



ALABAMA

STATE REPORT | 08.30.2020

SUMMARY

- Alabama 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 country. Alabama is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 17th highest rate in the country. These gains are reflective of the impact of mitigation efforts over the past 2 months, but Alabama has seen an increase in new cases and an increase in test positivity over the last week. This, in part, reflects the impact of the large number of new cases in Lee (Auburn University) and Tuscaloosa (University of Alabama) counties.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Jefferson County, 2. Mobile County, and 3. Tuscaloosa County. These counties represent 28.1% of new cases in Alabama.
- 91% of all counties in Alabama have ongoing community transmission (yellow or red zone), with 39% having high levels of community transmission (red zone).
- Nearly half of nursing homes are reporting COVID positive staff and/or residents. 4.4% of nursing homes are reporting having 3 or more new COVID-19 cases among residents per week over the last 3 weeks.
- Alabama had 184 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 32 to support operations activities from FEMA; 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 22 - Aug 28, on average, 120 patients with confirmed COVID-19 and 126 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Alabama. An average of 92% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue the strong mitigation efforts statewide but expand and strengthen mitigation efforts in Lee and Tuscaloosa counties to decrease spread from universities to the local community. Consider further decrease in hours and occupancy in bars and restaurants in Lee and Tuscaloosa counties and anywhere university and college students gather.
- Ensure both diagnostic and surveillance testing are rapid and comprehensive at all universities with students on campus.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and universities and to support testing in communities surrounding universities.
- University students should have quarantine and care sites on or near campus and not be returned home to multigenerational households, where additional transmission could occur.
- Ensure universities can fully test, isolate, and contact trace.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students to residents through staff. Nursing homes with increases in cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- Increase testing sites for local residents in all university towns.
- Ask citizens and students to limit ALL social gatherings to 10 or fewer people. Recreating spreading events through bar gatherings in homes will result in continued high cases and result in those with comorbidities becoming infected.
- Ensure proactive communication about risks of gatherings over Labor Day.
- Encourage individuals that have participated in large social gatherings, birthday parties, and family gatherings to get tested.
- Continue messaging of the risk of serious disease for individuals 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 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 on zones of transmission. Be prepared to surge testing into university towns.
- Ensure the state public health lab is fully staffed and running 24/7, utilizing all platforms.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as ER visits and hospital admissions decline and additional testing capacity is available.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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

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



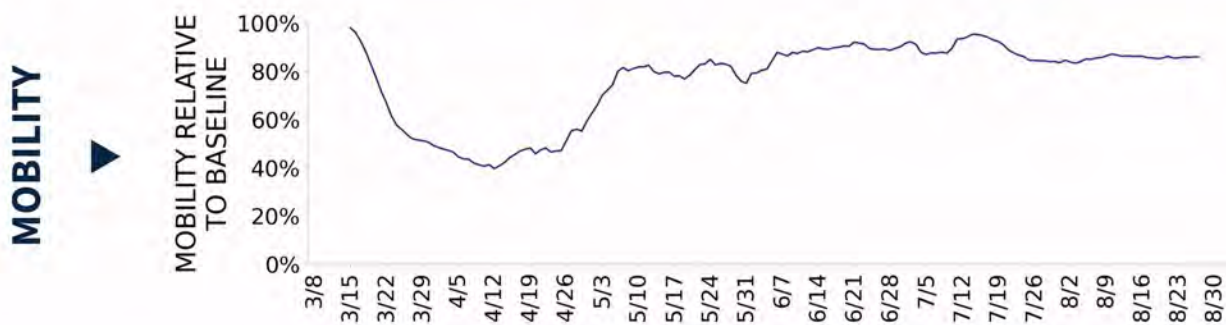
COVID-19



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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	9,032 (184)	+32.0%	82,967 (124)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.6%	+1.1%*	8.5%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	77,352** (1,578)	-36.2%**	921,457** (1,377)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	118 (2)	+18.0%	2,144 (3)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	31.8% (44.3%)	-3.2%* (-7.6%*)	22.2% (32.8%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	10.8%	+2.6%*	9.8%	5.0%



* 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 – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.**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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



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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

Auburn-Opelika
Anniston-Oxford
Gadsden
Decatur
Talladega-Sylacauga
Albertville
Jasper
Ozark
Atmore

18

Birmingham-Hoover
Mobile
Montgomery
Tuscaloosa
Huntsville
Daphne-Fairhope-Foley
Dothan
Florence-Muscle Shoals
Scottsboro
Fort Payne
Cullman
Enterprise

**COUNTY
LAST WEEK**

26

Lee
Montgomery
Calhoun
Etowah
Talladega
Clarke
Marshall
St. Clair
Walker
Blount
Chilton
Autauga

35

Jefferson
Mobile
Tuscaloosa
Madison
Shelby
Baldwin
Houston
Morgan
Elmore
Limestone
Jackson
DeKalb

All Yellow CBSAs: Birmingham-Hoover, Mobile, Montgomery, Tuscaloosa, Huntsville, Daphne-Fairhope-Foley, Dothan, Florence-Muscle Shoals, Scottsboro, Fort Payne, Cullman, Enterprise, Columbus, Troy, Selma, Alexander City, Eufaula, LaGrange

All Red Counties: Lee, Montgomery, Calhoun, Etowah, Talladega, Clarke, Marshall, St. Clair, Walker, Blount, Chilton, Autauga, Dale, Escambia, Marion, Crenshaw, Cherokee, Winston, Lawrence, Fayette, Randolph, Conecuh, Wilcox, Cleburne, Perry, Lowndes

All Yellow Counties: Jefferson, Mobile, Tuscaloosa, Madison, Shelby, Baldwin, Houston, Morgan, Elmore, Limestone, Jackson, DeKalb, Cullman, Coffee, Lauderdale, Franklin, Colbert, Russell, Covington, Pike, Dallas, Washington, Pickens, Geneva, Barbour, Chambers, Tallapoosa, Bibb, Henry, Marengo, Macon, Monroe, Butler, Hale, Choctaw

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

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

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

Testing

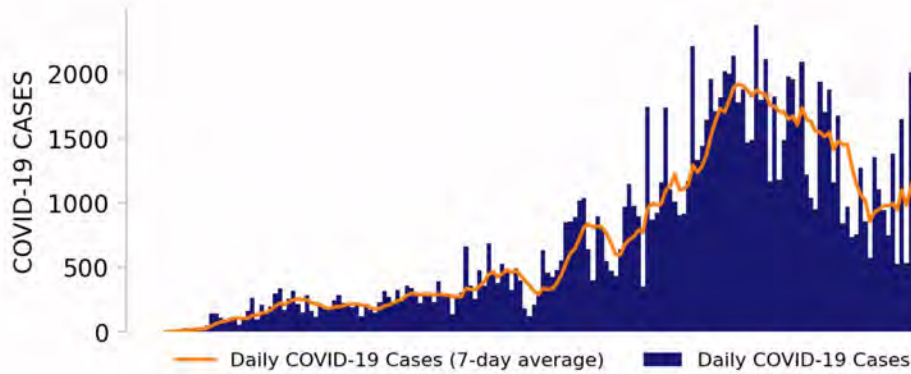
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing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



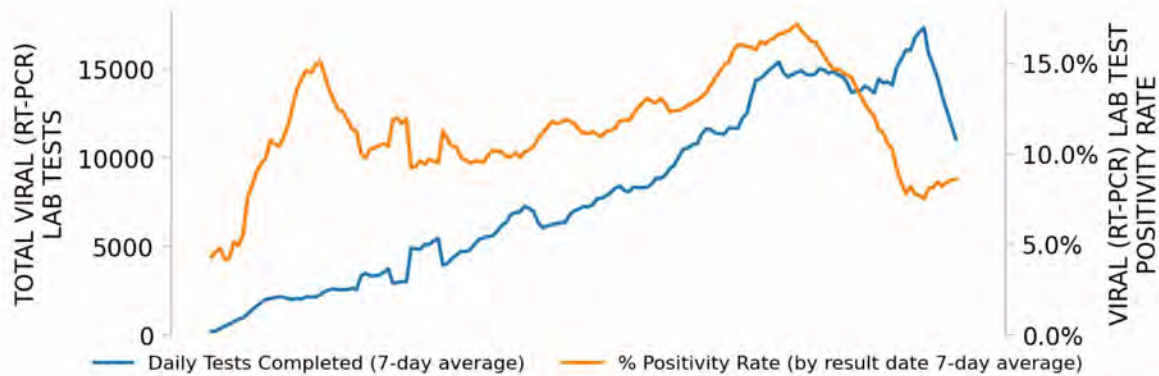
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NEW CASES

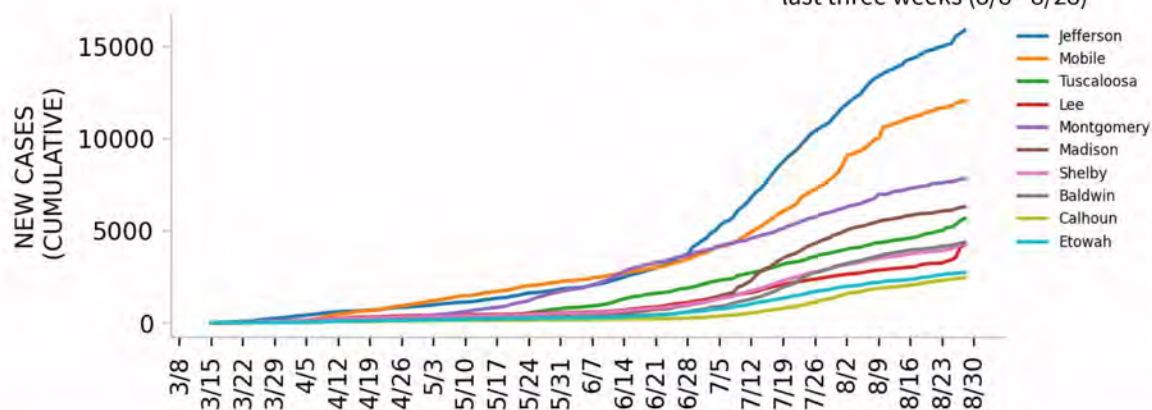


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

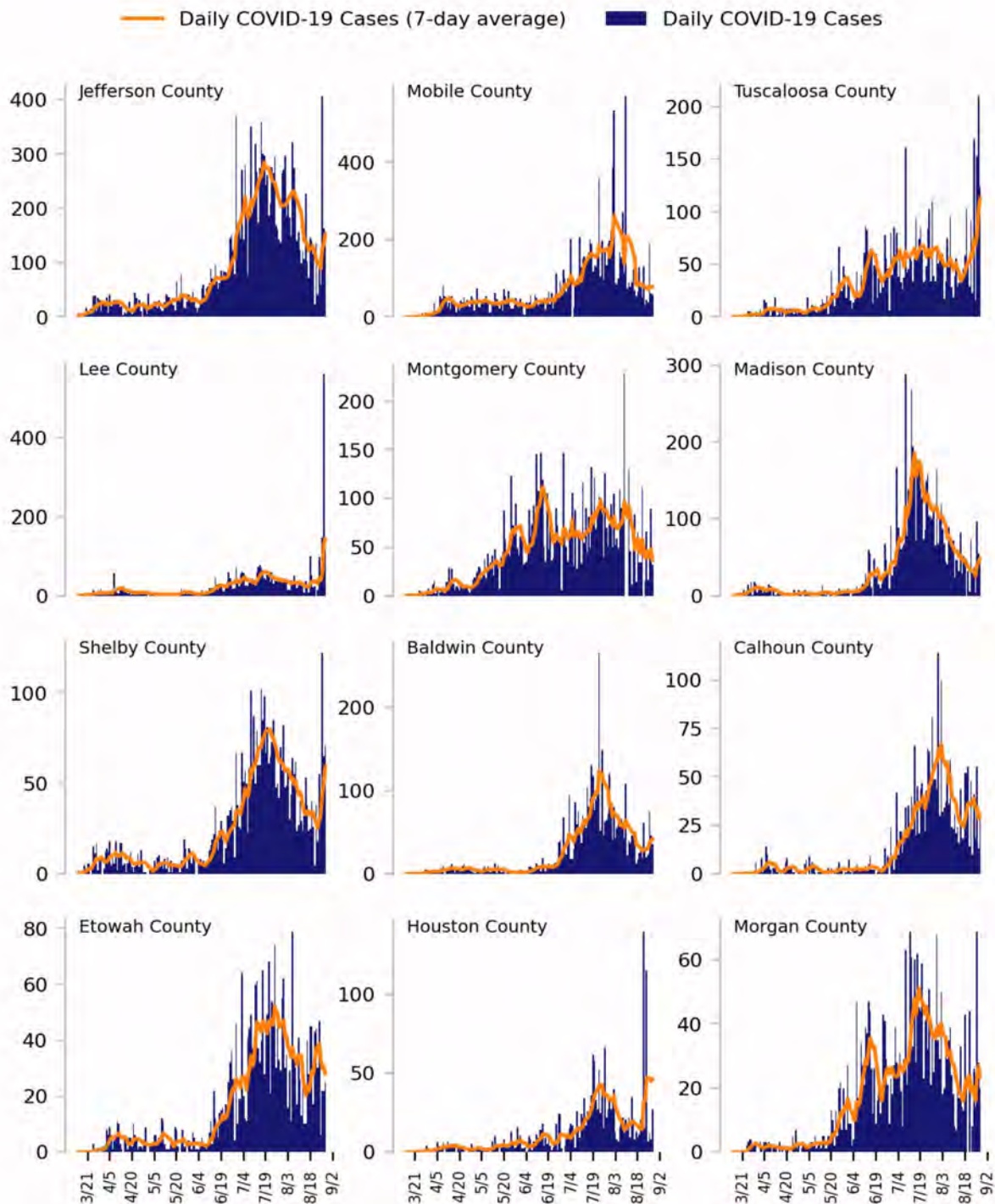
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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

TOTAL DAILY CASES



DATA SOURCES – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

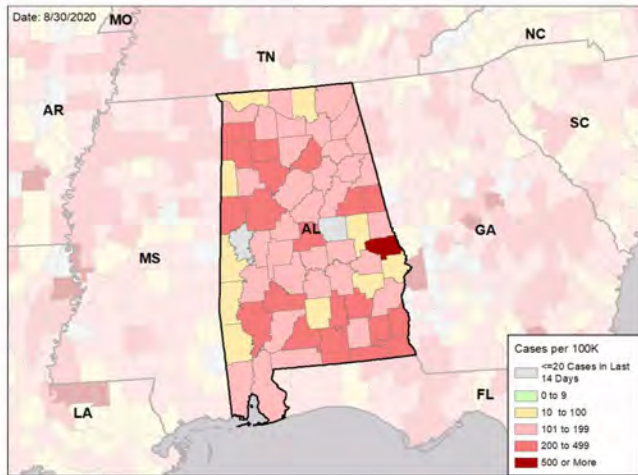


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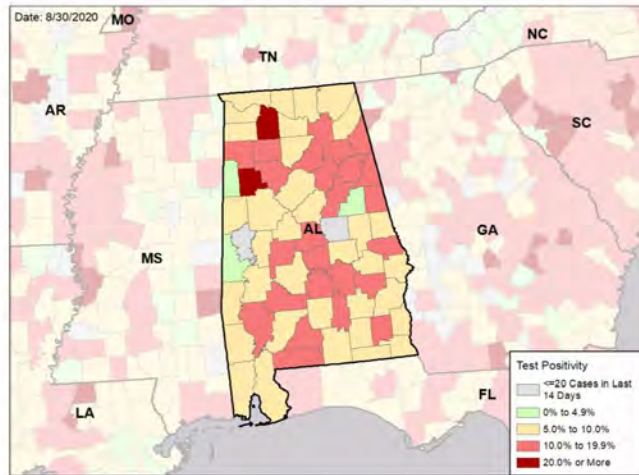
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

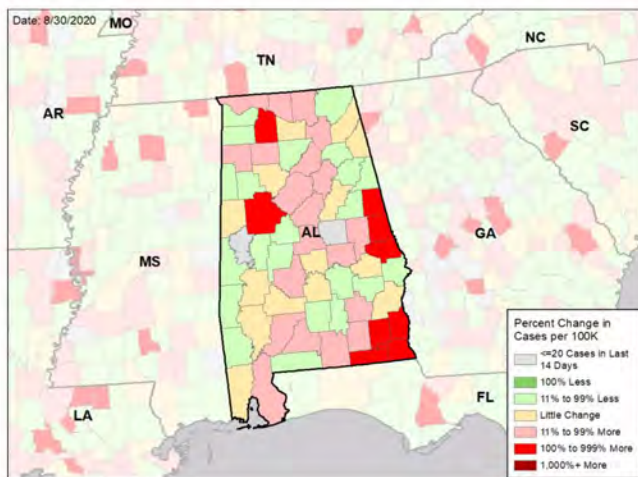
NEW CASES PER 100,000 DURING LAST WEEK



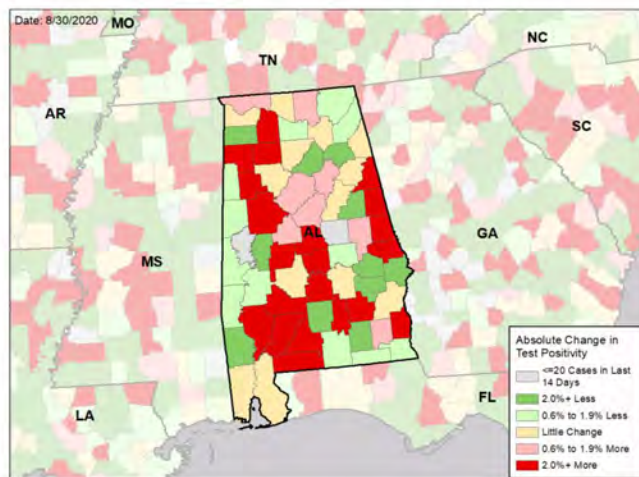
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

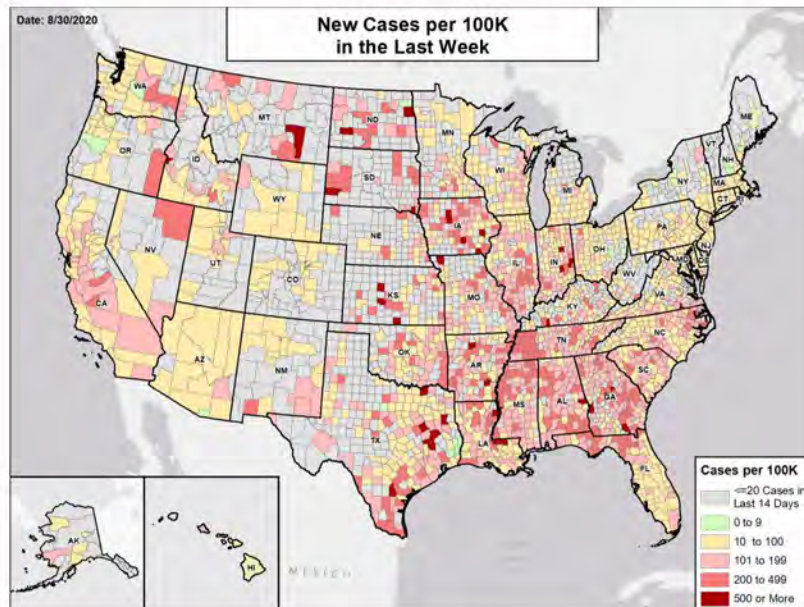
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

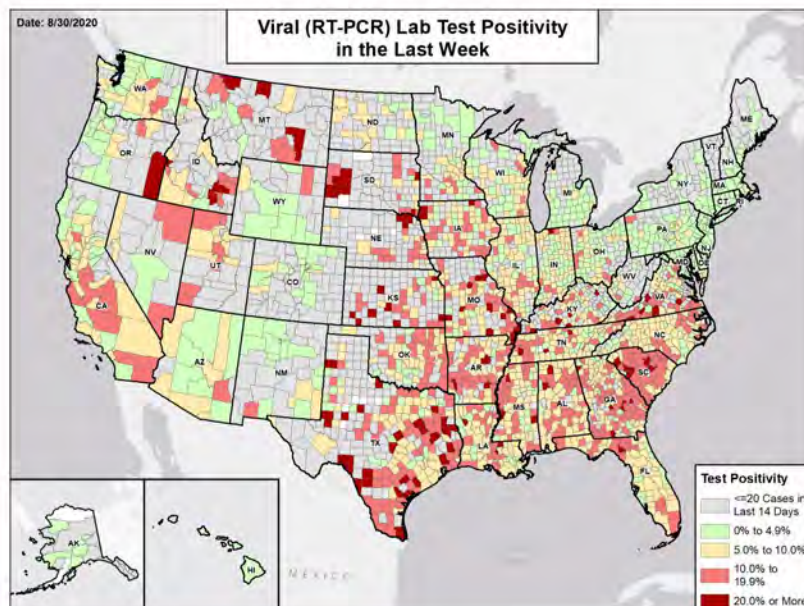


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

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

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



ALASKA

STATE REPORT | 08.30.2020

SUMMARY

- Alaska is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 30th highest rate in the country. Alaska is in the green zone for test positivity, indicating a rate below 5%, with the 42nd highest rate in the country.
- 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 last 3 weeks: 1. Anchorage Municipality, 2. Fairbanks North Star Borough, and 3. Matanuska-Susitna Borough. These boroughs represent 75.9% of new cases in Alaska.
- No boroughs in Alaska have moderate or high levels of ongoing community transmission (yellow or red zone).
- No nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- Alaska had 69 new cases per 100,000 population in the last week, compared to a national average of 88 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 22 - Aug 28, on average, 5 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 greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.*

RECOMMENDATIONS

- Continue widespread testing and the requirement for negative test results for new arrivals to Alaska, particularly from states with case rates well above those in Alaska.
- Continue to emphasize need to wear face coverings outside the home, especially in indoor spaces, with particular focus wherever weekly case rates are increasing or exceed 10 per 100,000 population.
- Promote outdoor dining wherever possible, especially in Anchorage, Fairbanks, and Juneau; limit indoor dining and require social distancing and face coverings 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.
- Transmissions are increasingly driven by family and neighborhood gatherings. Educate citizens on the risk of spreading the virus to family members with underlying conditions and encourage vulnerable family members to protect themselves and all individuals that have participated in such events to get tested.
- Expand media campaigns across various media platforms, targeting marginalized communities and demographic groups and geographic areas with evidence of elevated or increasing transmission.
- Continue fully scaled contact tracing in all boroughs and municipalities. Ensure cases are immediately 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](#).

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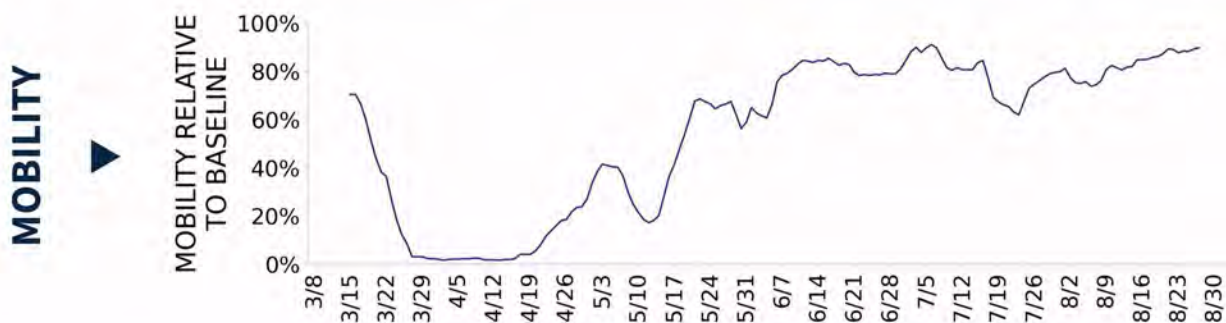
COVID-19



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VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	2.0%	+0.0%*	4.2%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	28,167** (3,850)	-14.4%**	175,802** (1,225)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	7 (1)	+133.3%	146 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	0.0% (0.0%)	N/A (-5.9%*)	4.1% (10.6%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0.0%	N/A	1.8%	5.0%



* 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 – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating borough-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.**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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the borough level. Data through 8/27/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



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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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

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 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

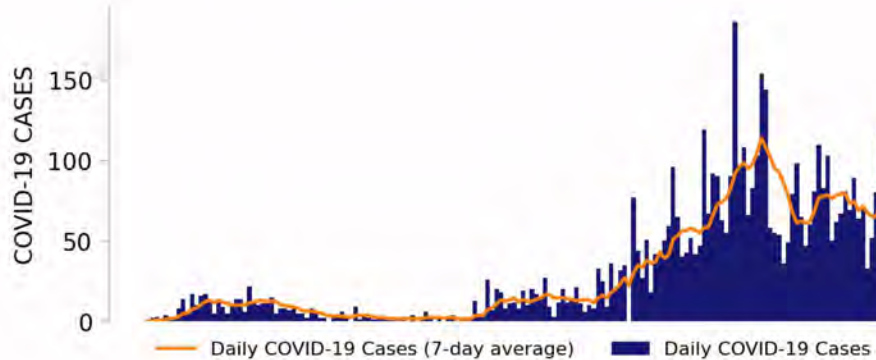
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ALASKA

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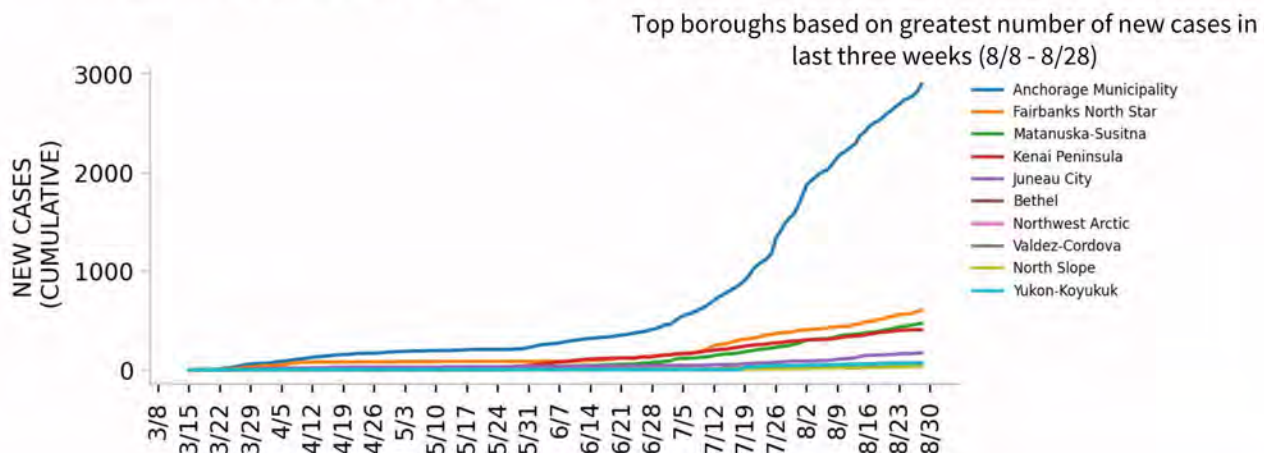
NEW CASES



TESTING



TOP BOROUGHES



DATA SOURCES – Additional data details available under METHODS

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

Cases: 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 8/28/2020.

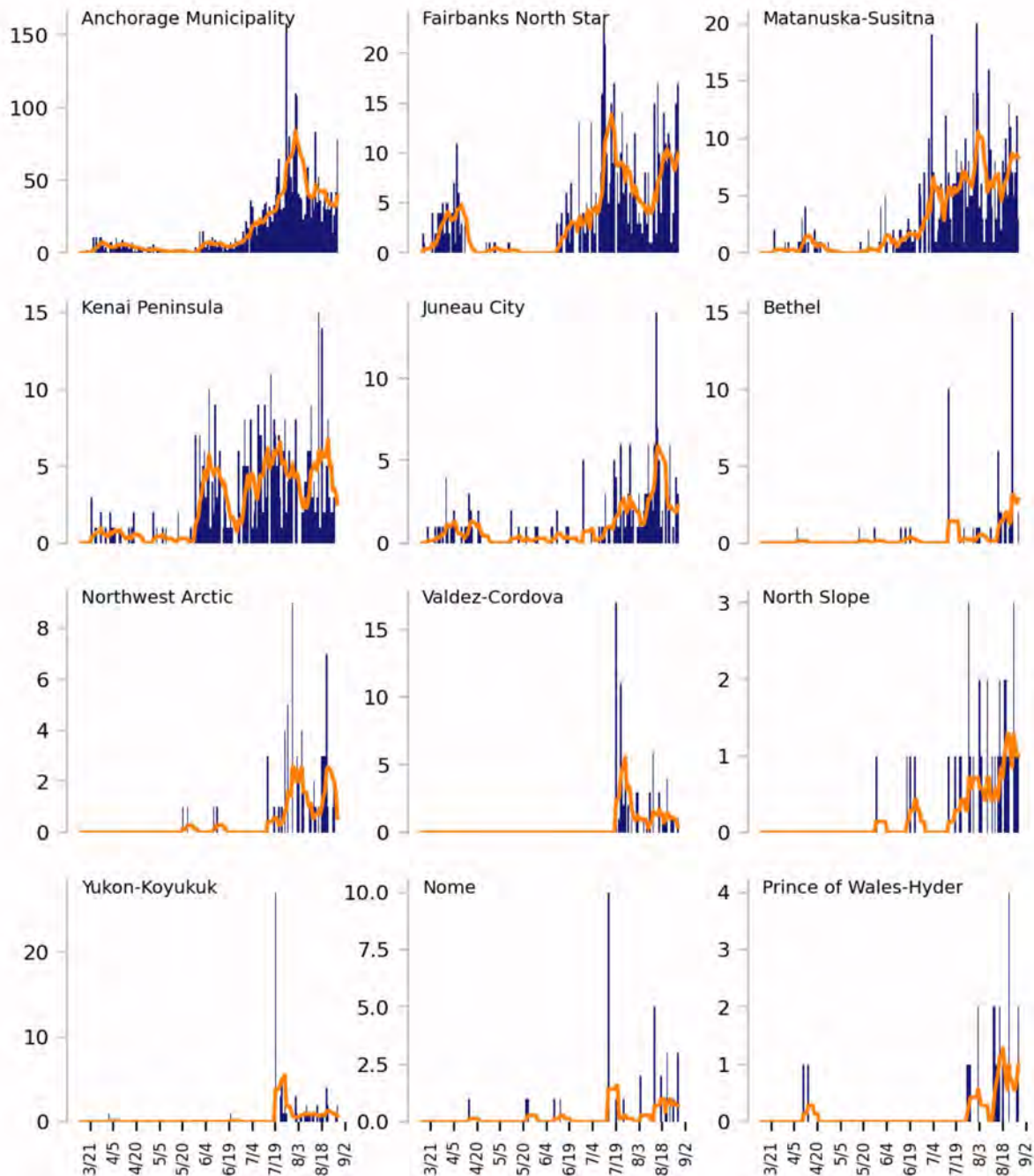
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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 – Additional data details available under METHODS

Cases: 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 8/28/2020. Last 3 weeks is 8/8 - 8/28.



ALASKA

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

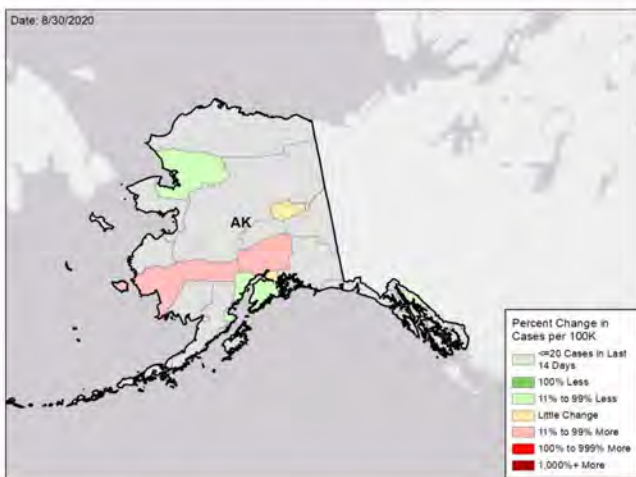
NEW CASES PER 100,000 DURING LAST WEEK



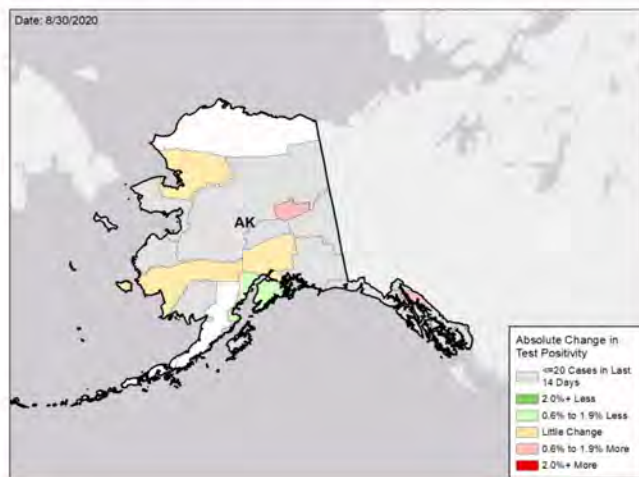
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

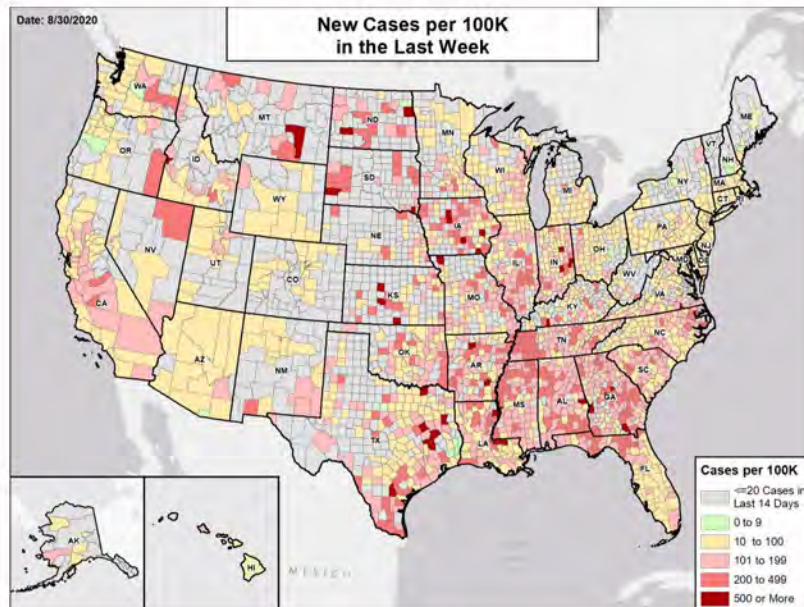
Cases: State values are calculated by aggregating borough-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

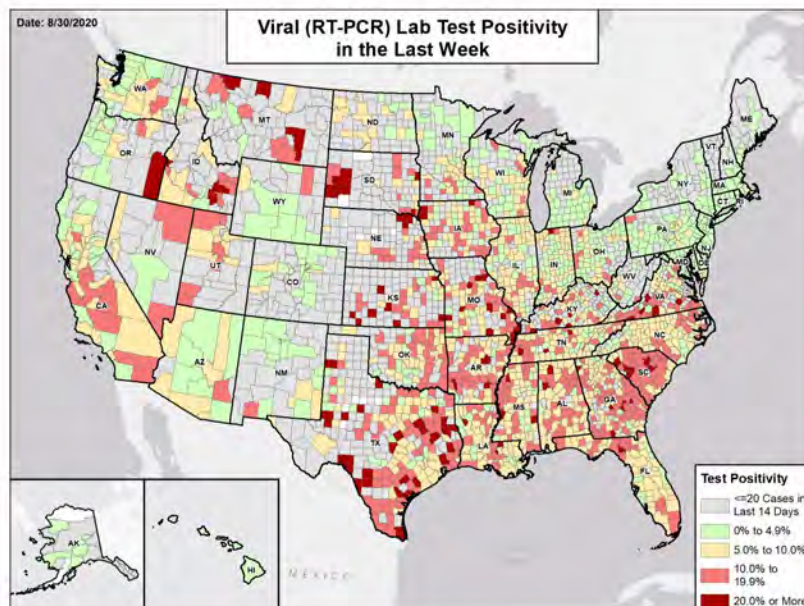


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

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

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



ARIZONA

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SUMMARY

- Arizona is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 36th highest rate in the country. Arizona is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 30th highest rate in the country.
- Arizona has seen a decrease in new cases and a decrease in test positivity over the last week. This demonstrates continued progress and the effectiveness of strong mitigation.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Maricopa County, 2. Pima County, and 3. Pinal County. These counties represent 82.0% of new cases in Arizona.
- 6 counties in Arizona have ongoing community transmission (yellow or red zone), with 1 having high levels of community transmission (red zone).
- 1.4% of nursing homes are reporting 3 or more new COVID-19 cases among residents per week over the last 3 weeks, with 15% of nursing homes having at least one new case in the last week.
- Arizona had 52 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 11 to support operations activities from FEMA; 16 to support medical activities from ASPR; 8 to support epidemiology activities from CDC; and 1 to support operations activities from VA.
- The federal government has supported surge testing sites in Coconino, Cochise, Mohave, and Yavapai Counties.
- Between Aug 22 - Aug 28, on average, 78 patients with confirmed COVID-19 and 175 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Arizona. An average of 76% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue the strong mitigation with mandated public use of masks in all current and evolving hotspots.
- Continue bar closures until cases and test positivity are in the green zone.
- Continue the limits on indoor dining to less than 50% of normal capacity and only slowly increase.
- Ensure both diagnostic and surveillance testing are rapid and comprehensive at all universities with students on campus with the expansion of saliva collection and testing.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and universities and to support testing in communities surrounding universities.
- University students should have quarantine and care sites on campus or near campus and not be returned home to multigenerational households, where additional transmission could occur.
- Ensure universities can fully test, isolate, and contact trace.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students to residents through staff.
- Continue the statewide 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 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 new cases in the last week.
- Continue to ask citizens to limit their social gatherings to fewer than 15 people and always protect the vulnerable members of their households. Ensure proactive communication about risks of gatherings over Labor Day.
- Increase messaging of the risk of serious disease for individuals in all age groups 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.
- Monitor testing data to identify additional sites of increased transmission and focus public health resources there, with enhanced support to the Tribal Nations.
- Expand testing capacity in public health labs by adding shifts 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.
- Tribal Nations: Continue enforcement of social distancing and masking measures in areas of increased transmission. Continue enhanced testing activities. Increase Abbott ID Now supplies to test individuals in positive households.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as ER visits and hospital 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.



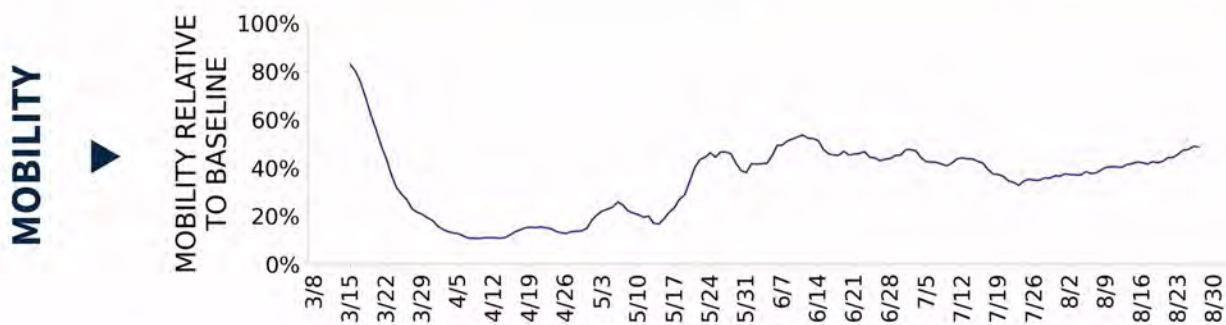
COVID-19



ARIZONA

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	3,760 (52)	-27.4%	46,780 (91)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.0%	-1.4%*	5.9%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	73,585** (1,011)	+2.7%**	926,183** (1,806)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	290 (4)	+9.4%	1,249 (2)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	14.9% (16.5%)	-9.1%* (-9.9%*)	10.1% (14.3%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5.0%	-7.0%*	4.3%	5.0%



* 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 – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.**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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



ARIZONA

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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

5

Tucson
Yuma
Lake Havasu City-Kingman
Show Low
Payson

**COUNTY
LAST WEEK**

1

Graham

5

Pima
Yuma
Mohave
Navajo
Gila

* 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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
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- Ensure that all business retailers and personal services require masks and can safely social distance
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POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging

- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
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Public Officials

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Testing

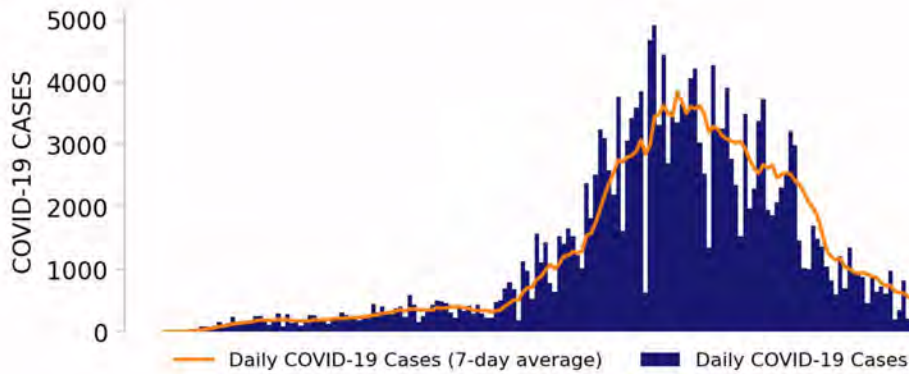
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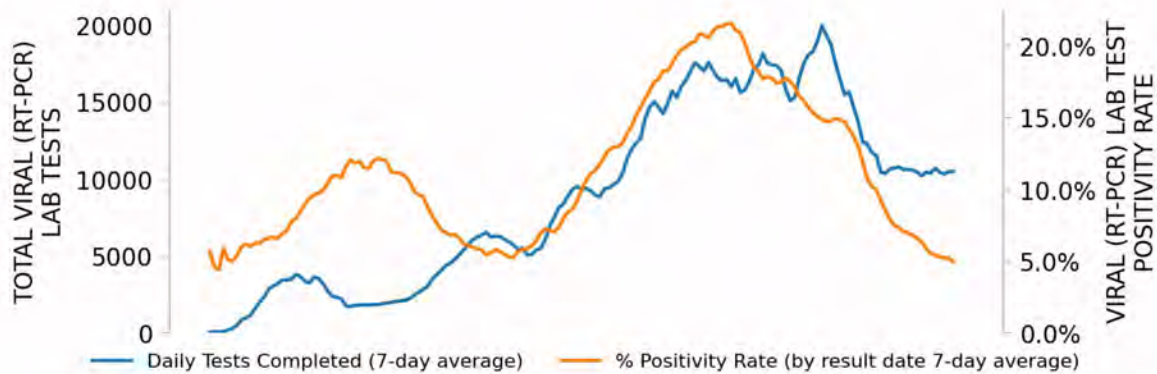
ARIZONA

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NEW CASES

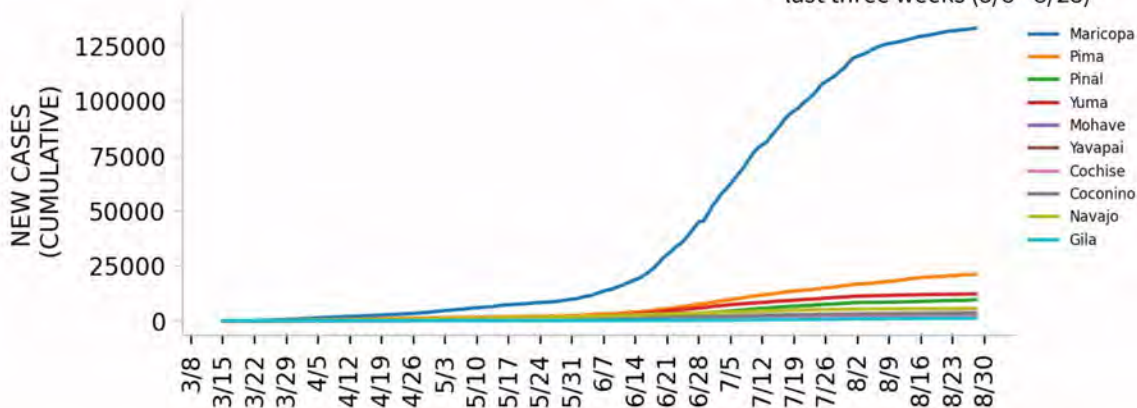


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

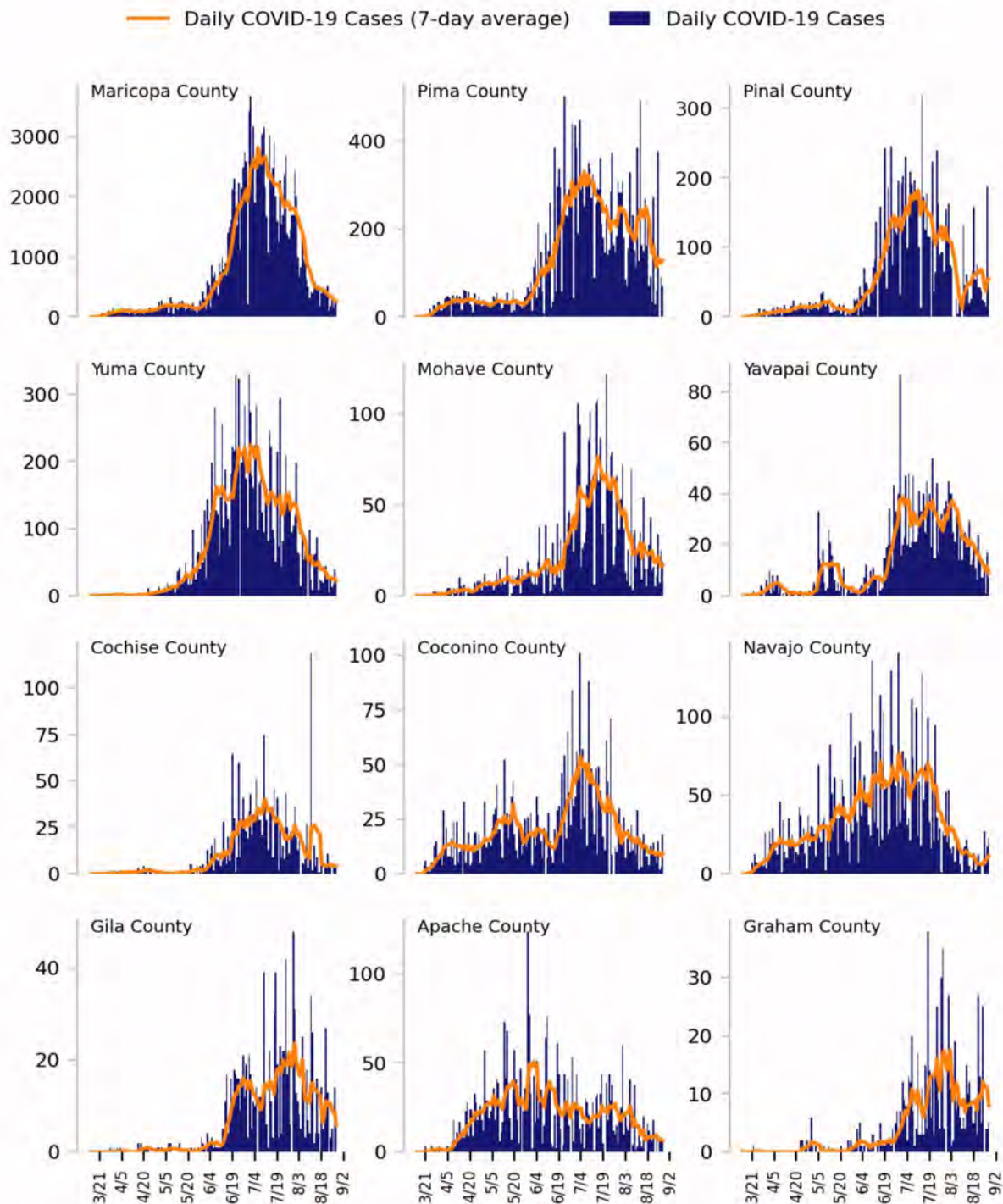
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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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

TOTAL DAILY CASES



DATA SOURCES – Additional data details available under METHODS

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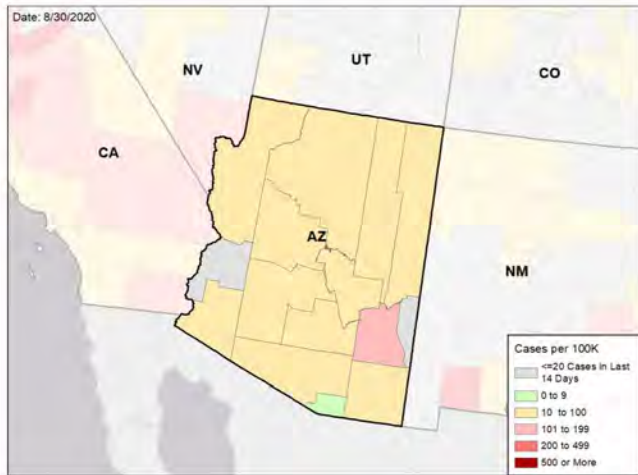


ARIZONA

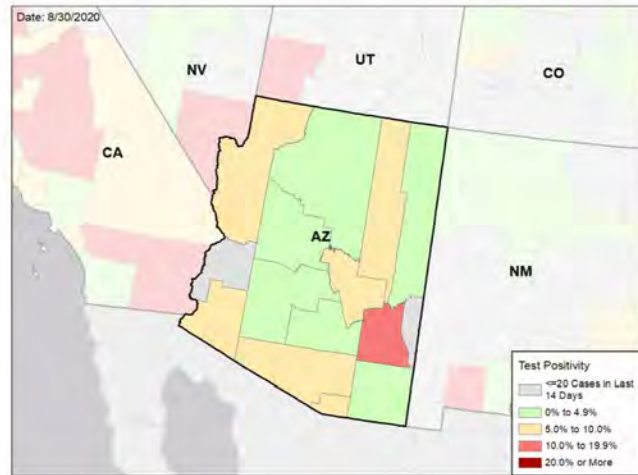
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

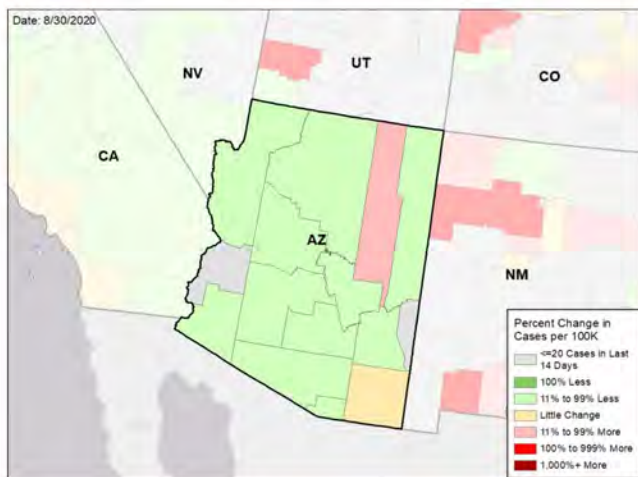
NEW CASES PER 100,000 DURING LAST WEEK



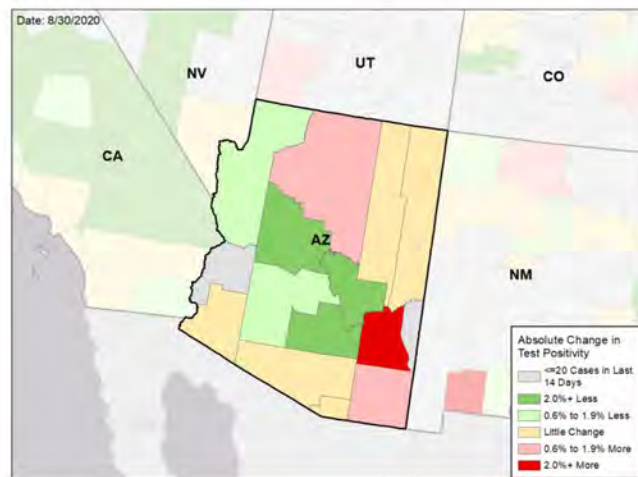
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



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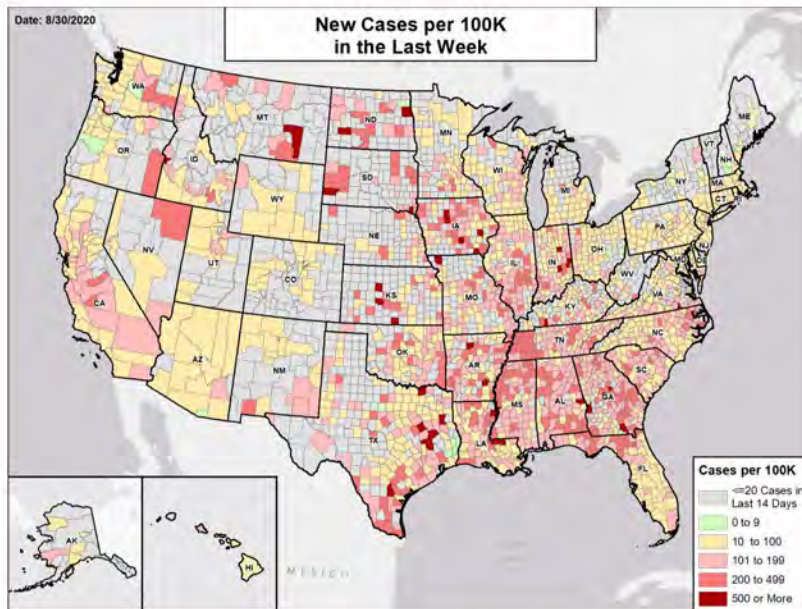
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

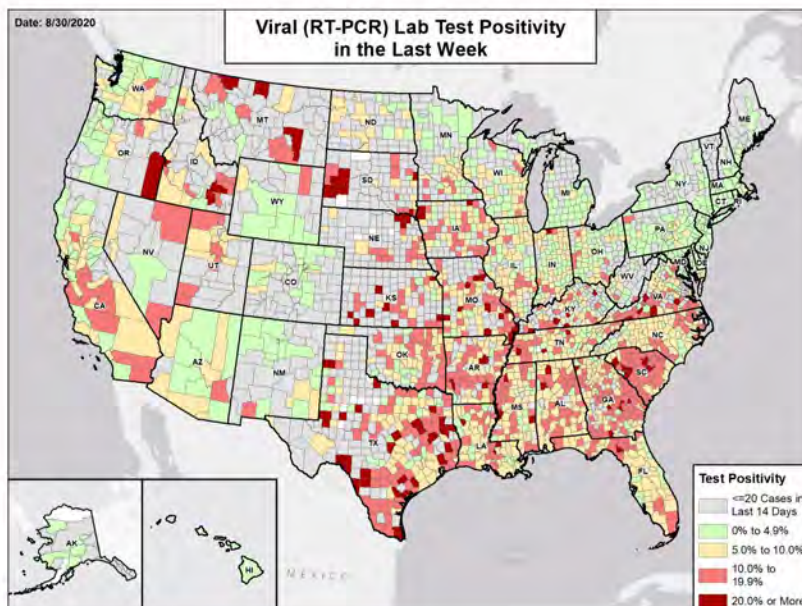


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

STATE REPORT | 08.30.2020

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, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



ARKANSAS

STATE REPORT | 08.30.2020

SUMMARY

- Arkansas is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, with the 11th highest rate in the country. Arkansas is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 7th highest rate in the country.
- Arkansas continues to have a high number of new cases and is on the border of the red zone for test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Pulaski County, 2. Sebastian County, and 3. Jefferson County. These counties represent 24.5% of new cases in Arkansas.
- 80% of all counties in Arkansas have ongoing community transmission (yellow or red zone), with 36% having high levels of community transmission (red zone).
- The high proportion of nursing homes with more than one positive resident is concerning, along with deaths among nursing home residents. Less than 1% of nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- Rural and urban counties in Arkansas continue to have increases in cases and test positivity. Common sense preventive measures must be implemented to stop further spread.
- Arkansas had 130 new cases per 100,000 population in the last week, compared to a national average of 88 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 22 - Aug 28, on average, 48 patients with confirmed COVID-19 and 160 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Arkansas. An average of 79% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Keep mask requirement in place statewide. Work with local communities and retailers to deliver effective messages to ensure high usage rates. Identify mechanisms to assess compliance with local regulations.
- Bars must be closed, and indoor dining must be restricted to 50% of normal capacity in yellow zone and 25% of normal capacity in red zone counties and metro areas. Expand outdoor dining options.
- Community spread must decrease to protect vulnerable populations in nursing homes.
- University towns need a comprehensive plan that scales immediately for testing all returning students with routine surveillance testing to immediately identify new cases and outbreaks and isolate and quarantine.
 - Ensure both diagnostic and surveillance testing are rapid and comprehensive at all universities with students on campus.
 - Expand testing support to Historically Black Colleges and Universities that may have limited testing capacity.
 - Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students for their students and to support the community surrounding their universities.
 - University students with or exposed to COVID-19 should have access to quarantine and care sites on or near campus and not be returned home to multigenerational households where additional transmission could occur.
 - Ensure all universities can fully test, isolate, and contact trace.
 - Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students to residents through staff.
- 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.
- 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.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov/covid19).

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

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



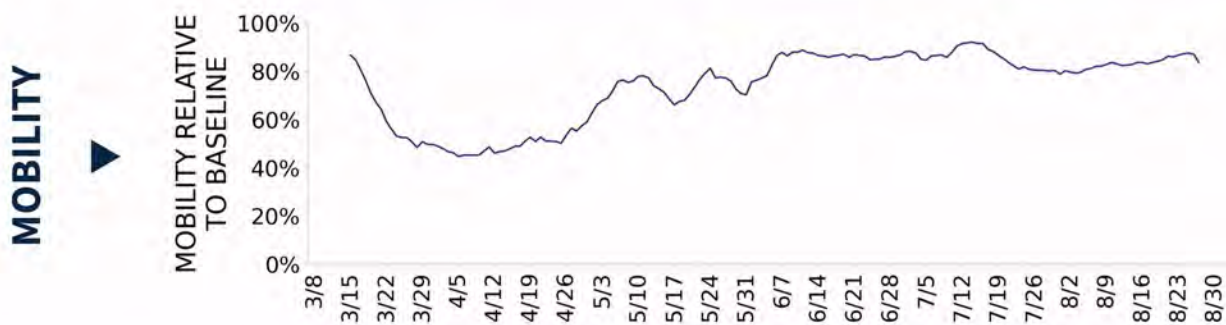
COVID-19



ARKANSAS

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	3,928 (130)	+7.3%	46,962 (110)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.8%	+0.1%*	8.9%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	41,572** (1,378)	-5.0%**	328,748** (770)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	93 (3)	+19.2%	1,539 (4)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	15.7% (23.4%)	+4.4%* (+0.1%*)	16.2% (22.8%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	9.1%	+0.6%*	9.1%	5.0%



* 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 – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.**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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



ARKANSAS

STATE REPORT | 08.30.2020

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

Fort Smith
Pine Bluff
Jonesboro
Russellville
Hot Springs
Blytheville
Searcy
Hope
Arkadelphia

14

Little Rock-North Little Rock-Conway
Fayetteville-Springdale-Rogers
Batesville
Memphis
El Dorado
Malvern
Texarkana
Paragould
Forrest City
Harrison
Helena-West Helena
Magnolia

**COUNTY
LAST WEEK**

27

Sebastian
Jefferson
Garland
Pope
Mississippi
Lincoln
Crawford
Chicot
Poinsett
White
Sevier
Stone

33

Pulaski
Benton
Saline
Washington
Craighead
Faulkner
Crittenden
Independence
Hot Spring
Union
Lonoke
Greene

All Yellow CBSAs: Little Rock-North Little Rock-Conway, Fayetteville-Springdale-Rogers, Batesville, Memphis, El Dorado, Malvern, Texarkana, Paragould, Forrest City, Harrison, Helena-West Helena, Magnolia, Mountain Home, Camden

All Red Counties: Sebastian, Jefferson, Garland, Pope, Mississippi, Lincoln, Crawford, Chicot, Poinsett, White, Sevier, Stone, Lee, Bradley, Carroll, Hempstead, Howard, Polk, Yell, Pike, Cross, Searcy, Van Buren, Dallas, Desha, Clark, Montgomery

All Yellow Counties: Pulaski, Benton, Saline, Washington, Craighead, Faulkner, Crittenden, Independence, Union, Hot Spring, Lonoke, Greene, St. Francis, Logan, Boone, Little River, Randolph, Phillips, Johnson, Ashley, Columbia, Arkansas, Baxter, Cleburne, Conway, Ouachita, Grant, Clay, Izard, Sharp, Franklin, Fulton, Nevada

* 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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
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Testing

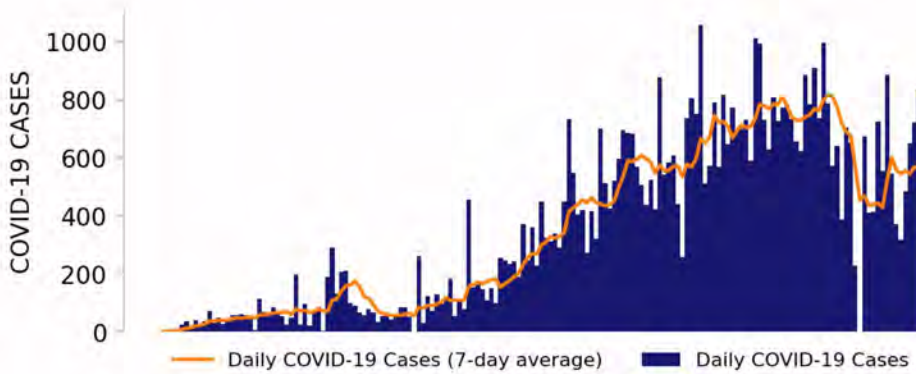
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- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider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



ARKANSAS

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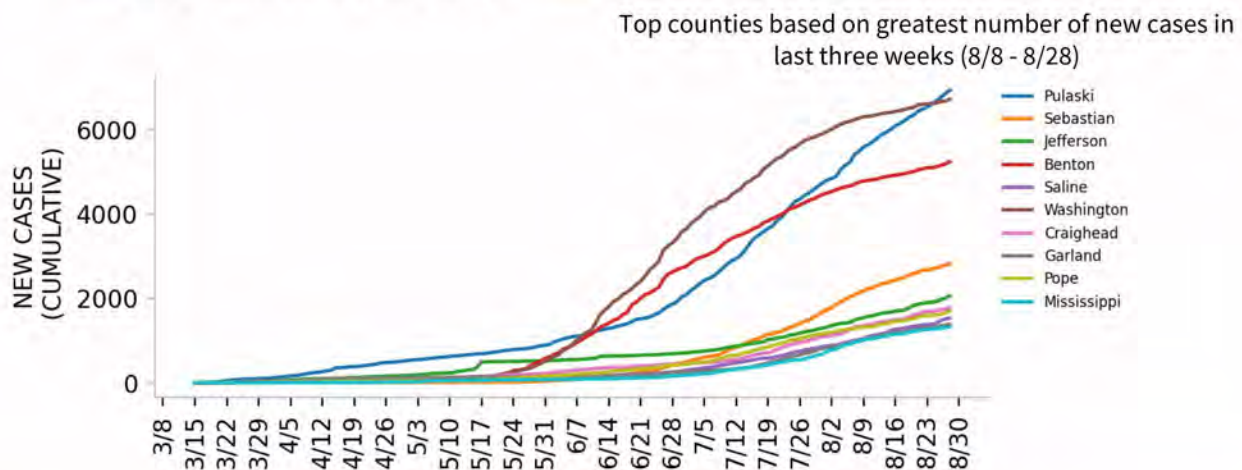
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

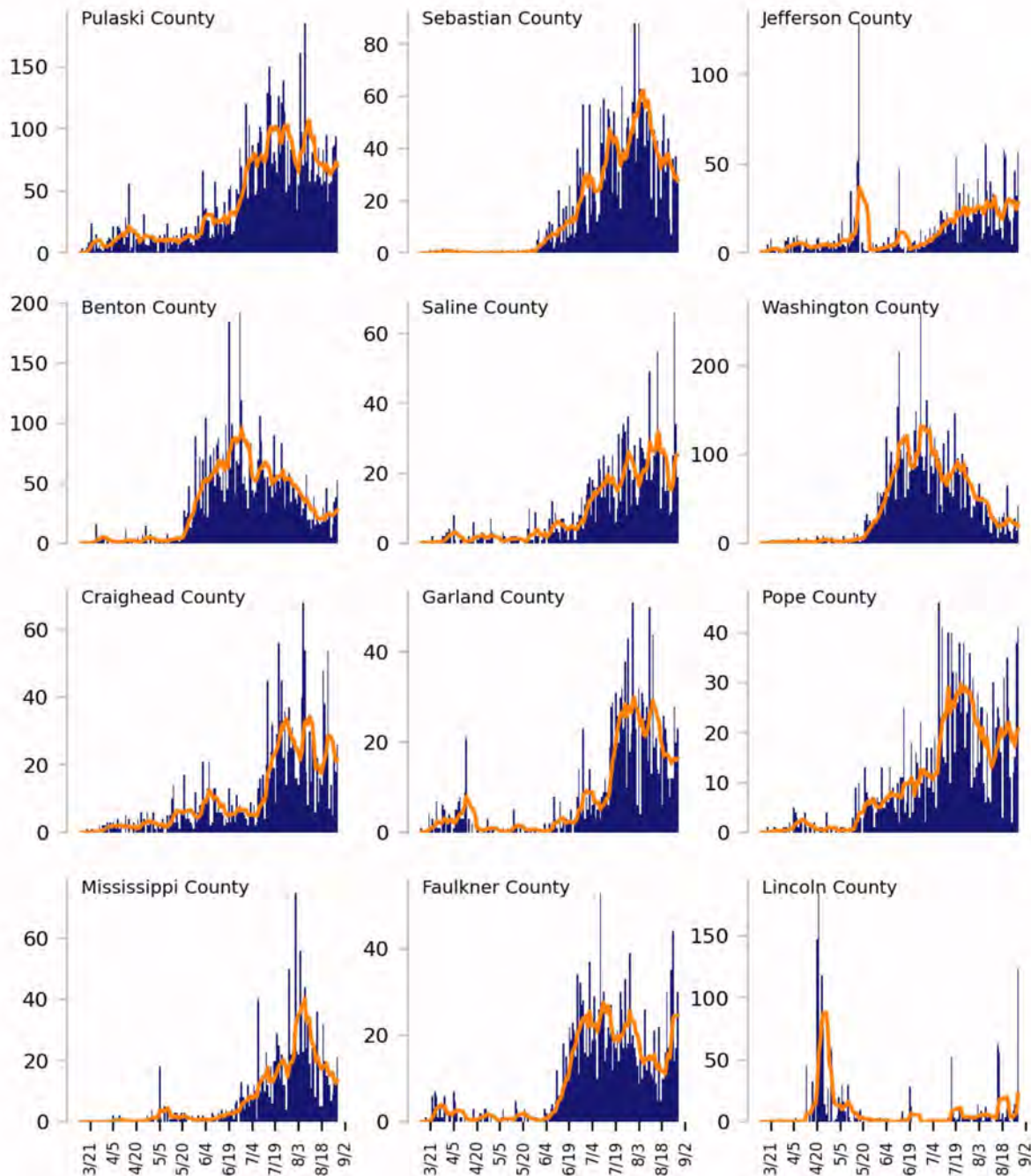
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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 – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

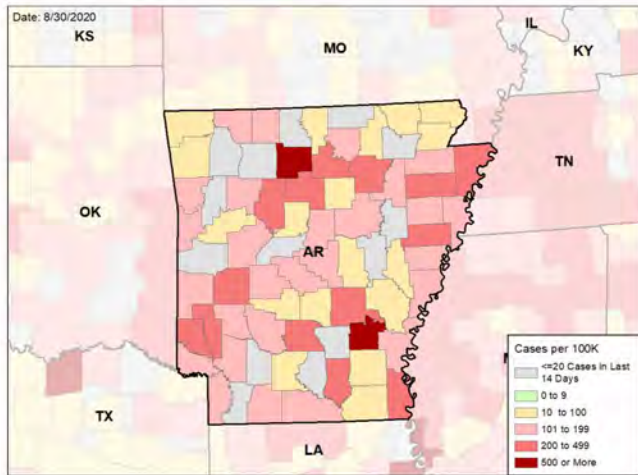


ARKANSAS

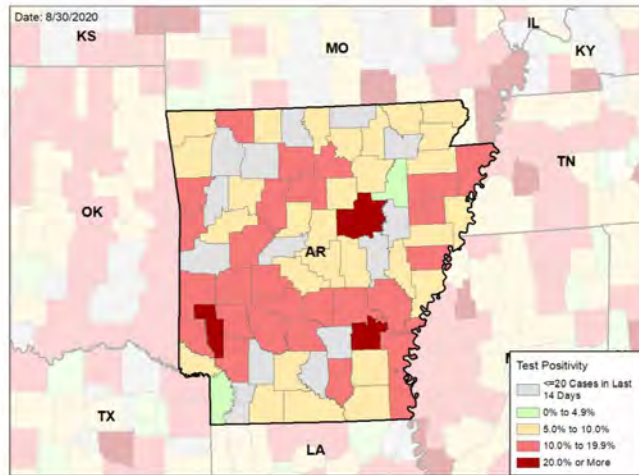
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

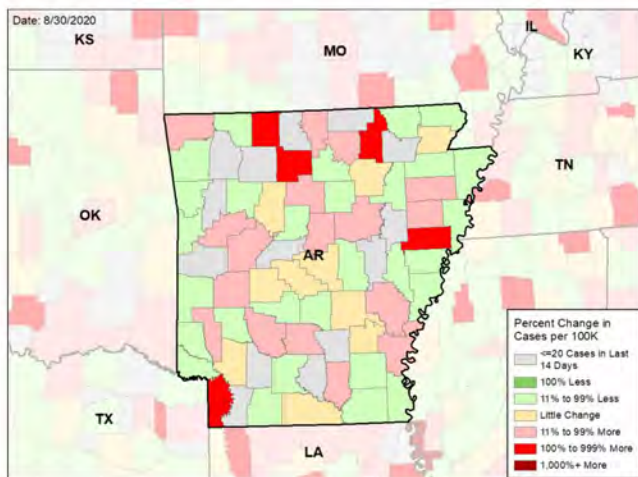
NEW CASES PER 100,000 DURING LAST WEEK



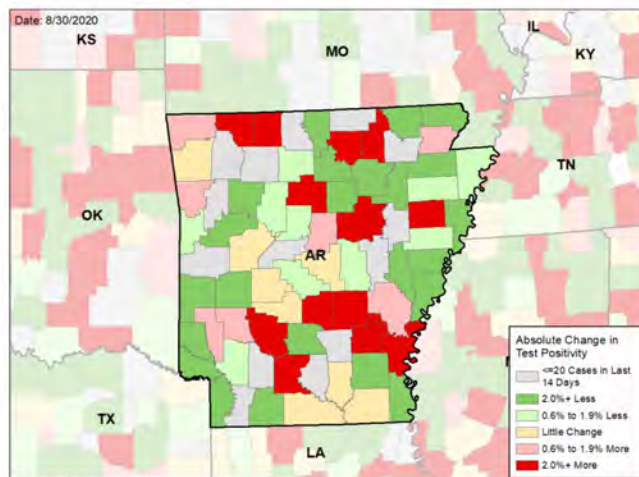
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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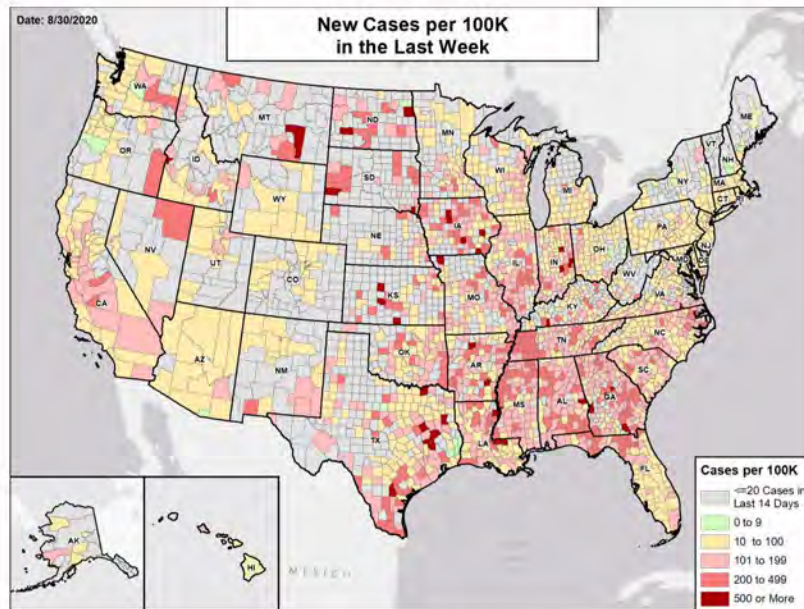
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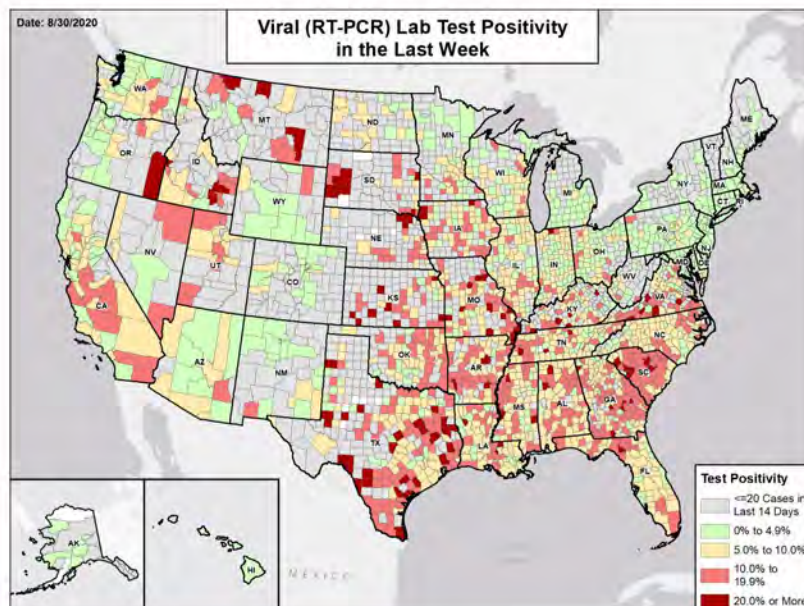


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

STATE REPORT | 08.30.2020

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Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
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Change in SNFs with at least one resident COVID-19 case, death	<-0.5%	-0.5%-0.5%	>0.5%

DATA NOTES

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- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



CALIFORNIA

STATE REPORT | 08.30.2020

SUMMARY

- California 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. California is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 26th highest rate in the country.
- California 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 last 3 weeks: 1. Los Angeles County, 2. San Bernardino County, and 3. Riverside County. These counties represent 38.6% of new cases in California.
- Overall, cases continue to decline, but viral transmission continues to occur throughout the state. Newly reported cases declined in the majority of counties throughout the state while remaining higher in inland areas of Southern California and with the Central Valley continuing to be the most affected region. Two coastal counties in Central/Northern California (Monterey, Sonoma) reported declines but continued to have an incidence more than 100 cases per 100,000 population for the week.
- University of Southern California reported more than 100 cases last week, mostly related to small to medium size gatherings without social distancing.
- 53% of all counties in California have ongoing community transmission (yellow or red zone), with 14% having high levels of community transmission (red zone).
- 1.4% of nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- California had 96 new cases per 100,000 population in the last week, compared to a national average of 88 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; 24 to support operations activities from DOD; 162 to support operations activities from FEMA; 11 to support operations activities from ASPR; 3 to support epidemiology activities from CDC; 3 to support operations activities from CDC; and 265 to support operations activities from USCG.
- The federal government has supported a surge testing site in Bakersfield, CA.
- Between Aug 22 - Aug 28, on average, 452 patients with confirmed COVID-19 and 656 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in California. An average of 90% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- In 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.
- Continue to support state testing guidelines ensuring broad testing of priority populations, identified or suspected contacts, and symptomatic individuals.
- Continue efforts to increase testing at both public health and private laboratories. The agreement with PerkinElmer is noted and commended for the large increase it entails.
- For institutes of higher education (IHE):
 - Ensure both diagnostic and surveillance testing are rapid and comprehensive at all institutions with students on campus.
 - Ensure all universities can fully test, isolate, and conduct contact tracing among students and staff in collaboration with local public health authorities.
 - Ensure university students with or exposed to COVID-19 have access to quarantine and care sites on or near campus and are not returned home to multigenerational households where additional transmission could occur.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and universities, for their students and to support the community surrounding their universities.
- Support a uniform case-reporting process for IHE and reporting of this data on public-facing dashboards. Publish IHE screening as well as outbreak data on the state dashboard.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students.
- Support local authorities in outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy, as well as other limitations on student patronage; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus events.
- 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 socially distance.
- 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.
- Ensure 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, with the 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 in 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.
- 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.



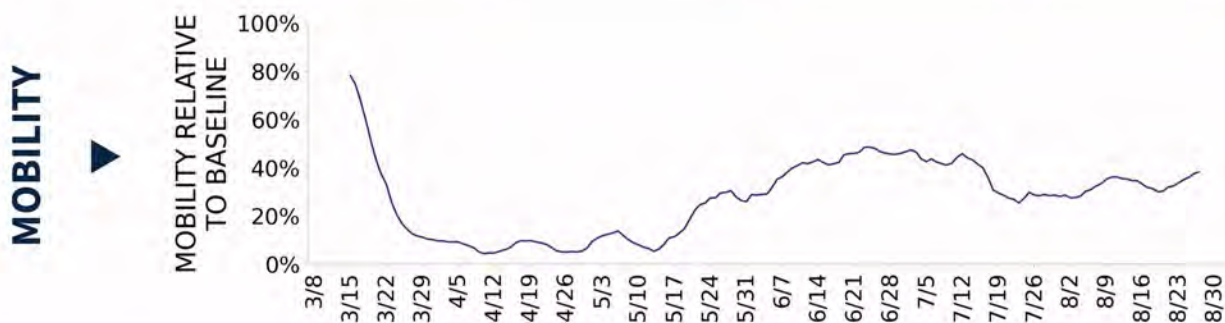
COVID-19



CALIFORNIA

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	37,902 (96)	-18.8%	46,780 (91)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.7%	-0.5%*	5.9%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	797,875** (2,019)	-27.0%**	926,183** (1,806)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	854 (2)	+2.4%	1,249 (2)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	8.9% (13.3%)	-10.1%* (-15.5%*)	10.1% (14.3%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4.5%	-3.2%*	4.3%	5.0%



* 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 – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.**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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



CALIFORNIA

STATE REPORT | 08.30.2020

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

Fresno
Bakersfield
Modesto
Visalia
Merced
Salinas
El Centro

14

Riverside-San Bernardino-Ontario
San Francisco-Oakland-Berkeley
Sacramento-Roseville-Folsom
Stockton
Oxnard-Thousand Oaks-Ventura
Santa Rosa-Petaluma
Hanford-Corcoran
Madera
Santa Maria-Santa Barbara
Yuba City
Chico
Santa Cruz-Watsonville

**COUNTY
LAST WEEK**

8

Fresno
Kern
Stanislaus
Tulare
Merced
Monterey
Imperial
Colusa

23

San Bernardino
Riverside
Orange
Sacramento
Alameda
Contra Costa
San Joaquin
Ventura
Sonoma
San Francisco
Kings
Madera

All Yellow CBSAs: Riverside-San Bernardino-Ontario, San Francisco-Oakland-Berkeley, Sacramento-Roseville-Folsom, Stockton, Oxnard-Thousand Oaks-Ventura, Santa Rosa-Petaluma, Hanford-Corcoran, Madera, Santa Maria-Santa Barbara, Yuba City, Chico, Santa Cruz-Watsonville, Red Bluff, Clearlake

All Yellow Counties: San Bernardino, Riverside, Orange, Sacramento, Alameda, Contra Costa, San Joaquin, Ventura, Sonoma, San Francisco, Kings, Madera, Santa Barbara, Placer, Butte, Yolo, Santa Cruz, Sutter, San Benito, Yuba, Tehama, Inyo, Lake

* 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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

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

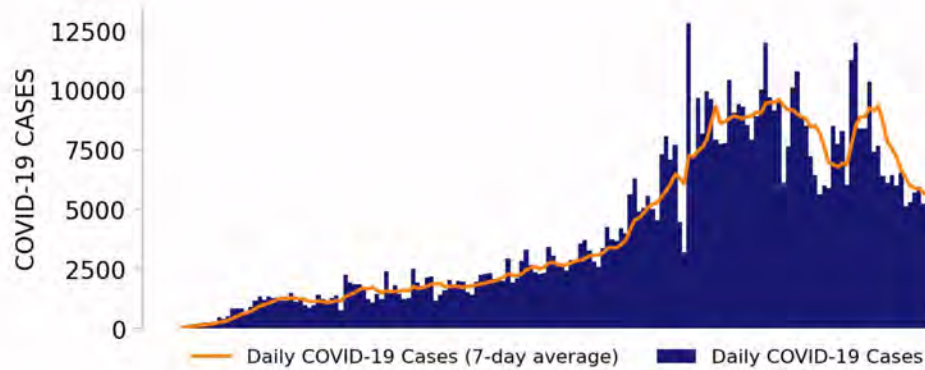
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing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



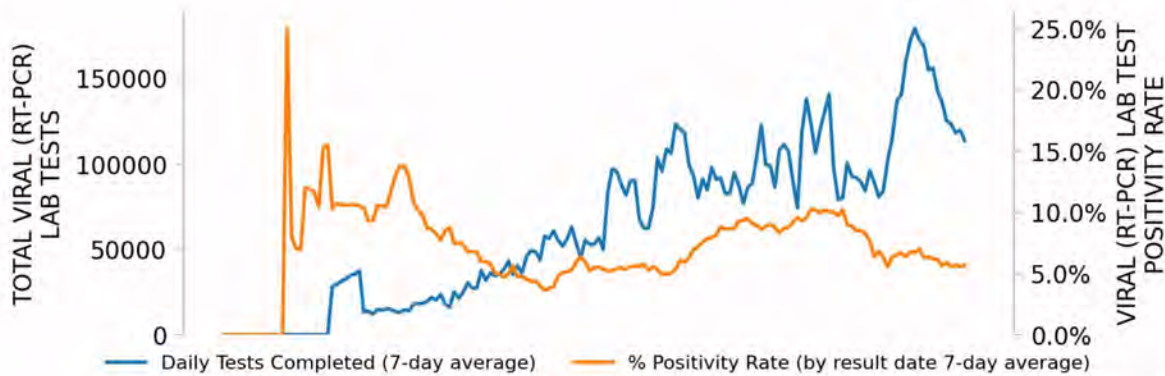
CALIFORNIA

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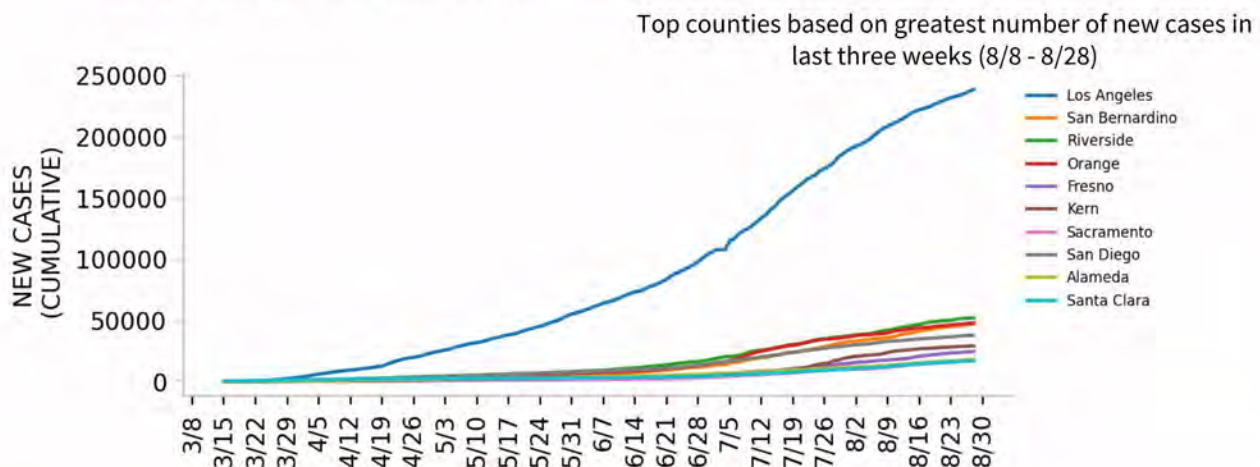
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

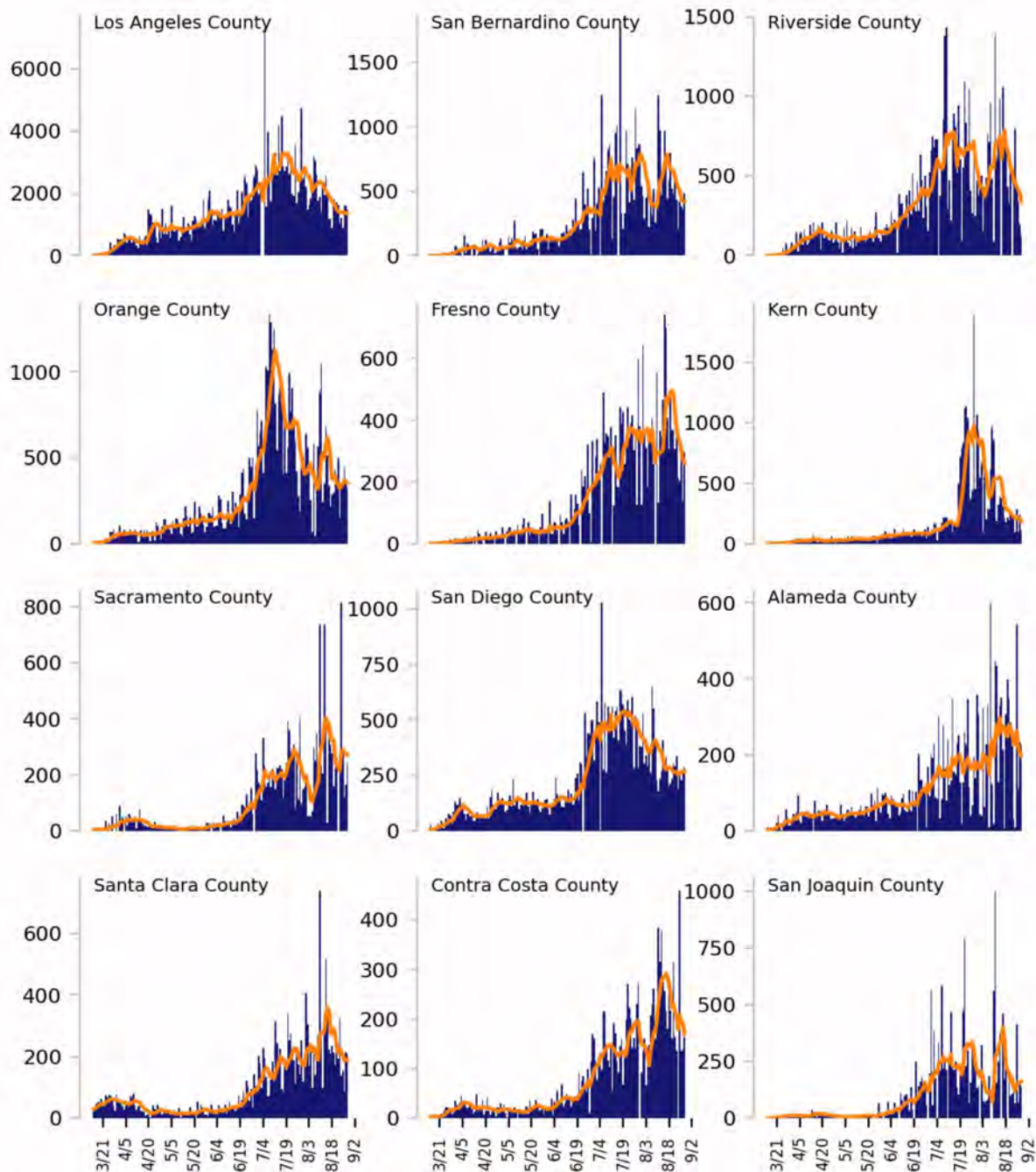
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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 – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

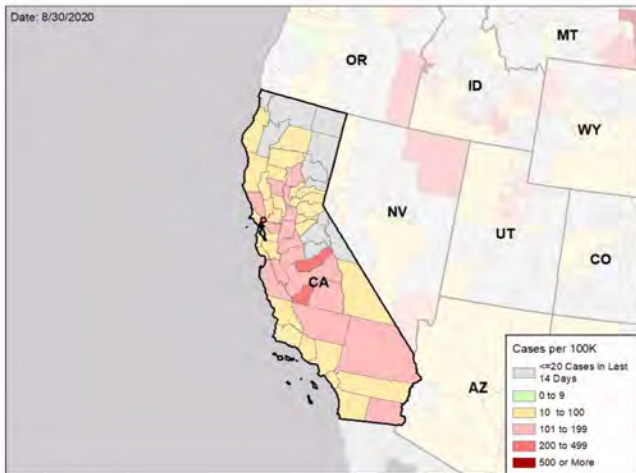


CALIFORNIA

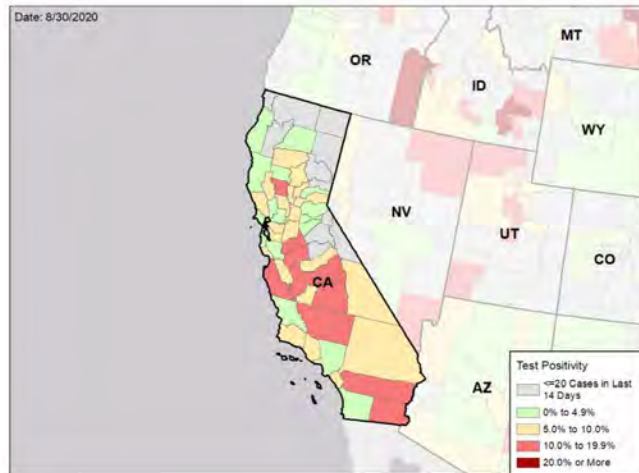
STATE REPORT | 08.30.2020

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

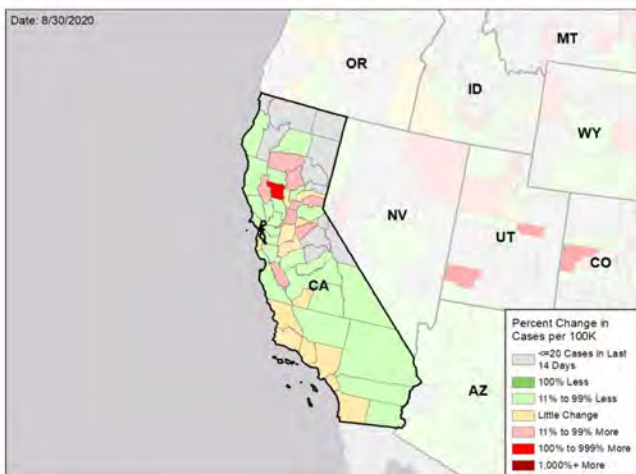
NEW CASES PER 100,000 DURING LAST WEEK



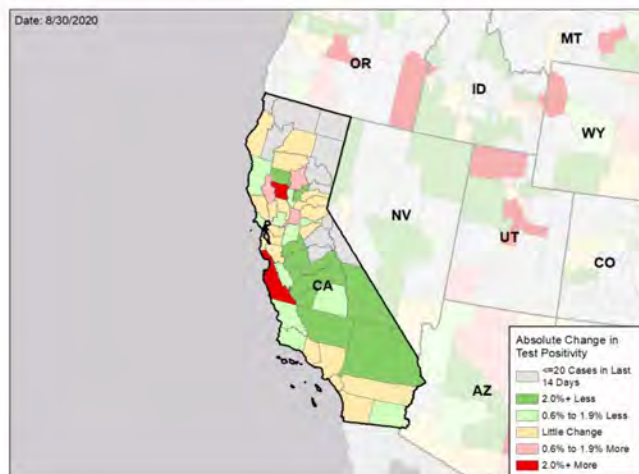
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

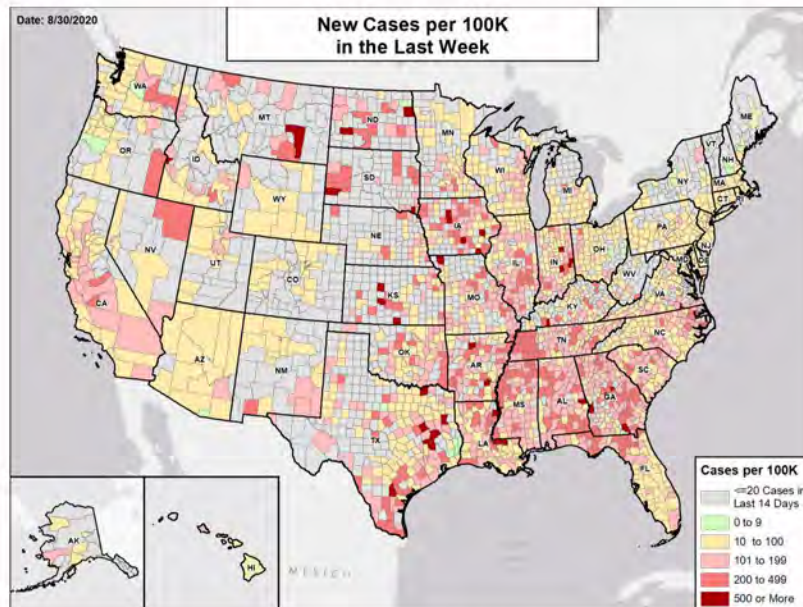
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

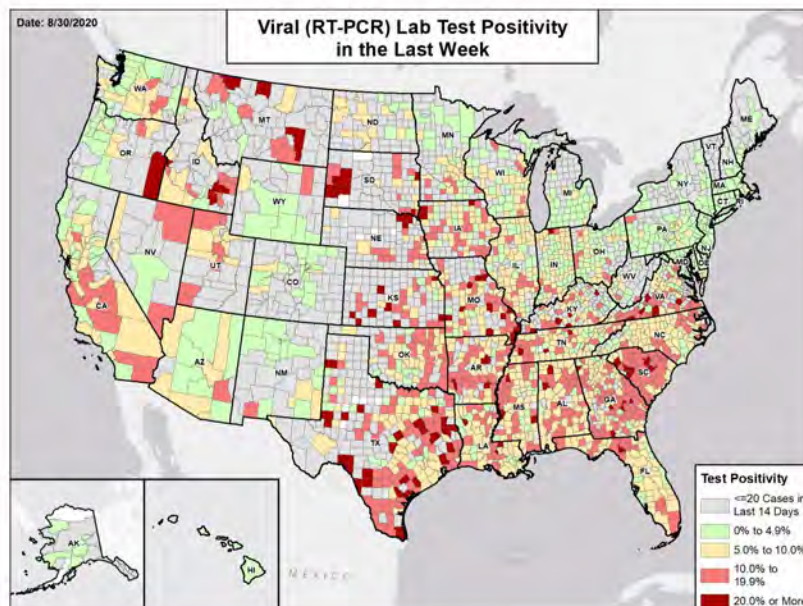


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

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

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



COLORADO

STATE REPORT | 08.30.2020

SUMMARY

- Colorado is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 42nd highest rate in the country. Colorado is in the green zone for test positivity, indicating a rate below 5%, with the 40th highest rate in the country. Colorado has seen stability in new cases and stability in test positivity over the last week.
- 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 last 3 weeks: 1. El Paso County, 2. Adams County, and 3. Denver County. These counties represent 44.9% of new cases in Colorado.
- Colorado continues to transparently report outbreaks at schools and institutes of higher education on the state's website (a best practice). With the return of students to campuses, some universities have reported outbreaks including among sports teams and in a fraternity.
- 5% of all counties in Colorado have ongoing community transmission (yellow or red zone), with none having high levels of community transmission (red zone).
- 0.4% of nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- Colorado had 38 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 72 to support operations activities from FEMA and 4 to support operations activities from ASPR.
- Between Aug 22 - Aug 28, on average, 20 patients with confirmed COVID-19 and 69 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Colorado. An average of 83% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Commend the extension of the state mask mandate into September and the surveys being done in the Tri-County area and other localities to collect objective data on compliance.
- For institutes of higher education (IHE):
 - Ensure both diagnostic and surveillance testing are rapid and comprehensive at all institutions with students on campus.
 - Ensure all universities can fully test, isolate, and conduct contact tracing among students and staff in collaboration with local public health authorities.
 - Ensure university students with or exposed to COVID-19 have access to quarantine and care sites on or near campus and are not returned home to multigenerational households where additional transmission could occur.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and universities, for their students and to support the community surrounding their universities.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students.
- Support local authorities in outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy as well as other limitations on student patronage; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus events.
- Support a uniform case-reporting process for IHE and reporting of this data on public-facing dashboards. Publish IHE screening as well as outbreak data on the state dashboard.
- Continue the restrictions on bars and public entertainment venues.
- 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.

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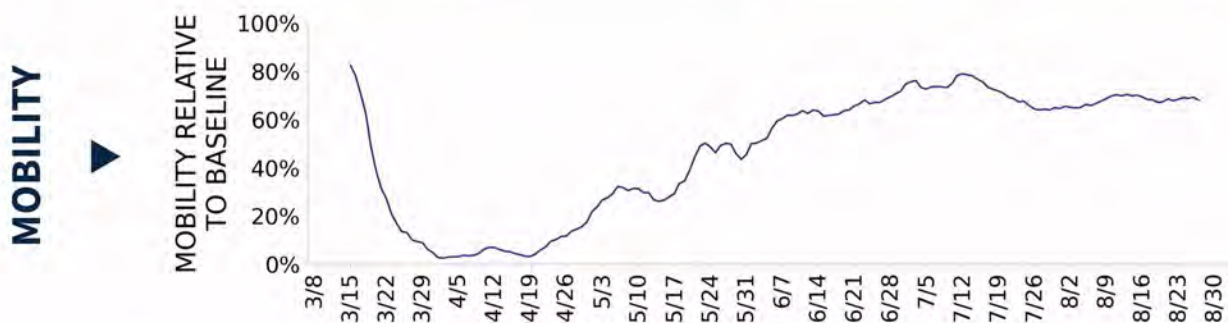
COVID-19



COLORADO

STATE REPORT | 08.30.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	2,186 (38)	+6.6%	9,031 (74)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.2%	+0.2%*	5.8%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	61,694** (1,071)	-4.6%**	178,984** (1,460)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	27 (0)	+12.5%	78 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	2.9% (7.2%)	-2.6%* (-1.5%*)	3.9% (10.1%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1.0%	-0.9%*	1.1%	5.0%



* 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 – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.**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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



COLORADO

STATE REPORT | 08.30.2020

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****0**

N/A

3Arapahoe
Garfield
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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

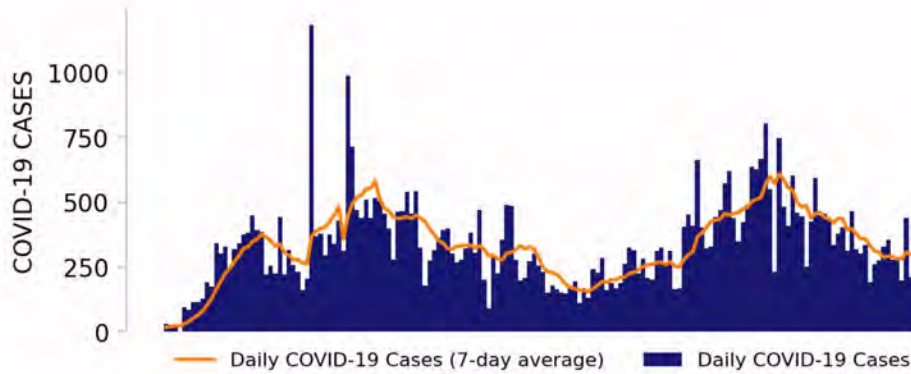
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COLORADO

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NEW CASES

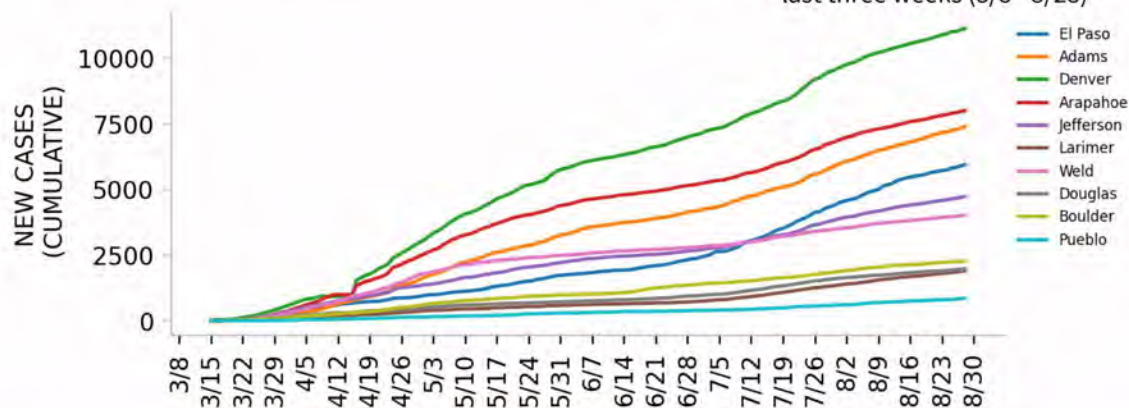


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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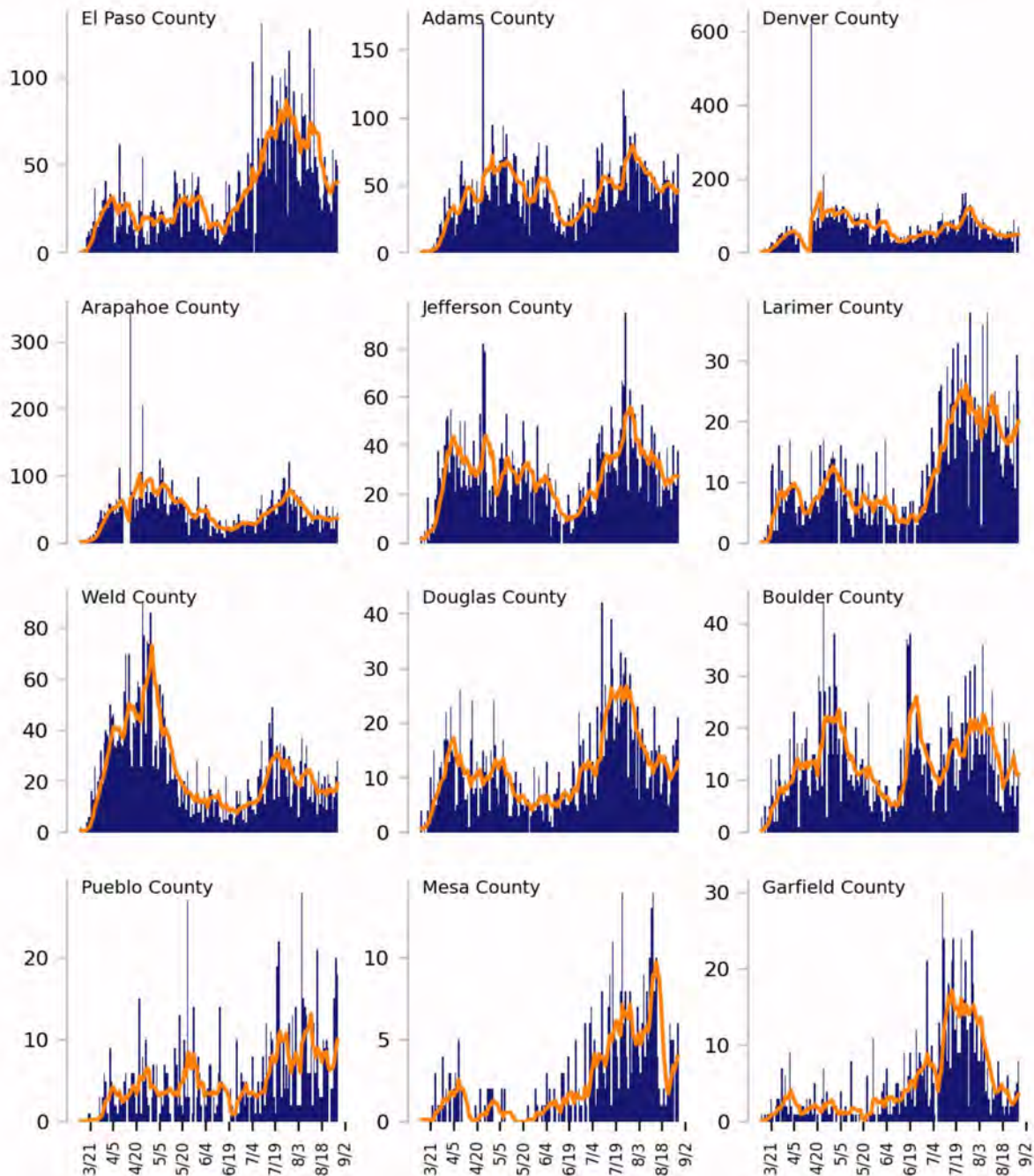
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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 – Additional data details available under METHODS

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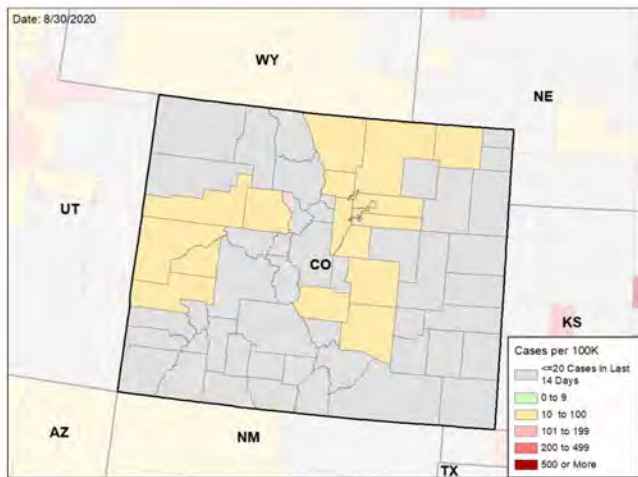


COLORADO

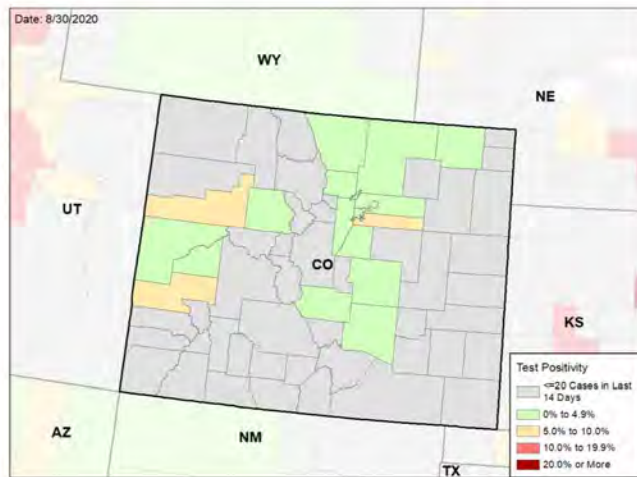
STATE REPORT | 08.30.2020

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

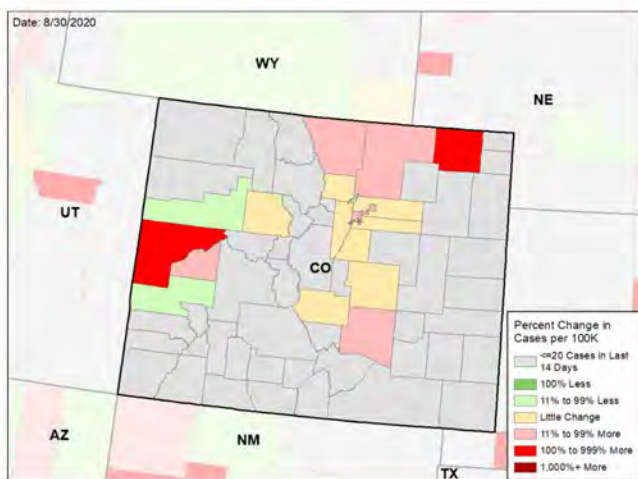
NEW CASES PER 100,000 DURING LAST WEEK



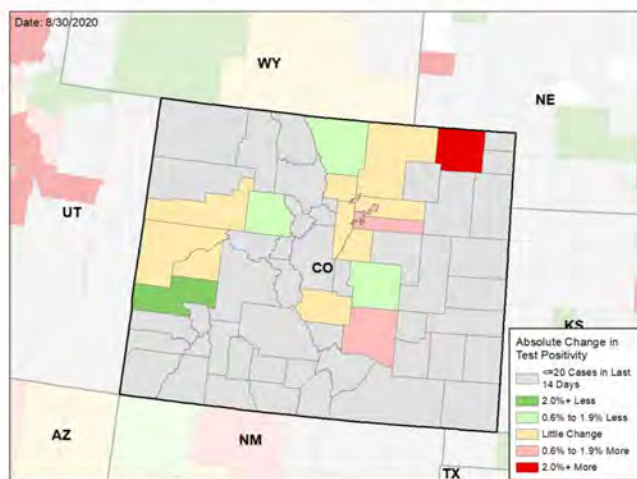
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

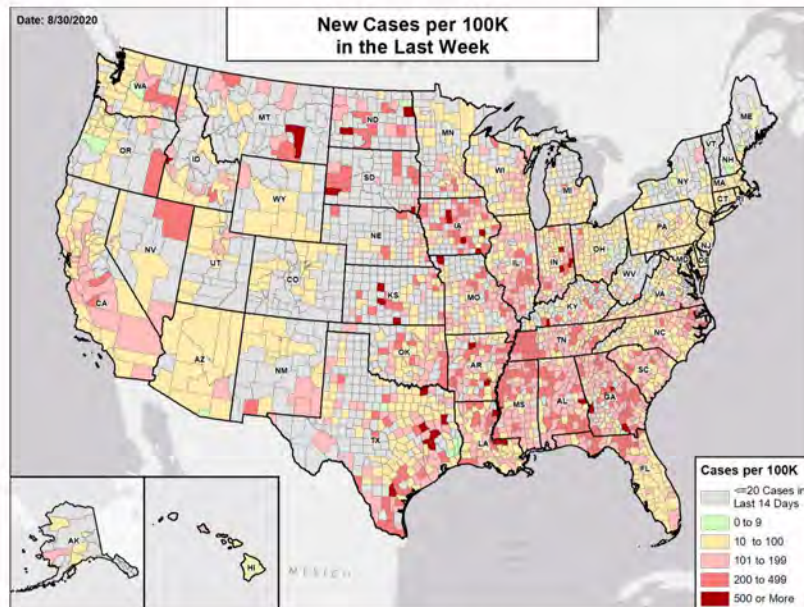
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

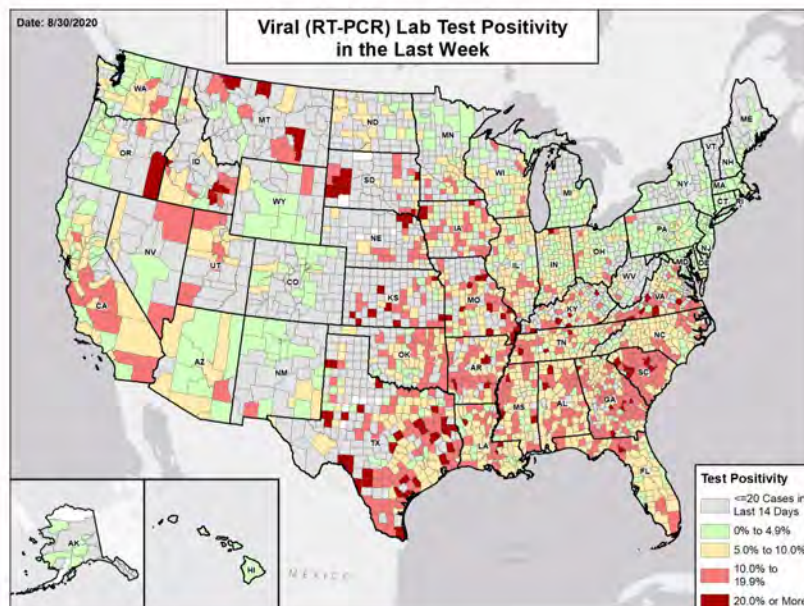


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

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

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



CONNECTICUT

STATE REPORT | 08.30.2020

SUMMARY

- Connecticut is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 46th highest rate in the country. Connecticut is in the green zone for test positivity, indicating a rate below 5%, with the 46th highest rate in the country.
- Connecticut has seen an increase in new cases and stability in test positivity over the last week. A significant portion of increased reported cases may be linked to increased testing last week, including testing at universities.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Fairfield County, 2. Hartford County, and 3. New Haven County. These counties represent 88.6% of new cases in Connecticut. Fairfield County, especially Danbury, continues to report elevated cases and test positivity with many cases linked to travel, religious gatherings, and youth sports leagues.
- With return of students to campuses, some universities have reported outbreaks, including an ongoing one in a residential hall now under quarantine. One cluster of student cases at another institute of higher education has involved both commuter and resident students, linked to two off-campus gatherings.
- No counties in Connecticut have moderate or high levels of ongoing community transmission (yellow or red zone).
- No nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- Connecticut had 27 new cases per 100,000 population in the last week, compared to a national average of 88 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; 7 to support operations activities from USCG; and 1 to support operations activities from VA.
- Between Aug 22 - Aug 28, on average, 9 patients with confirmed COVID-19 and 75 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Connecticut. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.*

RECOMMENDATIONS

- Enhance testing among individuals who used shelter facilities in response to Tropical Storm Isaias to monitor for increased transmission due inability to socially distance.
- Continue to communicate the state executive order regarding travel and demonstrate enforcement to encourage compliance. Continue the state masking requirement, intensify public messaging of its importance, and monitor 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.
- For institutes of higher education (IHE):
 - Ensure both diagnostic and surveillance testing are rapid and comprehensive at all institutions with students on campus.
 - Ensure all universities can fully test, isolate, and conduct contact tracing among students and staff in collaboration with local public health authorities.
 - Ensure university students with or exposed to COVID-19 have access to quarantine and care sites on or near campus and are not returned home to multigenerational households where additional transmission could occur.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and universities, for their students and to support the community surrounding their universities.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students.
- Support local authorities in outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy as well as other limitations on student patronage; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus events.
- Support a uniform case-reporting process for IHE and reporting of this data on public-facing dashboards. Publish IHE screening as well as outbreak data on the state dashboard.
- Continue the scale-up of testing and rollout of contact tracing currently underway. Continue to monitor success rates with contact elicitation and tracing.
- 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.



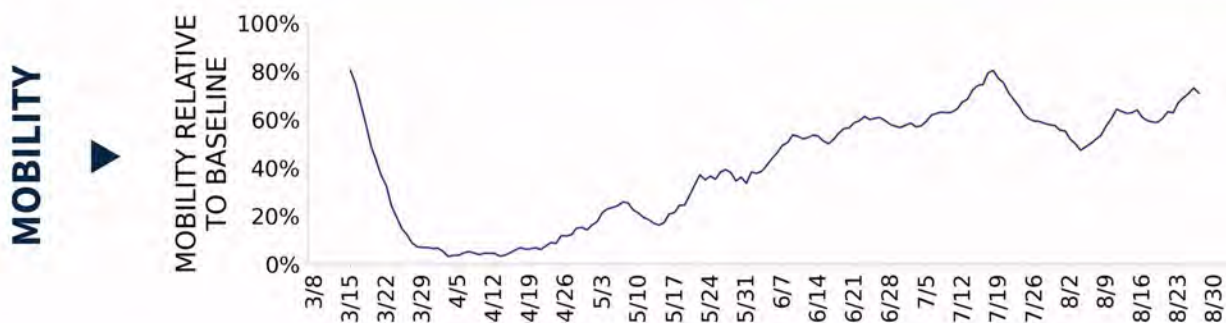
COVID-19



CONNECTICUT

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	976 (27)	+56.9%	4,348 (29)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.3%	+0.3%*	1.2%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	52,667** (1,477)	+42.9%**	372,194** (2,507)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	7 (0)	+40.0%	166 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	3.3% (2.7%)	+1.1%* (-1.6%*)	2.6% (6.3%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2.7%	+1.6%*	2.7%	5.0%



* Indicates absolute change in percentage points.

