



# ALABAMA

STATE REPORT | 08.16.2020

## SUMMARY

- Alabama is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and in the red zone for test positivity, indicating a rate above 10%.
- Nationally, Alabama was ranked 10th for most new cases per 100,000 population and 7th for highest test positivity last week.
- Testing numbers appear to be declining and must increase to ensure full asymptomatic case finding and implementation of community contact tracing.
- Alabama has seen a decrease in new cases and a decrease in test positivity over the past week. Substantial improvements are seen in the decreasing number of metros and counties in the red COVID zone and movement of the red COVID zone to yellow. Continuing the mitigation efforts will be critical to move all counties and metros into the green COVID zone. New hotspots identified in the Washington and Clark county areas.
- 7% of nursing homes in Alabama are reporting 3 or more residents with COVID-19 per week over the last 3 weeks. Continuous infection control and isolation must 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 counties represent 31.7 percent of new cases in Alabama. Virus remains widespread across urban and rural counties with some improvement in the number of red counties.
- Alabama had 163 new cases per 100,000 population in the past week, compared to a national average of 112 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; 7 to support epidemiology activities from CDC; and 1 to support operations activities from USCG.
- Between Aug 08 - Aug 14, on average, 152 patients with confirmed COVID-19 and 130 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Alabama. 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

- Statewide mitigation efforts are having an impact and continuing those will be critical until the state is in the green zone.
- Continue the scale-up of testing, moving to community-led neighborhood testing. Would not recommend a mega site for testing at the expense of geographically diverse testing. Would ask the University of Alabama at Birmingham to support the personnel needed for the "mega-site." Work with local communities to implement and provide clear guidance for households that test positive, including on individual isolation procedures.
- Continue or expand closure of establishments where social distancing and mask use cannot occur, such as bars and nightclubs.
- Continue 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-like gatherings in homes will result in continued high cases and those with comorbidities becoming infected.
- Encourage individuals that have participated in large social gatherings, birthday parties, and family gatherings to get tested and isolate themselves from family members with co-morbidities.
- Continue messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Ensure the protection of those in nursing homes, assisted living, and long-term care facilities (LTCFs) by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19; isolate all positive staff and residents. Ensure social distancing and universal facemask use. Immediately conduct infection control surveys in the 7% of nursing homes with 3 or more cases per week over the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support LTCF testing.
- 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 in need of focused public health resources.
- 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 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 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.



COVID-19

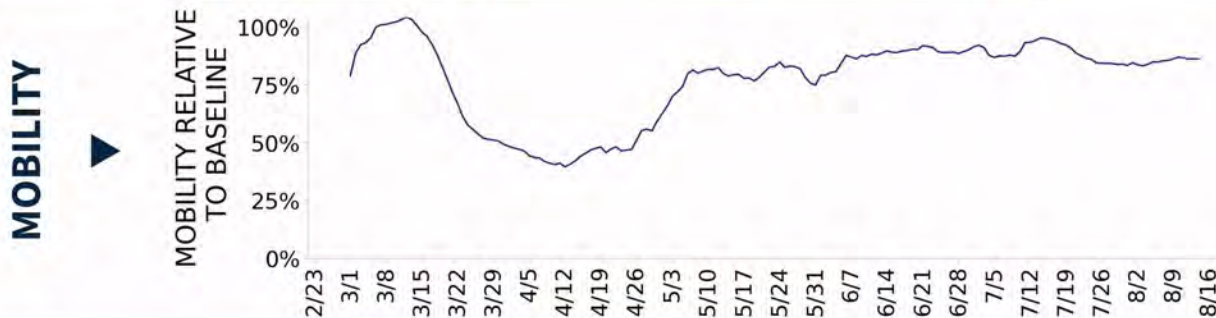




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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>8,011</b> (163)	<b>-24.3%</b>	<b>114,442</b> (171)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>10.8%</b>	<b>-3.0%*</b>	<b>11.0%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>62,322**</b> (1,271)	<b>-31.6%**</b>	<b>993,563**</b> (1,485)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>158</b> (3)	<b>+1.9%</b>	<b>2,707</b> (4)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>32.3%</b>	<b>+1.5%*</b>	<b>23.4%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





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## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK****16****Top 12 shown  
(full list  
below)**

Birmingham-Hoover  
Mobile  
Montgomery  
Daphne-Fairhope-Foley  
Anniston-Oxford  
Decatur  
Gadsden  
Dothan  
Albertville  
Talladega-Sylacauga  
Scottsboro  
Fort Payne

**10**

Huntsville  
Tuscaloosa  
Florence-Muscle Shoals  
Cullman  
Ozark  
Jasper  
Enterprise  
Alexander City  
Troy  
Eufaula

**COUNTY  
LAST WEEK****36****Top 12 shown  
(full list  
below)**

Jefferson  
Mobile  
Montgomery  
Baldwin  
Calhoun  
Etowah  
Marshall  
Morgan  
Talladega  
Houston  
Jackson  
DeKalb

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

Madison  
Tuscaloosa  
Shelby  
St. Clair  
Clarke  
Cullman  
Lauderdale  
Dale  
Walker  
Covington  
Coffee  
Pike

**All Red CBSAs:** Birmingham-Hoover, Mobile, Montgomery, Daphne-Fairhope-Foley, Anniston-Oxford, Decatur, Gadsden, Dothan, Albertville, Talladega-Sylacauga, Scottsboro, Fort Payne, Atmore, Columbus, Selma, LaGrange

**All Red Counties:** Jefferson, Mobile, Montgomery, Baldwin, Calhoun, Etowah, Marshall, Morgan, Talladega, Houston, Jackson, DeKalb, Limestone, Elmore, Escambia, Colbert, Russell, Blount, Autauga, Chilton, Franklin, Dallas, Washington, Bibb, Marion, Crenshaw, Marengo, Cherokee, Fayette, Conecuh, Perry, Hale, Bullock, Wilcox, Henry, Lowndes

**All Yellow Counties:** Madison, Tuscaloosa, Shelby, St. Clair, Clarke, Cullman, Lauderdale, Dale, Walker, Covington, Coffee, Pike, Tallapoosa, Lawrence, Clay, Chambers, Barbour, Monroe, Geneva, Pickens, Winston, Lamar, Macon, Randolph, Sumter, Choctaw

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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

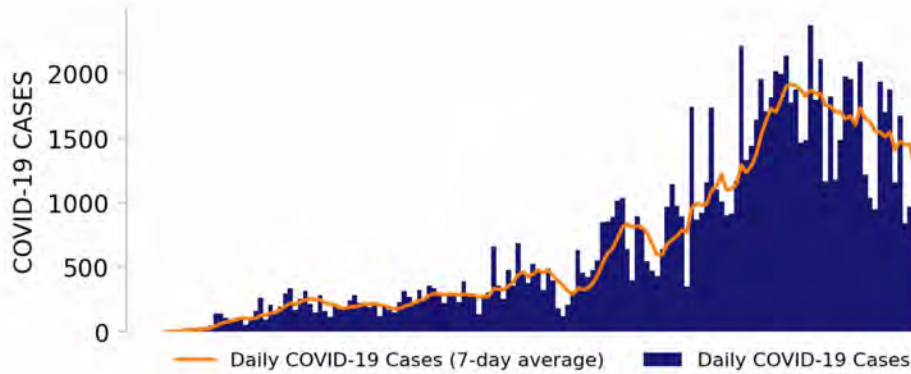




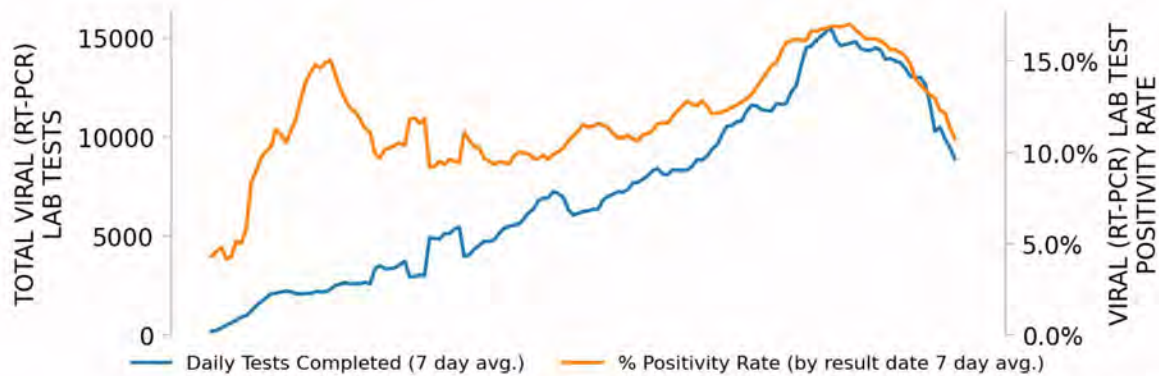
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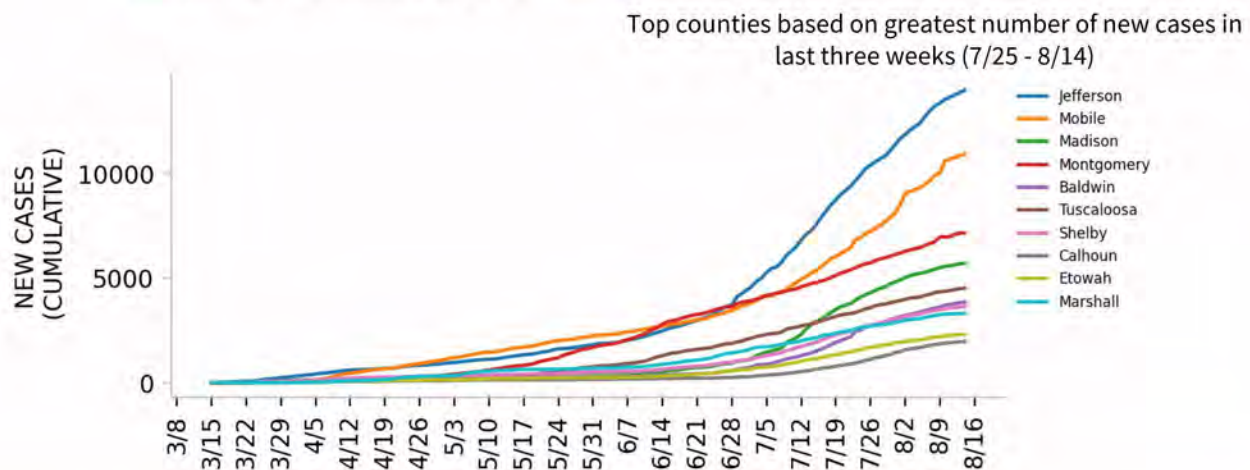
## NEW CASES



## TESTING



## TOP COUNTIES



### DATA SOURCES

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**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.

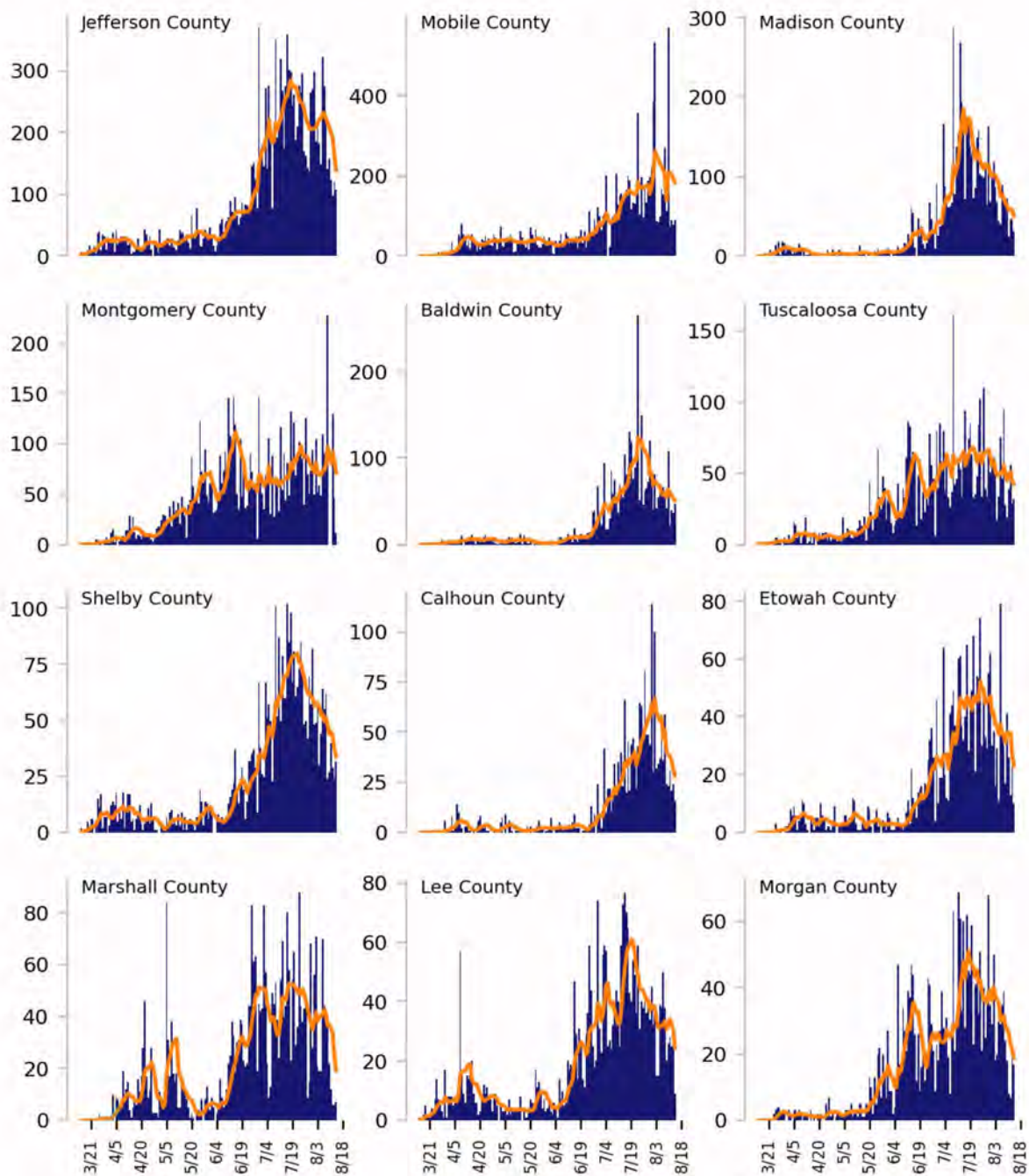




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



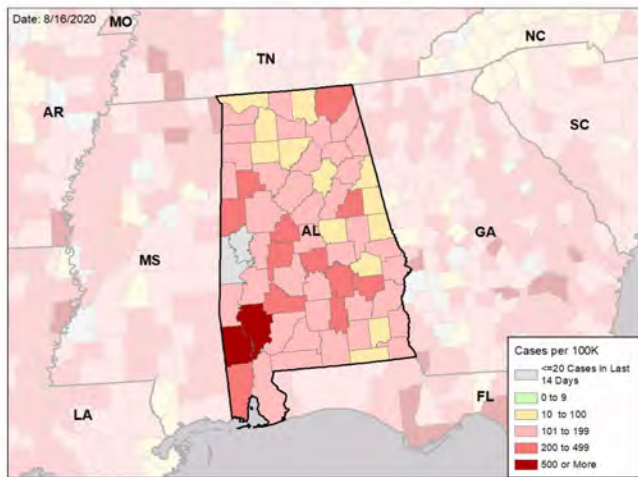


# ALABAMA

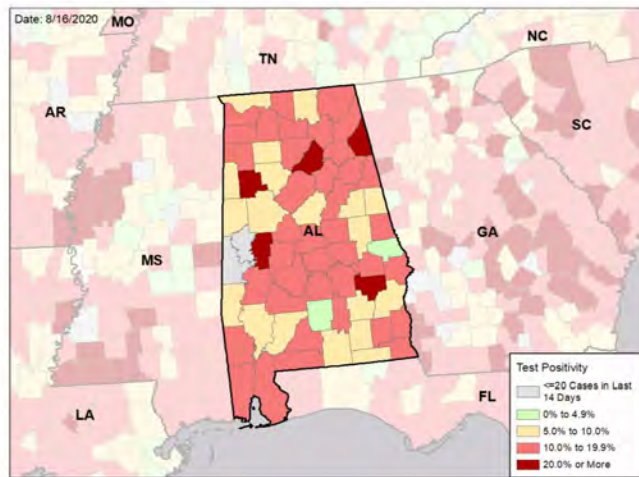
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## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

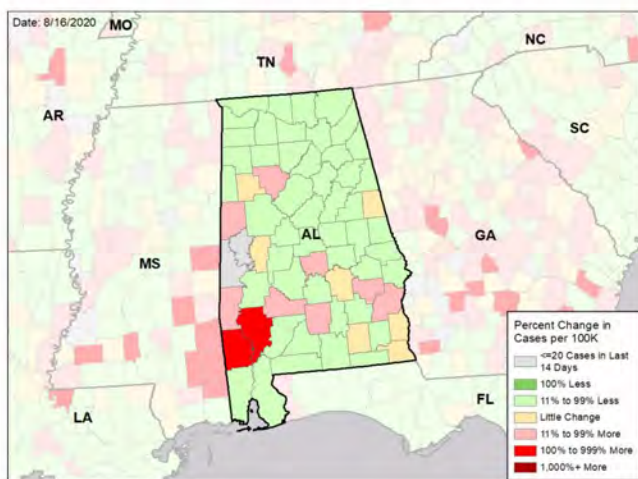
### NEW CASES PER 100,000 DURING LAST WEEK



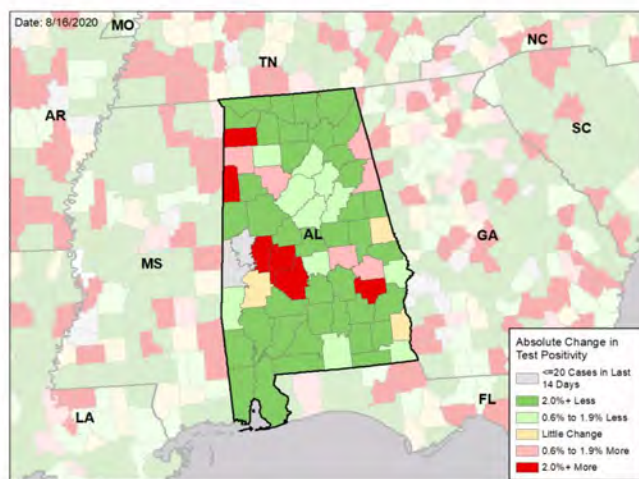
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

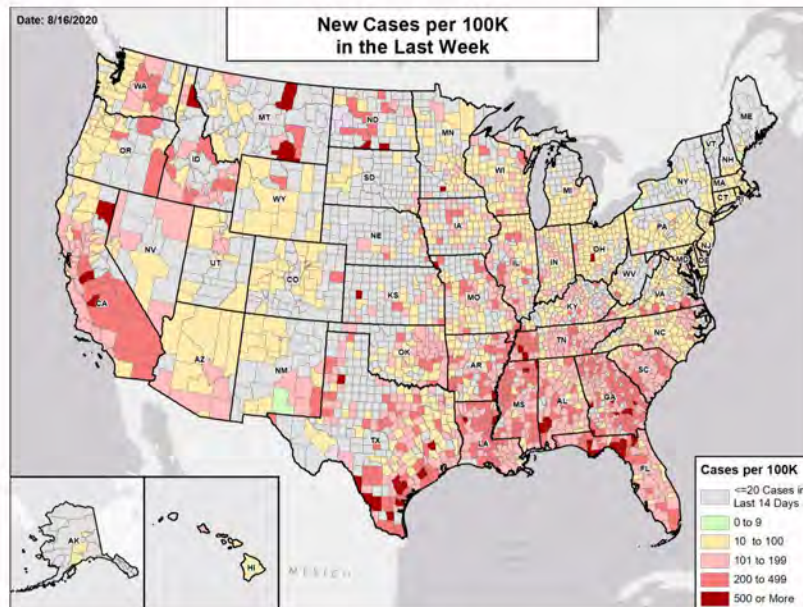
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



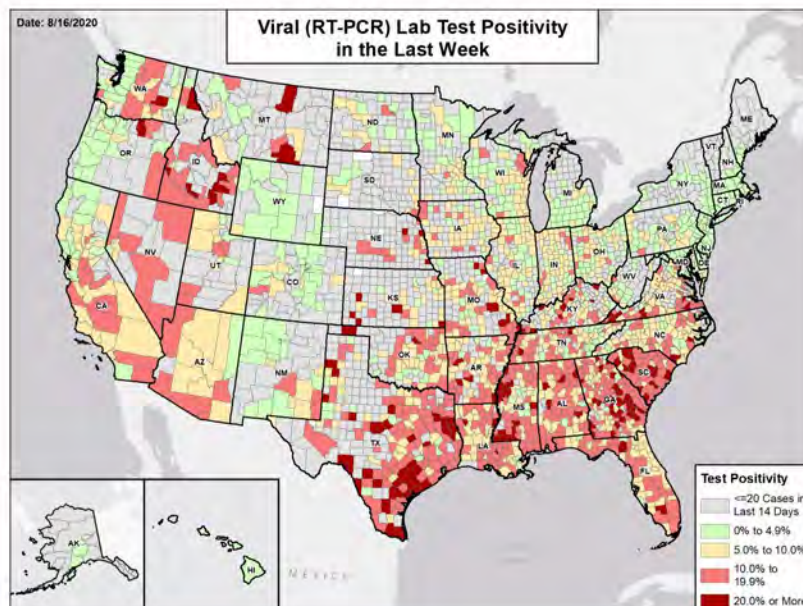


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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 | 08.16.2020

## 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%.
- Nationally, Alaska was ranked 32nd for most new cases per 100,000 population and 44th for highest test positivity last week.
- Alaska has seen stability 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 82.5 percent of new cases in Alaska.
- Alaska had 74 new cases per 100,000 population in the past week, compared to a national average of 112 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 16 to support operations activities from FEMA and 22 to support operations activities from USCG.
- Between Aug 08 - Aug 14, on average, 3 patients with confirmed COVID-19 and 9 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Alaska. An average of 63 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

- Mandate wearing of cloth face coverings outside the home, especially in indoor spaces, in Juneau, and wherever weekly case rates are increasing or exceed 10 per 100,000 population.
- Monitor implementation of social distancing and wearing of face coverings in indoor environments, especially in retail areas and crowded work environments, like seafood processing plants. Consider warnings and fines for non-adherence in places where face coverings are mandated.
- Continue widespread testing and requirement for negative test results for new arrivals to Alaska, especially as case rates in receiving areas drop below the national average.
- Expand testing in boroughs and municipalities with weekly testing rates below 1,000 per 100,000 population.
- Continue aggressive media campaigns across various media platforms emphasizing use of face coverings and social distancing in all indoor spaces.
- Continue aggressive education on the risks of COVID, particularly for older individuals and those with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Promote outdoor dining wherever possible and social distancing, with face coverings, in all indoor commercial spaces.
- 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 immediate isolation and quarantine, especially in communities with multigenerational and/or crowded households, such as tribal or indigenous communities.
- 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 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.



COVID-19

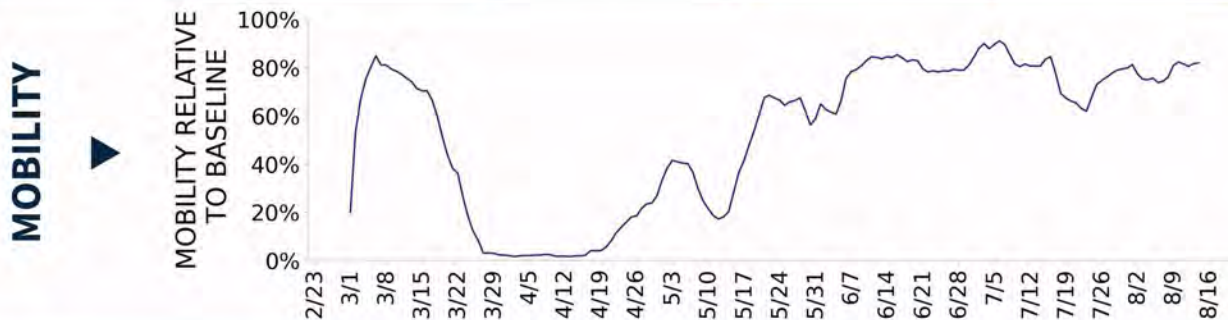




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STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>541</b> (74)	<b>-1.6%</b>	<b>10,296</b> (72)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>2.3%</b>	<b>-0.9%*</b>	<b>5.8%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>30,384**</b> (4,153)	<b>+13.9%**</b>	<b>189,408**</b> (1,320)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>2</b> (0)	<b>-33.3%</b>	<b>158</b> (1)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>0.0%</b>	<b>N/A*</b>	<b>7.3%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result totals when able to be disaggregated from serology test results and to describe borough-level totals when information is available on patients' borough 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a borough. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the borough level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# ALASKA

STATE REPORT | 08.16.2020

## COVID-19 BOROUGH AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**0**

N/A

**0**

N/A

**BOROUGH  
LAST WEEK**

**0**

N/A

**0**

N/A

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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

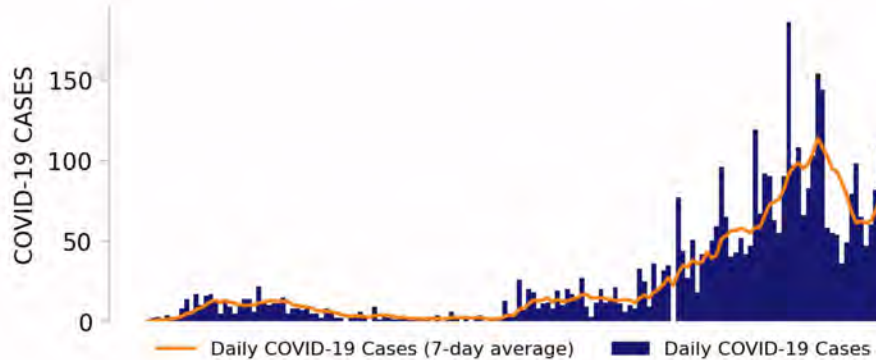




# ALASKA

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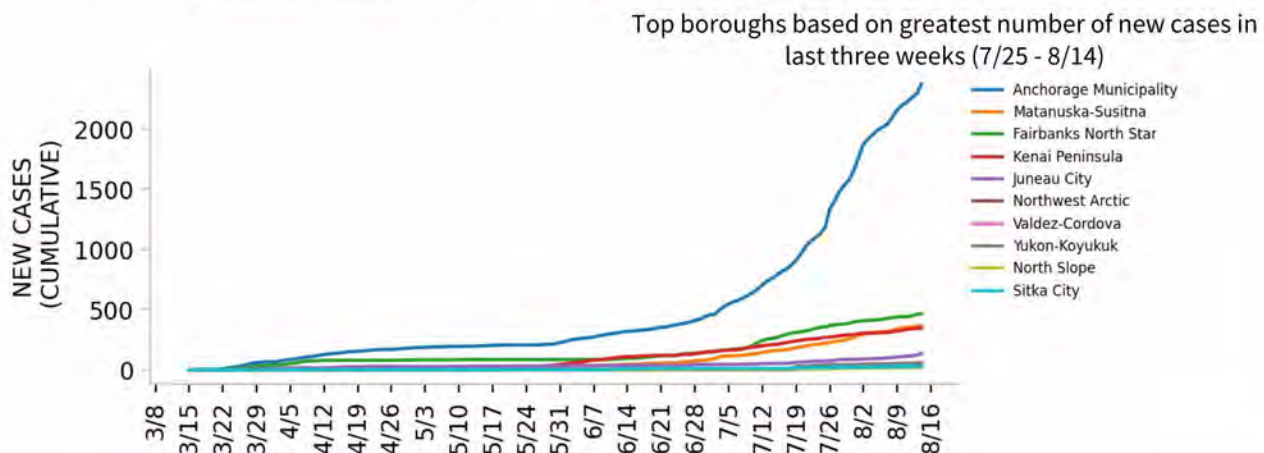
## NEW CASES



## TESTING



## TOP BOROUGHES



### 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 8/14/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.

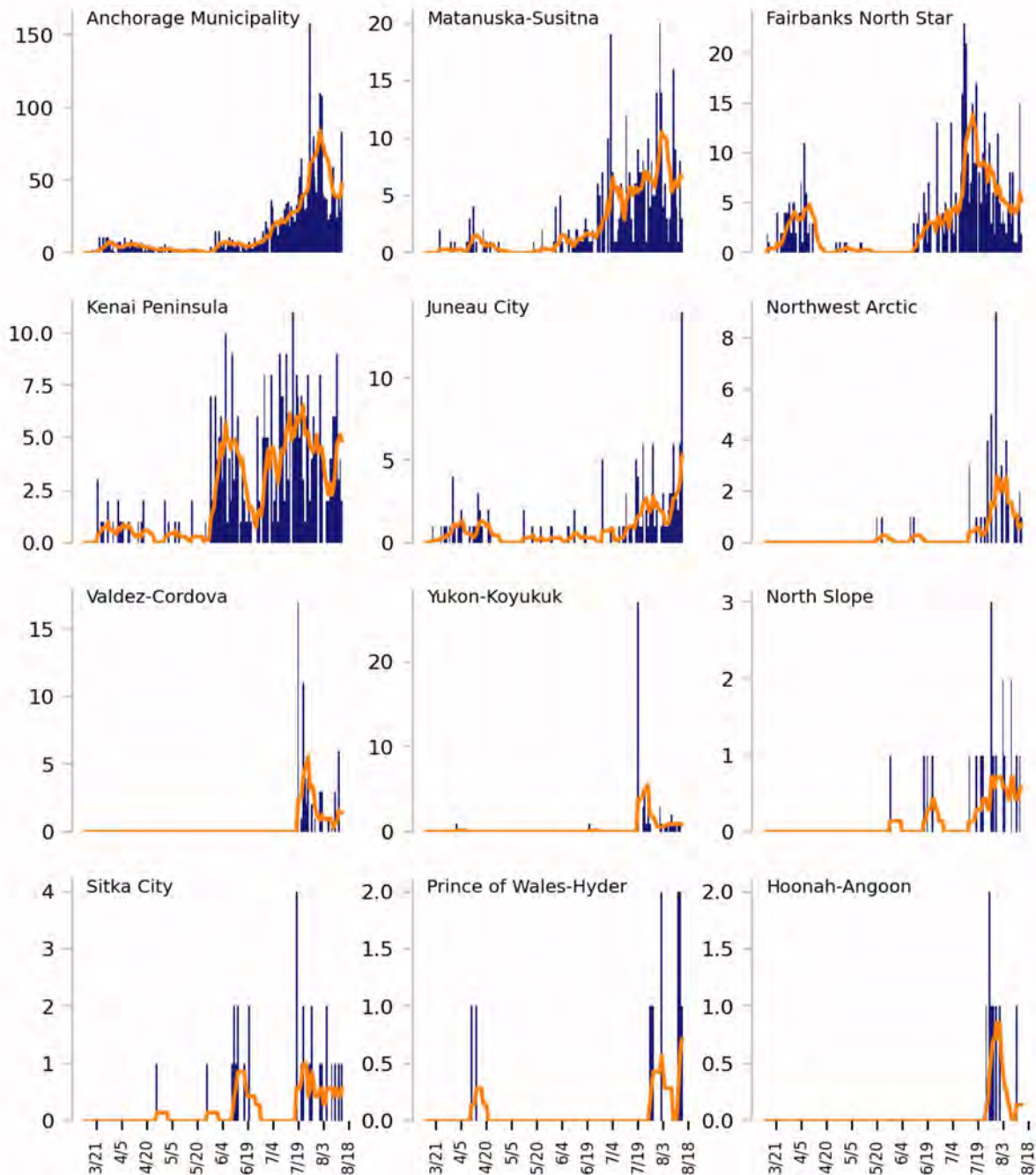




## Top 12 boroughs based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: Borough-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



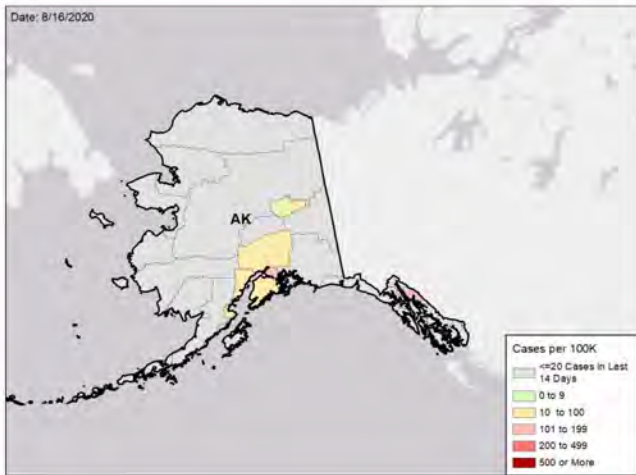


# ALASKA

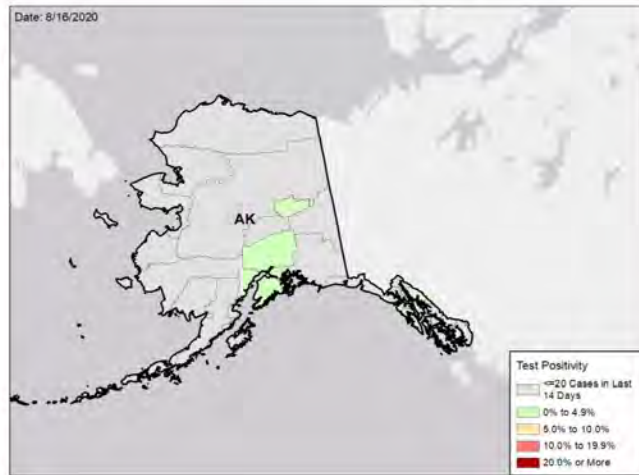
STATE REPORT | 08.16.2020

## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

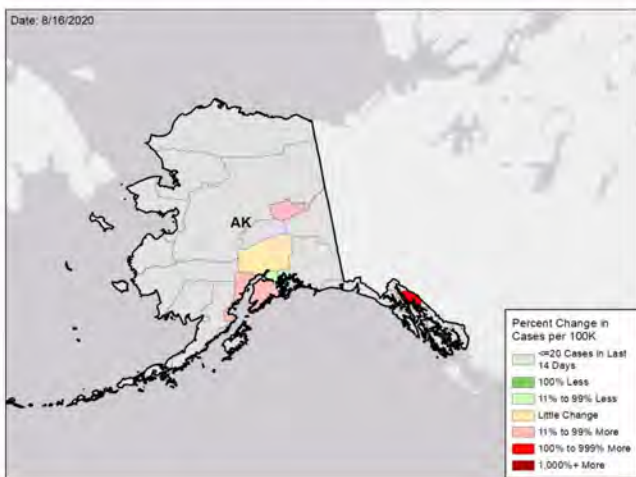
### NEW CASES PER 100,000 DURING LAST WEEK



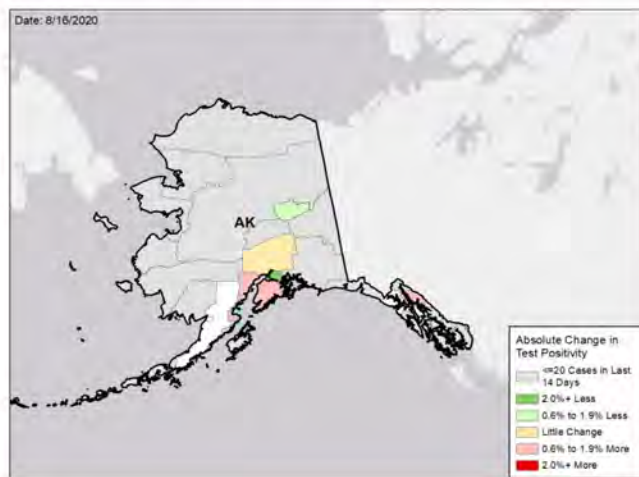
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** Borough-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

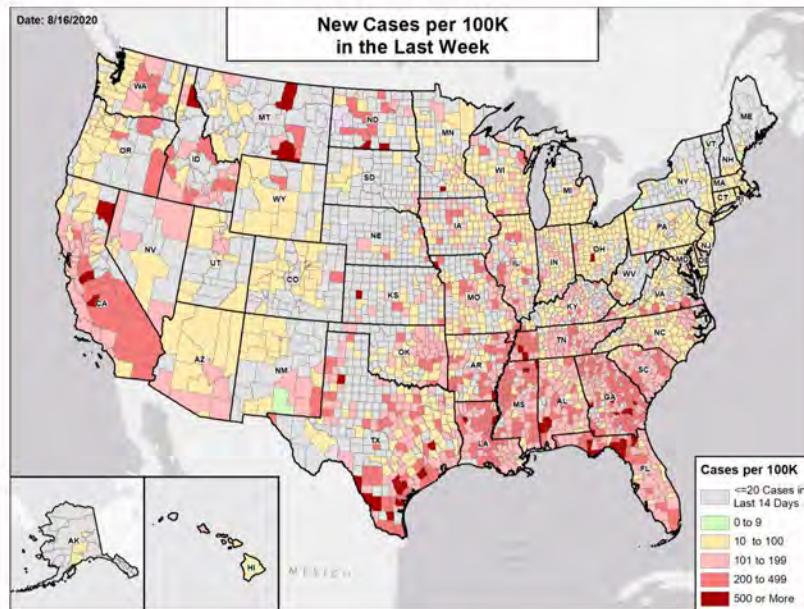
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



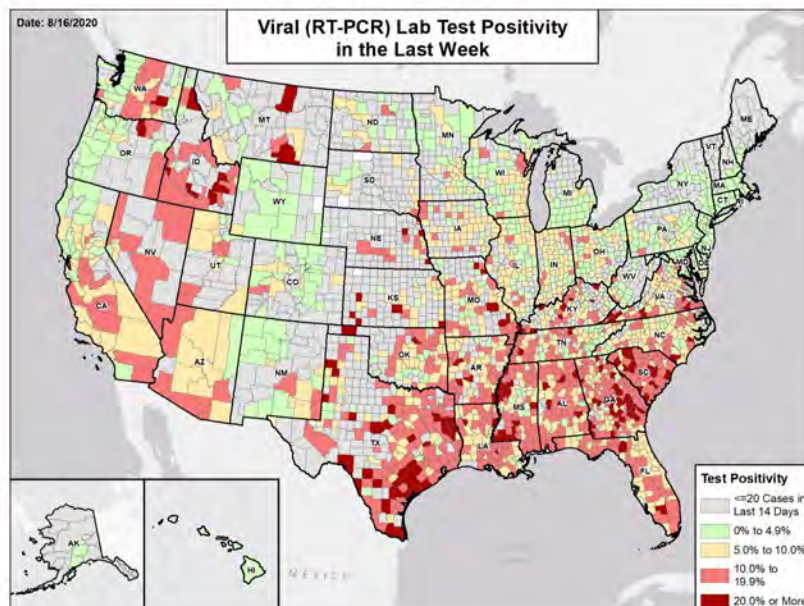


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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.





# ARIZONA

STATE REPORT | 08.16.2020

## SUMMARY

- Arizona has moved from the red zone to 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% for this week's reporting period.
- Nationally, Arizona was ranked 24th for most new cases per 100,000 population and 19th for highest test positivity last week.
- Arizona has seen a continued decrease in new cases and a decrease in test positivity over the past week due to the continued strong mitigation efforts, which need to continue aggressively until the state is in the green COVID zone.
- Testing numbers appear to be declining and must increase to ensure full asymptomatic case finding and implementation of community contact tracing.
- More counties and metros have moved from the red COVID zone to the yellow zone.
- 4% of nursing homes are reporting 3 or more COVID-19 infected residents per week over the last 3 weeks.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Maricopa County, 2. Pima County, and 3. Yuma County. These counties represent 85.3 percent of new cases in Arizona.
- Arizona had 92 new cases per 100,000 population in the past week, compared to a national average of 112 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 11 to support operations activities from FEMA; 16 to support medical activities from ASPR; 7 to support epidemiology activities from CDC; 2 to support medical activities from VA; and 1 to support operations activities from VA.
- The federal government has supported surge testing sites in Pima County, Yuma County, and Coconino County, AZ.
- Between Aug 08 - Aug 14, on average, 76 patients with confirmed COVID-19 and 148 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Arizona. An average of 57 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 mandated public use of masks in all current and evolving hotspots.
- Continue the scale-up of testing, moving to community-led neighborhood testing and pooled 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.
- Monitor testing data to identify additional sites of increased transmission and focus public health resources there. Enhance support to the Tribal Nations.
- Expand the protection of those in nursing homes, assisted living, and long-term care facilities (LTCFs) by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19 with isolation of all positive staff and residents. Ensure social distancing and universal facemask use. Immediately conduct infection control surveys in all the nursing homes with 3 or more cases per week over the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support LTCF testing.
- 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 preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Continue to enhance contact tracing and ensure the ability of cases and contacts to quarantine or isolate safely.
- Expand testing capacity in public health labs by adding shifts and weekend shifts to decrease turnaround times. Institute 3:1 or 2:1 pooling on all high throughput machines as long as turnaround times are greater than 36 hours. For families and cohabiting 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; fully utilize the ASU saliva testing capacity.
- 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.
- 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](https://www.cdc.gov/media/releases/2020/s110820-covid-community-mitigation.html).

*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 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.



COVID-19

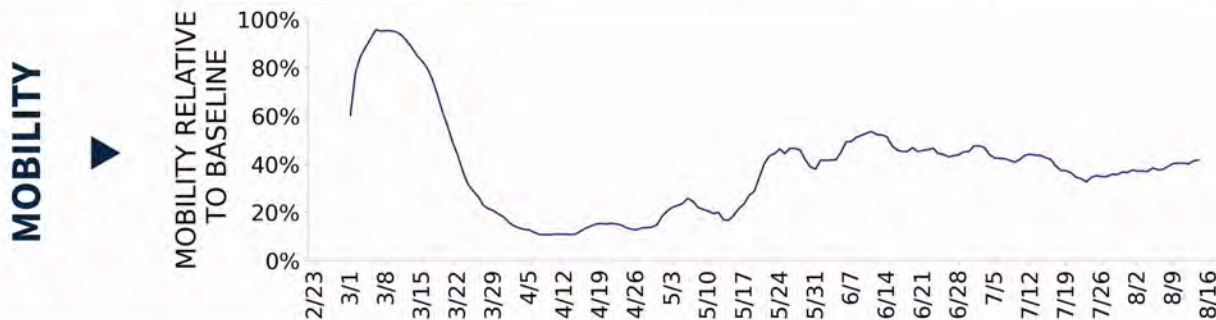




# ARIZONA

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>6,671</b> (92)	<b>-39.6%</b>	<b>78,056</b> (152)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>7.9%</b>	<b>-4.9%*</b>	<b>7.1%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>74,446**</b> (1,023)	<b>-21.8%**</b>	<b>1,130,627**</b> (2,205)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>343</b> (5)	<b>-11.6%</b>	<b>1,430</b> (3)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>23.7%</b>	<b>-4.5%*</b>	<b>14.5%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# ARIZONA

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**3**

Tucson  
Yuma  
Safford

**8**

Phoenix-Mesa-Chandler  
Lake Havasu City-Kingman  
Prescott Valley-Prescott  
Sierra Vista-Douglas  
Show Low  
Payson  
Flagstaff  
Nogales

**COUNTY  
LAST WEEK**

**3**

Pima  
Yuma  
Graham

**9**

Maricopa  
Pinal  
Mohave  
Yavapai  
Cochise  
Navajo  
Gila  
Coconino  
Santa Cruz

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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

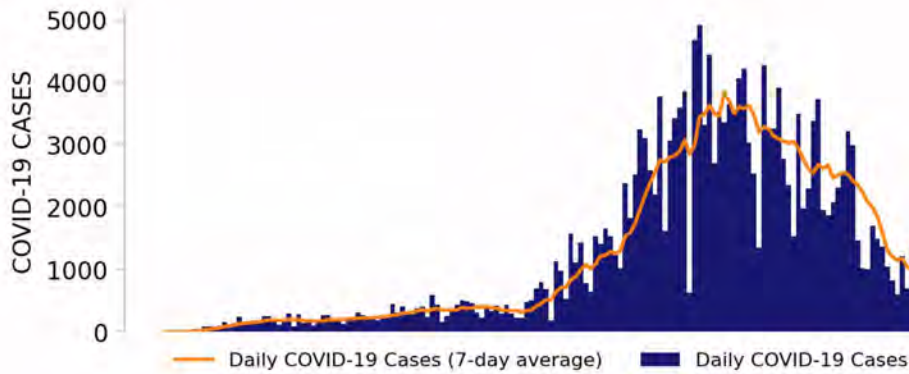




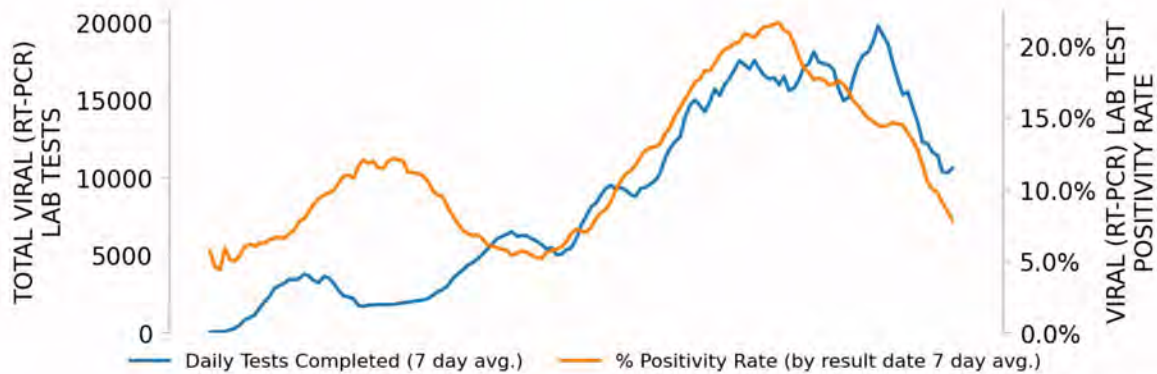
# ARIZONA

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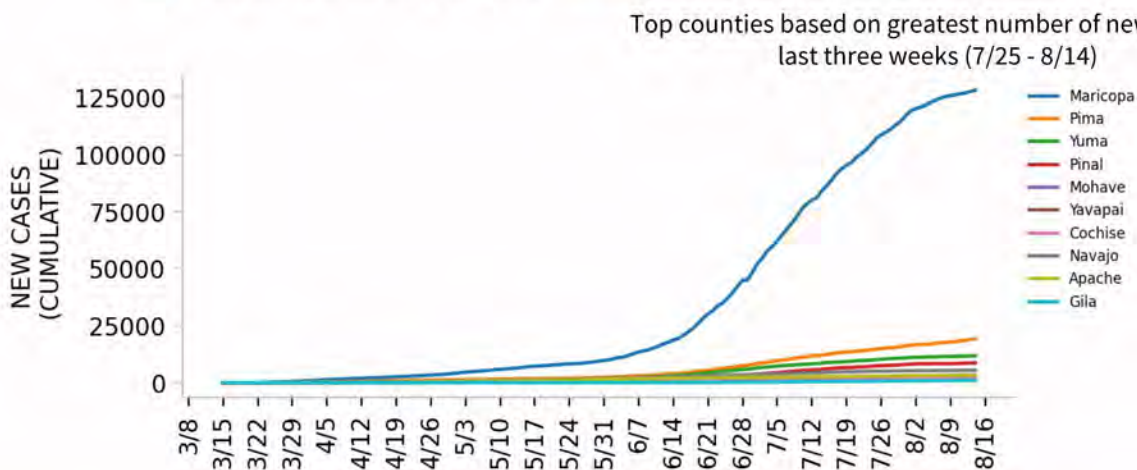
## NEW CASES



## TESTING



## TOP COUNTIES



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

### 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 8/14/2020.

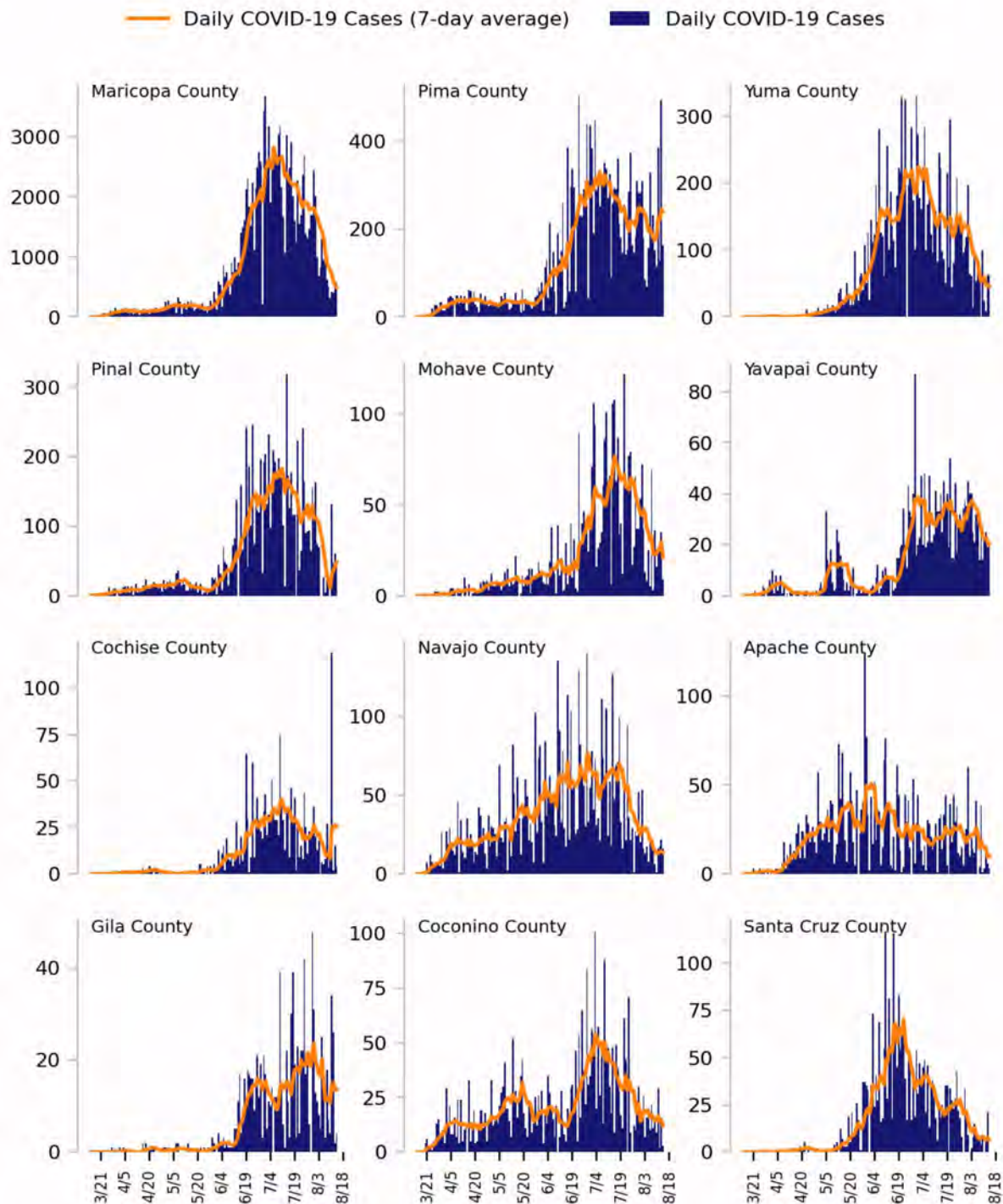
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.





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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



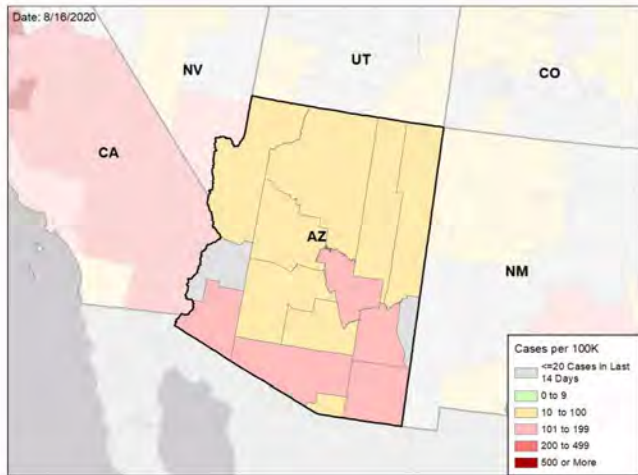


# ARIZONA

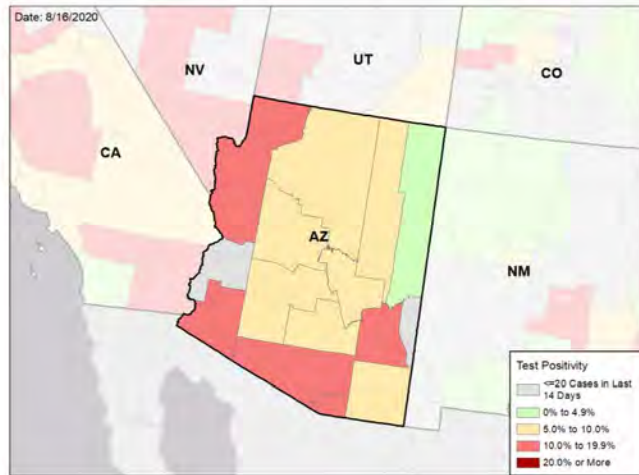
STATE REPORT | 08.16.2020

## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

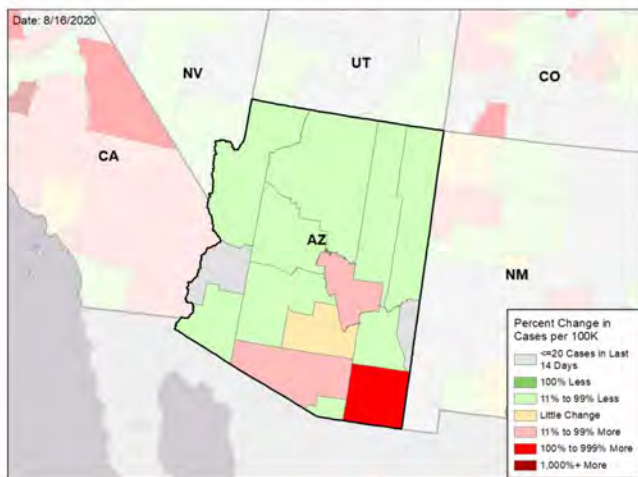
### NEW CASES PER 100,000 DURING LAST WEEK



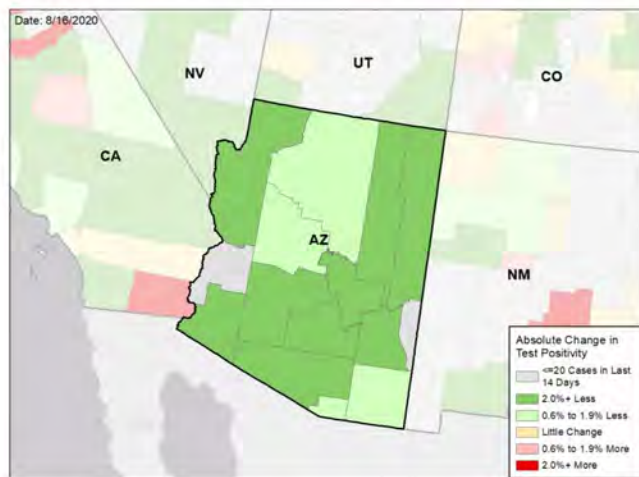
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

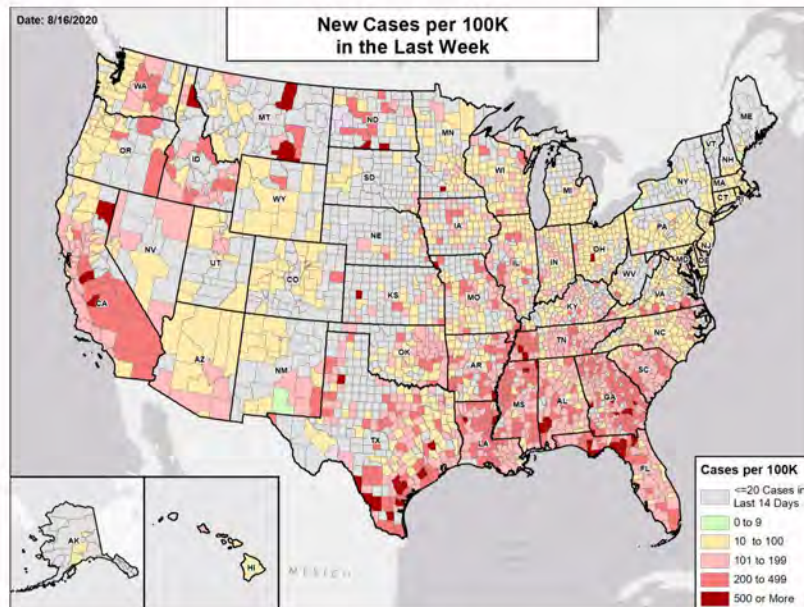
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



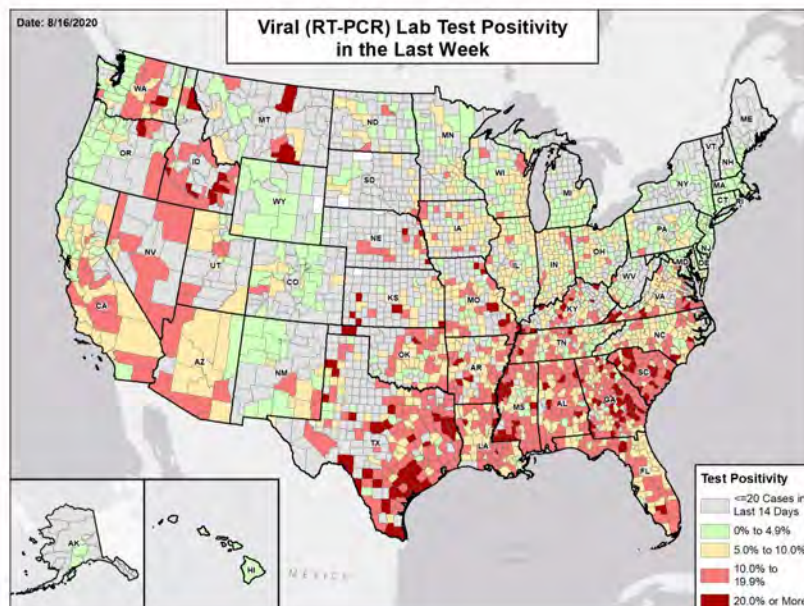


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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.





# ARKANSAS

STATE REPORT | 08.16.2020

## 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%.
- Nationally, Arkansas was ranked 12th for most new cases per 100,000 population and 8th for highest test positivity last week.
- Arkansas 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. Pulaski County, 2. Sebastian County, and 3. Washington County. These counties represent 24.7 percent of new cases in Arkansas.
- Over 75% of all counties in Arkansas have ongoing community transmission, with 37% having high levels of community transmission. Transmission is occurring in both rural and urban areas.
- Arkansas had 131 new cases per 100,000 population in the past week, compared to a national average of 112 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.
- Between Aug 08 - Aug 14, on average, 56 patients with confirmed COVID-19 and 184 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Arkansas. 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

- Ensure citizens, businesses, public health officials, hospitals, nursing homes, and schools work together to effectively implement the recommended mitigation strategies to control community transmission.
- Mask mandate should continue statewide to decrease community transmission. Bars must be closed, and indoor dining must be restricted in yellow and red zone counties and metro areas.
- 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.
- Nursing homes and public health (including epidemiology) must establish ongoing collaboration for real-time understanding of community transmission to prevent cases and deaths in nursing homes. 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. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place. Conduct on-site infection prevention reviews at nursing homes with ongoing cases and deaths.
- Message to Arkansans 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.
- Encourage individuals that have participated in large social gatherings, birthday parties, and family gatherings to get tested and isolate themselves from family members with comorbidities.
- Continue messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- To fully utilize all local testing capacity:
  - (a) Ensure the state public health lab is fully staffed and running 24/7, utilizing all platforms.
  - (b) Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
  - (c) 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 hospital admissions decline, and additional testing capacity is available.
- 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 and utilize contact tracing. Hire contact tracers and community health workers from within minority and underserved communities to ensure cultural competency to gain trust and buy-in from within the community.
- 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 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.



COVID-19

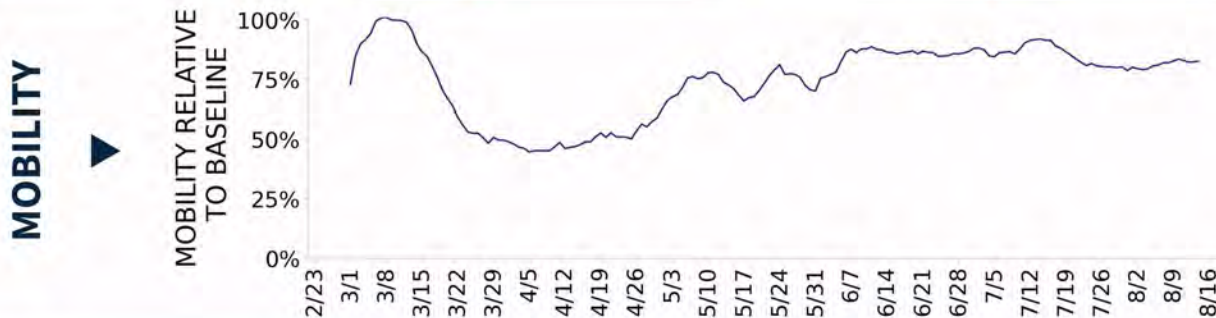




# ARKANSAS

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>3,968</b> (131)	<b>-29.1%</b>	<b>67,424</b> (158)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>10.4%</b>	<b>-0.7%*</b>	<b>10.8%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>45,260**</b> (1,500)	<b>-12.6%**</b>	<b>443,010**</b> (1,037)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>66</b> (2)	<b>-4.3%</b>	<b>1,888</b> (4)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>11.5%</b>	<b>-1.8%*</b>	<b>20.5%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# ARKANSAS

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## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**10**

Fort Smith  
Blytheville  
Hot Springs  
Russellville  
Batesville  
Memphis  
Malvern  
El Dorado  
Hope  
Helena-West Helena

**11**

Little Rock-North Little Rock-Conway  
Fayetteville-Springdale-Rogers  
Jonesboro  
Pine Bluff  
Paragould  
Texarkana  
Forrest City  
Searcy  
Harrison  
Magnolia  
Camden

**COUNTY  
LAST WEEK**

**27**

Top 12 shown  
(full list  
below)

Sebastian  
Chicot  
Mississippi  
Garland  
Independence  
Pope  
Crawford  
Hot Spring  
Logan  
Poinsett  
Union  
Ashley

**31**

Top 12 shown  
(full list  
below)

Pulaski  
Washington  
Benton  
Craighead  
Jefferson  
Saline  
Crittenden  
Faulkner  
Greene  
St. Francis  
Lonoke  
White

**All Red Counties:** Sebastian, Chicot, Mississippi, Garland, Independence, Pope, Crawford, Hot Spring, Logan, Poinsett, Union, Ashley, Howard, Sevier, Randolph, Little River, Drew, Phillips, Hempstead, Bradley, Cross, Pike, Arkansas, Cleveland, Prairie, Stone, Monroe

**All Yellow Counties:** Pulaski, Washington, Benton, Craighead, Jefferson, Saline, Crittenden, Faulkner, Greene, St. Francis, Lonoke, White, Miller, Yell, Boone, Lincoln, Desha, Franklin, Lawrence, Jackson, Carroll, Columbia, Ouachita, Polk, Scott, Grant, Cleburne, Conway, Clay, Izard, Fulton

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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

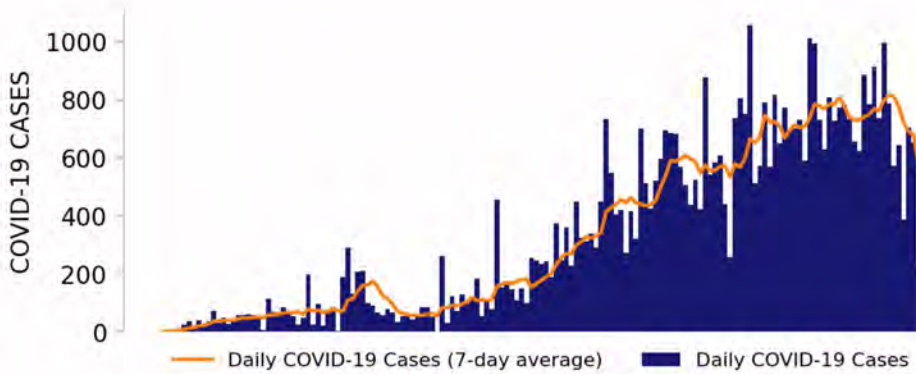




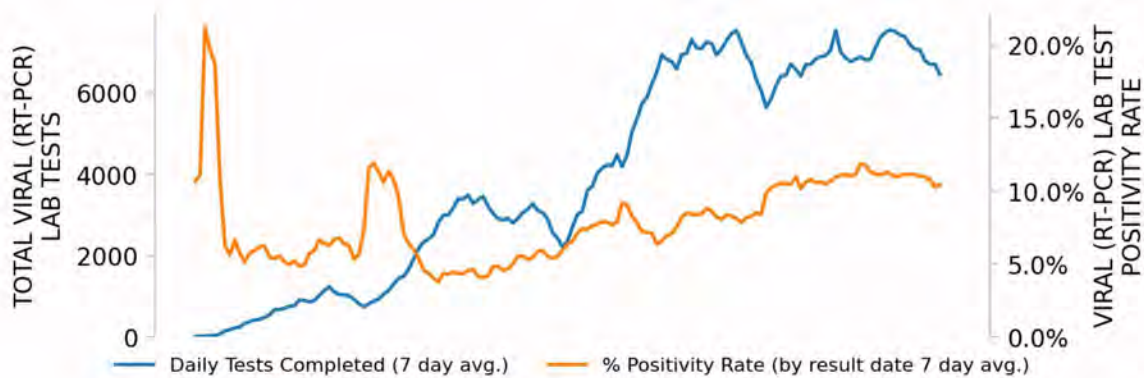
# ARKANSAS

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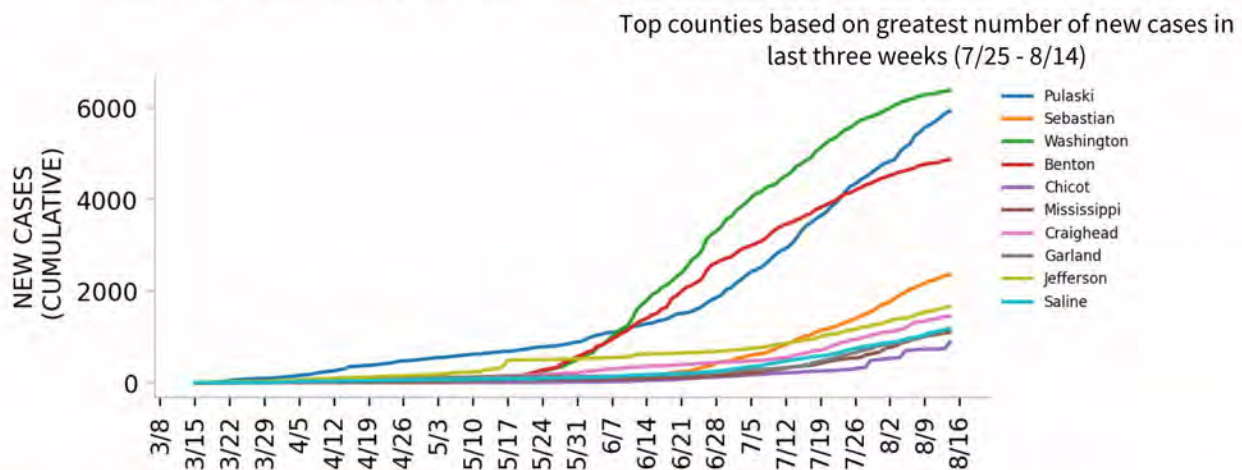
## NEW CASES



## TESTING



## TOP COUNTIES



### 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 8/14/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.

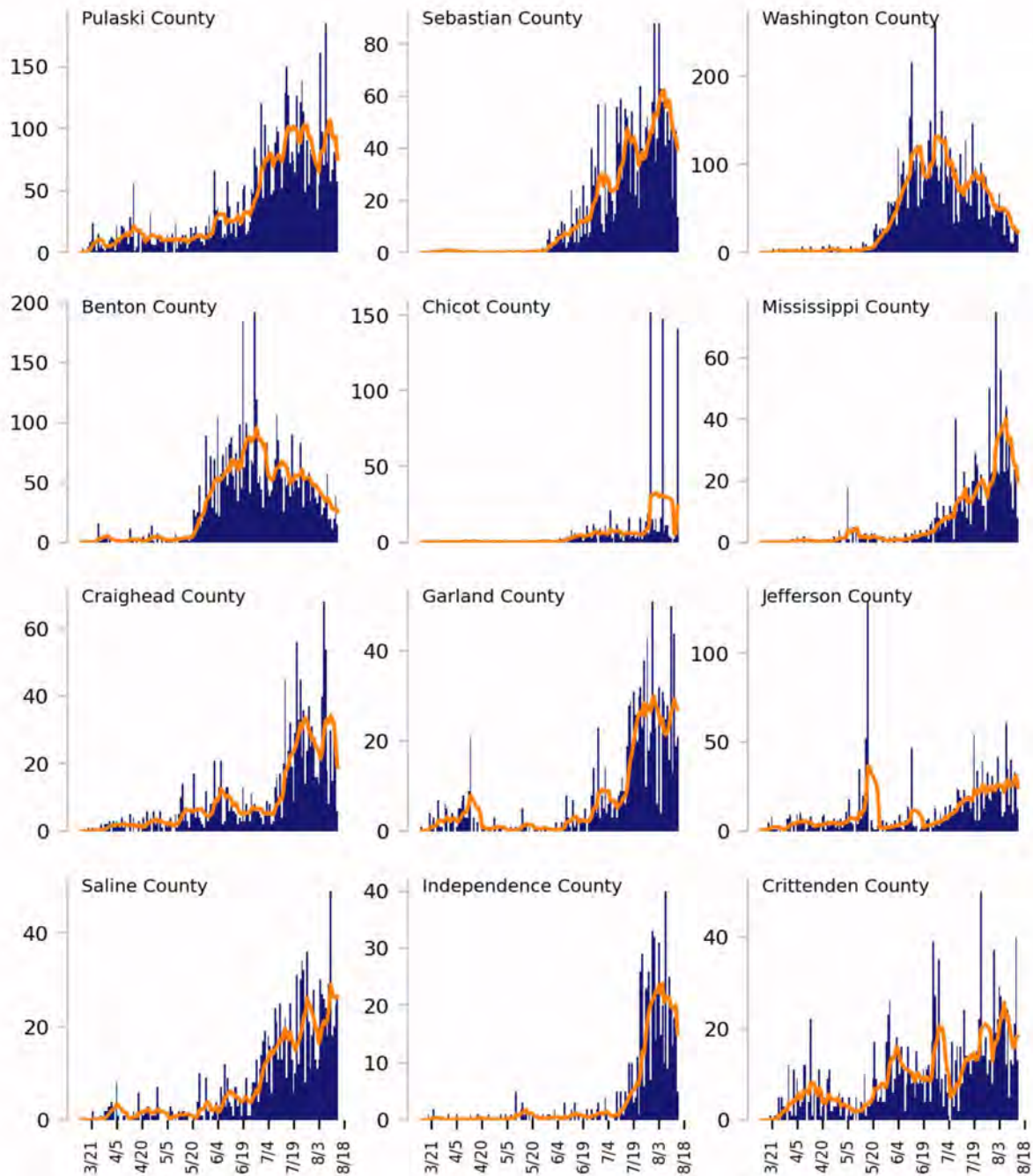




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



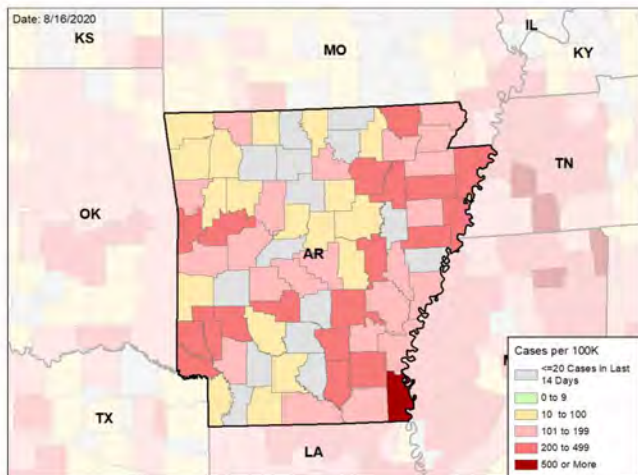


# ARKANSAS

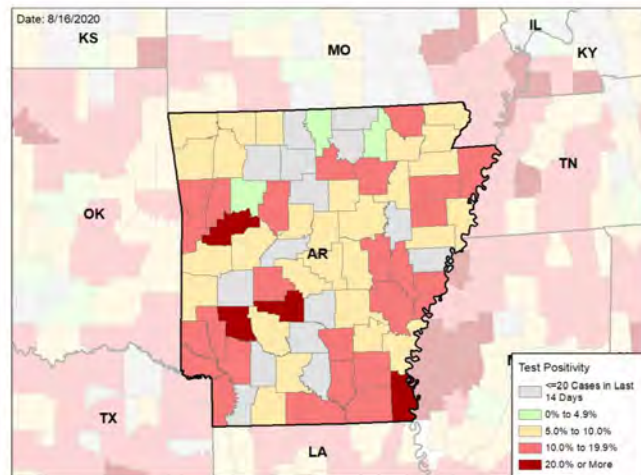
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## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

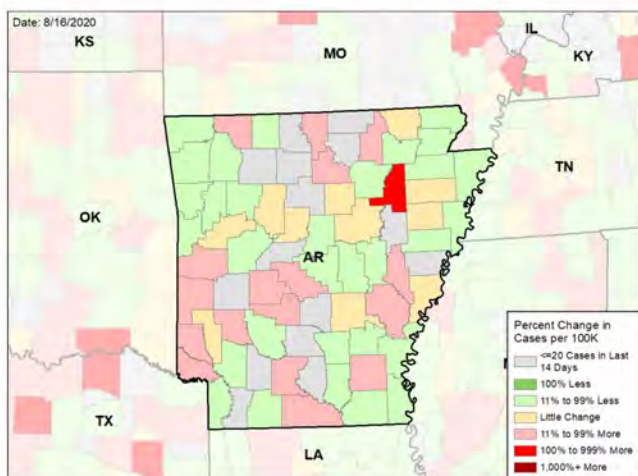
### NEW CASES PER 100,000 DURING LAST WEEK



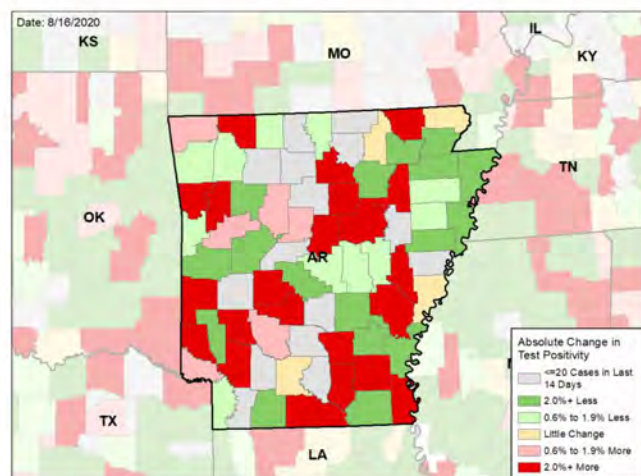
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

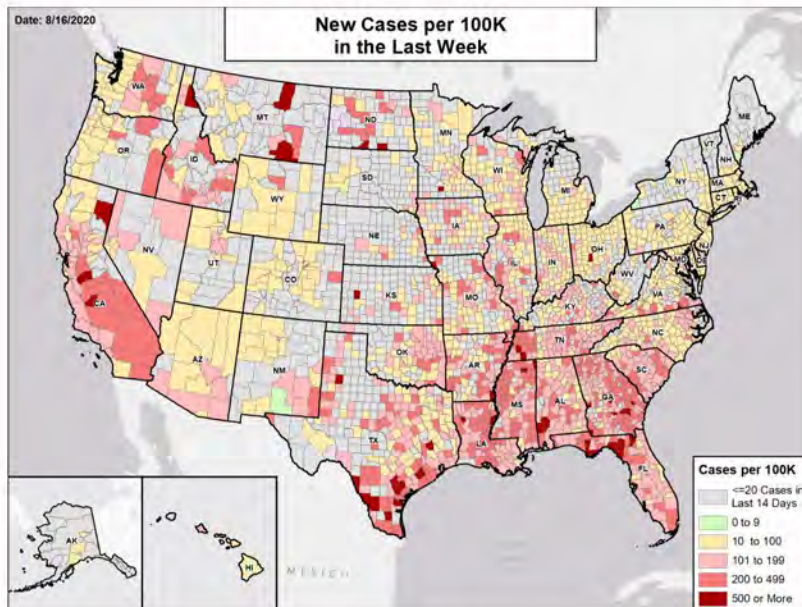
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



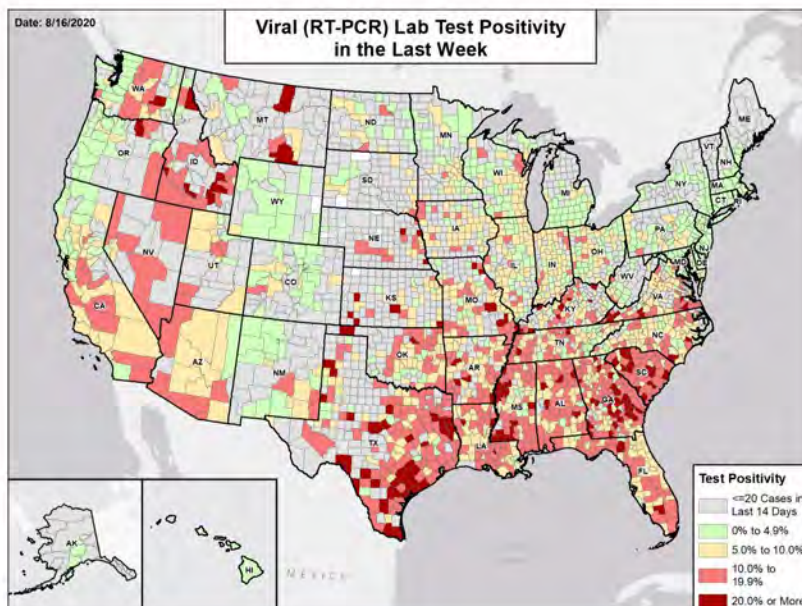


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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 | 08.16.2020

**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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 14:45 EDT on 08/16/2020.
- 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.





# CALIFORNIA

STATE REPORT | 08.16.2020

## 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%.
- Nationally, California was ranked 9th for most new cases per 100,000 population and 25th for highest test positivity last week.
- California has seen an increase in new cases and a decrease in test positivity over the past week. However, the increase in new cases is primarily the result of back-reporting of a large number of tests conducted earlier. Hospitalizations and long-term care facility cases declined last week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Los Angeles County, 2. San Bernardino County, and 3. Kern County. These counties represent 43.2 percent of new cases in California.
- Viral transmission is occurring throughout the state with continued significant variation. Cases continued to decline in most coastal Southern California counties, while remaining high in inland areas. The Central Valley continued to be the most affected region, although some counties in both the Bay Area and Northern California reported high incidence.
- In California, 29 (2.4%) long term care facilities (LTCF) reported 3 or more cases among residents for each of the last 3 weeks; 17 (1.4%) LTCF reported 3 or more cases among staff for each of the last 3 weeks.
- California had 164 new cases per 100,000 population in the past week, compared to a national average of 112 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 147 to support medical activities from DOD; 26 to support operations activities from DOD; 189 to support operations activities from FEMA; 40 to support operations activities from ASPR; 5 to support epidemiology activities from CDC; 2 to support operations activities from CDC; 264 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 08 - Aug 14, on average, 538 patients with confirmed COVID-19 and 618 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in California. An average of 64 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

- Statewide mitigation efforts are having an impact; continuing those will be critical until the state is in the green zone.
- Continue the enhanced focus on Central Valley outbreaks; the formation of the Central Valley Taskforce is commended.
- 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.
- Ensure 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; isolate all positive staff and residents. Ensure social distancing and universal facemask use. Immediately conduct infection control prevention surveys in those nursing homes with 3 or more cases for each of the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support long-term care facility testing.
- Continue with state masking mandate and develop innovative ways to monitor coverage.
- Ensure that all business retailers and personal services require masks and can safely social distance.
- Surge testing and contact tracing resources to neighborhoods and zip codes with 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 procedure.
- Continue efforts to increase testing at both public health and private laboratories.
- 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 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.



COVID-19

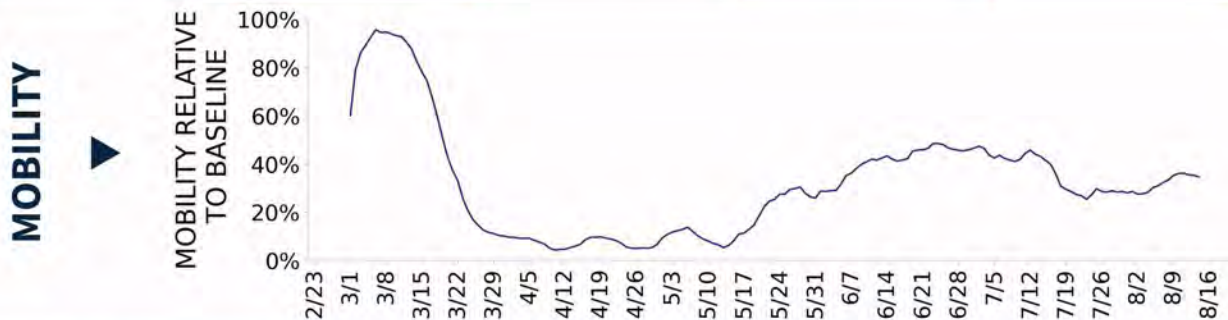




# CALIFORNIA

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>64,740</b> (164)	<b>+36.3%</b>	<b>78,056</b> (152)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>6.7%</b>	<b>-1.0%*</b>	<b>7.1%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>984,254**</b> (2,491)	<b>+45.9%**</b>	<b>1,130,627**</b> (2,205)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>952</b> (2)	<b>-2.1%</b>	<b>1,430</b> (3)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>13.5%</b>	<b>-8.8%*</b>	<b>14.5%</b>	<b>12.2%</b>



\* 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. California reports delays with state reporting systems. We understand that data shown may be incomplete or inaccurate until these delays are resolved.

**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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# CALIFORNIA

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**10**

Riverside-San Bernardino-Ontario  
Bakersfield  
Stockton  
Modesto  
Visalia  
Merced  
Salinas  
Hanford-Corcoran  
Madera  
El Centro

**10**

Los Angeles-Long Beach-Anaheim  
Sacramento-Roseville-Folsom  
Fresno  
Oxnard-Thousand Oaks-Ventura  
Santa Maria-Santa Barbara  
San Luis Obispo-Paso Robles  
Yuba City  
Susanville  
Chico  
Ukiah

**COUNTY  
LAST WEEK**

**11**

Kern  
Riverside  
San Joaquin  
Stanislaus  
Tulare  
Merced  
Monterey  
Kings  
Madera  
Imperial  
Yuba

**23**

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

Los Angeles  
San Bernardino  
Orange  
Fresno  
Sacramento  
Alameda  
Contra Costa  
Ventura  
San Mateo  
Santa Barbara  
Placer  
San Luis Obispo

**All Yellow Counties:** Los Angeles, San Bernardino, Orange, Fresno, Sacramento, Alameda, Contra Costa, Ventura, San Mateo, Santa Barbara, Placer, San Luis Obispo, Yolo, Lassen, Butte, Sutter, San Benito, Mendocino, Colusa, Glenn, Amador, Calaveras, Inyo

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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

### 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

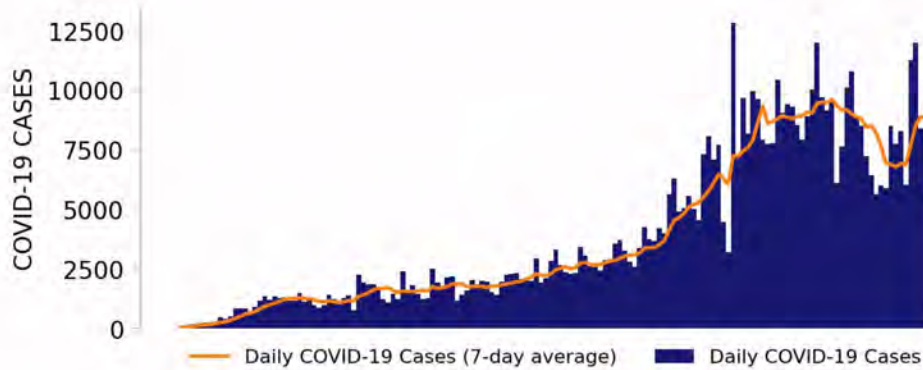




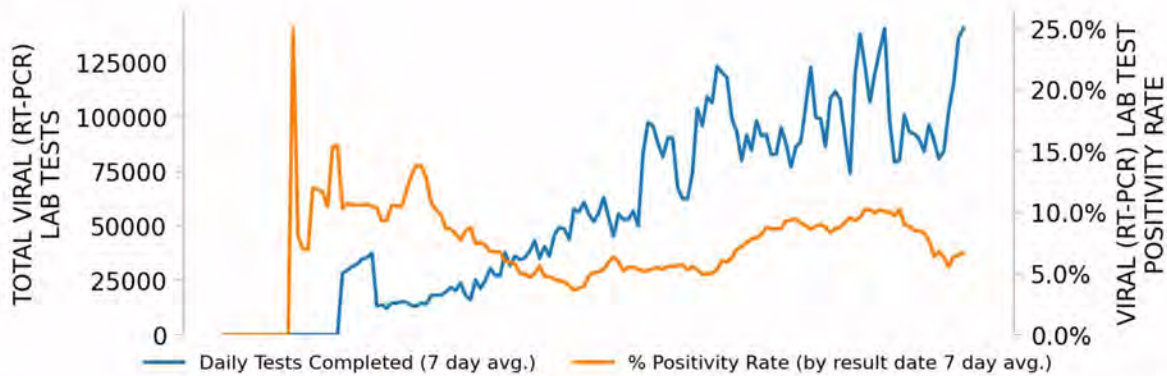
# CALIFORNIA

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## NEW CASES

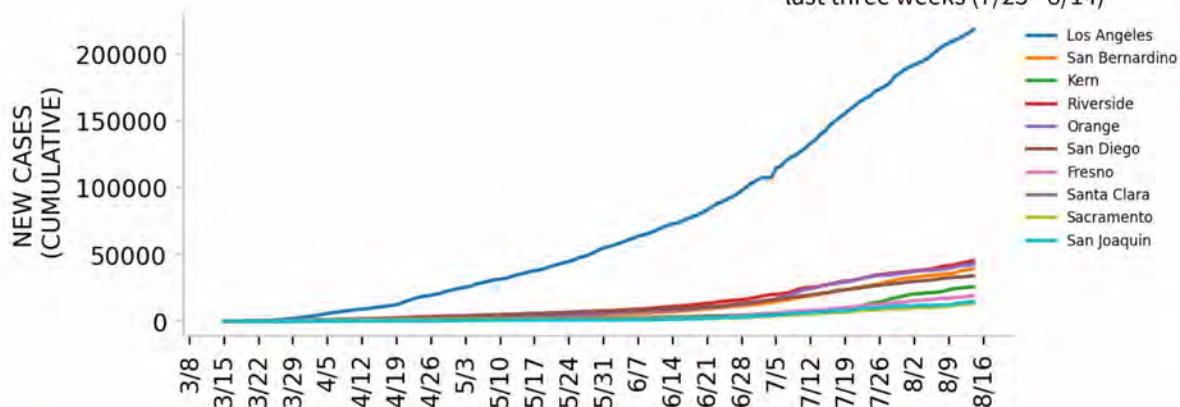


## TESTING



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP COUNTIES



### DATA SOURCES

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**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.

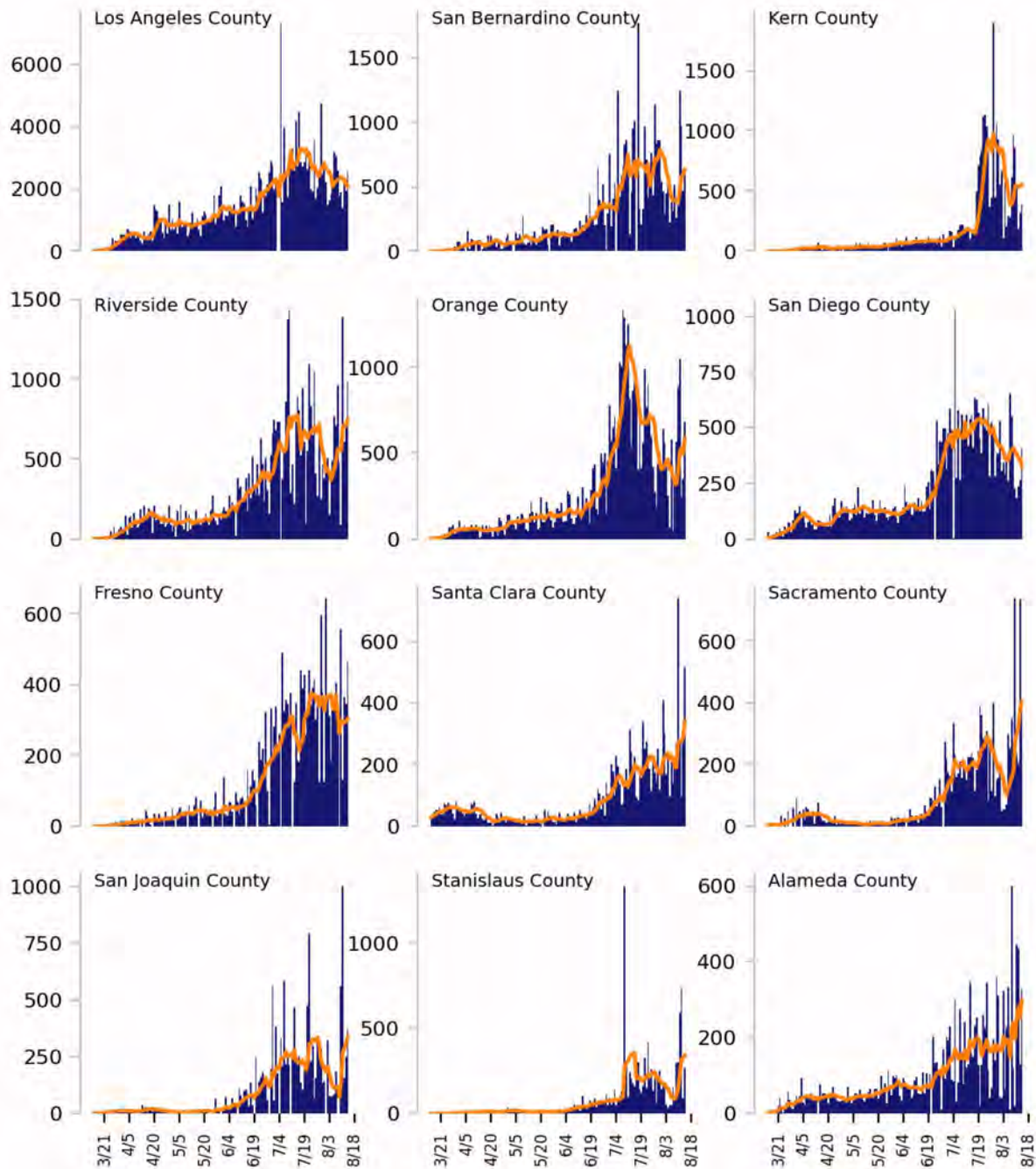




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

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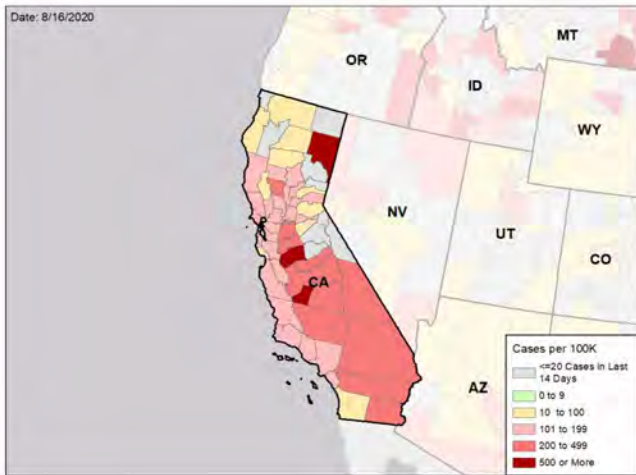


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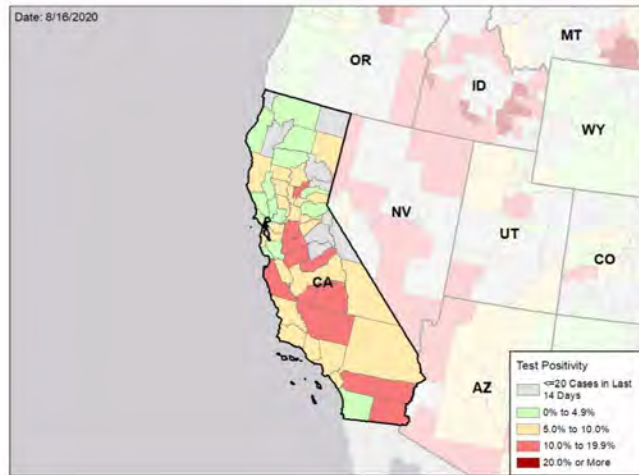
STATE REPORT | 08.16.2020

## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

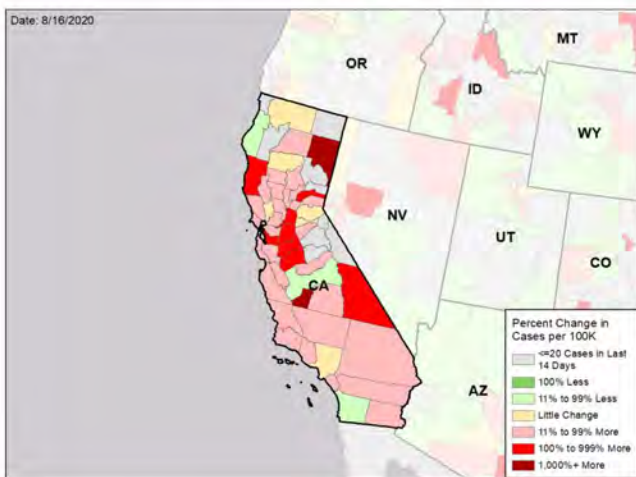
### NEW CASES PER 100,000 DURING LAST WEEK



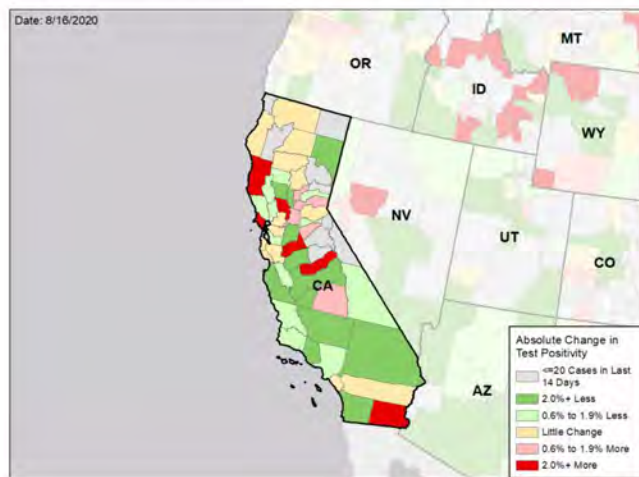
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

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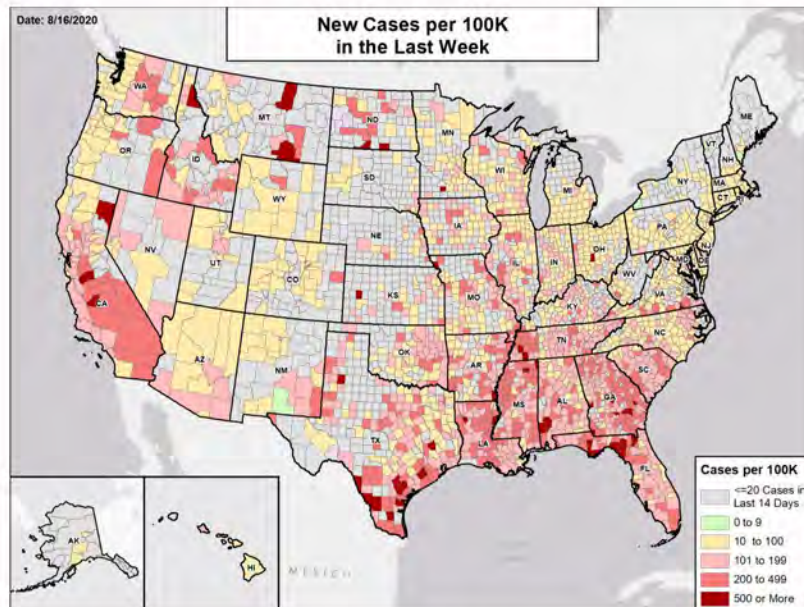
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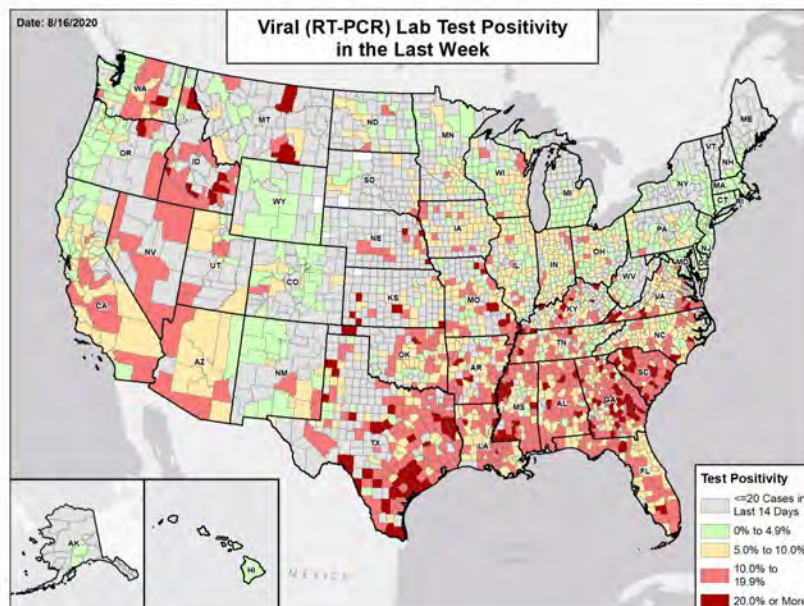


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



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# Methods

STATE REPORT | 08.16.2020

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Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
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Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
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Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case	0%	0.1%-5%	>5%
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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.





# COLORADO

STATE REPORT | 08.16.2020

## 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%.
- Nationally, Colorado was ranked 42nd for most new cases per 100,000 population and 39th for highest test positivity last week.
- Colorado has seen a decrease in new cases and a decrease in test positivity over the past week.
- Cases have decreased in a majority of counties last week. Cases remain concentrated near the Front Range urban centers, especially in Denver and Colorado Springs, with continued but decreasing incidence in counties west of these areas. 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 44.9 percent of new cases in Colorado.
- In Colorado, no long-term care facilities reported having 3 or more cases per week among either residents or staff for 3 consecutive weeks.
- Colorado had 46 new cases per 100,000 population in the past week, compared to a national average of 112 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 and 4 to support operations activities from ASPR.
- Between Aug 08 - Aug 14, on average, 39 patients with confirmed COVID-19 and 72 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Colorado. An average of 62 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

- Commend the extension of the state mask mandate into September and 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.
- Continue to increase testing at both public health and private laboratories.
- Monitor testing data to identify additional sites of increased transmission and focus public health resources on them.
- 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.
- 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).
- Protect those in nursing homes and long-term care facilities by continuing the testing programs in place. Ensure social distancing and universal mask use.
- 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 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.



**COVID-19**

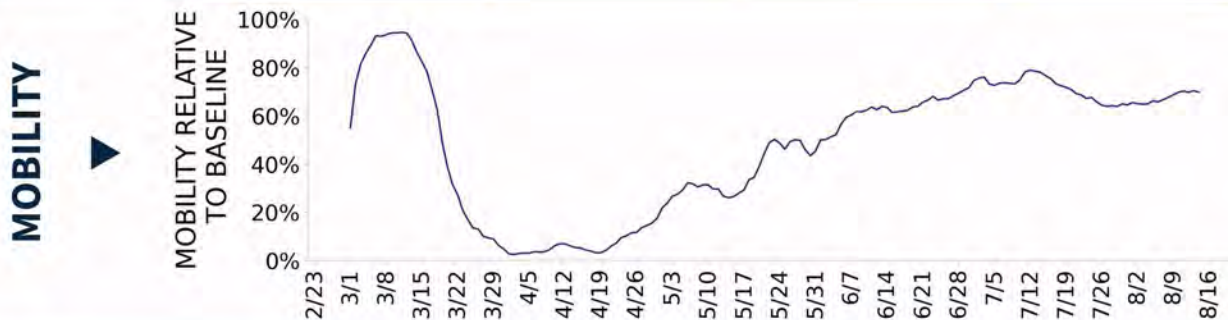




# COLORADO

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>2,643</b> (46)	<b>-14.4%</b>	<b>7,819</b> (64)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>3.5%</b>	<b>-0.9%*</b>	<b>5.2%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>64,779**</b> (1,125)	<b>-6.6%**</b>	<b>178,292**</b> (1,454)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>34</b> (1)	<b>+112.5%</b>	<b>88</b> (1)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>3.8%</b>	<b>-0.4%*</b>	<b>4.4%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# COLORADO

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK****0**

N/A

**3**Glenwood Springs  
Edwards  
Montrose**COUNTY  
LAST WEEK****0**

N/A

**8**Eagle  
Garfield  
Montrose  
Gunnison  
Teller  
Kit Carson  
San Miguel  
Prowers

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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

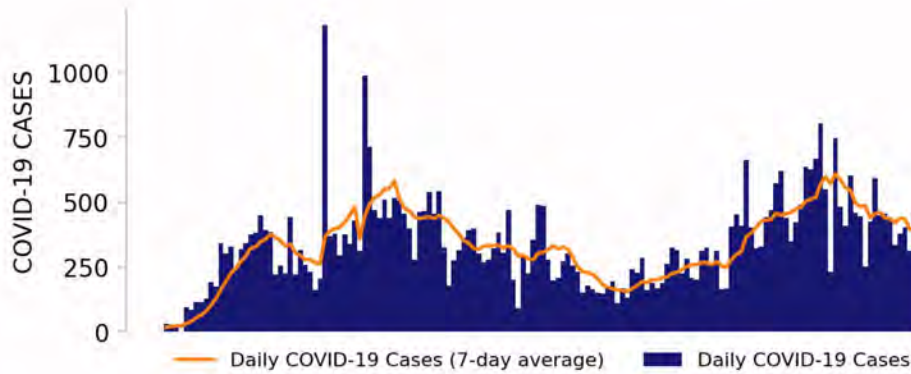




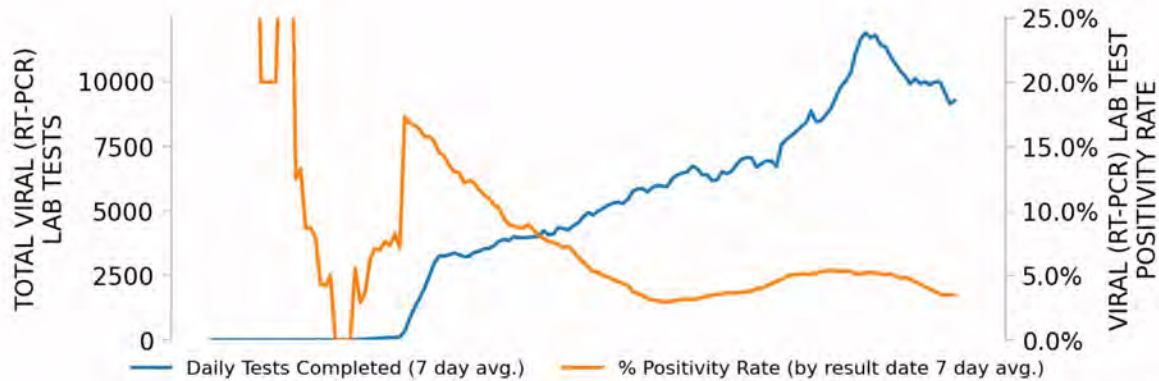
# COLORADO

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## NEW CASES

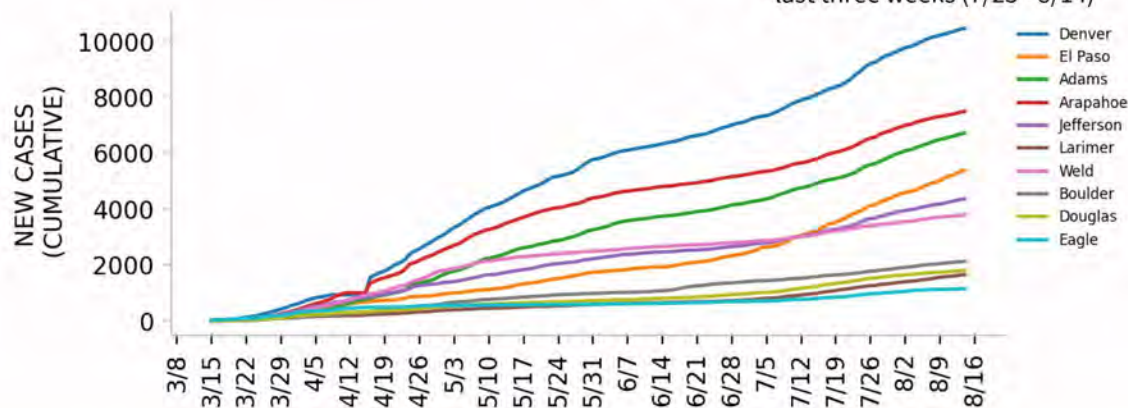


## TESTING



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP COUNTIES



### 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 8/14/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.

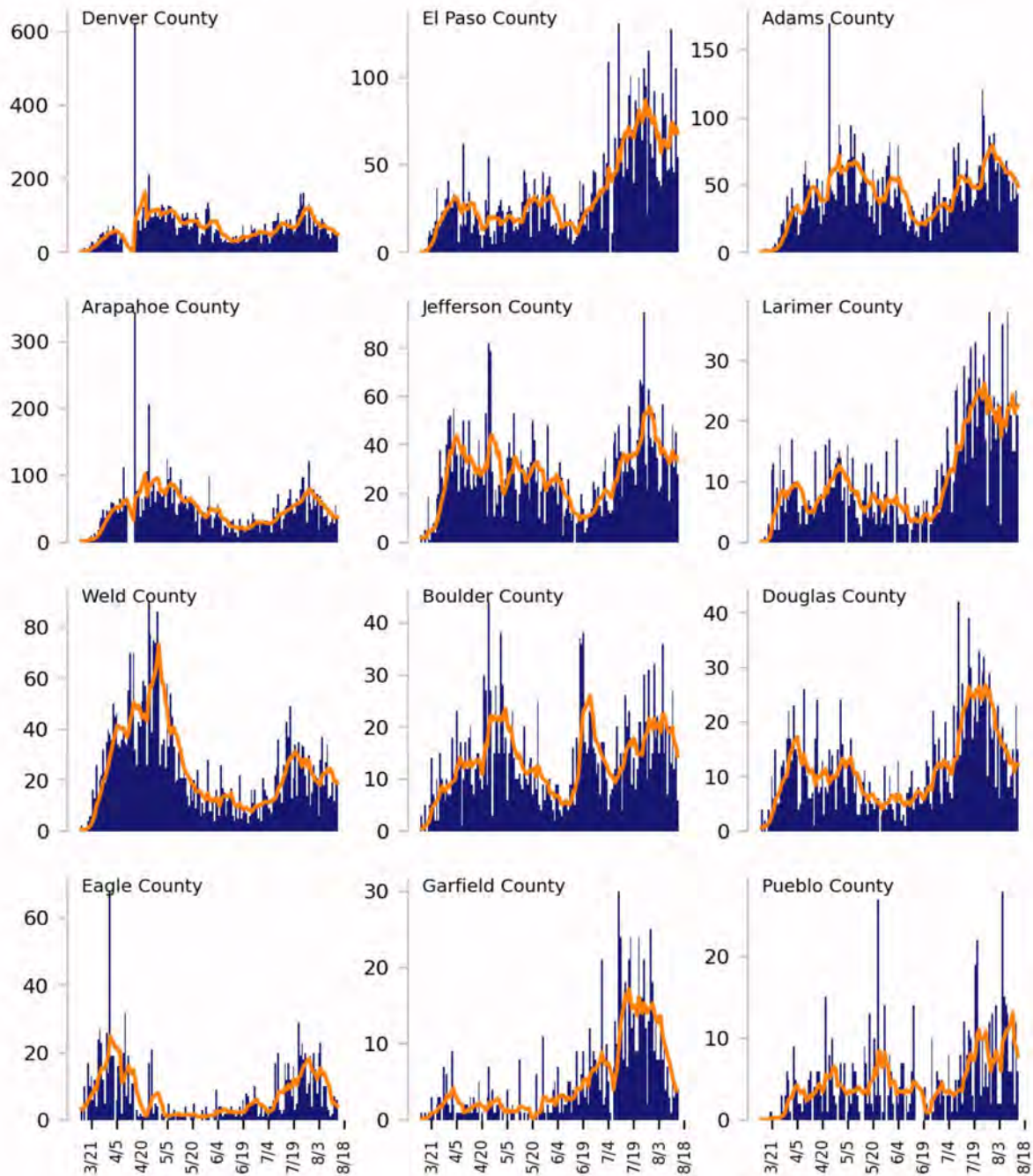




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



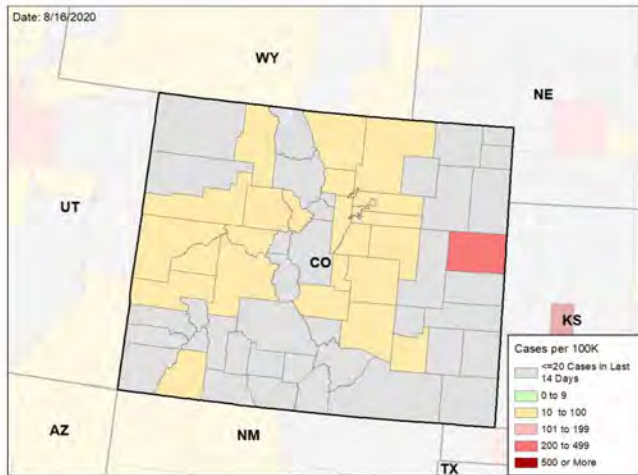


# COLORADO

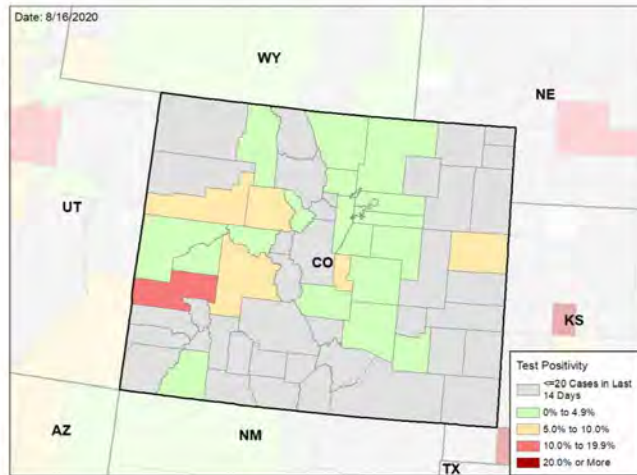
STATE REPORT | 08.16.2020

## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

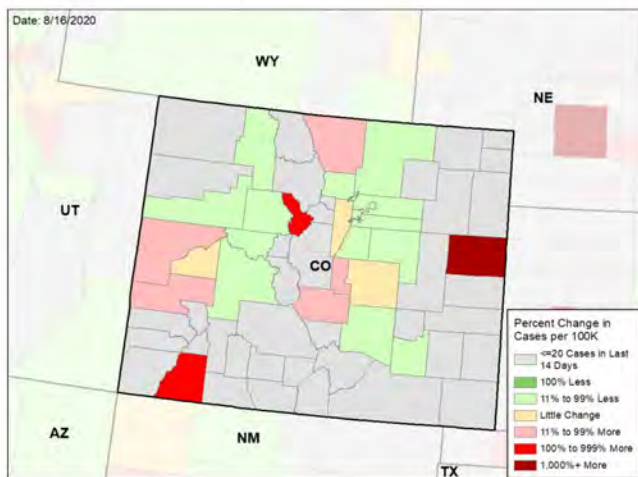
### NEW CASES PER 100,000 DURING LAST WEEK



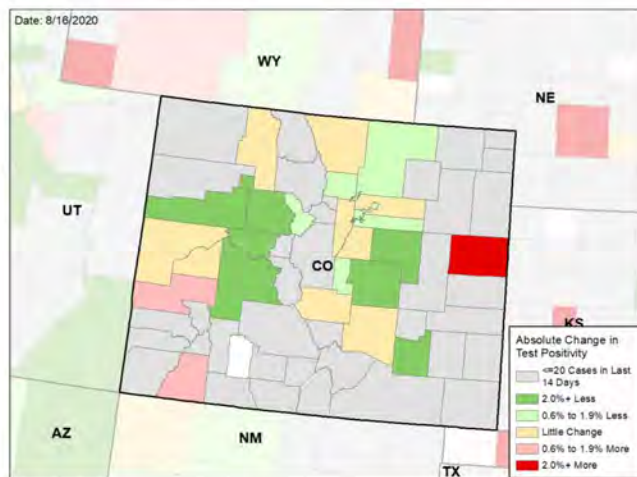
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

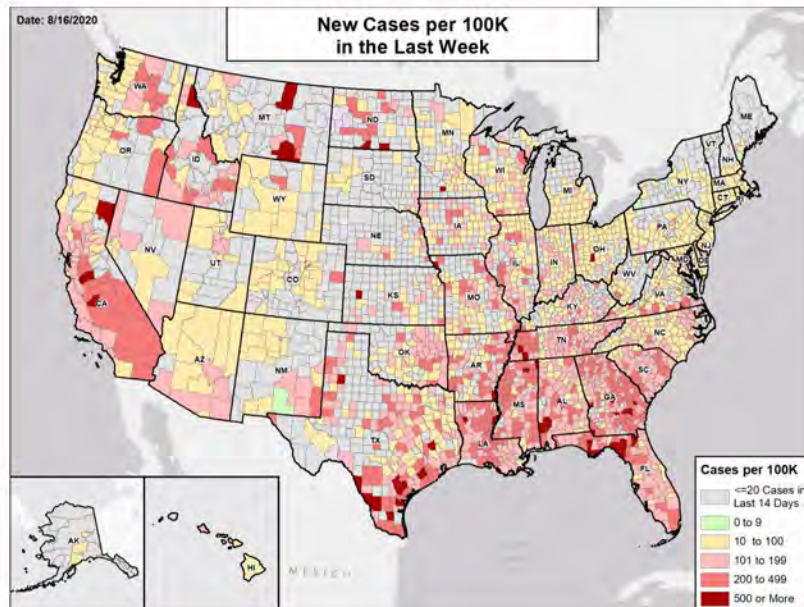
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



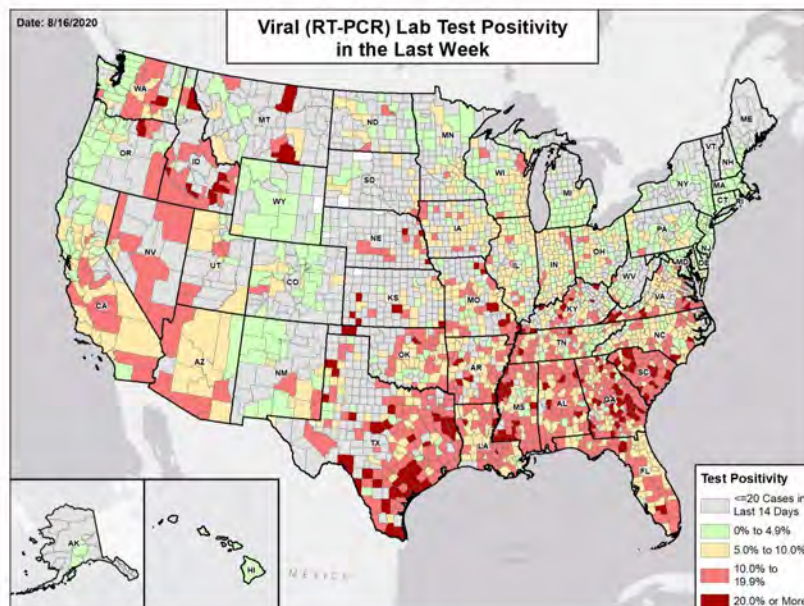


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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 | 08.16.2020

**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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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.





# CONNECTICUT

STATE REPORT | 08.16.2020

## 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%.
- Nationally, Connecticut was ranked 48th for most new cases per 100,000 population and 49th for highest test positivity last week.
- Connecticut has seen a slight increase in new cases last week with a continued low test positivity rate.
- 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 81.7 percent of new cases in Connecticut.
- In Connecticut, no long-term care facilities reported 3 or more cases per week among either residents or staff for 3 consecutive weeks.
- Connecticut had 16 new cases per 100,000 population in the past week, compared to a national average of 112 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 operations activities from VA.
- Between Aug 08 - Aug 14, on average, 6 patients with confirmed COVID-19 and 42 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Connecticut. An average of 42 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

- Enhance testing among individuals who used shelter facilities in response to Tropical Storm Isaias to monitor for increased transmission due inability to socially distance.
- 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. Consider measures such as the in-person surveys done by localities in Colorado in order to monitor compliance.
- Protect those in nursing homes and long-term care facilities by continuing the testing programs in place. 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](#).

*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 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.



