



ALABAMA

STATE REPORT | 08.23.2020

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 20th 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 94% of all counties in Alabama have ongoing community transmission (yellow or red alert), improvement is noted, with now 34% having high levels of community transmission (red alert).
- Over the past 3 weeks Alabama has moved from 54 red counties to 36, to now 23, representing improvements in both rural and urban areas. The mitigation efforts that the Governor has led, and Alabamians are diligently following is having a significant impact. These should continue until cases are in the 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: 1. Jefferson County, 2. Mobile County, and 3. Montgomery County. These counties represent 32.3 percent of new cases in Alabama.
- 5.3% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- Alabama had 140 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: 38 to support operations activities from FEMA; 2 to support operations activities from ASPR; 2 to support epidemiology activities from CDC; and 1 to support operations activities from USCG.
- The federal government has supported a surge testing site in Birmingham, AL.
- Between Aug 15 - Aug 21, on average, 189 patients with confirmed COVID-19 and 129 patients with suspected 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 patients each day during this period.*
- Please review the [West Virginia School Reopening](#) 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 mask use cannot occur, such as bars and nightclubs.
- Continue move to outdoor dining and limit indoor dining to less than 25% of normal capacity.
- Citizens should continue to limit ALL social gatherings to 10 or fewer people. Recreating spreading events through bar gatherings in homes will result in continued high cases and those with comorbidities becoming infected.
- 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 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 positive staff and residents. Ensure social distancing and universal facemask use. Immediately conduct infection control surveys in all nursing homes with 3 or more cases per week over the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support LTCF testing.
- Continue the scale-up of testing, moving to community-led neighborhood testing. Would not recommend a mega site for testing at the expense of geographically diverse testing. Would ask the University of Alabama at Birmingham to support the personnel needed for the "mega-site".
- Work with local communities to implement and provide clear guidance for households that test positive, including on isolation procedures.
- Continue to enhance contact tracing and ensure the ability of cases and contacts to quarantine or isolate safely.
- Monitor testing data to identify additional sites of increased transmission 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 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 localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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



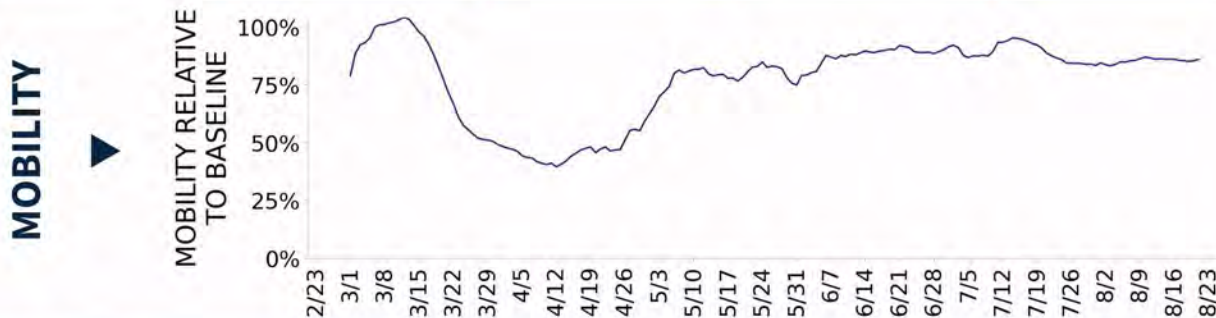
COVID-19



ALABAMA

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	6,842 (140)	-14.6%	89,560 (134)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.2%	-2.9%*	9.0%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	111,850** (2,281)	+13.9%**	997,394** (1,491)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	100 (2)	-35.9%	2,444 (4)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	35.0%	+5.3%*	22.7%	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) 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 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)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

METRO
AREA
(CBSA)
LAST WEEK

7

Anniston-Oxford
Gadsden
Albertville
Scottsboro
Fort Payne
Jasper
Enterprise

19

Birmingham-Hoover
Mobile
Montgomery
Huntsville
Tuscaloosa
Daphne-Fairhope-Foley
Decatur
Florence-Muscle Shoals
Dothan
Talladega-Sylacauga
Columbus
CullmanCOUNTY
LAST WEEK

23

Montgomery
Calhoun
Etowah
Marshall
Jackson
St. Clair
DeKalb
Russell
Blount
Walker
Franklin
Chilton

40

Jefferson
Mobile
Tuscaloosa
Baldwin
Shelby
Talladega
Morgan
Clarke
Elmore
Houston
Limestone
Cullman

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

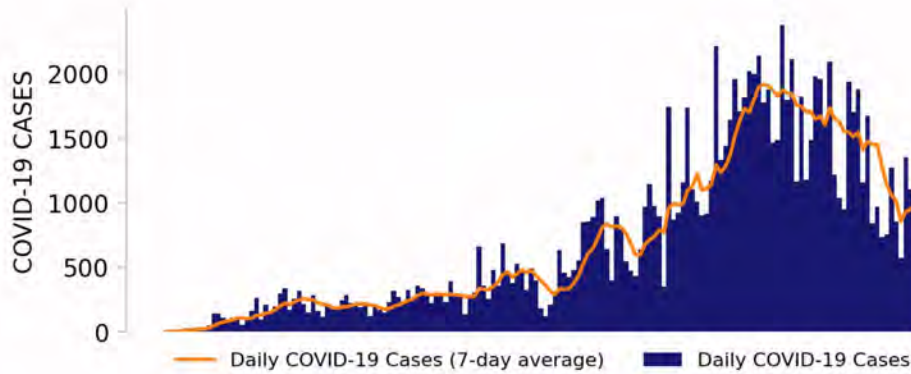
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



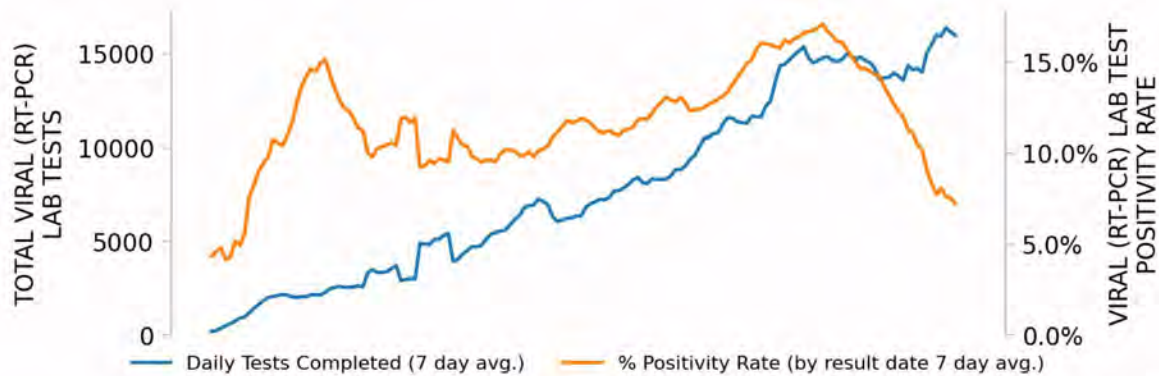
ALABAMA

STATE REPORT | 08.23.2020

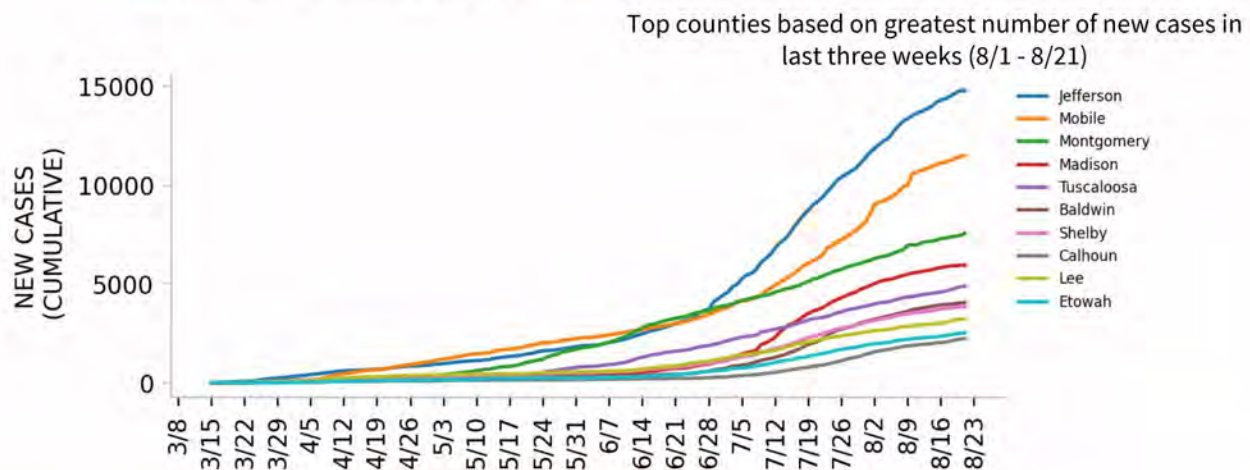
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES

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

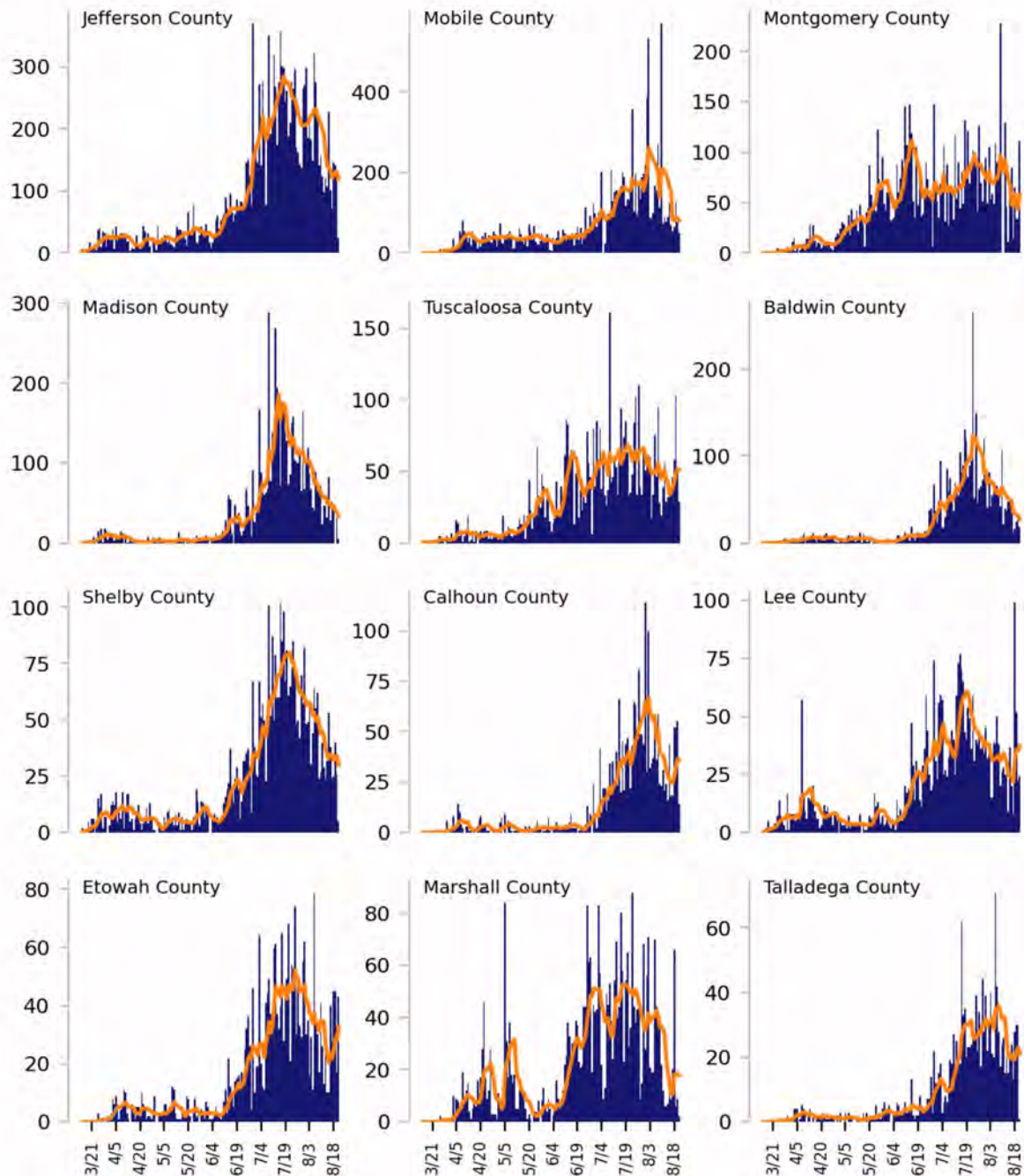
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

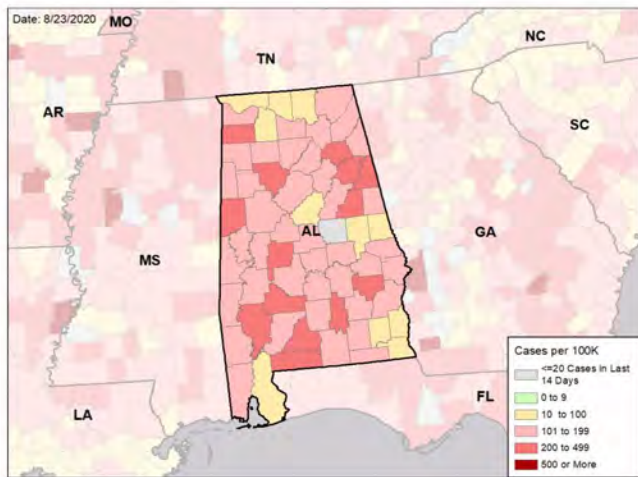


ALABAMA

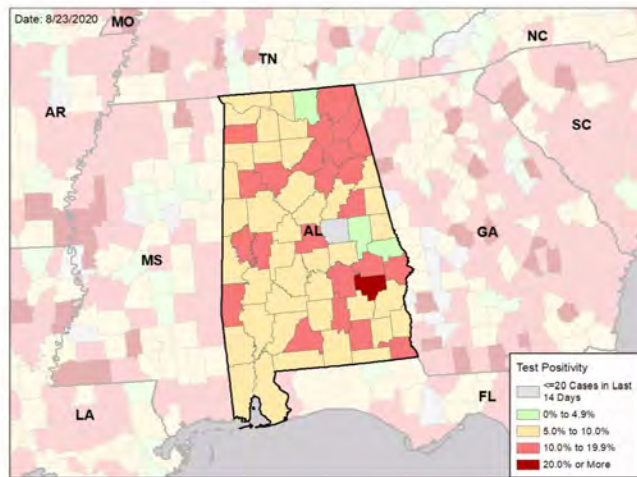
STATE REPORT | 08.23.2020

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

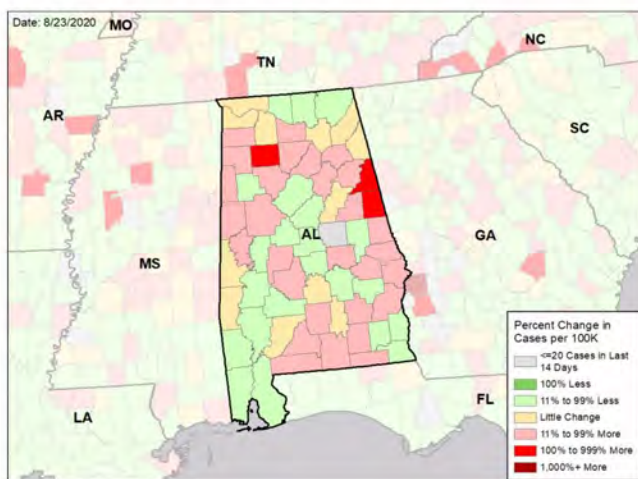
NEW CASES PER 100,000 DURING LAST WEEK



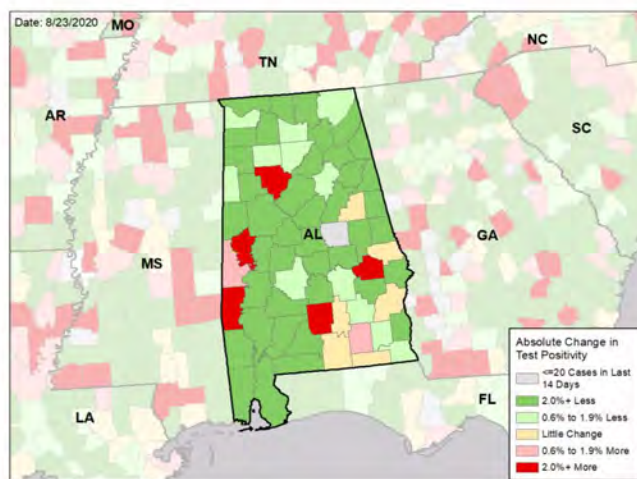
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

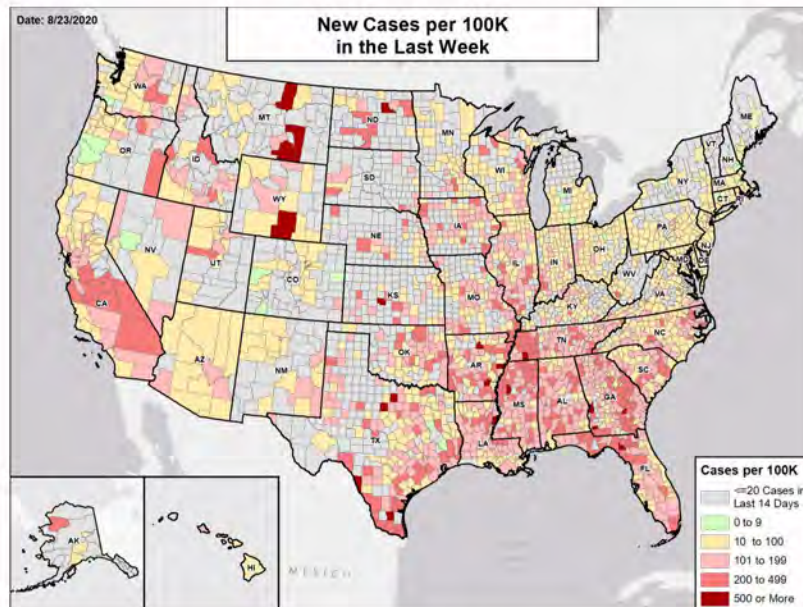
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

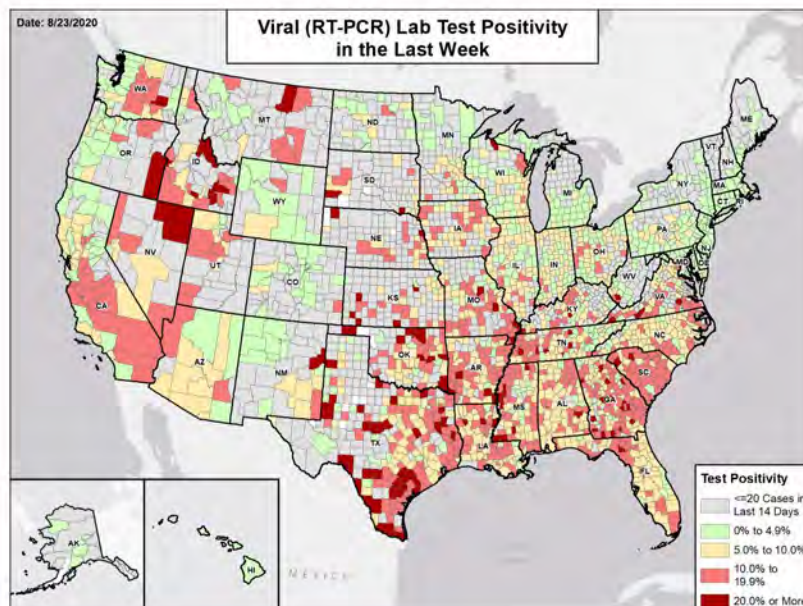


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



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 30th 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 77.6 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 [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 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](#).

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

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



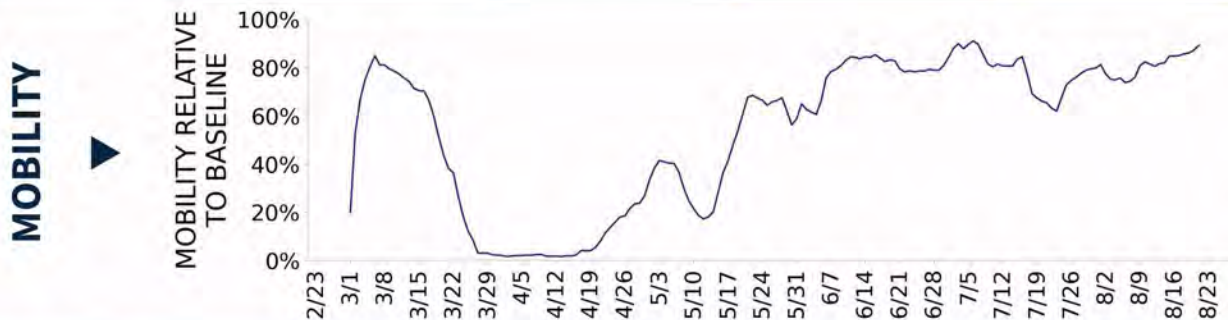
COVID-19



ALASKA

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	515 (70)	-4.8%	8,160 (57)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.9%	-0.3%*	4.8%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	30,187** (4,126)	-8.8%**	182,301** (1,270)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	3 (0)	+50.0%	169 (1)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	0.0%	N/A*	4.7%	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 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 exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level viral COVID-19 laboratory test (RT-PCR) result totals when able to be disaggregated from serology test results and to describe borough-level totals when information is available on patients' borough of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/13 - 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 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.



ALASKA

STATE REPORT | 08.23.2020

COVID-19 BOROUGH AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

0

N/A

0

N/A

**BOROUGH
LAST WEEK**

0

N/A

0

N/A

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

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

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

Note: Top 12 locations are selected 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

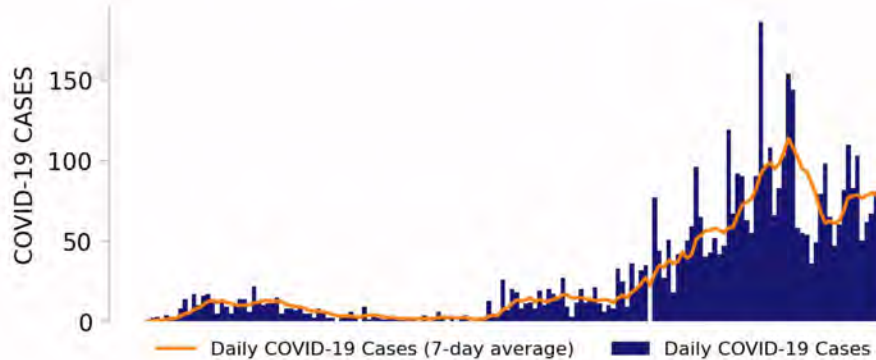
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



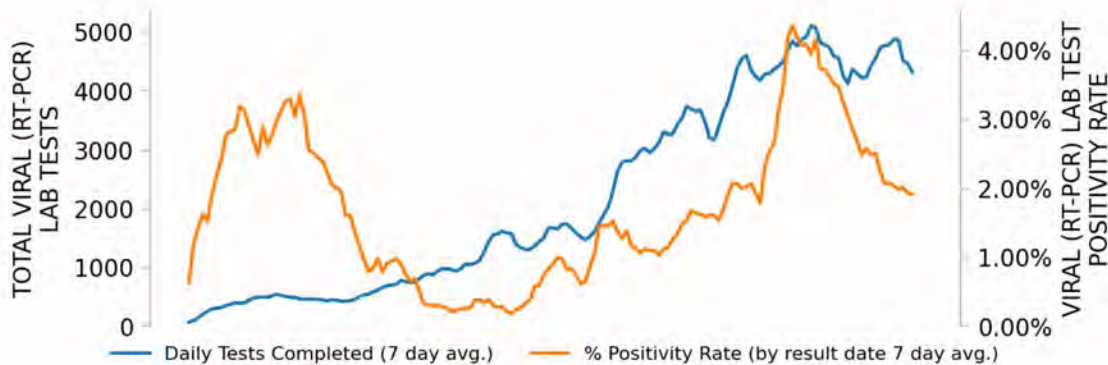
ALASKA

STATE REPORT | 08.23.2020

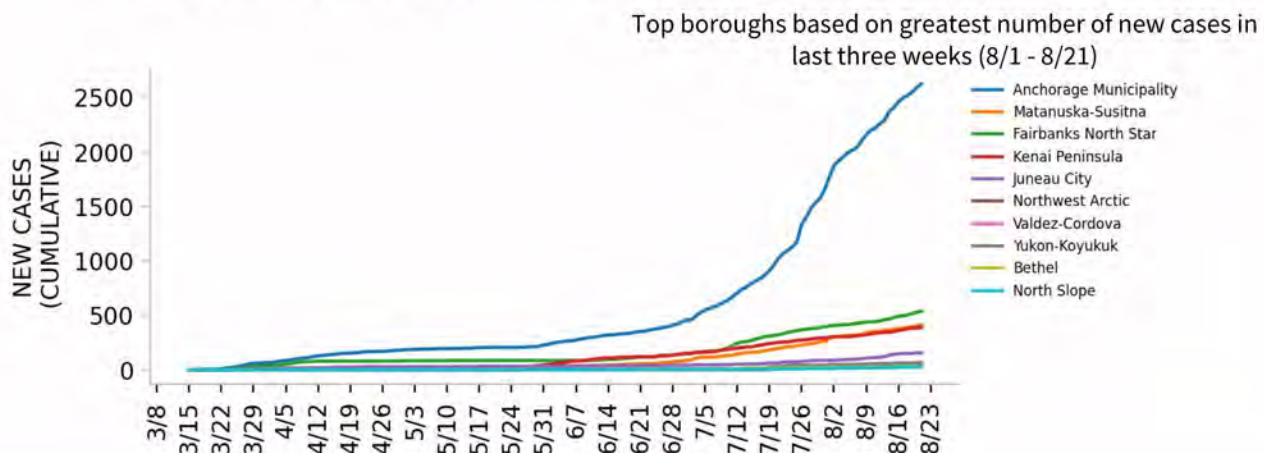
NEW CASES



TESTING



TOP BOROUGHES



DATA SOURCES

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

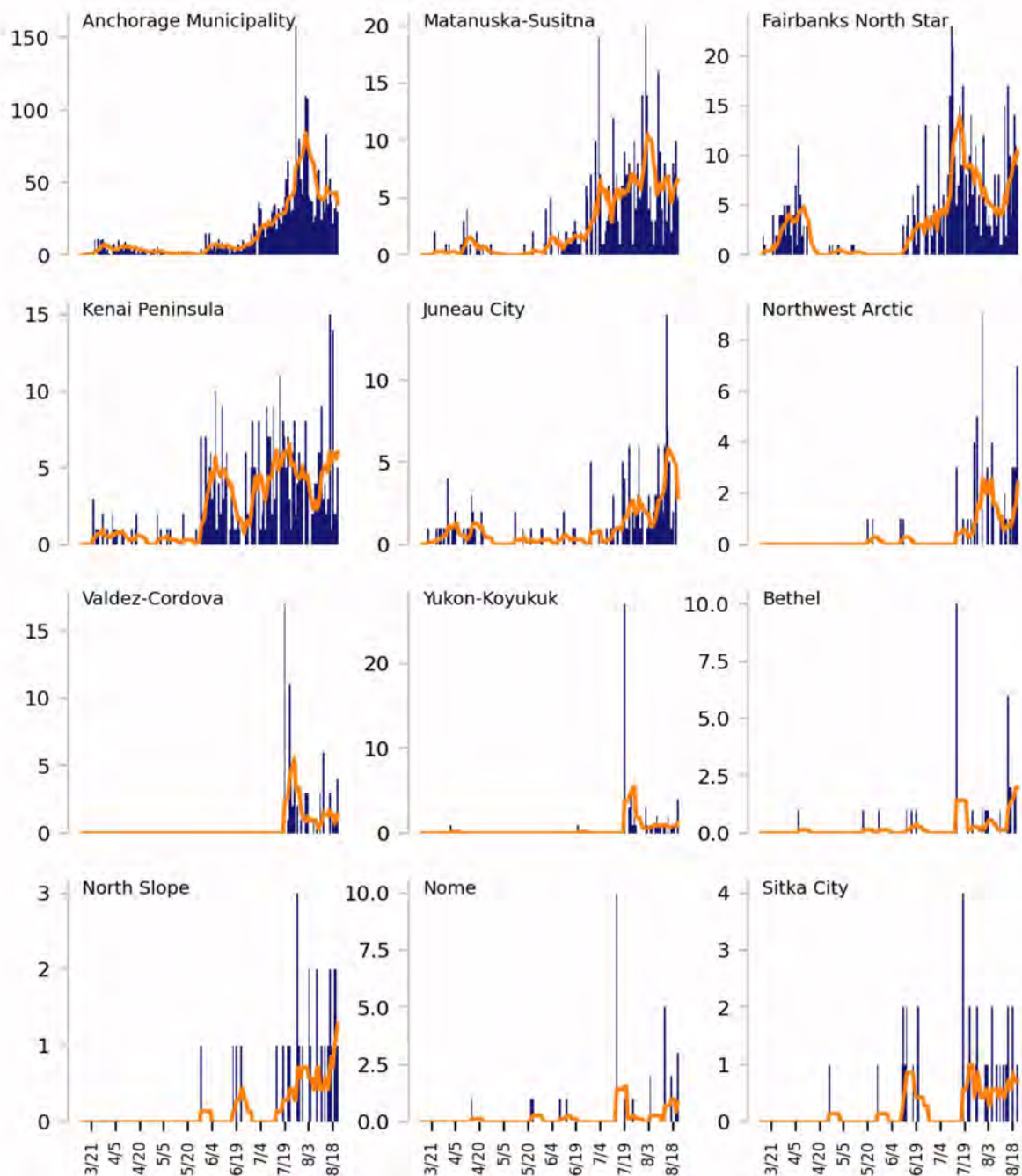
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: Borough-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

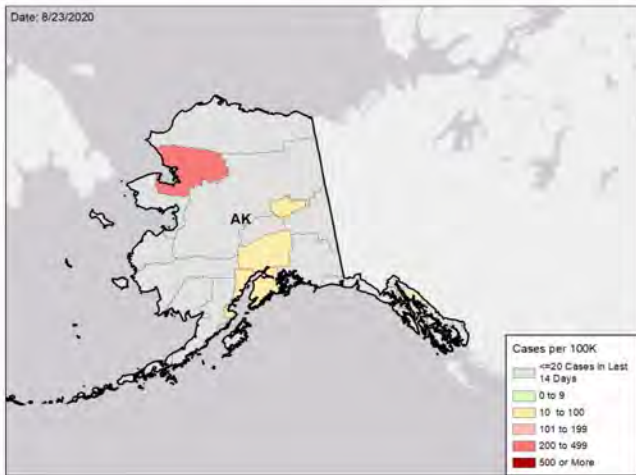


ALASKA

STATE REPORT | 08.23.2020

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

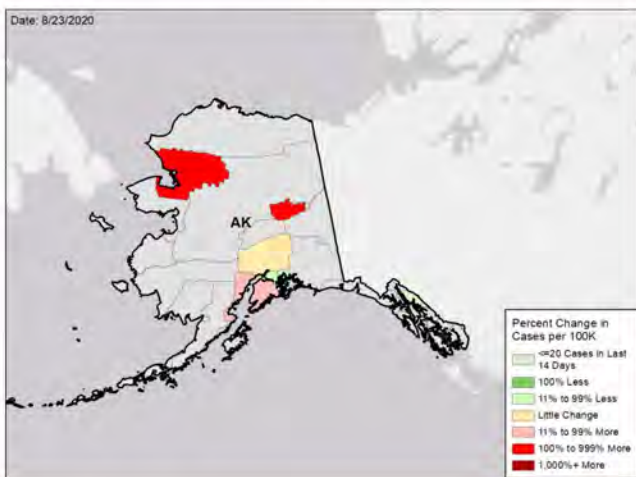
NEW CASES PER 100,000 DURING LAST WEEK



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

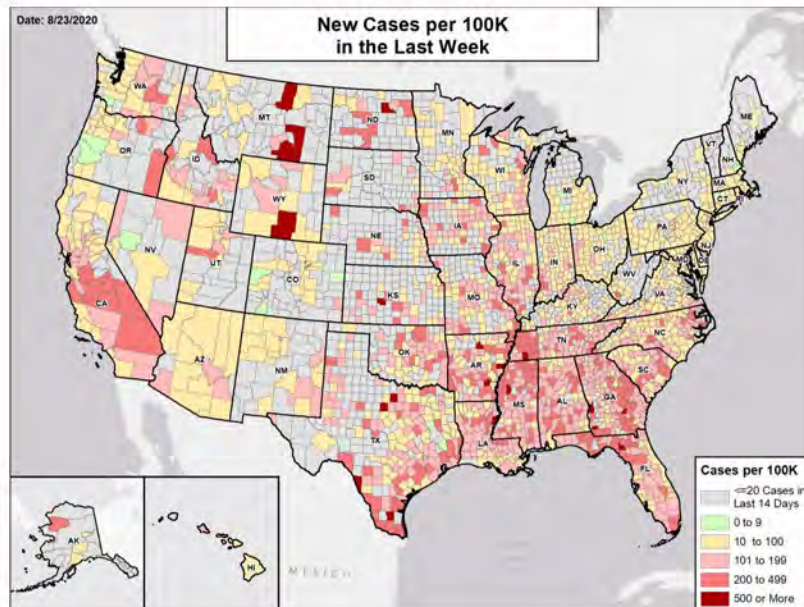
Cases: Borough-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

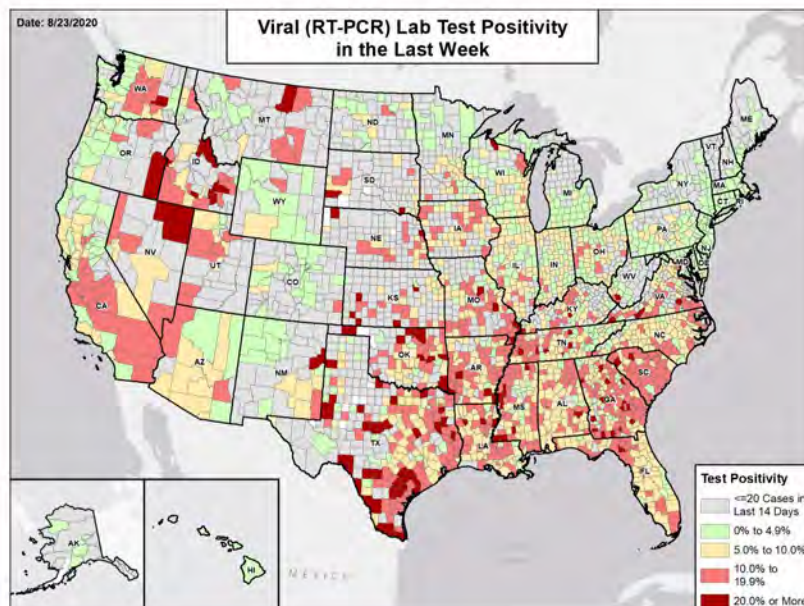


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



ARIZONA

STATE REPORT | 08.23.2020

SUMMARY

- Arizona is now 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. Arizona is in the yellow zone for test 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: 1. Maricopa County, 2. Pima County, and 3. Yuma County. These counties represent 83.0 percent of new cases in Arizona. Concerns remain about continued cases in Tucson and mitigation efforts must be strengthened.
- While 67% of all counties in Arizona have ongoing community transmission (yellow or red alert), improvement is noted, with now only 7% having high levels of community transmission (red alert).
- Over the past 3 weeks Arizona has moved from 7 counties in the red zone, to 3 two weeks ago, to only 1 last week. Continuing to drive down community transmission in the next week is critical.
- 2.1% 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: 10 to support operations activities from FEMA; 16 to support medical activities from ASPR; 7 to support epidemiology activities from CDC; and 1 to support operations activities from VA.
- The federal government has supported a surge testing site in Coconino County, AZ.
- Between Aug 15 - Aug 21, on average, 103 patients with confirmed COVID-19 and 183 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Arizona. 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 [Arizona Virtual School Field Trips](#) that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

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 facemask use. Immediately conduct infection control surveys in all the nursing homes with 3 or more cases per week over the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support LTCF testing.
- Continue mandated public use of masks.
- Continue the limits on indoor dining to less than 50% of normal capacity.
- Continue bar closures in hotspot counties. Consider opening gyms 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 significant viral 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 preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Continue the scale-up 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 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. Enhance support to the Tribal Nations. Ensuring access to testing and critical treatments.
- Expand testing capacity in public health labs by adding shifts and weekend shifts to decrease turnaround times. Institute 3:1 or 2:1 pooling on all high throughput machines as long as turnaround times are greater than 36 hours. For families and cohabiting households, screen entire households in a single test by pooling specimens.
- Turnaround times are now improving; ensure all capacity is used to expand community testing.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- 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 [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 localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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



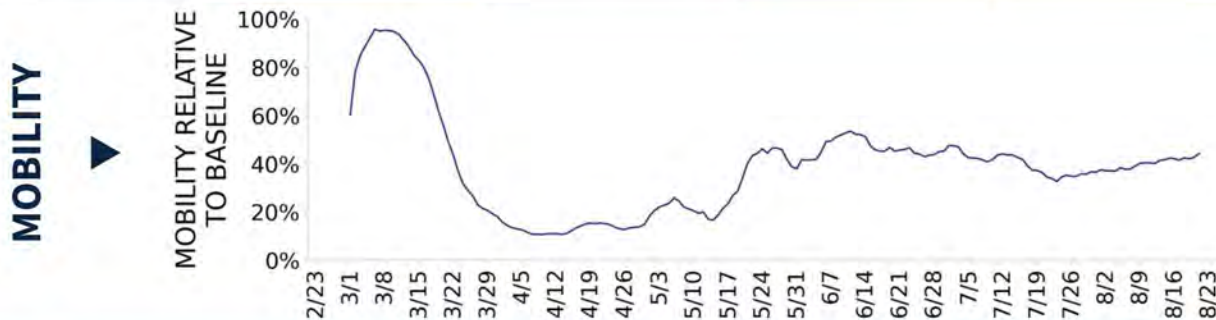
COVID-19



ARIZONA

STATE REPORT | 08.23.2020

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



ARIZONA

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

1

Safford

8

Phoenix-Mesa-Chandler
Tucson
Yuma
Lake Havasu City-Kingman
Prescott Valley-Prescott
Show Low
Payson
Nogales

**COUNTY
LAST WEEK**

1

Graham

9

Maricopa
Pima
Yuma
Pinal
Mohave
Yavapai
Navajo
Gila
Santa Cruz

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

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

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

Note: Top 12 locations are selected 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

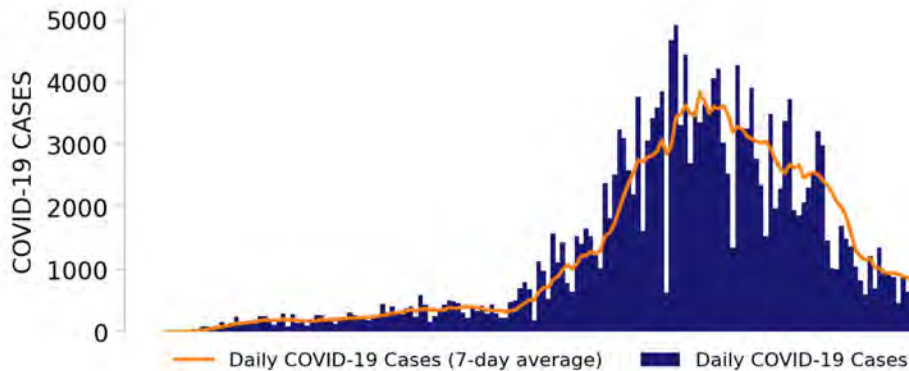
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



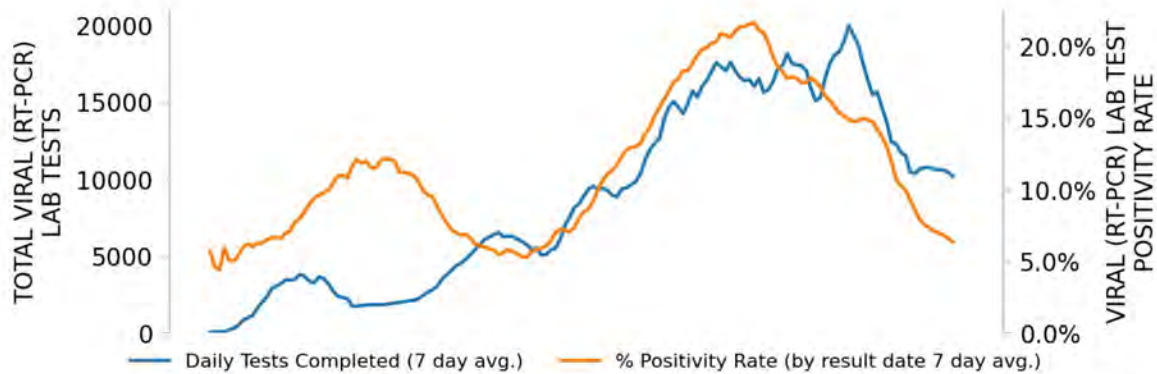
ARIZONA

STATE REPORT | 08.23.2020

NEW CASES

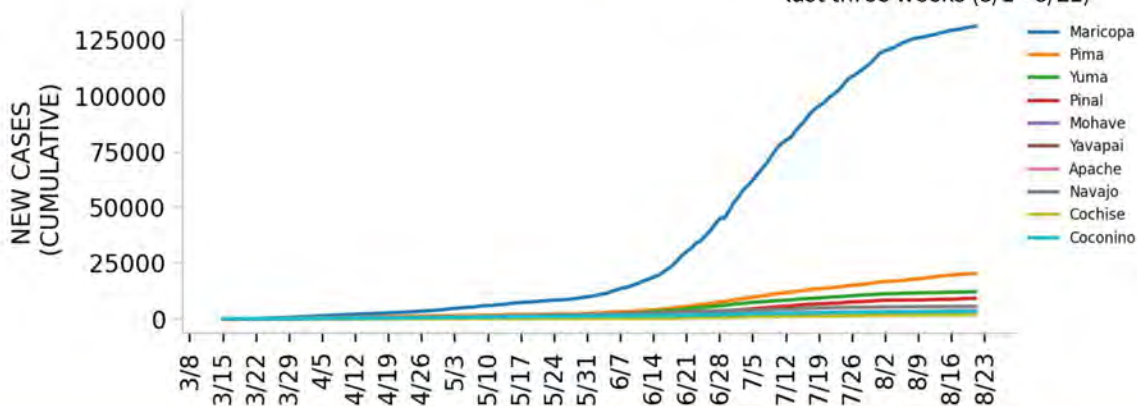


TESTING



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

TOP COUNTIES



DATA SOURCES

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

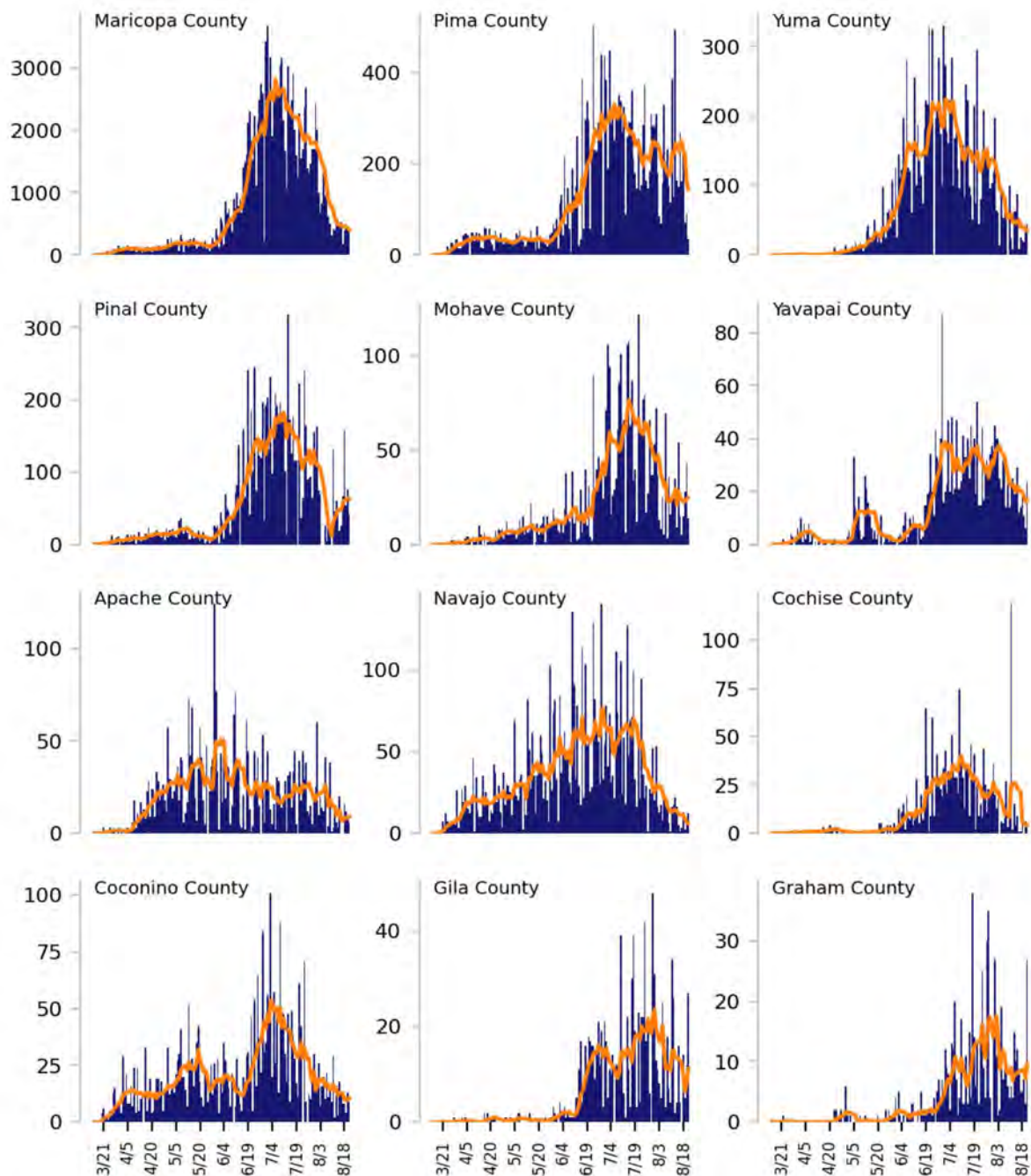
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

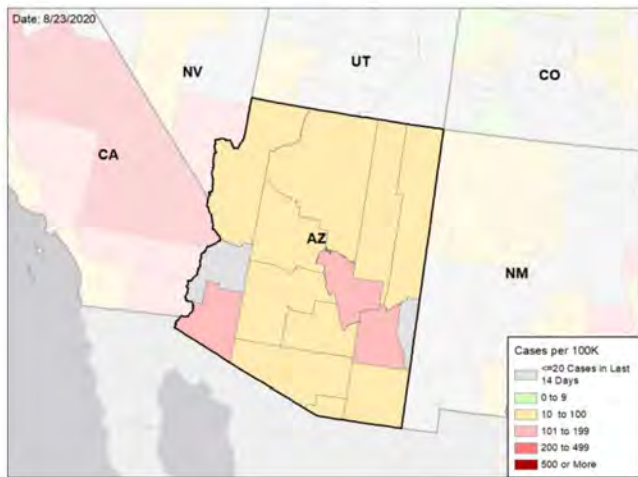


ARIZONA

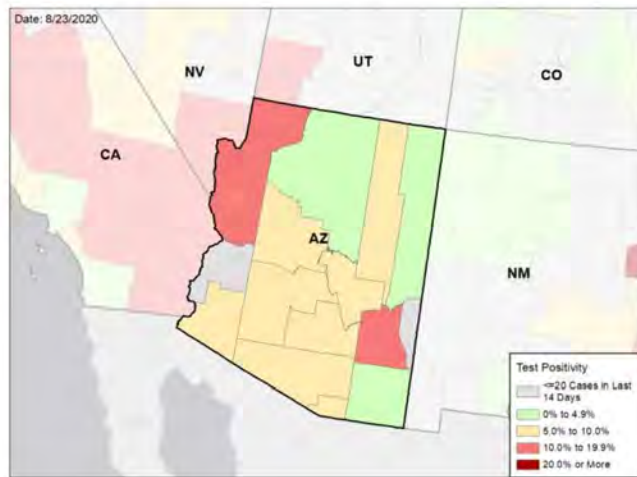
STATE REPORT | 08.23.2020

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

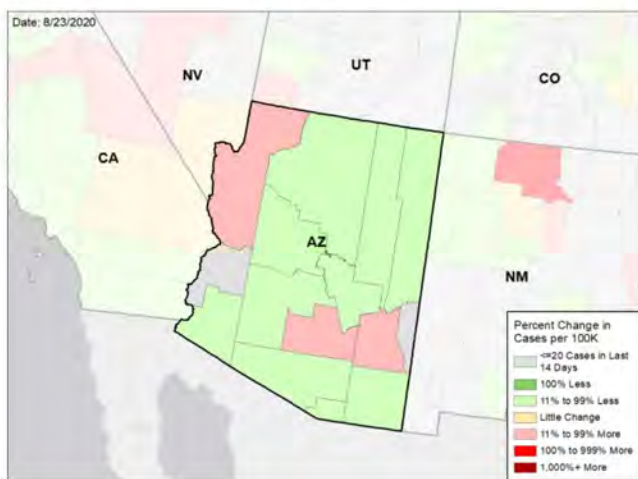
NEW CASES PER 100,000 DURING LAST WEEK



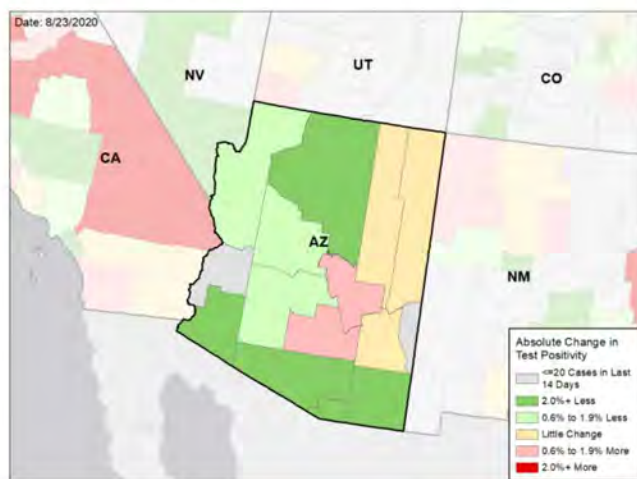
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

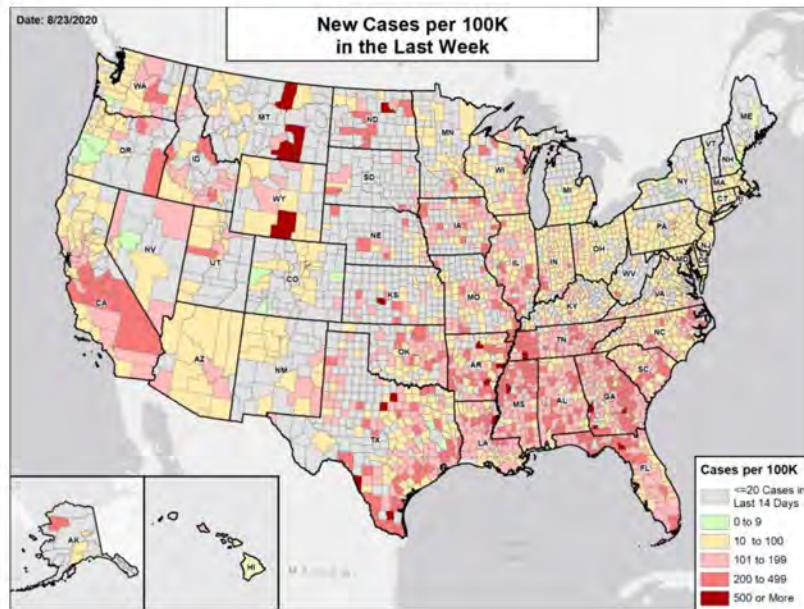
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

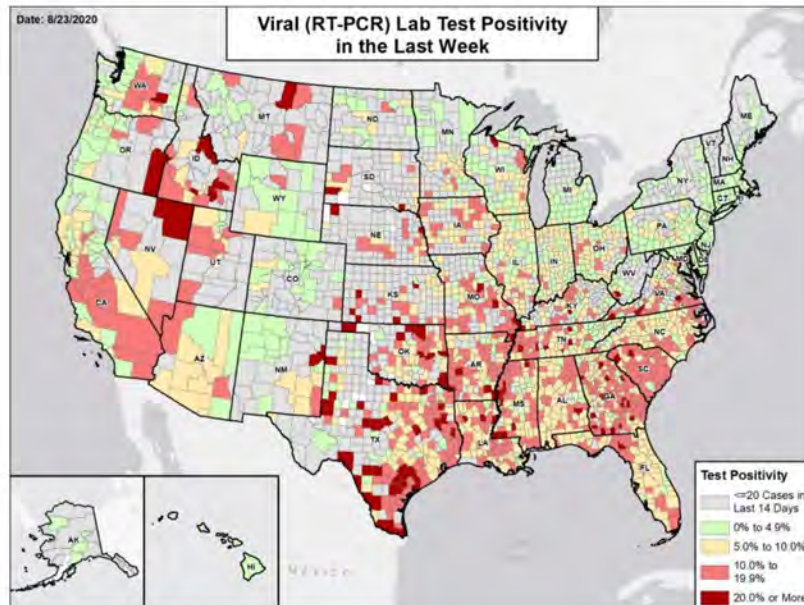


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



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 13th 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 past 3 weeks: 1. Pulaski County, 2. Sebastian County, and 3. Washington County. These counties account for 25.1% of new cases in Arkansas, with a total of 61 rural and urban counties experiencing community spread.
- 81% of all counties in Arkansas have ongoing community transmission (red or yellow alert), with 44% having high levels of community transmission (red alert). Rural and urban counties continue to have increases in cases and test positivity. Common sense preventive measures must be implemented to stop further spread.
- 0.9% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- Arkansas had 121 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: 4 to support operations activities from FEMA and 1 to 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 critical supplies.*
- Please review the [Arkansas School Reopening](#) 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, 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 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.
- 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 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. 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. Hire contact tracers and community health workers from within minority and underserved communities to ensure cultural competency to gain trust and buy-in from within the community.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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

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



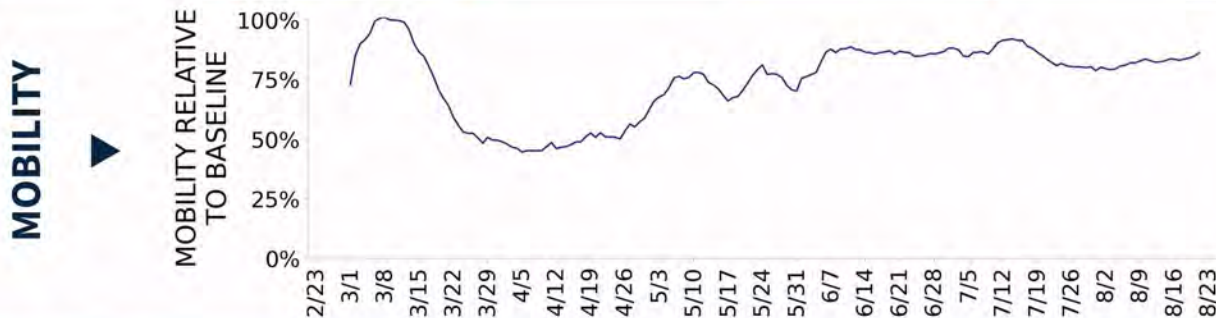
COVID-19



ARKANSAS

STATE REPORT | 08.23.2020

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



ARKANSAS

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

11

Fort Smith
Jonesboro
Blytheville
Russellville
Hot Springs
Memphis
Malvern
Texarkana
Hope
Helena-West Helena
Magnolia

12

Little Rock-North Little Rock-Conway
Fayetteville-Springdale-Rogers
Pine Bluff
Batesville
Paragould
Searcy
El Dorado
Forrest City
Harrison
Camden
Arkadelphia
Mountain Home

**COUNTY
LAST WEEK**

33

Sebastian
Mississippi
Craighead
Saline
Garland
Chicot
Pope
Crittenden
Crawford
Independence
Hot Spring
Poinsett

28

Pulaski
Washington
Benton
Jefferson
Faulkner
Greene
Lonoke
Logan
White
Union
St. Francis
Ashley

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 setting where test positivity is under 10%
- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

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

Public Messaging

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

Public Officials

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

Testing

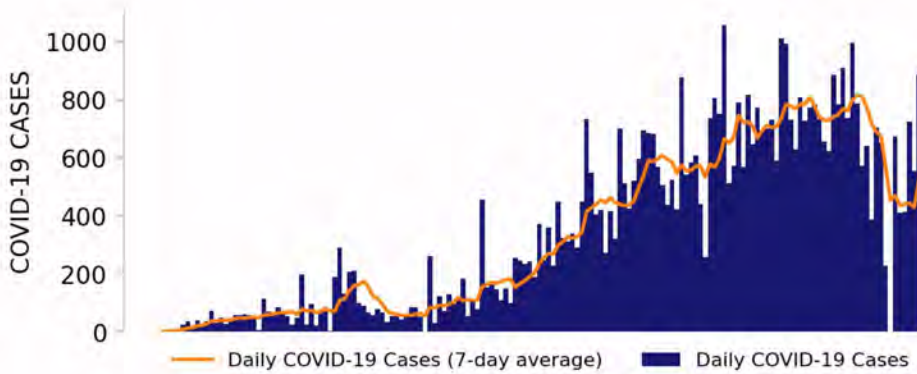
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing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



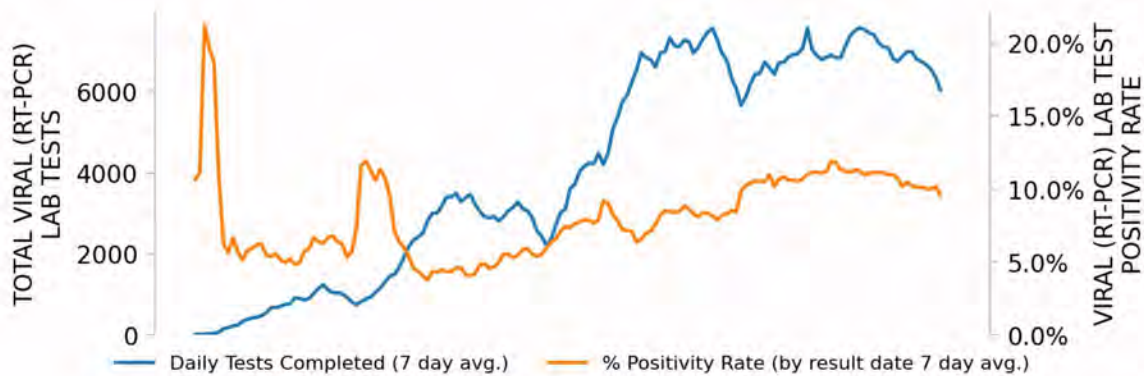
ARKANSAS

STATE REPORT | 08.23.2020

NEW CASES

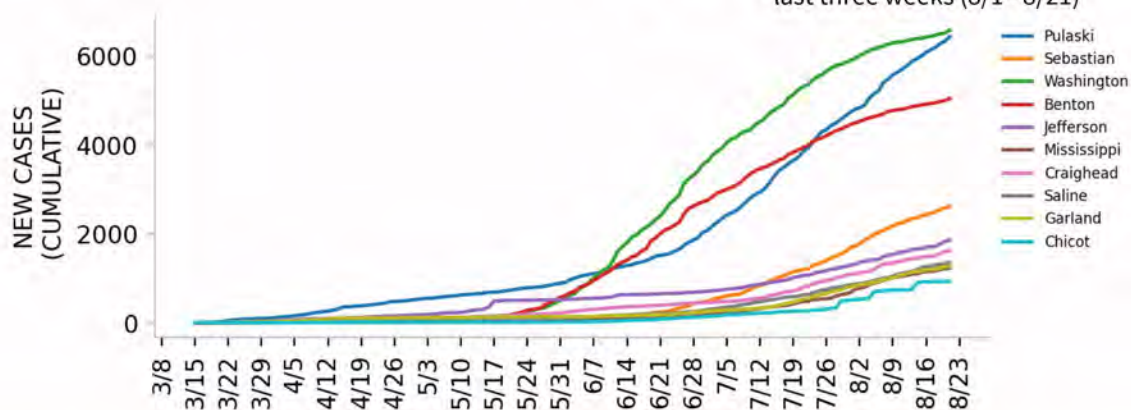


TESTING



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

TOP COUNTIES



DATA SOURCES

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

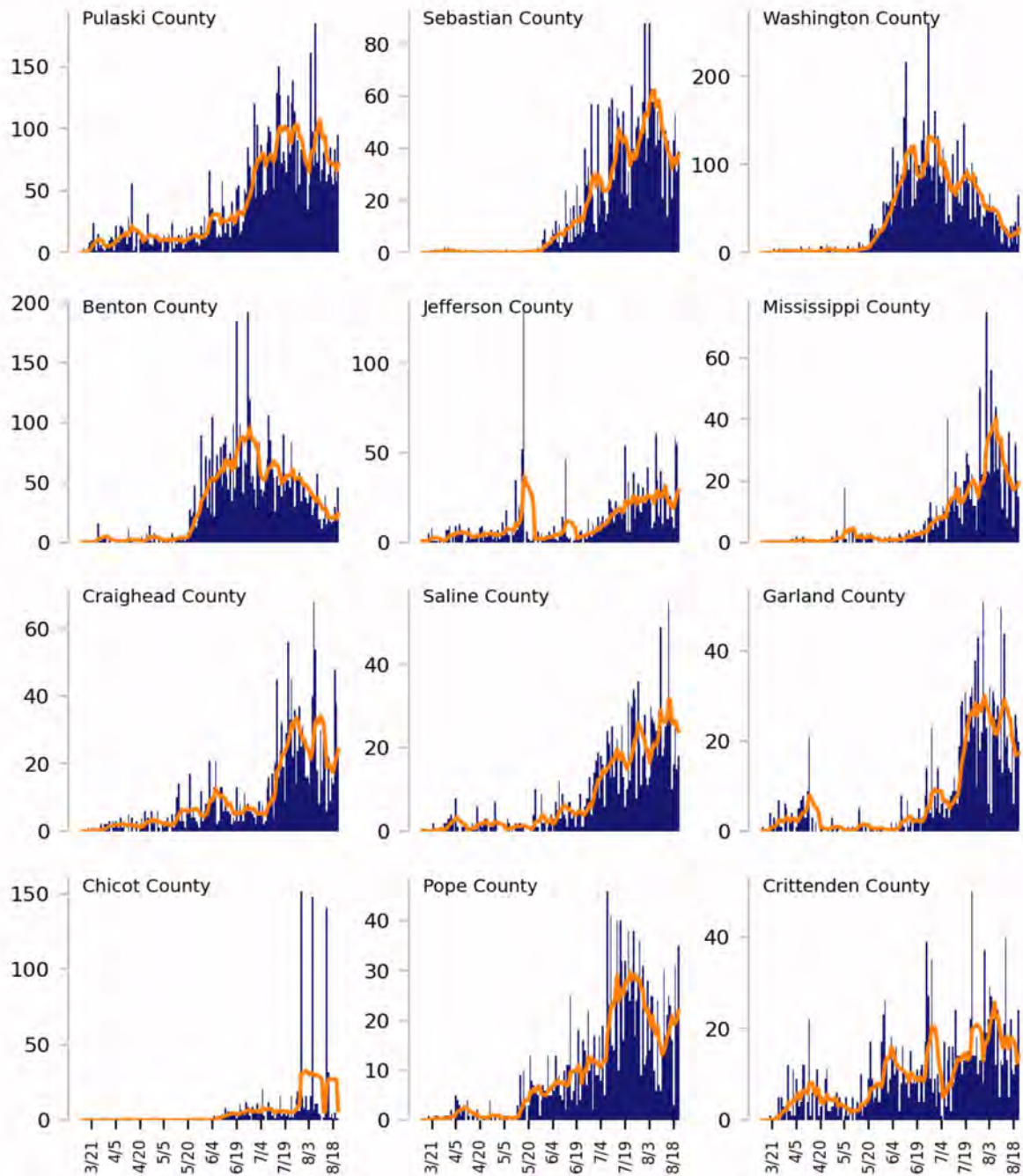
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

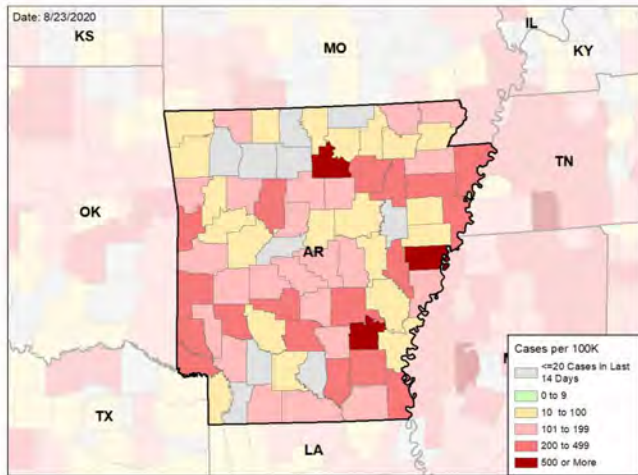


ARKANSAS

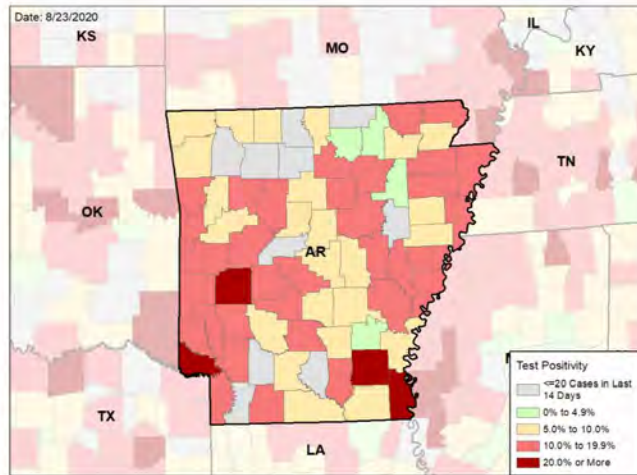
STATE REPORT | 08.23.2020

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

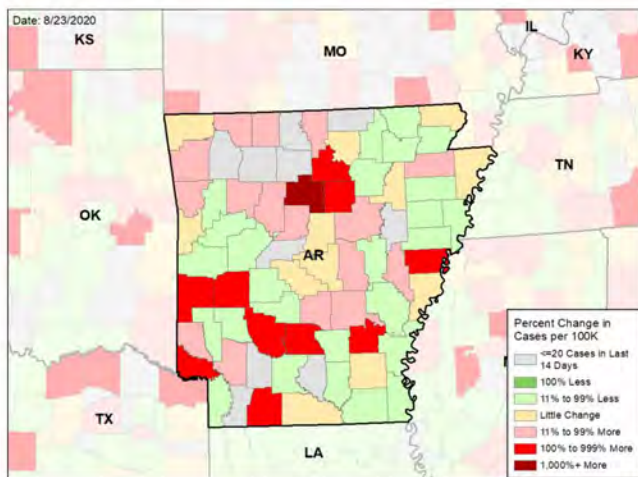
NEW CASES PER 100,000 DURING LAST WEEK



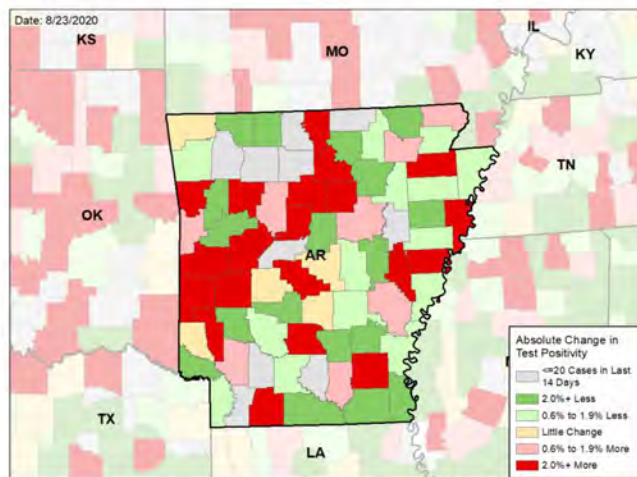
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

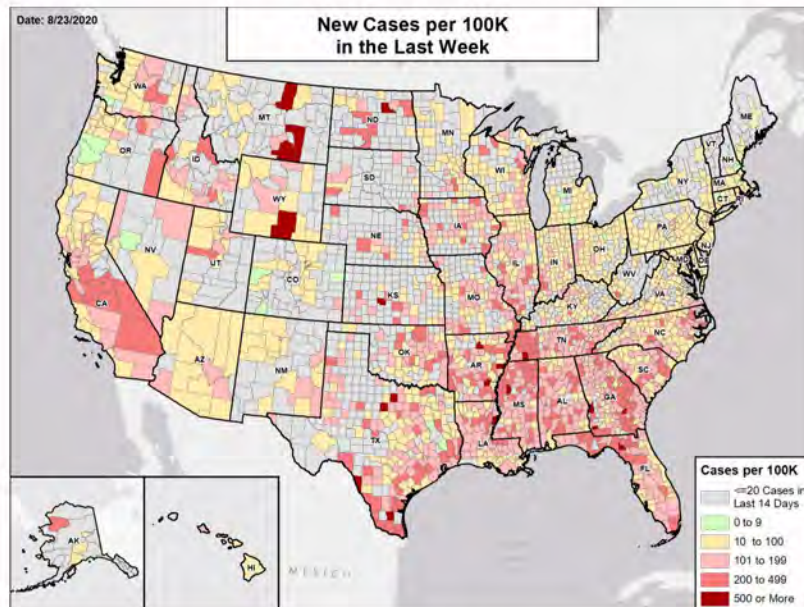
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

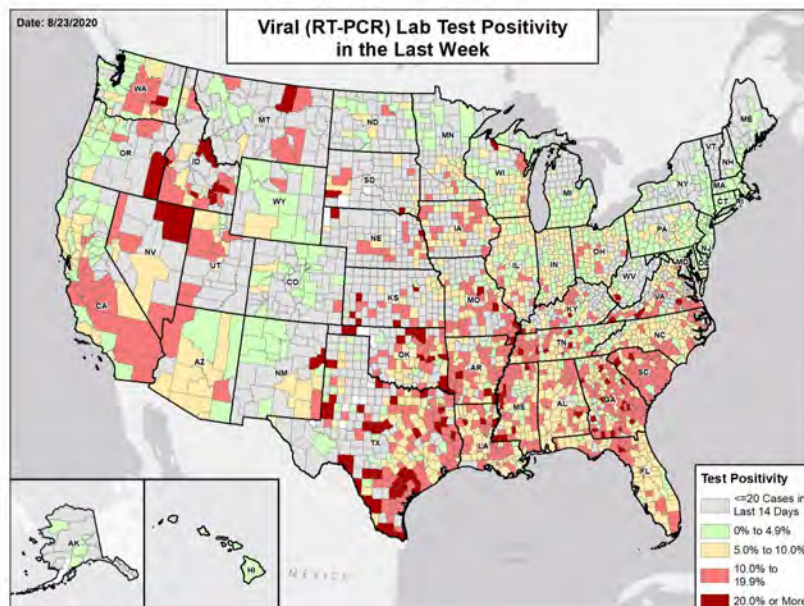


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



CALIFORNIA

STATE REPORT | 08.23.2020

SUMMARY

- California is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% and 10%. Nationally.
- California has seen 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 40.8 percent 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 continued to be the most affected region. A few coastal counties in Central/Northern California (Monterey, Santa Cruz, Sonoma) reported high incidence.
- 52% of all counties in California have ongoing community transmission (red or yellow alert), with 26% 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.
- California had 118 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; 26 to support operations activities from DOD; 186 to support operations activities from FEMA; 13 to support operations activities from ASPR; 2 to support epidemiology activities from CDC; 2 to support operations activities from CDC; and 264 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 753 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in California. An average of 88 percent of hospitals reported either new confirmed or new suspected COVID 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 [Wonderschool School Re-Opening](#) 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 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.
- In response to increased use of congregate 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 intensified 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.
- Ensure the protection of those in nursing home, assisted living, and long-term care facilities (LTCF) by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19 with isolation of all positive staff and residents. Ensure social distancing and universal facemask use. Immediately conduct infection control prevention surveys in those nursing homes with more than 3 cases per week over the last 3 weeks. Antigen testing capacity will continue to be supplied over the next 4-6 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 [CDC website](#).

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

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



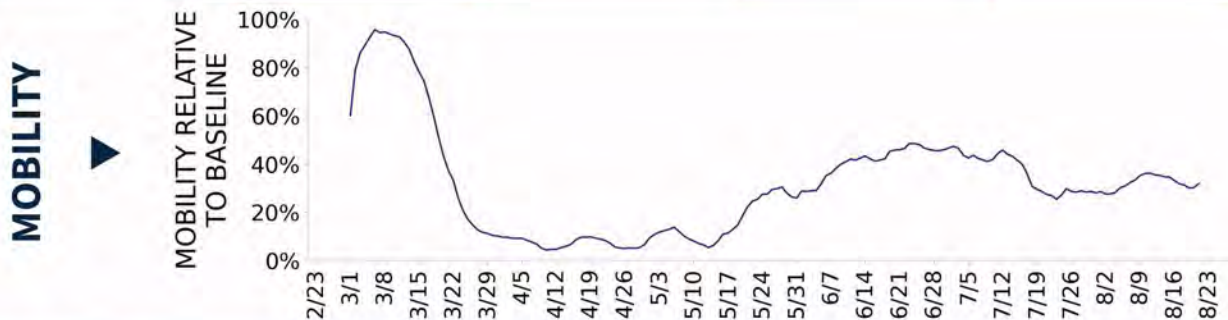
COVID-19



CALIFORNIA

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	46,659 (118)	-27.9%	58,109 (113)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.2%	-0.5%*	6.5%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	1,093,177** (2,767)	+11.1%**	1,248,724** (2,435)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	834 (2)	-11.3%	1,255 (2)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	13.0%	-6.4%*	14.1%	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) 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 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.



CALIFORNIA

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

12

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

8

San Francisco-Oakland-Berkeley
Sacramento-Roseville-Folsom
Oxnard-Thousand Oaks-Ventura
Santa Rosa-Petaluma
Vallejo
Santa Maria-Santa Barbara
Ukiah
Red Bluff

**COUNTY
LAST WEEK**

15

Riverside
San Bernardino
Kern
Fresno
San Joaquin
Stanislaus
Tulare
Merced
Monterey
Madera
Kings
Imperial

15

Orange
Sacramento
Alameda
Contra Costa
Ventura
San Mateo
Sonoma
Solano
Santa Barbara
Yolo
Mendocino
Tehama

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 8/19/2020. 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

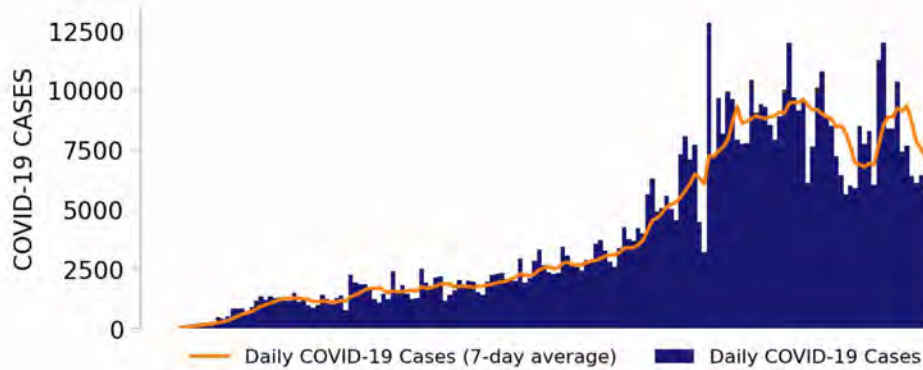
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



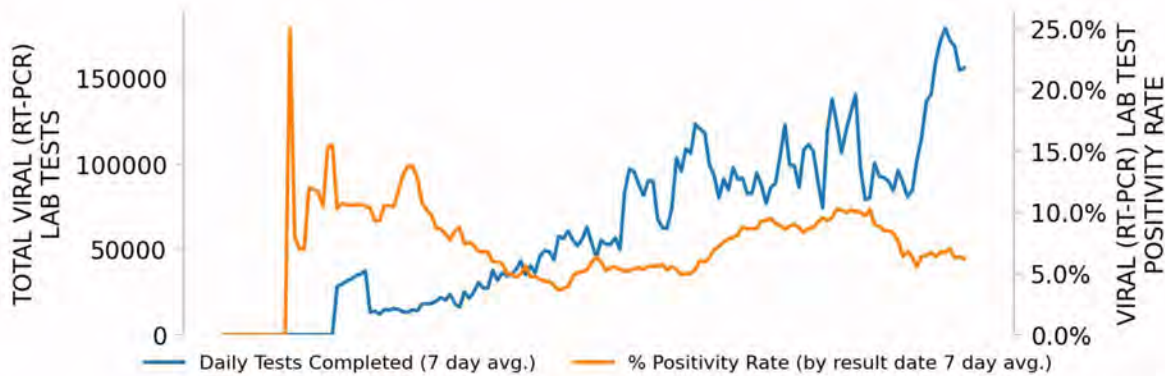
CALIFORNIA

STATE REPORT | 08.23.2020

NEW CASES

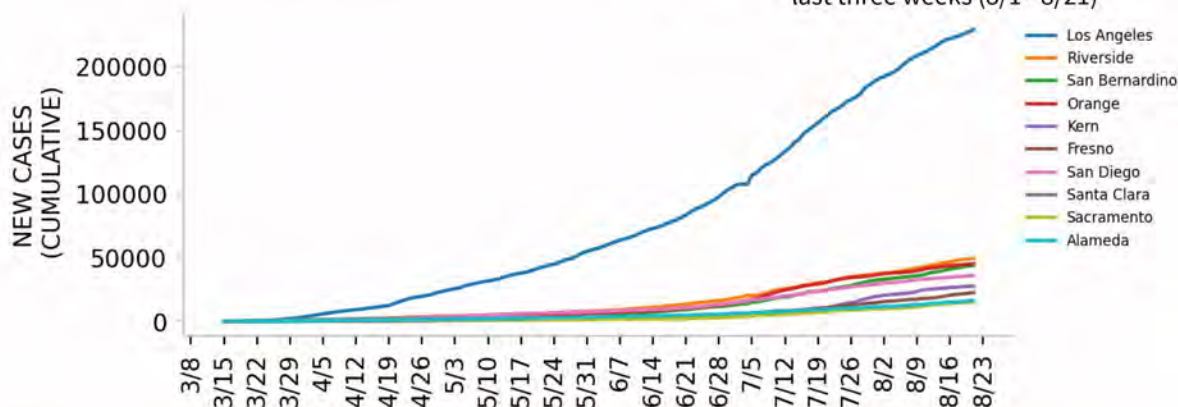


TESTING



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

TOP COUNTIES



DATA SOURCES

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

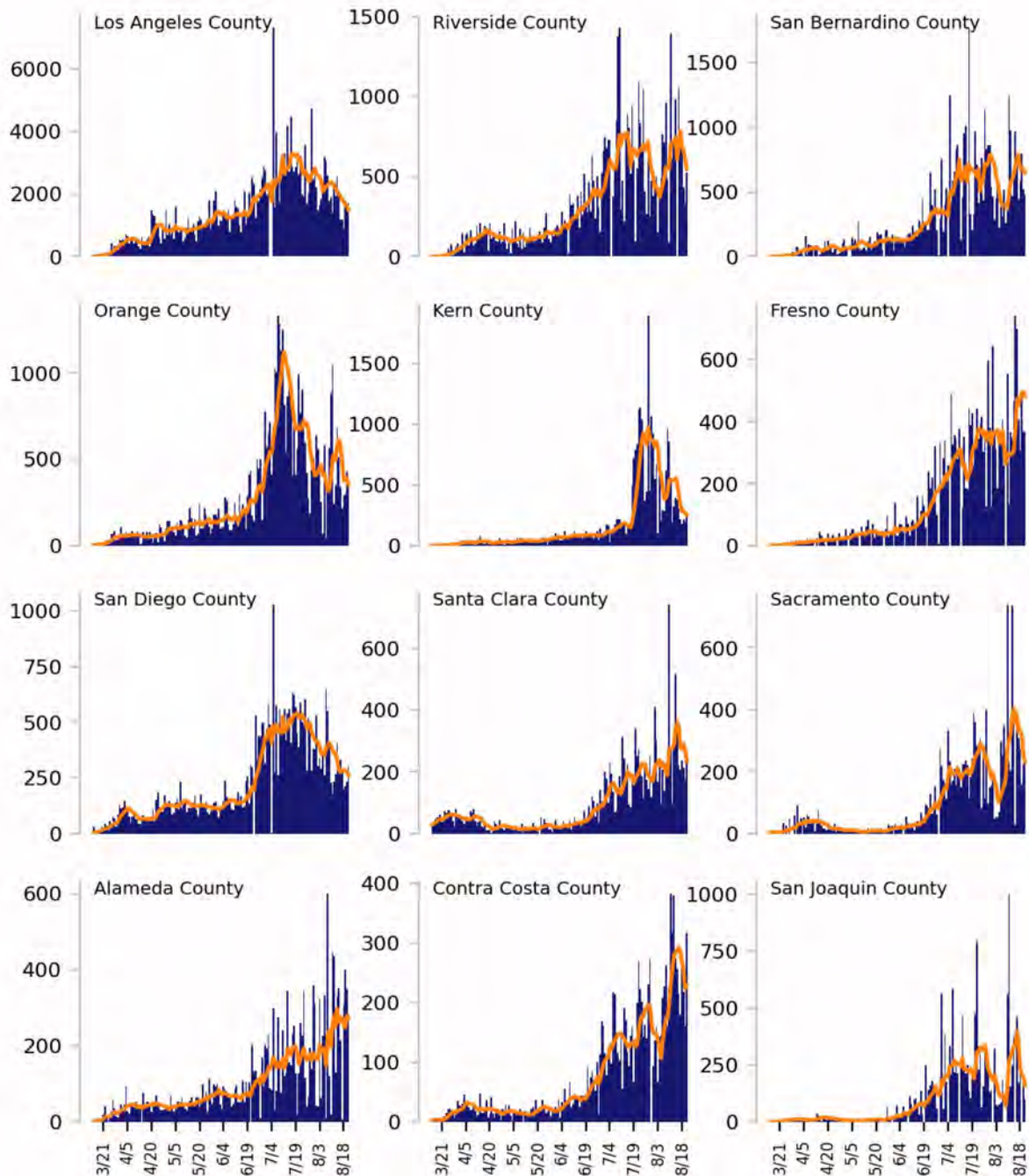
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

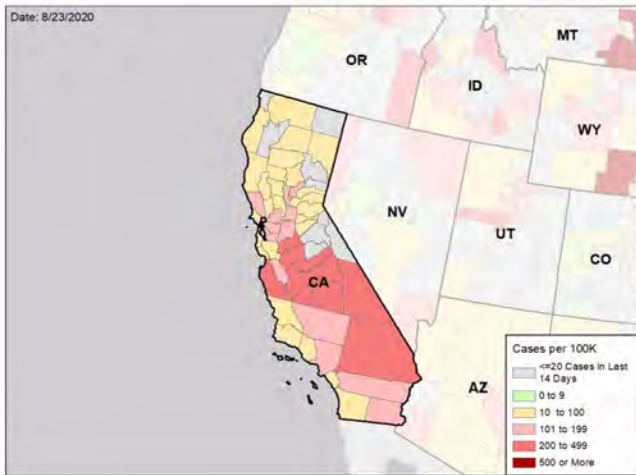


CALIFORNIA

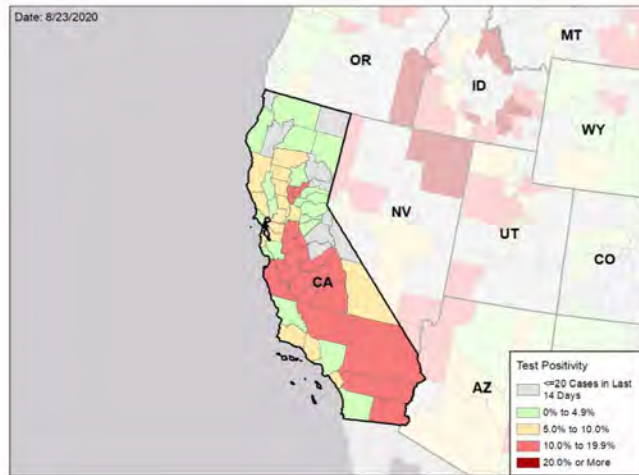
STATE REPORT | 08.23.2020

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

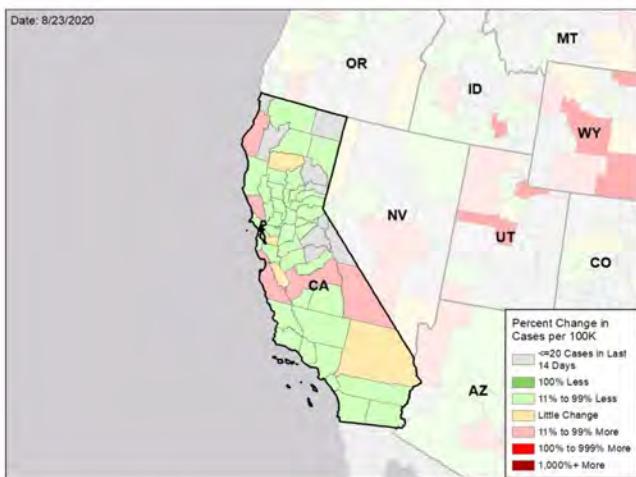
NEW CASES PER 100,000 DURING LAST WEEK



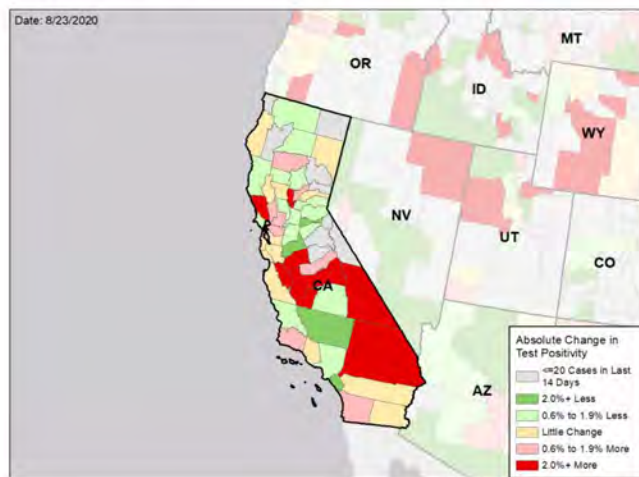
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

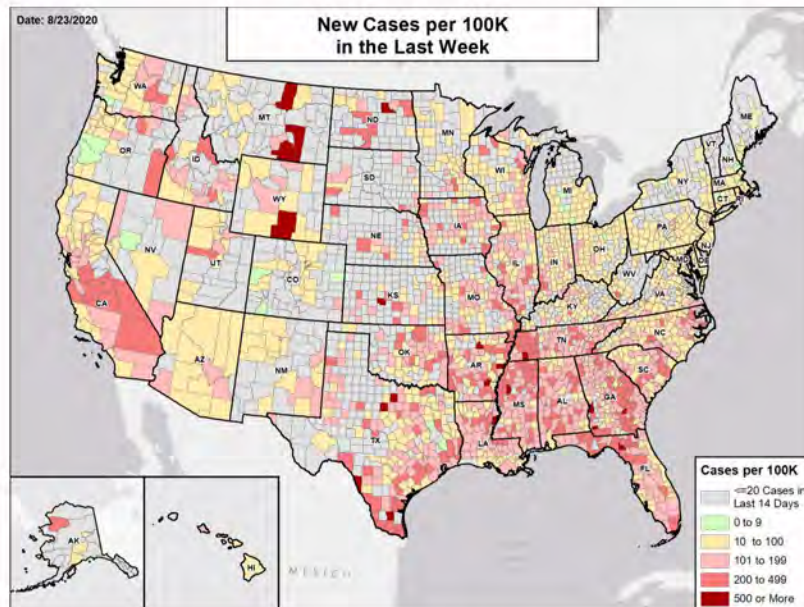
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

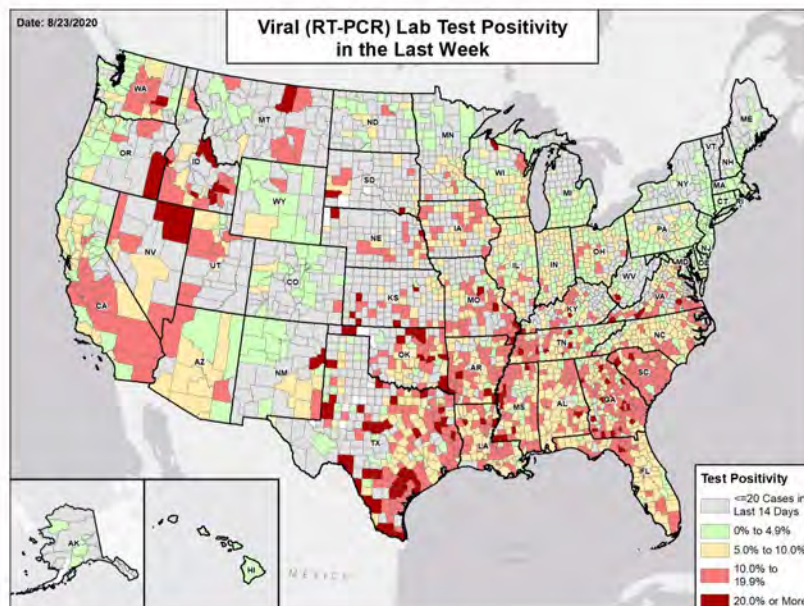


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



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 78 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*
- 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 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.
- Commend the extension of the state 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](#).

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

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



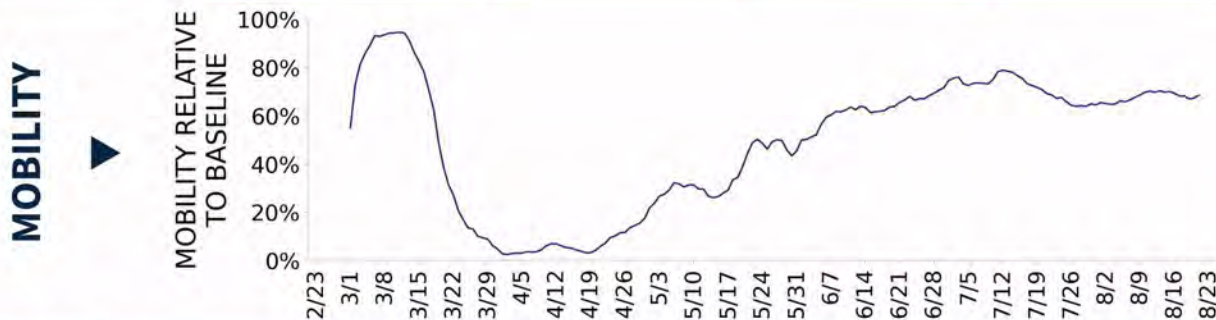
COVID-19



COLORADO

STATE REPORT | 08.23.2020

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

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

0

N/A

2Glenwood Springs
Montrose

**COUNTY
LAST WEEK**

1

Prowers

2Garfield
Montrose

* 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

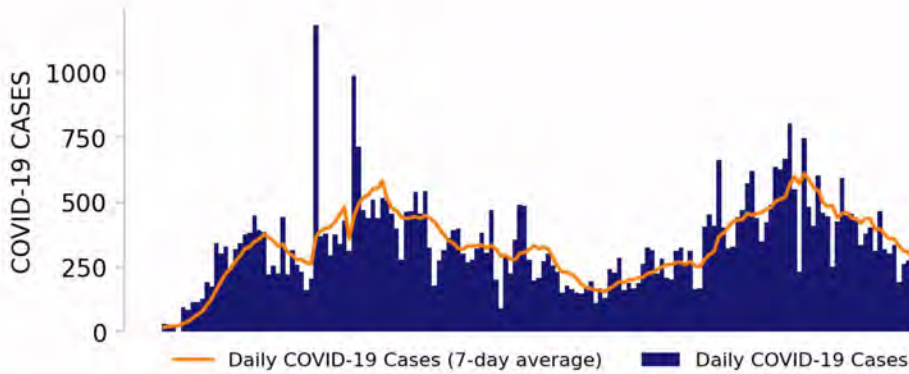
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



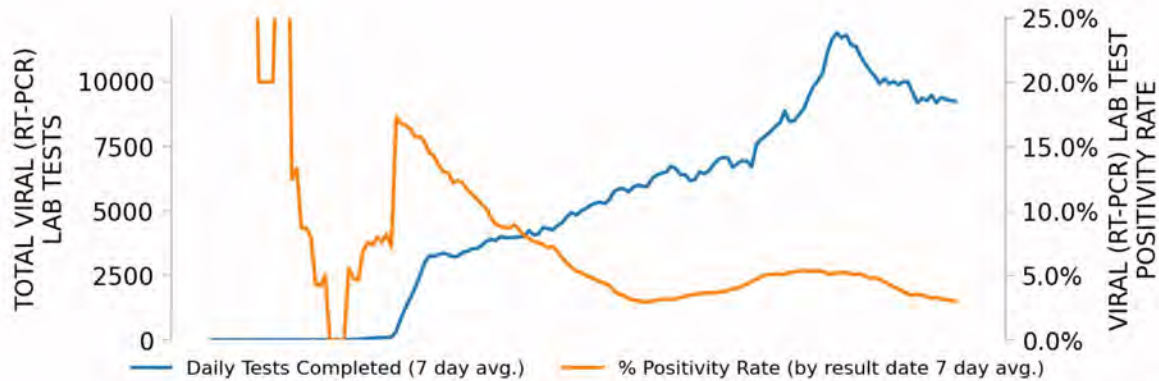
COLORADO

STATE REPORT | 08.23.2020

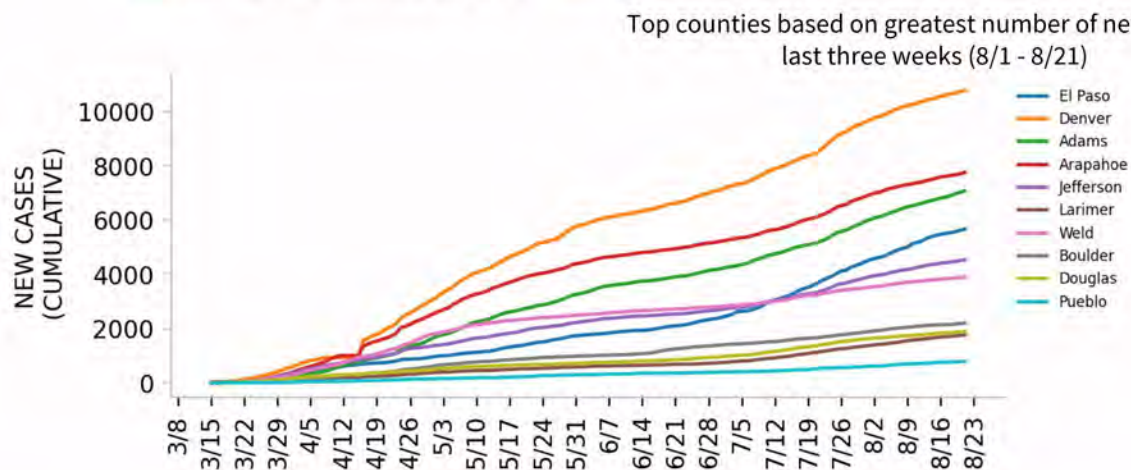
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES

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

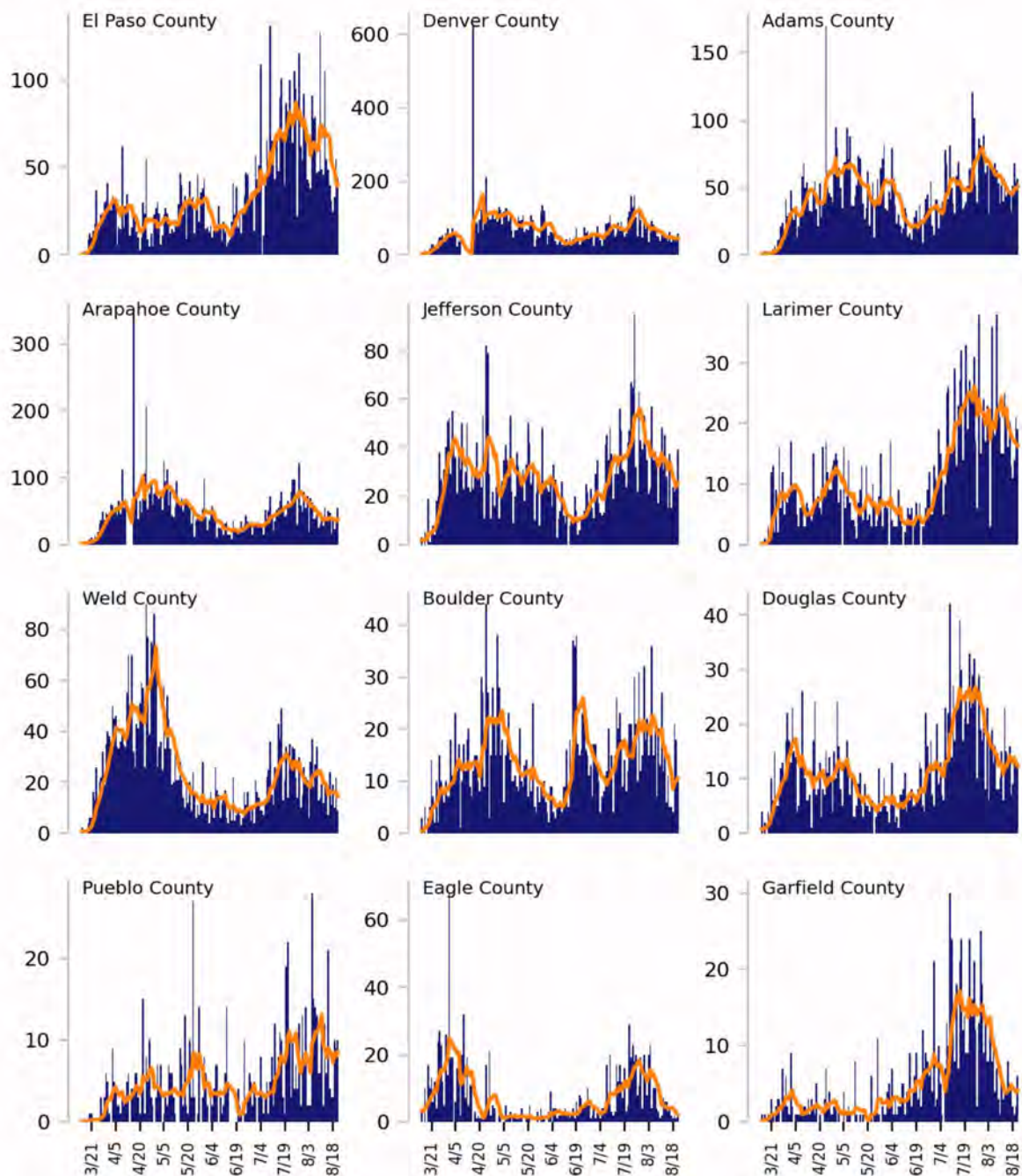
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

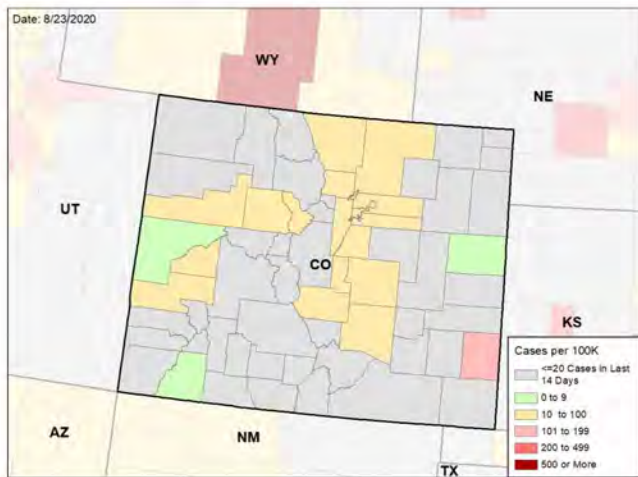


COLORADO

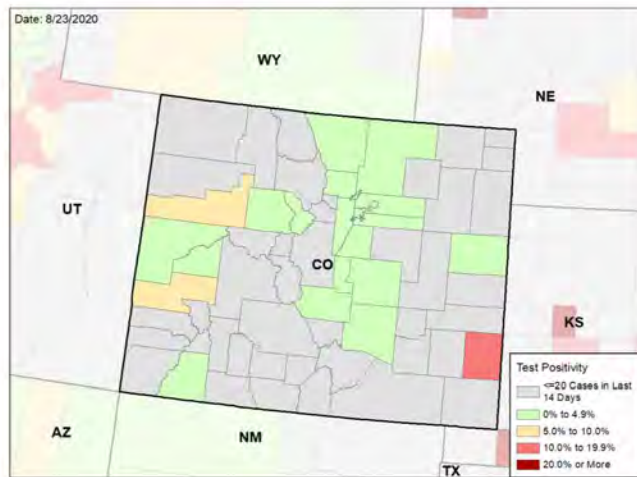
STATE REPORT | 08.23.2020

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

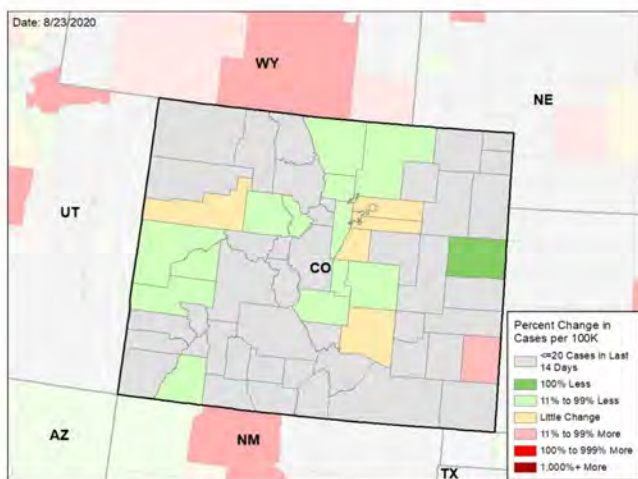
NEW CASES PER 100,000 DURING LAST WEEK



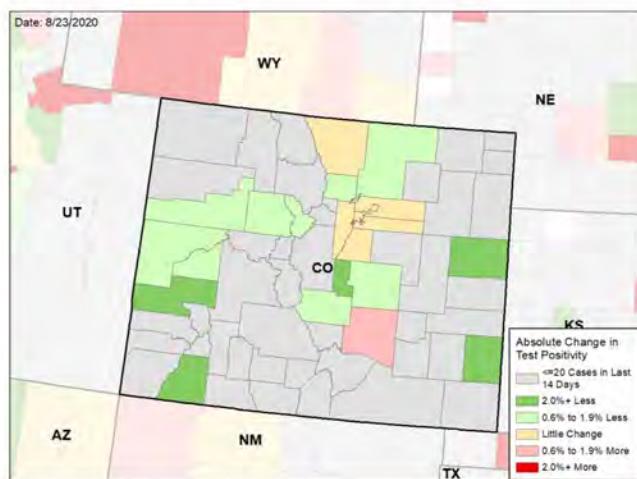
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

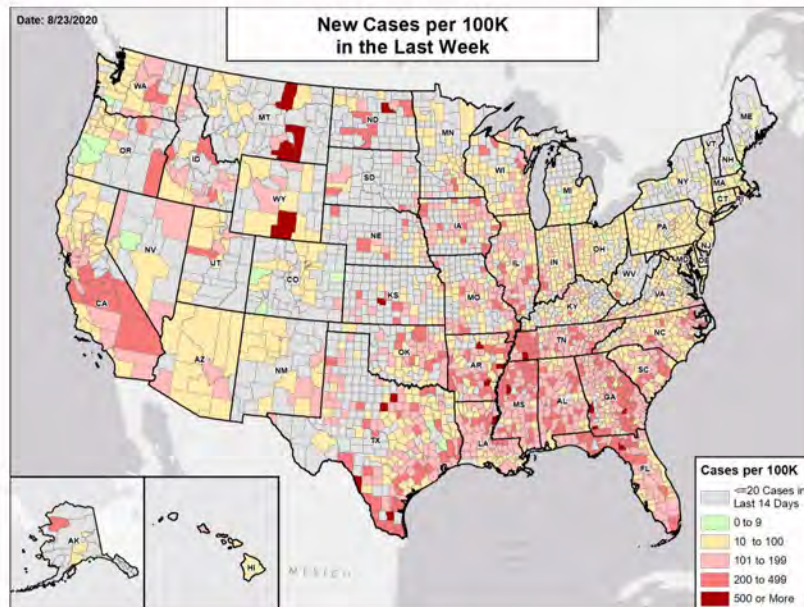
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

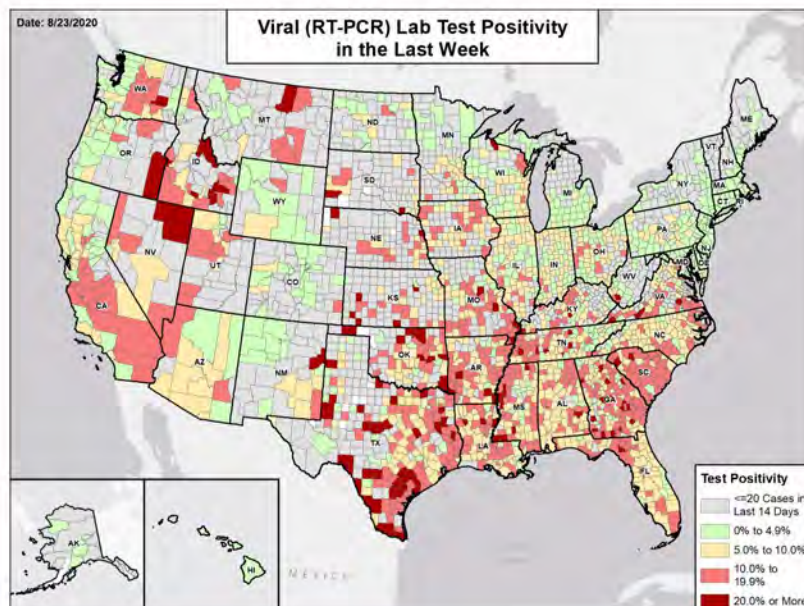


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



CONNECTICUT

STATE REPORT | 08.23.2020

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 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 75 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*
- 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) 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 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 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 comparisons to be made across localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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



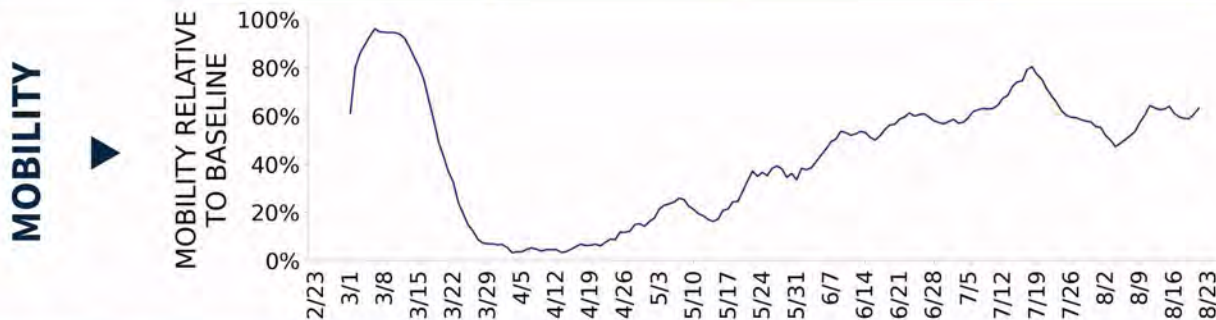
COVID-19



CONNECTICUT

STATE REPORT | 08.23.2020

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



CONNECTICUT

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

METRO
AREA
(CBSA)
LAST WEEK

0

N/A

0

N/A

COUNTY
LAST WEEK

0

N/A

0

N/A

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

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

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

Note: Top 12 locations are selected 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

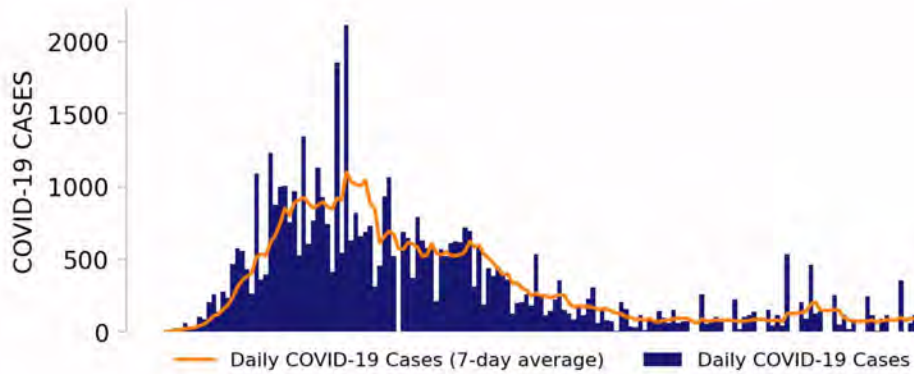
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



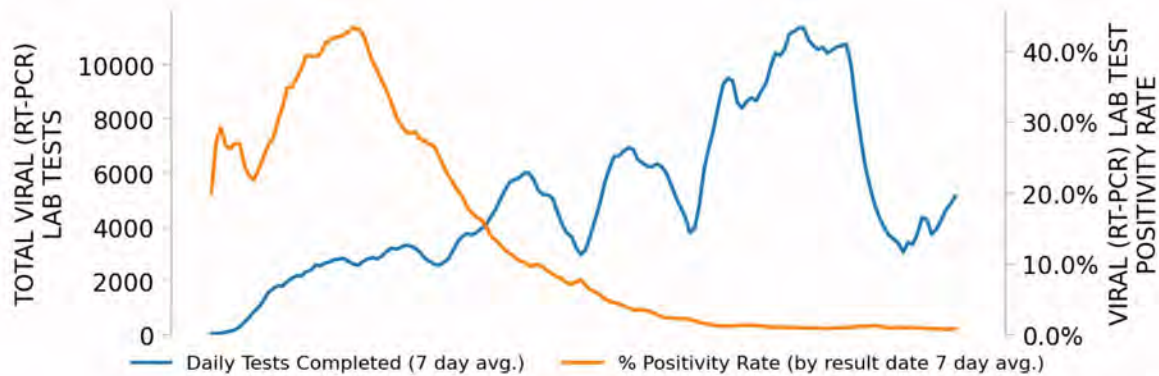
CONNECTICUT

STATE REPORT | 08.23.2020

NEW CASES

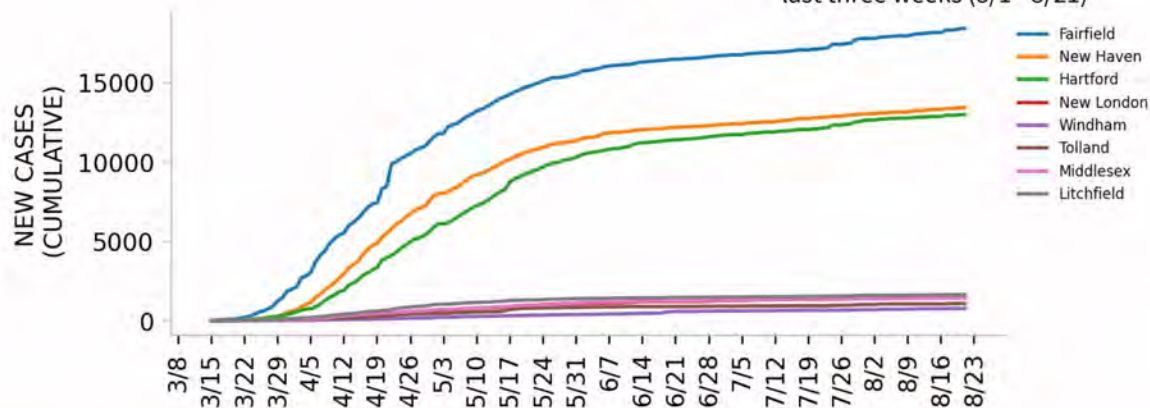


TESTING



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

TOP COUNTIES



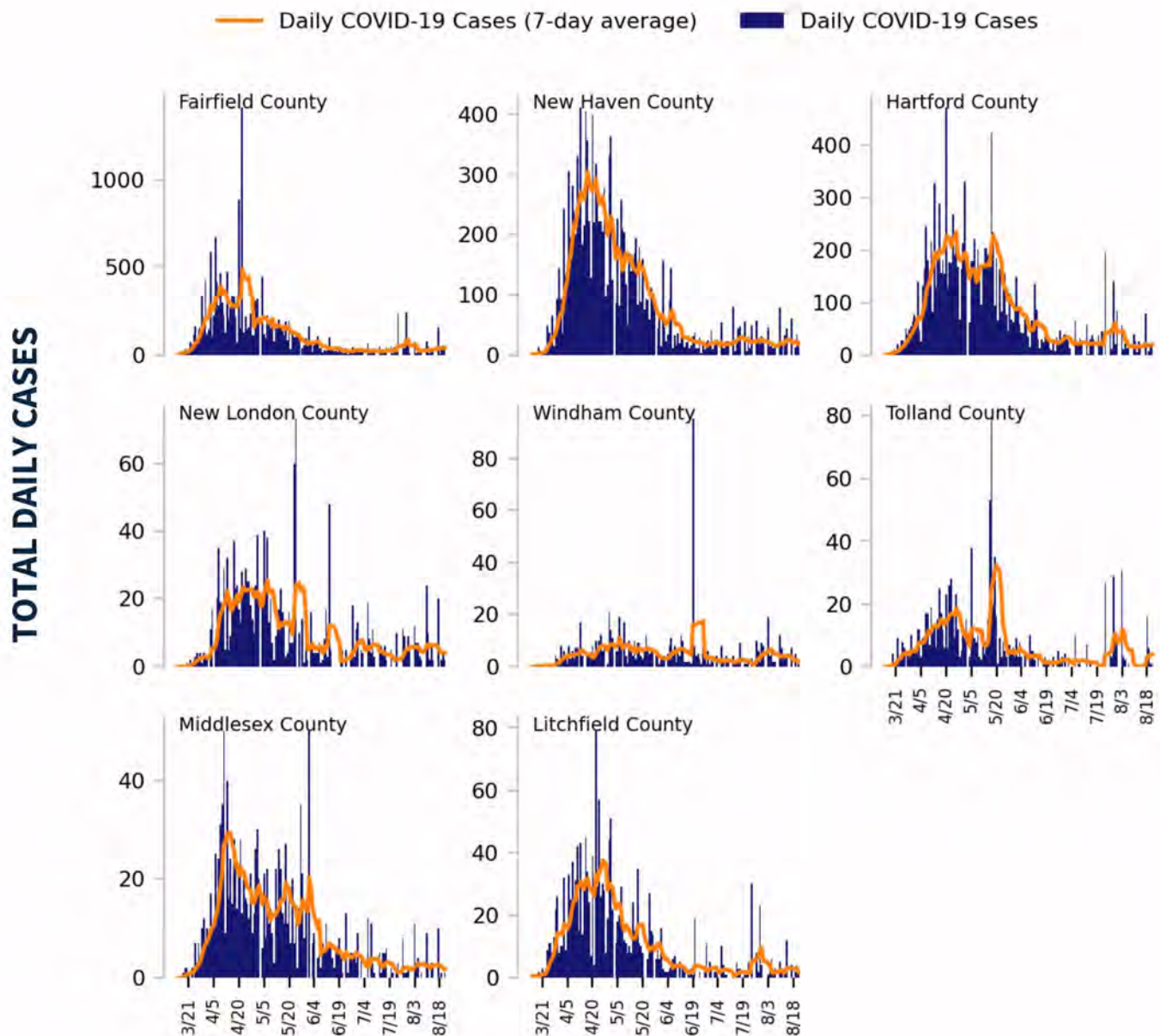
DATA SOURCES

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

Testing: 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



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

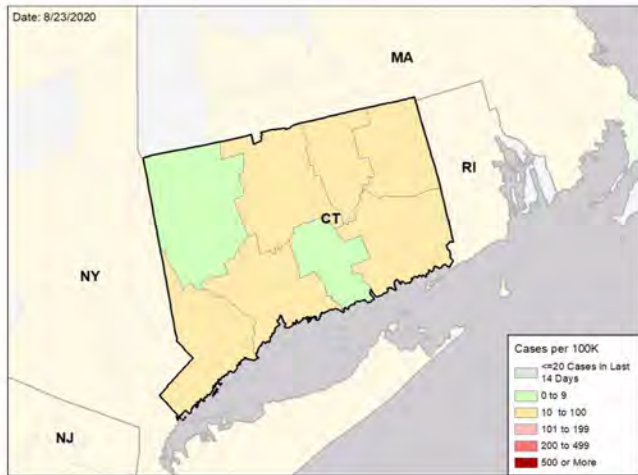


CONNECTICUT

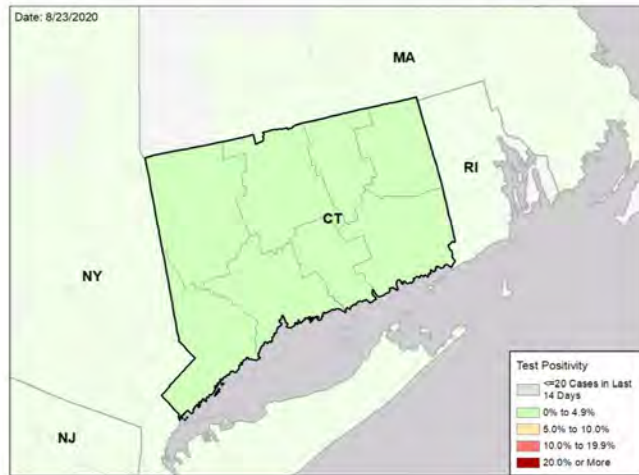
STATE REPORT | 08.23.2020

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

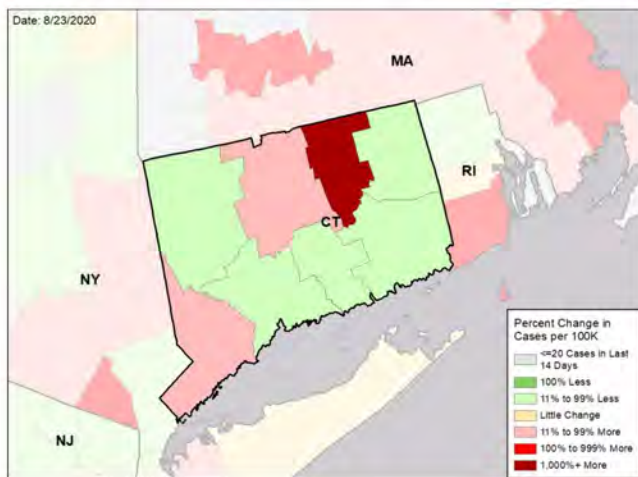
NEW CASES PER 100,000 DURING LAST WEEK



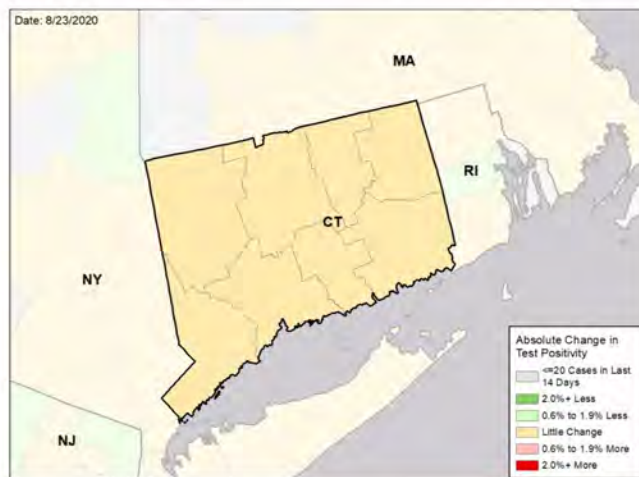
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

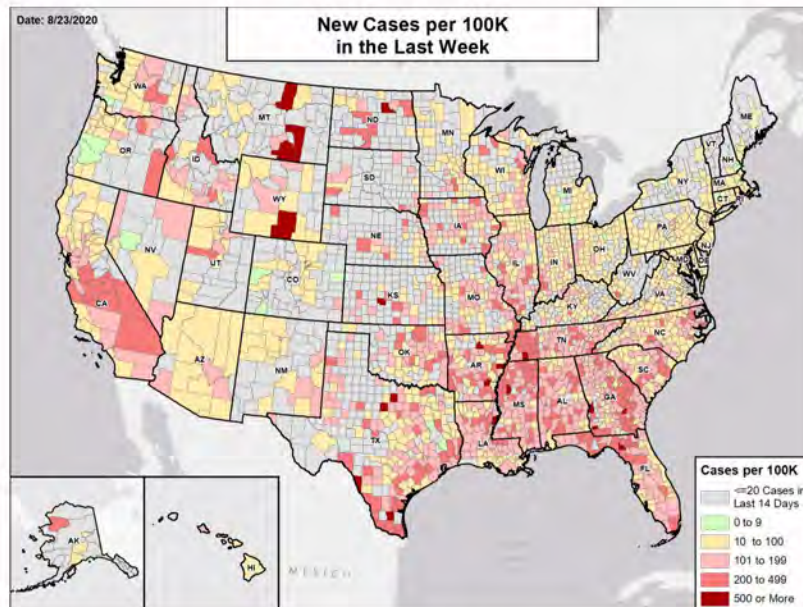
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

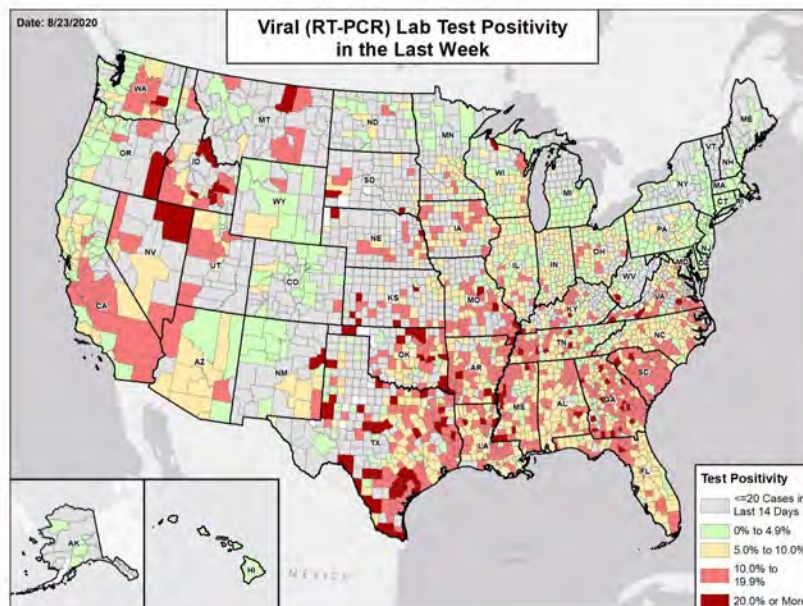


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



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.
- 0% 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 93 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 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 [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.
- Given the planned opening of Delaware schools 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 in 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 [CDC website](#).

