SUMMARY

- Alabama is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, with the 8th highest rate in the country.
- Alabama is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 26th highest rate in the country.
- Alabama has seen a significant decrease in new cases and a decrease in test positivity over the last week.
- While 91% of all counties in Alabama have ongoing community transmission (yellow or red alert), there is notable improvement, with only 34 counties having high levels of community transmission (red alert).
- Over the past 3 weeks, Alabama has moved from 54 red counties to 26, to now 23, representing improvements in both rural and urban areas. The migration efforts that the Governor has led, and Alabamians are diligently following, is having a significant impact. These should continue until cases are in green zone and testing continues to expand and testing percent positivity continues to decline.
- The following three counties had the highest number of new cases over the past 3 weeks: Jefferson County, Mobile County, and Montgomery County. These counties represent 32.3% of new cases in Alabama.
- 3.4% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- Alabama had 143 new cases per 100,000 population in the past week, compared to a national average of 92 per 100,000.
- Current staff deployed from the federal government assists to support the state response; 81 to support operations activities from FEMAS; 2 to support operations activities from ASPR; 3 to support epidemiology activities from CDC and 1 to support operations activities from USCG.
- The federal government has supported surge testing site in Birmingham, AL.
- Between Aug 15, Aug 21, on average, 143 patients with confirmed COVID-19 and 128 intubated COVID-19 were reported as newly admitted each day to hospitals in Alabama. An average of 94 percent of hospitals reported either new confirmed or new suspected COVID-19 patients each day during this period.*
- Please review the \[V\] [University School Public Health], that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

- Statewide mitigation efforts, including mask mandates, are having a significant impact. It is critical these continue until the state is in the green zone.
- Continue closure of establishments where social distancing and masking are not occurring, such as bars and nightclubs.
- Continue to be outdoor dining and limit indoor dining to less than 25% of normal capacity.
- Citizens should continue to limit all social gatherings to 10 or fewer people. Recruiting spreading events through bars gatherings in homes will result in continued high cases and those with complications becoming infected.
- In many states, new transmission is driven by family and neighborhood gatherings. Alert guests to those events and the role of those gatherings in spreading the virus is crucial, as well as the role of the virus to family members with underlying conditions, potentially leading to severe outcomes.
- Encourage individuals that have participated in large social gatherings, birthday parties, and family gatherings to get tested and to distance themselves from family members with comorbidities.
- Ensure every citizen is aware of asymptomatic and pre-symptomatic spread of the virus and the need to continue to wear masks.
- 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 possible staff and residents. Ensure social distancing in universal face mask 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 LTP testing.
- Continue the scale-up of testing, moving to community-led neighborhood testing, and would 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 isolation procedures.
- Continues to b vaccinate contact tracing and ensure the ability of cases and contacts to quarantine and 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.
- All open universities must have a plan for student body testing if an outbreak is detected and a plan to isolate students and prevent spread to the local community.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
- Specific, detailed guidance on community mitigation measures can be found on the [COVID-19].

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

We look forward to your feedback.

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

**STATE REPORT | 08.23.2020**

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASES (RATE PER 100,000)</td>
<td>6,842 (140)</td>
<td>-14.6%</td>
<td>89,560 (1134)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</td>
<td>7.2%</td>
<td>-2.9%*</td>
<td>9.0%</td>
<td>5.8%</td>
</tr>
<tr>
<td>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</td>
<td>111,850** (2,281)</td>
<td>+13.9%**</td>
<td>997,394** (1,491)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td>COVID DEATHS (RATE PER 100,000)</td>
<td>100 (2)</td>
<td>-35.9%</td>
<td>2,444 (4)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</td>
<td>35.0%</td>
<td>+5.3%*</td>
<td>22.7%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

---

**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 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
- **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 reported. 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 reported. Last week data are from 8/13 - 8/19, previous week data are from 8/6 - 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 09:00 EDT on 08/22/2020. 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 8/21/2020.
- **SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
# ALABAMA

STATE REPORT | 08.23.2020

## COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>METRO AREA (CBSA) LAST WEEK</strong></td>
<td></td>
</tr>
<tr>
<td>Anniston-Oxford</td>
<td>Birmingham-Hoover</td>
</tr>
<tr>
<td>Gadsden</td>
<td>Mobile</td>
</tr>
<tr>
<td>Albertville</td>
<td>Montgomery</td>
</tr>
<tr>
<td>Scottsboro</td>
<td>Huntsville</td>
</tr>
<tr>
<td>Fort Payne</td>
<td>Tuscaloosa</td>
</tr>
<tr>
<td>Jasper</td>
<td>Daphne-Fairhope-Foley</td>
</tr>
<tr>
<td>Enterprise</td>
<td>Decatur</td>
</tr>
<tr>
<td>7</td>
<td>Florence-Muscle Shoals</td>
</tr>
<tr>
<td></td>
<td>Dothan</td>
</tr>
<tr>
<td></td>
<td>Talladega-Sylacauga</td>
</tr>
<tr>
<td></td>
<td>Columbus</td>
</tr>
<tr>
<td></td>
<td>Cullman</td>
</tr>
</tbody>
</table>

| **COUNTY LAST WEEK** |
| Montgomery | Jefferson |
| Calhoun | Mobile |
| Elowah | Tuscaloosa |
| Marshall | Baldwin |
| Jackson | Shelby |
| St. Clair | Talladega |
| DeKalb | Morgan |
| Russell | Clarke |
| Blount | Elmore |
| Walker | Houston |
| Franklin | Limestone |
| Chilton | Cullman |
| 23 | 40 |

### All Yellow CBSAs: Birmingham-Hoover, Mobile, Montgomery, Huntsville, Tuscaloosa, Daphne-Fairhope-Foley, Decatur, Florence-Muscle Shoals, Dothan, Talladega-Sylacauga, Cullman, Columbus, Atmore, Troy, Selma, Alexander City, Ozark, Eufaula, LaGrange

### All Red Counties: Montgomery, Calhoun, Etowah, Marshall, Jackson, St. Clair, DeKalb, Russell, Blount, Walker, Franklin, Chilton, Coffee, Clay, Crenshaw, Cherokee, Fayette, Bullock, Conecuh, Hale, Macon, Choctaw, Greene

### All Yellow Counties: Jefferson, Mobile, Tuscaloosa, Baldwin, Shelby, Talladega, Morgan, Clarke, Elmore, Houston, Limestone, Cullman, Colbert, Autauga, Escambia, Lauderdale, Covington, Pike, Washington, Dallas, Dale, Bibb, Marion, Pickens, Geneva, Marengo, Barbour, Lawrence, Chambers, Winston, Monroe, Lamar, Wilcox, Butler, Perry, Cleburne, Henry, Randolph, Lowndes, Sumter

*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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

### 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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
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 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
ALABAMA
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths: County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.
- 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 results 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 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.
- 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 14:30 EDT on 08/23/2020.
- 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 | 08.23.2020

SUMMARY
- Alaska 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, Alaska was 39th for most new cases per 100,000 population and 44th for highest test positivity last week.
- Alaska has seen stability in new cases and stability in test positivity over the last 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 77.5 percent of new cases in Alaska.
- 0% of all boroughs in Alaska have ongoing community transmission (yellow or red alert).
- 0.0% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- Alaska had 70 new cases per 100,000 population in the past week, compared to a national average of 93 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 16 to support operations activities from FEMA; 3 to support medical activities from CDC; and 22 to support operations activities from USCG.
- Between Aug 15 - Aug 21, on average, 4 patients with confirmed COVID-19 and 8 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Alaska. An average of 88 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.
- Please review the Vector West Virginia School A-17 metrics that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS
- Continue widespread testing and the requirement for negative test results for new arrivals to Alaska, especially as case rates in receiving areas continue to drop below the national average.
- Expand testing in boroughs and municipalities with weekly testing rates below 1,000 per 100,000 population; ensure indigenous communities have access to adequate testing.
- Expand mandate for wearing face coverings outside the home, especially in indoor spaces, to wherever weekly case rates are increasing or exceed 10 per 100,000 population.
- Promote outdoor dining wherever possible; limit indoor dining and require social distancing, with face coverings, in all indoor spaces.
- Expand media campaigns across various media platforms, targeting specific demographics and 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.
- Continue fully-scaled contact tracing in all boroughs and municipalities. Ensure cases are isolated when diagnosis is presumed and interviews for contacts are conducted within 48 hours of diagnosis.
- Ensure sufficient and safe housing for immediate isolation and quarantine, especially in communities with multigenerational or crowded households, such as tribal or indigenous communities.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).
ALASKA
STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASES (RATE PER 100,000)</td>
<td>515 (70)</td>
<td>-4.8%</td>
<td>8,160 (57)</td>
</tr>
<tr>
<td>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</td>
<td>1.9%</td>
<td>-0.3%*</td>
<td>4.8%</td>
</tr>
<tr>
<td>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</td>
<td>30,187** (4,126)</td>
<td>-8.8%**</td>
<td>182,301** (1,270)</td>
</tr>
<tr>
<td>COVID DEATHS (RATE PER 100,000)</td>
<td>3 (0)</td>
<td>+50.0%</td>
<td>169 (1)</td>
</tr>
<tr>
<td>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</td>
<td>0.0%</td>
<td>N/A*</td>
<td>4.7%</td>
</tr>
</tbody>
</table>

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

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

Cases and Deaths: State values are calculated by aggregating borough-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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 include 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 information is available for 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 performed 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 8/15 - 8/19; previous week data are from 8/8 - 8/12. HHS Protect data is recent as of 08:00 EDT on 8/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 8/21/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
## COVID-19 BOROUGH AND METRO ALERTS*

Top 12 shown in table (full lists below)

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

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

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

**Red Zone:** Those core-based statistical areas (CBSAs) and boroughs that during the last week reported both new cases above 100 per 100,000 population, and a 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling**: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- **Surveillance pooling**: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
ALASKA
STATE REPORT | 08.23.2020

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 8/21/2020.
Top 12 boroughs based on number of new cases in the last 3 weeks

**DATA SOURCES**

ALASKA
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;-0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Population percent per week</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>week</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>resident COVID-19 case</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in SNFs with at least one resident</td>
<td>&lt;-0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>COVID-19 case</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DATA NOTES

• Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
• Cases and deaths: County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/13 to 8/19; previous week data are from 8/6 to 8/12.
• 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 reported 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 tested. Last week data are from 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 05/20 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.
• 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 or 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 14:30 EDT on 08/23/2020.
• Skilled Nursing Facilities: National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- Arizona is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 28th highest rate in the country. It is in the yellow zone for tests positivity, indicating a rate between 5% and 10%, with the 24th highest rate in the country.
- Arizona has seen a dramatic decrease in new cases and a decrease in test positivity over the last week, demonstrating the ongoing impact of the current mitigation efforts that should be continued until Arizona is in the green zone.
  - The following three counties had the highest number of new cases over the past 3 weeks: Maricopa County, Pima County, and Yuma County. These counties represent 80.9% of new cases in Arizona. Concerns remain about continued case in Tucson and mitigation efforts must be strengthened.
  - While 60% of Arizona counties have ongoing community transmission (yellow or red alert), improvement is needed, with new only 5% having high levels of community transmission (red alert).
  - Over the past 3 weeks Arizona has moved from 7 counties in the red zone, to 2 weeks ago, to only 1 last week. Continuing to drive down community transmission in the next week is critical.
  - 12.5% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
  - Arizona had 71 new cases per 100,000 population in the past week; compared to a national average of 93 per 100,000.
  - Current staff deployed from the federal government as assets to support the state response are 26 to support operations activities from FEMA, 10 to support medical activities from ASPR, 15 to support epidemiology activities from CDC, and 5 to support operations activities from VA.
  - The federal government has supported a surge testing site in Cochise County, AZ.
  - Between Aug 15-Aug 21, an average of 101 patients with confirmed COVID-19 and 201 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Arizona. An average of 60% of hospitals reported either new confirmed or new suspected COVID patients and stay during the 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 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 as there has been improvement in the last week. Ensure social distancing and universal mask use. Immediately contact infectious control surveys at 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 weeks to support LTC testing.
- Continue mandated public use of masks.
- Continue the limits on indoor dining to less than 50% of normal capacity.
- Continue bar closers in hotspots counties. Consider operating piers with limited occupancy where masks and social distancing can be maintained – not in Tucson.
- Mitigation efforts must increase in Tucson to decrease continued community spread.
- Continue to ask citizens to limit their social gatherings to 10 or fewer people and to always protect the vulnerable members of their households. We continue to see signs of virus spread among families, resulting in serious illness in those with underlying conditions.
- Increase messaging of the risk of serious disease in all age groups for individuals with pre-existing medical conditions, including obesity, hypotension, and diabetes mellitus.
- Continue the cascade of testing, especially in Tucson, 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 isolation procedures.
- Continue to assess the need, 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. Enhance support to the Tribal Nations. Ensuring access to testing and critical timelines.
- Expand testing capacity in public health labs by adding shifts and weekend shifts to decrease turnaround times. Institute 3.3 or 2.1 pooling on all high throughput machines as long as turnaround times are greater than 16 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 school (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.
- All open universities must have a plan for student body testing if any outbreak is detected and a plan to isolate students and prevent spread to the local community, 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.
- Specific detailed guidance on community mitigation measures can be found on the [AZ.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 territories. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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

ARIZONA
STATE REPORT | 08.23.2020
## ARIZONA
### STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES (RATE PER 100,000)</strong></td>
<td>5,178 (71)</td>
<td>-22.4%</td>
<td>58,109 (113)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td><strong>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</strong></td>
<td>6.4%</td>
<td>-1.6%*</td>
<td>6.5%</td>
<td>5.8%</td>
</tr>
<tr>
<td><strong>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</strong></td>
<td>71,377** (981)</td>
<td>-4.5%**</td>
<td>1,248,724** (2,435)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td><strong>COVID DEATHS (RATE PER 100,000)</strong></td>
<td>265 (4)</td>
<td>-22.5%</td>
<td>1,255 (2)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>22.2%</td>
<td>-2.8%*</td>
<td>14.1%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

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

**DATA SOURCES**

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

**Cases and Deaths:** 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 9/8/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

**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. CDL (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 reported and positivity rates. 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 reported. Last week data are from 8/13 - 8/19; previous week data are from 8/6 - 8/12. HHS Protect data is recent as of 08:00 EDT 9/8/2020. Testing data are inclusive of everything received and processed by the CELR system as of 10:00 EDT on 9/8/2020. 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 9/8/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
# COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>METRO AREA (CBSA) LAST WEEK</td>
<td>Phoenix-Mesa-Chandler</td>
</tr>
<tr>
<td></td>
<td>Tucson</td>
</tr>
<tr>
<td></td>
<td>Yuma</td>
</tr>
<tr>
<td></td>
<td>Lake Havasu City-Kingman</td>
</tr>
<tr>
<td></td>
<td>Prescott Valley-Prescott</td>
</tr>
<tr>
<td></td>
<td>Show Low</td>
</tr>
<tr>
<td></td>
<td>Payson</td>
</tr>
<tr>
<td></td>
<td>Nogales</td>
</tr>
<tr>
<td>COUNTY LAST WEEK</td>
<td>Maricopa</td>
</tr>
<tr>
<td></td>
<td>Pima</td>
</tr>
<tr>
<td></td>
<td>Yuma</td>
</tr>
<tr>
<td></td>
<td>Pinal</td>
</tr>
<tr>
<td></td>
<td>Mohave</td>
</tr>
<tr>
<td></td>
<td>Yavapai</td>
</tr>
<tr>
<td></td>
<td>Navajo</td>
</tr>
<tr>
<td></td>
<td>Gila</td>
</tr>
<tr>
<td></td>
<td>Santa Cruz</td>
</tr>
<tr>
<td>Safford</td>
<td></td>
</tr>
<tr>
<td>Graham</td>
<td></td>
</tr>
</tbody>
</table>

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
ARIZONA
STATE REPORT | 08.23.2020

NEW CASES

COVID-19 CASES

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

TESTING

TOTAL VIRAL (RT-PCR) LAB TESTS

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

TOP COUNTIES

NEW CASES (CUMULATIVE)

Top counties based on greatest number of new cases in last three weeks (8/1 - 8/21)

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 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
ARIZONA
STATE REPORT | 08.23.2020

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

WEAKLY % CHANGE IN NEW CASES PER 100K

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

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;-0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;-0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

**DATA NOTES**

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.
- **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 reported 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 reported. Last week data are from 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **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 | 08.23.2020

SUMMARY

- Arkansas is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, with the 11th highest rate in the country, and the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 9th highest rate in the country.
- Arkansas has seen stability in new cases and a decrease in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Pulaski County, 2. Sevier County, and 3. Washington County. These counties account for 30% of new cases in Arkansas, with a total of 61 rural and small urban counties experiencing community spread.
- 31 counties in Arkansas have ongoing community transmission (red or yellow alert), with 28% having high levels of community transmission (red alert). Rural and urban counties in Arkansas continue to have increases in cases and test positivity. Common sense preventive measures must be implemented to stop further spread.
- 80% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- Arkansas had 326 new cases in the past week. Compared to a national average of 93 per 100,000.

Current staff deployed from the federal government as assets to support the state response are: 1. Support operations activities from FEMA and 2. Support testing activities from CDC.

- Between Aug 15 - Aug 21, on average, 61 patients with confirmed COVID-19 and 189 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Arkansas. An average of 80 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of extra supplies.

Please review the expanded release for 16 counties, that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

- With the continued geographic expansion of COVID-19 spread, a mask mandate needs to be implemented statewide, or at a minimum in counties with 20 or more cases, to decrease community transmission.
- Ensure citizens, businesses, public health officials, health care facilities, nursing homes, and schools work together to effectively implement the recommended mitigation strategies to control community transmission.
- Bars must be closed, indoor dining must be restricted to 50% capacity in yellow and 25% capacity in red zone counties and metro areas. Expand outdoor dining options.
- 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.
- Encourage individuals that have participated in large social gatherings, birthday parties, and family gatherings to get tested and isolate themselves from older family members and those with comorbidities.
- Work with communities to develop effective public health messages for:
  - (1) Individuals living in rural and peri-urban areas about the common sense measures that citizens and businesses should adopt to prevent COVID-19.
  - (2) University students.
  - (3) Vulnerable populations.

Continue messaging the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.

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 homes, assisted living, and long-term care facilities by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19 and the isolation of all positive staff and residents. Ensure social distancing and universal face mask use. 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.

Expand surveillance and diagnostics platforms and ensure the state public health lab is fully staffed and running 24/7, utilizing all platforms.

Identify universities with RNA detection platforms, consider efforts to use this equipment to expand surveillance testing for university students and schools, especially institutions of higher education (IHE) without such capacity, such as community colleges. Screen students arriving on campus and routinely thereafter with contact tracing. Ensure that all IHE planning residential living and in-person have a testing and surveillance plan.

Support a uniform case-reporting process for institutions of higher education and reporting of this data on public-facing dashboards. Publish IHE data on the state dashboard.

Work closely with university leadership, Greek organizations, sports teams, and student body leaders to establish appropriate behavior during COVID-19 with known repercussions if students do not comply.

Continue ongoing efforts to build and utilize contact tracing. Wire 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 [Arkansas dashboard].

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 comparison to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems.

We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state agencies as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.
## ARKANSAS
### STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASES (RATE PER 100,000)</td>
<td>3,660 (121)</td>
<td>-7.7%</td>
<td>61,281 (143)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</td>
<td>9.6%</td>
<td>-0.9%*</td>
<td>9.2%</td>
<td>5.8%</td>
</tr>
<tr>
<td>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</td>
<td>42,235** (1,400)</td>
<td>-13.5%**</td>
<td>349,779** (819)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td>COVID DEATHS (RATE PER 100,000)</td>
<td>79 (3)</td>
<td>+23.4%</td>
<td>1,749 (4)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</td>
<td>10.8%</td>
<td>-1.1%*</td>
<td>18.9%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

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

### DATA SOURCES

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

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8-8/14.

**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 reported 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’s data are from 8/15 - 8/21; previous week’s data are from 8/8 - 8/14. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:05 EDT on 08/22/2020. 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 9/21/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
# ARKANSAS

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fort Smith</td>
<td>Little Rock-North Little Rock-Conway</td>
</tr>
<tr>
<td>Jonesboro</td>
<td>Fayetteville-Springdale-Rogers</td>
</tr>
<tr>
<td>Blytheville</td>
<td>Pine Bluff</td>
</tr>
<tr>
<td>Russellville</td>
<td>Batesville</td>
</tr>
<tr>
<td>Hot Springs</td>
<td>Paragould</td>
</tr>
<tr>
<td>Memphis</td>
<td>Searcy</td>
</tr>
<tr>
<td>Malvern</td>
<td>El Dorado</td>
</tr>
<tr>
<td>Texarkana</td>
<td>Forrest City</td>
</tr>
<tr>
<td>Hope</td>
<td>Harrison</td>
</tr>
<tr>
<td>Helena-West Helena</td>
<td>Camden</td>
</tr>
<tr>
<td>Magnolia</td>
<td>Arkadelphia</td>
</tr>
<tr>
<td></td>
<td>Mountain Home</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) (LAST WEEK)</th>
<th>COUNTIES (LAST WEEK)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Sebastian</td>
</tr>
<tr>
<td></td>
<td>Mississippi</td>
</tr>
<tr>
<td></td>
<td>Craighead</td>
</tr>
<tr>
<td></td>
<td>Saline</td>
</tr>
<tr>
<td></td>
<td>Garland</td>
</tr>
<tr>
<td></td>
<td>Chicot</td>
</tr>
<tr>
<td></td>
<td>Pope</td>
</tr>
<tr>
<td></td>
<td>Crittenden</td>
</tr>
<tr>
<td></td>
<td>Crawford</td>
</tr>
<tr>
<td></td>
<td>Independence</td>
</tr>
<tr>
<td></td>
<td>Hot Springs</td>
</tr>
<tr>
<td></td>
<td>Poinsett</td>
</tr>
<tr>
<td>12</td>
<td>Pulaski</td>
</tr>
<tr>
<td></td>
<td>Washington</td>
</tr>
<tr>
<td></td>
<td>Benton</td>
</tr>
<tr>
<td></td>
<td>Jefferson</td>
</tr>
<tr>
<td></td>
<td>Faulkner</td>
</tr>
<tr>
<td></td>
<td>Greene</td>
</tr>
<tr>
<td></td>
<td>Lonoke</td>
</tr>
<tr>
<td></td>
<td>Logan</td>
</tr>
<tr>
<td></td>
<td>White</td>
</tr>
<tr>
<td></td>
<td>Union</td>
</tr>
<tr>
<td></td>
<td>St. Francis</td>
</tr>
<tr>
<td></td>
<td>Ashley</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
<th>33</th>
<th>28</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sebastian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mississippi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Craighead</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Garland</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pope</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crittenden</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crawford</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hot Spring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poinsett</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulaski</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washington</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benton</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jefferson</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faulkner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greene</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lonoke</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Logan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Union</td>
<td></td>
<td></td>
</tr>
<tr>
<td>St. Francis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ashley</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All Red Counties: Sebastian, Mississippi, Craighead, Saline, Garland, Chicot, Pope, Crittenden, Crawford, Independence, Hot Spring, Poinsett, Sevier, Drew, Randolph, Johnson, Lee, Bradley, Little River, Phillips, Howard, Hempstead, Stone, Columbia, Pike, Polk, Cleburne, Clay, Scott, Monroe, Montgomery, Dallas, Searcy

All Yellow Counties: Pulaski, Washington, Benton, Jefferson, Faulkner, Greene, Lonoke, Logan, White, Union, St. Francis, Ashley, Miller, Yell, Boone, Carroll, Cross, Desha, Arkansas, Cleveland, Lawrence, Ouachita, Conway, Clark, Franklin, Baxter, Grant, Van Buren

* 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing**: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
• Move to community-led neighborhood testing and work with local community groups to increase access to testing
• Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
• Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
• Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
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 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020**

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>population</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000</td>
<td>&gt;1000</td>
<td>500 - 1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>population per week</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1 - 2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

**DATA NOTES**

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.
- **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 resulting 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 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/23/2020. 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 08/23/2020 and through 8/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY
- California is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% and 10%. Nationally,
- California saw a decrease in new cases and stability in testing positivity over the last week.
- California was 14th for most new cases per 100,000 population and 26th for highest test positivity last week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Los Angeles County, 2. Riverside County, and 3. San Bernardino County. These counties represent 40.6% of new cases in California.
- While overall cases have declined, viral transmission continues to occur throughout the state with continued significant variation. Newly reported cases remain high in inland areas of Southern California and the Central Valley, and Los Angeles is the most affected region. A few coastal counties in San Francisco, Central Valley, and Santa Cruz/San Benito reported high incidence.
- 52% of all counties in California have ongoing community transmission (red/yellow alert), with 26% having high levels of community transmission (red alert).
- 1.9% of nursing homes are reporting 1 or more residents with COVID-19 per week over the last 3 weeks.
- California had 11 new cases per 100,000 population in the past week, compared to a national average of 93 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 142 to support medical activities from DOD; 28 to support operations activities from DOD; 15 to support operations activities from FEMA; 33 to support operations activities from HPR; 24 to support operations activities from CDC; and 26 to support operations activities from USCG.
- The federal government has supported a surge testing site in Bakersfield, CA.
- Between Aug 15 - Aug 21, on average, 510 patients with confirmed COVID-19 and 200 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in California. An average of 80% of patients reported to the state were of COVID-19 patients each day during this period, therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies. *
- Please review the California COVID-19 Data Updates to ensure continued testing and contact tracing resources to the public.

RECOMMENDATIONS
- Support a uniform case-reporting process for institutions of higher education (IHEs) and reporting of this data on public facing dashboards, including the state dashboard.
- 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.
- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and employees conducting in-person classes, especially in states without such capacity such as community colleges.
- Support all hospital testing capacity by being fully utilized to support additional community, nursing homes, and school (K-12) testing as ER visits and admissions decline and additional testing capacity is available.
- In areas with increased novel infection settings due to wildfire evacuations and heat emergencies, continue to work with local authorities to increase access to testing for potentially exposed individuals.
- Statewide mitigation efforts are having an impact and continuing those will be critical until the state is in the green zone.
- Continue the expanded statewide limitations on activity and the adaptive inclusion of counties with elevated reported cases on list subject to state orders for extended limitations.
- 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.
- Continue the enhanced focus on Central Valley outbreaks. Although some counties have improved, others, such as Fresno, continue to show intense transmission.
- Continue to surge testing and contact tracing resources to the neighborhoods and zip codes with the highest case rates.
- 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.
- Continue efforts to increase testing at both public health and private laboratories.
- Continue to focus on testing 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 isolation of all positive staff and residents. Ensure social distancing and universal face mask use. Immediately conduct contact tracing surveillance testing in those nursing homes with more than 2 cases per week over the last 2 weeks. Antigen testing capacity will continue to be supplied over the next 6 weeks to support routine LTCF testing from the Federal Government. Address staff and supply shortages.
- California’s efforts to augment staff at LTCF and other clinical facilities through innovative measures is commended.
- Specific, detailed guidance on community mitigation measures can be found on the California website.

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

We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state regulations as those from which we should not expect to receive data were excluded from the present reporting efforts. This data may differ from those in other 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 partners to improve reporting consistency. Continued feedback on improving these data is welcome.

COVID-19
## California State Report | 08.23.2020

### New Cases
- **State, Last Week**: 46,659 (118)
- **State, % Change from Previous Week**: -27.9%
- **FEMA/HHS Region, Last Week**: 58,109 (113)
- **United States, Last Week**: 306,444 (93)

### Viral (RT-PCR) Lab Test Positivity Rate
- **New Cases**: 6.2%
- **New Cases, % Change from Previous Week**: -0.5%
- **FEMA/HHS Region, Last Week**: 6.5%
- **United States, Last Week**: 5.8%

### Total Viral (RT-PCR) Lab Tests (Tests Per 100,000)
- **New Cases**: 1,093,177**
- **New Cases, % Change from Previous Week**: +11.1**
- **FEMA/HHS Region, Last Week**: 1,248,724**
- **United States, Last Week**: 5,541,796**

### COVID Deaths
- **State, Last Week**: 834 (2)
- **State, % Change from Previous Week**: -11.3%
- **FEMA/HHS Region, Last Week**: 1,255 (2)
- **United States, Last Week**: 6,953 (2)

### SNFs with at Least One Resident COVID-19 Case
- **State, Last Week**: 13.0%
- **State, % Change from Previous Week**: -6.4%
- **FEMA/HHS Region, Last Week**: 14.1%
- **United States, Last Week**: 11.8%

---

* 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 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

#### Testing
- The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) rates — not individual people — and include 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 Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests reported and positivity rate values. Total 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 8/13 - 8/19, previous week data are from 8/6 - 8/12. HHS Protect data is recent as of 09:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 8/21/2020.