COVID-19

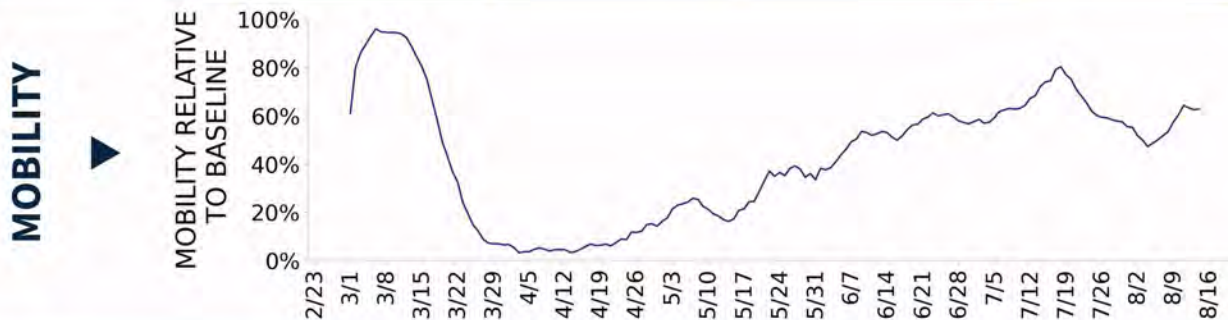




# CONNECTICUT

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>577</b> (16)	<b>+13.1%</b>	<b>3,753</b> (25)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>1.0%</b>	<b>+0.0%*</b>	<b>1.5%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>29,361**</b> (824)	<b>+13.2%**</b>	<b>263,284**</b> (1,774)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>13</b> (0)	<b>+44.4%</b>	<b>121</b> (1)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>2.8%</b>	<b>+0.0%*</b>	<b>3.6%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# CONNECTICUT

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**0**

N/A

**0**

N/A

**COUNTY  
LAST WEEK**

**0**

N/A

**0**

N/A

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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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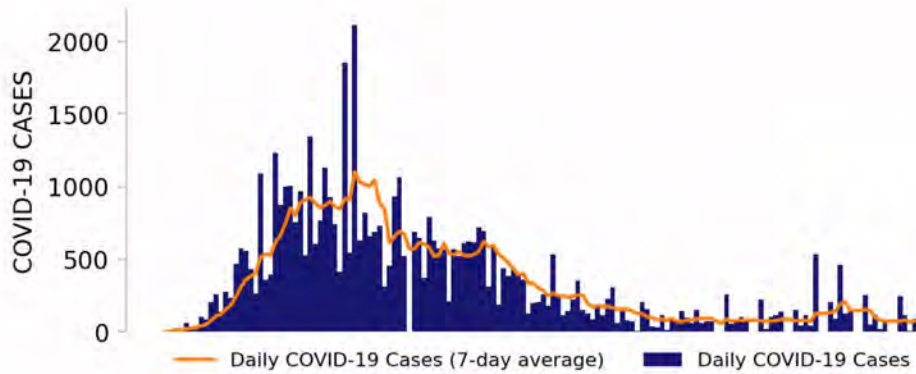




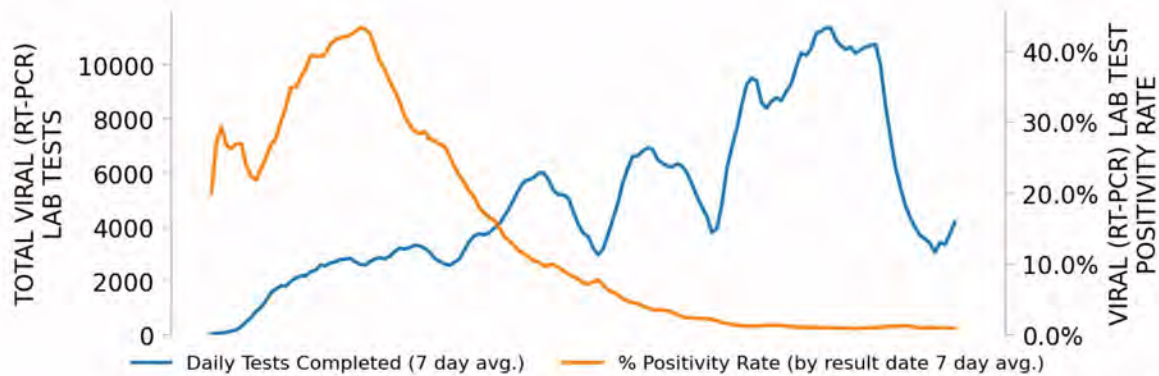
# CONNECTICUT

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## NEW CASES

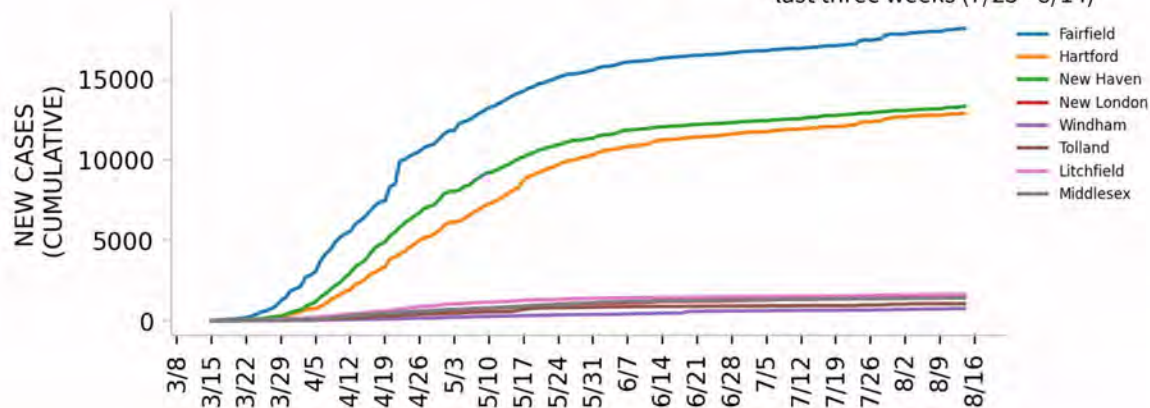


## TESTING



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP COUNTIES



### DATA SOURCES

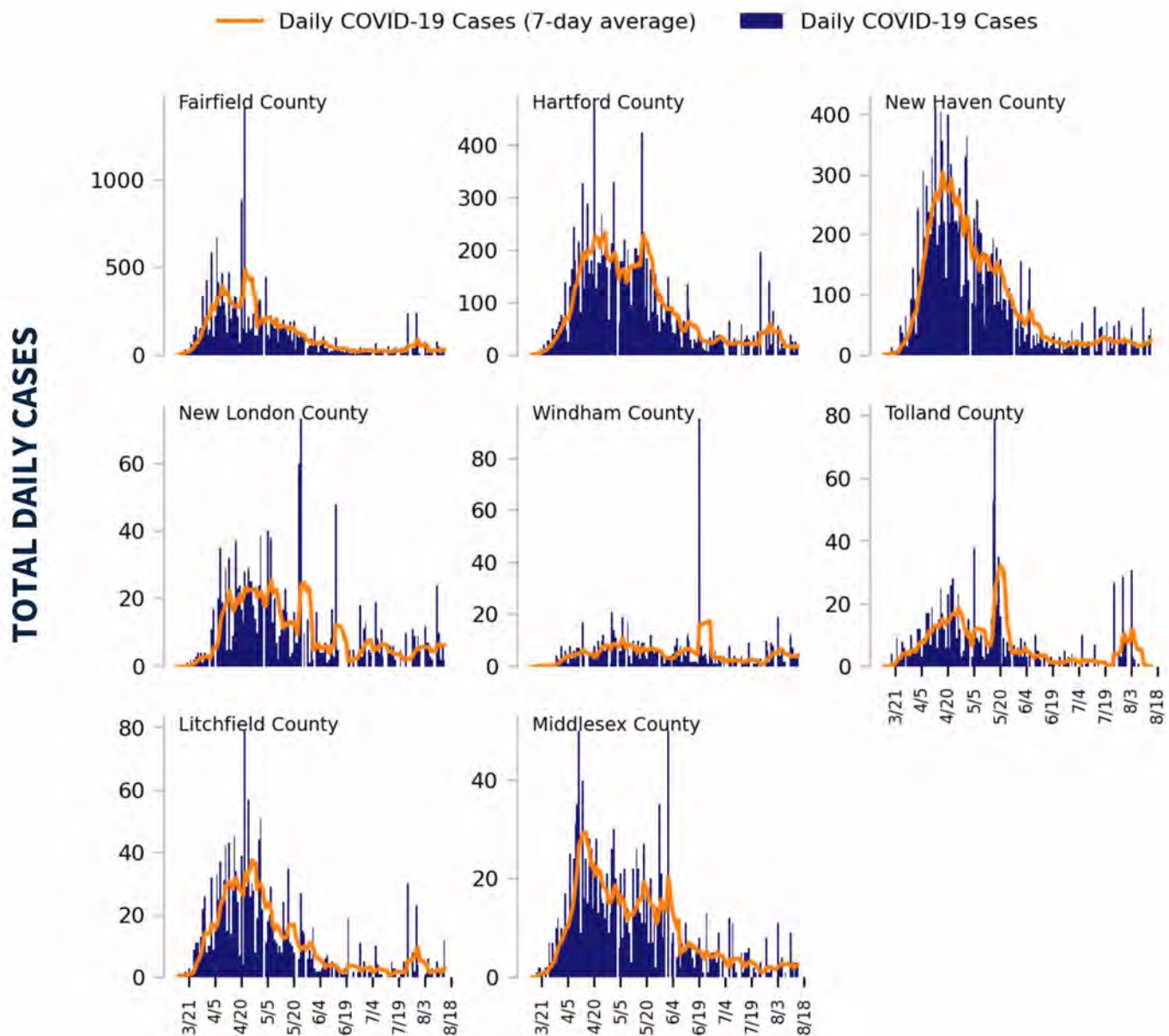
**Cases:** County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/14/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.





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



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



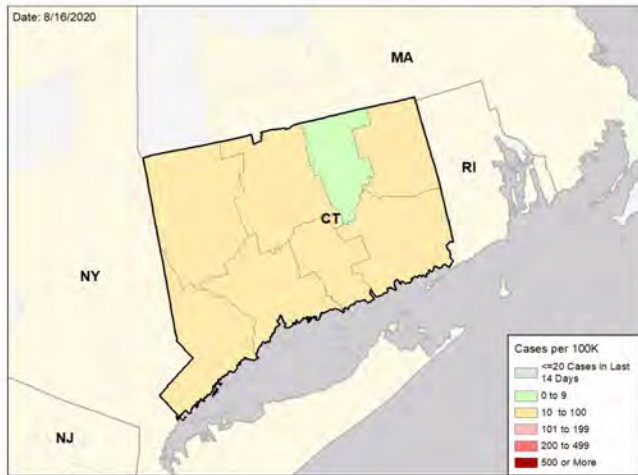


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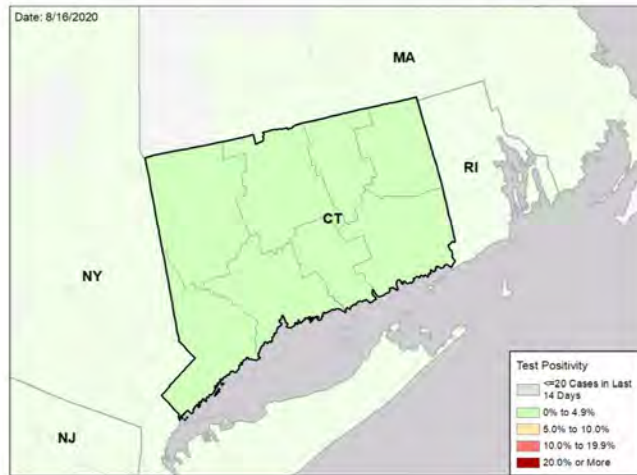
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## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

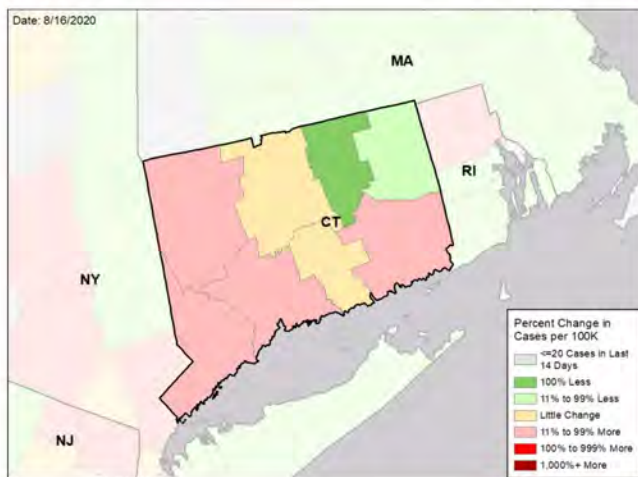
### NEW CASES PER 100,000 DURING LAST WEEK



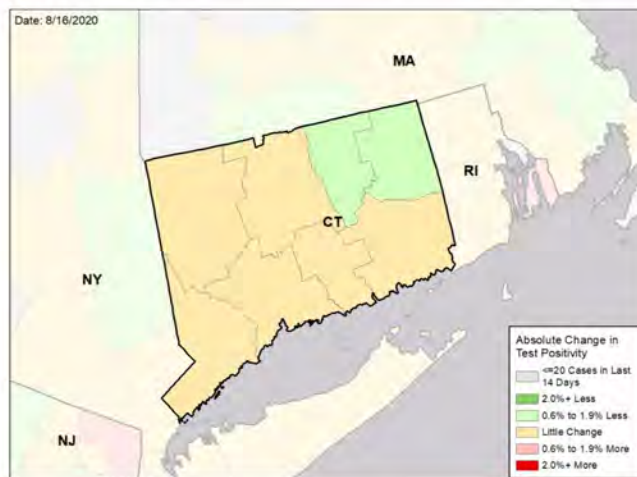
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

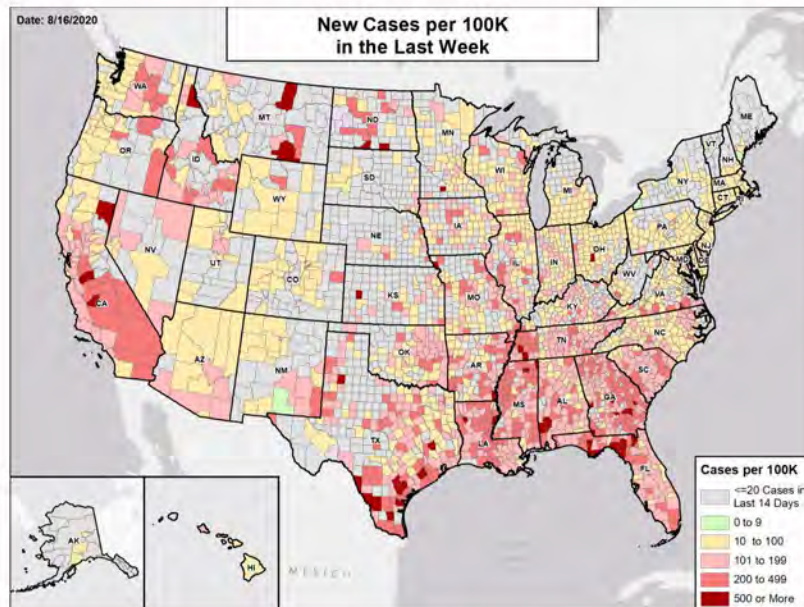
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



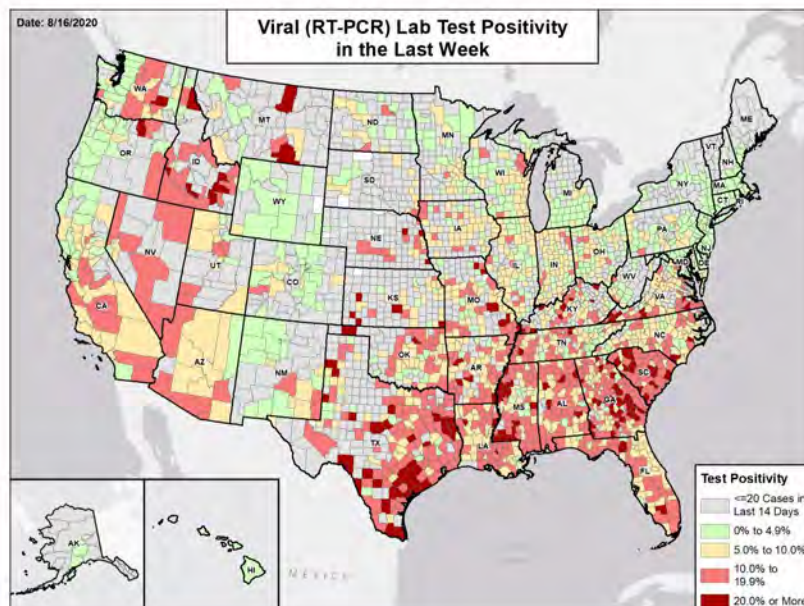


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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.





# DELAWARE

STATE REPORT | 08.16.2020

## SUMMARY

- Delaware 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%.
- Nationally, Delaware was ranked 23rd for most new cases per 100,000 population and 41st for highest test positivity last week.
- Delaware has seen an apparent increase in new cases and stability in test positivity over the past week. The apparent increase in reported cases is due to the integration of a large number of previously identified Department of Corrections (DOC) cases into Delaware's electronic reporting system.
- Recent cases continue to disproportionately involve younger age groups.
- In Delaware, no long-term care facilities reported 3 or more cases per week among either residents or staff for 3 consecutive weeks.
- Delaware had 92 new cases per 100,000 population in the past week, compared to a national average of 112 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 08 - Aug 14, on average, 3 patients with confirmed COVID-19 and 18 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Delaware. An average of 61 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, increase contact tracing capabilities, and identify spaces where students can be safely quarantined.
- Increase targeted messaging to younger individuals (ages 18-49 years old) using strategies that are relevant to younger demographics.
- Increase public messaging to out-of-state tourists and increase testing capabilities in beach communities and tourist areas.
- Continue efforts to build contact tracing capacity. Hire contact tracers and community health workers from within minority and underserved communities to maximize cultural competence and help gain trust and buy-in from within the community.
- Build on existing infrastructure to increase collaboration across testing locations to fill in gaps in reaching vulnerable populations; ensure more consistent testing supply flow with diverse portfolio of vendors and testing platforms.
- Develop a plan for safe indoor mass testing or mobile testing to ensure that weather conditions do not limit testing availability, especially during peak hurricane season and with colder weather.
- Work with community groups to provide targeted, tailored messaging to communities with high case rates and increase community level testing. Reduce barriers to testing by holding testing events in communities, including evenings and weekends.
- Continue closure or limited seating of bars in highly affected areas. Consider additional restrictions on occupancy or operation in other localities depending on changes in reported cases.
- Continue emphasis on masking requirements in more affected areas. Encourage masking statewide.
- Consider targeted messaging for wearing of face masks, hand washing, and social distancing to attendees of 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](#).

*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 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.



COVID-19

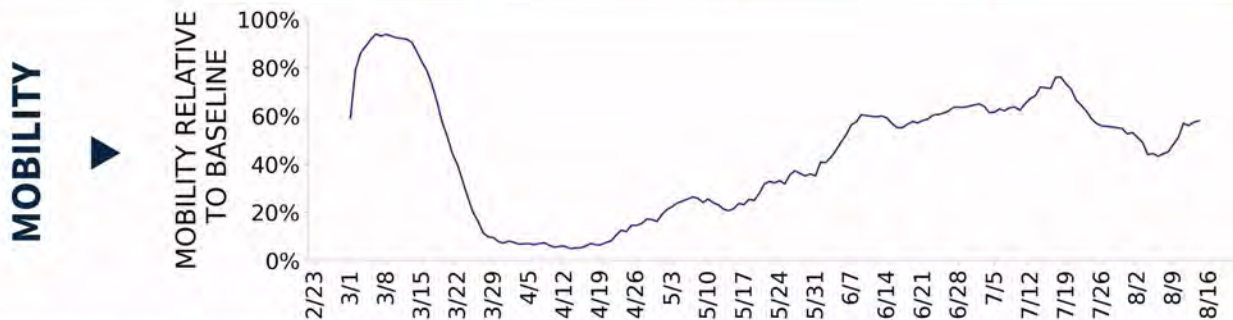




# DELAWARE

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	896 (92)	+58.0%	19,979 (65)	367,035 (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	3.1%	-0.5%*	4.9%	6.5%
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	10,218** (1,049)	-18.2%**	553,419** (1,794)	5,577,964** (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	3 (0)	-40.0%	311 (1)	7,434 (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	4.8%	-4.8%*	9.5%	12.2%



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7. The large increase in case count for Delaware on 8/14 was due to the integration of a large number of previously reported Department of Corrections cases into the state's electronic reporting system.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# DELAWARE

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**0**

N/A

**0**

N/A

**COUNTY  
LAST WEEK**

**0**

N/A

**0**

N/A

\* 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 viral (RT-PCR) lab 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

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### Public Officials

- Close bars and gyms, and 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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## 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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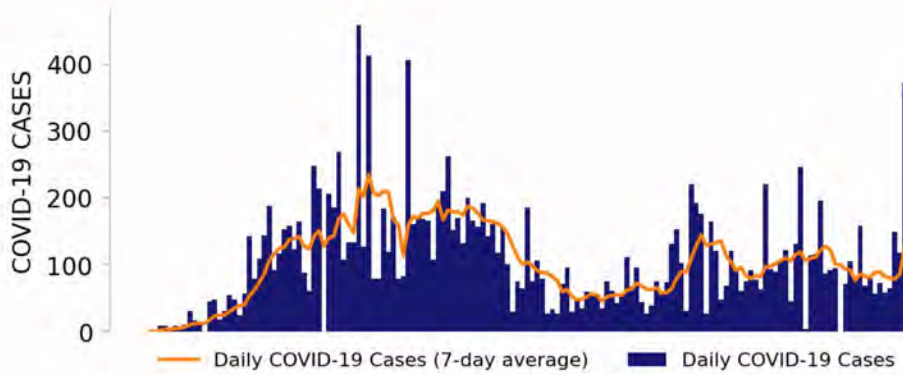




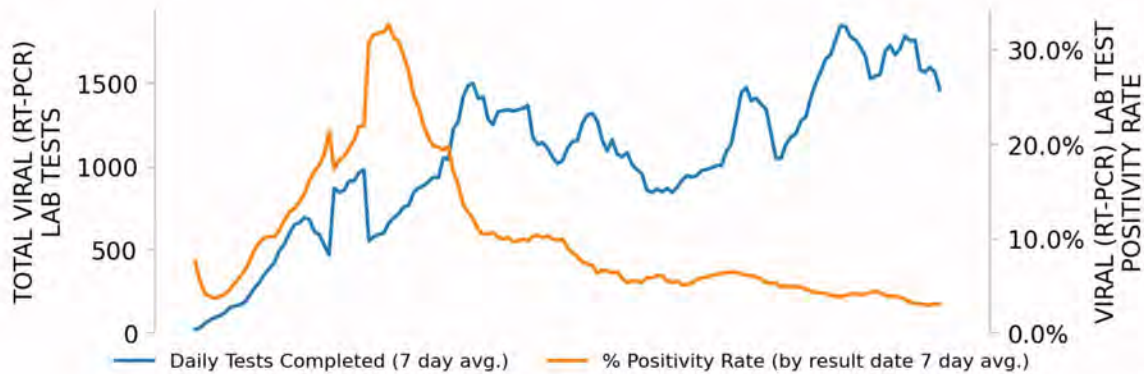
# DELAWARE

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## NEW CASES

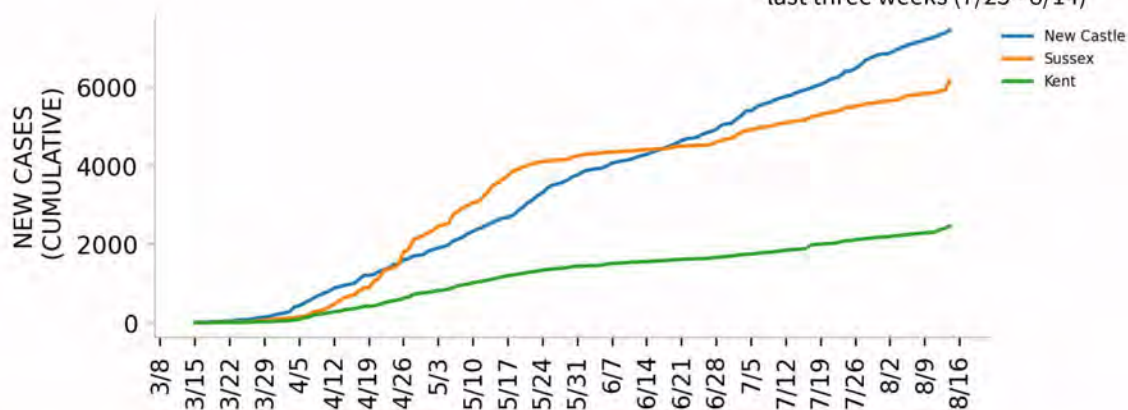


## TESTING



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP COUNTIES



### 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 8/14/2020. The large increase in case count for Delaware on 8/14 was due to the integration of a large number of previously reported Department of Corrections cases into the state's electronic reporting system.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/12/2020.

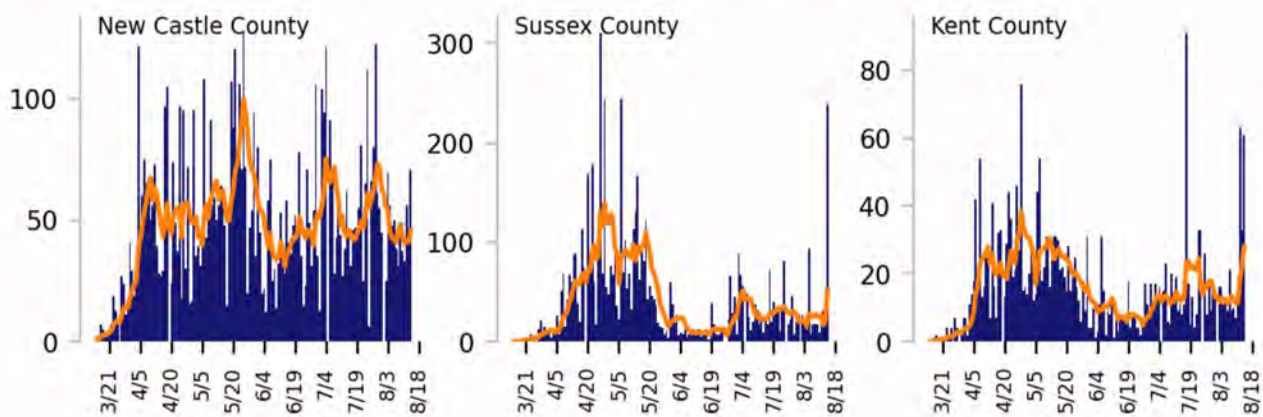




## Top 12 counties based on number of new cases in the last 3 weeks

TOTAL DAILY CASES

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



### DATA SOURCES

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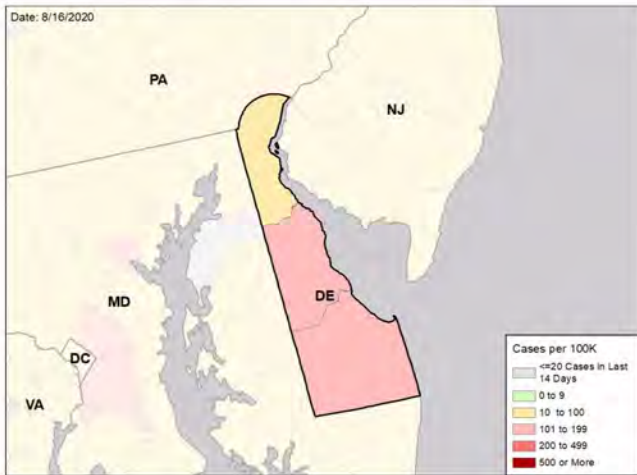


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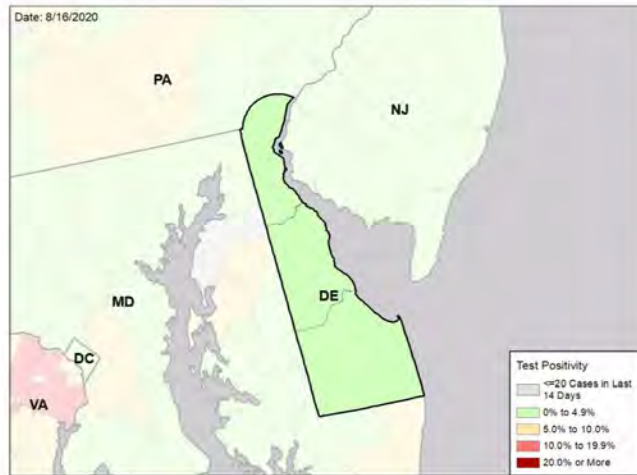
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## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

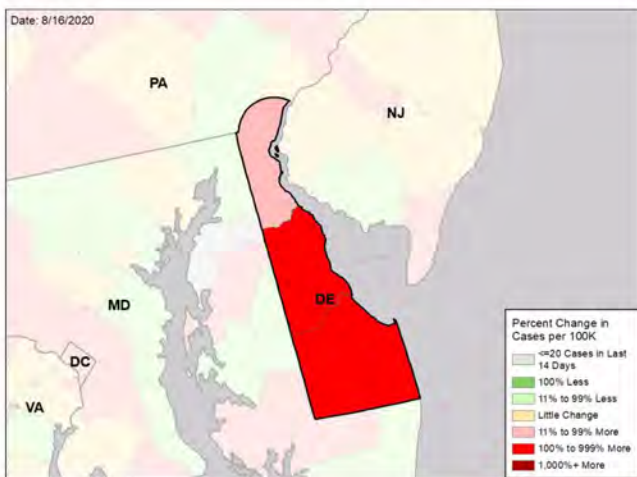
### NEW CASES PER 100,000 DURING LAST WEEK



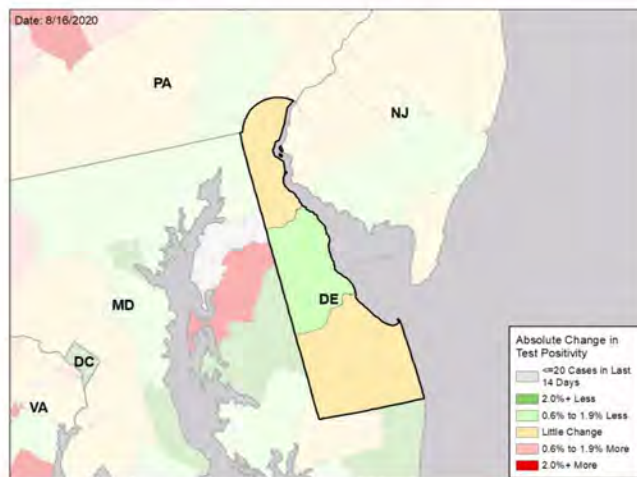
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7. The large increase in case count for Delaware on 8/14 was due to the integration of a large number of previously reported Department of Corrections cases into the state's electronic reporting system.

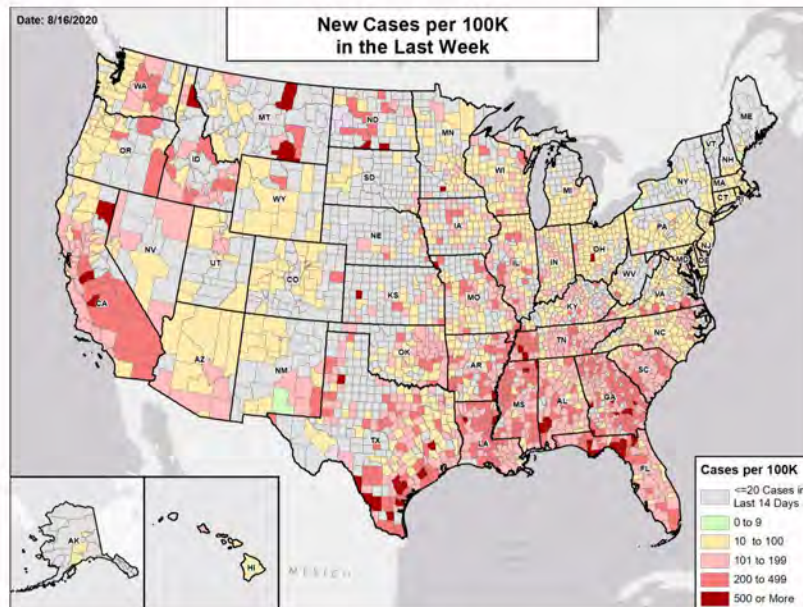
**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



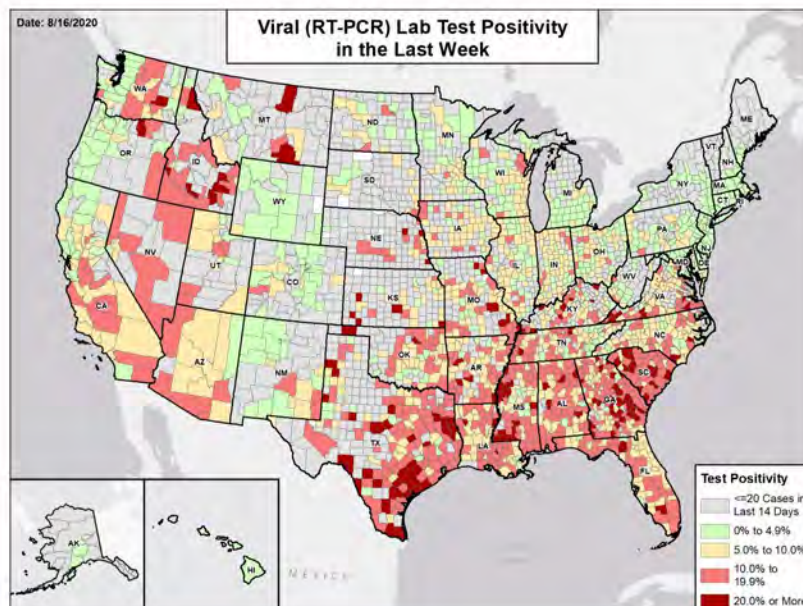


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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 | 08.16.2020

**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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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 | 08.16.2020

## 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 green zone for test positivity, indicating a rate below 5%.
- Nationally, the District of Columbia was ranked 31st for most new cases per 100,000 population and 33rd for highest test positivity last week.
- The District of Columbia has seen an increase in new cases and a decrease in test positivity over the past week. The average number of new cases per day has stabilized since late July at approximately twice the level of early July.
- Younger age groups continue to predominate among recent cases with a disproportionate number of cases within African American and Latinx populations.
- The District of Columbia had 75 new cases per 100,000 population in the past week, compared to a national average of 112 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 08 - Aug 14, on average, 14 patients with confirmed COVID-19 and 69 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in the District of Columbia. An average of 70 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 efforts to surge testing and contact tracing resources to neighborhoods with highest case rates as these evolve, such as the currently highly affected population in Ward 6.
- 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 and universities & for K-12 for the fall, including surge testing and mitigation strategies.
- 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. Given concerning, although limited, data on individuals visiting these venues while infectious, implement additional restrictions if cases increase further.
- Consider detailing enforcement of travel restrictions and tracking of travelers from listed hotspot locations. Consider methods used in other states, including requiring travelers to complete information forms and enforcing penalties for violating restrictions.
- Work closely with event organizers for mass gatherings to ensure that mitigation measures and restrictions are adhered to by all participants.
- Build on existing infrastructure to increase collaboration across testing locations to fill in gaps in reaching vulnerable populations; ensure more consistent supply flow of tests with a diverse portfolio of vendors and testing platforms.
- Work with community groups to provide targeted, tailored messaging to communities with high case rates and increase community level testing. Reduce barriers to testing by holding testing events in communities, including evenings and weekends.
- Develop a plan for safe, indoor mass testing or mobile testing to ensure that weather conditions do not limit testing availability, especially during peak hurricane season and with colder weather.
- Continue efforts to build contact tracing capacity. Hire contact tracers and community health workers from within minority and underserved communities to maximize cultural competence and help gain trust and buy-in from within the community.
- In anticipation of reopening of colleges and universities, conduct outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus gatherings.
- Active promotion of testing of young people and those engaged in public activities, gatherings, and protests to ensure new cases are found before active community spread occurs.
- Intensify efforts to improve compliance with mitigation orders.
- Develop targeted messaging to younger individuals and vulnerable and marginalized populations (e.g., economically disadvantaged, African American, and Latinx communities).
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov/media/releases/2020/s110320-covid-community-mitigation.html).

*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 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.



**COVID-19**

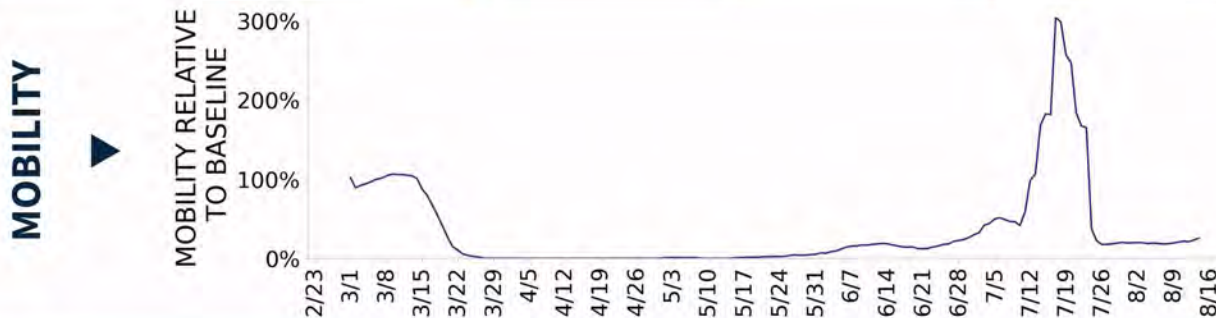




# THE DISTRICT OF COLUMBIA

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>529</b> (75)	<b>+37.8%</b>	<b>19,979</b> (65)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>4.1%</b>	<b>-1.9%*</b>	<b>4.9%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>25,831**</b> (3,660)	<b>-20.8%**</b>	<b>553,419**</b> (1,794)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>5</b> (1)	<b>+25.0%</b>	<b>311</b> (1)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>5.6%</b>	<b>-5.6%*</b>	<b>9.5%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# THE DISTRICT OF COLUMBIA

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**0**

N/A

**1**Washington-Arlington-  
Alexandria

**COUNTY  
LAST WEEK**

**0**

N/A

**0**

N/A

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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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- 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

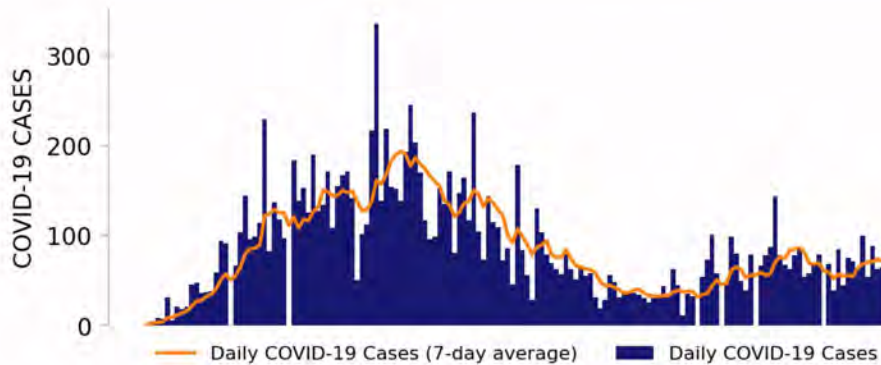




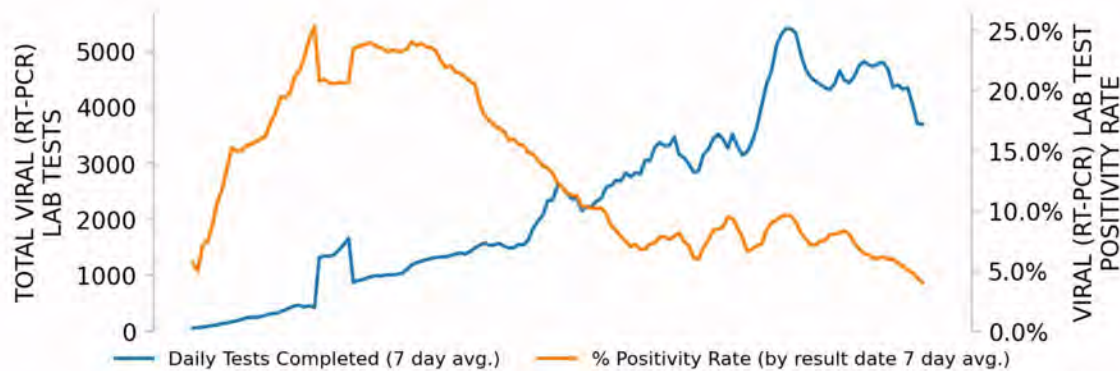
# THE DISTRICT OF COLUMBIA

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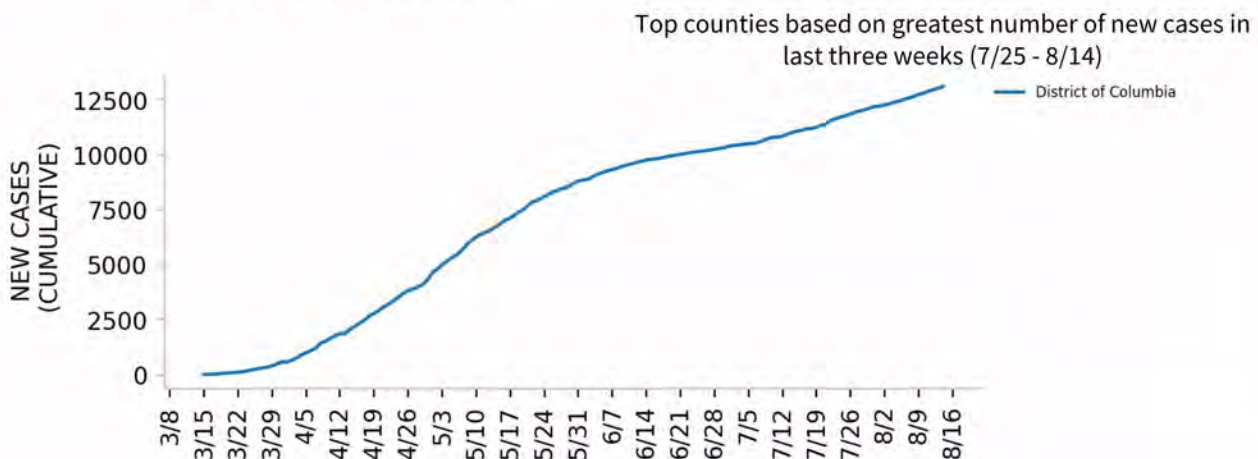
## NEW CASES



## TESTING



## TOP COUNTIES



### DATA SOURCES

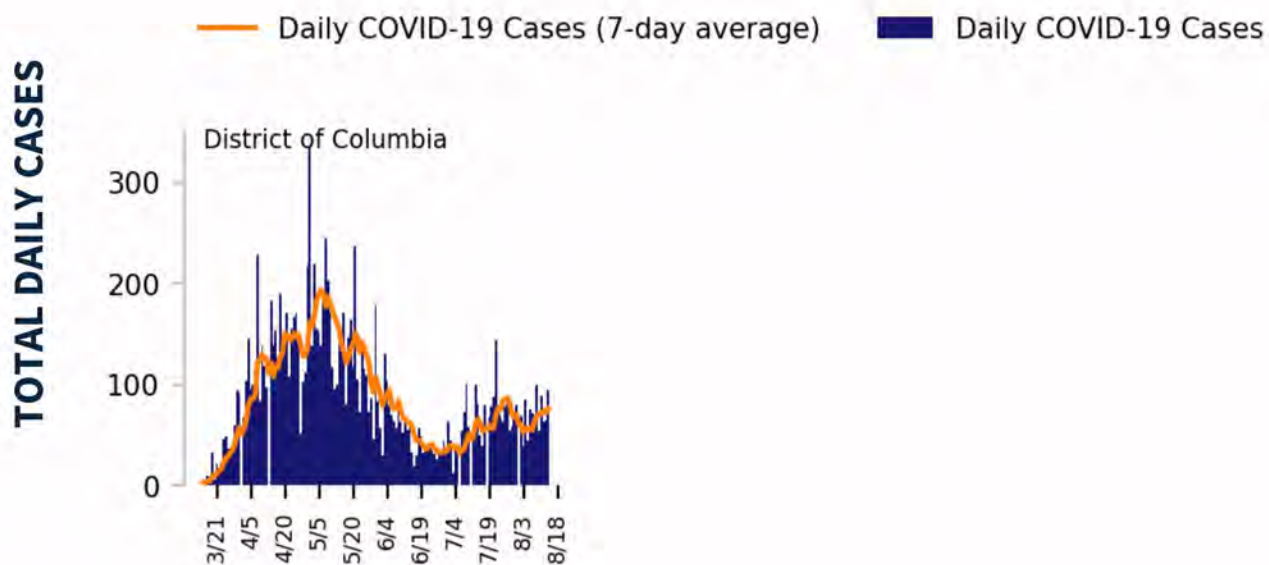
**Cases:** County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/14/2020.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/12/2020.





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



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



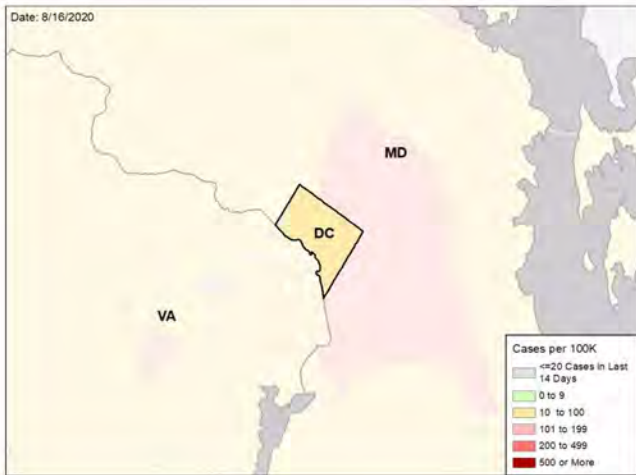


# THE DISTRICT OF COLUMBIA

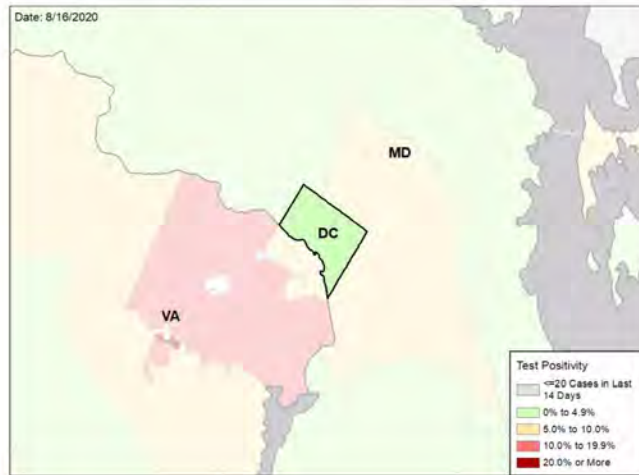
STATE REPORT | 08.16.2020

## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

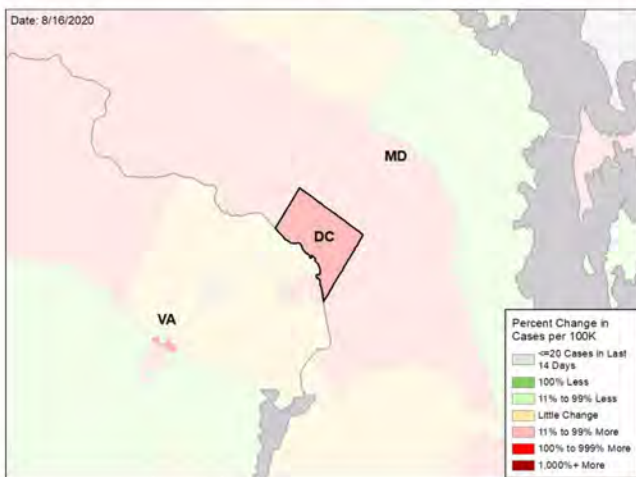
### NEW CASES PER 100,000 DURING LAST WEEK



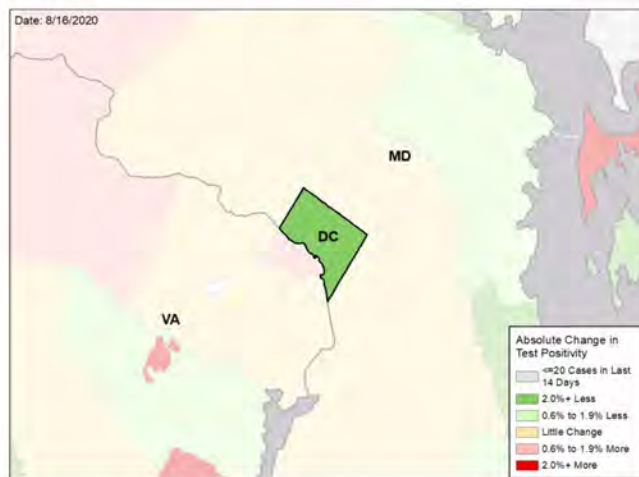
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

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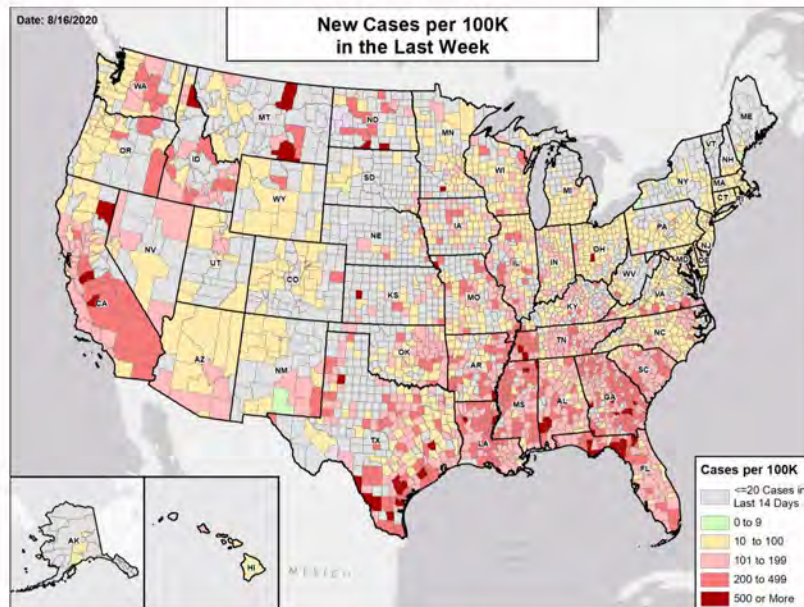
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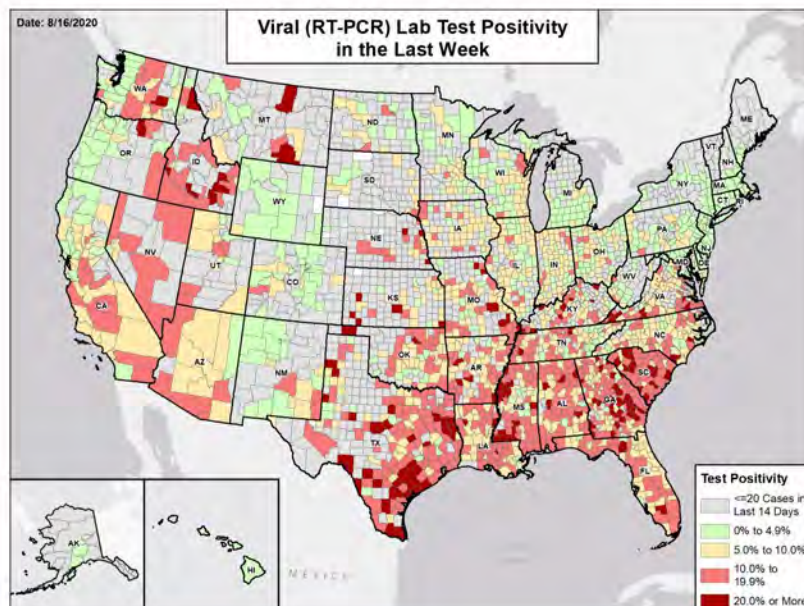


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB 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 8/12/2020. Last week is 8/6 - 8/12. 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 | 08.16.2020

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Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>0.5%

## 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-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 14:45 EDT on 08/16/2020.
- 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.





# FLORIDA

STATE REPORT | 08.16.2020

## 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%. The rate of improvement must be accelerated.
- Nationally, Florida was ranked 2nd for most new cases per 100,000 population and 6th for highest test positivity last week.
- Florida has seen stability in new cases and a decrease in test positivity over the past week, demonstrating the mitigation efforts are working and need to be continued, and, if the rate of decline stalls, potentially strengthened.
- 5% of nursing homes had 3 or more cases of COVID-19 per week over the last 3 weeks and additional infection control and isolation is needed.
- Statewide testing appears to have decreased and should increase.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Miami-Dade County, 2. Broward County, and 3. Palm Beach County. These counties represent 45.2 percent of new cases in Florida. The COVID-19 pandemic in Florida is widespread throughout the state, including in the panhandle, and statewide mitigation efforts are needed.
- Florida had 211 new cases per 100,000 population in the past week, compared to a national average of 112 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 29 to support medical activities from ASPR; 3 to support operations activities from ASPR; 2 to support epidemiology activities from CDC; 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 point-of-care testing site in Miami, FL.
- Between Aug 08 - Aug 14, on average, 536 patients with confirmed COVID-19 and 411 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Florida. 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 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 (LTCFs) by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19 with isolation of all positive staff and residents. Ensure social distancing and universal facemask use. Immediately conduct infection control surveys in all nursing homes with 3 or more cases per week over the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support LTCF testing.
- Recommend a statewide mask mandate for counties with 50 or more active cases to ensure consistent mask usage, as improvements are fragile.
- Continue the bars closure in all counties with rising test percent positivity, increase outdoor dining opportunities, and limit indoor dining to 25% of normal capacity.
- Ensure messaging to all citizens to limit social gatherings to 10 or fewer people, even with family. Cases seem to be coming from within households. It is essential that all citizens are limiting gatherings and protecting the members of their households with comorbidities.
- 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 [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 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.



COVID-19

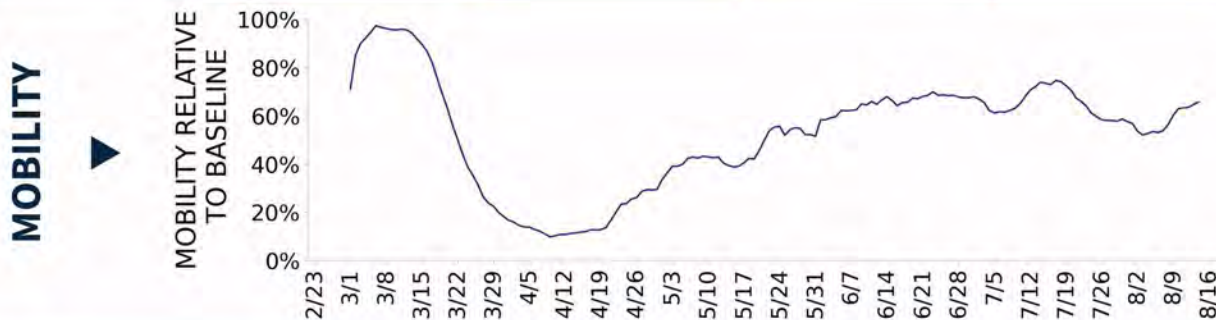




# FLORIDA

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>45,221</b> (211)	<b>-5.2%</b>	<b>114,442</b> (171)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>12.3%</b>	<b>-1.3%*</b>	<b>11.0%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>485,853**</b> (2,262)	<b>-5.4%**</b>	<b>993,563**</b> (1,485)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>1,213</b> (6)	<b>+11.9%</b>	<b>2,707</b> (4)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>33.1%</b>	<b>+0.1%*</b>	<b>23.4%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# FLORIDA

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## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**13**

Top 12 shown  
(full list  
below)

Miami-Fort Lauderdale-Pompano Beach  
Pensacola-Ferry Pass-Brent  
Lakeland-Winter Haven  
Ocala  
Port St. Lucie  
Panama City  
Naples-Marco Island  
Lake City  
Homosassa Springs  
Sebring-Avon Park  
Clewiston  
Okeechobee

**16**

Top 12 shown  
(full list  
below)

Tampa-St. Petersburg-Clearwater  
Orlando-Kissimmee-Sanford  
Jacksonville  
North Port-Sarasota-Bradenton  
Tallahassee  
Cape Coral-Fort Myers  
Deltona-Daytona Beach-Ormond  
Beach  
Crestview-Fort Walton Beach-Destin  
Gainesville  
Palm Bay-Melbourne-Titusville  
Sebastian-Vero Beach  
Punta Gorda

**COUNTY  
LAST WEEK**

**31**

Top 12 shown  
(full list  
below)

Miami-Dade  
Broward  
Palm Beach  
Polk  
Marion  
Escambia  
Osceola  
Bay  
Collier  
St. Lucie  
Santa Rosa  
Suwannee

**33**

Top 12 shown  
(full list  
below)

Hillsborough  
Orange  
Duval  
Pinellas  
Lee  
Volusia  
Manatee  
Pasco  
Leon  
Brevard  
Lake  
Seminole

**All Red CBSAs:** Miami-Fort Lauderdale-Pompano Beach, Pensacola-Ferry Pass-Brent, Lakeland-Winter Haven, Ocala, Port St. Lucie, Panama City, Naples-Marco Island, Lake City, Homosassa Springs, Sebring-Avon Park, Clewiston, Okeechobee, Arcadia

**All Yellow CBSAs:** Tampa-St. Petersburg-Clearwater, Orlando-Kissimmee-Sanford, Jacksonville, North Port-Sarasota-Bradenton, Tallahassee, Cape Coral-Fort Myers, Deltona-Daytona Beach-Ormond Beach, Crestview-Fort Walton Beach-Destin, Gainesville, Palm Bay-Melbourne-Titusville, Sebastian-Vero Beach, Punta Gorda, Key West, The Villages, Palatka, Wauchula

**All Red Counties:** Miami-Dade, Broward, Palm Beach, Polk, Marion, Escambia, Osceola, Bay, Collier, St. Lucie, Santa Rosa, Suwannee, Jackson, Columbia, Gadsden, Taylor, Hernando, Citrus, Lafayette, Highlands, Washington, Gulf, Hendry, Franklin, Wakulla, Okeechobee, Levy, DeSoto, Madison, Gilchrist, Liberty

**All Yellow Counties:** Hillsborough, Orange, Duval, Pinellas, Lee, Volusia, Manatee, Pasco, Leon, Brevard, Lake, Seminole, Alachua, Okaloosa, St. Johns, Clay, Baker, Indian River, Charlotte, Martin, Monroe, Walton, Sumter, Putnam, Nassau, Flagler, Dixie, Bradford, Jefferson, Union, Hardee, Calhoun, Glades

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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

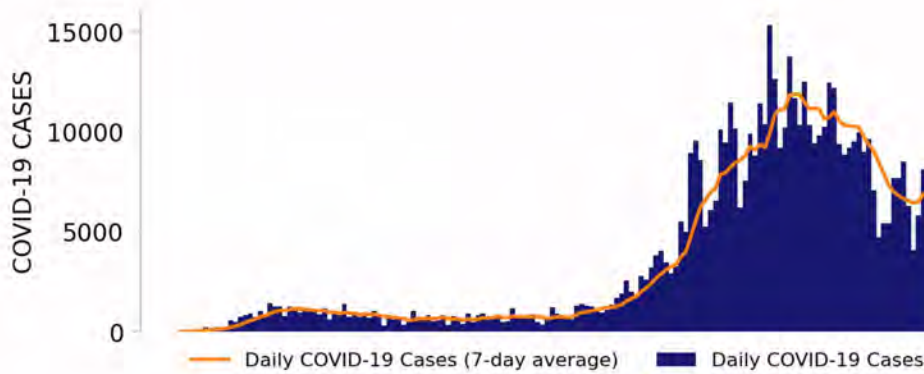




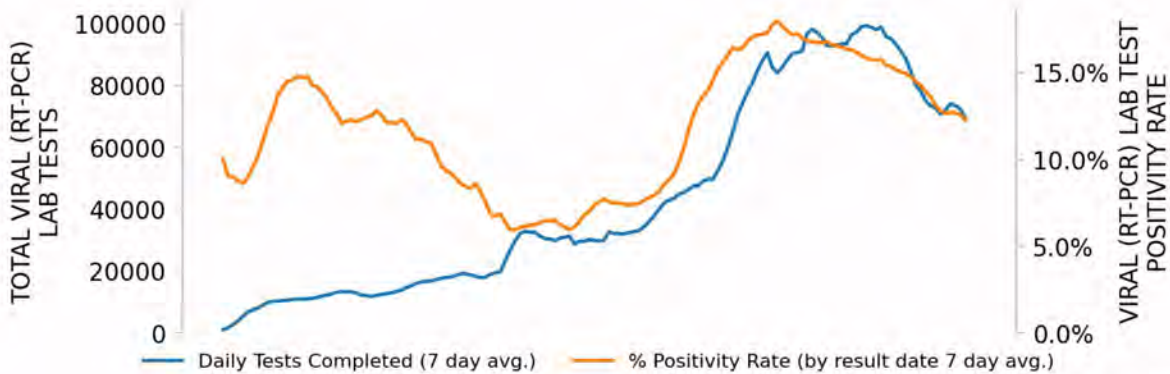
# FLORIDA

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## NEW CASES

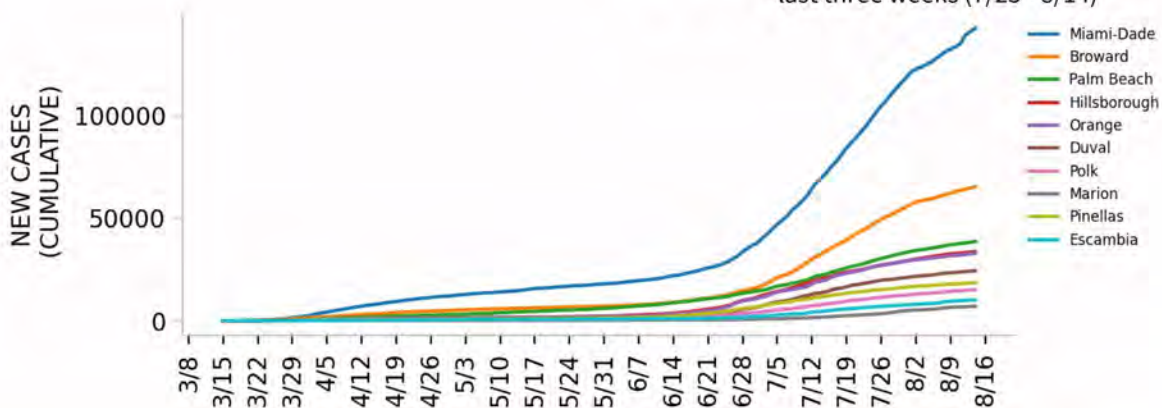


## TESTING



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP COUNTIES



### 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 8/14/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.

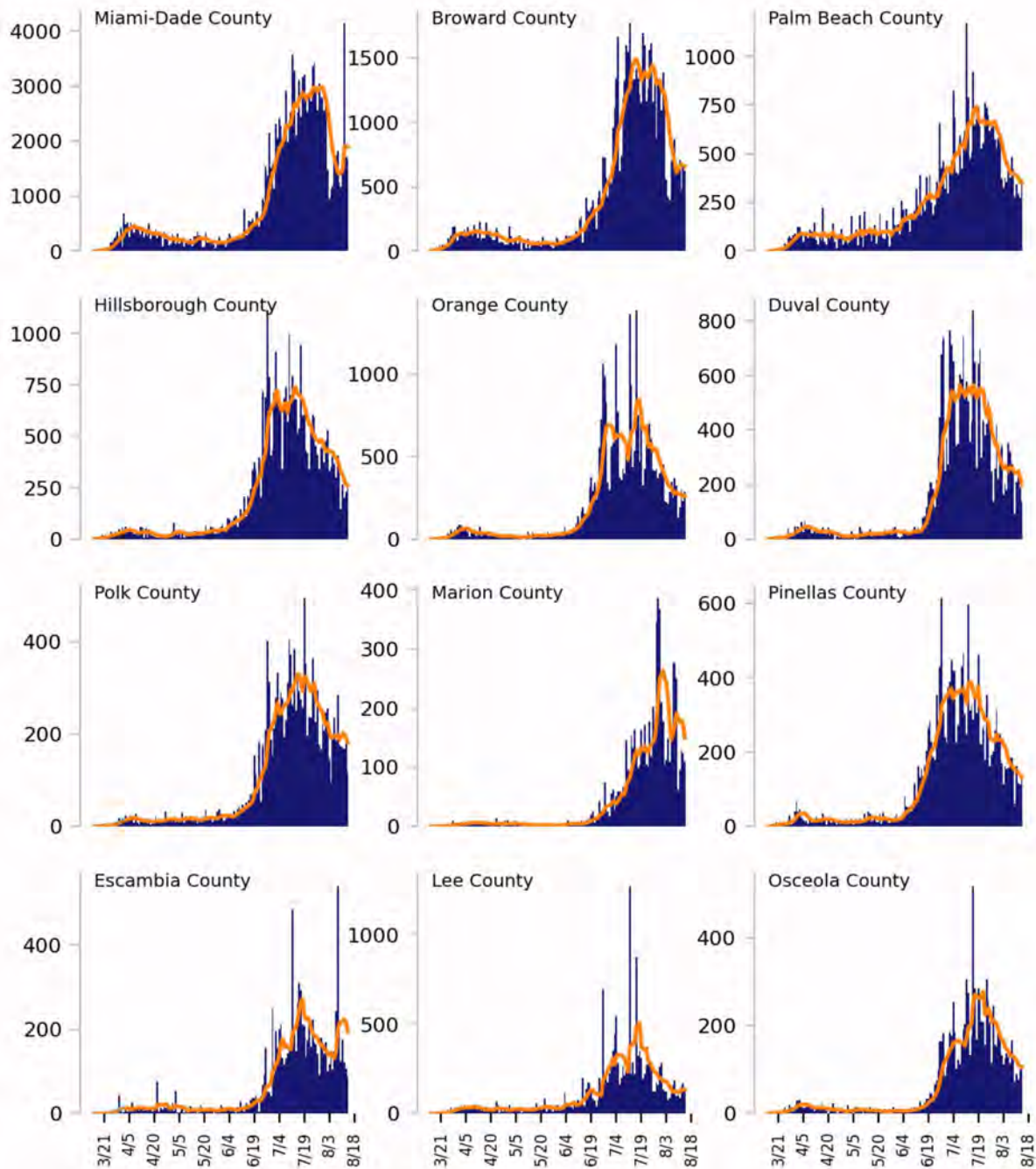




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



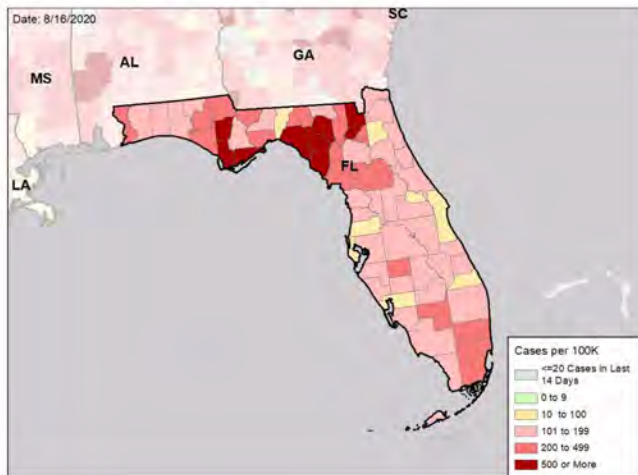


# FLORIDA

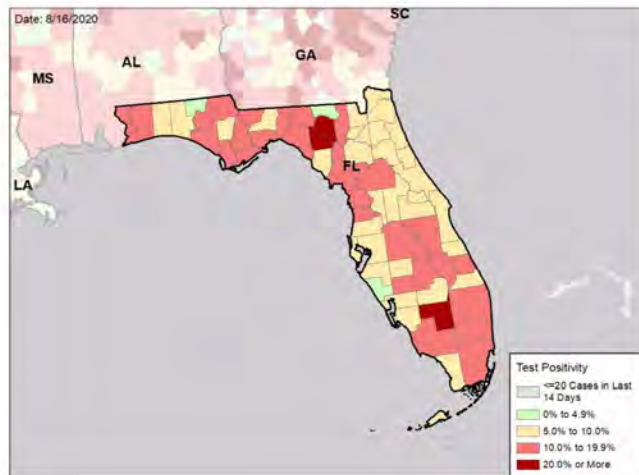
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## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

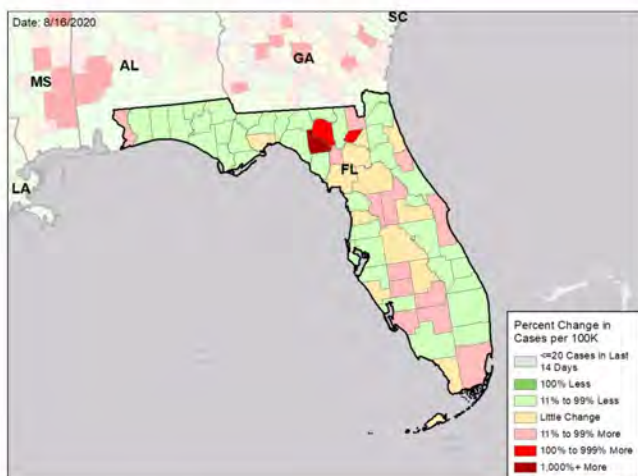
### NEW CASES PER 100,000 DURING LAST WEEK



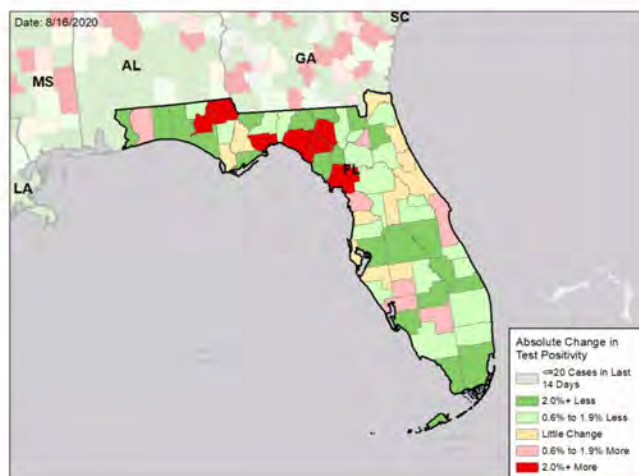
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

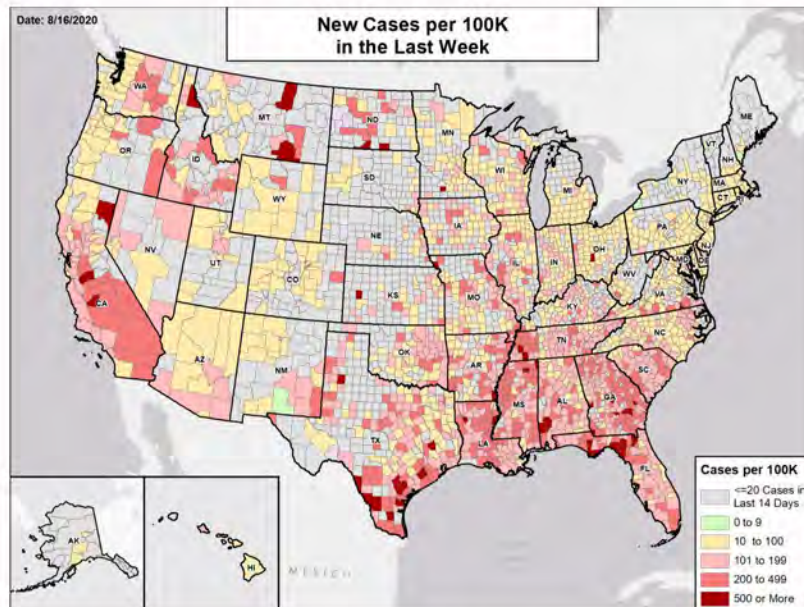
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



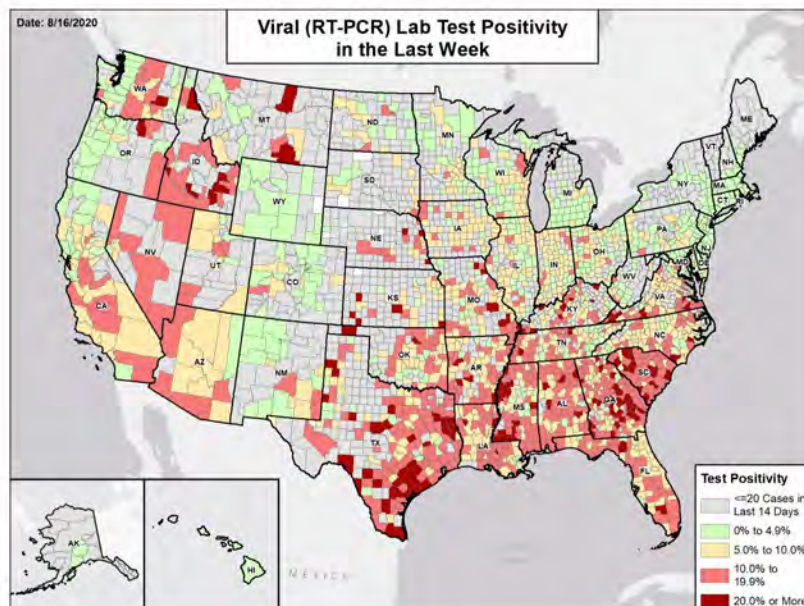


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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.





# GEORGIA

STATE REPORT | 08.16.2020

## 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%.
- Nationally, Georgia was ranked 1st for most new cases per 100,000 population and 9th for highest test positivity last week.
- Georgia has seen early stability in new cases and a small decrease in test positivity over the past week, but a decline in tests performed. Testing must expand. Georgia's small gains are fragile and statewide progress will require continued, expanded, and stronger mitigation efforts, including in all open schools.
- 4% of nursing homes are reporting 3 or more residents with COVID-19 infection per week over the last 3 weeks; infection control statewide surveys are needed to ensure protection of the residents.
- 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 25.3 percent of new cases in Georgia. The epidemic in Georgia remains widespread across the state and statewide consistent mitigation is needed to improve the current community spread.
- Georgia had 216 new cases per 100,000 population in the past week, compared to a national average of 112 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 66 to support operations activities from FEMA; 10 to support operations activities from ASPR; 24 to support epidemiology activities from CDC; 1 to support operations activities from USCG; 3 to support medical activities from VA; and 1 to support operations activities from VA.
- The federal government has supported a surge testing site in Atlanta, GA.
- Between Aug 08 - Aug 14, on average, 261 patients with confirmed COVID-19 and 287 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Georgia. 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

- Recommend a statewide mask mandate for counties with 50 or more active cases to ensure consistent mask usage, as improvements are fragile.
- Continue the bars closure in all counties with rising test percent positivity, increase outdoor dining opportunities, and limit indoor dining to 25% of normal capacity.
- Expand the protection of those in nursing homes, assisted living, and long-term care facilities (LTCFs) by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19 with isolation of all positive staff and residents. Ensure social distancing and universal facemask use. Immediately conduct infection control surveys in all nursing homes with 3 or more cases per week over the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support LTCF testing.
- Ensure messaging to all citizens to limit social gatherings to 10 or fewer people, even with family. Cases seem to be coming from within households. It is essential that all citizens are limiting gatherings and protecting the members of their households with comorbidities.
- 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 [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 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.



COVID-19

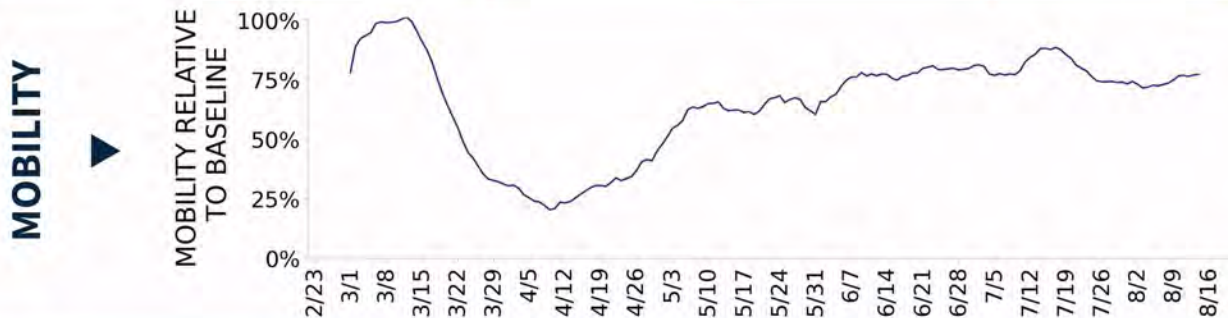




# GEORGIA

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>22,884</b> (216)	<b>+1.0%</b>	<b>114,442</b> (171)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>10.2%</b>	<b>-1.3%*</b>	<b>11.0%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>133,801**</b> (1,260)	<b>+0.1%**</b>	<b>993,563**</b> (1,485)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>460</b> (4)	<b>+27.1%</b>	<b>2,707</b> (4)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>28.5%</b>	<b>+5.4%*</b>	<b>23.4%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# GEORGIA

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**29**

Top 12 shown  
(full list  
below)

Augusta-Richmond County  
Savannah  
Columbus  
Macon-Bibb County  
Gainesville  
Dalton  
Athens-Clarke County  
Warner Robins  
Valdosta  
Brunswick  
Rome  
Dublin

**10**

Atlanta-Sandy Springs-Alpharetta  
Chattanooga  
Jefferson  
St. Marys  
Waycross  
Cornelia  
Tifton  
Moultrie  
Americus  
Eufaula

**COUNTY  
LAST WEEK**

**109**

Top 12 shown  
(full list  
below)

Richmond  
Chatham  
Hall  
Clayton  
Bibb  
Muscogee  
Whitfield  
Columbia  
Henry  
Forsyth  
Clarke  
Floyd

**39**

Top 12 shown  
(full list  
below)

Fulton  
Gwinnett  
Cobb  
DeKalb  
Cherokee  
Douglas  
Paulding  
Fayette  
Rockdale  
Jackson  
Camden  
Walker

**All Red CBSAs:** Augusta-Richmond County, Savannah, Columbus, Macon-Bibb County, Gainesville, Dalton, Athens-Clarke County, Warner Robins, Valdosta, Brunswick, Rome, Dublin, Albany, Calhoun, Douglas, Statesboro, Cedartown, Vidalia, Milledgeville, Bainbridge, Hinesville, Jesup, Thomasville, LaGrange, Summerville, Fitzgerald, Toccoa, Thomaston, Cordele

**All Red Counties:** Richmond, Chatham, Hall, Clayton, Bibb, Muscogee, Whitfield, Columbia, Henry, Forsyth, Clarke, Floyd, Bartow, Houston, Lowndes, Glynn, Newton, Coweta, Gordon, Laurens, Carroll, Barrow, Walton, Bulloch, Polk, Coffee, Decatur, Wayne, Toombs, Dougherty, Thomas, Troup, Baldwin, Liberty, Spalding, Effingham, Appling, Chattahoochee, Bryan, Tattnall, Emanuel, Jeff Davis, Gilmer, Dawson, Washington, Chattooga, Ben Hill, Stephens, Burke, Grady, Murray, Jefferson, Peach, Upson, McDuffie, Morgan, Madison, Putnam, Evans, Union, Bleckley, Greene, Hart, Seminole, Monroe, Cook, White, Franklin, Candler, Brooks, Jones, Berrien, Bacon, Banks, Haralson, McIntosh, Oglethorpe, Hancock, Pike, Atkinson, Wilkinson, Screven, Brantley, Jasper, Miller, Lincoln, Telfair, Twiggs, Montgomery, Treutlen, Pulaski, Clinch, Crisp, Irwin, Early, Jenkins, Johnson, Taylor, Long, Randolph, Warren, Schley, Wilcox, Lanier, Terrell, Calhoun, Talbot, Clay, Wheeler

**All Yellow Counties:** Fulton, Gwinnett, Cobb, DeKalb, Cherokee, Douglas, Paulding, Fayette, Rockdale, Jackson, Camden, Walker, Habersham, Tift, Catoosa, Ware, Pickens, Charlton, Colquitt, Lumpkin, Fannin, Oconee, Harris, Lee, Meriwether, Mitchell, Elbert, Butts, Lamar, Pierce, Sumter, Worth, Dodge, Towns, Turner, Dade, Marion, Macon, Crawford

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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

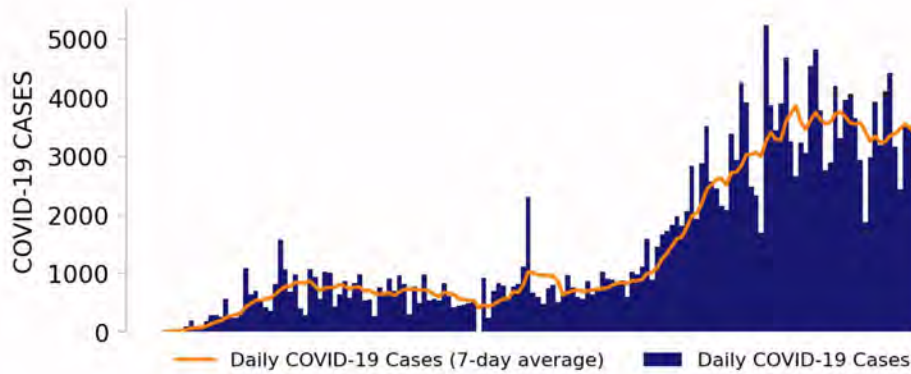




# GEORGIA

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## NEW CASES

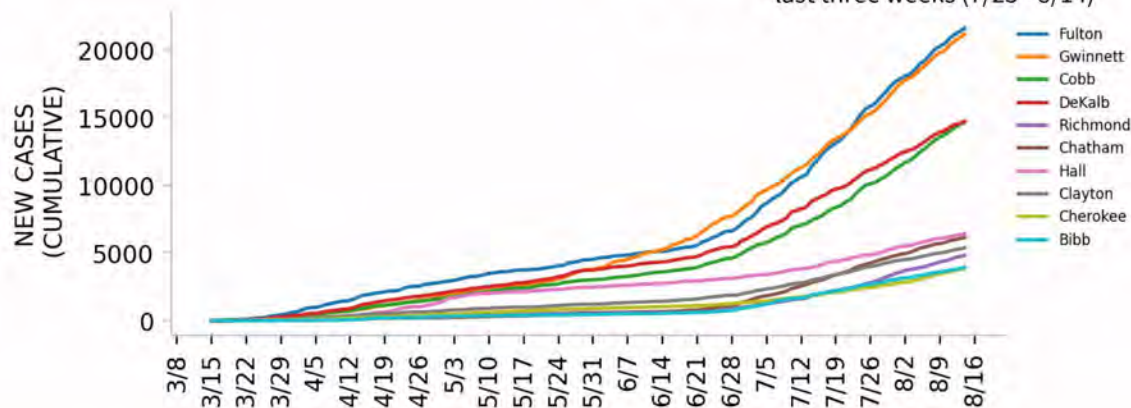


## TESTING



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP COUNTIES



### 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 8/14/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.

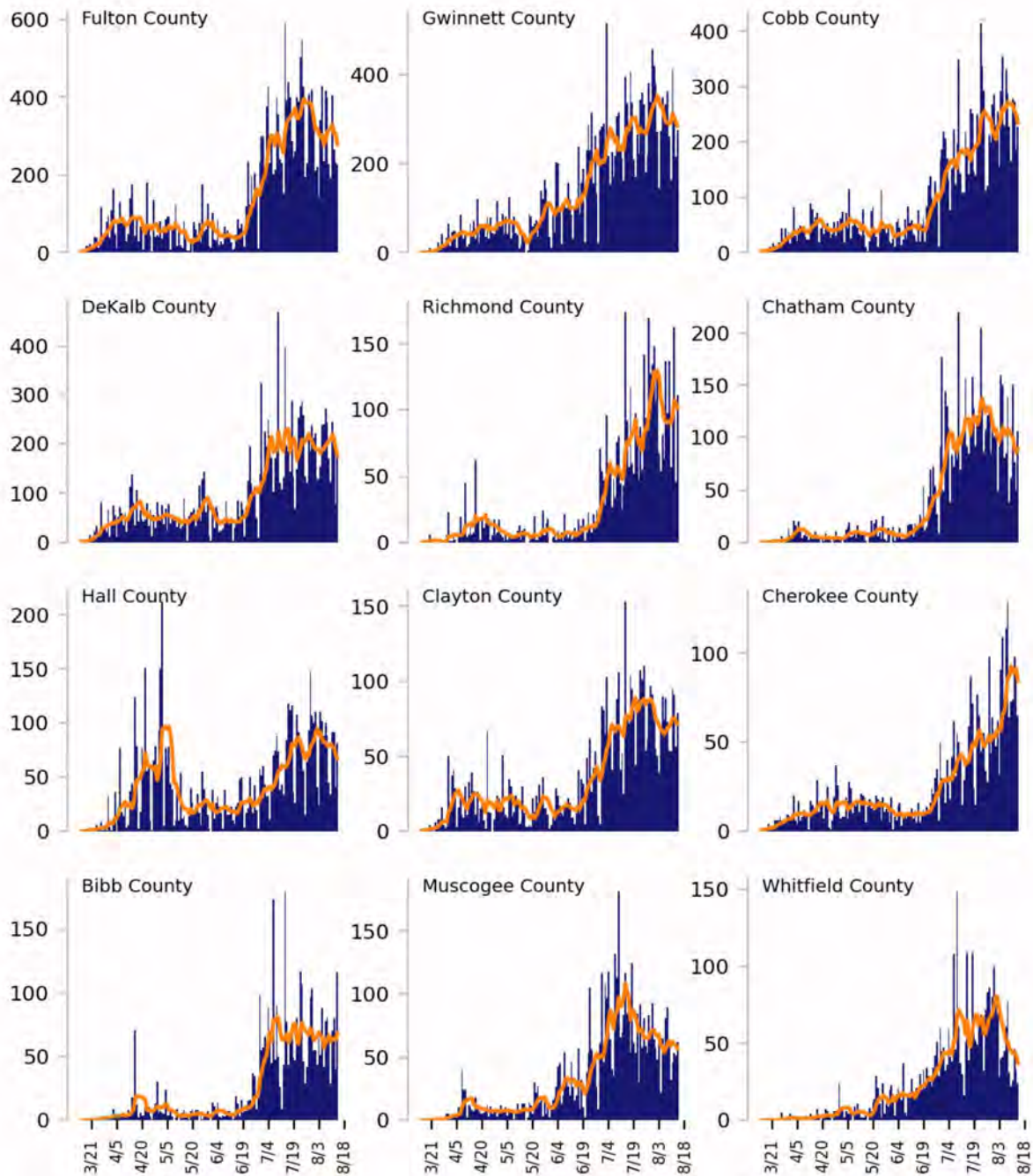




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



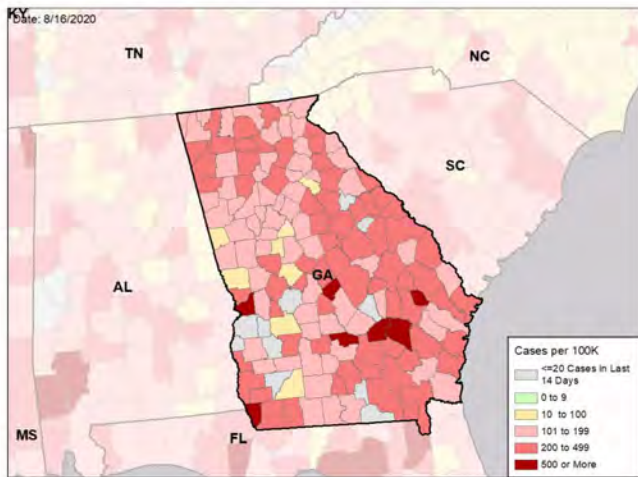


# GEORGIA

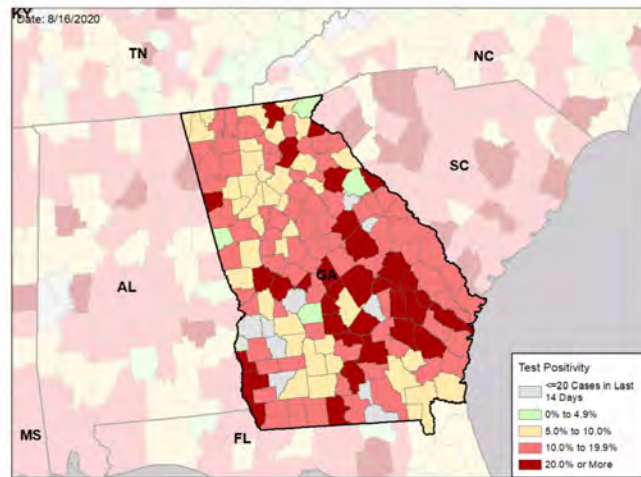
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## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

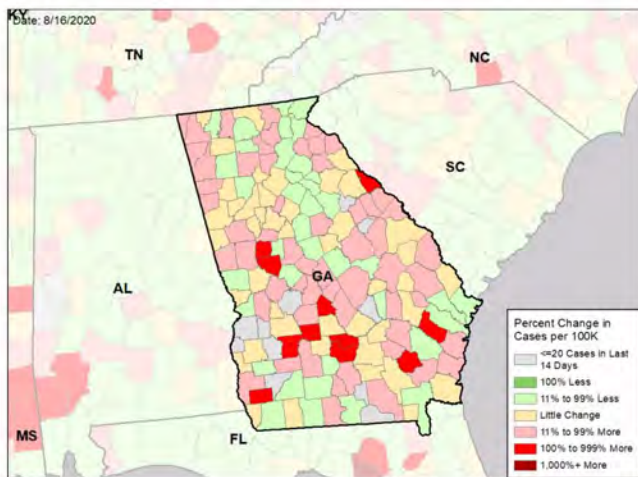
### NEW CASES PER 100,000 DURING LAST WEEK



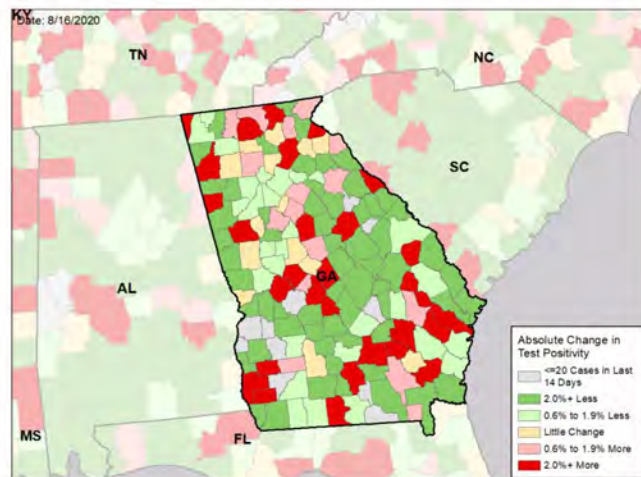
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

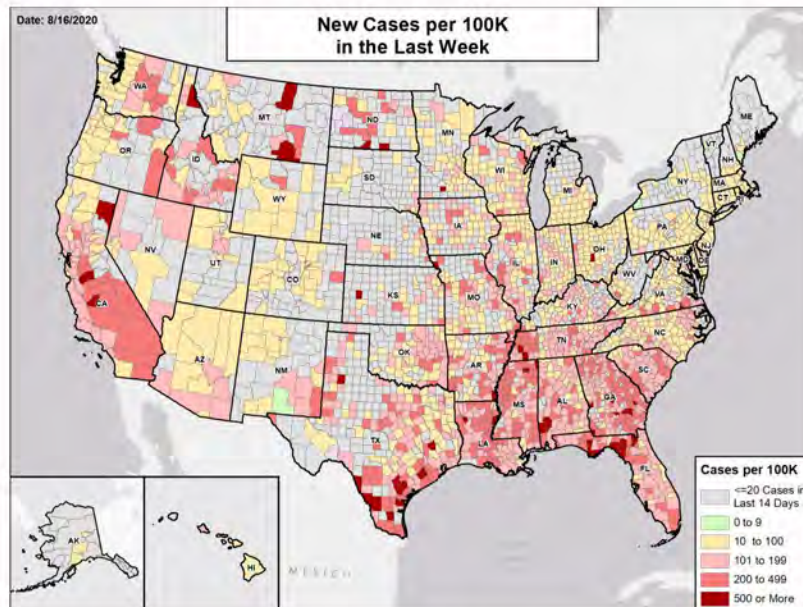
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



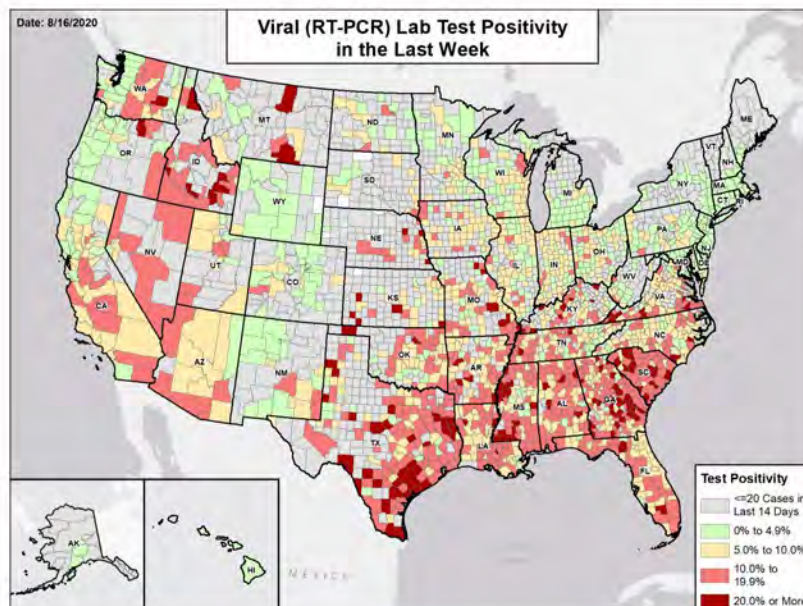


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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.





# HAWAII

STATE REPORT | 08.16.2020

## SUMMARY

- Hawaii is in the red zone for cases, indicating over 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- Nationally, Hawaii was ranked 18th for most new cases per 100,000 population and 20th for highest test positivity last week.
- Hawaii has seen an increase 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. Honolulu County, 2. Maui County, and 3. Hawaii County. These counties represent 99.6 percent of new cases in Hawaii.
- Hawaii had 101 new cases per 100,000 population in the past week, compared to a national average of 112 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 15 to support operations activities from USCG.
- Between Aug 08 - Aug 14, on average, 16 patients with confirmed COVID-19 and 47 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Hawaii. An average of 59 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

- Ongoing aggressive mitigation efforts are warranted in Honolulu; ensure indoor bars and gyms are closed, dining is restricted to outdoors, and indoor commercial retail activity is limited.
- Closely monitor wearing of cloth face masks and enforce use in all indoor spaces outside of the home. Consider fines for persons not wearing face masks in indoor settings in Honolulu.
- Continue aggressive, locally developed public service campaigns across all media platforms targeting both residents and tourists, emphasizing the critical importance of and requirements for face coverings and social distancing.
- Continue locally developed education campaigns on 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 utilizing 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. Ensure all hospital and clinic testing platforms are being utilized at capacity; if they are not, utilize excess capacity for community testing. Distinctions in reporting surveillance and diagnostic testing should be maintained.
- Expand intensified contact tracing efforts, focusing efforts in Honolulu. Ensure all cases are immediately isolated and interviewed for contacts within 48 hours of diagnosis. Enlist and train university students and unemployed citizens as contact tracers to expand capacity. If needed, reach to federal agencies for support to quickly scale.
- Provide adequate housing, as necessary, to ensure immediate isolation of all cases and quarantine of all contacts; this provision is particularly important in communities with congregate living facilities and multi-generational or crowded households.
- Immediately conduct infection control surveys in all nursing homes with 3 or more cases per week over the last 3 weeks.
- Continue to ensure that nursing home residents are protected by testing all residents at admission, facility-wide testing for any case diagnosed among staff or residents, periodic testing of staff in high-transmission areas, and requiring all staff to wear face masks at all times when at work. In-person visitation should be restricted, especially in Honolulu.
- 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 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.



COVID-19

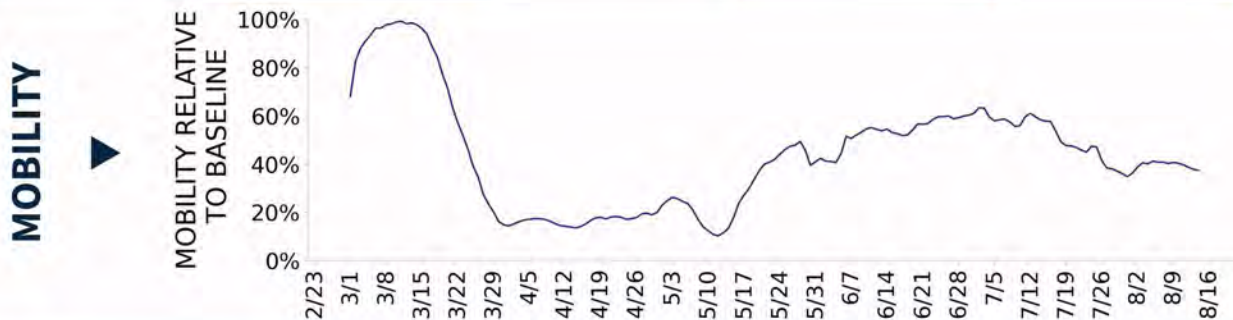




# HAWAII

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>1,428</b> (101)	<b>+42.1%</b>	<b>78,056</b> (152)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>7.3%</b>	<b>+0.7%*</b>	<b>7.1%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>19,047**</b> (1,345)	<b>-2.2%**</b>	<b>1,130,627**</b> (2,205)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>9</b> (1)	<b>+80.0%</b>	<b>1,430</b> (3)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>2.4%</b>	<b>-2.3%*</b>	<b>14.5%</b>	<b>12.2%</b>



\* 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. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# HAWAII

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**0**

N/A

**1**

Urban Honolulu

**COUNTY  
LAST WEEK**

**0**

N/A

**1**

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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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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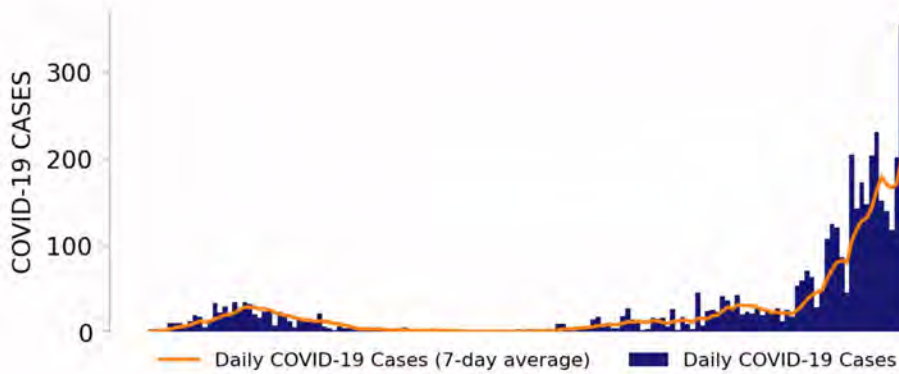




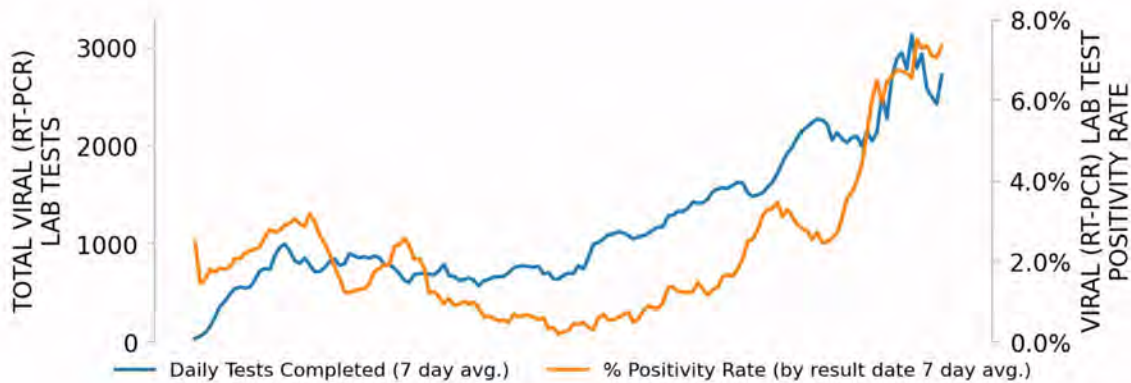
# HAWAII

STATE REPORT | 08.16.2020

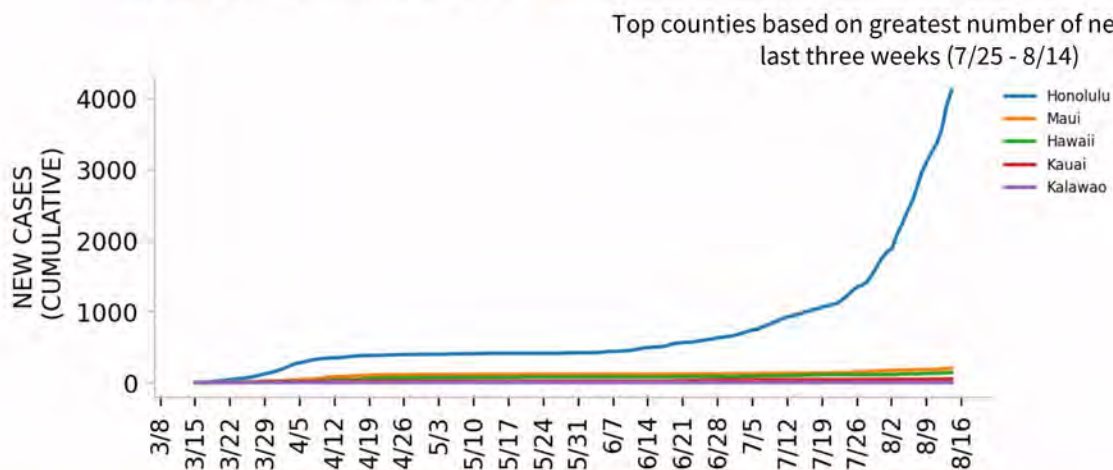
## NEW CASES



## TESTING



## TOP COUNTIES



### DATA SOURCES

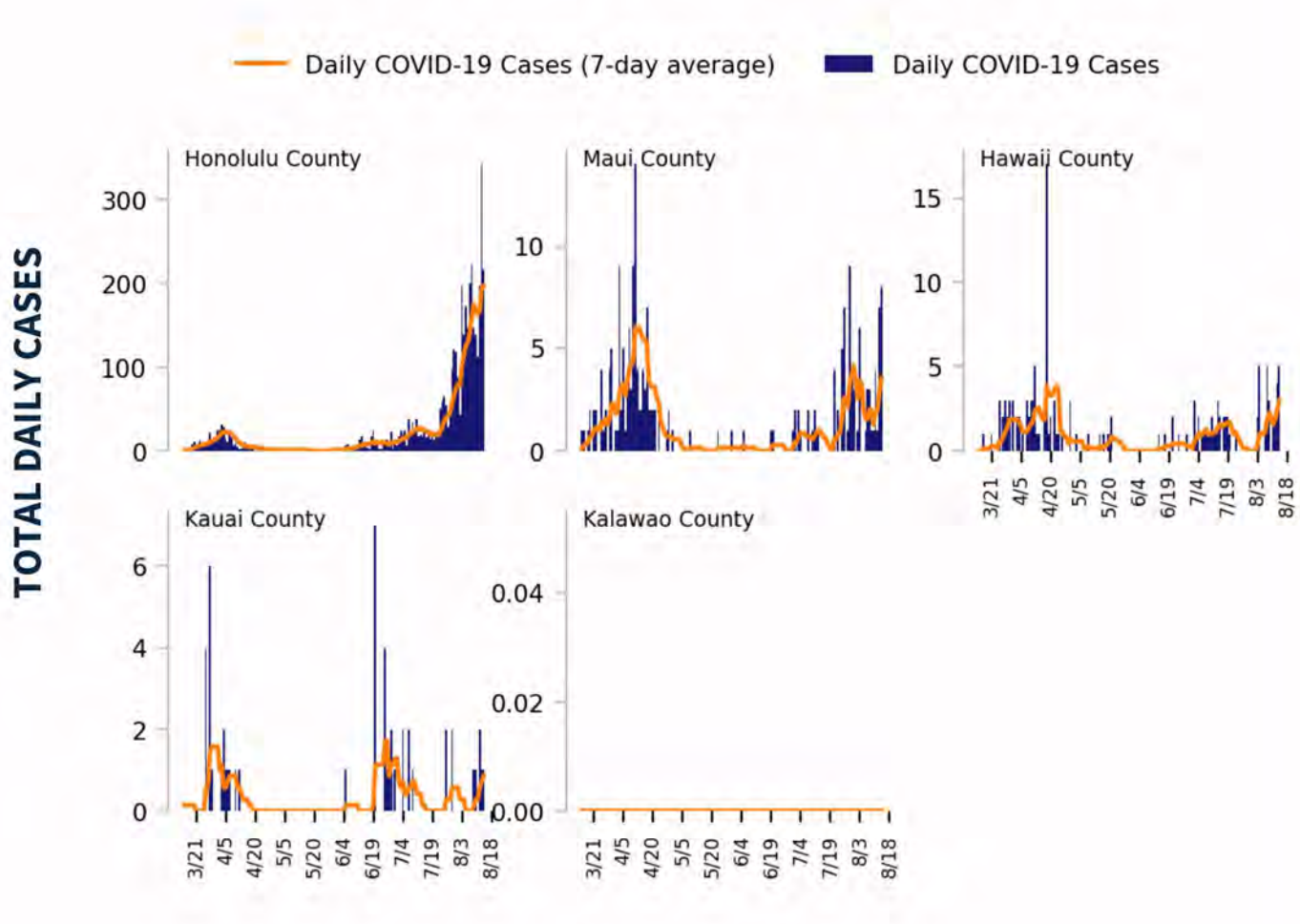
**Cases:** County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/14/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.





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



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



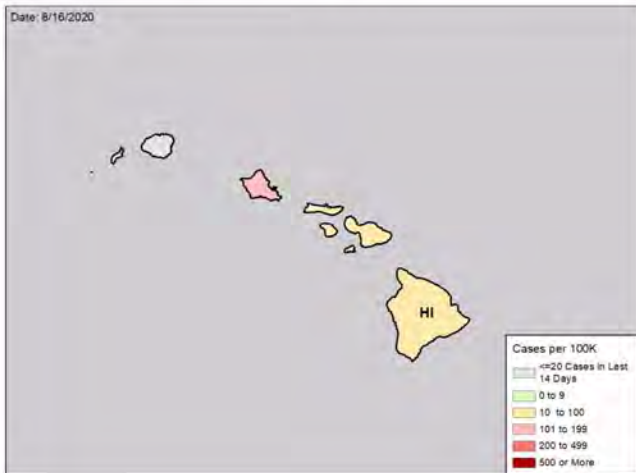


# HAWAII

STATE REPORT | 08.16.2020

## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

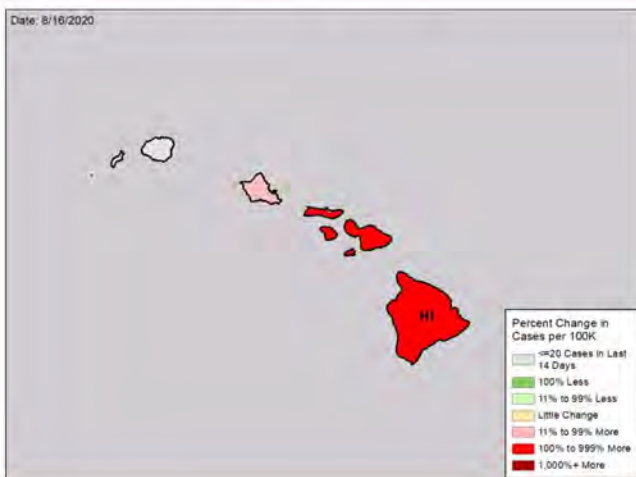
### NEW CASES PER 100,000 DURING LAST WEEK



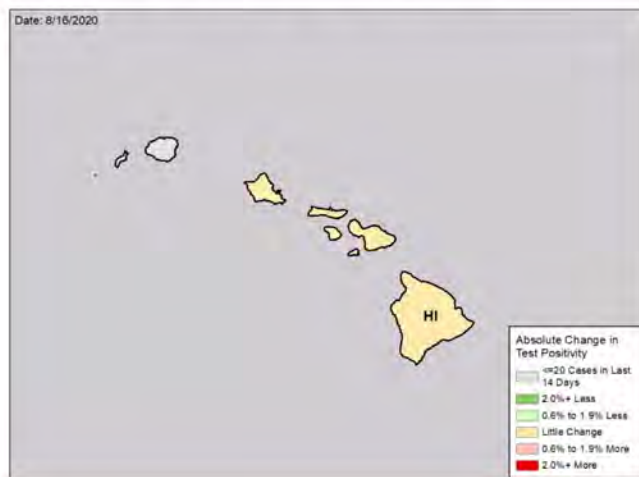
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

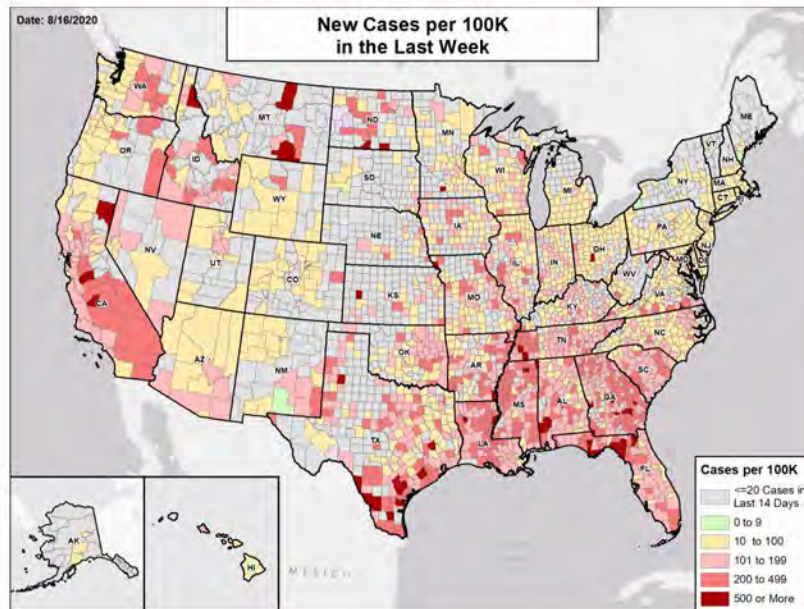
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



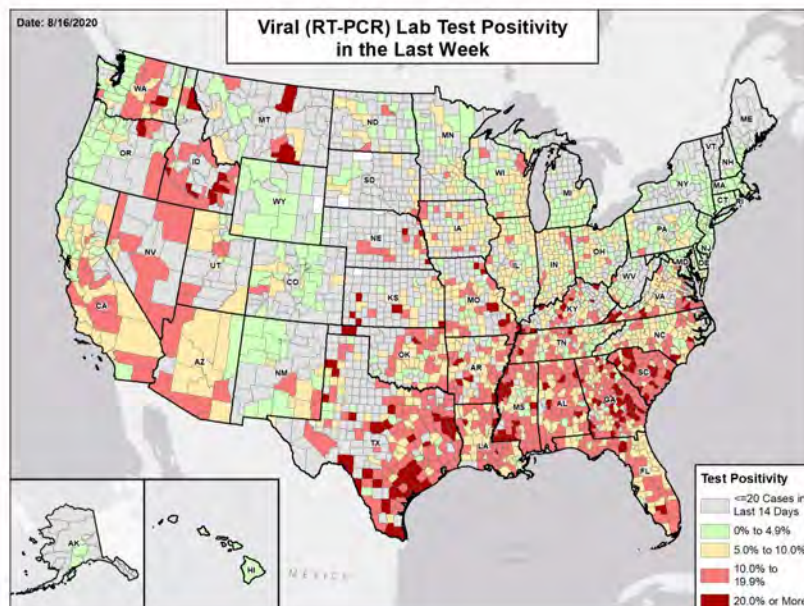


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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.





# IDAHO

STATE REPORT | 08.16.2020

## 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%.
- Nationally, Idaho was ranked 4th for most new cases per 100,000 population and 1st for highest test positivity last week.
- 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. Bonneville County. These counties represent 63.2 percent of new cases in Idaho.
- Idaho had 182 new cases per 100,000 population in the past week, compared to a national average of 112 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 08 - Aug 14, on average, 14 patients with confirmed COVID-19 and 4 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Idaho. An average of 66 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 educate and promote use of social distancing and face coverings, especially in indoor settings.
- When possible, invite leadership of groups resistant to community mitigation efforts to participate in data reviews and public health discussions and planning.
- Use and promote local evidence and evidence from surrounding states to demonstrate the impact of face covering use.
- State dashboards could be more visually compelling and educational, highlighting county-level data and potential effects of face coverings use. Promote use as part of educational campaigns.
- Encourage local mandates for face coverings in all indoor environments outside of the home in yellow and red zone counties and metro areas.
- 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.
- Intensify restrictions in all red zone counties by closing bars, casinos, and gyms; restricting indoor dining; and prohibiting gatherings of more than 10 people, especially indoors.
- 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) can still be more efficient than individual testing in groups with moderate prevalence, pooling larger groups in lower prevalence settings can free up resources and allow potential redistribution to better meet needs.
- 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. Distinctions between surveillance and diagnostic testing should be maintained.
- Intensify contact tracing, quarantine, and isolation efforts. Ensure that all cases are immediately isolated 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, including tribal communities.
- Immediately conduct infection control surveys in all nursing homes with 3 or more cases per week over the last 3 weeks.
- Continue to ensure that nursing home residents are protected by testing all residents at admission, facility-wide testing for any case diagnosed among staff or residents, periodic testing of staff in high-transmission areas, and requiring all staff to wear face masks at all times when at work. In-person visitation should be restricted, especially in high-transmission zones.
- 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 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.