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

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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



CONNECTICUT

STATE REPORT | 08.30.2020

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

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

Public Messaging

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Testing

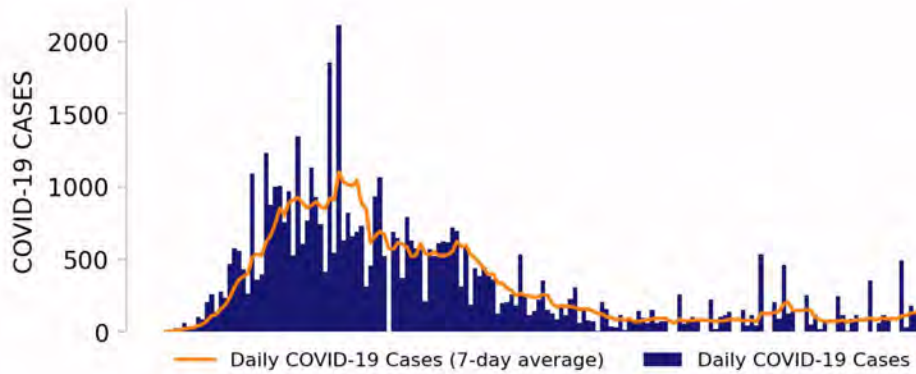
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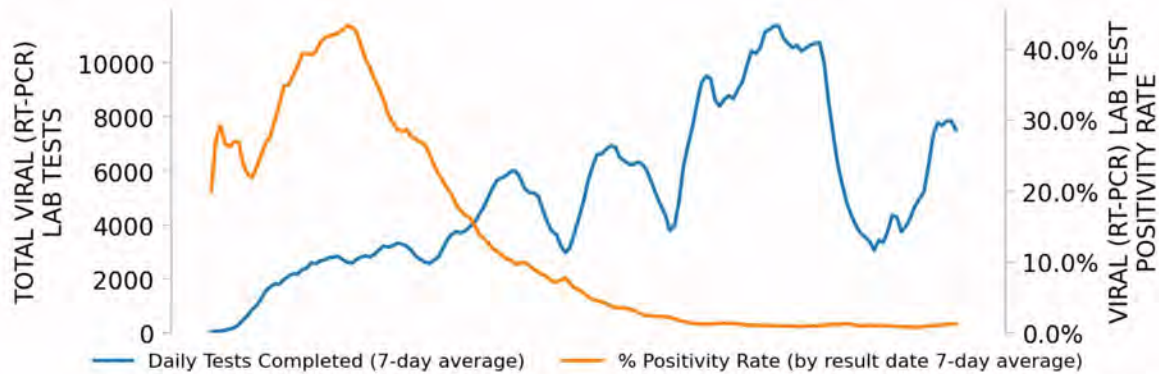
CONNECTICUT

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NEW CASES

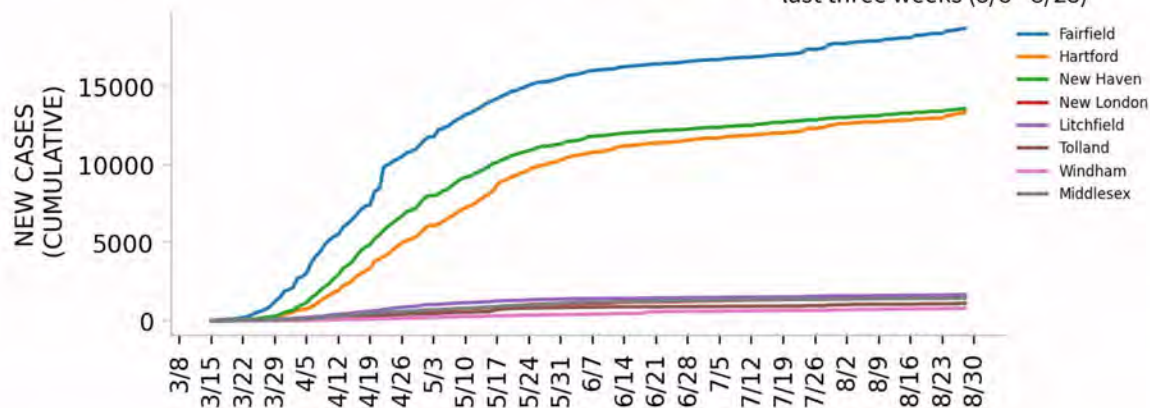


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

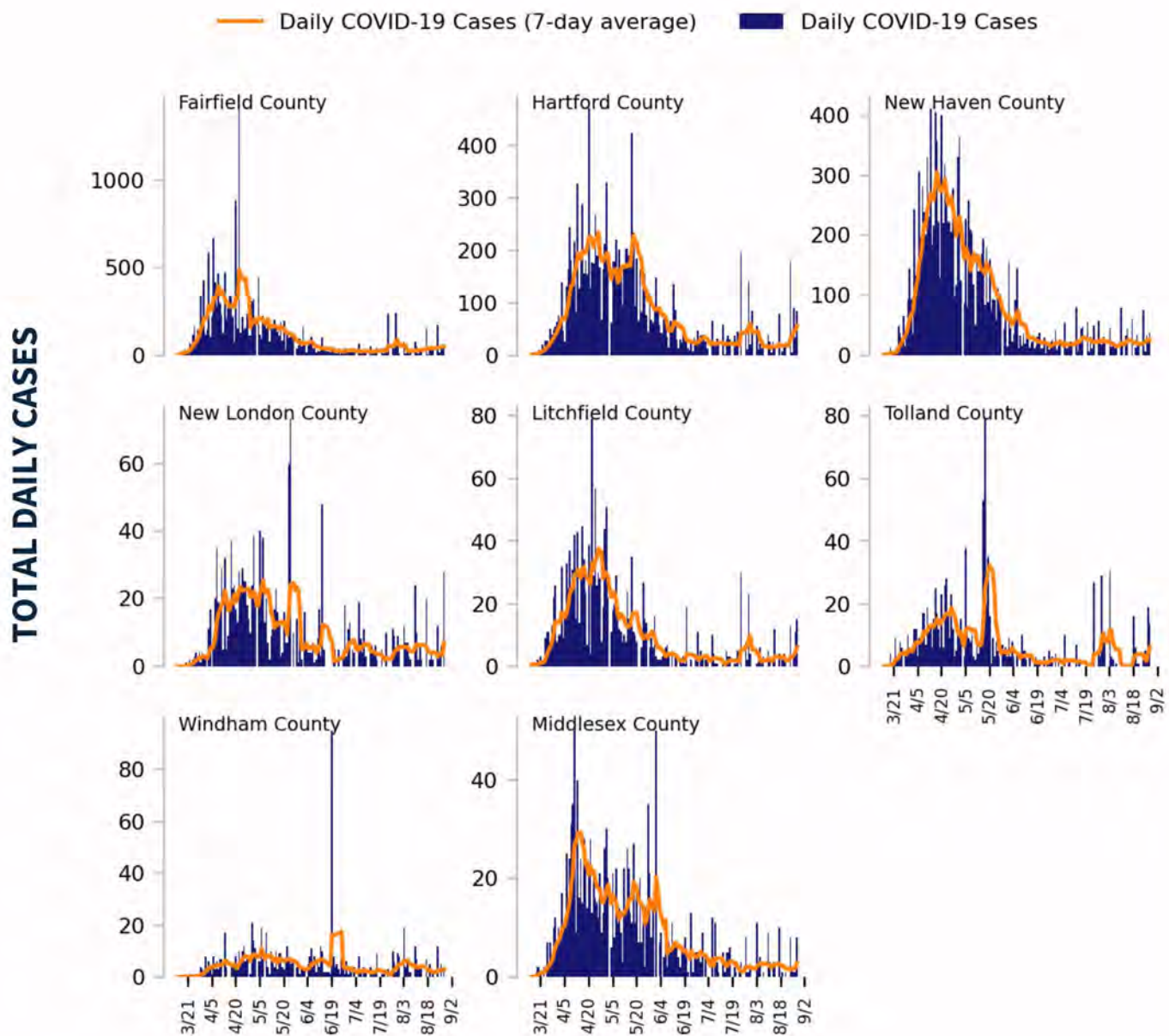
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Top 12 counties based on number of new cases in the last 3 weeks



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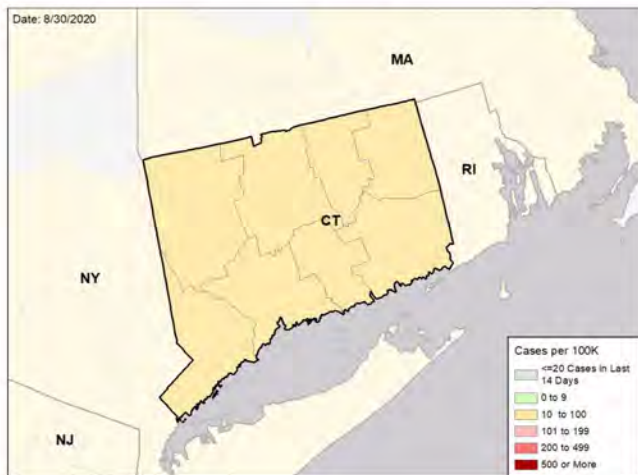


CONNECTICUT

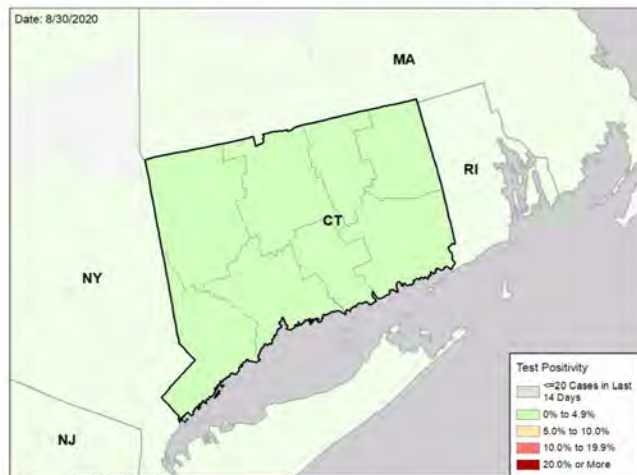
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

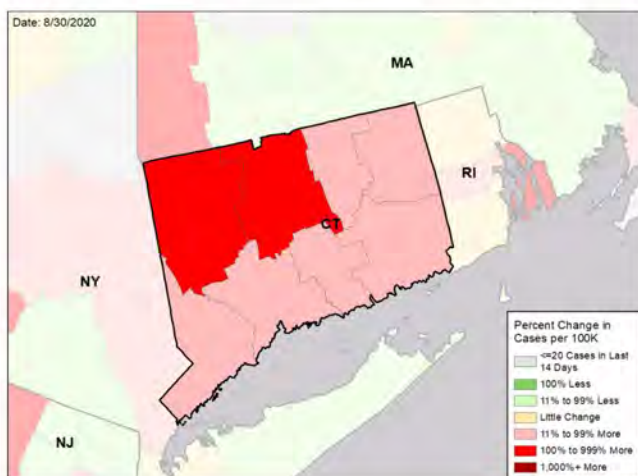
NEW CASES PER 100,000 DURING LAST WEEK



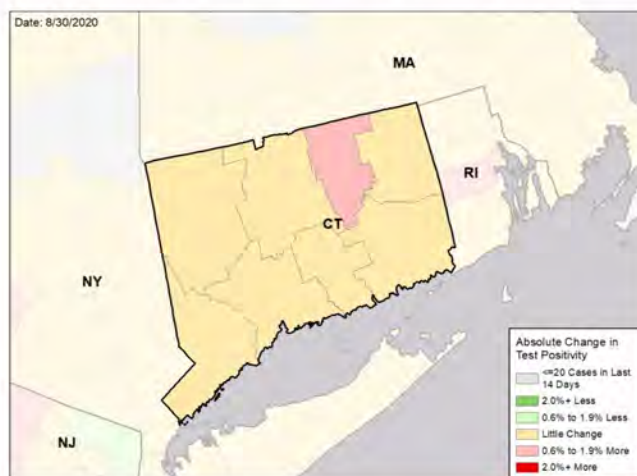
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

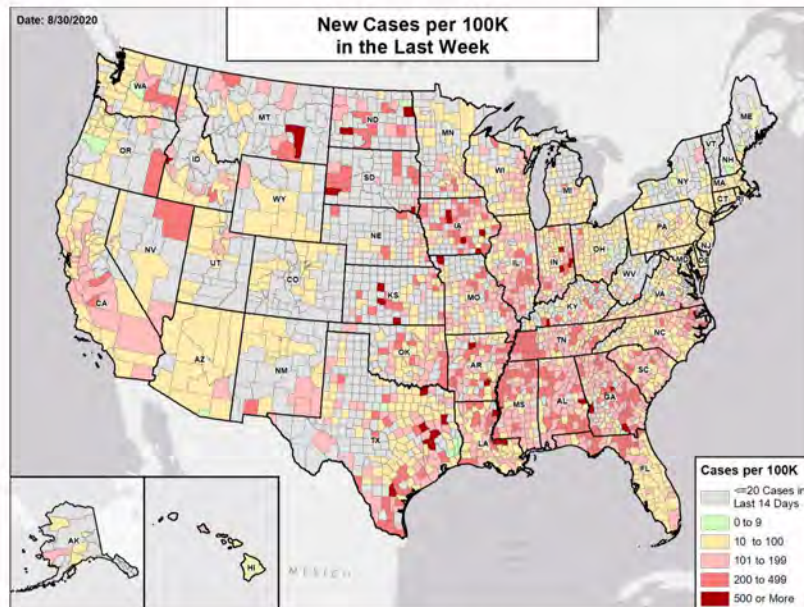
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

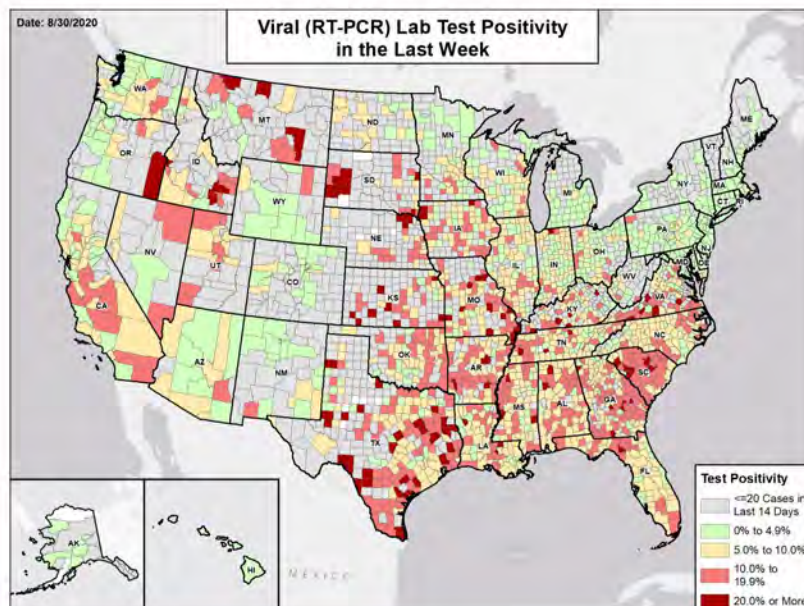


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

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

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



DELAWARE

STATE REPORT | 08.30.2020

SUMMARY

- Delaware is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 43rd highest rate in the country. Delaware is in the green zone for test positivity, indicating a rate below 5%, with the 37th highest rate in the country. Delaware has seen a continued decrease in new cases and stability in test positivity over the last week.
- No counties in Delaware have moderate or high levels of ongoing community transmission (yellow or red zone).
- No nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- Delaware had 35 new cases per 100,000 population in the last week, compared to a national average of 88 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 22 - Aug 28, on average, 9 patients with confirmed COVID-19 and 23 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Delaware. An average of 88% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- The collaboration of Delaware State University, Cerner, and Testing for America is commended.
- For institutes of higher education (IHE):
 - Ensure both diagnostic and surveillance testing are rapid and comprehensive at all institutions with students on campus.
 - Ensure all universities can fully test, isolate, and conduct contact tracing among students and staff in collaboration with local public health authorities. Expand testing support to Historically Black Colleges and Universities and other IHE that may have limited testing capacity.
 - Ensure university students with or exposed to COVID-19 have access to quarantine and care sites on or near campus and are not returned home to multigenerational households where additional transmission could occur.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and universities, for their students and to support the community surrounding their universities.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students.
- Support local authorities in outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy as well as other limitations on student patronage. Encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus events, as was done recently in Newark City.
- Support a uniform case-reporting process for IHE and reporting of this data on public-facing dashboards. Publish IHE screening as well as outbreak data on the state dashboard.
- 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.



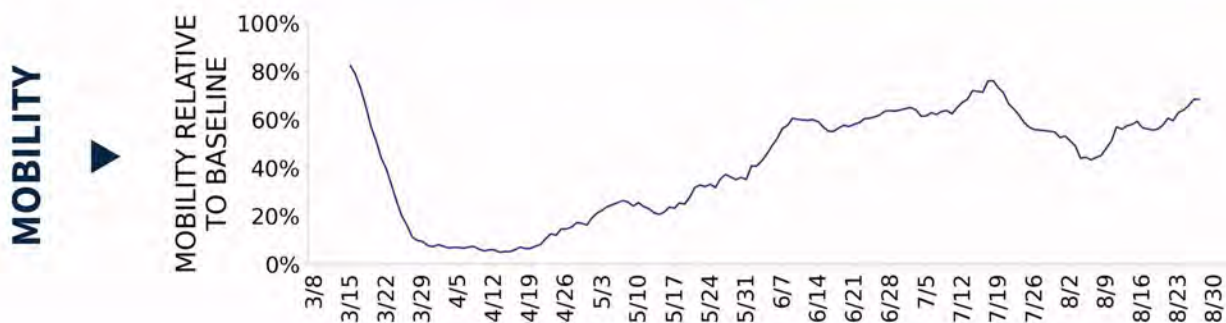
COVID-19



DELAWARE

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	340 (35)	-15.6%	16,335 (53)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.4%	-0.1%*	4.8%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	9,799** (1,006)	-0.6%**	477,403** (1,547)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	4 (0)	-50.0%	298 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	2.6% (17.9%)	+0.1%* (+5.4%*)	8.2% (15.1%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5.1%	+5.1%*	3.3%	5.0%



* 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 – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19. Public Health Laboratory data is inclusive of all updates processed through 8/28.

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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



DELAWARE

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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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/26/2020. Last week is 8/20 - 8/26. Public Health Laboratory data is inclusive of all updates processed through 8/28.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

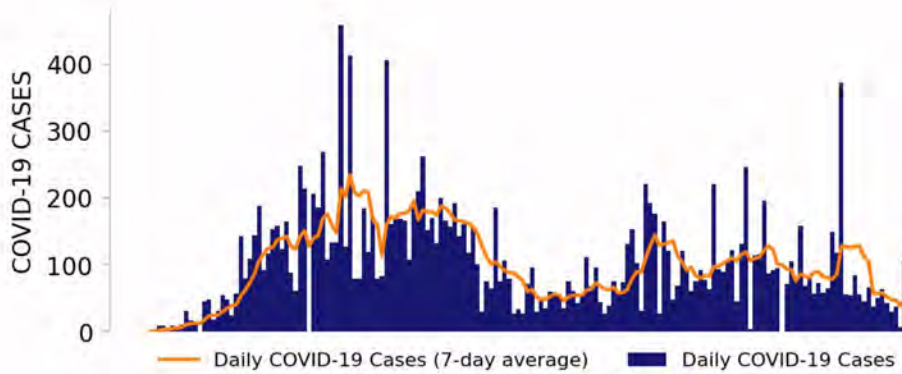
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- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device



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NEW CASES

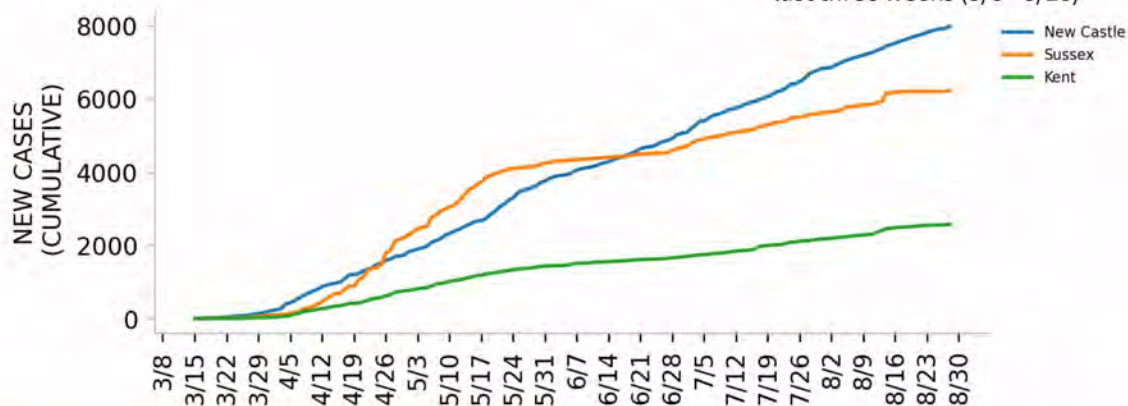


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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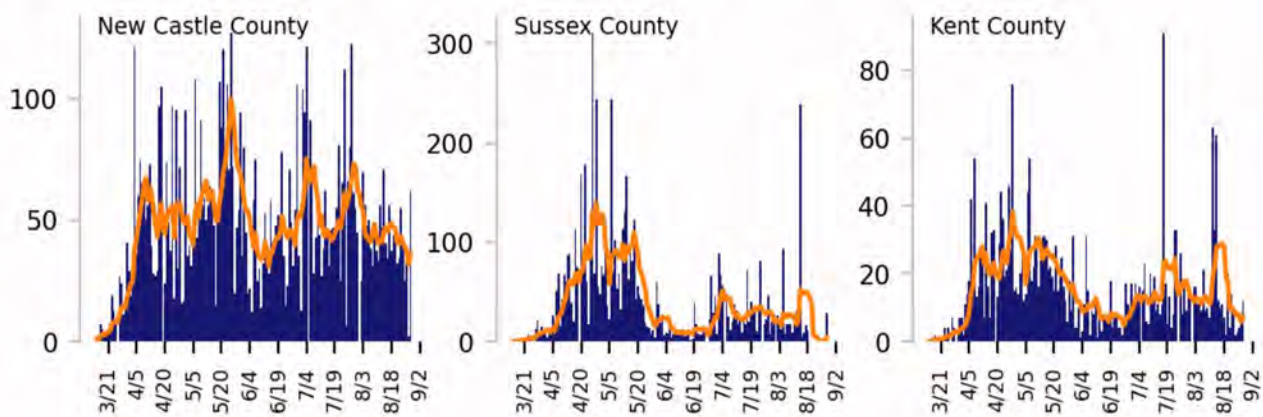
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/26/2020. Public Health Laboratory data is inclusive of all updates processed through 8/28.



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 – Additional data details available under METHODS

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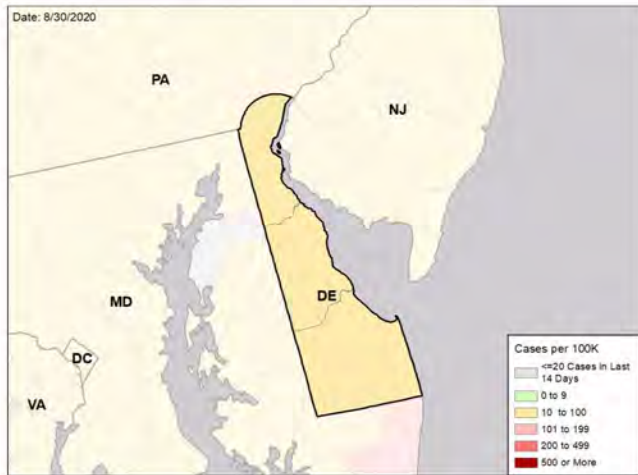


DELAWARE

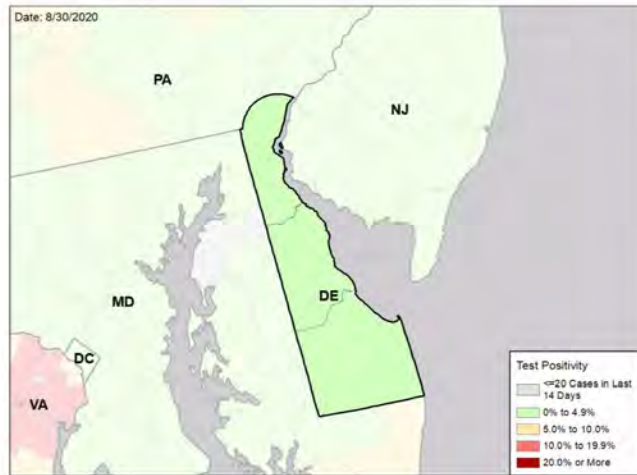
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

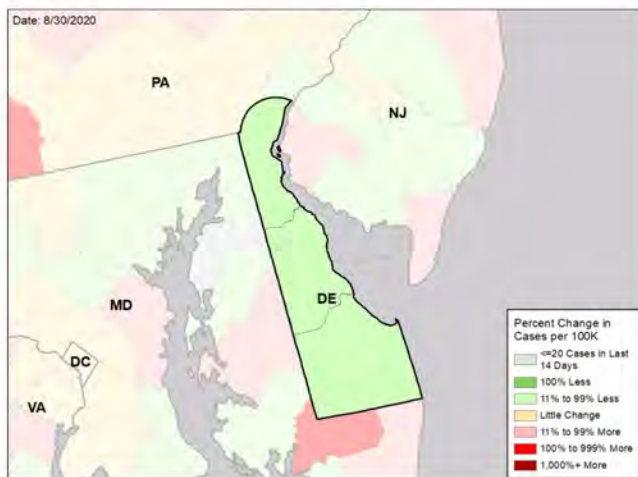
NEW CASES PER 100,000 DURING LAST WEEK



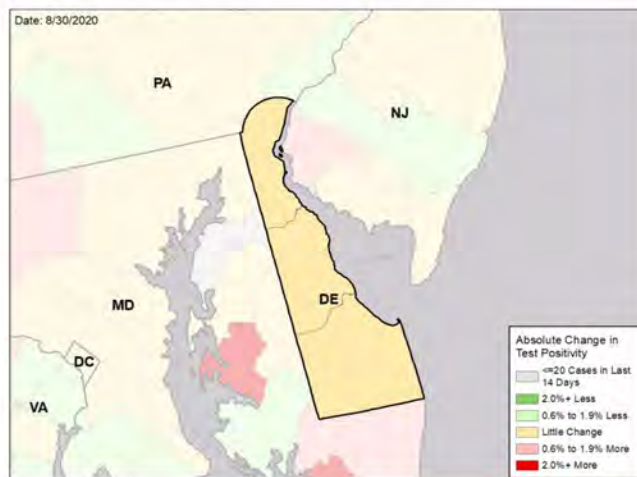
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



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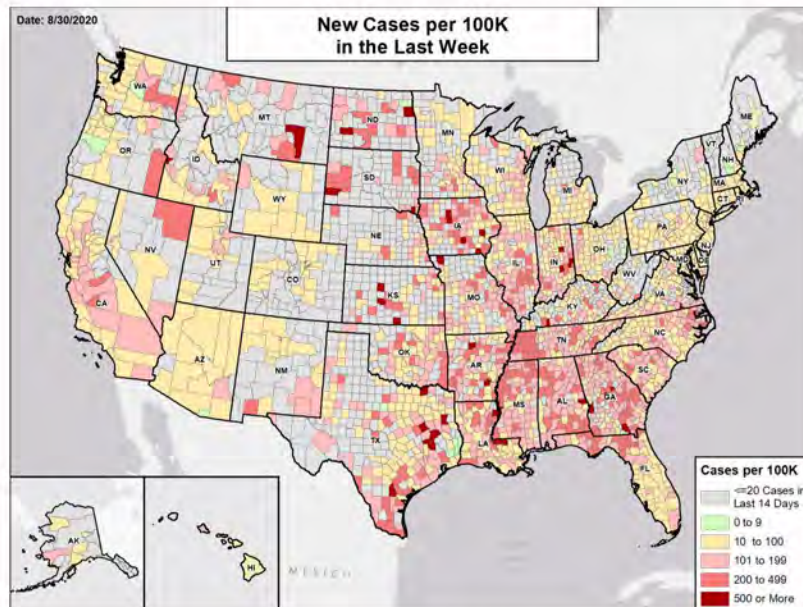
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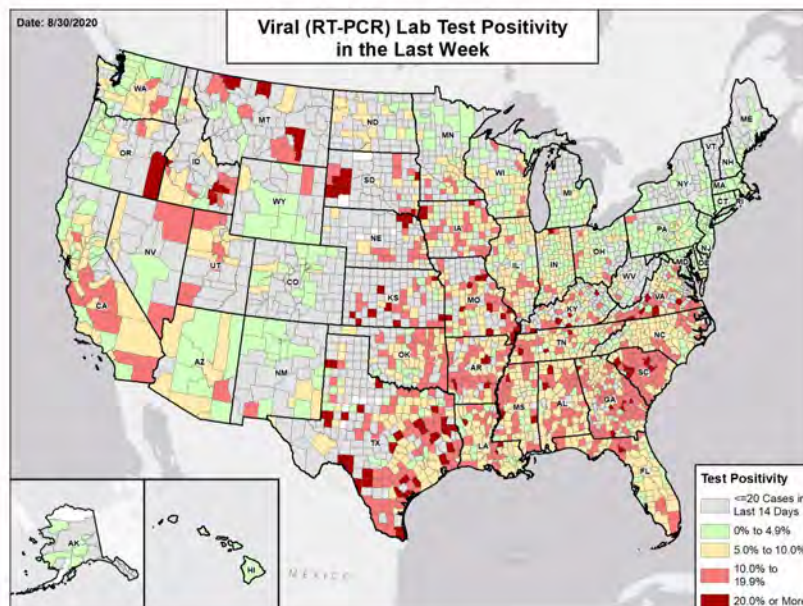


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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METHODS

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

DATA NOTES

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- Cases and deaths:** County-level data from USAFacts as of 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
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- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



THE DISTRICT OF COLUMBIA

STATE REPORT | 08.30.2020

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, with the 35th highest rate in the country. The District of Columbia is in the green zone for test positivity, indicating a rate below 5%, with the 32nd highest rate in the country.
- The District of Columbia has seen stability in new cases and stability in test positivity over the last week.
- Younger age groups continue to predominate among recent cases. Contact tracing now has high coverage for new cases; investigations reveal that many new cases have no known connection to other cases.
- No nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- The District of Columbia had 54 new cases per 100,000 population in the last week, compared to a national average of 88 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 22 - Aug 28, on average, 11 patients with confirmed COVID-19 and 62 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in the District of Columbia. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.*

RECOMMENDATIONS

- Continue efforts to surge testing and contact tracing resources to neighborhoods with highest case rates as these evolve, such as the currently highly affected in Ward 6.
- Consider collaborating within the National Capital Region on a COVID-19 containment strategy similar to efforts implemented by NJ-NY-CT.
- Develop targeted messaging to younger individuals and vulnerable and marginalized populations (e.g., economically disadvantaged, African-American, and Hispanic communities). 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.
- For institutes of higher education (IHE):
 - Ensure both diagnostic and surveillance testing are rapid and comprehensive at all institutions with students on campus.
 - Ensure all universities can fully test, isolate, and conduct contact tracing among students and staff in collaboration with local public health authorities. Expand testing support to Historically Black Colleges and Universities and other IHE that may have limited testing capacity.
 - Ensure university students with or exposed to COVID-19 have access to quarantine and care sites on or near campus and are not returned home to multigenerational households where additional transmission could occur.
- Support a uniform case-reporting process IHE and reporting of this data on public-facing dashboards. Publish IHE screening as well as outbreak data on the state dashboard.
- Conduct outreach to restaurant and bar business owners close to colleges regarding enforcement of masking and limitations on occupancy, as well as other limitations on student patronage; consider additional ordinances as needed to allow enforcement of social distancing and mask mandates for off-campus events in the District.
- Ensure all nursing homes, assisted living, and elderly care sites in the District have full testing capacity so staff can be aggressively tested weekly to prevent spread from students.
- Actively promote testing of young people and those engaged in recent public activities, gatherings, and protests to ensure new cases are found before active community spread occurs. Intensify efforts to improve compliance with mitigation orders.
- 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.
- 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 (e.g., 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.
- 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.
- 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.



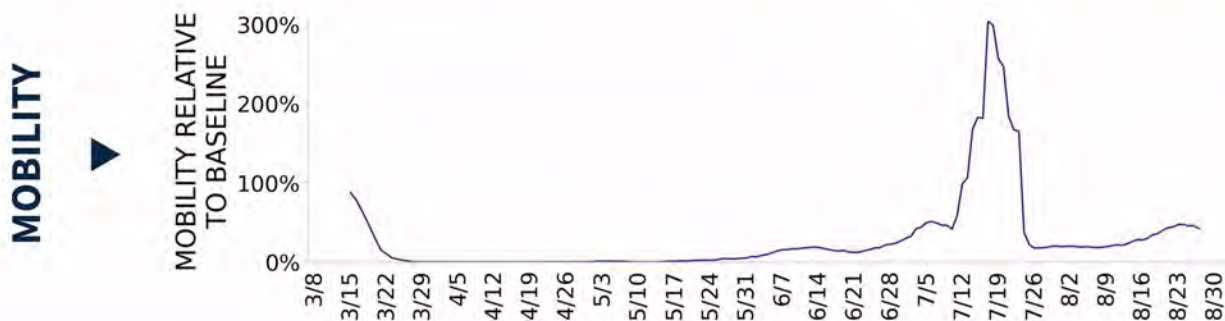
COVID-19



THE DISTRICT OF COLUMBIA

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	382 (54)	+8.8%	16,335 (53)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.7%	+0.0%*	4.8%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	22,974** (3,255)	-6.9%**	477,403** (1,547)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	3 (0)	-62.5%	298 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	5.9% (17.6%)	+5.9%* (-17.6%*)	8.2% (15.1%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0.0%	N/A	3.3%	5.0%



* 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 – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19. Public Health Laboratory data is inclusive of all updates processed through 8/28.

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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



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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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/26/2020. Last week is 8/20 - 8/26. Public Health Laboratory data is inclusive of all updates processed through 8/28.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

Testing

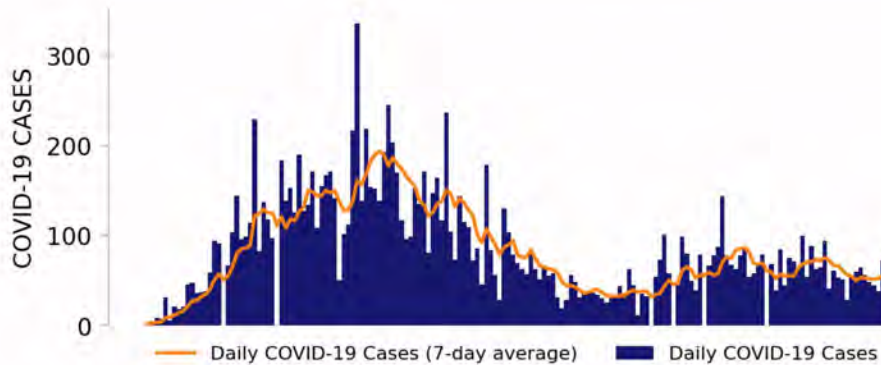
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing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



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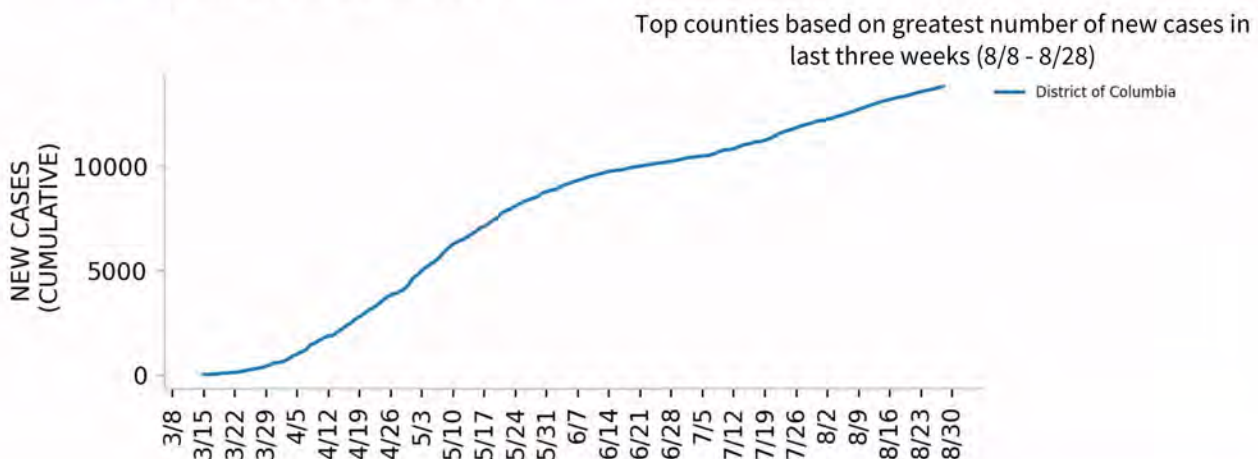
NEW CASES



TESTING



TOP COUNTIES



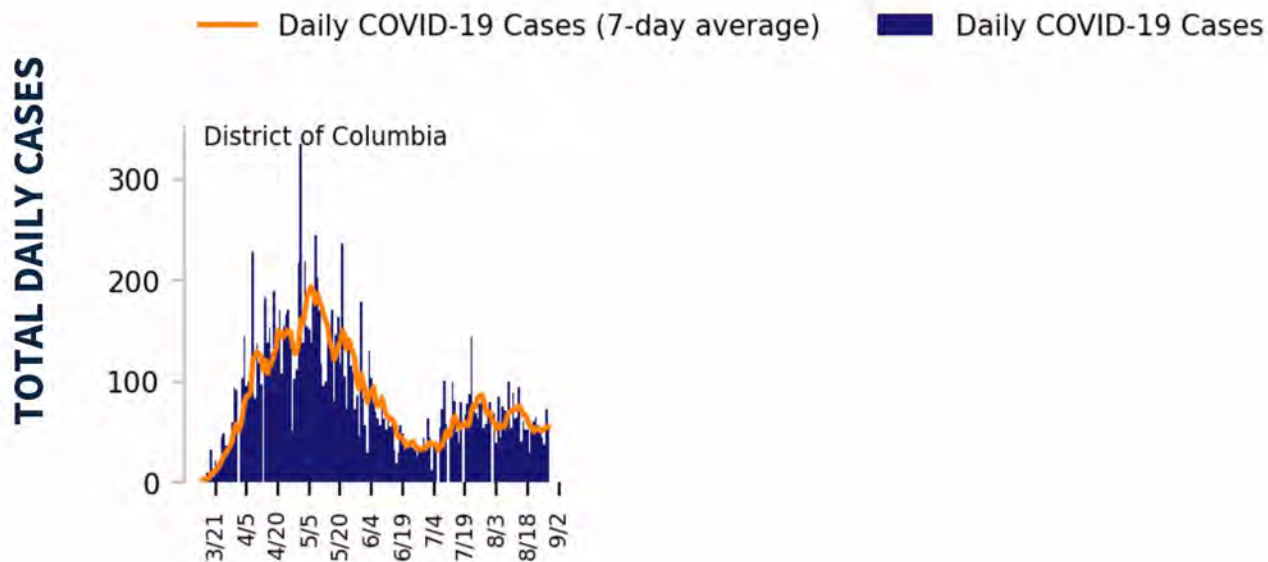
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/26/2020. Public Health Laboratory data is inclusive of all updates processed through 8/28.



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



DATA SOURCES – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

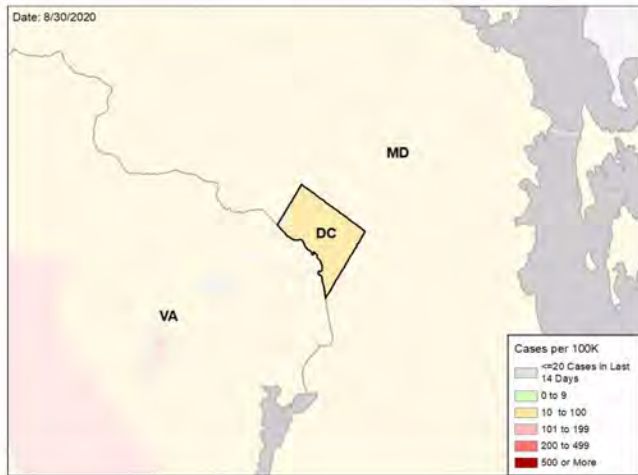


THE DISTRICT OF COLUMBIA

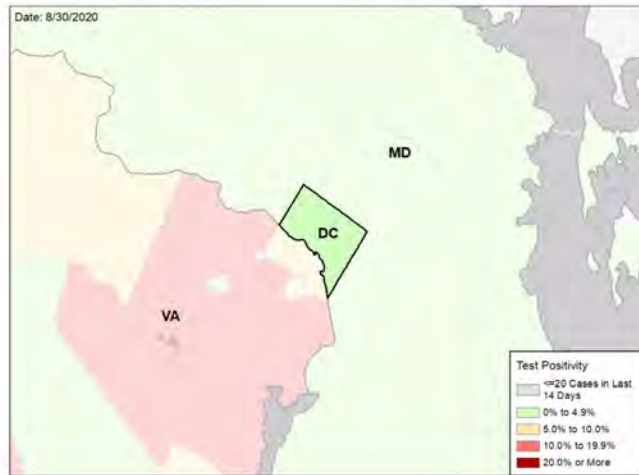
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

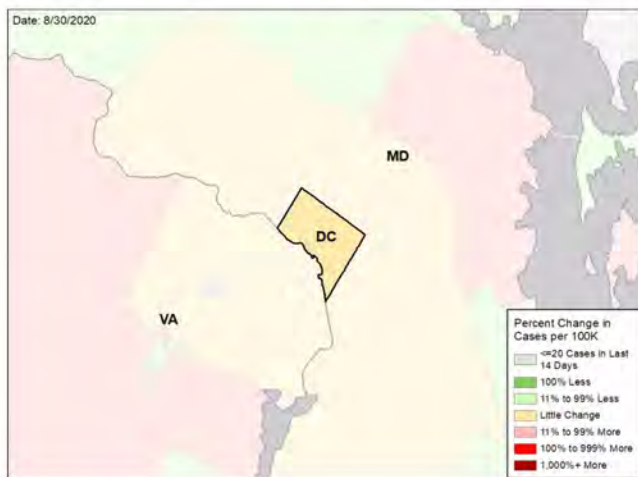
NEW CASES PER 100,000 DURING LAST WEEK



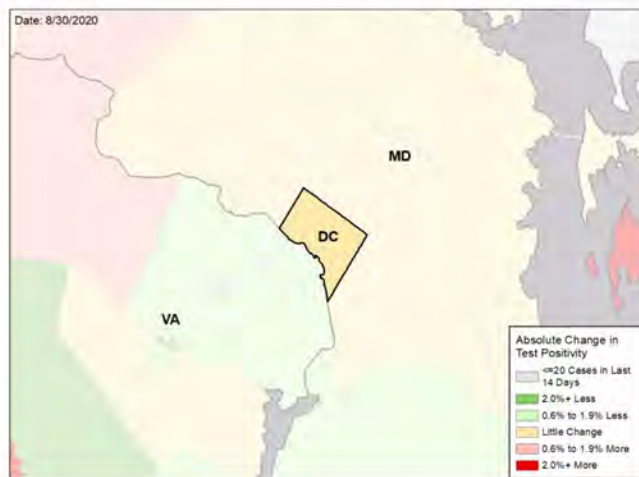
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

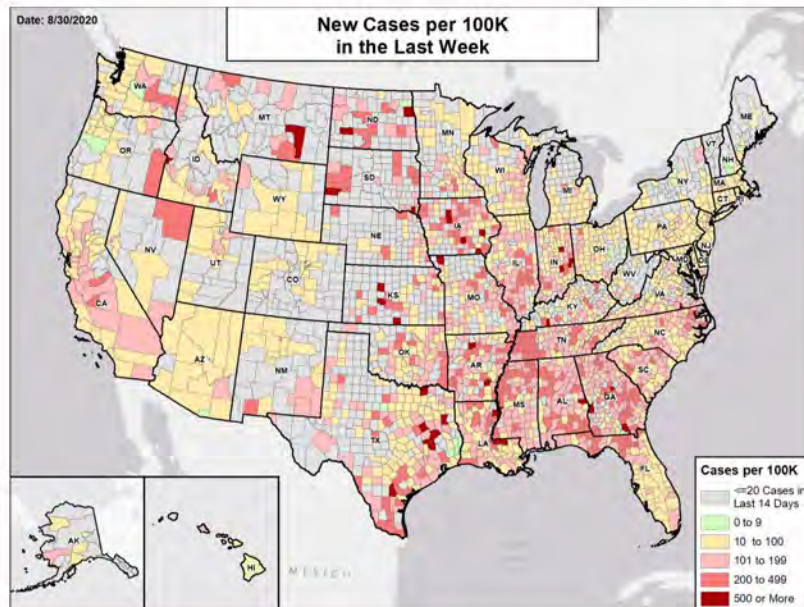
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19. Public Health Laboratory data is inclusive of all updates processed through 8/28.

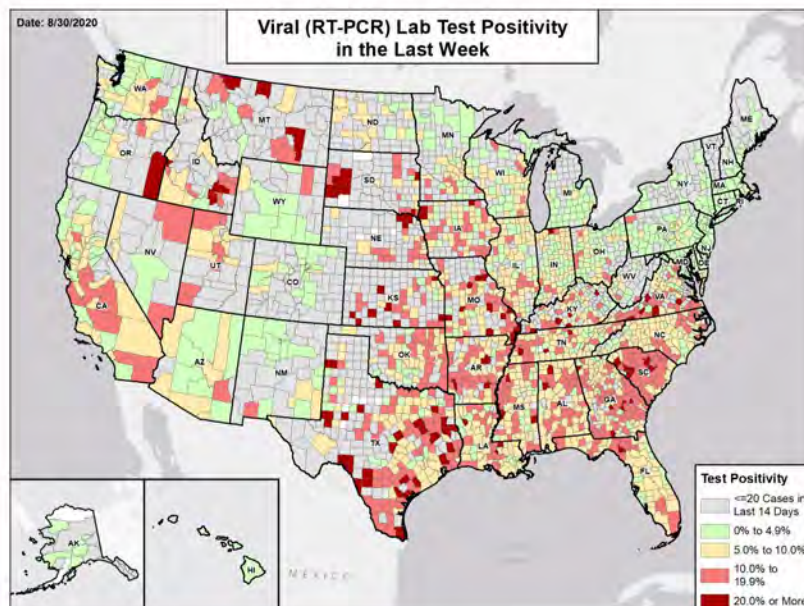


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

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

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



FLORIDA

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SUMMARY

- Florida is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, with the 19th highest rate in the country. Florida is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 16th highest rate in the country.
- Florida has seen a decrease in new cases and a decrease in test positivity over the last week. Continued progress is evident and reflects the use of tailored and specific mitigation efforts.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Miami-Dade County, 2. Broward County, and 3. Palm Beach County. These counties represent 42.2% of new cases in Florida.
- 90% of all counties in Florida have ongoing community transmission (yellow or red zone), with 27% having high levels of community transmission (red zone). There is still significant community spread in the state and mitigation efforts must continue.
- 43.3% of all nursing homes had a COVID-19 positive staff member last week. 4.0% of nursing homes are reporting 3 or more new COVID-19 cases among residents per week over the last 3 weeks.
- Florida had 105 new cases per 100,000 population in the last week, compared to a national average of 88 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; 16 to support medical activities from VA; and 1 to support operations activities from VA.
- Between Aug 22 - Aug 28, on average, 437 patients with confirmed COVID-19 and 339 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Florida. An average of 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.*

RECOMMENDATIONS

- Ensure both diagnostic and surveillance testing are rapid and comprehensive at all universities with students on campus.
- Expand testing support to Historically Black Colleges and Universities that may have limited testing capacity.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and universities and to support testing in communities surrounding universities.
- University students should have quarantine and care sites on or near campus and not be returned home to multigenerational households, where additional transmission could occur.
- Ensure all universities can fully test, isolate, and contact trace.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students to residents through staff.
- Would consider a statewide mask mandate for counties with 20 or more active cases to ensure consistent mask usage, as improvements are fragile.
- Expand the protection of 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, with the 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 new cases per week in the last 3 weeks.
- Continue the bar closure in all counties with rising test percent positivity, increase outdoor dining opportunities, and limit indoor dining to 50% 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 and all citizens need to ensure that they are limiting gatherings and protecting the members of their households with comorbidities.
- Ensure proactive communication about risks of gatherings over Labor Day.
- Continue the scale-up of testing, moving to community-led neighborhood testing. Work with local community groups to increase household testing of multigenerational households, with clear guidance on test positive isolation procedures and mask use.
- Ensure all individuals and households engaged in any multi-household activities are immediately tested, either in pools or as individuals.
- Increase messaging of the risk of serious disease for individuals 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.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as ER visits and hospital 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.

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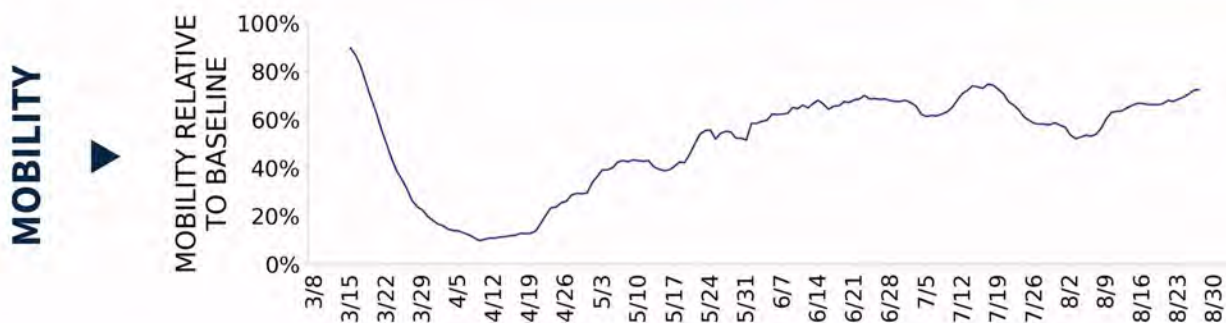
COVID-19



FLORIDA

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	22,519 (105)	-24.9%	82,967 (124)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.7%	-1.2%*	8.5%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	398,753** (1,857)	-17.9%**	921,457** (1,377)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	789 (4)	-23.2%	2,144 (3)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	29.5% (43.3%)	-0.5%* (-2.9%*)	22.2% (32.8%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	12.6%	-2.9%*	9.8%	5.0%



* 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 – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.**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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



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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

Miami-Fort Lauderdale-Pompano Beach
Pensacola-Ferry Pass-Brent
Lake City

24

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

**COUNTY
LAST WEEK**

18

Miami-Dade
Broward
Escambia
Lafayette
Suwannee
Santa Rosa
Columbia
Gadsden
Nassau
Union
Dixie
Bradford

42

Palm Beach
Hillsborough
Orange
Duval
Polk
Marion
Lee
Osceola
Volusia
Leon
Lake
Collier

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

All Red Counties: Miami-Dade, Broward, Escambia, Lafayette, Suwannee, Santa Rosa, Columbia, Gadsden, Nassau, Union, Dixie, Bradford, Gulf, Taylor, Washington, Madison, Hamilton, Liberty

All Yellow Counties: Palm Beach, Hillsborough, Orange, Duval, Polk, Marion, Lee, Osceola, Volusia, Leon, Lake, Collier, St. Lucie, Bay, Alachua, Seminole, Okaloosa, Clay, Martin, Hernando, Sumter, Citrus, Baker, Jackson, Charlotte, Highlands, Indian River, Putnam, Walton, Monroe, Levy, Hendry, Wakulla, Okeechobee, Hardee, Franklin, DeSoto, Calhoun, Holmes, Gilchrist, Glades, Jefferson

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

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

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

Testing

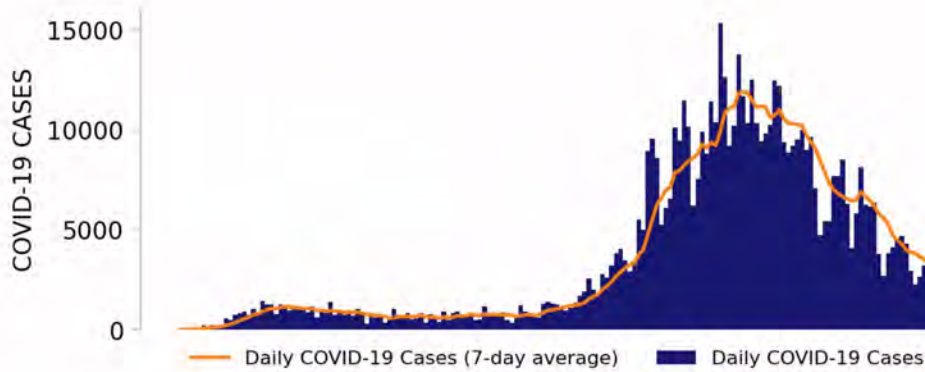
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing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



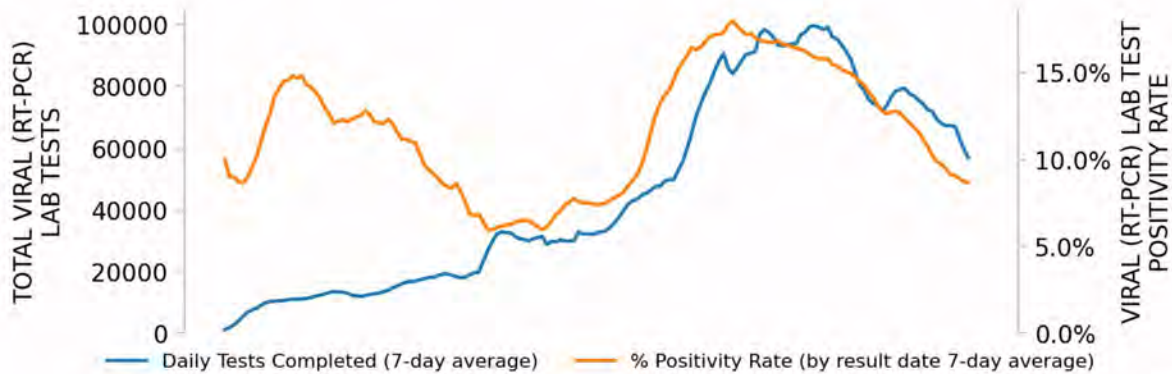
FLORIDA

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NEW CASES

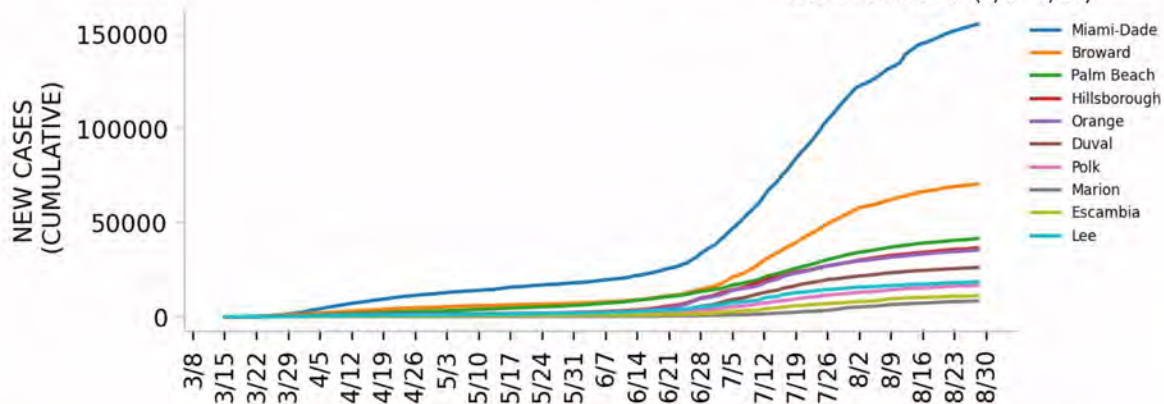


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

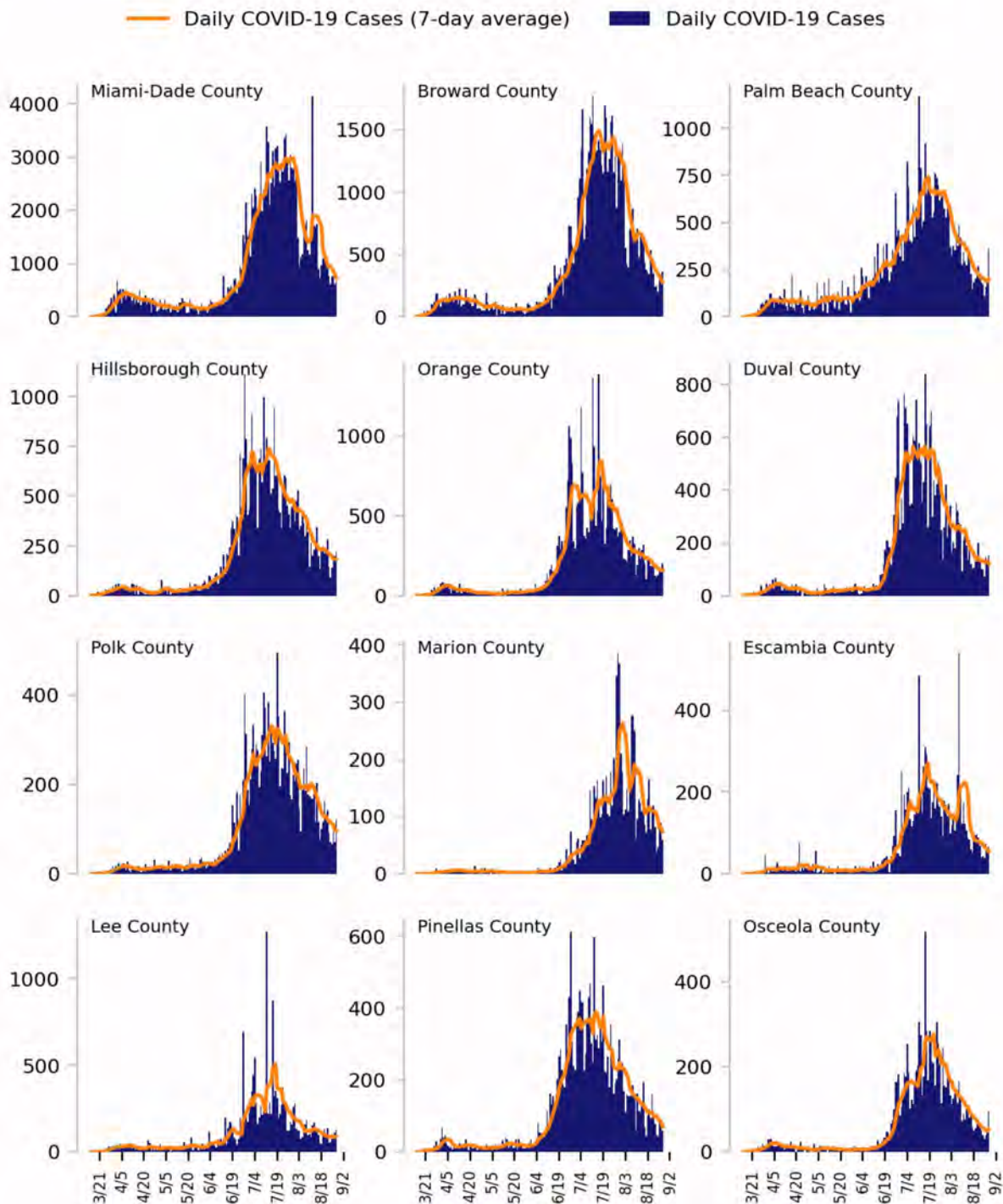
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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

TOTAL DAILY CASES



DATA SOURCES – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

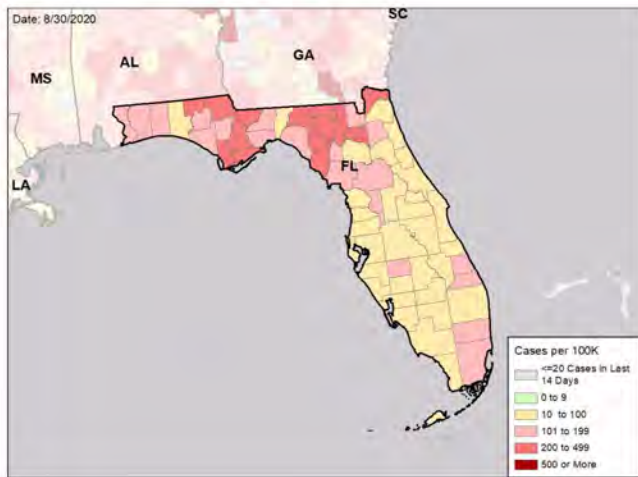


FLORIDA

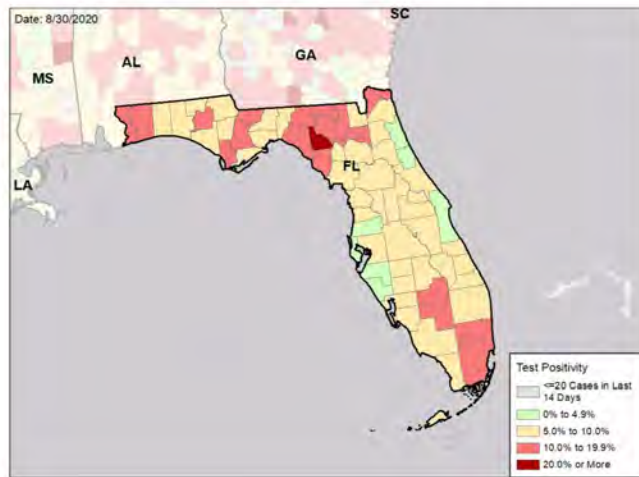
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

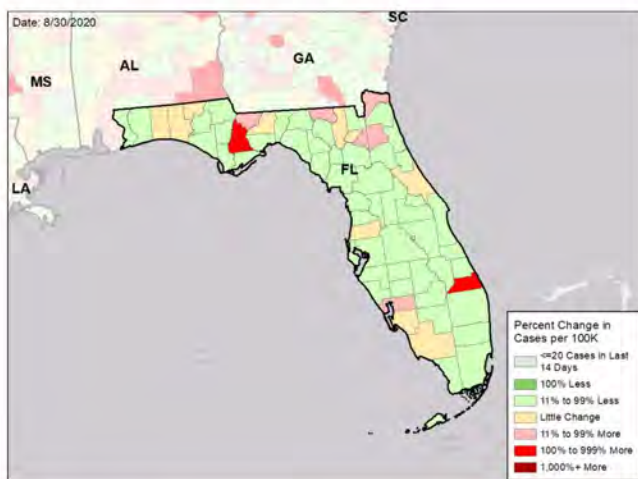
NEW CASES PER 100,000 DURING LAST WEEK



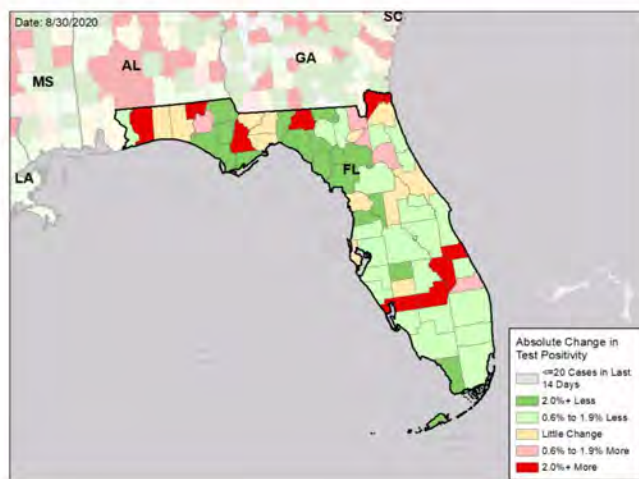
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

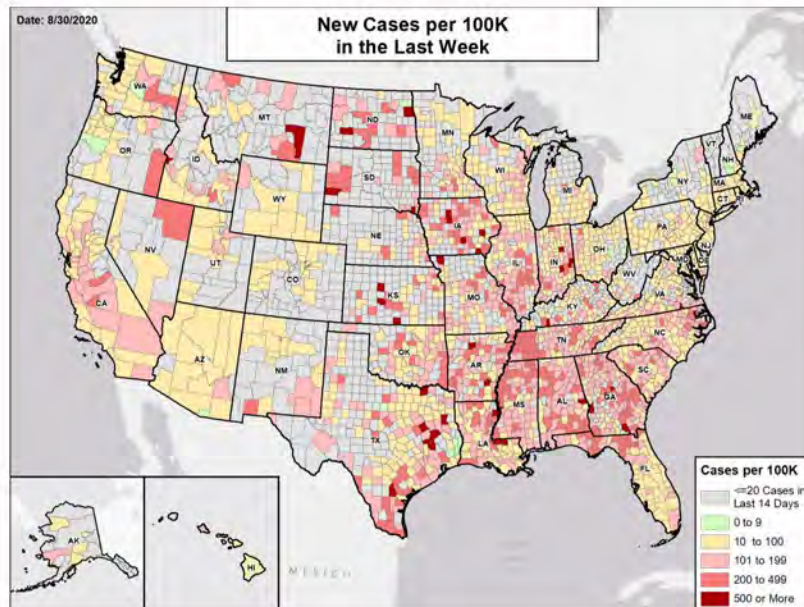
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

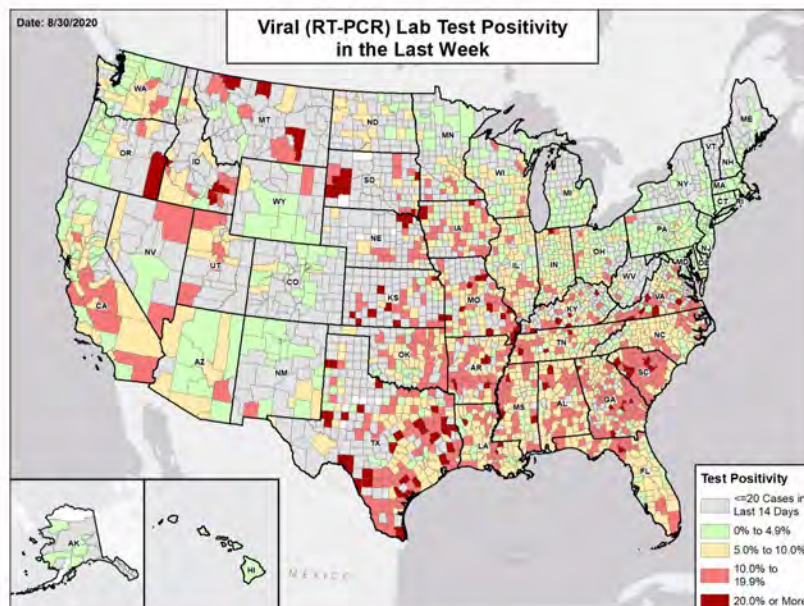


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

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

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



GEORGIA

STATE REPORT | 08.30.2020

SUMMARY

- Georgia 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. Georgia is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 18th highest rate in the country.
- Georgia has seen a decrease in new cases and stability in test positivity over the last week, demonstrating continued week-over-week progress. With continued aggressive mitigation and prevention of spread from universities to local communities, progress should continue and mortality should begin to decrease.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Fulton County, 2. Gwinnett County, and 3. Cobb County. These counties represent 23.6% of new cases in Georgia.
- 82% of all counties in Georgia have ongoing community transmission (yellow or red zone), with 45% having high levels of community transmission (red zone), demonstrating the need for continued mitigation.
- Nearly 30% of all nursing homes in Georgia had one or more staff newly diagnosed with COVID in the last week; 3.9% of nursing homes are reporting 3 or more new COVID-19 cases among residents per week over the last 3 weeks.
- Georgia had 148 new cases per 100,000 population in the last week, compared to a national average of 88 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; 10 to support operations activities from ASPR; 21 to support epidemiology activities from CDC; 1 to support operations activities from USCG; and 1 to support operations activities from VA.
- The federal government has supported a surge testing site in Atlanta, GA.
- Between Aug 22 - Aug 28, on average, 210 patients with confirmed COVID-19 and 339 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Georgia. An average of 83% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Ensure both diagnostic and surveillance testing are rapid and comprehensive at all universities with students on campus.
- Expand testing support to Historically Black Colleges and Universities that may have limited testing capacity.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) universities and to support testing in communities surrounding universities.
- University students should have quarantine and care sites on campus or near campus and not be returned home to multigenerational households, where additional transmission could occur.
- Ensure all universities can fully test, isolate, and contact trace.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students to residents through staff.
- 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, with the 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 new cases in the last week. Antigen testing capacity will continue to be supplied over the next 4-6 weeks to support routine LTCF testing from the Federal Government.
- In red zone counties, close all establishments where social distancing and mask use cannot occur, such as bars, nightclubs, and entertainment venues.
- Further limit to indoor dining to less than 25% occupancy and expand outdoor dining.
- Ask every citizen to limit social gatherings to 10 or fewer people and ensure proactive communication about the risks of gatherings over Labor Day.
- Increase messaging of the risk of serious disease for individuals in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Continue the scale-up of testing, moving to community-led neighborhood testing.
- Work with local communities to implement and provide clear guidance for households that test positive, including on individual isolation and quarantining procedures.
- Continue to enhance contact tracing and ensure the ability of cases and contacts to quarantine or isolate safely.
- Ensure every public health lab is fully staffed and running 24/7 and utilizing all platforms to reduce turnaround times. Institute 2:1 pooling of specimens on all high throughput machines as long as turnaround times are greater than 36 hours.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as ER visits and hospital 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.



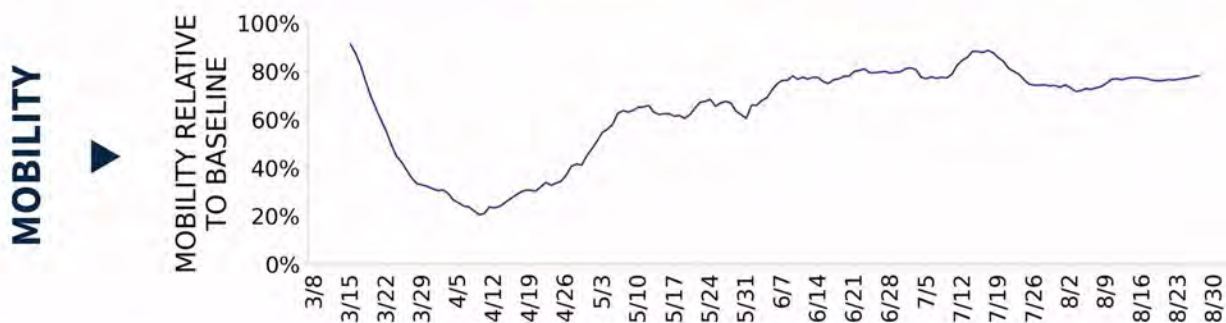
COVID-19



GEORGIA

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	15,751 (148)	-11.2%	82,967 (124)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.3%	-0.5%*	8.5%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	126,970** (1,196)	-9.7%**	921,457** (1,377)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	477 (4)	+13.0%	2,144 (3)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	22.5% (29.2%)	-1.5%* (-2.7%*)	22.2% (32.8%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	10.7%	+0.2%*	9.8%	5.0%



* 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 – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.**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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



GEORGIA

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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**

19

Augusta-Richmond County
Macon-Bibb County
Savannah
Warner Robins
Dalton
Milledgeville
Dublin
Statesboro
Cedartown
Douglas
Vidalia
Thomasville

20

Atlanta-Sandy Springs-Alpharetta
Gainesville
Columbus
Athens-Clarke County
Rome
Brunswick
Chattanooga
Albany
Valdosta
Jefferson
Calhoun
Waycross

**COUNTY
LAST WEEK**

72

Bibb
Richmond
Chatham
Henry
Columbia
Clarke
Coweta
Paulding
Baldwin
Bartow
Bulloch
Whitfield

58

Fulton
Gwinnett
Cobb
DeKalb
Hall
Clayton
Cherokee
Forsyth
Muscogee
Floyd
Houston
Douglas

All Red CBSAs: Augusta-Richmond County, Macon-Bibb County, Savannah, Warner Robins, Dalton, Milledgeville, Dublin, Statesboro, Cedartown, Douglas, Vidalia, Thomasville, Summerville, Jesup, Bainbridge, Fitzgerald, Toccoa, Tifton, Cordele

All Yellow CBSAs: Atlanta-Sandy Springs-Alpharetta, Gainesville, Columbus, Athens-Clarke County, Rome, Brunswick, Chattanooga, Albany, Valdosta, Jefferson, Calhoun, Waycross, LaGrange, Hinesville, St. Marys, Moultrie, Cornelia, Thomaston, Americus, Eufaula

All Red Counties: Bibb, Richmond, Chatham, Henry, Columbia, Clarke, Coweta, Paulding, Baldwin, Bartow, Bulloch, Whitfield, Barrow, Laurens, Polk, Coffee, Toombs, Effingham, Thomas, Chattooga, Emanuel, Appling, Catoosa, Wayne, Liberty, Decatur, Ben Hill, Stephens, Peach, Jeff Davis, Burke, Tattnall, McDuffie, Tift, Grady, Jefferson, Morgan, Jones, Madison, Monroe, Franklin, Greene, Evans, Haralson, Hart, Pulaski, Banks, Dodge, Seminole, Clinch, Screven, Crisp, Treutlen, Bacon, Wilkinson, Candler, Brooks, Miller, Butts, Johnson, Towns, Montgomery, Jenkins, Lincoln, Twiggs, Wheeler, Taylor, Early, Hancock, Crawford, Randolph, Wilcox

All Yellow Counties: Fulton, Gwinnett, Cobb, DeKalb, Hall, Clayton, Cherokee, Forsyth, Muscogee, Floyd, Houston, Douglas, Glynn, Newton, Fayette, Carroll, Jackson, Walton, Rockdale, Chattahoochee, Lumpkin, Gordon, Lowndes, Troup, Dougherty, Dawson, Camden, Spalding, Bryan, Colquitt, Putnam, Habersham, Gilmer, Bleckley, Washington, Pickens, Charlton, Upson, Lee, Murray, Pierce, Oconee, Sumter, Elbert, Meriwether, Stewart, Berrien, Atkinson, Cook, Harris, McIntosh, Pike, Dade, Brantley, Mitchell, Worth, Heard, Macon

* 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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
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Testing

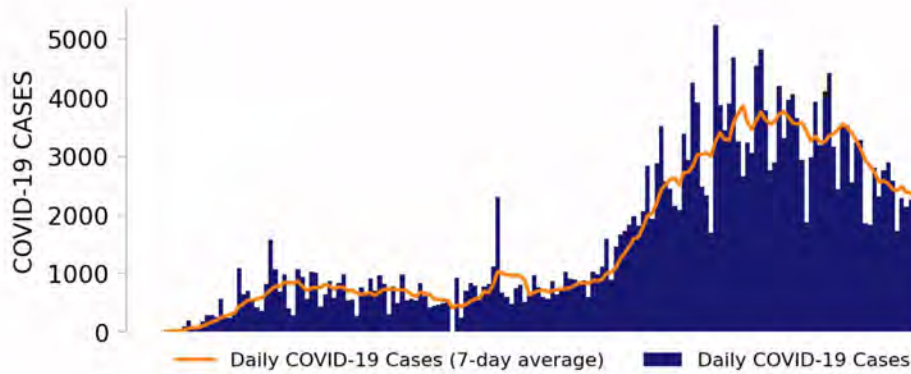
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- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device



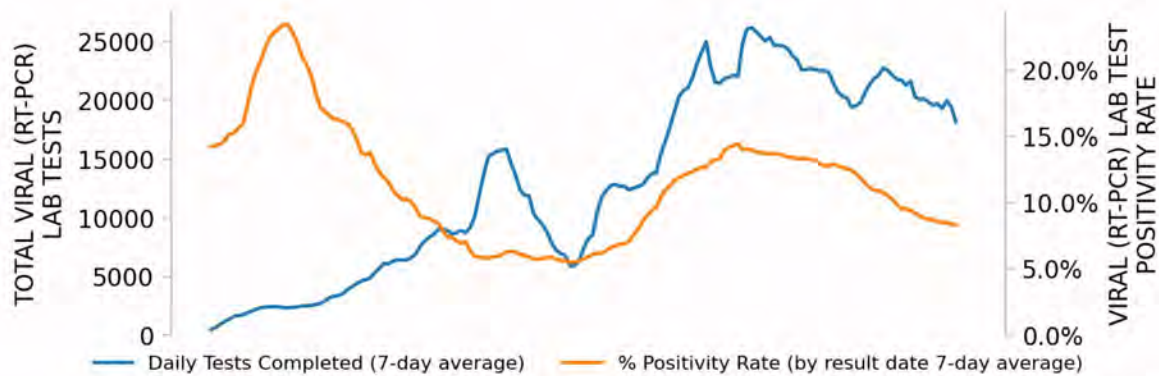
GEORGIA

STATE REPORT | 08.30.2020

NEW CASES

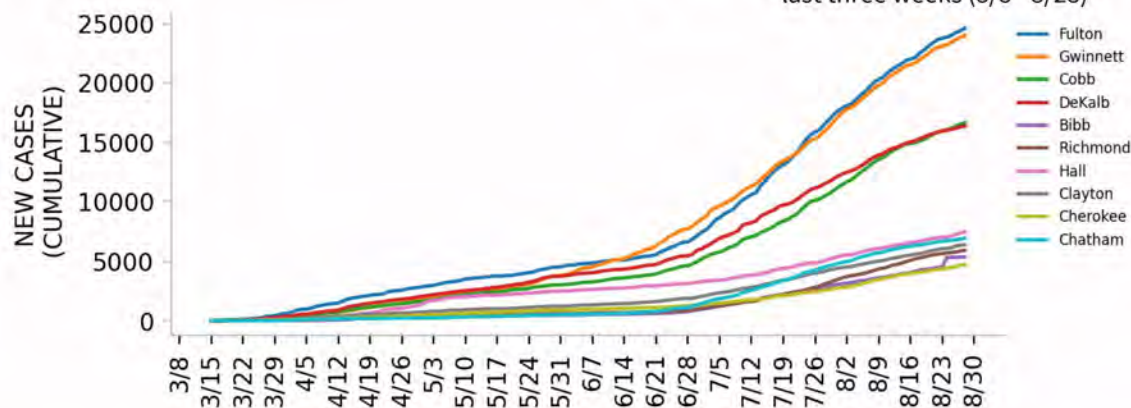


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

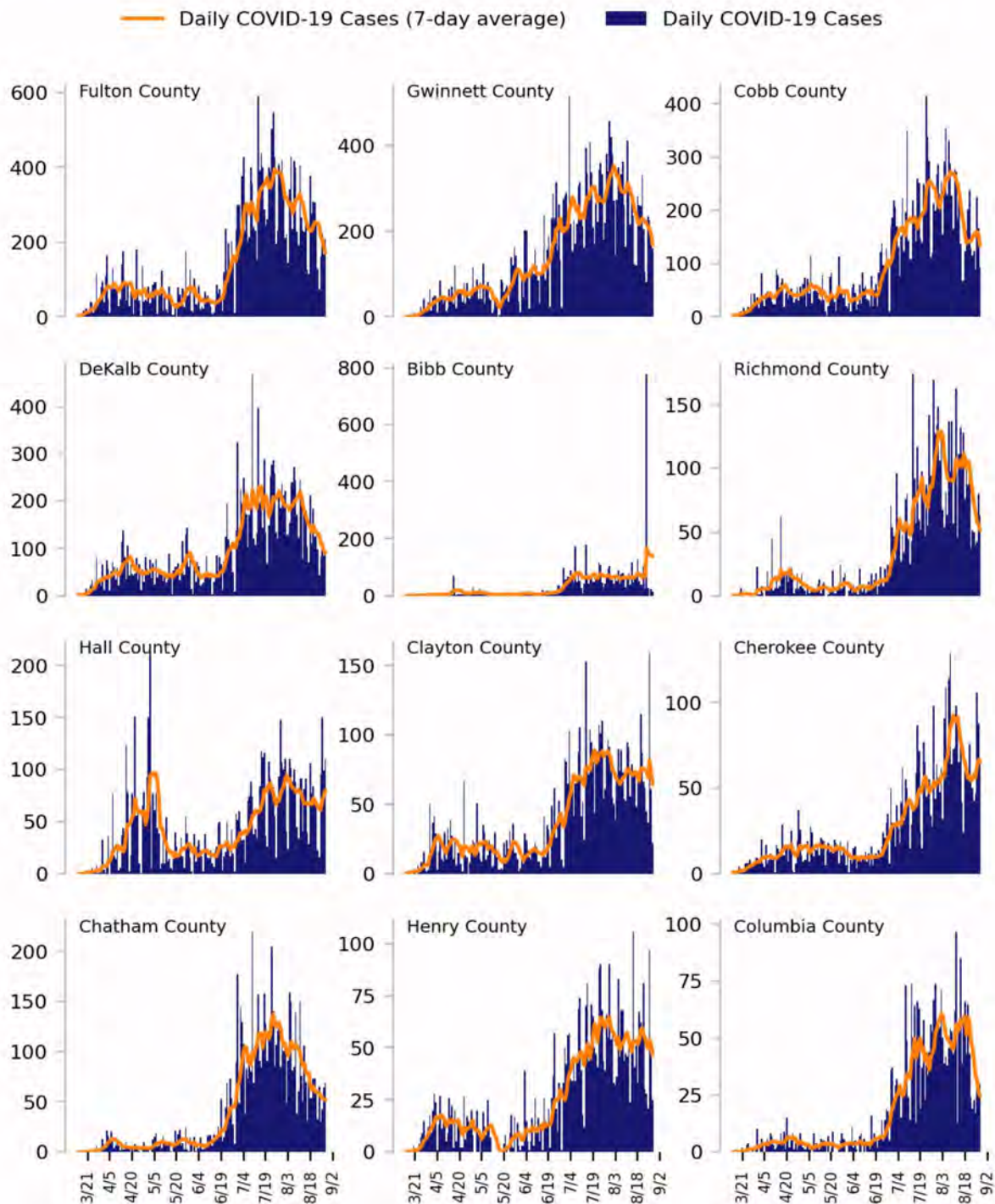
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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

TOTAL DAILY CASES



DATA SOURCES – Additional data details available under METHODS

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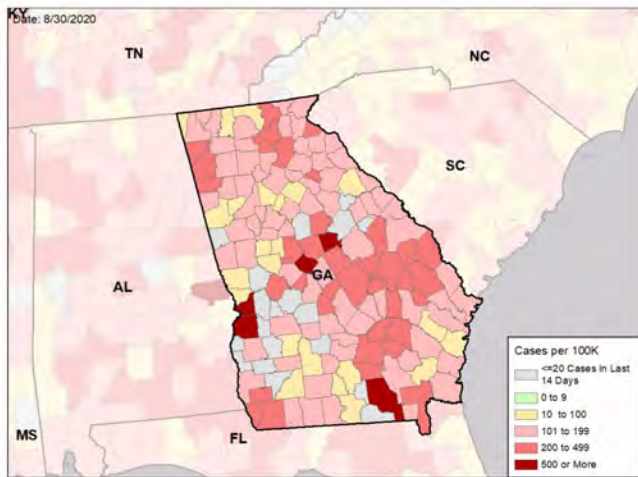


GEORGIA

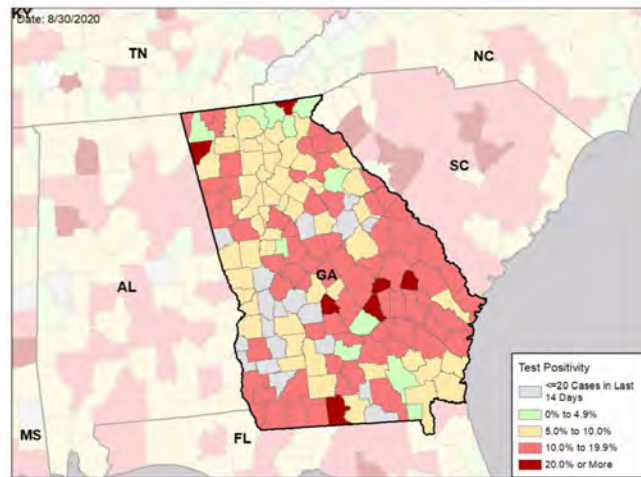
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

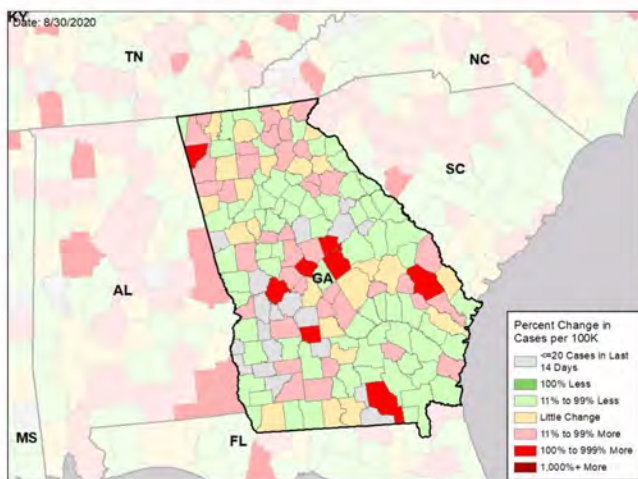
NEW CASES PER 100,000 DURING LAST WEEK



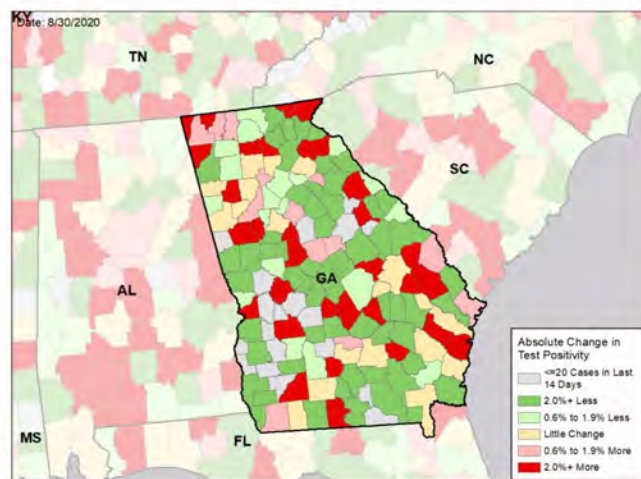
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

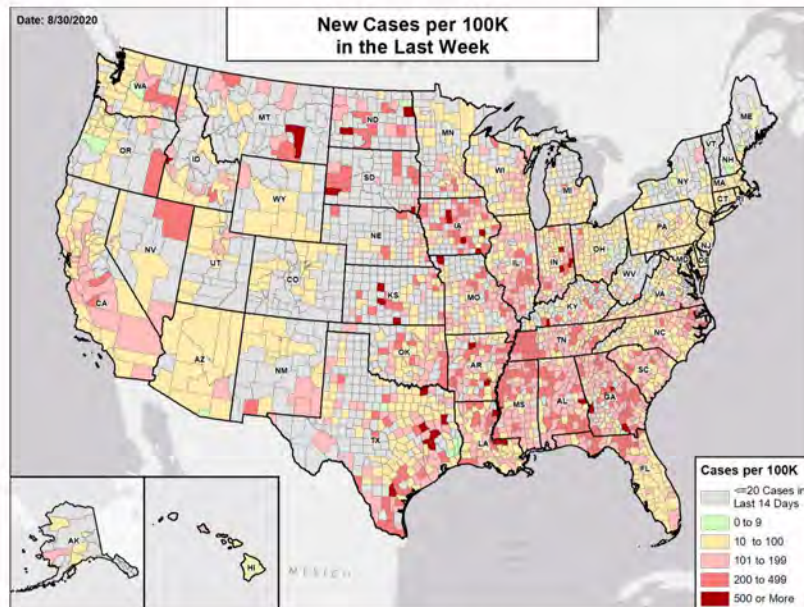
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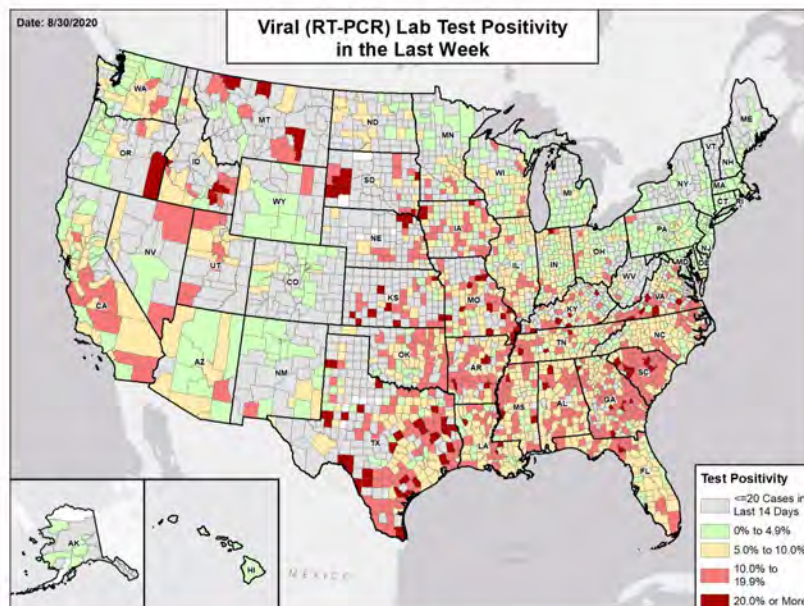


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

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

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



HAWAII

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SUMMARY

- Hawaii 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 country. Hawaii is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 21st highest rate in the country.
- Hawaii has seen an increase in new cases and a decrease in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Honolulu County, 2. Hawaii County, and 3. Maui County, with cases increasing most dramatically in Hawaii county. These counties represent 99.8% of new cases in Hawaii and should be the focus of efforts.
- 20% of all counties in Hawaii have ongoing community transmission (yellow or red zone), with none having high levels of community transmission (red zone).
- No nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- Hawaii had 124 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 15 to support operations activities from FEMA; 3 to support operations activities from ASPR; 1 to support epidemiology activities from CDC; 2 to support operations activities from CDC; and 17 to support operations activities from USCG.
- The federal government has supported a surge testing site in Honolulu, HI.
- Between Aug 22 - Aug 28, on average, 52 patients with confirmed COVID-19 and 54 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Hawaii. An average of 94% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.*

RECOMMENDATIONS

- Stay at home orders are appropriate for Honolulu; consider intensifying mitigation efforts in Hawaii and Maui counties to contain transmission, including mandate for face coverings in any indoor environment outside the home.
- Follow case rates closely and expand mitigation efforts to wherever case rates or test positivity increase.
- Provide adequate housing and material support, as necessary, to ensure immediate 10-day isolation of all cases and 14-day quarantine of all contacts, especially in communities with congregate living facilities and multi-generational or crowded households. Ensure that older persons and those with risk factors are protected from any case or contact.
- Learn from Home is appropriate in Honolulu; consider imposing in Hawaii and Maui counties as well. Colleges and universities that are opening should partner with local health authorities to ensure sufficient capacity for testing and retesting, contact tracing, and isolation and quarantine.
- Continue aggressive, locally-developed public service campaigns in appropriate language across all media platforms targeting residents, students, and tourists.
- Continue to expand testing and intensified contact tracing efforts.
- Ensure all cases are immediately isolated and interviewed for contacts within 48 hours of diagnosis.
- Enlist and train university students and unemployed residents as contact tracers to expand capacity. Work with federal agencies for support to quickly train and scale-up new staff.
- Continue to expand testing across the state by utilizing pooled testing as described below. Ensure all public health labs are staffed and running at maximum capacity 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.
- 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, Hawaii and Maui counties.
- 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.



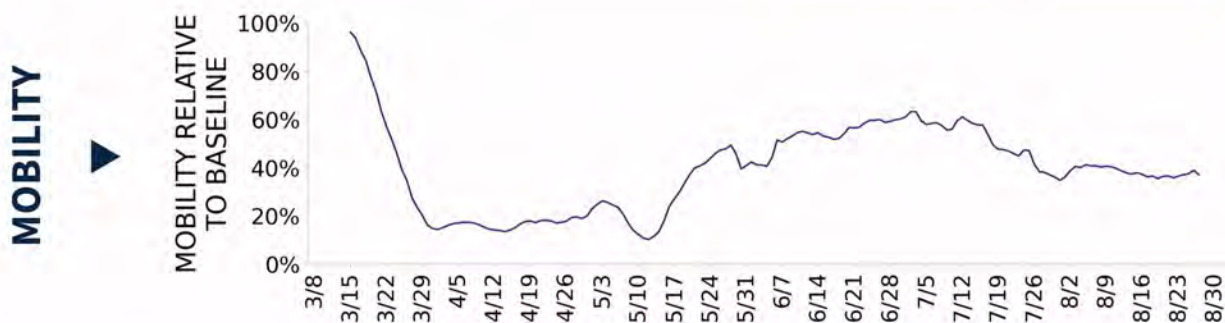
COVID-19



HAWAII

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	1,758 (124)	+15.0%	46,780 (91)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.6%	-0.8%*	5.9%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	11,772** (831)	-51.2%**	926,183** (1,806)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	13 (1)	+116.7%	1,249 (2)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	11.6% (14.0%)	+1.9%* (+6.6%*)	10.1% (14.3%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0.0%	N/A	4.3%	5.0%



* 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 – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



HAWAII

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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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

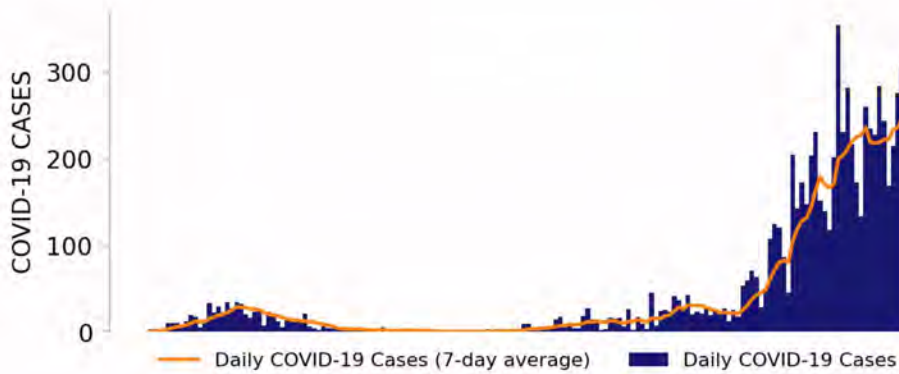
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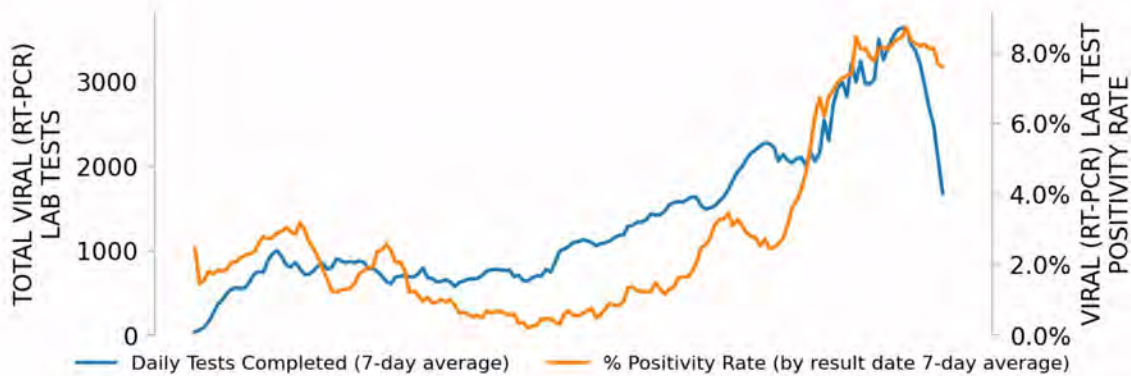
HAWAII

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NEW CASES

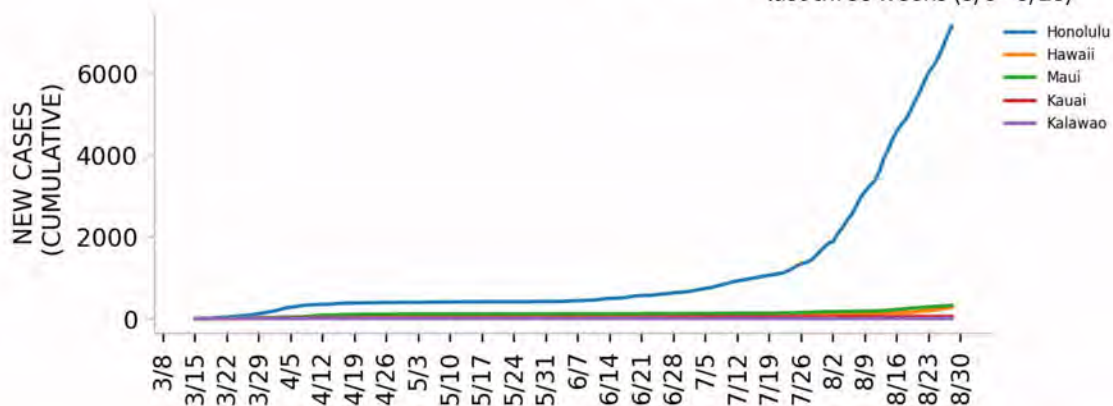


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

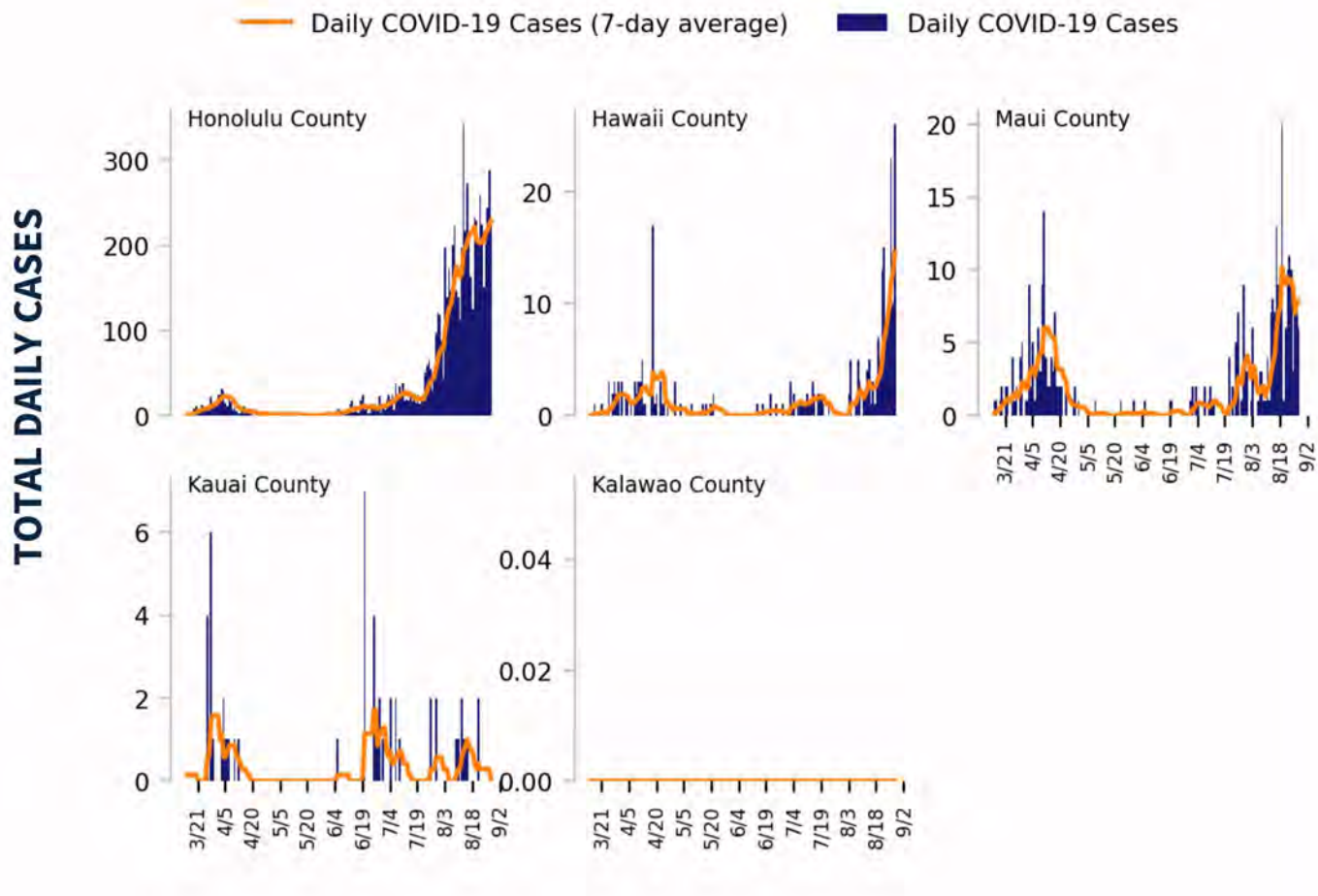
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Top 12 counties based on number of new cases in the last 3 weeks



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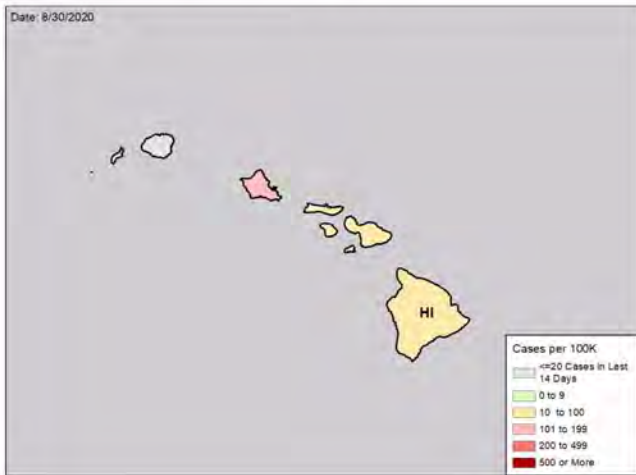


HAWAII

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

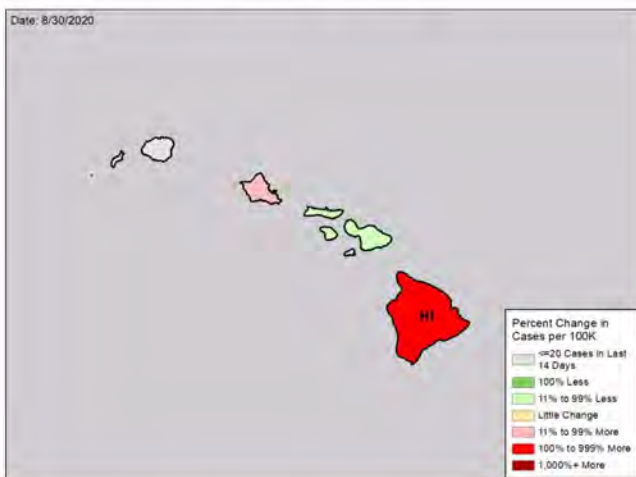
NEW CASES PER 100,000 DURING LAST WEEK



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



WEEKLY % CHANGE IN NEW CASES PER 100K



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



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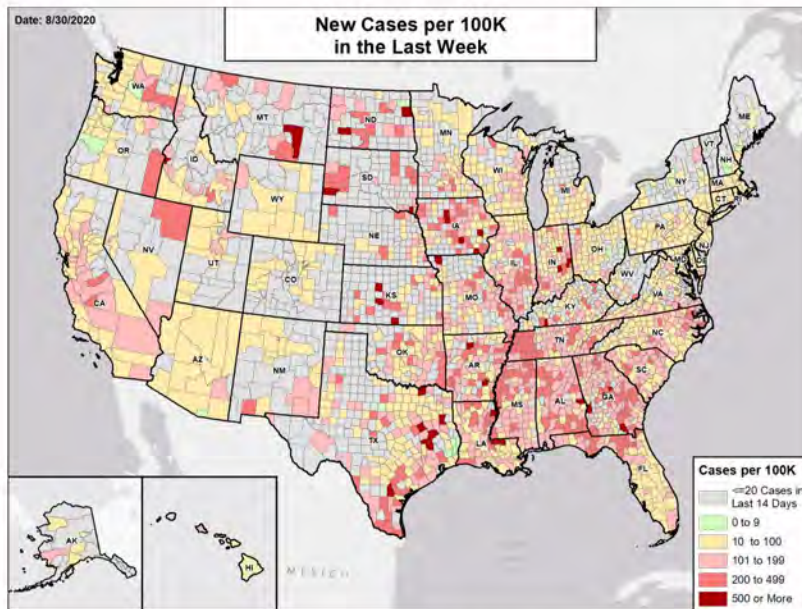
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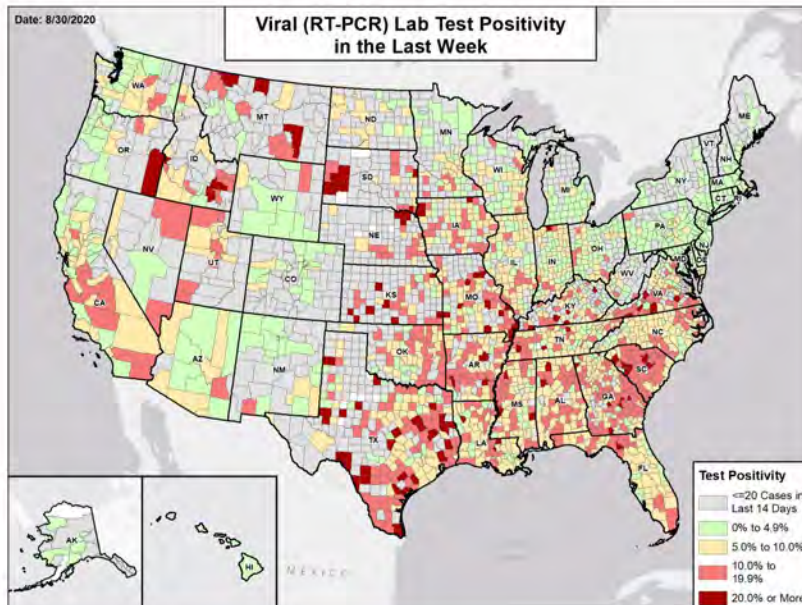


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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METHODS

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Metric	Green	Yellow	Red
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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
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Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-0.5%	-0.5%-0.5%	>0.5%

DATA NOTES

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- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



IDAHO

STATE REPORT | 08.30.2020

SUMMARY

- Idaho is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, with the 15th highest rate in the country. Idaho is in the red zone for test positivity, indicating a rate above 10%, with the 3rd highest rate in the country.
- Idaho has seen stability in new cases and a decrease in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Ada County, 2. Canyon County, and 3. Bonneville County; these counties represent 59.4% of new cases in Idaho. In addition, Payette and Kootenai counties both had over 100 cases this past week.
- 45% of all counties in Idaho have ongoing community transmission (yellow or red zone), with 18% having high levels of community transmission (red zone).
- Decreasing rates in Ada County suggest that mitigation efforts are having an impact.
- Testing is well below national levels and remains below 1,000 per 100,000 population in many yellow and red-zone counties; it is a critical barrier to epidemic control.
- 4.9% of nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks, one of the highest rates in the nation.
- Idaho had 113 new cases per 100,000 population in the last week, compared to a national average of 88 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; 3 to support epidemiology activities from CDC; and 1 to support operations activities from CDC.
- Between Aug 22 - Aug 28, on average, 16 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 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.*

RECOMMENDATIONS

- The continued drop in case rates and test positivity, especially in Boise, is evidence that mitigation efforts are having an impact; educational campaigns (#MaskUpIdaho) should have particular focus in any yellow and red zone counties and metro areas that do not have a mandate for face coverings.
- Feature new state dashboard as part of educational campaigns, showing local data prominently alongside policies and ordinances for school openings and face coverings.
- Transmissions are increasingly driven by family and neighborhood gatherings. Educate citizens on the risk of spreading the virus to family members with underlying conditions, encourage vulnerable family members to protect themselves, and recommend all individuals that have participated in such events to get tested.
- Beyond providing guidance, consider actively monitoring crowded indoor work or retail environments for social distancing and face coverings. Consider ways to apply state pressure for non-adherence.
- Support local jurisdictions in yellow or red zones with data, talking points, and state representation to encourage local boards to act.
- Continue all efforts to maximize testing capacity by expanding public-private partnerships, expanding utilization of current resources (as described previously) and holding regular meetings of appropriate staff to identify obstacles. Identify funding to address obstacles that can be quickly overcome with time-limited investment (e.g., staffing and supplies).
- 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.
- Universities and colleges should work with various student leaders and student-run news organizations to support compliance with recommendations.
- Continue policy of home isolation or quarantine for all who are tested and/or are known contacts; as is feasible, provide material support and telephonic counseling to facilitate 10-day isolation or 14-day quarantine.
- Continue to identify and provide spaces for isolation/quarantine for those who are unable to do so at home.
- Continue to conduct infection control surveys in all nursing homes with 3 or more new cases in a week.
- Continue to scale-up efforts across all nursing homes to implement testing recommendations, enforce use of face coverings by staff, segregate residents and ensure social distancing is implemented and restrict in-person visitation, 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.



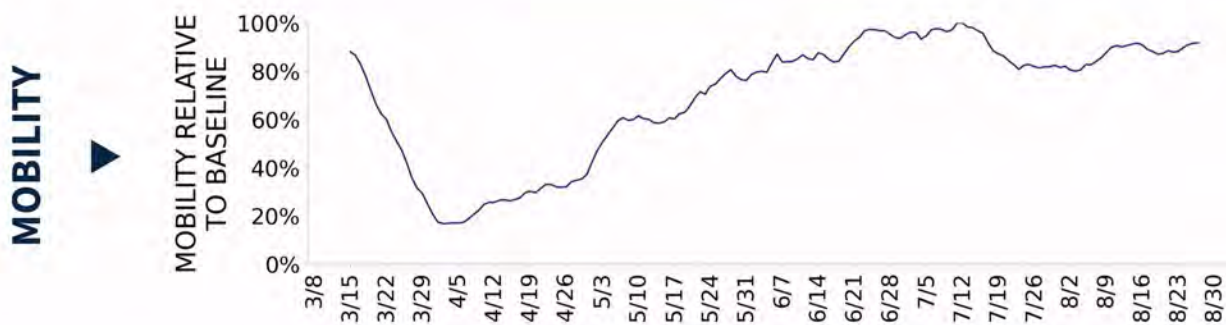
COVID-19



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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	2,020 (113)	-8.0%	8,068 (56)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	11.3%	-1.2%*	4.2%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	21,308** (1,192)	-19.2%**	175,802** (1,225)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	48 (3)	+20.0%	146 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	8.2% (21.9%)	-0.8%* (-3.7%*)	4.1% (10.6%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5.5%	+0.4%*	1.8%	5.0%



* 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 – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.**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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



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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

Boise City
Idaho Falls
Twin Falls
Ontario

8

Coeur d'Alene
Pocatello
Blackfoot
Lewiston
Rexburg
Mountain Home
Jackson
Logan

**COUNTY
LAST WEEK**

8

Canyon
Bonneville
Payette
Jefferson
Jerome
Gooding
Power
Benewah

12

Ada
Kootenai
Twin Falls
Bannock
Bingham
Nez Perce
Shoshone
Madison
Elmore
Washington
Owyhee
Fremont

* 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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

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

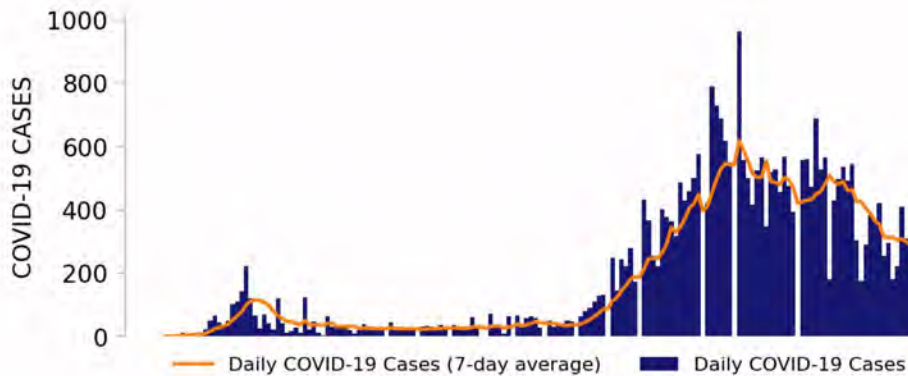
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- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider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



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NEW CASES

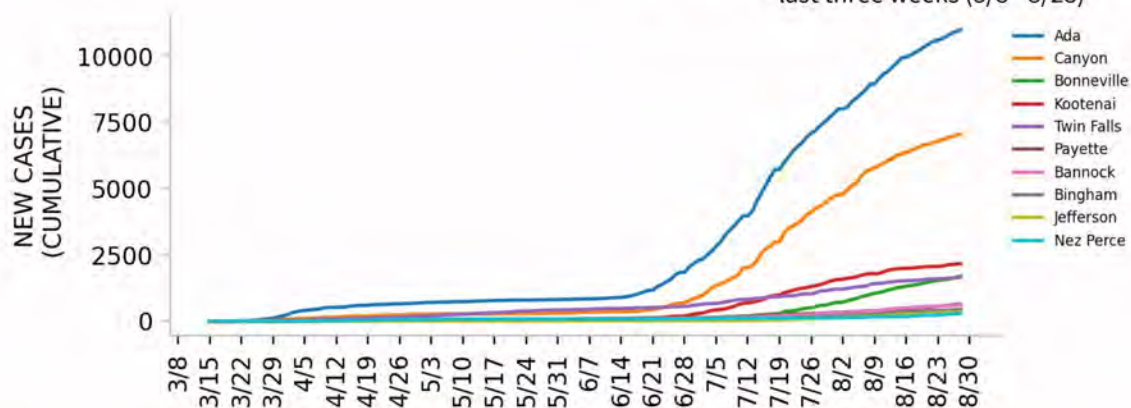


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES

**DATA SOURCES** – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

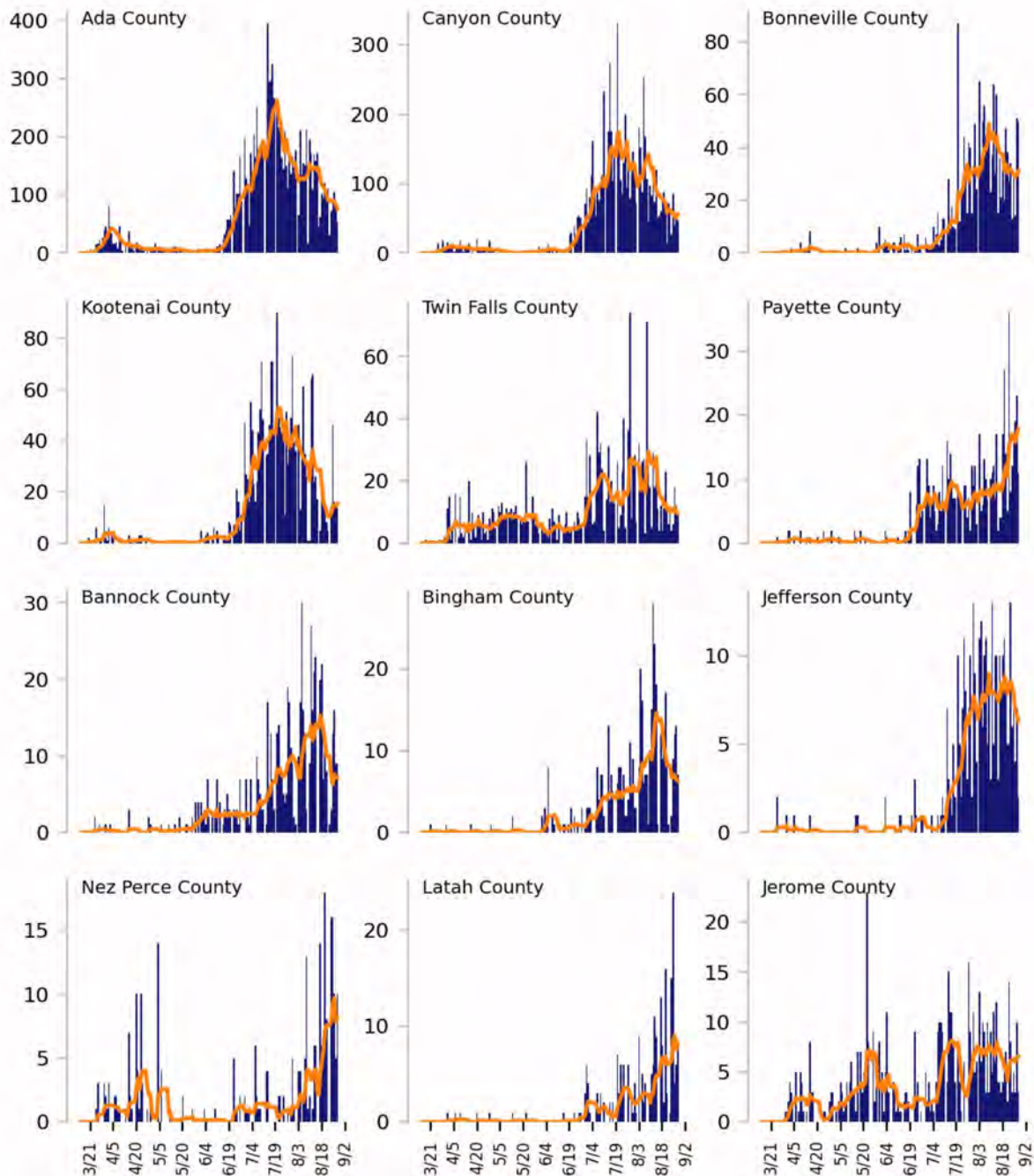
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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 – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

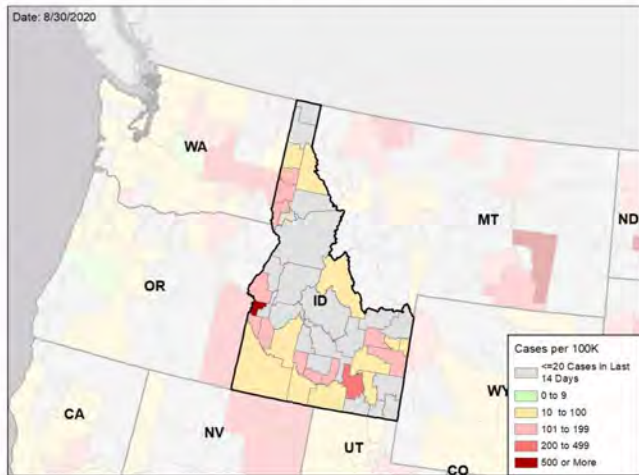


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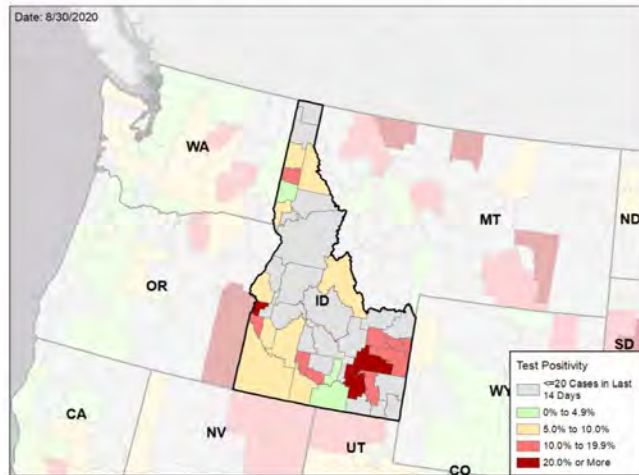
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

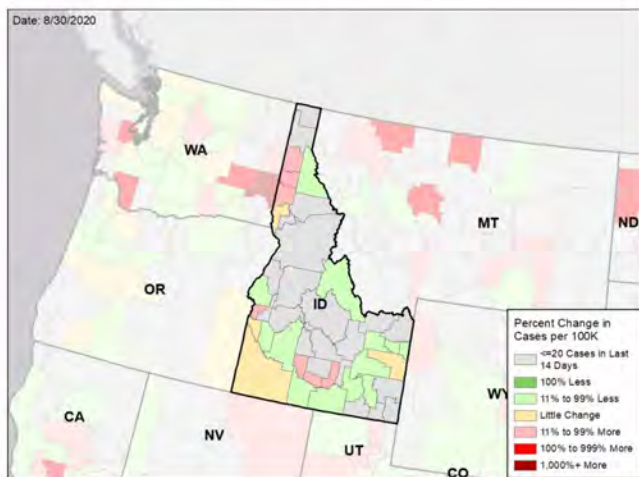
NEW CASES PER 100,000 DURING LAST WEEK



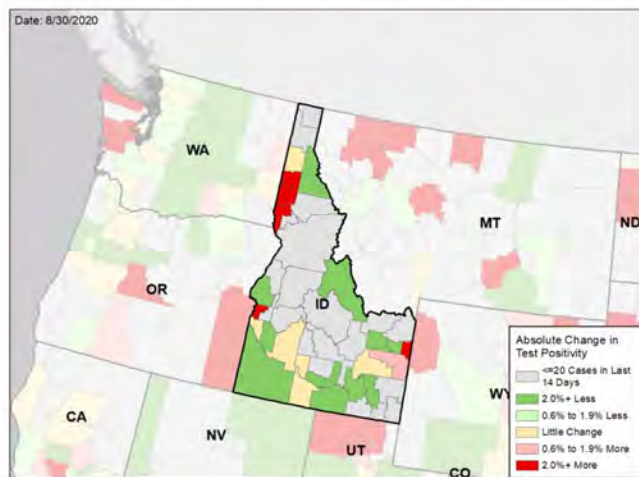
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

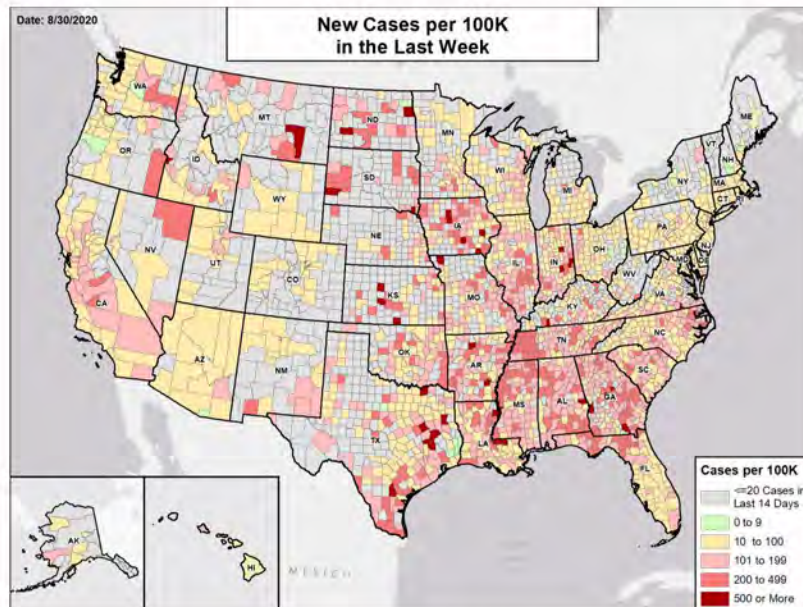
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

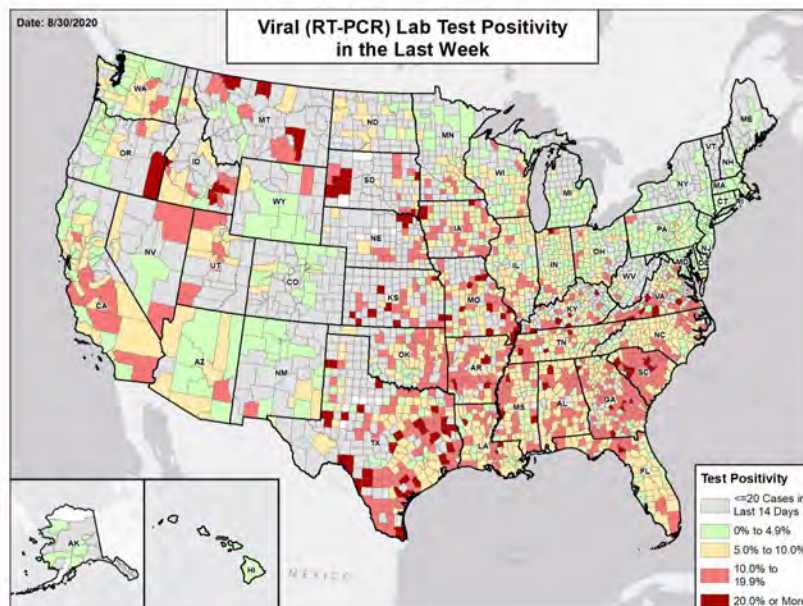


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

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

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
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- Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



ILLINOIS

STATE REPORT | 08.30.2020

SUMMARY

- Illinois 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. Illinois is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 29th highest rate in the country. Illinois 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. Cook County, 2. DuPage County, and 3. Will County. These contiguous counties in the Chicago CBSA represent 48.9% of new cases in Illinois. Viral transmission is widely distributed in Illinois with the highest incidences reported outside of the Chicago CBSA including the St. Louis CBSA (Region 4 – MetroEast) and Peoria CBSAs. 60% of all counties in Illinois have ongoing community transmission (yellow or red zone), with 13% having high levels of community transmission (red zone).
- Illinois State University has reported more than 500 positive tests among students since Aug 17, including 102 on Aug 27; students who test positive are asked to return home to their permanent residence, which can increase transmission risk in those communities.
- 1.4% of nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- Illinois had 107 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 64 to support operations activities from FEMA; 6 to support operations activities from ASPR; 1 to support epidemiology activities from CDC; and 7 to support operations activities from USCG.
- Between Aug 22 - Aug 28, on average, 115 patients with confirmed COVID-19 and 500 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Illinois. An average of 88% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- The University of Illinois at Urbana-Champaign's testing program is noted and commended; rapid improvement of the system and dissemination of the testing methodology and electronic ap through Shield T3 and other forums will be very useful.
- For institutes of higher education (IHE):
 - Ensure both diagnostic and surveillance testing are rapid and comprehensive at all institutions with students on campus.
 - Ensure all universities can fully test, isolate, and conduct contact tracing among students and staff in collaboration with local public health authorities.
 - Ensure university students with or exposed to COVID-19 have access to quarantine and care sites on or near campus and are not returned home to multigenerational households where additional transmission could occur.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and universities, for their students and to support the community surrounding their universities.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students.
- Support local authorities in outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy as well as other limitations on student patronage; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus events.
- Support a uniform case-reporting process for IHE and reporting of this data on public-facing dashboards. Publish IHE screening as well as outbreak data on the state dashboard.
- Continue to support state testing guidelines ensuring broad testing of priority populations, identified or suspected contacts, and symptomatic individuals. Continue efforts to build contact tracing capabilities (e.g., increase staff, training, and funding), with a focus on communities with increasing cases.
- Keep statewide mask requirement in place. Ensure implementation of newly approved enforcement rules for mask 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 other counties, the new state masking requirement for bars and restaurants is commended. 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.
- 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 in a week 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 page](#).