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

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



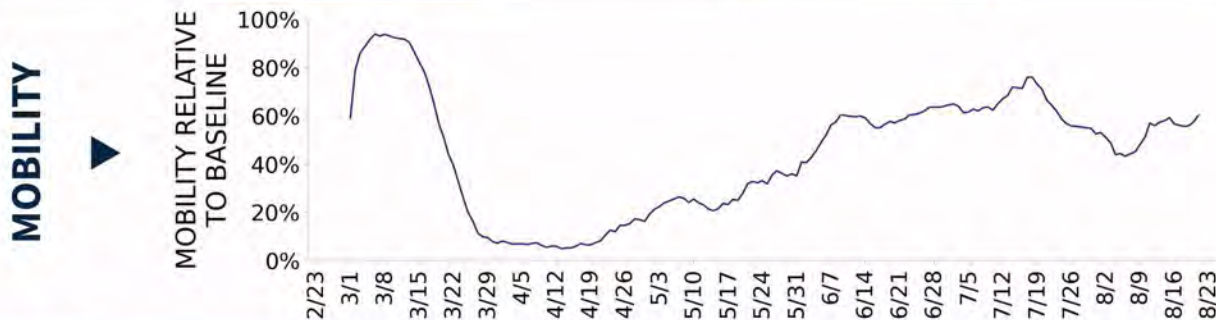
COVID-19



DELAWARE

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	430 (44)	-52.0%	16,289 (53)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.5%	+0.4%*	4.6%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	9,454** (971)	-14.8%**	492,016** (1,595)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	8 (1)	+300.0%	263 (1)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	2.6%	-2.2%*	9.4%	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) 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 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)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

0

N/A

0

N/A

**COUNTY
LAST WEEK**

0

N/A

0

N/A

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

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

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

Note: Top 12 locations are selected 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

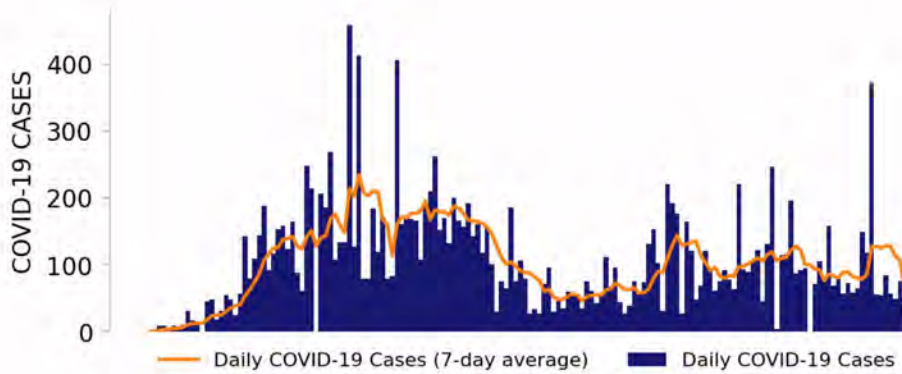
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



DELAWARE

STATE REPORT | 08.23.2020

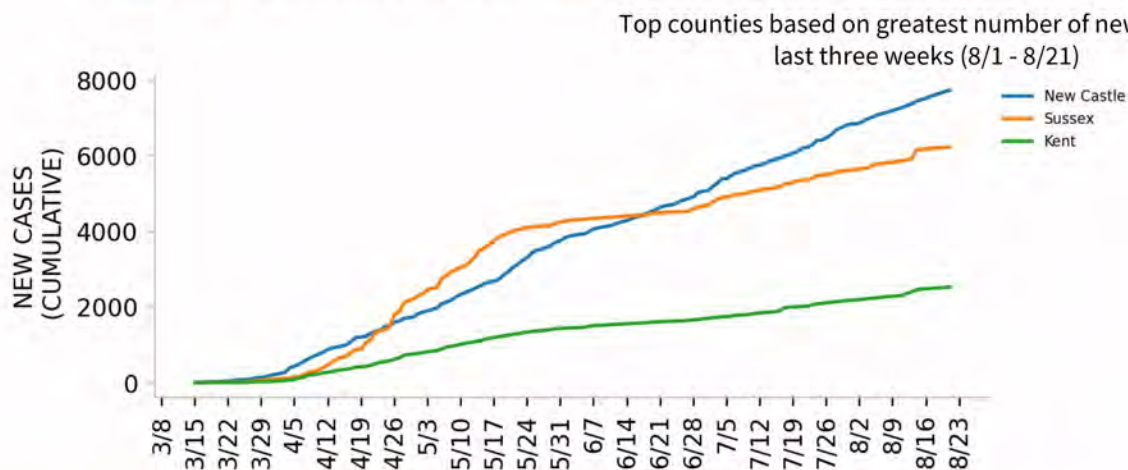
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES

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

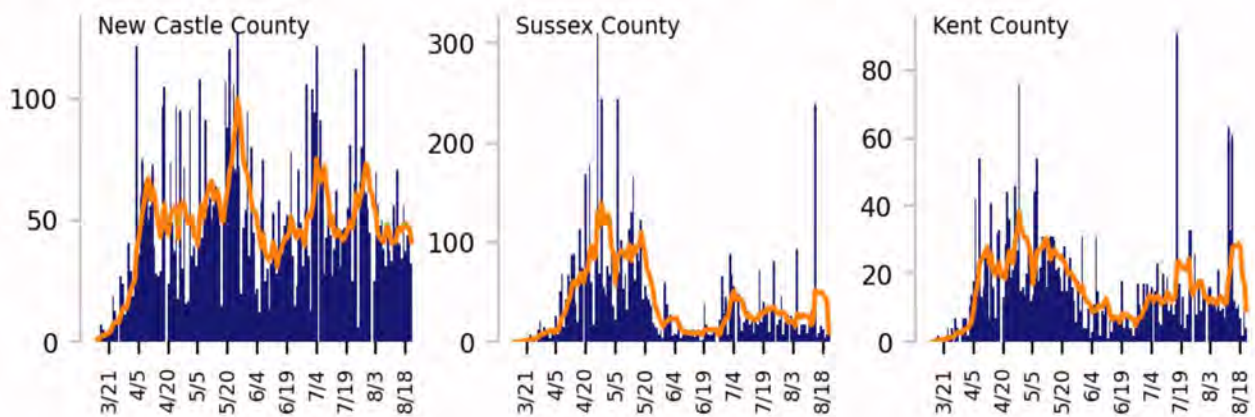
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020.



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

TOTAL DAILY CASES

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



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

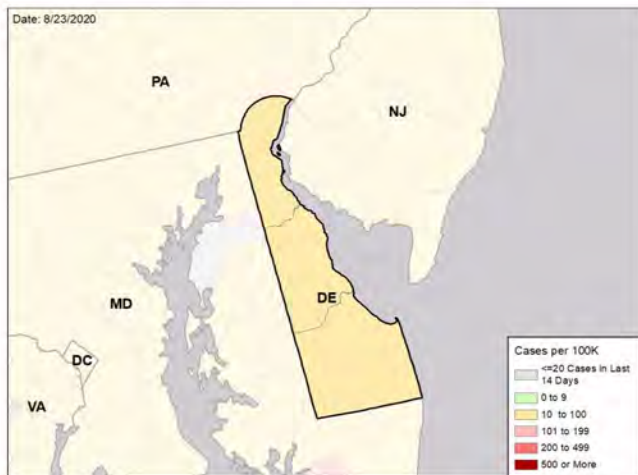


DELAWARE

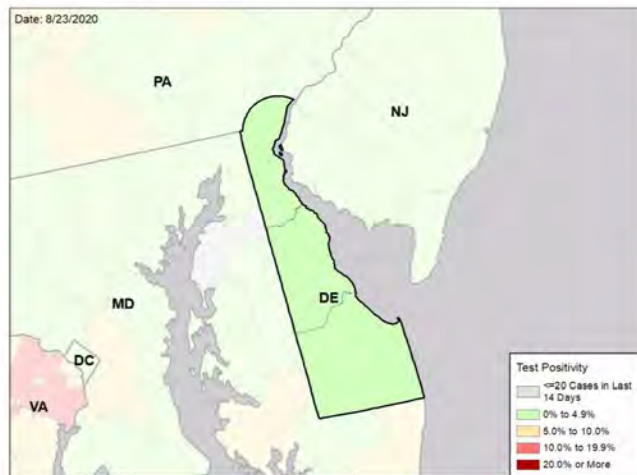
STATE REPORT | 08.23.2020

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

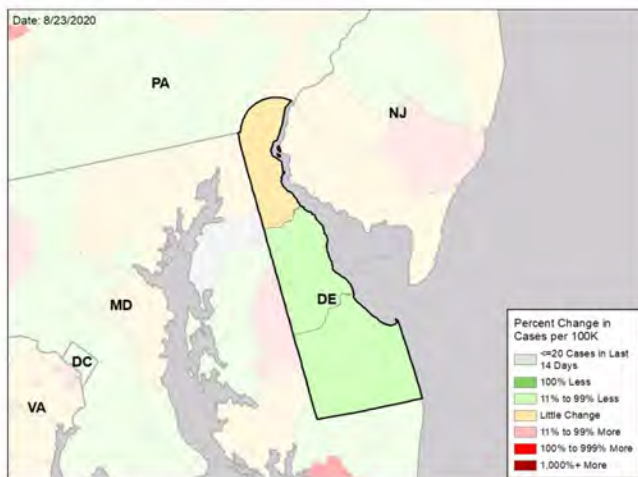
NEW CASES PER 100,000 DURING LAST WEEK



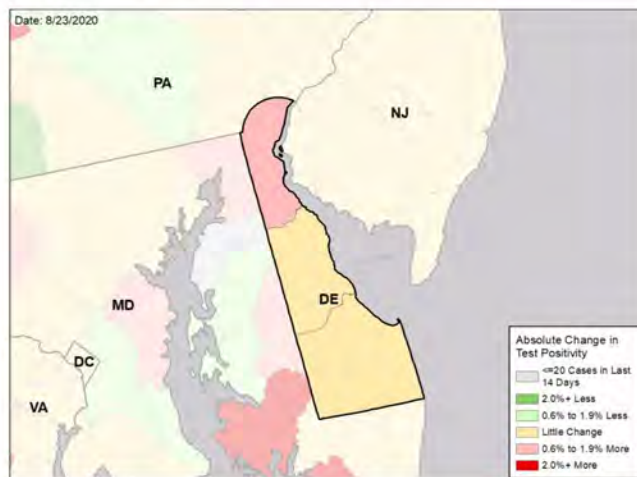
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

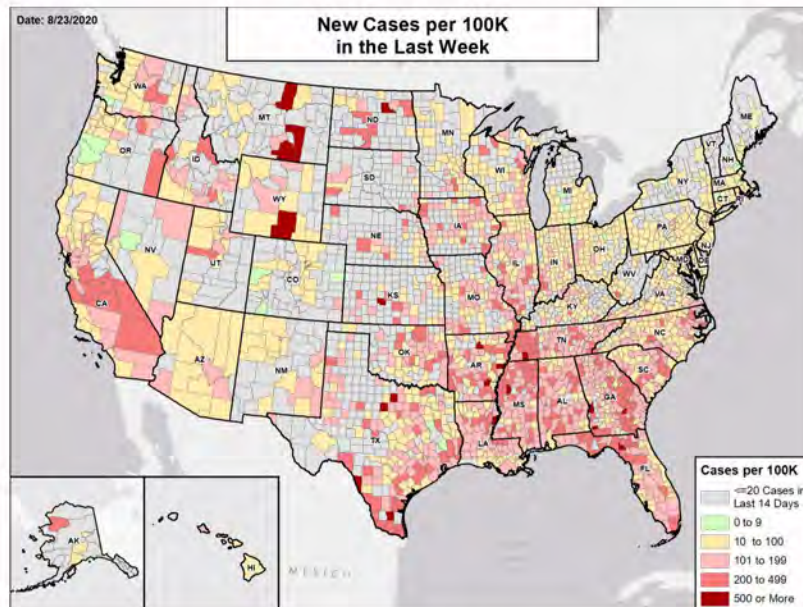
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

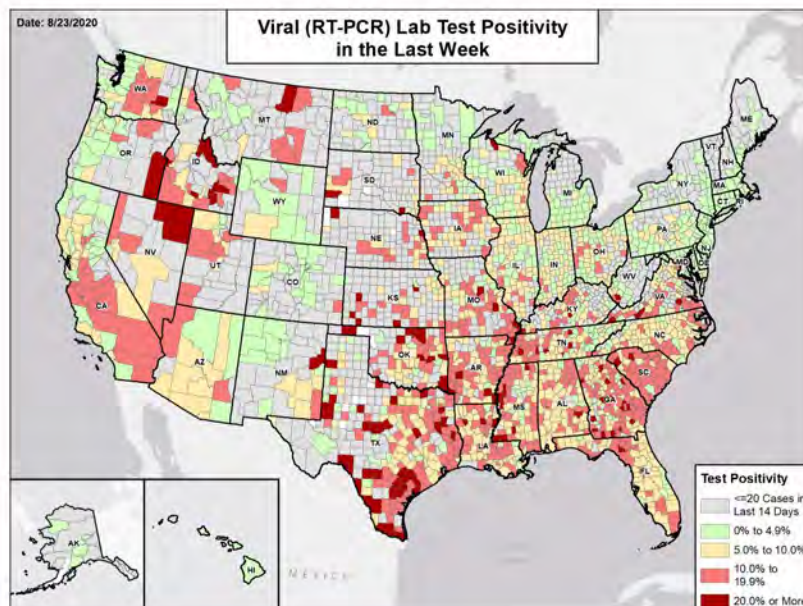


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



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 36th for most 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 attended social gatherings of various sizes with lapses in social distancing during their potential exposure period.
- 0% of all counties in the District of Columbia 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.
- The District of Columbia had 50 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: 7 to support 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 94 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period.*
- Please review the [Washington School Reopening](#) 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 (if 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. Given concerning although limited data on cases visiting these venues while infectious, implement 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 currently highly affected in Ward 6.
- Consider collaborating with counties/states within the National Capital Region on a COVID-19 containment strategy similar to efforts implemented by NJ-NY-CT.
- Intensify efforts to improve compliance with mitigation orders.
- Develop targeted messaging to younger individuals and vulnerable and marginalized populations (e.g., economically disadvantaged, African-American, and Hispanic communities).
- Consider detailing enforcement of travel restrictions and tracking of travelers from listed hotspot locations. Consider methods used in other states including requiring travelers to complete information forms and enforcing penalties for violating restrictions.
- Work closely with event organizers for mass gatherings to ensure that mitigation measures and restrictions are adhered to by all participants.
- Build on existing infrastructure to increase collaboration across testing locations to fill in gaps in reaching vulnerable populations; ensure more consistent supply flow 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 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.
- 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.
- Implement a strategic plan for the return of students to colleges and universities and 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 masking 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 [CDC website](#).

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

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



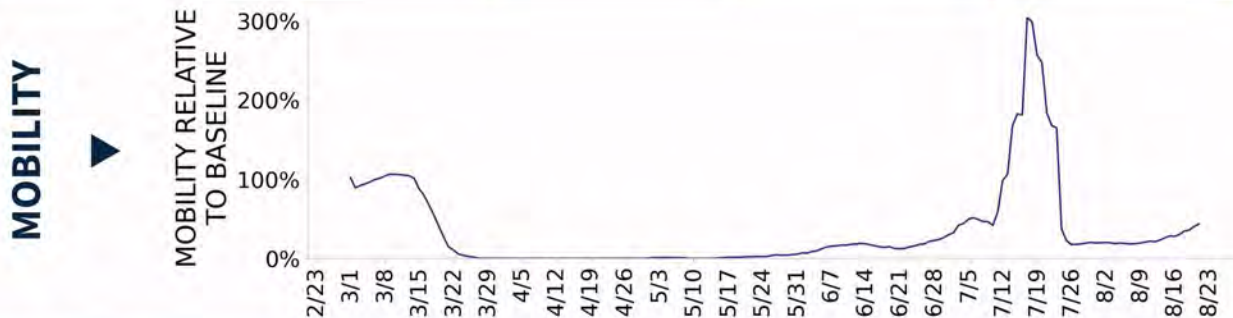
COVID-19



THE DISTRICT OF COLUMBIA

STATE REPORT | 08.23.2020

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

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

0

N/A

1

Washington-Arlington-Alexandria

**COUNTY
LAST WEEK**

0

N/A

0

N/A

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

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

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

Note: Top 12 locations are selected 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

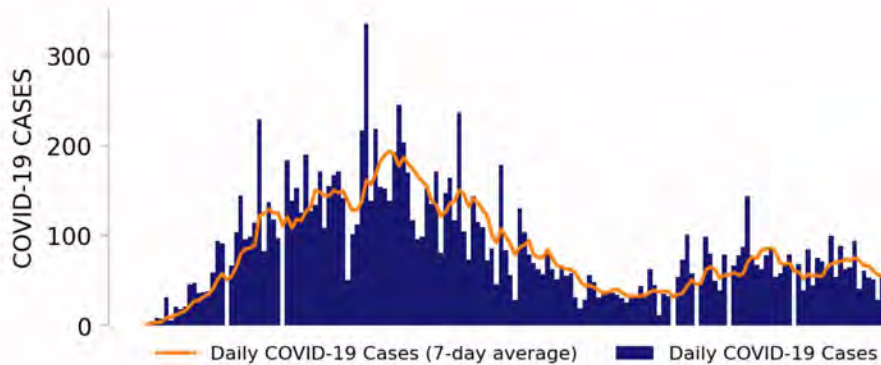
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



THE DISTRICT OF COLUMBIA

STATE REPORT | 08.23.2020

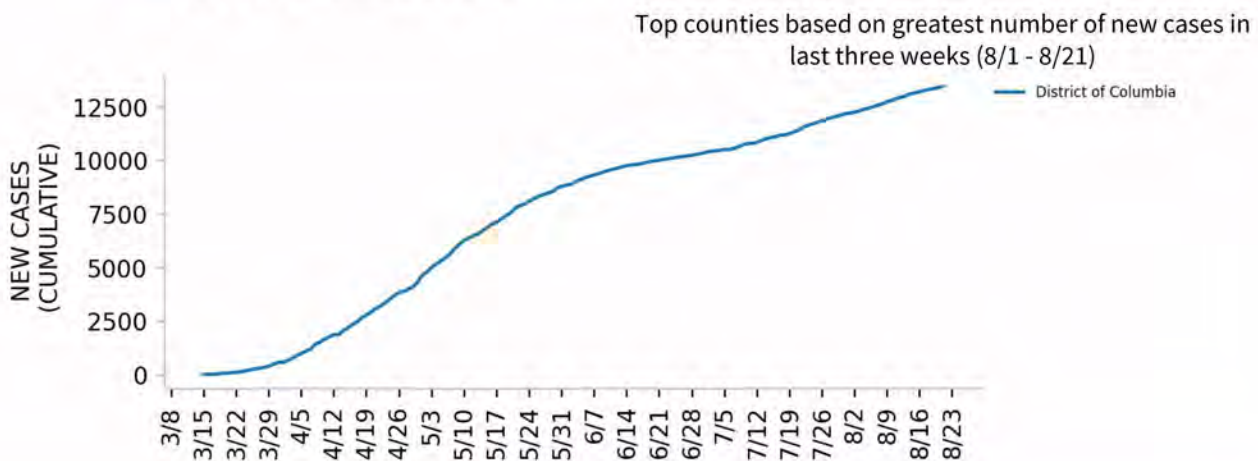
NEW CASES



TESTING



TOP COUNTIES



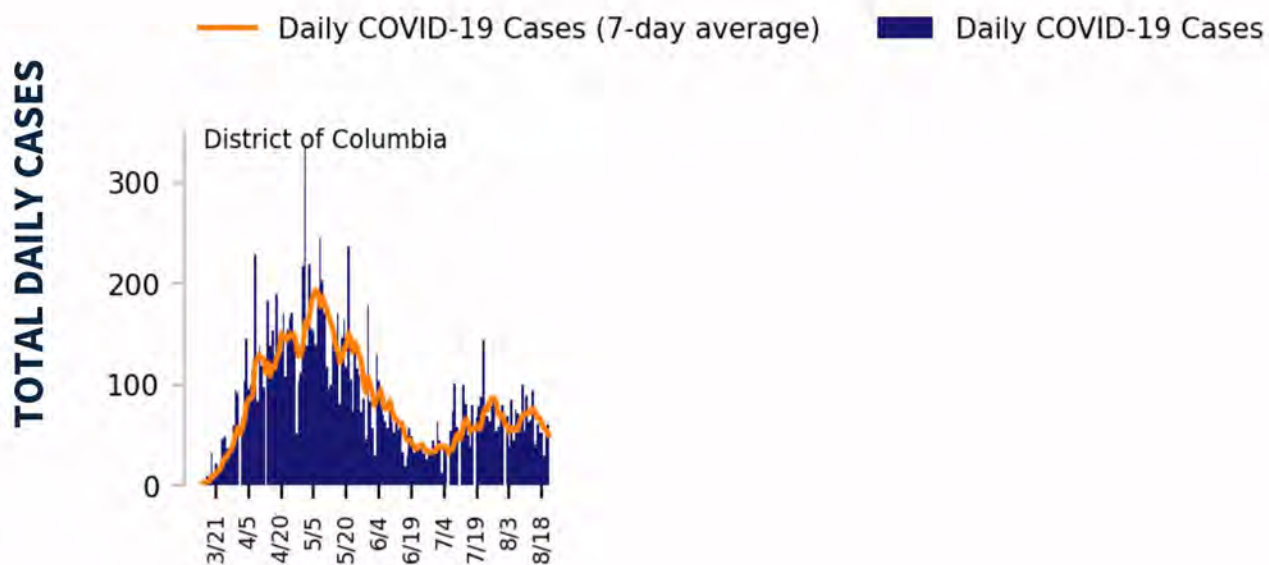
DATA SOURCES

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

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

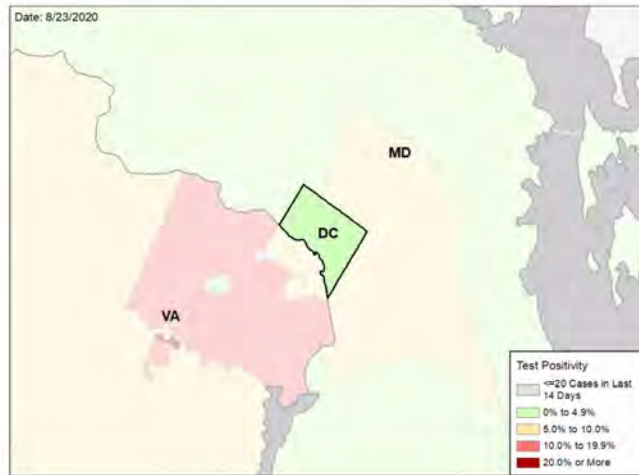
STATE REPORT | 08.23.2020

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

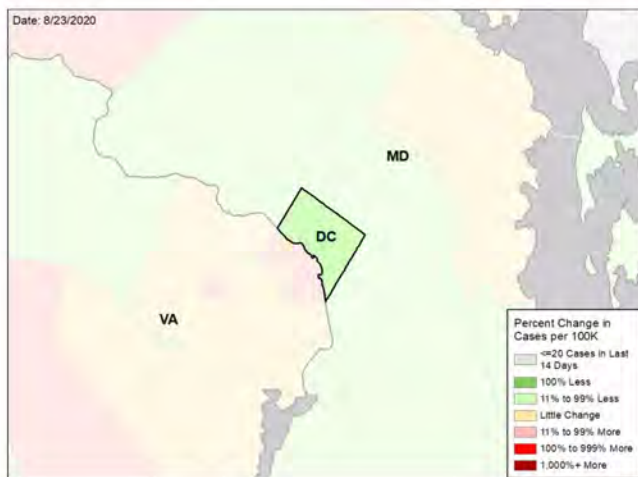
NEW CASES PER 100,000 DURING LAST WEEK



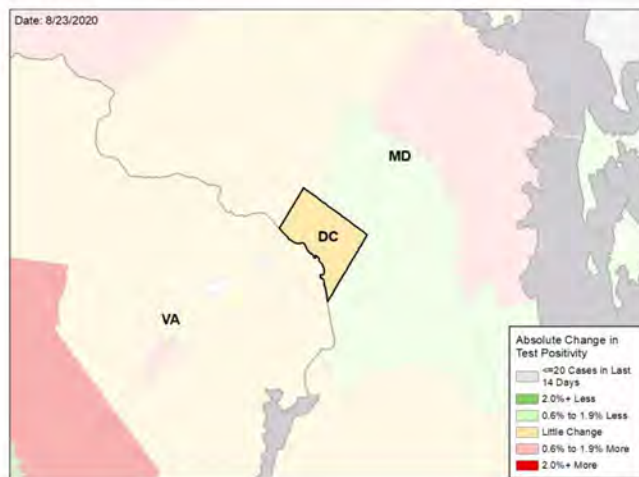
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

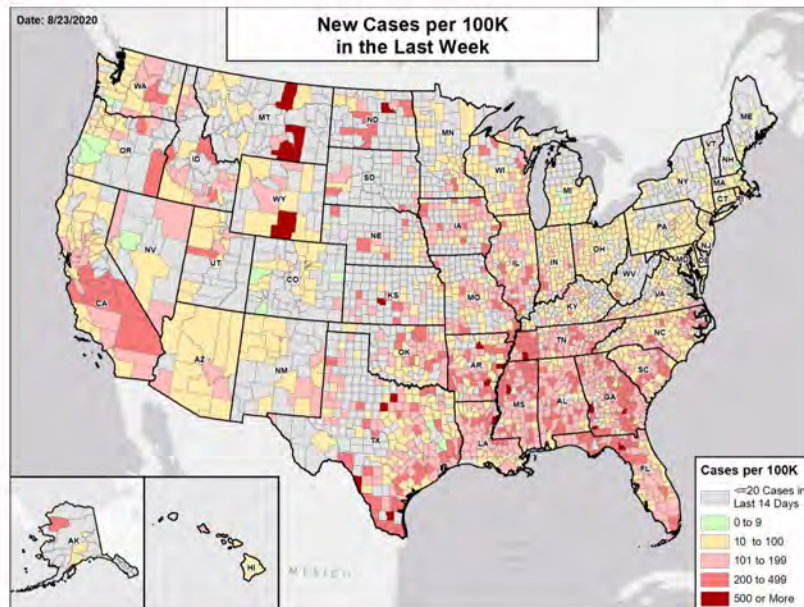
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

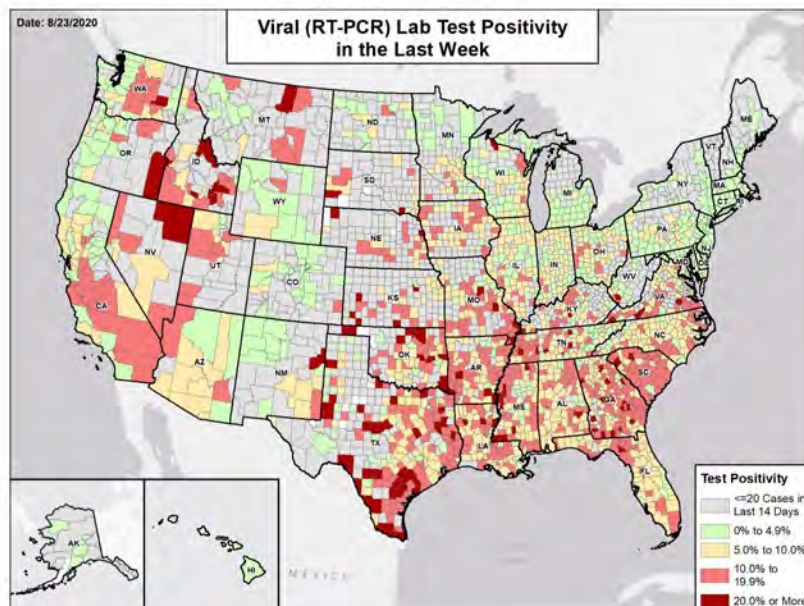


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



FLORIDA

STATE REPORT | 08.23.2020

SUMMARY

- Florida is in the red zone for cases, indicating more than 100 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 3 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 31 two weeks ago, to 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 3 or more residents with COVID-19 per week over the last 3 weeks. Continually addressing this aspect of community spread is essential.
- Florida had 140 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 epidemiology activities from CDC; 53 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 15 - Aug 21, on average, 511 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 [West Virginia School K-12 metrics](#) 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 (LTCFs) by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19 with isolation of all positive staff and residents. Ensure social distancing and universal facemask use. Immediately conduct infection control surveys in all nursing homes with 3 or more cases per week over the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support LTCF testing.
- Recommend a statewide mask mandate for counties with 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 all 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 localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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



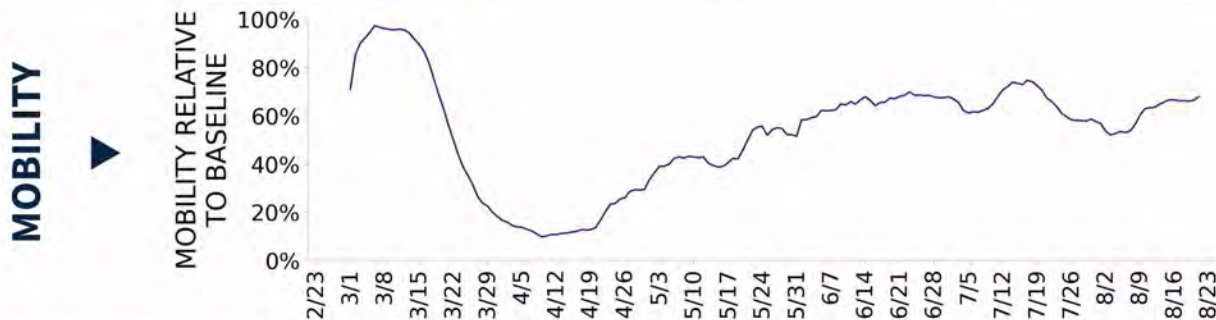
COVID-19



FLORIDA

STATE REPORT | 08.23.2020

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



FLORIDA

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

7

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

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

All Yellow Counties: Palm Beach, Hillsborough, Orange, Duval, Polk, Marion, Pinellas, Lee, Osceola, Volusia, Collier, St. Lucie, Manatee, Leon, Lake, Pasco, Alachua, Seminole, Okaloosa, Santa Rosa, St. Johns, Clay, Baker, Hernando, Citrus, Jackson, Highlands, Charlotte, Washington, Martin, Putnam, Monroe, Nassau, Walton, Flagler, Wakulla, Jefferson, Calhoun, DeSoto

* 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

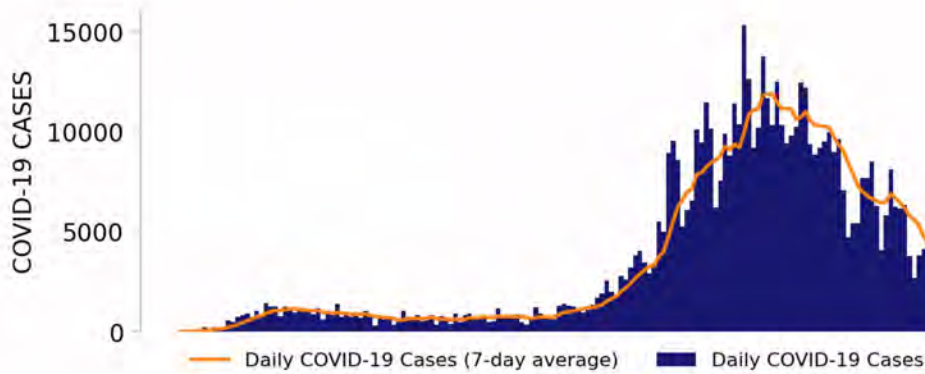
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



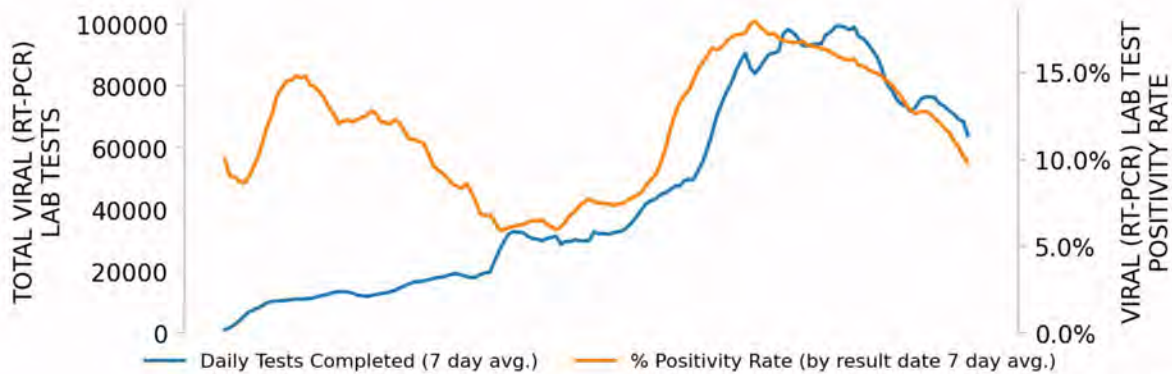
FLORIDA

STATE REPORT | 08.23.2020

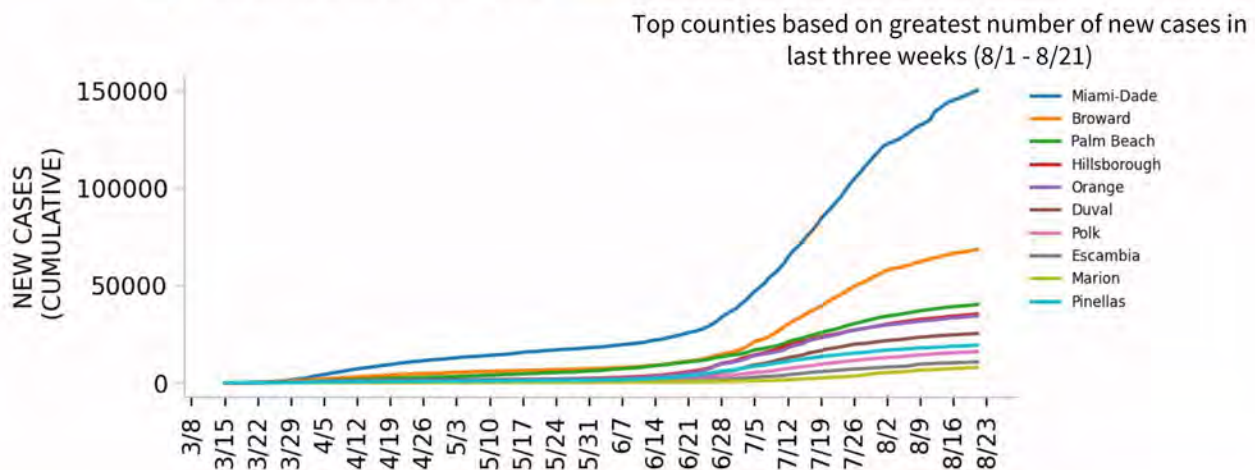
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES

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

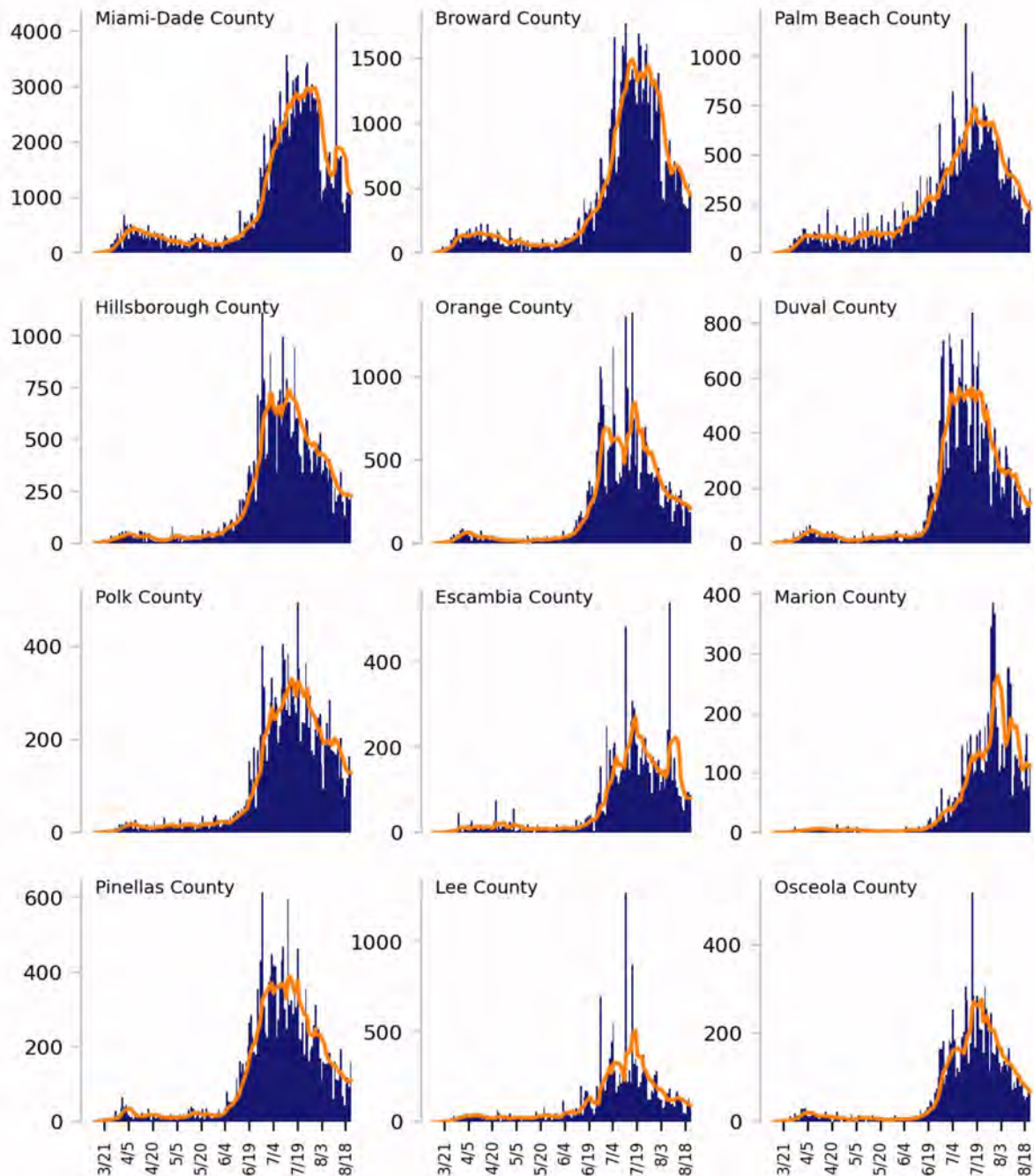
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

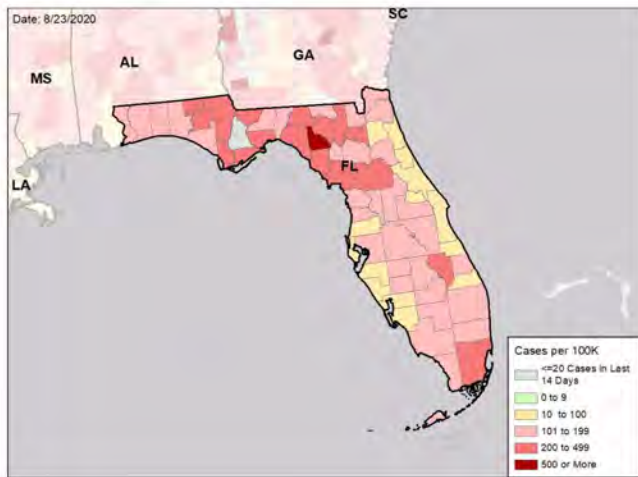


FLORIDA

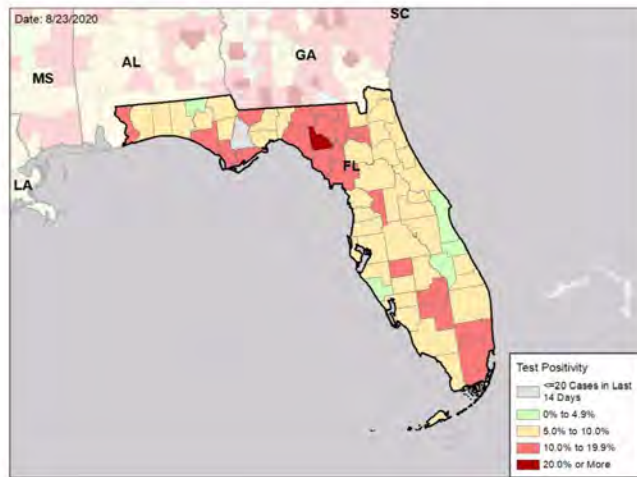
STATE REPORT | 08.23.2020

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

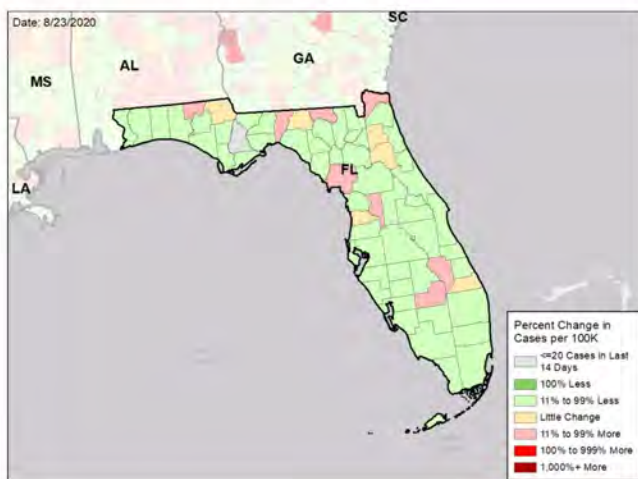
NEW CASES PER 100,000 DURING LAST WEEK



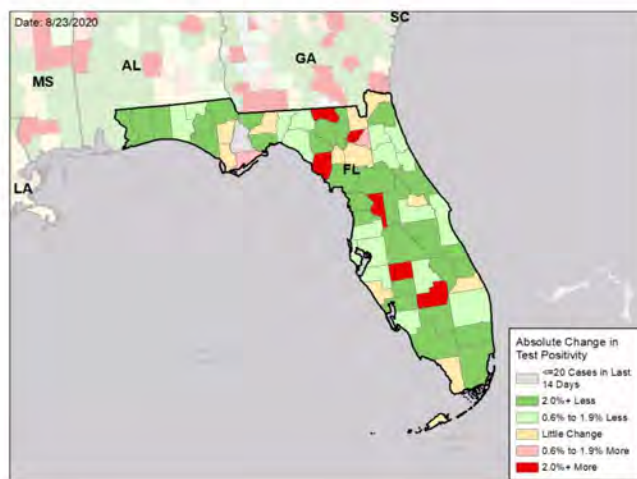
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

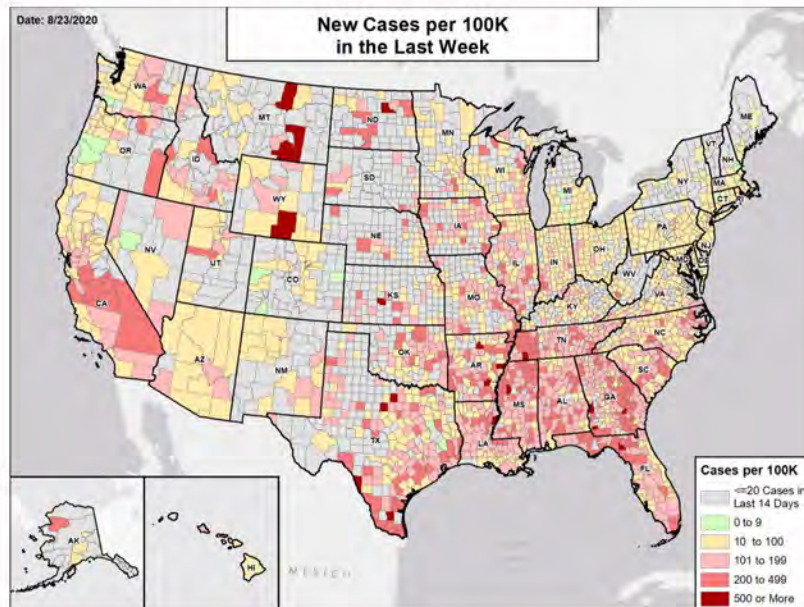
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

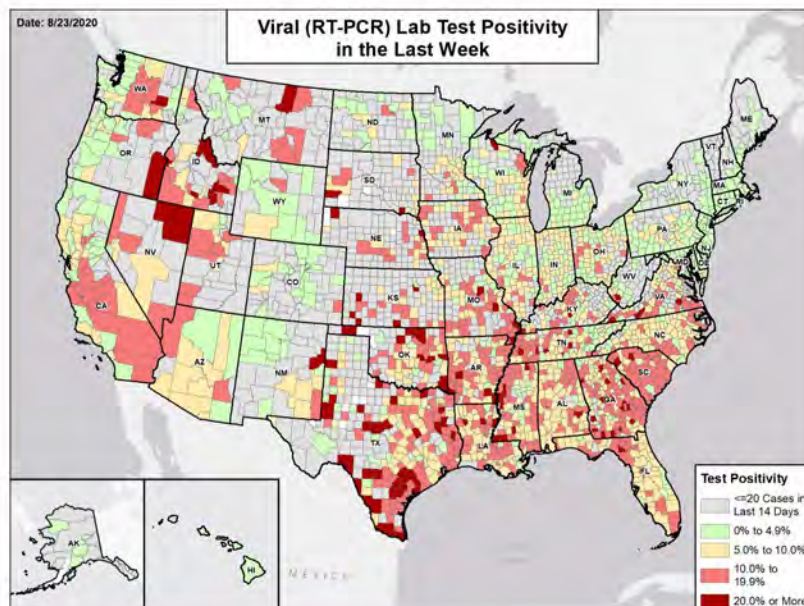


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



GEORGIA

STATE REPORT | 08.23.2020

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 country. Georgia is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 11th highest rate in the country.
- 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 percent 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 109 to 82 counties. This progress needs to accelerate, not just in the large metro areas, but throughout the state. Increasing mitigation efforts is important.
- 3.9% 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 167 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: 62 to support operations activities from FEMA; 15 to support operations activities from ASPR; 25 to support epidemiology activities from CDC; 1 to support operations activities from USCG; 2 to support medical activities from VA; and 1 to support operations activities from VA.
- The federal government has supported a surge testing site in Atlanta, GA.
- Between Aug 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 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 [West Virginia School A-12 system](#) 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. Nursing homes are a reflection of ongoing high levels of community spread. Ensure social distancing and universal facemask use. Immediately conduct infection control surveys in all nursing homes with 3 or more cases per week over the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support LTCF testing.
- Recommend a statewide mask mandate for counties with 20 or more active cases to ensure consistent mask usage, as improvements remain fragile.
- Continue the bar closure in all counties with rising test percent positivity, increase outdoor dining opportunities, and limit indoor dining to 25% of normal capacity.
- Ensure messaging to all citizens to limit social gatherings to 10 or fewer people, even with family. Cases seem to be coming from within households. It is essential that all citizens are limiting gatherings and protecting the members of their households with comorbidities.
- Continue the scale-up of testing, moving to community-led neighborhood testing 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 multi-household activities are immediately tested, either in pools 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 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.
- Georgia must expand testing capacity in public health labs by adding shifts, including on weekends, to reduce turnaround times. Institute 3:1 or 2:1 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 [CDC website](#).

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

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



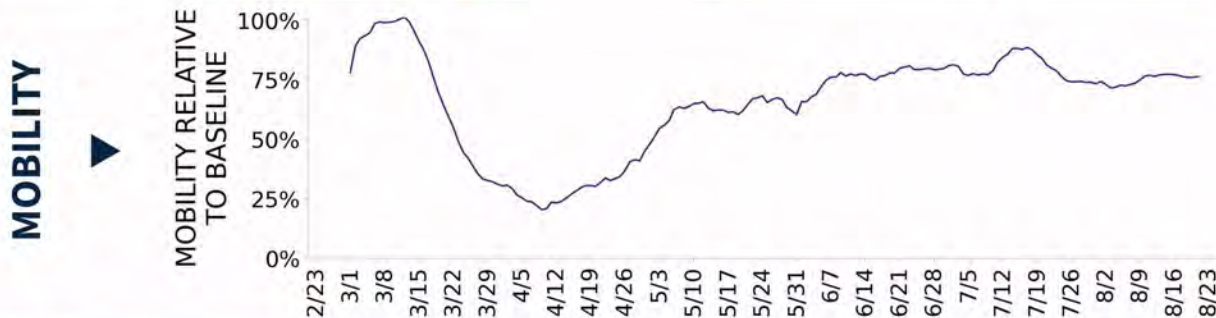
COVID-19



GEORGIA

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	17,742 (167)	-22.5%	89,560 (134)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.0%	-1.2%*	9.0%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	128,632** (1,212)	-16.1%**	997,394** (1,491)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	424 (4)	-7.8%	2,444 (4)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	25.1%	-2.7%*	22.7%	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) 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 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.



GEORGIA

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

21

Augusta-Richmond County
Savannah
Macon-Bibb County
Gainesville
Athens-Clarke County
Warner Robins
Rome
Brunswick
Dublin
Douglas
Vidalia
Calhoun

17

Atlanta-Sandy Springs-Alpharetta
Columbus
Dalton
Valdosta
Albany
Milledgeville
Jefferson
LaGrange
St. Marys
Cornelia
Summerville
Tifton

**COUNTY
LAST WEEK**

82

Richmond
Chatham
Hall
Clayton
Bibb
Columbia
Henry
Clarke
Floyd
Houston
Coweta
Bartow

54

Fulton
Gwinnett
Cobb
DeKalb
Cherokee
Muscogee
Forsyth
Douglas
Whitfield
Paulding
Newton
Rockdale

All Red CBSAs: Augusta-Richmond County, Savannah, Macon-Bibb County, Gainesville, Athens-Clarke County, Warner Robins, Rome, Brunswick, Dublin, Douglas, Vidalia, Calhoun, Statesboro, Cedartown, Thomasville, Jesup, Waycross, Hinesville, Bainbridge, Fitzgerald, Toccoa

All Yellow CBSAs: Atlanta-Sandy Springs-Alpharetta, Columbus, Dalton, Valdosta, Albany, Milledgeville, Jefferson, LaGrange, St. Marys, Cornelia, Summerville, Tifton, Moultrie, Thomaston, Americus, Cordele, Euftala

All Red Counties: Richmond, Chatham, Hall, Clayton, Bibb, Columbia, Henry, Clarke, Floyd, Houston, Coweta, Bartow, Glynn, Barrow, Laurens, Carroll, Walton, Gordon, Bulloch, Polk, Coffee, Toombs, Thomas, Wayne, Decatur, Effingham, Appling, Liberty, Emanuel, Bryan, Ben Hill, Tattnall, Jeff Davis, Lumpkin, Burke, Grady, Stephens, McDuffie, Jefferson, Morgan, Putnam, Peach, Washington, Bleckley, Madison, Greene, Franklin, Lee, Evans, Seminole, Jones, Pierce, Berrien, Elbert, Meriwether, Cook, Atkinson, Haralson, Banks, Candler, Brooks, McIntosh, Wilkinson, Pulaski, Treutlen, Pike, Montgomery, Telfair, Towns, Miller, Twiggs, Lincoln, Clinch, Early, Long, Wheeler, Wilcox, Randolph, Crawford, Schley, Lanier, Calhoun

All Yellow Counties: Fulton, Gwinnett, Cobb, DeKalb, Cherokee, Muscogee, Forsyth, Douglas, Whitfield, Paulding, Newton, Rockdale, Lowndes, Jackson, Baldwin, Troup, Camden, Chattahoochee, Dougherty, Dawson, Habersham, Spalding, Ware, Chattooga, Gilmer, Tift, Colquitt, Union, Upson, Charlton, Murray, White, Fannin, Hart, Oconee, Monroe, Harris, Sumter, Lamar, Dodge, Screven, Bacon, Oglethorpe, Mitchell, Stewart, Johnson, Brantley, Jasper, Butts, Crisp, Worth, Jenkins, Taylor, Dooly

* 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

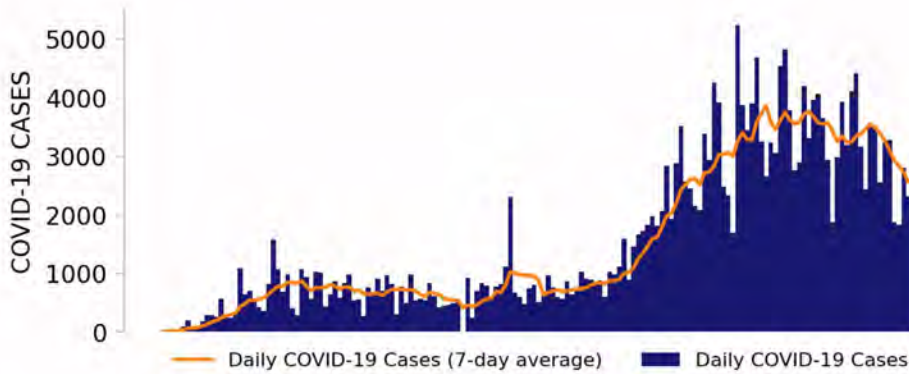
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



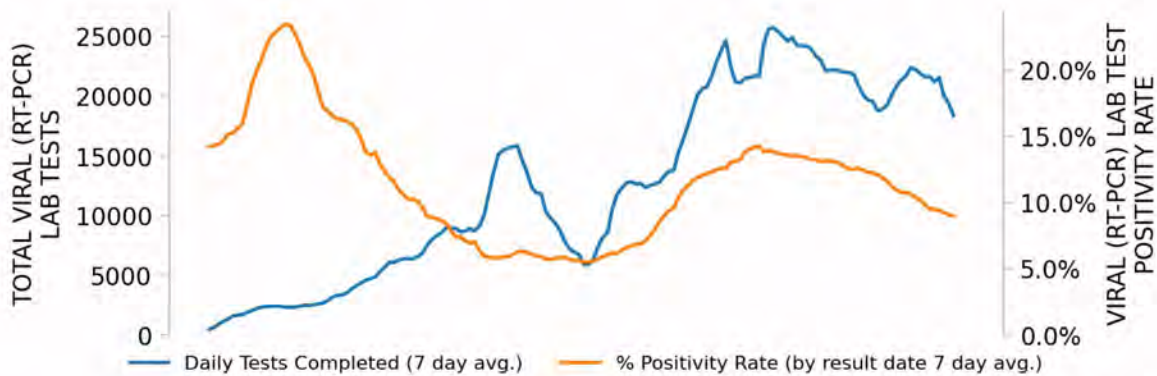
GEORGIA

STATE REPORT | 08.23.2020

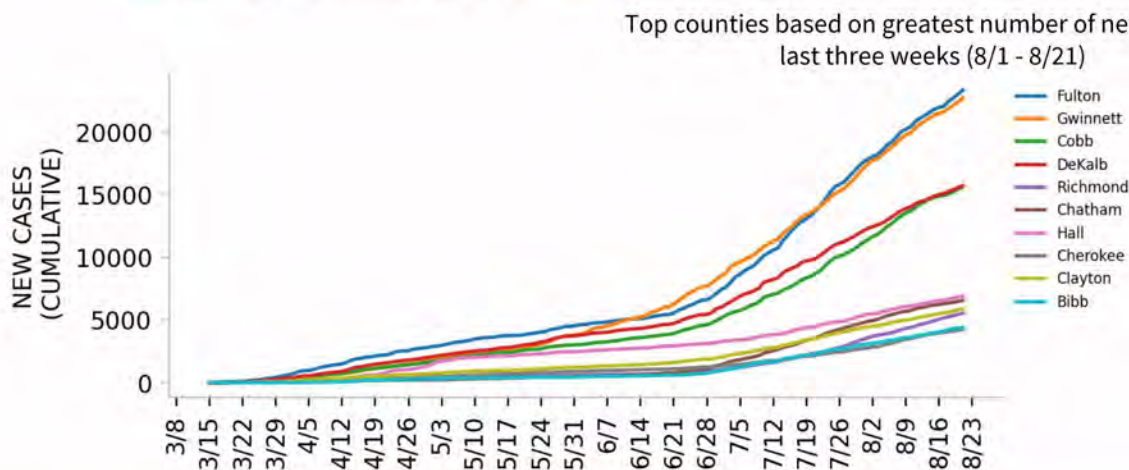
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES

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

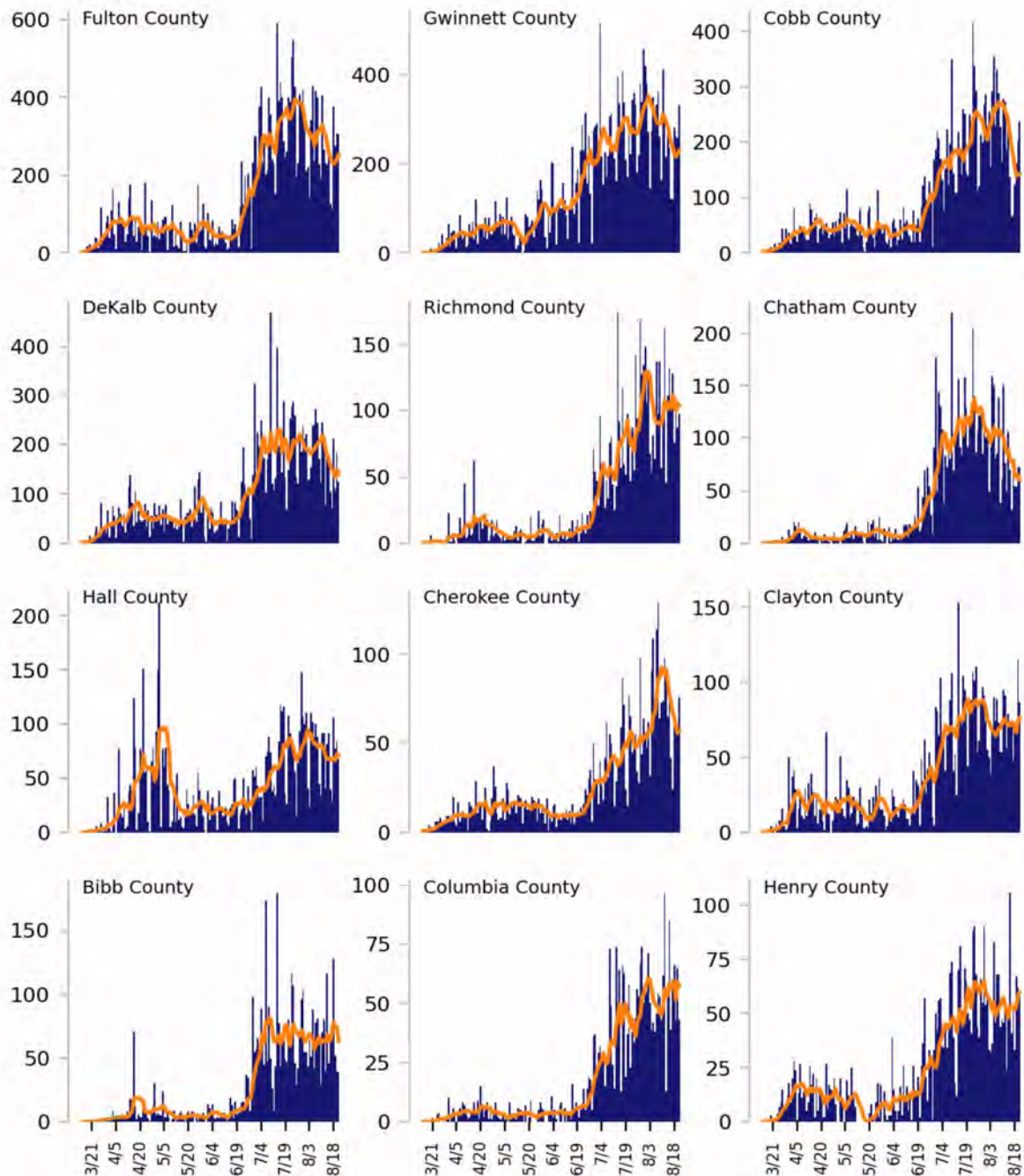
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

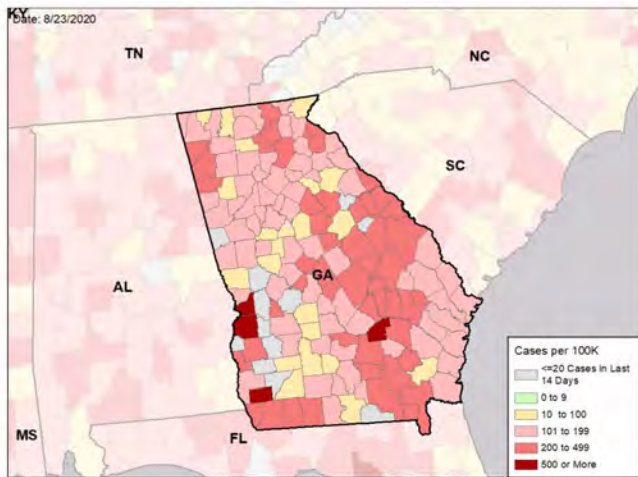


GEORGIA

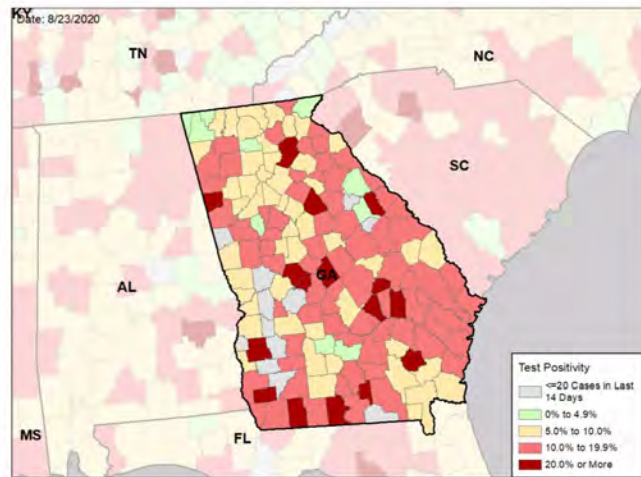
STATE REPORT | 08.23.2020

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

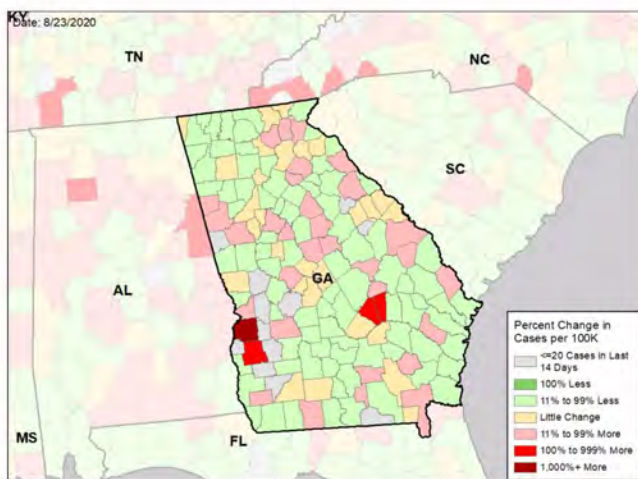
NEW CASES PER 100,000 DURING LAST WEEK



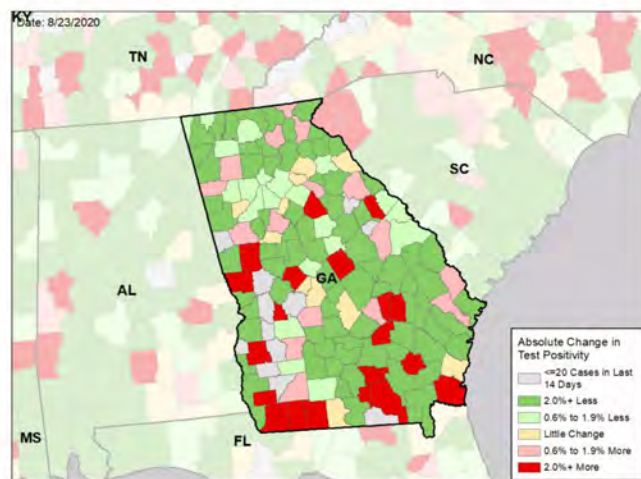
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

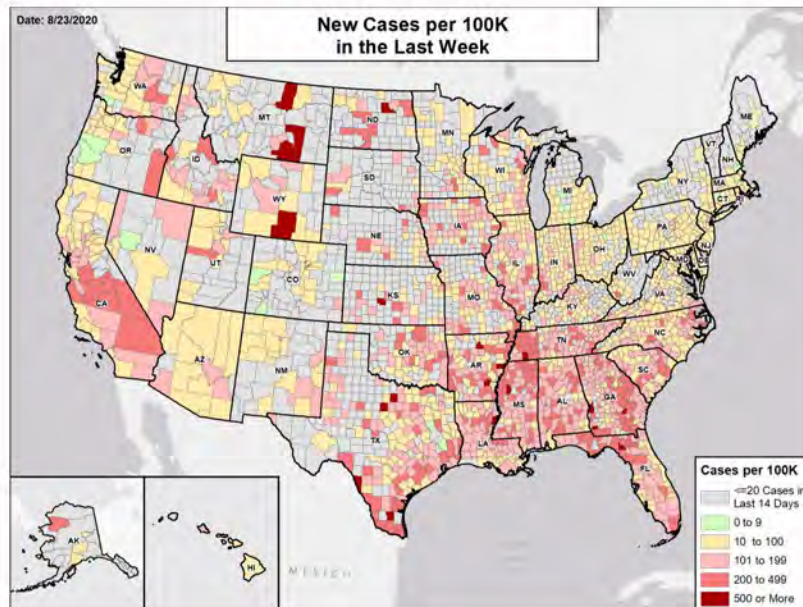
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

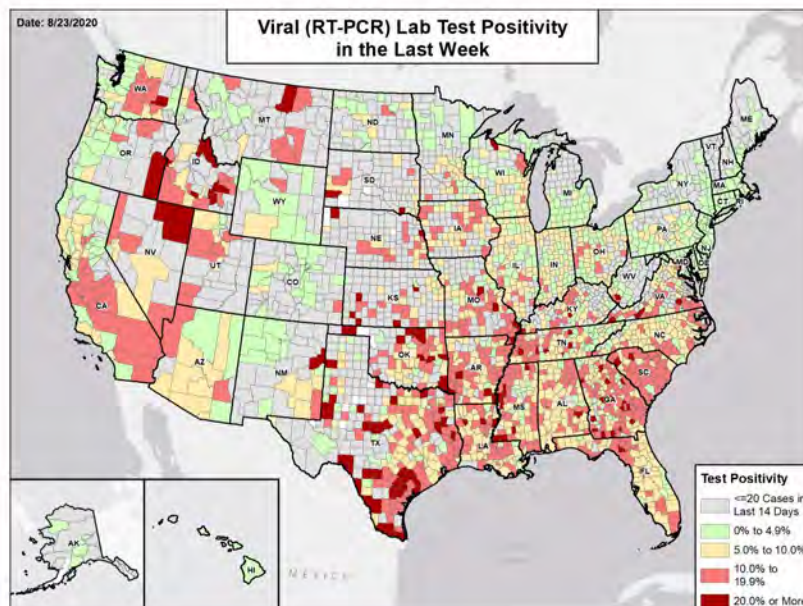


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



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 15th 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 99.8 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 as assets to support the state response are: 14 to support operations activities from FEMA and 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 90 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*
- 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

- 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 Hawai'i 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 visitation 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 localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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



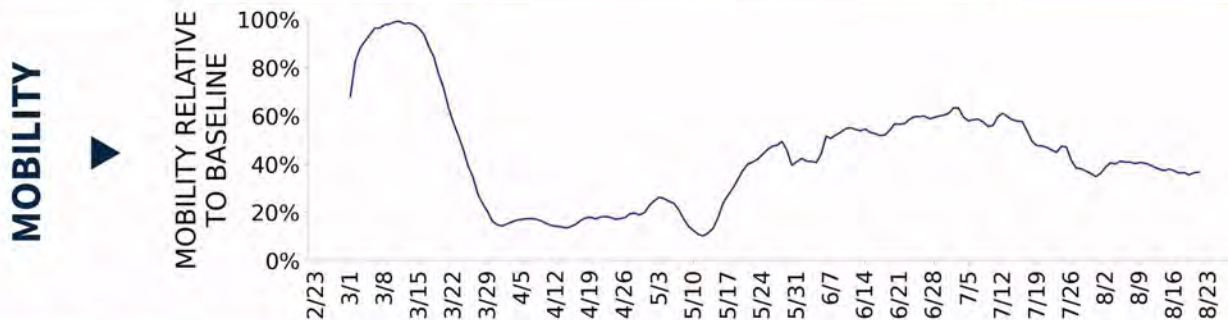
COVID-19



HAWAII

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	1,529 (108)	+7.1%	58,109 (113)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.2%	-0.2%*	6.5%	5.8%
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)	6 (0)	-33.3%	1,255 (2)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	9.8%	+7.4%*	14.1%	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) 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 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.



HAWAII

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

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

N/A

1

Urban Honolulu

**COUNTY
LAST WEEK****0**

N/A

1

Honolulu

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

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

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

Note: Top 12 locations are selected 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

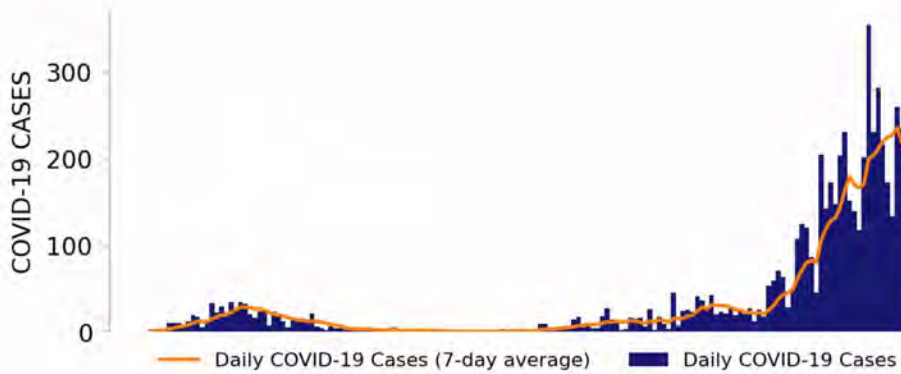
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



HAWAII

STATE REPORT | 08.23.2020

NEW CASES

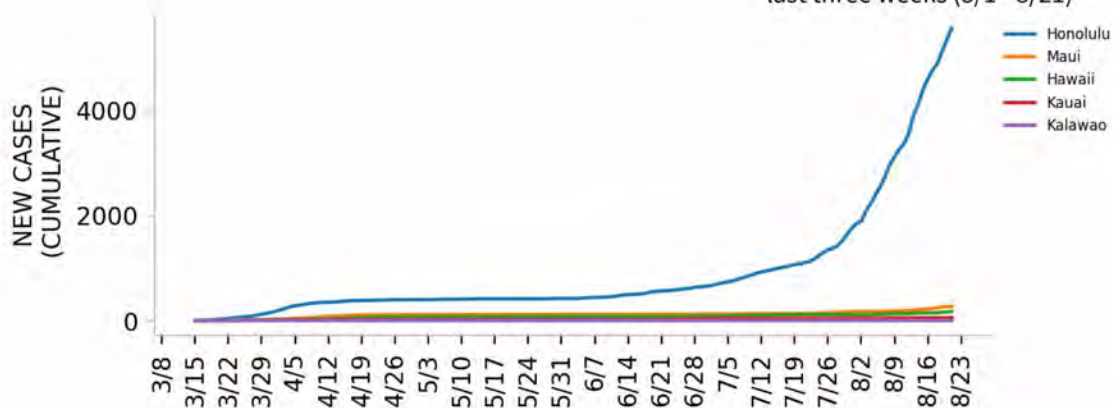


TESTING



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

TOP COUNTIES



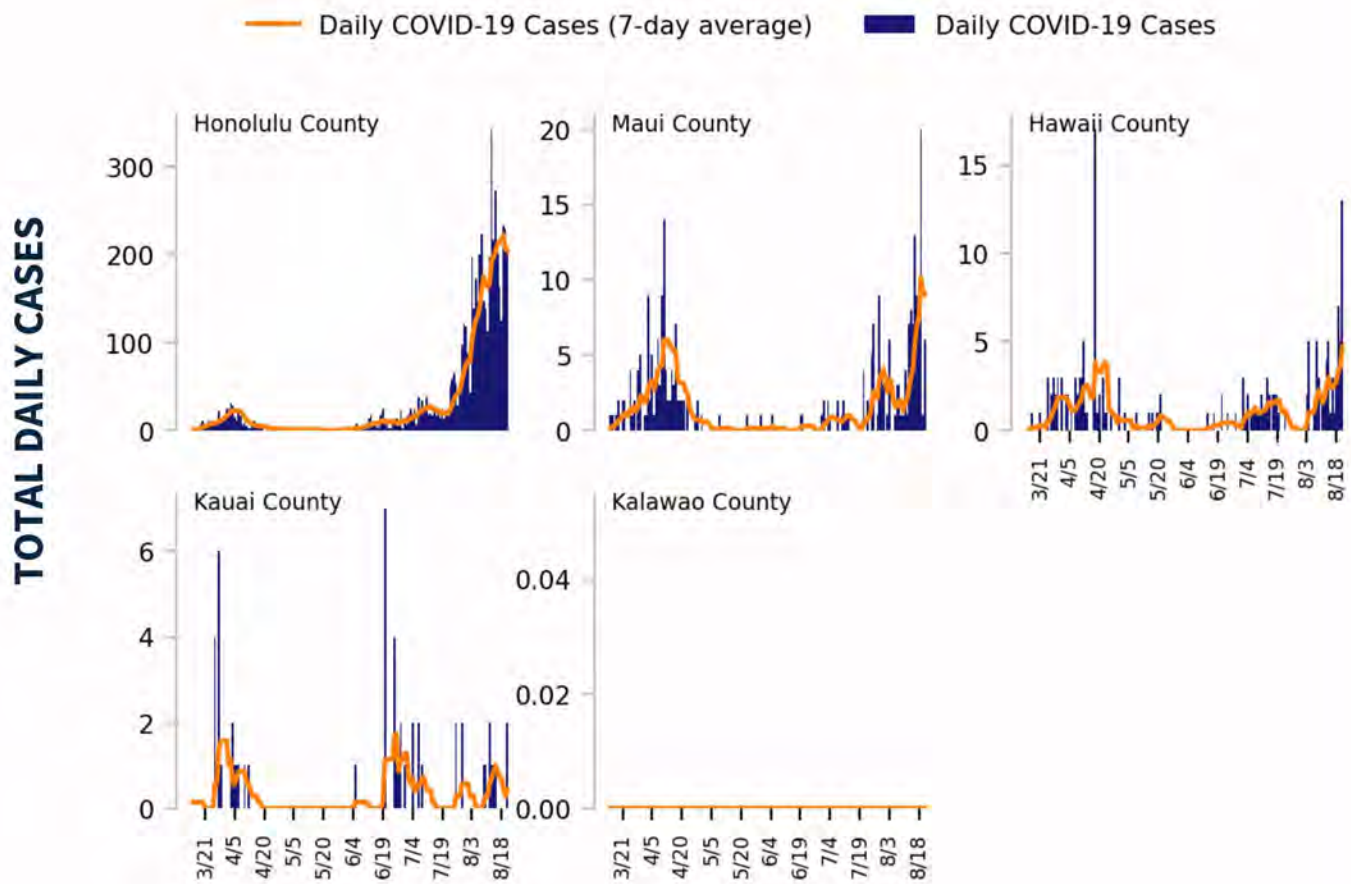
DATA SOURCES

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

Testing: 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



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

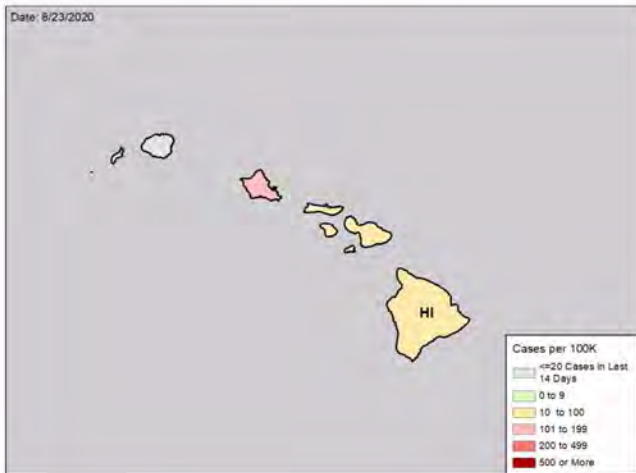


HAWAII

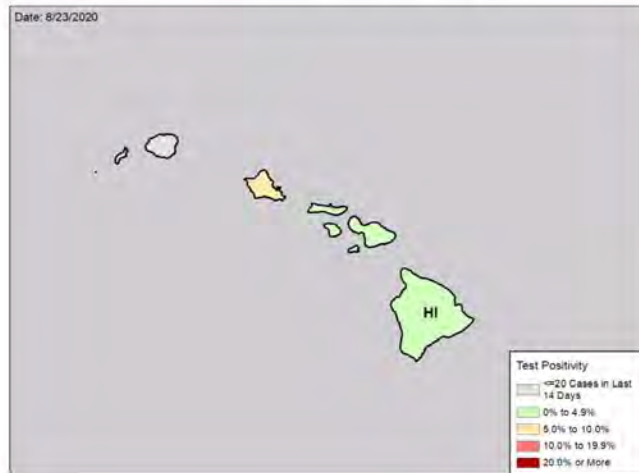
STATE REPORT | 08.23.2020

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

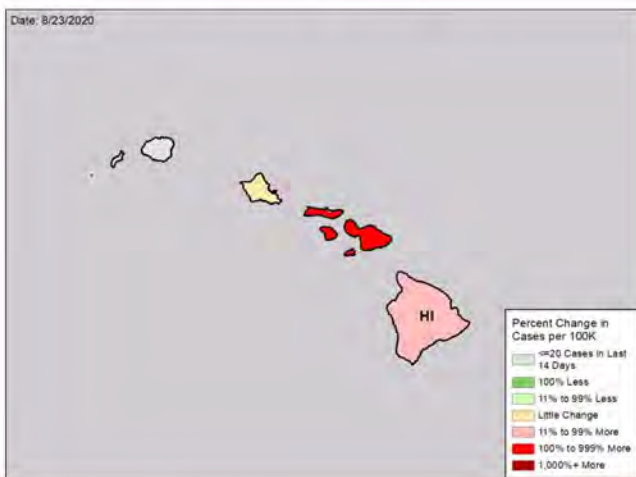
NEW CASES PER 100,000 DURING LAST WEEK



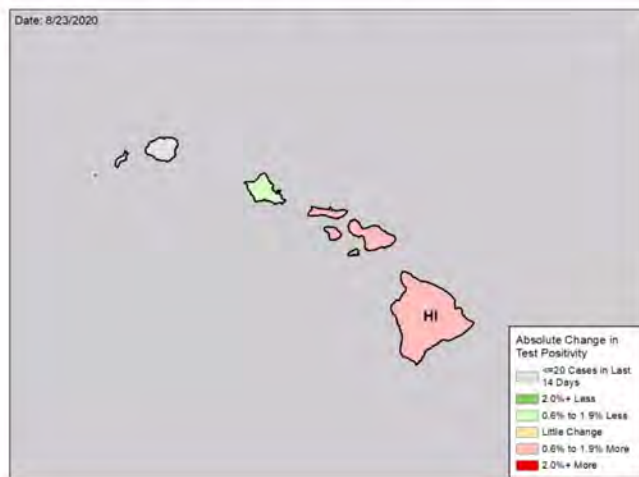
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

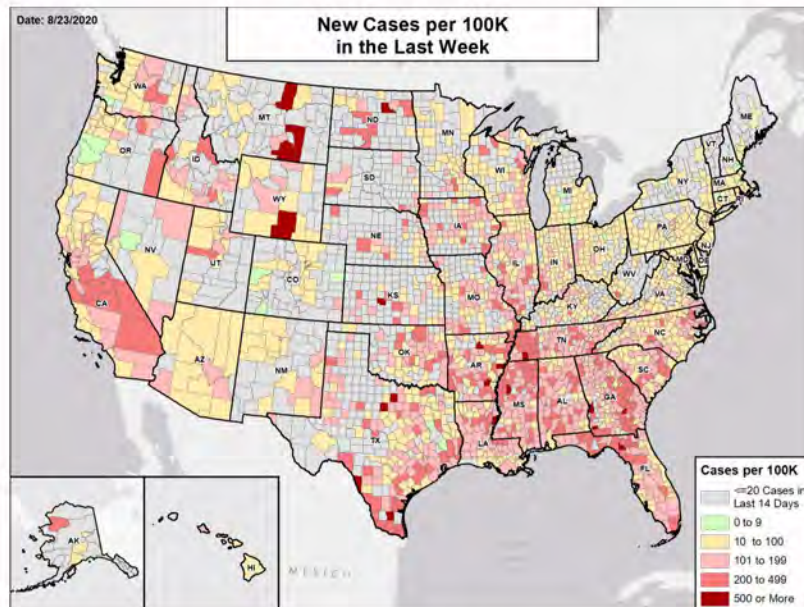
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

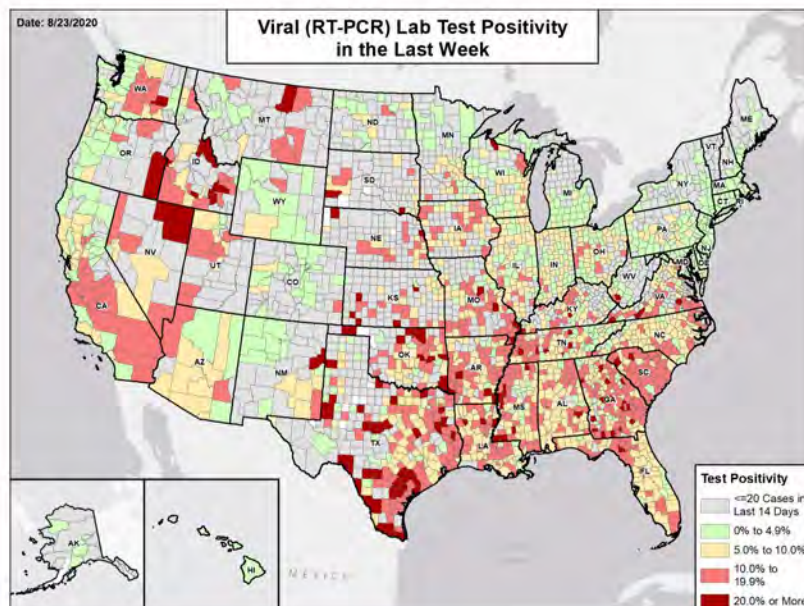


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



IDAHO

STATE REPORT | 08.23.2020

SUMMARY

- Idaho is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the red zone for test positivity, indicating a rate above 10%.
- Nationally, Idaho was 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 these 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 62.2 percent 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 90 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*
- 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

- The drop in case rates and test positivity in the larger cities is encouraging; expand 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 zone 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 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 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 households, 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 localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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



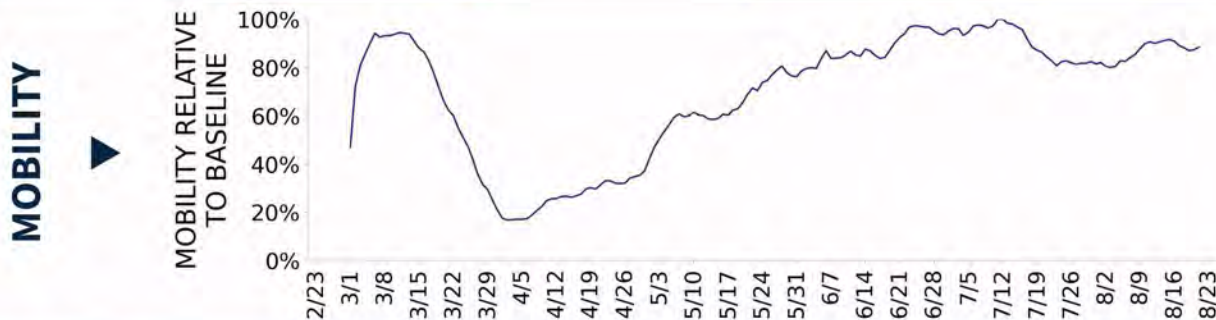
COVID-19



IDAHO

STATE REPORT | 08.23.2020

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



IDAHO

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

5

Boise City
Idaho Falls
Blackfoot
Burley
Ontario

6

Coeur d'Alene
Twin Falls
Pocatello
Rexburg
Mountain Home
Hailey

**COUNTY
LAST WEEK**

12

Ada
Canyon
Bonneville
Bingham
Payette
Jefferson
Jerome
Shoshone
Cassia
Washington
Lemhi
Power

10

Kootenai
Twin Falls
Bannock
Minidoka
Madison
Gooding
Elmore
Owyhee
Gem
Benewah

* 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

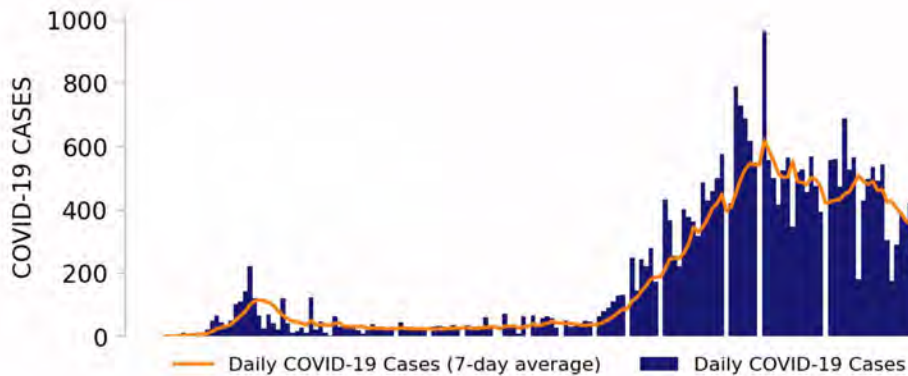
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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

NEW CASES

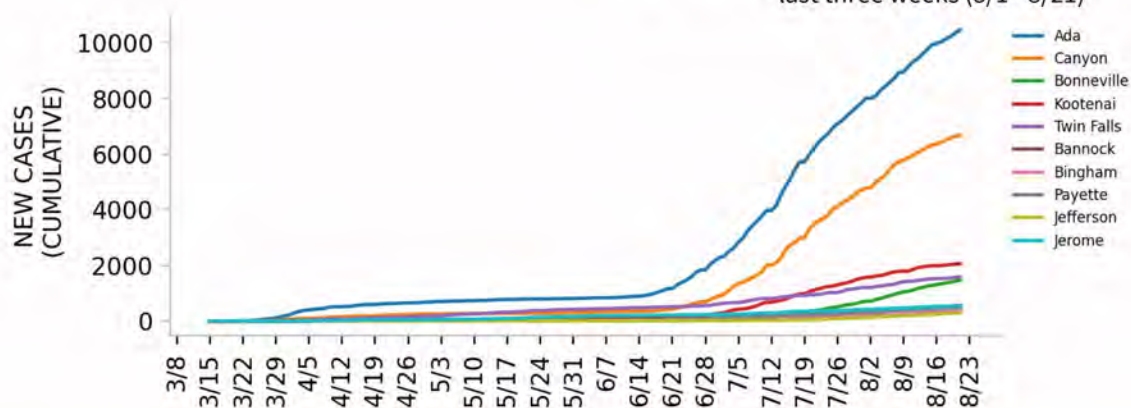


TESTING



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

TOP COUNTIES



DATA SOURCES

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

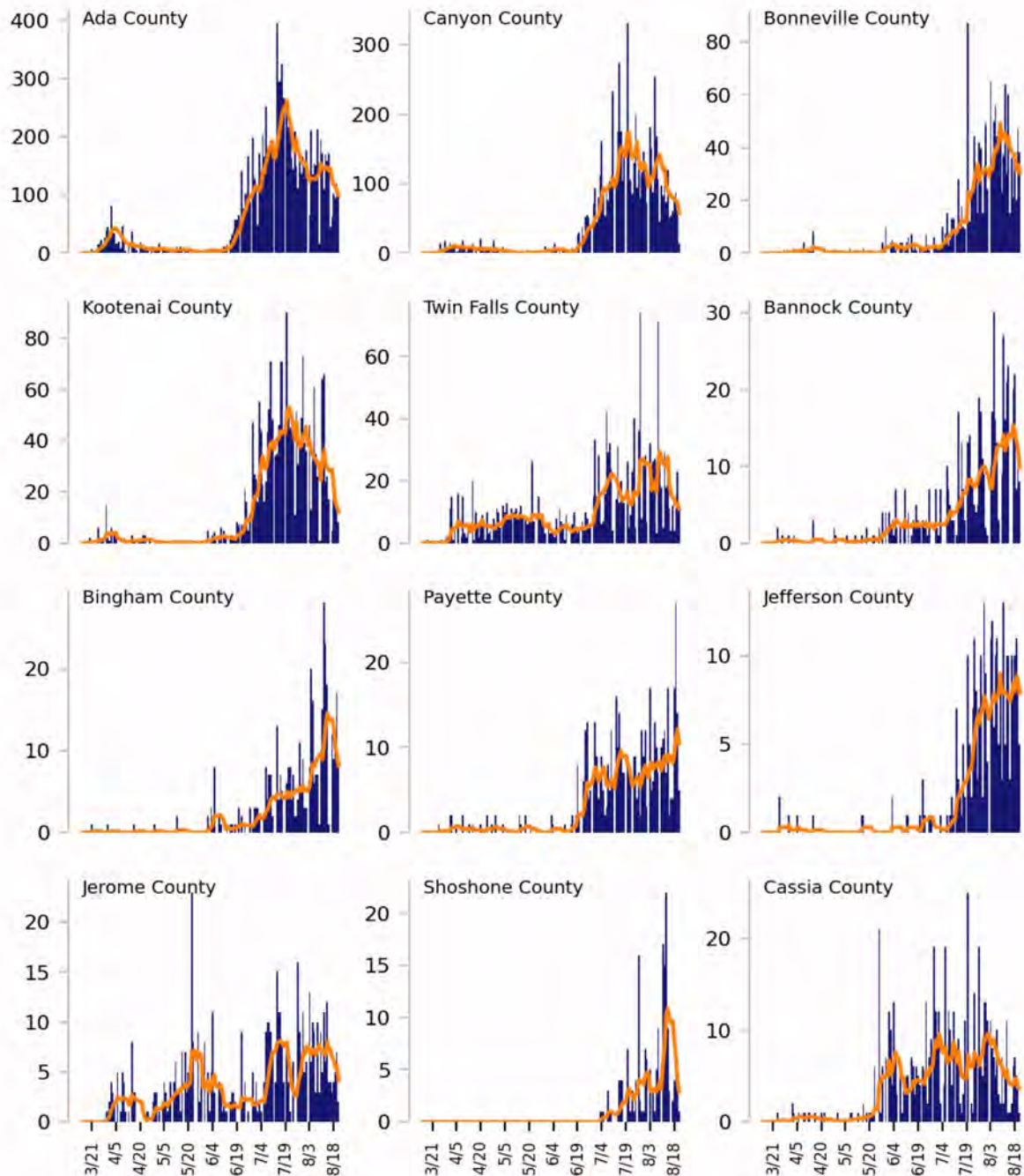
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

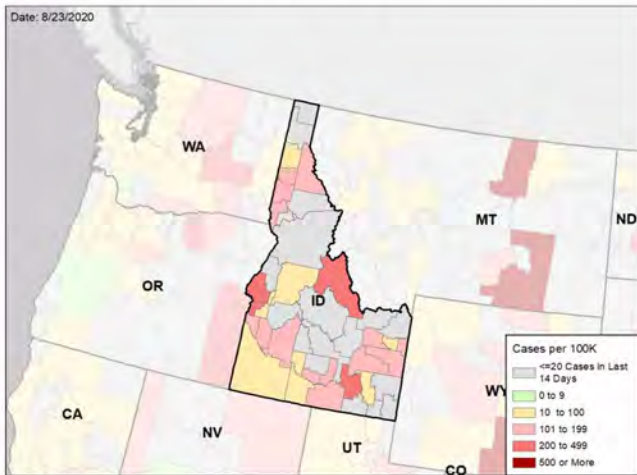


IDAHO

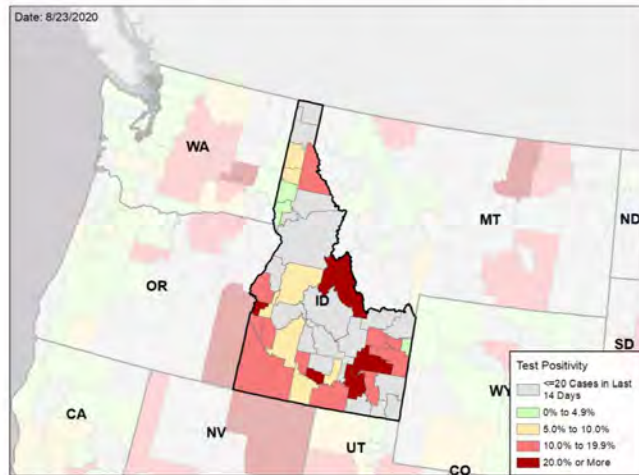
STATE REPORT | 08.23.2020

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

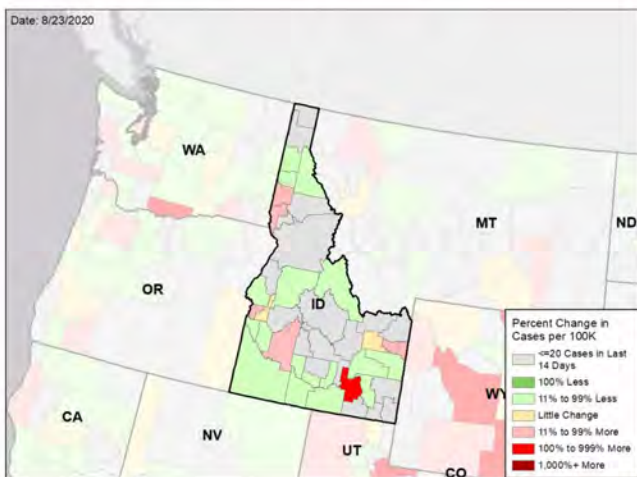
NEW CASES PER 100,000 DURING LAST WEEK



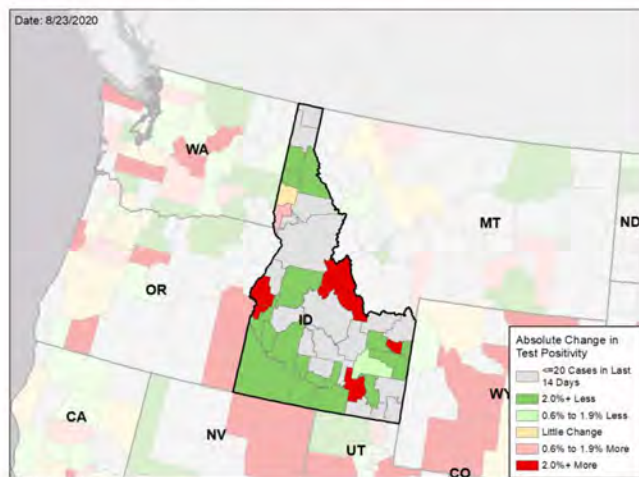
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

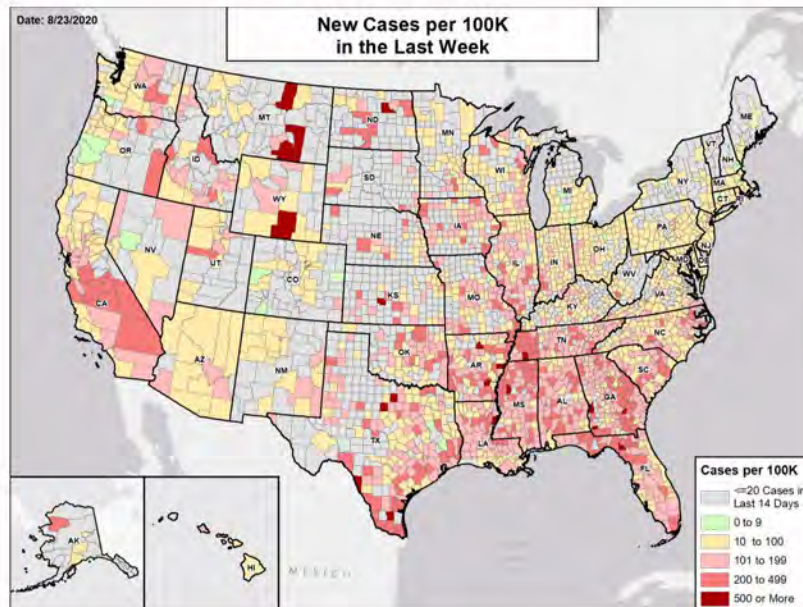
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