COVID-19





## IDAHO

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>3,251</b> (182)	<b>+1.6%</b>	<b>10,296</b> (72)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>17.2%</b>	<b>-0.8%*</b>	<b>5.8%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>24,573**</b> (1,375)	<b>-21.5%**</b>	<b>189,408**</b> (1,320)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>36</b> (2)	<b>-10.0%</b>	<b>158</b> (1)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>13.8%</b>	<b>+0.2%*</b>	<b>7.3%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# IDAHO

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

#### METRO AREA (CBSA)

8

Boise City  
Idaho Falls  
Coeur d'Alene  
Twin Falls  
Burley  
Pocatello  
Blackfoot  
Ontario

2

Rexburg  
Mountain Home

#### COUNTY LAST WEEK

21

Top 12 shown  
(full list  
below)

Ada  
Canyon  
Bonneville  
Kootenai  
Twin Falls  
Bannock  
Bingham  
Payette  
Jefferson  
Jerome  
Minidoka  
Cassia

4

Elmore  
Gem  
Madison  
Teton

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

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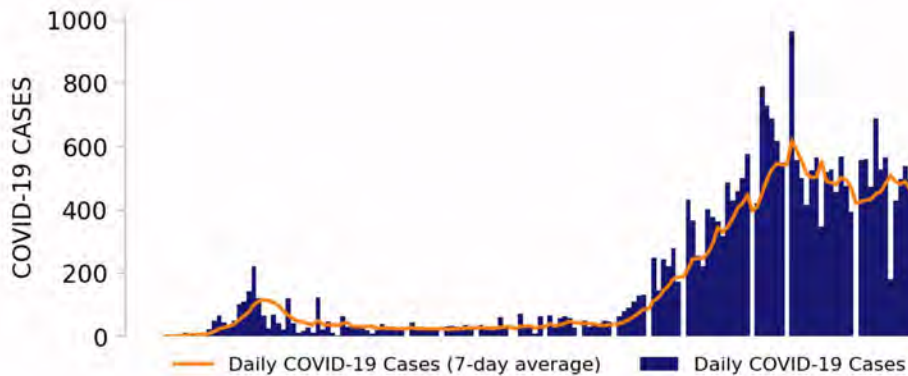




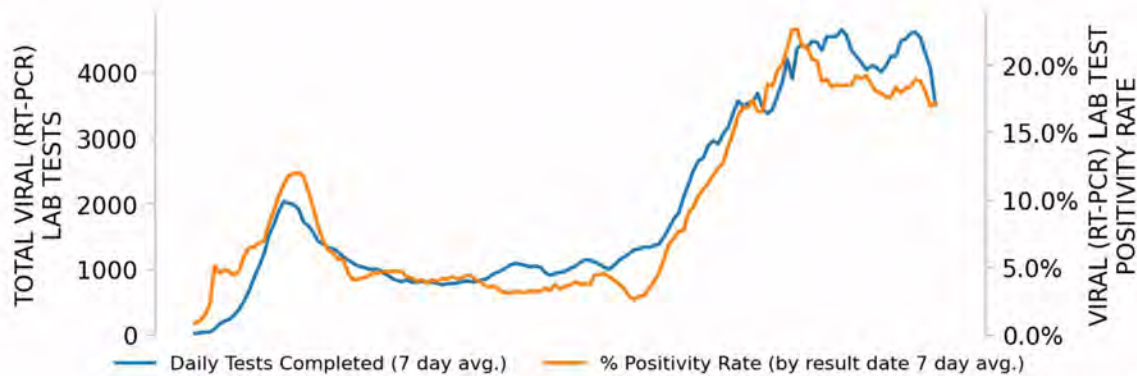
# IDAHO

STATE REPORT | 08.16.2020

## NEW CASES

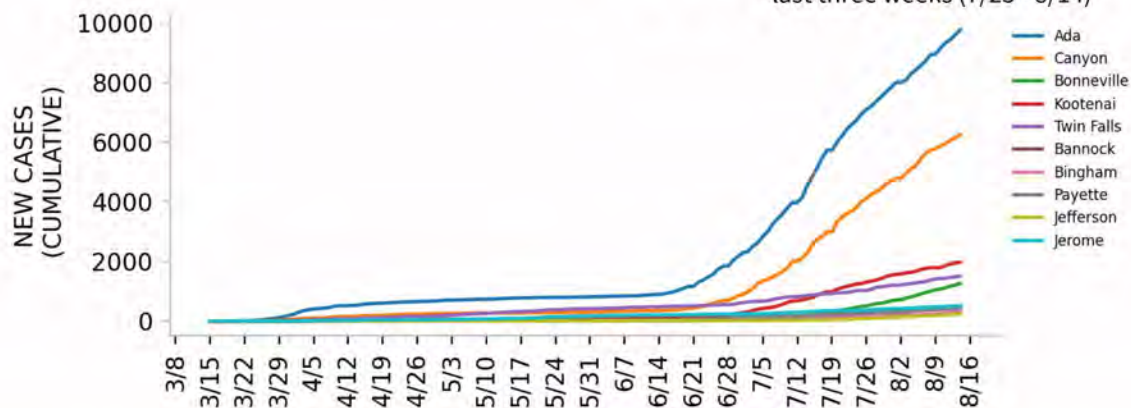


## TESTING



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP COUNTIES



### 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 8/14/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.

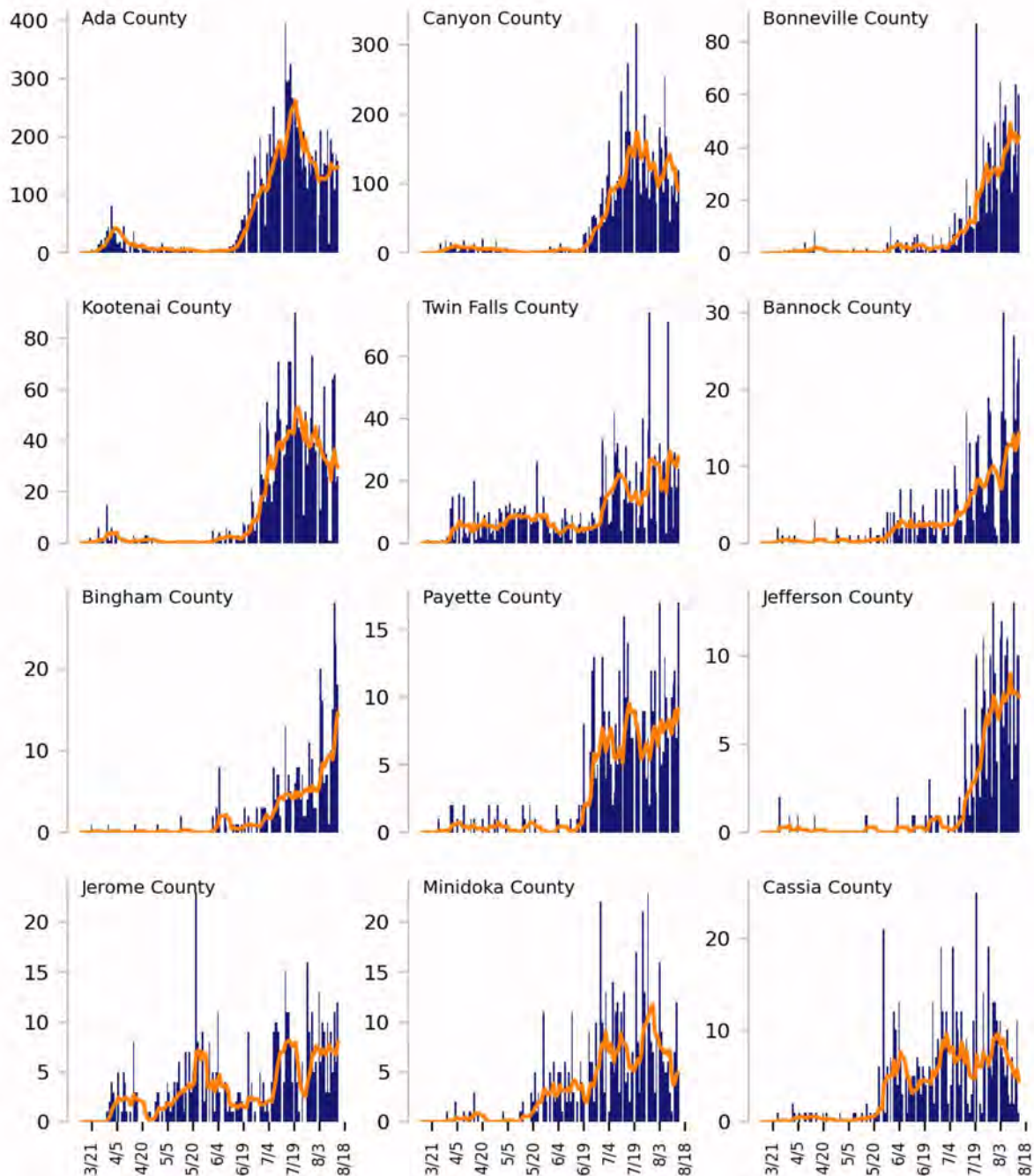




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



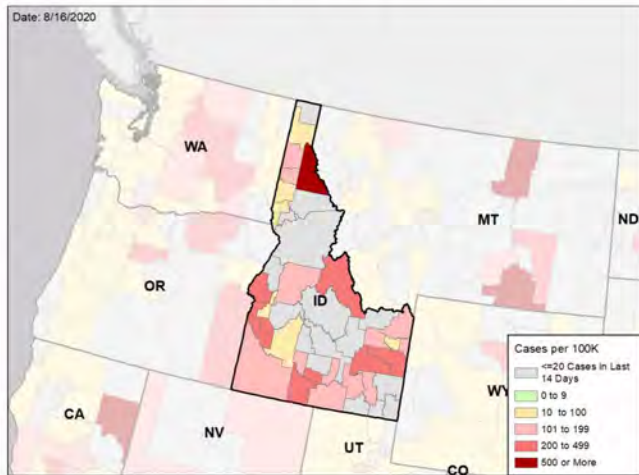


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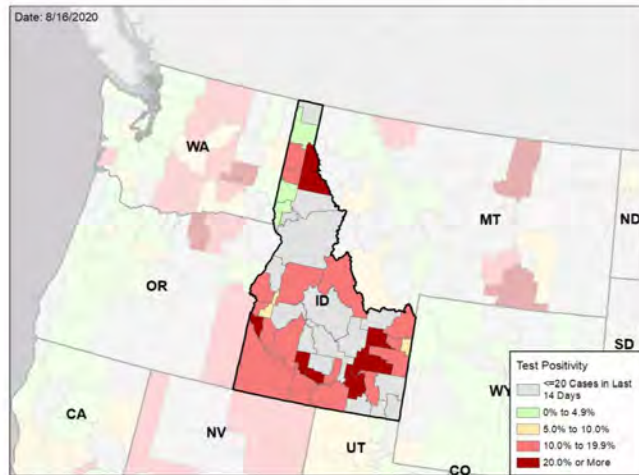
STATE REPORT | 08.16.2020

## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

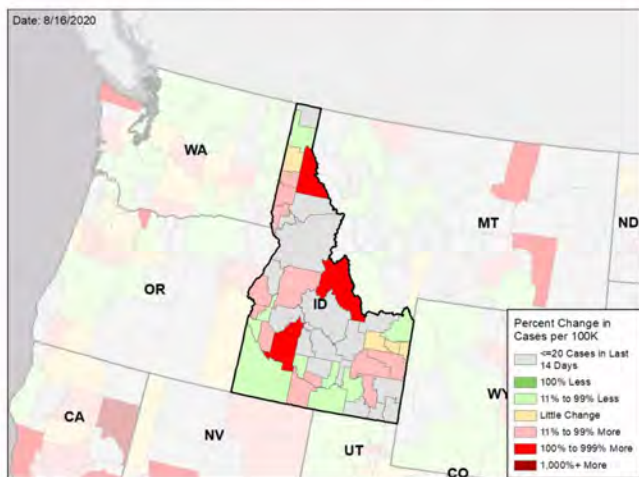
NEW CASES PER 100,000 DURING LAST WEEK



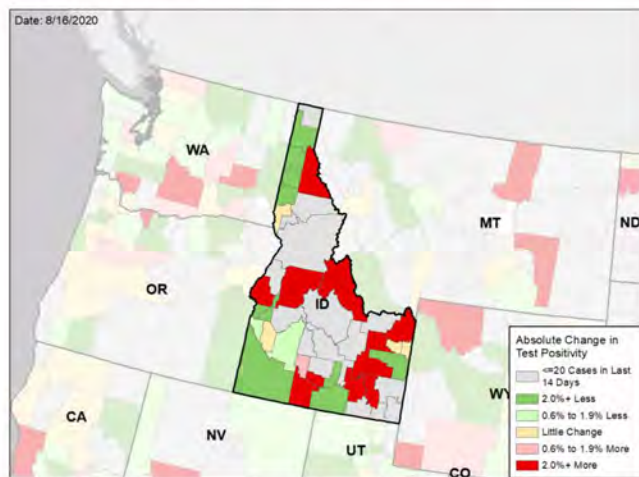
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

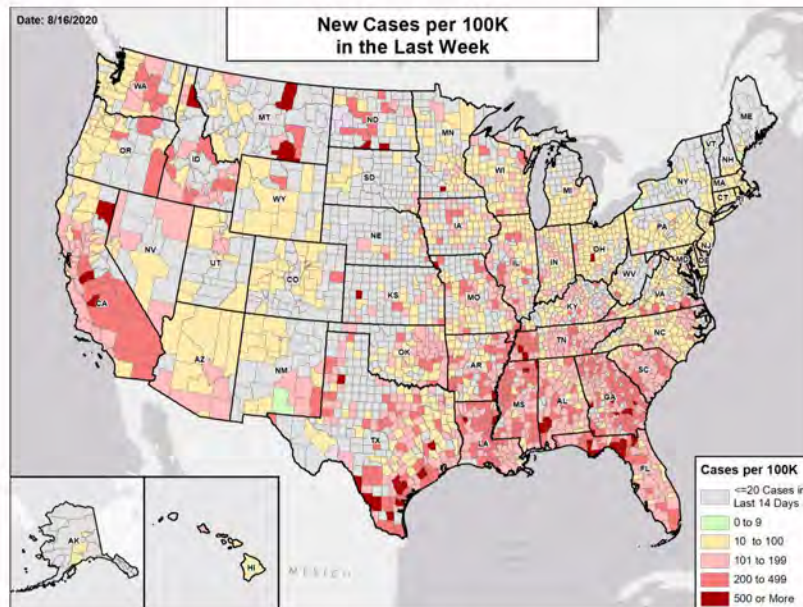
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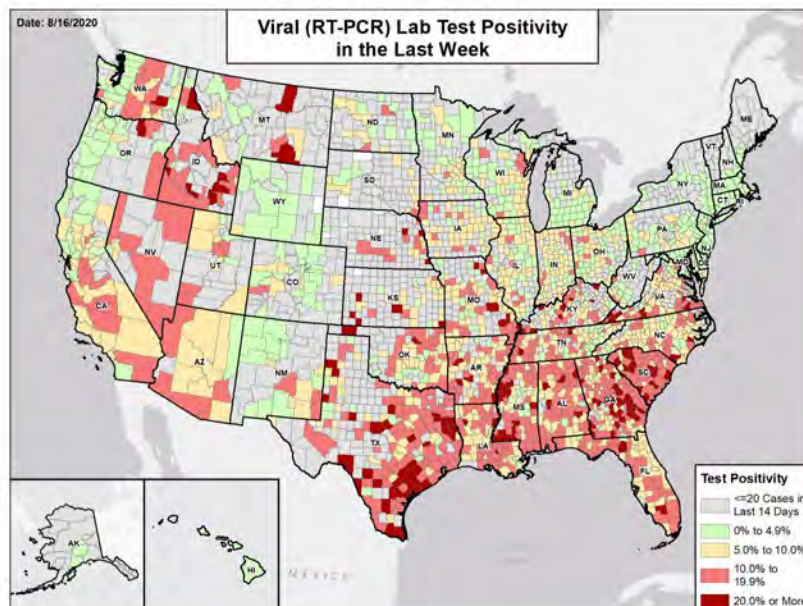


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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 | 08.16.2020

**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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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.





# ILLINOIS

STATE REPORT | 08.16.2020

## 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%.
- Nationally, Illinois was ranked 20th for most new cases per 100,000 population and 29th for highest test positivity last week.
- Illinois 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. Cook County, 2. DuPage County, and 3. Lake County. These contiguous counties in the Chicago CBSA represent 50.3 percent of new cases in Illinois. Viral transmission is widely distributed in other parts of the state, especially southern and western counties, including counties in the St. Louis CBSA.
- In Illinois, 1 (0.1%) long term care facility (LTCF) reported 3 or more cases per week among residents for 3 consecutive weeks; 2 (0.3%) LTCF reported 3 or more cases per week among staff for 3 consecutive weeks.
- Illinois had 96 new cases per 100,000 population in the past week, compared to a national average of 112 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 75 to support operations activities from FEMA; 6 to support operations activities from ASPR; 1 to support epidemiology activities from CDC; and 7 to support operations activities from USCG.
- Between Aug 08 - Aug 14, on average, 87 patients with confirmed COVID-19 and 376 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Illinois. 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. Ensure implementation of newly approved enforcement rules for masking mandate statewide to support local government application and enforcement.
- For counties in the red and yellow zones, 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.
- Continue efforts to build contact tracing capabilities by increasing staff, training, and funding, with a focus on communities with increasing cases.
- Message to residents that if they have vacationed in, or had visitors from, areas with high COVID-19 prevalence, including the South and West, 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 per week over 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. 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.
- 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 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 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.



**COVID-19**

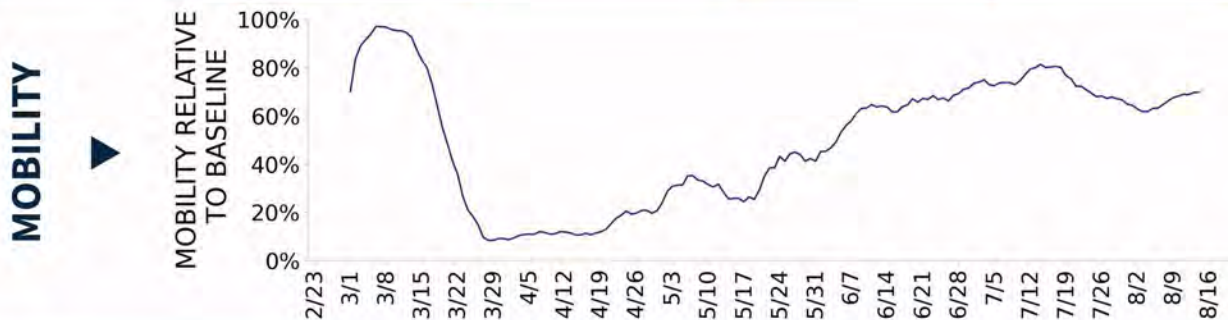




## ILLINOIS

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>12,182</b> (96)	<b>+4.3%</b>	<b>41,679</b> (79)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>5.3%</b>	<b>+0.0%*</b>	<b>5.2%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>257,173**</b> (2,029)	<b>+5.3%**</b>	<b>988,488**</b> (1,881)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>107</b> (1)	<b>-10.1%</b>	<b>472</b> (1)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>8.0%</b>	<b>-0.9%*</b>	<b>7.3%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# ILLINOIS

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## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**2**

Mount Vernon  
Lincoln

**19**

Top 12 shown  
(full list  
below)

Chicago-Naperville-Elgin  
St. Louis  
Peoria  
Ottawa  
Springfield  
Carbondale-Marion  
Davenport-Moline-Rock Island  
Decatur  
Charleston-Mattoon  
Quincy  
Kankakee  
Jacksonville

**COUNTY  
LAST WEEK**

**7**

Bureau  
Jefferson  
Clinton  
Logan  
Perry  
Hancock  
Henderson

**42**

Top 12 shown  
(full list  
below)

Cook  
Lake  
Will  
Kane  
Madison  
St. Clair  
Peoria  
McHenry  
Sangamon  
LaSalle  
Macon  
Rock Island

**All Yellow CBSAs:** Chicago-Naperville-Elgin, St. Louis, Peoria, Ottawa, Springfield, Carbondale-Marion, Davenport-Moline-Rock Island, Decatur, Charleston-Mattoon, Quincy, Kankakee, Jacksonville, Effingham, Galesburg, Sterling, Taylorville, Fort Madison-Keokuk, Burlington, Cape Girardeau

**All Yellow Counties:** Cook, Lake, Will, Kane, Madison, St. Clair, Peoria, McHenry, Sangamon, LaSalle, Macon, Rock Island, Tazewell, Jackson, Adams, Kankakee, Coles, Kendall, Williamson, Morgan, Effingham, Grundy, Knox, Franklin, Macoupin, Henry, Whiteside, Randolph, Cass, Jersey, Union, Christian, Iroquois, Moultrie, Greene, Jo Daviess, Douglas, Carroll, White, Fayette, Scott, Clay

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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
- **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
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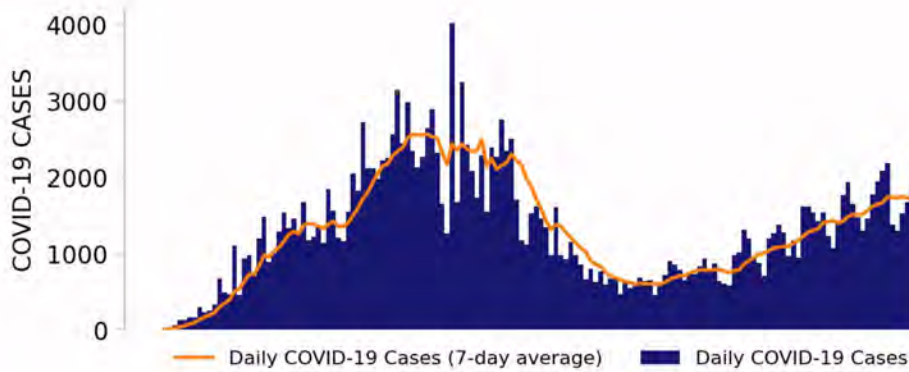




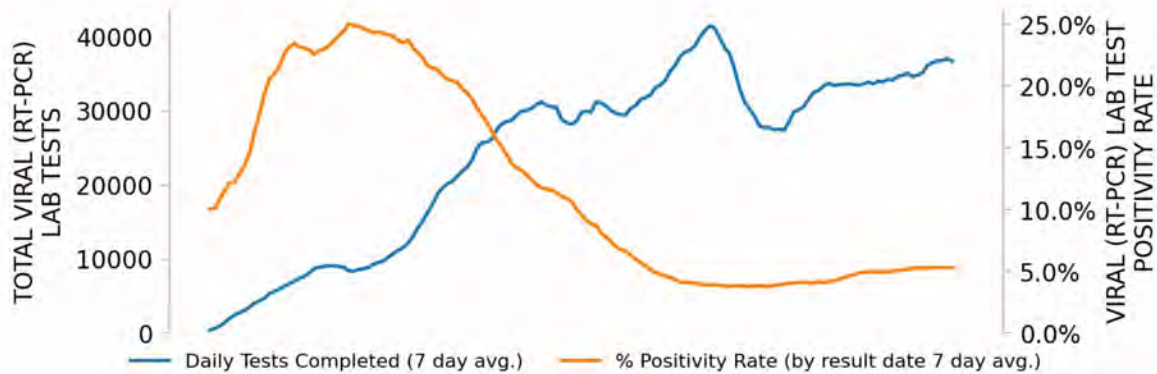
# ILLINOIS

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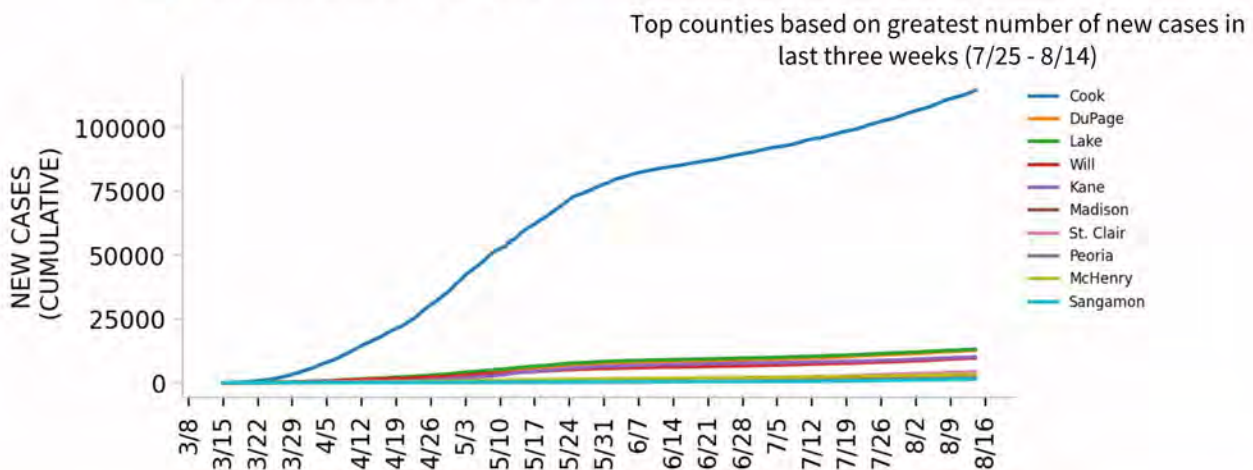
## NEW CASES



## TESTING



## TOP COUNTIES



### DATA SOURCES

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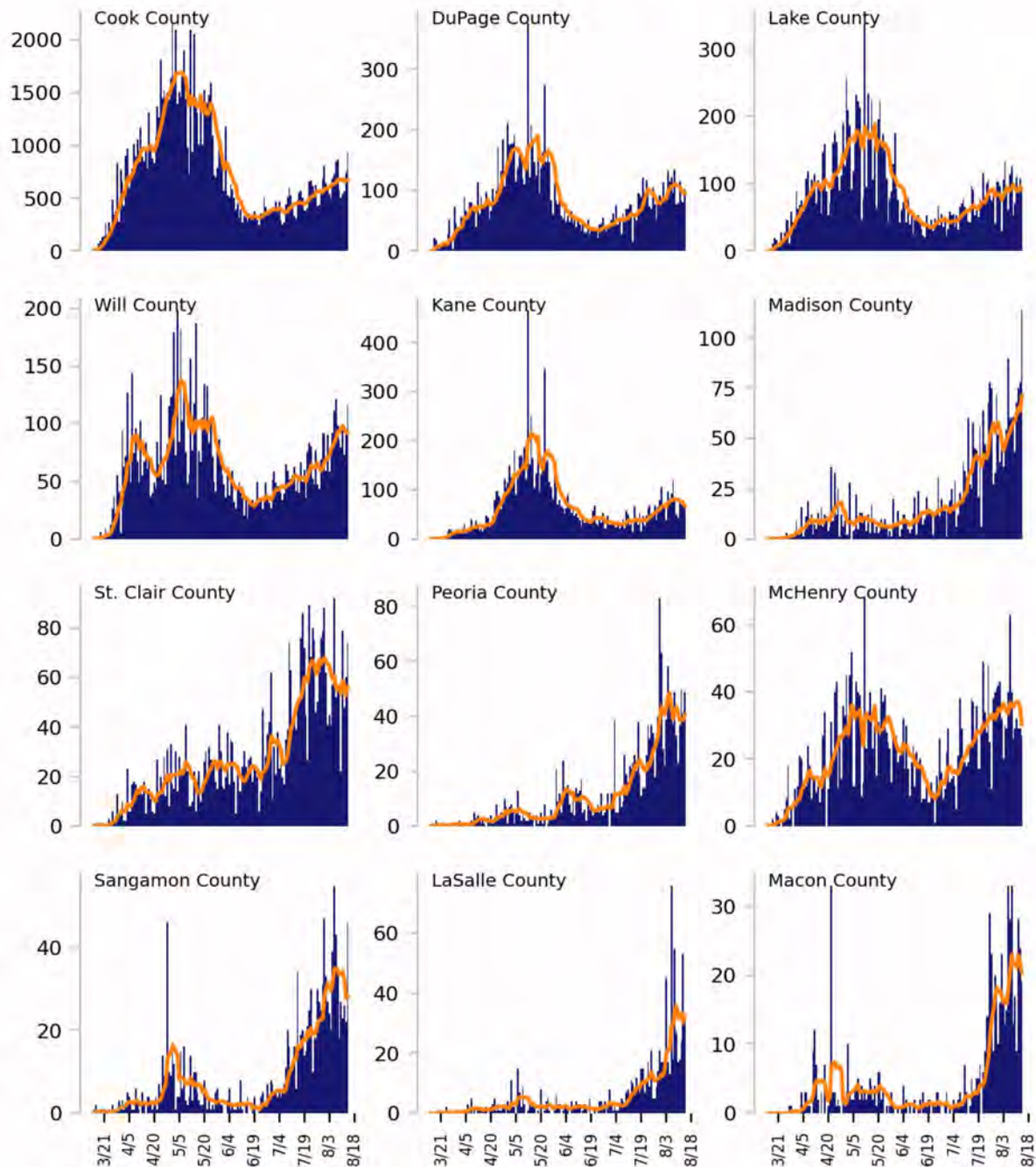




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



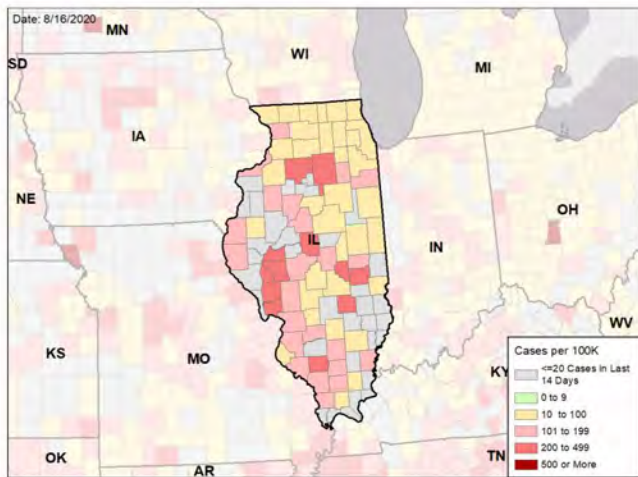


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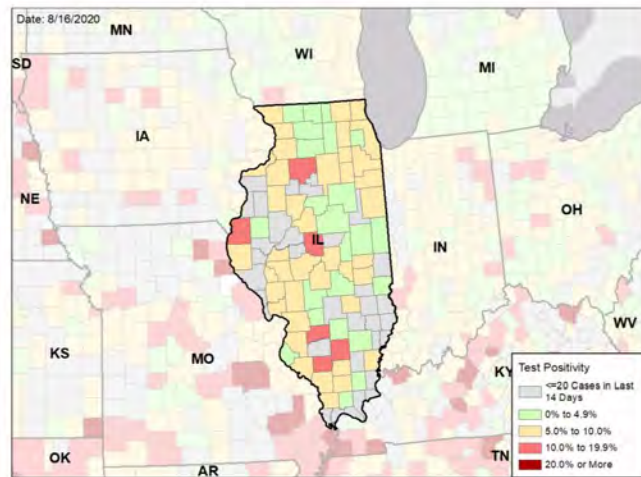
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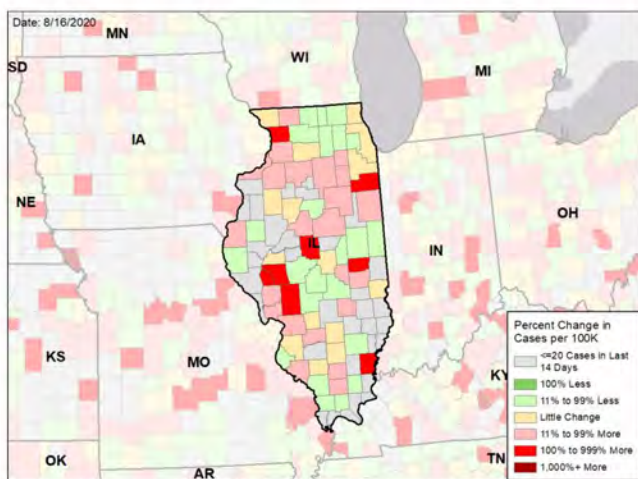
### NEW CASES PER 100,000 DURING LAST WEEK



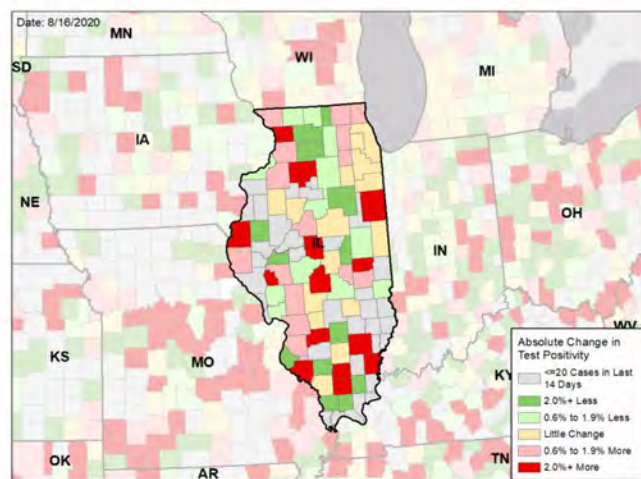
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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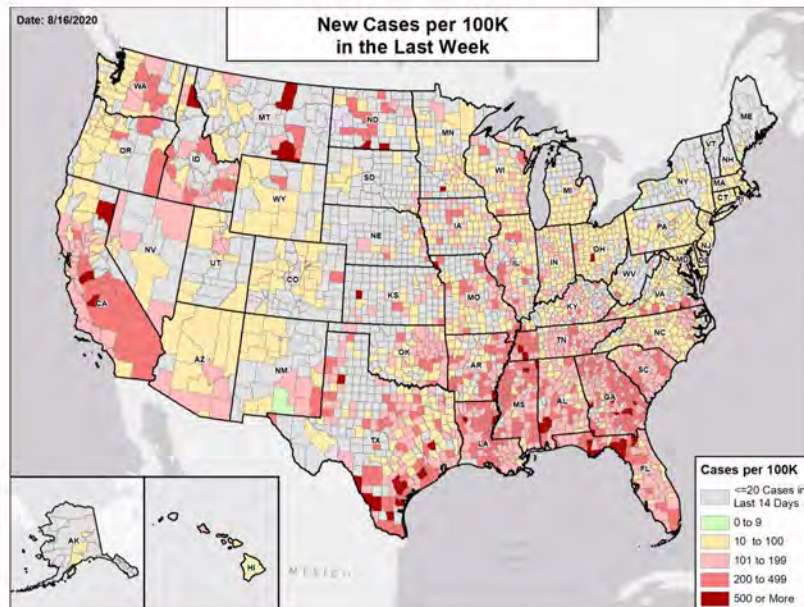
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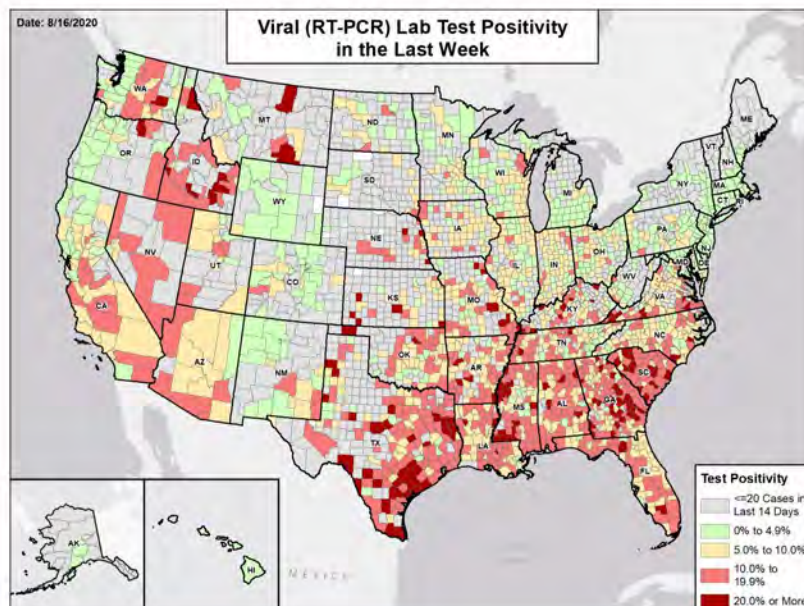


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



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# Methods

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Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>0.5%

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- 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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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 | 08.16.2020

## 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%.
- Nationally, Indiana was ranked 21st for most new cases per 100,000 population and 24th for highest test positivity last week.
- Indiana has seen stability in new cases and stability in test positivity over the past week, indicating some slight improvement which needs to be accelerated to drive down cases. Messaging on West Nile protection and COVID-19 protection will illustrate the ability for every citizen to control their exposure and protect themselves from viruses in the community.
- Testing availability continues to improve. This needs to be maintained.
- Less than 1% of Indiana nursing homes are reporting 3 or more COVID-19 cases per week over the last 3 weeks. This strong protection of vulnerable populations must continue.
- 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 30.4 percent of new cases in Indiana, indicating that the pandemic is widespread across the state.
- Case spread is expanding, with significant increases in several counties. Mitigation efforts, testing, and contact tracing needs to be aggressive implemented. COVID-19 is widely disseminated throughout the state and mitigation efforts should be statewide.
- Indiana had 95 new cases per 100,000 population in the past week, compared to a national average of 112 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 08 - Aug 14, on average, 45 patients with confirmed COVID-19 and 130 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Indiana. An average of 66 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 extend the pause on phase 4.5 of the state re-opening plan through August 27.
- Continue the protection of those in nursing homes, assisted living, and long-term care facilities (LTCFs) by assuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19 with isolation of all positive staff and residents. Ensure social distancing and universal facemask use. Immediately conduct infection control surveys in all nursing homes with 3 or more cases per week over the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support LTCF 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, including bars, nightclubs, and entertainment venues.
- Move to outdoor dining and limit indoor dining to less than 25% occupancy.
- Ask citizens to limit social gatherings to 10 or fewer people.
- Increase messaging of the risk of serious disease in all age groups 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.
- 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 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 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.



COVID-19

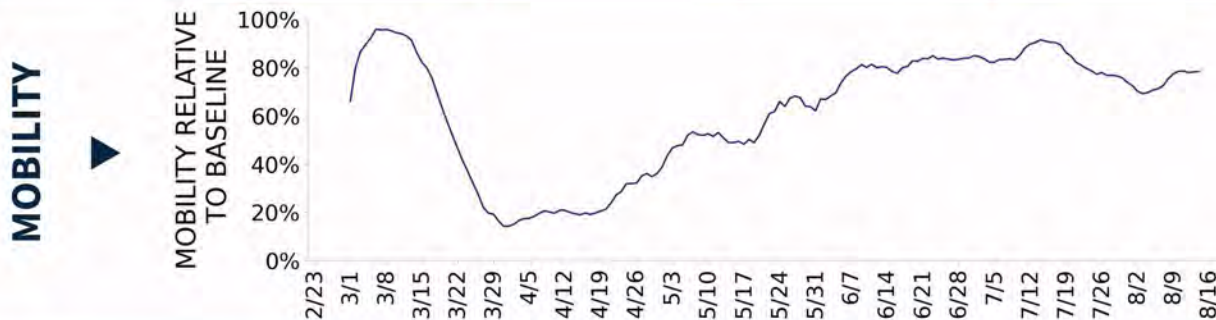




# INDIANA

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>6,379</b> (95)	<b>+4.1%</b>	<b>41,679</b> (79)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>6.9%</b>	<b>-0.5%*</b>	<b>5.2%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>130,888**</b> (1,944)	<b>+10.6%**</b>	<b>988,488**</b> (1,881)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>86</b> (1)	<b>+75.5%</b>	<b>472</b> (1)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>6.9%</b>	<b>+0.7%*</b>	<b>7.3%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# INDIANA

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**2**

Louisville/Jefferson County  
Kendallville

**27**

Top 12 shown  
(full list  
below)

Indianapolis-Carmel-Anderson  
Chicago-Naperville-Elgin  
South Bend-Mishawaka  
Evansville  
Fort Wayne  
Elkhart-Goshen  
Terre Haute  
Lafayette-West Lafayette  
Cincinnati  
Jasper  
Muncie  
Michigan City-La Porte

**COUNTY  
LAST WEEK**

**4**

Floyd  
Noble  
Sullivan  
Clay

**59**

Top 12 shown  
(full list  
below)

Marion  
Lake  
St. Joseph  
Allen  
Elkhart  
Vanderburgh  
Clark  
Vigo  
Porter  
Hendricks  
Tippecanoe  
Madison

**All Yellow CBSAs:** Indianapolis-Carmel-Anderson, Chicago-Naperville-Elgin, South Bend-Mishawaka, Evansville, Fort Wayne, Elkhart-Goshen, Terre Haute, Lafayette-West Lafayette, Cincinnati, Jasper, Muncie, Michigan City-La Porte, Kokomo, Columbus, Warsaw, Frankfort, New Castle, Logansport, Plymouth, Washington, Seymour, Connersville, Vincennes, Scottsburg, Decatur, Auburn, Wabash

**All Yellow Counties:** Marion, Lake, St. Joseph, Allen, Elkhart, Vanderburgh, Clark, Vigo, Porter, Hendricks, Tippecanoe, Madison, Johnson, Delaware, LaPorte, Howard, Dubois, Warrick, Bartholomew, Hancock, Boone, Dearborn, Kosciusko, Clinton, Henry, Putnam, Harrison, Morgan, Cass, Marshall, Daviess, Jasper, Carroll, Shelby, Tipton, Jackson, Franklin, Fayette, Knox, Gibson, Washington, Wells, Fulton, White, Scott, LaGrange, Adams, Posey, DeKalb, Owen, Randolph, Wabash, Vermillion, Greene, Orange, Whitley, Rush, Switzerland, Martin

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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

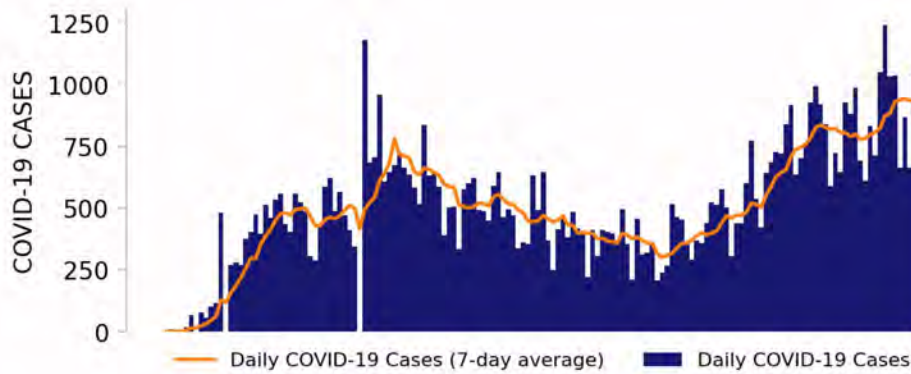




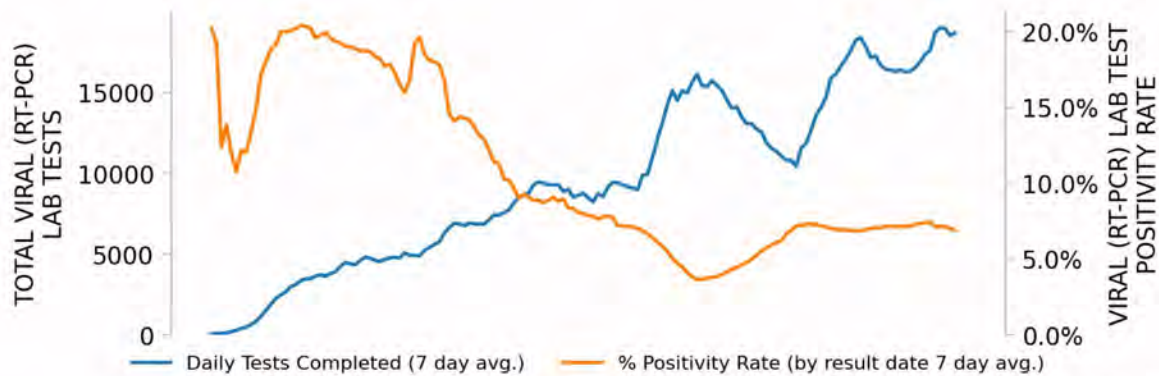
# INDIANA

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## NEW CASES

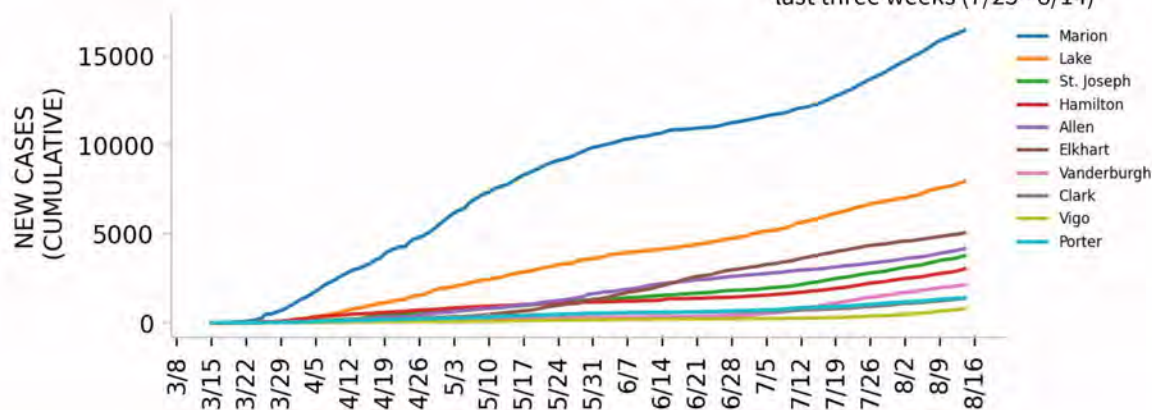


## TESTING



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP COUNTIES



### 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 8/14/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.

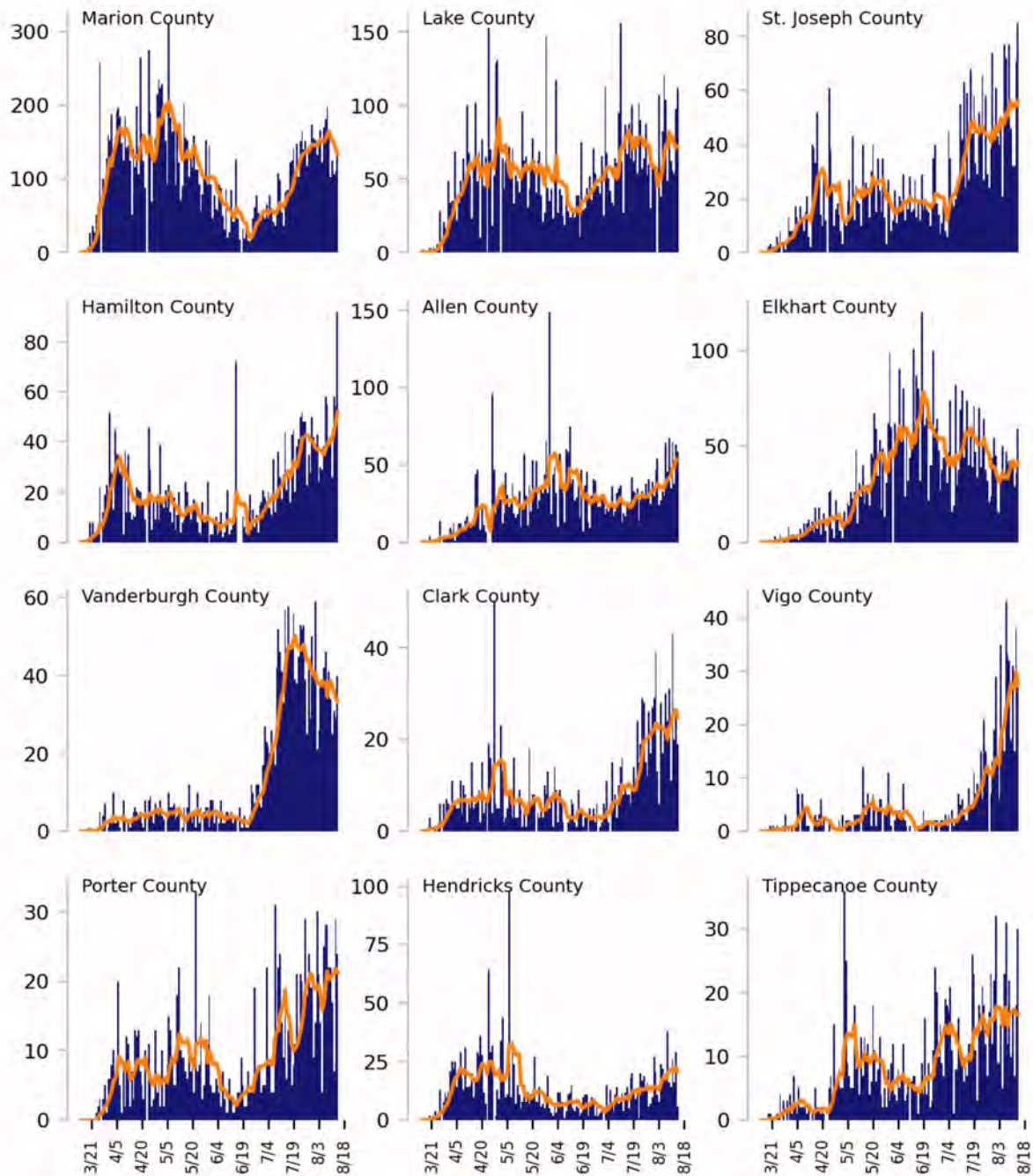




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



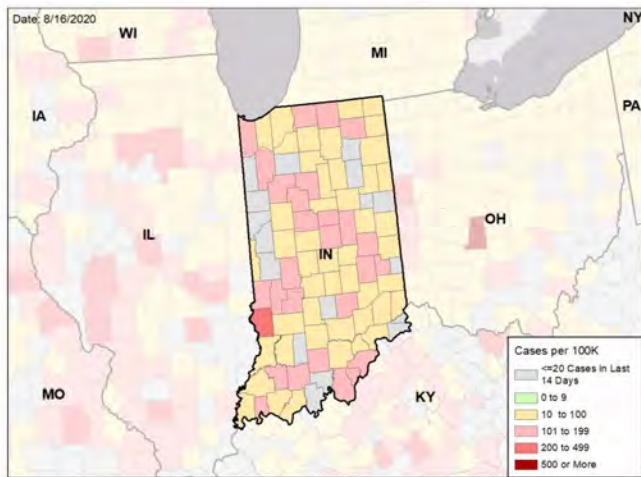


# INDIANA

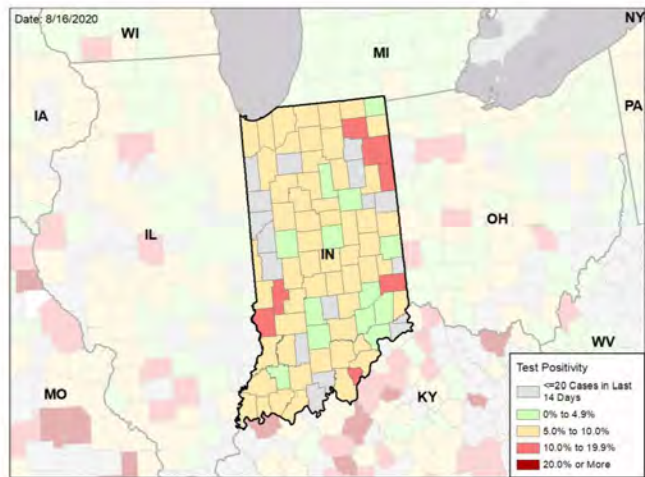
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## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

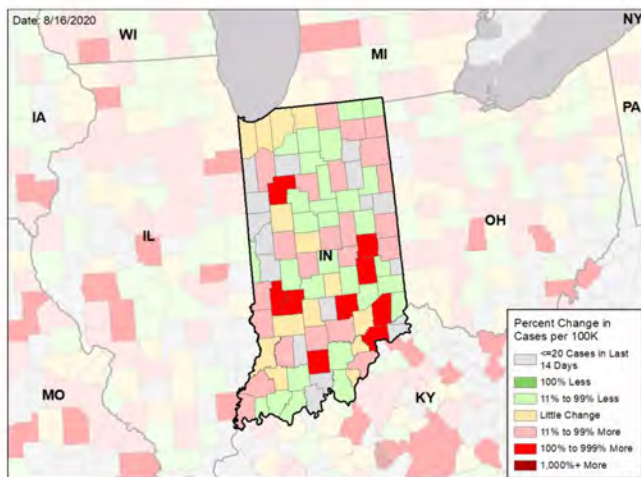
### NEW CASES PER 100,000 DURING LAST WEEK



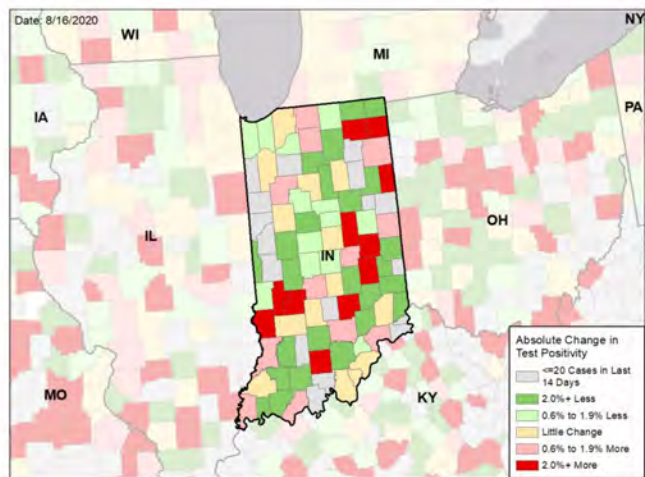
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

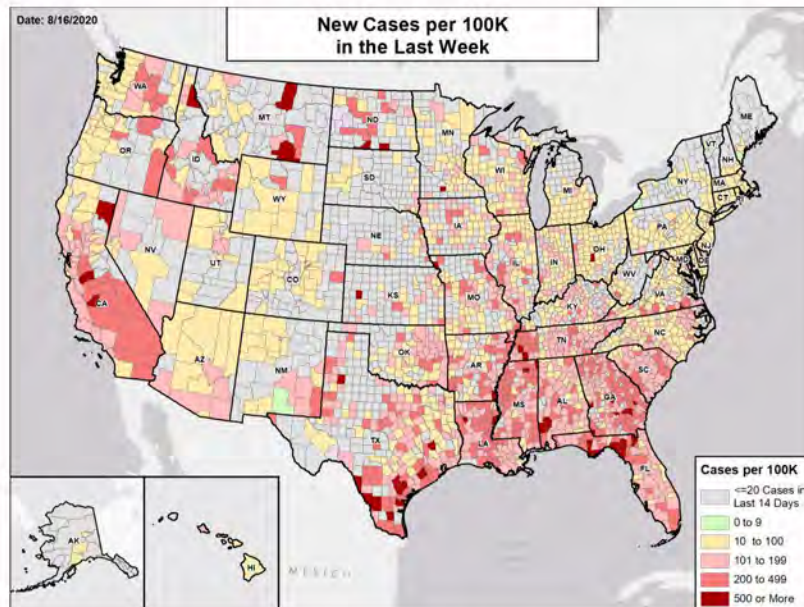
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



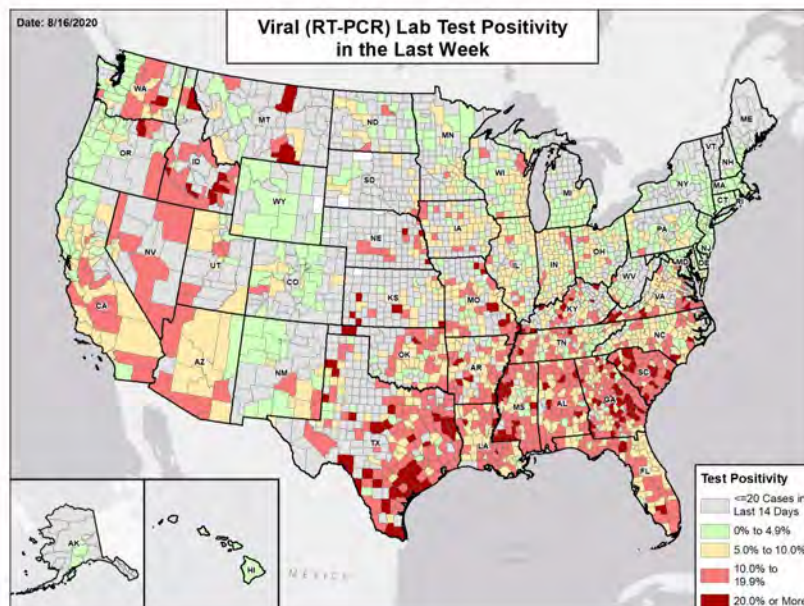


# National Picture

## NEW CASES PER 100,000 LAST WEEK



## VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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.





# IOWA

STATE REPORT | 08.16.2020

## SUMMARY

- Iowa 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%.
- Nationally, Iowa was ranked 19th for most new cases per 100,000 population and 22nd for highest test positivity last week.
- 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. Johnson County. These counties represent 31.5 percent of new cases in Iowa.
- Half of all counties in Iowa have ongoing community transmission, with 10% experiencing high levels of community transmission. Transmission is in rural and urban areas.
- Iowa had 98 new cases per 100,000 population in the past week, compared to a national average of 112 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 08 - Aug 14, on average, 45 patients with confirmed COVID-19 and 51 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Iowa. 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

- The destruction caused by the derecho storm in Iowa is considerable, and our thoughts are with the people and communities impacted. As recovering efforts continue, ensure that the public and responders protect themselves from COVID-19 transmission through mask use and social distancing and that testing resources are still made available.
- Work closely with university leadership, Greek organizations, and student body leaders to establish appropriate behavior during COVID-19 with known repercussions if students do not comply.
- Establish mask requirement statewide. Work with local communities to ensure high usage rates. Identify mechanisms to assess compliance with local regulations, including working with community organizations.
- Encourage individuals that have participated in large social gatherings, birthday parties, and family gatherings to get tested and isolate themselves from family members with comorbidities.
- Continue messaging the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- To fully utilize all local testing capacity:
  - (a) Ensure the state public health lab is fully staffed and running 24/7, utilizing all platforms.
  - (b) Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
  - (c) 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 hospital admissions decline, and additional testing capacity is available.
- Continue ongoing efforts to build and utilize contact tracing. Hire contact tracers and community health workers from within minority and underserved communities to ensure cultural competency to gain trust and buy-in from within the community.
- 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 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.



COVID-19





## IOWA

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>3,082</b> (98)	<b>-5.1%</b>	<b>15,967</b> (113)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>7.2%</b>	<b>-0.3%*</b>	<b>8.5%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>52,535**</b> (1,665)	<b>-6.2%**</b>	<b>177,103**</b> (1,252)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>52</b> (2)	<b>+10.6%</b>	<b>126</b> (1)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>5.3%</b>	<b>+0.6%*</b>	<b>6.4%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# IOWA

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**2**

Ottumwa  
Spencer

**15**

Top 12 shown  
(full list  
below)

Des Moines-West Des Moines  
Cedar Rapids  
Waterloo-Cedar Falls  
Omaha-Council Bluffs  
Dubuque  
Davenport-Moline-Rock Island  
Ames  
Sioux City  
Clinton  
Marshalltown  
Muscatine  
Burlington

**COUNTY  
LAST WEEK**

**10**

Wapello  
Sioux  
Franklin  
Plymouth  
Shelby  
Humboldt  
Clarke  
Clay  
Lyon  
Lucas

**40**

Top 12 shown  
(full list  
below)

Polk  
Linn  
Dubuque  
Black Hawk  
Pottawattamie  
Scott  
Dallas  
Woodbury  
Clinton  
Marshall  
Story  
Warren

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

**All Yellow Counties:** Polk, Linn, Dubuque, Black Hawk, Pottawattamie, Scott, Dallas, Woodbury, Clinton, Marshall, Story, Warren, Muscatine, Des Moines, Bremer, Floyd, Marion, Jasper, Boone, Hardin, Benton, Wright, Page, Carroll, Cass, Delaware, Jackson, Crawford, Buchanan, Madison, Tama, Butler, Henry, Harrison, Hamilton, Washington, Winnebago, Palo Alto, Kossuth, Adair

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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

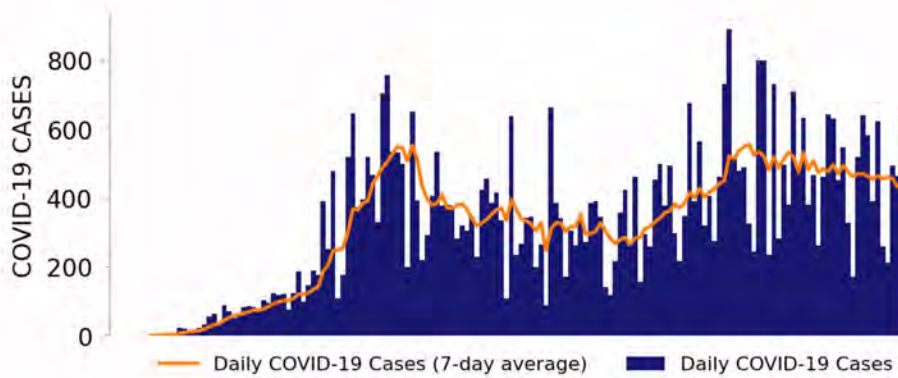




# IOWA

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## NEW CASES

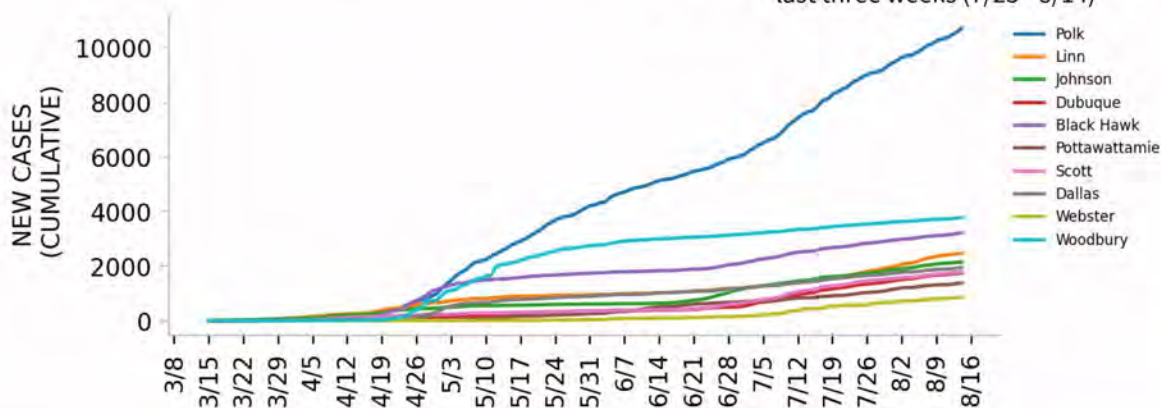


## TESTING



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP COUNTIES



### 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 8/14/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.

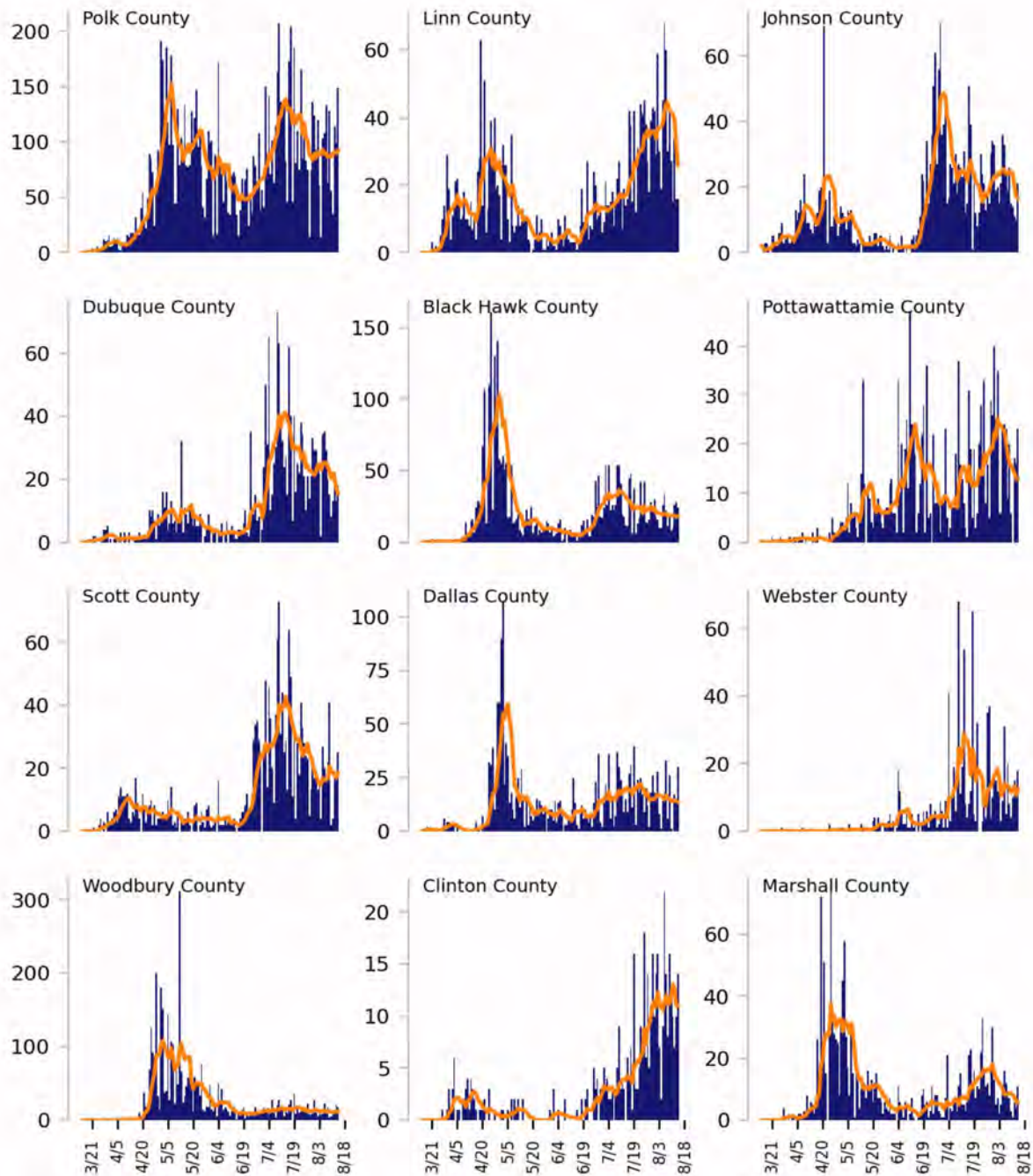




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



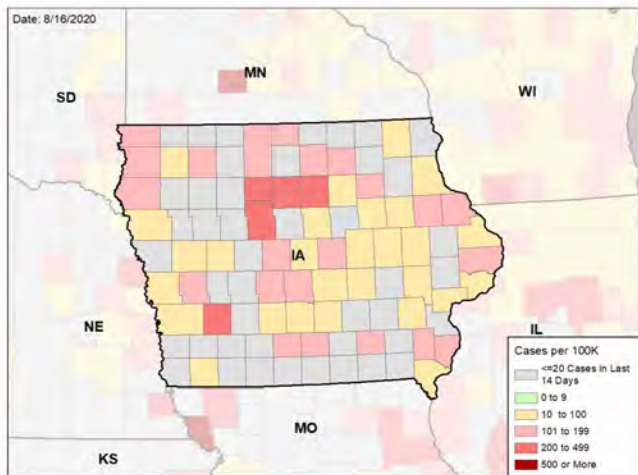


# IOWA

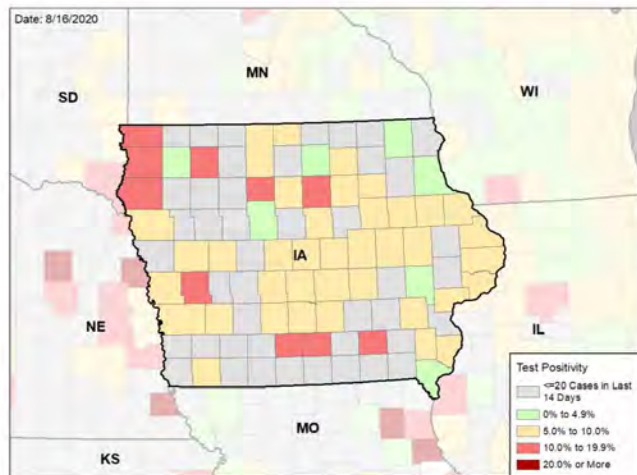
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## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

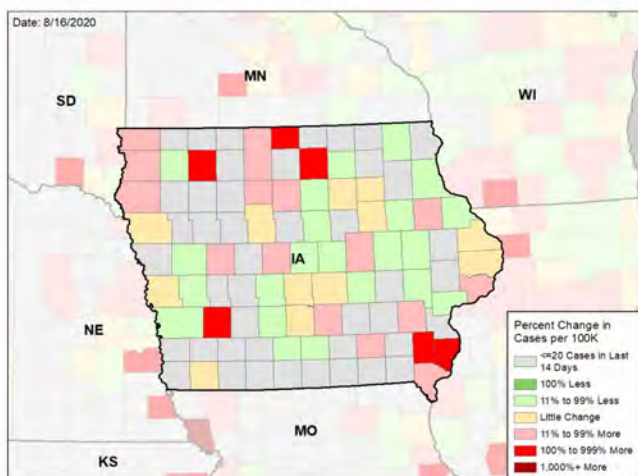
### NEW CASES PER 100,000 DURING LAST WEEK



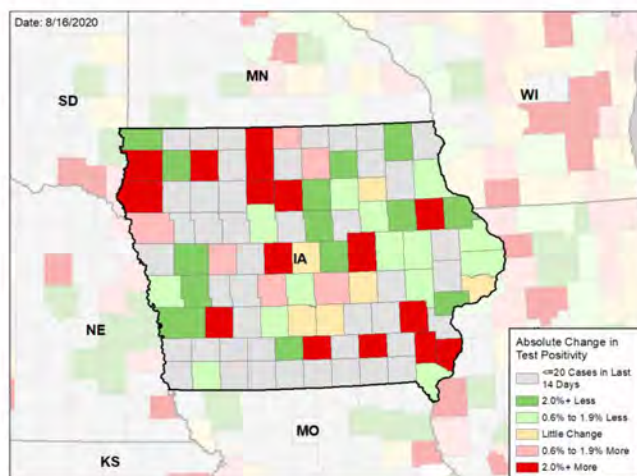
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

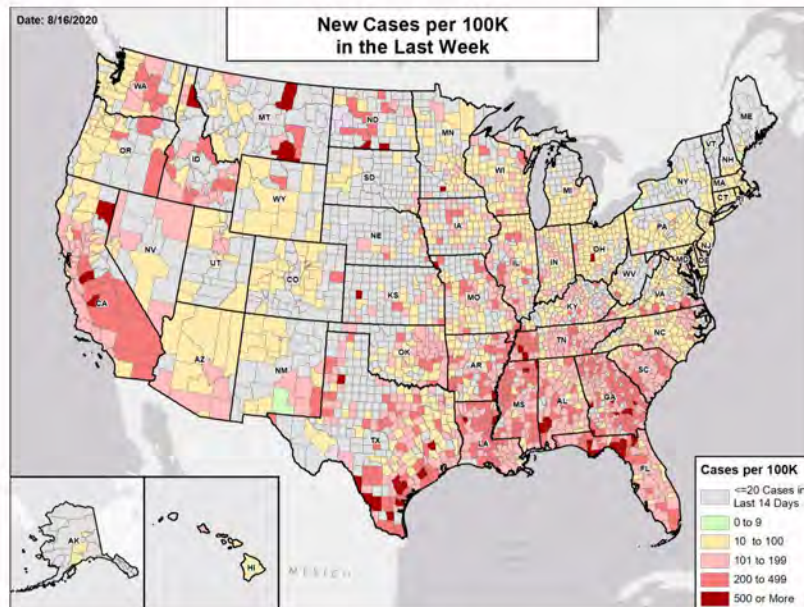
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



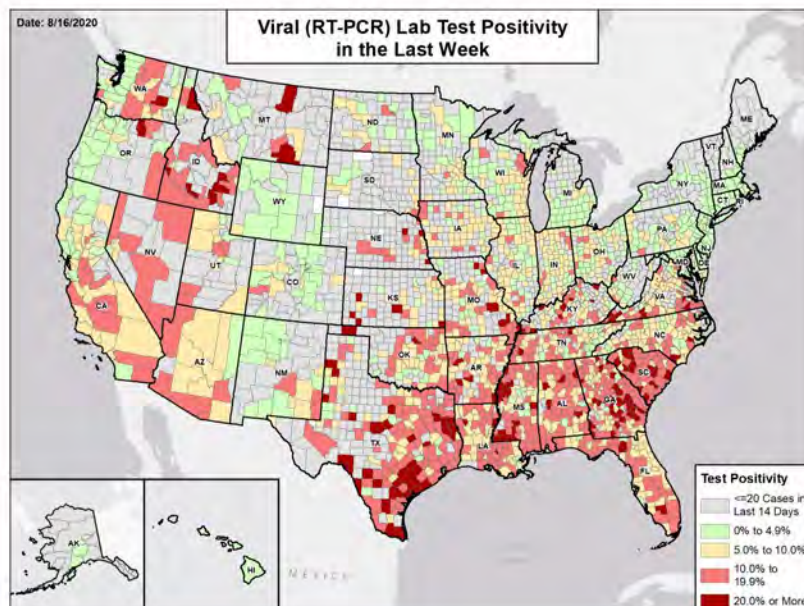


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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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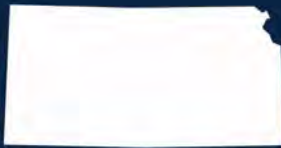
**COLOR THRESHOLDS:** Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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.





# KANSAS

STATE REPORT | 08.16.2020

## SUMMARY

- Kansas 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%.
- Nationally, Kansas was ranked 16th for most new cases per 100,000 population and 10th for highest test positivity last week.
- Kansas 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. Johnson County, 2. Sedgwick County, and 3. Wyandotte County. These counties represent 60.3 percent of new cases in Kansas.
- Nearly 30% of counties have community transmission, with almost half those experiencing high community transmission in both urban and rural communities.
- Kansas had 111 new cases per 100,000 population in the past week, compared to a national average of 112 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 08 - Aug 14, on average, 25 patients with confirmed COVID-19 and 52 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Kansas. 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

- Establish mask requirement statewide. Work with local communities to ensure high usage rates. Identify mechanisms to assess compliance with local regulations, including working with community organizations.
- Work closely with university leadership, Greek organizations, and student body leaders to establish appropriate behavior during COVID-19 with known repercussions if students do not comply.
- Nursing homes and public health (including epidemiology) must establish ongoing collaboration for real-time understanding of community transmission to prevent cases and deaths in nursing homes. 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. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place. Conduct on-site infection prevention reviews at nursing homes with ongoing cases and deaths.
- 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.
- Encourage individuals that have participated in large social gatherings, birthday parties, and family gatherings to get tested and isolate themselves from family members with co-morbidities.
- Continue messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- To fully utilize all local testing capacity:
  - (a) Ensure the state public health lab is fully staffed and running 24/7, utilizing all platforms.
  - (b) Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
  - (c) 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 hospital admissions decline, and additional testing capacity is available.
- Continue ongoing efforts to build and utilize contact tracing. Hire contact tracers and community health workers from within minority and underserved communities to ensure cultural competency to gain trust and buy-in from within the community.
- 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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COVID-19

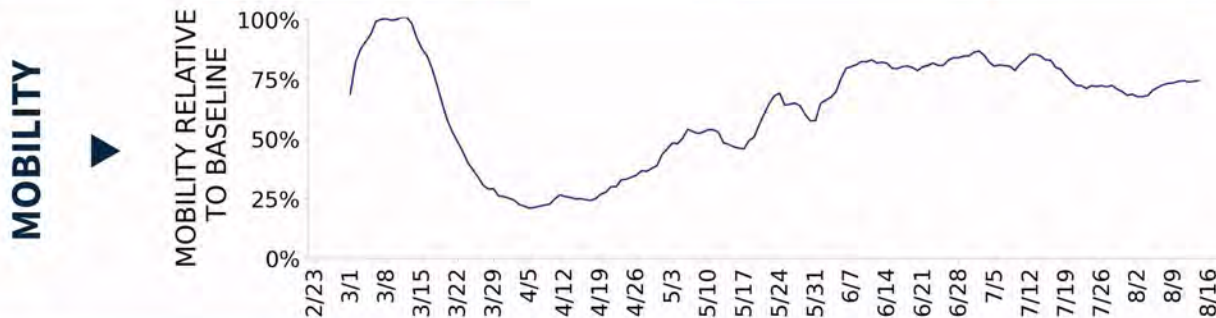




# KANSAS

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>3,229</b> (111)	<b>+13.4%</b>	<b>15,967</b> (113)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>9.6%</b>	<b>+0.0%*</b>	<b>8.5%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>38,769**</b> (1,331)	<b>-4.6%**</b>	<b>177,103**</b> (1,252)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>23</b> (1)	<b>-4.2%</b>	<b>126</b> (1)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>5.5%</b>	<b>+1.1%*</b>	<b>6.4%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# KANSAS

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK****5**Wichita  
Hutchinson  
Dodge City  
Liberal  
Atchison**12**Kansas City  
Topeka  
Emporia  
Garden City  
Manhattan  
Salina  
Ottawa  
Great Bend  
Winfield  
Pittsburg  
Parsons  
McPherson**COUNTY  
LAST WEEK****12**Sedgwick  
Wyandotte  
Reno  
Ford  
Seward  
Cherokee  
Atchison  
Scott  
Grant  
Linn  
Thomas  
Harper**18****Top 12 shown  
(full list  
below)**Johnson  
Shawnee  
Leavenworth  
Butler  
Lyon  
Finney  
Saline  
Franklin  
Harvey  
Barton  
Miami  
Cowley

**All Yellow Counties:** Johnson, Shawnee, Leavenworth, Butler, Lyon, Finney, Saline, Franklin, Harvey, Barton, Miami, Cowley, Geary, Crawford, Labette, McPherson, Jackson, Bourbon

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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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### 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
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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

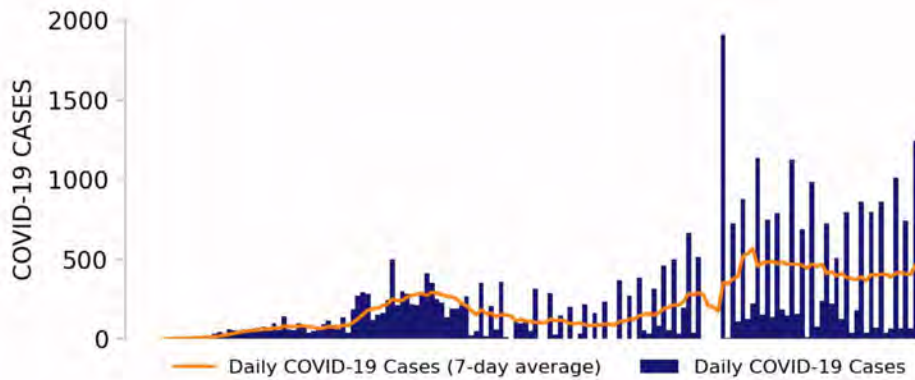




# KANSAS

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## NEW CASES

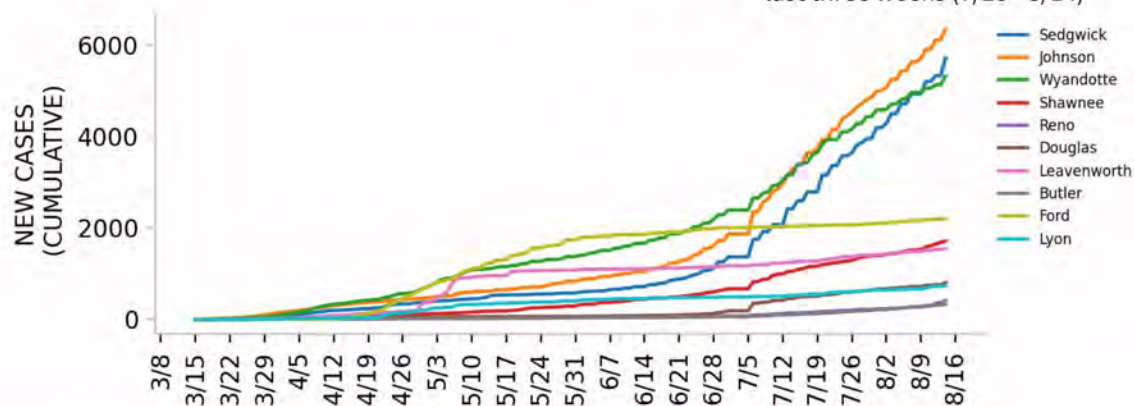


## TESTING



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP COUNTIES



### 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 8/14/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.

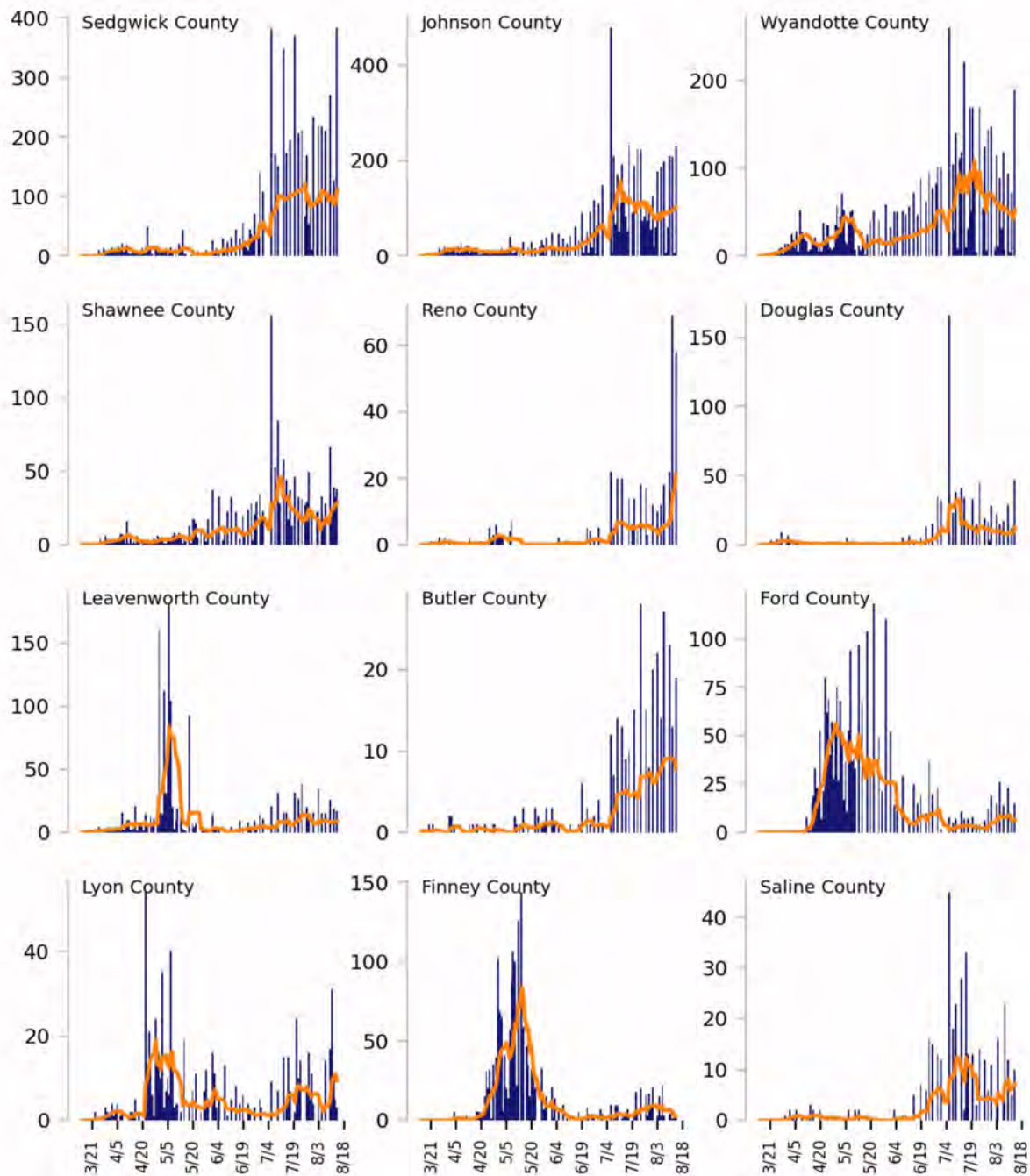




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



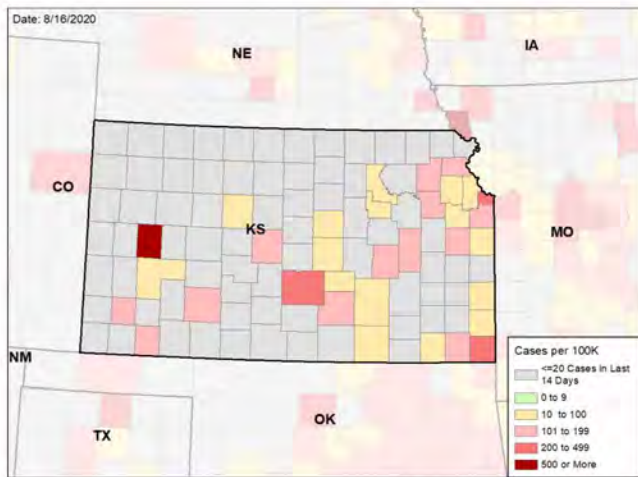


# KANSAS

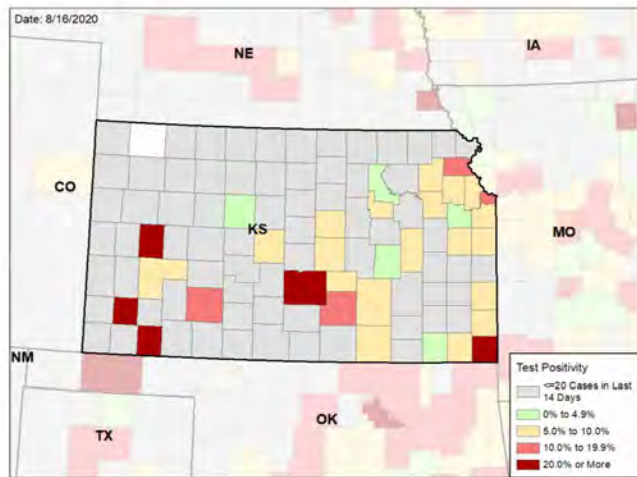
STATE REPORT | 08.16.2020

## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

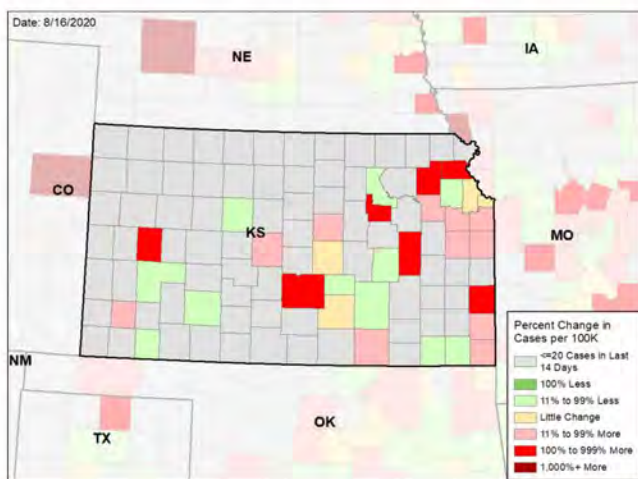
### NEW CASES PER 100,000 DURING LAST WEEK



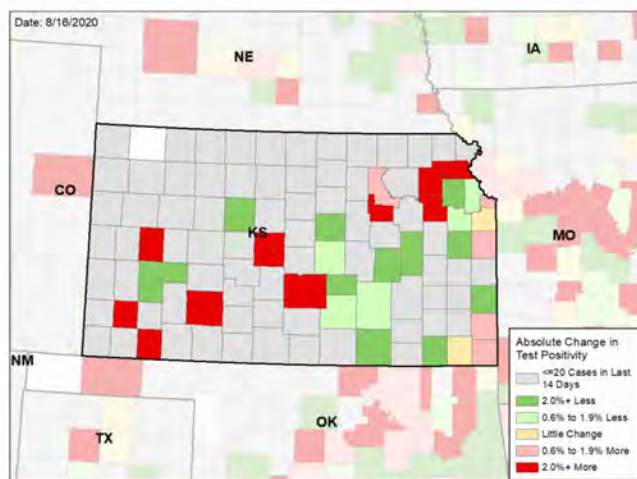
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

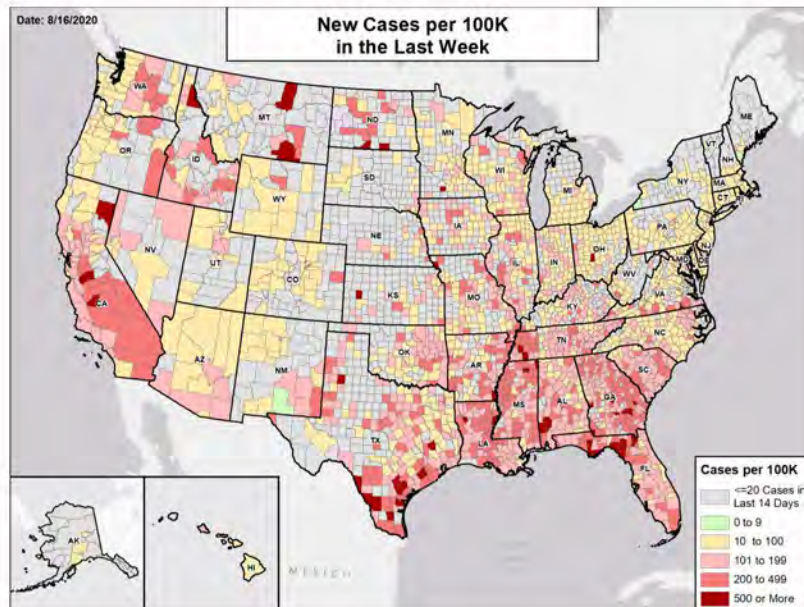
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



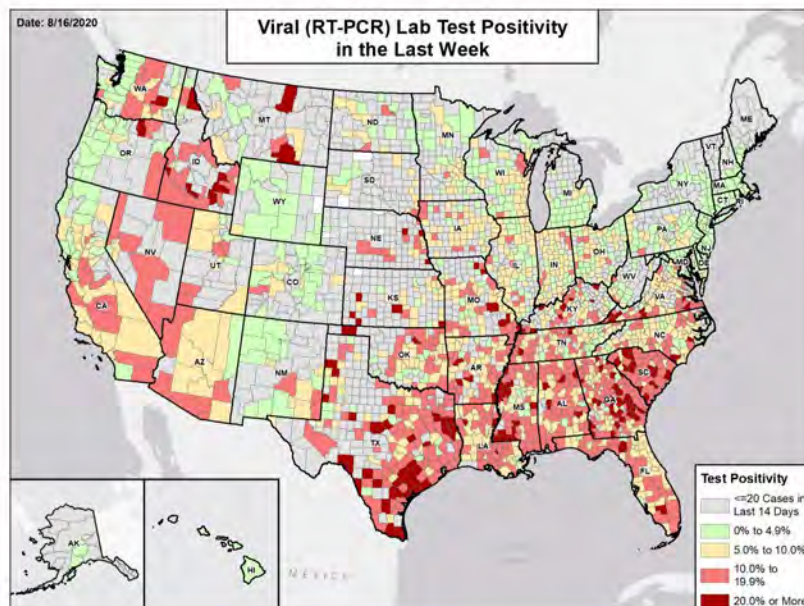


# National Picture

## NEW CASES PER 100,000 LAST WEEK



## VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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.





# KENTUCKY

STATE REPORT | 08.16.2020

## SUMMARY

- Kentucky is in the red zone for cases, indicating over 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- Nationally, Kentucky was ranked 17th for most new cases per 100,000 population and 15th for highest test positivity last week.
- Kentucky 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. Jefferson County, 2. Fayette County, and 3. Warren County. These counties represent 39.7 percent of new cases in Kentucky.
- Kentucky had 101 new cases per 100,000 population in the past week, compared to a national average of 112 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 08 - Aug 14, on average, 212 patients with confirmed COVID-19 and 462 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

- If increases in Louisville are not due to backlog entry, conduct neighborhood testing where test positivity is highest; have COVID-positive households isolate for 14 days to bring community transmission down.
- Mask mandate needs to be continued statewide to decrease community transmission. Bars must be closed, and indoor dining must be restricted in yellow and red areas.
- 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.
- Nursing homes and public health (including epidemiology) must establish ongoing collaboration for real-time understanding of community transmission to prevent cases and deaths in nursing homes. 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. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place. Conduct on-site infection prevention reviews at nursing homes with ongoing cases and deaths.
- 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.
- Encourage individuals that have participated in large social gatherings, birthday parties, and family gatherings to get tested and isolate themselves from family members with comorbidities.
- Continue messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- To fully utilize all local testing capacity:
  - (a) Ensure the state public health lab is fully staffed and running 24/7, utilizing all platforms.
  - (b) Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
  - (c) 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 hospital admissions decline, and additional testing capacity is available.
- Continue ongoing efforts to build and utilize contact tracing. Hire contact tracers and community health workers from within minority and underserved communities to ensure cultural competency to gain trust and buy-in from within the community.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC wisnhi](https://www.cdc.gov/wisnhi/).

*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 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.



COVID-19





# KENTUCKY

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>4,519</b> (101)	<b>+24.7%</b>	<b>114,442</b> (171)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>8.9%</b>	<b>-0.5%*</b>	<b>11.0%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>67,642**</b> (1,514)	<b>+11.6%**</b>	<b>993,563**</b> (1,485)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>41</b> (1)	<b>+28.1%</b>	<b>2,707</b> (4)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>5.0%</b>	<b>-0.2%*</b>	<b>23.4%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# KENTUCKY

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## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

#### METRO AREA (CBSA) LAST WEEK

7

Louisville/Jefferson County  
Bowling Green  
Elizabethtown-Fort Knox  
Glasgow  
Murray  
Middlesborough  
Campbellsville

14

Top 12 shown  
(full list  
below)

Lexington-Fayette  
Cincinnati  
London  
Richmond-Berea  
Owensboro  
Somerset  
Frankfort  
Clarksville  
Mayfield  
Evansville  
Bardstown  
Madisonville

#### COUNTY LAST WEEK

20

Top 12 shown  
(full list  
below)

Jefferson  
Warren  
Hardin  
Scott  
Bullitt  
Barren  
Shelby  
Calloway  
Bell  
Knox  
Henry  
Spencer

43

Top 12 shown  
(full list  
below)

Fayette  
Kenton  
Madison  
Boone  
Oldham  
Pulaski  
Daviess  
Laurel  
Graves  
Campbell  
Jessamine  
Franklin

**All Yellow CBSAs:** Lexington-Fayette, Cincinnati, London, Richmond-Berea, Owensboro, Somerset, Frankfort, Clarksville, Mayfield, Evansville, Bardstown, Madisonville, Mount Sterling, Central City

**All Red Counties:** Jefferson, Warren, Hardin, Scott, Bullitt, Barren, Shelby, Calloway, Bell, Knox, Henry, Spencer, Logan, Fulton, Lewis, Clay, Hickman, Powell, Wayne, Green

**All Yellow Counties:** Fayette, Kenton, Madison, Boone, Oldham, Pulaski, Daviess, Laurel, Graves, Campbell, Jessamine, Franklin, Christian, Harlan, Henderson, Perry, Nelson, Casey, Taylor, Hopkins, Woodford, Greenup, Johnson, Russell, Washington, Grayson, Marshall, Grant, Muhlenberg, Hart, Simpson, Knott, Breckinridge, Rowan, Magoffin, Rockcastle, Lincoln, Montgomery, Carroll, Larue, Edmonson, Clinton, Butler

\* 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 viral (RT-PCR) lab 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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- 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
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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
- Limit social gatherings to 25 people or fewer
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### Testing

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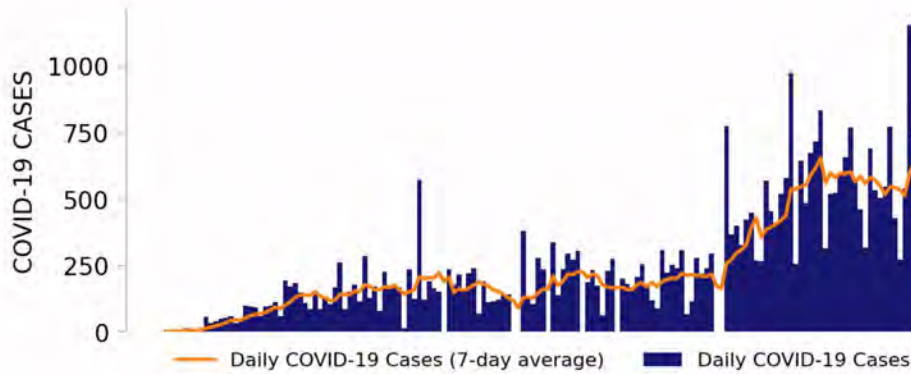




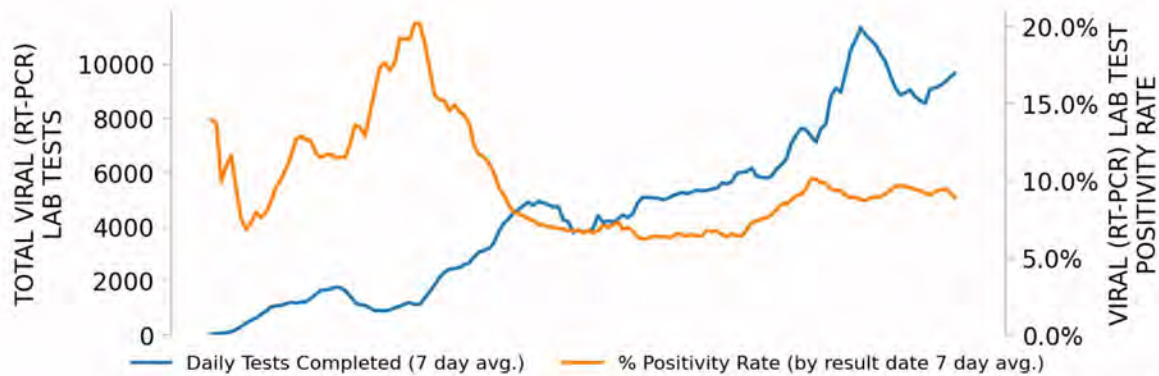
# KENTUCKY

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## NEW CASES

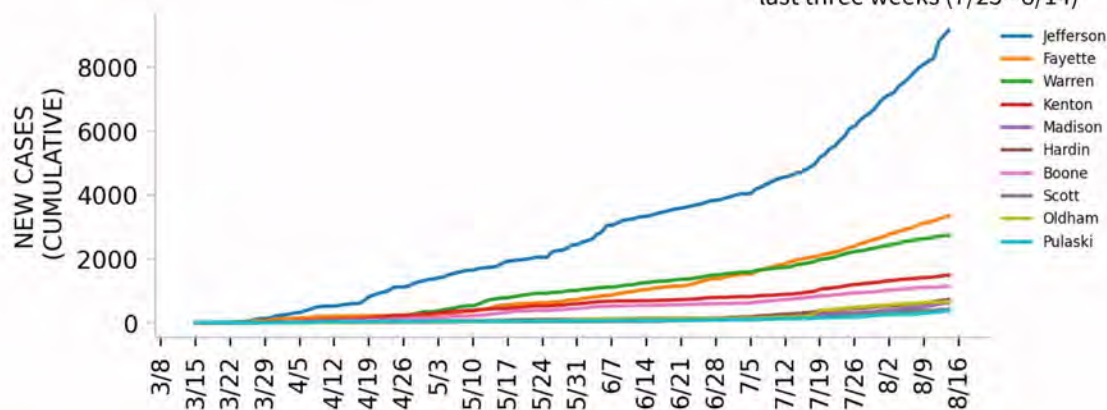


## TESTING



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP COUNTIES



### 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 8/14/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.

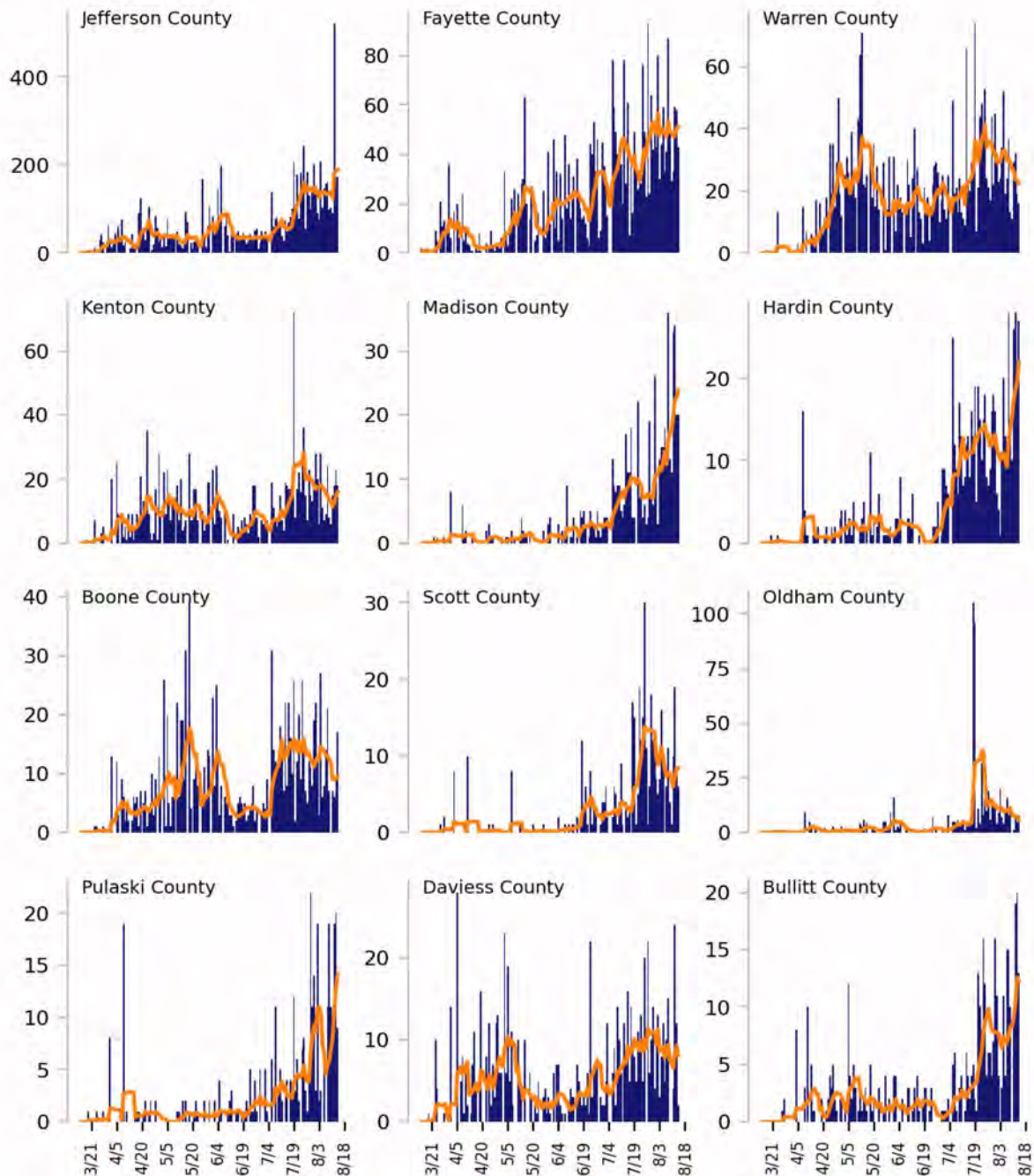




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



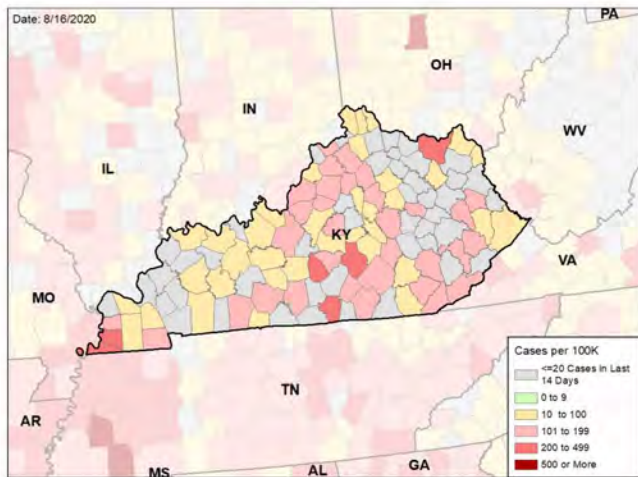


# KENTUCKY

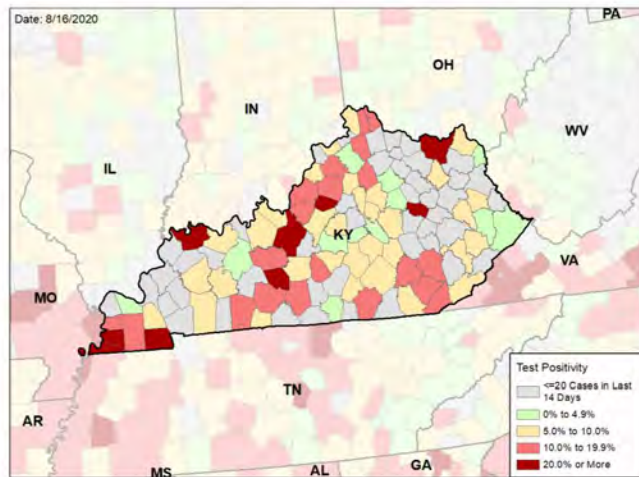
STATE REPORT | 08.16.2020

## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

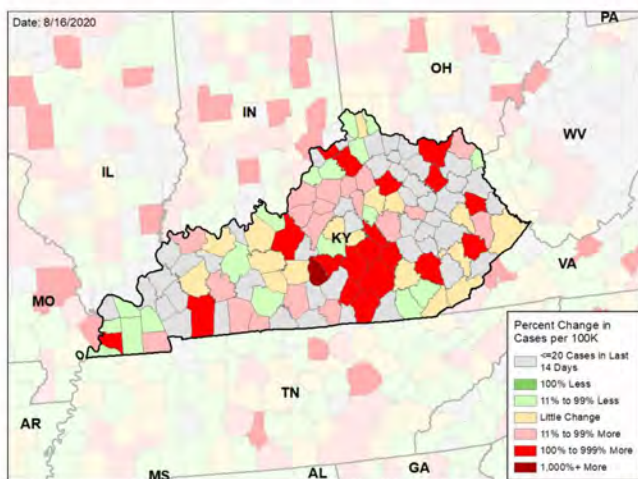
### NEW CASES PER 100,000 DURING LAST WEEK



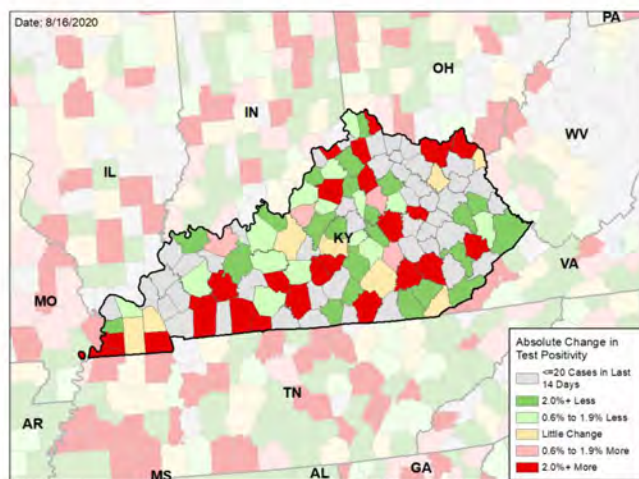
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

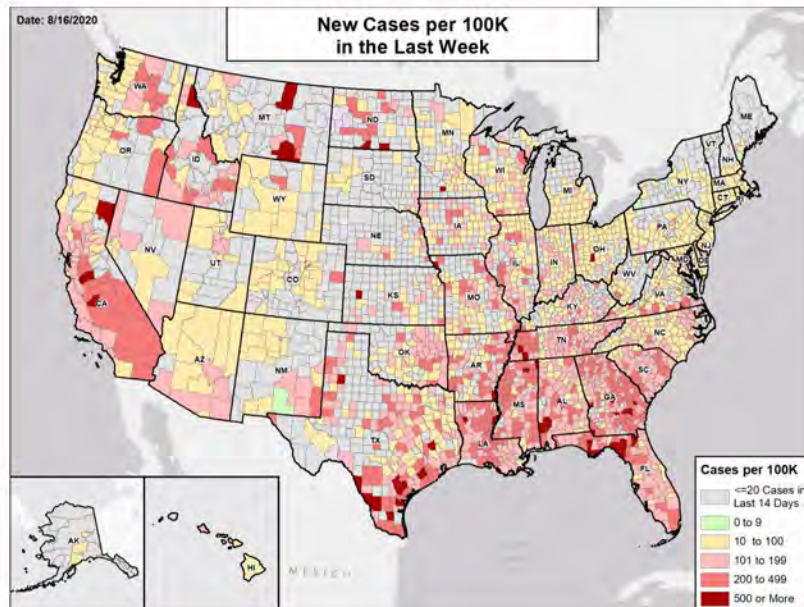
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



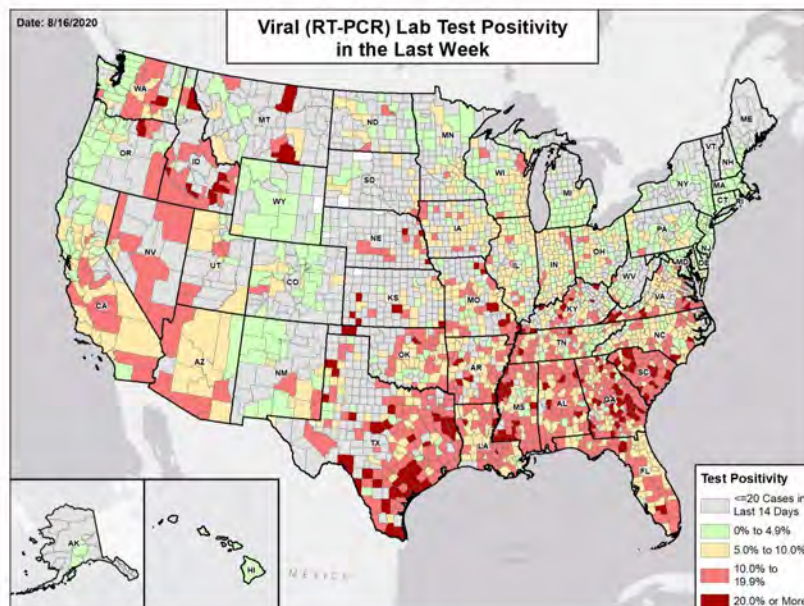


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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 | 08.16.2020

## SUMMARY

- Louisiana 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%.
- Nationally, Louisiana was ranked 5th for most new cases per 100,000 population and 17th for highest test positivity last week.
- Louisiana has seen a decrease in new cases and a decrease in test positivity over the past week, indicating progress resulting from current mitigation efforts. This progress is fragile and must be continued until Louisiana reaches the green zone for testing and cases. Any loosening of mitigation efforts must be conservative, gradual, and associated with continued and expanded testing and contact tracing.
- Testing rates have declined and must be restored to ensure adequate testing and contact tracing.
- 7% of nursing homes are reporting 3 or more cases of COVID-19 infection per week over the last 3 weeks among residents; aggressive infection control and isolation is needed.
- The following three parishes had the highest number of new cases over the past 3 weeks: 1. East Baton Rouge Parish, 2. Jefferson Parish, and 3. Lafayette Parish. These parishes represent 25.0 percent of new cases in Louisiana. The COVID pandemic is widespread and last week, 97% of all parishes (62 of 64) were in the red or yellow zone; now, 94% of all parishes (60 of 64) are in the red or yellow zone.
- Louisiana had 172 new cases per 100,000 population in the past week, compared to a national average of 112 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; 77 to support medical activities from ASPR; 1 to support operations activities from ASPR; 3 to support epidemiology activities from CDC; 40 to support operations activities from USCG; and 5 to support medical activities from VA.
- The federal government has supported a surge testing site in Baton Rouge, LA and a surge testing site in New Orleans, LA.
- Between Aug 08 - Aug 14, on average, 140 patients with confirmed COVID-19 and 47 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Louisiana. An average of 70 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

- Strengthen testing access for children to support any return to school.
- Continue the statewide mask mandate.
- Continue the closure of establishments where social distancing and mask use cannot occur, such as bars.
- Consider expanding the outdoor dining approach and further restrictions to limit indoor dining to less than 25% of normal capacity.
- Expand the protection of those in nursing homes, assisted living, and long-term care facilities (LTCFs) by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19 with isolation of all positive staff and residents. Ensure social distancing and universal facemask use. Immediately conduct infection control surveys in all nursing homes with 3 or more cases per week over the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support LTCF testing.
- 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 households, 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.
- 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 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.



COVID-19

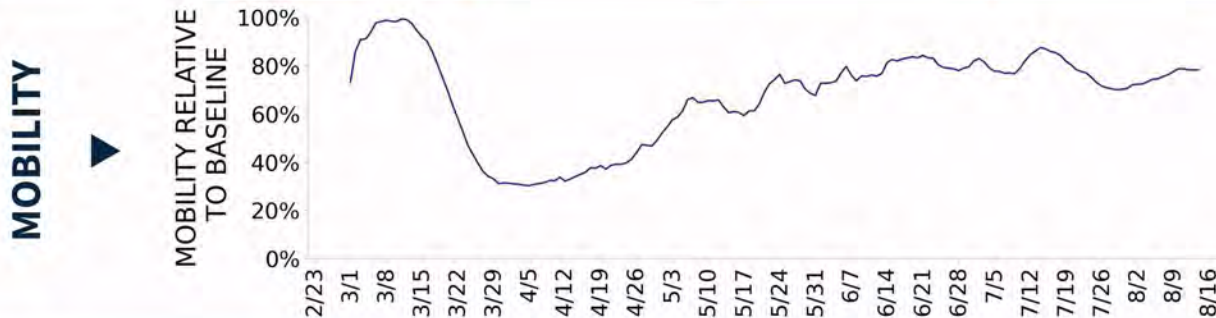




# LOUISIANA

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>7,991</b> (172)	<b>-35.9%</b>	<b>67,424</b> (158)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>8.6%</b>	<b>-2.4%*</b>	<b>10.8%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>106,687**</b> (2,295)	<b>-12.5%**</b>	<b>443,010**</b> (1,037)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>218</b> (5)	<b>-14.2%</b>	<b>1,888</b> (4)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>33.3%</b>	<b>-1.1%*</b>	<b>20.5%</b>	<b>12.2%</b>



\* 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 parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result totals when able to be disaggregated from serology test results and to describe parish-level totals when information is available on patients' parish 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a parish. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the parish level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# LOUISIANA

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## COVID-19 PARISH AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**8**

Baton Rouge  
Houma-Thibodaux  
Monroe  
Opelousas  
Hammond  
Morgan City  
DeRidder  
Minden

**11**

New Orleans-Metairie  
Lafayette  
Shreveport-Bossier City  
Lake Charles  
Alexandria  
Fort Polk South  
Bogalusa  
Natchitoches  
Ruston  
Jennings  
Natchez

**PARISH  
LAST WEEK**

**35**

Top 12 shown  
(full list  
below)

East Baton Rouge  
Ouachita  
St. Landry  
Tangipahoa  
Livingston  
Ascension  
Iberia  
Vermilion  
Lafourche  
Acadia  
St. Mary  
St. Martin

**25**

Top 12 shown  
(full list  
below)

Jefferson  
Lafayette  
Calcasieu  
Caddo  
St. Tammany  
Rapides  
Terrebonne  
Bossier  
Allen  
Avoyelles  
St. Charles  
Vernon

**All Red Parishes:** East Baton Rouge, Ouachita, St. Landry, Tangipahoa, Livingston, Ascension, Iberia, Vermilion, Lafourche, Acadia, St. Mary, St. Martin, Evangeline, Franklin, Beauregard, Iberville, Pointe Coupee, Sabine, West Baton Rouge, De Soto, Union, Webster, Richland, East Feliciana, LaSalle, Assumption, Winn, Madison, Red River, Claiborne, West Carroll, West Feliciana, St. Helena, Caldwell, Tensas

**All Yellow Parishes:** Jefferson, Lafayette, Calcasieu, Caddo, St. Tammany, Rapides, Terrebonne, Bossier, Allen, Avoyelles, St. Charles, Vernon, Washington, Natchitoches, Lincoln, St. Bernard, St. John the Baptist, Jefferson Davis, Morehouse, St. James, Grant, Concordia, Catahoula, Jackson, Bienville

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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

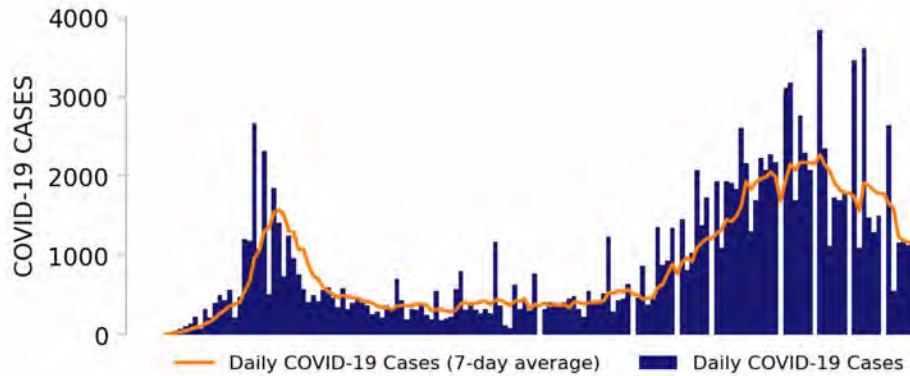




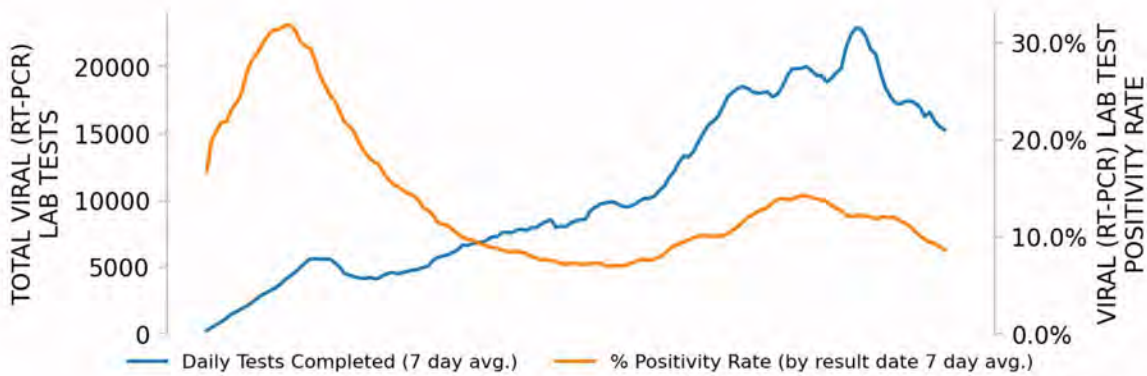
# LOUISIANA

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## NEW CASES

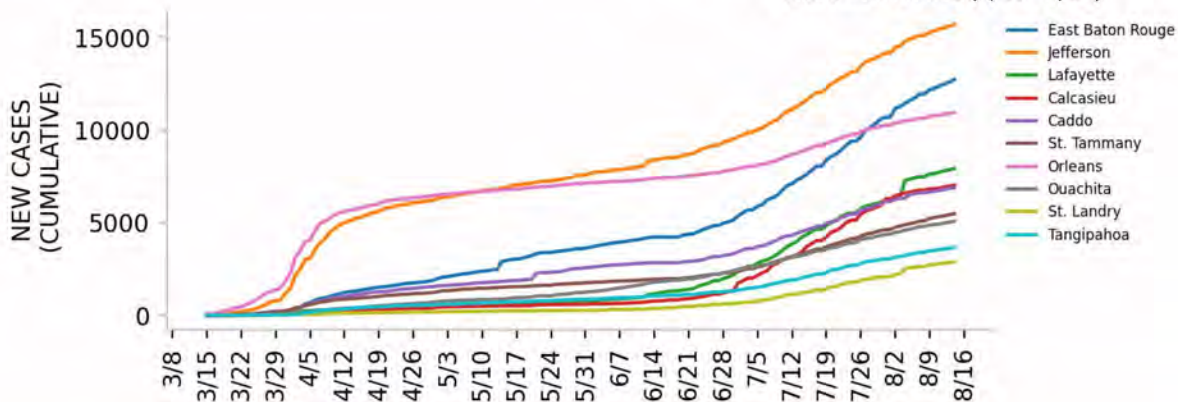


## TESTING



Top parishes based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP PARISHES



### DATA SOURCES

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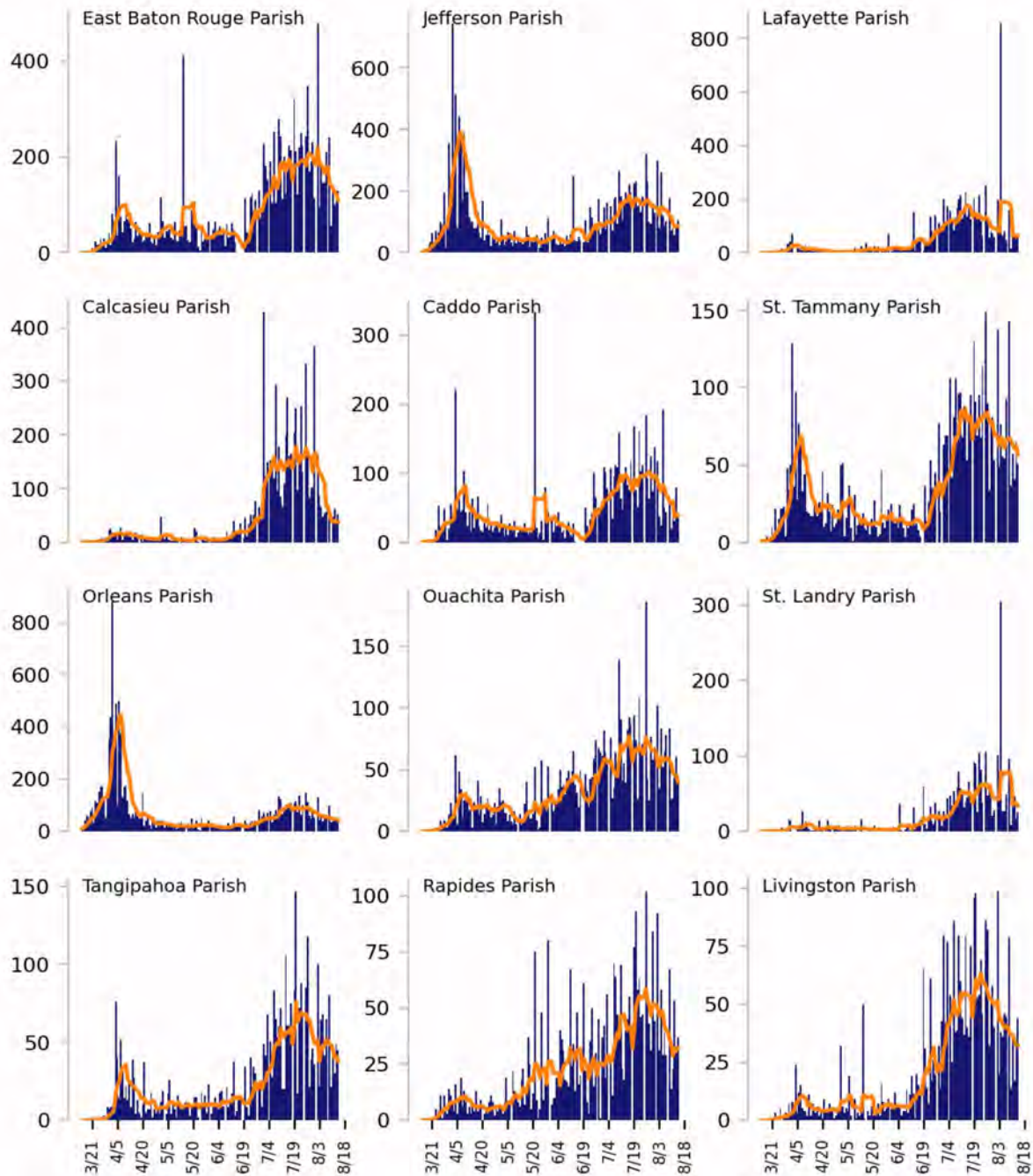




## Top 12 parishes based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: Parish-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



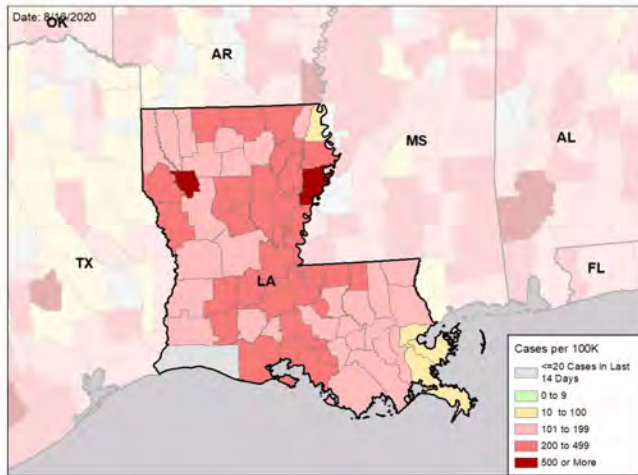


# LOUISIANA

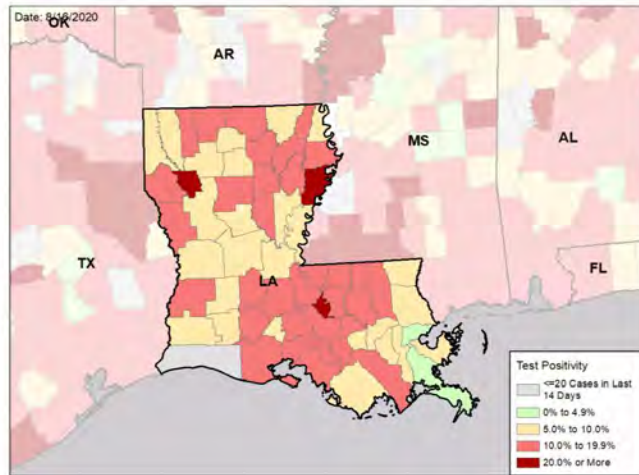
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## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

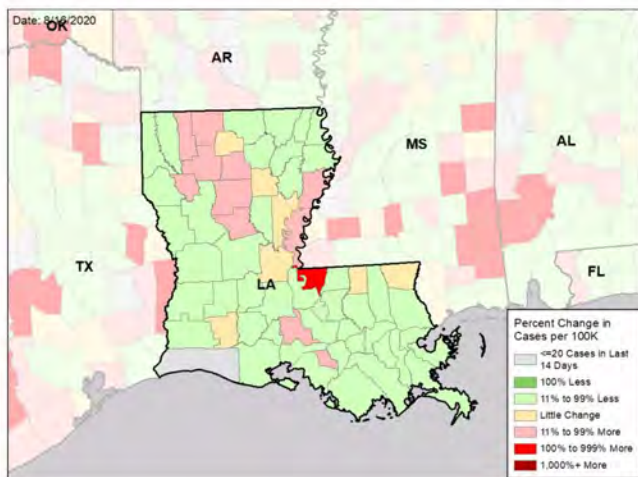
### NEW CASES PER 100,000 DURING LAST WEEK



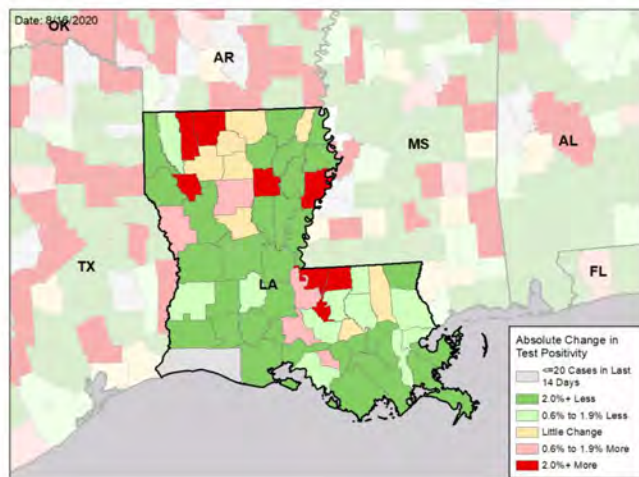
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

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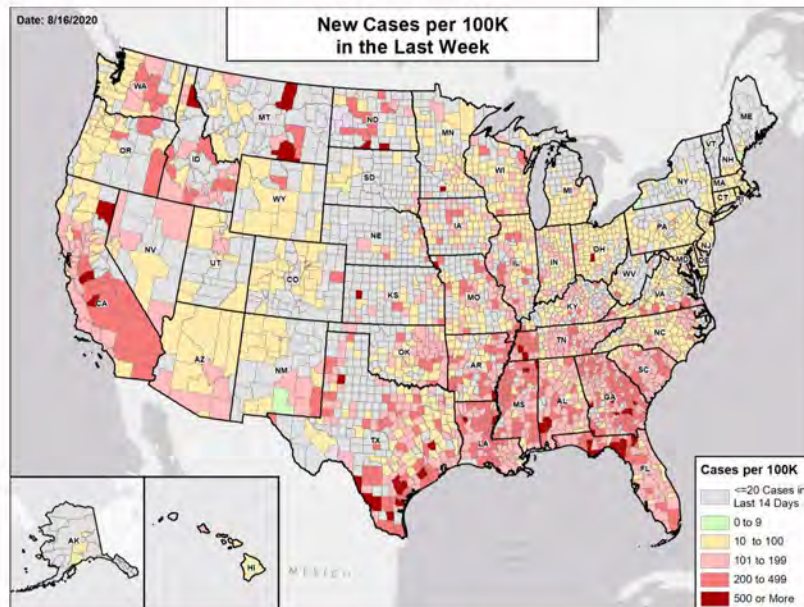
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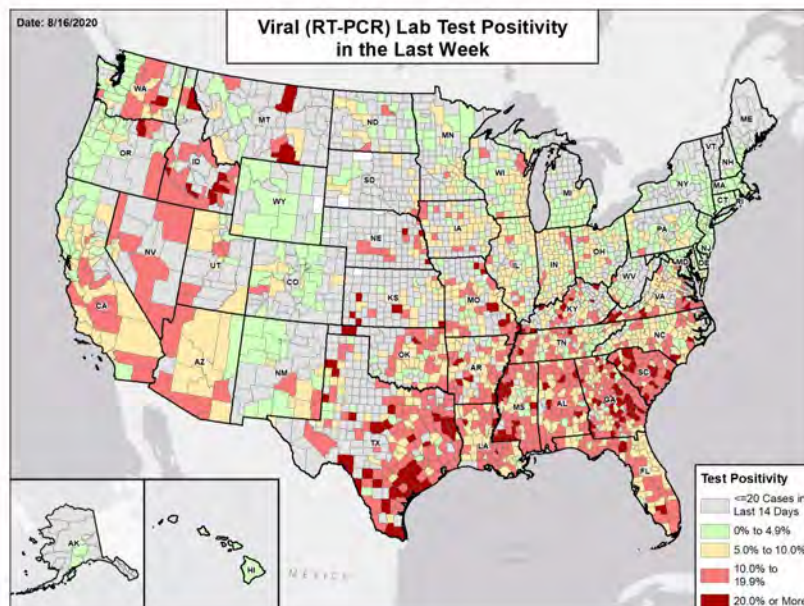


# National Picture

## NEW CASES PER 100,000 LAST WEEK



## VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



### DATA SOURCES

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# Methods

STATE REPORT | 08.16.2020

**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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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.