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.



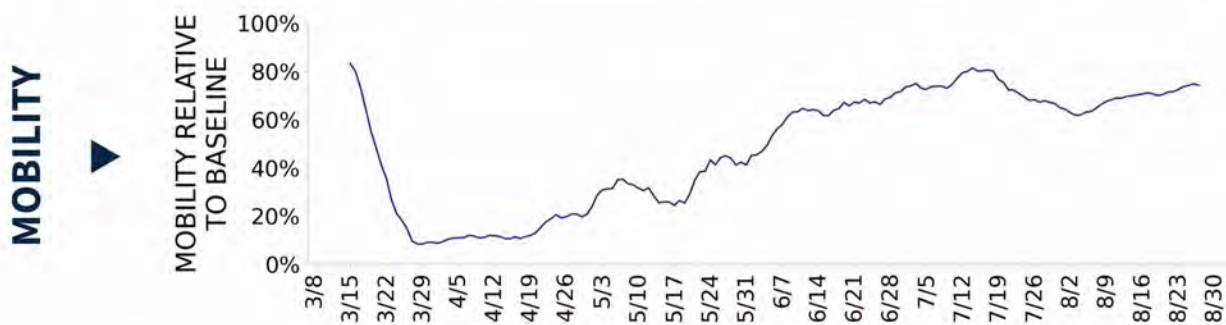
COVID-19



ILLINOIS

STATE REPORT | 08.30.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	13,556 (107)	+2.4%	46,258 (88)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.0%	-0.4%*	5.0%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	300,076** (2,368)	+7.2%**	1,040,478** (1,980)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	141 (1)	+3.7%	759 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	10.0% (21.8%)	+1.3%* (+0.9%*)	7.5% (16.8%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2.7%	+0.1%*	3.3%	5.0%



* 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 – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.**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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



ILLINOIS

STATE REPORT | 08.30.2020

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

Effingham
Fort Madison-Keokuk
Burlington
Cape Girardeau

16

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

**COUNTY
LAST WEEK**

13

Effingham
Clinton
Randolph
Bureau
Monroe
Shelby
Union
Fayette
Warren
Jasper
Lawrence
Henderson

48

Cook
Will
Lake
Kane
Madison
St. Clair
Peoria
McLean
McHenry
Tazewell
Sangamon
LaSalle

All Yellow CBSAs: Chicago-Naperville-Elgin, St. Louis, Peoria, Bloomington, Ottawa, Carbondale-Marion, Davenport-Moline-Rock Island, Springfield, Charleston-Mattoon, Rockford, Kankakee, Jacksonville, Mount Vernon, Sterling, Centralia, Paducah

All Red Counties: Effingham, Clinton, Randolph, Bureau, Monroe, Shelby, Union, Fayette, Warren, Jasper, Lawrence, Henderson, Pulaski

All Yellow Counties: Cook, Will, Lake, Kane, Madison, St. Clair, Peoria, McLean, McHenry, Tazewell, Sangamon, LaSalle, Williamson, Coles, Rock Island, Kankakee, Winnebago, Kendall, Morgan, Henry, Jackson, Jefferson, Macoupin, Jersey, Grundy, Whiteside, Perry, Woodford, Marion, Boone, Montgomery, Carroll, Hancock, Moultrie, Cumberland, Cass, Bond, Clay, Edgar, White, Jo Daviess, Pike, Washington, Johnson, Crawford, Richland, Massac, Mercer

* 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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

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

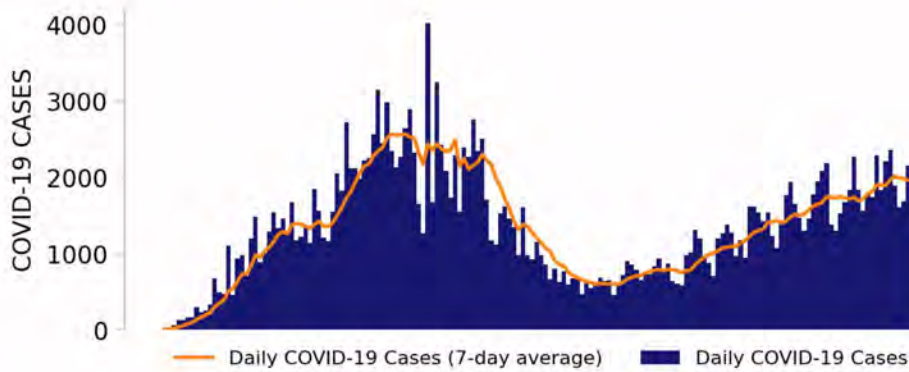
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing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



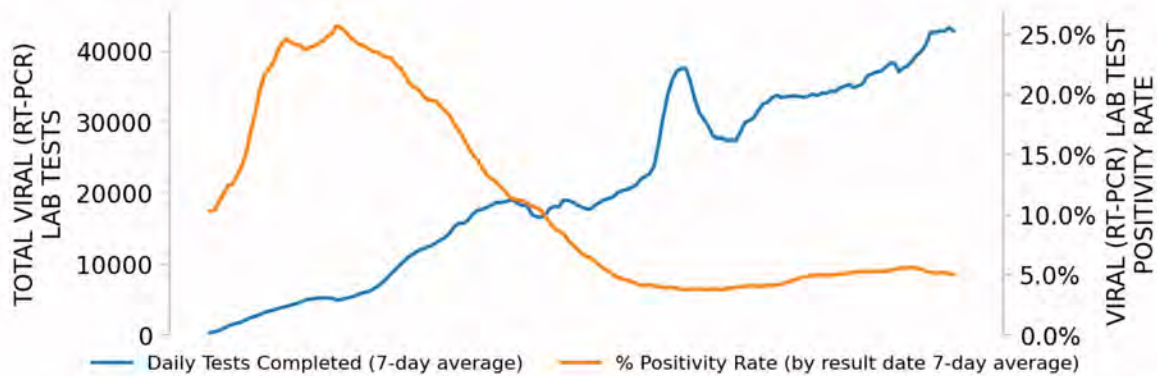
ILLINOIS

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NEW CASES

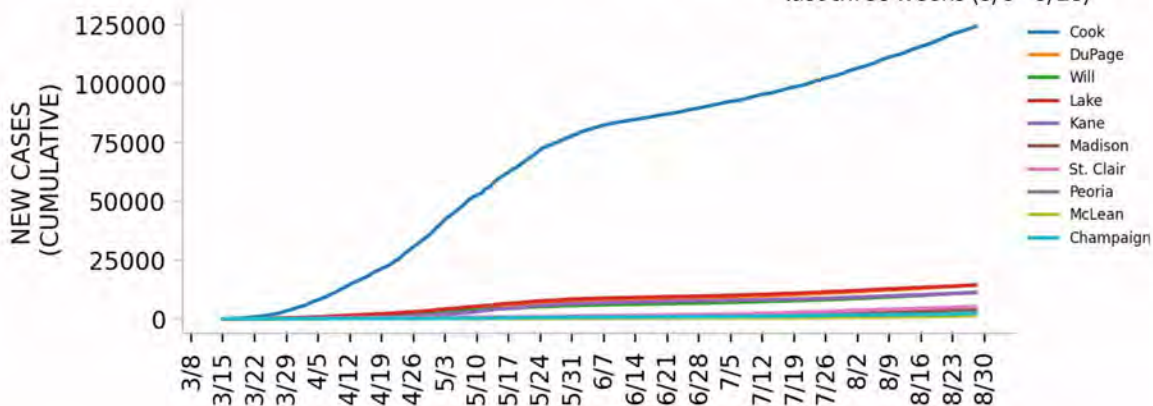


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

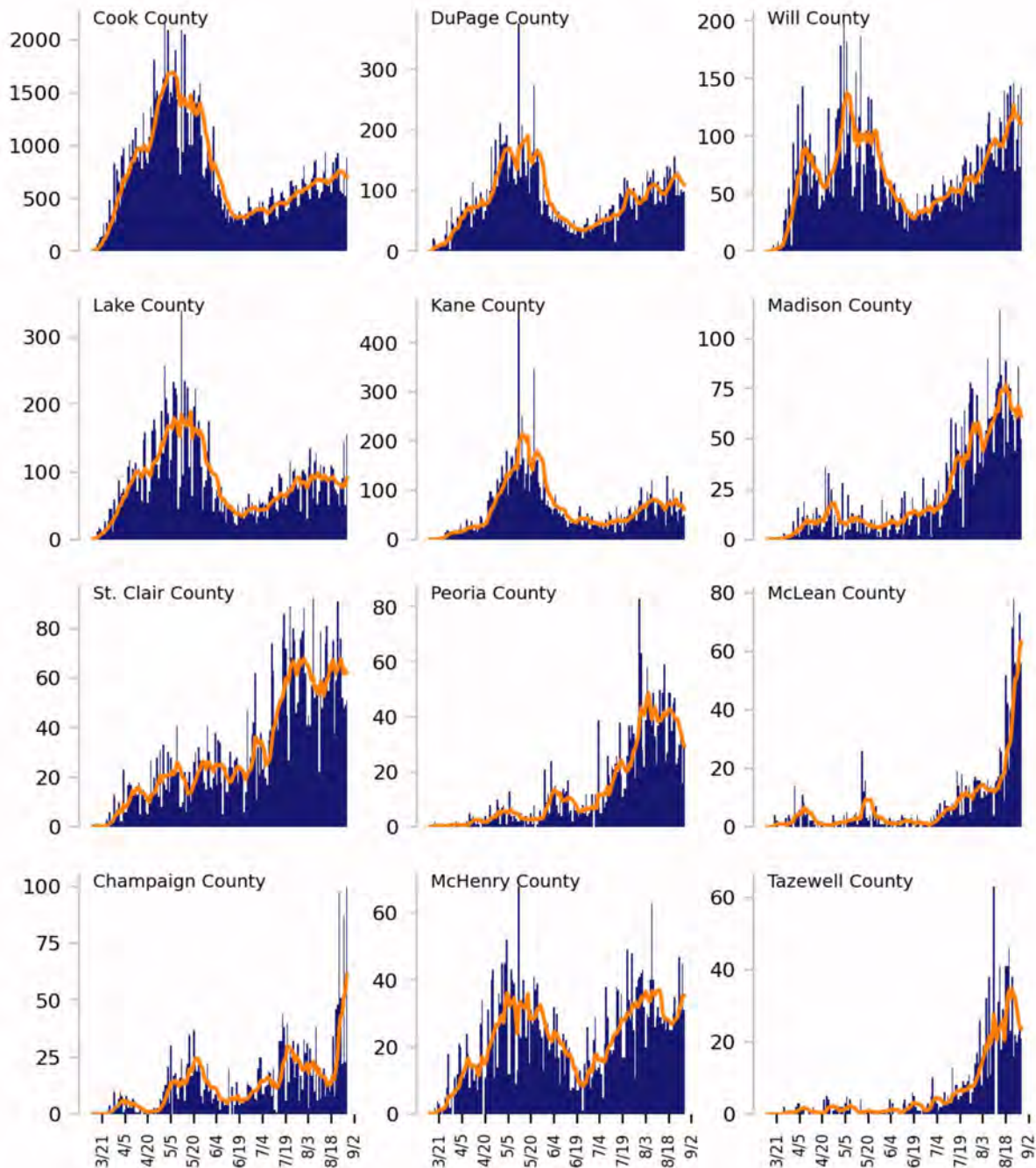
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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 – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

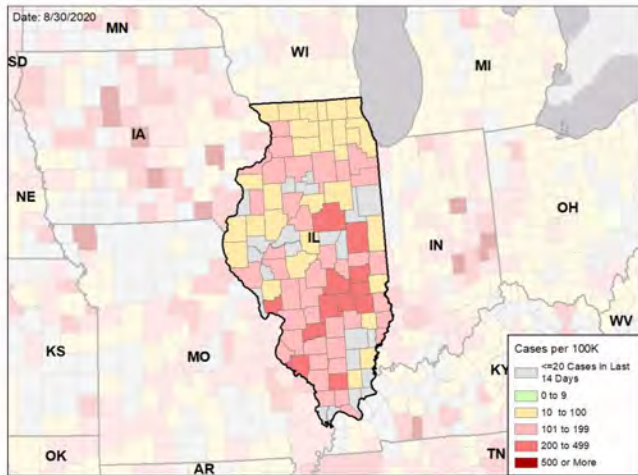


ILLINOIS

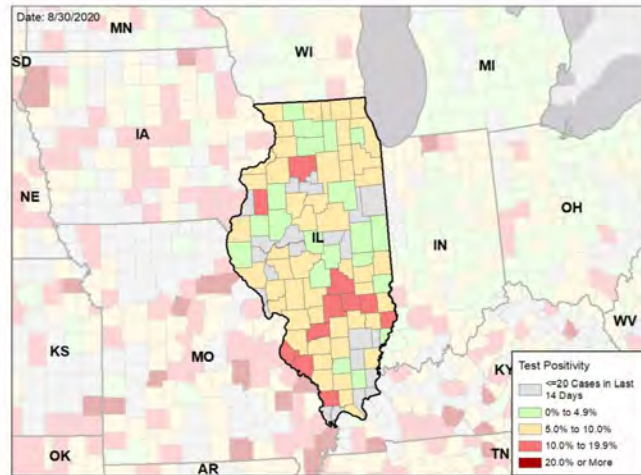
STATE REPORT | 08.30.2020

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

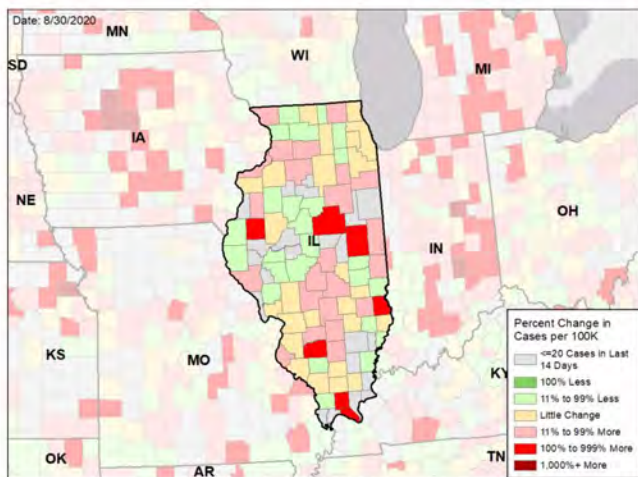
NEW CASES PER 100,000 DURING LAST WEEK



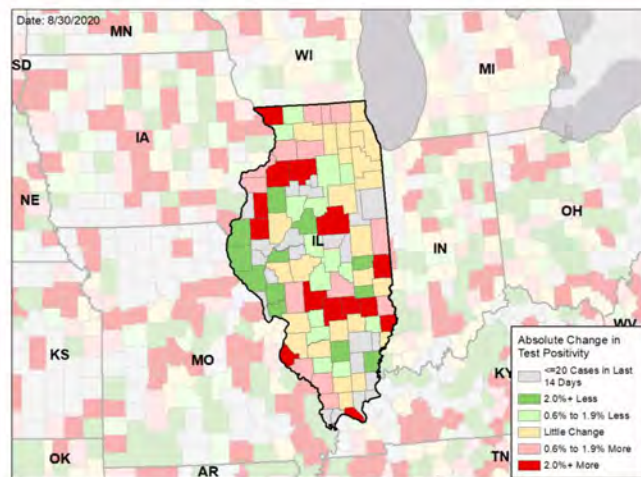
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

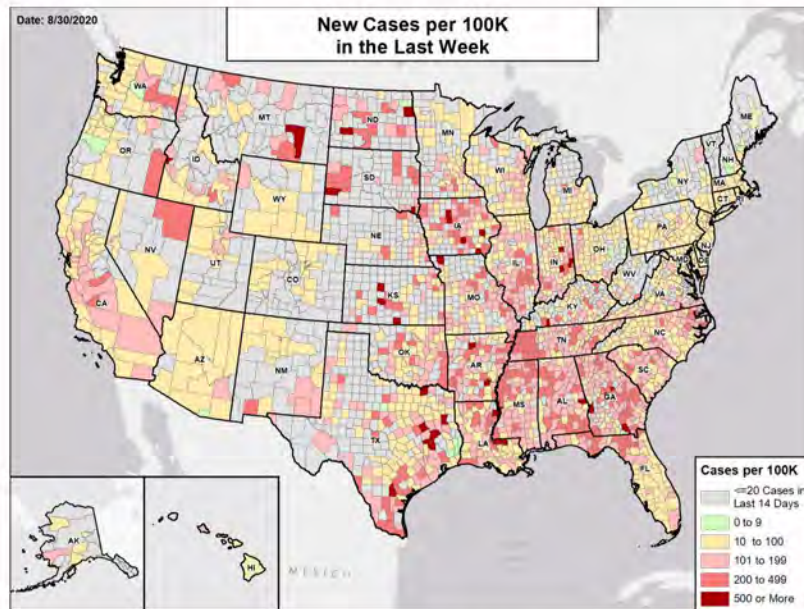
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

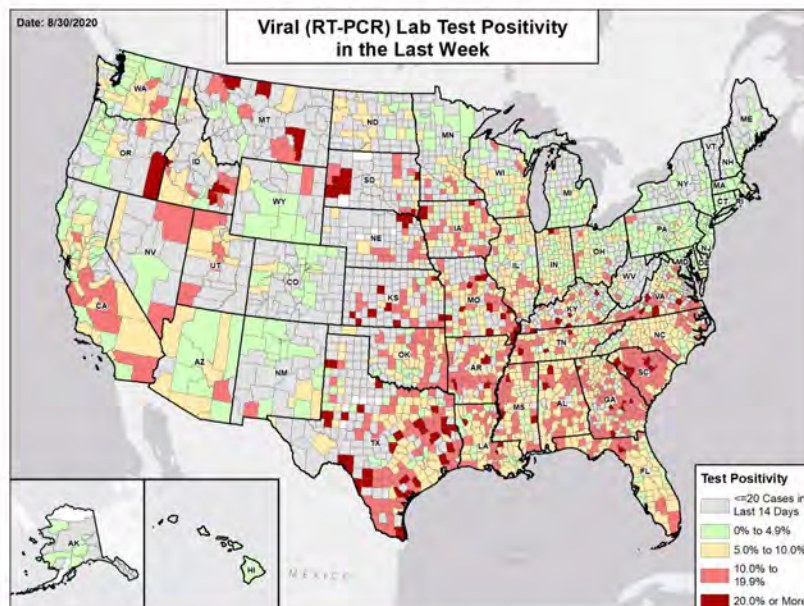


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

STATE REPORT | 08.30.2020

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, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



INDIANA

STATE REPORT | 08.30.2020

SUMMARY

- Indiana 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. Indiana is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 22nd highest rate in the country.
- Indiana has seen an increase in new cases and an increase in test positivity over the last week. This rapid rise in cases is linked, at least in part, to university towns, where aggressive containment measures must occur to prevent spread into local communities.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Marion County, 2. St. Joseph County, and 3. Lake County. These counties represent 28.0% of new cases in Indiana.
- 53% of all counties in Indiana have ongoing community transmission (yellow or red zone), with 8% having high levels of community transmission (red zone). This is a significant increase from 2% last week.
- 17% of nursing homes had at least one new case among staff in the last week, and 0.4% of nursing homes are reporting 3 or more new COVID-19 cases among residents per week over the last 3 weeks. Indiana is doing well in protecting the most vulnerable residents in nursing homes and continuing this level of intervention is critical.
- Indiana had 135 new cases per 100,000 population in the last week, compared to a national average of 88 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 22 - Aug 28, on average, 70 patients with confirmed COVID-19 and 169 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Indiana. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.*

RECOMMENDATIONS

- Continue the implemented state-wide face covering mandate.
- Ensure both diagnostic and surveillance testing are rapid and comprehensive at all universities and colleges with students on campus or with online classes and students in off-campus housing.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and universities and to support testing in communities surrounding universities.
- University students with COVID-19 should have access to quarantine and care sites on campus or near campus and not be returned home to multigenerational households where additional transmission could occur.
- Ensure all universities can fully test, isolate, and contact trace.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students to residents through staff.
- Continue 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 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 new cases in the last week.
- Consider additional mitigation efforts, such as closing establishments where social distancing and mask use cannot occur or significantly limiting hours to close at 10pm. This may include bars, nightclubs, and entertainment venues, and is especially important in the 7 counties in the red zone and in university towns.
- Move to outdoor dining and limit indoor dining to less than 50% occupancy.
- Ask citizens to limit social gatherings to 10 or fewer people and ensure proactive communication about risks of gatherings over Labor Day.
- Increase messaging of the risk of serious disease for individuals in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Continue the scale-up of testing, moving to community-led neighborhood testing.
- Work with local communities to implement and provide clear guidance for households that test positive, including on individual isolation and quarantining procedures.
- Continue to enhance contact tracing and ensure the ability of cases and contacts to quarantine or isolate safely.
- 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.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as ER visits and hospital admissions decline and additional testing capacity is available.
- Specific, detailed guidance on community mitigation measures can be found on the [COC 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 | 08.30.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	9,073 (135)	+59.7%	46,258 (88)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.5%	+0.9%*	5.0%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	134,849** (2,003)	+4.5%**	1,040,478** (1,980)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	285 (4)	+216.7%	759 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	7.2% (16.8%)	+0.8%* (-0.6%*)	7.5% (16.8%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5.3%	+1.9%*	3.3%	5.0%



* 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 – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21. USAFacts began including probable cases and deaths at the county level on 8/27.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.**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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



INDIANA

STATE REPORT | 08.30.2020

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

South Bend-Mishawaka
Elkhart-Goshen
Washington

22

Indianapolis-Carmel-Anderson
Chicago-Naperville-Elgin
Fort Wayne
Louisville/Jefferson County
Terre Haute
Evansville
Marion
Bloomington
Muncie
Columbus
Michigan City-La Porte
Connersville

**COUNTY
LAST WEEK**

7

St. Joseph
Elkhart
Daviess
Sullivan
Orange
Martin
Newton

42

Marion
Lake
Allen
Vanderburgh
Vigo
Clark
Hendricks
Porter
Grant
Monroe
Delaware
Bartholomew

All Yellow CBSAs: Indianapolis-Carmel-Anderson, Chicago-Naperville-Elgin, Fort Wayne, Louisville/Jefferson County, Terre Haute, Evansville, Marion, Bloomington, Muncie, Columbus, Michigan City-La Porte, Connersville, Warsaw, Jasper, Frankfort, Kendallville, Bedford, Auburn, Greensburg, Decatur, Angola, Huntington

All Yellow Counties: Marion, Lake, Allen, Vanderburgh, Vigo, Clark, Hendricks, Porter, Grant, Monroe, Delaware, Bartholomew, Floyd, LaPorte, Fayette, Kosciusko, Warrick, Dubois, Harrison, Clinton, Noble, Morgan, Greene, Clay, Lawrence, DeKalb, Decatur, Jasper, Adams, White, Washington, Randolph, Whitley, Steuben, Union, Jay, Franklin, Vermillion, Huntington, LaGrange, Starke, Spencer

* 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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28. USAFacts began including probable cases and deaths at the county level on 8/27.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

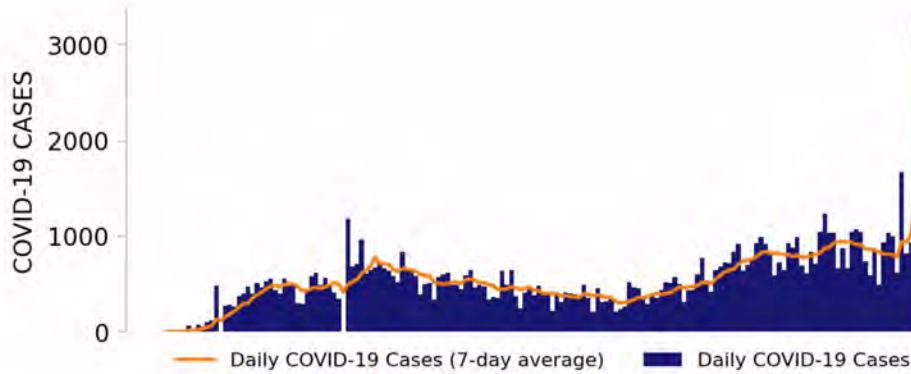
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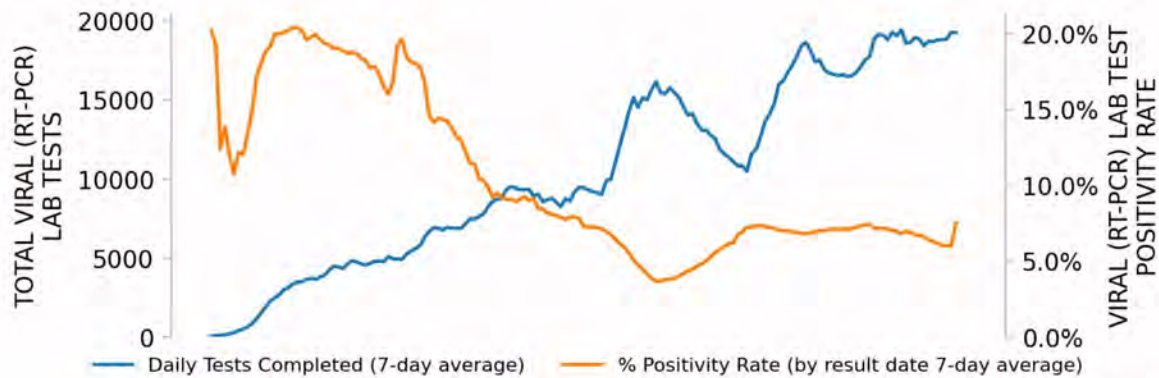
INDIANA

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NEW CASES

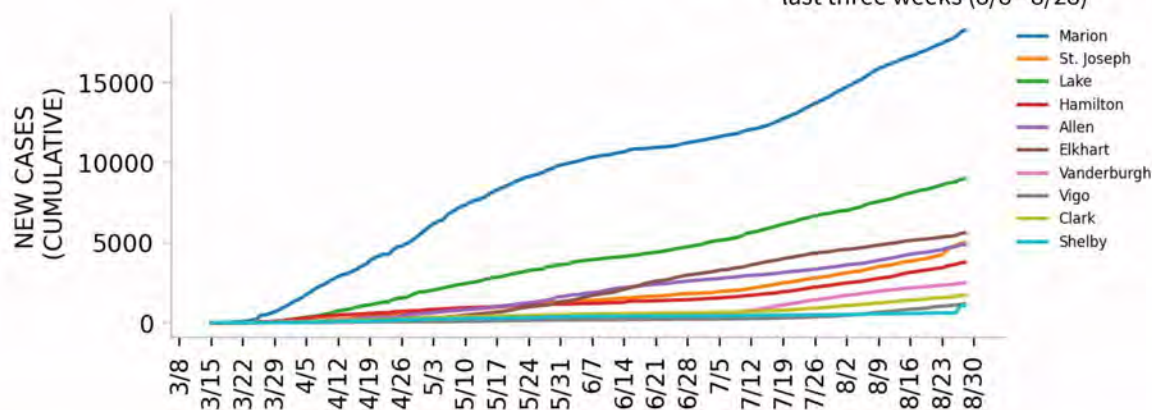


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. USAFacts began including probable cases and deaths at the county level on 8/27.

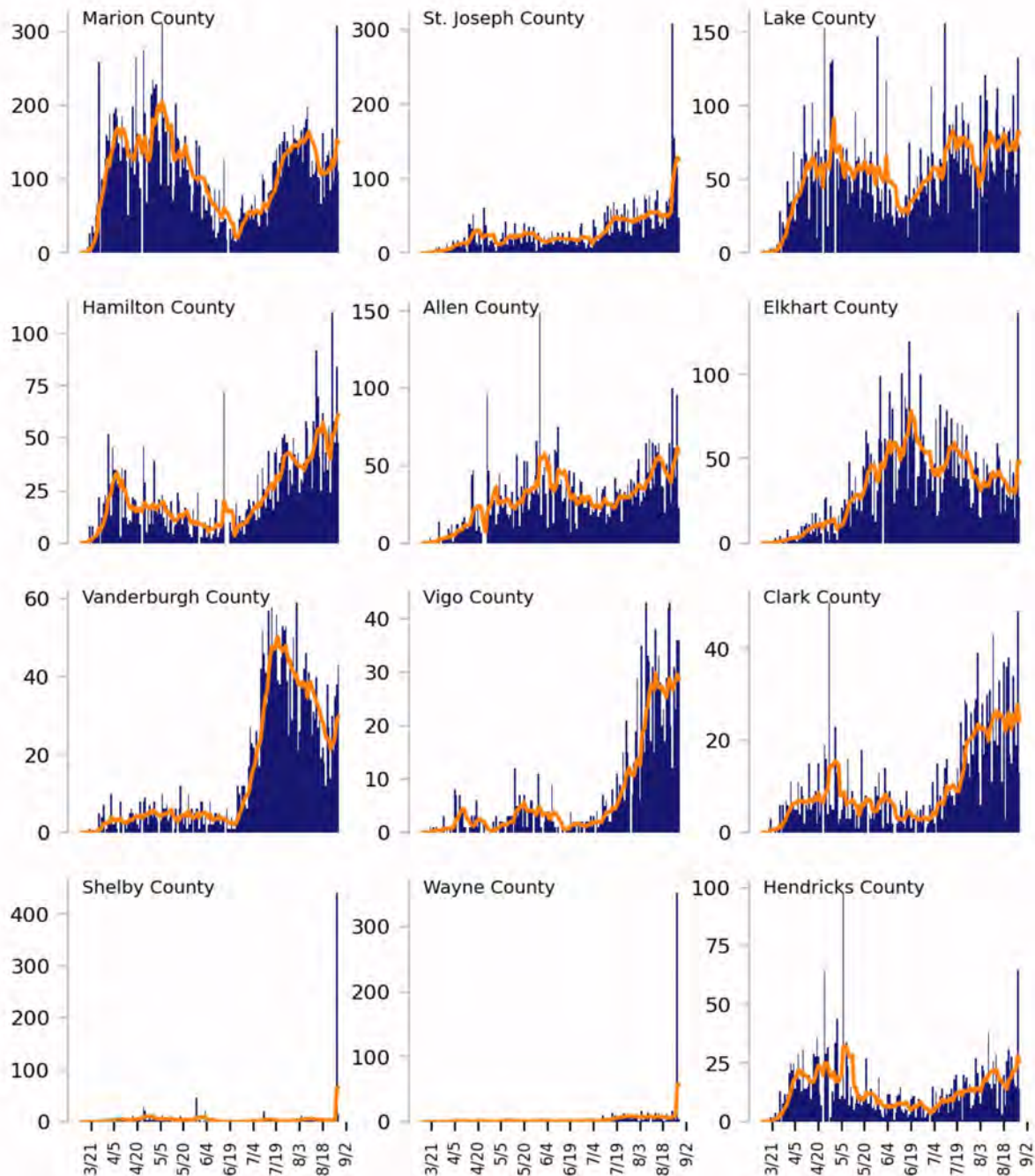
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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 – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28. USAFacts began including probable cases and deaths at the county level on 8/27.

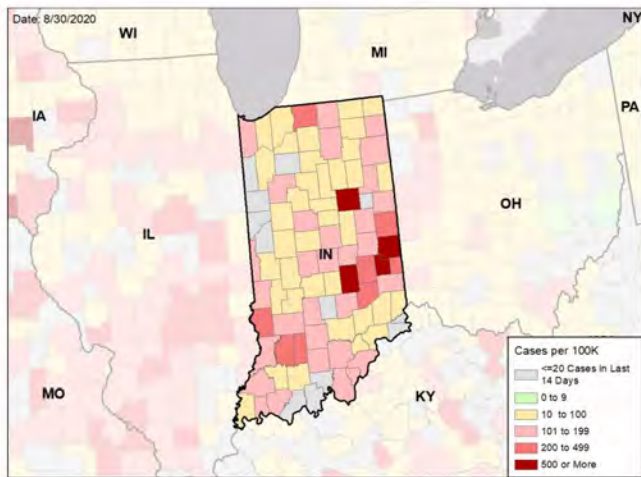


INDIANA

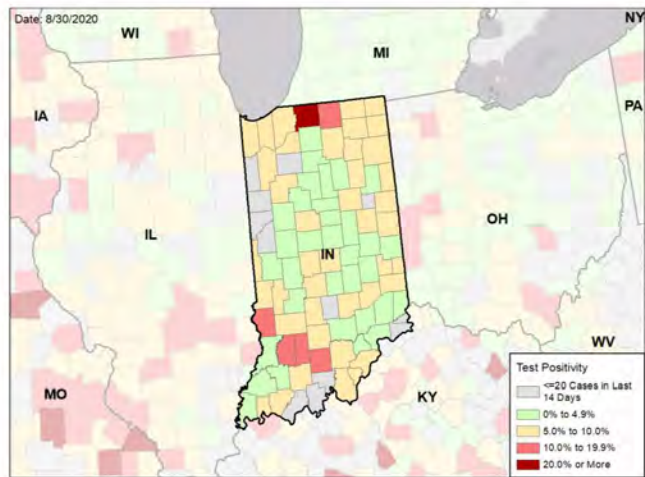
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

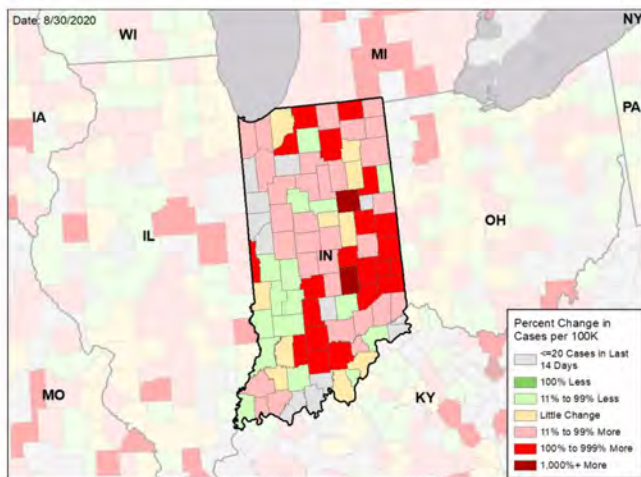
NEW CASES PER 100,000 DURING LAST WEEK



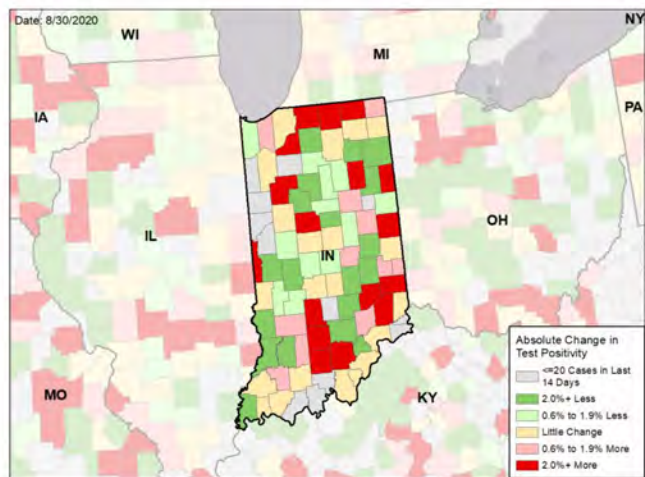
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

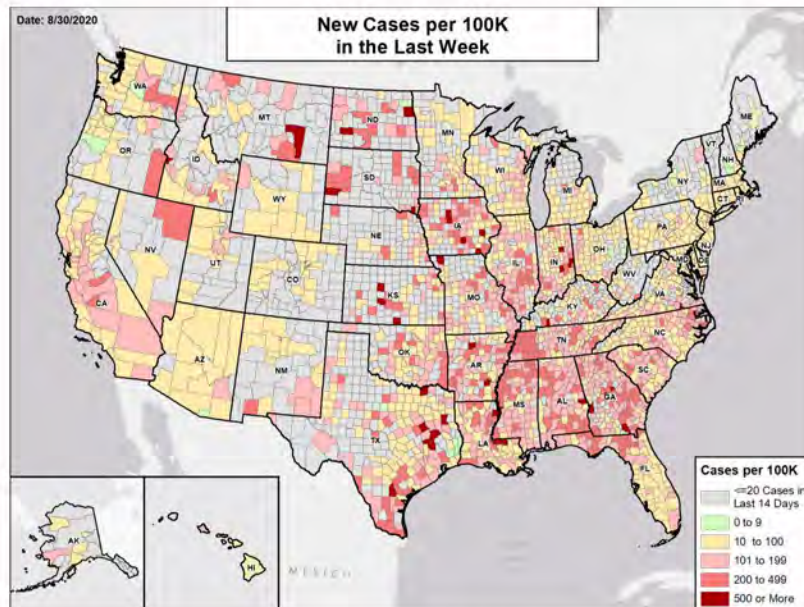
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21. USAFacts began including probable cases and deaths at the county level on 8/27.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

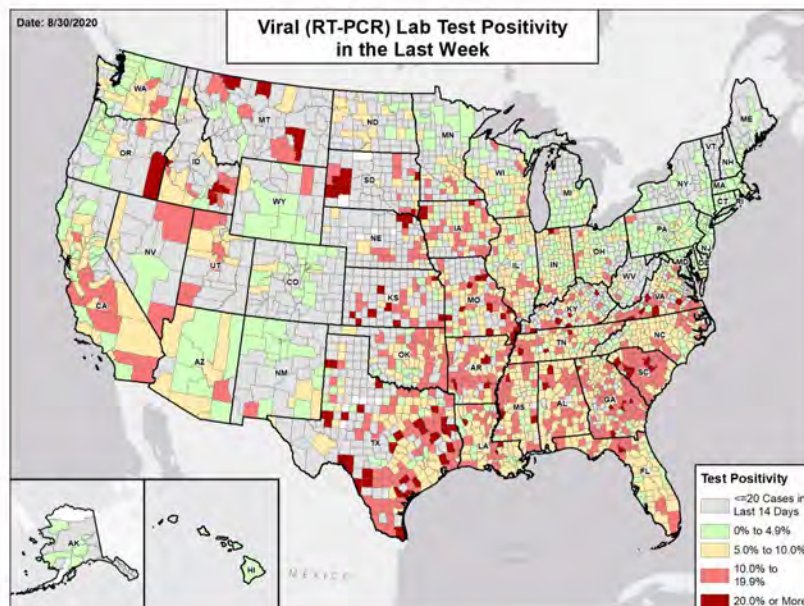


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

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

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



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SUMMARY

- Iowa 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. Iowa is in the red zone for test positivity, indicating a rate above 10%, with the 5th 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 last 3 weeks: 1. Polk County, 2. Johnson County, and 3. Story County. These counties represent 35.3% of new cases in Iowa.
- 62% of all counties in Iowa have ongoing community transmission (yellow or red zone), with 28% having high levels of community transmission (red zone).
- The high proportion of nursing homes with more than one positive resident is concerning, along with deaths among nursing home residents. Less than 1% of nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- 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.
- Iowa had 232 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 10 to support medical activities from VA.
- Between Aug 22 - Aug 28, on average, 48 patients with confirmed COVID-19 and 44 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Iowa. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.*

RECOMMENDATIONS

- Community transmission continues to be high in rural and urban counties across Iowa, with increasing transmission in the major university towns. Mask mandates across the state must be in place to decrease transmission.
- Bars must be closed, and indoor dining must be restricted to 50% of normal capacity in yellow zone and 25% of normal capacity in red zone counties and metro areas. Expand outdoor dining options.
- Community spread must decrease to protect vulnerable populations in nursing homes.
- University towns need a comprehensive plan that scales immediately for testing all returning students with routine surveillance testing to immediately identify new cases and outbreaks and isolate and quarantine.
 - Ensure both diagnostic and surveillance testing are rapid and comprehensive at all universities with students on campus.
 - Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students for their students and to support the community surrounding their universities.
 - University students with or exposed to COVID-19 should have access to quarantine and care sites on or near campus and not be returned home to multigenerational households where additional transmission could occur.
 - Ensure all universities can fully test, isolate, and contact trace.
 - Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students to residents through staff.
- 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.
- 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.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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

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



COVID-19



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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	7,321 (232)	+77.4%	21,585 (153)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.3%	+2.1%*	9.6%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	61,533** (1,950)	+4.9%**	177,236** (1,253)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	74 (2)	+39.6%	157 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	5.1% (14.9%)	+0.6%* (+5.0%*)	6.7% (14.7%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3.2%	+0.8%*	3.1%	5.0%



* 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 – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.**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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



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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**

10

Des Moines-West Des Moines
Iowa City
Ames
Clinton
Burlington
Pella
Fort Madison-Keokuk
Marshalltown
Ottumwa
Carroll

12

Waterloo-Cedar Falls
Cedar Rapids
Davenport-Moline-Rock Island
Omaha-Council Bluffs
Sioux City
Dubuque
Fort Dodge
Mason City
Muscatine
Oskaloosa
Spirit Lake
Fairfield

**COUNTY
LAST WEEK**

28

Polk
Johnson
Story
Clinton
Des Moines
Marion
Lee
Sioux
Plymouth
Warren
Marshall
Wapello

33

Linn
Black Hawk
Scott
Dallas
Woodbury
Dubuque
Webster
Pottawattamie
Cerro Gordo
Muscatine
Jasper
Bremer

All Red Counties: Polk, Johnson, Story, Clinton, Des Moines, Marion, Lee, Sioux, Plymouth, Warren, Marshall, Wapello, Carroll, Henry, Winneshiek, Boone, Delaware, Crawford, Howard, Clayton, Butler, Tama, Van Buren, O'Brien, Grundy, Clarke, Calhoun, Wayne

All Yellow Counties: Linn, Black Hawk, Scott, Dallas, Woodbury, Dubuque, Webster, Pottawattamie, Cerro Gordo, Muscatine, Jasper, Bremer, Winnebago, Mahaska, Franklin, Humboldt, Buchanan, Hardin, Madison, Jackson, Chickasaw, Dickinson, Mills, Harrison, Jones, Guthrie, Lucas, Jefferson, Cherokee, Hancock, Appanoose, Louisa, Greene

* 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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
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- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

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

Public Messaging

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

Public Officials

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

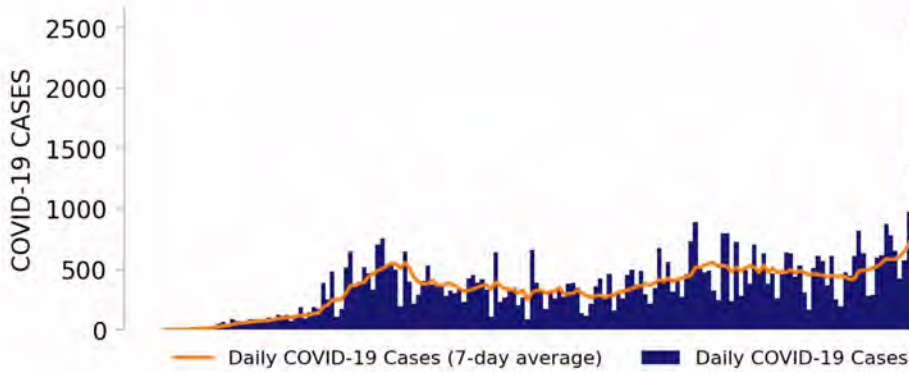
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NEW CASES

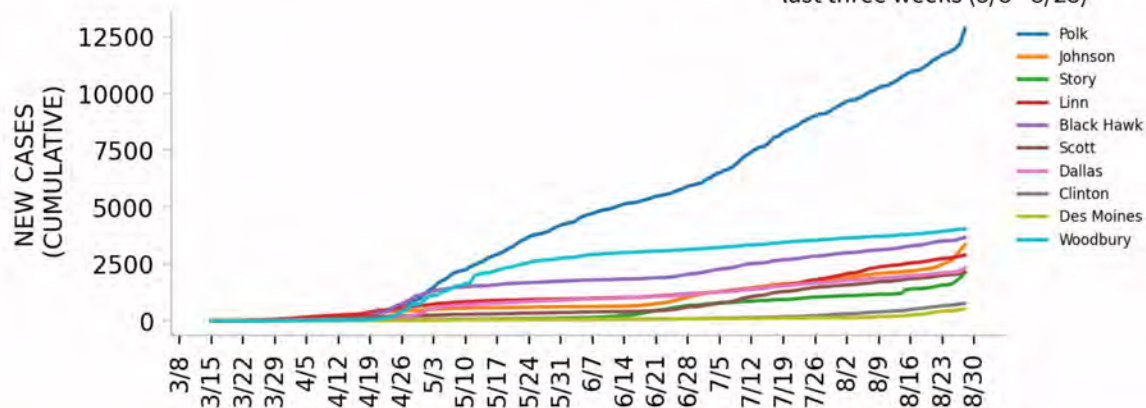


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

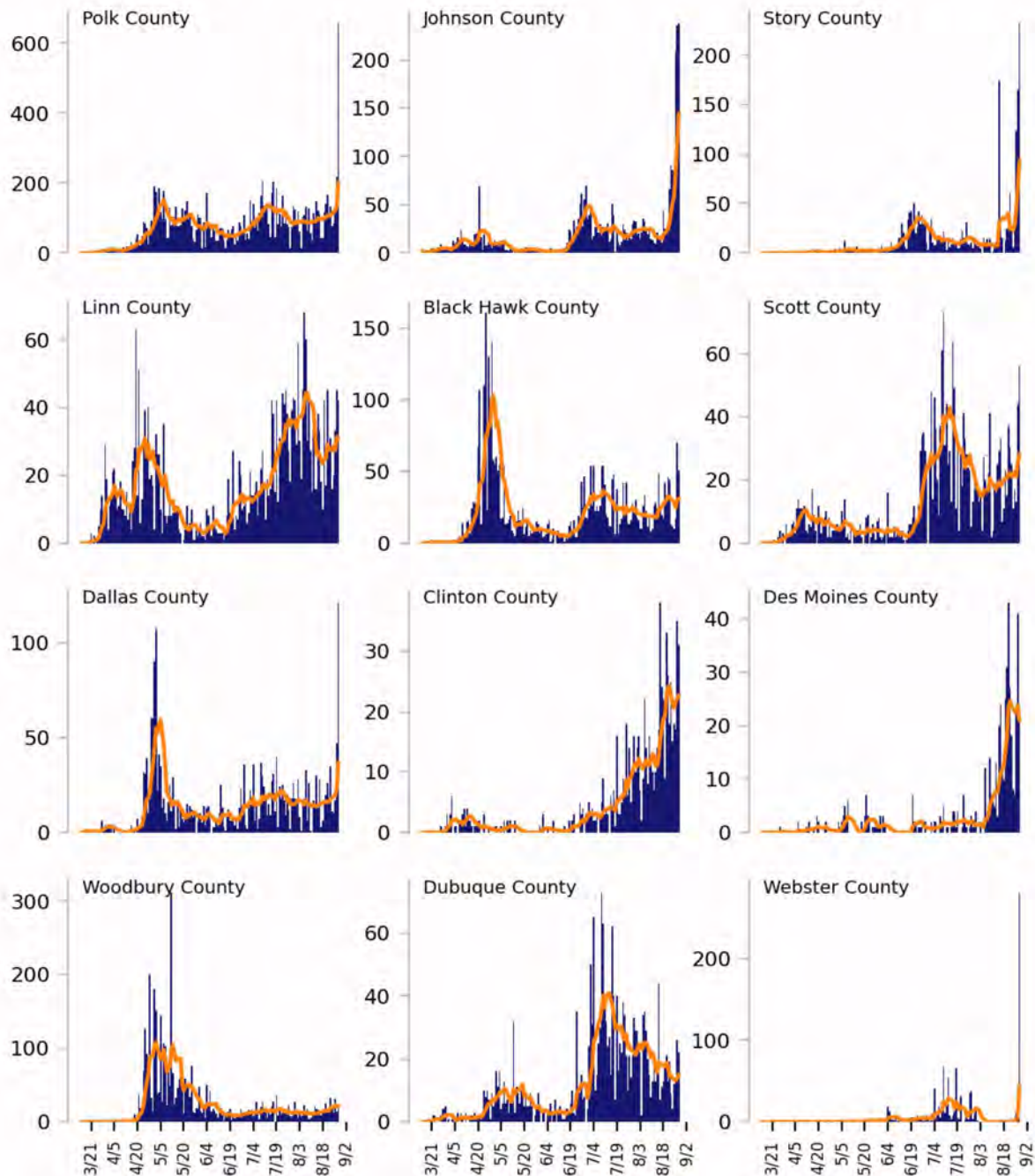
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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 – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

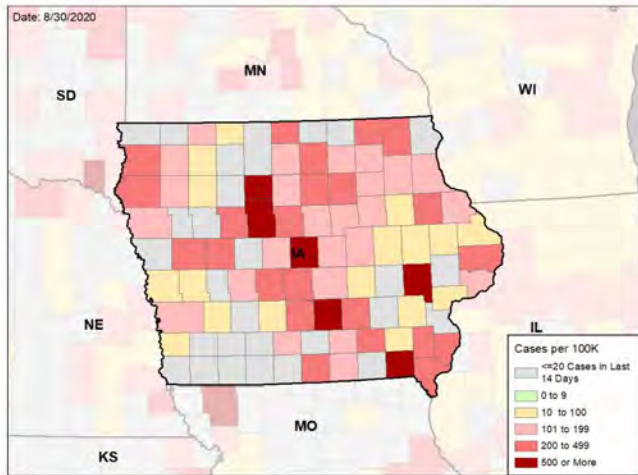


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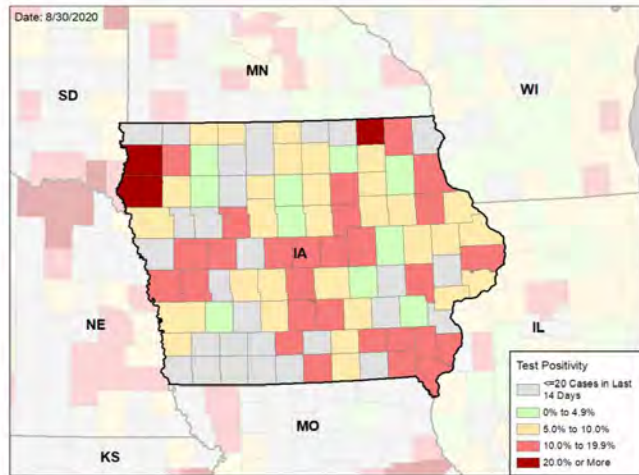
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

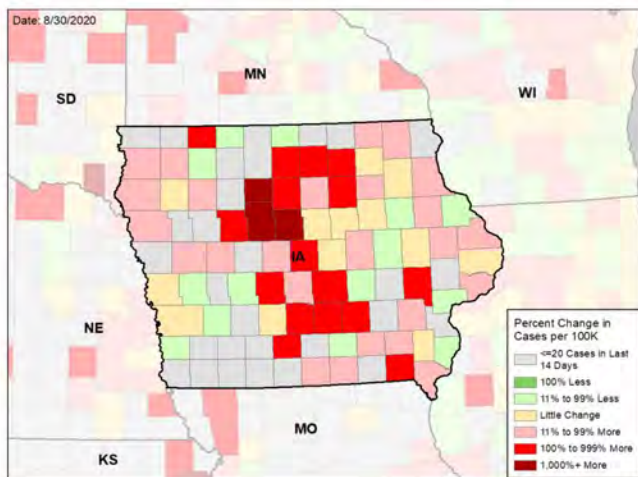
NEW CASES PER 100,000 DURING LAST WEEK



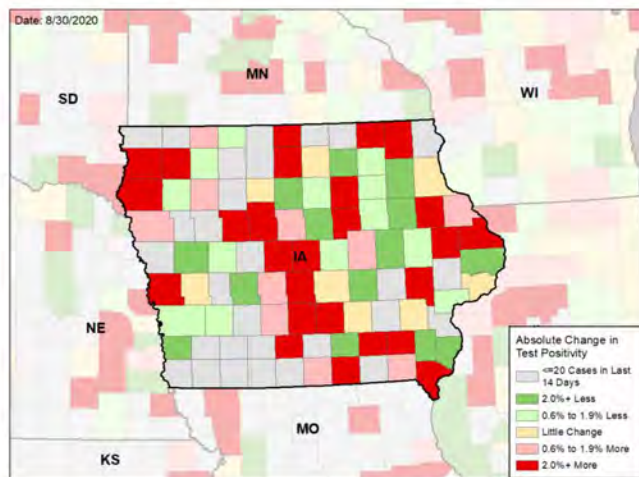
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



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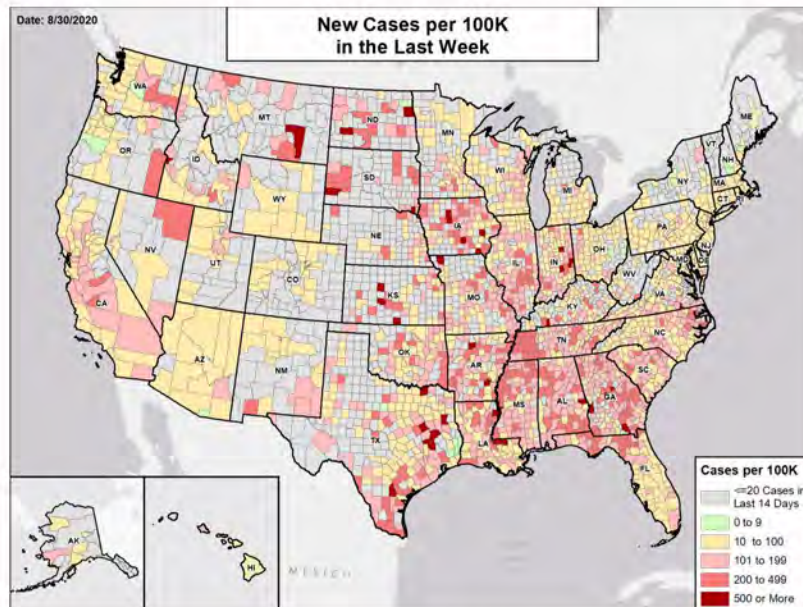
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

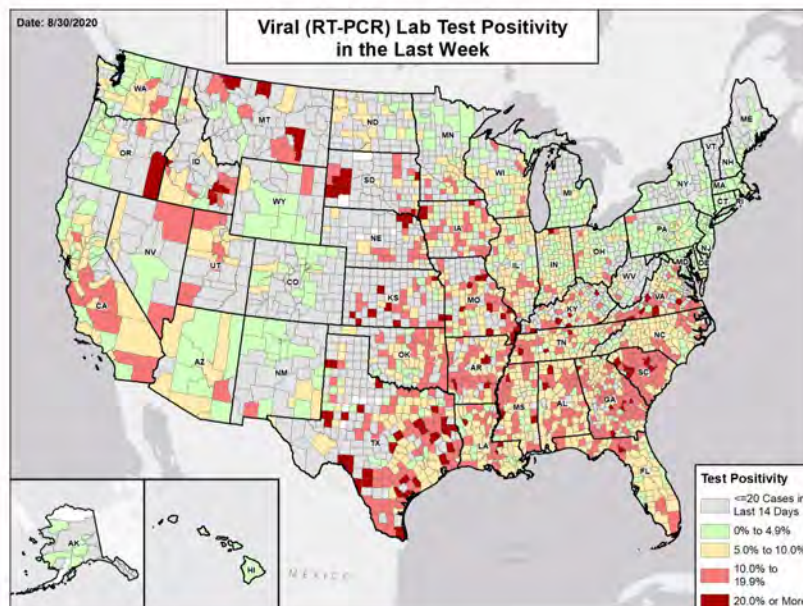


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

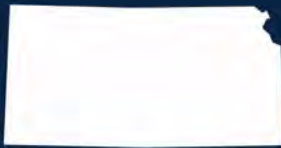
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COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



KANSAS

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SUMMARY

- Kansas is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, with the 6th highest rate in the country. Kansas is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 11th highest rate in the country.
- Kansas 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 last 3 weeks: 1. Johnson County, 2. Sedgwick County, and 3. Wyandotte County. These counties represent 51.0% of new cases in Kansas.
- 35% of all counties in Kansas have ongoing community transmission (yellow or red zone), with 18% having high levels of community transmission (red zone).
- Less than 1% of nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- 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 152 new cases per 100,000 population in the last week, compared to a national average of 88 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 22 - Aug 28, on average, 27 patients with confirmed COVID-19 and 50 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Kansas. An average of 77% 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

- Community transmission continues to be high in rural and urban counties across Kansas, with increasing transmission in the major university towns. Mask mandates across the state must be in place to decrease transmission.
- Bars must be closed, and indoor dining must be restricted to 50% of normal capacity in yellow zones and 25% of normal capacity in red zone counties and metro areas. Expand outdoor dining options.
- Community spread must decrease to protect vulnerable populations in nursing homes.
- University towns need a comprehensive plan that scales immediately for testing all returning students with routine surveillance testing to immediately identify new cases and outbreaks and isolate and quarantine.
 - Ensure both diagnostic and surveillance testing are rapid and comprehensive at all universities with students on campus.
 - Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students for their students and to support the community surrounding their universities.
 - University students with or exposed to COVID-19 should have access to quarantine and care sites on or near campus and not be returned home to multigenerational households where additional transmission could occur.
 - Ensure all universities can fully test, isolate, and contact trace.
 - Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students to residents through staff.
- 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.
- 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.
- 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.



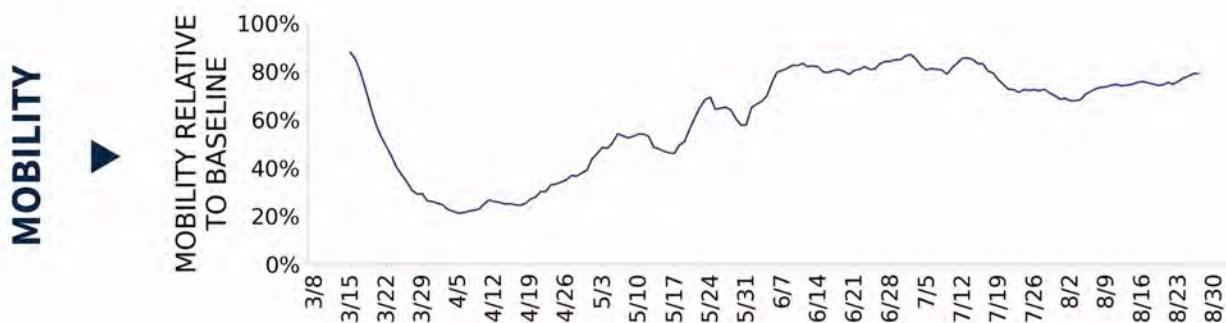
COVID-19



KANSAS

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	4,421 (152)	+41.1%	21,585 (153)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.3%	+0.5%*	9.6%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	45,170** (1,550)	-5.7%**	177,236** (1,253)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	20 (1)	-9.1%	157 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	4.6% (10.9%)	-1.4%* (+1.1%*)	6.7% (14.7%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2.3%	+0.4%*	3.1%	5.0%



* 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 – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



KANSAS

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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

Wichita
Manhattan
Hutchinson
Emporia
Hays
Dodge City
Liberal
Pittsburg
Atchison

10

Kansas City
Topeka
Great Bend
Salina
Garden City
Winfield
Coffeyville
Parsons
McPherson
St. Joseph

**COUNTY
LAST WEEK**

19

Sedgwick
Wyandotte
Reno
Riley
Ellis
Lyon
Ford
Seward
Crawford
Cherokee
Harper
Atchison

18

Johnson
Shawnee
Pawnee
Leavenworth
Barton
Butler
Saline
Harvey
Finney
Cowley
Montgomery
Miami

All Red Counties: Sedgwick, Wyandotte, Reno, Riley, Ellis, Lyon, Ford, Seward, Crawford, Cherokee, Harper, Atchison, Geary, Scott, Jackson, Grant, Stafford, Chase, Stevens

All Yellow Counties: Johnson, Shawnee, Pawnee, Leavenworth, Barton, Butler, Saline, Harvey, Finney, Cowley, Montgomery, Miami, Labette, McPherson, Jefferson, Dickinson, Brown, Doniphan

* 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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
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Testing

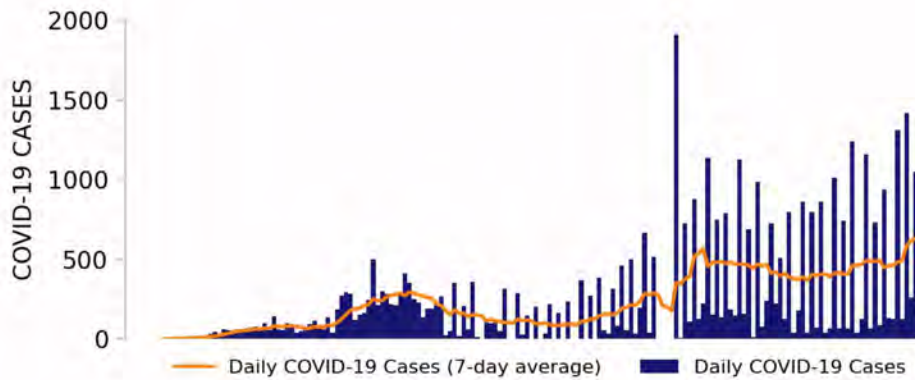
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- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device



KANSAS

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NEW CASES

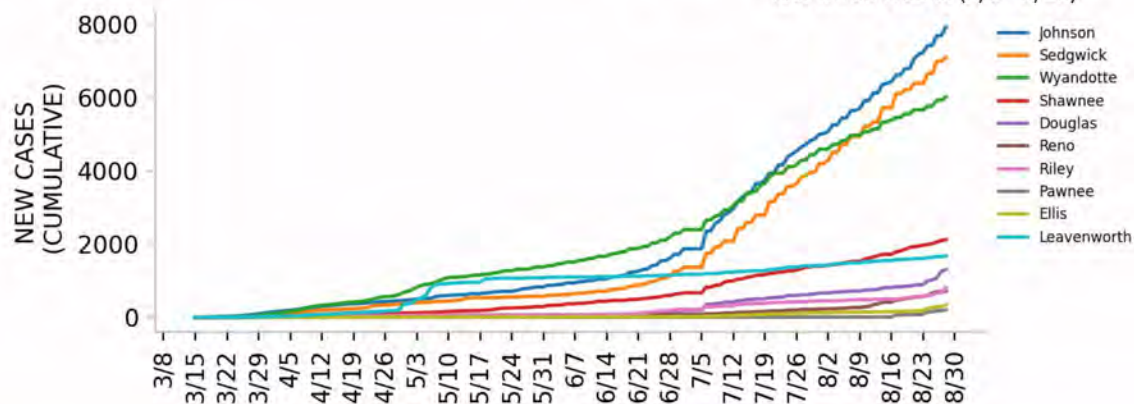


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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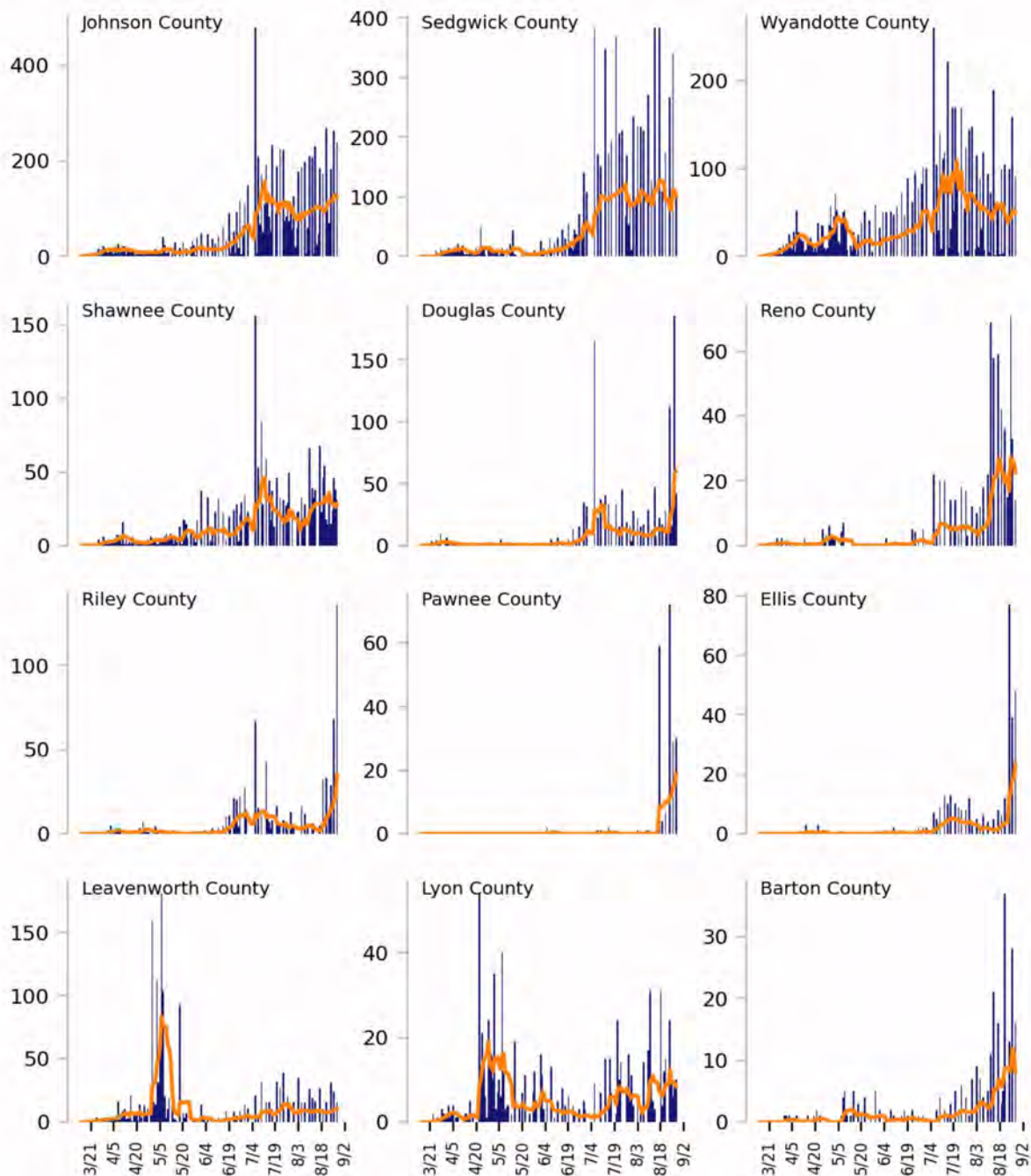
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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 – Additional data details available under METHODS

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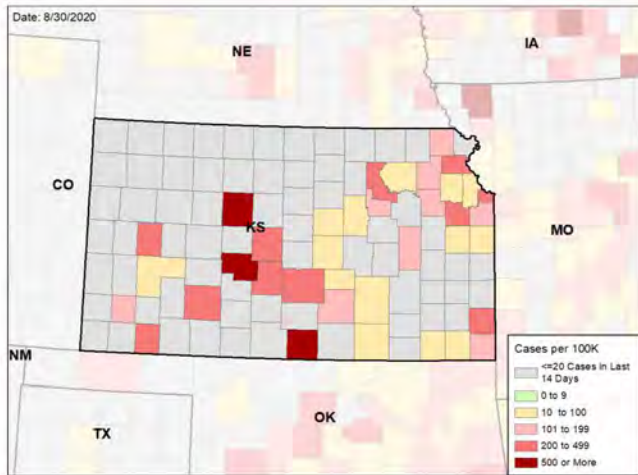


KANSAS

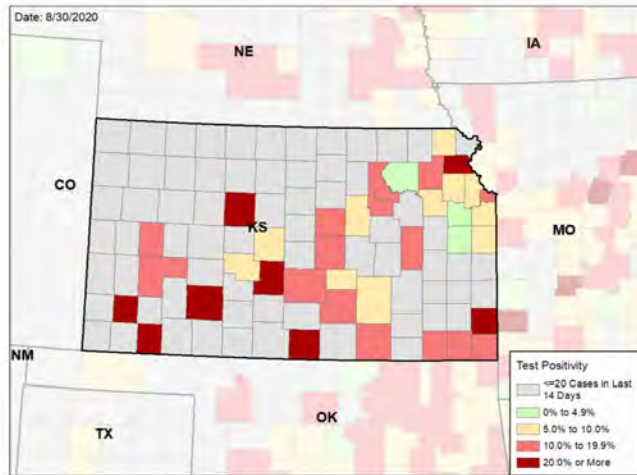
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

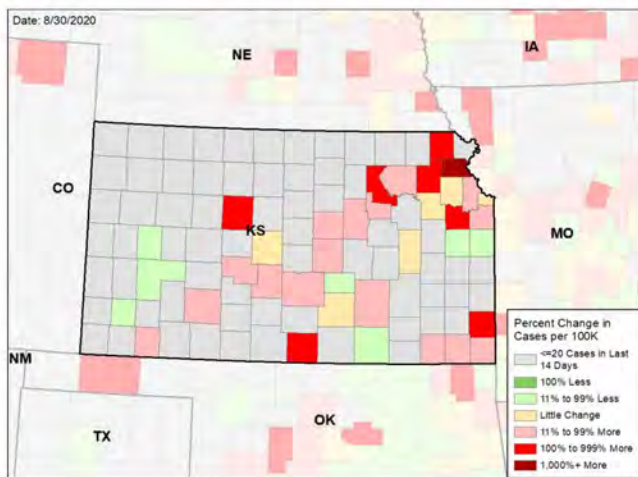
NEW CASES PER 100,000 DURING LAST WEEK



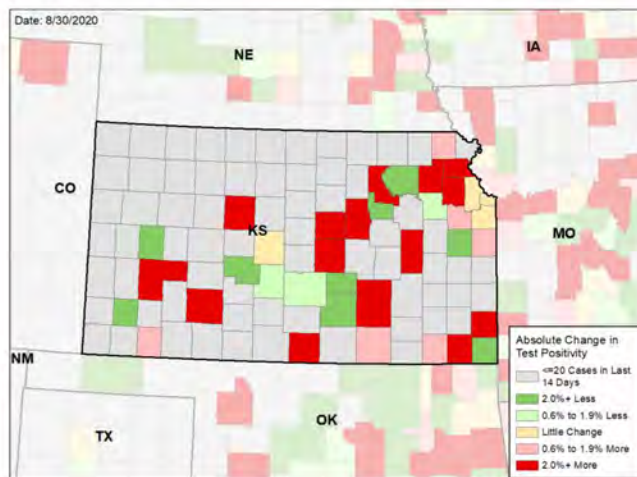
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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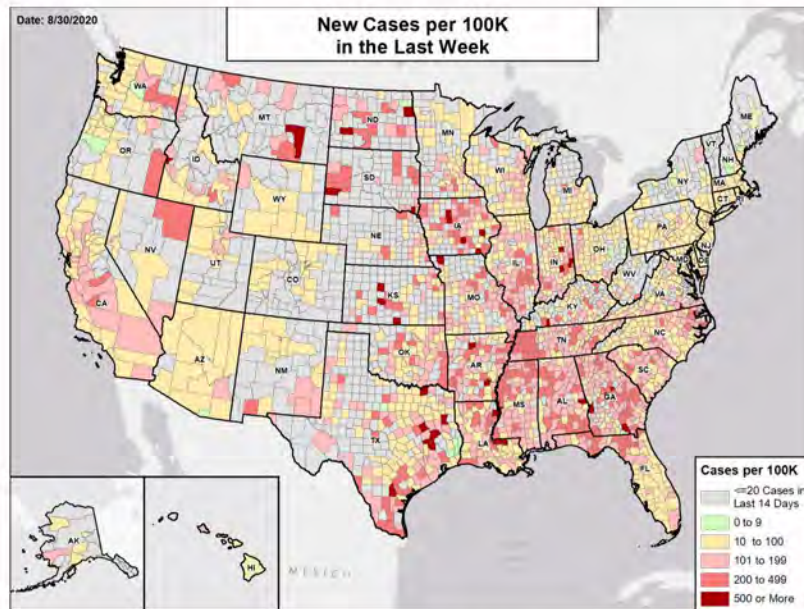
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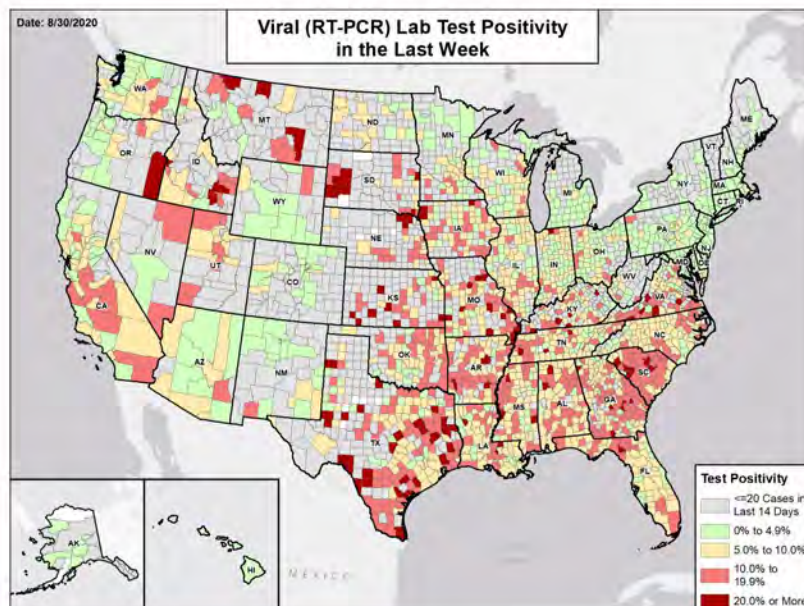


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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METHODS

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

DATA NOTES

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KENTUCKY

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SUMMARY

- Kentucky is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, with the 21st highest rate in the country. Kentucky is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 20th highest rate in the country.
- Kentucky has seen an increase in new cases and a decrease in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Jefferson County, 2. Fayette County, and 3. Warren County. These counties represent 40.2% of new cases in Kentucky.
- 49% of all counties in Kentucky have ongoing community transmission (yellow or red zone), with 12% having high levels of community transmission (red zone).
- 1.1% of nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- Rural and urban counties in Kentucky continue to have increases in cases and test positivity. Common sense preventive measures must be implemented to stop further spread.
- Kentucky had 101 new cases per 100,000 population in the last week, compared to a national average of 88 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 22 - Aug 28, on average, 236 patients with confirmed COVID-19 and 438 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Kentucky. An average of 91% 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

- Encouraging signs of declines in test percent positivity from implementing mask requirements, bar closures, and indoor dining restrictions. Keep requirements in place until safely in the green zone. Expand outdoor dining options.
- Community spread must decrease to protect vulnerable populations in nursing homes.
- University towns need a comprehensive plan that scales immediately for testing all returning students with routine surveillance testing to immediately identify new cases and outbreaks and isolate and quarantine.
 - Ensure both diagnostic and surveillance testing are rapid and comprehensive at all universities with students on campus.
 - Expand testing support to Historically Black Colleges and Universities that may have limited testing capacity.
 - Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students for their students and to support the community surrounding their universities.
 - University students with or exposed to COVID-19 should have access to quarantine and care sites on or near campus and not be returned home to multigenerational households where additional transmission could occur.
 - Ensure all universities can fully test, isolate, and contact trace.
 - Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students to residents through staff.
- 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.
- 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.
- 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 | 08.30.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	4,503 (101)	+13.7%	82,967 (124)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.0%	-1.9%*	8.5%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	56,045** (1,254)	-11.5%**	921,457** (1,377)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	55 (1)	-6.8%	2,144 (3)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	8.8% (18.0%)	+0.0%* (-2.2%*)	22.2% (32.8%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4.2%	+0.2%*	9.8%	5.0%



* 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 – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



KENTUCKY

STATE REPORT | 08.30.2020

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

Bowling Green
Clarksville
Campbellsville
Murray

17

Louisville/Jefferson County
Lexington-Fayette
Richmond-Berea
Elizabethtown-Fort Knox
London
Somerset
Owensboro
Frankfort
Glasgow
Paducah
Bardstown
Mayfield

**COUNTY
LAST WEEK**

14

Warren
Christian
Scott
Calloway
Knox
Green
Logan
Rowan
Todd
Russell
Simpson
Carroll

45

Jefferson
Fayette
Madison
Hardin
Kenton
Bullitt
Pulaski
Daviess
Boone
Oldham
Franklin
Shelby

All Yellow CBSAs: Louisville/Jefferson County, Lexington-Fayette, Richmond-Berea, Elizabethtown-Fort Knox, London, Somerset, Owensboro, Frankfort, Glasgow, Paducah, Bardstown, Mayfield, Madisonville, Middlesborough, Evansville, Central City, Maysville

All Red Counties: Warren, Christian, Scott, Calloway, Knox, Green, Logan, Rowan, Todd, Russell, Simpson, Carroll, Monroe, Breathitt

All Yellow Counties: Jefferson, Fayette, Madison, Hardin, Kenton, Bullitt, Pulaski, Daviess, Boone, Oldham, Franklin, Shelby, Laurel, Barren, Nelson, Jessamine, Graves, Taylor, Hopkins, Bell, Greenup, Henderson, Casey, Clark, Harlan, Grayson, Clay, Marion, Spencer, Marshall, McCreary, Wayne, Clinton, Cumberland, Muhlenberg, Mason, Whitley, Anderson, Harrison, Ohio, Meade, Allen, Trigg, Union, Crittenden

* 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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

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

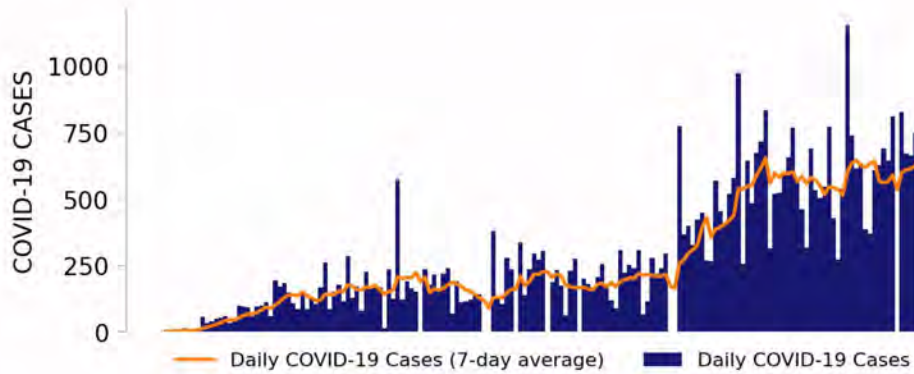
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing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

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NEW CASES

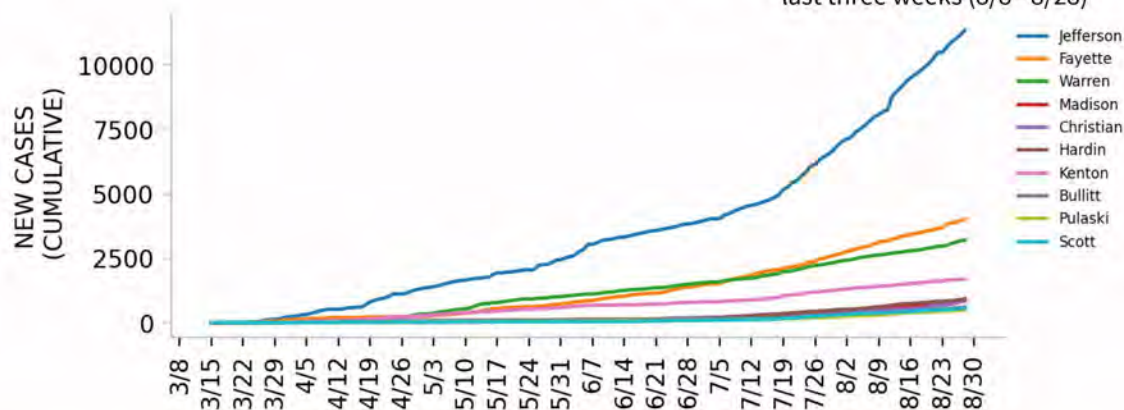


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

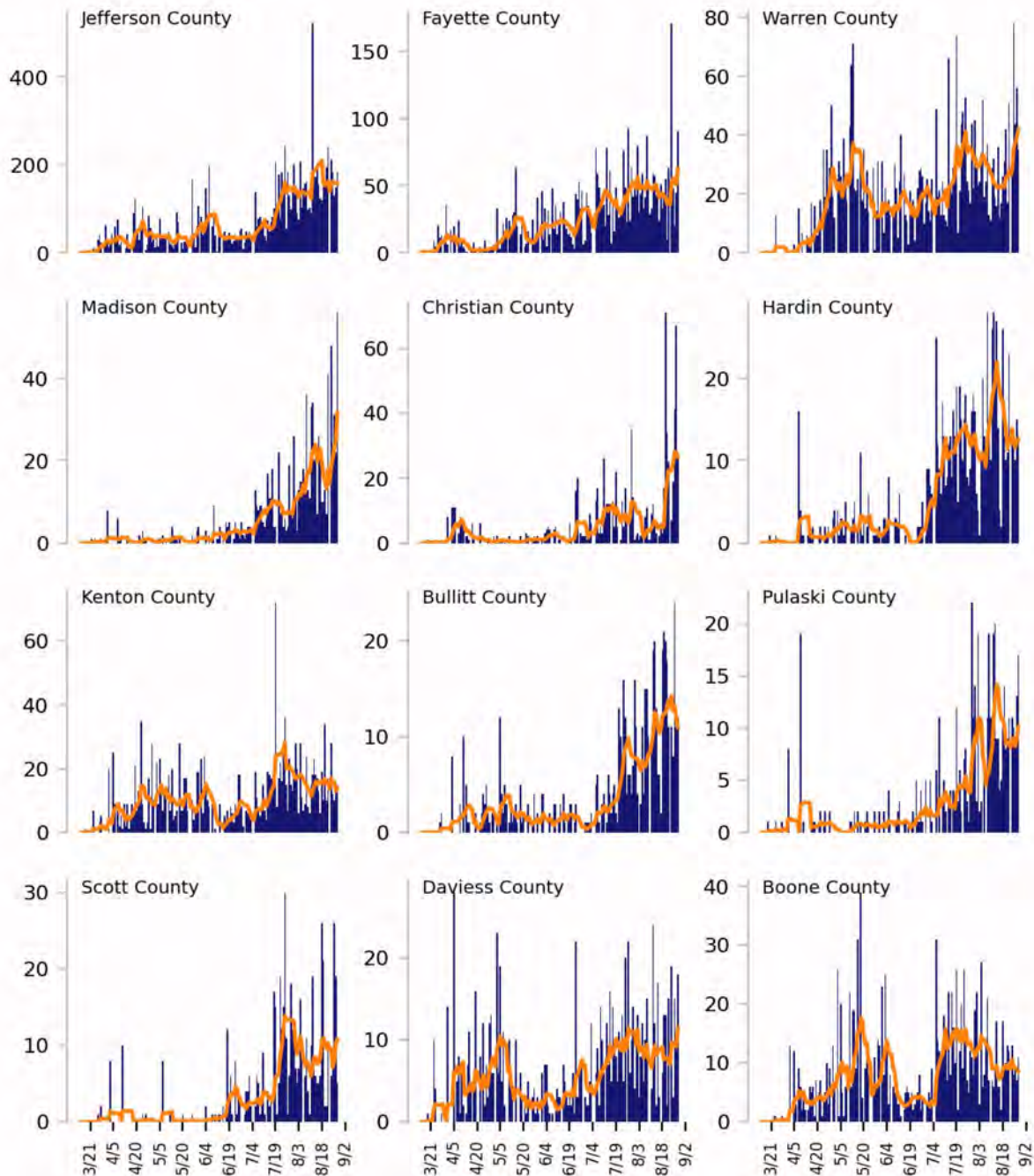
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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 – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

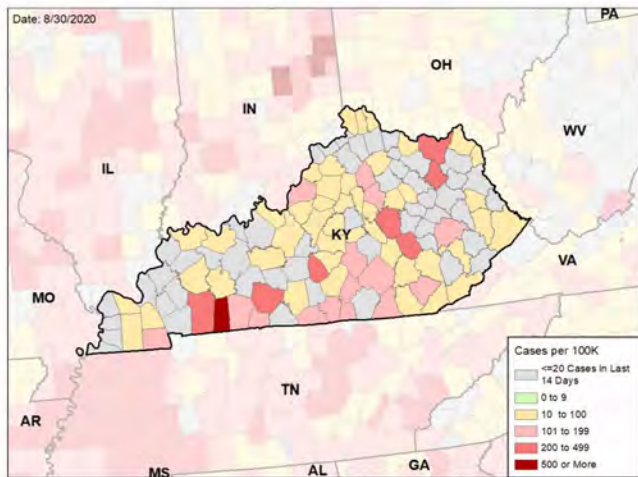


KENTUCKY

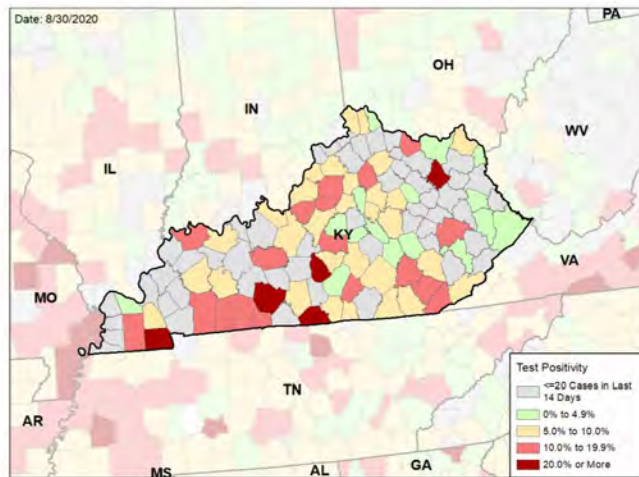
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

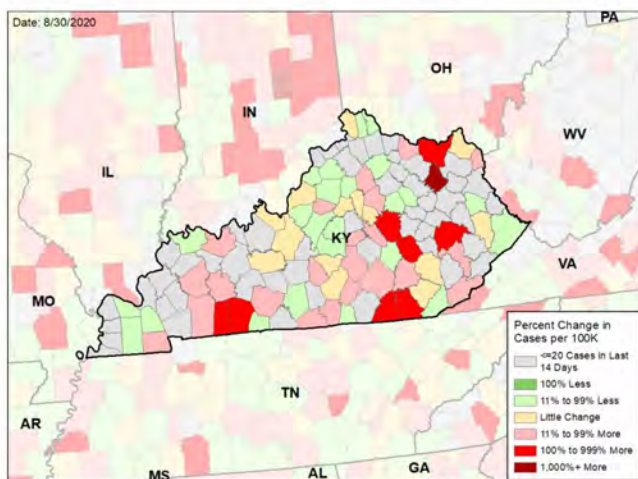
NEW CASES PER 100,000 DURING LAST WEEK



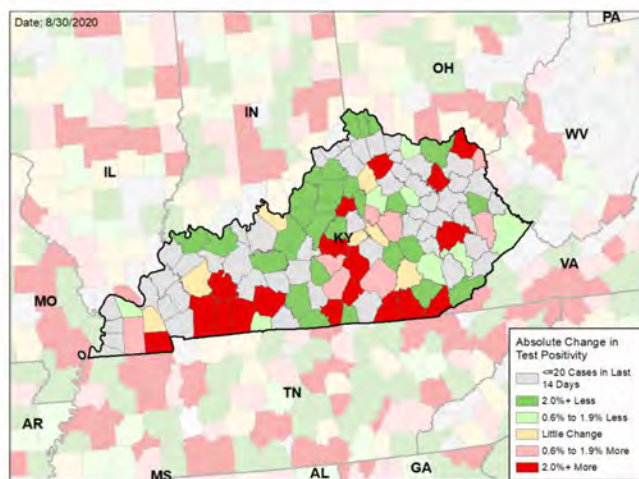
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

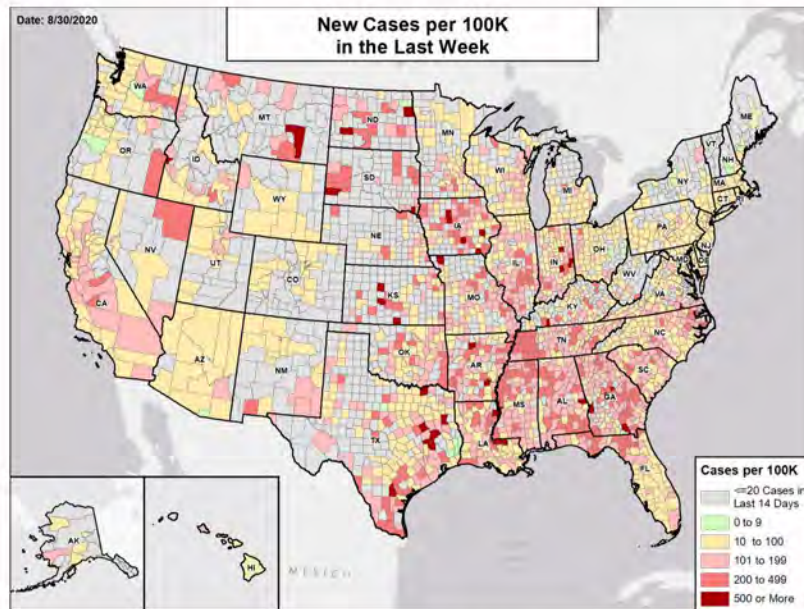
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

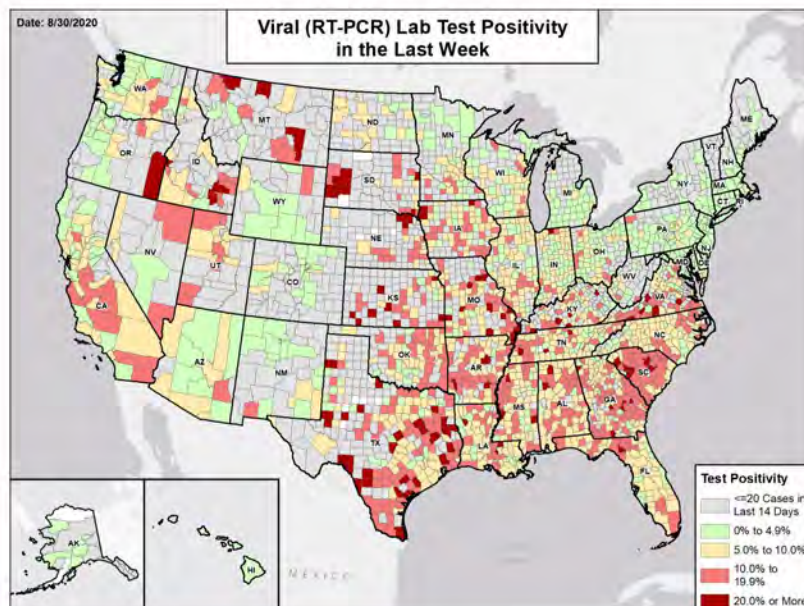


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

STATE REPORT | 08.30.2020

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, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



LOUISIANA

STATE REPORT | 08.30.2020

SUMMARY

- Louisiana 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. Louisiana is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 23rd highest rate in the country.
- Louisiana has seen stability in new cases and a decrease in test positivity over the last week. Despite the impact of Hurricane Laura, Louisiana was well positioned due to its strong mitigation efforts and will be able to expand testing and ensure testing in shelters.
- The following three parishes had the highest number of new cases over the last 3 weeks: 1. East Baton Rouge Parish, 2. Jefferson Parish, and 3. St. Tammany Parish. These parishes represent 21.1% of new cases in Louisiana.
- 80% of all parishes in Louisiana have ongoing community transmission (yellow or red zone), with 23% having high levels of community transmission (red zone).
- 36% of nursing homes had at least one new COVID infection among staff in the last week and 5.8% of nursing homes are reporting 3 or more new COVID-19 cases among residents per week over the last 3 weeks. Mitigation in nursing homes to prevent spread should increase.
- Ongoing effects of Hurricane Laura include:
 - Surge and Community-based testing is on hold until Saturday.
 - Six hospitals have been evacuated; 25 hospitals are using generator power.
 - 11 nursing homes have been evacuated; 44 nursing homes are using generator power.
 - There are 2,000 clients in non-congregant shelters (hotels) and FEMA is supporting with meals. Several independent shelters are being established.
- Louisiana had 98 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 6 to support operations activities from FEMA; 16 to support medical activities from ASPR; 6 to support operations activities from ASPR; 40 to support operations activities from USCG; and 5 to support medical activities from VA.
- The federal government has supported a surge testing site in Baton Rouge, LA and a surge testing site in New Orleans, LA.
- Between Aug 22 - Aug 28, on average, 92 patients with confirmed COVID-19 and 36 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Louisiana. An average of 84% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue the statewide mask mandate. Continue the closure of establishments where social distancing and mask use cannot occur, such as bars.
- Ensure both diagnostic and surveillance testing are rapid and comprehensive at all universities with students on campus.
- Expand testing support to Historically Black Colleges and Universities that may have limited testing capacity.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and universities and to support testing in communities surrounding universities.
- University students should have quarantine and care sites on or near campus and not be returned home to multigenerational households where additional transmission could occur.
- Ensure all universities can fully test, isolate, and contact trace.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students to residents through staff.
- 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, with the 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 new cases in the last week.
- Consider expanding the outdoor dining approach, including further restrictions to limit indoor dining to less than 25% of normal capacity.
- Ask citizens to limit social gatherings to 10 or fewer people and ensure proactive communication about risks of gatherings over Labor Day.
- Encourage individuals that have participated in any large social gatherings to get tested.
- Increase messaging of the risk of serious disease for individuals in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- 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.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as ER visits and hospital admissions decline and additional testing capacity is available.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).

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.



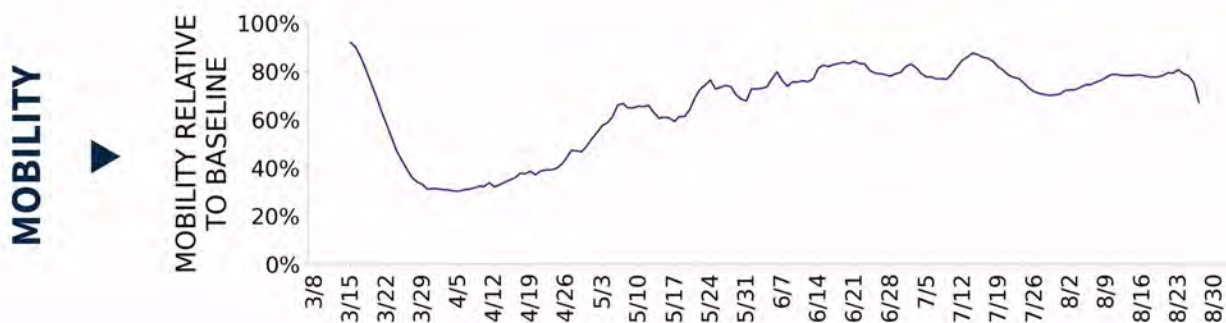
COVID-19



LOUISIANA

STATE REPORT | 08.30.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	4,567 (98)	-7.6%	46,962 (110)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.3%	-0.6%*	8.9%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	76,759** (1,651)	-28.7%**	328,748** (770)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	196 (4)	-17.6%	1,539 (4)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	27.8% (36.3%)	-11.2%* (-13.7%*)	16.2% (22.8%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	12.1%	+0.7%*	9.1%	5.0%



* 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 – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the parish level. Data through 8/27/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



LOUISIANA

STATE REPORT | 08.30.2020

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**

2

Baton Rouge
Fort Polk South

14

Lafayette
Shreveport-Bossier City
Monroe
Houma-Thibodaux
Alexandria
Hammond
Lake Charles
Opelousas
Morgan City
Bogalusa
Minden
Natchitoches

**PARISH
LAST WEEK**

15

East Feliciana
St. Martin
Vernon
West Feliciana
Madison
Pointe Coupee
Union
West Baton Rouge
Claiborne
Red River
Richland
Catahoula

36

East Baton Rouge
Jefferson
St. Tammany
Lafayette
Caddo
Ouachita
Tangipahoa
Calcasieu
Rapides
Livingston
Ascension
Lafourche

All Yellow CBSAs: Lafayette, Shreveport-Bossier City, Monroe, Houma-Thibodaux, Alexandria, Hammond, Lake Charles, Opelousas, Morgan City, Bogalusa, Minden, Natchitoches, Ruston, Natchez

All Red Parishes: East Feliciana, St. Martin, Vernon, West Feliciana, Madison, Pointe Coupee, Union, West Baton Rouge, Claiborne, Red River, Richland, Catahoula, Jackson, Caldwell, Cameron

All Yellow Parishes: East Baton Rouge, Jefferson, St. Tammany, Lafayette, Caddo, Ouachita, Tangipahoa, Calcasieu, Rapides, Livingston, Ascension, Lafourche, St. Landry, Bossier, Vermilion, Terrebonne, Iberia, Avoyelles, Acadia, St. Mary, Washington, Franklin, Evangeline, Webster, Natchitoches, Lincoln, St. Bernard, Winn, Concordia, St. Helena, Grant, Iberville, LaSalle, Assumption, Tensas, St. James

* 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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

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 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

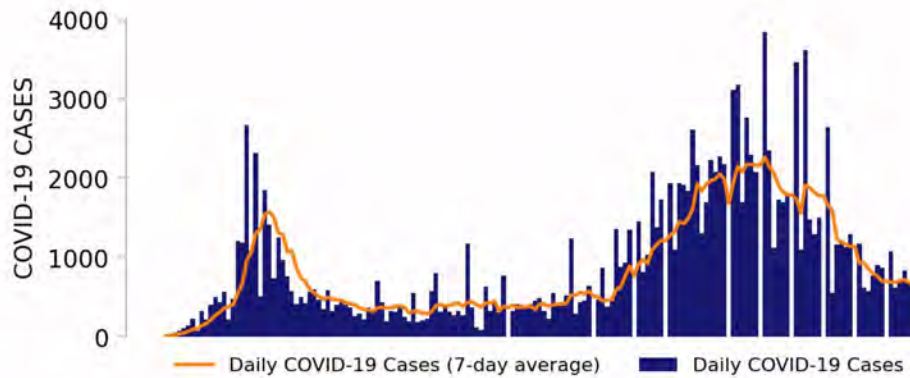
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LOUISIANA

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NEW CASES

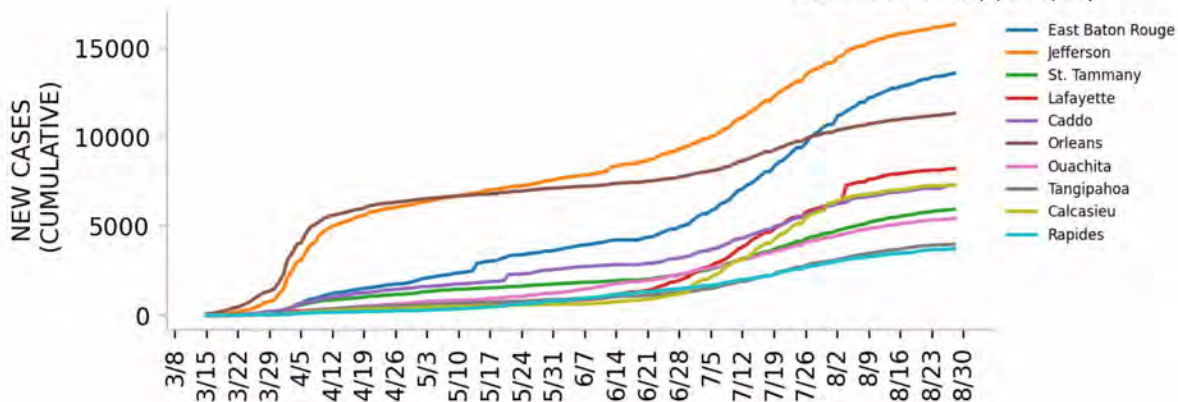


TESTING



Top parishes based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP PARISHES



DATA SOURCES – Additional data details available under METHODS

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

Cases: 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 8/28/2020.

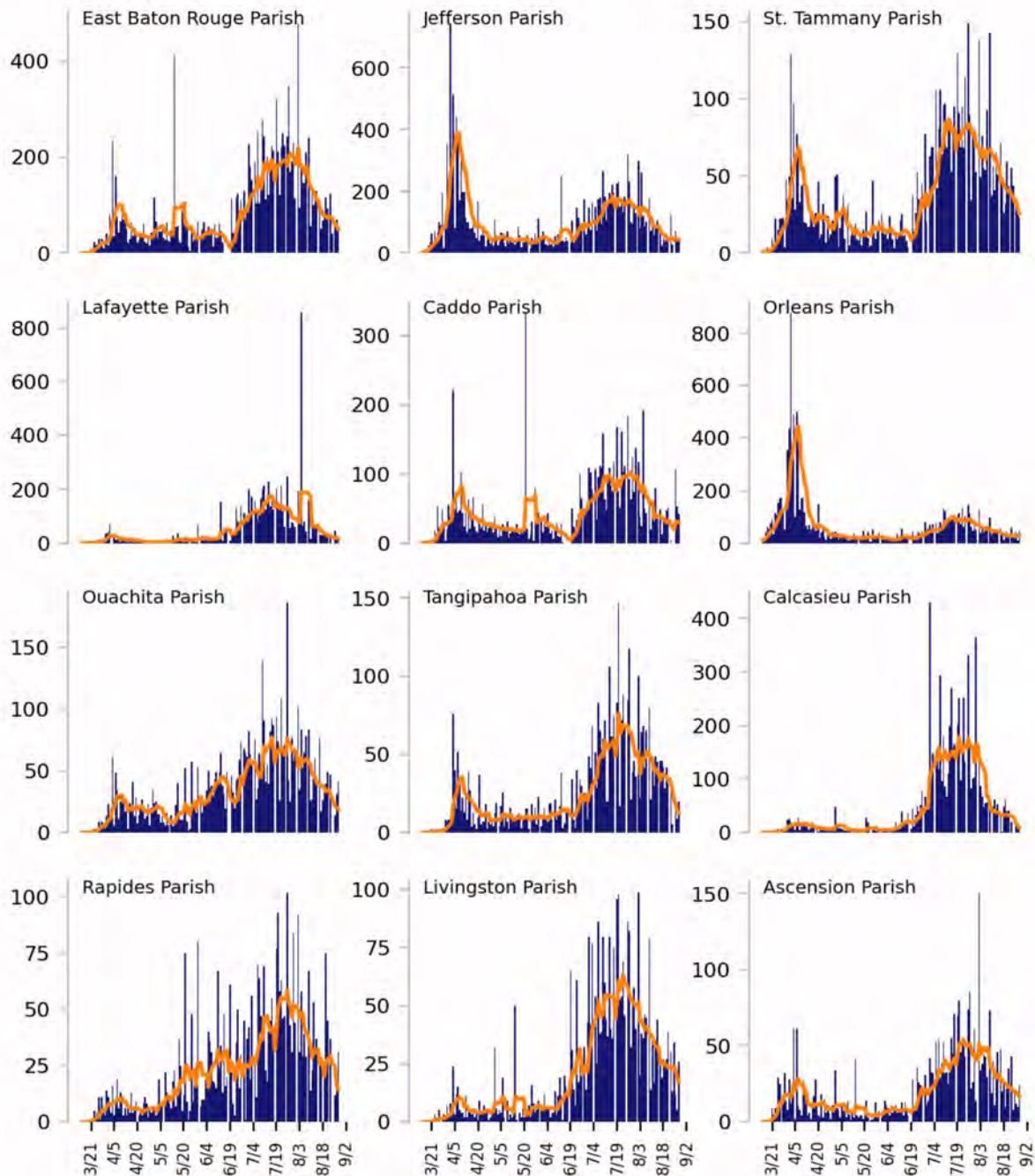
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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 – Additional data details available under METHODS

Cases: 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 8/28/2020. Last 3 weeks is 8/8 - 8/28.

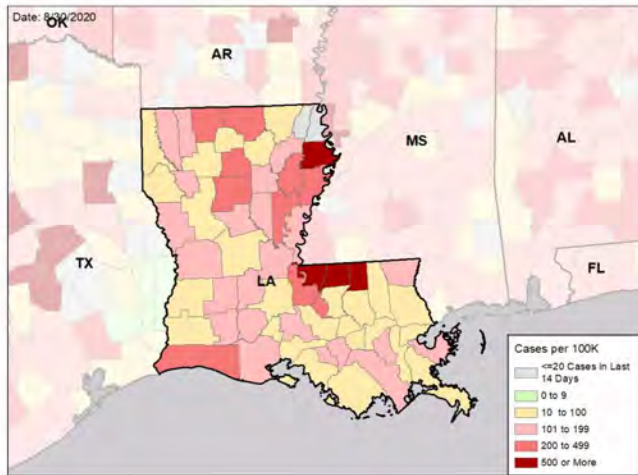


LOUISIANA

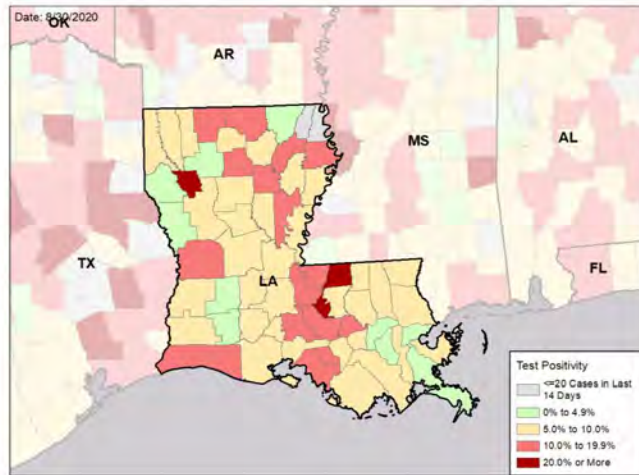
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

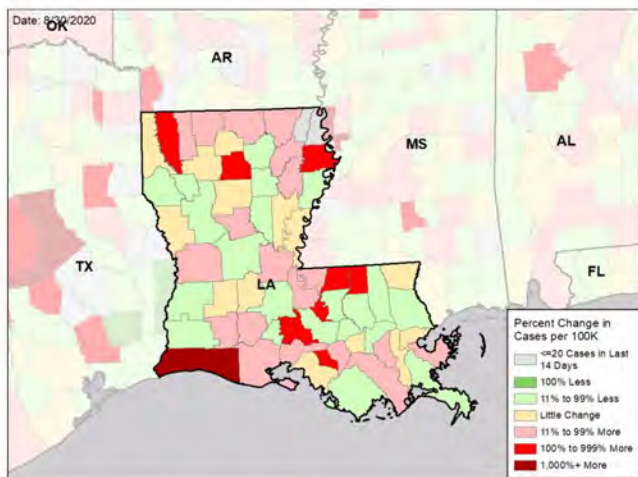
NEW CASES PER 100,000 DURING LAST WEEK



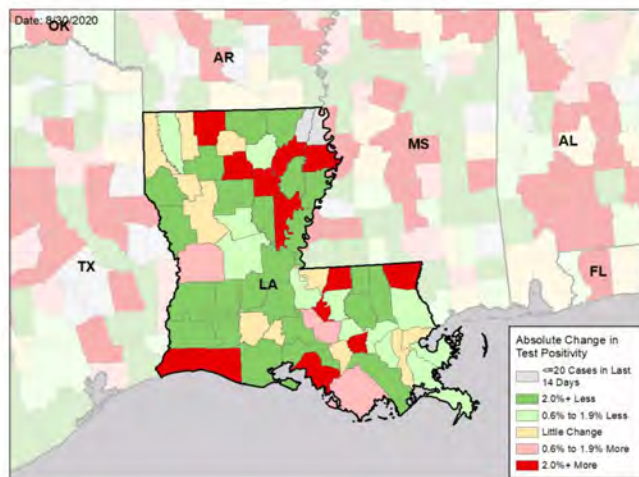
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

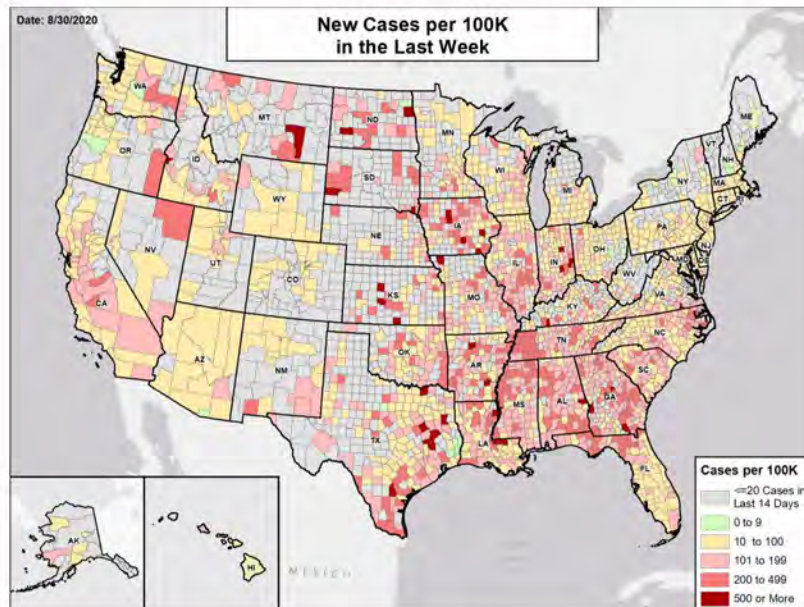
Cases: State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

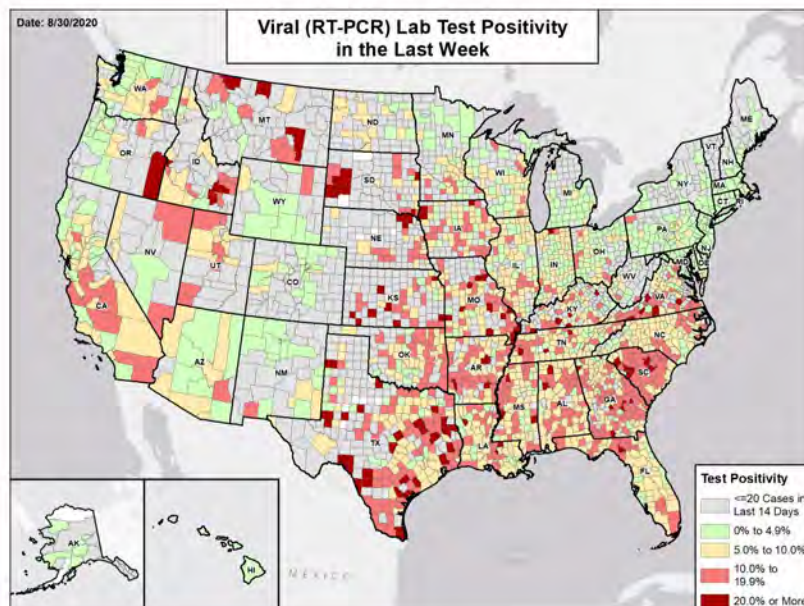


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

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

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



MAINE

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SUMMARY

- Maine is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 49th highest rate in the country. Maine is in the green zone for test positivity, indicating a rate below 5%, with the 50th highest rate in the country.
- Maine 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 last 3 weeks: 1. York County, 2. Cumberland County, and 3. Penobscot County. These counties represent 69.9% of new cases in Maine.
- No counties in Maine have moderate or high levels of ongoing community transmission (yellow or red zone).
- 1.1% of nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- Outside of the most populated counties, testing in much of the state remains below 500 per 100,000 population.
- Maine had 11 new cases per 100,000 population in the last week, compared to a national average of 88 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 22 - Aug 28, on average, 1 patient with confirmed COVID-19 and 31 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Maine. An average of 78% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue to promote social distancing and facial coverings as a key to Maine's ongoing success.
- Continue active testing or quarantine of visitors from other states with higher case rates.
- Address inequities in social determinants of health to better protect those at increased risk for infection and severe disease; at a minimum, ensure easily available testing in communities most at risk and provide material support for isolation and quarantine.
- Consider use of pooled testing to further expand test capacity and reduce turnaround times; ensure that all universities with RNA detection platforms are using this equipment to expand surveillance testing for university and college students and for schools (K-12); explore procurement and use of point-of-care antigen tests.
- Continue to promote collaboration between universities and local health departments to ensure sufficient testing and contact tracing capacity, training and using students as contact tracers, if needed.
- 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.
- 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.