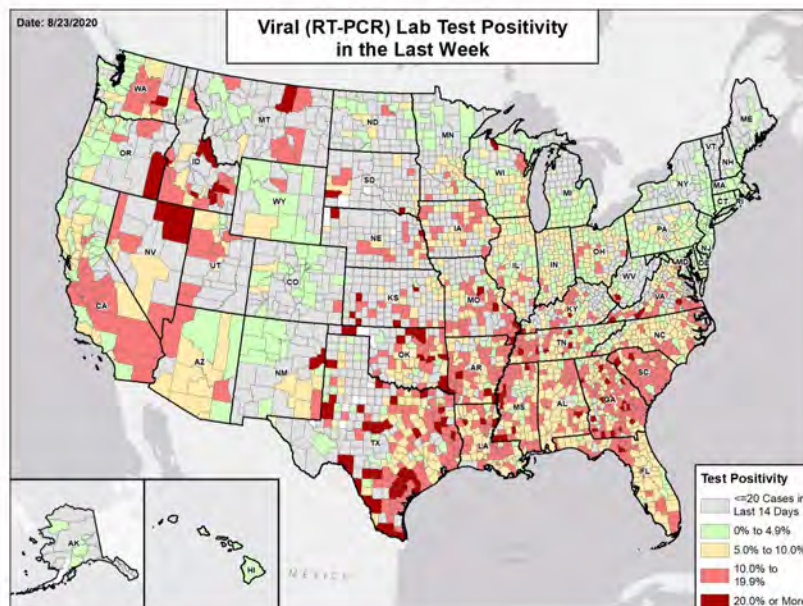


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



ILLINOIS

STATE REPORT | 08.23.2020

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 19th 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: 1. Cook County, 2. DuPage County, and 3. Will County. These contiguous counties in the Chicago CBSA represent 49.8 percent of new cases in Illinois. Viral transmission is widely distributed in other parts of the state especially counties in the St. Louis CBSA (Region 4 – MetroEast). Multiple counties in Region 6 also showed worsening reported cases and test positivity rates last week.
- 56% of all counties in Illinois have ongoing community transmission (red or yellow alert), with 10% having high levels of community transmission (red alert).
- 0.6% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- Illinois had 105 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: 57 to support operations activities from FEMA; 8 to support operations activities from ASPR; 1 to support epidemiology activities from CDC; and 7 to support operations activities from USCG.
- Between Aug 15 - Aug 21, on average, 108 patients with confirmed COVID-19 and 419 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Illinois. An average of 86 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*
- Please review the [Washburn School Re-opening](#) 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 continue to decline and additional testing capacity is available.
- To increase testing capacity, re-evaluate CBTS 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 masking mandate statewide to support local government application and enforcement.
- For counties in the red and yellow zones, close establishments where social distancing and mask use cannot occur, such as bars, nightclubs, and entertainment venues.
- In red zones, limit the size of social gatherings to 10 people or fewer; in yellow zones, limit social gatherings to 25 people or fewer.
- Continue efforts to build contact tracing capabilities (e.g., increase staff, training, and funding), with a focus on communities with increasing cases.
- Message to residents that if they have vacationed in, or had visitors from, areas or states with high COVID-19 prevalence, including the South and West of the United States, they should: avoid vulnerable individuals; remain socially distanced and masked when around others for a minimum of 14 days; avoid indoor gatherings where social distancing and masks cannot be maintained; and get tested if anyone in their family develops symptoms. Also, message that they can transmit the virus even when asymptomatic.
- 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 3 or more cases of COVID per week over the last 3 weeks should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population.
- Expand public messaging to younger demographics, using social media and other messaging platforms, to communicate changes in local epidemic and appropriate actions that should be adopted.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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

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



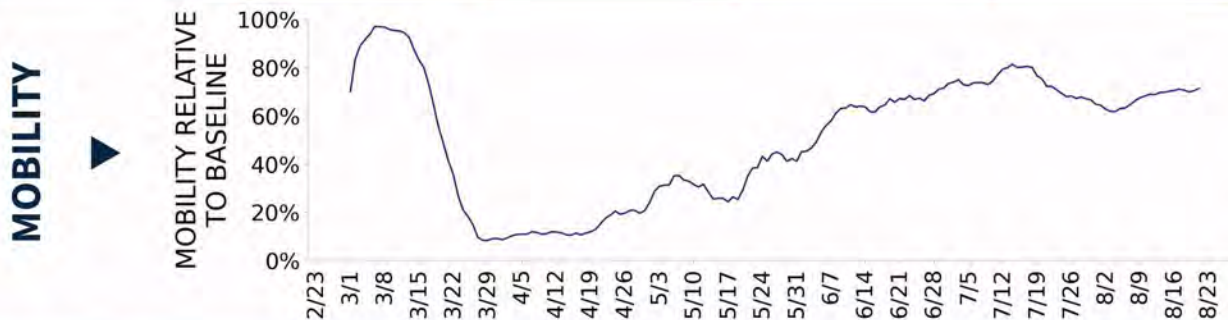
COVID-19



ILLINOIS

STATE REPORT | 08.23.2020

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



ILLINOIS

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

4

Mount Vernon
Fort Madison-Keokuk
Burlington
Cape Girardeau

16

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

**COUNTY
LAST WEEK**

10

Clinton
Jefferson
Randolph
Jersey
Cass
Shelby
Greene
Cumberland
White
Jasper

47

Cook
Will
Lake
Kane
Madison
St. Clair
Peoria
McHenry
LaSalle
Tazewell
Rock Island
Coles

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

All Yellow Counties: Cook, Will, Lake, Kane, Madison, St. Clair, Peoria, McHenry, LaSalle, Tazewell, Rock Island, Coles, Macon, Williamson, Kankakee, Adams, Kendall, Effingham, Morgan, Jackson, Bureau, Knox, Henry, Franklin, Perry, Grundy, Woodford, Whiteside, Monroe, Union, Boone, Hancock, Marion, Douglas, Moultrie, Montgomery, Carroll, Fayette, Bond, Stephenson, Warren, Clay, Richland, Pike, Johnson, Edgar, Washington

* 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

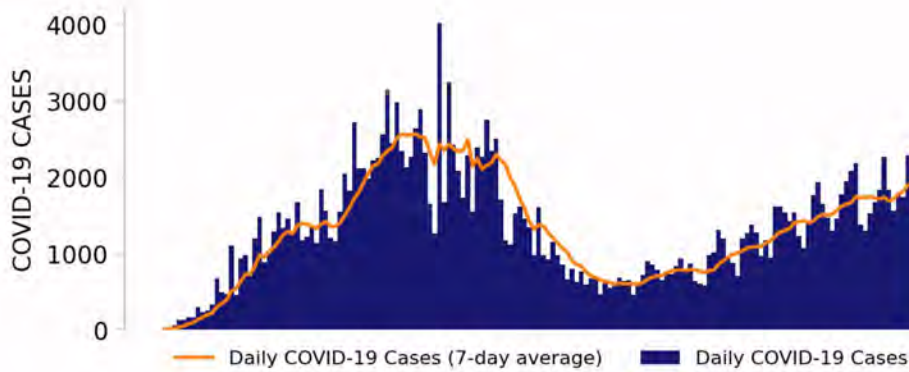
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



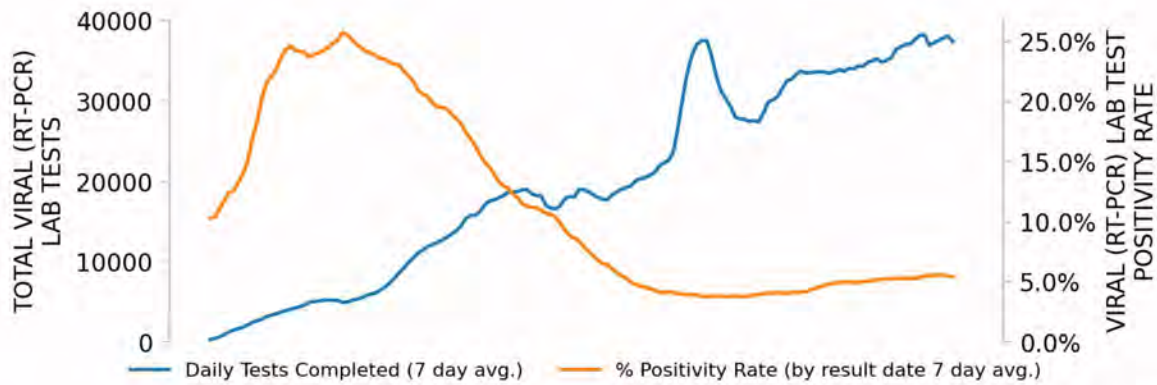
ILLINOIS

STATE REPORT | 08.23.2020

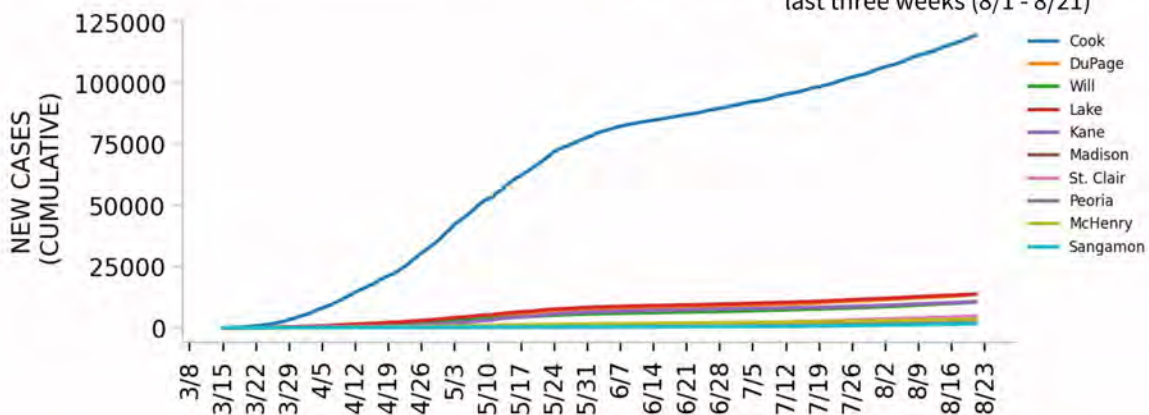
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES

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

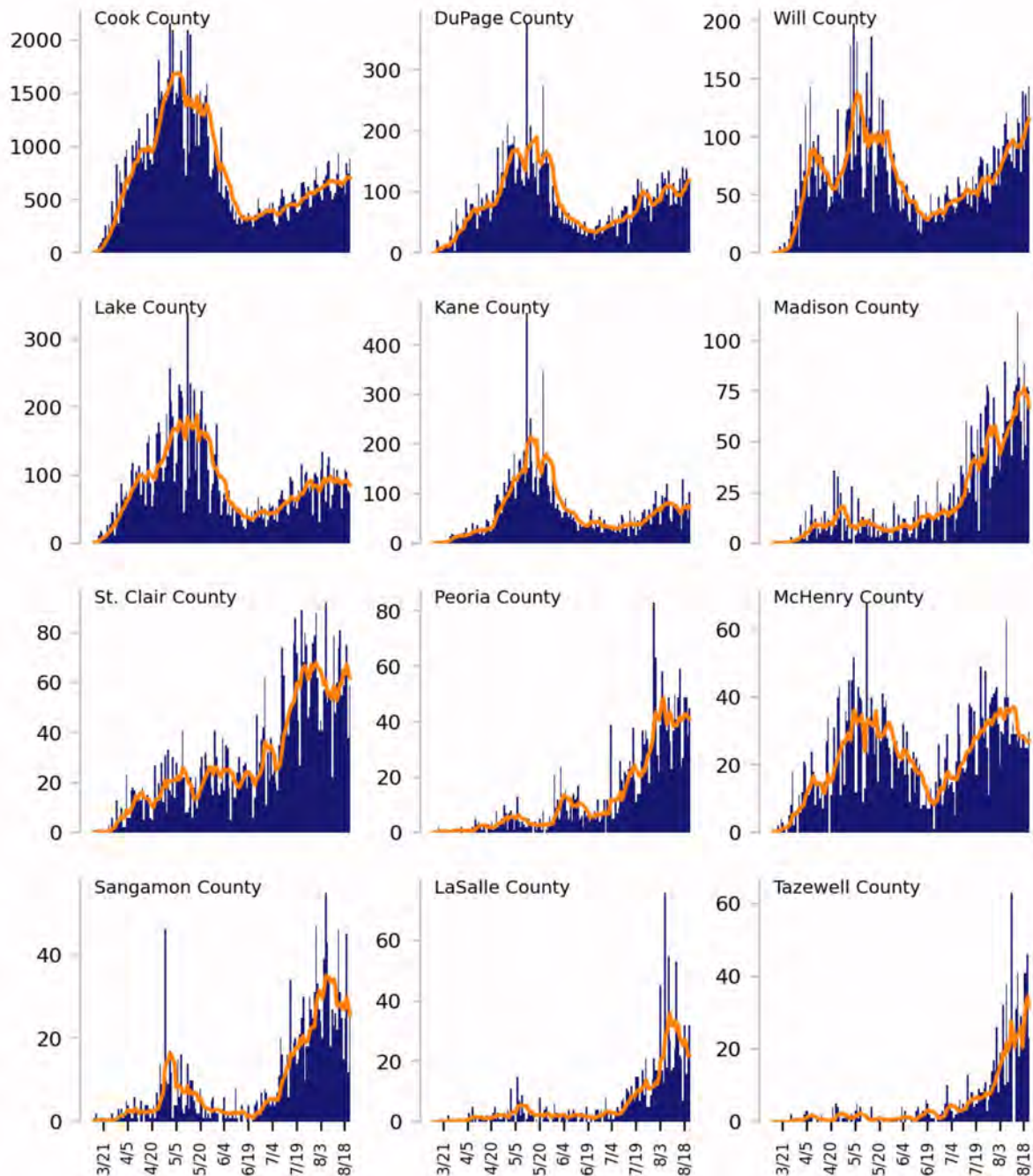
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

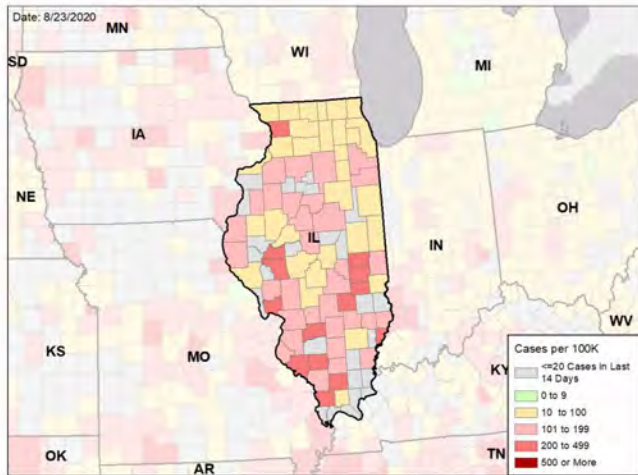


ILLINOIS

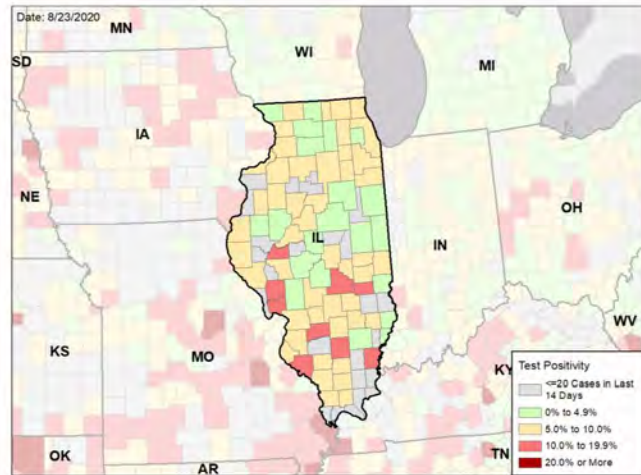
STATE REPORT | 08.23.2020

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

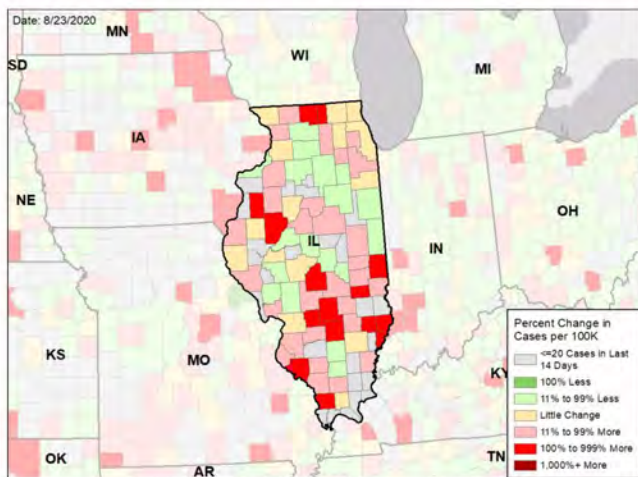
NEW CASES PER 100,000 DURING LAST WEEK



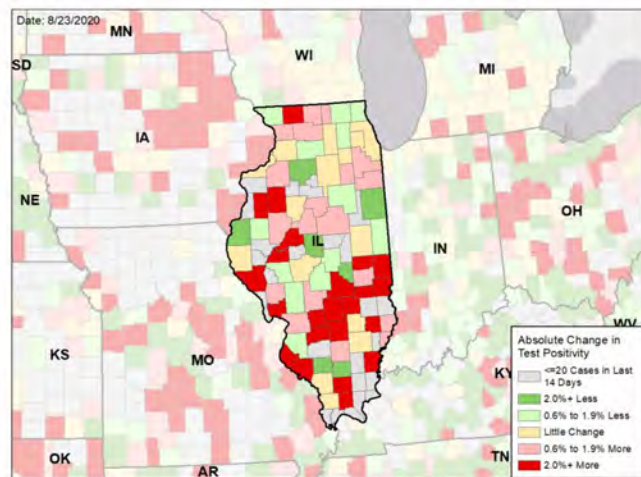
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

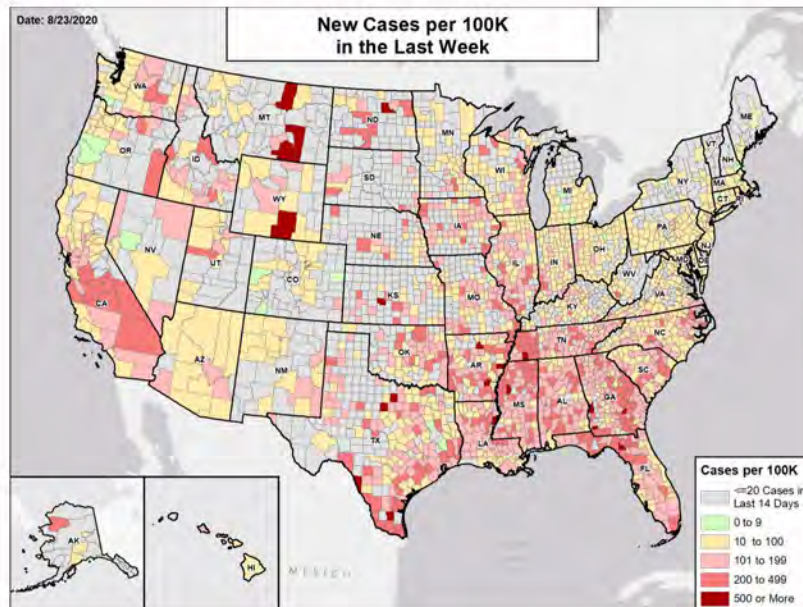
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

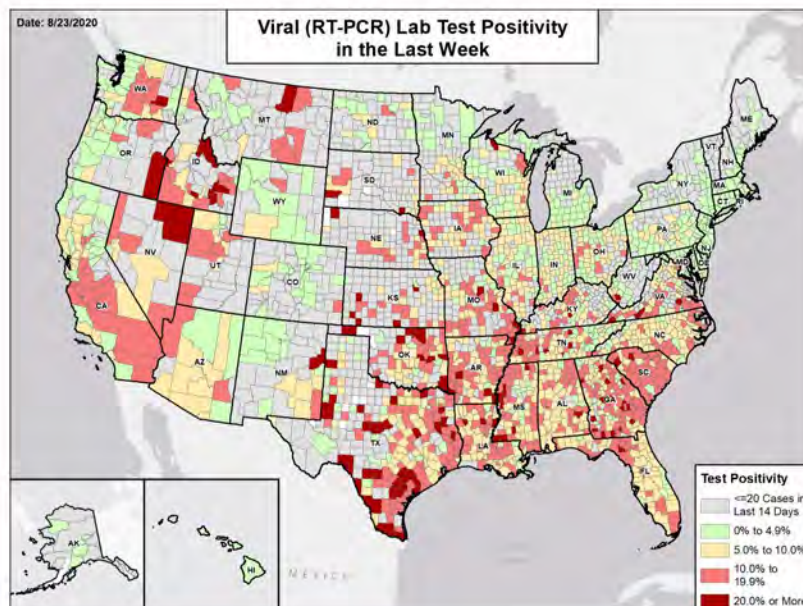


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



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 10%, with the 23rd highest rate in the country.
- Indiana has seen a decrease in new cases and stability in test positivity over the last week. Building on these gains and ensuring improvements in Indianapolis cases and test positivity is key.
- 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 29.5 percent of new cases in Indiana. Continued aggressive mitigation is required to further drive down community spread and move Indiana into the green zone.
- 52% of all counties in Indiana have ongoing community transmission (yellow or red alert), with 2% having high levels of community transmission (red alert). There has been improvement from 13 red counties 3 weeks ago to 4 counties 2 weeks ago and now, only 2 counties in the red zone.
- 0.7% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks. This is also improving and must be accelerated, ensuring protection of residents and testing of staff.
- Indiana had 84 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.
- Between Aug 15 - Aug 21, on average, 79 patients with confirmed COVID-19 and 165 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Indiana. 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 [Washburn University School of Education](#) that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

- Continue the pause on phase 4.5 of the state re-opening plan through August 27 and consider extending through the end of September.
- Continue the protection of those in nursing homes, assisted living, and long-term care facilities (LTCFs) by assuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19 with isolation of all positive staff and residents. Ensure social distancing and universal facemask use. Immediately conduct infection control surveys in all nursing homes with 3 or more cases per week over the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support LTCF testing.
- Continue the implemented statewide face covering mandate for the next 30 days.
- Consider additional mitigation efforts, such as closing establishments where social distancing and mask use cannot occur, including bars, nightclubs, and entertainment venues.
- Move to outdoor dining and limit indoor dining to less than 25% occupancy.
- Ask citizens to limit social gatherings to 10 or fewer people.
- 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.
- Increase messaging of the risk of serious disease in all age groups with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Continue the scale-up of testing, moving to community-led neighborhood testing.
- Work with local communities to implement and provide clear guidance for households that test positive, including on individual isolation and quarantining procedures.
- Continue to enhance contact tracing and ensure the ability of cases and contacts to quarantine or isolate safely.
- Ensure every public health lab is fully staffed and running 24/7, utilizing all platforms to reduce turnaround times. Institute 4:1 pooling of test specimens on all high throughput machines as long as turnaround times are greater than 36 hours.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- 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 localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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



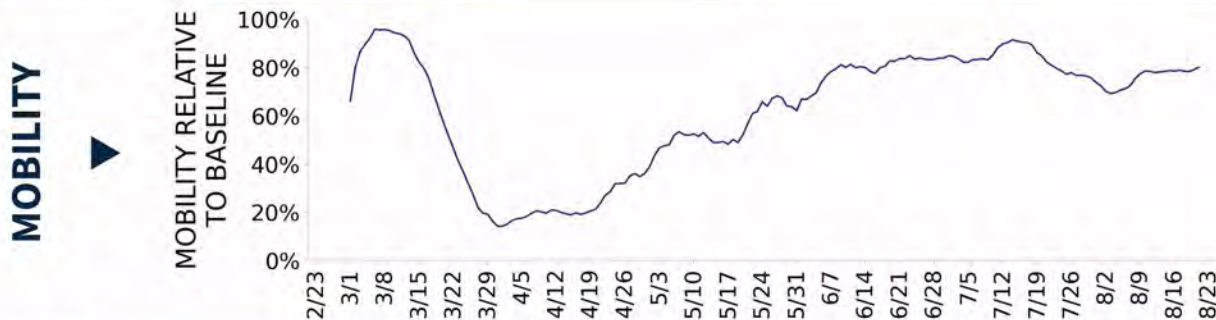
COVID-19



INDIANA

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	5,681 (84)	-10.9%	38,584 (73)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.5%	-0.5%*	5.2%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	124,042** (1,843)	-7.3%**	925,690** (1,762)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	90 (1)	+4.7%	619 (1)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	6.1%	-0.5%*	7.1%	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) 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 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.



INDIANA

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

1

Washington

23

Indianapolis-Carmel-Anderson
Chicago-Naperville-Elgin
South Bend-Mishawaka
Louisville/Jefferson County
Fort Wayne
Evansville
Terre Haute
Elkhart-Goshen
Lafayette-West Lafayette
Michigan City-La Porte
Columbus
Kokomo

**COUNTY
LAST WEEK**

2

Sullivan
Daviess

46

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

All Yellow CBSAs: Indianapolis-Carmel-Anderson, Chicago-Naperville-Elgin, South Bend-Mishawaka, Louisville/Jefferson County, Fort Wayne, Evansville, Terre Haute, Elkhart-Goshen, Lafayette-West Lafayette, Michigan City-La Porte, Columbus, Kokomo, Jasper, New Castle, Kendallville, Vincennes, Plymouth, Connersville, Warsaw, Seymour, Logansport, Decatur, Auburn

All Yellow Counties: Marion, Lake, St. Joseph, Allen, Hamilton, Elkhart, Vanderburgh, Vigo, Clark, Porter, Hendricks, Madison, Floyd, LaPorte, Bartholomew, Howard, Warrick, Putnam, Dubois, Henry, Harrison, Noble, Knox, Morgan, Marshall, Carroll, Fayette, Kosciusko, Shelby, Jackson, Clay, Cass, Jasper, Greene, Adams, Tipton, Washington, DeKalb, Owen, Fulton, Rush, Posey, Whitley, Jay, Parke, Benton

* 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

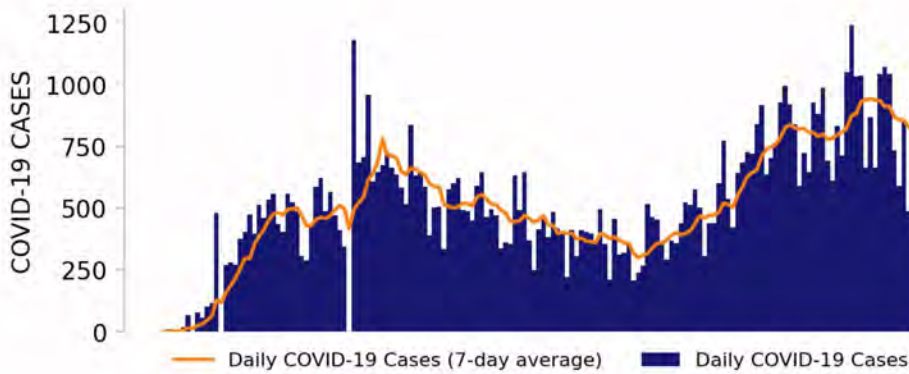
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



INDIANA

STATE REPORT | 08.23.2020

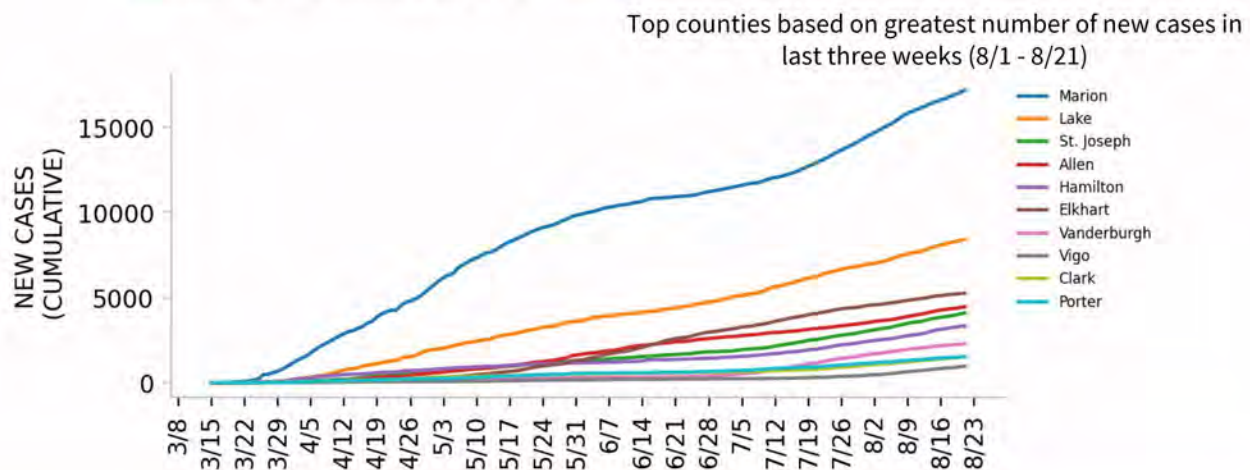
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES

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

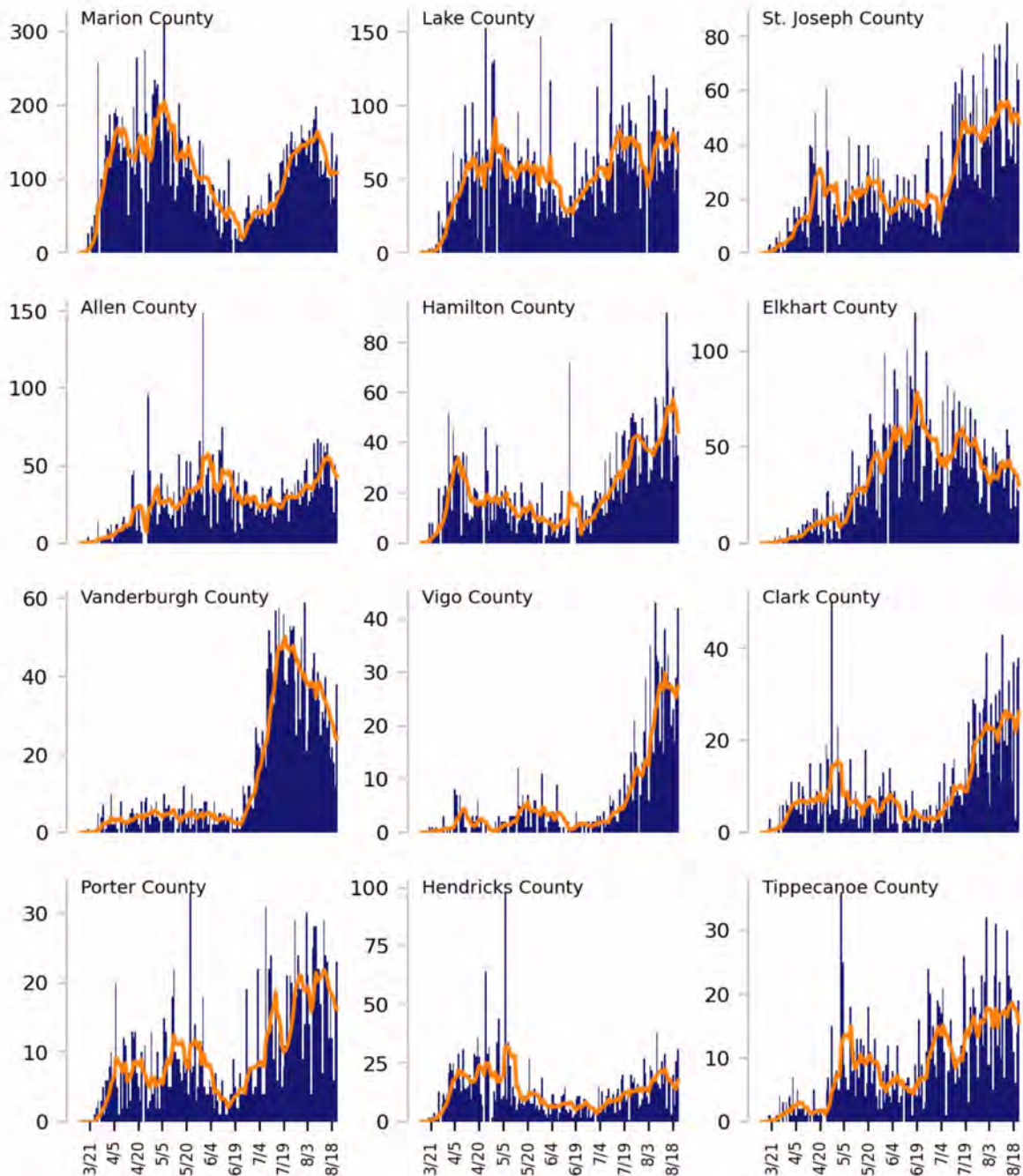
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

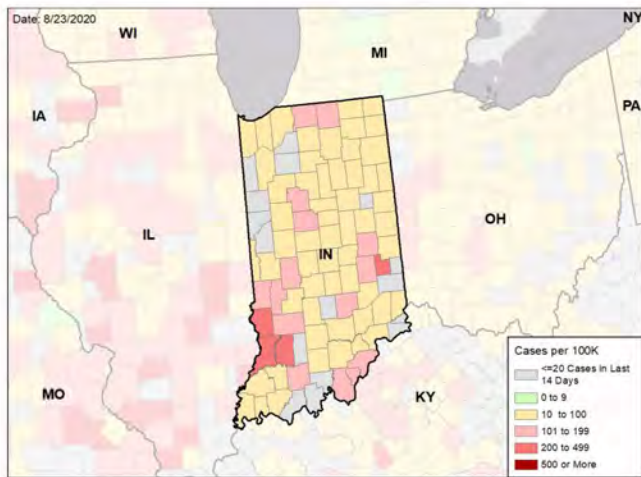


INDIANA

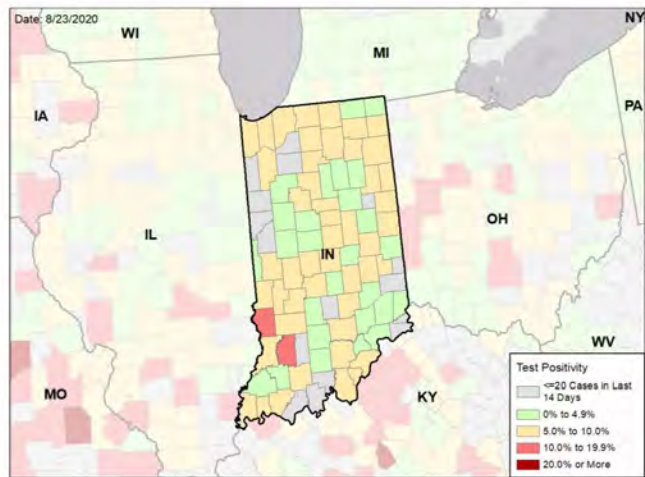
STATE REPORT | 08.23.2020

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

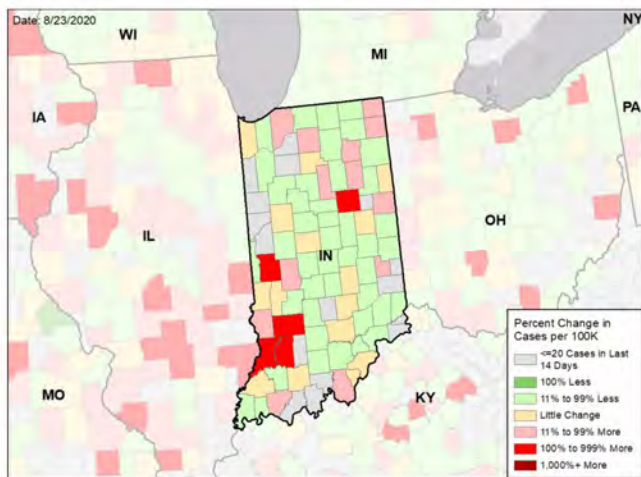
NEW CASES PER 100,000 DURING LAST WEEK



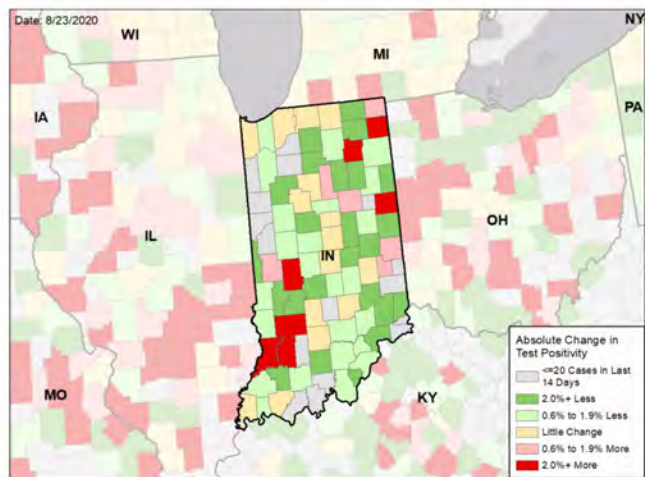
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

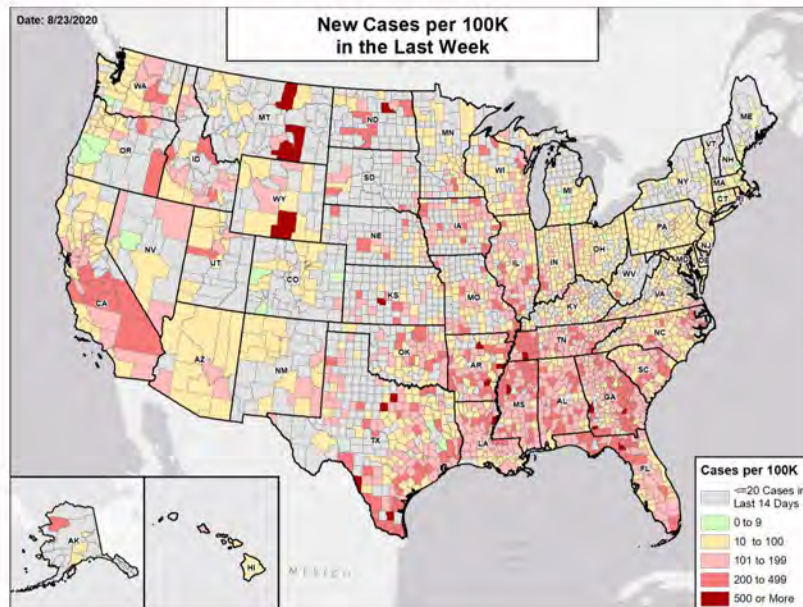
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

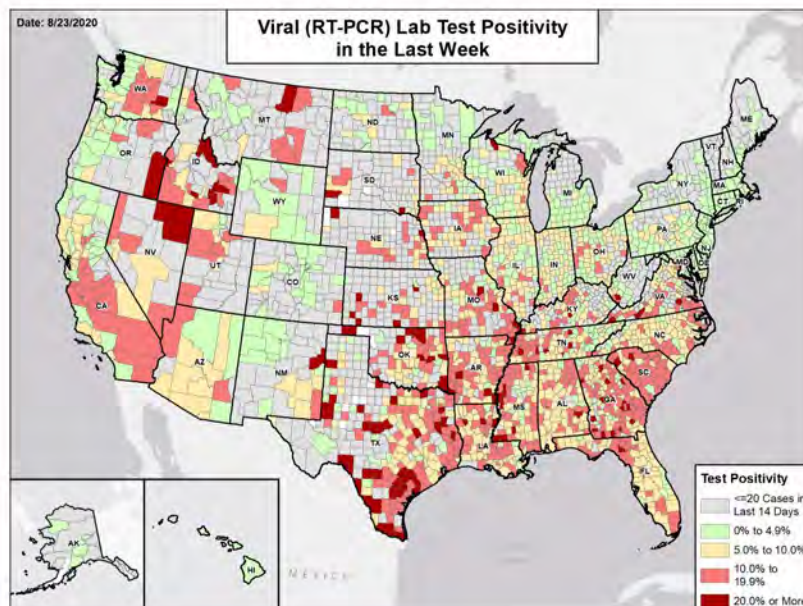


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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

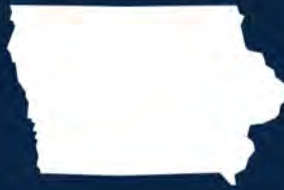
STATE REPORT | 08.23.2020

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



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 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. Polk County, 2. Linn County, and 3. Black Hawk County. These counties represent 31.4 percent of new cases in Iowa.
- 62% 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 131 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 medical activities from VA.
- Between Aug 15 - Aug 21, on average, 43 patients with confirmed COVID-19 and 48 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 [West Virginia School Re-opening](#) 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 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 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.
- 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 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 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 [CDC website](#).

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

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



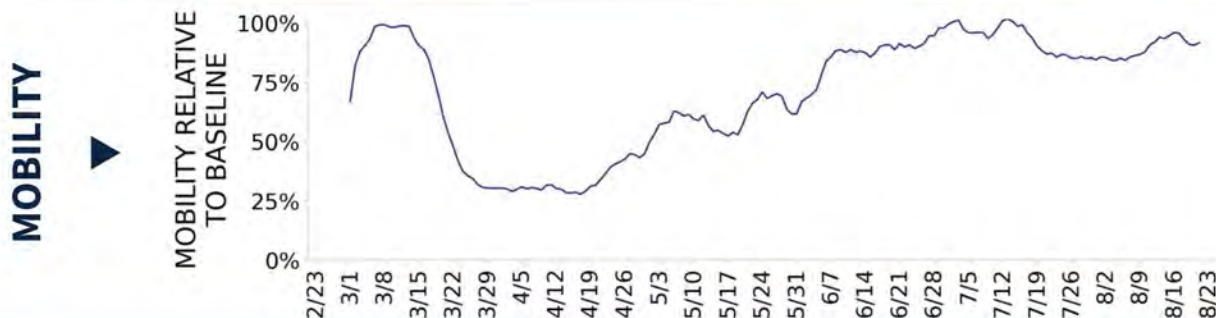
COVID-19



IOWA

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	4,127 (131)	+39.4%	16,570 (117)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.2%	+1.2%*	8.8%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	58,193** (1,844)	+8.2%**	184,905** (1,308)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	53 (2)	+1.9%	174 (1)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	4.1%	-1.4%*	7.1%	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) 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 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.



IOWA

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

7

Waterloo-Cedar Falls
Clinton
Burlington
Marshalltown
Fort Madison-Keokuk
Pella
Carroll

13

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

**COUNTY
LAST WEEK**

26

Black Hawk
Clinton
Des Moines
Marshall
Sioux
Plymouth
Lee
Marion
Carroll
Henry
Winneshiek
Crawford

35

Polk
Linn
Johnson
Dubuque
Scott
Story
Pottawattamie
Dallas
Woodbury
Wapello
Warren
Cerro Gordo

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

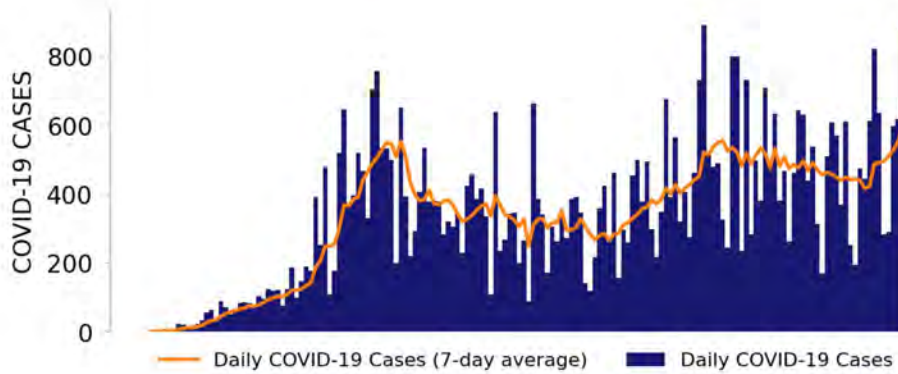
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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

NEW CASES

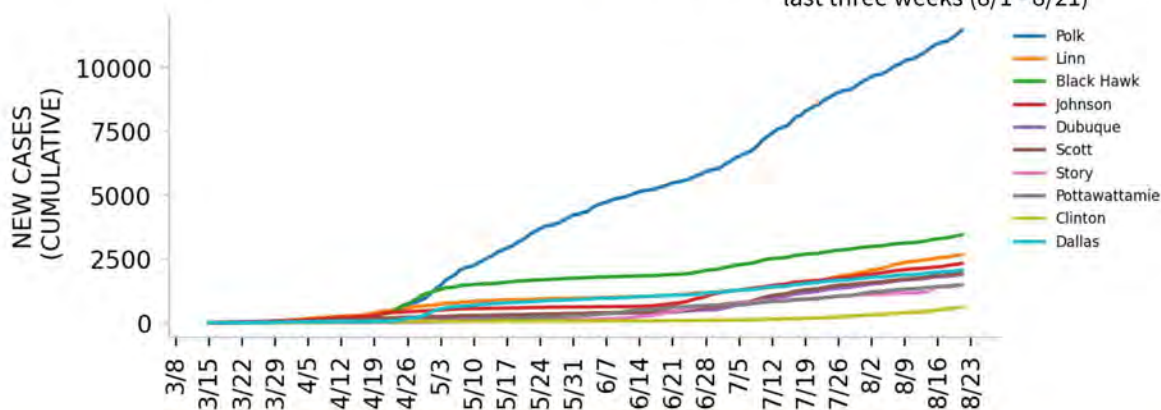


TESTING



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

TOP COUNTIES



DATA SOURCES

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

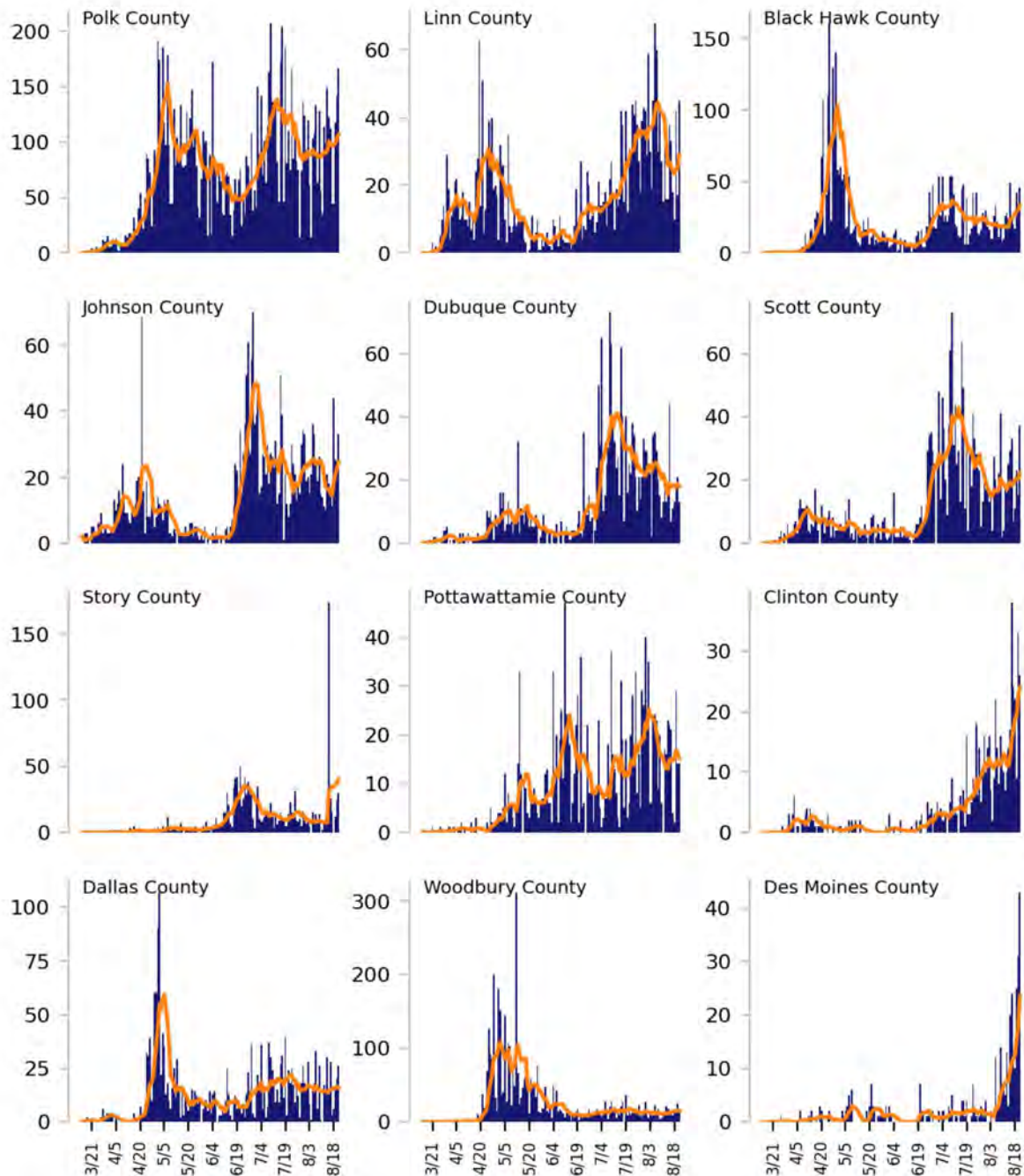
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

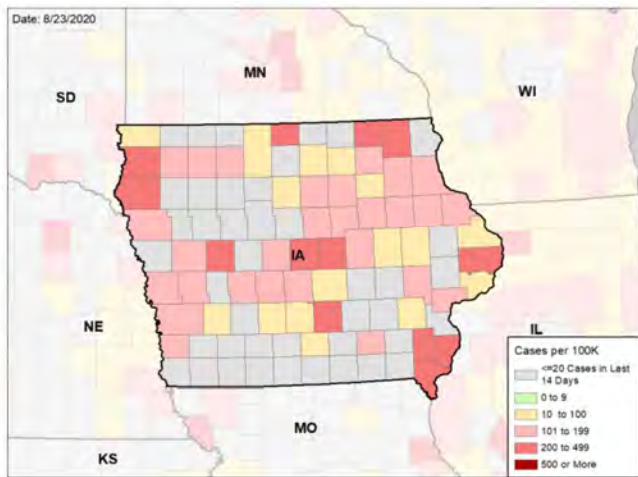


IOWA

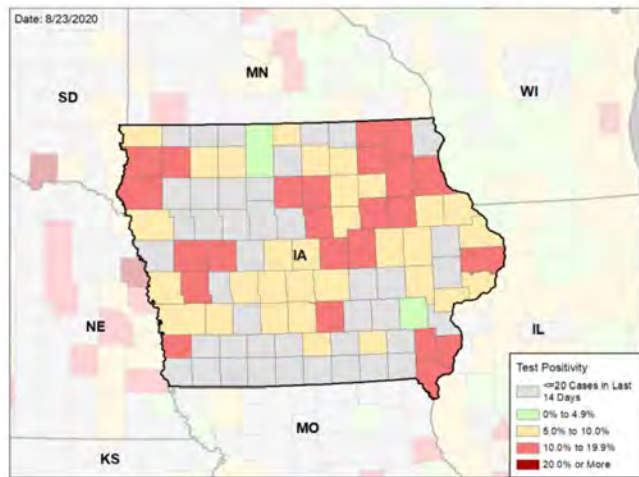
STATE REPORT | 08.23.2020

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

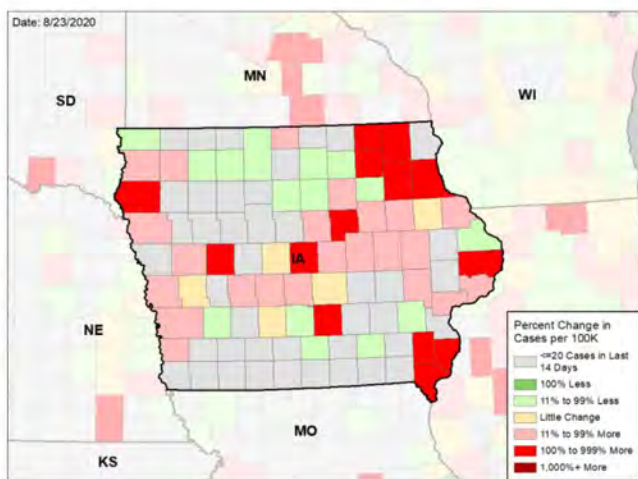
NEW CASES PER 100,000 DURING LAST WEEK



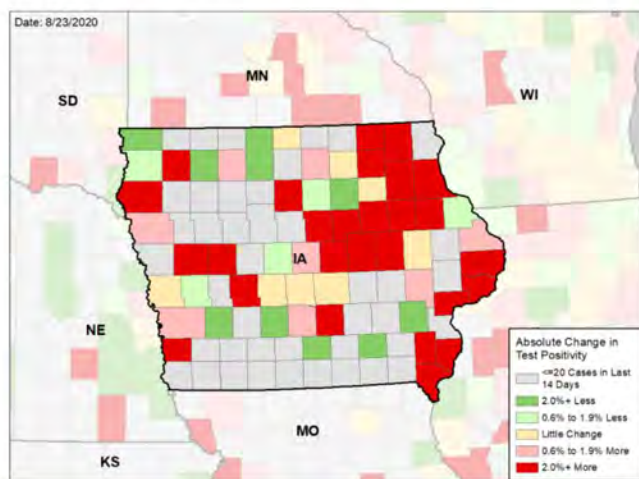
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

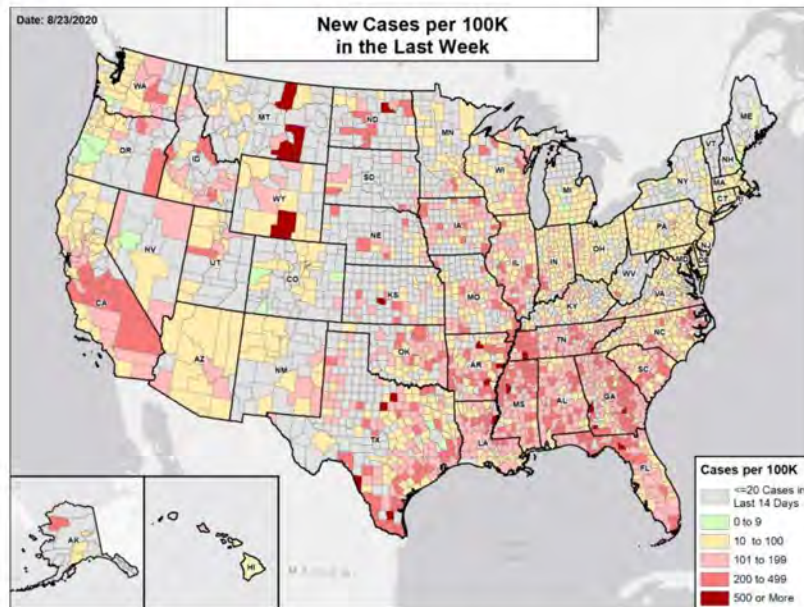
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

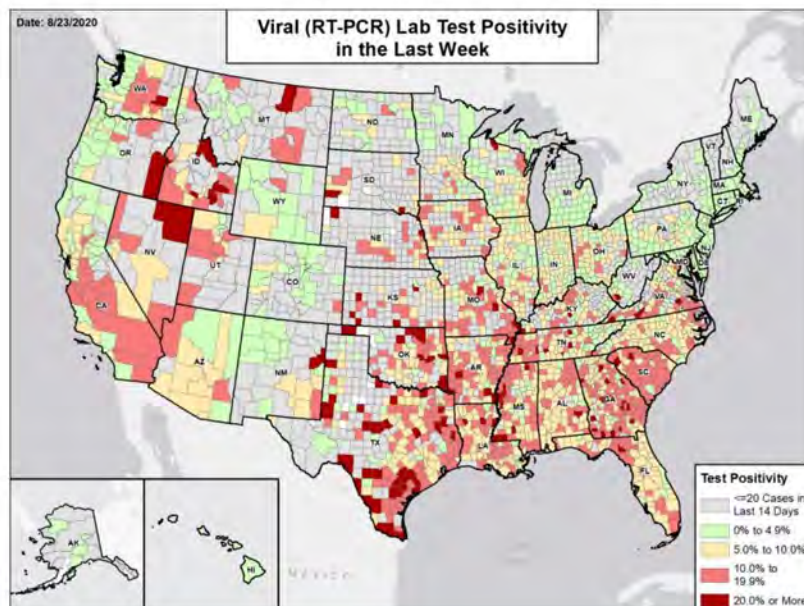


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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

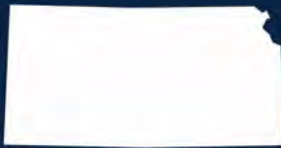
STATE REPORT | 08.23.2020

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



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 16th 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 percent 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, 6% 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 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 as assets to support the state response are: 1 to support operations activities from FEMA.
- Between Aug 15 - Aug 21, on average, 25 patients with confirmed COVID-19 and 56 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Kansas. An average of 74 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*
- Please review the [Wash Virginia School COVID metrics](#) 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 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.
- 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 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 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, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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

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



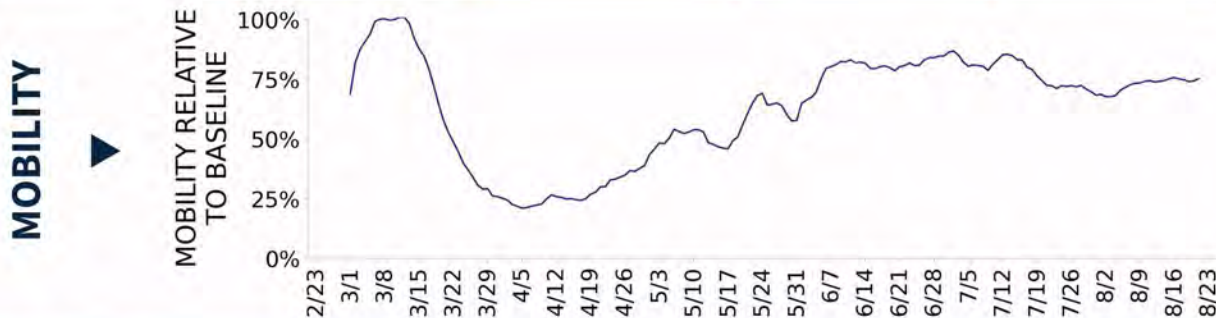
COVID-19



KANSAS

STATE REPORT | 08.23.2020

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



KANSAS

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

6

Wichita
Hutchinson
Dodge City
Liberal
Garden City
Winfield

13

Kansas City
Topeka
Manhattan
Emporia
Great Bend
Salina
Ottawa
Parsons
Pittsburg
Hays
Coffeyville
McPherson

**COUNTY
LAST WEEK**

13

Sedgwick
Wyandotte
Reno
Ford
Seward
Cherokee
Harvey
Finney
Pawnee
Cowley
Scott
Grant

18

Johnson
Shawnee
Leavenworth
Butler
Lyon
Barton
Saline
Franklin
Geary
Labette
Miami
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

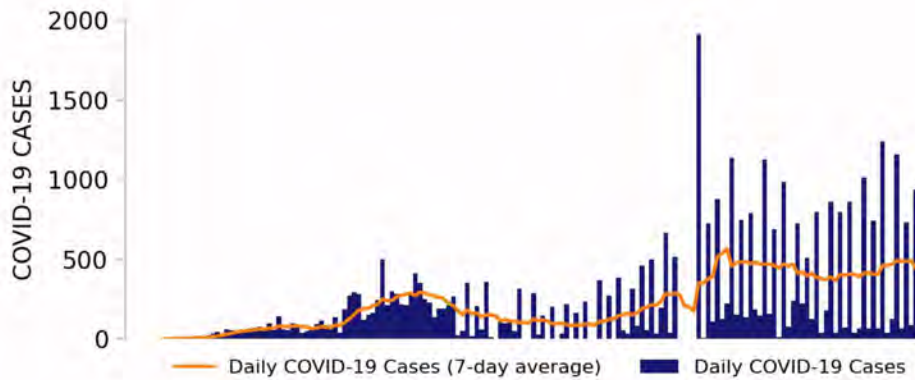
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



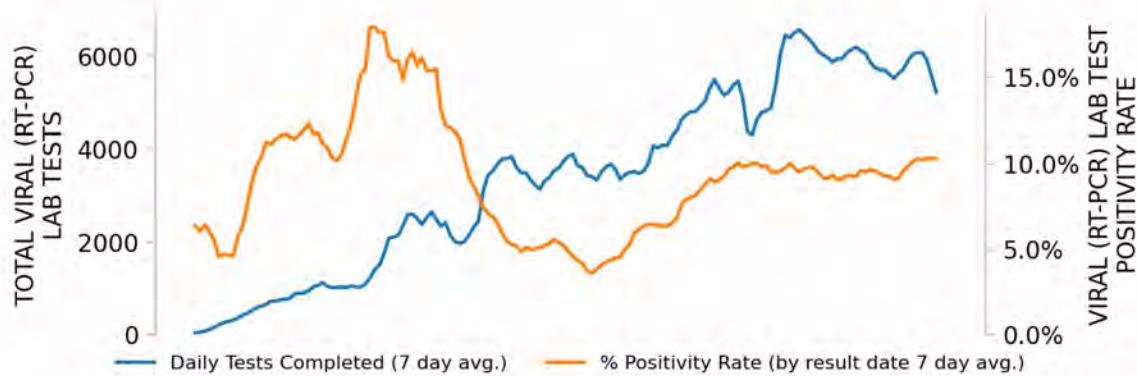
KANSAS

STATE REPORT | 08.23.2020

NEW CASES

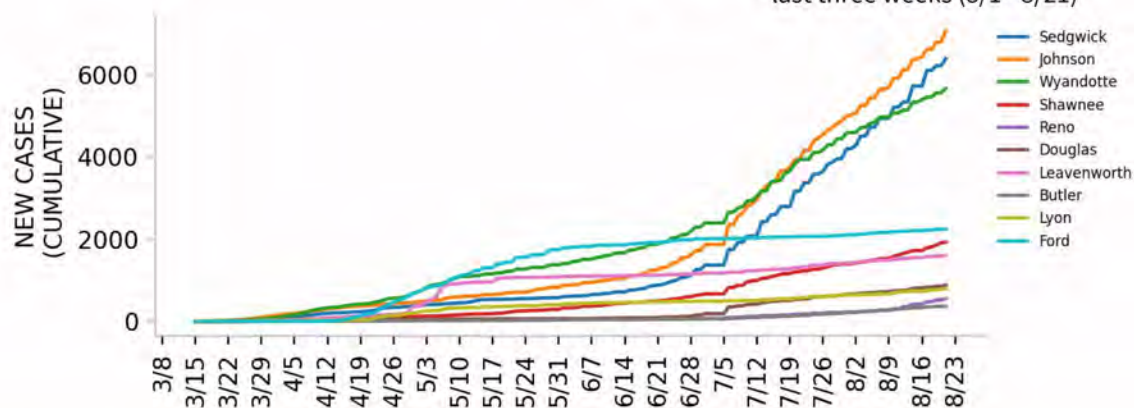


TESTING



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

TOP COUNTIES



DATA SOURCES

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

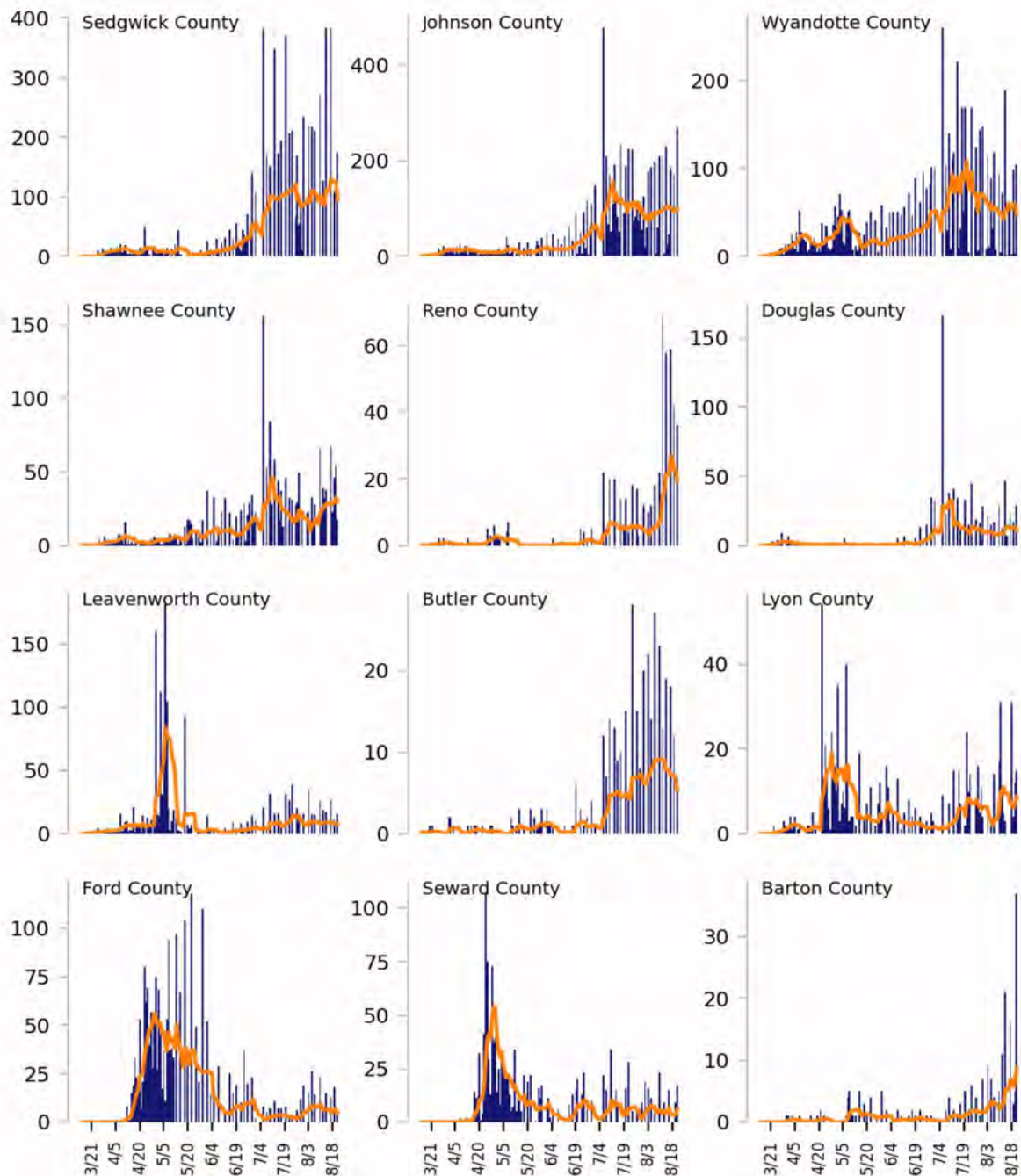
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

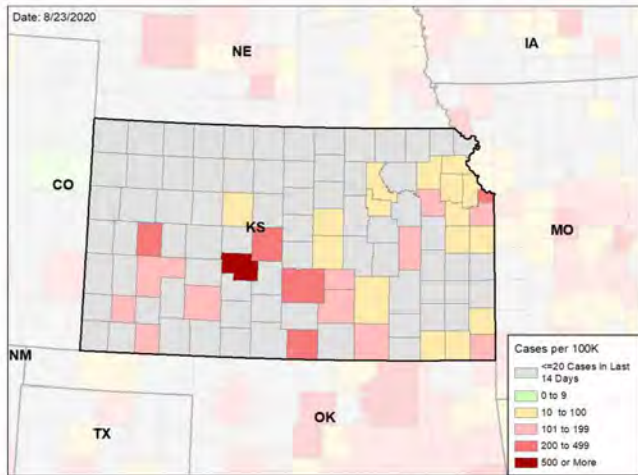


KANSAS

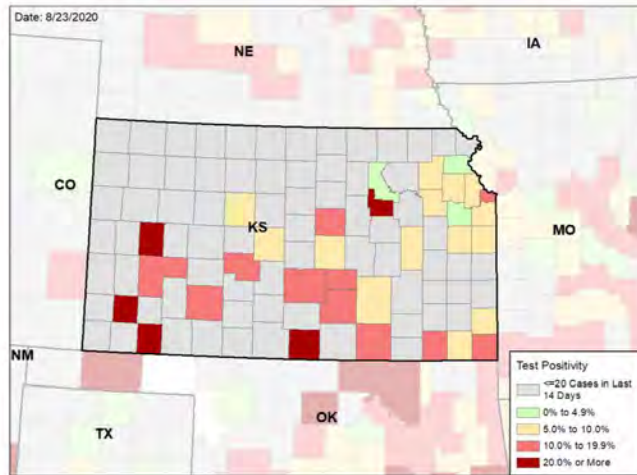
STATE REPORT | 08.23.2020

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

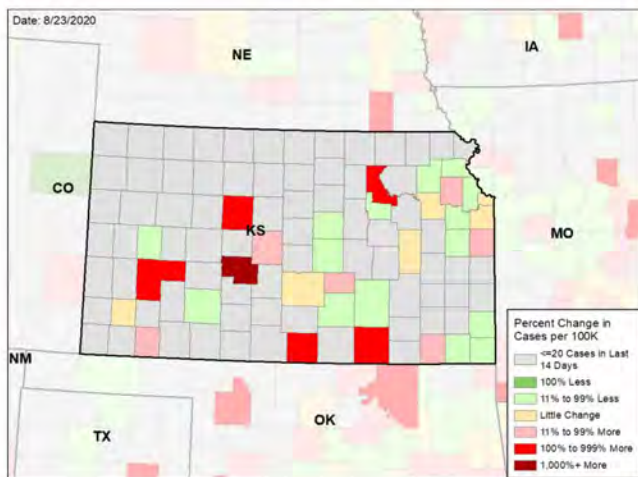
NEW CASES PER 100,000 DURING LAST WEEK



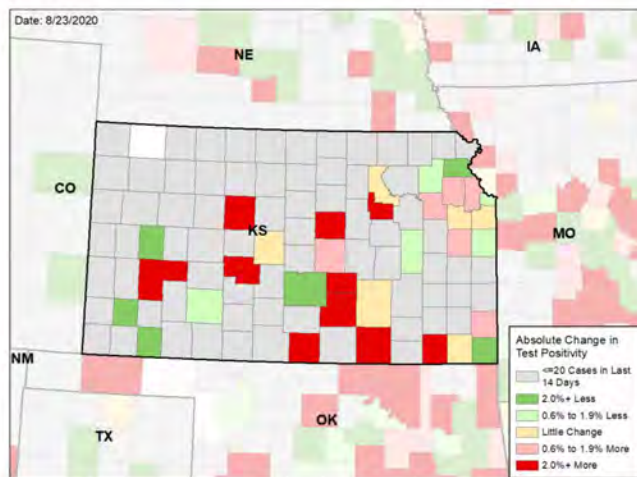
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

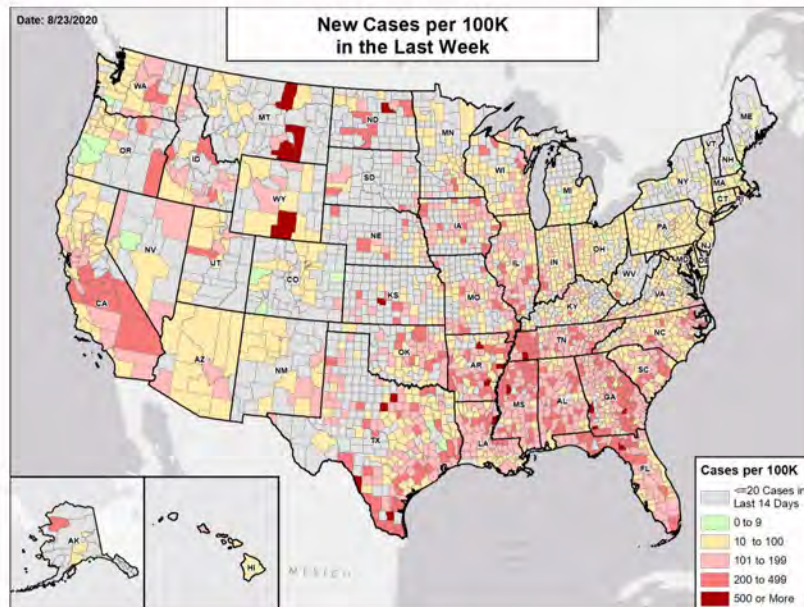
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

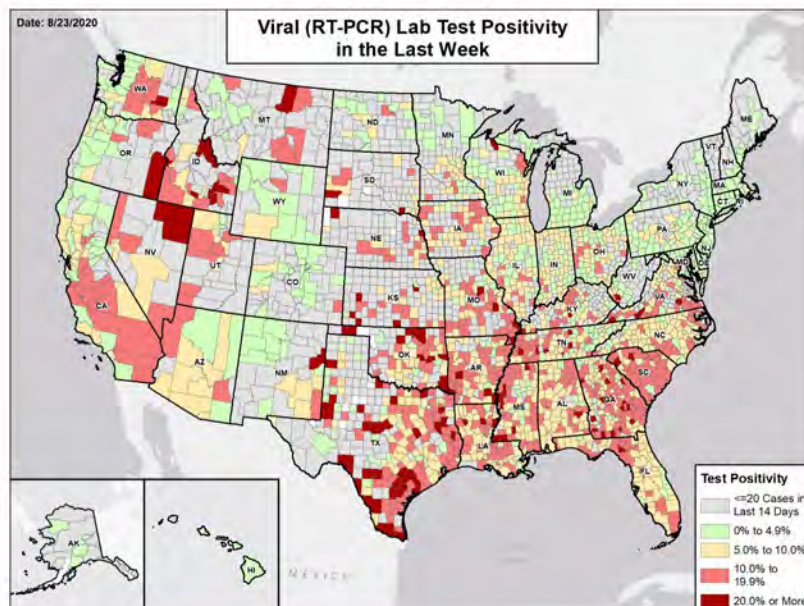


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



KENTUCKY

STATE REPORT | 08.23.2020

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 40.1% 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 89 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, 192 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 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 [West Virginia School K-12 metrics](#) 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 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.
- Expand testing approaches with new partnerships and efficiently use tests by testing in zip codes with highest test positivity.
- 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 [CDC website](#).

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

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



COVID-19



KENTUCKY

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	3,962 (89)	-12.3%	89,560 (134)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.0%	-1.7%*	9.0%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	61,975** (1,387)	-18.1%**	997,394** (1,491)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	60 (1)	+46.3%	2,444 (4)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	8.1%	+3.3%*	22.7%	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) 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 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.



KENTUCKY

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

5

Bowling Green
Glasgow
Murray
Campbellsville
Bardstown

14

Louisville/Jefferson County
Lexington-Fayette
London
Richmond-Berea
Elizabethtown-Fort Knox
Clarksville
Frankfort
Owensboro
Somerset
Mayfield
Middlesborough
Evansville

**COUNTY
LAST WEEK**

16

Jefferson
Warren
Bullitt
Oldham
Franklin
Shelby
Calloway
Nelson
Knox
Green
Fulton
Washington

36

Fayette
Madison
Kenton
Hardin
Boone
Christian
Pulaski
Scott
Daviess
Campbell
Barren
Laurel

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: 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

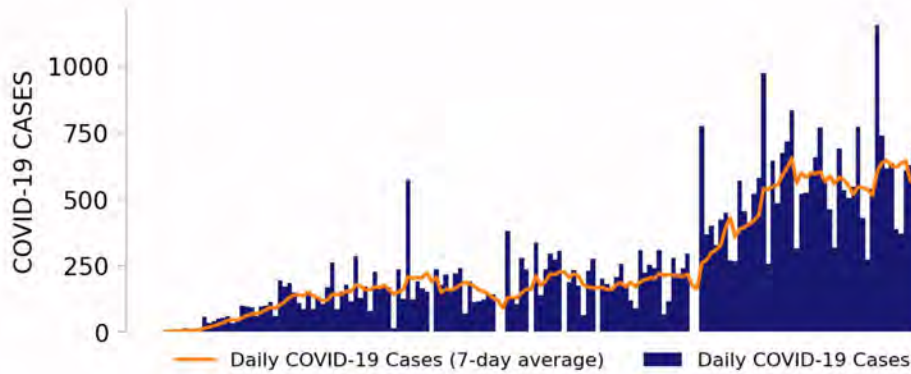
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



KENTUCKY

STATE REPORT | 08.23.2020

NEW CASES

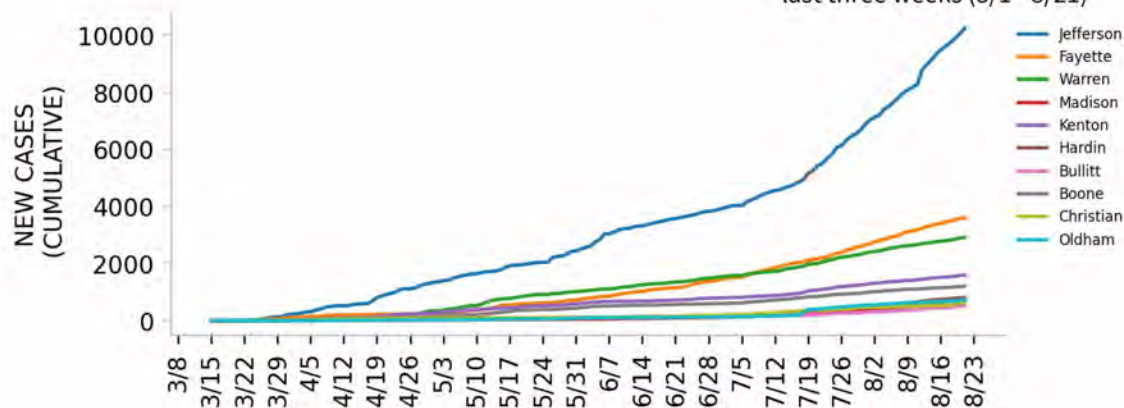


TESTING



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

TOP COUNTIES



DATA SOURCES

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

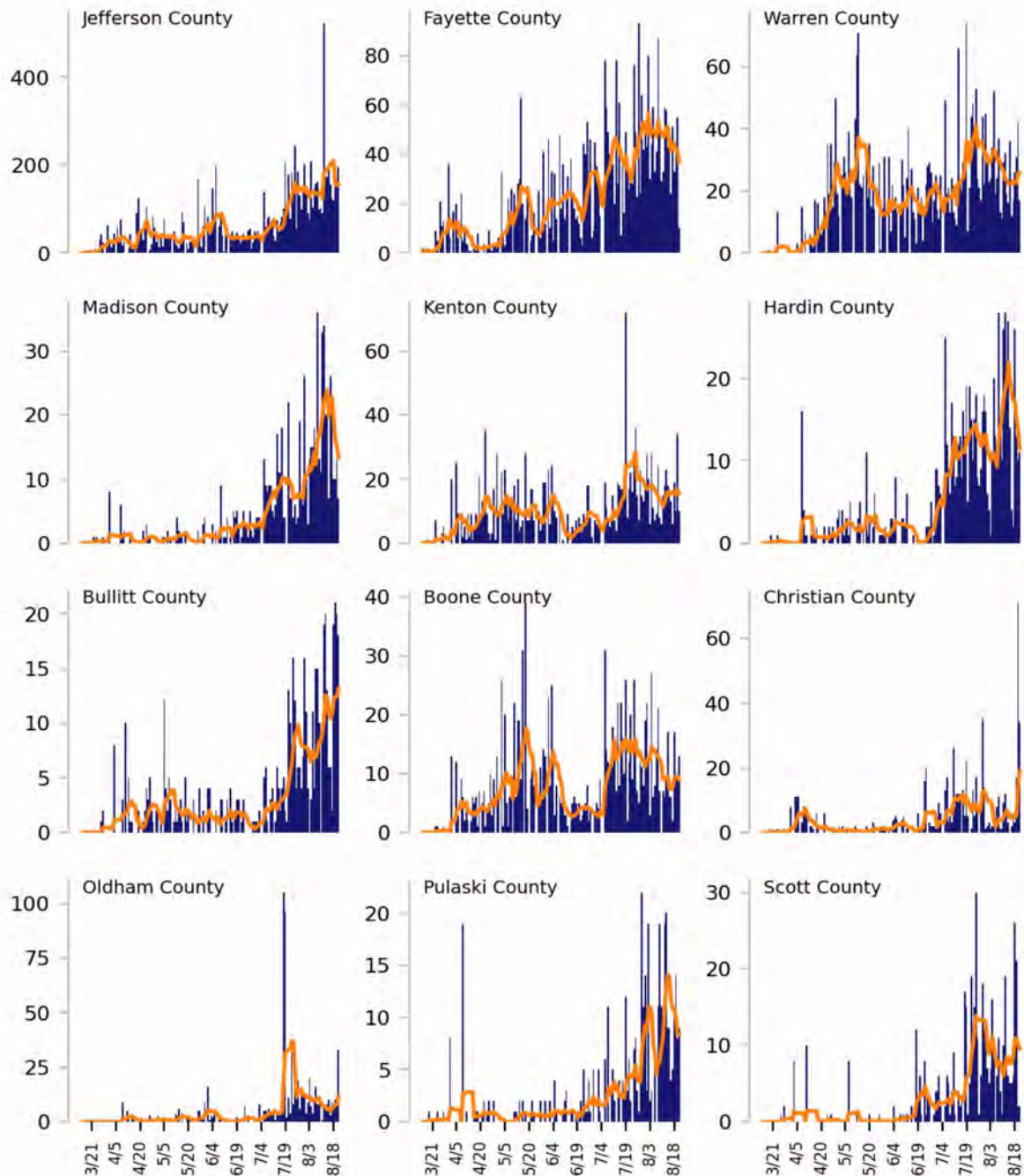
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

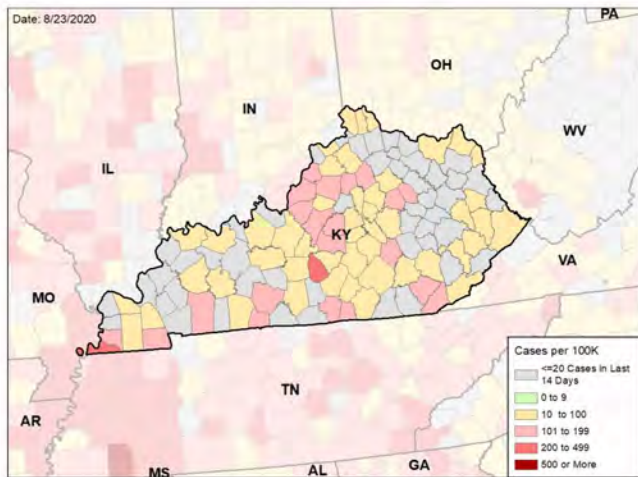


KENTUCKY

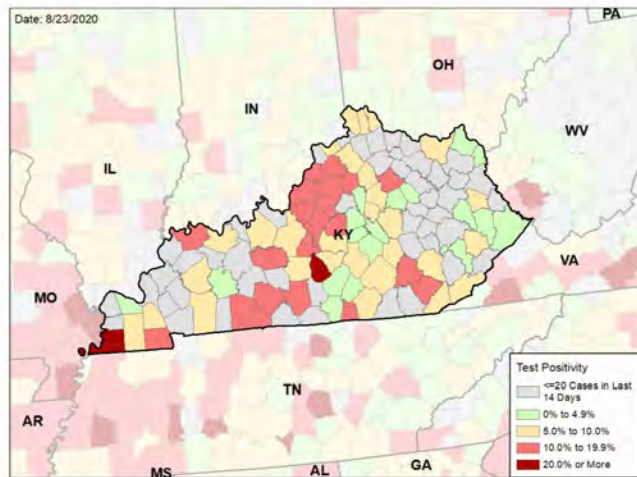
STATE REPORT | 08.23.2020

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

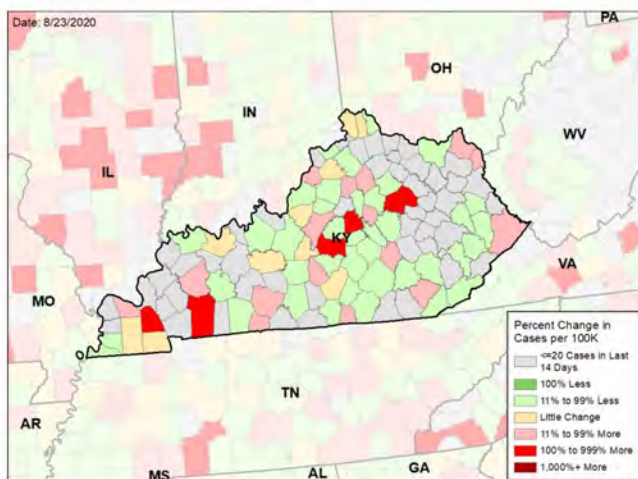
NEW CASES PER 100,000 DURING LAST WEEK



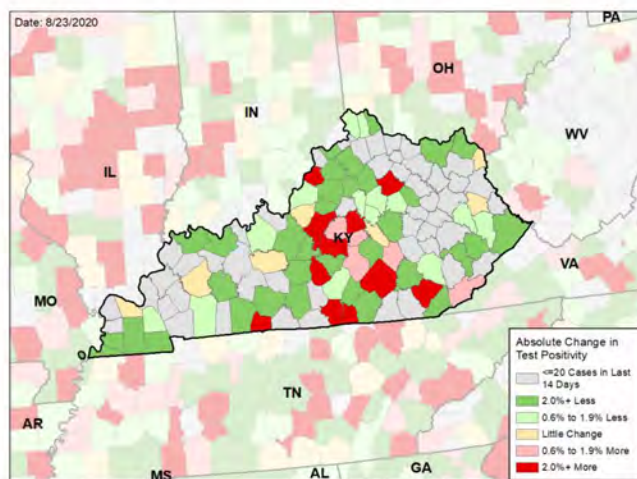
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

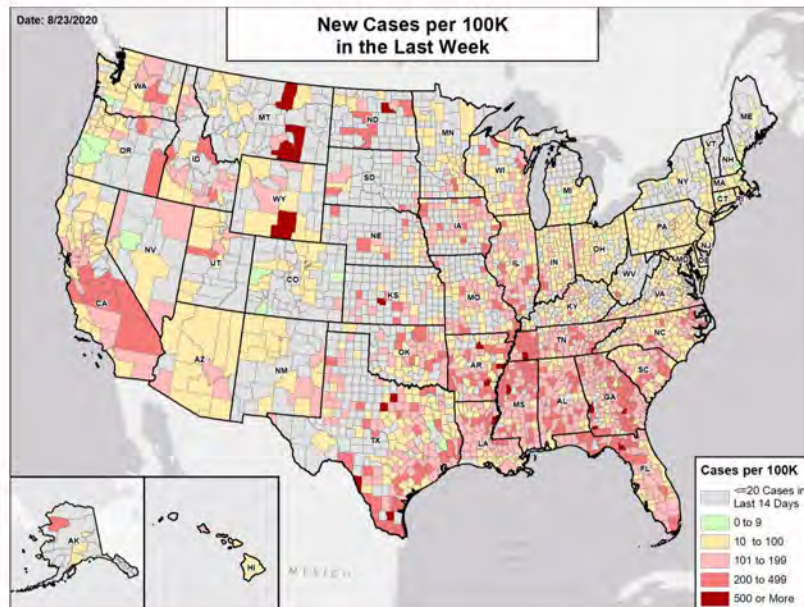
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

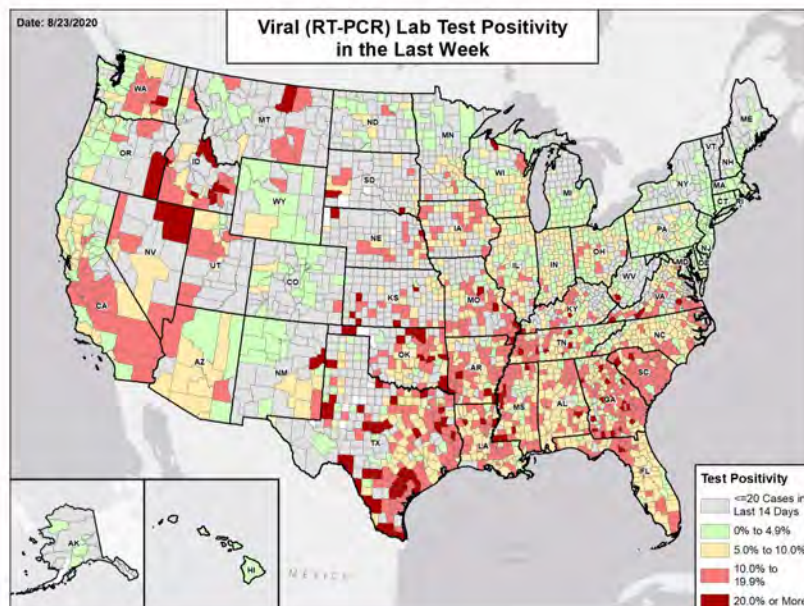


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



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.
- 91% of all parishes in Louisiana have ongoing community transmission (yellow or red alert), with 38% 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. Gains must accelerate and be maintained in the large metros, such as New Orleans and Baton Rouge.
- Concerningly, 7.6% of nursing homes are reporting 3 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.
- Louisiana had 107 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: 9 to support operations activities from FEMA; 48 to support medical activities from ASPR; 8 to support operations activities from ASPR; 6 to support epidemiology activities from CDC; 40 to support operations activities from USCG; and 5 to support medical activities from VA.
- The federal government has supported a surge testing site in New Orleans, LA.
- Between Aug 15 - Aug 21, on average, 116 patients with confirmed COVID-19 and 50 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Louisiana. 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 [West Virginia School Reopening](#) that combine classroom education with sports activities for incentives to communities to ensure community transmission stays 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 facemask use. Immediately conduct infection control surveys in all nursing homes with 3 or more cases per week over the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support LTCF testing.
- Continue the statewide mask mandate.
- Continue the closure of establishments where 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.
- Ask citizens to limit social gatherings to 10 or fewer people.
- 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.
- Increase messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Continue the scale-up of testing, moving to community-led neighborhood testing.
- Work with local communities to implement and provide clear guidance for households that test positive, including on individual isolation procedures.
- Continue to enhance contact tracing and ensure the ability of cases and contacts to quarantine or isolate safely.
- Ensure all public health labs are fully staffed and running 24/7, utilizing all platforms to reduce turnaround times. Institute 3:1 or 2:1 pooling of test specimens on all high throughput machines as long as turnaround times are greater than 36 hours.
- For families and cohabiting households, screen entire households.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students. There must be a plan for surge testing of students once cases are identified, along with clear efforts to protect the communities surrounding universities.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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

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



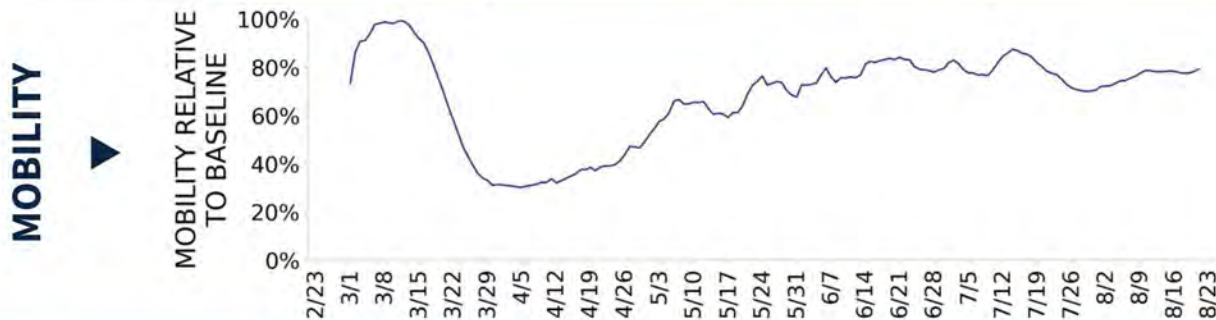
COVID-19



LOUISIANA

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	4,985 (107)	-37.6%	61,281 (143)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.0%	-0.7%*	9.2%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	98,990** (2,129)	-13.5%**	349,779** (819)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	239 (5)	+9.6%	1,749 (4)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	36.9%	+3.0%*	18.9%	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 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, 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 parish-level totals when information is available on patients' parish of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 8/13 - 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 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)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

5

Baton Rouge
Monroe
Hammond
Fort Polk South
DeRidder

12

Lafayette
Shreveport-Bossier City
Houma-Thibodaux
Lake Charles
Opelousas
Alexandria
Morgan City
Natchitoches
Ruston
Jennings
Minden
Natchez

**PARISH
LAST WEEK**

24

East Baton Rouge
Ouachita
Tangipahoa
Ascension
Livingston
Lafourche
Evangeline
Franklin
Iberville
Vernon
Beauregard
Union

34

Lafayette
Jefferson
St. Tammany
Caddo
Calcasieu
St. Landry
Rapides
Terrebonne
Vermilion
Iberia
Bossier
Acadia

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

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

* 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

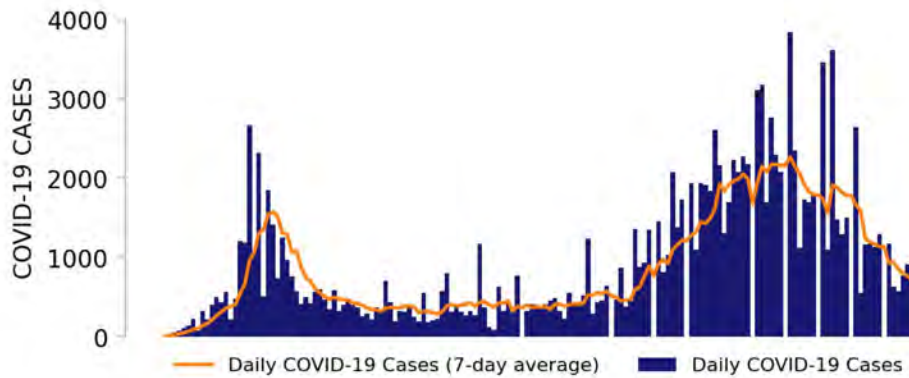
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



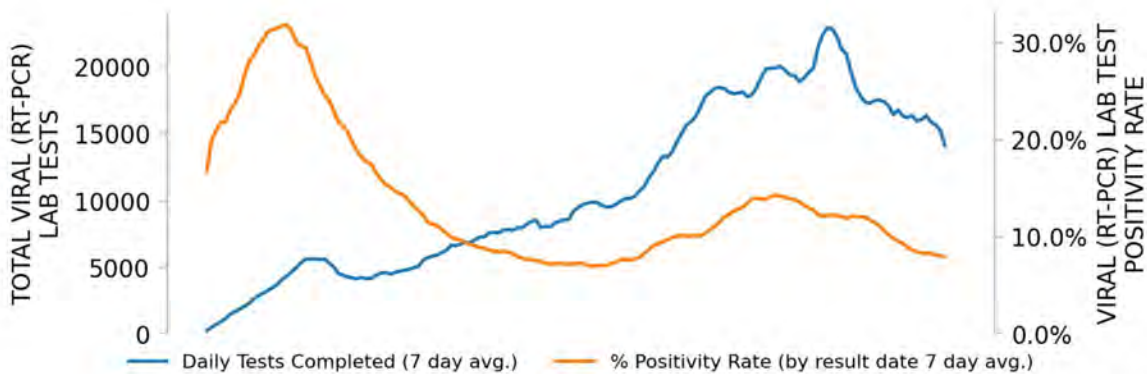
LOUISIANA

STATE REPORT | 08.23.2020

NEW CASES

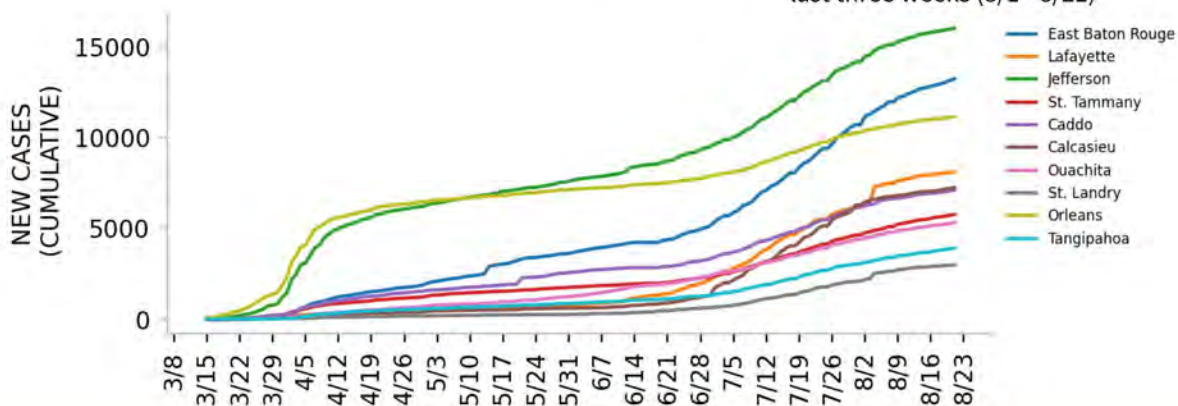


TESTING



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

TOP PARISHES



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.

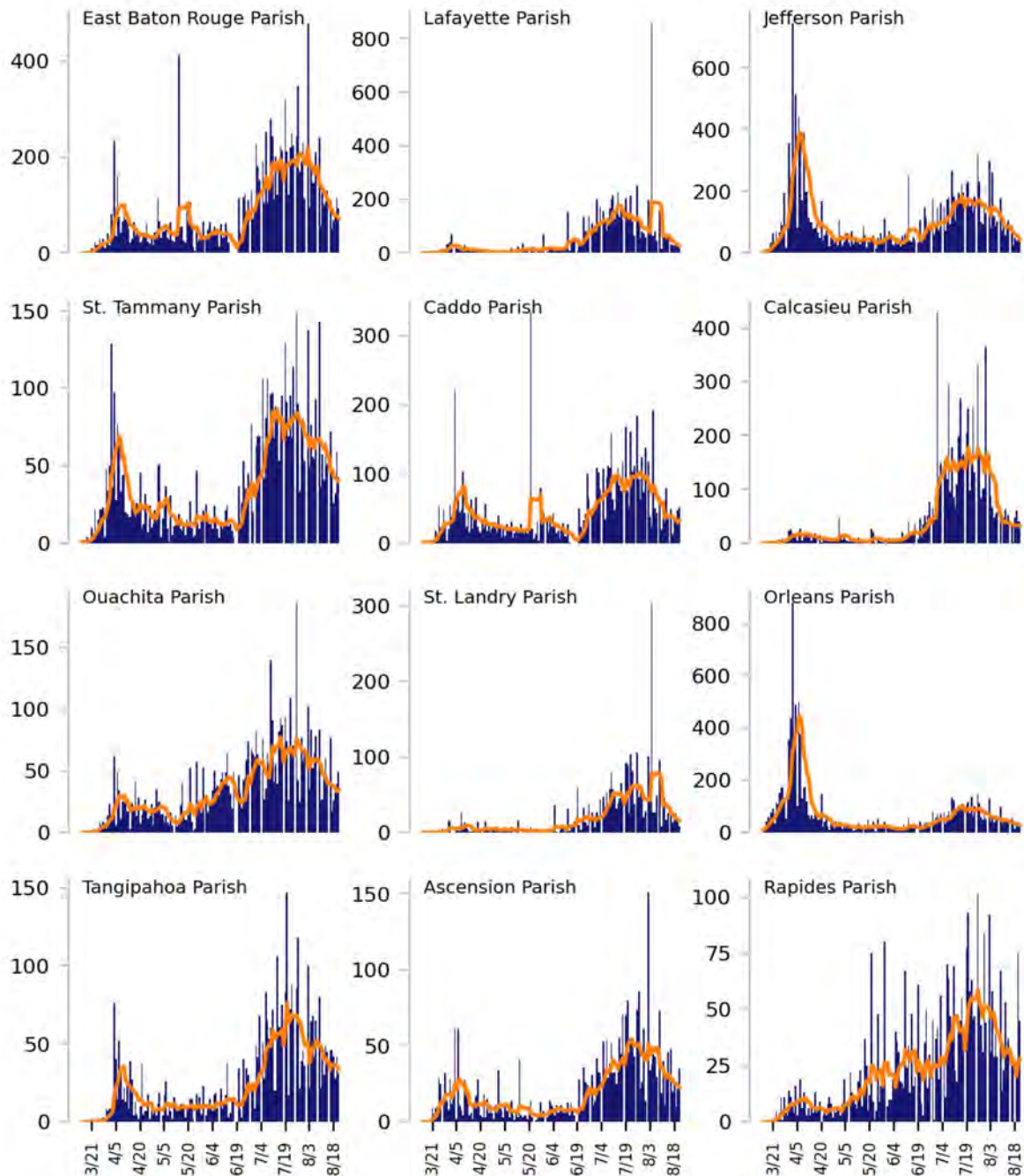
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: Parish-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

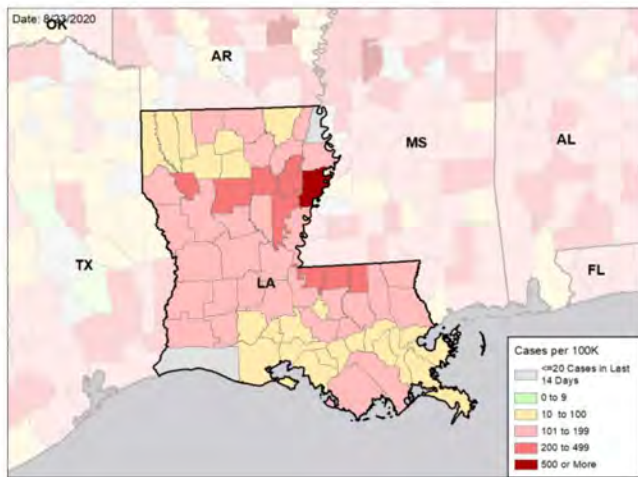


LOUISIANA

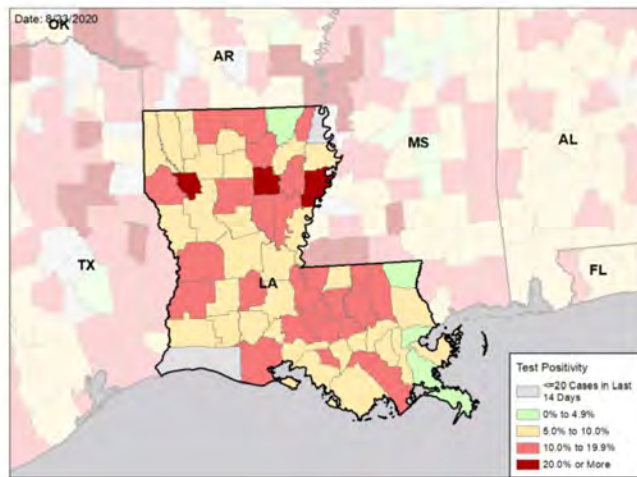
STATE REPORT | 08.23.2020

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

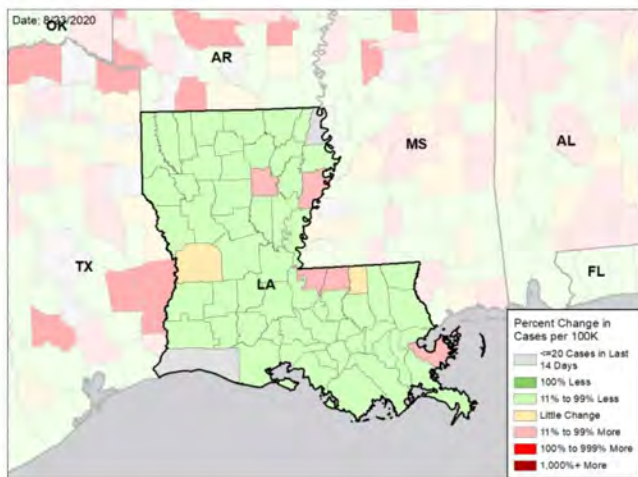
NEW CASES PER 100,000 DURING LAST WEEK



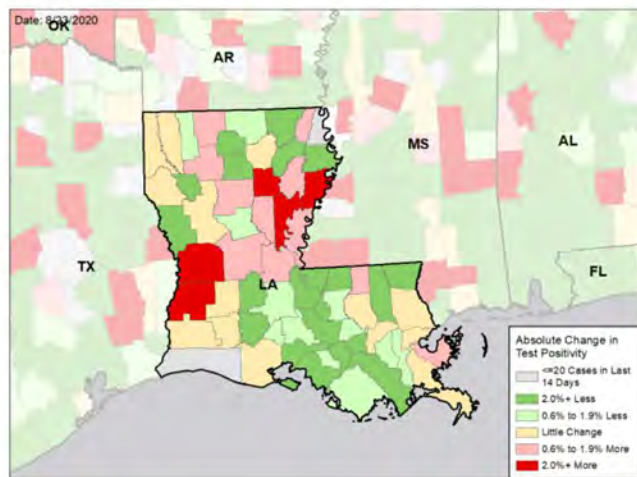
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

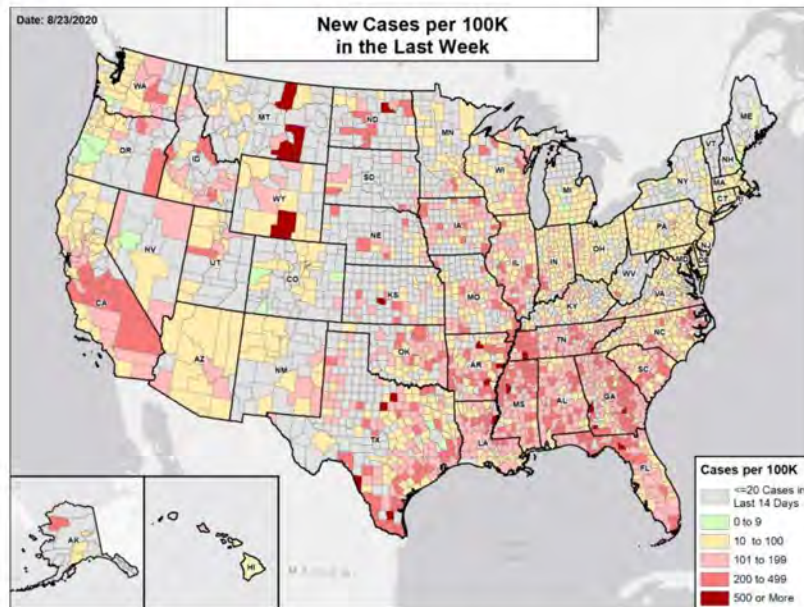
Cases: Parish-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

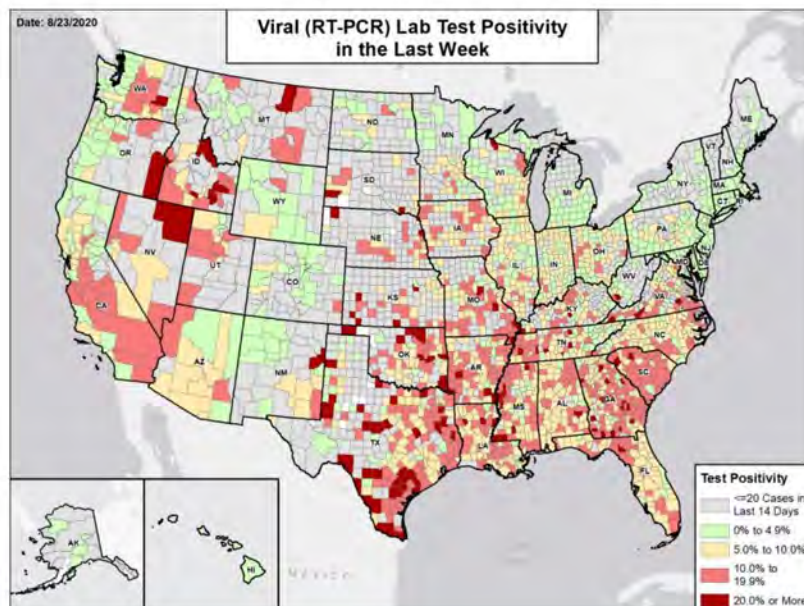


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



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.
- 0% 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 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.
- 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 School K-12 metrics](#) 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 localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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



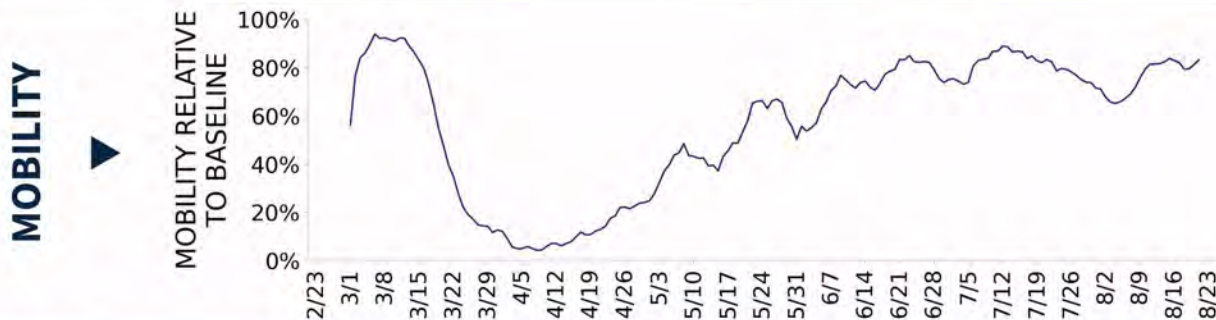
COVID-19



MAINE

STATE REPORT | 08.23.2020

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



MAINE

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

0

N/A

0

N/A

**COUNTY
LAST WEEK**

0

N/A

0

N/A

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

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

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

Note: Top 12 locations are selected 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

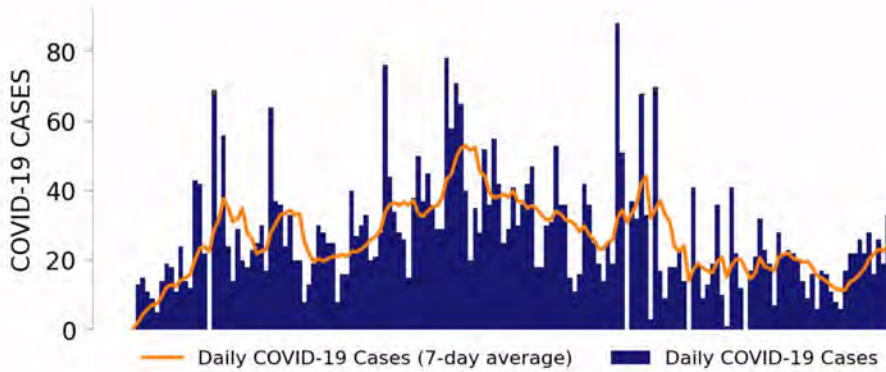
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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

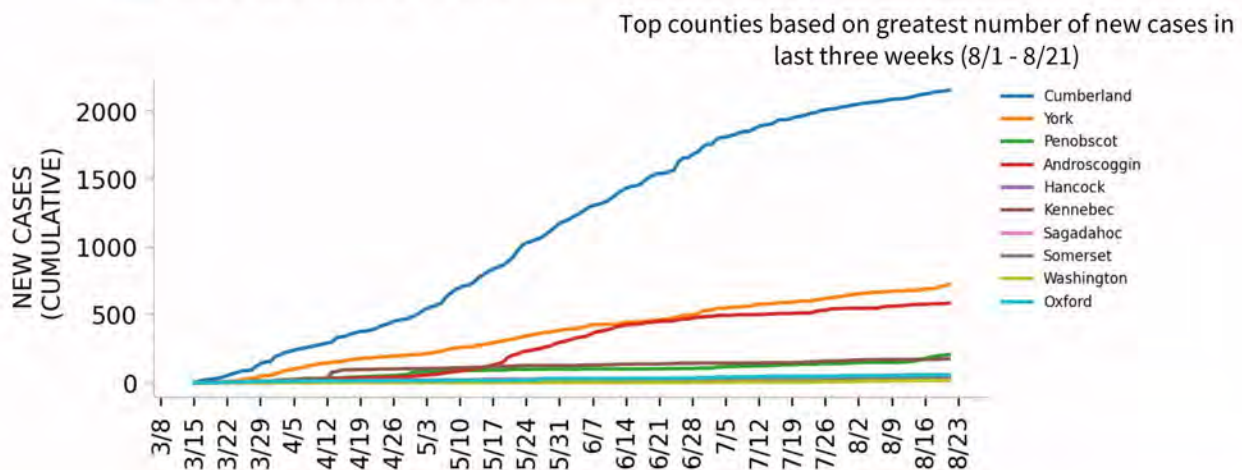
NEW CASES



TESTING



TOP COUNTIES



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.

