY

- The District of Columbia is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- The District of Columbia has seen a decrease in both new cases and test positivity rates last week.
- Younger age groups predominate among recent cases, with a disproportionate number of cases among African Americans and Latinos.
- Contact tracing has identified that an increasing number of individuals have visited restaurants and workplaces while likely infected; multiple restaurants and bars have also been cited for violating restrictions. Many cases have also reported recent travel history.
- The District of Columbia had 54 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 8 to support operations activities from FEMA.
- Between Aug 01 - Aug 07, on average, 15 patients with confirmed COVID-19 and 62 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in the District of Columbia. An average of greater than 95 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Emphasize and increase public messaging that anyone traveling to DC from any of the states with high COVID incidence should self-quarantine for 14 days.
- Intensify efforts to improve compliance with mitigation orders.
- Develop targeted messaging to younger individuals and vulnerable and marginalized populations, particularly economically disadvantaged, African American, and Latinx communities.
- Actively promote testing of young people and those engaged in public activities, gatherings, and protests to ensure new cases are found before active community spread occurs.
- Adaptively modulate additional restrictions on occupancy or operation within the current phase 2 opening status for certain businesses (bars, restaurants) depending on further changes in case counts.
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates and increase community level testing.
- The efforts to surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates, such as Columbia Heights and Brightwood, are commended and should continue.
- Consider collaborating with counties and states within the National Capital Region on a COVID-19 containment strategy similar to efforts implemented by NJ-NY-CT.
- Develop a strategic plan for the return of students to colleges, universities, and K-12 for the fall, including surge testing and mitigation strategies.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the current reporting figure. This update may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.
# THE DISTRICT OF COLUMBIA

## STATE REPORT | 08.09.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES</strong> (RATE PER 100,000)</td>
<td>384 (54)</td>
<td>-21.3%</td>
<td>20,436 (66)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td><strong>DIAGNOSTIC TEST POSITIVITY RATE</strong></td>
<td>6.1%</td>
<td>-1.3%*</td>
<td>5.4%</td>
<td>7.1%</td>
</tr>
<tr>
<td><strong>TOTAL DIAGNOSTIC TESTS</strong> (TESTS PER 100,000)</td>
<td>28,729** (4,071)</td>
<td>-9.6%**</td>
<td>494,173** (1,602)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td><strong>COVID DEATHS</strong> (RATE PER 100,000)</td>
<td>4 (1)</td>
<td>+0.0%</td>
<td>343 (1)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>11.1%</td>
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*Indicates absolute change in percentage points.

**Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

## DATA SOURCES

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

**Testing:** State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
## THE DISTRICT OF COLUMBIA

**STATE REPORT | 08.09.2020**

### COVID-19 COUNTY AND METRO ALERTS*

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<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
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</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>N/A</td>
<td>1</td>
</tr>
<tr>
<td>Washington-Arlington-</td>
<td></td>
<td>District of Columbia</td>
</tr>
<tr>
<td>Alexandria</td>
<td></td>
<td></td>
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</tbody>
</table>

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**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

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**Note:** Top 12 locations are selected based on the highest number of new cases in the last three weeks.

**DATA SOURCES**

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
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Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling**: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- **Surveillance pooling**: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
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THE DISTRICT OF COLUMBIA
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

DATA SOURCES

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Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
## Methods

**STATE REPORT | 08.09.2020**

### COLOR_THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

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</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;-0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>0.5</td>
<td>0.5-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;-10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
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### DATA NOTES

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- **Testing**: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 7/30 to 8/5, previous week data are from 7/23 to 7/29. HHS Protect data is recent as of 14:00 EDT on 08/08/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

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- **Hospitalizations**: Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.

- **Skilled Nursing Facilities**: National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- Florida is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the red zone for test positivity, indicating a rate above 10%.
- Florida has seen a decrease in new cases and a decrease in test positivity over the past week, demonstrating the impact of the mitigation efforts.
- The majority of new cases were in three counties: 1. Miami-Dade County, 2. Broward County, and 3. Palm Beach County. These counties represent 57.9 percent of new cases in Florida.
- The majority of new cases are still from South Florida, with improvement being seen in other metros across the state, and the aggressive mitigation efforts by both the City of Miami and Miami-Dade County are beginning to show impact.
- The critical alert to all family members to protect the vulnerable family members with total distancing and face coverings for private family gatherings was a key intervention.
- Florida had 222 new cases per 100,000 population in the past week, compared to a national average of 11.4 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 3 to support operations activities from FEMA; 21 to support medical activities from ASPR; 7 to support operations activities from ASPR; 1 to support operations activities from USACE; 53 to support operations activities from USCG; and 21 to support medical activities from VA.
- The federal government has supported a surge testing site in Miami, FL.
- Between Aug 21 - Aug 27, on average, 665 patients with confirmed COVID-19 and 449 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Florida. An average of 85 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Expand the protection of those in nursing homes, assisted living, and long-term care facilities by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19 and the isolation of all positive staff and residents. Ensure staff testing and universal face mask use. Immediately conduct infection control prevention surveys in all nursing homes with more than 3 cases in the last 3 weeks. Antigen testing will continue to be provided by the Federal Government over the next 4-6 weeks to support routine testing.
- Consider a statewide mask mandate for counties with 50 or more active cases to ensure consistent mask usage, as improvements are fragile.
- Continue the bar closure in all counties with rising test percent positivity; increase outdoor dining options and limit indoor dining to 25% of normal capacity.
- Ensure messaging to all citizens to limit social gatherings to 10 or fewer people even within families; cases appear to be coming from within households. Emphasize need to ensure all counties are limiting gatherings and protecting the members of their households with co-morbidities.
- Continue the scale-up of testing, moving to community-led neighborhood testing. Work with local community groups to increase household testing of multigenerational households, with clear guidance on test positive isolation procedures and mask use.
- Ensure all individuals and households engaged in any multi-household activities are immediately tested, either in pools or as individuals.
- Increase messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Expand testing capacity in public health labs by adding shifts and weekend shifts to reduce turnaround times. Institute 3:1 or 2:1 pooling of test specimens to increase testing access and reduce turnaround times.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
- Specific, detailed guidance on community mitigation measures can be found on the COVID-19.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state regulators as those from which we should not expect reports were excluded from the percent reporting figure. This update may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
# FLORIDA

## STATE REPORT | 08.09.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES (RATE PER 100,000)</strong></td>
<td>47,677 (222)</td>
<td>-30.0%</td>
<td>123,846 (185)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td><strong>DIAGNOSTIC TEST POSITIVITY RATE</strong></td>
<td>13.1%</td>
<td>-2.1%*</td>
<td>12.2%</td>
<td>7.1%</td>
</tr>
<tr>
<td><strong>TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)</strong></td>
<td>393,555** (1,832)</td>
<td>-35.2%**</td>
<td>898,618** (1,343)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td><strong>COVID DEATHS (RATE PER 100,000)</strong></td>
<td>1,084 (5)</td>
<td>-8.9%</td>
<td>2,438 (4)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>31.8%</td>
<td>-4.2%*</td>
<td>22.2%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.

** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

**DATA SOURCES**

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

**Testing:** State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data is inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
COVID-19 COUNTY AND METRO ALERTS*

LOCALITIES IN RED ZONE

Miami-Fort Lauderdale-Pompano Beach
Jacksonville
Pensacola-Ferry Pass-Brent
Lakeland-Winter Haven
Ocala
Tallahassee
Port St. Lucie
Panama City
Crestview-Fort Walton Beach-Destin
Lake City
Sebring-Avon Park
Okeechobee

LOCALITIES IN YELLOW ZONE

Tampa-St. Petersburg-Clearwater
Orlando-Kissimmee-Sanford
North Port-Sarasota-Bradenton
Cape Coral-Fort Myers
Deltona-Daytona Beach-Ormond Beach
Naples-Marco Island
Gainesville
Sebastian-Vero Beach
Punta Gorda
Homosassa Springs
Key West
Palatka

METRO AREA (CBSA) LAST WEEK

14
Top 12 shown (full list below)

14
Top 12 shown (full list below)

COUNTY LAST WEEK

36
Top 12 shown (full list below)

29
Top 12 shown (full list below)

All Red CBSAs: Miami-Fort Lauderdale-Pompano Beach, Jacksonville, Pensacola-Ferry Pass-Brent, Lakeland-Winter Haven, Ocala, Tallahassee, Port St. Lucie, Panama City, Crestview-Fort Walton Beach-Destin, Lake City, Sebring-Avon Park, Okeechobee, Clewiston, Wauchula

All Yellow CBSAs: Tampa-St. Petersburg-Clearwater, Orlando-Kissimmee-Sanford, North Port-Sarasota-Bradenton, Cape Coral-Fort Myers, Deltona-Daytona Beach-Ormond Beach, Naples-Marco Island, Gainesville, Sebastian-Vero Beach, Punta Gorda, Homosassa Springs, Key West, Palatka, The Villages, Arcadia

All Red Counties: Miami-Dade, Broward, Palm Beach, Hillsborough, Duval, Polk, Osceola, Marion, Escambia, Bay, St. Lucie, Santa Rosa, Okaloosa, Columbia, Alachua, Clay, Jackson, Gadsden, Hernando, Taylor, Highlands, Walton, Washington, Suwannee, Gulf, Baker, Okeechobee, Hendry, Franklin, Dixie, Madison, Hardee, Union, Hamilton, Liberty, Lafayette


* Localities with fewer than 10 cases last week have been excluded from these alerts.

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

Yellow Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAfacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/19 - 8/7.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 3:1 pools in settings where test positivity is under 10%
- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
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Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3:5 individuals
- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
FLORIDA
STATE REPORT | 08.09.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
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CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
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National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

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**Methods**

**STATE REPORT | 08.09.2020**

**COLOR THRESHOLDS:** Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
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GEORGIA
STATE REPORT | 08.09.2020

SUMMARY

- Georgia is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the red zone for test positivity, indicating a rate above 10%
- Georgia has seen stability in new cases, but an increase in test positivity over the past week. There is widespread and expanding community viral spread. There is no significant improvement in the Atlanta metro area, with continued high levels of new cases at a plateau. Mitigation efforts must increase.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Fulton County, 2. Gwinnett County, and 3. Cobb County. These counties represent 25% of new cases in Georgia, but the virus is widespread. Fulton County has the highest rate of increase in new cases, despite current mitigation efforts. Efforts must be heightened.
- To support additional testing, a Federal testing site is opening in Fulton County on 08/10 and will operate for 12 days, with a capacity of 5,000 tests per day.
- Georgia had 213 new cases per 100,000 population in the past week, compared to a national average of 1.14 per 100,000.
- The federal government has deployed the following as assets to support the state response: 77 to support operations activities from USDA; 27 to support epidemiology activities from CDC; 1 to support operations activities from VA; and 1 to support operations activities from VA.
- Between Aug 01 - Aug 07, on average, 305 patients with confirmed COVID-19 and 356 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Georgia. An average of 81 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Expand the protection of those in nursing homes, assisted living, and long-term care facilities by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19 and the isolation of all positive staff and residents. Ensure social distancing and universal facemask use. Immediately conduct infection control prevention surveys in all nursing homes with more than 2 cases in the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support routine testing.
- Current mitigation efforts are not having a sufficient impact and would strongly recommend a statewide mask mandate.
- In red counties, close all establishments where social distancing and mask use cannot occur, such as bars, nightclubs, and entertainment venues.
- Further limit indoor dining to 25% occupancy and expand outdoor dining.
- Ask every citizen to limit social gatherings to 10 or fewer people.
- Increase messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Continue the scale-up of testing, moving to community-led neighborhood testing.
- Work with local communities to implement and provide clear guidance for households that test positive, including on individual isolation and quarantining procedures.
- Continue to enhance contact tracing and ensure the ability of cases and contacts to quarantine or isolate safely.
- Monitor testing data to identify additional sites of increased transmission and focus public health resources there.
- Ensure every public health lab is fully staffed and running 24/7 and utilizing all platforms to reduce turnaround times. Institute 2:1 pooling of specimens on all high throughput machines as long as turnaround times are greater than 36 hours.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC](https://www.cdc.gov).

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state, and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/regional offices from which we should not expect reports were excluded from the percent reporting figure. This report may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.*
## GEORGIA

**STATE REPORT | 08.09.2020**

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES (RATE PER 100,000)</strong></td>
<td>22,660 (213)</td>
<td>-9.2%</td>
<td>123,846 (185)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td><strong>DIAGNOSTIC TEST POSITIVITY RATE</strong></td>
<td>13.0%</td>
<td>+0.6%*</td>
<td>12.2%</td>
<td>7.1%</td>
</tr>
<tr>
<td><strong>TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)</strong></td>
<td>74,251** (699)</td>
<td>-48.8%**</td>
<td>898,618** (1,343)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td><strong>COVID DEATHS (RATE PER 100,000)</strong></td>
<td>364 (3)</td>
<td>+17.4%</td>
<td>2,438 (4)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>22.8%</td>
<td>+1.9%*</td>
<td>22.2%</td>
<td>12.1%</td>
</tr>
</tbody>
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* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

### DATA SOURCES

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

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**Testing:** State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data is inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/03/2020.

**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
# COVID-19 COUNTY AND METRO ALERTS*

## LOCALITIES IN RED ZONE

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>34 Top 12 shown (full list below)</td>
<td>4 Warner Robins Chattanooga Waycross Eufaula</td>
</tr>
</tbody>
</table>

## LOCALITIES IN YELLOW ZONE

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>109 Top 12 shown (full list below)</td>
<td>Atlanta-Sandy Springs-Alpharetta Augusta-Richmond County Savannah Columbus Macon-Bibb County Gainesville Dalton Athens-Clarke County Valdosta Brunswick Albany Rome</td>
</tr>
</tbody>
</table>

---

**All CBSAs**: Atlanta-Sandy Springs-Alpharetta, Augusta-Richmond County, Savannah, Columbus, Macon-Bibb County, Gainesville, Dalton, Athens-Clarke County, Valdosta, Brunswick, Albany, Rome, Dublin, Douglas, Calhoun, Jesup, Jefferson, Statesboro, Vidalia, LaGrange, Thomasville, Bainbridge, Hinesville, St. Marys, Milledgeville, Cedartown, Cornelia, Tifton, Toccoa, Moultrie, Summerville, Fitzgerald, Americus, Thomson


**All Counties**: Fulton, Gwinnett, Cobb, DeKalb, Cherokee, Douglas, Houston, Rockdale, Ware, Gilmer, Murray, Pickens, Harris, Fannin, Lumpkin, Mitchell, Butts, Candler, Rabun, Meriwether, Pierce, Lee, Haralson, McIntosh, Miller, Pike, Jasper, Wilkes, Schley, Taylor

### Red Zone

- Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

### Yellow Zone

- Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

**Note**: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

**DATA SOURCES**

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
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- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
GEORGIA
STATE REPORT | 08.09.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Top 12 counties based on number of new cases in the last 3 weeks

Fulton County
Gwinnett County
Cobb County
DeKalb County
Chatham County
Richmond County
Hall County
Clayton County
Muscogee County
Bibb County
Whitfield County
Cherokee County

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
GEORGIA
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEAKLY % CHANGE IN NEW CASES PER 100K

WEAKLY CHANGE IN TEST POSITIVITY

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.
Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
Methods

STATE REPORT | 08.09.2020

COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;-10%</td>
<td>-10% -10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% -10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;-10%</td>
<td>-10% -10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

- Cases and deaths: County-level data from USAFacts as of 15:15 EDT on 08/09/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.

- Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and rounded. Last week data are from 7/30 to 8/5, previous week data are from 7/23 to 7/29. HHS Protect data is recent as of 14:00 EDT on 08/09/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

- Mobility: Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 8/7/2020.

- Hospitalizations: Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.

- Skilled Nursing Facilities: National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- Hawaii is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- Hawaii has seen an increase in new cases and stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Honolulu County, 2. Maui County, and 3. Hawaii County. These counties represent 99.7 percent of new cases in Hawaii.
- Hawaii had 71 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 20 to support operations activities from FEMA and 14 to support operations activities from USCG.
- Between Aug 01 - Aug 07, on average, 19 patients with confirmed COVID-19 and 29 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Hawaii. An average of 74 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Given continued increase in cases in Honolulu, aggressive mitigation efforts are warranted. Intensify restrictions, including closing indoor bars and gyms, and restrict dining to outdoors.
- Deploy social media and educational campaigns targeting both residents and tourists, emphasizing the importance of face coverings and the risks of COVID, particularly for older individuals and those with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Expand testing across the state, particularly in Honolulu, by pooled testing as described below. Ensure all public health labs are staffed and running 24/7 and all universities with suitable platforms are assisting with surveillance testing for schools (K-12, community colleges) and university students.
- Monitor wearing of cloth face masks and enforce use of face masks in all indoor spaces outside of the home. Consider fines for persons not wearing face masks in indoor settings in Honolulu.
- Continue intensified contact tracing efforts, focusing efforts in Honolulu. Ensure all cases are immediately isolated and interviewed for contacts within 48 hours of diagnosis. Provide adequate housing, as necessary, to ensure isolation of all cases and quarantine of all contacts.
- Continue to ensure that nursing home residents are protected by requiring testing at admission and in the event that any resident or staff are diagnosed with COVID-19. Staff should be tested periodically and required to wear face masks at all times when at work.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions/tribes from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.
# HAWAII

**STATE REPORT | 08.09.2020**

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<td>7.1%</td>
</tr>
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# HAWAII
## COVID-19 COUNTY AND METRO ALERTS*

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<td>1</td>
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</tr>
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Urban Honolulu
Honolulu

*Localities with fewer than 10 cases last week have been excluded from these alerts.*

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

**Yellow Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take-out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can’t quarantine successfully

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- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling**: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- **Surveillance pooling**: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take-out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

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HAWAII
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.
Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
### Methods

**COLOR THRESHOLDS:** Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

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<td>COVID-19 deaths per 100,000 population</td>
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- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 8/7/2020.

- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.

- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- Idaho is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the red zone for test positivity, indicating a rate above 10%.
- Idaho has seen stability in new cases and a decrease in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Ada County, 2. Canyon County, and 3. Kootenai County. These counties represent 67.5 percent of new cases in Idaho.
- Idaho had 179 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 10 to support operations activities from FEMA and 1 to support epidemiology activities from CDC.
- Between Aug 01 - Aug 07, on average, 22 patients with confirmed COVID-19 and 5 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Idaho. An average of 88 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Launch aggressive educational and social media campaigns developed and deployed at the most local level to promote use of social distancing and face coverings, especially in indoor settings.
- Make state dashboards more visually compelling and educational. Show county-level data. Promote use as part of educational campaigns.
- Use local evidence to demonstrate the impact of face coverings to encourage mandates for face coverings in all indoor environments outside of the home in red zone counties and metro areas; recommend diligent monitoring.
- Intensify restrictions in all red zone counties by closing bars and gyms, restricting indoor dining, and prohibiting gatherings of more than 10 people.
- Aggressively scale up testing and reduce turn-around times, especially in red zone counties and areas with testing rates below 1,000 per 100,000 population. Pooled testing of households or small groups (2-3 people) is likely efficient in areas with positivity rates up to 15%.
- Maximize public-private efforts and allocate funding for all public health labs to run 24/7. Ensure all universities with suitable platforms are using their equipment at full capacity for surveillance of students and youth groups.
- Intensify contact tracing, quarantine, and isolation efforts. Ensure that all cases are isolated immediately and interviewed for contacts within 48 hours of diagnosis. Focus efforts in populous yellow and red zone counties and metro areas.
- Ensure sufficient housing to isolate cases and quarantine contacts, especially in communities with crowded or multi-generational households.
- Ensure all crowded indoor work environments, such as meat-processing facilities, observe social distancing, mandate face coverings, and have ready-access to testing. Consider use of warnings and fines for violations.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across locations. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems.

We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state regulators as those from which we should expect reports were excluded from the state’s reporting. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.
# Idaho State Report | 08.09.2020

<table>
<thead>
<tr>
<th></th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Cases (Rate Per 100,000)</td>
<td>3,201 (179)</td>
<td>-7.5%</td>
<td>11,708 (82)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td>Diagnostic Test Positivity Rate</td>
<td>17.7%</td>
<td>-0.9%*</td>
<td>6.5%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Total Diagnostic Tests (Tests Per 100,000)</td>
<td>27,387** (1,533)</td>
<td>-1.9%**</td>
<td>190,248** (1,326)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td>Covid Deaths (Rate Per 100,000)</td>
<td>40 (2)</td>
<td>-11.1%</td>
<td>183 (1)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td>SNFs with at Least One Resident Covid-19 Case</td>
<td>12.5%</td>
<td>+0.2%*</td>
<td>7.6%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.  
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

**Data Sources**

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

**Testing:** State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data is inclusive of everything received and processed by the CELR system as of 13:00 EDT on 08/08/2020.

**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
# IDAHO

## COVID-19 COUNTY AND METRO ALERTS*

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>METRO AREA (CBSA) LAST WEEK</strong></td>
<td><strong>COUNTY LAST WEEK</strong></td>
</tr>
<tr>
<td>Boise City</td>
<td>Mountain Home</td>
</tr>
<tr>
<td>Idaho Falls</td>
<td>Sandpoint</td>
</tr>
<tr>
<td>Coeur d'Alene</td>
<td>Moscow</td>
</tr>
<tr>
<td>Twin Falls</td>
<td>Jackson</td>
</tr>
<tr>
<td>Burley</td>
<td>Bannock</td>
</tr>
<tr>
<td>Pocatello</td>
<td>Elmore</td>
</tr>
<tr>
<td>Ontario</td>
<td>Bonner</td>
</tr>
<tr>
<td>Blackfoot</td>
<td>Madison</td>
</tr>
<tr>
<td>Rexburg</td>
<td>Latah</td>
</tr>
<tr>
<td>Ada</td>
<td>Teton</td>
</tr>
<tr>
<td>Canyon</td>
<td>Teton</td>
</tr>
<tr>
<td>Kootenai</td>
<td>Valley</td>
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<tr>
<td>Bonneville</td>
<td></td>
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<tr>
<td>Twin Falls</td>
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<tr>
<td>Minidoka</td>
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<tr>
<td>Cassia</td>
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<td>Payette</td>
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<tr>
<td>Jefferson</td>
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<tr>
<td>Owyhee</td>
<td></td>
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<tr>
<td>Bingham</td>
<td></td>
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<tr>
<td>Jerome</td>
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</tr>
</tbody>
</table>

**All Red Counties:** Ada, Canyon, Kootenai, Bonneville, Twin Falls, Minidoka, Cassia, Payette, Jefferson, Owyhee, Bingham, Jerome, Gem, Shoshone, Gooding, Washington, Fremont, Power, Benewah

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* Localities with fewer than 10 cases last week have been excluded from these alerts.

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

**Yellow Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

**Note:** Top 12 locations are selected based on the highest number of new cases in the last three weeks.

**DATA SOURCES**

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 9/7.

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
• Wear a mask at all times outside the home and maintain physical distance
• Limit social gatherings to 10 people or fewer
• Do not go to bars, nightclubs, or gyms
• Use take out or eat outdoors socially distanced
• Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
• Reduce your public interactions and activities to 25% of your normal activity

Public Officials
• Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
• Limit social gatherings to 10 people or fewer
• Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
• Ensure that all business retailers and personal services require masks and can safely social distance
• Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
• Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
• Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
• Provide isolation facilities outside of households if COVID-positive individuals can’t quarantine successfully

Testing
• Move to community-led neighborhood testing and work with local community groups to increase access to testing
• Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
• Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
• Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
• Wear a mask at all times outside the home and maintain physical distance
• Limit social gatherings to 25 people or fewer
• Do not go to bars or nightclubs
• Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
• Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
• Reduce your public interactions and activities to 50% of your normal activity

Public Officials
• Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
• Limit social gatherings to 25 people or fewer
• Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
• Ensure that all business retailers and personal services require masks and can safely social distance
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**NEW CASES**

- Daily COVID-19 Cases (7-day average)
- Daily COVID-19 Cases

**TESTING**

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result 7 day avg.)

**TOP COUNTIES**

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)

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SelectSub_003017
Top 12 counties based on number of new cases in the last 3 weeks

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ILLINOIS
STATE REPORT | 08.09.2020

SUMMARY

- Illinois is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- Illinois has seen an increase in new cases and stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Cook County, 2. DuPage County, and 3. Lake County. These counties represent 63.1 percent of new cases in Illinois.
- Illinois had 92 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 82 to support operations activities from FEMA; 7 to support operations activities from ASPR; 2 to support epidemiology activities from CDC; and 7 to support operations activities from USCG.
- Between Aug 01 - Aug 07, on average, 108 patients with confirmed COVID-19 and 368 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Illinois. An average of 85 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Since the number of counties in the red and yellow zone is expanding, close establishments where social distancing and mask use cannot occur, such as bars, nightclubs, and entertainment venues.
- In red zones, limit the size of social gatherings to 10 people or fewer; in yellow zones, limit social gatherings to 25 people or fewer.
- Keep statewide mask requirement in place. Identify mechanisms to assess compliance with local regulations.
- Continue efforts to build contact tracing capabilities (e.g., increase staffing, training, and funding), with a focus on communities with increasing cases.
- Message to residents that if they have traveled in, or had visitors from, areas with high COVID-19 prevalence, including the South and West of the United States, they should: avoid vulnerable individuals; remain socially distanced and masked when around others for a minimum of 14 days; avoid indoor gatherings where social distancing and masks cannot be maintained; and get tested if anyone in their family develops symptoms. Also, message that they can transmit the virus even when asymptomatic.
- Any nursing homes with 3 or more cases of COVID in the last 3 weeks should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented.
- Preventing further spread in these areas is critical to protect the vulnerable nursing home population. Protect vulnerable resident populations by assisted living and long-term care facilities through weekly testing of all workers and requiring masks in facilities.
- Providing timely test results to individuals so they can isolate and stop the spread is critical. Implement the following to increase testing capacity and decrease turnaround times:
  - (1) For family and cohabitating households, screen entire households in a single test by pooling a sample of each member’s specimen. For households that test positive, isolate and conduct follow-up individual tests.
  - (2) Expand testing capacity in public health labs by adding shifts, including weekend shifts, to reduce turnaround times.
  - (3) Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Expand public messaging to younger demographics, using social media and other messaging platforms, to communicate changes in local epidemic and appropriate actions that should be adopted.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems.