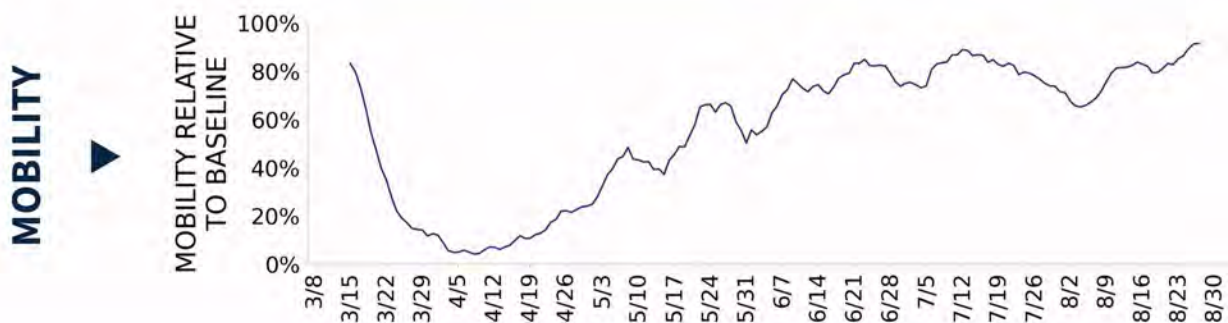
COVID-19



MAINE

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	150 (11)	-11.8%	4,348 (29)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	0.8%	-0.1%*	1.2%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	17,838** (1,327)	+0.0%**	372,194** (2,507)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	3 (0)	+0.0%	166 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	3.3% (3.3%)	+0.0%* (-1.1%*)	2.6% (6.3%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2.2%	+0.0%*	2.7%	5.0%



* 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 – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19. Public Health Laboratory data is inclusive of all updates processed through 8/28.

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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



MAINE

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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 lab test positivity result above 10%.

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
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Testing

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- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
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POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging

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Testing

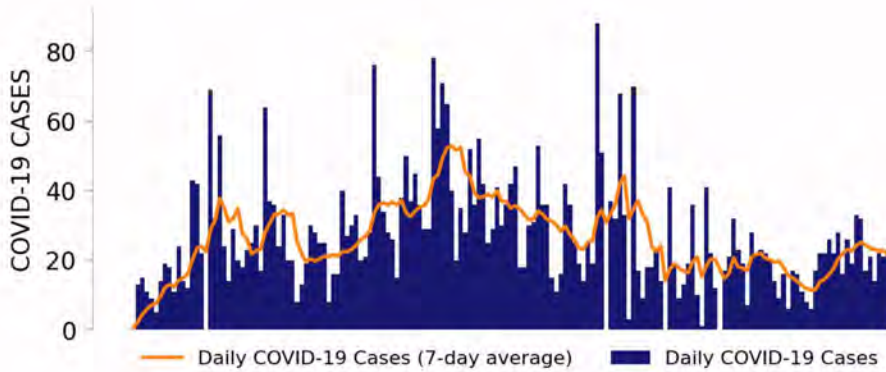
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NEW CASES

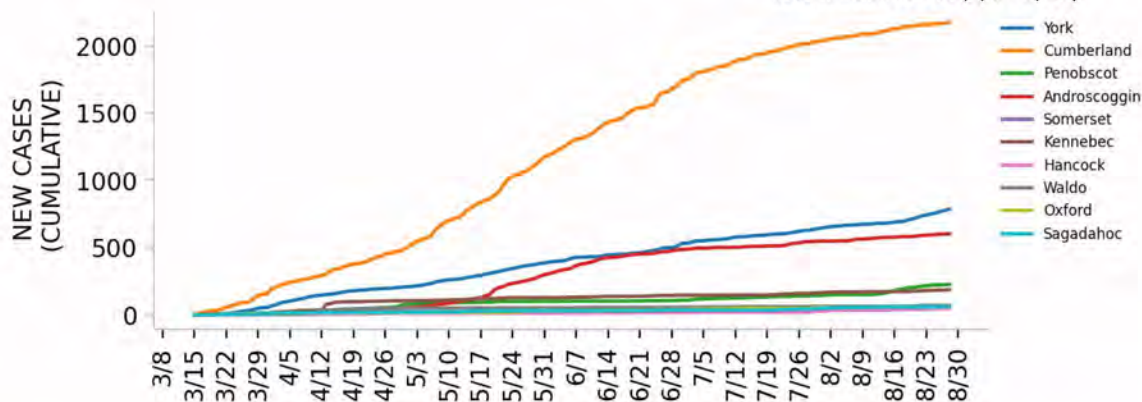


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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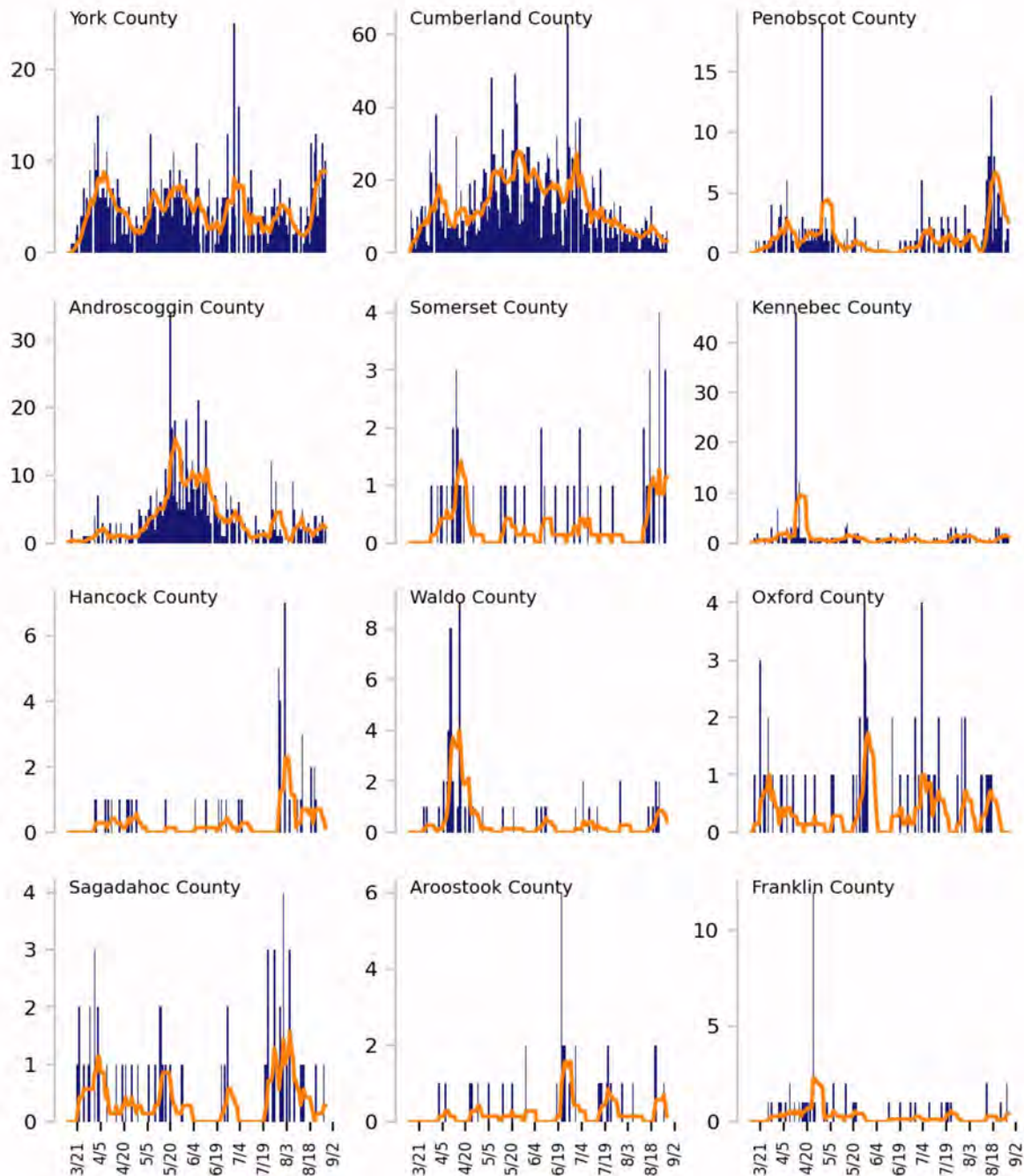
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Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



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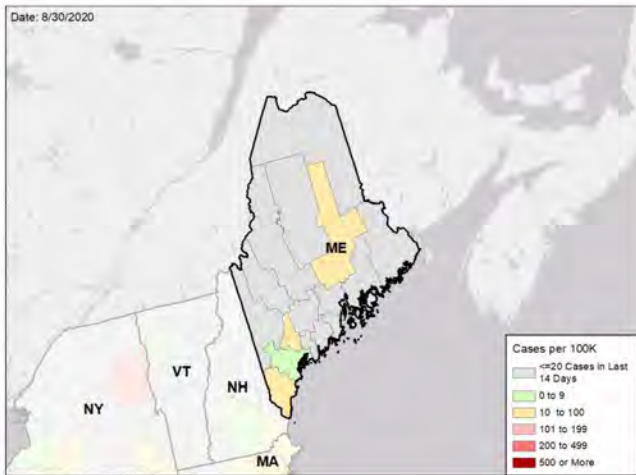


MAINE

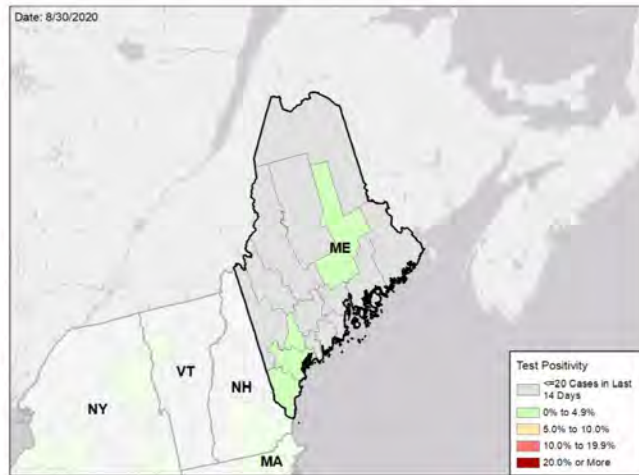
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

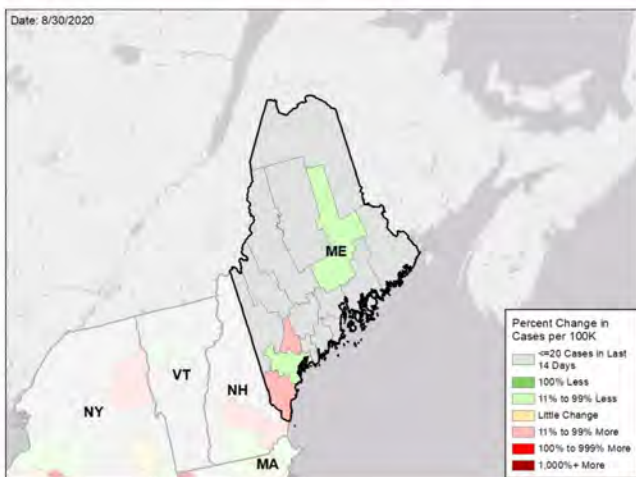
NEW CASES PER 100,000 DURING LAST WEEK



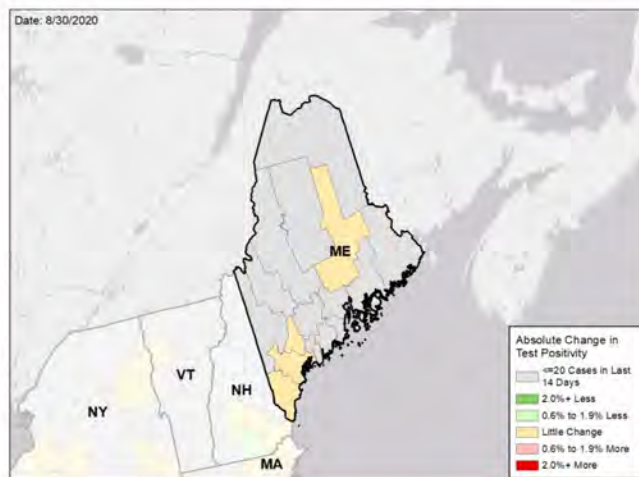
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

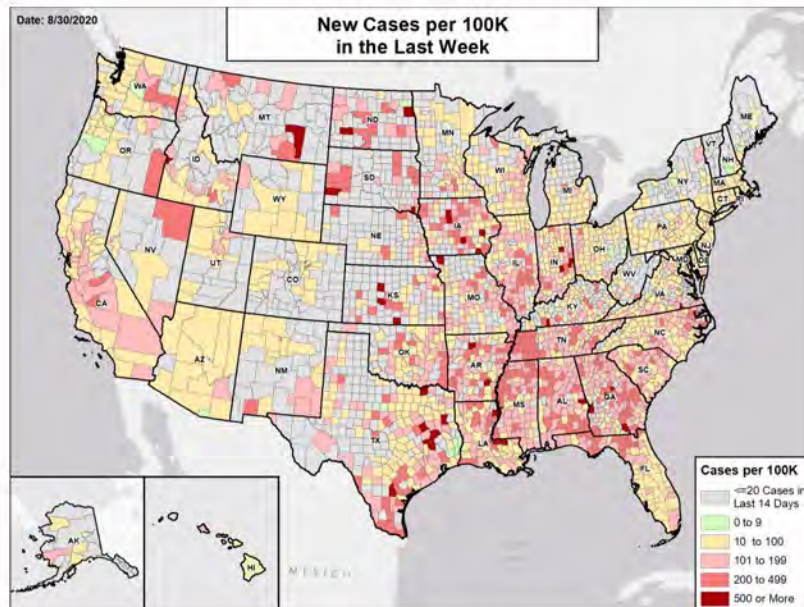
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19. Public Health Laboratory data is inclusive of all updates processed through 8/28.

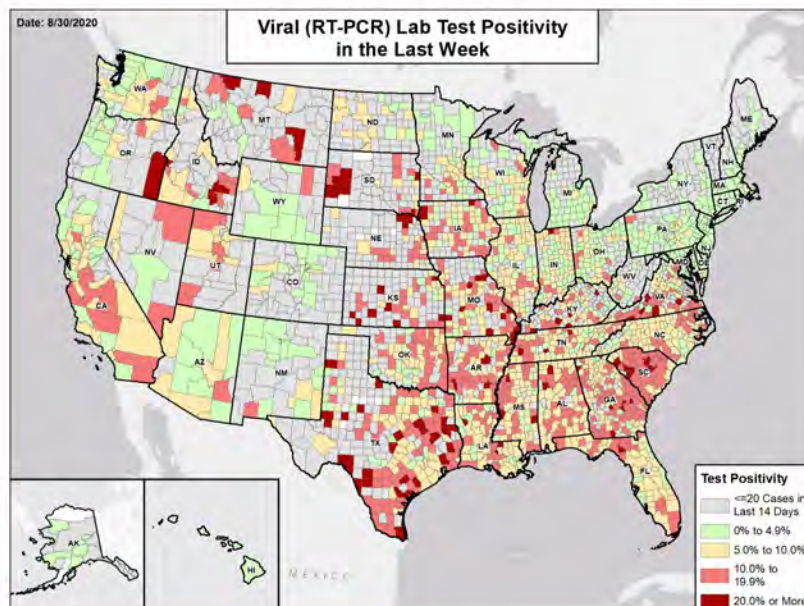


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

STATE REPORT | 08.30.2020

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, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



MARYLAND

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SUMMARY

- Maryland is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 33rd highest rate in the country. Maryland is in the green zone for test positivity, indicating a rate below 5%, with the 34th highest rate in the country.
- Maryland 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. Prince George's County, 2. Baltimore County, and 3. Baltimore City. These counties represent 53.6% of new cases in Maryland. Three counties in the Salisbury CBSA (Somerset, Wicomico, Worcester) are seeing worsening trends in reported cases and/or test positivity, which is concerning.
- Towson University delayed the start of in-person classes due to more than 50 cases detected in return-to-school testing.
- 8% of all counties in Maryland have ongoing community transmission (yellow or red zone), with none having high levels of community transmission (red zone).
- 0.4% of nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- Maryland had 62 new cases per 100,000 population in the last week, compared to a national average of 88 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; 28 to support operations activities from ASPR; and 14 to support operations activities from USCG.
- Between Aug 22 - Aug 28, on average, 47 patients with confirmed COVID-19 and 242 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Maryland. An average of 94% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.*

RECOMMENDATIONS

- Increase involvement of community-based leadership to build community trust and to build targeted, tailored public messaging to communities. Emphasize mitigation efforts for residents who live in congregate housing settings or are attending family gatherings and outdoor events (e.g., remain socially distanced and masked). Encourage residents to avoid indoor gatherings and high density unmasked outdoor ones. Ensure that these messages are relevant to vulnerable populations, including African American and Latinx communities; the new components of the MasksOnMaryland campaign are commended in this regard.
- Increase public messaging to out-of-state tourists and increase testing capabilities in beach communities and tourist areas (e.g., 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.
- Keep statewide mask requirement in place. Work with local communities to ensure high usage rates. Identify mechanisms to assess compliance with local regulations. 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.
- For Institutes of higher education (IHE):
 - Ensure both diagnostic and surveillance testing are rapid and comprehensive at all institutions with students on campus.
 - Ensure all universities can fully test, isolate, and conduct contact tracing among students and staff in collaboration with local public health authorities.
 - Expand testing support to Historically Black Colleges and Universities and other IHE that may have limited testing capacity.
 - Ensure university students with or exposed to COVID-19 have access to quarantine and care sites on or near campus and are not returned home to multigenerational households where additional transmission could occur.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and universities, for their students and to support the community surrounding their universities.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students.
- Support local authorities in outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy as well as other limitations on student patronage; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus events.
- Support a uniform case-reporting process for IHE and reporting of this data on public-facing dashboards. Publish IHE screening as well as outbreak data on the state dashboard.
- Close establishments where social distancing and mask use cannot occur, such as bars, nightclubs, and entertainment venues. Ensure enforcement of limits on public gatherings.
- Any nursing homes with 3 or more cases of COVID in the last week 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 or will be having difficulties meeting the weekly testing requirement for staff due to funding restraints.
- 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.
- 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.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.maryland.gov/health/covid19/).

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

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



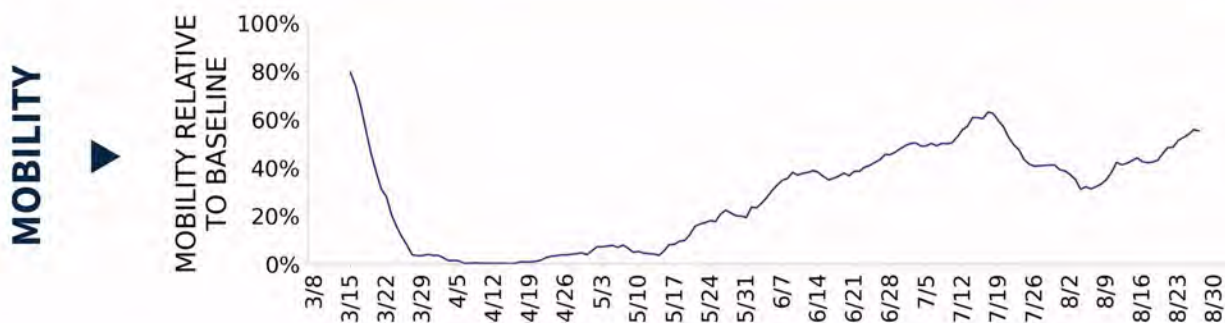
COVID-19



MARYLAND

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	3,765 (62)	-6.4%	16,335 (53)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.6%	+0.0%*	4.8%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	135,535** (2,242)	-16.5%**	477,403** (1,547)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	55 (1)	+17.0%	298 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	8.0% (23.9%)	-2.8%* (+4.9%*)	8.2% (15.1%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3.5%	+0.1%*	3.3%	5.0%



* 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 – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.**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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



MARYLAND

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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

2Worcester
Somerset

* 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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

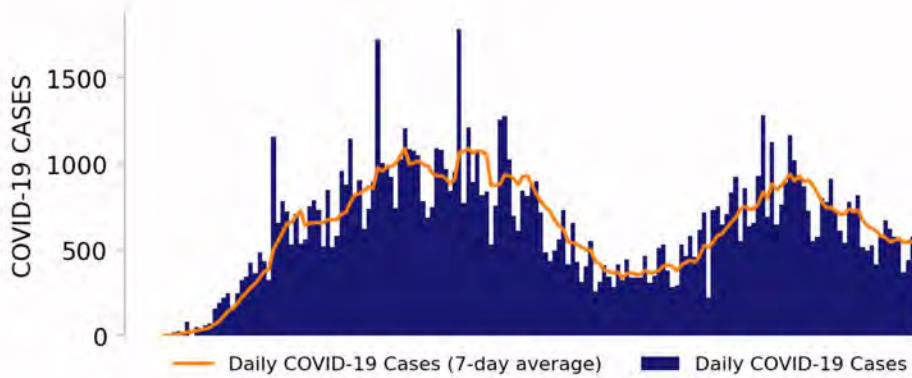
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- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device



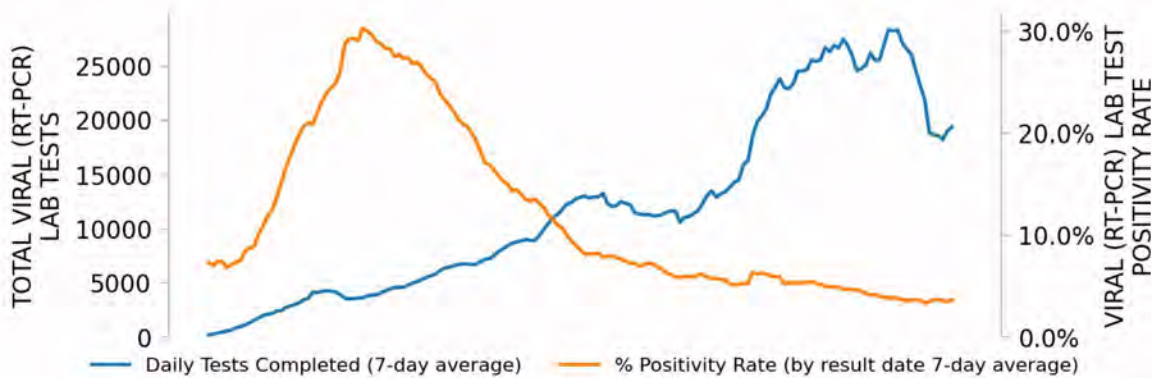
MARYLAND

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NEW CASES

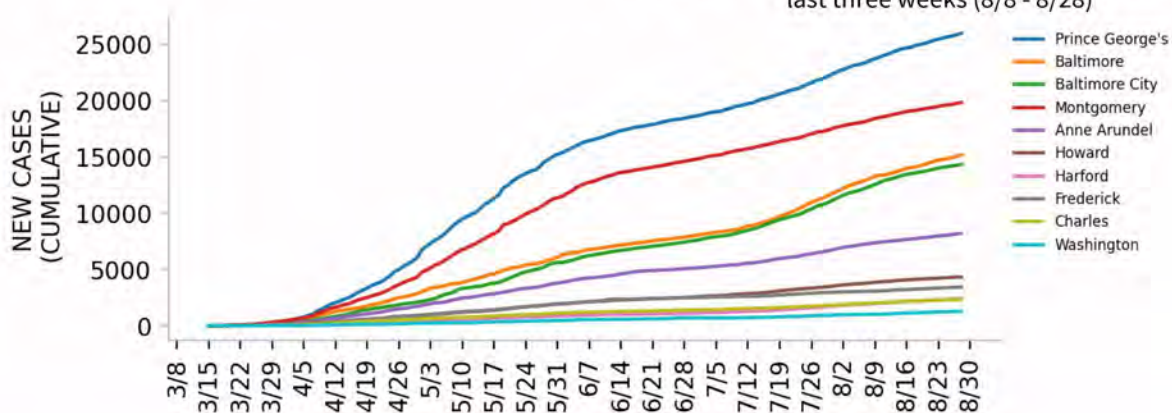


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

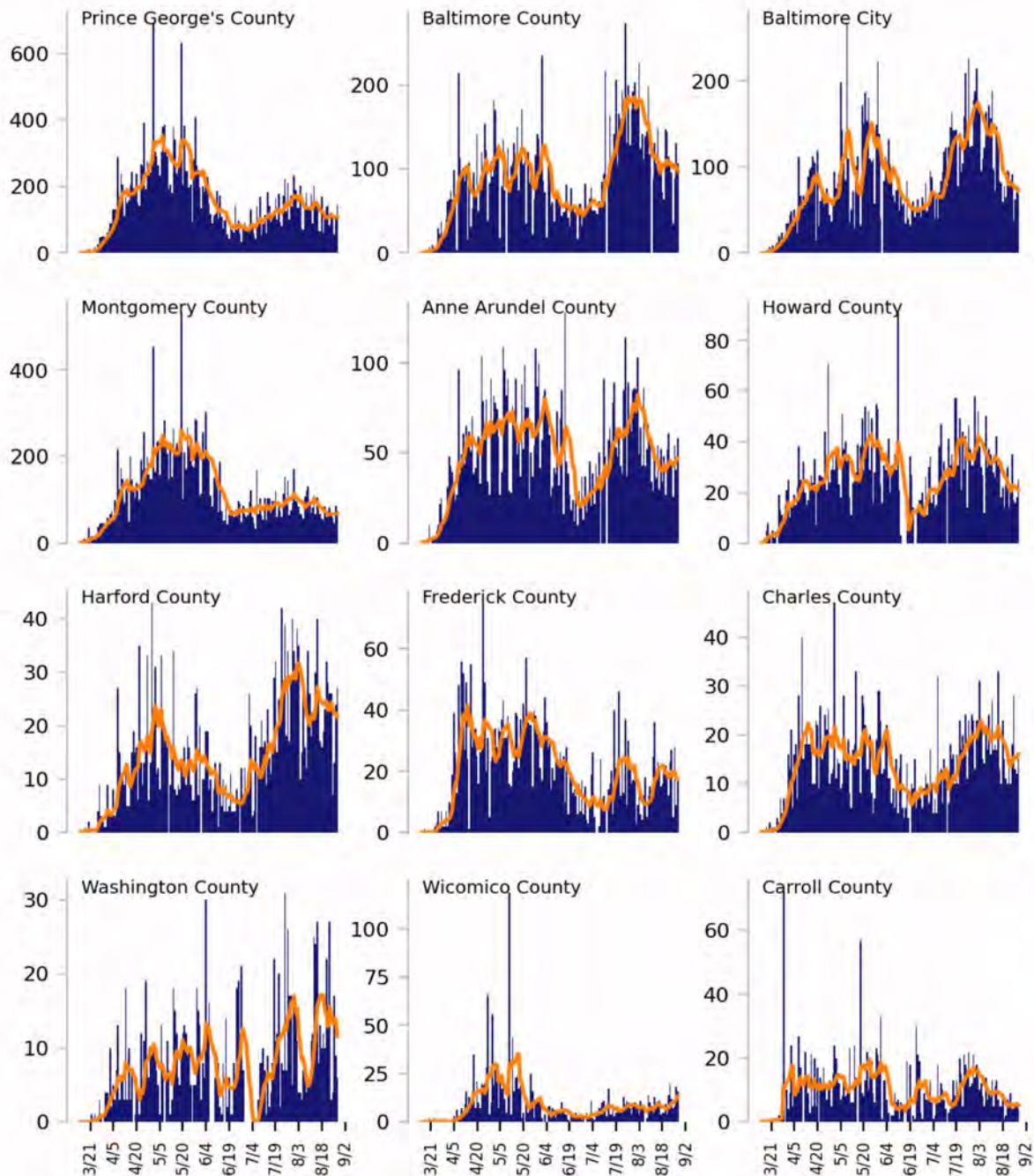
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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 – Additional data details available under METHODS

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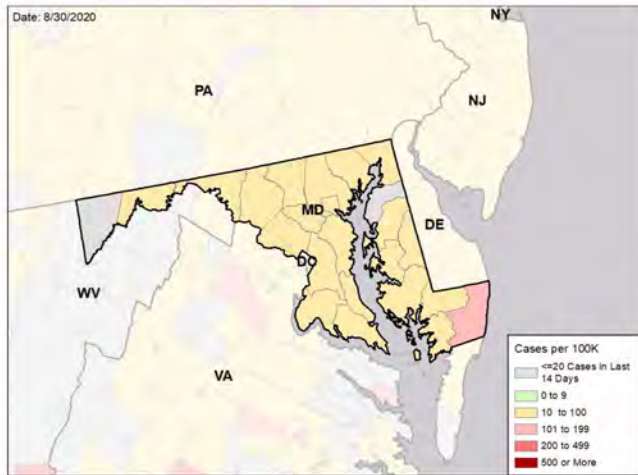


MARYLAND

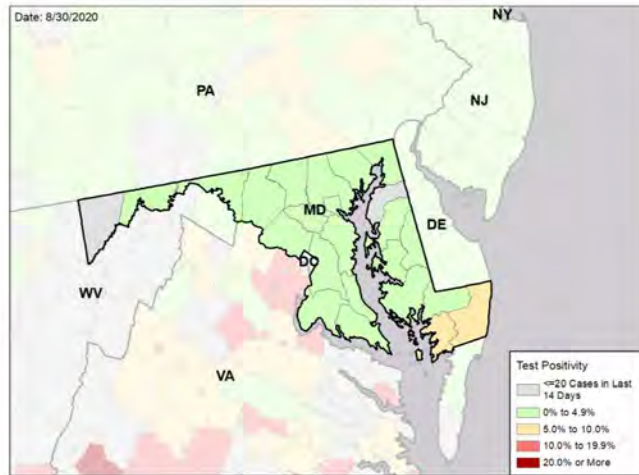
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

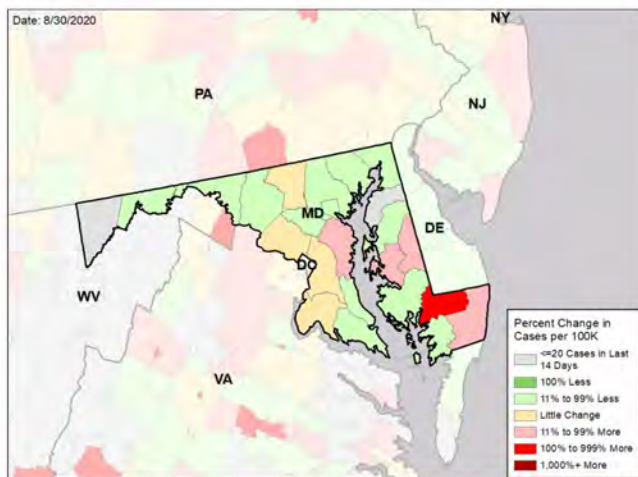
NEW CASES PER 100,000 DURING LAST WEEK



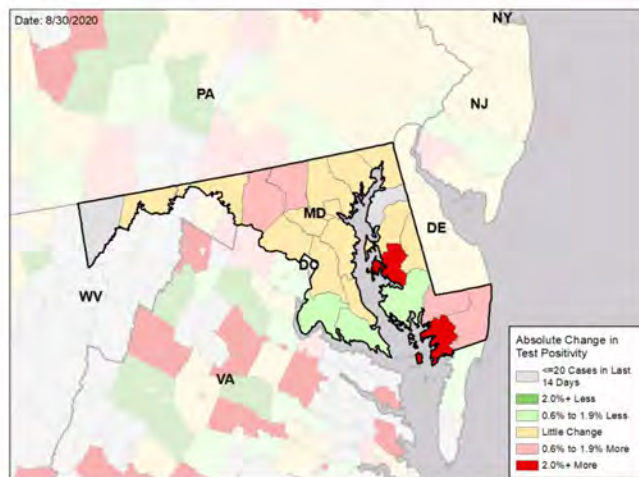
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



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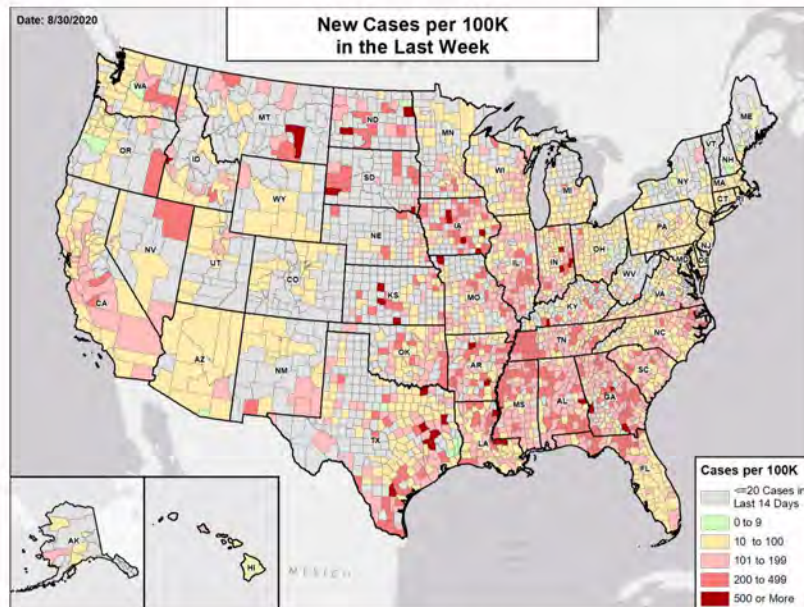
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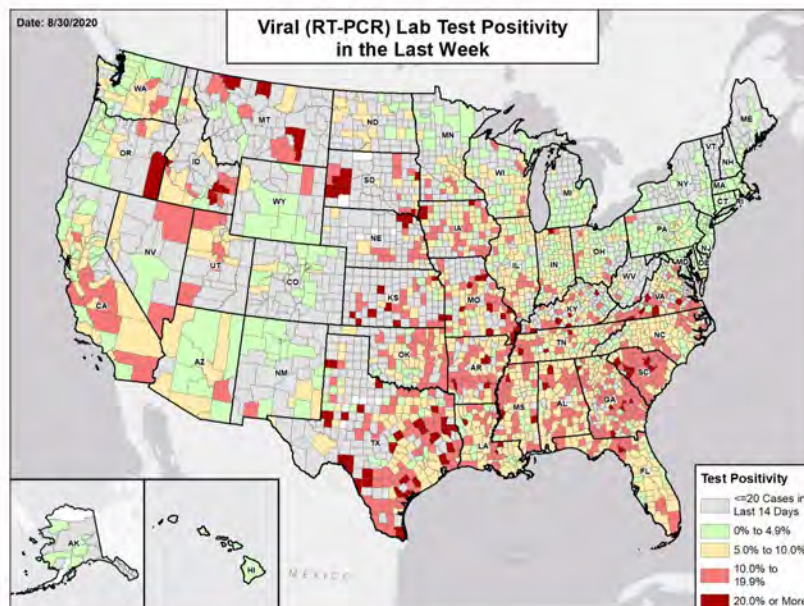


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



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METHODS

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Metric	Green	Yellow	Red
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Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
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- Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



MASSACHUSETTS

STATE REPORT | 08.30.2020

SUMMARY

- Massachusetts is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 44th highest rate in the country. Massachusetts is in the green zone for test positivity, indicating a rate below 5%, with the 47th highest rate in the country.
- Massachusetts 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 last 3 weeks: 1. Suffolk County (567 cases), 2. Middlesex County, and 3. Essex County. These counties represent 52.2% of new cases in Massachusetts.
- No counties in Massachusetts have moderate or high levels of ongoing community transmission (yellow or red zone).
- No nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- Testing capacity is above 3,000 per 100,000 population (statewide) and above 1,500 per 100,000 population in all counties. This should continue.
- Massachusetts had 34 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 116 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 22 - Aug 28, on average, 17 patients with confirmed COVID-19 and 127 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Massachusetts. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.*

RECOMMENDATIONS

- Boston (Suffolk and Essex counties) continues to have elevated case rates and the potential to reignite, especially when the weather turns colder; consider innovative ways to more intensively monitor and enforce indoor face covering use.
- Follow turn-around-times from specimen drawn to results returned and ensure immediate isolation and contact interviews within 48 hours of results returned.
- Continue public health messaging and educational campaigns, with a particular focus on groups at-risk for infection and for advanced disease, those who data demonstrate are non-compliant with face covering mandate and returning students.
- Conduct outreach to restaurant and bar owners in college communities regarding enforcement of masking and limitations on occupancy; work closely with university leadership and student body leaders to establish appropriate behavior with known repercussions if students do not comply.
- Continue to ensure 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 adequate housing for isolation and quarantine if case rates increase.
- Ensure clinical services can be expanded to handle potential increase in number of infections in communities with large numbers of returning students.
- Consider showing case rates and test positivity by county and by college/university on the state website.
- 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 elevated or 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.



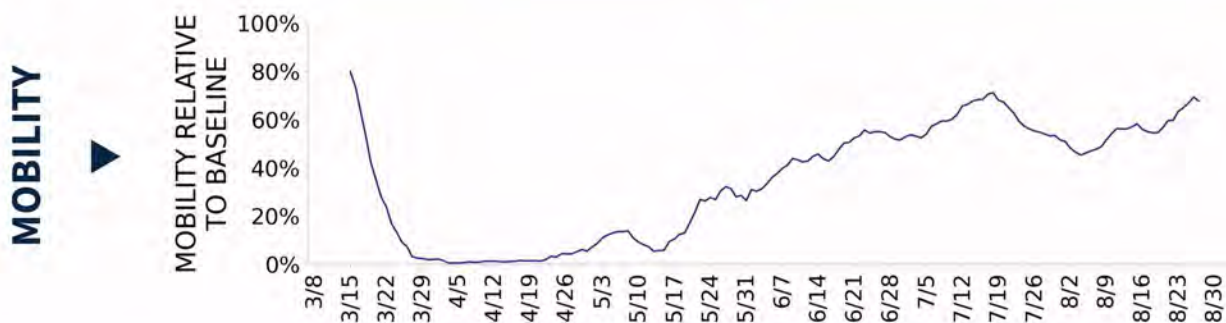
COVID-19



MASSACHUSETTS

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	2,368 (34)	-11.8%	4,348 (29)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.2%	-0.2%*	1.2%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	219,608** (3,186)	+18.8%**	372,194** (2,507)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	136 (2)	+61.9%	166 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	2.2% (8.7%)	-2.7%* (-2.6%*)	2.6% (6.3%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2.8%	+1.0%*	2.7%	5.0%



* 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 – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.**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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



MASSACHUSETTS

STATE REPORT | 08.30.2020

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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

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

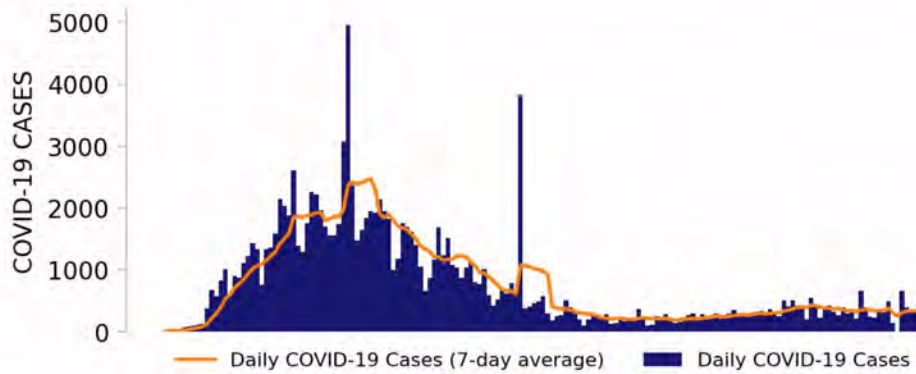
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing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



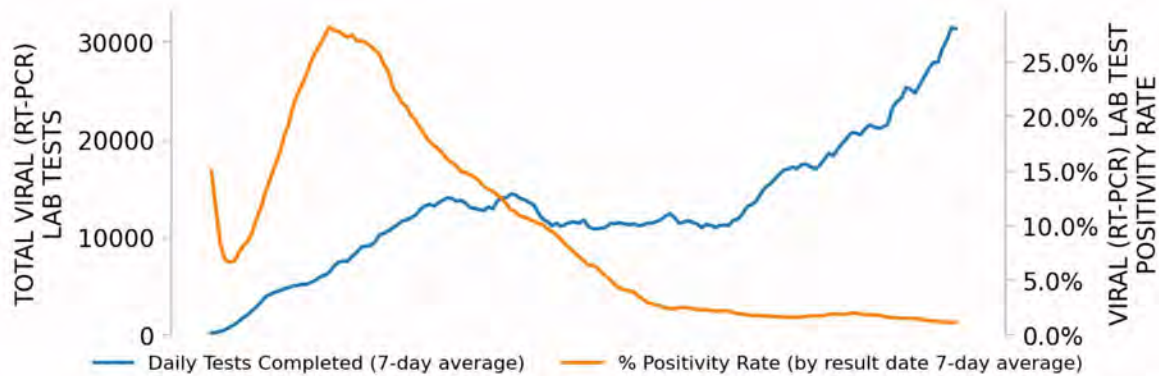
MASSACHUSETTS

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NEW CASES

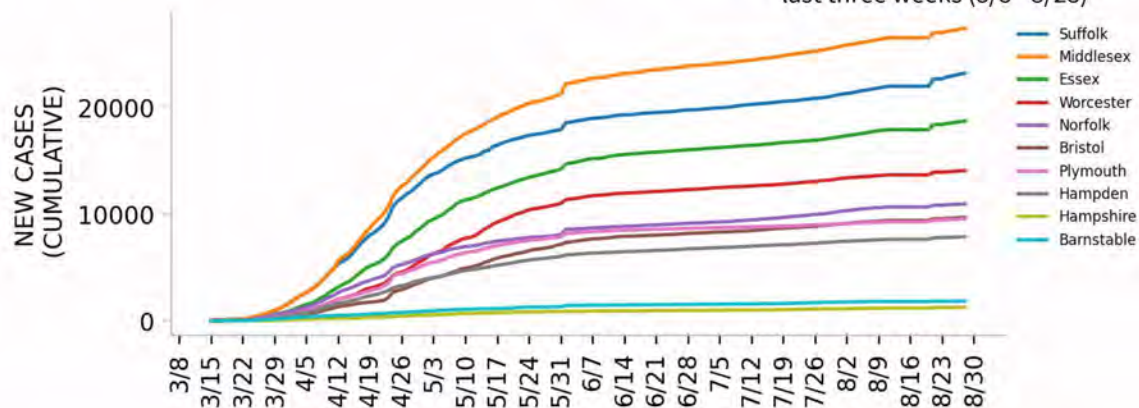


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

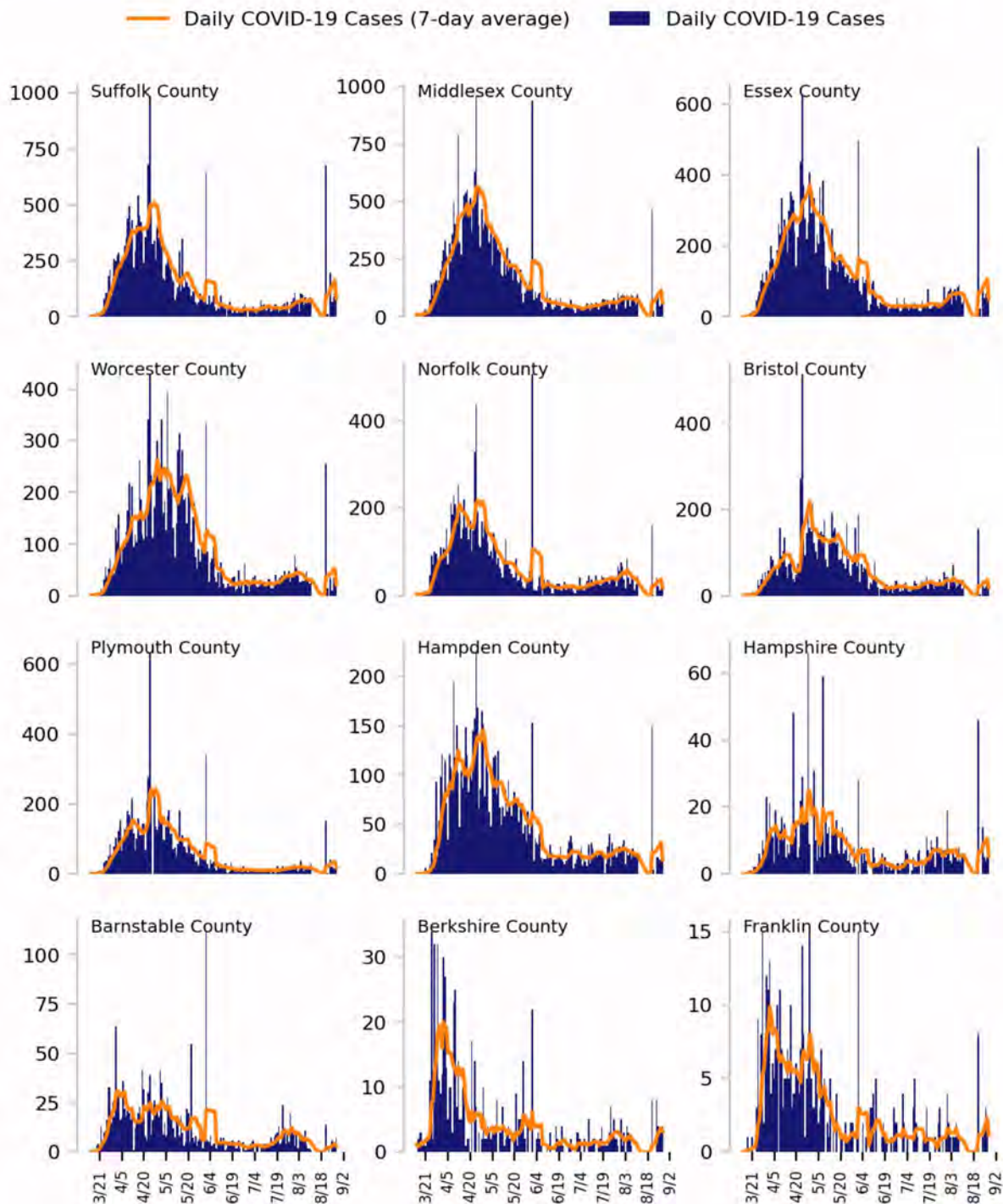
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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

TOTAL DAILY CASES



DATA SOURCES – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

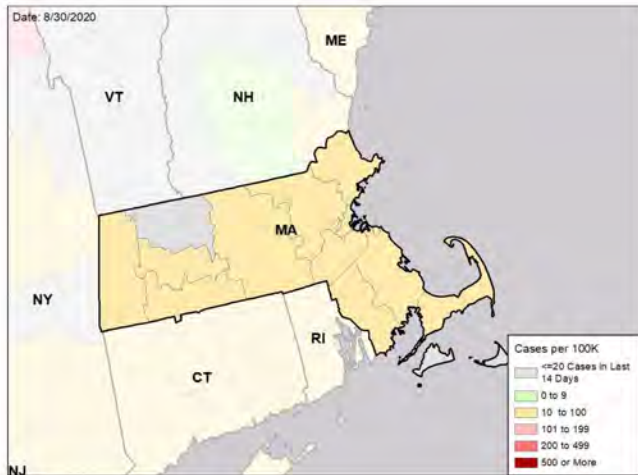


MASSACHUSETTS

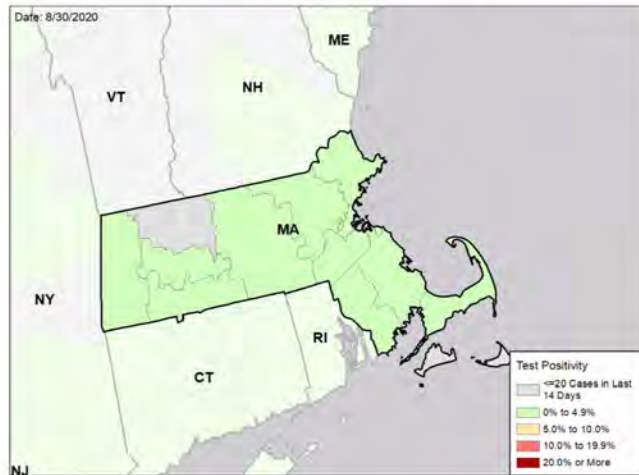
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

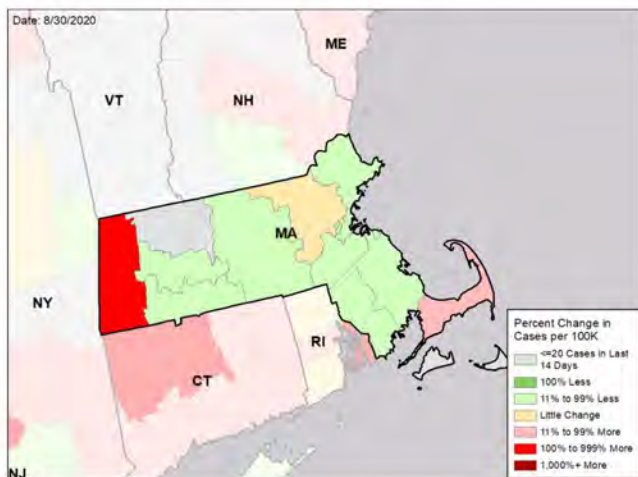
NEW CASES PER 100,000 DURING LAST WEEK



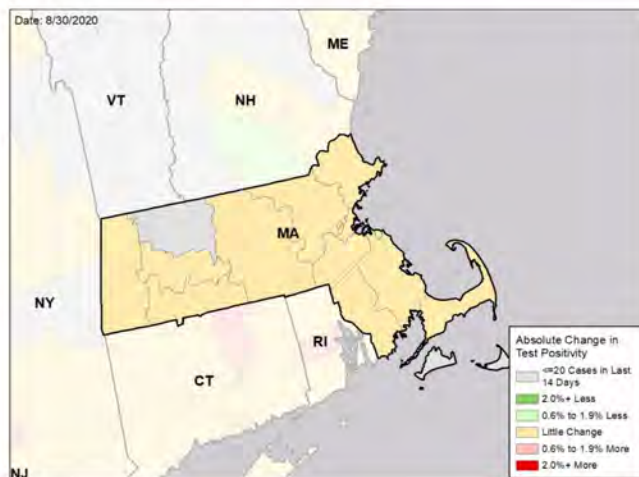
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

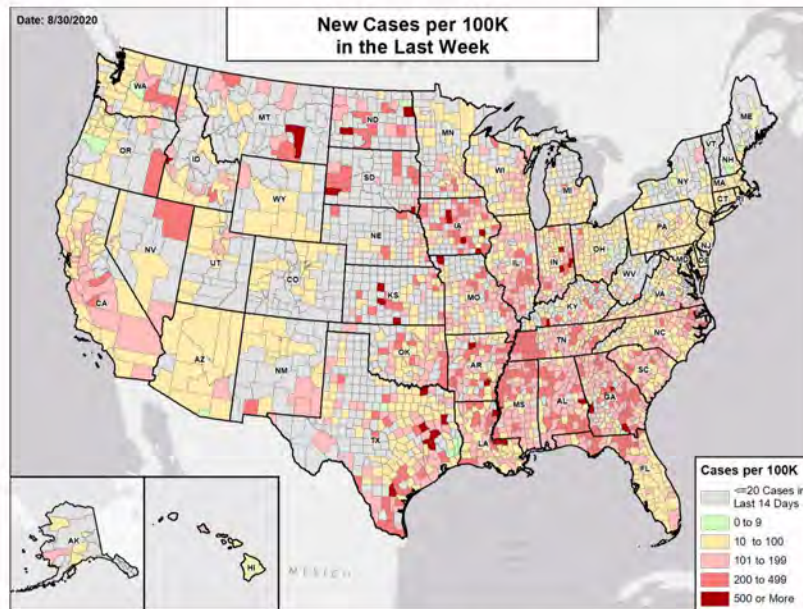
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

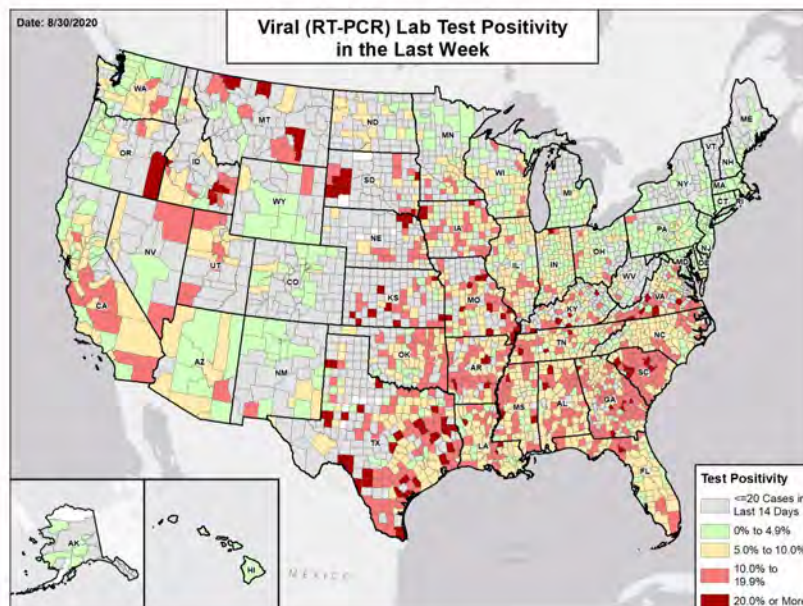


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

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

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



MICHIGAN

STATE REPORT | 08.30.2020

SUMMARY

- Michigan is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 31st highest rate in the country. Michigan is in the green zone for test positivity, indicating a rate below 5%, with the 39th highest rate in the country.
- Michigan has seen an increase in new cases and stability in test positivity over the last week.
- Cases increased in the majority of counties, most notably outside of the Detroit CBSA. Incidence remained elevated in one of the two Upper Peninsula regions affected by outbreaks along the Wisconsin border (Menominee/Marquette), with spread to nearby Delta County.
- 82 cases were reported linked to Central Michigan University among students, former students, and community members primarily linked to off-campus gatherings; a public health emergency was declared in surrounding Isabella County.
- 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 50.1% of new cases in Michigan.
- 8% of all counties in Michigan have ongoing community transmission (yellow or red zone), with none having high levels of community transmission (red zone).
- No nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- Michigan had 65 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 11 to support operations activities from FEMA; 7 to support operations activities from USCG; and 1 to support operations activities from VA.
- Between Aug 22 - Aug 28, on average, 55 patients with confirmed COVID-19 and 118 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Michigan. An average of 91% 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

- Support local authorities in outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy, as well as other limitations on student patronage; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus events. The recent efforts of Washtenaw County for Ypsilanti and Ann Arbor are noted and commended.
- For institutes of higher education (IHE):
 - Ensure both diagnostic and surveillance testing are rapid and comprehensive at all institutions with students on campus.
 - Ensure all universities can fully test, isolate, and conduct contact tracing among students and staff in collaboration with local public health authorities.
 - Ensure university students with or exposed to COVID-19 have access to quarantine and care sites on or near campus and are not returned home to multigenerational households where additional transmission could occur.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and universities, for their students and to support the community surrounding their universities.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students.
- Support a uniform case-reporting process for IHE and reporting of this data on public-facing dashboards. Publish IHE screening as well as outbreak data on the state dashboard.
- 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.

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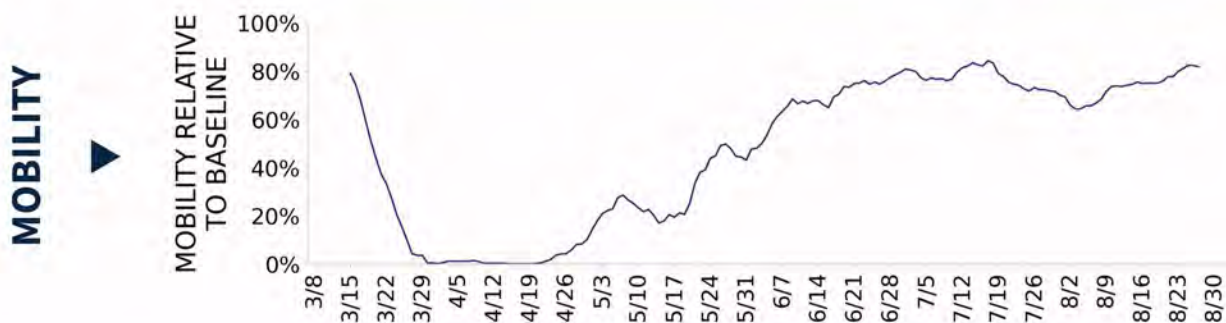
COVID-19



MICHIGAN

STATE REPORT | 08.30.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	6,519 (65)	+66.2%	46,258 (88)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.2%	-0.2%*	5.0%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	208,049** (2,083)	+35.4%**	1,040,478** (1,980)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	78 (1)	+9.9%	759 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	6.3% (16.5%)	+0.5%* (-1.5%*)	7.5% (16.8%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1.8%	+0.5%*	3.3%	5.0%



* 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 – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.**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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



MICHIGAN

STATE REPORT | 08.30.2020

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

South Bend-Mishawaka

5

Saginaw
Monroe
Mount Pleasant
Muskegon
Marinette

**COUNTY
LAST WEEK**

0

N/A

7

Macomb
Saginaw
Monroe
Isabella
Muskegon
Grand Traverse
Luce

* 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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

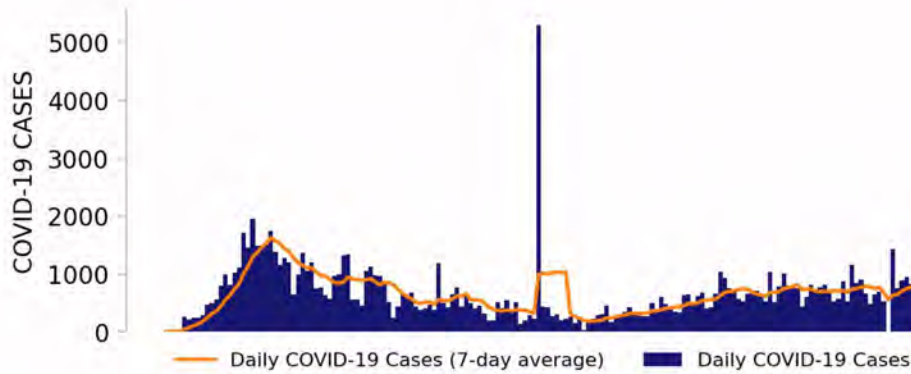
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
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MICHIGAN

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NEW CASES

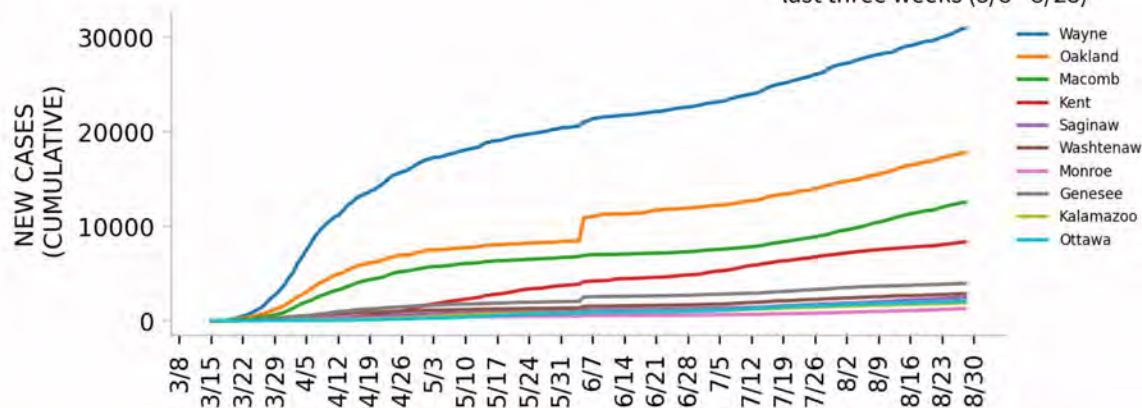


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

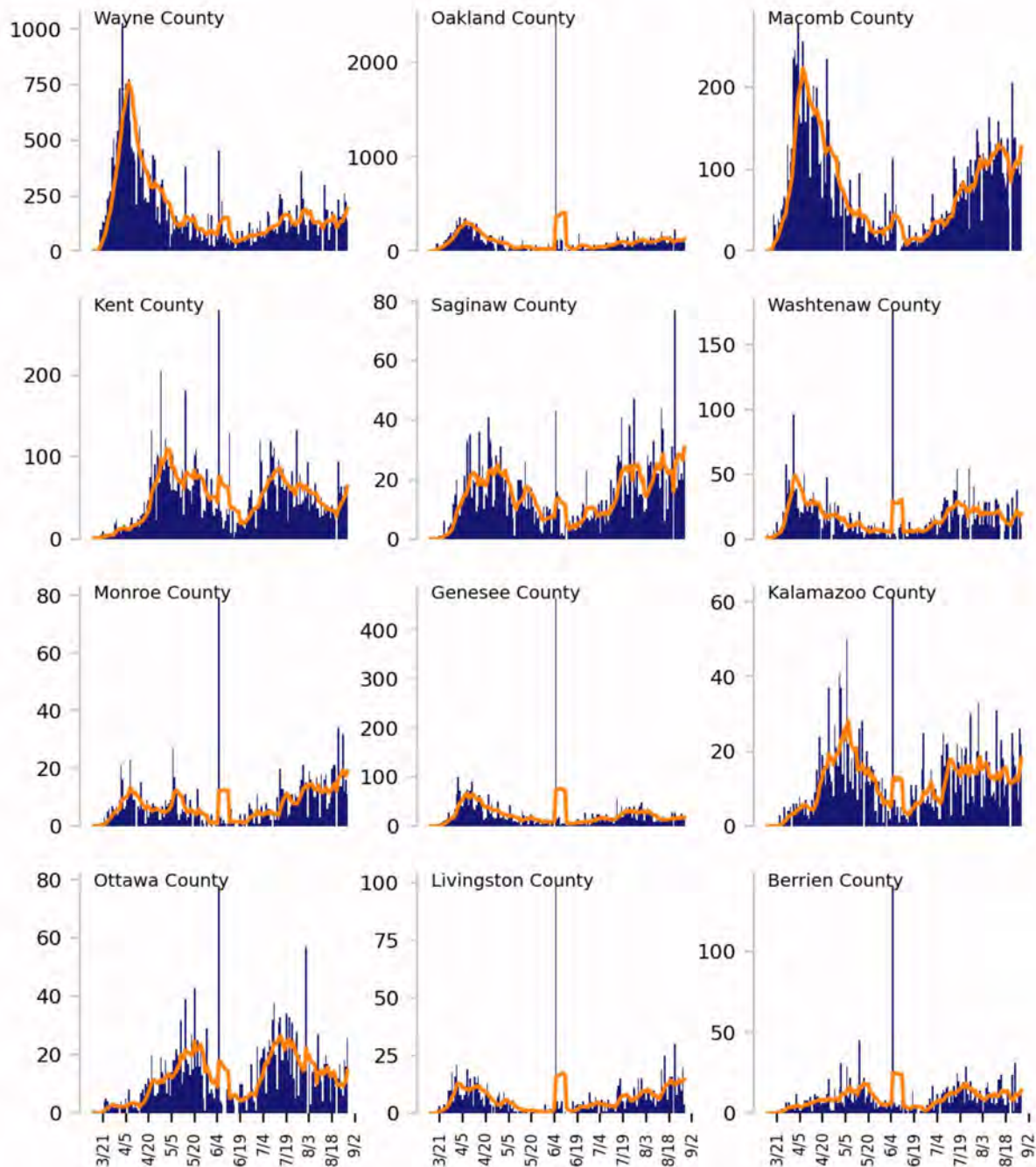
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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 – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

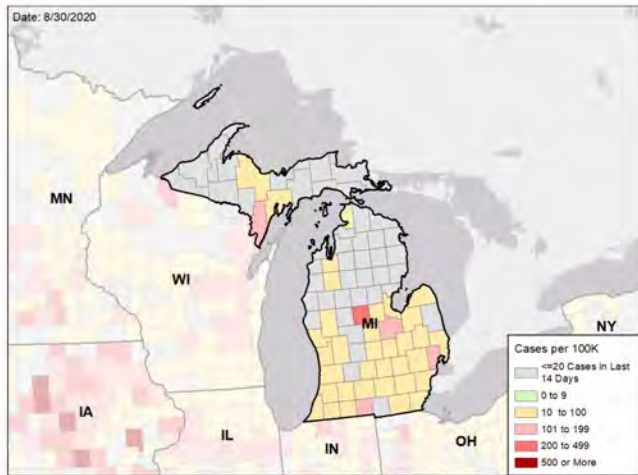


MICHIGAN

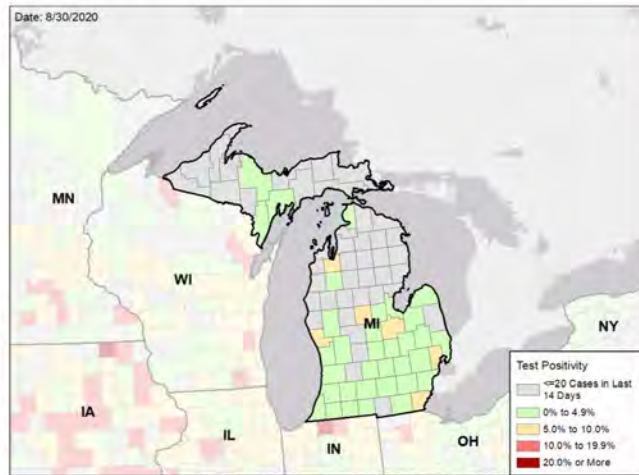
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

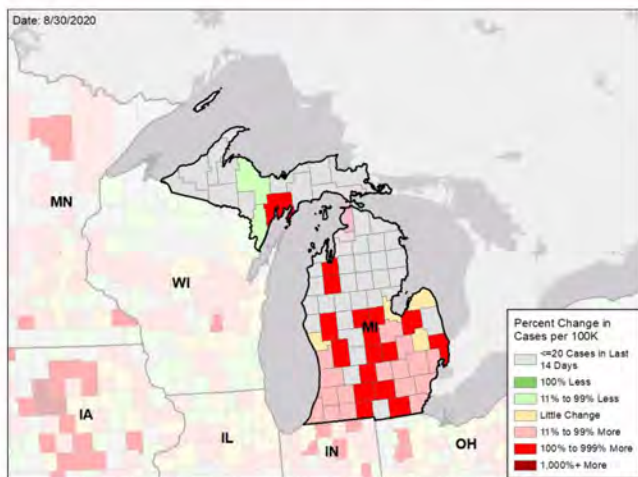
NEW CASES PER 100,000 DURING LAST WEEK



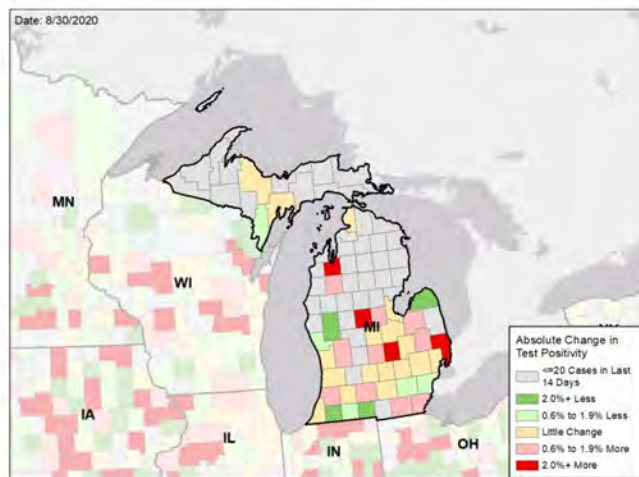
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

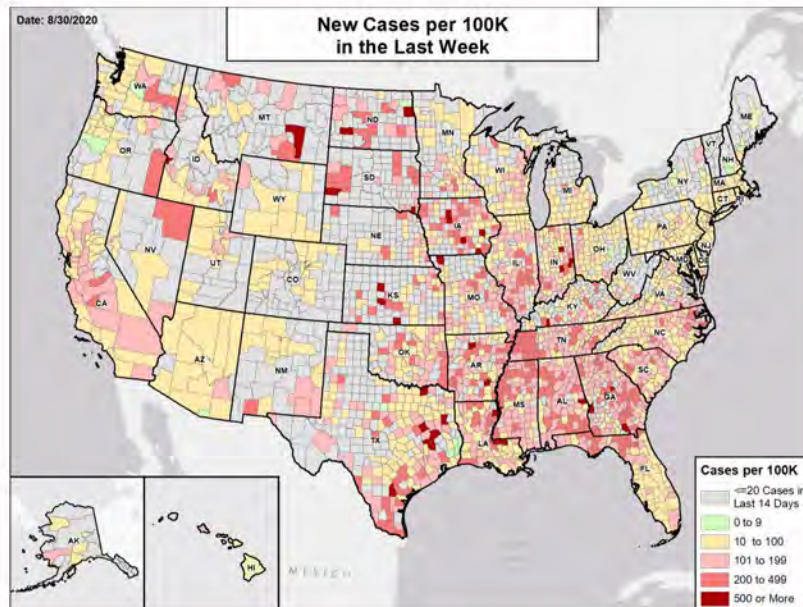
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

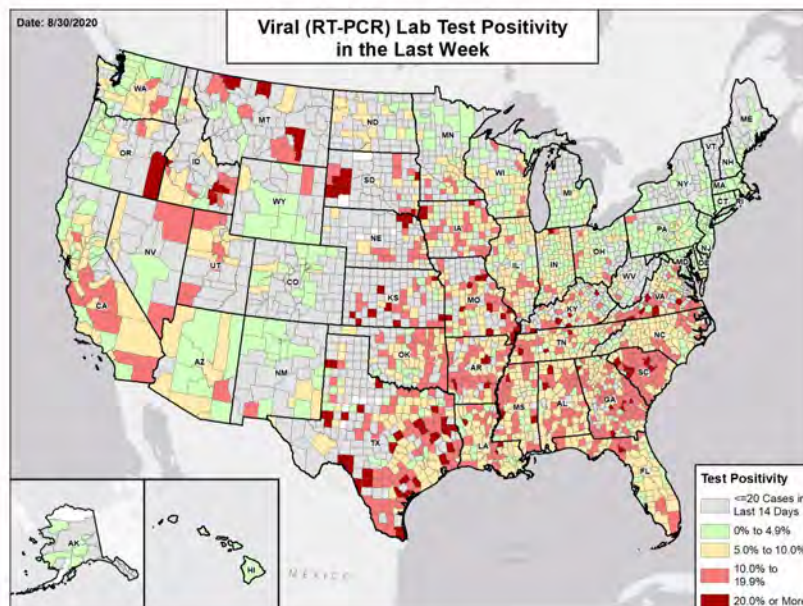


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

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

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



MINNESOTA

STATE REPORT | 08.30.2020

SUMMARY

- Minnesota is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 25th highest rate in the country. Minnesota is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 25th highest rate in the country.
- Minnesota has seen an increase in new cases and stability in test 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 48.5% of new cases in Minnesota. Extended family gatherings were reported to be the sites of exposures for many cases. Sharp increases in cases were noted in multiple counties outside of the Minneapolis CBSA, including Blue Earth and Winona counties, where the cases were predominantly under 30 years of age and many were related to reopening of universities.
- 46 cases have been linked to the Sturgis, SD motorcycle rally.
- 38% of all counties in Minnesota have ongoing community transmission (yellow or red zone), with 9% having high levels of community transmission (red zone).
- 0.8% of nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- Minnesota had 91 new cases per 100,000 population in the last week, compared to a national average of 88 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 epidemiology activities from CDC; and 1 to support operations activities from USCG.
- Between Aug 22 - Aug 28, on average, 36 patients with confirmed COVID-19 and 109 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Minnesota. An average of 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.*

RECOMMENDATIONS

- 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.
- For institutes of higher education (IHE):
 - Ensure both diagnostic and surveillance testing are rapid and comprehensive at all institutions with students on campus.
 - Ensure all universities can fully test, isolate, and conduct contact tracing among students and staff in collaboration with local public health authorities.
 - Ensure university students with or exposed to COVID-19 have access to quarantine and care sites on or near campus and are not returned home to multigenerational households where additional transmission could occur.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and universities, for their students and to support the community surrounding their universities.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students.
- Support local authorities in outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy, as well as other limitations on student patronage; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus events.
- Support a uniform case-reporting process for IHE and reporting of this data on public-facing dashboards. Publish IHE screening as well as outbreak data on the state dashboard.
- 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.
- Work with local community groups to provide targeted, tailored messaging to communities with 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.
- Continue to expand testing capacity. The public-private partnership to establish a high throughput saliva testing laboratory is noted and commended. Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing.
- 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. Any nursing homes with 3 or more cases of COVID in the last week 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.



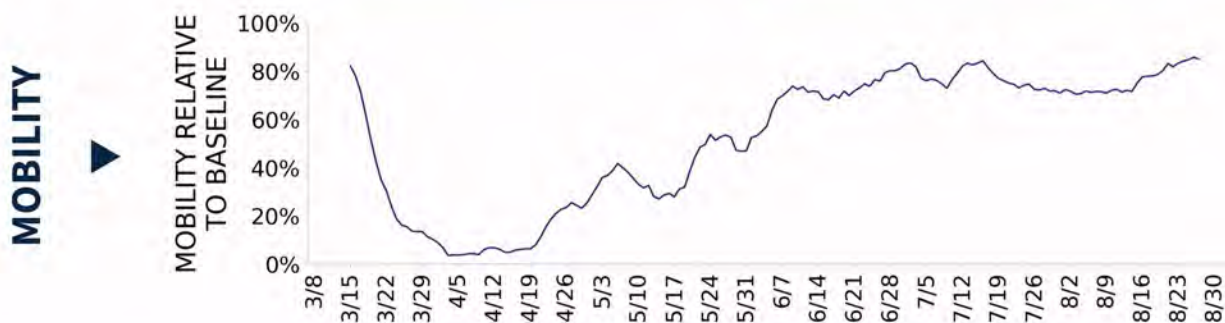
COVID-19



MINNESOTA

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	5,109 (91)	+15.8%	46,258 (88)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.3%	-0.1%*	5.0%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	112,840** (2,001)	-1.5%**	1,040,478** (1,980)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	60 (1)	-43.9%	759 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	7.4% (18.5%)	-0.3%* (+3.5%*)	7.5% (16.8%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5.0%	+3.3%*	3.3%	5.0%



* 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 – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.**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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



MINNESOTA

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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

Winona
Worthington
Marshall

7

Minneapolis-St. Paul-Bloomington
St. Cloud
Mankato
Hutchinson
Owatonna
Grand Forks
La Crosse-Onalaska

**COUNTY
LAST WEEK**

8

Le Sueur
Watsonwan
Waseca
Winona
Nobles
Lyon
Sibley
Stevens

25

Hennepin
Ramsey
Dakota
Anoka
Washington
Scott
Stearns
Wright
Carver
Blue Earth
McLeod
Chisago

All Yellow Counties: Hennepin, Ramsey, Dakota, Anoka, Washington, Scott, Stearns, Wright, Carver, Blue Earth, McLeod, Chisago, Nicollet, Clay, Steele, Benton, Pipestone, Kanabec, Cass, Dodge, Faribault, Yellow Medicine, Roseau, Wadena, Meeker

* 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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
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- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
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Testing

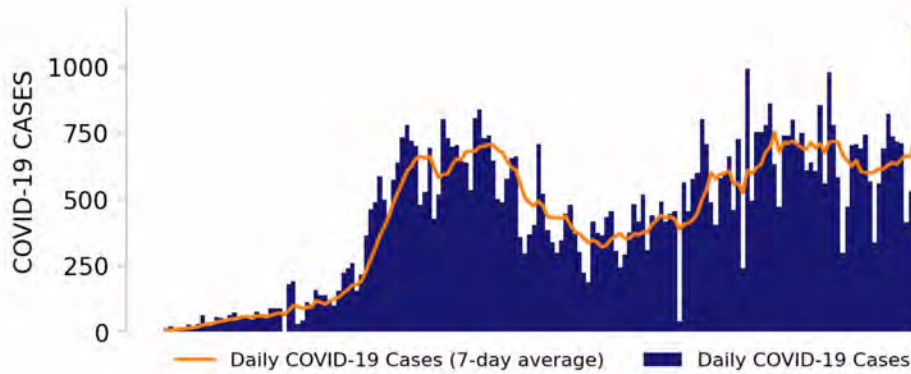
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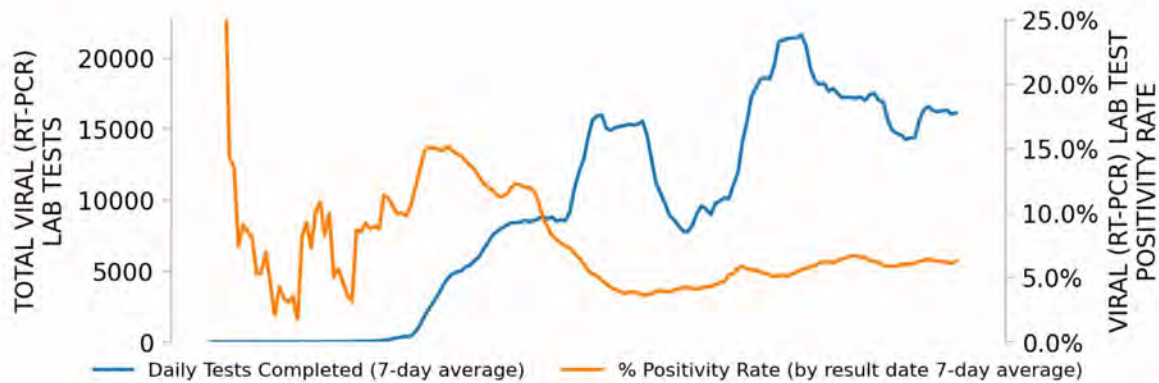
MINNESOTA

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NEW CASES

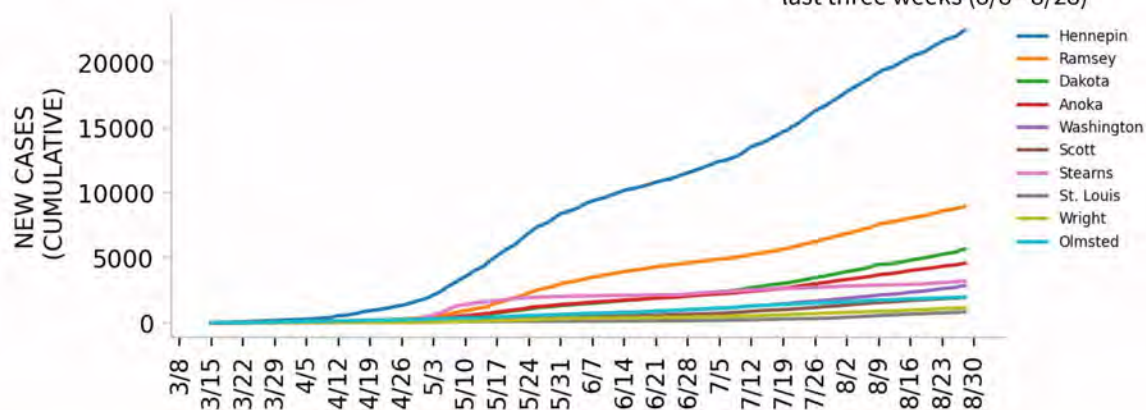


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

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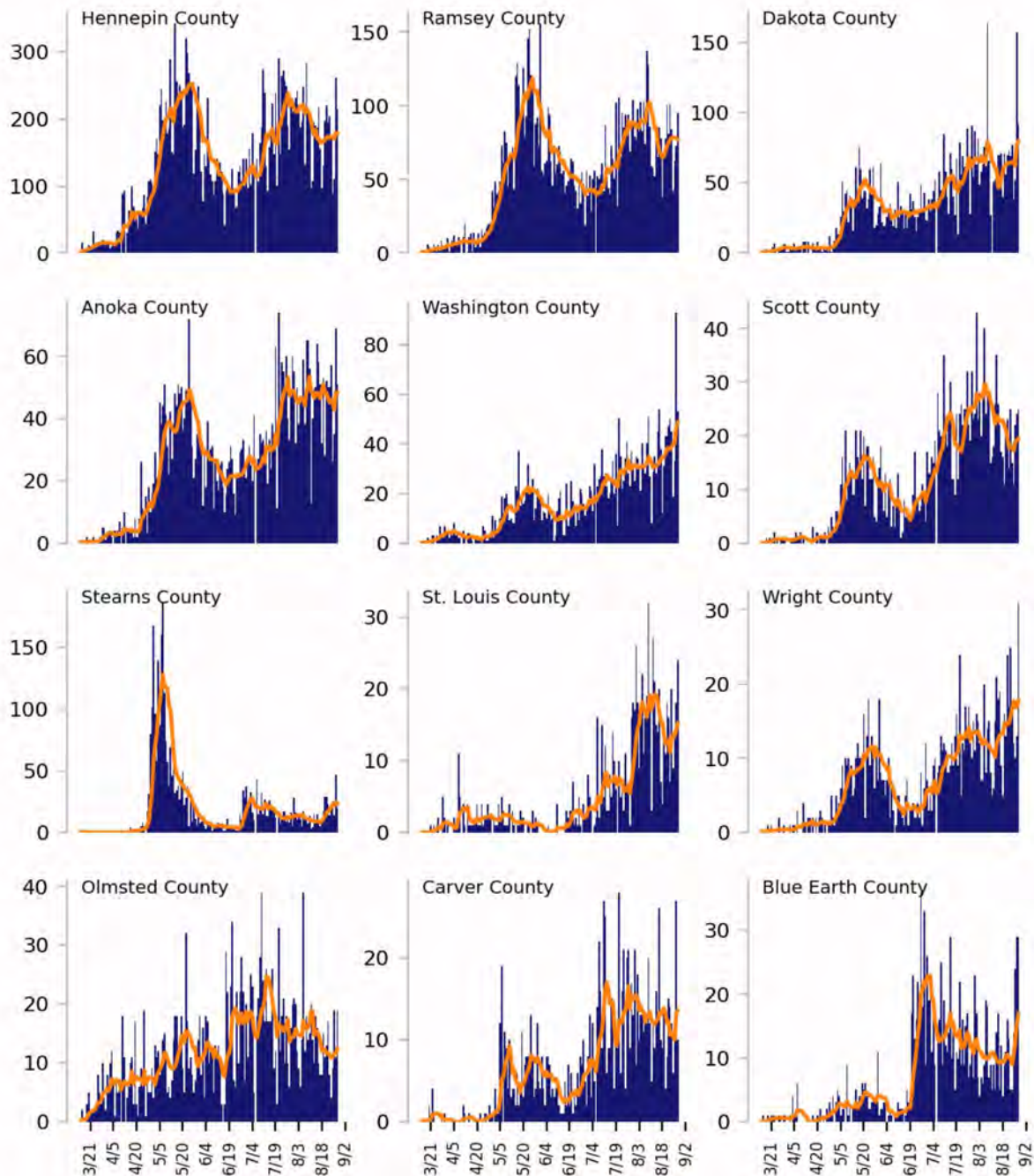
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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 – Additional data details available under METHODS

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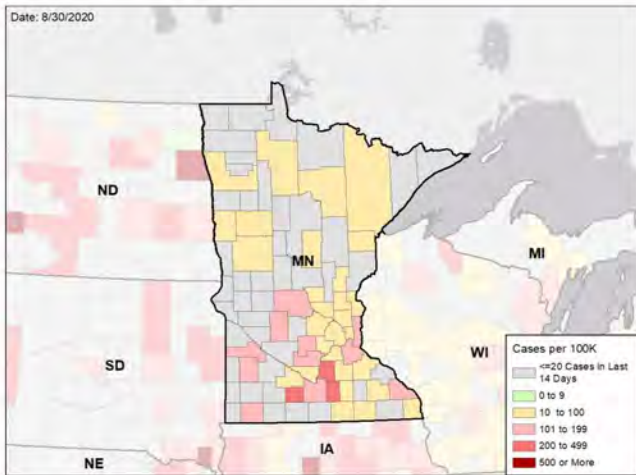


MINNESOTA

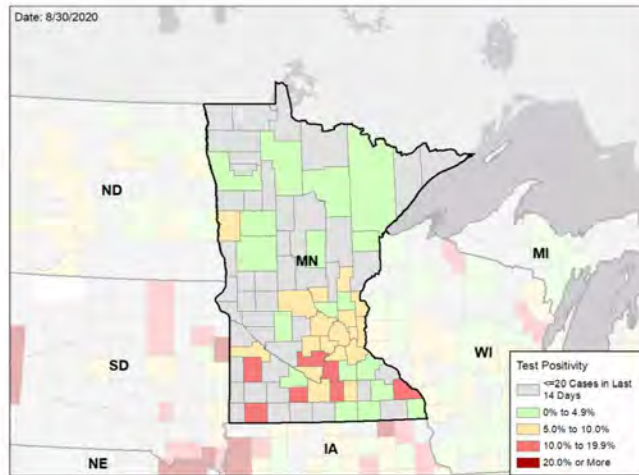
STATE REPORT | 08.30.2020

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

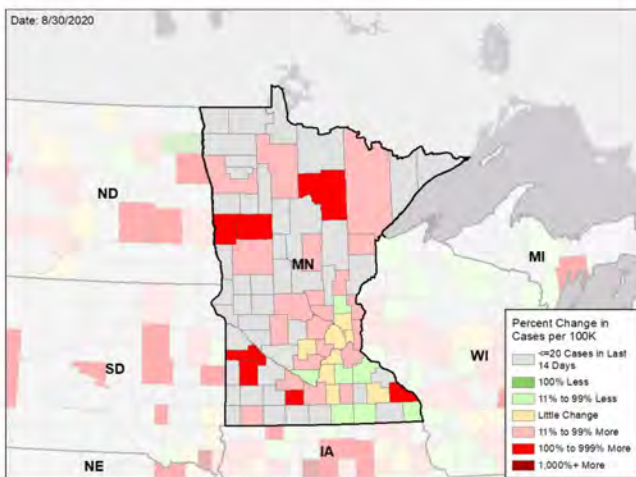
NEW CASES PER 100,000 DURING LAST WEEK



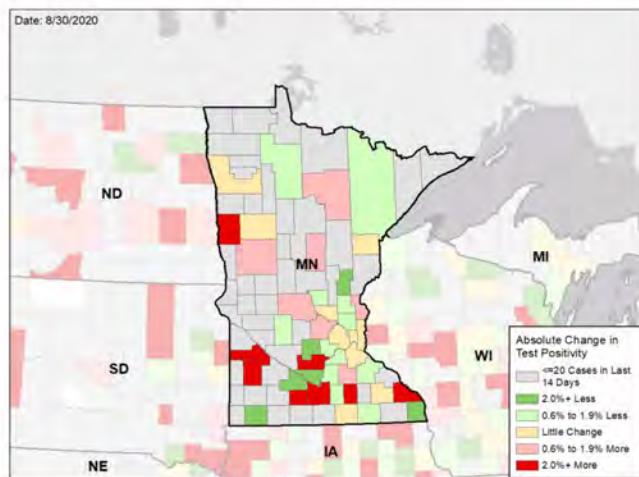
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

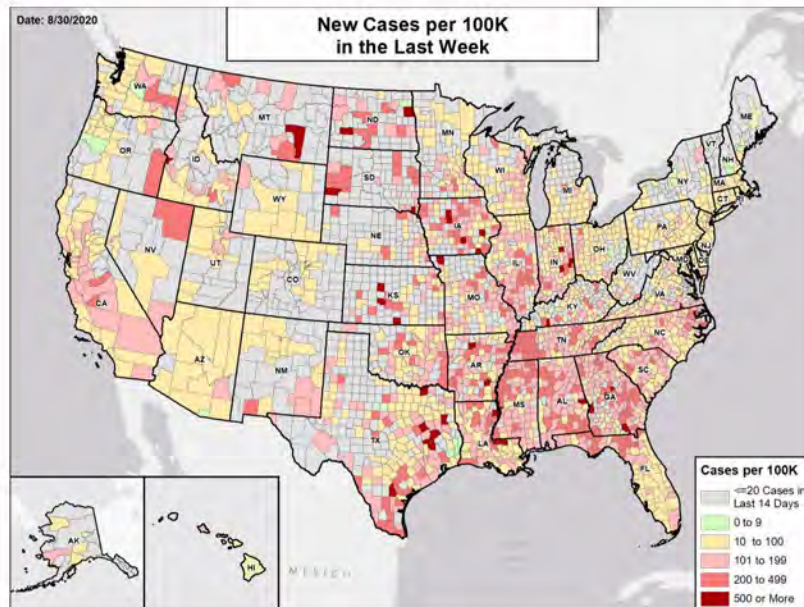
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

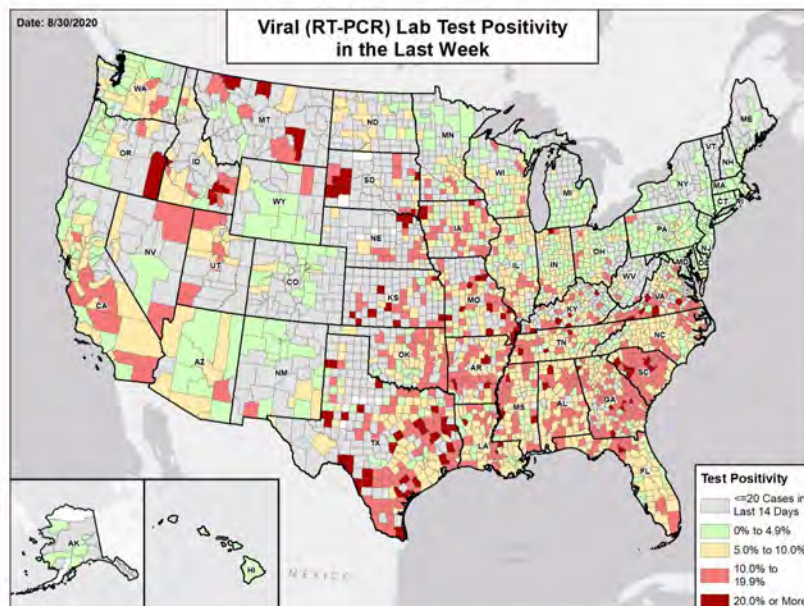


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

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

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



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SUMMARY

- Mississippi 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 country. Mississippi is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 8th highest rate in the country.
- Mississippi has seen stability in new cases and a decrease in test positivity over the last week, indicating the early impact of the mask mandate and continued mitigation that should continue and potentially accelerate. Mitigation efforts in the 31 red counties and in Lee, Jackson, and Lafayette counties should continue. Progress is fragile and needs to intensify.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. DeSoto County, 2. Hinds County, and 3. Harrison County. These counties represent 16.5% of new cases in Mississippi.
- 84% of all counties in Mississippi have ongoing community transmission (yellow or red zone), with 38% having high levels of community transmission (red zone).
- 28% of nursing homes had at least one new case among staff in the last week, and 2.5% of nursing homes are reporting 3 or more new COVID-19 cases among residents per week over the last 3 weeks.
- Mississippi had 169 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 1 to support epidemiology activities from CDC and 37 to support medical activities from VA.
- Between Aug 22 - Aug 28, on average, 79 patients with confirmed COVID-19 and 76 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Mississippi. An average of 88% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue to mandate mask use in all indoor public areas at all times and outdoors when social distancing cannot be maintained.
- Ensure both diagnostic and surveillance testing are rapid and comprehensive at all universities with students on campus.
- Expand testing support to Historically Black Colleges and Universities that may have limited testing capacity.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and universities and to support testing in communities surrounding universities.
- University students should have quarantine and care sites on campus or near campus and not be returned home to multigenerational households, where additional transmission could occur.
- Ensure all universities can fully test, isolate, and contact trace.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students to residents through staff.
- Continue to 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, with the 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 new cases in the last week.
- Close establishments where social distancing and mask use cannot occur, such as bars and entertainment venues, in red counties with continued rising cases.
- 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 and ensure proactive communication about risks of gatherings over Labor Day.
- Increase messaging of the risk of serious disease for individuals 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.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as ER visits and hospital admissions decline and additional testing capacity is available.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC webMIS](#).

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

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



COVID-19



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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	5,037 (169)	-5.4%	82,967 (124)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.6%	-1.4%*	8.5%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	24,097** (810)	-12.8%**	921,457** (1,377)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	198 (7)	+15.8%	2,144 (3)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	22.1% (27.9%)	-2.9%* (-3.8%*)	22.2% (32.8%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	12.8%	+0.0%*	9.8%	5.0%



* 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 – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19. Public Health Laboratory data is inclusive of all updates processed through 8/28.**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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



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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

Jackson
Gulfport-Biloxi
Meridian
Greenville
Greenwood
Cleveland
Vicksburg
Indianola
Clarksdale
McComb
Corinth

10

Memphis
Tupelo
Hattiesburg
Oxford
Laurel
Starkville
Picayune
Natchez
Brookhaven
Grenada

**COUNTY
LAST WEEK**

31

DeSoto
Harrison
Jackson
Rankin
Washington
Bolivar
Lauderdale
Leflore
Union
Warren
Sunflower
Coahoma

38

Hinds
Madison
Lafayette
Forrest
Oktibbeha
Panola
Marshall
Lamar
Prentiss
Pearl River
Itawamba
Lincoln

All Red Counties: DeSoto, Harrison, Jackson, Rankin, Washington, Bolivar, Lauderdale, Leflore, Union, Warren, Sunflower, Coahoma, Monroe, Pontotoc, Pike, Alcorn, Tippah, Adams, Holmes, Simpson, Stone, Clarke, Tallahatchie, Lawrence, Jefferson Davis, Issaquena, Quitman, Sharkey, Franklin, Humphreys, Benton

All Yellow Counties: Hinds, Madison, Lafayette, Forrest, Oktibbeha, Panola, Marshall, Lamar, Prentiss, Pearl River, Itawamba, Lincoln, Tate, Neshoba, Marion, Yazoo, Chickasaw, Tunica, Hancock, Copiah, Covington, Scott, Jasper, Grenada, Wayne, Leake, Winston, Webster, Noxubee, Walthall, Perry, Attala, Calhoun, Amite, Yalobusha, Kemper, Claiborne, Carroll

* 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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/26/2020. Last week is 8/20 - 8/26. Public Health Laboratory data is inclusive of all updates processed through 8/28.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

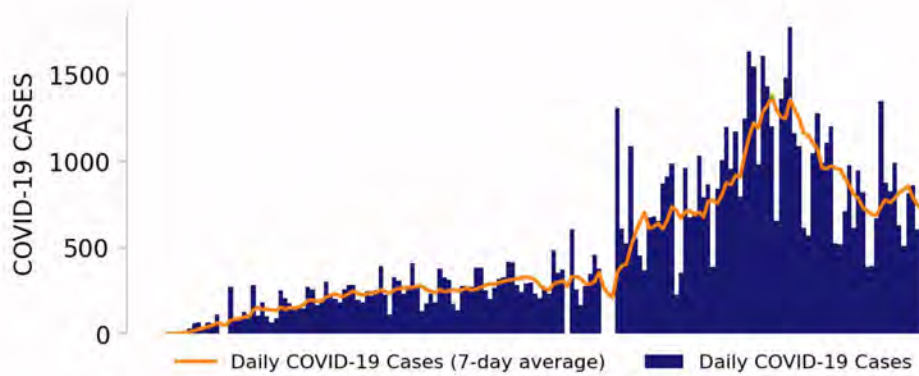
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- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider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



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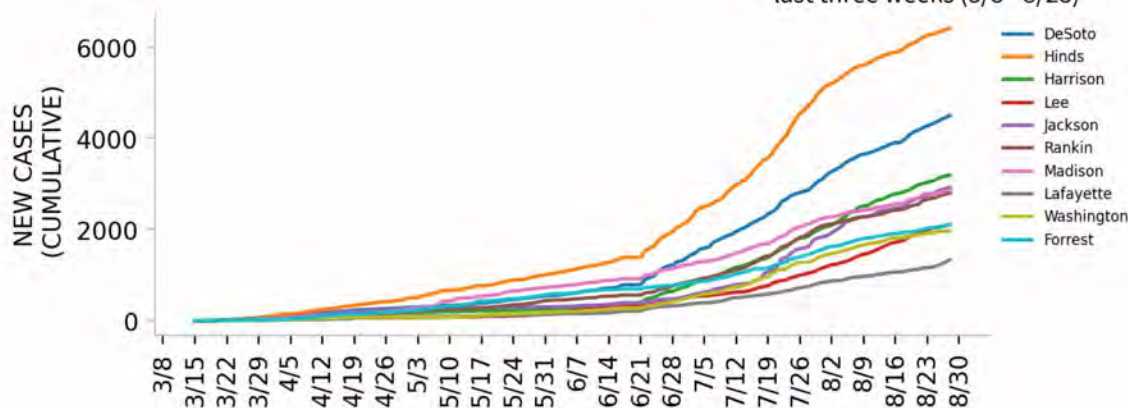
NEW CASES



TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

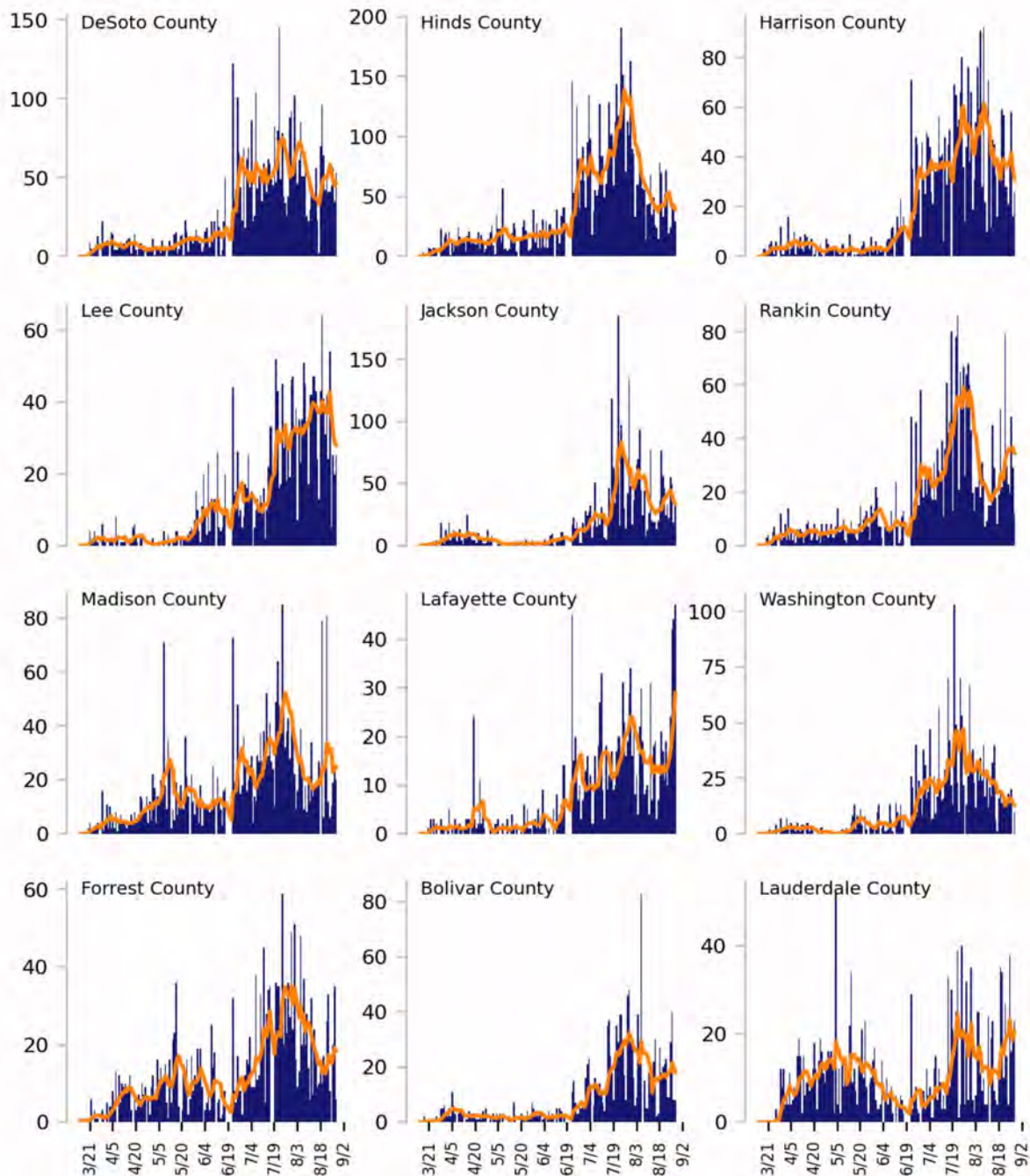
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Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



DATA SOURCES – Additional data details available under METHODS

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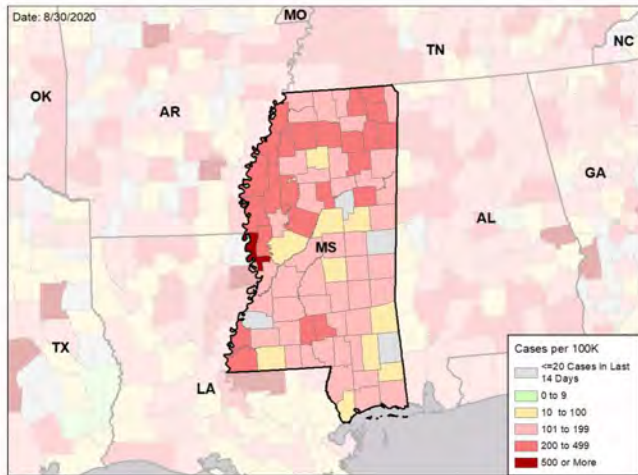


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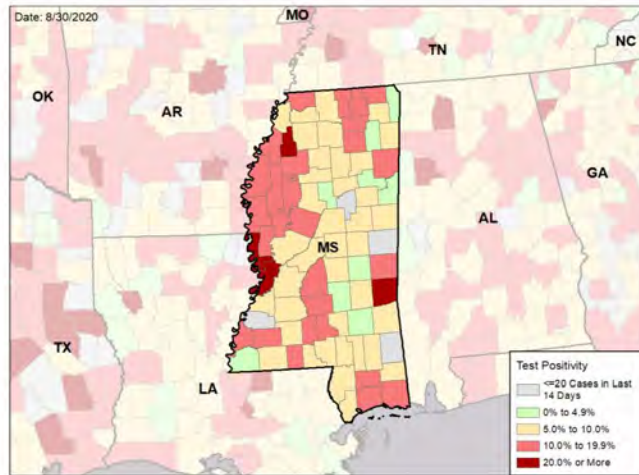
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

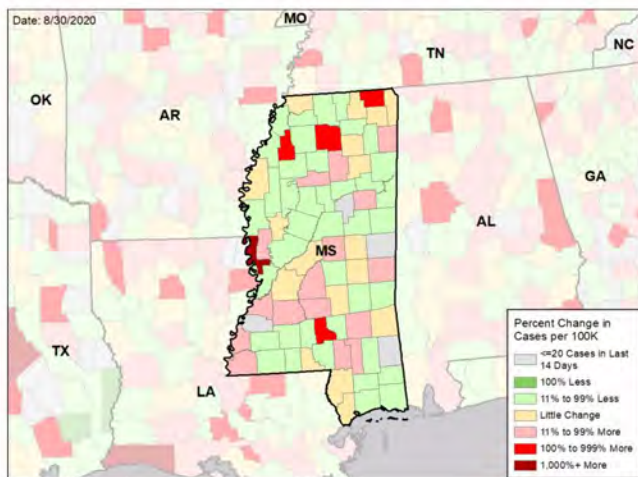
NEW CASES PER 100,000 DURING LAST WEEK



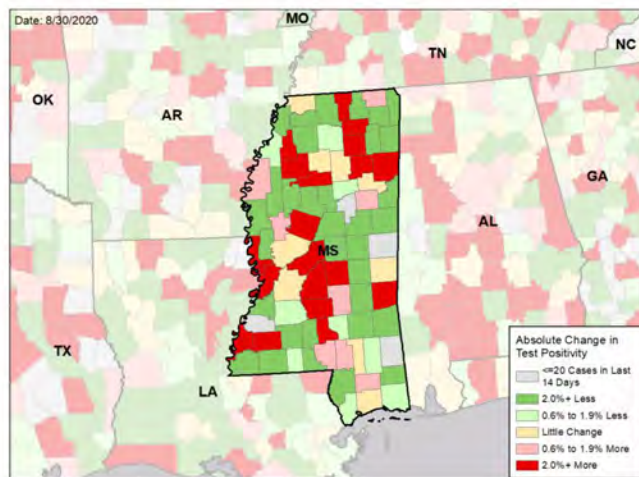
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



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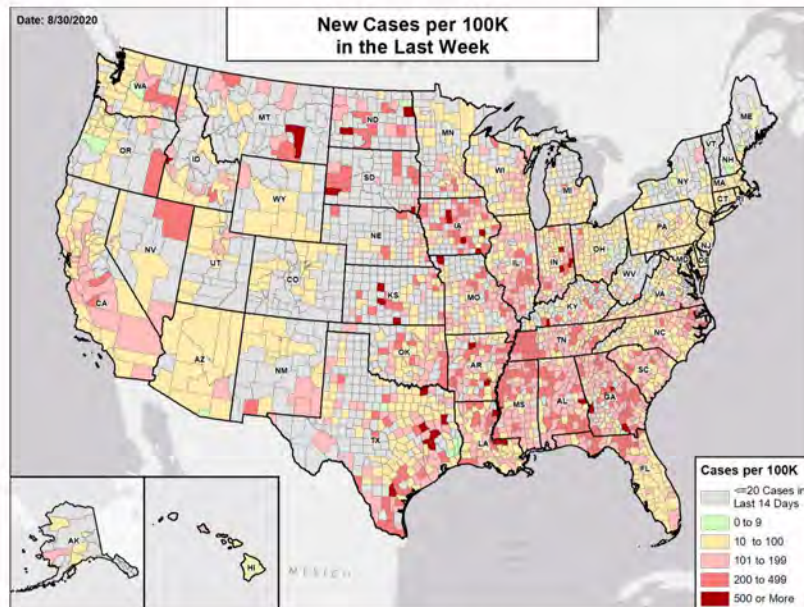
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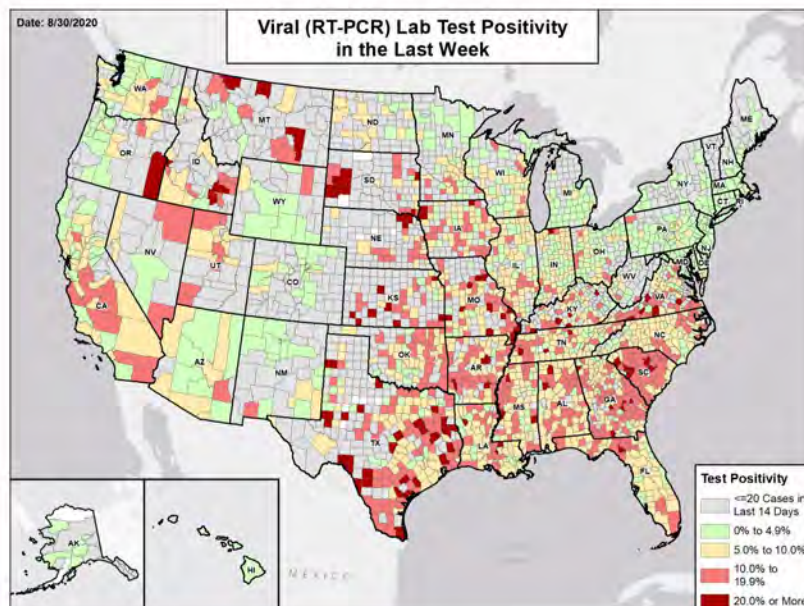


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



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METHODS

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Metric	Green	Yellow	Red
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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
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- Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



MISSOURI

STATE REPORT | 08.30.2020

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 country. Missouri is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 12th highest rate in the country.
- Missouri 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 last 3 weeks: 1. St. Louis County, 2. Jackson County, and 3. St. Charles County. These counties represent 40.5% of new cases in Missouri.
- 62% of all counties in Missouri have ongoing community transmission (yellow or red zone), with 28% having high levels of community transmission (red zone).
- The high proportion of nursing homes with more than one new positive resident in the last week is concerning. 1.3% of nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- 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 131 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 75 to support operations activities from FEMA; 7 to support operations activities from ASPR; 5 to support epidemiology activities from CDC; 2 to support operations activities from CDC; and 1 to support operations activities from VA.
- Between Aug 22 - Aug 28, on average, 92 patients with confirmed COVID-19 and 229 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Missouri. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.*

RECOMMENDATIONS

- Community transmission continues to be high in rural and urban counties across Missouri, with increasing transmission in the major university towns. Mask mandates across the state must be in place to decrease transmission.
- Bars must be closed, and indoor dining must be restricted to 50% of normal capacity in yellow zone and 25% of normal capacity in red zone counties and metro areas. Expand outdoor dining options.
- Community spread must decrease to protect vulnerable populations in nursing homes.
- University towns need a comprehensive plan that scales immediately for testing all returning students with routine surveillance testing to immediately identify new cases and outbreaks and isolate and quarantine.
 - Ensure both diagnostic and surveillance testing are rapid and comprehensive at all universities with students on campus.
 - Expand testing support to Historically Black Colleges and Universities that may have limited testing capacity.
 - Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students for their students and to support the community surrounding their universities.
 - University students with or exposed to COVID-19 should have access to quarantine and care sites on or near campus and not be returned home to multigenerational households where additional transmission could occur.
 - Ensure all universities can fully test, isolate, and contact trace.
 - Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students to residents through staff.
- 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.
- 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.
- 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.



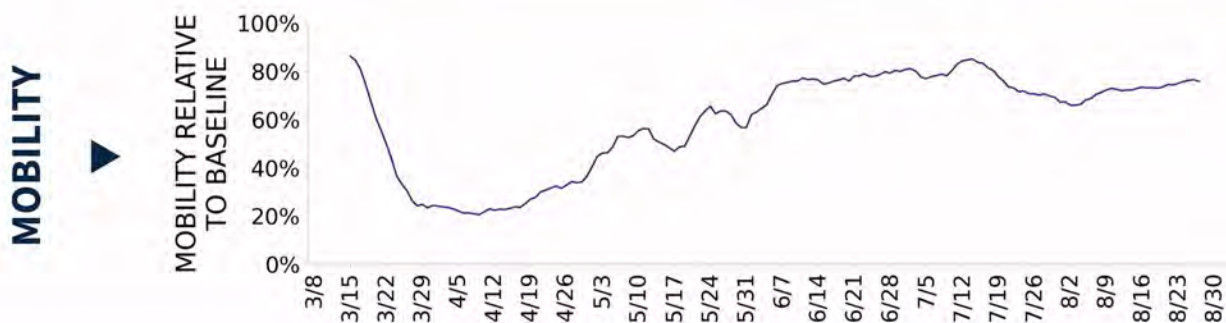
COVID-19



MISSOURI

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	8,033 (131)	+4.5%	21,585 (153)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.3%	+1.0%*	9.6%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	46,456** (757)	-19.9%**	177,236** (1,253)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	46 (1)	-45.9%	157 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	10.3% (17.9%)	-1.2%* (-1.6%*)	6.7% (14.7%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4.0%	+0.1%*	3.1%	5.0%



* 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 – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19. Public Health Laboratory data is inclusive of all updates processed through 8/28.**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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



MISSOURI

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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

Springfield
Columbia
Branson
Cape Girardeau
Hannibal
Maryville
Sikeston
Marshall
Fort Madison-Keokuk

15

St. Louis
Kansas City
Joplin
Jefferson City
Farmington
Sedalia
St. Joseph
Fort Leonard Wood
Kennett
Poplar Bluff
Rolla
Warrensburg

**COUNTY
LAST WEEK**

32

Greene
Jefferson
Boone
Franklin
Taney
Marion
Nodaway
Scott
Newton
Lincoln
Camden
Washington

39

St. Louis
Jackson
St. Charles
St. Louis City
St. Francois
Jasper
Cole
Clay
Cass
Cape Girardeau
Pettis
Christian

All Yellow CBSAs: St. Louis, Kansas City, Joplin, Jefferson City, Farmington, Sedalia, St. Joseph, Fort Leonard Wood, Kennett, Poplar Bluff, Rolla, Warrensburg, West Plains, Mexico, Moberly

All Red Counties: Greene, Jefferson, Boone, Franklin, Taney, Marion, Nodaway, Scott, Newton, Lincoln, Camden, Washington, Perry, New Madrid, Miller, Saline, Crawford, Mississippi, Madison, Pemiscot, Ralls, Stoddard, Howard, Gasconade, Bollinger, Ste. Genevieve, Monroe, Andrew, Hickory, Oregon, Sullivan, Barton

All Yellow Counties: St. Louis, Jackson, St. Charles, St. Louis City, St. Francois, Jasper, Cole, Clay, Cass, Cape Girardeau, Pettis, Christian, Pulaski, Dunklin, Buchanan, Callaway, Stone, Lawrence, Warren, Platte, Phelps, Cooper, Johnson, Butler, Howell, Webster, Polk, Benton, Audrain, Lafayette, Clinton, Dallas, Texas, Randolph, Morgan, Henry, Wright, Iron, 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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/26/2020. Last week is 8/20 - 8/26. Public Health Laboratory data is inclusive of all updates processed through 8/28.

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

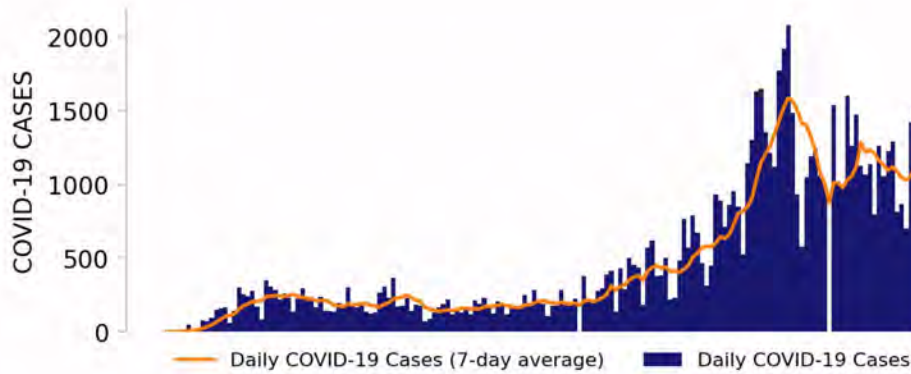
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing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



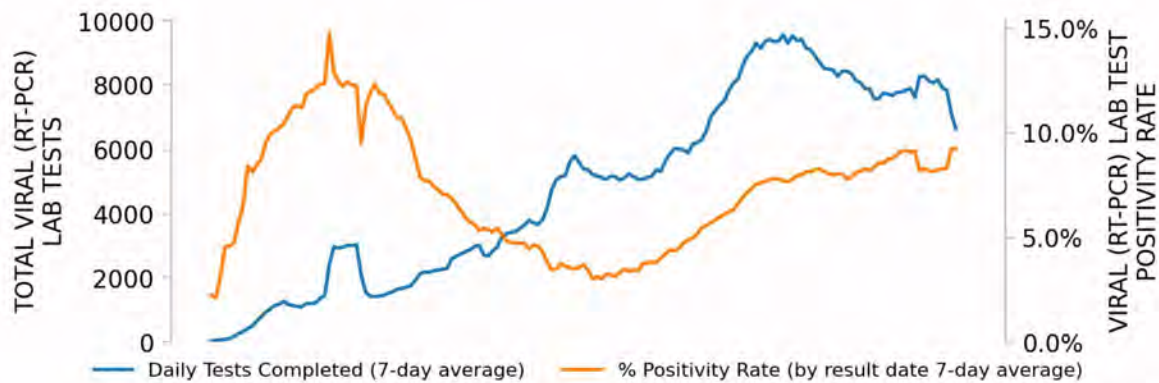
MISSOURI

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NEW CASES

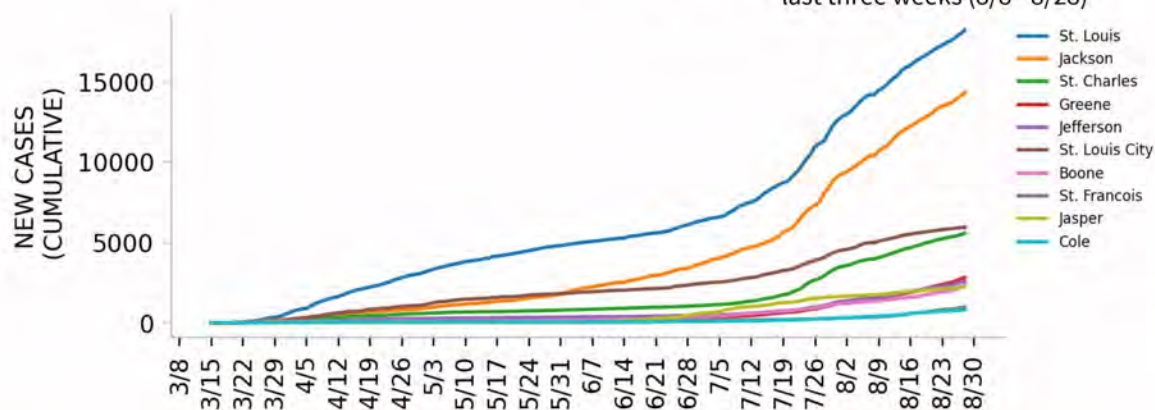


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

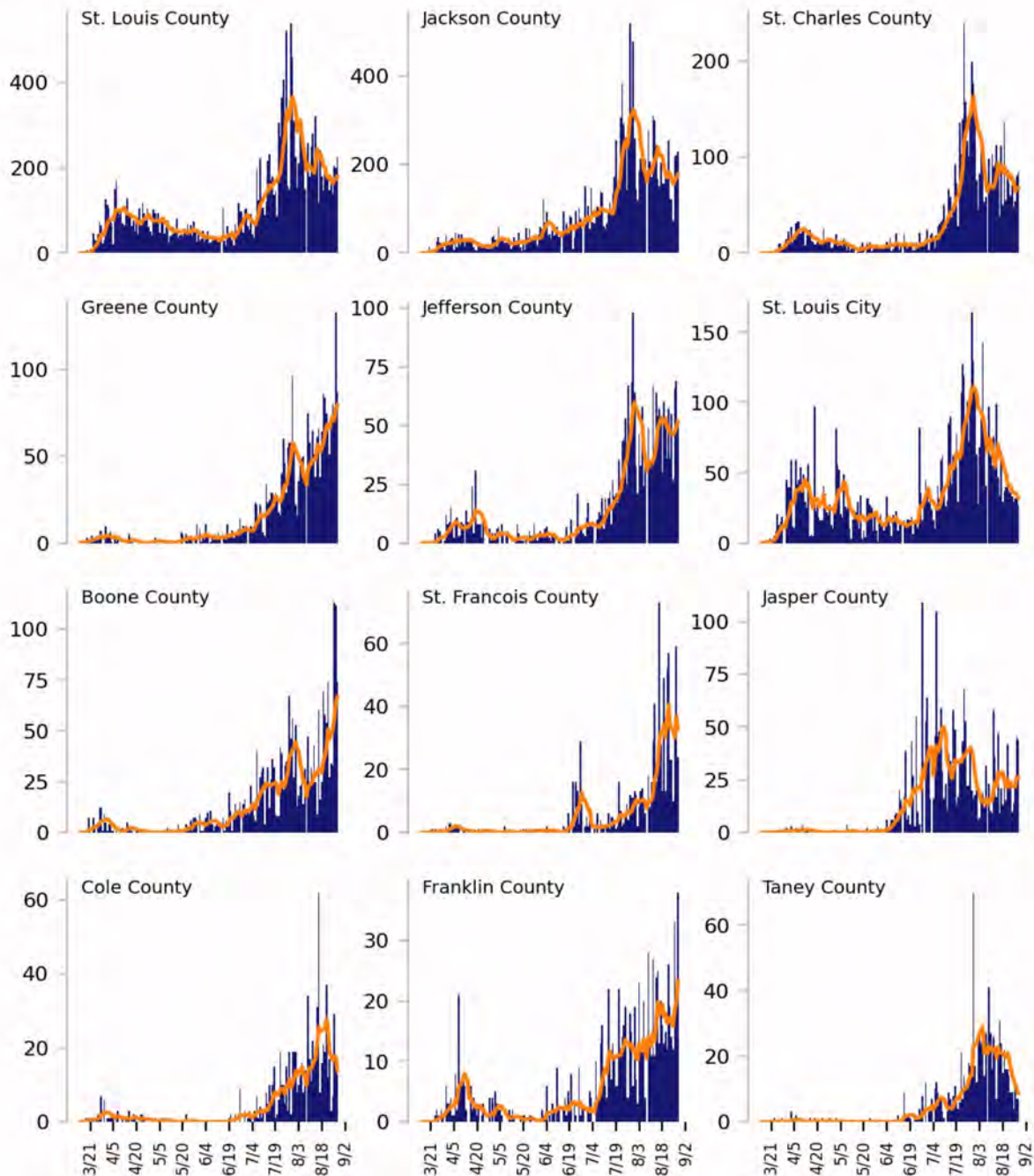
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/26/2020. Public Health Laboratory data is inclusive of all updates processed through 8/28.