#### SNFs
- Skilled Nursing Facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
# COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Riverside-San Bernardino-Ontario</td>
<td>San Francisco-Oakland-Berkeley</td>
</tr>
<tr>
<td>Bakersfield</td>
<td>Sacramento-Roseville-Folsom</td>
</tr>
<tr>
<td>Fresno</td>
<td>Oxnard-Thousand Oaks-Ventura</td>
</tr>
<tr>
<td>Stockton</td>
<td>Santa Rosa-Petaluma</td>
</tr>
<tr>
<td>Modesto</td>
<td>Vallejo</td>
</tr>
<tr>
<td>Visalia</td>
<td>Santa Maria-Santa Barbara</td>
</tr>
<tr>
<td>Merced</td>
<td>Ukiah</td>
</tr>
<tr>
<td>Salinas</td>
<td>Red Bluff</td>
</tr>
<tr>
<td>Madera</td>
<td></td>
</tr>
<tr>
<td>Hanford-Corcoran</td>
<td></td>
</tr>
<tr>
<td>El Centro</td>
<td></td>
</tr>
<tr>
<td>Yuba City</td>
<td></td>
</tr>
<tr>
<td>METRO AREA (CBSA) LAST WEEK</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Riverside</td>
<td>Orange</td>
</tr>
<tr>
<td>San Bernardino</td>
<td>Sacramento</td>
</tr>
<tr>
<td>Kern</td>
<td>Alameda</td>
</tr>
<tr>
<td>Fresno</td>
<td>Contra Costa</td>
</tr>
<tr>
<td>San Joaquin</td>
<td>Ventura</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>San Mateo</td>
</tr>
<tr>
<td>Tulare</td>
<td>Sonoma</td>
</tr>
<tr>
<td>Merced</td>
<td>Solano</td>
</tr>
<tr>
<td>Monterey</td>
<td>Santa Barbara</td>
</tr>
<tr>
<td>Madera</td>
<td>Yolo</td>
</tr>
<tr>
<td>Kings</td>
<td>Mendocino</td>
</tr>
<tr>
<td>Imperial</td>
<td>Tehama</td>
</tr>
<tr>
<td>COUNTY LAST WEEK</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>

All Red Counties: Riverside, San Bernardino, Kern, Fresno, San Joaquin, Stanislaus, Tulare, Merced, Monterey, Madera, Kings, Imperial, Sutter, Yuba, San Benito

All Yellow Counties: Orange, Sacramento, Alameda, Contra Costa, Ventura, San Mateo, Sonoma, Solano, Santa Barbara, Yolo, Mendocino, Tehama, Inyo, Glenn, Colusa

* 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/15/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling**: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- **Surveillance pooling**: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
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 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

Date: 8/23/2020

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

Date: 8/23/2020

WEEKLY % CHANGE IN NEW CASES PER 100K

Date: 8/23/2020

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

Date: 8/23/2020

DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% -10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 7/16 to 8/21; previous week data are from 7/8 to 7/14.
- **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 reported 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 reported. Last week data are from 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/23/2020. 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 08/23/2020 and through 08/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **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.
COLORADO
STATE REPORT | 08.23.2020

SUMMARY

- Colorado 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, Colorado was 45th for most new cases per 100,000 population and 42nd for highest test positivity last week.
- Colorado has seen a decrease in new cases and stability in testing positivity over the last week.
- Cases have continued to decrease in Colorado last week, continuing a decline since late July. Cases remain concentrated near the Front Range urban centers, especially Denver and Colorado Springs with continued but decreased incidence in counties west of these areas. The following three counties had the highest number of new cases over the past 3 weeks: 1. El Paso County, 2. Denver County, and 3. Adams County. These counties represent 44.7 percent of new cases in Colorado.
- 5% of all counties in Colorado have ongoing community transmission (red or yellow alert), with 2% having high levels of community transmission (red alert).
- In Colorado, 0.0% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- Colorado had 36 new cases per 100,000 population in the past week, compared to a national average of 93 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 69 to support operations activities from FEMA and 4 to support operations activities from ASPR.
- Between Aug 15 - Aug 21, on average, 22 patients with confirmed COVID-19 and 66 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Colorado. 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.*
- Please review the West Virginia School K-12 metrics that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

- Support a uniform case-reporting process for institutions of higher education (IHE) and reporting of this data on public-facing dashboards, including the state dashboard.
- 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.
- Identify universities with high detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and schools conducting in-person classes, especially IHE without such capacity such as community colleges.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as ER visits and admissions decline and additional testing capacity is available.
- Continue the extension of the stay 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 increasing testing at both public health and private laboratories.
- Monitor testing data to identify additional sites of increased transmission and focus public health resources on 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.
- Protect those in nursing homes and long-term care facilities by continuing the testing program in place. Ensure social distancing and universal facemask use.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparison to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.
COLOrado
STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASES (RATE PER 100,000)</td>
<td>2,051 (36)</td>
<td>-22.3%</td>
<td>7,581 (62)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</td>
<td>3.0%</td>
<td>-0.4%*</td>
<td>5.0%</td>
<td>5.8%</td>
</tr>
<tr>
<td>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</td>
<td>64,441** (1,119)</td>
<td>-1.5%**</td>
<td>167,432** (1,366)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td>COVID DEATHS (RATE PER 100,000)</td>
<td>24 (0)</td>
<td>-27.3%</td>
<td>81 (1)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</td>
<td>5.7%</td>
<td>+1.1%*</td>
<td>5.5%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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. CEPI (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 reported 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 reported. Last week data are from 8/13 - 8/19; previous week data are from 8/6 - 8/12. HHS Protect data is recent, as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CEPI system as of 19:00 EDT on 08/22/2020. 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 8/21/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
COLORADO
STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*
Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>N/A</td>
<td>2 Glenwood Springs Montrose</td>
</tr>
<tr>
<td>1</td>
<td>Prowers</td>
<td>2 Garfield Montrose</td>
</tr>
</tbody>
</table>

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
COLORADO
STATE REPORT | 08.23.2020

NEW CASES

COVID-19 CASES

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

TESTING

TOTAL VIRAL (RT-PCR) LAB TESTS

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

Top counties based on greatest number of new cases in last three weeks (8/1 - 8/21)

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 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
COLORADO
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

DATA SOURCES


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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
Methods

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;-0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;-10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;-0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths: County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.
- 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 performed 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 reported. Last week data are from 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 0800 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 1900 EDT on 08/23/2020. 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 08/23/2020 and through 8/21/2020.
- 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 14:30 EDT on 08/23/2020.
- Skilled Nursing Facilities: National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- Connecticut is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- Nationally, Connecticut was 48th for most new cases per 100,000 population and 48th for highest test positivity last week.
- Connecticut has seen stability in in new cases and stability in testing positivity over the last week. While cases fell in 5 of 8 counties, they rose in Hartford and Fairfield counties, with many cases in Fairfield County linked to travel, gatherings at places of worship, and youth sports leagues.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Fairfield County, 2. New Haven County, and 3. Hartford County. These counties represent 81.9 percent of new cases in Connecticut.
- 0% of all counties in Connecticut have ongoing community transmission (red or yellow alert). State issued alert for Danbury outbreak is noted.
- 0.0% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- Connecticut had 17 new cases per 100,000 population in the past week, compared to a national average of 93 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 2 to support operations activities from FEMA; 5 to support operations activities from USCG; and 1 to support operations activities from VA.
- Between Aug 15 - Aug 21, on average, 9 patients with confirmed COVID-19 and 60 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Connecticut. 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. *
- Please review the West Virginia School K-12 metrics that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and schools, especially institutions of higher education (IHE) with a capacity such as community colleges.
- Support a uniform case-reporting process for institutions of higher education and reporting of this data on public-facing dashboards, including on the state dashboard.
- Ensure all hospital testing capacity is being equally utilized to support additional community, nursing home and school (K-12) testing as ER visits and admission decline and additional testing capacity is available.
- Continue to communicate the state executive order regarding travel and demonstrate enforcement to encourage compliance.
- 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 scaleup 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 in-person surveys to monitor compliance.
- Protect those in nursing homes and long-term care facilities by continuing the testing program in place. Ensure social distancing and universal facemask use.
- Enhance testing among individuals who used shelter facilities in response to Tropical Storm Isaias to monitor for increased transmission due to inability to socially distance.
- 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 comparison to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

* Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/refer to those from which we should not expect patients were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
## CONNECTICUT
### STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES (RATE PER 100,000)</strong></td>
<td>622 (17)</td>
<td>+7.8%</td>
<td>4,312 (29)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td><strong>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</strong></td>
<td>0.9%</td>
<td>-0.1%*</td>
<td>1.3%</td>
<td>5.8%</td>
</tr>
<tr>
<td><strong>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</strong></td>
<td>36,071** (1,012)</td>
<td>+17.9%**</td>
<td>287,895** (1,939)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td><strong>COVID DEATHS (RATE PER 100,000)</strong></td>
<td>7 (0)</td>
<td>-46.2%</td>
<td>108 (1)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>2.2%</td>
<td>-0.5%*</td>
<td>3.3%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

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

### DATA SOURCES

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

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

**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 reported 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 positivity rate is the number of positive tests divided by the number of tests performed and reported. Last week data are from 9/13 - 9/19; previous week data are from 8/6 - 8/12. HHS Protect data is recent, as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 16:00 EDT on 08/22/2020. 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 9/21/2020.

**SNFs:** Skilled Nursing Facilities, National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
**CONNECTICUT**
STATE REPORT | 08.23.2020

**COVID-19 COUNTY AND METRO ALERTS***
Top 12 shown in table (full lists below)

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

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

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
• Move to community-led neighborhood testing and work with local community groups to increase access to testing
• Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
• Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
• Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
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 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
CONNECTICUT
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/16 to 8/21; previous week data are from 8/8 to 8/14.
- **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 reported 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 reported. Last week data are from 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 0800 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 1900 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **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 | 08.23.2020

SUMMARY

• Delaware 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, Delaware was 38th for most new cases per 100,000 population and 39th for highest test positivity last week.
• Delaware has seen a decrease in new cases and stability in testing positivity over the last week. The reporting anomaly with Department of Corrections (DOC) cases on 8/14 contributed to this decrease.
• 9% of all counties in Delaware have ongoing community transmission (red or yellow alert).
• 0.0% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
• Delaware had 44 new cases per 100,000 population in the past week, compared to a national average of 133 per 100,000.
• Current staff deployed from the federal government as assets to support the state response are: 5 to support operations activities from FEMA.
• Between Aug 15 - Aug 21, on average, 6 patients with confirmed COVID-19 and 22 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Delaware. 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.
• Please review the West Virginia School K-12 metrics that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

• Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and schools conducting in person classes, especially institutions of higher education (IHE) without such capacity such as community colleges.
• Support a uniform case-reporting process for institutions of higher education and reporting of this data on public-facing dashboards, including on the state dashboard.
• Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home and school (K-12) testing as ER visits and admissions decline and additional testing capacity is available.
• 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 state masking requirements and continue communications to encourage compliance. Consider innovative measures to monitor coverage.
• 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.
• Consider the implications of school openings under a hybrid scenario, also plan for surge testing, increase in 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.
• 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. The state contact tracing dashboard is commended.
• Build on existing infrastructure to increase collaboration across testing locations to fill gaps in reaching vulnerable populations; ensure more consistent 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 with colder weather and peak hurricane season.
• 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.
• Increase public messaging to out-of-state tourists and increase testing capabilities in beach communities and tourist areas.
• Specific, detailed guidance on community mitigation measures can be found on the DE website.

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

We look forward to your feedback.

* Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state as reporting enter data that is distinct from what we should not expect reports were excluded from the percent reporting lag. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
## DELAWARE
**STATE REPORT | 08.23.2020**

<table>
<thead>
<tr>
<th>New Cases</th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Rate per 100,000)</td>
<td>430 (44)</td>
<td>-52.0%</td>
<td>16,289 (53)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td><strong>Viral (RT-PCR) Lab Test Positivity Rate</strong></td>
<td>3.5%</td>
<td>+0.4%*</td>
<td>4.6%</td>
<td>5.8%</td>
</tr>
<tr>
<td><strong>Total Viral (RT-PCR) Lab Tests (Tests per 100,000)</strong></td>
<td>9,454** (971)</td>
<td>-14.8%**</td>
<td>492,016** (1,595)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td><strong>COVID Deaths (Rate per 100,000)</strong></td>
<td>8 (1)</td>
<td>+300.0%</td>
<td>263 (1)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td><strong>SNFs with at Least One Resident COVID-19 Case</strong></td>
<td>2.6%</td>
<td>-2.2%*</td>
<td>9.4%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

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

**Data Sources**
- **Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020; last week is 8/15-8/21, previous week is 8/8-8/14.
- **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 Laboratory 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 reported and positive 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 8/13-8/19; previous week data are from 8/6-8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 12:00 EDT on 08/22/2020. 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 8/21/2020.
- **SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
# DELAWARE

## STATE REPORT | 08.23.2020

### COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

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

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

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
DELWARE
STATE REPORT | 08.23.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
DELWARE
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500 - 1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1 - 2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

**DATA NOTES**

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.
- **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) results 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 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 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **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 | 08.23.2020

SUMMARY

- The District of Columbia 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, the District of Columbia was 20th for new cases per 100,000 population and 33rd for highest test positivity last week.
- The District of Columbia has seen a decrease in new cases and stability in testing positivity over the last week. Younger age groups continue to predominate among recent cases with a disproportionate number of cases among African Americans and Latinx. Case investigations reveal that a majority of cases have stemmed from social gatherings of various sizes with lapses in social distancing during their potential exposure period.
- 9% of all counties in the District of Columbia have ongoing community transmission (red or yellow alert).
- 0.9% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- The District of Columbia had 60 new cases per 100,000 population in the past week, compared to a national average of 53 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are 11% of the total staff supporting operations activities from FEMA.
- Between Aug 15 - Aug 21, on average, 12 patients with confirmed COVID-19 and 61 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in the District of Columbia. An average of 34 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period.
- Please review the recommendations and resources that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

- Increase public health messaging that individuals in small groups can spread the virus to one another, and that these individuals should continue to wear masks and maintain social distance even if they are in a gathering of fewer than 50 people and with family members (not residing in the same household).
- Increase and emphasize public messaging that individuals can transmit the virus even when asymptomatic or mildly symptomatic, and if an individual has been exposed or possibly exposed to the virus, it is important for that individual to self-quarantine so that others are not infected.
- 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.
- 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. Even concerning although limited data on cases visiting these venues while infectious, these restrictions show the importance of increasing additional restrictions if cases increase further.
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates and increase community level testing.
- Continue efforts to surge testing and contact tracing resources to neighborhoods with highest case rates as these evolve, such as the community highly affected in Ward 6.
- Consider collaborating with county/states within the National Capital Region on a COVID-19 containment strategy similar to efforts implemented by NY-NJ-CT.
- Internally, 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 Hispanic communities).
- Consider detailed 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 gaps in reaching vulnerable populations; ensure more consistent supply flow with 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 safer indoor mass testing or mobile testing to ensure that weather conditions do not limit testing availability, especially with colder weather and peak hurricane season.
- Continue efforts to build on 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.
- Implement a strategic plan for the return of students to colleges and universities for K-12 for the fall, including surge testing and mitigation strategies.
- In anticipation of reopening of colleges and universities, conduct outreach to restaurant and bar business owners in college communities regarding enforcement of mask and limitations on occupancy; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus gatherings.
- Specific detailed guidance on community mitigation measures can be found on the DC.gov site.

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 at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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

## STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES (RATE PER 100,000)</strong></td>
<td>351 (50)</td>
<td>-33.6%</td>
<td>16,289 (53)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td><strong>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</strong></td>
<td>3.9%</td>
<td>-0.1%*</td>
<td>4.6%</td>
<td>5.8%</td>
</tr>
<tr>
<td><strong>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</strong></td>
<td>23,280** (3,299)</td>
<td>-12.1%**</td>
<td>492,016** (1,595)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td><strong>COVID DEATHS (RATE PER 100,000)</strong></td>
<td>8 (1)</td>
<td>+60.0%</td>
<td>263 (1)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>0.0%</td>
<td>-11.8%*</td>
<td>9.4%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.

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

## DATA SOURCES

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

### Cases and Deaths:
State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

### 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 reported 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 reported. Last week's data are from 8/15 - 8/21; previous week's data are from 8/8 - 8/14. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 8/21/2020.

SNFs: Skilled Nursing Facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
THE DISTRICT OF COLUMBIA
STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*
Top 12 shown in table (full lists below)

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

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

Testing: HRSA Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

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

STATE REPORT | 08.23.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
THE DISTRICT OF COLUMBIA
STATE REPORT | 08.23.2020

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

WEIGHTLY % CHANGE IN NEW CASES PER 100K

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

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

**DATA NOTES**

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.
- **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 results 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 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08/00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- Florida is in the red zone for cases, indicating more than 180 new cases per 100,000 population last week, with the 7th highest rate in the country. Florida is in the yellow zone for test positivity, indicating a test positivity rate between 5% and 10%, with the 7th highest rate in the country.
- Florida has seen a significant decrease in new cases and a decrease in test positivity over the last week. Continuing to accelerate this progress is critical and any increases in community must be immediately addressed.
- The following three counties had the highest number of new cases over the past three weeks: 1. Miami-Dade County, 2. Broward County, and 3. Palm Beach County. These counties represent 42.2 percent of new cases in Florida.
- 91% of all counties in Florida have ongoing community transmission (yellow or red alert), with 33% having high levels of community transmission (red alert). Substantial improvement was made in moving from 36 counties in the red zone three weeks ago, to 21 two weeks ago, and 22 last week. This represents marked improvements in the number of red zone counties over the past three weeks.
- 4.4% of nursing homes are reporting 1 or more residents with COVID-19 per week over the last 3 weeks. Continuously addressing this aspect of community spread is essential.
- Florida had 146 new cases per 100,000 population in the past week, compared to a national average of 93 per 100,000.
- Current staff deployed from the federal government to assist to support the state response are: 3 to support epidemiology activities from CDC; 3 to support operations activities from USCG; 23 to support medical activities from VA; and 1 to support operations activities from VA.
- The federal government has supported multiple point-of-care surge testing sites in Broward County.
- Between Aug 13 - Aug 21, on average, 513 patients with confirmed COVID-19 and 400 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Florida. An average of 95 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period.
- Please review the latest Florida School Mask guidelines that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

- Expand the protection of those in nursing homes, assisted living, and long-term care facilities (LTCHs) 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 1 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 20 or more active cases to ensure consistent mask usage, as improvements are fragile and need to accelerate.
- Continue the bars closure in all counties with percent positivity greater than 5%. Increase outdoor dining opportunities, and limit indoor dining to 25% of normal capacity.
- Ask all citizens to limit social gatherings to 10 or fewer people, even with family. Cases continue to come from within households. It is essential that citizens are limiting gatherings, protecting the members of their households with comorbidities, and aware of the risks of asymptomatic and pre-symptomatic transmission.
- 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 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.
- All open universities must have a plan for student body testing if any outbreak is detected and a plan to isolate students and prevent spread to the local community.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
- Specific detailed guidance on community mitigation measures can be found on the CDC website.

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

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/region as those from which we should not expect reports were excluded from the patient reporting figure. This value may differ from those in state databases because of differences in hospital links and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state partners to improve reporting consistency. Continued feedback on improving these data is welcome.
## FLORIDA
### STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASES (RATE PER 100,000)</td>
<td>30,002 (140)</td>
<td>-33.7%</td>
<td>89,560 (134)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</td>
<td>9.9%</td>
<td>-2.5%*</td>
<td>9.0%</td>
<td>5.8%</td>
</tr>
<tr>
<td>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</td>
<td>447,904** (2,085)</td>
<td>-16.1%**</td>
<td>997,394** (1,491)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td>COVID DEATHS (RATE PER 100,000)</td>
<td>1,028 (5)</td>
<td>-15.3%</td>
<td>2,444 (4)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</td>
<td>29.4%</td>
<td>-3.4%*</td>
<td>22.7%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

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

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

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020; last week is 8/15 - 8/21; previous week is 8/8 - 8/14.

**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 reported. Last week data are from 8/15 - 8/21; previous week data are from 8/8 - 8/14. HHS Protect data is recent, as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 9/21/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16; previous week is 8/3-8/9.
FLORIDA
STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*
Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

METRO AREA (CBSA) LAST WEEK

7

Miami-Fort Lauderdale-Pompano Beach
Pensacola-Ferry Pass-Brent
Panama City
Lake City
The Villages
Clewiston
Wauchula

LOCALITIES IN YELLOW ZONE

19

Tampa-St. Petersburg-Clearwater
Orlando-Kissimmee-Sanford
Jacksonville
Lakeland-Winter Haven
Ocala
North Port-Sarasota-Bradenton
Tallahassee
Cape Coral-Fort Myers
Deltona-Daytona Beach-Ormond Beach
Port St. Lucie
Gainesville
Naples-Marco Island

COUNTY LAST WEEK

22

Miami-Dade
Broward
Escambia
Bay
Suwannee
Lafayette
Taylor
Gadsden
Columbia
Sumter
Gulf
Dixie

39

Palm Beach
Hillsborough
Orange
Duval
Polk
Marion
Pinellas
Lee
Osceola
Volusia
Collier
St. Lucie

All Yellow CBSAs: Tampa-St. Petersburg-Clearwater, Orlando-Kissimmee-Sanford, Jacksonville, Lakeland-Winter Haven, Ocala, North Port-Sarasota-Bradenton, Tallahassee, Cape Coral-Fort Myers, Deltona-Daytona Beach-Ormond Beach, Port St. Lucie, Gainesville, Naples-Marco Island, Crestview-Fort Walton Beach-Destin, Homosassa Springs, Sebring-Avon Park, Punta Gorda, Palatka, Key West, Arcadia

All Red Counties: Miami-Dade, Broward, Escambia, Bay, Suwannee, Lafayette, Taylor, Gadsden, Columbia, Sumter, Gulf, Dixie, Franklin, Union, Bradford, Hendry, Levy, Hardee, Madison, Gilchrist, Hamilton, Glades


* Locality 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
FLORIDA
STATE REPORT | 08.23.2020

NEW CASES

COVID-19 CASES

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

TESTING

TOTAL VIRAL (RT-PCR) LAB TESTS

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

VIRAL (RT-PCR) LAB TEST
POSITIVITY RATE

15.0%
10.0%
5.0%
0.0%

0%
5.0%
10.0%
15.0%

Top counties based on greatest number of new cases in last three weeks (8/1 - 8/21)

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 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
FLORIDA
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

DATA SOURCES


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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;-0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;-0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

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

• Cases and deaths: County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.

• 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 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.

• 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 14:30 EDT on 08/23/2020.

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

- Georgia is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, with the 2nd highest rate in the county.
- Georgia is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 11th highest rate in the county.
- Georgia is making progress and has seen a decrease in new cases and a decrease in test positivity over the last week, but these improvements need to accelerate.
- 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 25.1% of new cases in Georgia.
- 86% of all counties in Georgia have ongoing community transmission (yellow or red alert), with 52% having high levels of community transmission (red alert). For the first time, there is a decrease in the number of counties in the red zone from 187 to 183 counties. This progress needs to accelerate, not just in the large metro areas, but throughout the state.
- Increasing mitigation efforts is important.
- 33% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks. Community spread from the general population to nursing homes must be contained.
- Georgia had 137 new cases per 100,000 population in the past week, compared to a national average of 49 per 100,000.
- Current staff deployed from the federal government has assets to support the state response are: 62 to support operations activities from FEMA; 15 to support operations activities from ASPHR; 25 to support epidemiology activities from CDC; 1 to support operations activities from USCG; 2 to support medical activities from VHA; and 1 to support operations activities from VA.
- The federal government has supported a surge testing site in Atlanta, GA.
- Between Aug 15 – Aug 21, on average, 356 patients with confirmed COVID-19 and 410 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Georgia. An average of 14% of hospital beds reported either new confirmed or new suspected COVID-19 patients each day during this period. Therefore, this may be an underestimate of the actual total number of COVID-19 related hospitalizations. Underreporting may lead to slower allocation of critical supplies.

RECOMMENDATIONS

- Immediately expand the protection of those in nursing homes, assisted living, and long-term care facilities (LTCPs) 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. Nursing homes are a reflection of ongoing high levels of community spread. Ensure social distancing and universal mask 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 weeks to support LTCF testing.
- Recommend a statewide mask mandate for counties with 20 or more active cases to ensure consistent mask usage, as improvements remain fragile.
- Continue the bar closures 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, including in community-led neighborhood testing especially in underserved neighborhoods. Ensure outreach workers are a reflection of the community they are serving to increase access and ensure transparency and trust. 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 multihousehold activities are immediately tested, whether in groups or as individuals.
- In many states, new transmissions are driven by family and neighborhood gatherings. Alerting citizens to these events and the role of these gatherings in spreading the virus is critical, as well as the danger to spreading the virus to family members with underlying conditions, potentially leading to devastating results. Encourage individuals that have participated in large social gatherings, birthday parties, and family gatherings to get tested and to isolate themselves from family members with comorbidities.
- Ensure everyone is aware of asymptomatic and pre-symptomatic spread of the virus and the need to continue to wear masks.
- Continue messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Georgia must expand testing capacity in public health labs by adding shifts, including on weekends, to reduce turnaround times. Institute 2.1 or 2.2 pooling of test specimens to increase testing access and reduce turnaround times.
- Georgia must require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12), community colleges, and university students. Any university with an outbreak must have a plan to test all students and protect the surrounding community from university outbreaks.
- 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 Georgia.gov 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 share consistent data sources and methods that allow for comparisons to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems.

We look forward to your feedback.

* Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state or federal officials as having an outbreak were excluded from the patient reporting figure. This value may differ from those in state databases because of differences in hospital labs and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state partners to improve reporting consistency. Continued feedback on improving these data is welcome.
<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASES (RATE PER 100,000)</td>
<td>17,742 (167)</td>
<td>-22.5%</td>
<td>89,560 (134)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</td>
<td>9.0%</td>
<td>-1.2%*</td>
<td>9.0%</td>
<td>5.8%</td>
</tr>
<tr>
<td>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</td>
<td>128,632** (1,212)</td>
<td>-16.1%**</td>
<td>997,394** (1,491)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td>COVID DEATHS (RATE PER 100,000)</td>
<td>424 (4)</td>
<td>-7.8%</td>
<td>2,444 (4)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</td>
<td>25.1%</td>
<td>-2.7%*</td>
<td>22.7%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

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

**DATA SOURCES**

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

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAfacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

**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 information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests reported in 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 reported. Last week data are from 8/13 - 8/19, previous week data are from 8/6 - 8/12. HHS Protect data is recent, as of 08:55 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:50 EDT on 08/22/2020. 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 reflects 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 8/21/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
# COVID-19 County and Metro Alerts

Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>Localities in Red Zone</th>
<th>Localities in Yellow Zone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Augusta-Richmond County</td>
<td>Atlanta-Sandy Springs-Alpharetta</td>
</tr>
<tr>
<td>Savannah</td>
<td>Columbus</td>
</tr>
<tr>
<td>Macon-Bibb County</td>
<td>Dalton</td>
</tr>
<tr>
<td>Gainesville</td>
<td>Valdosta</td>
</tr>
<tr>
<td>Athens-Clarke County</td>
<td>Albany</td>
</tr>
<tr>
<td>Warner Robins</td>
<td>Milledgeville</td>
</tr>
<tr>
<td>Rome</td>
<td>Jefferson</td>
</tr>
<tr>
<td>Brunswick</td>
<td>LaGrange</td>
</tr>
<tr>
<td>Dublin</td>
<td>St. Marys</td>
</tr>
<tr>
<td>Douglas</td>
<td>Cornelia</td>
</tr>
<tr>
<td>Vidaia</td>
<td>Summerville</td>
</tr>
<tr>
<td>Calhoun</td>
<td>Tifton</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Metro Area (CBSA) Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>82</td>
</tr>
</tbody>
</table>

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/15/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
• Move to community-led neighborhood testing and work with local community groups to increase access to testing
• Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
• Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
• Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
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 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
GEORGIA
STATE REPORT 08.23.2020

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

WEAKLY % CHANGE IN NEW CASES PER 100K

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

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% -10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>-0.5%</td>
<td>0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% -10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% -10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

**DATA NOTES**

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

- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.

- **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 reported 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 reported. Last week data are from 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08/00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/23/2020. 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 08/23/2020 and through 8/21/2020.

- **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 14:30 EDT on 08/23/2020.

- **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 | 08.23.2020

SUMMARY

- Hawaii 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% and 10%.
- Nationally, Hawaii was 19th for most new cases per 100,000 population and 21st for highest test positivity last week.
- Hawaii has seen stability in new cases and stability in test positivity over the last week, but the persistently high rates despite community mitigation efforts raise concern for an embedded epidemic that will require intensified efforts to reverse.
- 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 98.8 percent of new cases in Hawaii, but the data suggest the epidemic is now growing outside of Honolulu.
- 20% of all counties in Hawaii have ongoing community transmission (yellow or red alert), with 0% having high levels of community transmission (red alert).
- 0.0% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- Hawaii had 108 new cases per 100,000 population in the past week, compared to a national average of 93 per 100,000.
- Current staff deployed from the federal government to support the state response are 14 to support operations activities from FEMA, 17 to support operations activities from USCG.
- Between Aug 15 - Aug 21, on average, 24 patients with confirmed COVID-19 and 55 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Hawaii. 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.
- Please review the West Virginia School of Medicine's metrics that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

- Ongoing aggressive mitigation efforts are warranted throughout the islands now that the epidemic seems to be spreading outside Honolulu; ensure indoor bars and gyms are closed, dining is restricted to outdoors, and indoor commercial retail activity is limited.
- Continue to delay reopening to the mainland and restrict inter-island flights, especially to and from Hawaii 1 or Maui.
- Expand intensified contact tracing efforts, focusing efforts in Honolulu and Maui. Ensure all cases are immediately isolated and interviewed for contacts within 48 hours of diagnosis.
- Extend mandate for face coverings to all islands; closely monitor and enforce use in all indoor spaces outside of the home. Consider fines for persons not wearing face coverings in indoor settings.
- 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 and targeted 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 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.
- Enlist and train university students and unemployed citizens as contact tracers to expand capacity. Work with federal agencies for support to quickly train and scale-up new staff.
- Provide adequate housing, as necessary, to ensure immediate isolation of all cases and quarantine of all contacts, especially in communities with congregate living facilities and multi-generational or crowded households.
- Immediately conduct infection control surveys in any nursing home with 3 or more cases per week over the last 3 weeks.
- Continue to require testing all nursing home residents at admission and conduct 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 coverings at all times when at work. In-person visits should be restricted, especially in Honolulu and Maui.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/governors 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.
# HAWAII
## STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th>NEW CASES (RATE PER 100,000)</th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,529 (108)</td>
<td>+7.1%</td>
<td>58,109 (113)</td>
<td>306,444 (93)</td>
</tr>
</tbody>
</table>

**VIRAL (RT-PCR) LAB TEST POSITIVITY RATE**

| TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000) | 22,730** (1,605) | -6.2%**                           | 1,248,724** (2,435)     | 5,541,796** (1,688)     |

**COVID DEATHS (RATE PER 100,000)**

<table>
<thead>
<tr>
<th>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.529 (108)</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.

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

**DATA SOURCES**

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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 reported 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 reported. Last week data are from 8/15 - 8/21; previous week data are from 8/8 - 8/14. HHS Protect data is recent as of 08:50 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 10:00 EDT on 08/22/2020. 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 8/21/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
# COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>N/A</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>N/A</td>
<td>1</td>
</tr>
</tbody>
</table>

Urban Honolulu
Honolulu

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/15/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

---

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

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

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- 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
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 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
HAWAII
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020**

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;-0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;-10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;-0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

**DATA NOTES**

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/13 to 8/19; previous week data are from 8/6 to 8/12.
- **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 results 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 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 0800 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 7/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- Idaho is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the red zone for test positivity, indicating a rate above 10%.
- Nationally, Idaho was 11th for most new cases per 100,000 population and 2nd for highest test positivity last week.
- Idaho has seen a decrease in new cases and a decrease in test positivity over the last week, sustaining those gains over the next few weeks will be critically important.
- 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 65.2% of new cases in Idaho.
- 50% of all counties in Idaho have ongoing community transmission (yellow or red alert), with 27% having high levels of community transmission (red alert).
- 1.2% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- Idaho had 123 new cases per 100,000 population in the past week, compared to a national average of 93 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 10 to support operations activities from FEMA; 4 to support epidemiology activities from CDC; and 1 to support operations activities from CDC.
- Between Aug 15 - Aug 21, on average, 21 patients with confirmed COVID-19 and 5 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Idaho. An average of 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. *
- *Please review the Idaho CDPH’s “COVID-19 Guidance for Schools” that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

- The drop in case rates and test positivity in the larger cities is encouraging; expend educational and social media campaigns developed and deployed at the local level to educate and promote use of social distancing and face coverings, especially in indoor settings.
- Continue to meet with groups resistant to community mitigation efforts to review data and discuss public health planning.
- Continue to collect and promote local evidence and evidence from surrounding states to demonstrate the impact of face covering use.
- Promote enhanced state dashboard as part of educational campaigns, showing local data prominently and data from schools, if available.
- Continue to encourage local mandates for face coverings in all indoor environments outside of the home in yellow and red zones counties and metro areas.
- Monitor crowded indoor work environments, such as meat-processing facilities, for social distancing and face coverings. Consider use of warnings and fines for non-adherence.
- Intensify restrictions in red zone counties by closing bars, casinos, and gyms; restricting indoor dining; and prohibiting gatherings of more than 10 people, especially indoors.
- As noted, timely testing is critical for effective contact tracing, quarantine, and isolation; continue to expand public-private partnerships to broaden testing capacity as quickly as possible and consider necessary investment to extend operating hours of public health labs.
- Ensure all universities and schools with platforms are using their equipment at full capacity for surveillance of all students and youth groups, including institutions that don’t have such platforms. PCR platforms for veterinary science can also be utilized. Distinctions between surveillance and diagnostic testing should be maintained.
- Ensure all clinical platforms are being used at full capacity if they are not, use excess capacity for community testing and surveillance.
- 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 household, including tribal communities.
- Continue to conduct infection control surveys in all nursing homes with 3 or more cases per week over the last 3 weeks.
- Continue to test all long-term care facility residents at admission, conduct facility-wide testing for any case diagnosed among staff or residents, test staff in high-transmission areas weekly, and require 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 facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/chapter or those from which we should not expect reports were excluded from the present reporting figures. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.
# IDAHO
## STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES (RATE PER 100,000)</strong></td>
<td>2,196 (123)</td>
<td>-32.3%</td>
<td>8,160 (57)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td><strong>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</strong></td>
<td>12.6%</td>
<td>-4.2%*</td>
<td>4.8%</td>
<td>5.8%</td>
</tr>
<tr>
<td><strong>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</strong></td>
<td>24,968** (1,397)</td>
<td>-13.7%**</td>
<td>182,301** (1,270)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td><strong>COVID DEATHS (RATE PER 100,000)</strong></td>
<td>40 (2)</td>
<td>+11.1%</td>
<td>169 (1)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>8.7%</td>
<td>-4.3%*</td>
<td>4.7%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

*Indicates absolute change in percentage points.

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

### DATA SOURCES

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

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020; last week is 8/15 - 8/21; previous week is 8/8 - 8/14.

**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. CEIR (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 information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests reported and positivity rate values. Total 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 reported. Last week data are from 8/13 - 8/19; previous week data are from 8/6 - 8/12. HHS Protect data is recent, as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CEIR system as of 19:00 EDT on 08/22/2020. 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 9/21/2020. SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16; previous week is 8/3-8/9.
# IDAHO
STATE REPORT | 08.23.2020

## COVID-19 COUNTY AND METRO ALERTS*
Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>METRO AREA (CBSA) LAST WEEK</strong></td>
<td><strong>6</strong></td>
</tr>
<tr>
<td>Boise City</td>
<td>Coeur d’Alene</td>
</tr>
<tr>
<td>Idaho Falls</td>
<td>Twin Falls</td>
</tr>
<tr>
<td>Blackfoot</td>
<td>Pocatello</td>
</tr>
<tr>
<td>Burley</td>
<td>Rexburg</td>
</tr>
<tr>
<td>Ontario</td>
<td>Mountain Home</td>
</tr>
<tr>
<td><strong>COUNTY LAST WEEK</strong></td>
<td><strong>10</strong></td>
</tr>
<tr>
<td>Ada</td>
<td>Kootenai</td>
</tr>
<tr>
<td>Canyon</td>
<td>Twin Falls</td>
</tr>
<tr>
<td>Bonneville</td>
<td>Bannock</td>
</tr>
<tr>
<td>Bingham</td>
<td>Minidoka</td>
</tr>
<tr>
<td>Payette</td>
<td>Madison</td>
</tr>
<tr>
<td>Jefferson</td>
<td>Gooding</td>
</tr>
<tr>
<td>Jerome</td>
<td>Elmore</td>
</tr>
<tr>
<td>Shoshone</td>
<td>Owyhee</td>
</tr>
<tr>
<td>Cassia</td>
<td>Gem</td>
</tr>
<tr>
<td>Washington</td>
<td>Lemhi</td>
</tr>
<tr>
<td>Lemhi</td>
<td>Power</td>
</tr>
<tr>
<td>Power</td>
<td>Benewah</td>
</tr>
</tbody>
</table>

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

**Red Zone**: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing**: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
IDAHO
STATE REPORT | 08.23.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
IDAHO
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020**

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;-0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests results per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;-10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

**DATA NOTES**

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.
- **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 results 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 reported. Last week data are from 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- Illinois is now 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% and 10%.
- Nationally, Illinois was 28th for most new cases per 100,000 population and 28th for highest test positivity last week.
- Illinois has seen stability in new cases (9% increase) and stability in testing positivity over the last week.
- The following three counties had the highest number of new cases over the past 3 weeks: Cook County, DuPage County, and Will County. These counties account for almost 50 percent of the state's cases and 40 percent of its deaths.
-Illinois has 96.2 percent of residents tested negative for COVID-19. A total of 134 deaths in the state were reported last week, bringing the total number of deaths to 5,005.
- COVID-19 cases continue to increase in Illinois, with a total of 4,014 cases reported last week, bringing the total number of cases to 613,455.
- The state has reported a total of 70,248 hospitalizations, with 3,720 new hospitalizations reported last week. The state has 3,720 new hospitalizations reported last week.
- The state has reported a total of 14,132 ICU beds, with 6,282 ICU beds occupied, bringing the total number of ICU beds to 6,282.