# MAINE

STATE REPORT | 08.16.2020

## 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%.
- Nationally, Maine was ranked 51st for most new cases per 100,000 population and 51st for highest test positivity last week.
- Maine 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. Cumberland County, 2. York County, and 3. Androscoggin County. These counties represent 70.1 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 112 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 08 - Aug 14, on average, 1 patient 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 59 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 coverings, especially in indoor settings outside of the home and in touristed communities.
- Continue active testing or quarantine of visitors from other states with higher case rates.
- A continued, cautious reopening of businesses and loosening of restrictions is warranted; continue to closely follow case rates and test positivity at the metro area and county levels. 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 may need improvement. If needed, pooled testing can expand test capacity and reduce turnaround times.
- Continue current policies to protect nursing home and long-term care facility residents.
- 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 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.



COVID-19

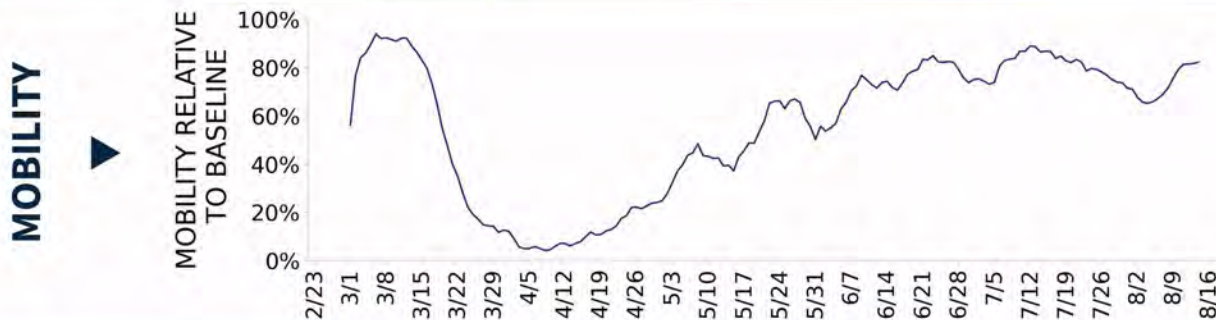




# MAINE

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>102</b> (8)	<b>-1.9%</b>	<b>3,753</b> (25)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>0.6%</b>	<b>-0.2%*</b>	<b>1.5%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>16,075**</b> (1,196)	<b>+6.9%**</b>	<b>263,284**</b> (1,774)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>2</b> (0)	<b>+100.0%</b>	<b>121</b> (1)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>2.2%</b>	<b>+0.0%*</b>	<b>3.6%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# MAINE

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**0**

N/A

**0**

N/A

**COUNTY  
LAST WEEK**

**0**

N/A

**0**

N/A

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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

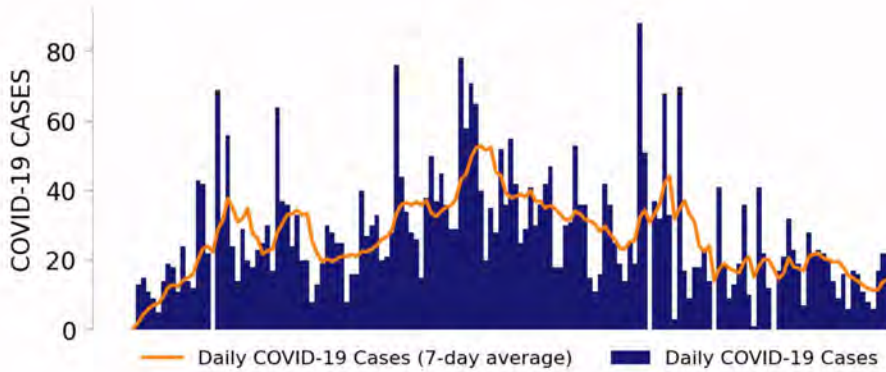




# MAINE

STATE REPORT | 08.16.2020

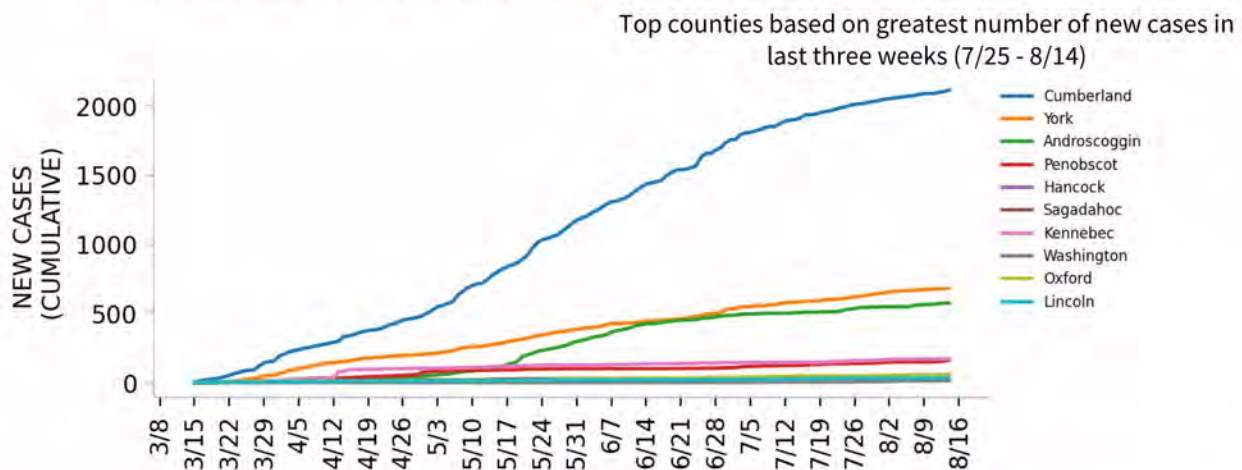
## NEW CASES



## TESTING



## TOP COUNTIES



### 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 8/14/2020.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/12/2020.

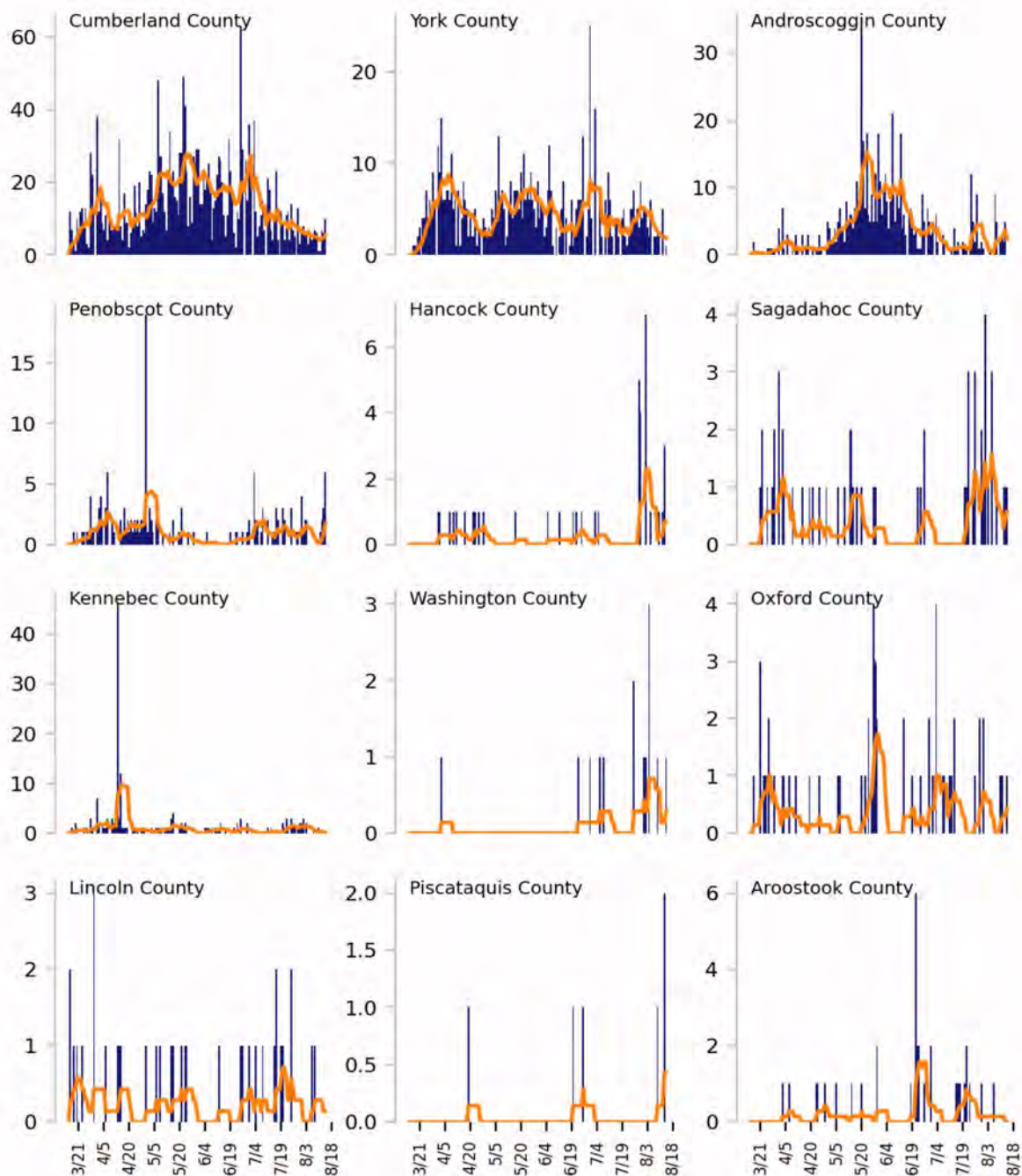




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



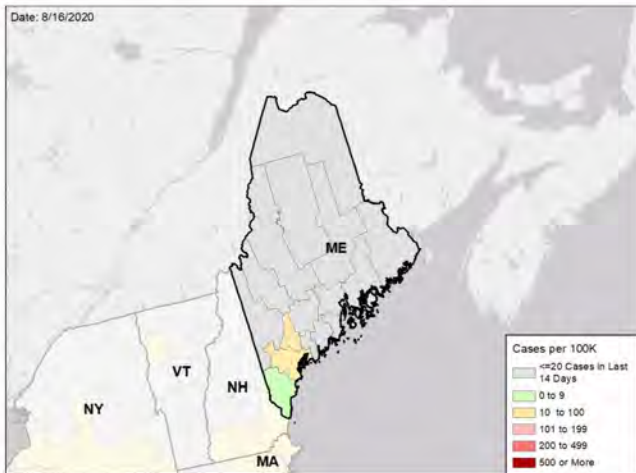


# MAINE

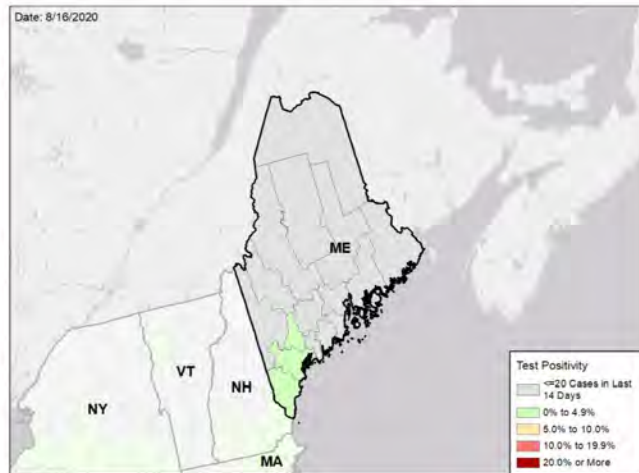
STATE REPORT | 08.16.2020

## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

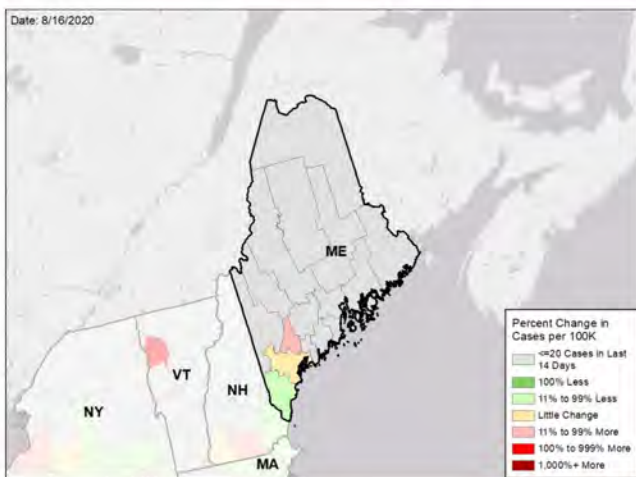
### NEW CASES PER 100,000 DURING LAST WEEK



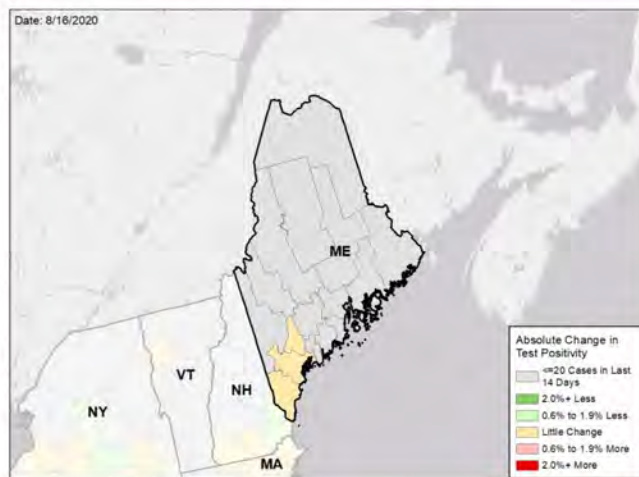
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

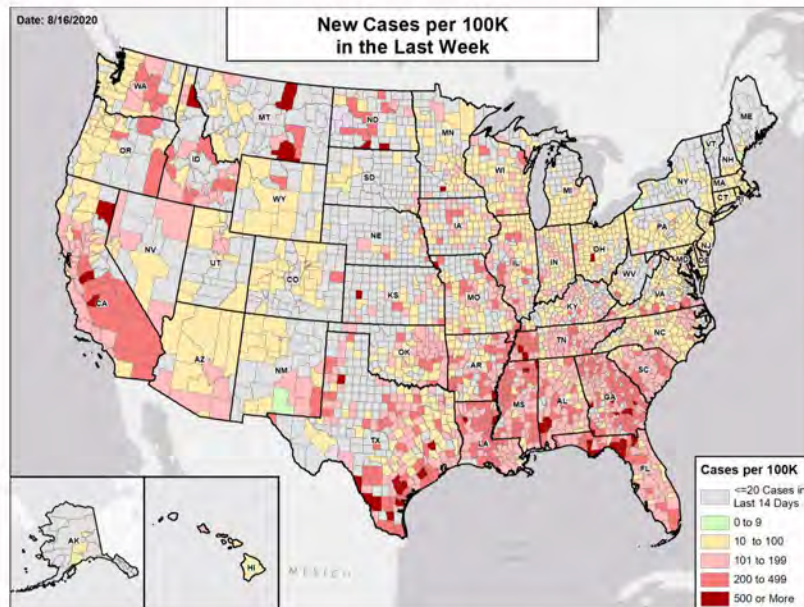
**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



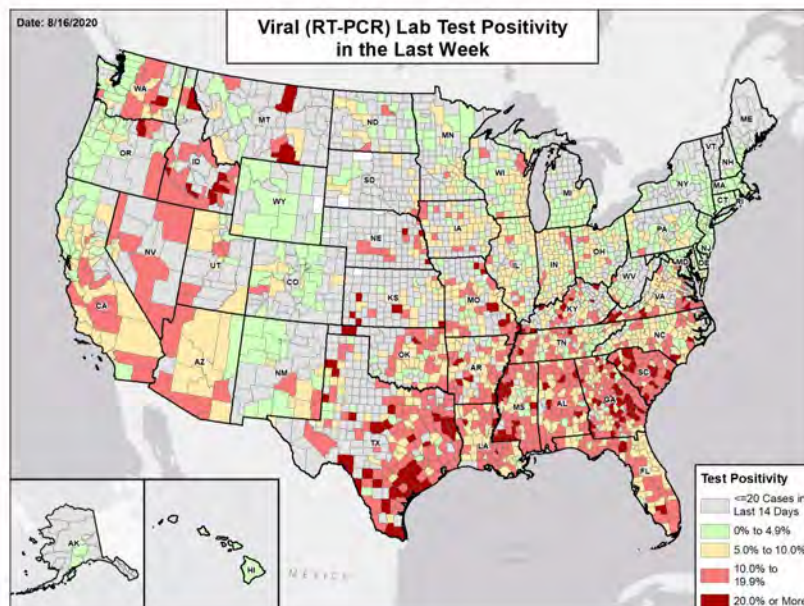


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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.





# MARYLAND

STATE REPORT | 08.16.2020

## SUMMARY

- Maryland 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%.
- Nationally, Maryland was ranked 27th for most new cases per 100,000 population and 35th for highest test positivity last week.
- Maryland 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. Prince George's County, 2. Baltimore City, and 3. Baltimore County. These counties represent 56.2 percent of new cases in Maryland.
- In Maryland, 2 (0.9%) long term care facilities (LTCF) reported 3 or more cases per week among residents for 3 consecutive weeks; 2 (0.9%) LTCFs reported 3 or more cases per week among staff for 3 consecutive weeks.
- Maryland had 84 new cases per 100,000 population in the past week, compared to a national average of 112 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 22 to support operations activities from FEMA; 30 to support operations activities from ASPR; 3 to support epidemiology activities from CDC; 14 to support operations activities from USCG; and 1 to support medical activities from VA.
- Between Aug 08 - Aug 14, on average, 46 patients with confirmed COVID-19 and 230 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Maryland. 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

- Develop a plan to assist or provide guidance to nursing homes that are having difficulties meeting the weekly testing requirement for staff.
- Continue efforts to build contact tracing capacity. Hire contact tracers and community health workers from within minority and underserved communities to maximize cultural competence and help gain trust and buy-in from within the community.
- Build on existing infrastructure to increase collaboration across testing locations to fill in gaps in reaching vulnerable populations; ensure more consistent testing supply flow with diverse portfolio of vendors and testing platforms.
- Develop a plan for safe indoor mass testing or mobile testing to ensure that weather conditions do not limit testing availability, especially during peak hurricane season and with colder weather.
- 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 and high density unmasked outdoor ones. 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.
- Close establishments where social distancing and mask use cannot occur, such as bars, nightclubs, and entertainment venues. Ensure enforcement of limits on public gatherings.
- Continue ongoing efforts to build contact tracing capabilities by increasing 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, such as Ocean City. Consider additional restrictions on occupancy 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 per week over 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. 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 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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COVID-19

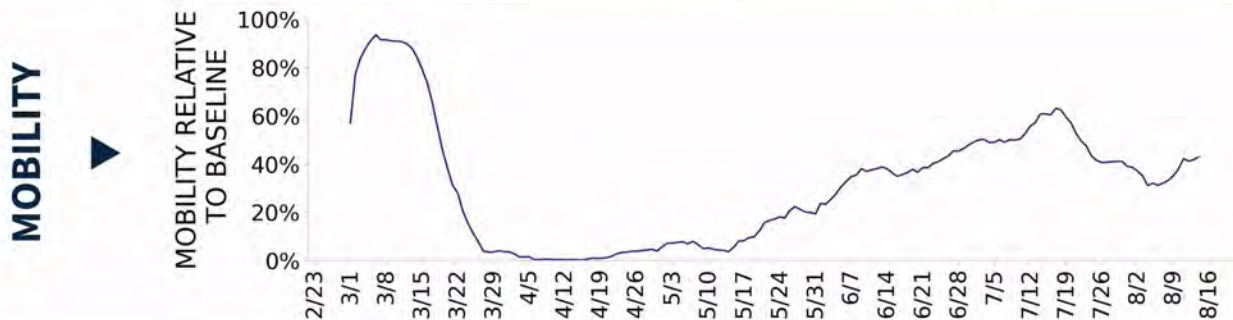




# MARYLAND

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>5,069</b> (84)	<b>-7.2%</b>	<b>19,979</b> (65)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>3.7%</b>	<b>-0.8%*</b>	<b>4.9%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>194,328**</b> (3,214)	<b>+13.7%**</b>	<b>553,419**</b> (1,794)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>71</b> (1)	<b>+7.6%</b>	<b>311</b> (1)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>12.3%</b>	<b>+1.0%*</b>	<b>9.5%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# MARYLAND

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**0**

N/A

**1**Washington-Arlington-  
Alexandria

**COUNTY  
LAST WEEK**

**0**

N/A

**3**Prince George's  
Worcester  
Queen Anne's

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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

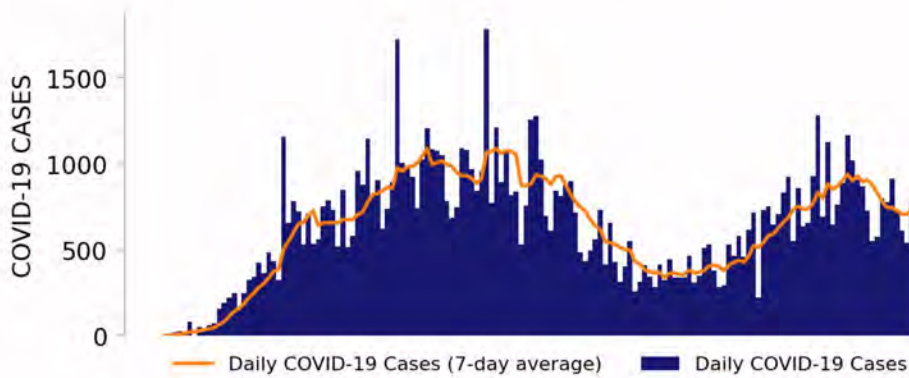




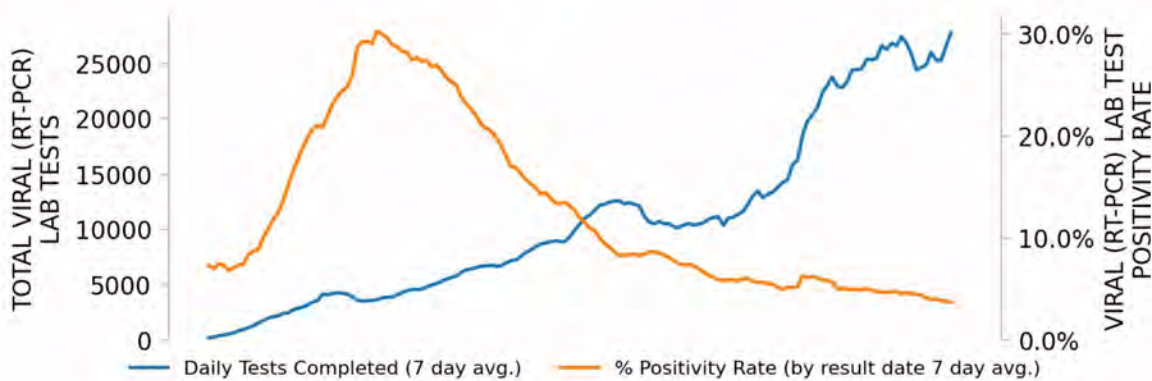
# MARYLAND

STATE REPORT | 08.16.2020

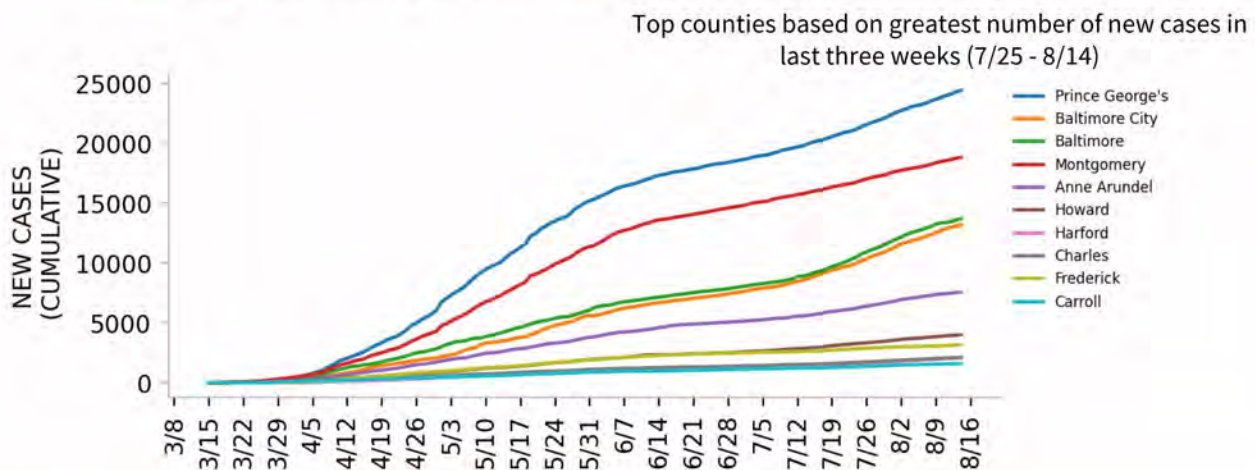
## NEW CASES



## TESTING



## TOP COUNTIES



### 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 8/14/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.

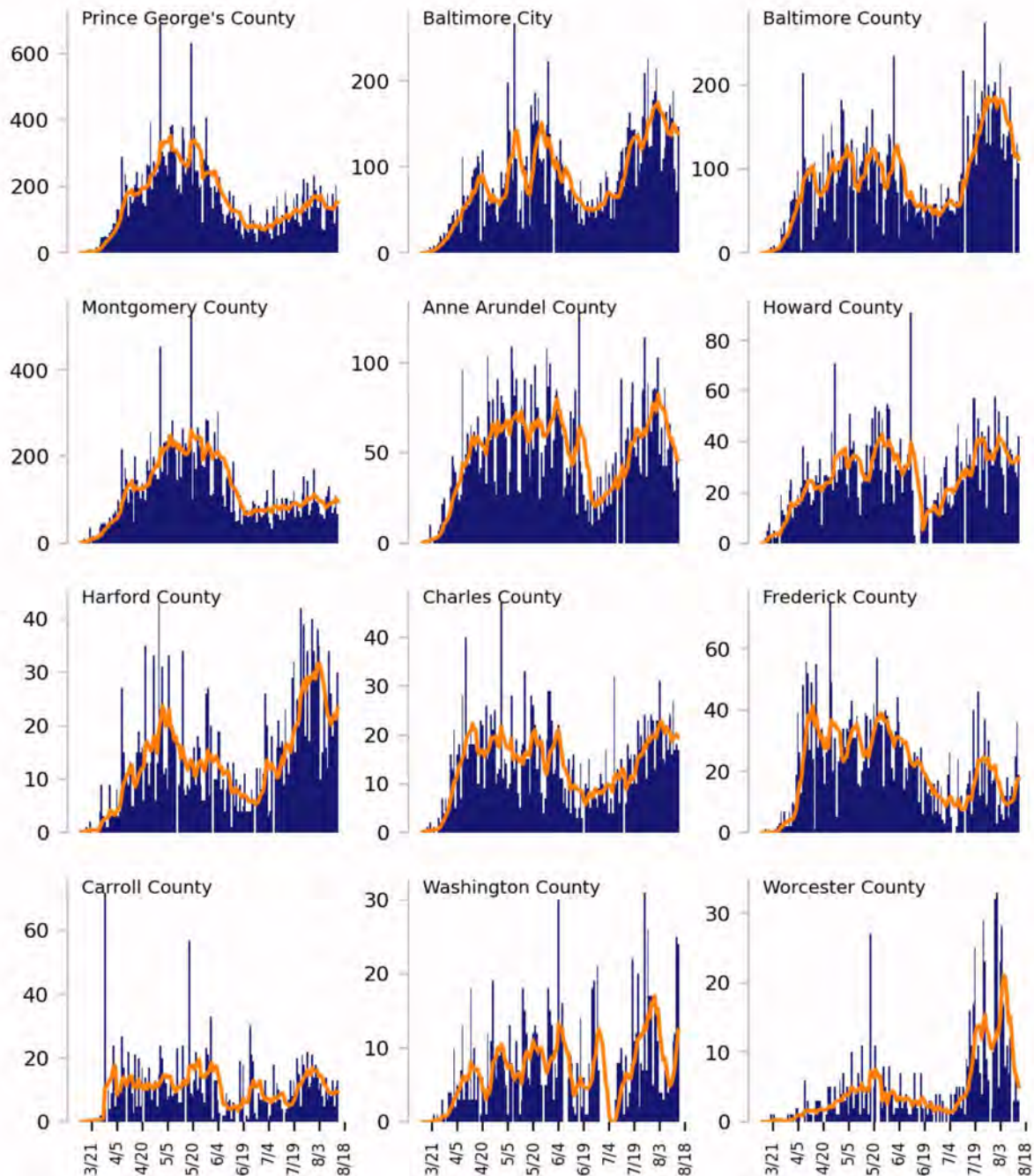




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



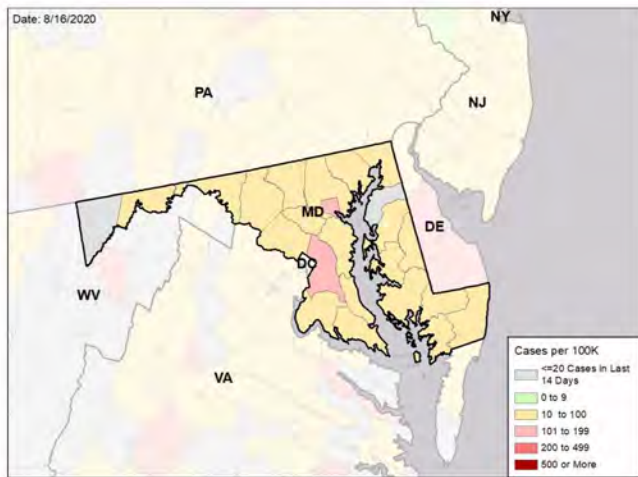


# MARYLAND

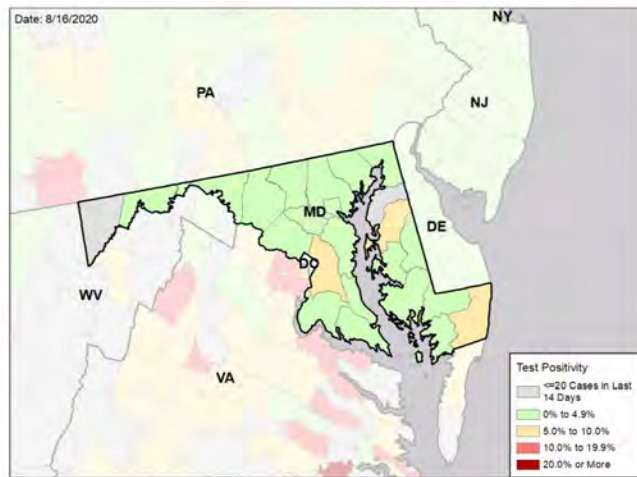
STATE REPORT | 08.16.2020

## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

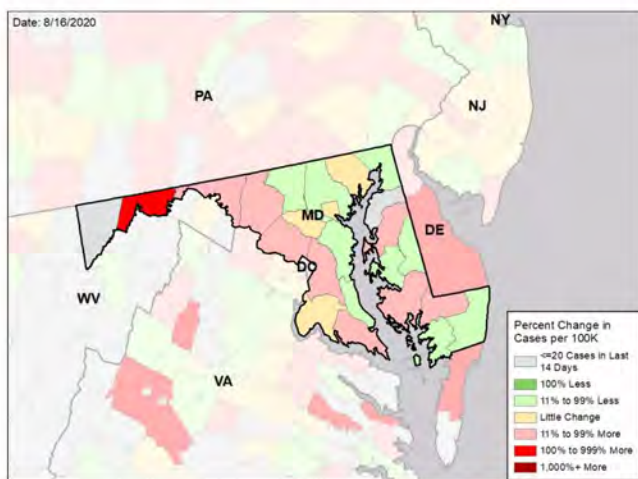
### NEW CASES PER 100,000 DURING LAST WEEK



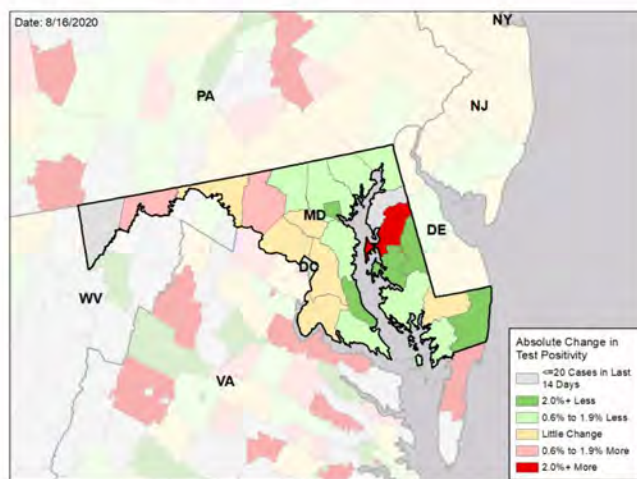
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

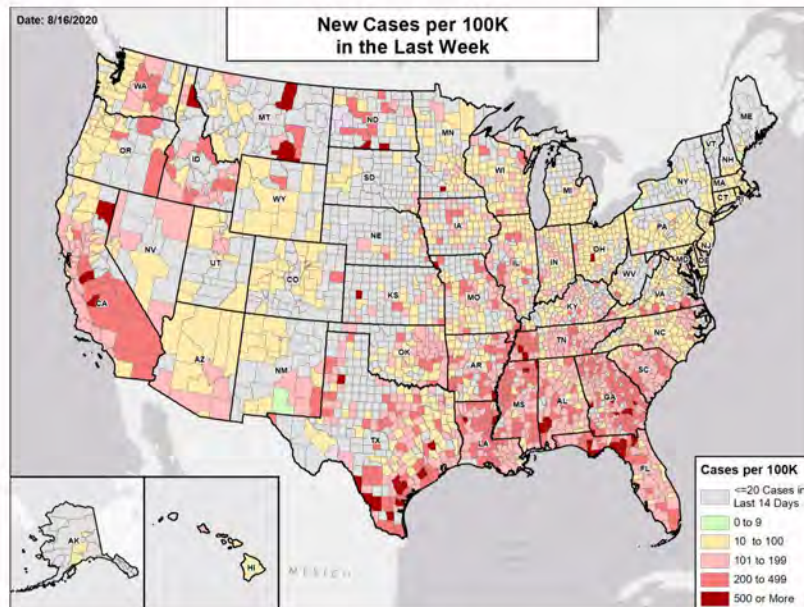
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



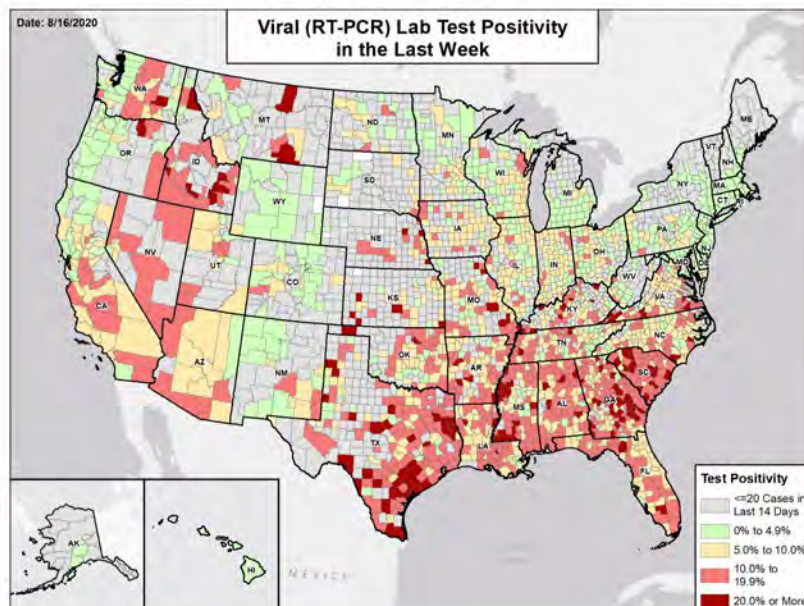


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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 | 08.16.2020

## 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%.
- Nationally, Massachusetts was ranked 46th for most new cases per 100,000 population and 46th for highest test positivity last week.
- Massachusetts 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. Middlesex County, 2. Suffolk County, and 3. Essex County. These counties represent 49.5 percent of new cases in Massachusetts.
- Massachusetts had 32 new cases per 100,000 population in the past week, compared to a national average of 112 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 120 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 08 - Aug 14, on average, 19 patients with confirmed COVID-19 and 150 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Massachusetts. An average of greater than 95 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period.\*

## RECOMMENDATIONS

- Continue to enforce wearing of cloth face coverings, especially in indoor settings outside of the home.
- Consider innovative ways to more intensively monitor indoor face covering use in counties and cities with increasing case rates or test positivity.
- 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 at the local level; if case rates and test positivity increase substantially and persistently, intensify community mitigation efforts in the corresponding communities.
- Ensure effective implementation of new travel orders and 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 or can be expanded 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 repeat testing for all staff.
- 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 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.



COVID-19

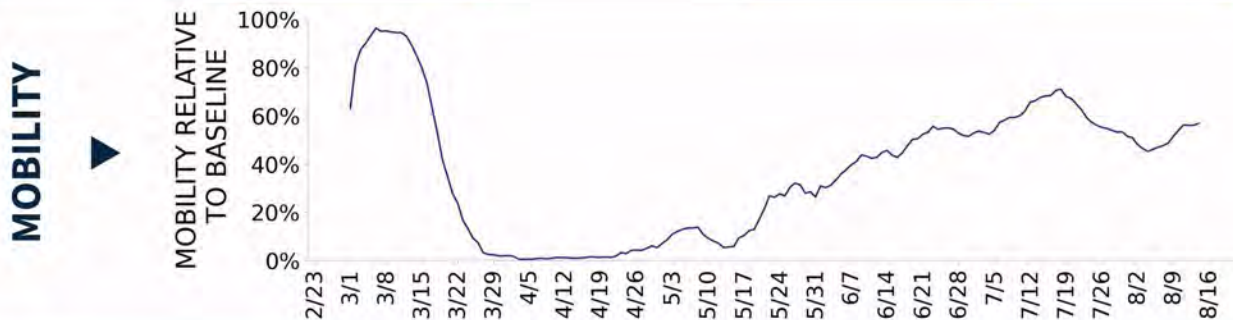




# MASSACHUSETTS

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>2,240</b> (32)	<b>-16.4%</b>	<b>3,753</b> (25)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>1.6%</b>	<b>-0.4%*</b>	<b>1.5%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>162,013**</b> (2,351)	<b>+13.6%**</b>	<b>263,284**</b> (1,774)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>95</b> (1)	<b>-5.0%</b>	<b>121</b> (1)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>5.5%</b>	<b>-0.6%*</b>	<b>3.6%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

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**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# MASSACHUSETTS

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

METRO  
AREA  
(CBSA)  
LAST WEEK

**0**

N/A

**0**

N/A

COUNTY  
LAST WEEK

**0**

N/A

**0**

N/A

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

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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
- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

### Testing

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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

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### 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

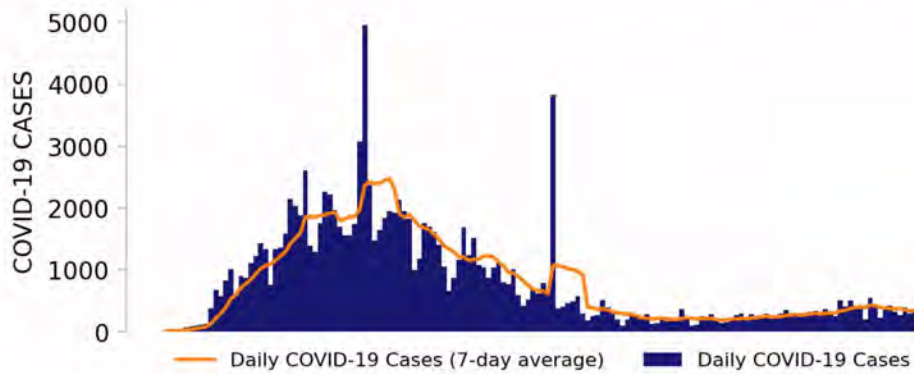




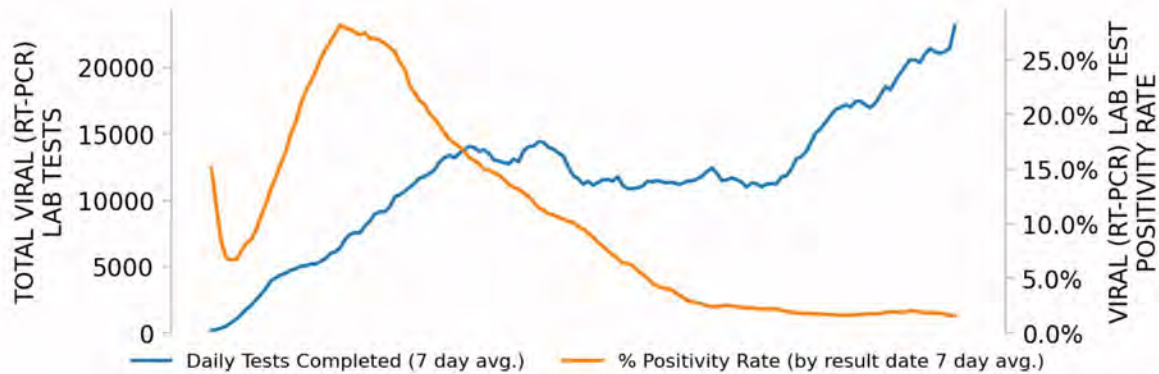
# MASSACHUSETTS

STATE REPORT | 08.16.2020

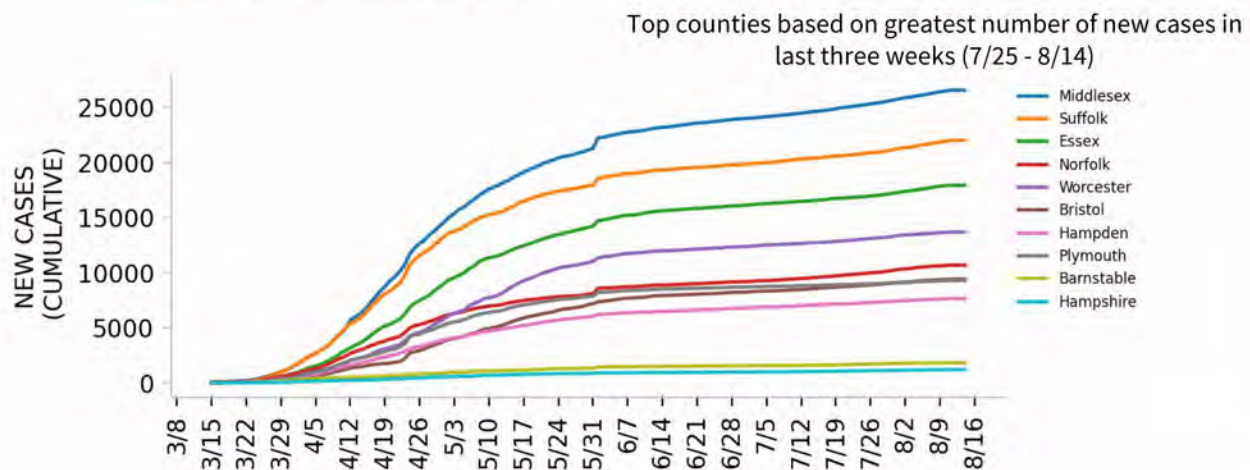
## NEW CASES



## TESTING



## TOP COUNTIES



### 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 8/14/2020.

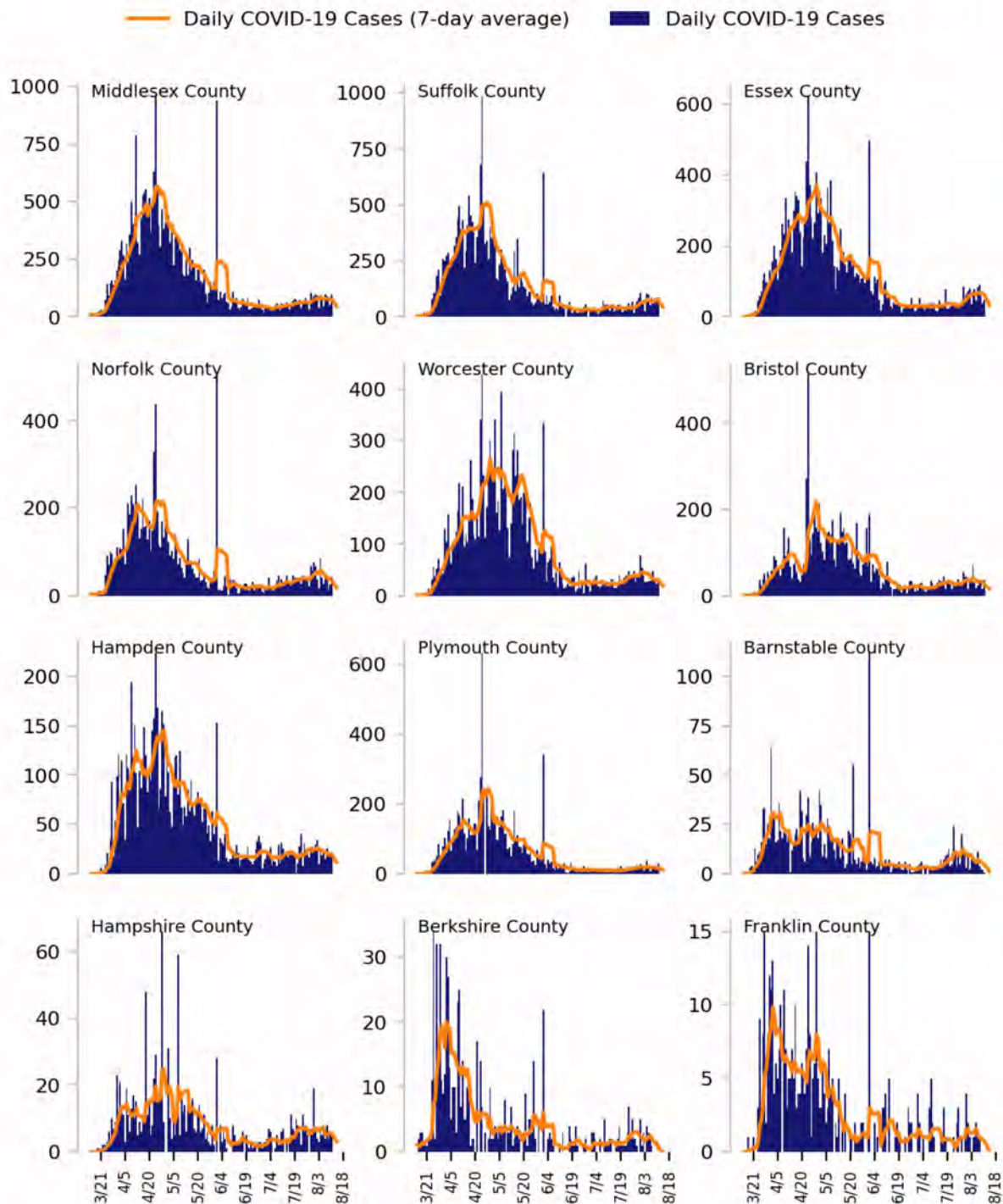
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.





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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



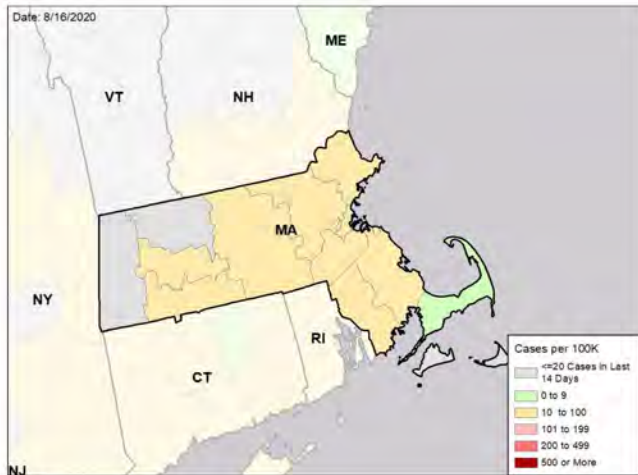


# MASSACHUSETTS

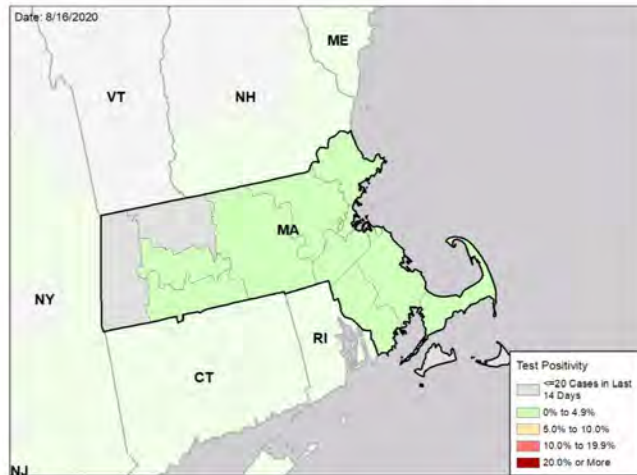
STATE REPORT | 08.16.2020

## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

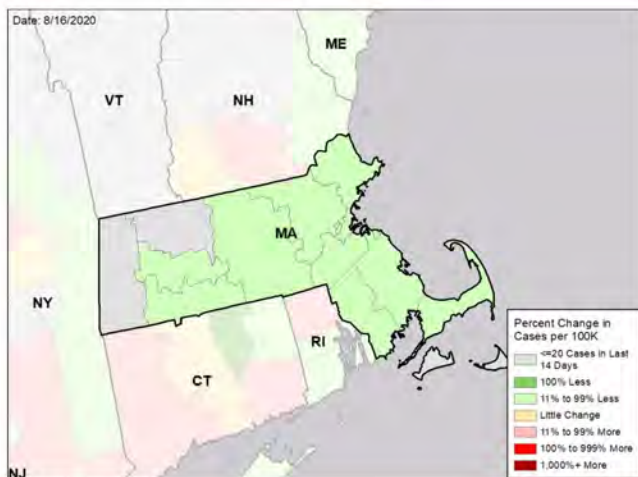
### NEW CASES PER 100,000 DURING LAST WEEK



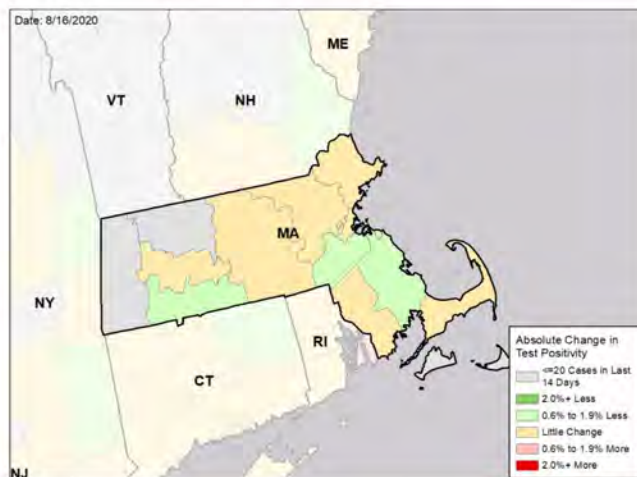
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

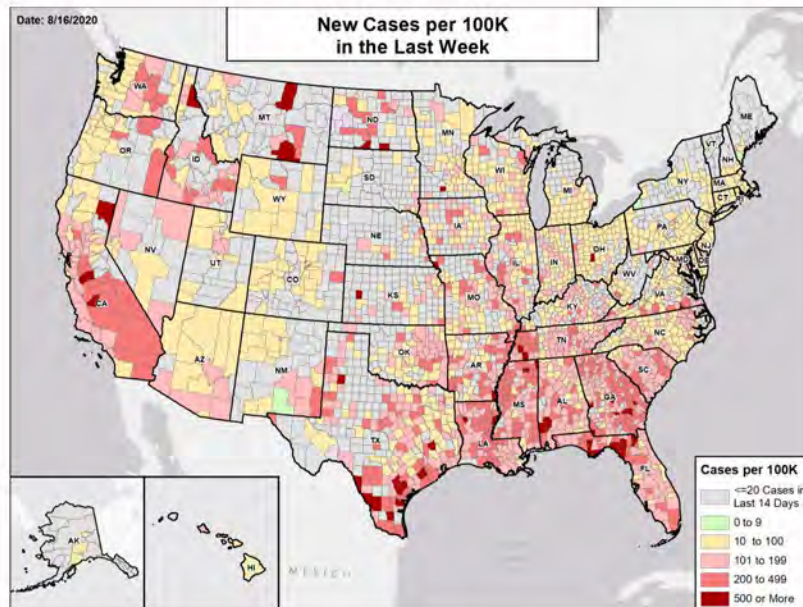
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



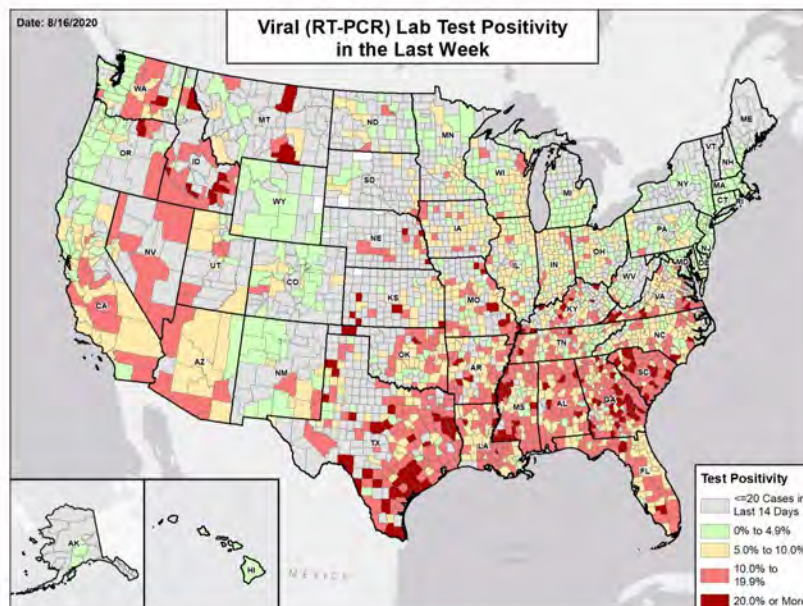


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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 | 08.16.2020

**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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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.





# MICHIGAN

STATE REPORT | 08.16.2020

## 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 below 5%. Michigan has seen stability in new cases and stability in test positivity over the past week.
- Nationally, Michigan was ranked 39th for most new cases per 100,000 population and 36th for highest test positivity last week.
- Cases increased in the Detroit CBSA. Incidence remained elevated in two Upper Peninsula counties along the Wisconsin border (Gogebic, Menominee), with some increase in adjoining counties.
- 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 contiguous counties in the Detroit CBSA represent 50.0 percent of new cases in Michigan.
- In Michigan, 1 (0.2%) long term care facility (LTCF) reported 3 or more cases per week among residents for 3 consecutive weeks; 6 (1.4%) LTCFs reported 3 or more cases per week among staff for 3 consecutive weeks.
- Michigan had 53 new cases per 100,000 population in the past week, compared to a national average of 112 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 14 to support operations activities from FEMA; 6 to support operations activities from USCG; and 1 to support operations activities from VA.
- Between Aug 08 - Aug 14, on average, 47 patients with confirmed COVID-19 and 113 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Michigan. An average of 63 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

- In anticipation of reopening of colleges and universities, encourage local ordinances to limit off-campus events from violating social distancing and mask mandates.
- Continue limitations on bars and restaurants. Continue modulation of the current phase 4/5 opening status, especially for occupancy or operation of certain businesses dependent on changes in the number of locally reported cases.
- 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.
- 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 3 or more cases for each of the last 3 weeks.
- 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/coronavirus/2019-ncov/community/index.html).

*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 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.



COVID-19

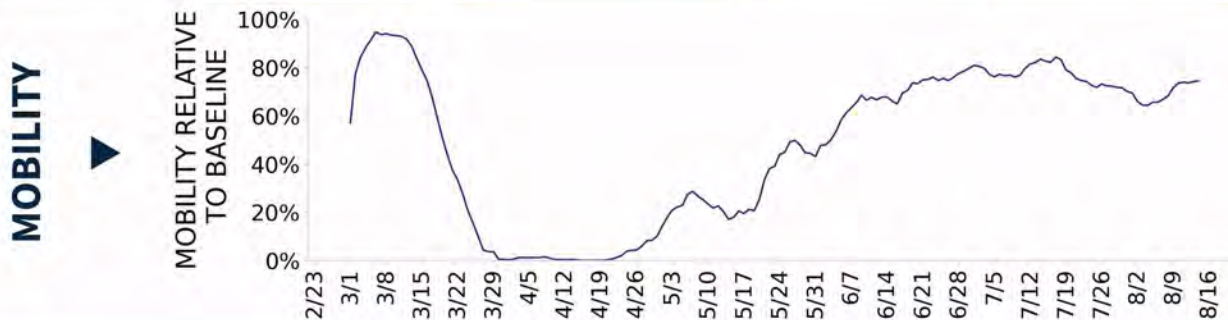




# MICHIGAN

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>5,251</b> (53)	<b>+7.1%</b>	<b>41,679</b> (79)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>3.6%</b>	<b>+0.2%*</b>	<b>5.2%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>210,357**</b> (2,106)	<b>-7.7%**</b>	<b>988,488**</b> (1,881)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>56</b> (1)	<b>-11.1%</b>	<b>472</b> (1)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>8.2%</b>	<b>+0.3%*</b>	<b>7.3%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# MICHIGAN

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK****1**

Marinette

**5**Saginaw  
Bay City  
Muskegon  
South Bend-Mishawaka  
Hillsdale**COUNTY  
LAST WEEK****1**

Luce

**8**Macomb  
Saginaw  
Bay  
Muskegon  
Tuscola  
Menominee  
Hillsdale  
Ontonagon

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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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### Testing

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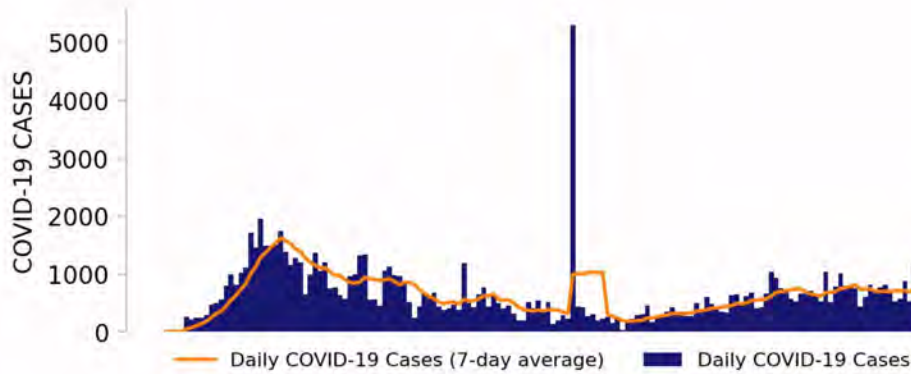




# MICHIGAN

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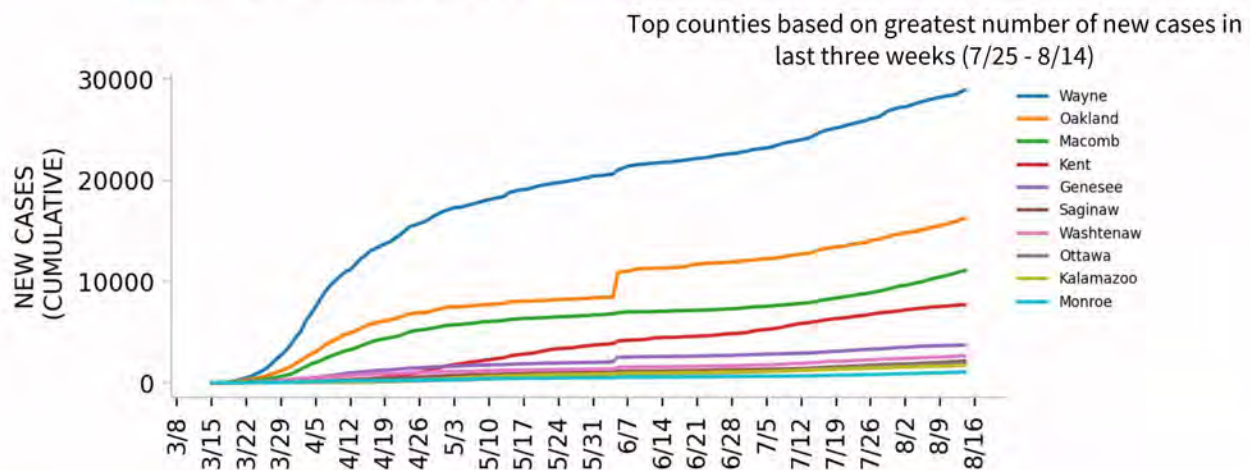
## NEW CASES



## TESTING



## TOP COUNTIES



### DATA SOURCES

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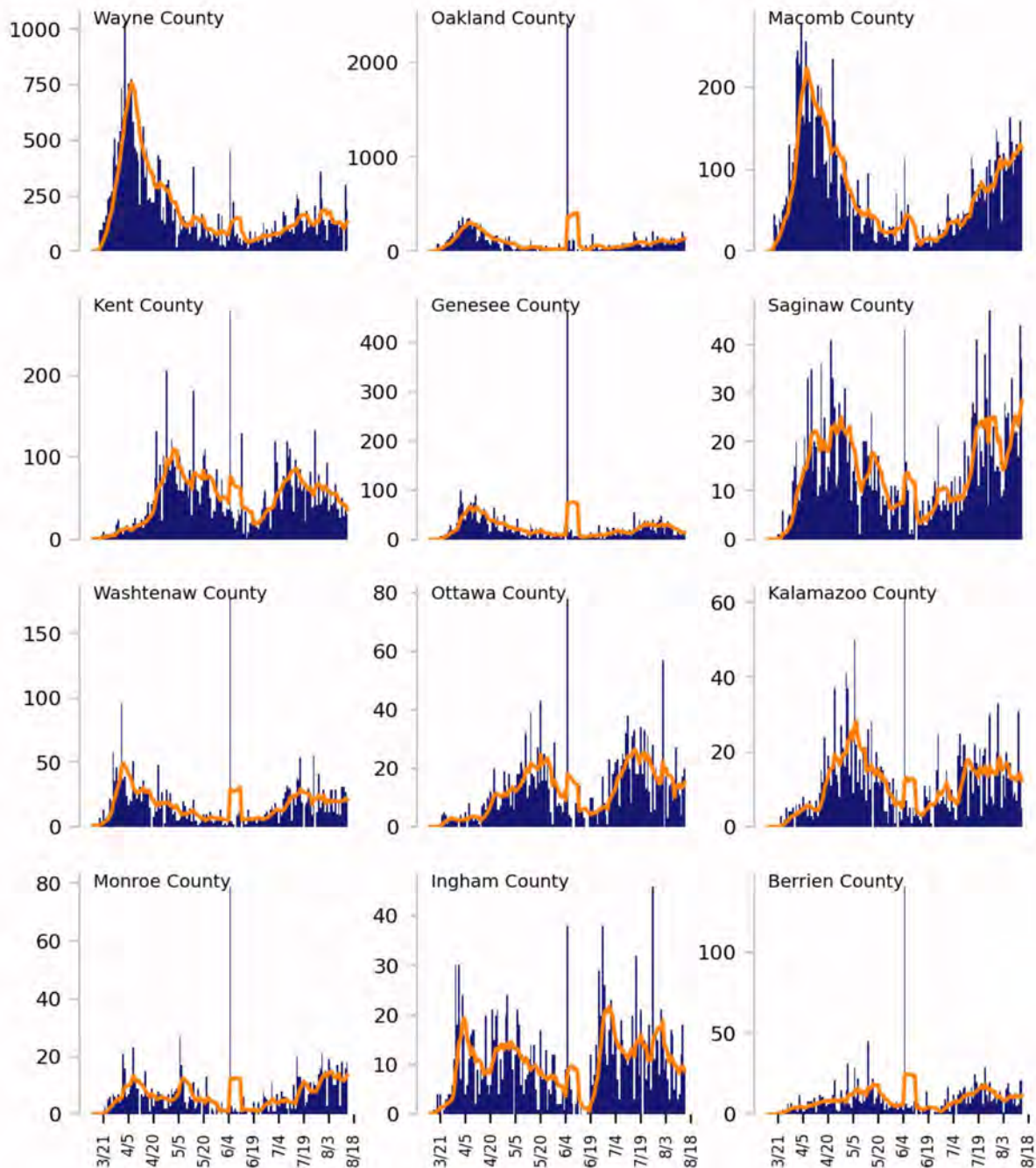




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.





# MICHIGAN

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## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

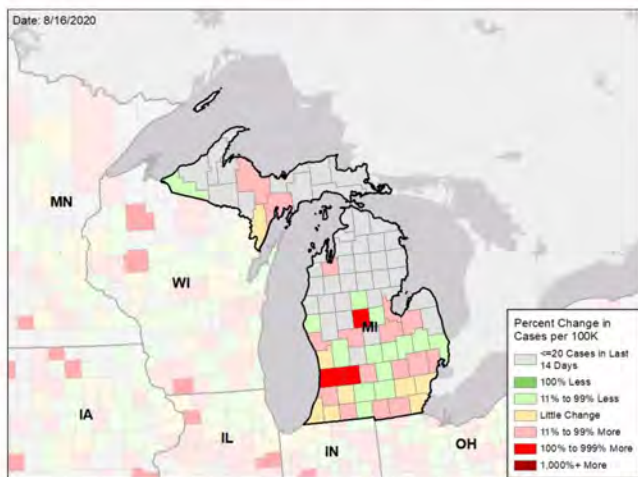
### NEW CASES PER 100,000 DURING LAST WEEK



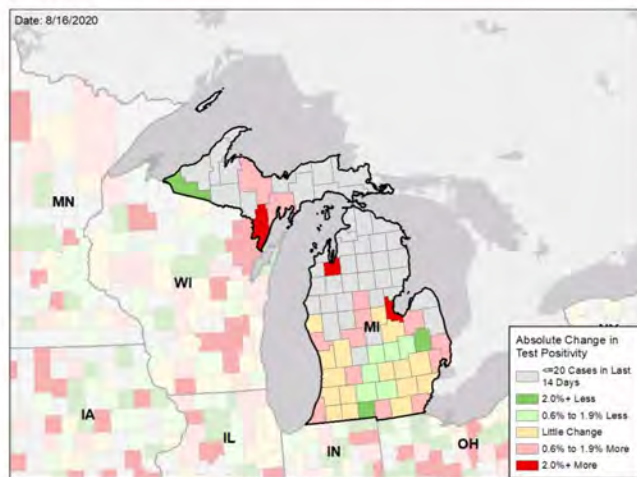
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

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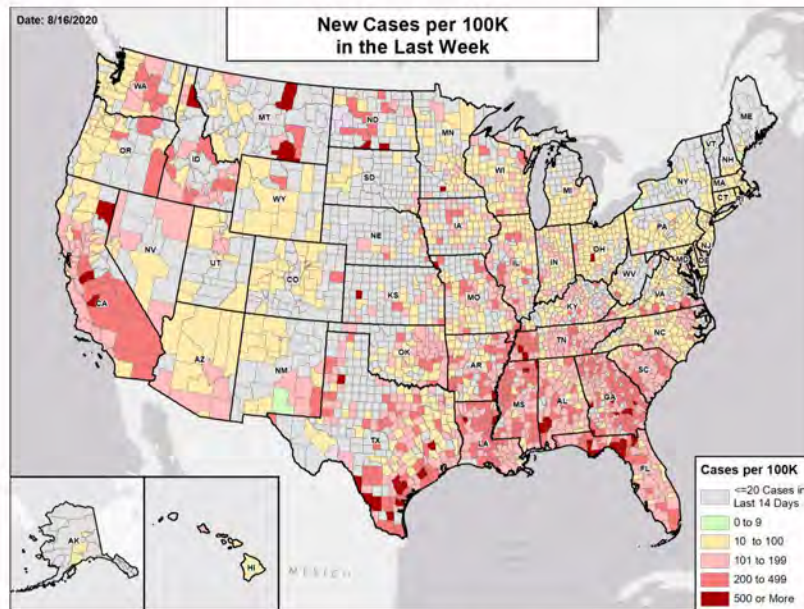
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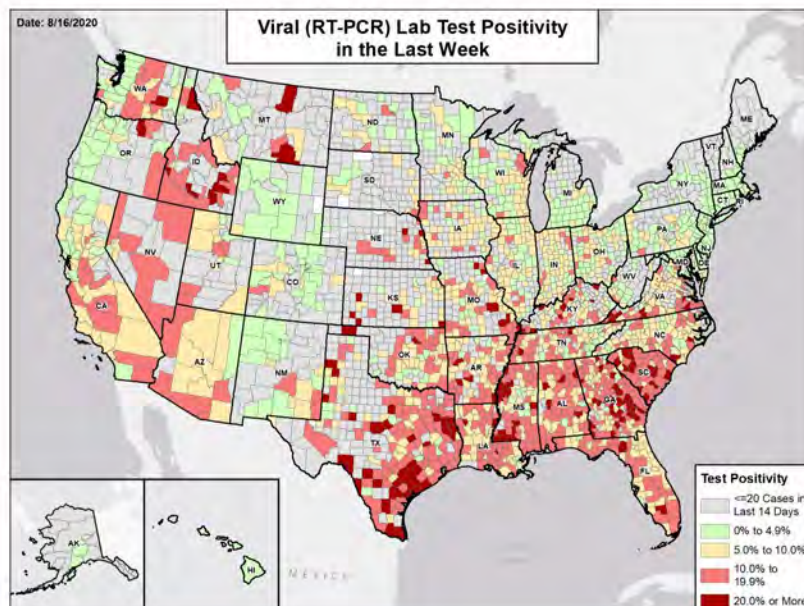


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

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STATE REPORT | 08.16.2020

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Metric	Green	Yellow	Red
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Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>0.5%

## DATA NOTES

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- Cases and deaths:** County-level data from USAFacts as of 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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.





# MINNESOTA

STATE REPORT | 08.16.2020

## 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%.
- Nationally, Minnesota was ranked 29th for most new cases per 100,000 population and 26th for highest test positivity last week.
- Minnesota has seen stability in new cases and a decrease in test positivity over the past week, after a progressive rise in cases beginning in mid-June led to a state mask mandate being issued on July 23. Hospitalizations have stabilized over the past week after gradually rising since early July.
- Viral transmission continues in multiple areas of the state, although the absolute numbers of cases remain concentrated around the Twin Cities area. High growth in incidence, especially among younger age groups, have been seen in several counties in northern (Beltrami) and southern Minnesota (McLeod). 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 in the Minneapolis CBSA represent 52.5 percent of new cases in Minnesota.
- In Minnesota, 1 (0.3%) long term care facility (LTCF) reported 3 or more cases per week among residents for 3 consecutive weeks; 0 (0%) LTCFs reported 3 or more cases per week among staff for 3 consecutive weeks.
- Minnesota had 80 new cases per 100,000 population in the past week, compared to a national average of 112 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; 1 to support epidemiology activities from CDC; and 1 to support operations activities from USCG.
- Between Aug 08 - Aug 14, on average, 39 patients with confirmed COVID-19 and 70 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Minnesota. 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

- In anticipation of reopening of colleges and universities, conduct outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus gatherings.
- Continue to communicate the public health and economic benefits of compliance with the state masking mandate, including the benefit of decreasing 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 locally reported cases 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](#).

*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 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.



COVID-19

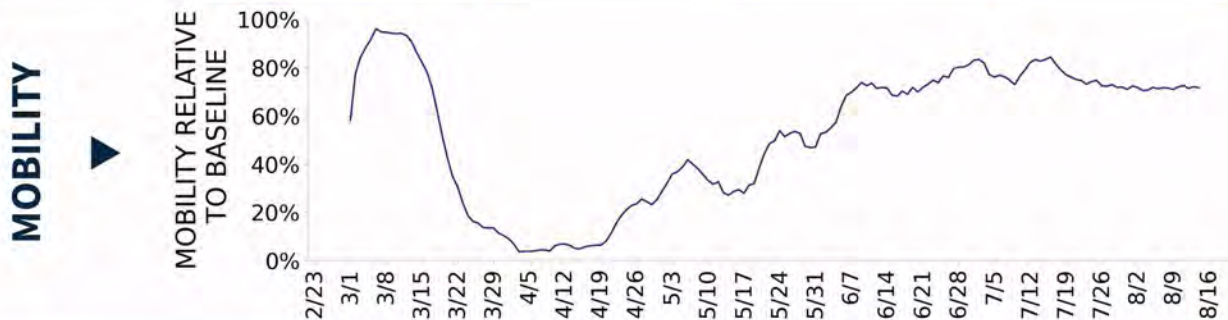




# MINNESOTA

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>4,529</b> (80)	<b>-4.3%</b>	<b>41,679</b> (79)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>5.9%</b>	<b>-0.9%*</b>	<b>5.2%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>102,142**</b> (1,811)	<b>-12.5%**</b>	<b>988,488**</b> (1,881)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>53</b> (1)	<b>+32.5%</b>	<b>472</b> (1)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>7.0%</b>	<b>+2.4%*</b>	<b>7.3%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# MINNESOTA

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

1

Hutchinson

5

Minneapolis-St. Paul-Bloomington  
Mankato  
Bemidji  
Willmar  
Worthington

**COUNTY  
LAST WEEK**

2

McLeod  
Rock

21

Top 12 shown  
(full list  
below)

Hennepin  
Ramsey  
Dakota  
Anoka  
Washington  
Scott  
Olmsted  
Carver  
Wright  
Blue Earth  
Beltrami  
Nicollet

**All Yellow Counties:** Hennepin, Ramsey, Dakota, Anoka, Washington, Scott, Olmsted, Carver, Wright, Blue Earth, Beltrami, Nicollet, Kandiyohi, Le Sueur, Nobles, Waseca, Isanti, Cass, Pipestone, Chippewa, Houston

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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

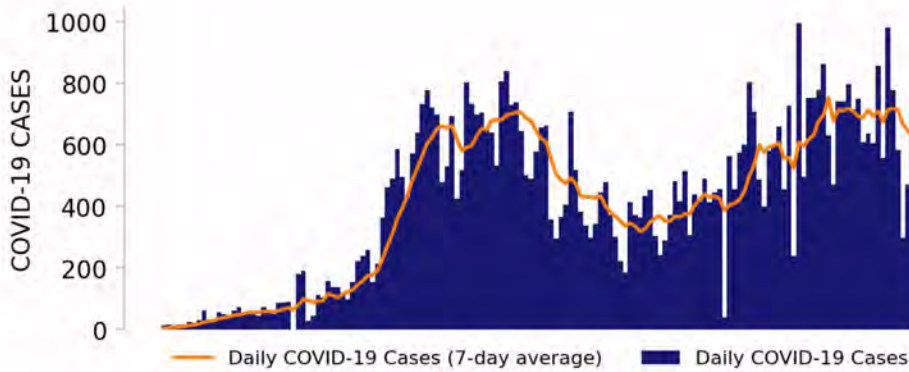




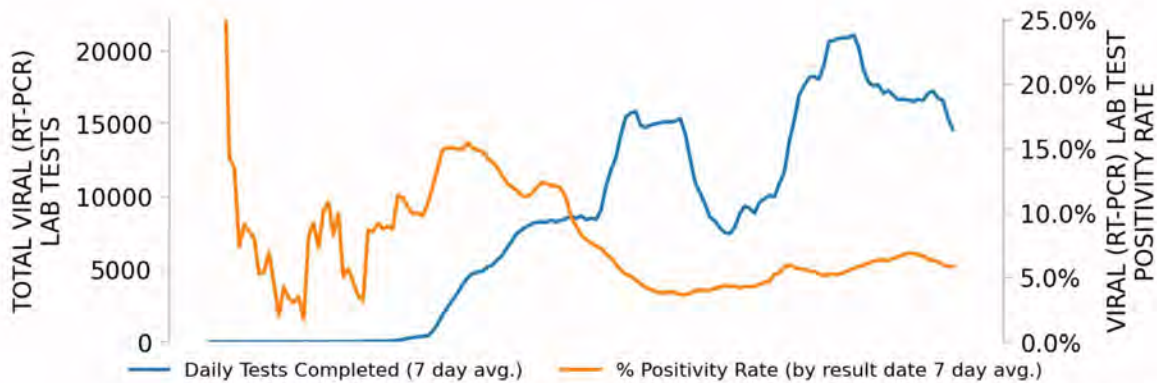
# MINNESOTA

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## NEW CASES

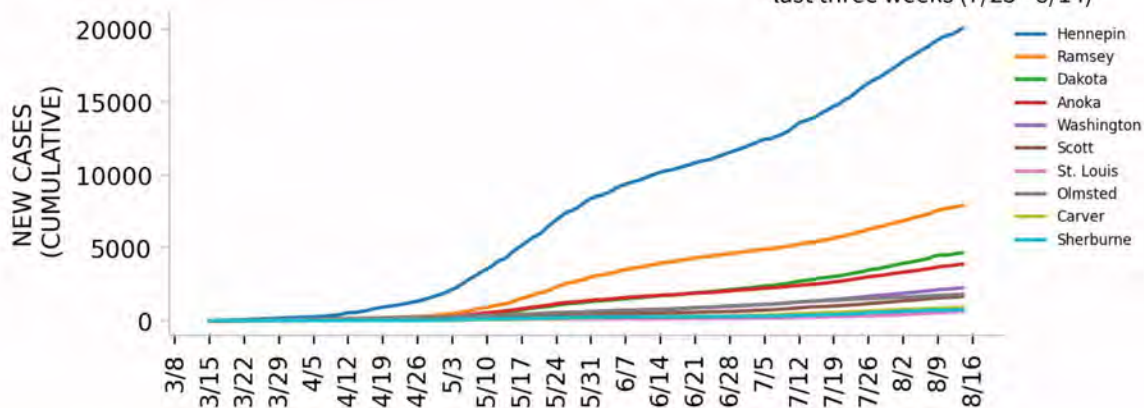


## TESTING



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP COUNTIES



### 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 8/14/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.

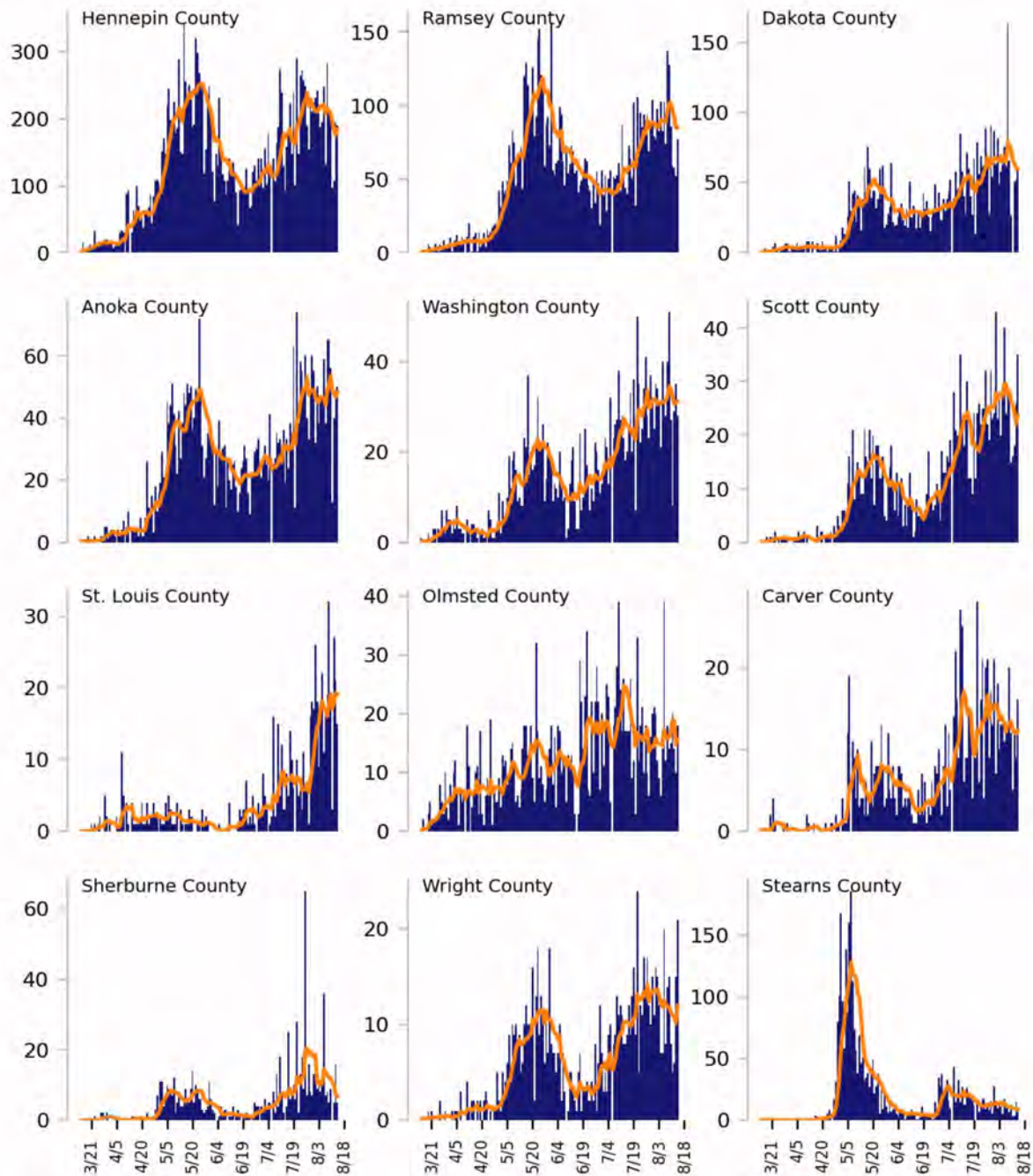




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



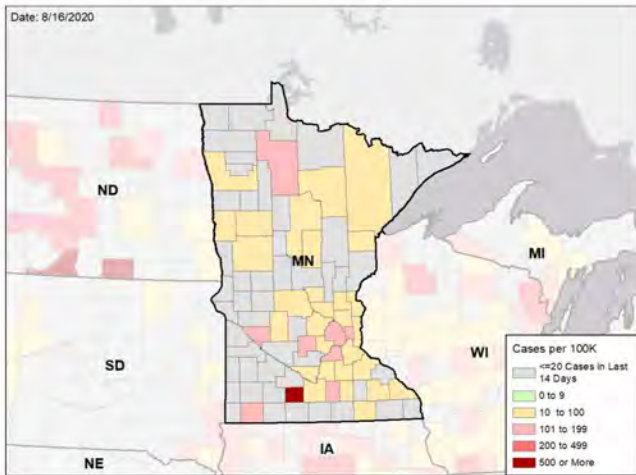


# MINNESOTA

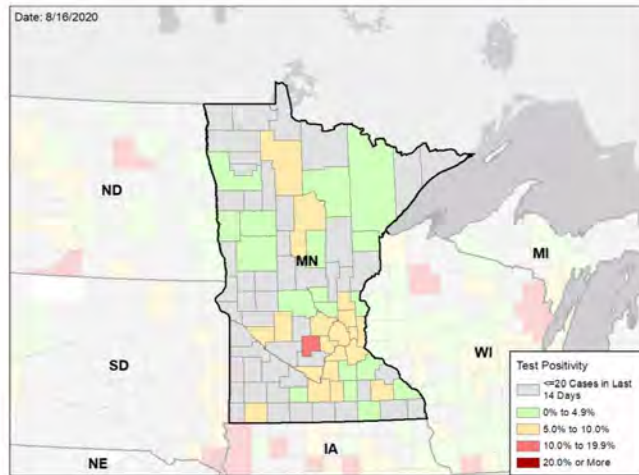
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## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

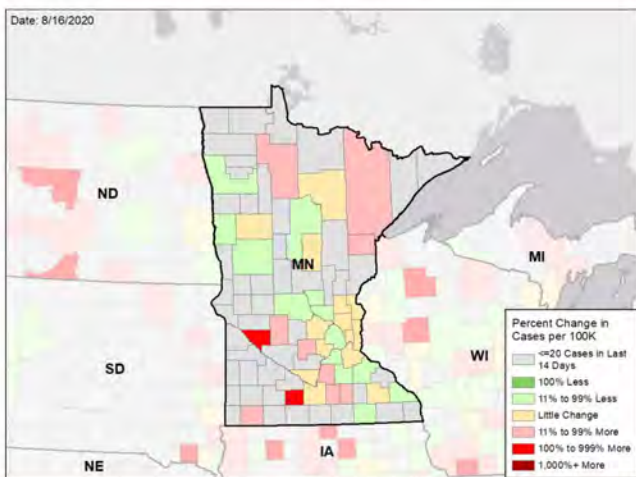
### NEW CASES PER 100,000 DURING LAST WEEK



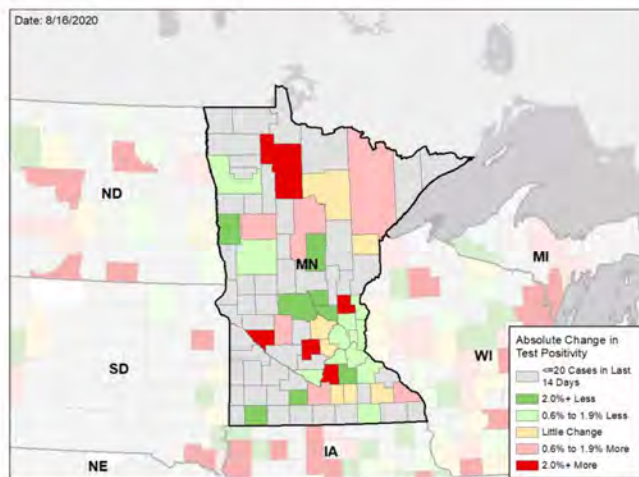
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

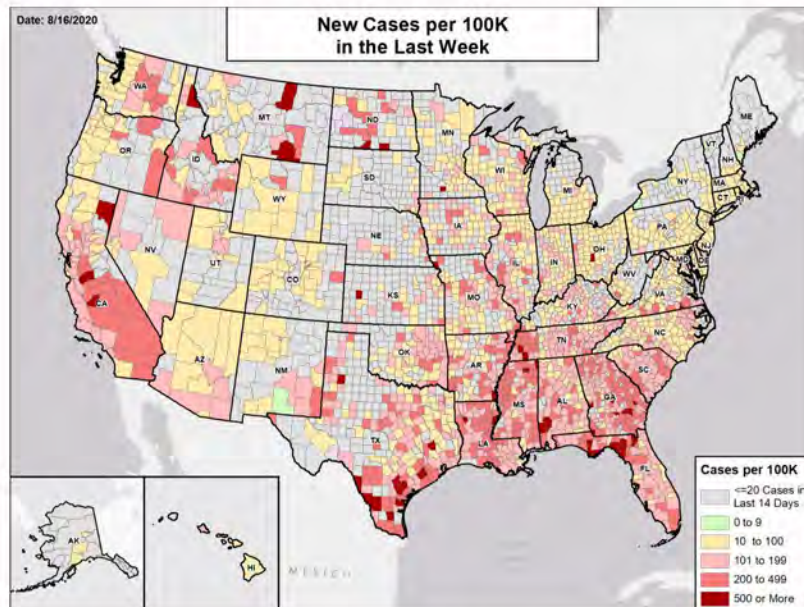
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



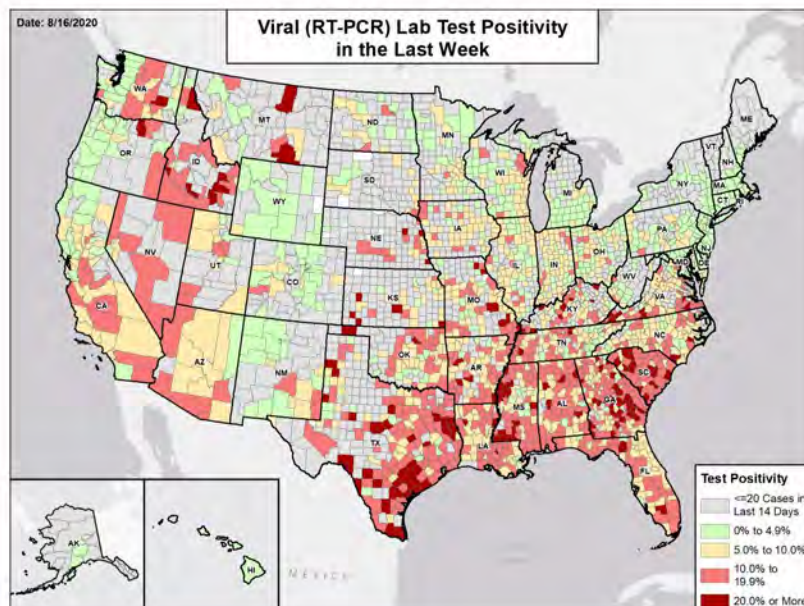


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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 | 08.16.2020

## 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%.
- Nationally, Mississippi was ranked 3rd for most new cases per 100,000 population and 5th for highest test positivity last week.
- Mississippi has seen a decrease in new cases and a decrease in test positivity over the past week, demonstrating the impact of the new mitigation efforts. This progress is fragile, and 71 of 82 counties remain in the red or yellow zone for COVID-19; mitigation efforts must continue.
- Testing rates are declining across the state and must be returned to the highest levels possible to enhance diagnosis, isolation and contact tracing.
- 4% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks; infection control practices must be enhanced.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Hinds County, 2. DeSoto County, and 3. Harrison County. These counties represent 17.8 percent of new cases in Mississippi indicating that COVID-19 is widespread across the state in rural and urban areas. Mitigation efforts must continue statewide to drive down transmission.
- Mississippi had 185 new cases per 100,000 population in the past week, compared to a national average of 112 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 2 to support epidemiology activities from CDC; 2 to support operations activities from CDC; 29 to support medical activities from VA; and 1 to support operations activities from VA.
- Between Aug 08 - Aug 14, on average, 104 patients with confirmed COVID-19 and 110 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Mississippi. An average of 67 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

- Mandate use of masks in all current and evolving hot spots. Mandate mask use in all indoor public areas at all times and outdoors.
- 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.
- Expand the protection of those in nursing homes, assisted living, and long-term care facilities (LTCFs) by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19 with isolation of all positive staff and residents. Ensure social distancing and universal facemask use. Immediately conduct infection control surveys in all nursing homes with 3 or more cases per week over the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support LTCF testing.
- 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 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 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 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.



COVID-19

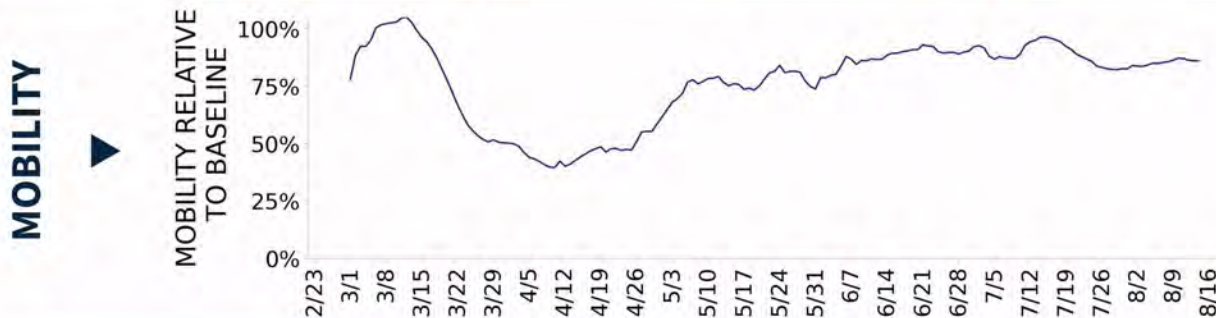




# MISSISSIPPI

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>5,496</b> (185)	<b>-17.9%</b>	<b>114,442</b> (171)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>12.4%</b>	<b>-3.7%*</b>	<b>11.0%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>27,148**</b> (912)	<b>-25.6%**</b>	<b>993,563**</b> (1,485)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>213</b> (7)	<b>+3.4%</b>	<b>2,707</b> (4)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>27.8%</b>	<b>+2.1%*</b>	<b>23.4%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# MISSISSIPPI

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**15**

Top 12 shown  
(full list  
below)

Jackson  
Gulfport-Biloxi  
Memphis  
Tupelo  
Laurel  
Greenville  
Cleveland  
Meridian  
Indianola  
Vicksburg  
Clarksdale  
Greenwood

**8**

Hattiesburg  
Starkville  
Oxford  
Columbus  
Picayune  
Natchez  
Grenada  
West Point

**COUNTY  
LAST WEEK**

**51**

Top 12 shown  
(full list  
below)

Hinds  
DeSoto  
Harrison  
Jackson  
Lee  
Washington  
Forrest  
Bolivar  
Jones  
Panola  
George  
Union

**20**

Top 12 shown  
(full list  
below)

Rankin  
Madison  
Oktibbeha  
Lafayette  
Lamar  
Lowndes  
Tishomingo  
Yazoo  
Tippah  
Hancock  
Pearl River  
Covington

**All Red CBSAs:** Jackson, Gulfport-Biloxi, Memphis, Tupelo, Laurel, Greenville, Cleveland, Meridian, Indianola, Vicksburg, Clarksdale, Greenwood, McComb, Brookhaven, Corinth

**All Red Counties:** Hinds, DeSoto, Harrison, Jackson, Lee, Washington, Forrest, Bolivar, Jones, Panola, George, Union, Sunflower, Warren, Marshall, Lauderdale, Coahoma, Pontotoc, Monroe, Pike, Leflore, Prentiss, Simpson, Tallahatchie, Marion, Tate, Lincoln, Alcorn, Tunica, Copiah, Itawamba, Adams, Winston, Wayne, Walthall, Chickasaw, Quitman, Stone, Jasper, Lawrence, Leake, Perry, Jefferson Davis, Wilkinson, Greene, Amite, Smith, Humphreys, Benton, Franklin, Kemper

**All Yellow Counties:** Rankin, Madison, Oktibbeha, Lafayette, Lamar, Lowndes, Tishomingo, Yazoo, Tippah, Hancock, Pearl River, Covington, Noxubee, Sharkey, Grenada, Attala, Calhoun, Clarke, Clay, Claiborne

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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

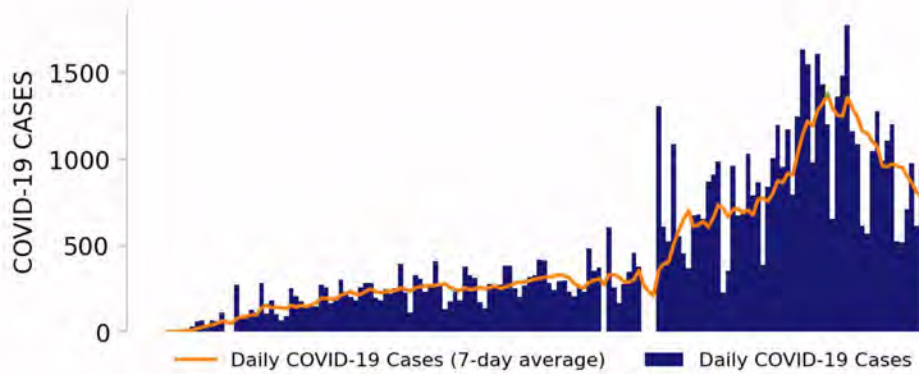




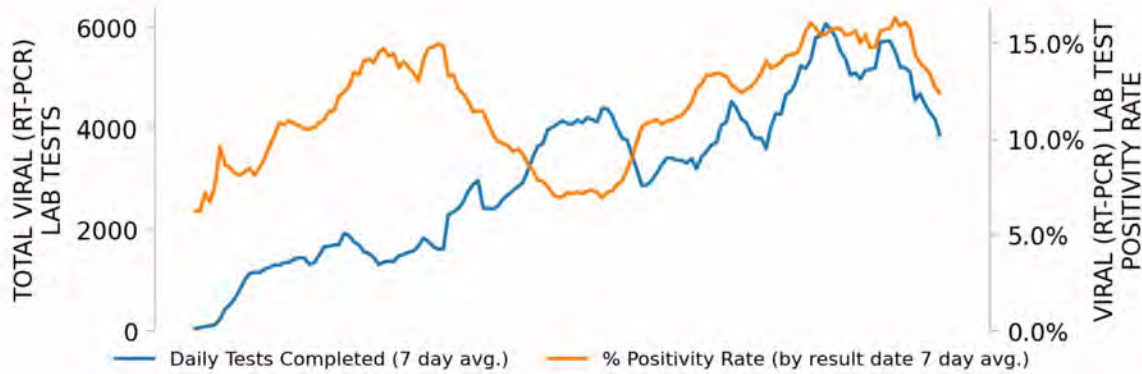
# MISSISSIPPI

STATE REPORT | 08.16.2020

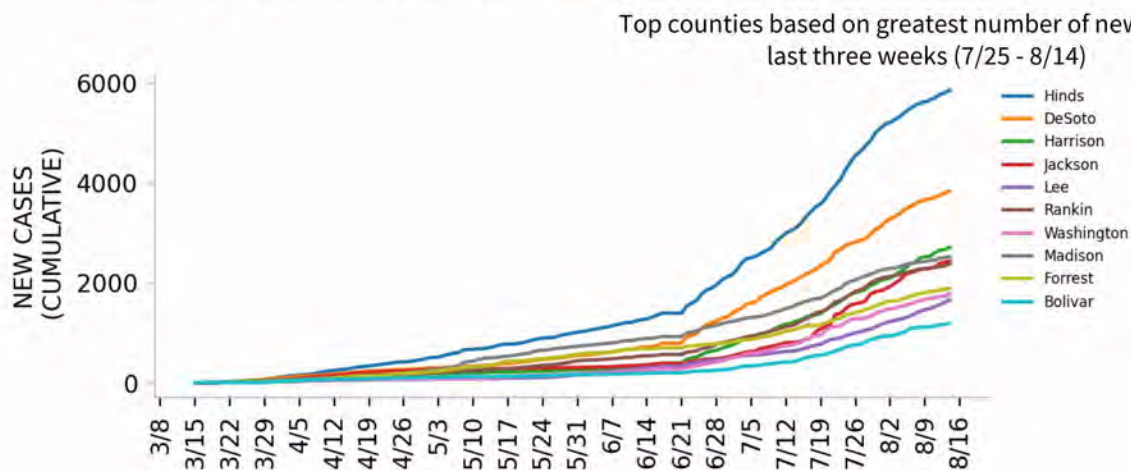
## NEW CASES



## TESTING



## TOP COUNTIES



### 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 8/14/2020.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/12/2020.

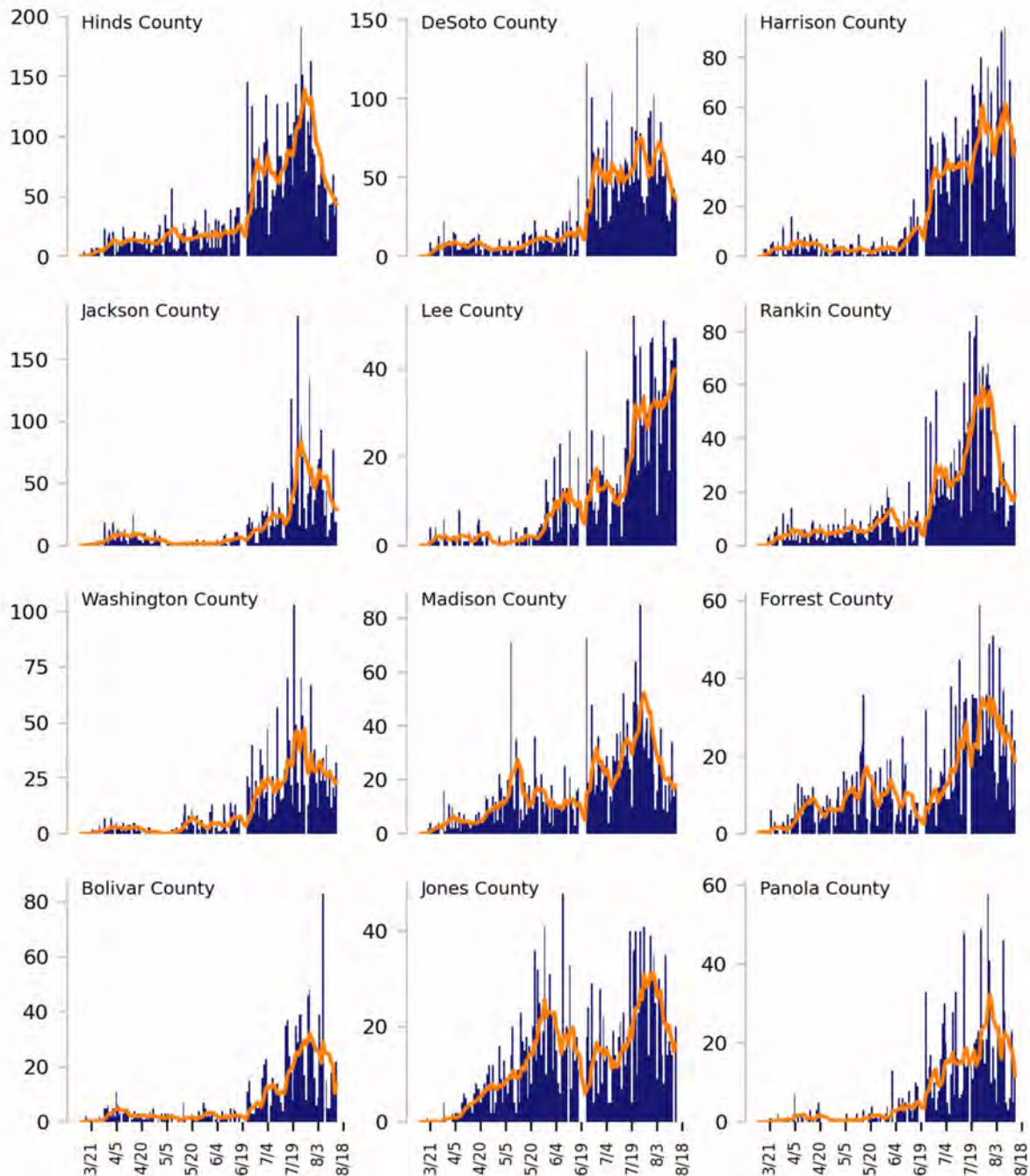




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



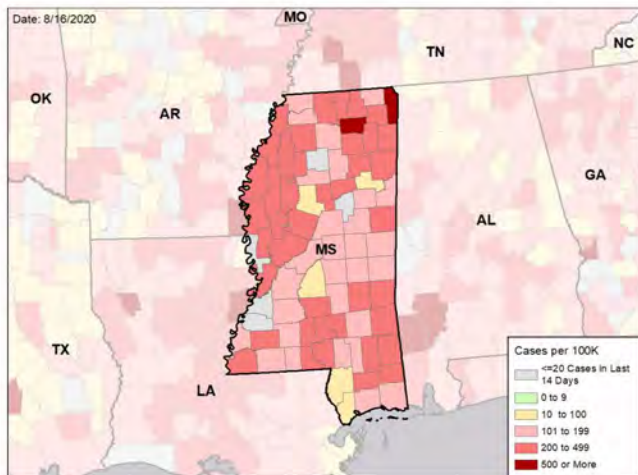


# MISSISSIPPI

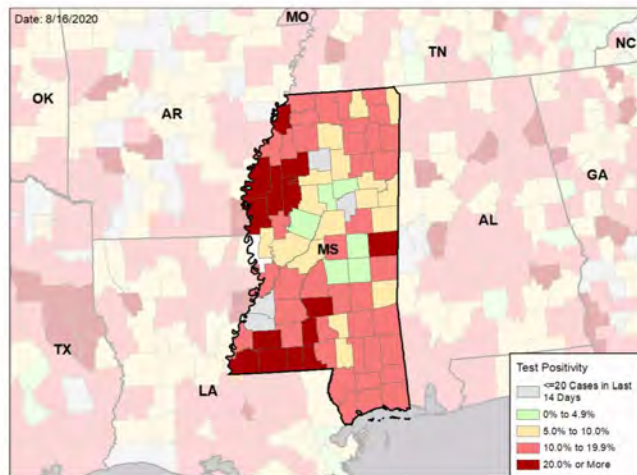
STATE REPORT | 08.16.2020

## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

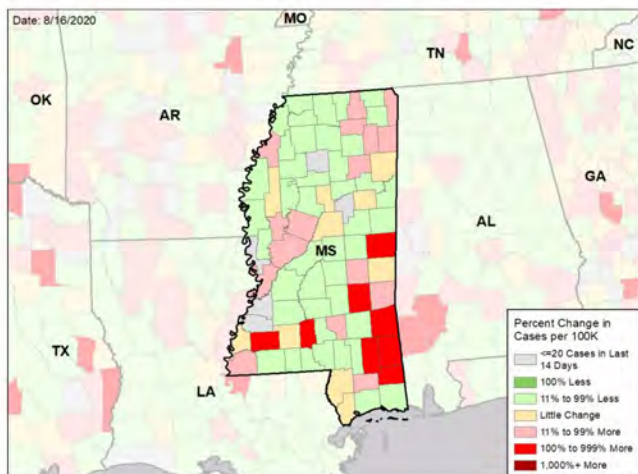
### NEW CASES PER 100,000 DURING LAST WEEK



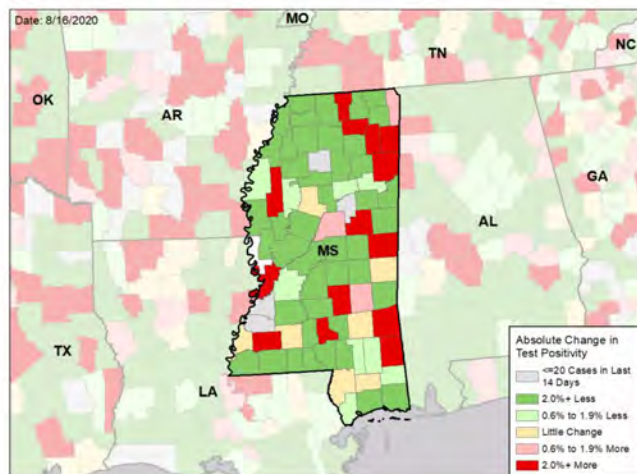
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

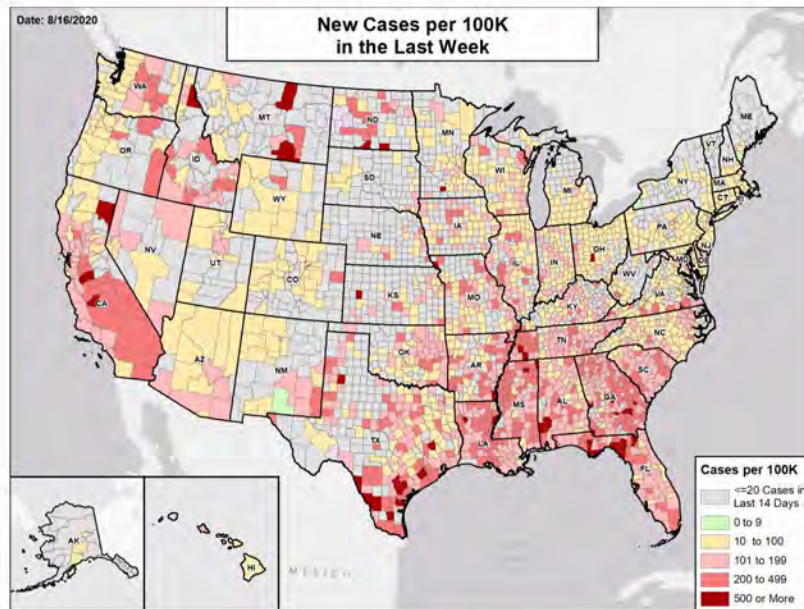
**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



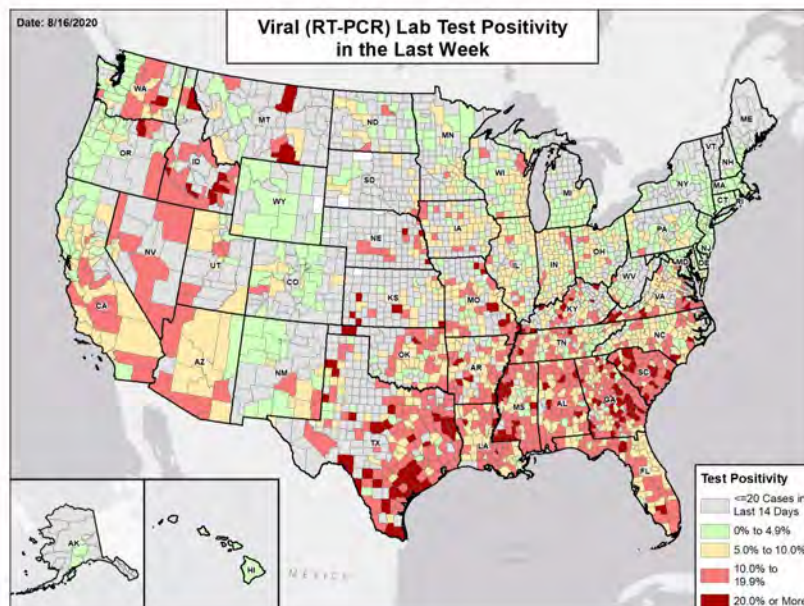


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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 | 08.16.2020

**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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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.





# MISSOURI

STATE REPORT | 08.16.2020

## 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%.
- Nationally, Missouri was ranked 14th for most new cases per 100,000 population and 18th for highest test positivity last week.
- Missouri has seen increases 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 49.5 percent of new cases in Missouri.
- Half of the counties in Missouri, both urban and rural, have community spread, with nearly 40% experiencing high levels of transmission.
- Missouri had 129 new cases per 100,000 population in the past week, compared to a national average of 112 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; 7 to support operations activities from ASPR; 6 to support epidemiology activities from CDC; and 1 to support operations activities from VA.
- Between Aug 08 - Aug 14, on average, 65 patients with confirmed COVID-19 and 207 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Missouri. 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

- Establish mask requirement statewide. Work with local communities to ensure high usage rates. Identify mechanisms to assess compliance with local regulations including working with community organizations.
- 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.
- Nursing homes and public health (including epidemiology) must establish ongoing collaboration for real-time understanding of community transmission to prevent cases and deaths in nursing homes. 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. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place. Conduct on-site infection prevention reviews at nursing homes with ongoing cases and deaths.
- Encourage individuals that have participated in large social gatherings, birthday parties, and family gatherings to get tested and isolate themselves from family members with comorbidities.
- Continue messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- To fully utilize all local testing capacity:
  - (a) Ensure the state public health lab is fully staffed and running 24/7, utilizing all platforms.
  - (b) Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
  - (c) 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 hospital admissions decline, and additional testing capacity is available.
- Continue ongoing efforts to build and utilize contact tracing. Hire contact tracers and community health workers from within minority and underserved communities to ensure cultural competency to gain trust and buy-in from within the community.
- 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 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.



COVID-19

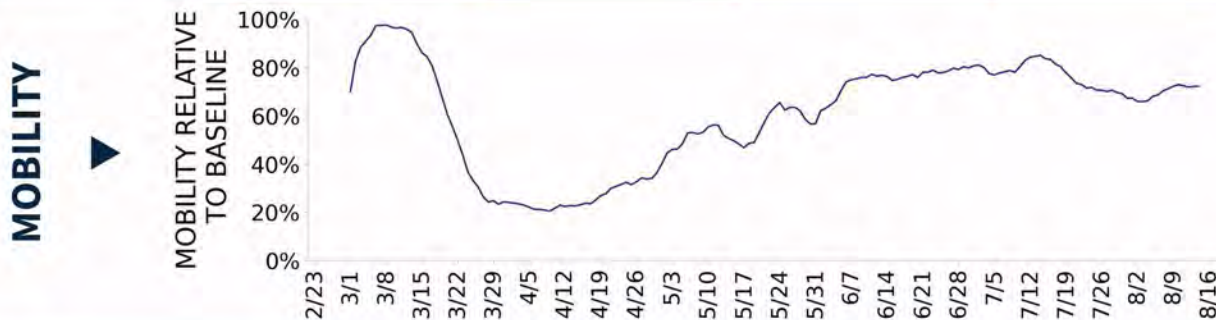




# MISSOURI

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>7,893</b> (129)	<b>+11.7%</b>	<b>15,967</b> (113)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>8.6%</b>	<b>+0.5%*</b>	<b>8.5%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>57,033**</b> (929)	<b>-6.0%**</b>	<b>177,103**</b> (1,252)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>35</b> (1)	<b>-37.5%</b>	<b>126</b> (1)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>9.0%</b>	<b>-0.4%*</b>	<b>6.4%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# MISSOURI

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

#### METRO AREA (CBSA) LAST WEEK

8

Joplin  
Jefferson City  
Branson  
Sedalia  
Hannibal  
Kennett  
Sikeston  
Fort Leonard Wood

13

Top 12 shown  
(full list  
below)

St. Louis  
Kansas City  
Springfield  
Columbia  
Farmington  
Cape Girardeau  
Poplar Bluff  
Marshall  
Warrensburg  
West Plains  
Rolla  
Quincy

#### COUNTY LAST WEEK

22

Top 12 shown  
(full list  
below)

Taney  
Jasper  
Pettis  
Cole  
Lincoln  
Marion  
Dunklin  
Scott  
New Madrid  
Cooper  
Stone  
Pulaski

35

Top 12 shown  
(full list  
below)

St. Louis  
Jackson  
St. Charles  
St. Louis City  
Greene  
Jefferson  
Boone  
Clay  
Cass  
Franklin  
St. Francois  
Christian

**All Yellow CBSAs:** St. Louis, Kansas City, Springfield, Columbia, Farmington, Cape Girardeau, Poplar Bluff, Marshall, Warrensburg, West Plains, Rolla, Quincy, Fort Madison-Keokuk

**All Red Counties:** Taney, Jasper, Pettis, Cole, Lincoln, Marion, Dunklin, Scott, New Madrid, Cooper, Stone, Pulaski, Pike, Washington, Moniteau, Pemiscot, Crawford, Mississippi, Lewis, Howard, Bollinger, Sullivan

**All Yellow Counties:** St. Louis, Jackson, St. Charles, St. Louis City, Greene, Jefferson, Boone, Clay, Cass, Franklin, St. Francois, Christian, Camden, Cape Girardeau, Newton, Platte, Butler, Lawrence, Saline, Warren, Barry, Johnson, Howell, Miller, Callaway, Lafayette, Perry, Phelps, Webster, Stoddard, Henry, Clinton, Texas, Ste. Genevieve, Osage

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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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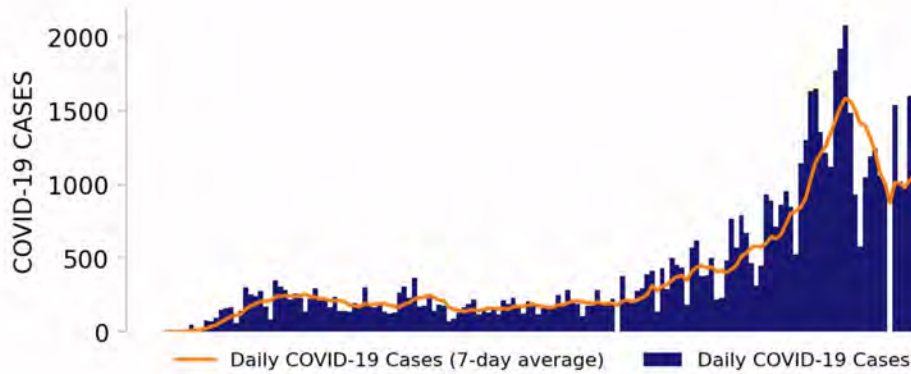




# MISSOURI

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## NEW CASES

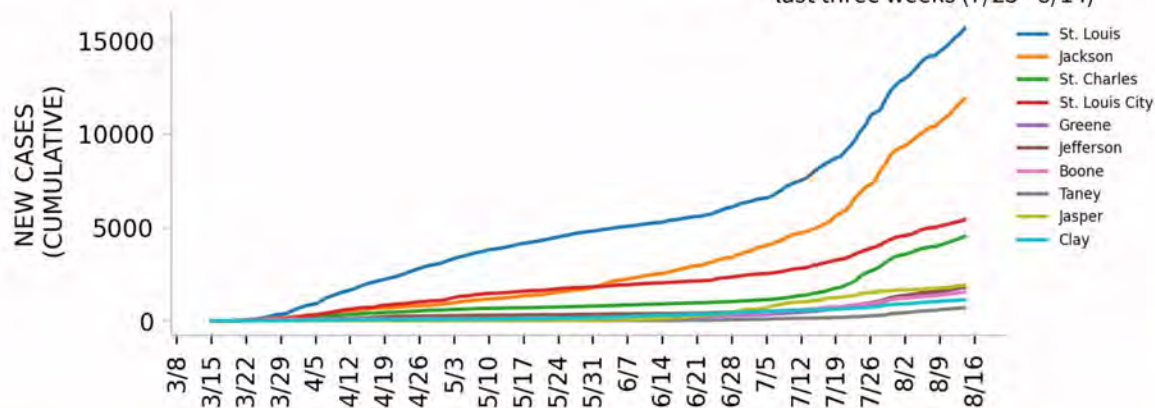


## TESTING



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP COUNTIES



### 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 8/14/2020.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/12/2020.