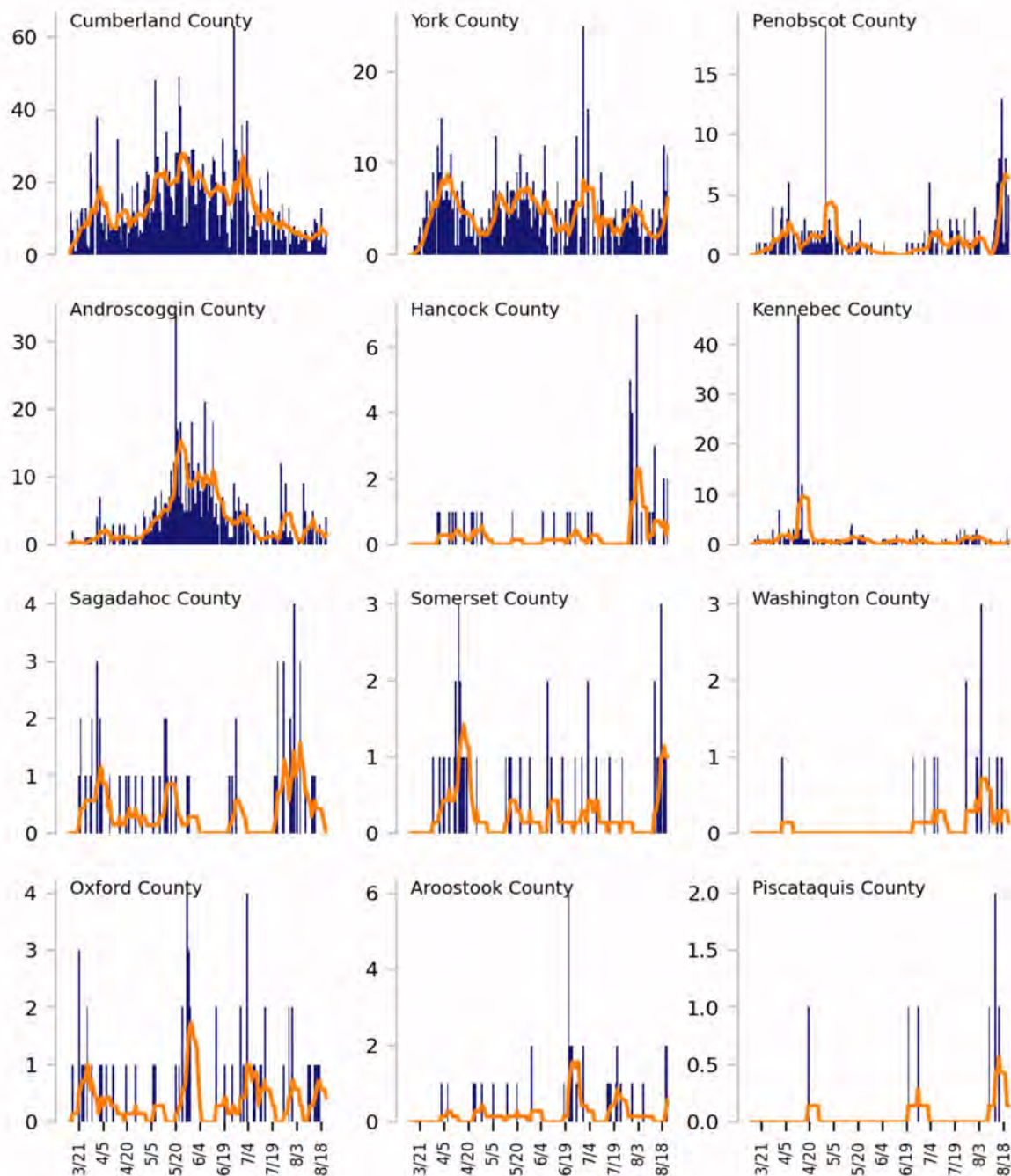
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

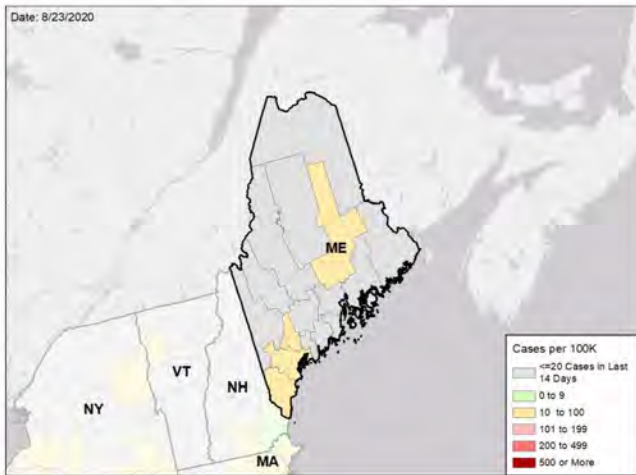


MAINE

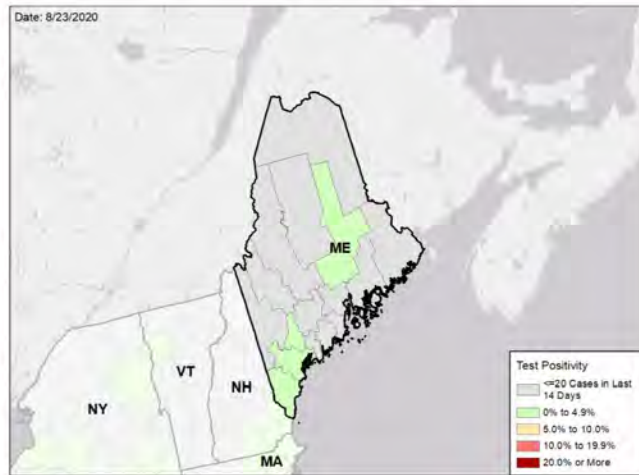
STATE REPORT | 08.23.2020

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

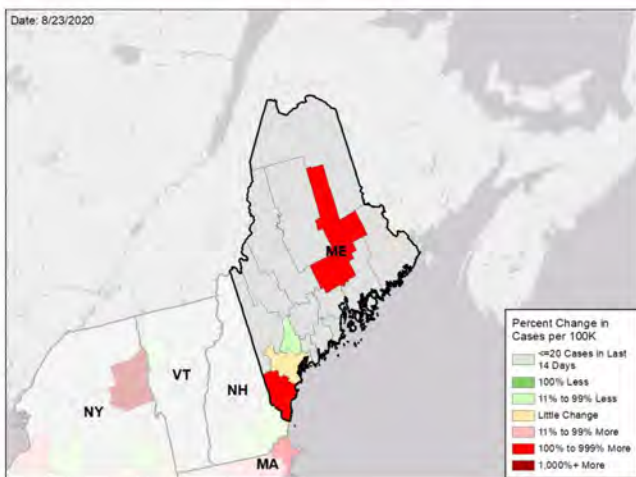
NEW CASES PER 100,000 DURING LAST WEEK



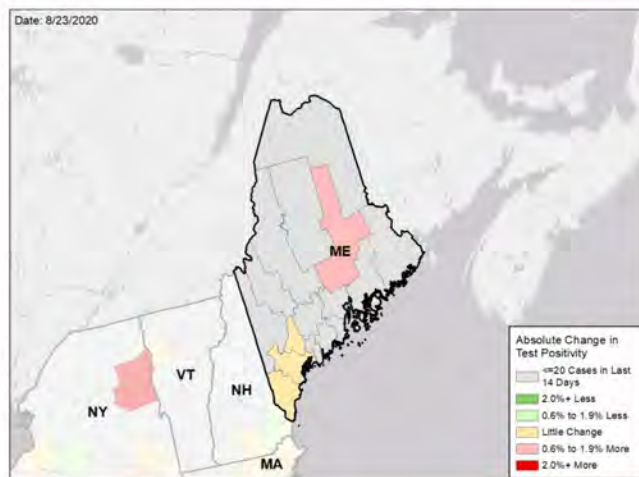
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

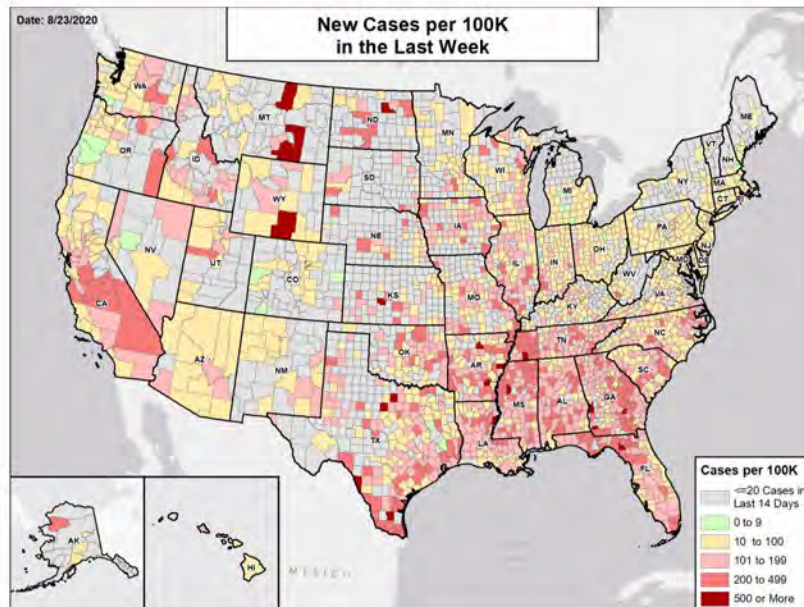
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

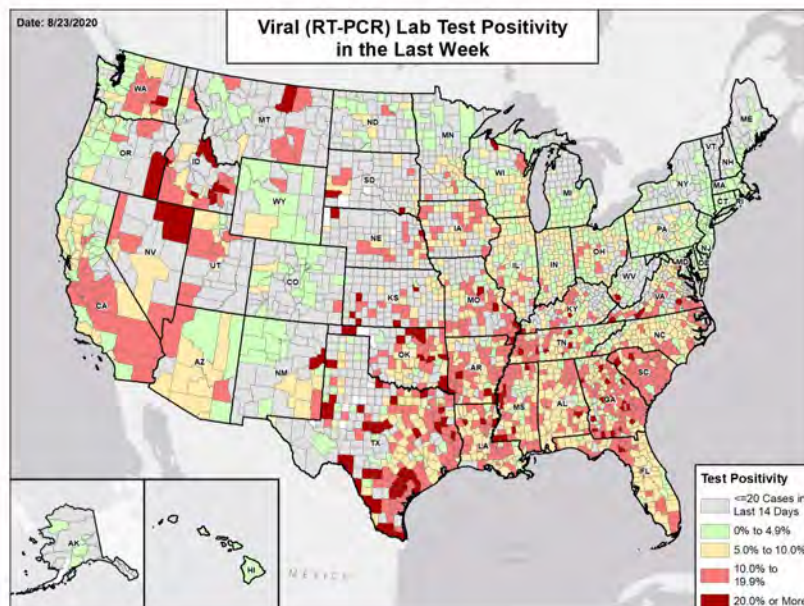


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



MARYLAND

STATE REPORT | 08.23.2020

SUMMARY

- Maryland is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- Nationally, Maryland was 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 past 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.
- 12% 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 67 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: 21 to support operations activities from FEMA; 30 to support operations activities from ASPR; and 14 to support operations activities from USCG.
- Between Aug 15 - Aug 21, on average, 53 patients with confirmed COVID-19 and 258 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Maryland. An average of 93 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*
- Please review the [West Virginia School XFL2 meeting](#) 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 ones. Ensure that these messages are relevant to vulnerable populations, including African American and Latinx communities.
- Keep statewide mask requirement in place. Work with local communities to ensure high usage rates. Identify mechanisms to assess compliance with local regulations.
- Close establishments where social distancing and mask use cannot occur, such as bars, nightclubs, and entertainment venues. Ensure enforcement of limits on public gatherings.
- Continue ongoing efforts to build contact tracing capabilities (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.
- Any nursing homes with 3 or more cases of COVID per week over the last 3 weeks should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population. Protect vulnerable populations in assisted living and long-term care facilities through weekly testing of all workers and requiring masks. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place. Develop a plan to assist or provide guidance to nursing homes that are having difficulties meeting the weekly testing requirement for staff.
- Providing timely test results to individuals so they can isolate and stop the spread is critical. Implement the following to increase testing capacity and decrease turnaround times:
 - (1) For family and cohabitating households, screen entire households in a single test by pooling a sample of each member's specimen. For households that test positive, isolate and conduct follow-up individual tests.
 - (2) Expand testing capacity in public health labs by adding shifts, including weekend shifts, to reduce turnaround times.
 - (3) Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Continue efforts to build contact tracing capacity. Hire contact tracers and community health workers from within minority and underserved communities to maximize cultural competence and help gain trust and buy-in from within the community.
- Build on existing infrastructure to increase collaboration across testing locations to fill in gaps in reaching vulnerable populations; ensure more consistent 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 [CDC website](#).

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

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



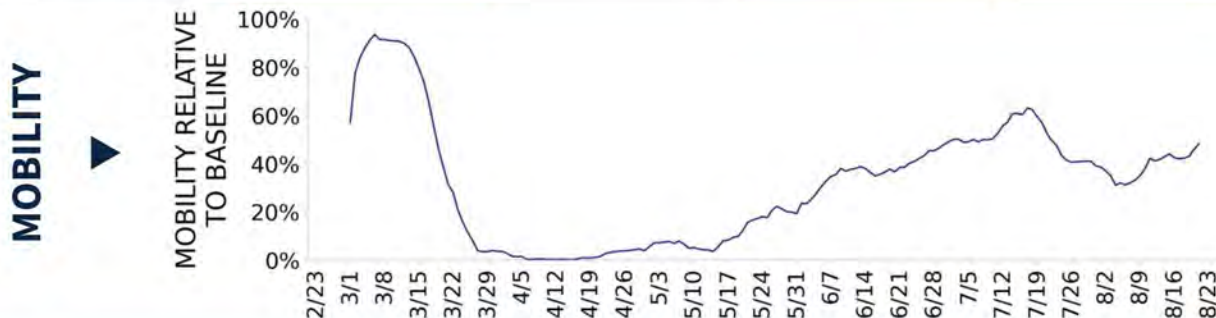
COVID-19



MARYLAND

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	4,023 (67)	-20.6%	16,289 (53)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.7%	-0.1%*	4.6%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	156,965** (2,596)	-20.5%**	492,016** (1,595)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	47 (1)	-33.8%	263 (1)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	10.8%	-2.5%*	9.4%	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) 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 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)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

0

N/A

2Washington-Arlington-Alexandria
Cambridge

**COUNTY
LAST WEEK**

0

N/A

3Prince George's
Worcester
Dorchester

* 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

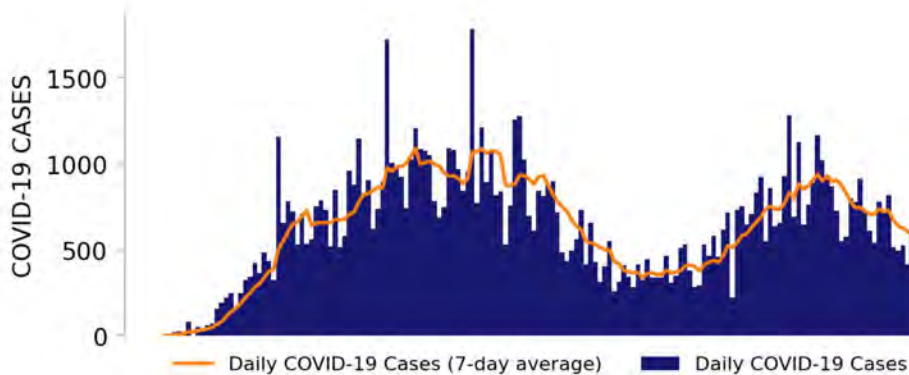
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



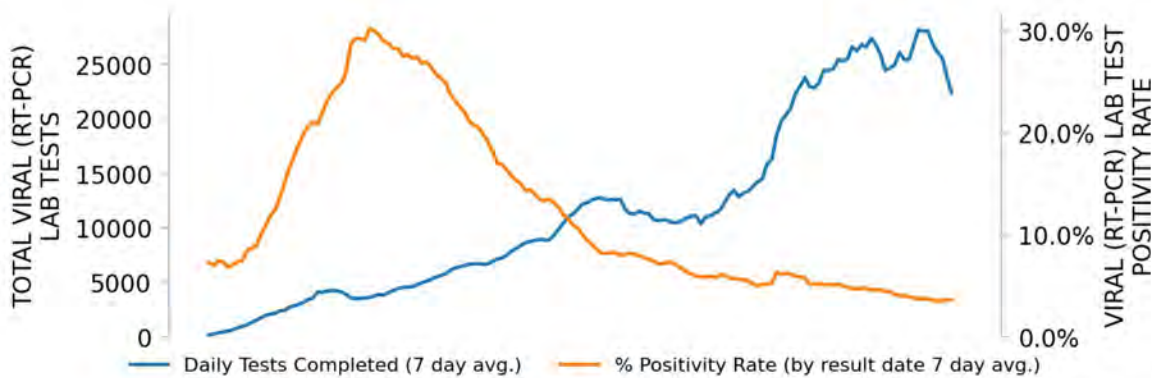
MARYLAND

STATE REPORT | 08.23.2020

NEW CASES

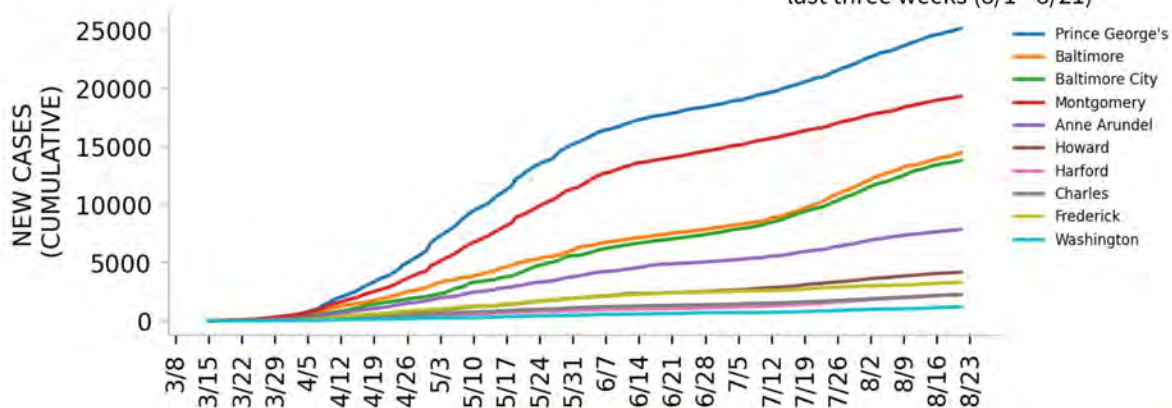


TESTING



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

TOP COUNTIES



DATA SOURCES

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

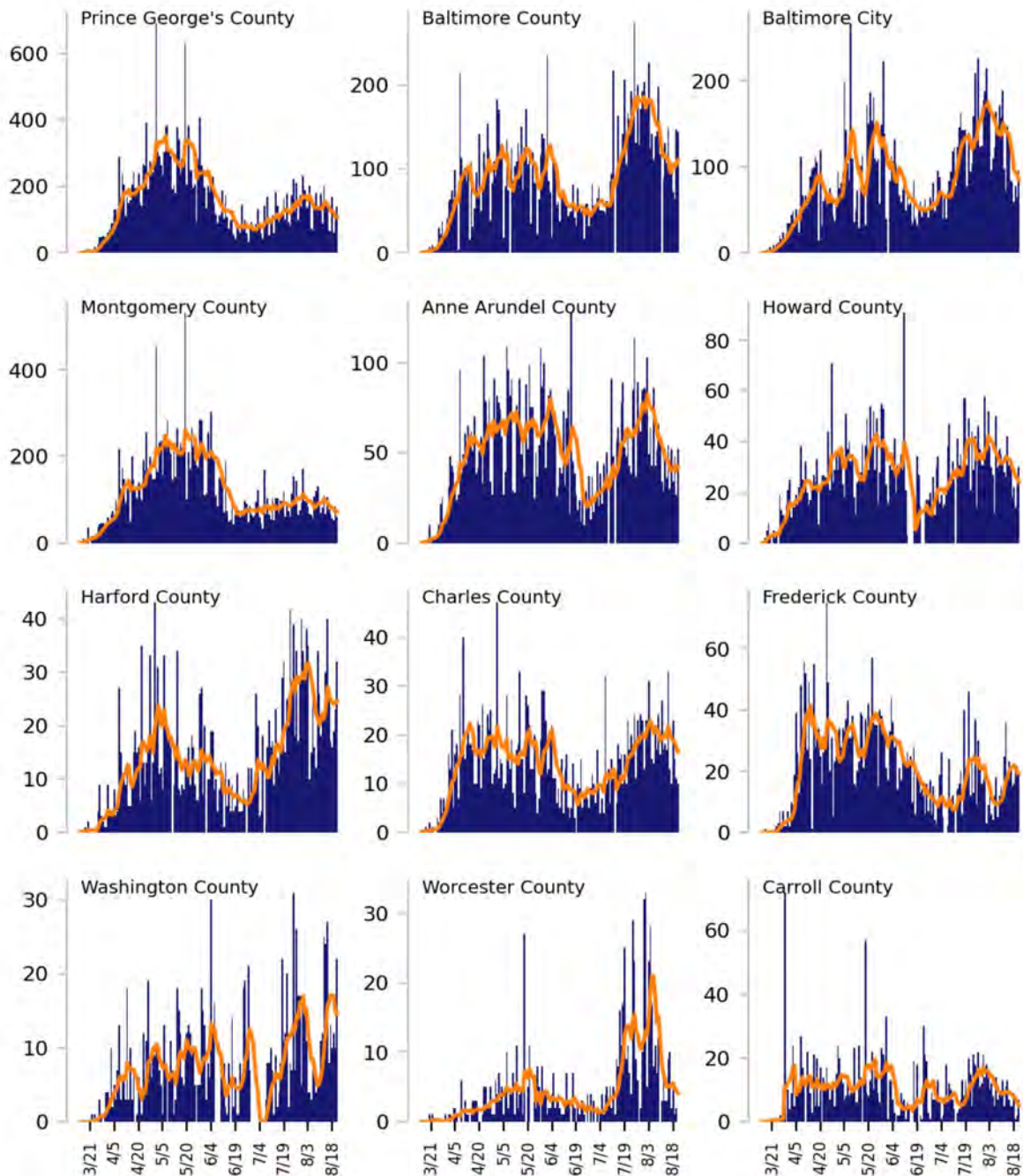
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

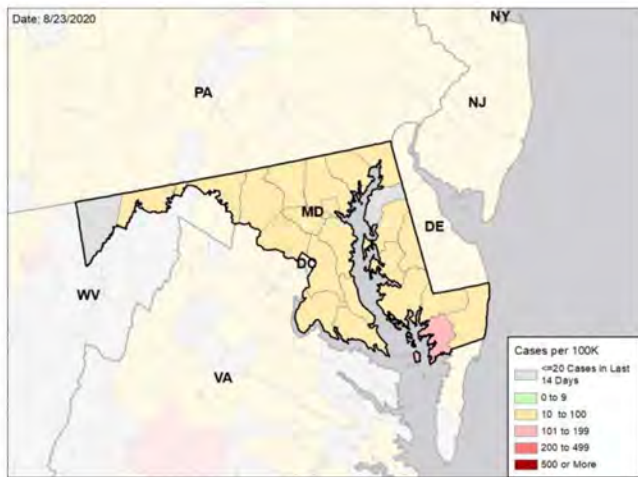


MARYLAND

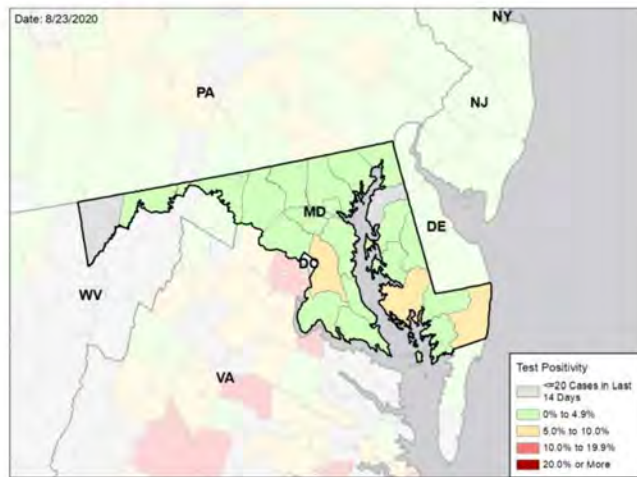
STATE REPORT | 08.23.2020

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

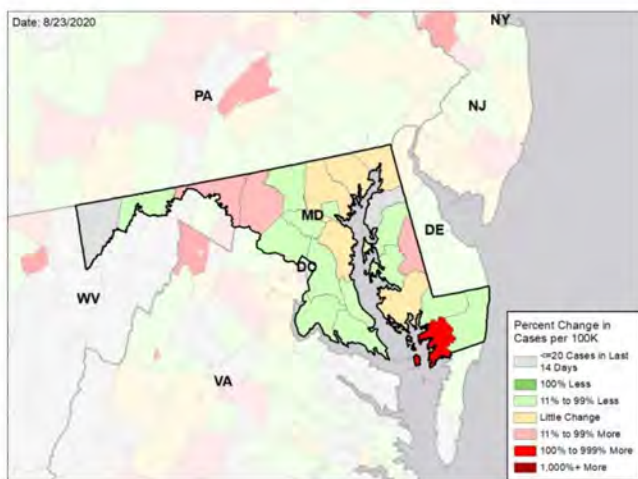
NEW CASES PER 100,000 DURING LAST WEEK



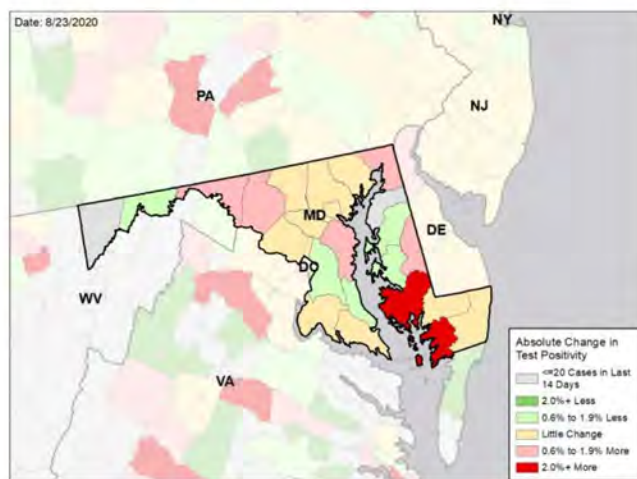
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

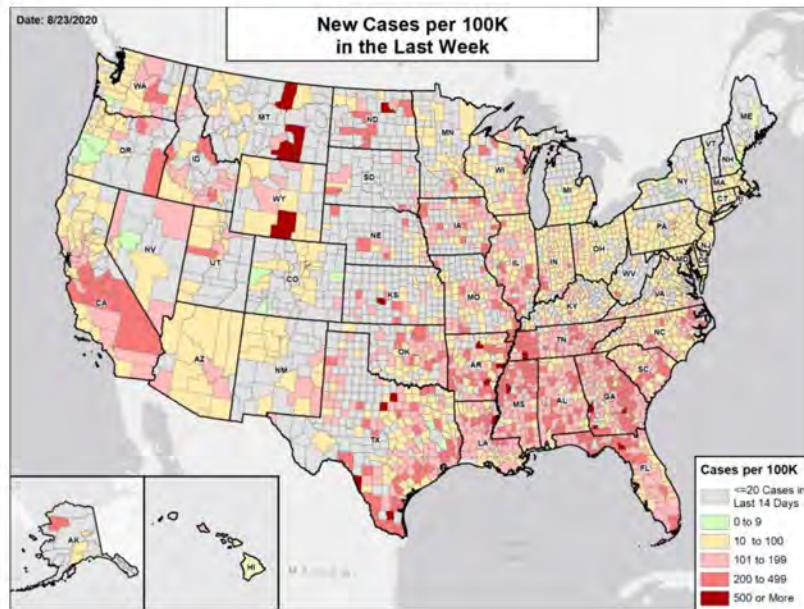
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

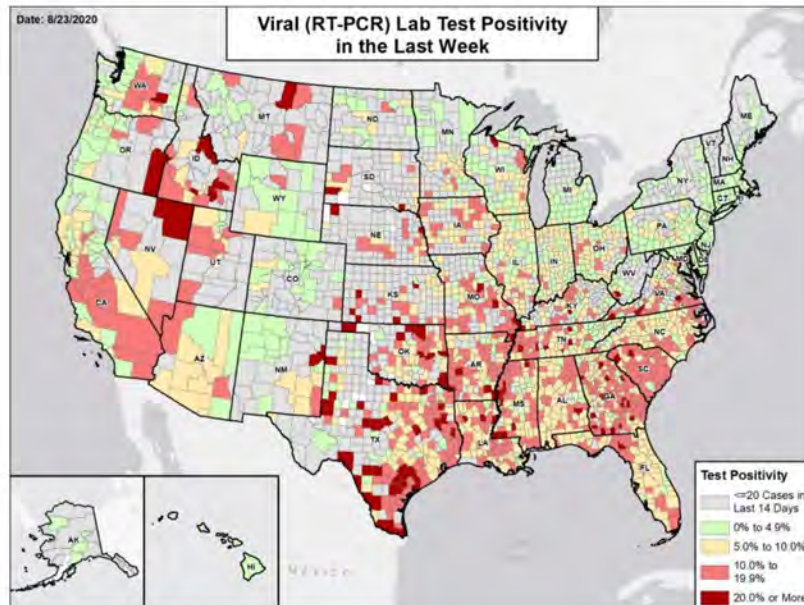


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



MASSACHUSETTS

STATE REPORT | 08.23.2020

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; 18 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 retesting 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](#).

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

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



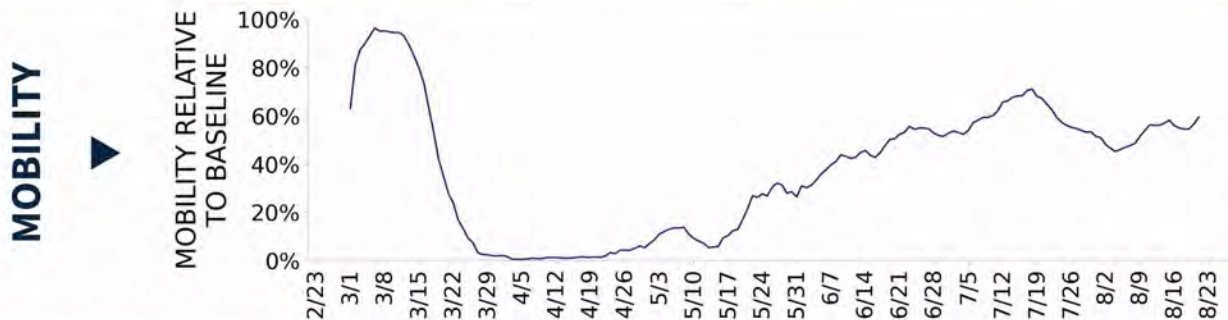
COVID-19



MASSACHUSETTS

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	2,685 (39)	+19.9%	4,312 (29)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.4%	-0.2%*	1.3%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	184,000** (2,670)	+13.1%**	287,895** (1,939)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	84 (1)	-11.6%	108 (1)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	4.8%	-0.9%*	3.3%	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. 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 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 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.



MASSACHUSETTS

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

0

N/A

0

N/A

**COUNTY
LAST WEEK**

0

N/A

0

N/A

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

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

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

Note: Top 12 locations are selected 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 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

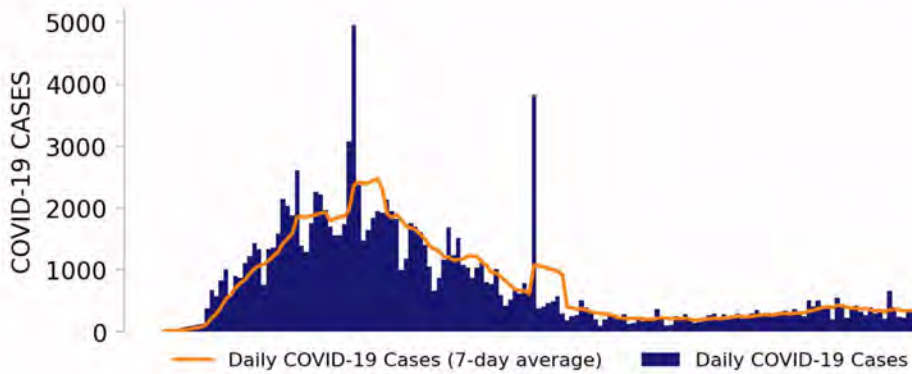
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



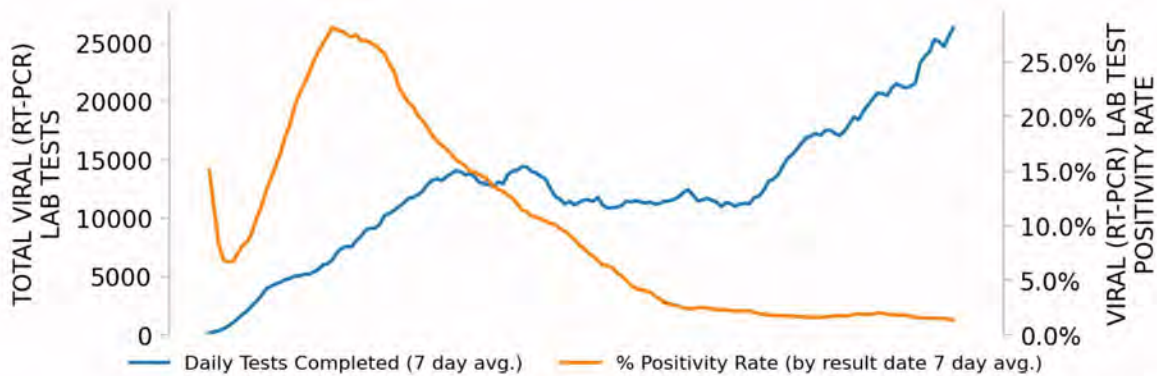
MASSACHUSETTS

STATE REPORT | 08.23.2020

NEW CASES

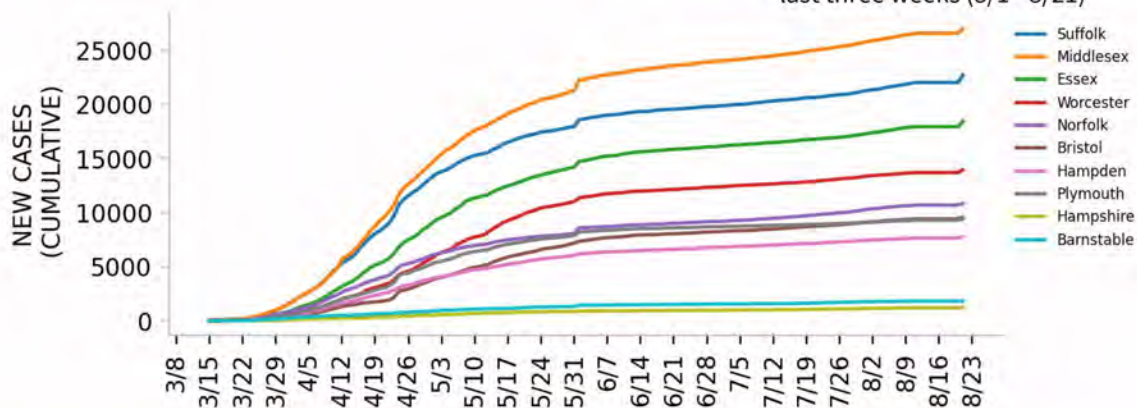


TESTING



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

TOP COUNTIES



DATA SOURCES

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

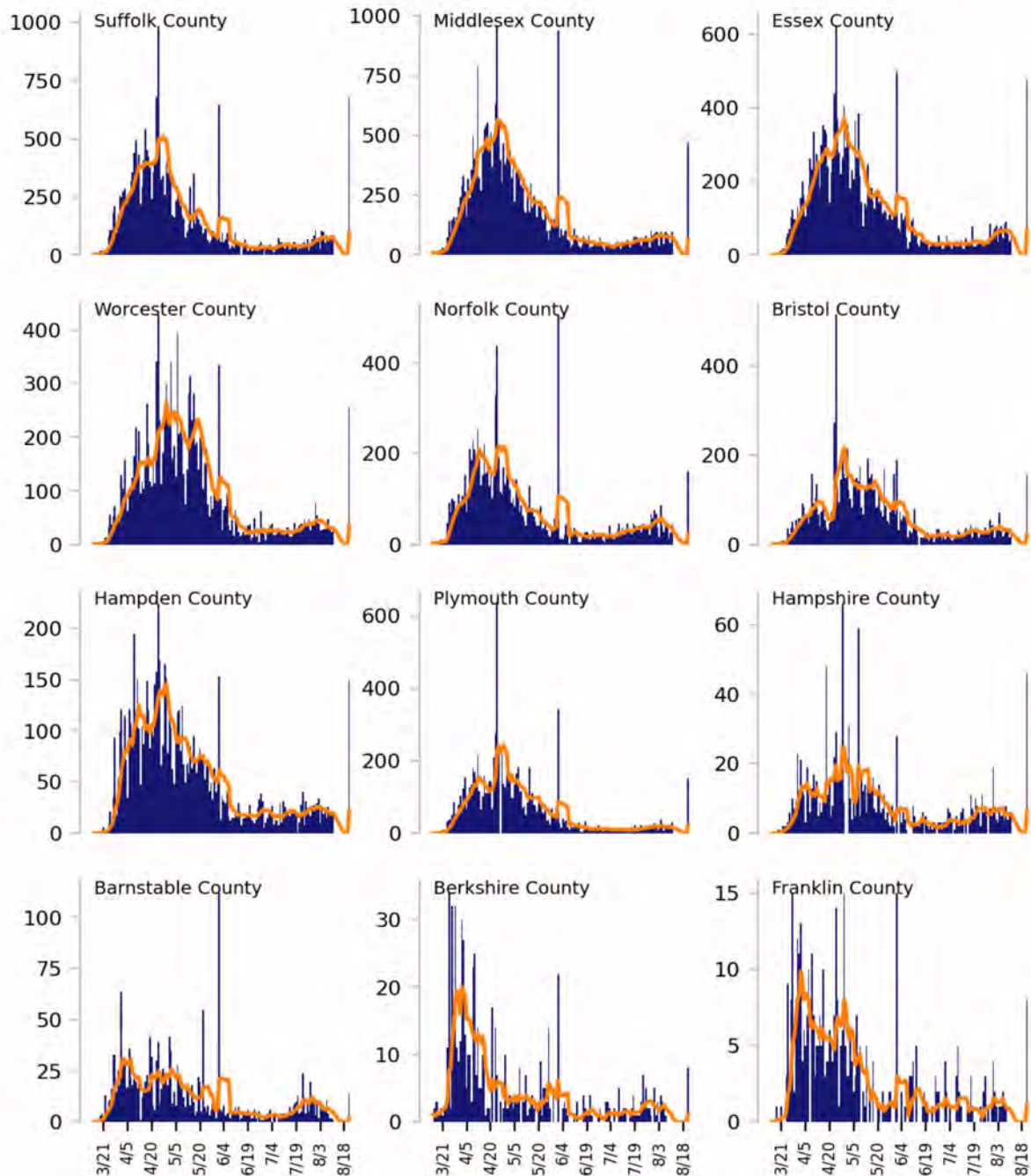
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



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.

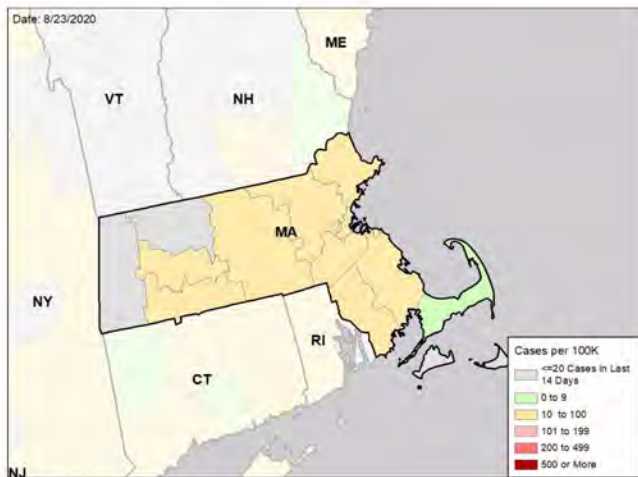


MASSACHUSETTS

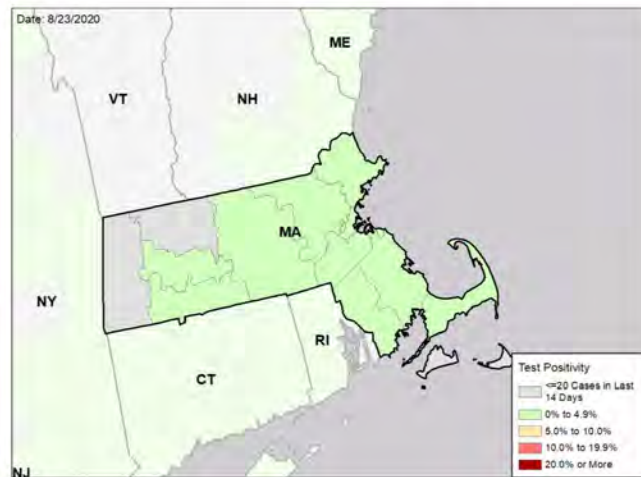
STATE REPORT | 08.23.2020

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

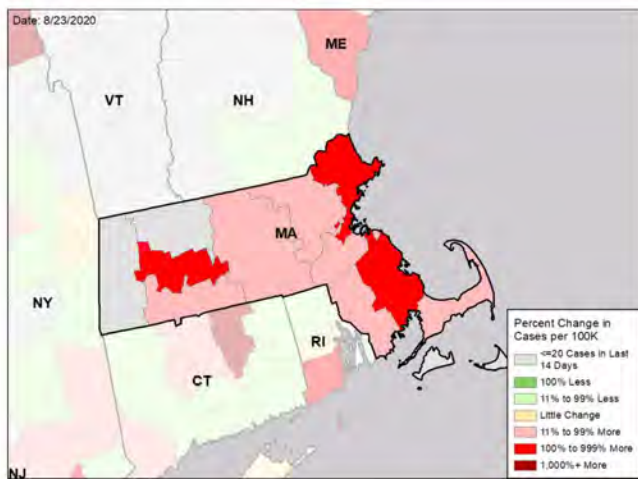
NEW CASES PER 100,000 DURING LAST WEEK



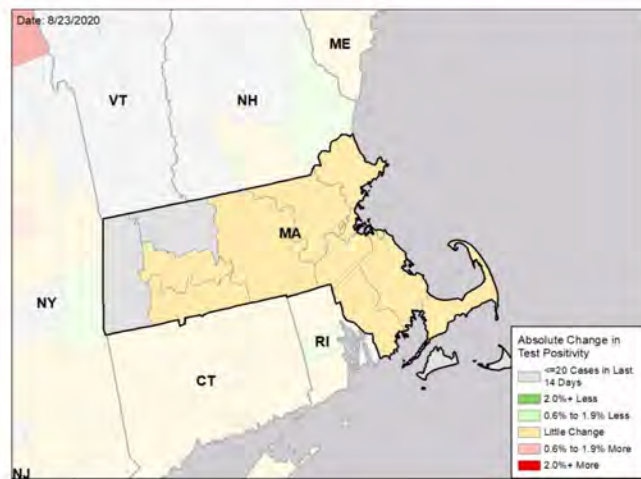
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

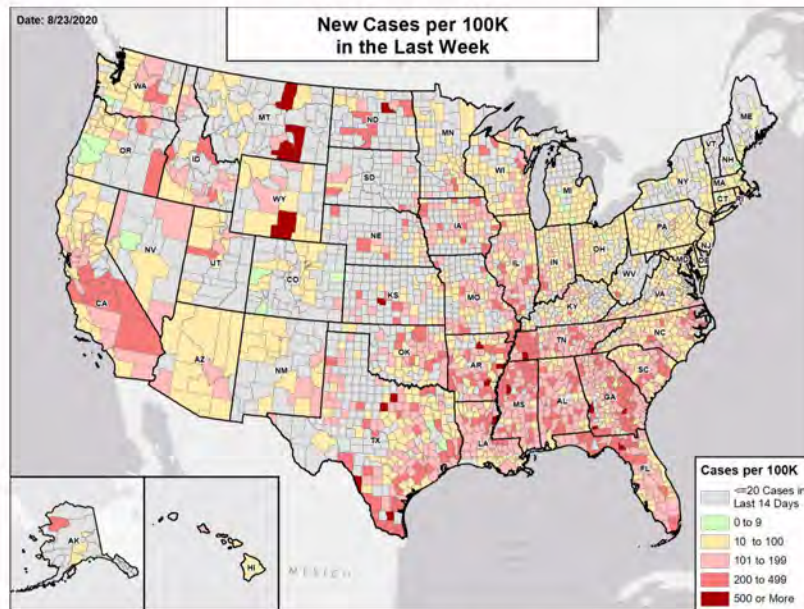
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14. Due to reporting changes in Massachusetts during the past two weeks, county-level case totals for the last week likely represent an overcount and totals for the previous week an undercount.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

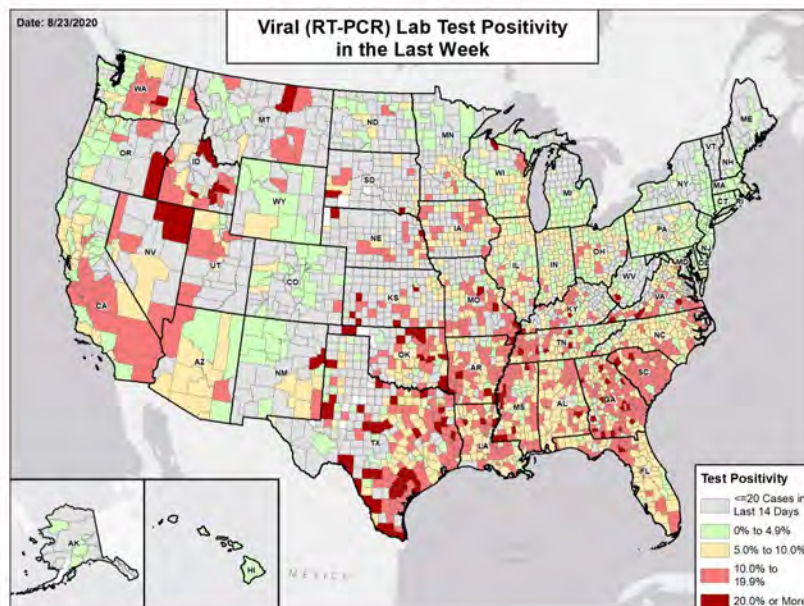


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



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 Wisconsin border (Gogebic/Ontonagon, Menominee/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 50.2 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 USCG; 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 [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 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 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 comparisons to be made across localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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



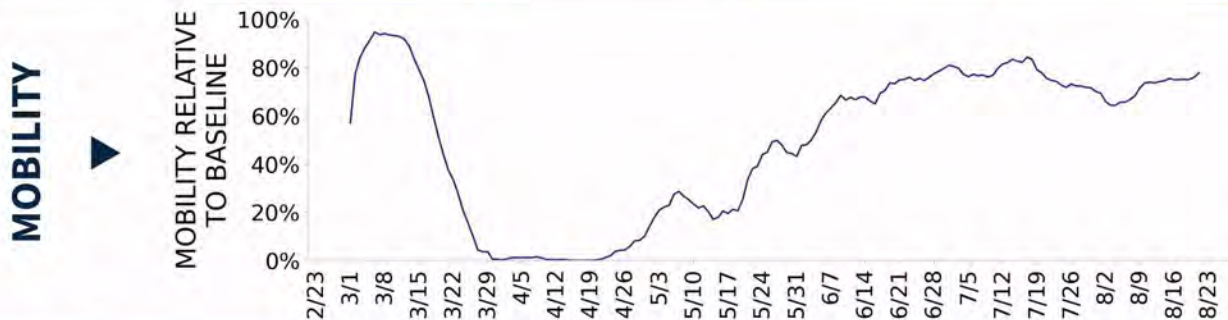
COVID-19



MICHIGAN

STATE REPORT | 08.23.2020

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



MICHIGAN

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

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

N/A

6Detroit-Warren-Dearborn
Saginaw
Muskegon
Marinette
South Bend-Mishawaka
Coldwater**COUNTY
LAST WEEK****0**

N/A

5Macomb
Saginaw
Muskegon
Cass
Branch

* 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

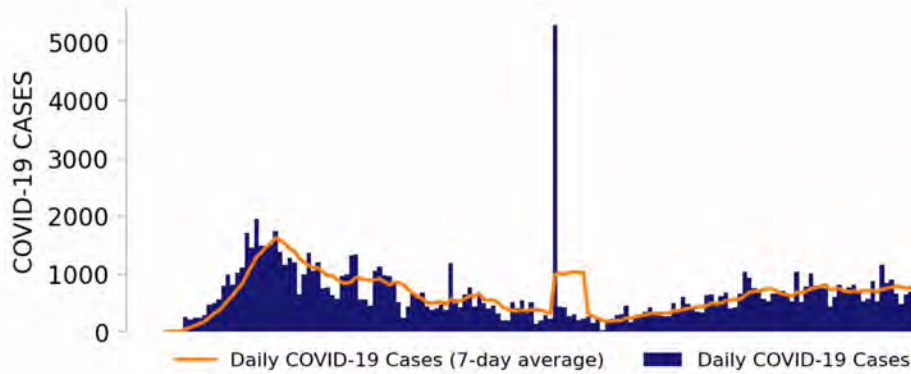
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



MICHIGAN

STATE REPORT | 08.23.2020

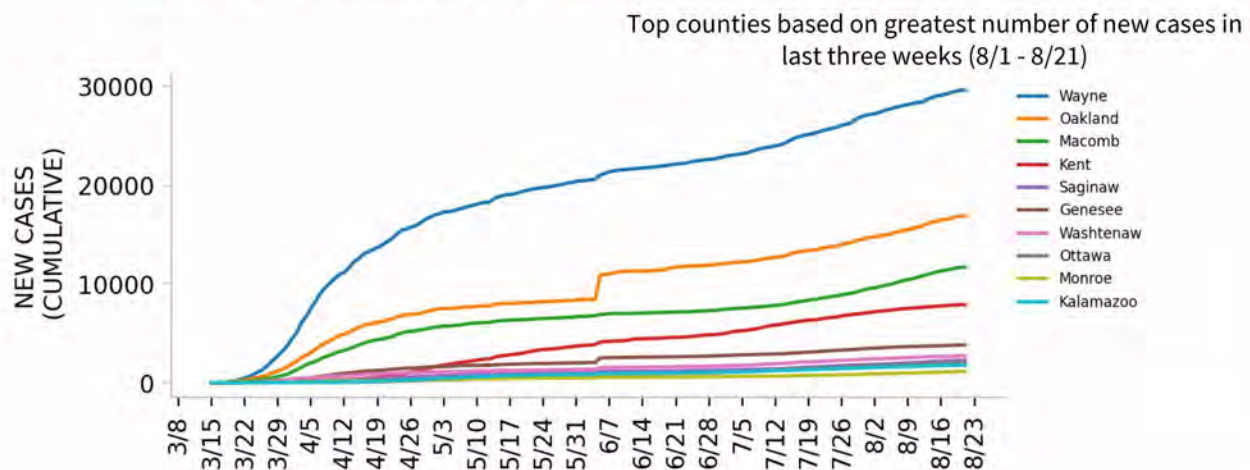
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES

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

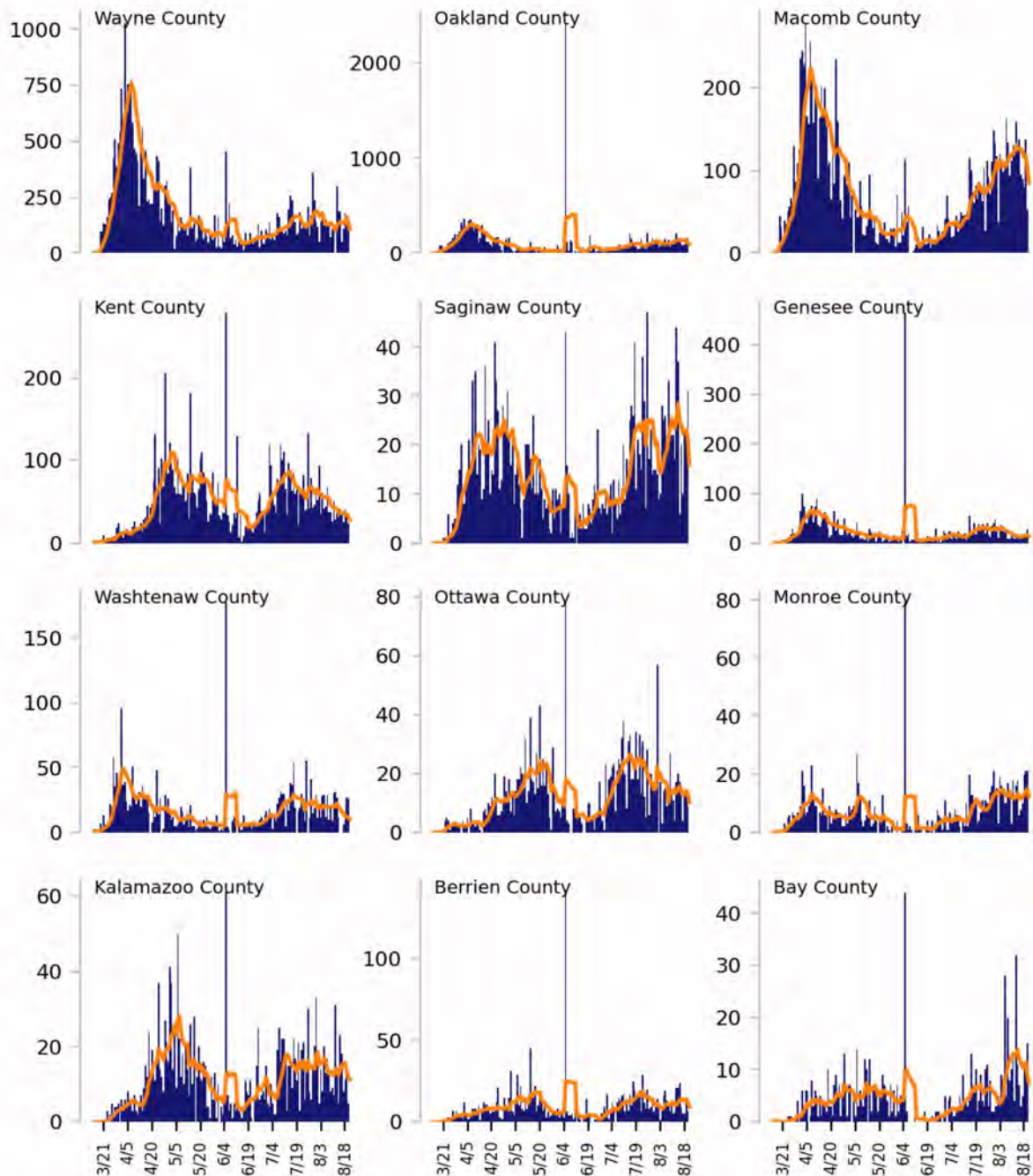
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

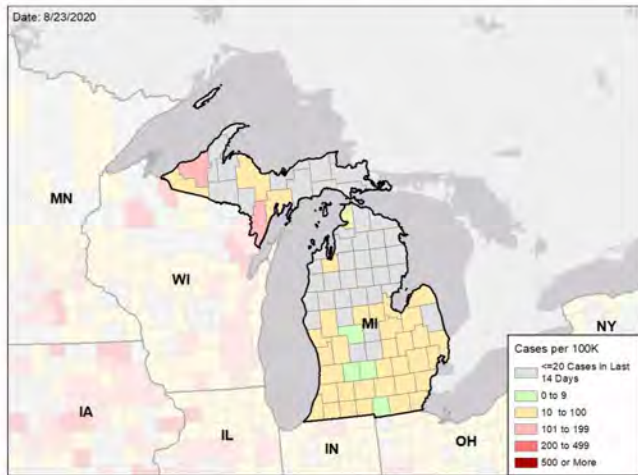


MICHIGAN

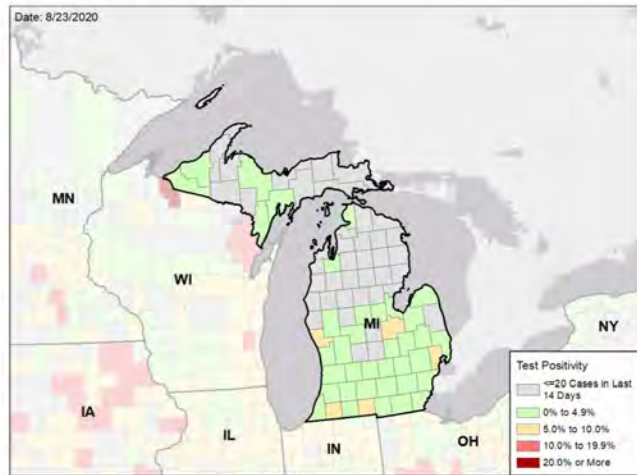
STATE REPORT | 08.23.2020

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

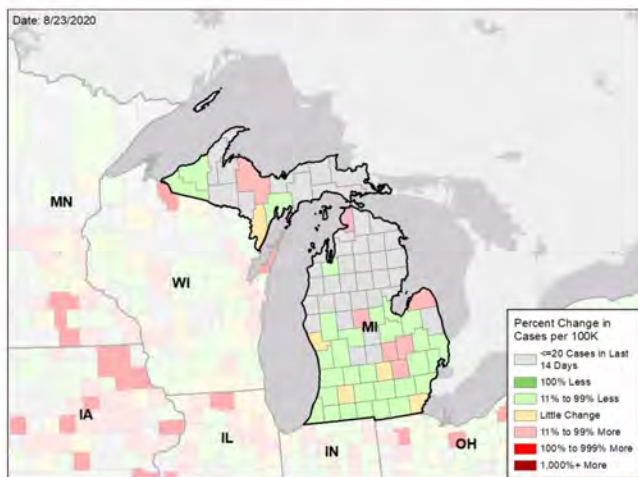
NEW CASES PER 100,000 DURING LAST WEEK



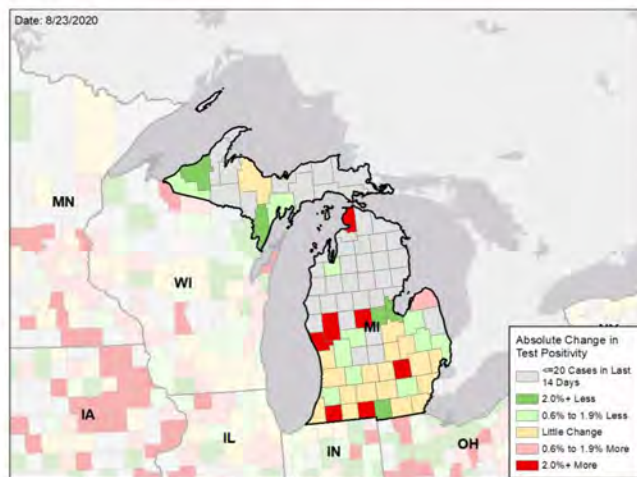
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

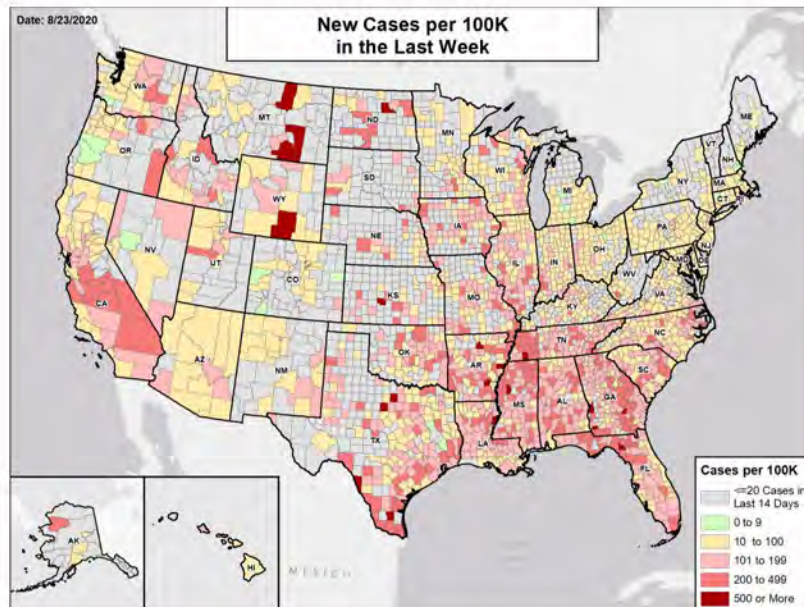
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

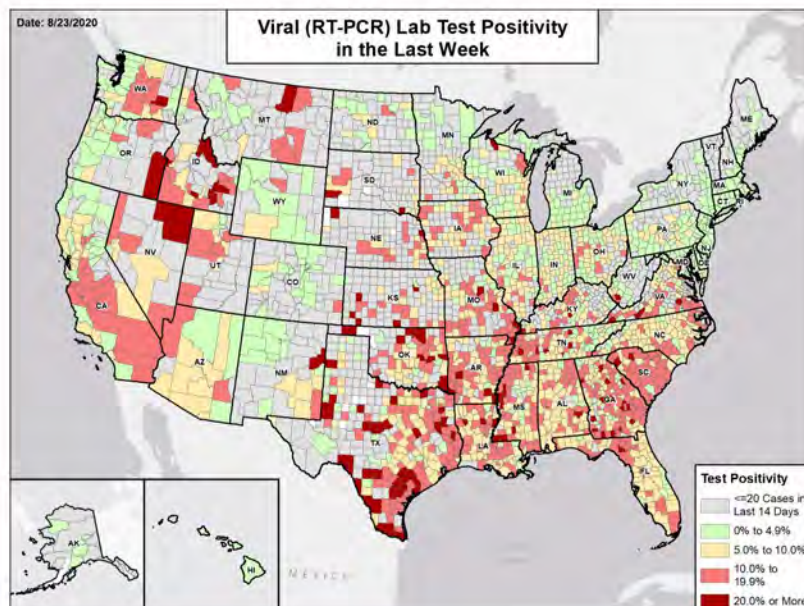


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



MINNESOTA

STATE REPORT | 08.23.2020

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 51.2 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: 8 to support operations activities from FEMA; 1 to support epidemiology activities from CDC; and 1 to support operations activities from USCG.
- Between Aug 15 - Aug 21, on average, 34 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 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

- 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).
- 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, 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 3 or more cases of COVID per week over the last 3 weeks should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population.
- 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 localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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



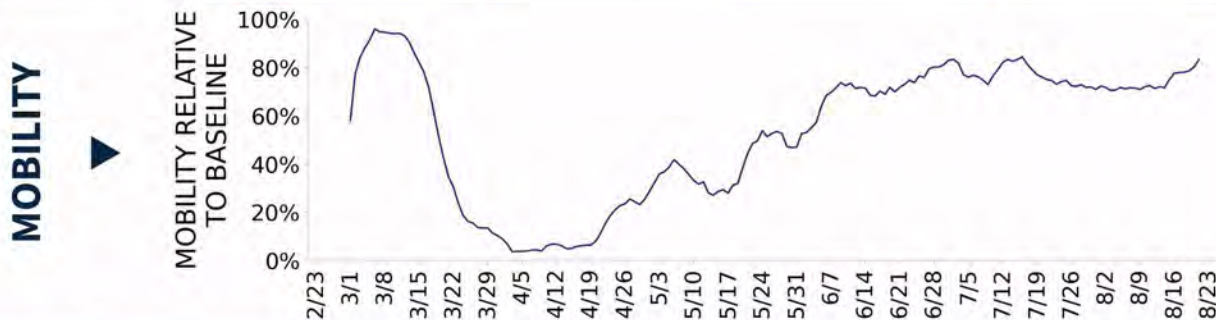
COVID-19



MINNESOTA

STATE REPORT | 08.23.2020

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



MINNESOTA

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

2

Hutchinson
Worthington

6

Minneapolis-St. Paul-Bloomington
Mankato
St. Cloud
Willmar
Austin
Marshall

**COUNTY
LAST WEEK**

5

McLeod
Le Sueur
Waseca
Nobles
Sibley

21

Hennepin
Ramsey
Dakota
Anoka
Washington
Scott
Wright
Stearns
Carver
Blue Earth
Nicollet
Watonwan

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 8/19/2020. 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

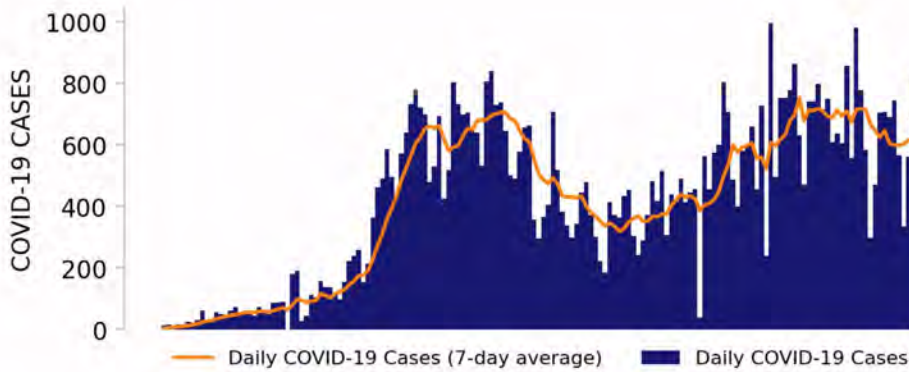
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



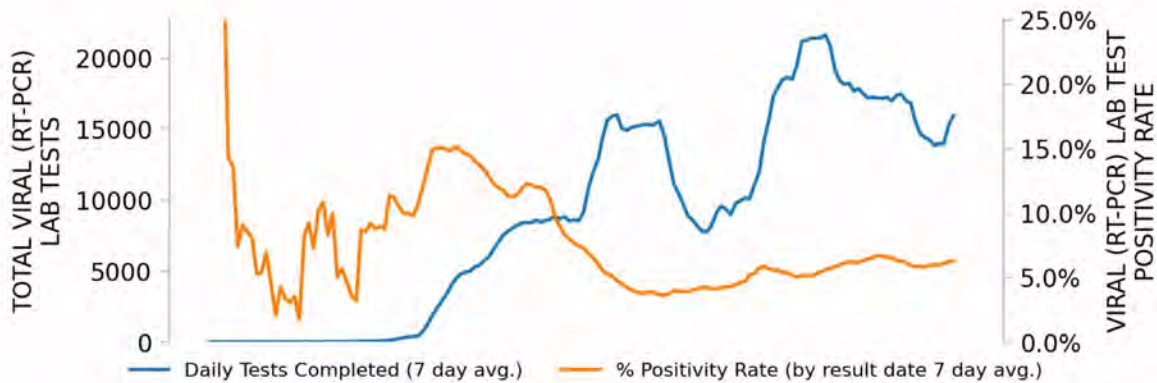
MINNESOTA

STATE REPORT | 08.23.2020

NEW CASES

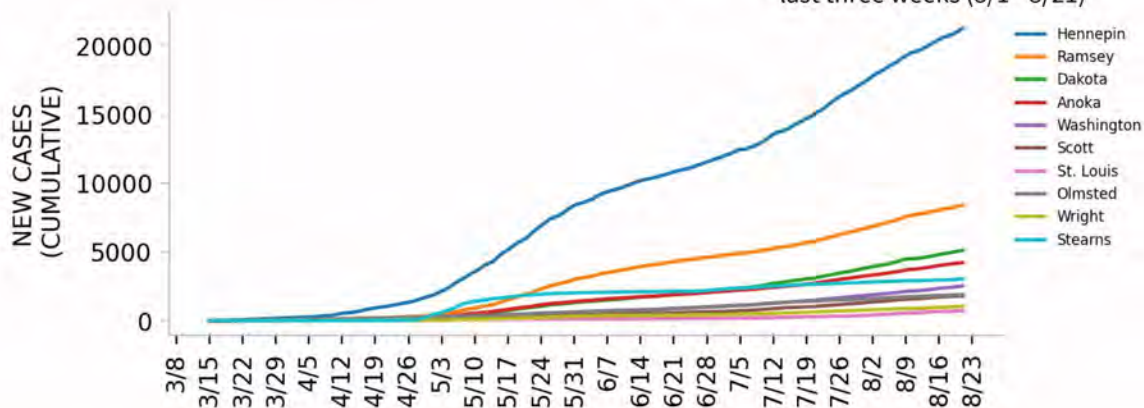


TESTING



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

TOP COUNTIES



DATA SOURCES

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

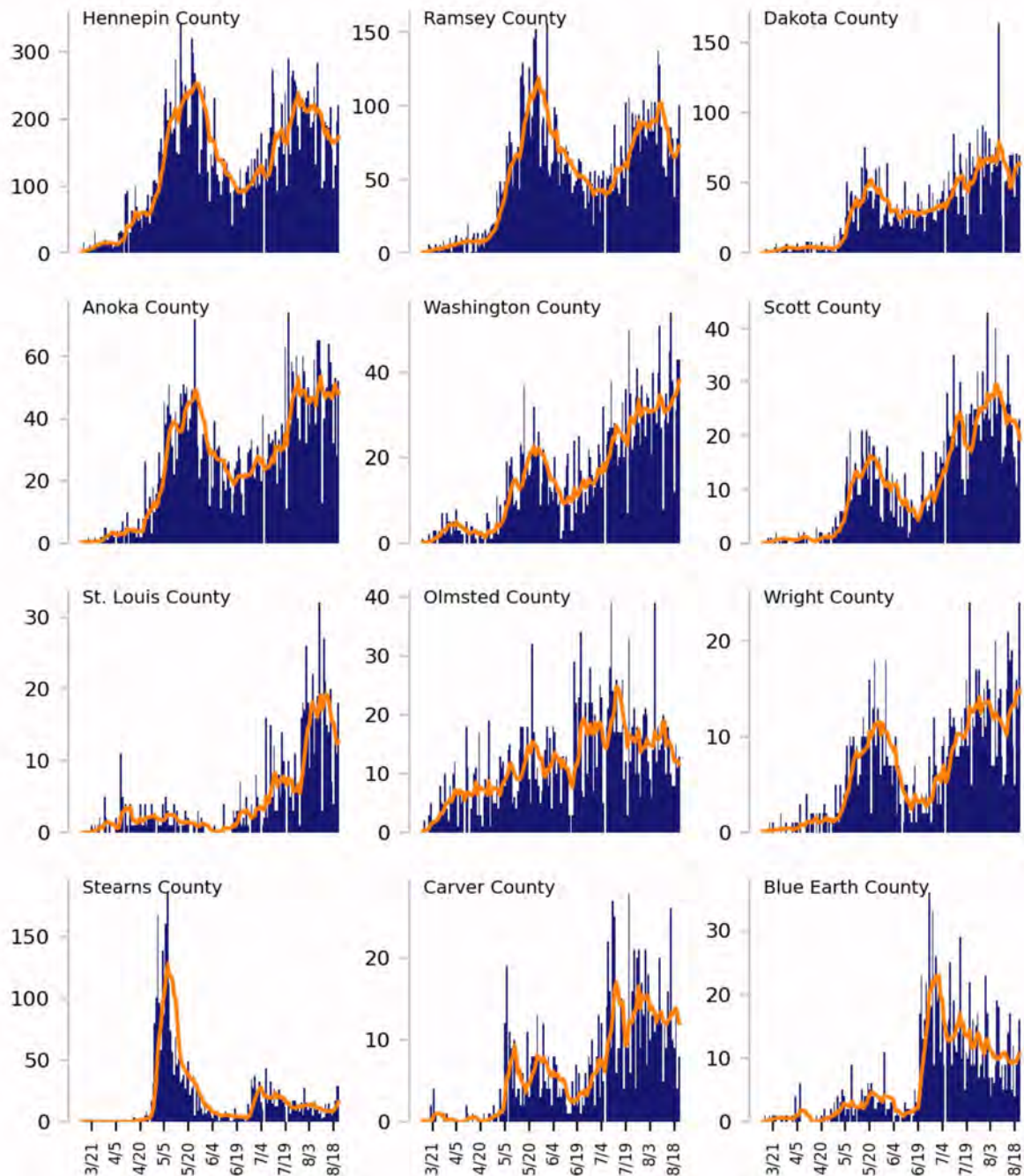
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

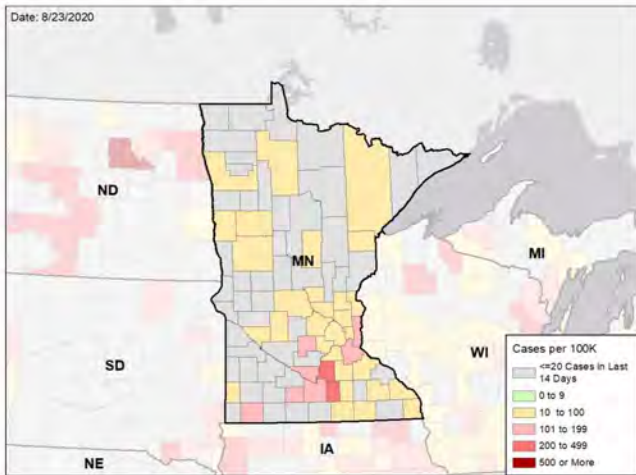


MINNESOTA

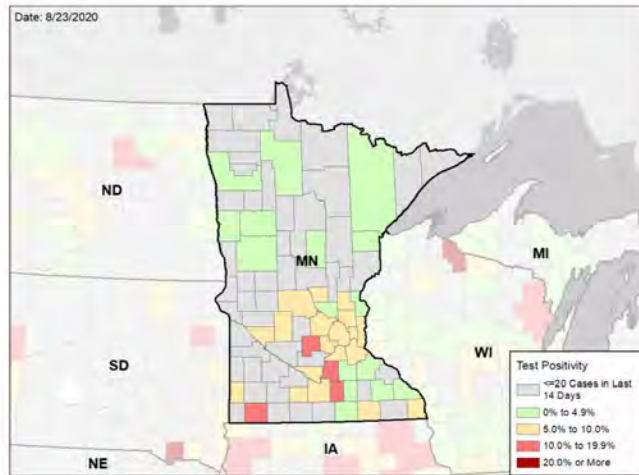
STATE REPORT | 08.23.2020

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

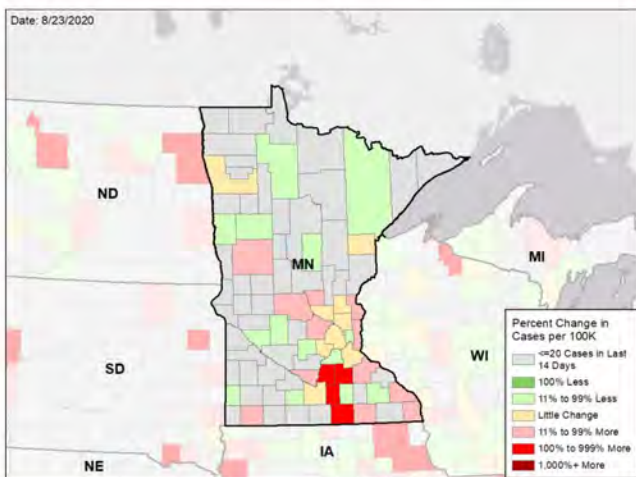
NEW CASES PER 100,000 DURING LAST WEEK



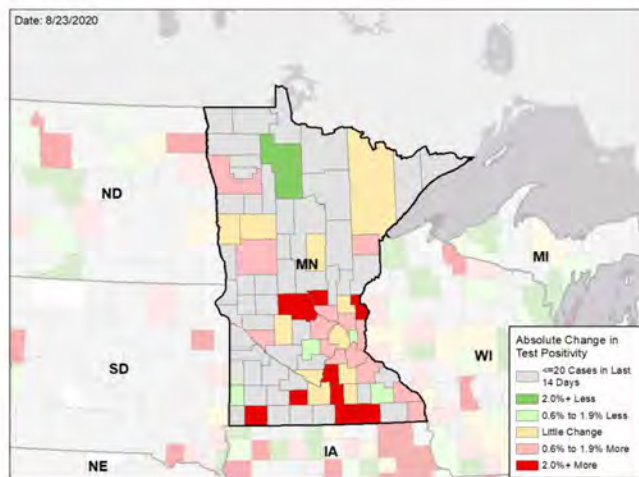
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

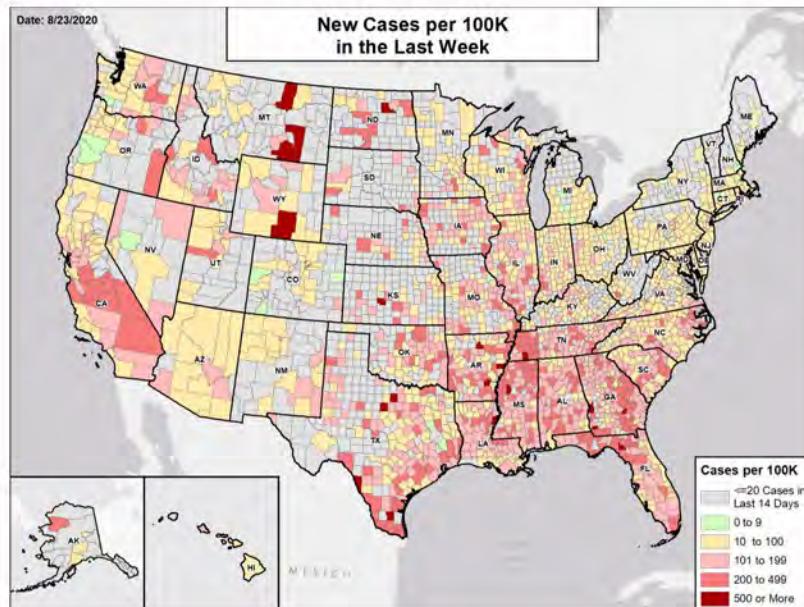
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

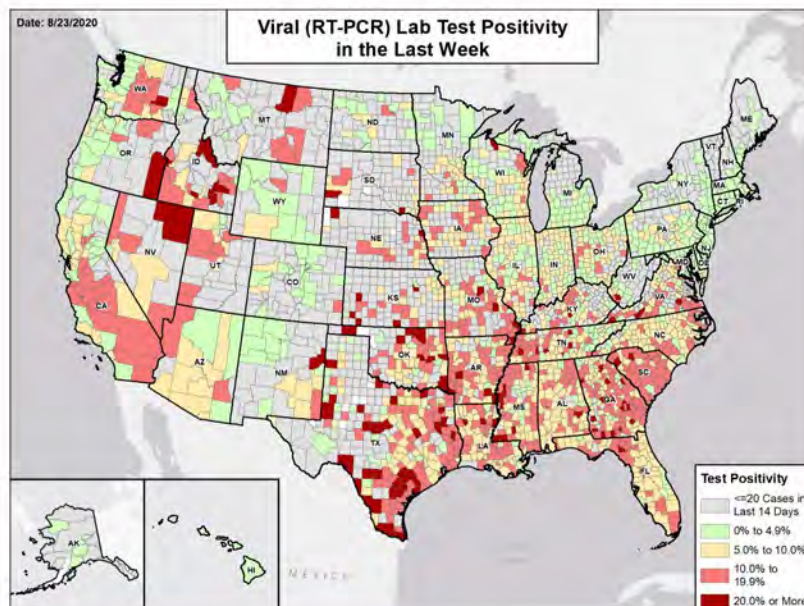


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



MISSISSIPPI

STATE REPORT | 08.23.2020

SUMMARY

- Mississippi is in the red zone for cases, indicating more than 100 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 declines.
- 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 17.5 percent of new cases in Mississippi. Community spread remains significant throughout the state.
- 84% 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 57 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 3 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 179 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 epidemiology activities from CDC; 30 to support medical activities from VA; and 1 to support operations activities from VA.
- Between Aug 15 - Aug 21, on average, 93 patients with confirmed COVID-19 and 77 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Mississippi. An average of 87 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*
- Please review the [West Virginia School Re-Opening](#) 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 facemask use. Immediately conduct infection control surveys in all nursing homes with 3 or more cases per week over the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support LTCF testing.
- Continue the mask mandate and ensure compliance.
- Must consider closing establishments where social distancing and mask use cannot 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-led 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 3:1 or 2:1 pooling of test specimens on all high throughput machines as long as turnaround times are greater than 36 hours. For families and cohabiting households, screen entire households.
- Require all universities with RNA detection platforms use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students. 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.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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

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



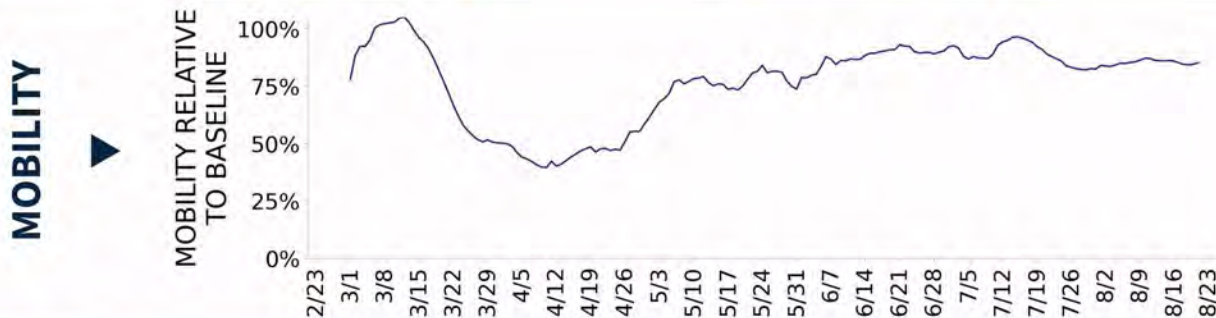
COVID-19



MISSISSIPPI

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	5,331 (179)	-3.0%	89,560 (134)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.9%	-1.7%*	9.0%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	24,601** (827)	-17.5%**	997,394** (1,491)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	171 (6)	-19.7%	2,444 (4)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	25.7%	-1.8%*	22.7%	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) 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 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)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

14

Gulfport-Biloxi
Memphis
Tupelo
Greenville
Meridian
Greenwood
Cleveland
Oxford
Vicksburg
Indianola
Clarksdale
McComb

6

Jackson
Hattiesburg
Laurel
Columbus
Brookhaven
Natchez

**COUNTY
LAST WEEK**

40

DeSoto
Hinds
Harrison
Jackson
Lee
Washington
Bolivar
Leflore
Marshall
Panola
Lafayette
Warren

29

Rankin
Forrest
Jones
Union
Monroe
Lowndes
Pontotoc
Lamar
Oktibbeha
Tishomingo
Lincoln
Neshoba

All Red CBSAs: Gulfport-Biloxi, Memphis, Tupelo, Greenville, Meridian, Greenwood, Cleveland, Oxford, Vicksburg, Indianola, Clarksdale, McComb, Picayune, Corinth

All Red Counties: DeSoto, Hinds, Harrison, Jackson, Lee, Washington, Bolivar, Leflore, Marshall, Panola, Lafayette, Warren, Sunflower, Lauderdale, Coahoma, Pike, Prentiss, Tallahatchie, Tate, Tippah, Pearl River, Tunica, Simpson, Holmes, Alcorn, George, Stone, Walthall, Winston, Clarke, Sharkey, Jasper, Leake, Lawrence, Wilkinson, Amite, Humphreys, Franklin, Carroll, Jefferson

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 8/19/2020. 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

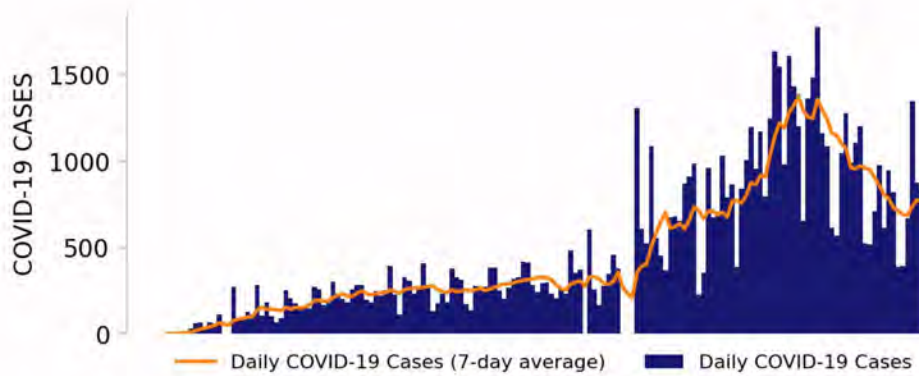
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



MISSISSIPPI

STATE REPORT | 08.23.2020

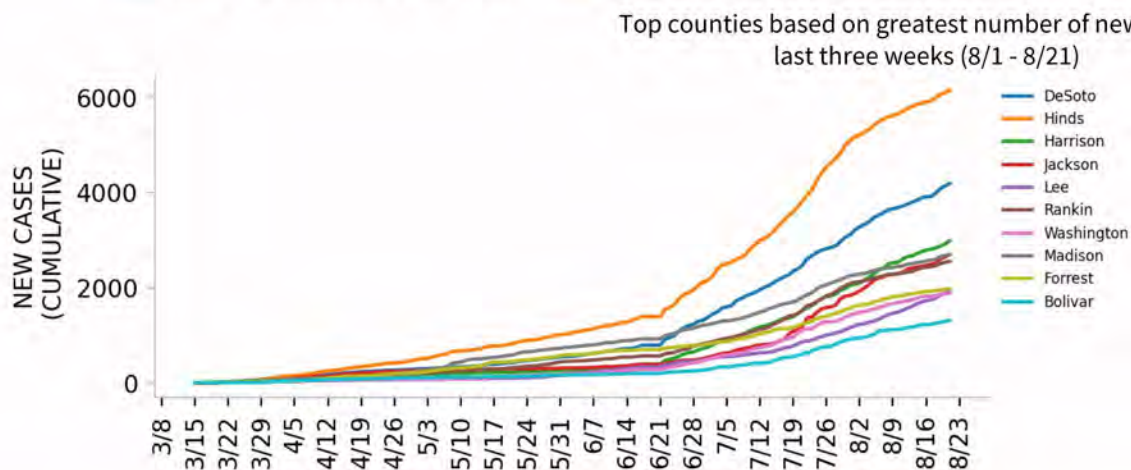
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES

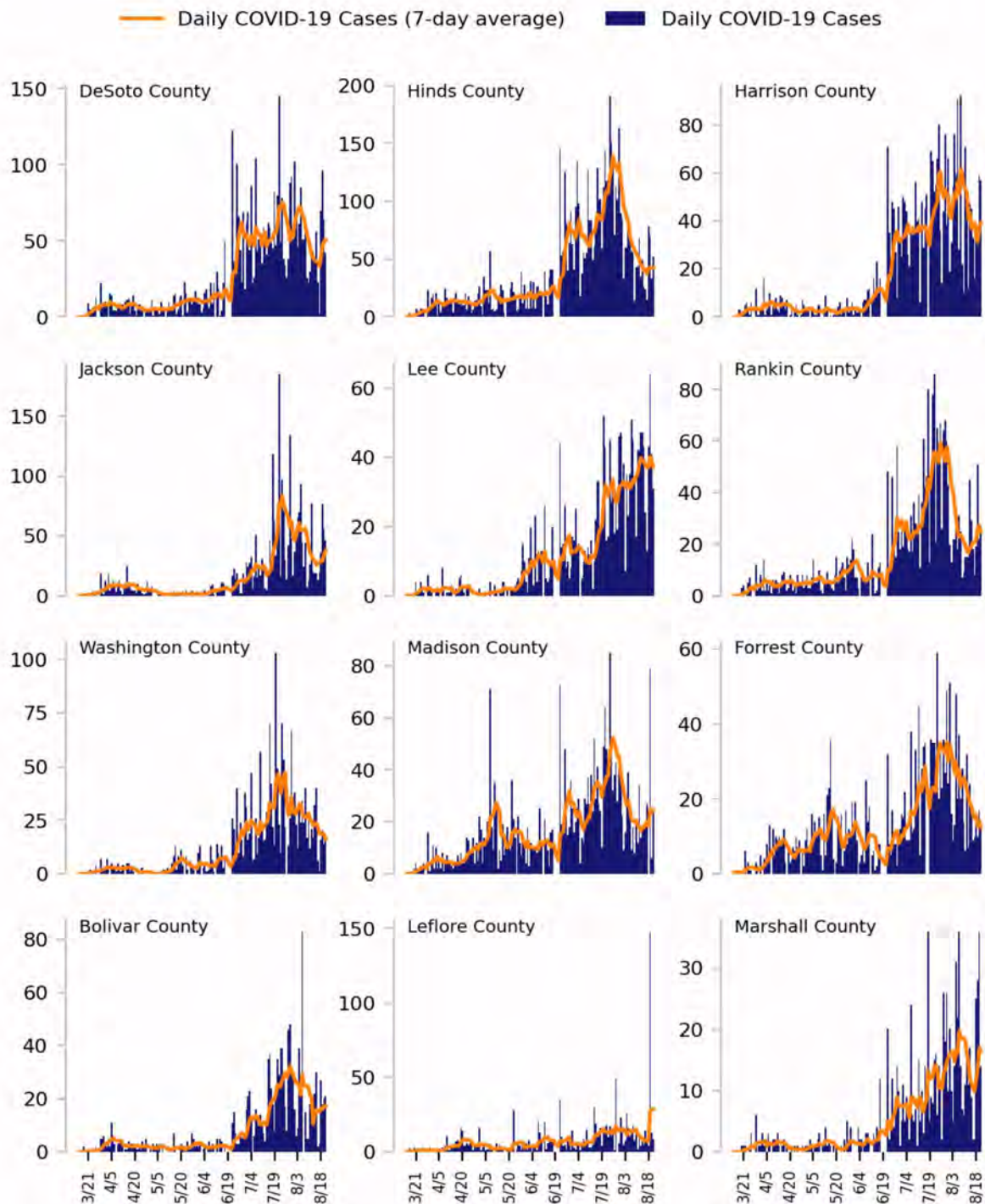
Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/21/2020.

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

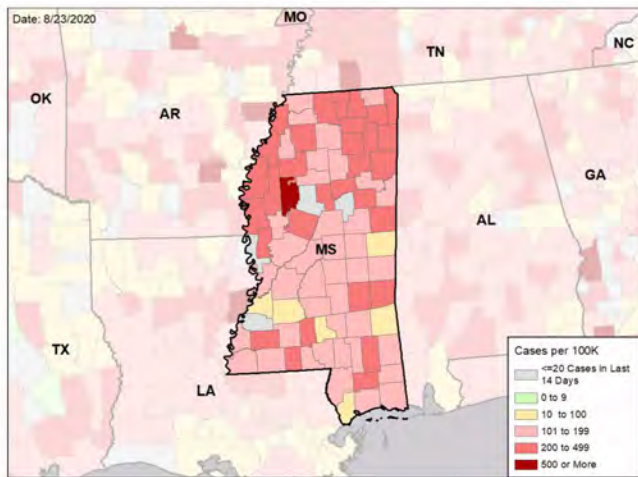


MISSISSIPPI

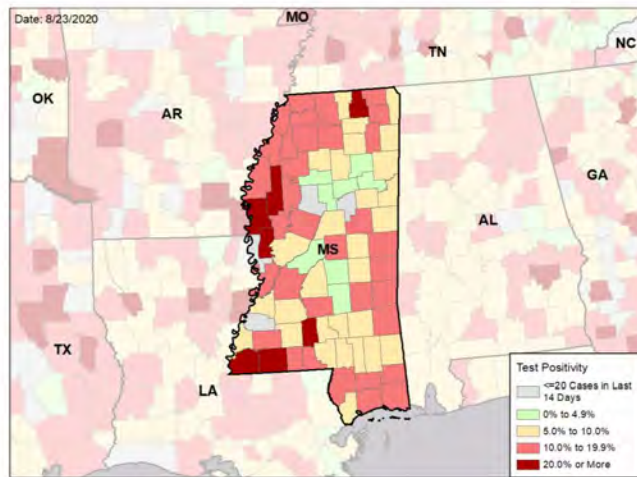
STATE REPORT | 08.23.2020

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

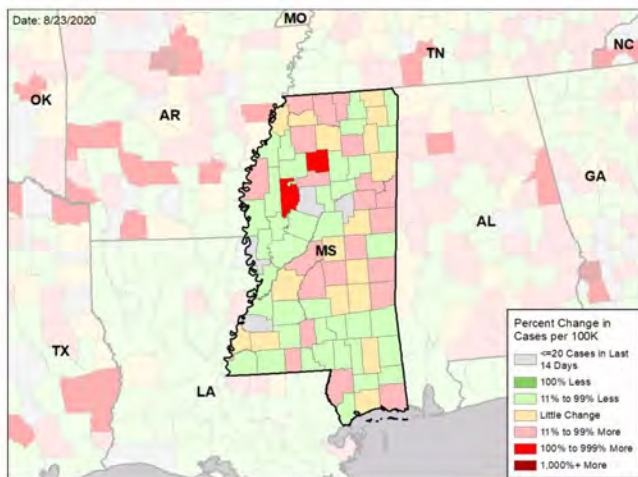
NEW CASES PER 100,000 DURING LAST WEEK



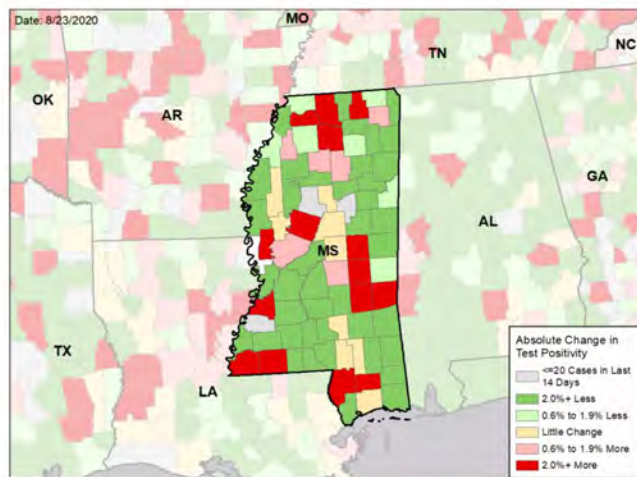
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

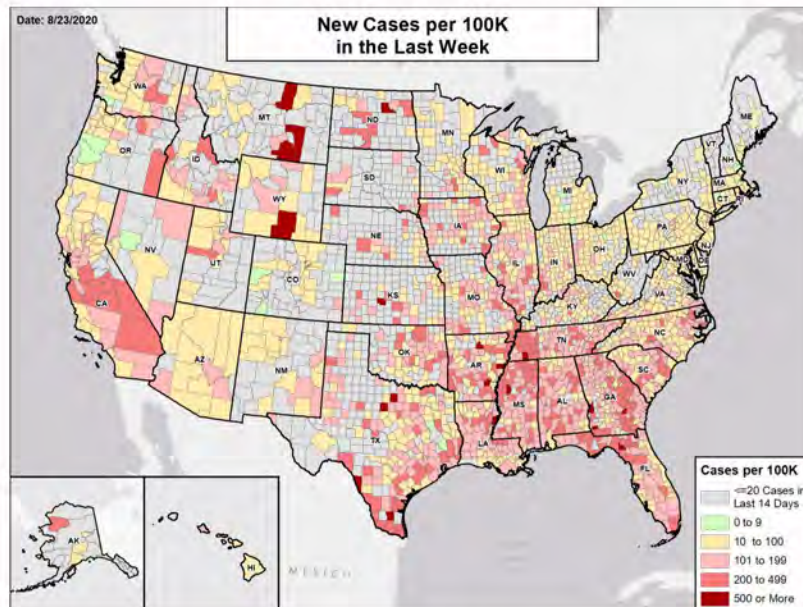
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

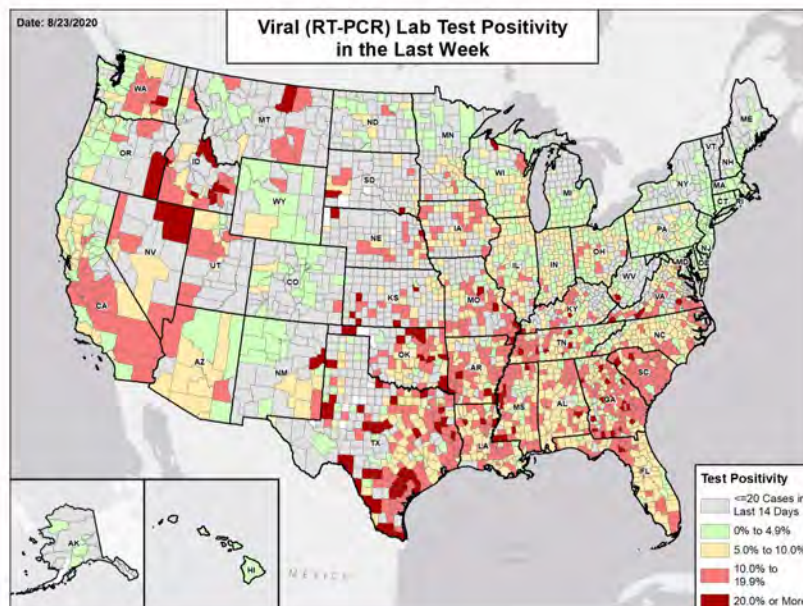


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



MISSOURI

STATE REPORT | 08.23.2020

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.
- 55% 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 staff deployed from the federal government as assets to support the state response are: 70 to support operations activities from FEMA; 7 to support operations activities from ASPR; 4 to support epidemiology activities from CDC; 2 to support operations activities from CDC; and 1 to support operations activities from VA.
- Between Aug 15 - Aug 21, on average, 88 patients with confirmed COVID-19 and 206 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 patients each day during this period.*
- Please review the [West Virginia School Re-Opening](#) 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; 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.
 - (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 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 [CDC website](#).

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

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



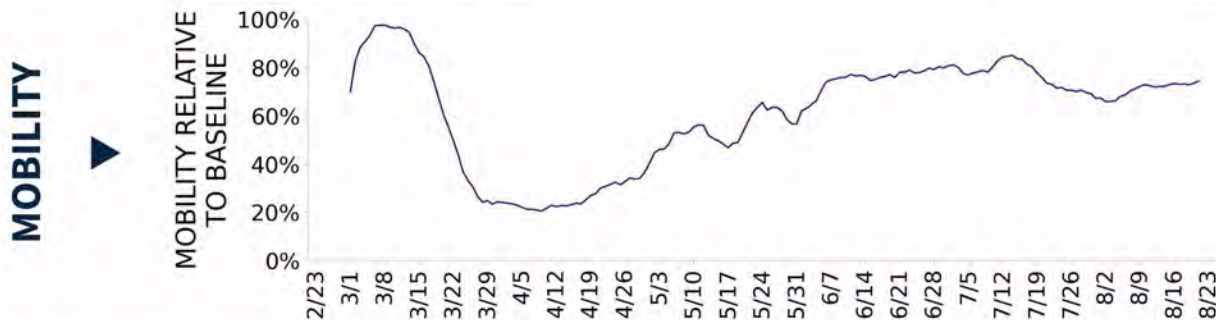
COVID-19



MISSOURI

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	7,689 (125)	-2.4%	16,570 (117)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.3%	-0.5%*	8.8%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	59,809** (974)	+7.0%**	184,905** (1,308)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	86 (1)	+152.9%	174 (1)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	11.2%	+2.3%*	7.1%	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) 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 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.