RECOMMENDATIONS

- Identify universal adoption of RNA detection platforms, consider efforts to use this equipment to expand surveillance testing for university students and schools conducting in-person classes, especially institutions of higher education (IHE) without such capacity as such capacity, such as community colleges.
- Support a uniform case-reporting process for institutions of higher education and reporting of this data on public-facing dashboards, including on the state's data dashboard.
- Ensure all hospital testing capacity is being fully utilized to support additional community nursing home and school (K-12) testing as ER visits and admissions continue to decline and additional testing capacity is available.
- To increase testing capacity, evaluate GRBs and consider adaptive approaches that meet the needs of Illinois' diverse populations. Increase engagement of community leaders (faith-based and organizational), such as associations, unions, NGOs) to promote testing, intensify targeting of testing within demographic groups and administrative areas with higher burden and intensify public messaging to explain and promote need and importance.
- Implement non-traditional or alternative means to expand mobile and community-based testing options for highly affected areas and communities.
- Keep statewide mask requirement in place. Ensure implementation of newly approved enforcement rules for mandating mask statewide to support local public health application and enforcement.
- For 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 (e.g., increase staff, training, and funding), and a focus on communities with increasing cases.
- To residents that if they have vaccinated in, or had visitors from, areas or states with high COVID-19 prevalence, including the South and West of the United States, they should avoid vulnerable individuals, remain socially distant 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.
- Protect vulnerable populations in assisted living and long-term care facilities through routine testing of all workers and mandatory testing. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place. Any nursing homes with 3 or more cases of COVID per week for the last 3 weeks should have mandatory inspection surveys conducted and immediate support for corrective action.
- 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 Illinois Department of Public Health.
## ILLINOIS
### STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES (RATE PER 100,000)</strong></td>
<td>13,244 (105)</td>
<td>+8.8%</td>
<td>38,584 (73)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td><strong>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</strong></td>
<td>5.4%</td>
<td>+0.1%*</td>
<td>5.2%</td>
<td>5.8%</td>
</tr>
<tr>
<td><strong>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</strong></td>
<td>261,865** (2,067)</td>
<td>-2.1%**</td>
<td>925,690** (1,762)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td><strong>COVID DEATHS (RATE PER 100,000)</strong></td>
<td>137 (1)</td>
<td>+28.0%</td>
<td>619 (1)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>8.5%</td>
<td>+0.4%*</td>
<td>7.1%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

**MOBILITY**

* 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 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

**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 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 8/13 - 8/19; previous week’s data are from 8/6 - 8/12. HHS Protect data is recent, as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 9/21/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
# Illinois

**State Report | 08.23.2020**

**COVID-19 County and Metro Alerts**
Top 12 shown in table (full lists below)

## Localities in Red Zone

<table>
<thead>
<tr>
<th>Metro Area (CBSA) Last Week</th>
<th>Localities</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Mount Vernon, Fort Madison, Keokuk, Burlington, Cape Girardeau</td>
</tr>
</tbody>
</table>

## Localities in Yellow Zone

<table>
<thead>
<tr>
<th>Localities in Yellow Zone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicago-Naperville-Elgin, St. Louis, Peoria, Ottawa, Carbondale-Marion, Davenport-Moline-Rock Island, Charleston-Mattoon, Decatur, Kankakee, Quincy, Jacksonville, Effingham, Galesburg, Sterling, Centralia, Freeport</td>
</tr>
</tbody>
</table>

All Yellow CBSAs: Chicago-Naperville-Elgin, St. Louis, Peoria, Ottawa, Carbondale-Marion, Davenport-Moline-Rock Island, Charleston-Mattoon, Decatur, Kankakee, Quincy, Jacksonville, Effingham, Galesburg, Sterling, Centralia, Freeport


### 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.
- **Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibitors
- 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 time to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in settings where test positivity is under 10%
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

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

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

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibitors
- 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 time to under 12 hours. Consider pools of 3-5 individuals
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
ILLINOIS
STATE REPORT | 08.23.2020

NEW CASES

COVID-19 CASES

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

TESTING

TOTAL VIRAL (RT-PCR) LAB TESTS

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

VIRAL (RT-PCR) LAB TEST POSITIVITY RATE

0.0% 5.0% 10.0% 15.0% 20.0% 25.0%

Top counties based on greatest number of new cases in last three weeks (8/1 - 8/21)

- Cook
- DuPage
- Will
- Lake
- Kane
- Madison
- St. Clair
- Peoria
- McHenry
- Sangamon

TOP COUNTRIES

NEW CASES (CUMULATIVE)

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
ILLINOIS
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020**

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

**DATA NOTES**

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

- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/16 to 8/21; previous week data are from 8/8 to 8/14.

- **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 calculated. Last week data are from 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08/00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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. 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 08/23/2020 and through 8/21/2020.

- **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 14:30 EDT on 08/23/2020.

- **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 | 08.23.2020

SUMMARY

- Indiana is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 23rd highest rate in the country. Indiana is in the yellow zone for test positivity, indicating a rate between 5% and 15%, with the 23rd highest rate in the country.
- Indiana has seen a decrease in new cases and hospitalizations in the past week, with the 23rd lowest rate in the country. This decrease is expected as COVID-19 cases are on the decline. However, it is crucial to maintain social distancing and other mitigation measures.
- 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 10% of the state's population.
- The state health department reports that all regions in Indiana are no longer in the red zone, indicating that the spread of COVID-19 is under control.

RECOMMENDATIONS

- Continue the pause on phase 4.5 of the state’s re-opening plan through August 27 and consider extending through the end of September.
- Continue the outreach and education campaigns for both direct care providers and community members.
- Increase awareness of the importance of wearing masks, maintaining social distancing, and practicing good hygiene.
- Continue to monitor and adjust strategies as needed, based on the evolving situation.

The purpose of this report is to provide a clear understanding of the current status of the pandemic in Indiana and to encourage continued efforts to control its spread. We appreciate your continued support in making Indiana a safer place for all.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state as hospitals that are not participating in the reporting system were excluded from the analysis data. 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 counts of COVID-19 cases provided by state health departments. We are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
**INDIANA**

**STATE REPORT | 08.23.2020**

<table>
<thead>
<tr>
<th>NEW CASES (RATE PER 100,000)</th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5,681 (84)</td>
<td>-10.9%</td>
<td>38,584 (73)</td>
<td>306,444 (93)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</th>
<th>6.5%</th>
<th>-0.5%*</th>
<th>5.2%</th>
<th>5.8%</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</th>
<th>124,042** (1,843)</th>
<th>-7.3%**</th>
<th>925,690** (1,762)</th>
<th>5,541,796** (1,688)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>COVID DEATHS (RATE PER 100,000)</th>
<th>90 (1)</th>
<th>+4.7%</th>
<th>619 (1)</th>
<th>6,953 (2)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</th>
<th>6.1%</th>
<th>-0.5%*</th>
<th>7.1%</th>
<th>11.8%</th>
</tr>
</thead>
</table>

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

**DATA SOURCES**

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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) results when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests reported and positivity rate values. Total viral (RT-PCR) laboratory test results 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 resultled. Last week data are from 8/13 - 8/19, previous week data are from 8/6 - 8/12. HHS Protect data is recent, as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 9/21/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
**INDIANA**

STATE REPORT | 08.23.2020

**COVID-19 COUNTY AND METRO ALERTS**
Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
</table>


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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
• Move to community-led neighborhood testing and work with local community groups to increase access to testing
• Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
• Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
• Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
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 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
INDIANA
STATE REPORT | 08.23.2020

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

WEAKLY % CHANGE IN NEW CASES PER 100K

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

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% -10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;=10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.
- **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 reported 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 reported. Last week data are from 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **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 | 08.23.2020

SUMMARY

- Iowa is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, with the 9th highest rate in the country, and the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 14th highest rate in the country.
- Iowa has seen an increase in cases and an increase in test positivity over the last 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. Black Hawk County. These counties represent 31.4 percent of new cases in Iowa.
- 53% of all counties in Iowa have ongoing community transmission (red or yellow alert), with 26% having high levels of community transmission (red alert).
- Rural and urban counties in Iowa continue to have increases in cases and test positivity. Common sense preventive measures must be implemented to stop further spread.
- There are no reports of nursing homes with 3 or more residents with COVID-19 per week over the last 3 weeks; however, 4% of nursing homes had at least one case of COVID-19 among residents last week.
- Iowa had 133 new cases per 100,000 population in the past week, compared to a national average of 93 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are 148 to support medical activities from VA.
- Between Aug 15 - Aug 21, on average, 43 patients with confirmed COVID-19 and 46 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Iowa. An average of 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.**
- Please review the COVID-19 Action Plan, that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

- With the continued geographic expansion of COVID-19 spread, a mask mandate needs to be implemented statewide (in counties with 20 or more cases) to decrease community transmission.
- Ensure citizens, businesses, public health officials, hospitals, nursing homes, and schools work together to effectively implement the recommended mitigation strategies to control community transmission.
- Bars must be closed, and indoor dining must be restricted to 50% capacity in yellow and 25% capacity in red zone counties and metro areas. Expand outdoor dining capacity.
- 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.
- Encourage individuals that have participated in large social gatherings, birthday parties, and family gatherings to get tested and isolate themselves from their family members and those with comorbidities.
- Work with communities to develop effective public health messages for:
  - Individuals living in rural and peri-urban areas about the common sense measures that citizens and businesses should adopt to prevent COVID-19
  - University students.
  - (3) Vulnerable populations.
- Continue messaging the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- 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 an outbreak or staff member with COVID-19 and the isolation of all positive staff and patients. 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 review at nursing homes with ongoing cases and deaths.
- Expand surveillance and diagnostic platforms and ensure the state public health lab is fully staffed and running 24/7, utilizing all platforms.
- Support a uniform case-reporting process for institutions of higher education (IHE) and reporting of this data on public-facing dashboard, including on the state dashboard.
- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and for schools, especially IHE without such capacity, such as community colleges. Screen students arriving on campus and routinely thereafter with contact tracing. Ensure that all IHE planning, residential living, and in-person have a testing and surveillance plan.
- Work closely with university leadership, Greek organizations, sports teams, and student body leaders to establish appropriate behavior during COVID-19 with reenforcement if students do not comply.
- 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 guidelines for community mitigation measures can be found on the [COVID-19 website].

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

**Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state as being closed 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 partners to improve reporting consistency. Continued feedback on improving these data is welcome.
# COVID-19

## IOWA

### STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th>Metric</th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES (Rate per 100,000)</strong></td>
<td>4,127 (131)</td>
<td>+39.4%</td>
<td>16,570 (117)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td><strong>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</strong></td>
<td>8.2%</td>
<td>+1.2%*</td>
<td>8.8%</td>
<td>5.8%</td>
</tr>
<tr>
<td><strong>TOTAL VIRAL (RT-PCR) LAB TESTS (Tests per 100,000)</strong></td>
<td>58,193** (1,844)</td>
<td>+8.2%**</td>
<td>184,905** (1,308)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td><strong>COVID DEATHS (Rate per 100,000)</strong></td>
<td>53 (2)</td>
<td>+1.9%</td>
<td>174 (1)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td><strong>SNFs with at Least One Resident COVID-19 Case</strong></td>
<td>4.1%</td>
<td>-1.4%*</td>
<td>7.1%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

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

### DATA SOURCES

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

- **Cases and Deaths:** 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 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

- **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 information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests reported and positivity rate values. Total 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 8/13 - 8/19; previous week data are from 8/6 - 8/12. HHS Protect data is recent, as of 08:50 EDT on 08/20/2020. Testing data are inclusive of everything received and processed by the CELR system as of 1900 EDT on 08/22/2020. 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 1% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 9/21/2020.

- **SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
## COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

### LOCALITIES IN RED ZONE

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Waterloo-Cedar Falls</td>
<td>Des Moines-West Des Moines</td>
</tr>
<tr>
<td>Clinton</td>
<td>Cedar Rapids</td>
</tr>
<tr>
<td>Burlington</td>
<td>Iowa City</td>
</tr>
<tr>
<td>Marshalltown</td>
<td>Ames</td>
</tr>
<tr>
<td>Fort Madison-Keokuk</td>
<td>Omaha-Council Bluffs</td>
</tr>
<tr>
<td>Pella</td>
<td>Dubuque</td>
</tr>
<tr>
<td>Carroll</td>
<td>Davenport-Moline-Rock Island</td>
</tr>
<tr>
<td></td>
<td>Sioux City</td>
</tr>
<tr>
<td></td>
<td>Ottumwa</td>
</tr>
<tr>
<td></td>
<td>Mason City</td>
</tr>
<tr>
<td></td>
<td>Muscatine</td>
</tr>
<tr>
<td></td>
<td>Spencer</td>
</tr>
</tbody>
</table>

### LOCALITIES IN YELLOW ZONE

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
<th>26</th>
<th>35</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black Hawk</td>
<td>13</td>
<td>35</td>
</tr>
<tr>
<td>Clinton</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Des Moines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marshall</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sioux</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plymouth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carroll</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Henry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Winneshiek</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crawford</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polk</td>
<td>26</td>
<td>35</td>
</tr>
<tr>
<td>Linn</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Johnson</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dubuque</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scott</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Story</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pottawattamie</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dallas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Woodbury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wapello</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warren</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cerro Gordo</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### All Yellow CBSAs: Des Moines-West Des Moines, Cedar Rapids, Iowa City, Ames, Omaha-Council Bluffs, Dubuque, Davenport-Moline-Rock Island, Sioux City, Ottumwa, Mason City, Muscatine, Spencer, Fairfield

### All Red Counties: Black Hawk, Clinton, Des Moines, Marshall, Sioux, Plymouth, Lee, Marion, Carroll, Henry, Winneshiek, Crawford, Franklin, Buchanan, Hardin, Shelby, Clayton, Tama, O'Brien, Fayette, Mills, Howard, Chickasaw, Cherokee, Monroe, Wayne

### All Yellow Counties: Polk, Linn, Johnson, Dubuque, Scott, Story, Pottawattamie, Dallas, Woodbury, Wapello, Warren, Cerro Gordo, Muscatine, Bremer, Boone, Floyd, Delaware, Jasper, Cass, Clay, Winnebago, Benton, Madison, Jackson, Butler, Harrison, Poweshiek, Grundy, Emmet, Guthrie, Palo Alto, Jones, Davis, Jefferson, Sac

* 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

### 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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

---

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

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

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

**Testing**
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling**: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- **Surveillance pooling**: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
IOWA
STATE REPORT | 08.23.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
IOWA
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
COLOR_THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;-0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;-10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;-0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES:

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.
- **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 performed and positivity rate. 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 reported. Last week data are from 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **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 | 08.23.2020

SUMMARY
- Kansas is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, with the 15th highest rate in the country, and the red zone for test positivity, indicating a rate above 10%, with the 6th highest rate in the country.
- Kansas has seen stability in new cases and an increase in test positivity over the last week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Sedgwick County, 2. Johnson County, and 3. Wyandotte County. These counties represent 57.8% of new cases in Kansas.
- 30% of all counties in Kansas have ongoing community transmission (red or yellow alert), with 12% having high levels of community transmission (red alert).
- Less than 1% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks; however, 0% of nursing homes had at least one case of COVID-19 among residents last week.
- Rural and urban counties in Kansas continue to have increases in cases and test positivity. Common sense preventive measures must be implemented to stop further spread.
- Kansas had 128 new cases per 100,000 population in the past week, compared to a national average of 91 per 100,000.
- Current staff deployed from the federal government are assisting to support the state’s response efforts to support operations activities from FEMA.
- Between Aug 15 - Aug 21, on average, 25 patients with confirmed COVID-19 and 54 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Kansas. An average of 24% 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 lower allocation of critical supplies.1
- Please continue the Communicate, Translate, that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS
- With the continued geographic expansion of COVID-19 spread, a mask mandate needs to be implemented statewide (in counties with 20 or more cases) to decrease community transmission.
- Ensure citizens, businesses, public health officials, hospitals, nursing homes, and schools work together to effectively implement the recommended mitigation strategies to control community transmission.
- Data must be collected, indoor dining must be restricted to 50% capacity in yellow and 25% capacity in red zone counties and metro areas. Expand outdoor dining options.
- 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.
- Encourage individuals that have participated in large social gatherings, birthday parties, and family gatherings to get tested and isolate themselves from family members and those with common illnesses.
- Work with communities to develop effective public health messages for:
  - (1) Individuals living in rural and peri-urban areas about the common sense measures that citizens and businesses should adopt to prevent COVID-19.
  - (2) University students.
  - (3) Vulnerable populations.
- Continue messaging the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- 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 rapid infection prevention review at nursing homes with ongoing cases and deaths.
- Expand surveillance and diagnostics platforms and ensure the state public health lab is fully staffed and running 24/7, utilizing all platforms.
- Support a uniform case-reporting process for institutions of higher education (IHE) and reporting of data on public-facing dashboards, including on the state database.
- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and for schools, especially IHE without such capacity, such as community colleges. Screen students arriving on campus and routinely thereafter with contact tracing, ensure that all IHE planning residential living and in-person have a testing and surveillance plan.
- Work closely with university leadership, Greek organizations, sports teams, and student body leaders to establish appropriate behavior during COVID-19 with known repercussions if students do not comply.
- 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 guidance on community mitigation measures can be found on the 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 inform consistent data sources and methods that allow for comparison to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems.

We look forward to your feedback.

* Psychologically, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/region or 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 leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
# KANSAS

## STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES (RATE PER 100,000)</strong></td>
<td>3,135 (108)</td>
<td>-2.8%</td>
<td>16,570 (117)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td><strong>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</strong></td>
<td>10.3%</td>
<td>+0.7%*</td>
<td>8.8%</td>
<td>5.8%</td>
</tr>
<tr>
<td><strong>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</strong></td>
<td>36,510** (1,253)</td>
<td>-8.7%**</td>
<td>184,905** (1,308)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td><strong>COVID DEATHS (RATE PER 100,000)</strong></td>
<td>22 (1)</td>
<td>-8.3%</td>
<td>174 (1)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>6.1%</td>
<td>-0.2%*</td>
<td>7.1%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

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

## DATA SOURCES

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

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

**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. CEIR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests reported and positivity rate values. Total viral (RT-PCR) laboratory test numbers 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 reported. Last week data are from 8/13 - 8/19; previous week data are from 8/6 - 8/12. HHS Protect data is recent as of 06:58 EDT on 08/22/2020. Testing data are inclusive of everything received and processed by the CEIR system as of 19:50 EDT on 08/22/2020. 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 represents 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 9/21/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16; previous week is 8/3-8/9.

---

**MOBILITY:** 75% of baseline mobility

**MOBILITY RELATIVE TO BASELINE:**

- 100%
- 75%
- 50%
- 25%
- 0%
KANSAS
STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*
Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>METRO AREA (CBSA)</td>
<td></td>
</tr>
<tr>
<td>LAST WEEK</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td>Wichita</td>
<td>Kansas City</td>
</tr>
<tr>
<td>Hutchinson</td>
<td>Topeka</td>
</tr>
<tr>
<td>Dodge City</td>
<td>Manhattan</td>
</tr>
<tr>
<td>Liberal</td>
<td>Emporia</td>
</tr>
<tr>
<td>Garden City</td>
<td>Great Bend</td>
</tr>
<tr>
<td>Winfield</td>
<td>Salina</td>
</tr>
<tr>
<td></td>
<td>Ottawa</td>
</tr>
<tr>
<td></td>
<td>Parsons</td>
</tr>
<tr>
<td></td>
<td>Pittsburg</td>
</tr>
<tr>
<td></td>
<td>Hays</td>
</tr>
<tr>
<td></td>
<td>Coffeyville</td>
</tr>
<tr>
<td></td>
<td>McPherson</td>
</tr>
</tbody>
</table>

| COUNTY LAST WEEK       |                           |
| 13                     | 18                        |
| Sedgwick               | Johnson                  |
| Wyandotte              | Shawnee                  |
| Reno                   | Leavenworth              |
| Ford                   | Butler                   |
| Seward                 | Lyon                     |
| Cherokee               | Barton                   |
| Harvey                 | Saline                   |
| Finney                 | Franklin                 |
| Pawnee                 | Geary                    |
| Cowley                 | Labette                  |
| Scott                  | Miami                    |
| Grant                  | Crawford                 |

All Yellow CBSAs: Kansas City, Topeka, Manhattan, Emporia, Great Bend, Salina, Ottawa, Parsons, Pittsburg, Hays, Coffeyville, McPherson, St. Joseph
All Red Counties: Sedgwick, Wyandotte, Reno, Ford, Seward, Cherokee, Harvey, Finney, Pawnee, Cowley, Scott, Grant, Harper
All Yellow Counties: Johnson, Shawnee, Leavenworth, Butler, Lyon, Barton, Saline, Franklin, Geary, Labette, Miami, Crawford, Ellis, Montgomery, McPherson, Jefferson, Jackson, Pottawatomie

* 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
KANSAS
STATE REPORT | 08.23.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
KANSAS
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1 - 2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 08/15 to 08/21; previous week data are from 08/08 to 08/14.
- **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 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 reported. Last week data are from 08/13 to 08/19; previous week data are from 08/6 to 08/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 08/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **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 many differ slightly from those publicly posted by CMS.
SUMMARY

- Kentucky is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 22nd highest rate in the country, and the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 16th highest rate in the country.
- Kentucky has seen a decrease in new cases and a decrease in test positivity over the last 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 40% of new cases in Kentucky.
- 43% of all counties in Kentucky have ongoing community transmission (red or yellow alert), with 13% having high levels of community transmission (red alert).
- Less than 1% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks; however, 8% of nursing homes had at least 1 case of COVID-19 among residents in the last week.
- Kentucky had 87 new cases per 100,000 population in the past week, compared to a national average of 93 per 100,000.
- Current staffing deployed from the federal government as assets to support the state response are: 2 to support operations activities from FEMA.
- Between Aug 15 - Aug 21, on average, 182 patients with confirmed COVID-19 and 259 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Kentucky. An average of 9.2 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.
- Please review the https://gov.ky.gov/mem.htm, that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

- Encouraging signs of case declines are stemming from mask requirements, bar closures, and indoor dining restrictions. Keep requirements in place until safely in the green zone. Expand outdoor dining options.
- Ensure citizens, businesses, public health officials, hospitals, nursing homes, and schools work together to effectively implement the recommended mitigation strategies to control community transmission.
- 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.
- Encourage individuals that have participated in large social gatherings, birthday parties, and family gatherings to get tested and isolate themselves from older family members and those with comorbidities.
- 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.
- Work with state officials to develop effective public health messages for:
  - (1) Individuals living in rural and peri-urban areas about the common sense measures that citizens and businesses should adopt to prevent COVID-19.
  - (2) University students.
  - (3) Vulnerable populations.
- Continue messaging the risks of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Expand testing approaches with new partnerships and efficiently use tests by testing in zip codes with highest test positivity.
- Identify universes with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and for schools, especially institutions of higher education (IHE) without such capacity, such as community colleges. Screen students arriving on campus and routinely thereafter with contact tracing. Ensure that all IHE planning residential living and in-person have a testing and surveillance plan.
- Support a uniform case reporting process for institutions of higher education and reporting of this data on public-facing dashboards, including on the state dashboard.
- Work closely with university leadership. Greek organizations, sports teams, and student body leaders to establish appropriate behavior during COVID-19 with known repercussions if students do not comply.
- 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 https://gov.ky.gov/mem.htm.

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

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/county or those from which we should not expect reports were excluded from the reported reporting figures. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state partners to improve reporting consistency. Continued feedback on improving these data is welcome.*
<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASES (RATE PER 100,000)</td>
<td>3,962 (89)</td>
<td>-12.3%</td>
<td>89,560 (134)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</td>
<td>8.0%</td>
<td>-1.7%*</td>
<td>9.0%</td>
<td>5.8%</td>
</tr>
<tr>
<td>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</td>
<td>61,975** (1,387)</td>
<td>-18.1%**</td>
<td>997,394** (1,491)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td>COVID DEATHS (RATE PER 100,000)</td>
<td>60 (1)</td>
<td>+46.3%</td>
<td>2,444 (4)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</td>
<td>8.1%</td>
<td>+3.3%*</td>
<td>22.7%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020; last week is 8/13 - 8/19; previous week is 8/6 - 8/12.

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 information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests reported and positivity rate values. Total 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 8/13 - 8/19; previous week data are from 8/6 - 8/12. HHS Protect data is recent, as of 08:50 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 9/21/2020.

SNFs: Skilled Nursing Facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16; previous week is 8/3-8/9.
# COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

## Localities in Red Zone

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louisville/Jefferson County</td>
<td></td>
</tr>
<tr>
<td>Bowling Green</td>
<td></td>
</tr>
<tr>
<td>Glasgow</td>
<td></td>
</tr>
<tr>
<td>Murray</td>
<td></td>
</tr>
<tr>
<td>Bardstown</td>
<td></td>
</tr>
</tbody>
</table>

## Localities in Yellow Zone

<table>
<thead>
<tr>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louisville/Jefferson County</td>
</tr>
<tr>
<td>Lexington-Fayette</td>
</tr>
<tr>
<td>London</td>
</tr>
<tr>
<td>Richmond-Berea</td>
</tr>
<tr>
<td>Elizabethtown-Fort Knox</td>
</tr>
<tr>
<td>Clarksville</td>
</tr>
<tr>
<td>Frankfort</td>
</tr>
<tr>
<td>Owensboro</td>
</tr>
<tr>
<td>Somerset</td>
</tr>
<tr>
<td>Mayfield</td>
</tr>
<tr>
<td>Middlesborough</td>
</tr>
<tr>
<td>Evansville</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
<th>14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jefferson</td>
<td></td>
</tr>
<tr>
<td>Warren</td>
<td></td>
</tr>
<tr>
<td>Bullitt</td>
<td></td>
</tr>
<tr>
<td>Oldham</td>
<td></td>
</tr>
<tr>
<td>Franklin</td>
<td></td>
</tr>
<tr>
<td>Shelby</td>
<td></td>
</tr>
<tr>
<td>Calloway</td>
<td></td>
</tr>
<tr>
<td>Nelson</td>
<td></td>
</tr>
<tr>
<td>Knox</td>
<td></td>
</tr>
<tr>
<td>Green</td>
<td></td>
</tr>
<tr>
<td>Fulton</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fayette</td>
</tr>
<tr>
<td>Madison</td>
</tr>
<tr>
<td>Kenton</td>
</tr>
<tr>
<td>Hardin</td>
</tr>
<tr>
<td>Boone</td>
</tr>
<tr>
<td>Christian</td>
</tr>
<tr>
<td>Pulaski</td>
</tr>
<tr>
<td>Scott</td>
</tr>
<tr>
<td>Daviess</td>
</tr>
<tr>
<td>Campbell</td>
</tr>
<tr>
<td>Barren</td>
</tr>
<tr>
<td>Laurel</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louisville/Jefferson County</td>
</tr>
<tr>
<td>Lexington-Fayette</td>
</tr>
<tr>
<td>London</td>
</tr>
<tr>
<td>Richmond-Berea</td>
</tr>
<tr>
<td>Elizabethtown-Fort Knox</td>
</tr>
<tr>
<td>Clarksville</td>
</tr>
<tr>
<td>Frankfort</td>
</tr>
<tr>
<td>Owensboro</td>
</tr>
<tr>
<td>Somerset</td>
</tr>
<tr>
<td>Mayfield</td>
</tr>
<tr>
<td>Middlesborough</td>
</tr>
<tr>
<td>Evansville</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jefferson</td>
</tr>
<tr>
<td>Warren</td>
</tr>
<tr>
<td>Bullitt</td>
</tr>
<tr>
<td>Oldham</td>
</tr>
<tr>
<td>Franklin</td>
</tr>
<tr>
<td>Shelby</td>
</tr>
<tr>
<td>Calloway</td>
</tr>
<tr>
<td>Nelson</td>
</tr>
<tr>
<td>Knox</td>
</tr>
<tr>
<td>Green</td>
</tr>
<tr>
<td>Fulton</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fayette</td>
</tr>
<tr>
<td>Madison</td>
</tr>
<tr>
<td>Kenton</td>
</tr>
<tr>
<td>Hardin</td>
</tr>
<tr>
<td>Boone</td>
</tr>
<tr>
<td>Christian</td>
</tr>
<tr>
<td>Pulaski</td>
</tr>
<tr>
<td>Scott</td>
</tr>
<tr>
<td>Daviess</td>
</tr>
<tr>
<td>Campbell</td>
</tr>
<tr>
<td>Barren</td>
</tr>
<tr>
<td>Laurel</td>
</tr>
</tbody>
</table>

---

**All Yellow CBSAs:** Louisville/Jefferson County, Lexington-Fayette, London, Richmond-Berea, Elizabethtown-Fort Knox, Clarksville, Frankfort, Owensboro, Somerset, Mayfield, Middlesborough, Evansville, Madisonville, Maysville

**All Red Counties:** Jefferson, Warren, Bullitt, Oldham, Franklin, Shelby, Calloway, Nelson, Knox, Green, Fulton, Washington, Simpson, Clinton, Metcalfe, Monroe

**All Yellow Counties:** Fayette, Madison, Kenton, Hardin, Boone, Christian, Pulaski, Scott, Daviess, Campbell, Barren, Laurel, Jessamine, Graves, Bell, Henderson, Taylor, Casey, Hopkins, Logan, Harlan, Johnson, Lewis, Henry, Grayson, Spencer, Marion, Clay, Marshall, Rockcastle, Knott, Breckinridge, Bourbon, Larue, Jackson, Mason

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

## Red Zone

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

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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

## 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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/12.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

Public Officials
• Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
• Limit social gatherings to 10 people or fewer
• Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
• Ensure that all business retailers and personal services require masks and can safely social distance
• Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
• Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
• Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
• Provide isolation facilities outside of households if COVID-positive individuals cannot 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 cannot 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
KENTUCKY
STATE REPORT | 08.23.2020

NEW CASES

COVID-19 CASES

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

TESTING

TOTAL VIRAL (RT-PCR) LAB TESTS

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

Top counties based on greatest number of new cases in last three weeks (8/1 - 8/21)

- Jefferson
- Fayette
- Warren
- Madison
- Kenton
- Hardin
- Bullitt
- Boone
- Christian
- Oldham

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 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
KENTUCKY
STATE REPORT | 08.23.2020

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

WEAKLY % CHANGE IN NEW CASES PER 100K

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

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;=10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&lt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/16 to 8/21; previous week data are from 8/9 to 8/14.

- **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 reported 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 reported. Last week data are from 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/23/2020. 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 08/23/2020 and through 8/21/2020.

- **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 14:30 EDT on 08/23/2020.

- **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 | 08.23.2020

SUMMARY

- Louisiana is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, with the 18th highest rate in the country.
- Louisiana is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 17th highest rate in the country.
- Louisiana has seen a decrease in new cases and a decrease in test positivity over the last week and continues to make week over week gains which need to continue to accelerate until reaching the green zone.
- The following three parishes had the highest number of new cases over the past 3 weeks: 1. East Baton Rouge Parish, 2. Lafayette Parish, and 3. Jefferson Parish. These parishes represent 24.9 percent of new cases in Louisiana.
- 94% of all parishes in Louisiana have ongoing community transmission (yellow or red alert), with 31% having high levels of community transmission (red alert). We have seen gains in the last 3 weeks from 47 parishes in the red zone three weeks ago, to 35 parishes two weeks ago, to 24 parishes last week.
- S Davis most accessible and be maintained in the large networks, as New Orleans and Baton Rouge.
- Concerning, 76% of nursing homes are reporting a 5% or more residents with COVID-19 per week over the last 2 weeks, indicating the need to both decrease community spread outside the nursing homes and increased screening of staff and residents, followed by isolation of positive cases.
- Louisiana had 102 new cases per 100,000 population in the past week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government to assist to support state response are to support operations activities from FEMA, to support medical activities from ASPR, to support operations activities from ASPR, and to support epidemiology activities from CDC, to support operations activities from USCG, and to support medical activities from USA.
- The Federal government has supported a surge testing site in New Orleans, LA.
- Between Aug 15 - Aug 21, on average, 116 patients with confirmed COVID-19 and 59 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Louisiana. An average of 17 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 local number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies. *

* Please review the COVID-19 indicators that indicate the community transmission to stay low.