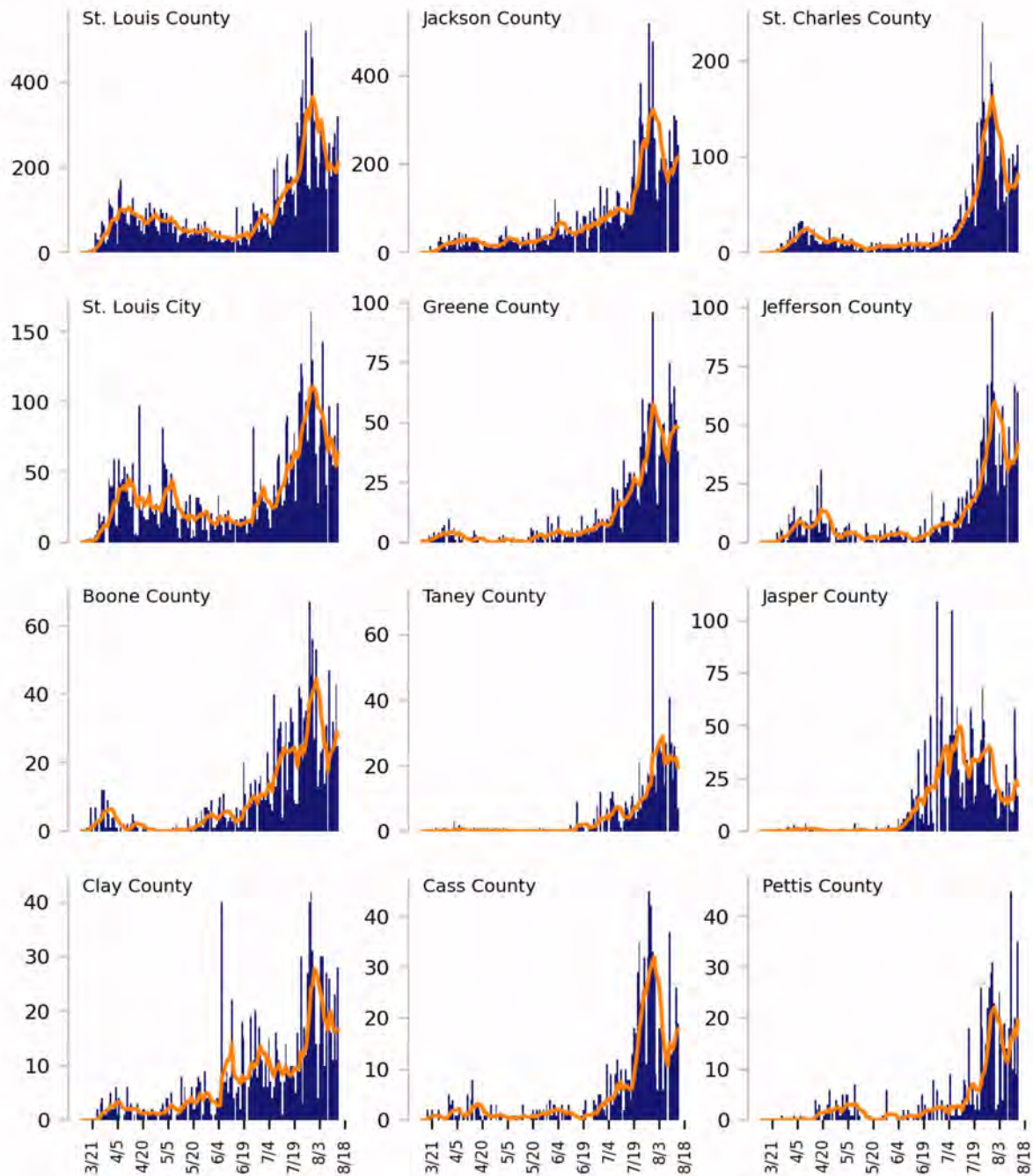




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



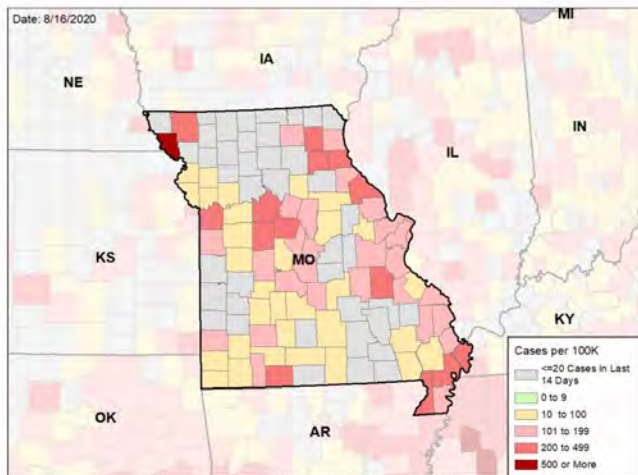


# MISSOURI

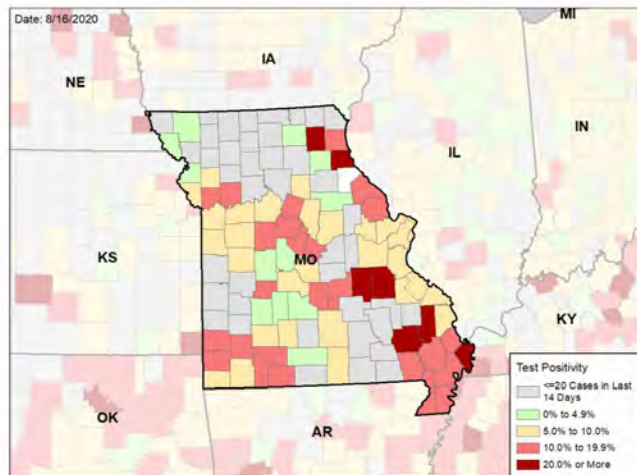
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## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

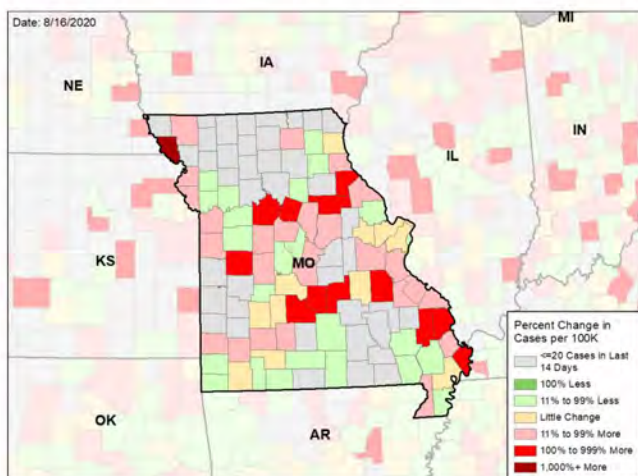
### NEW CASES PER 100,000 DURING LAST WEEK



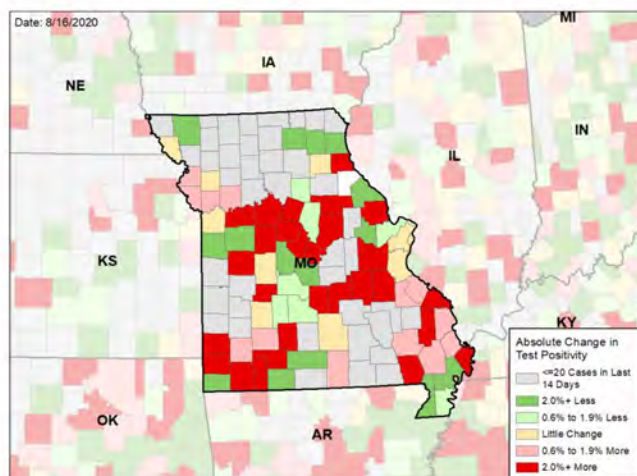
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

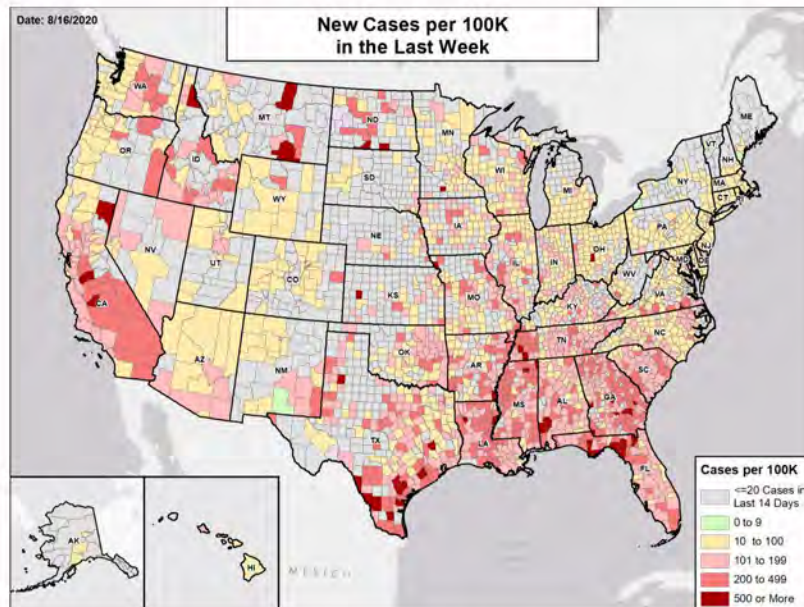
**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



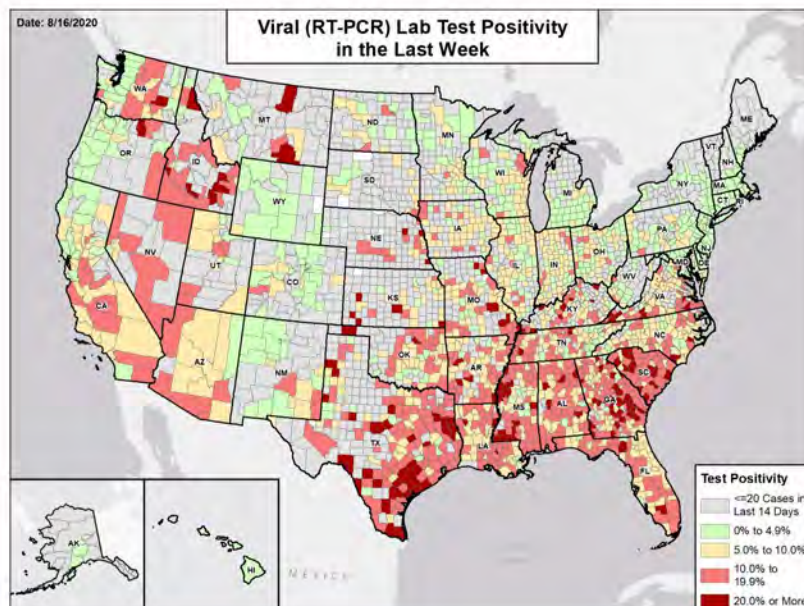


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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.





# MONTANA

STATE REPORT | 08.16.2020

## 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%.
- Nationally, Montana was ranked 33rd for most new cases per 100,000 population and 23rd for highest test positivity last week.
- Montana 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. Yellowstone County, 2. Big Horn County, and 3. Gallatin County. These counties represent 48.9 percent of new cases in Montana.
- Montana had 73 new cases per 100,000 population in the past week, compared to a national average of 112 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 08 - Aug 14, on average, 10 patients with confirmed COVID-19 and 21 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Montana. An average of 29 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 increasing 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 in Yellowstone (Billings), Glacier, Big Horn, Fergus, Carbon, Stillwater, Rosebud, and Dawson.
- Expand, monitor and enforce policies on wearing cloth face coverings in all yellow and red zone counties.
- Launch aggressive educational and social media campaigns developed and deployed at the most local level to educate and promote use of social distancing and face coverings, especially in yellow and red counties and tribal nations.
- State dashboards can be made more visually compelling and educational, highlighting county-level data. Promote use as part of educational campaigns.
- Ensure vigorous contact tracing with immediate isolation of cases, interviews for contacts within 48 hours, and early quarantine for contacts; focus efforts in the counties with high case rates and test positivity mentioned above. Expand contact tracing capacity as needed by enlisting and training college-age students and un- or under-employed young adults.
- 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 weekly testing rates below 1,000 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 ensuring easily available testing with vigorous 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 immediately as needed.
- 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 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.



COVID-19

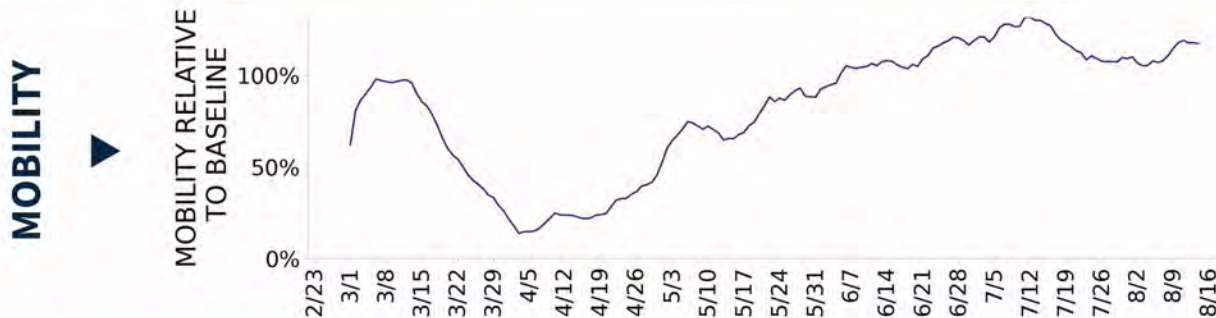




# MONTANA

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>783</b> (73)	<b>-1.1%</b>	<b>7,819</b> (64)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>6.9%</b>	<b>-0.3%*</b>	<b>5.2%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>12,846**</b> (1,202)	<b>-14.1%**</b>	<b>178,292**</b> (1,454)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>11</b> (1)	<b>-15.4%</b>	<b>88</b> (1)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>1.4%</b>	<b>+0.0%*</b>	<b>4.4%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# MONTANA

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**1**

Billings

**2**Missoula  
Butte-Silver Bow

**COUNTY  
LAST WEEK**

**5**Yellowstone  
Big Horn  
Phillips  
Glacier  
Valley**4**Missoula  
Silver Bow  
Rosebud  
Fergus

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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
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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
- 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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### Testing

- Move to community-led neighborhood testing and work with local community groups to increase access to testing
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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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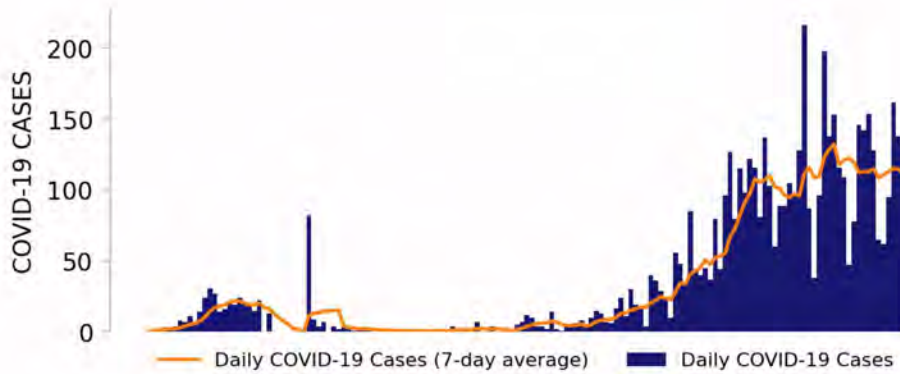




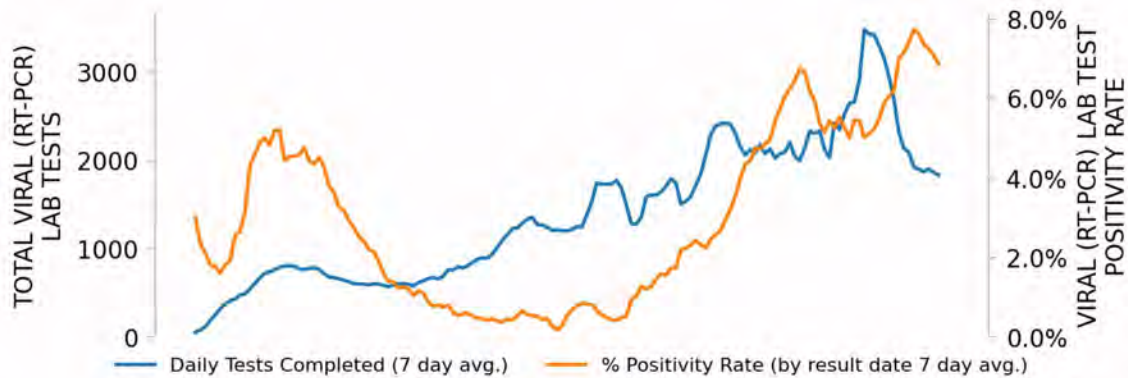
# MONTANA

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## NEW CASES

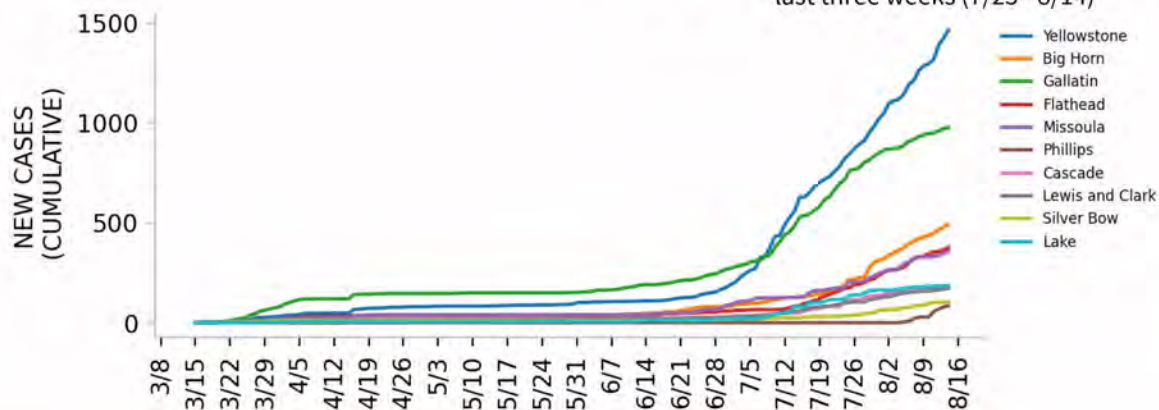


## TESTING



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP COUNTIES



### 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 8/14/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.

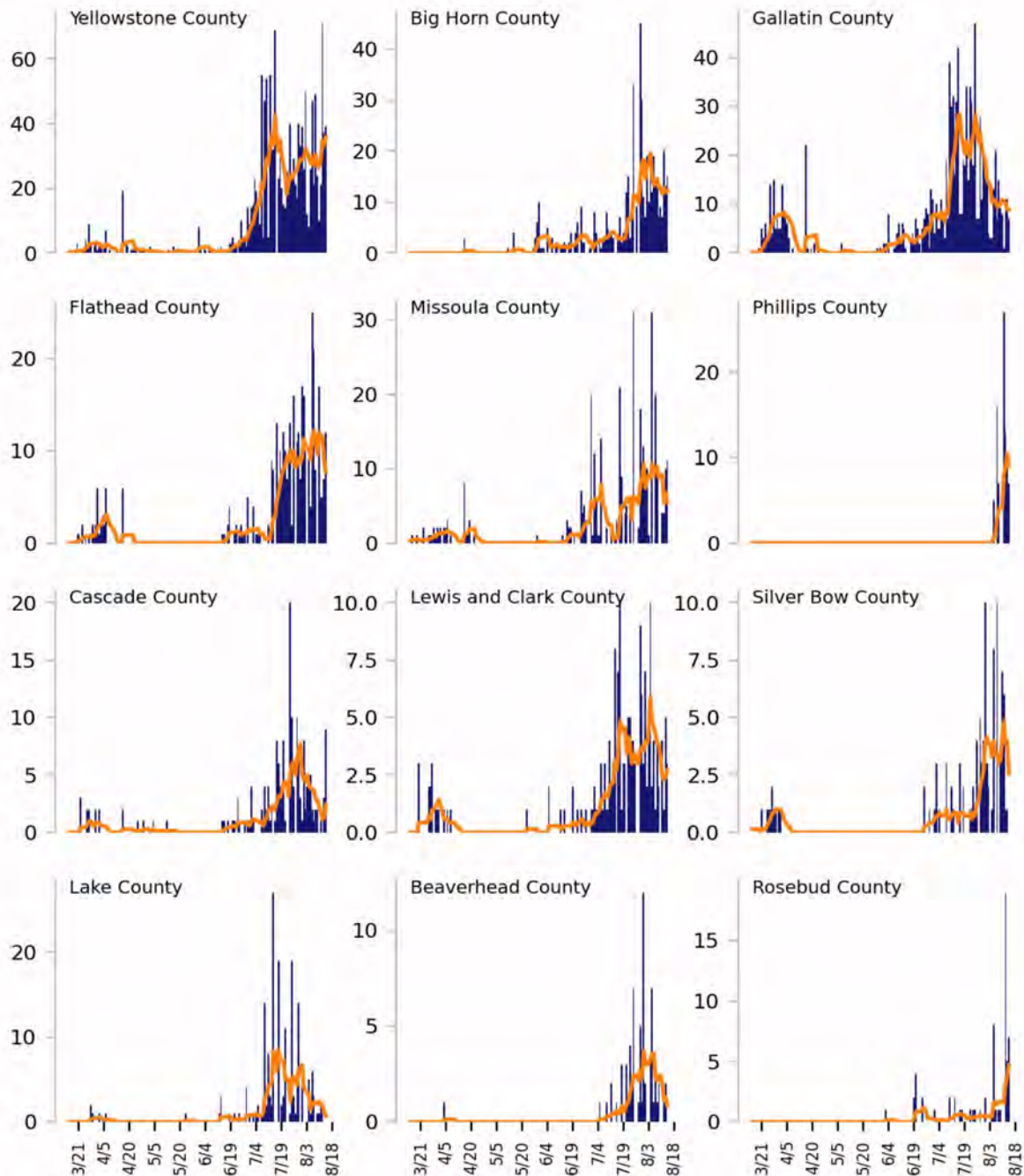




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



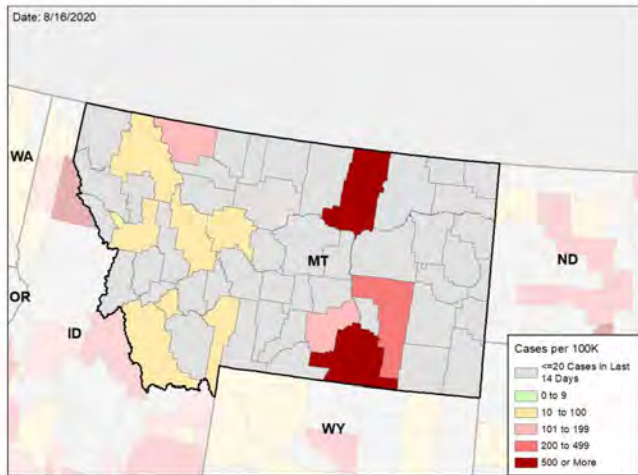


# MONTANA

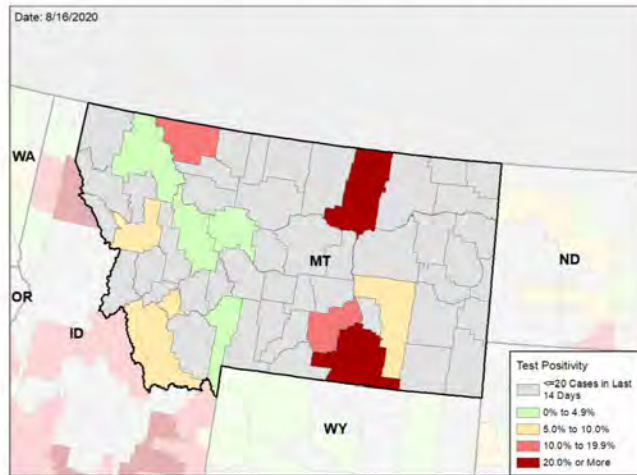
STATE REPORT | 08.16.2020

## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

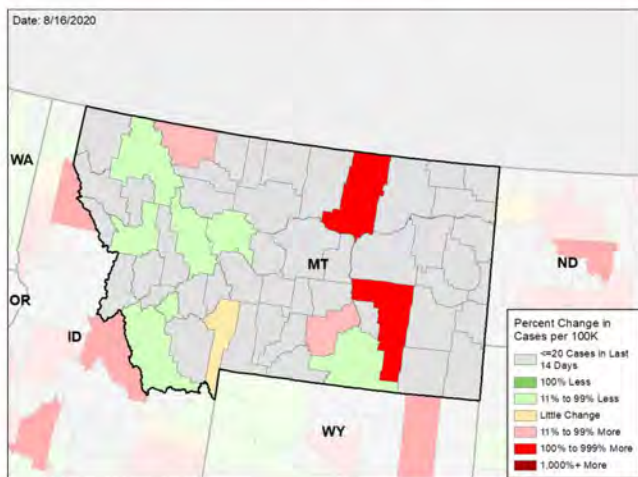
### NEW CASES PER 100,000 DURING LAST WEEK



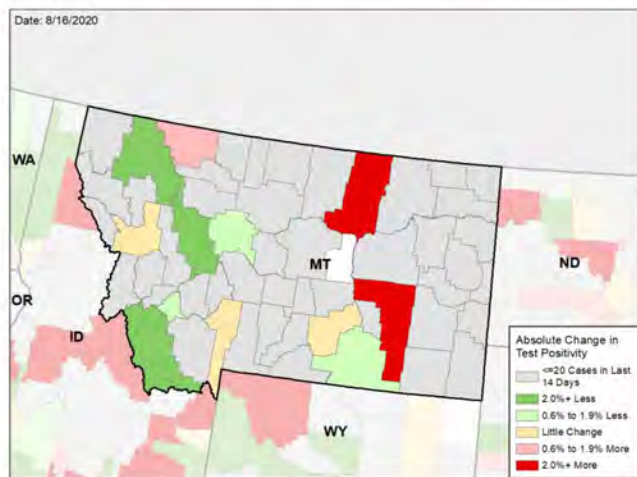
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

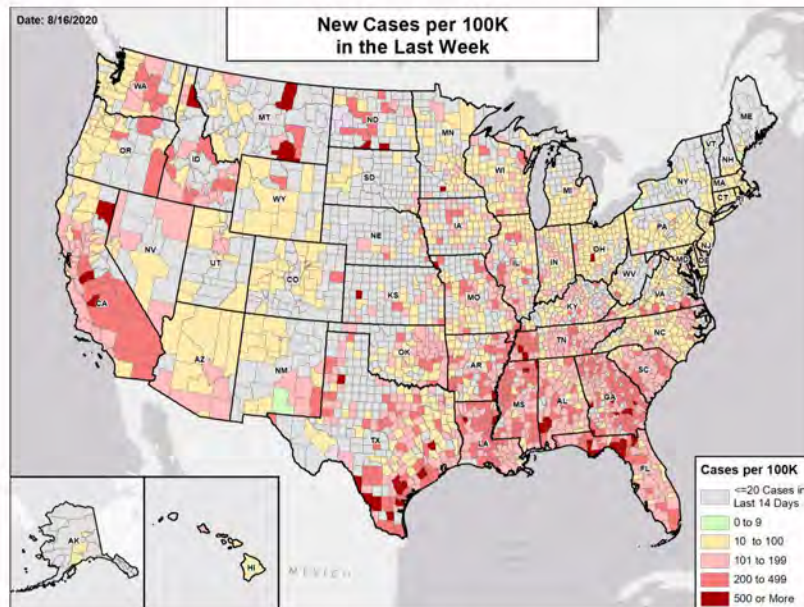
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



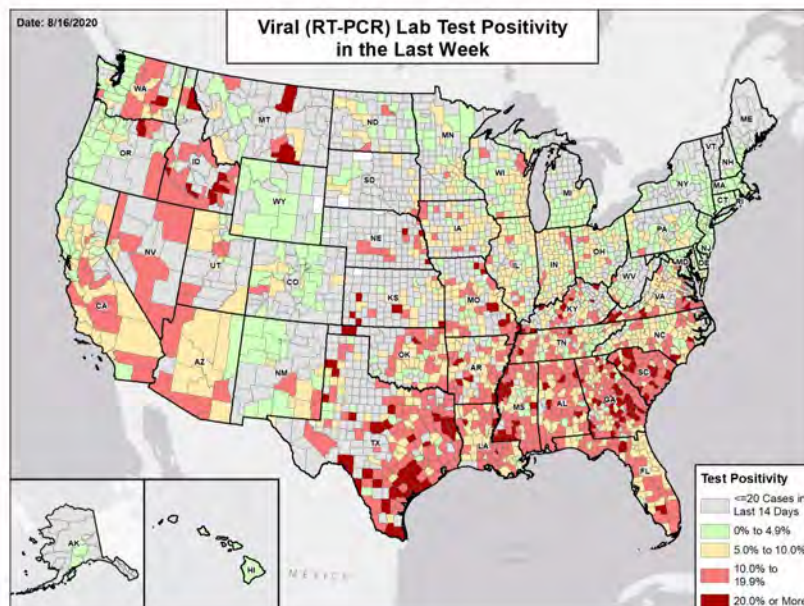


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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 | 08.16.2020

**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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
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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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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.





# NEBRASKA

STATE REPORT | 08.16.2020

## SUMMARY

- Nebraska is in the yellow 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%.
- Nationally, Nebraska was ranked 25th for most new cases per 100,000 population and 12th for highest test positivity last week.
- Nebraska 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. Douglas County, 2. Sarpy County, and 3. Lancaster County. These counties represent 68.3 percent of new cases in Nebraska.
- Nebraska had 91 new cases per 100,000 population in the past week, compared to a national average of 112 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 08 - Aug 14, 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 Nebraska. An average of 49 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

- In Lincoln and Omaha, keep mask mandates in place. Reduce indoor dining and expand outdoor dining.
- In Lincoln and Omaha, work closely with university leadership, Greek organizations and student body to establish appropriate behavior during COVID-19 with known repercussions if students do not comply.
- 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.
- Nursing homes and public health (including epidemiology) must establish ongoing collaboration for real-time understanding of community transmission to prevent cases and deaths in nursing homes. 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. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place. Conduct on-site infection prevention reviews at nursing homes with ongoing cases and deaths.
- 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.
- Encourage individuals that have participated in large social gatherings, birthday parties, and family gatherings to get tested and isolate themselves from family members with comorbidities.
- Continue messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- To fully utilize all local testing capacity:
  - (a) Ensure the state public health lab is fully staffed and running 24/7, utilizing all platforms.
  - (b) Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
  - (c) 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 hospital admissions decline, and additional testing capacity is available.
- Continue ongoing efforts to build and utilize contact tracing. Hire contact tracers and community health workers from within minority and underserved communities to ensure cultural competency to gain trust and buy-in from within the community.
- 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 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.



COVID-19





## NEBRASKA

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>1,763</b> (91)	<b>-14.7%</b>	<b>15,967</b> (113)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>9.3%</b>	<b>-2.6%*</b>	<b>8.5%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>28,766**</b> (1,487)	<b>+1.3%**</b>	<b>177,103**</b> (1,252)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>16</b> (1)	<b>+33.3%</b>	<b>126</b> (1)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>3.8%</b>	<b>+0.6%*</b>	<b>6.4%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# NEBRASKA

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**4**

Kearney  
Norfolk  
Fremont  
North Platte

**7**

Omaha-Council Bluffs  
Lincoln  
Grand Island  
Columbus  
Lexington  
Sioux City  
Hastings

**COUNTY  
LAST WEEK**

**11**

Buffalo  
Dodge  
Madison  
Lincoln  
Cass  
Kearney  
Nemaha  
Burt  
Pierce  
Keith  
Custer

**13**

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

Douglas  
Sarpy  
Lancaster  
Hall  
Platte  
Dawson  
Seward  
Saunders  
Dakota  
Washington  
Adams  
York

**All Yellow Counties:** Douglas, Sarpy, Lancaster, Hall, Platte, Dawson, Seward, Saunders, Dakota, Washington, Adams, York, Otoe

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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

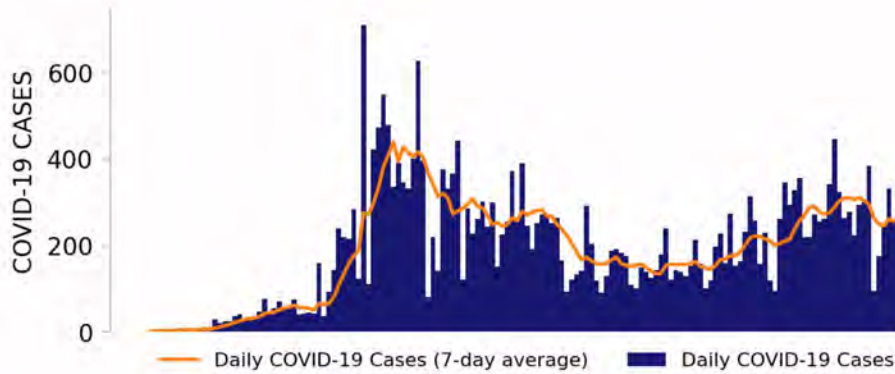




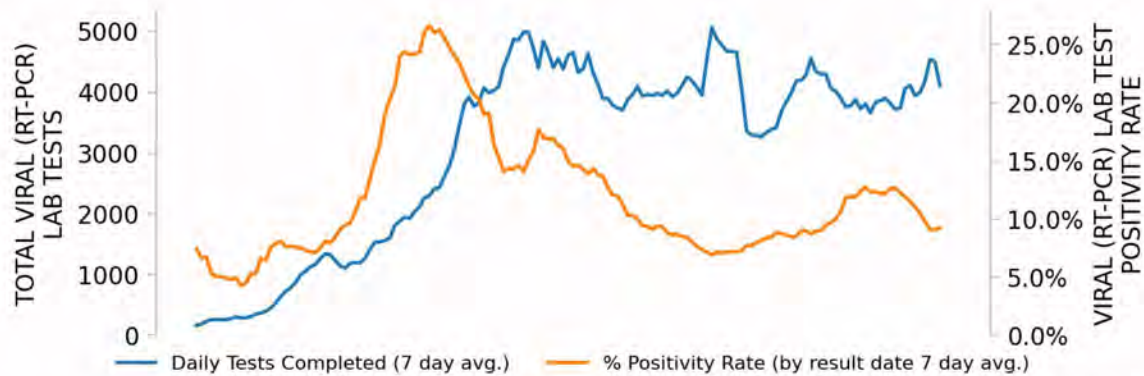
# NEBRASKA

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## NEW CASES

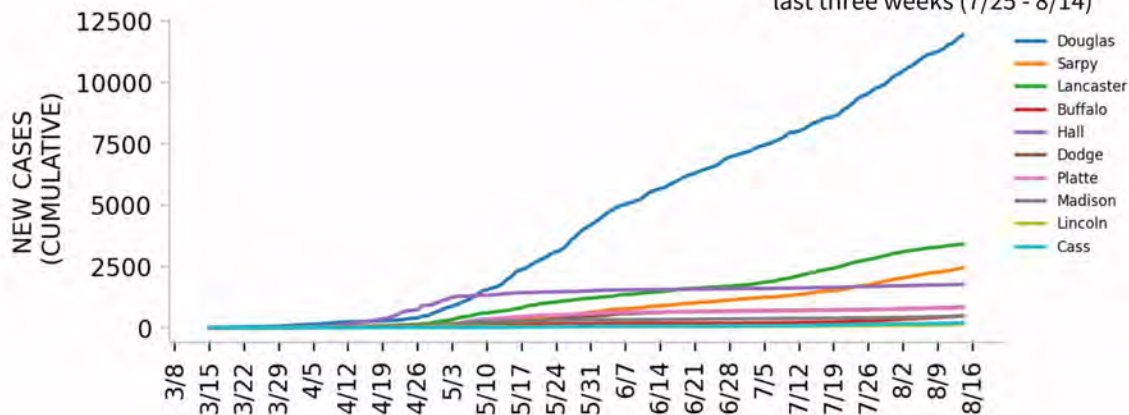


## TESTING



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP COUNTIES



### DATA SOURCES

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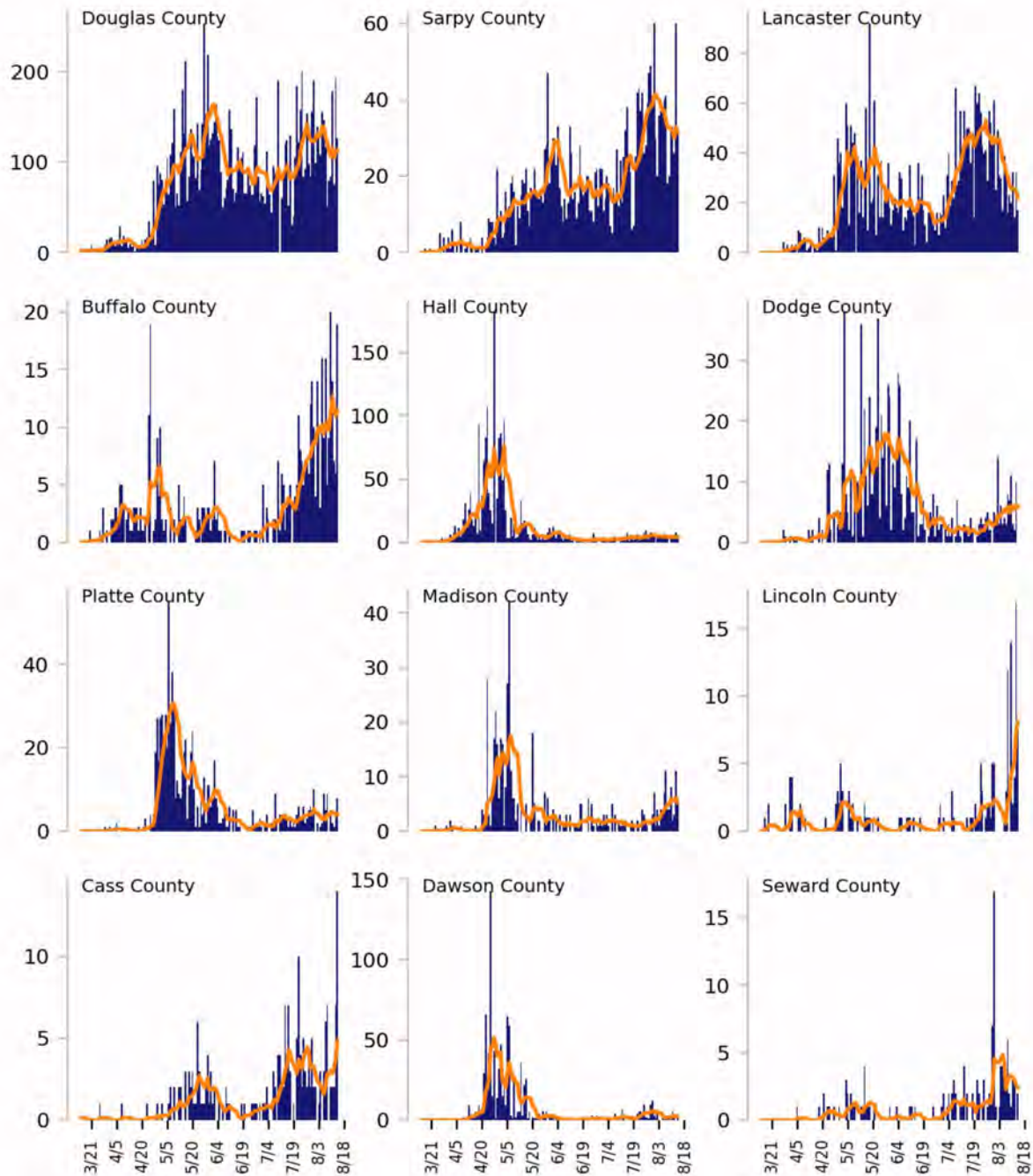




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

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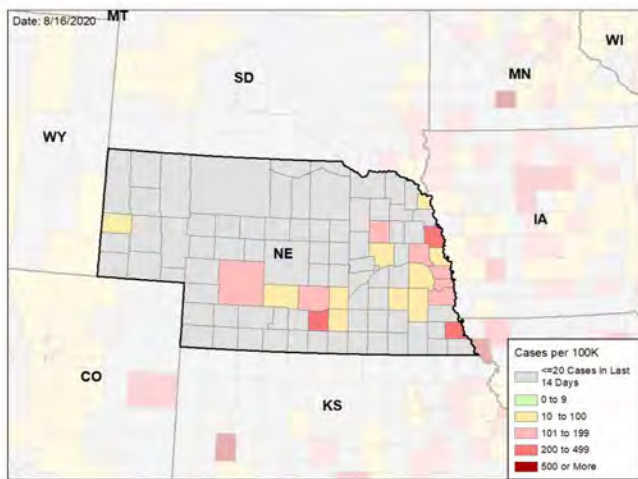


# NEBRASKA

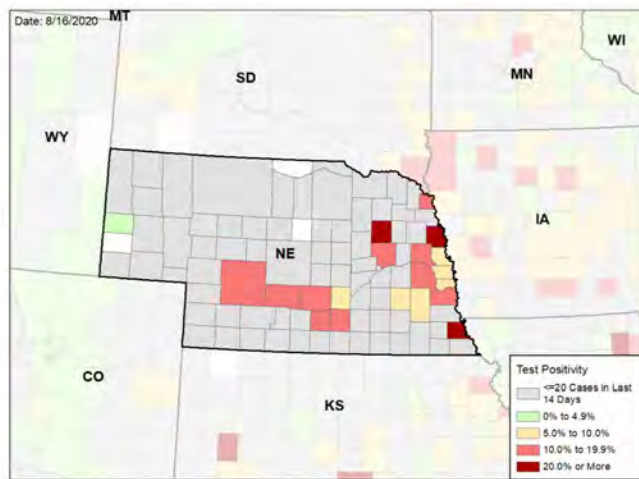
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## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

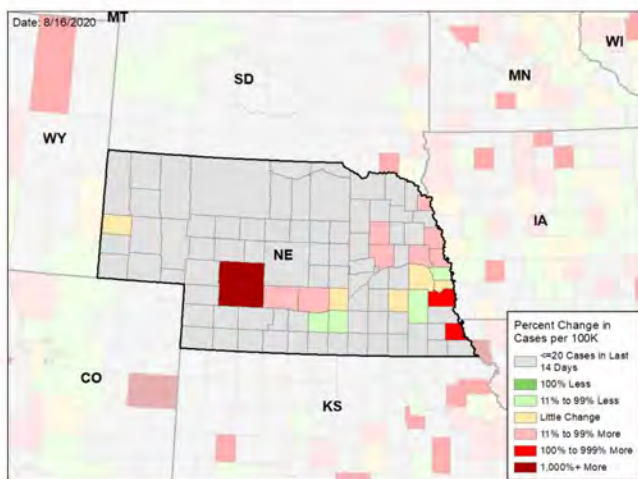
### NEW CASES PER 100,000 DURING LAST WEEK



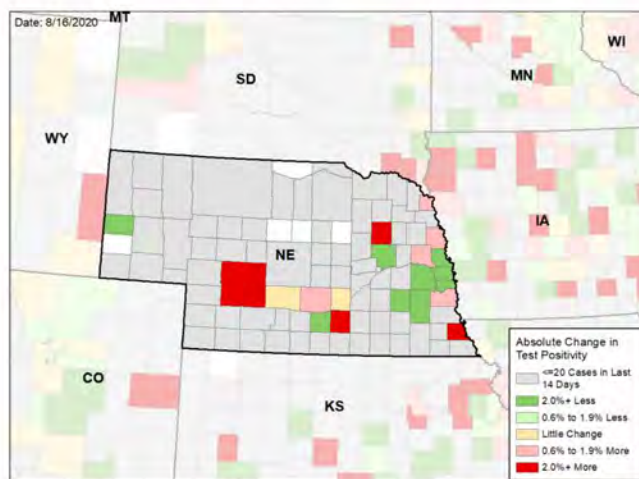
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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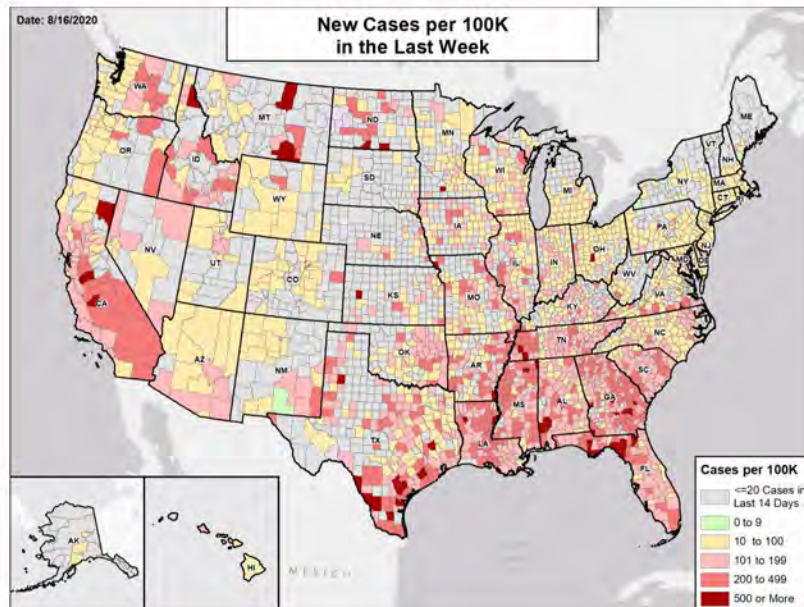
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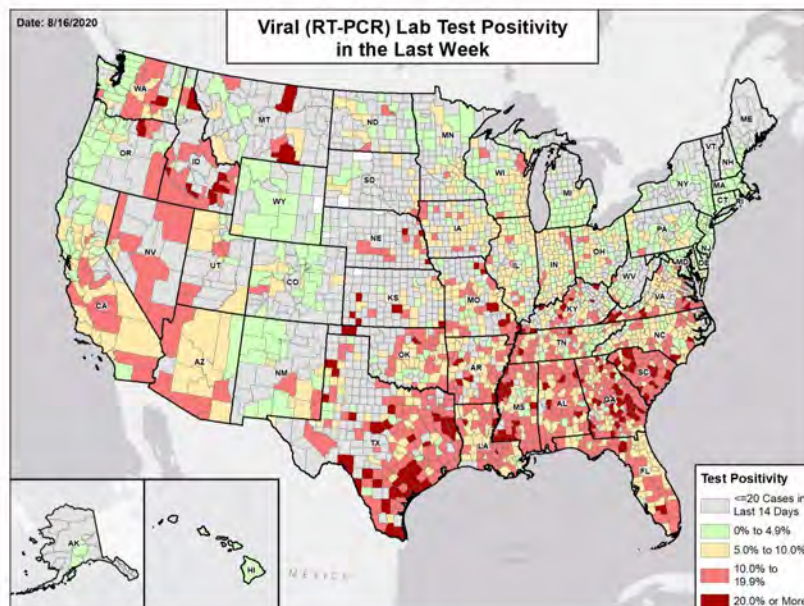


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



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STATE REPORT | 08.16.2020

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Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>2
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Skilled Nursing Facilities with at least one resident COVID-19 case	0%	0.1%-5%	>5%
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- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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 | 08.16.2020

## 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%.
- Nationally, Nevada was ranked 8th for most new cases per 100,000 population and 3rd for highest test positivity last week.
- Nevada 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. Clark County, 2. Washoe County, and 3. Elko County. These counties represent 97.2 percent of new cases in Nevada.
- Nevada had 169 new cases per 100,000 population in the past week, compared to a national average of 112 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 4 to support medical activities from VA.
- Between Aug 08 - Aug 14, on average, 54 patients with confirmed COVID-19 and 130 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Nevada. 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

- 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.
- Bars must be closed, and indoor dining must be restricted in yellow and red areas.
- 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.
- Nursing homes and public health (including epidemiology) must establish ongoing collaboration for real-time understanding of community transmission to prevent cases and deaths in nursing homes. 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. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place. Conduct onsite infection prevention reviews at nursing homes with ongoing cases and deaths.
- 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.
- Encourage individuals that have participated in large social gatherings, birthday parties, and family gatherings to get tested and isolate themselves from family members with co-morbidities.
- Continue messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- To fully utilize all local testing capacity:
  - (a) Ensure the state public health lab is fully staffed and running 24/7, utilizing all platforms.
  - (b) Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
  - (c) 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 hospital admissions decline, and additional testing capacity is available.
- Continue ongoing efforts to build and utilize contact tracing. Hire contact tracers and community health workers from within minority and underserved communities to ensure cultural competency to gain trust and buy-in from within the community.
- 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 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.



COVID-19

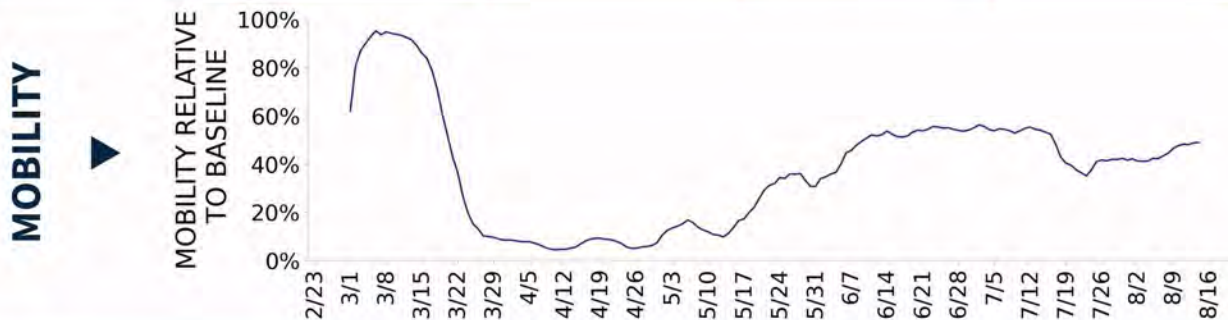




# NEVADA

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>5,217</b> (169)	<b>-19.3%</b>	<b>78,056</b> (152)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>13.4%</b>	<b>-2.5%*</b>	<b>7.1%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>52,880**</b> (1,717)	<b>-16.3%**</b>	<b>1,130,627**</b> (2,205)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>126</b> (4)	<b>+41.6%</b>	<b>1,430</b> (3)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>23.2%</b>	<b>+3.6%*</b>	<b>14.5%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# NEVADA

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**4**

Las Vegas-Henderson-Paradise  
Reno  
Elko  
Fallon

**2**

Pahrump  
Fernley

**COUNTY  
LAST WEEK**

**4**

Clark  
Washoe  
Elko  
Churchill

**2**

Nye  
Lyon

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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

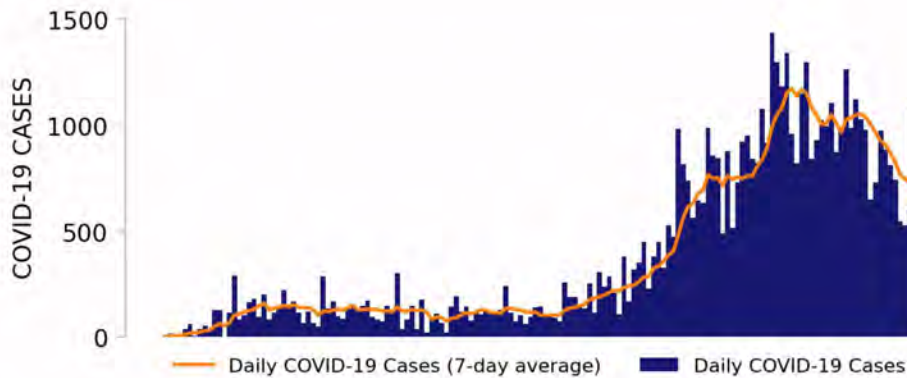




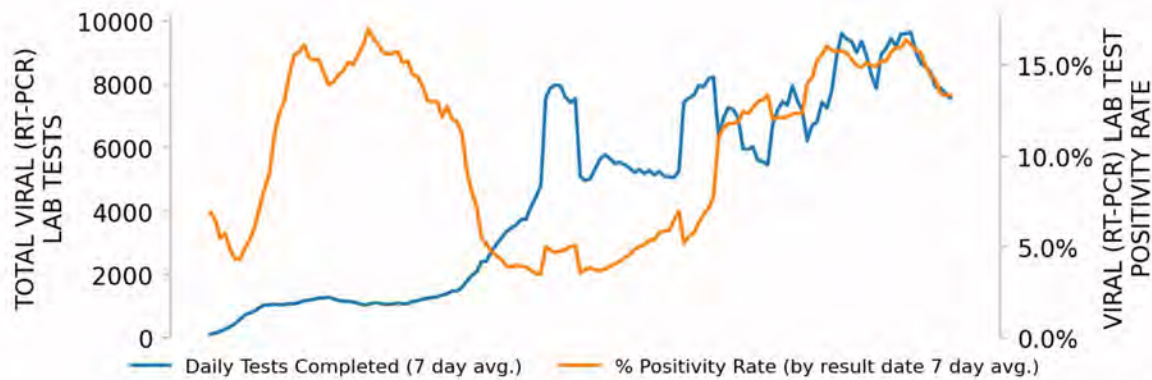
# NEVADA

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## NEW CASES

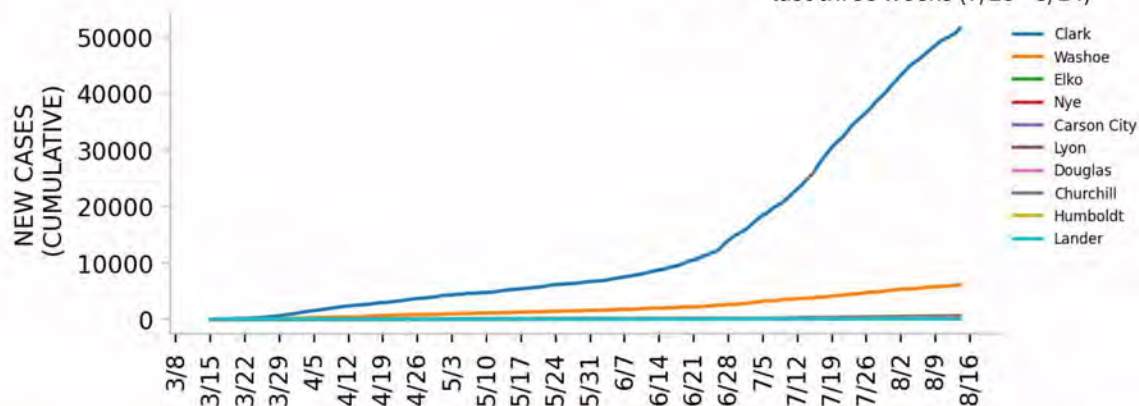


## TESTING



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP COUNTIES



### 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 8/14/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.

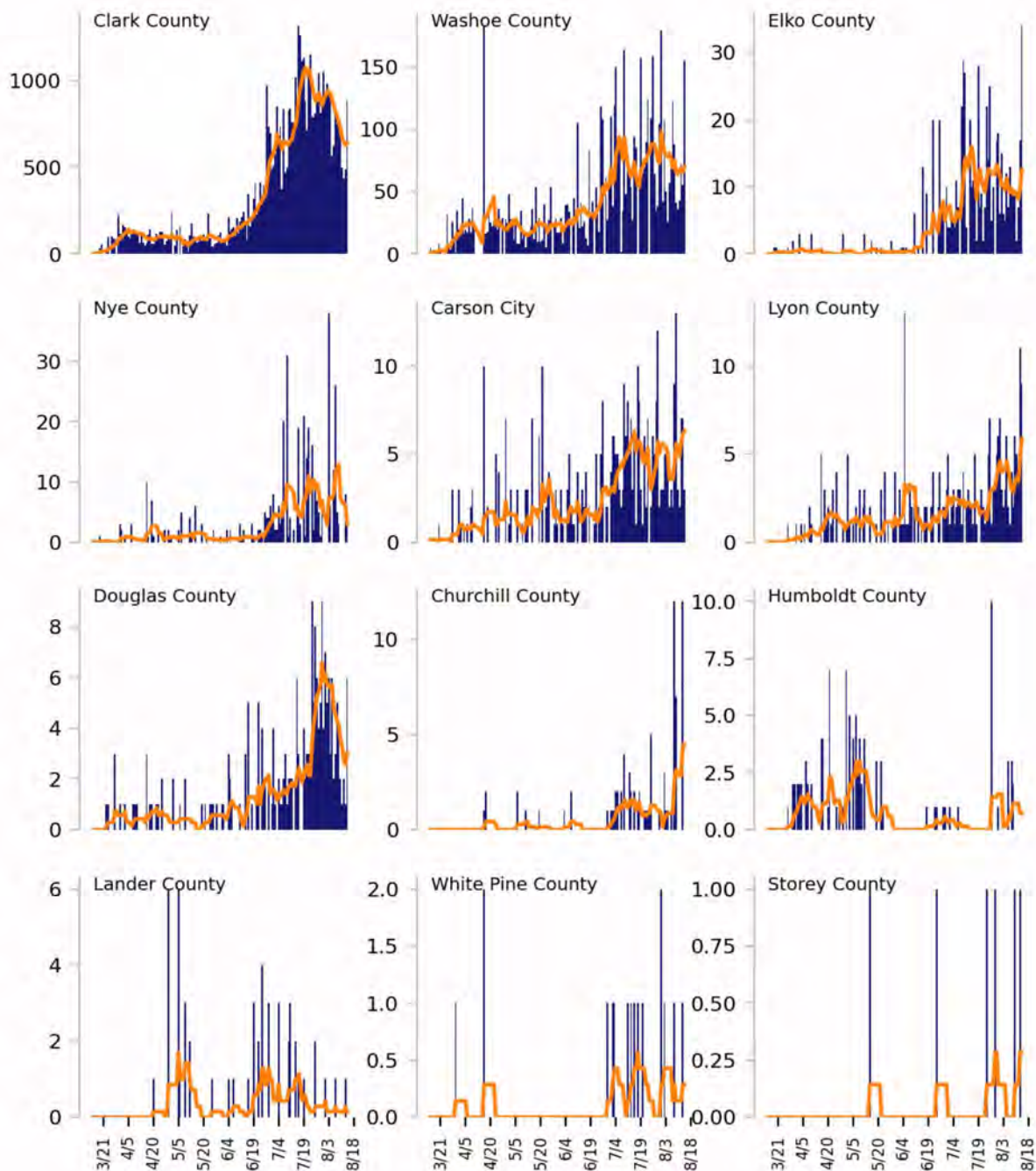




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



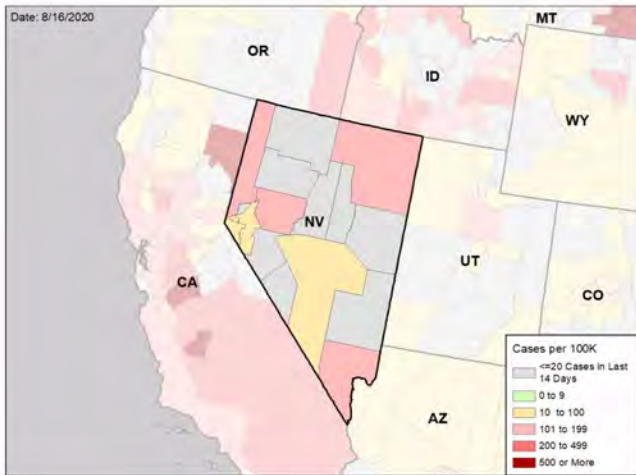


# NEVADA

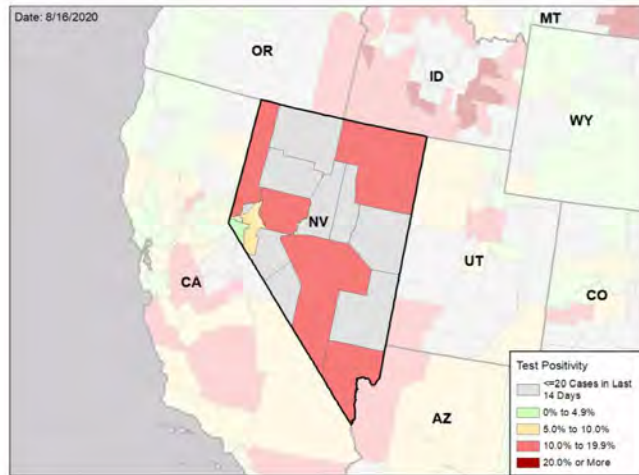
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## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

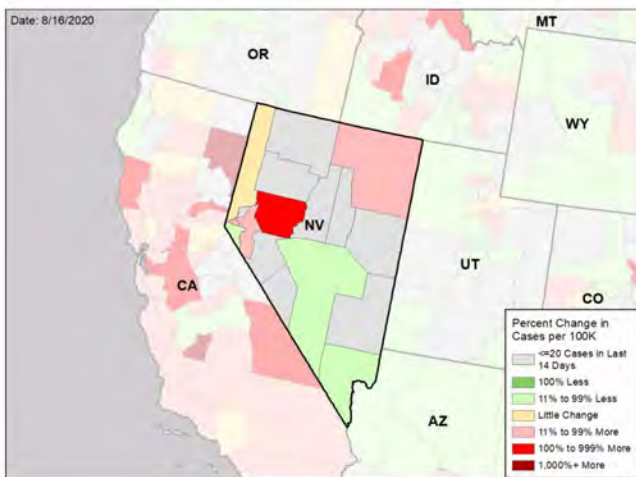
### NEW CASES PER 100,000 DURING LAST WEEK



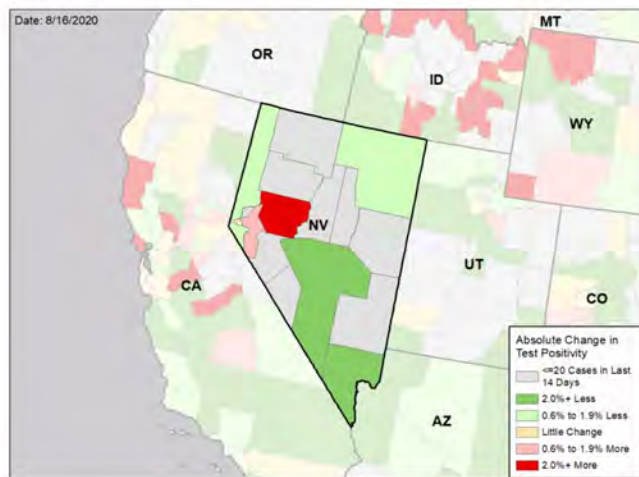
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

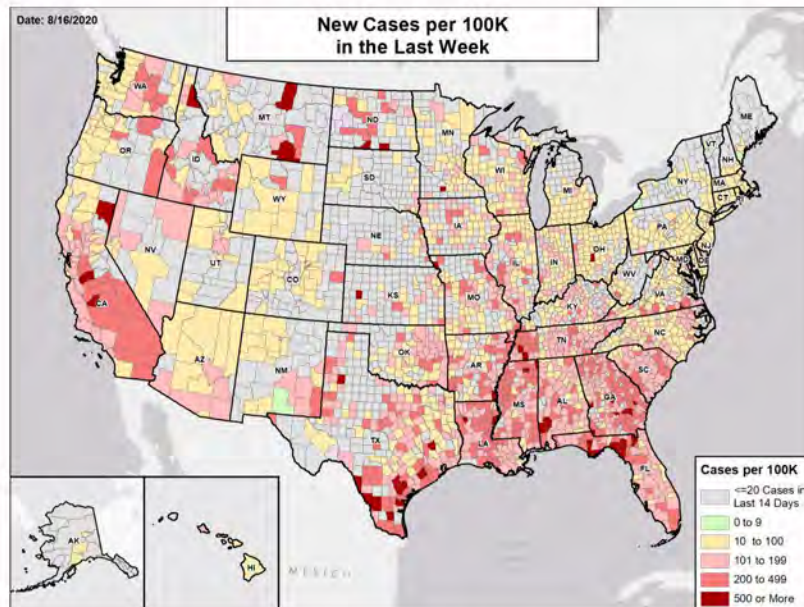
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



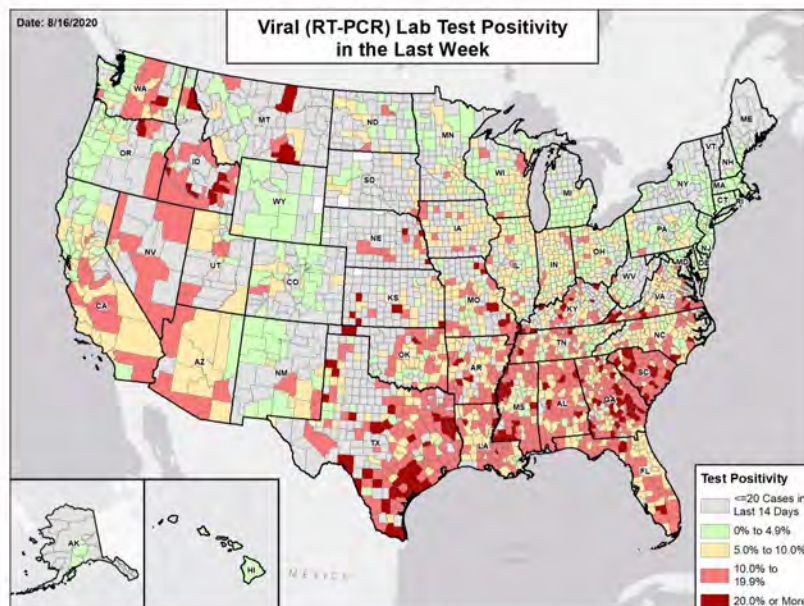


# National Picture

## NEW CASES PER 100,000 LAST WEEK



## VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 14:45 EDT on 08/16/2020.
- 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 | 08.16.2020

## 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%.
- Nationally, New Hampshire was ranked 49th for most new cases per 100,000 population and 47th for highest test positivity last week.
- 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 82.4 percent of new cases in New Hampshire. Increased community testing was conducted in Rockingham County following a recent cluster linked to a church.
- In New Hampshire, no long-term care facilities reported 3 or more cases per week among either residents or staff for 3 consecutive weeks.
- New Hampshire had 14 new cases per 100,000 population in the past week, compared to a national average of 112 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 08 - Aug 14, on average, 2 patients with confirmed COVID-19 and 15 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Hampshire. An average of 75 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

- In anticipation of reopening of colleges and universities, conduct outreach to restaurant and bar business owners in college communities regarding enforcement of social distancing and limitations on occupancy; encourage local ordinances in these communities to allow enforcement of social distancing (and mask mandates if present) for off-campus gatherings.
- 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.
- Consider expanding requirements for masking, building on the recent mask order for scheduled large gatherings.
- 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.
- Obtain data from contractor and provide regular updates on progress in contact tracing. 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.
- 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 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.



COVID-19

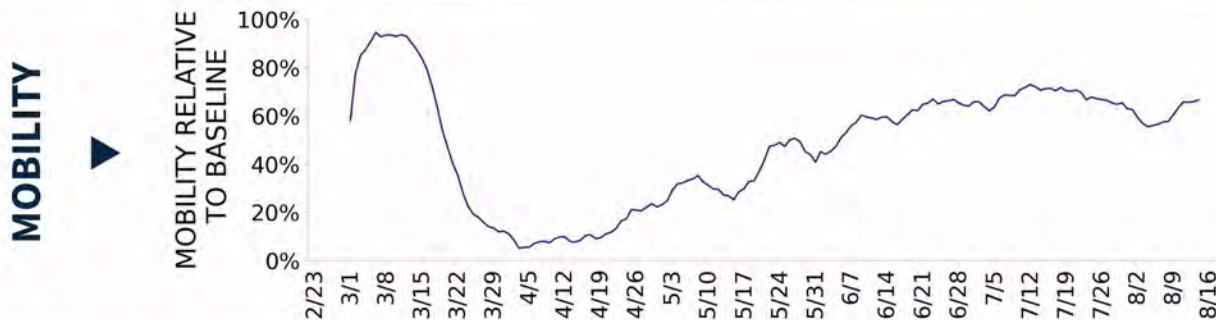




# NEW HAMPSHIRE

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>184</b> (14)	<b>-6.1%</b>	<b>3,753</b> (25)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>1.1%</b>	<b>-0.5%*</b>	<b>1.5%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>17,017**</b> (1,252)	<b>+12.2%**</b>	<b>263,284**</b> (1,774)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>4</b> (0)	<b>+0.0%</b>	<b>121</b> (1)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>0.0%</b>	<b>N/A*</b>	<b>3.6%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# NEW HAMPSHIRE

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**0**

N/A

**0**

N/A

**COUNTY  
LAST WEEK**

**0**

N/A

**0**

N/A

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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

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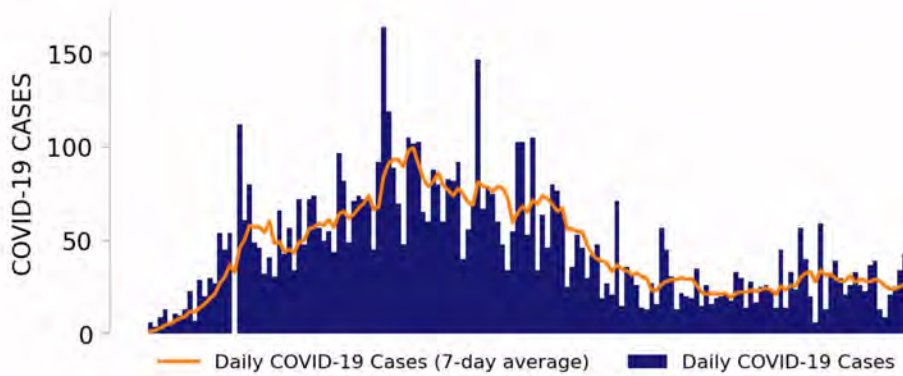




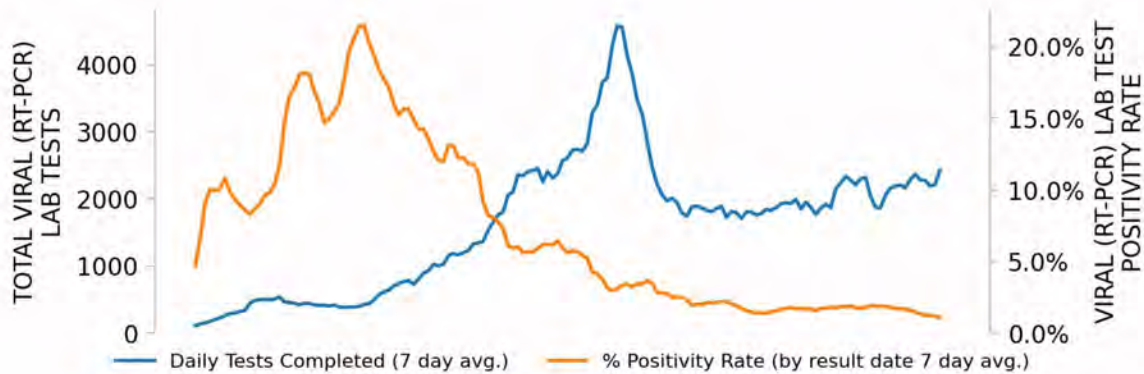
# NEW HAMPSHIRE

STATE REPORT | 08.16.2020

## NEW CASES

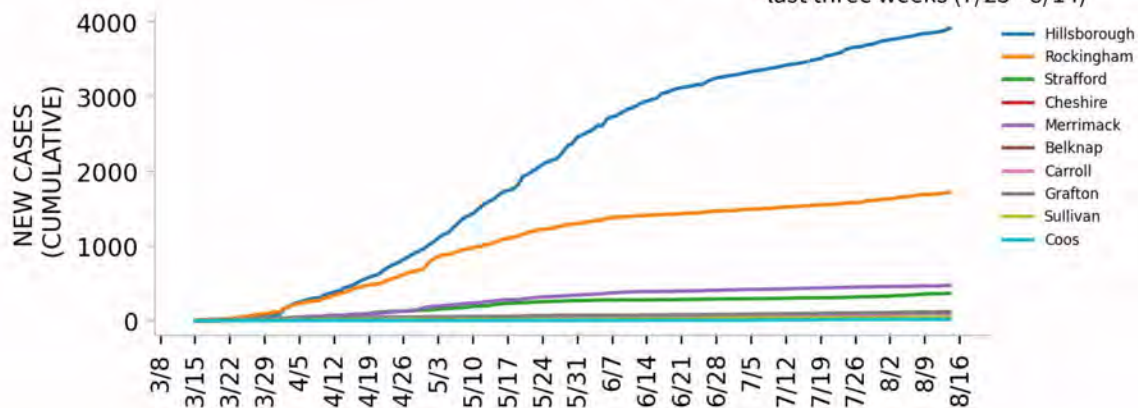


## TESTING



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP COUNTIES



### 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 8/14/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.

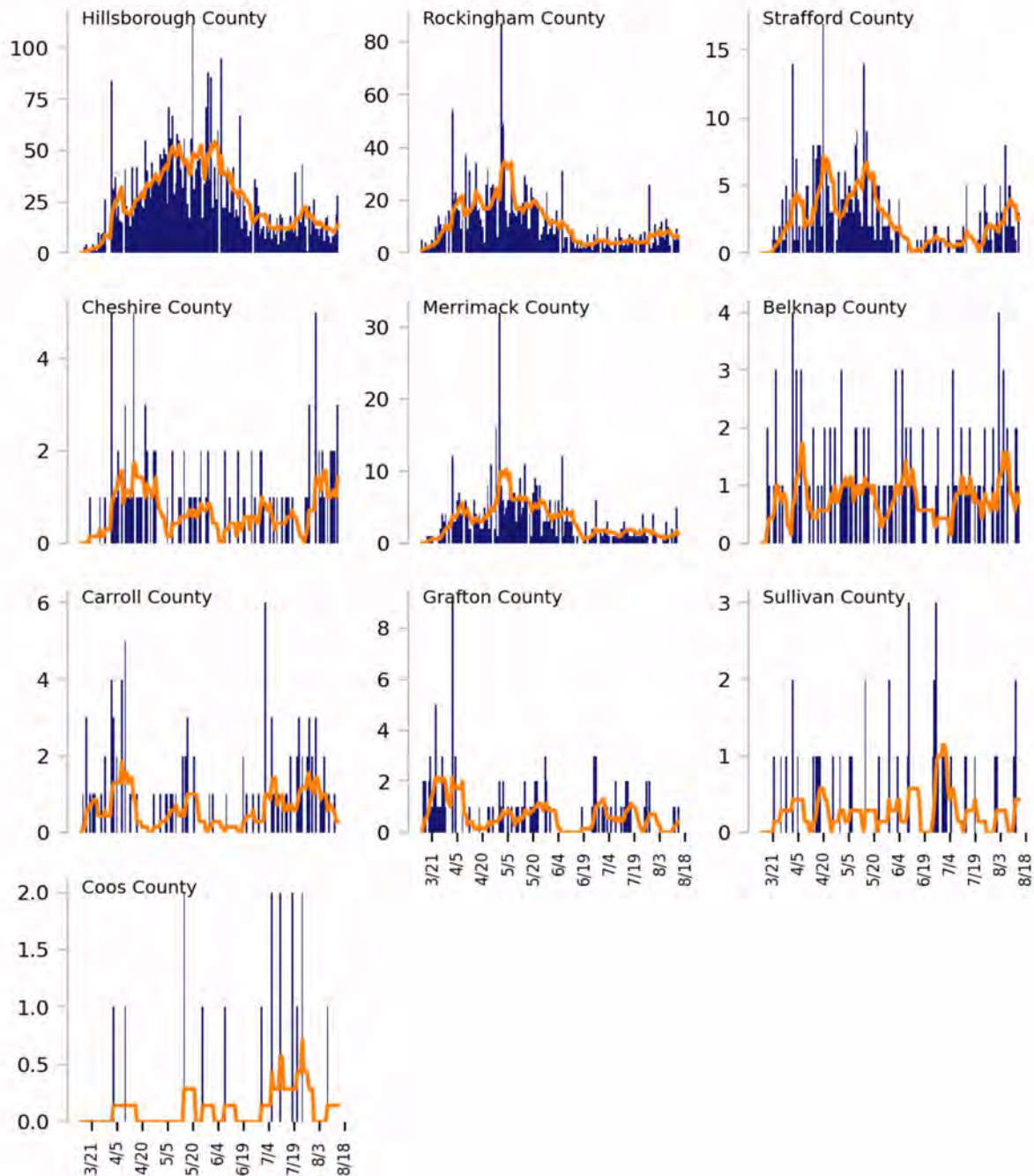




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



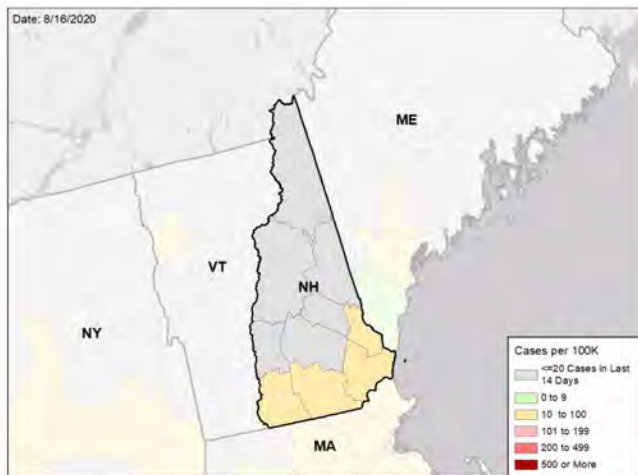


# NEW HAMPSHIRE

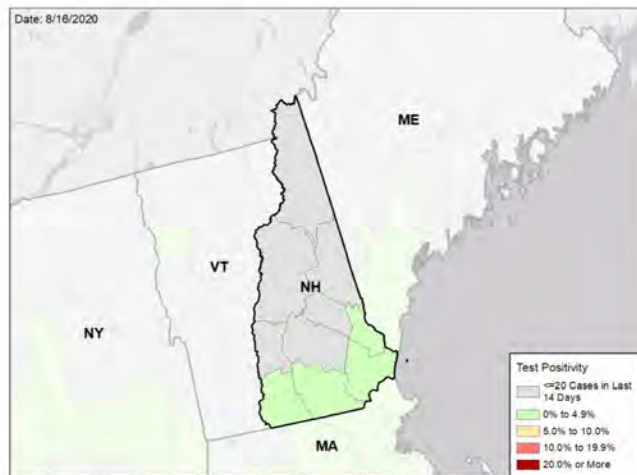
STATE REPORT | 08.16.2020

## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

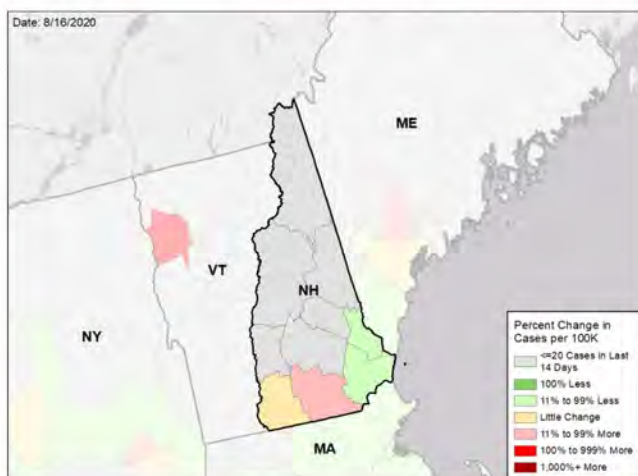
### NEW CASES PER 100,000 DURING LAST WEEK



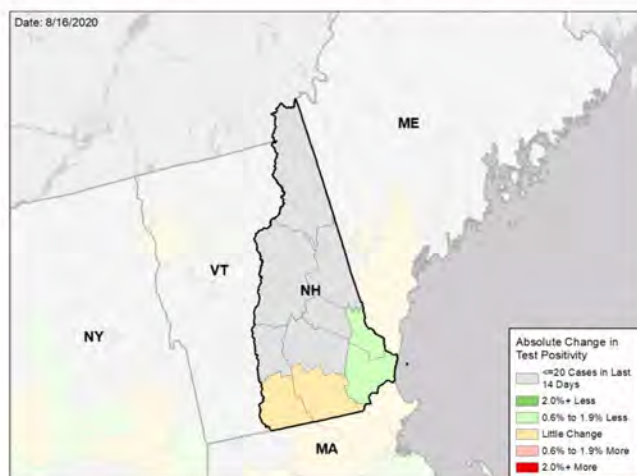
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

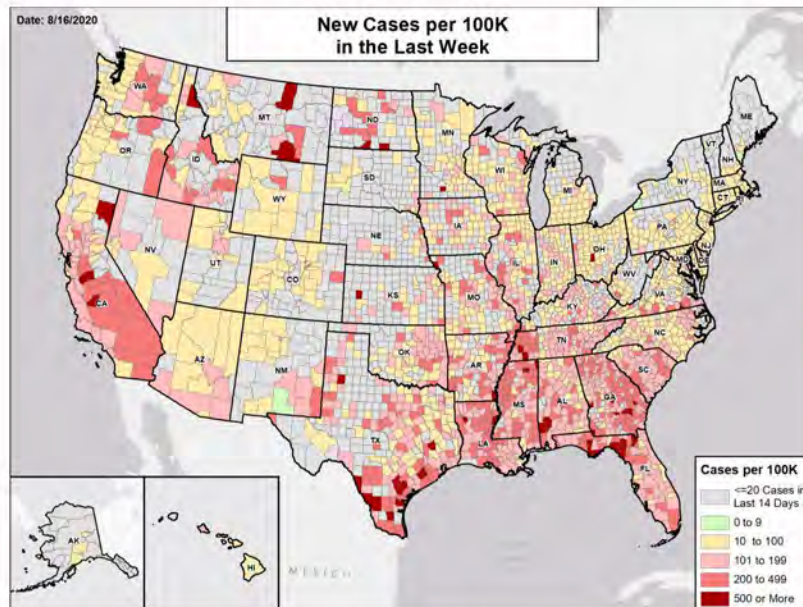
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



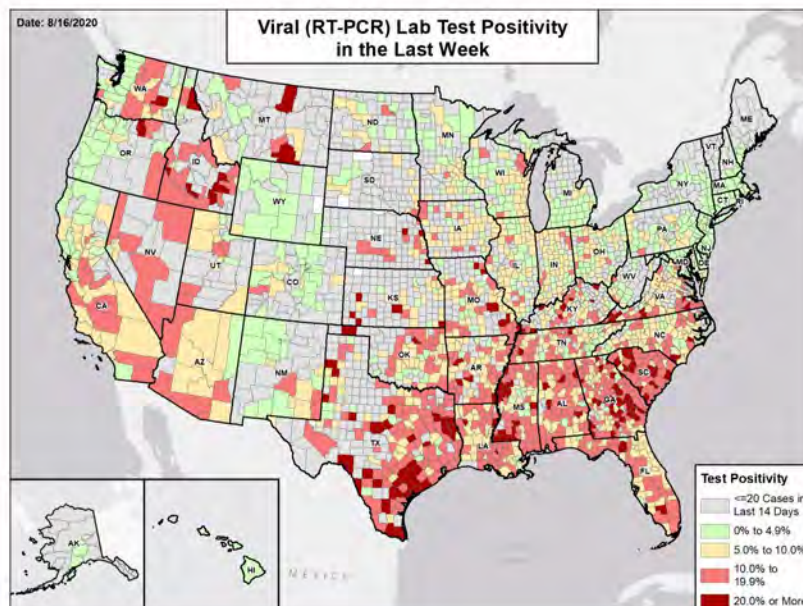


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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 JERSEY

STATE REPORT | 08.16.2020

## 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%.
- Nationally, New Jersey was ranked 44th for most new cases per 100,000 population and 45th for highest test positivity last week.
- New Jersey 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. Bergen County, 2. Camden County, and 3. Monmouth County. These counties represent 25.8 percent of new cases in New Jersey.
- New Jersey had 35 new cases per 100,000 population in the past week, compared to a national average of 112 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 65 to support operations activities from FEMA; 2 to support operations activities from ASPR; 1 to support operations activities from CDC; 16 to support operations activities from USCG; 1 to support medical activities from VA; and 1 to support operations activities from VA.
- Between Aug 08 - Aug 14, on average, 15 patients with confirmed COVID-19 and 187 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Jersey. An average of 30 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.
- Encourage individuals that have participated in large social gatherings, birthday parties, and family gatherings to get tested and isolate themselves from family members with comorbidities.
- Continue messaging the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- To fully utilize all local testing capacity:
  - (a) Ensure the state public health lab is fully staffed and running 24/7, utilizing all platforms.
  - (b) Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
  - (c) 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 hospital admissions decline, and additional testing capacity is available.
- Continue ongoing efforts to build and utilize contact tracing. Hire contact tracers and community health workers from within minority and underserved communities to ensure cultural competency to gain trust and buy-in from within the community.
- 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 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.



COVID-19

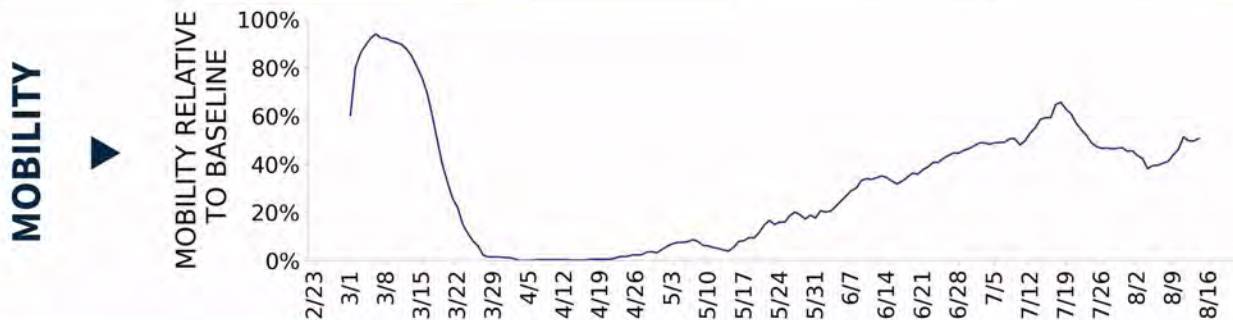




# NEW JERSEY

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>3,095</b> (35)	<b>+28.6%</b>	<b>7,620</b> (27)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>2.2%</b>	<b>+0.0%*</b>	<b>1.3%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>135,516**</b> (1,526)	<b>-11.3%**</b>	<b>660,770**</b> (2,332)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>59</b> (1)	<b>+37.2%</b>	<b>133</b> (0)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>6.2%</b>	<b>+0.0%*</b>	<b>5.8%</b>	<b>12.2%</b>



\* 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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**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# NEW JERSEY

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

METRO  
AREA  
(CBSA)  
LAST WEEK

**0**

N/A

**0**

N/A

COUNTY  
LAST WEEK

**0**

N/A

**0**

N/A

\* 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 viral (RT-PCR) lab test positivity result above 10%.

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- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

### Testing

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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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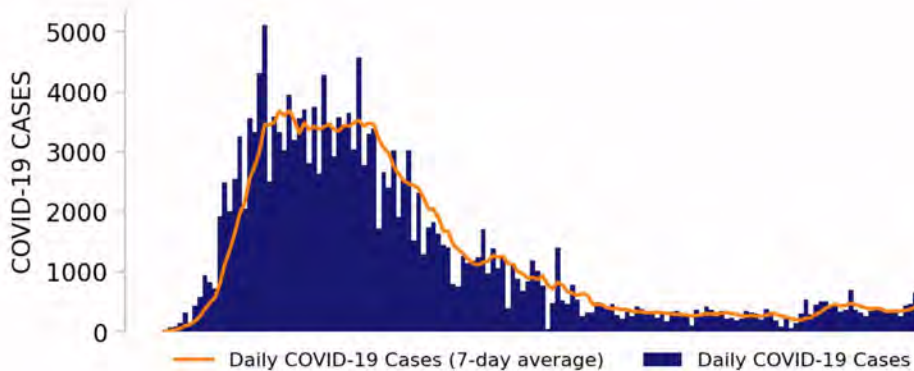




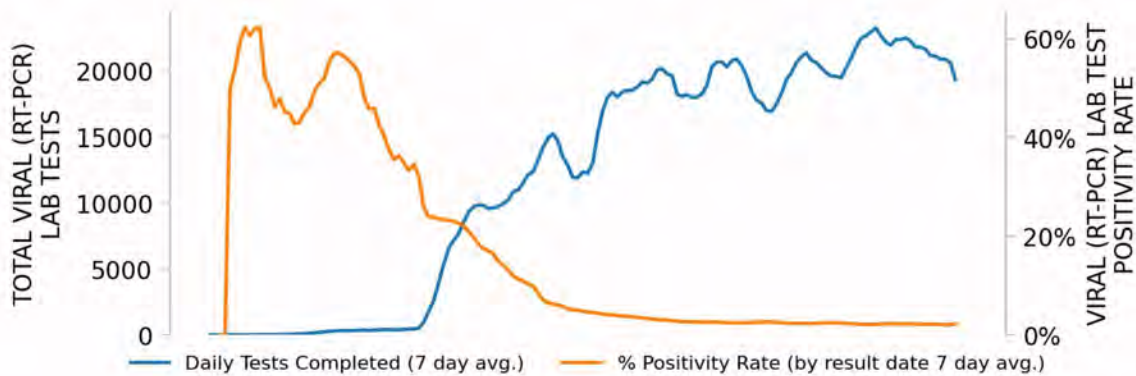
# NEW JERSEY

STATE REPORT | 08.16.2020

## NEW CASES

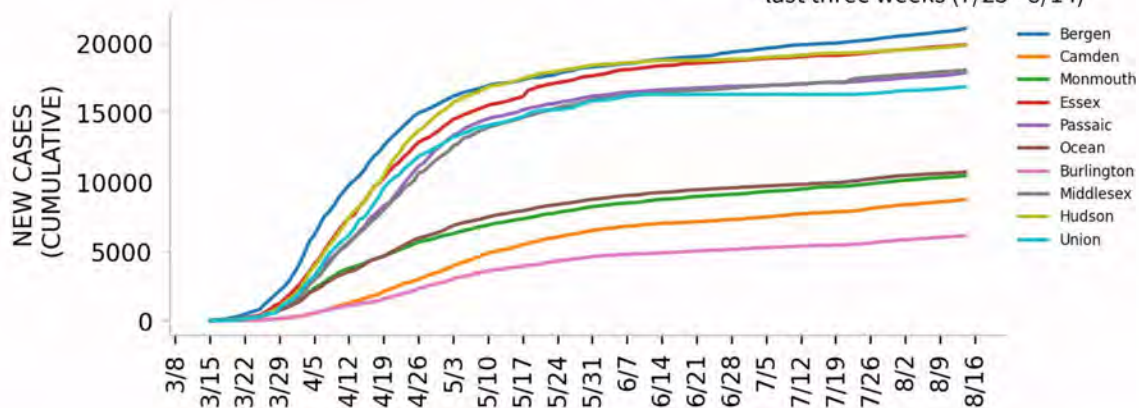


## TESTING



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP COUNTIES



### 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 8/14/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.

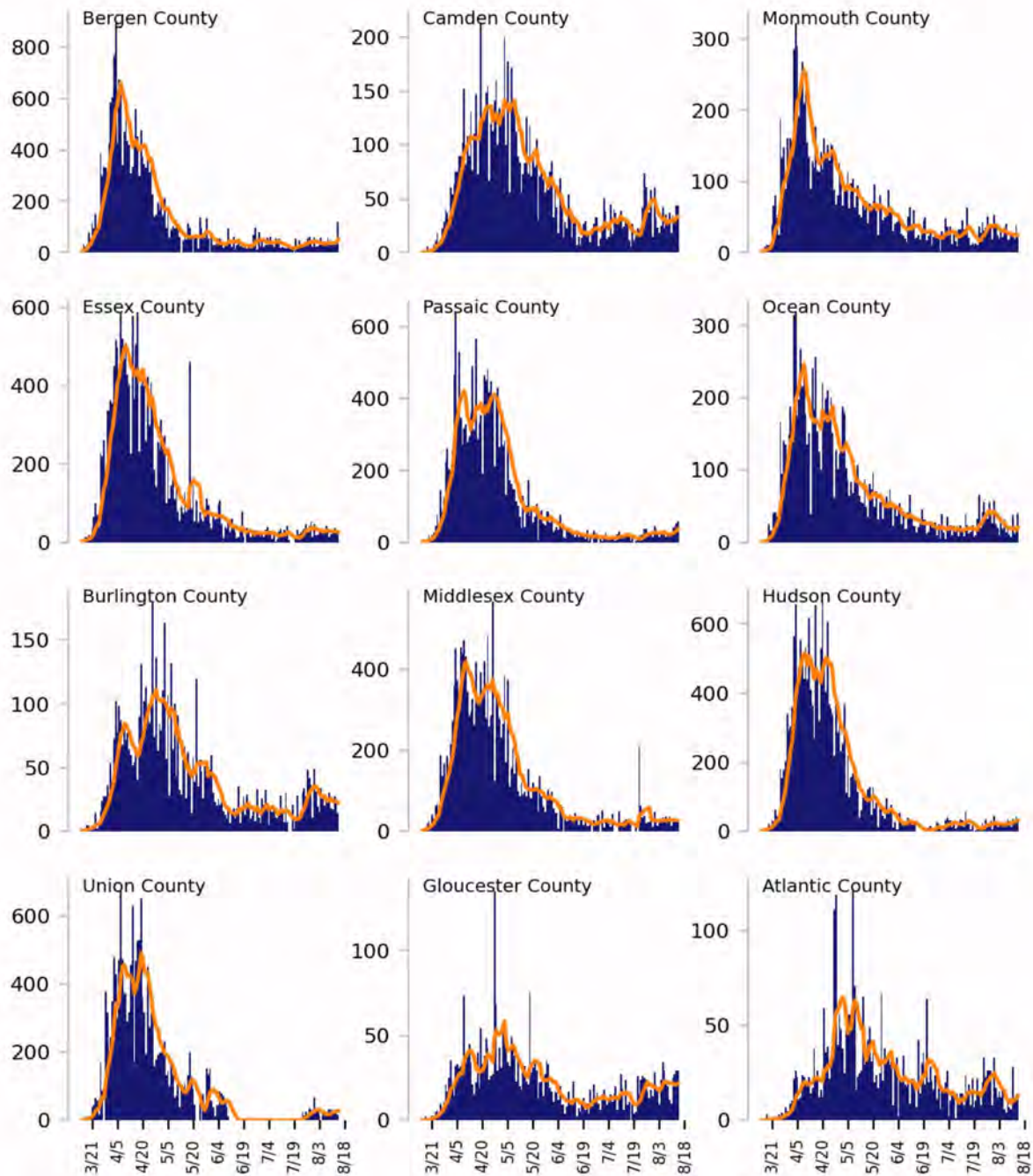




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



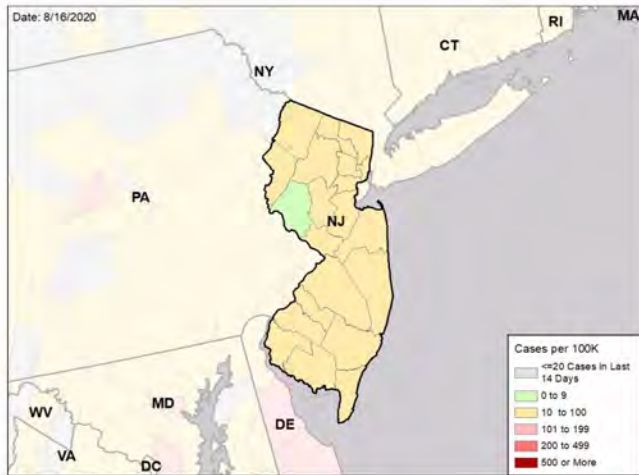


# NEW JERSEY

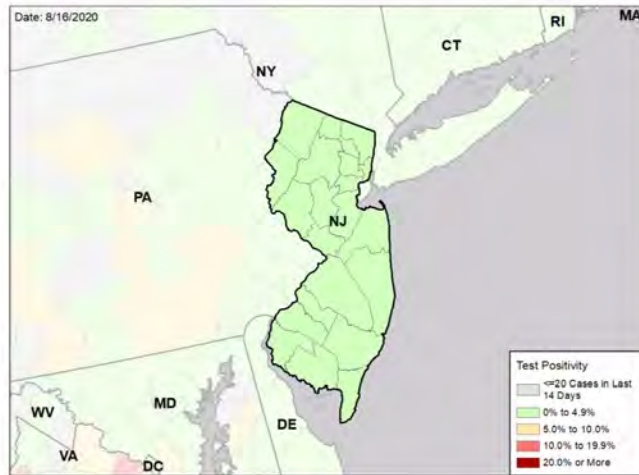
STATE REPORT | 08.16.2020

## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

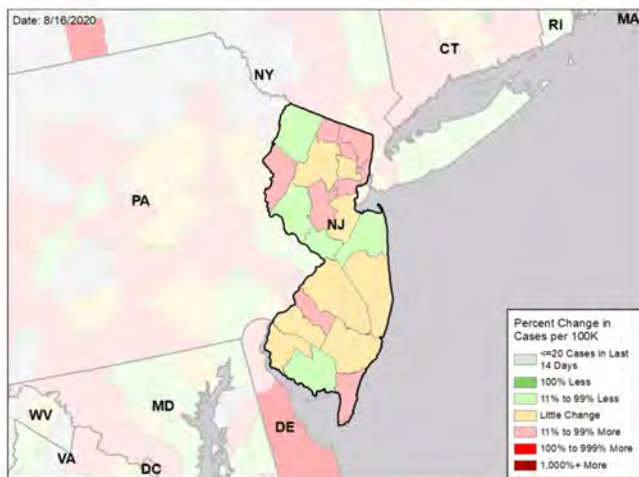
### NEW CASES PER 100,000 DURING LAST WEEK



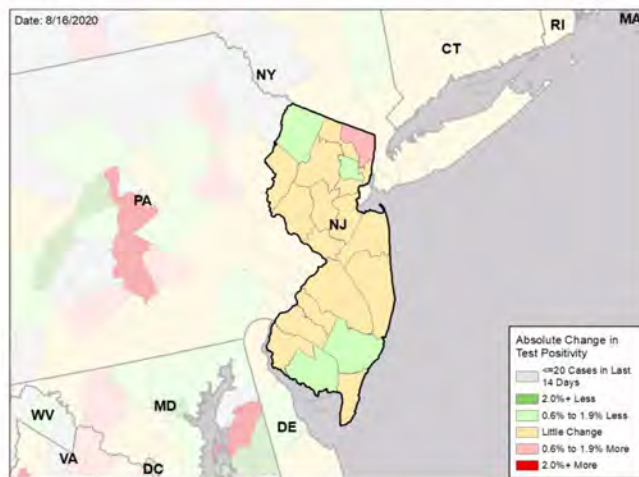
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

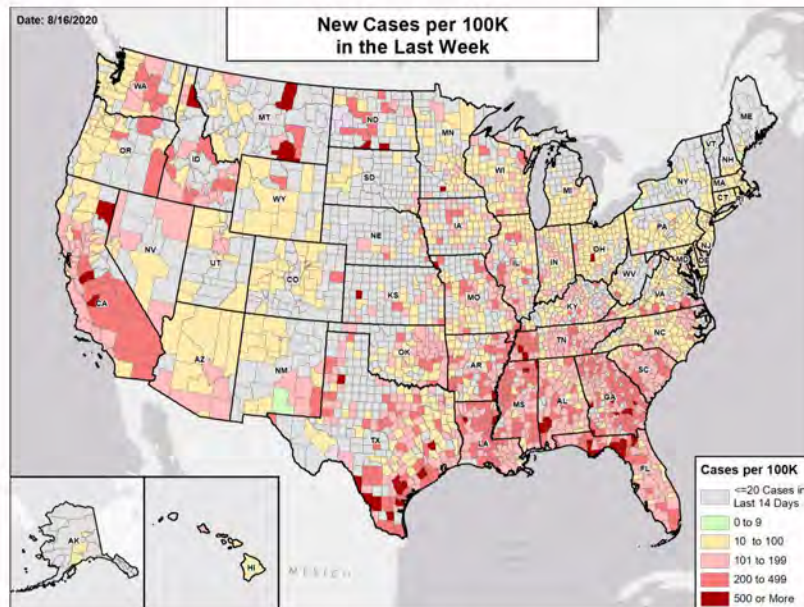
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



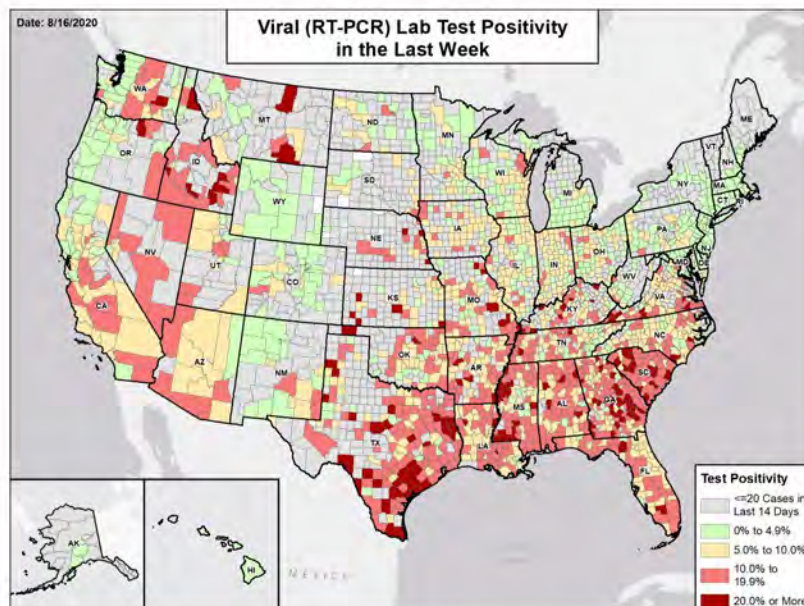


# National Picture

## NEW CASES PER 100,000 LAST WEEK



## VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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 | 08.16.2020

**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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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 | 08.16.2020

## SUMMARY

- New Mexico 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%.
- Nationally, New Mexico was ranked 37th for most new cases per 100,000 population and 37th for highest test positivity last week.
- New Mexico has seen a decrease in new cases and a decrease in test positivity over the past week. Mitigation efforts need to continue until new cases are also in the green zone.
- Testing rates have declined some and need to return to previous levels.
- No nursing homes reported having 3 or more residents with COVID-19 per week over the past 3 weeks, due to the infection control practices in place. These efforts need to continue.
- 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 46.7 percent of new cases in New Mexico. Continued hotspots are in the top 3 counties, as well as Chaves County.
- New Mexico had 57 new cases per 100,000 population in the past week, compared to a national average of 112 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 2 to support epidemiology activities from CDC.
- Between Aug 08 - Aug 14, on average, 8 patients with confirmed COVID-19 and 16 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Mexico. 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

- 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 large commercial laboratories to further expand community testing.
- Continue to limit social gatherings to 5 or fewer people.
- 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 openings.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Tribal Nations: Encourage the continued enforcement of social distancing and masking measures in areas of increased transmission. 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.
- 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 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.



COVID-19

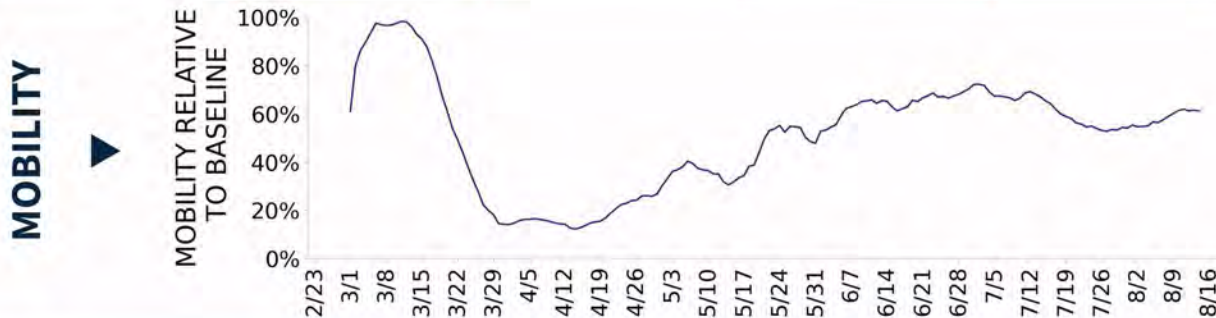




# NEW MEXICO

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>1,195</b> (57)	<b>-12.5%</b>	<b>67,424</b> (158)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>3.6%</b>	<b>-0.7%*</b>	<b>10.8%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>31,082**</b> (1,482)	<b>-6.9%**</b>	<b>443,010**</b> (1,037)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>28</b> (1)	<b>-15.2%</b>	<b>1,888</b> (4)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>17.2%</b>	<b>+3.6%*</b>	<b>20.5%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# NEW MEXICO

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**2**Hobbs  
Ruidoso**3**Roswell  
Clovis  
Carlsbad-Artesia

**COUNTY  
LAST WEEK**

**2**Lea  
Lincoln**5**Chaves  
Curry  
Valencia  
Eddy  
Quay

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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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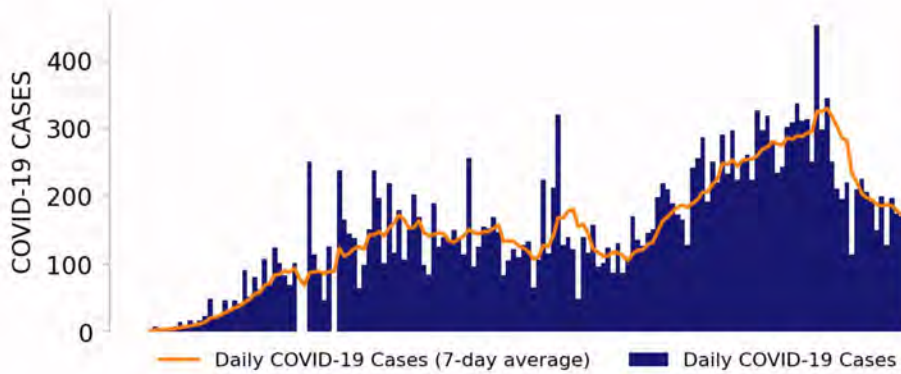




# NEW MEXICO

STATE REPORT | 08.16.2020

## NEW CASES

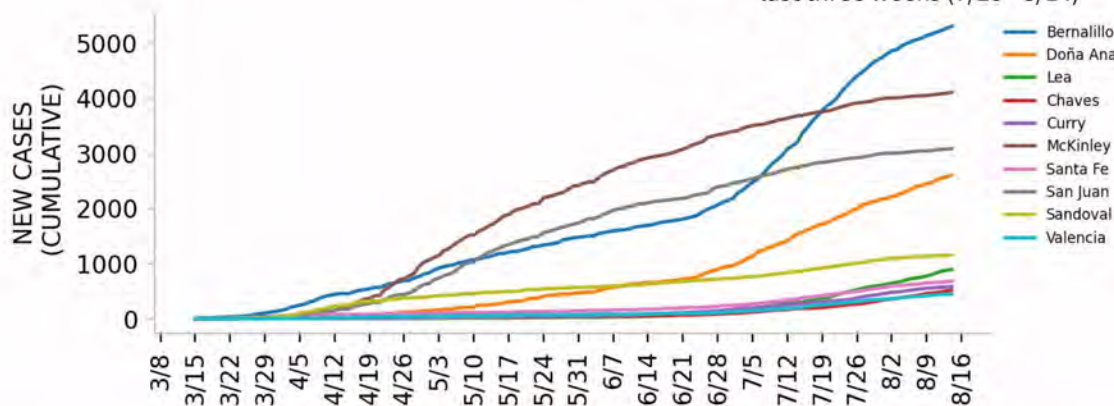


## TESTING



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP COUNTIES



### DATA SOURCES

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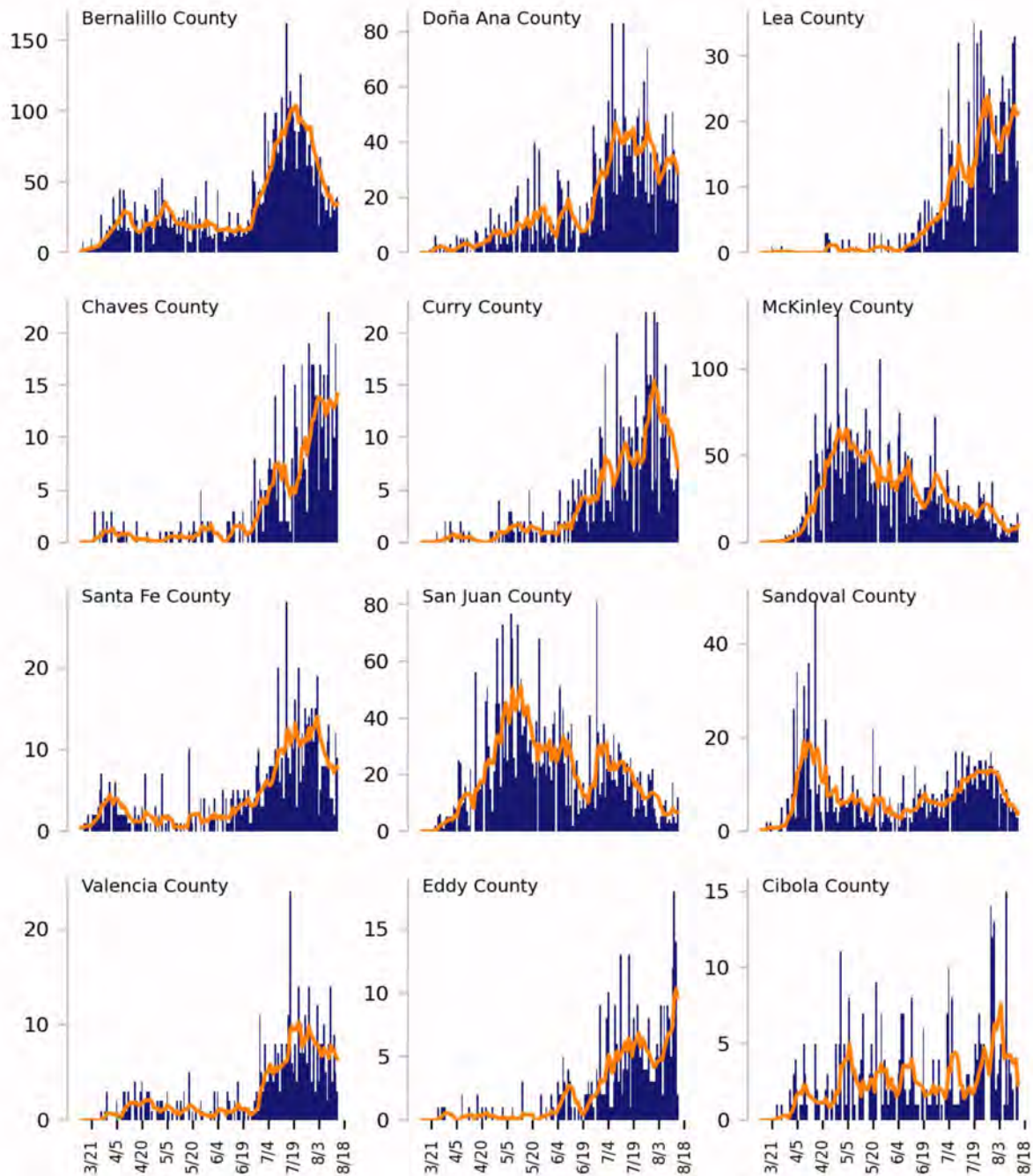




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

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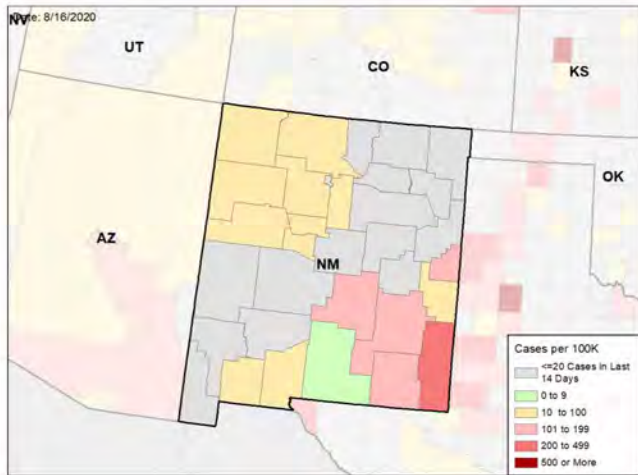


# NEW MEXICO

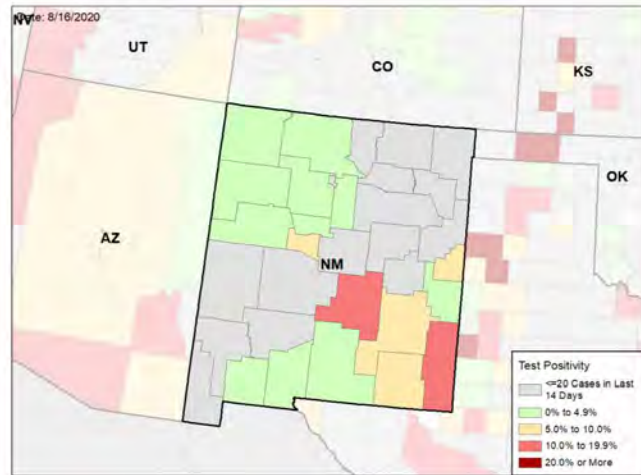
STATE REPORT | 08.16.2020

## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

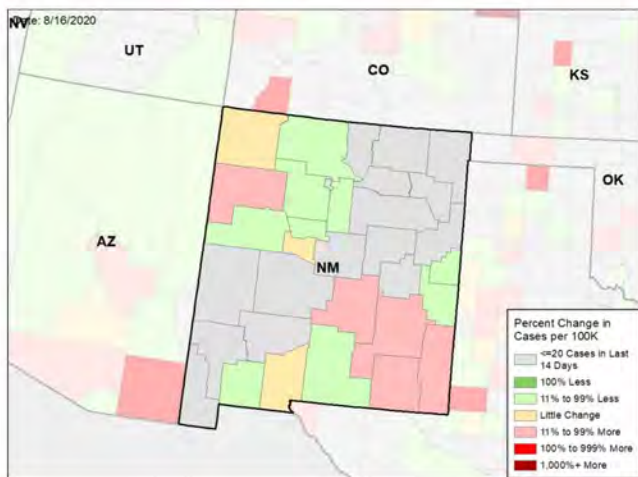
### NEW CASES PER 100,000 DURING LAST WEEK



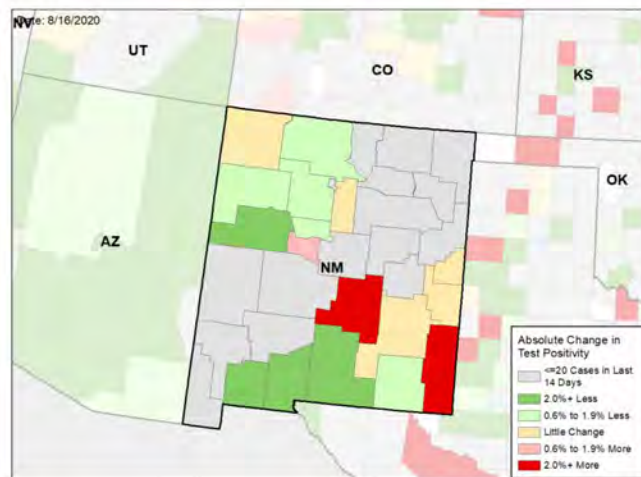
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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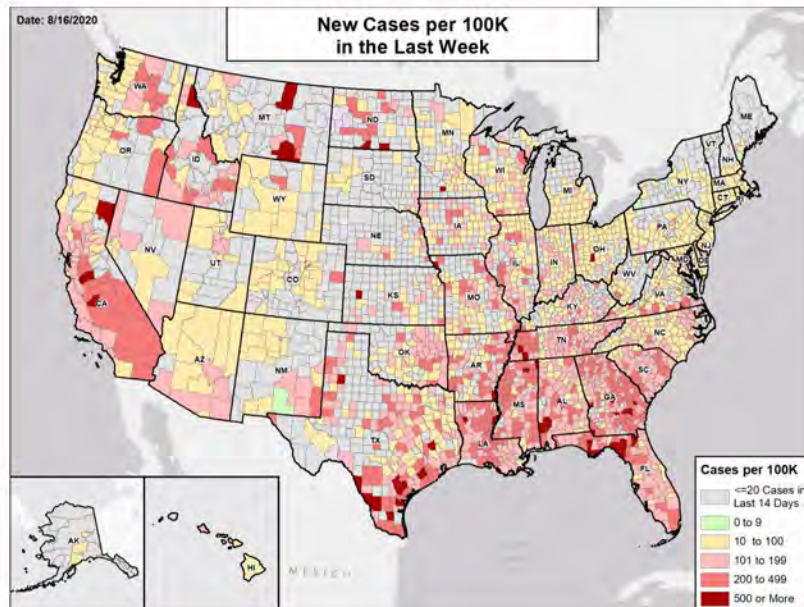
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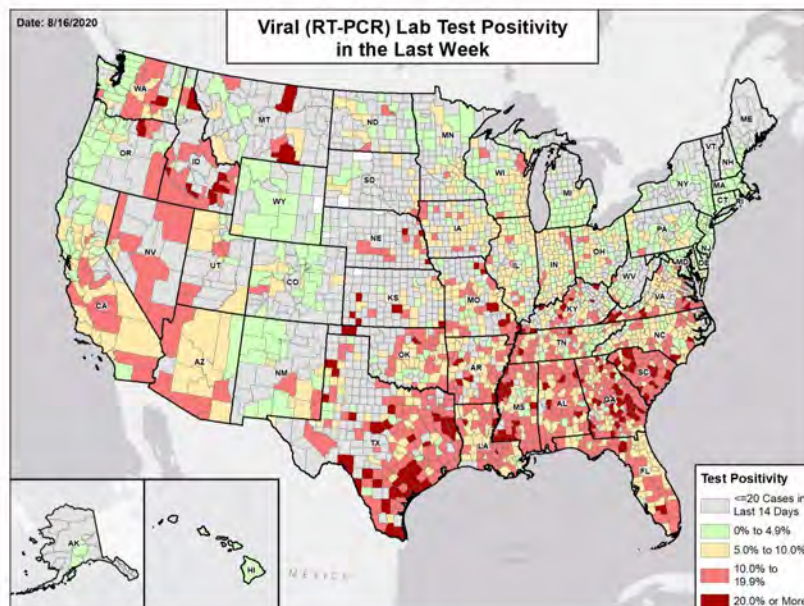


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



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STATE REPORT | 08.16.2020

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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	<1	1-2	>2
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- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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 | 08.16.2020

## 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%.
- Nationally, New York was ranked 47th for most new cases per 100,000 population and 48th for highest test positivity last week.
- 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 34.5 percent of new cases in New York.
- New York had 23 new cases per 100,000 population in the past week, compared to a national average of 112 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; 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 08 - Aug 14, on average, 74 patients with confirmed COVID-19 and 273 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New York. An average of 64 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 social distancing for people outside of their homes; monitor and enforce face coverings in all public indoor environments, especially on public transportation.
- Continue to closely track trends in cases and case rates, test percent positivity, and hospitalizations at the county and city levels. Intensify local mitigation efforts as needed.
- In areas with large numbers of returning students, ensure adequate testing capacity and capacity to expand contact tracing as needed.
- Continue active case investigation with contact tracing and early quarantine of contacts and isolation of cases. Intensify focus on populous areas with increasing transmission and ensure safe housing for isolation and quarantine for those in congregate settings and crowded or multigenerational households.
- Maintain widespread 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](#).