We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states or regions those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from that in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.
# ILLINOIS
STATE REPORT | 08.09.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASES (RATE PER 100,000)</td>
<td>11,683 (92)</td>
<td>+12.7%</td>
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<tr>
<td>DIAGNOSTIC TEST POSITIVITY RATE</td>
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<td>+0.3%*</td>
<td>5.4%</td>
<td>7.1%</td>
</tr>
<tr>
<td>TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)</td>
<td>226,083** (1,784)</td>
<td>-4.1%**</td>
<td>950,374** (1,809)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td>COVID DEATHS (RATE PER 100,000)</td>
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<td>+7.2%</td>
<td>499 (1)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</td>
<td>8.5%</td>
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* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

**DATA SOURCES**

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data is inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

Mobility: Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

## ILLINOIS
STATE REPORT | 08.09.2020

### COVID-19 COUNTY AND METRO ALERTS*

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ottawa Mount Vernon</td>
<td>Chicago-Naperville-Elgin</td>
</tr>
<tr>
<td></td>
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<td>St. Louis</td>
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<td></td>
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<td>Peoria</td>
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<td></td>
<td></td>
<td>Springfield</td>
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<td></td>
<td></td>
<td>Carbondale-Marion</td>
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<td></td>
<td>Davenport-Moline-Rock Island</td>
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<td></td>
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<td>Decatur</td>
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<td></td>
<td></td>
<td>Charleston-Mattoon</td>
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<td></td>
<td></td>
<td>Kankakee</td>
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<td></td>
<td></td>
<td>Jacksonville</td>
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<td></td>
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<td>Rochelle</td>
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<tr>
<td></td>
<td></td>
<td>17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Top 12 shown (full list below)</td>
</tr>
<tr>
<td>COUNTY LAST WEEK</td>
<td>LaSalle Jefferson</td>
<td>Cook</td>
</tr>
<tr>
<td></td>
<td>Monroe Union Perry</td>
<td>Kane</td>
</tr>
<tr>
<td></td>
<td>Cass Greene Hancock</td>
<td>St. Clair</td>
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<td>Madison</td>
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<td>Peoria</td>
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<td>McHenry</td>
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<td>Sangamon</td>
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<td>Macon</td>
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<td>Tazewell</td>
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<tr>
<td></td>
<td></td>
<td>34</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Top 12 shown (full list below)</td>
</tr>
</tbody>
</table>

All Yellow CBSAs: Chicago-Naperville-Elgin, St. Louis, Peoria, Springfield, Carbondale-Marion, Davenport-Moline-Rock Island, Decatur, Charleston-Mattoon, Kankakee, Jacksonville, Effingham, Rochelle, Centralia, Dixon, Macomb, Fort Madison-Keokuk, Cape Girardeau

All Yellow Counties: Cook, Will, Kane, St. Clair, Madison, Peoria, McHenry, Sangamon, Rock Island, Jackson, Macon, Tazewell, Kankakee, DeKalb, Coles, Williamson, Bureau, Clinton, Boone, Effingham, Grundy, Saline, Morgan, Franklin, Woodford, Ogle, Jo Daviess, Marion, Lee, Shelby, Jersey, Moultrie, Johnson, McDonough

* Localities with fewer than 10 cases last week have been excluded from these alerts.

**Red Zone**: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

**Yellow Zone**: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

**Note**: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

**DATA SOURCES**

**Cases and Deaths**: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/19 - 7/7.

**Testing**: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can’t quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
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- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
ILLINOIS
STATE REPORT | 08.09.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
ILLINOIS
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
National Picture

NEW CASES PER 100,000 LAST WEEK

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.
Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS
Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial
labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-
week in testing data. It is critical that states provide as up-to-date testing data as possible.
Methods
STATE REPORT | 08.09.2020

COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10%</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
</tbody>
</table>
| Change in test positivity                        | <0.5% | 0.5%-5% | >0.5%
| Total diagnostic tests resulted per 100,000 population per week | >1000 | 500-1000 | <500 |
| Percent change in tests per 100,000 population   | >10%  | -10% - 10% | <10%
| COVID-19 deaths per 100,000 population per week  | <0.5  | 0.5-2   | >2   |
| Percent change in deaths per 100,000 population  | <10%  | -10% - 10% | >10%
| Skilled Nursing Facilities with at least one resident COVID-19 case | 0%   | 1%-5%  | >5%  |
| Change in SNF with at least one resident COVID-19 case | <0.5% | 0.5%-5% | >0.5% |

DATA NOTES
- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths: County-level data from USAFacts as of 15:15 EDT on 08/09/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.
- Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 7/30 to 8/5; previous week data are from 7/23 to 7/29. HHS Protect data is recent as of 14:00 EDT on 08/09/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
- Mobility: Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 8/7/2020.
- Hospitalizations: Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.
- Skilled Nursing Facilities: National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
INdiana
STATE REPORT | 08.09.2020

SUMMARY

• Indiana is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
• Indiana has seen an increase in new cases, but stability in test positivity over the past week.
• The following three counties had the highest number of new cases over the past 3 weeks: 1. Marion County, 2. Lake County, and 3. St. Joseph County. These counties represent 31.3 percent of new cases in Indiana.
• Cases continue at a high plateau in Indianapolis and mitigation efforts, testing, and contact tracing need to be aggressively implemented. COVID-19 is widespread throughout the state and mitigation efforts should be state wide.
• Indiana had 91 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
• The federal government has deployed the following staff as assets to support the state response: 8 to support operations activities from FEMA.
• Between Aug 01 - Aug 07, on average, 57 patients with confirmed COVID-19 and 129 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Indiana. An average of 87 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

• Expand the protection of those in nursing homes, assisted living, and long-term care facilities by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19 and the isolation of all positive staff and residents. Ensure social distancing and universal face mask use. Immediately conduct infection control prevention surveys in all nursing homes with more than 3 cases in the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support routine testing.
• Continue the implemented statewide face covering mandate as ordered for the next 30 days.
• Consider additional mitigation efforts, such as closing establishments where social distancing and mask use cannot occur, such as bars, nightclubs, and entertainment venues.
• Move to outdoor dining and limit indoor dining to less than 25% occupancy.
• Continue the extended pause on phase 4/5 of the state reopening plan through August 27.
• Ask citizens to limit social gatherings to 10 or fewer people.
• Increase messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
• Continue the scale-up of testing, moving to community-led neighborhood testing.
• Work with local communities to implement and provide clear guidance for households that test positive, including on individual isolation and quarantine procedures.
• Continue to enhance contact tracing and ensure the ability of cases and contacts to quarantine or isolate safely.
• Ensure every public health lab is fully staffed and running 24/7, utilizing all platforms to reduce turnaround times. Institute 4:1 pooling of test specimens on all high throughput machines as long as turnaround times are greater than 36 hours.
• Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
• Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
• Specific, detailed guidance on community mitigation measures can be found on the CDC website.

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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# INDIANA

## STATE REPORT | 08.09.2020

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** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

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**Testing:** State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/09/2020.

**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
INDIANA
STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

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</thead>
<tbody>
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<tr>
<td></td>
<td>Chicago-Naperville-Elgin</td>
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<td>South Bend-Mishawaka</td>
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<td>Elkhart-Goshen</td>
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<td>Fort Wayne</td>
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<td>Lafayette-West Lafayette</td>
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<td>Cincinnati</td>
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<td></td>
<td>Kokomo</td>
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<td></td>
<td>Warsaw</td>
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<td></td>
<td>Michigan City-La Porte</td>
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<tr>
<td></td>
<td>Muncie</td>
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<tr>
<td>COUNTY LAST WEEK</td>
<td>Marion</td>
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<tr>
<td></td>
<td>Lake</td>
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<td></td>
<td>St. Joseph</td>
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<td>Porter</td>
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<td>Tippecanoe</td>
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<td>Hendricks</td>
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<tr>
<td></td>
<td>Johnson</td>
</tr>
<tr>
<td></td>
<td>Vigo</td>
</tr>
</tbody>
</table>


All Red Counties: Vanderburgh, Floyd, Dubois, Warrick, Clinton, Franklin, Putnam, Tipton, Fulton, Wells, Carroll, Pike, Ohio


* Localities with fewer than 10 cases last week have been excluded from these alerts.

**Red Zone**: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

**Yellow Zone**: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the "Red Zone."

*Note*: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

**DATA SOURCES**

**Cases and Deaths**: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/19 - 7/7.

**Testing**: CELPR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take-out or eat outdoors socially distant
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can’t quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take-out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
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- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
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INDIANA
STATE REPORT | 08.09.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.
Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
### Methods

**STATE REPORT | 08.09.2020**

**COLOR THRESHOLDS:** Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000</td>
<td>&lt;10%</td>
<td>10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>population</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000</td>
<td>&gt;1000</td>
<td>1000 - 2000</td>
<td>&lt;1000</td>
</tr>
<tr>
<td>population per week</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&gt;0.5</td>
<td>0.5 - 2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

**DATA NOTES**

- Some states may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

- **Cases and deaths:** County-level data from USAFacts as of 15:15 EDT on 08/09/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.

- **Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total testing percents are the number of tests performed, not the number of individuals tested. Total diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and rounded. Last week data are from 7/30 to 8/7; previous week data are from 7/23 to 7/29. HHS Protect data is recent as of 14:00 EDT on 08/09/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/09/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 8/7/2020.

- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state jurisdictions to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.

- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- Iowa is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- Iowa has seen stability in new cases and stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Polk County, 2. Linn County, and 3. Dubuque County. These counties represent 32.5 percent of new cases in Iowa.
- Iowa had 103 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 21 to support medical activities from VA.
- Between Aug 01 - Aug 07, on average, 37 patients with confirmed COVID-19 and 46 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Iowa. An average of 86 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Very slow drop in transmission (as measured by case rates and testing positivity) could be accelerated by intensifying restrictions in all counties and cities with case rates over 100 per 100,000 population.
- Mandate cloth face coverings outside of the home, especially in indoor settings in all yellow and red zone counties and metro areas.
- Close indoor bars and gyms, limit indoor dining and restrict gatherings as described below for yellow and red zone counties and metro areas.
- Launch aggressive public messaging and education on the need for social distancing and use of face coverings, especially in yellow and red zone counties and metro areas. Emphasize risks of COVID, especially for the elderly and those with comorbid conditions such as diabetes, hypertension, and obesity.
- Make public COVID dashboard more visually compelling and educational, with county-level details for comparison. Promote its use in educational campaigns.
- Ensure sufficient capacity for contact tracing to have all cases isolated immediately upon diagnosis and interviewed within 48 hours. Ensure adequate housing for isolation and quarantine, especially for multigenerational or crowded households.
- Enforce effective social distancing and use of face coverings in all indoor work environments, especially in crowded environments such as meat-packing plants. Consider fining facilities/businesses that violate mandates.
- Continue protection for residents of long-term care facilities by requiring tests for all new admissions and periodic testing of staff, especially in facilities located in red zone areas. Enforce mask use by all staff at all times.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state agencies as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.
# Iowa

**State Report | 08.09.2020**

<table>
<thead>
<tr>
<th>Metric</th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Cases (Rate per 100,000)</td>
<td>3,246 (103)</td>
<td>-6.8%</td>
<td>15,236 (108)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td>Diagnostic Test Positivity Rate</td>
<td>7.5%</td>
<td>-0.2%*</td>
<td>8.8%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Total Diagnostic Tests (Tests per 100,000)</td>
<td>54,788** (1,737)</td>
<td>+8.8%**</td>
<td>181,597** (1,284)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td>Covid Deaths (Rate per 100,000)</td>
<td>47 (1)</td>
<td>+4.4%</td>
<td>141 (1)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td>SNFs with at Least One Resident Covid-19 Case</td>
<td>4.5%</td>
<td>-0.2%*</td>
<td>6.2%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

*Indicates absolute change in percentage points.
**Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

**Data Sources**
- **Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
- **Testing:** State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 13:00 EDT on 08/03/2020.
- **Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.
- **SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
# IOWA

**STATE REPORT | 08.09.2020**

## COVID-19 COUNTY AND METRO ALERTS*

### LOCALITIES IN RED ZONE

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>16 Des Moines-West</td>
</tr>
<tr>
<td></td>
<td>Des Moines-Cedar Rapids</td>
</tr>
<tr>
<td></td>
<td>Waterloo-Cedar Falls</td>
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<td></td>
<td>Dubuque</td>
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<td></td>
<td>Iowa City</td>
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<td>Davenport-Moline-Rock Island</td>
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<td>Fort Dodge</td>
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<td>Ames</td>
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<td>Sioux City</td>
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<td>Marshalltown</td>
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<td></td>
<td>Clinton</td>
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<td>Ottumwa</td>
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<tr>
<td><strong>10</strong></td>
<td>38 Polk</td>
</tr>
<tr>
<td></td>
<td>Linn</td>
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<tr>
<td></td>
<td>Dubuque</td>
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<td>Black Hawk</td>
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<td>Dallas</td>
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<td></td>
<td>Marshall</td>
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<tr>
<td></td>
<td>Story</td>
</tr>
<tr>
<td></td>
<td>Clinton</td>
</tr>
<tr>
<td></td>
<td>Warren</td>
</tr>
</tbody>
</table>

**All Yellow CBSAs:** Des Moines-West Des Moines, Cedar Rapids, Waterloo-Cedar Falls, Dubuque, Iowa City, Davenport-Moline-Rock Island, Fort Dodge, Ames, Sioux City, Marshalltown, Clinton, Ottumwa, Muscatine, Pella, Carroll, Fort Madison-Keokuk

**All Yellow Counties:** Polk, Linn, Dubuque, Black Hawk, Johnson, Dallas, Webster, Woodbury, Marshall, Story, Clinton, Warren, Wapello, Muscatine, Sioux, Plymouth, Bremer, Marion, Boone, Jackson, Page, Benton, Carroll, Buchanan, Lee, Clayton, Madison, Hancock, Tama, Lyon, Butler, Poweshiek, Winneshiek, Humboldt, Harrison, O'Brien, Mills, Cedar

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*Localities with fewer than 10 cases last week have been excluded from these alerts.*

### Red Zone:
Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distant
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
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POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
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IOWA
STATE REPORT | 08.09.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Top 12 counties based on number of new cases in the last 3 weeks

[Graph showing daily COVID-19 cases for 12 counties over a period of time]

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
IOWA
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
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National Picture

NEW CASES PER 100,000 LAST WEEK

DATA SOURCES

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<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;-10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;-10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths: County-level data from USAFacts as of 15:15 EDT on 08/09/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.
- Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 7/30 to 8/5; previous week data are from 7/23 to 7/29. HHS Protect data is recent as of 14:00 EDT on 08/09/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
- Mobility: Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 8/7/2020.
- Hospitalizations: Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.
- Skilled Nursing Facilities: National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- Kansas is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%. Kansas is at the upper boundary of the yellow zone for both indicators.
- Kansas has seen stability in new cases and stability in test positivity over the past week.
- Cases continue to be concentrated in the Kansas City and Wichita metro areas. Most rural counties have lower incidence, but counties in southwestern Kansas (Finney, Ford, Gray, Seward) continue to report elevated incidence and test positivity.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Sedgwick County, 2. Johnson County, and 3. Wyandotte County. These counties represent 63.7 percent of new cases in Kansas.
- Kansas had 98 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 1 to support operations activities from FEMA.
- Between Aug 01 - Aug 07, on average, 27 patients with confirmed COVID-19 and 62 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Kansas. An average of 69 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue communication around state masking mandate, including with counties that have rising cases and that have opted out of requiring masks, regarding the risks of decreased business activity and difficulties with school operations if cases continue to rise. Continue analyses of counties with and without masking ordinances to help inform communication.
- Close all bars in all counties with rising test percent positivity, increase outdoor dining opportunities, decrease indoor dining to 25%, and limit social gatherings to 10 or fewer people.
- Consider closing bars at 11 pm in other yellow and red counties and metro areas.
- Continue the scale-up of testing, moving to community-led neighborhood testing and working with local community groups to increase household testing of multigenerational households with clear guidance on test positive isolation procedures and mask use.
- Increase messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Continue expansion of testing capacity to decrease turnaround times.
- Work with university students to identify and disseminate messaging that resonates with students.
- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and schools (K-12, community colleges).
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state agencies through which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital list and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.
## COVID-19

### KANSAS

**STATE REPORT | 08.09.2020**

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES (RATE PER 100,000)</strong></td>
<td>2,848 (98)</td>
<td>+5.6%</td>
<td>15,236 (108)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td><strong>DIAGNOSTIC TEST POSITIVITY RATE</strong></td>
<td>9.7%</td>
<td>+0.5%*</td>
<td>8.8%</td>
<td>7.1%</td>
</tr>
<tr>
<td><strong>TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)</strong></td>
<td>38,847** (1,333)</td>
<td>-4.6%**</td>
<td>181,597** (1,284)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td><strong>COVID DEATHS (RATE PER 100,000)</strong></td>
<td>24 (1)</td>
<td>-17.2%</td>
<td>141 (1)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>5.3%</td>
<td>+0.6%*</td>
<td>6.2%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

### DATA SOURCES

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

**Testing:** State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data is inclusive of everything received and processed by the CELR system as of 13:00 EDT on 8/08/2020.

**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
# COVID-19 COUNTY AND METRO ALERTS*

## LOCALITIES IN RED ZONE

<table>
<thead>
<tr>
<th>METRO AREA (CBSA)</th>
<th>LOCALITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Wichita, Garden City, Emporia, Liberal, Dodge City</td>
</tr>
</tbody>
</table>

## LOCALITIES IN YELLOW ZONE

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
<th>LOCALITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Sedgwick, Wyandotte, Finney, Seward, Ford, Cherokee, Chase, Grant</td>
</tr>
<tr>
<td>11</td>
<td>Kansas City, Topeka, Hutchinson, Salina, Coffeyville, Ottawa, Winfield, Hays, Parsons, McPherson, Great Bend</td>
</tr>
<tr>
<td>18</td>
<td>Johnson, Shawnee, Leavenworth, Butler, Lyon, Reno, Harvey, Saline, Montgomery, Franklin, Cowley, Ellis</td>
</tr>
<tr>
<td>Top 12 shown (full list below)</td>
<td></td>
</tr>
</tbody>
</table>

*All Yellow Counties: Johnson, Shawnee, Leavenworth, Butler, Lyon, Reno, Harvey, Saline, Montgomery, Franklin, Cowley, Ellis, Miami, Labette, McPherson, Barton, Jefferson, Neosho*

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*Localities with fewer than 10 cases last week have been excluded from these alerts.*

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

**Yellow Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

**Note:** Top 12 locations are selected based on the highest number of new cases in the last three weeks.

**DATA SOURCES**

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/19 - 8/7.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
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Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.

Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
KANSAS
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.

Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
## Methods

**COLOR_THRESHOLDS:** Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
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<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
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<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5-2</td>
<td>&gt;2</td>
</tr>
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- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.

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KENTUCKY
STATE REPORT | 08.09.2020

SUMMARY

- Kentucky is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- Kentucky has seen a decrease in new cases and stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Jefferson County, 2. Fayette County, and 3. Warren County. These counties represent 37.7 percent of new cases in Kentucky.
- Kentucky had 81 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 3 to support operations activities from FEMA and 1 to support operations activities from CDC.
- Between Aug 01 - Aug 07, on average, 122 patients with confirmed COVID-19 and 394 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Kentucky. An average of 90 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Keep mask requirement in place statewide. Work with local communities to ensure high usage rates. Identify mechanisms to assess compliance with local regulations including working with community organizations.
- Keep establishments closed where social distancing and mask use cannot occur, such as bars, nightclubs, and entertainment venues.
- Continue to limit indoor dining at restaurants to 25% of normal capacity and continue expanded outdoor dining until cases and test positivity decrease.
- Message to residents that if they vacation in an area with low COVID prevalence and have come from an area with high COVID prevalence, they should remain socially distanced, stay masked in all public spaces, and avoid all indoor gatherings where social distancing and masks cannot be maintained.
- Any nursing homes with 3 or more cases of COVID in the last 3 weeks should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population. Protect vulnerable populations in assisted living and long-term care facilities through weekly testing of all workers and requiring masks. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place.
- Providing timely test results to individuals so they can isolate and stop the spread is critical. Implement the following to increase testing capacity and decrease turnaround times:
  - (1) For family and cohabitating households, screen entire households in a single test by pooling a sample of each member's specimen. For households that test positive, isolate and conduct follow-up individual tests.
  - (2) Expand testing capacity in public health labs by adding shifts, including weekend shifts, to reduce turnaround times.
  - (3) Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state as not reporting, from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital list and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
# KENTUCKY
## STATE REPORT | 08.09.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES</strong> (RATE PER 100,000)</td>
<td>3,638 (81)</td>
<td>-13.8%</td>
<td>123,846 (185)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td><strong>DIAGNOSTIC TEST POSITIVITY RATE</strong></td>
<td>8.5%</td>
<td>-0.5%*</td>
<td>12.2%</td>
<td>7.1%</td>
</tr>
<tr>
<td><strong>TOTAL DIAGNOSTIC TESTS</strong> (TESTS PER 100,000)</td>
<td>58,902** (1,318)</td>
<td>-15.4%**</td>
<td>898,618** (1,343)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td><strong>COVID DEATHS</strong> (RATE PER 100,000)</td>
<td>32 (1)</td>
<td>-27.3%</td>
<td>2,438 (4)</td>
<td>7,261 (2)</td>
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<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>4.6%</td>
<td>-2.4%*</td>
<td>22.2%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

## DATA SOURCES
**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

**Testing:** State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data is inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
COVID-19 COUNTY AND METRO ALERTS*

LOCALITIES IN RED ZONE | LOCALITIES IN YELLOW ZONE

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louisville/Jefferson County</td>
<td>Lexington-Fayette</td>
</tr>
<tr>
<td>Bowling Green</td>
<td>Cincinnati</td>
</tr>
<tr>
<td>Glasgow</td>
<td>London</td>
</tr>
<tr>
<td>Mayfield</td>
<td>Elizabethtown-Fort Knox</td>
</tr>
<tr>
<td>Evansville</td>
<td>Owensboro</td>
</tr>
<tr>
<td>Murray</td>
<td>Clarksville</td>
</tr>
<tr>
<td></td>
<td>Frankfort</td>
</tr>
<tr>
<td></td>
<td>Middlesborough</td>
</tr>
<tr>
<td></td>
<td>Somerset</td>
</tr>
<tr>
<td></td>
<td>Madisonville</td>
</tr>
<tr>
<td></td>
<td>Bardstown</td>
</tr>
<tr>
<td></td>
<td>Mount Sterling</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6</strong> (full list below)</td>
</tr>
<tr>
<td>Jefferson</td>
</tr>
<tr>
<td>Warren</td>
</tr>
<tr>
<td>Graves</td>
</tr>
<tr>
<td>Harlan</td>
</tr>
<tr>
<td>Knox</td>
</tr>
<tr>
<td>Perry</td>
</tr>
<tr>
<td>Whitley</td>
</tr>
<tr>
<td>Calloway</td>
</tr>
<tr>
<td>Henry</td>
</tr>
<tr>
<td>Fulton</td>
</tr>
<tr>
<td>Metcalfe</td>
</tr>
<tr>
<td>Washington</td>
</tr>
</tbody>
</table>

All Red Counties: Jefferson, Warren, Graves, Harlan, Knox, Perry, Whitley, Calloway, Henry, Fulton, Metcalfe, Washington, Carlisle

All Yellow Counties: Fayette, Oldham, Kenton, Boone, Hardin, Scott, Barren, Daviess, Laurel, Campbell, Jessamine, Bell, Bullitt, Christian, Shelby, Pulaski, Henderson, Franklin, Hopkins, Casey, Nelson, Meade, Logan, Woodford, Spencer, Marshall, Carroll, Clark, Grant, Hart, Cumberland, Grayson, Johnson, Powell, Union, Breckinridge, Magoffin, Knott, Pendleton, Edmonson

* Localities with fewer than 10 cases last week have been excluded from these alerts.

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

Yellow Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/19 - 8/7.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can’t quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling**: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in settings where test positivity is under 10%
- **Surveillance pooling**: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
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- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling**: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- **Surveillance pooling**: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
KENTUCKY
STATE REPORT | 08.09.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
KENTUCKY
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
National Picture

NEW CASES PER 100,000 LAST WEEK

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.
Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% -10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% -10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% -10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

- Cases and deaths: County-level data from USAFacts as of 15:15 EDT on 08/09/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.

- Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and results. Last week data are from 7/30 to 8/6, previous week data are from 7/23 to 7/29. HHS Protect data is recent as of 14:00 EDT on 08/09/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

- Mobility: Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 8/7/2020.

- Hospitalizations: Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.