RECOMMENDATIONS

- Strengthen testing access for children to support any return to school.
- 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 mask use. Immediately conduct infectious 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 5-6 weeks to support LTCF testing.
- Continue the statewide mask mandate.
- Continue the closure of establishments were social distancing and continual mask use cannot occur, such as bars and jazz clubs.
- Expand the outdoor dining approach and further restrictions to limit indoor dining to less than 25% of normal capacity.
- Stop the gatherings to limit social gatherings to 10 or fewer people.
- In many states, new transmission are driven by family and neighborhood gatherings. Meeting citizens to these events and the role of these gatherings in spreading the virus is critical, as well as the danger to the virus to family members with underlying conditions, potentially leading to devastating results. Encourage individuals that have participated in large social gatherings, parties, parties, and family gatherings, to get tested and to isolate themselves from family members with comorbidities.
- Ensure every citizen is aware of asymptomatic and pre-symptomatic spread of the virus and the need to continue to wear masks.
- Increase messaging of the risk of serious illness in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Continue the scale-up of testing, moving to community-led neighborhood testing.
- Work with local communities to implement and provide clear guidance for households that test positive, including on individual isolation procedures.
- Continue to enhance contact tracing and ensure the ability of cases and contacts to quarantine or isolate safely.
- Ensure all public health labs are fully staffed and running 24/7, utilizing all platforms to reduce turnaround times. Institute 3.1 or 2.1 pooling of test specimens on all high throughput machines as long as turnaround times are greater than 36 hours.
- For families and cohabiting household, screen entire households.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university campuses. These must be a plan for surge testing of students once cases are identified, along with clear efforts to protect the communities surrounding university campuses.
- 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 additional decline, and additional testing capacity is available.
- Specific, detailed guidance on community mitigation measures can be found on the COVID-19 website.

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

* Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state regulators those from which we should not expect reports were excluded from the parent reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state agencies to improve reporting consistency. Continued feedback on improving these data is welcome.
## LOUISIANA
### STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES</strong></td>
<td>4,985 (107)</td>
<td>-37.6%</td>
<td>61,281 (143)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td><strong>(RATE PER 100,000)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</strong></td>
<td>8.0%</td>
<td>-0.7%*</td>
<td>9.2%</td>
<td>5.8%</td>
</tr>
<tr>
<td><strong>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</strong></td>
<td>98,990** (2,129)</td>
<td>-13.5%**</td>
<td>349,779** (819)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td><strong>COVID DEATHS</strong></td>
<td>239 (5)</td>
<td>+9.6%</td>
<td>1,749 (4)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td><strong>(RATE PER 100,000)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>36.9%</td>
<td>+3.0%*</td>
<td>18.9%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

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

### DATA SOURCES

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

**Cases and Deaths:** 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 8/21/2020; last week is 8/13-8/20, previous week is 8/6-8/12.

**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 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 reported for the week. 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 reported. Last week's data are from 8/13-8/20; previous week's data are from 8/6-8/12. HHS reported data is recent, as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 10:00 EDT on 08/22/2020. 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 reflects 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 8/21/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
LOUISIANA
STATE REPORT | 08.23.2020

COVID-19 PARISH AND METRO ALERTS*
Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>METRO AREA (CBSA) LAST WEEK</td>
<td>5</td>
</tr>
<tr>
<td>Baton Rouge</td>
<td>Lafayette</td>
</tr>
<tr>
<td>Monroe</td>
<td>Shreveport-Bossier City</td>
</tr>
<tr>
<td>Hammond</td>
<td>Houma-Thibodaux</td>
</tr>
<tr>
<td>Fort Polk South</td>
<td>Lake Charles</td>
</tr>
<tr>
<td>DeRidder</td>
<td>Opelousas</td>
</tr>
<tr>
<td>East Baton Rouge</td>
<td>Alexandria</td>
</tr>
<tr>
<td>Ouachita</td>
<td>Morgan City</td>
</tr>
<tr>
<td>Tangipahoa</td>
<td>Natchitoches</td>
</tr>
<tr>
<td>Ascension</td>
<td>Ruston</td>
</tr>
<tr>
<td>Livingston</td>
<td>Jennings</td>
</tr>
<tr>
<td>Lafourche</td>
<td>Minden</td>
</tr>
<tr>
<td>Evangeline</td>
<td>Natchez</td>
</tr>
</tbody>
</table>
| Franklin | All Red Parishes: East Baton Rouge, Ouachita, Tangipahoa, Ascension, Livingston, Lafourche, Evangeline, Franklin, Iberville, Vernon, Beauregard, Union, De Soto, Pointe Coupee, LaSalle, West Feliciana, Winn, Red River, Claiborne, Catahoula, Caldwell, West Carroll, Tensas, St. Helena
| Iberville | All Yellow Parishes: Lafayette, Jefferson, St. Tammany, Caddo, Calcasieu, St. Landry, Rapides, Terrebonne, Vermilion, Iberia, Bossier, Acadia, Allen, St. Martin, St. Mary, Avoyelles, St. Charles, East Feliciana, Natchitoches, Sabine, Lincoln, St. Bernard, Jefferson Davis, Webster, West Baton Rouge, St. John the Baptist, Richland, Concordia, St. James, Grant, Madison, Assumption, Jackson, Bienville |
| Vernon | |
| Beauregard | |
| Union | |

* 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
LOUISIANA
STATE REPORT | 08.23.2020

DATA SOURCES
Cases: Parish-level data from USAFacts. State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020.
Top 12 parishes based on number of new cases in the last 3 weeks

DATA SOURCES
LOUISIANA
STATE REPORT | 08.23.2020

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: Parish-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020**

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt; -10%</td>
<td>-10% - 10%</td>
<td>&gt; 10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt; -0.5%</td>
<td>0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;=10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;=2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt; -10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt; -0.5%</td>
<td>0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

**DATA NOTES**

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.
- **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) results when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests performed and positivity rate values. Total 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 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **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 | 08.23.2020

SUMMARY

- Maine 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, Maine was 49th for most new cases per 100,000 population and 50th for highest test positivity last week.
- Maine has seen an increase in new cases, though the rate remains relatively low, and stability in test positivity over the last 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. Penobscot County. These counties represent 68.1 percent of new cases in Maine.
- 5% of all counties in Maine have ongoing community transmission (yellow or red alert).
- 1.1% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- Maine had 13 new cases per 100,000 population in the past week, compared to a national average of 33 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 1 to support operations activities from FEMA.
- Between Aug 15 - Aug 21, on average, 1 patient with confirmed COVID-19 and 27 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Maine. An average of 76 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. *
- Please review the West Virginia Schedule of Requirements that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

- Even as it is established as a norm, continue to enforce social distancing and facial coverings, especially in indoor settings outside of the home, with a focus on tourist communities with out-of-state visitors and young adults (e.g., on campuses).
- Watch case rates in Bangor and Portland-South and at University of Maine; ensure there is sufficient testing capacity and public health capacity for vigorous contact tracing, isolation, and quarantine.
- Continue active testing or quarantine of visitors from other states with higher case rates.
- Consider pooled testing to further expand test capacity and reduce turnaround times. Identify universities with RNA detection platforms and consider using this equipment to expand surveillance testing for all university and college students and for schools (K-12). Ensure that all colleges and universities that are planning residential living and in-person classes have a testing and surveillance plan and work with local health departments to ensure sufficient contact tracing capacity.
- Continue current policies to protect nursing home and long-term care facility residents.
- 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 or test positivity are observed (e.g., Bangor and York).
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analysis. In addition, hospitals explicitly identified by state as having a status 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 lessons to improve reporting consistency. Continued feedback on improving these data is welcome.
## MAINE
### STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES</strong> (RATE PER 100,000)</td>
<td>170 (13)</td>
<td>+66.7%</td>
<td>4,312 (29)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td><strong>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</strong></td>
<td>0.8%</td>
<td>+0.2%*</td>
<td>1.3%</td>
<td>5.8%</td>
</tr>
<tr>
<td><strong>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</strong></td>
<td>17,812** (1,325)</td>
<td>+10.5%**</td>
<td>287,895** (1,939)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td><strong>COVID DEATHS (RATE PER 100,000)</strong></td>
<td>3 (0)</td>
<td>+50.0%</td>
<td>108 (1)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>3.3%</td>
<td>+1.2%*</td>
<td>3.3%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

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

### DATA SOURCES

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

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020; last week is 8/15 - 8/21; previous week is 8/8 - 8/14.

**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 8/15 - 8/21; previous week data are from 8/8 - 8/14. HHS Protect data is recent, as of 08:50 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 8/21/2020.

**SNFs:** Skilled Nursing Facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16; previous week is 8/3-8/9.
# COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

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

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

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling**: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- **Surveillance pooling**: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
MAINE
STATE REPORT | 08.23.2020

NEW CASES

TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/1 - 8/21)

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 8/21/2020.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.
- **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 results 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 results. Last week data are from 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **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 | 08.23.2020

SUMMARY

- Maryland is in the yellow zone for cases, indicating between 19 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 31st for most new cases per 100,000 population and 37th for highest test positivity last week.
- Maryland has seen a continued decrease in new cases since early August and stability in testing positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Prince George's County, 2. Baltimore County, and 3. Baltimore City. These counties represent 55.3 percent of new cases in Maryland.
- 77% of all counties in Maryland have ongoing community transmission (red or yellow alert), with 0% having high levels of community transmission (red alert).
- 0.9% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- Maryland had 11 new cases per 100,000 population in the past week, compared to a national average of 92 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 21 to support operations activities from FEMA, 39 to support operations activities from ASPR, and 14 to support operations activities from USCG.
- Between Aug 18, Aug 24, an average of 53 patients with confirmed COVID-19 were admitted each day to hospitals in Maryland. An average of 63 percent of hospitals reported either new confirmed or new suspected COVID-19 patients each day during this period. Therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies. *Please review the Maryland Daily Digest that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

- Support a uniform case-reporting process for institutions of higher education and reporting of this data on public-facing dashboards, including on the state dashboard.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home and school (K-12) testing as ER visits and admissions continue to decline and additional testing capacity is available.
- 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 events. Ensure that these messages are relevant to vulnerable populations, including African American and Latino 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 (e.g., increase staff, training, and funding), with a focus on communities with increasing cases.
- Increase public messaging to out-of-state tourists and increase testing capabilities in beach communities and tourist areas, 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.
- Increase case reporting and contact tracing for other COVID-related cases (e.g., nursing homes). Develop a plan to assist or provide guidance to nursing homes that are having difficulties meeting the weekly testing requirement for staff.
- Increase public messaging to community members to close establishments where social distancing and mask use cannot occur, such as bars, nightclubs, and entertainment venues. Ensure enforcement of limits on public gatherings.
- Increase testing capacity in public health labs by adding shifts, including weekend shifts, to reduce turnaround times.
- Expand testing capacity in public health labs by adding shifts, including weekend shifts, to 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.
- 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 plan trust and buy-in from within the community.
- Maintain expansion of contact tracing and case investigation capacity to increase collaboration on case investigation locations to fill gaps in reaching vulnerable populations; ensure more consistent 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 with colder weather and peak hurricane season.
- Specific detailed guidance on community mitigation measures can be found on the SDH 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 methodologies that allow for comparisons to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems.

We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state's registry 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 officials to improve reporting consistency. Continued feedback on improving these data is welcome.
MARYLAND
STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASES (RATE PER 100,000)</td>
<td>4,023 (67)</td>
<td>-20.6%</td>
<td>16,289 (53)</td>
</tr>
<tr>
<td>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</td>
<td>3.7%</td>
<td>-0.1%*</td>
<td>4.6%</td>
</tr>
<tr>
<td>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</td>
<td>156,965** (2,596)</td>
<td>-20.5%**</td>
<td>492,016** (1,595)</td>
</tr>
<tr>
<td>COVID DEATHS (RATE PER 100,000)</td>
<td>47 (1)</td>
<td>-33.8%</td>
<td>263 (1)</td>
</tr>
<tr>
<td>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</td>
<td>10.8%</td>
<td>-2.5%*</td>
<td>9.4%</td>
</tr>
</tbody>
</table>

DATA SOURCES:
- ** indicates absolute change in percentage points.
- * indicates delayed reporting; this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

**indicates delayed reporting; this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

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

Cases and Deaths: 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 8/21/2020, last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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 information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests reported and positivity rate values. Total 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 reported. Last week data are from 8/13 - 8/19; previous week data are from 8/6 - 8/12. HHS Protect data is recent as of 08:50 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 15:00 EDT on 08/22/2020. 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 8/21/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
**MARYLAND**
STATE REPORT | 08.23.2020

**COVID-19 COUNTY AND METRO ALERTS**
Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>METRO AREA (CBSA) LAST WEEK</td>
<td>0</td>
</tr>
<tr>
<td>COUNTY LAST WEEK</td>
<td>0</td>
</tr>
<tr>
<td>N/A</td>
<td>2</td>
</tr>
<tr>
<td>N/A</td>
<td>3</td>
</tr>
</tbody>
</table>

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- 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
MARYLAND
STATE REPORT | 08.23.2020

NEW CASES

COVID-19 CASES

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

TESTING

TOTAL VIRAL (RT-PCR) LAB TESTS

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

30.0%
20.0%
10.0%
0.0%

VIRAL (RT-PCR) LAB TEST POSITIVITY RATE

Top counties based on greatest number of new cases in last three weeks (8/1 - 8/21)

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 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
MARYLAND
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
COLOR Thresholds: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% -10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;-0.5%</td>
<td>-0.5% -0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% -10%</td>
<td>&lt;-10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% -10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;-0.5%</td>
<td>-0.5% -0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.
- **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 reported 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 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- Massachusetts 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, Massachusetts was 43rd for most new cases per 100,000 population and 46th for highest test positivity last week.
- Massachusetts has seen an increase in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Suffolk County, 2. Middlesex County, and 3. Essex County. These counties represent 52.2 percent of new cases in Massachusetts.
- 0% of all counties in Massachusetts have ongoing community transmission (yellow or red alert).
- 0.3% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- Massachusetts had 39 new cases per 100,000 population in the past week, compared to a national average of 93 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 119 to support operations activities from FEMA, 12 to support operations activities from ASPR, 1 to support epidemiology activities from CDC, 19 to support operations activities from USCG, and 1 to support operations activities from VA.
- Between Aug 15 – Aug 21, on average, 18 patients with confirmed COVID-19 and 130 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. *
- Please review the West Virginia School K-12 metrics that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

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 (especially in the larger cities where case rates have increased).
- 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. Ensure returning students are effectively targeted.
- Maintain vigilant monitoring of case rates, test positivity, and hospital utilization rates at the local level, especially in areas with large numbers of returning students; if case rates and test positivity increase substantially and persistently, intensify community mitigation efforts in the corresponding communities.
- Ensure effective implementation of travel orders and sufficient testing capacity to handle frequent testing in areas where students are returning to school in large numbers. Ensure adequate capacity for contact tracing and isolation and quarantine if case rates increase.
- Identify universities with RNA detection platforms and consider using this equipment to expand surveillance testing for all university and college students and for schools (K-12). Ensure that all colleges and universities that are planning residential living and in-person classes have a testing and surveillance plan and work with local health departments to ensure sufficient contact tracing capacity.
- 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 and staff in any facility with an active case and periodic repeat testing for all staff, especially in facilities with multiple cases or in communities with increasing case rates.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website].

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states as separate from which we should not expect reports were excluded from the percent reporting figures. This could mean that those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
## Massachusetts State Report | 08.23.2020

<table>
<thead>
<tr>
<th></th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New Cases</strong> (Rate per 100,000)</td>
<td>2,685 (39)</td>
<td>+19.9%</td>
<td>4,312 (29)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td><strong>Viral (RT-PCR) Lab Test Positivity Rate</strong></td>
<td>1.4%</td>
<td>-0.2%*</td>
<td>1.3%</td>
<td>5.8%</td>
</tr>
<tr>
<td><strong>Total Viral (RT-PCR) Lab Tests (Tests per 100,000)</strong></td>
<td>184,000** (2,670)</td>
<td>+13.1%**</td>
<td>287,895** (1,939)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td><strong>COVID Deaths</strong> (Rate per 100,000)</td>
<td>84 (1)</td>
<td>-11.6%</td>
<td>108 (1)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td><strong>SNF’s with at Least One Resident COVID-19 Case</strong></td>
<td>4.8%</td>
<td>-0.9%*</td>
<td>3.3%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

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

**Data Sources**

- Some states may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and Deaths:** 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 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14. Due to reporting changes in Massachusetts during the past two weeks, county-level case totals for the last week likely represent an overcount and totals for the previous week an undercount. This also likely leads to an overestimate of the percent change in case totals between weeks.
- **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 reported 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 reported. Last week data are from 8/13 - 8/19; previous week data are from 8/6 - 8/12. HHS Protect data is recent as of 09:00 EDT on 08/22/2020. Testing data are inclusive of everything received and processed by the CELR, as of 19:00 EDT on 08/22/2020. 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 8/21/2020.
- **SNF’s:** Shaded nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.

---

**MOBILITY**

- **MOBILITY RELATIVE TO BASELINE**
  - 100% = Baseline
  - 0% = Lowest Mobility
  - 20% - 80% = Moderate Mobility
  - 0% - 20% = Higher Mobility

---

**COVID-19**

- USAFacts
- CELR
- HHS Protect
MASSACHUSETTS
STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*
Top 12 shown in table (full lists below)

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

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

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21. Due to reporting changes in Massachusetts during the past two weeks, county-level case totals for the last week likely represent an overcount and totals for the previous week an undercount. This also likely leads to an overestimate of the percent change in case totals between weeks.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED-ZONE

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

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

**Testing**
- Move to community-led neighborhood testing and work with local community groups to increase access to testing.
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates.
- **Diagnostic pooling**: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in settings where test positivity is under 10%.
- **Surveillance pooling**: For family and cohabitation households, screen entire households in a single test by pooling specimens of all members into a 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 cohabitation households, screen entire households in a single test by pooling specimens of all members into a single collection device.
MASSACHUSETTS
STATE REPORT | 08.23.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020. Due to reporting changes in Massachusetts during the past two weeks, county-level case totals for the last week likely represent an overcount and totals for the previous week an undercount. This also likely leads to an overestimate of the percent change in case totals between weeks.

Testings: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.
Top 12 counties based on number of new cases in the last 3 weeks

- Suffolk County
- Middlesex County
- Essex County
- Worcester County
- Norfolk County
- Bristol County
- Hampden County
- Plymouth County
- Hampshire County
- Barnstable County
- Berkshire County
- Franklin County

DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21. Due to reporting changes in Massachusetts during the past two weeks, county-level case totals for the last week likely represent an overcount and totals for the previous week an undercount. This also likely leads to an overestimate of the percent change in case totals between weeks.
MASSACHUSETTS
STATE REPORT | 08.23.2020

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

WEIGHTLY % CHANGE IN NEW CASES PER 100K

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

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14. Due to reporting changes in Massachusetts during the past two weeks, county-level case totals for the last week likely represent an overcount and totals for the previous week an undercount. This also likely leads to an overestimate of the percent change in case totals between weeks.

Testing: CELR [COVID-19 Electronic Lab Reporting] state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/16 to 8/21; previous week data are from 8/9 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laborotory 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 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **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 | 08.23.2020

SUMMARY

• Michigan 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%. Michigan has seen a decrease in new cases and stability in testing positivity over the last week.
• Nationally, Michigan was 42nd for most new cases per 100,000 population and 38th for highest test positivity last week.
• Cases decreased in the majority of counties. Incidence remained elevated in two Upper Peninsula regions affected by outbreaks along the state/municipal border (Gogebic/Chippewa and Marquette). Incidence remained high in Muskegon County related to an ongoing outbreak in a correctional facility.
• 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 30.2 percent of new cases in Michigan.
• 6% of all counties in Michigan have ongoing community transmission (red or yellow alert), with 0% having high levels of community transmission (red alert).
• 0.0% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
• Michigan had 39 new cases per 100,000 population in the past week, compared to a national average of 93 per 100,000.
• Current staff deployed from the federal government as assets to support the state response are 14 to support operations activities from FEMA; 7 to support operations activities from USEG; and 1 to support operations activities from VA.
• Between Aug 15 - Aug 21, on average, 59 patients with confirmed COVID-19 and 126 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Michigan. An average of 89 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*
• Please review the following COVID-19 mitigation that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

• Support a uniform case-reporting process for institutions of higher education (IHE) and reporting of this data on public-facing dashboards, including on the state dashboard.
• Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and schools conducting in-person classes, especially IHE without such capacity such as community colleges.
• With the reopening of colleges and universities, encourage local ordinances or other measures to limit off-campus events from violating social distancing and mask mandates.
• Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as ER visits and admissions continue to decline and additional testing capacity is available.
• 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 local 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.
• Protect vulnerable populations in assisted living and long-term care facilities through weekly testing of all workers and requiring masks. In facilities with workers who tested positive, ensure all residents have been tested and appropriate additional measures are in place.
• Specific, detailed guidance on community mitigation measures can be found on the **CDC website**.

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

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state or on a case-by-case basis from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.
### MICHIGAN
STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES (RATE PER 100,000)</strong></td>
<td>3,923 (39)</td>
<td>-25.0%</td>
<td>38,584 (73)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td><strong>VIRAL (RT-PCR) LAB TEST Positivity RATE</strong></td>
<td>3.6%</td>
<td>+0.0%*</td>
<td>5.2%</td>
<td>5.8%</td>
</tr>
<tr>
<td><strong>TOTAL VITAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</strong></td>
<td>137,482** (1,377)</td>
<td>-36.4%**</td>
<td>925,690** (1,762)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td><strong>COVID DEATHS (RATE PER 100,000)</strong></td>
<td>71 (1)</td>
<td>+29.1%</td>
<td>619 (1)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>5.4%</td>
<td>-2.9%*</td>
<td>7.1%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

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

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

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

**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 and positivity rate values. Total viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Vital (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 8/15 - 8/21, previous week data are from 8/8 - 8/14. HHS Protect data is recent, as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 8/21/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
# COVID-19 County and Metro Alerts*

Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>Metro Area (CBSA) Last Week</th>
<th>Localities in Red Zone</th>
<th>Localities in Yellow Zone</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>N/A</td>
<td>Detroit-Warren-Dearborn</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Saginaw</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Muskegon</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Marinette</td>
</tr>
<tr>
<td></td>
<td></td>
<td>South Bend-Mishawaka</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Coldwater</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Last Week</th>
<th>0</th>
<th>N/A</th>
<th>6</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Macomb</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saginaw</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muskegon</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cass</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Branch</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 10 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling**: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- **Surveillance pooling**: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
MICHIGAN
STATE REPORT | 08.23.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
MICHIGAN
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020**

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500 - 1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1 - 2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

**DATA NOTES**

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

- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/16 to 8/21; previous week data are from 8/8 to 8/14.

- **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 results 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 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08/00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.

- **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 14:30 EDT on 08/23/2020.

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

- Minnesota is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% and 10%.
- Nationally, Minnesota was 26th for most new cases per 100,000 population and 25th for highest test positivity last week.
- Minnesota has seen stability in new cases and stability in testing positivity over the last week.
- Viral transmission continues in multiple areas of the state although the absolute numbers of cases remain concentrated around the Twin Cities area. 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 53.7 percent of new cases in Minnesota. Counties surrounding the Minneapolis-CBSA had the largest proportional increases in cases and test positivity.
- Up to a quarter of cases reported recently have been in the 15 to 24 year age group.
- Fifteen cases have been linked to the Sturgis Motorcycle Rally, as of last week.
- 30% of all counties in Minnesota have ongoing community transmission (red or yellow alert), with 6% having high levels of community transmission (red alert).
- 0.3% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- Minnesota had 78 new cases per 100,000 population in the past week, compared to a national average of 93 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are 1. To support epidemiology activities from CDC, 2. To support operations activities from FEMA, 3. To support epidemiology activities from CDC, and 1. To support operations activities from USCG.
- Between Aug 15 – Aug 21, on average, 24 patients with confirmed COVID-19 and 111 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Minnesota. An average of 39 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period.
- Please review the COVID-19 Minnesota School Ad metric that combines classroom education with sports activities for incentives to communities to ensure community transmission stays low.

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.
- Support a uniform case-reporting process for institutions of higher education (IHE) and reporting of this data on public-facing dashboards, including on the state dashboard.
- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and schools conducting in-person classes, especially IHE without such capacity (such as community colleges).
- Include reopening of colleges and universities, encourage local ordinances or other measures to limit off-campus events from violating social distancing and mask mandates, as highlighted by the recent exposures at an off-campus party associated with St. Olaf College.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home and school (K-12) testing as ER visits and admissions continue to decline and additional testing capacity is available.
- Protect vulnerable populations in assisted living and long-term care facilities through routine 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.
- Any nursing homes with 1 or more cases of COVID per week over the last 3 weeks should have mandatory infection 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.
- Continue to communicate the public health and economic benefits of compliance with the state masking mandate including the benefit to decrease disruptions to business activity and school operations.
- Ensure that all business retailers and personal services require masks and can safely social distance. Ensure compliance with current MN StaySafe Plan occupancy restrictions and consider further limitations on occupancy or closure of certain businesses (bars, restaurants) dependent on changes in local reported cases last 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.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

We look forward to your feedback.

* Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/region as those from which we should not expect to receive data 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 partners to improve reporting consistency. Continued feedback on improving these data is welcome.
## MINNESOTA
### STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES (RATE PER 100,000)</strong></td>
<td>4,412 (78)</td>
<td>-2.5%</td>
<td>38,584 (73)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td><strong>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</strong></td>
<td>6.3%</td>
<td>+0.4%*</td>
<td>5.2%</td>
<td>5.8%</td>
</tr>
<tr>
<td><strong>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</strong></td>
<td>111,472** (1,977)</td>
<td>+8.5%**</td>
<td>925,690** (1,762)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td><strong>COVID DEATHS (RATE PER 100,000)</strong></td>
<td>107 (2)</td>
<td>+105.8%</td>
<td>619 (1)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>7.7%</td>
<td>+1.2%*</td>
<td>7.1%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

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

### DATA SOURCES:
- Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
- **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 information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests reported and positivity rate numbers. Total viral (RT-PCR) laboratory test results 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 reported. Last week data are from 8/13 - 8/19; previous week data are from 8/6 - 8/12. HHS Protect data is recent, as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 9/21/2020.
- **SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16; previous week is 8/3-8/9.
## MINNESOTA
### STATE REPORT | 08.23.2020

### COVID-19 COUNTY AND METRO ALERTS*
Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2</strong></td>
<td>Hutchinson</td>
<td>Minneapolis-St. Paul-Bloomington</td>
</tr>
<tr>
<td></td>
<td>Worthington</td>
<td>Mankato</td>
</tr>
<tr>
<td></td>
<td>McLeod</td>
<td>St. Cloud</td>
</tr>
<tr>
<td></td>
<td>Le Sueur</td>
<td>Willmar</td>
</tr>
<tr>
<td></td>
<td>Waseca</td>
<td>Austin</td>
</tr>
<tr>
<td></td>
<td>Nobles</td>
<td>Marshall</td>
</tr>
<tr>
<td></td>
<td>Sibley</td>
<td>Hennepin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ramsey</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dakota</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Anoka</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Washington</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Scott</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wright</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stearns</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Carver</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Blue Earth</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nicollet</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Watonwan</td>
</tr>
</tbody>
</table>

### All Yellow Counties:
Hennepin, Ramsey, Dakota, Anoka, Washington, Scott, Wright, Stearns, Carver, Blue Earth, Nicollet, Watonwan, Kandiyohi, Mower, Isanti, Benton, Wabasha, Houston, Cottonwood, Kanabec, 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020, last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/15/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
• Move to community-led neighborhood testing and work with local community groups to increase access to testing
• Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
• Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
• Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
MINNESOTA
STATE REPORT | 08.23.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
MINNESOTA
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

DATA SOURCES

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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;=10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 08/10 to 08/16; previous week data are from 08/03 to 08/09.
- **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 reported 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 08/10 to 08/16; previous week data are from 08/03 to 08/09. HHS Protect data is recent as of 08/20 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 08/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **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 | 08.23.2020

SUMMARY

- Mississippi is in the red zone for cases, indicating more than 190 new cases per 100,000 population last week, with the highest rate in the country.
- Mississippi is in the red zone for test positivity, indicating a rate above 10%, with the 5th highest rate in the country.
- Mississippi has seen some early stability in new cases and a decrease in test positivity over the last week, but surrounding states have accelerated their mitigation efforts and surpassed Mississippi in the speed of decline.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. DeSoto County, 2. Hinds County, and 3. Harrison County. These counties represent 37.5 percent of new cases in Mississippi. Community spread remains significant throughout the state.
- 94% of all counties in Mississippi have ongoing community transmission (yellow or red alert), with 49% having high levels of community transmission (red alert). There is improvement from 97 counties in the red zone three weeks ago, to 51 counties two weeks ago, to 30 last week. This progress must accelerate with additional mitigation efforts.
- 4.4% of nursing homes are reporting 1 or more residents with COVID-19 per week over the last 3 weeks, indicating the need to both decrease community spread outside the nursing homes and increased screening of staff and residents, followed by isolation of positive cases.
- Mississippi had 175 new cases per 100,000 population in the past week, compared to a national average of 53 per 100,000.
- Current staff deployed from the federal government to assist in the state response are 37 to support epidemiology activities from CDC, 30 to support medical activities from VA, and 6 to support nursing activities from VA.
- Between Aug 15 – Aug 21, there were 33 patients were admitted to hospitals in Mississippi. An average of 10% of patients reported either new confirmed or new suspected COVID-19 patients each day during this period, therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to an underestimation of the number of critical supplies.
- Please review the Mississippi Department of Health’s guide that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

- Immediately 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 face mask use. Immediately conduct infection control surveys in all nursing homes with 1 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 mask mandate and ensure compliance.
- Maintain distance and use social distancing. Use social distancing and mask use can occur, such as bars and entertainment venues or further restricting opening times to increase mitigation.
- Move to outdoor dining and limit indoor dining to less than 25% of normal capacity.
- Ask citizens to limit social gatherings to 10 or fewer people.
- Increase messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Continue the scale-up of testing, moving to community-based neighborhood testing.
- Work with local communities to implement and provide clear guidance for households that test positive, including on isolation procedures.
- In many states new transmissions are driven by family and neighborhood gatherings. Alerting citizens to these events and the role of these gatherings in spreading the virus is critical, as well as the danger to spreading the virus to family members with underlying conditions, potentially leading to devastating results. Encourage individuals that have participated in large social gatherings, birthday parties, and family gatherings to get tested and to isolate themselves from family members with comorbidities.
- Ensure every citizen is aware of asymptomatic and pre-symptomatic spread of the virus and the need to continue to wear masks.
- Continue 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.
- Ensure all public health labs are fully staffed and running 24/7, utilizing all platforms to reduce turnaround times. Institute 4 to 5 testing lines on high throughput machines as long as turnaround times are greater than 36 hours. For families and families with children, use in-home 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. Universities must be able to do surge testing among students once cases are identified to ensure isolations and prevent spread to local communities.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.