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 – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

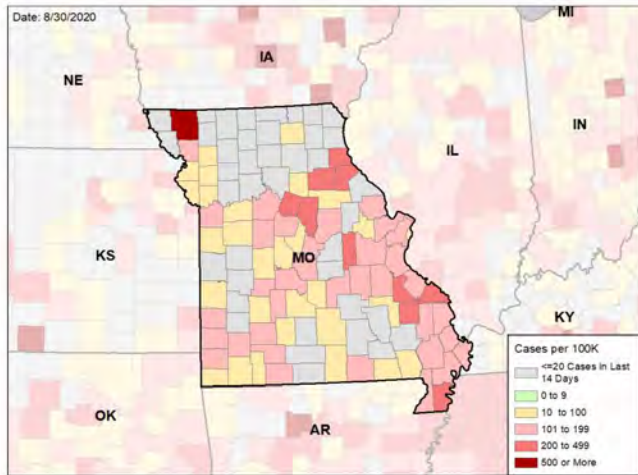


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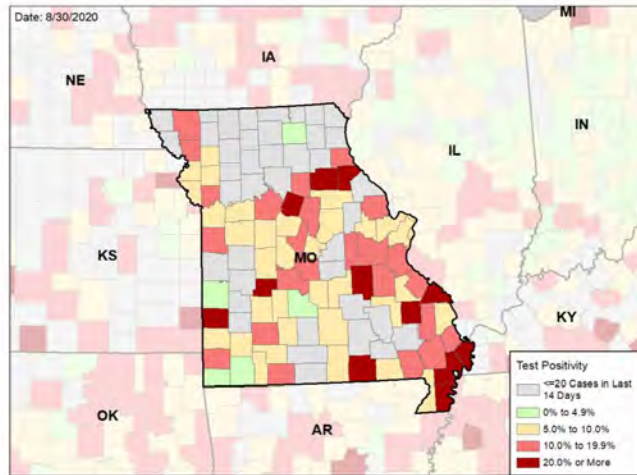
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

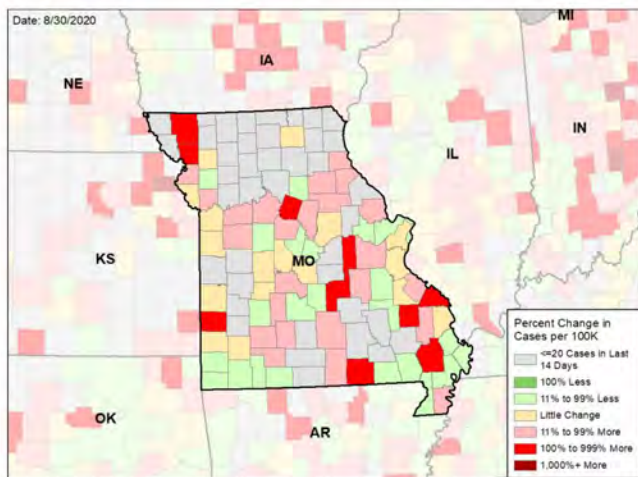
NEW CASES PER 100,000 DURING LAST WEEK



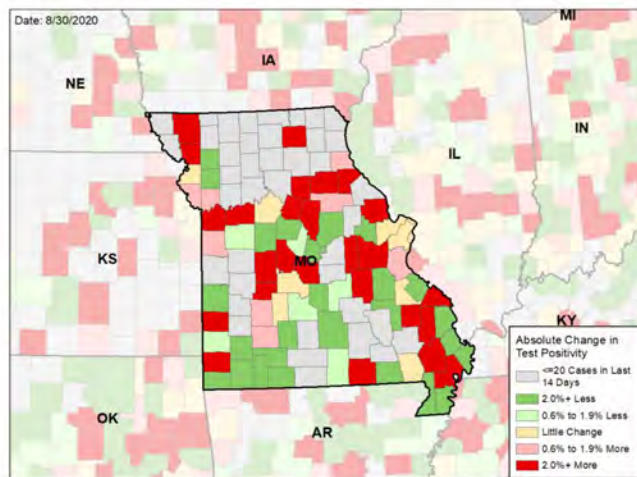
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

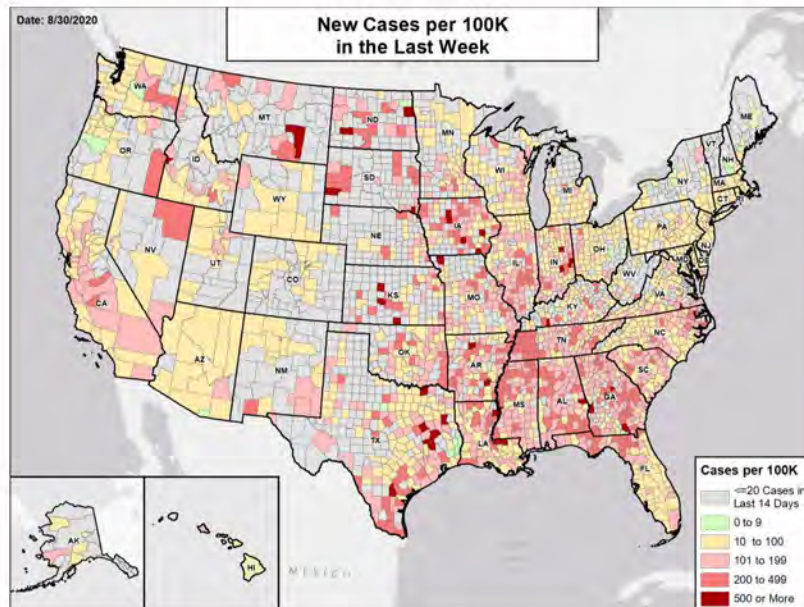
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19. Public Health Laboratory data is inclusive of all updates processed through 8/28.

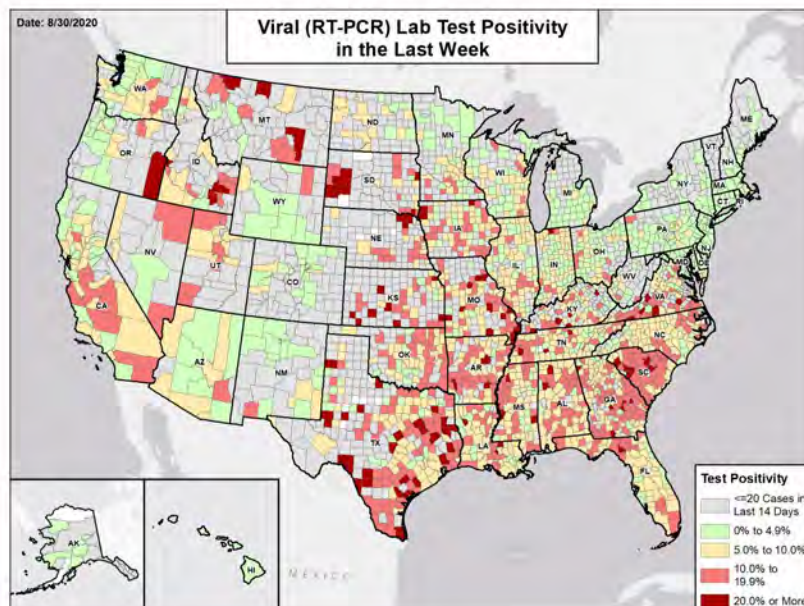


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

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

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



MONTANA

STATE REPORT | 08.30.2020

SUMMARY

- Montana is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 27th highest rate in the country. Montana is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 15th highest rate in the country.
- Montana 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 last 3 weeks: 1. Yellowstone County, 2. Flathead County, and 3. Big Horn County. These counties represent 52.2% of new cases in Montana.
- 14% of all counties in Montana have ongoing community transmission (yellow or red zone), with 11% having high levels of community transmission (red zone).
- No nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- Montana had 79 new cases per 100,000 population in the last week, compared to a national average of 88 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; 5 to support epidemiology activities from CDC; and 2 to support operations activities from CDC.
- Between Aug 22 - Aug 28, on average, 15 patients with confirmed COVID-19 and 13 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Montana. An average of 51% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- The increasing case rates and test positivity are concerning as the epidemic moves into smaller cities and more rural counties; this should prompt intensified restrictions and community mitigation efforts to blunt escalation.
- Institute prescribed guidance for all yellow and red zone counties, especially in Yellowstone, Flathead (Kalispell), Cascade, Hill, Glacier, Big Horn, Jefferson, Rosebud, Dawson, Powell, and Broadwater counties. Utilize warnings or impose fines for non-compliance with state guidance on face coverings, especially in crowded indoor work environments.
- Transmissions are increasingly driven by family and neighborhood gatherings. Educate citizens on the risk of spreading the virus to family members with underlying conditions and encourage vulnerable family members to protect themselves and all individuals that have participated in such events to get tested.
- 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 in the communities where efforts are being scaled up.
- Readily available testing and 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.
- 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.



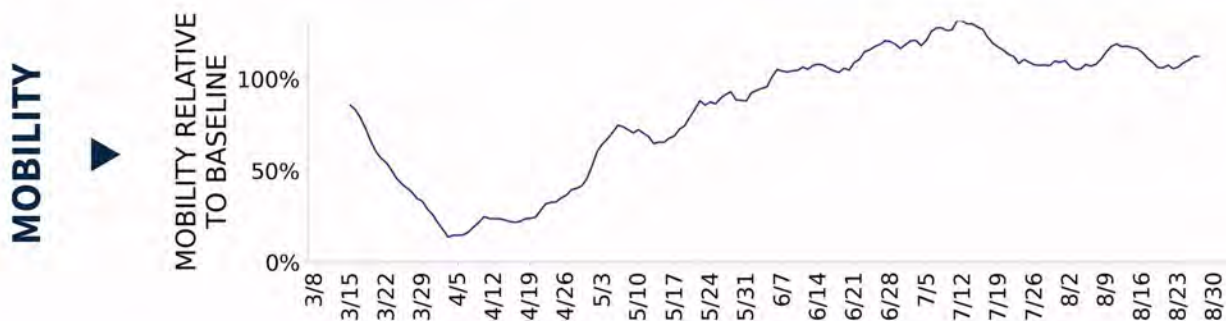
COVID-19



MONTANA

STATE REPORT | 08.30.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	849 (79)	+26.3%	9,031 (74)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.9%	+1.3%*	5.8%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	12,483** (1,168)	+22.7%**	178,984** (1,460)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	12 (1)	+71.4%	78 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	0.0% (7.7%)	N/A (-1.0%*)	3.9% (10.1%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0.0%	N/A	1.1%	5.0%



* 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 – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



MONTANA

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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**Billings
Kalispell**1**

Great Falls

**COUNTY
LAST WEEK****6**Yellowstone
Flathead
Big Horn
Rosebud
Glacier
Hill**2**Cascade
Ravalli

* 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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

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

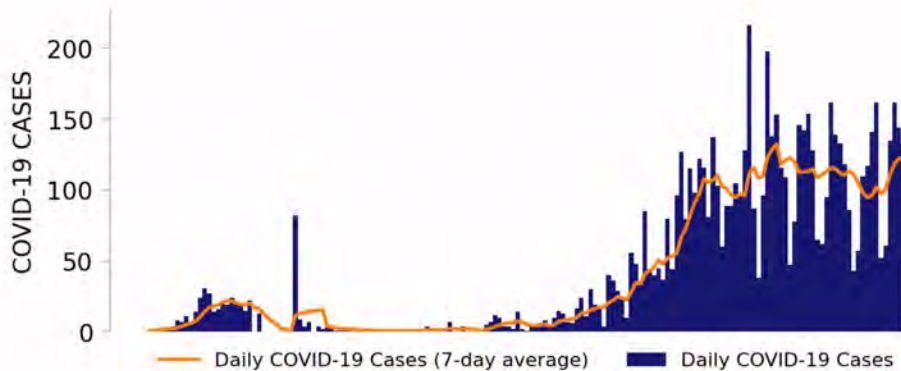
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing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

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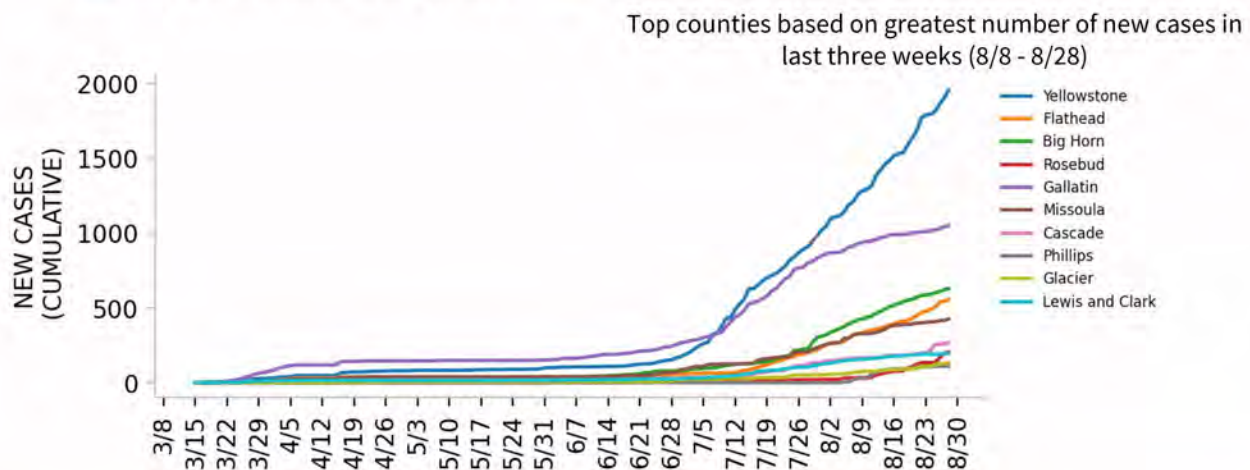
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

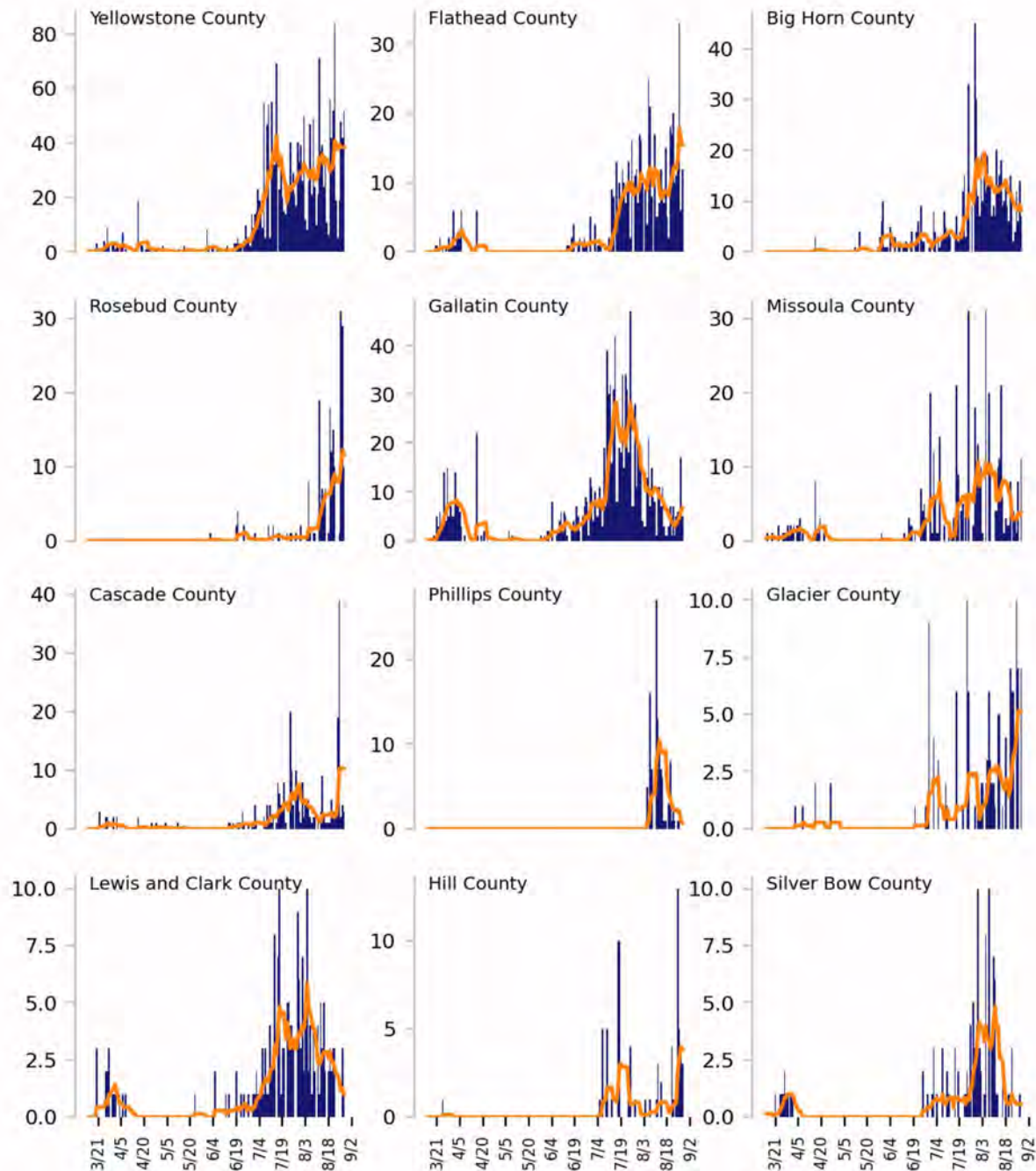
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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 – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

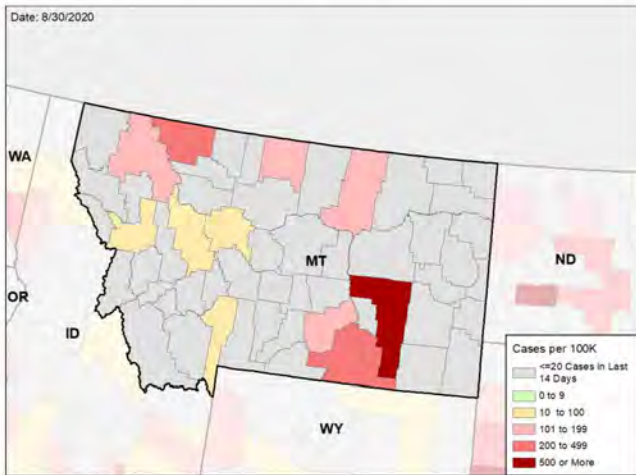


MONTANA

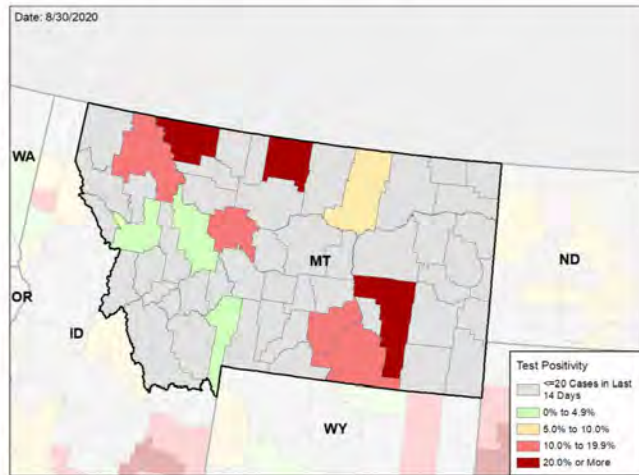
STATE REPORT | 08.30.2020

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

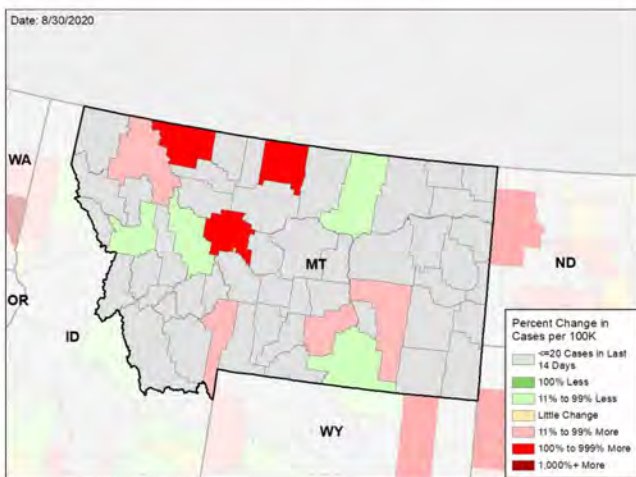
NEW CASES PER 100,000 DURING LAST WEEK



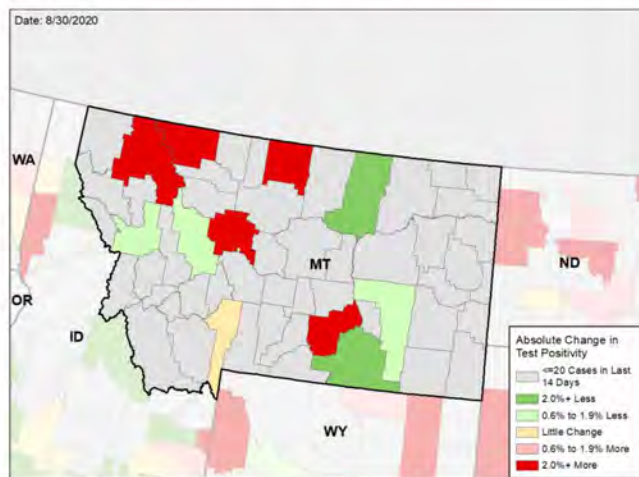
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

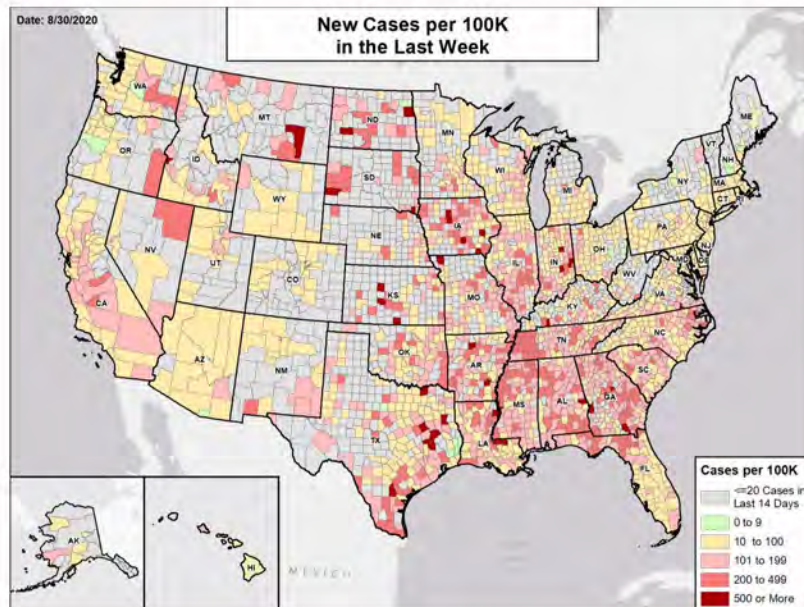
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

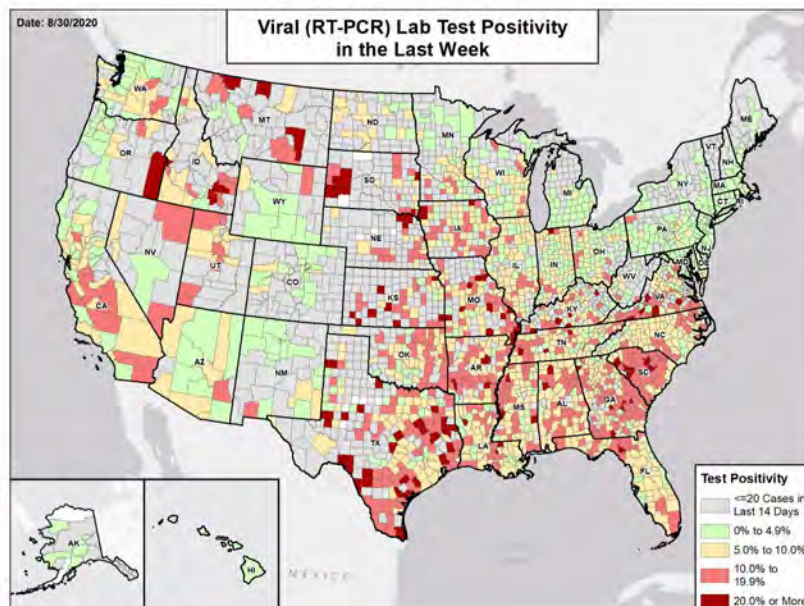


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

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

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



NEBRASKA

STATE REPORT | 08.30.2020

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 country. Nebraska is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 13th highest rate in the country.
- Nebraska 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 last 3 weeks: 1. Douglas County, 2. Lancaster County, and 3. Sarpy County. These counties represent 62.2% of new cases in Nebraska.
- 32% of all counties in Nebraska have ongoing community transmission (yellow or red zone), with 14% having high levels of community transmission (red zone).
- Less than 1% of nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- Nebraska had 94 new cases per 100,000 population in the last week, compared to a national average of 88 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 22 - Aug 28, on average, 15 patients with confirmed COVID-19 and 30 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Nebraska. An average of 64% 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

- Community transmission continues to be high in rural and urban counties across Nebraska, with increasing transmission in the major university towns. Mask mandates across the state in counties with more than 20 cases must be in place to decrease transmission.
- Bars must be closed, and indoor dining must be restricted to 50% of normal capacity in yellow zone and 25% of normal capacity in red zone counties and metro areas. Expand outdoor dining options.
- Community spread must decrease to protect vulnerable populations in nursing homes.
- University towns need a comprehensive plan that scales immediately for testing all returning students with routine surveillance testing to immediately identify new cases and outbreaks and isolate and quarantine.
 - Ensure both diagnostic and surveillance testing are rapid and comprehensive at all universities with students on campus.
 - Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students for their students and to support the community surrounding their universities.
 - University students with or exposed to COVID-19 should have access to quarantine and care sites on or near campus and not be returned home to multigenerational households where additional transmission could occur.
 - Ensure all universities can fully test, isolate, and contact trace.
 - Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students to residents through staff.
- 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.
- 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.
- Expand surveillance and diagnostics platforms. Ensure the state public health lab is fully staffed and running 24/7, utilizing all platforms.
- Expand testing approaches with new partnerships and efficiently use tests by testing in zip codes with highest test positivity.
- 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.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov/coronavirus/2019-ncov/community.html).

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

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COVID-19



NEBRASKA

STATE REPORT | 08.30.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	1,810 (94)	+11.9%	21,585 (153)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.2%	-0.3%*	9.6%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	24,077** (1,245)	-21.5%**	177,236** (1,253)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	17 (1)	+30.8%	157 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	3.9% (12.7%)	-0.4%* (+0.9%*)	6.7% (14.7%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1.7%	-1.0%*	3.1%	5.0%



* 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 – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.**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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



NEBRASKA

STATE REPORT | 08.30.2020

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

Kearney

12

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

**COUNTY
LAST WEEK**

13

Buffalo
Otoe
Saunders
Kearney
Washington
Seward
Knox
Saline
Phelps
Butler
Cedar
Colfax

17

Douglas
Lancaster
Sarpy
Lincoln
Madison
Dodge
Hall
Cass
Dakota
Platte
Dawes
Scotts Bluff

All Red Counties: Buffalo, Otoe, Saunders, Kearney, Washington, Seward, Knox, Saline, Phelps, Butler, Cedar, Colfax, Wayne

All Yellow Counties: Douglas, Lancaster, Sarpy, Lincoln, Madison, Dodge, Hall, Cass, Dakota, Platte, Dawes, Scotts Bluff, Nemaha, Adams, Dawson, Gage, York

* 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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

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

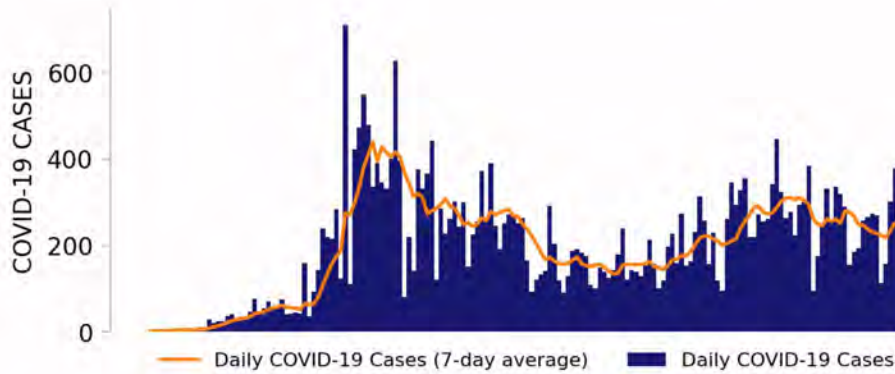
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing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



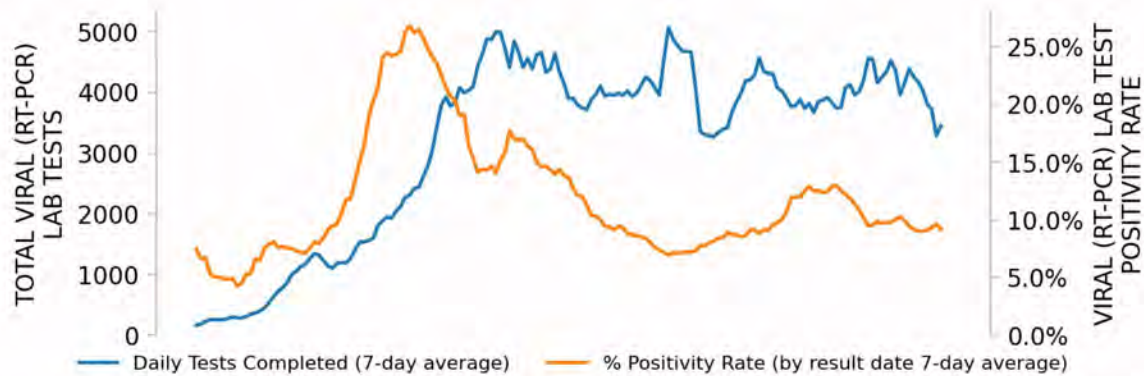
NEBRASKA

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NEW CASES

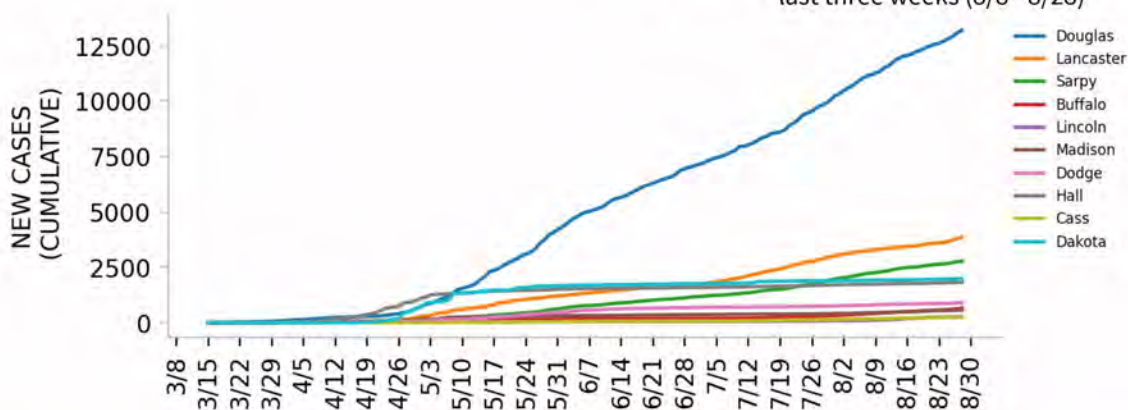


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

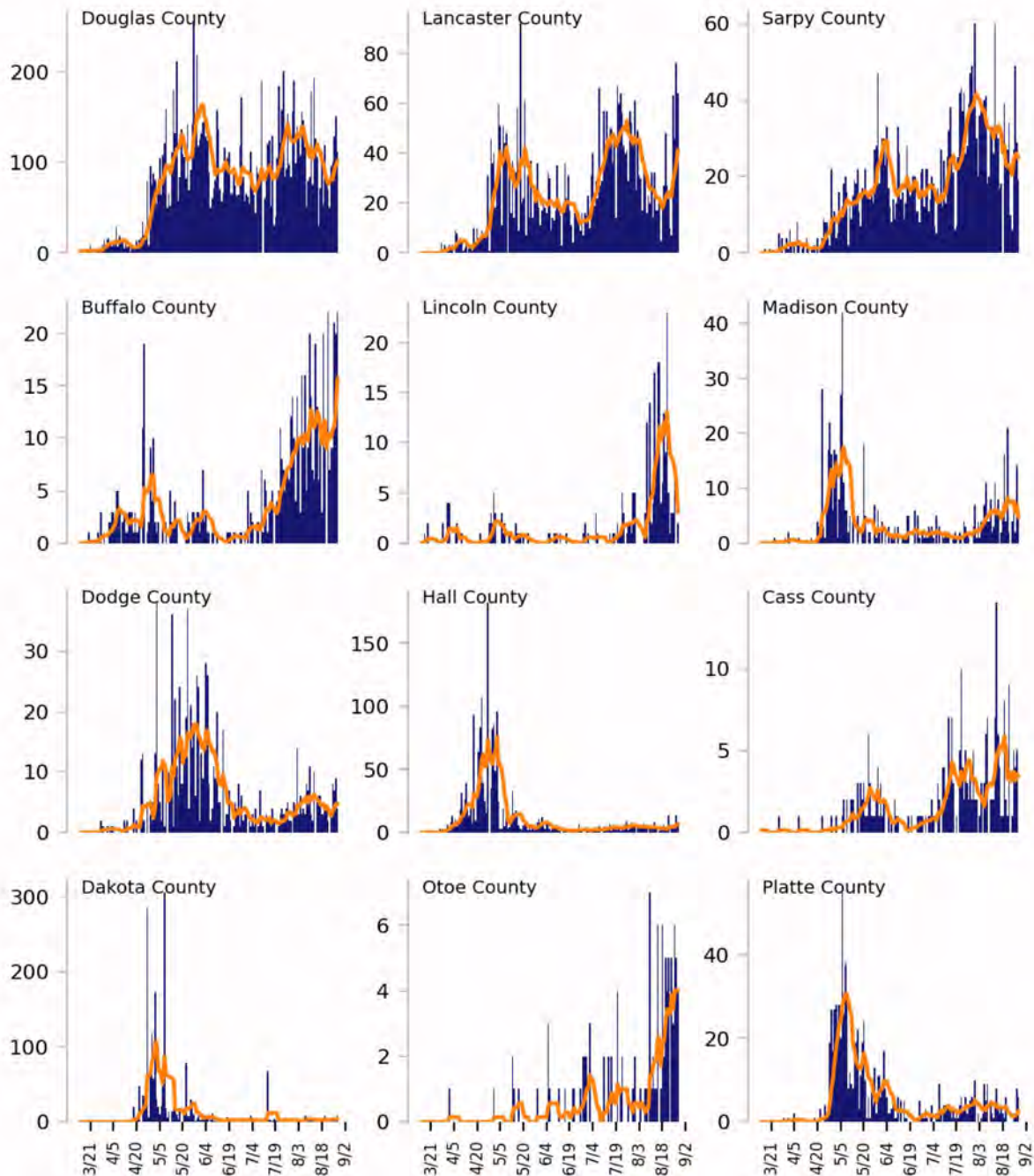
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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 – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

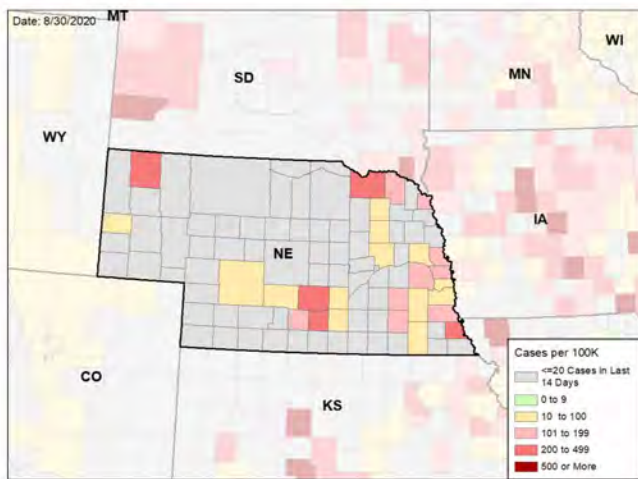


NEBRASKA

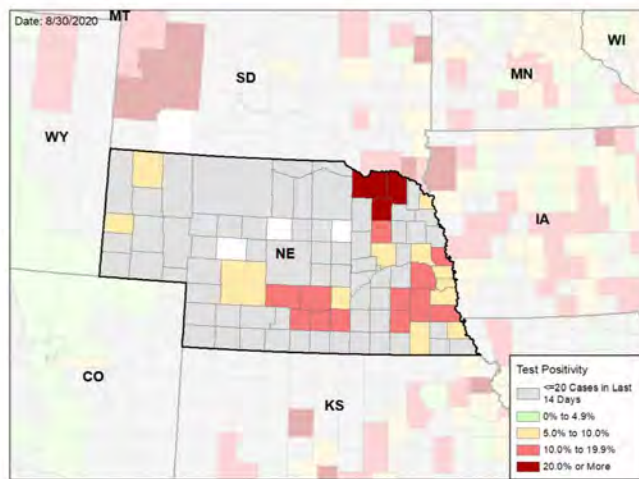
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

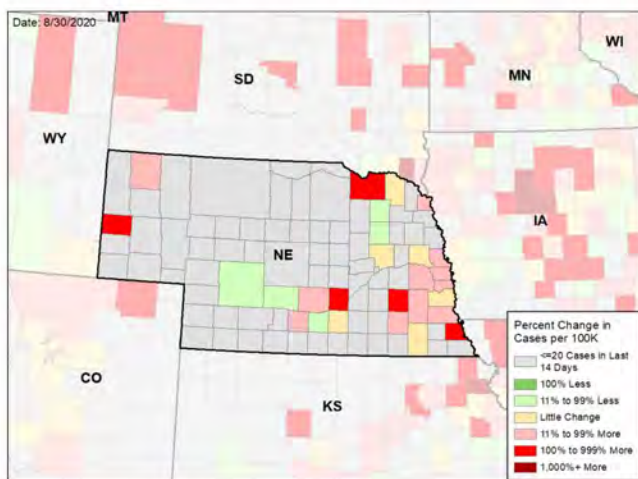
NEW CASES PER 100,000 DURING LAST WEEK



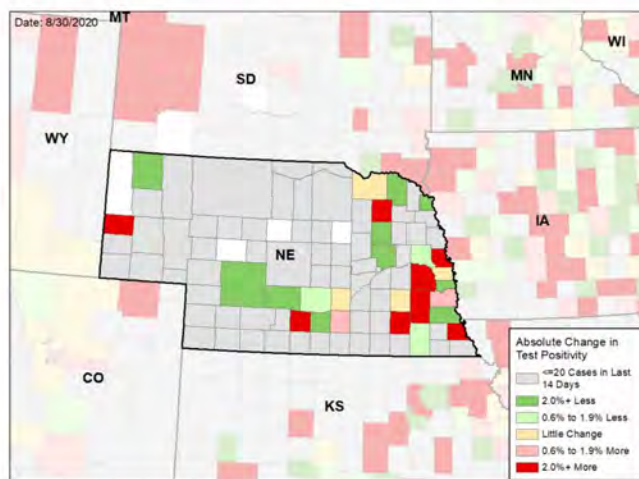
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

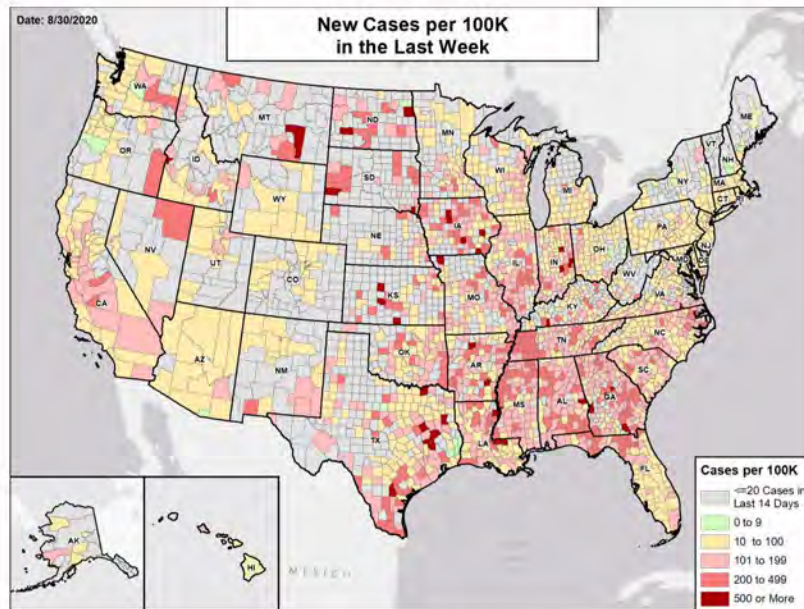
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

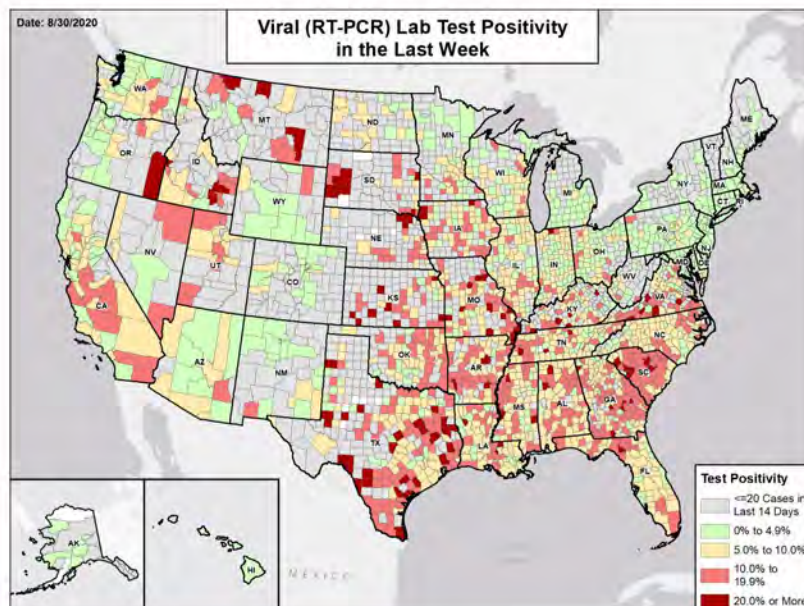


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

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

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



NEVADA

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SUMMARY

- Nevada 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. Nevada is in the red zone for test positivity, indicating a rate above 10%, with the 4th highest rate in the country.
- Nevada 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 last 3 weeks: 1. Clark County, 2. Washoe County, and 3. Elko County. These counties represent 97.2% of new cases in Nevada.
- 24% of all counties in Nevada have ongoing community transmission (yellow or red zone), with 12% having high levels of community transmission (red zone).
- The very high proportion of nursing homes with more than one positive resident is concerning, along with deaths among nursing home residents. 4.5% of nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- Nevada had 109 new cases per 100,000 population in the last week, compared to a national average of 88 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 and 1 to support medical activities from VA.
- Between Aug 22 - Aug 28, on average, 45 patients with confirmed COVID-19 and 105 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Nevada. An average of 90% 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

- Encouraging signs of case declines from implementation of mask requirements, bar closures, and indoor dining restrictions. Keep requirements in place until safely in the green zone. Expand outdoor dining options.
- Concerningly, there has been a significant decrease in testing over the past weeks. Expand surveillance and diagnostics platforms. Ensure the state public health lab is fully staffed and running 24/7, utilizing all platforms.
- Expand testing approaches with new partnerships and efficiently use tests by testing in zip codes with highest test positivity.
- University towns must be addressed; otherwise, fragile gains will be lost.
- University towns need a comprehensive plan that scales immediately for testing all returning students with routine surveillance testing to immediately identify new cases and outbreaks and isolate and quarantine.
 - Ensure both diagnostic and surveillance testing are rapid and comprehensive at all universities with students on campus.
 - Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students for their students and to support the community surrounding their universities.
 - University students with or exposed to COVID-19 should have access to quarantine and care sites on or near campus and not be returned home to multigenerational households where additional transmission could occur.
 - Ensure all universities can fully test, isolate, and contact trace.
 - Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students to residents through staff.
- 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.
- 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.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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

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



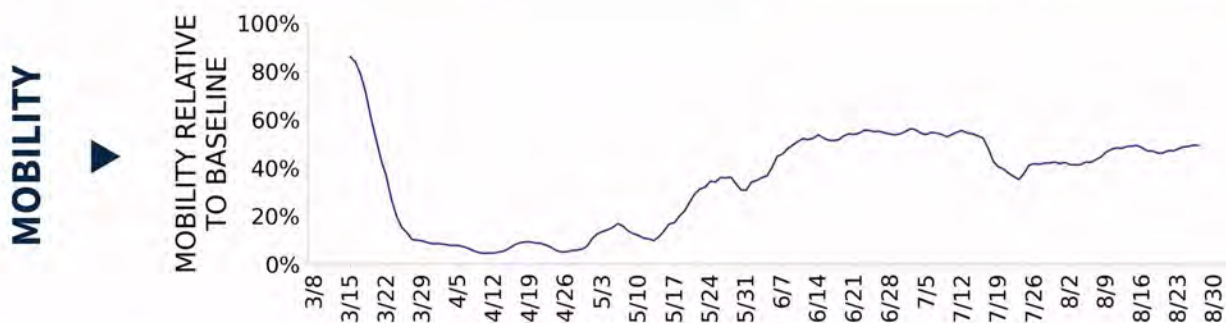
COVID-19



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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	3,360 (109)	-29.2%	46,780 (91)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.9%	-0.4%*	5.9%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	42,951** (1,394)	-30.8%**	926,183** (1,806)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	92 (3)	-38.7%	1,249 (2)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	20.0% (28.3%)	-3.3%* (-13.3%*)	10.1% (14.3%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3.3%	-5.0%*	4.3%	5.0%



* 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 – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.**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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



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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**

2Las Vegas-Henderson-Paradise
Elko**2**Reno
Fernley

**COUNTY
LAST WEEK**

2Clark
Elko**2**Washoe
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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

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

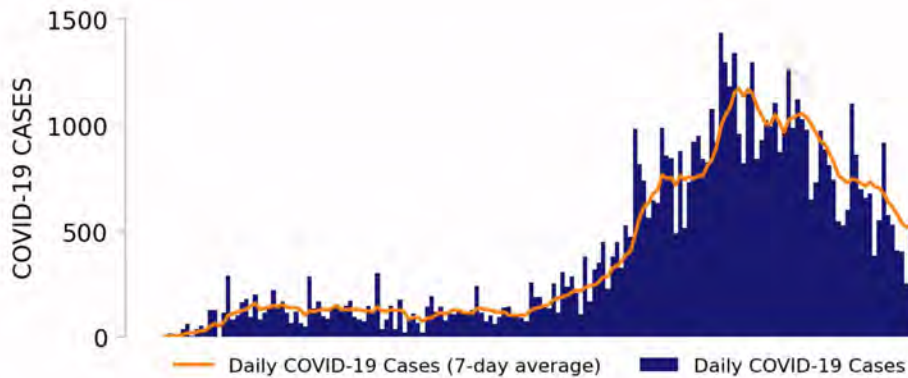
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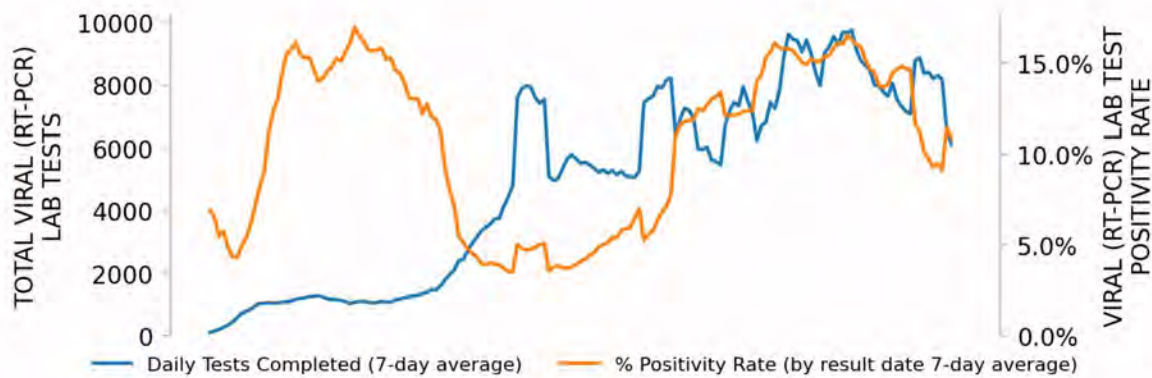
NEVADA

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NEW CASES

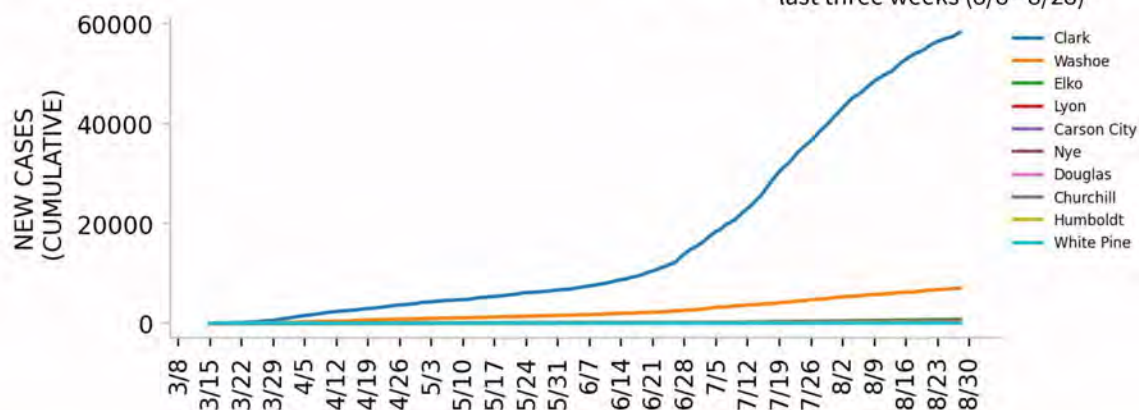


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

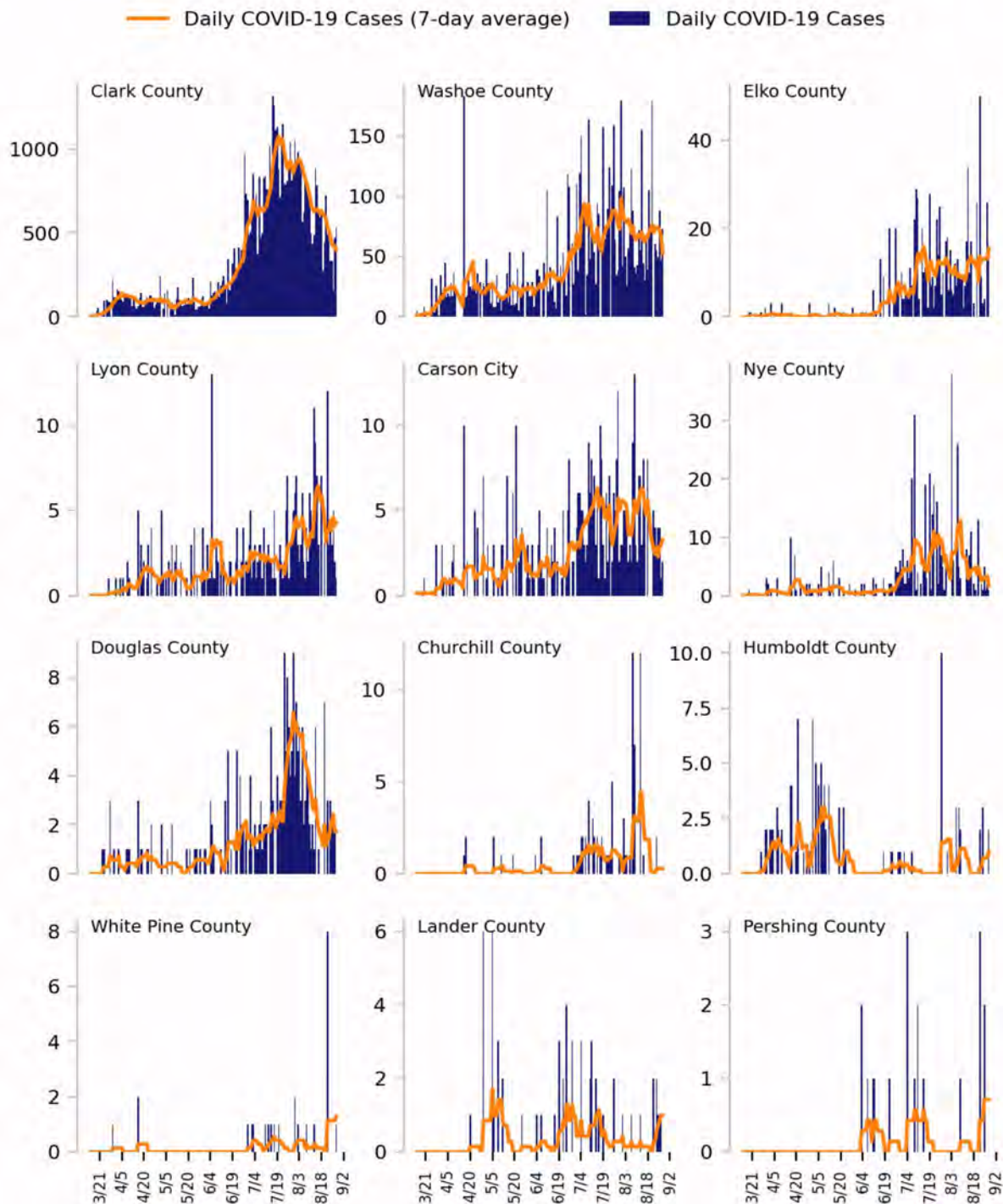
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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

TOTAL DAILY CASES



DATA SOURCES – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

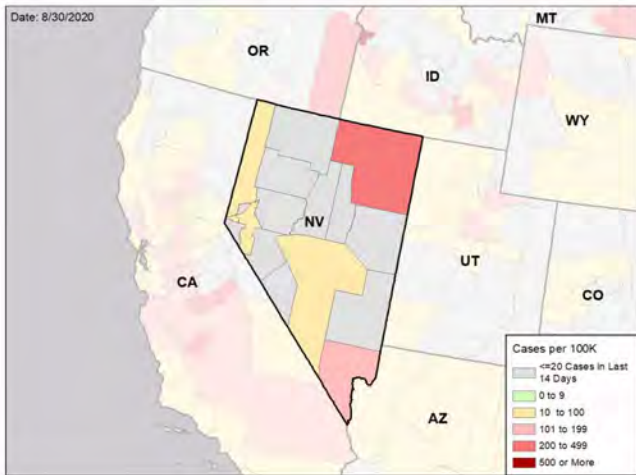


NEVADA

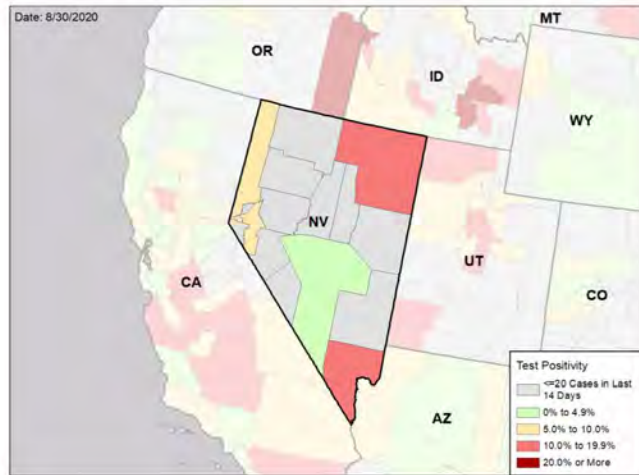
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

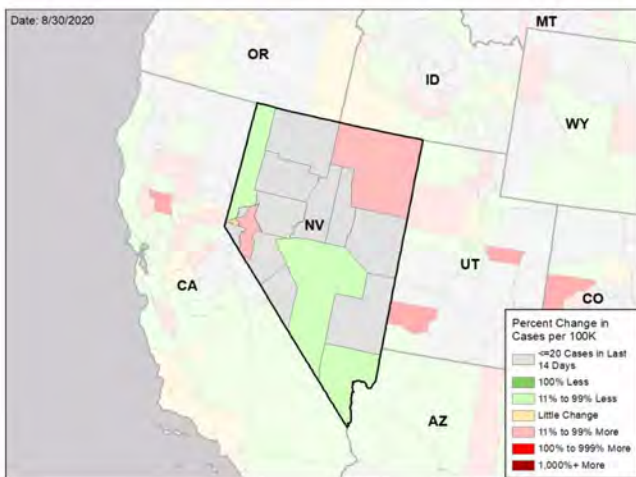
NEW CASES PER 100,000 DURING LAST WEEK



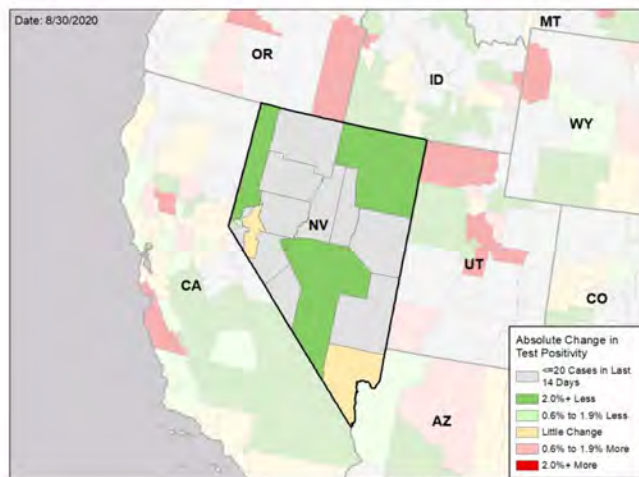
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

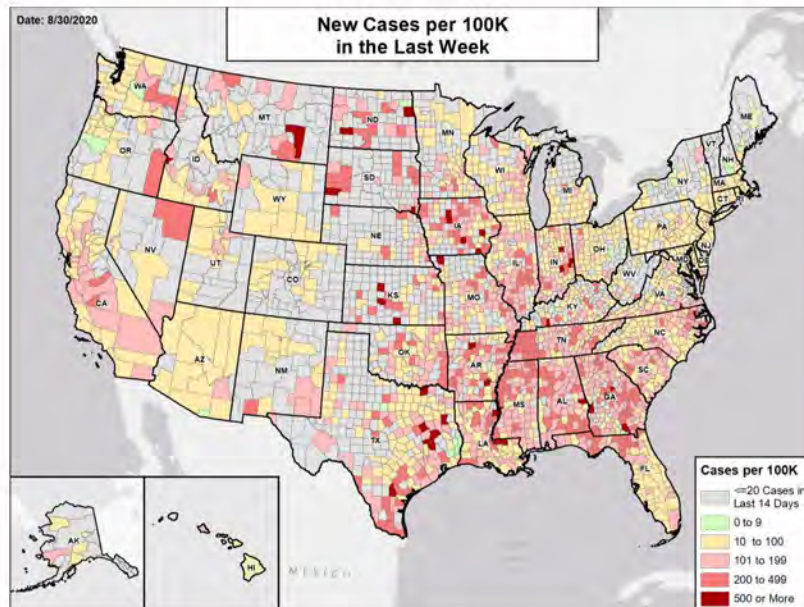
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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

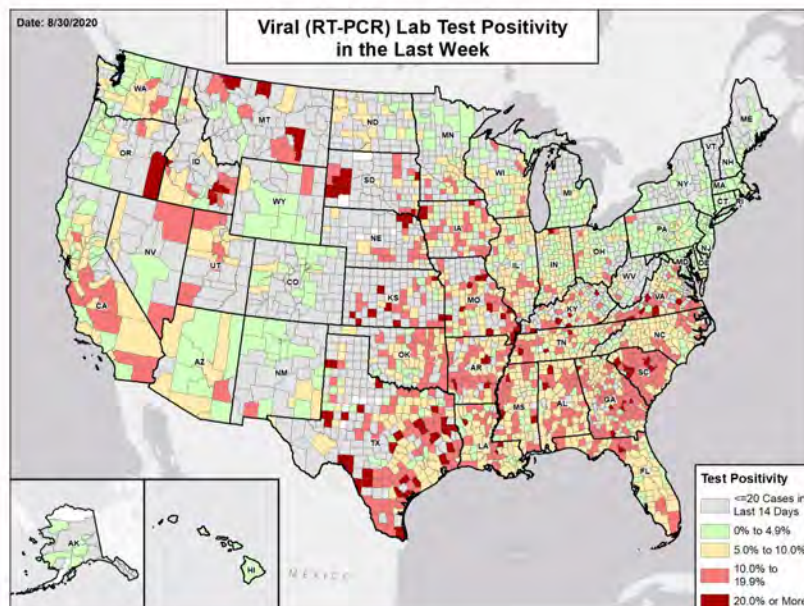


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

STATE REPORT | 08.30.2020

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, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



NEW HAMPSHIRE

STATE REPORT | 08.30.2020

SUMMARY

- New Hampshire is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 50th highest rate in the country. New Hampshire is in the green zone for test positivity, indicating a rate below 5%, with the 49th highest rate in the country.
- New Hampshire has seen an increase in new cases after a prolonged decline and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Hillsborough County, 2. Rockingham County, and 3. Merrimack County. These counties represent 76.9% of new cases in New Hampshire.
- Six cases were reported linked to the Sturgis, SD motorcycle rally. Bike Week, an annual motorcycle rally runs from Aug 22 - 30 in Laconia (Belknap County).
- No counties in New Hampshire have moderate or high levels of ongoing community transmission (yellow or red zone).
- No nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- New Hampshire had 11 new cases per 100,000 population in the last week, compared to a national average of 88 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 22 - Aug 28, on average, 30 patients with confirmed COVID-19 and 21 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Hampshire. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.*

RECOMMENDATIONS

- Continue to support state testing guidelines ensuring broad testing of priority populations, identified or suspected contacts, and symptomatic individuals.
- For institutes of higher education (IHE):
 - Ensure both diagnostic and surveillance testing are rapid and comprehensive at all institutions with students on campus.
 - Ensure all universities can fully test, isolate, and conduct contact tracing among students and staff in collaboration with local public health authorities.
 - Ensure university students with or exposed to COVID-19 have access to quarantine and care sites on or near campus and are not returned home to multigenerational households where additional transmission could occur.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and universities, for their students and to support the community surrounding their universities.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students.
- Support local authorities in outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy, as well as other limitations on student patronage; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus events.
- Support a uniform case-reporting process for IHE and reporting of this data on public-facing dashboards. Publish IHE screening as well as outbreak data on the state dashboard.
- Conduct thorough case investigations to ensure identification of any increased transmission resulting from recent changes in mitigation measures and mass events. In addition to updates on case investigations, 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.
- 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.
- 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.



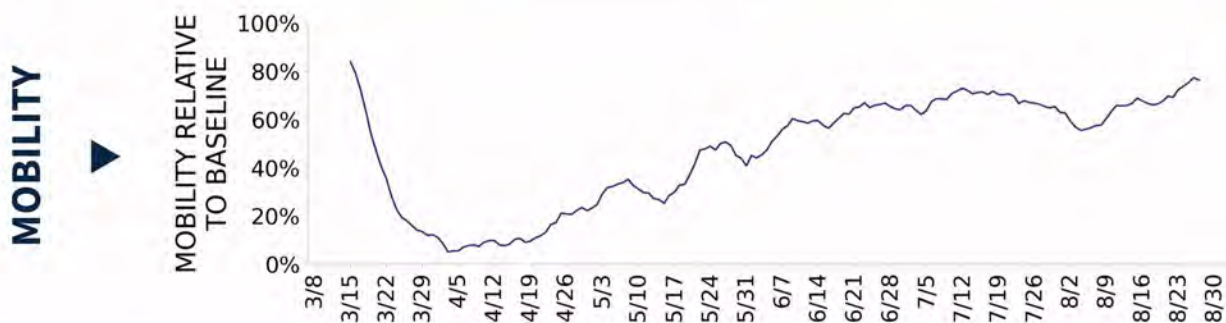
COVID-19



NEW HAMPSHIRE

STATE REPORT | 08.30.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	145 (11)	+34.3%	4,348 (29)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	0.9%	-0.1%*	1.2%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	20,652** (1,519)	+30.8%**	372,194** (2,507)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	4 (0)	-20.0%	166 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	0.0% (1.4%)	N/A (-2.9%*)	2.6% (6.3%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1.4%	+1.4%*	2.7%	5.0%



* 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 – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



NEW HAMPSHIRE

STATE REPORT | 08.30.2020

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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

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

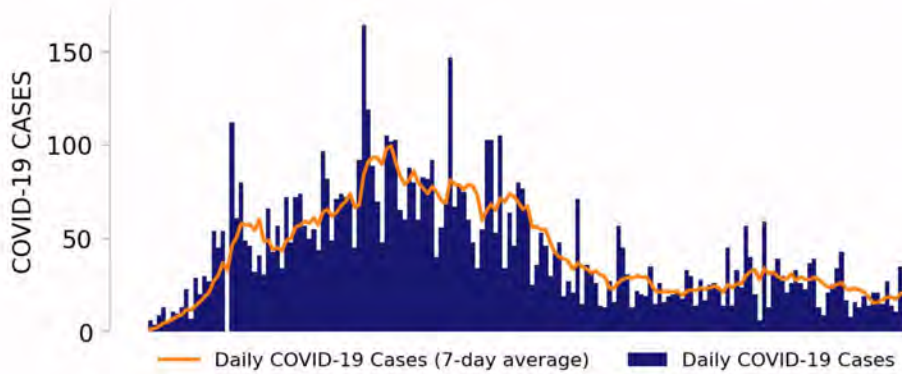
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing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

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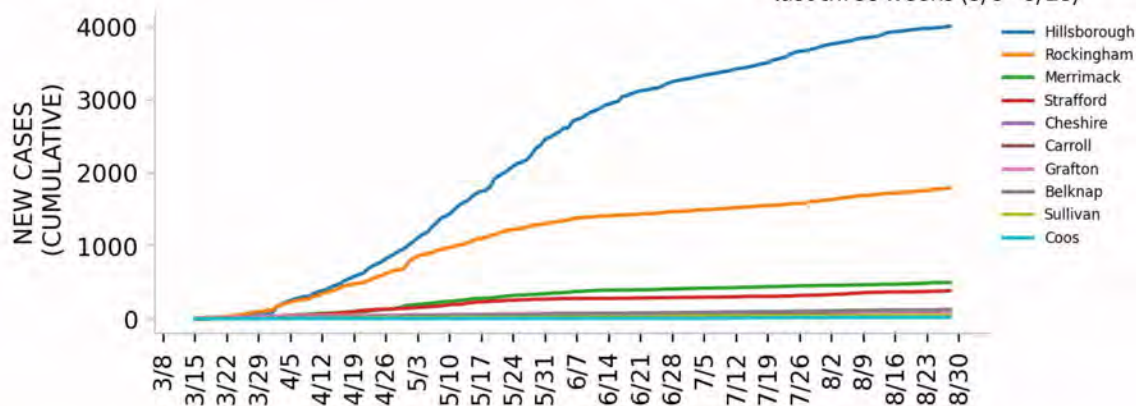
NEW CASES



TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

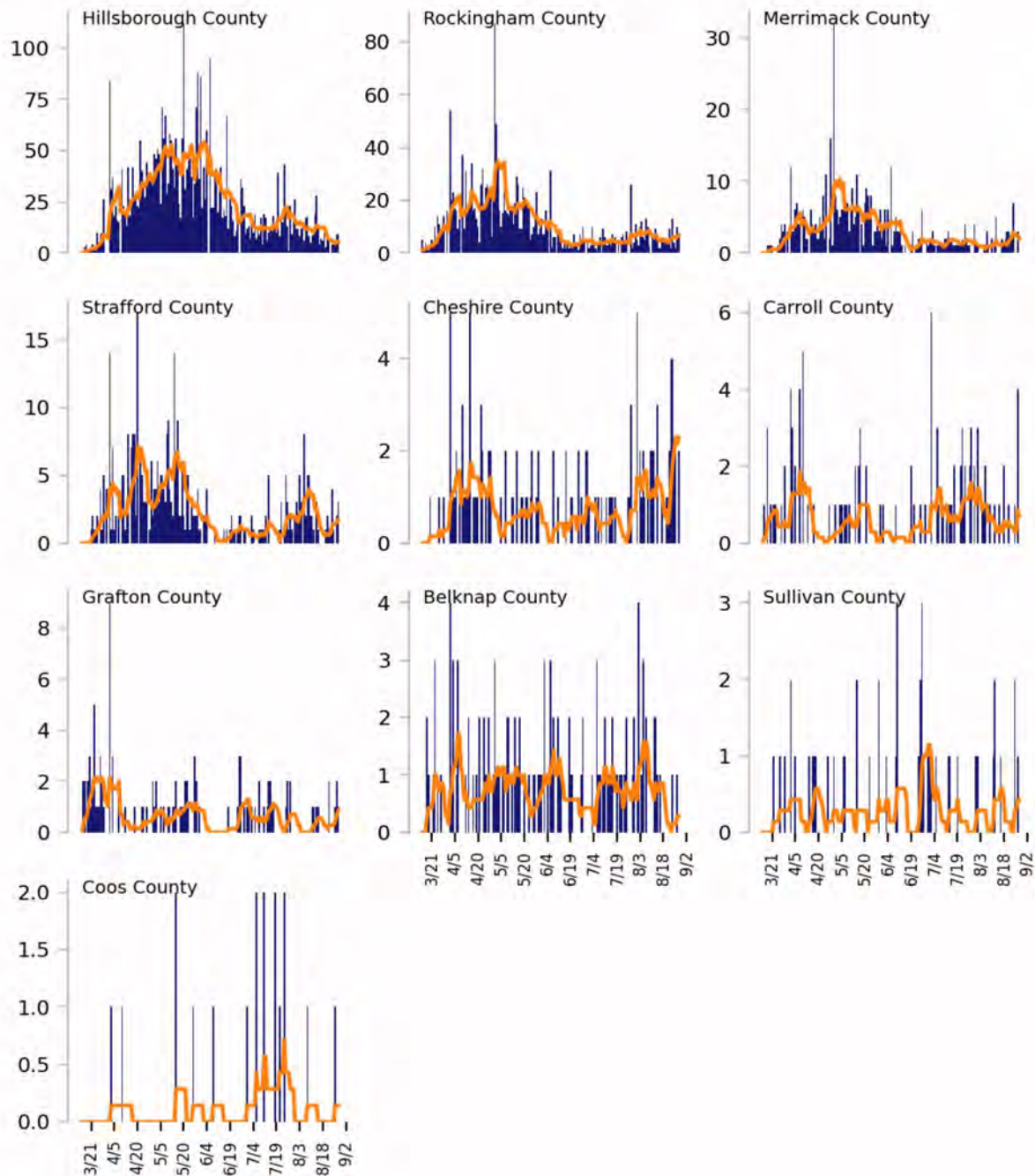
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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 – Additional data details available under METHODS

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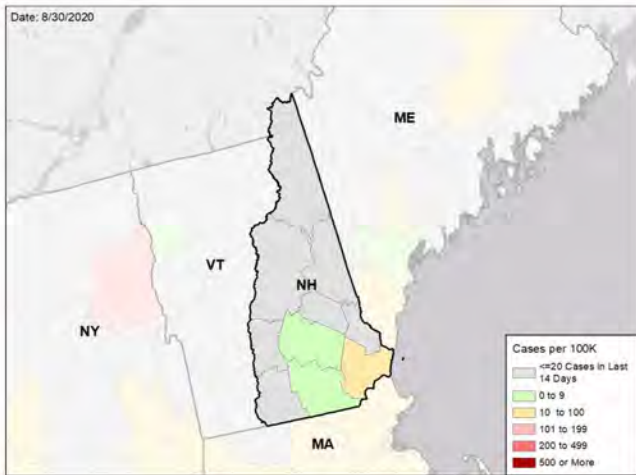


NEW HAMPSHIRE

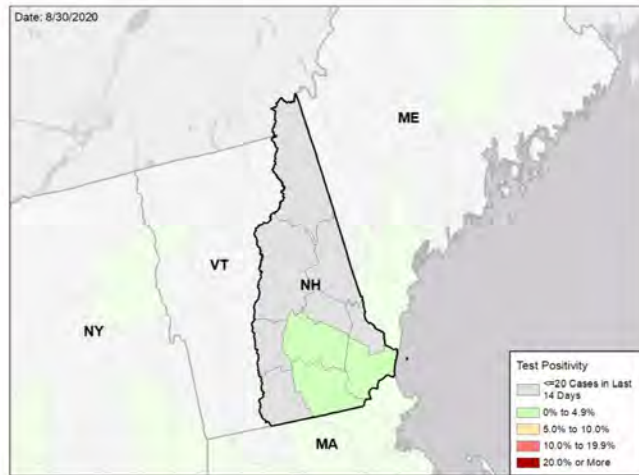
STATE REPORT | 08.30.2020

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

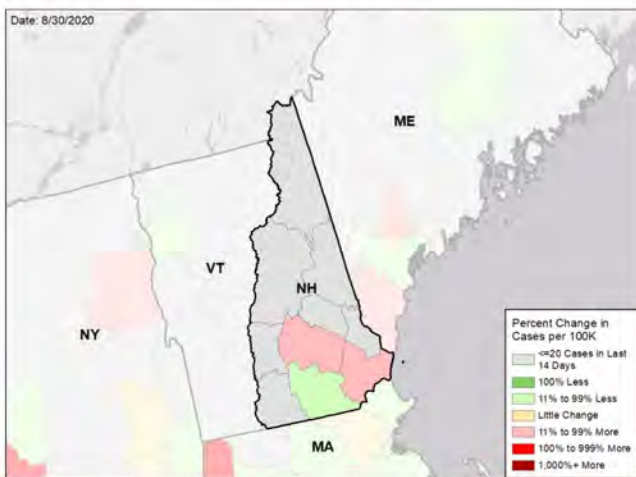
NEW CASES PER 100,000 DURING LAST WEEK



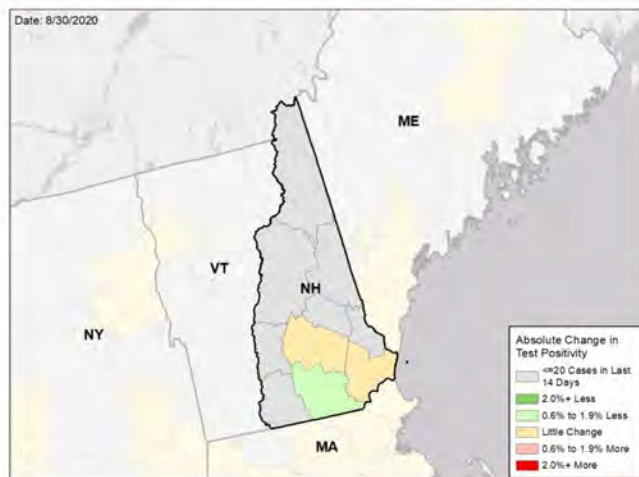
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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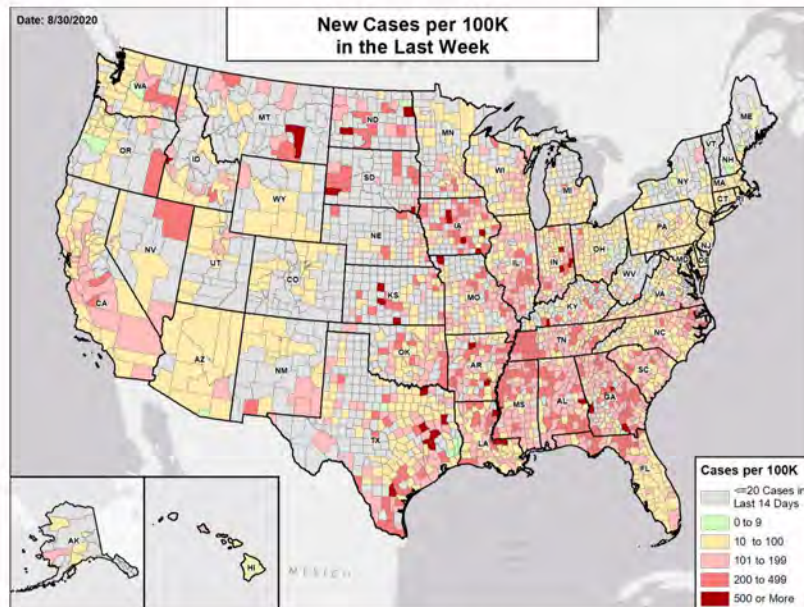
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

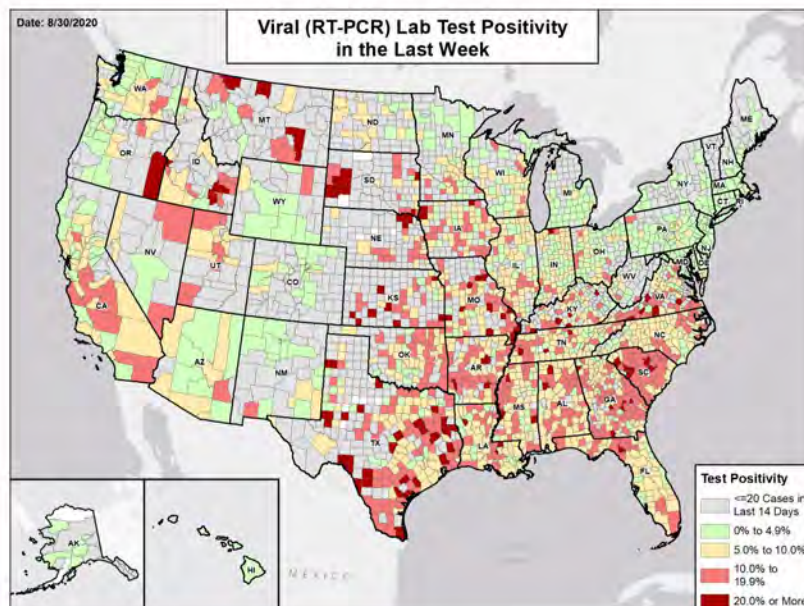


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

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

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

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- Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



NEW JERSEY

STATE REPORT | 08.30.2020

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 country. New Jersey is in the green zone for test positivity, indicating a rate below 5%, with the 45th highest rate in the country.
- New Jersey 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 last 3 weeks: 1. Bergen County, 2. Passaic County, and 3. Camden County. These counties represent 29.7% of new cases in New Jersey.
- No counties in New Jersey have moderate or high levels of ongoing community transmission (yellow or red zone).
- No nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- New Jersey had 24 new cases per 100,000 population in the last week, compared to a national average of 88 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; 16 to support operations activities from USCG; and 1 to support operations activities from VA.
- Between Aug 22 - Aug 28, on average, 15 patients with confirmed COVID-19 and 102 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Jersey. An average of 41% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Keep the statewide mask requirement in place and renew effective public health messaging to ensure high compliance for each community and population.
- University towns need a comprehensive plan that scales immediately for testing all returning students with routine surveillance testing to immediately identify new cases and outbreaks and isolate and quarantine.
 - Ensure both diagnostic and surveillance testing are rapid and comprehensive at all universities with students on campus.
 - Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students for their students and to support the community surrounding their universities.
 - University students with or exposed to COVID-19 should have access to quarantine and care sites on or near campus and not be returned home to multigenerational households where additional transmission could occur.
 - Ensure all universities can fully test, isolate, and contact trace.
 - Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students to residents through staff.
- Continue ongoing efforts to build and utilize contact tracing. Hire contact tracers and community health workers from within minority and underserved communities to ensure cultural competency to gain trust and buy-in from within the community.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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

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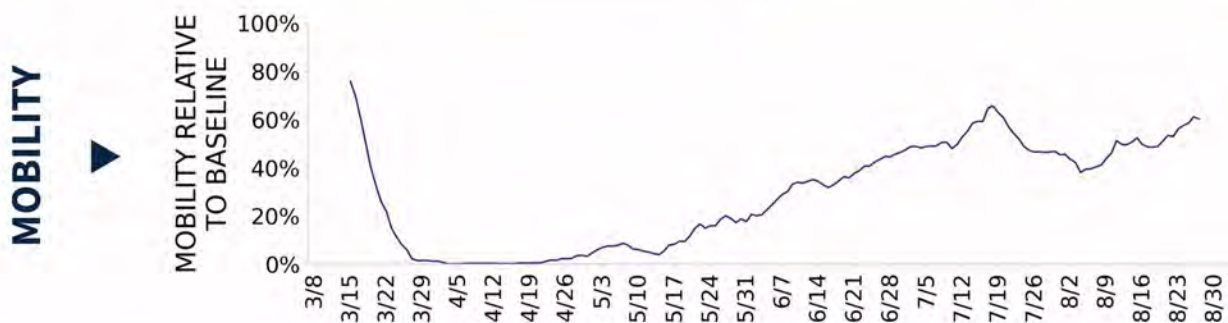
COVID-19



NEW JERSEY

STATE REPORT | 08.30.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	2,154 (24)	+30.3%	6,409 (23)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.6%	-0.1%*	1.1%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	162,871** (1,834)	-7.9%**	707,044** (2,495)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	20 (0)	+0.0%	79 (0)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	3.5% (9.4%)	-0.9%* (-3.7%*)	3.8% (15.5%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3.5%	+2.5%*	2.2%	5.0%



* 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 – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.**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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



NEW JERSEY

STATE REPORT | 08.30.2020

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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

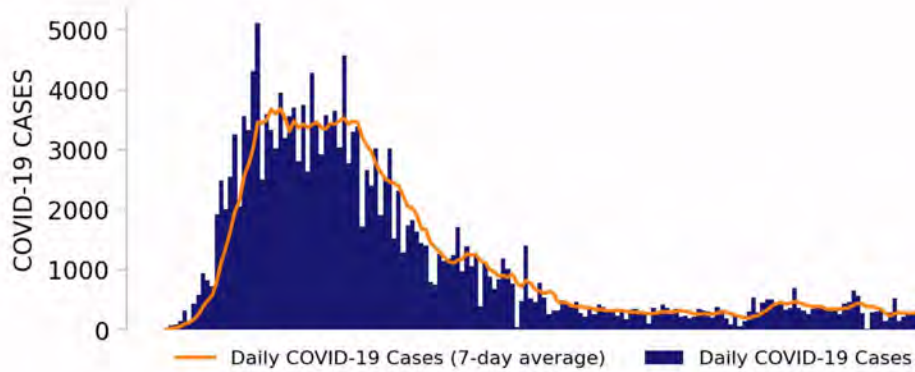
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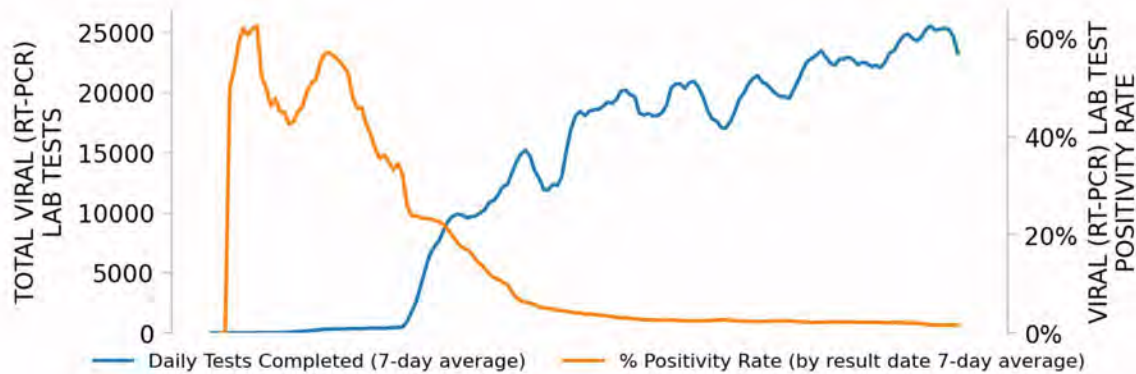
NEW JERSEY

STATE REPORT | 08.30.2020

NEW CASES

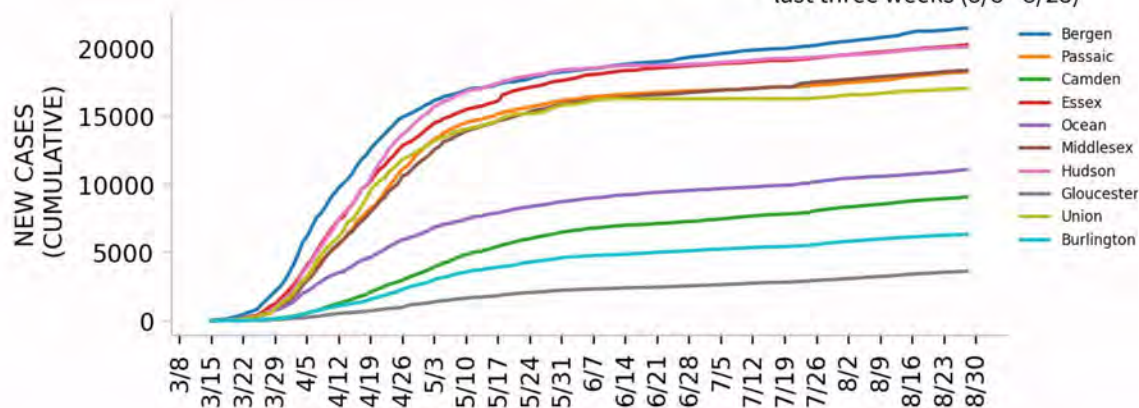


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

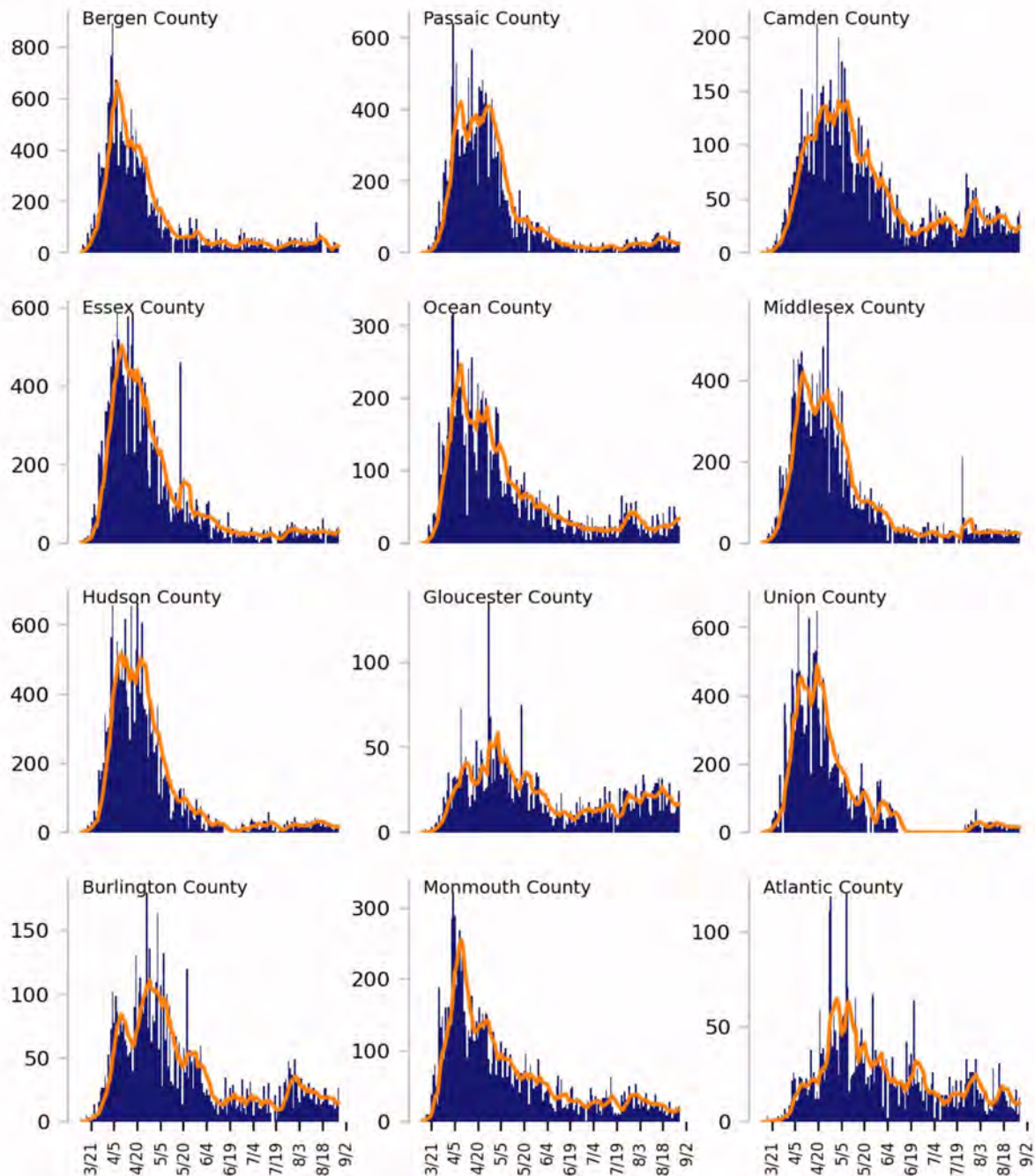
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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 – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

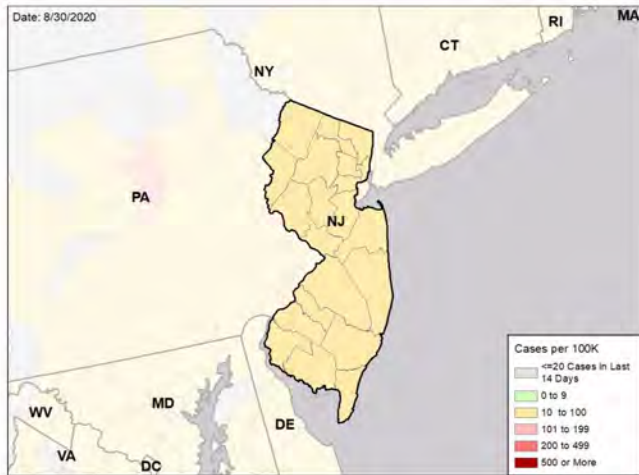


NEW JERSEY

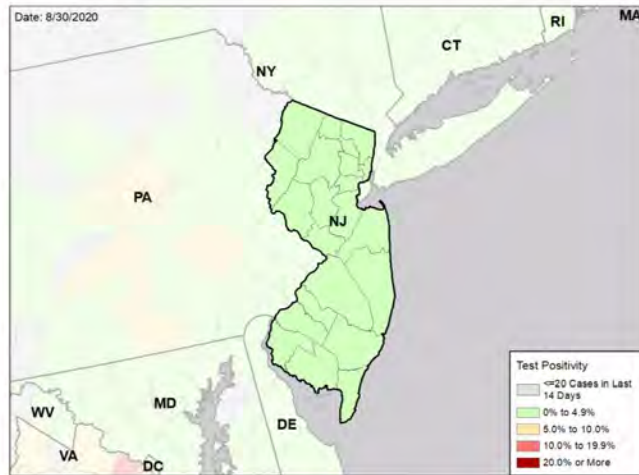
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

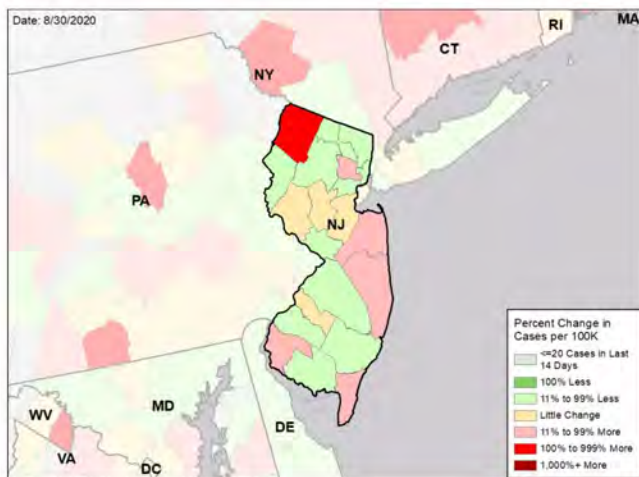
NEW CASES PER 100,000 DURING LAST WEEK



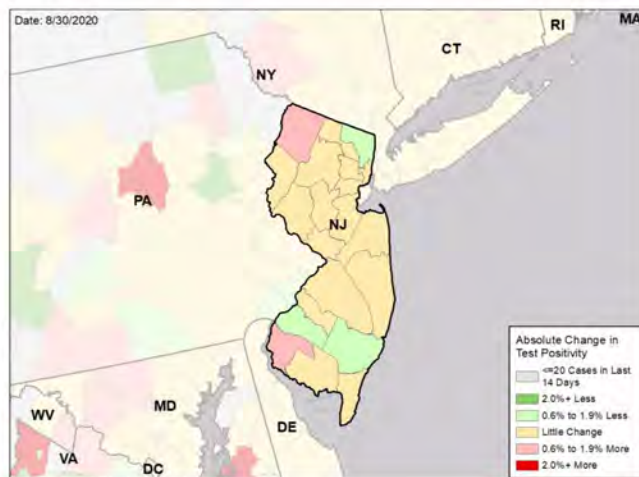
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

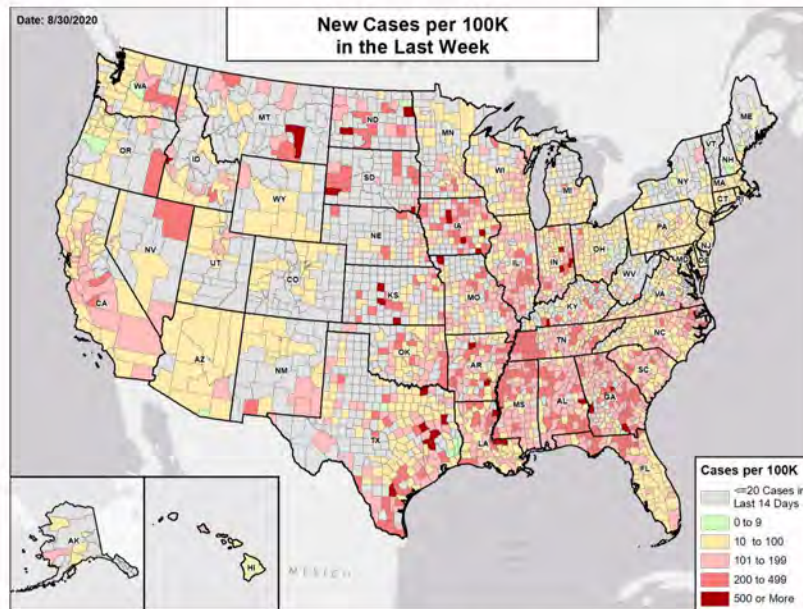
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

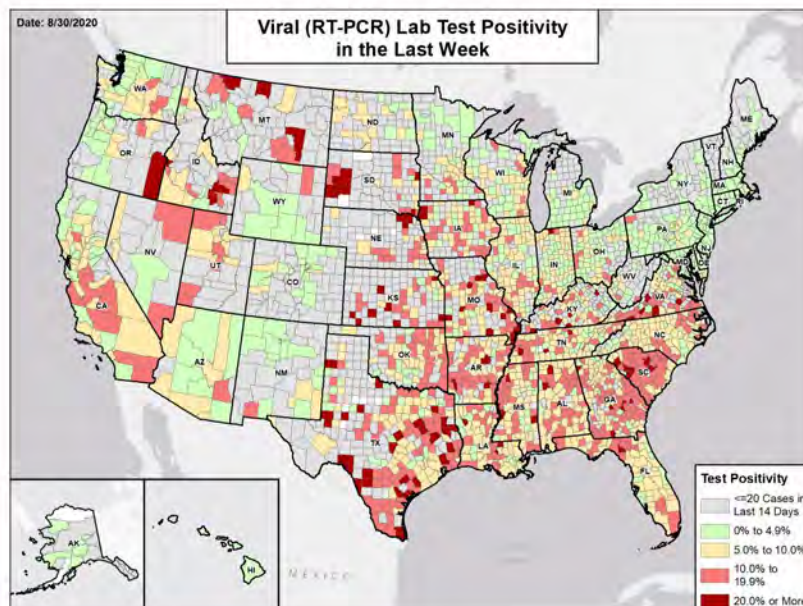


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

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

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



NEW MEXICO

STATE REPORT | 08.30.2020

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 38th highest rate in the country. New Mexico is in the green zone for test positivity, indicating a rate below 5%, with the 41st highest rate in the country.
- New Mexico has seen an increase in new cases and a decrease in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Bernalillo County, 2. Doña Ana County, and 3. Lea County. These counties represent 46.7% of new cases in New Mexico.
- 9% of all counties in New Mexico have ongoing community transmission (yellow or red zone), with 3% having high levels of community transmission (red zone).
- No nursing homes are reporting 3 or more new COVID-19 cases among residents per week over the last 3 weeks.
- New Mexico had 49 new cases per 100,000 population in the last week, compared to a national average of 88 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; 2 to support epidemiology activities from CDC; and 1 to support operations activities from VA.
- Between Aug 22 - Aug 28, on average, 21 patients with confirmed COVID-19 and 25 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Mexico. An average of 79% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue the statewide mask mandate.
- Ensure both diagnostic and surveillance testing are rapid and comprehensive at all universities with students on campus.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and universities and to support testing in communities surrounding universities.
- University students should have quarantine and care sites on campus or near campus and not be returned home to multigenerational households, where additional transmission could occur.
- Ensure all universities can fully test, isolate, and contact trace.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students to residents through staff.
- Ensure all universities near tribal lands increase protection of those communities by ensuring all university cases are identified and quarantined through active surveillance testing.
- Ensure university students with comorbidities are aware of their unique risks from this virus.
- Ensure proactive communication about the risks of gatherings over Labor Day.
- Expand testing through community centers and community outreach teams to ensure asymptomatic cases are found and isolated.
- New Mexico is an excellent state to conduct pooled testing in the large commercial laboratories to further expand community testing.
- 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 opening.
- Tribal Nations: Encourage the continued enforcement of social distancing limiting gatherings and ceremonies and masking measures in areas of increased transmission. Continue enhanced testing activities. Continue to enhance contact tracing and ensure that cases and contacts can quarantine or isolate safely. Monitor testing data to identify additional sites of increased transmission and ensure focused public health resources for these vulnerable communities.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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

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



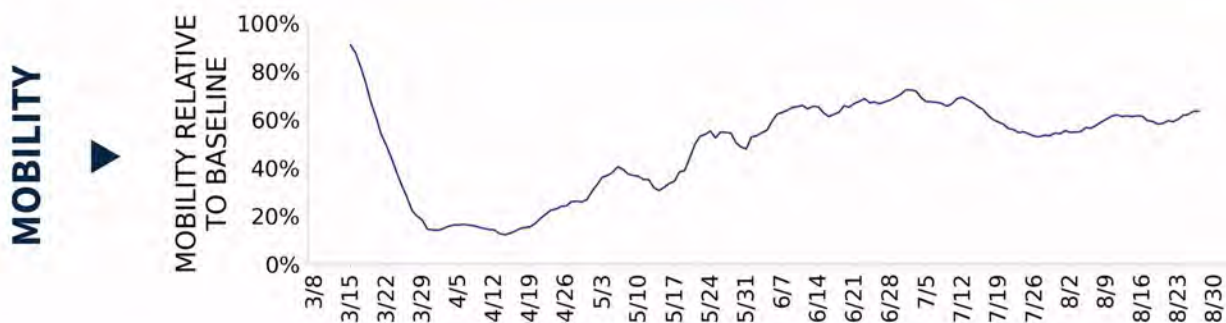
COVID-19



NEW MEXICO

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	1,030 (49)	+20.5%	46,962 (110)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	2.6%	-0.7%*	8.9%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	26,530** (1,265)	-12.7%**	328,748** (770)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	28 (1)	-22.2%	1,539 (4)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	15.4% (18.5%)	-0.8%* (+2.3%*)	16.2% (22.8%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3.1%	-4.3%*	9.1%	5.0%



* 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 – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



NEW MEXICO

STATE REPORT | 08.30.2020

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

Deming

2Hobbs
Roswell

**COUNTY
LAST WEEK**

1

Luna

2Lea
Chaves

* 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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

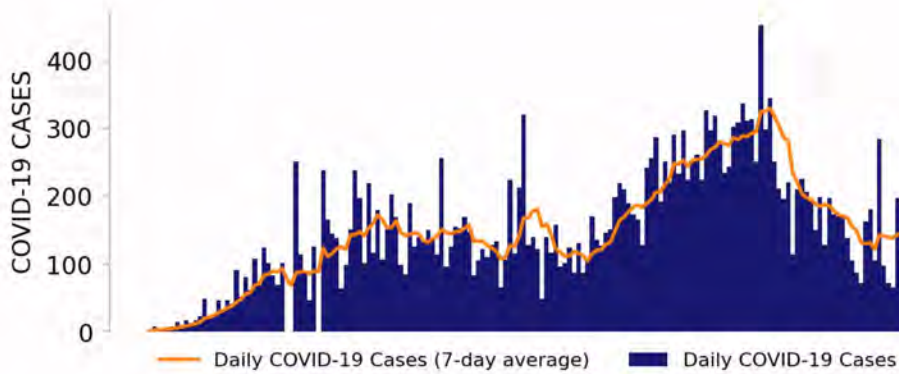
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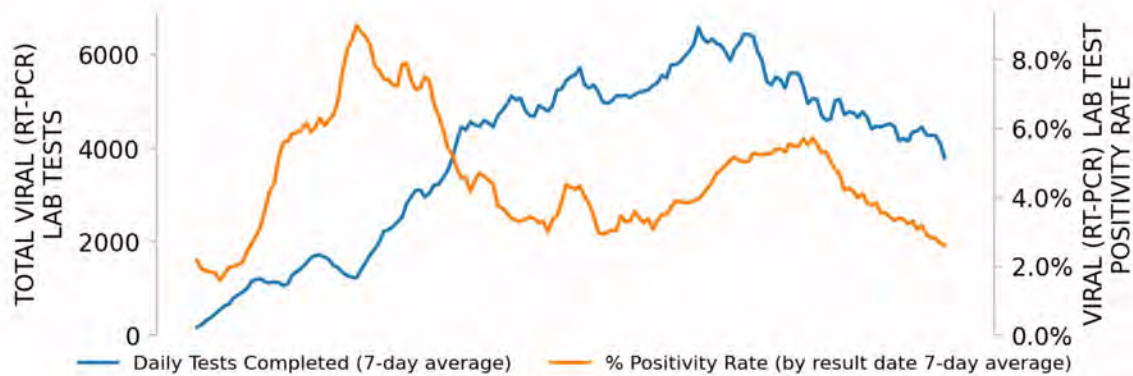
NEW MEXICO

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NEW CASES

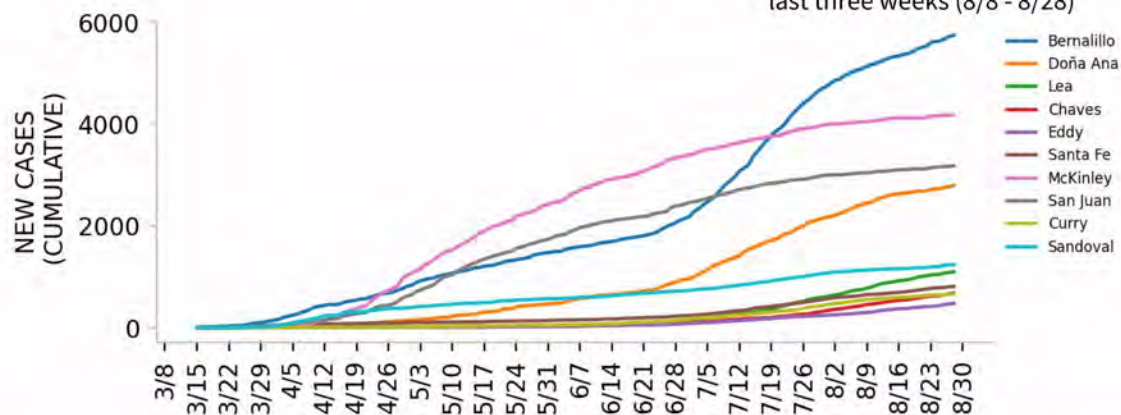


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

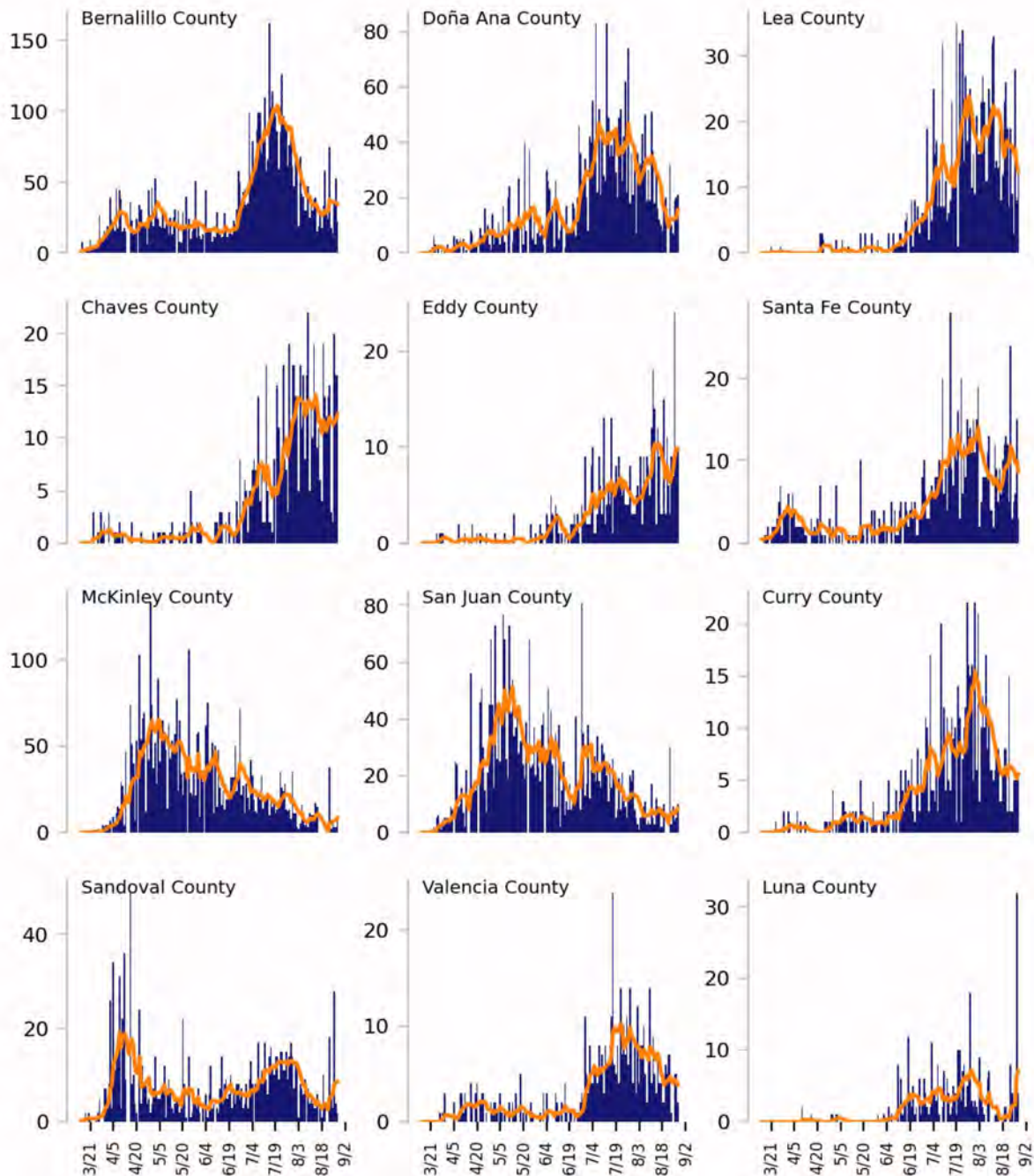
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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 – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

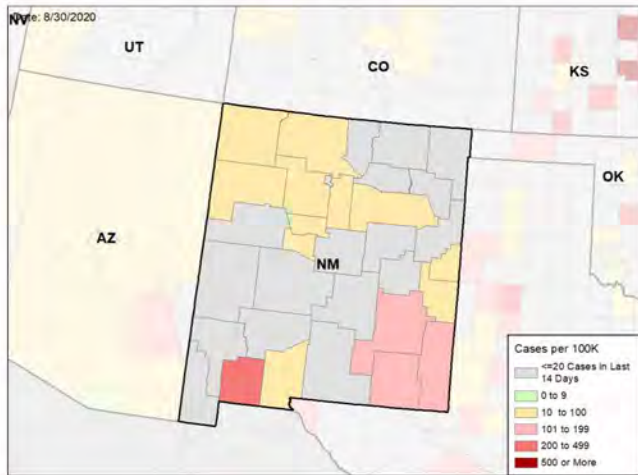


NEW MEXICO

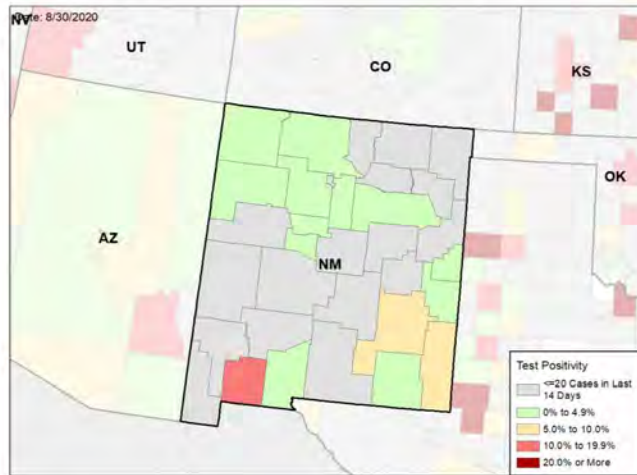
STATE REPORT | 08.30.2020

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

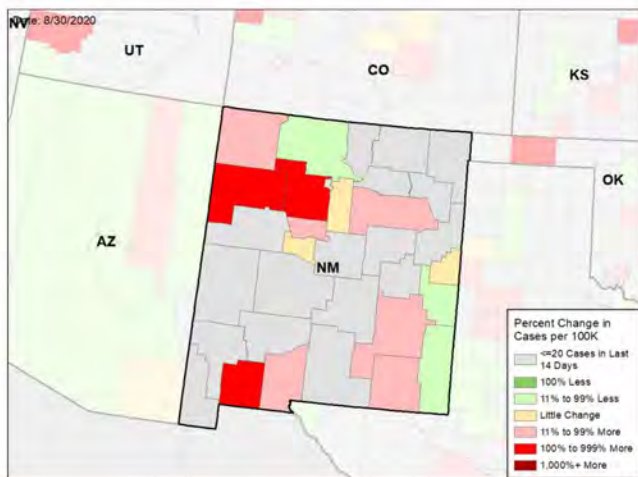
NEW CASES PER 100,000 DURING LAST WEEK



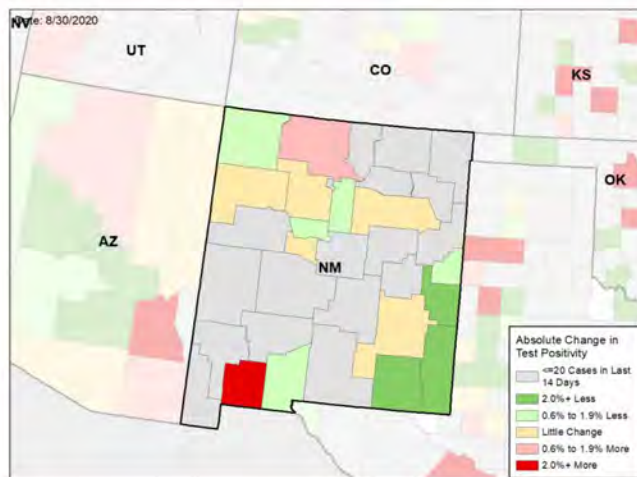
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

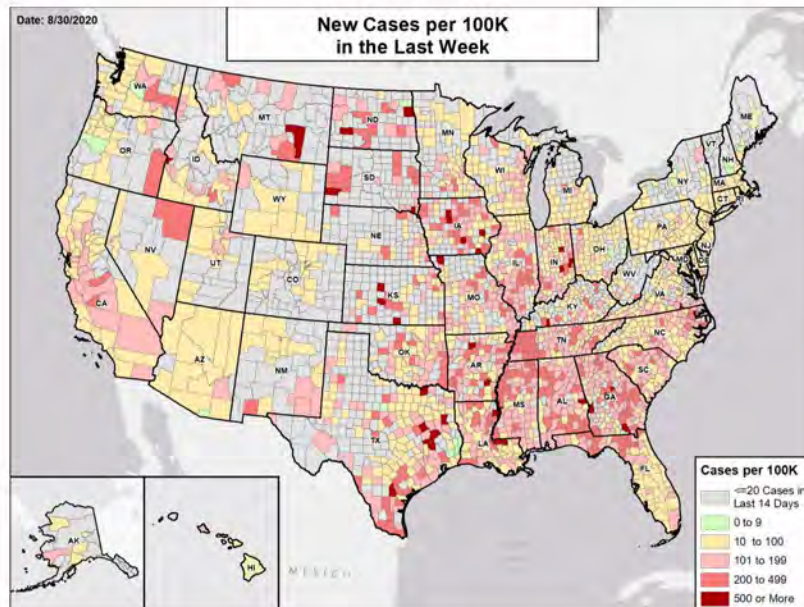
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

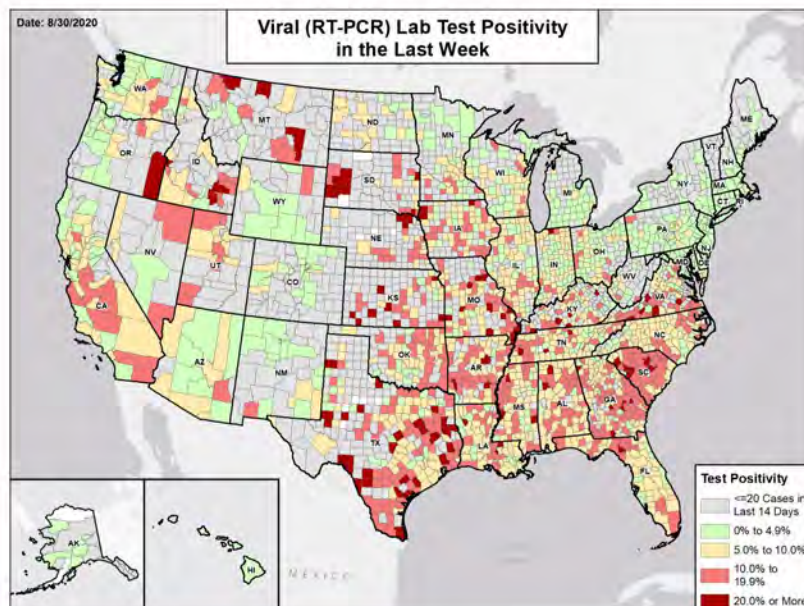


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

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

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



NEW YORK

STATE REPORT | 08.30.2020

SUMMARY

- New York is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 48th highest rate in the country. New York is in the green zone for test positivity, indicating a rate below 5%, with the 48th highest rate in the country.
- 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 last 3 weeks: 1. Kings County, 2. Queens County, and 3. Bronx County. These counties represent 35.7% of new cases in New York.
- No counties in New York have moderate or high levels of ongoing community transmission (yellow or red zone).
- 0.2% of nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- New York had 22 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 63 to support operations activities from FEMA; 3 to support operations activities from ASPR; 1 to support testing activities from CDC; 1 to support epidemiology activities from CDC; and 24 to support operations activities from USCG.
- Between Aug 22 - Aug 28, on average, 144 patients with confirmed COVID-19 and 281 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New York. An average of 85% 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

- Widely available testing and stable case rates overall allow for targeting efforts and continued reopening.
- As schools and businesses reopen, continue to monitor and enforce face coverings in all public indoor environments, especially on public transportation.
- 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); explore use of point-of-care antigen testing for more frequent re-testing.
- Ensure that all colleges and universities that are planning residential living and in-person classes have an aggressive testing and surveillance plan. Work with local health departments to ensure sufficient contact tracing capacity and training; utilize students to assist, as needed.
- Intensify community mitigation efforts in areas with elevated or increasing transmission, such as Essex, Chautauqua, Broome, Madison, Dutchess, and Cattaraugus counties; 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.