MISSOURI

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

11

Springfield
Joplin
Jefferson City
Branson
Cape Girardeau
Hannibal
Kennett
Sikeston
Fort Leonard Wood
Marshall
Fort Madison-Keokuk

14

St. Louis
Kansas City
Columbia
Farmington
Sedalia
St. Joseph
Poplar Bluff
Maryville
Warrensburg
West Plains
Lebanon
Rolla

**COUNTY
LAST WEEK**

30

Greene
Jasper
Taney
Cole
Franklin
Cape Girardeau
Christian
Newton
Dunklin
Scott
Marion
New Madrid

33

St. Louis
Jackson
St. Charles
St. Louis City
Jefferson
Boone
St. Francois
Clay
Pettis
Cass
Platte
Buchanan

All Yellow CBSAs: St. Louis, Kansas City, Columbia, Farmington, Sedalia, St. Joseph, Poplar Bluff, Maryville, Warrensburg, West Plains, Lebanon, Rolla, Moberly, Quincy

All Red Counties: Greene, Taney, Jasper, Cole, Franklin, Cape Girardeau, Christian, Newton, Dunklin, Scott, Marion, New Madrid, Camden, Stone, Pulaski, Washington, Warren, Callaway, Lawrence, Cooper, Saline, Crawford, Pemiscot, Mississippi, Ripley, Bollinger, Madison, Howard, Hickory, Monroe

All Yellow Counties: St. Louis, Jackson, St. Charles, St. Louis City, Jefferson, Boone, St. Francois, Clay, Pettis, Cass, Platte, Buchanan, Nodaway, Butler, Barry, Johnson, Howell, Laclede, Polk, Benton, Phelps, Moniteau, Webster, Clinton, McDonald, Stoddard, Randolph, Texas, Ste. Genevieve, Dallas, Osage, Dent, DeKalb

* 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

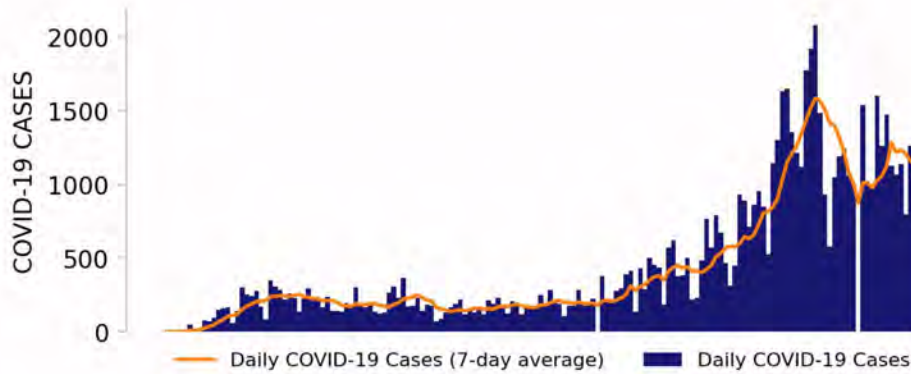
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



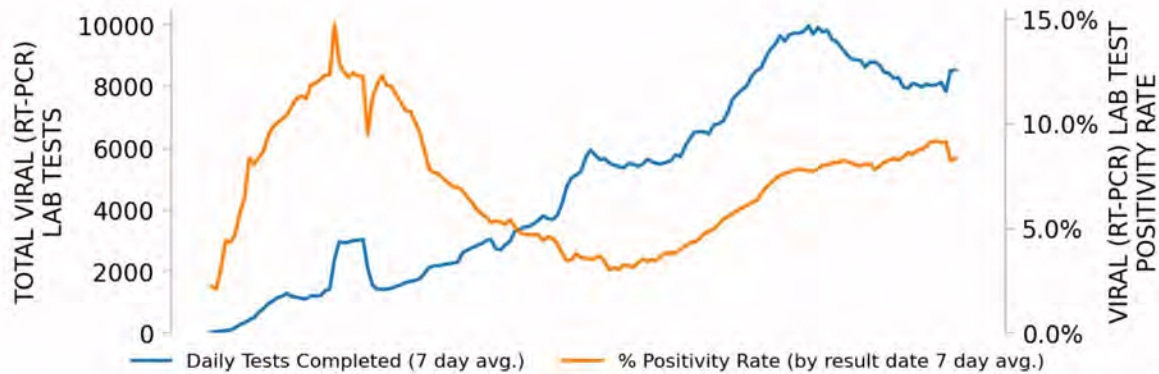
MISSOURI

STATE REPORT | 08.23.2020

NEW CASES

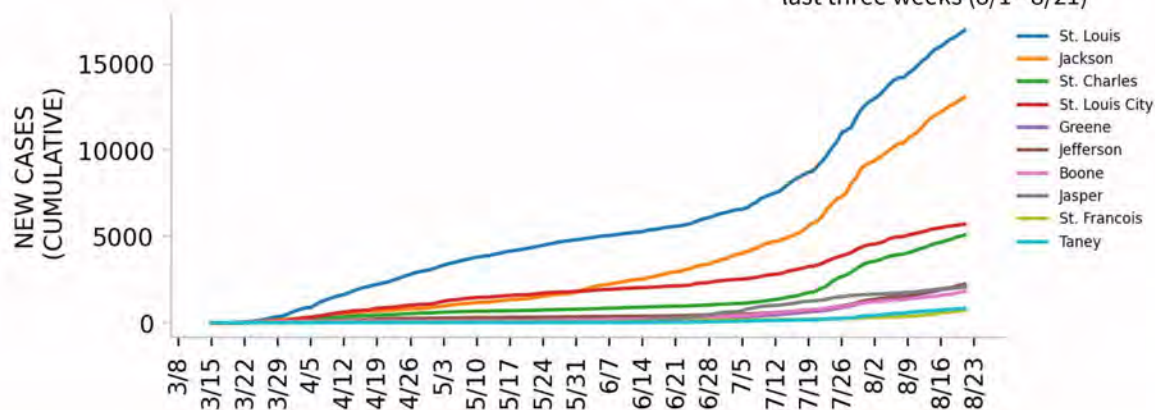


TESTING



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

TOP COUNTIES



DATA SOURCES

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

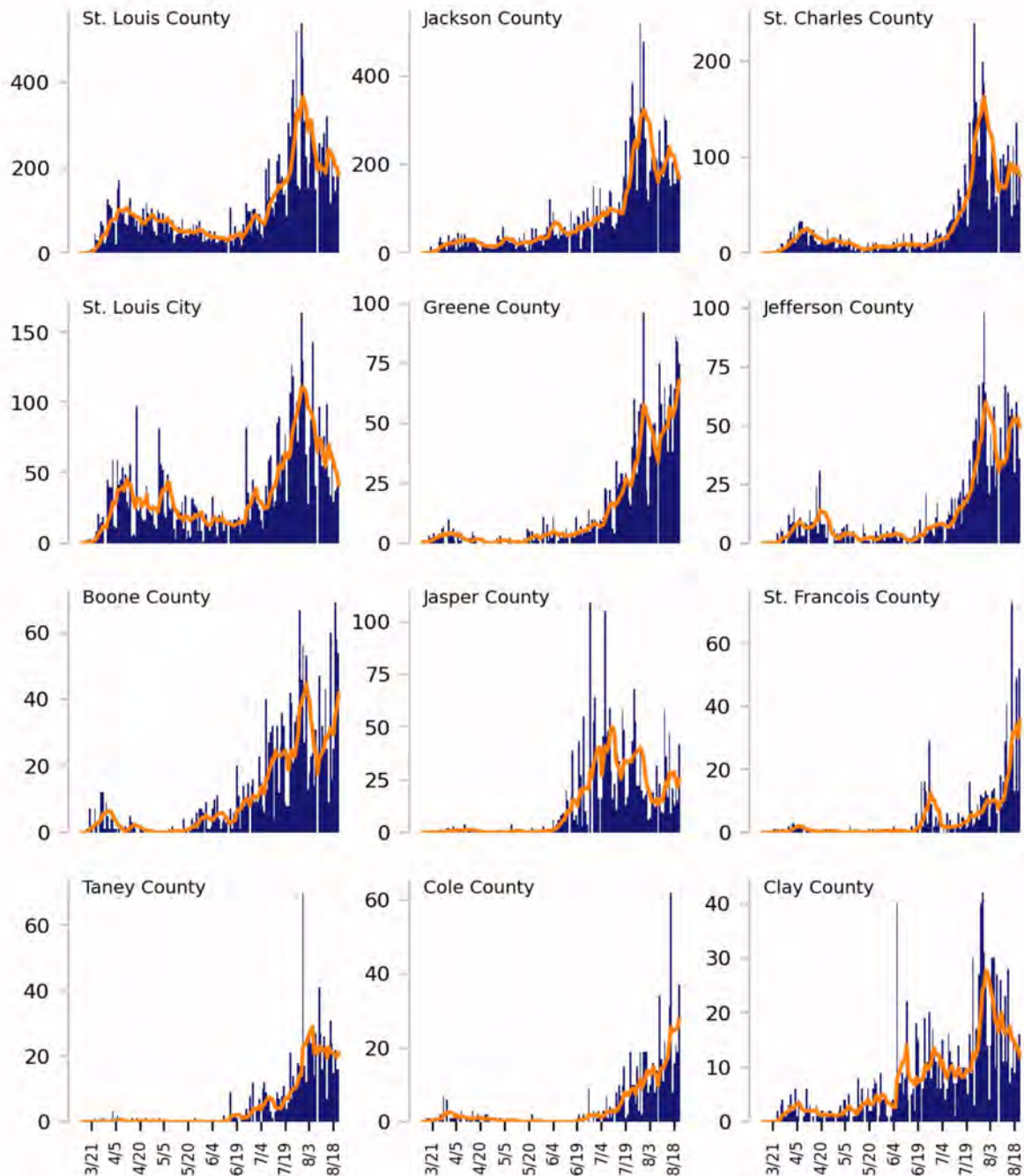
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

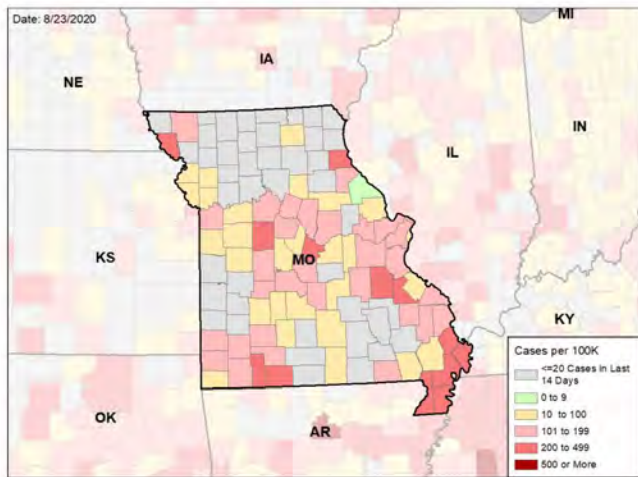


MISSOURI

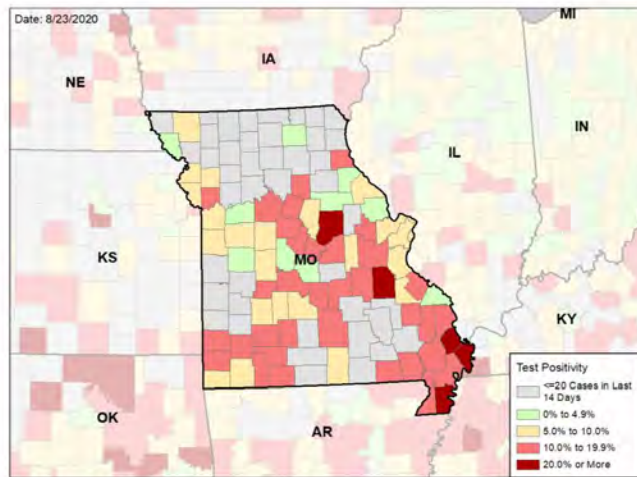
STATE REPORT | 08.23.2020

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

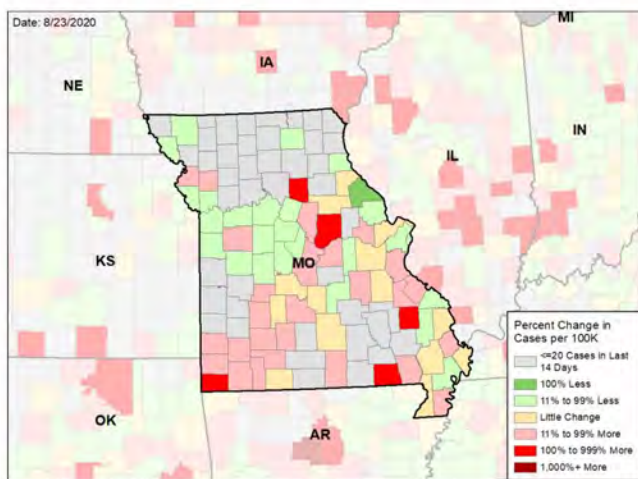
NEW CASES PER 100,000 DURING LAST WEEK



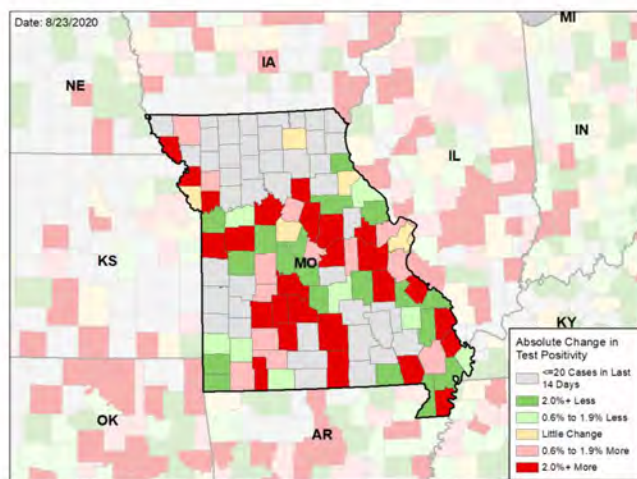
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

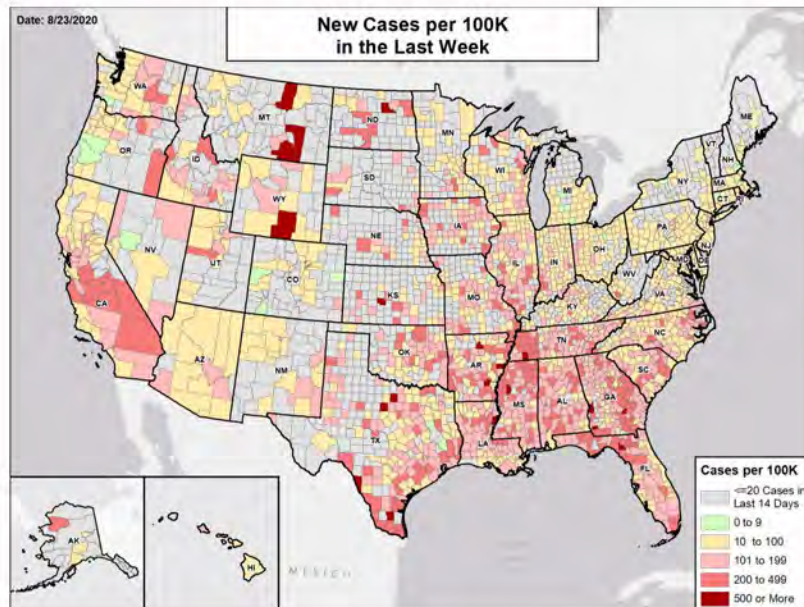
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

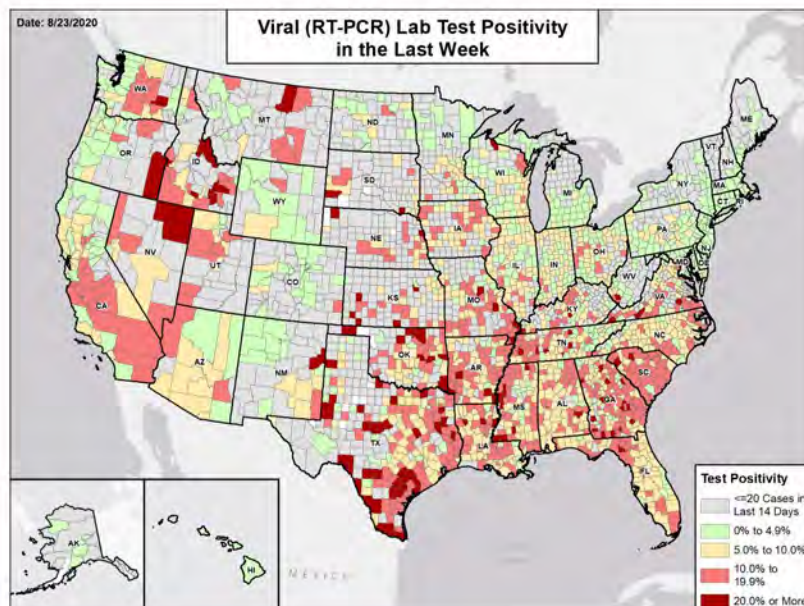


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



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 percent 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).
- 0.0% 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 22 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Montana. An average of 43 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

- The elevated case rates 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 use, and ensuring easily available testing with vigorous and early contact tracing.
- Tribal Nations: Continue to promote social distancing and mask recommendations. Deploy specific, culturally relevant education and public health messaging. Pooled testing should be instituted for multi-generational households and housing for quarantine of contacts and isolation of cases should be provided immediately as needed.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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

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



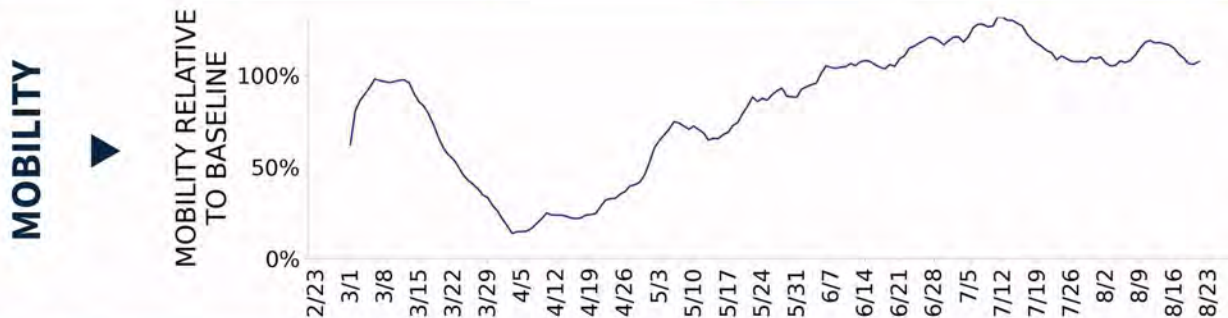
COVID-19



MONTANA

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	673 (63)	-14.2%	7,581 (62)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.0%	-1.0%*	5.0%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	5,667** (530)	-55.9%**	167,432** (1,366)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	7 (1)	-36.4%	81 (1)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	0.0%	-1.4%*	5.5%	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) 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)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

1

Billings

1

Bozeman

**COUNTY
LAST WEEK**

5

Yellowstone
Big Horn
Phillips
Rosebud
Sanders

2

Gallatin
Glacier

* 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. 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 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

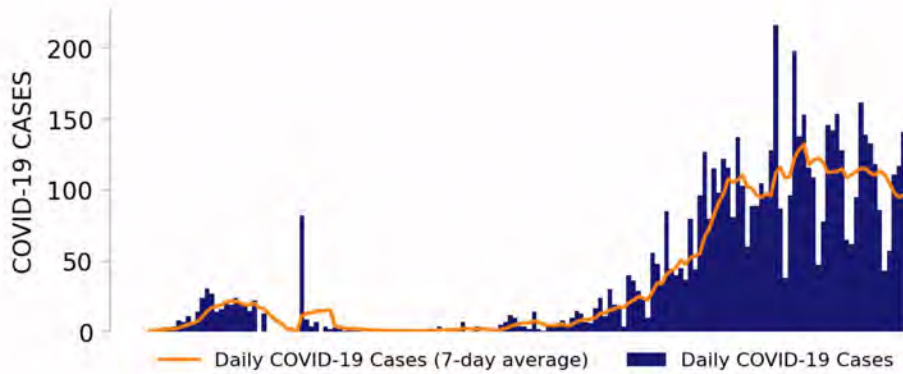
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



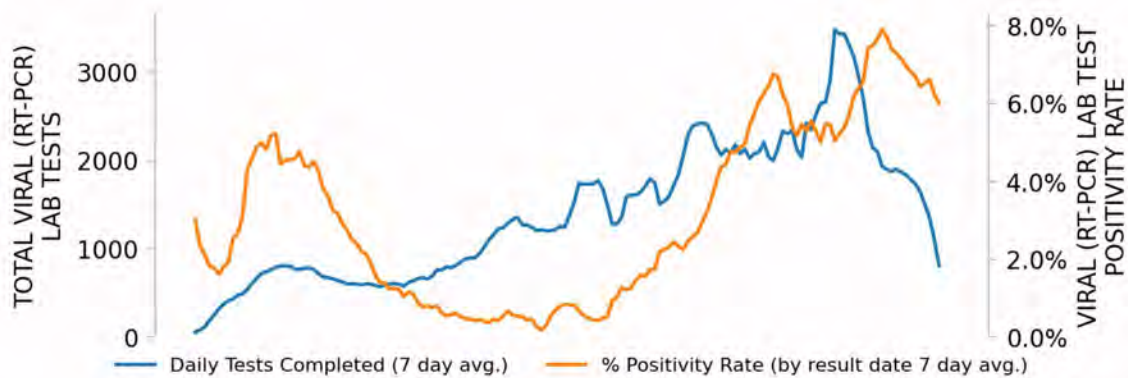
MONTANA

STATE REPORT | 08.23.2020

NEW CASES

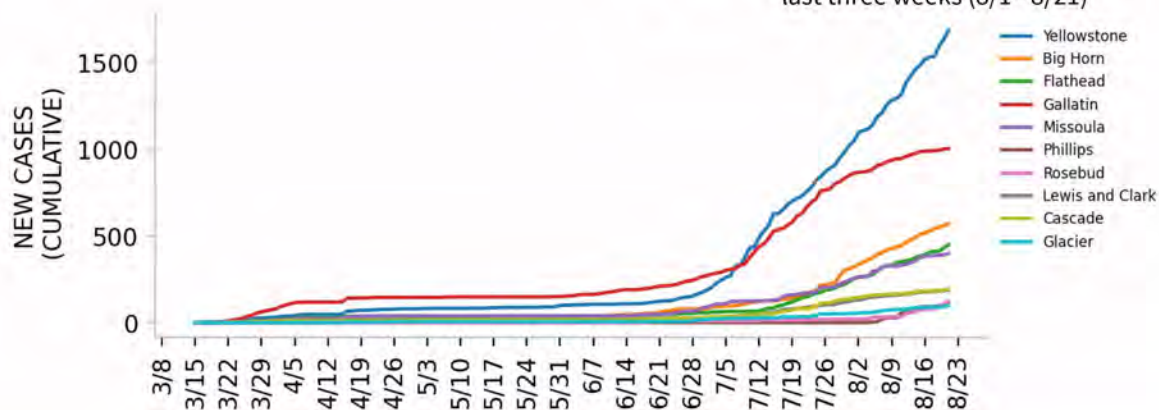


TESTING



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

TOP COUNTIES



DATA SOURCES

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

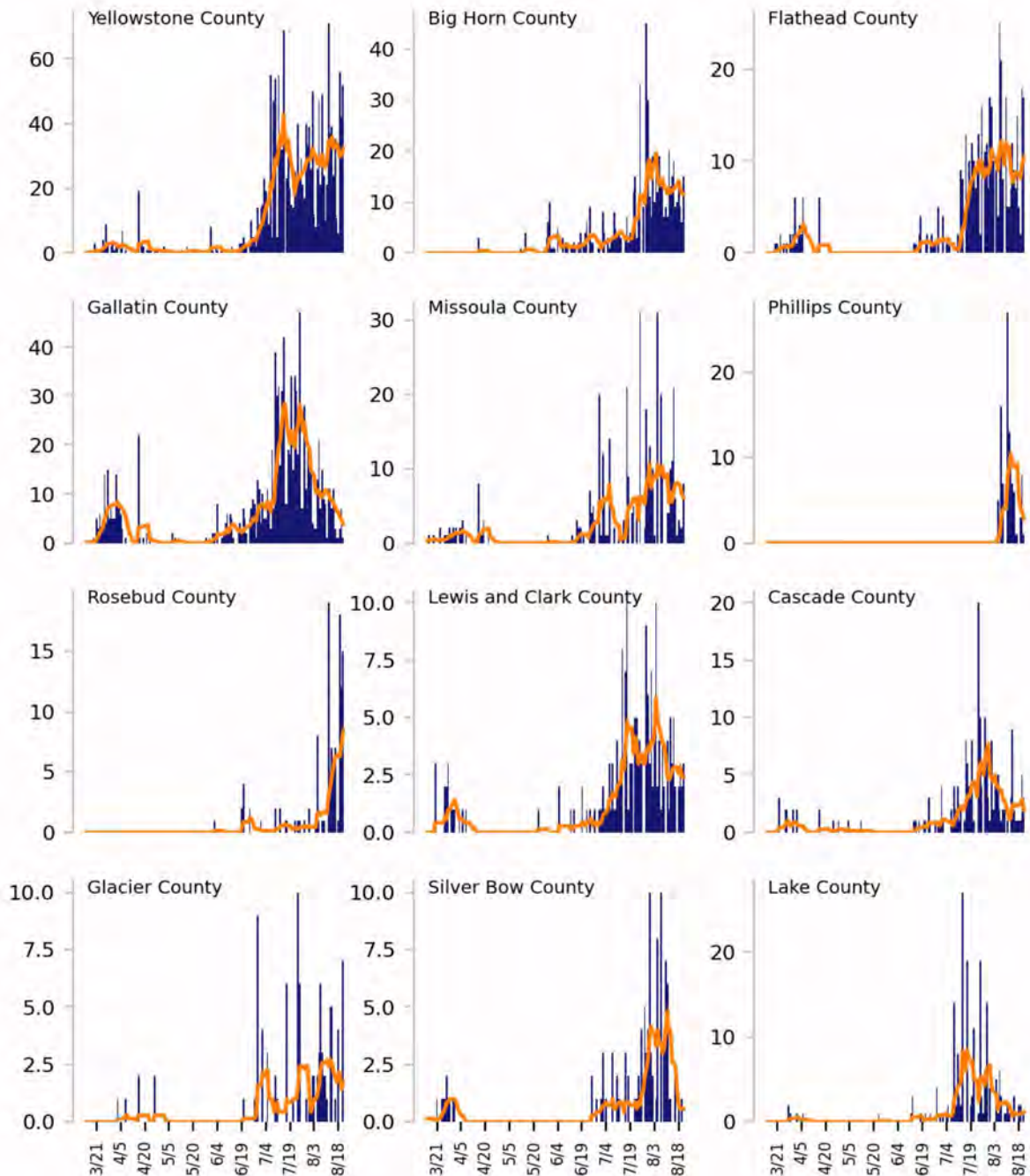
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Testing data for Montana is complete through 8/15. Values shown may be inaccurate or incomplete.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

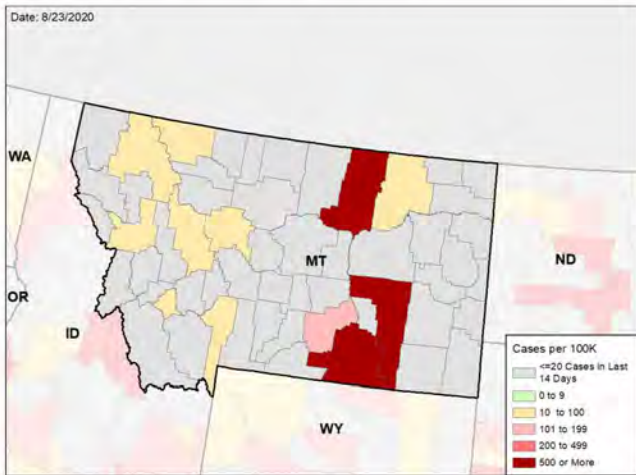


MONTANA

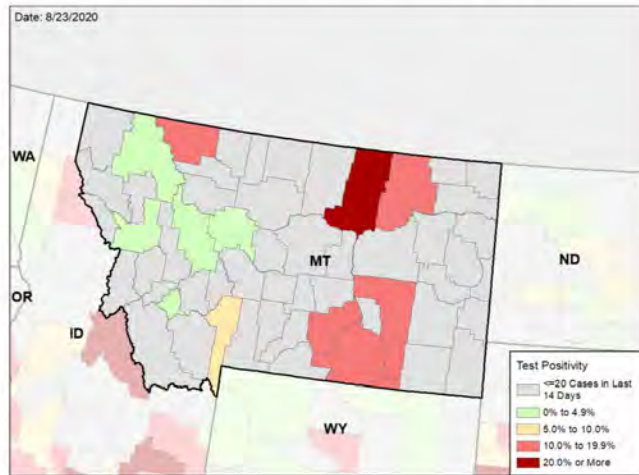
STATE REPORT | 08.23.2020

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

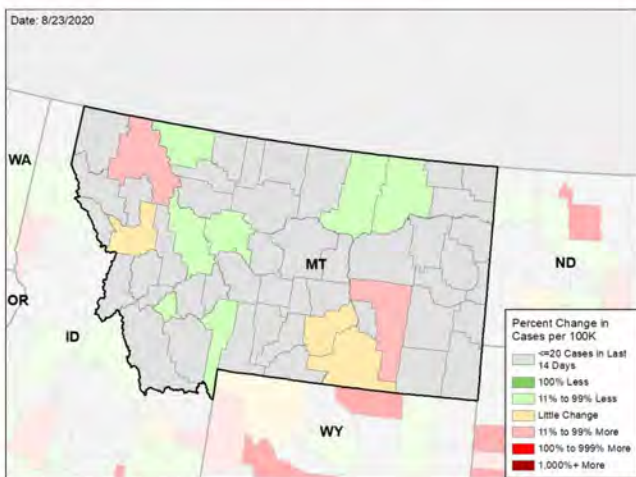
NEW CASES PER 100,000 DURING LAST WEEK



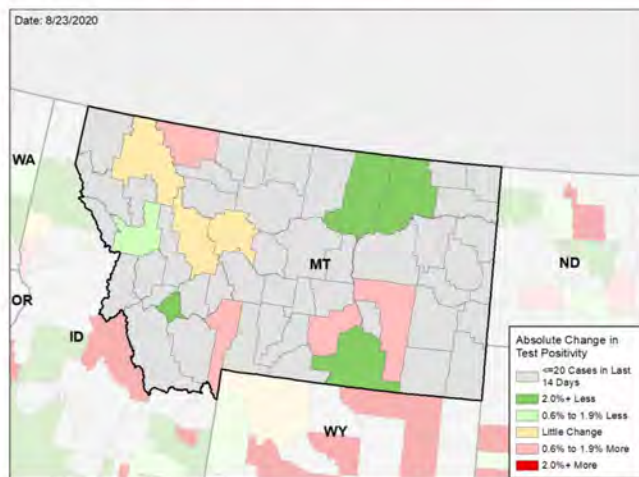
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

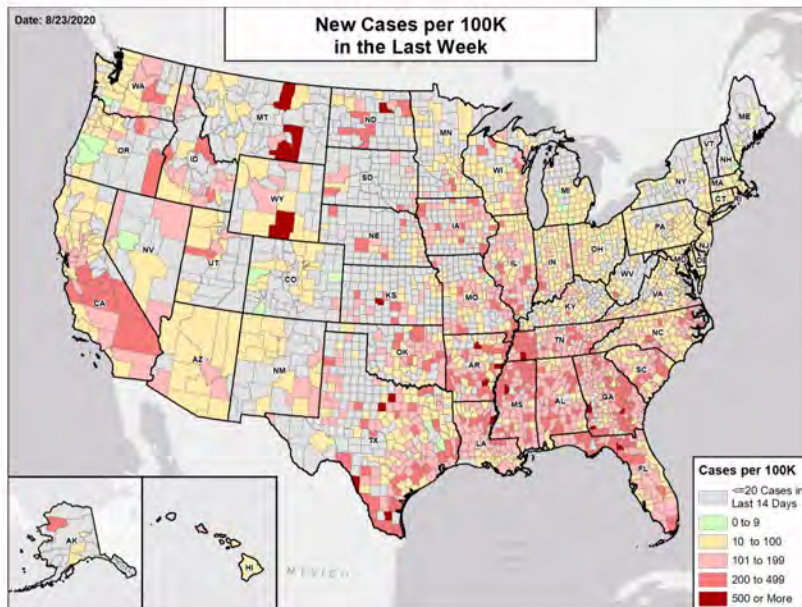
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

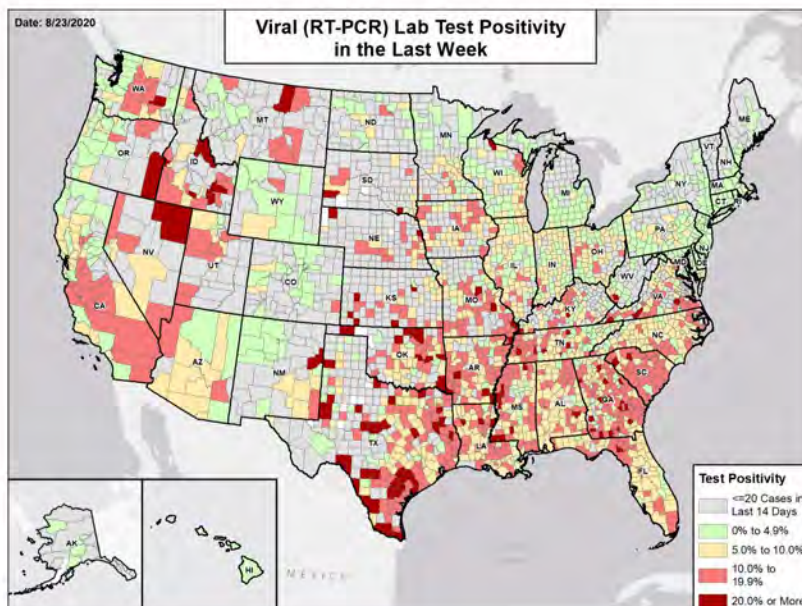


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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

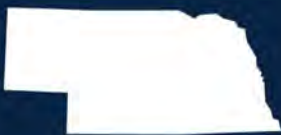
STATE REPORT | 08.23.2020

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



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 three counties had the highest number of new cases over the past 3 weeks: 1. Douglas County, 2. Sarpy County, and 3. Lancaster County. These counties represent 62.8 percent of new cases in Nebraska.
- 29% 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 3 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 84 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, 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 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 Re-openings](#) 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; 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.
- 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 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.
- 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 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 [CDC website](#).

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

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



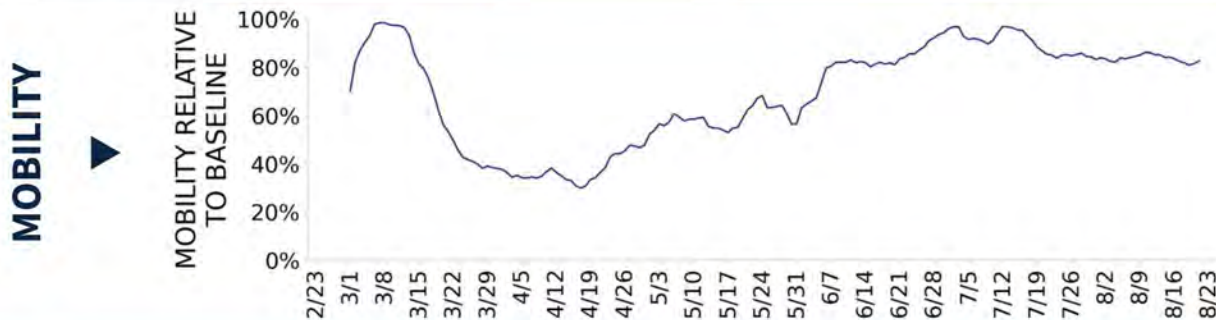
COVID-19



NEBRASKA

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	1,619 (84)	-8.2%	16,570 (117)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.0%	-0.7%*	8.8%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	30,393** (1,571)	+4.7%**	184,905** (1,308)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	13 (1)	-18.8%	174 (1)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	4.4%	+0.7%*	7.1%	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) 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 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)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

3

Kearney
Norfolk
North Platte

10

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

**COUNTY
LAST WEEK**

9

Buffalo
Lincoln
Madison
Kearney
Otoe
Burt
Pierce
Dawes
Cedar

18

Douglas
Sarpy
Lancaster
Dodge
Hall
Cass
Platte
Saunders
Dakota
Washington
Seward
Dawson

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

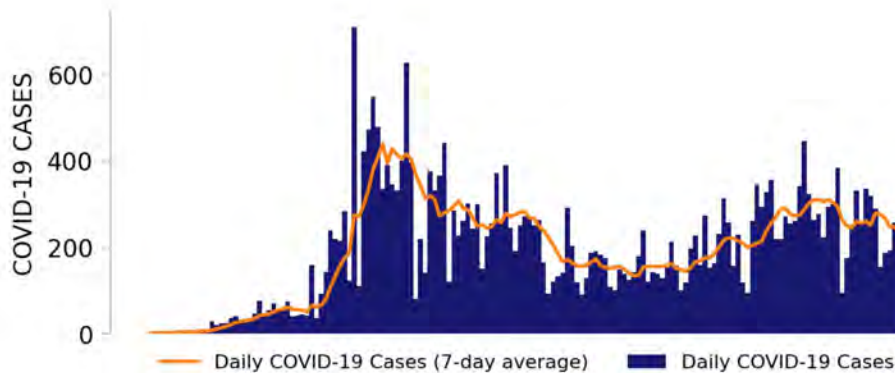
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



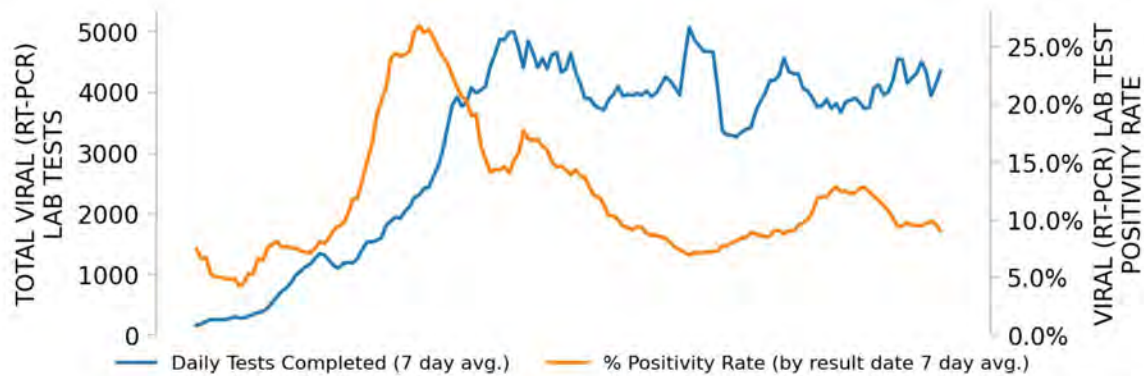
NEBRASKA

STATE REPORT | 08.23.2020

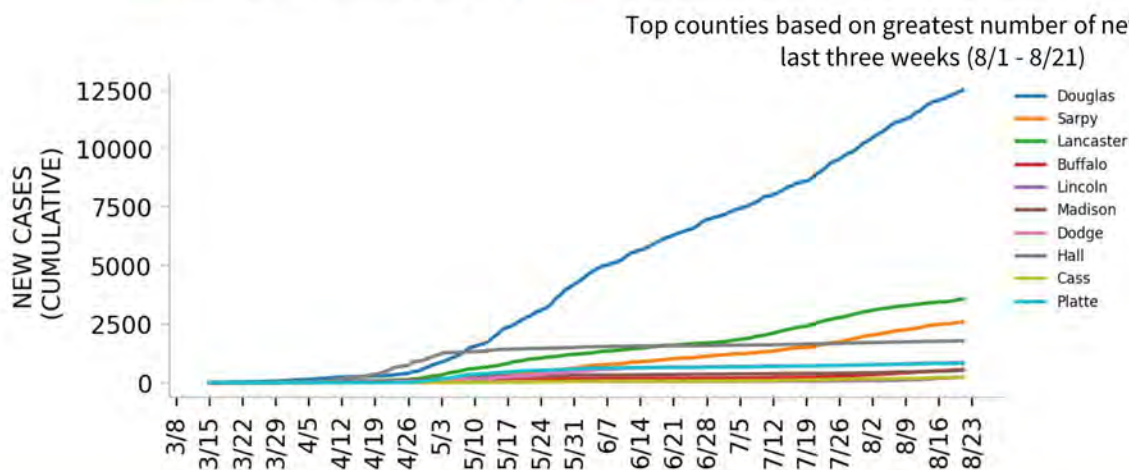
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES

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

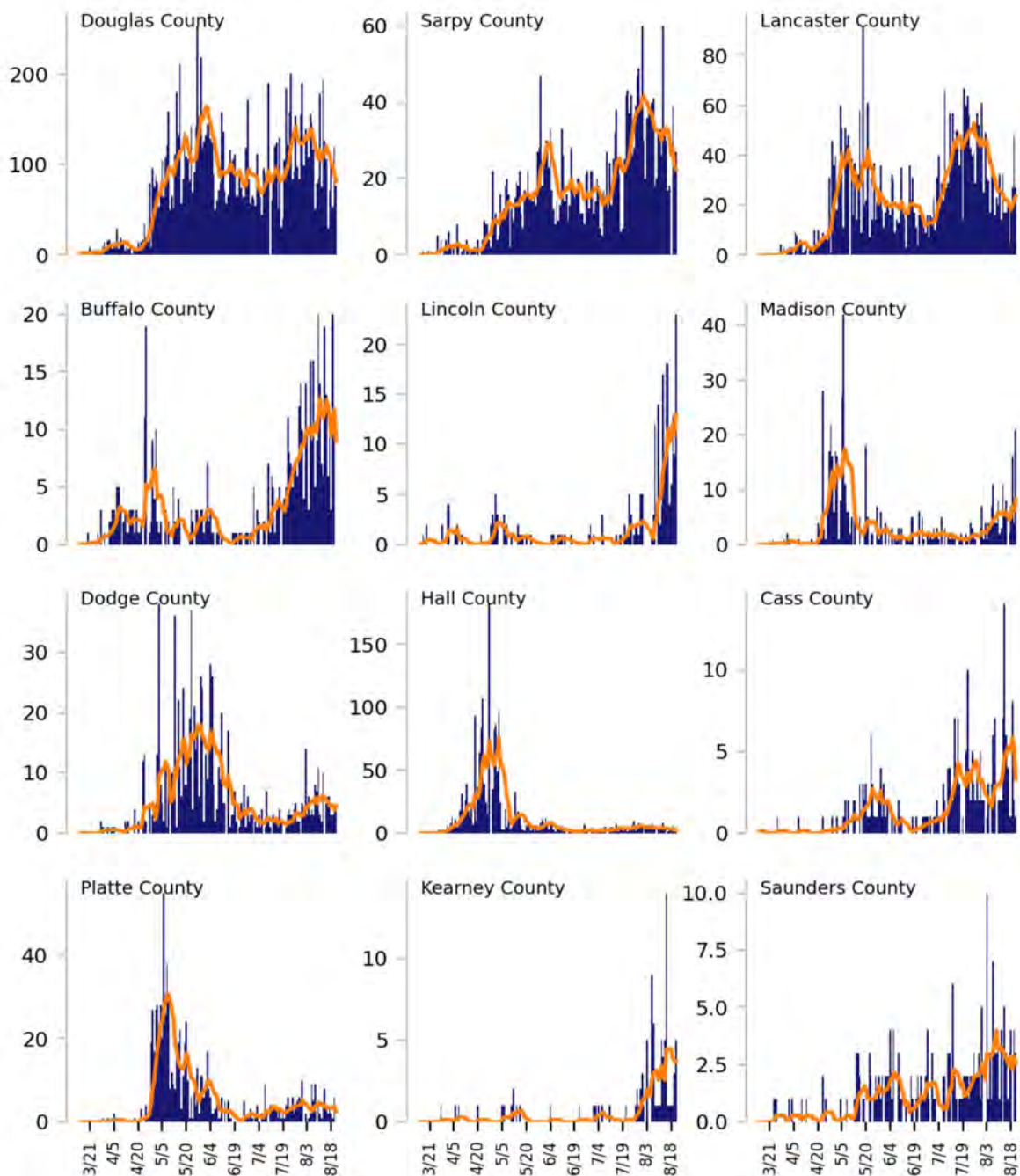
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

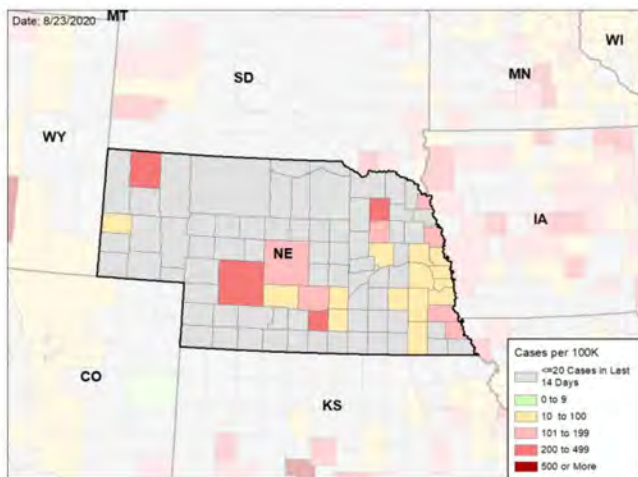


NEBRASKA

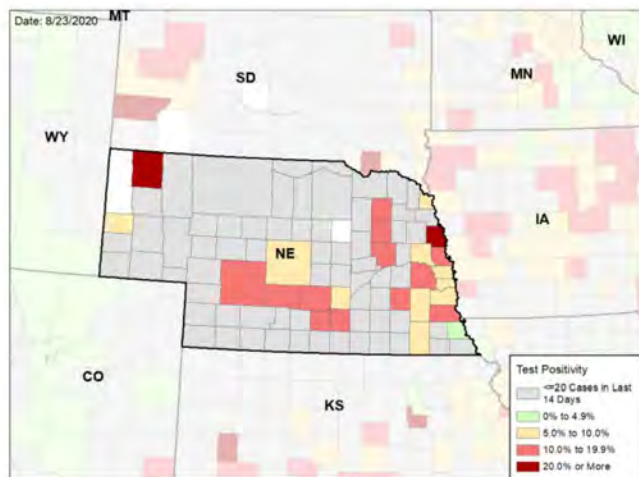
STATE REPORT | 08.23.2020

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

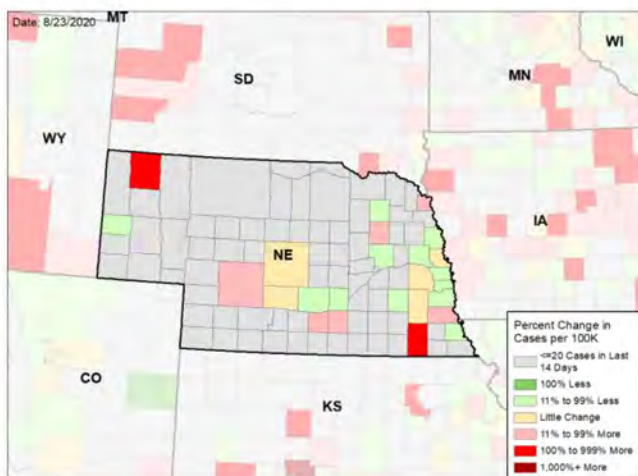
NEW CASES PER 100,000 DURING LAST WEEK



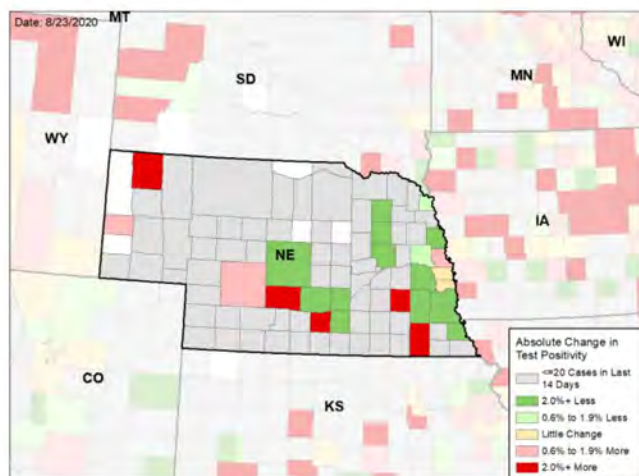
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

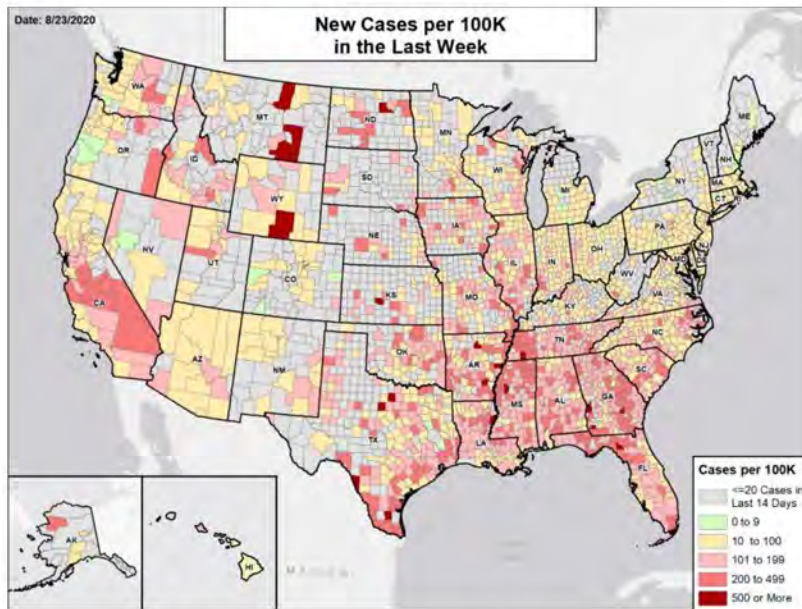
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

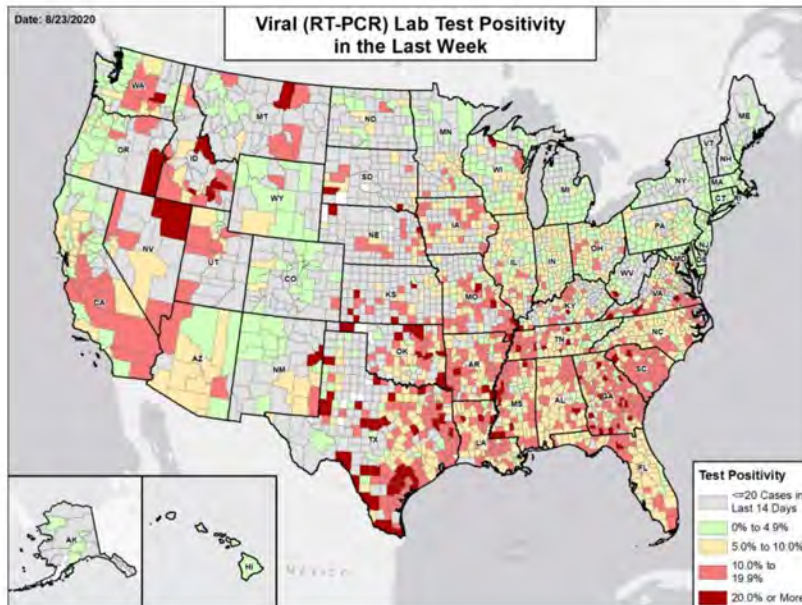


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



NEVADA

STATE REPORT | 08.23.2020

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, indicating a rate above 10%, with the 3rd highest rate in the nation.
- Nevada 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. 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 18% having high levels of community transmission (red alert).
- 6.1% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks; however, 21.4% of nursing homes had at least 1 case of COVID-19 among residents last week.
- Nevada had 154 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 and 4 to support medical activities from VA.
- Between Aug 15 - Aug 21, on average, 54 patients with confirmed COVID-19 and 127 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Nevada. An average of greater than 95 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period.*
- Please review the [West Virginia School K-12 guidelines](#) 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% 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 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.
 - (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.
- 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 [CDC website](#).

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

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



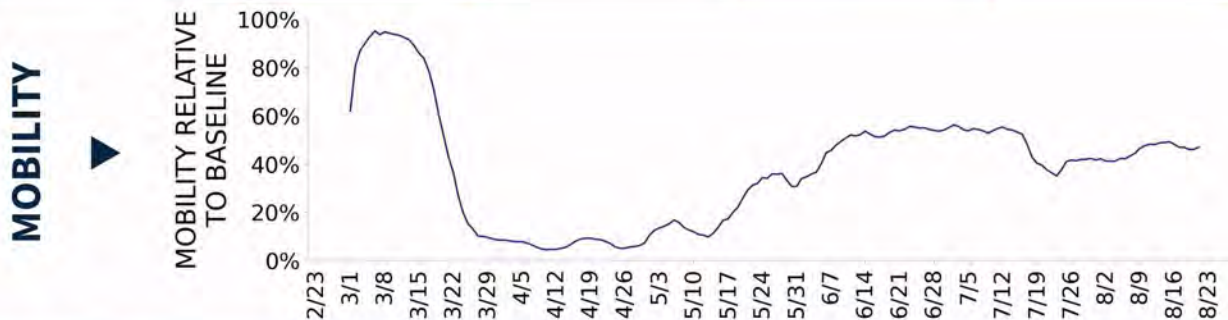
COVID-19



NEVADA

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	4,743 (154)	-9.1%	58,109 (113)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	11.2%	-2.5%*	6.5%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	61,440** (1,995)	+15.2%**	1,248,724** (2,435)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	150 (5)	+19.0%	1,255 (2)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	21.4%	-2.3%*	14.1%	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) 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 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.



NEVADA

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

3

Las Vegas-Henderson-Paradise
Reno
Elko

2

Pahrump
Fernley

**COUNTY
LAST WEEK**

3

Clark
Washoe
Elko

2

Nye
Lyon

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

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

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

Note: Top 12 locations are selected 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

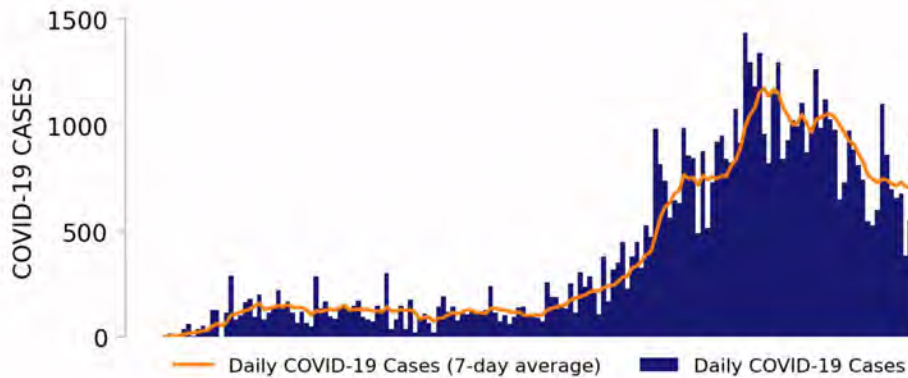
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



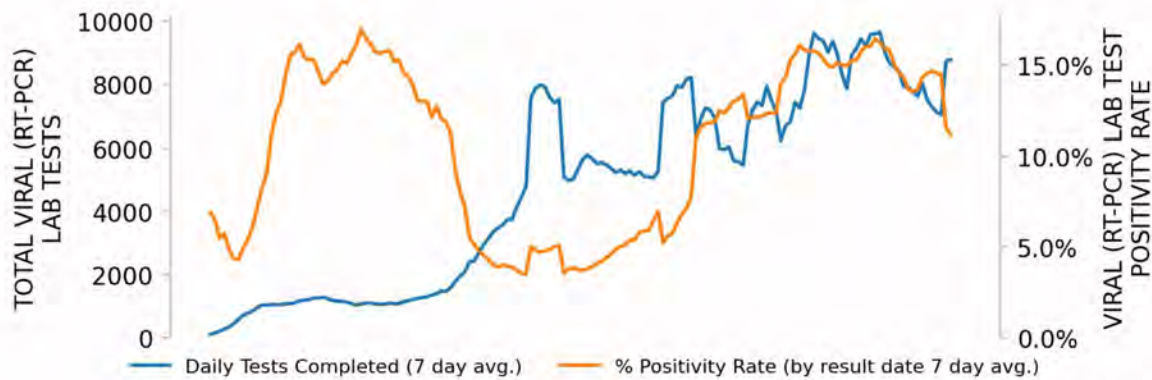
NEVADA

STATE REPORT | 08.23.2020

NEW CASES

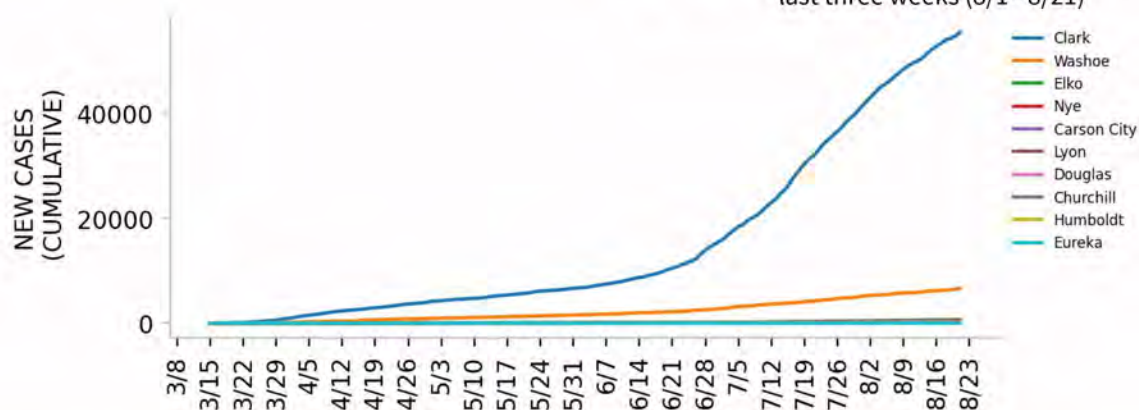


TESTING



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

TOP COUNTIES



DATA SOURCES

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

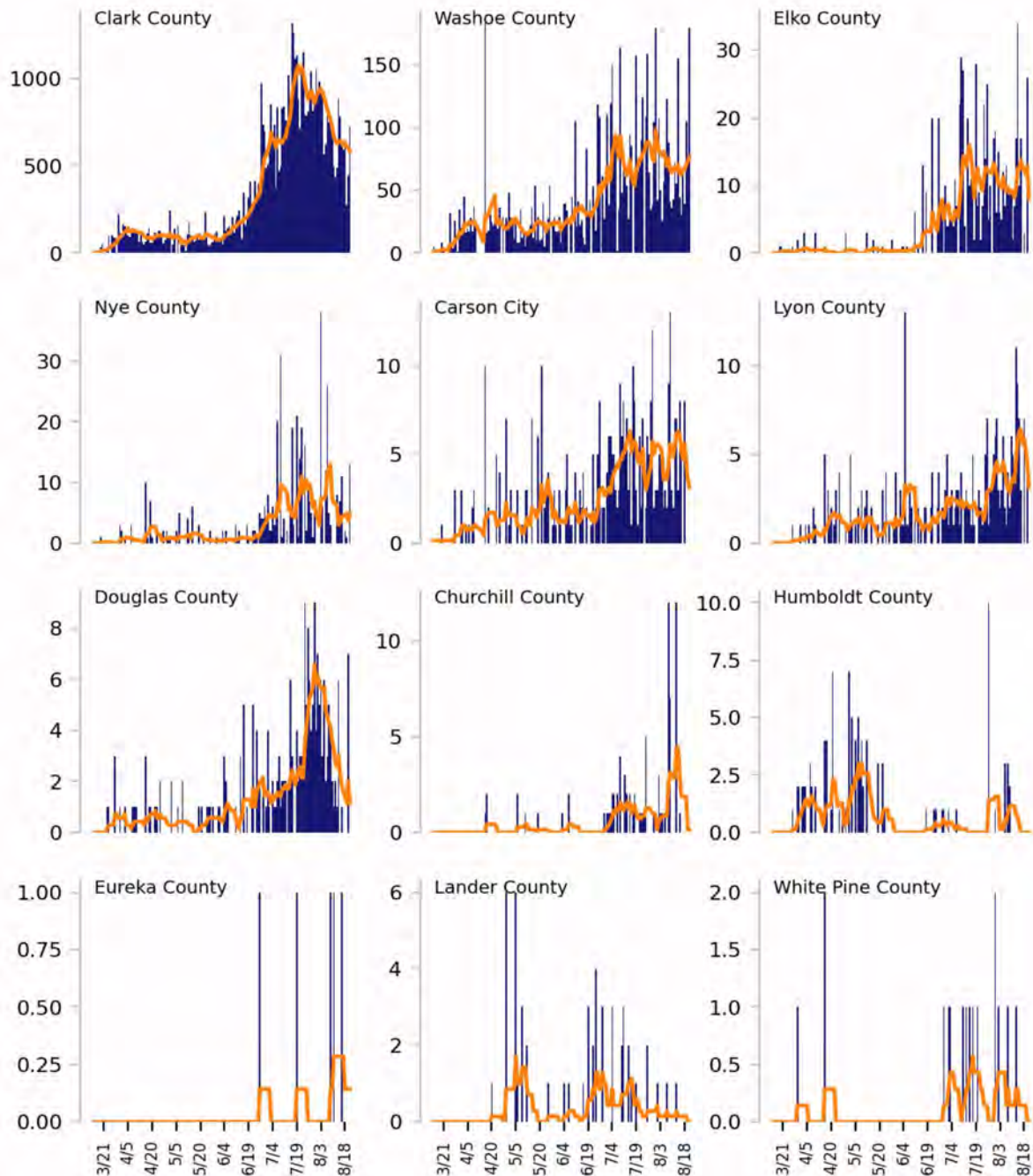
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

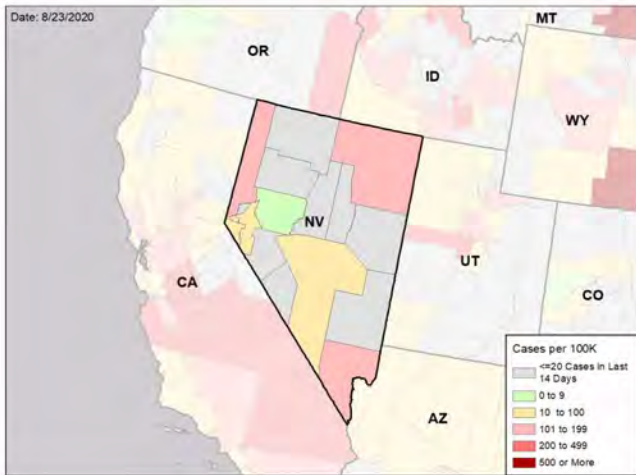


NEVADA

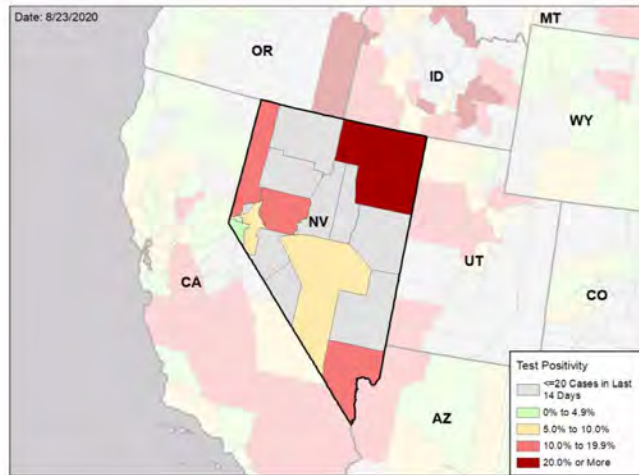
STATE REPORT | 08.23.2020

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

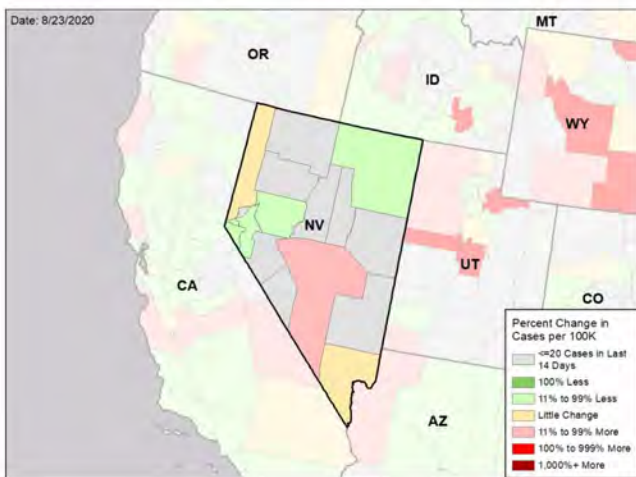
NEW CASES PER 100,000 DURING LAST WEEK



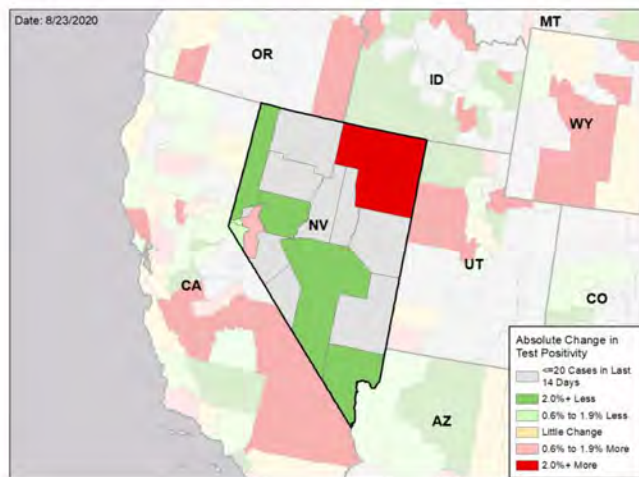
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

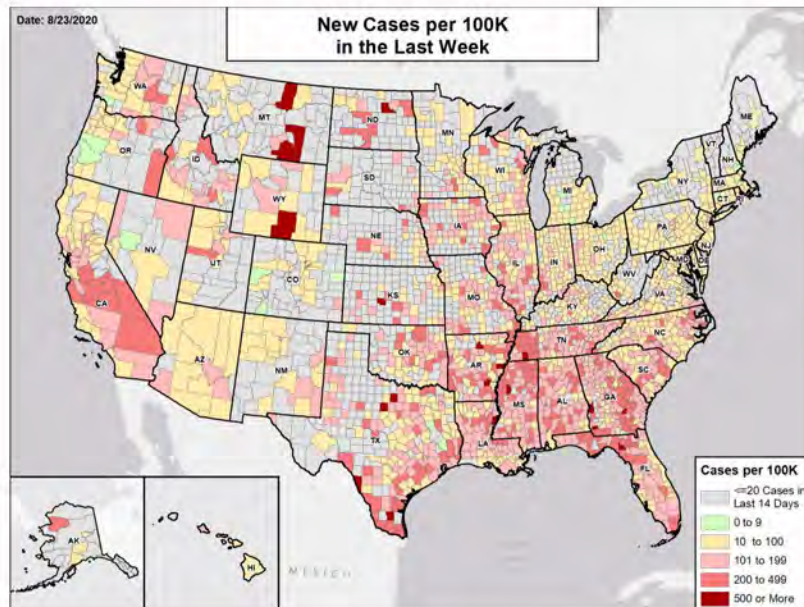
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

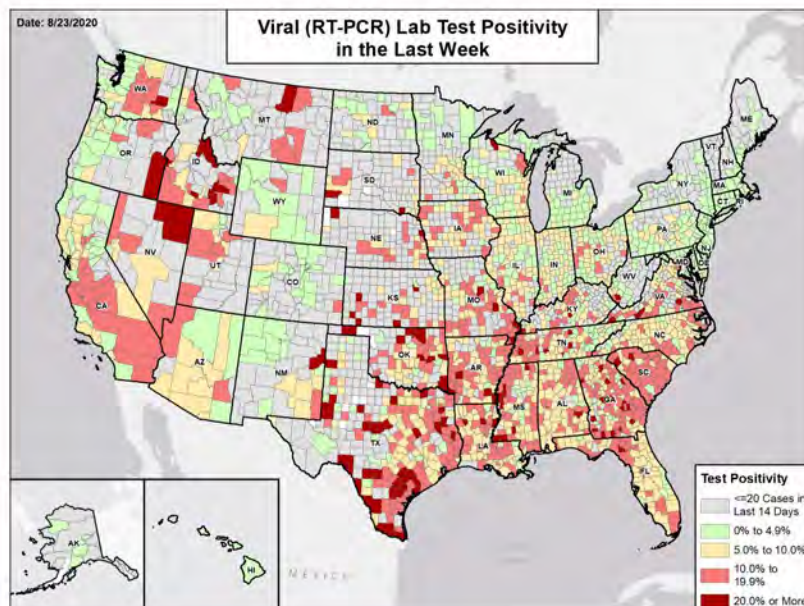


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



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 masking 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 comparisons to be made across localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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



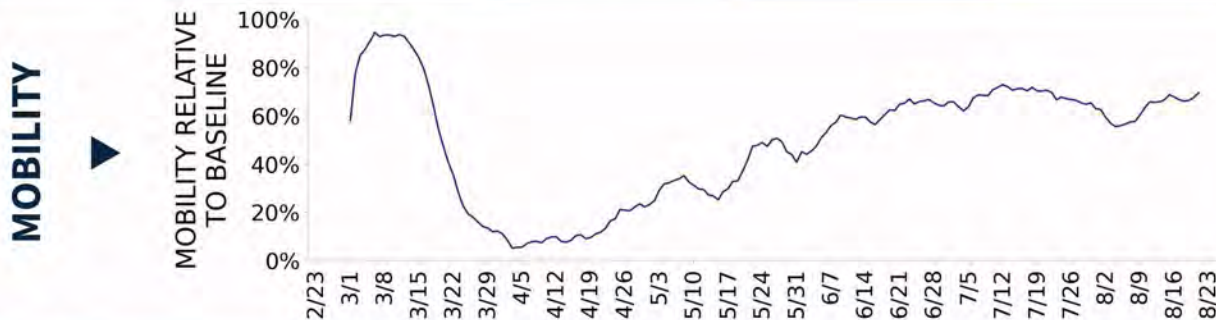
COVID-19



NEW HAMPSHIRE

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	108 (8)	-41.3%	4,312 (29)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	0.9%	-0.2%*	1.3%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	9,304** (684)	-45.3%**	287,895** (1,939)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	5 (0)	+25.0%	108 (1)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	0.0%	N/A*	3.3%	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) 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 New Hampshire is complete through 8/17. 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.



NEW HAMPSHIRE

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

0

N/A

0

N/A

**COUNTY
LAST WEEK**

0

N/A

0

N/A

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

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

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

Note: Top 12 locations are selected 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. 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

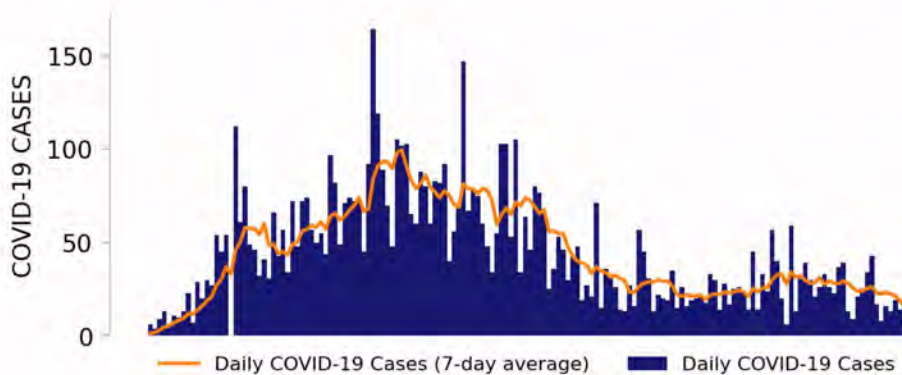
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



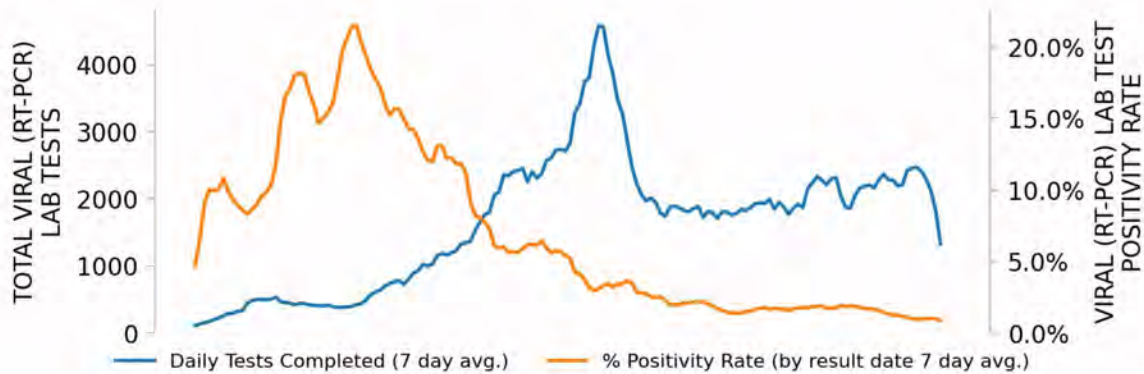
NEW HAMPSHIRE

STATE REPORT | 08.23.2020

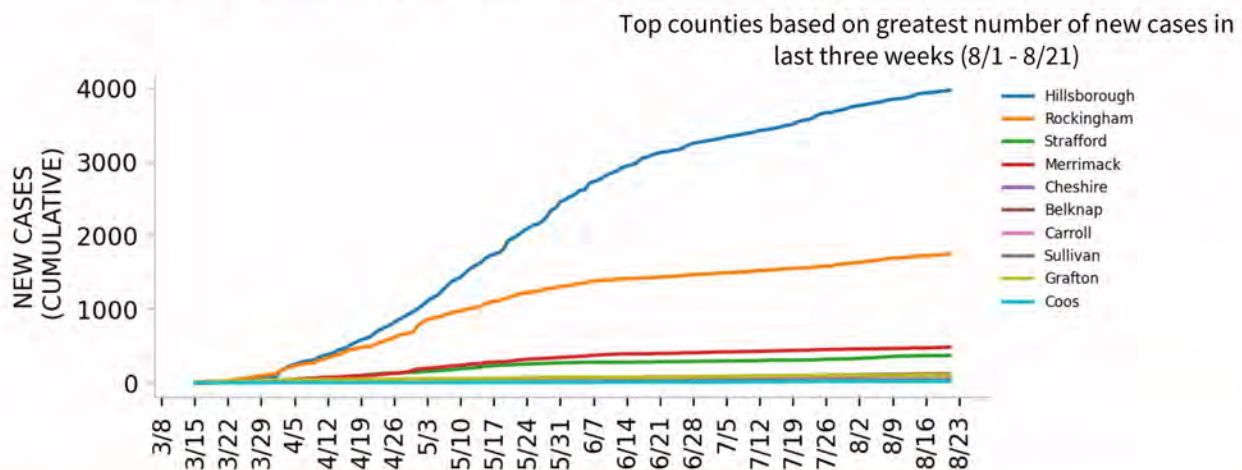
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES

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

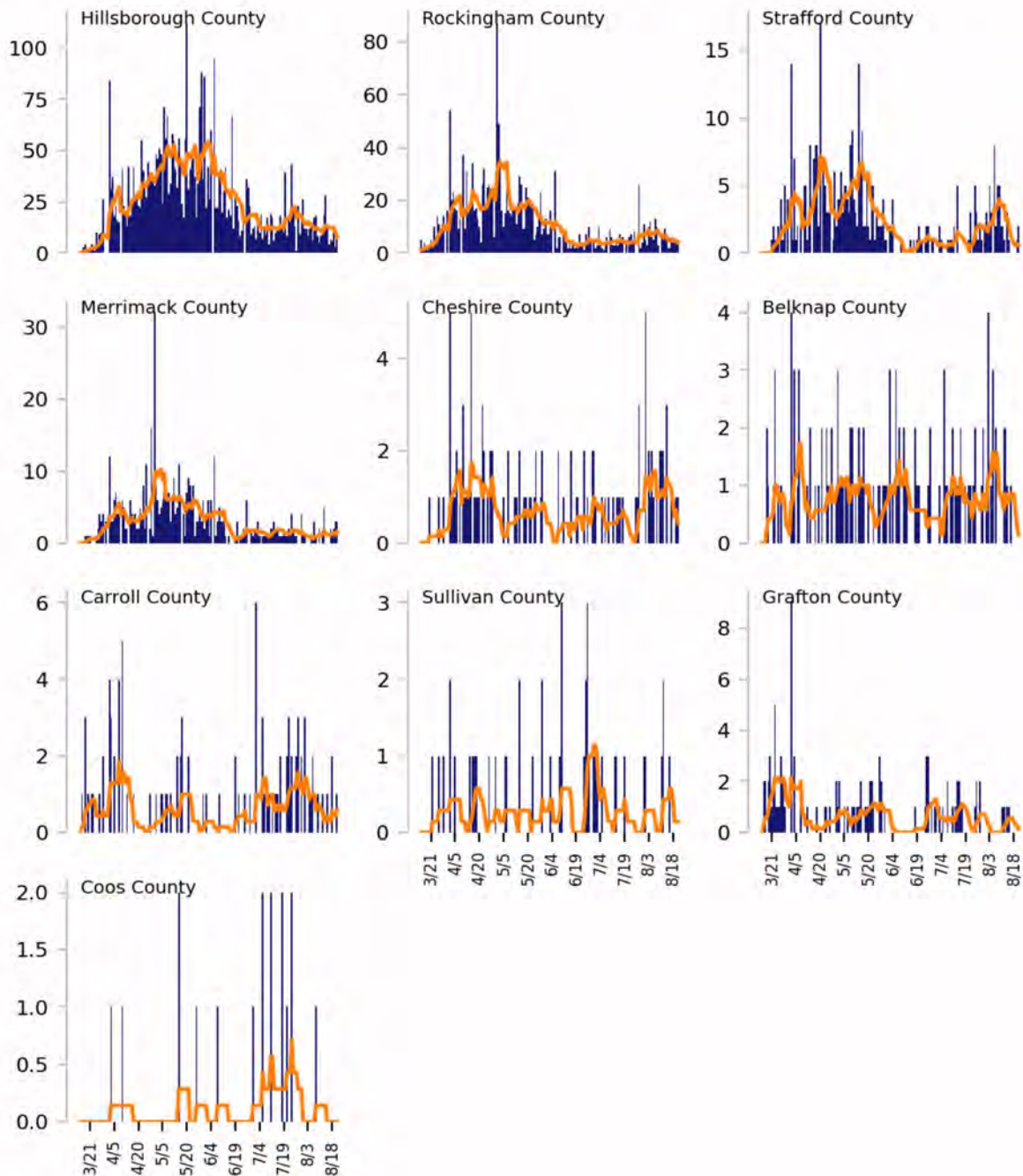
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020. Testing data for New Hampshire is complete through 8/17. Values shown may be inaccurate or incomplete.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

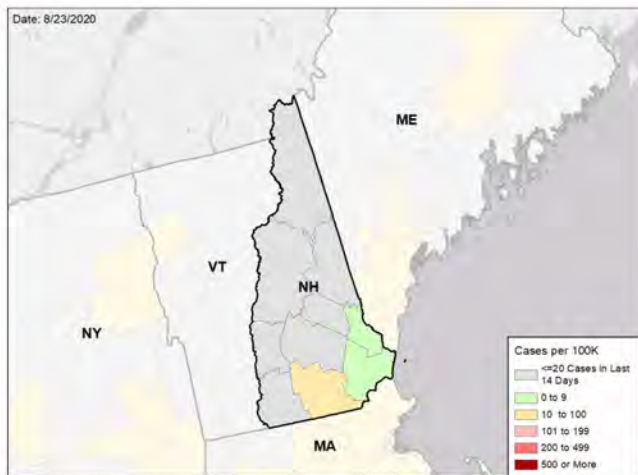


NEW HAMPSHIRE

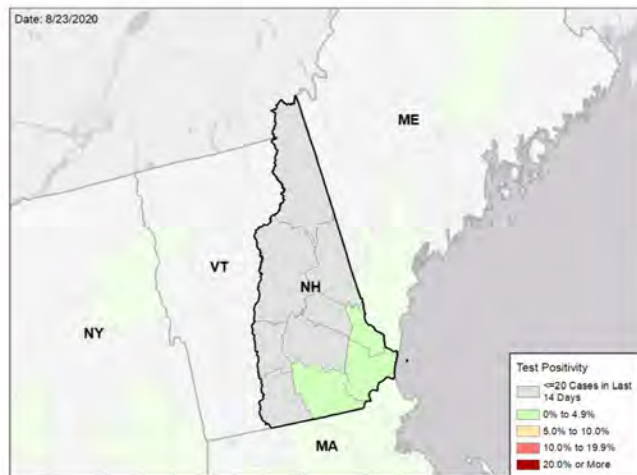
STATE REPORT | 08.23.2020

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

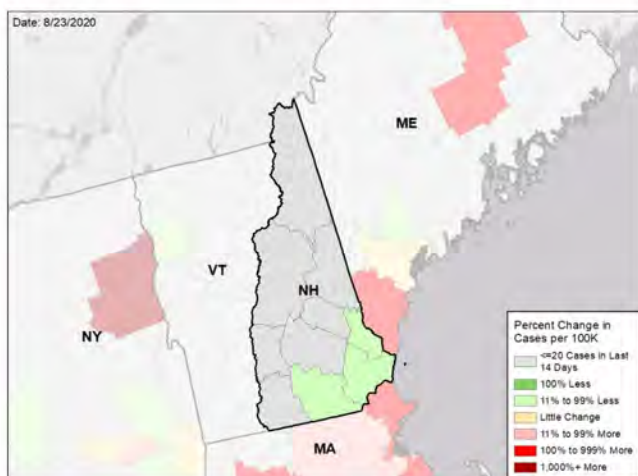
NEW CASES PER 100,000 DURING LAST WEEK



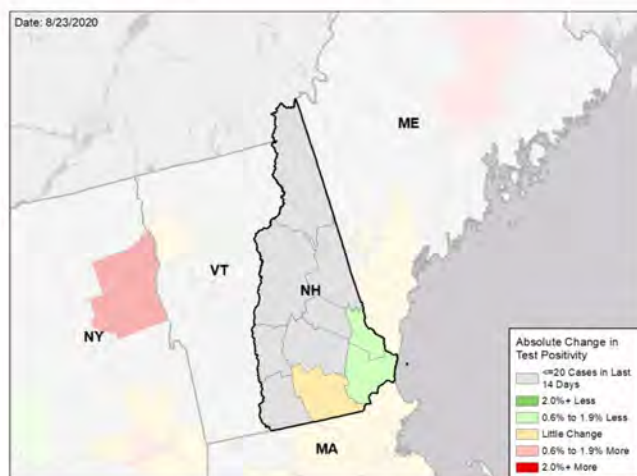
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

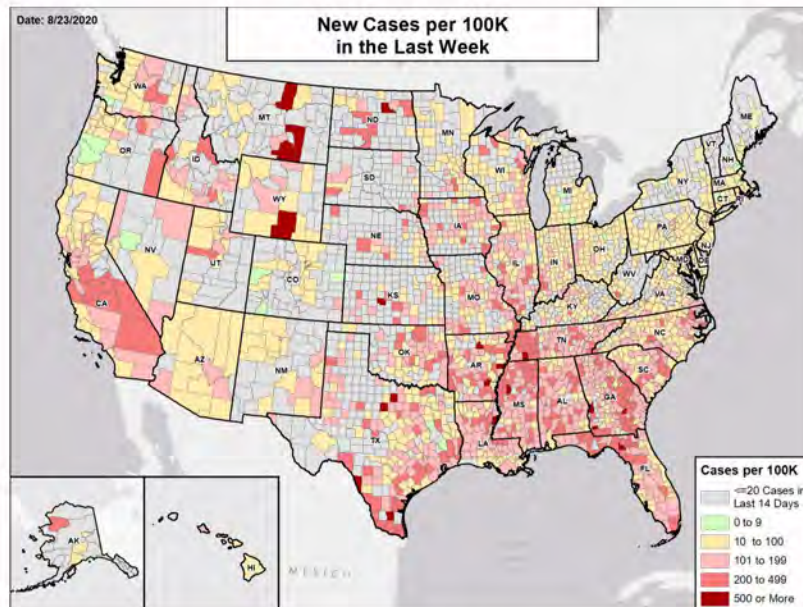
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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 New Hampshire is complete through 8/17. Values shown may be inaccurate or incomplete.

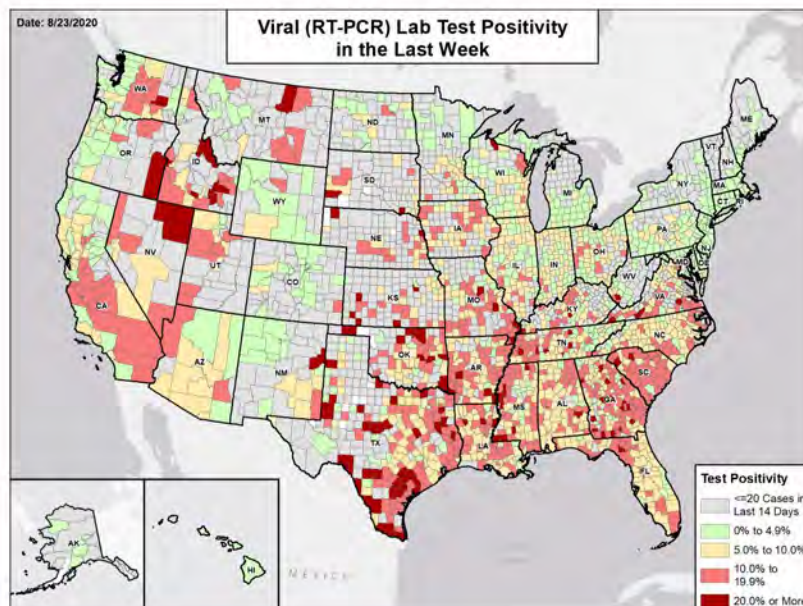


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



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 29.1 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 facilities 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 93 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 159 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 [West Virginia School K-12 metrics](#) 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 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 [CDC website](#).

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

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



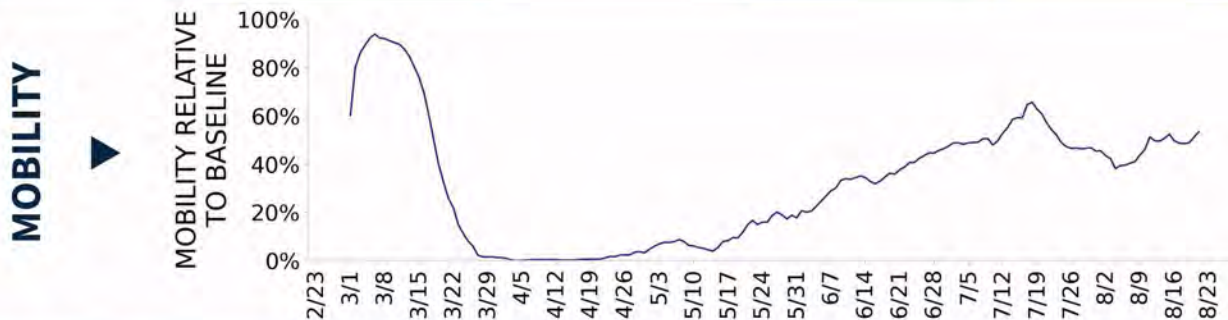
COVID-19



NEW JERSEY

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	1,653 (19)	-46.6%	5,998 (21)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.7%	-0.4%*	1.2%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	160,725** (1,810)	-1.3%**	705,660** (2,490)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	42 (0)	-27.6%	91 (0)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	3.9%	-2.6%*	4.5%	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) 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 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 JERSEY

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

0

N/A

0

N/A

**COUNTY
LAST WEEK**

0

N/A

0

N/A

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

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

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

Note: Top 12 locations are selected 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

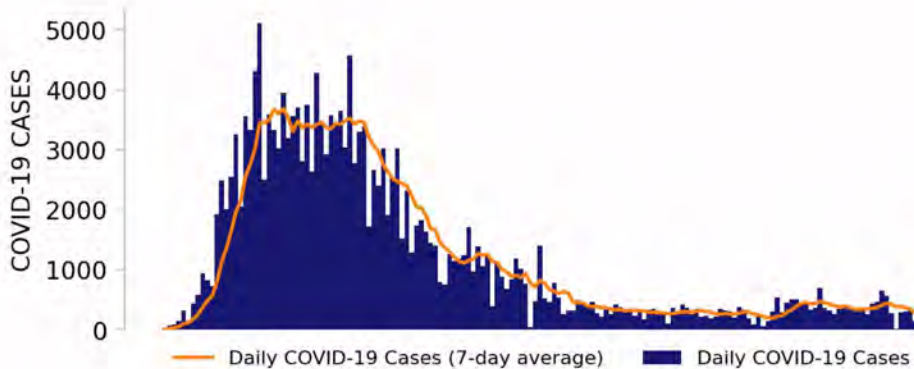
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



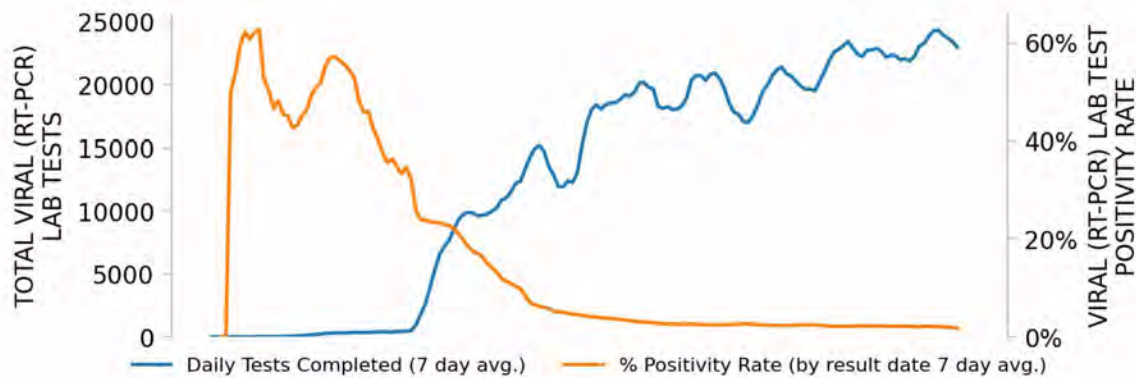
NEW JERSEY

STATE REPORT | 08.23.2020

NEW CASES

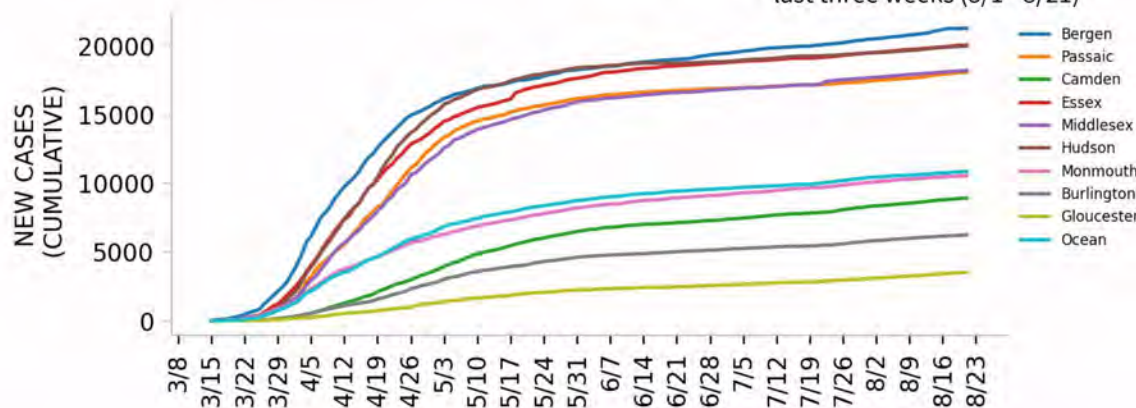


TESTING



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

TOP COUNTIES



DATA SOURCES

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

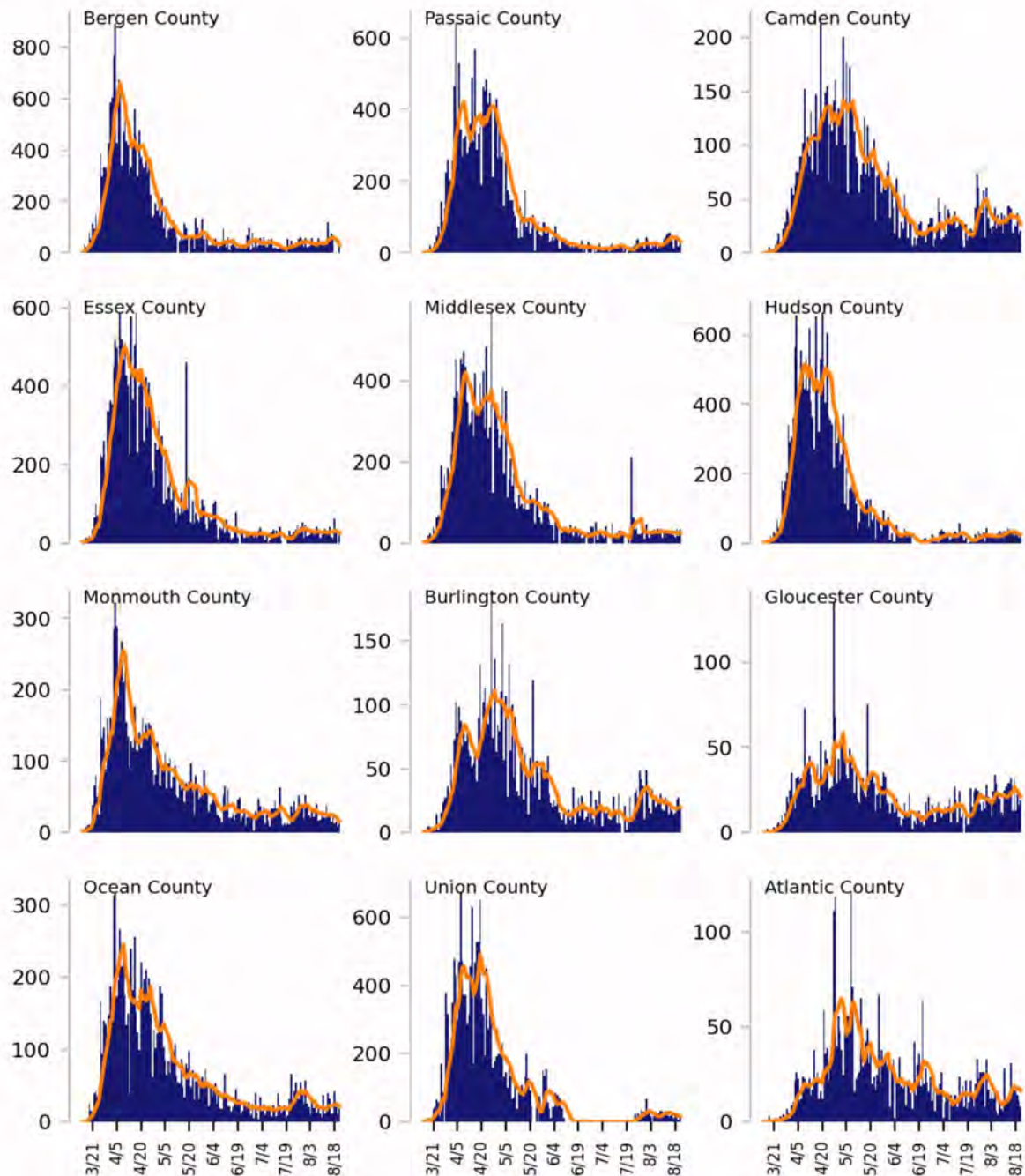
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

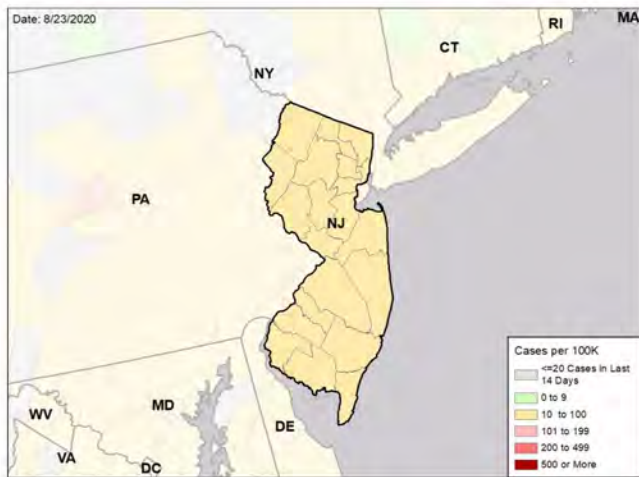


NEW JERSEY

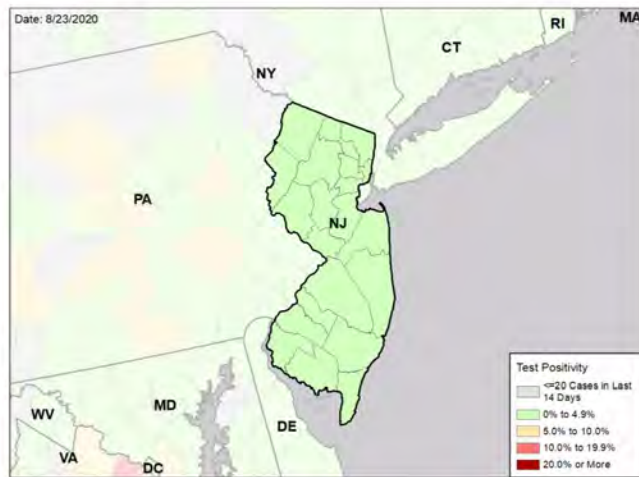
STATE REPORT | 08.23.2020

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

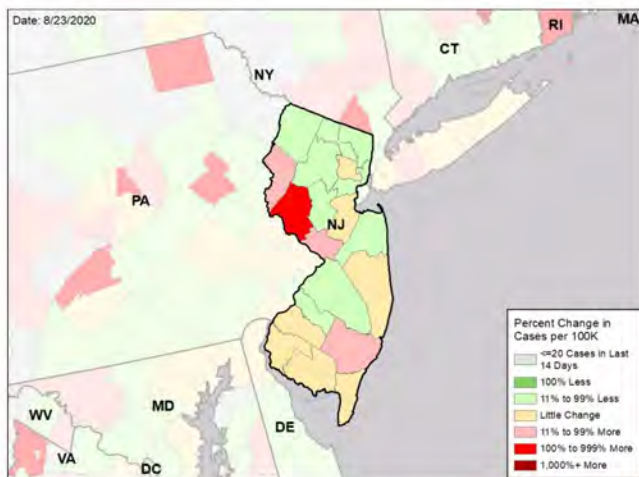
NEW CASES PER 100,000 DURING LAST WEEK



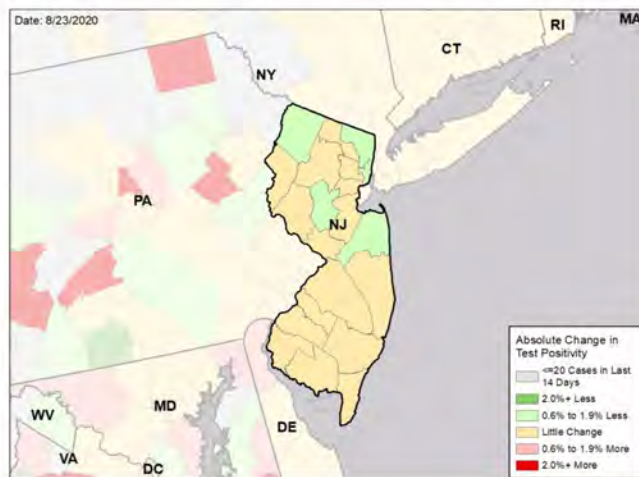
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

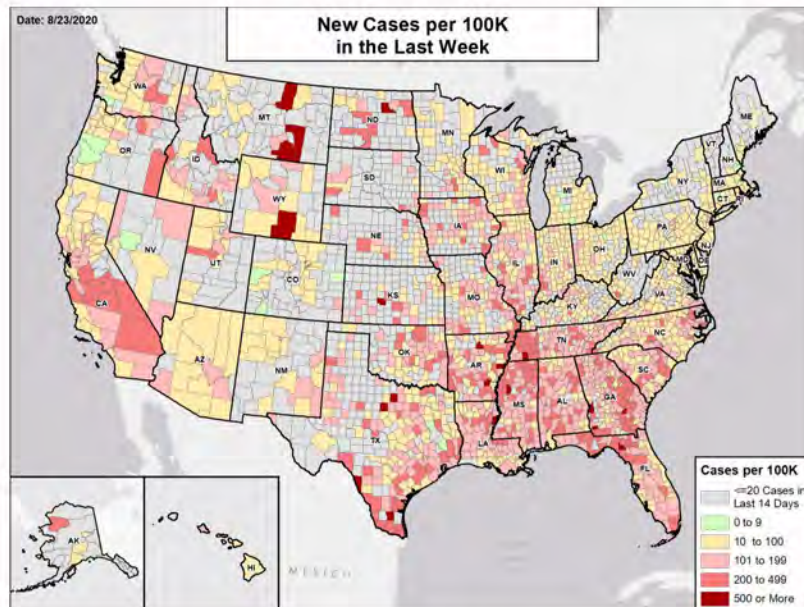
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

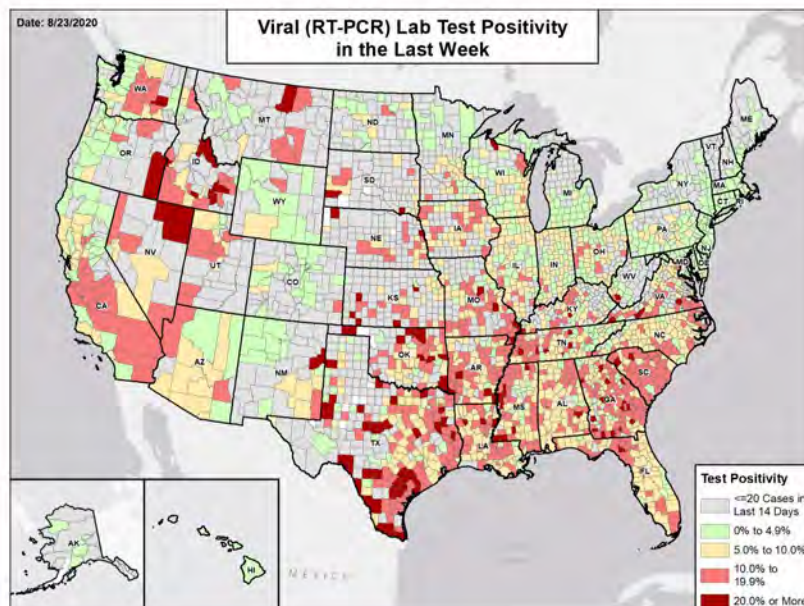


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



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 40th highest rate in the country.
- New Mexico has seen 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 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; 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 activities 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 in 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 university 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 localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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



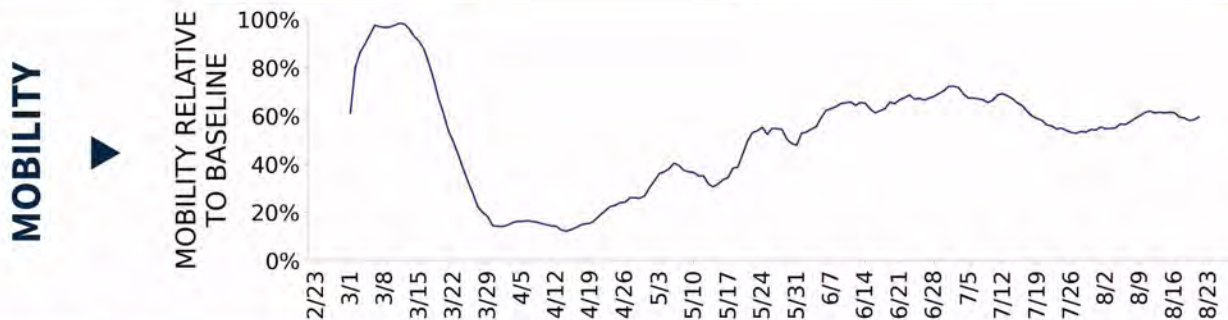
COVID-19



NEW MEXICO

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	855 (41)	-28.3%	61,281 (143)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.3%	-0.2%*	9.2%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	30,368** (1,448)	-2.5%**	349,779** (819)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	36 (2)	+28.6%	1,749 (4)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	16.4%	+0.0%*	18.9%	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) 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 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 MEXICO

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

1

Hobbs

4

Roswell
Carlsbad-Artesia
Ruidoso
Portales

**COUNTY
LAST WEEK**

2

Lea
Quay

4

Chaves
Eddy
Lincoln
Roosevelt

* 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

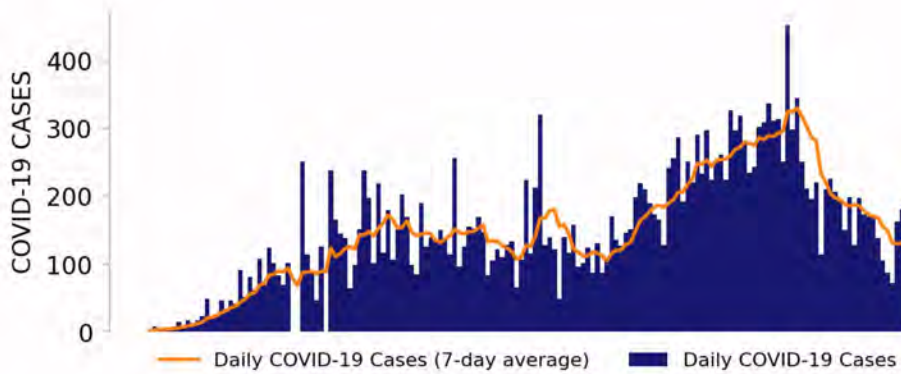
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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

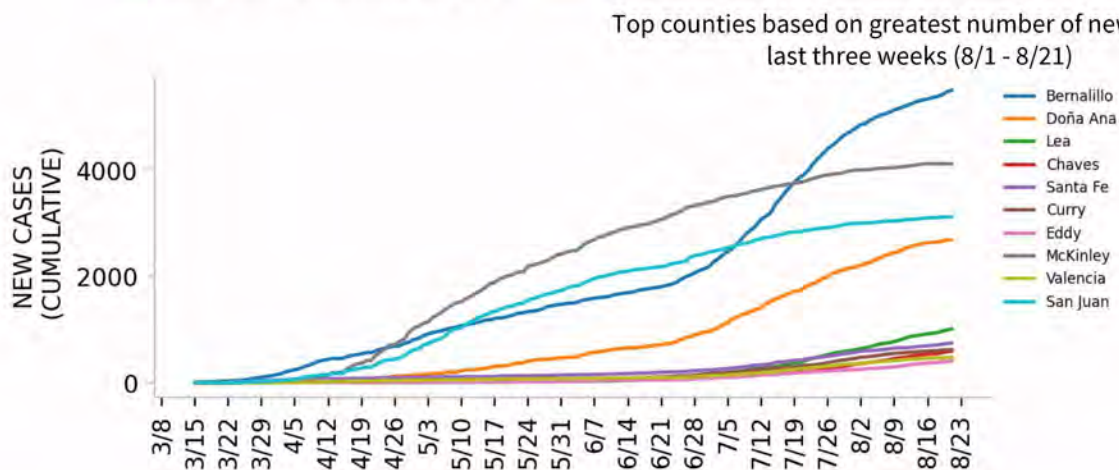
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES

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

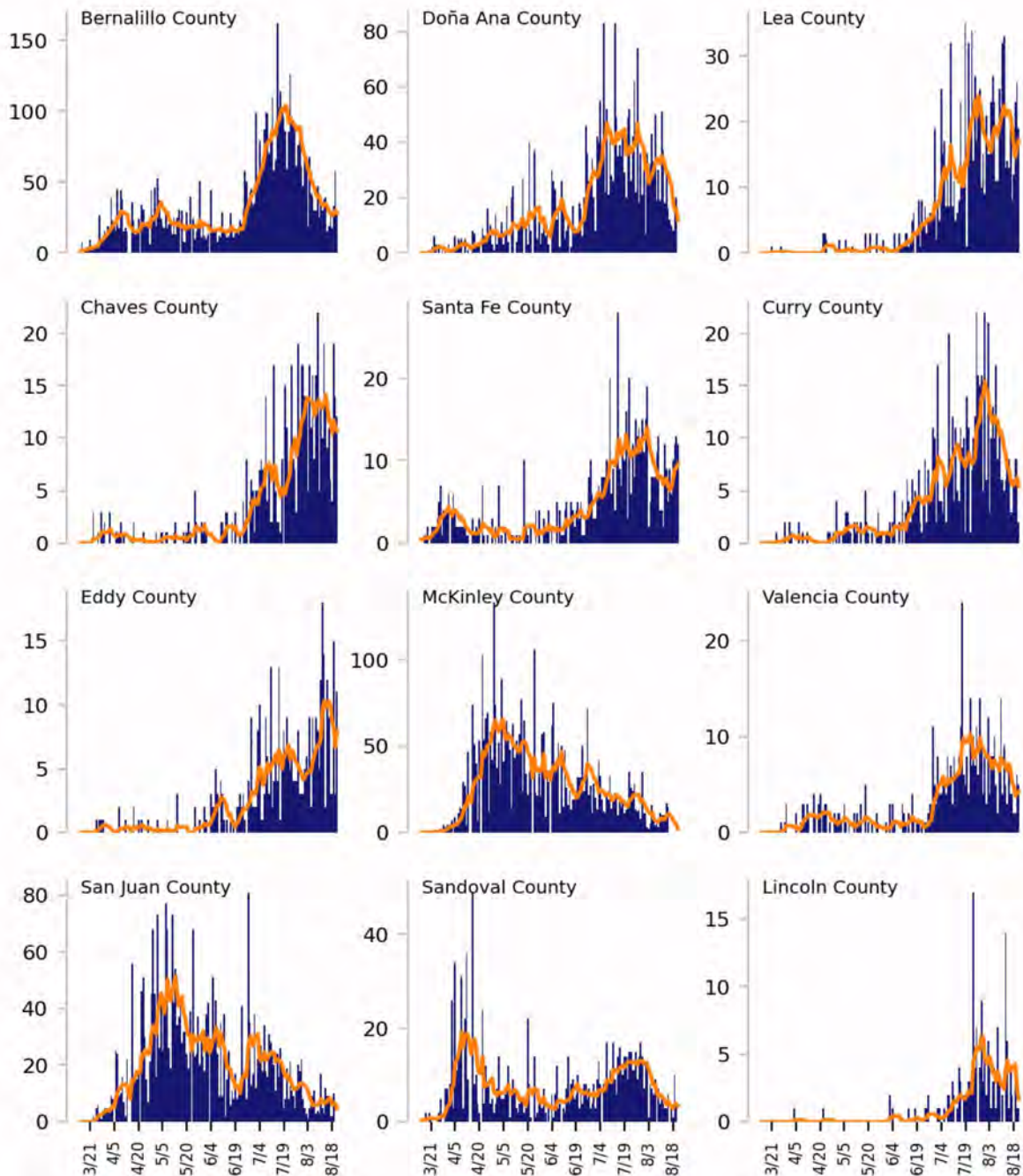
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

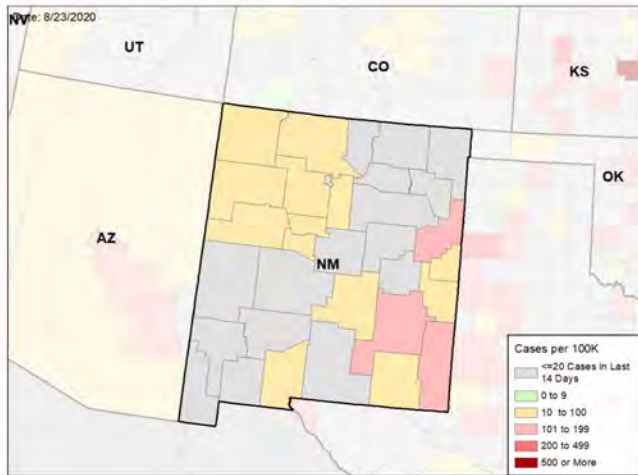


NEW MEXICO

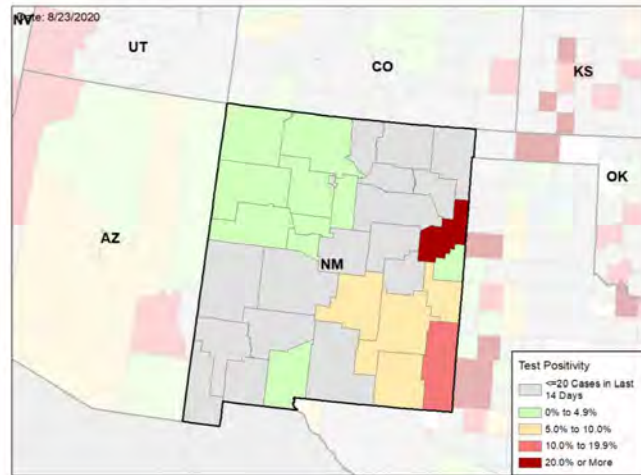
STATE REPORT | 08.23.2020

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

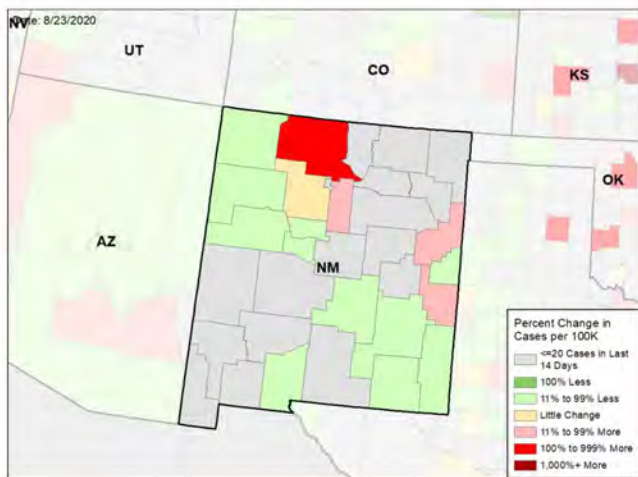
NEW CASES PER 100,000 DURING LAST WEEK



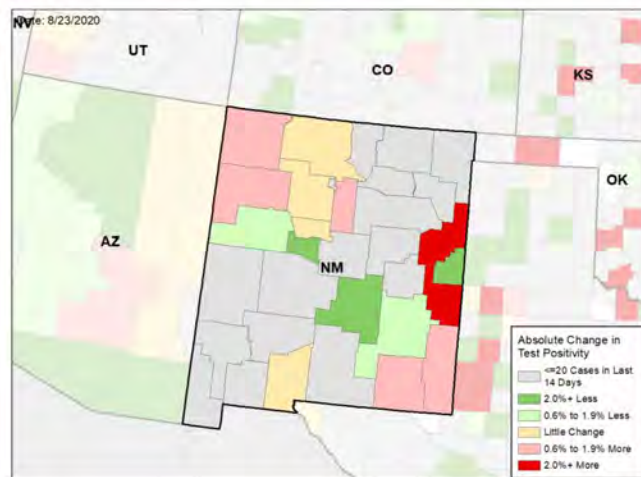
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

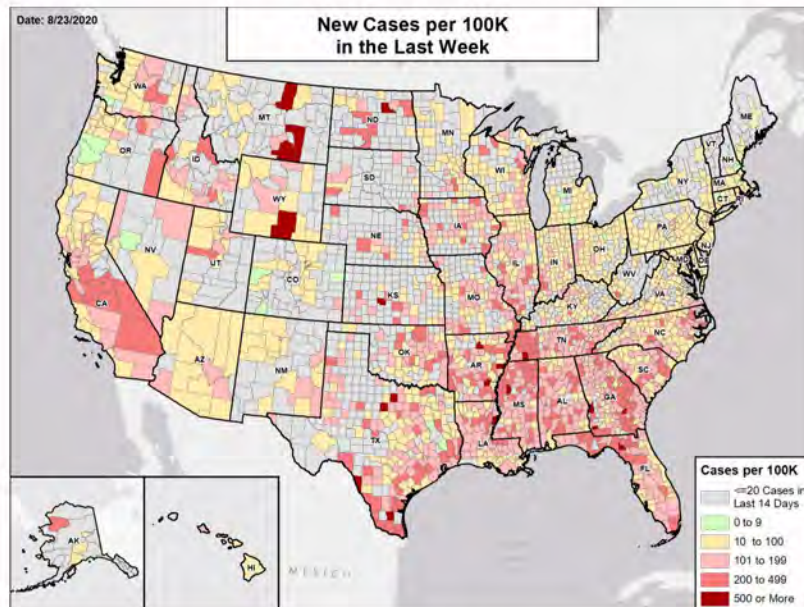
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

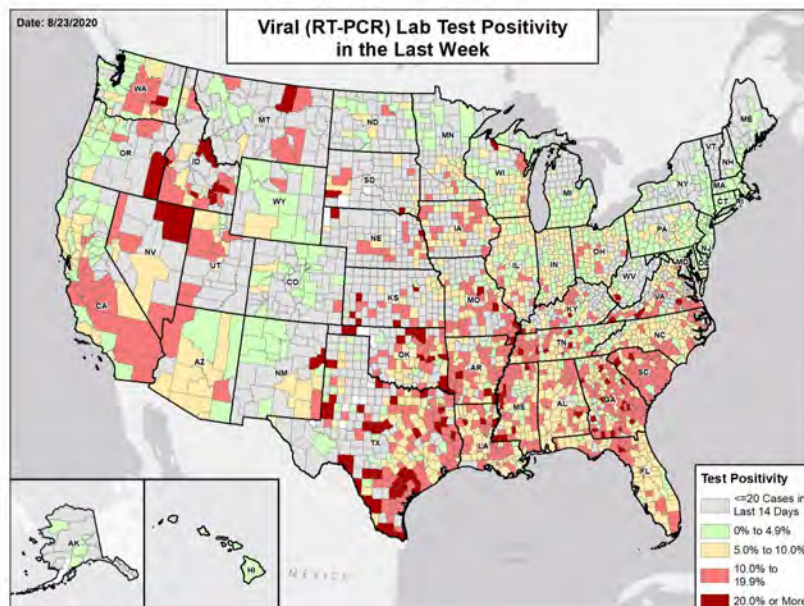


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



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, 80 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 [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 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, front-line workers, and those who suffer from social and health inequities.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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