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

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

**STATE REPORT | 08.23.2020**

<table>
<thead>
<tr>
<th>State</th>
<th>Last Week</th>
<th>State, % Change From Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Cases (Rate per 100,000)</td>
<td>5,331 (179)</td>
<td>-3.0%</td>
<td>89,560 (134)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td>Viral (RT-PCR) Lab Test Positivity Rate</td>
<td>10.9%</td>
<td>-1.7%*</td>
<td>9.0%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Total Viral (RT-PCR) Lab Tests (Tests per 100,000)</td>
<td>24,601** (827)</td>
<td>-17.5%**</td>
<td>997,394** (1,491)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td>COVID Deaths (Rate per 100,000)</td>
<td>171 (6)</td>
<td>-19.7%</td>
<td>2,444 (4)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td>SNFs With At Least One Resident COVID-19 Case</td>
<td>25.7%</td>
<td>-1.8%*</td>
<td>22.7%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

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

**DATA SOURCES:**

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

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

**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 information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests reported and positivity rate values. Total 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 8/13 - 8/19; previous week data are from 8/6 - 8/12. HHS Protect data is recent, as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 8/21/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16; previous week is 8/3-8/9.
MISSISSIPPI
STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*
Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gulfport-Biloxi</td>
<td>Jackson</td>
</tr>
<tr>
<td>Memphis</td>
<td>Hattiesburg</td>
</tr>
<tr>
<td>Tupelo</td>
<td>Laurel</td>
</tr>
<tr>
<td>Greenville</td>
<td>Columbus</td>
</tr>
<tr>
<td>Meridian</td>
<td>Brookhaven</td>
</tr>
<tr>
<td>Greenwood</td>
<td>Natchez</td>
</tr>
<tr>
<td>Cleveland</td>
<td></td>
</tr>
<tr>
<td>Oxford</td>
<td></td>
</tr>
<tr>
<td>Vicksburg</td>
<td></td>
</tr>
<tr>
<td>Indianaola</td>
<td></td>
</tr>
<tr>
<td>Clarksdale</td>
<td></td>
</tr>
<tr>
<td>McComb</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>METRO AREA</th>
<th>(CBSA) LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DeSoto</th>
<th>Rankin</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Forrest</td>
</tr>
<tr>
<td>Hinds</td>
<td>Jones</td>
</tr>
<tr>
<td>Harrison</td>
<td>Union</td>
</tr>
<tr>
<td>Jackson</td>
<td>Monroe</td>
</tr>
<tr>
<td>Lee</td>
<td>Lowndes</td>
</tr>
<tr>
<td>Washington</td>
<td>Pontotoc</td>
</tr>
<tr>
<td>Bolivar</td>
<td>Lamar</td>
</tr>
<tr>
<td>Leflore</td>
<td>Oktibbeha</td>
</tr>
<tr>
<td>Marshall</td>
<td>Tishomingo</td>
</tr>
<tr>
<td>Panola</td>
<td>Lincoln</td>
</tr>
<tr>
<td>Lafayette</td>
<td>Neshoba</td>
</tr>
<tr>
<td>Warren</td>
<td></td>
</tr>
</tbody>
</table>

All Red CBSAs: Gulfport-Biloxi, Memphis, Tupelo, Greenville, Meridian, Greenwood, Cleveland, Oxford, Vicksburg, Indianaola, Clarksdale, McComb, Picayune, Corinth
All Yellow Counties: Rankin, Forrest, Jones, Union, Monroe, Lowndes, Pontotoc, Lamar, Oktibbeha, Tishomingo, Lincoln, Neshoba, Itawamba, Marion, Yazoo, Adams, Hancock, Copiah, Covington, Newton, Wayne, Noxubee, Attala, Calhoun, Jefferson Davis, Perry, Benton, Greene, Yalobusha

* 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/15/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
MISSISSIPPI
STATE REPORT | 08.23.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
MISSISSIPPI
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths**: County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/16 to 8/21; previous week data are from 8/9 to 8/14.
- **Testing**: The data presented represent viral COVID-19 laboratory diagnostic and screening test results (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 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/23/2020. 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 08/23/2020 and through 8/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **Skilled Nursing Facilities**: National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- Missouri is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, with the 10th highest rate in the nation, and the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 13th highest rate in the nation.
- Missouri has seen stability in new cases and stability in test positivity over the last 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 44.0 percent of new cases in Missouri.
- 35% of all counties in Missouri have ongoing community transmission (red or yellow alert), with 26% having high levels of community transmission (red alert).
- 1.5% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks; however, 11% of nursing homes had at least 1 case of COVID-19 among residents last week.
- Rural and urban counties in Missouri continue to have increases in cases and test positivity. Common sense preventive measures must be implemented to stop further spread.
- Missouri had 125 new cases per 100,000 population in the past week, compared to a national average of 93 per 100,000.
- Current staffing deployed from the federal government as assets to support the state response are 70 to support operations activities from FEMA; 7 to support operational activities from ASPR; 4 to support epidemiologic activities from CDC; 2 to support public health activities from CDC; and 1 to support supervision activities from VA.
- Between Aug 15 - Aug 21, on average, 58 patients with confirmed COVID-19 and 205 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Missouri. An average of 95 percent of hospitals reported either new confirmed or new suspected COVID-19 patients each day during this period.
- Please review the "Supplemental Guidance," which includes recommendations that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

- With the continuing high level of COVID-19 transmission, a mask mandate needs to be implemented statewide (in counties with 20 or more cases) to decrease community transmission.
- Ensure citizens, businesses, public health officials, hospitals, nursing homes, and schools work together to effectively implement the recommended mitigation strategies to control community transmission.
- Bars must be closed or indoor dining must be restricted to 50% capacity in yellow and red zone counties and metro areas. Expand outdoor dining options.
- In red zone, limit the size of social gatherings to 10 or fewer people in yellow zones, limit social gatherings to 25 or fewer people.
- Encourage individuals that have participated in large social gatherings, birthday parties, and family gatherings to get tested and isolate themselves from older family members and those with comorbidities.
- Work with communities to develop effective public health messages for:
  - (1) Individuals living in rural and peripheral areas about the common sense measures that citizens and businesses should adopt to prevent COVID-19.
  - (2) University students.
  - (3) Vulnerable populations.
  - (4) Tourist areas.
- Continue messaging the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Expand surveillance and diagnostics platforms. Ensure the state public health lab is fully staffed and running 24/7, utilizing all platforms.
- Identify universities with IRA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and for schools, especially institutions of higher education with good capacity, such as community colleges. Screen students arriving on campus and routinely thereafter with contact tracing. Ensure that all IHE planning residential living and in-person have a testing and surveillance plan.
- Support a uniform case-reporting process for institutions of higher education and reporting of this data to public facing dashboards, including the state dashboard.
- Work closely with universities and student leadership, Greek organizations, sports teams, and student body leaders to establish appropriate behavior during COVID-19 with known repercussions if students do not comply.
- 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 Missouri.gov.

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

We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by 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 other databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided. We are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
## Missouri
### State Report | 08.23.2020

<table>
<thead>
<tr>
<th></th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New Cases</strong> (Rate per 100,000)</td>
<td>7,689 (125)</td>
<td>-2.4%</td>
<td>16,570 (117)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td><strong>Viral (RT-PCR) Lab Test Positivity Rate</strong></td>
<td>8.3%</td>
<td>-0.5%*</td>
<td>8.8%</td>
<td>5.8%</td>
</tr>
<tr>
<td><strong>Total Viral (RT-PCR) Lab Tests (Tests per 100,000)</strong></td>
<td>59,809** (974)</td>
<td>+7.0%**</td>
<td>184,905** (1,308)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td><strong>COVID Deaths</strong> (Rate per 100,000)</td>
<td>86 (1)</td>
<td>+152.9%</td>
<td>174 (1)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td><strong>SNFs with at Least One Resident COVID-19 Case</strong></td>
<td>11.2%</td>
<td>+2.3%*</td>
<td>7.1%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

---

**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 in diagnostic tests.
- **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 9/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
  - **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-reportable 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 reported 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 reported. Last week data are from 8/13 - 8/19; previous week data are from 8/6 - 8/12. HHS Protect data is recent, as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 represents the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. 100% represents the baseline mobility level; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 9/21/2020.
- **SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16; previous week is 8/3-8/9.
## MISSOURI
STATE REPORT | 08.23.2020

### COVID-19 COUNTY AND METRO ALERTS*
Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Springfield</td>
<td>St. Louis</td>
</tr>
<tr>
<td>Joplin</td>
<td>Kansas City</td>
</tr>
<tr>
<td>Jefferson City</td>
<td>Columbia</td>
</tr>
<tr>
<td>Branson</td>
<td>Farmington</td>
</tr>
<tr>
<td>Cape Girardeau</td>
<td>Sedalia</td>
</tr>
<tr>
<td>Hannibal</td>
<td>St. Joseph</td>
</tr>
<tr>
<td>Kennett</td>
<td>Poplar Bluff</td>
</tr>
<tr>
<td>Sikeston</td>
<td>Maryville</td>
</tr>
<tr>
<td>Fort Leonard Wood</td>
<td>Warrensburg</td>
</tr>
<tr>
<td>Marshall</td>
<td>West Plains</td>
</tr>
<tr>
<td>Fort Madison-Keokuk</td>
<td>Lebanon</td>
</tr>
<tr>
<td>Rolla</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
</tr>
</tbody>
</table>

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

### 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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.
- **Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020. Last week is 8/13 – 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling**: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- **Surveillance pooling**: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
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 8/21/2020.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
MISSOURI
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

DATA SOURCES


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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume).

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% -10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES:

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths**: County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.
- **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 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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**: Describes 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 08/23/2020 and through 8/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **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 | 08.23.2020

SUMMARY

- Montana is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% and 10%.
- Nationally, Montana was 33rd for most new cases per 100,000 population and 27th for highest test positivity last week.
- Montana has seen a decrease in new cases and a decrease in test positivity over the last 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. Flathead County. These counties represent 50.7% of new cases in Montana.
- 12% of all counties in Montana have ongoing community transmission (yellow or red alert), with 9% having high levels of community transmission (red alert).
- 0.5% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- Montana had 63 new cases per 100,000 population in the past week, compared to a national average of 93 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 3 to support operations activities from FEMA; 3 to support epidemiology activities from CDC; and 2 to support operations activities from CDC.
- Between Aug 15 - Aug 21, on average, 14 patients with confirmed COVID-19 and 32 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Montana. 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.*
- Please review the [Montana COVID-19 Data Report](https://www.mt.gov/mhealth/data) that combines classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

- The elevated case and test positivity in specific counties should prompt intensified restrictions and community mitigation efforts. Institute prescribed guidance for all yellow and red zone counties, especially in Yellowstone (Billings), Big Horn, Flathead (Kalispell), Rosebud, Sanders, Lake, and Madison.
- 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.
- Promote outdoor dining and effective limits on retail.
- Expand, monitor, and enforce policies on wearing face coverings in all yellow and red zone counties, especially in indoor spaces.
- State dashboards can be made more visually compelling and educational, highlighting county-level data. Consider working with design or marketing company to enhance. Promote use of dashboard 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 underemployed young adults.
- Testing is critical for public health interventions and community mitigation efforts, and testing rates are low across Montana. 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.
- Ensure all universities with suitable platforms are using their equipment at full capacity for surveillance of all students and youth groups, including institutions that don’t have such platforms. PCR platforms for veterinary science should also be utilized.
- Distinctions between surveillance and diagnostic testing should be maintained.
- Continue to prevent transmission and control outbreaks in crowded workplaces, such as meatpacking plants, by monitoring and enforcing social distancing, mandatory face covering, 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](https://www.cdc.gov/coronavirus/2019-ncov/community/ Mitigation.html).

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/health or others from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
## MONTANA
### STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASES (RATE PER 100,000)</td>
<td>673 (63)</td>
<td>-14.2%</td>
<td>7,581 (62)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</td>
<td>6.0%</td>
<td>-1.0%*</td>
<td>5.0%</td>
<td>5.8%</td>
</tr>
<tr>
<td>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</td>
<td>5,667** (530)</td>
<td>-55.9%**</td>
<td>167,432** (1,366)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td>COVID DEATHS (RATE PER 100,000)</td>
<td>7 (1)</td>
<td>-36.4%</td>
<td>81 (1)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</td>
<td>0.0%</td>
<td>-1.4%*</td>
<td>5.5%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

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

### DATA SOURCES

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

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

**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 8/13 - 8/19; previous week data are from 8/6 - 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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. Testing data for Montana is complete through 8/15. Values shown may be inaccurate or incomplete.

**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 8/21/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
# Montana State Report | 08.23.2020

## COVID-19 County and Metro Alerts*
Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>Metro Area (CBSA) Last Week</th>
<th>Localities in Red Zone</th>
<th>Localities in Yellow Zone</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Billings</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>Yellowstone</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Big Horn</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Phillips</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rosebud</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sanders</td>
<td></td>
</tr>
</tbody>
</table>

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**Data Sources**
- **Cases and Deaths:** Data 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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.
- **Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be back-filled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible. Testing data for Montana is complete through 8/15. Values shown may be inaccurate or incomplete.
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 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
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 8/21/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Testing data for Montana is complete through 8/15. Values shown may be inaccurate or incomplete.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
MONTANA
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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. Testing data for Montana is complete through 8/15. Values shown may be inaccurate or incomplete.
National Picture

NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
COLOR_THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

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

- Cases and deaths: County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 from 8/15 to 8/21; previous week data from 8/8 to 8/14.

- Testing: The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—specific 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 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 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.

- 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 14:30 EDT on 08/23/2020.

- 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 | 08.23.2020

SUMMARY

- Nebraska is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 24th highest rate in the nation, and the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 10th highest rate in the nation.
- Nebraska has seen stability in new cases and a decrease in test positivity over the last week.
- The following counties had the highest number of new cases over the past 3 weeks: Douglas County, 2. Sarpy County, 3. Lancaster County.
- These counties represent 62.6 percent of new cases in Nebraska.
- 25% of all counties in Nebraska have ongoing community transmission (red or yellow alert), with 10% having high levels of community transmission (red alert).
- Less than 1% of nursing homes are reporting 5 or more residents with COVID-19 per week over the last 3 weeks; 4% of nursing homes had at least 1 case of COVID-19 among residents in the last week.
- Rural and urban counties in Nebraska continue to have ongoing transmission, common sense preventive measures must be implemented to stop further spread.
- Nebraska had 34 new cases per 100,000 population in the past week, compared to a national average of 93 per 100,000.
- Current staff deployed from the federal government as assets to support the state response were 2 to support operations activities from FEMA.
- Between Aug 15 - Aug 21, on average, 13 patients with confirmed COVID-19 and 26 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Nebraska. An average of 50 percent of hospitals reported either new confirmed or new suspected COVID-19 patients each day during this period. Therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.
- Please review the webpage on the Nebraska Department of Health and Human Services website that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

- With the continuing high level of COVID-19 transmission, a mask mandate needs to be implemented statewide (in counties with 20 or more cases) to decrease community transmission.
- Ensure citizens, businesses, public health officials, hospitals, nursing homes, and schools work together to effectively implement the recommended mitigation strategies to control community transmission.
- Stores must be closed; indoor dining must be restricted to 50% capacity in yellow and 25% capacity in red zone counties and metro areas. Expand outdoor dining options.
- 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.
- Encourage individuals that have participated in large social gatherings, birthday parties, and family gatherings to get tested and isolate themselves from other family members and those with comorbidities.
- 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 homes, assisted living, and long-term care facilities by ensuring state paid 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.
- Work with communities to develop effective public health messages for:
  1. Individuals living in rural and peri-urban areas about the common sense measures that citizens and businesses should adopt to prevent COVID-19.
  2. University students.
  3. Vulnerable populations.
- Continue messaging the risk of serious disease in all age groups for individuals with pre-existing medical conditions, including obesity, hypertension, and diabetes mellitus.
- Expand surveillance and diagnostics platforms. Ensure the state public health lab is fully staffed and running 24/7, utilizing all platforms.
- Identify universities with RNA detection platforms, consider efforts to use this equipment to expand surveillance testing for university students and for schools, especially institutions of higher education (IHE) without such capacity, such as community colleges. Screen students arriving on campus and routinely thereafter with contact tracing. Ensure that all IHE planning residential living and in-person have a testing and surveillance plan.
- Support a uniform case-reporting process for institutions of higher education and reporting of this data on public facing dashboards, including on the state dashboard.
- Work closely with university leadership, Greek organizations, sports teams, and student body leaders to establish appropriate behavior during COVID-19 with exemptions/restrictions if students do not comply.
- 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 Nebraska Department of Health and Human Services 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 facitlities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems.

We look forward to your feedback.

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

**STATE REPORT | 08.23.2020**

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASES (RATE PER 100,000)</td>
<td>1,619 (84)</td>
<td>-8.2%</td>
<td>16,570 (117)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</td>
<td>9.0%</td>
<td>-0.7%*</td>
<td>8.8%</td>
<td>5.8%</td>
</tr>
<tr>
<td>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</td>
<td>30,393** (1,571)</td>
<td>+4.7%**</td>
<td>184,905** (1,308)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td>COVID DEATHS (RATE PER 100,000)</td>
<td>13 (1)</td>
<td>-18.8%</td>
<td>174 (1)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</td>
<td>4.4%</td>
<td>+0.7%*</td>
<td>7.1%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

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

**DATA SOURCES**

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

**Cases and Deaths:** 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 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

**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 reported 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 8/13 - 8/19; previous week data are from 7/26 - 8/2/20. HHS Protect data is recent as of 08/20 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 1000 EDT on 08/22/2020. 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 8/21/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
NEBRASKA
STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*
Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>METRO AREA (CBSA)</td>
<td></td>
</tr>
<tr>
<td>LAST WEEK</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Omaha-Council Bluffs</td>
</tr>
<tr>
<td></td>
<td>Lincoln</td>
</tr>
<tr>
<td></td>
<td>Fremont</td>
</tr>
<tr>
<td></td>
<td>Grand Island</td>
</tr>
<tr>
<td></td>
<td>Columbus</td>
</tr>
<tr>
<td></td>
<td>Sioux City</td>
</tr>
<tr>
<td></td>
<td>Lexington</td>
</tr>
<tr>
<td></td>
<td>Hastings</td>
</tr>
<tr>
<td></td>
<td>Scottsbluff</td>
</tr>
<tr>
<td></td>
<td>Beatrice</td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Douglas</td>
</tr>
<tr>
<td></td>
<td>Sarpy</td>
</tr>
<tr>
<td></td>
<td>Lancaster</td>
</tr>
<tr>
<td></td>
<td>Dodge</td>
</tr>
<tr>
<td></td>
<td>Hall</td>
</tr>
<tr>
<td></td>
<td>Cass</td>
</tr>
<tr>
<td></td>
<td>Platte</td>
</tr>
<tr>
<td></td>
<td>Saunders</td>
</tr>
<tr>
<td></td>
<td>Dakota</td>
</tr>
<tr>
<td></td>
<td>Washington</td>
</tr>
<tr>
<td></td>
<td>Seward</td>
</tr>
<tr>
<td></td>
<td>Dawson</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All Yellow Counties: Douglas, Sarpy, Lancaster, Dodge, Hall, Cass, Platte, Saunders, Dakota, Washington, Seward, Dawson, Adams, Scotts Bluff, Saline, Gage, Custer, Phelps

* 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

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

4
NEBRASKA
STATE REPORT | 08.23.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
NEBRASKA
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

DATA SOURCES

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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;-.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;=10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1 - 2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths: County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.
- 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 results 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 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.
- 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 14:30 EDT on 08/23/2020.
- Skilled Nursing Facilities: National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- Nevada is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, with the 4th highest rate in the nation, and the red zone for test positivity, increasing above 10%, with the 3rd highest rate in the nation.
- Nevada experienced a spike in new cases and test positivity over the last two weeks.
- 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 97.3 percent of new cases in Nevada.
- 29% of all counties in Nevada have ongoing community transmission (red or yellow alert), with 10% having high levels of community transmission (red alert).
- 4% of nursing homes are reporting 2 or more residents with COVID-19 per week over the last 3 weeks; however, 11.4% of nursing homes had at least 1 case of COVID-19 among residents last week.
- Nevada had 134 new cases per 100,000 population in the past week, compared to a national average of 93 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 15 to support operations activities from FEMA and 4 to support medical activities from VHA.
- Between Aug 15 - Aug 21, on average, 54 patients with confirmed COVID-19 and 37 patients with suspected COVID-19 were reported each day to hospitals in Nevada. An average of greater than 95 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period.
- Please review the Nevada School Committee guidelines that combine classroom education with sport activities for incentives to communities to ensure transmission remains low.

RECOMMENDATIONS

- With the continued geographic expansion of COVID-19 spread, a mask mandate needs to be implemented statewide (in counties with 20 or more cases) to decrease community transmission.
- Encourage citizens, businesses, public health officials, hospitals, nursing homes, and schools work together to effectively implement the recommended mitigation strategies to control community transmission.
- Bars must be closed; indoor dining be restricted to 50% in yellow and 25% in red zone counties and metro areas. Expand outdoor dining options.
- 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.
- Encourage individuals that have participated in large social gatherings, birthday parties, and family gatherings to get tested and isolate themselves from elderly family members and those with comorbidities.
- Work with communities to develop effective public health messages for:
  1. Individuals living in rural and peri-urban areas should adopt to prevent COVID-19.
  2. University students.
  3. Vulnerable populations.
  4. Tourist areas.

- Continue messaging the risk of serious disease in all age groups for individuals with pre-existing medical conditions, including obesity, hypertension, and diabetes mellitus.
- 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 masks 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.
- Collaborate with state and local health departments to ensure adequate supplies of PPE for healthcare workers.
- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and for schools. At institutions of higher education (IHE) without such capacity, such as community colleges, screen students entering campus and routinely thereafter with contact tracing. Ensure that all IHE planning residential living and in-person have a testing and surveillance plan.
- Support a uniform case-reporting process for institutions of higher education and reporting of this data on public-facing dashboards, including on the state dashboard.
- Work closely with university leadership, Greek organizations, sports teams, and student body leaders to establish appropriate behavior during COVID-19 with known repercussions if students do not comply.
- 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.

The purpose of this report is to develop a shared understanding of the current state 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 present consistent data sources and methods that allow for comparison to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems.

* Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/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 leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
NEVADA
STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASES (RATE PER 100,000)</td>
<td>4,743 (154)</td>
<td>-9.1%</td>
<td>58,109 (113)</td>
</tr>
<tr>
<td>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</td>
<td>11.2%</td>
<td>-2.5%*</td>
<td>6.5%</td>
</tr>
<tr>
<td>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</td>
<td>61,440** (1,995)</td>
<td>+15.2%**</td>
<td>1,248,724** (2,435)</td>
</tr>
<tr>
<td>COVID DEATHS (RATE PER 100,000)</td>
<td>150 (5)</td>
<td>+19.0%</td>
<td>1,255 (2)</td>
</tr>
<tr>
<td>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</td>
<td>21.4%</td>
<td>-2.3%*</td>
<td>14.1%</td>
</tr>
</tbody>
</table>

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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 available and to describe county-level totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests reported and positivity rate values. Total 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 results. Last week's data are from 8/13 - 8/19; previous week's data are from 8/6 - 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 12:00 EDT on 08/22/2020. 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 9/21/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
# NEVADA

## COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>METRO AREA (CBSA) LAST WEEK</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Las Vegas-Henderson-Paradise Reno Elko</td>
<td>Pahrump Fernley</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Clark Washoe Elko</td>
<td>Nye Lyon</td>
</tr>
</tbody>
</table>

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 10 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

Public Officials
• Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
• Limit social gatherings to 25 people or fewer
• Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
• Ensure that all business retailers and personal services require masks and can safely social distance
• Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
• Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
• 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
STATE REPORT | 08.23.2020

NEW CASES

COVID-19 CASES

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

TESTING

TOTAL VIRAL (RT-PCR) LAB TESTS

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

Top counties based on greatest number of new cases in last three weeks (8/1 - 8/21)

<table>
<thead>
<tr>
<th>County</th>
<th>New Cases (Cumulative)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clark</td>
<td>40,000</td>
</tr>
<tr>
<td>Washoe</td>
<td>30,000</td>
</tr>
<tr>
<td>Elko</td>
<td>20,000</td>
</tr>
<tr>
<td>Nye</td>
<td>10,000</td>
</tr>
<tr>
<td>Carson City</td>
<td>8,000</td>
</tr>
<tr>
<td>Lyon</td>
<td>6,000</td>
</tr>
<tr>
<td>Douglas</td>
<td>5,000</td>
</tr>
<tr>
<td>Churchill</td>
<td>4,000</td>
</tr>
<tr>
<td>Humboldt</td>
<td>3,000</td>
</tr>
<tr>
<td>Eureka</td>
<td>2,000</td>
</tr>
</tbody>
</table>

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 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
NEVADA
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

DATA SOURCES


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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths**: County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.
- **Testing**: The data presented represent 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 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **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 | 08.23.2020

SUMMARY

- New Hampshire is in the green zone for cases, indicating less than 10 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- Nationally, New Hampshire was 50th for most new cases per 100,000 population and 49th for highest test positivity last week.
- New Hampshire has seen a decrease in new cases and stability in testing positivity over the last 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 81.4 percent of new cases in New Hampshire.
- 0% of all counties in New Hampshire have ongoing community transmission (red or yellow alert).
- 0.0% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- New Hampshire had 8 new cases per 100,000 population in the past week, compared to a national average of 93 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 2 to support operations activities from FEMA.
- Between Aug 15 - Aug 21, on average, 22 patients with confirmed COVID-19 and 20 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Hampshire. An average of greater than 95 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period.*
- Please review the West Virginia School K-12 metrics that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

- Support a uniform case-reporting process for institutions of higher education (IHE) and reporting of this data on public-facing dashboards. Publish IHE data on the state dashboard. Similarly, monitoring and open communication of school (K-12)-related cases, both primary and secondary levels, should be a priority to ensure informed decisions by communities.
- In consideration of the state’s rural and metropolitan school districts, ensure testing capacity exists to successfully manage the impact of students returning to school. Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and schools conducting in-person classes, especially IHE without such capacity, such as community colleges and K-12. Additionally, ensure medical services are available to handle a potential increase in the number of infections.
- In anticipation of reopening of colleges and universities, conduct outreach to restaurant and bar business owners in college communities regarding enforcement of mask mandates and limitations on occupancy, encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus gatherings.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home and school (K-12) testing as ER visits and admissions decline and additional testing capacity is available.
- 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.
- 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). Initiative of DHHS, UNH, and other universities is commended in this regard.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

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

## STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES</strong></td>
<td>108 (8)</td>
<td>-41.3%</td>
<td>4,312 (29)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td>(RATE PER 100,000)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</strong></td>
<td>0.9%</td>
<td>-0.2%*</td>
<td>1.3%</td>
<td>5.8%</td>
</tr>
<tr>
<td><strong>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</strong></td>
<td>9,304** (684)</td>
<td>-45.3%**</td>
<td>287,895** (1,939)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td><strong>COVID DEATHS</strong></td>
<td>5 (0)</td>
<td>+25.0%</td>
<td>108 (1)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td>(RATE PER 100,000)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>0.0%</td>
<td>N/A*</td>
<td>3.3%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

![Graph showing mobility relative to baseline](image)

* 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 8/21/2020; last week is 8/15 – 8/21; previous week is 8/8 – 8/14.

**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 reported 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 reported. Last week data are from 8/13 – 8/19; previous week data are from 8/6 – 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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. Testing data for New Hampshire is complete through 8/17. Values shown may be inaccurate or incomplete.

**Mobility:** Descartes Labs. This data reflects the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. 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 8/21/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16; previous week is 8/3-8/9.
# NEW HAMPSHIRE

STATE REPORT | 08.23.2020

**COVID-19 COUNTY AND METRO ALERTS***
Top 12 shown in table (full lists below)

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

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

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** CELER (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be back-filled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible. Testing data for New Hampshire is complete through 8/17. Values shown may be inaccurate or incomplete.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
• Move to community-led neighborhood testing and work with local community groups to increase access to testing
• Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
• Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
• Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
NEW HAMPSHIRE
STATE REPORT | 08.23.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Testing data for New Hampshire is complete through 8/17. Values shown may be inaccurate or incomplete.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
NEW HAMPSHIRE
STATE REPORT | 08.23.2020

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

NEW CASES PER 100,000 DURING LAST WEEK

Date: 08/23/2020

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

Date: 08/23/2020

WEEKLY % CHANGE IN NEW CASES PER 100K

Date: 08/23/2020

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

Date: 08/23/2020

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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. Testing data for New Hampshire is complete through 8/17. Values shown may be inaccurate or incomplete.
National Picture

NEW CASES PER 100,000 LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

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

- **Cases and deaths**: County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.

- **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 reported 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 reported. Last week data are from 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08/20 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.

- **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 14:30 EDT on 08/23/2020.

- **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 | 08.23.2020

SUMMARY

• New Jersey is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 47th highest rate in the nation, and the green zone for test positivity, indicating a rate below 5%, with the 45th highest rate in the nation.
• New Jersey has seen a decrease in new cases and stability in test positivity over the last week.
• The following three counties had the highest number of new cases over the past 3 weeks: 1. Bergen County, 2. Passaic County, and 3. Camden County. These counties represent 23.1 percent of new cases in New Jersey.
• 0% of all counties in New Jersey have ongoing community transmission (red or yellow alert).
• There were no reports of nursing homes with 3 or more residents with COVID-19 per week over the last 3 weeks; however about 4% of nursing homes had at least one case of COVID-19 among residents last week.
• New Jersey had 19 new cases per 100,000 population in the past week, compared to a national average of 99 per 100,000.
• Current staff deployed from the federal government as assets to support the state response are: 65 to support operations activities from FEMA; 16 to support operations activities from USCG; and 1 to support operations activities from VA.
• Between Aug 15 - Aug 21, on average, 25 patients with confirmed COVID-19 and 1,595 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Jersey. An average of 80 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.
• Please review the Work Group School to 12 matrix that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

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.
• Keep the statewide mask requirement in place and renew effective public health messaging to ensure high compliance.
• Continue 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 on the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
• 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.
• Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and for schools, especially institutions of higher education (IHE) without such capacity, such as community colleges. Screen students arriving on campus and routinely thereafter with contact tracing. Ensure that all IHE planning residential living and in-person have a testing and surveillance plan.
• Support a uniform case-reporting process for institutions of higher education and reporting of this data on public-facing dashboards, including on the state dashboard.
• Work closely with university leadership, Greek organizations, sports teams, and student body leaders to establish appropriate behavior during COVID-19 with known repercussions if students do not comply.
• 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 NJ Alternative.

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 comparison to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems.

We look forward to your feedback.

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

## STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th>Metric</th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New Cases (Rate per 100,000)</strong></td>
<td>1,653 (19)</td>
<td>-46.6%</td>
<td>5,998 (21)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td><strong>Viral (RT-PCR) Lab Test Positivity Rate</strong></td>
<td>1.7%</td>
<td>-0.4%*</td>
<td>1.2%</td>
<td>5.8%</td>
</tr>
<tr>
<td><strong>Total Viral (RT-PCR) Lab Tests (Tests per 100,000)</strong></td>
<td>160,725** (1,810)</td>
<td>-1.3%**</td>
<td>705,660** (2,490)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td><strong>COVID Deaths (Rate per 100,000)</strong></td>
<td>42 (0)</td>
<td>-27.6%</td>
<td>91 (0)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td><strong>SNFs with at Least One Resident COVID-19 Case</strong></td>
<td>3.9%</td>
<td>-2.6%*</td>
<td>4.5%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

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

## Data Sources

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

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

**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 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 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 reported. Last week data are from 8/13 - 8/19; previous week data are from 8/6 - 8/12. HHS Protect data is recent as of 09:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 9/21/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
# NEW JERSEY
STATE REPORT | 08.23.2020

## COVID-19 COUNTY AND METRO ALERTS*
Top 12 shown in table (full lists below)

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

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

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
• Move to community-led neighborhood testing and work with local community groups to increase access to testing
• Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
• **Diagnostic pooling**: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
• **Surveillance pooling**: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
NEW JERSEY
STATE REPORT | 08.23.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
NEW JERSEY
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
Methods

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;-0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;-0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/16 to 8/21; previous week data are from 8/9 to 8/14.
- **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 results 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 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/23/2020. 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 08/23/2020 and through 8/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **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 | 08.23.2020

SUMMARY

- New Mexico is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 41st highest rate in the country. New Mexico is in the green zone for test positivity, indicating a rate below 5%, with the 49th highest rate in the country.
- There was a decrease in new cases and stability in test positivity over the last week. The state continues to make progress and continuing all mitigation will be critical until cases are low.
- 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 49.4 percent of new cases in New Mexico.
- 18% of all counties in New Mexico have ongoing community transmission (yellow or red alert), with 6% having high levels of community transmission (red alert).
- 16% of nursing homes have at least one case but fortunately 0% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- New Mexico had 41 new cases per 100,000 population in the past week, compared to a national average of 39 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are 8 to support operations activities from FEMA, 2 to support epidemiology activities from CDC, and 1 to support operations activities from VA.
- Between Aug 15 - Aug 21, on average, 15 patients with confirmed COVID-19 and 23 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Mexico. An average of 79 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.\*\*
- Please review the West Virginia School K-12 metrics that combine classroom education with sports activity for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

- Continue the statewide mask mandate.
- Expand testing through community centers and community outreach teams to ensure asymptomatic cases are found and isolated.
- Quay County has moved into the red zone; expanded testing and contact tracing needs to accelerate in the county.
- 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.
- In many states, new transmissions are driven by family and neighborhood gatherings. Alerting citizens to these events and the role of these gatherings in spreading the virus is critical. This includes the danger of spreading the virus to family members with underlying conditions, potentially leading to devastating results. Encourage individuals that have participated in large social gatherings, birthday parties, and family gatherings to get tested and to isolate themselves from family members with comorbidities.
- Ensure every citizen is aware of asymptomatic and pre-symptomatic spread of the virus and the need to continue to wear masks.
- 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 universities and colleges have the ability to do surge testing of students once cases are found to ensure isolation and prevent spread into local communities.
- 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. Ensure all Tribal Nations are aware of the significant risk from asymptomatic transmission during gatherings or ceremonies.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.\*\*

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

\*\*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/regions as those from which we should not expect reports were excluded from the percent reporting figures. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
NEW MEXICO
STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th>Metric</th>
<th>State, Last Week</th>
<th>State, % Change From Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New Cases (Rate per 100,000)</strong></td>
<td>855 (41)</td>
<td>-28.3%</td>
<td>61,281 (143)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td><strong>Viral (RT-PCR) Lab Test Positivity Rate</strong></td>
<td>3.3%</td>
<td>-0.2%*</td>
<td>9.2%</td>
<td>5.8%</td>
</tr>
<tr>
<td><strong>Total Viral (RT-PCR) Lab Tests (Tests per 100,000)</strong></td>
<td>30,368** (1,448)</td>
<td>-2.5%**</td>
<td>349,779** (819)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td><strong>COVID Deaths (Rate per 100,000)</strong></td>
<td>36 (2)</td>
<td>+28.6%</td>
<td>1,749 (4)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td><strong>SNFs with At Least One Resident COVID-19 Case</strong></td>
<td>16.4%</td>
<td>+0.0%*</td>
<td>18.9%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts. Therefore, the values may not match those reported directly by the state. Data is through 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

Testing: The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—only 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 reported and positivity rate values. Total viral (RT-PCR) laboratory test results 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 result verified. Last week data are from 8/13 - 8/19; previous week data are from 8/6 - 8/12. HHS Protect data is recent, as of 08:00 EDT on 08/23/2020.

Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 8/21/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
# COVID-19 COUNTY AND METRO ALERTS*
Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hobbs</td>
<td>Roswell</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Carlsbad-Artesia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ruidoso</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Portales</td>
</tr>
<tr>
<td>2</td>
<td>Lea</td>
<td>Chaves</td>
</tr>
<tr>
<td></td>
<td>Quay</td>
<td>Eddy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lincoln</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Roosevelt</td>
</tr>
</tbody>
</table>

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.
- **Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
NEW MEXICO
STATE REPORT | 08.23.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
NEW MEXICO
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020**

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

**DATA NOTES**

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

- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.

- **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 performed 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 reported. Last week data are from 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.

- **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 14:30 EDT on 08/23/2020.

- **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 | 08.23.2020

SUMMARY

• New York 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, New York was 46th for most new cases per 100,000 population and 47th for highest test positivity last week.
• New York has seen stability in new cases and stability in test positivity over the last 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 36.0 percent of new cases in New York.
• 0% of all counties in New York have ongoing community transmission (yellow or red alert).
• 0.2% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
• New York had 22 new cases per 100,000 population in the past week, compared to a national average of 93 per 100,000.
• Current staff deployed from the federal government as assets to support the state response are: 69 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; and 20 to support operations activities from USCG.
• Between Aug 15 – Aug 21, on average, 69 patients with confirmed COVID-19 and 326 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New York. An average of 84 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*
• Please review the Ideal Weight School K-12 metrics that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

• Continue to 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.
• Identify universities with RNA detection platforms and consider using this equipment to expand surveillance testing for all university and college students and for schools (K-12). Ensure that all colleges and universities that are planning residential living and in-person classes have a testing and surveillance plan and work with local health department to ensure sufficient contact tracing capacity, training and utilizing students to assist 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, culturally-specific messaging on the risk of serious disease for older individuals, those with comorbid medical conditions, frontline workers, and those who suffer from social and health inequities.
• Specific, detailed guidance on community mitigation measures can be found on the CBC 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 comparison to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

* Psychiatric, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/regions excluded 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.
# New York State Report | 08.23.2020

<table>
<thead>
<tr>
<th>State</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Cases (Rate per 100,000)</td>
<td>4,345 (22)</td>
<td>5,998 (21)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td>Viral (RT-PCR) Lab Test Positivity Rate</td>
<td>1.0%</td>
<td>-0.1%*</td>
<td>1.2%</td>
</tr>
<tr>
<td>Total Viral (RT-PCR) Lab Tests (Tests per 100,000)</td>
<td>544,935** (2,801)</td>
<td>705,660** (2,490)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td>Covid Deaths (Rate per 100,000)</td>
<td>49 (0)</td>
<td>91 (0)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td>SNFs with at least one resident COVID-19 case</td>
<td>5.0%</td>
<td>-1.3%*</td>
<td>4.5%</td>
</tr>
</tbody>
</table>

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

### Data Sources

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

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

**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 8/13 - 8/19; previous week data are from 8/6 - 8/12. HHS Protect data is recent, as of 08:59 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 09:00 EDT on 08/22/2020. 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 9/21/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
# NEW YORK
STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*
Top 12 shown in table (full lists below)

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

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

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
NEW YORK
STATE REPORT | 08.23.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
NEW YORK
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 08/15 to 08/21; previous week data are from 08/08 to 08/14.
- **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 reported 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 reported. Last week data are from 08/13 to 08/19; previous week data are from 08/6 to 08/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 08/21/2020.
- **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 13:40 EDT on 08/23/2020.
- **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 | 08.23.2020

SUMMARY

- North Carolina is in the yellow zone for cases, indicating between 10 and 199 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% and 10%.
- Nationally, North Carolina was 25th for most new cases per 100,000 population and 18th for highest test positivity last week.
- North Carolina has seen stability in new cases and stability in test positivity over the last 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 23.4 percent of new cases in North Carolina.
- 79% of all counties in North Carolina have ongoing community transmission (yellow or red alert), with 15% having high levels of community transmission (red alert).
- 3.0% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- North Carolina had 33 new cases per 100,000 population in the past week, compared to a national average of 43 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 3 to support operations activities from FEMA, 1 to support epidemiology activities from ASPH, 3 to support epidemiology activities from CDC, 5 to support medical activities from VA, and 7 to support operations activities from VA.
- Between Aug 15 - Aug 21, on average, 34 patients with confirmed COVID-19 and 326 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in North Carolina. An average of 68 percent of hospitals reported either new confirmed or new suspected COVID-19 patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.
- "Please review the recommendations that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low."

RECOMMENDATIONS

- Continue adherence to guidance below for all yellow and red zone counties, keeping bars and gyms closed and limiting indoor restaurant capacity to 25%, especially as students are returning to schools.
- Study which demographic populations are not compliant with the usage of face coverings while indoors and target locally-developed public health messaging to them.
- Use local data to urge local authorities to enforce mandates for using face coverings in public and commercial indoor settings and 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 social and health inequities; ensure messaging is intensifies on campuses and in areas hosting political events in the coming week.
- Try to meet with student leaders and leaders of groups that oppose mandated face coverings to review data and discuss community mitigation efforts.
- Continue efforts to ensure safe housing for isolation and quarantine of all those who live in congregate settings or multigenerational households or are unable to isolate at home.
- Test-seeking may be decentralized by long wait times for testing or results; continue to expand testing capacity and reduce turnaround times by allocating funding to extend public health lab capacity.
- Ensure sufficient testing capacity to handle frequent re-testing in areas where students are returning to school in large numbers.
- Require all universities with suitable platforms, including veterinary 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 adequate capacity for contact tracing by training and deploying students and under-employed young adults from the communities where case rates are elevated or outbreaks occur.
- 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, repeat testing of all staff periodically (especially in yellow and red zone counties), 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 [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 comparison to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

* Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state regulators as those from which we should not expect reports were excluded from the present reporting figures. This factor may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
## NORTH CAROLINA
STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASES (RATE PER 100,000)</td>
<td>9,741 (93)</td>
<td>+4.1%</td>
<td>89,560 (134)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</td>
<td>7.5%</td>
<td>+0.0%*</td>
<td>9.0%</td>
<td>5.8%</td>
</tr>
<tr>
<td>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</td>
<td>144,655** (1,379)</td>
<td>+9.4%**</td>
<td>997,394** (1,491)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td>COVID DEATHS (RATE PER 100,000)</td>
<td>182 (2)</td>
<td>+1.7%</td>
<td>2,444 (4)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</td>
<td>16.8%</td>
<td>+5.2%*</td>
<td>22.7%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

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

**DATA SOURCES:**

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

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

**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 available. Total viral (RT-PCR) laboratory test results 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 rounded. Last week data are from 8/13 - 8/19; previous week data are from 8/6 - 8/12. HHS Protect data is recent, as of 08/2020; data is updated as of 09/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:59 EDT on 08/22/2020. 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 9/21/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
### COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>METRO AREA (CBSA) LAST WEEK</strong></td>
<td></td>
</tr>
<tr>
<td>Rocky Mount</td>
<td>Lumberton</td>
</tr>
<tr>
<td>Laurinburg</td>
<td>Forest City</td>
</tr>
<tr>
<td>Rockingham</td>
<td>Brevard</td>
</tr>
<tr>
<td>6</td>
<td>30</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COUNTY LAST WEEK</strong></td>
<td></td>
</tr>
<tr>
<td>Robeson</td>
<td>Scotland</td>
</tr>
<tr>
<td>Edgecombe</td>
<td>Rutherford</td>
</tr>
<tr>
<td>Montgomery</td>
<td>Hartford</td>
</tr>
<tr>
<td>Pasquotank</td>
<td>Cherokee</td>
</tr>
<tr>
<td>Richmond</td>
<td>Bertie</td>
</tr>
<tr>
<td>Transylvania</td>
<td>Jones</td>
</tr>
<tr>
<td>15</td>
<td>64</td>
</tr>
</tbody>
</table>


All Red Counties: Robeson, Scotland, Edgecombe, Rutherford, Montgomery, Hartford, Pasquotank, Cherokee, Richmond, Bertie, Transylvania, Jones, Washington, Hyde, Gates


* 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
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 8/21/2020.

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

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
NORTH CAROLINA
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020**

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

**DATA NOTES**

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.
- **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 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- 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 6th for most new cases per 100,000 population and 34th for highest test positivity last week.
- North Dakota has seen an increase in new cases and an increase in testing positivity over the last 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 represent 44.7 percent of new cases in North Dakota. However, cases also continued to increase in several other counties in North Dakota last week, especially counties north, west, and south of Bismarck (Morton, Stark, Sioux) as well as in Minot (Mandan). Three other contiguous counties (Benson, Ramsey, and Walsh counties) also continued to report high incidence.
- 9% of all counties in North Dakota have ongoing community transmission (red or yellow alert), with 2% having high levels of community transmission (red alert).
- 0.09% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- North Dakota had 153 new cases per 100,000 population in the past week, compared to a national average of 93 per 100,000.
- Between Aug 15 - Aug 21, on average, 5 patients with confirmed COVID-19 and 6 patients with suspected COVID-19 were reported as admitted each day to hospitals in North Dakota. An average of 78 percent of hospitals reported 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.
- Please review the West Virginia School of Public Health’s Student Health Surveillance Data and metrics that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

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.
- Support a uniform case-reporting process for institutions of higher education (IHE) and reporting of this data on public-facing dashboards, including on the state dashboard.
- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and students conducting in-person classes, especially IHE without such capacity, such as community colleges.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home and school (K-12) testing as ER visits and admissions decline and additional testing capacity is available.
- Recommend adjusting state coronavirus risk level for highly affected counties to reflect persistently high reported cases.
- Continue to strongly encourage masking statewide (mask up ND campaign); support masking mandates in highly affected counties/districts.
- 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 and monitor testing data to identify additional sites of increased transmission and focus public health resources on them.
- Continue weekly testing of all workers in assisted living and long-term care facilities and require masks and social distancing for all visitors.
- Protect those in nursing homes and long-term care facilities by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19. Address staff and supply shortages. Ensure social distancing and universal facemask use.
- Specific, detailed guidance on community mitigation measures can be found on the ND eatsmart 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 comparison to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems.

* 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. These hospitals 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 teams to improve reporting consistency. Continued feedback on improving these data is welcome.
# North Dakota State Report | 08.23.2020

## New Cases

<table>
<thead>
<tr>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,154 (151)</td>
<td>+15.9%</td>
<td>7,581 (62)</td>
<td>306,444 (93)</td>
</tr>
</tbody>
</table>

## Viral (RT-PCR) Lab Test Positivity Rate

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3.9%</td>
<td>+0.6%*</td>
<td>5.0%</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

## Total Viral (RT-PCR) Lab Tests (Tests per 100,000)

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>36,298** (4,763)</td>
<td>-10.7%**</td>
<td>167,432** (1,366)</td>
<td>5,541,796** (1,688)</td>
</tr>
</tbody>
</table>

## COVID Deaths

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11 (1)</td>
<td>+0.0%</td>
<td>81 (1)</td>
<td>6,953 (2)</td>
</tr>
</tbody>
</table>

## SNFs with at Least One Resident COVID-19 Case

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11.8%</td>
<td>+4.0%*</td>
<td>5.5%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

### Data Sources

- **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 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 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

- **Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening tests (reverse transcription polymerase chain reaction, RT-PCR) results—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 reported 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 reported. Last week data are from 8/13 - 8/19; previous week data are from 8/6 - 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide 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 8/21/2020.

- **SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16; previous week is 8/3-8/9.
# NORTH DAKOTA

**STATE REPORT | 08.23.2020**

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

Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>N/A</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Bismarck</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dickinson</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
<th>LOCALITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Benson</td>
</tr>
<tr>
<td>4</td>
<td>Burleigh</td>
</tr>
<tr>
<td></td>
<td>Stark</td>
</tr>
<tr>
<td></td>
<td>McLean</td>
</tr>
<tr>
<td></td>
<td>Walsh</td>
</tr>
</tbody>
</table>

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
• Move to community-led neighborhood testing and work with local community groups to increase access to testing
• Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
• Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
• Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
NORTH DAKOTA
STATE REPORT | 08.23.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
NORTH DAKOTA
STATE REPORT | 08.23.2020

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

NEW CASES PER 100,000 DURING LAST WEEK

Date: 08/29/2020

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

Date: 08/29/2020

WEEKLY % CHANGE IN NEW CASES PER 100K

Date: 08/29/2020

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

Date: 08/29/2020

DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
DATA SOURCES


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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

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

- **Cases and deaths**: County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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's data are from 8/15 to 8/21; previous week's data are from 8/8 to 8/14.

- **Testing**: The data represent the viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—only individuals with symptoms—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Laboratory Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) results. When able to be disaggregated from serology test results and to describe county-level totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests performed and positivity rate values. Total 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 reported. Last week's data are from 8/13 to 8/19; previous week's data are from 8/6 to 8/12. HHS Protect data is recent as of 08/00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as current 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 08/23/2020 and through 8/21/2020.

- **Hospitalizations**: Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists 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 14:30 EDT on 08/23/2020.

- **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 may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- Ohio is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 35th highest rate in the country. Ohio is in the green zone for test positivity, indicating a rate below 5%, with the 35th highest rate in the country.
- Ohio has seen a decrease in cases and a decrease in test positivity over the last week. Ohio is making week-over-week progress that should continue to accelerate if mitigation efforts are sustained.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Franklin County, 2. Cuyahoga County, and 3. Hamilton County. These counties represent 33.4 percent of new cases in Ohio.
- 17% of all counties in Ohio have ongoing community transmission (yellow or red alert), with 3% having high levels of community transmission (red alert). There are 3 new counties in the red zone: Darke, Preble, and Auglaize counties.
- 0.9% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- Ohio had 56 new cases per 100,000 population in the past week, compared to a national average of 93 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are 12 to support operations activities from FEMA and 4 to support operations activities from USCG.
- Between Aug 15-Aug 21, on average, 97 patients with confirmed COVID-19 and 415 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Ohio. An average of 94 percent of hospitals reported either new confirmed or new suspected COVID-19 patients each day during this period.*
- Please review the COVID-19 State Situation Report that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

- Continue protecting 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 face mask 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.
- 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, as transmission is occurring during family and neighborhood gatherings around the United States. As these are identified through contact tracing, alerting citizens to these events and the role of these gatherings in spreading the virus is critical, as well as the danger to spreading the virus to family members with underlying conditions, potentially leading to devastating results.
- 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 an excellent 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 especially in the new red counties.
- Ensure every public health lab is fully staffed and running 24/7, utilizing all platforms to reduce turnaround times. Institute 4:1 pooling of test specimens on all high throughput machines as long as turnaround times are greater than 24 hours. For families and cohabitating 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.
- Every college and university needs a surge testing plan (could be pooling) to ensure they can test most of the student body during an outbreak. Positive student needs to be isolated to ensure local community is not impacted by college and university outbreaks.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing homes, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by stated/press releases 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 bins 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.
# Ohio State Report | 08.23.2020

<table>
<thead>
<tr>
<th></th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New Cases</strong> (Rate per 100,000)</td>
<td>6,488 (56)</td>
<td>-17.7%</td>
<td>38,584 (73)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td><strong>Viral (RT-PCR) Lab Test Positivity Rate</strong></td>
<td>4.4%</td>
<td>-0.6%*</td>
<td>5.2%</td>
<td>5.8%</td>
</tr>
<tr>
<td><strong>Total Viral (RT-PCR) Lab Tests (Tests per 100,000)</strong></td>
<td>156,538** (1,339)</td>
<td>+4.7%**</td>
<td>925,690** (1,762)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td><strong>COVID Deaths</strong> (Rate per 100,000)</td>
<td>171 (1)</td>
<td>+27.6%</td>
<td>619 (1)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td><strong>SNFs with at Least One Resident COVID-19 Case</strong></td>
<td>8.8%</td>
<td>+0.8%*</td>
<td>7.1%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

---

* Indicates absolute change in percentage points.

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

** Data Sources:**
- **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 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
- **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 8/13 - 8/19; previous week data are from 8/6 - 8/12. HHS Protect data is recent as of 08:59 EDT on 08/20/2020. Testing data are inclusive of everything received and processed by the CELR system as of 18:00 EDT on 08/22/2020. 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 8/21/2020.

**SNFs:** Skilled Nursing Facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
# OHIO

STATE REPORT | 08.23.2020

## COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

### LOCALITIES IN RED ZONE

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toledo</td>
<td>20</td>
</tr>
<tr>
<td>Akron</td>
<td></td>
</tr>
<tr>
<td>Canton-Massillon</td>
<td></td>
</tr>
<tr>
<td>Lima</td>
<td></td>
</tr>
<tr>
<td>Springfield</td>
<td></td>
</tr>
<tr>
<td>Celina</td>
<td></td>
</tr>
<tr>
<td>Chillicothe</td>
<td></td>
</tr>
<tr>
<td>Salem</td>
<td></td>
</tr>
<tr>
<td>Fremont</td>
<td></td>
</tr>
<tr>
<td>Wooster</td>
<td></td>
</tr>
<tr>
<td>Sidney</td>
<td></td>
</tr>
<tr>
<td>Urbana</td>
<td></td>
</tr>
<tr>
<td>Greenville</td>
<td></td>
</tr>
<tr>
<td>Wapakoneta</td>
<td></td>
</tr>
</tbody>
</table>

### LOCALITIES IN YELLOW ZONE

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toledo</td>
<td>2</td>
</tr>
<tr>
<td>Akron</td>
<td></td>
</tr>
<tr>
<td>Canton-Massillon</td>
<td></td>
</tr>
<tr>
<td>Lima</td>
<td></td>
</tr>
<tr>
<td>Springfield</td>
<td></td>
</tr>
<tr>
<td>Celina</td>
<td></td>
</tr>
<tr>
<td>Chillicothe</td>
<td></td>
</tr>
<tr>
<td>Salem</td>
<td></td>
</tr>
<tr>
<td>Fremont</td>
<td></td>
</tr>
<tr>
<td>Wooster</td>
<td></td>
</tr>
<tr>
<td>Sidney</td>
<td></td>
</tr>
<tr>
<td>Urbana</td>
<td></td>
</tr>
<tr>
<td>Lucas</td>
<td></td>
</tr>
<tr>
<td>Summit</td>
<td></td>
</tr>
<tr>
<td>Stark</td>
<td></td>
</tr>
<tr>
<td>Licking</td>
<td></td>
</tr>
<tr>
<td>Lorain</td>
<td></td>
</tr>
<tr>
<td>Fairfield</td>
<td></td>
</tr>
<tr>
<td>Allen</td>
<td></td>
</tr>
<tr>
<td>Madison</td>
<td></td>
</tr>
<tr>
<td>Clark</td>
<td></td>
</tr>
<tr>
<td>Greene</td>
<td></td>
</tr>
<tr>
<td>Mercer</td>
<td></td>
</tr>
<tr>
<td>Medina</td>
<td></td>
</tr>
</tbody>
</table>

### Analysis

- **All Yellow CBSAs:** Toledo, Akron, Canton-Massillon, Lima, Springfield, Celina, Chillicothe, Salem, Fremont, Wooster, Sidney, Urbana, Portsmouth, Zanesville, Marion, Bellefontaine, New Philadelphia-Dover, Wilmington, Point Pleasant, Jackson
- **All Yellow Counties:** Lucas, Summit, Stark, Licking, Lorain, Fairfield, Allen, Madison, Clark, Greene, Mercer, Medina, Miami, Ross, Columbiana, Lawrence, Sandusky, Wayne, Shelby, Champaign, Scioto, Muskingum, Marion, Union, Pickaway, Perry, Logan, Ottawa, Tuscarawas, Belmont, Jefferson, Putnam, Clinton, Gallia, Morrow, Hardin, Henry, Jackson

---

* 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

### 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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
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 8/21/2020.

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

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
OHIO
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

DATA SOURCES


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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020**

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

### DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.
- **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 performed 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 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/23/2020. 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 08/23/2020 and through 8/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **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 | 08.23.2020

SUMMARY

- Oklahoma is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, with the 12th highest rate in the nation, and in the yellow zone, below the red zone for test positivity, with the 8th highest rate in the nation.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Okfuskee County, 2. Tulsa County, and 3. Tishomingo County. These counties represent 9.3% of new cases in Oklahoma.
- 60% of all counties in Oklahoma have ongoing community transmission (red or yellow alert), with 26% having high levels of community transmission (red alert).
- 1% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks; however, 8% of nursing homes had at least 1 case of COVID-19 among residents last week.
- Rural and urban counties in Oklahoma continue to have increases in cases and test positivity. Common sense preventive measures must be implemented to stop further spread.
- Oklahoma had 133 new cases per 100,000 population in the past week, compared to a national average of 92 per 10,000.
- Current staff deployed from the federal government as part of the state response are 3 to support operations activities from FEMA; 6 to support epidemiology activities from CDC; and 31 to support medical activities from VA.
- During Aug 15 - Aug 21, a total of 81 patients with confirmed COVID-19 and 87 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oklahoma. An average of 77 percent of hospitals reported either new confirmed or new suspected COVID-19 patients each day during this period. Therefore, this may be an underestimate of the actual total number of COVID-19 related hospitalizations. Underreporting may lead to an underestimation of the critical care needs for COVID-19 patients.
- The purpose of this report is to document the current status of the pandemic at the state and community levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

RECOMMENDATIONS

- With the continued geographic expansion of COVID-19 spread, a mask mandate needs to be implemented statewide (in counties with greater than 20 cases) to decrease community transmission. Bars must be closed and indoor dining must be restricted in yellow and red zone counties and metro areas.
- Ensure individual and community health communications and messaging strategies to control community transmission.
- Work with communities to develop effective public health messages for:
  - (1) Individuals living in rural and peri-urban areas about the importance of the importance of mask wearing, social distancing, and frequent hand washing.
  - (2) Tribal Nations: Continue reinforcement of social distancing and mask policies in areas of increased transmission. Continue testing activities.
  - (3) University students.
- Bars must be closed, indoor dining must be restricted to 50% capacity in yellow and 25% capacity in red zone counties and metro areas. Expand outdoor dining options.
- 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.
- Encourage individuals who have participated in large social gatherings, birthday parties, and family gatherings to test and isolate themselves from other family members and those with whom they interact.
- Continue messaging the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- 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 homes, assisted living, and long-term care facilities by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19 and the isolation of all positive staff and residents. Ensure social distancing and universal face mask use. 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.
- Expand surveillance and diagnostic platforms. Ensure the system public health lab is fully staffed and running 24/7, utilizing all platforms.
- Identify facilities with RNA detection platforms: consider efforts to use this equipment to expand surveillance testing for university students and for schools, especially institutions of higher education (IHE) without such capacity, such as community colleges. Screen students arriving on campus and routinely thereafter with contact tracing. Ensure that all IHE planning residential living and in-person have a testing and surveillance plan.
- Support a uniform case-reporting process for institutions of higher education and reporting of this data on public-facing dashboards, including on the state dashboard.
- Work closely with university leadership, Greek organizations, sports teams, and student body leaders to establish appropriate behavior during COVID-19 with known repercussions if students do not comply.
- 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 COVID-19 webpage.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state health officials as those from which we should not expect reports were excluded from the reportable figure. The value may differ from those in state databases because of differences in hospital lab and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.
# Oklahoma State Report | 08.23.2020

<table>
<thead>
<tr>
<th>Category</th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Cases (Rate per 100,000)</td>
<td>4,851 (123)</td>
<td>+4.5%</td>
<td>61,281 (143)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td>Viral (RT-PCR) Lab Test Positivity Rate</td>
<td>9.9%</td>
<td>+0.5%*</td>
<td>9.2%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Total Viral (RT-PCR) Lab Tests (Tests per 100,000)</td>
<td>24,194** (611)</td>
<td>-4.4%**</td>
<td>349,779** (819)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td>COVID Deaths (Rate per 100,000)</td>
<td>71 (2)</td>
<td>+61.4%</td>
<td>1,749 (4)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td>SNFs with at least one resident COVID-19 Case</td>
<td>7.9%</td>
<td>-1.3%*</td>
<td>18.9%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

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

** Data Sources:
- 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 8/21/2020; last week is 8/15 - 8/21; previous week is 8/8 - 8/14.

** 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. CEIR (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 reported and positivity rate values. Total state viral (RT-PCR) laboratory tests 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 reported. Last week's data are from 8/13 - 8/19; previous week's data are from 8/6 - 8/12. HHS Protect data is recent, as of 08:50 EDT on 08/23/2020. Testing data is inclusive of everything received and processed by the CEIR system as of 10:00 EDT on 08/22/2020. Testing data is backfilled over time, resulting in changes week-to-week in reporting. 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 8/21/2020.

** SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
# COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tulsa</td>
<td>Oklahoma City</td>
</tr>
<tr>
<td>Enid</td>
<td>Shawnee</td>
</tr>
<tr>
<td>McAlester</td>
<td>Tahlequah</td>
</tr>
<tr>
<td>Fort Smith</td>
<td>Lawton</td>
</tr>
<tr>
<td>Miami</td>
<td>Muskogee</td>
</tr>
<tr>
<td>Weatherford</td>
<td>Bartlesville</td>
</tr>
<tr>
<td>Elk City</td>
<td>Durant</td>
</tr>
<tr>
<td></td>
<td>Ardmore</td>
</tr>
<tr>
<td></td>
<td>Altus</td>
</tr>
<tr>
<td></td>
<td>Ponca City</td>
</tr>
<tr>
<td></td>
<td>Duncan</td>
</tr>
<tr>
<td></td>
<td>Guymon</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tulsa</td>
<td></td>
</tr>
<tr>
<td>Rogers</td>
<td></td>
</tr>
<tr>
<td>Garfield</td>
<td></td>
</tr>
<tr>
<td>Wagoner</td>
<td></td>
</tr>
<tr>
<td>Pittsburg</td>
<td></td>
</tr>
<tr>
<td>Sequoyah</td>
<td></td>
</tr>
<tr>
<td>Creek</td>
<td></td>
</tr>
<tr>
<td>Osage</td>
<td></td>
</tr>
<tr>
<td>Okmulgee</td>
<td></td>
</tr>
<tr>
<td>Caddo</td>
<td></td>
</tr>
<tr>
<td>McClain</td>
<td></td>
</tr>
<tr>
<td>Ottawa</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
<th>20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tulsa</td>
<td></td>
</tr>
<tr>
<td>Rogers</td>
<td></td>
</tr>
<tr>
<td>Garfield</td>
<td></td>
</tr>
<tr>
<td>Wagoner</td>
<td></td>
</tr>
<tr>
<td>Pittsburg</td>
<td></td>
</tr>
<tr>
<td>Sequoyah</td>
<td></td>
</tr>
<tr>
<td>Creek</td>
<td></td>
</tr>
<tr>
<td>Osage</td>
<td></td>
</tr>
<tr>
<td>Okmulgee</td>
<td></td>
</tr>
<tr>
<td>Caddo</td>
<td></td>
</tr>
<tr>
<td>McClain</td>
<td></td>
</tr>
<tr>
<td>Ottawa</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oklahoma City</td>
<td></td>
</tr>
<tr>
<td>Shawnee</td>
<td></td>
</tr>
<tr>
<td>Tahlequah</td>
<td></td>
</tr>
<tr>
<td>Lawton</td>
<td></td>
</tr>
<tr>
<td>Muskogee</td>
<td></td>
</tr>
<tr>
<td>Bartlesville</td>
<td></td>
</tr>
<tr>
<td>Durant</td>
<td></td>
</tr>
<tr>
<td>Ardmore</td>
<td></td>
</tr>
<tr>
<td>Altus</td>
<td></td>
</tr>
<tr>
<td>Ponca City</td>
<td></td>
</tr>
<tr>
<td>Duncan</td>
<td></td>
</tr>
<tr>
<td>Guymon</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>26</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oklahoma City</td>
<td></td>
</tr>
<tr>
<td>Cleveland</td>
<td></td>
</tr>
<tr>
<td>Canadian</td>
<td></td>
</tr>
<tr>
<td>Le Flore</td>
<td></td>
</tr>
<tr>
<td>Pottawatomie</td>
<td></td>
</tr>
<tr>
<td>Cherokee</td>
<td></td>
</tr>
<tr>
<td>Comanche</td>
<td></td>
</tr>
<tr>
<td>Muskogee</td>
<td></td>
</tr>
<tr>
<td>Washington</td>
<td></td>
</tr>
<tr>
<td>Bryan</td>
<td></td>
</tr>
<tr>
<td>Lincoln</td>
<td></td>
</tr>
<tr>
<td>Mayes</td>
<td></td>
</tr>
</tbody>
</table>

All Red Counties: Tulsa, Rogers, Garfield, Wagoner, Pittsburg, Sequoyah, Creek, Osage, Okmulgee, Caddo, McClain, Ottawa, McCurtain, Adair, Kingfisher, Hughes, Custer, Pawnee, Beckham, Okfuskee

All Yellow Counties: Oklahoma, Cleveland, Canadian, Le Flore, Pottawatomie, Cherokee, Comanche, Muskogee, Washington, Bryan, Lincoln, Mayes, Delaware, Carter, Grady, Seminole, Logan, Jackson, Kay, McIntosh, Stephens, Texas, Choctaw, Garvin, Atoka, Cimarron

* 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 10 people or fewer
- Do not go to bars, nightclubs, or gyms
- Use take out or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing 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
OKLAHOMA
STATE REPORT | 08.23.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
OKLAHOMA
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;-0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;-10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;-0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

**DATA NOTES**

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.
- **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 results 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 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- Oregon 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, Oregon was 40th for most new cases per 100,000 population and 36th for highest test positivity last week.
- Oregon has seen stability in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Multnomah County, 2. Marion County, and 3. Washington County. These counties represent 47.1 percent of new cases in Oregon.
- 19% of all counties in Oregon have ongoing community transmission (yellow or red alert), with 11% having high levels of community transmission (red alert).
- 0.0% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- Oregon had 4 new cases per 100,000 population in the past week, compared to a national average of 99 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are 23 to support operations activities from FEMA, 5 to support operations activities from USCG, and 19 to support medical activities from VA.
- Between Aug 15 - Aug 23, on average, 15 patients with confirmed COVID-19 and 95 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oregon. 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.
- Please review the "CDC HHS" and "CDC" websites that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

- Implement recommendations for yellow and red zone localities as described below, with focus on the Hermiston-Pendleton, Ontario, Salem, and Medford metro areas.
- Continue requirement for face coverings in all indoor settings outside of the home and where physical distancing is not possible. Monitor and enforce requirement, especially in red zone counties, using local data to persuade local authorities.
- 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 social or health inequities.
- 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 communities with large numbers of returning students; expand capacity by training and deploying university students and un- or under-employed young adults from the targeted communities.
- Ensure adequate spaces for quarantine of contacts and isolation of cases, especially for people who live in congested settings or multi-generational or crowded households.
- Expand testing in counties where testing rates are below 1,000 per 100,000 population or students are returning to college or university. Ensure public health platforms are running at maximum machine capacity and all university research platforms, including veterinary 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.
- Pooled testing, with group pooling adjusted for prevalence, may expand capacity and reduce turn-around times; pooling groups as small as 2-3 people can still be efficient even in populations with moderate test positivity.
- Tribal Nations: Develop specific culturally relevant education and public health messaging. Continue to promote social distancing and face covering recommendations. Ensure housing options for isolation and quarantine.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/chief of staff who should not expect reports were excluded from the percent reporting figures. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
OREGON
STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASES (RATE PER 100,000)</td>
<td>1,807 (43)</td>
<td>-8.6%</td>
<td>8,160 (57)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</td>
<td>3.8%</td>
<td>-0.2%*</td>
<td>4.8%</td>
<td>5.8%</td>
</tr>
<tr>
<td>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</td>
<td>49,538** (1,175)</td>
<td>-6.1%**</td>
<td>182,301** (1,270)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td>COVID DEATHS (RATE PER 100,000)</td>
<td>29 (1)</td>
<td>-21.6%</td>
<td>169 (1)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</td>
<td>2.6%</td>
<td>-0.6%*</td>
<td>4.7%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

MOBILITY

* 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 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 9/23/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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 information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests reported and positivity rate values. Total 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 8/18 - 8/24; previous week data are from 8/11 - 8/17. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 reflects 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 represents less population movement. Data is anonymized and provided at the county level. Data through 9/22/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16; previous week is 8/3-8/9.
**OREGON**  
STATE REPORT | 08.23.2020

**COVID-19 COUNTY AND METRO ALERTS***  
Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>METRO AREA (CBSA) LAST WEEK</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Hermiston-Pendleton Ontario</td>
</tr>
<tr>
<td>3</td>
<td>Salem Medford Newport</td>
</tr>
<tr>
<td>COUNTY LAST WEEK</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Umatilla Malheur Jefferson Morrow</td>
</tr>
<tr>
<td>3</td>
<td>Marion Jackson Lincoln</td>
</tr>
</tbody>
</table>

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
OREGON
STATE REPORT | 08.23.2020

NEW CASES

COVID-19 CASES

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

TESTING

TOTAL VIRAL (RT-PCR) LAB TESTS

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

Top counties based on greatest number of new cases in last three weeks (8/1 - 8/21)

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 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
OREGON
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

Data Sources:
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000</td>
<td>&lt;10%</td>
<td>-10% -10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% -10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt; -0.5%</td>
<td>-0.5% -0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% -10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% -10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0 %</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt; -0.5%</td>
<td>-0.5% -0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.
- **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) results. Testing data are described by serology test results and to describe county-level totals when information is available. The total number of tests reported 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 reported. Last week data are from 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08/00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 1900 EDT on 08/23/2020. 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:** Dassey 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 08/23/2020 and through 8/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- Pennsylvania is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- Nationally, Pennsylvania was 44th for most new cases per 100,000 population and 36th for highest test positivity last week.
- The following 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 34.2 percent of new cases in Pennsylvania.
- 24% of all counties in Pennsylvania have ongoing community transmission (yellow or red alert), with 96% having high levels of community transmission (red alert).
- 1.9% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- Pennsylvania had 37 new cases per 100,000 population in the most recent week, compared to a national average of 93 per 100,000.
- Current staff deployed from the federal government in assets to support the state response are 60 to support operations activities from FEMA; 12 to support operations activities from ASPR; 12 to support operations activities from VA; and 8 to support medical activities from VA.
- Between Aug 18 – Aug 21, an average of 35 patients with confirmed COVID-19 and 132 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Pennsylvania. An average of 27 percent of hospitals reported either new confirmed or new suspected COVID-19 patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.∗
- “Please review the COVID-19 Advice, that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low."