- Skilled Nursing Facilities: National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
LOUISIANA
STATE REPORT | 08.09.2020

SUMMARY

- Louisiana is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the red zone for test positivity, indicating a rate above 10%.
- Louisiana has seen stability in new cases and stability in test positivity over the past week, demonstrating the impact of aggressive mitigation efforts.
- Those efforts are leading to a blunting of the epidemic in New Orleans and continuing these aggressive efforts will further drive down transmission.
- The following three parishes had the highest number of new cases over the last 3 weeks: 1. East Baton Rouge Parish, 2. Jefferson Parish, and 3. Lafayette Parish. These parishes represent 24.4 percent of new cases in Louisiana, as the epidemic is widespread throughout the state.
- Louisiana had 268 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 9 to support operations activities from FEMA; 107 to support medical activities from ASPR; 4 to support operations activities from ASPR; 9 to support epidemiology activities from CDC; 40 to support operations activities from USCG; 7 to support medical activities from VA, and 1 to support operations activities from WA.
- The federal government has supported a surge testing site in Baton Rouge, LA and a surge testing site in New Orleans, LA.
- Between Aug 01 - Aug 07, on average, 158 patients with confirmed COVID-19 and 47 patients with suspected COVID-13 were reported as newly admitted each day to hospitals in Louisiana. An average of 65 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Consider aggressive testing expansion among shrimpers. Alaska prevented a significant outbreak through aggressive testing among fishermen.
- Expand the protection of those in nursing homes, assisted living, and long-term care facilities by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19 and the isolation of all positive staff and residents. Ensure social distancing and universal face mask use. Immediately conduct infection control prevention surveys in all nursing homes with more than 3 cases in the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support routine testing.
- Continue the statewide mask mandate.
- Continue the closure of establishments where social distancing and mask use cannot occur, such as bars.
- Consider expanding outdoor dining options and further restrict indoor dining to less than 25% of normal capacity.
- Ask citizens to limit social gatherings to 10 or fewer people.
- Encourage individuals that have participated in any large social gatherings to get tested.
- Increase messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Continue the scale-up of testing, moving to community-led neighborhood testing.
- Work with local communities to implement and provide clear guidance for households that test positive, including on individual isolation procedures.
- Continue to enhance contact tracing and ensure the ability of cases and contacts to quarantine or isolate safely.
- Ensure all public health labs are fully staffed and running 24/7, utilizing all platforms to reduce turnaround times. Institute 3:1 or 2:1 pooling of test specimens on all high throughput machines as long as turnaround times are greater than 36 hours.
- For families and cohabiting household, screen entire households.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
- Specifics: detailed guidance on community mitigation measures can be found on the CDC website.

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state, and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state or federal agencies from which we should not expect reports were excluded from the patient reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
# LOUISIANA
STATE REPORT | 08.09.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
</table>
| **NEW CASES**
  (RATE PER 100,000) | 12,466 (268)    | -0.6%                               | 76,858 (180)                | 375,035 (114)            |
| **DIAGNOSTIC TEST POSITIVITY RATE** | 11.6%          | -0.2%*                              | 11.4%                       | 7.1%                     |
| **TOTAL DIAGNOSTIC TESTS**
  (TESTS PER 100,000) | 98,442** (2,118) | -31.7%**                            | 303,878** (711)             | 4,863,237** (1,482)      |
| **COVID DEATHS**
  (RATE PER 100,000) | 254 (5)         | +9.5%                               | 1,883 (4)                   | 7,261 (2)                |
| **SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE** | 34.1%           | -2.0%*                              | 21.3%                       | 12.1%                    |

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

**DATA SOURCES**

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

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**Testing:** State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data is inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a parish; 100% represents the baseline mobility level. Data is anonymized and provided at the parish level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
COVID-19 PARISH AND METRO ALERTS*

LOCALITIES IN RED ZONE

<table>
<thead>
<tr>
<th>Baton Rouge</th>
<th>Lafayette</th>
<th>Lake Charles</th>
<th>Houma-Thibodaux</th>
<th>Monroe</th>
<th>Opelousas</th>
<th>Hammond</th>
<th>Morgan City</th>
<th>Fort Polk South</th>
<th>DeRidder</th>
<th>Bogalusa</th>
<th>Natchitoches</th>
</tr>
</thead>
</table>

LOCALITIES IN YELLOW ZONE

| New Orleans-Metairie | Shreveport-Bossier City | Alexandria | Ruston | Minden |

METRO AREA (CBSA) LAST WEEK

14 Top 12 shown (full list below)

PARISH LAST WEEK

47 Top 12 shown (full list below)

15 Top 12 shown (full list below)

All Red CBSAs: Baton Rouge, Lafayette, Lake Charles, Houma-Thibodaux, Monroe, Opelousas, Hammond, Morgan City, Fort Polk South, DeRidder, Bogalusa, Natchitoches, Jennings, Natchez


All Yellow Parishes: Jefferson, Caddo, St. Tammany, Rapides, Bossier, Lincoln, St. John the Baptist, Webster, East Feliciana, Plaquemines, Jackson, Claiborne, Bienville, West Feliciana, Tensas

* Localities with fewer than 10 cases last week have been excluded from these alerts.

Red Zone: Those core-based statistical areas (CBSAs) and parishes that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

Yellow Zone: Those core-based statistical areas (CBSAs) and parishes that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
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- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
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LOUISIANA
STATE REPORT | 08.09.2020

DATA SOURCES
Cases: Parish-level data from USAFacts. State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Top 12 parishes based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: Parish-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
DATA SOURCES
Cases: Parish-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.
Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
## Methods

**COLOR THRESHOLDS:** Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

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<tr>
<th>Metric</th>
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<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>0.5% - 5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500 - 1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5 - 2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
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<td>10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
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**DATA NOTES**

- **Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.**

- **Cases and deaths:** County-level data from USAFacts as of 15:15 EDT on 08/09/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.

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- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 8/7/2020.

- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.

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MAINE
STATE REPORT | 08.09.2020

SUMMARY
- Maine is in the green zone for cases, indicating below 10 cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- Maine has seen a decrease in new cases and stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Cumberland County, 2. York County, and 3. Androscoggin County. These counties represent 70.2 percent of new cases in Maine.
- Maine had 8 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 2 to support operations activities from FEMA and 3 to support medical activities from VA.
- Between Aug 01 - Aug 07, on average, 2 patients with confirmed COVID-19 and 22 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Maine. An average of 74 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS
- Continue to enforce social distancing and facial covering, especially in indoor settings outside of the home and in tourist communities; consider use of warnings and fines, if necessary.
- Continue active testing or quarantine of visitors from other states with higher case rates.
- A continued, cautious reopening and loosening of restrictions is warranted; continue to closely follow case rates and test positivity at the metro area and county level. Intensify restrictions and community mitigation efforts early if increases in case rates and test positivity are observed.
- Testing rates are low in many counties and need improvement, especially in those with higher tourism levels. Consider pooled testing to expand test capacity and reduce turnaround times.
- Fund public health laboratories to expand capacity, especially in labs that serve Androscoggin, Hancock, Sagadahoc, and Kennebec counties.
- Continue current policies to protect nursing home and long-term care facility residents. Recommend requiring universal cloth face coverings or face masks, as appropriate, in the indoor environment where residents live.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems.
We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as special from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.
## MAINE

### STATE REPORT | 08.09.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES (RATE PER 100,000)</strong></td>
<td>106 (8)</td>
<td>-31.2%</td>
<td>4,242 (29)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td><strong>DIAGNOSTIC TEST POSITIVITY RATE</strong></td>
<td>0.8%</td>
<td>-0.2%*</td>
<td>1.7%</td>
<td>7.1%</td>
</tr>
<tr>
<td><strong>TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)</strong></td>
<td>15,107** (1,124)</td>
<td>+0.6%**</td>
<td>244,677** (1,648)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td><strong>COVID DEATHS (RATE PER 100,000)</strong></td>
<td>1 (0)</td>
<td>-80.0%</td>
<td>122 (1)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>2.2%</td>
<td>+0.0%*</td>
<td>3.5%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

### DATA SOURCES

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

**Testing:** State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data is inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
### MAINE

**STATE REPORT | 08.09.2020**

#### COVID-19 COUNTY AND METRO ALERTS*

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>METRO AREA (CBSA) LAST WEEK</td>
<td>0</td>
</tr>
<tr>
<td>COUNTY LAST WEEK</td>
<td>0</td>
</tr>
<tr>
<td>METRO AREA (CBSA) LAST WEEK</td>
<td>0</td>
</tr>
<tr>
<td>COUNTY LAST WEEK</td>
<td>0</td>
</tr>
</tbody>
</table>

* Localities with fewer than 10 cases last week have been excluded from these alerts.

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

**Yellow Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

**Note:** Top 12 locations are selected based on the highest number of new cases in the last three weeks.

**DATA SOURCES**

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTRIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling**: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in settings where test positivity is under 10%
- **Surveillance pooling**: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTRIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
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- **Surveillance pooling**: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
MAINE
STATE REPORT | 08.09.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
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Top 12 counties based on number of new cases in the last 3 weeks

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Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
MAINE
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CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
National Picture

NEW CASES PER 100,000 LAST WEEK

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<td>&lt;10%</td>
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<tr>
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<td>0.5-2</td>
<td>&gt;2</td>
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SUMMARY

- Maryland is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- Maryland has seen a decrease in new cases and stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Baltimore County, 2. Baltimore City, and 3. Prince George’s County. These counties represent 55.7 percent of new cases in Maryland.
- Maryland had 50 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff to assist in supporting the state response: 26 to support operations activities from FEMA; 32 to support operations activities from ASPR; 3 to support epidemiology activities from CDC; 1 to support operations activities from CDC; 14 to support operations activities from USCG; and 1 to support medical activities from VA.
- Between Aug 01 – Aug 07, on average, 65 patients with confirmed COVID-19 and 249 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Maryland. An average of 91 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Increase involvement of community-based leadership to build community trust and to build targeted, tailored public messaging to communities. Emphasize mitigation efforts for residents who live in congregate housing settings or are attending family gatherings and outdoor events (e.g., remain socially distanced and masked). Encourage residents to avoid indoor gatherings. Ensure that these messages are relevant to vulnerable populations, including African American and Latinx communities.
- Keep statewide mask requirement in place. Work with local communities to ensure high usage rates. Identify mechanisms to assess compliance with local regulations.
- Closed establishments where social distancing and mask use cannot occur, such as bars, nightclubs, and entertainment venues.
- Continue ongoing efforts to build contact tracing capabilities (e.g., increase staff, training, and funding), with a focus on communities with increasing cases.
- Increase public messaging to out-of-state tourists and increase testing capabilities in beach communities and tourist areas (e.g., Ocean City). Consider additional restriction or operation of certain businesses (e.g., bars, restaurants) depending on case counts in a community; consider intensifying efforts to improve compliance.
- Any nursing homes with 3 or more cases of COVID in the last 3 weeks should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect vulnerable nursing home populations.
- Protect vulnerable populations in assisted living and long-term care facilities through weekly testing of all workers and requiring masks. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place.
- Providing timely test results to individuals so they can isolate and stop the spread is critical. Implement the following to increase testing capacity and decrease turnaround times:
  - (1) For family and cohabiting households, screen entire households in a single test by pooling a sample of each member’s specimen. For households that test positive, isolate and conduct follow-up individual tests.
  - (2) Expand testing capacity in public health labs by adding shifts, including weekend shifts, to reduce turnaround times.
  - (3) Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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## MARYLAND

**STATE REPORT | 08.09.2020**

<table>
<thead>
<tr>
<th>Metric</th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES</strong> (RATE PER 100,000)</td>
<td>5,462 (90)</td>
<td>-17.0%</td>
<td>20,436 (66)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td><strong>DIAGNOSTIC TEST POSITIVITY RATE</strong></td>
<td>4.3%</td>
<td>-0.3%*</td>
<td>5.4%</td>
<td>7.1%</td>
</tr>
<tr>
<td><strong>TOTAL DIAGNOSTIC TESTS</strong> (TESTS PER 100,000)</td>
<td>163,452** (2,704)</td>
<td>-11.6%**</td>
<td>494,173** (1,602)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td><strong>COVID DEATHS</strong> (RATE PER 100,000)</td>
<td>66 (1)</td>
<td>-9.6%</td>
<td>343 (1)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>11.4%</td>
<td>-0.5%*</td>
<td>8.7%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

**DATA SOURCES**

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 – 8/7, previous week is 7/25 – 7/31.

**Testing:** State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 – 8/5, previous week is 7/23 – 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
# MARYLAND
## COVID-19 COUNTY AND METRO ALERTS*

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>N/A</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Washington-Arlington-Alexandria Easton</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Baltimore City Prince George's Worcester Calvert Talbot Caroline</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>7</td>
</tr>
</tbody>
</table>

* Localities with fewer than 10 cases last week have been excluded from these alerts.

**Red Zone**: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

**Yellow Zone**: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

**Note**: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

**DATA SOURCES**

- **Cases and Deaths**: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 9/7.
- **Testing**: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can’t quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling**: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 24 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- **Surveillance pooling**: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

---

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
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MARYLAND
STATE REPORT | 08.09.2020

NEW CASES

COVID-19 CASES

Daily COVID-19 Cases (7-day average)  Daily COVID-19 Cases

TESTING

COVID-19 TESTS

Daily Tests Completed (7 day avg.)  % Positivity Rate (by result date 7 day avg.)

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
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CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.

Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
## Methods

**STATE REPORT | 08.09.2020**

### COLOR_THRESHOLDS:
Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;-10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>0.5% - 5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5 - 2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;-10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>0.5% - 5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

### DATA NOTES
- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 15:15 EDT on 08/08/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.
- **Testing:** CELSR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests reported and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and rounded. Last week data are from 7/30 to 8/5; previous week data are from 7/23 to 7/29. HHS Protect data is recent as of 14:00 EDT on 08/08/2020. Testing data are inclusive of everything received and processed by the CELSR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 8/7/2020.
- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.
- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
MASSACHUSETTS
STATE REPORT | 08.09.2020

SUMMARY

- Massachusetts is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- Massachusetts has seen stability in new cases and stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Middlesex County, 2. Suffolk County, and 3. Essex County. These counties represent 51.3 percent of new cases in Massachusetts.
- Massachusetts had 39 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 123 to support operations activities from FEMA; 12 to support operations activities from ASPR; 2 to support epidemiology activities from CDC; 18 to support operations activities from USCG; 1 to support medical activities from VA; and 1 to support operations activities from VA.
- Between Aug 01 - Aug 07, on average, 16 patients with confirmed COVID-19 and 107 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Massachusetts. An average of 72 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue to enforce wearing of cloth face coverings, especially in indoor settings outside of the home. Consider innovative ways to more intensively monitor face covering use in populous counties and cities with increasing case rates or test positivity, such as Essex and Suffolk counties, and issuing fines for violations.
- Continue public health messaging and educational campaigns, emphasizing the need for face coverings and educating on the risk for adverse events, especially for older populations and those with comorbidities, such as diabetes, hypertension, and obesity.
- Maintain vigilant monitoring of case rates, test positivity, and hospital utilization rates: if case rates and test positivity increase substantially, plan to intensify restrictions and community mitigation efforts.
- Ensure sufficient testing capacity to handle frequent re-testing in areas where students are returning to school in large numbers. Ensure adequate capacity for contact tracing if case rates increase.
- Ensure clinical services are adequate to handle potential increase in number of infections in communities with large numbers of returning students.
- Continue testing programs in long-term care facilities, with prompt testing of all residents in any facility with an active case and regular, repeat testing for all staff.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

*Psychological, rehabilitative, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/regions through which we should not expect reports were excluded from the parent's reporting figure. This update may differ from those in state databases because of differences in hospital links and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.
## Massachusetts State Report | 08.09.2020

<table>
<thead>
<tr>
<th></th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
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</tr>
<tr>
<td><strong>Diagnostic Test Positivity Rate</strong></td>
<td>2.0%</td>
<td>+0.1%*</td>
<td>1.7%</td>
<td>7.1%</td>
</tr>
<tr>
<td><strong>Total Diagnostic Tests (Tests per 100,000)</strong></td>
<td>134,765** (1,955)</td>
<td>+8.5%**</td>
<td>244,677** (1,648)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td><strong>COVID Deaths (Rate per 100,000)</strong></td>
<td>100 (1)</td>
<td>+1.0%</td>
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<td><strong>SNFs with at Least One Resident COVID-19 Case</strong></td>
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### Data Sources

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

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**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
# MASSACHUSETTS

**STATE REPORT | 08.09.2020**

## COVID-19 COUNTY AND METRO ALERTS*

<table>
<thead>
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<th>LOCALITIES IN RED ZONE</th>
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<tr>
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**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

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**Note:** Top 12 locations are selected based on the highest number of new cases in the last three weeks.

**DATA SOURCES**

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/19 - 8/7.

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
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- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
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- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling**: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- **Surveillance pooling**: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

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- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
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MASSACHUSETTS
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NEW CASES

COVID-19 CASES

Daily COVID-19 Cases (7-day average) Daily COVID-19 Cases

TESTING

COVID-19 TESTS

Daily Tests Completed (7 day avg.) % Positivity Rate (by result date 7 day avg.)

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)

TOP COUNTIES

NEW CASES (CUMULATIVE)

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
MASSACHUSETTS
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
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National Picture

NEW CASES PER 100,000 LAST WEEK

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.
Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
## Methods

**STATE REPORT | 08.09.2020**

**COLOR_THRESHOLDS**: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;-10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;-0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;-10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5 - 2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;-10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;-0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

**DATA NOTES**

- Some states may have incomplete data due to delays in reporting. Data may be backfilled overtime, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

- **Cases and deaths**: County-level data from USAFacts as of 15:15 EDT on 08/09/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.

- **Testing**: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level tests when able to be disaggregated from serology test results and to describe county-level tests when information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 7/30 to 8/5; previous week data are from 7/23 to 7/29. HHS Protect data is recent as of 14:00 EDT on 08/09/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

- **Mobility**: Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 8/7/2020.

- **Hospitalizations**: Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state-liaisons to improve reporting consistency. Data is recent as of 17:13 EDT on 08/09/2020.

- **Skilled Nursing Facilities**: National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.

SelectSub_003066
MICHIGAN
STATE REPORT | 08.09.2020

SUMMARY

• Michigan is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate between 5% and 10%.
• Michigan has seen a decrease in new cases and stability in testing positivity over the past week.
• Cases decreased in the Detroit CBSA; incidence remained elevated in two Upper Peninsula counties along the Wisconsin border (Gogebic, Menominee).
• Two summer camp outbreaks have been reported in the past two weeks.
• The following three counties had the highest number of new cases over the past 3 weeks: 1. Wayne County, 2. Oakland County, and 3. Macomb County. These counties represent 47.5 percent of new cases in Michigan.
• Michigan had 49 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
• The federal government has deployed the following staff as assets to support the state response: 15 to support operations activities from FEMA; 1 to support operations activities from CDC; 6 to support operations activities from USCG; and 1 to support operations activities from VA.
• Between Aug 01 - Aug 07, on average, 163 patients with confirmed COVID-19 and 101 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Michigan. An average of 80 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

• Continue the state masking requirement. Continue strong public messaging of its importance in avoiding disruptions to business and school operations.
• Work with local community groups to provide targeted, tailored messaging to communities with high case rates and increase community level testing.
• Recruit sufficient contact tracers as community outreach workers to ensure all cases are contacted and all members of positive households are individually tested within 24 hours.
• Protect vulnerable populations in assisted living and long-term care facilities through weekly testing of all workers and requiring masks. In facilities with workers who tested positive, ensure all residents have been tested and appropriate cohorting measures are in place.
• Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and schools (K-12, community colleges).
• Specific, detailed guidance on community mitigation measures can be found on the CDC website.

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state or reported as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.
# Michigan Covid-19 State Report | 08.09.2020

<table>
<thead>
<tr>
<th>Metric</th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Cases (Rate per 100,000)</td>
<td>4,907 (49)</td>
<td>-10.7%</td>
<td>40,786 (78)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td>Diagnostic Test Positivity Rate</td>
<td>3.4%</td>
<td>-0.3%*</td>
<td>5.4%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Total Diagnostic Tests (Tests per 100,000)</td>
<td>208,195** (2,085)</td>
<td>-1.9%**</td>
<td>950,374** (1,809)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td>Covid Deaths (Rate per 100,000)</td>
<td>67 (1)</td>
<td>+8.1%</td>
<td>499 (1)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td>SNFs with at least one resident COVID-19 Case</td>
<td>7.7%</td>
<td>-2.1%*</td>
<td>7.1%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

**Data Sources**

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

**Testing:** State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CEIR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data is inclusive of everything received and processed by the CEIR system as of 19:00 EDT on 08/08/2020.

**Mobility:** Descartes Labs. This data reflects the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
# Michigan

## COVID-19 County and Metro Alerts*

<table>
<thead>
<tr>
<th>Metro Area (CBSA) Last Week</th>
<th>Localities in Red Zone</th>
<th>Localities in Yellow Zone</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>N/A</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Saginaw</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Midland</td>
</tr>
<tr>
<td></td>
<td></td>
<td>South Bend-Mishawaka</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Marinette</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Coldwater</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Oakland</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Macomb</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Saginaw</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lapeer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Midland</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gogebic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Branch</td>
</tr>
</tbody>
</table>

* Localities with fewer than 10 cases last week have been excluded from these alerts.

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

**Yellow Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

**DATA SOURCES**

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/19 - 8/7.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
• Wear a mask at all times outside the home and maintain physical distance
• Limit social gatherings to 10 people or fewer
• Do not go to bars, nightclubs, or gyms
• Use takeout or eat outdoors socially distanced
• Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
• Reduce your public interactions and activities to 25% of your normal activity

Public Officials
• Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
• Limit social gatherings to 10 people or fewer
• Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
• Ensure that all business retailers and personal services require masks and can safely social distance
• Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
• Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
• Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
• Provide isolation facilities outside of households if COVID-positive individuals can’t quarantine successfully

Testing
• Move to community-led neighborhood testing and work with local community groups to increase access to testing
• Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
• Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
• Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
• Wear a mask at all times outside the home and maintain physical distance
• Limit social gatherings to 25 people or fewer
• Do not go to bars or nightclubs
• Use takeout, outdoor dining or indoor dining when strict social distancing can be maintained
• Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
• Reduce your public interactions and activities to 50% of your normal activity

Public Officials
• Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
• Limit social gatherings to 25 people or fewer
• Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
• Ensure that all business retailers and personal services require masks and can safely social distance
• Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
• Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
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Testing
• Move to community-led neighborhood testing and work with local community groups to increase access to testing
• Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
• Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
• Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Top 12 counties based on number of new cases in the last 3 weeks

**DATA SOURCES**
**Cases:** County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
National Picture

NEW CASES PER 100,000 LAST WEEK

![Map of New Cases per 100K in the Last Week]

TEST POSITIVITY LAST WEEK

![Map of Test Positivity in the Last Week]

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.

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Methods
STATE REPORT | 08.09.2020

COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

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</tr>
<tr>
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<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>0.5%-5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>10%-10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population</td>
<td>&gt;0.5</td>
<td>0.5-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>10%-10%</td>
<td>&gt;10%</td>
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<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
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<td>Change in SNFs with at least one resident COVID-19 case</td>
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- Cases and deaths: County-level data from USA Facts as of 15:15 EDT on 08/09/2020. State values are calculated by aggregating county-level data from USA Facts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.
- Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and reported. Last week data are from 7/36 to 7/5; previous week data are from 7/21 to 7/29. HHS Protect data is recent as of 14:00 EDT on 08/09/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
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- Hospitalizations: Unified hospitalization dataset in HHS Protect. This figure may differ from data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospital is explicitly identified by states_regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.
- Skilled Nursing Facilities: National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- Minnesota is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- Minnesota has seen stability in new cases and stability in test positivity over the last week after a gradual progressive rise since mid-June led to a state mask mandate effective July 23. Hospitalizations have continued to gradually increase over the past three weeks.
- Viral transmission continues in multiple areas of the state although the absolute numbers of cases and highest incidence rates remain concentrated around the Twin Cities area. A high percentage increase recently has been in St. Louis County in Northern Minnesota, with a predominance among younger age groups.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Hennepin County, 2. Ramsey County, and 3. Dakota County. These counties represent 52.9 percent of new cases in Minnesota.
- Minnesota had 84 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 10 to support operations activities from FEMA; 1 to support epidemiology activities from CDC; and 1 to support operations activities from USCG.
- Between Aug 01 - Aug 07, on average, 33 patients with confirmed COVID-19 and 72 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Minnesota. An average of 90 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue to communicate the public health and economic benefits of compliance with the state masking mandate including the benefit to decrease disruptions to business activity and school operations.
- Ensure that all business retailers and personal services require masks and can safely social distance. Ensure compliance with current Minnesota StaySafe Plan occupancy restrictions and consider further limitations on occupancy or closure of certain businesses (bars, restaurants) dependent on changes in cases reported this week.
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates and increase community level testing.
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all members of positive households are individually tested within 24 hours.
- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and schools (K-12, community colleges).
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).

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*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state regulators that from which we should not expect reports were excluded from this week's reporting figures. This week may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.*

SelectSub_003049
## MINNESOTA
### STATE REPORT | 08.09.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES</strong> (RATE PER 100,000)</td>
<td>4,724 (84)</td>
<td>-6.0%</td>
<td>40,786 (78)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td><strong>DIAGNOSTIC TEST POSITIVITY RATE</strong></td>
<td>6.7%</td>
<td>+0.5%*</td>
<td>5.4%</td>
<td>7.1%</td>
</tr>
<tr>
<td><strong>TOTAL DIAGNOSTIC TESTS</strong> (TESTS PER 100,000)</td>
<td>109,581** (1,943)</td>
<td>-0.8%**</td>
<td>950,374** (1,809)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td><strong>COVID DEATHS</strong> (RATE PER 100,000)</td>
<td>40 (1)</td>
<td>-2.4%</td>
<td>499 (1)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>4.2%</td>
<td>+1.1%*</td>
<td>7.1%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

### DATA SOURCES

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

**Testing:** State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data is inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
MINNESOTA
STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

LOCALITIES IN RED ZONE

METRO AREA (CBSA) LAST WEEK

0  N/A

LOCALITIES IN YELLOW ZONE

Minneapolis-St. Paul-Bloomington
Mankato
St. Cloud
Brainerd
Fargo
Faribault-Northfield
Hutchinson
Worthington
Wahpeton
La Crosse-Onalaska

COUNTY LAST WEEK

0  N/A

10

23
Top 12 shown (full list below)

Hennepin
Ramsey
Dakota
Anoka
Washington
Scott
Olmsted
Sherburne
Carver
Wright
Stearns
Blue Earth

All Yellow Counties: Hennepin, Ramsey, Dakota, Anoka, Washington, Scott, Olmsted, Sherburne, Carver, Wright, Stearns, Blue Earth, Clay, Nicollet, Rice, Crow Wing, McLeod, Le Sueur, Benton, Nobles, Waseca, Wabasha, Kanabec

* Localities with fewer than 10 cases last week have been excluded from these alerts.