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



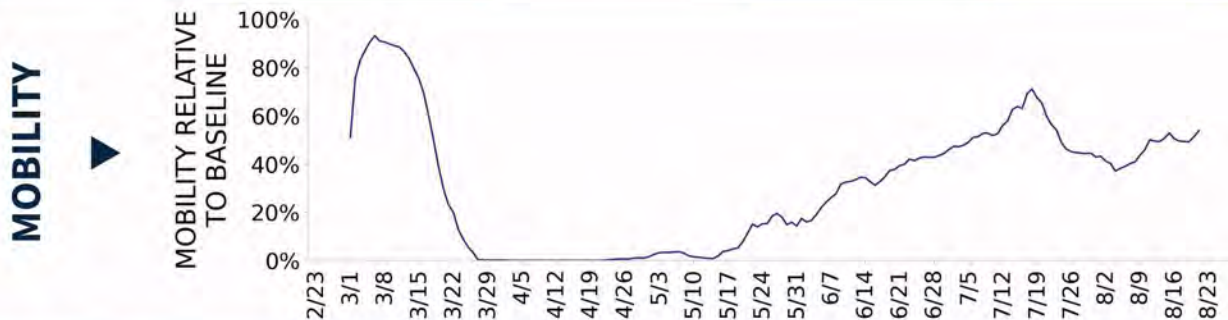
COVID-19



NEW YORK

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	4,345 (22)	-4.0%	5,998 (21)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.0%	-0.1%*	1.2%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	544,935** (2,801)	+2.9%**	705,660** (2,490)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	49 (0)	-33.8%	91 (0)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	5.0%	-1.3%*	4.5%	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) 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 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 YORK

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

0

N/A

0

N/A

**COUNTY
LAST WEEK**

0

N/A

0

N/A

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

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

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

Note: Top 12 locations are selected 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

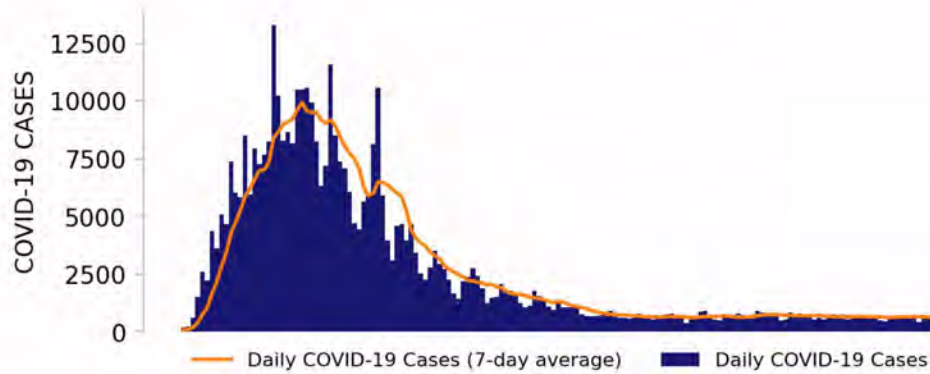
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



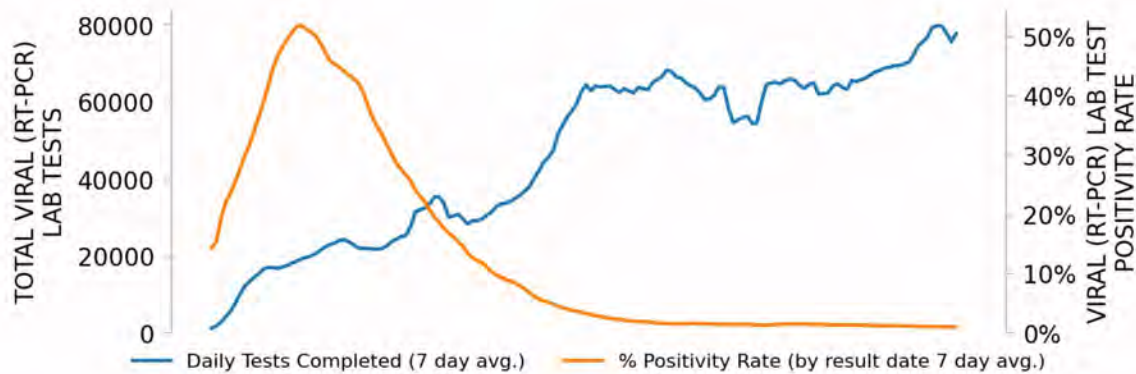
NEW YORK

STATE REPORT | 08.23.2020

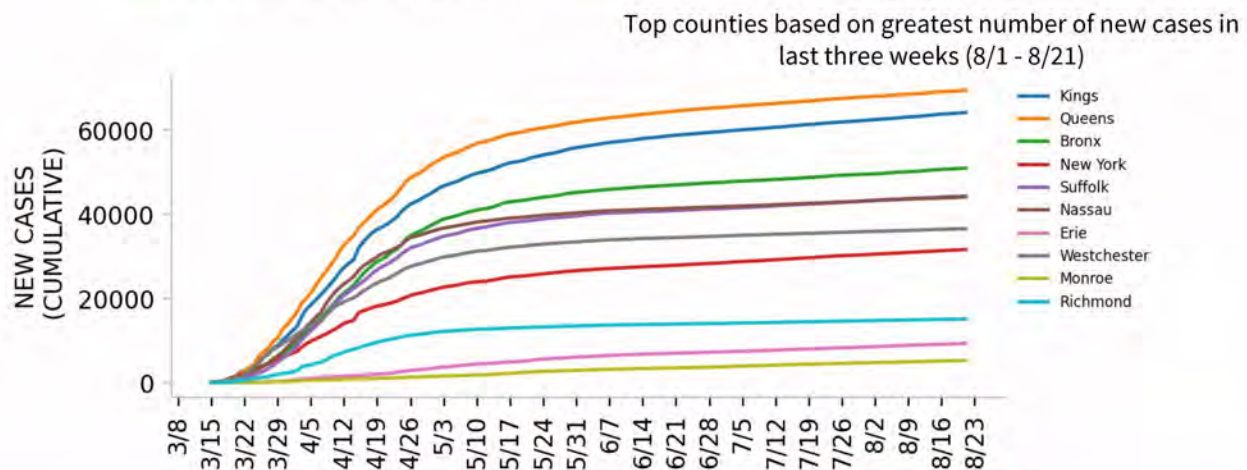
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES

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

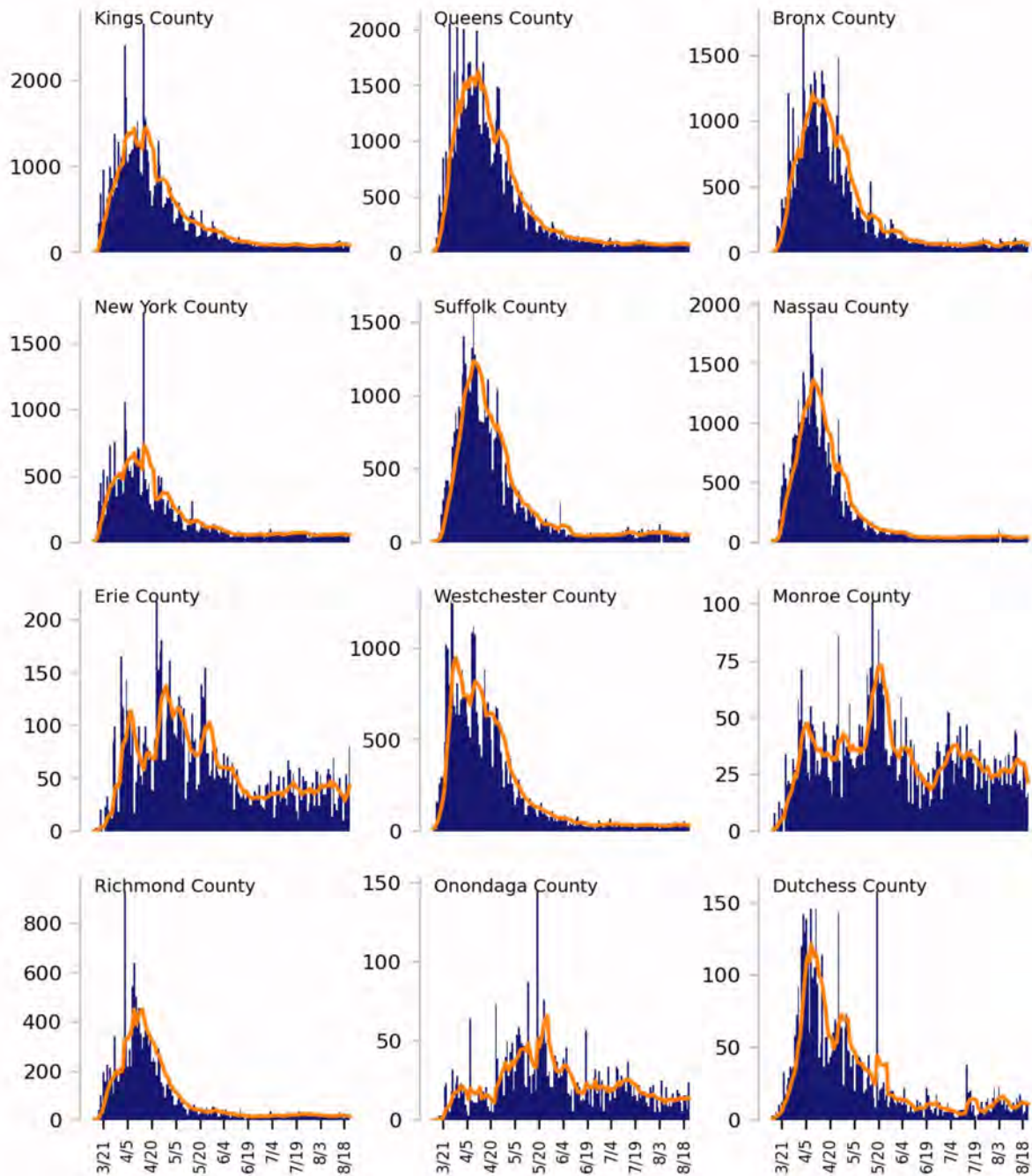
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

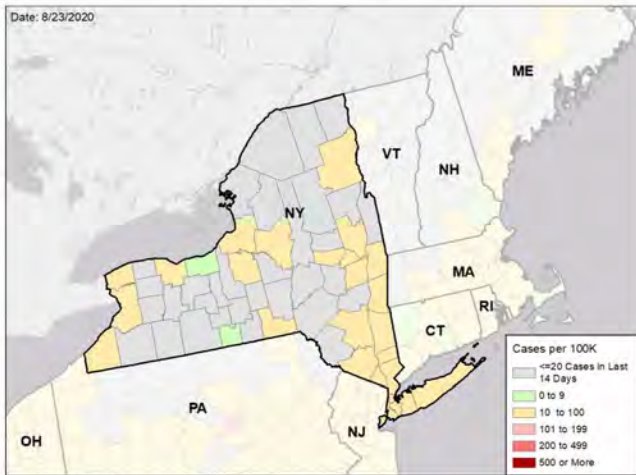


NEW YORK

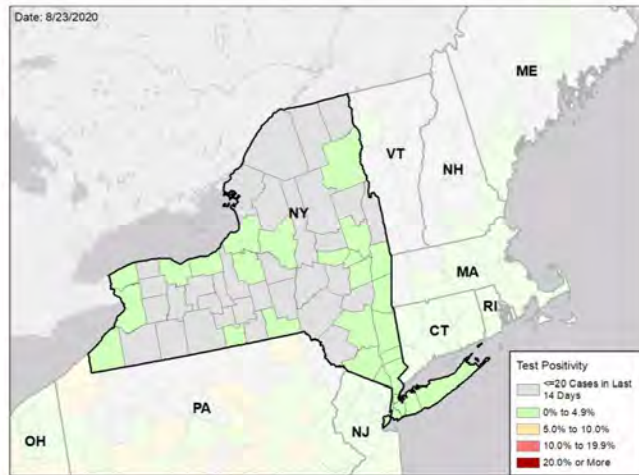
STATE REPORT | 08.23.2020

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

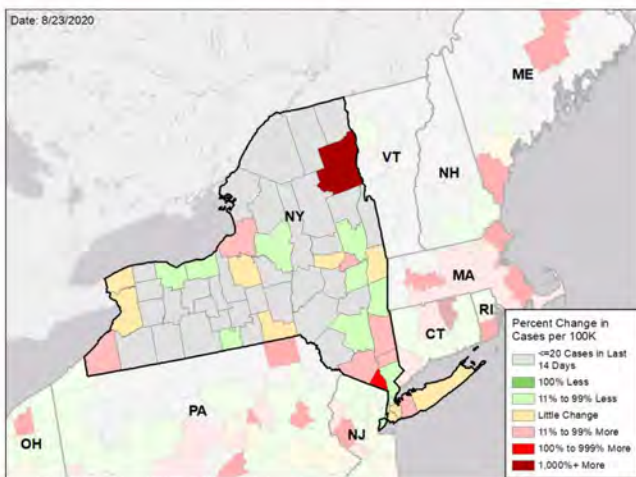
NEW CASES PER 100,000 DURING LAST WEEK



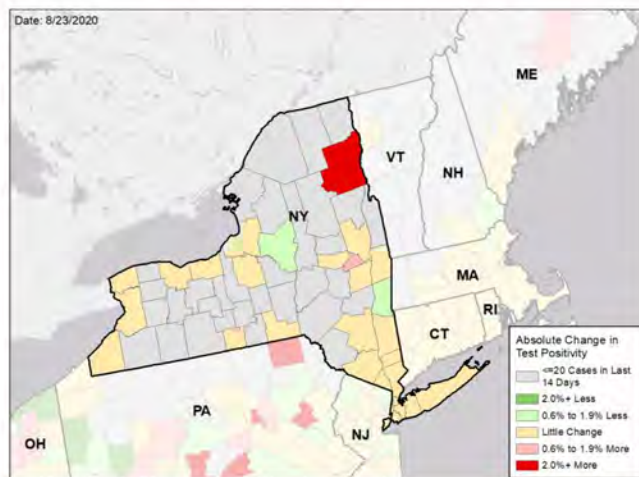
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

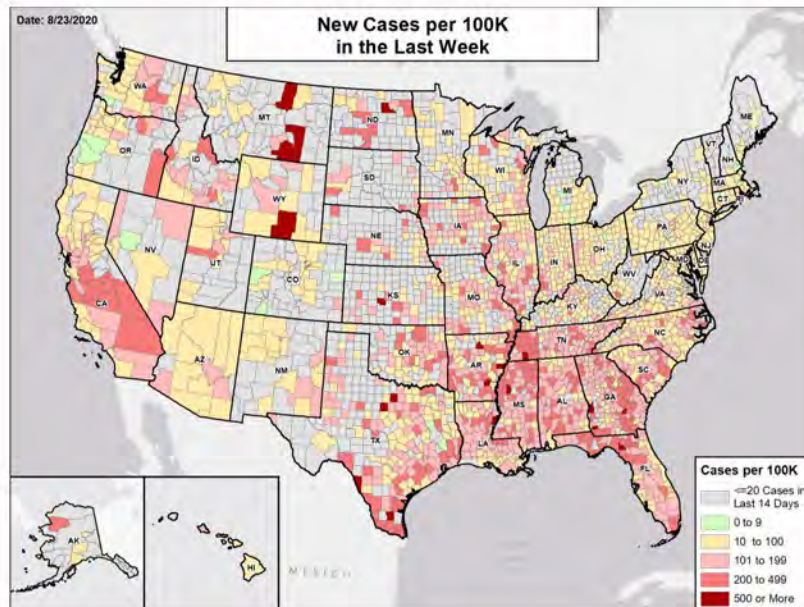
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

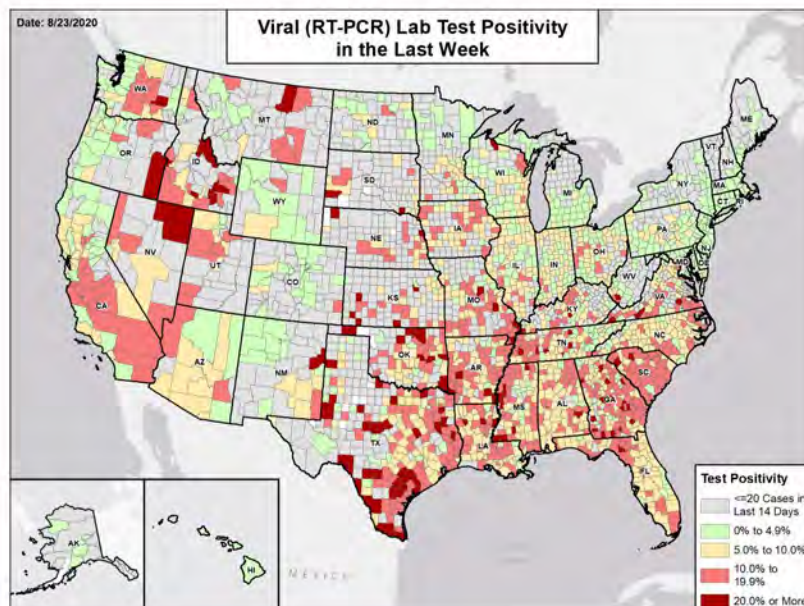


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



NORTH CAROLINA

STATE REPORT | 08.23.2020

SUMMARY

- North Carolina 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, North Carolina was 21st 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 93 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 epidemiology activities from ASPR; 1 to support epidemiology activities from CDC; 7 to support operations activities from USCG; 5 to support medical activities from VA; and 7 to support operations activities from VA.
- Between Aug 15 - Aug 21, on average, 94 patients with confirmed COVID-19 and 329 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in North Carolina. 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 [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 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 in red and yellow zone counties; consider fines for violations.
- Continue to educate on the risk of infection and serious disease in the elderly, those with preexisting medical conditions, front-line workers, and those who suffer from social and health inequities; ensure messaging is intensified 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 disincentivized 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 [CDC website](#).

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

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



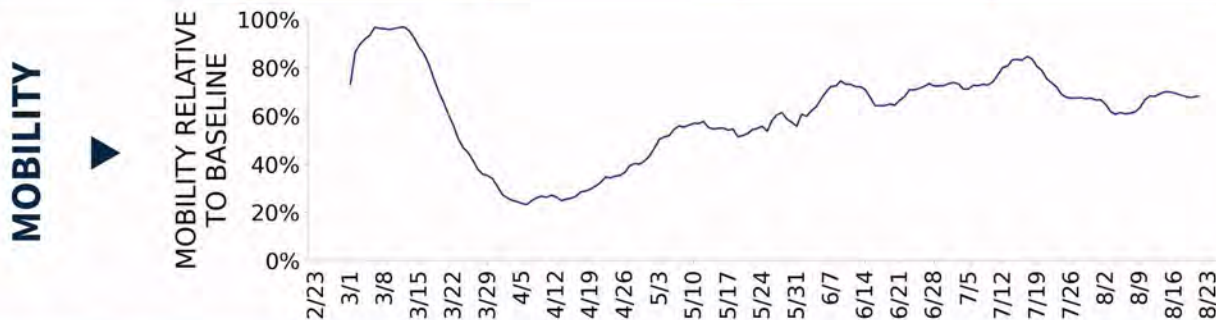
COVID-19



NORTH CAROLINA

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	9,741 (93)	+4.1%	89,560 (134)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.5%	+0.0%*	9.0%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	144,655** (1,379)	+9.4%**	997,394** (1,491)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	182 (2)	+1.7%	2,444 (4)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	16.8%	+5.2%*	22.7%	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) 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 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 CAROLINA

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

6

Rocky Mount
Lumberton
Laurinburg
Forest City
Rockingham
Brevard

30

Charlotte-Concord-Gastonia
Raleigh-Cary
Durham-Chapel Hill
Greensboro-High Point
Winston-Salem
Fayetteville
Hickory-Lenoir-Morganton
Asheville
Greenville
Burlington
Wilmington
Albemarle

**COUNTY
LAST WEEK**

15

Robeson
Scotland
Edgecombe
Rutherford
Montgomery
Hertford
Pasquotank
Cherokee
Richmond
Bertie
Transylvania
Jones

64

Mecklenburg
Wake
Guilford
Cumberland
Forsyth
Union
Gaston
Pitt
Alamance
Buncombe
Johnston
Cabarrus

All Yellow CBSAs: Charlotte-Concord-Gastonia, Raleigh-Cary, Durham-Chapel Hill, Greensboro-High Point, Winston-Salem, Fayetteville, Hickory-Lenoir-Morganton, Asheville, Greenville, Burlington, Wilmington, Albemarle, Shelby, Jacksonville, Goldsboro, New Bern, Pinehurst-Southern Pines, Wilson, Roanoke Rapids, North Wilkesboro, Sanford, Mount Airy, Myrtle Beach-Conway-North Myrtle Beach, Kinston, Elizabeth City, Marion, Washington, Morehead City, Henderson, Virginia Beach-Norfolk-Newport News

All Red Counties: Robeson, Scotland, Edgecombe, Rutherford, Montgomery, Hertford, Pasquotank, Cherokee, Richmond, Bertie, Transylvania, Jones, Washington, Hyde, Gates

All Yellow Counties: Mecklenburg, Wake, Guilford, Cumberland, Forsyth, Union, Gaston, Pitt, Alamance, Buncombe, Johnston, Cabarrus, Catawba, New Hanover, Rowan, Stanly, Orange, Iredell, Cleveland, Nash, Onslow, Harnett, Davidson, Wayne, Henderson, Moore, Randolph, Lincoln, Granville, Caldwell, Wilson, Burke, Craven, Wilkes, Lee, Rockingham, Surry, Columbus, Franklin, Chatham, Halifax, Lenoir, McDowell, Beaufort, Hoke, Duplin, Carteret, Vance, Alleghany, Yadkin, Pender, Bladen, Davie, Alexander, Anson, Stokes, Polk, Martin, Greene, Macon, Chowan, Northampton, Warren, Currituck

* 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

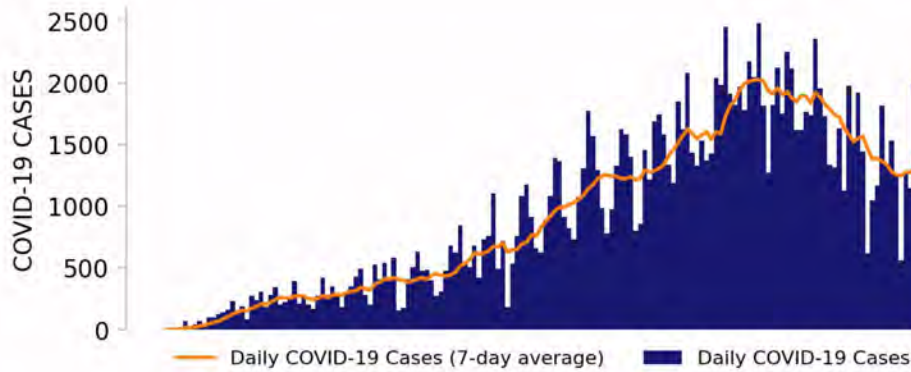
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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 CAROLINA

STATE REPORT | 08.23.2020

NEW CASES

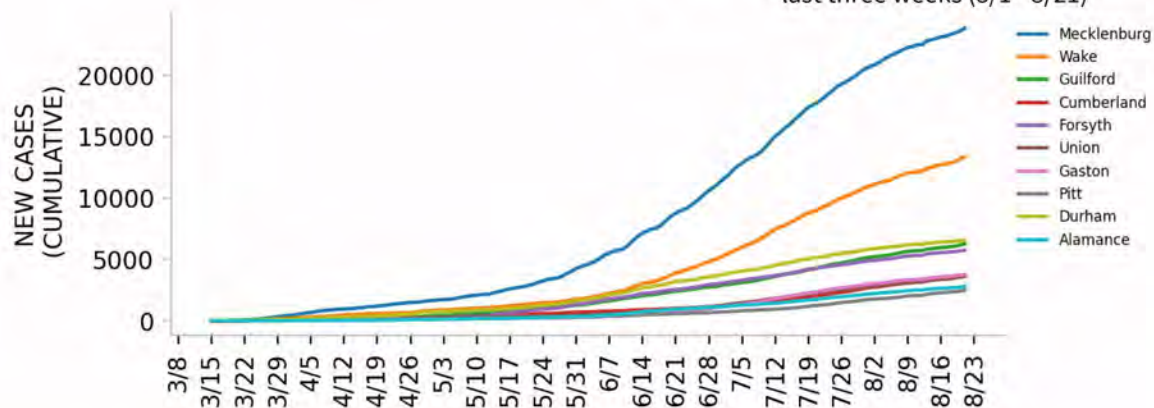


TESTING



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

TOP COUNTIES



DATA SOURCES

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

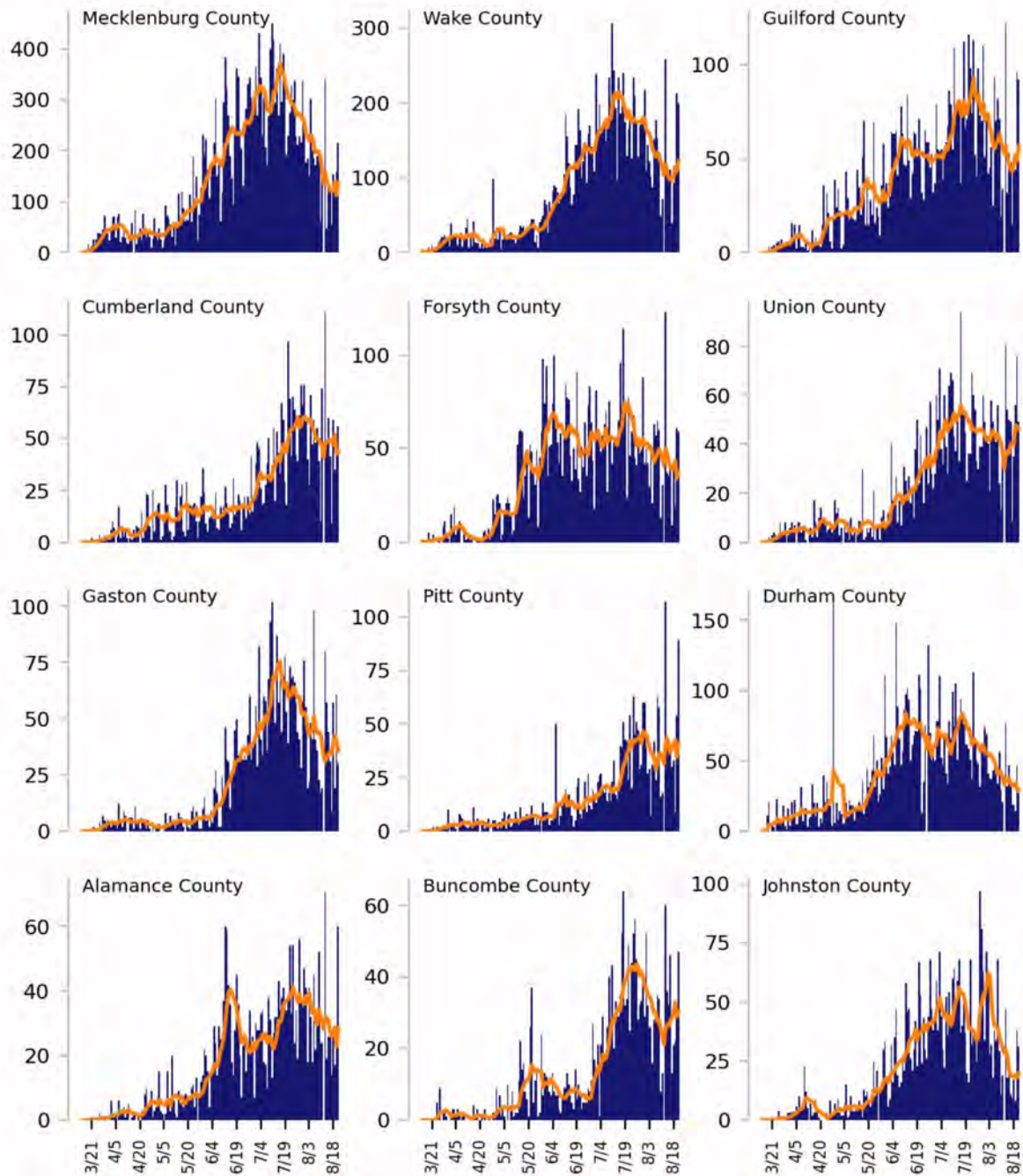
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

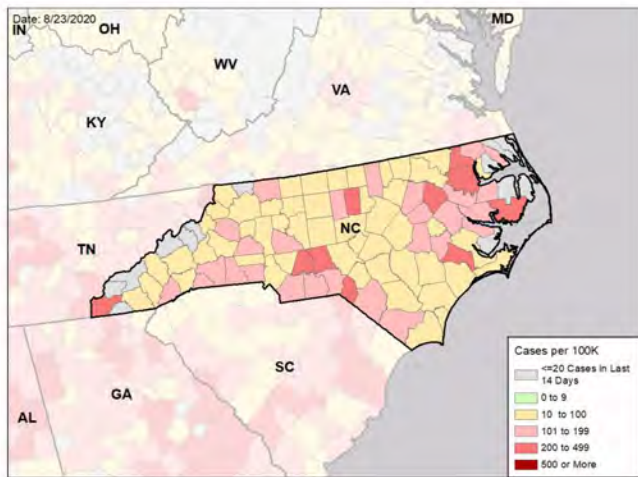


NORTH CAROLINA

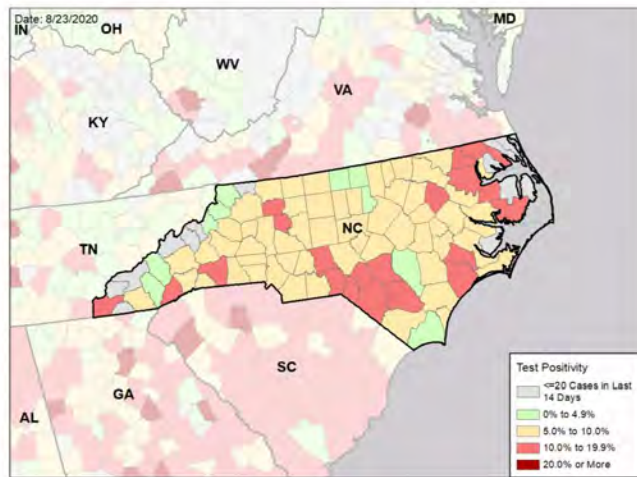
STATE REPORT | 08.23.2020

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

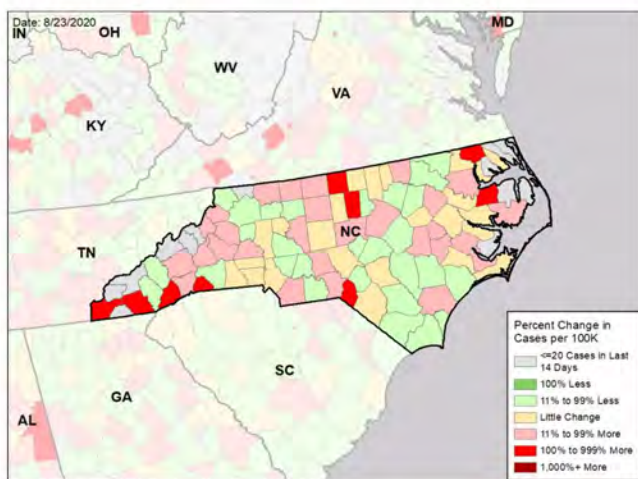
NEW CASES PER 100,000 DURING LAST WEEK



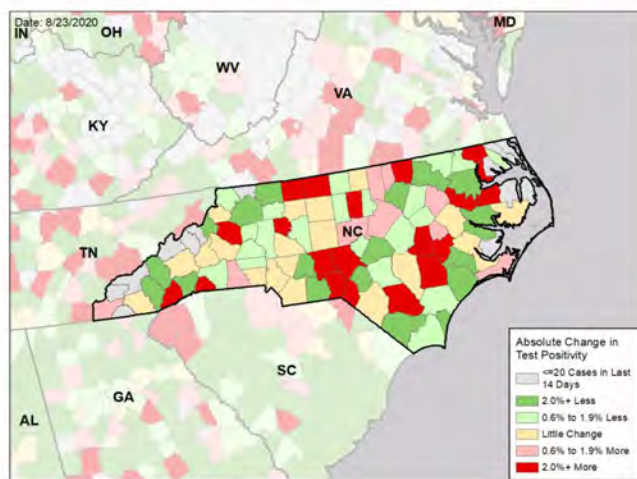
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

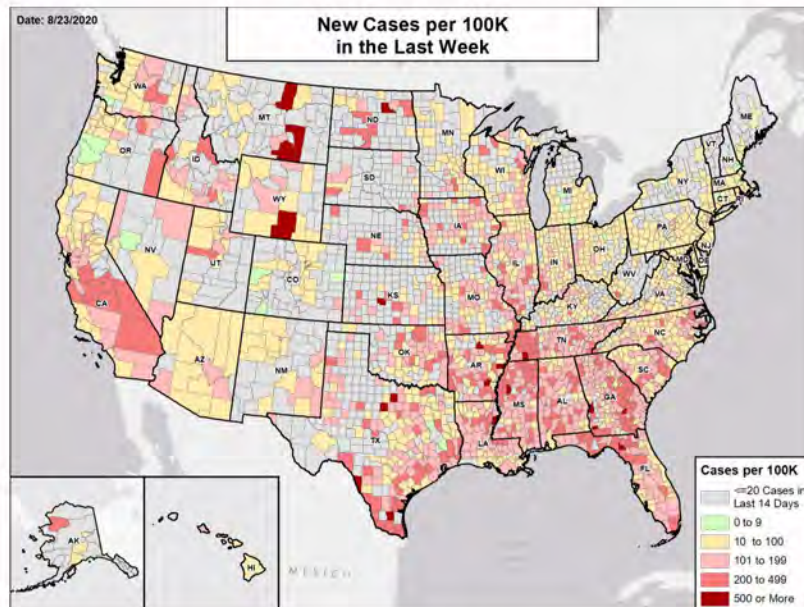
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

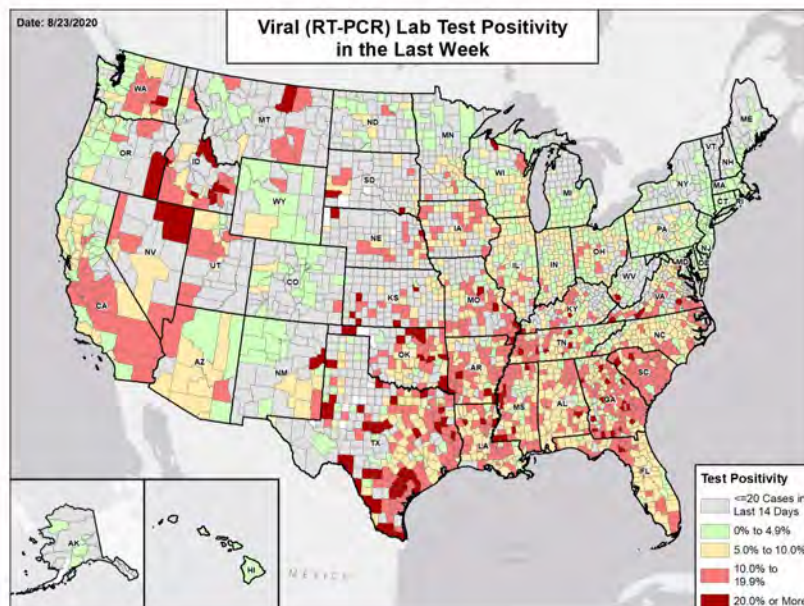


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



NORTH DAKOTA

STATE REPORT | 08.23.2020

SUMMARY

- North Dakota is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- Nationally, North Dakota was 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 (Ward). 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).
- 0.0% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- North Dakota had 151 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 newly admitted each day to hospitals in North Dakota. An average of 78 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual 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, 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 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 (#MaskUpND campaign); support masking mandates in highly affected counties/cities.
- Adjust restrictions on occupancy and operating hours of bars and restaurants, and on gathering sizes in counties with continued increase in cases.
- Continue scale-up of contact tracing.
- Continue intensive testing as is being done 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 [CDC website](#).

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

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



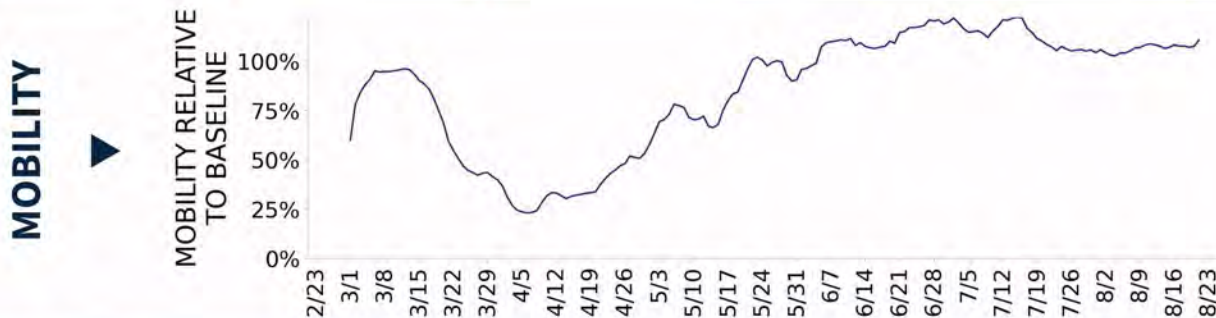
COVID-19



NORTH DAKOTA

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	1,154 (151)	+15.9%	7,581 (62)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.9%	+0.6%*	5.0%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	36,298** (4,763)	-10.7%**	167,432** (1,366)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	11 (1)	+0.0%	81 (1)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	11.8%	+4.0%*	5.5%	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) 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 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)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

0

N/A

2Bismarck
Dickinson

**COUNTY
LAST WEEK**

1

Benson

4Burleigh
Stark
McLean
Walsh

* 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

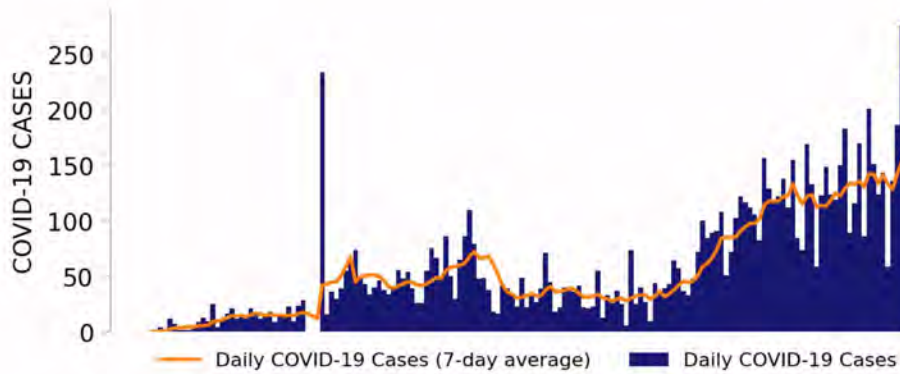
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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

NEW CASES

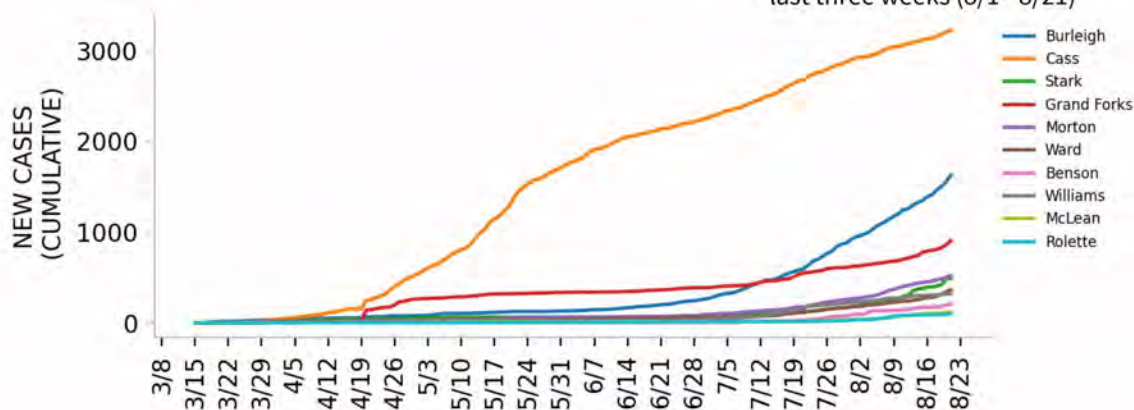


TESTING



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

TOP COUNTIES



DATA SOURCES

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

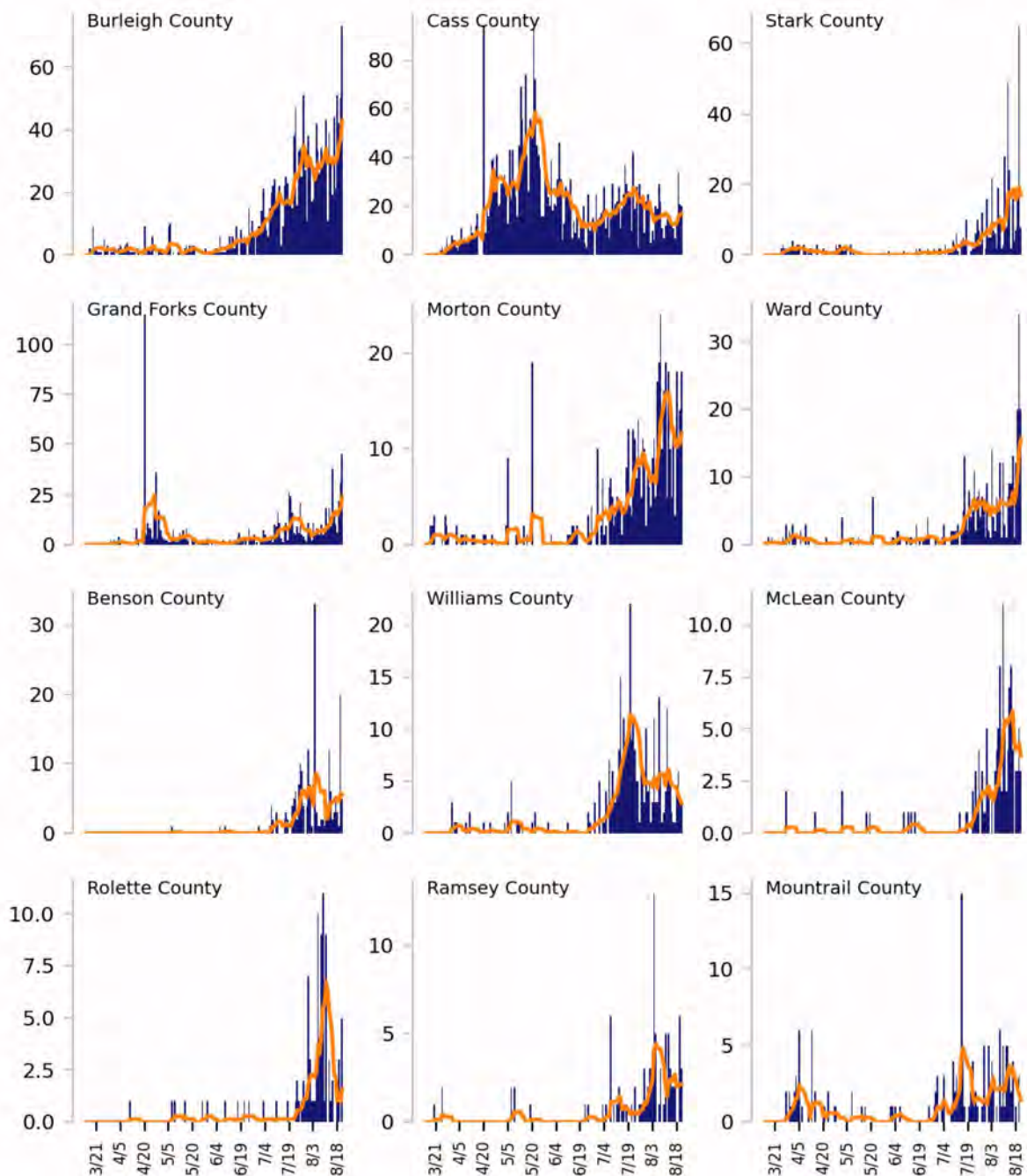
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

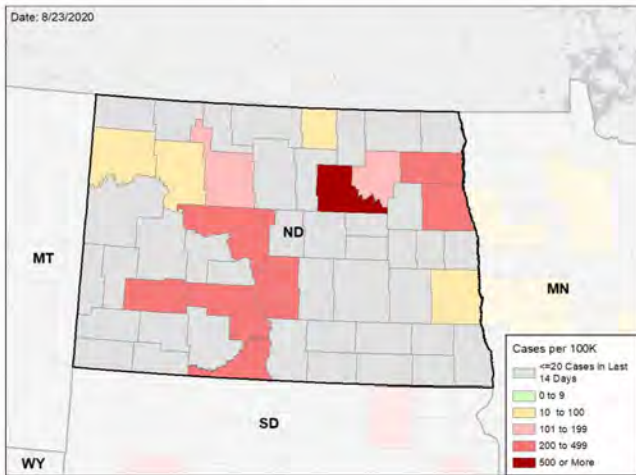


NORTH DAKOTA

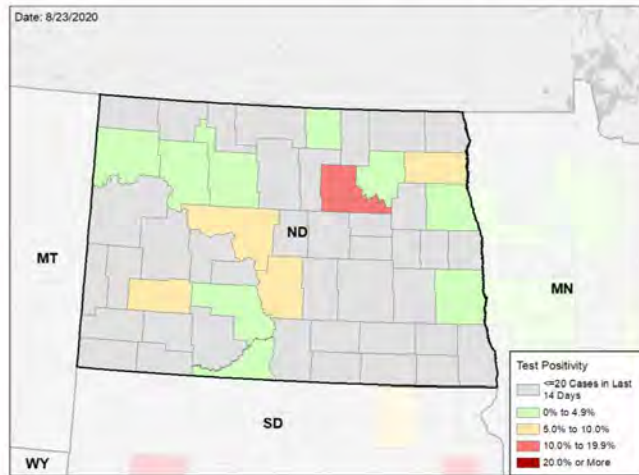
STATE REPORT | 08.23.2020

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

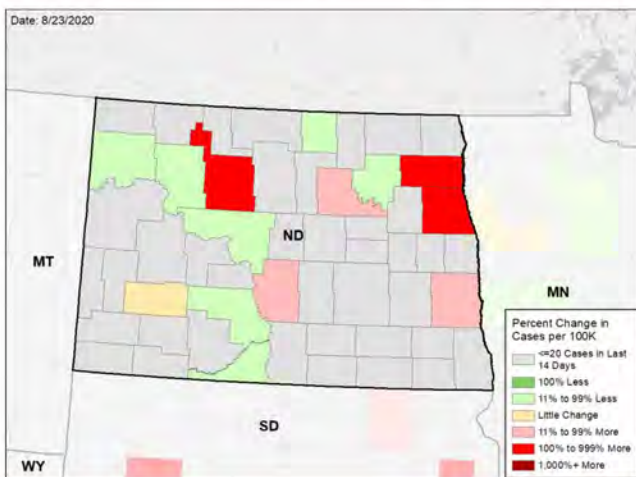
NEW CASES PER 100,000 DURING LAST WEEK



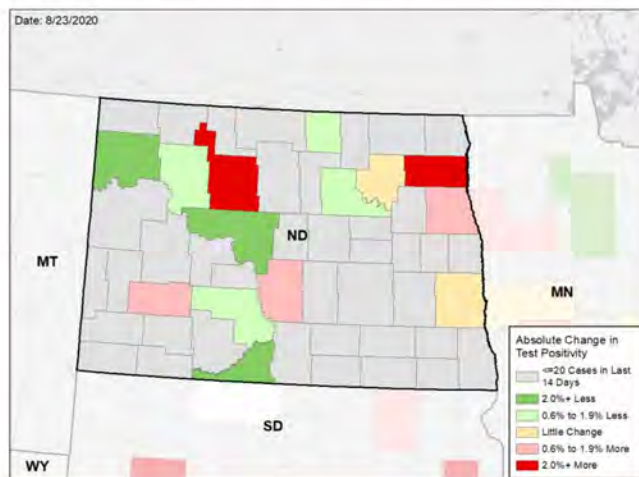
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

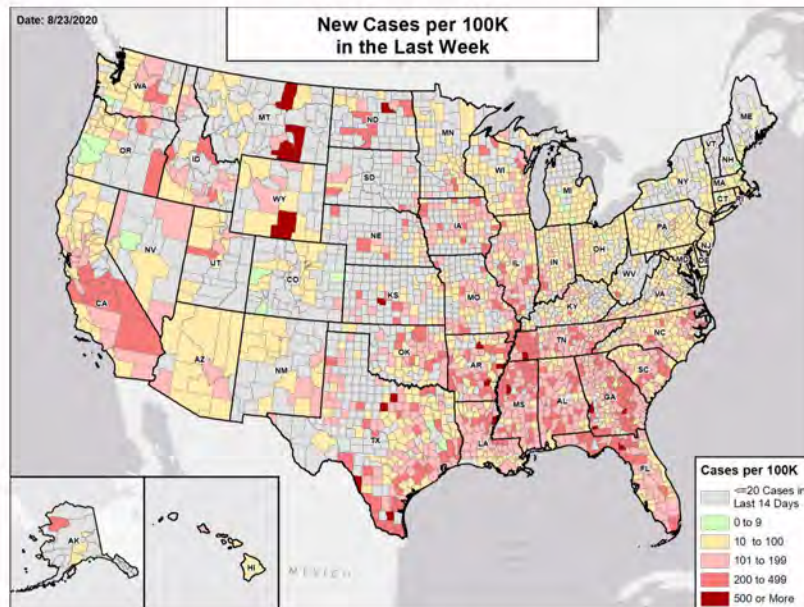
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

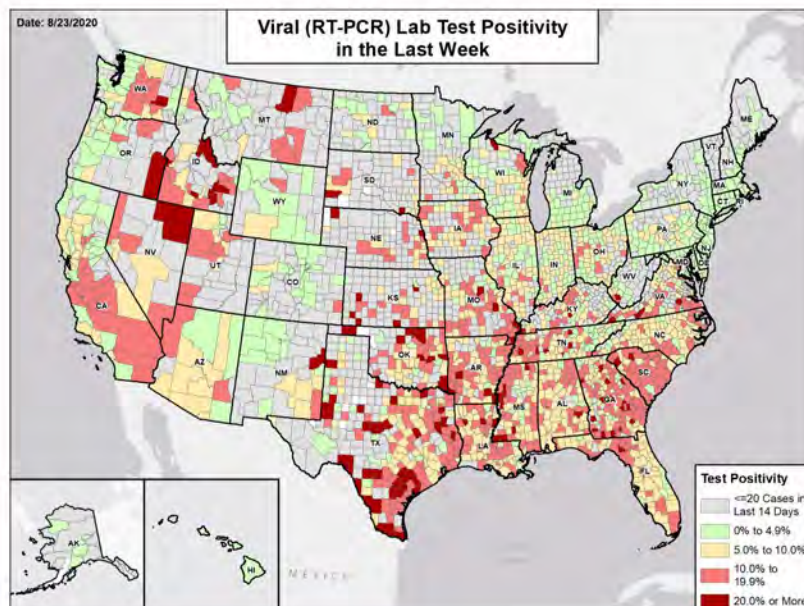


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



OHIO

STATE REPORT | 08.23.2020

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 30th highest rate in the country.
- Ohio has seen a decrease in new 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.
- 47% 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 419 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 patients each day during this period.*
- Please review the [Visit Virginia School K-12 metrics](#) 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 facemask use. Any nursing homes with 3 or more cases of COVID per week over the last 3 weeks should have mandatory inspection surveys conducted. Antigen testing capacity will continue to be supplied over the next 4-6 weeks to support routine testing from the Federal Government.
- 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 more 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 36 hours. For families and cohabiting households, screen entire households in a single test by pooling specimens.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- 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 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 home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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

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



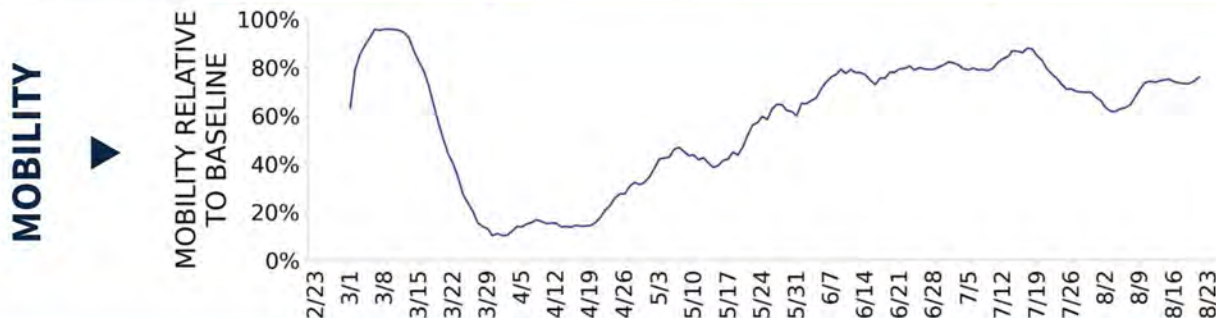
COVID-19



OHIO

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	6,488 (56)	-17.7%	38,584 (73)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.4%	-0.6%*	5.2%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	156,538** (1,339)	+4.7%**	925,690** (1,762)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	171 (1)	+27.6%	619 (1)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	8.8%	+0.8%*	7.1%	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) 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 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

LOCALITIES IN YELLOW ZONE

METRO
AREA
(CBSA)
LAST WEEK

2

Greenville
Wapakoneta

20

Toledo
Akron
Canton-Massillon
Lima
Springfield
Celina
Chillicothe
Salem
Fremont
Wooster
Sidney
UrbanaCOUNTY
LAST WEEK

3

Darke
Preble
Auglaize

38

Lucas
Summit
Stark
Licking
Lorain
Fairfield
Allen
Madison
Clark
Greene
Mercer
Medina

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 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

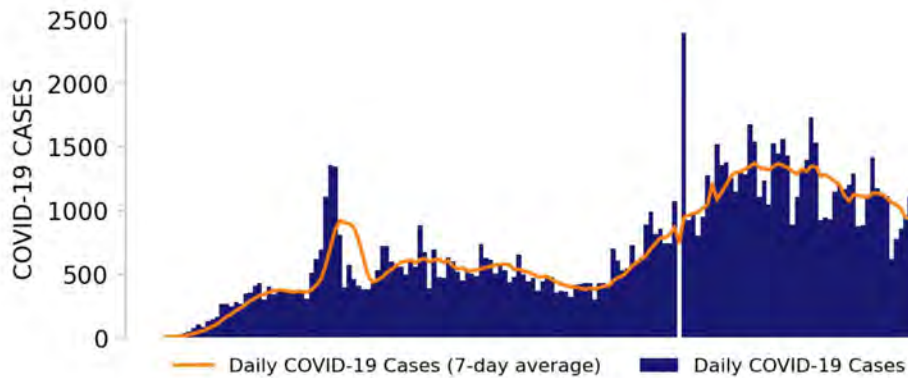
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



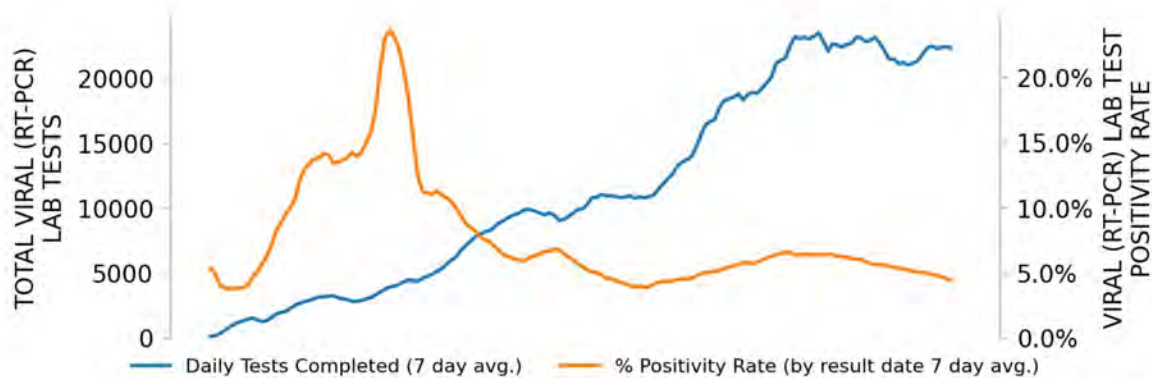
OHIO

STATE REPORT | 08.23.2020

NEW CASES

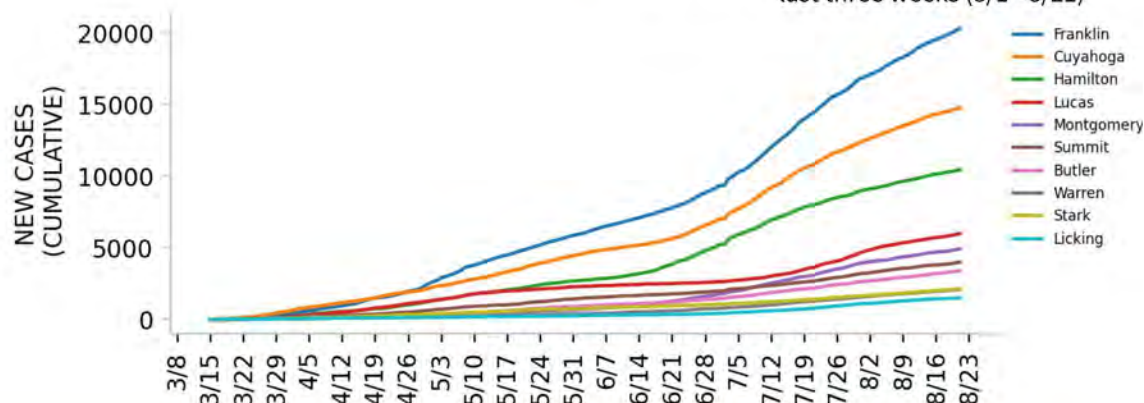


TESTING



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

TOP COUNTIES



DATA SOURCES

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

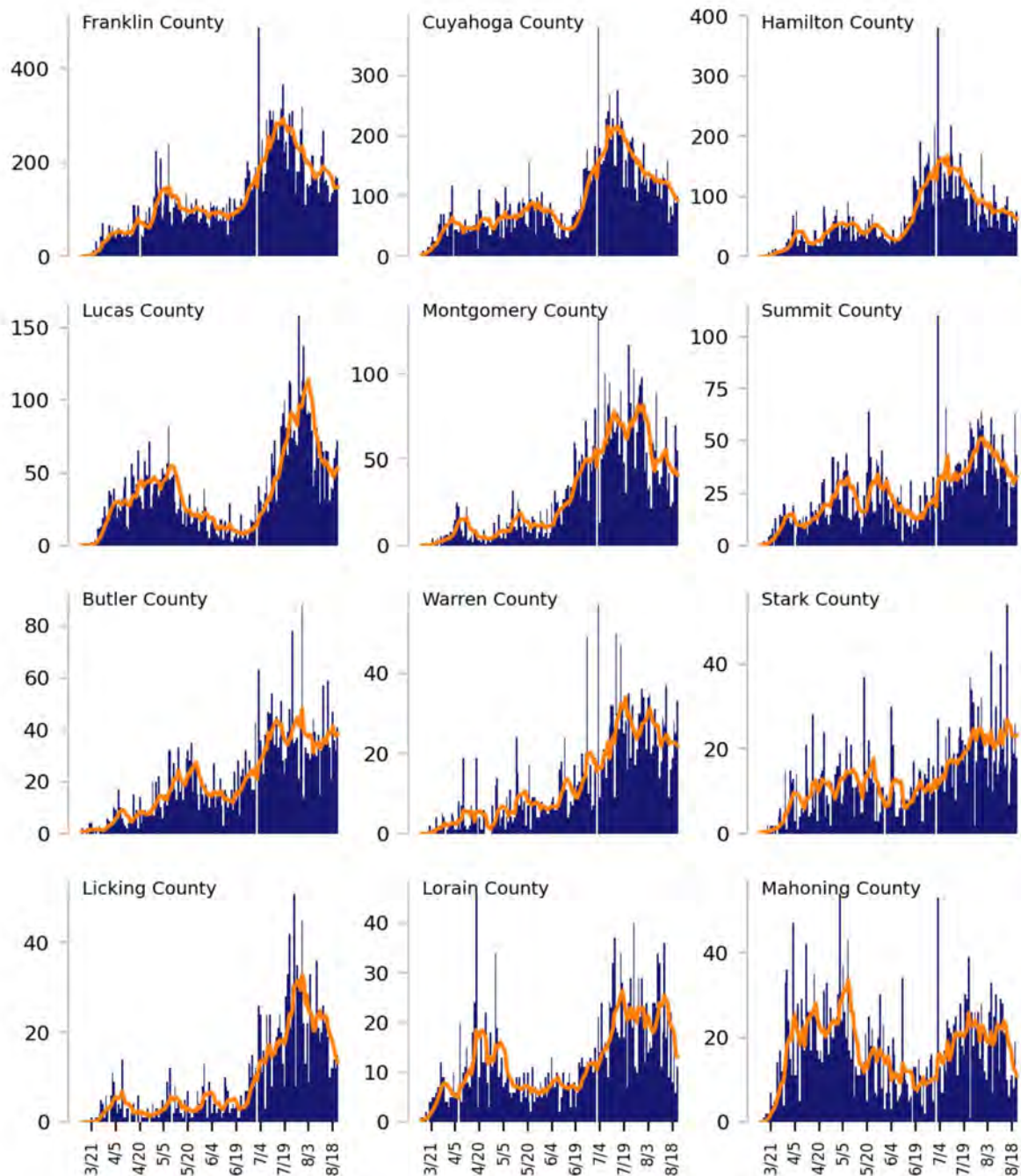
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

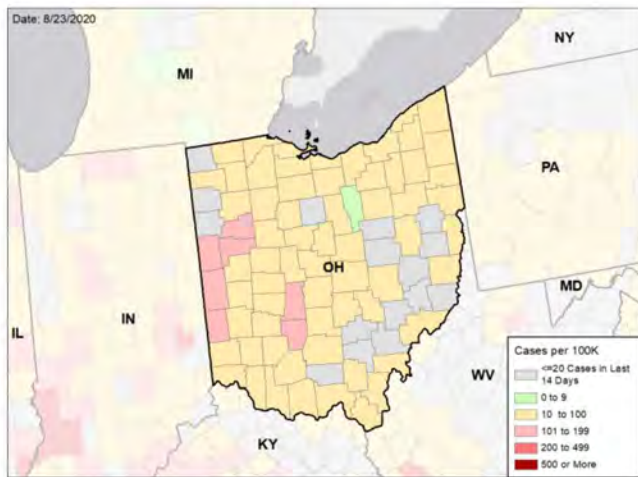


OHIO

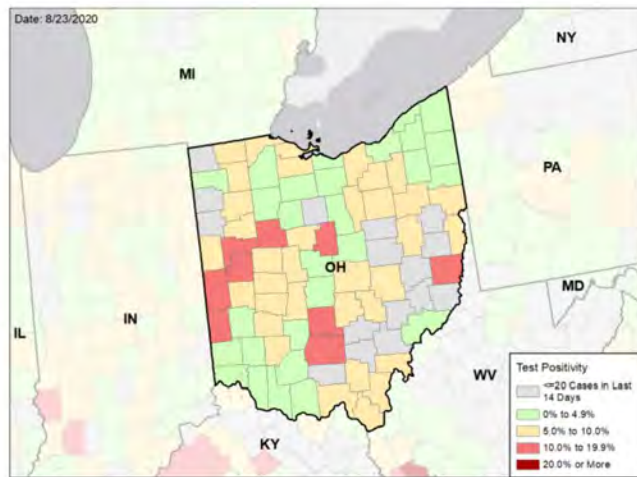
STATE REPORT | 08.23.2020

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

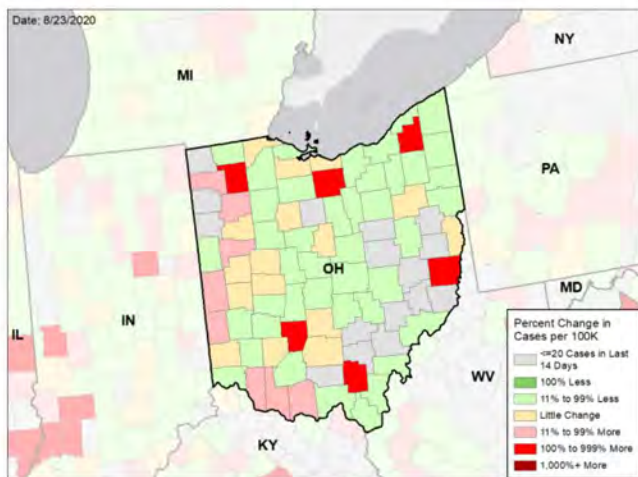
NEW CASES PER 100,000 DURING LAST WEEK



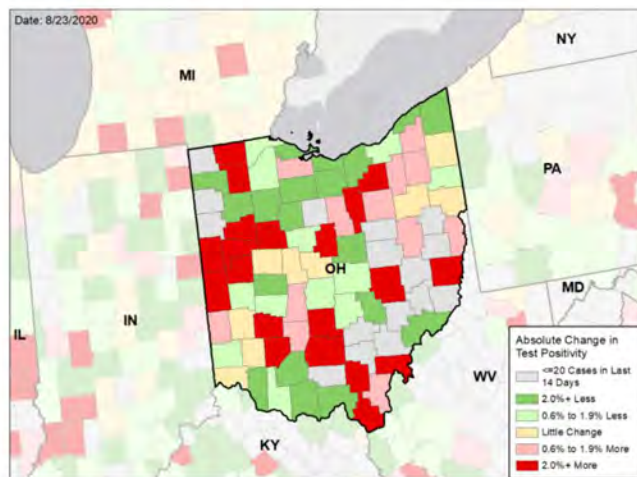
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

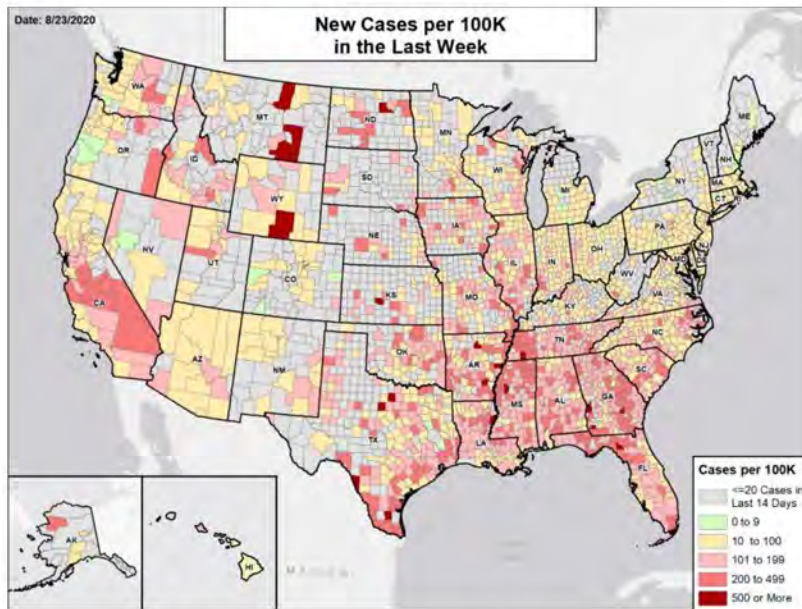
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

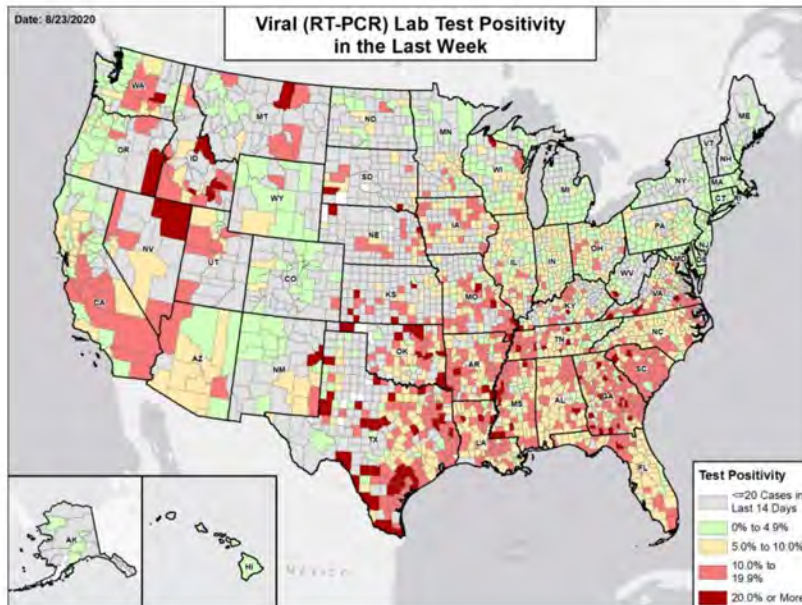


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



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, but approaching 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. Oklahoma County, 2. Tulsa County, and 3. Cleveland County. These counties represent 50.5 percent 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 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: 5 to support operations activities from FEMA; 6 to support epidemiology activities from CDC; and 37 to support medical activities from VA.
- Between Aug 15 - Aug 21, on average, 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 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 Re-Opening](#) 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 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 citizens, businesses, public health officials, hospitals, nursing homes, and schools work together to effectively implement the recommended mitigation 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 common sense measures that citizens and businesses should adopt to prevent COVID-19.
 - (2) 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.
 - (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 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.
- 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 onsite 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 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 [CDC website](#).

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

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



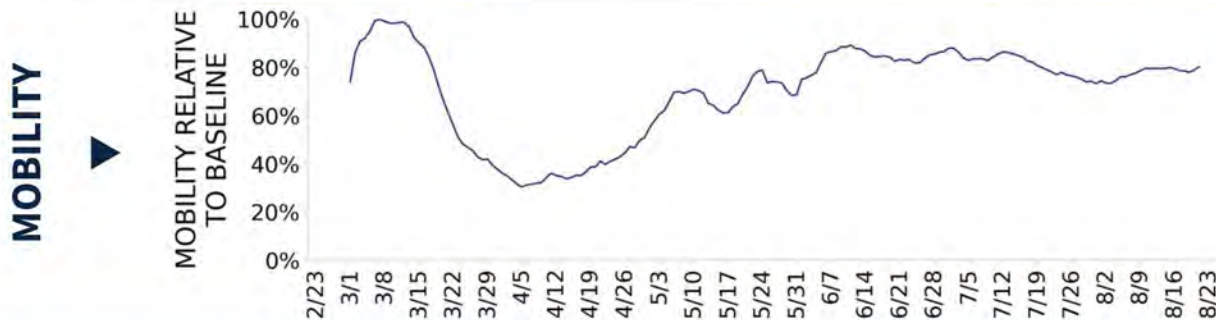
COVID-19



OKLAHOMA

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	4,851 (123)	+4.5%	61,281 (143)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.9%	+0.5%*	9.2%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	24,194** (611)	-4.4%**	349,779** (819)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	71 (2)	+61.4%	1,749 (4)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	7.9%	-1.3%*	18.9%	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) 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 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.



OKLAHOMA

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

7

Tulsa
Enid
McAlester
Fort Smith
Miami
Weatherford
Elk City

12

Oklahoma City
Shawnee
Tahlequah
Lawton
Muskogee
Bartlesville
Durant
Ardmore
Altus
Ponca City
Duncan
Guymon

**COUNTY
LAST WEEK**

20

Tulsa
Rogers
Garfield
Wagoner
Pittsburg
Sequoyah
Creek
Osage
Okmulgee
Caddo
McClain
Ottawa

26

Oklahoma
Cleveland
Canadian
Le Flore
Pottawatomie
Cherokee
Comanche
Muskogee
Washington
Bryan
Lincoln
Mayes

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 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

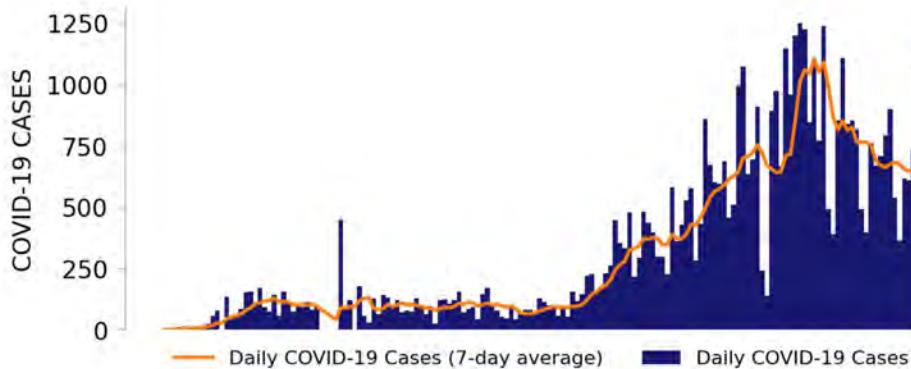
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



OKLAHOMA

STATE REPORT | 08.23.2020

NEW CASES

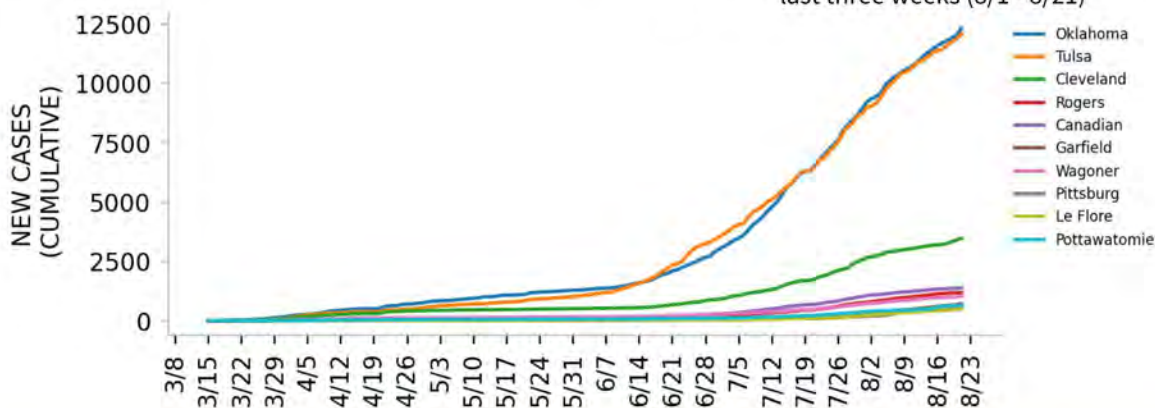


TESTING



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

TOP COUNTIES



DATA SOURCES

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

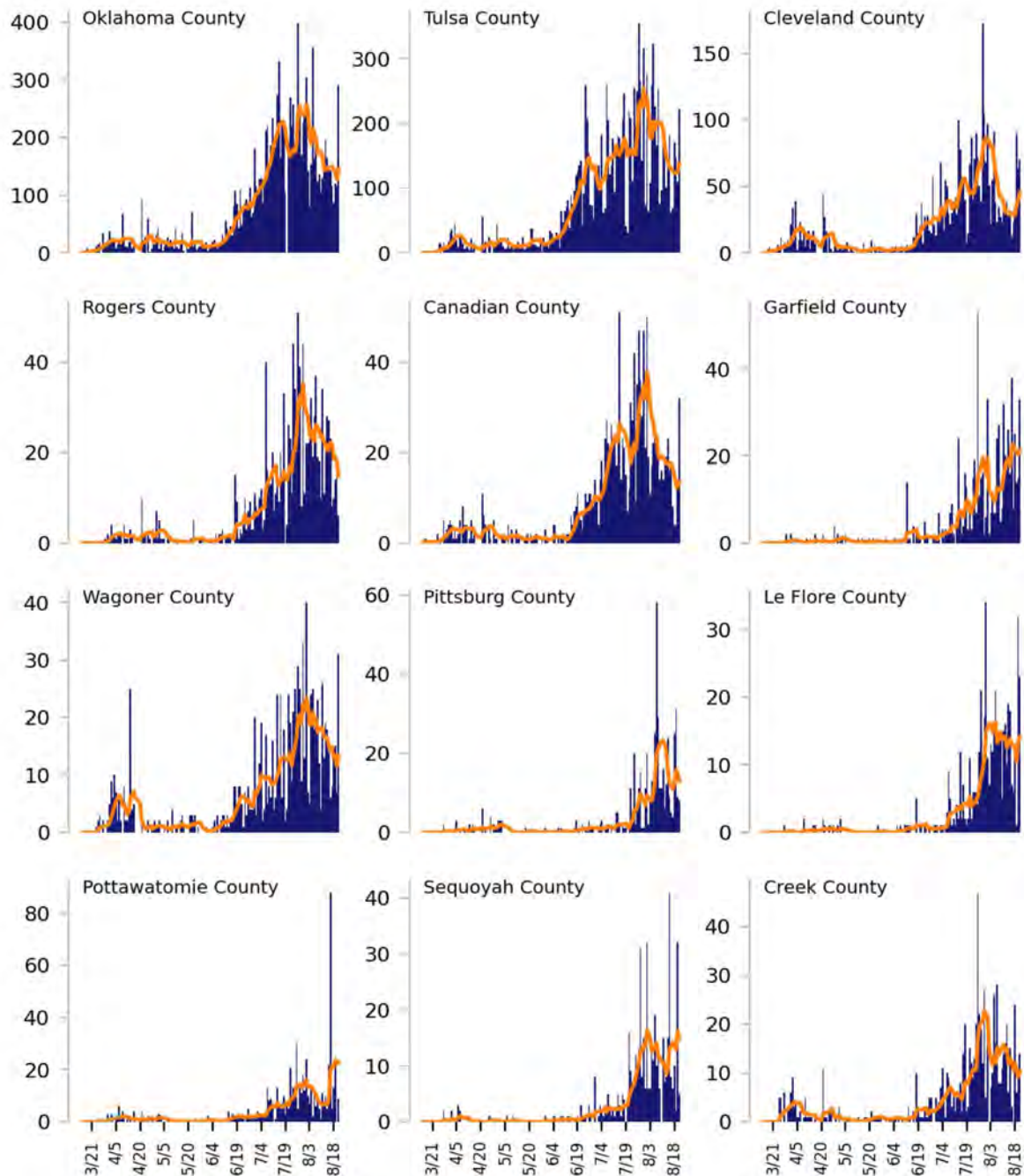
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

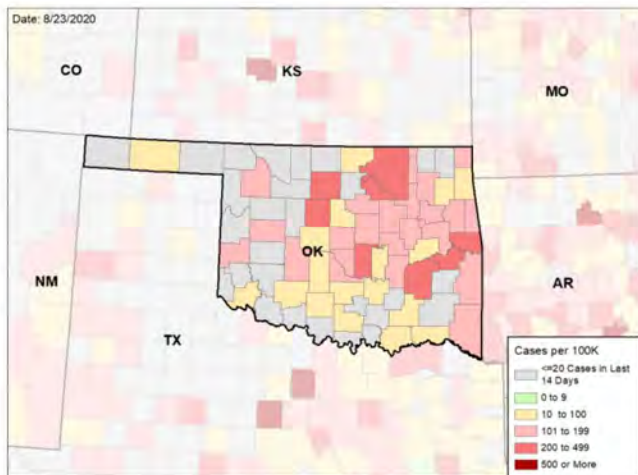


OKLAHOMA

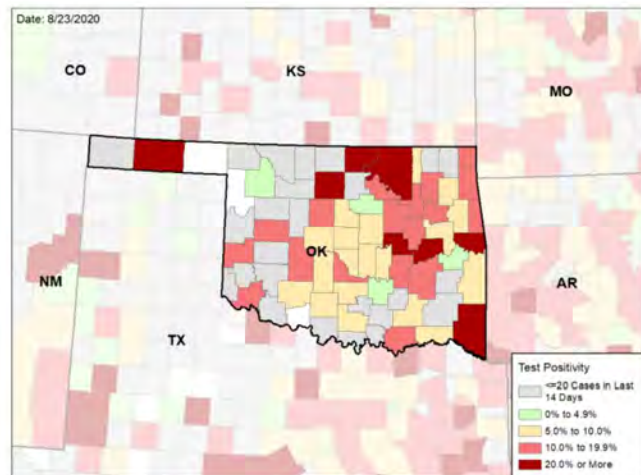
STATE REPORT | 08.23.2020

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

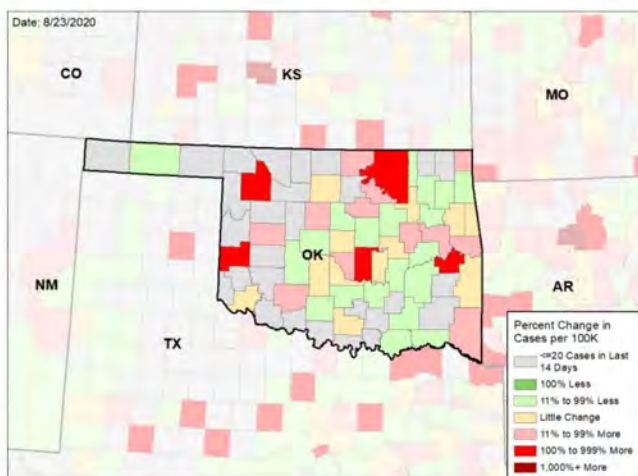
NEW CASES PER 100,000 DURING LAST WEEK



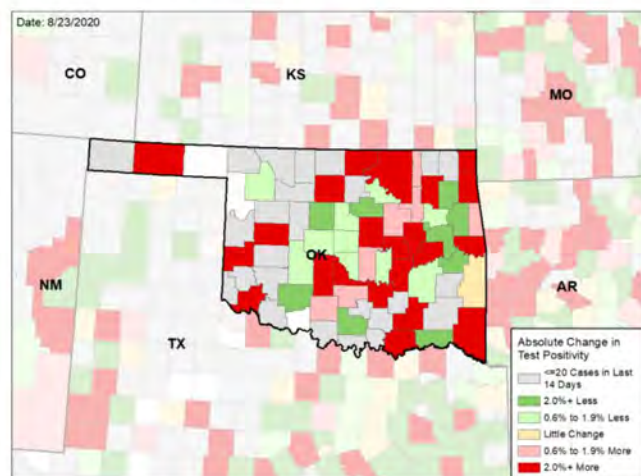
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

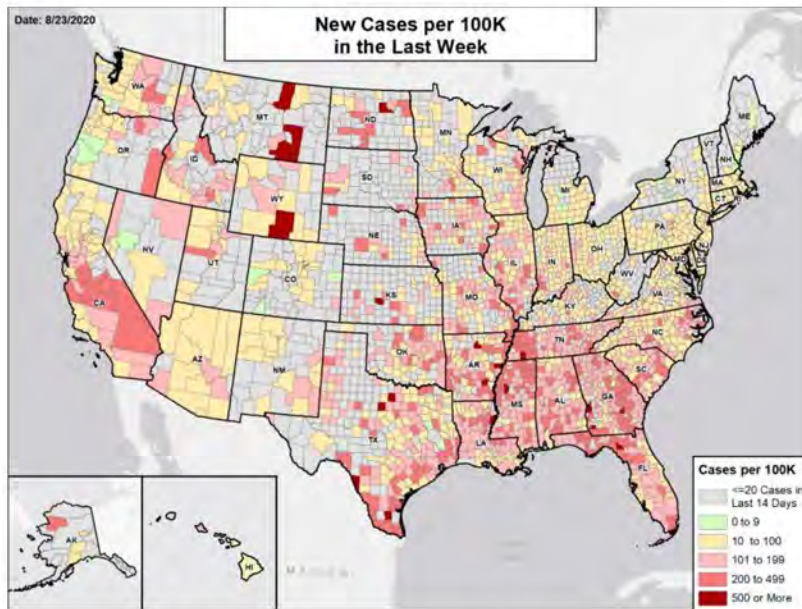
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

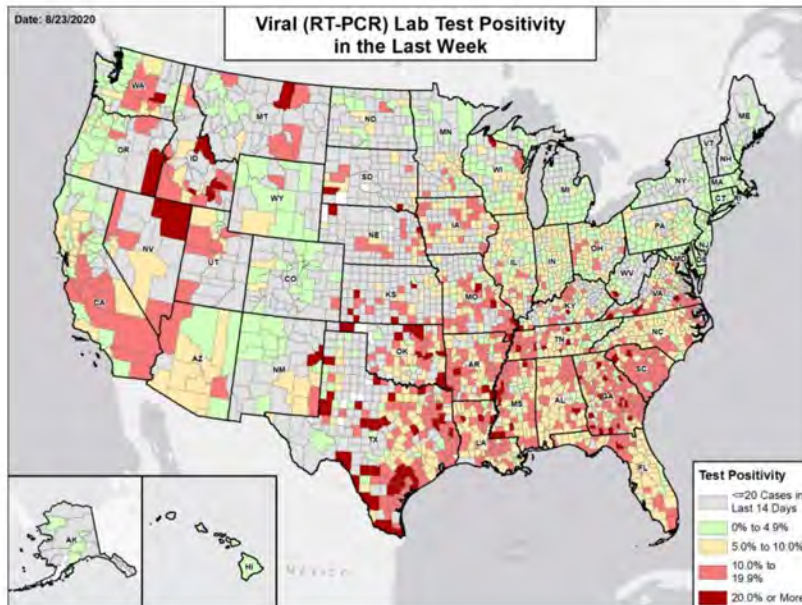


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



OREGON

STATE REPORT | 08.23.2020

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 43 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: 28 to support operations activities from FEMA; 5 to support operations activities from USCG; and 18 to support medical activities from VA.
- Between Aug 15 - Aug 21, 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 [West Virginia School K-12 metrics](#) 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 congregate 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 localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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



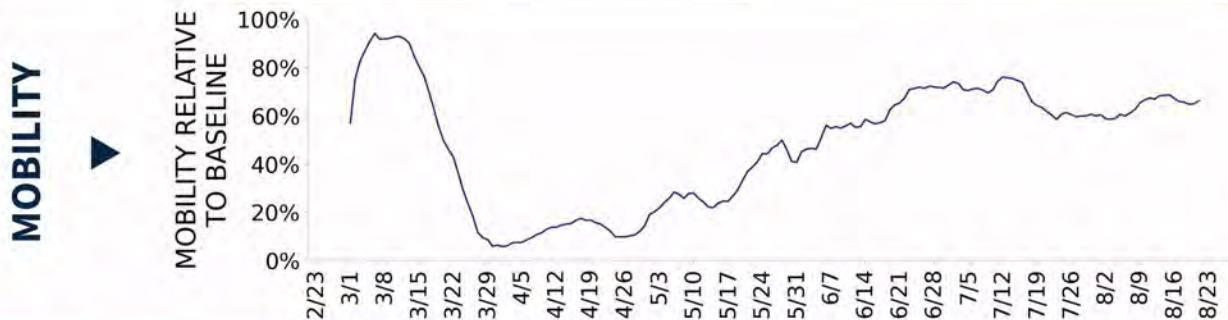
COVID-19



OREGON

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	1,807 (43)	-8.6%	8,160 (57)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.8%	-0.2%*	4.8%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	49,538** (1,175)	-6.1%**	182,301** (1,270)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	29 (1)	-21.6%	169 (1)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	2.6%	-0.6%*	4.7%	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) 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 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.



OREGON

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

METRO
AREA
(CBSA)
LAST WEEK

2

Hermiston-Pendleton
Ontario

3

Salem
Medford
NewportCOUNTY
LAST WEEK

4

Umatilla
Malheur
Jefferson
Morrow

3

Marion
Jackson
Lincoln

* 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

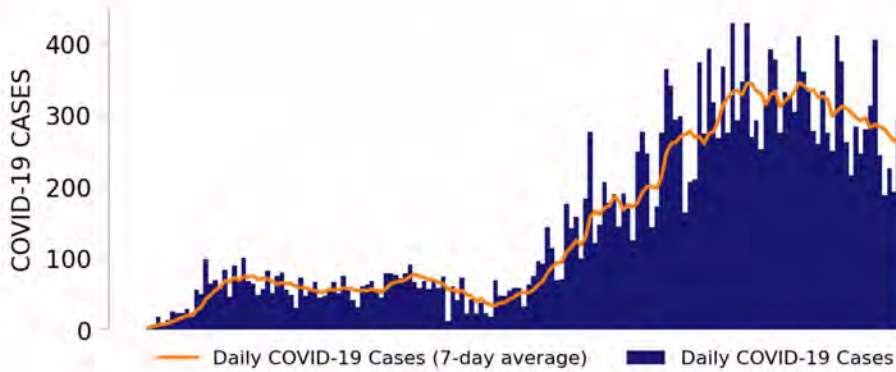
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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

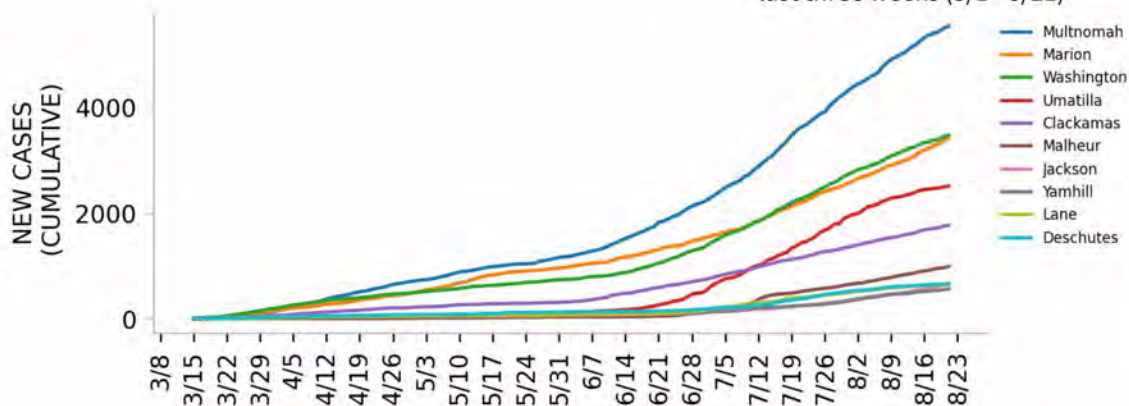


TESTING



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

TOP COUNTIES



DATA SOURCES

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

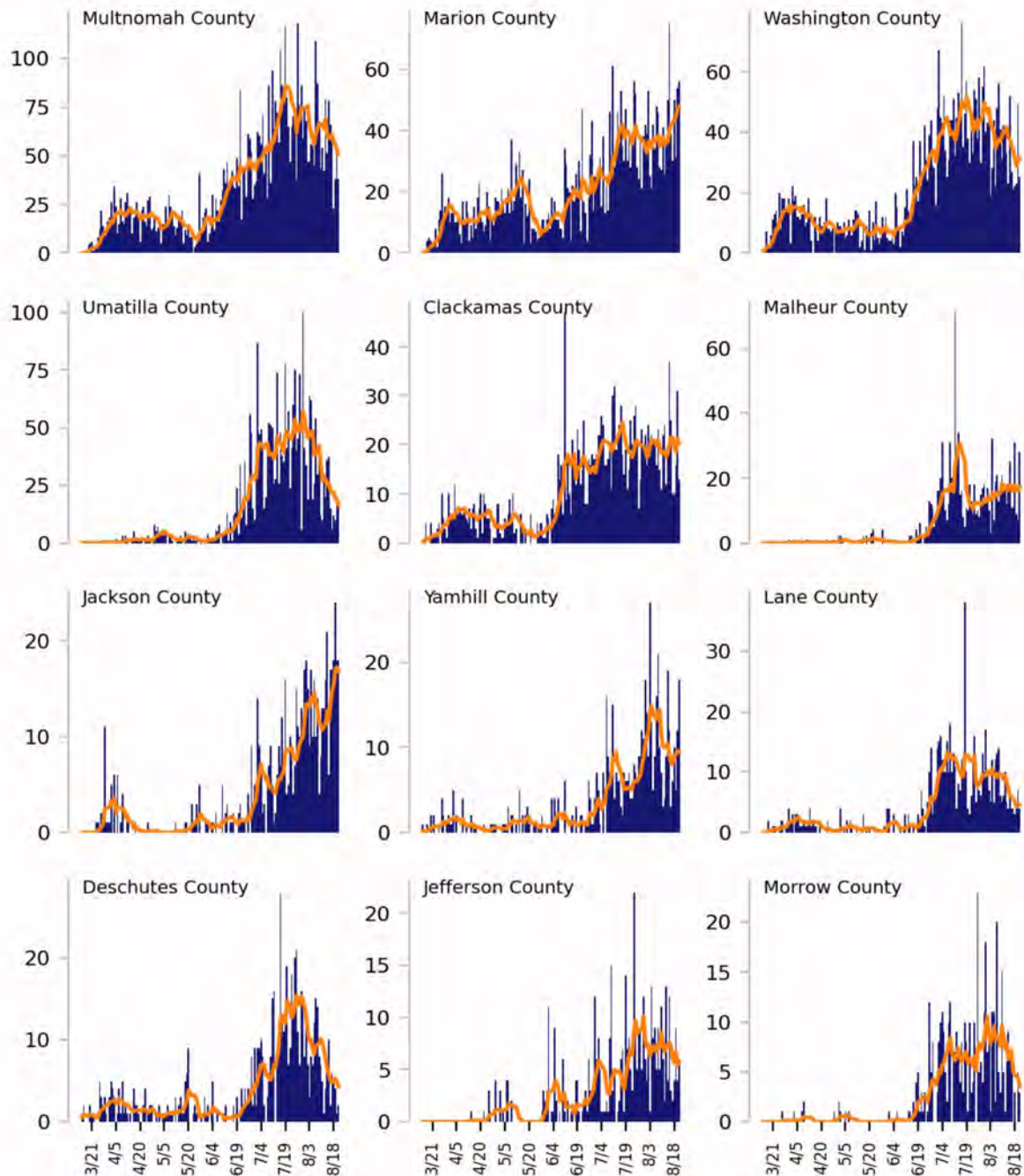
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

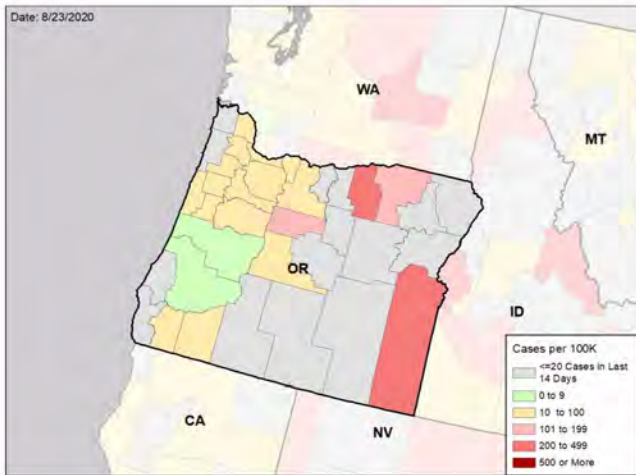


OREGON

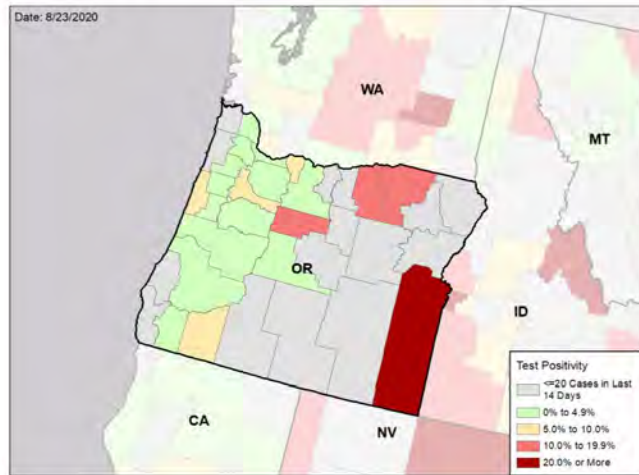
STATE REPORT | 08.23.2020

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

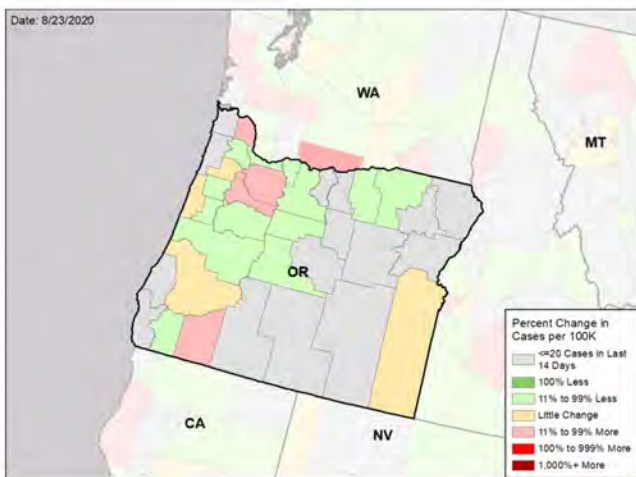
NEW CASES PER 100,000 DURING LAST WEEK



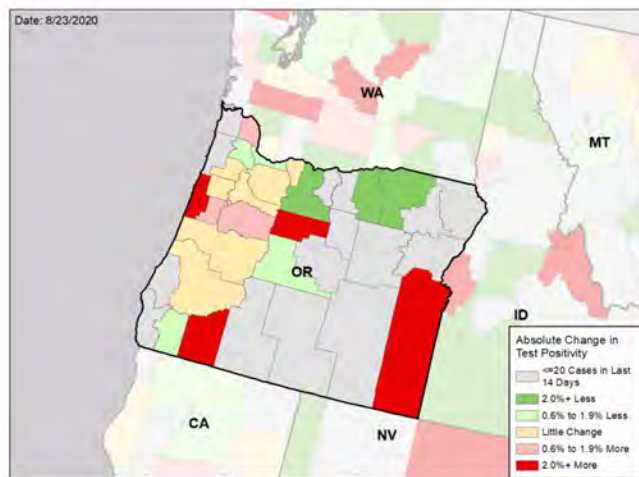
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

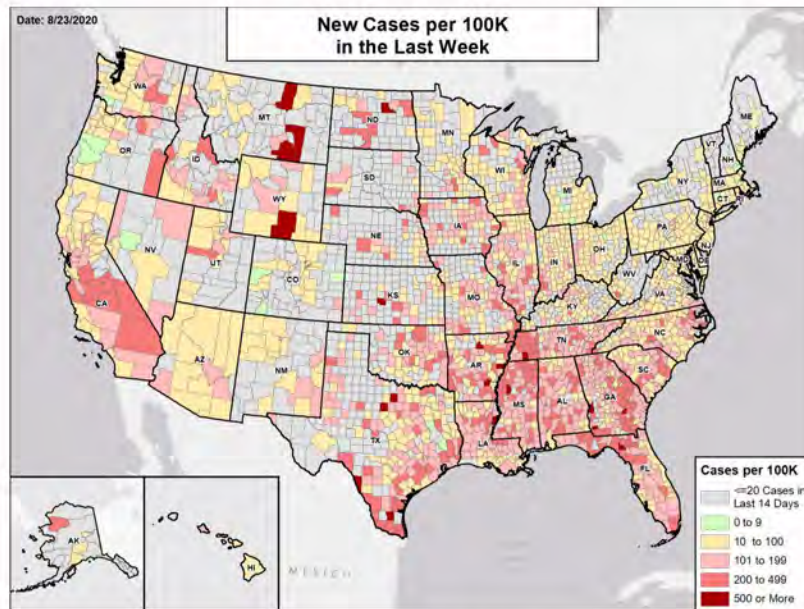
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

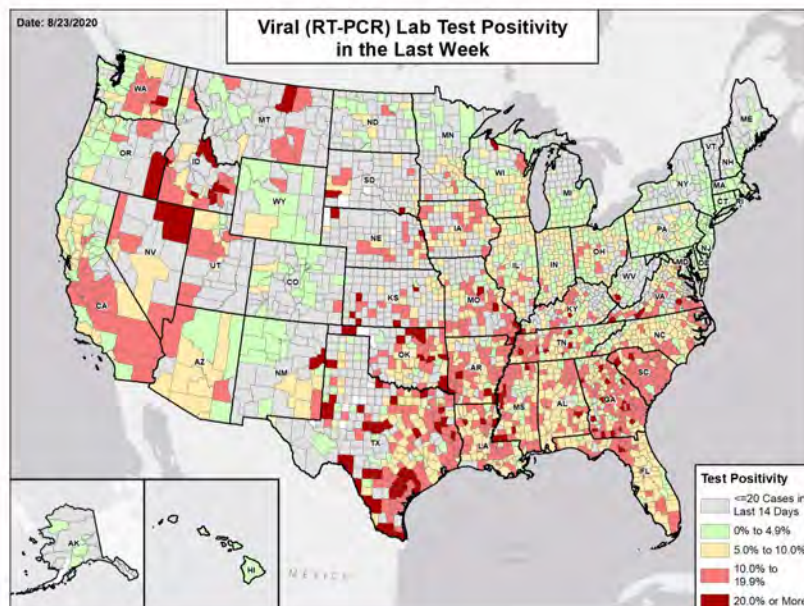


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



PENNSYLVANIA

STATE REPORT | 08.23.2020

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 35th for highest test positivity last week.
- Pennsylvania 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. Philadelphia County, 2. Allegheny County, and 3. Delaware County. These counties represent 34.2 percent of new cases in Pennsylvania.
- 25% of all counties in Pennsylvania have ongoing community transmission (yellow or red alert), with 0% 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.
- Pennsylvania had 37 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: 66 to support operations activities from FEMA; 12 to support operations activities from ASPR; 1 to support operations activities from USCG; and 8 to support medical activities from VA.
- Between Aug 15 - Aug 21, on average, 55 patients with confirmed COVID-19 and 332 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Pennsylvania. 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 [West Virginia School K-12 metrics](#) 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. Utilize 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 friends 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 comparisons to be made across localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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



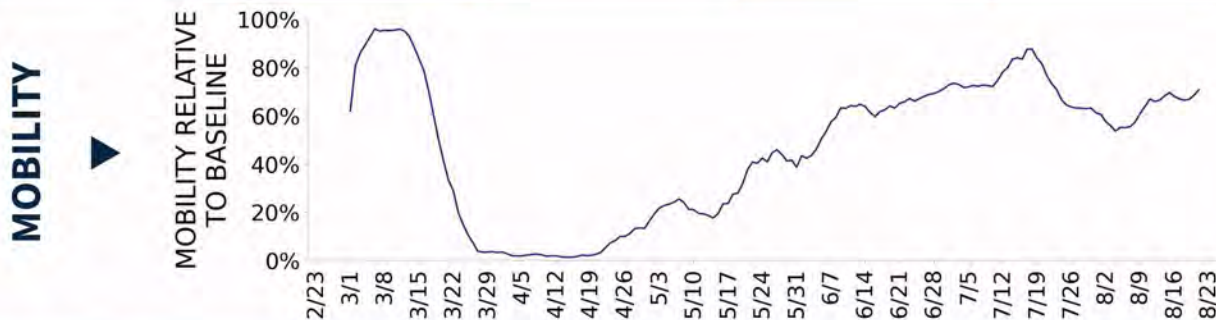
COVID-19



PENNSYLVANIA

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	4,682 (37)	-17.4%	16,289 (53)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.8%	-0.5%*	4.6%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	156,928** (1,226)	-15.2%**	492,016** (1,595)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	113 (1)	-23.1%	263 (1)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	7.1%	-1.3%*	9.4%	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) 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 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)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

0

N/A

12

York-Hanover
Harrisburg-Carlisle
Reading
Erie
Lewisburg
Sunbury
Altoona
Williamsport
Indiana
DuBois
Huntingdon
Meadville

**COUNTY
LAST WEEK**

0

N/A

17

York
Berks
Dauphin
Erie
Beaver
Union
Northumberland
Blair
Lycoming
Indiana
Armstrong
Clearfield

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 - 8/21.