*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 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.



COVID-19

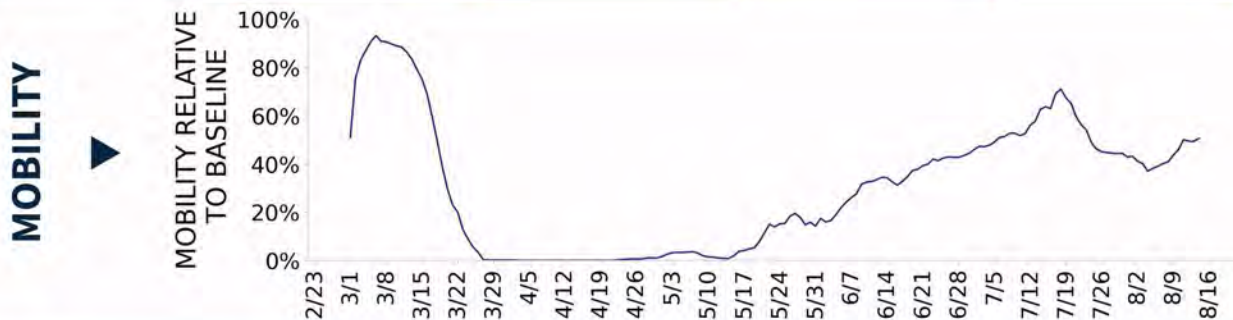




# NEW YORK

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>4,525</b> (23)	<b>-2.2%</b>	<b>7,620</b> (27)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>1.1%</b>	<b>-0.2%*</b>	<b>1.3%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>525,254**</b> (2,700)	<b>+8.8%**</b>	<b>660,770**</b> (2,332)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>74</b> (0)	<b>+8.8%</b>	<b>133</b> (0)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>5.7%</b>	<b>-0.2%*</b>	<b>5.8%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# NEW YORK

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**0**

N/A

**0**

N/A

**COUNTY  
LAST WEEK**

**0**

N/A

**0**

N/A

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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

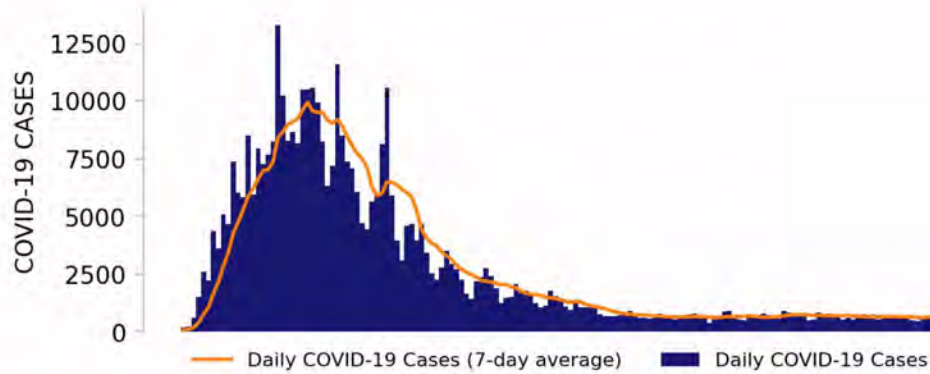




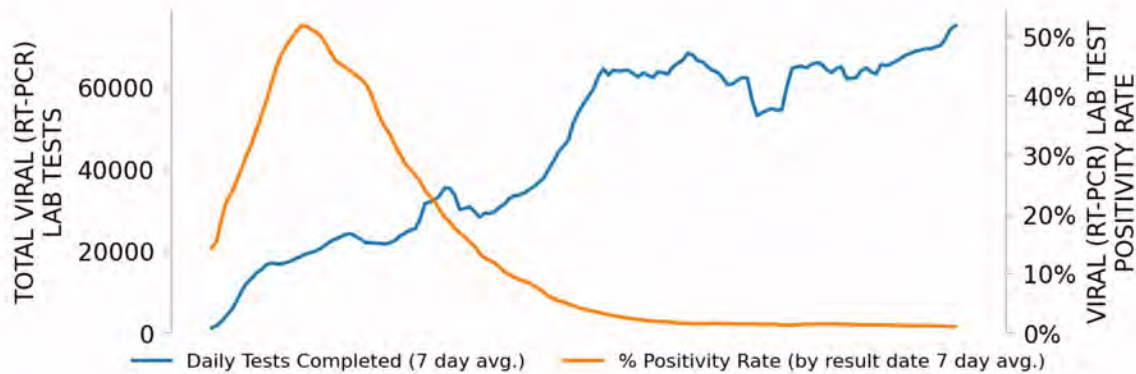
# NEW YORK

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## NEW CASES

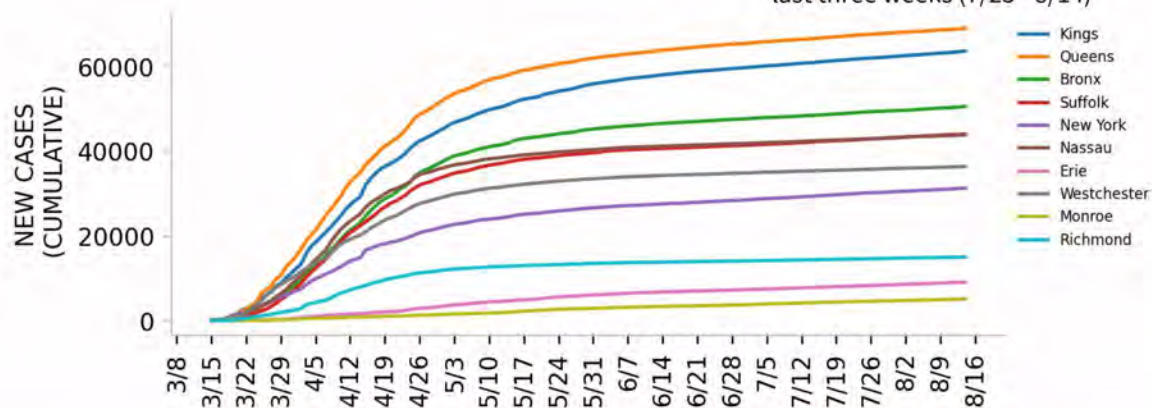


## TESTING



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP COUNTIES



### 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 8/14/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.

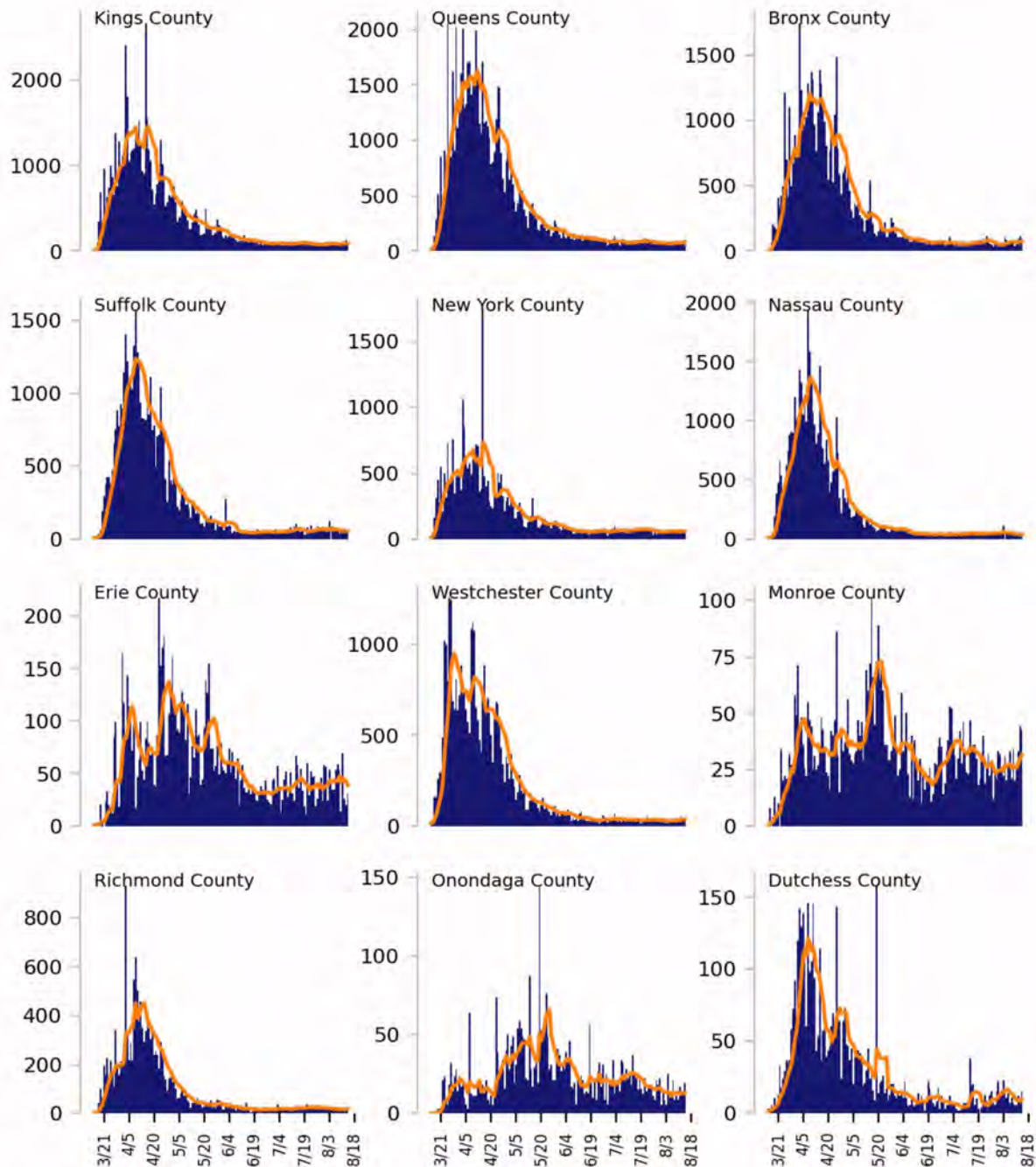




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



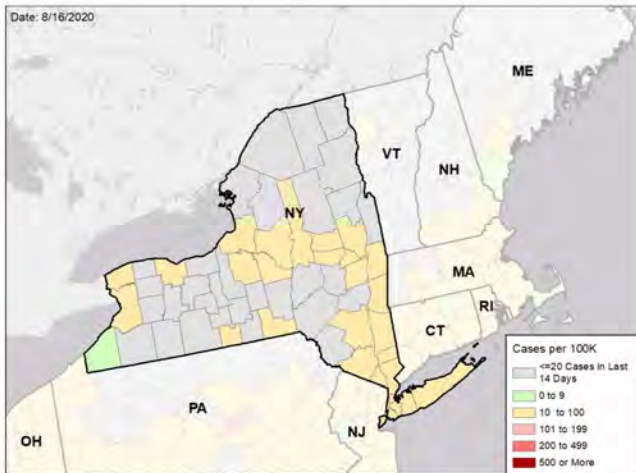


# NEW YORK

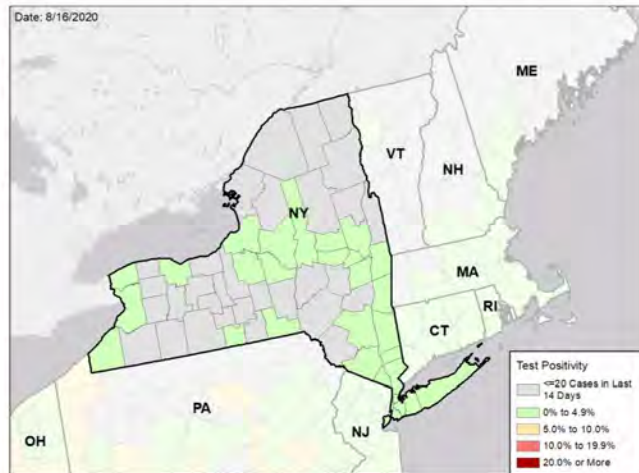
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## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

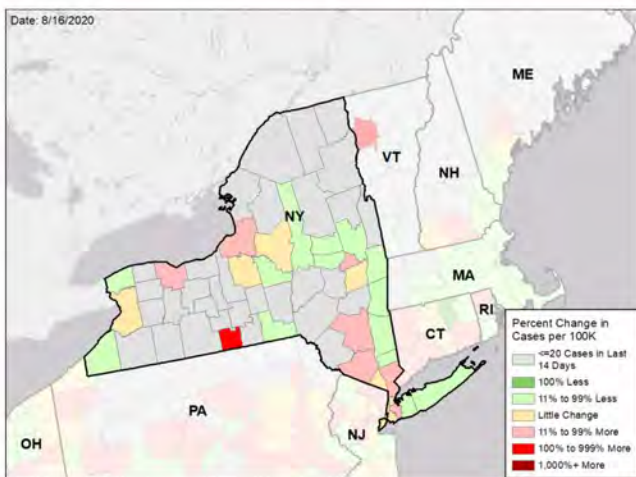
### NEW CASES PER 100,000 DURING LAST WEEK



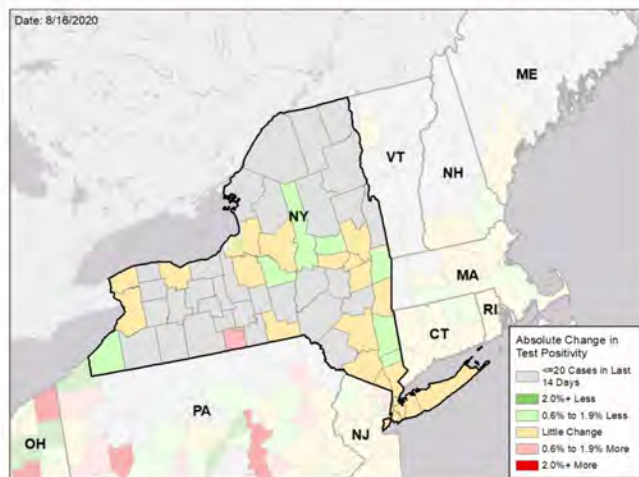
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

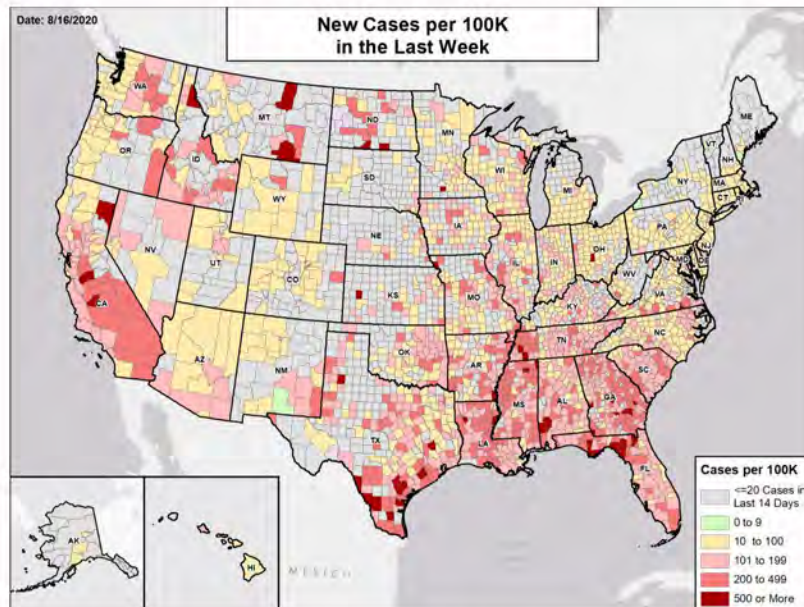
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



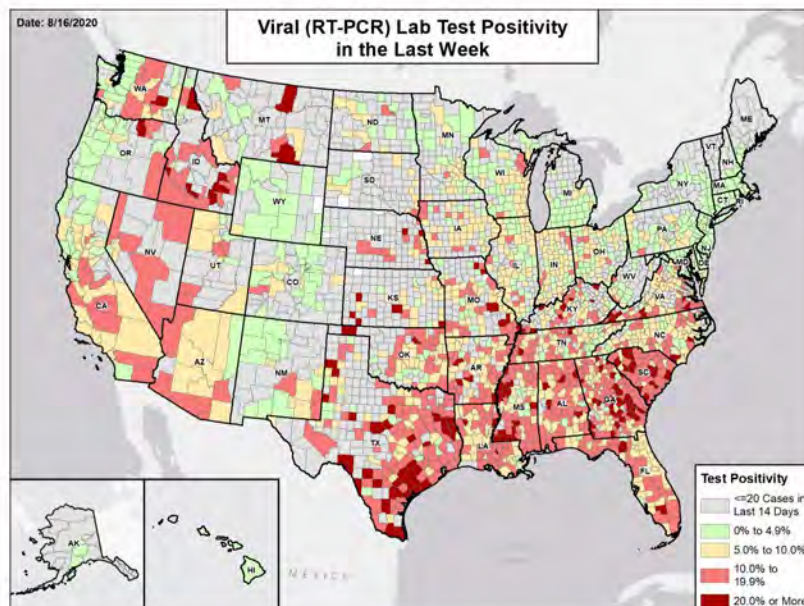


# National Picture

## NEW CASES PER 100,000 LAST WEEK



## VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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.





# NORTH CAROLINA

STATE REPORT | 08.16.2020

## SUMMARY

- North Carolina 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%.
- Nationally, North Carolina was ranked 26th for most new cases per 100,000 population and 21st for highest test positivity last week.
- 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 25.7 percent of new cases in North Carolina.
- North Carolina had 89 new cases per 100,000 population in the past week, compared to a national average of 112 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 ASPR; 1 to support epidemiology activities from CDC; 7 to support operations activities from USCG; and 6 to support medical activities from VA.
- Between Aug 08 - Aug 14, on average, 89 patients with confirmed COVID-19 and 323 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in North Carolina. 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 total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.\*

## RECOMMENDATIONS

- Continue adherence to guidance below for all yellow and red zone counties, closing public and commercial indoor spaces as warranted and limiting indoor restaurant capacity to 25%.
- Study which demographic populations are not compliant with the usage of face coverings while indoors and target locally developed public health messaging to them, especially in yellow and red zone counties or metro areas.
- Use local data to urge local authorities to enforce mandates for using face coverings in public and commercial indoor settings in red and yellow zone counties; consider fines for violations.
- Continue to educate on 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 case rates and test positivity closely and ensure vigorous contact tracing, immediate isolation of cases, contact interviews within 48 hours, and early quarantine of contacts. Expand capacity for contact tracing as needed by enlisting and training college students and un- or under-employed young adults.
- Continue efforts to ensure safe housing for isolation and quarantine to all those who live in congregate settings or multigenerational households or are unable to isolate at home.
- Test-seeking may be disincentivized by long wait time for testing or results; continue to expand testing capacity and reduce turnaround times by allocating funding to public health labs to staff and run COVID testing 24/7. Require all universities with suitable platforms to use their equipment to expand surveillance testing for schools (K-12, community colleges) and university students. Distinctions between surveillance and diagnostic testing should be maintained.
- Ensure testing platforms in all clinical setting are being used to full capacity; if they are not, devise ways to use for community and surveillance testing.
- Consider pooled testing, adjusting the pooling size to the prevalence - noting that groups as small as 2-3 people can save resources for testing in populations with moderate prevalence.
- Protect staff and residents of rehab and long-term care facilities by testing all residents at admission and staff periodically, conducting facility-wide testing for any identified case, reasonable restrictions on visitation, and requiring staff to wear face coverings.
- Immediately conduct infection control surveys in all nursing homes with 3 or more cases per week over the last 3 weeks.
- 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 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.



COVID-19

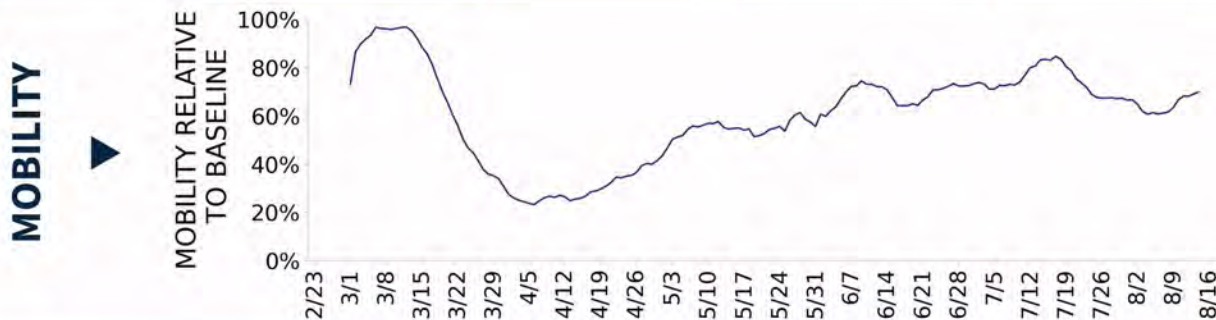




# NORTH CAROLINA

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>9,361</b> (89)	<b>-12.2%</b>	<b>114,442</b> (171)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>7.3%</b>	<b>-0.9%*</b>	<b>11.0%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>131,718**</b> (1,256)	<b>-16.4%**</b>	<b>993,563**</b> (1,485)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>180</b> (2)	<b>-14.7%</b>	<b>2,707</b> (4)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>13.4%</b>	<b>+1.8%*</b>	<b>23.4%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# NORTH CAROLINA

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**6**

Lumberton  
Rocky Mount  
Albemarle  
Forest City  
North Wilkesboro  
Virginia Beach-Norfolk-Newport News

**29**

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

Charlotte-Concord-Gastonia  
Raleigh-Cary  
Greensboro-High Point  
Winston-Salem  
Fayetteville  
Hickory-Lenoir-Morganton  
Asheville  
Greenville  
Wilmington  
Burlington  
Jacksonville  
Shelby

**COUNTY  
LAST WEEK**

**17**

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

Robeson  
Nash  
Stanly  
Rutherford  
Columbus  
Halifax  
Edgecombe  
Wilkes  
Montgomery  
Hoke  
Hertford  
Pasquotank

**56**

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

Mecklenburg  
Wake  
Guilford  
Cumberland  
Forsyth  
Gaston  
Union  
Johnston  
Pitt  
Alamance  
Cabarrus  
Buncombe

**All Yellow CBSAs:** Charlotte-Concord-Gastonia, Raleigh-Cary, Greensboro-High Point, Winston-Salem, Fayetteville, Hickory-Lenoir-Morganton, Asheville, Greenville, Wilmington, Burlington, Jacksonville, Shelby, Goldsboro, Roanoke Rapids, Pinehurst-Southern Pines, Sanford, Wilson, New Bern, Myrtle Beach-Conway-North Myrtle Beach, Marion, Mount Airy, Elizabeth City, Washington, Laurinburg, Morehead City, Kinston, Henderson, Rockingham, Brevard

**All Red Counties:** Robeson, Nash, Stanly, Rutherford, Columbus, Halifax, Edgecombe, Wilkes, Montgomery, Hoke, Hertford, Pasquotank, Bertie, Anson, Jones, Graham, Hyde

**All Yellow Counties:** Mecklenburg, Wake, Guilford, Cumberland, Forsyth, Gaston, Union, Johnston, Pitt, Alamance, Cabarrus, Buncombe, New Hanover, Catawba, Onslow, Cleveland, Rowan, Iredell, Harnett, Randolph, Davidson, Wayne, Henderson, Moore, Lincoln, Burke, Lee, Wilson, Brunswick, McDowell, Franklin, Surry, Haywood, Granville, Craven, Rockingham, Beaufort, Scotland, Carteret, Lenoir, Davie, Vance, Pender, Bladen, Yadkin, Richmond, Cherokee, Alexander, Martin, Greene, Northampton, Macon, Transylvania, Polk, Perquimans, Clay

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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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- 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

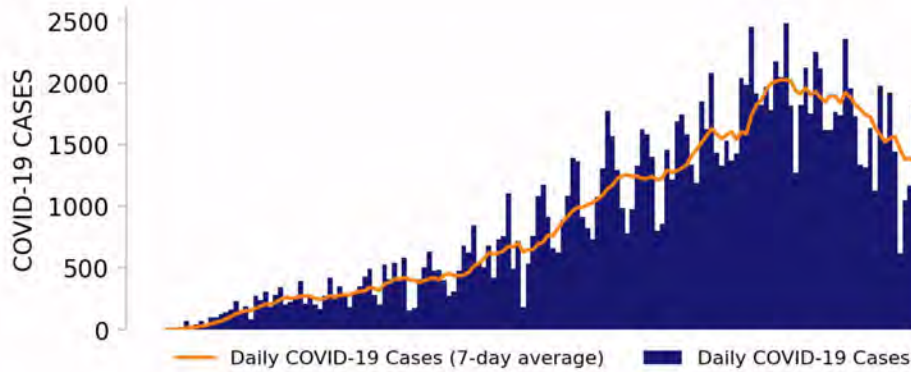




# NORTH CAROLINA

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## NEW CASES

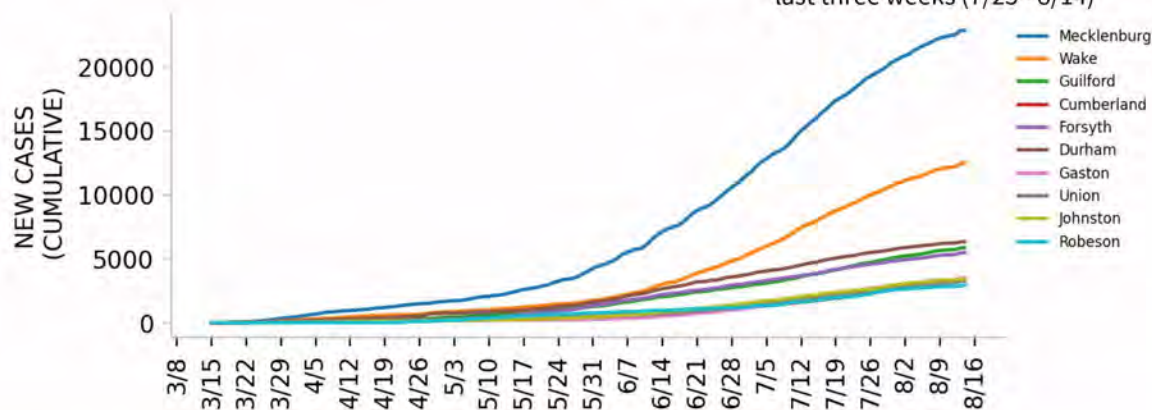


## TESTING



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP COUNTIES



### 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 8/14/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.

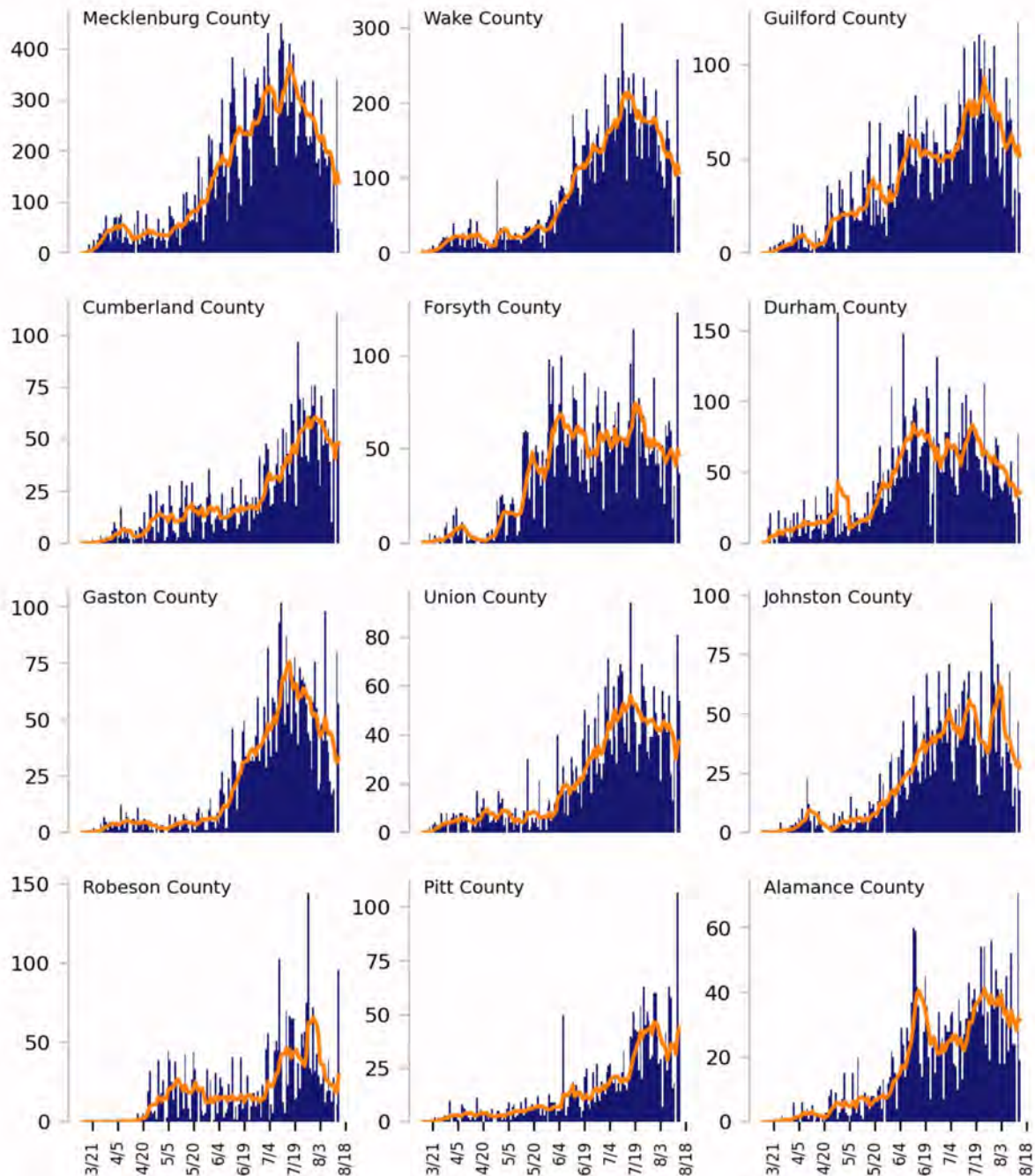




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



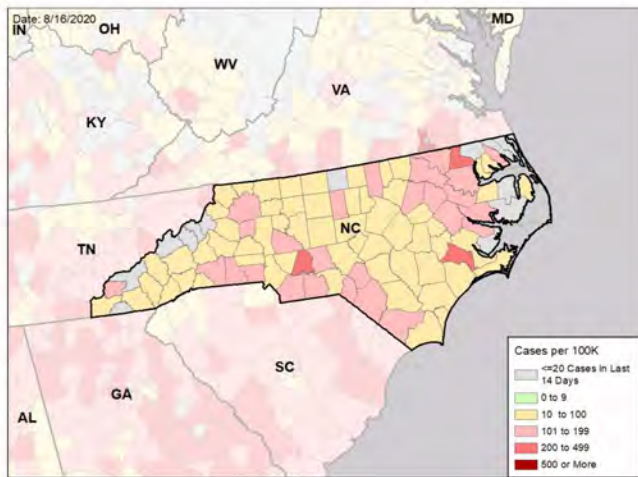


# NORTH CAROLINA

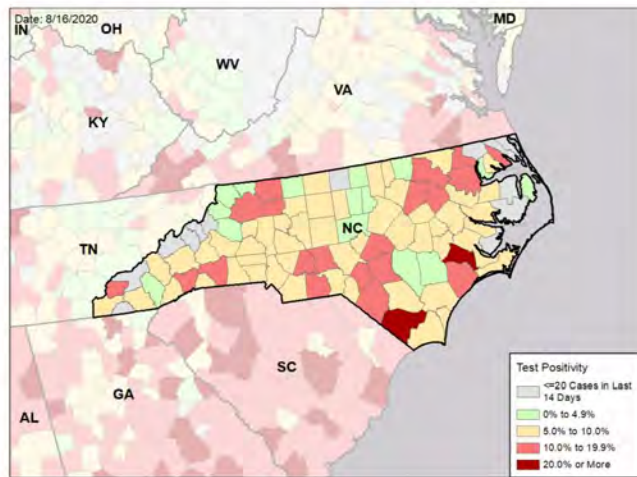
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## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

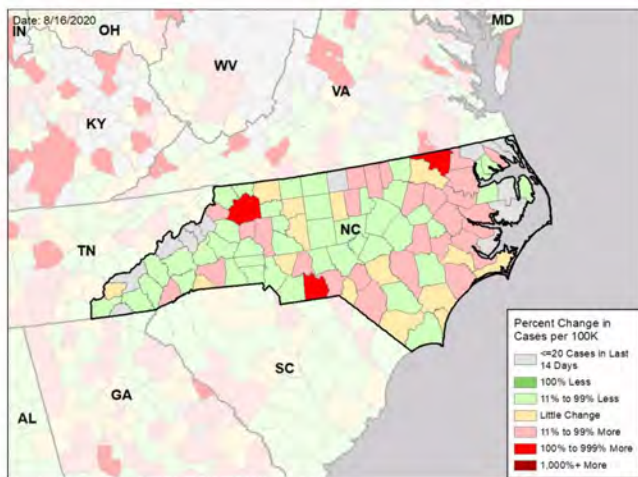
### NEW CASES PER 100,000 DURING LAST WEEK



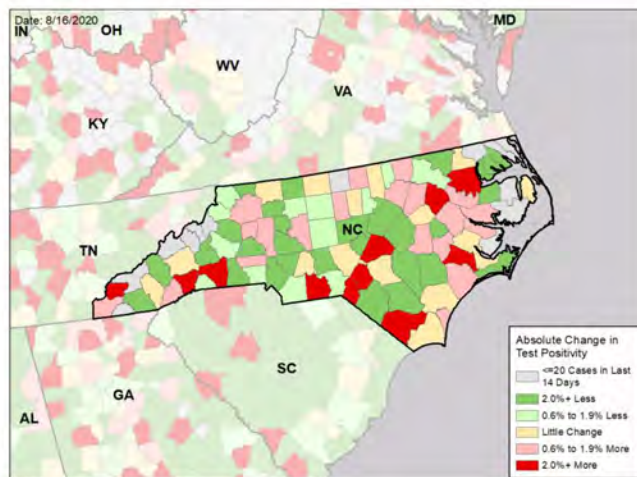
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

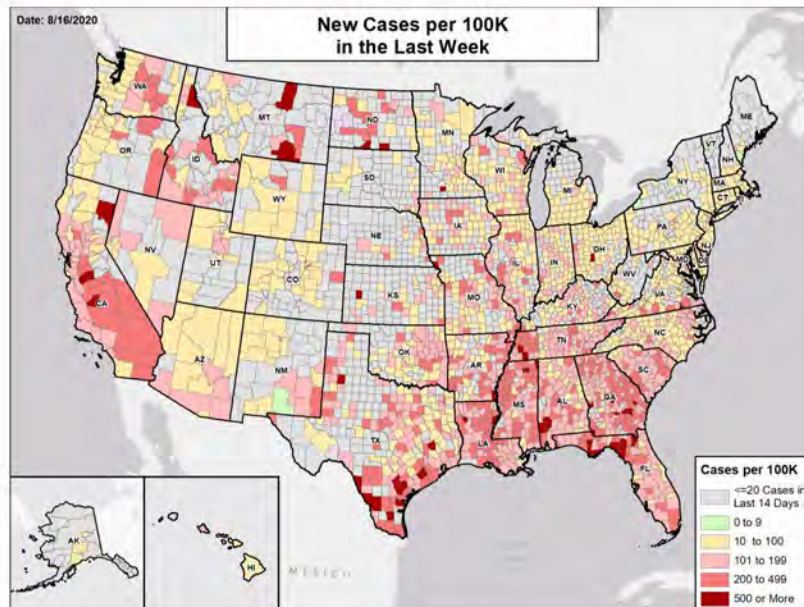
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



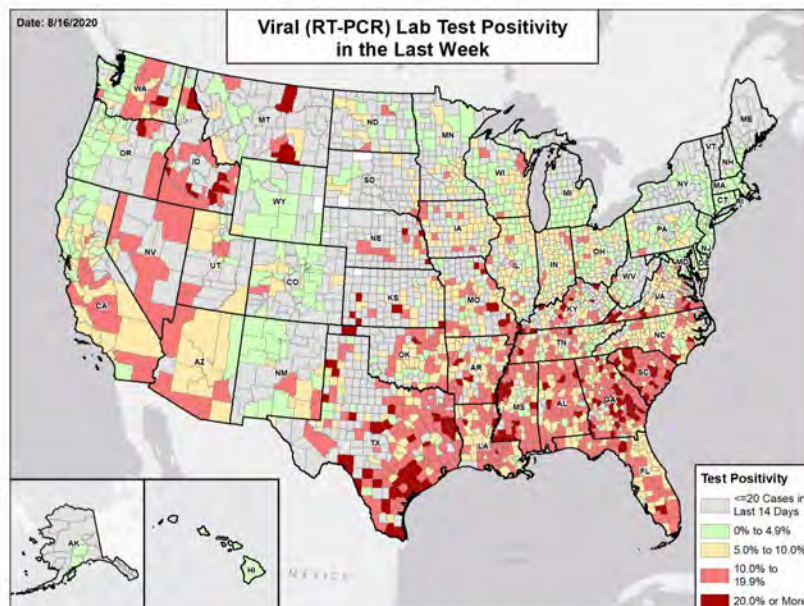


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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.





# NORTH DAKOTA

STATE REPORT | 08.16.2020

## SUMMARY

- North Dakota is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- Nationally, North Dakota was ranked 13th for most new cases per 100,000 population and 40th for highest test positivity last week.
- North Dakota 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. Burleigh County, 2. Cass County, and 3. Stark County. These counties are urban centers and represent 44.8 percent of new cases in North Dakota. However, cases also continued to increase in several other counties in North Dakota last week, especially still in counties west and south of Bismarck (Morton, Stark, Sioux) and west of Minot (Mountrail, Williams). Benson County also continued to report a high incidence. Cases in Bismarck disproportionately involved younger age groups.
- In North Dakota, no long-term care facilities reported 3 or more cases per week among either residents or staff for 3 consecutive weeks.
- North Dakota had 131 new cases per 100,000 population in the past week, compared to a national average of 112 per 100,000.
- Between Aug 08 - Aug 14, on average, 7 patients with confirmed COVID-19 and 7 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in North Dakota. 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

- In anticipation of the reopening of colleges and universities, conduct outreach to restaurant and bar business owners in college communities regarding strong encouragement of masking and limitations on occupancy versus closure depending on local rates of disease; encourage local authorities in these communities to educate on and enforce social distancing levels for off-campus gatherings.
- Continue to strongly encourage masking statewide (#MaskUpND campaign); support masking mandates in highly affected counties/cities.
- Adjust 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; monitor testing data to identify additional sites of increased transmission and focus public health resources on them.
- 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 surveys in all nursing homes that have 3 or more cases per week for 3 consecutive weeks.
- 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.
- 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 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.



COVID-19





# NORTH DAKOTA

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>996</b> (131)	<b>+16.2%</b>	<b>7,819</b> (64)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>3.2%</b>	<b>+0.0%*</b>	<b>5.2%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>40,666**</b> (5,336)	<b>+8.3%**</b>	<b>178,292**</b> (1,454)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>11</b> (1)	<b>+57.1%</b>	<b>88</b> (1)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>6.8%</b>	<b>-7.2%*</b>	<b>4.4%</b>	<b>12.2%</b>



\* 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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# NORTH DAKOTA

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**0**

N/A

**3**Bismarck  
Dickinson  
Williston

**COUNTY  
LAST WEEK**

**2**Benson  
Sioux**6**Stark  
Morton  
Williams  
McLean  
Mountrail  
McIntosh

\* 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 viral (RT-PCR) lab 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
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- 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

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- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

### 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 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

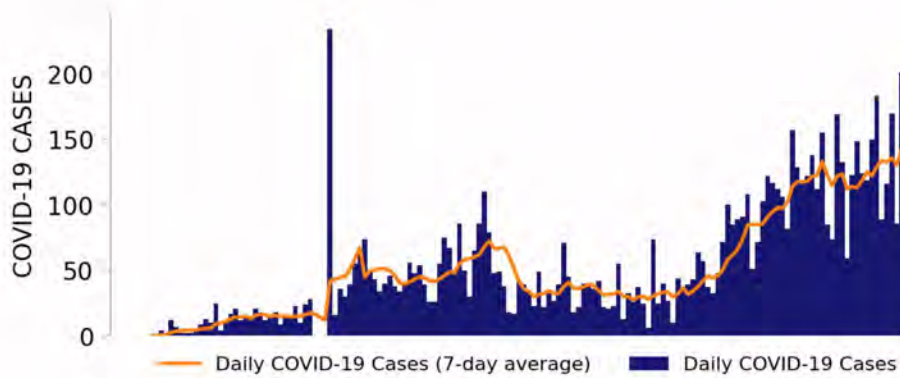




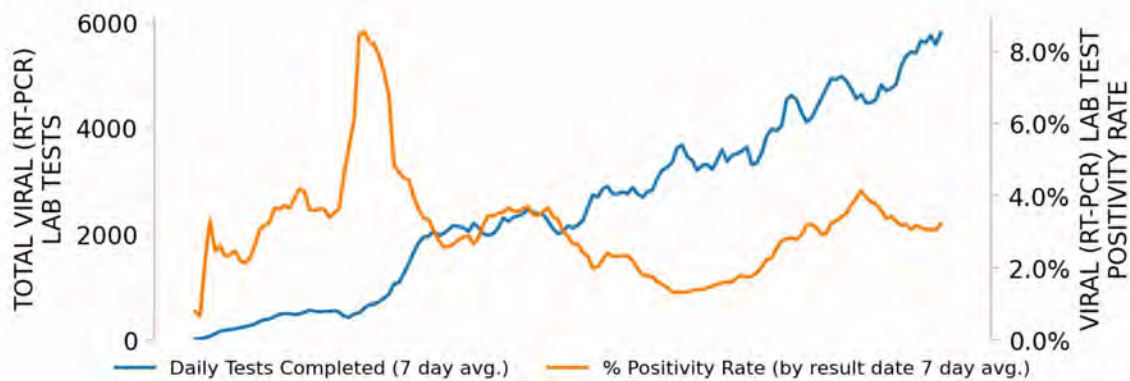
# NORTH DAKOTA

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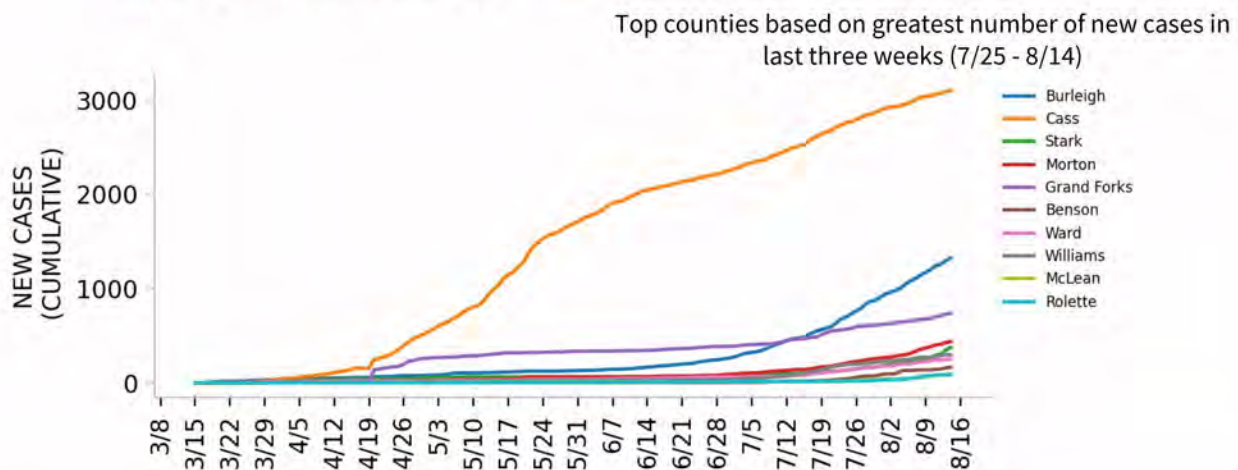
## NEW CASES



## TESTING



## TOP COUNTIES



### 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 8/14/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.

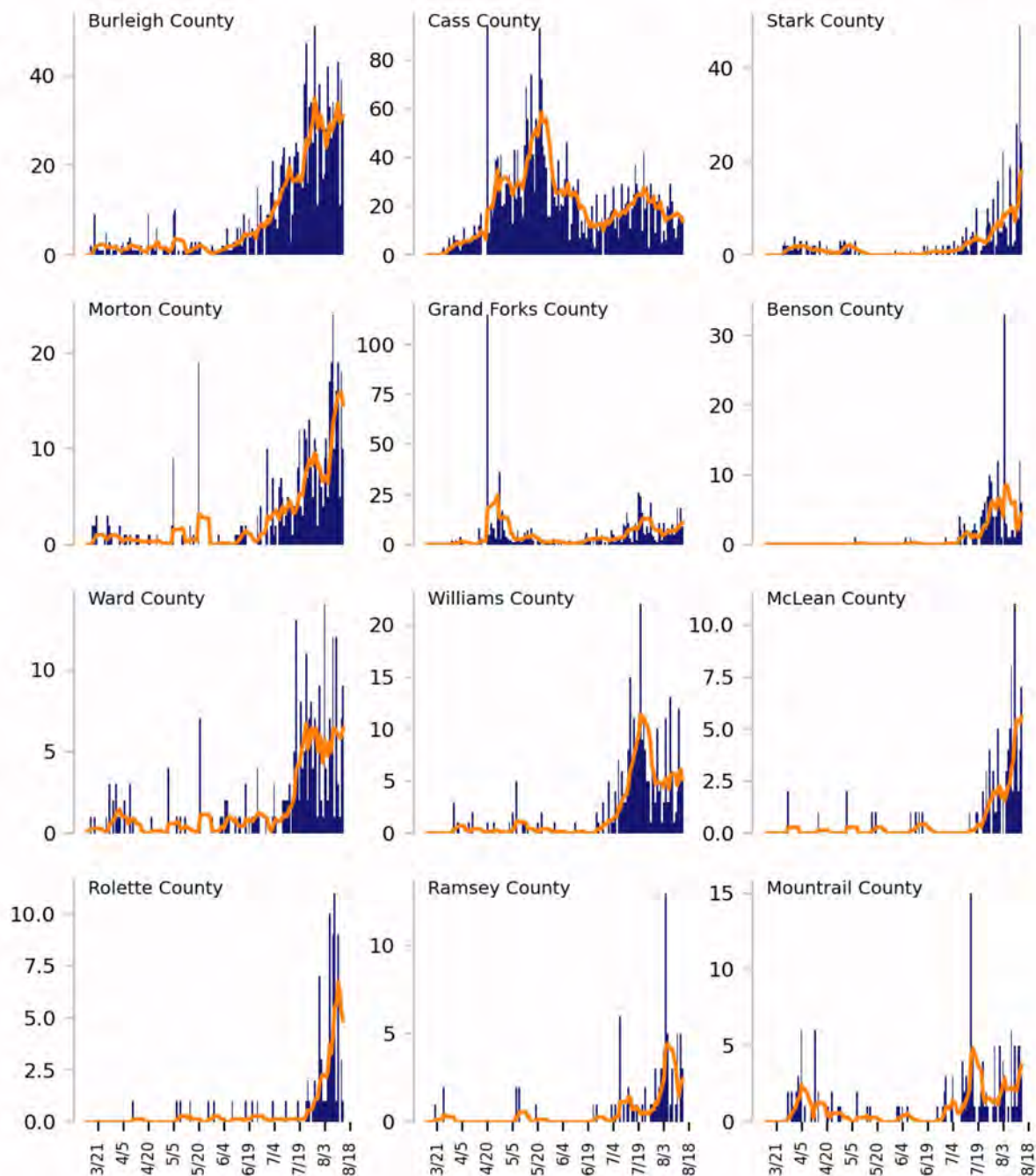




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.

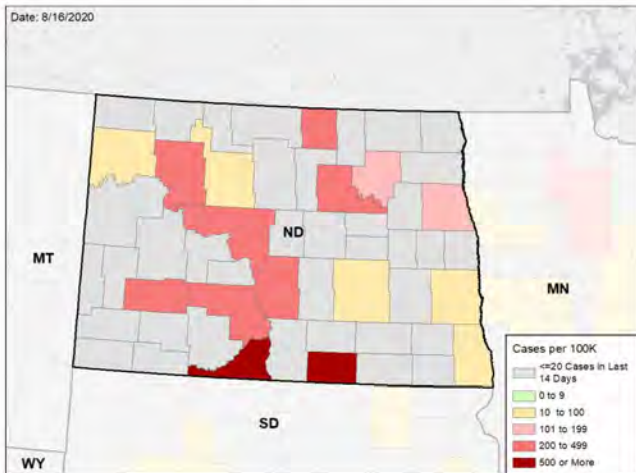
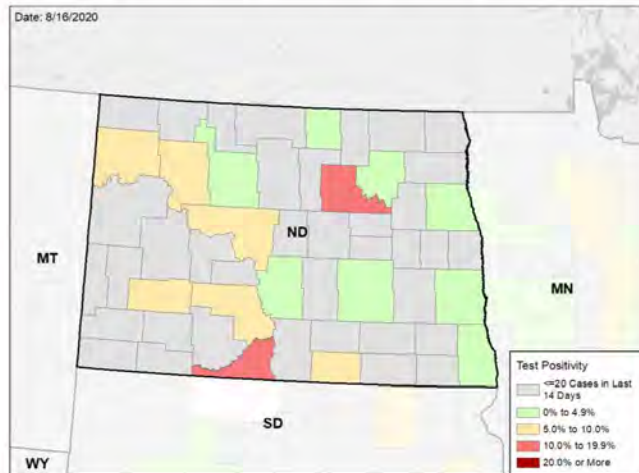
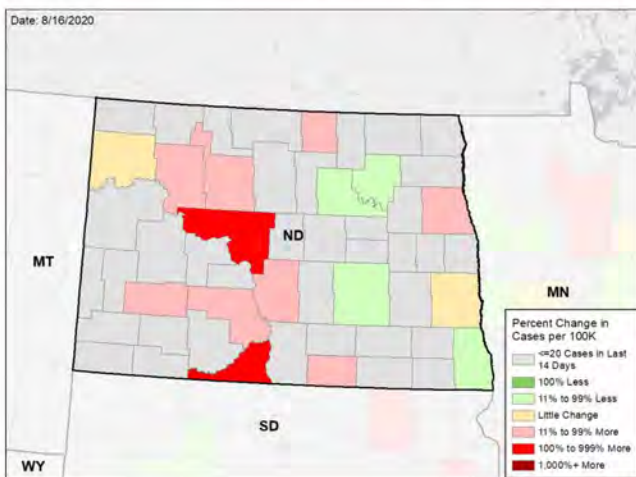
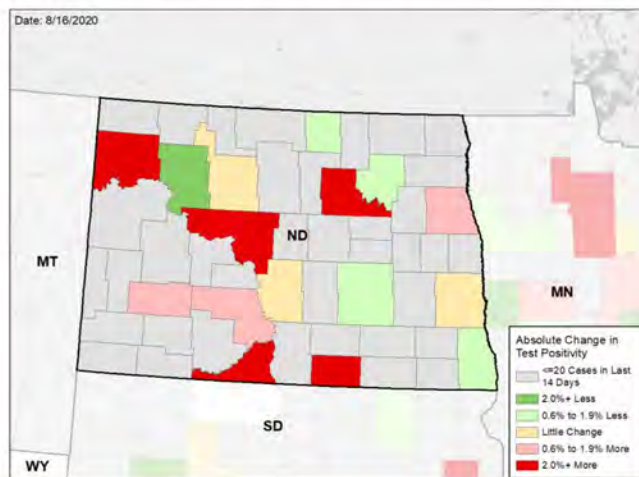




# NORTH DAKOTA

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## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

**NEW CASES PER 100,000 DURING LAST WEEK****VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK****WEEKLY % CHANGE IN NEW CASES PER 100K****WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY**

### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

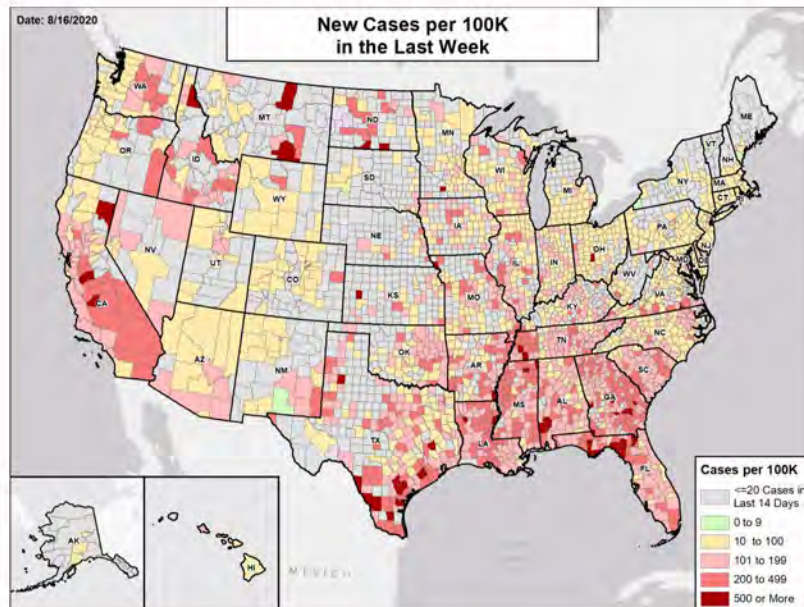
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



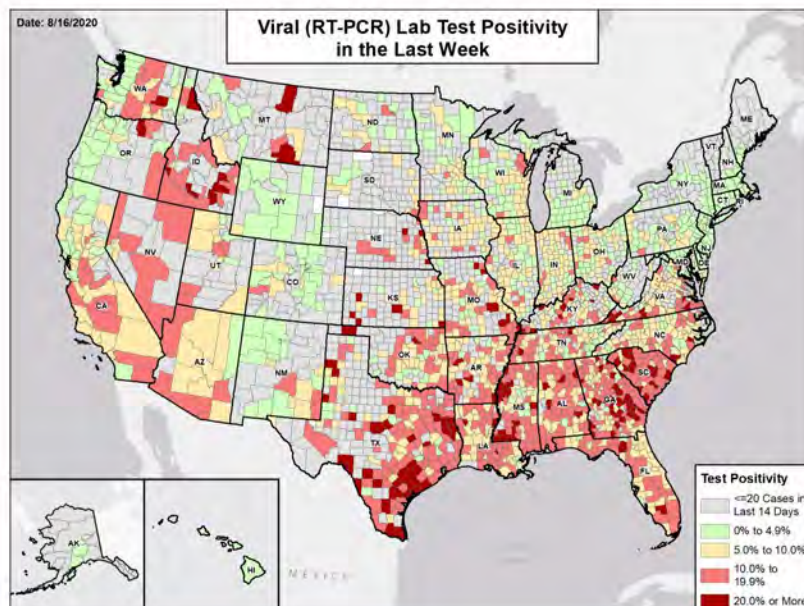


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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.





# OHIO

STATE REPORT | 08.16.2020

## 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%.
- Nationally, Ohio was ranked 35th for most new cases per 100,000 population and 30th for highest test positivity last week.
- Ohio has seen stability to a slight increase in new cases and stability in test positivity over the past week, demonstrating the mitigation efforts are working but need to be continuously reinforced, as the gains are fragile.
- Ohio has been able to maintain high levels of testing over the past week, while many states experienced a decline in tests performed. This needs to continue.
- 1% of nursing homes are reporting 3 or more cases among their residents per week over the past 3 weeks. Protection of residents must continue.
- 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 33.8 percent of new cases in Ohio. There are improvements across the state, but transmission remains widespread in rural and urban areas.
- Ohio had 67 new cases per 100,000 population in the past week, compared to a national average of 112 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 11 to support operations activities from FEMA and 4 to support operations activities from USCG.
- Between Aug 08 - Aug 14, on average, 114 patients with confirmed COVID-19 and 488 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Ohio. 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 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 citizens to limit social gatherings to 10 or fewer people.
- Encourage individuals that have participated in any large social gatherings to get tested.
- 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 per week over the last 3 weeks should have mandatory inspection surveys conducted. Antigen testing capacity will continue to be supplied over the next 4-6 weeks to support routine testing from the Federal Government.
- 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 to ensure the identification of all asymptomatic cases. Ensure those returning from vacationing are self-isolating from vulnerable family members or using masks indoors and socially distancing.
- Work with local communities to implement and provide clear guidance for households that test positive, including on individual isolation and quarantining procedures. Ohio has an 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 36 hours. For families and cohabiting 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 [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 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.



COVID-19

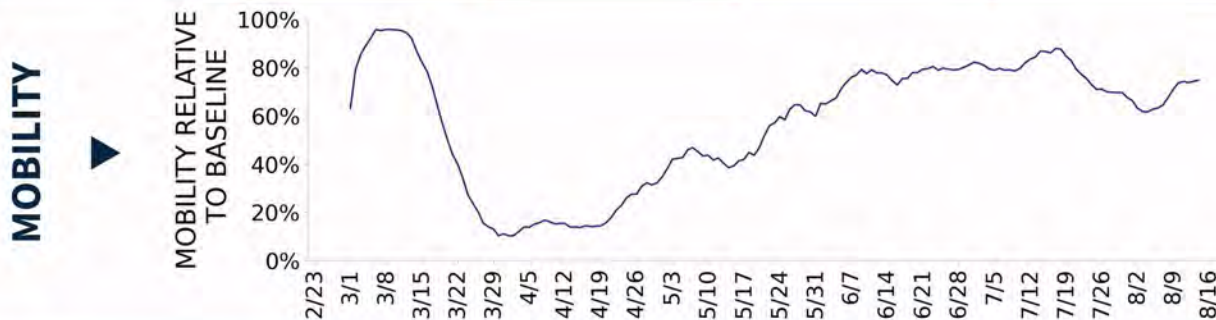




## OHIO

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>7,882</b> (67)	<b>+4.9%</b>	<b>41,679</b> (79)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>5.0%</b>	<b>-0.4%*</b>	<b>5.2%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>155,556**</b> (1,331)	<b>+3.7%**</b>	<b>988,488**</b> (1,881)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>134</b> (1)	<b>-18.8%</b>	<b>472</b> (1)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>7.8%</b>	<b>-0.2%*</b>	<b>7.3%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





## OHIO

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## COVID-19 COUNTY AND METRO ALERTS\*

## LOCALITIES IN RED ZONE

## LOCALITIES IN YELLOW ZONE

METRO  
AREA  
(CBSA)  
LAST WEEK

0

N/A

21

Top 12 shown  
(full list  
below)Columbus  
Cincinnati  
Toledo  
Akron  
Canton-Massillon  
Chillicothe  
Springfield  
Findlay  
Sandusky  
Salem  
Greenville  
FremontCOUNTY  
LAST WEEK

2

Preble  
Perry

35

Top 12 shown  
(full list  
below)Franklin  
Lucas  
Summit  
Licking  
Stark  
Lorain  
Fairfield  
Wood  
Clermont  
Ross  
Lake  
Miami

**All Yellow CBSAs:** Columbus, Cincinnati, Toledo, Akron, Canton-Massillon, Chillicothe, Springfield, Findlay, Sandusky, Salem, Greenville, Fremont, Wooster, Portsmouth, Marion, Urbana, Norwalk, New Philadelphia-Dover, Bellefontaine, Defiance, Point Pleasant

**All Yellow Counties:** Franklin, Lucas, Summit, Licking, Stark, Lorain, Fairfield, Wood, Clermont, Ross, Lake, Miami, Clark, Hancock, Erie, Columbiana, Darke, Sandusky, Wayne, Scioto, Marion, Champaign, Union, Pickaway, Ottawa, Huron, Tuscarawas, Highland, Logan, Wyandot, Defiance, Putnam, Gallia, Morrow, Hardin

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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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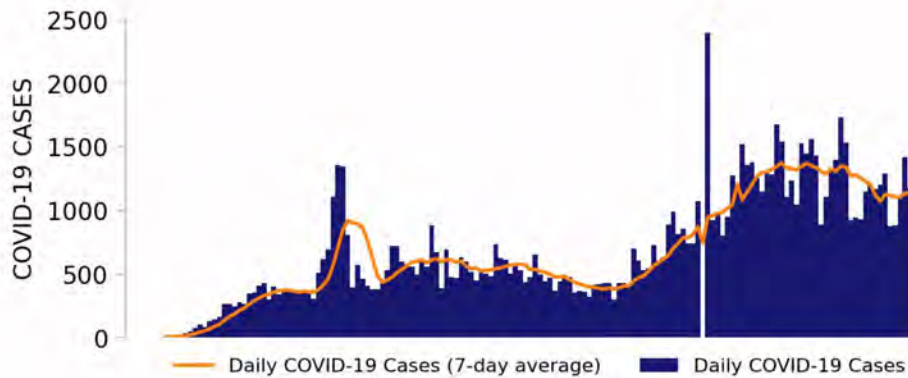




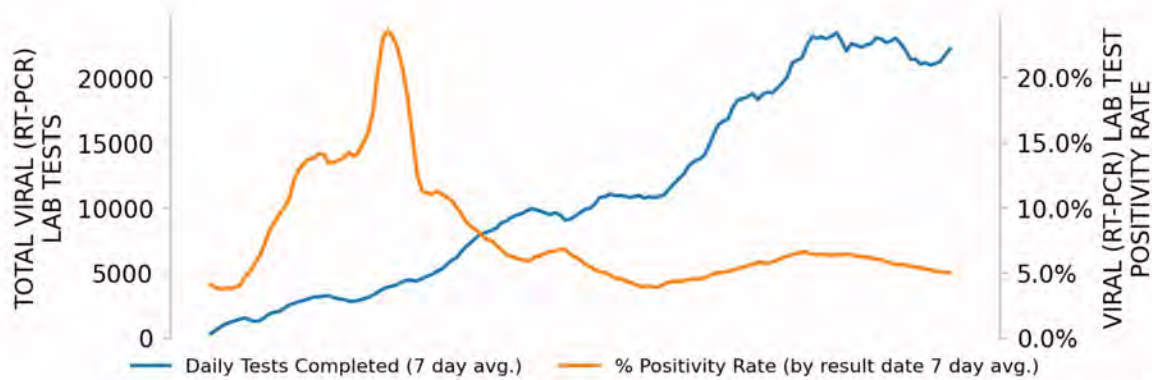
# OHIO

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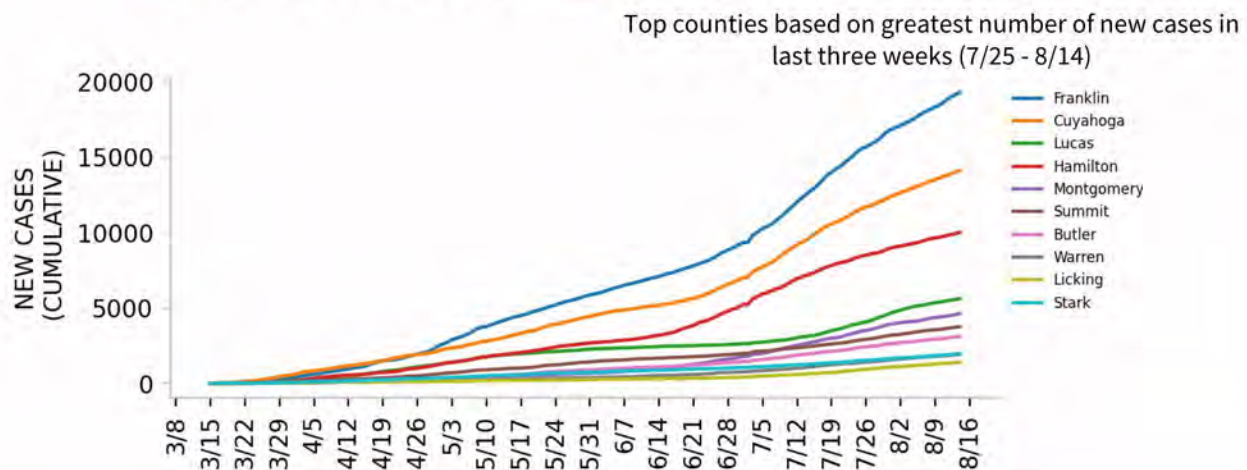
## NEW CASES



## TESTING



## TOP COUNTIES



### 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 8/14/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.

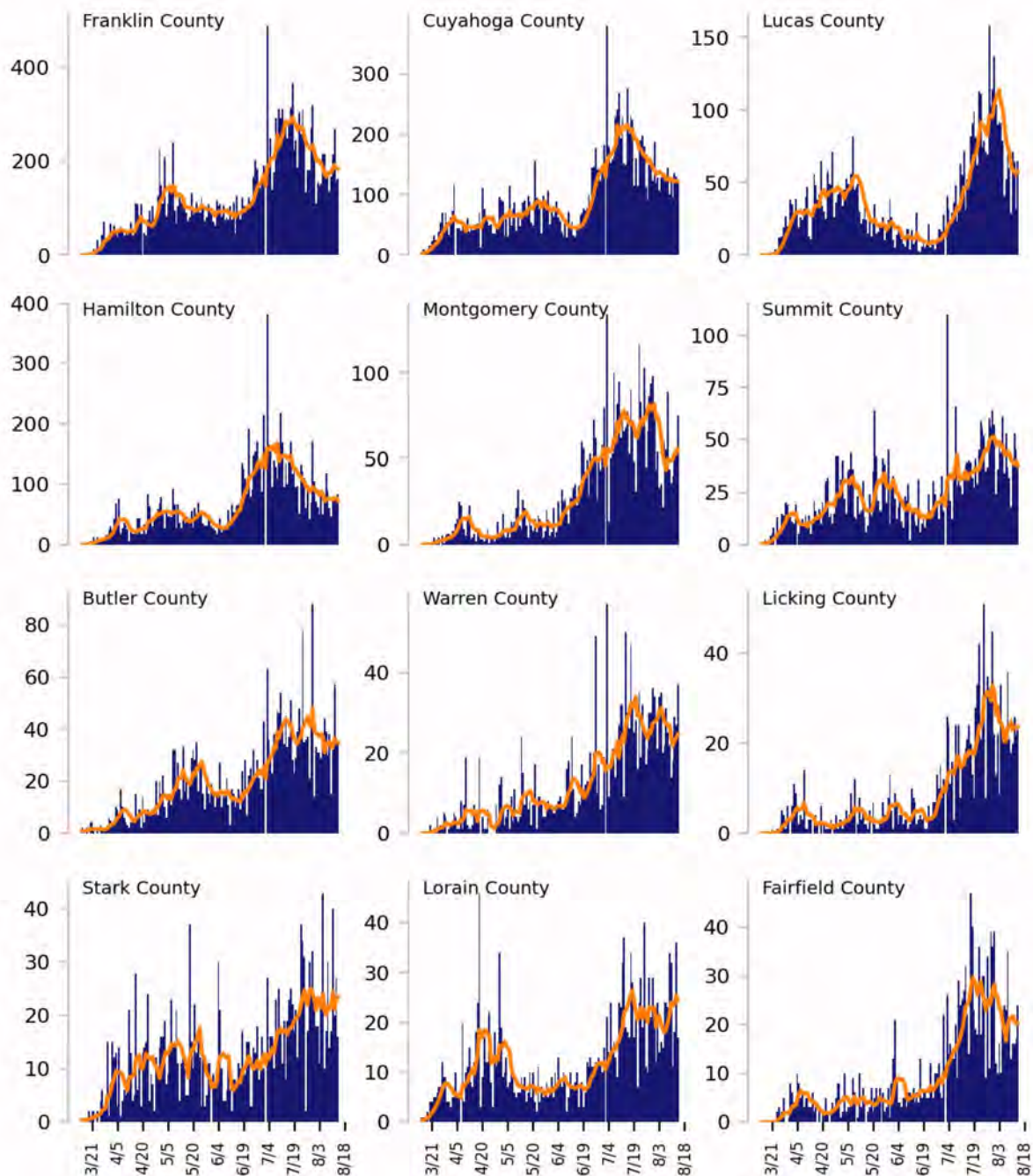




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



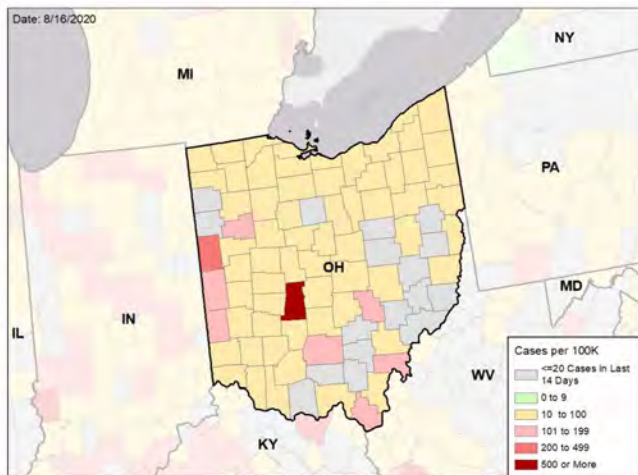


# OHIO

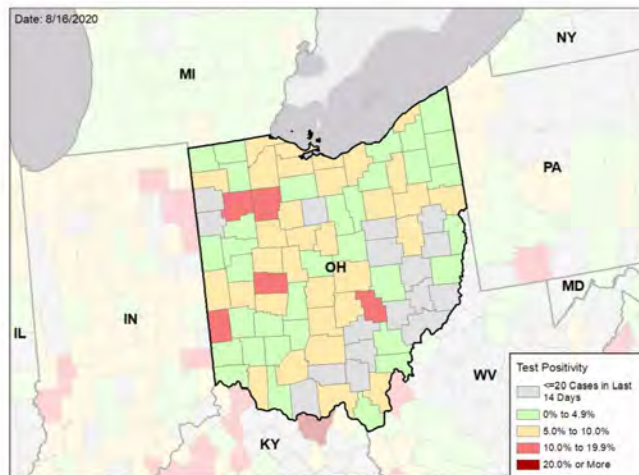
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## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

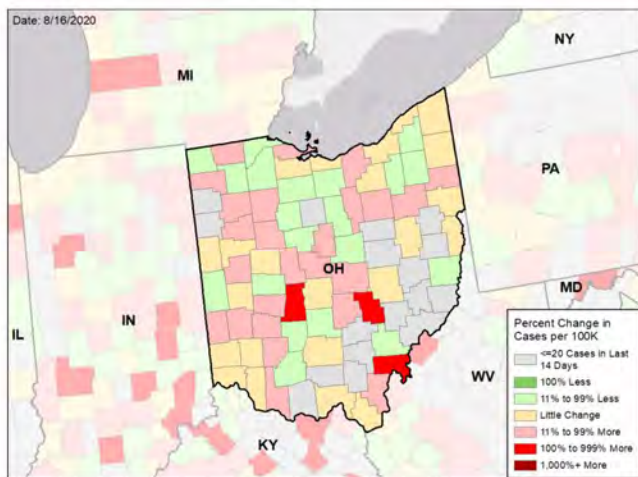
### NEW CASES PER 100,000 DURING LAST WEEK



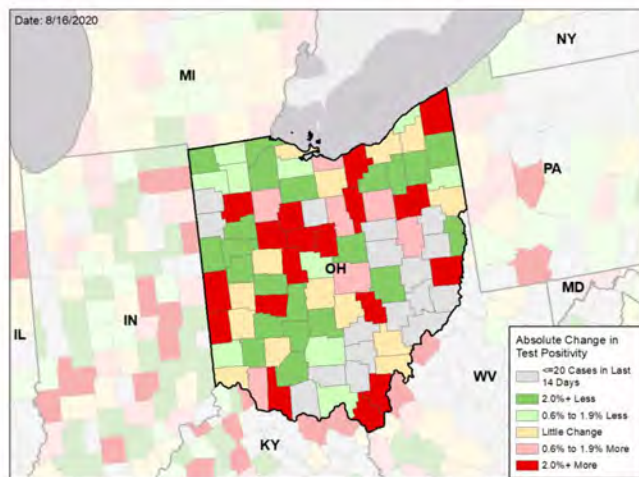
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

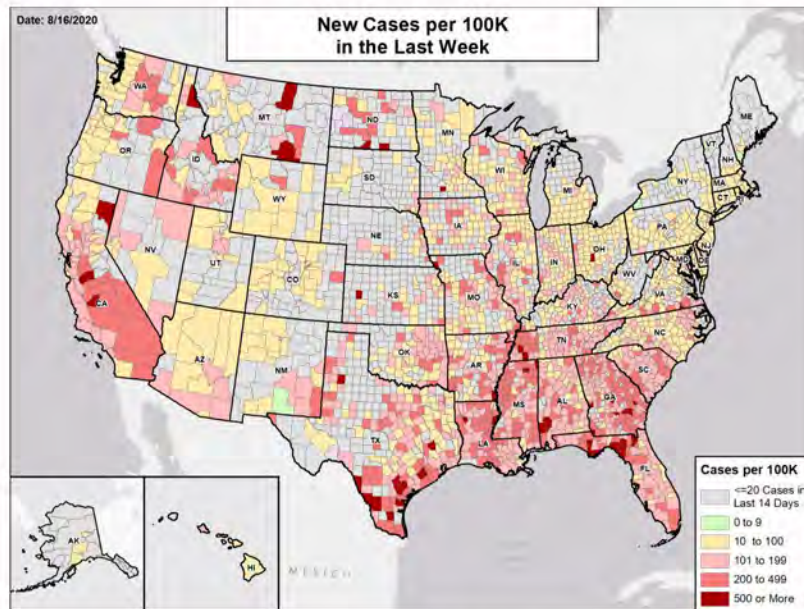
**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



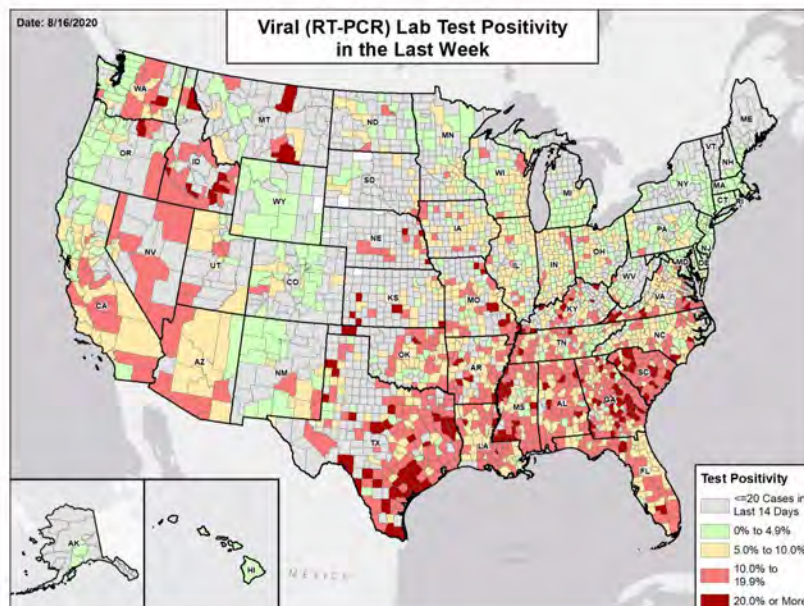


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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 | 08.16.2020

**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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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.





# OKLAHOMA

STATE REPORT | 08.16.2020

## 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%.
- Nationally, Oklahoma was ranked 15th for most new cases per 100,000 population and 11th for highest test positivity last week.
- Despite decreases in new cases and test positivity compared to the previous week, Oklahoma continues to have a high number of cases reported this week and remains close to the red zone threshold for test positivity.
- 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 52.6 percent of new cases in Oklahoma.
- Nearly 60% of all counties in Oklahoma have ongoing community transmission, with 22% experiencing high levels of community transmission. Transmission is in both rural and urban areas.
- Oklahoma had 117 new cases per 100,000 population in the past week, compared to a national average of 112 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; 1 to support epidemiology activities from CDC; and 36 to support medical activities from VA.
- Between Aug 08 - Aug 14, on average, 60 patients with confirmed COVID-19 and 81 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oklahoma. 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 citizens, businesses, public health officials, hospitals, nursing homes, and schools work together to effectively implement the recommended mitigation strategies to control community transmission.
- Mask mandate needs to be implemented statewide to decrease community transmission. Bars must be closed, and indoor dining must be restricted in yellow and red zone counties and metro areas.
- 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 Oklahomans 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.
- Nursing homes and public health (including epidemiology) must establish ongoing collaboration for real-time understanding of community transmission to prevent cases and deaths in nursing homes. 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. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place. Conduct onsite infection prevention reviews at nursing homes with ongoing cases and deaths.
- Encourage individuals that have participated in large social gatherings, birthday parties, and family gatherings to get tested and isolate themselves from family members with comorbidities.
- Continue messaging the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- To fully utilize all local testing capacity:
  - (a) Ensure the state public health lab is fully staffed and running 24/7, utilizing all platforms.
  - (b) Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
  - (c) 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 hospital 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.
- Continue ongoing efforts to build and utilize contact tracing. Hire contact tracers and community health workers from within minority and underserved communities to ensure cultural competency to gain trust and buy-in from within the community.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov/covid19).

*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 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.



COVID-19

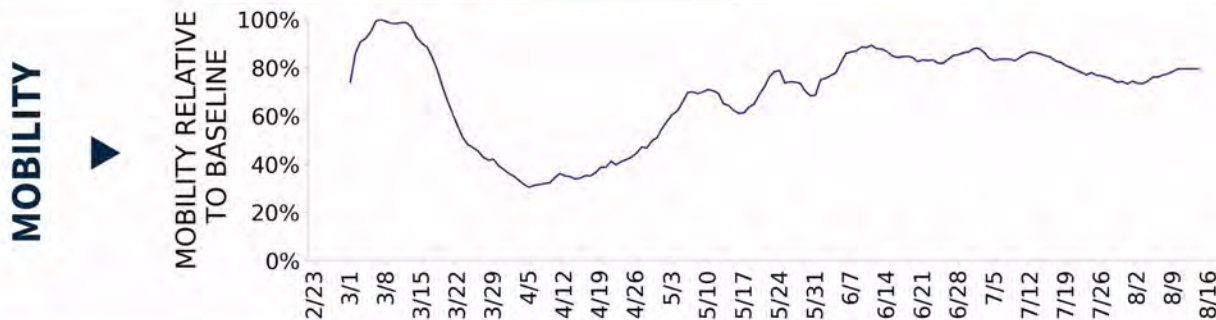




## OKLAHOMA

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>4,640</b> (117)	<b>-19.7%</b>	<b>67,424</b> (158)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>9.4%</b>	<b>-0.6%*</b>	<b>10.8%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>25,358**</b> (641)	<b>-20.4%**</b>	<b>443,010**</b> (1,037)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>44</b> (1)	<b>-25.4%</b>	<b>1,888</b> (4)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>8.2%</b>	<b>+0.5%*</b>	<b>20.5%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# OKLAHOMA

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**6**

Tulsa  
Enid  
McAlester  
Fort Smith  
Miami  
Guymon

**11**

Oklahoma City  
Tahlequah  
Lawton  
Muskogee  
Shawnee  
Stillwater  
Durant  
Bartlesville  
Ardmore  
Weatherford  
Ponca City

**COUNTY  
LAST WEEK**

**18**

Top 12 shown  
(full list  
below)

Tulsa  
Rogers  
Wagoner  
Creek  
Garfield  
Pittsburg  
Sequoyah  
Caddo  
Osage  
Ottawa  
Mayes  
McCurtain

**26**

Top 12 shown  
(full list  
below)

Oklahoma  
Cleveland  
Canadian  
Le Flore  
Cherokee  
Comanche  
Muskogee  
Pottawatomie  
Payne  
Bryan  
Washington  
Lincoln

**All Red Counties:** Tulsa, Rogers, Wagoner, Creek, Garfield, Pittsburg, Sequoyah, Caddo, Osage, Ottawa, Mayes, McCurtain, McIntosh, Kingfisher, Texas, Pawnee, Choctaw, Coal

**All Yellow Counties:** Oklahoma, Cleveland, Canadian, Le Flore, Cherokee, Comanche, Muskogee, Pottawatomie, Payne, Bryan, Washington, Lincoln, Adair, McClain, Seminole, Hughes, Carter, Delaware, Grady, Logan, Custer, Kay, Latimer, Marshall, Haskell, Craig

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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

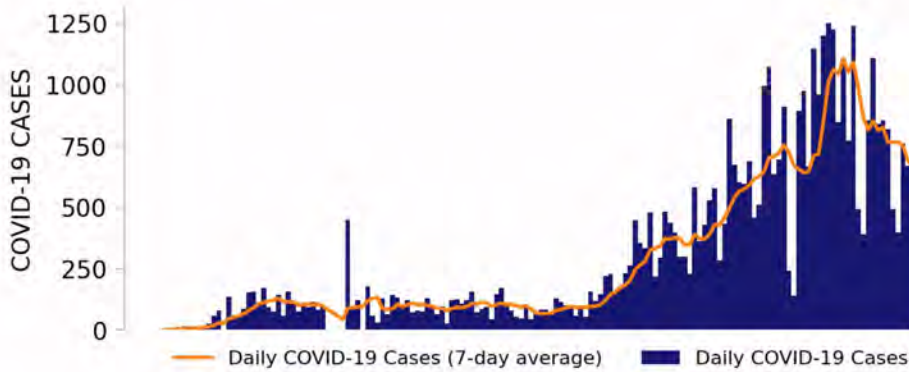




# OKLAHOMA

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## NEW CASES

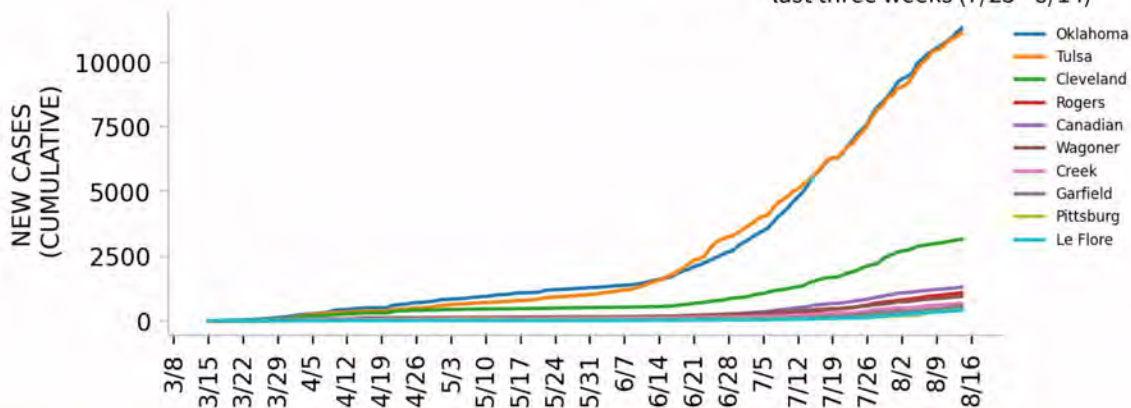


## TESTING



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP COUNTIES



### DATA SOURCES

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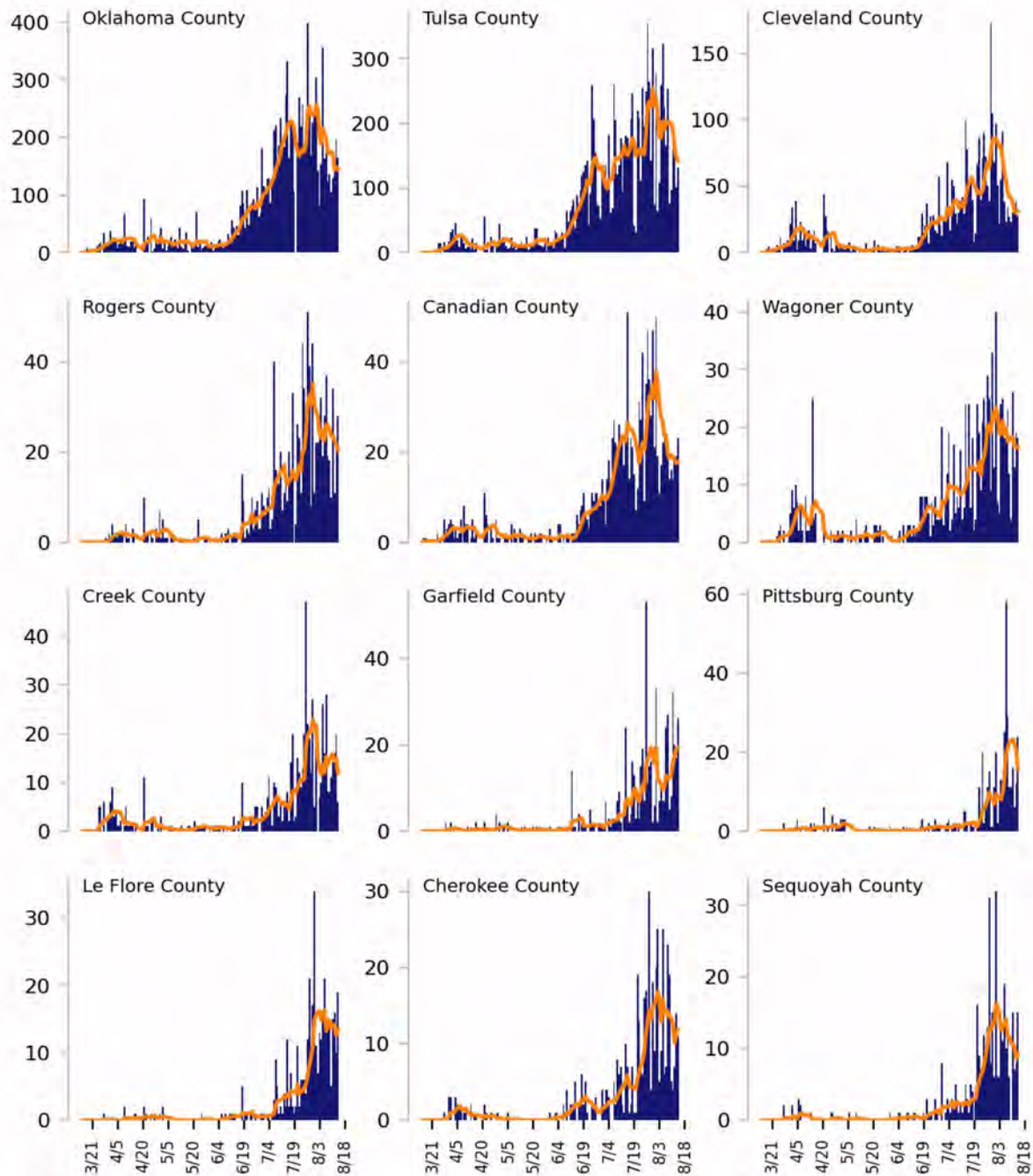




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



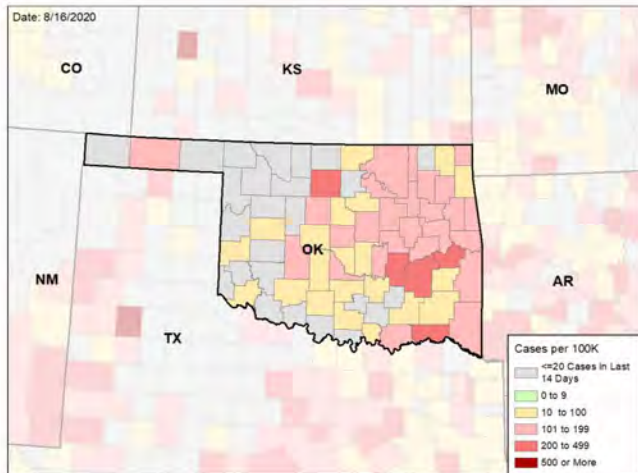


# OKLAHOMA

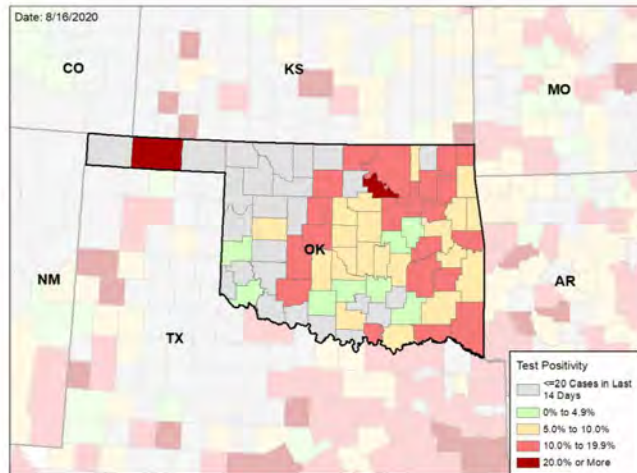
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## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

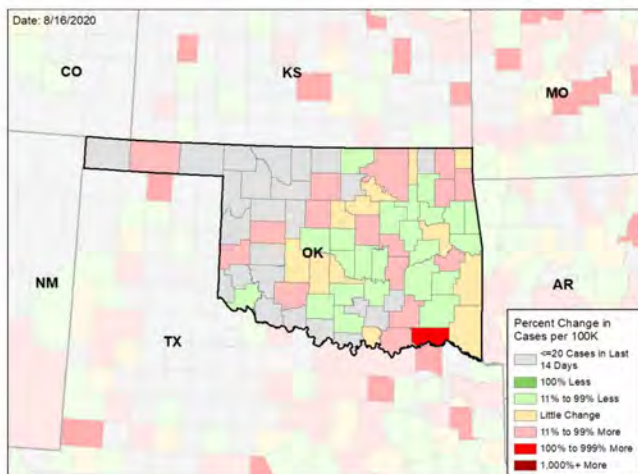
### NEW CASES PER 100,000 DURING LAST WEEK



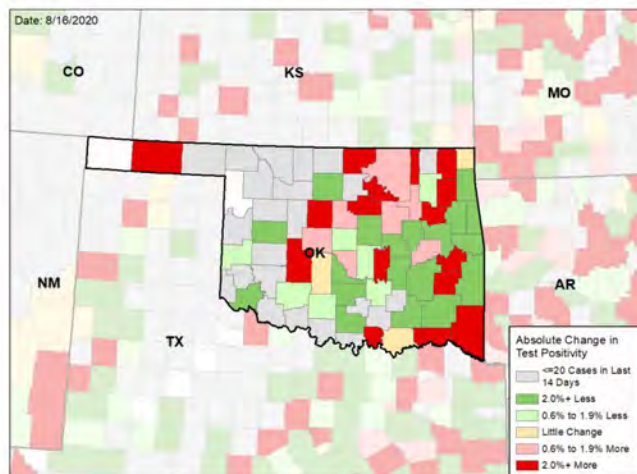
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

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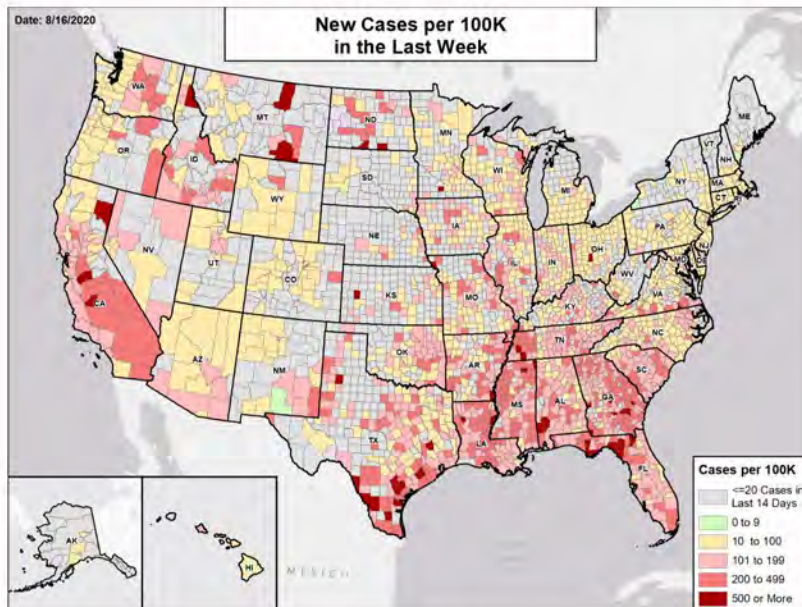
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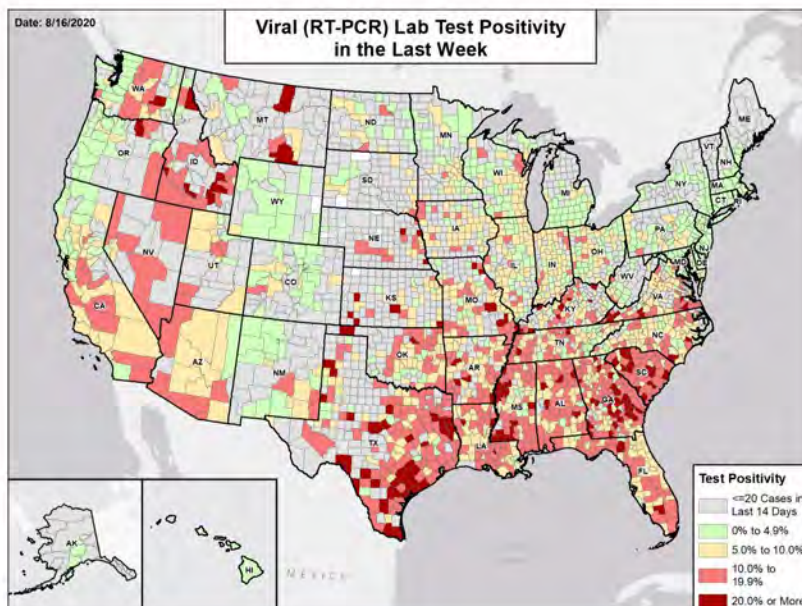


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



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Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>0.5%

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# OREGON

STATE REPORT | 08.16.2020

## 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%.
- Nationally, Oregon was ranked 41st for most new cases per 100,000 population and 34th for highest test positivity last week.
- Oregon 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. Multnomah County, 2. Washington County, and 3. Umatilla County. These counties represent 47.6 percent of new cases in Oregon.
- Oregon had 47 new cases per 100,000 population in the past week, compared to a national average of 112 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 18 to support medical activities from VA.
- Between Aug 08 - Aug 14, on average, 13 patients with confirmed COVID-19 and 105 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oregon. An average of 60 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 recommendations for yellow and red zone localities as described below, with focus on the Hermiston-Pendleton and Ontario metro areas and in Umatilla, Morrow, and Malheur counties.
- Continue requirement for face coverings in all indoor settings outside of the home and where physical distancing is not possible. Monitor and enforce requirement in red zone counties.
- Use locally developed public health messaging, emphasizing face covering and social distancing, targeting groups most at-risk for COVID infection and severe disease, including agricultural workers, front-line workers, and those who suffer inequities in social determinants of health.
- Continue to expand contact tracing, with immediate isolation of cases and contact interviews within 48 hours and early quarantine of contacts; focus efforts in above counties and those with elevated or increasing transmission.
- Spaces to provide quarantine of contacts and isolation of cases should be provided as needed, especially for people who live in congregate settings or multi-generational or crowded households.
- Expand testing in counties where testing rates are below 1,000 per 100,000 population. Ensure public health platforms are running 24/7 and all university research platforms are being used for testing and surveillance of students (K-12, college and university students). Distinctions between surveillance and diagnostic testing should be maintained.
- If not fully utilized for clinical purposes, ensure that clinical platforms are being used to support additional community testing.
- Pooled testing, with group pooling adjusted for prevalence, may expand capacity and reduce turn-around times; groups as small as 2-3 people can still be efficient even in populations with moderate test positivity.
- Tribal Nations: Continue to promote social distancing and face covering recommendations. Develop specific culturally relevant education and public health messaging.
- 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 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.



COVID-19

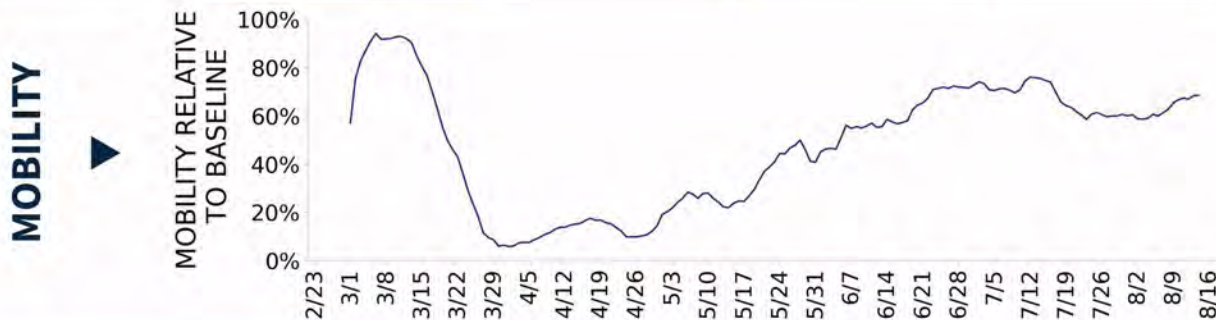




# OREGON

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>1,978</b> (47)	<b>-7.7%</b>	<b>10,296</b> (72)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>4.1%</b>	<b>-0.4%*</b>	<b>5.8%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>52,828**</b> (1,253)	<b>-5.2%**</b>	<b>189,408**</b> (1,320)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>37</b> (1)	<b>+37.0%</b>	<b>158</b> (1)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>3.4%</b>	<b>-1.5%*</b>	<b>7.3%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# OREGON

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**2**Hermiston-Pendleton  
Ontario**1**

Salem

**COUNTY  
LAST WEEK**

**3**Umatilla  
Malheur  
Morrow**2**Marion  
Jefferson

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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

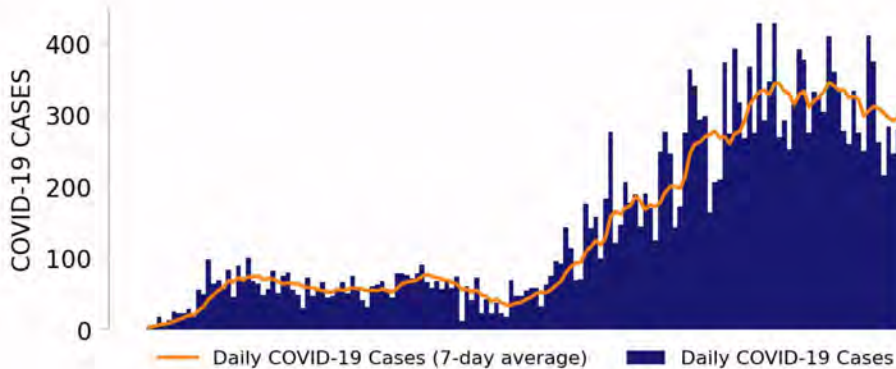




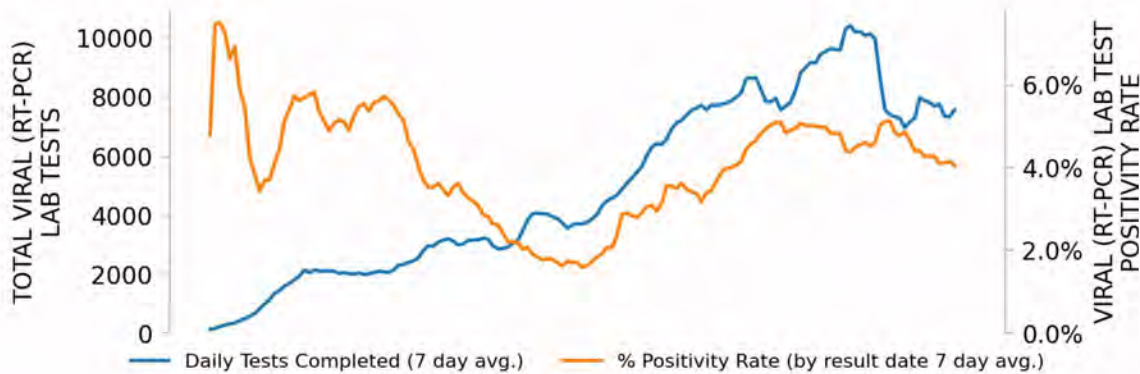
# OREGON

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## NEW CASES

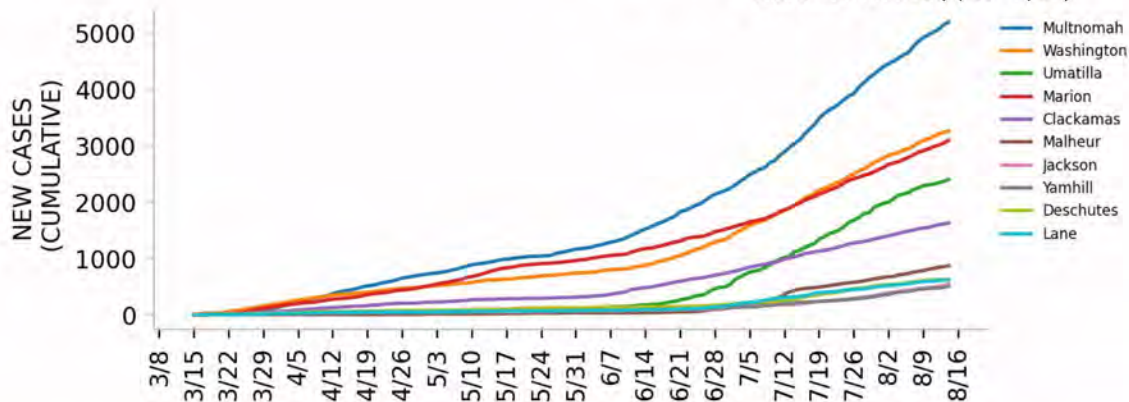


## TESTING



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP COUNTIES



### 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 8/14/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.

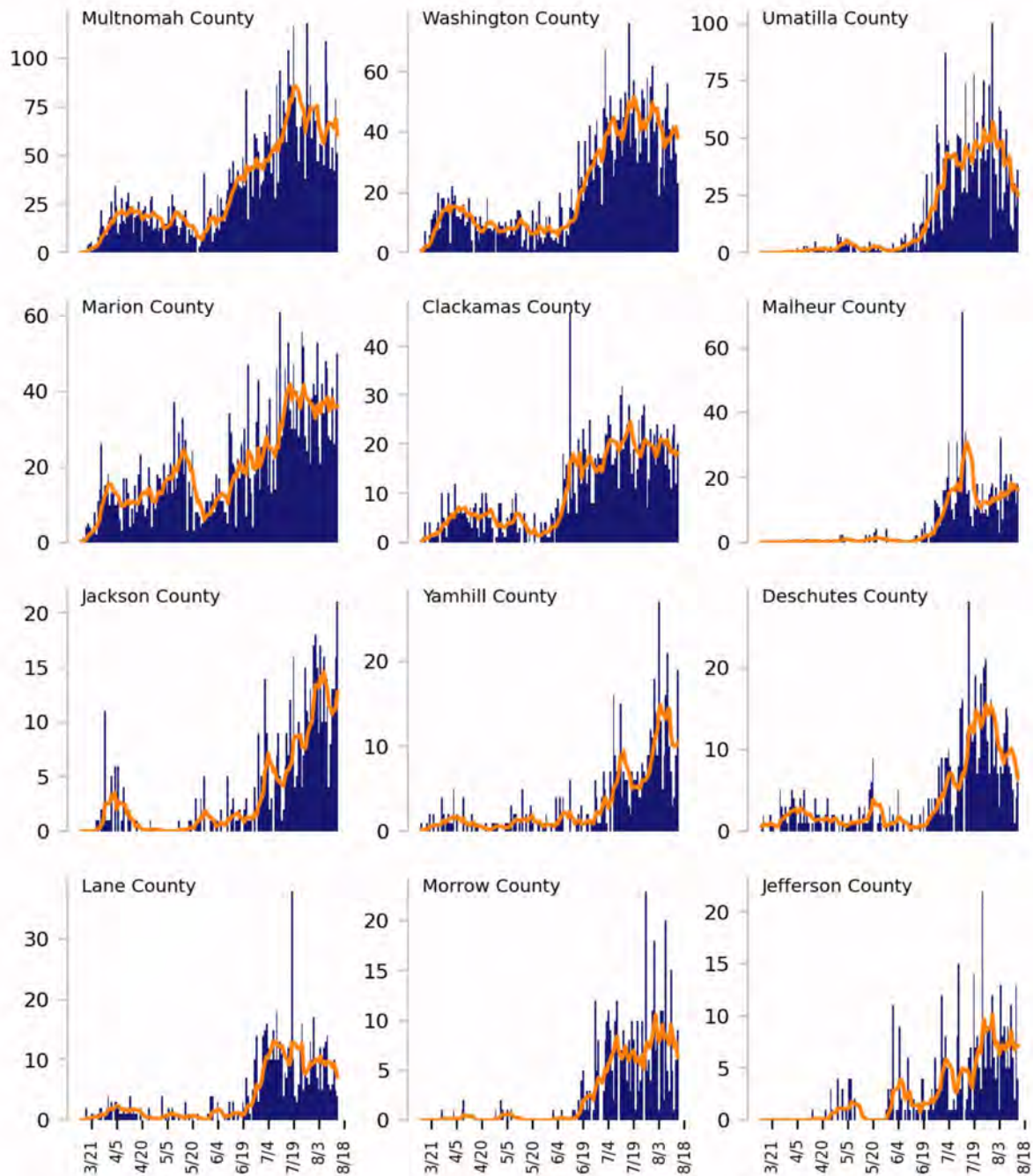




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



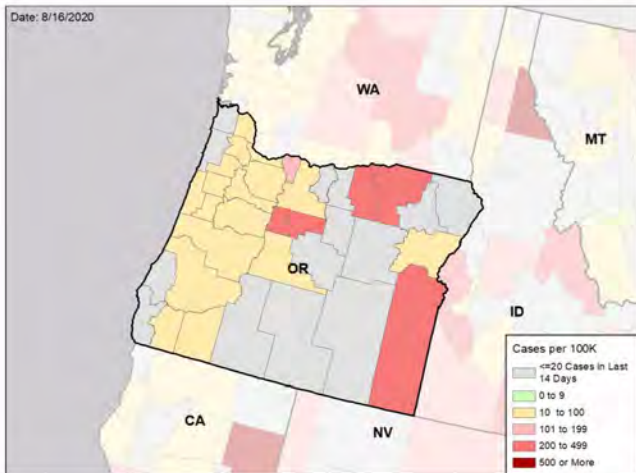


# OREGON

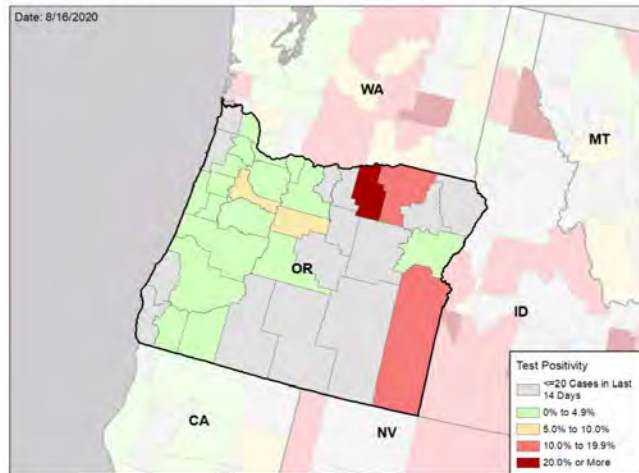
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## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

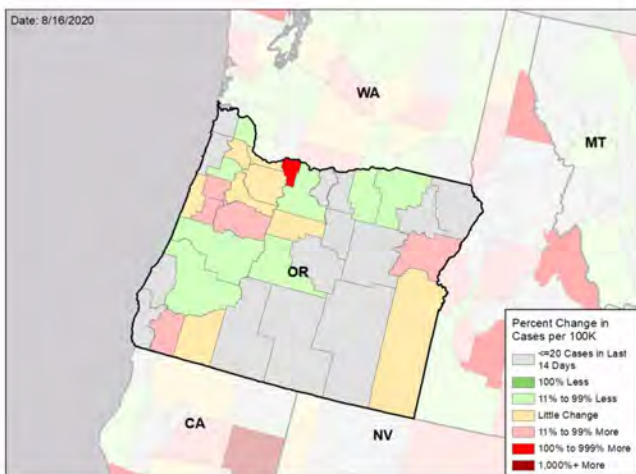
### NEW CASES PER 100,000 DURING LAST WEEK



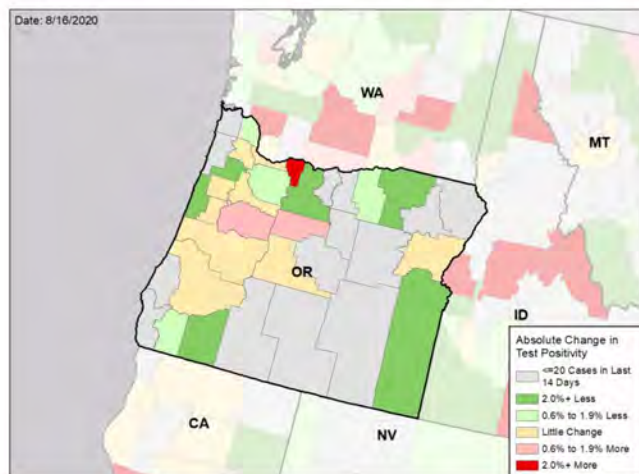
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

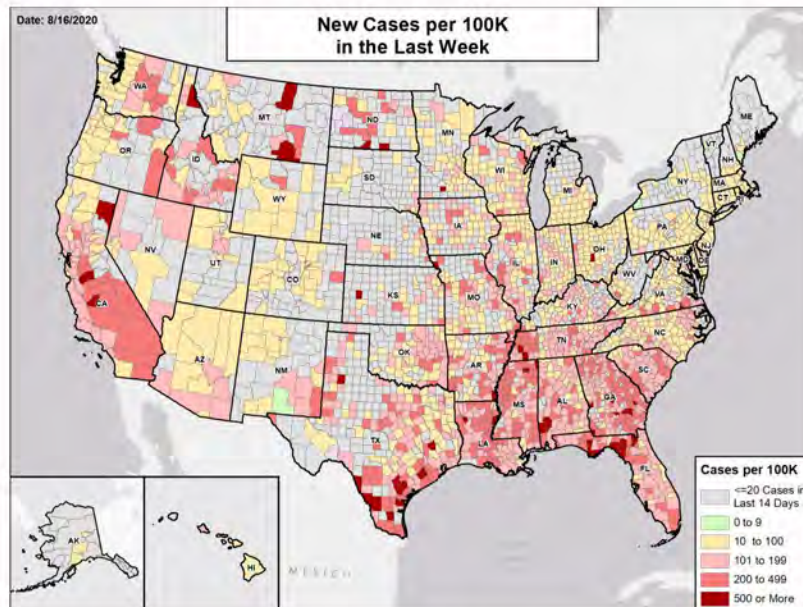
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



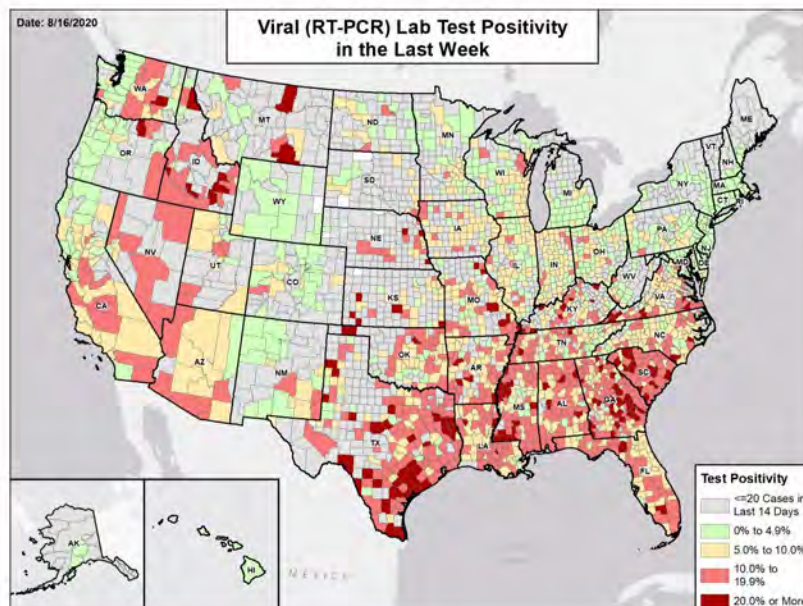


# National Picture

## NEW CASES PER 100,000 LAST WEEK



## VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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.





# PENNSYLVANIA

STATE REPORT | 08.16.2020

## 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%.
- Nationally, Pennsylvania was ranked 43rd for most new cases per 100,000 population and 32nd for highest test positivity last week.
- Pennsylvania 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. Philadelphia County, 2. Allegheny County, and 3. Delaware County. These counties represent 37.1 percent of new cases in Pennsylvania.
- Pennsylvania had 44 new cases per 100,000 population in the past week, compared to a national average of 112 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; 12 to support operations activities from ASPR; 1 to support operations activities from CDC; 1 to support operations activities from USCG; and 10 to support medical activities from VA.
- Between Aug 08 - Aug 14, on average, 81 patients with confirmed COVID-19 and 310 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Pennsylvania. An average of 62 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

- Maintain statewide mask requirement. Continue and expand approaches with private stakeholders, university and local community organizations to monitor compliance, and work with local health authorities to enforce.
- Keep establishments closed where social distancing and mask use are difficult, such as bars, nightclubs, and entertainment venues; limit gyms to 25% occupancy.
- Continue to limit indoor dining at restaurants to 25% capacity and promote outdoor dining until cases and test positivity persistently decrease.
- Intensify public health messaging and education targeting younger individuals, communities with low mask use, or those who are not practicing social distancing. Tailor messages by utilizing media platforms specific to targeted groups. Remind residents about asymptomatic transmission.
- All university and colleges should have a plan for screening and testing returning students. Communities where students are returning in large numbers should work with colleges and universities to ensure sufficiently enhanced capacity for testing with quick turn-around times and immediate isolation of cases and contact tracing.
- Continue ongoing efforts to build contact tracing capabilities through increasing staff, training, and funding. Focus on hiring from within the communities where efforts are focused.
- Timely test results are critical for effective isolation. To expand testing capacity, conduct pooled testing of households, staff and run public health labs 24/7, develop community-level public private partnerships, require all universities with RNA detection platforms to use equipment to expand surveillance testing for schools (K-12, community colleges) and university students, and ensure all testing platforms in clinical settings are being utilized to their full capacity. Distinctions between surveillance and diagnostic testing should be maintained.
- Residents who have visited or received visitors from areas with high COVID-19 prevalence should avoid all vulnerable individuals, be particularly vigilant about social distancing and mask use for a minimum of 14 days, avoid indoor gatherings, and get tested if family members or close friends develop symptoms.
- Any nursing homes with 3 or more cases of COVID per week over the last 3 weeks should have mandatory inspection surveys conducted and immediate support for corrective action.
- In yellow and red zone metro areas and counties, protect residents of 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.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC welshire](https://www.cdc.gov/welshire/).

*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 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.