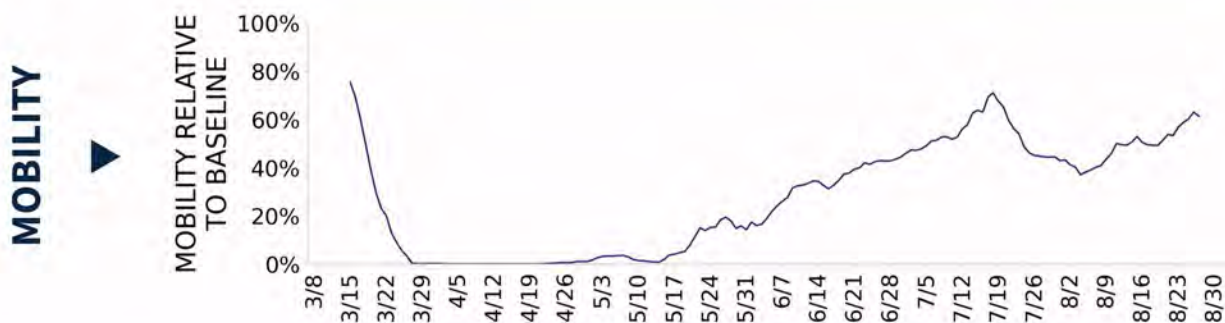
COVID-19



NEW YORK

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	4,255 (22)	-2.1%	6,409 (23)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.0%	+0.0%*	1.1%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	544,173** (2,797)	-1.0%**	707,044** (2,495)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	59 (0)	+20.4%	79 (0)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	4.0% (19.2%)	-1.0%* (+1.6%*)	3.8% (15.5%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1.4%	+0.1%*	2.2%	5.0%



* 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 – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



NEW YORK

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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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

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

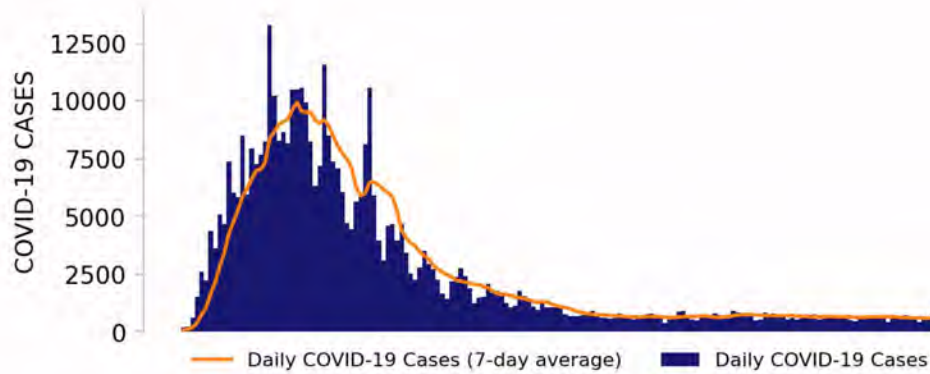
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- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider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



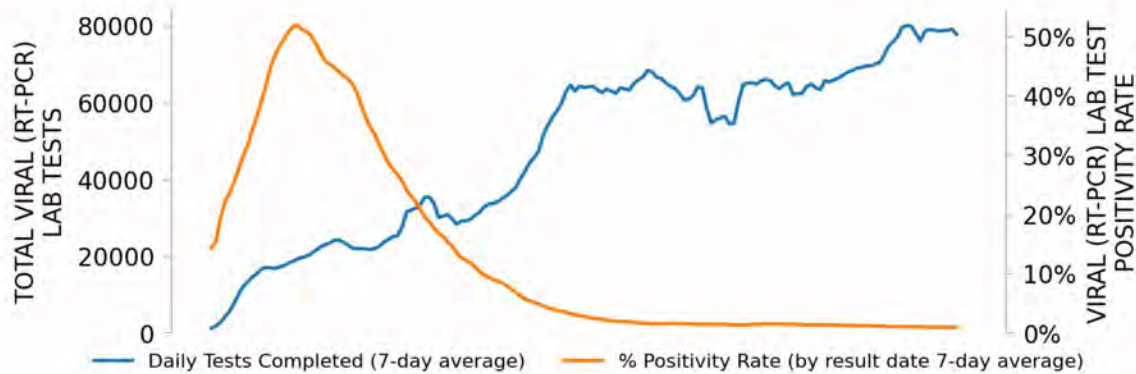
NEW YORK

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NEW CASES

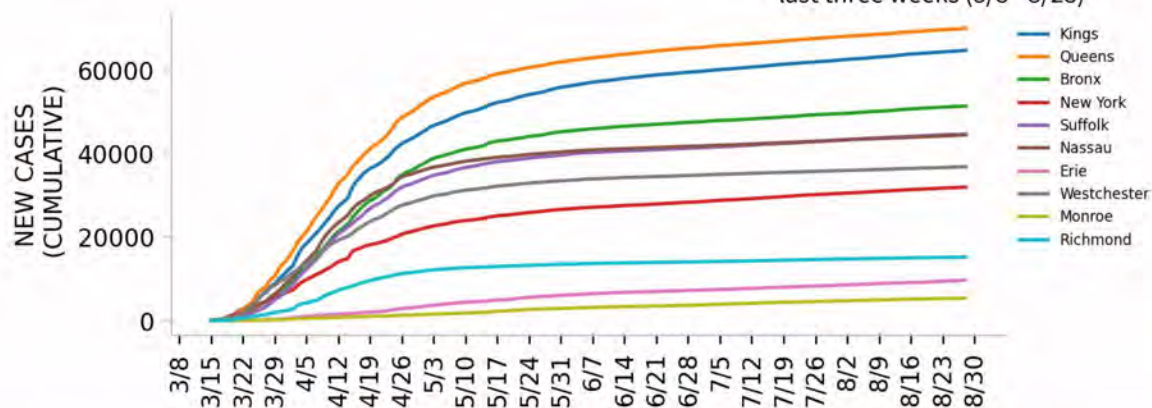


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

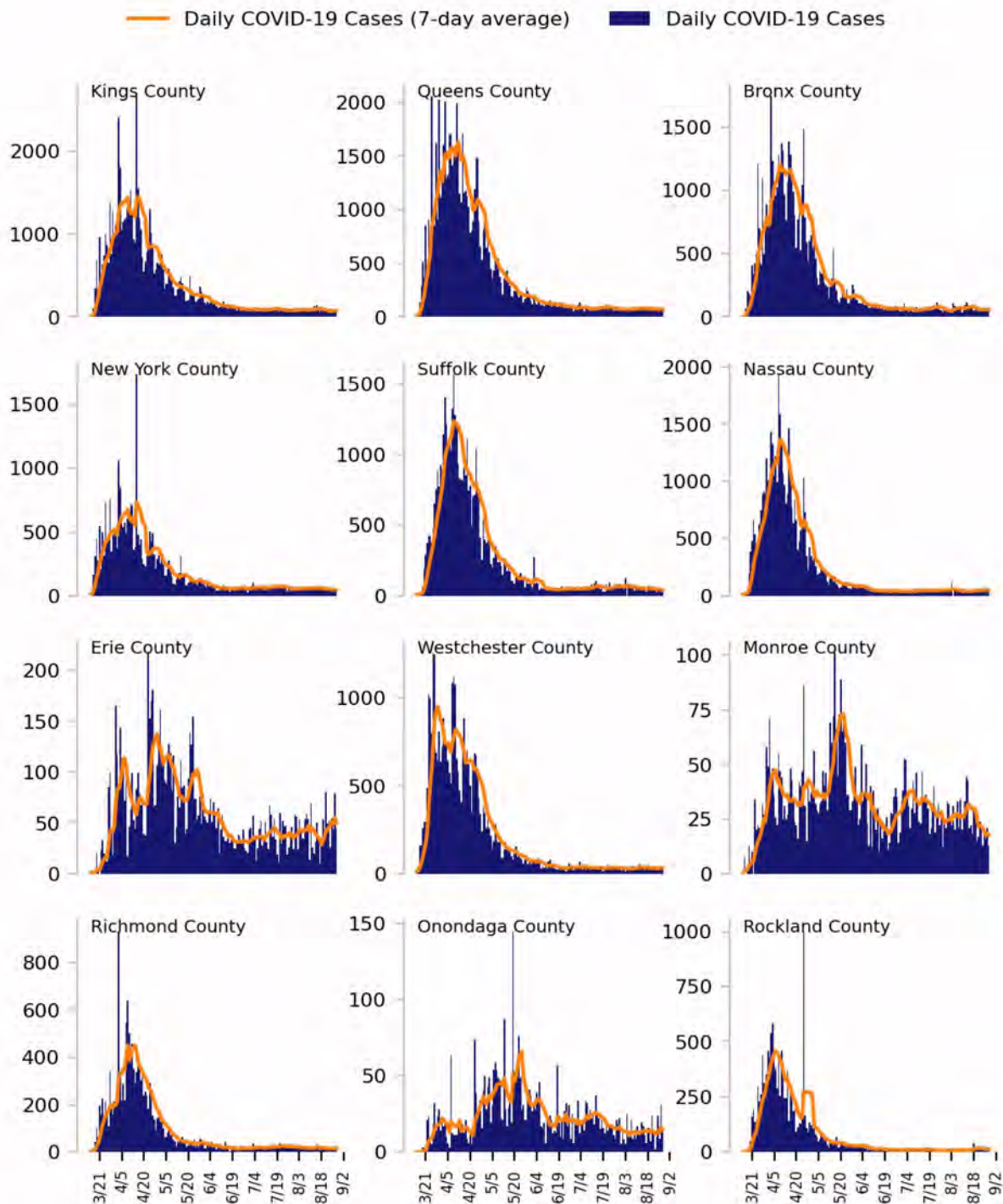
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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

TOTAL DAILY CASES



DATA SOURCES – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

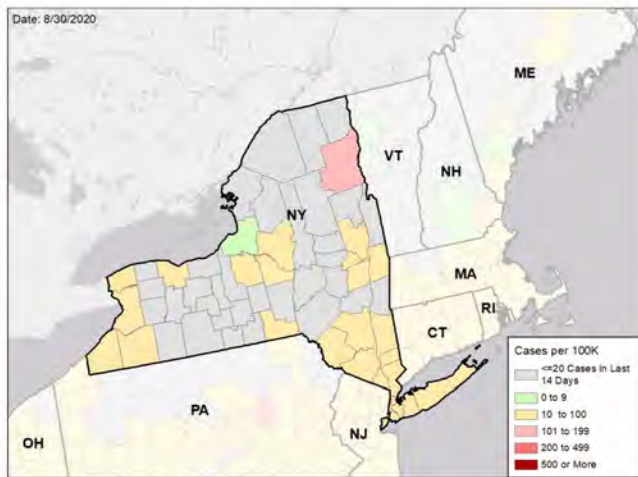


NEW YORK

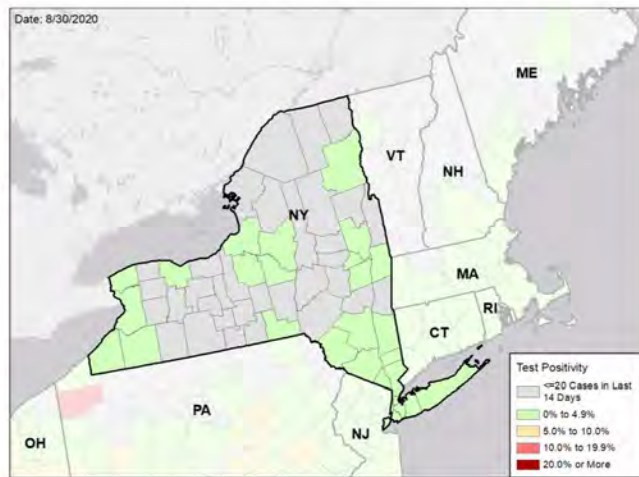
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

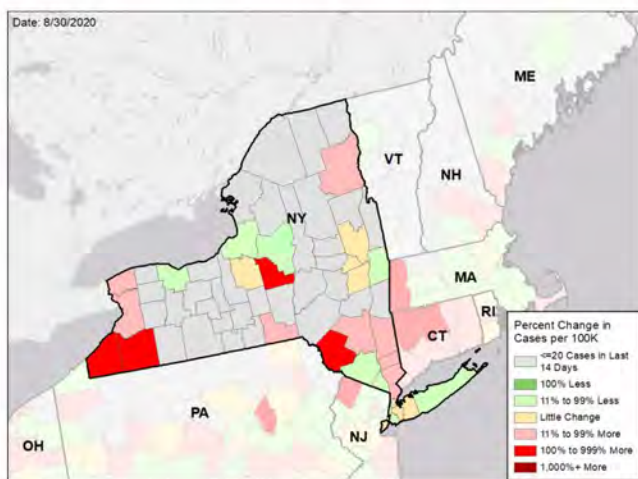
NEW CASES PER 100,000 DURING LAST WEEK



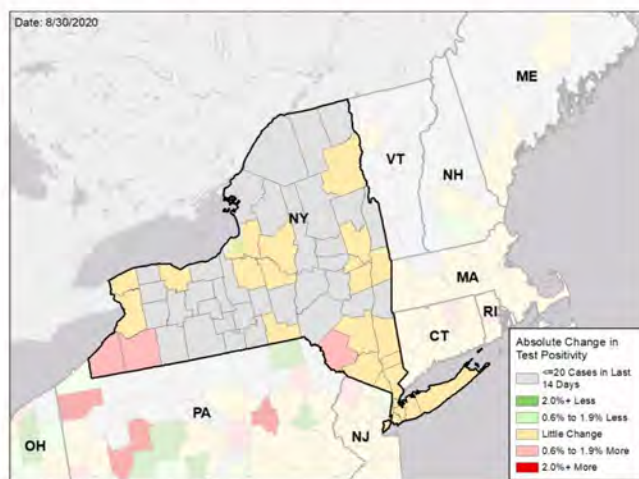
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



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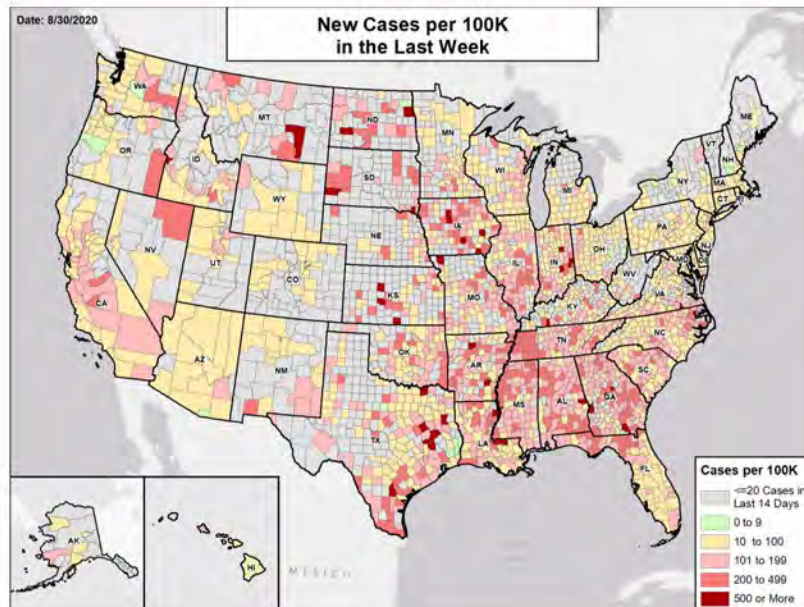
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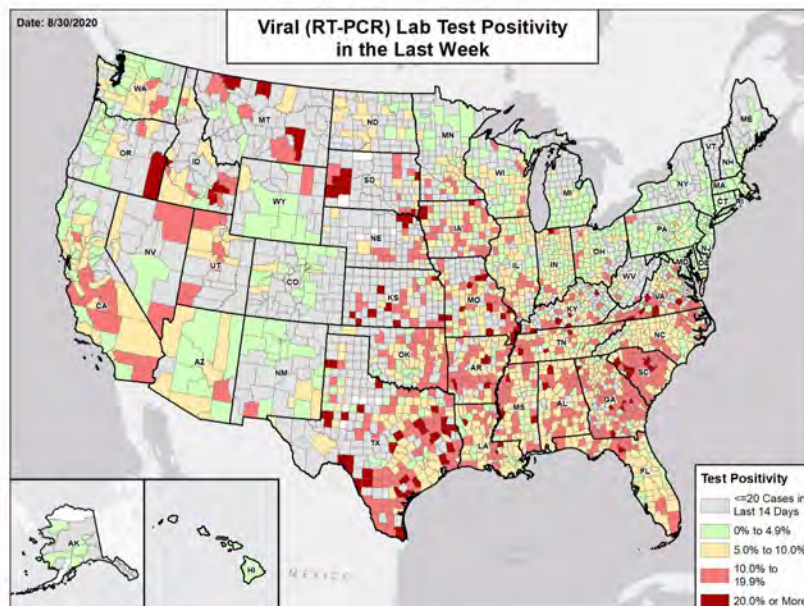


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

STATE REPORT | 08.30.2020

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
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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, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-0.5%	-0.5%-0.5%	>0.5%

DATA NOTES

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- Cases and deaths:** County-level data from USAFacts as of 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
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- Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



NORTH CAROLINA

STATE REPORT | 08.30.2020

SUMMARY

- North Carolina is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, with the 20th highest rate in the country. North Carolina is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 24th highest rate in the country.
- North Carolina has seen stability in new cases and stability in test positivity over the last week, but notable increases in Wake, Pitt, Orange, and Rowan counties.
- School and college re-openings have sparked local outbreaks and will require intensified focus of efforts.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Mecklenburg County, 2. Wake County, and 3. Pitt County. These counties represent 23.9% of new cases in North Carolina.
- 77% of all counties in North Carolina have ongoing community transmission (yellow or red zone), with 17% having high levels of community transmission (red zone).
- 2.8% of nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- North Carolina had 101 new cases per 100,000 population in the last week, compared to a national average of 88 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; 1 to support epidemiology activities from ASPR; 1 to support epidemiology activities from CDC; 7 to support operations activities from USCG; 1 to support medical activities from VA; and 7 to support operations activities from VA.
- Between Aug 22 - Aug 28, on average, 136 patients with confirmed COVID-19 and 317 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in North Carolina. An average of 92% 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

- As schools, colleges and universities reopen, conduct outreach to surrounding gyms, restaurants, and bars regarding enforcement of masking and limitations on occupancy.
- Use data to encourage local ordinances in college communities and enforce social distancing and mask mandates for off-campus gatherings using warnings and fines.
- Continue efforts with university researchers to study non-compliance and develop targeted messaging.
- 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 in school and on campuses.
- Work closely with university leadership, Greek organizations, sports teams, student-run news organizations, and student body leaders to establish appropriate behavior during COVID-19 and repercussions if students do not comply.
- Continue to expand testing capacity and promote frequent retesting among students, regardless of symptoms; anticipate and plan for use of point-of-care antigen testing to expand capacity when widely available.
- 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; utilize pooled testing to expand capacity and reduce turnaround times. Distinctions between surveillance and diagnostic testing should be maintained.
- Expand testing support to Historically Black Colleges and Universities to ensure adequate testing capacity.
- Continue to promote local data on case rates, test positivity and test turnaround time on state dashboard; consider adding college and university data as well.
- 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.
- Continue to 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.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students to residents through staff.
- Ensure immediate infection control surveys in the 12 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.



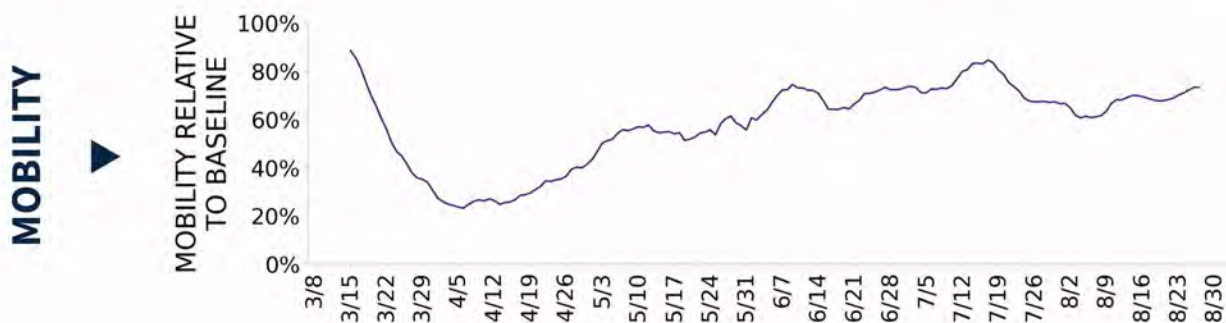
COVID-19



NORTH CAROLINA

STATE REPORT | 08.30.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	10,583 (101)	+8.7%	82,967 (124)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.2%	-0.3%*	8.5%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	167,222** (1,594)	+9.1%**	921,457** (1,377)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	158 (2)	-13.2%	2,144 (3)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	16.5% (24.5%)	-0.7%* (-1.8%*)	22.2% (32.8%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7.5%	+2.0%*	9.8%	5.0%



* 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 – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.**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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



NORTH CAROLINA

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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

Greenville
Rocky Mount
Lumberton
Pinehurst-Southern Pines
Elizabeth City
Rockingham

28

Charlotte-Concord-Gastonia
Raleigh-Cary
Durham-Chapel Hill
Greensboro-High Point
Winston-Salem
Fayetteville
Hickory-Lenoir-Morganton
Burlington
Shelby
Albemarle
Jacksonville
Goldsboro

**COUNTY
LAST WEEK**

17

Pitt
Robeson
Nash
Edgecombe
Moore
Montgomery
Columbus
Hertford
Halifax
Richmond
Hoke
Bertie

60

Mecklenburg
Wake
Guilford
Cumberland
Forsyth
Orange
Union
Gaston
Alamance
Rowan
Cabarrus
Johnston

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

All Red Counties: Pitt, Robeson, Nash, Edgecombe, Moore, Montgomery, Columbus, Hertford, Halifax, Richmond, Hoke, Bertie, Polk, Hyde, Perquimans, Gates, Pamlico

All Yellow Counties: Mecklenburg, Wake, Guilford, Cumberland, Forsyth, Orange, Union, Gaston, Alamance, Rowan, Cabarrus, Johnston, Iredell, Catawba, New Hanover, Cleveland, Stanly, Onslow, Davidson, Wayne, Harnett, Granville, Scotland, Lincoln, Wilson, Randolph, Wilkes, Surry, Rockingham, Rutherford, Lenoir, Burke, Franklin, Beaufort, Chatham, Lee, Pasquotank, Carteret, Sampson, Vance, Cherokee, Anson, Transylvania, Person, McDowell, Alexander, Yadkin, Bladen, Martin, Macon, Greene, Davie, Chowan, Northampton, Caswell, Washington, Avery, Ashe, Alleghany, Camden

* 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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

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

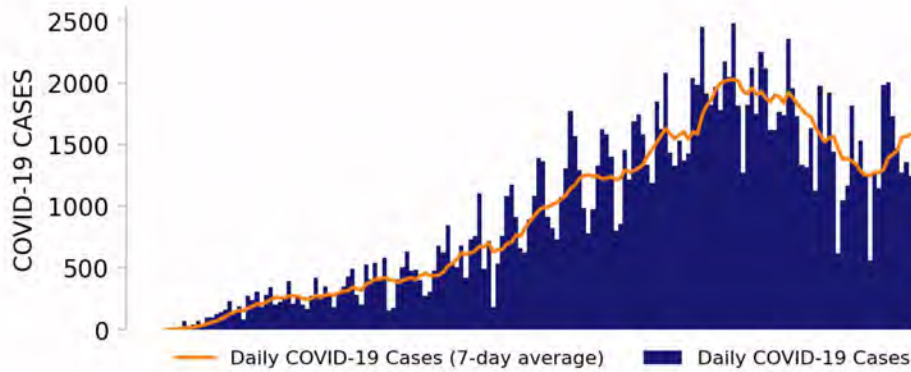
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing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

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NEW CASES

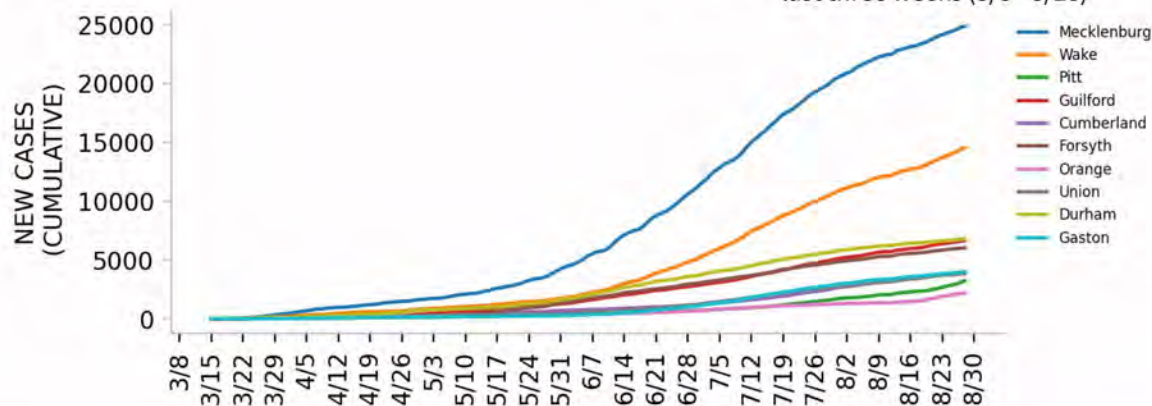


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

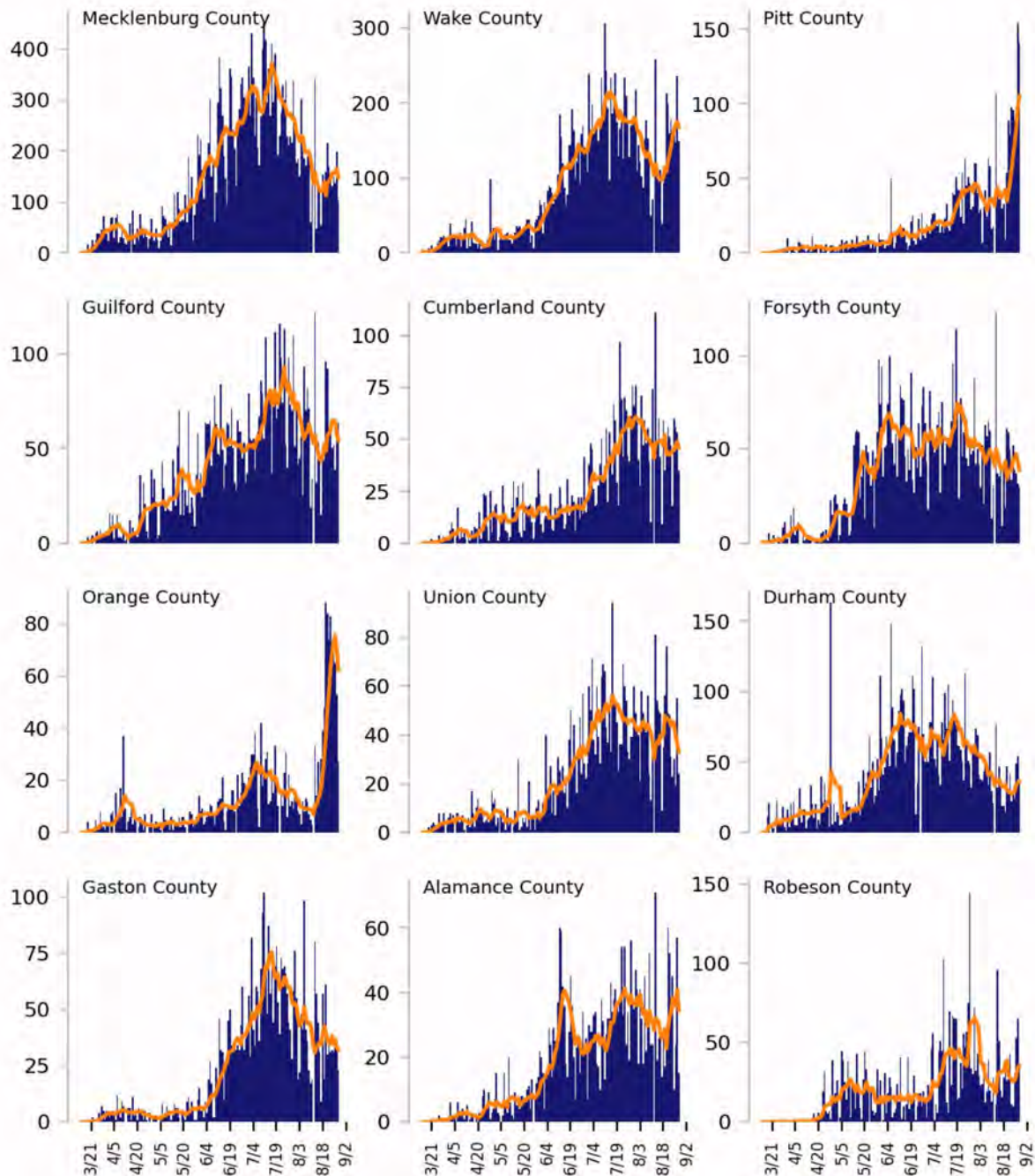
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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 – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

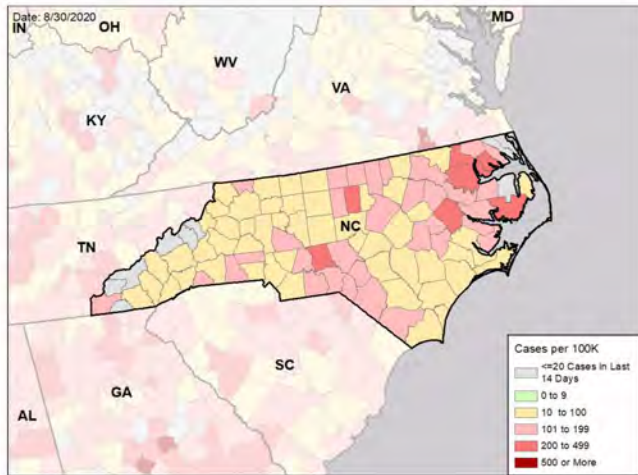


NORTH CAROLINA

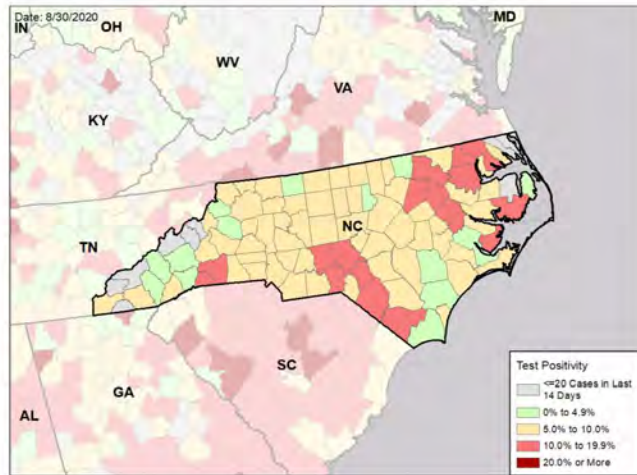
STATE REPORT | 08.30.2020

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

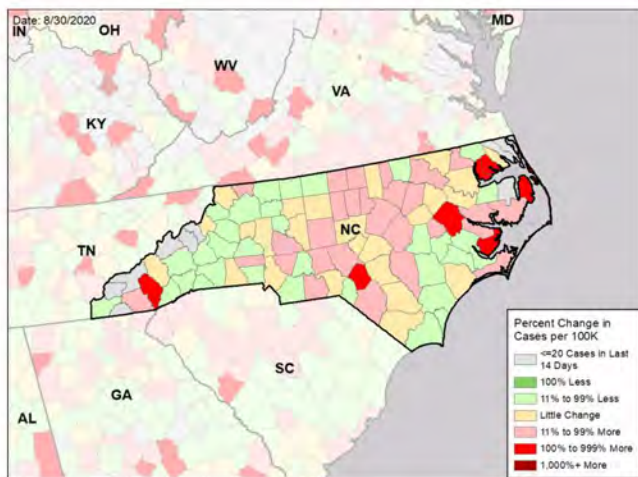
NEW CASES PER 100,000 DURING LAST WEEK



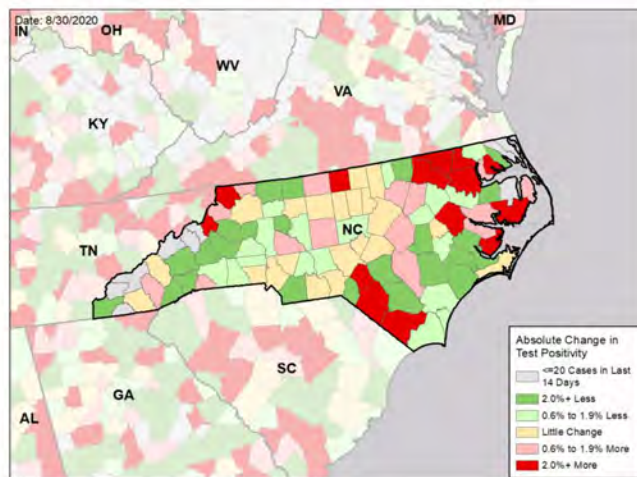
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

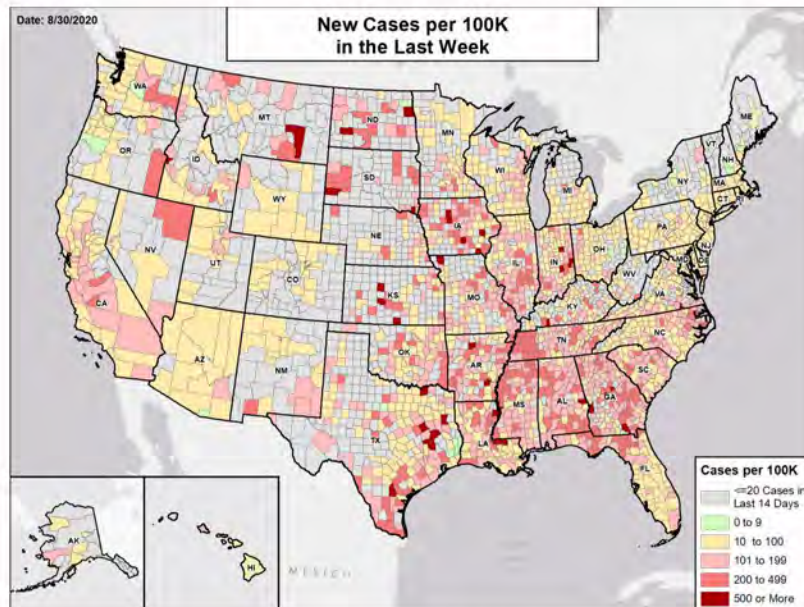
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

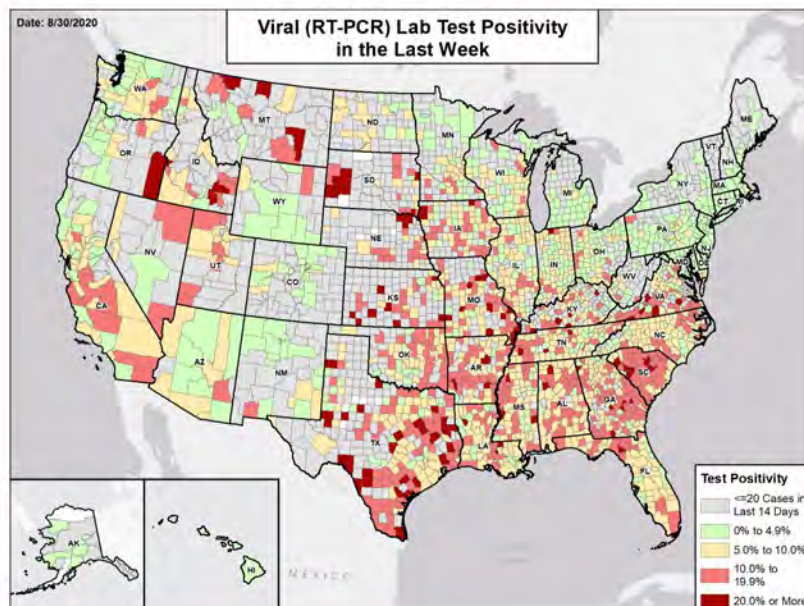


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

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

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



NORTH DAKOTA

STATE REPORT | 08.30.2020

SUMMARY

- North Dakota 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. North Dakota is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 27th highest rate in the country.
- North Dakota has seen a sharp continued 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 last 3 weeks: 1. Burleigh County, 2. Grand Forks County, and 3. Cass County. These counties represent 49.3% of new cases in North Dakota. Cases also continued to increase in multiple other counties throughout the state, especially along the I-94 corridor.
- More than 300 students at University of North Dakota have self-reported COVID illness according to the university dashboard (Grand Forks County); more than 50 students at North Dakota State University have self-reported COVID (Cass County).
- 25% of all counties in North Dakota have ongoing community transmission (yellow or red zone), with 2% having high levels of community transmission (red zone).
- No nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- North Dakota had 215 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 6 to support epidemiology activities from CDC.
- Between Aug 22 - Aug 28, on average, 6 patients with confirmed COVID-19 and 7 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in North Dakota. An average of 80% 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

- Adjust state coronavirus risk level for highly affected counties to reflect persistently high and increasing reported cases. Support local authorities to ensure that limitations under increased risk level are complied with, especially in restaurants and bars.
- For institutes of higher education (IHE):
 - Ensure both diagnostic and surveillance testing are rapid and comprehensive at all institutions with students on campus.
 - Ensure all universities can fully test, isolate, and conduct contact tracing among students and staff in collaboration with local public health authorities.
 - Ensure university students with or exposed to COVID-19 have access to quarantine and care sites on or near campus and are not returned home to multigenerational households where additional transmission could occur.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and universities, for their students and to support the community surrounding their universities.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students.
- Support local authorities in outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy, as well as other limitations on student patronage; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus events.
- Support a uniform case-reporting process for IHE and reporting of this data on public-facing dashboards. Publish IHE screening as well as outbreak data on the state dashboard.
- Continue to strongly encourage masking statewide (#MaskUpND campaign); support masking mandates in highly affected counties and 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.
- 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.



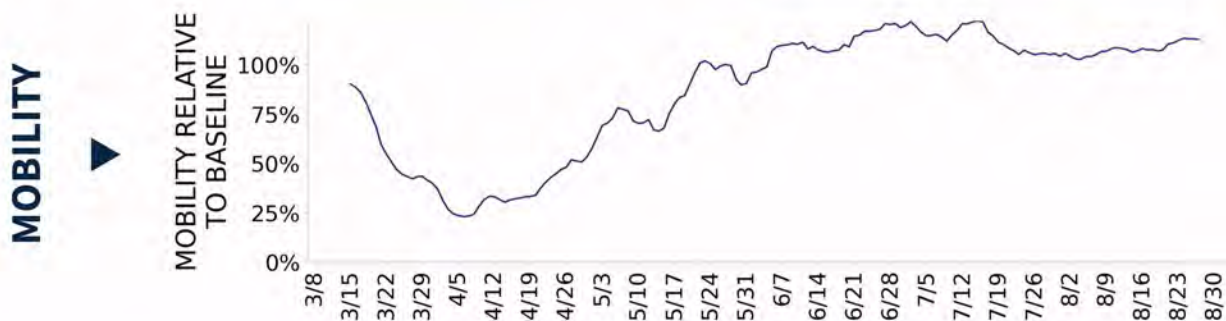
COVID-19



NORTH DAKOTA

STATE REPORT | 08.30.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	1,640 (215)	+42.9%	9,031 (74)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.3%	+1.4%*	5.8%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	37,291** (4,893)	+2.7%**	178,984** (1,460)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	7 (1)	-36.4%	78 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	9.3% (21.3%)	-4.8%* (-1.7%*)	3.9% (10.1%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1.3%	+1.3%*	1.1%	5.0%



* 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 – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



NORTH DAKOTA

STATE REPORT | 08.30.2020

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

5

Bismarck
Grand Forks
Dickinson
Minot
Williston

**COUNTY
LAST WEEK**

1

Golden Valley

12

Burleigh
Grand Forks
Stark
Morton
Ward
Williams
McLean
Benson
Sioux
Barnes
McKenzie
Dunn

* 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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

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

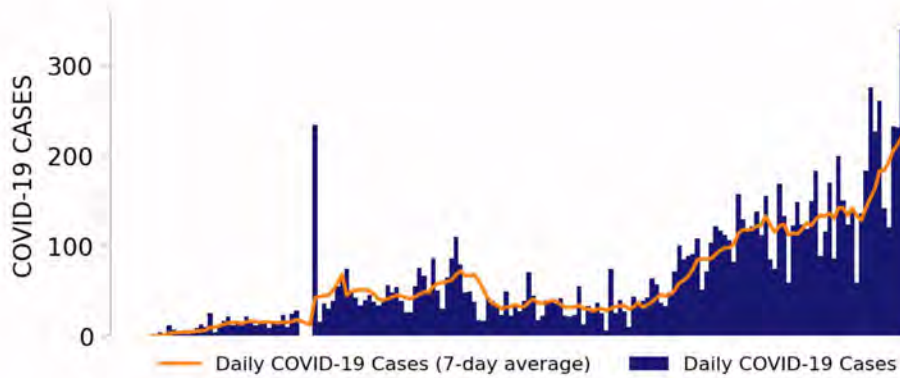
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- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
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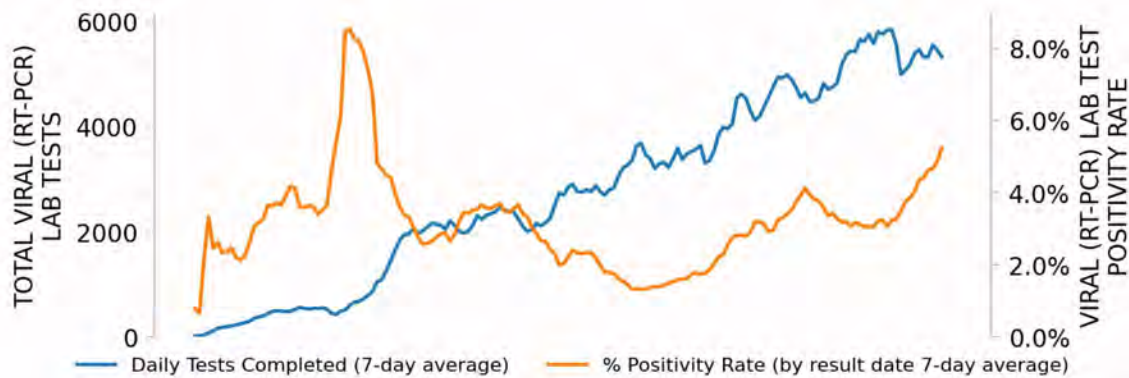
NORTH DAKOTA

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NEW CASES

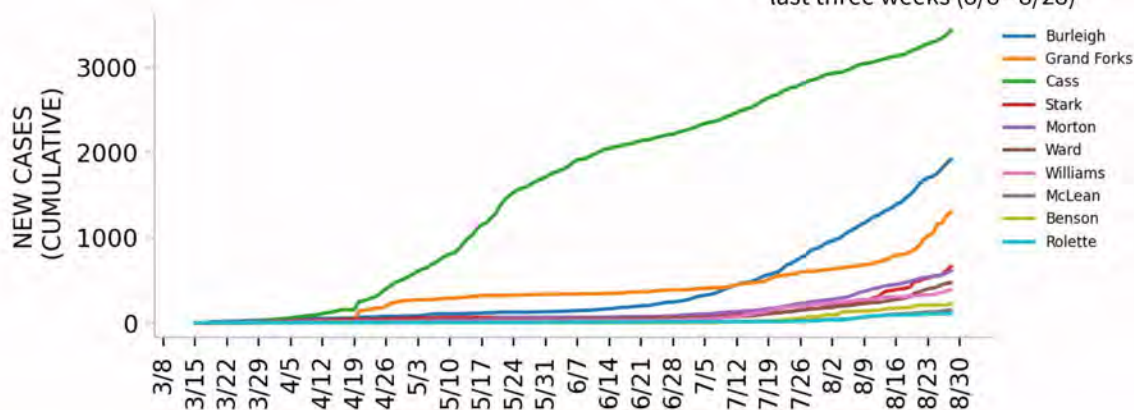


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

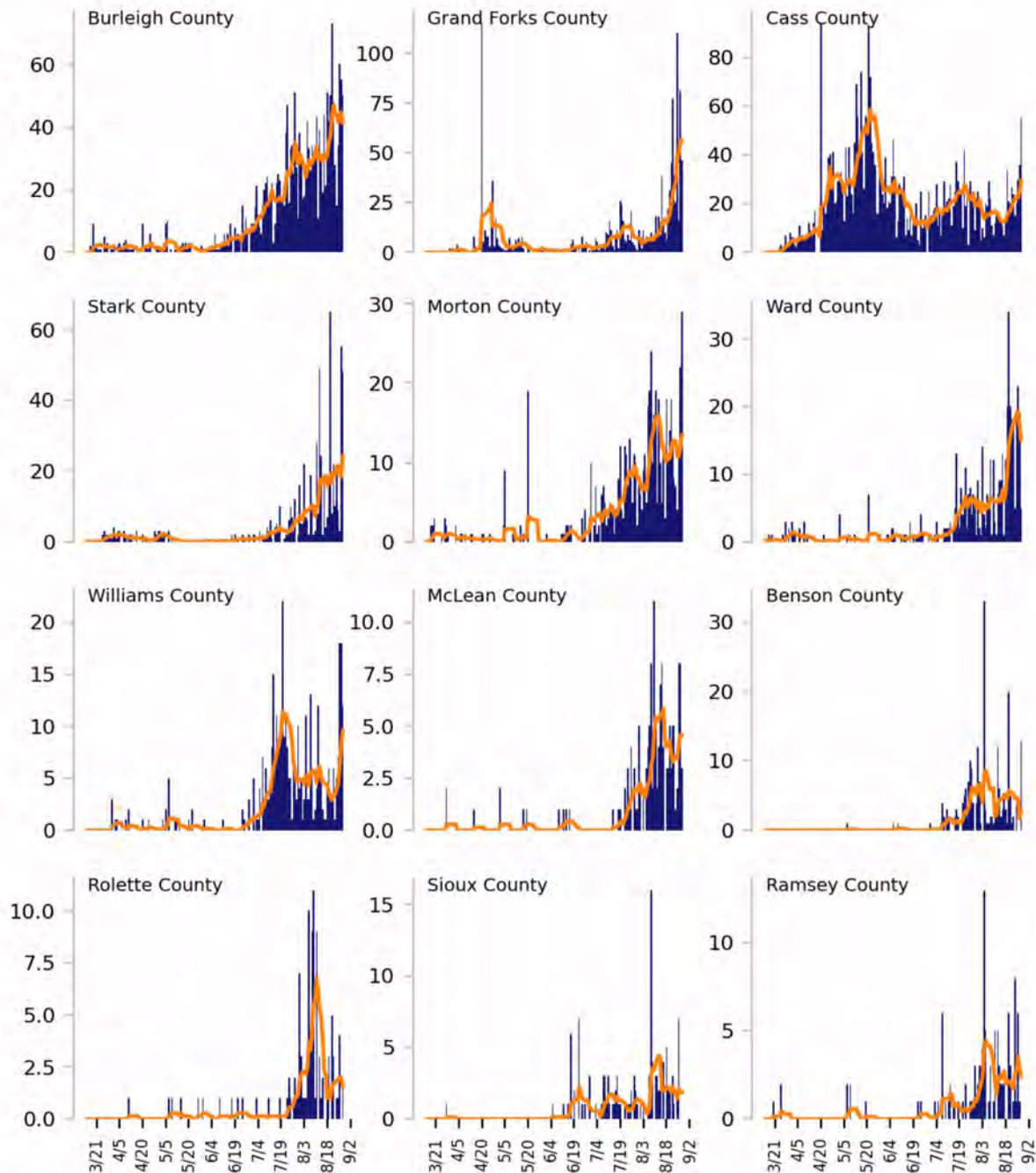
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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 – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

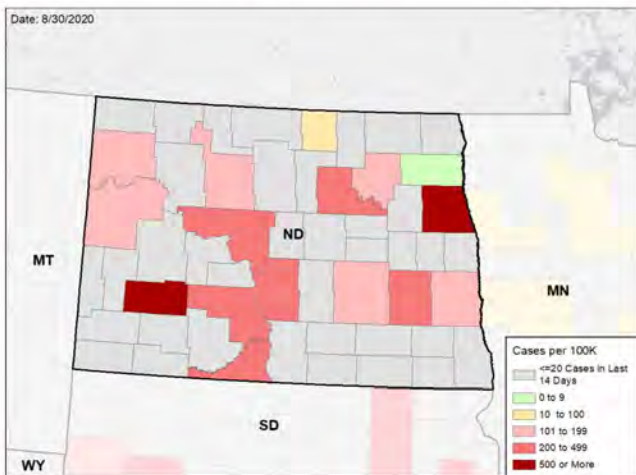


NORTH DAKOTA

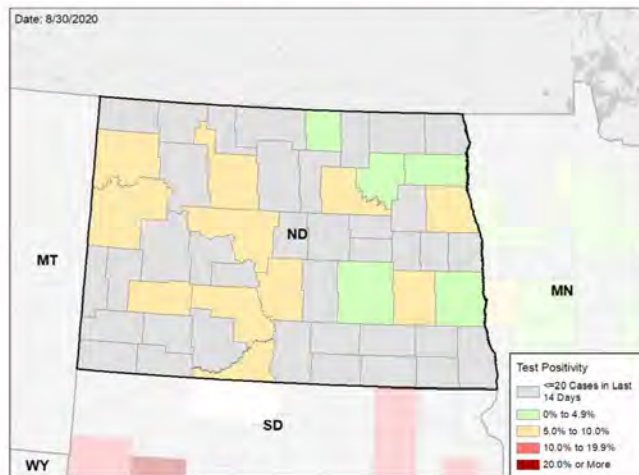
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

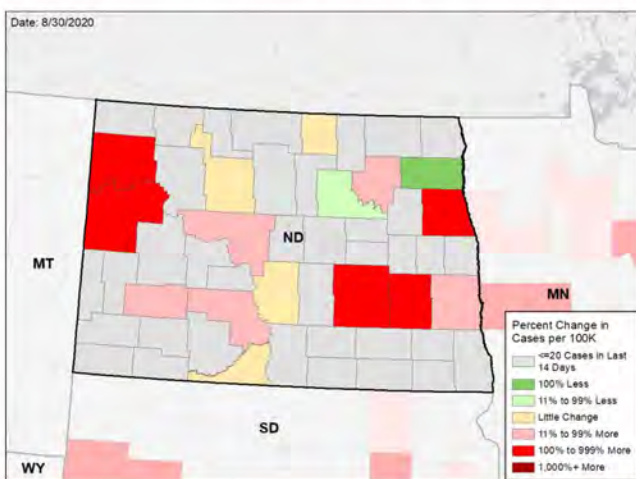
NEW CASES PER 100,000 DURING LAST WEEK



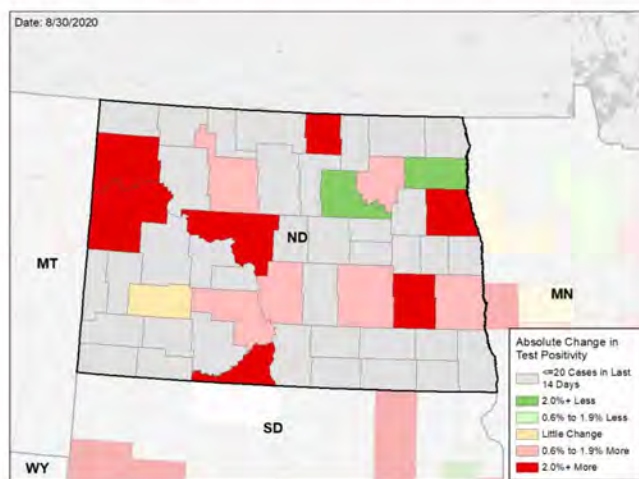
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

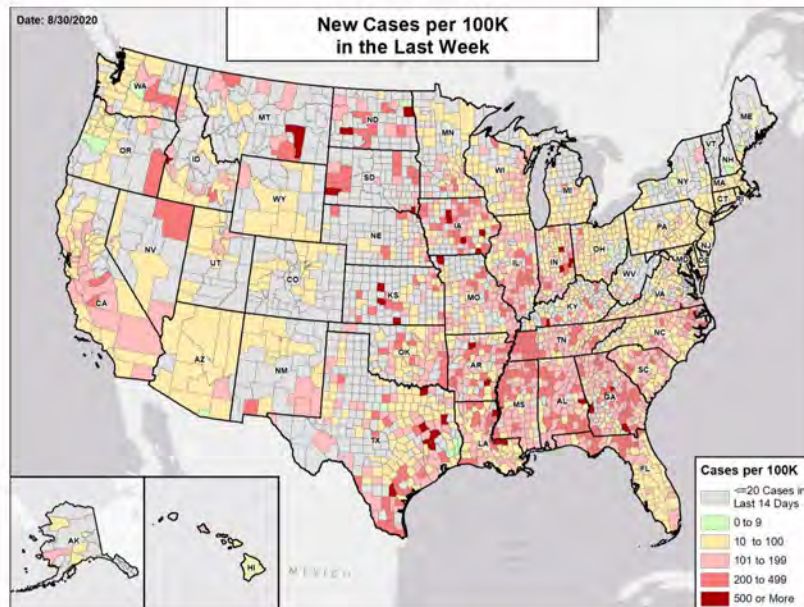
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

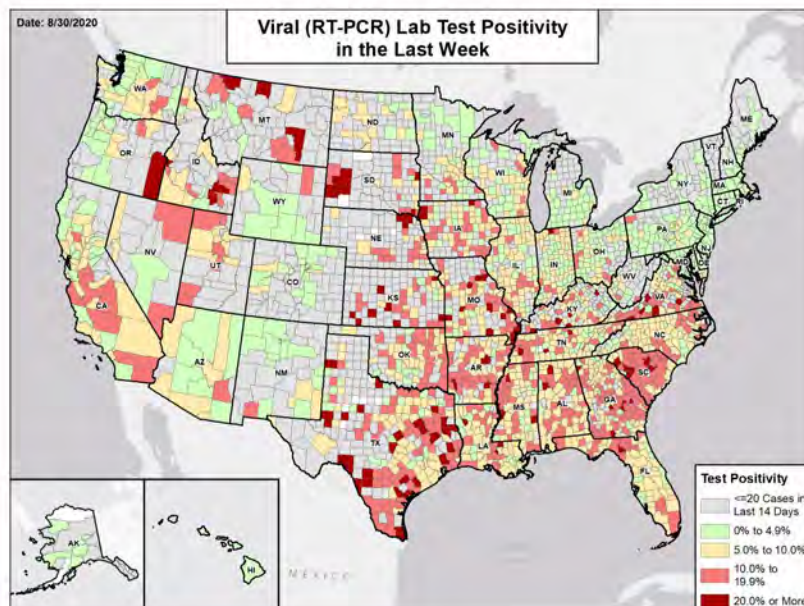


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

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

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



OHIO

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SUMMARY

- Ohio is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 34th highest rate in the country. Ohio is in the green zone for test positivity, indicating a rate below 5%, with the 31st highest rate in the country.
- Ohio has seen a decline in hospitalizations and ICU bed admissions.
- Ohio has seen stability in new cases and stability in test positivity over the last week. Ohio has made excellent progress over the past month and this needs to continue as universities and schools open. Very recent upticks in cases, especially the increases in Butler, Montgomery, Stark, Warren, and Allen counties, need to be aggressively addressed.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Franklin County, 2. Cuyahoga County, and 3. Hamilton County. These counties represent 32.2% of new cases in Ohio.
- 31% of all counties in Ohio have ongoing community transmission (yellow or red zone), with 6% having high levels of community transmission (red zone).
- Around 8% of nursing homes had at least one new case among residents in the last week and only 0.4% of nursing homes are reporting 3 or more new COVID-19 cases among residents per week over the last 3 weeks. Ohio is doing a good job protecting those most vulnerable to this virus in nursing homes.
- Ohio had 61 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 11 to support operations activities from FEMA and 4 to support operations activities from USCG.
- Between Aug 22 - Aug 28, on average, 94 patients with confirmed COVID-19 and 410 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Ohio. An average of 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.*

RECOMMENDATIONS

- Continue the statewide mask mandate.
- Ensure both diagnostic and surveillance testing are rapid and comprehensive at all universities with students on campus.
- Expand testing support to Historically Black Colleges and Universities that may have limited testing capacity.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and universities and to support testing in communities surrounding universities.
- University students should have quarantine and care sites on campus or near campus and not be returned home to multigenerational households, where additional transmission could occur.
- Ensure all universities can fully test, isolate, and contact trace.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students to residents through staff.
- Continue protecting 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. Ensure social distancing and universal facemask use.
- Close establishments where social distancing and mask use cannot occur, such as bars, nightclubs, and entertainment venues in developing hotspots to prevent community spread.
- Ask citizens to limit social gatherings to 10 or fewer people and ensure proactive communication about risks of gatherings over Labor Day.
- Encourage individuals that have participated in any large social gatherings to get tested.
- Increase messaging of the risk of serious disease for individuals 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, ensuring all asymptomatic cases are identified. Those returning from vacationing should self-isolate from vulnerable family members or use indoor masks and socially distance.
- Work with local communities to implement and provide clear guidance for households that test positive, including on individual isolation and quarantining procedures.
- 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.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as ER visits and hospital 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.



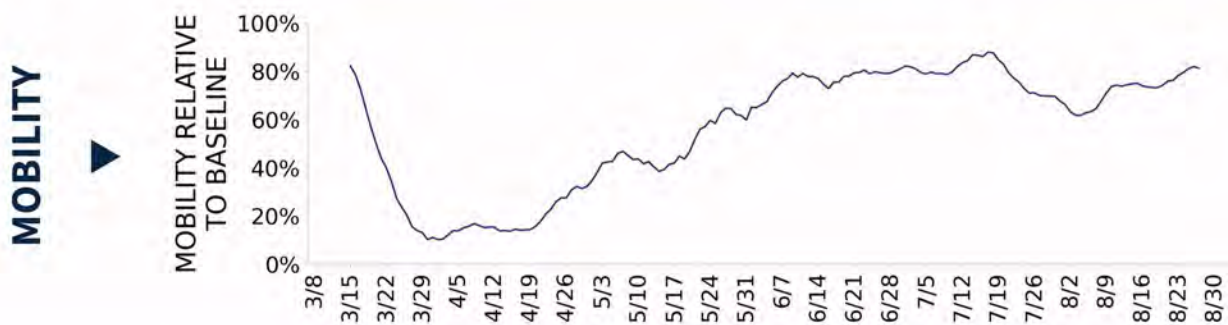
COVID-19



OHIO

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	7,079 (61)	+9.1%	46,258 (88)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.1%	-0.4%*	5.0%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	162,532** (1,390)	+2.3%**	1,040,478** (1,980)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	150 (1)	-12.3%	759 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	7.8% (15.7%)	-1.0%* (-1.7%*)	7.5% (16.8%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3.5%	+0.5%*	3.3%	5.0%



* 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 – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19. Public Health Laboratory data is inclusive of all updates processed through 8/28.**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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



OHIO

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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

Greenville
Sidney
Jackson

11

Toledo
Akron
Canton-Massillon
Chillicothe
Wooster
Salem
Findlay
Portsmouth
Urbana
Point Pleasant
DefianceCOUNTY
LAST WEEK

5

Darke
Shelby
Henry
Jackson
Gallia

22

Lucas
Summit
Stark
Delaware
Greene
Wood
Ross
Miami
Wayne
Columbiana
Hancock
Lawrence

All Yellow Counties: Lucas, Summit, Stark, Delaware, Wood, Greene, Ross, Miami, Wayne, Columbiana, Hancock, Lawrence, Preble, Union, Scioto, Pickaway, Perry, Putnam, Champaign, Defiance, Hardin, Pike

* 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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/26/2020. Last week is 8/20 - 8/26. Public Health Laboratory data is inclusive of all updates processed through 8/28.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

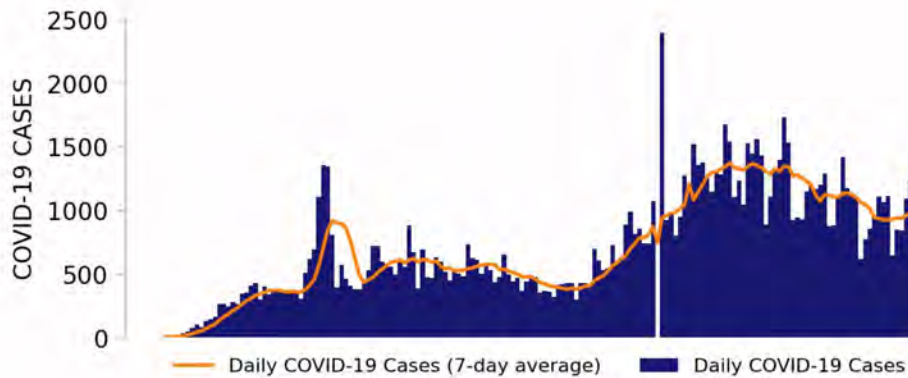
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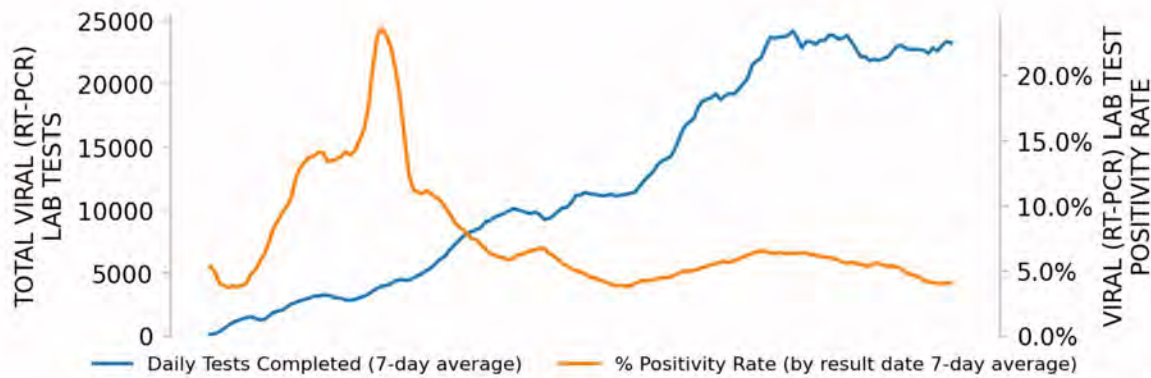
OHIO

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NEW CASES

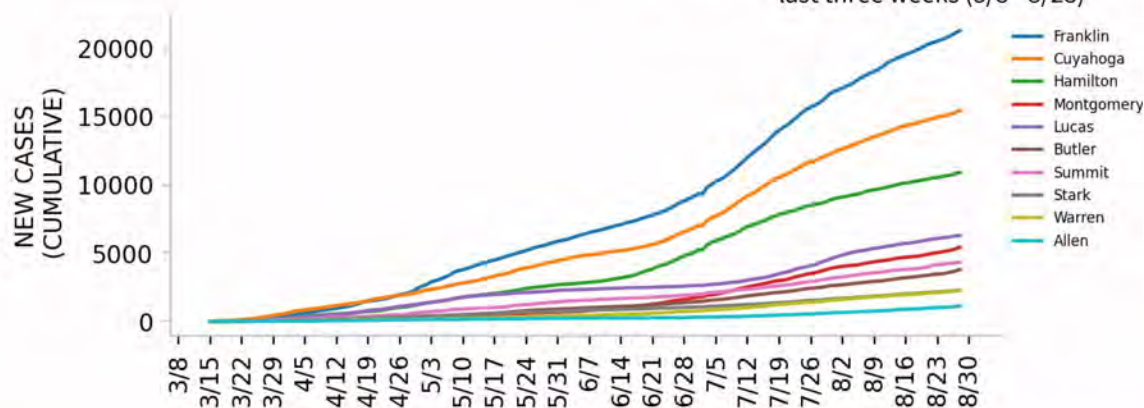


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

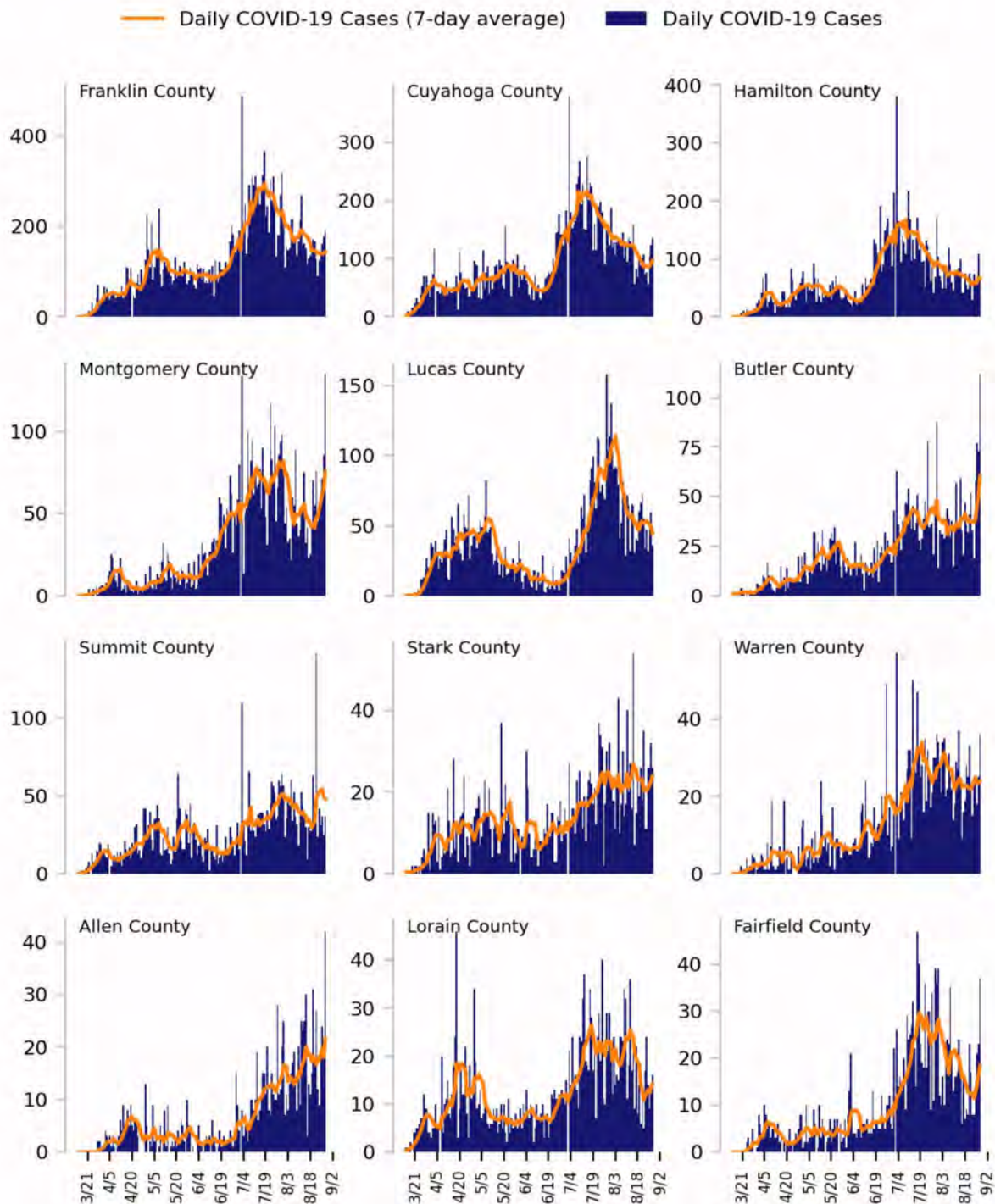
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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Public Health Laboratory data is inclusive of all updates processed through 8/28.



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

TOTAL DAILY CASES



DATA SOURCES – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

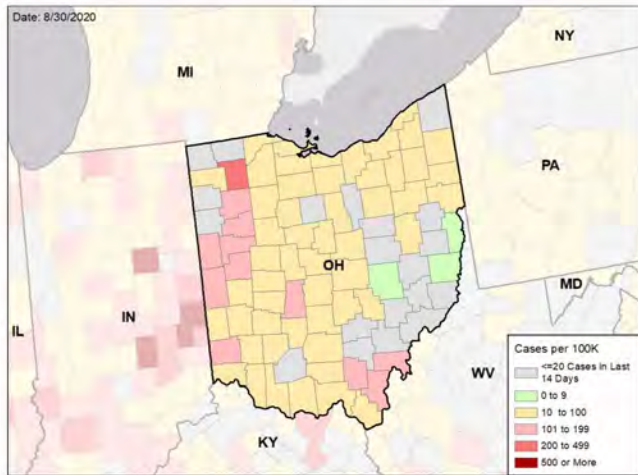


OHIO

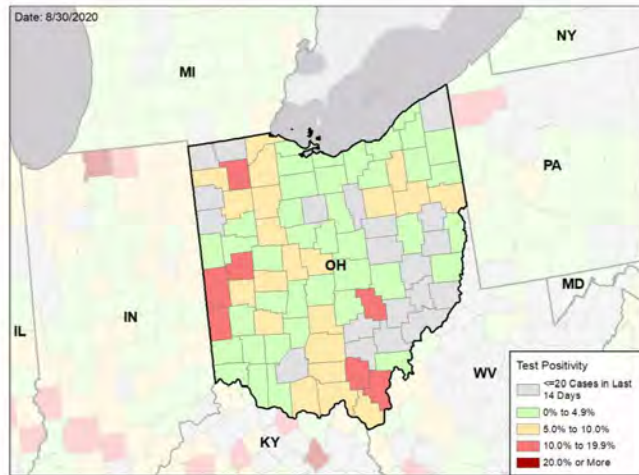
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

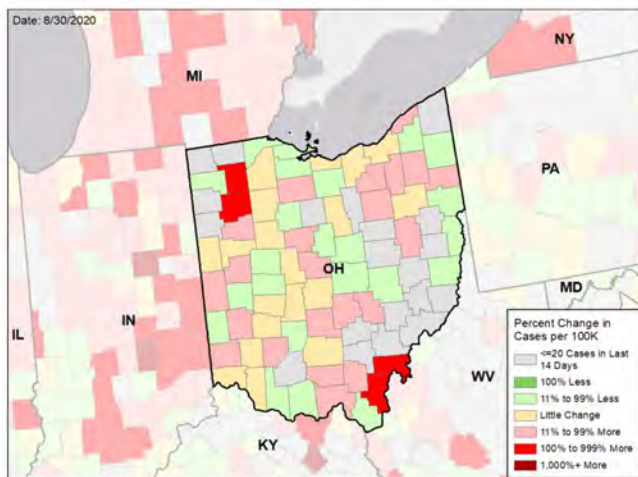
NEW CASES PER 100,000 DURING LAST WEEK



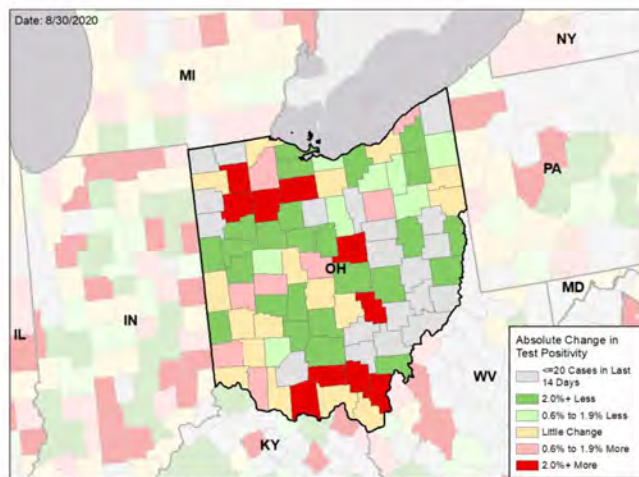
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

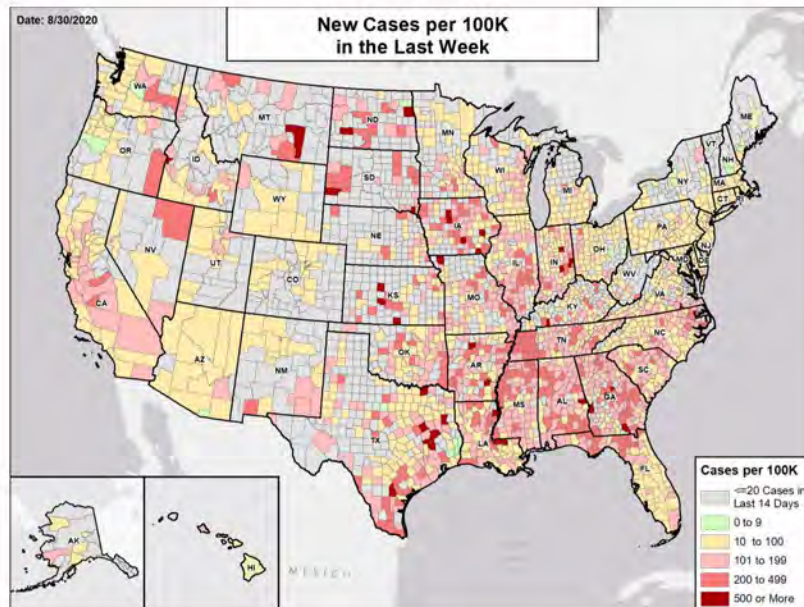
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19. Public Health Laboratory data is inclusive of all updates processed through 8/28.

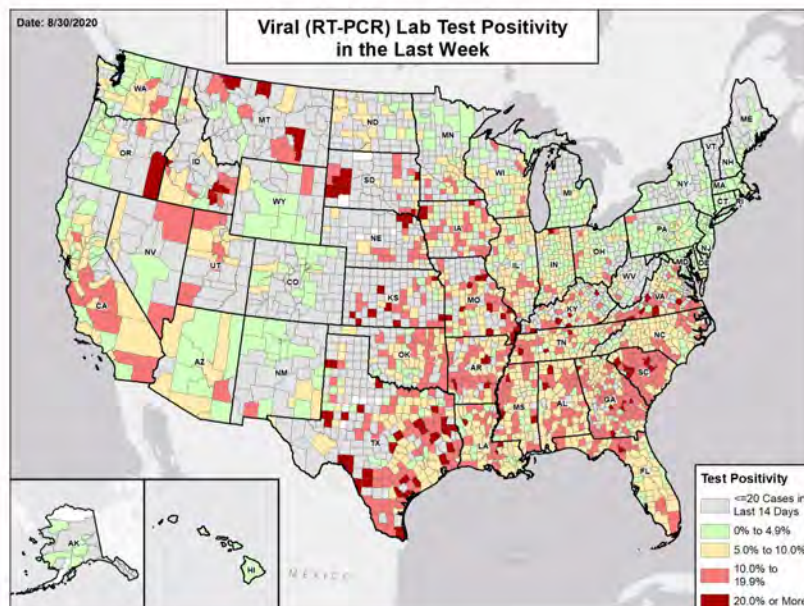


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

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

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



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SUMMARY

- Oklahoma 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. Oklahoma is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 9th highest rate in the country.
- Oklahoma 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 last 3 weeks: 1. Oklahoma County, 2. Tulsa County, and 3. Cleveland County. These counties represent 46.2% of new cases in Oklahoma.
- 60% of all counties in Oklahoma have ongoing community transmission (yellow or red zone), with 23% having high levels of community transmission (red zone).
- Less than 1% of nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- Oklahoma had 114 new cases per 100,000 population in the last week, compared to a national average of 88 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; 6 to support epidemiology activities from CDC; and 38 to support medical activities from VA.
- Between Aug 22 - Aug 28, on average, 81 patients with confirmed COVID-19 and 82 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oklahoma. An average of 79% 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

- Community transmission continues to be high in rural and urban counties across Oklahoma, with increasing transmission in the major university towns. Mask mandates across the state must be in place to decrease transmission.
- Bars must be closed, and indoor dining must be restricted to 50% in yellow zones and 25% of normal capacity in red zone counties and metro areas. Expand outdoor dining options.
- Community spread must decrease to protect vulnerable populations in nursing homes.
- University towns need a comprehensive plan that scales immediately for testing all returning students with routine surveillance testing to immediately identify new cases and outbreaks and isolate and quarantine.
 - Ensure both diagnostic and surveillance testing are rapid and comprehensive at all universities with students on campus.
 - Expand testing support to Historically Black Colleges and Universities that may have limited testing capacity.
 - Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students for their students and to support the community surrounding their universities.
 - University students with or exposed to COVID-19 should have access to quarantine and care sites on or near campus and not be returned home to multigenerational households where additional transmission could occur.
 - Ensure all universities can fully test, isolate, and contact trace.
 - Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students to residents through staff.
- 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.
- 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.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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

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



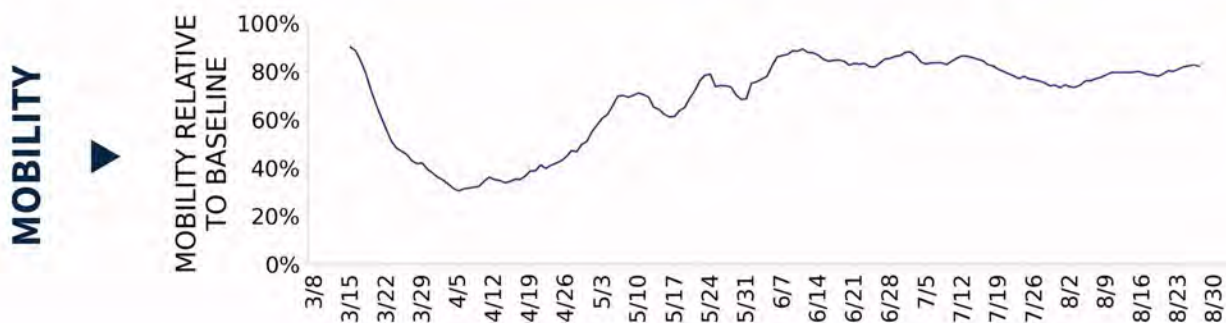
COVID-19



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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	4,514 (114)	-6.9%	46,962 (110)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.6%	-0.2%*	8.9%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	23,051** (583)	-4.1%**	328,748** (770)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	71 (2)	+0.0%	1,539 (4)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	9.7% (12.7%)	+1.3%* (-3.0%*)	16.2% (22.8%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4.9%	-0.4%*	9.1%	5.0%



* 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 – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19. Public Health Laboratory data is inclusive of all updates processed through 8/28.**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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



OKLAHOMA

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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**

8

Tulsa
Enid
Stillwater
Fort Smith
McAlester
Durant
Miami
Weatherford

10

Oklahoma City
Lawton
Shawnee
Tahlequah
Muskogee
Bartlesville
Guymon
Elk City
Duncan
Woodward

**COUNTY
LAST WEEK**

18

Tulsa
Garfield
Rogers
Payne
Le Flore
Sequoyah
Pittsburg
Bryan
McCurtain
Okmulgee
Caddo
Ottawa

28

Oklahoma
Cleveland
Comanche
Pottawatomie
Canadian
Wagoner
Cherokee
Muskogee
Osage
Creek
Washington
Lincoln

All Red Counties: Tulsa, Garfield, Rogers, Payne, Le Flore, Sequoyah, Pittsburg, Bryan, McCurtain, Okmulgee, Caddo, Ottawa, Custer, Adair, Pawnee, Choctaw, Atoka, Nowata

All Yellow Counties: Oklahoma, Cleveland, Comanche, Pottawatomie, Canadian, Wagoner, Cherokee, Muskogee, Osage, Creek, Washington, Lincoln, Kingfisher, McClain, Delaware, Haskell, Mayes, Hughes, Seminole, Texas, Beckham, McIntosh, Stephens, Woodward, Craig, Johnston, Blaine, Love

* 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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/26/2020. Last week is 8/20 - 8/26. Public Health Laboratory data is inclusive of all updates processed through 8/28.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

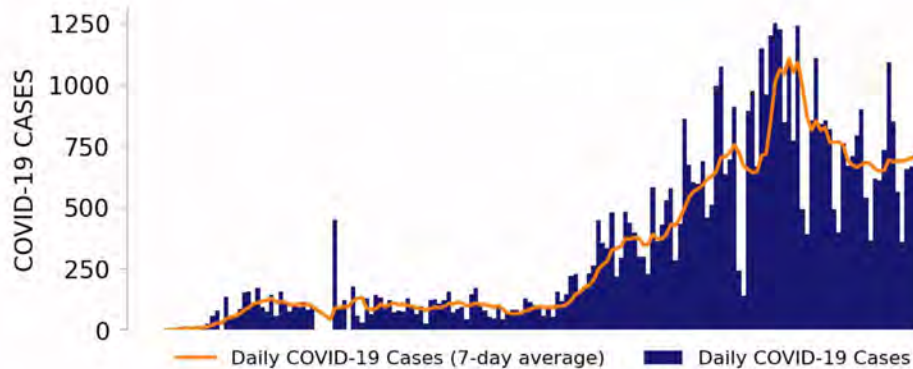
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- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device



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NEW CASES

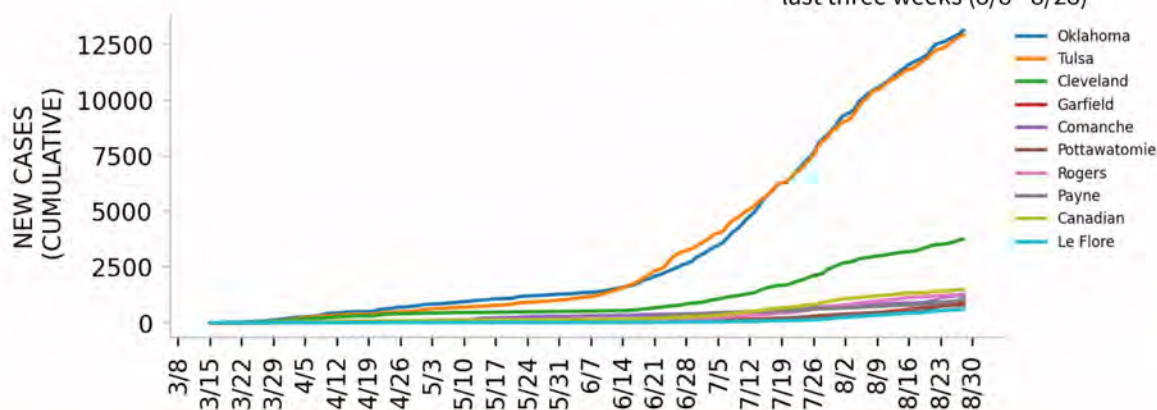


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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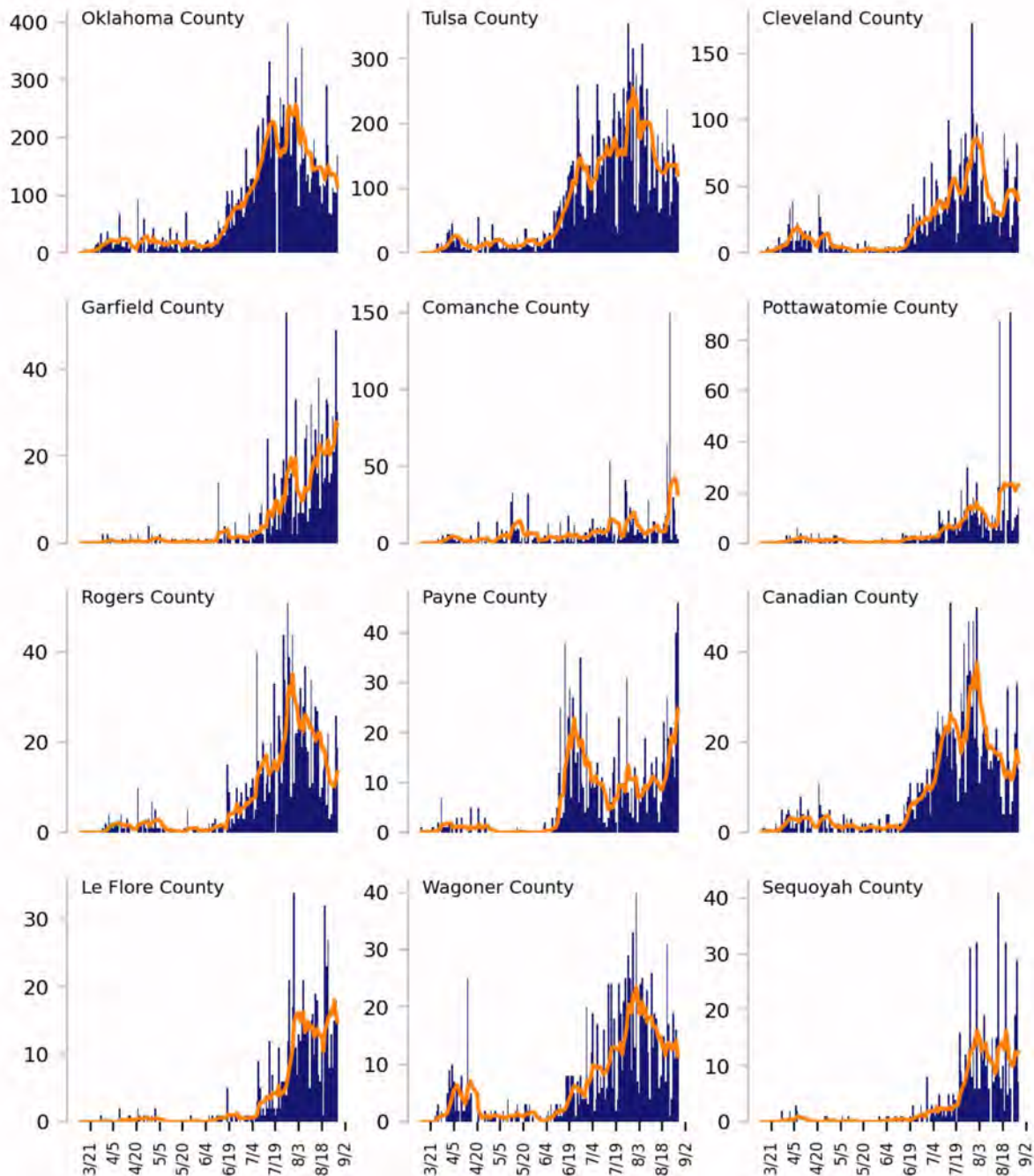
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Top 12 counties based on number of new cases in the last 3 weeks

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

TOTAL DAILY CASES



DATA SOURCES – Additional data details available under METHODS

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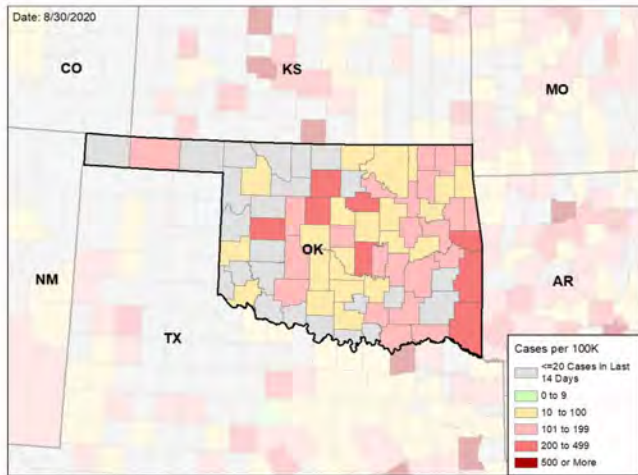


OKLAHOMA

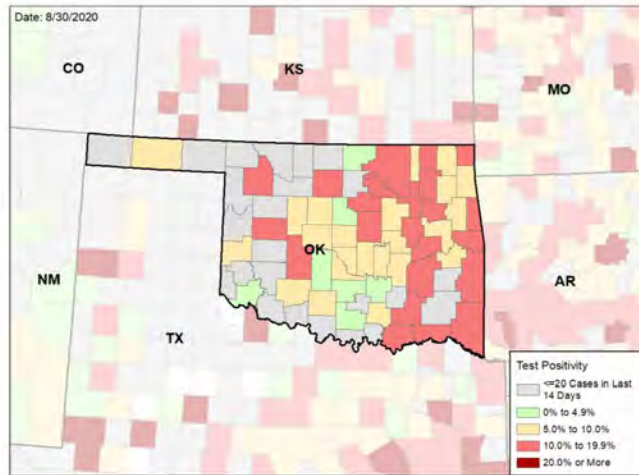
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

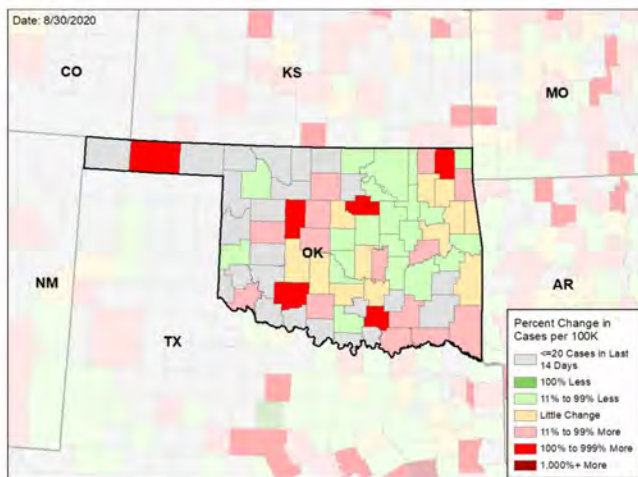
NEW CASES PER 100,000 DURING LAST WEEK



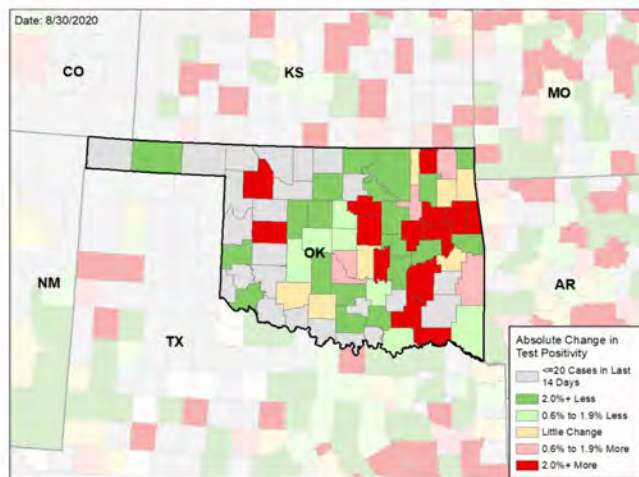
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



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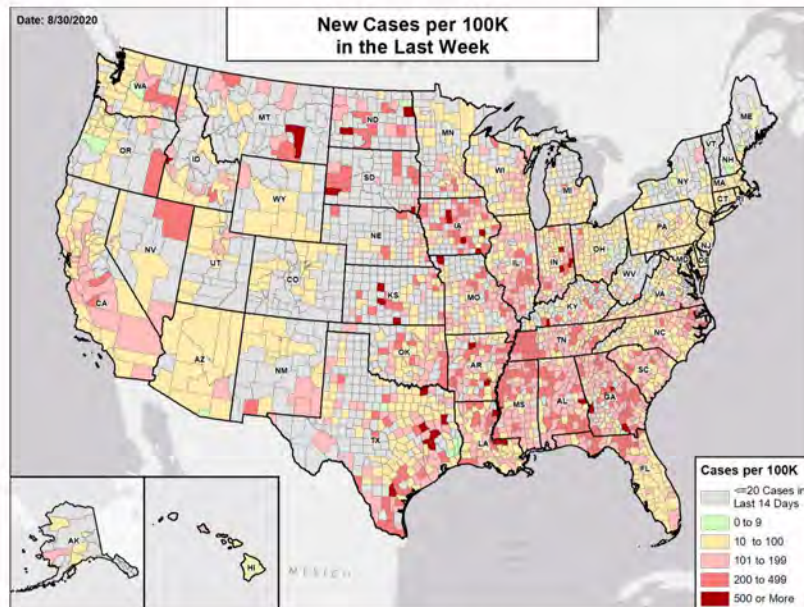
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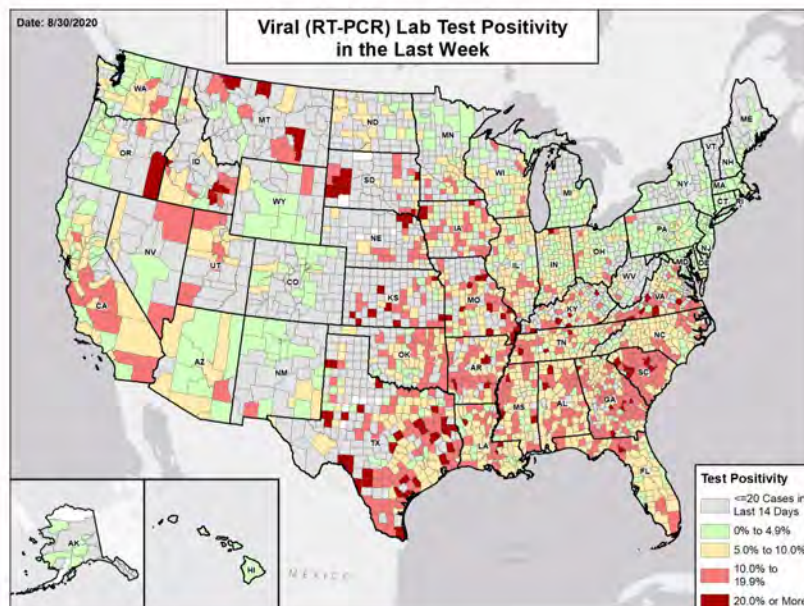


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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METHODS

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Metric	Green	Yellow	Red
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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%
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Change in SNFs with at least one resident COVID-19 case, death	<-0.5%	-0.5%-0.5%	>0.5%

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- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



OREGON

STATE REPORT | 08.30.2020

SUMMARY

- Oregon 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. Oregon is in the green zone for test positivity, indicating a rate below 5%, with the 33rd highest rate in the country.
- Oregon has seen stability in new cases and stability in test positivity over the last week, with increases seen in the greater Portland area and Ontario.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Multnomah County, 2. Marion County, and 3. Washington County. These counties represent 50.0% of new cases in Oregon.
- 19% of all counties in Oregon have ongoing community transmission (yellow or red zone), with 3% having high levels of community transmission (red zone).
- 0.8% of nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- Testing is broadly adequate, with notable exceptions in Jackson, Douglas, Polk, Klamath, and Coos counties, where testing is below 1,000 per 100,000 population.
- Oregon had 39 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 27 to support operations activities from FEMA; 5 to support operations activities from USCG; and 18 to support medical activities from VA.
- Between Aug 22 - Aug 28, on average, 9 patients with confirmed COVID-19 and 79 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oregon. An average of 81% 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

- Overall decrease in cases is encouraging and suggests impact of mitigation efforts.
- Implement recommendations for yellow and red zone localities as described below, with focus on the Hermiston-Pendleton, Ontario, Salem, and Medford metro areas; monitor and enforce requirement for face coverings in all indoor settings outside of home in these areas.
- Consider working with researchers to study non-compliance to mitigation efforts and to develop targeted messaging; 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 in school and on campuses.
- 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.
- Continue to 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). Use pooled testing and consider use of antigen testing as that becomes available. Distinctions between surveillance and diagnostic testing should be maintained.
- 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 and material support for the 10-14-day duration.
- 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.



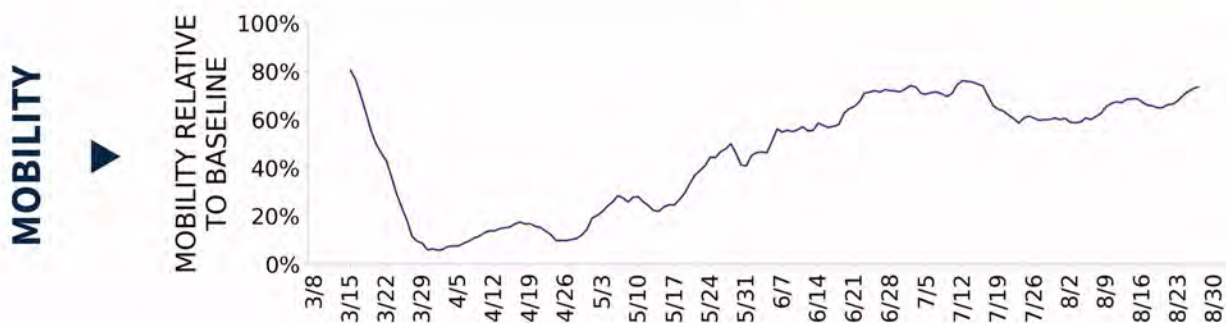
COVID-19



OREGON

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	1,637 (39)	-9.4%	8,068 (56)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.7%	-0.1%*	4.2%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	52,044** (1,234)	+4.2%**	175,802** (1,225)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	33 (1)	+13.8%	146 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	2.6% (8.6%)	-0.7%* (-2.8%*)	4.1% (10.6%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0.0%	-0.8%*	1.8%	5.0%



* 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 – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.**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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



OREGON

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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**

Ontario

3Salem
Hermiston-Pendleton
Bend**COUNTY
LAST WEEK****1**

Malheur

6Marion
Umatilla
Jefferson
Deschutes
Morrow
Baker

* 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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

Testing

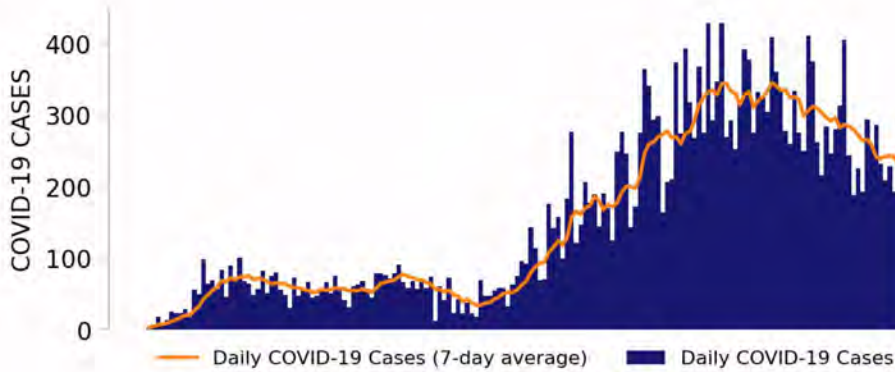
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing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



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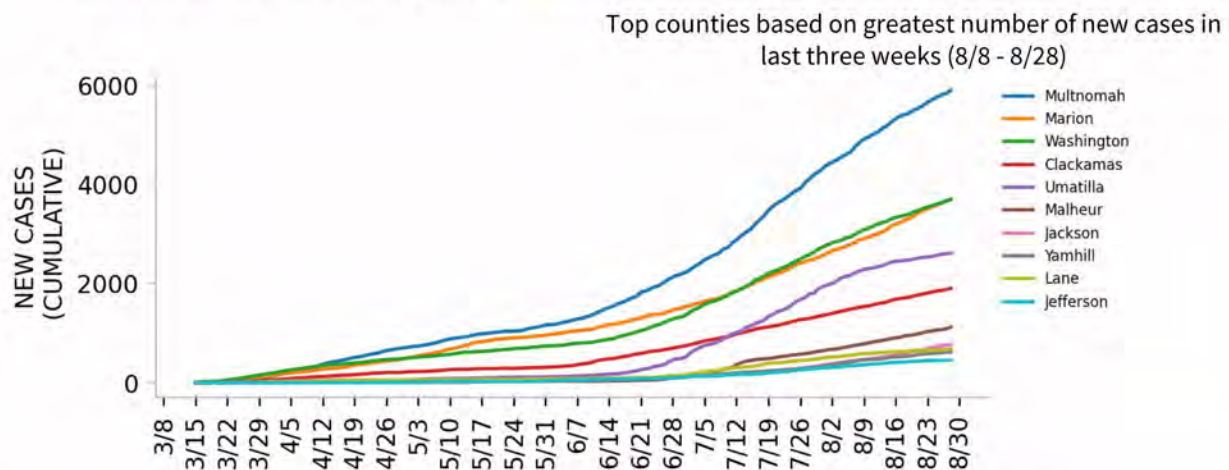
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

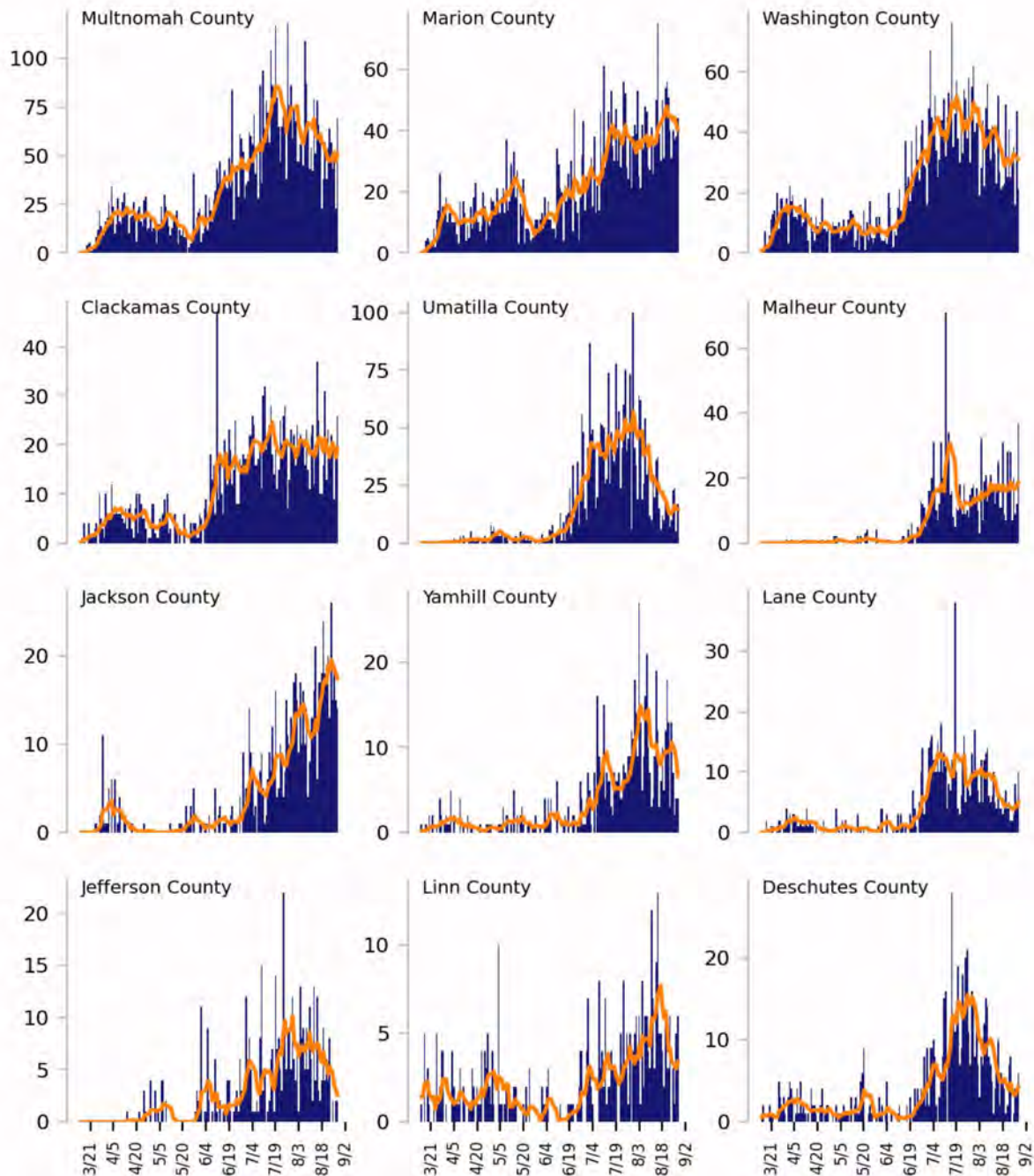
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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 – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

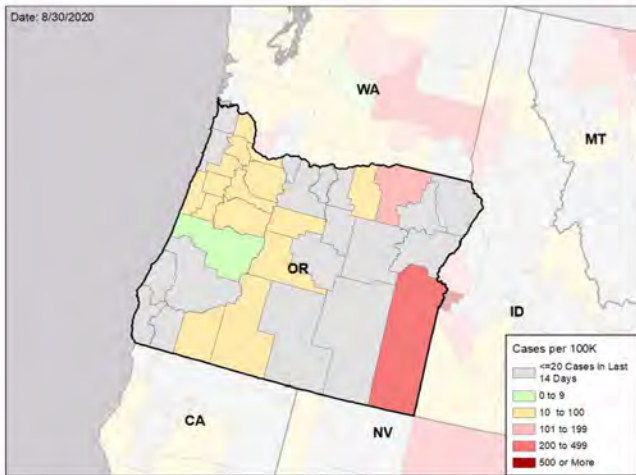


OREGON

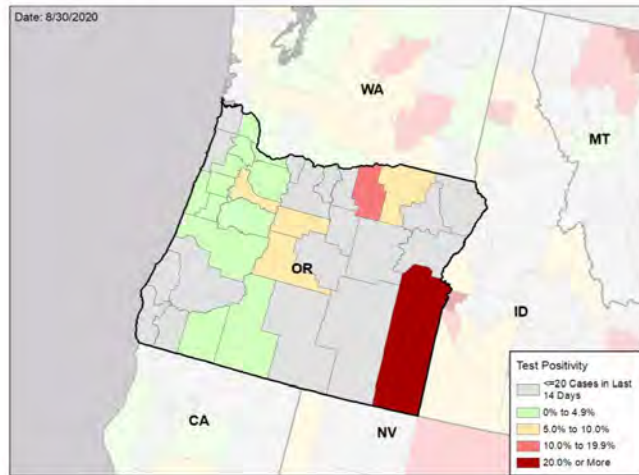
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

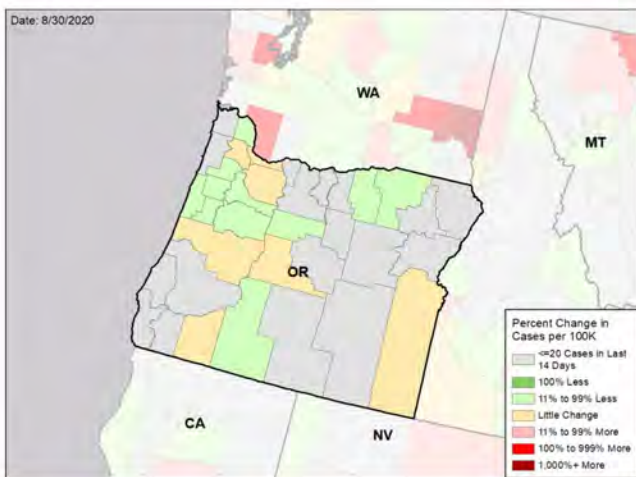
NEW CASES PER 100,000 DURING LAST WEEK



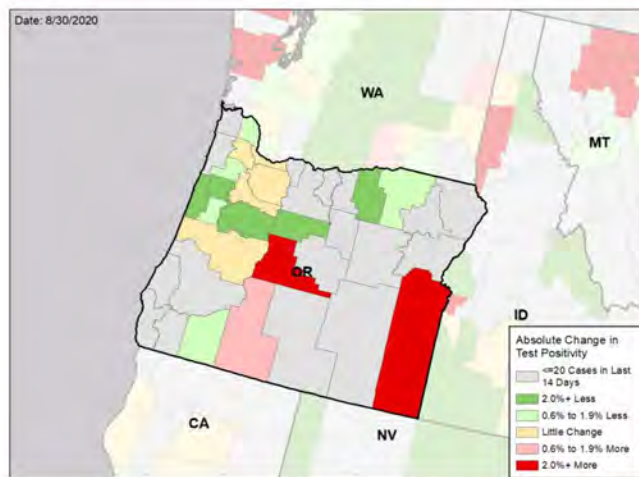
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

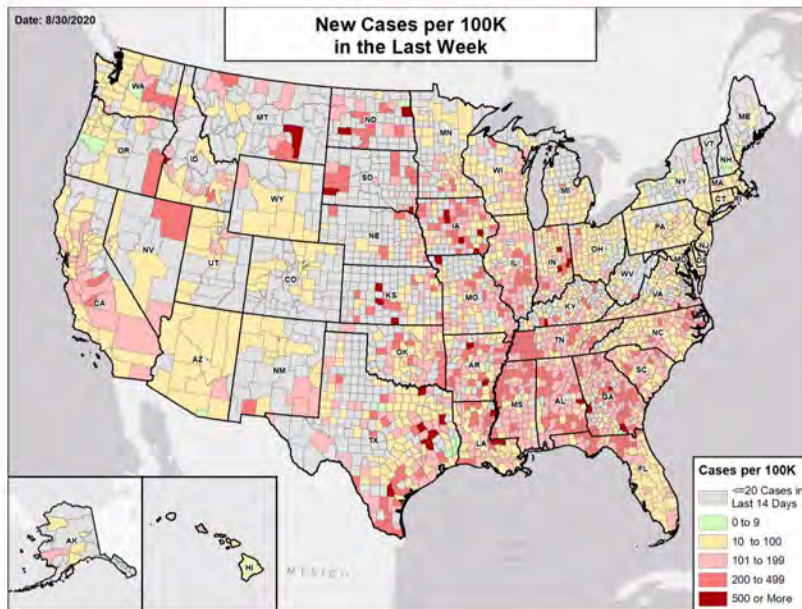
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

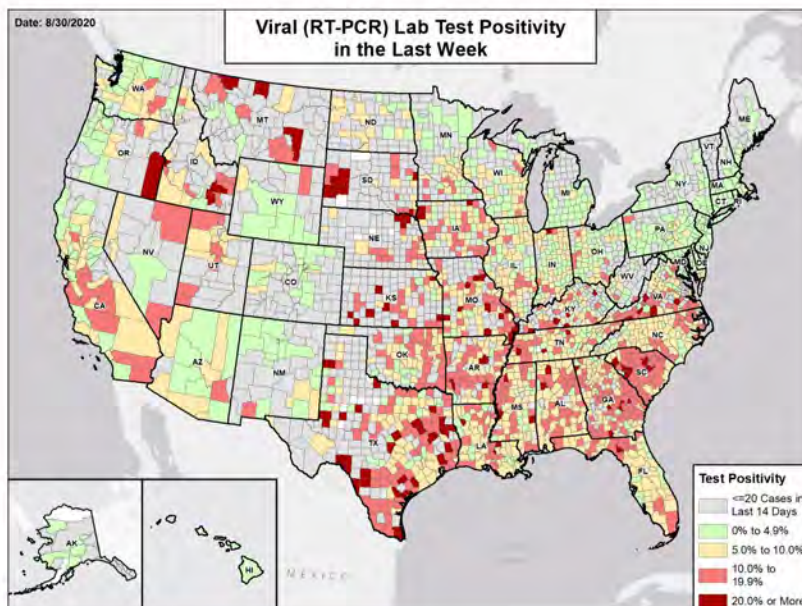


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

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

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



PENNSYLVANIA

STATE REPORT | 08.30.2020

SUMMARY

- Pennsylvania is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 45th highest rate in the country. Pennsylvania is in the green zone for test positivity, indicating a rate below 5%, with the 35th highest rate in the country.
- Pennsylvania 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 last 3 weeks: 1. Philadelphia County, 2. Allegheny County, and 3. Delaware County. These counties represent 33.1% of new cases in Pennsylvania.
- 15% of all counties in Pennsylvania have ongoing community transmission (yellow or red zone), with none having high levels of community transmission (red zone).
- 0.7% of nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- Testing is broadly adequate in larger counties, but is insufficient in many smaller cities and counties.
- Pennsylvania had 34 new cases per 100,000 population in the last week, compared to a national average of 88 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 5 to support medical activities from VA.
- Between Aug 22 - Aug 28, on average, 70 patients with confirmed COVID-19 and 335 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Pennsylvania. An average of 80% 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

- As one of the states with the highest number of colleges and universities, collaborations between these institutions and local health authorities are critically important.
- Consider working with researchers to study which groups are non-compliant with mitigation efforts and their reasons; use data to develop targeted messaging to these groups.
- Continue to ensure that all university and colleges have a plan for screening, testing and retesting students, regardless of symptoms.
- 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.
- Continue efforts to expand testing capacity in areas with low testing rates by pooling specimens; staffing and running public health labs at full machine capacity; developing community-level public-private partnerships; requiring 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 ensuring all testing platforms in clinical settings are being utilized to their full capacity. Distinctions between surveillance and diagnostic testing should be maintained.
- Enhanced surveillance by collecting relevant demographic information for all who test; use data to target interventions.
- Transmissions are increasingly driven by family, neighborhood, and student gatherings. Educate citizens, especially students, on the risk of spreading the virus to family members with underlying conditions and encourage vulnerable family members to protect themselves and all individuals that have participated in such events to get tested.
- Continue to prepare 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.
- Immediately conduct inspection surveys in the 5 long-term care facilities with 3 or more cases of COVID per week over the last 3 weeks and support for immediate corrective action.
- 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.