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

Yellow Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/19 - 7/7.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can’t quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPOENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can’t quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
MINNESOTA
STATE REPORT | 08.09.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
MINNESOTA
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.
Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS
Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
Methods
STATE REPORT | 08.09.2020

COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10%</td>
<td>10-100</td>
<td>&gt;100%</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>10%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>10%-10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>_percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>10%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES
• Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

• Cases and deaths: County-level data from USAFacts as of 15:15 EDT on 08/09/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.

• Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests performed and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the percent of positive tests divided by the number of tests performed and resolved. Last week data are from 7/30 to 8/5; previous week data are from 7/23 to 7/29. HHS Protect data is current as of 14:00 EDT on 08/09/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

• Mobility: Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 8/7/2020.

• Hospitalizations: Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state officials to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.

• Skilled Nursing Facilities: National Healthcare Safety Network (NHSN), Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
MISSISSIPPI
STATE REPORT | 08.09.2020

SUMMARY
- Mississippi is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the red zone for test positivity, indicating a rate above 10%.
- Mississippi has seen a decrease in new cases, but a continued increase in test positivity over the past week. The new mitigation efforts should begin to have an impact over the next week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Hinds County, 2. DeSoto County, and 3. Jackson County. The most significant increase in rate of new cases is in Jackson, MS. These counties represent only 19.4 percent of new cases in Mississippi, as the epidemic is widespread across the state, from small metros to rural areas.
- Mississippi had 225 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 3 to support epidemiology activities from CDC and 7 to support medical activities from VA.
- Between Aug 01 - Aug 07, on average, 130 patients with confirmed COVID-19 and 133 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Mississippi. An average of 79 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS
- Expand the protection of those in nursing home, assisted living, and long-term care facilities by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19 and the isolation of all positive staff and residents. Ensure social distancing and universal mask use. Immediately conduct infection control prevention surveys in all nursing homes with more than 3 cases in the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support routine testing.
- Mandate use of masks in all current and evolving hospital settings. Mandate mask use in all indoor public areas at all times and outdoors when social distancing cannot be maintained.
- Close establishments where social distancing and mask use cannot occur, such as bars and entertainment venues.
- Move to outdoor dining and limit indoor dining to less than 25% of normal capacity.
- Ask citizens to limit social gatherings to 10 or fewer people.
- Increase messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Continue the scale-up of testing, moving to community-led neighborhood testing.
- Work with local communities to implement and provide clear guidance for households that test positive, including on individual isolation procedures.
- Continue to enhance contact tracing and ensure the ability of cases and contacts to quarantine or isolate safely.
- Ensure all public health labs are fully staffed and running 24/7, utilizing all platforms to reduce turnaround times. Institute 24 or 2+1 pooling of test specimens on all high-throughput machines as long as turnaround times are greater than 36 hours. For families and cohabiting households, screen entire households.
- Require all universities with RNA detection platforms use this equipment to expand surveillance testing for schools (K-12, community colleges, and university students).
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states as regional hubs from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital link and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
## MISSISSIPPI

**STATE REPORT | 08.09.2020**

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASES (RATE PER 100,000)</td>
<td>6,693 (225)</td>
<td>-26.3%</td>
<td>123,846 (185)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td>DIAGNOSTIC TEST POSITIVITY RATE</td>
<td>16.0%</td>
<td>+1.3%*</td>
<td>12.2%</td>
<td>7.1%</td>
</tr>
<tr>
<td>TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)</td>
<td>33,922** (1,140)</td>
<td>-6.2%**</td>
<td>898,618** (1,343)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td>COVID DEATHS (RATE PER 100,000)</td>
<td>210 (7)</td>
<td>+28.8%</td>
<td>2,438 (4)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</td>
<td>26.4%</td>
<td>-2.2%*</td>
<td>22.2%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

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**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
## MISSISSIPPI

**STATE REPORT | 08.09.2020**

### COVID-19 COUNTY AND METRO ALERTS*

#### LOCALITIES IN RED ZONE

<table>
<thead>
<tr>
<th>Localities in Red Zone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jackson</td>
</tr>
<tr>
<td>Gulfport-Biloxi</td>
</tr>
<tr>
<td>Memphis</td>
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<tr>
<td>Tupelo</td>
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<tr>
<td>Hattiesburg</td>
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<tr>
<td>Greenville</td>
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<tr>
<td>Laurel</td>
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<tr>
<td>Cleveland</td>
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<tr>
<td>Meridian</td>
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<tr>
<td>Columbus</td>
</tr>
<tr>
<td>Clarksdale</td>
</tr>
<tr>
<td>Oxford</td>
</tr>
</tbody>
</table>

#### LOCALITIES IN YELLOW ZONE

<table>
<thead>
<tr>
<th>Localities in Yellow Zone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starkville</td>
</tr>
<tr>
<td>Vicksburg</td>
</tr>
<tr>
<td>Picayune</td>
</tr>
<tr>
<td>Grenada</td>
</tr>
<tr>
<td>West Point</td>
</tr>
</tbody>
</table>

#### METRO AREA (CBSA) LAST WEEK

<table>
<thead>
<tr>
<th></th>
<th>18 Top 12 shown (full list below)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jackson</td>
</tr>
<tr>
<td></td>
<td>Gulfport-Biloxi</td>
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<tr>
<td></td>
<td>Memphis</td>
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<td>Grenada</td>
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<td></td>
<td>West Point</td>
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</tbody>
</table>

#### COUNTY LAST WEEK

<table>
<thead>
<tr>
<th></th>
<th>57 Top 12 shown (full list below)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hinds</td>
</tr>
<tr>
<td></td>
<td>DeSoto</td>
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<tr>
<td></td>
<td>Jackson</td>
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<td></td>
<td>Harrison</td>
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<td>Rankin</td>
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<td>Madison</td>
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<td>Washington</td>
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<td></td>
<td>Lee</td>
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<td>Forrest</td>
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<td>Bolivar</td>
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<td>Jones</td>
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<td></td>
<td>Lamar</td>
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<td>George</td>
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<td>Warren</td>
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<td>Monroe</td>
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<tr>
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<td>Neshoba</td>
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<td>Pearl River</td>
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<td>Grenada</td>
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<td>Newton</td>
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<td>Smith</td>
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<td></td>
<td>Attala</td>
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<tr>
<td></td>
<td>Lawrence</td>
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<tr>
<td></td>
<td>Clay</td>
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<tr>
<td></td>
<td>Greene</td>
</tr>
</tbody>
</table>

### All Red CBSAs:
- Jackson, Gulfport-Biloxi, Memphis, Tupelo, Hattiesburg, Greenville, Laurel, Cleveland, Meridian, Columbus, Clarksdale, Oxford, Indianola, Greenwood, McComb, Corinth, Brookhaven, Natchez

### All Red Counties:
- Hinds, DeSoto, Jackson, Harrison, Rankin, Madison, Washington, Lee, Forrest, Bolivar, Jones, Lamar, Panola, Lowndes, Coahoma, Okalibbeha, Lafayette, Sunflower, Lauderdale, Pontotoc, Marshall, Pike, LeFlore, Union, Simpson, Winston, Marion, Tallahatchie, Alcorn, Tate, Prentiss, Holmes, Copiah, Lincoln, Yazoo, Adams, Calhoun, Hancock, Tunica, Walthall, Tippah, Covington, Noxubee, Wayne, Scott, Quitman, Sharkey, Chickasaw, Perry, Leake, Montgomery, Amite, Stone, Humphreys, Wilkinson, Clarke, Benton

### All Yellow Counties:
- George, Warren, Monroe, Neshoba, Pearl River, Grenada, Newton, Smith, Attala, Lawrence, Clay, Greene, Jasper, Carroll

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*Localities with fewer than 10 cases last week have been excluded from these alerts.*

### Red Zone:
- Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

### Yellow Zone:
- Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

### Note:
- Top 12 locations are selected based on the highest number of new cases in the last three weeks.

### DATA SOURCES
- **Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/10 - 8/7.
- **Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can’t quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
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- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
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- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
MISSISSIPPI
STATE REPORT | 08.09.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
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Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
MISSISSIPPI
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.
Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
# Methods

**COLOR THRESHOLDS:** Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;-10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5 - 2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

**DATA NOTES**

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

- **Cases and deaths:** County-level data from USAFacts as of 15:15 EDT on 08/09/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.

- **Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and rescaled. Last week data are from 7/30 to 8/7; previous week data are from 7/23 to 7/29. HHS Protect data is recent as of 14:00 EDT on 08/09/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 8/7/2020.

- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.

- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- Missouri is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- Missouri has seen a decrease in new cases and stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. St. Louis County, 2. Jackson County, and 3. St. Charles County. These counties represent 51.0 percent of new cases in Missouri.
- Missouri had 115 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 71 to support operations activities from FEMA; 7 to support operations activities from ASPR; 7 to support epidemiology activities from CDC; 2 to support operations activities from CDC; and 1 to support operations activities from VA.
- Between Aug 01 - Aug 07, on average, 64 patients with confirmed COVID-19 and 211 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Missouri. An average of 88 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Recommend adherence to established guidance below for all yellow and red zone counties and metro areas.
- Recommend mandating and enforcing use of cloth face coverings outside of the home in all yellow and red zone counties and metro areas; use local data to inform policy decisions.
- Consider targeted PSAs and educational messaging to specific at-risk populations on the importance of social distancing and wearing face coverings, especially in public indoor settings in areas with highest case rates and test positivity. Emphasize health risks of COVID, particularly for the older population, those with comorbid conditions, and those who suffer in the social determinants of health.
- Consider enhancing state dashboard and making visuals more compelling and educational; refer residents to it as part of educational campaigns.
- In many counties with high transmission, testing appears broadly inadequate (e.g., St Louis, Jefferson, Boone, Taney, Clay, Jasper, Newton, Lincoln, Christian, St Francois, Stone counties). Consider pooled testing to expand capacity and reduce turnaround times, ensure all public health labs are staffed and running 24/7, identify universities with RNA detection platforms, and consider efforts to use this equipment to expand surveillance testing for university students and schools (K-12, community colleges, etc.).
- Branson and Kennett have particularly high case rates and test positivity and warrant urgent attention. This is particularly true for Branson, which has significant tourism and may be seeding outbreaks in other cities.
- Ensure immediate isolation of all cases and contact tracing within 48 hours of diagnosis, with effective quarantine of identified contacts, focusing on yellow and red zone counties and areas of increasing transmission. Ensure available housing for isolation and quarantine, especially in communities with multi-generational or crowded households.
- If it is not fully utilized by hospital patients and staff, ensure that all hospital testing capacity is being used to support additional community, nursing home, and school (K-12) testing.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by stated policies or plans from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
## MISSOURI
### STATE REPORT | 08.09.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASES (RATE PER 100,000)</td>
<td>7,072 (115)</td>
<td>-35.4%</td>
<td>15,236 (108)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td>DIAGNOSTIC TEST POSITIVITY RATE</td>
<td>8.0%</td>
<td>+0.2%*</td>
<td>8.8%</td>
<td>7.1%</td>
</tr>
<tr>
<td>TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)</td>
<td>59,972** (977)</td>
<td>-5.4%**</td>
<td>181,597** (1,284)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td>COVID DEATHS (RATE PER 100,000)</td>
<td>58 (1)</td>
<td>-10.8%</td>
<td>141 (1)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</td>
<td>9.1%</td>
<td>-0.3%*</td>
<td>6.2%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

### DATA SOURCES

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAfacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

**Testing:** State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting), state health department-reported data, and HHS Protect lab data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data is inclusive of everything received and processed by the CELR system as of 13:00 EDT on 08/08/2020.

**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

SelectSub_002870
MISSOURI
STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

LOCALITIES IN RED ZONE

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>18</td>
</tr>
<tr>
<td>Branson</td>
<td>St. Louis</td>
</tr>
<tr>
<td>Kennett</td>
<td>Kansas City</td>
</tr>
<tr>
<td>Maryville</td>
<td>Springfield</td>
</tr>
<tr>
<td>Sikeston</td>
<td>Joplin</td>
</tr>
<tr>
<td></td>
<td>Columbia</td>
</tr>
<tr>
<td></td>
<td>Jefferson City</td>
</tr>
<tr>
<td></td>
<td>Sedalia</td>
</tr>
<tr>
<td></td>
<td>Cape Girardeau</td>
</tr>
<tr>
<td></td>
<td>Poplar Bluff</td>
</tr>
<tr>
<td></td>
<td>Farmington</td>
</tr>
<tr>
<td></td>
<td>Warrensburg</td>
</tr>
<tr>
<td></td>
<td>Hannibal</td>
</tr>
</tbody>
</table>

18 Top 12 shown (full list below)

LOCALITIES IN YELLOW ZONE

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>42</td>
</tr>
<tr>
<td>St. Charles</td>
<td>St. Louis</td>
</tr>
<tr>
<td>Taney</td>
<td>Jackson</td>
</tr>
<tr>
<td>Newton</td>
<td>St. Louis City</td>
</tr>
<tr>
<td>McDonald</td>
<td>Jefferson</td>
</tr>
<tr>
<td>Dunklin</td>
<td>Greene</td>
</tr>
<tr>
<td>Nodaway</td>
<td>Boone</td>
</tr>
<tr>
<td>Scott</td>
<td>Jasper</td>
</tr>
<tr>
<td>New Madrid</td>
<td>Cass</td>
</tr>
<tr>
<td>Warren</td>
<td>Clay</td>
</tr>
<tr>
<td>Pemiscot</td>
<td>Pettis</td>
</tr>
<tr>
<td>Douglas</td>
<td>Franklin</td>
</tr>
<tr>
<td>Wayne</td>
<td>Camden</td>
</tr>
</tbody>
</table>

42 Top 12 shown (full list below)


All Red Counties: St. Charles, Taney, Newton, McDonald, Dunklin, Nodaway, Scott, New Madrid, Warren, Pemiscot, Douglas, Wayne, Pike, Lewis, Knox

All Yellow Counties: St. Louis, Jackson, St. Louis City, Jefferson, Greene, Boone, Jasper, Cass, Clay, Pettis, Franklin, Camden, Cole, Christian, Cape Girardeau, Lincoln, St. Francois, Johnson, Platte, Butler, Marion, Lawrence, Barry, Saline, Howell, Stone, Ray, Miller, Moniteau, Stoddard, Pulaski, Morgan, Adair, Randolph, Crawford, Clinton, Dallas, Texas, Washington, Ripley, Ste. Genevieve, Hickory

* Localities with fewer than 10 cases last week have been excluded from these alerts.

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

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Public Messaging
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- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
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POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
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- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
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Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
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MISSOURI
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DATA SOURCES
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CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES

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National Picture

NEW CASES PER 100,000 LAST WEEK

![Map showing new cases per 100K in the last week across the U.S.]

TEST POSITIVITY LAST WEEK

![Map showing test positivity in the last week across the U.S.]

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.
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Methods
STATE REPORT | 08.09.2020

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</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt; -10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>0.5%-5%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>0.5%-5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths: County-level data from USAFacts as of 15:15 EDT on 08/09/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.
- Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 7/30 to 8/5; previous week data are from 7/23 to 7/29. HHS Protect data is recent as of 14:00 EDT on 08/09/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
- Mobility: Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 8/7/2020.
- Hospitalizations: Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.
- Skilled Nursing Facilities: National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- Montana is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- Montana has seen a decrease in new cases and increase in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Yellowstone County, 2. Gallatin County, and 3. Big Horn County. These counties represent 50.3 percent of new cases in Montana.
- Montana had 74 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 3 to support operations activities from FEMA.
- Between Aug 01 - Aug 07, on average, 14 patients with confirmed COVID-19 and 24 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Montana. An average of 38 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- The elevated case rates and test positivity in specific counties should prompt intensified restrictions and community mitigation efforts. Institute guidance below for all yellow and red zone counties, especially more populous counties like Big Horn, Yellowstone (Billings), Glacier, Flathead, Carbon, Beaverhead, and Madison.
- Monitor and enforce policy on wearing cloth face coverings and expand requirement to all indoor settings outside of the home in yellow and red zone counties.
- Ensure vigorous contact tracing with early quarantine and isolation, focusing efforts in counties with high case rates and test positivity.
- Develop plans to expand testing through pooling of specimens and community-led initiatives; allocate funding to staff and run all public health labs at maximum capacity; plan surge testing in counties with test positivity above 5% and testing rates below 1000 per 100,000 population.
- Continue to prevent transmission and control outbreaks in crowded workplaces, such as meatpacking plants, by monitoring and enforcing social distancing, mandatory face covering use, and rigorous and early contact tracing.
- Tribal Nations: Continue to promote social distancing and mask recommendations. Deploy specific, culturally relevant education and public health messaging. Pooled testing should be instituted for multi-generational households and housing for quarantine of contacts and isolation of cases should be provided as needed.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state as being out of state were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital list and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state partners to improve reporting consistency. Continued feedback on improving these data is welcome.
**MONTANA**

STATE REPORT | 08.09.2020

<table>
<thead>
<tr>
<th>Metric</th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES (RATE PER 100,000)</strong></td>
<td>792 (74)</td>
<td>-14.5%</td>
<td>8,867 (72)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td><strong>DIAGNOSTIC TEST POSITIVITY RATE</strong></td>
<td>6.3%</td>
<td>+1.3%*</td>
<td>5.6%</td>
<td>7.1%</td>
</tr>
<tr>
<td><strong>TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)</strong></td>
<td>11,805** (1,105)</td>
<td>-50.7%**</td>
<td>177,074** (1,444)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td><strong>COVID DEATHS (RATE PER 100,000)</strong></td>
<td>13 (1)</td>
<td>+8.3%</td>
<td>86 (1)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>1.5%</td>
<td>-1.3%*</td>
<td>4.9%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

*Indicates absolute change in percentage points.

** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

**DATA SOURCES**

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

**Testing:** State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
## MONTANA
### STATE REPORT | 08.09.2020

### COVID-19 COUNTY AND METRO ALERTS*

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>METRO AREA (CBSA)</td>
<td>Billings, Bozeman, Kalispell, Missoula, Great Falls, Butte-Silver Bow</td>
</tr>
<tr>
<td>LAST WEEK</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

| COUNTY LAST WEEK       | Yellowstone, Gallatin, Flathead, Missoula, Cascade, Lake, Silver Bow, Glacier, Ravalli, Carbon, Phillips, Rosebud |
| 2                      | 13 Top 12 shown (full list below) |
| Big Horn               |                            |
| Beaverhead             |                            |

**All Yellow Counties:** Yellowstone, Gallatin, Flathead, Missoula, Cascade, Lake, Silver Bow, Glacier, Ravalli, Carbon, Phillips, Rosebud, Toole

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*Localities with fewer than 10 cases last week have been excluded from these alerts.*

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

**Yellow Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

**Note:** Top 12 locations are selected based on the highest number of new cases in the last three weeks.

**DATA SOURCES**

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/19 - 8/7.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can’t quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
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Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.

Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
MONTANA
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.
Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
Methods
STATE REPORT | 08.09.2020

COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
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</tr>
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<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>10%-10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&gt;0.5</td>
<td>0.5-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>10%-10%</td>
<td>&gt;10%</td>
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<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
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<td>Change in SNFs with at least one resident COVID-19 case</td>
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NEBRASKA
STATE REPORT | 08.09.2020

SUMMARY

- Nebraska is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the red zone for test positivity, indicating a rate above 10%.
- Nebraska has seen stability in new cases and a decrease in test positivity over the past week.
- Cases are concentrated in the Omaha and Lincoln metro areas. Cases were stable in the Omaha area, but fell sharply in Lincoln, where a mask mandate took effect July 20.
- Several counties in central Nebraska centered along I-80 continued to show elevated incidence and high test positivity.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Douglas County, 2. Lancaster County, and 3. Sarpy County. These counties represent 71.9 percent of new cases in Nebraska.
- Nebraska had 107 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 2 to support operations activities from FEMA.
- Between Aug 01 - Aug 07, on average, 14 patients with confirmed COVID-19 and 30 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Nebraska. An average of 50 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing.
- Continue weekly testing of all workers in assisted living and long-term care facilities and require masks and social distancing for all visitors.
- Encourage mask/cloth face covering use and maintaining 6 ft distancing for people outside of their homes statewide. Consider statewide masking mandate.
- Careful monitoring of compliance to mask use and social distancing in Lincoln and Omaha is critical, particularly activities in bars and restaurants. Limit bar hours or occupancy in highly affected counties if cases continue to rise.
- Ensure COVID-19 diagnostic testing continues to expand, specifically in the metro areas. Surge additional testing to other counties with elevated incidence and test positivity.
- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and schools (K-12, community colleges).
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state regulators as having low volume or few cases were excluded from the current reporting figures. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.
# NEBRASKA

## STATE REPORT | 08.09.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES</strong> (RATE PER 100,000)</td>
<td>2,070 (107)</td>
<td>+2.5%</td>
<td>15,236 (108)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td><strong>DIAGNOSTIC TEST POSITIVITY RATE</strong></td>
<td>11.4%</td>
<td>-0.8%*</td>
<td>8.8%</td>
<td>7.1%</td>
</tr>
<tr>
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<td>27,990** (1,447)</td>
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</tr>
<tr>
<td><strong>COVID DEATHS</strong> (RATE PER 100,000)</td>
<td>12 (1)</td>
<td>-29.4%</td>
<td>141 (1)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>3.2%</td>
<td>+0.2%*</td>
<td>6.2%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.  
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

## DATA SOURCES

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**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

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*SelectSub_003095*
# NEBRASKA

## STATE REPORT | 08.09.2020

## COVID-19 COUNTY AND METRO ALERTS*

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>METRO AREA (CBSA) LAST WEEK</strong></td>
<td><strong>9</strong></td>
</tr>
<tr>
<td>Omaha-Council Bluffs</td>
<td>Lincoln</td>
</tr>
<tr>
<td>Kearney</td>
<td>Grand Island</td>
</tr>
<tr>
<td><strong>COUNTY LAST WEEK</strong></td>
<td><strong>13</strong></td>
</tr>
<tr>
<td>Douglas</td>
<td>Lancaster</td>
</tr>
<tr>
<td>Sarpy</td>
<td>Hall</td>
</tr>
<tr>
<td>Buffalo</td>
<td>Platte</td>
</tr>
<tr>
<td>Saunders</td>
<td>Dawson</td>
</tr>
<tr>
<td>Kearney</td>
<td>Dodge</td>
</tr>
<tr>
<td>Cuming</td>
<td>Cass</td>
</tr>
<tr>
<td>Merrick</td>
<td>Madison</td>
</tr>
<tr>
<td>Burt</td>
<td>Seward</td>
</tr>
<tr>
<td></td>
<td>Dakota</td>
</tr>
<tr>
<td></td>
<td>Scotts Bluff</td>
</tr>
<tr>
<td></td>
<td>Washington</td>
</tr>
<tr>
<td></td>
<td>Saline</td>
</tr>
</tbody>
</table>

**All Yellow Counties:** Lancaster, Hall, Platte, Dawson, Dodge, Cass, Madison, Seward, Dakota, Scotts Bluff, Washington, Saline, Adams

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*Localities with fewer than 10 cases last week have been excluded from these alerts.*

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

**Yellow Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

**Note:** Top 12 locations are selected based on the highest number of new cases in the last three weeks.

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can’t quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
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Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
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CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
DATA SOURCES
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Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
**Methods**
STATE REPORT | 08.09.2020

**COLOR THRESHOLDS:** Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;-10%</td>
<td>-10%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;-0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10%-10%</td>
<td>&lt;-10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;-10%</td>
<td>-10%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;-0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

**DATA NOTES**

- **Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.**

- **Cases and deaths:** County-level data from USAFacts as of 15:15 EDT on 08/09/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.

- **Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 7/30 to 8/5; previous week data are from 7/23 to 7/29. HHS Protect data is recent as of 14:00 EDT on 08/09/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 8/7/2020.

- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect to receive reports were excluded from the reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.

- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN), Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
NEVADA
STATE REPORT | 08.09.2020

SUMMARY

- Nevada is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the red zone for test positivity, indicating a rate above 10%.
- Nevada continued to see a high level of new cases and test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Clark County, 2. Washoe County, and 3. Elko County. These counties represent 97.7 percent of new cases in Nevada.
- Nevada had 210 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 9 to support operations activities from FEMA and 10 to support medical activities from VA.
- Between Aug 01 - Aug 07, on average, 69 patients with confirmed COVID-19 and 145 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Nevada. An average of greater than 95 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period. *

RECOMMENDATIONS

- Message to residents that if they vacation in an area with low COVID prevalence and have come from an area with high COVID prevalence, they should: remain socially distance, stay masked in all public spaces, and avoid all indoor gatherings where social distancing and masks cannot be maintained.
- Keep mask requirement in place until cases and test positivity have significantly decreased.
- Continue ongoing efforts to build contact tracing capabilities (e.g., increase staff, training, and funding), with a focus on communities with increasing cases.
- Keep establishments closed where social distancing and mask use cannot occur, such as bars, nightclubs, and entertainment venues. Limit indoor dining capacity at restaurants to 25% of normal capacity and expand outdoor dining until cases and test positivity decrease.
- Identify mechanisms to assess compliance with local regulations.
- Any nursing homes with 3 or more cases of COVID in the last 3 weeks should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population. Protect vulnerable populations in assisted living and long-term care facilities through weekly testing of all workers and requiring masks. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place.
- Providing timely test results to individuals so they can isolate and stop the spread is critical. Implement the following to increase testing capacity and decrease turnaround times:
  - 1. For family and cohabitating households, screen entire households in a single test by pooling a sample of each member’s specimen. For households that test positive, isolate and conduct follow-up individual tests.
  - 2. Expand testing capacity in public health labs by adding shifts, including weekend shifts, to reduce turnaround times.
  - 3. Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state as primary care that we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital list and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.*
# NEVADA
## STATE REPORT | 08.09.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASES (RATE PER 100,000)</td>
<td>6,468 (210)</td>
<td>-10.0%</td>
<td>66,023 (129)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td>DIAGNOSTIC TEST POSITIVITY RATE</td>
<td>13.6%</td>
<td>-0.5%*</td>
<td>8.6%</td>
<td>7.1%</td>
</tr>
<tr>
<td>TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)</td>
<td>57,858** (1,878)</td>
<td>-5.9%**</td>
<td>844,456** (1,647)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td>COVID DEATHS (RATE PER 100,000)</td>
<td>89 (3)</td>
<td>-17.6%</td>
<td>1,454 (3)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</td>
<td>18.0%</td>
<td>+5.9%*</td>
<td>14.7%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

**DATA SOURCES**

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# NEVADA
## STATE REPORT | 08.09.2020

## COVID-19 COUNTY AND METRO ALERTS*

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<tr>
<td>2</td>
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<td>3 Reno Pahrump Carson City</td>
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</tbody>
</table>

<table>
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- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
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- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
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POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
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CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

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National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

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</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;-10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;-0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;-10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;-10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;-0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

**DATA NOTES**

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

- **Cases and deaths:** County-level data from USAFacts as of 15:15 EDT on 08/09/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.