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

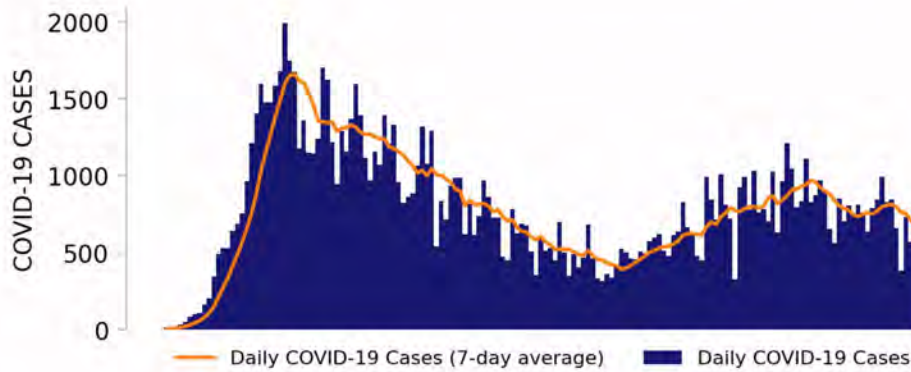
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



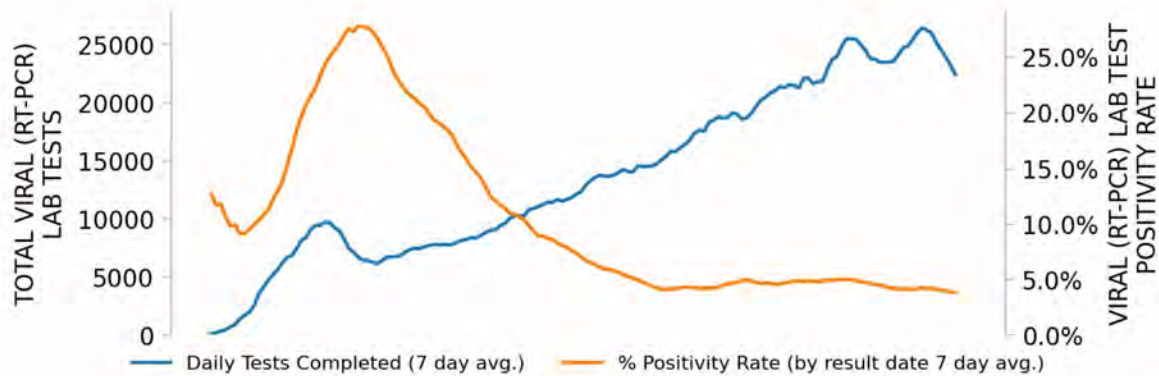
PENNSYLVANIA

STATE REPORT | 08.23.2020

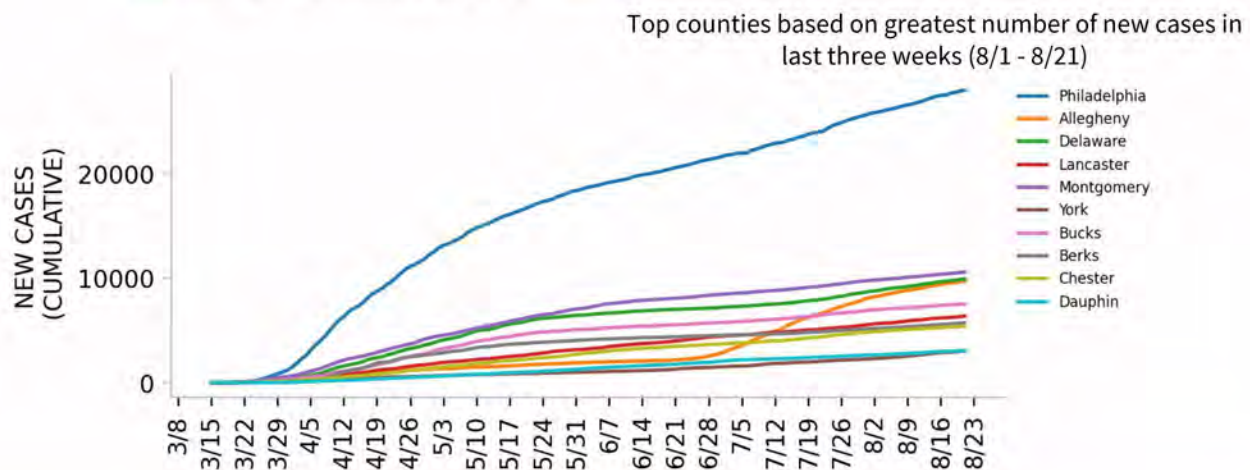
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES

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

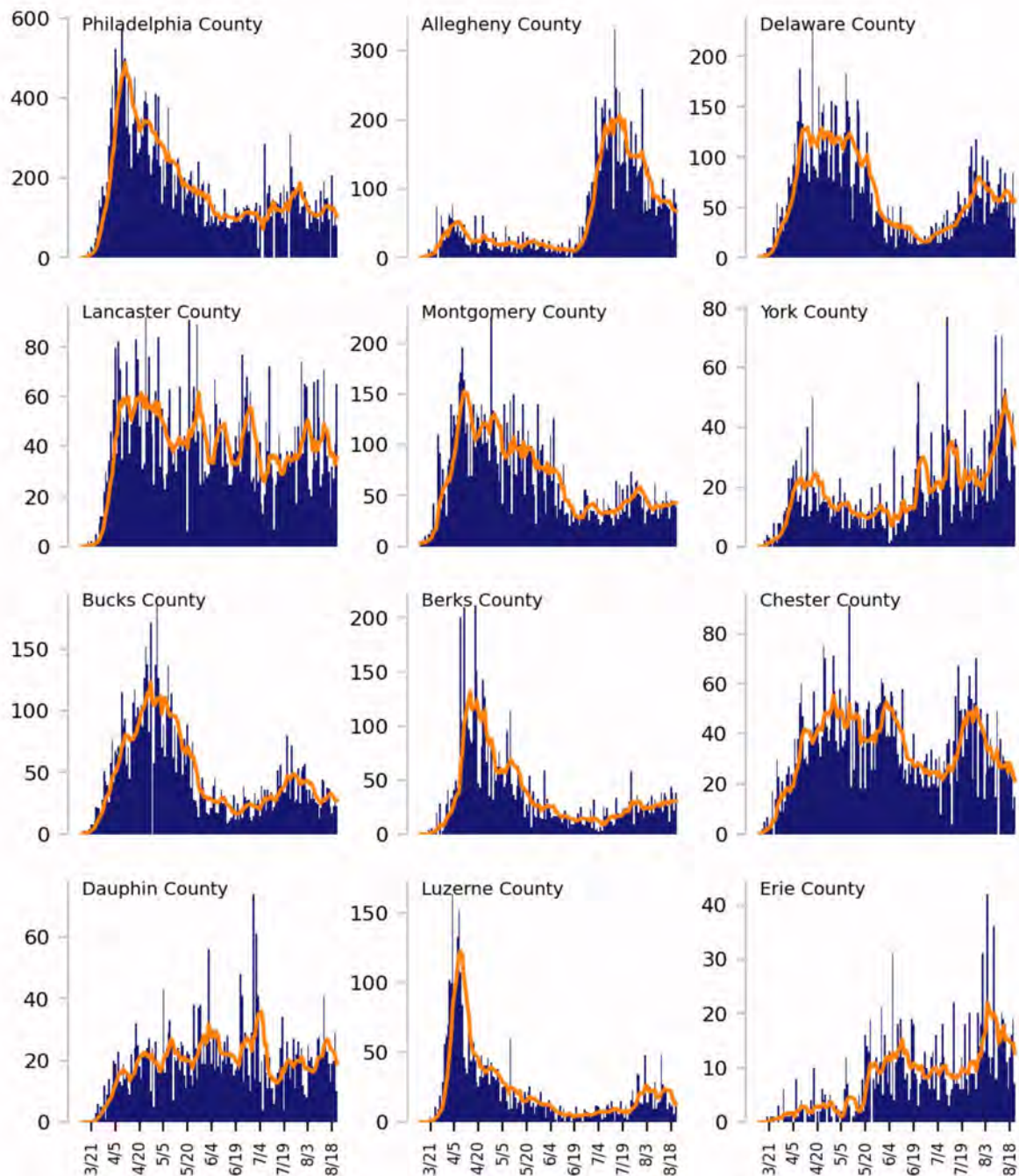
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

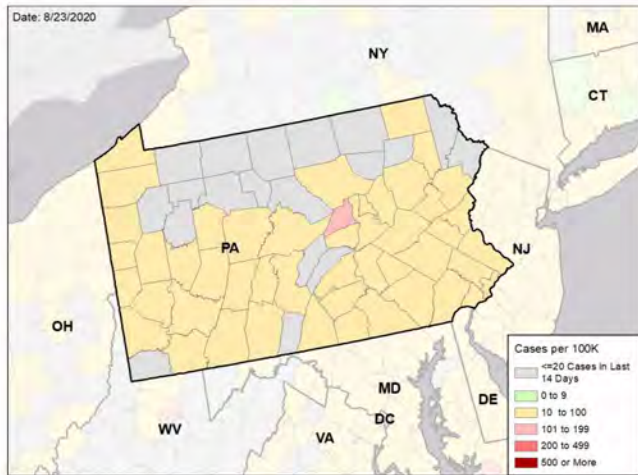


PENNSYLVANIA

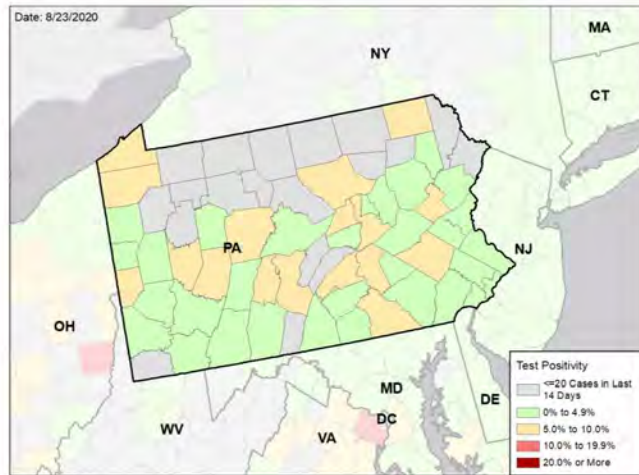
STATE REPORT | 08.23.2020

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

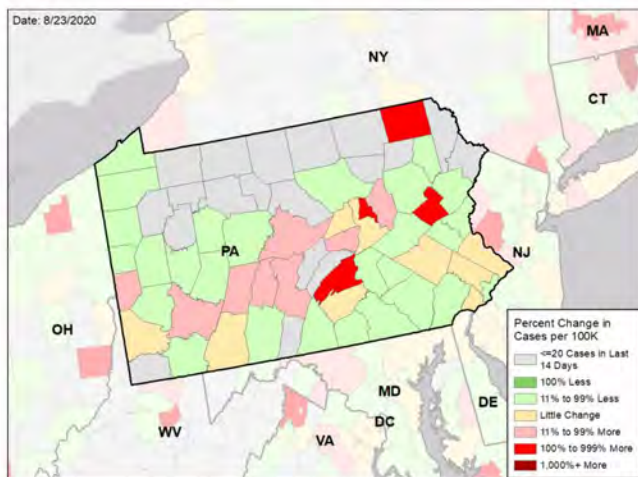
NEW CASES PER 100,000 DURING LAST WEEK



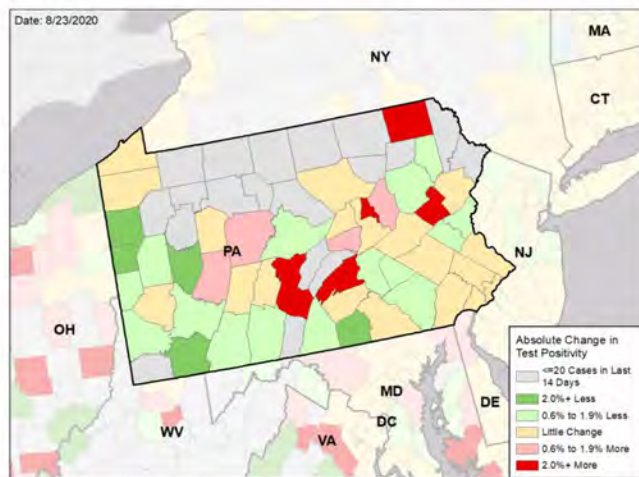
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

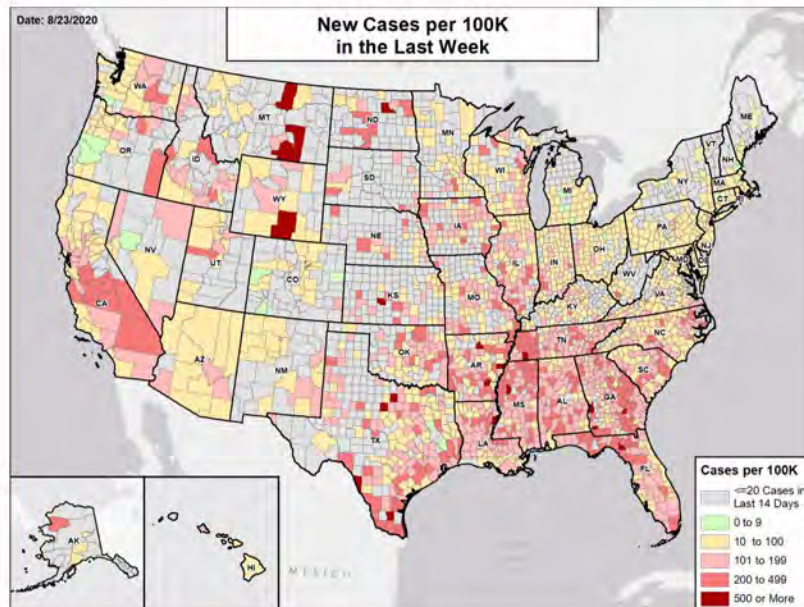
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

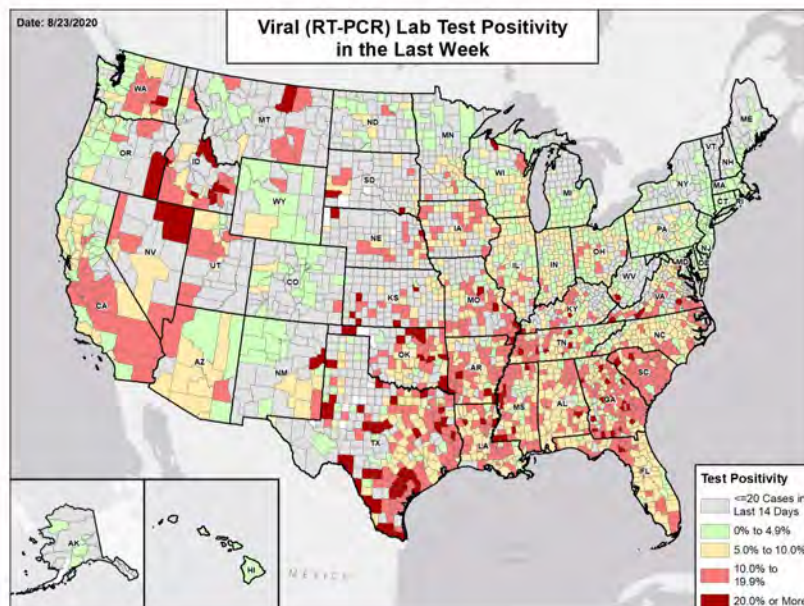


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



RHODE ISLAND

STATE REPORT | 08.23.2020

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 touristed 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](#).

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

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



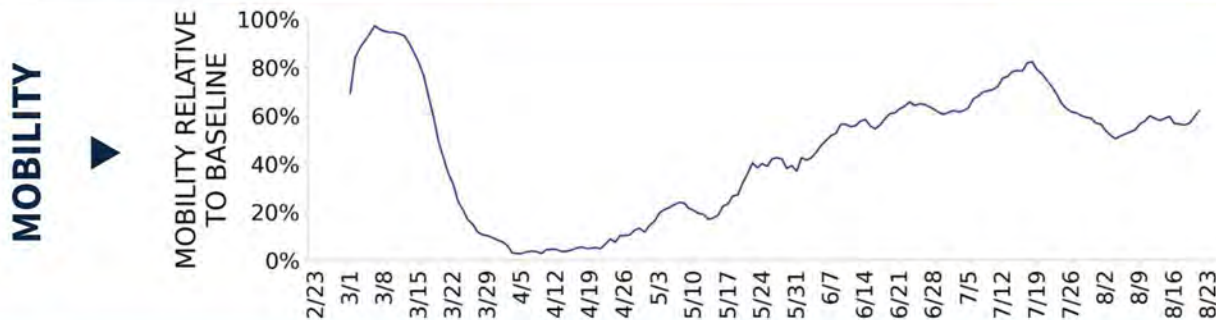
COVID-19



RHODE ISLAND

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	687 (65)	+15.1%	4,312 (29)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	2.8%	+0.0%*	1.3%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	25,629** (2,419)	-6.1%**	287,895** (1,939)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	9 (1)	+28.6%	108 (1)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	4.4%	+0.1%*	3.3%	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) 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 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)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

0

N/A

0

N/A

**COUNTY
LAST WEEK**

0

N/A

0

N/A

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

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

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

Note: Top 12 locations are selected 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

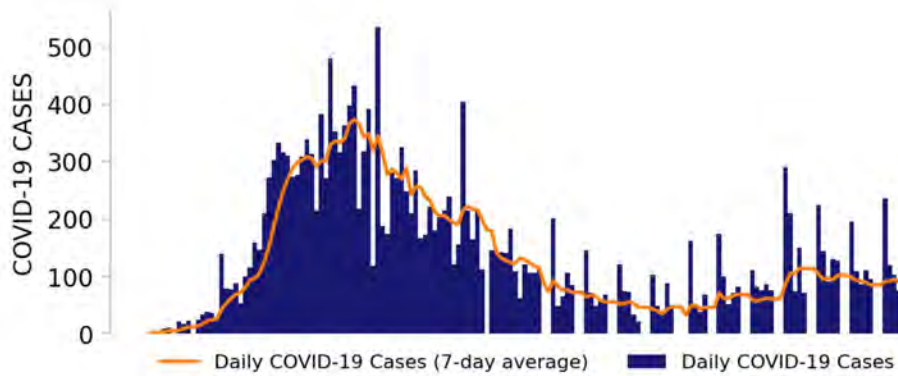
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



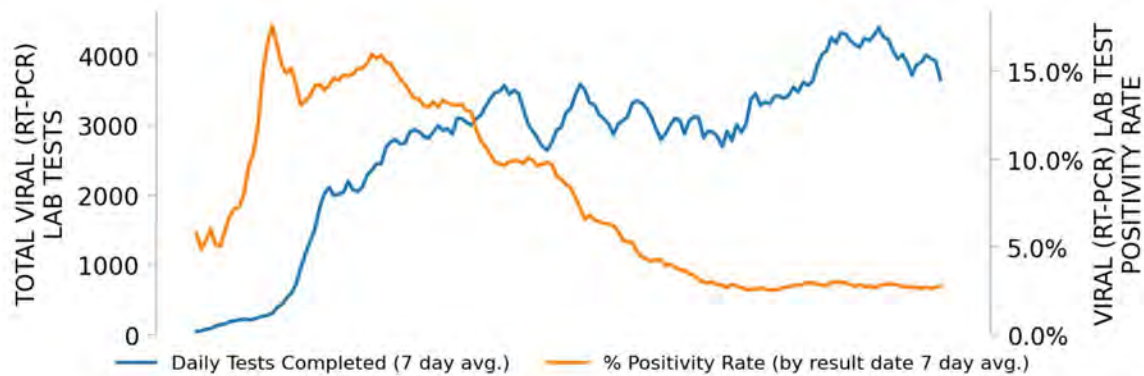
RHODE ISLAND

STATE REPORT | 08.23.2020

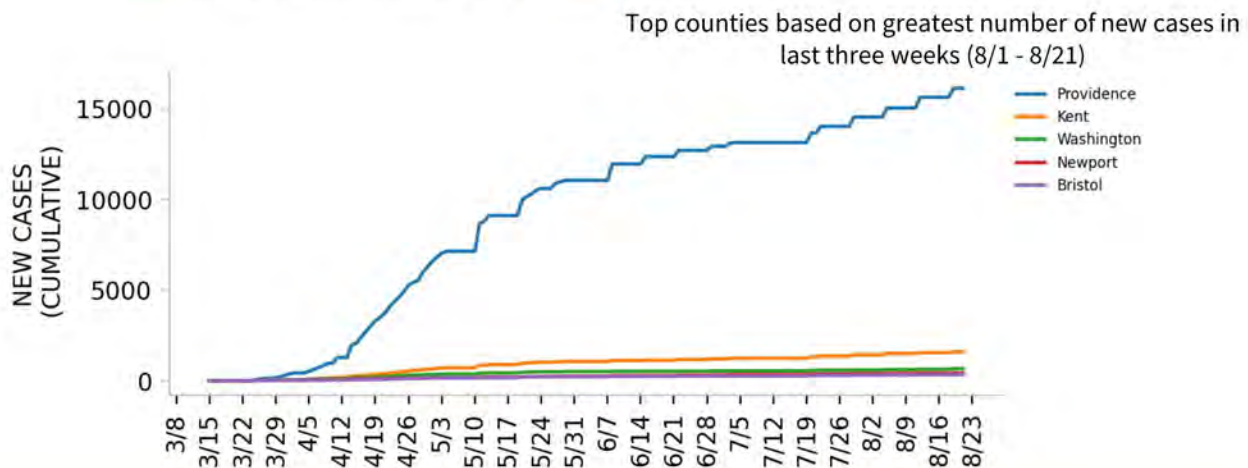
NEW CASES



TESTING



TOP COUNTIES



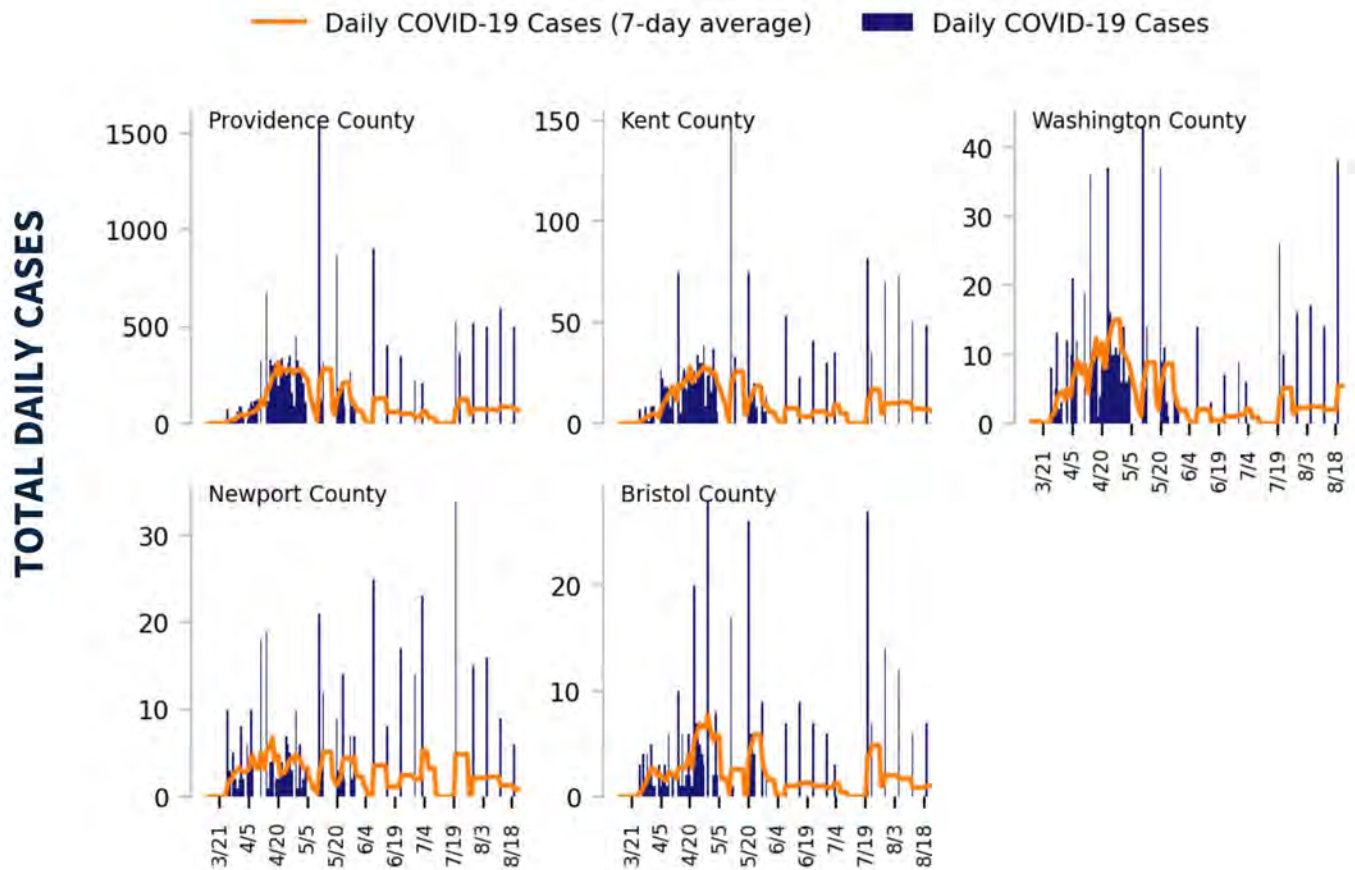
DATA SOURCES

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

Testing: 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



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

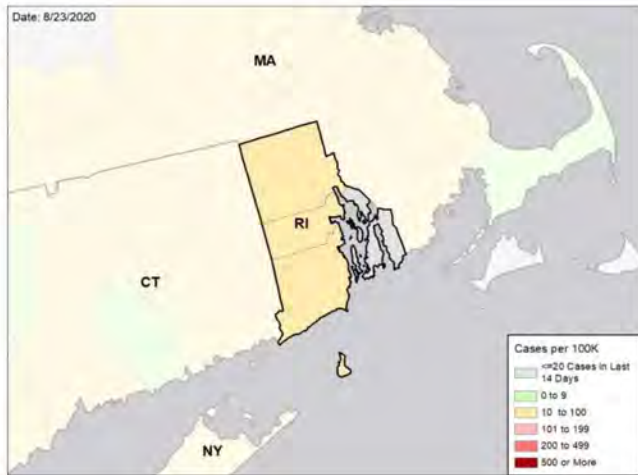


RHODE ISLAND

STATE REPORT | 08.23.2020

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

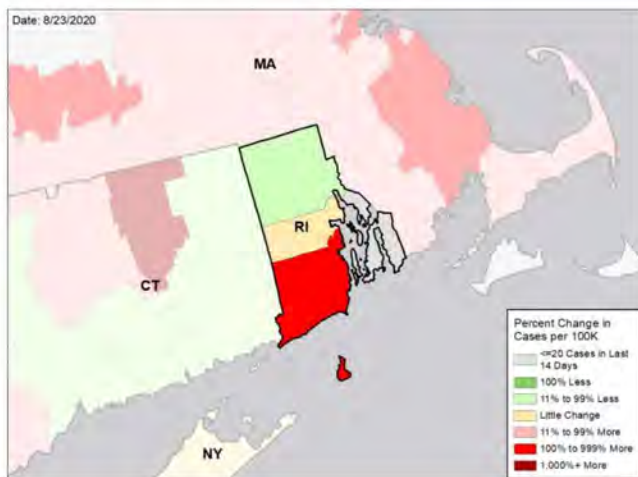
NEW CASES PER 100,000 DURING LAST WEEK



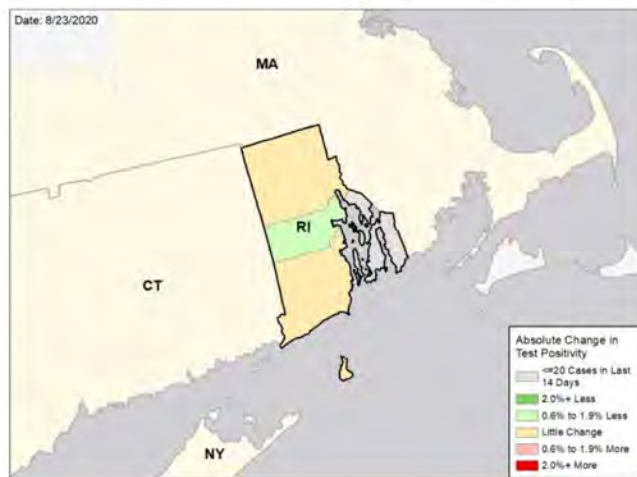
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

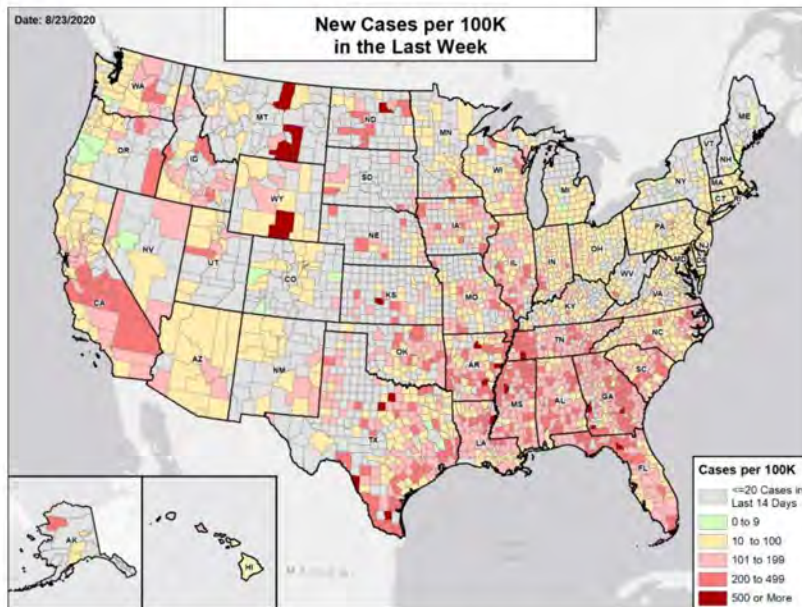
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

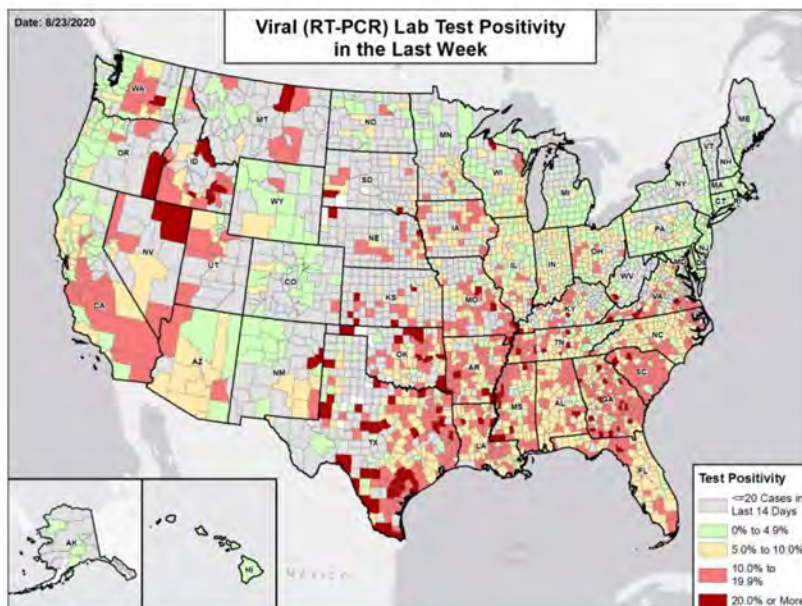


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



SOUTH CAROLINA

STATE REPORT | 08.23.2020

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 a decrease in new cases and a decrease in test positivity over the last week. Despite these gains, gains must accelerate to ensure control of community viral 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.
- 3.7% of nursing homes are reporting 3 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 from the federal government as assets to support the state response are: 9 to support operations activities from USCG.
- Between Aug 15 - Aug 21, on average, 83 patients with confirmed COVID-19 and 81 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in South Carolina. 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

- 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.
- Mandate use of masks in all current and evolving hotspots.
- Close establishments where social distancing and mask use cannot occur, such as bars and all evening entertainment venues in areas with rising cases, despite the 11pm liquor curfew as mitigation must be strengthened.
- Move to outdoor dining and limit indoor dining to less than 25% of normal capacity.
- Ask citizens to limit social gatherings to 10 or fewer people.
- Encourage individuals that have participated in 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 quarantining procedures.
- Continue to enhance contact tracing and ensure the ability of cases and contacts to quarantine or isolate safely.
- Monitor testing data to identify additional sites of increased transmission and focus public health resources there.
- Ensure the public health lab is fully staffed and running 24/7, utilizing all platforms to reduce turnaround times. Institute 3:1 or 2:1 pooling of test specimens on all high throughput machines as long as turnaround times are greater than 36 hours.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- 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 home and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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

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



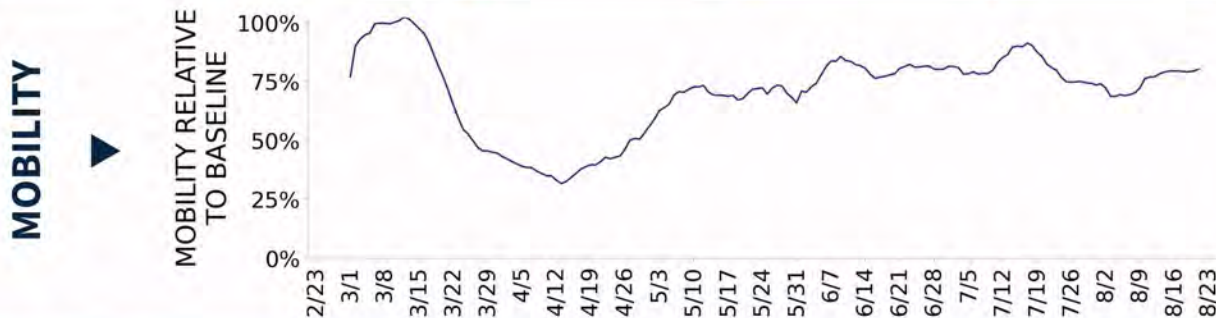
COVID-19



SOUTH CAROLINA

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	5,539 (108)	-24.0%	89,560 (134)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	12.7%	-1.9%*	9.0%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	37,476** (728)	-17.2%**	997,394** (1,491)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	255 (5)	-20.6%	2,444 (4)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	24.1%	-4.3%*	22.7%	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) 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 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)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

9

Columbia
Florence
Augusta-Richmond County
Sumter
Orangeburg
Greenwood
Georgetown
Bennettsville
Union

9

Charleston-North Charleston
Greenville-Anderson
Charlotte-Concord-Gastonia
Hilton Head Island-Bluffton
Myrtle Beach-Conway-North Myrtle Beach
Spartanburg
Gaffney
Seneca
Newberry

**COUNTY
LAST WEEK**

26

Richland
Charleston
Florence
Anderson
Dorchester
Orangeburg
Darlington
Sumter
Lancaster
Greenwood
Georgetown
Williamsburg

19

Greenville
Horry
Spartanburg
Beaufort
Lexington
York
Berkeley
Aiken
Pickens
Kershaw
Cherokee
Laurens

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: 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

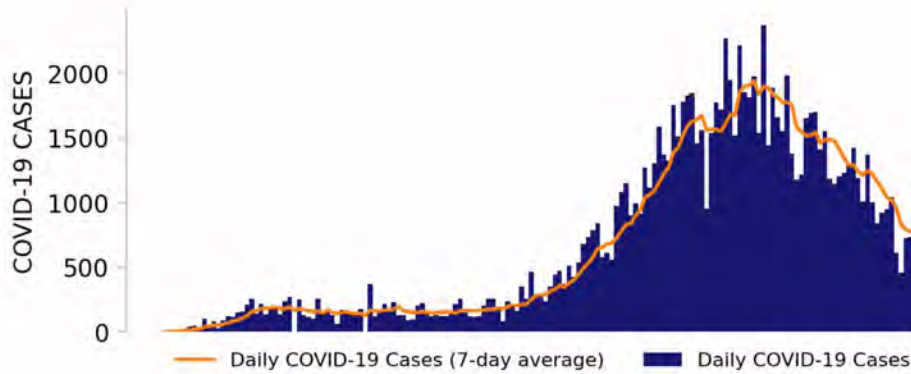
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



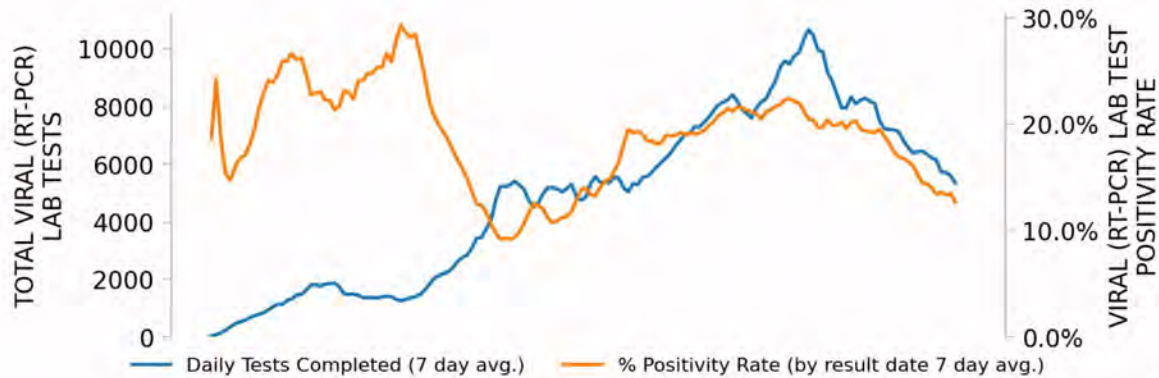
SOUTH CAROLINA

STATE REPORT | 08.23.2020

NEW CASES

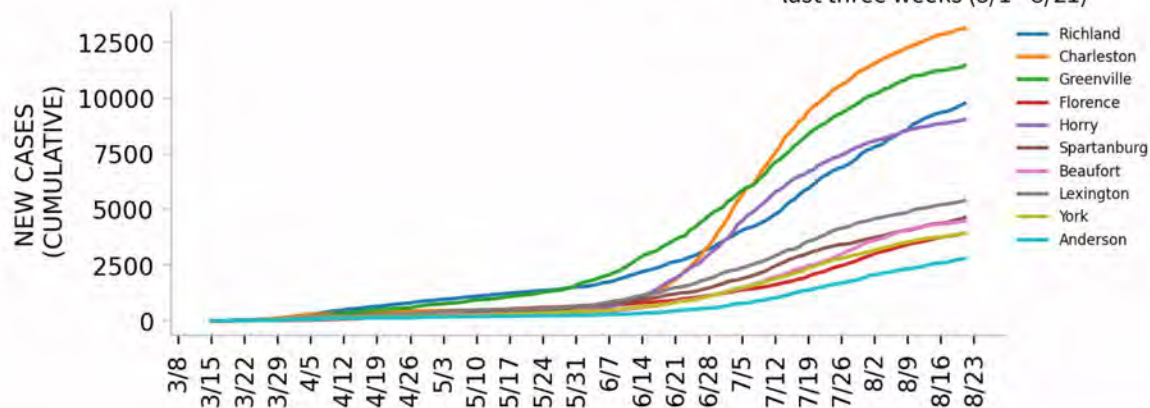


TESTING



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

TOP COUNTIES



DATA SOURCES

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

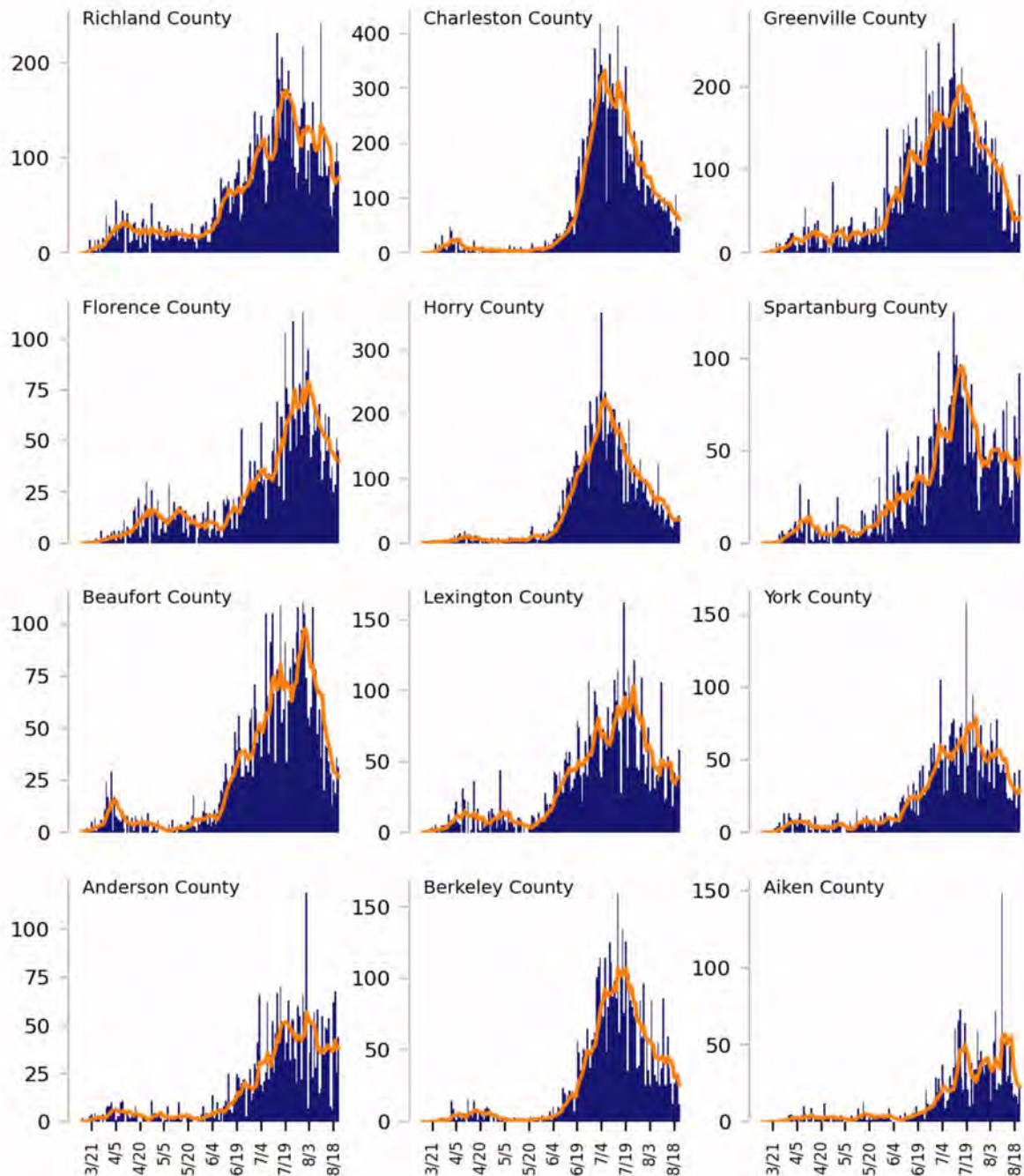
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

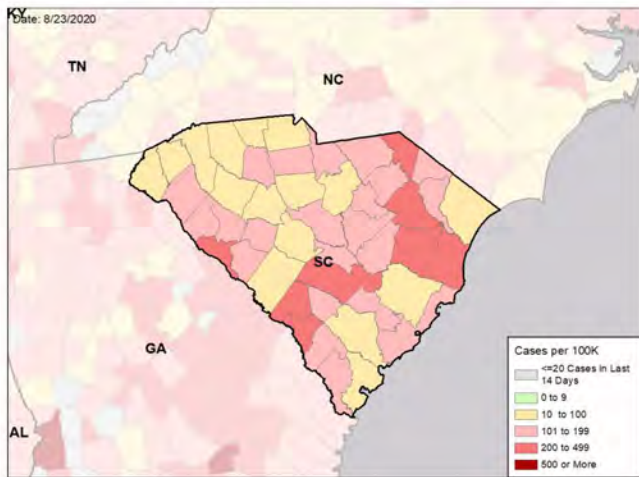


SOUTH CAROLINA

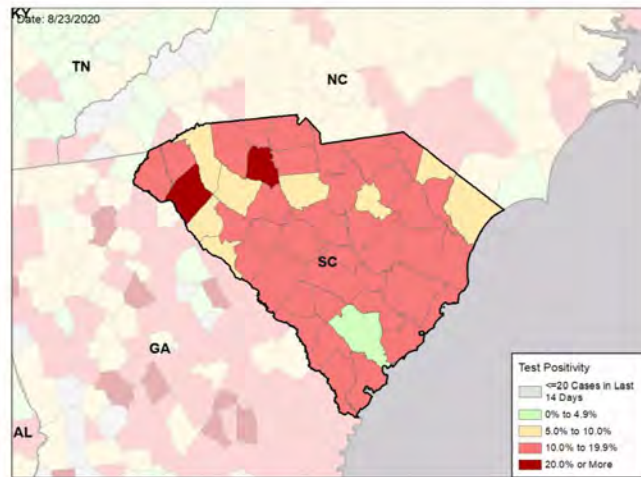
STATE REPORT | 08.23.2020

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

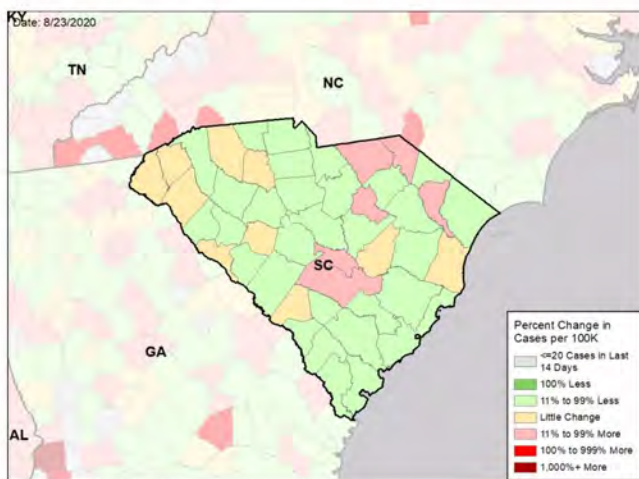
NEW CASES PER 100,000 DURING LAST WEEK



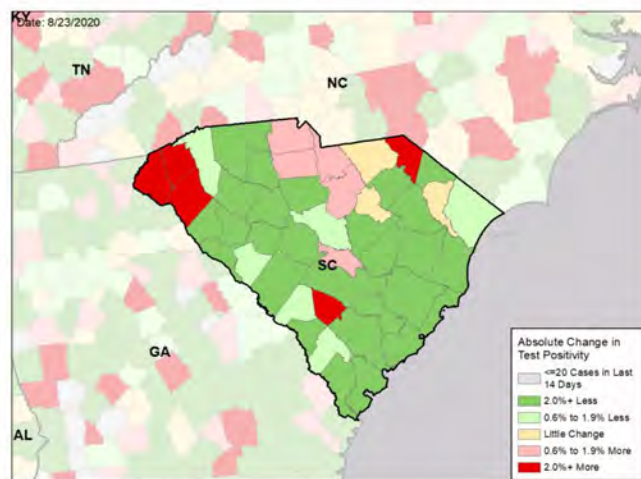
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

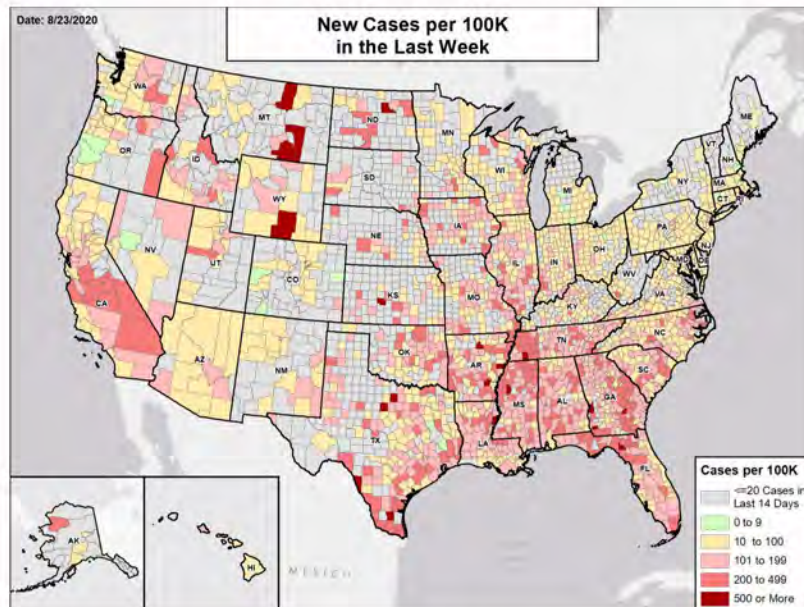
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

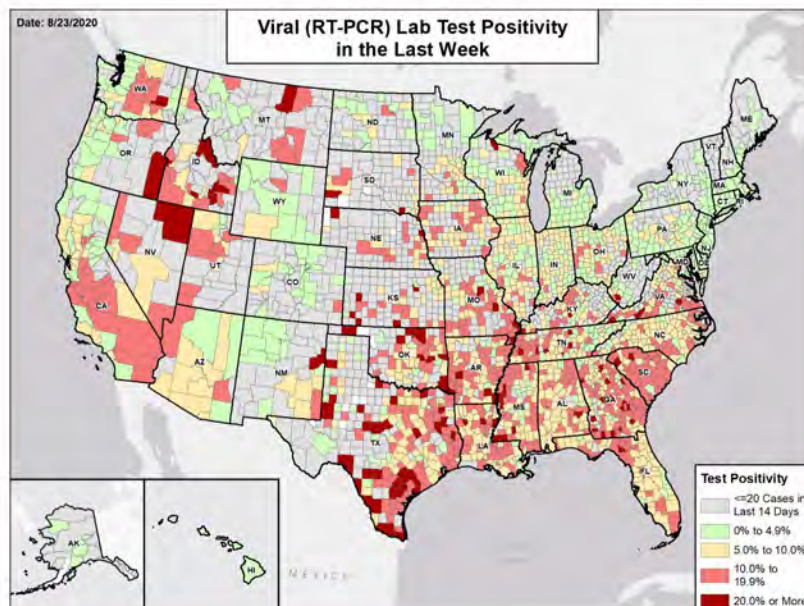


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



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 97 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 [West Virginia School K-12 metrics](#) that combine 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 capacity 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 under- or 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 localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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



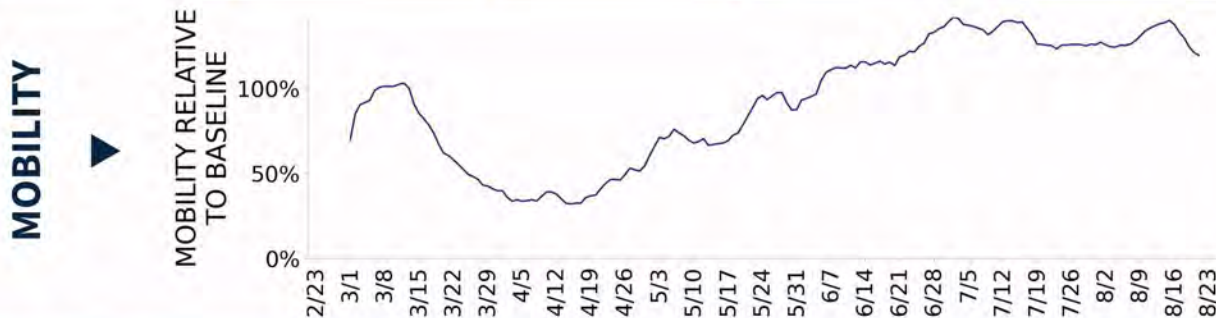
COVID-19



SOUTH DAKOTA

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	859 (97)	+33.4%	7,581 (62)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.0%	+1.5%*	5.0%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	8,646** (977)	+18.2%**	167,432** (1,366)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	9 (1)	+50.0%	81 (1)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	3.1%	+0.2%*	5.5%	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) 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 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 DAKOTA

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

1

Watertown

8

Sioux Falls
Rapid City
Aberdeen
Yankton
Spearfish
Brookings
Sioux City
Pierre

**COUNTY
LAST WEEK**

4

Codington
Meade
Custer
Bon Homme

9

Minnehaha
Lincoln
Pennington
Brown
Yankton
Lawrence
Brookings
Union
Deuel

* 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

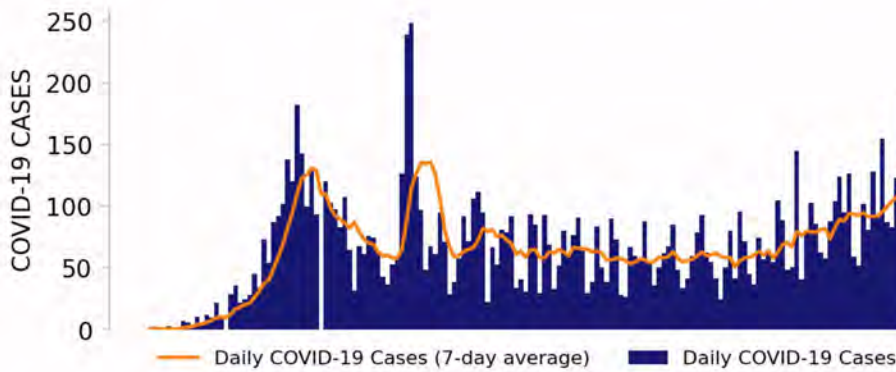
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



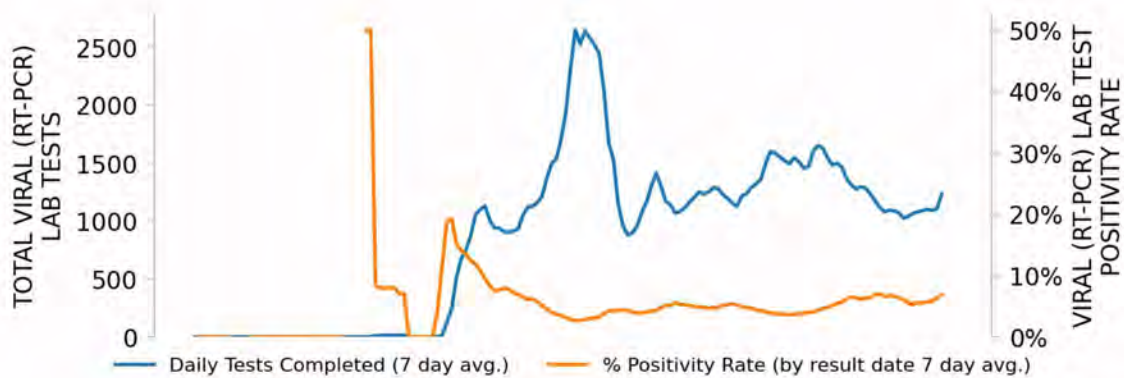
SOUTH DAKOTA

STATE REPORT | 08.23.2020

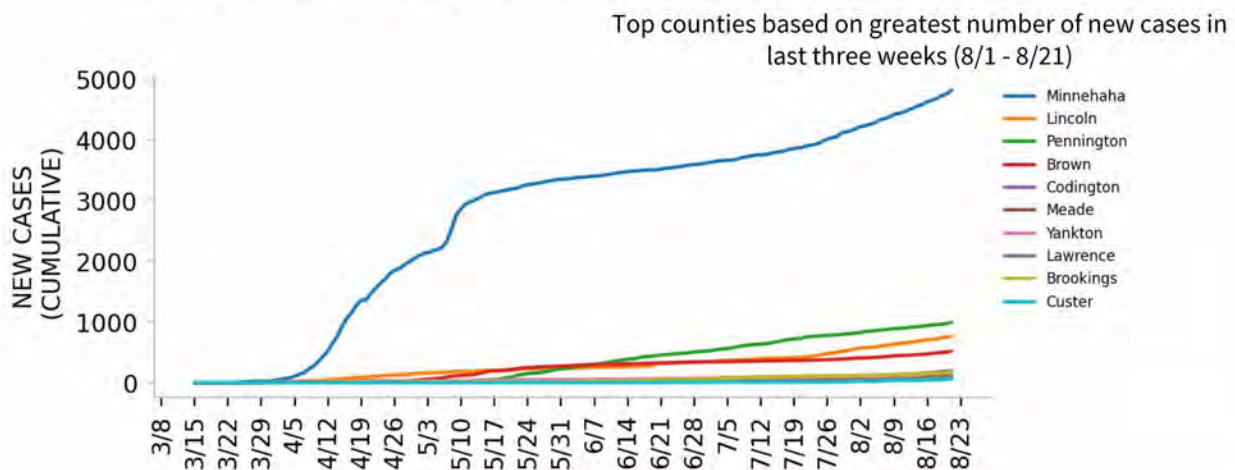
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES

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

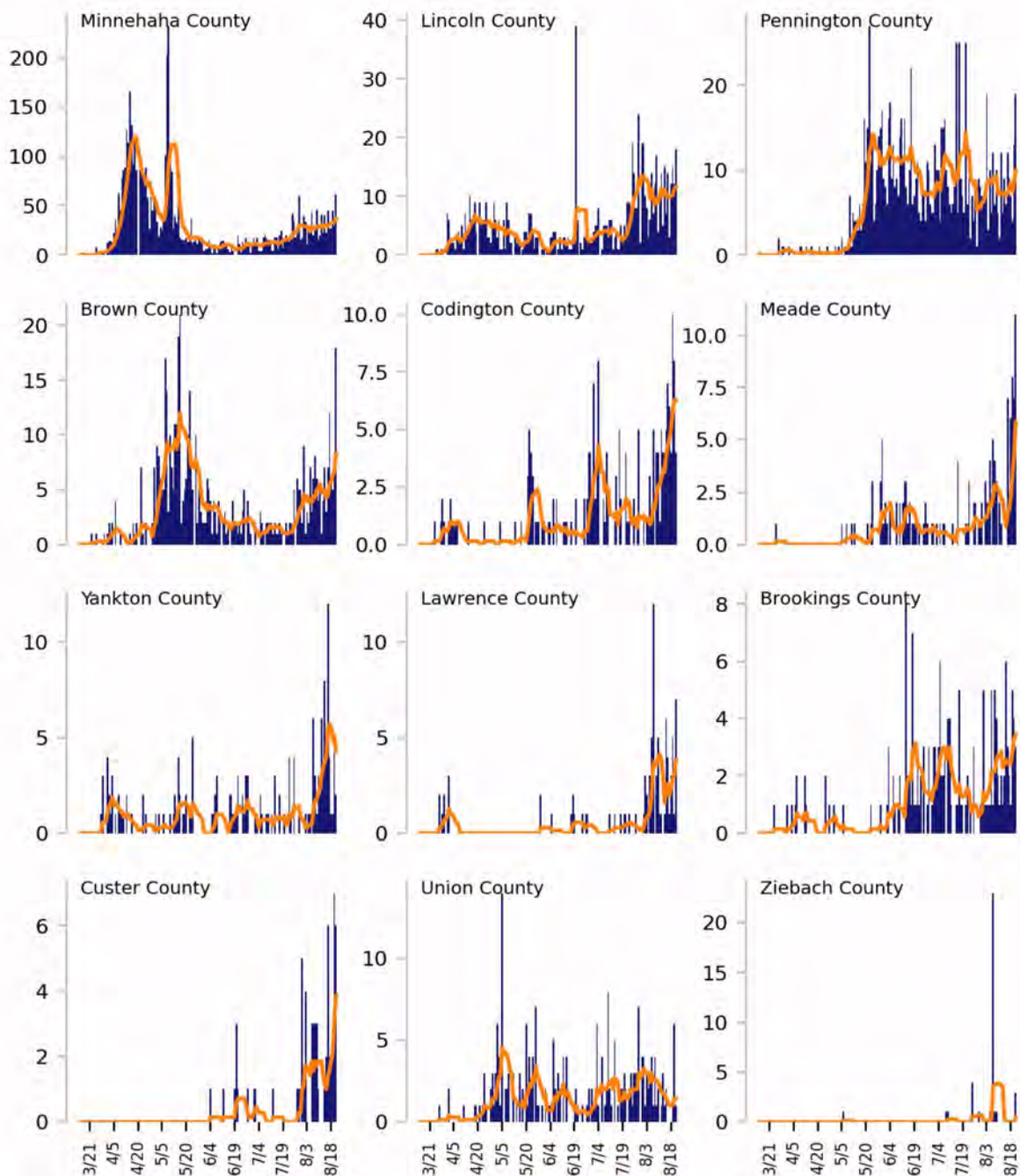
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

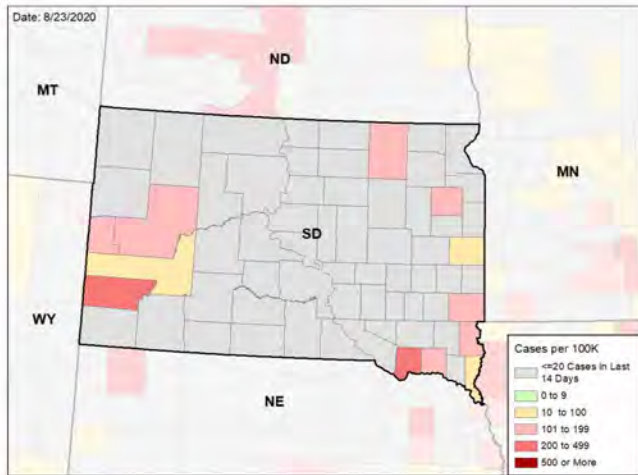


SOUTH DAKOTA

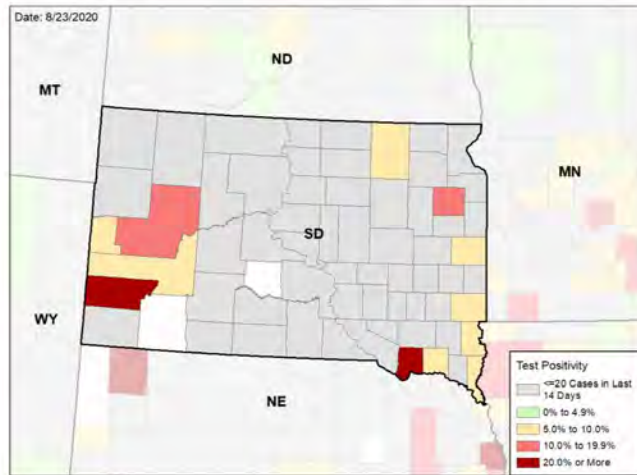
STATE REPORT | 08.23.2020

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

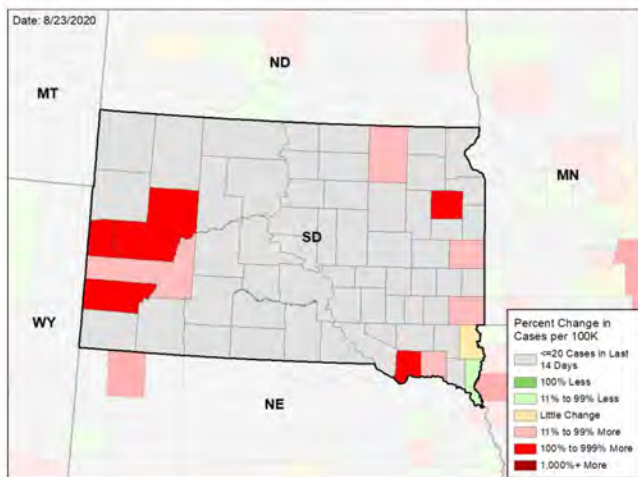
NEW CASES PER 100,000 DURING LAST WEEK



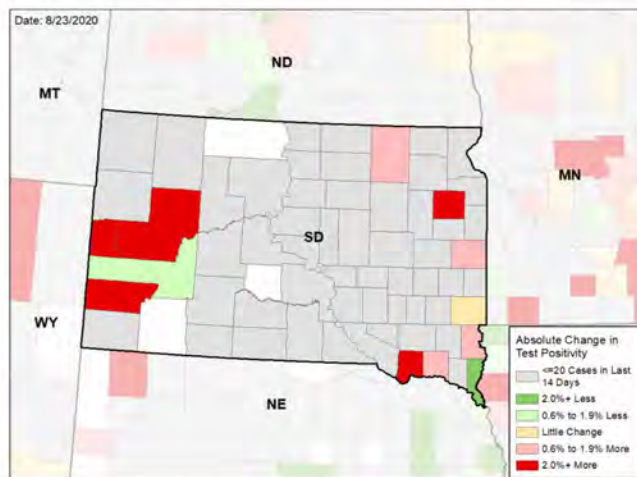
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

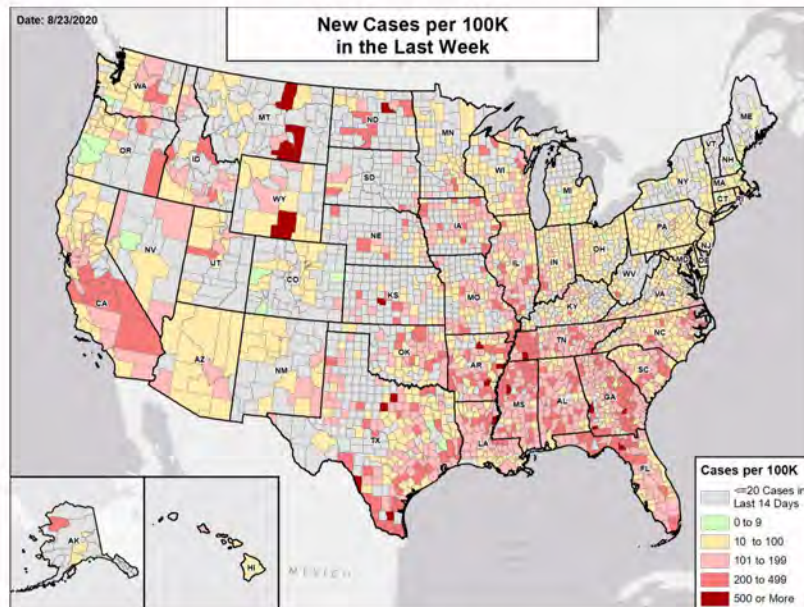
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

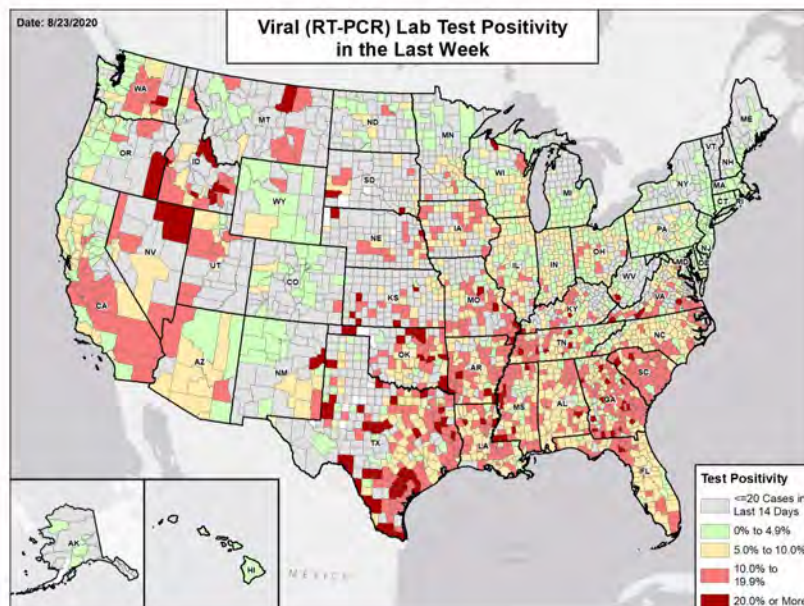


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



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.
- Tennessee 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. Shelby County, 2. Davidson County, and 3. Knox County. These counties represent 29.7 percent of new cases in Tennessee.
- 68% of all counties in Tennessee have ongoing community transmission (red or yellow alert), 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 152 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 and 1 to support medical activities from VA.
- Between Aug 15 - Aug 21, on average, 116 patients with confirmed COVID-19 and 148 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Tennessee. 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 [West Virginia School K-12 model](#) 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 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.
- 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 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 [CDC website](#).

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

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



COVID-19



TENNESSEE

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	10,401 (152)	-10.8%	89,560 (134)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.3%	-2.2%*	9.0%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	40,301** (590)	-0.2%**	997,394** (1,491)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	224 (3)	+85.1%	2,444 (4)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	17.3%	+0.6%*	22.7%	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) 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 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)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

7

Memphis
Jackson
Tullahoma-Manchester
Union City
McMinnville
Brownsville
Dyersburg

13

Nashville-Davidson--Murfreesboro--Franklin
Kingsport-Bristol
Cookeville
Cleveland
Clarksville
Sevierville
Martin
Crossville
Lawrenceburg
Newport
Shelbyville
Paris

**COUNTY
LAST WEEK**

29

Madison
Sumner
Gibson
Hardeman
Obion
Henderson
Warren
Coffee
Haywood
Robertson
Dyer
Carroll

36

Shelby
Davidson
Hamilton
Williamson
Montgomery
Bradley
Wilson
Sullivan
Maury
Sevier
Weakley
Hawkins

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 EXPONENTIAL COMMUNITY SPREAD

Public Messaging

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

Public Officials

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

Testing

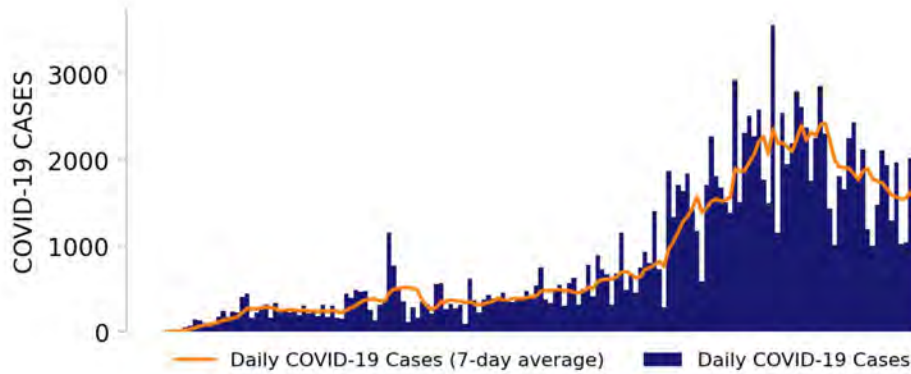
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing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



TENNESSEE

STATE REPORT | 08.23.2020

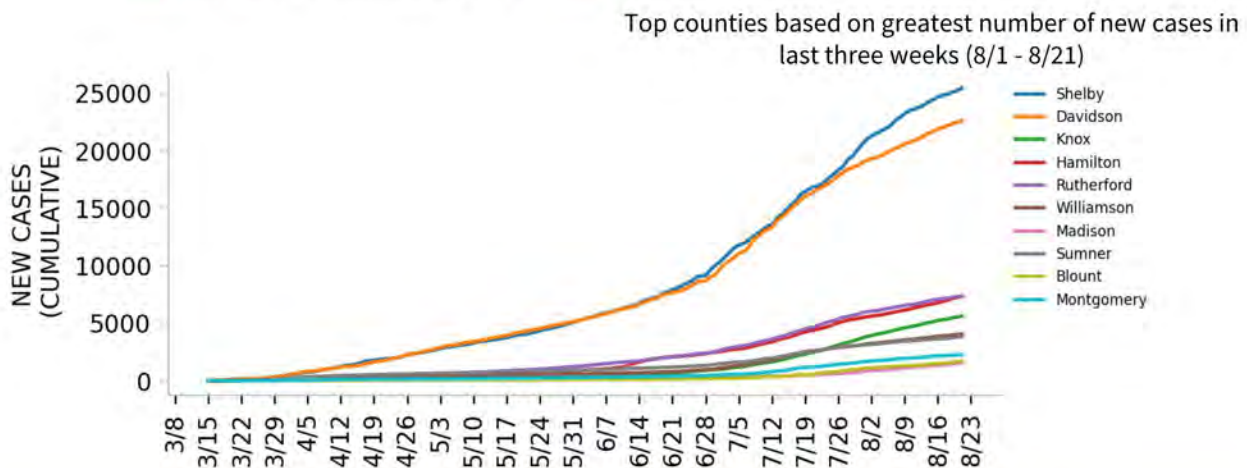
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES

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

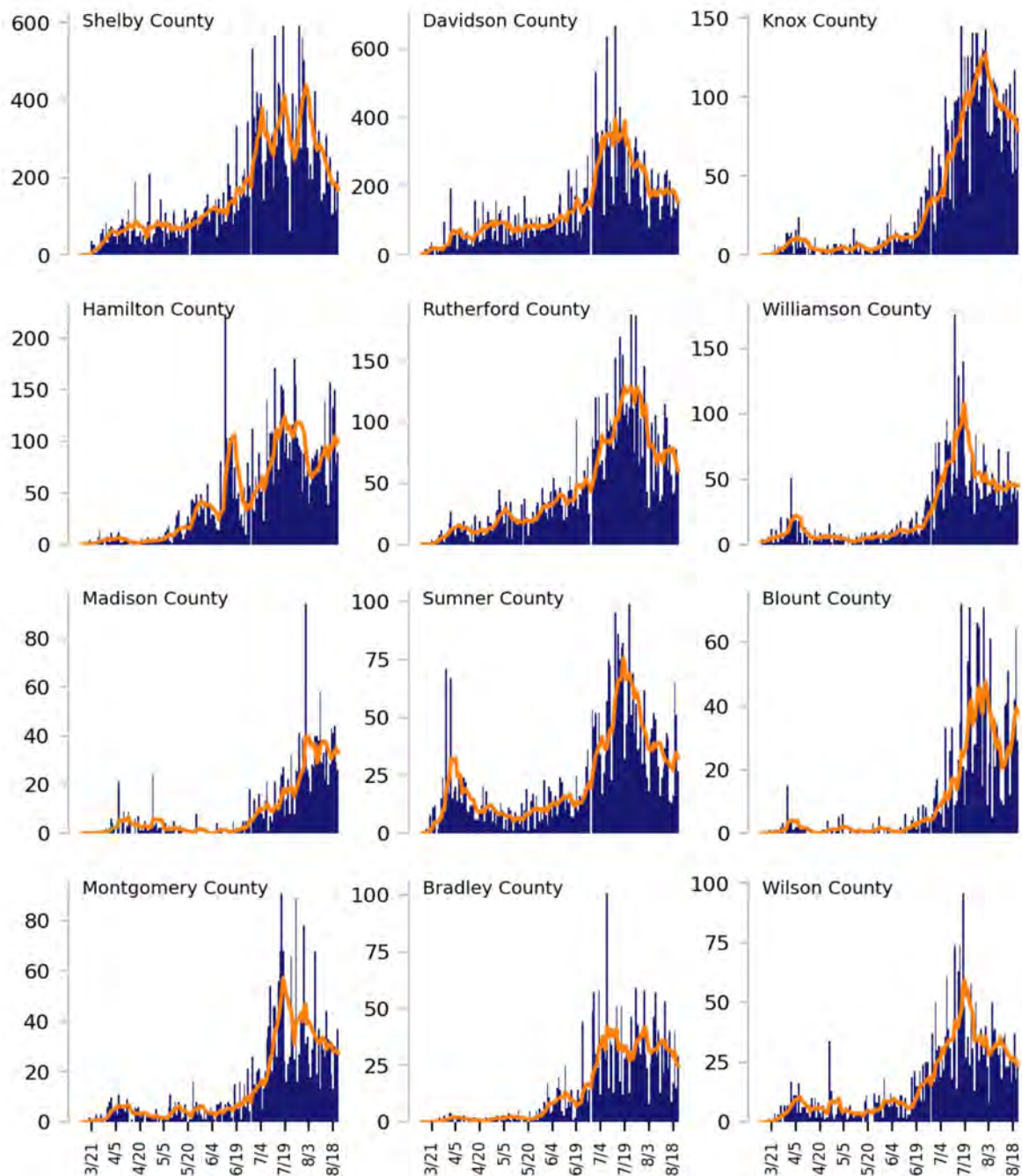
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

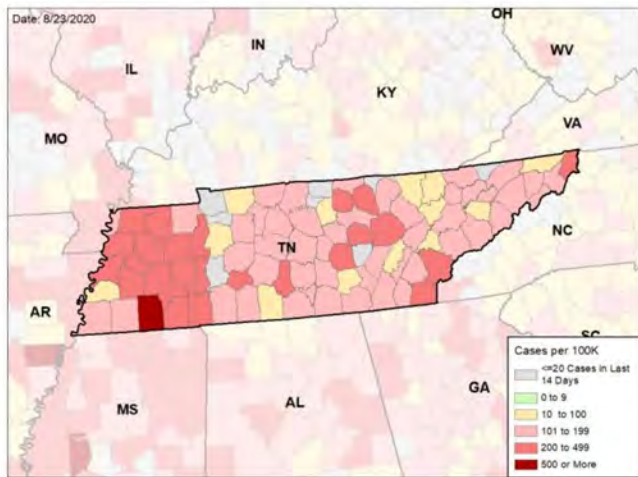


TENNESSEE

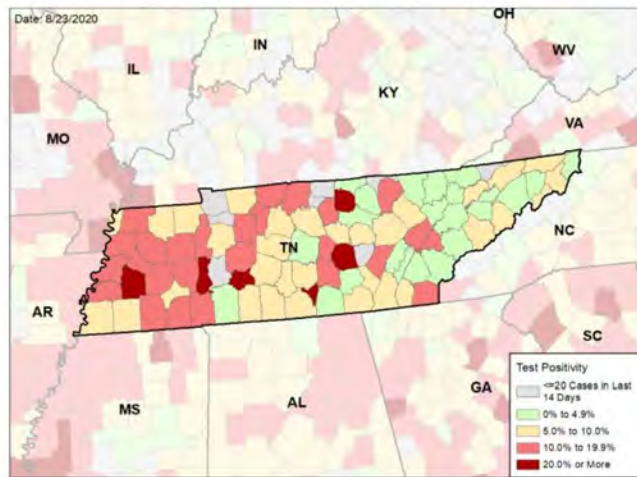
STATE REPORT | 08.23.2020

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

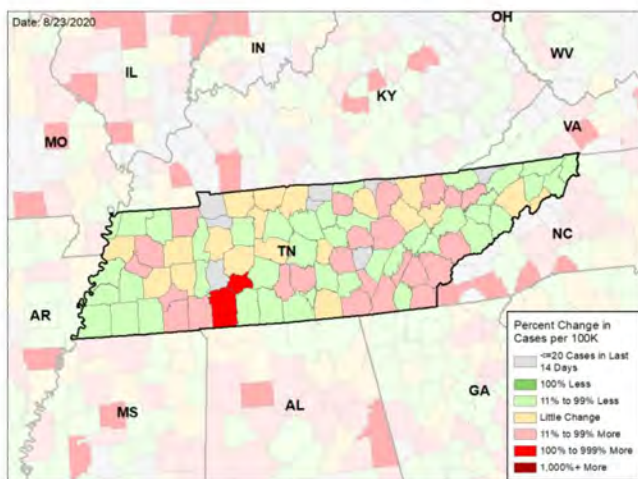
NEW CASES PER 100,000 DURING LAST WEEK



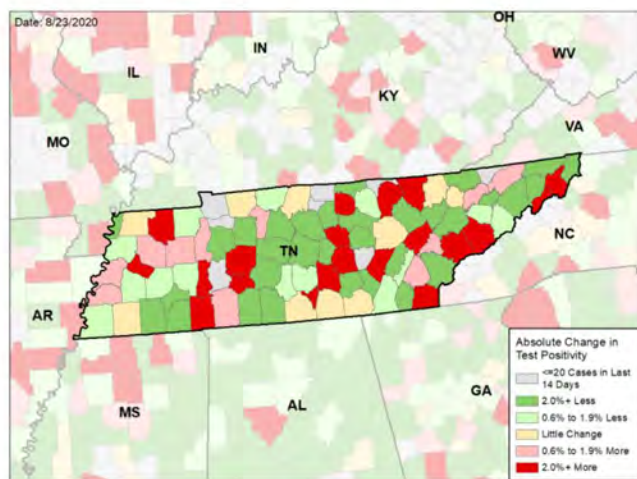
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

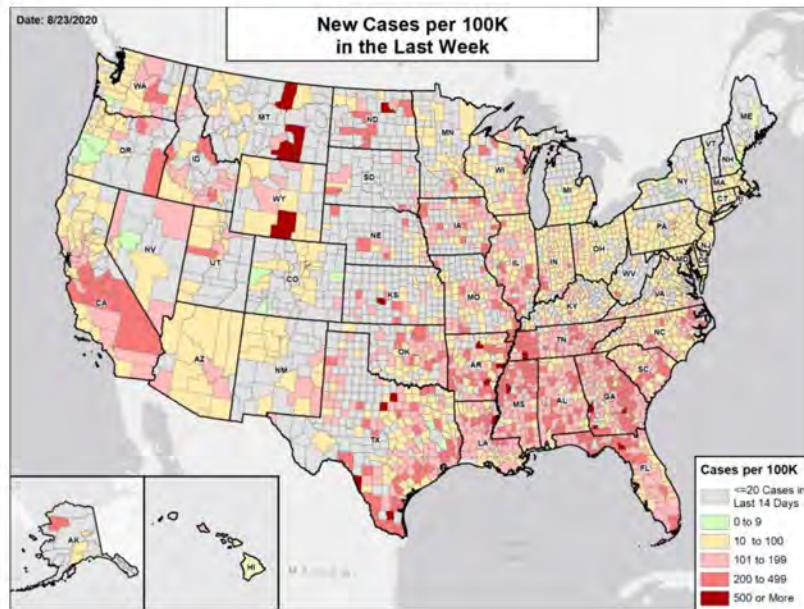
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

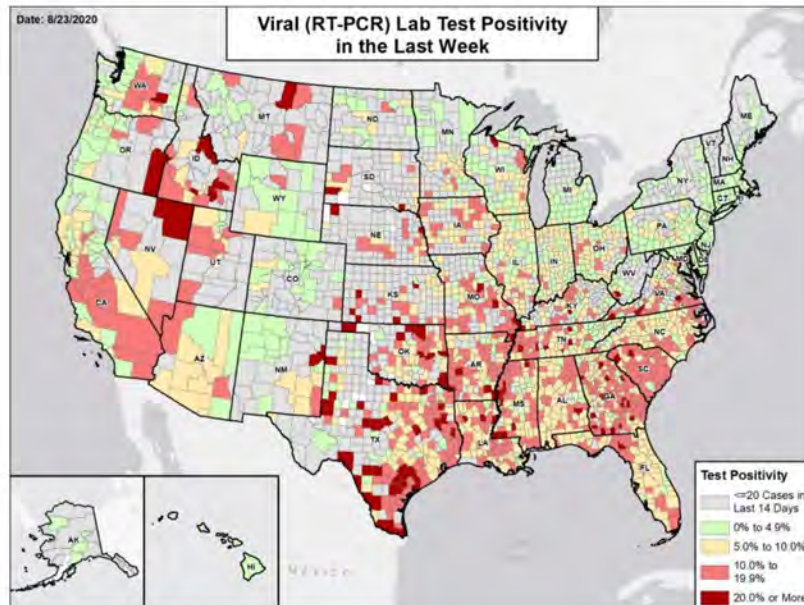


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



TEXAS

STATE REPORT | 08.23.2020

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. These 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. There remains 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 90 red zone counties two weeks ago to 61 last week, showing progress is possible but needs to increase.
- 3.0% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 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 DOD; 69 to support operations activities from FEMA; 11 to support medical activities from ASPR; 17 to support operations activities from ASPR; 15 to support operations activities from USCG; 9 to support medical activities from VA; and 1 to support operations activities from VA.
- The federal government has supported a surge testing site in Houston, TX.
- Between Aug 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 [West Virginia School Re-Opening](#) 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 (LTCFs) by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19. Ensure social distancing and universal facemask use. Nursing homes with cases should remain closed to visitation until all staff and residents are tested and isolated. All nursing homes with 3 or more cases per week over the last 3 weeks should have full survey visits. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support LTCF testing.
- Continue the statewide mask mandate in all counties with 20 or more cases. Multiple counties and metros are now in this category. Continue the bar closure in all counties with greater than 5% test positivity, increase outdoor dining opportunities, and limit indoor dining to 25% of normal capacity.
- Ensure every citizen knows to limit social gatherings to 10 or fewer people.
- Continue the scale-up of testing, moving to community-led neighborhood testing. Work with local community groups to increase household testing of multigenerational households, with clear guidance on test positive isolation procedures and mask use.
- Ensure all individuals and households engaged in any multi-household activities are immediately tested, either in pools or as individuals.
- 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 need to be isolated to ensure 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](#).

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

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



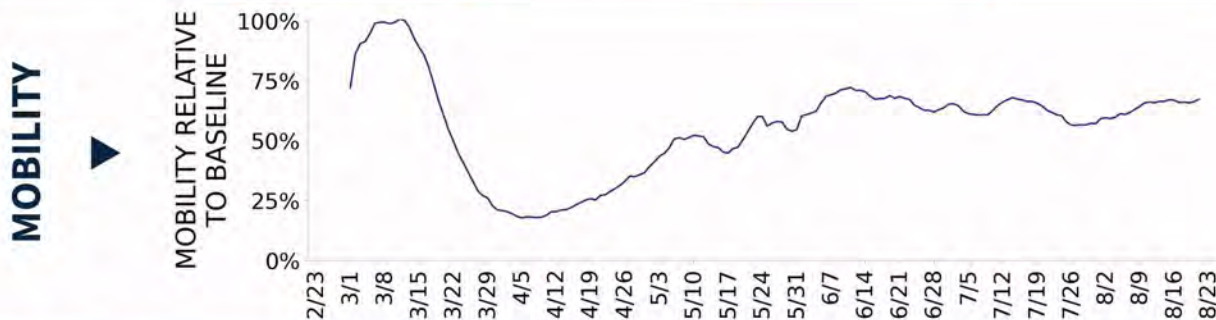
COVID-19



TEXAS

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	46,930 (162)	-5.4%	61,281 (143)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	11.0%	-2.0%*	9.2%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	153,992** (531)	-34.9%**	349,779** (819)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	1,324 (5)	-12.7%	1,749 (4)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	19.6%	-2.8%*	18.9%	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) 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 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)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

26

Brownsville-Harlingen
McAllen-Edinburg-Mission
Corpus Christi
Laredo
Beaumont-Port Arthur
Eagle Pass
Rio Grande City-Roma
Beeville
Huntsville
Odessa
Jacksonville
El Campo

32

Dallas-Fort Worth-Arlington
Houston-The Woodlands-Sugar Land
Austin-Round Rock-Georgetown
San Antonio-New Braunfels
El Paso
Lubbock
Waco
Killeen-Temple
Midland
Amarillo
Longview
Tyler

**COUNTY
LAST WEEK**

61

Dallas
Tarrant
Cameron
Hidalgo
Nueces
Webb
Galveston
Maverick
Jefferson
Starr
Bee
Johnson

71

Harris
Fort Bend
El Paso
Travis
Collin
Bexar
Denton
Brazoria
Williamson
Montgomery
Lubbock
McLennan

All Red CBSAs: Brownsville-Harlingen, McAllen-Edinburg-Mission, Corpus Christi, Laredo, Beaumont-Port Arthur, Eagle Pass, Rio Grande City-Roma, Beeville, Huntsville, Odessa, Jacksonville, El Campo, Alice, Del Rio, Brownwood, Raymondville, Kingsville, Mineral Wells, Paris, Hereford, Uvalde, Bonham, Texarkana, Pearsall, Big Spring, Vernon

All Yellow CBSAs: Dallas-Fort Worth-Arlington, Houston-The Woodlands-Sugar Land, Austin-Round Rock-Georgetown, San Antonio-New Braunfels, El Paso, Lubbock, Waco, Killeen-Temple, Midland, Amarillo, Longview, Tyler, Victoria, College Station-Bryan, San Angelo, Wichita Falls, Sherman-Denison, Granbury, Plainview, Lufkin, Corsicana, Nacogdoches, Bay City, Mount Pleasant, Athens, Abilene, Stephenville, Port Lavaca, Andrews, Gainesville, Zapata, Sulphur Springs

All Red Counties: Dallas, Tarrant, Cameron, Hidalgo, Nueces, Webb, Galveston, Maverick, Jefferson, Starr, Bee, Johnson, Walker, Ector, Cherokee, Parker, Medina, Wharton, Liberty, Karnes, Hardin, San Patricio, Val Verde, Jim Wells, Brown, Willacy, Palo Pinto, Kleberg, Lamar, Chambers, Deaf Smith, Uvalde, DeWitt, Fannin, Colorado, Jackson, Limestone, Austin, Frio, Gonzales, Upshur, Gaines, Jasper, Brooks, Milam, Howard, Newton, Terry, Jack, Runnels, Lavaca, Duval, Tyler, Camp, Lamb, Montague, Live Oak, Wilbarger, Coleman, Clay, Fisher

All Yellow Counties: Harris, Fort Bend, El Paso, Travis, Collin, Bexar, Denton, Brazoria, Williamson, Montgomery, Lubbock, McLennan, Bell, Ellis, Hays, Kaufman, Midland, Orange, Smith, Comal, Guadalupe, Victoria, Randall, Gregg, Potter, Brazos, Tom Green, Grayson, Hood, Hale, Wichita, Angelina, Wise, Hunt, Navarro, Nacogdoches, Bastrop, Matagorda, Waller, Henderson, Bowie, Harrison, Grimes, Van Zandt, Coryell, Erath, Taylor, Caldwell, Titus, Calhoun, Atascosa, Rusk, Wilson, Andrews, Wood, Cooke, Zapata, Comanche, Cass, Bosque, Hopkins, Freestone, Lampasas, Burnet, Fayette, Eastland, Shelby, Kendall, Burleson, Lee, Sabine

* 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

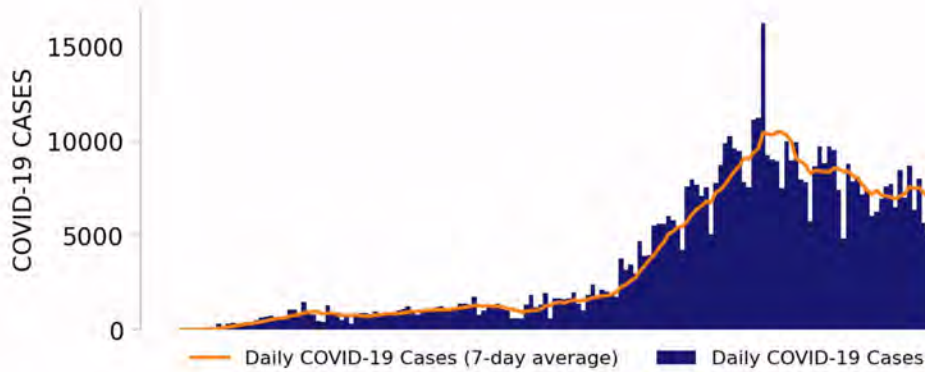
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



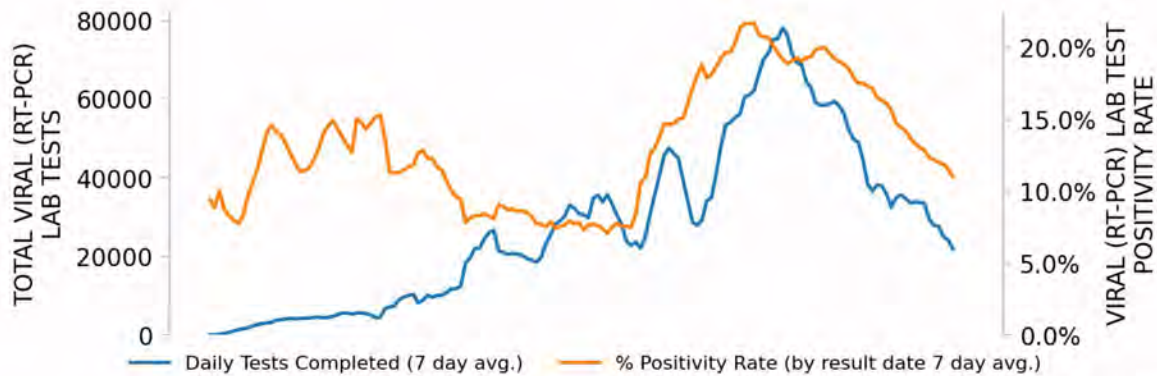
TEXAS

STATE REPORT | 08.23.2020

NEW CASES

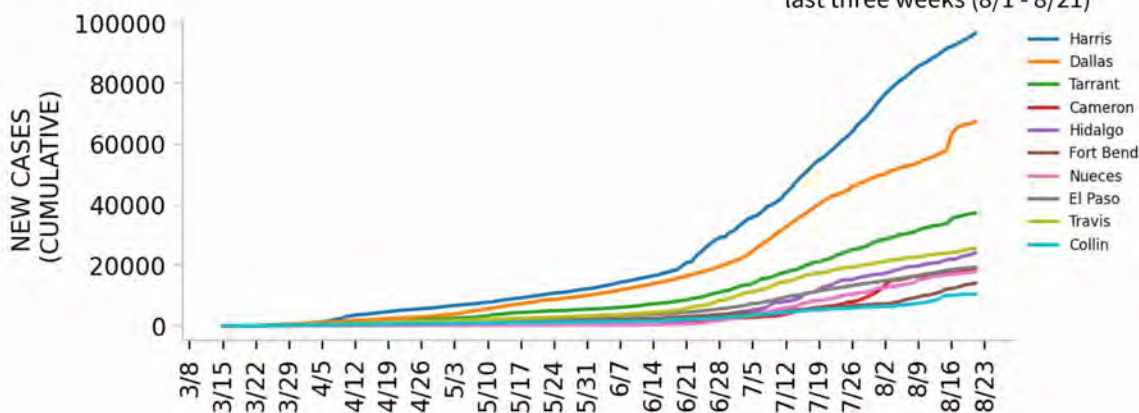


TESTING



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

TOP COUNTIES



DATA SOURCES

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

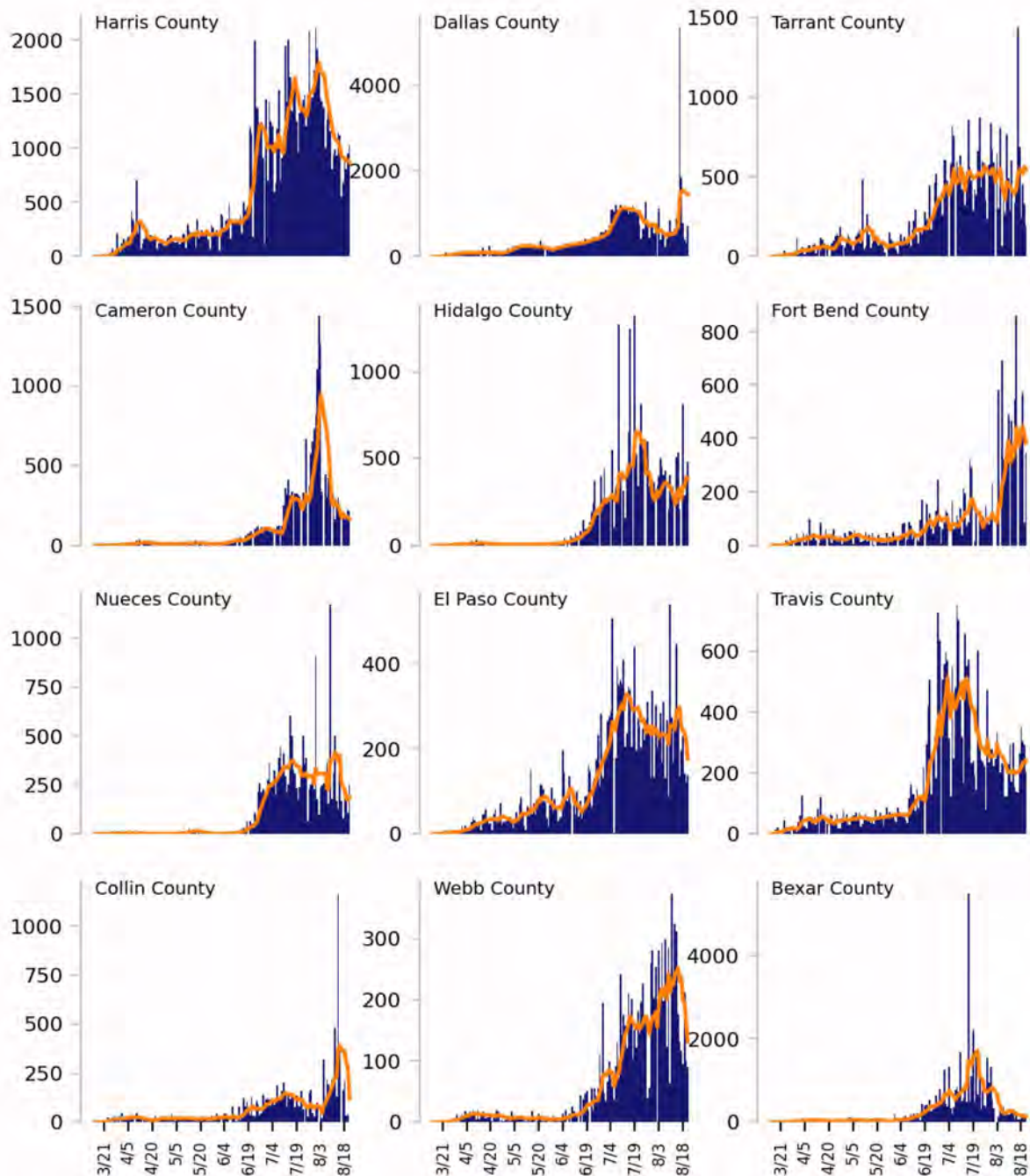
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

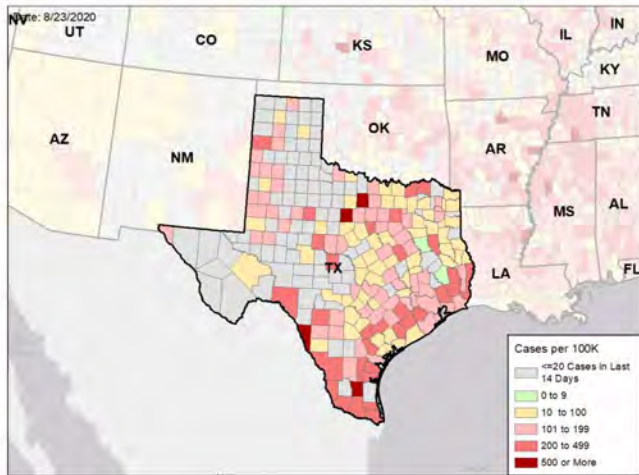


TEXAS

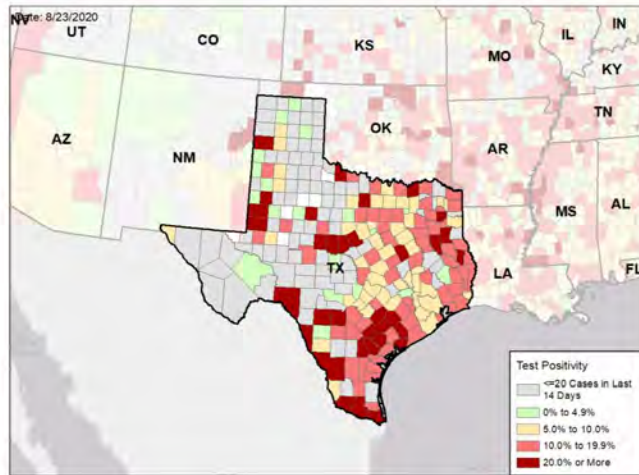
STATE REPORT | 08.23.2020

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

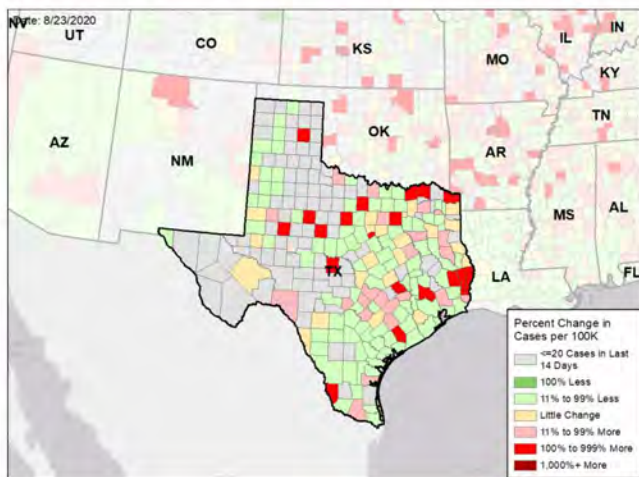
NEW CASES PER 100,000 DURING LAST WEEK



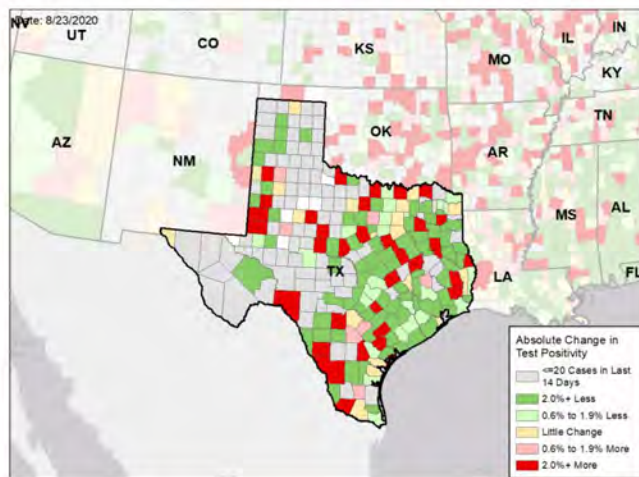
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

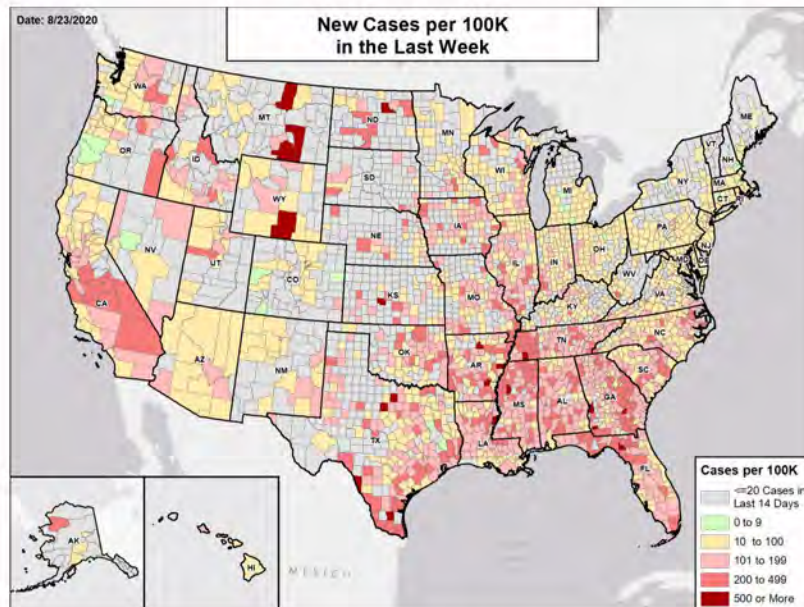
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

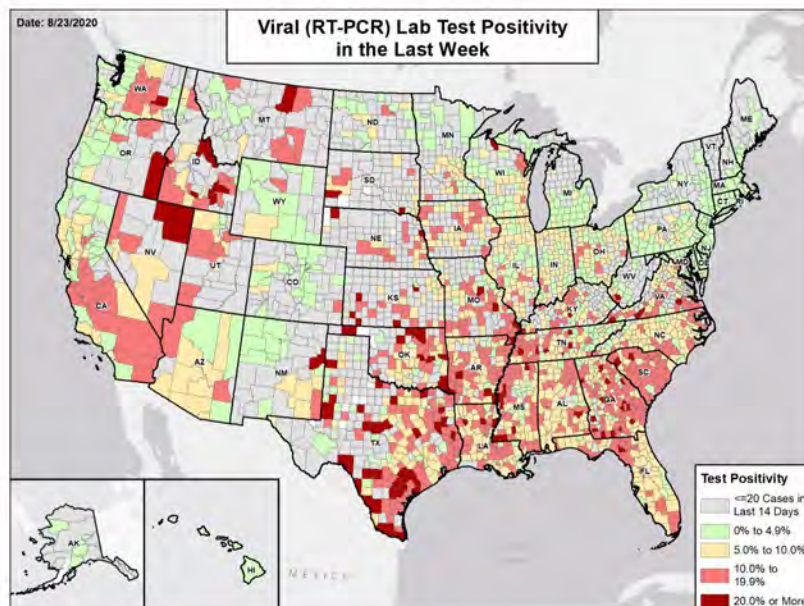


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



UTAH

STATE REPORT | 08.23.2020

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 27th 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 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: 2 to support operations activities from FEMA.
- Between Aug 15 - Aug 21, on average, 15 patients with confirmed COVID-19 and 20 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Utah. An average of 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 [West Virginia School K-12 metrics](#) that combine classroom education with sports 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 below 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 last 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 counties 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 [CDC website](#).

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

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



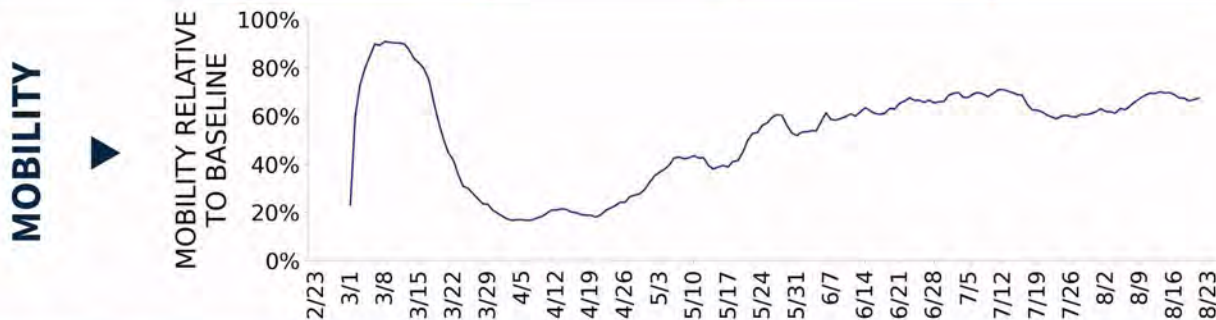
COVID-19



UTAH

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	2,503 (78)	-2.1%	7,581 (62)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.2%	-0.6%*	5.0%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	46,544** (1,452)	-9.8%**	167,432** (1,366)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	23 (1)	-8.0%	81 (1)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	8.1%	-3.1%*	5.5%	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) 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 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)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

2

Provo-Orem
Heber

4

Salt Lake City
Ogden-Clearfield
St. George
Cedar City

**COUNTY
LAST WEEK**

3

Utah
Summit
Juab

9

Salt Lake
Davis
Washington
Tooele
Box Elder
Iron
Wasatch
Sanpete
Millard

* 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

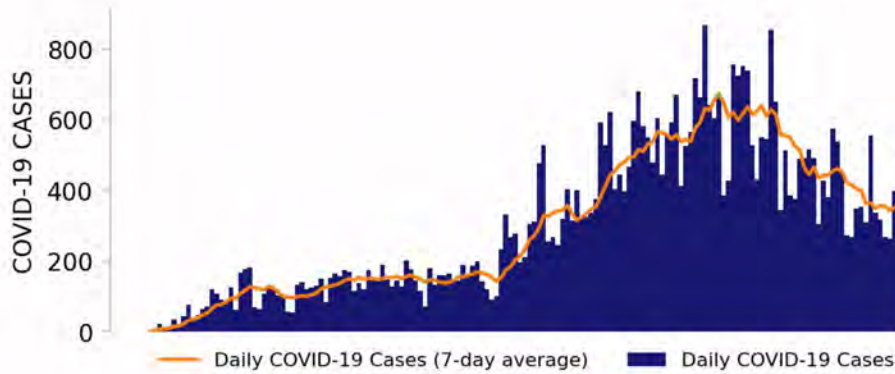
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



UTAH

STATE REPORT | 08.23.2020

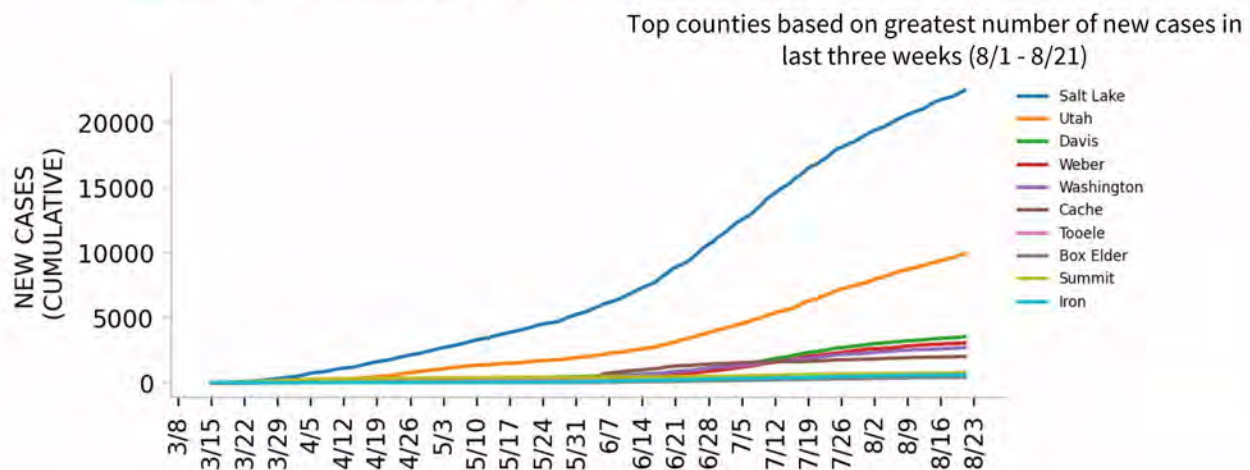
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES

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

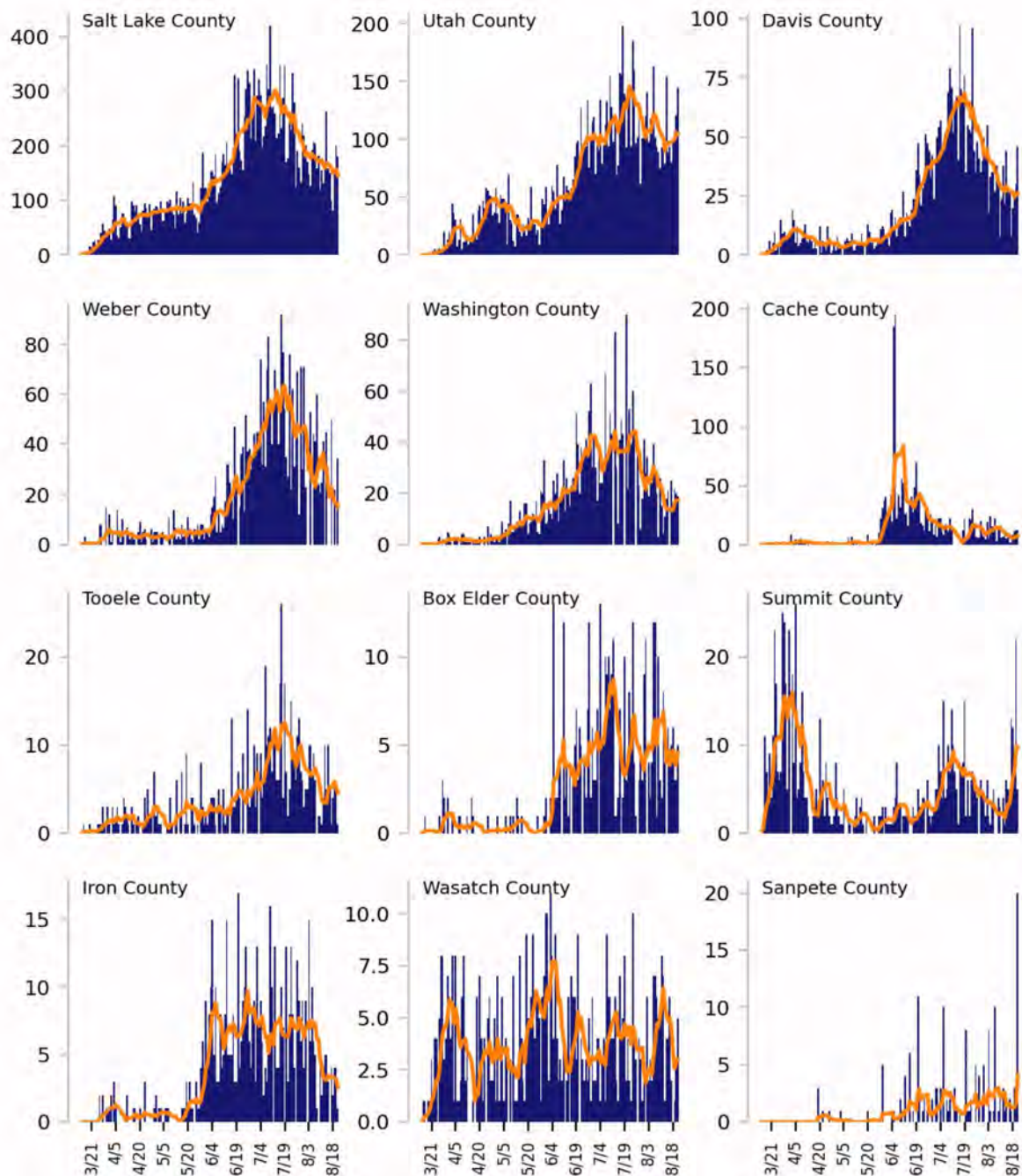
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

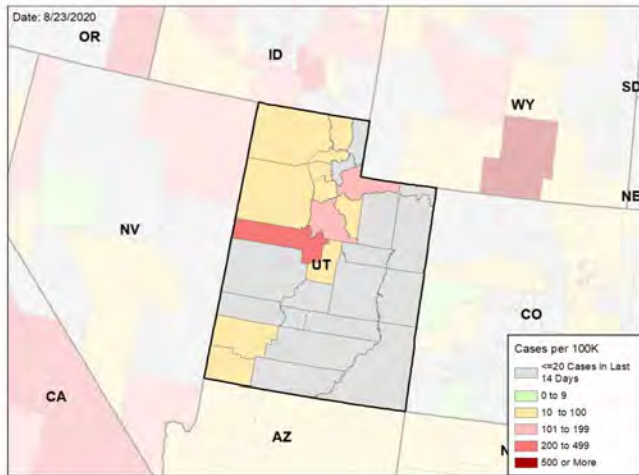


UTAH

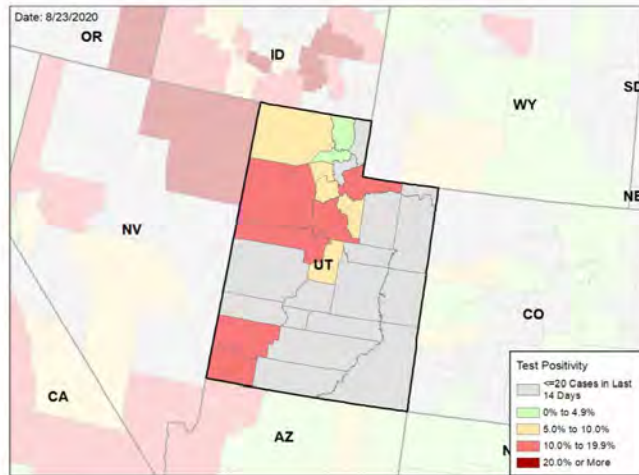
STATE REPORT | 08.23.2020

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

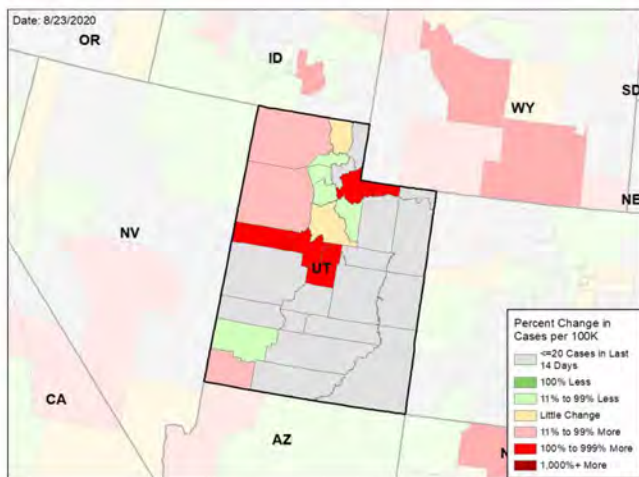
NEW CASES PER 100,000 DURING LAST WEEK



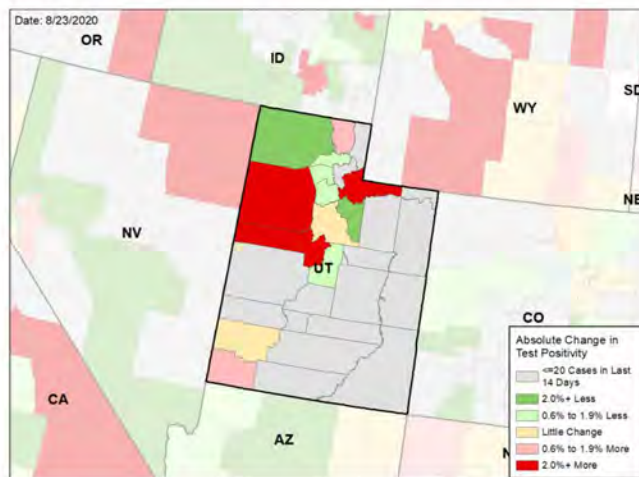
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

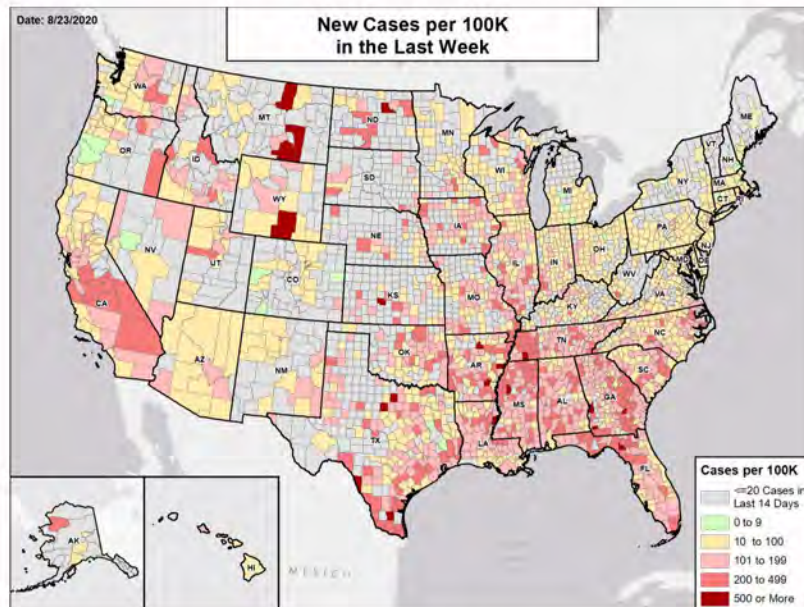
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

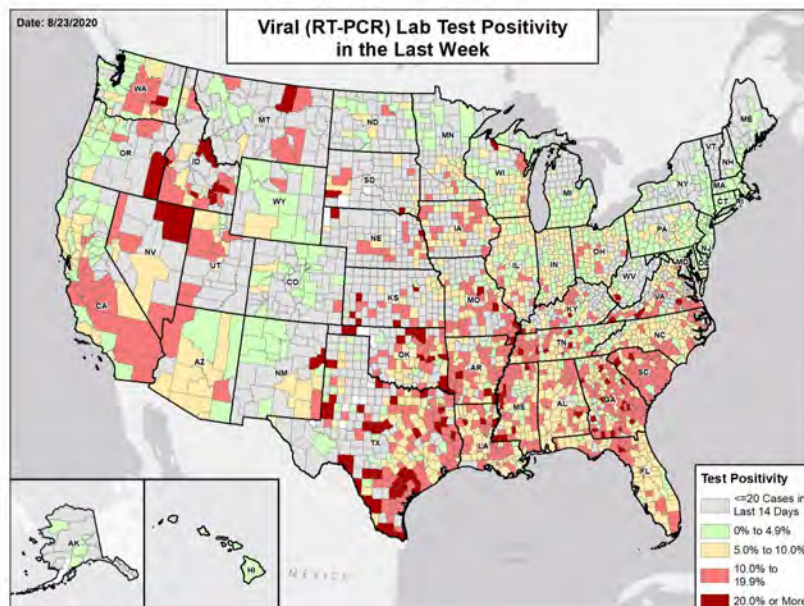


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



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 reported as newly 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 (#MasksonVT) 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 localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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



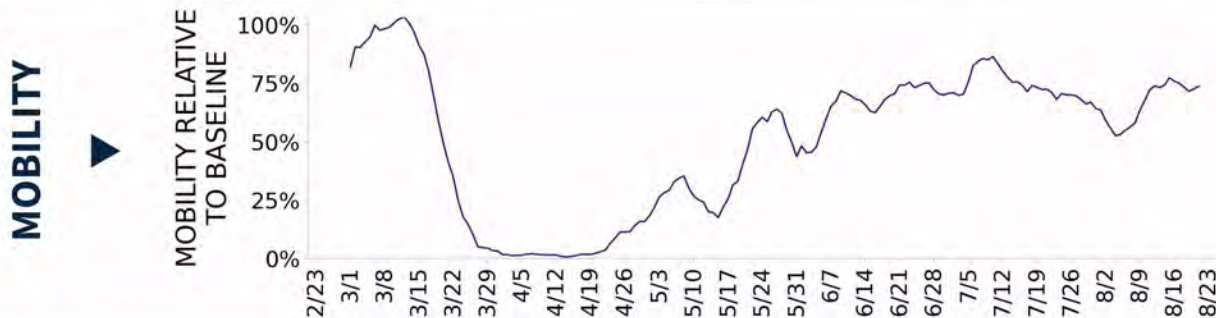
COVID-19



VERMONT

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	40 (6)	-24.5%	4,312 (29)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	0.4%	-0.2%*	1.3%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	15,079** (2,417)	+19.8%**	287,895** (1,939)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	0 (0)	N/A	108 (1)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	0.0%	N/A*	3.3%	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) 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 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.