COVID-19

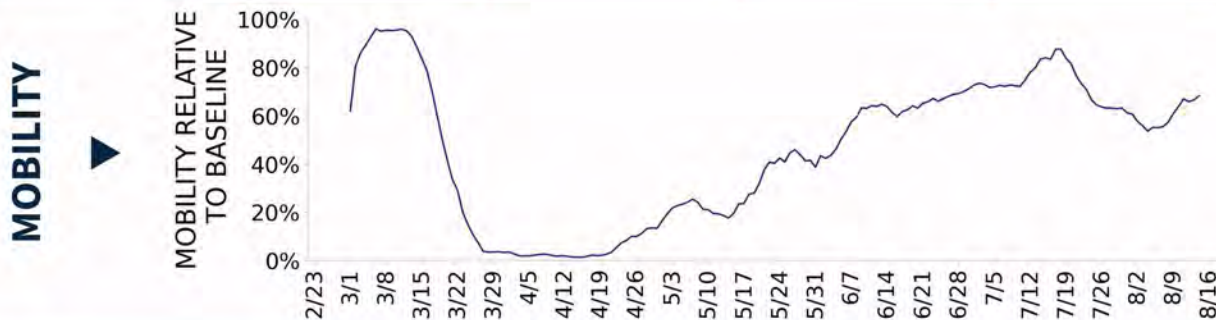




# PENNSYLVANIA

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>5,671</b> (44)	<b>+8.3%</b>	<b>19,979</b> (65)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>4.3%</b>	<b>+0.0%*</b>	<b>4.9%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>178,914**</b> (1,398)	<b>+10.5%**</b>	<b>553,419**</b> (1,794)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>147</b> (1)	<b>+36.1%</b>	<b>311</b> (1)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>8.7%</b>	<b>+1.1%*</b>	<b>9.5%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# PENNSYLVANIA

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## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

0

N/A

12

Lancaster  
Harrisburg-Carlisle  
York-Hanover  
Reading  
Erie  
Chambersburg-Waynesboro  
Indiana  
Sunbury  
New Castle  
Williamsport  
Meadville  
Huntingdon

**COUNTY  
LAST WEEK**

1

Fayette

16

Top 12 shown  
(full list  
below)

Lancaster  
York  
Berks  
Dauphin  
Erie  
Beaver  
Franklin  
Mercer  
Indiana  
Northumberland  
Lawrence  
Lycoming

**All Yellow Counties:** Lancaster, York, Berks, Dauphin, Erie, Beaver, Franklin, Mercer, Indiana, Northumberland, Lawrence, Lycoming, Armstrong, Crawford, Huntingdon, Perry

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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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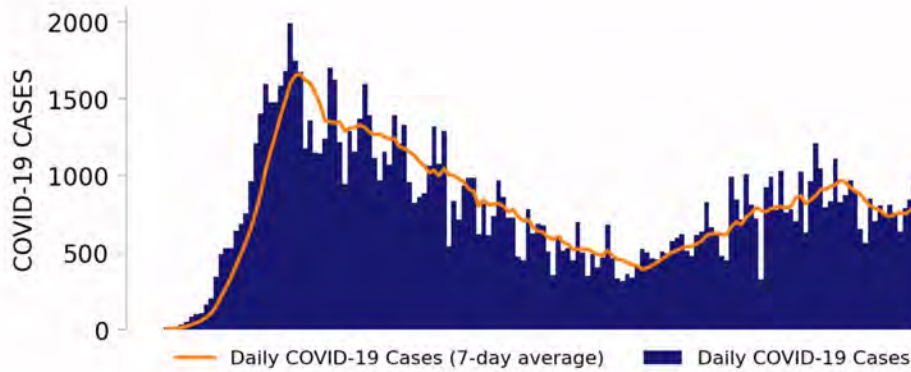




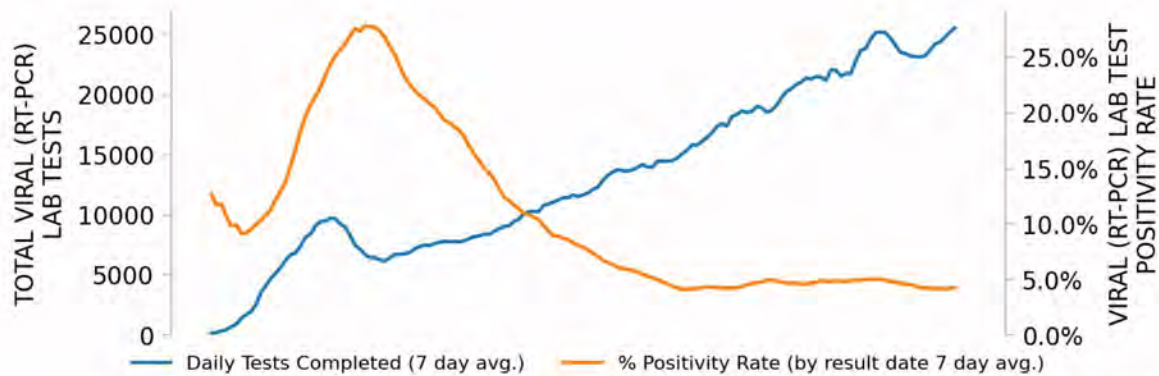
# PENNSYLVANIA

STATE REPORT | 08.16.2020

## NEW CASES

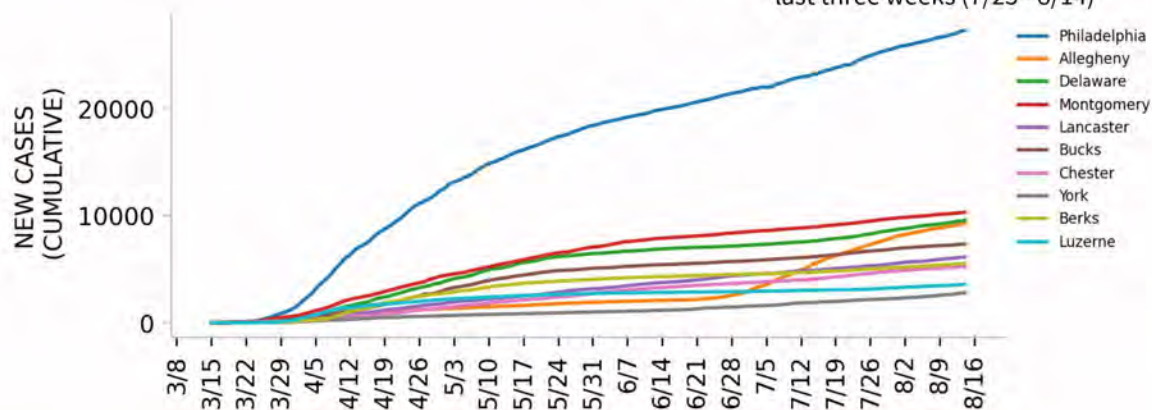


## TESTING



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP COUNTIES



### 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 8/14/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.

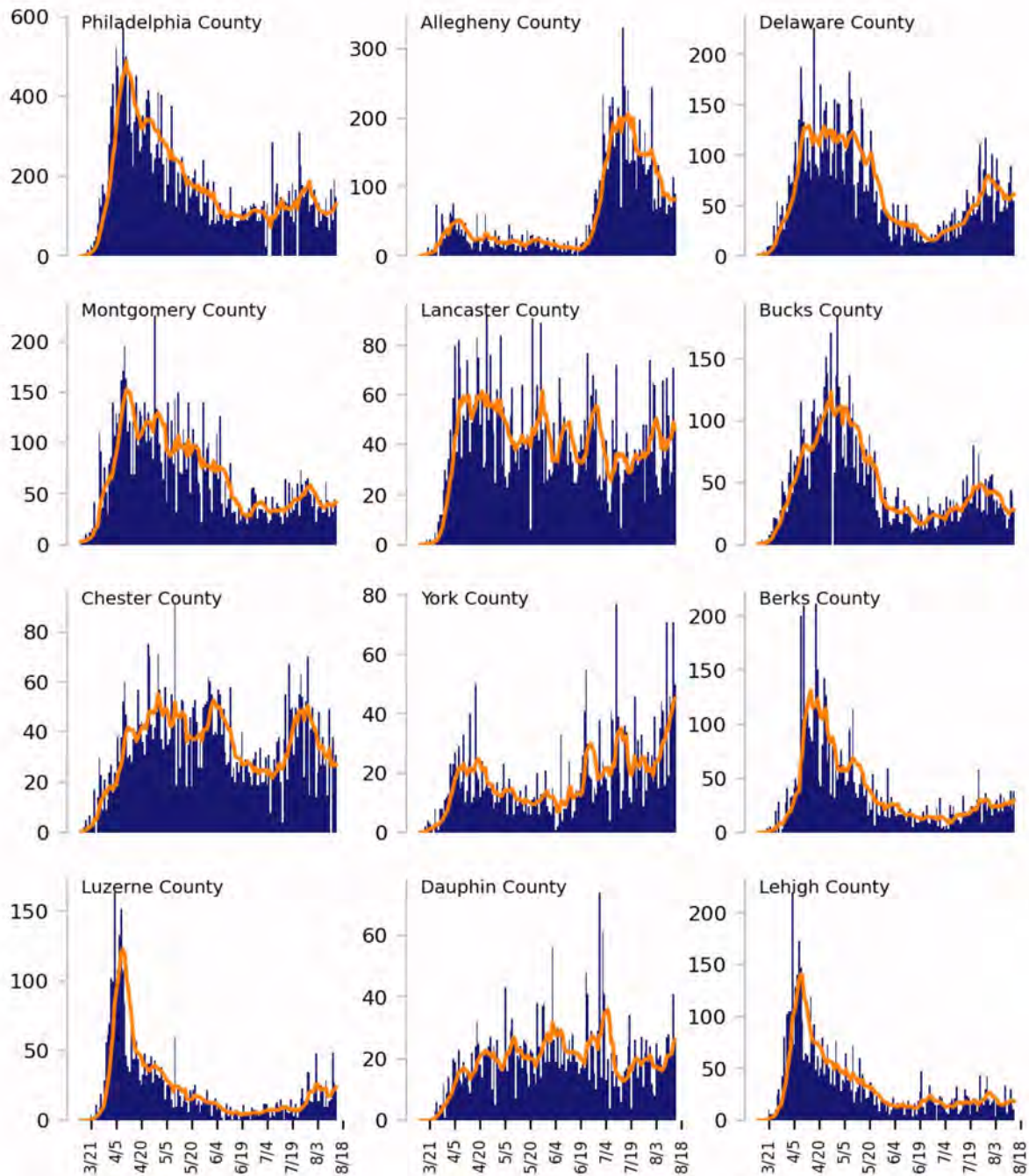




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



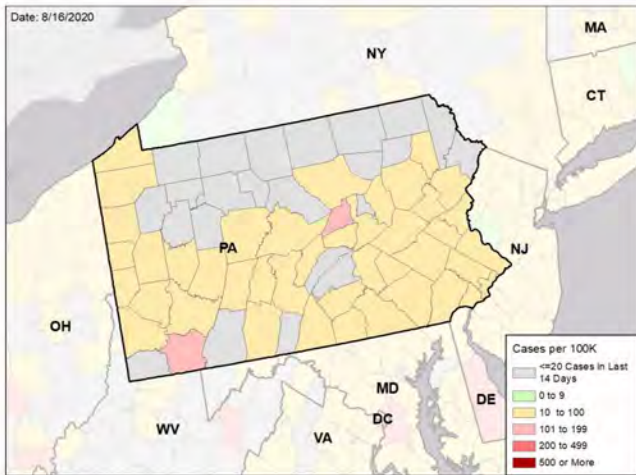


# PENNSYLVANIA

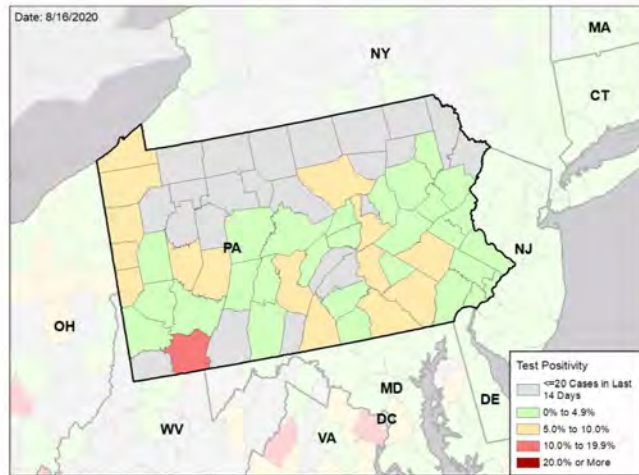
STATE REPORT | 08.16.2020

## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

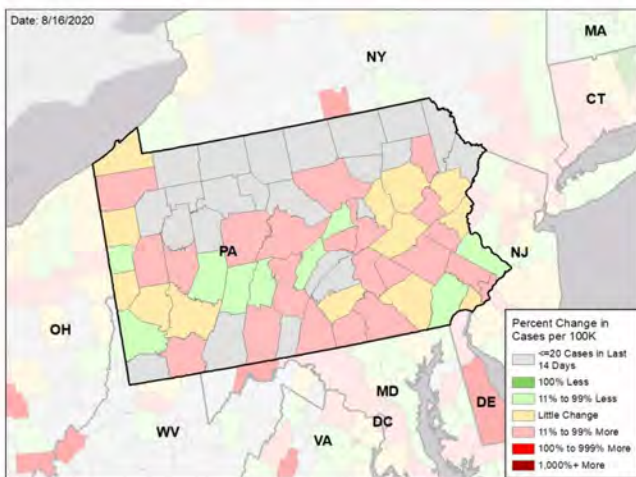
### NEW CASES PER 100,000 DURING LAST WEEK



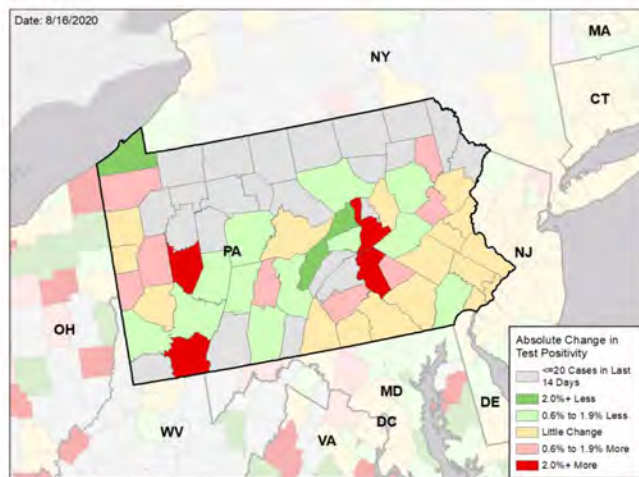
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

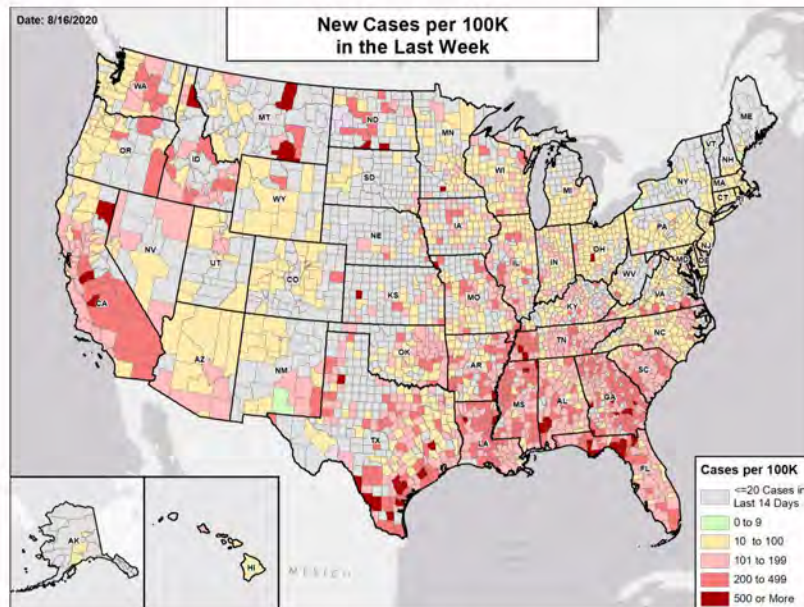
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



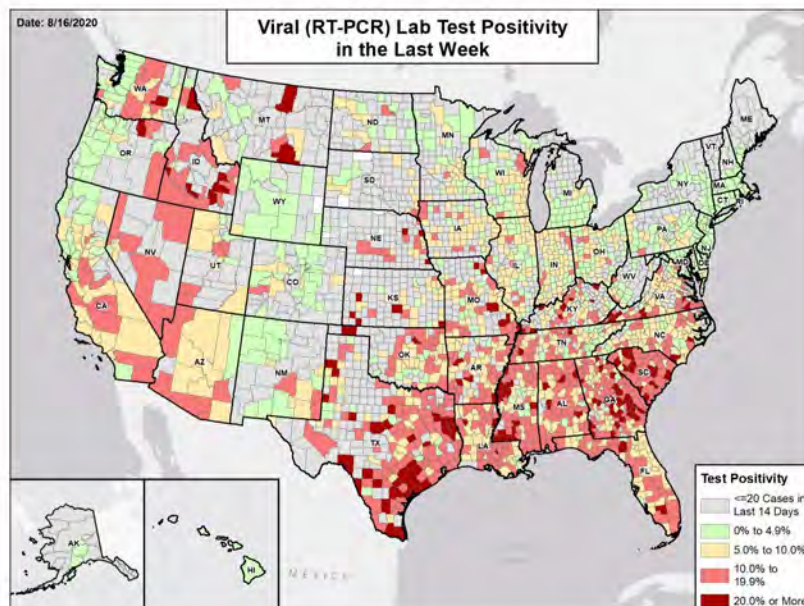


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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.





# RHODE ISLAND

STATE REPORT | 08.16.2020

## 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%.
- Nationally, Rhode Island was ranked 38th for most new cases per 100,000 population and 43rd for highest test positivity last week.
- 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 88.5 percent of new cases in Rhode Island.
- Rhode Island had 56 new cases per 100,000 population in the past week, compared to a national average of 112 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 08 - Aug 14, on average, 8 patients with confirmed COVID-19 and 2 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Rhode Island. 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 current community mitigation efforts, such as promotion of face covering use and social distancing and the use of the large gathering hotline, until the repercussions of school openings can be ascertained.
- Maintain pause in reopening and consider additional restrictions on indoor dining and promotion of outdoor spaces if data demonstrate increasing case rates or test positivity.
- Maintain aggressive public health messaging and education across all media, particularly in Providence and touristed 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 testing of all residents on admission, periodic testing of staff and residents, facility-wide testing when any staff or resident is diagnosed with COVID, restrictions on visitation, and required face coverings for all staff.
- All university and colleges should have a plan for screening and testing returning students. Communities should work with colleges and universities to ensure sufficiently enhanced capacity for community testing with quick turn-around times and immediate isolation of cases and contact tracing. Distinctions between surveillance and diagnostic testing should be maintained.
- 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 from within the community 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](#).

*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 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.



COVID-19

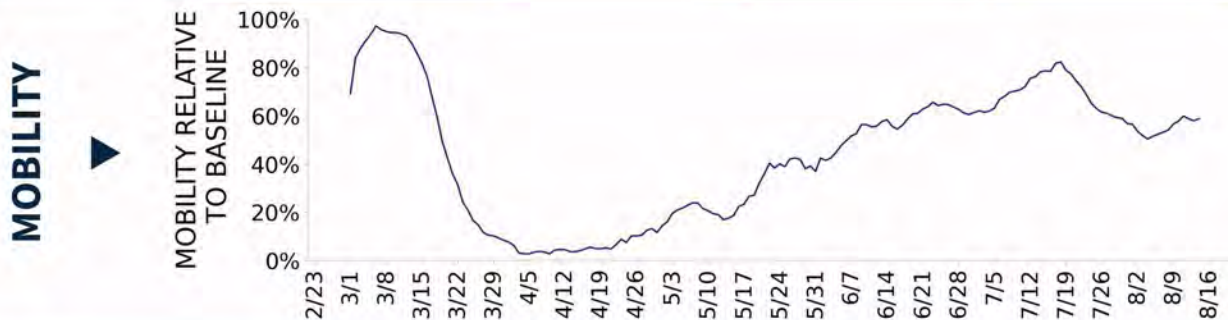




# RHODE ISLAND

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>597</b> (56)	<b>-16.6%</b>	<b>3,753</b> (25)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>2.8%</b>	<b>+0.1%*</b>	<b>1.5%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>26,234**</b> (2,476)	<b>-12.2%**</b>	<b>263,284**</b> (1,774)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>7</b> (1)	<b>+0.0%</b>	<b>121</b> (1)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>4.4%</b>	<b>+3.0%*</b>	<b>3.6%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# RHODE ISLAND

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

METRO  
AREA  
(CBSA)  
LAST WEEK

**0**

N/A

**0**

N/A

COUNTY  
LAST WEEK

**0**

N/A

**0**

N/A

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

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### 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
- 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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- Move to community-led neighborhood testing and work with local community groups to increase access to testing
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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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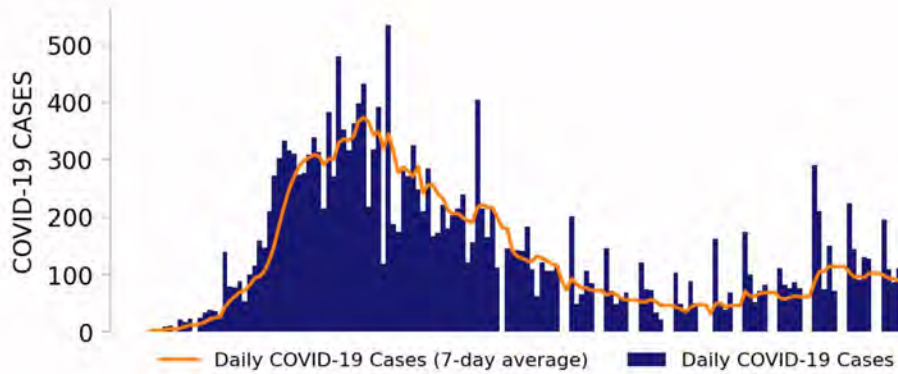




# RHODE ISLAND

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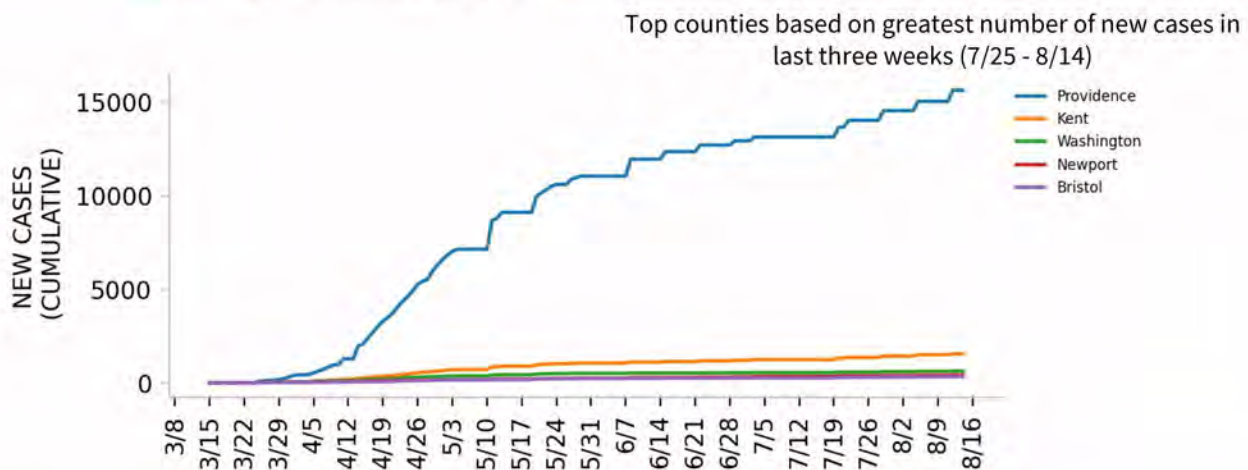
## NEW CASES



## TESTING



## TOP COUNTIES



### DATA SOURCES

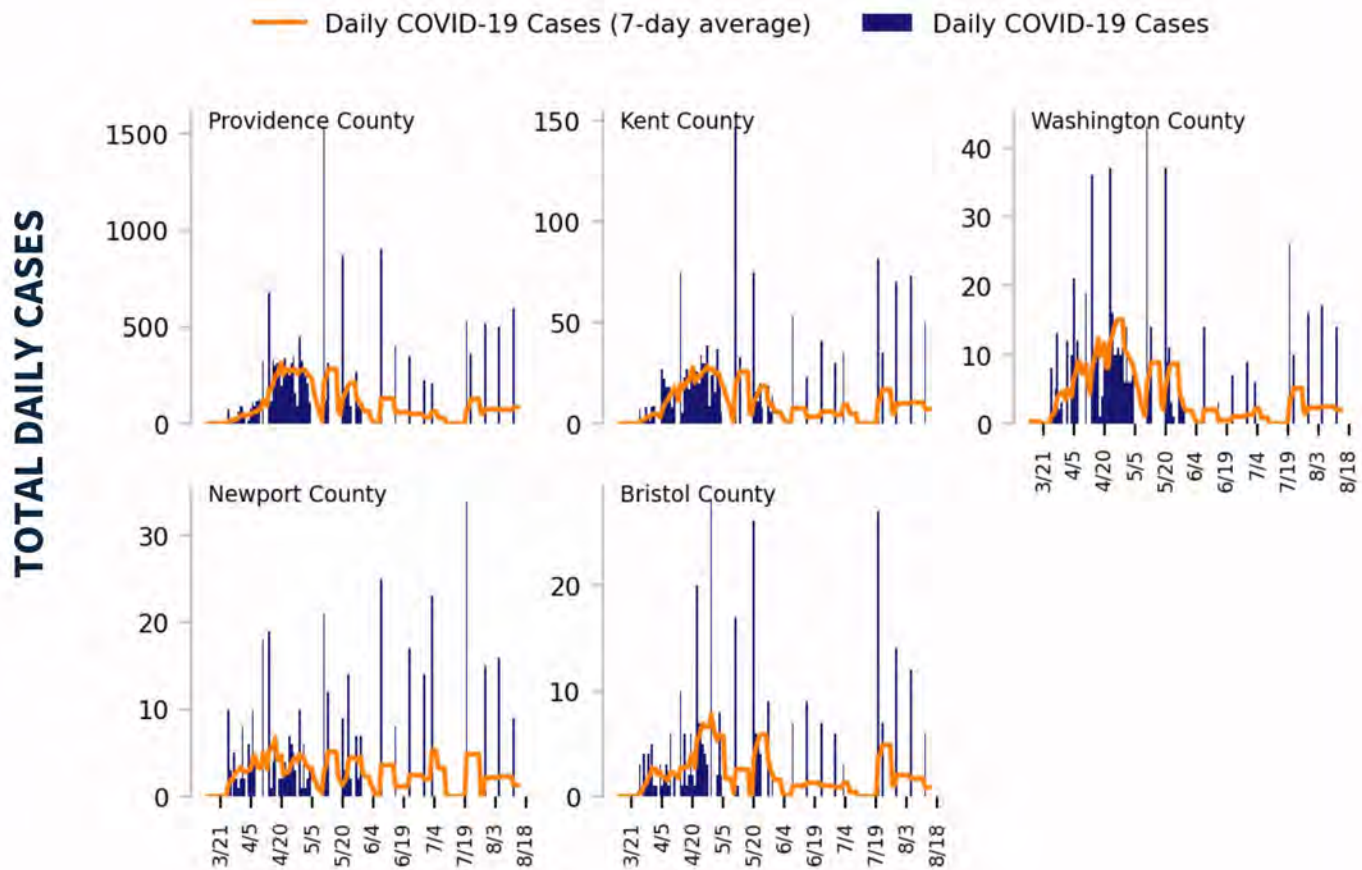
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**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.





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



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



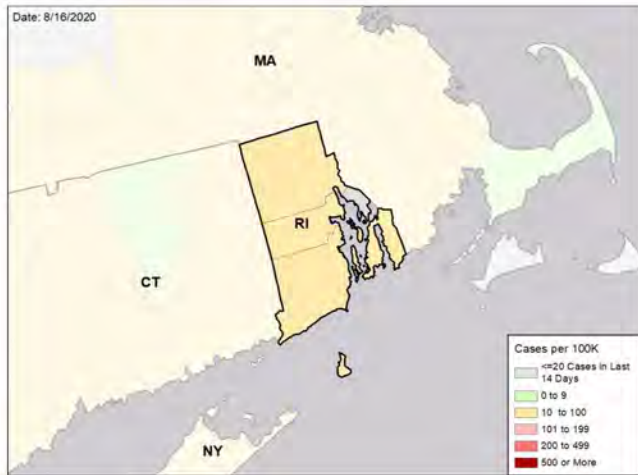


# RHODE ISLAND

STATE REPORT | 08.16.2020

## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

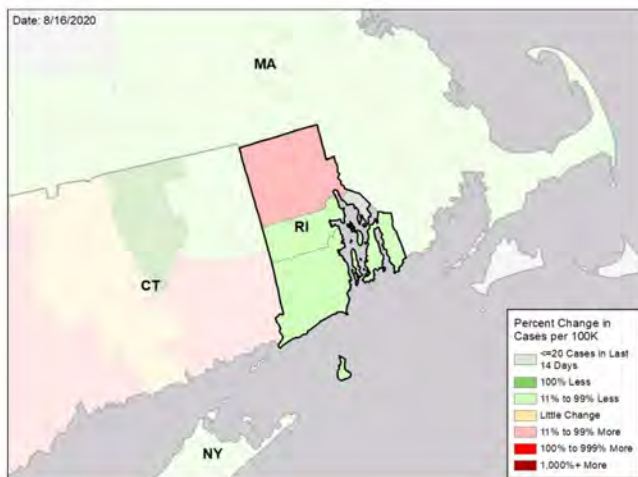
### NEW CASES PER 100,000 DURING LAST WEEK



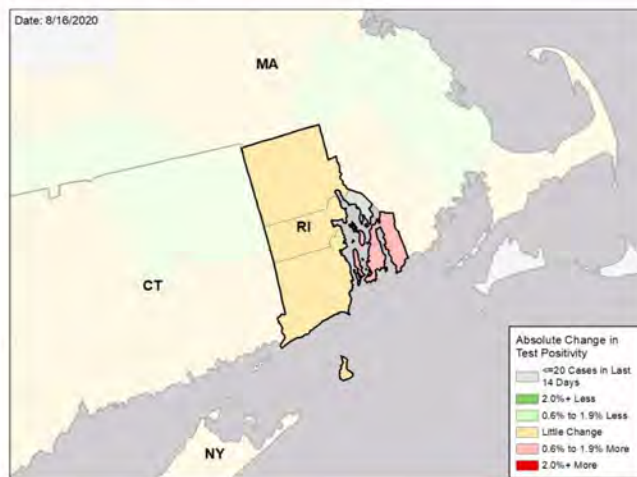
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

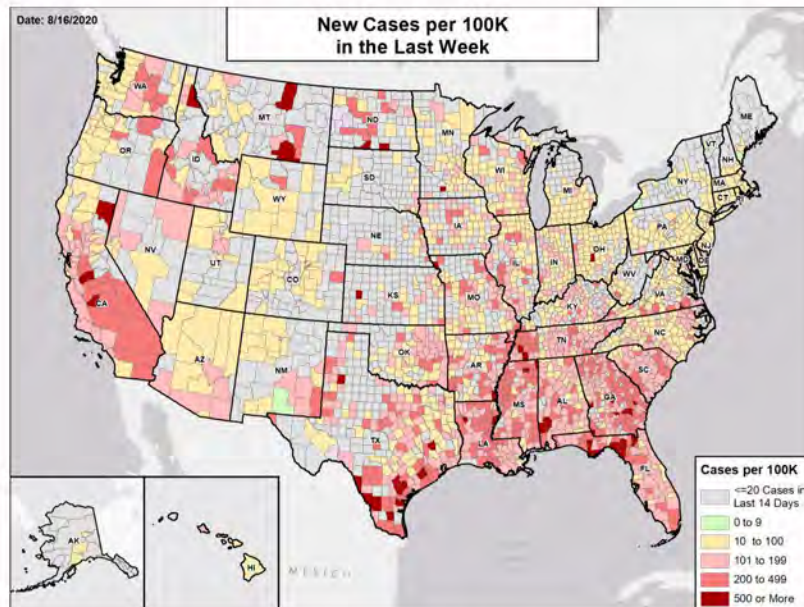
**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



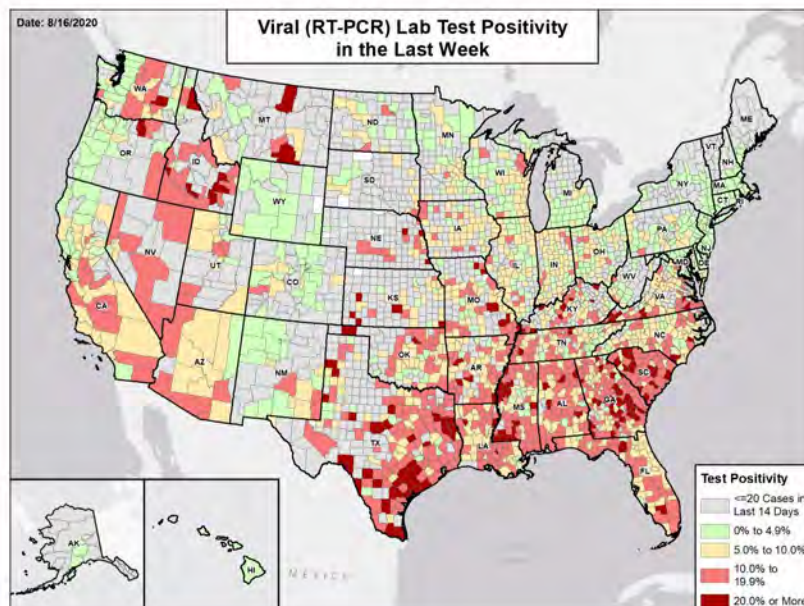


# National Picture

## NEW CASES PER 100,000 LAST WEEK



## VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 14:45 EDT on 08/16/2020.
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# SOUTH CAROLINA

STATE REPORT | 08.16.2020

## 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%.
- Nationally, South Carolina was ranked 11th for most new cases per 100,000 population and 2nd for highest test positivity last week.
- South Carolina has seen a decrease in new cases and a decrease in test positivity over the past week, indicating the impact of the ongoing mitigation efforts. Progress is fragile and mitigation must efforts must continue.
- Testing rates continue to decline and must be increased.
- 7% of nursing homes are reporting 3 or more cases per week among residents over the past 3 weeks. Infection control must be strengthened to prevent further transmission.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Richland County, 2. Charleston County, and 3. Greenville County. These counties represent 26.2 percent of new cases in South Carolina.
- All 46 counties in South Carolina are in the red or yellow zone for COVID-19 transmission. Widespread community transmission across the state needs to be aggressively addressed through continued mitigation methods that are showing impact.
- South Carolina had 142 new cases per 100,000 population in the past week, compared to a national average of 112 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 9 to support operations activities from USCG.
- Between Aug 08 - Aug 14, on average, 94 patients with confirmed COVID-19 and 75 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in South Carolina. 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 (LTCFs) by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19 with isolation of all positive staff and residents. Ensure social distancing and universal facemask use. Immediately conduct infection control surveys in all nursing homes with 3 or more cases per week over the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support LTCF 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.
- 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.
- 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.
- Scale-up 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 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 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.



COVID-19





# SOUTH CAROLINA

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>7,286</b> (142)	<b>-19.3%</b>	<b>114,442</b> (171)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>14.4%</b>	<b>-3.7%*</b>	<b>11.0%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>44,920**</b> (872)	<b>-10.4%**</b>	<b>993,563**</b> (1,485)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>321</b> (6)	<b>+35.4%</b>	<b>2,707</b> (4)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>27.7%</b>	<b>-1.0%*</b>	<b>23.4%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# SOUTH CAROLINA

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## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

#### METRO AREA (CBSA) LAST WEEK

14

Top 12 shown  
(full list  
below)

Columbia  
Charleston-North Charleston  
Florence  
Hilton Head Island-Bluffton  
Augusta-Richmond County  
Spartanburg  
Sumter  
Orangeburg  
Greenwood  
Georgetown  
Gaffney  
Newberry

4

Greenville-Anderson  
Charlotte-Concord-Gastonia  
Myrtle Beach-Conway-North Myrtle  
Beach  
Seneca

#### COUNTY LAST WEEK

37

Top 12 shown  
(full list  
below)

Richland  
Charleston  
Horry  
Beaufort  
Florence  
Lexington  
Berkeley  
Spartanburg  
Aiken  
Anderson  
Dorchester  
Orangeburg

9

Greenville  
York  
Pickens  
Oconee  
Lee  
Marion  
Bamberg  
Calhoun  
Abbeville

**All Red CBSAs:** Columbia, Charleston-North Charleston, Florence, Hilton Head Island-Bluffton, Augusta-Richmond County, Spartanburg, Sumter, Orangeburg, Greenwood, Georgetown, Gaffney, Newberry, Bennettsville, Union

**All Red Counties:** Richland, Charleston, Horry, Beaufort, Florence, Lexington, Berkeley, Spartanburg, Aiken, Anderson, Dorchester, Orangeburg, Darlington, Sumter, Lancaster, Greenwood, Georgetown, Kershaw, Williamsburg, Chester, Laurens, Cherokee, Newberry, Hampton, Clarendon, Jasper, Chesterfield, Colleton, Barnwell, Dillon, Edgefield, Marlboro, Union, Fairfield, Allendale, Saluda, McCormick

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

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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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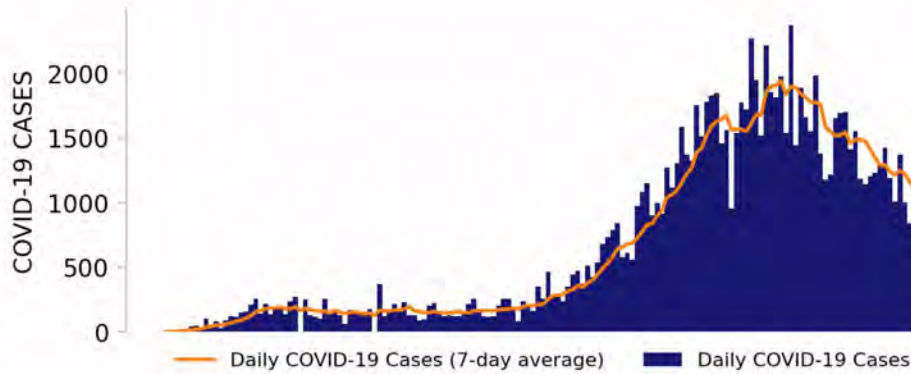




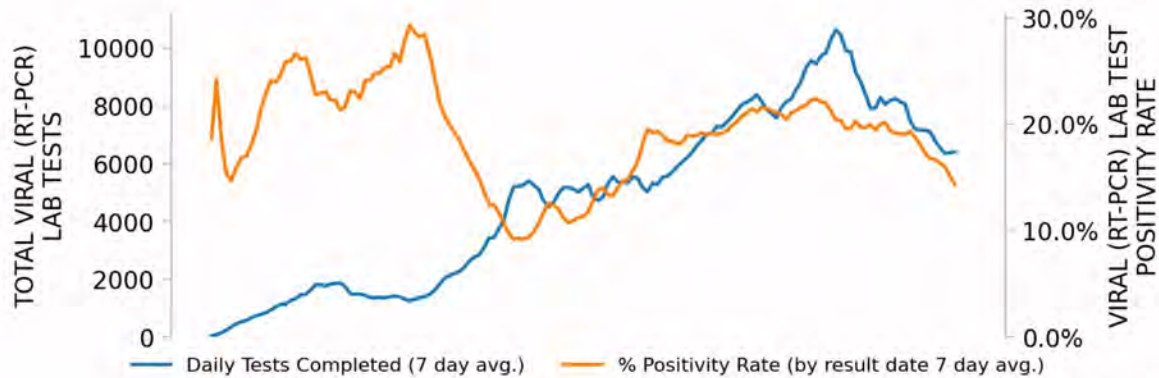
# SOUTH CAROLINA

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## NEW CASES

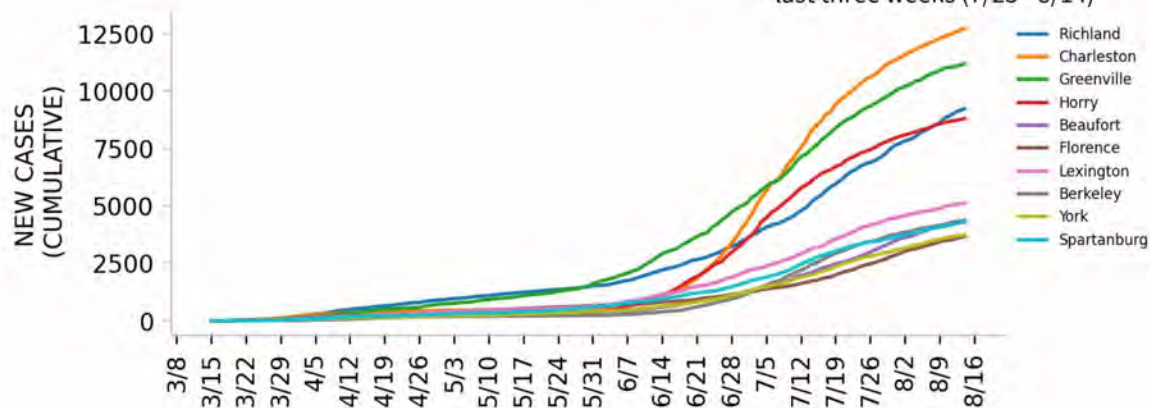


## TESTING



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP COUNTIES



### DATA SOURCES

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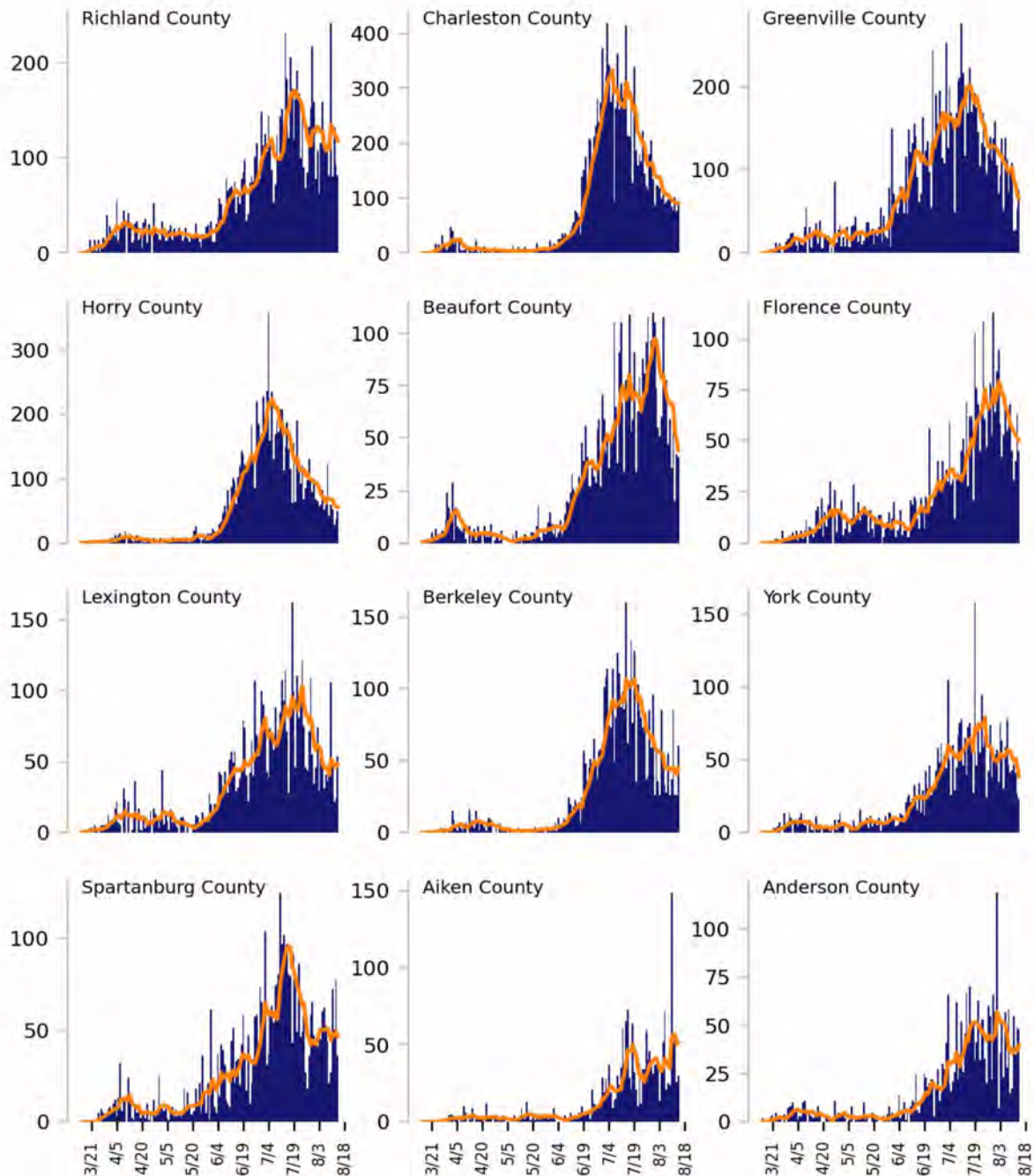




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



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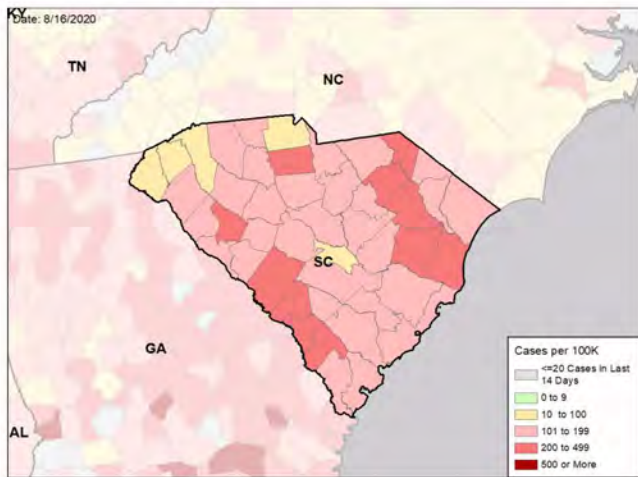


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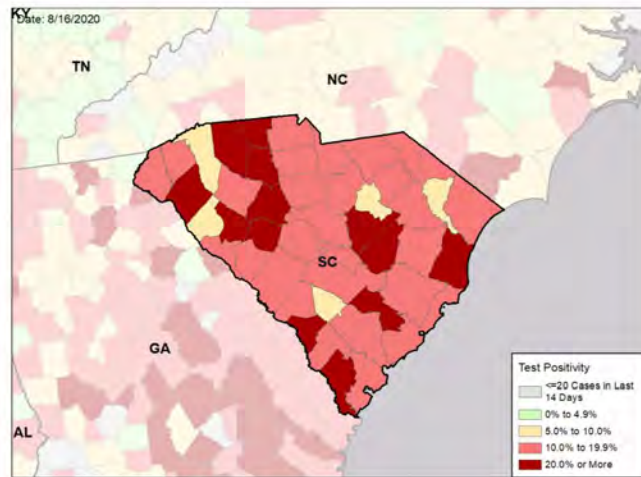
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## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

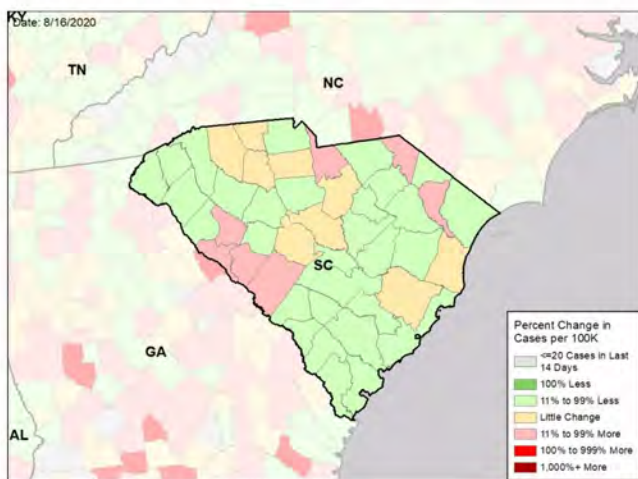
### NEW CASES PER 100,000 DURING LAST WEEK



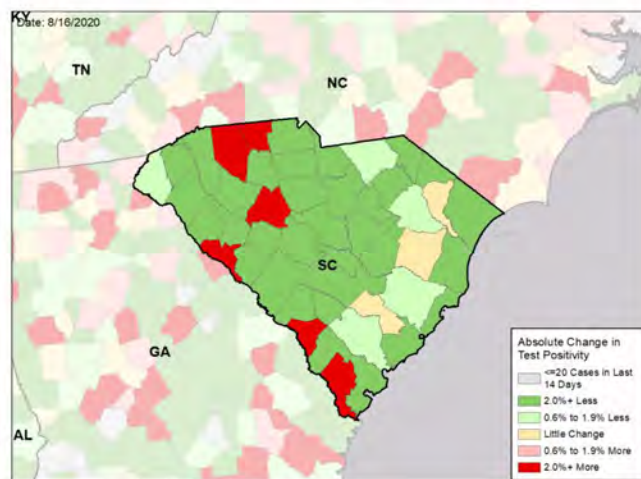
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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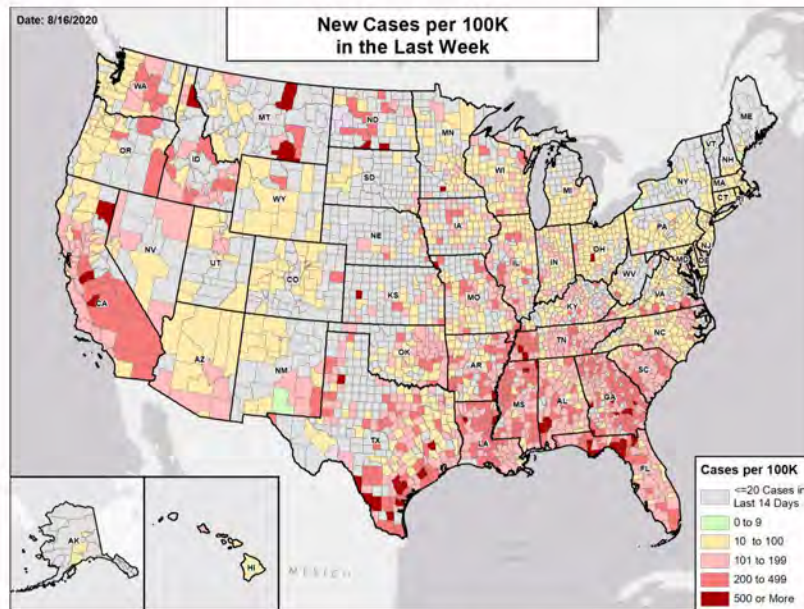
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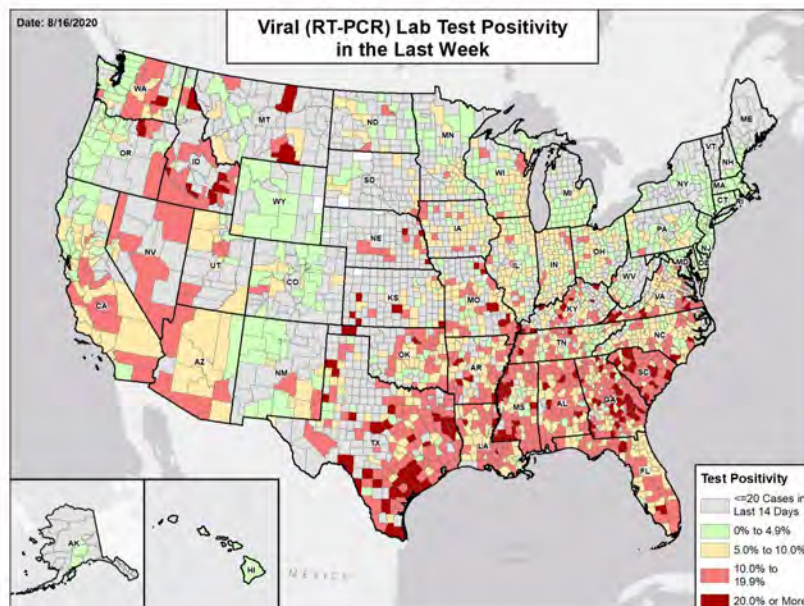


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



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Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>0.5%

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# SOUTH DAKOTA

STATE REPORT | 08.16.2020

## 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%.
- Nationally, South Dakota was ranked 34th for most new cases per 100,000 population and 27th for highest test positivity last week.
- South Dakota 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. Minnehaha County, 2. Lincoln County, and 3. Pennington County. These counties represent 55.9 percent of new cases in South Dakota.
- South Dakota had 73 new cases per 100,000 population in the past week, compared to a national average of 112 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 testing activities from CDC; 6 to support epidemiology activities from CDC; and 1 to support operations activities from CDC.
- Between Aug 08 - Aug 14, on average, 15 patients with confirmed COVID-19 and 3 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in South Dakota. An average of 61 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

- Statewide promotion of social distancing and face covering use, particularly in indoor settings. Consider using state website to promote use of masks in a more direct way at the top of the page.
- Maintain enhanced active screening and surveillance testing across Meade County for at least two weeks following the Sturgis motorcycle rally.
- Enhance community education and locally developed public health messaging across the state, targeting ranching and agriculture communities. Emphasize the risk of serious disease in older individuals, those with preexisting medical conditions, and those with limited access to health care.
- Testing should be expanded across the state. In areas with insufficient testing capacity and long turnaround times, increase testing capacity by implementing pooled testing as described below and ensure all platforms, including research and clinical platforms, are being utilized at full capacity and for community testing as bandwidth allows. Distinctions between surveillance and diagnostic testing should be maintained.
- 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, Yankton, and Vermillion metro areas; and across Minnehaha, Lincoln, Yankton, and Brown counties.
- In all crowded indoor 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.
- 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 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.



COVID-19

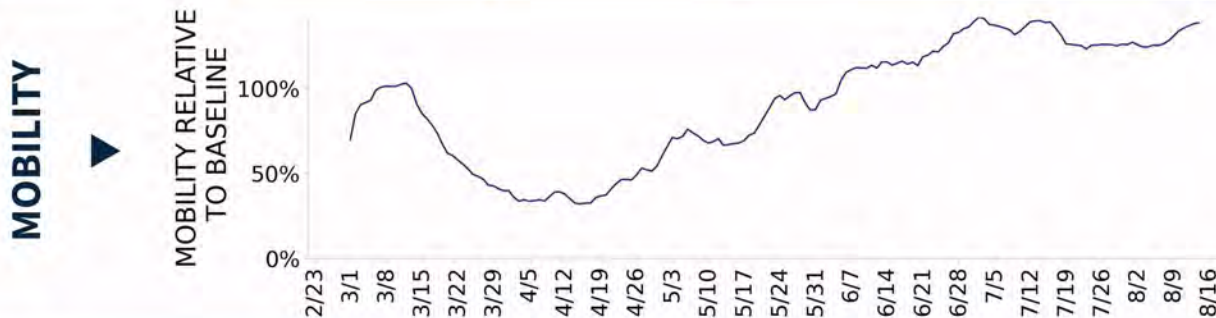




# SOUTH DAKOTA

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>645</b> (73)	<b>+3.0%</b>	<b>7,819</b> (64)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>5.8%</b>	<b>-1.3%*</b>	<b>5.2%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>6,751**</b> (763)	<b>-16.7%**</b>	<b>178,292**</b> (1,454)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>6</b> (1)	<b>-57.1%</b>	<b>88</b> (1)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>2.1%</b>	<b>+0.1%*</b>	<b>4.4%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# SOUTH DAKOTA

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

0

N/A

10

Sioux Falls  
Rapid City  
Aberdeen  
Watertown  
Sioux City  
Yankton  
Spearfish  
Brookings  
Vermillion  
Pierre

**COUNTY  
LAST WEEK**

1

Hamlin

11

Minnehaha  
Lincoln  
Pennington  
Brown  
Union  
Lake  
Codington  
Yankton  
Lawrence  
Brookings  
Clay

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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

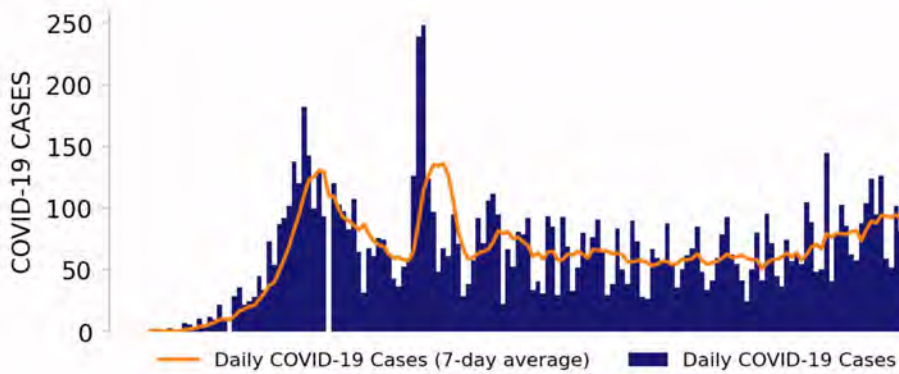




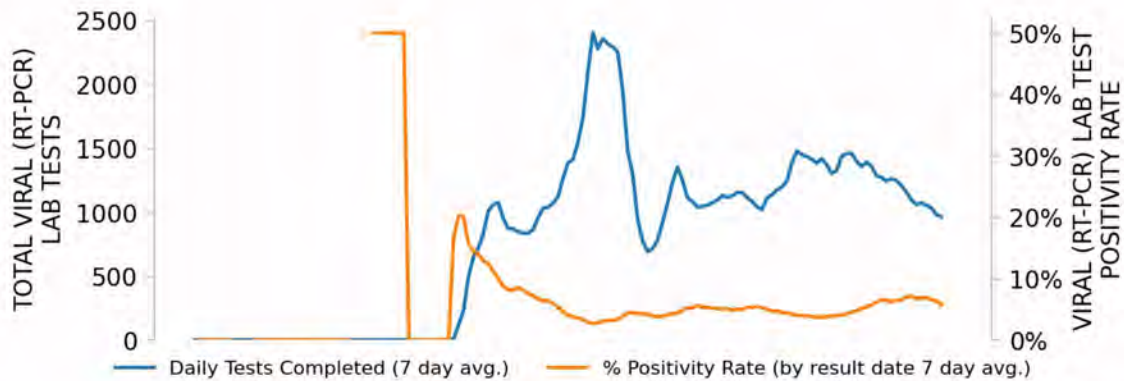
# SOUTH DAKOTA

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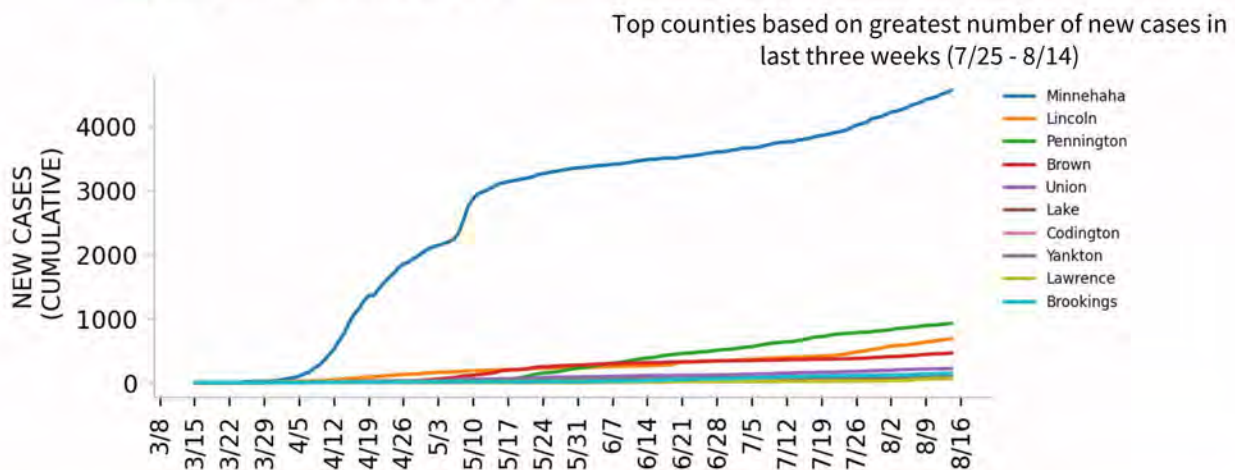
## NEW CASES



## TESTING



## TOP COUNTIES



### 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 8/14/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.

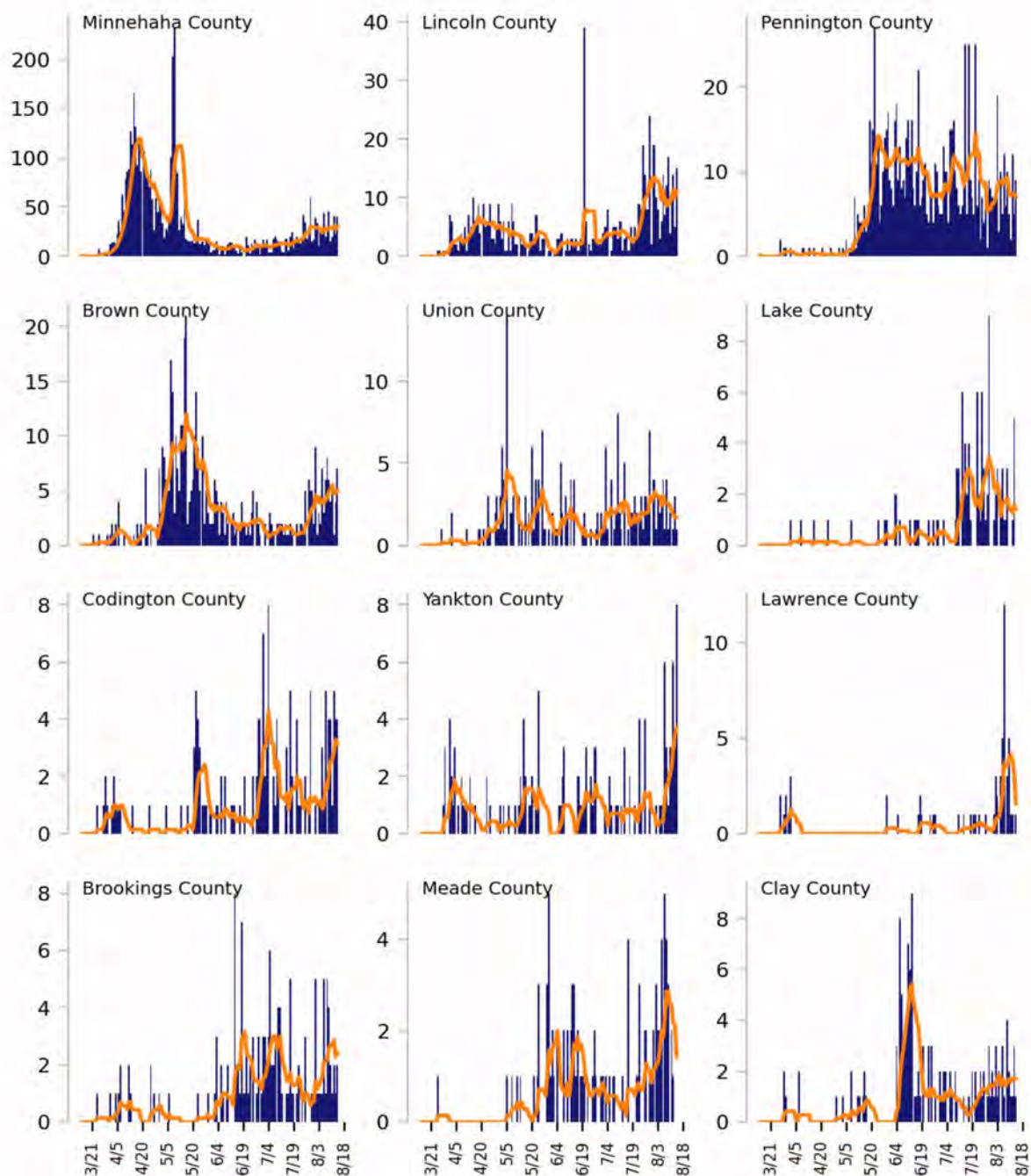




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



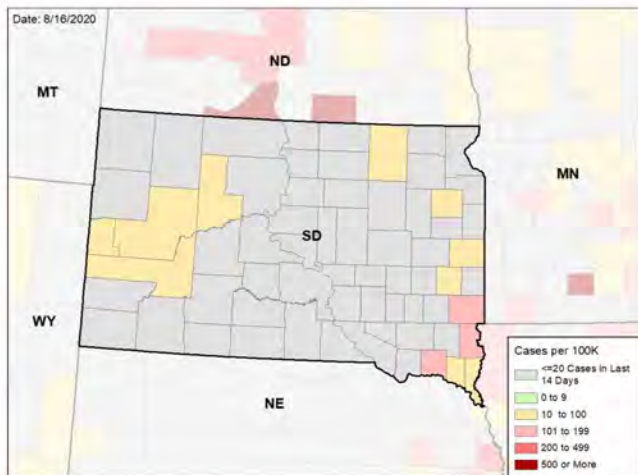


# SOUTH DAKOTA

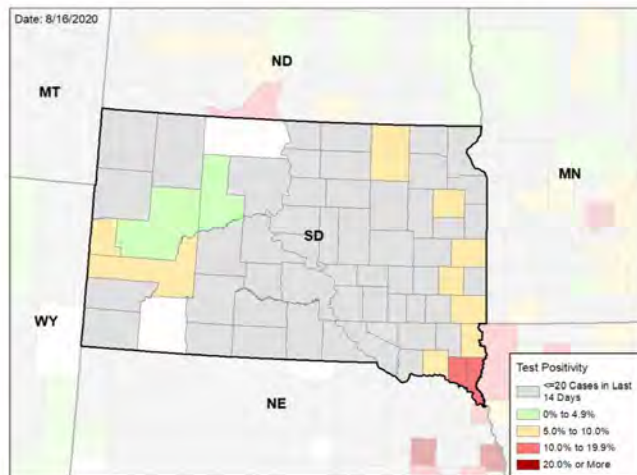
STATE REPORT | 08.16.2020

## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

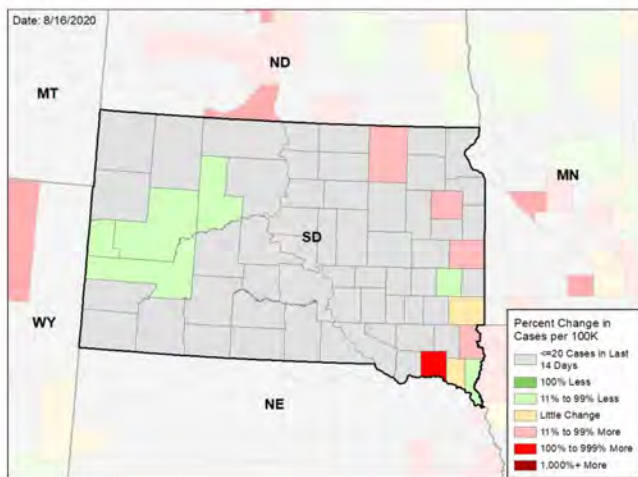
### NEW CASES PER 100,000 DURING LAST WEEK



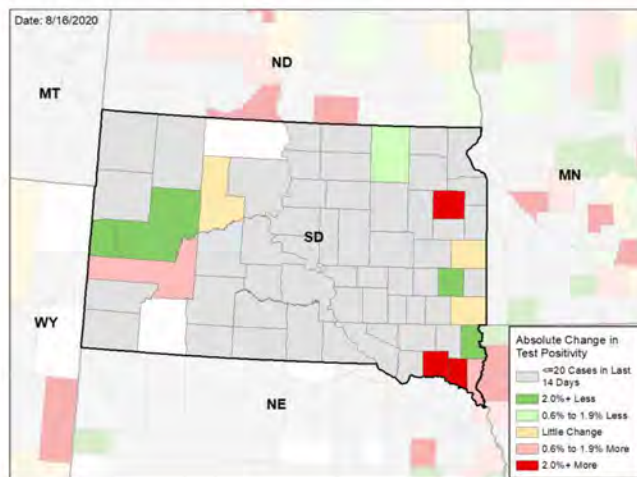
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

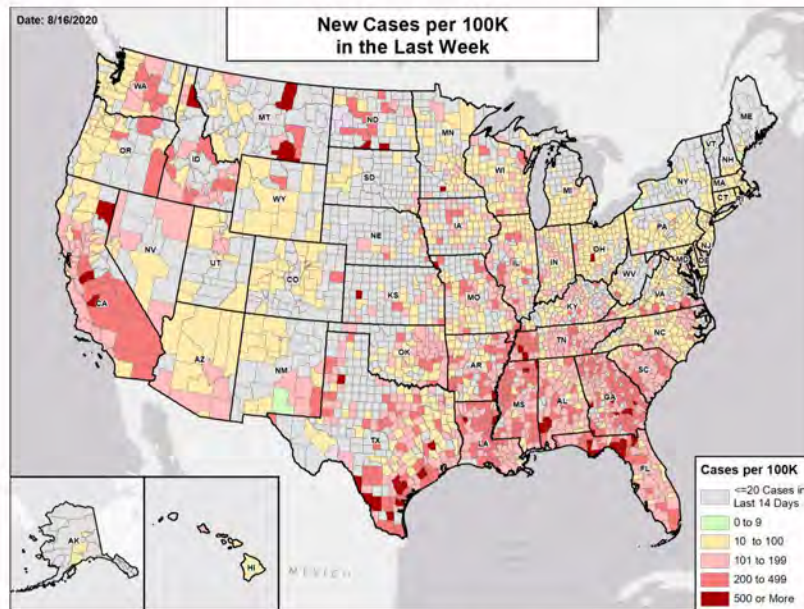
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



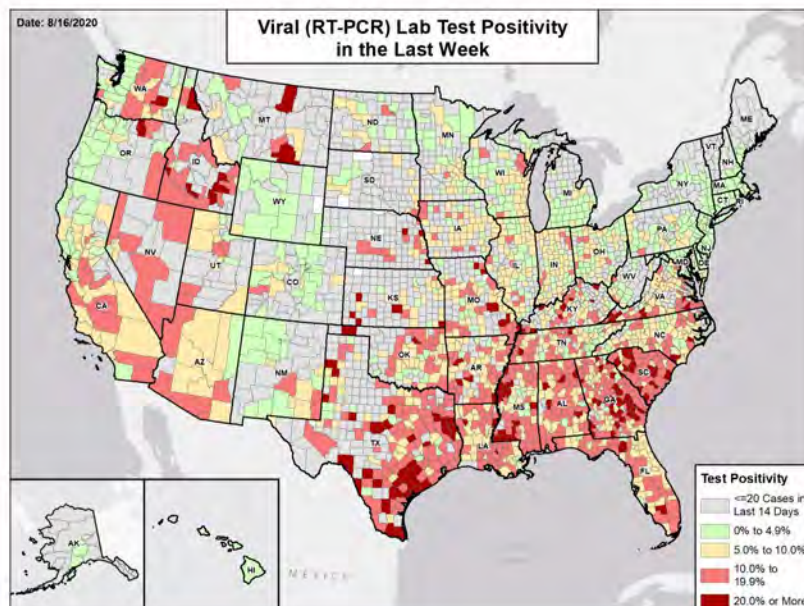


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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 | 08.16.2020

**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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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.





# TENNESSEE

STATE REPORT | 08.16.2020

## SUMMARY

- Tennessee 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%.
- Nationally, Tennessee was ranked 7th for most new cases per 100,000 population and 13th for highest test positivity last week.
- Tennessee continues to have a high number of cases reported this week and remains close to the red zone threshold for test positivity.
- 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 31.9 percent of new cases in Tennessee.
- Even though testing has decreased, the test positivity and case rates remain high. 70% of new cases are coming from outside of the metropolitan areas.
- Tennessee had 171 new cases per 100,000 population in the past week, compared to a national average of 112 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 1 to support medical activities from VA.
- Between Aug 08 - Aug 14, on average, 114 patients with confirmed COVID-19 and 168 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Tennessee. 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

- Ensure citizens, businesses, public health officials, hospitals, nursing homes, and schools work together to effectively implement the recommended mitigation strategies to control community transmission.
- Mask mandate must be implemented statewide to decrease community transmission. Bars must be closed, and indoor dining must be restricted in yellow and red areas.
- 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.
- Nursing homes and public health (including epidemiology) must establish ongoing collaboration for real-time understanding of community transmission to prevent cases and deaths in nursing homes. 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. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place. Conduct onsite infection prevention reviews at nursing homes with ongoing cases and deaths.
- Message to Tennesseans 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.
- Encourage individuals that have participated in large social gatherings, birthday parties, and family gatherings to get tested and isolate themselves from family members with co-morbidities.
- Continue messaging the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- To fully utilize all local testing capacity:
  - (a) Ensure the state public health lab is fully staffed and running 24/7, utilizing all platforms.
  - (b) Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
  - (c) 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 hospital admissions decline, and additional testing capacity is available.
- Continue ongoing efforts to build and utilize contact tracing. Hire contact tracers and community health workers from within minority and underserved communities to ensure cultural competency to gain trust and buy-in from within the community.
- 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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COVID-19





# TENNESSEE

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>11,664</b> (171)	<b>-9.6%</b>	<b>114,442</b> (171)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>9.1%</b>	<b>-1.2%*</b>	<b>11.0%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>40,159**</b> (588)	<b>-18.3%**</b>	<b>993,563**</b> (1,485)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>121</b> (2)	<b>-15.4%</b>	<b>2,707</b> (4)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>17.8%</b>	<b>-0.1%*</b>	<b>23.4%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# TENNESSEE

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**10**

Memphis  
Jackson  
Kingsport-Bristol  
Cleveland  
Union City  
Brownsville  
McMinnville  
Dyersburg  
Lawrenceburg  
Dayton

**12**

Nashville-Davidson--Murfreesboro--  
Franklin  
Chattanooga  
Johnson City  
Cookeville  
Clarksville  
Martin  
Greeneville  
Newport  
Crossville  
Shelbyville  
Paris  
Lewisburg

**COUNTY  
LAST WEEK**

**34**

Top 12 shown  
(full list  
below)

Shelby  
Sumner  
Bradley  
Madison  
Wilson  
Hamblen  
Sullivan  
Putnam  
Maury  
Obion  
Robertson  
Hardeman

**36**

Top 12 shown  
(full list  
below)

Davidson  
Knox  
Hamilton  
Rutherford  
Williamson  
Washington  
Montgomery  
Weakley  
Gibson  
Hawkins  
Anderson  
Carter

**All Red Counties:** Shelby, Sumner, Bradley, Madison, Wilson, Hamblen, Sullivan, Putnam, Maury, Obion, Robertson, Hardeman, Henderson, Haywood, Tipton, Warren, Dickson, Dyer, Lawrence, Carroll, Lauderdale, McNairy, Smith, White, Lincoln, Giles, Rhea, Benton, Chester, Lake, Cannon, Jackson, Grundy, Clay

**All Yellow Counties:** Davidson, Knox, Hamilton, Rutherford, Williamson, Washington, Montgomery, Weakley, Gibson, Hawkins, Anderson, Carter, Roane, Greene, Loudon, Cocke, Johnson, Cumberland, Bedford, Fayette, Hardin, Henry, Cheatham, Crockett, Overton, Marshall, Decatur, Hickman, Macon, Marion, Bledsoe, Morgan, Humphreys, Fentress, Lewis, Sequatchie

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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

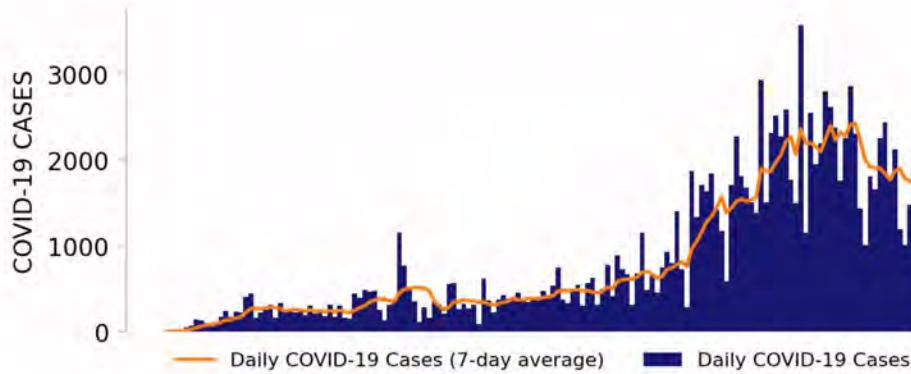




# TENNESSEE

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## NEW CASES

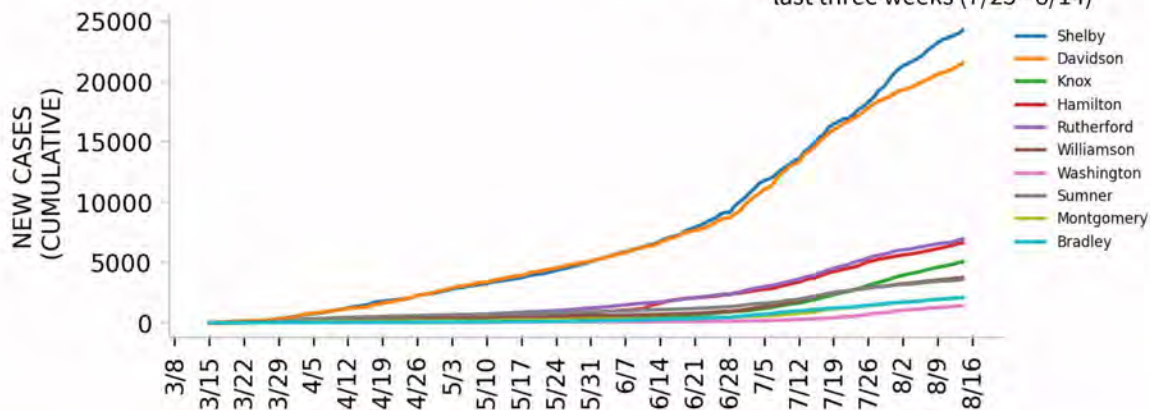


## TESTING



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP COUNTIES



### 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 8/14/2020.

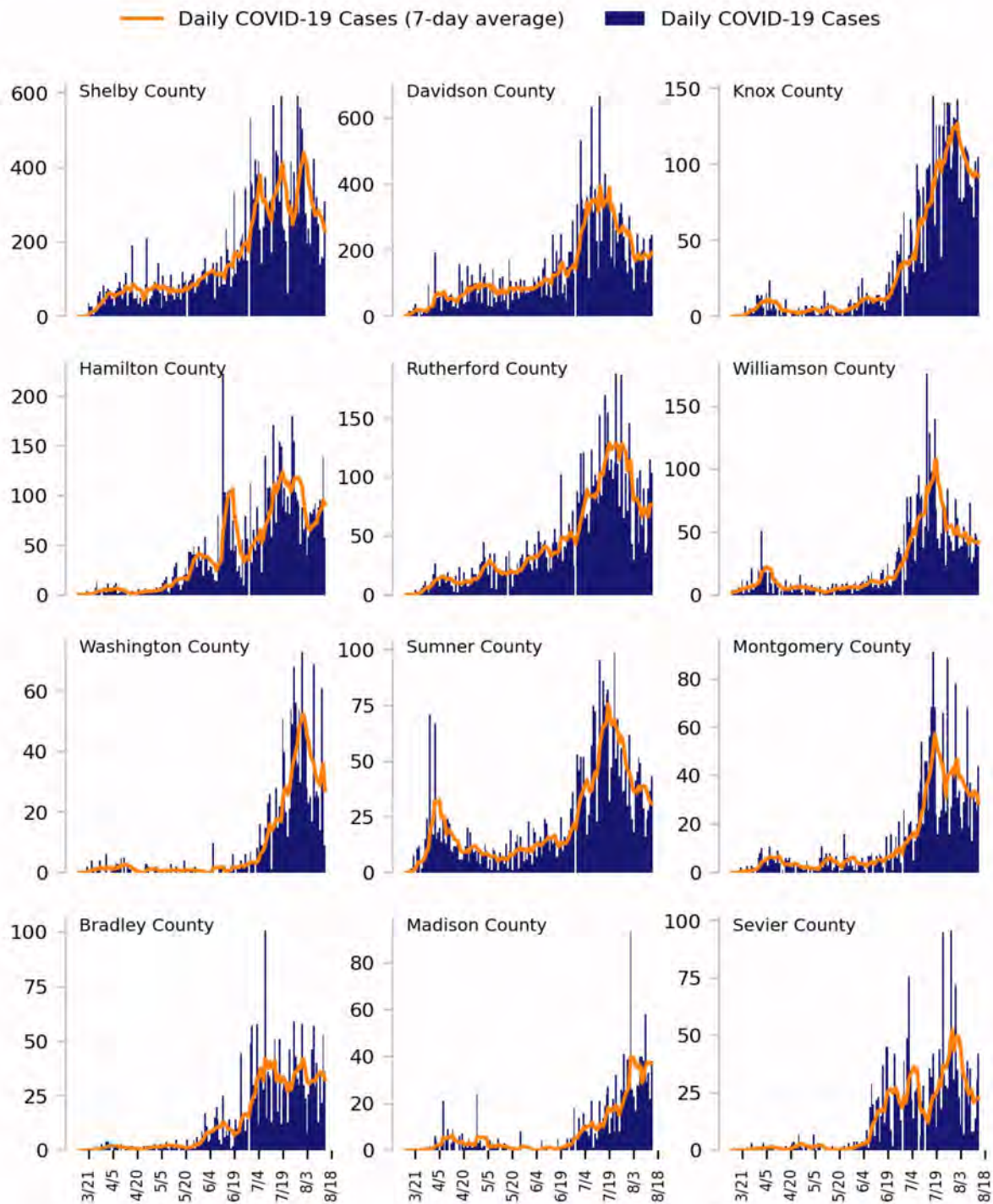
**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/12/2020.





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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



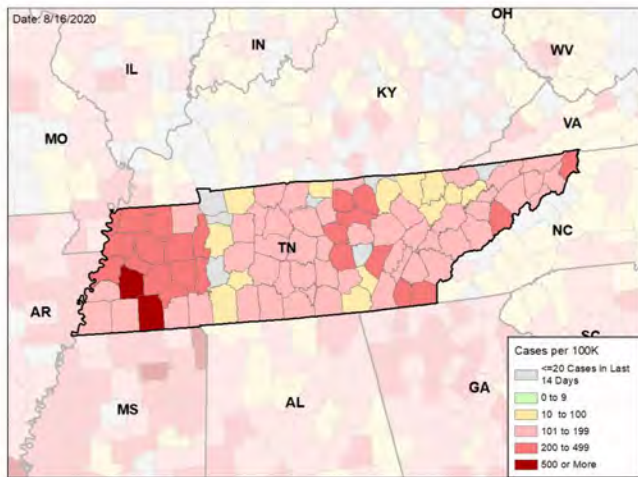


# TENNESSEE

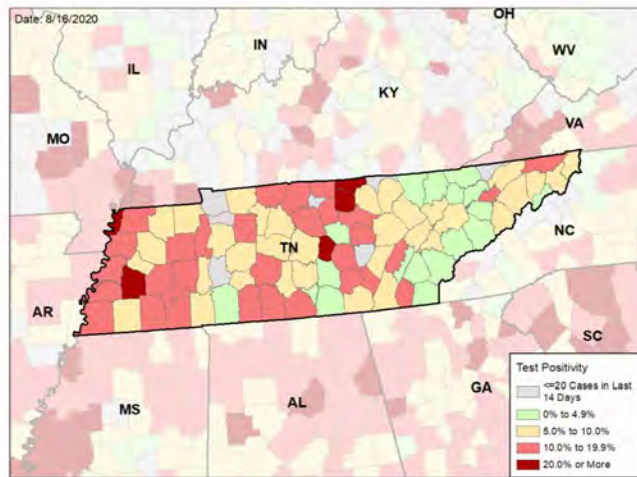
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## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

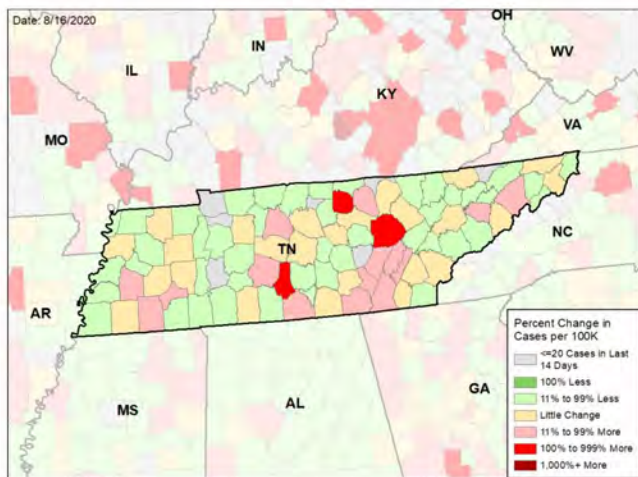
### NEW CASES PER 100,000 DURING LAST WEEK



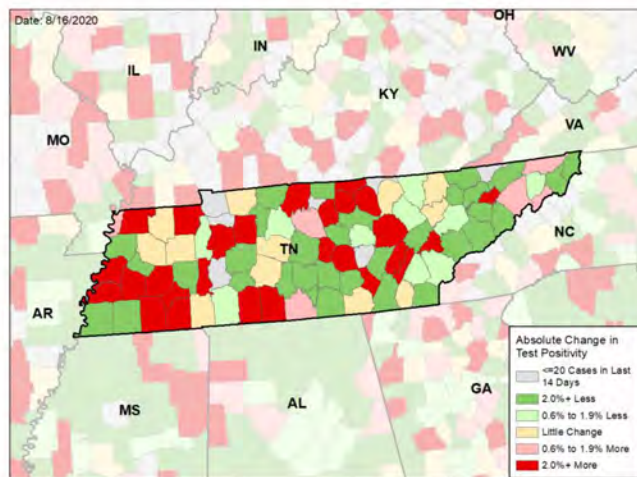
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

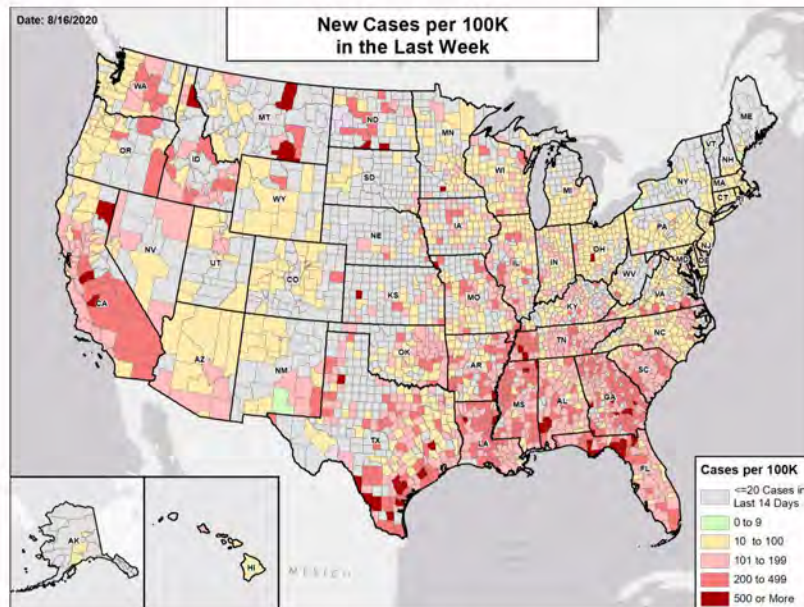
**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



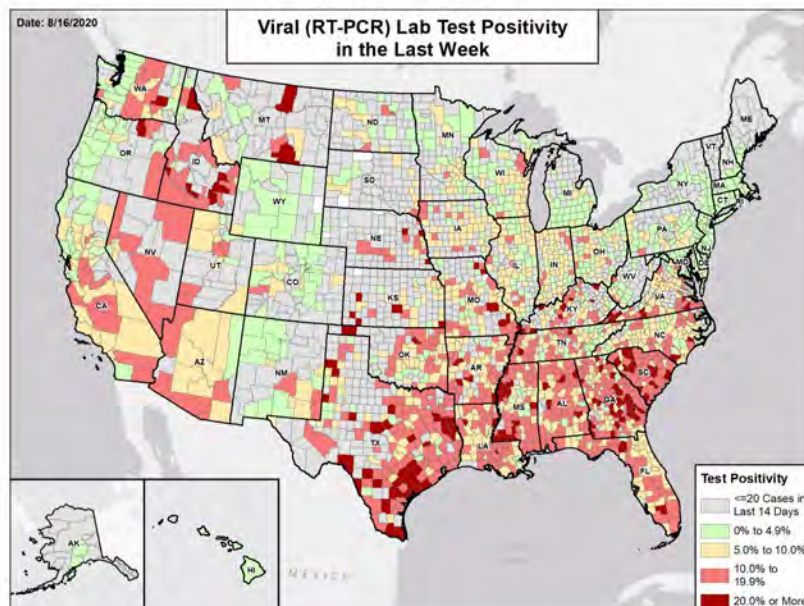


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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.





# TEXAS

STATE REPORT | 08.16.2020

## 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%.
- Nationally, Texas was ranked 6th for most new cases per 100,000 population and 4th for highest test positivity last week.
- Texas has seen stability in new cases and a decrease in test positivity over the past week, but progress is fragile and aggressive mitigation efforts need to expand and continue.
- Last week, 140 counties were in the red and yellow zones; now, there are 156 counties in these zones. Strong mitigation efforts must continue, and additional mitigation efforts should be considered.
- Testing rates need to increase to ensure timely diagnosis, isolation and contact tracing, and expanded community testing. Community awareness and demand of testing must be expanded, as well as easy access to testing and shorter turnaround times.
- 3% of nursing homes are reporting 3 or more residents with COVID-19 per week over the past 3 weeks; enhanced infection control practices are needed.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Harris County, 2. Dallas County, and 3. Cameron County. These counties represent 32.9 percent of new cases in Texas. There is diffuse urban and rural community spread that needs to be mitigated.
- Texas had 171 new cases per 100,000 population in the past week, compared to a national average of 112 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 555 to support medical activities from DOD; 39 to support operations activities from DOD; 68 to support operations activities from FEMA; 47 to support medical activities from ASPR; 17 to support operations activities from ASPR; 2 to support operations activities from CDC; 15 to support operations activities from USCG; 10 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 08 - Aug 14, on average, 570 patients with confirmed COVID-19 and 734 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Texas. 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 total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.\*

## RECOMMENDATIONS

- Continue and expand the aggressive protection of those in nursing homes, assisted living, and long-term care facilities (LTCFs) 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. Nursing homes with cases should remain closed to visitation until all staff and residents are tested and isolated. All nursing homes with 3 or more cases per week over the last 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 LTCF testing.
- Continue the statewide mask mandate in all counties with 20 or more cases. Multiple counties and metros are currently 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 and weekend shifts to reduce turnaround times. Institute 3:1 or 2:1 pools of test 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.
- Critically 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.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov/media/releases/2020/s110820-covid-community-mitigation.html).

*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 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.



COVID-19

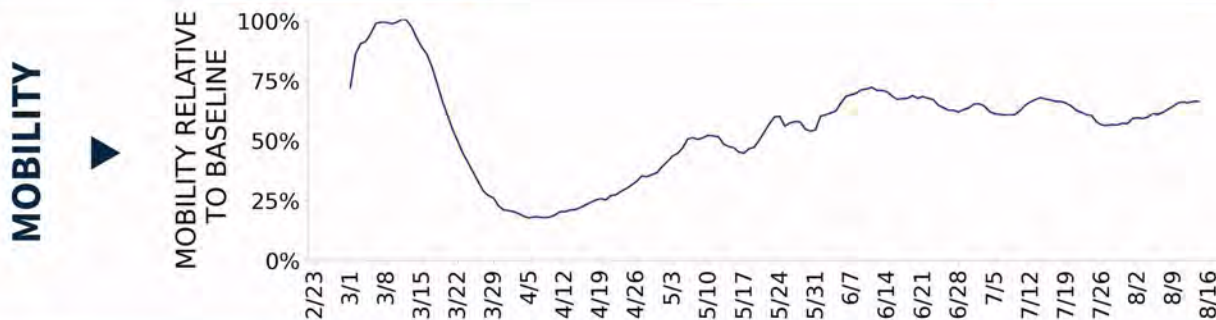




# TEXAS

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>49,630</b> (171)	<b>-3.9%</b>	<b>67,424</b> (158)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>13.0%</b>	<b>-3.0%*</b>	<b>10.8%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>234,623**</b> (809)	<b>-1.0%**</b>	<b>443,010**</b> (1,037)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>1,532</b> (5)	<b>+4.4%</b>	<b>1,888</b> (4)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>22.8%</b>	<b>-1.3%*</b>	<b>20.5%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# TEXAS

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**36**

Top 12 shown  
(full list  
below)

Houston-The Woodlands-Sugar Land  
Dallas-Fort Worth-Arlington  
Brownsville-Harlingen  
Corpus Christi  
McAllen-Edinburg-Mission  
Laredo  
Beaumont-Port Arthur  
Waco  
Eagle Pass  
Rio Grande City-Roma  
Beeville  
Odessa

**28**

Top 12 shown  
(full list  
below)

San Antonio-New Braunfels  
Austin-Round Rock-Georgetown  
El Paso  
Lubbock  
Killeen-Temple  
Midland  
Amarillo  
College Station-Bryan  
Tyler  
San Angelo  
Plainview  
Nacogdoches

**COUNTY  
LAST WEEK**

**90**

Top 12 shown  
(full list  
below)

Harris  
Dallas  
Cameron  
Tarrant  
Nueces  
Hidalgo  
Webb  
Brazoria  
Galveston  
McLennan  
Jefferson  
Maverick

**66**

Top 12 shown  
(full list  
below)

Bexar  
El Paso  
Fort Bend  
Travis  
Collin  
Denton  
Williamson  
Lubbock  
Montgomery  
Bell  
Midland  
Ellis

**All Red CBSAs:** Houston-The Woodlands-Sugar Land, Dallas-Fort Worth-Arlington, Brownsville-Harlingen, Corpus Christi, McAllen-Edinburg-Mission, Laredo, Beaumont-Port Arthur, Waco, Eagle Pass, Rio Grande City-Roma, Beeville, Odessa, Longview, Victoria, Huntsville, Jacksonville, Del Rio, El Campo, Lufkin, Alice, Granbury, Sherman-Denison, Bay City, Corsicana, Hereford, Uvalde, Mineral Wells, Raymondville, Brownwood, Kingsville, Port Lavaca, Paris, Pearsall, Dumas, Zapata, Vernon

**All Yellow CBSAs:** San Antonio-New Braunfels, Austin-Round Rock-Georgetown, El Paso, Lubbock, Killeen-Temple, Midland, Amarillo, College Station-Bryan, Tyler, San Angelo, Plainview, Nacogdoches, Wichita Falls, Palestine, Mount Pleasant, Abilene, Athens, Texarkana, Gainesville, Bonham, Kerrville, Big Spring, Rockport, Levelland, Sulphur Springs, Lamesa, Fredericksburg, Borger

**All Red Counties:** Harris, Dallas, Cameron, Tarrant, Nueces, Hidalgo, Webb, Brazoria, Galveston, McLennan, Jefferson, Maverick, Starr, Kaufman, Bee, Ector, Johnson, Walker, Victoria, Orange, Comal, Cherokee, Val Verde, Parker, Wharton, Angelina, Gregg, San Patricio, Karnes, Potter, Madison, Hardin, Medina, Liberty, Hood, Jim Wells, Grayson, Wichita, Matagorda, DeWitt, Navarro, Wise, Chambers, Deaf Smith, Jackson, Uvalde, Palo Pinto, Willacy, Caldwell, Brown, Kleberg, Calhoun, Waller, Lamar, Grimes, Limestone, Gonzales, Frio, Austin, Colorado, Live Oak, Atascosa, Refugio, Upshur, Moore, Young, Milam, Comanche, Zavala, Runnels, Bosque, Duval, Terry, Newton, Zapata, Camp, Morris, Yoakum, Goliad, Wilbarger, Falls, Jack, Hamilton, Childress, Mitchell, San Augustine, Stephens, Coleman, Martin, Archer

**All Yellow Counties:** Bexar, El Paso, Fort Bend, Travis, Collin, Denton, Williamson, Lubbock, Montgomery, Bell, Midland, Ellis, Hays, Smith, Brazos, Guadalupe, Rockwall, Randall, Tom Green, Hale, Nacogdoches, Hunt, Anderson, Bastrop, Jasper, Titus, Coryell, Henderson, Burnet, Taylor, Harrison, Polk, Van Zandt, Wood, Rusk, Lavaca, Hill, Bowie, Fannin, Cooke, Cass, Kerr, Wilson, Brooks, Lamb, Howard, Parmer, Aransas, Tyler, Hockley, Hopkins, Shelby, Pecos, Lampasas, Freestone, Eastland, Fayette, Panola, Montague, Dawson, Kendall, Gillespie, Leon, Hutchinson, Sabine, Hudspeth

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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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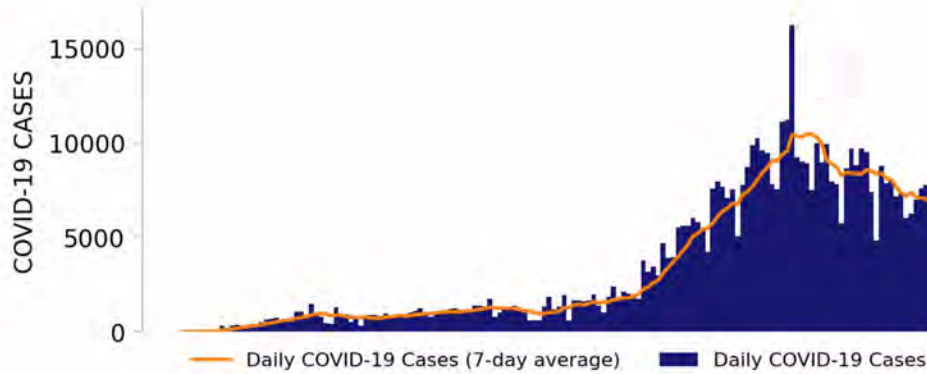




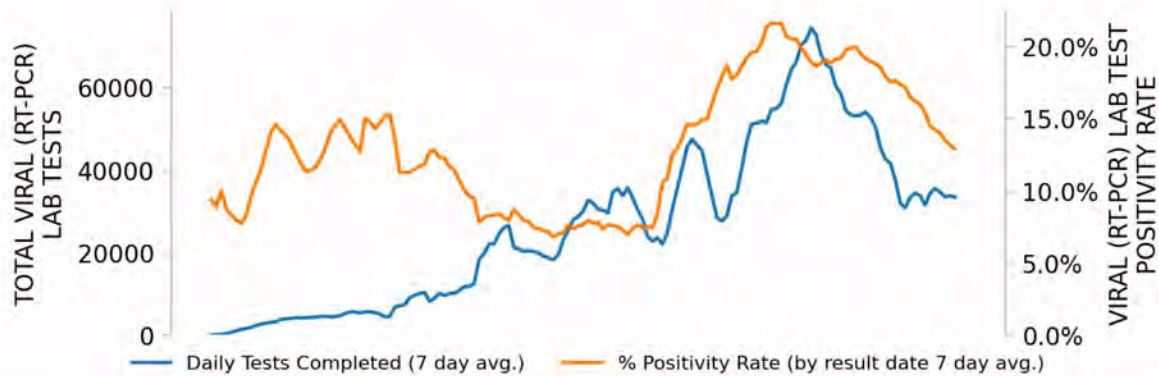
# TEXAS

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## NEW CASES

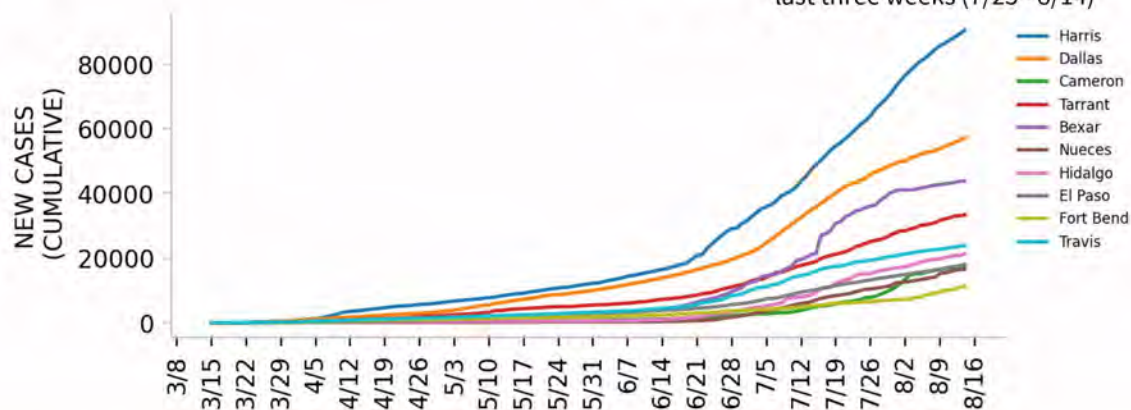


## TESTING



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP COUNTIES



### 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 8/14/2020.

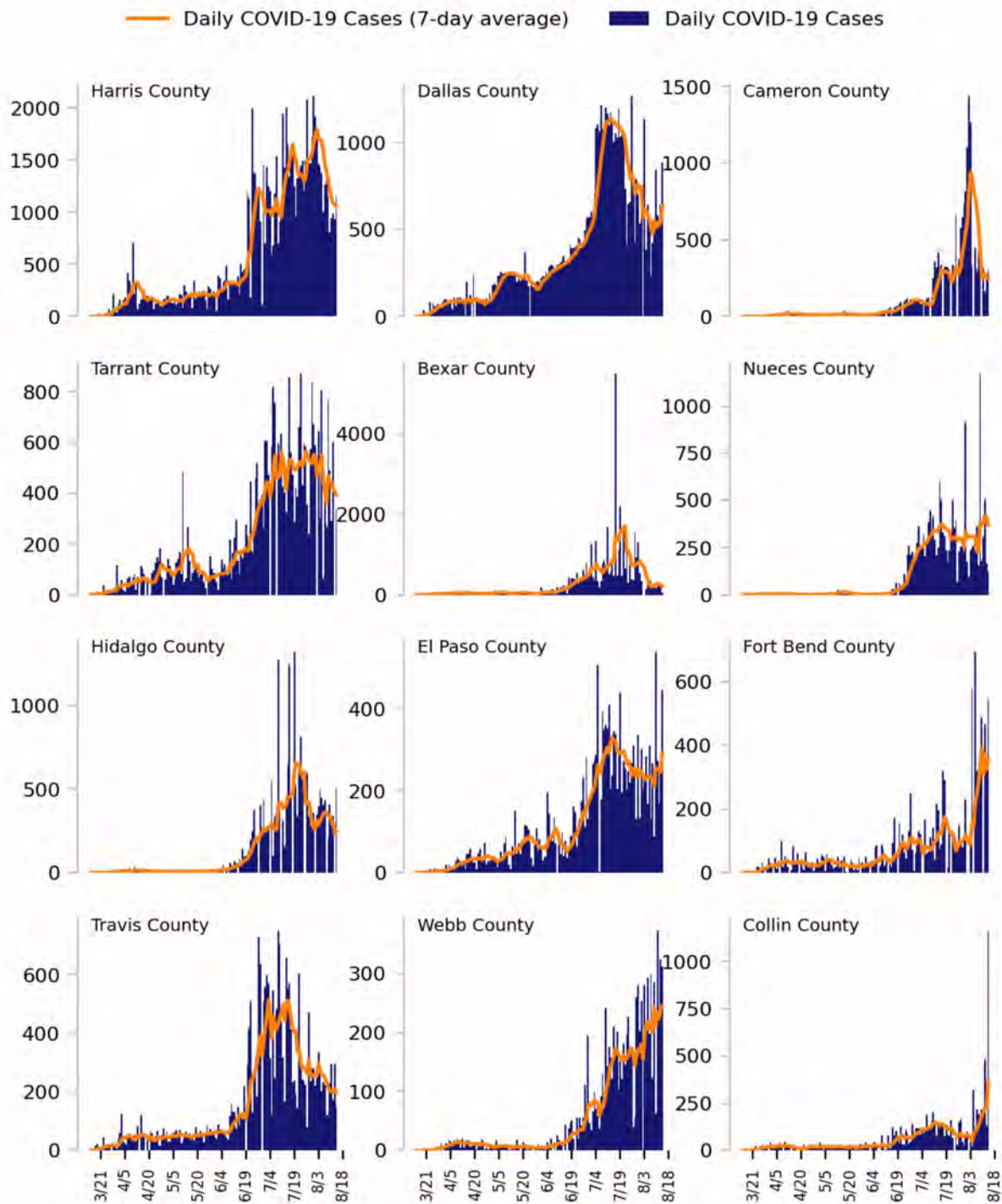
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.





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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



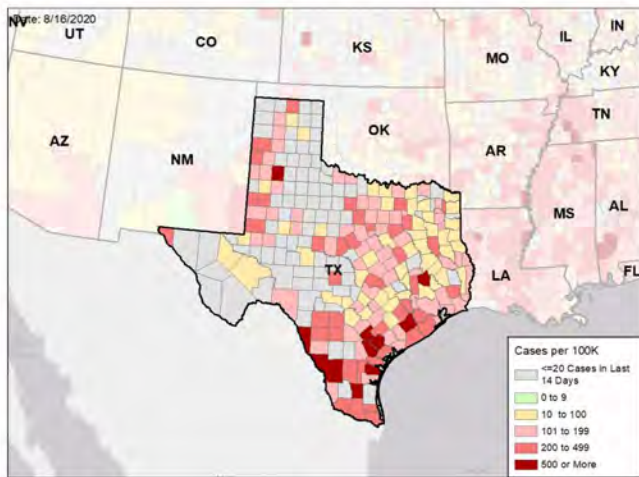


# TEXAS

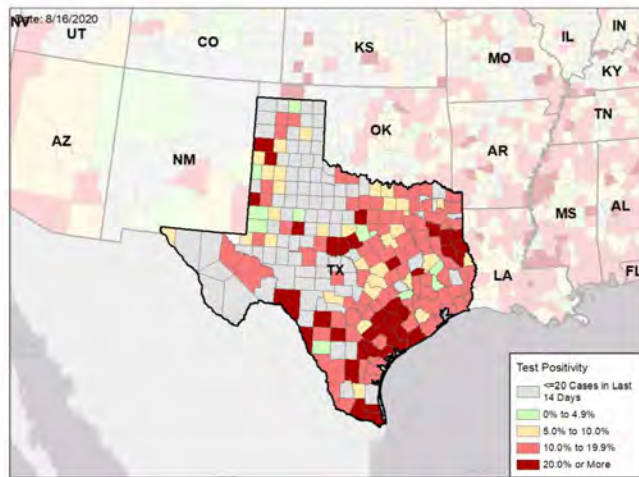
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## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

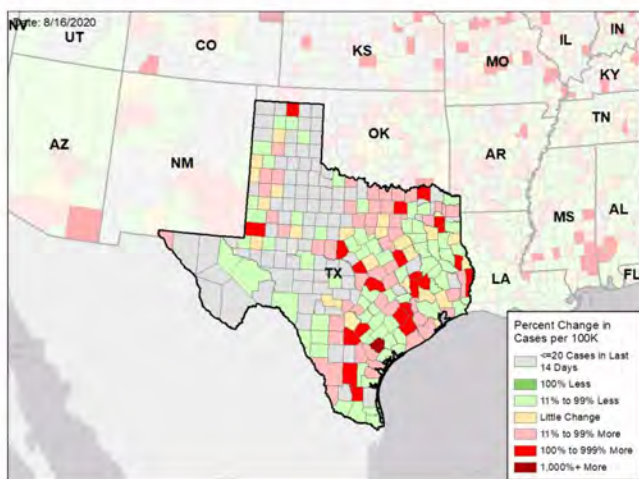
### NEW CASES PER 100,000 DURING LAST WEEK



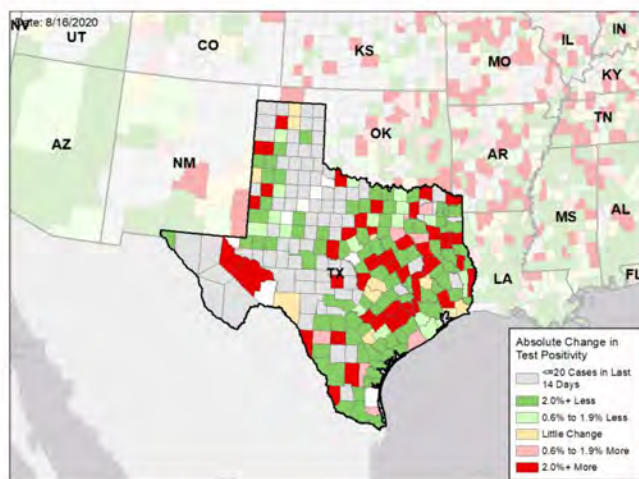
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

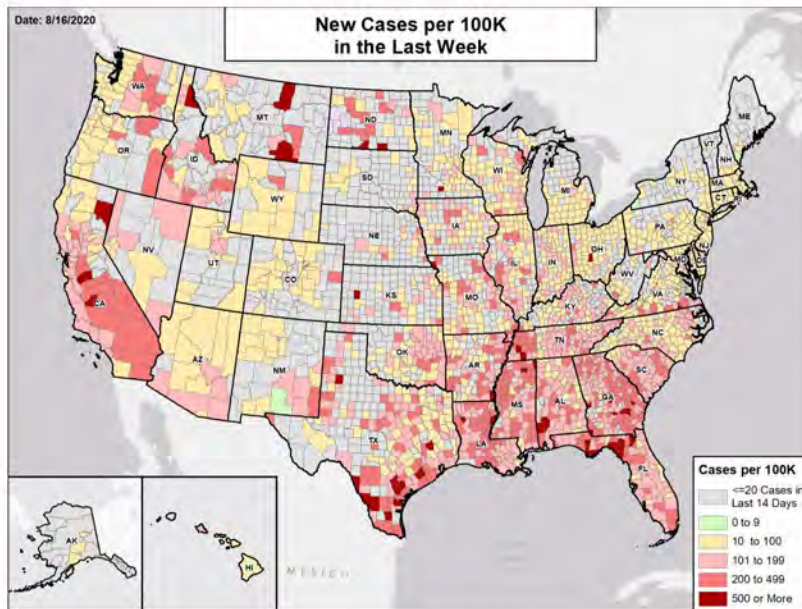
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



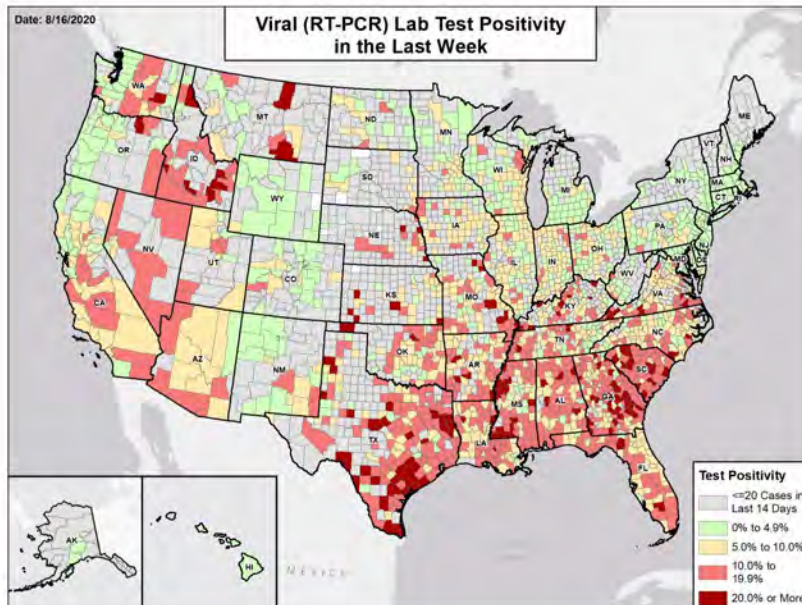


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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 | 08.16.2020

## SUMMARY

- Utah 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%.
- Nationally, Utah was ranked 30th for most new cases per 100,000 population and 16th for highest test positivity last week.
- Utah 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. Salt Lake County, 2. Utah County, and 3. Davis County. These counties represent 74.4 percent of new cases in Utah.
- Utah had 80 new cases per 100,000 population in the past week, compared to a national average of 112 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 08 - Aug 14, on average, 14 patients with confirmed COVID-19 and 20 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Utah. An average of 63 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 statewide face covering requirement; at a minimum, all counties defined as yellow and red in this report should enact local ordinances. Identify mechanisms to assess compliance and work with local health authorities to enforce.
- Expand public messaging across all relevant media platforms to target younger demographics and those with increasing case rates with community-specific messages. Increase messaging on the risk of serious disease for older individuals and those with preexisting medical conditions and emphasize civic and social responsibility in communities where such messaging is cogent.
- Any nursing homes with 3 or more cases of COVID per week over the last 3 weeks should have mandatory inspection surveys and immediate support for corrective action.
- Maintain policies in nursing homes and long-term care facilities, including testing of all residents on admission, periodic testing of staff and residents, facility-wide testing when any staff or resident is diagnosed with COVID, reasonable restrictions on visitation, and required face coverings for all staff.
- Timely test results are critical for effective isolation. To expand testing capacity as schools open and mobility increases, conduct pooled testing as described below, staff and run public health labs 24/7, develop community-level public-private partnerships, require all universities with RNA detection platforms to use equipment to expand surveillance testing for schools (K-12, community colleges) and university students, ensure all clinical testing platforms with extra bandwidth are being used for community testing and surveillance. Distinctions between surveillance and diagnostic testing should be maintained.
- Communities should work with colleges and universities to ensure sufficiently enhanced capacity for surveillance and diagnostic testing on campus and the surrounding communities, with quick turnaround times and immediate isolation of cases and contact tracing.
- 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 from within the community as needed to meet benchmarks.
- 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, for all those who live in congregate settings or crowded or multigenerational households.
- Follow below guidance for all yellow and red zone counties to disrupt and limit 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 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.



COVID-19

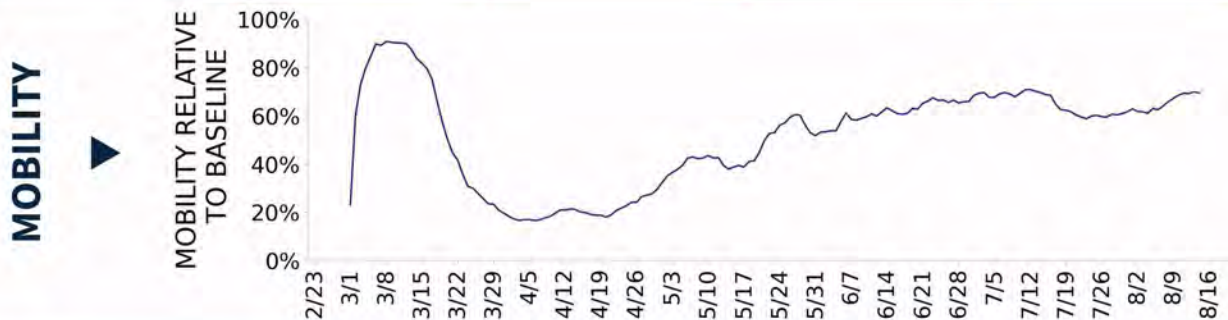




# UTAH

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	2,560 (80)	-20.8%	7,819 (64)	367,035 (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	8.8%	-1.6%*	5.2%	6.5%
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	48,328** (1,507)	-14.0%**	178,292** (1,454)	5,577,964** (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	25 (1)	-21.9%	88 (1)	7,434 (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	10.5%	+2.5%*	4.4%	12.2%



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# UTAH

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## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**1**

Provo-Orem

**5**

Salt Lake City  
Ogden-Clearfield  
St. George  
Heber  
Cedar City

**COUNTY  
LAST WEEK**

**2**

Utah  
Wasatch

**8**

Salt Lake  
Davis  
Weber  
Washington  
Tooele  
Iron  
Box Elder  
Sanpete

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/12/2020. Last week is 8/6 - 8/12. 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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## 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
- Reduce your public interactions and activities to 50% of your normal activity

### Public Officials

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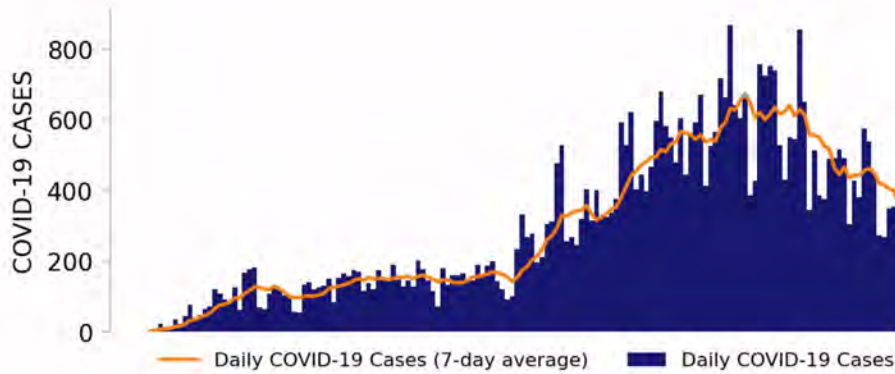




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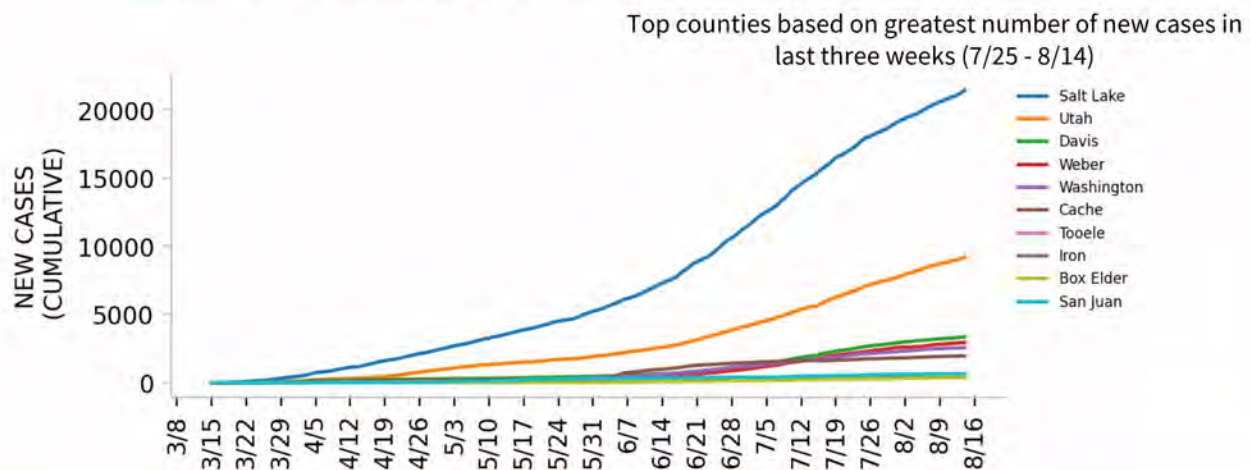
## NEW CASES



## TESTING



## TOP COUNTIES



### 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 8/14/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.

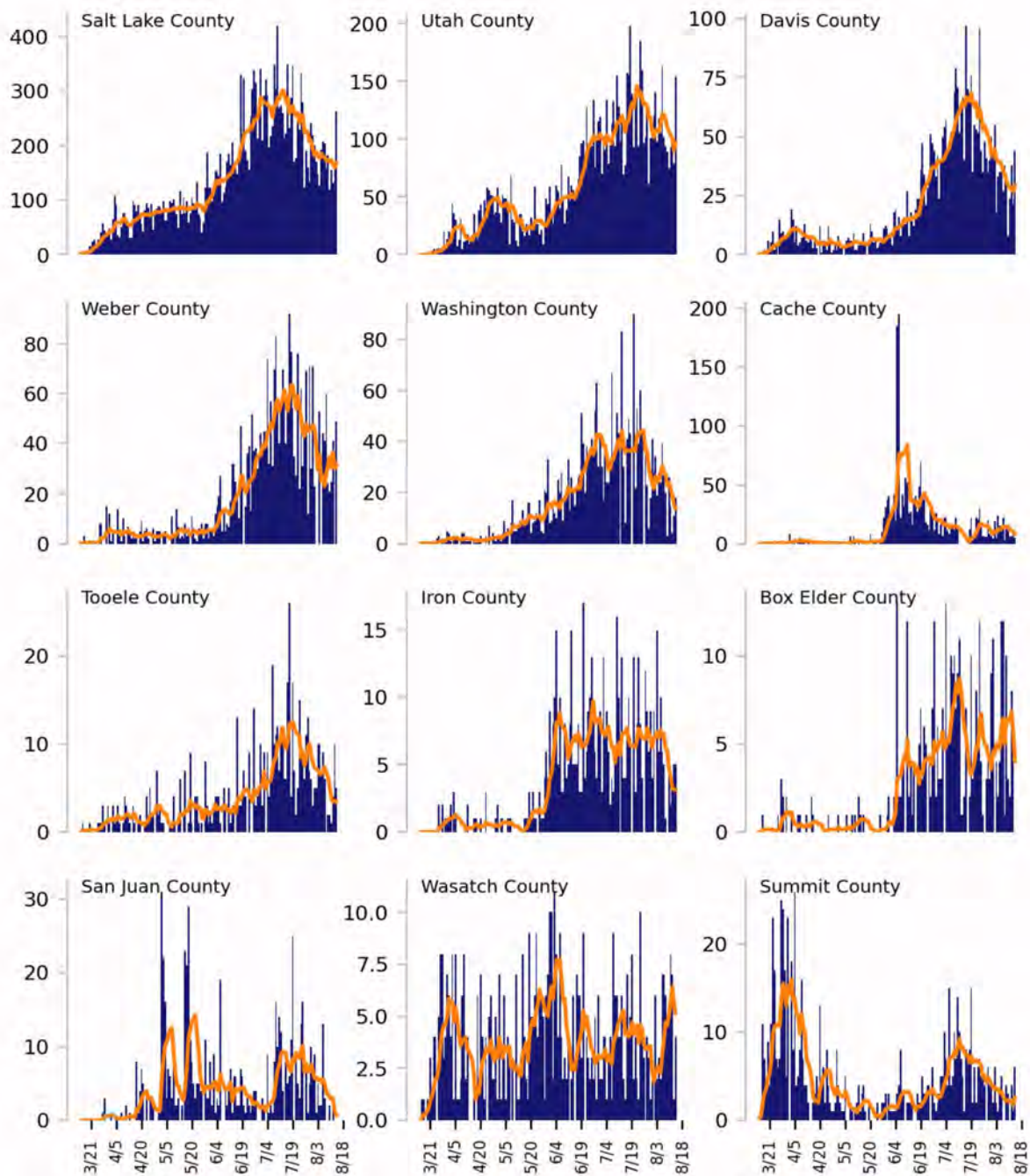




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.