- **Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and rescaled. Last week data are from 7/30 to 8/5; previous week data are from 7/23 to 7/29. HHS Protect data is recent as of 14:00 EDT on 08/09/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 8/7/2020.

- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided, we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.

- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
NEW HAMPSHIRE
STATE REPORT | 08.09.2020

SUMMARY

• New Hampshire is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
• New Hampshire has seen stability in new cases and stability in test positivity over the past week.
• The following three counties had the highest number of new cases over the past 3 weeks: 1. Hillsborough County, 2. Rockingham County, and 3. Strafford County. These counties represent 83.4 percent of new cases in New Hampshire.
• New Hampshire had 14 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
• The federal government has deployed the following staff as assets to support the state response: 2 to support operations activities from FEMA.
• Between Aug 01 - Aug 07, on average, 2 patients with confirmed COVID-19 and 18 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Hampshire. An average of 93 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

• Continue the scale-up of testing, moving to community led neighborhood testing and pooled household testing in the top 3 counties. Work with local communities and provide clear guidance on isolation.
• Provide regular updates on progress in contact tracing and analyze data. Ideally, data would include proportion of cases linked to previous identified cases and percentage of cases and contacts reached within 24-48 hours of identification.
• Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and schools (K-12, community colleges). The initiative of DHHS, UNH, and other universities is commended in this regard.
• Specific, detailed guidance on community mitigation measures can be found on the CDC website.

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems.
We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states and/or agencies from which we should not expect reports were excluded from the persons reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state officials to improve reporting consistency. Continued feedback on improving these data is welcome.
# NEW HAMPSHIRE
## STATE REPORT | 08.09.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASES (RATE PER 100,000)</td>
<td>196 (14)</td>
<td>-5.8%</td>
<td>4,242 (29)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td>DIAGNOSTIC TEST POSITIVITY RATE</td>
<td>1.8%</td>
<td>-0.3%*</td>
<td>1.7%</td>
<td>7.1%</td>
</tr>
<tr>
<td>TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)</td>
<td>13,046** (959)</td>
<td>-7.4%**</td>
<td>244,677** (1,648)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td>COVID DEATHS (RATE PER 100,000)</td>
<td>4 (0)</td>
<td>-33.3%</td>
<td>122 (1)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</td>
<td>0.0%</td>
<td>-1.4%*</td>
<td>3.5%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

## DATA SOURCES
**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

**Testing:** State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting); state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data is inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
# COVID-19 COUNTY AND METRO ALERTS*

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>N/A</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>N/A</td>
<td>0</td>
</tr>
</tbody>
</table>

* Localities with fewer than 10 cases last week have been excluded from these alerts.

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

**Yellow Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

**Note:** Top 12 locations are selected based on the highest number of new cases in the last three weeks.

**DATA SOURCES**

- **Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 9/7.
- **Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can’t quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can’t quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
NEW HAMPSHIRE
STATE REPORT | 08.09.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
NEW HAMPSHIRE
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7. Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
# Methods

**STATE REPORT | 08.09.2020**

**COLOR THRESHOLDS:** Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

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- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.

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NEW JERSEY
STATE REPORT | 08.09.2020

SUMMARY

- New Jersey is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- New Jersey has seen a decrease in new cases and stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Bergen County, 2. Camden County, and 3. Middlesex County. These counties represent 27.5 percent of new cases in New Jersey.
- New Jersey had 27 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 63 to support operations activities from FEMA; 16 to support operations activities from USCG; 1 to support medical activities from VA; and 1 to support operations activities from VA.
- Between Aug 01 - Aug 07, on average, 32 patients with confirmed COVID-19 and 269 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Jersey. An average of 58 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Keep statewide mask requirement in place. Identify mechanisms to assess compliance with local regulations.
- Increase public messaging to out-of-state tourists and increase testing capabilities in beach communities and tourist areas, including the Jersey Shore. Consider additional restrictions on occupancy or operation of certain businesses (e.g., bars, restaurants) depending on test positivity and case counts in a community; consider intensifying efforts to improve compliance.
- Any nursing homes with 3 or more cases of COVID-19 in the last 3 weeks should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population. Protect vulnerable populations in assisted living and long-term care facilities through weekly testing of all workers and requiring masks. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place.
- Providing timely test results to individuals so they can isolate and stop the spread is critical. Implement the following to increase testing capacity and decrease turnaround times:
  - (3) For family and cohabitating households, screen entire households in a single test by pooling a sample of each member’s specimen. For households that test positive, isolate and conduct follow-up individual tests.
  - (2) Expand testing capacity in public health labs by adding shifts, including weekend shifts, to reduce turnaround times.
  - (3) Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Continue ongoing efforts to build contact tracing capabilities (e.g., increase staff, training, and funding), with a focus on communities with increasing cases.
- Specific, detailed guidance on community mitigation measures can be found on the COVID-19 website.

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state, and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

* Psychiatric facilities, alternative care facilities, and non-medical hospitals were excluded from analyses. In addition, hospitals specifically identified by state as being in isolation hospitals only from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital list and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.
# NEW JERSEY
## STATE REPORT | 08.09.2020

<table>
<thead>
<tr>
<th></th>
<th>NEW CASES (RATE PER 100,000)</th>
<th>DIAGNOSTIC TEST POSITIVITY RATE</th>
<th>TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)</th>
<th>COVID DEATHS (RATE PER 100,000)</th>
<th>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STATE, LAST WEEK</strong></td>
<td>2,407 (27)</td>
<td>2.1%</td>
<td>104,975** (1,182)</td>
<td>43 (0)</td>
<td>5.5%</td>
</tr>
<tr>
<td><strong>STATE, % CHANGE FROM PREVIOUS WEEK</strong></td>
<td>-27.4%</td>
<td>-0.1%*</td>
<td>-27.7%**</td>
<td>-15.7%</td>
<td>-2.2%*</td>
</tr>
<tr>
<td><strong>FEMA/HHS REGION, LAST WEEK</strong></td>
<td>7,033 (25)</td>
<td>1.4%</td>
<td>578,142** (2,040)</td>
<td>112 (0)</td>
<td>6.1%</td>
</tr>
<tr>
<td><strong>UNITED STATES, LAST WEEK</strong></td>
<td>375,035 (114)</td>
<td>7.1%</td>
<td>4,863,237** (1,482)</td>
<td>7,261 (2)</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.  
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

### DATA SOURCES
- **Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
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- **Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.
- **SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
**NEW JERSEY**
STATE REPORT | 08.09.2020

**COVID-19 COUNTY AND METRO ALERTS***

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>N/A</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
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* Localities with fewer than 10 cases last week have been excluded from these alerts.

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

**Yellow Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

**Note:** Top 12 locations are selected based on the highest number of new cases in the last three weeks.

**DATA SOURCES**

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**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in settings where test positivity is under 10%
- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
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NEW JERSEY
STATE REPORT | 08.09.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
NEW JERSEY
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.
Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
Methods
STATE REPORT | 08.09.2020

COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

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<tr>
<th>Metric</th>
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<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;-10%</td>
<td>-10% -10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% -10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;-0.5%</td>
<td>-0.5% -0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500 -1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% -10%</td>
<td>&lt;-10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5 -2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;-10%</td>
<td>-10% -10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% -5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;-0.5%</td>
<td>-0.5% -0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

- Cases and deaths: County-level data from USAFacts as of 15:15 EDT on 08/09/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.

- Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when available and to be disaggregated from serology test results and to describe county-level totals when information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests performed and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 7/30 to 8/5; previous week data are from 7/23 to 7/29. HHS Protect data is recent as of 14:00 EDT on 08/08/2020. Testing data is inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

- Mobility: Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 8/7/2020.

- Hospitalizations: Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals not directly identified by states/regions are those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state-liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.

- Skilled Nursing Facilities: National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
NEW MEXICO
STATE REPORT | 08.09.2020

SUMMARY

- New Mexico is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- New Mexico has seen a decrease in new cases and a decrease in test positivity over the past week.
- This illustrates the early success of the mitigation efforts and of active testing and contact tracing. Continuing these efforts will be key to continue to drive down cases and test positivity rates.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Bernalillo County, 2. Doña Ana County, and 3. Lea County. These counties represent 47.9 percent of new cases in New Mexico and these are new and evolving hot spots for New Mexico.
- New Mexico had 65 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 9 to support operations activities from FEMA and 1 to support epidemiology activities from CDC.
- Between Aug 01 - Aug 07, on average, 11 patients with confirmed COVID-19 and 11 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Mexico. An average of 44 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue the statewide mask mandate.
- Expand testing through community centers and community outreach teams to ensure asymptomatic cases are found and isolated.
- New Mexico is an excellent state to conduct pooled testing in the large commercial laboratories to further expand community testing.
- Continue to limit social gatherings to 5 or fewer people.
- Consider closing gyms or further restricting occupancy in areas with rising cases and test percent positivity, particularly in Bernalillo and Dona Ana counties.
- Encourage outdoor dining and ensure bars remain closed, unless patrons can be outdoors and socially distanced.
- Bring pooled testing online to provide rapid test expansion into institutions and specific situations, including in preparation for school and university opening.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Continue enhanced testing activities. Continue to enhance contact tracing and ensure that cases and contacts can quarantine or isolate safely. Monitor testing data to identify additional sites of increased transmission and ensure focused public health resources for these vulnerable communities.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
- Tribal Nations: Encourage the continued enforcement of social distancing and masking measures in areas of increased transmission.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/regional groups from which we should not expect reports were excluded from the percent reporting figure. This data may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
# NEW MEXICO
## STATE REPORT | 08.09.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES (RATE PER 100,000)</strong></td>
<td>1,366 (65)</td>
<td>-35.7%</td>
<td>76,858 (180)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td><strong>DIAGNOSTIC TEST POSITIVITY RATE</strong></td>
<td>4.3%</td>
<td>-1.3%*</td>
<td>11.4%</td>
<td>7.1%</td>
</tr>
<tr>
<td><strong>TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)</strong></td>
<td>33,379** (1,592)</td>
<td>-5.3%**</td>
<td>303,878** (711)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td><strong>COVID DEATHS (RATE PER 100,000)</strong></td>
<td>33 (2)</td>
<td>-19.5%</td>
<td>1,883 (4)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>13.1%</td>
<td>-5.3%*</td>
<td>21.3%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

**DATA SOURCES**
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# NEW MEXICO

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

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<td></td>
</tr>
<tr>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>N/A</td>
<td>Las Cruces</td>
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<tr>
<td></td>
<td>Hobbs</td>
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<td>Clovis</td>
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<td>Roswell</td>
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<td>Carlsbad-Artesia</td>
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<td>Grants</td>
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<td>Deming</td>
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<td></td>
<td>Ruidoso</td>
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<tr>
<td>COUNTY LAST WEEK</td>
<td></td>
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<tr>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>N/A</td>
<td>Doña Ana</td>
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<td>Curry</td>
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<td>Chaves</td>
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<td>Cibola</td>
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<td>Luna</td>
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- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
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- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
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Public Messaging
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NEW MEXICO
STATE REPORT | 08.09.2020

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NEW MEXICO
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

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National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

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<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;-10%</td>
<td>10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>=1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population per week</td>
<td>&gt;10%</td>
<td>10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5 - 2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 15:15 EDT on 08/09/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.
- **Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and rescaled. Last week data are from 7/30 to 8/5; previous week data are from 7/23 to 7/29. HHS Protect data is recent as of 14:00 EDT on 08/09/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
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- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.
- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
NEW YORK
STATE REPORT | 08.09.2020

SUMMARY

- New York is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- New York has seen stability in new cases and stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Kings County, 2. Queens County, and 3. Bronx County. These counties represent 34.1 percent of new cases in New York.
- New York had 24 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 70 to support operations activities from FEMA; 3 to support operations activities from ASPR; 2 to support testing activities from CDC; 1 to support epidemiology activities from CDC; 20 to support operations activities from USCG; and 1 to support medical activities from VA.
- Between Aug 01 - Aug 07, on average, 92 patients with confirmed COVID-19 and 296 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New York. An average of 81 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue to urge use of cloth face coverings and 6 ft distancing for people outside of their homes; monitor and mandate face coverings in all public indoor environments.
- As public transportation expands and ridership increases, continue to educate and enforce social distancing, hand hygiene, and use of cloth face coverings.
- Continue to closely track trends in cases and case rates, test percent positivity, and hospitalizations at the county and city level. Intensify mitigation efforts as needed.
- Continue active case investigation with contact tracing and early quarantine of contacts and isolation of cases. Intensify focus on populous areas with elevated or increasing transmission and ensure safe housing for isolation and quarantine for those in congregate settings and crowded or multigenerational households.
- Maintain messaging of the risk of serious disease for older individuals, those with comorbid medical conditions, front-line workers, and those who suffer from inequities in social determinants of health.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/region as things from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across locations. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.
# New York State Report | 08.09.2020

<table>
<thead>
<tr>
<th><strong>New Cases</strong> (Rate per 100,000)</th>
<th><strong>State, Last Week</strong></th>
<th><strong>State, % Change from Previous Week</strong></th>
<th><strong>FEMA/HHS Region, Last Week</strong></th>
<th><strong>United States, Last Week</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4,626 (24)</td>
<td>+1.1%</td>
<td>7,033 (25)</td>
<td>375,035 (114)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Diagnostic Test Positivity Rate</strong></th>
<th></th>
<th>-0.1%*</th>
<th>1.4%</th>
<th>7.1%</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Total Diagnostic Tests</strong> (Tests per 100,000)</th>
<th></th>
<th>+4.4%**</th>
<th>578,142 (2,040)</th>
<th>4,863,237 (1,482)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>COVID Deaths</strong> (Rate per 100,000)</th>
<th></th>
<th>-12.7%</th>
<th>112 (0)</th>
<th>7,261 (2)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>SNFs with at Least One Resident COVID-19 Case</strong></th>
<th></th>
<th>+0.9%*</th>
<th>6.1%</th>
<th>12.1%</th>
</tr>
</thead>
</table>

---

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

**Data Sources**

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

**Testing:** State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data is inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/03/2020.

**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
# NEW YORK
STATE REPORT | 08.09.2020

## COVID-19 COUNTY AND METRO ALERTS*

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>METRO AREA (CBSA)</td>
<td></td>
</tr>
<tr>
<td>LAST WEEK</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>COUNTY LAST WEEK</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

* Localities with fewer than 10 cases last week have been excluded from these alerts.

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

**Yellow Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

**Note:** Top 12 locations are selected based on the highest number of new cases in the last three weeks.

**DATA SOURCES**
- **Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/19 - 8/7.
- **Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling**: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- **Surveillance pooling**: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
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Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling**: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- **Surveillance pooling**: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
NEW YORK
STATE REPORT | 08.09.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
NEW YORK
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.

Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500 - 1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5 - 2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

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SUMMARY

- North Carolina is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- North Carolina has seen a decrease in new cases and a decrease in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Mecklenburg County, 2. Wake County, and 3. Guilford County. These counties represent 27.2 percent of new cases in North Carolina.
- North Carolina had 102 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 3 to support operations activities from FEMA; 1 to support epidemiology activities from CDC; 7 to support operations activities from USCG, and 2 to support medical activities from VA.
- Between Aug 01 - Aug 07, on average, 105 patients with confirmed COVID-19 and 378 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in North Carolina. An average of 85 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Recommend strict adherence to guidance below for all yellow and red zone counties, closing public and commercial indoor spaces, and limiting indoor restaurant capacity to 25%.
- Continue targeted PSAs and public health messaging on face coverings, especially in tourist destinations and yellow and red zone counties or metro areas.
- Increase messaging of the risk of infection and serious disease in the elderly, those with preexisting medical conditions, front-line workers, and those who suffer from inequities in social determinants of health.
- Monitor adherence to social distancing and face covering use closely, especially in public and commercial indoor settings in red and yellow zone counties. Use local data to urge local authorities to enforce mandates with fines for violations.
- Monitor case rates and test positivity closely and ensure vigorous contact tracing, with early quarantine and isolation. Continue efforts to ensure and expand safe housing for isolation and quarantine to all those who live in congregate settings or multigenerational households or are unable to isolate at home.
- Continue to allocate funding to public health labs to staff and run COVID testing 24/7, utilizing all platforms to reduce turnaround times.
- Pooled testing for groups as small as 2-3 people can be efficient for testing in populations with test positivity up to 15%; consider pooling specimens where testing is inadequate. Require all universities with suitable platforms to use their equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across locations. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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# NORTH CAROLINA

STATE REPORT | 08.09.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASES (RATE PER 100,000)</td>
<td>10,661 (102)</td>
<td>-19.0%</td>
<td>123,846 (185)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td>DIAGNOSTIC TEST POSITIVITY RATE</td>
<td>8.0%</td>
<td>-1.1%*</td>
<td>12.2%</td>
<td>7.1%</td>
</tr>
<tr>
<td>TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)</td>
<td>157,014** (1,497)</td>
<td>-10.4%**</td>
<td>898,618** (1,343)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td>COVID DEATHS (RATE PER 100,000)</td>
<td>211 (2)</td>
<td>+19.9%</td>
<td>2,438 (4)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</td>
<td>13.7%</td>
<td>+2.8%*</td>
<td>22.2%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

**DATA SOURCES**

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

**Testing:** State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
# COVID-19 COUNTY AND METRO ALERTS*

## LOCALITIES IN RED ZONE

<table>
<thead>
<tr>
<th>METRO AREA (CBSA)</th>
<th>LOCALITIES IN RED ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Fayetteville, Lumberton, Albemarle, Myrtle Beach-Conway-North Myrtle Beach, Marion, Roanoke Rapids, Sanford, Elizabeth City, Virginia Beach-Norfolk-Newport News</td>
</tr>
</tbody>
</table>

## LOCALITIES IN YELLOW ZONE

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
</table>

### Notes
- **Top 12 shown (full list below)**
- **All Yellow CBSAs:** Charlotte-Concord-Gastonia, Raleigh-Cary, Greensboro-High Point, Durham-Chapel Hill, Winston-Salem, Hickory-Lenoir-Morganton, Asheville, Wilmington, Greenville, Burlington, Rocky Mount, Shelby, Jacksonville, Wilson, Goldsboro, Pinehurst-Southern Pines, Mount Airy, Forest City, New Bern, Callowhee, Washington, Morehead City, Henderson, North Wilkesboro, Rockingham
- **All Red Counties:** Cumberland, Johnston, Robeson, Rowan, Stanly, McDowell, Lee, Haywood, Columbus, Montgomery, Davie, Bladen, Hertford, Pasquotank, Yadkin, Alleghany, Chowan, Bertie, Washington, Perquimans, Jones, Pamlico
- **All Yellow Counties:** Mecklenburg, Wake, Guilford, Durham, Gaston, Forsyth, Union, Pitt, Alamance, New Hanover, Cabarrus, Catawba, Cleveland, Onslow, Iredell, Randolph, Caldwell, Henderson, Nash, Harnett, Wilson, Davidson, Burke, Lincoln, Wayne, Moore, Franklin, Surry, Rutherford, Duplin, Granville, Halifax, Edgecombe, Chatham, Hoke, Pender, Craven, Rockingham, Beaufort, Sampson, Carteret, Cherokee, Vance, Wilkes, Richmond, Stokes, Alexander, Macon, Anson, Northampton, Greene, Polk, Swain, Graham, Camden

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* Localities with fewer than 10 cases last week have been excluded from these alerts.

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**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

**Yellow Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or of those two conditions and one condition qualifying as being in the “Red Zone.”

**Note:** Top 12 locations are selected based on the highest number of new cases in the last three weeks.

**DATA SOURCES**

- **Cases and Deaths:** State values are calculated by aggregating county-level data from USAfacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/19 - 8/7.

- **Testing:** CEOR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can’t quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling**: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- **Surveillance pooling**: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
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NORTH CAROLINA
STATE REPORT | 08.09.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
NORTH CAROLINA
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.
Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
Methods
STATE REPORT | 08.09.2020

COLOR_THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

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<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>-10%</td>
<td>-10%</td>
<td>-10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10%</td>
<td>-10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>0.5</td>
<td>0.5-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10%</td>
<td>-10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES
- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths: County-level data from USAFacts as of 15:15 EDT on 08/09/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.
- Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and rounded. Last week data are from 7/30 to 8/5; previous week data are from 7/23 to 7/29. HHS Protect data is recent as of 14:00 EDT on 08/09/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
- Mobility: Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 8/7/2020.
- Hospitalizations: Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/Regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state-liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.
- Skilled Nursing Facilities: National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.

SelectSub_002913
SUMMARY

- North Dakota is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week. Test positivity is unavailable this week due to incomplete data.
- North Dakota has seen stability in new cases over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Burleigh County, 2. Cass County, and 3. Morton County. These counties are the urban centers and represent 46.9 percent of new cases in North Dakota.
- Cases continued to increase in several other counties in North Dakota last week, with Benson County continuing to report a high incidence and neighboring Ramsey County showing a sharp increase.
- North Dakota had 113 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- Between Aug 01 - Aug 07, on average, 10 patients with confirmed COVID-19 and 15 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in North Dakota. An average of 77 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and schools. The efforts to expand testing for university students in ND are noted and commended.
- Consider restrictions on occupancy and operating hours of bars and restaurants, and on gathering sizes in counties with continued increase in cases.
- Continue scale-up of contact tracing.
- Continue intensive testing as is being done; routinely monitor testing data to identify additional sites of increased transmission and focus public health resources on those areas.
- Continue weekly testing of all workers in assisted living and long-term care facilities and require masks and social distancing for all visitors.
- Protect those in nursing homes and long-term care facilities by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19. Address staff and supply shortages. Ensure social distancing and universal facemask use.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/region as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.
## North Dakota

### State Report | 08.09.2020

<table>
<thead>
<tr>
<th></th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New Cases</strong> (Rate per 100,000)</td>
<td>858 (113)</td>
<td>+0.4%</td>
<td>8,867 (72)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td><strong>Diagnostic Test Positivity Rate</strong></td>
<td>N/A</td>
<td>N/A*</td>
<td>5.6%</td>
<td>7.1%</td>
</tr>
<tr>
<td><strong>Total Diagnostic Tests</strong> (Tests per 100,000)</td>
<td>36,023** (4,727)</td>
<td>+14.9%**</td>
<td>177,074** (1,444)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td><strong>COVID Deaths</strong> (Rate per 100,000)</td>
<td>7 (1)</td>
<td>+75.0%</td>
<td>86 (1)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td><strong>SNFs with at Least One Resident COVID-19 Case</strong></td>
<td>13.0%</td>
<td>-0.9%*</td>
<td>4.9%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

### Data Sources

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be back-filled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

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**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
# COVID-19 COUNTY AND METRO ALERTS

## NORTH DAKOTA
STATE REPORT | 08.09.2020

### LOCALITIES IN RED ZONE

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES</th>
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<tbody>
<tr>
<td>0</td>
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<th>COUNTY LAST WEEK</th>
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<td>0</td>
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### LOCALITIES IN YELLOW ZONE

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<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
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<tbody>
<tr>
<td>0</td>
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* Localities with fewer than 10 cases last week have been excluded from these alerts.

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

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**Note:** Top 12 locations are selected based on the highest number of new cases in the last three weeks.

**DATA SOURCES**

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SelectSub_003123
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
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- Provide isolation facilities outside of households if COVID-positive individuals can’t quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in settings where test positivity is under 10%
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 25% of your normal activity

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NORTH DAKOTA
STATE REPORT | 08.09.2020

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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Data were incomplete for this time period and percent positivity cannot be calculated.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
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National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

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## Methods

**STATE REPORT | 08.09.2020**

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</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;-10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;-10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
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</table>

**DATA NOTES**

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- **Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and rescaled. Last week data are from 7/30 to 8/7; previous week data are from 7/23 to 7/29. HHS Protect data is recent as of 14:00 EDT on 08/09/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

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- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.

- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- Ohio is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- Ohio has seen a decrease in new cases and a decrease in test positivity over the past week, demonstrating the early evidence of the impact of the increased mitigation efforts.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Franklin County, 2. Cuyahoga County, and 3. Lucas County. These counties represent 36.2 percent of new cases in Ohio.
- COVID-19 is widely distributed throughout the state, from large to small metros and in rural communities.
- Ohio had 64 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff and assets to support the state response: 11 to support operations activities from FEMA and 4 to support operations activities from USCG.
- Between Aug 01 - Aug 07, on average, 122 patients with confirmed COVID-19 and 549 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Ohio. An average of 88 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue protecting those in nursing homes, assisted living, and long-term care facilities by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19. Ensure social distancing and universal facemask use. Any nursing homes with 3 or more cases of COVID in the last 3 weeks should have mandatory inspection surveys conducted. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support routine testing.
- Continue the statewide mask mandate.
- Close establishments where social distancing and mask use cannot occur, such as bars, nightclubs, and entertainment venues in hotspots.
- Move to outdoor dining and limit indoor dining to less than 25% of normal capacity in hotspots.
- Ask customers to limit social gatherings to 10 or fewer people.
- Encourage individuals that have participated in any large social gatherings to get tested.
- Increase messaging of the risk of serious disease in all age groups for individuals with pre-existing medical conditions, including obesity, hypertension, and diabetes mellitus.
- Continue the scale-up of testing, moving to community-led neighborhood testing.
- Ensure the identification of asymptomatic cases.
- Encourage the self-isolation of those returning from vacation away from vulnerable family members or the use of masks indoors and social distance.
- Work with local communities to implement and provide clear guidance for households that test positive, including on individual isolation and quarantining procedures.
- Excellent Public Health advisory system based on clear metrics; this is a best practice.
- Continue to enhance contact tracing and ensure the ability of cases and contacts to quarantine or isolate safely.
- Monitor testing data to identify additional sites of increased transmission and focus public health resources on them.
- Ensure every public health lab is fully staffed and running 24/7, utilizing all platforms to reduce turnaround times. Institute 4:1 pooling of test specimens on all high throughput machines as long as turnaround times are greater than 24 hours. For families andcohorting households, screen entire households in a single test by pooling specimens.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
- Specific, detailed guidance on community mitigation measures can be found on the ODH website.

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions/group from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital list and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state agencies to improve reporting consistency. Continued feedback on improving these data is welcome.
### Ohio State Report | 08.09.2020

<table>
<thead>
<tr>
<th></th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New Cases</strong></td>
<td>7,517 (64)</td>
<td>-20.1%</td>
<td>40,786 (78)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td><strong>Diagnostic Test Positivity Rate</strong></td>
<td>5.4%</td>
<td>-0.6%*</td>
<td>5.4%</td>
<td>7.1%</td>
</tr>
<tr>
<td><strong>Total Diagnostic Tests</strong></td>
<td>149,852 (1,282)</td>
<td>-6.9%**</td>
<td>950,374 (1,809)</td>
<td>4,863,237 (1,482)</td>
</tr>
<tr>
<td><strong>COVID Deaths</strong></td>
<td>167 (1)</td>
<td>-12.6%</td>
<td>499 (1)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td><strong>SNFs with at Least One Resident COVID-19 Case</strong></td>
<td>8.2%</td>
<td>-0.2%*</td>
<td>7.1%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

### Data Sources

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts. Therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

**Testing:** State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data is inclusive of everything received and processed by the CELR system as of 13:00 EDT on 08/08/2020.

**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
## COVID-19 COUNTY AND METRO ALERTS*

### LOCALITIES IN RED ZONE

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Celina, Urbana</td>
</tr>
</tbody>
</table>

### LOCALITIES IN YELLOW ZONE

<table>
<thead>
<tr>
<th>LOCALITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 Top 12 shown (full list below)</td>
</tr>
<tr>
<td>Columbus, Cincinnati, Toledo, Akron, Youngstown-Warren-Boardman, Canton-Massillon, Lima, Chillicothe, Findlay, Sandusky, Salem, Fremont, Tiffin, Wooster, Portsmouth, Mount Vernon, Wapakoneta, Zanesville, Sidney, Defiance, Washington Court House</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOCALITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 Top 12 shown (full list below)</td>
</tr>
</tbody>
</table>

*Localities with fewer than 10 cases last week have been excluded from these alerts.*

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

**Yellow Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

**Note:** Top 12 locations are selected based on the highest number of new cases in the last three weeks.

**DATA SOURCES**

- **Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7; three weeks is 7/18 - 8/7.
- **Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling**: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- **Surveillance pooling**: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
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- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
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- **Surveillance pooling**: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
OHIO
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

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Methods
STATE REPORT | 08.09.2020

COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
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<tr>
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<td>500-1000</td>
<td>&lt;500</td>
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<td>-10%-10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.1%-2</td>
<td>&gt;2</td>
</tr>
<tr>
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<td>-10%-10%</td>
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OKLAHOMA
STATE REPORT | 08.09.2020

SUMMARY

- Oklahoma is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- Oklahoma has seen a decrease in new cases and stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Oklahoma County, 2. Tulsa County, and 3. Cleveland County. These counties represent 55.9 percent of new cases in Oklahoma.
- Oklahoma had 146 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff assets to support the state response: 5 to support operations activities from FEMA and 1 to support epidemiology activities from CDC.
- Between Aug 01 - Aug 07, on average, 55 patients with confirmed COVID-19 and 74 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oklahoma. An average of 54 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period, therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Require mask usage statewide. Identify mechanisms to assess compliance with local regulations.
- Close establishments where social distancing and mask use cannot occur, such as bars, nightclubs, and entertainment venues.
- Limit indoor dining capacity at restaurants to 25% and expand outdoor dining until cases and test positivity decrease.
- In red zones, limit the size of social gatherings to 10 or fewer people; in yellow zones, limit social gatherings to 25 or fewer people.
- Message to residents that if they vacation in an area with low COVID prevalence and have come from an area with high COVID prevalence, they should remain socially distanced, stay masked in all public spaces, and avoid all indoor gatherings where social distancing and masks cannot be maintained.
- Any nursing homes with 3 or more cases of COVID in the last 3 weeks should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population. Protect vulnerable populations in assisted living and long-term care facilities through weekly testing of all workers and requiring masks. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place.
- Providing timely test results to individuals so they can isolate and stop the spread is critical. Implement the following to increase testing capacity and decrease turnaround times:
  - (1) For family and cohabitating households, screen entire households in a single test by pooling a sample of each member's specimen. For households that test positive, isolate and conduct follow-up individual tests.
  - (2) Expand testing capacity in public health labs by adding shifts, including weekend shifts, to reduce turnaround times.
  - (3) Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Increase messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Expand public messaging to younger demographics, using social media and other messaging platforms, to communicate changes in the local epidemic and appropriate actions that should be adopted.
- Continue ongoing efforts to build contact tracing capabilities (e.g., increase staff, training, and funding), with a focus on communities with increasing cases.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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OKLAHOMA
STATE REPORT | 08.09.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASES (RATE PER 100,000)</td>
<td>5,779 (146)</td>
<td>-21.5%</td>
<td>76,858 (180)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td>DIAGNOSTIC TEST POSITIVITY RATE</td>
<td>9.8%</td>
<td>+0.0%*</td>
<td>11.4%</td>
<td>7.1%</td>
</tr>
<tr>
<td>TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)</td>
<td>31,818** (804)</td>
<td>-4.4%**</td>
<td>303,878** (711)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td>COVID DEATHS (RATE PER 100,000)</td>
<td>59 (1)</td>
<td>+3.5%</td>
<td>1,883 (4)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</td>
<td>8.1%</td>
<td>+1.6%*</td>
<td>21.3%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

DATA SOURCES
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

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Mobility: Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

# OKLAHOMA
STATE REPORT | 08.09.2020

## COVID-19 COUNTY AND METRO ALERTS*

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tulsa</td>
<td>Oklahoma City</td>
</tr>
<tr>
<td>Altus</td>
<td>Lawton</td>
</tr>
<tr>
<td>Enid</td>
<td>Durant</td>
</tr>
<tr>
<td>Tahlequah</td>
<td>Miami</td>
</tr>
<tr>
<td>Muskogee</td>
<td>Ardmore</td>
</tr>
<tr>
<td>Shawnee</td>
<td>Weatherford</td>
</tr>
<tr>
<td>Fort Smith</td>
<td>Duncan</td>
</tr>
<tr>
<td>McAlester</td>
<td>Guymon</td>
</tr>
</tbody>
</table>

### METRO AREA (CBSA) LAST WEEK

- **8**
- **Top 12 shown (full list below)**

### COUNTY LAST WEEK

- **19**
- **Top 12 shown (full list below)**

### All Red Counties:
- Tulsa, Rogers, Jackson, Garfield, Cherokee, Muskogee, Pottawatomie, Sequoyah, Le Flore, Pittsburg, McCurtain, Caddo, Adair, Hughes, Lincoln, McIntosh, Pushmataha, Kingfisher, Latimer

### All Yellow Counties:
- Oklahoma, Cleveland, Canadian, Wagoner, Creek, Okmulgee, Comanche, Bryan, Ottawa, Osage, Mayes, McClain, Delaware, Grady, Carter, Custer, Logan, Stephens, Garvin, Marshall, Craig, Texas, Choctaw, Haskell

* Localities with fewer than 10 cases last week have been excluded from these alerts.

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

**Yellow Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

**Note:** Top 12 locations are selected based on the highest number of new cases in the last three weeks.

**DATA SOURCES**

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
• Wear a mask at all times outside the home and maintain physical distance
• Limit social gatherings to 10 people or fewer
• Do not go to bars, nightclubs, or gyms
• Use take out or eat outdoors socially distanced
• Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
• Reduce your public interactions and activities to 25% of your normal activity

Public Officials
• Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
• Limit social gatherings to 10 people or fewer
• Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
• Ensure that all business retailers and personal services require masks and can safely social distance
• Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
• Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
• Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
• Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

Testing
• Move to community-led neighborhood testing and work with local community groups to increase access to testing
• Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
• Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
• Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
• Wear a mask at all times outside the home and maintain physical distance
• Limit social gatherings to 25 people or fewer
• Do not go to bars or nightclubs
• Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
• Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
• Reduce your public interactions and activities to 50% of your normal activity

Public Officials
• Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
• Limit social gatherings to 25 people or fewer
• Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
• Ensure that all business retailers and personal services require masks and can safely social distance
• Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
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• Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

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• Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
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OKLAHOMA
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DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
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CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
National Picture

NEW CASES PER 100,000 LAST WEEK

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.
Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
**Methods**

STATE REPORT | 08.09.2020

**COLOR THRESHOLDS:** Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

**DATA NOTES**

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

- **Cases and deaths:** County-level data from USAfacts as of 15:15 EDT on 08/09/2020. State values are calculated by aggregating county-level data from USAfacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.

- **Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests reported and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 7/30 to 8/5; previous week data are from 7/21 to 7/29. HHS Protect data is recent as of 14:00 EDT on 08/02/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 8/7/2020.

- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.

- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
OREGON
STATE REPORT | 08.09.2020

SUMMARY

- Oregon is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- Oregon has seen a decrease in new cases and a decrease in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Multnomah County, 2. Umatilla County, and 3. Washington County. These counties represent 49.1 percent of new cases in Oregon.
- Oregon had 51 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 28 to support operations activities from FEMA, 5 to support operations activities from USCG, and 20 to support operations activities from VA.
- Between Aug 01 – Aug 07, on average, 13 patients with confirmed COVID-19 and 118 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oregon. An average of 84 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations.
- Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Implement all recommendations for yellow and red zone localities as described below, with focus on the Hemiston-Pendleton and Ontario metro areas and in Umatilla, Morrow, Malheur, Marion, Yamhill, and Jefferson counties.
- Maintain requirement for face coverings in all indoor settings outside of the home and where physical distancing is not possible. Monitor and enforce requirement in above counties.
- Develop targeted public health messaging to groups most at-risk for COVID infection and severe disease, including agricultural workers.
- Ensure all crowded indoor workplaces are practicing social distancing and the use of face coverings; consider use of fines for non-compliance.
- Intensify contact tracing, with early quarantine and isolation, in above counties with elevated or increasing transmission.
- Wide-scale pooled testing for groups as small as 2-3 people can be efficient in populations with test positivity as high as 15%; where testing capacity is limited or turnaround times long, consider pooled testing as described below to increase access and reduce turnaround times.
- Tribal Nations: Continue to promote social distancing and face covering recommendations. Develop specific culturally relevant education and public health messaging. Pooled testing should be instituted for multigenerational households. Spaces to provide quarantine of contacts and isolation of cases should be provided as needed.
- If it is not fully utilized by hospital patients and staff, ensure that all hospital testing capacity is being used to support additional community, nursing home, and school (K-12) testing.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regencies that from which we should not expect reports were excluded from the percent reporting figure. This subset may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.
## OREGON
### STATE REPORT | 08.09.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASES (RATE PER 100,000)</td>
<td>2,143 (51)</td>
<td>-10.3%</td>
<td>11,708 (82)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td>DIAGNOSTIC TEST POSITIVITY RATE</td>
<td>4.4%</td>
<td>-0.6%*</td>
<td>6.5%</td>
<td>7.1%</td>
</tr>
<tr>
<td>TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)</td>
<td>55,432** (1,314)</td>
<td>+1.0%**</td>
<td>190,248** (1,326)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
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<td>-23.1%</td>
<td>183 (1)</td>
<td>7,261 (2)</td>
</tr>
<tr>
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<td>3.6%</td>
<td>-0.5%*</td>
<td>7.6%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

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## COVID-19 COUNTY AND METRO ALERTS*

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Hermiston-Pendleton</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Ontario</td>
<td>Salem</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The Dalles</td>
</tr>
<tr>
<td>3</td>
<td>Umatilla</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Malheur</td>
<td>Marion</td>
</tr>
<tr>
<td></td>
<td>Morrow</td>
<td>Yamhill</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jefferson</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wasco</td>
</tr>
</tbody>
</table>

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**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

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**Note:** Top 12 locations are selected based on the highest number of new cases in the last three weeks.

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
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- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
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- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
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DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
OREGON
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CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31. Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.
Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
## Methods

**COLOR THRESHOLDS:** Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;-10%</td>
<td>-10%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
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<td>-10%-10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
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<td>0.5-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
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<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
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<td>0.1%-5%</td>
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<td>Change in SNFs with at least one resident COVID-19 case</td>
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### DATA NOTES

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- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-acute hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state-liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.

- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

Pennsylvania is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.

Pennsylvania has seen a decrease in new cases and a decrease in test positivity over the past week.

The following three counties had the highest number of new cases over the past 3 weeks: 1. Philadelphia County, 2. Allegheny County, and 3. Delaware County. These counties represent 36.0 percent of new cases in Pennsylvania.

Pennsylvania had 41 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.

The federal government has deployed the following staff as assets to support the state response: 72 to support operations activities from FEMA; 15 to support operations activities from ASPR; 1 to support operations activities from USCG; and 10 to support medical activities from VA.

Between Aug 01 - Aug 07, on average, 108 patients with confirmed COVID-19 and 363 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Pennsylvania. An average of 74 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

Keep statewide mask requirement in place. Work with local communities to ensure high usage rates. Identify mechanisms to assess compliance with local regulations, including working with community organizations.

Keep establishments closed where social distancing and mask use cannot occur, such as bars, nightclubs, and entertainment venues.

Continue to limit indoor dining at restaurants to 25% capacity and expand outdoor dining until cases and test positivity decrease.

Any nursing homes with 3 or more cases of COVID in the last 3 weeks should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented.

Preventing further spread in these areas is critical to protect the vulnerable nursing home population. Protect vulnerable populations in assisted living and long-term care facilities through weekly testing of all workers and requiring masks. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place.

Message to residents that if they have vaccinated in, or had visitors from, areas with high COVID-19 prevalence including the South and West of the United States, they should: avoid vulnerable individuals; remain socially distanced and masked when around others for a minimum of 14 days; avoid indoor gatherings where social distancing and masks cannot be maintained; and get tested if anyone in their family develops symptoms. Also, message that they can transmit the virus even when asymptomatic.

Providing timely test results to individuals so they can isolate and stop the spread is critical. Implement the following to increase testing capacity and decrease turnaround times:

1. For family and cohabitating households, screen entire households in a single test by pooling a sample of each member’s specimen. For households that test positive, isolate and conduct follow-up individual tests.

2. Expand testing capacity in public health labs by adding shifts, including weekend shifts, to reduce turnaround times.

3. Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.

Expand public messaging to younger demographics, using social media and other messaging platforms, to communicate changes in the local epidemic and appropriate actions that should be adopted.

Continue ongoing efforts to build contact tracing capabilities (e.g., increase staff, training, and funding), with a focus on communities with increasing cases.

Specific, detailed guidance on community mitigation measures can be found on the CDC website.

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state, and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems.

We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state or regional trends from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
# PENNSYLVANIA

## STATE REPORT | 08.09.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES</strong> (RATE PER 100,000)</td>
<td>5,235 (41)</td>
<td>-19.1%</td>
<td>20,436 (66)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td><strong>DIAGNOSTIC TEST POSITIVITY RATE</strong></td>
<td>4.3%</td>
<td>-0.7%*</td>
<td>5.4%</td>
<td>7.1%</td>
</tr>
<tr>
<td><strong>TOTAL DIAGNOSTIC TESTS</strong> (TESTS PER 100,000)</td>
<td>156,237** (1,220)</td>
<td>-10.4%**</td>
<td>494,173** (1,602)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td><strong>COVID DEATHS</strong> (RATE PER 100,000)</td>
<td>108 (1)</td>
<td>+21.3%</td>
<td>343 (1)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>8.2%</td>
<td>-2.0%*</td>
<td>8.7%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

**DATA SOURCES**

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

**Testing:** State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
# PENNSYLVANIA
## STATE REPORT | 08.09.2020

## COVID-19 COUNTY AND METRO ALERTS*

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>METRO AREA (CBSA)</td>
<td></td>
</tr>
<tr>
<td>LAST WEEK</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>COUNTY LAST WEEK</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lancaster</th>
<th>York-Hanover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erie</td>
<td>Chambersburg-Wayneboro</td>
</tr>
<tr>
<td>Youngstown-Warren-Boardman</td>
<td>Indiana</td>
</tr>
<tr>
<td>New Castle</td>
<td>Lewisburg</td>
</tr>
<tr>
<td>DuBois</td>
<td>Williamsport</td>
</tr>
<tr>
<td>Lewistown</td>
<td>Huntingdon</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Delaware</th>
<th>Lancaster</th>
</tr>
</thead>
<tbody>
<tr>
<td>York</td>
<td>Dauphin</td>
</tr>
<tr>
<td>Beaver</td>
<td>Luzerne</td>
</tr>
<tr>
<td>Erie</td>
<td>Washington</td>
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<tr>
<td>Washington</td>
<td>Franklin</td>
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<tr>
<td>Fayette</td>
<td>Mercer</td>
</tr>
<tr>
<td>Mercer</td>
<td>Lawrence</td>
</tr>
<tr>
<td>Indiana</td>
<td>Union</td>
</tr>
<tr>
<td>Armstrong</td>
<td>Lycoming</td>
</tr>
<tr>
<td>Clearfield</td>
<td>Mifflin</td>
</tr>
<tr>
<td>Huntingdon</td>
<td>Crawford</td>
</tr>
</tbody>
</table>

* Localities with fewer than 10 cases last week have been excluded from these alerts.

**Red Zone**: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

**Yellow Zone**: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

**Note**: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

**DATA SOURCES**

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in settings where test positivity is under 10%
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
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- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
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SelectSub_003133
Pennsylvania
State Report | 08.09.2020

New Cases
- Daily COVID-19 Cases (7-day average)
- Daily COVID-19 Cases

Testing
- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 7 day avg.)

Top Counties based on greatest number of new cases in last three weeks (7/18 - 8/7)
- Philadelphia
- Allegheny
- Delaware
- Montgomery
- Bucks
- Chester
- Lancaster
- Berks
- York
- Lehigh

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Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

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National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

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**STATE REPORT | 08.09.2020**

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<td>-10% - 10%</td>
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</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
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<td>0.5 - 2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
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<td>-10% - 10%</td>
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<td>0.1% - 5%</td>
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**RHODE ISLAND**

**STATE REPORT | 08.09.2020**

**SUMMARY**

- Rhode Island is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- Rhode Island has seen a decrease in new cases and stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Providence County, 2. Kent County, and 3. Washington County. These counties represent 94.7 percent of new cases in Rhode Island.
- Rhode Island had 68 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 2 to support operations activities from FEMA.
- Between Aug 01 - Aug 07, on average, 5 patients with confirmed COVID-19 and 3 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Rhode Island. An average of 94 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period.*

**RECOMMENDATIONS**

- Continue community mitigation efforts, such as promotion of face covering use and social distancing, with imposition of fines for violations.
- Foot-traffic has increased across the food and hotel industries, coinciding with an increase in case rates over the past 4-5 weeks. Maintain pause in re-opening and consider additional restrictions on indoor dining and promotion of outdoor spaces.
- Maintain aggressive public health messaging and education across all media, particularly in Providence and tourist areas, targeted to groups with highest increases in case rates.
- Consider pooled testing, as described below, in Providence or areas with insufficient testing or long turnaround times.
- Maintain policies in nursing homes and long-term care facilities, with periodic testing of staff and residents and required face coverings for all staff.
- Continue vigorous case investigation with contact tracing and early quarantine of contacts and isolation of all known or suspected cases; all cases should be interviewed within 48 hours of diagnosis. Monitor performance of contact tracing and augment staff as needed to meet benchmarks.
- Continue close monitoring of case rates, test positivity and hospitalizations. Any signs of sustained increased transmission should prompt further restrictions and intensified community mitigation efforts.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).

*The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.*

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as being from which we should not expect reports were excluded from this parent reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.*
## RHODE ISLAND
### STATE REPORT | 08.09.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES (RATE PER 100,000)</strong></td>
<td>716 (68)</td>
<td>-10.3%</td>
<td>4,242 (29)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td><strong>DIAGNOSTIC TEST POSITIVITY RATE</strong></td>
<td>2.7%</td>
<td>-0.3%*</td>
<td>1.7%</td>
<td>7.1%</td>
</tr>
<tr>
<td><strong>TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)</strong></td>
<td>29,092** (2,746)</td>
<td>-3.0%**</td>
<td>244,677** (1,648)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td><strong>COVID DEATHS (RATE PER 100,000)</strong></td>
<td>7 (1)</td>
<td>-50.0%</td>
<td>122 (1)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>0.0%</td>
<td>-4.3%*</td>
<td>3.5%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

### DATA SOURCES

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

### Cases and Deaths
State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

### Testing
State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

### Mobility
Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

### SNFs
# RHODE ISLAND

**STATE REPORT | 08.09.2020**

## COVID-19 COUNTY AND METRO ALERTS*

<table>
<thead>
<tr>
<th>Localities in Red Zone</th>
<th>Localities in Yellow Zone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Metro Area (CBSA) Last Week</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>County Last Week</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>Metro Area (CBSA) Last Week</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>County Last Week</strong></td>
<td>0</td>
</tr>
</tbody>
</table>

*Localities with fewer than 10 cases last week have been excluded from these alerts.

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

**Yellow Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

**Note:** Top 12 locations are selected based on the highest number of new cases in the last three weeks.

**DATA SOURCES**

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can’t quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in settings where test positivity is under 10%
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can’t quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
RHODE ISLAND
STATE REPORT | 08.09.2020

NEW CASES

COVID-19 CASES

Daily COVID-19 Cases (7-day average)  Daily COVID-19 Cases

TESTING

COVID-19 TESTS

Daily Tests Completed (7 day avg.)  % Positivity Rate (by result date 7 day avg.)

0.0%  5.0%  10.0%  15.0%

PERCENTAGE OF TOTAL TESTS

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)

TOP COUNTRIES

NEW CASES (CUMULATIVE)

Providence  Kent  Washington  Newport  Bristol

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
RHODE ISLAND
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.

Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
COBORD-19

Methods
STATE REPORT | 08.09.2020

COLOR_THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;-10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;-0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;-10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;-10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;-0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths: County-level data from USAFacts as of 15:15 EDT on 08/09/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.
- Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and rescaled. Last week data are from 7/30 to 8/5, previous week data are from 7/23 to 7/29. HHS Protect data is recent as of 14:00 EDT on 08/09/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
- Mobility: Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 8/7/2020.
- Hospitalizations: Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.
- Skilled Nursing Facilities: National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SOUTH CAROLINA
STATE REPORT | 08.09.2020

SUMMARY

- South Carolina is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the red zone for test positivity, indicating a rate above 10%.
- South Carolina has seen a decrease in new cases and a decrease in test positivity over the past week, demonstrating that the mitigation efforts are beginning to have an impact and must be continued.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Charleston County, 2. Richland County, and 3. Greenville County. These counties represent 27.3 percent of new cases in South Carolina.
- Improvements are seen in Charleston, Greenville, and Horry counties, but the highest rates of new cases are now in Richland, Beaufort, and Florence counties.
- COVID-19 is widespread and mitigation efforts must continue statewide.
- South Carolina had 175 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 9 to support operations activities from USC
- Between Aug 01 - Aug 07, on average, 153 patients with confirmed COVID-19 and 96 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in South Carolina. An average of 86 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Expand the protection of those in nursing homes, assisted living, and long-term care facilities by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19 and the isolation of all positive staff and residents. Ensure social distancing and universal facemask use. Immediately conduct infection control prevention surveys in all nursing homes with more than 3 cases in the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support routine testing.
- Mandate use of masks in all current and evolving hotspots.
- Close establishments where social distancing and mask use cannot occur, such as bars and all evening entertainment venues in areas with rising cases, despite the 11pm liquor curfew.
- Close indoor dining and limit indoor dining to less than 25% of normal capacity.
- Ask citizens to limit social gatherings to 10 or fewer people.
- Encourage individuals that have participated in large social gatherings to get tested.
- Increase messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Continue the scale-up of testing, moving to community-led neighborhood testing. Work with local communities to implement and provide clear guidance for households that test positive, including on individual isolation and quarantining procedures.
- Continue to enhance contact tracing and ensure the ability of cases and contacts to quarantine or isolate safely.
- Monitor testing data to identify additional sites of increased transmission and focus public health resources there.
- Ensure the public health lab is fully staffed and running 24/7, utilizing all platforms to reduce turnaround times. Institute 3:1 or 2:1 pooling of test specimens on all high throughput machines as long as turnaround times are greater than 36 hours.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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# South Carolina State Report | 08.09.2020

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<th></th>
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<th>State, % Change from Previous Week</th>
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<th>United States, Last Week</th>
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</thead>
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<tr>
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<td>375,035 (114)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Diagnostic Test Positivity Rate</strong></td>
<td>17.7%</td>
<td>-1.7%*</td>
<td>12.2%</td>
<td>7.1%</td>
</tr>
<tr>
<td><strong>Total Diagnostic Tests</strong></td>
<td>49,549** (962)</td>
<td>-11.0%**</td>
<td>898,618** (1,343)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td><strong>(Tests per 100,000)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>COVID Deaths</strong></td>
<td>237 (5)</td>
<td>-22.8%</td>
<td>2,438 (4)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td><strong>(Rate per 100,000)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SNFs with at Least One Resident COVID-19 Case</strong></td>
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* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

**DATA SOURCES**

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**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
# COVID-19 COUNTY AND METRO ALERTS*

## LOCALITIES IN RED ZONE

<table>
<thead>
<tr>
<th>Charleston-North Charleston</th>
<th>Columbia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greenville-Anderson</td>
<td>Florence</td>
</tr>
<tr>
<td>Hilton Head Island-Bluffton</td>
<td>Myrtle Beach-Conway-North Myrtle Beach</td>
</tr>
<tr>
<td>Sumter</td>
<td>Spartanburg</td>
</tr>
<tr>
<td>Augusta-Richmond County</td>
<td>Orangeburg</td>
</tr>
<tr>
<td>Georgetown</td>
<td>Greenwood</td>
</tr>
</tbody>
</table>

## LOCALITIES IN YELLOW ZONE

| Charlotte-Concord-Gastonia  |

## METRO AREA (CBSA) LAST WEEK

**17 Top 12 shown (full list below)**

### COUNTY LAST WEEK

**45 Top 12 shown (full list below)**

| Charleston Richland | Greenville | Horry | Beaufort | Lexington | Florence | Berkeley | York | Dorchester | Spartanburg | Anderson |

| Marion |

### All Red CBSAs: Charleston-North Charleston, Columbia, Greenville-Anderson, Florence, Hilton Head Island-Bluffton, Myrtle Beach-Conway-North Myrtle Beach, Sumter, Spartanburg, Augusta-Richmond County, Orangeburg, Georgetown, Greenwood, Newberry, Gaffney, Seneca, Union, Bennettsville


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* Localities with fewer than 10 cases last week have been excluded from these alerts.