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 mandate.
- Continue to follow below guidance for yellow and red zone counties until cases and test positivity persistently decrease while testing volumes are maintained or increased.
- Intensify public health messaging and education targeting younger individuals, communities with low mask use, or those who are not practicing social distancing. Use media platforms specific to targeted groups. Remind residents about asymptomatic transmission. For those who have visited or received visitors from areas with high COVID-19 prevalence, emphasize the need to: avoid all vulnerable individuals and indoor gatherings; be particularly vigilant about strict social distancing and mask use for a minimum of 14 days; and get tested if family members or close contacts develop symptoms.
- 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 testing capacity with quick turn-around times and immediate isolation of cases with expanded contact tracing.
- Continue ongoing efforts to build contact tracing capabilities through increasing staff, training, and funding. Focus on hiring from universities and colleges and within the communities where efforts are focused.
- To expand testing capacity, conduct pooled testing of households, staff and run public health labs at full machine capacity, develop community-level public-private partnerships, require all universities with RNA detection platforms, including veterinary 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.
- Develop a plan for safe covered or indoor mass testing so that inclement weather doesn’t prevent testing campaigns; expand community-based testing with evening and weekend hours.
- 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 use of recommended testing protocols among staff and mandated mask use. In facilities where anyone has tested positive, ensure all residents and staff have been promptly tested and appropriate cohorting measures are in place.
- 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 comparison to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

∗ Psychological, rehabilitation, and religious non-medical hospitals were excluded from analysis. In addition, hospitals explicitly identified by state/region are 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 leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
# Pennsylvania

## State Report | 08.23.2020

<table>
<thead>
<tr>
<th>Data Category</th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New Cases</strong> (Rate per 100,000)</td>
<td>4,682</td>
<td>-17.4%</td>
<td>16,289</td>
<td>306,444</td>
</tr>
<tr>
<td>(37)</td>
<td></td>
<td></td>
<td>(53)</td>
<td>(93)</td>
</tr>
<tr>
<td><strong>Viral (RT-PCR) Lab Test Positivity Rate</strong></td>
<td>3.8%</td>
<td>-0.5%*</td>
<td>4.6%</td>
<td>5.8%</td>
</tr>
<tr>
<td><strong>Total Viral (RT-PCR) Lab Tests (Tests per 100,000)</strong></td>
<td>156,928**</td>
<td>-15.2%**</td>
<td>492,016**</td>
<td>5,541,796**</td>
</tr>
<tr>
<td>(1,226)</td>
<td></td>
<td></td>
<td>(1,595)</td>
<td>(1,688)</td>
</tr>
<tr>
<td><strong>COVID Deaths</strong> (Rate per 100,000)</td>
<td>113</td>
<td>-23.1%</td>
<td>263</td>
<td>6,953</td>
</tr>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td>(1)</td>
<td>(2)</td>
</tr>
<tr>
<td><strong>SNFs with at Least One Resident COVID-19 Case</strong></td>
<td>7.1%</td>
<td>-1.3%*</td>
<td>9.4%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

*Indicates absolute change in percentage points.*

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

**Data Sources**

- **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 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

- **Testing**:
  - The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—per 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 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 test results 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 8/13 - 8/19; previous week data are from 8/6 - 8/12. HHS Protect data is recent, as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 reflects 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 8/21/2020.

- **SNFs**:
  - Skilled Nursing Facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
**PENNSYLVANIA**

**STATE REPORT | 08.23.2020**

**COVID-19 COUNTY AND METRO ALERTS***
Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>N/A</td>
<td>12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>N/A</td>
<td>17</td>
</tr>
</tbody>
</table>

**All Yellow Counties:** York, Berks, Dauphin, Erie, Beaver, Union, Northumberland, Blair, Lycoming, Indiana, Armstrong, Clearfield, Huntingdon, Crawford, Carbon, Perry, Susquehanna

---

* 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/14.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

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

4
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 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
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

WEIGHTLY % CHANGE IN NEW CASES PER 100K

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

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;-0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;-0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/16 to 8/21; previous week data are from 8/9 to 8/14.
- **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) 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 performed 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 reported. Last week data are from 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- Rhode Island 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, Rhode Island was 32nd for most new cases per 100,000 population and 43rd for highest test positivity last week.
- Rhode Island has seen an increase in new cases and stability in test positivity over the last 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 91.6 percent of new cases in Rhode Island.
- 0% of all counties in Rhode Island have ongoing community transmission (yellow or red alert).
- 1.2% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- Rhode Island had 65 new cases per 100,000 population in the past week, compared to a national average of 93 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 2 to support operations activities from FEMA.
- Between Aug 15 - Aug 21, on average, 6 patients with confirmed COVID-19 and 1 patient with suspected COVID-19 were reported as newly admitted each day to hospitals in Rhode Island. An average of greater than 95 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period.*
- Please review the West Virginia School K-12 metrics that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

- Continue current community mitigation efforts, including 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 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.
- Maintain aggressive public health messaging and education across all media, particularly in Providence and tourist areas, targeted to groups with highest increases in case rates.
- Consider pooled testing, as described below, wherever there is 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; any facility 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.
- All universities and colleges should have a plan for screening and testing returning students. Surrounding communities should work with colleges and universities to ensure sufficiently enhanced capacity for community testing with quick turnaround 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 with university and college students and/or from within the target communities.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

## STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES (RATE PER 100,000)</strong></td>
<td>687 (65)</td>
<td>+15.1%</td>
<td>4,312 (29)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td><strong>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</strong></td>
<td>2.8%</td>
<td>+0.0%*</td>
<td>1.3%</td>
<td>5.8%</td>
</tr>
<tr>
<td><strong>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</strong></td>
<td>25,629** (2,419)</td>
<td>-6.1%**</td>
<td>287,895** (1,939)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td><strong>COVID DEATHS (RATE PER 100,000)</strong></td>
<td>9 (1)</td>
<td>+28.6%</td>
<td>108 (1)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>4.4%</td>
<td>+0.1%*</td>
<td>3.3%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

---

* Indicates absolute change in percentage points.

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

### DATA SOURCES

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

**Cases and Deaths**: 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 8/21/2020; last week is 8/15 - 8/21; previous week is 8/8 - 8/14.

**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 information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests reported and positivity rate values. Total 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 8/13 - 8/19; previous week data are from 8/6 - 8/12. HHS Protect data is recent as of 05:00 EDT on 08/20/2020. Testing data is inclusive of everything received and processed by the CELR system as of 10:00 EDT on 08/22/2020. 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 8/21/2020.

**SNFs**: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
# RHODE ISLAND

**STATE REPORT | 08.23.2020**

**COVID-19 COUNTY AND METRO ALERTS**
Top 12 shown in table (full lists below)

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

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

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 15 people or fewer
- Do not go to bars or nightclubs
- Use takeout, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
RHODE ISLAND
STATE REPORT | 08.23.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
RHODE ISLAND
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
DATA SOURCES


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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020**

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

**DATA NOTES**

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.
- **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 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- South Carolina is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, with the 17th highest rate in the country. South Carolina is in the red zone for test positivity, indicating a rate above 10%, with the highest rate in the country.
- South Carolina has seen an increase in new cases and a decrease in test positivity over the last week. Despite these gains, gains must accelerate to ensure control of community 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 24.8 percent of new cases in South Carolina, illustrating widespread and diffuse community transmission.
- 98% of all counties in South Carolina have ongoing community transmission (yellow or red alert), with 57% having high levels of community transmission (red alert). This is an improvement from 45 counties in the red zone three weeks ago, 37 counties two weeks ago, and to 26 last week. These gains are fragile and mitigation efforts must be strengthened.
- 1.2% of nursing homes are reporting 4 or more residents with COVID-19 per week over the last 3 weeks.
- South Carolina had 108 new cases per 100,000 population in the past week, compared to a national average of 93 per 100,000.
- Current staff deployed by the federal government as assets to support the state response are: 9 to support operations activities from USCG.
- Between Aug 19 - Aug 21, on average 83 patients with confirmed COVID-19 and 11 patients with suspected COVID-19 were admitted each day to hospitals in South Carolina. An increase of greater than 5% of hospital as reported either new confirmed or new suspected COVID patients each day during this period.
- Please review the https://www.scdhhs.gov/covid-19/recommendations that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

- Mitigation efforts must be expanded to drive down community transmission.
- 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.
- Mitigate 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 as mitigation must be strengthened.
- Move to outdoor dining and limit indoor dining to less than 25% of normal capacity.
- Ask callers to limit social gatherings to 10 or fewer people.
- Encourage gatherings that have participated in any large social gatherings to get tested as more transmission is occurring during family and neighborhood gatherings around the United States. As these are identified during contact tracing, alert citizens to these events and the role of these gatherings in spreading the virus is critical. This includes the danger of spreading the virus to family members with underlying conditions, potentially leading to devastating results.
- 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 individual isolation and quarantine 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 2:1 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.
- Every college and university need a surge testing plan (could be pooling) to ensure they can test most of the student body during an outbreak.
- Positive students need to be isolated to ensure local communities are not impacted by college and university outbreaks.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing homes and school testing.
- Emergency department visits and admissions decline, and additional testing capacity is available.
- Specific, detailed guidance on community mitigation measures can be found on the https://www.scdhhs.gov/covid-19.

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

* COVID-19
* Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states as separate from which we should not report TB patient counts were included from the patient reporting figures. These data may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
# SOUTH CAROLINA
## STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th>Category</th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Cases (Rate per 100,000)</td>
<td>5,539 (108)</td>
<td>-24.0%</td>
<td>89,560 (134)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td>Viral (RT-PCR) Lab Test Positivity Rate</td>
<td>12.7%</td>
<td>-1.9%*</td>
<td>9.0%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Total Viral (RT-PCR) Lab Tests (Tests per 100,000)</td>
<td>37,476** (728)</td>
<td>-17.2%**</td>
<td>997,394** (1,491)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td>COVID Deaths (Rate per 100,000)</td>
<td>255 (5)</td>
<td>-20.6%</td>
<td>2,444 (4)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td>SNFs with at Least One Resident COVID-19 Case</td>
<td>24.1%</td>
<td>-4.3%*</td>
<td>22.7%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

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

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

### Cases and Deaths
State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

### 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 available 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 reported. Last week’s data are from 8/13 - 8/19; previous week’s data are from 8/6 - 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 8/21/2020.

### SNFs
Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16; previous week is 8/3-8/9.
### SOUTH CAROLINA

**STATE REPORT | 08.23.2020**

**COVID-19 COUNTY AND METRO ALERTS**

Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>9</strong></td>
<td>Columbia</td>
<td>Charleston-North Charleston</td>
</tr>
<tr>
<td></td>
<td>Florence</td>
<td>Greenville-Anderson</td>
</tr>
<tr>
<td></td>
<td>Augusta-Richmond County</td>
<td>Charlotte-Concord-Gastonia</td>
</tr>
<tr>
<td></td>
<td>Sumter</td>
<td>Hilton Head Island-Bluffton</td>
</tr>
<tr>
<td></td>
<td>Orangeburg</td>
<td>Myrtle Beach-Conway-North Myrtle Beach</td>
</tr>
<tr>
<td></td>
<td>Greenwood</td>
<td>Spartanburg</td>
</tr>
<tr>
<td></td>
<td>Georgetown</td>
<td>Gaffney</td>
</tr>
<tr>
<td></td>
<td>Bennettsville</td>
<td>Seneca</td>
</tr>
<tr>
<td></td>
<td>Union</td>
<td>Newberry</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
<th>26</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richland</td>
<td>9</td>
</tr>
<tr>
<td>Charleston</td>
<td>9</td>
</tr>
<tr>
<td>Florence</td>
<td>9</td>
</tr>
<tr>
<td>Anderson</td>
<td>9</td>
</tr>
<tr>
<td>Dorchester</td>
<td>9</td>
</tr>
<tr>
<td>Orangeburg</td>
<td>9</td>
</tr>
<tr>
<td>Darlington</td>
<td>9</td>
</tr>
<tr>
<td>Sumter</td>
<td>9</td>
</tr>
<tr>
<td>Lancaster</td>
<td>9</td>
</tr>
<tr>
<td>Greenwood</td>
<td>9</td>
</tr>
<tr>
<td>Georgetown</td>
<td>9</td>
</tr>
<tr>
<td>Williamsburg</td>
<td>9</td>
</tr>
</tbody>
</table>

|                      | 19 |
|                      | 19 |
| Greenville           | 19 |
| Horry               | 19 |
| Spartanburg         | 19 |
| Beaufort            | 19 |
| Lexington           | 19 |
| York                | 19 |
| Berkeley            | 19 |
| Aiken               | 19 |
| Pickens             | 19 |
| Kershaw             | 19 |
| Cherokee            | 19 |
| Laurens             | 19 |

**All Red Counties:** Richland, Charleston, Florence, Anderson, Dorchester, Orangeburg, Darlington, Sumter, Lancaster, Greenwood, Georgetown, Williamsburg, Chester, Chesterfield, Marlboro, Clarendon, Hampton, Barnwell, Jasper, Edgefield, Marion, Calhoun, Saluda, Union, Allendale, Bamberg

**All Yellow Counties:** Greenville, Horry, Spartanburg, Beaufort, Lexington, York, Berkeley, Aiken, Pickens, Kershaw, Cherokee, Laurens, Oconee, Newberry, Dillon, Lee, Abbeville, Fairfield, 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** CCLR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
SOUTH CAROLINA
STATE REPORT | 08.23.2020

DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020.

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

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
SOUTH CAROLINA
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

DATA SOURCES

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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths: County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.
- 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 run 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 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.
- 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 14:30 EDT on 08/23/2020.
- Skilled Nursing Facilities: National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SOUTH DAKOTA
STATE REPORT | 08.23.2020

SUMMARY

- South Dakota is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% and 10%.
- Nationally, South Dakota was 20th for most new cases per 100,000 population and 22nd for highest test positivity last week.
- South Dakota has seen an increase in new cases and an increase in test positivity over the last 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 50.6 percent of new cases in South Dakota.
- 20% of all counties in South Dakota have ongoing community transmission (yellow or red alert), with 6% having high levels of community transmission (red alert).
- 1.0% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- South Dakota had 95 new cases per 100,000 population in the past week, compared to a national average of 93 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 3 to support operations activities from FEMA; 1 to support testing activities from CDC; 1 to support epidemiology activities from CDC; and 1 to support operations activities from CDC.
- Between Aug. 15 - Aug. 21, on average, 14 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 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.
- Please review the link to the South Dakota Department of Health's website that combines classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

- Maintain enhanced active screening and surveillance testing across Meade County for at least another week following the Sturgis Motorcycle Rally.
- Increasing case counts and test positivity and insufficient testing are concerning; recommend statewide promotion of social distancing and use of face coverings, particularly in indoor settings. Consider enhancing state website to promote use of masks in a more direct way at the top of the page and to show county-level data.
- 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. Use enhanced state website for outreach and education.
- Invite leaders from any groups opposed to community mitigation efforts to review data and discuss public health planning.
- Testing should be expanded across the state. In areas with insufficient testing capability and long turnaround times, increase testing capacity by implementing pooled testing as described below and ensure all platforms, including university research and veterinary platforms, are being utilized at full capacity and for surveillance and 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; expand contact tracing capacity by recruiting and training university and college students and unemployed adults from affected communities.
- 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 face mask recommendations for all events. Develop specific, culturally relevant education and public health messaging. Ensure readily available community testing, using pooled testing 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 facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by the state department as those from which we should not report were excluded from the percent reporting figures. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state leadership to improve reporting consistency. Continued feedback on improving these data is welcome.
## SOUTH DAKOTA
### STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES</strong> (RATE PER 100,000)</td>
<td>859 (97)</td>
<td>+33.4%</td>
<td>7,581 (62)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td><strong>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</strong></td>
<td>7.0%</td>
<td>+1.5%*</td>
<td>5.0%</td>
<td>5.8%</td>
</tr>
<tr>
<td><strong>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</strong></td>
<td>8,646** (977)</td>
<td>+18.2%**</td>
<td>167,432** (1,366)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td><strong>COVID DEATHS</strong> (RATE PER 100,000)</td>
<td>9 (1)</td>
<td>+50.0%</td>
<td>81 (1)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>3.1%</td>
<td>+0.2%*</td>
<td>5.5%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

**MOBILITY**

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

**DATA SOURCES**

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

**Cases and Deaths**: 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 6/21/2020; last week is 6/15 - 6/21, previous week is 6/8 - 6/14.

**Testing**: The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—next 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 information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests reported and positivity rate values. Total 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 6/15 - 6/21; previous week data are from 6/8 - 6/14. HHS Protect data is recent, as of 05:00 EDT on 06/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 06/22/2020. 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 6/21/2020.

**SNFs**: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 6/10-6/16, previous week is 5/31-6/6.
**LOCALITIES IN RED ZONE**

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>Watertown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
</tr>
<tr>
<td>Codington</td>
</tr>
<tr>
<td>Meade</td>
</tr>
<tr>
<td>Custer</td>
</tr>
<tr>
<td>Bon Homme</td>
</tr>
</tbody>
</table>

**LOCALITIES IN YELLOW ZONE**

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
</tr>
<tr>
<td>Sioux Falls</td>
</tr>
<tr>
<td>Rapid City</td>
</tr>
<tr>
<td>Aberdeen</td>
</tr>
<tr>
<td>Yankton</td>
</tr>
<tr>
<td>Spearfish</td>
</tr>
<tr>
<td>Brookings</td>
</tr>
<tr>
<td>Sioux City</td>
</tr>
<tr>
<td>Pierre</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
</tr>
<tr>
<td>Minnehaha</td>
</tr>
<tr>
<td>Lincoln</td>
</tr>
<tr>
<td>Pennington</td>
</tr>
<tr>
<td>Brown</td>
</tr>
<tr>
<td>Yankton</td>
</tr>
<tr>
<td>Lawrence</td>
</tr>
<tr>
<td>Brookings</td>
</tr>
<tr>
<td>Union</td>
</tr>
<tr>
<td>Deuel</td>
</tr>
</tbody>
</table>

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

---

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas.
- Limit social gatherings to 25 people or fewer.
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors.
- Ensure that all business retailers and personal services require masks and can safely social distance.
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place.
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing.
- 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
STATE REPORT | 08.23.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
SOUTH DAKOTA
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
Methods

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.
- **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 reported 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 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 0800 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 1900 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **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 | 08.23.2020

SUMMARY

- Tennessee is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, with the 5th highest rate in the nation, and the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 19th highest rate in the nation.
- The state saw a decrease in cases and a decrease in test positivity over the last week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Shelby County, 2. Davidson County, and 3. Knox County. These counties represent 29.7% of new cases in Tennessee.
- 60% of all counties in Tennessee have ongoing community transmission (red or yellow areas), with 31% having high levels of community transmission (red alert).
- Less than 1% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks; however, 17% of nursing homes had at least 1 case of COVID-19 among residents last week.
- Rural and urban counties in Tennessee continue to have ongoing transmission; common sense preventive measures must be implemented to stop further spread.
- Tennessee had 1,161 new cases per 100,000 population in the past week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 2 to support operations activities from FEMA and 3 to support medical activities from VA.
- Between Aug 15 - Aug 21, on average, 116 patients with confirmed COVID-19 and 146 patients with suspected COVID-19 were reported as newly admitted to hospital in Tennessee. An average of 15% of patients reported from 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 decreased sense of critical supplies.
- Please review the latest directions that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

- With the continued geographic expansion of COVID-19 spread, a mask mandate needs to be implemented statewide (in counties with 20 or more cases) to decrease community transmission.
- Ensure citizens, businesses, public health officials, hospitals, nursing homes, and schools work together to effectively implement the recommended mitigation strategies to control community transmission.
- Bars must be closed; indoor dining must be restricted to 50% capacity in yellow and 25% capacity in red zone counties and metro areas. Expand outdoor dining options.
- 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.
- Encourage individuals that have participated in large social gatherings, birthday parties, and family gatherings to get tested and isolate themselves from older family members and those with comorbidities.
- Work with communities to develop effective public health messages for:
  1. Individuals living in rural and peri-urban areas about the common sense measures that citizens and businesses should adopt to prevent COVID-19.
  2. University students.
  3. Vulnerable populations.
- Continue messaging the risk of serious disease in all age groups for individuals with pre-existing medical conditions, including obesity, hypertension, and diabetes mellitus.
- 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 homes, assisted living, and long-term care facilities by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19 and the isolation of all positive staff and residents. Ensure social distancing and universal face mask use. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place. Conduct ongoing infection prevention reviews at nursing homes with ongoing cases and deaths.
- Expand surveillance and diagnostics platforms. Ensure the state public health lab is fully staffed and running 24/7, utilizing all platforms.
- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and for schools, especially institutions of higher education (IHE) without such capacity, such as community colleges. Screen students arriving on campus and routinely thereafter with contact tracing. Ensure that all IHEs planning residential living and in-person have a testing and surveillance plan.
- Support a uniform case-reporting process for institutions of higher education and reporting of this data to public facing dashboards, including on the state dashboard.
- Work closely with university leadership, Greek organizations, sports teams, and student body leaders to establish appropriate behavior during COVID-19 with known representations if students do not comply.
- 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...
# TENNESSEE
## STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th>Metric</th>
<th>Last Week</th>
<th>% Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New Cases (Rate per 100,000)</strong></td>
<td>10,401 (152)</td>
<td>-10.8%</td>
<td>89,560 (134)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td><strong>Viral (RT-PCR) Lab Test Positivity Rate</strong></td>
<td>7.3%</td>
<td>-2.2%*</td>
<td>9.0%</td>
<td>5.8%</td>
</tr>
<tr>
<td><strong>Total Viral (RT-PCR) Lab Tests (Tests per 100,000)</strong></td>
<td>40,301** (590)</td>
<td>-0.2%**</td>
<td>997,394** (1,491)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td><strong>COVID Deaths (Rate per 100,000)</strong></td>
<td>224 (3)</td>
<td>+85.1%</td>
<td>2,444 (4)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td><strong>SNFs with at Least One Resident COVID-19 Case</strong></td>
<td>17.3%</td>
<td>+0.6%*</td>
<td>22.7%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.  
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-to-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 6/30/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

- **Testing:** The data presented above represent state 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 reported 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 reported. Last week data are from 9/6 - 9/12; previous week data are from 8/26 - 9/1; HHS Protect data is current as of 08:00 EDT on 08/28/2020. Testing data are inclusive of everything received and processed by the CELR system as of 10:00 EDT on 08/22/2020. 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 8/21/2020.

- **SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
# TENNESSEE

STATE REPORT | 08.23.2020

## COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>Localities in Red Zone</th>
<th>Localities in Yellow Zone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>METRO AREA</strong>&lt;br&gt;(CBSA) LAST WEEK</td>
<td><strong>COUNTY LAST WEEK</strong></td>
</tr>
<tr>
<td>Memphis</td>
<td>Nashville-Davidson–Murfreesboro–Franklin</td>
</tr>
<tr>
<td>Jackson</td>
<td>Kingsport–Bristol</td>
</tr>
<tr>
<td>Tullahoma–Manchester</td>
<td>Cookeville</td>
</tr>
<tr>
<td>Union City</td>
<td>Cleveland</td>
</tr>
<tr>
<td>McMinnville</td>
<td>Clarksville</td>
</tr>
<tr>
<td>Brownsville</td>
<td>Sevierville</td>
</tr>
<tr>
<td>Dyersburg</td>
<td>Martin</td>
</tr>
<tr>
<td></td>
<td>Crossville</td>
</tr>
<tr>
<td></td>
<td>Lawrenceburg</td>
</tr>
<tr>
<td></td>
<td>Newport</td>
</tr>
<tr>
<td></td>
<td>Shelbyville</td>
</tr>
<tr>
<td></td>
<td>Paris</td>
</tr>
<tr>
<td><strong>7</strong></td>
<td><strong>13</strong></td>
</tr>
</tbody>
</table>

| Madison | Shelby |
| Sumner | Davidson |
| Gibson | Hamilton |
| Hardeman | Williamson |
| Obion | Montgomery |
| Henderson | Bradley |
| Warren | Wilson |
| Coffee | Sullivan |
| Haywood | Maury |
| Robertson | Sevier |
| Dyer | Weakley |
| Carroll | Hawkins |
| **29** | **36** |

All Yellow CBSAs: Nashville-Davidson–Murfreesboro–Franklin, Kingsport–Bristol, Cookeville, Cleveland, Clarksville, Sevierville, Martin, Crossville, Lawrenceburg, Newport, Shelbyville, Paris, Lewisburg

All Red Counties: Madison, Sumner, Gibson, Hardeman, Obion, Henderson, Warren, Haywood, Coffee, Robertson, Dyer, Carroll, Dickson, Roane, Lauderdale, Hardin, McNairy, Cheatham, Polk, Benton, Crockett, Hickman, Decatur, Bledsoe, Jackson, Fentress, Cannon, Lewis, Moore

All Yellow Counties: Shelby, Davidson, Hamilton, Williamson, Montgomery, Bradley, Wilson, Sullivan, Maury, Sevier, Weakley, Hawkins, Carter, Cumberland, Lawrence, Tipton, Loudon, Cocke, White, Fayette, Bedford, Henry, Marshall, Smith, Lincoln, Chester, DeKalb, Giles, Morgan, Marion, Grainger, Lake, Unicoi, Macon, Humphreys, 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling**: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- **Surveillance pooling**: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
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 8/21/2020.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
TENNESSEE
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;-0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10%-10%</td>
<td>&lt;-10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.
- **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 reported 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 reported. Last week data are from 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data is inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
**SUMMARY**

- Texas is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, with the 3rd highest rate in the country. Texas is in the red zone for test positivity, indicating a rate above 10%, with the 4th highest rate in the country.
- Texas has seen stability in new cases and a decrease in test positivity over the last week. There are excellent week-over-week improvements, but the speed of improvements is slower than observed in many of the Sunbelt states. These gains need to accelerate with the continuation, and also strengthening, of mitigation efforts to further drive down community transmission.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Harris County, 2. Dallas County, and 3. Tarrant County. These counties represent 34.6 percent of new cases in Texas. They remain rural and urban community spread.
- 52% of all counties in Texas have ongoing community transmission (yellow or red alert), with 24% having high levels of community transmission (red alert). This is an improvement from 56 red zone counties two weeks ago to 41 last week, showing progress is possible but needs to increase.
- 3.0% of nursing homes are reporting 1 or more residents with COVID-19 per week over the past 3 weeks. There must be a continued effort to decrease community transmission to protect the nursing homes. Nursing home staff living in communities with high levels of disease transmission must be detected through testing and, if positive, isolated.
- Texas had 162 new cases per 100,000 population in the past week, compared to a national average of 93 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 552 to support medical activities from DOD; 39 to support operations activities from FEMA; 71 to support medical activities from ASFB; 17 to support operations activities from ASFB; 15 to support operations activities from USC/G; 9 to support medical activities from VA and 1 to support operations activities from VA.
- The Federal Heart Center has supported a surge testing site in Houston, TX.
- Between Aug 15 - Aug 21, on average, 522 patients with confirmed COVID-19 and 704 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Texas. An average of 92 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.
- Please review the **Reopening Guidelines for Education** that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

**RECOMMENDATIONS**

- Expand the aggressive protection of those in nursing homes, assisted living, and long term care facilities (LTFCs) 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 all visitors until all staff and residents are tested and isolated. All nursing homes with 10 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 LTFC testing.
- Continue the statewide mask mandate in all counties with 20 or more cases. Multiple counties and metros are now in this category. Continue the bar closure in all counties with greater than 5% test positivity, increase outdoor dining opportunities, and limit indoor dining to 25% of normal capacity.
- Consider elimination of 100% limits on social gatherings to 25% 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.
- Encourage individuals that have participated in any large social gatherings to get tested as more transmission is occurring during family and neighborhood gatherings around the United States. As these are identified during contact tracing, alert citizens to these events and the role of these gatherings in spreading the virus is critical. This includes the danger of spreading the virus to family members with underlying conditions, potentially leading to devastating results.
- 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.
- Every college and university needs a surge testing plan (could be pooling) to ensure they can test most of the student body during an outbreak. Positive students should be housed, and local communities are not impacted by college and university outbreaks.
- 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/coronavirus/2019-ncov/community/index.html).

---

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/region or the federal government we should not expect reports were excluded from the present reporting figure. This may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.*
# Texas State Report | 08.23.2020

<table>
<thead>
<tr>
<th></th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New Cases (Rate per 100,000)</strong></td>
<td>46,930 (162)</td>
<td>-5.4%</td>
<td>61,281 (143)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td><strong>Viral (RT-PCR) Lab Test Positivity Rate</strong></td>
<td>11.0%</td>
<td>-2.0%*</td>
<td>9.2%</td>
<td>5.8%</td>
</tr>
<tr>
<td><strong>Total Viral (RT-PCR) Lab Tests (Tests per 100,000)</strong></td>
<td>153,992** (531)</td>
<td>-34.9%**</td>
<td>349,779** (819)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td><strong>COVID Deaths (Rate Per 100,000)</strong></td>
<td>1,324 (5)</td>
<td>-12.7%</td>
<td>1,749 (4)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td><strong>SNFs with at Least One Resident COVID-19 Case</strong></td>
<td>19.6%</td>
<td>-2.8%*</td>
<td>18.9%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

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

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

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAfacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—based on 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 reported 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 8/15 - 8/21; previous week data are from 8/8 - 8/14; HHS Protect data is recent, as of 08/09 EDT on 08/23/2020.

**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. 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 8/21/2020.