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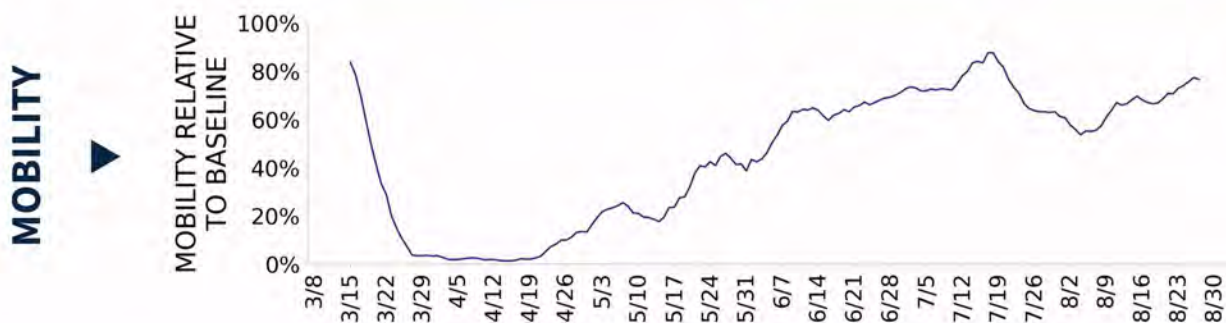
COVID-19



PENNSYLVANIA

STATE REPORT | 08.30.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	4,354 (34)	-7.0%	16,335 (53)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.4%	-0.3%*	4.8%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	163,183** (1,275)	+1.3%**	477,403** (1,547)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	95 (1)	-15.9%	298 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	7.4% (9.9%)	-0.2%* (-1.0%*)	8.2% (15.1%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3.2%	+0.6%*	3.3%	5.0%



* 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 – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



PENNSYLVANIA

STATE REPORT | 08.30.2020

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

7

York-Hanover
Harrisburg-Carlisle
Reading
Sunbury
Lewisburg
Bloomsburg-Berwick
Meadville

**COUNTY
LAST WEEK**

0

N/A

10

York
Berks
Dauphin
Beaver
Northumberland
Union
Columbia
Armstrong
Crawford
Perry

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

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

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

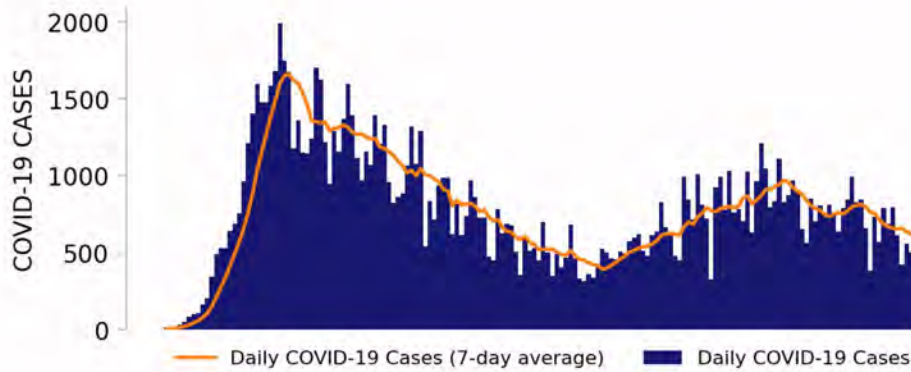
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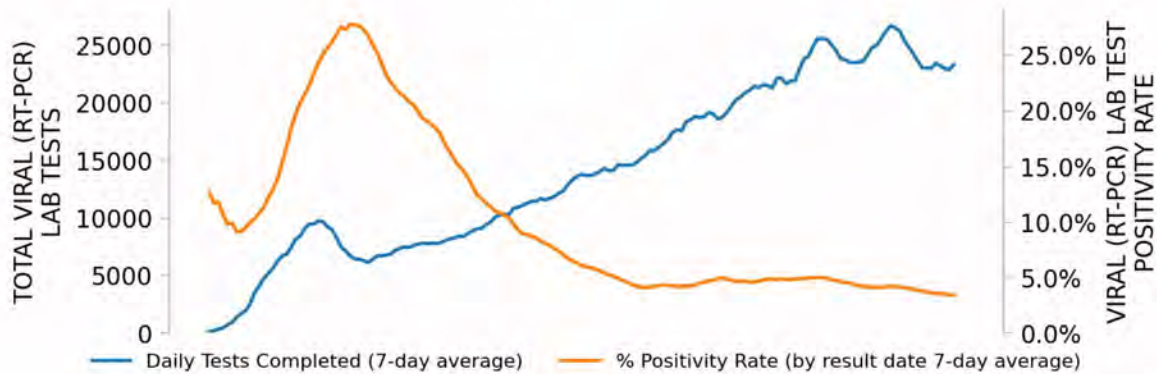
PENNSYLVANIA

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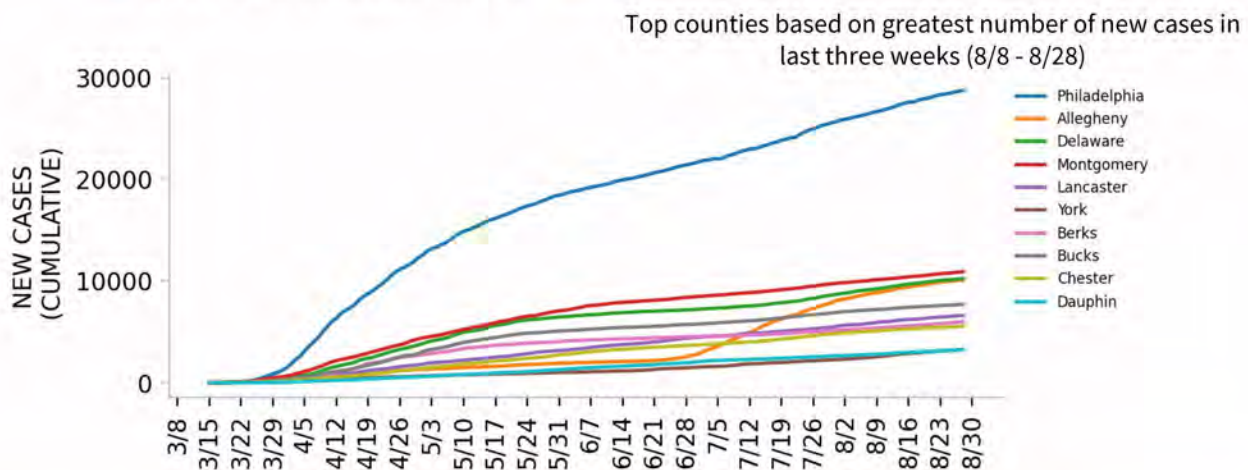
NEW CASES



TESTING



TOP COUNTIES

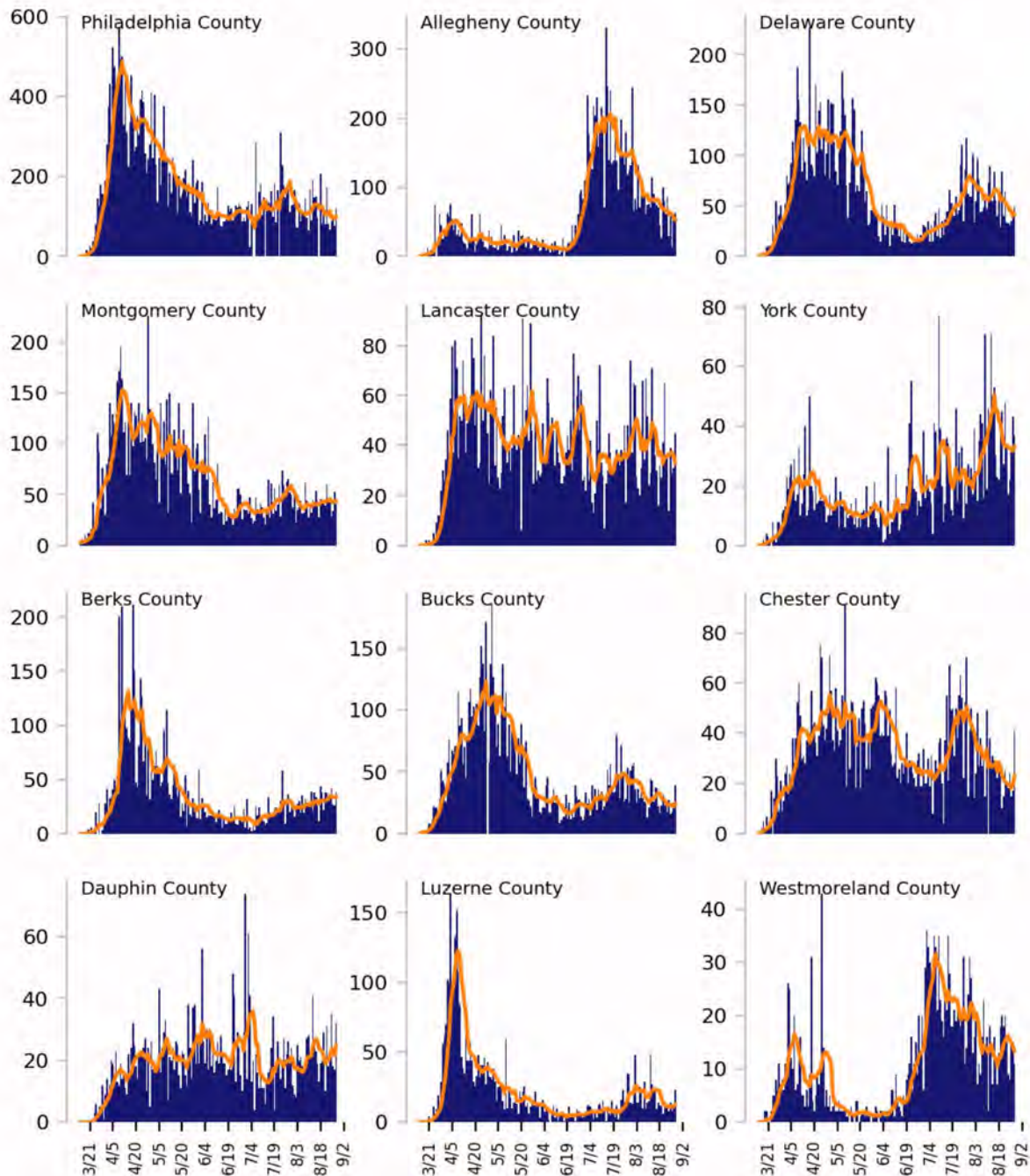
**DATA SOURCES** – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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 – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

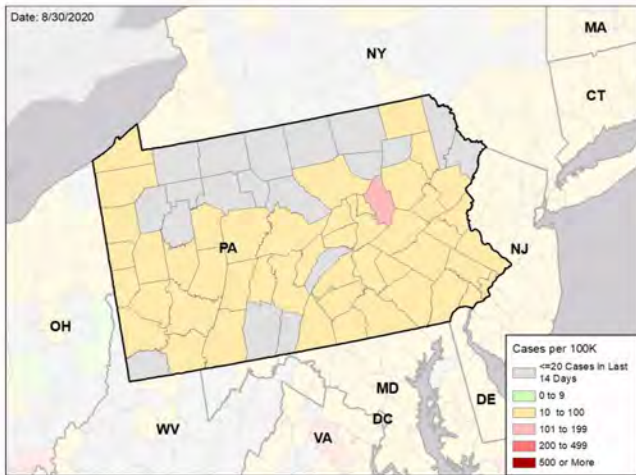


PENNSYLVANIA

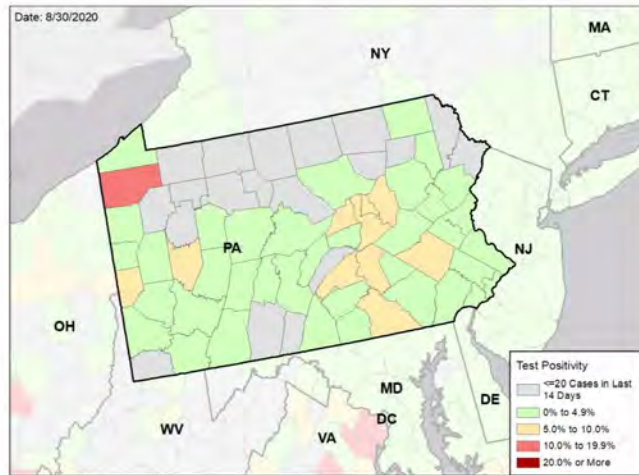
STATE REPORT | 08.30.2020

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

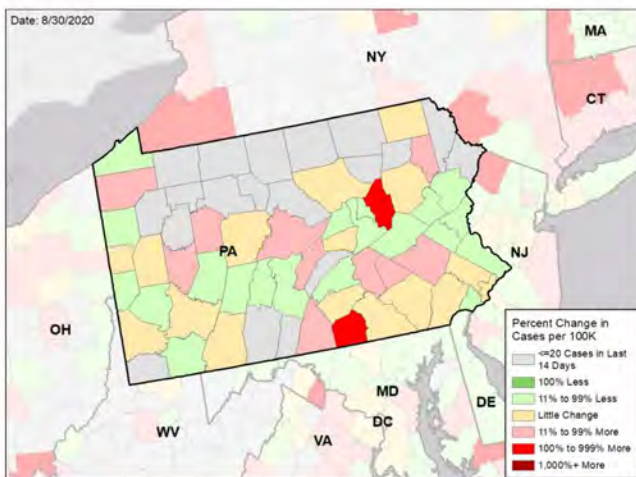
NEW CASES PER 100,000 DURING LAST WEEK



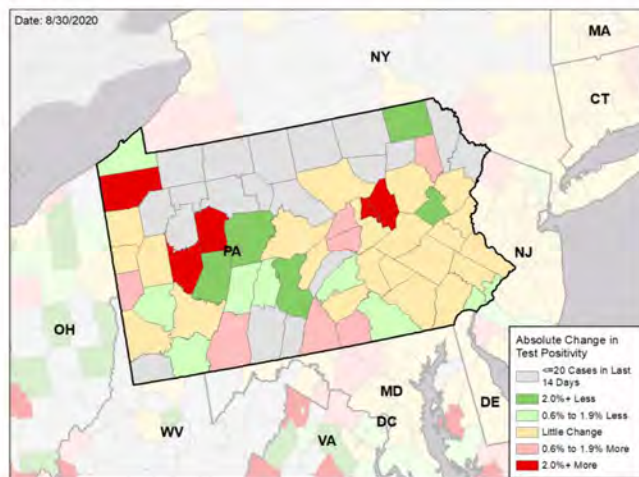
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

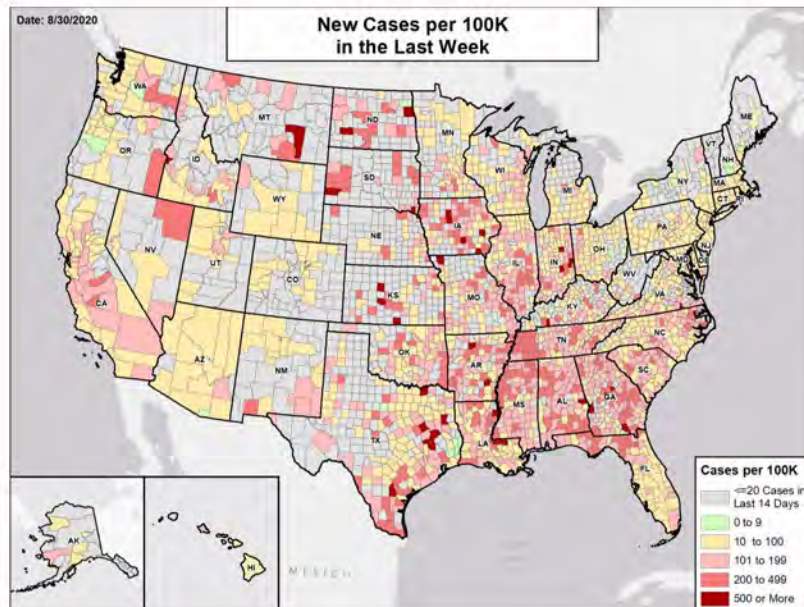
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

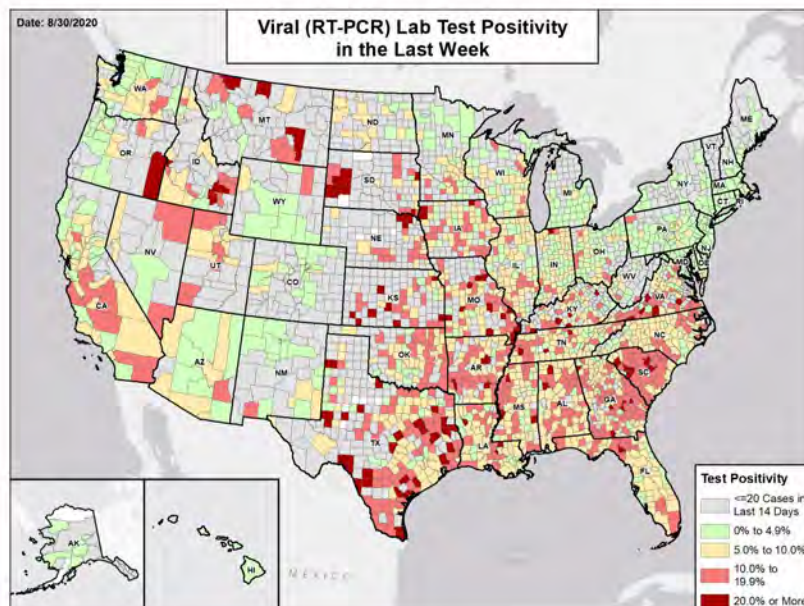


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

STATE REPORT | 08.30.2020

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, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



RHODE ISLAND

STATE REPORT | 08.30.2020

SUMMARY

- Rhode Island is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 32nd highest rate in the country. Rhode Island is in the green zone for test positivity, indicating a rate below 5%, with the 43rd highest rate in the country.
- Rhode Island has seen stability in new cases and a decrease in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Providence County, 2. Kent County, and 3. Washington County. These counties represent 96.6% of new cases in Rhode Island.
- No counties in Rhode Island have moderate or high levels of ongoing community transmission (yellow or red zone).
- 1.2% of nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- Rhode Island had 62 new cases per 100,000 population in the last week, compared to a national average of 88 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 22 - Aug 28, on average, 4 patients with confirmed COVID-19 and 2 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Rhode Island. An average of 91% 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

- Persistent case rates raise concern for the potential for the epidemic to reignite as schools open.
- Consider working with researchers to study which groups are non-compliant with mitigation guidance and their reasons for non-compliance; use data to develop targeted messaging to these groups.
- Continue to expand testing and ensure that all university and colleges have a plan for screening, testing and retesting students, regardless of symptoms. Surrounding communities should work with colleges and universities to ensure sufficiently enhanced capacity for community testing with quick turnaround times. Distinctions between surveillance and diagnostic testing should be maintained.
- 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.
- University students should have quarantine and care sites on campus or near campus and not be returned home to multigenerational households, where additional transmission could occur.
- Transmissions are increasingly driven by family, neighborhood, and student gatherings. Educate citizens, especially students, on the risk of spreading the virus to family members with underlying conditions and encourage vulnerable family members to protect themselves and all individuals that have participated in such events to get tested.
- 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 in a week should have mandatory inspection surveys conducted and immediate support for corrective action.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).

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

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



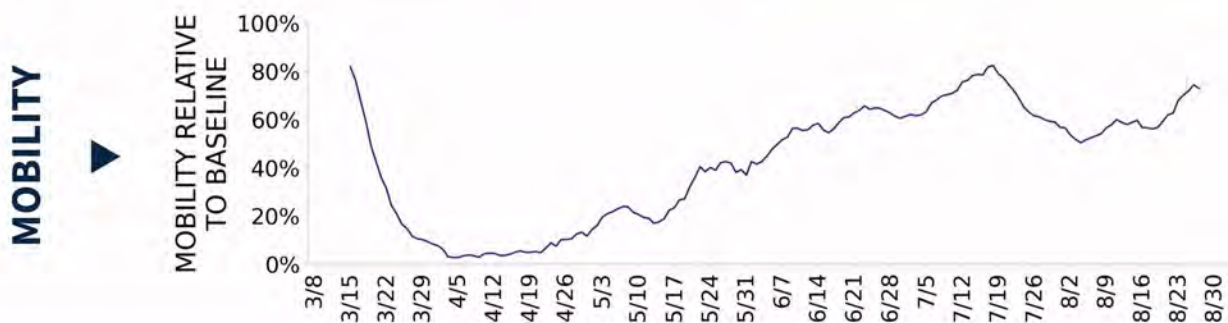
COVID-19



RHODE ISLAND

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	661 (62)	-3.8%	4,348 (29)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.9%	-0.6%*	1.2%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	43,838** (4,138)	+43.1%**	372,194** (2,507)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	16 (2)	+77.8%	166 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	4.4% (16.2%)	+0.1%* (+6.0%*)	2.6% (6.3%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5.9%	+4.4%*	2.7%	5.0%



* 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 – Additional data details available under METHODS

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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19. Public Health Laboratory data is inclusive of all updates processed through 8/28.

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RHODE ISLAND

STATE REPORT | 08.30.2020

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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/26/2020. Last week is 8/20 - 8/26. Public Health Laboratory data is inclusive of all updates processed through 8/28.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

- Move to community-led neighborhood testing and work with local community groups to increase access to testing
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POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging

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

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

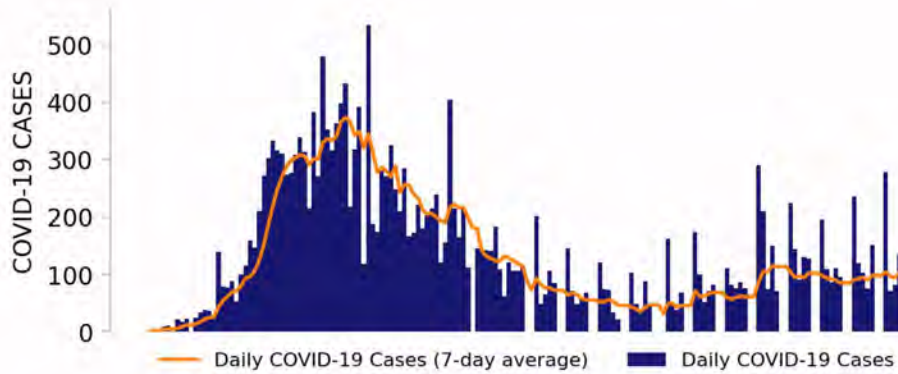
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RHODE ISLAND

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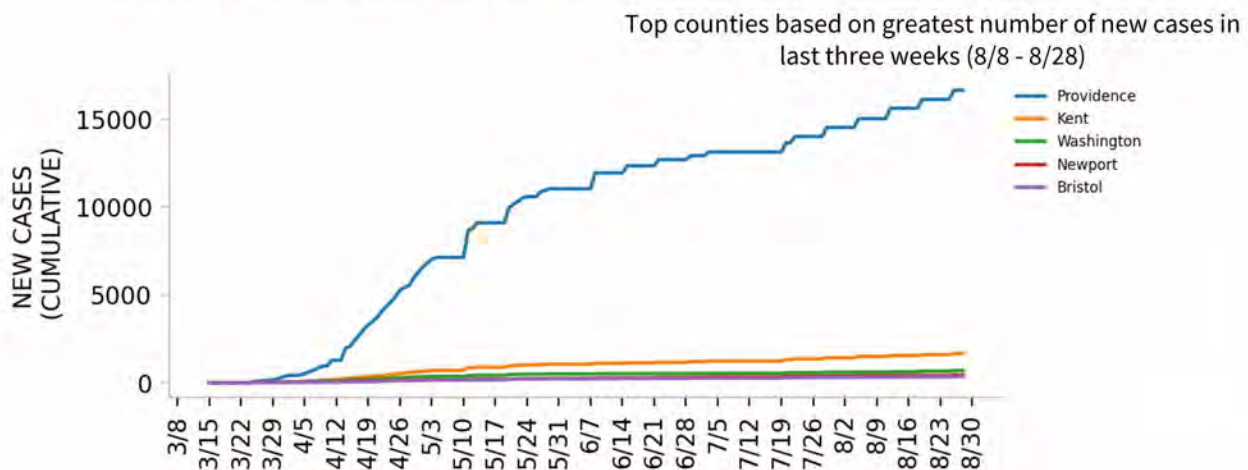
NEW CASES



TESTING



TOP COUNTIES



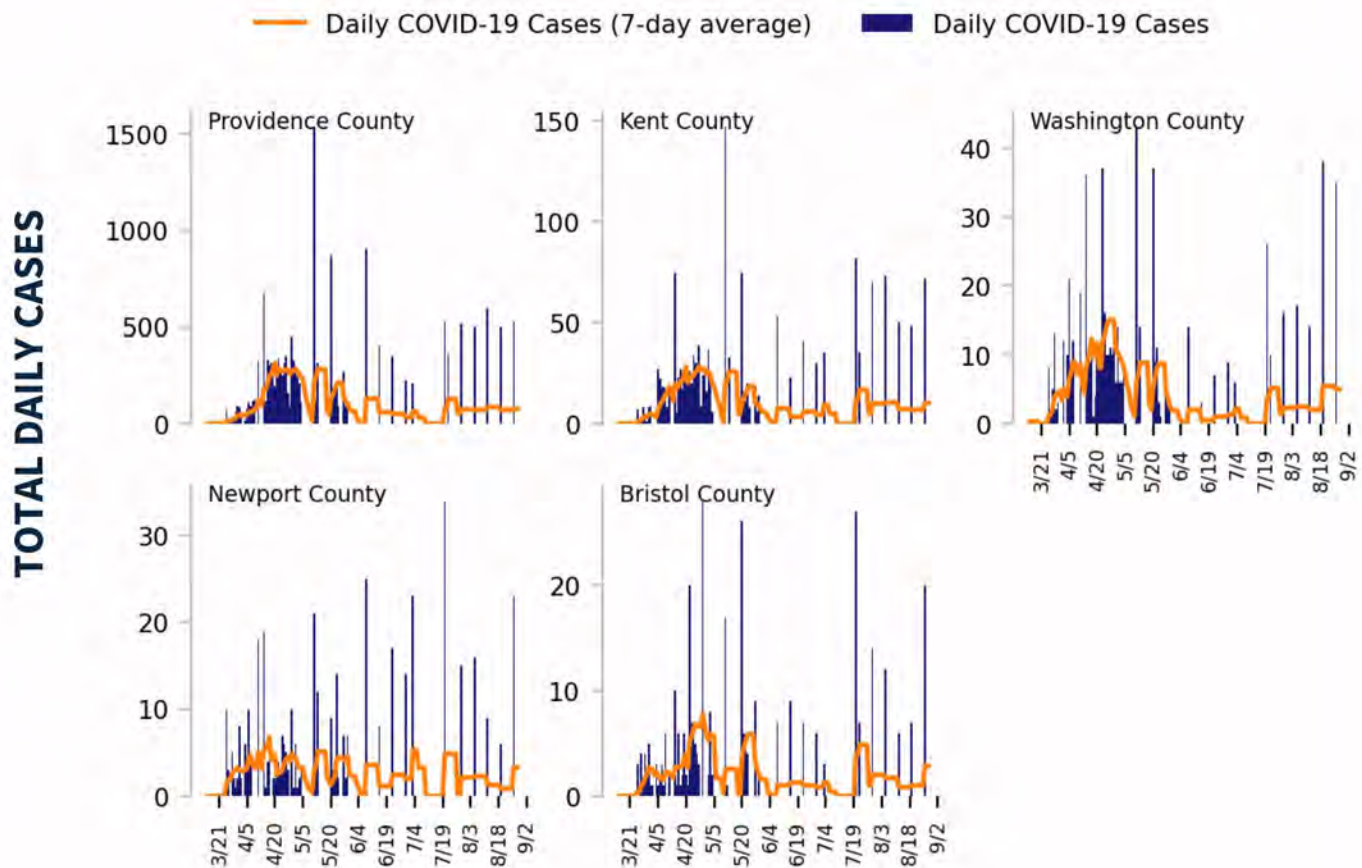
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Top 12 counties based on number of new cases in the last 3 weeks



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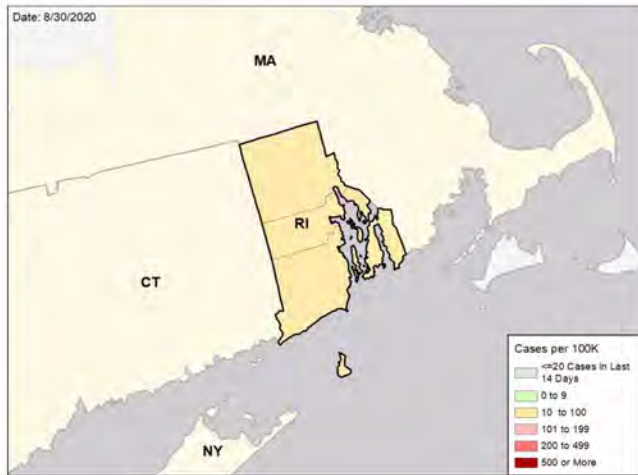


RHODE ISLAND

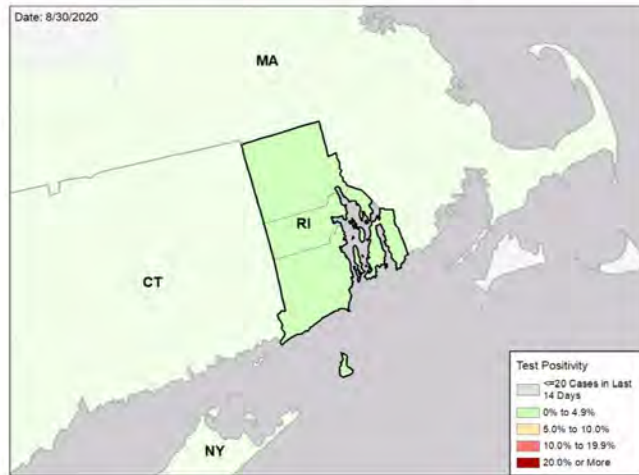
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

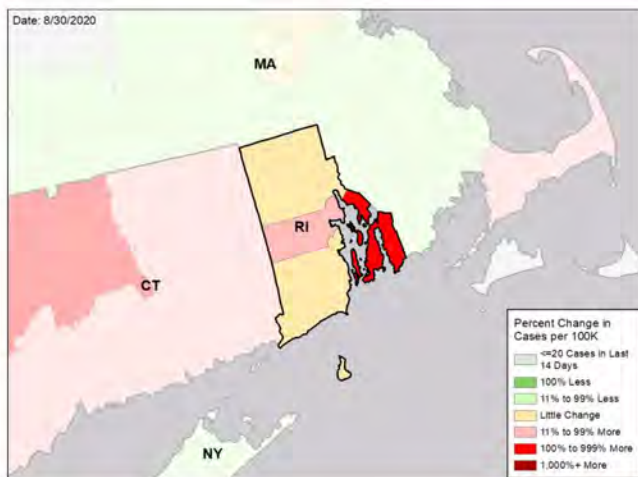
NEW CASES PER 100,000 DURING LAST WEEK



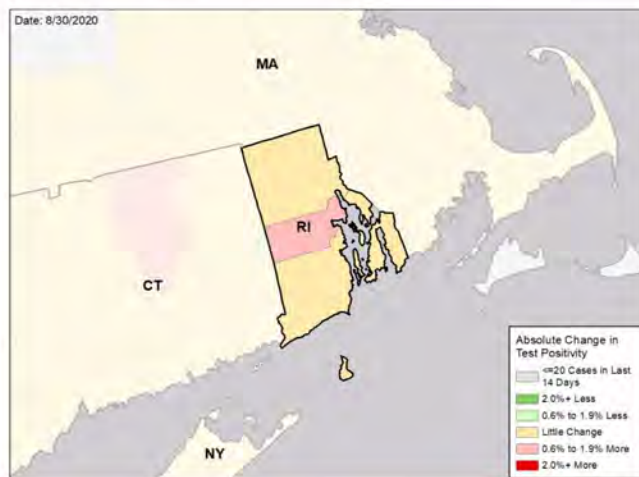
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

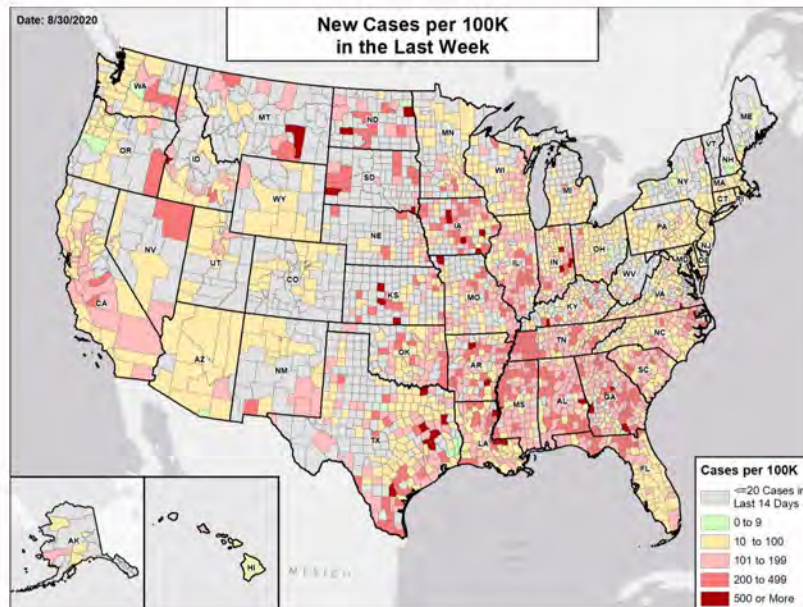
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19. Public Health Laboratory data is inclusive of all updates processed through 8/28.

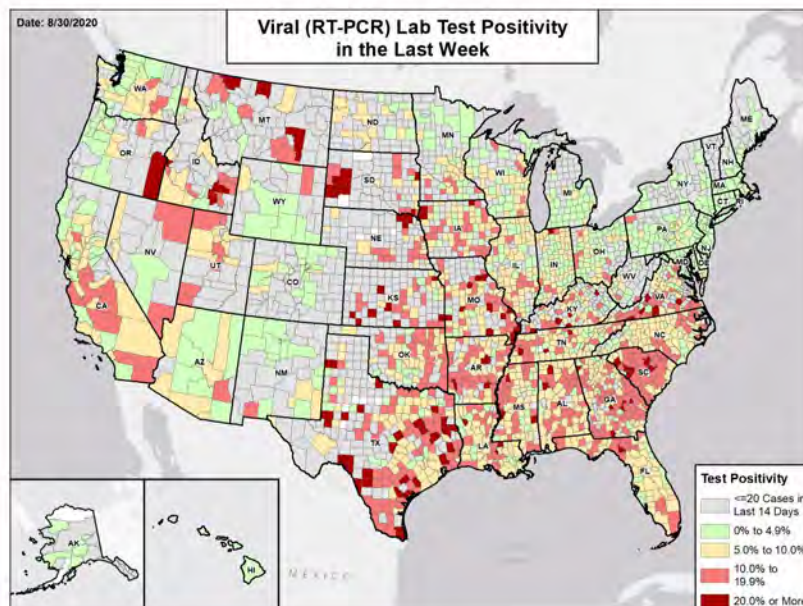


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

STATE REPORT | 08.30.2020

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, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



SOUTH CAROLINA

STATE REPORT | 08.30.2020

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 2nd highest rate in the country.
- South Carolina has seen stability in new cases and stability in test positivity over the last week. Progress is extremely fragile and must accelerate. The accelerated increase in cases in Richland County must be addressed.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Richland County, 2. Charleston County, and 3. Greenville County. These counties represent 26.3% of new cases in South Carolina.
- 98% of all counties in South Carolina have ongoing community transmission (yellow or red zone), with 54% having high levels of community transmission (red zone).
- 28% of all nursing homes had at least one new case among staff in the last week and 4.8% of nursing homes are reporting 3 or more new COVID-19 cases among residents per week over the last 3 weeks.
- South Carolina is prioritized for receiving testing materials for nursing homes and will be prioritized for Historically Black Colleges and Universities testing.
- South Carolina had 108 new cases per 100,000 population in the last week, compared to a national average of 88 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 22 - Aug 28, on average, 89 patients with confirmed COVID-19 and 89 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in South Carolina. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.*

RECOMMENDATIONS

- Ensure both diagnostic and surveillance testing are rapid and comprehensive at all universities with students on campus, including online campuses where students have moved into off-campus housing.
- Expand testing support to Historically Black Colleges and Universities that may have limited testing capacity.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and universities and to support testing in communities surrounding universities.
- University students should have quarantine and care sites on campus or near campus and not be returned home to multigenerational households, where additional transmission could occur.
- Ensure all universities can fully test, isolate, and contact trace.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students to residents through staff.
- 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 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 new cases in the last week.
- Mandate use of masks in all current and evolving hotspots.
- Close establishments where social distancing and mask use cannot occur, such as bars and all evening entertainment venues in areas with rising cases, despite the 11pm liquor curfew.
- Move to outdoor dining and limit indoor dining to less than 25% of normal capacity.
- Ask citizens to limit social gatherings to 10 or fewer people and ensure proactive communication about risks of gatherings over Labor Day.
- Encourage individuals that have participated in large social gatherings to get tested.
- Increase messaging of the risk of serious disease for individuals in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Continue the scale-up of testing, moving to community-led neighborhood testing. Work with local communities to implement and provide clear guidance for households that test positive, including on individual isolation and quarantining procedures.
- Continue to enhance contact tracing and ensure the ability of cases and contacts to quarantine or isolate safely.
- 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.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as ER visits and hospital 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.



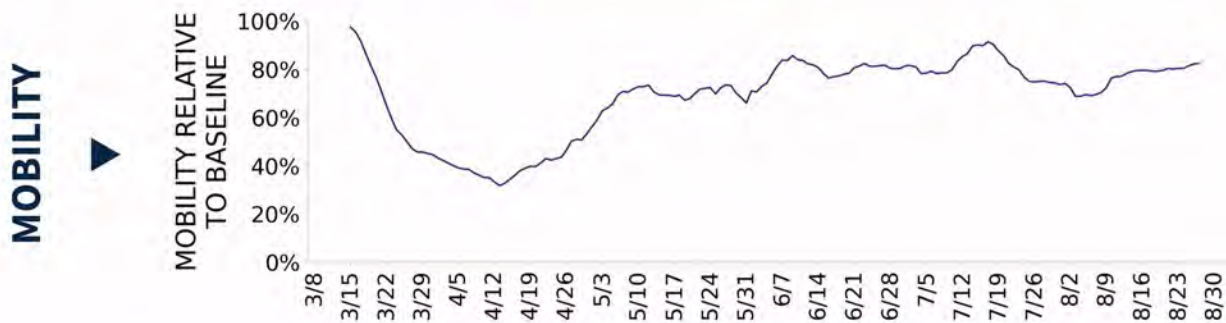
COVID-19



SOUTH CAROLINA

STATE REPORT | 08.30.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	5,571 (108)	+0.6%	82,967 (124)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	13.0%	+0.2%*	8.5%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	35,016** (680)	-8.0%**	921,457** (1,377)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	196 (4)	-22.8%	2,144 (3)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	25.5% (27.5%)	+1.3%* (-6.1%*)	22.2% (32.8%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	13.7%	+0.1%*	9.8%	5.0%



* 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 – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.**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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



SOUTH CAROLINA

STATE REPORT | 08.30.2020

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

Columbia
Charleston-North Charleston
Greenville-Anderson
Florence
Augusta-Richmond County
Hilton Head Island-Bluffton
Orangeburg
Greenwood
Bennettsville
Newberry
Union

7

Charlotte-Concord-Gastonia
Spartanburg
Myrtle Beach-Conway-North Myrtle Beach
Sumter
Georgetown
Seneca
Gaffney

**COUNTY
LAST WEEK**

25

Richland
Florence
Anderson
Beaufort
Lancaster
Orangeburg
Greenwood
Darlington
Kershaw
Chesterfield
Chester
Williamsburg

20

Charleston
Greenville
Spartanburg
Horry
Lexington
York
Berkeley
Aiken
Dorchester
Sumter
Georgetown
Pickens

All Red Counties: Richland, Florence, Anderson, Beaufort, Lancaster, Orangeburg, Greenwood, Darlington, Kershaw, Chesterfield, Chester, Williamsburg, Marlboro, Edgefield, Barnwell, Marion, Newberry, Hampton, Dillon, Saluda, Union, Lee, Fairfield, Allendale, Bamberg

All Yellow Counties: Charleston, Greenville, Spartanburg, Horry, Lexington, York, Berkeley, Aiken, Dorchester, Sumter, Georgetown, Pickens, Oconee, Laurens, Cherokee, Clarendon, Jasper, Colleton, Abbeville, Calhoun

* 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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

Testing

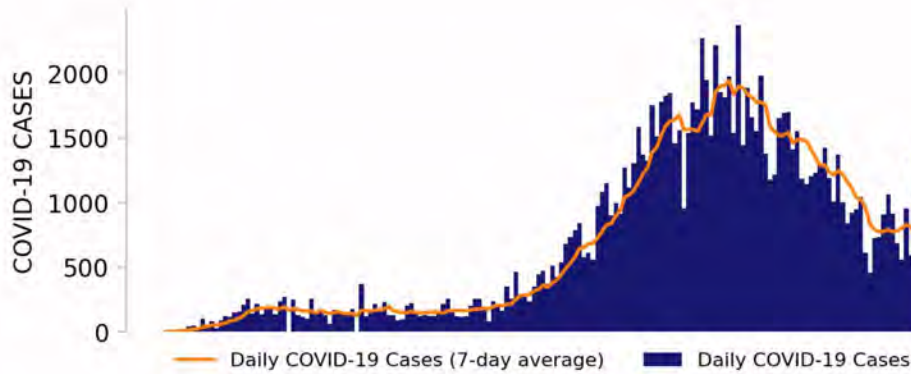
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- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider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



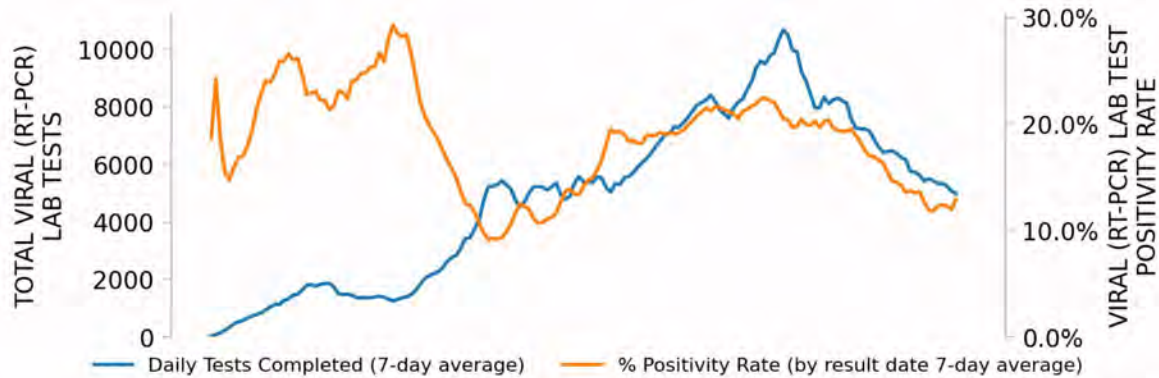
SOUTH CAROLINA

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NEW CASES

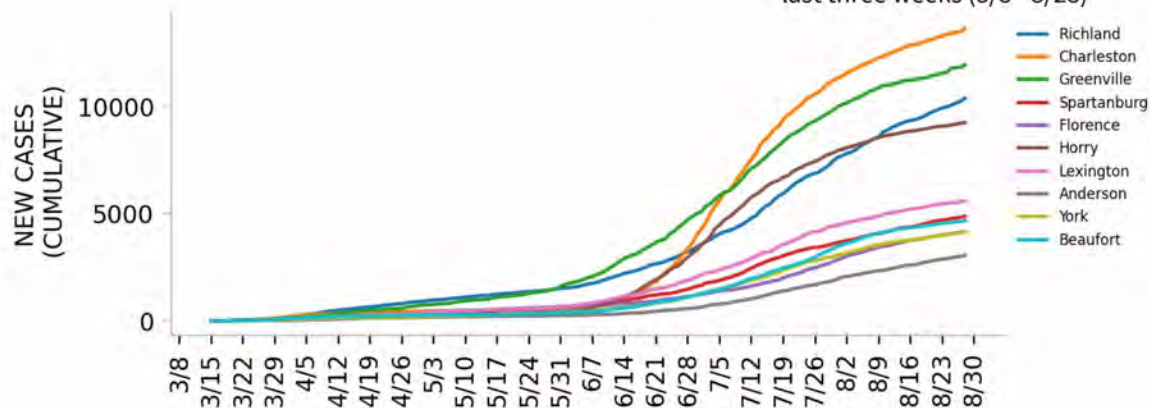


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

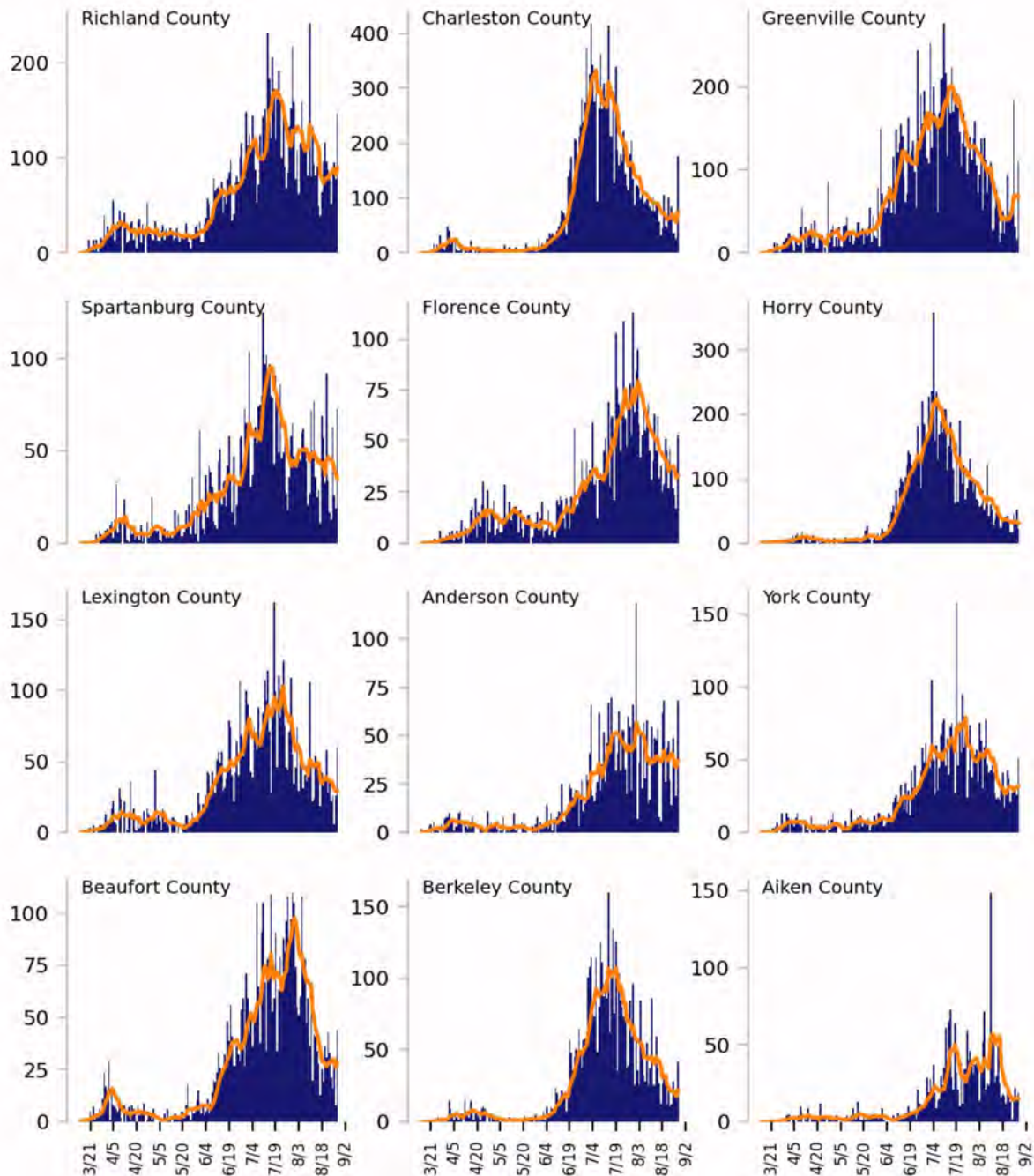
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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 – Additional data details available under METHODS

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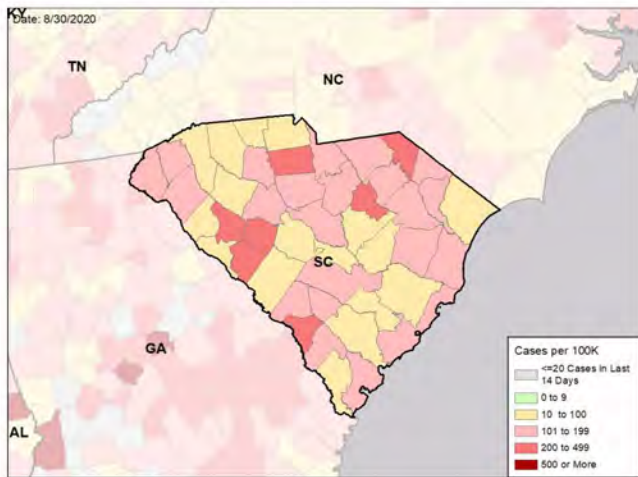


SOUTH CAROLINA

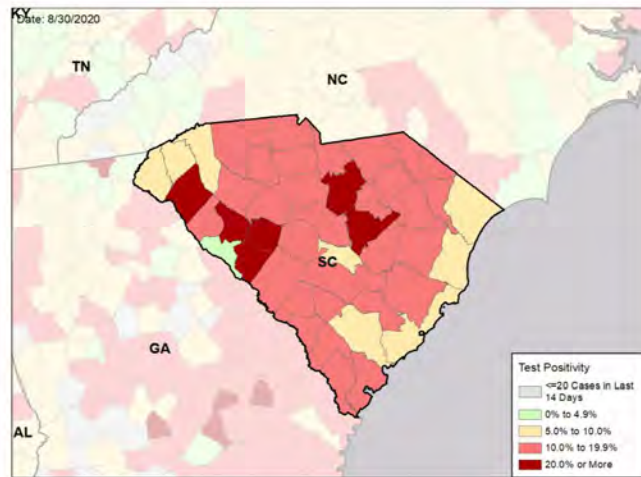
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

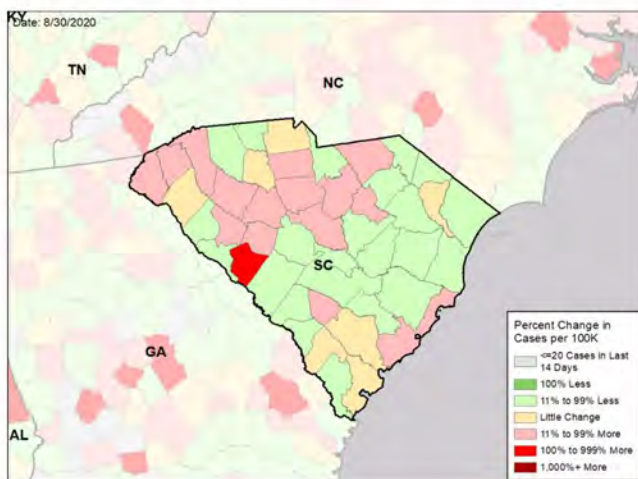
NEW CASES PER 100,000 DURING LAST WEEK



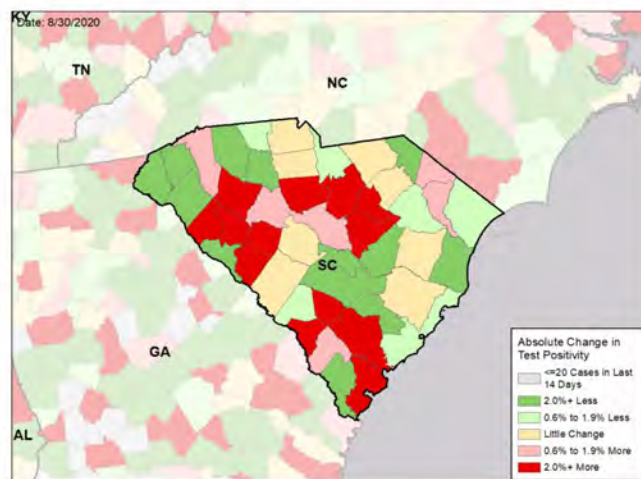
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



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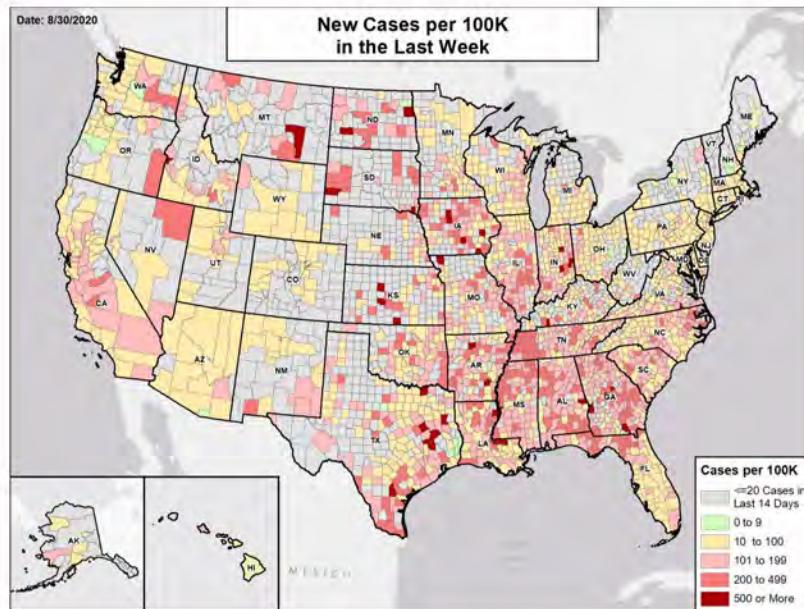
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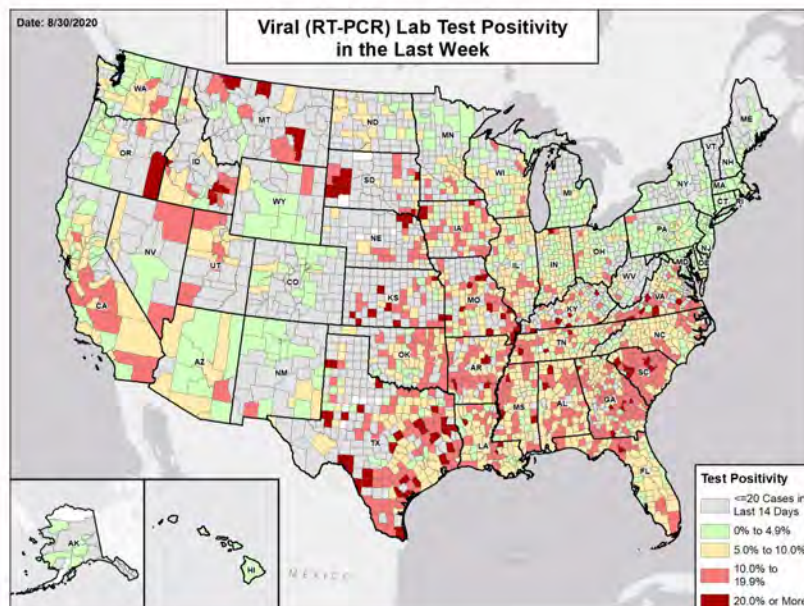


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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METHODS

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Metric	Green	Yellow	Red
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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%
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- Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



SOUTH DAKOTA

STATE REPORT | 08.30.2020

SUMMARY

- South Dakota 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. South Dakota is in the red zone for test positivity, indicating a rate above 10%, with the 1st highest rate in the country.
- 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 last 3 weeks: 1. Minnehaha County, 2. Pennington County, and 3. Lincoln County. These counties represent 43.8% of new cases in South Dakota.
- 30% of all counties in South Dakota have ongoing community transmission (yellow or red zone), with 21% having high levels of community transmission (red zone).
- No nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- Testing across the state is broadly insufficient, given extremely high case rates and test positivity.
- South Dakota had 185 new cases per 100,000 population in the last week, compared to a national average of 88 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 and 1 to support testing activities from CDC.
- Between Aug 22 - Aug 28, on average, 16 patients with confirmed COVID-19 and 6 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in South Dakota. An average of 78% 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

- Rapidly increasing case counts, test positivity, and insufficient testing levels are evident throughout the state, which is deeply concerning; recommend statewide promotion of social distancing and use of face coverings, particularly in indoor settings.
- Ensure hospital capacity is sufficient and expandable, and clinicians are trained on latest standards of care, especially in counties with larger populations of older residents and those with comorbidities.
- Enhance community education and locally-developed public health messaging across the state, targeting ranching and agriculture communities. Emphasize the risks in vulnerable populations and interventions to reduce risk.
- Ensure that all university and colleges have a plan for screening, testing and retesting students, regardless of symptoms.
- 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.
- Surrounding communities should work with colleges and universities to ensure sufficiently enhanced capacity for community testing with quick turnaround times.
- 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.
- University students should have quarantine and care sites on campus or near campus and not be returned home to multigenerational households, where additional transmission could occur.
- Transmissions are increasingly driven by family, neighborhood, and student gatherings. Educate citizens, especially students, on the risk of spreading the virus to family members with underlying conditions. Encourage vulnerable family members to protect themselves and all individuals that have participated in such events to get tested.
- Tribal Nations: Continue to promote social distancing and face mask recommendations for all events, especially as community and dance events pick up. Develop specific, culturally-relevant education and public health messaging. Ensure readily available community testing, using pooled testing for multigenerational households. Spaces and material support for quarantine of contacts and isolation of cases should be provided as needed.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov/covid19/community-mitigation/).

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 | 08.30.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	1,634 (185)	+90.2%	9,031 (74)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	13.1%	+6.2%*	5.8%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	8,404** (950)	-2.9%**	178,984** (1,460)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	6 (1)	-33.3%	78 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	3.1% (9.4%)	+0.1%* (-1.6%*)	3.9% (10.1%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1.0%	-1.0%*	1.1%	5.0%



* 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 – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.**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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



SOUTH DAKOTA

STATE REPORT | 08.30.2020

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

Rapid City
Aberdeen
Spearfish
Vermillion
Yankton
Mitchell

6

Sioux Falls
Watertown
Brookings
Pierre
Sioux City
Huron

**COUNTY
LAST WEEK**

14

Pennington
Brown
Meade
Lawrence
Codington
Clay
Yankton
Custer
Union
Bon Homme
Davison
Butte

6

Minnehaha
Lincoln
Brookings
Beadle
Hughes
Walworth

All Red Counties: Pennington, Brown, Meade, Lawrence, Codington, Clay, Yankton, Custer, Union, Bon Homme, Davison, Butte, Deuel, Spink

* 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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

Testing

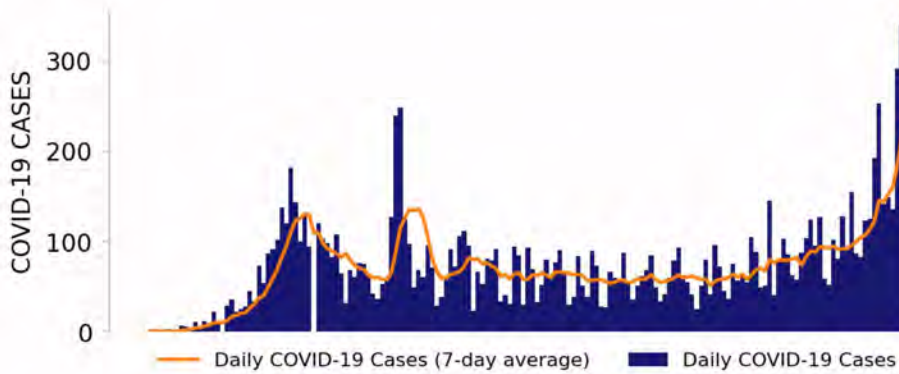
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing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



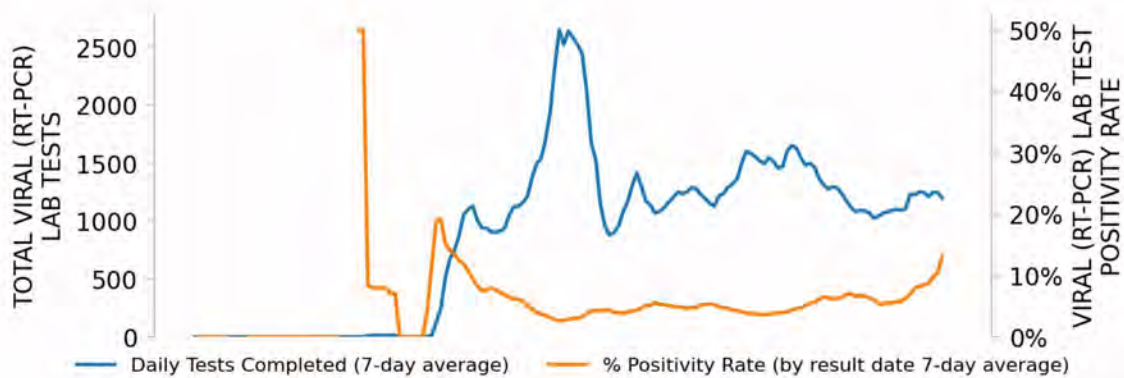
SOUTH DAKOTA

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NEW CASES

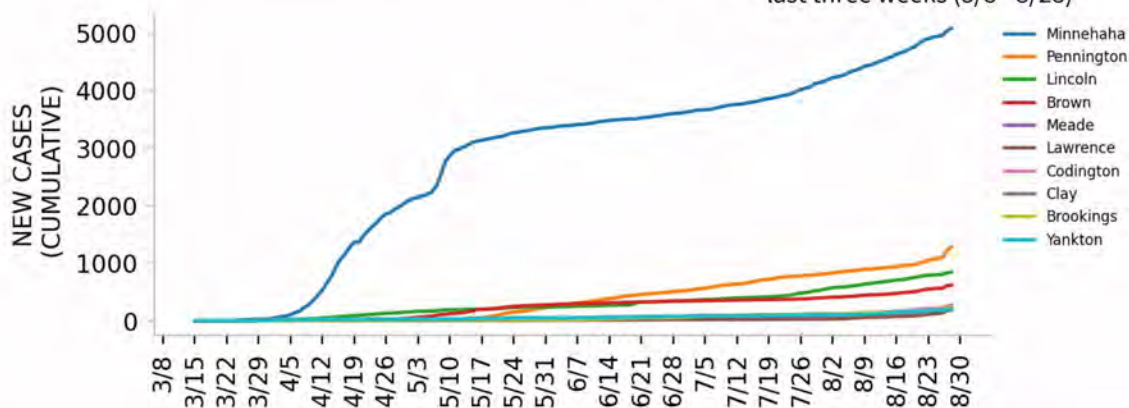


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

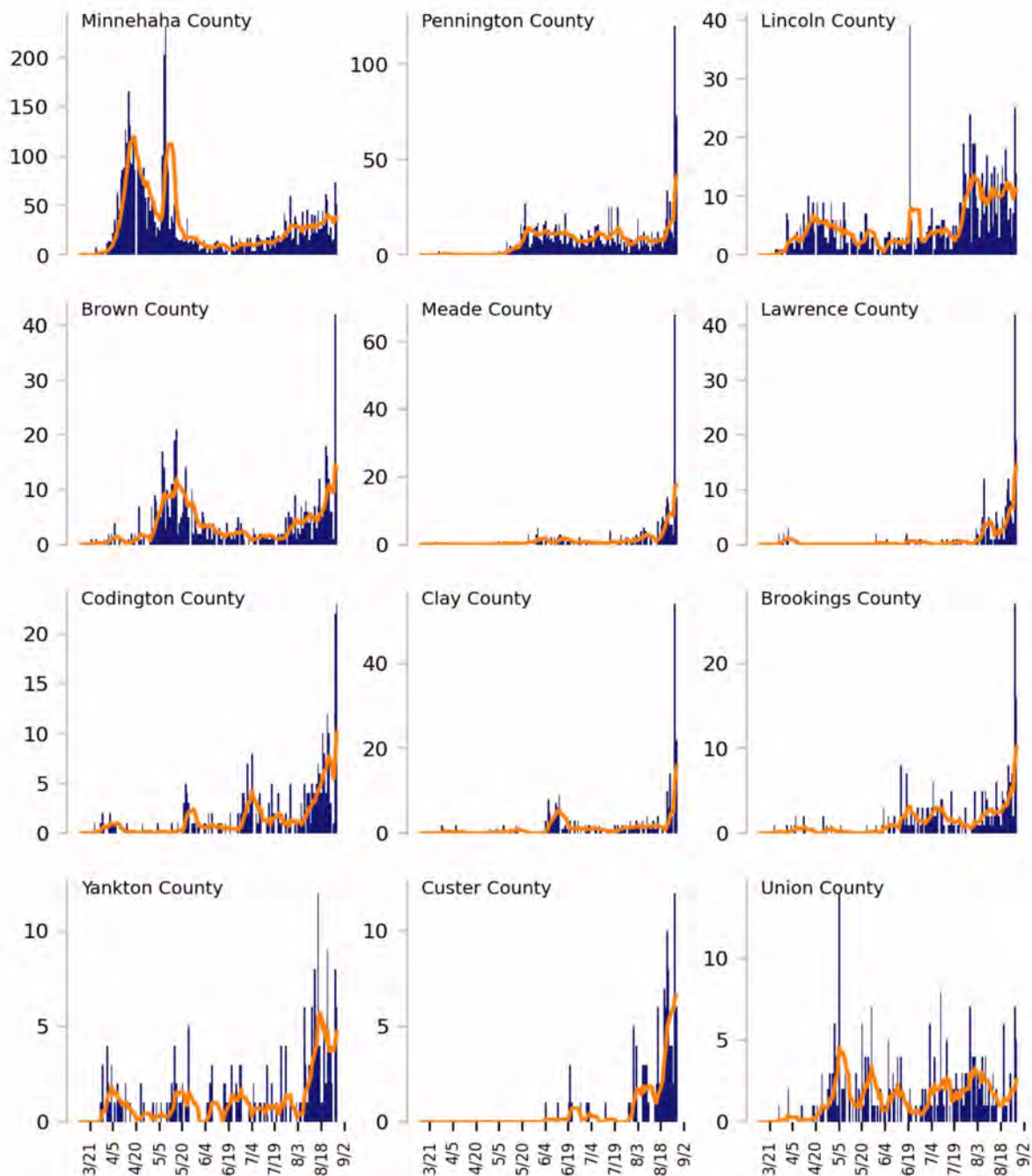
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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 – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

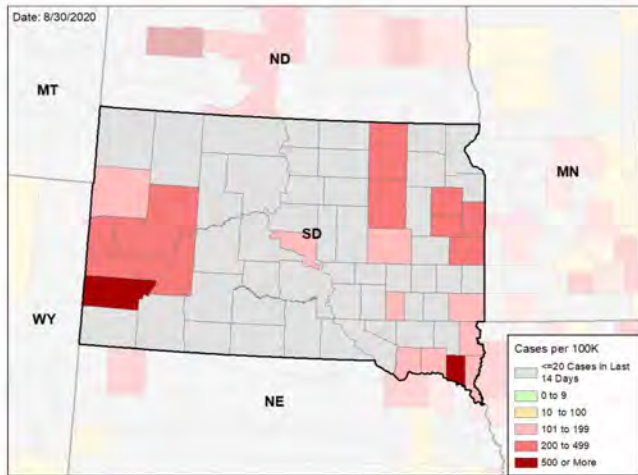


SOUTH DAKOTA

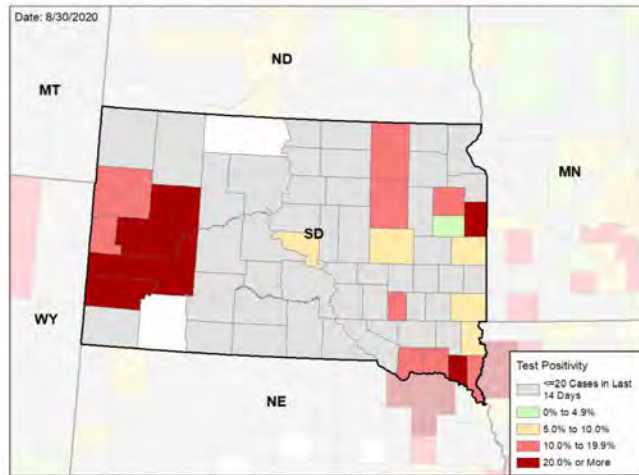
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

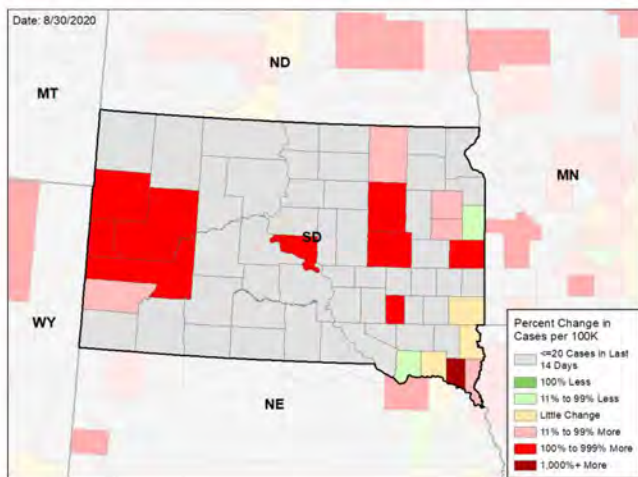
NEW CASES PER 100,000 DURING LAST WEEK



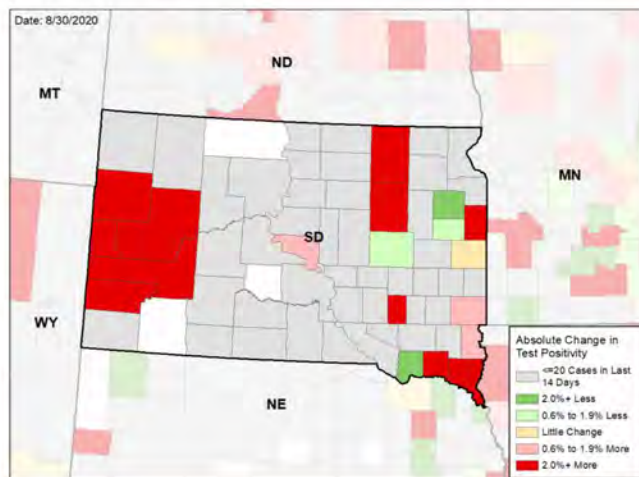
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

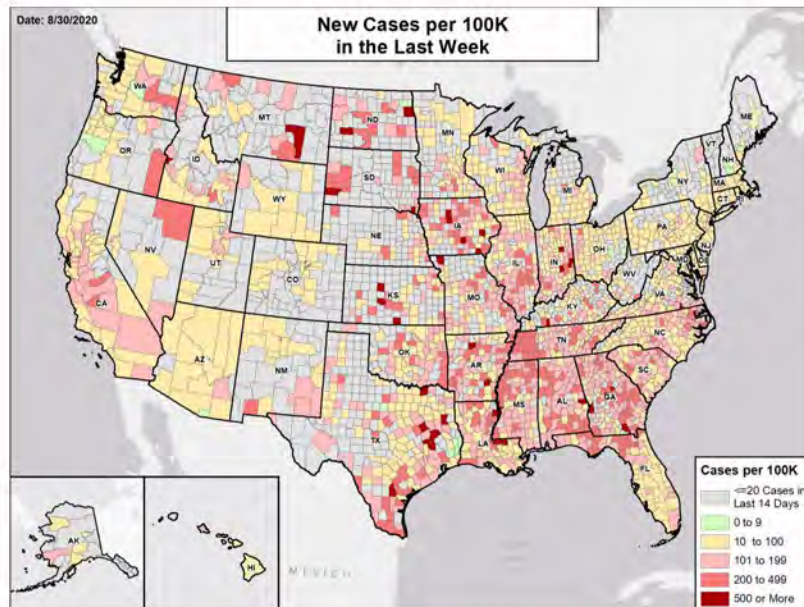
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

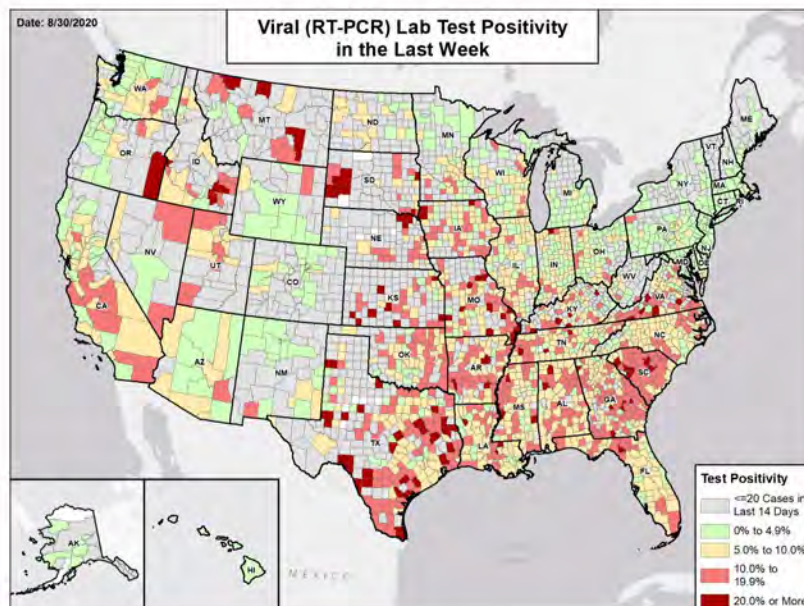


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

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

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



TENNESSEE

STATE REPORT | 08.30.2020

SUMMARY

- Tennessee 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. Tennessee is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 19th highest rate in the country. However, testing continues to decrease.
- Tennessee 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 last 3 weeks: 1. Shelby County, 2. Davidson County, and 3. Hamilton County. These counties represent 28.2% of new cases in Tennessee.
- 80% of all counties in Tennessee have ongoing community transmission (yellow or red zone), with 31% having high levels of community transmission (red zone).
- Less than 1% of nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- Rural and urban counties in Tennessee continue to have increases in cases and test positivity. Common sense preventive measures must be implemented to stop further spread.
- Tennessee had 146 new cases per 100,000 population in the last week, compared to a national average of 88 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 22 - Aug 28, on average, 105 patients with confirmed COVID-19 and 130 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Tennessee. An average of 89% 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

- Community transmission continues to be very high in rural and urban counties across Tennessee, with transmission going into nursing homes. Also, increasing transmission is seen in the major university towns. Mask mandates across the state must be in place to decrease transmission. Ensure consistent messaging to all counties, cities and towns.
- Bars must be closed, and indoor dining must be restricted to 50% of normal capacity in yellow zone and 25% of normal capacity in red zone counties and metro areas. Expand outdoor dining options.
- Community spread must decrease to protect vulnerable populations in nursing homes.
- University towns need a comprehensive plan that scales immediately for testing all returning students with routine surveillance testing to immediately identify new cases and outbreaks and isolate and quarantine.
 - Ensure both diagnostic and surveillance testing are rapid and comprehensive at all universities with students on campus.
 - Expand testing support to Historically Black Colleges and Universities that may have limited testing capacity.
 - Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students for their students and to support the community surrounding their universities.
 - University students with or exposed to COVID-19 should have access to quarantine and care sites on or near campus and not be returned home to multigenerational households where additional transmission could occur.
 - Ensure all universities can fully test, isolate, and contact trace.
 - Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students to residents through staff.
- 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.
- 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.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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

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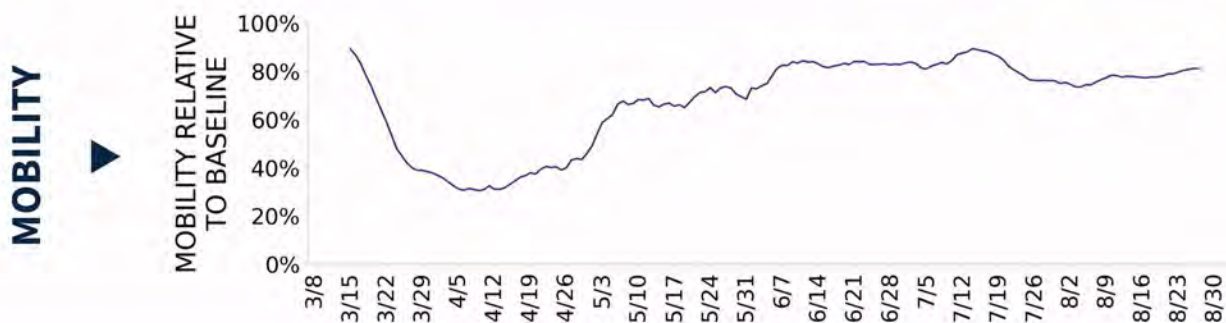
COVID-19



TENNESSEE

STATE REPORT | 08.30.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	9,971 (146)	-4.1%	82,967 (124)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.3%	+0.6%*	8.5%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	36,002** (527)	-20.2%**	921,457** (1,377)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	153 (2)	-31.4%	2,144 (3)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	19.2% (37.3%)	+1.6%* (-11.0%*)	22.2% (32.8%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6.8%	+1.2%*	9.8%	5.0%



* 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 – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19. Public Health Laboratory data is inclusive of all updates processed through 8/28.**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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



TENNESSEE

STATE REPORT | 08.30.2020

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**

8

Jackson
Kingsport-Bristol
Clarksville
Greeneville
Dyersburg
Brownsville
Lewisburg
Shelbyville

16

Nashville-Davidson--Murfreesboro--Franklin
Memphis
Knoxville
Chattanooga
Cookeville
Johnson City
Cleveland
Tullahoma-Manchester
Martin
Crossville
McMinnville
Union City

**COUNTY
LAST WEEK**

29

Blount
Madison
Sullivan
Putnam
Gibson
Greene
Hardeman
Carroll
Dyer
Haywood
Robertson
Marshall

47

Shelby
Davidson
Hamilton
Knox
Rutherford
Williamson
Sumner
Bradley
Montgomery
Wilson
Maury
Washington

All Yellow CBSAs: Nashville-Davidson--Murfreesboro--Franklin, Memphis, Knoxville, Chattanooga, Cookeville, Johnson City, Cleveland, Tullahoma-Manchester, Martin, Crossville, McMinnville, Union City, Athens, Lawrenceburg, Newport, Paris

All Red Counties: Blount, Madison, Sullivan, Putnam, Gibson, Greene, Hardeman, Carroll, Dyer, Haywood, Robertson, Marshall, Lauderdale, Loudon, Bedford, McNairy, Chester, Johnson, Crockett, Benton, DeKalb, Jackson, Unicoi, Lewis, Meigs, Lake, Van Buren, Pickett, Trousdale

All Yellow Counties: Shelby, Davidson, Hamilton, Knox, Rutherford, Williamson, Sumner, Bradley, Montgomery, Wilson, Maury, Washington, Weakley, Cumberland, Warren, Carter, Henderson, Obion, White, Hamblen, McMinn, Tipton, Coffee, Overton, Dickson, Hawkins, Hardin, Lawrence, Fayette, Roane, Cocke, Henry, Franklin, Cheatham, Polk, Lincoln, Fentress, Marion, Claiborne, Grainger, Union, Wayne, Cannon, Humphreys, Macon, Clay, Houston

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

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

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/26/2020. Last week is 8/20 - 8/26. Public Health Laboratory data is inclusive of all updates processed through 8/28.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

Testing

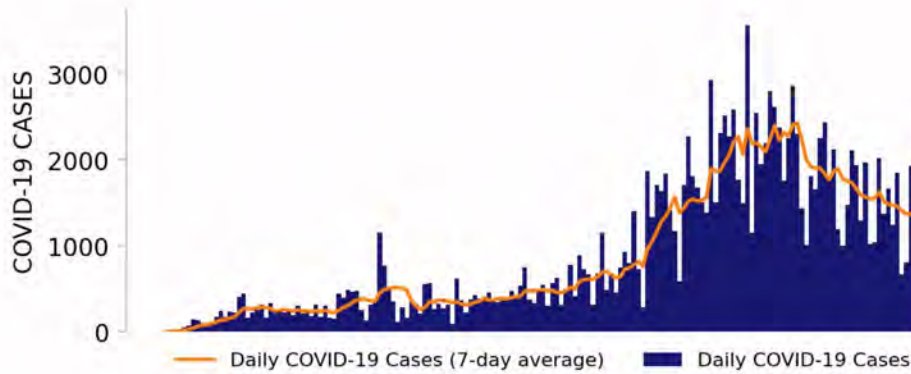
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing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



TENNESSEE

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NEW CASES

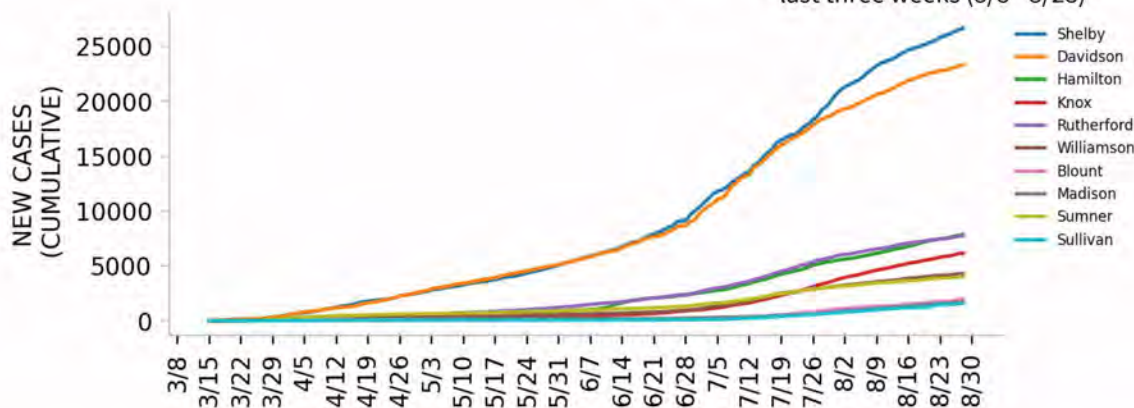


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. **Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

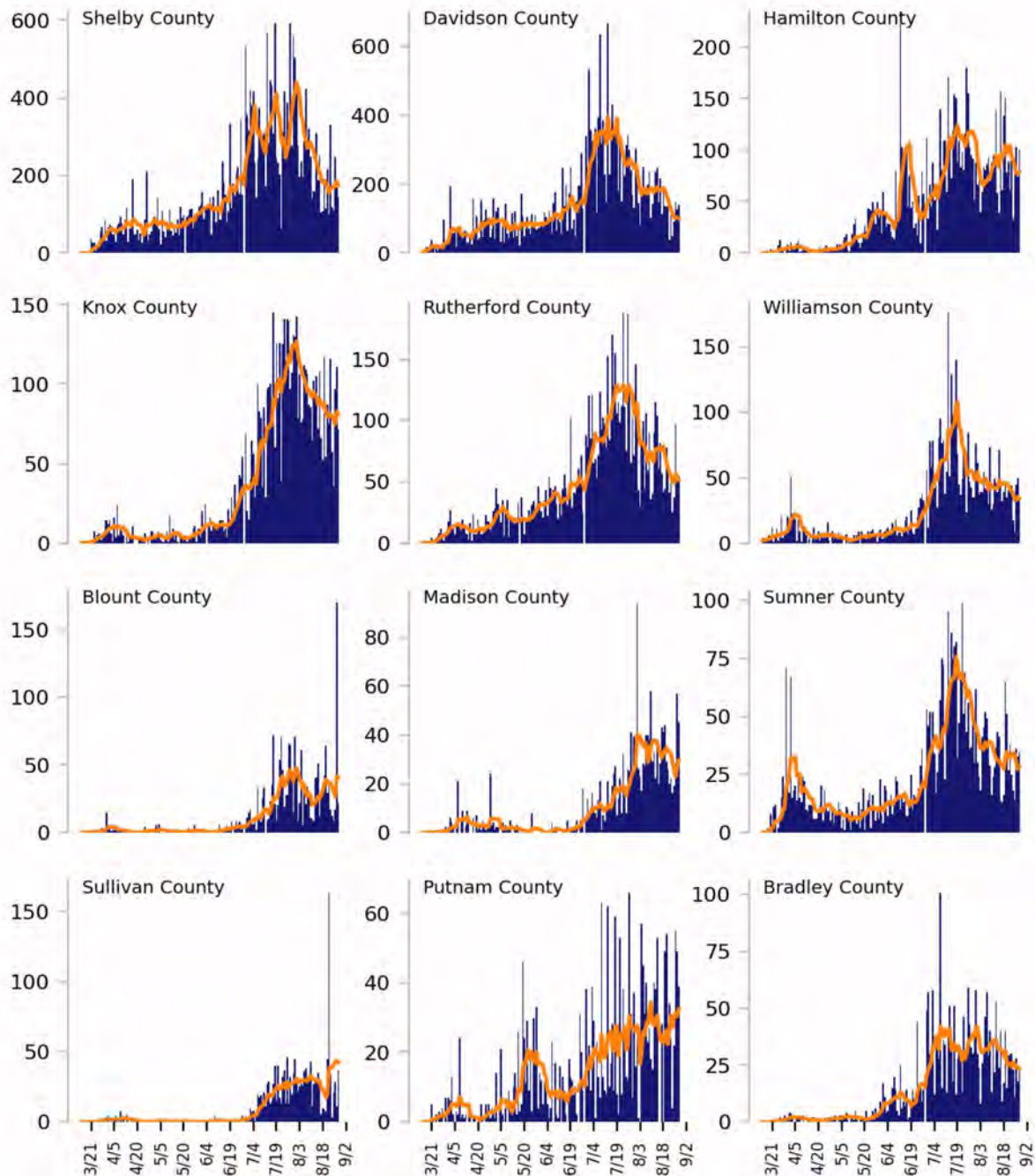
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/26/2020. Public Health Laboratory data is inclusive of all updates processed through 8/28.



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 – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

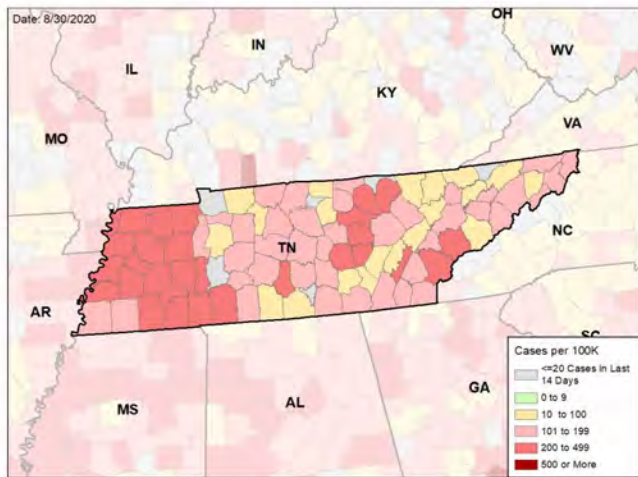


TENNESSEE

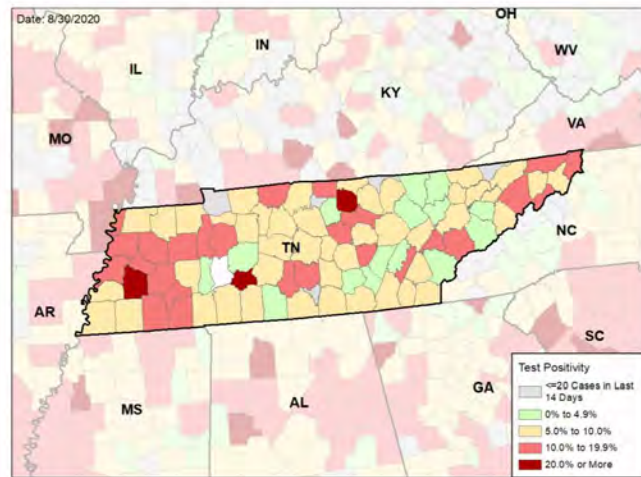
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

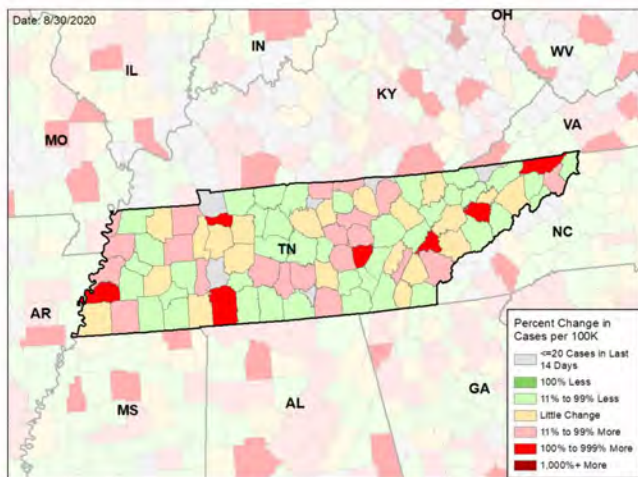
NEW CASES PER 100,000 DURING LAST WEEK



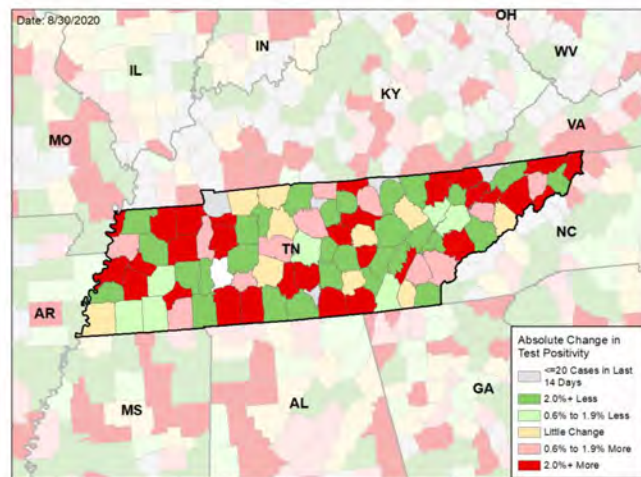
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

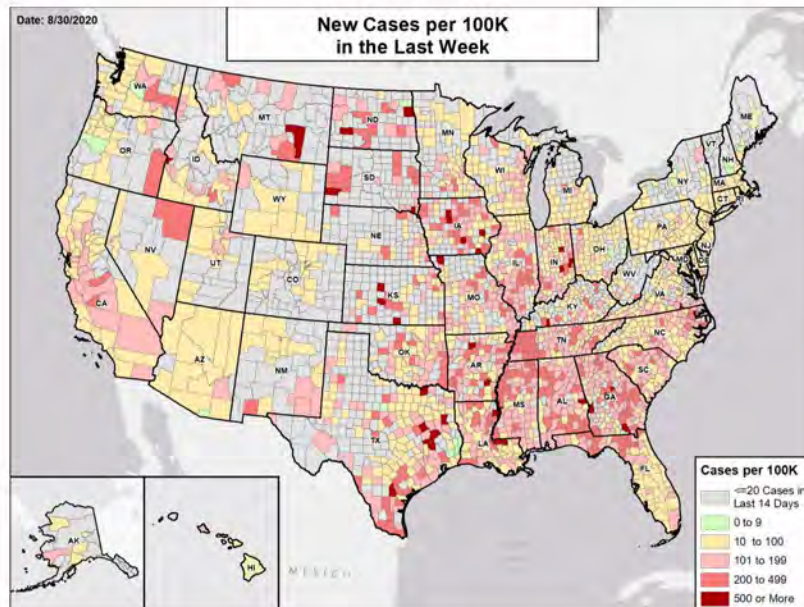
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19. Public Health Laboratory data is inclusive of all updates processed through 8/28.

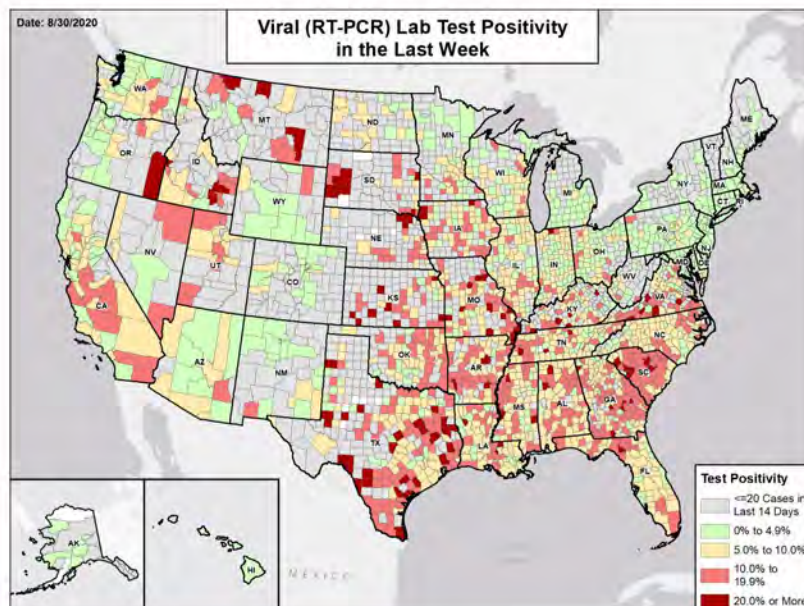


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

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

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



TEXAS

STATE REPORT | 08.30.2020

SUMMARY

- Texas is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, with the 14th highest rate in the country. Texas is in the red zone for test positivity, indicating a rate above 10%, with the 6th highest rate in the country. Impact of Hurricane Laura on COVID spread is currently unknown.
- Texas has seen a decrease in new cases and a decrease in test positivity over the last week. Texas is making excellent week-over-week progress in all counties, except Hidalgo County, and mitigation must increase in that county. Understanding community spread from cross-border activities versus within specific neighborhoods and imported hospitalizations needs to be understood to ensure mitigation efforts are directed appropriately.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Harris County, 2. Dallas County, and 3. Tarrant County. These counties represent 34.8% of new cases in Texas.
- 50% of all counties in Texas have ongoing community transmission (yellow or red zone), with 19% having high levels of community transmission (red zone). There is continued improvement in the number of red zone counties from 90 three weeks ago, to 61 two weeks ago, to now 47 this week. Accelerating improvement and preventing university campus spread of cases to the local community is key.
- 23% of all nursing homes had at least one new case of COVID-19 among staff last week and 2.6% of nursing homes are reporting 3 or more new COVID-19 cases among residents per week over the last 3 weeks.
- Texas had 114 new cases per 100,000 population in the last week, compared to a national average of 88 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; 81 to support operations activities from FEMA; 11 to support medical activities from ASPR; 22 to support operations activities from ASPR; 1 to support operations activities from CDC; 15 to support operations activities from USCG; 8 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 22 - Aug 28, on average, 434 patients with confirmed COVID-19 and 631 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Texas. An average of 85% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Ensure both diagnostic and surveillance testing are rapid and comprehensive at all universities with students on campus, including online campuses where students have moved into off-campus housing.
- Expand testing support to Historically Black Colleges and Universities that may have limited testing capacity.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and universities and to support testing in communities surrounding universities.
- University students should have quarantine and care sites on campus or near campus and not be returned home to multigenerational households, where additional transmission could occur.
- Ensure all universities can fully test, isolate, and contact trace.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students to residents through staff.
- Continue the aggressive 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. 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.
- Continue the statewide mask mandate in all counties with 20 or more cases. Multiple counties and metro areas 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; ensure proactive communication about risks of gatherings over Labor Day.
- Continue the scale-up of testing, moving to community-led neighborhood testing. Work with local community groups to increase household testing of multigenerational households, with clear guidance on test positive isolation procedures and mask use.
- Ensure all individuals and households engaged in any multi-household activities are immediately tested, either in pools or as individuals.
- Increase messaging of the risk of serious disease for individuals in all age groups 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.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as ER visits and hospital admissions continue to 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.



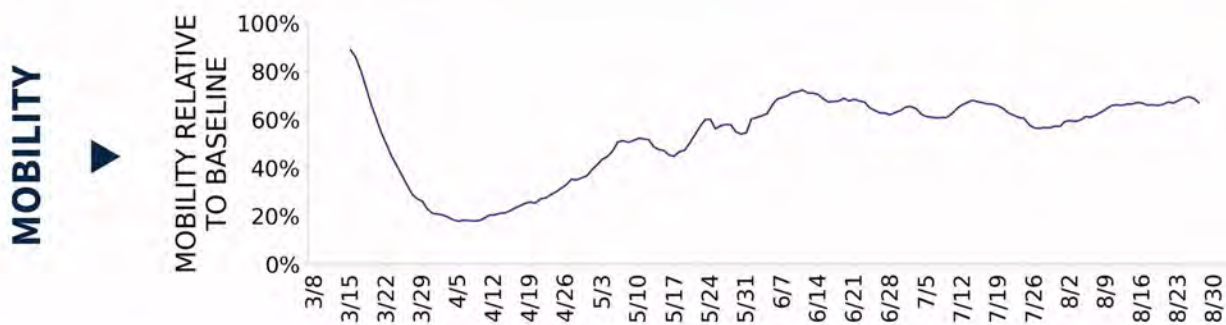
COVID-19



TEXAS

STATE REPORT | 08.30.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	32,923 (114)	-29.8%	46,962 (110)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.3%	-0.8%*	8.9%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	160,836** (555)	-15.4%**	328,748** (770)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	1,151 (4)	-13.1%	1,539 (4)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	15.5% (22.7%)	-4.0%* (-0.1%*)	16.2% (22.8%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	10.0%	-1.8%*	9.1%	5.0%



* 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 – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.**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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



TEXAS

STATE REPORT | 08.30.2020

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**

24

McAllen-Edinburg-Mission
Corpus Christi
Brownsville-Harlingen
Laredo
Waco
Huntsville
Longview
Eagle Pass
Odessa
Beeville
Rio Grande City-Roma
College Station-Bryan

33

Dallas-Fort Worth-Arlington
Houston-The Woodlands-Sugar Land
Austin-Round Rock-Georgetown
San Antonio-New Braunfels
El Paso
Beaumont-Port Arthur
Lubbock
Killeen-Temple
Amarillo
Tyler
Midland
El Campo

**COUNTY
LAST WEEK**

47

Hidalgo
Cameron
Nueces
Webb
McLennan
Walker
Maverick
Liberty
Ector
Bee
Starr
Brazos

81

Harris
Dallas
Tarrant
Fort Bend
El Paso
Bexar
Travis
Collin
Denton
Brazoria
Montgomery
Williamson

All Red CBSAs: McAllen-Edinburg-Mission, Corpus Christi, Brownsville-Harlingen, Laredo, Waco, Huntsville, Longview, Eagle Pass, Odessa, Beeville, Rio Grande City-Roma, College Station-Bryan, Alice, Jacksonville, Paris, Del Rio, Corsicana, Nacogdoches, Uvalde, Raymondville, Hereford, Pearsall, Palestine, Zapata

All Yellow CBSAs: Dallas-Fort Worth-Arlington, Houston-The Woodlands-Sugar Land, Austin-Round Rock-Georgetown, San Antonio-New Braunfels, El Paso, Beaumont-Port Arthur, Lubbock, Killeen-Temple, Amarillo, Tyler, Midland, El Campo, Victoria, Wichita Falls, Sherman-Denison, Granbury, San Angelo, Abilene, Brownwood, Lufkin, Kingsville, Mineral Wells, Bay City, Athens, Texarkana, Stephenville, Big Spring, Gainesville, Dumas, Port Lavaca, Lamesa, Vernon, Pecos

All Red Counties: Hidalgo, Cameron, Nueces, Webb, McLennan, Walker, Maverick, Liberty, Ector, Bee, Starr, Brazos, Cherokee, Rusk, Jim Wells, Lamar, Val Verde, Navarro, Freestone, Houston, Coryell, Nacogdoches, Limestone, Karnes, Madison, Uvalde, Willacy, DeWitt, Deaf Smith, Gonzales, Frio, Anderson, Brooks, Jackson, Zapata, Cass, Duval, Runnels, Lamb, Refugio, McCulloch, Leon, Dimmit, Archer, Concho, Dickens, Real

All Yellow Counties: Harris, Dallas, Tarrant, Fort Bend, El Paso, Bexar, Travis, Collin, Denton, Montgomery, Brazoria, Williamson, Lubbock, Galveston, Bell, Ellis, Jefferson, Smith, Johnson, Midland, Comal, Wharton, Gregg, Parker, Randall, Orange, Rockwall, Potter, Medina, Grayson, Hays, San Patricio, Victoria, Hood, Guadalupe, Tom Green, Brown, Bastrop, Hunt, Angelina, Waller, Taylor, Chambers, Kleberg, Austin, Palo Pinto, Matagorda, Henderson, Bowie, Colorado, Erath, Atascosa, Van Zandt, Wilson, Harrison, Upshur, Caldwell, Live Oak, Howard, Cooke, Milam, Burnet, Wood, Comanche, Moore, Calhoun, Terry, Eastland, Lavaca, Dawson, Bosque, Pecos, Montague, Hill, Callahan, Wilbarger, Shelby, Falls, Panola, Reeves, Reagan

* 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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
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Testing

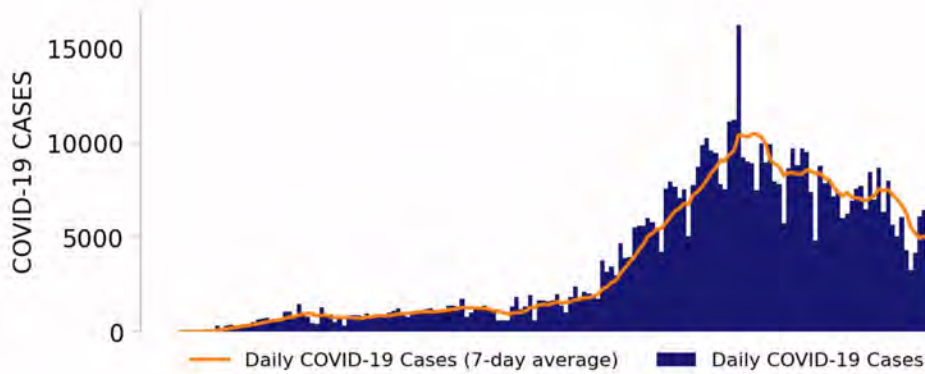
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- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device



TEXAS

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NEW CASES

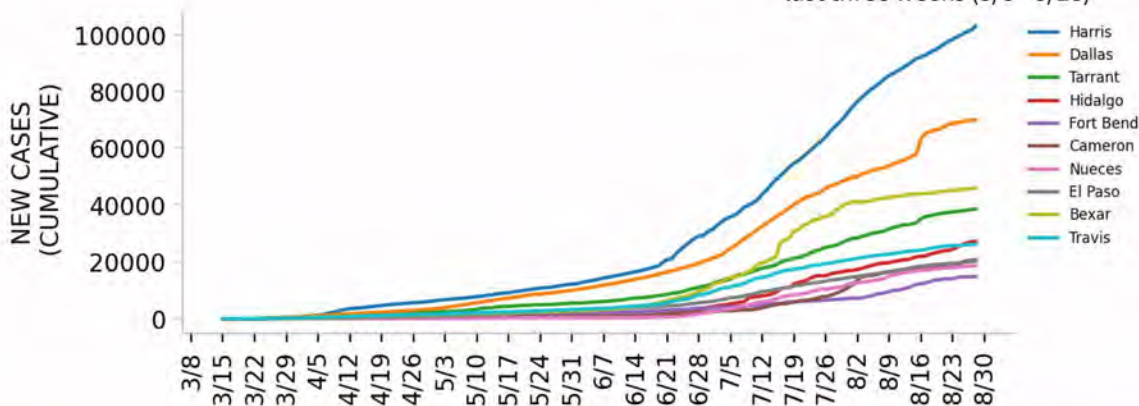


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

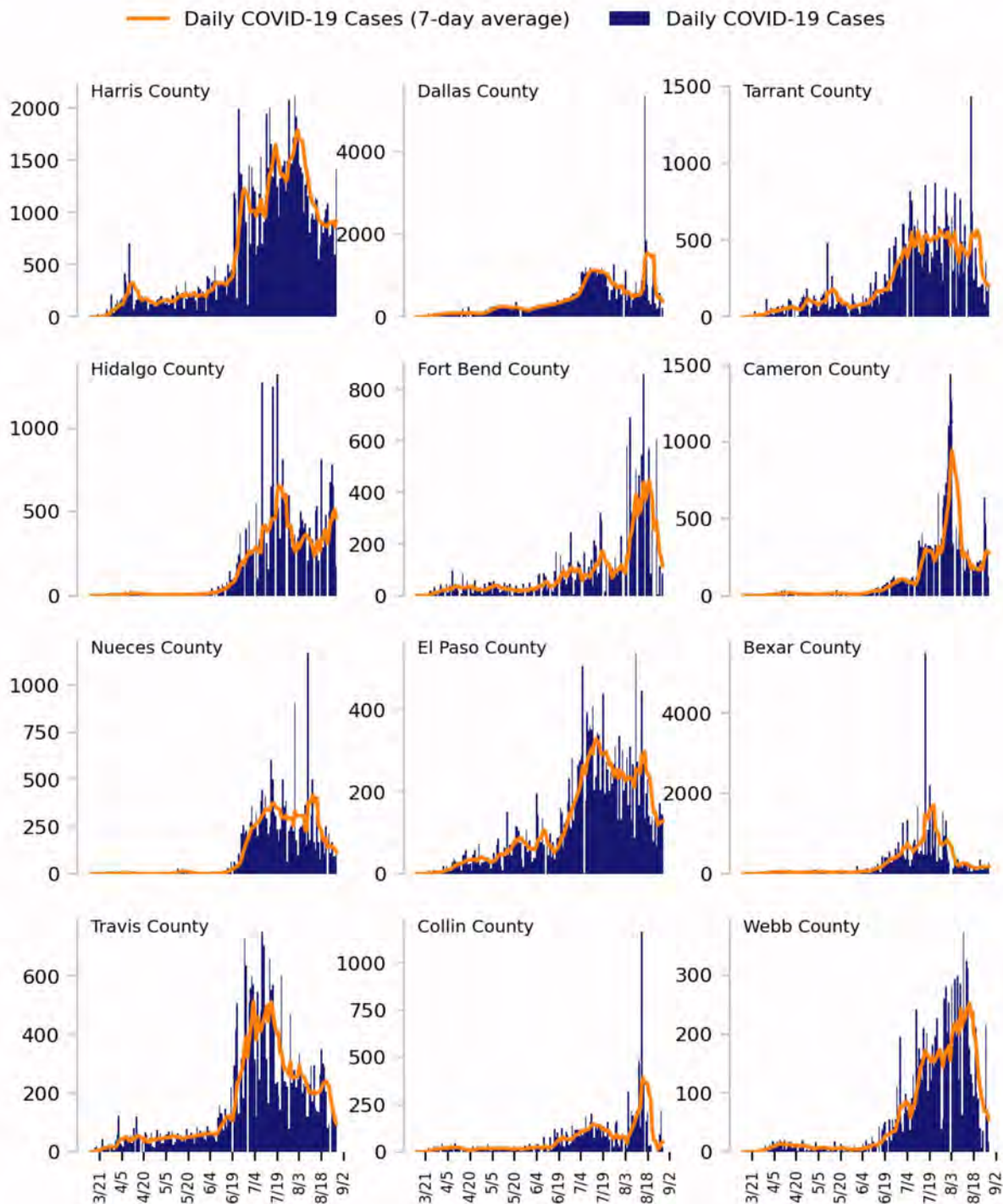
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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

TOTAL DAILY CASES



DATA SOURCES – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

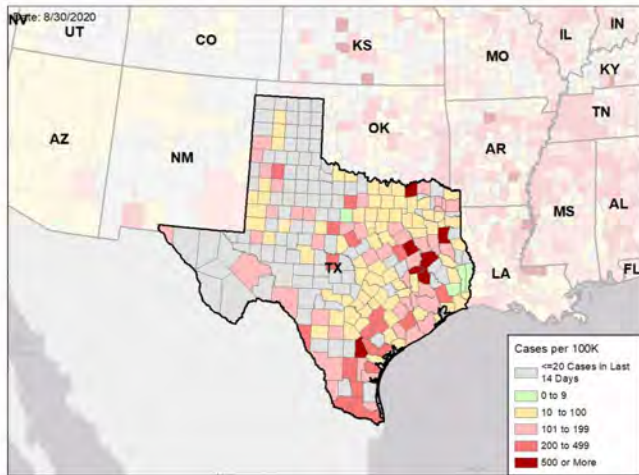


TEXAS

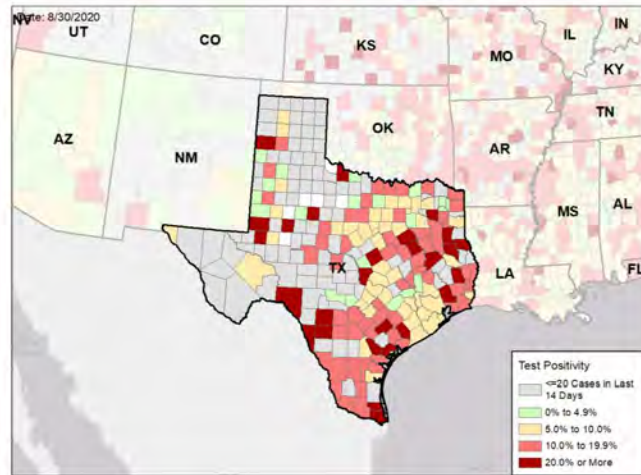
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

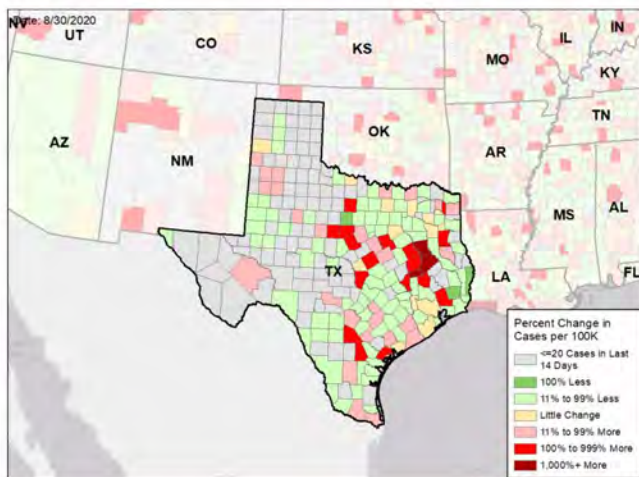
NEW CASES PER 100,000 DURING LAST WEEK



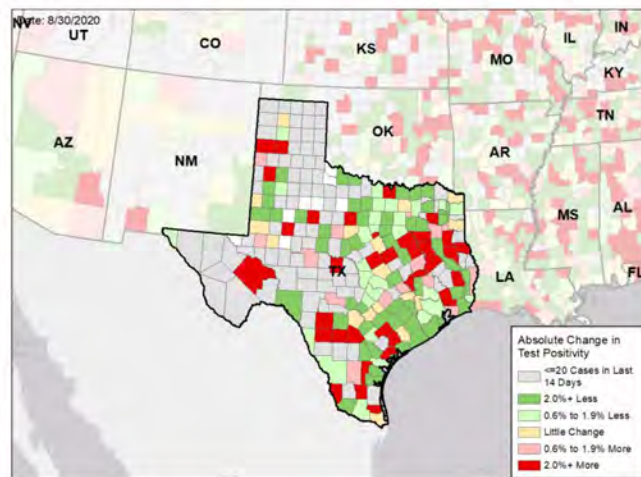
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

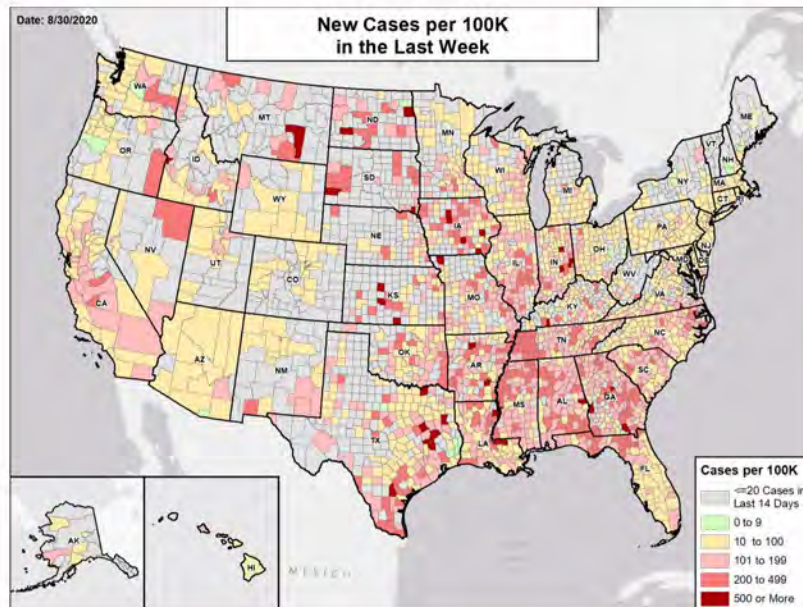
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

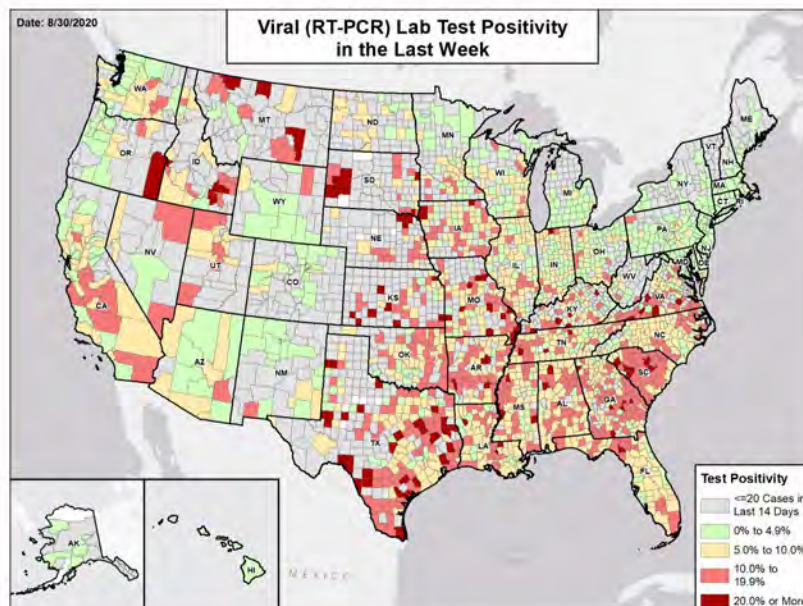


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

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

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



UTAH

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SUMMARY

- Utah 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. Utah is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 10th highest rate in the country.
- Utah 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 last 3 weeks: 1. Salt Lake County, 2. Utah County, and 3. Davis County. These counties represent 79.5% of new cases in Utah.
- 45% of all counties in Utah have ongoing community transmission (yellow or red zone), with 3% having high levels of community transmission (red zone).
- No nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- Outside of Summit and Salt Lake counties, testing appears broadly insufficient.
- Utah had 77 new cases per 100,000 population in the last week, compared to a national average of 88 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 22 - Aug 28, on average, 13 patients with confirmed COVID-19 and 14 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Utah. An average of 84% 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

- Persistently elevated case rates and low levels of testing are concerning as schools open and colder weather approaches.
- Recommend statewide face covering requirement; at a minimum, all counties defined as yellow and red in this report should enact local ordinances, especially Utah, Davis, Cache, Box Elder, and Morgan counties.
- 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 medical conditions; emphasize face covering as a civic and social responsibility.
- Ensure that all university and colleges have a plan for screening, testing and retesting students, regardless of symptoms.
- 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. 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.
- Surrounding communities should work with colleges and universities to ensure sufficiently enhanced capacity for community testing with quick turnaround times.
- 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.
- University students with COVID-19 should have access to quarantine and care sites on campus or near campus and not be returned home to multigenerational households where additional transmission could occur.
- Transmissions are increasingly driven by family, neighborhood, and student gatherings. Educate citizens, especially students, on the risk of spreading the virus to family members with underlying conditions. Encourage vulnerable family members to protect themselves and all individuals that have participated in such events to get tested.
- 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.
- 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 along with material support, 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](https://www.cdc.gov).

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

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



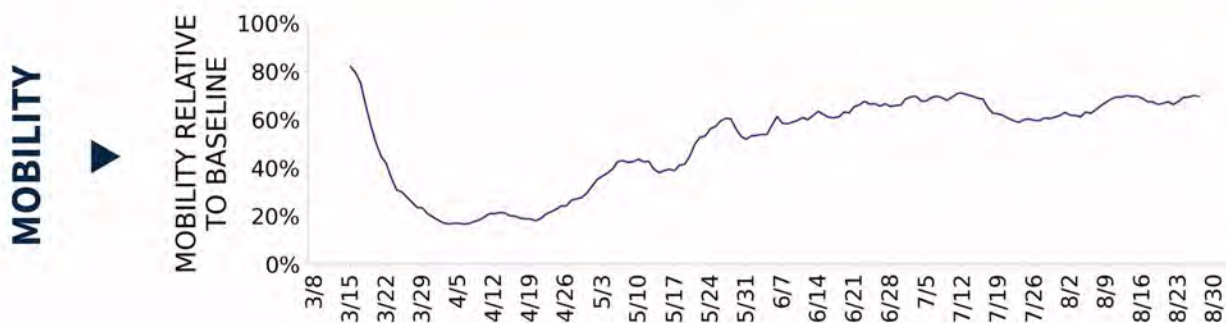
COVID-19



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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	2,482 (77)	+0.6%	9,031 (74)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.5%	+1.2%*	5.8%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	42,496** (1,326)	-18.6%**	178,984** (1,460)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	24 (1)	+4.3%	78 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	7.1% (11.9%)	-0.9%* (-5.3%*)	3.9% (10.1%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2.4%	-2.2%*	1.1%	5.0%



* 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 – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



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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

Provo-Orem

7

Salt Lake City
Ogden-Clearfield
St. George
Heber
Logan
Cedar City
Price

**COUNTY
LAST WEEK**

1

Utah

12

Salt Lake
Davis
Weber
Washington
Cache
Summit
Tooele
Iron
Box Elder
Wasatch
Carbon
Morgan

* 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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

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
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- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

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

Public Messaging

- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
- Do not go to bars or nightclubs
- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
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Public Officials

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Testing

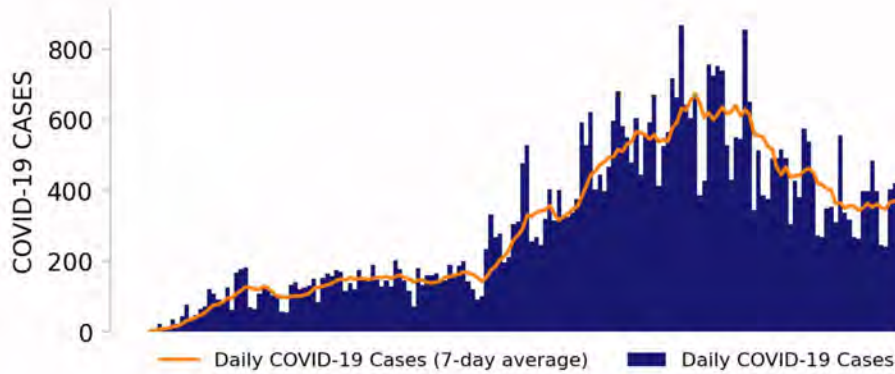
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NEW CASES

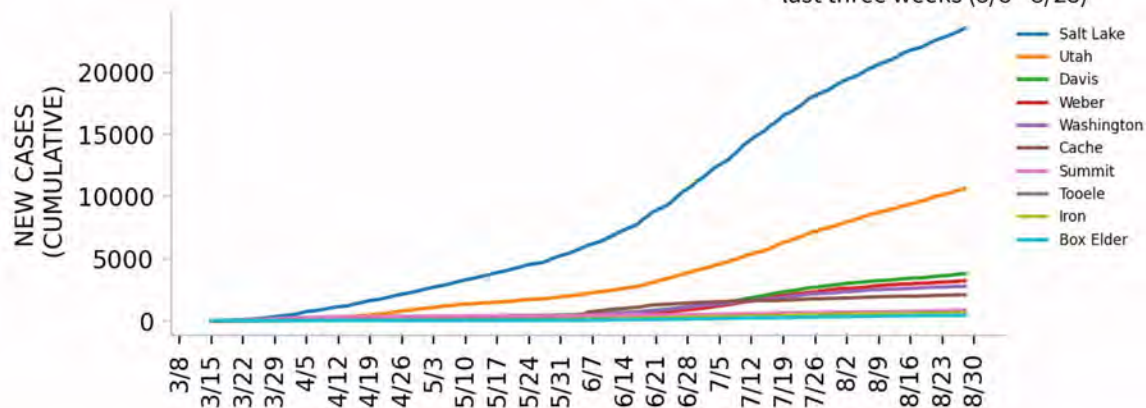


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

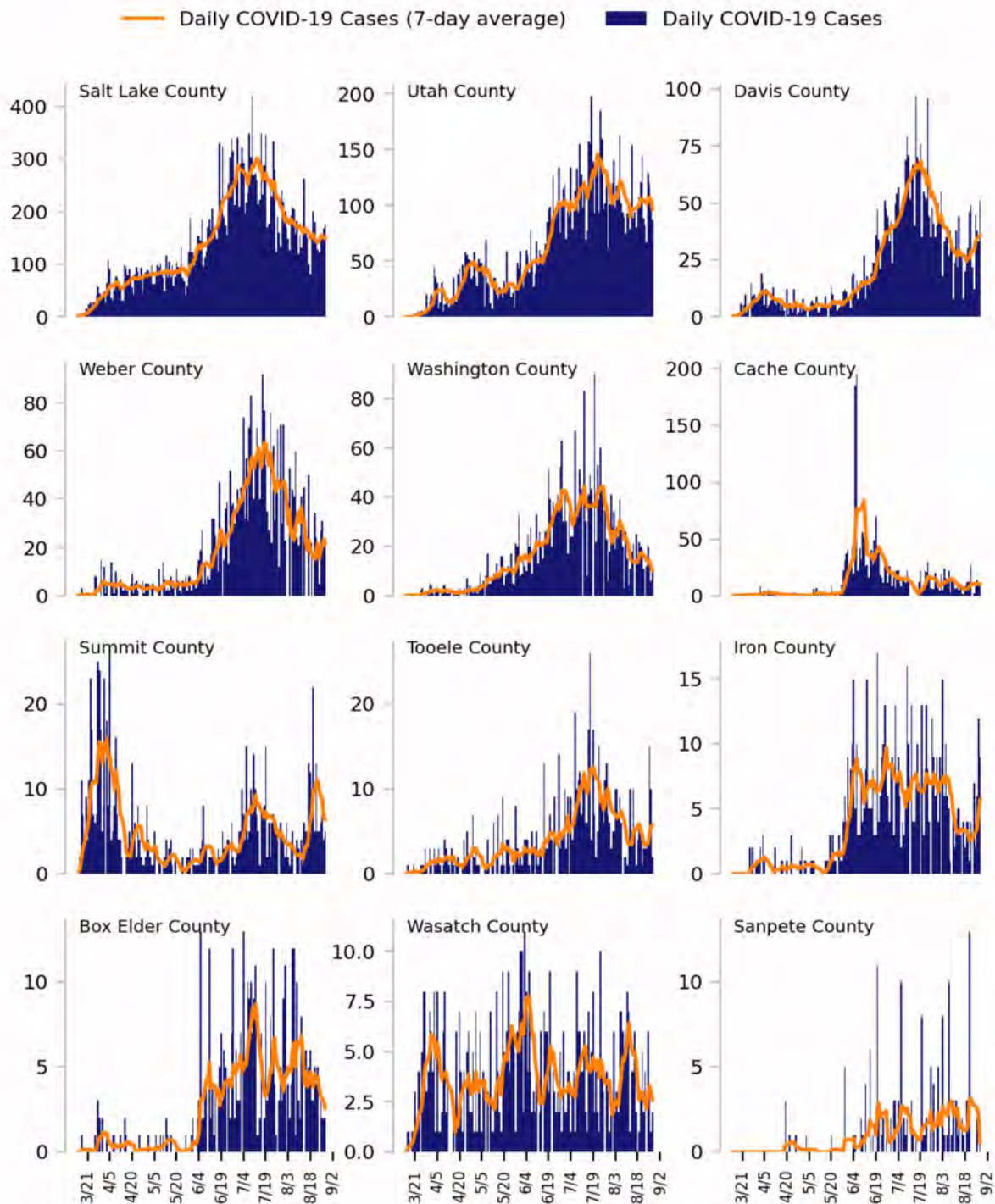
TOP COUNTIES

**DATA SOURCES** – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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

TOTAL DAILY CASES



DATA SOURCES – Additional data details available under METHODS

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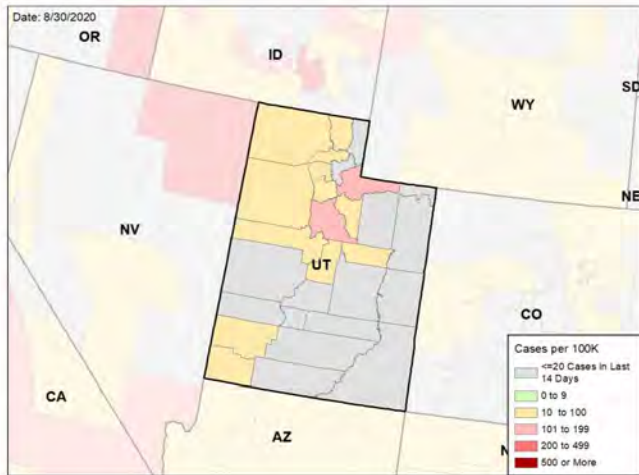


UTAH

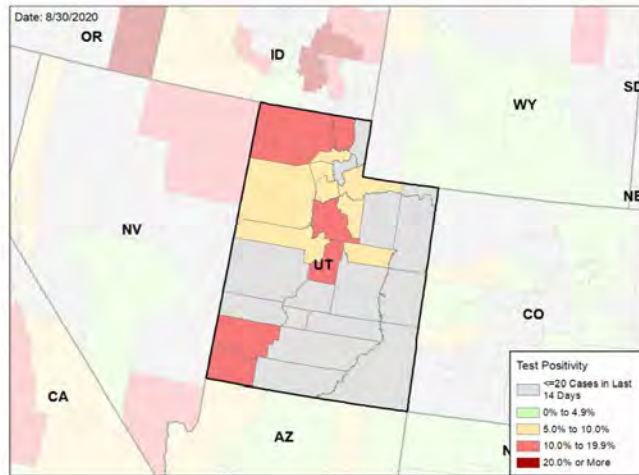
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

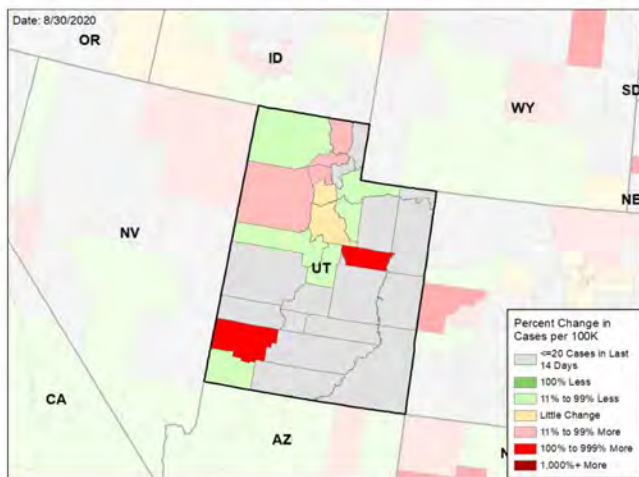
NEW CASES PER 100,000 DURING LAST WEEK



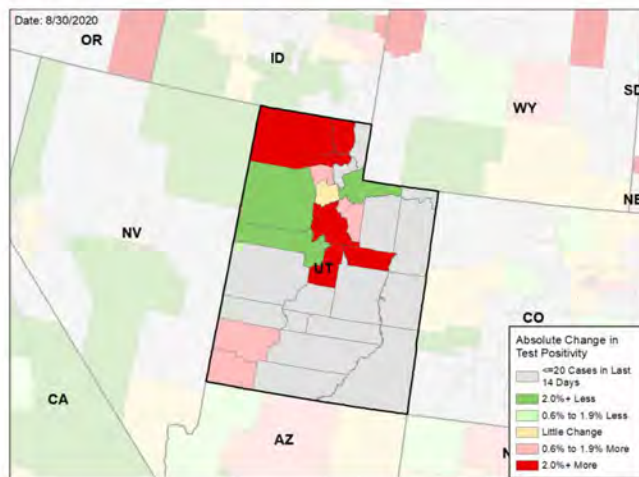
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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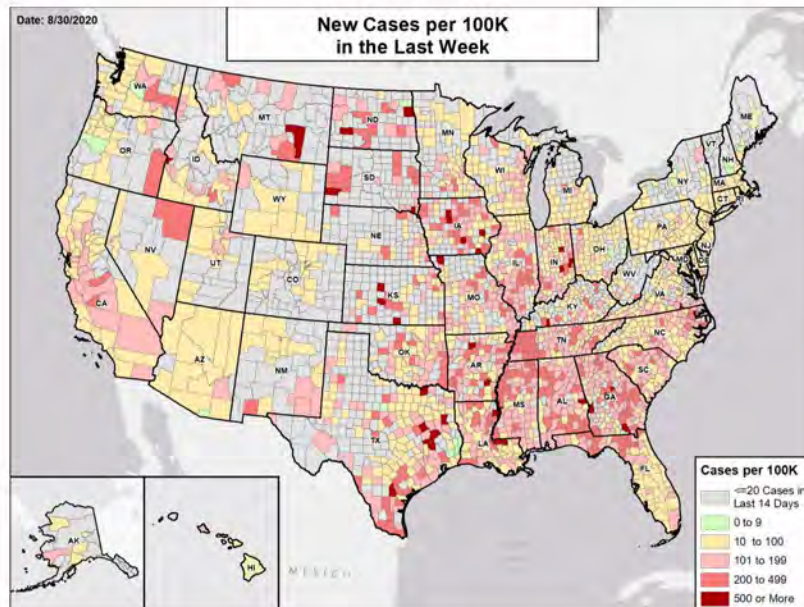
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

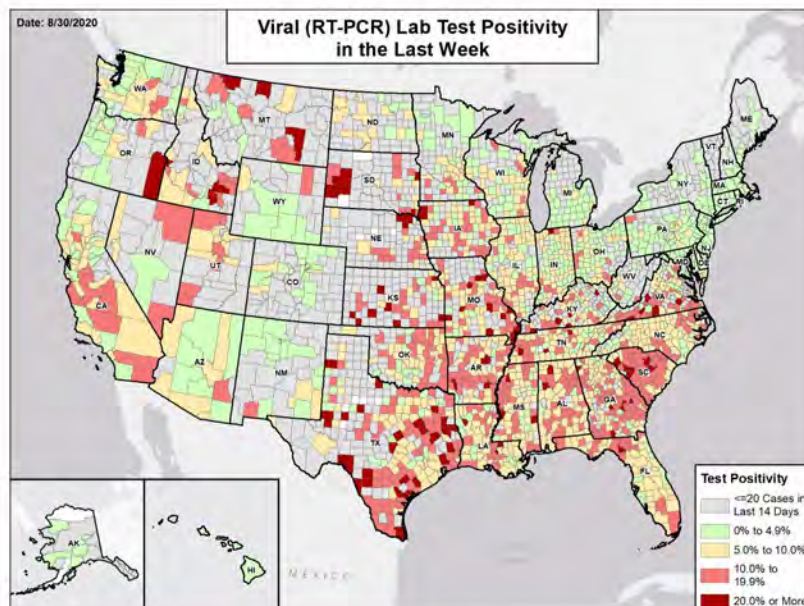


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

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

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



VERMONT

STATE REPORT | 08.30.2020

SUMMARY

- Vermont is in the green zone for cases, indicating less than 10 new cases per 100,000 population last week, with the lowest rate in the country. Vermont is in the green zone for test positivity, indicating a rate below 5%, with the lowest rate in the country.
- Vermont 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 last 3 weeks: 1. Chittenden County, 2. Windham County, and 3. Bennington County. These counties represent 62.4% of new cases in Vermont.
- University testing of approximately 8,700 returning students found 19 (0.22%) were positive for COVID-19; state leaders attributed this to students having followed the recommended pre-return quarantine.
- No counties in Vermont have moderate or high levels of ongoing community transmission (yellow or red zone).
- No nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- Vermont had 8 new cases per 100,000 population in the last week, compared to a national average of 88 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 22 - Aug 28, on average, 1 patient with confirmed COVID-19 and 8 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Vermont. An average of 62% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue public awareness efforts on the public health and economic benefits of the new state masking mandate. State efforts (#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.
- For institutes of higher education (IHE):
 - Ensure both diagnostic and surveillance testing are rapid and comprehensive at all institutions with students on campus.
 - Ensure all universities can fully test, isolate, and conduct contact tracing among students and staff in collaboration with local public health authorities.
 - Ensure university students with or exposed to COVID-19 have access to quarantine and care sites on or near campus and are not returned home to multigenerational households where additional transmission could occur.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and universities, for their students and to support the community surrounding their universities.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students.
- Support local authorities in outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy, as well as other limitations on student patronage; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus events.
- Support a uniform case-reporting process for IHE and reporting of this data on public-facing dashboards. Publish IHE screening as well as outbreak data on the state dashboard.
- 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](https://www.cdc.gov/covid19/community-mitigation/).