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity rate above 10%.

**Yellow Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity rate between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

**Note:** Top 12 locations are selected based on the highest number of new cases in the last three weeks.

**DATA SOURCES**

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/10 - 8/7.

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can’t quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
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SOUTH CAROLINA
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NEW CASES

COVID-19 CASES

- Daily COVID-19 Cases (7-day average)
- Daily COVID-19 Cases

TESTING

COVID-19 TESTS

- Daily Tests Completed (7 day avg.)
- % Positivity Rate (by result date 7 day avg.)

TOP COUNTIES

NEW CASES (CUMULATIVE)

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
SOUTH CAROLINA
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CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.
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Methods
STATE REPORT | 08.09.2020

COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

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</tr>
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</tr>
<tr>
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<td>500 - 1000</td>
<td>&lt;500</td>
</tr>
<tr>
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<td>10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5 - 2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
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<td>10% - 10%</td>
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- Hospitalizations: Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.

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SUMMARY

- South Dakota is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- South Dakota has seen an increase in new cases and an increase in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Minnehaha County, 2. Lincoln County, and 3. Pennington County. These counties represent 56.5 percent of new cases in South Dakota.
- South Dakota had 71 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff and assets to support the state response: 5 to support operations activities from FEMA; 5 to support epidemiology activities from CDC; and 1 to support operations activities from CDC.
- Between Aug 01 - Aug 07, on average, 7 patients with confirmed COVID-19 and 8 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in South Dakota. An average of 78 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- A rise in cases coincides with increased foot traffic across hotels, bars, and restaurants and should prompt intensification of community mitigation efforts, such as statewide promotion of face covering use and social distancing.
- Recommend implementing community mitigation efforts for all yellow and red zone areas as described below and requiring face coverings in indoor public settings.
- Send surge staff to Sturgis and maintain presence for duration of event. Public health messaging should be clear and omnipresent; testing should be widely and easily available with resources and clear messaging for isolation.
- Increase community education and public health messaging across the state, targeting ranching and agriculture communities, with an emphasis on the risk of serious disease in older individuals, those with preexisting medical conditions, and those with limited access to healthcare.
- In areas with insufficient testing and long turnaround times, increase testing capacity by implementing pooled testing as described below.
- Ensure vigorous contact tracing for all cases with early quarantine and isolation, focusing efforts in populous counties and cities and where transmission is increasing, such as the Sioux Falls, Spearfish, and Vermillion metro areas; and Minnehaha, Lincoln, Lawrence, Union, Meade, Lake, Clay, Custer, Fall River, and Brule counties.
- In all crowded workplace settings, such as meat processing or packing plants, monitor and enforce implementation of social distancing, the use of face masks, and early and vigorous contact investigation for all identified cases.
- Tribal Nations: Continue to promote social distancing and mask recommendations. Develop specific, culturally relevant education and public health messaging. Pooled testing should be instituted for multigenerational households. Spaces to provide quarantine of contacts and isolation of cases should be provided as needed.
- If it is not fully utilized by hospital patients and staff, ensure that all hospital testing capacity is being used to support additional community, nursing home, and school (K-12) testing.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analysis. In addition, hospitals explicitly identified by state as being excluded from data were excluded from the state reporting figures. This group may differ from those in state databases because of differences in hospital link and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.
### SOUTH DAKOTA

#### STATE REPORT | 08.09.2020

<table>
<thead>
<tr>
<th>Metric</th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES</strong> (RATE PER 100,000)</td>
<td>626 (71)</td>
<td>+12.2%</td>
<td>8,867 (72)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td><strong>DIAGNOSTIC TEST POSITIVITY RATE</strong></td>
<td>7.1%</td>
<td>+1.5%*</td>
<td>5.6%</td>
<td>7.1%</td>
</tr>
<tr>
<td><strong>TOTAL DIAGNOSTIC TESTS</strong> (TESTS PER 100,000)</td>
<td>8,049** (910)</td>
<td>-15.6%**</td>
<td>177,074** (1,444)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td><strong>COVID DEATHS</strong> (RATE PER 100,000)</td>
<td>14 (2)</td>
<td>+75.0%</td>
<td>86 (1)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>2.1%</td>
<td>+1.1%*</td>
<td>4.9%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

#### DATA SOURCES

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

**Testing:** State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data is inclusive of everything received and processed by the CELR system as of 13:00 EDT on 08/08/2020.

**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
## COVID-19 COUNTY AND METRO ALERTS*

### LOCALITIES IN RED ZONE
- **METRO AREA (CBSA) LAST WEEK:** 0
- **COUNTY LAST WEEK:** 3
  - Lincoln
  - Union
  - Custer

### LOCALITIES IN YELLOW ZONE
- **7**
  - Sioux Falls
  - Rapid City
  - Aberdeen
  - Sioux City
  - Spearfish
  - Vermillion
  - Brookings
- **8**
  - Minnehaha
  - Pennington
  - Brown
  - Lake
  - Lawrence
  - Clay
  - Meade
  - Brookings

*Localities with fewer than 10 cases last week have been excluded from these alerts.*

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

**Yellow Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

**Note:** Top 12 locations are selected based on the highest number of new cases in the last three weeks.

**DATA SOURCES**

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7; three weeks is 7/19 - 8/7.

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
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SOUTH DAKOTA
STATE REPORT | 08.09.2020

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Top 12 counties based on number of new cases in the last 3 weeks

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SOUTH DAKOTA
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

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National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

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**STATE REPORT | 08.09.2020**

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TENNESSEE
STATE REPORT | 08.09.2020

SUMMARY

• Tennessee is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the red zone for test positivity, indicating a rate above 10%.
• Tennessee has seen a decrease in new cases and an increase in test positivity over the past week.
• The following three counties had the highest number of new cases over the past 3 weeks: 1. Shelby County, 2. Davidson County, and 3. Knox County. These counties represent 31.5 percent of new cases in Tennessee.
• Tennessee had 188 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
• The federal government has deployed the following staff as assets to support the state response: 2 to support operations activities from FEMA and 5 to support medical activities from VA.
• Between Aug 01 - Aug 07, on average, 190 patients with confirmed COVID-19 and 323 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Tennessee. An average of 10 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

• There has been a significant reduction in testing over the past week, the percent of nursing homes with cases are concerning, and deaths across the state are increasing. Statewide policies for mask requirement, testing plans, and hospital decompression are critical.
• Close establishments where social distancing and mask use cannot occur, such as bars, nightclubs, and entertainment venues.
• Establish indoor dining capacity at restaurants at 25% of normal capacity and expand outdoor dining until cases and test positivity decrease.
• In red zones, limit the size of social gatherings to 10 or fewer people; in yellow zones, limit social gatherings to 25 or fewer people.
• Message to residents that if they vacation in an area with low COVID prevalence and have come from an area with high COVID prevalence, they should remain socially distant, stay masked in all public spaces, and avoid all indoor gatherings where social distancing and masks cannot be maintained.
• Any nursing home with 2 or more cases of COVID in the last 3 weeks should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population. Protect vulnerable populations in assisted living and long-term care facilities through weekly testing of all workers and requiring masks in facilities with workers who tested positive, even if all residents have been promptly tested and appropriate cohorting measures are in place.
• Providing timely test results to individuals so they can isolate and stop the spread is critical. Implement the following to increase testing capacity and decrease turnaround times:
  - (1) For family and cohabitating households, screen online households in a single test by pooling a sample of each member’s specimen. For households that test positive, isolate and conduct follow-up individual tests.
  - (2) Expand testing capacity in public health labs by adding shifts, including weekend shifts, to reduce turnaround times.
  - (3) Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
  - (4) Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
• Increase messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
• Expand public messaging to younger demographics, using social media and other messaging platforms, to communicate changes in the local epidemic and appropriate actions that should be adopted.
• Continue ongoing efforts to build contact tracing capabilities (e.g., increase staff, training, and funding), with a focus on communities with increasing cases.
• Specific, detailed guidance on community mitigation measures can be found on the CDC website.:

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across locations. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems.

We look forward to your feedback.

* Psychological rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/county groups to which we should not report were excluded from the percent Reporting Figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
## Tennessee State Report | 08.09.2020

<table>
<thead>
<tr>
<th></th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New Cases</strong> (Rate per 100,000)</td>
<td>12,907 (189)</td>
<td>-23.5%</td>
<td>123,846 (185)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td><strong>Diagnostic Test Positivity Rate</strong></td>
<td>10.2%</td>
<td>+0.6%*</td>
<td>12.2%</td>
<td>7.1%</td>
</tr>
<tr>
<td><strong>Total Diagnostic Tests</strong> (Tests per 100,000)</td>
<td>47,311** (693)</td>
<td>-19.0%**</td>
<td>898,618** (1,343)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td><strong>COVID Deaths</strong> (Rate per 100,000)</td>
<td>145 (2)</td>
<td>+17.9%</td>
<td>2,438 (4)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td><strong>SNFs with at Least One Resident COVID-19 Case</strong></td>
<td>16.4%</td>
<td>+0.3%*</td>
<td>22.2%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

### Data Sources

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

**Testing:** State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 13:00 EDT on 08/08/2020.

**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
# TENNESSEE
## STATE REPORT | 08.09.2020

## COVID-19 COUNTY AND METRO ALERTS*

### LOCALITIES IN RED ZONE

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>13</td>
</tr>
</tbody>
</table>

### LOCALITIES IN YELLOW ZONE

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
<th>29</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top 12 shown (full list below)</td>
<td></td>
</tr>
</tbody>
</table>

#### All Yellow CBSAs: Nashville-Davidson--Murfreesboro--Franklin, Knoxville, Chattanooga, Johnson City, Morristown, Clarksville, Cookeville, Martin, Greeneville, Lawrenceburg, Paris, Crossville, Lewisburg

#### All Red Counties: Shelby, Rutherford, Sevier, Wilson, Hamblen, Bradley, Sullivan, Maury, Madison, Putnam, Robertson, Henderson, Tipton, Obion, Hardeman, Carter, Coffee, Dickson, Roane, Hawkins, Haywood, Dyer, Cocke, Lauderdale, Bedford, Fayette, Smith, Cheatham, Carroll, Johnson, DeKalb, Macon, White, Polk, Hickman, Benton, Lake, Morgan, Lewis, Bledsoe, Clay, Grundy, Moore, Pickett

#### All Yellow Counties: Davidson, Knox, Hamilton, Williamson, Sumner, Washington, Montgomery, Anderson, Gibson, Jefferson, Weakley, Hardin, Lawrence, Greene, Monroe, McNairy, Henry, Giles, Franklin, Crockett, Cumberland, Lincoln, Decatur, Marshall, Grainger, Marion, Cannon, Humphreys, Fentress

* Localities with fewer than 10 cases last week have been excluded from these alerts.

### Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

### Yellow Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

**Note:** Top 12 locations are selected based on the highest number of new cases in the last three weeks.

### DATA SOURCES

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
TENNESSEE
STATE REPORT | 08.09.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
TENNESSEE
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
National Picture

NEW CASES PER 100,000 LAST WEEK

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.
Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000</td>
<td>&lt;-10%</td>
<td>-10% -10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% -10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% -10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 15:15 EDT on 08/09/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.
- **Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests results and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 7/30 to 8/5; previous week data are from 7/23 to 7/29. HHS Protect data is recent as of 14:00 EDT on 08/08/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 8/7/2020.
- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state-locations to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.
- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- Texas is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the red zone for test positivity, indicating a rate above 10%.
- Texas has seen a decrease in new cases and a decrease in test positivity over the past week in most counties and metros, demonstrating that mitigation efforts are beginning to have an impact.
- Houston remains at a high plateau and Austin has seen a slight uptick in cases over the past few days, so continued aggressive and expanded mitigation across the state must continue.
- Testing rates are low and are decreasing; this should be addressed.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Harris County, 2. Dallas County, and 3. Bexar County. These counties represent 35.0 percent of new cases in Texas, but the epidemic in Texas is widespread across the state.
- Texas had 178 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff and assets to support the state response: 560 to support medical activities from DOD; 63 to support operations activities from DoD; 19 to support operations activities from FEMA; 90 to support medical activities from ASPR; 30 to support operations activities from ASPR; 1 to support epidemiology activities from CDC; 12 to support operations activities from USCG; 15 to support medical activities from VA; and 1 to support operations activities from VA.
- The federal government has supported a surge testing site in Houston, TX.
- Between Aug 01 - Aug 07, on average, 540 patients with confirmed COVID-19 and 691 patients with suspected COVID-19 were reported; newly admitted each day to hospitals in Texas. An average of 85 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue the aggressive protection of those in nursing homes, assisted living, and long-term care facilities by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19. Ensure social distancing and universal (nose mask use). Nursing homes with cases should remain closed to visitation until all staff and residents are tested and isolated. In all nursing homes with more than 3 cases in 3 weeks should have full survey visits. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support routine testing.
- Continue the statewide mask mandate in all counties with 20 or more cases. Multiple counties and metros are now in this category.
- Continue the bar closure in all counties with greater than 5% test positivity, increase outdoor dining opportunities, and limit indoor dining to 25% of normal capacity.
- Ensure every citizen knows to limit social gatherings to 10 or fewer people.
- Continue the scale-up of testing, moving to community-led neighborhood testing. Work with local community groups to increase household testing of multigenerational households, with clear guidance on test positive isolation procedures and mask use.
- Ensure all individuals and households engaged in any multi-household activities are immediately tested, either in pools or as individuals.
- Increase messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Expand testing capacity in public health labs by adding shifts, including weekend shifts, to reduce turnaround times. Institute 3:1 or 2:1 pools of test specimens.
- Require all universities with RTNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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# Texas State Report | 08.09.2020

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<td>7.1%</td>
</tr>
<tr>
<td>Total Diagnostic Tests (Tests per 100,000)</td>
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<td>-52.7%**</td>
<td>303,878** (711)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td>Covid Deaths (Rate per 100,000)</td>
<td>1,468 (5)</td>
<td>-42.7%</td>
<td>1,883 (4)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td>SNFs with at least one resident COVID-19 Case</td>
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<td>-1.4%*</td>
<td>21.3%</td>
<td>12.1%</td>
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</table>

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

**Data Sources**

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

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**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
**TEXAS**

**STATE REPORT | 08.09.2020**

**COVID-19 COUNTY AND METRO ALERTS***

### LOCALITIES IN RED ZONE

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
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</tr>
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<td><strong>33 Top 12 shown</strong></td>
<td><strong>29 Top 12 shown</strong></td>
</tr>
<tr>
<td>(full list below)</td>
<td>(full list below)</td>
</tr>
</tbody>
</table>

### COUNTY LAST WEEK

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<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>81 Top 12 shown</strong></td>
<td><strong>59 Top 12 shown</strong></td>
</tr>
<tr>
<td>(full list below)</td>
<td>(full list below)</td>
</tr>
</tbody>
</table>

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**All Yellow CBSAs:** San Antonio-New Braunfels, Austin-Round Rock-Georgetown, El Paso, Lubbock, Killeen-Temple, Amarillo, College Station-Bryan, Longview, Palestine, Wichita Falls, Corsicana, Abilene, Sherman-Denison, Athens, Texarkana, Pearsall, Brenham, Kerreville, Brownwood, Gainesville, Rockport, Big Spring, Levelland, Sulphur Springs, Bonham, Zapata, Pecos, Vernon, Borger


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*Localities with fewer than 10 cases last week have been excluded from these alerts.

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**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

**Yellow Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the "Red Zone."

**Note:** Top 12 locations are selected based on the highest number of new cases in the last three weeks.

**DATA SOURCES**

Cases and Deaths: State values are calculated by aggregating county-level data from USAfacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/19 - 7/7.

Testing: CELP (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

---

SelectSub_003195
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can’t quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
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- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
TENAS
STATE REPORT | 08.09.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.
Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
**Methods**
STATE REPORT | 08.09.2020

**COLOR THRESHOLDS:** Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

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<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
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</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;=-10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;=5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;=0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500 - 1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population per week</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;=10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population</td>
<td>&lt;=0.5</td>
<td>0.5 - 2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;=0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

**DATA NOTES**

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

- **Cases and deaths:** County-level data from USAFacts as of 15:15 EDT on 08/09/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.

- **Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 7/30 to 8/5; previous week data are from 7/23 to 7/29. HHS Protect data is recent as of 14:00 EDT on 08/09/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 8/7/2020.

- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.

- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
UTAH
STATE REPORT | 08.09.2020

SUMMARY

- Utah is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- Utah has seen stability in new cases and a decrease in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Salt Lake County, 2. Utah County, and 3. Davis County. These counties represent 73.4 percent of new cases in Utah.
- Utah had 103 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff assets to support the state response 2: to support operations activities from FEMA.
- Between Aug 01 - Aug 07, an average of 22 patients with confirmed COVID-19 and 35 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Utah. An average of 56 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Keep statewide mask requirement in place. Work with local communities to ensure high usage rates. Identify mechanisms to assess compliance with local regulations.
- In red and yellow zones, closing bars and reducing indoor dining at restaurants is critical to disrupt transmission.
- Message to residents that if they vacation in an area with low COVID prevalence and have come from an area with high COVID prevalence, they should remain socially distant, stay masked in all public spaces, and avoid all indoor gatherings where social distancing and masks cannot be maintained.
- Any nursing homes with 3 or more cases of COVID in the last 3 weeks should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented.
- Preventing further spread in these areas is critical to protect the vulnerable nursing home population. Protect vulnerable populations in assisted living and long-term care facilities through weekly testing of all workers and requiring masks. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place.
- Providing timely test results to individuals so they can isolate and stop the spread is critical. Implement the following to increase testing capacity and decrease turnaround times:
  - (1) For family and cohabitating households, screen entire household in a single test by pooling a sample of each member's specimen. For households that test positive, isolate and conduct follow-up individual tests.
  - (2) Expand testing capacity in public health labs by adding shifts, including weekend shifts, to reduce turnaround times.
  - (3) Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
  - (4) Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
- Increase messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Expand public messaging to younger demographics, using social media and other messaging platforms, to communicate changes in the local epidemic and appropriate actions that should be adopted.
- Continue ongoing efforts to build contact tracing capabilities (e.g., increase staff, training, and funding), with a focus on communities with increasing cases.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state's regnecy board from which we should not expect reports were excluded from this report's reporting figure. This value may differ from those in state databases because of differences in hospital data and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state agencies to improve reporting consistency. Continued feedback on improving these data is welcome.
## UTAH

**STATE REPORT | 08.09.2020**

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES</strong></td>
<td>3,232 (101)</td>
<td>-0.6%</td>
<td>8,867 (72)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td><strong>RATE PER 100,000</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DIAGNOSTIC TEST</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>POSITIVITY RATE</strong></td>
<td>7.2%</td>
<td>-1.4%*</td>
<td>5.6%</td>
<td>7.1%</td>
</tr>
<tr>
<td><strong>TOTAL DIAGNOSTIC</strong></td>
<td>47,088**</td>
<td>-18.5%**</td>
<td>177,074**</td>
<td>4,863,237**</td>
</tr>
<tr>
<td><strong>TESTS PER 100,000</strong></td>
<td>(1,469)</td>
<td></td>
<td>(1,444)</td>
<td>(1,482)</td>
</tr>
<tr>
<td><strong>COVID DEATHS</strong></td>
<td>32 (1)</td>
<td>+10.3%</td>
<td>86 (1)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td><strong>RATE PER 100,000</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>8.0%</td>
<td>-1.1%*</td>
<td>4.9%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

**DATA SOURCES**

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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**Testing:** State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data include every test received and processed by the CELR system as of 13:00 EDT on 08/08/2020.

**Mobility:** DesCartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
# UTAH
STATE REPORT | 08.09.2020

## COVID-19 COUNTY AND METRO ALERTS*

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>METRO AREA (CBSA)</td>
<td></td>
</tr>
<tr>
<td>LAST WEEK</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>Salt Lake City</td>
</tr>
<tr>
<td></td>
<td>Provo-Orem</td>
</tr>
<tr>
<td></td>
<td>Ogden-Clearfield</td>
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<tr>
<td></td>
<td>St. George</td>
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<tr>
<td></td>
<td>Cedar City</td>
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<tr>
<td></td>
<td>Price</td>
</tr>
<tr>
<td>1</td>
<td>Salt Lake</td>
</tr>
<tr>
<td></td>
<td>Utah</td>
</tr>
<tr>
<td></td>
<td>Davis</td>
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<td>Millard</td>
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<tr>
<td></td>
<td>Carbon</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

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SelectSub_003186
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
• Wear a mask at all times outside the home and maintain physical distance
• Limit social gatherings to 10 people or fewer
• Do not go to bars, nightclubs, or gyms
• Use take out or eat outdoors socially distanced
• Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
• Reduce your public interactions and activities to 25% of your normal activity

Public Officials
• Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
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• Ensure that all business retailers and personal services require masks and can safely social distance
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POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
• Wear a mask at all times outside the home and maintain physical distance
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National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

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**Methods**

**STATE REPORT | 08.09.2020**

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</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5−2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;−10%</td>
<td>−10% − 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%−5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;−0.5%</td>
<td>−0.5%−0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

**DATA NOTES**

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

- **Cases and deaths:** County-level data from USAFacts as of 1515 EDT on 08/09/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.

- **Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and reported. Last week data are from 7/30 to 8/5; previous week data are from 7/23 to 7/29. HHS Protect data is recent as of 14:00 EDT on 08/09/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 8/7/2020.

- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. This dataset may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the hospitalization figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.

- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- Vermont is in the green zone for cases, indicating below 10 cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- Vermont has seen a slight increase in new cases and stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Chittenden County, 2. Rutland County, and 3. Bennington County. These counties represent 64.3 percent of new cases in Vermont.
- Vermont had 6 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 1 to support operations activities from FEMA and 1 to support operations activities from USCG.
- Between Aug 01 - Aug 07, on average, 1 patient with confirmed COVID-19 and 6 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Vermont. An average of 72 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue public awareness efforts on the public health and economic benefits of the new state masking mandate. State efforts (#MaskonVT) are noted and commended.
- Continue the scale-up of the vigorous testing program and implementation of contact tracing.
- Continue to carefully monitor changes in cases, testing, and hospitalizations.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital list and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.
# VERMONT

**STATE REPORT | 08.09.2020**

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES</strong> (RATE PER 100,000)</td>
<td>35 (6)</td>
<td>+20.7%</td>
<td>4,242 (29)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td><strong>DIAGNOSTIC TEST POSITIVITY RATE</strong></td>
<td>0.6%</td>
<td>-0.2%*</td>
<td>1.7%</td>
<td>7.1%</td>
</tr>
<tr>
<td><strong>TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)</strong></td>
<td>12,001** (1,923)</td>
<td>+17.4%**</td>
<td>244,677** (1,648)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td><strong>COVID DEATHS</strong> (RATE PER 100,000)</td>
<td>1 (0)</td>
<td>+0.0%</td>
<td>122 (1)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>0.0%</td>
<td>+0.0%*</td>
<td>3.5%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

**DATA SOURCES**

_**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

**Testing:** State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CCLR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CCLR system as of 13:00 EDT on 08/03/2020.

**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
# COVID-19 County and Metro Alerts

## LOCALITIES IN RED ZONE

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

* Localities with fewer than 10 cases last week have been excluded from these alerts.

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

**Yellow Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

**Note:** Top 12 locations are selected based on the highest number of new cases in the last three weeks.

**DATA SOURCES**

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 9/7.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTRIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance.
- Limit social gatherings to 10 people or fewer.
- Do not go to bars, nightclubs, or gyms.
- Use take out or eat outdoors socially distanced.
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces.
- Reduce your public interactions and activities to 25% of your normal activity.

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas.
- Limit social gatherings to 10 people or fewer.
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors.
- Ensure that all business retailers and personal services require masks and can safely social distance.
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place.
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing.
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours.
- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully.