**SNFs:** Skilled Nursing Facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16; previous week is 8/3-8/9.
**TEXAS**

STATE REPORT | 08.23.2020

**COVID-19 COUNTY AND METRO ALERTS**

Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brownsville-Harlingen</td>
<td>Dallas-Fort Worth-Arlington</td>
</tr>
<tr>
<td>McAllen-Edinburg-Mission</td>
<td>Houston-The Woodlands-Sugar Land</td>
</tr>
<tr>
<td>Corpus Christi</td>
<td>Austin-Round Rock-Georgetown</td>
</tr>
<tr>
<td>Laredo</td>
<td>San Antonio-New Braunfels</td>
</tr>
<tr>
<td>Beaumont-Port Arthur</td>
<td>El Paso</td>
</tr>
<tr>
<td>Eagle Pass</td>
<td>Lubbock</td>
</tr>
<tr>
<td>Rio Grande City-Roma</td>
<td>Waco</td>
</tr>
<tr>
<td>Beeville</td>
<td>Killeen-Temple</td>
</tr>
<tr>
<td>Huntsville</td>
<td>Midland</td>
</tr>
<tr>
<td>Odessa</td>
<td>Amarillo</td>
</tr>
<tr>
<td>Jacksonville</td>
<td>Longview</td>
</tr>
<tr>
<td>El Campo</td>
<td>Tyler</td>
</tr>
</tbody>
</table>

**METRO AREA (CBSA) LAST WEEK**

| 26 | 32 |

| COUNTRY LAST WEEK | 61 | 71 |


* 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21; three weeks is 8/1 - 8/21.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
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 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

**DATA NOTES**

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.
- **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 timelines when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests reported and positivity rate values. Total 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 reported. Last week data are from 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/23/2020. 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:** Describes 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 08/23/2020 and through 8/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- Utah is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% and 10%.
- Nationally, Utah was 7th for most new cases per 100,000 population and 15th for highest test positivity last week.
- Utah has seen stability in new cases and a decrease in test positivity over the last 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 76.5 percent of new cases in Utah.
- 41% of all counties in Utah have ongoing community transmission (yellow or red alert), with 10% having high levels of community transmission (red alert).
- 2.1% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- Utah had 18 new cases per 100,000 population in the past week, compared to a national average of 93 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 2 to support operations activities from FEMA.
- Between Aug 15-Aug 21, on average, 18 patients with confirmed COVID-19 and 20 patients with suspected COVID-19 were reported per newly admitted each day to hospitals in Utah. An average of 83 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.*
- Please review the [https://covid19.utah.gov](https://covid19.utah.gov) that combine classroom education with sport activities for incentives to communities to ensure community transmission stays low.

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, especially indoors.
- Follow guidance for all yellow and red zone counties to disrupt and limit transmission.
- Expand public messaging across all relevant media platforms to target younger demographics and those with elevated or increasing case rates with specific messages. Increase messaging on the risk of serious disease for older individuals and those with preexisting medical conditions; emphasize civic and social responsibility while promoting face covering.
- Transmission within households and family gatherings has been increasingly identified; education should focus on limiting the size of gatherings and protecting vulnerable family members.
- Any nursing homes with 3 or more cases of COVID per week over the past 3 weeks should have mandatory inspection surveys and immediate support for corrective action.
- Continue to protect residents of nursing homes and long-term care facilities by testing of all residents on admission, periodic testing of staff in facilities with elevated transmission, 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, and require all universities with RNA detection platforms, including platforms used for veterinary science, to use equipment to expand surveillance testing for schools (K-12, community colleges) and university students. Distinctions between surveillance and diagnostic testing should be maintained.
- Continue vigorous case investigation with contact tracing, 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.
- Specific, detailed guidance on community mitigation measures can be found on the [COVID-19 website](https://covid19.utah.gov).

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

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/regions as those from which we should not expect reports were excluded from the per cent 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 partners to improve ongoing consistency. Continued feedback on improving these data is welcome.
## UTAH
### STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASES (RATE PER 100,000)</td>
<td>2,503 (78)</td>
<td>-2.1%</td>
<td>7,581 (62)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</td>
<td>8.2%</td>
<td>-0.6%*</td>
<td>5.0%</td>
<td>5.8%</td>
</tr>
<tr>
<td>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</td>
<td>46,544** (1,452)</td>
<td>-9.8%**</td>
<td>167,432** (1,366)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td>COVID DEATHS (RATE PER 100,000)</td>
<td>23 (1)</td>
<td>-8.0%</td>
<td>81 (1)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</td>
<td>8.1%</td>
<td>-3.1%*</td>
<td>5.5%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

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

### DATA SOURCES

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

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

**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 reported and positivity rate values. Total viral (RT-PCR) laboratory test totals 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 8/13 - 8/19; previous week data are from 8/6 - 8/12. HHS Protect data is recent, as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 8/21/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16; previous week is 8/3-8/9.
# UTAH
STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*
Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Provo-Orem Heber</td>
<td>Salt Lake City Ogden-Clearfield St. George Cedar City</td>
</tr>
<tr>
<td>COUNTY LAST WEEK</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Utah Summit Juab</td>
<td>Salt Lake Davis Washington Tooele Box Elder Iron Wasatch Sanpete Millard</td>
</tr>
</tbody>
</table>

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
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 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
UTAH
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths**: County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.
- **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 reported 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 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **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 | 08.23.2020

SUMMARY
- Vermont is in the green zone for cases, indicating less than 10 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- Nationally, Vermont was 51st for most new cases per 100,000 population and 51st for highest test positivity last week.
- Vermont has seen a decrease in new cases and stability in testing positivity over the 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. Washington County. These counties represent 60.2 percent of new cases in Vermont.
- 0% of all counties in Vermont have ongoing community transmission (red or yellow alert).
- 0.0% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- Vermont had 6 new cases per 100,000 population in the past week, compared to a national average of 93 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 1 to support operations activities from FEMA and 1 to support operations activities from USCG.
- Between Aug 15 - Aug 21, on average, 1 patient with confirmed COVID-19 and 11 patients with suspected COVID-19 were admitted each day to hospitals in Vermont. 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.*
- Please review the West Virginia School K-12 metrics that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS
- In anticipation of reopening of colleges and universities, the governor’s directive enabling towns to restrict operation of bars and limit gatherings is noted and commended.
- Continue to encourage and support towns to conduct outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy.
- Continue to encourage local authorities in these communities to enforce social distancing and mask mandates for off-campus gatherings.
- Support a uniform case-reporting process for institutions of higher education (IHE) and reporting of this data on public-facing dashboards, including on the state dashboard.
- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and schools conducting in-person classes, especially IHE without such capacity such as community colleges.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home and school (K-12) testing as ER visits and admissions decline and additional testing capacity is available.
- Continue public awareness efforts on the public health and economic benefits of the new state masking mandate.
- State efforts (#MaskonVT) noted; especially support for increasing access to masks through a variety of means.
- Intensify public outreach especially in the City of Burlington (Chittenden County) given the large number of tourists and university students.
- 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 facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/healthcare entities from which we should not expect reports were excluded from the present reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
## VERMONT
### STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES</strong> (RATE PER 100,000)</td>
<td>40 (6)</td>
<td>-24.5%</td>
<td>4,312 (29)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td><strong>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</strong></td>
<td>0.4%</td>
<td>-0.2%*</td>
<td>1.3%</td>
<td>5.8%</td>
</tr>
<tr>
<td><strong>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</strong></td>
<td>15,079** (2,417)</td>
<td>+19.8%**</td>
<td>287,895** (1,939)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td><strong>COVID DEATHS</strong> (RATE PER 100,000)</td>
<td>0 (0)</td>
<td>N/A</td>
<td>108 (1)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>0.0%</td>
<td>N/A*</td>
<td>3.3%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

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

### DATA SOURCES

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

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

**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 reported 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 reported. Last week data are from 8/13 - 8/19, previous week data are from 8/6 - 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 reflects 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 8/21/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
# COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

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

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

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

- **Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling**: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- **Surveillance pooling**: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
VERMONT
STATE REPORT | 08.23.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
VERMONT
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
Methods

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/16 to 8/21, previous week data are from 8/8 to 8/14.
- **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 reported 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 reported. Last week data are from 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.
SUMMARY

- Virginia is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 39th highest rate in the country, and the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 12th highest rate in the country.

- Virginia has seen a decrease in new cases and a decrease in test positivity over the last week, showing the program of the mitigation efforts that need to continue until the state is in the green zone for cases and test positivity.

- The following three counties had the highest number of new cases over the past 3 weeks: 1. Fairfax County, 2. Virginia Beach City, and 3. Prince William County. These counties represent 25.8% of the total cases in Virginia demonstrating widespread community transmission.

- 36% of all counties in Virginia have ongoing community transmission (yellow or red alert), with 11% having high levels of community transmission (red alert). This represents a considerable improvement from 35 counties three weeks ago, to 20 counties two weeks ago, to 13 counties last week in the red zone.

- Since the CRFT visit three weeks ago, percent test positivity in Virginia Beach has trended down from 10.9% to 6.5% from 17.4% to 11.8% in Portsmouth, and from 11.7% to 8.5% in Norfolk.

- While 10% of all nursing homes had 1 or more cases of COVID-19 in the last week, 0% are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.

- Virginia had 71,590 cases per 100,000 population in the past week, compared to a national average of 93 per 100,000.

- Current staff deployed from the federal government as assets to support the state response were 43 to support operations activities from FEMA 6 to support epidemiology activities from CDC 3 to support operations activities from CDC, and 95 to support operations activities from USCG.

- Between Aug 15 - Aug 31, an average of 40 patients with confirmed COVID-19 and 15 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Virginia. An average of 85 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period, therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

- Please review the 2020-2021 School Plan, that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

- Expanded testing as testing rates have declined.

- Continue the COVID-19 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 gatherings to 25% capacity, and ensure strict social distancing can be maintained in restaurants. Emphasize outdoor over indoor dining.

- Continue efforts to expand contact tracing efforts. Virginia has hired over 1,000 contact tracers and enrolled a large number of Medical Reserve Corps volunteers. There is still an opportunity to add more mobiles to the contact tracing efforts (VAX, CDC, BMES, ESGFR). the contact tracers and community health workers work with minority and underserved communities so they have the cultural competencies to gain trust and buy-in from within the community. Support local health department efforts to hire candidates within their districts with connections in minority and underserved communities.

- Develop targeted messaging and outreach to 20-45 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 tourism areas with high transmission.

- Increase testing in beach communities and tourist areas, and alert visitors of the importance of protecting vulnerable populations when they return home, 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,.mandating distancing on beaches, and prohibited for social gathering or 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 to participate in infection prevention and control assessments, including monitoring infection prevention and control assessments at all nursing homes with 1 or more cases per week over the last 3 weeks. Testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support LTCF testing.

- In many states new transmission is driven by family and neighborhood gatherings and alerting your state to these events and the role of these gatherings in spreading COVID-19 is critical. This includes the real danger of spreading the virus to family members with underlying conditions that could have devastating results. Encourage individuals that have participated in large social gatherings, birthday parties, and family gatherings to get tested and to isolate themselves from family members with comorbidities.

- Ensure every citizen is aware of asymptomatic and pre-symptomatic spread of the virus and the need to continue to wear masks.

- Continue messaging of the risk of serious disease in all age groups for individuals with pre-existing 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 3.3 or 3:3 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).

- Every college and university needs a surge testing plan (could be pooling). To ensure they can test most of the student body during an outbreak and isolate positive students to ensure local communities are not impacted by college and university outbreaks.

- Critically ensure all hospital testing capacity is expanded and 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 [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 comparison to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

* Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state or region as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital IDs 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.
## VIRGINIA

### STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASES (RATE PER 100,000)</td>
<td>6,017 (70)</td>
<td>-13.6%</td>
<td>16,289 (53)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</td>
<td>8.5%</td>
<td>-0.6%*</td>
<td>4.6%</td>
<td>5.8%</td>
</tr>
<tr>
<td>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</td>
<td>102,320** (1,199)</td>
<td>-7.8%**</td>
<td>492,016** (1,595)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td>COVID DEATHS (RATE PER 100,000)</td>
<td>74 (1)</td>
<td>+39.6%</td>
<td>263 (1)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</td>
<td>16.2%</td>
<td>+4.8%*</td>
<td>9.4%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

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

### DATA SOURCES

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

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

**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 8/13 - 8/19; previous week data are from 8/6 - 8/12. HHS Protect data is recent, as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 9/21/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
# COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4</strong></td>
<td>Lynchburg, Danville, Martinsville, Big Stone Gap</td>
<td>Virginia Beach-Norfolk-Newport News, Washington-Arlington-Alexandria, Richmond, Roanoke, Charlottesville, Kingsport-Bristol, Staunton</td>
</tr>
<tr>
<td><strong>23</strong></td>
<td>Chesapeake City, Portsmouth City, Suffolk City, Lynchburg City, Henry, Danville City, Wise, Amherst, Isle of Wight, Manassas City, Franklin City, Martinsville City, Smyth, Southampton, Patrick, Scott, Radford City, Appomattox, Manassas Park City, Nelson, Emporia City, Buckingham, Cumberland</td>
<td>Fairfax, Virginia Beach City, Prince William, Norfolk City, Chesterfield, Henrico, Loudoun, Richmond City, Newport News City, Arlington, Hampton City, Alexandria City, Spotsylvania, Stafford, Roanoke City, Pittsylvania, Albemarle, Mecklenburg, Bedford, Prince George, Hanover, Campbell, Petersburg City, James City, York, Culpeper, Roanoke, Russell, Fauquier, Fredericksburg City, Augusta, Shenandoah, Harrisonburg City, Brunswick, Tazewell, Louisa, Carroll, King George, Hopewell City, Dinwiddie, Greene, Powhatan, Salem City, Bristol City, Franklin, Wythe, Warren, Pulaski, Madison, Lunenburg, Buchanan</td>
</tr>
</tbody>
</table>

All Red Counties: Chesapeake City, Portsmouth City, Suffolk City, Lynchburg City, Henry, Danville City, Wise, Amherst, Isle of Wight, Manassas City, Franklin City, Martinsville City, Smyth, Southampton, Patrick, Scott, Radford City, Appomattox, Manassas Park City, Nelson, Emporia City, Buckingham, Cumberland

All Yellow Counties: Fairfax, Virginia Beach City, Prince William, Norfolk City, Chesterfield, Henrico, Loudoun, Richmond City, Newport News City, Arlington, Hampton City, Alexandria City, Spotsylvania, Stafford, Roanoke City, Pittsylvania, Albemarle, Mecklenburg, Bedford, Prince George, Hanover, Campbell, Petersburg City, James City, York, Culpeper, Roanoke, Russell, Fauquier, Fredericksburg City, Augusta, Shenandoah, Harrisonburg City, Brunswick, Tazewell, Louisa, Carroll, King George, Hopewell City, Dinwiddie, Greene, Powhatan, Salem City, Bristol City, Franklin, Wythe, Warren, Pulaski, Madison, Lunenburg, Buchanan

* 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing**: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling**: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- **Surveillance pooling**: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
VIRGINIA
STATE REPORT | 08.23.2020

Top counties based on greatest number of new cases in last three weeks (8/1 - 8/21)

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 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
VIRGINIA
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
### Methods

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

**DATA NOTES**

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/16 to 8/21; previous week data are from 8/9 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—only not individual people—and include 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) results when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients’ counties of residence and healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests results and positivity rate values. Total 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 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.
- **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 14:30 EDT on 08/23/2020.
- **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 | 08.23.2020

SUMMARY

- Washington is in the yellow zone for cases, indicating between 19 and 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 3%.
- Nationally, Washington was 31st for most new cases per 100,000 population and 32nd for highest test positivity last week.
- Washington has seen a decrease in new cases and a decrease in testing positivity over the last week.
- Despite the statewide improvement, most counties in eastern Washington continued to show evidence of widespread community transmission with very high incidence and high test positivity rates (especially Adams, Douglas, Grant, and Kittitas counties). Yakima County, where intensive measures have increased mask usage, continued to report decreasing cases, as did Spokane County. In Kitsap County, a significant hospital outbreak was reported.
- 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 44.2 percent of new cases in Washington.
- 11.3% of all counties in Washington have ongoing community transmission (red or yellow alerts), with 1.9% having high levels of community transmission (red alert).
- 1.5% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- Washington had 45 new cases per 100,000 population in the past week, compared to a national average of 93 per 100,000.
- Current staff deployed from the federal government, in assets to support the state response are: 111 to support operations activities from FEMA; 3 to support operations activities from ASPR; 4 to support epidemiology activities from CDC; 21 to support operations activities from USCG; 7 to support medical activities from VA; and 1 to support operations activities from DoD.
- Between Aug 15 - Aug 21, 2021, on average, 26 patients with confirmed COVID-19 and 40 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Washington. 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.*
- Please review the latest guidance for schools that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

- Support a uniform case-reporting process for institutions of higher education (IHE) and reporting of this data on public-facing dashboards, including on the state dashboard.
- In anticipation of reopening of colleges and universities, conduct outreach efforts for all campus communities and all colleges in the state, including for faculty and staff in the community and students.
- Encourage local communities to allow for additional community, nursing home, and school (K-12) testing sites and expand community testing capacity.
- Continue state masking requirement. Intensify communication to the public about disruption of business and school operations if cases continue to increase.
- Continue measures to increase social distancing. Further measures to increase social distancing are needed in counties with confirmed increases and very high incidence of cases along with very high test positivity rates.
- Ensure that all business owners and personal services require masks and can safely social distance as in Proclamation 28-25.6.
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all members of positive households are individually tested within 24 hours.
- Work with local community groups to provide tailored, targeted messaging to communities with high case rates and increase community level testing.
- Continue surge testing and contact tracing in neighborhoods and zip codes with highest case rates, and work with local community groups to increase access of testing.
- Protect vulnerable populations in assisted living and long-term care facilities through routine testing of all workers and requiring masks. In facilities where workers have tested positive, ensure all residents have been promptly tested and appropriate isolation measures are in place.
- Provide intermediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protecting the vulnerable nursing home population.
- Specific, detailed guidance on community mitigation measures can be found on the COVID-19 website.

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

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

STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASES (Rate per 100,000)</td>
<td>3,642 (48)</td>
<td>-19.5%</td>
<td>8,160 (57)</td>
</tr>
<tr>
<td>VIRAL (RT-PCR) Lab Test Positivity Rate</td>
<td>4.0%</td>
<td>-0.8%*</td>
<td>4.8%</td>
</tr>
<tr>
<td>TOTAL VIRAL (RT-PCR) Lab Tests (Tests per 100,000)</td>
<td>77,608** (1,019)</td>
<td>-3.1%**</td>
<td>182,301** (1,270)</td>
</tr>
<tr>
<td>COVID DEATHS (Rate per 100,000)</td>
<td>97 (1)</td>
<td>+19.8%</td>
<td>169 (1)</td>
</tr>
<tr>
<td>SNFs with at least one resident COVID-19 case</td>
<td>4.8%</td>
<td>-2.4%*</td>
<td>4.7%</td>
</tr>
</tbody>
</table>

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

### Data Sources

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

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

**Testing:** The data presented above represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—does not include 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. A test is reported when a result is available based on information provided by the lab, county of residence or healthcare provider's practice location. HHS Protect laboratory data are 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 8/13 - 8/19, previous week data are from 8/6 - 8/12. HHS Protect data is recent, as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:50 EDT on 08/22/2020. 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 9/21/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
## COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Wenatchee</td>
<td>Kennewick-Richland</td>
</tr>
<tr>
<td></td>
<td>Moses Lake</td>
<td>Yakima</td>
</tr>
<tr>
<td></td>
<td>Othello</td>
<td>Walla Walla</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Centralia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ellensburg</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>Yakima</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clark</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Benton</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Walla Walla</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Okanogan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lewis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kittitas</td>
</tr>
<tr>
<td>COUNTY LAST WEEK</td>
<td>Grant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Franklin</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chelan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Douglas</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adams</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling**: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- **Surveillance pooling**: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
WASHINGTON
STATE REPORT | 08.23.2020

NEW CASES

COVID-19 CASES

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

TESTING

TOTAL VIRAL (RT-PCR) LAB TESTS

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

Top counties based on greatest number of new cases in last three weeks (8/1 - 8/21)

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 8/21/2020.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
WASHINGTON
STATE REPORT | 08.23.2020

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

WEAKLY % CHANGE IN NEW CASES PER 100K

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

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1% - 5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

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

- **Cases and deaths**: County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.

- **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 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.

- **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 14:30 EDT on 08/23/2020.

- **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 | 08.23.2020

SUMMARY

- West Virginia is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 39th highest rate in the nation, and the green zone for test positivity, indicating a rate below 5%, with the 41st highest rate in the country.
- West Virginia has seen stability in new cases and stability in test positivity over the last 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 34.8% of new cases in West Virginia.
- 11% of all counties in West Virginia have ongoing community transmission (red or yellow alert), with 2% having high levels of community transmission (red alert).
- 1.6% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks; however, almost 7% of nursing homes had at least 1 case of COVID-19 among residents last week.
- West Virginia had 44 new cases per 100,000 population in the past week, compared to a national average of 93 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are 8 to support operations activities from FEMA and 25 to support operations activities from SPCG.
- Between Aug 15 - Aug 21, on average, 13 patients with confirmed COVID-19 and 35 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in West Virginia. An average of 65 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- West Virginia’s K-12 School reopening guidelines is a best practice.
- Keep statewide mask mandate in place.
- Continue closure of or limited seating at bars in highly affected areas, including Monongalia County, watch Kanawha county.
- Build on existing infrastructure to develop a more collaborative effort across testing locations to fill in gaps to reach vulnerable populations; ensure a 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.
- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and for schools, especially institutions of higher education (IHE) without such capacity, such as community colleges. Screen students arriving on campus and routinely thereafter with contact tracing. Ensure that all IHE planning residential living and in-person have a testing and surveillance plan.
- Support a uniform case-reporting process for institutions of higher education and reporting of this data on public-facing dashboards, including on the state dashboard.
- Work closely with university leadership, Greek organizations, sports teams, and student body leaders to establish appropriate behavior during COVID-19 with known repercussions if students do not comply.
- Specific, detailed guidance on community mitigation measures can be found on the 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 at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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

**STATE REPORT | 08.23.2020**

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW CASES (RATE PER 100,000)</strong></td>
<td>786 (44)</td>
<td>-7.4%</td>
<td>16,289 (53)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td><strong>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</strong></td>
<td></td>
<td>3.0%</td>
<td>4.6%</td>
<td>5.8%</td>
</tr>
<tr>
<td><strong>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</strong></td>
<td>43,069** (2,403)</td>
<td>+8.4%**</td>
<td>492,016** (1,595)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td><strong>COVID DEATHS (RATE PER 100,000)</strong></td>
<td>13 (1)</td>
<td>-56.7%</td>
<td>263 (1)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td><strong>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</strong></td>
<td>6.7%</td>
<td>+1.7%*</td>
<td>9.4%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

---

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

**DATA SOURCES**

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

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

**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 information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests reported and positivity rate values. Total 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 reported. Last week data are from 8/13 - 8/19; previous week data are from 8/6 - 8/12. HHS Protect data is recent as of 06:50 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 09:00 EDT on 08/22/2020. 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 9/21/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
WEST VIRGINIA
STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*
Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mount Gay-Shamrock</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Point Pleasant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Washington-Arlington-Alexandria</td>
</tr>
<tr>
<td>COUNTY LAST WEEK</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Logan</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mingo</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lincoln</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wayne</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Taylor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jackson</td>
</tr>
</tbody>
</table>

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
• Move to community-led neighborhood testing and work with local community groups to increase access to testing
• Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
• Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
• Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
WEST VIRGINIA
STATE REPORT | 08.23.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
WEST VIRGINIA
STATE REPORT | 08.23.2020

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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;-0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10%-10%</td>
<td>&lt;-10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;-0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

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

- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.

- **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 reported 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 reported. Last week data are from 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.

- **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 14:30 EDT on 08/23/2020.

- **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 | 08.23.2020

SUMMARY

- Wisconsin is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% and 10%.
- Nationally, Wisconsin was 25th for most new cases per 100,000 population and 29th for highest test positivity last week.
- Wisconsin has seen a decrease in new cases and stability in testing positivity over the last week.
- Traces of transmission are seen in all areas of the state. The following three counties had the highest number of new cases over the last 3 weeks: 1. Milwaukee County, 2. Waushara County, and 3. Dane County. These counties represent 38.9 percent of new cases in Wisconsin. While cases in most major urban counties (Milwaukee, Waushara, Dane) continued to decline, cases in Brown County and the Green Bay CERSA increased.
- 46% of all counties in Wisconsin have ongoing community transmission (red or yellow alert), with 6% having high levels of community transmission (red alert).
- 0.3% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- Wisconsin had 83 new cases per 100,000 population in the past week, compared to a national average of 83 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are 9 to support operations activities from FEMA, 1 to support operations activities from USCG, and 20 to support medical activities from VA.
- Between Aug 15 - Aug 21, an average, 63 patients with confirmed COVID-19 and 72 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Wisconsin. An average of 36 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.
- Please review the West Virginia School K-12 metric that combines classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

- In anticipation of reopening 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.
- Support a uniform case-reporting process for institutions of higher education (IHE) and reporting of this data on public-facing dashboards, including on the state dashboard.
- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and schools conducting in-person classes, especially IHE without such capacity such as community colleges.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home and school (K-12) testing in ER visits and admissions decline and additional testing capacity is available.
- Continue to promote the state masking requirement with continued strong public messaging of its importance in avoiding disruptions to business and school operations.
- Consider further modulation of business occupancy and operating restrictions in localities where cases continue to increase.
- Continue the implementation of the state testing plan with low threshold testing and routine testing of workers in LTCFs. Continue the support of local health departments to further scale-up community-led neighborhood testing in collaboration with local community groups.
- While mitigation measures are associated with improvements in disease activity in urban areas, increases in cases in less urban counties continues; increases in Marinette and Iron counties have been persistent and 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.
- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and schools (K-12, community colleges).
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/regions that from which we should not expect reports were excluded from the person reporting figure. This value may differ from those in state databases because of differences in hospital link and reporting processes between federal and state systems. The data presented represents raw data provided to us, we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
## Wisconsin State Report | 08.23.2020

<table>
<thead>
<tr>
<th></th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Cases (Rate per 100,000)</td>
<td>4,836 (83)</td>
<td>-11.4%</td>
<td>38,584 (73)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td>Viral (RT-PCR) Lab Test Positivity Rate</td>
<td>5.4%</td>
<td>-0.2%*</td>
<td>5.2%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Total Viral (RT-PCR) Lab Tests (Tests per 100,000)</td>
<td>134,291** (2,306)</td>
<td>+1.3%**</td>
<td>925,690** (1,762)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td>Covid Deaths (Rate per 100,000)</td>
<td>43 (1)</td>
<td>+19.4%</td>
<td>619 (1)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td>SNFs with at Least One Resident Covid-19 Case</td>
<td>3.0%</td>
<td>-1.0%*</td>
<td>7.1%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

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

### Data Sources

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-on-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 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

**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 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 recorded 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 reported. Last week data are from 8/13 - 8/19, previous week data are from 8/6 - 8/12. HHS Protect data is recent as of 09:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR as of 19:00 EDT on 08/22/2020. 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 8/21/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
# WISCONSIN
STATE REPORT | 08.23.2020

## COVID-19 COUNTY AND METRO ALERTS*
Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>METRO AREA (CBSA) LAST WEEK</td>
<td>Milwaukee-Waukesha Green Bay Racine Appleton Chicago-Naperville-Elgin Whitewater Fond du Lac Sheboygan Beaver Dam Marinette Watertown-Fort Atkinson Minneapolis-St. Paul-Bloomington</td>
</tr>
<tr>
<td>COUNTY LAST WEEK</td>
<td>Milwaukee Waukesha Brown Racine Outagamie Kenosha Walworth Fond du Lac Sheboygan Dodge Ozaukee Jefferson</td>
</tr>
</tbody>
</table>

**All Yellow CBSAs:** Milwaukee-Waukesha, Green Bay, Racine, Appleton, Chicago-Naperville-Elgin, Whitewater, Fond du Lac, Sheboygan, Beaver Dam, Marinette, Watertown-Fort Atkinson, Minneapolis-St. Paul-Bloomington, Wisconsin Rapids-Marshfield, Stevens Point, Manitowoc

**All Yellow Counties:** Milwaukee, Waukesha, Brown, Racine, Outagamie, Kenosha, Walworth, Fond du Lac, Sheboygan, Dodge, Ozaukee, Jefferson, Waupaca, Calumet, Wood, Portage, Manitowoc, Green, Sawyer, Pierce, Trempealeau, Lafayette, Vilas, Juneau, Kewaunee

---

* 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
WISCONSIN
STATE REPORT | 08.23.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
WISCONSIN
STATE REPORT | 08.23.2020

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

WEAKLY % CHANGE IN NEW CASES PER 100K

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

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
National Picture

NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000</td>
<td>&lt;10%</td>
<td>-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>population</td>
<td></td>
<td>-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>population per week</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10%</td>
<td>-10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

**DATA NOTES**

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

- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/15 to 8/21; previous week data are from 8/8 to 8/14.

- **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 results 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 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.

- **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 14:30 EDT on 08/23/2020.

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

- Wyoming is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- Nationally, Wyoming was 34th for most new cases per 100,000 population and 31st for highest test positivity last week.
- Wyoming has seen a 78% increase in new cases and a 1.4% absolute increase in test positivity over the last week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Carbon County, 2. Fremont County, and 3. Laramie County. Those counties represent 36.3 percent of new cases in Wyoming.
- 9% of all counties in Wyoming have ongoing community transmission (yellow or red alert), with 4% having high levels of community transmission (red alert).
- 0.9% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- Wyoming had 19 new cases per 100,000 population in the past week, compared to a national average of 93 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are 3 to support operations activities from FEMA.
- Between Aug 9: Aug 23, on average, 5 patients with confirmed COVID-19 and 12 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Wyoming. An average of 68 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.\(^*\)
- Please review the guidance and COVID-19 State and Tribal Health Action Plan that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

- Increase in case rates is concerning for escalating transmission. Recommend statewide or local ordinances on use of cloth face coverings in indoor settings outside of homes, especially in crowded workplaces, such as meat-processing plants.
- Continue public health orders in counties with elevated case rates or test positivity over 5% and clarify types of events permitted and size restrictions.
- Testing appears to be very low by reported data; ensure full reporting of testing to allow accurate determination of test positivity and testing needs.
- Ensure all public health labs are staffed and running 24/7, and require all universities with suitable platforms, including those used for veterinary science, to use their equipment to expand surveillance testing for schools (K-12, community colleges) and university students. Explore public-private partnerships to broaden testing capacity. When reporting, distinctions between diagnostic and surveillance testing should be maintained.
- Increase appropriate testing demand by educational PSAs and moving to community-led testing with increased accessibility.
- 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 Cheyenne, Rock Springs, Riverton, Laramie, Jackson, and Sheridan.
- Maintain policies in nursing homes and long-term care facilities, including testing all residents on admission, periodic testing of staff, 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.\(^*\)

\(\text{\textsuperscript{*} Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/region as those from which we should not expect recent reports were excluded from the present reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.}\)
## WYOMING
### STATE REPORT | 08.23.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASES (RATE PER 100,000)</td>
<td>341 (59)</td>
<td>+77.6%</td>
<td>7,581 (62)</td>
<td>306,444 (93)</td>
</tr>
<tr>
<td>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</td>
<td>4.2%</td>
<td>+1.4%*</td>
<td>5.0%</td>
<td>5.8%</td>
</tr>
<tr>
<td>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</td>
<td>5,836** (1,008)</td>
<td>+18.4%**</td>
<td>167,432** (1,366)</td>
<td>5,541,796** (1,688)</td>
</tr>
<tr>
<td>COVID DEATHS (RATE PER 100,000)</td>
<td>7 (1)</td>
<td>+600.0%</td>
<td>81 (1)</td>
<td>6,953 (2)</td>
</tr>
<tr>
<td>SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE</td>
<td>0.0%</td>
<td>N/A*</td>
<td>5.5%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

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

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

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020; last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

**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 results. CELR result totals are aggregated from serology test results and to describe county-level totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests reported and positivity rate values. Total 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 reported. Last week data are from 8/13 - 8/19, previous week data are from 8/6 - 8/12. HHS Protect data is recent, as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 9/21/2020.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 8/10-8/16, previous week is 8/3-8/9.
## WYOMING

### STATE REPORT | 08.23.2020

**COVID-19 COUNTY AND METRO ALERTS***
*Top 12 shown in table (full lists below)*

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>N/A</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>Washakie</td>
<td>1</td>
</tr>
</tbody>
</table>

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a 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 and sorted based on the highest number of new cases in the last 3 weeks. Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest.

**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 8/21/2020; last week is 8/15 - 8/21, three weeks is 8/1 - 8/21.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- 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
STATE REPORT | 08.23.2020

DATA SOURCES
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES
Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.
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 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020. Last week is 8/13 - 8/19, previous 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.
NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

DATA SOURCES
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 8/19/2020. Last week is 8/13 - 8/19. Testing data may be backfilled over 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 | 08.23.2020**

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
<td>-10%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;10%</td>
<td>-10%-10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;10%</td>
<td>-10%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case</td>
<td>0%</td>
<td>0.1%-5%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case</td>
<td>&lt;0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

**DATA NOTES**

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

- **Cases and deaths:** County-level data from USAFacts as of 13:00 EDT on 08/23/2020. 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 8/16 to 8/21; previous week data are from 8/9 to 8/14.

- **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 reported. Last week data are from 8/13 to 8/19; previous week data are from 8/6 to 8/12. HHS Protect data is recent as of 08:00 EDT on 08/23/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/22/2020. 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 08/23/2020 and through 8/21/2020.

- **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 14:30 EDT on 08/23/2020.

- **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.