VERMONT

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

0

N/A

0

N/A

**COUNTY
LAST WEEK**

0

N/A

0

N/A

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

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

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

Note: Top 12 locations are selected 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

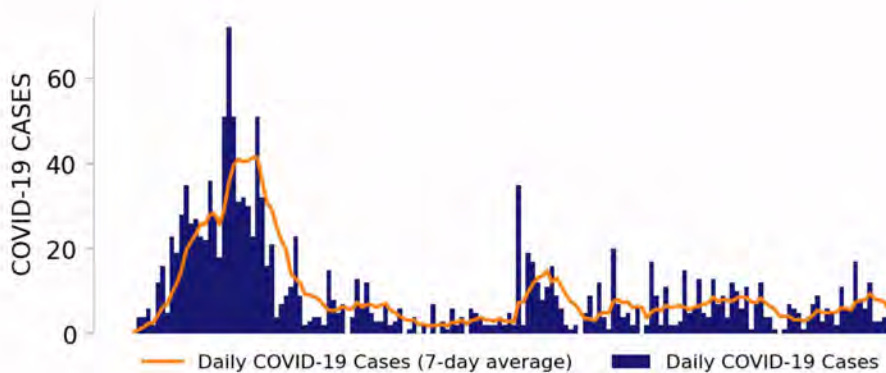
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



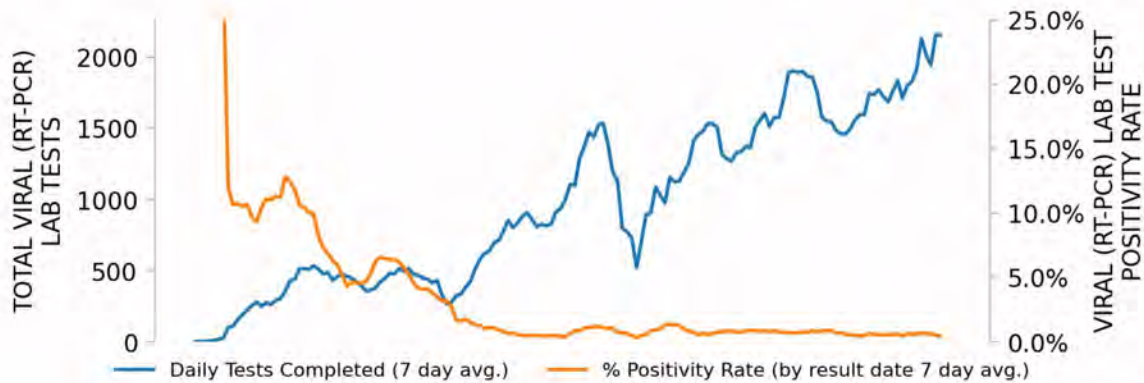
VERMONT

STATE REPORT | 08.23.2020

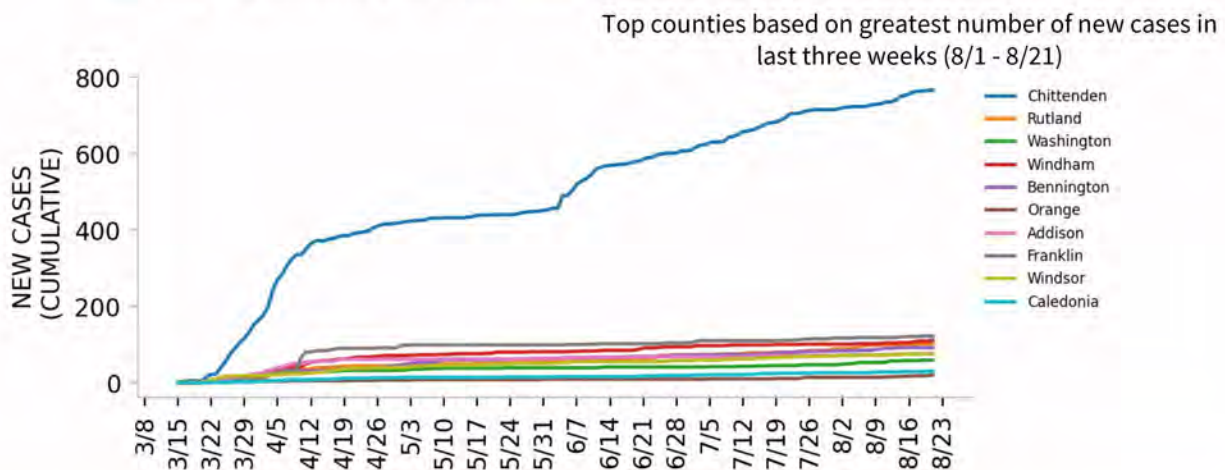
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES

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

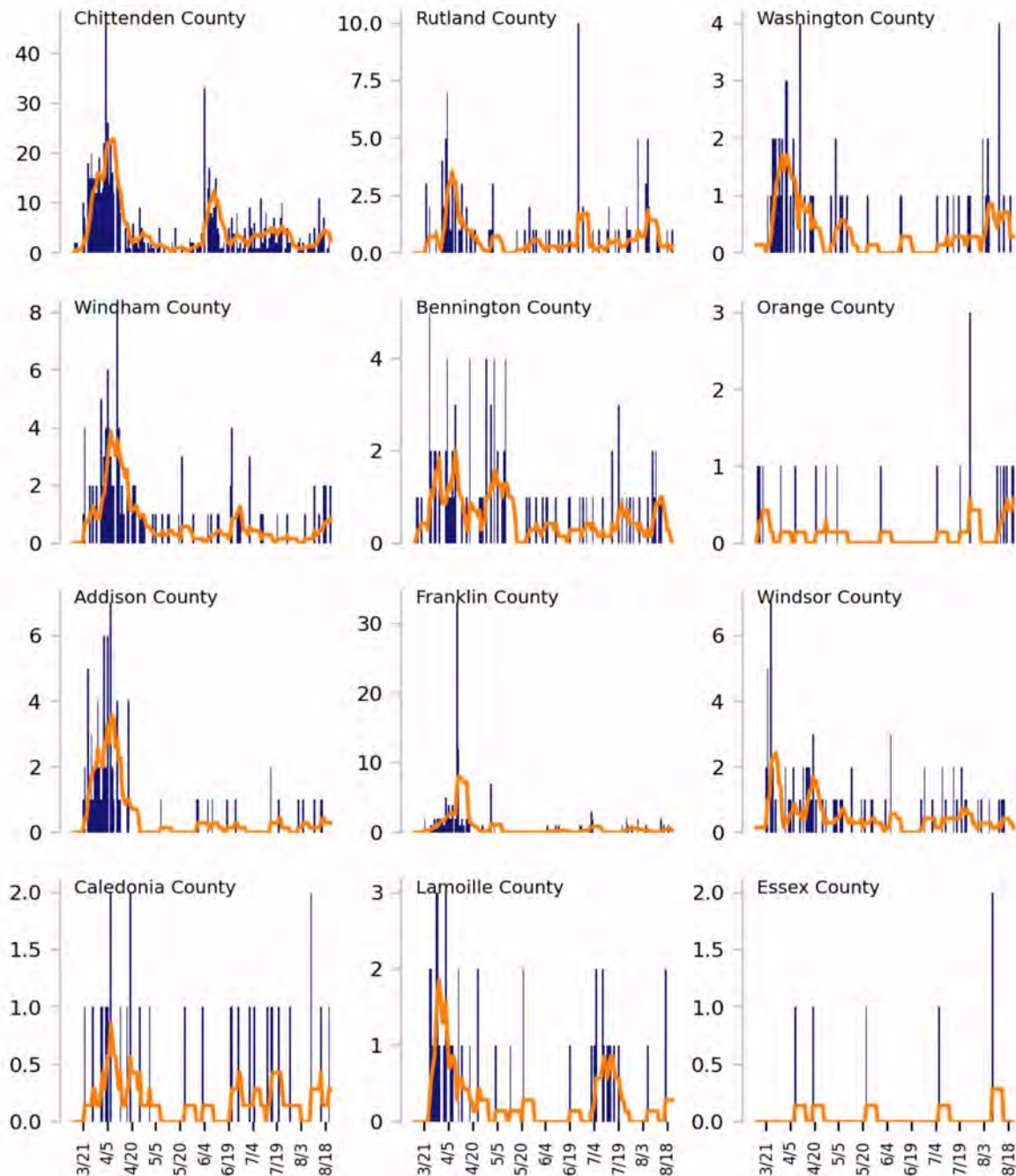
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

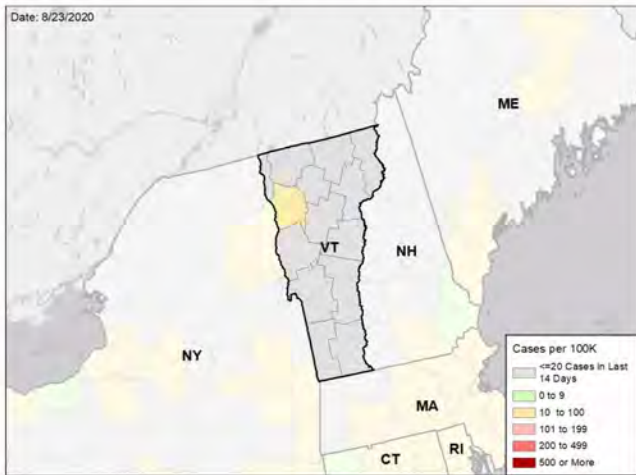


VERMONT

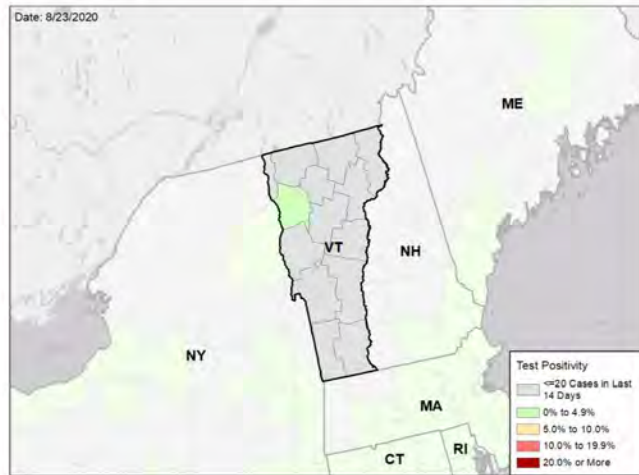
STATE REPORT | 08.23.2020

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

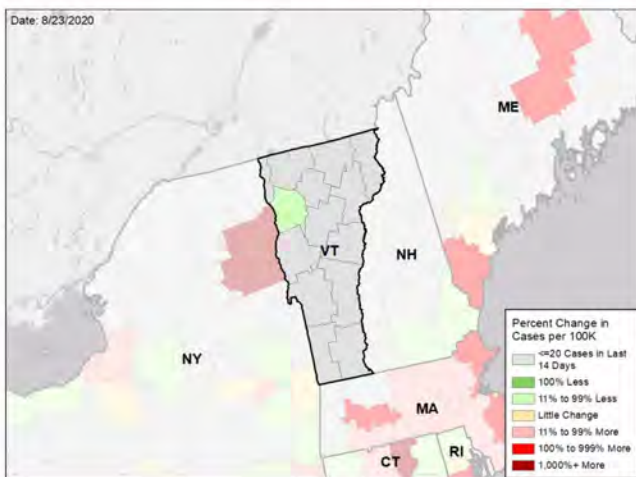
NEW CASES PER 100,000 DURING LAST WEEK



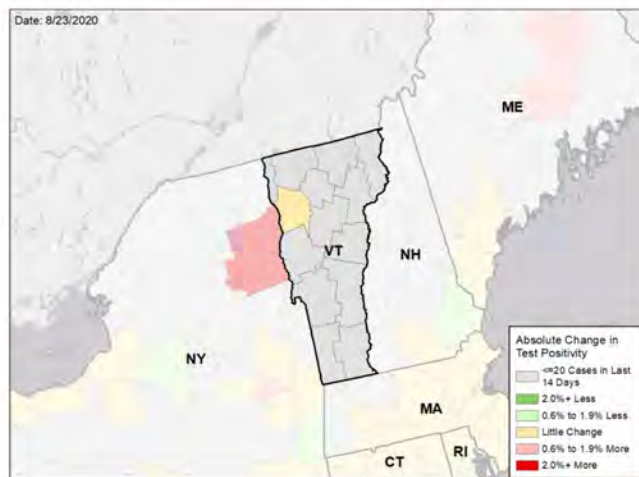
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

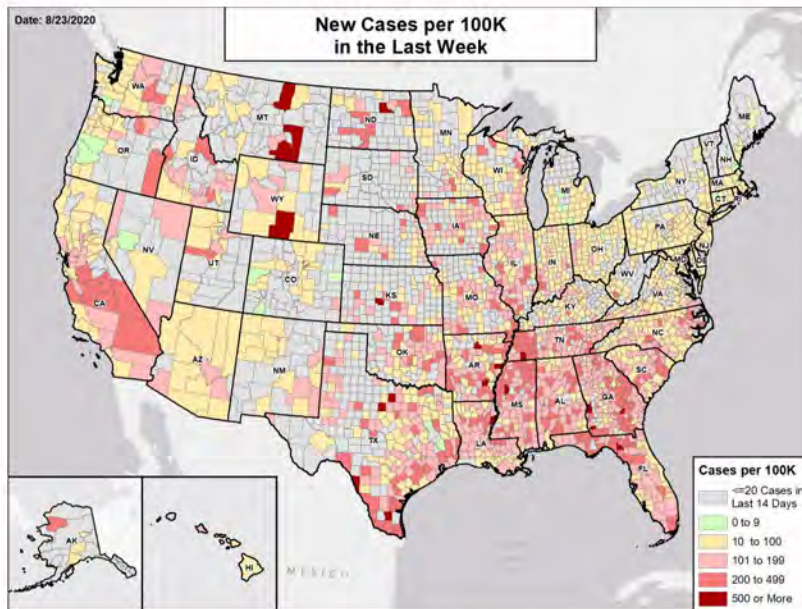
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

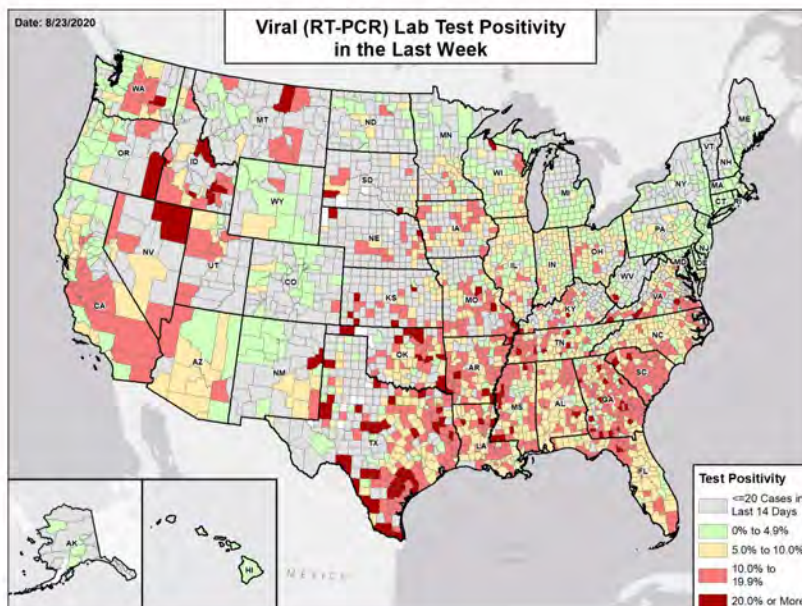


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



VIRGINIA

STATE REPORT | 08.23.2020

SUMMARY

- Virginia is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 29th 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 progress 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 22.5 percent of new cases in Virginia demonstrating widespread community transmission.
- 56% of all counties in Virginia have ongoing community transmission (yellow or red alert), with 17% having high levels of community transmission (red alert). This represents a considerable improvement from 35 counties three weeks ago, to 29 counties two weeks ago, to 23 counties last week in the red zone.
- Since the CRAFT 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 16% 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 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: 42 to support operations activities from FEMA; 6 to support epidemiology activities from CDC; 3 to support operations activities from CDC; and 96 to support operations activities from USCG.
- Between Aug 15 - Aug 21, on average, 60 patients with confirmed COVID-19 and 146 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Virginia. An average of 86 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*
- Please review the [Virtual Virginia School K-12 Learning](#) that combine classroom education with sports activities for incentives to communities to ensure community transmission stays low.

RECOMMENDATIONS

- Expand testing as testing rates have declined.
- Continue the EO-63 mask mandate in counties and cities with 7-day average test positivity greater than 5%; close bars especially if the liquor restrictions after 10pm are not successful; restrict gyms to 25% occupancy; and ensure strict social distancing can be maintained in restaurants. Emphasize outdoor over indoor dining.
- Continue efforts to expand contact tracing efforts. Virginia has hired over 1,000 contact tracers and engaged a large number of Medical Reserve Corps volunteers. There is still an opportunity to add force multipliers to the contact tracing efforts (VANG, CDC, NDMS, USPHS). Hire contact tracers and community health workers from within minority and underserved communities so they have the cultural competence 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 the 20-49 age groups, marginalized populations, and out-of-state tourists.
- In high transmission counties and cities, implement community-led testing and work with local community groups to increase testing access. Implement pooled testing as described below to further increase access and reduce turnaround times. As feasible, focus testing resources in the most populous or tourist areas with highest transmission.
- Increase testing in beach communities and tourist areas, and alert visitors 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, enforced distancing on beaches, and penalties for social gatherings of greater than 10 people.
- Continue the aggressive protection of those in nursing homes and long-term care facilities (LTCFs) by testing all staff each week and requiring staff to wear face masks. Mandate all LTCFs to participate in infection prevention and control assessments, including mandating infection prevention and control assessments at all nursing homes with 3 or more cases per week over the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support LTCF testing.
- In many states new transmissions are driven by family and neighborhood gatherings and alerting your state to these events and the role of these gatherings in spreading virus 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 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 and isolate positive students to ensure local communities are not impacted by college and university outbreaks.
- Critically ensure all hospital testing capacity is prioritized and 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 [COVID-19 website](#).

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

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



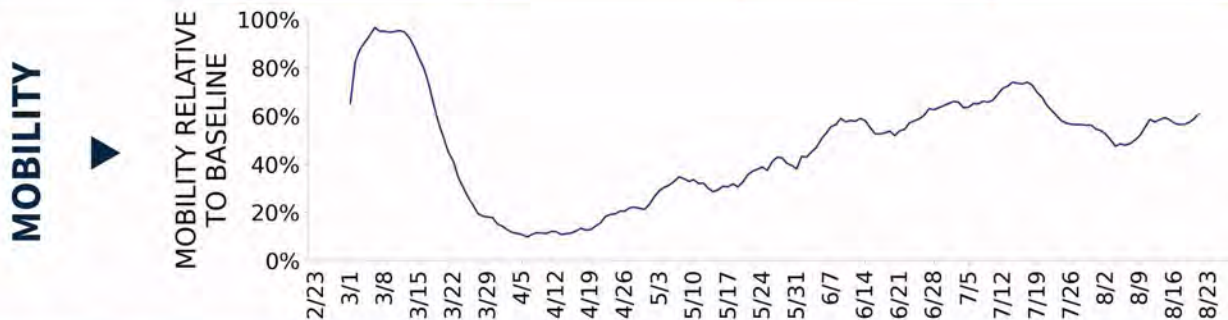
COVID-19



VIRGINIA

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	6,017 (70)	-13.6%	16,289 (53)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.5%	-0.6%*	4.6%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	102,320** (1,199)	-7.8%**	492,016** (1,595)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	74 (1)	+39.6%	263 (1)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	16.2%	+4.8%*	9.4%	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) 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 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.



VIRGINIA

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

4

Lynchburg
Danville
Martinsville
Big Stone Gap

7

Virginia Beach-Norfolk-Newport News
Washington-Arlington-Alexandria
Richmond
Roanoke
Charlottesville
Kingsport-Bristol
Staunton

**COUNTY
LAST WEEK**

23

Chesapeake City
Portsmouth City
Suffolk City
Lynchburg City
Henry
Danville City
Wise
Amherst
Isle of Wight
Manassas City
Franklin City
Martinsville City

51

Fairfax
Virginia Beach City
Prince William
Norfolk City
Chesterfield
Henrico
Loudoun
Richmond City
Newport News City
Arlington
Hampton City
Alexandria City

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

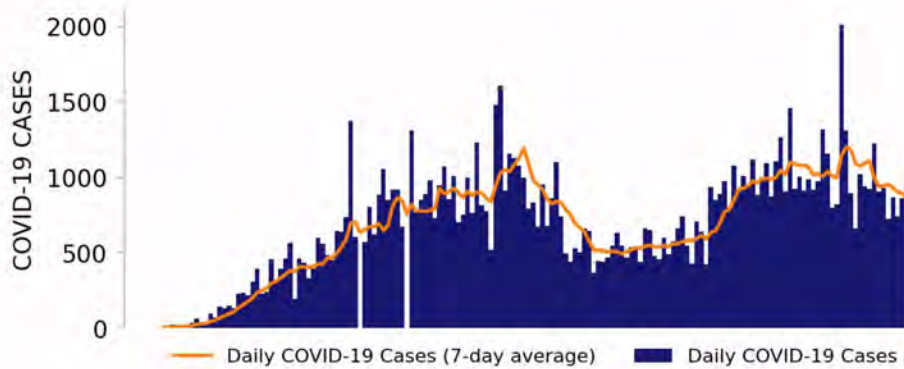
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



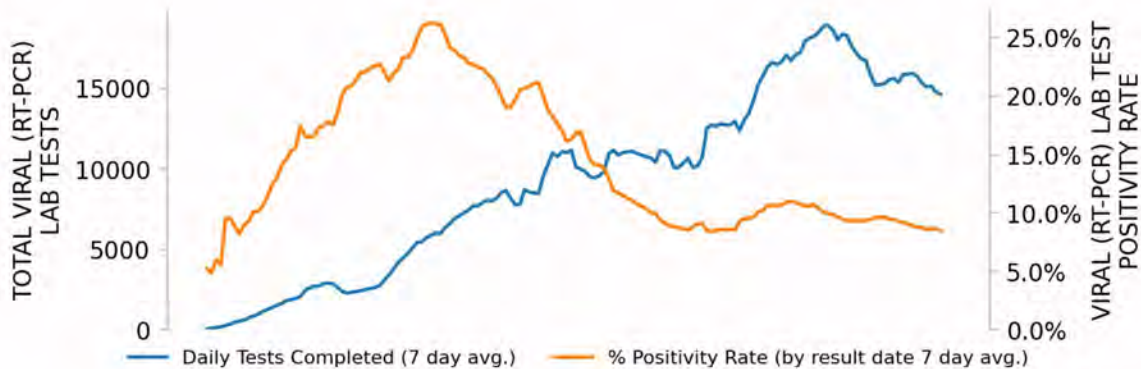
VIRGINIA

STATE REPORT | 08.23.2020

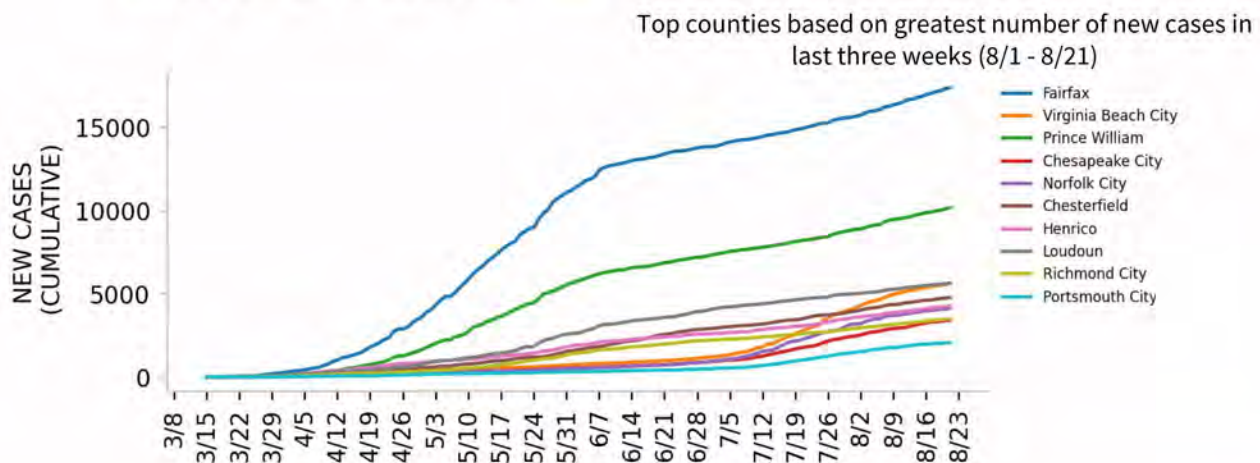
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES

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

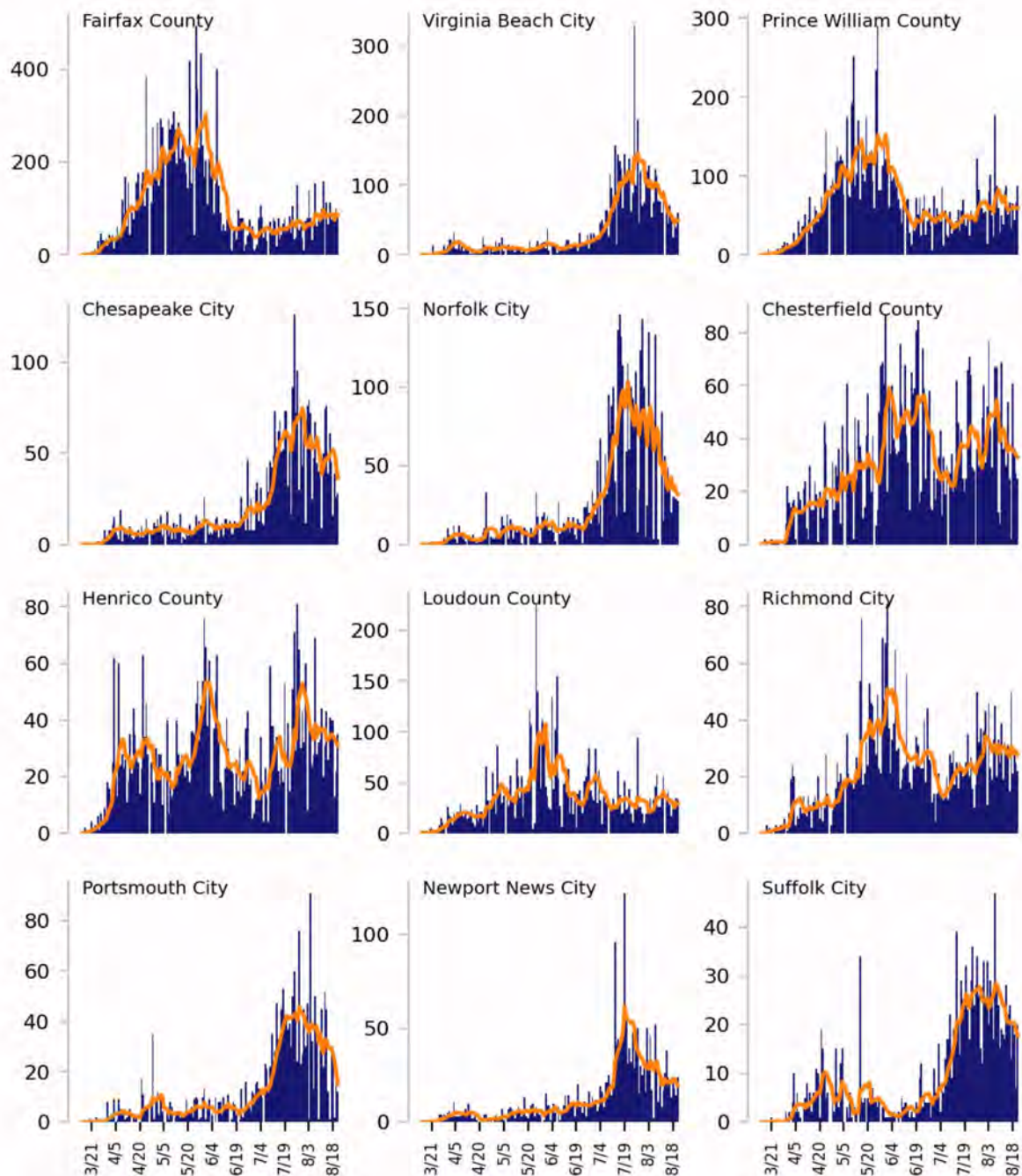
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

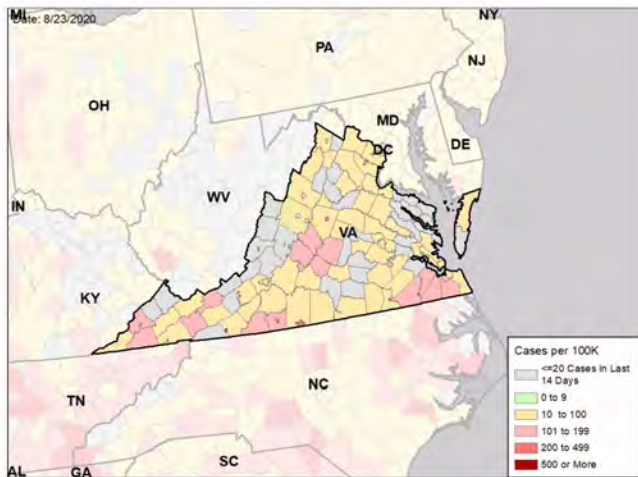


VIRGINIA

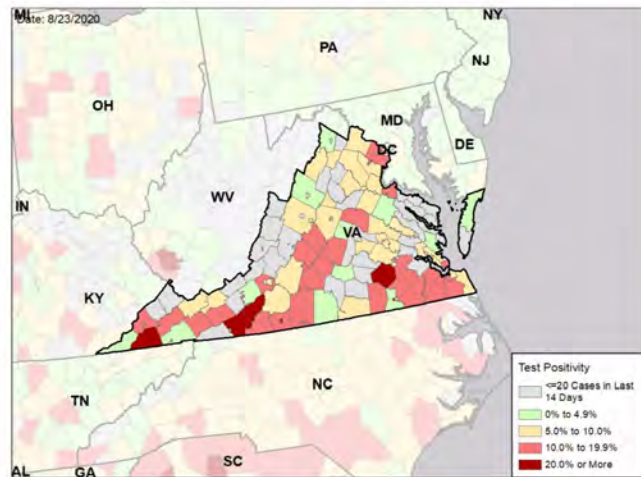
STATE REPORT | 08.23.2020

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

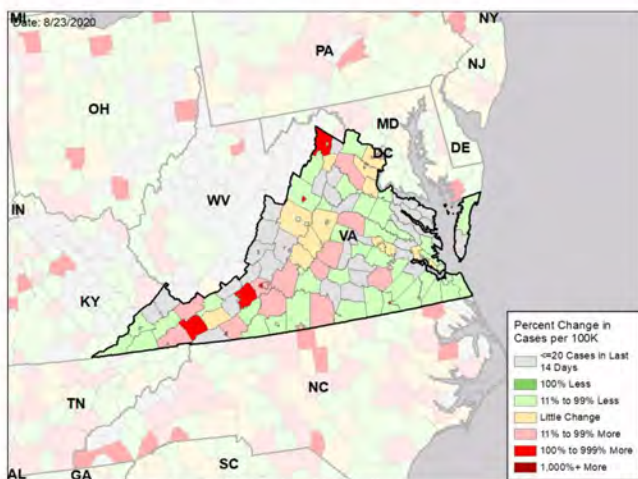
NEW CASES PER 100,000 DURING LAST WEEK



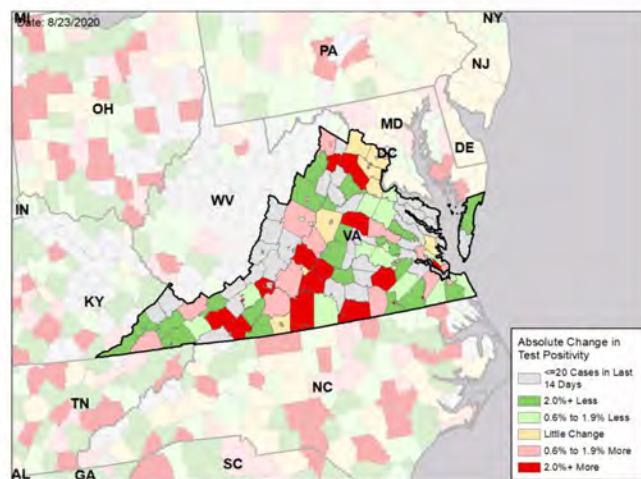
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

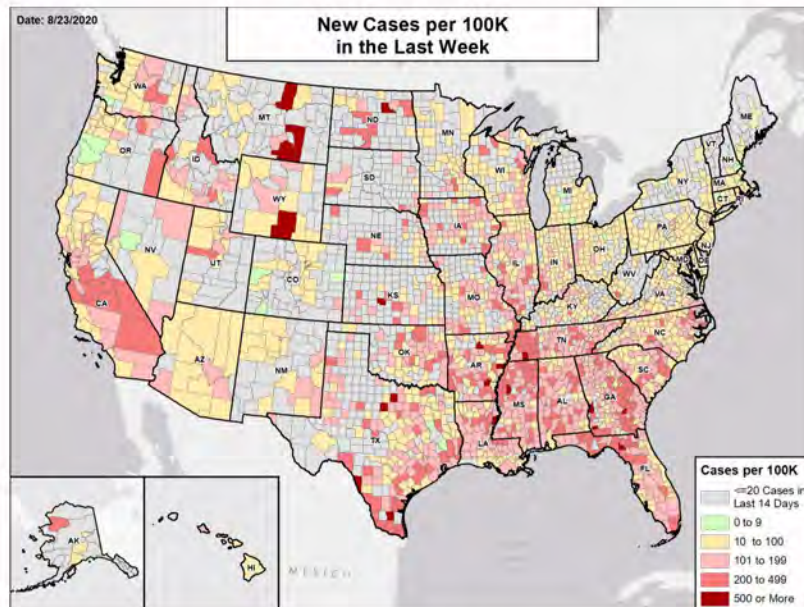
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

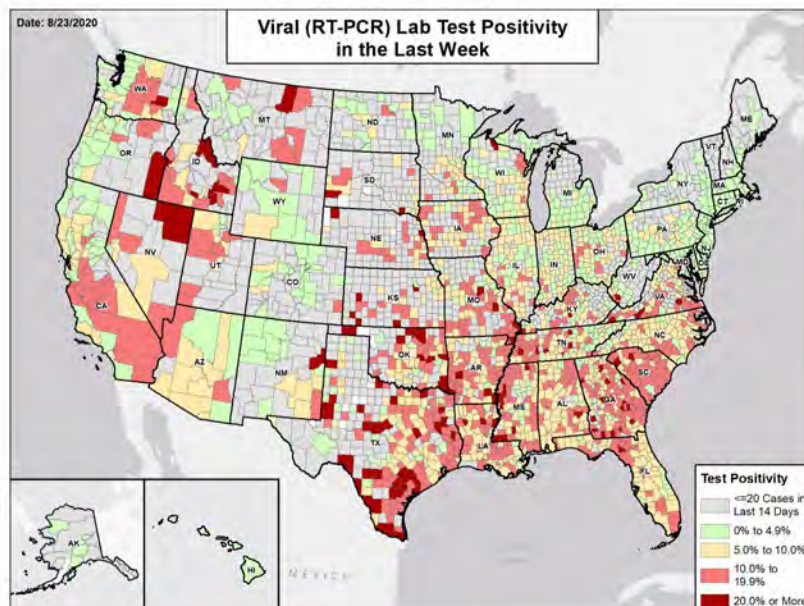


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



WASHINGTON

STATE REPORT | 08.23.2020

SUMMARY

- Washington 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, Washington was 37th 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 Klickitat 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.
- 31% of all counties in Washington have ongoing community transmission (red or yellow alert), with 13% 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 48 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: 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; 1 to support medical activities from VA; and 1 to support operations activities from VA.
- Between Aug 15 - Aug 21, on average, 26 patients with confirmed COVID-19 and 60 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 [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 on the state dashboard.
- In anticipation of reopening of colleges and universities, conduct or encourage 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 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 continue to decline and additional testing capacity is available.
- 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 continued increases and very high incidence of cases along with very high test positivity rates.
- Ensure that all business retailers and personal services require masks and can safely social distance as in Proclamation 20-25.6.
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all members of positive households are individually tested within 24 hours.
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates and increase community level testing.
- 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 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 over the last 3 weeks should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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

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



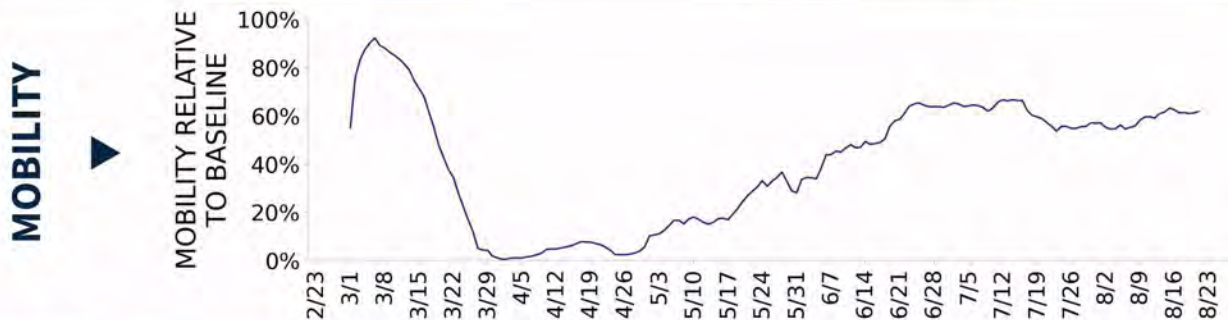
COVID-19



WASHINGTON

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	3,642 (48)	-19.5%	8,160 (57)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.0%	-0.8%*	4.8%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	77,608** (1,019)	-3.1%**	182,301** (1,270)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	97 (1)	+19.8%	169 (1)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	4.8%	-2.4%*	4.7%	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) 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 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.



WASHINGTON

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

3

Wenatchee
Moses Lake
Othello

5

Kennewick-Richland
Yakima
Walla Walla
Centralia
Ellensburg

**COUNTY
LAST WEEK**

5

Grant
Franklin
Chelan
Douglas
Adams

7

Yakima
Clark
Benton
Walla Walla
Okanogan
Lewis
Kittitas

* 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

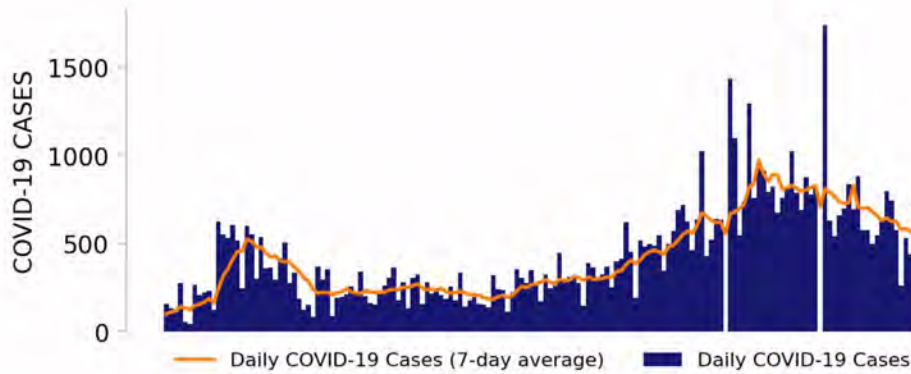
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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

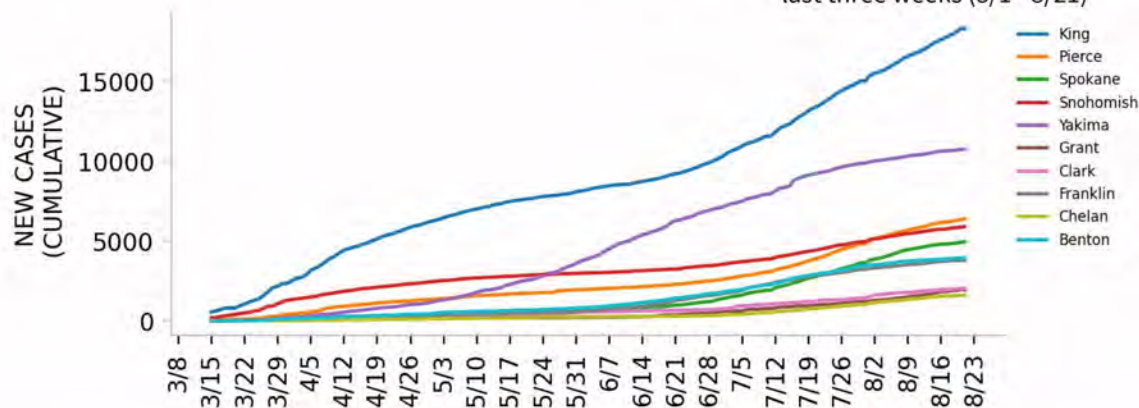


TESTING



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

TOP COUNTIES



DATA SOURCES

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

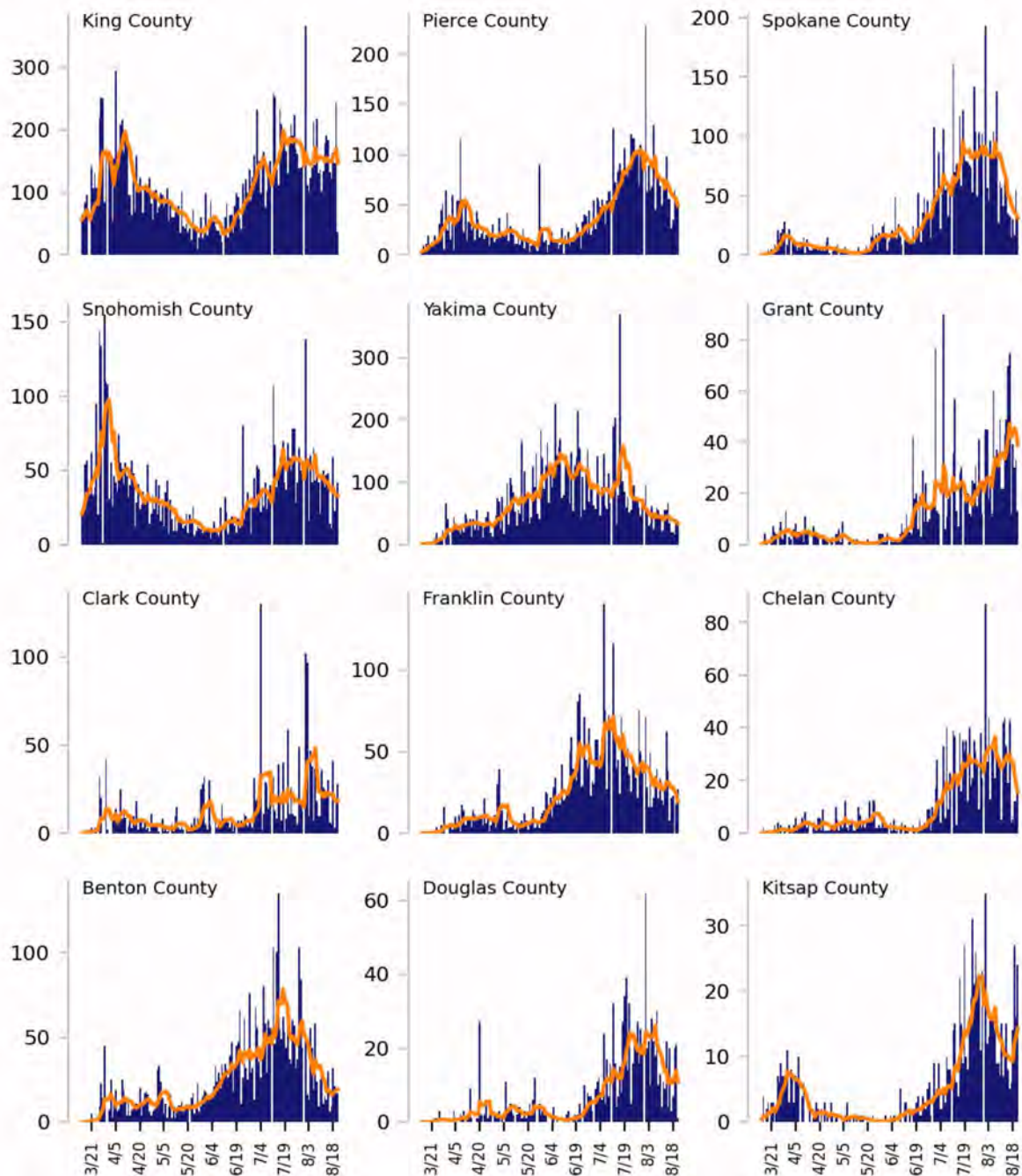
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

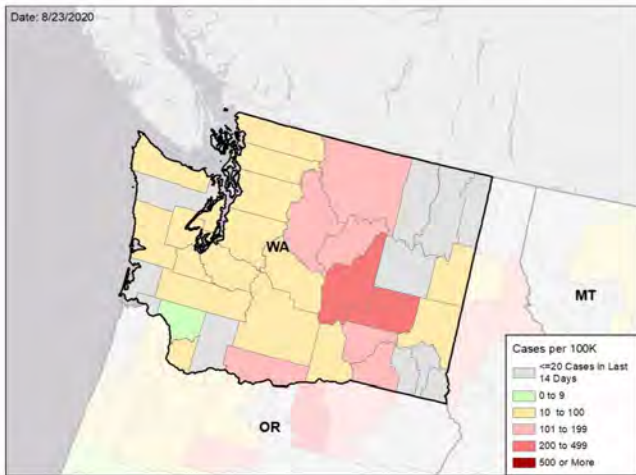


WASHINGTON

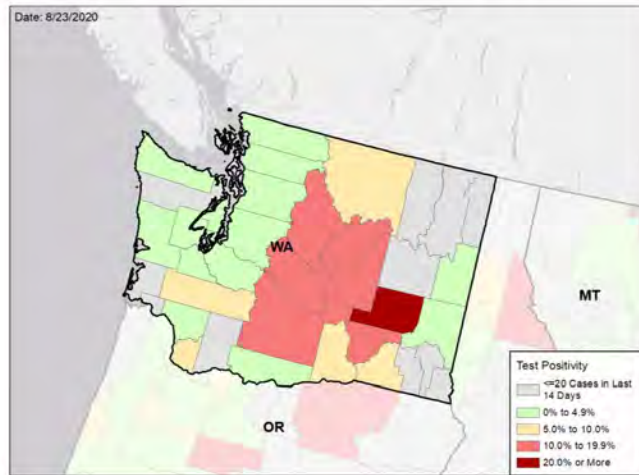
STATE REPORT | 08.23.2020

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

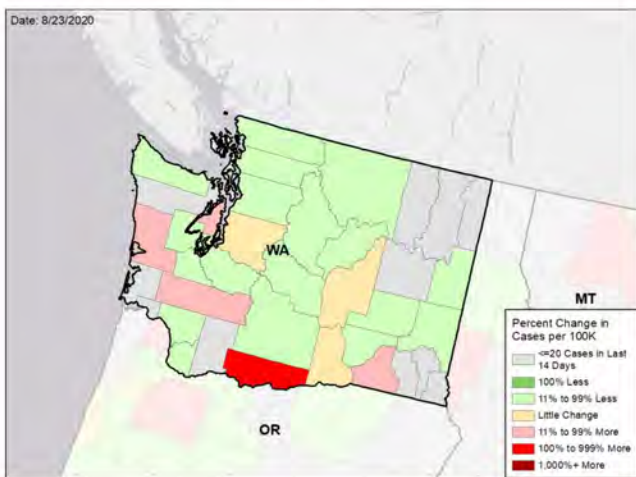
NEW CASES PER 100,000 DURING LAST WEEK



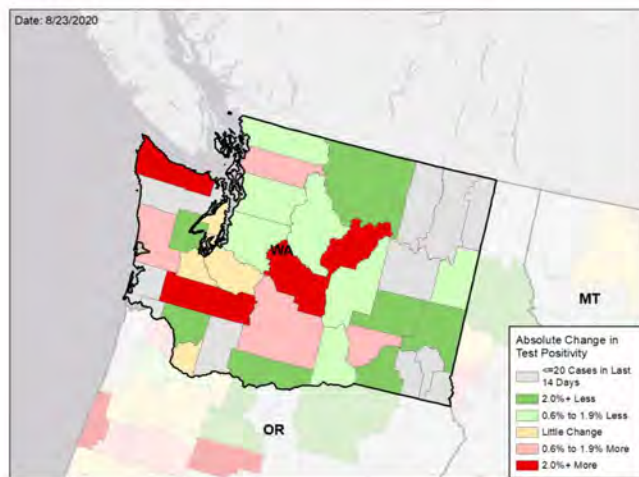
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

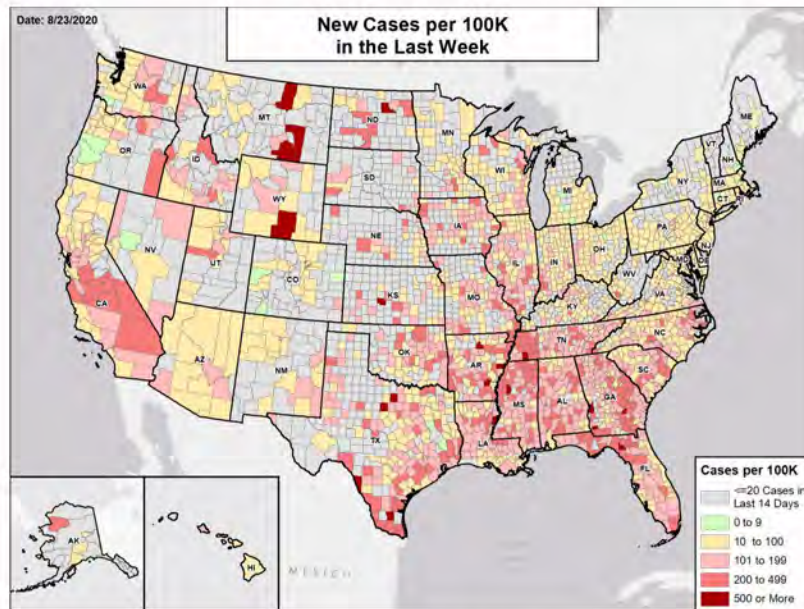
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

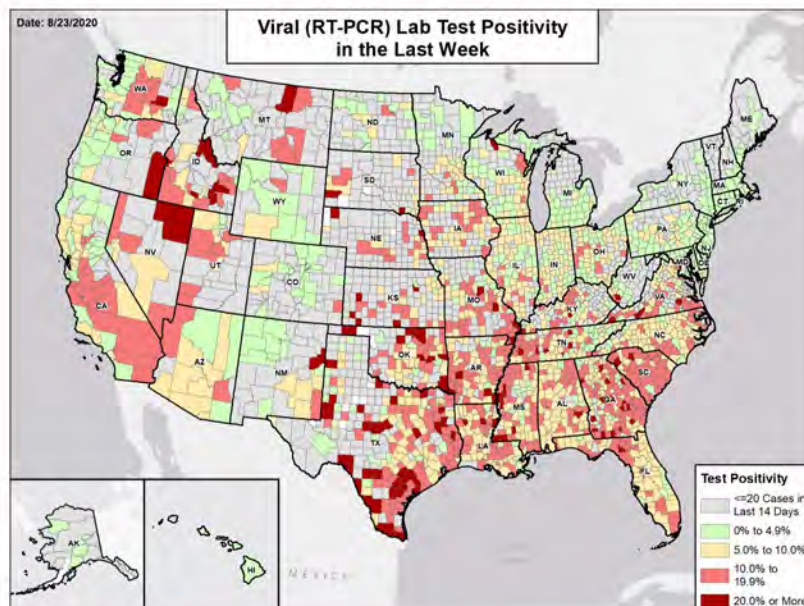


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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 percent 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 USCG.
- 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 89 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- 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 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 [CDC website](#).

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

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



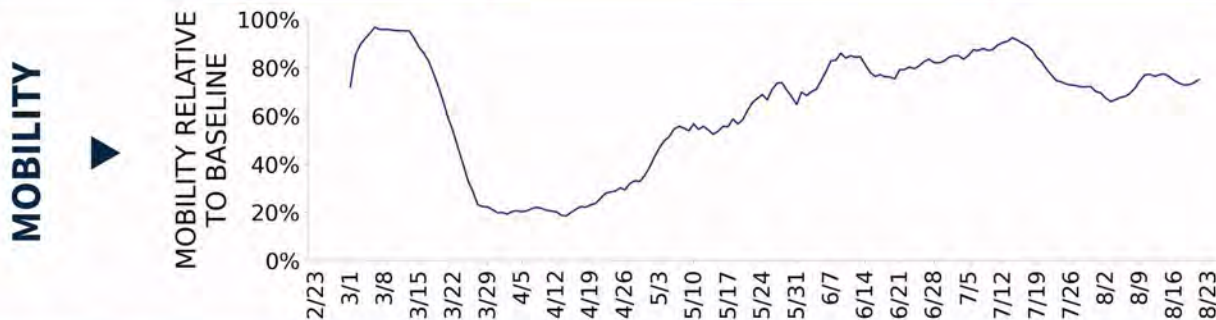
COVID-19



WEST VIRGINIA

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	786 (44)	-7.4%	16,289 (53)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.0%	-0.5%*	4.6%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	43,069** (2,403)	+8.4%**	492,016** (1,595)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	13 (1)	-56.7%	263 (1)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	6.7%	+1.7%*	9.4%	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) 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 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.



WEST VIRGINIA

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

1

Mount Gay-Shamrock

2Point Pleasant
Washington-Arlington-Alexandria

**COUNTY
LAST WEEK**

1

Logan

5Mingo
Lincoln
Wayne
Taylor
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: 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

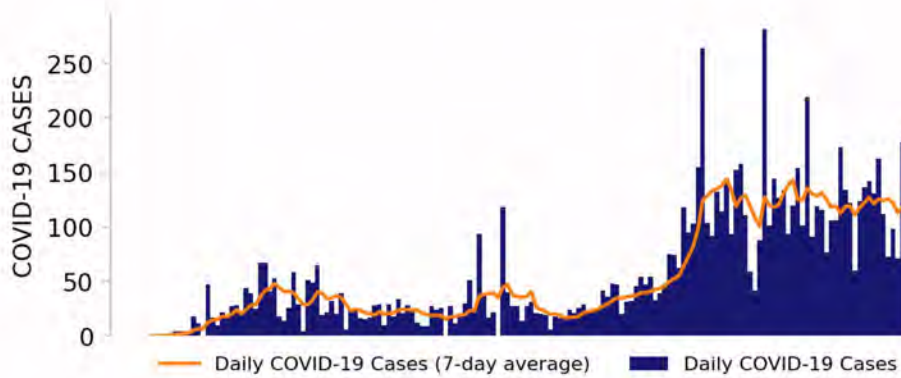
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



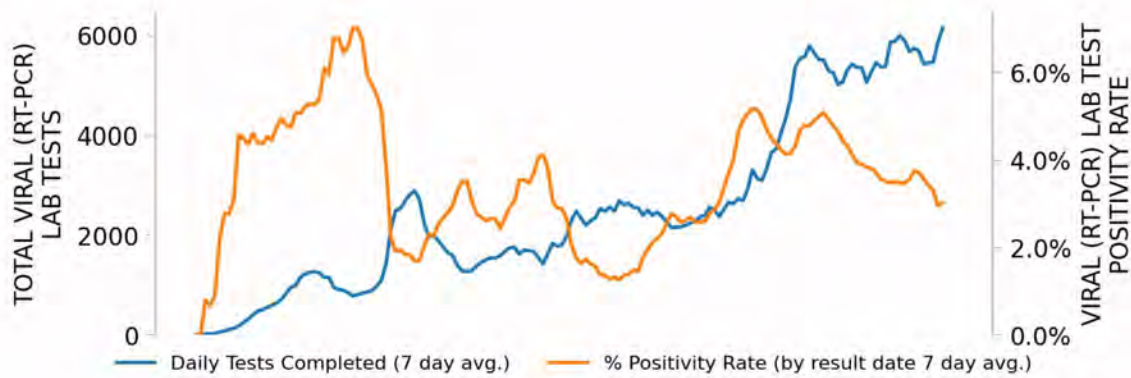
WEST VIRGINIA

STATE REPORT | 08.23.2020

NEW CASES

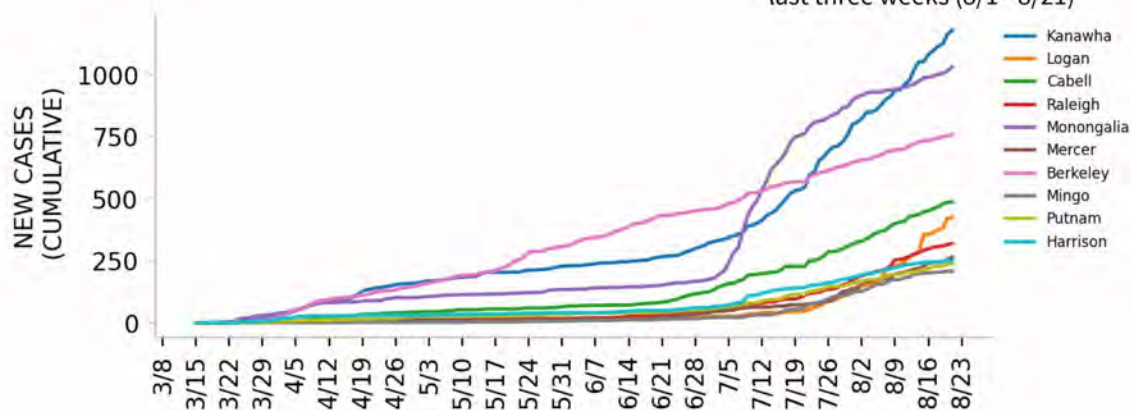


TESTING



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

TOP COUNTIES



DATA SOURCES

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

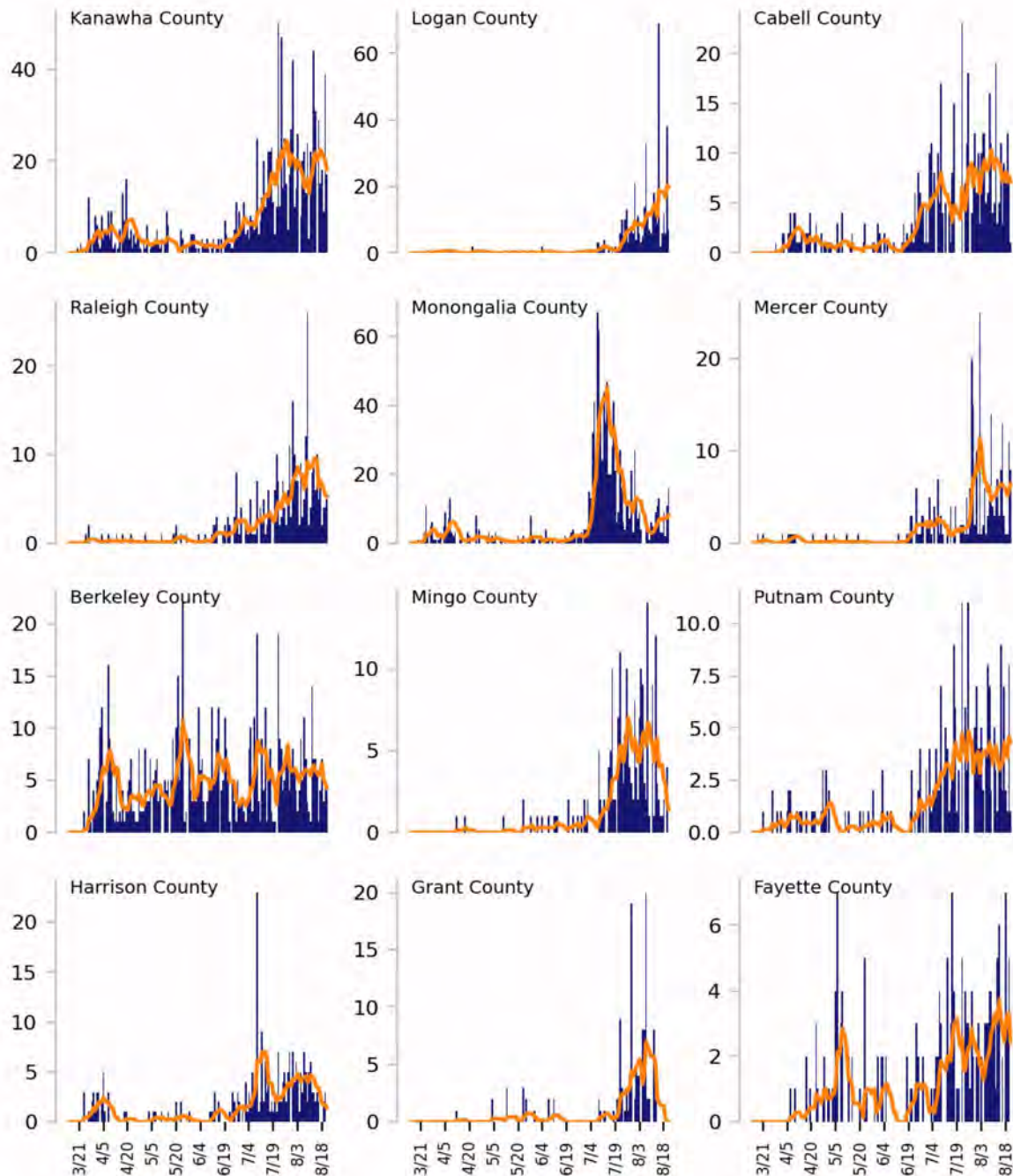
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

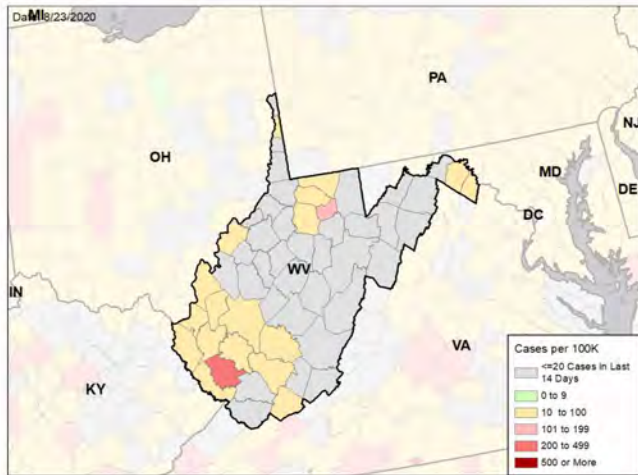


WEST VIRGINIA

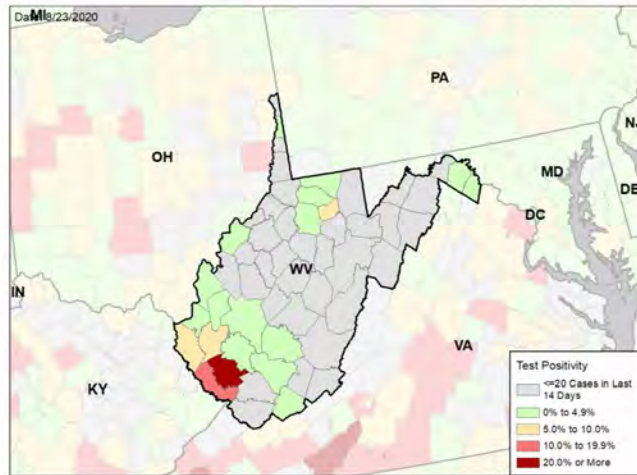
STATE REPORT | 08.23.2020

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

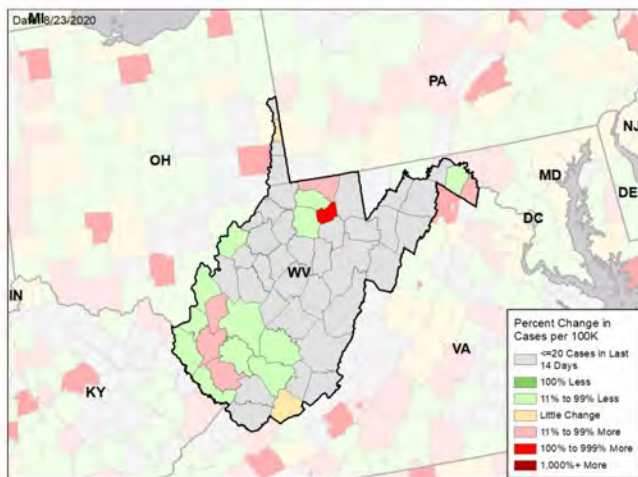
NEW CASES PER 100,000 DURING LAST WEEK



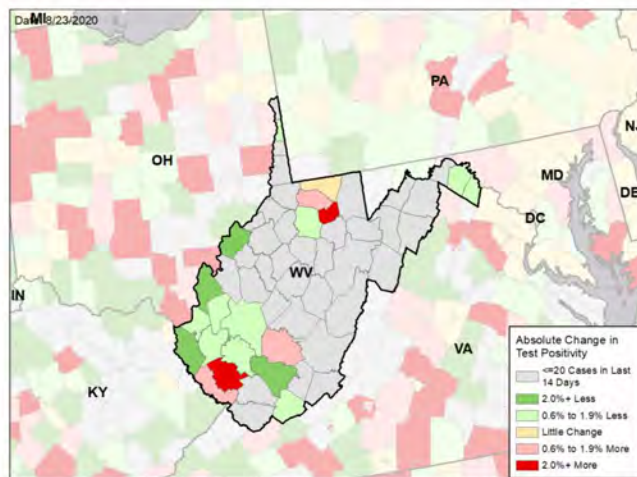
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

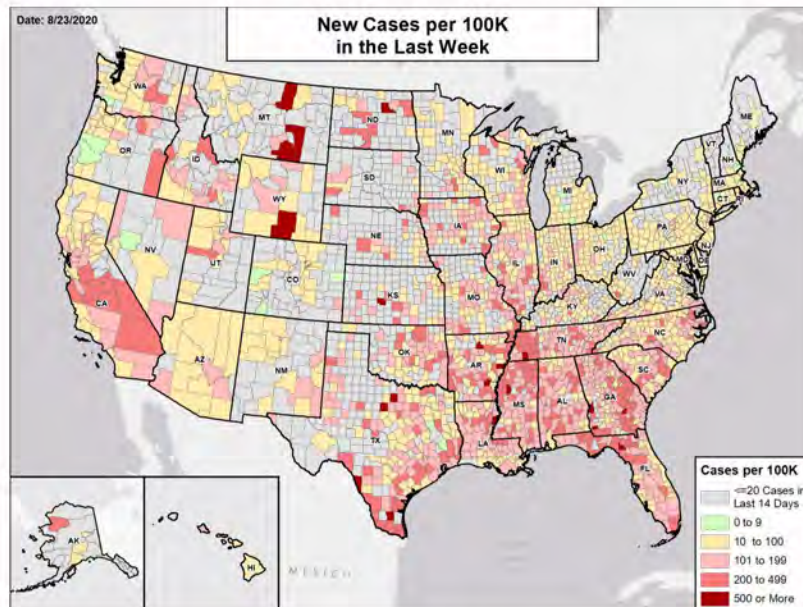
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

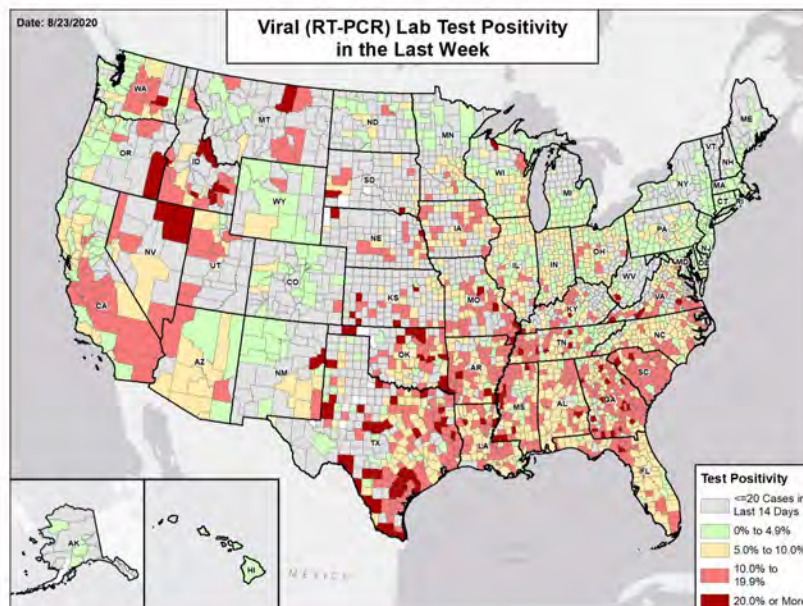


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



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.
- Virus transmission is seen in all areas of the state. The following three counties had the highest number of new cases over the past 3 weeks: 1. Milwaukee County, 2. Waukesha County, and 3. Dane County. These counties represent 38.9 percent of new cases in Wisconsin. While cases in most major urban counties (Milwaukee, Waukesha, Dane) continued to decline, cases in Brown County and the Green Bay CBSA increased.
- 40% 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 93 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, on 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 86 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*
- 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 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 as 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 states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.



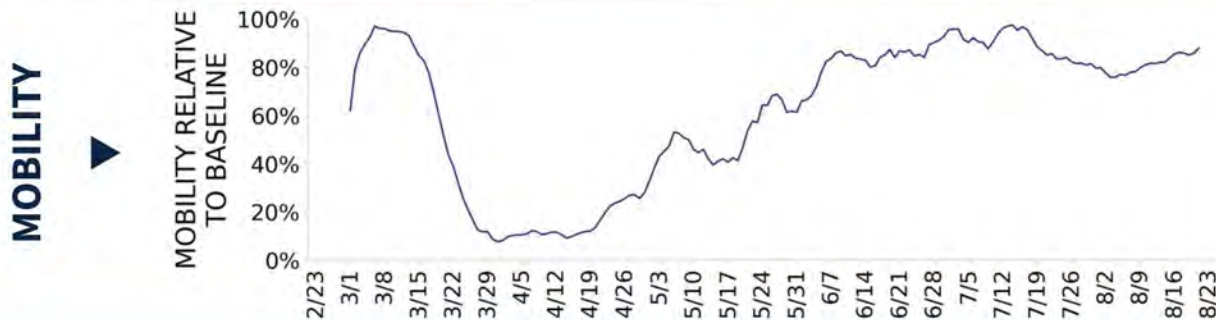
COVID-19



WISCONSIN

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	4,836 (83)	-11.4%	38,584 (73)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.4%	-0.2%*	5.2%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	134,291** (2,306)	+1.3%**	925,690** (1,762)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	43 (1)	+19.4%	619 (1)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	3.0%	-1.0%*	7.1%	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) 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 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)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

0

N/A

15

Milwaukee-Waukesha
Green Bay
Racine
Appleton
Chicago-Naperville-Elgin
Whitewater
Fond du Lac
Sheboygan
Beaver Dam
Marinette
Watertown-Fort Atkinson
Minneapolis-St. Paul-Bloomington

**COUNTY
LAST WEEK**

4

Washington
Marinette
Oconto
Iron

25

Milwaukee
Waukesha
Brown
Racine
Outagamie
Kenosha
Walworth
Fond du Lac
Sheboygan
Dodge
Ozaukee
Jefferson

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

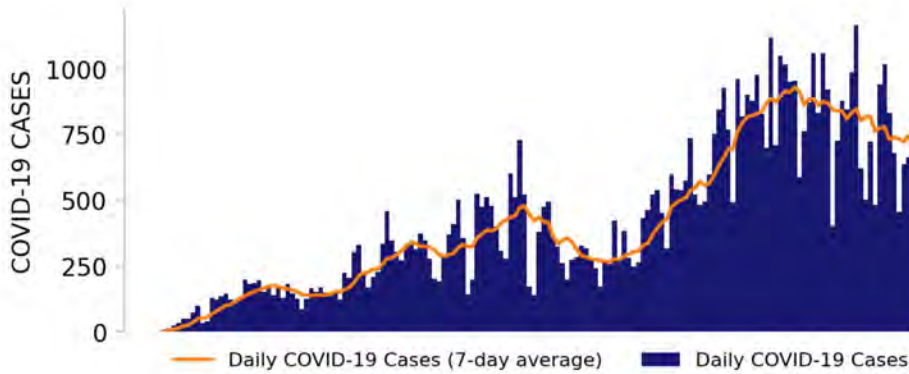
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



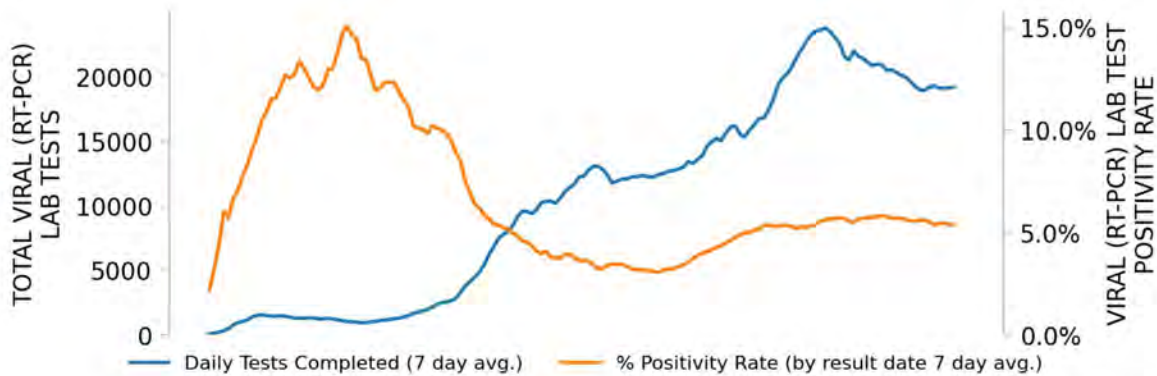
WISCONSIN

STATE REPORT | 08.23.2020

NEW CASES

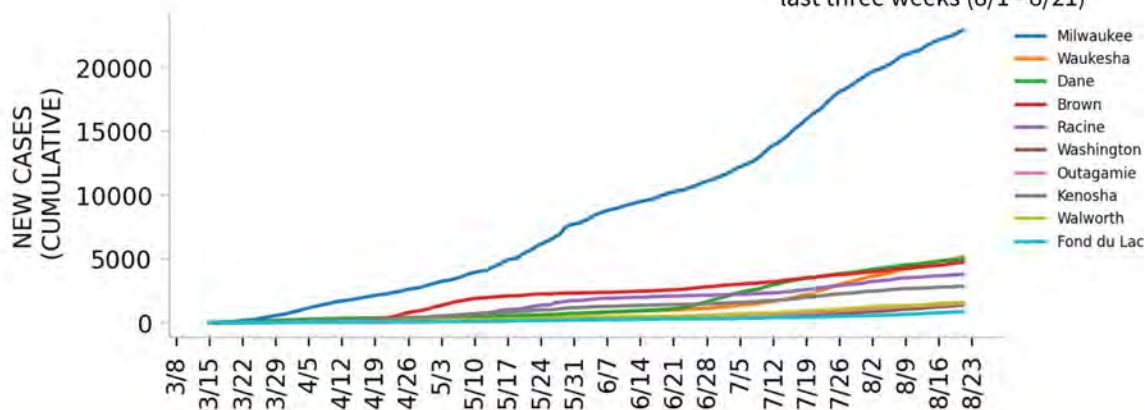


TESTING



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

TOP COUNTIES



DATA SOURCES

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

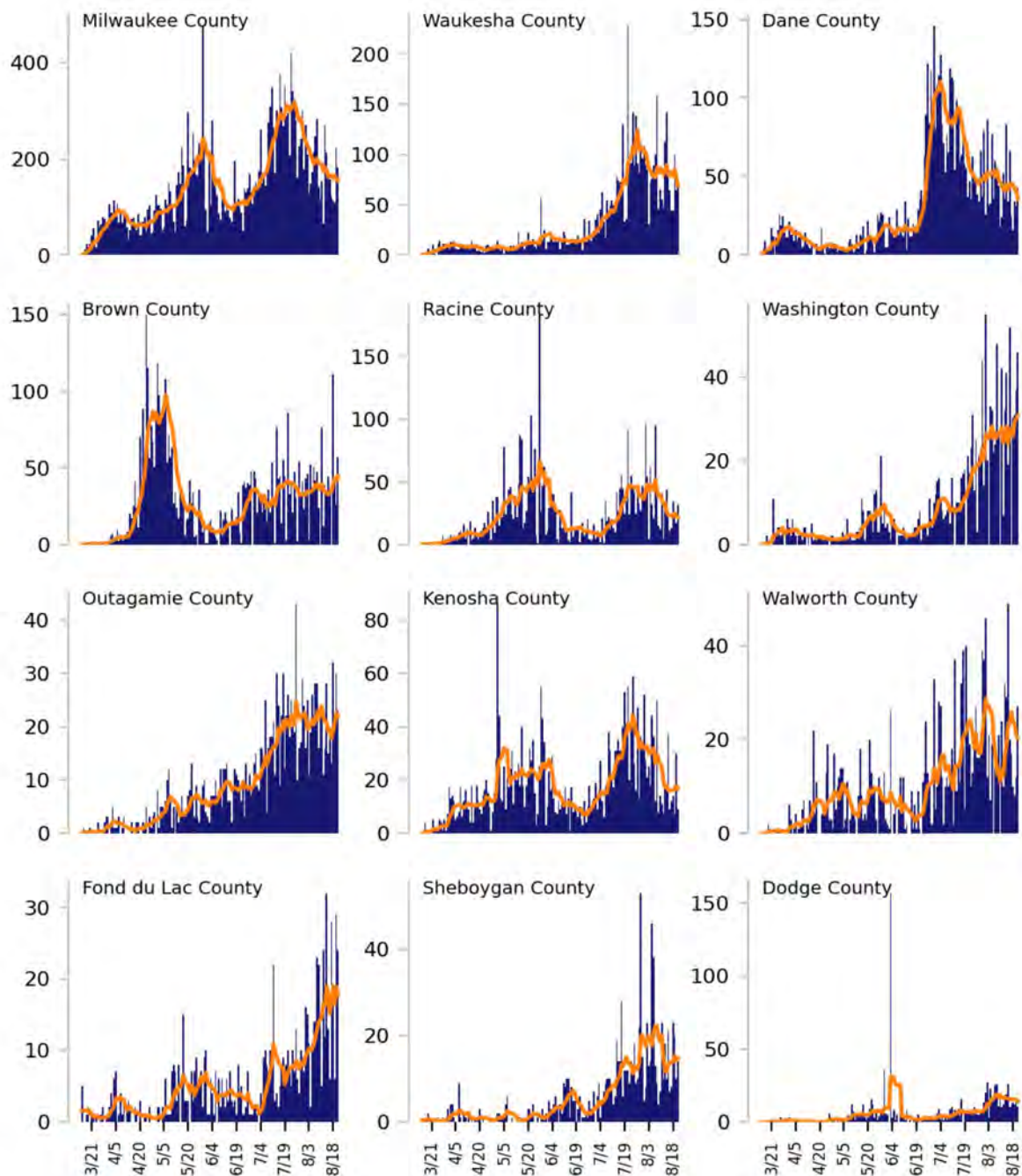
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

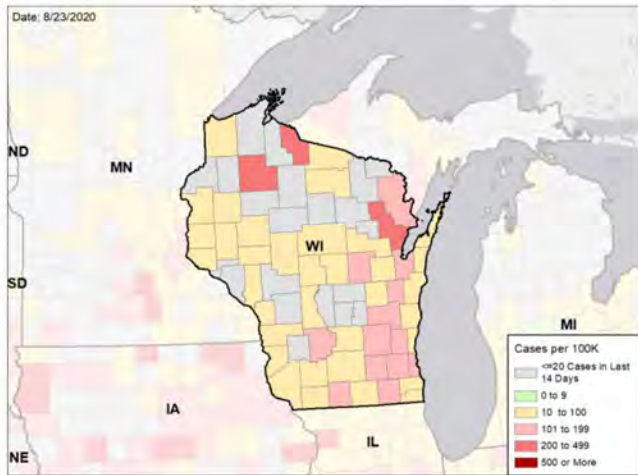


WISCONSIN

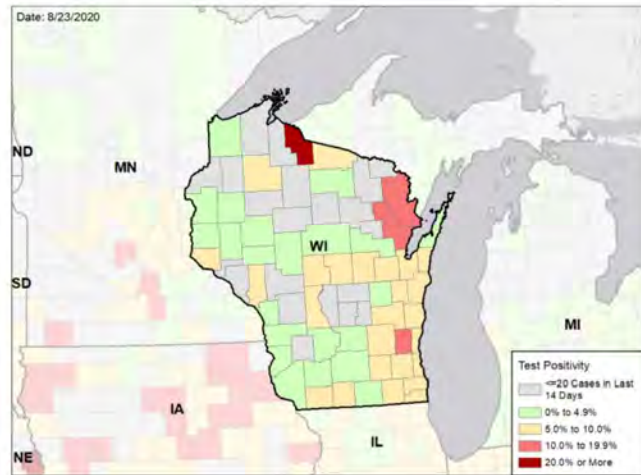
STATE REPORT | 08.23.2020

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

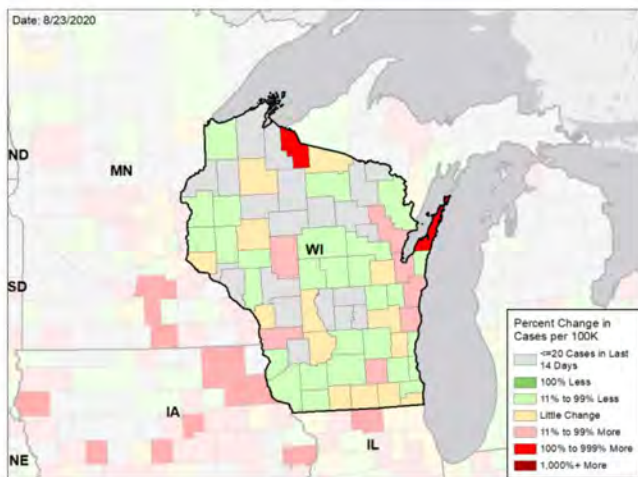
NEW CASES PER 100,000 DURING LAST WEEK



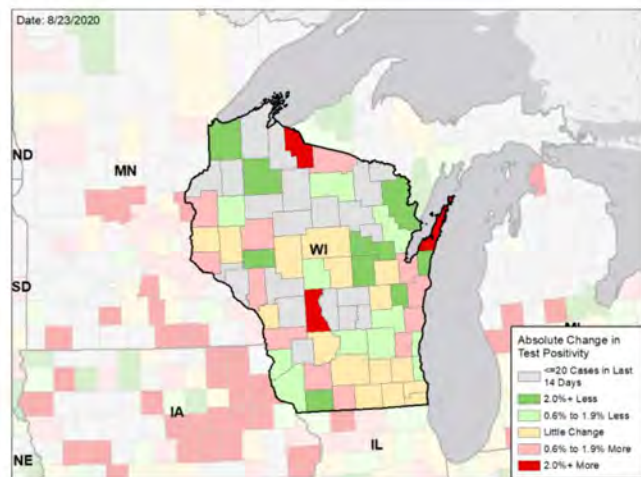
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

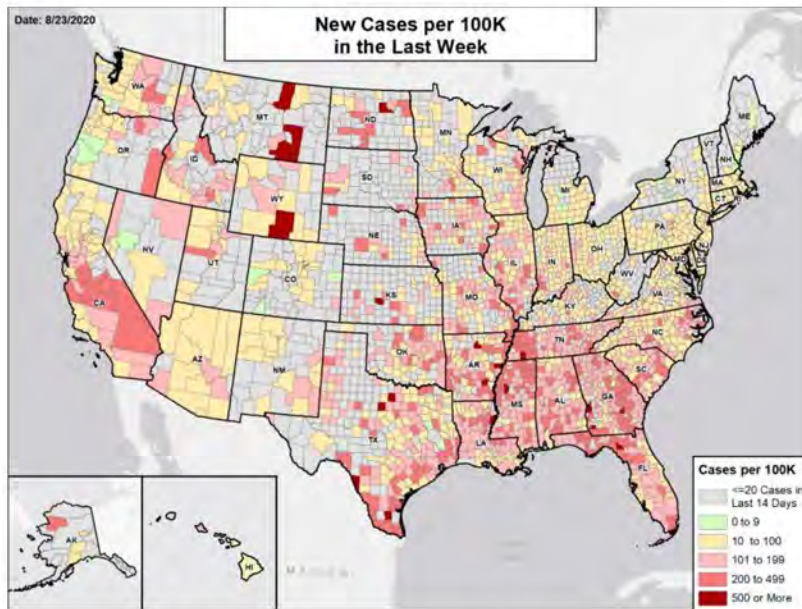
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

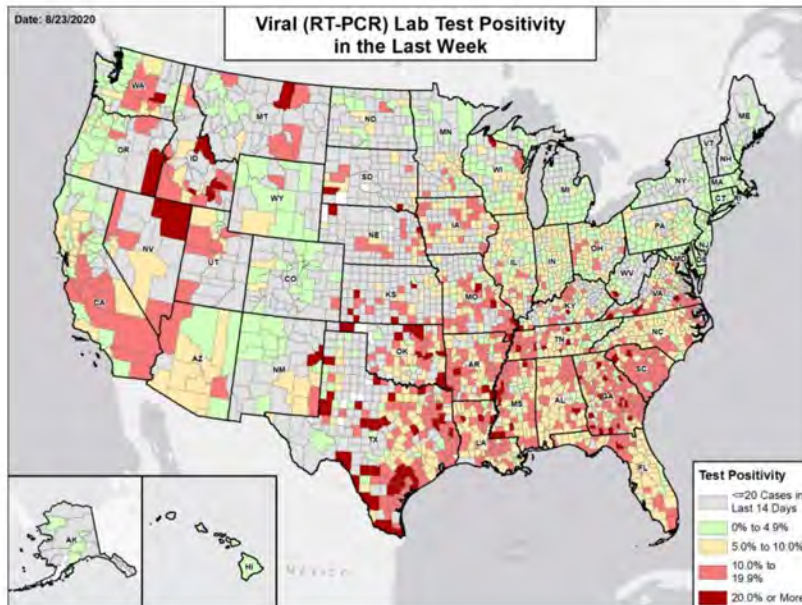


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.



WYOMING

STATE REPORT | 08.23.2020

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. These 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).
- 0.0% of nursing homes are reporting 3 or more residents with COVID-19 per week over the last 3 weeks.
- Wyoming had 59 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 15 - Aug 21, 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 [West Virginia School K-12 metrics](#) 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 of 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](#).

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

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



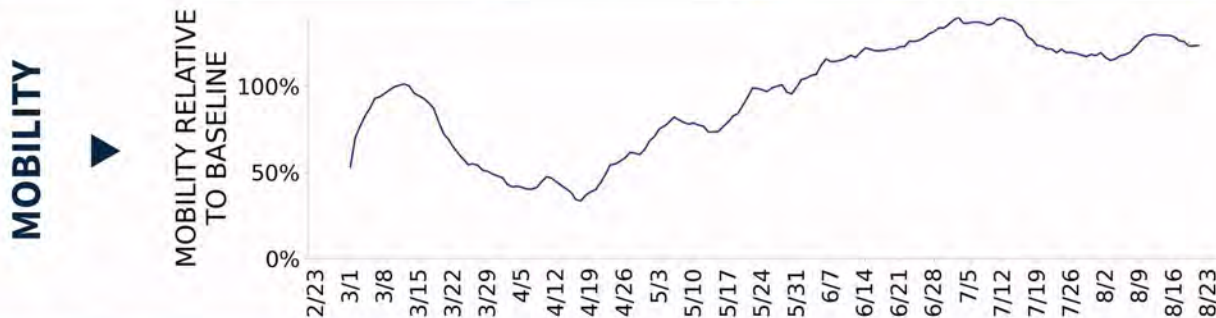
COVID-19



WYOMING

STATE REPORT | 08.23.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	341 (59)	+77.6%	7,581 (62)	306,444 (93)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.2%	+1.4%*	5.0%	5.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	5,836** (1,008)	+18.4%**	167,432** (1,366)	5,541,796** (1,688)
COVID DEATHS (RATE PER 100,000)	7 (1)	+600.0%	81 (1)	6,953 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	0.0%	N/A*	5.5%	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) 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 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.



WYOMING

STATE REPORT | 08.23.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

LOCALITIES IN YELLOW ZONE

**METRO
AREA
(CBSA)
LAST WEEK**

0

N/A

1

Rock Springs

**COUNTY
LAST WEEK**

1

Washakie

1

Sweetwater

* 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

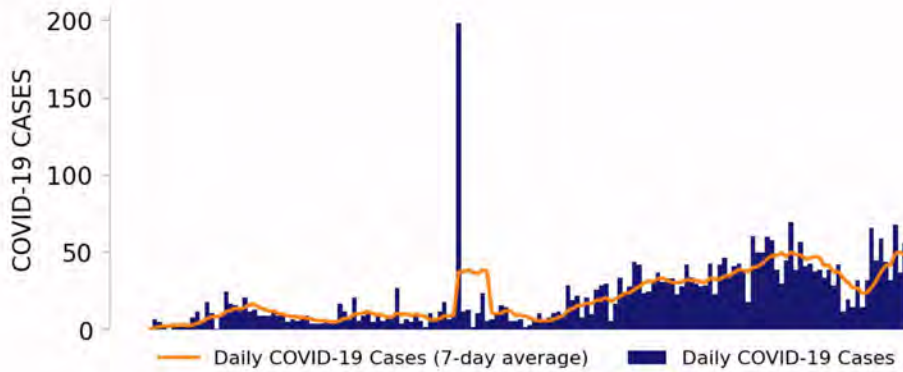
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing 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



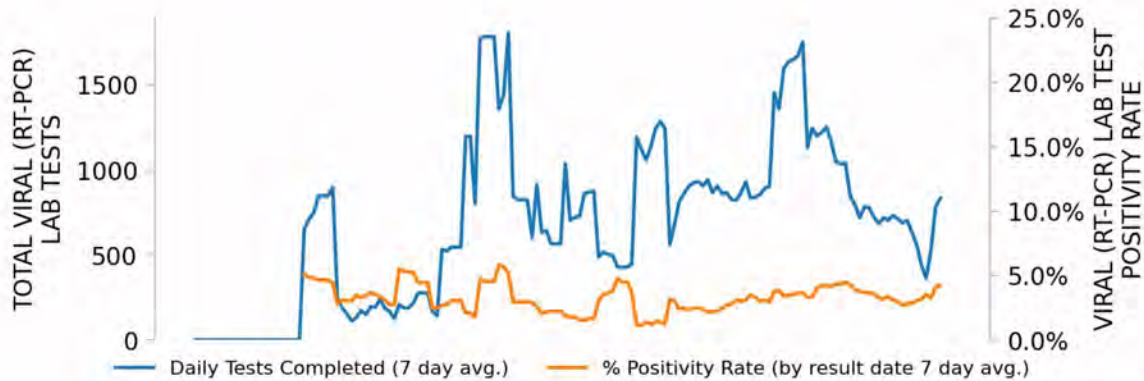
WYOMING

STATE REPORT | 08.23.2020

NEW CASES

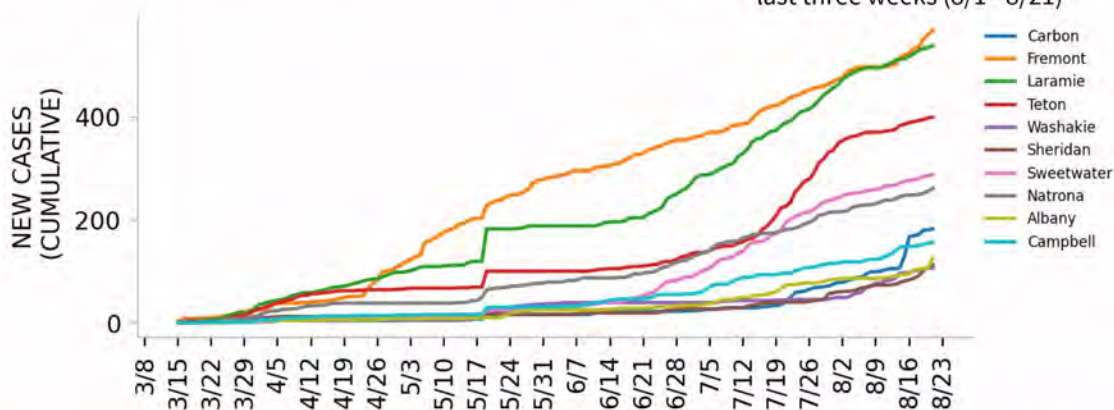


TESTING



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

TOP COUNTIES



DATA SOURCES

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

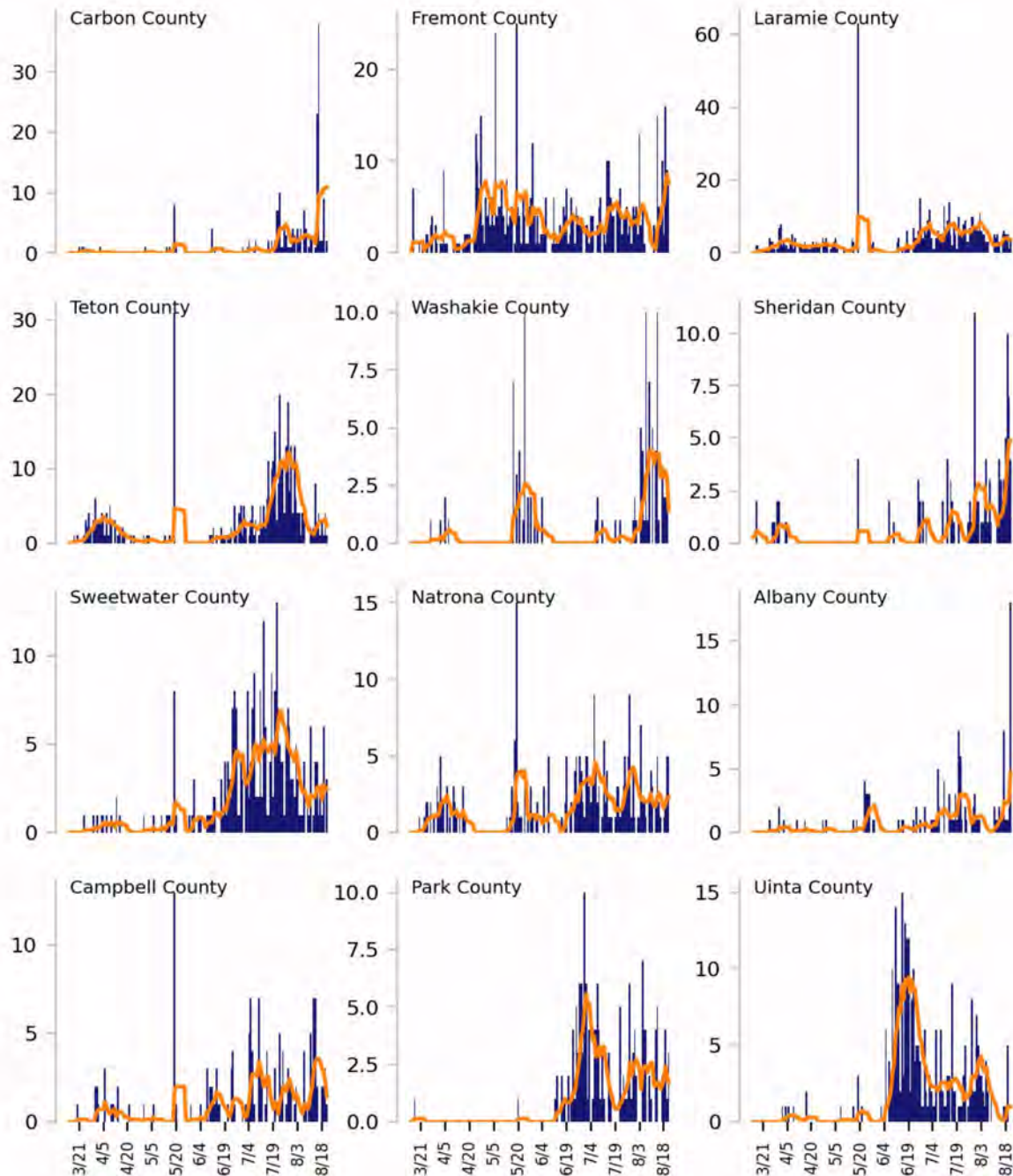
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/19/2020.



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

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

TOTAL DAILY CASES



DATA SOURCES

Cases: County-level data from USAFacts through 8/21/2020. Last 3 weeks is 8/1 - 8/21.

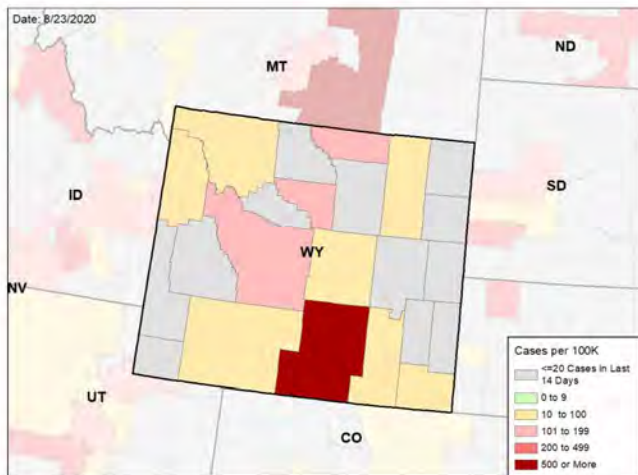


WYOMING

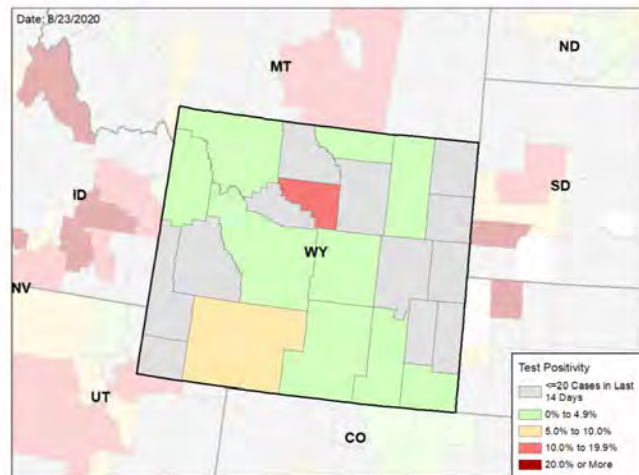
STATE REPORT | 08.23.2020

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

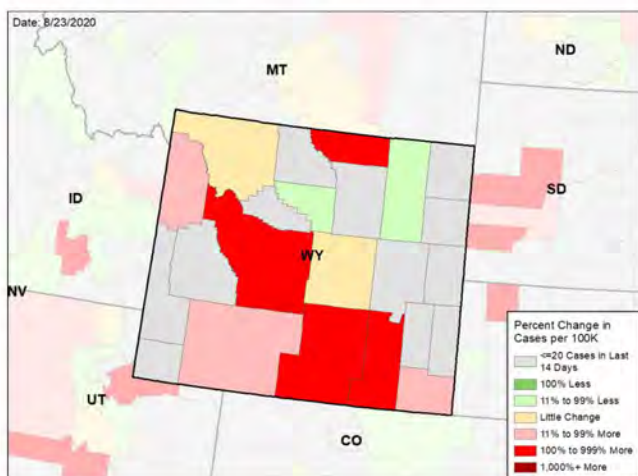
NEW CASES PER 100,000 DURING LAST WEEK



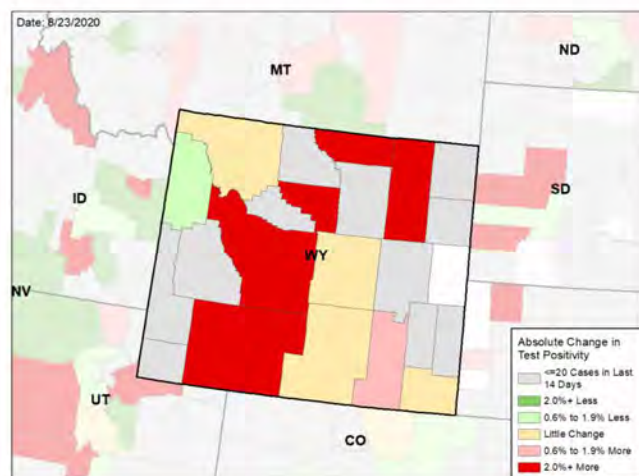
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES

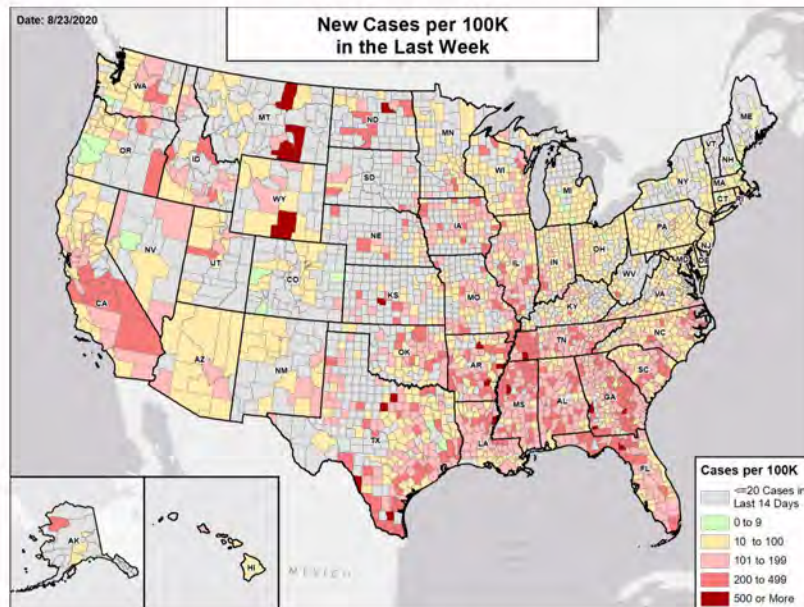
Cases: County-level data from USAFacts through 8/21/2020. Last week is 8/15 - 8/21, previous week is 8/8 - 8/14.

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.

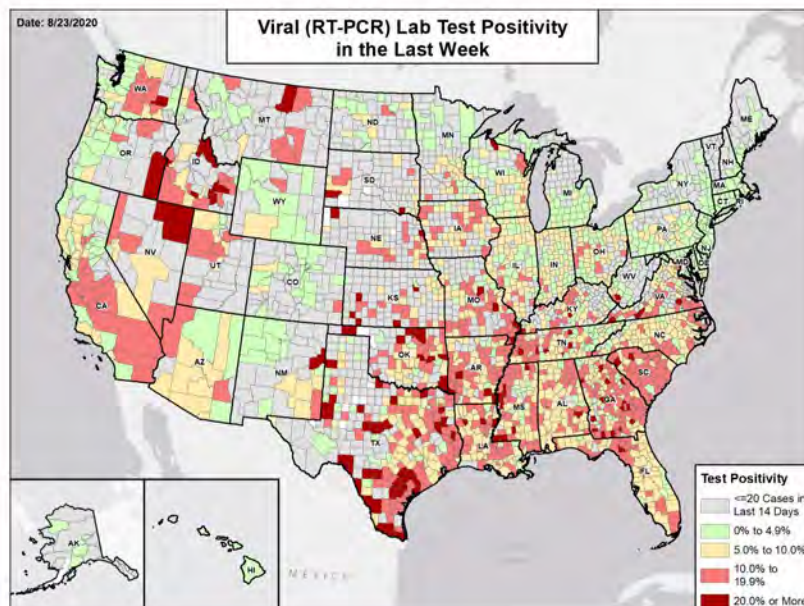


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths:** County-level data from USAFacts as of 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.