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing.
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates.
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%.
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device.

POLICY RECOMMENDATIONS FOR COUNTRIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance.
- Limit social gatherings to 25 people or fewer.
- Do not go to bars or nightclubs.
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained.
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene.
- Reduce your public interactions and activities to 50% of your normal activity.

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas.
- Limit social gatherings to 25 people or fewer.
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors.
- Ensure that all business retailers and personal services require masks and can safely social distance.
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place.
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing.
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours.
- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully.

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing.
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates.
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals.
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device.
VERMONT
STATE REPORT | 08.09.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.
Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% -10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>0.5%-5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5%</td>
<td>0.5-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

- **Cases and deaths:** County-level data from USAFacts as of 15:15 EDT on 08/09/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.

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- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 8/7/2020.

- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions to be those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.

- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
VIRGINIA
STATE REPORT | 08.09.2020

SUMMARY

- Virginia is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- Virginia has seen stability in new cases and stability in test positivity over the past week, demonstrating the early impact of expanded mitigation efforts, including in southeastern Virginia counties.
- The highest case rate by age group for COVID positive is 20-29 (19.4%); the highest case rate by age group for hospitalization is 60-69 (20.6%); and the highest case rate by age group for COVID-related death is 80+ (49.9%).
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Virginia Beach City, 2. Norfolk City, and 3. Fairfax County. These counties represent 24.5 percent of new cases in Virginia. New cases are significantly concentrated in the southeast region, Richmond, and the DC metro area.
- Virginia had 54 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 51 to support operations activities from FEMA; 4 to support epidemiology activities from CDC; 3 to support operations activities from CDC; 88 to support operations activities from USCG.
- Between Aug 01 - Aug 07, on average, 75 patients with confirmed COVID-19 and 198 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Virginia. An average of 87 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue the EO-63 mask mandate.
- In counties and cities with 7 day average test positivity greater than 5%, close bars, especially if the liquor restrictions after 10pm are not successful; restrict gyms to 25% occupancy; and ensure strict social distancing can be maintained in restaurants by emphasizing outdoor over indoor dining.
- Develop targeted messaging and outreach to the 20-49 age group, marginalized populations, and out-of-state tourists.
- In high transmission counties and cities, implement community-led testing and work with local community groups to increase testing access. Implement pooled testing as described below to further increase access and reduce turnaround times. As feasible, focus testing resources in the most populous or tourist areas with highest transmission.
- Increase testing in beach communities and tourist areas. Alert visitors of the importance of protecting vulnerable populations when they return home through mask usage and increased social distancing. Enact strict prevention policies when outbreaks or increases in cases are identified, such as closing bars and indoor restaurants, enforcing distancing on beaches, and penalties for social gatherings over 10 people.
- Continue the aggressive protection of those in nursing homes and long-term care facilities (LTCFs) by testing all staff each week and requiring staff to wear face masks. Ensure all LTCFs participate in infection prevention and control assessments, including mandating infection prevention and control assessments at all nursing homes with more than 3 positive staff residents in the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support routine testing.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions declining, and additional testing capacity is available.
- Specific, detailed guidance on community mitigation measures can be found on the DHSS website.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analysis. In addition, hospitals explicitly identified by state/region as those from which COVID-19 data were excluded from the prior reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state officials to improve reporting consistency. Continued feedback on improving these data is welcome.

COVID-19
## VIRGINIA

**STATE REPORT | 08.09.2020**

<table>
<thead>
<tr>
<th>New Cases (Rate per 100,000)</th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>7,997 (94)</td>
<td>+7.3%</td>
<td>20,436 (66)</td>
<td>375,035 (114)</td>
<td></td>
</tr>
</tbody>
</table>

| Diagnostic Test Positivity Rate | 9.7% | +0.0%* | 5.4% | 7.1% |

| Total Diagnostic Tests (Tests per 100,000) | 96,531** (1,131) | -22.0%** | 494,173** (1,602) | 4,863,237** (1,482) |

| COVID Deaths (Rate per 100,000) | 149 (2) | +43.3% | 343 (1) | 7,261 (2) |

| SNFs with at Least One Resident COVID-19 Case | 10.1% | +1.5%* | 8.7% | 12.1% |

---

*Indicates absolute change in percentage points.

**Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

### DATA SOURCES

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**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

**Testing:** State-level values calculated by using 7-day rolling averages of reported tests. National- and state-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
# COVID-19 County and Metro Alerts

## Localities in Red Zone
- Virginia Beach-Norfolk-Newport News
- Danville
- Martinsville
- Kingsport-Bristol
- Big Stone Gap

**METRO AREA (CBSA) LAST WEEK**
- **5**

## Localities in Yellow Zone
- Washington-Arlington-Alexandria
- Richmond
- Lynchburg
- Roanoke
- Charlottesville
- Harrisonburg
- Blacksburg-Christiansburg
- Bluefield

**COUNTY LAST WEEK**
- **35**

### Top 12 shown (full list below)
- Virginia Beach City
- Norfolk City
- Prince William
- Chesapeake City
- Portsmouth City
- Suffolk City
- Hampton City
- Spotsylvania
- Danville City
- Pittsylvania
- Henry
- Isle of Wight

**49**

### Top 12 shown (full list below)
- Fairfax
- Chesterfield
- Henrico
- Newport News City
- Loudoun
- Richmond City
- Alexandria City
- Roanoke City
- Lynchburg City
- Stafford
- Albemarle
- James City

### All Red Counties:
- Virginia Beach City, Norfolk City, Prince William, Chesapeake City, Portsmouth City, Suffolk City, Hampton City, Spotsylvania, Danville City, Pittsylvania, Henry, Isle of Wight, Mecklenburg, Amherst, Prince George, Franklin City, Patrick, Brunswick, Smyth, Russell, Martinsville City, Wise, Scott, Southampton, Bristol City, Sussex, Galax City, Grayson, Dickenson, Radford City, Emporia City, Surry, Essex, Floyd, Cumberland

### All Yellow Counties:
- Fairfax, Chesterfield, Henrico, Newport News City, Loudoun, Richmond City, Alexandria City, Roanoke City, Lynchburg City, Stafford, Albemarle, James City, Charlottesville City, York, Bedford, Petersburg City, Roanoke, Hanover, Manassas City, Rockingham, Campbell, Washington, Fredericksburg City, Culpeper, Montgomery, Lee, Tazewell, Harrisonburg City, Greensville, Gloucester, Greene, Halifax, Orange, Carroll, Shenandoah, Franklin, Dinwiddie, Caroline, Botetourt, Fluvanna, Hopewell City, Manassas Park City, Accomack, Powhatan, Appomattox, Louisa, Colonial Heights City, Williamsburg City, Pulaski

*Localities with fewer than 10 cases last week have been excluded from these alerts.*

### Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

### Yellow Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or of those two conditions and one condition qualifying as being in the "Red Zone."

### Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

### DATA SOURCES

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/19 - 8/7.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can’t quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
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VIRGINIA
STATE REPORT | 08.09.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
VIRGINIA
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.
Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
Methods
STATE REPORT | 08.09.2020

COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

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<tr>
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<td>Percent change in new cases per 100,000 population</td>
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</tr>
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<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
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<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>10%-10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
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<td>10%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>0.5%-5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES
- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths: County-level data from USAFacts as of 15:15 EDT on 08/09/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.
- Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and rescaled. Last week data are from 7/30 to 8/5; previous week data are from 7/23 to 7/29. HHS Protect data is recent as of 14:00 EDT on 08/09/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
- Mobility: Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 8/7/2020.
- Hospitalizations: Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.
- Skilled Nursing Facilities: National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- Washington is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- Washington has seen an increase in new cases and a decrease in test positivity over the past week.
- Increased cases were noted in most counties of the state. However, increased numbers of counties in eastern Washington showed evidence of widespread community transmission, with very high incidence and high test positivity rates (including Adams, Chelan, Douglas, Franklin, Okanogan counties). Yakima County, where intensive measures have increased mask usage, has shown decreasing cases.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. King County, 2. Pierce County, and 3. Spokane County. These counties represent 43.9 percent of new cases in Washington.
- Washington had 76 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 113 to support operations activities from FEMA; 3 to support operations activities from ASPR; 5 to support epidemiology activities from CDC; 21 to support operations activities from USCG; 2 to support medical activities from VA; and 1 to support operations activities from VA.
- Between Aug 01-Aug 07, on average, 29 patients with confirmed COVID-19 and 81 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Washington. An average of 82 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue state masking requirement. Intensify communication to the public about disruption of business and school operations if cases continue to increase. Continue to use Yakima as an example to improve use of mitigation measures elsewhere.
- Continue measures to increase social distancing. Further measures to increase social distancing are needed in counties with continued increases and very high incidence of cases, along with very high test positivity rates.
- Ensure that all business retailers and personal services require masks and can safely social distance, as stated in Proclamation 20-25.6.
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all members of positive households are individually tested within 24 hours.
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates and increase community level testing.
- Move to community-led neighborhood testing and work with local community groups to increase access to testing.
- Continue to surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analysis. In addition, hospitals explicitly identified by state departments of health from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital list and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.
## Washington State Report | 08.09.2020

<table>
<thead>
<tr>
<th></th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New Cases (Rate per 100,000)</strong></td>
<td>5,811 (76)</td>
<td>+16.7%</td>
<td>11,708 (82)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td><strong>Diagnostic Test Positivity Rate</strong></td>
<td>5.1%</td>
<td>-0.7%*</td>
<td>6.5%</td>
<td>7.1%</td>
</tr>
<tr>
<td><strong>Total Diagnostic Tests (Tests per 100,000)</strong></td>
<td>84,050** (1,104)</td>
<td>+0.4%**</td>
<td>190,248** (1,326)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td><strong>COVID Deaths (Rate per 100,000)</strong></td>
<td>110 (1)</td>
<td>+44.7%</td>
<td>183 (1)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td><strong>SNFs with at Least One Resident COVID-19 Case</strong></td>
<td>8.5%</td>
<td>+1.3%*</td>
<td>7.6%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* * Indicates absolute change in percentage points.  
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

### Data Sources

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.  

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.  

**Testing:** State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data is inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.  

**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.  

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
## COVID-19 COUNTY AND METRO ALERTS*

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>METRO AREA (CBSA) LAST WEEK</strong></td>
<td><strong>COUNTY LAST WEEK</strong></td>
</tr>
<tr>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Kennewick-Richland</td>
<td>Spokane-Spokane Valley</td>
</tr>
<tr>
<td>Yakima</td>
<td>Walla Walla</td>
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<tr>
<td>Wenatchee</td>
<td>Shelton</td>
</tr>
<tr>
<td>Moses Lake</td>
<td>Ellensburg</td>
</tr>
<tr>
<td>Othello</td>
<td>Pullman</td>
</tr>
<tr>
<td><strong>7</strong></td>
<td><strong>10</strong></td>
</tr>
<tr>
<td>Yakima</td>
<td>Pierce</td>
</tr>
<tr>
<td>Franklin</td>
<td>Spokane</td>
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<tr>
<td>Chelan</td>
<td>Benton</td>
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<tr>
<td>Okanogan</td>
<td>Douglas</td>
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<tr>
<td>Grant</td>
<td>Walla Walla</td>
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<tr>
<td>Adams</td>
<td>Mason</td>
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<tr>
<td>Lincoln</td>
<td>Kittitas</td>
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<tr>
<td></td>
<td>Whitman</td>
</tr>
<tr>
<td></td>
<td>Pacific</td>
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<td></td>
<td>Ferry</td>
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**Note:** Top 12 locations are selected based on the highest number of new cases in the last three weeks.

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
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- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
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Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
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POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
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WASHINGTON
STATE REPORT | 08.09.2020

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WASHINGTON
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

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National Picture

NEW CASES PER 100,000 LAST WEEK

DATA SOURCES

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## Methods

### STATE REPORT | 08.09.2020

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<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

**DATA NOTES**

- Some states may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

- **Cases and deaths:** County-level data from USAFacts as of 15:15 EDT on 08/09/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.

- **Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests result and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 7/30 to 8/5; previous week data are from 7/23 to 7/29. HHS Protect data is recent as of 14:00 EDT on 08/09/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 6/7/2020.

- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions or those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.

- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- West Virginia is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- West Virginia has seen a decrease in new cases and a decrease in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Kanawha County, 2. Monongalia County, and 3. Logan County. These counties represent 31.7 percent of new cases in West Virginia.
- West Virginia had 44 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 8 to support operations activities from FEMA; 8 to support epidemiology activities from CDC; and 23 to support operations activities from USCG.
- Between Aug 01 - Aug 07, on average, 12 patients with confirmed COVID-19 and 45 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in West Virginia. An average of 65 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies. *

RECOMMENDATIONS

- Keep statewide mask requirement in place. Work with local communities to ensure high usage rates. Identify mechanisms to assess compliance with local regulations.
- Increase messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Expand public messaging to younger demographics, using social media and other messaging platforms, to communicate changes in the local epidemic and appropriate actions that should be adopted.
- Continue ongoing efforts to build contact tracing capabilities (e.g., increase staff, training, and funding), with a focus on communities with increasing cases.
- In red and yellow zones, closing bars and reducing indoor dining at restaurants is critical to disrupt transmission.
- Message to residents that if they have vacationed in, or had visitors from, areas with high COVID-19 prevalence including the South and West of the United States, they should avoid vulnerable individuals; remain socially distanced and masked when around others for a minimum of 14 days; avoid indoor gatherings where social distancing and masks cannot be maintained; and get tested if anyone in their family develops symptoms. Also, message that they can transmit the virus even when asymptomatic.
- Any nursing homes with 3 or more cases of COVID in the last 3 weeks should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population.
- Protect vulnerable populations in assisted living and long-term care facilities through weekly testing of all workers and requiring masks. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place.
- Providing timely test results to individuals so they can isolate and stop the spread is critical. Implement the following to increase testing capacity and decrease turnaround times:
  - (1) For family and cohabitating households, screen entire households in a single test by pooling a sample of each member’s specimen. For households that test positive, isolate and conduct follow-up individual tests.
  - (2) Expand testing capacity in public health labs by adding shifts, including weekend shifts, to reduce turnaround times.
  - (3) Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website].

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state's infection teams from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
WEST VIRGINIA
STATE REPORT | 08.09.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES (RATE PER 100,000)</strong></td>
<td>791 (44)</td>
<td>-16.6%</td>
<td>20,436 (66)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td><strong>DIAGNOSTIC TEST POSITIVITY RATE</strong></td>
<td>3.4%</td>
<td>-0.8%*</td>
<td>5.4%</td>
<td>7.1%</td>
</tr>
<tr>
<td><strong>TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)</strong></td>
<td>37,751** (2,106)</td>
<td>+7.0%**</td>
<td>494,173** (1,602)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td><strong>COVID DEATHS (RATE PER 100,000)</strong></td>
<td>11 (1)</td>
<td>-15.4%</td>
<td>343 (1)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>3.3%</td>
<td>-1.6%*</td>
<td>8.7%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

DATA SOURCES

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting), state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 13:00 EDT on 08/08/2020.

Mobility: Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

## WEST VIRGINIA
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### COVID-19 COUNTY AND METRO ALERTS*

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mount Gay-Shamrock</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bluefield</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Washington-Arlington-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alexandria</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Mingo</td>
<td></td>
<td>Logan</td>
</tr>
<tr>
<td>Grant</td>
<td></td>
<td>Mercer</td>
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<td>Lincoln</td>
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<td>Wayne</td>
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<tr>
<td></td>
<td></td>
<td>McDowell</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Boone</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wyoming</td>
</tr>
</tbody>
</table>

* Localities with fewer than 10 cases last week have been excluded from these alerts.

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

**Yellow Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”

**Note:** Top 12 locations are selected based on the highest number of new cases in the last three weeks.

**DATA SOURCES**

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/19 - 9/7.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

SelectSub_003259
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DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
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CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.
Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
Methods
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COLOR_THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;-10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;-0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5 - 2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;-10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;-0.5%</td>
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</tbody>
</table>

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SUMMARY

- Wisconsin is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- Wisconsin has seen stability in new cases and stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Milwaukee County, 2. Waukesha County, and 3. Dane County. These counties represent 45.7 percent of new cases in Wisconsin. However, cases in Milwaukee County continued to decline last week. Elsewhere, increasing cases and high incidence are seen in multiple counties across the state.
- Virus transmission is widespread.
- Wisconsin had 100 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 10 to support operations activities from FEMA; 1 to support operations activities from CDC; and 1 to support operations activities from USCG.
- Between Aug 01 - Aug 07, on average, 95 patients with confirmed COVID-19 and 168 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Wisconsin. An average of 89 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue to promote the state masking requirement with continued strong, public messaging of its importance in avoiding disruptions to business and school operations.
- Consider further modulation of business occupancy and operating restrictions in localities where cases continue to increase.
- Continue the implementation of the state testing plan with low threshold testing and routine testing of workers in long-term care facilities.
- Continue the support of local health departments to further scale up community-led neighborhood testing in collaboration with local community groups.
- Surge testing and contact tracing resources to counties, neighborhoods, and zip codes with highest case rates.
- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and schools (K-12, community colleges).
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/region as those from which we should not expect reports were excluded from the person's reporting figures. This value may differ from those in state databases because of differences in hospital list and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
## WISCONSIN

**STATE REPORT | 08.09.2020**

<table>
<thead>
<tr>
<th></th>
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<td>-3.3%</td>
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<td>375,035 (114)</td>
</tr>
<tr>
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<td>+0.3%*</td>
<td>5.4%</td>
<td>7.1%</td>
</tr>
<tr>
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<td>-7.2%**</td>
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<tr>
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<td>4.4%</td>
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<td>7.1%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.

** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

**DATA SOURCES**

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

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**Testing:** State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.
## COVID-19 COUNTY AND METRO ALERTS*

### LOCALITIES IN RED ZONE

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Milwaukee-Waukesha</td>
</tr>
<tr>
<td></td>
<td>Racine</td>
</tr>
<tr>
<td></td>
<td>Green Bay</td>
</tr>
<tr>
<td></td>
<td>Chicago-Naperville-Elgin</td>
</tr>
<tr>
<td></td>
<td>Appleton</td>
</tr>
<tr>
<td></td>
<td>Whitewater</td>
</tr>
<tr>
<td></td>
<td>Sheboygan</td>
</tr>
<tr>
<td></td>
<td>Wausau-Weston</td>
</tr>
<tr>
<td></td>
<td>Oshkosh-Neenah</td>
</tr>
<tr>
<td></td>
<td>Minneapolis-St. Paul-Bloomington</td>
</tr>
<tr>
<td></td>
<td>La Crosse-Onalaska</td>
</tr>
<tr>
<td></td>
<td>Marinette</td>
</tr>
<tr>
<td>N/A</td>
<td>17 Top 12 shown (full list below)</td>
</tr>
</tbody>
</table>

### LOCALITIES IN YELLOW ZONE

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Milwaukee</td>
</tr>
<tr>
<td></td>
<td>Waukesha</td>
</tr>
<tr>
<td></td>
<td>Racine</td>
</tr>
<tr>
<td></td>
<td>Brown</td>
</tr>
<tr>
<td></td>
<td>Kenosha</td>
</tr>
<tr>
<td></td>
<td>Outagamie</td>
</tr>
<tr>
<td></td>
<td>Washington</td>
</tr>
<tr>
<td></td>
<td>Walworth</td>
</tr>
<tr>
<td></td>
<td>Sheboygan</td>
</tr>
<tr>
<td></td>
<td>Winnebago</td>
</tr>
<tr>
<td></td>
<td>Ozaukee</td>
</tr>
<tr>
<td></td>
<td>Marathon</td>
</tr>
<tr>
<td>Marinette</td>
<td>34 Top 12 shown (full list below)</td>
</tr>
</tbody>
</table>

---

**All Yellow CBSAs:** Milwaukee-Waukesha, Racine, Green Bay, Chicago-Naperville-Elgin, Appleton, Whitewater, Sheboygan, Wausau-Weston, Oshkosh-Neenah, Minneapolis-St. Paul-Bloomington, La Crosse-Onalaska, Marinette, Beaver Dam, Fond du Lac, Wisconsin Rapids-Marshfield, Stevens Point, Shawano


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*Localities with fewer than 10 cases last week have been excluded from these alerts.*

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.

**Yellow Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the "Red Zone."

**Note:** Top 12 locations are selected based on the highest number of new cases in the last three weeks.

**DATA SOURCES**

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SelectSub_003249
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
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WISCONSIN
STATE REPORT | 08.09.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.
CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.
Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
## Methods

**STATE REPORT | 08.09.2020**

**COLOR_THRESHOLDS:** Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;-10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% -10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;-0.5%</td>
<td>-0.5% -0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;=10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5 -2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;-10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% -5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% -0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

**DATA NOTES**

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

- **Cases and deaths:** County-level data from USAFacts as of 15:15 EDT on 08/09/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.

- **Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests performed and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and rescaled. Last week data are from 7/30 to 8/7, previous week data are from 7/23 to 7/29. HHS Protect data is recent as of 14:00 EDT on 08/09/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 8/7/2020.

- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.

- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- Wyoming is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- Wyoming has seen a decrease in new cases and stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Teton County, 2. Laramie County, and 3. Sweetwater County. These counties represent 43.8 percent of new cases in Wyoming.
- Wyoming had 47 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 3 to support operations activities from FEMA.
- Between Aug 01 - Aug 07, on average, 10 patients with confirmed COVID-19 and 24 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Wyoming. An average of 90 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.\* 

RECOMMENDATIONS

- Promote social distancing and the use of cloth face coverings in indoor settings outside of homes, especially in yellow zone metro areas and counties.
- Cautious opening in counties with case rates below 10 per 100,000 population and test positivity below 5% is warranted. Continue public health orders in counties with elevated case rates or test positivity over 5% and clarify types of events permitted and size restrictions.
- Require face coverings and social distancing for all crowded indoor workplace settings, such as meat-packing plants; monitor and enforce compliance.
- Continue to conduct surveillance in all congregate settings; follow CDC guidance for management of COVID in conformational and detention facilities.
- Continue rigorous case investigation and innovative contact tracing (use of apps), with early isolation of known or suspected cases and quarantine of all contacts. Maintain a particular focus in cities or counties with elevated or increasing transmission and tourist areas, such as Jackson and Riverton metro areas, and in Teton, Fremont, Washakie, Uinta, Goshen, Lincoln, and Carbon counties. Level of testing in Laramie county (Cheyenne) is unclear.
- Testing is broadly insufficient; increase testing capacity by pooling specimens as described below, ensuring all public health labs are staffed and running 24/7, and requiring all universities with suitable platforms to use their equipment to expand surveillance testing for schools (K-12, community colleges) and university students. Explore public-private partnerships to broaden capacity.
- Continue to protect those in nursing homes and long-term care facilities with effective surveillance, requiring face masks for all staff, and implementing prompt screening of all residents and staff; implement isolation and quarantine measures when any new case is identified.
- If it is not fully utilized by hospital patients and staff, ensure that all hospital testing capacity is being used to support additional community, nursing home, and school (K-12) testing.
- Tribal Nations: Continue to promote social distancing and mask recommendations. Develop specific, culturally relevant education and public health messaging. Pooled testing should be instituted for multigenerational households. Spaces to provide quarantine of contacts and isolation of cases should be provided as needed.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.\*

\*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/regional systems from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.
# Wyoming State Report | 08.09.2020

<table>
<thead>
<tr>
<th></th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New Cases</strong> (Rate per 100,000)</td>
<td>273 (47)</td>
<td>-15.0%</td>
<td>8,867 (72)</td>
<td>375,035 (114)</td>
</tr>
<tr>
<td><strong>Diagnostic Test Positivity Rate</strong></td>
<td>4.4%</td>
<td>+0.0%*</td>
<td>5.6%</td>
<td>7.1%</td>
</tr>
<tr>
<td><strong>Total Diagnostic Tests</strong> (Tests per 100,000)</td>
<td>5,127** (886)</td>
<td>-29.3%**</td>
<td>177,074** (1,444)</td>
<td>4,863,237** (1,482)</td>
</tr>
<tr>
<td><strong>COVID Deaths</strong> (Rate per 100,000)</td>
<td>2 (0)</td>
<td>N/A</td>
<td>86 (1)</td>
<td>7,261 (2)</td>
</tr>
<tr>
<td><strong>SNFs with at Least One Resident COVID-19 Case</strong></td>
<td>0.0%</td>
<td>+0.0%*</td>
<td>4.9%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.

** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

## Data Sources

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</thead>
<tbody>
<tr>
<td>0</td>
<td>N/A</td>
<td>2</td>
</tr>
<tr>
<td>Jackson Riverton</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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</tr>
</thead>
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<tr>
<td>0</td>
<td>N/A</td>
<td>2</td>
</tr>
<tr>
<td>Teton Fremont</td>
<td></td>
<td></td>
</tr>
</tbody>
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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
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- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
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- Move to community-led neighborhood testing and work with local community groups to increase access to testing
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- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

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Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
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WYOMING
STATE REPORT | 08.09.2020

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Top 12 counties based on number of new cases in the last 3 weeks

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WYOMING
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

TEST POSITIVITY DURING LAST WEEK

WEEKLY % CHANGE IN NEW CASES PER 100K

WEEKLY CHANGE IN TEST POSITIVITY

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
National Picture

NEW CASES PER 100,000 LAST WEEK

TEST POSITIVITY LAST WEEK

DATA SOURCES
Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.
Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
**Methods**

**STATE REPORT | 08.09.2020**

**COLOR THRESHOLDS:** Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500 - 1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;0.5</td>
<td>0.5 - 2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>&lt;0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

**DATA NOTES**

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.

- **Cases and deaths:** County-level data from USAFacts as of 15:15 EDT on 08/09/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.

- **Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and, for last week data from 7/30 to 8/5, previous week data are from 7/23 to 7/29. HHS Protect data is recent as of 14:00 EDT on 08/09/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 8/7/2020.

- **Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 17:15 EDT on 08/09/2020.

- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.