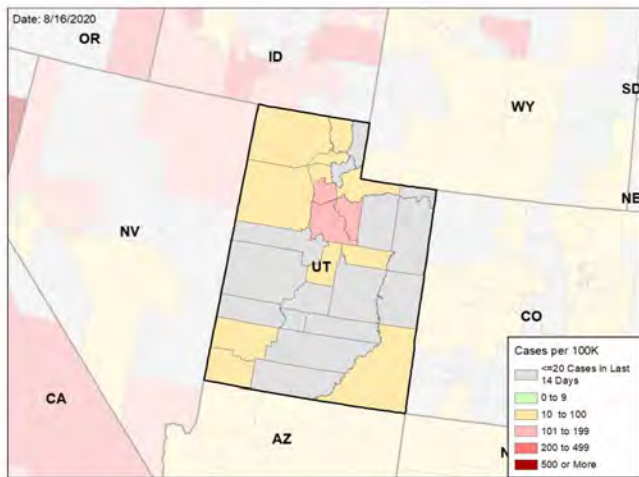
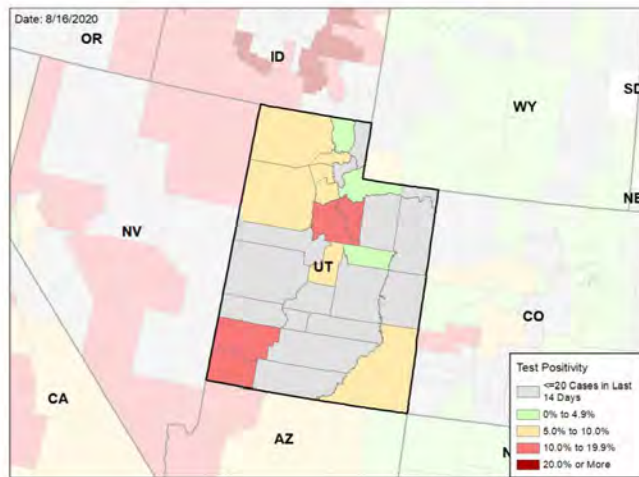
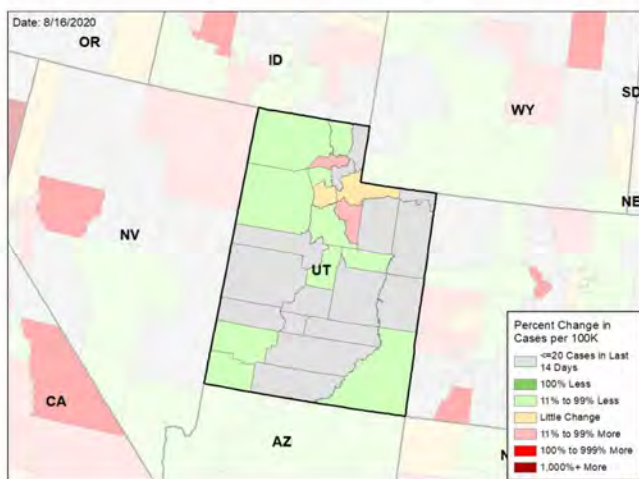
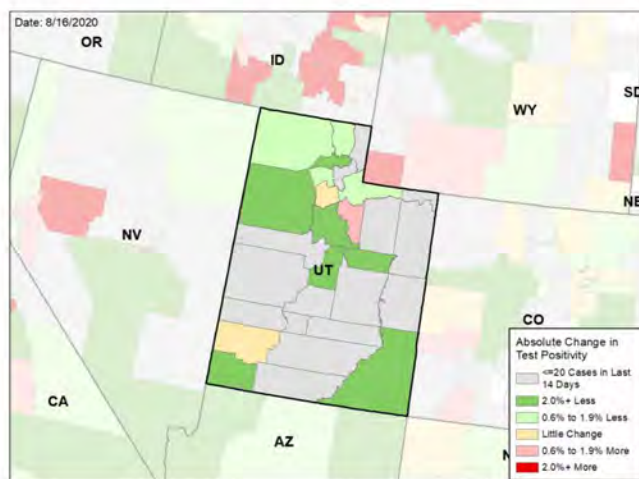




# UTAH

STATE REPORT | 08.16.2020

## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

**NEW CASES PER 100,000 DURING LAST WEEK****VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK****WEEKLY % CHANGE IN NEW CASES PER 100K****WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY**

### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

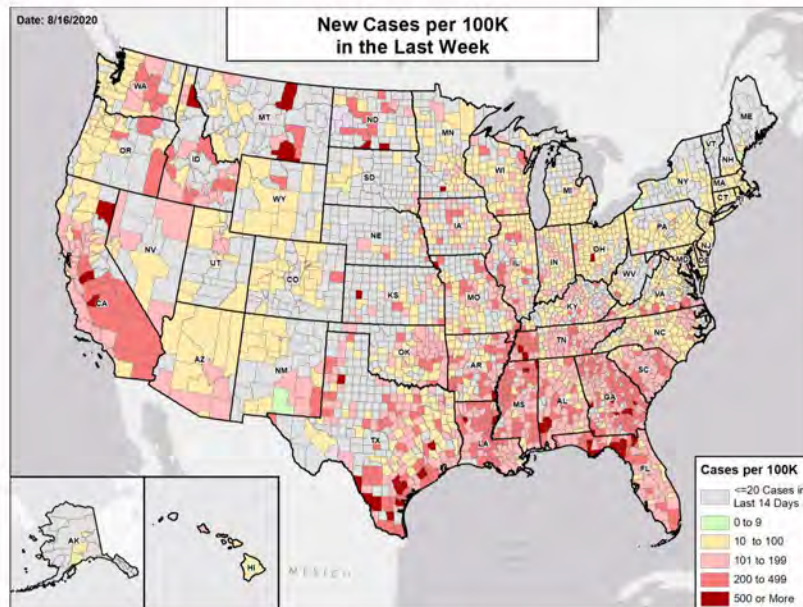
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



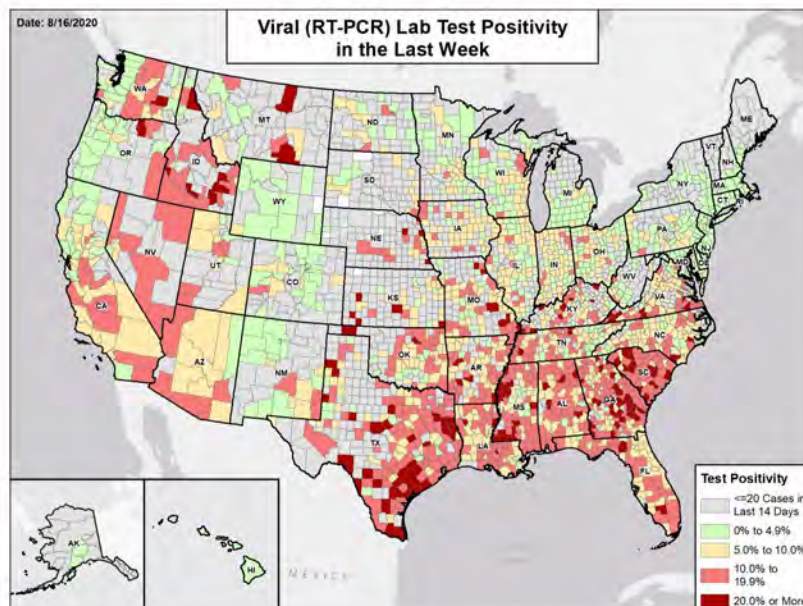


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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 | 08.16.2020

**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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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.





# VERMONT

STATE REPORT | 08.16.2020

## 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.
- Nationally, Vermont was ranked 50th for most new cases per 100,000 population and 50th for highest test positivity last 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 62.4 percent of new cases in Vermont.
- In Vermont, no long-term care facilities reported 3 or more cases per week among either residents or staff for 3 consecutive weeks.
- Vermont had 8 new cases per 100,000 population in the past week, compared to a national average of 112 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 08 - Aug 14, 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 52 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

- In anticipation of reopening of colleges and universities, the governor's new directive enabling towns to restrict operation of bars and limit gatherings is noted and commended.
- Encourage and support towns to conduct outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy. Encourage local authorities in these communities to enforce social distancing and mask mandates for off-campus gatherings.
- Continue public awareness efforts on the public health and economic benefits of the new state masking mandate. State efforts (#MasksonVT) towards improving mask use are noted, including efforts for increasing access to masks through a variety of means.
- Continue the scale-up of the vigorous testing program, the careful monitoring of changes in cases, testing and hospitalizations, and implementation of contact tracing.
- 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 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.



**COVID-19**

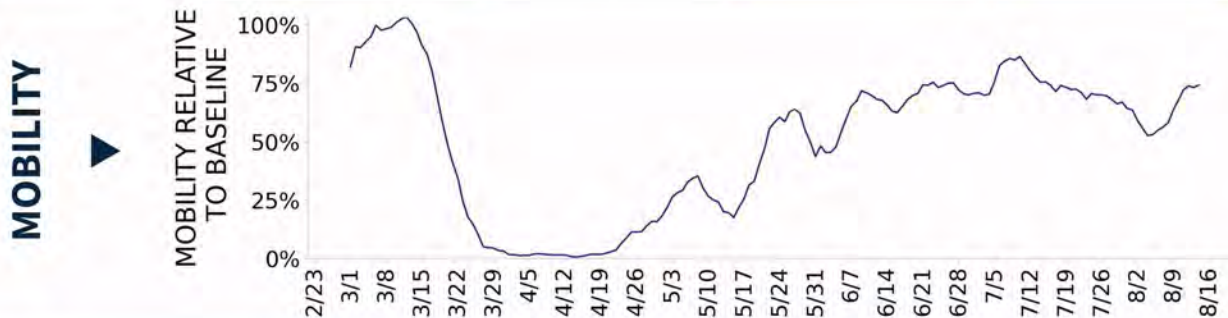




# VERMONT

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	53 (8)	+51.4%	3,753 (25)	367,035 (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	0.6%	+0.1%*	1.5%	6.5%
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	12,584** (2,017)	+3.6%**	263,284** (1,774)	5,577,964** (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	0 (0)	-100.0%	121 (1)	7,434 (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	0.0%	N/A*	3.6%	12.2%



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# VERMONT

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**0**

N/A

**0**

N/A

**COUNTY  
LAST WEEK**

**0**

N/A

**0**

N/A

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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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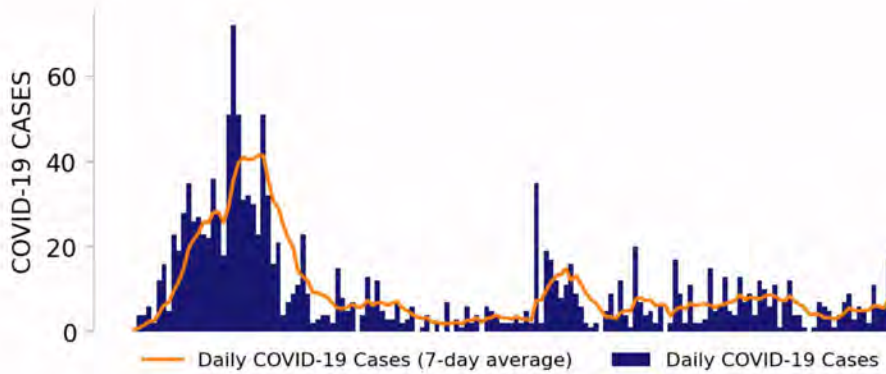




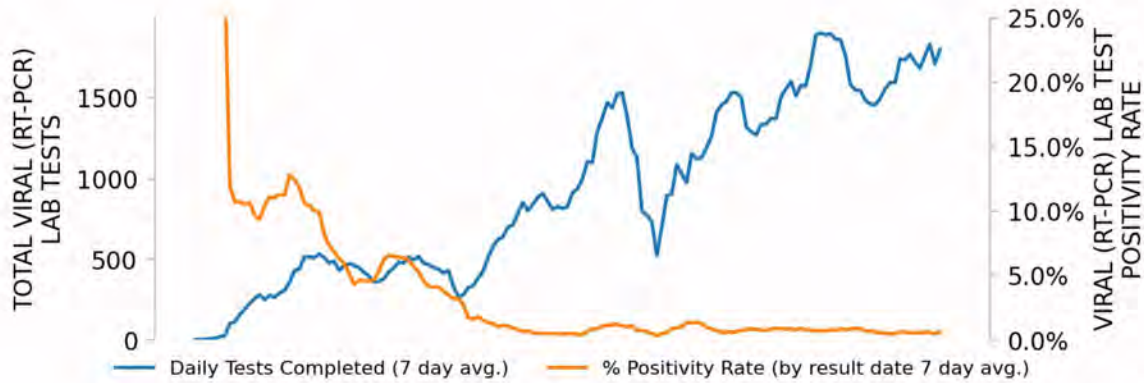
# VERMONT

STATE REPORT | 08.16.2020

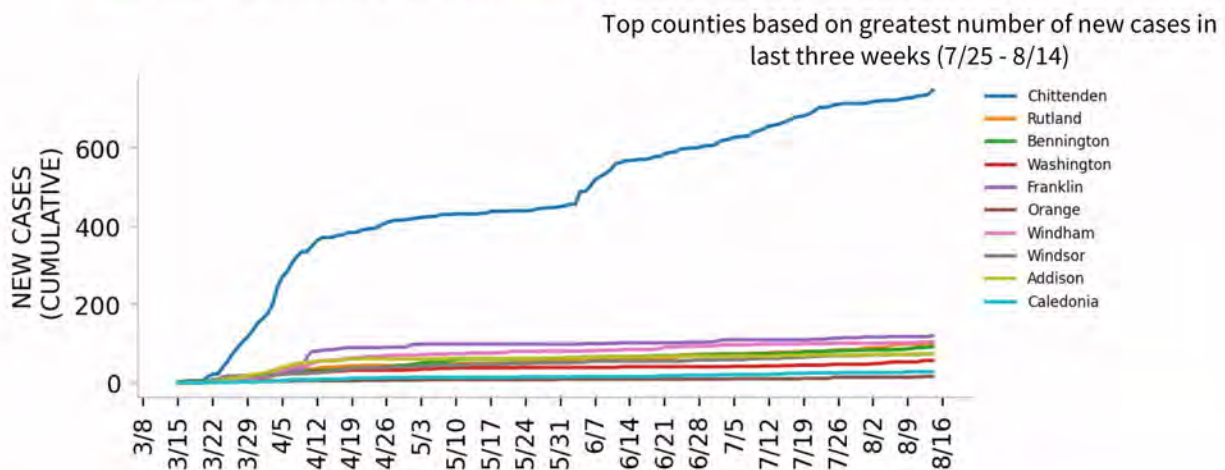
## NEW CASES



## TESTING



## TOP COUNTIES



### DATA SOURCES

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**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.

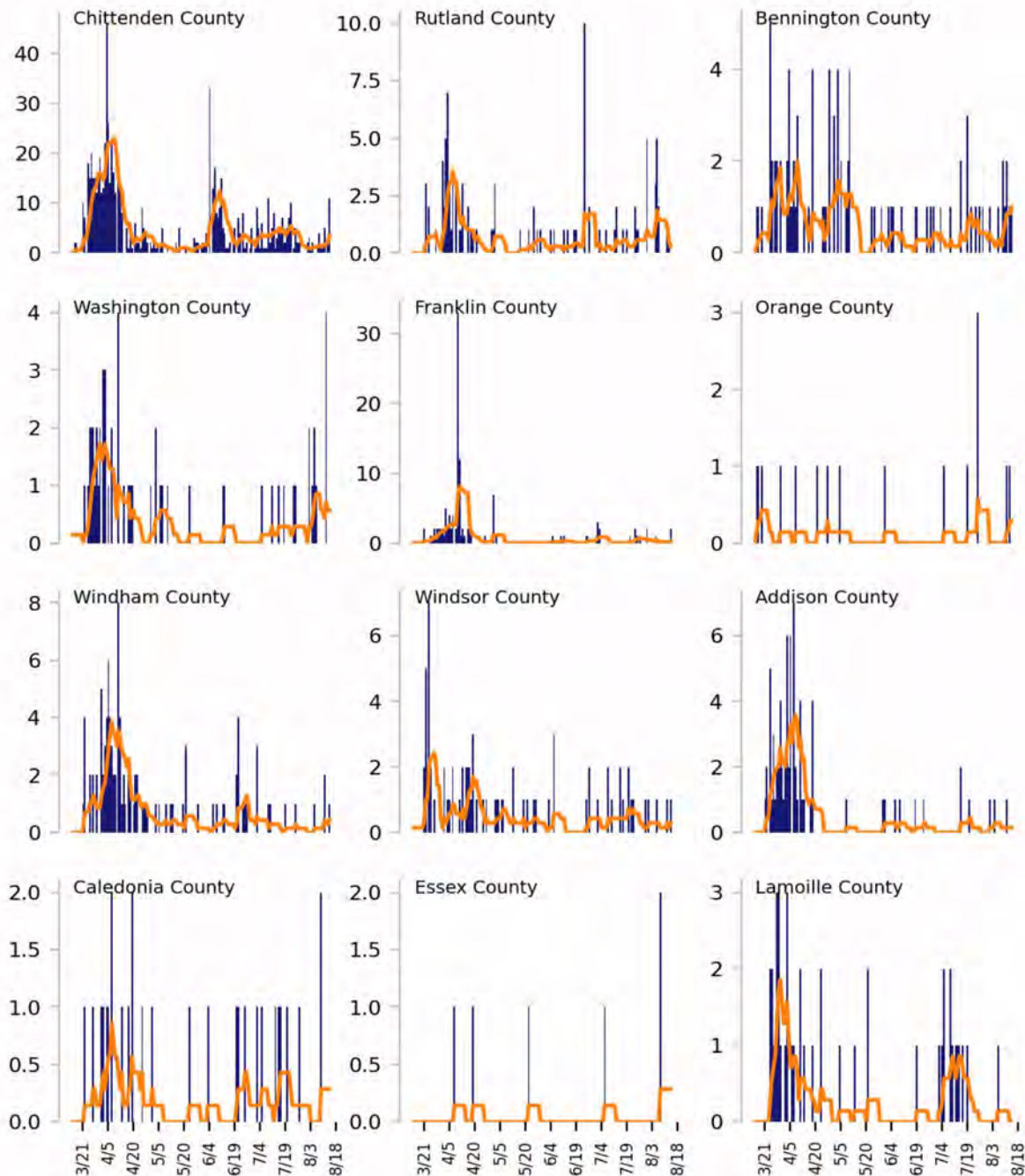




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



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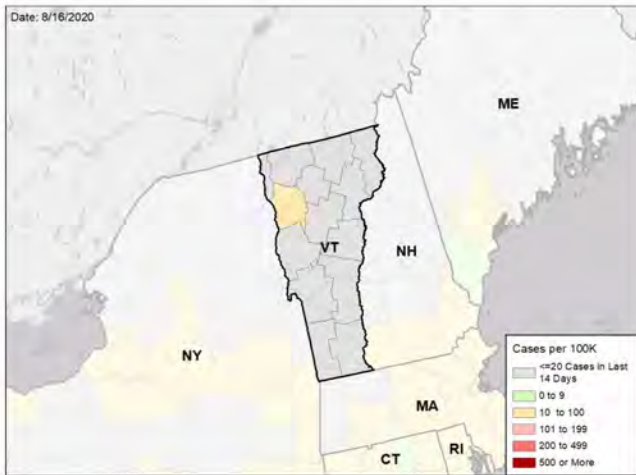


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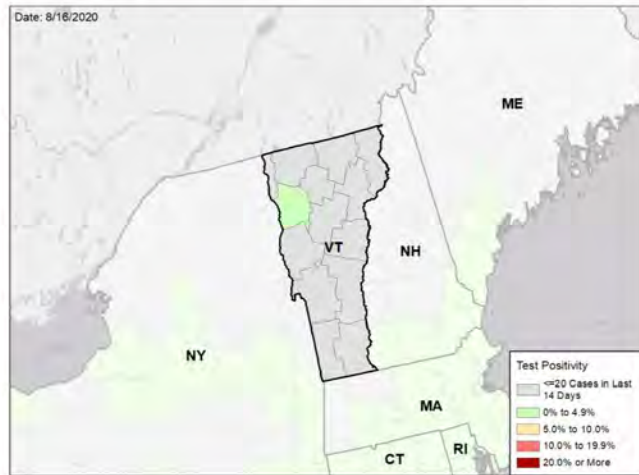
STATE REPORT | 08.16.2020

## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

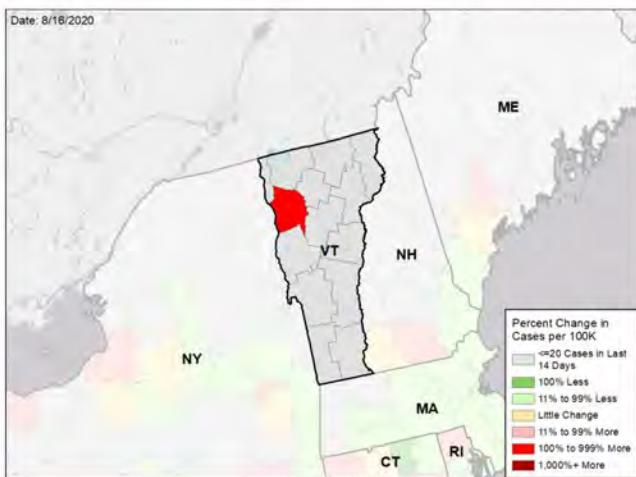
### NEW CASES PER 100,000 DURING LAST WEEK



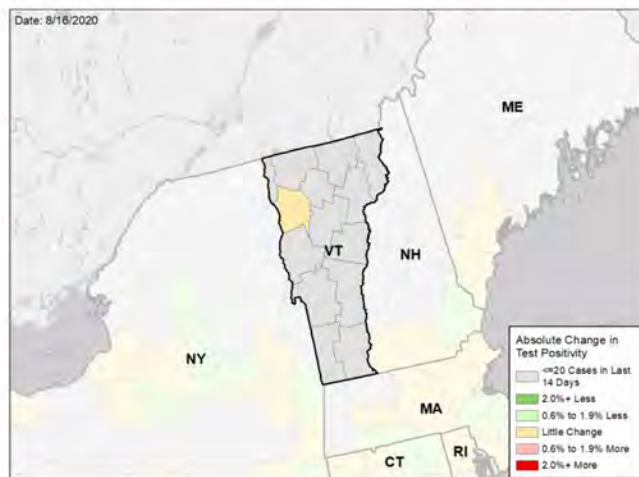
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

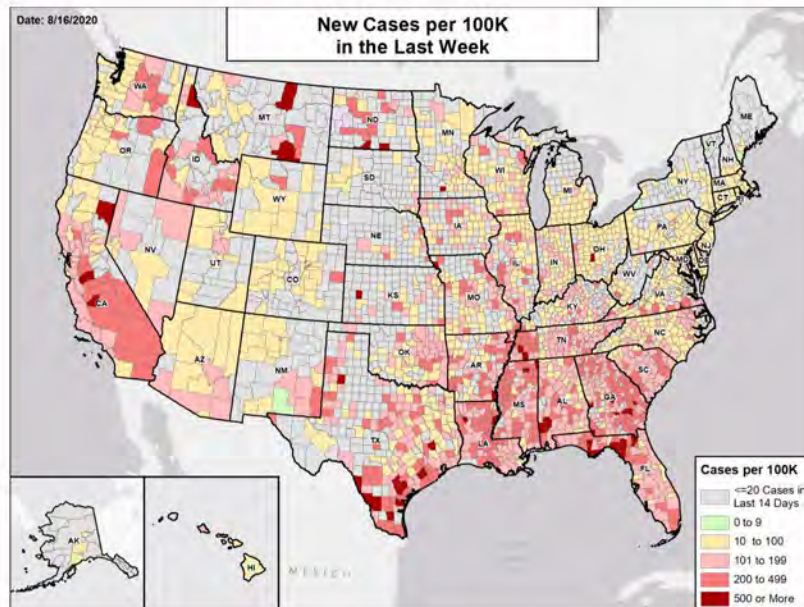
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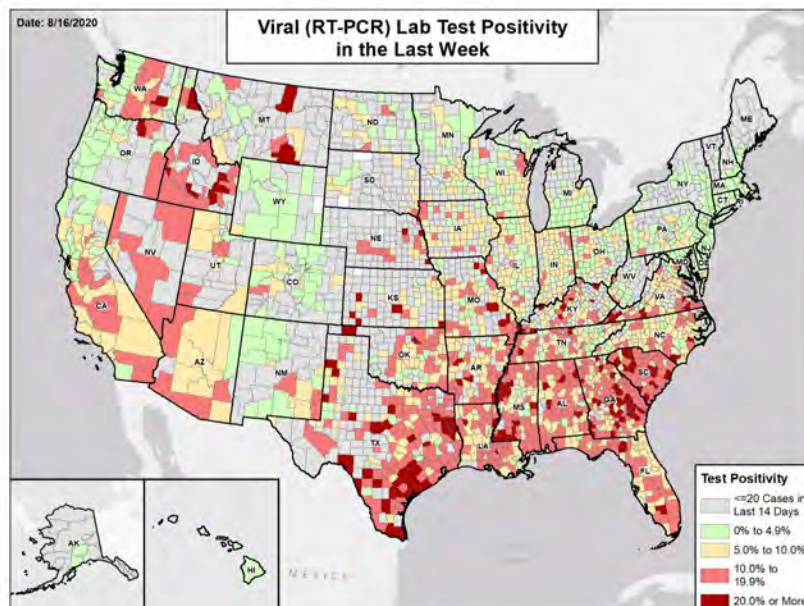


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

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STATE REPORT | 08.16.2020

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Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
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# VIRGINIA

STATE REPORT | 08.16.2020

## 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%.
- Nationally, Virginia was ranked 28th for most new cases per 100,000 population and 14th for highest test positivity last week.
- Virginia has seen a decrease in new cases and decrease in test positivity over the past week. Last week, 84 of 95 counties were in the yellow and red zones; this week, 83 of 95 counties are in these zones, demonstrating continued high community transmission across the state.
- Active community mitigation efforts must accelerate across the state, specifically focused on increasing testing and mitigation in Hispanic and Latinx communities.
- Testing has remained relatively stable this week, but needs to increase to ensure community testing, diagnosis, isolation, and contact tracing. Build on existing infrastructure to develop a more collaborative effort across testing locations to address gaps in access in order to reach vulnerable populations. Ensure more consistent supply flow of tests with a diverse portfolio of vendors and testing platforms.
- 1% of nursing homes are reporting 3 or more cases per week over the past 3 weeks. Continued infection control practices will need to be supported throughout the state.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Virginia Beach City, 2. Fairfax County, and 3. Prince William County. These counties represent 23.0 percent of new cases in Virginia. There is widespread rural and urban transmission continuing across the state and along all the southern and western counties.
- Virginia had 82 new cases per 100,000 population in the past week, compared to a national average of 112 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 52 to support operations activities from FEMA; 2 to support medical activities from CDC; 1 to support testing activities from CDC; 12 to support epidemiology activities from CDC; 4 to support operations activities from CDC; and 92 to support operations activities from USCG.
- Between Aug 08 - Aug 14, on average, 60 patients with confirmed COVID-19 and 200 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Virginia. An average of 67 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. Emphasize outdoor over indoor dining.
- Expand contact tracing efforts. While Virginia has hired over 1,000 contact tracers and engaged a large number of Medical Reserve Corps volunteers, the data for contact tracing indicates there is still an opportunity to add force multipliers to the contact tracing efforts (VANG, CDC, NDMS, USPHS). Hire contact tracers and community health workers from within minority and underserved communities, as they have the cultural competence to gain trust and buy-in from community members.
- 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, and alert visitors the importance of protecting the vulnerable when they return, through mask usage and increased social distancing for family members. Enact strict prevention policies when outbreaks or increases in cases are identified, such as closing bars and indoor restaurants, enforced distancing on beaches, and penalties for social gatherings of greater than 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. Mandate all LTCFs participate in infection prevention and control assessments, including mandating infection prevention and control assessments at all nursing homes with 3 or more cases per week over the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support LTCF 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/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.



COVID-19

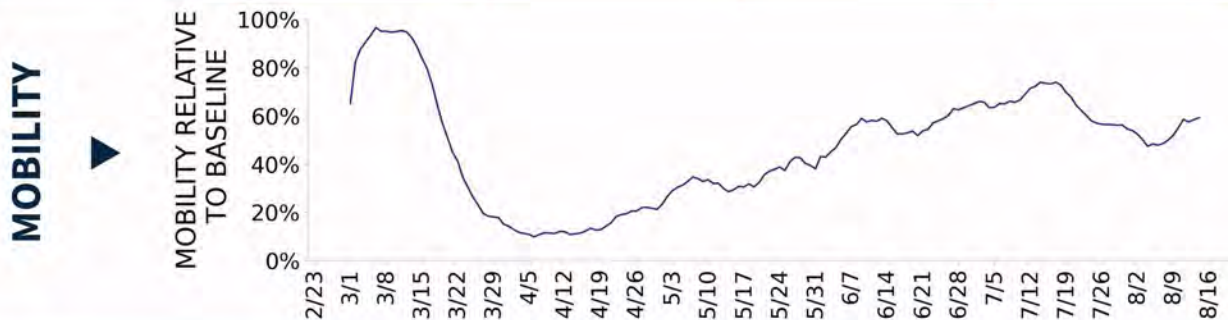




# VIRGINIA

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	6,965 (82)	-12.9%	19,979 (65)	367,035 (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	9.0%	-0.7%*	4.9%	6.5%
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	104,483** (1,224)	+1.5%**	553,419** (1,794)	5,577,964** (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	55 (1)	-63.1%	311 (1)	7,434 (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	11.2%	+1.1%*	9.5%	12.2%



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# VIRGINIA

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**5**

Virginia Beach-Norfolk-Newport News  
Danville  
Martinsville  
Kingsport-Bristol  
Big Stone Gap

**7**

Washington-Arlington-Alexandria  
Richmond  
Lynchburg  
Charlottesville  
Harrisonburg  
Staunton  
Bluefield

**COUNTY  
LAST WEEK**

**29**

Top 12 shown  
(full list  
below)

Virginia Beach City  
Norfolk City  
Chesapeake City  
Portsmouth City  
Suffolk City  
Hampton City  
Lynchburg City  
Pittsylvania  
Henry  
Danville City  
Greensville  
Wise

**54**

Top 12 shown  
(full list  
below)

Fairfax  
Prince William  
Henrico  
Chesterfield  
Loudoun  
Richmond City  
Newport News City  
Alexandria City  
Arlington  
Spotsylvania  
Stafford  
Albemarle

**All Red Counties:** Virginia Beach City, Norfolk City, Chesapeake City, Portsmouth City, Suffolk City, Hampton City, Lynchburg City, Pittsylvania, Henry, Danville City, Greensville, Wise, Prince George, Manassas City, Isle of Wight, Franklin City, Russell, Martinsville City, Patrick, Floyd, Scott, Lee, Brunswick, Southampton, Sussex, Greene, Manassas Park City, Essex, Bland

**All Yellow Counties:** Fairfax, Prince William, Henrico, Chesterfield, Loudoun, Richmond City, Newport News City, Alexandria City, Arlington, Spotsylvania, Stafford, Albemarle, Prince Edward, Bedford, Mecklenburg, Petersburg City, Charlottesville City, Campbell, York, Amherst, Rockingham, Roanoke, Washington, Culpeper, Fredericksburg City, Smyth, Shenandoah, Augusta, Bristol City, Accomack, Caroline, Gloucester, Dinwiddie, Halifax, Carroll, Powhatan, King George, Grayson, Fluvanna, Franklin, Louisa, Wythe, Dickenson, Williamsburg City, King William, Middlesex, Westmoreland, Buena Vista City, Nelson, Goochland, Waynesboro City, Buckingham, Page, Lancaster

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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

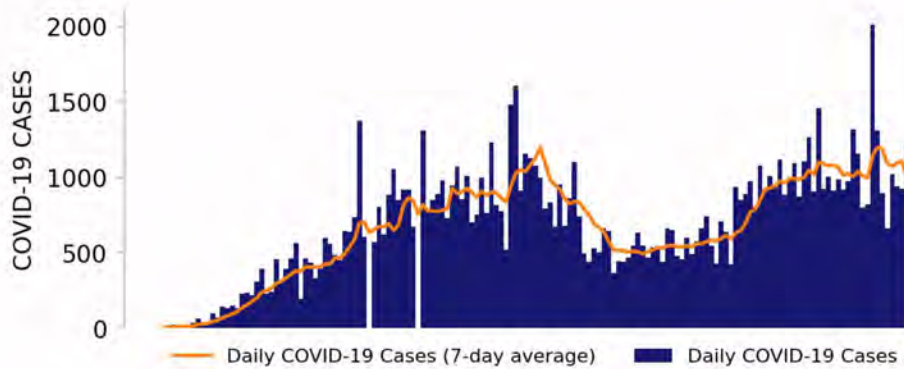




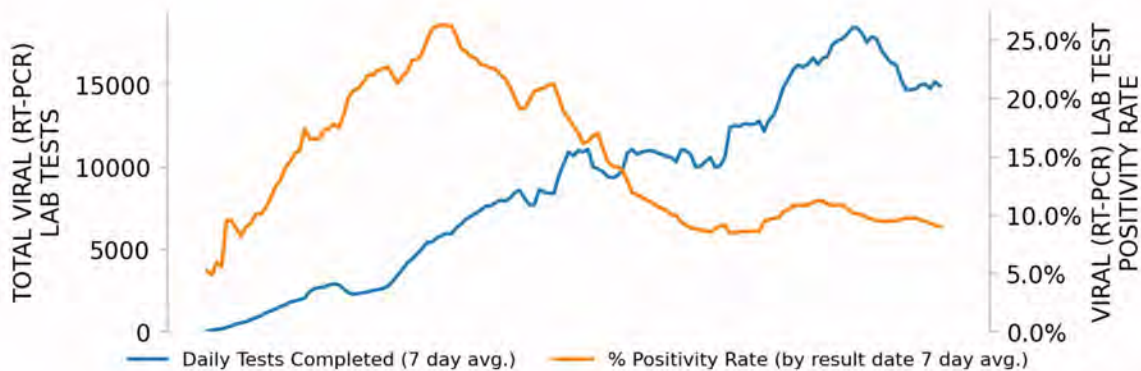
# VIRGINIA

STATE REPORT | 08.16.2020

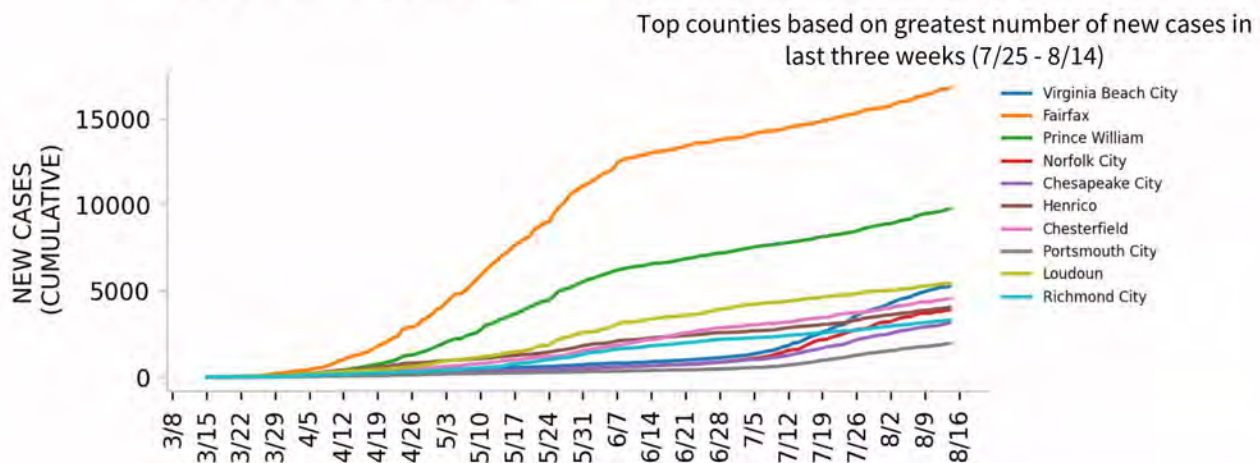
## NEW CASES



## TESTING



## TOP COUNTIES



### 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 8/14/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.

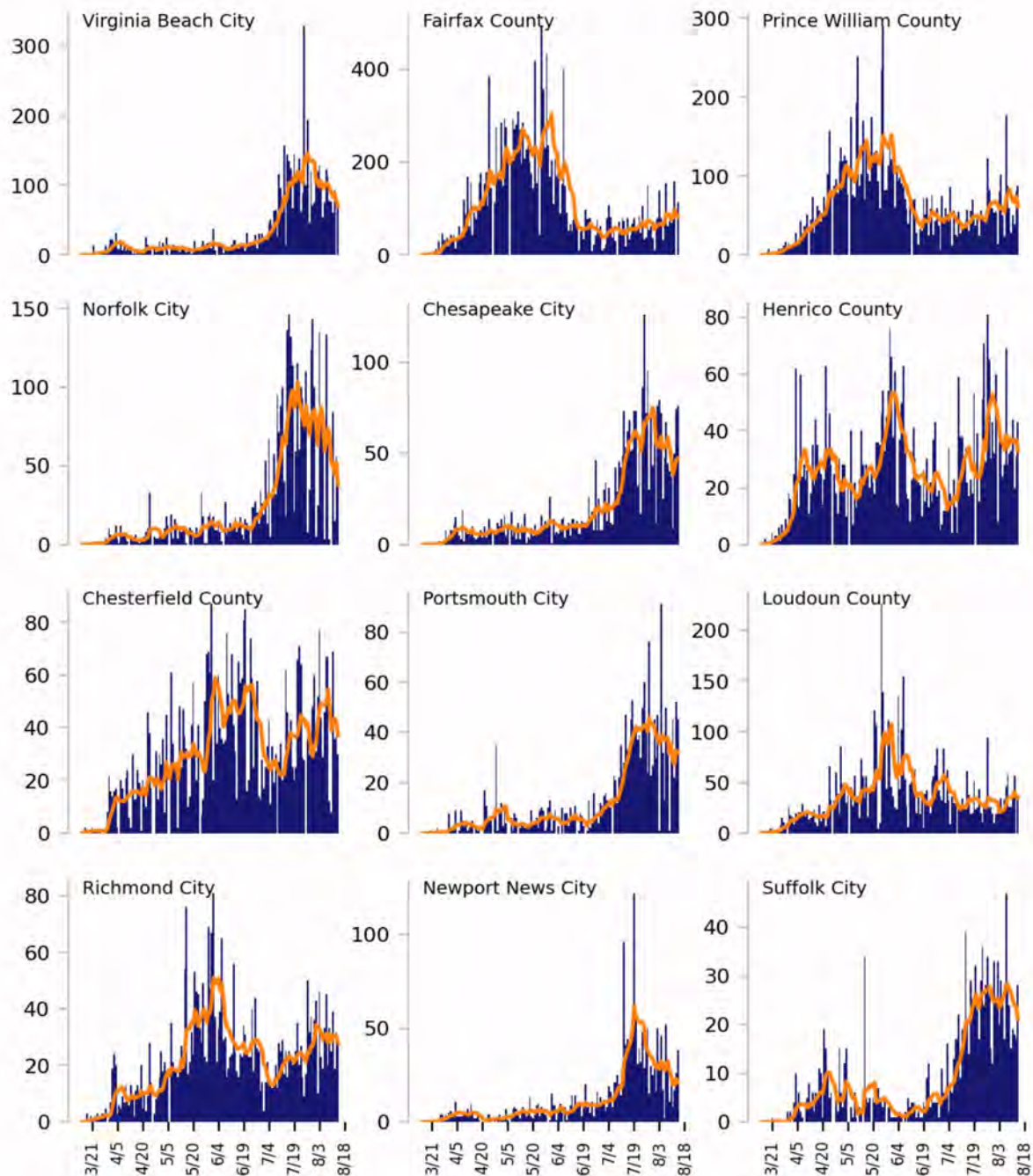




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



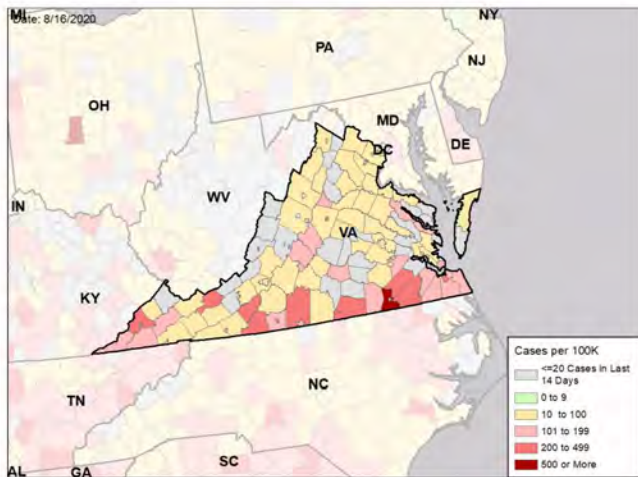


# VIRGINIA

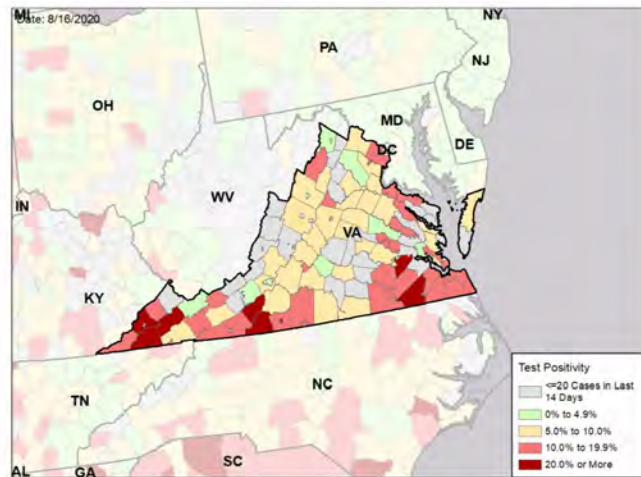
STATE REPORT | 08.16.2020

## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

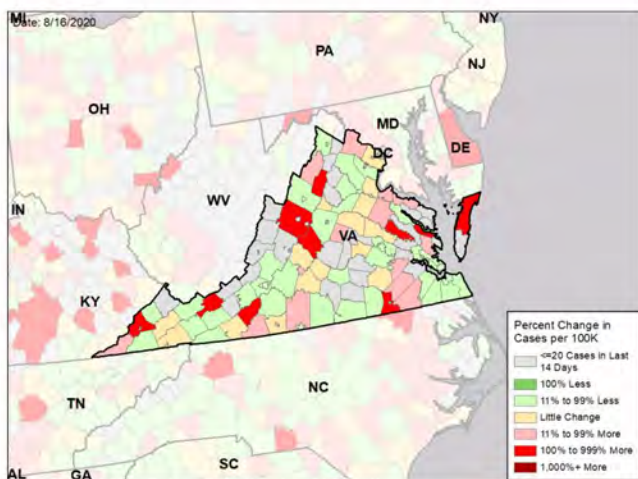
### NEW CASES PER 100,000 DURING LAST WEEK



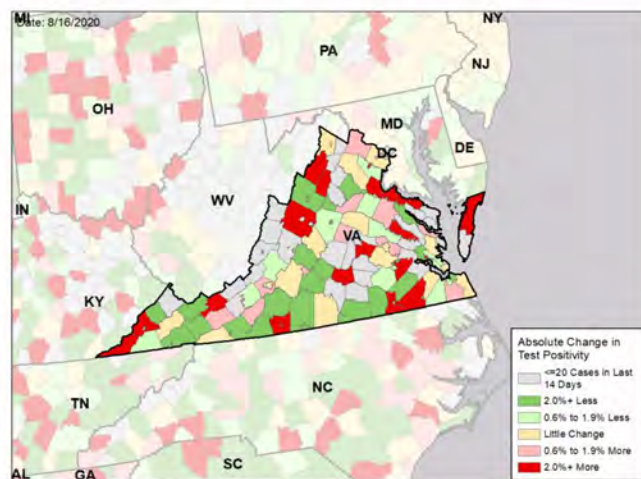
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

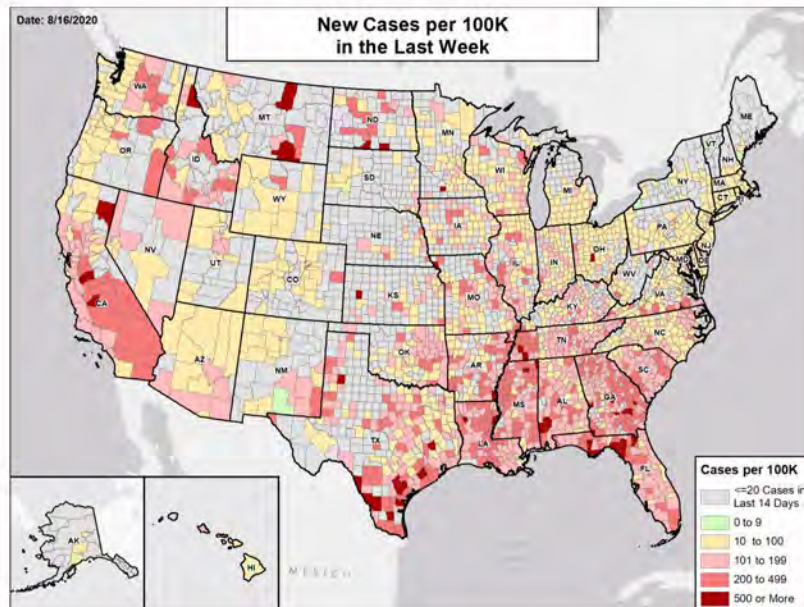
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



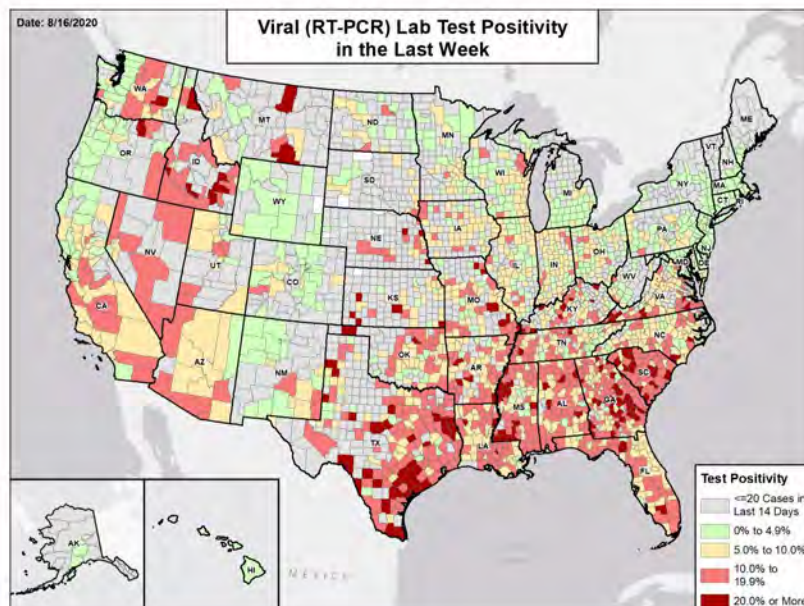


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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.





# WASHINGTON

STATE REPORT | 08.16.2020

## SUMMARY

- Washington 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%.
- Nationally, Washington was ranked 36th for most new cases per 100,000 population and 31st for highest test positivity last week.
- Washington has seen a decrease in new cases and stability in test positivity over the past week. Many counties west of the Cascades reported decreases, but most counties in eastern Washington continued to show evidence of widespread community transmission, with high incidence and high test positivity rates (including Adams, Chelan, Douglas, Franklin, Okanogan counties). Yakima County, where intensive measures have increased mask usage, continued to report decreasing cases, as did Walla Walla and Spokane counties.
- 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 44.3 percent of new cases in Washington.
- In Washington, 4 (2%) long term care facilities (LTCF) reported 3 or more cases per week among residents for 3 consecutive weeks; 3 (1.5%) LTCFs reported 3 or more cases per week among staff for 3 consecutive weeks. Both indicators decreased compared to the previous week.
- Washington had 59 new cases per 100,000 population in the past week, compared to a national average of 112 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 114 to support operations activities from FEMA; 3 to support operations activities from ASPR; 7 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 08 - Aug 14, on average, 26 patients with confirmed COVID-19 and 72 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Washington. An average of 61 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

- In anticipation of reopening of colleges and universities, encourage local authorities to conduct outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy. Encourage local ordinances in these communities to allow enforcement of size limits and mask mandates for off-campus gatherings.
- Continue state masking requirement. Intensify communication to the public about disruption of business and school operations if cases continue to increase.
- Ensure that all business retailers and personal services require masks and can safely social distance as in Proclamation 20 – 25.6.
- 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.
- 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](#).

*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 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.



COVID-19

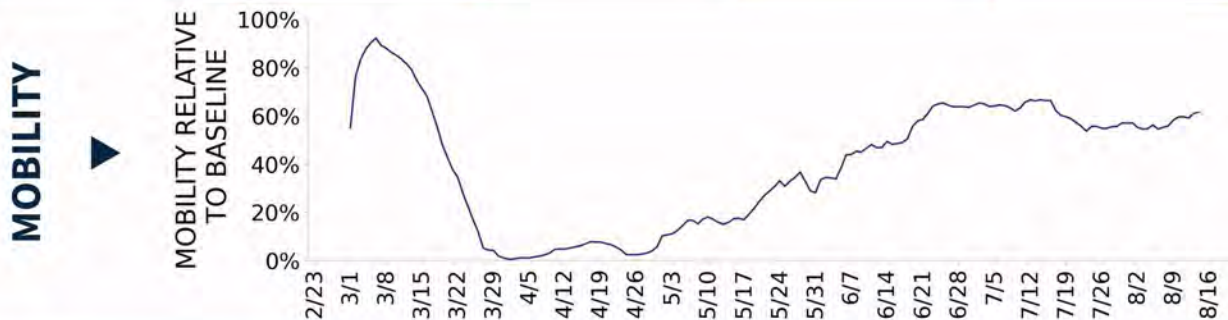




# WASHINGTON

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>4,526</b> (59)	<b>-22.1%</b>	<b>10,296</b> (72)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>4.7%</b>	<b>-0.4%*</b>	<b>5.8%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>81,623**</b> (1,072)	<b>-2.9%**</b>	<b>189,408**</b> (1,320)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>83</b> (1)	<b>-23.9%</b>	<b>158</b> (1)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>7.6%</b>	<b>-1.6%*</b>	<b>7.3%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# WASHINGTON

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**4**

Yakima  
Wenatchee  
Moses Lake  
Othello

**5**

Kennewick-Richland  
Walla Walla  
Shelton  
Ellensburg  
Longview

**COUNTY  
LAST WEEK**

**6**

Yakima  
Franklin  
Grant  
Chelan  
Okanogan  
Adams

**8**

Spokane  
Benton  
Douglas  
Walla Walla  
Mason  
Kittitas  
Cowlitz  
Klickitat

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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
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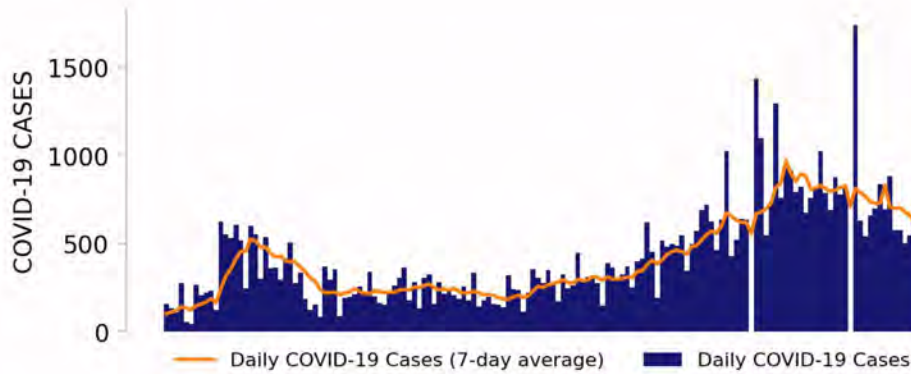




# WASHINGTON

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## NEW CASES

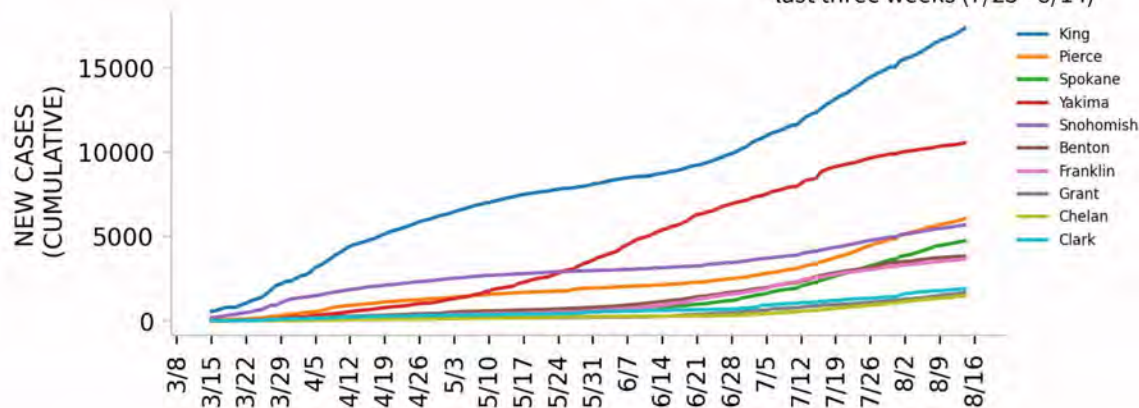


## TESTING



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP COUNTIES



### 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 8/14/2020.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/12/2020.

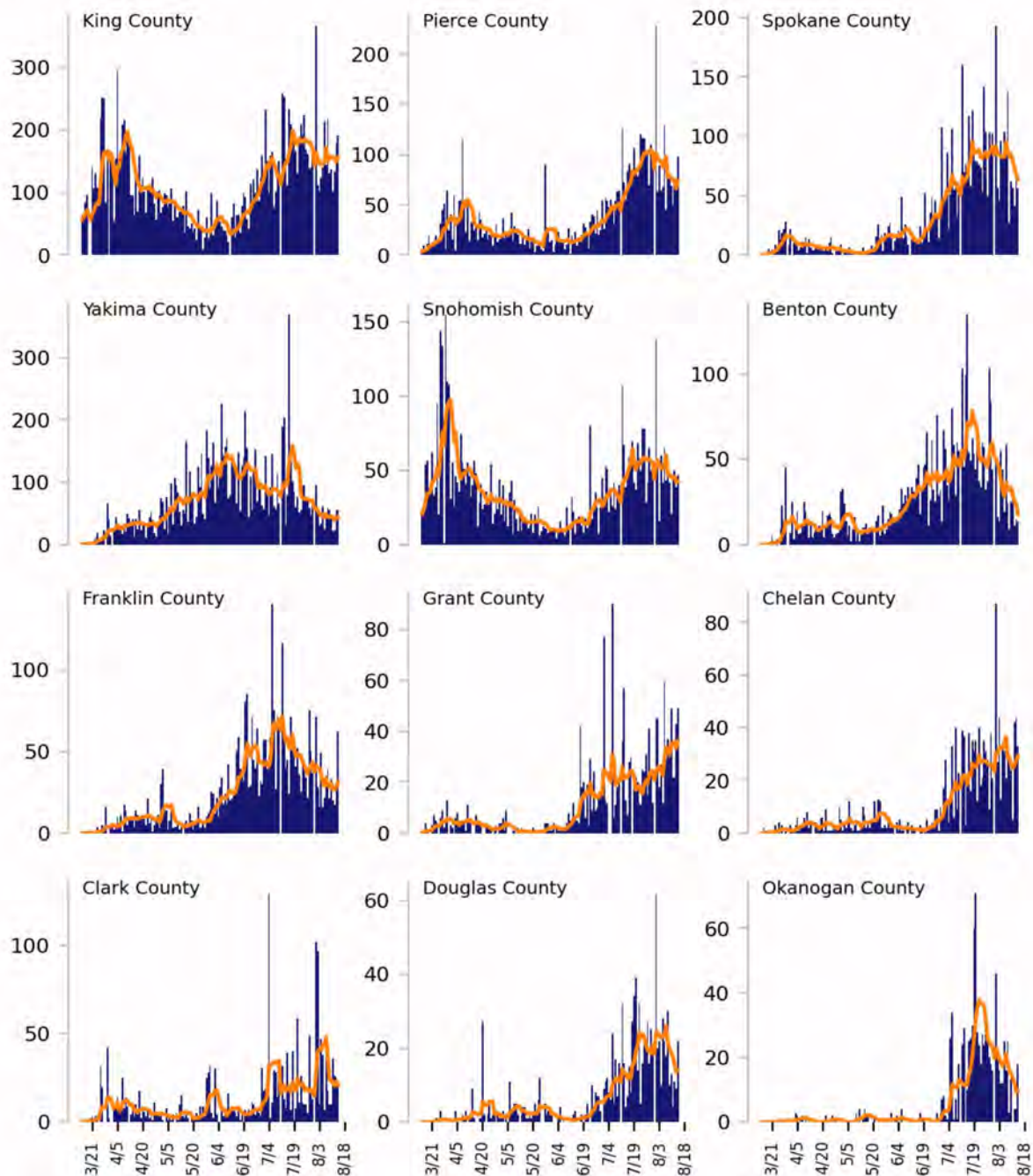




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



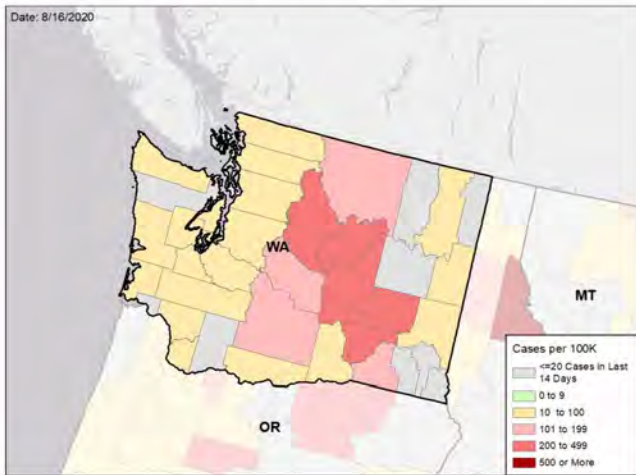


# WASHINGTON

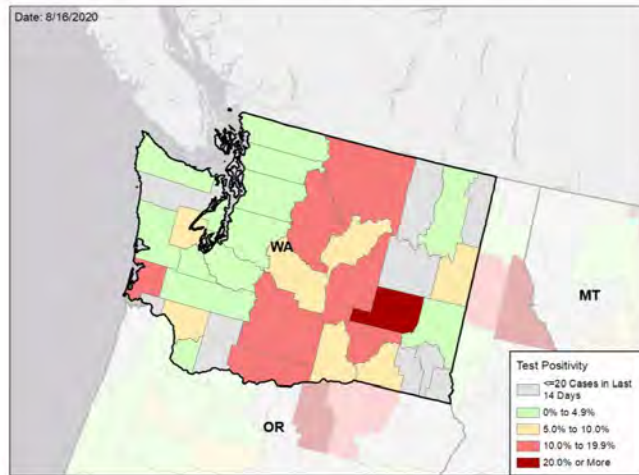
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## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

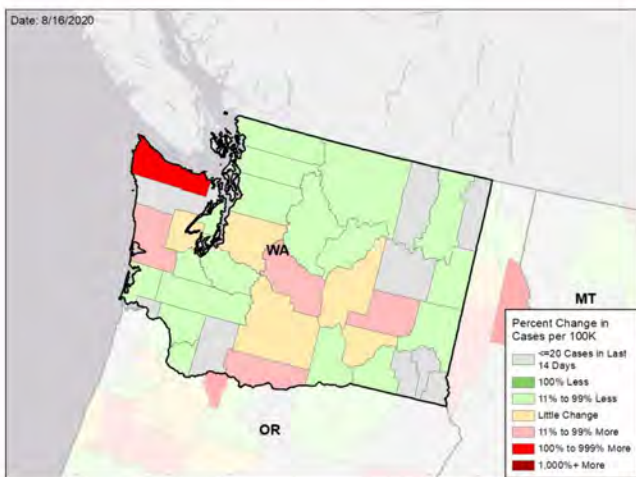
### NEW CASES PER 100,000 DURING LAST WEEK



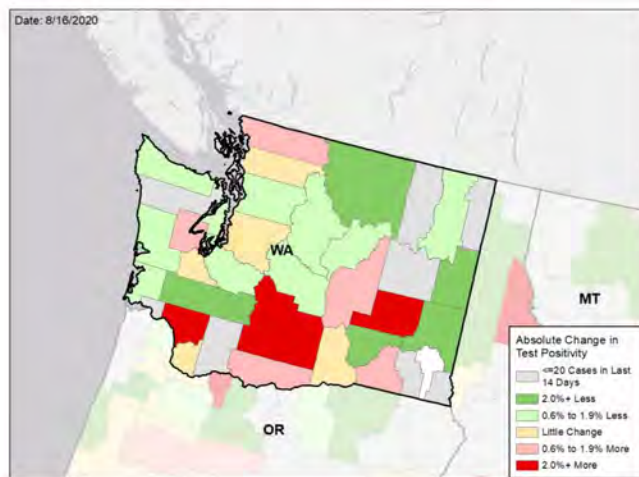
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

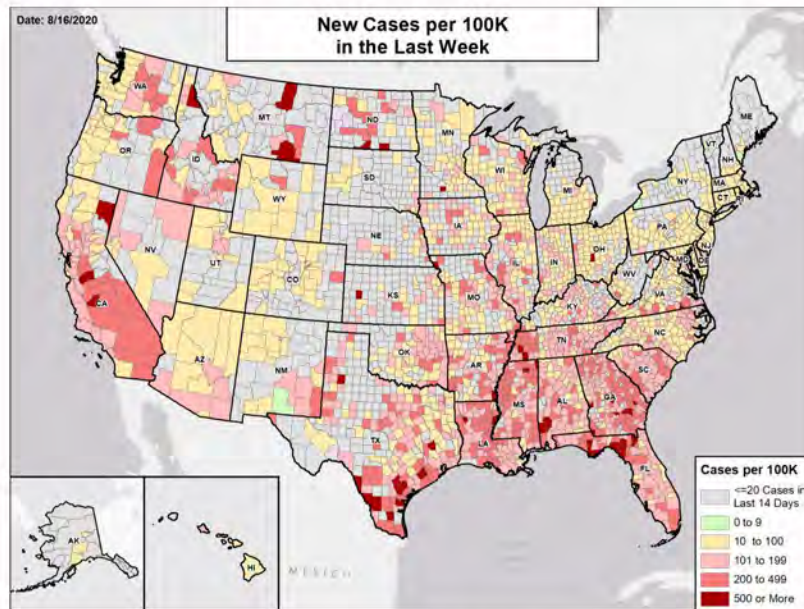
**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



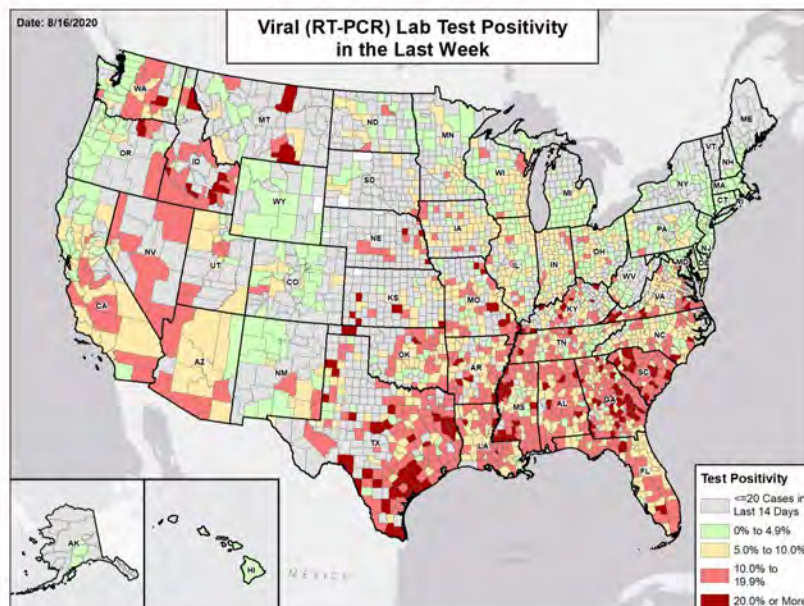


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



#### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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.





# WEST VIRGINIA

STATE REPORT | 08.16.2020

## 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%.
- Nationally, West Virginia was ranked 40th for most new cases per 100,000 population and 38th for highest test positivity last week.
- West Virginia 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. Kanawha County, 2. Logan County, and 3. Cabell County. These counties represent 31.1 percent of new cases in West Virginia.
- West Virginia had 47 new cases per 100,000 population in the past week, compared to a national average of 112 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; 6 to support epidemiology activities from CDC; and 23 to support operations activities from USCG.
- Between Aug 08 - Aug 14, on average, 12 patients with confirmed COVID-19 and 36 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in West Virginia. An average of 64 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 mandate in place.
- Continue closure of or limited seating at bars in highly affected areas, including Monongalia County.
- Increase and strengthen 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, such as Myrtle Beach, SC, 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.
- Build on existing infrastructure to develop a more collaborative effort across testing locations to fill in gaps to reach vulnerable populations; ensure more consistent flow of testing supplies by developing a diverse portfolio of vendors and testing platforms.
- 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. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place.
- Continue ongoing efforts to build and utilize contact tracing. Hire contact tracers and community health workers from within minority and underserved communities to ensure cultural competency to gain trust and buy-in from within the community.
- 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 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.



COVID-19

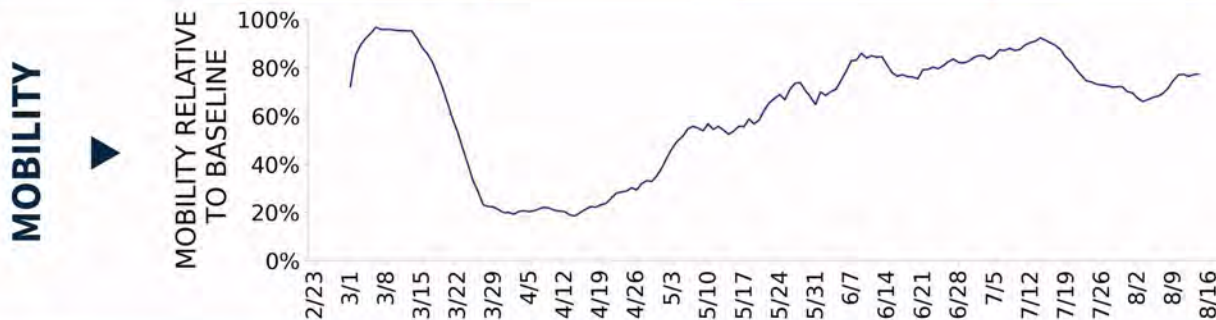




# WEST VIRGINIA

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>849</b> (47)	<b>+7.7%</b>	<b>19,979</b> (65)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>3.5%</b>	<b>-0.2%*</b>	<b>4.9%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>39,645**</b> (2,212)	<b>+4.2%**</b>	<b>553,419**</b> (1,794)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>30</b> (2)	<b>+172.7%</b>	<b>311</b> (1)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>6.7%</b>	<b>+3.4%*</b>	<b>9.5%</b>	<b>12.2%</b>



\* 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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# WEST VIRGINIA

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

0

N/A

4

Mount Gay-Shamrock  
Bluefield  
Point Pleasant  
Washington-Arlington-  
Alexandria

**COUNTY  
LAST WEEK**

1

Mingo

5

Logan  
Grant  
Lincoln  
Wayne  
Mason

\* 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 viral (RT-PCR) lab test positivity result above 10%.

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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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- Wear a mask at all times outside the home and maintain physical distance
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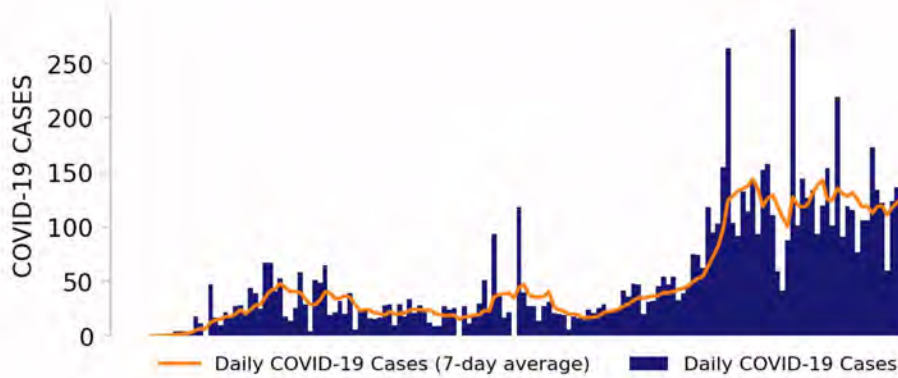




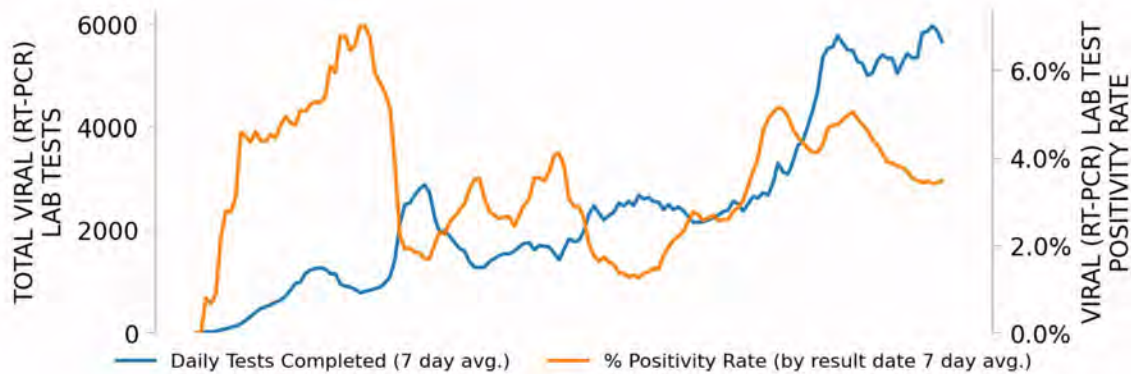
# WEST VIRGINIA

STATE REPORT | 08.16.2020

## NEW CASES

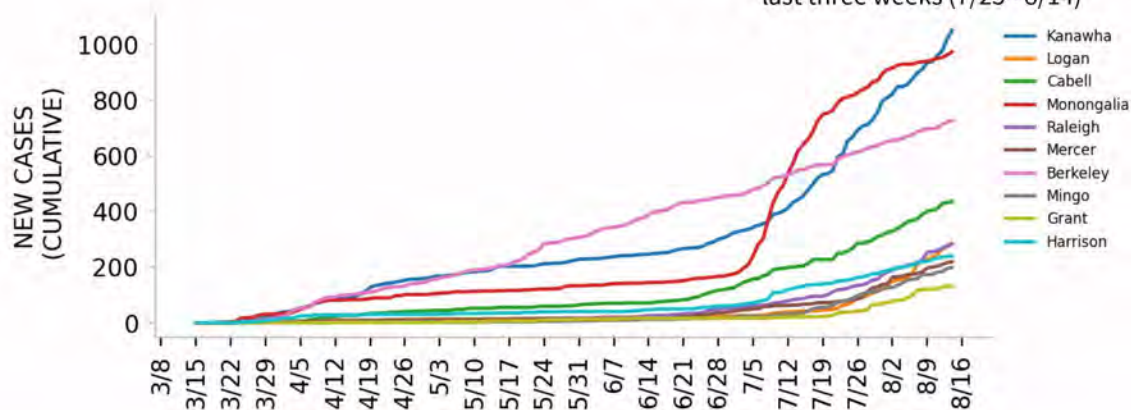


## TESTING



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP COUNTIES



### 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 8/14/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.

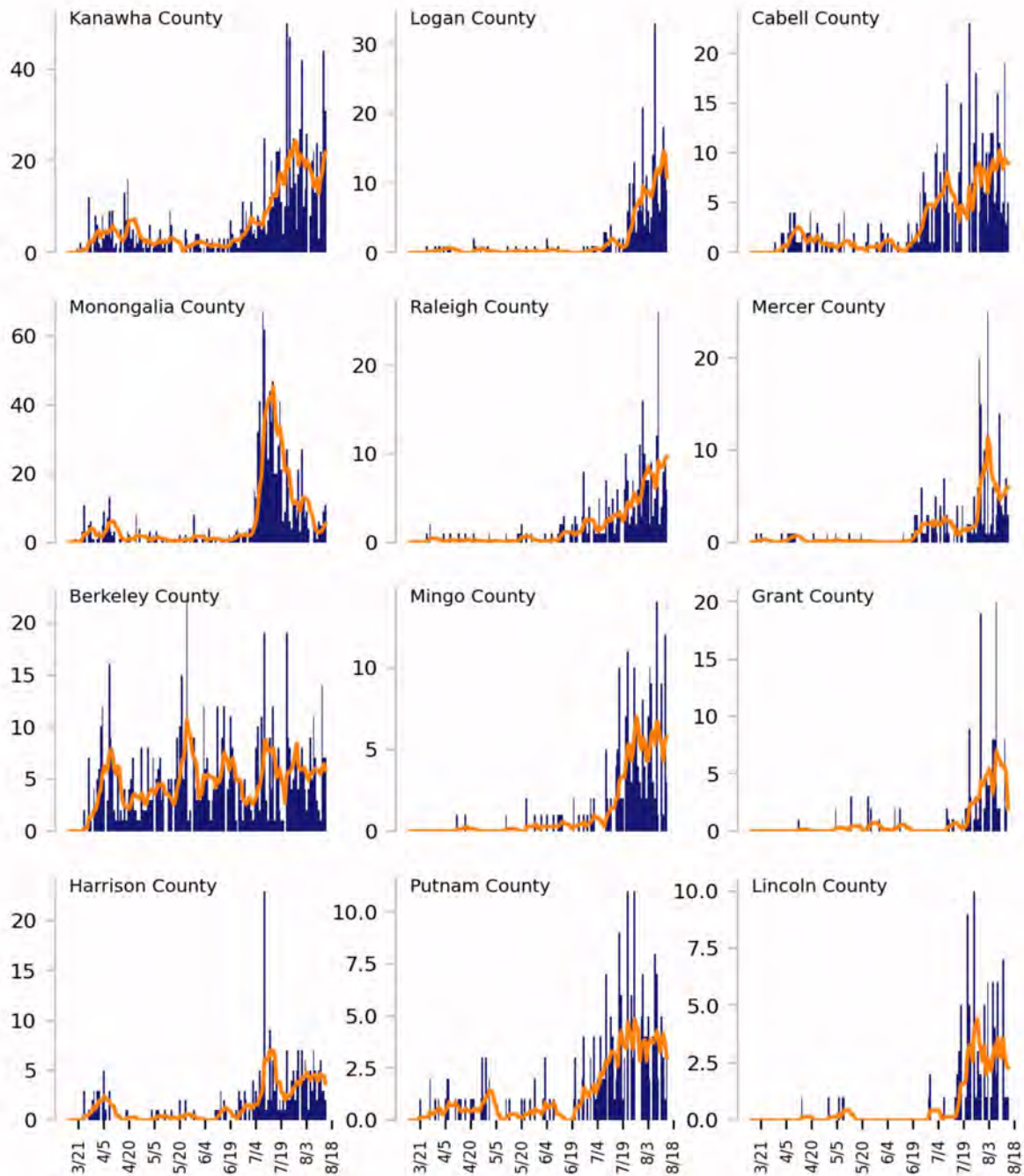




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



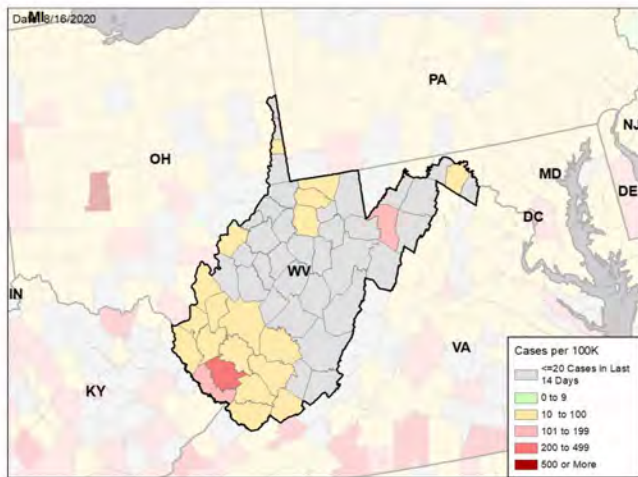


# WEST VIRGINIA

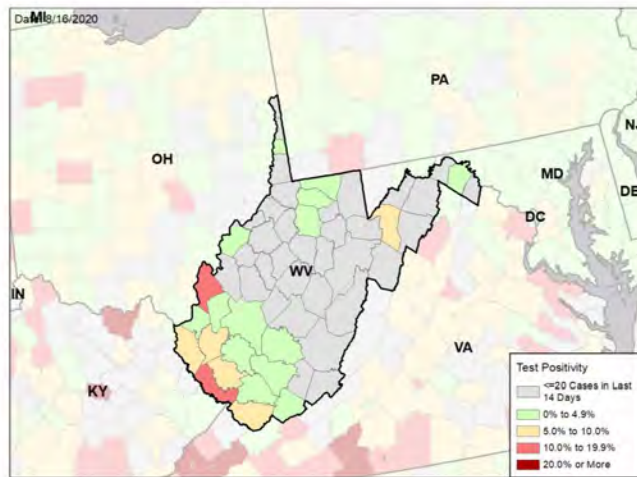
STATE REPORT | 08.16.2020

## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

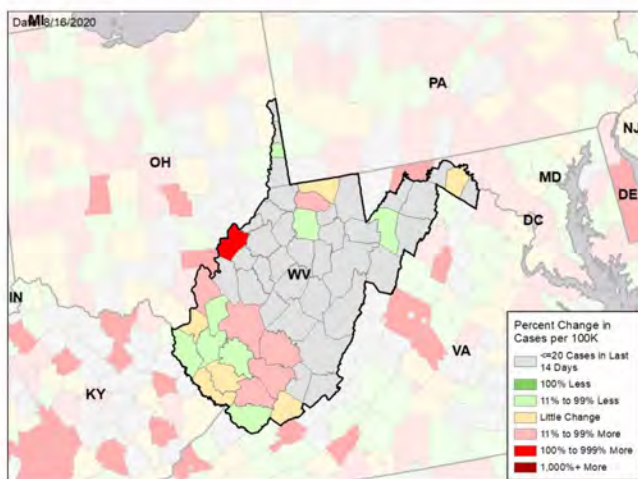
### NEW CASES PER 100,000 DURING LAST WEEK



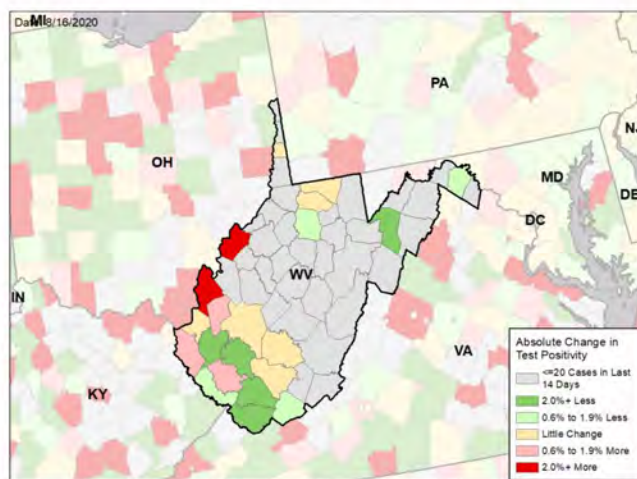
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

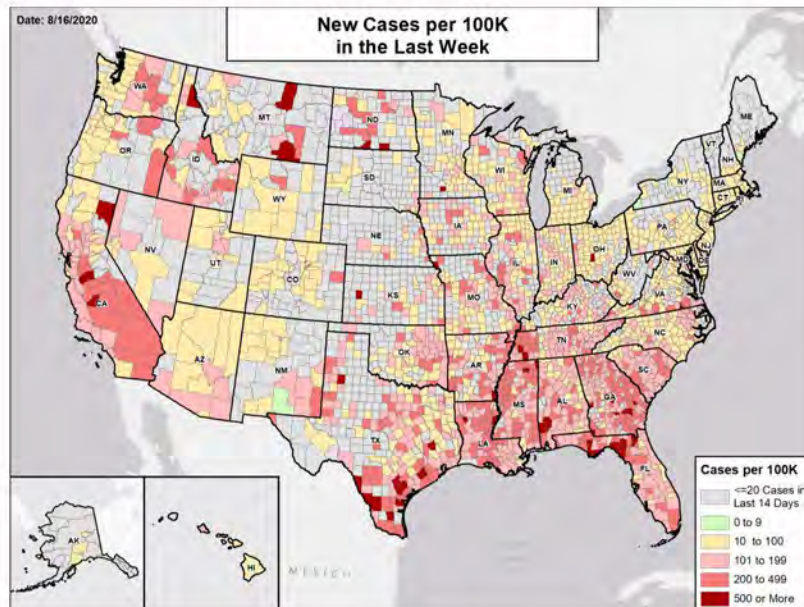
**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12, previous week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



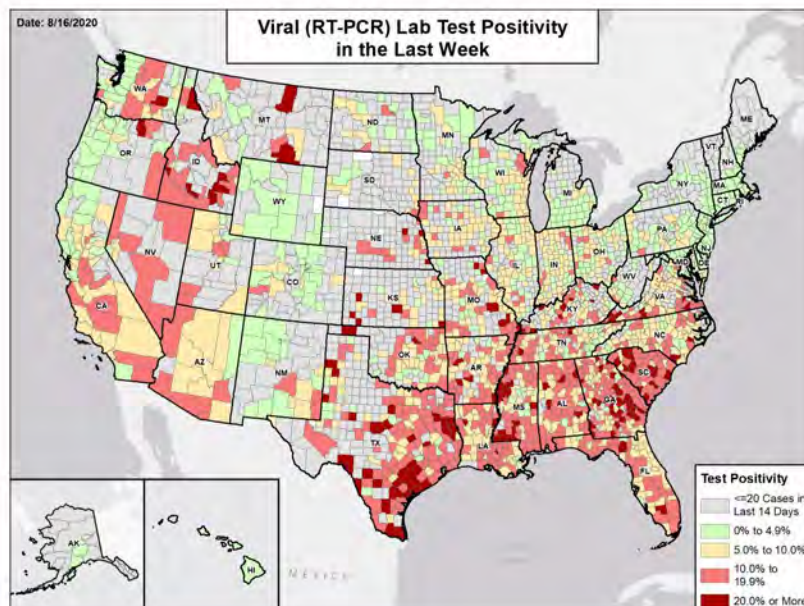


# National Picture

## NEW CASES PER 100,000 LAST WEEK



## VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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 | 08.16.2020

**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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>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 14:00 EDT on 08/16/2020. 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 8/8 to 8/14; previous week data are from 8/1 to 8/7.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
- 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.





# WISCONSIN

STATE REPORT | 08.16.2020

## SUMMARY

- Wisconsin 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%.
- Nationally, Wisconsin was ranked 22nd for most new cases per 100,000 population and 28th for highest test positivity last week.
- Wisconsin has seen stability in new cases and stability in test positivity over the past week.
- Virus transmission is seen in all areas of the state. 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 42.5 percent of new cases in Wisconsin. Cases in the major urban counties, including Milwaukee County, declined last week; however, increasing cases and high incidence were seen in multiple, less urban counties across the state.
- In Wisconsin, no long-term care facilities reported 3 or more cases per week among either residents or staff for 3 consecutive weeks.
- Wisconsin had 94 new cases per 100,000 population in the past week, compared to a national average of 112 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 11 to support operations activities from FEMA; 1 to support operations activities from USCG; and 12 to support medical activities from VA.
- Between Aug 08 - Aug 14, on average, 60 patients with confirmed COVID-19 and 117 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Wisconsin. An average of 66 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

- In anticipation of the reopening of colleges and universities, conduct outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus gatherings.
- Continue to promote the state masking requirement with continued strong public messaging of its importance in avoiding disruptions to business and school operations.
- While mitigation measures are associated with improvements in disease activity in urban areas, increases in cases in less urban counties continue; increases in Marinette and Iron counties were followed by outbreaks in neighboring counties across state lines. Surge testing and contact tracing resources to counties, neighborhoods, and zip codes with highest case rates.
- 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.
- 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 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.



**COVID-19**

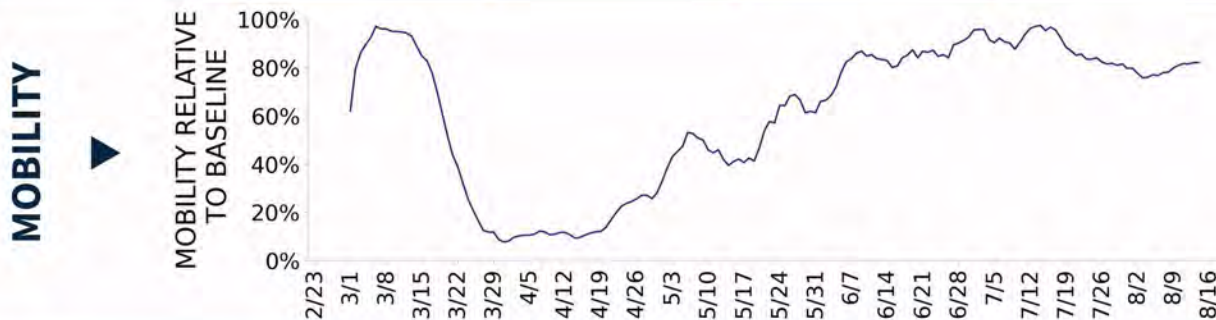




# WISCONSIN

STATE REPORT | 08.16.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>5,456</b> (94)	<b>-6.4%</b>	<b>41,679</b> (79)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>5.6%</b>	<b>-0.2%*</b>	<b>5.2%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>132,372**</b> (2,273)	<b>-7.6%**</b>	<b>988,488**</b> (1,881)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>36</b> (1)	<b>-35.7%</b>	<b>472</b> (1)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>4.5%</b>	<b>+0.1%*</b>	<b>7.3%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# WISCONSIN

STATE REPORT | 08.16.2020

## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

**METRO  
AREA  
(CBSA)  
LAST WEEK**

**1**

Marinette

**16**

Top 12 shown  
(full list  
below)

Milwaukee-Waukesha  
Green Bay  
Racine  
Appleton  
Chicago-Naperville-Elgin  
Whitewater  
Sheboygan  
Eau Claire  
Beaver Dam  
Fond du Lac  
Minneapolis-St. Paul-Bloomington  
Watertown-Fort Atkinson

**COUNTY  
LAST WEEK**

**4**

Marinette  
Oconto  
Lafayette  
Sawyer

**27**

Top 12 shown  
(full list  
below)

Milwaukee  
Waukesha  
Racine  
Brown  
Kenosha  
Washington  
Outagamie  
Walworth  
Sheboygan  
Ozaukee  
Dodge  
Fond du Lac

**All Yellow CBSAs:** Milwaukee-Waukesha, Green Bay, Racine, Appleton, Chicago-Naperville-Elgin, Whitewater, Sheboygan, Eau Claire, Beaver Dam, Fond du Lac, Minneapolis-St. Paul-Bloomington, Watertown-Fort Atkinson, Wisconsin Rapids-Marshfield, Manitowoc, Stevens Point, Shawano

**All Yellow Counties:** Milwaukee, Waukesha, Racine, Brown, Kenosha, Washington, Outagamie, Walworth, Sheboygan, Ozaukee, Dodge, Fond du Lac, Waupaca, Eau Claire, Jefferson, Wood, Calumet, Manitowoc, Portage, Douglas, Oneida, Trempealeau, Shawano, Green, Kewaunee, Adams, Crawford

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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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### 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

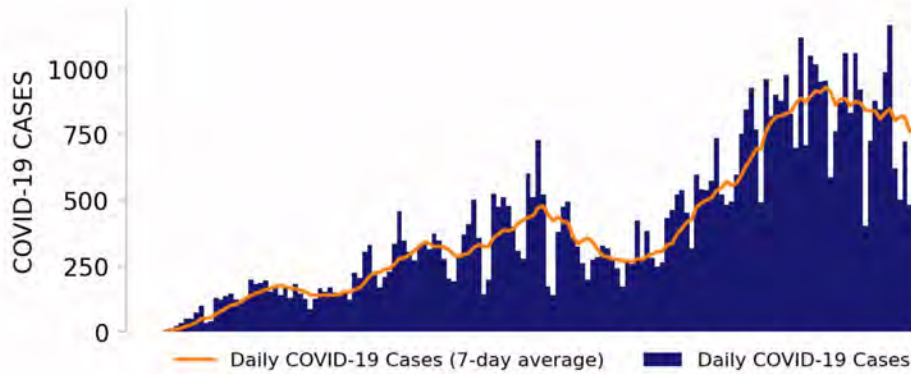




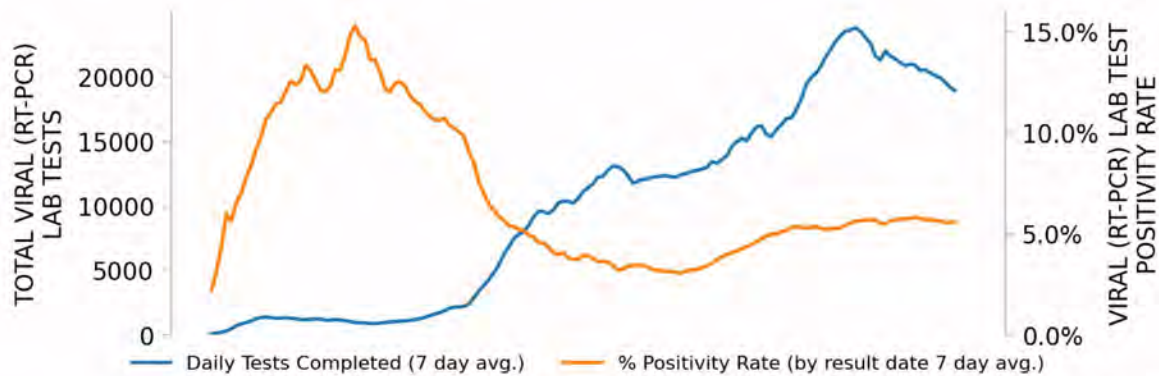
# WISCONSIN

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## NEW CASES

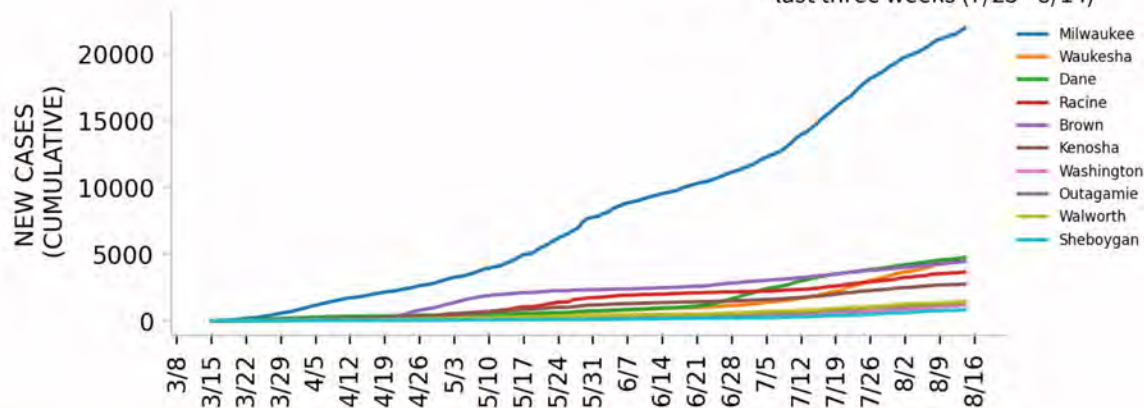


## TESTING



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP COUNTIES



### 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 8/14/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.

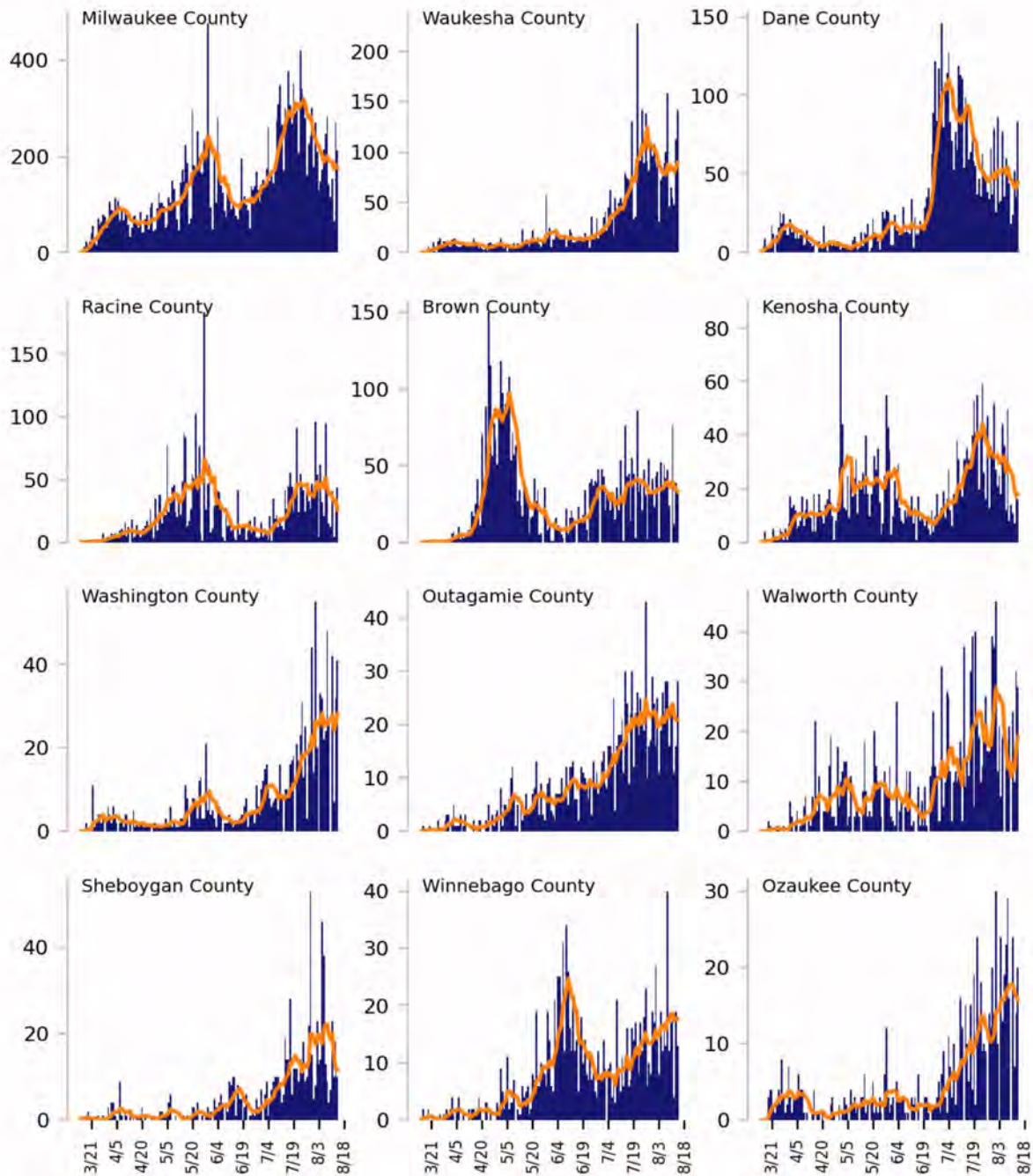




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



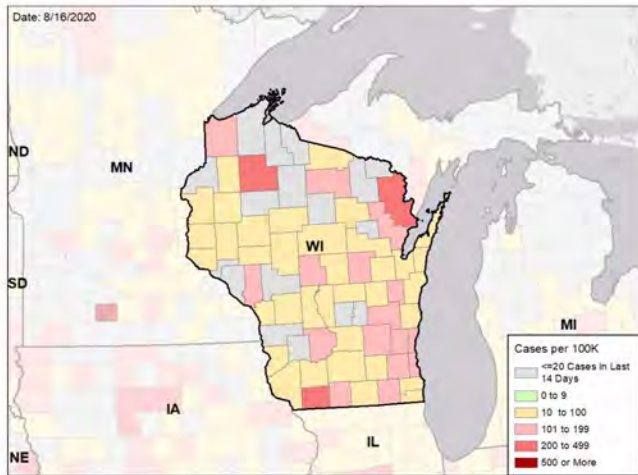


# WISCONSIN

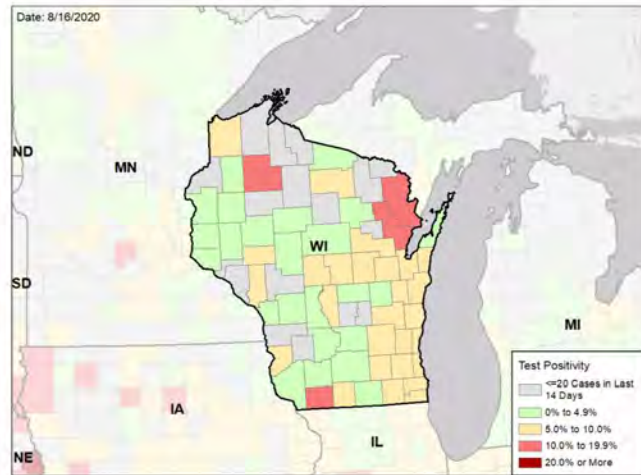
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## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

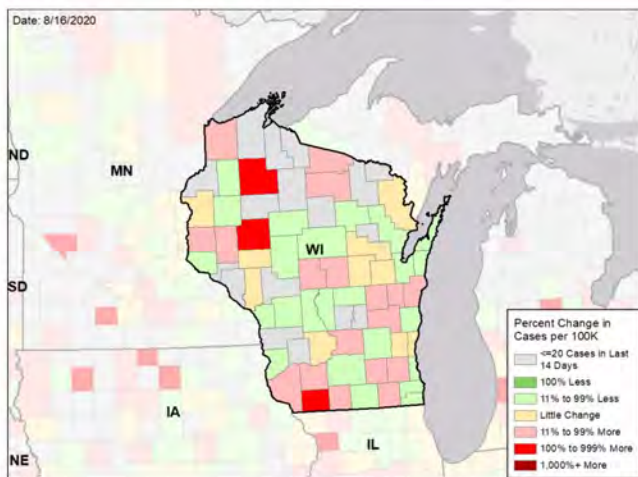
### NEW CASES PER 100,000 DURING LAST WEEK



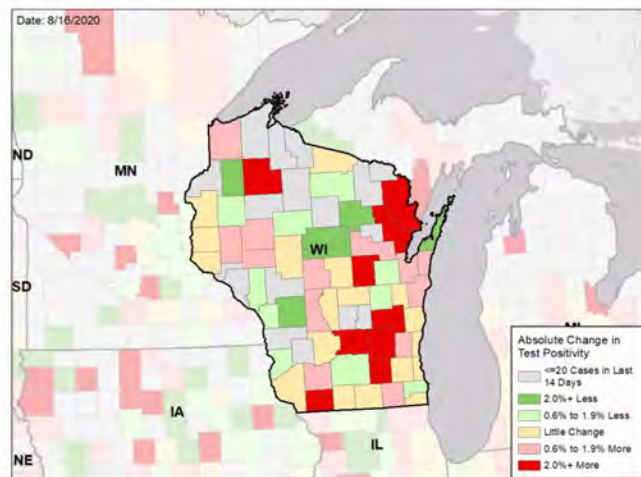
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

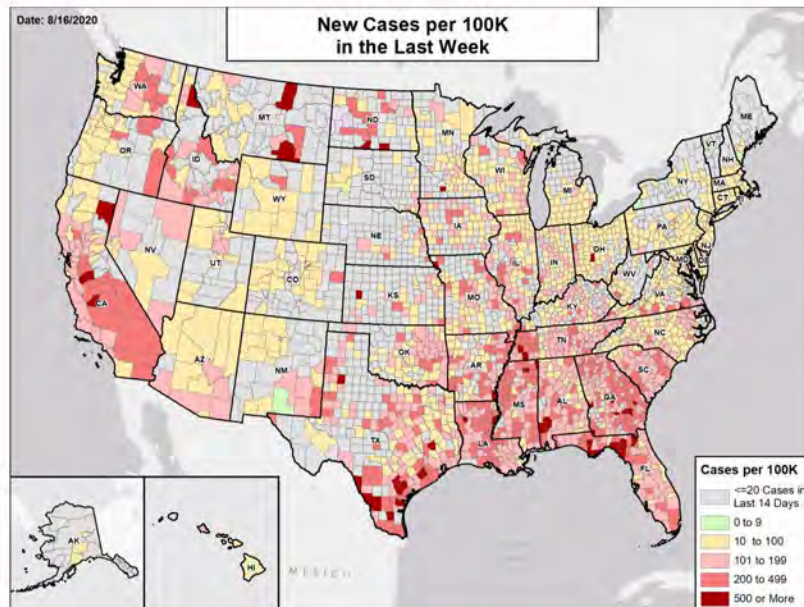
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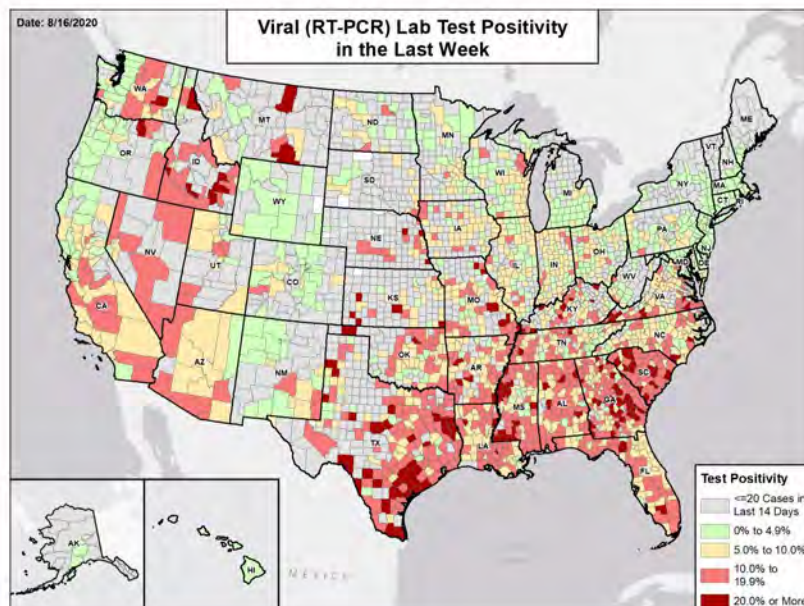


## National Picture

### NEW CASES PER 100,000 LAST WEEK



### VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



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# Methods

STATE REPORT | 08.16.2020

**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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>0.5%

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- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 to 8/12; previous week data are from 7/30 to 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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 08/16/2020 and through 8/14/2020.
- 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 14:45 EDT on 08/16/2020.
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# WYOMING

STATE REPORT | 08.16.2020

## 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%.
- Nationally, Wyoming was ranked 45th for most new cases per 100,000 population and 42nd for highest test positivity last week.
- Wyoming 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. Teton County, 2. Laramie County, and 3. Fremont County. These counties represent 37.7 percent of new cases in Wyoming.
- Wyoming had 33 new cases per 100,000 population in the past week, compared to a national average of 112 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 08 - Aug 14, on average, 8 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 67 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

- More specific promotion of social distancing and the use of cloth face coverings in indoor settings outside of homes, especially in crowded workplaces, such as meat-processing plants.
- 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.
- Ensure full reporting of testing to allow accurate determination of test positivity and testing needs.
- 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. When reporting, distinctions between diagnostic and surveillance testing should be maintained.
- Continue to conduct surveillance in all congregate settings; follow CDC guidance for management of COVID in correctional and detention facilities.
- Continue rigorous case investigation and innovative contact tracing (use of app), 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 in Teton, Washakie, Goshen, Sheridan, and Hot Springs counties.
- Maintain policies in nursing homes and long-term care facilities, including testing of all residents on admission, periodic testing of staff and residents, facility-wide testing when any staff or resident is diagnosed with COVID, reasonable restrictions on visitation, and required face coverings for all staff.
- 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 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](#).

*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 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.



COVID-19

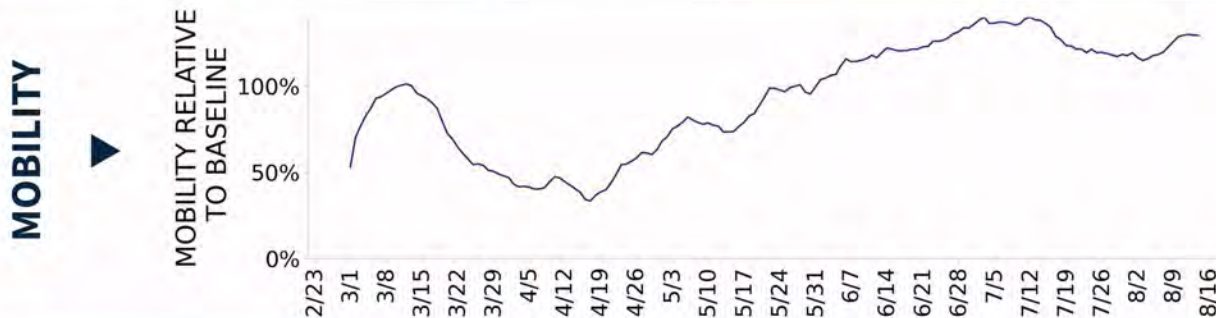




# WYOMING

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
<b>NEW CASES</b> (RATE PER 100,000)	<b>192</b> (33)	<b>-27.3%</b>	<b>7,819</b> (64)	<b>367,035</b> (112)
<b>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</b>	<b>2.8%</b>	<b>-1.3%*</b>	<b>5.2%</b>	<b>6.5%</b>
<b>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</b>	<b>4,922**</b> (850)	<b>+5.9%**</b>	<b>178,292**</b> (1,454)	<b>5,577,964**</b> (1,699)
<b>COVID DEATHS</b> (RATE PER 100,000)	<b>1</b> (0)	<b>-50.0%</b>	<b>88</b> (1)	<b>7,434</b> (2)
<b>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</b>	<b>0.0%</b>	<b>N/A*</b>	<b>4.4%</b>	<b>12.2%</b>



\* 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 8/14/2020; last week is 8/8 - 8/14, previous week is 8/1 - 8/7.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result 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 viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/6 - 8/12; previous week data are from 7/30 - 8/5. HHS Protect data is recent as of 14:30 EDT on 08/16/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/15/2020. 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. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/14/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/3-8/9, previous week is 7/27-8/2.





# WYOMING

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## COVID-19 COUNTY AND METRO ALERTS\*

### LOCALITIES IN RED ZONE

### LOCALITIES IN YELLOW ZONE

METRO  
AREA  
(CBSA)  
LAST WEEK

**0**

N/A

**0**

N/A

COUNTY  
LAST WEEK

**0**

N/A

**0**

N/A

\* 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 viral (RT-PCR) lab 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 viral (RT-PCR) lab 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 8/14/2020; last week is 8/8 - 8/14, three weeks is 7/25 - 8/14.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/12/2020. Last week is 8/6 - 8/12. 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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## 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

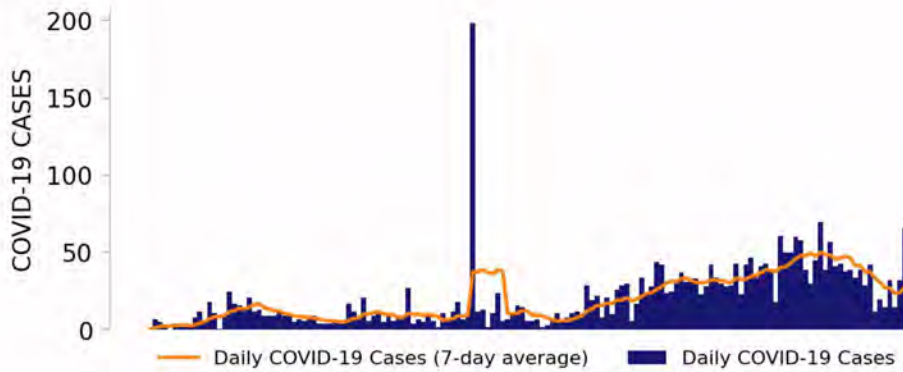




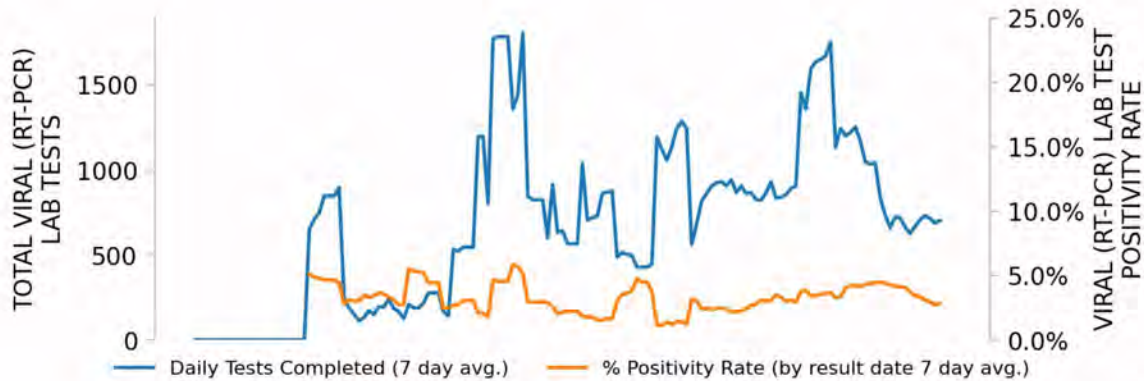
# WYOMING

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## NEW CASES

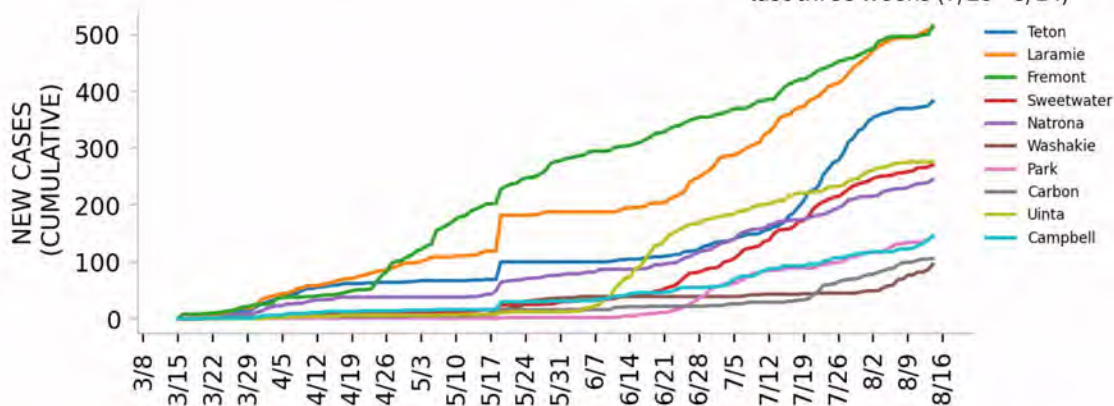


## TESTING



Top counties based on greatest number of new cases in last three weeks (7/25 - 8/14)

## TOP COUNTIES



### 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 8/14/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/12/2020.

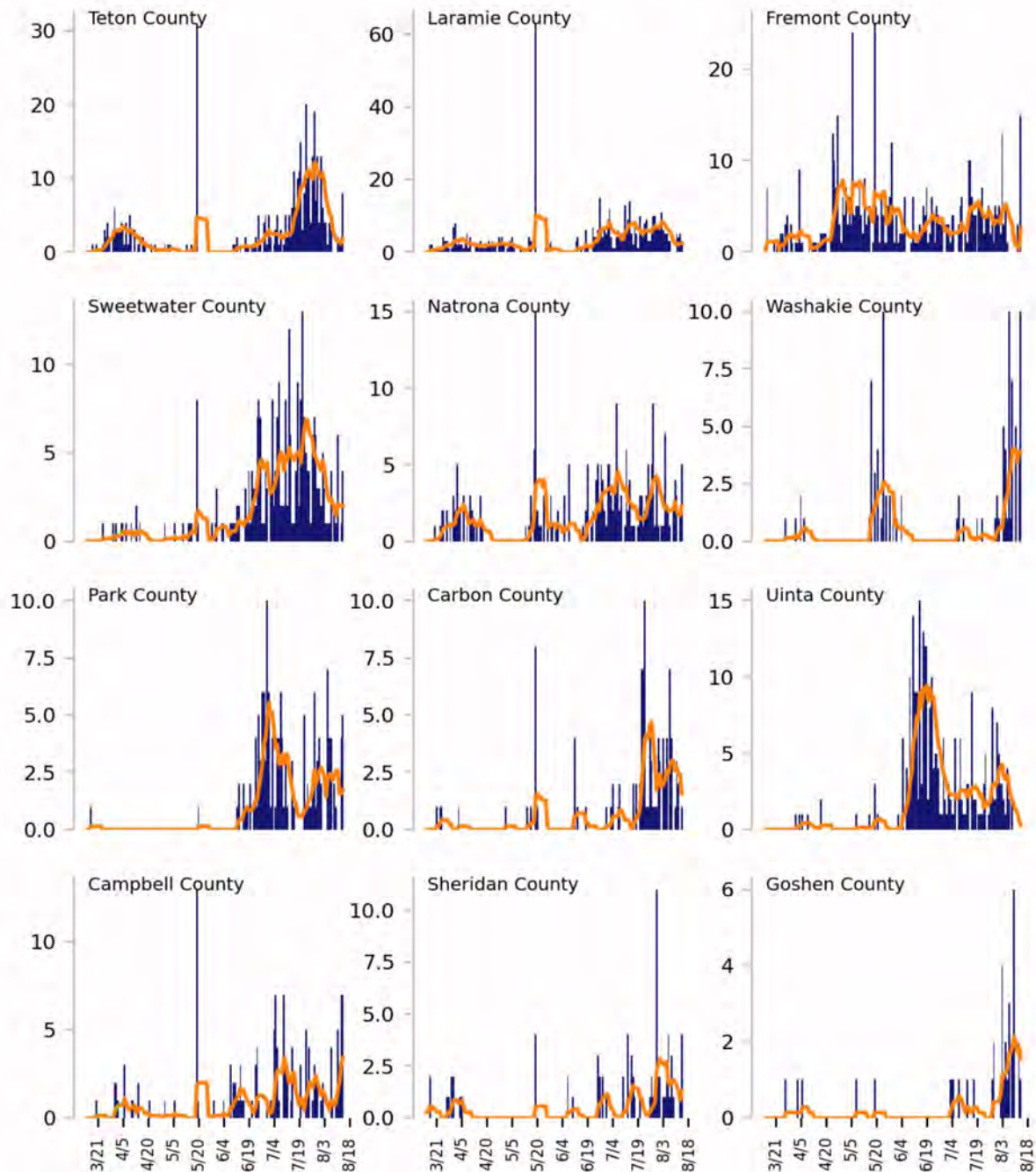




## Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



### DATA SOURCES

Cases: County-level data from USAFacts through 8/14/2020. Last 3 weeks is 7/25 - 8/14.



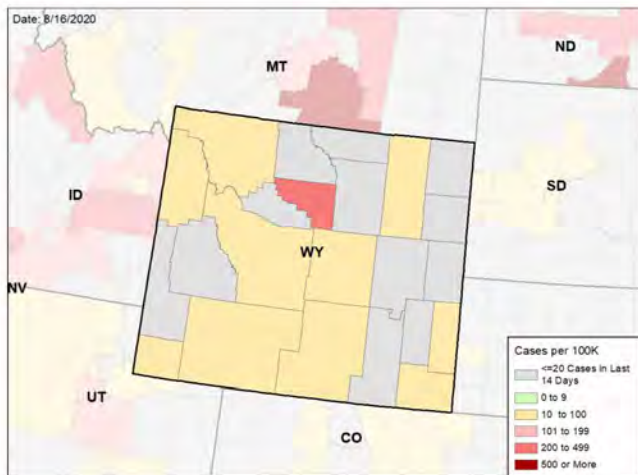


# WYOMING

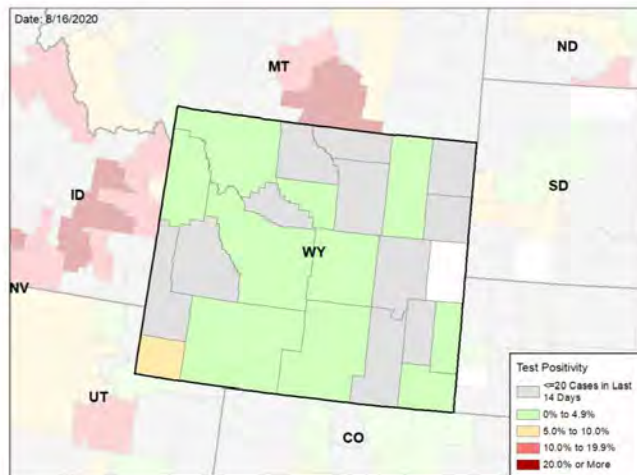
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## CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

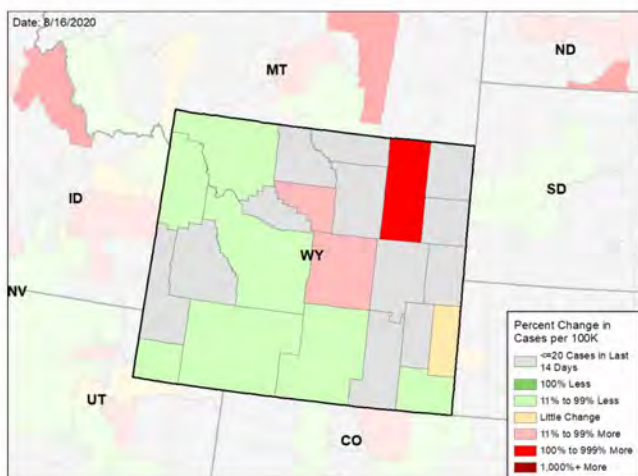
### NEW CASES PER 100,000 DURING LAST WEEK



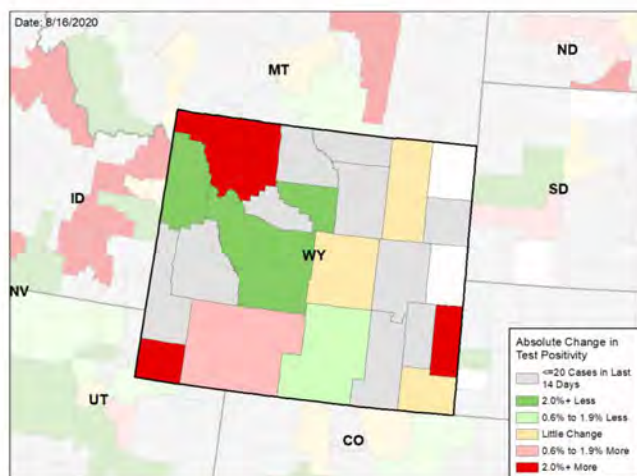
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



### WEEKLY % CHANGE IN NEW CASES PER 100K



### WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### DATA SOURCES

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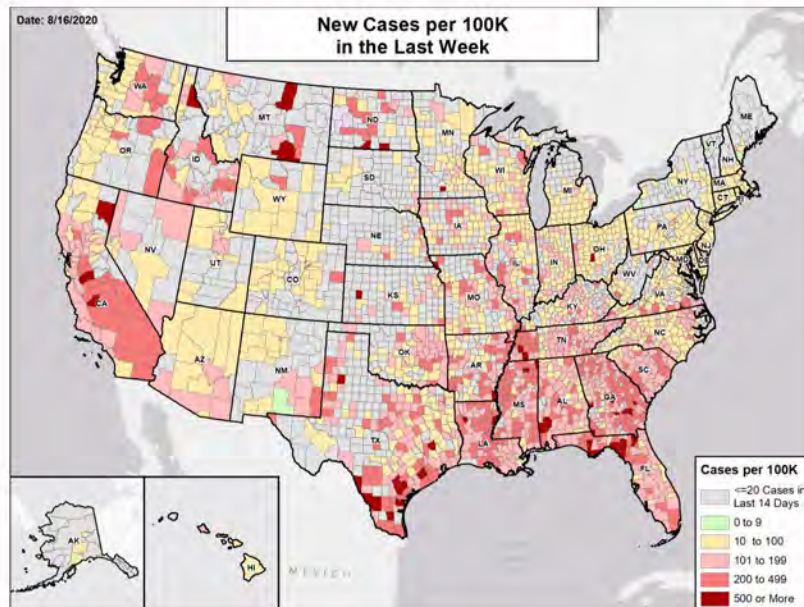
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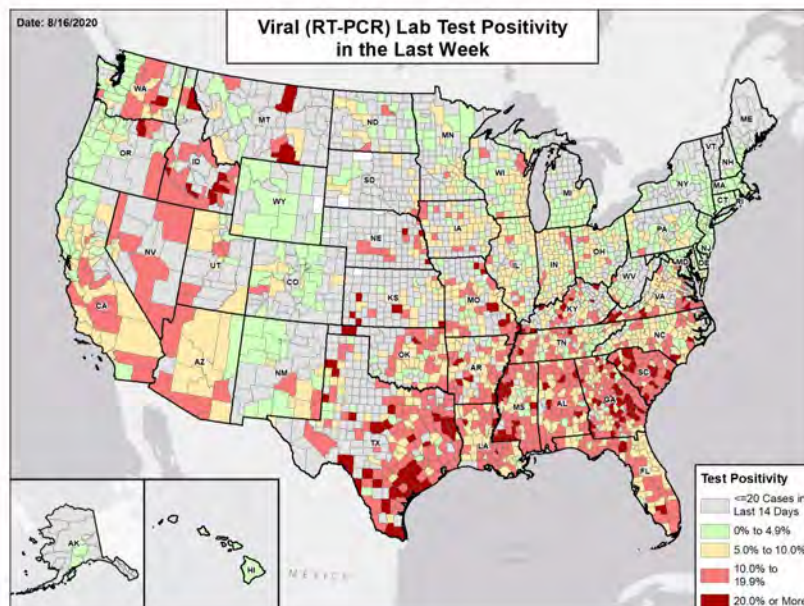


# National Picture

## NEW CASES PER 100,000 LAST WEEK



## VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



### DATA SOURCES

**Cases:** County-level data from USAFacts through 8/14/2020. Last week is 8/8 - 8/14.

**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 8/12/2020. Last week is 8/6 - 8/12. 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)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>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	<1	1-2	>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%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>0.5%

## DATA NOTES

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