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.



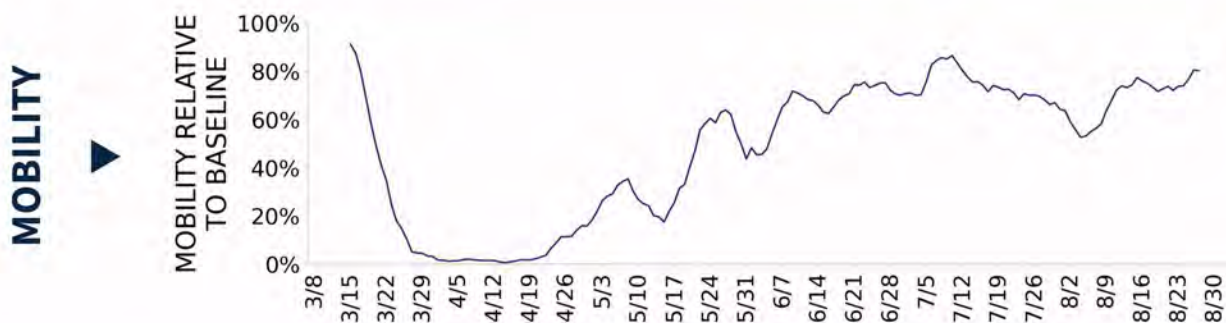
COVID-19



VERMONT

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	48 (8)	+20.0%	4,348 (29)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	0.4%	+0.0%*	1.2%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	17,591** (2,819)	+16.6%**	372,194** (2,507)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	0 (0)	N/A	166 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	3.1% (0.0%)	+3.1%* (N/A)	2.6% (6.3%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0.0%	N/A	2.7%	5.0%



* 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 – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



VERMONT

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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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

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

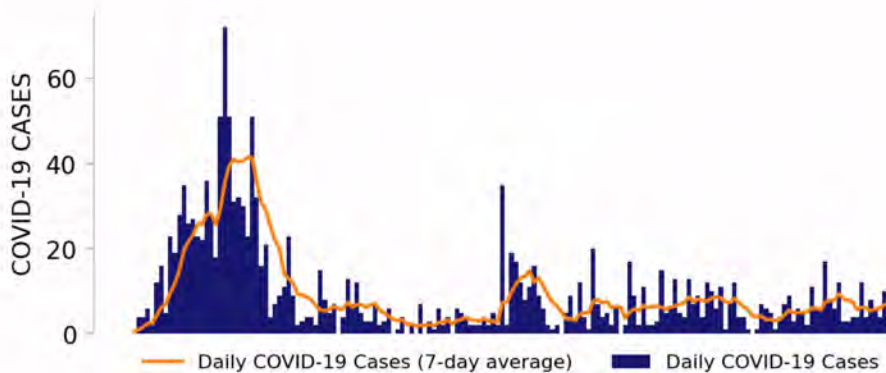
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- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device



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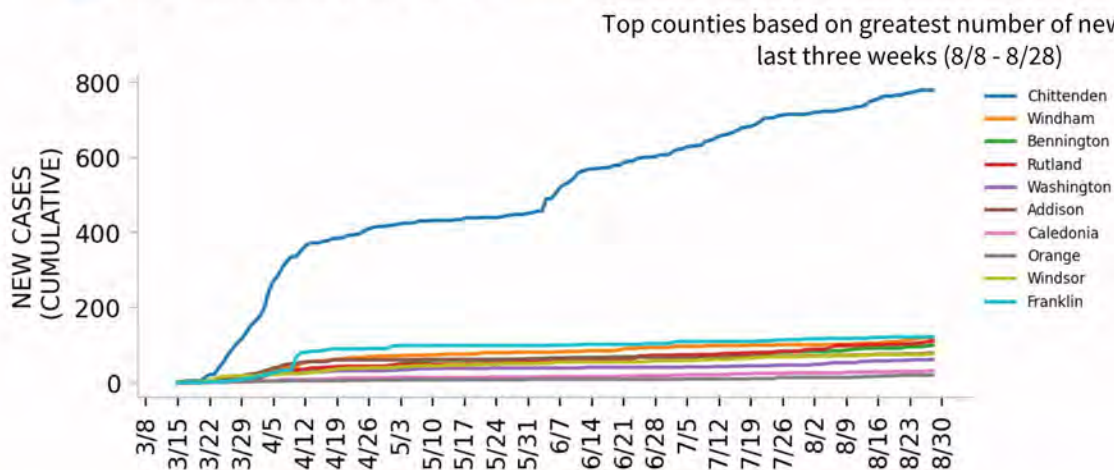
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

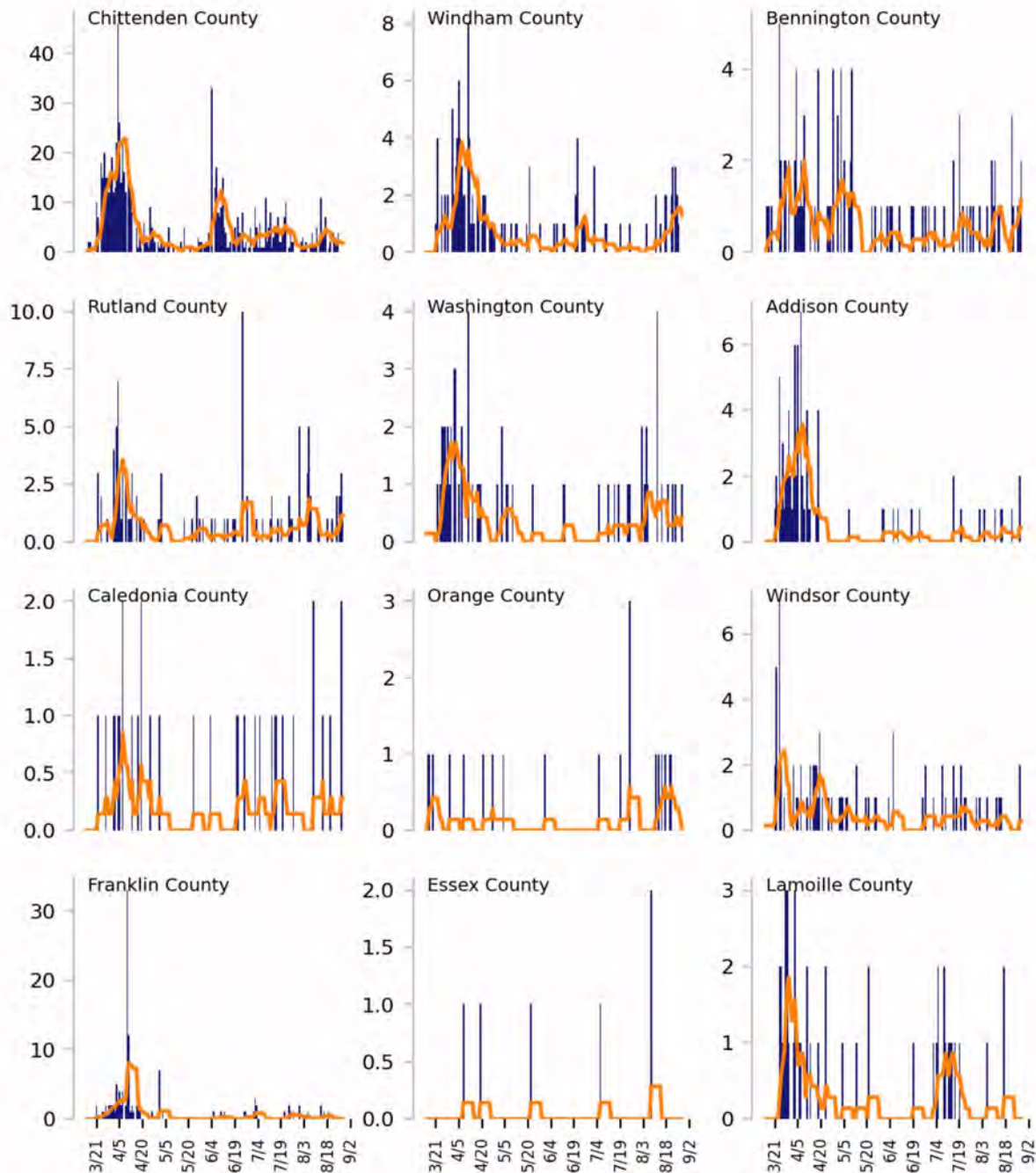
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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 – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

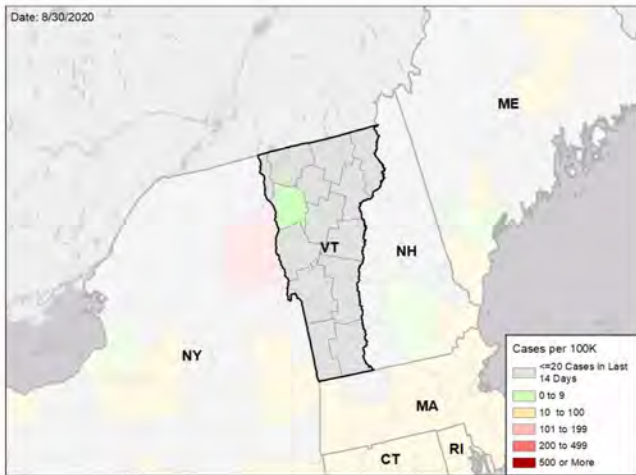


VERMONT

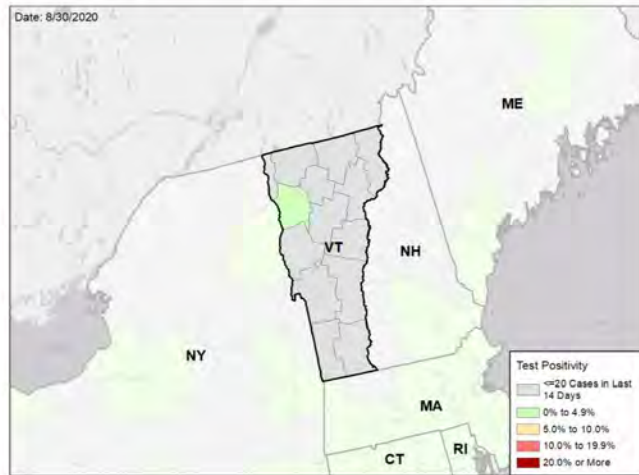
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

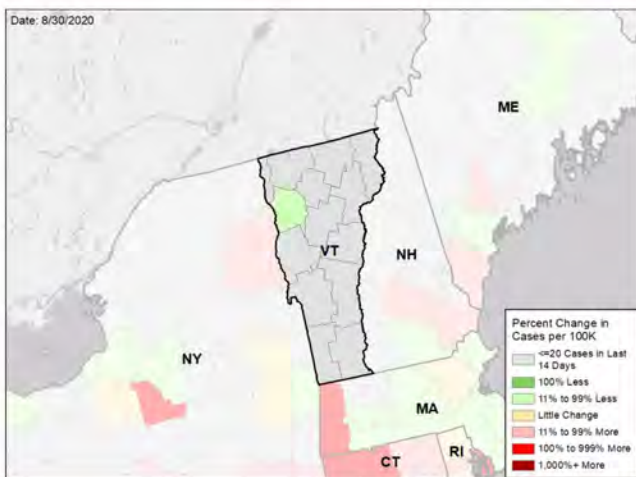
NEW CASES PER 100,000 DURING LAST WEEK



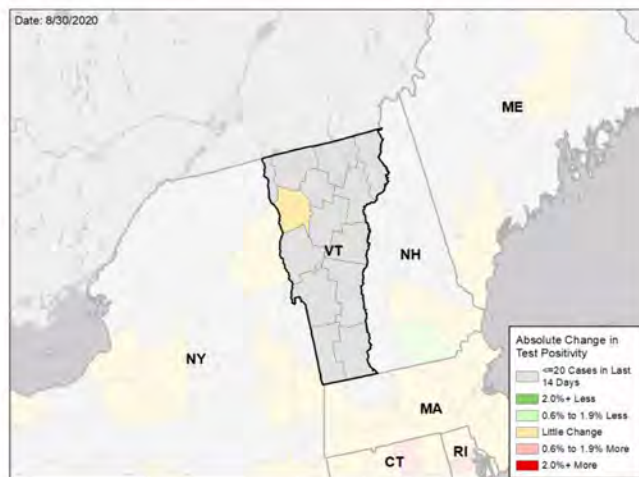
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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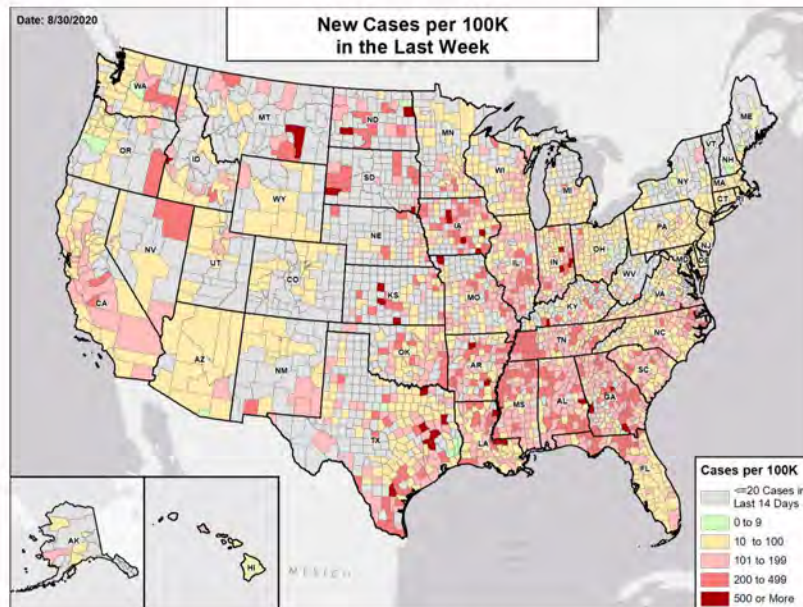
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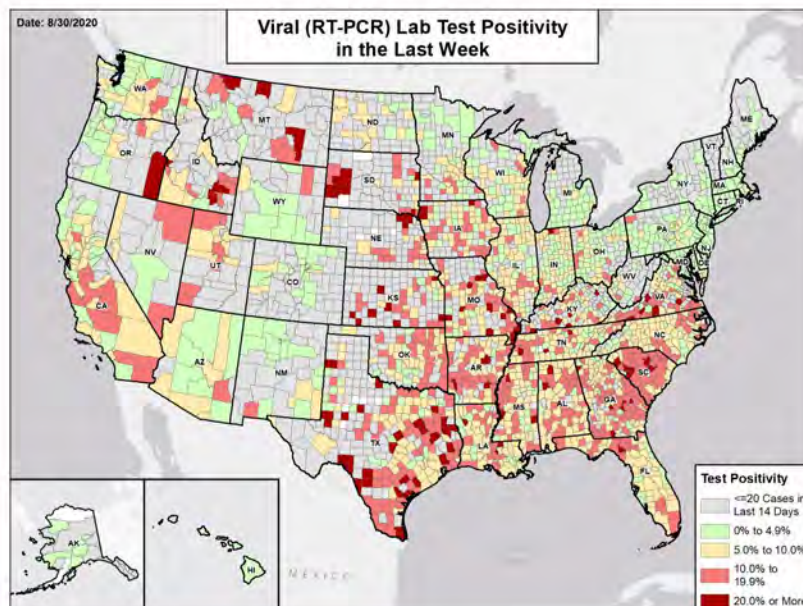


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

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

Metric	Green	Yellow	Red
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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, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
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- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



VIRGINIA

STATE REPORT | 08.30.2020

SUMMARY

- Virginia is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 28th highest rate in the country. Virginia is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 13th highest rate in the country.
- Virginia has seen an increase in new cases and stability in test positivity over the last week. These increases are now in all the DC metro area counties, with decreasing cases in the vacation areas.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Fairfax County, 2. Prince William County, and 3. Virginia Beach City. These counties represent 21.7% of new cases in Virginia.
- 62% of all counties in Virginia have ongoing community transmission (yellow or red zone), with 20% having high levels of community transmission (red zone).
- 19% of all nursing homes had at least one new case among staff in the last week, but only 0.7% of nursing homes are reporting 3 or more new COVID-19 cases among residents per week over the last 3 weeks, showing good protection of the vulnerable residents.
- Virginia had 79 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 34 to support operations activities from FEMA; 1 to support epidemiology activities from CDC; 3 to support operations activities from CDC; and 96 to support operations activities from USCG.
- Between Aug 22 - Aug 28, on average, 58 patients with confirmed COVID-19 and 154 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Virginia. An average of 88% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue the mask mandate.
- Ensure both diagnostic and surveillance testing are rapid and comprehensive at all universities with students on campus, including online campuses where students have moved into off-campus housing.
- Expand testing support to Historically Black Colleges and Universities that may have limited testing capacity.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and universities and to support testing in communities surrounding universities.
- University students should have quarantine and care sites on campus or near campus and not be returned home to multigenerational households, where additional transmission could occur.
- Ensure all universities can fully test, isolate, and contact trace.
- Ensure all nursing homes, assisted living and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students to residents through staff.
- 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 touristed areas with highest transmission.
- 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).
- Ensure proactive communication about risks of gatherings over Labor Day.
- Continue the aggressive protection of those in nursing homes and long-term care facilities (LTCFs) by testing all staff each week and requiring staff to wear face masks. Ensure all LTCFs participate in infection prevention and control assessments.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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

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



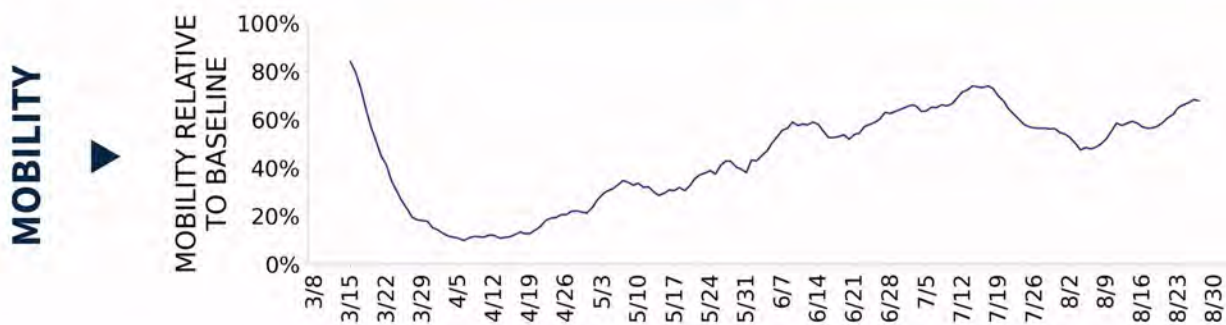
COVID-19



VIRGINIA

STATE REPORT | 08.30.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	6,728 (79)	+11.8%	16,335 (53)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.2%	+0.4%*	4.8%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	106,809** (1,251)	+2.0%**	477,403** (1,547)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	111 (1)	+50.0%	298 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	11.3% (19.0%)	-4.1%* (-3.0%*)	8.2% (15.1%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4.0%	-1.0%*	3.3%	5.0%



* 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 – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



VIRGINIA

STATE REPORT | 08.30.2020

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
Kingsport-Bristol

8

Washington-Arlington-Alexandria
Virginia Beach-Norfolk-Newport News
Richmond
Blacksburg-Christiansburg
Charlottesville
Roanoke
Harrisonburg
Big Stone Gap

**COUNTY
LAST WEEK**

27

Chesapeake City
Portsmouth City
Lynchburg City
Suffolk City
Pittsylvania
Henry
Radford City
Danville City
Manassas City
Isle of Wight
Harrisonburg City
Martinsville City

55

Fairfax
Prince William
Virginia Beach City
Henrico
Norfolk City
Chesterfield
Richmond City
Loudoun
Arlington
Alexandria City
Newport News City
Hampton City

All Red Counties: Chesapeake City, Portsmouth City, Lynchburg City, Suffolk City, Pittsylvania, Henry, Radford City, Danville City, Manassas City, Isle of Wight, Harrisonburg City, Martinsville City, Smyth, Franklin City, Floyd, Patrick, Southampton, Fredericksburg City, Appomattox, Dinwiddie, Brunswick, Goochland, Emporia City, Sussex, Grayson, Lunenburg, Lancaster

All Yellow Counties: Fairfax, Prince William, Virginia Beach City, Norfolk City, Henrico, Chesterfield, Richmond City, Loudoun, Arlington, Alexandria City, Newport News City, Hampton City, Spotsylvania, Stafford, Greenville, Wise, Albemarle, Bedford, Roanoke City, Washington, James City, Prince George, Amherst, Campbell, Culpeper, Mecklenburg, Petersburg City, Rockingham, Roanoke, Augusta, York, Prince Edward, Frederick, Russell, Lee, Hopewell City, Carroll, King George, Scott, Caroline, Salem City, Halifax, Gloucester, Greene, Powhatan, Buckingham, Pulaski, Bristol City, Fluvanna, Wythe, Botetourt, Warren, Orange, Poquoson City, Nottoway

* 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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

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

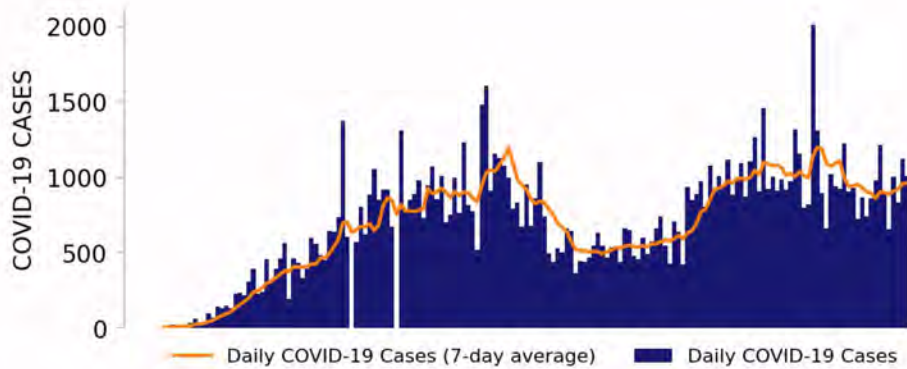
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing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



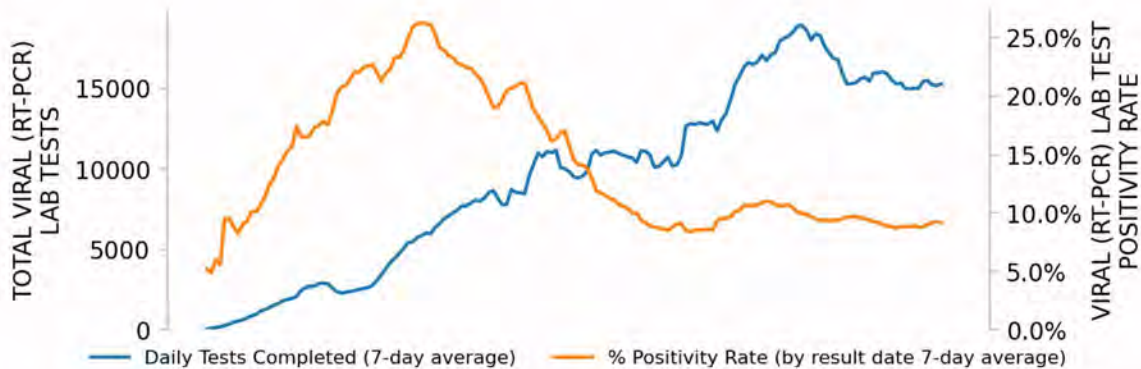
VIRGINIA

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NEW CASES

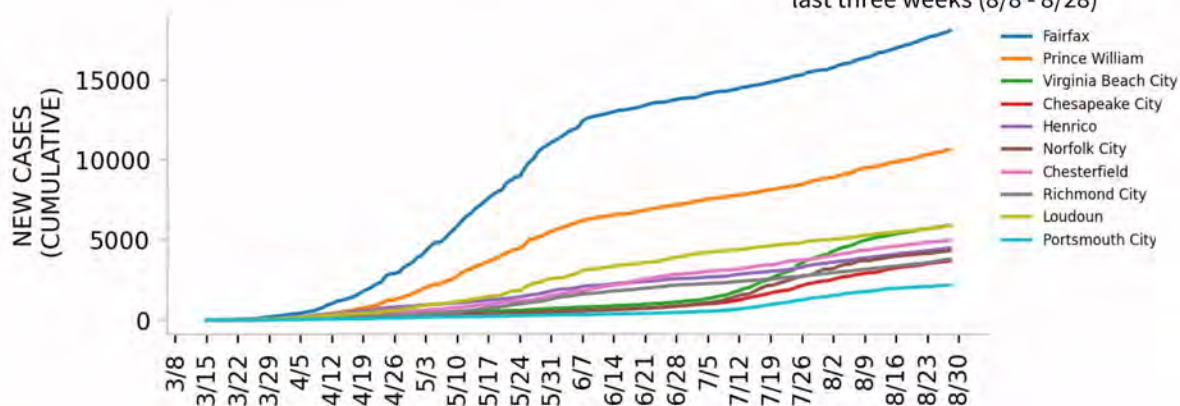


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

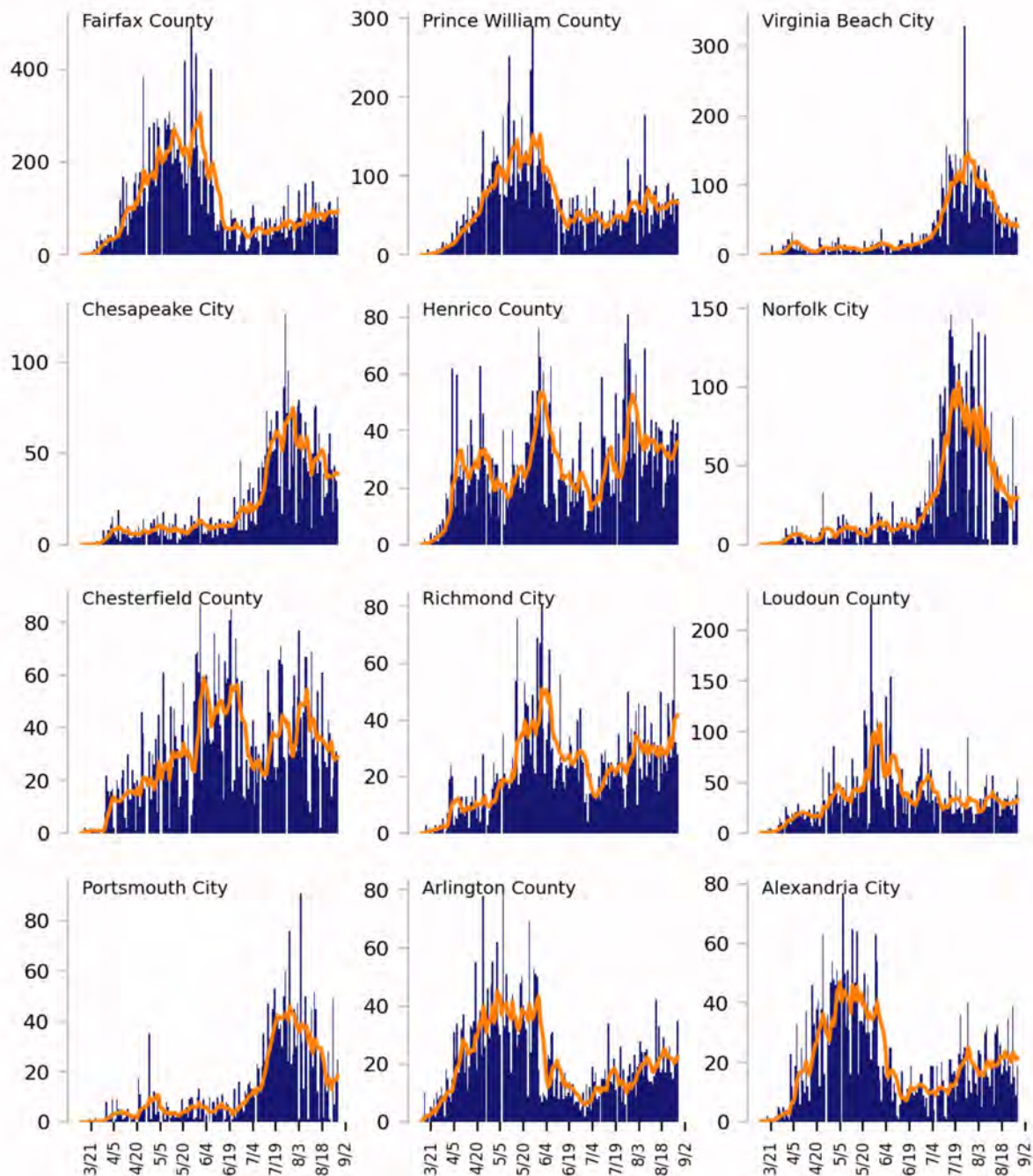
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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 – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

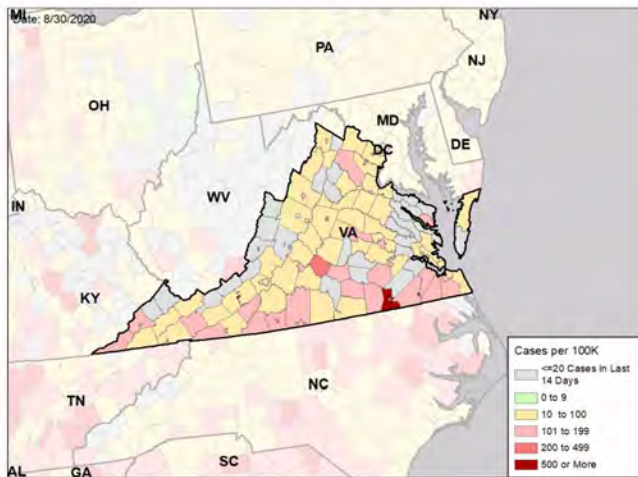


VIRGINIA

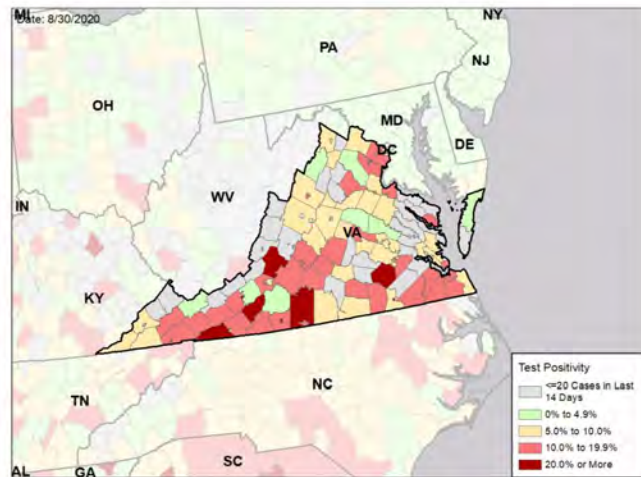
STATE REPORT | 08.30.2020

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

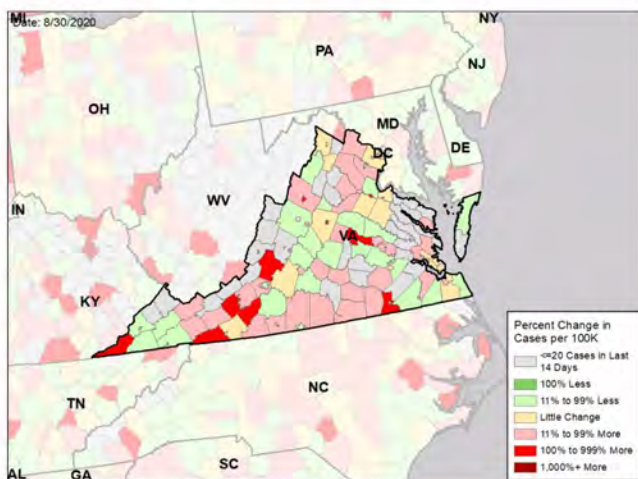
NEW CASES PER 100,000 DURING LAST WEEK



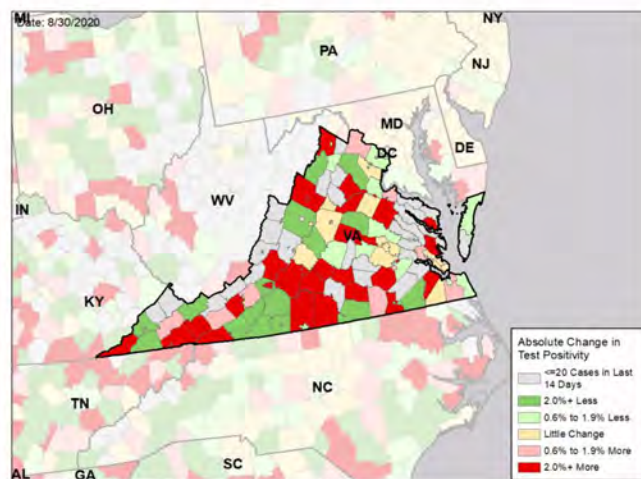
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

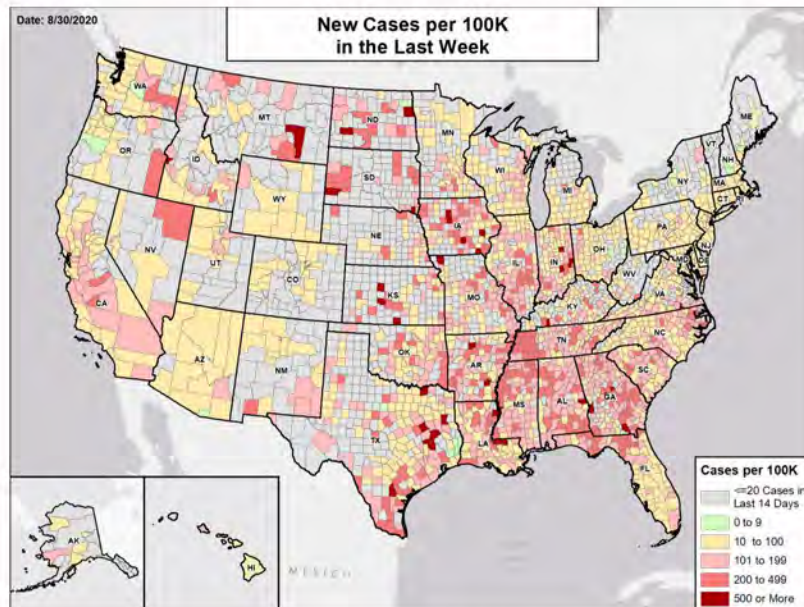
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

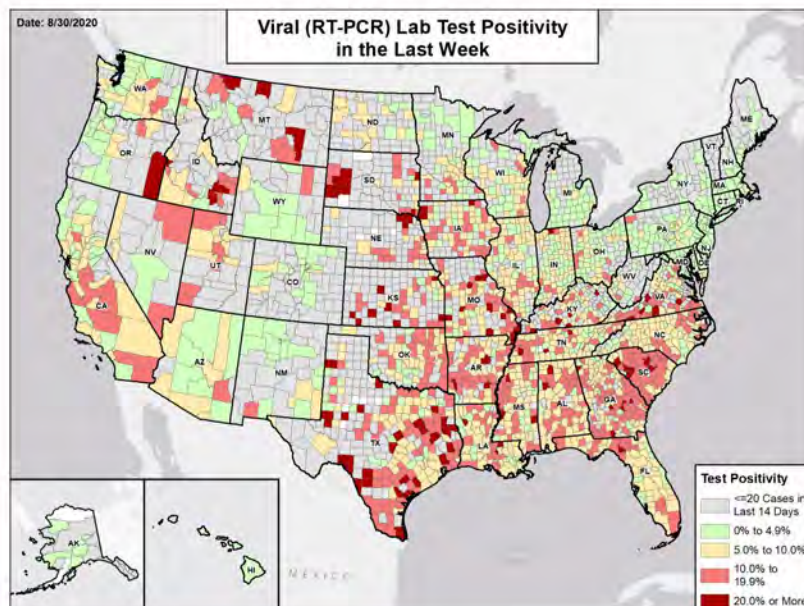


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

STATE REPORT | 08.30.2020

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, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



WASHINGTON

STATE REPORT | 08.30.2020

SUMMARY

- Washington is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 37th highest rate in the country. Washington is in the green zone for test positivity, indicating a rate below 5%, with the 38th highest rate in the country.
- Washington has seen stability in new cases and a decrease in test positivity over the last week.
- Despite the statewide stabilization in cases and test positivity, many counties in eastern Washington continued to show evidence of widespread community transmission with high or very high incidence and high test positivity rates (especially Adams, Chelan, Douglas, Franklin, Grant, and Whitman counties). Yakima County, where intensive measures have increased mask usage, continued to report decreasing cases. The following three counties had the highest number of new cases over the last 3 weeks: 1. King County, 2. Pierce County, and 3. Spokane County. These counties represent 42.9% of new cases in Washington.
- Whitman County, the home of Washington State University, has had an extremely sharp increase in cases last week, the first week of classes. Although classes are virtual, approximately 60-70% of students are estimated to have returned to town and cases are disproportionately among them. Of 58 reported cases on August 29, all were under age 40.
- 31% of all counties in Washington have ongoing community transmission (yellow or red zone), with 8% having high levels of community transmission (red zone).
- 1.5% of nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- Washington had 51 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 110 to support operations activities from FEMA; 3 to support operations activities from ASPR; 1 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 22 - Aug 28, on average, 20 patients with confirmed COVID-19 and 82 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Washington. An average of 87% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue to support state testing guidelines ensuring broad testing of priority populations, identified or suspected contacts, and symptomatic individuals.
- For institutes of higher education (IHE):
 - Ensure both diagnostic and surveillance testing are rapid and comprehensive at all institutions with students on campus.
 - Ensure all universities can fully test, isolate, and conduct contact tracing among students and staff in collaboration with local public health authorities.
 - Ensure university students with or exposed to COVID-19 have access to quarantine and care sites on or near campus and are not returned home to multigenerational households where additional transmission could occur.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and universities, for their students and to support the community surrounding their universities.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students.
- Support local authorities in outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy as well as other limitations on student patronage; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus events.
- Support a uniform case-reporting process for IHE and reporting of this data on public-facing dashboards. Publish IHE screening as well as outbreak data on the state dashboard.
- 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.
- Move to community-led neighborhood testing and work with local community groups to increase access of testing. Continue to surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates.
- 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 in the last week 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](https://www.cdc.gov/covid19).

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

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



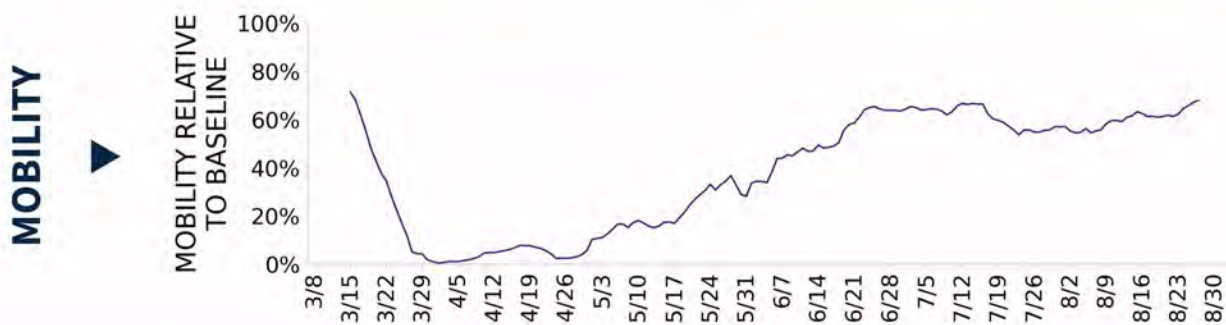
COVID-19



WASHINGTON

STATE REPORT | 08.30.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	3,909 (51)	+7.4%	8,068 (56)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.3%	-0.7%*	4.2%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	74,283** (975)	-4.7%**	175,802** (1,225)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	58 (1)	-39.6%	146 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	3.8% (8.2%)	-0.8%* (-5.1%*)	4.1% (10.6%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1.6%	-2.0%*	1.8%	5.0%



* 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 – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19. Public Health Laboratory data is inclusive of all updates processed through 8/28.**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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



WASHINGTON

STATE REPORT | 08.30.2020

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

Othello

10

Kennewick-Richland
Moses Lake
Yakima
Wenatchee
Walla Walla
Centralia
Aberdeen
Port Angeles
Shelton
Lewiston

**COUNTY
LAST WEEK**

3

Franklin
Douglas
Adams

9

Grant
Yakima
Chelan
Benton
Walla Walla
Lewis
Grays Harbor
Clallam
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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/26/2020. Last week is 8/20 - 8/26. Public Health Laboratory data is inclusive of all updates processed through 8/28.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

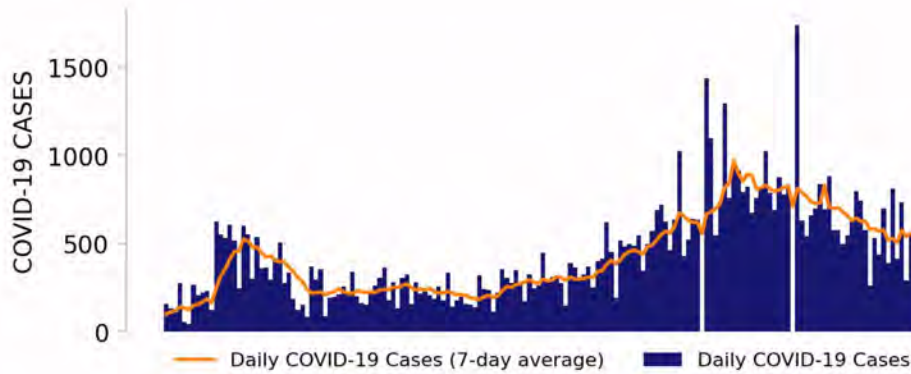
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- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device



WASHINGTON

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NEW CASES

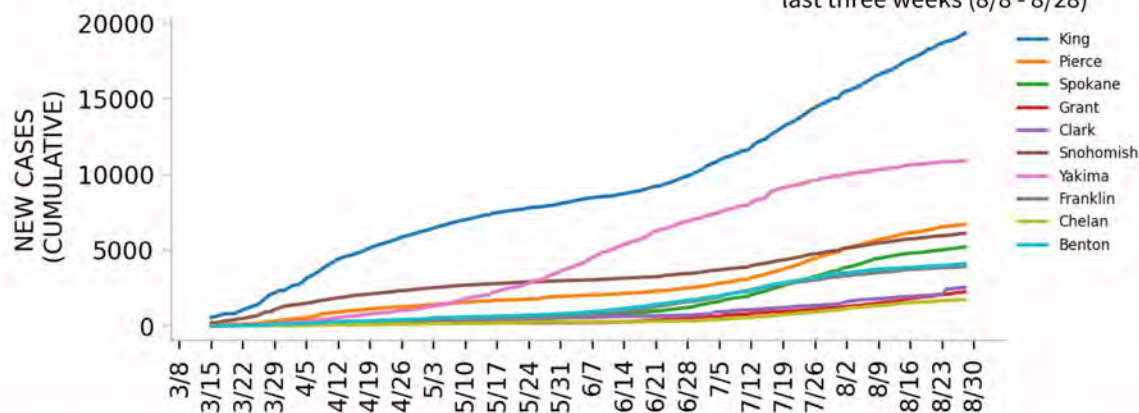


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

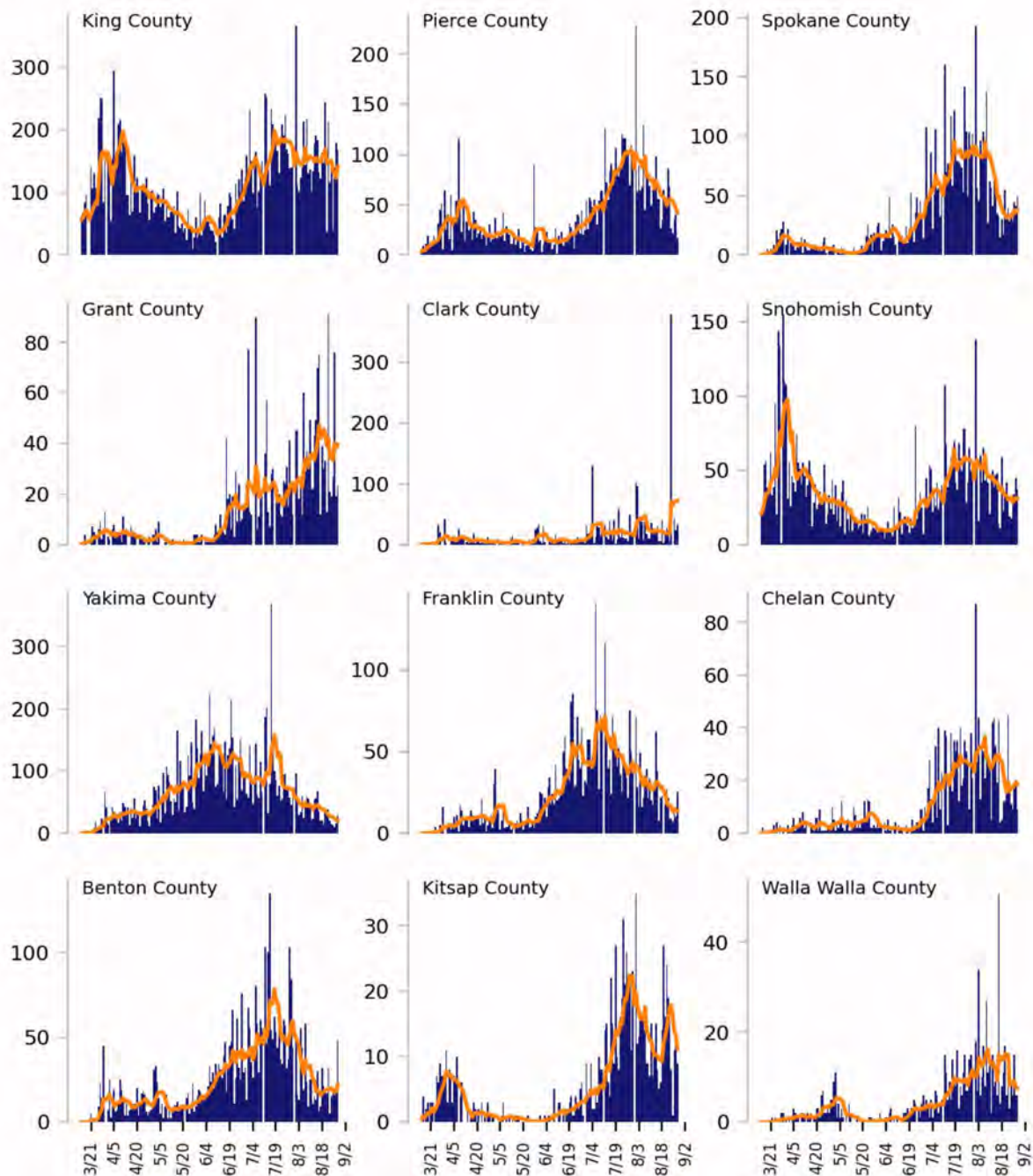
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/26/2020. Public Health Laboratory data is inclusive of all updates processed through 8/28.



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 – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

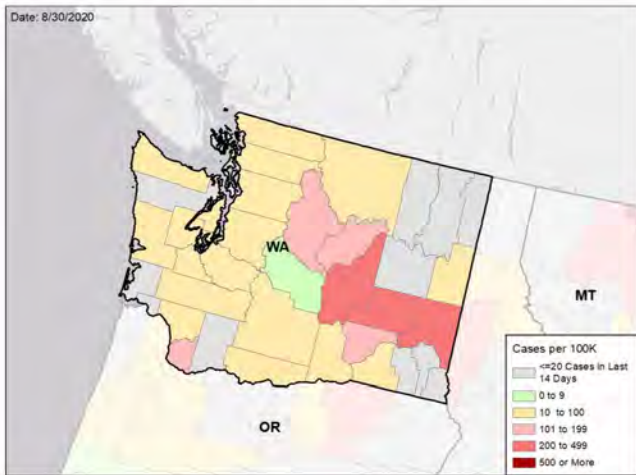


WASHINGTON

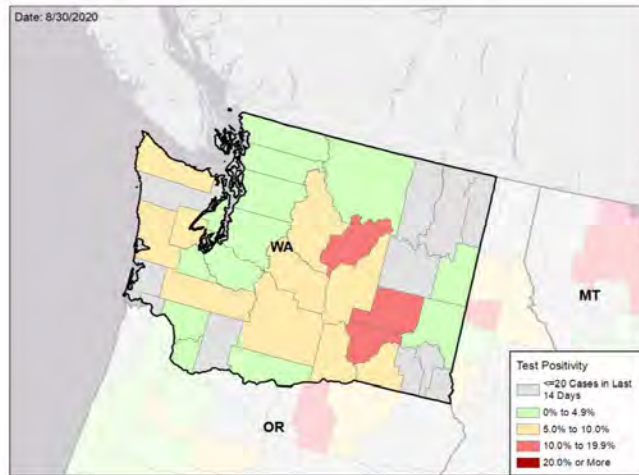
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

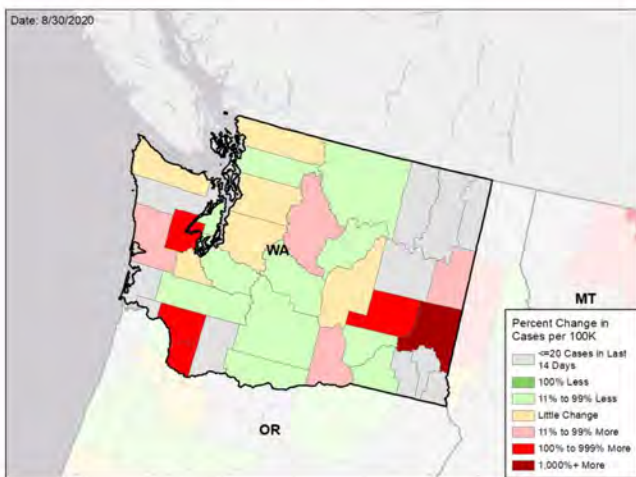
NEW CASES PER 100,000 DURING LAST WEEK



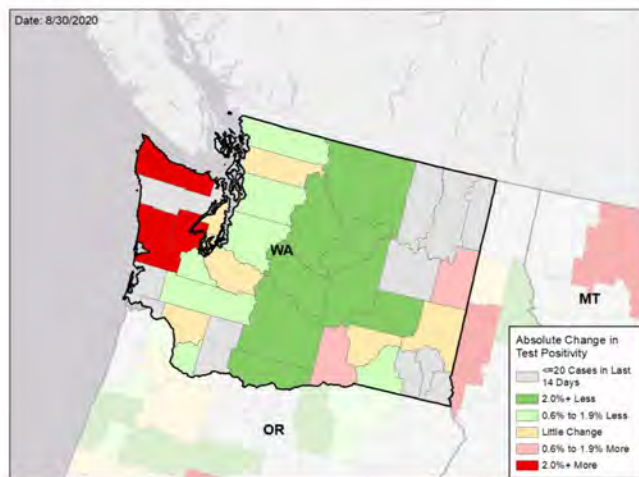
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

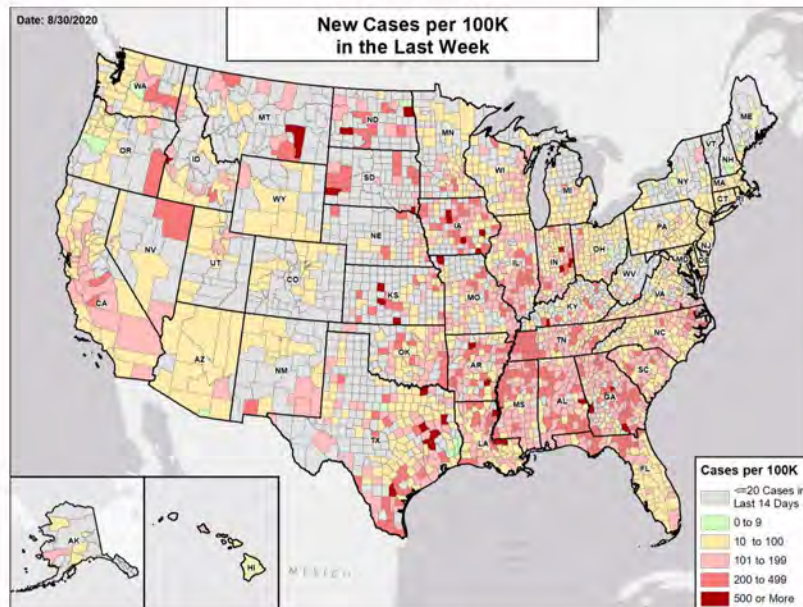
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19. Public Health Laboratory data is inclusive of all updates processed through 8/28.

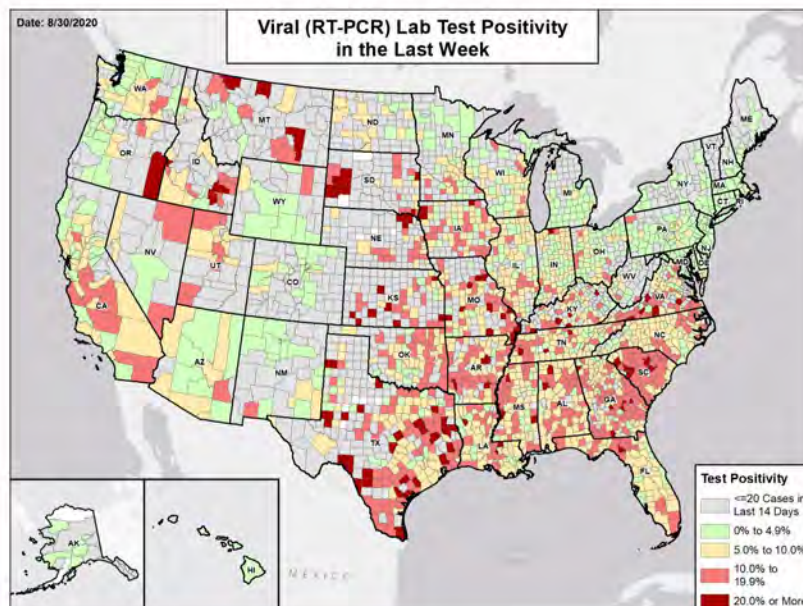


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

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

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



WEST VIRGINIA

STATE REPORT | 08.30.2020

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 country. West Virginia is in the green zone for test positivity, indicating a rate below 5%, with the 36th 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 last 3 weeks: 1. Kanawha County, 2. Logan County, and 3. Monongalia County. These counties represent 35.5% of new cases in West Virginia.
- 13% of all counties in West Virginia have ongoing community transmission (yellow or red zone), with 4% having high levels of community transmission (red zone).
- Of concern is the high proportion of nursing homes with more than one positive resident. 1.6% of nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- West Virginia had 43 new cases per 100,000 population in the last week, compared to a national average of 88 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; 5 to support epidemiology activities from CDC; and 25 to support operations activities from USCG.
- Between Aug 22 - Aug 28, on average, 15 patients with confirmed COVID-19 and 34 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in West Virginia. An average of 89% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Keep mitigation efforts in place; outreach to restaurant and bar businesses 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.
- University towns need a comprehensive plan that scales immediately for testing all returning students with routine surveillance testing to immediately identify new cases and outbreaks and isolate and quarantine.
 - Ensure both diagnostic and surveillance testing are rapid and comprehensive at all universities with students on campus.
 - Expand testing support to Historically Black Colleges and Universities that may have limited testing capacity.
 - Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students for their students and to support the community surrounding their universities.
 - University students with or exposed to COVID-19 should have access to quarantine and care sites on or near campus and not be returned home to multigenerational households where additional transmission could occur.
 - Ensure all universities can fully test, isolate, and contact trace.
 - Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students to residents through staff.
- 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.
- 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.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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

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



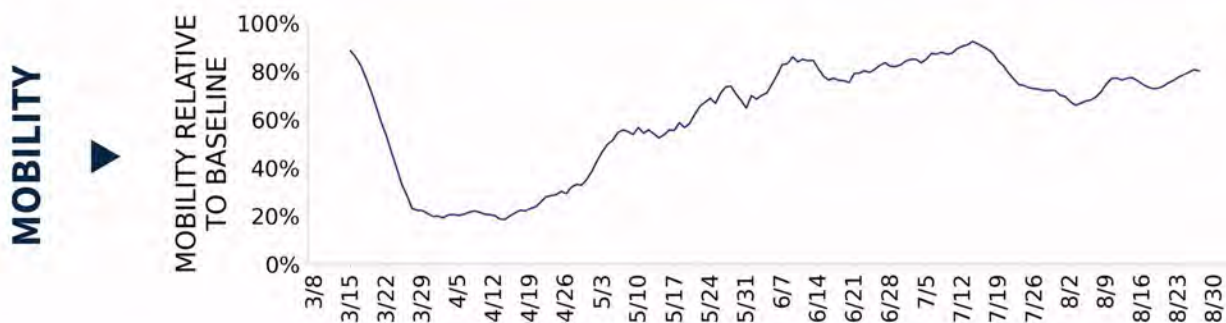
COVID-19



WEST VIRGINIA

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	766 (43)	-1.5%	16,335 (53)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.4%	+0.3%*	4.8%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	39,103** (2,182)	-9.9%**	477,403** (1,547)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	30 (2)	+130.8%	298 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	8.4% (15.1%)	+1.7%* (+3.5%*)	8.2% (15.1%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1.7%	+0.0%*	3.3%	5.0%



* 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 – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



WEST VIRGINIA

STATE REPORT | 08.30.2020

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

3Charleston
Washington-Arlington-Alexandria
Point Pleasant

**COUNTY
LAST WEEK**

2Logan
Monroe**5**Kanawha
Taylor
Mason
Wayne
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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

Public Officials

- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
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- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
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- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

Testing

- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
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- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

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

Public Messaging

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Testing

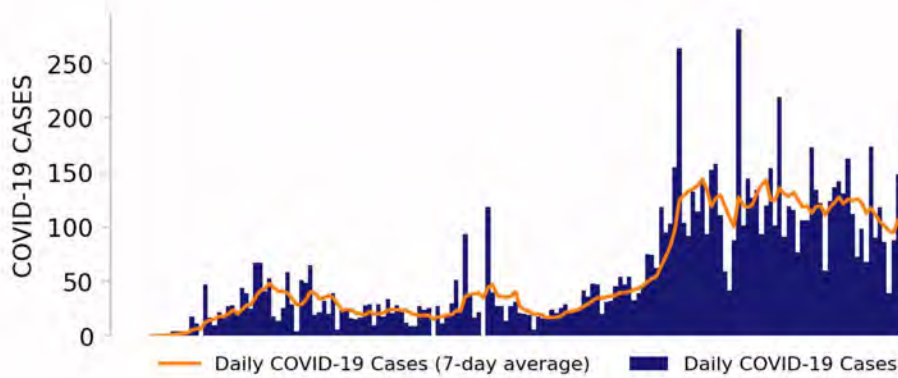
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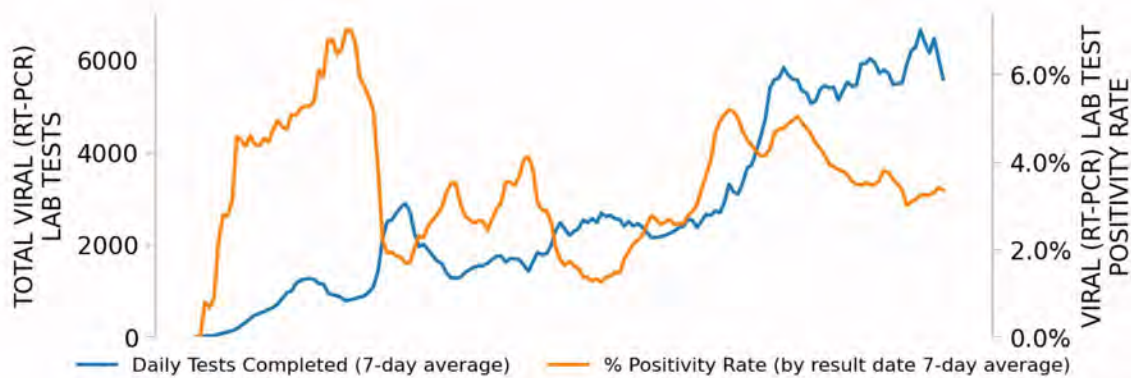
WEST VIRGINIA

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NEW CASES

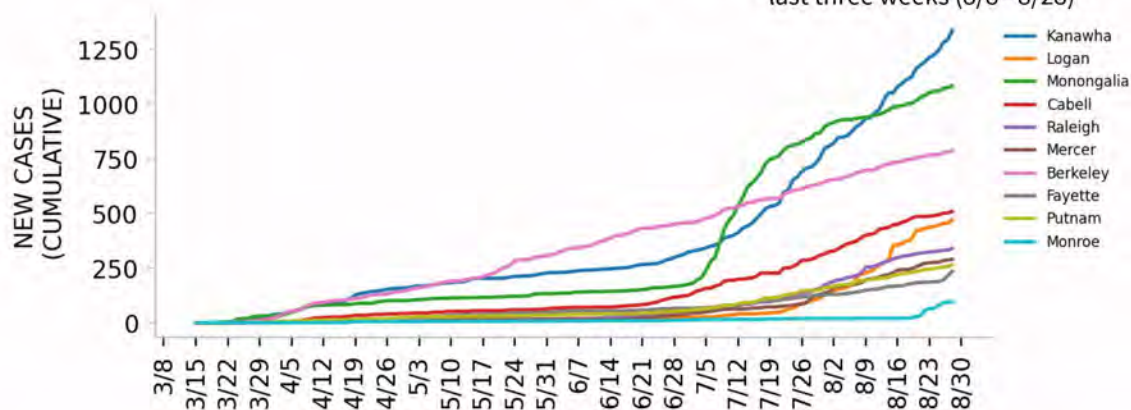


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

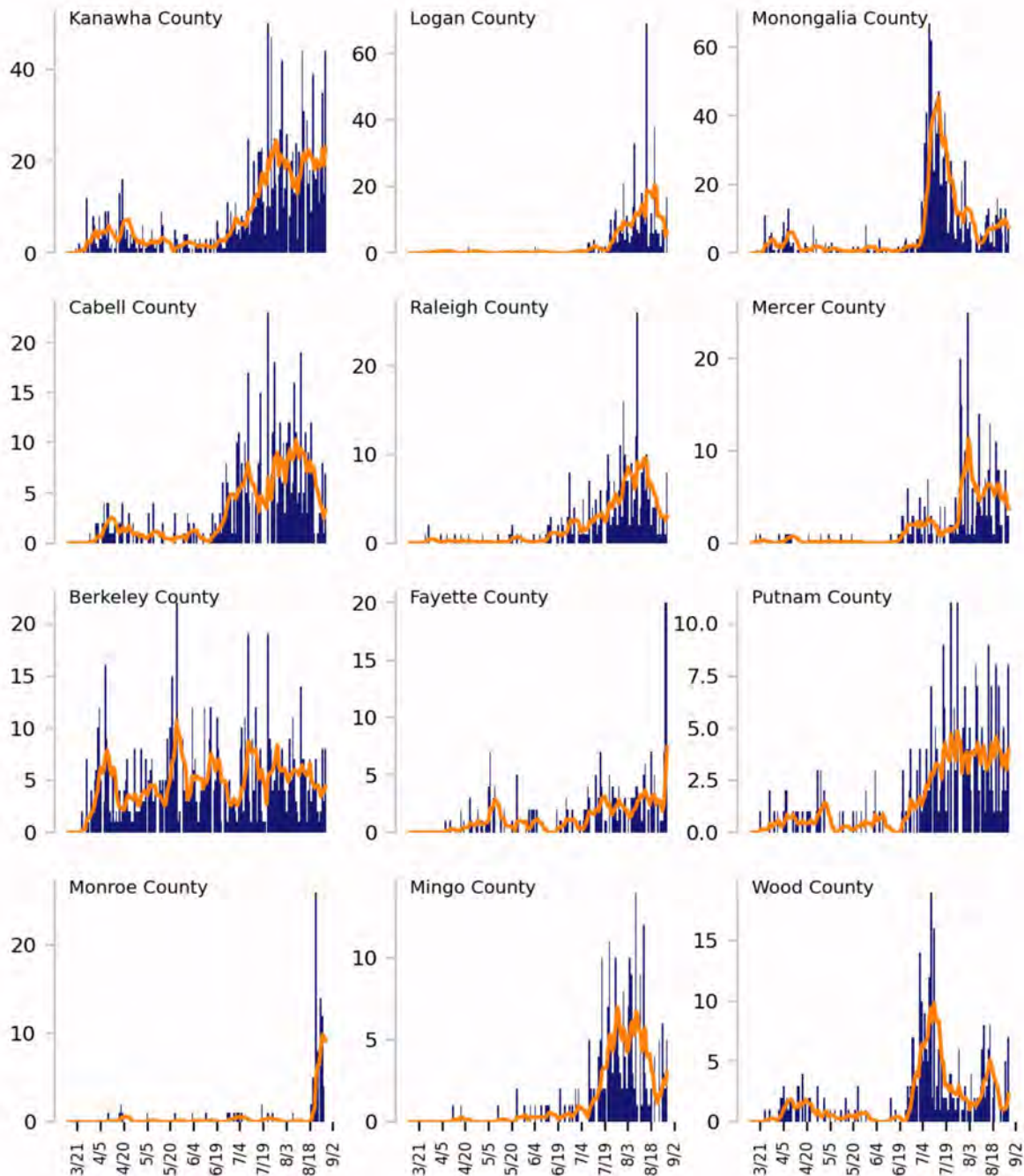
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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 – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

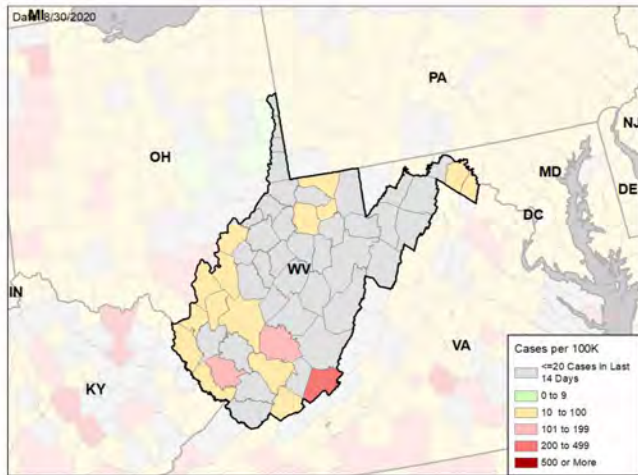


WEST VIRGINIA

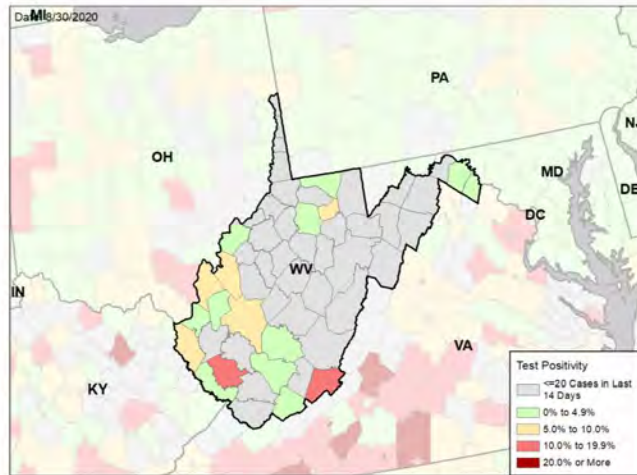
STATE REPORT | 08.30.2020

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

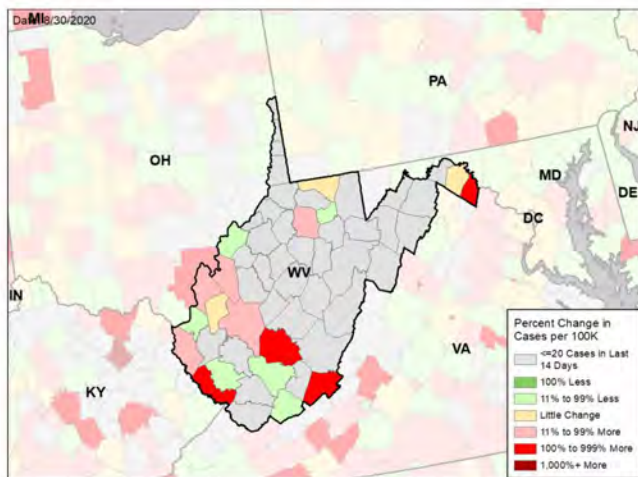
NEW CASES PER 100,000 DURING LAST WEEK



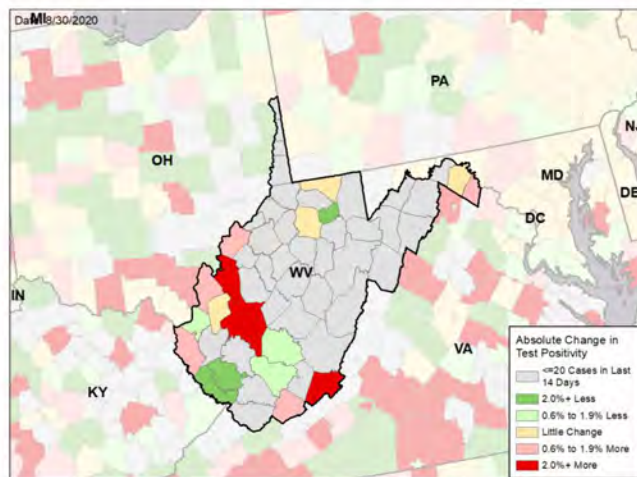
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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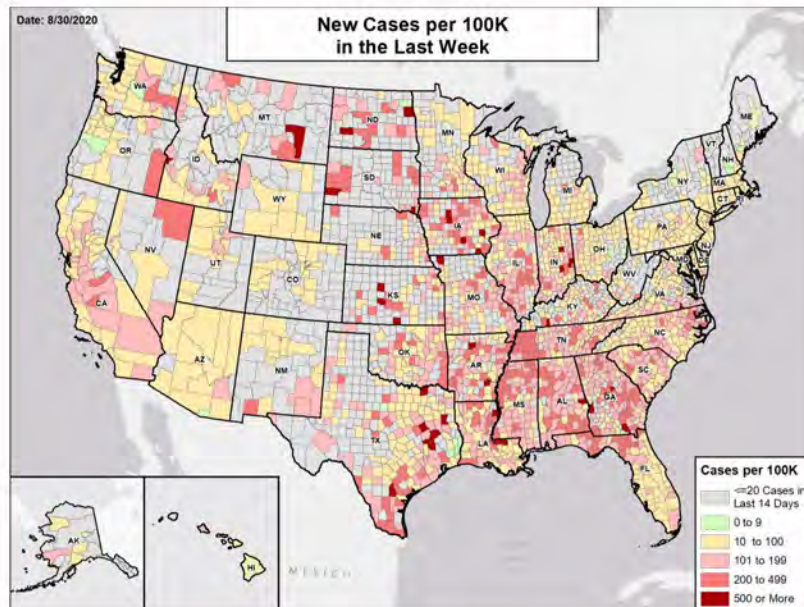
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

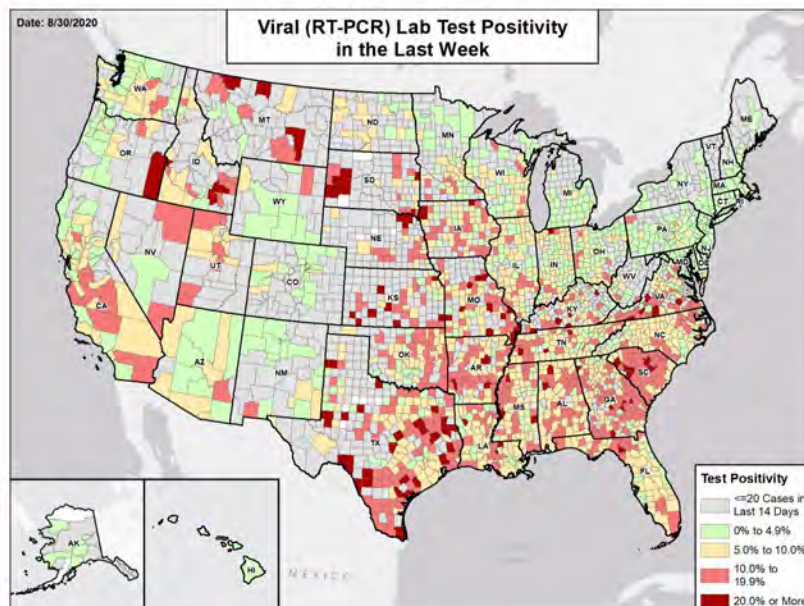


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

STATE REPORT | 08.30.2020

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, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



WISCONSIN

STATE REPORT | 08.30.2020

SUMMARY

- Wisconsin is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 26th highest rate in the country. Wisconsin is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 28th highest rate in the country. Wisconsin has seen stability in new cases and stability in test 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 last 3 weeks: 1. Milwaukee County, 2. Waukesha County, and 3. Brown County. These counties represent 37.6% of new cases in Wisconsin.
- While cases in most major urban counties (Milwaukee, Waukesha) continued to decline, cases in Brown County and the Green Bay CBSA continued to increase. Dane County reported an increase after a prolonged decline.
- Universities are beginning to release testing results as students return to campus communities. The University of Wisconsin-Madison reported 33 students positive from on-campus testing and 87 more reported from off-campus testing.
- 46% of all counties in Wisconsin have ongoing community transmission (yellow or red zone), with 4% having high levels of community transmission (red zone).
- 0.6% of nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- Wisconsin had 85 new cases per 100,000 population in the last week, compared to a national average of 88 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 operations activities from USCG; and 20 to support medical activities from VA.
- Between Aug 22 - Aug 28, 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 87% 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

- For institutes of higher education (IHE):
 - Ensure both diagnostic and surveillance testing are rapid and comprehensive at all institutions with students on campus.
 - Ensure all universities can fully test, isolate, and conduct contact tracing among students and staff in collaboration with local public health authorities.
 - Ensure university students with or exposed to COVID-19 have access to quarantine and care sites on or near campus and are not returned home to multigenerational households where additional transmission could occur.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and universities, for their students and to support the community surrounding their universities.
- Support local authorities in outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy, as well as other limitations on student patronage; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus events.
- Support a uniform case-reporting process for IHE and reporting of this data on public-facing dashboards. Publish IHE screening as well as outbreak data on the state dashboard.
- 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/operating restrictions in localities where cases continue to increase.
- Continue the implementation of the state testing plan with low threshold testing and routine testing of workers in long-term care facilities. Continue the support of local health departments to further scale-up community-led neighborhood testing in collaboration with local community groups.
- 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.
- 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.



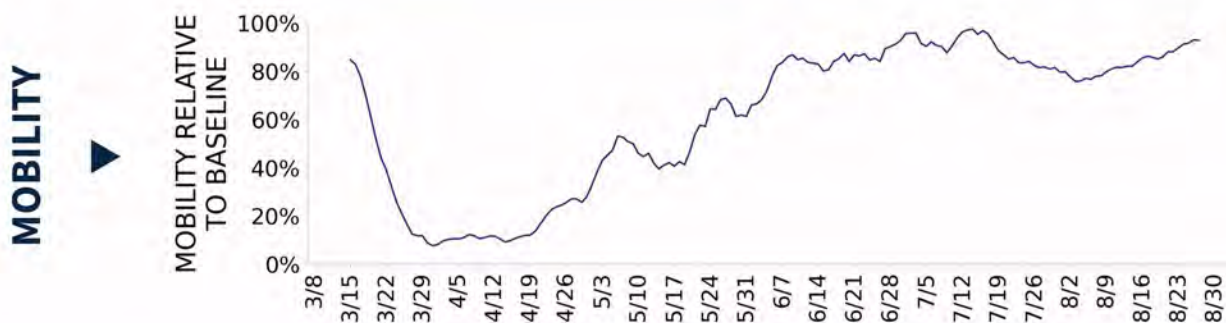
COVID-19



WISCONSIN

STATE REPORT | 08.30.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	4,922 (85)	+1.8%	46,258 (88)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.2%	-0.2%*	5.0%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	122,132** (2,098)	-9.1%**	1,040,478** (1,980)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	45 (1)	+4.7%	759 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	4.3% (8.8%)	+1.4%* (-3.1%*)	7.5% (16.8%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0.6%	-0.8%*	3.3%	5.0%



* 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 – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19.

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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



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STATE REPORT | 08.30.2020

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

17

Milwaukee-Waukesha
Green Bay
Appleton
Racine
Fond du Lac
Whitewater
Oshkosh-Neenah
Eau Claire
Beaver Dam
Chicago-Naperville-Elgin
Sheboygan
Watertown-Fort Atkinson

**COUNTY
LAST WEEK**

3

Washington
Oconto
Iron

30

Milwaukee
Waukesha
Brown
Outagamie
Racine
Fond du Lac
Walworth
Winnebago
Dodge
Kenosha
Sheboygan
Jefferson

All Yellow CBSAs: Milwaukee-Waukesha, Green Bay, Appleton, Racine, Fond du Lac, Whitewater, Oshkosh-Neenah, Eau Claire, Beaver Dam, Chicago-Naperville-Elgin, Sheboygan, Watertown-Fort Atkinson, La Crosse-Onalaska, Minneapolis-St. Paul-Bloomington, Marinette, Manitowoc, Stevens Point

All Yellow Counties: Milwaukee, Waukesha, Brown, Outagamie, Racine, Fond du Lac, Walworth, Winnebago, Dodge, Kenosha, Sheboygan, Jefferson, Ozaukee, La Crosse, Marinette, Waupaca, Eau Claire, Manitowoc, Portage, St. Croix, Green, Chippewa, Pierce, Trempealeau, Juneau, Clark, Kewaunee, Vernon, Green Lake, Taylor

* 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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26.

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

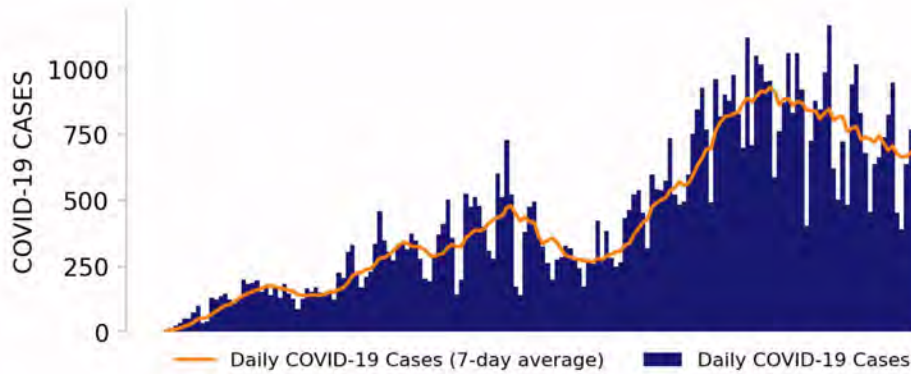
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- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
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- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device



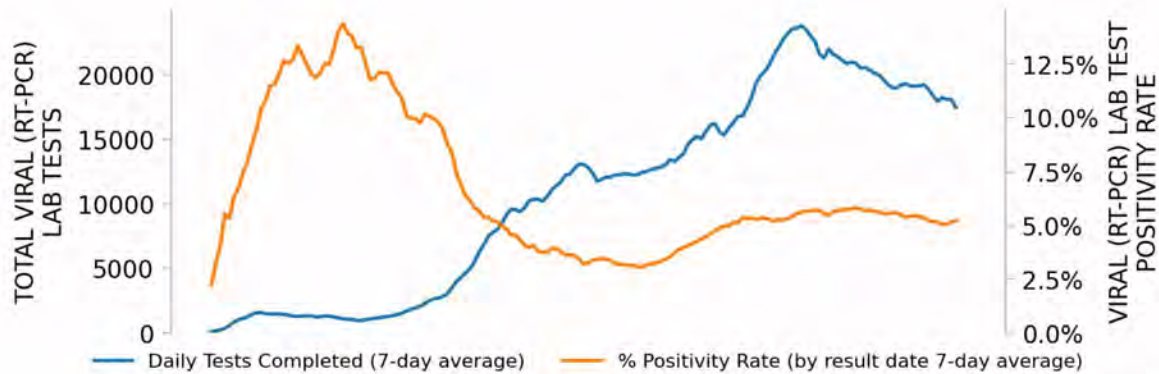
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NEW CASES

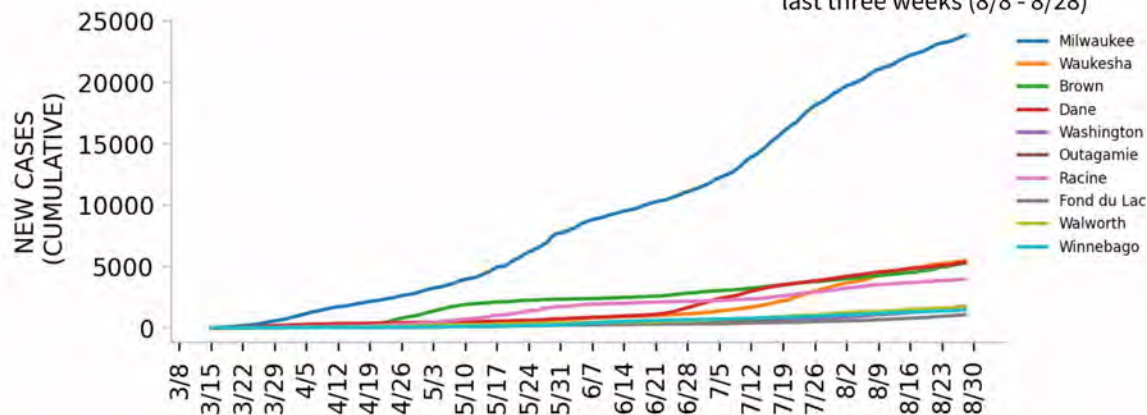


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

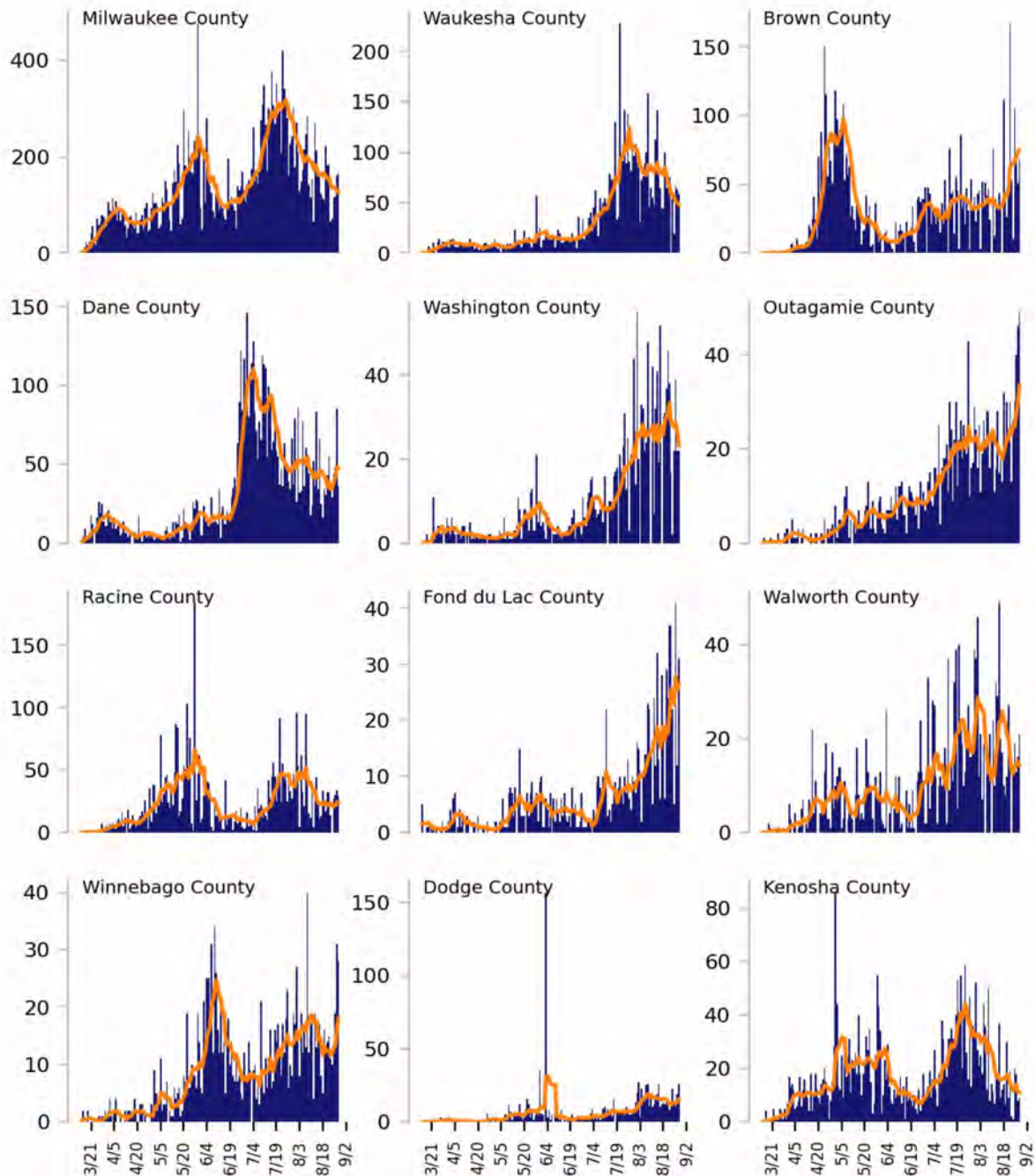
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020.



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 – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

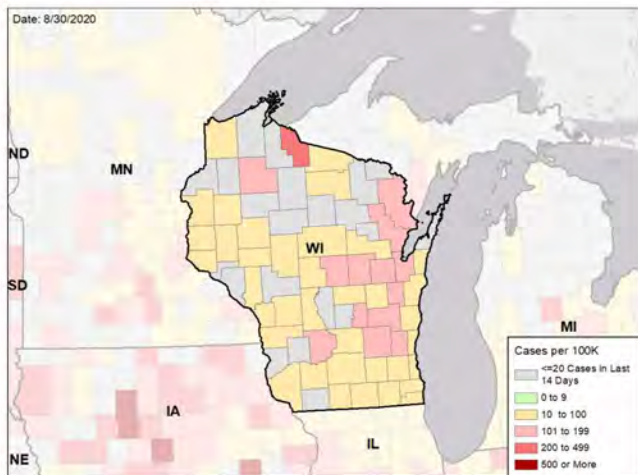


WISCONSIN

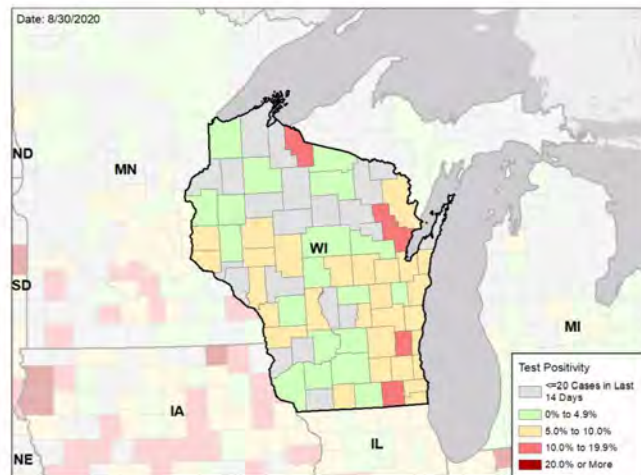
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

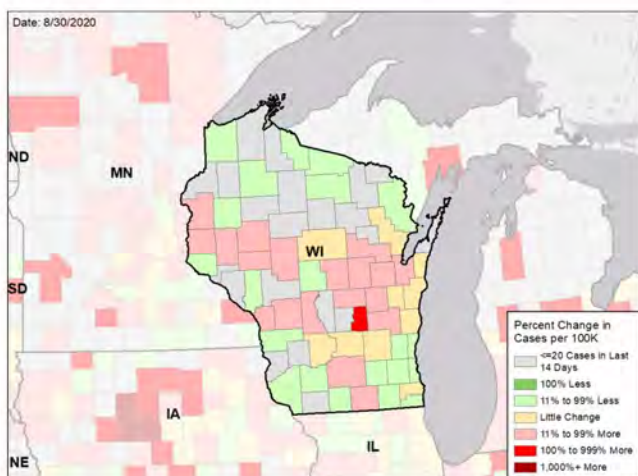
NEW CASES PER 100,000 DURING LAST WEEK



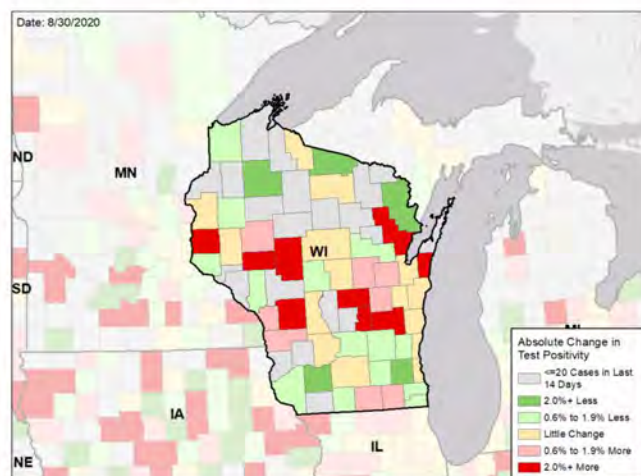
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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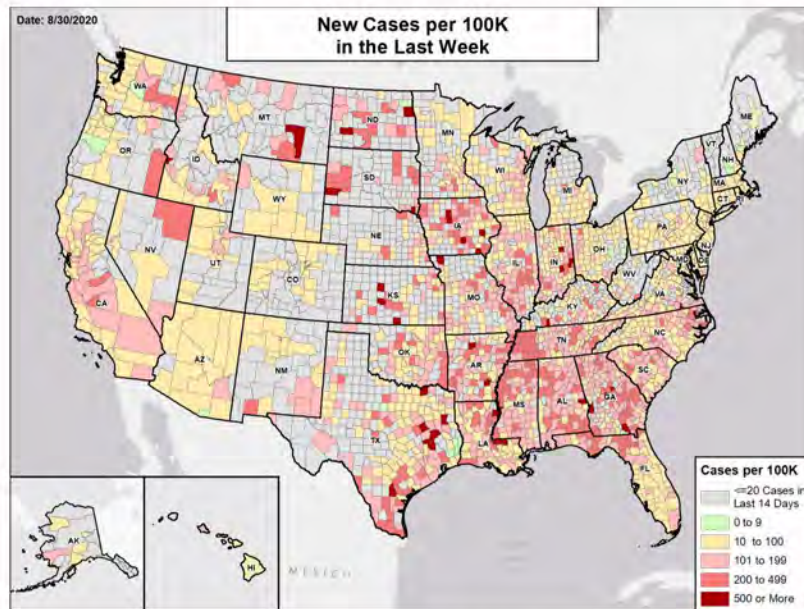
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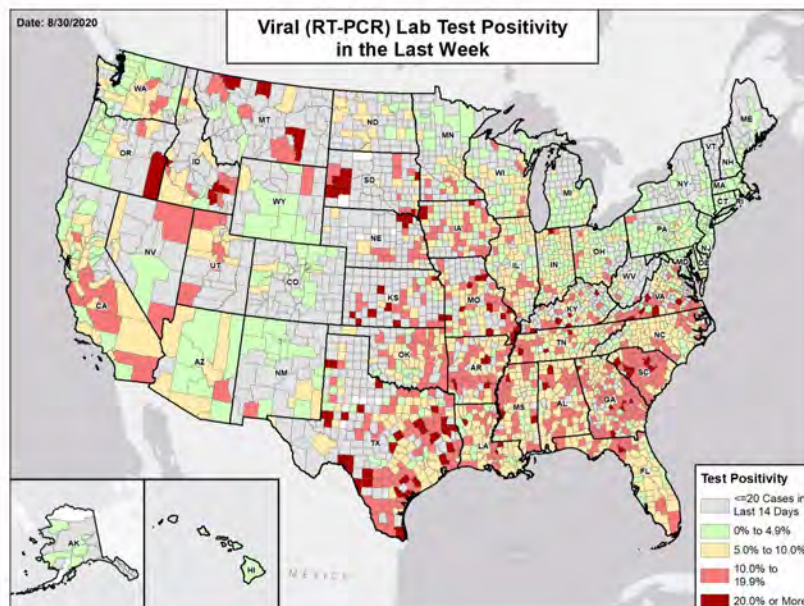


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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METHODS

STATE REPORT | 08.30.2020

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Metric	Green	Yellow	Red
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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, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
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- Hospitalizations:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.



WYOMING

STATE REPORT | 08.30.2020

SUMMARY

- Wyoming is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 40th highest rate in the country. Wyoming is in the green zone for test positivity, indicating a rate below 5%, with the 44th highest rate in the country.
- Wyoming 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 last 3 weeks: 1. Fremont County, 2. Carbon County, and 3. Sheridan County. These counties represent 34.4% of new cases in Wyoming.
- 13% of all counties in Wyoming have ongoing community transmission (yellow or red zone), with 4% having high levels of community transmission (red zone).
- No nursing homes are reporting 3 or more residents with new COVID-19 cases per week over the last 3 weeks.
- Wyoming had 41 new cases per 100,000 population in the last week, compared to a national average of 88 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 22 - Aug 28, on average, 6 patients with confirmed COVID-19 and 14 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Wyoming. An average of 80% 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

- Recent reductions in case rates and test positivity are heartening but may be fragile. 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.
- Testing appears to be low by reported county data; ensure full reporting of testing to allow accurate determination of test positivity and testing needs.
- Expand public messaging across all relevant media platforms to target rural and younger demographics and those with elevated or increasing case rates with specific messages.
- Ensure that all university and colleges have a plan for screening, testing, and regularly retesting students, regardless of symptoms.
- 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 private, 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.
- Surrounding communities should work with colleges and universities to ensure sufficiently enhanced capacity for community testing with quick turnaround times.
- Continue to conduct surveillance in all congregate settings and crowded indoor workplaces; follow CDC guidance for management of COVID in correctional and detention facilities.
- 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 for quarantine of contacts and isolation of cases should be provided along with material support, as needed.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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

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



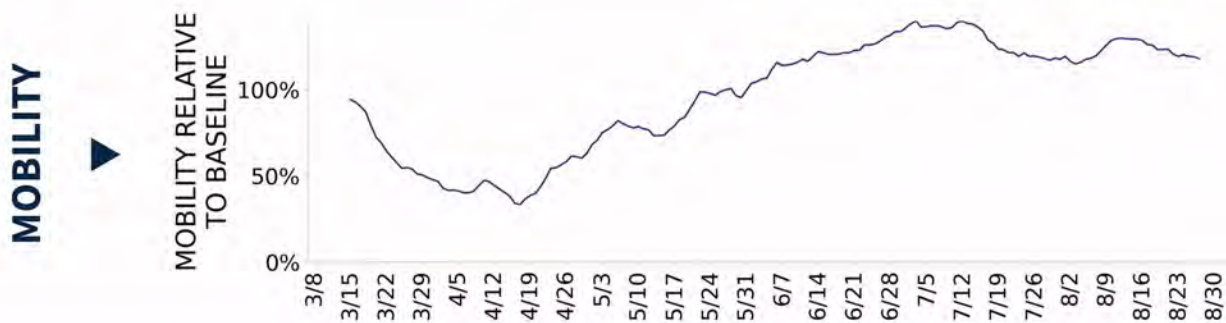
COVID-19



WYOMING

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	240 (41)	-29.6%	9,031 (74)	288,743 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.7%	-2.7%*	5.8%	5.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	16,616** (2,871)	+194.9%**	178,984** (1,460)	5,305,529** (1,616)
COVID-19 DEATHS (RATE PER 100,000)	2 (0)	-71.4%	78 (1)	6,615 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	0.0% (5.7%)	N/A (+2.7%*)	3.9% (10.1%)	10.7% (18.6%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0.0%	N/A	1.1%	5.0%



* 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 – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, previous week is 8/15 - 8/21.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19. Public Health Laboratory data is inclusive of all updates processed through 8/28.

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 prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 8/27/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/10-8/16, previous week is 8/17-8/23.



WYOMING

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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

2Gillette
Jackson

**COUNTY
LAST WEEK**

1

Goshen

2Campbell
Teton

* 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 lab test positivity result above 10%.

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

Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 8/28.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/26/2020. Last week is 8/20 - 8/26. Public Health Laboratory data is inclusive of all updates processed through 8/28.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

Testing

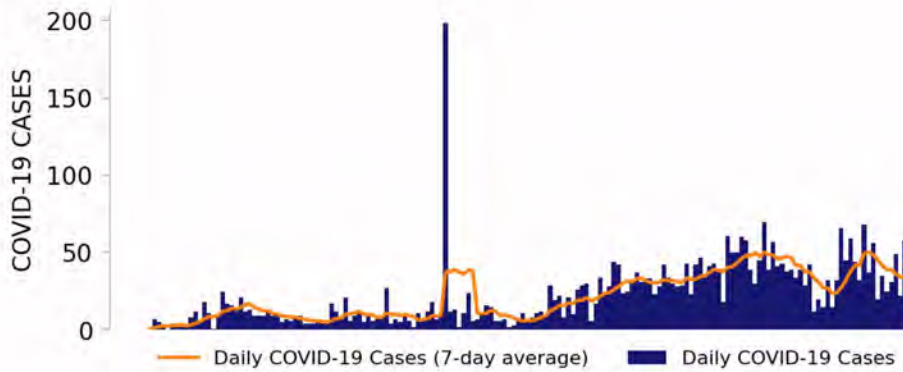
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing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



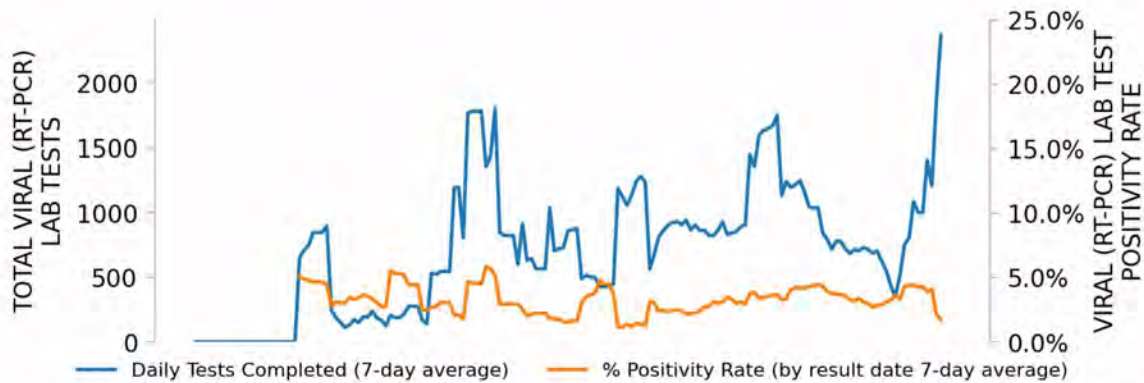
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NEW CASES

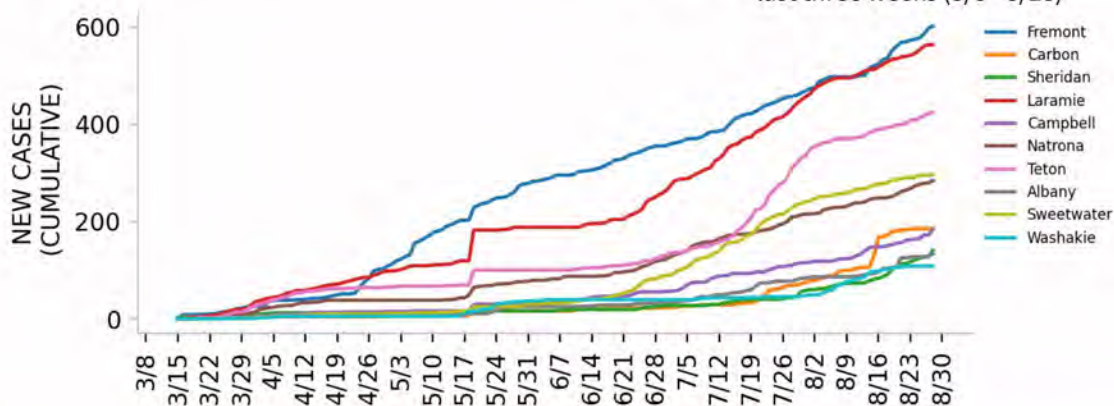


TESTING



Top counties based on greatest number of new cases in last three weeks (8/8 - 8/28)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020.

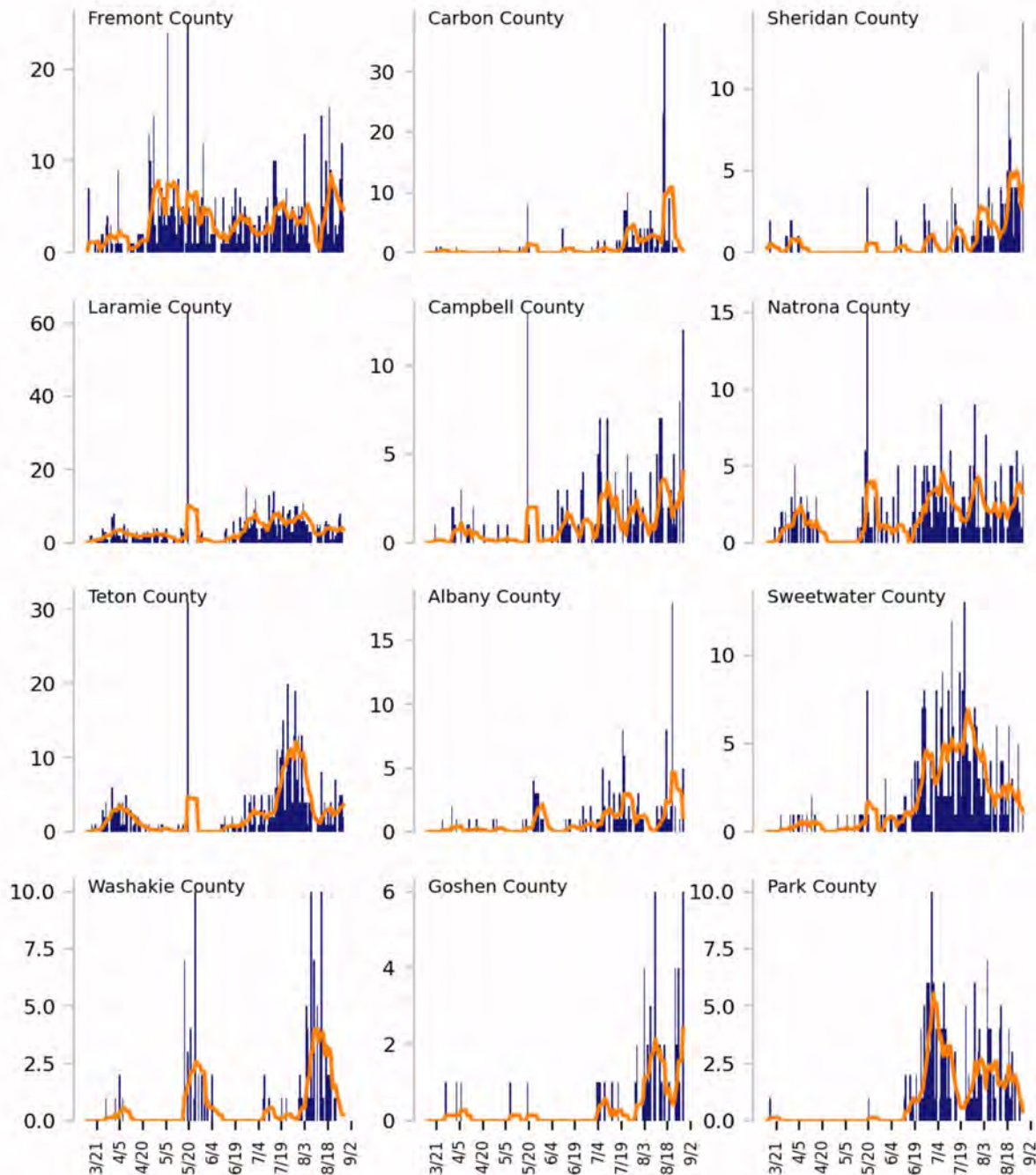
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/26/2020. Public Health Laboratory data is inclusive of all updates processed through 8/28.



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 – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Last 3 weeks is 8/8 - 8/28.

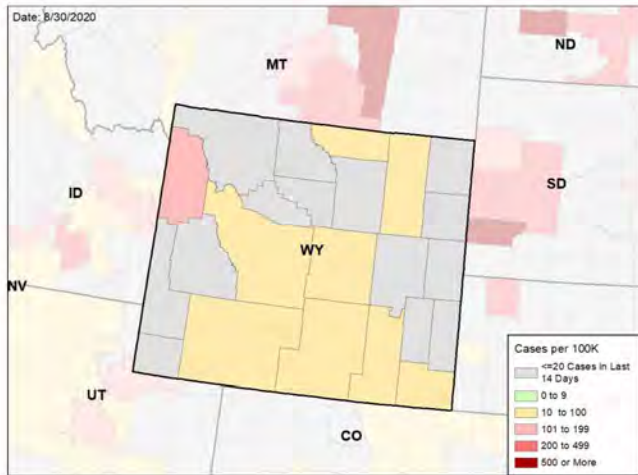


WYOMING

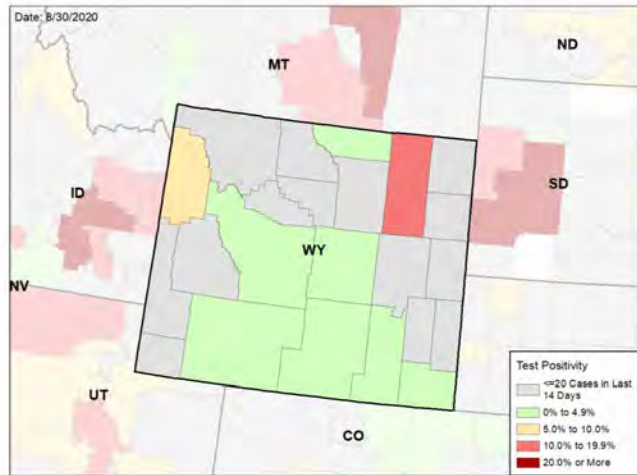
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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

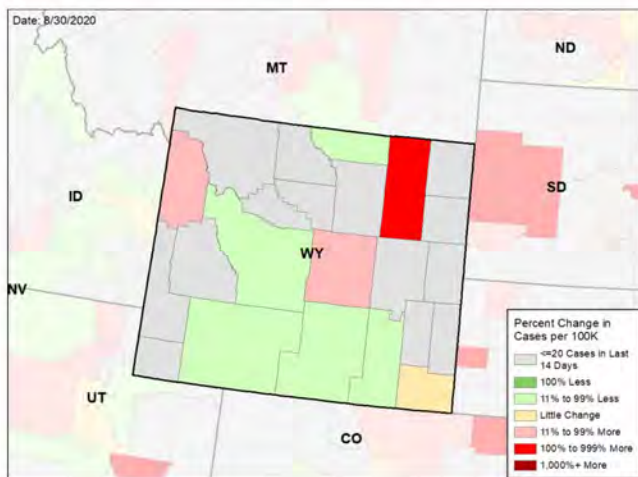
NEW CASES PER 100,000 DURING LAST WEEK



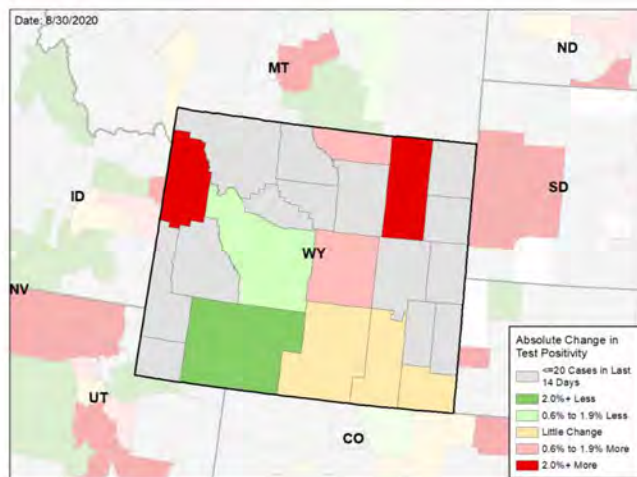
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY % CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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

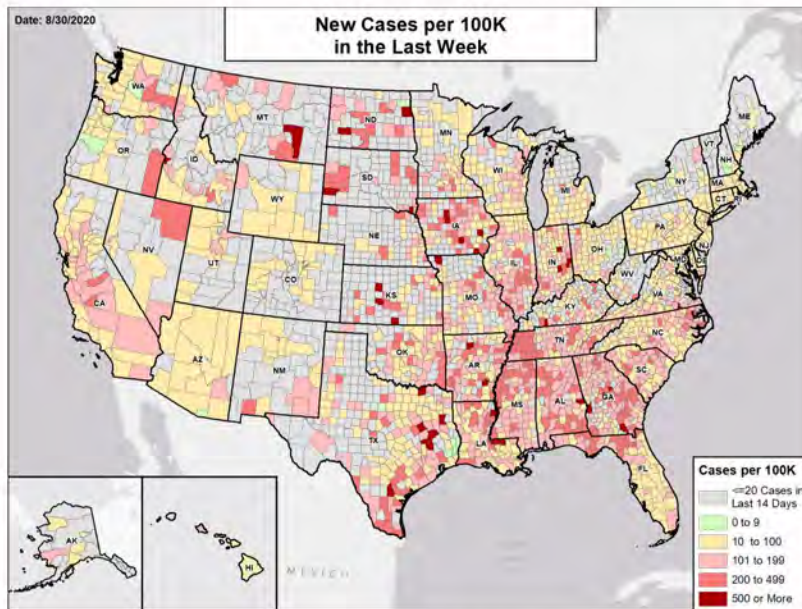
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/28/2020. Previous week is 8/15 - 8/21.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/26/2020. Last week is 8/20 - 8/26, previous week is 8/13 - 8/19. Public Health Laboratory data is inclusive of all updates processed through 8/28.

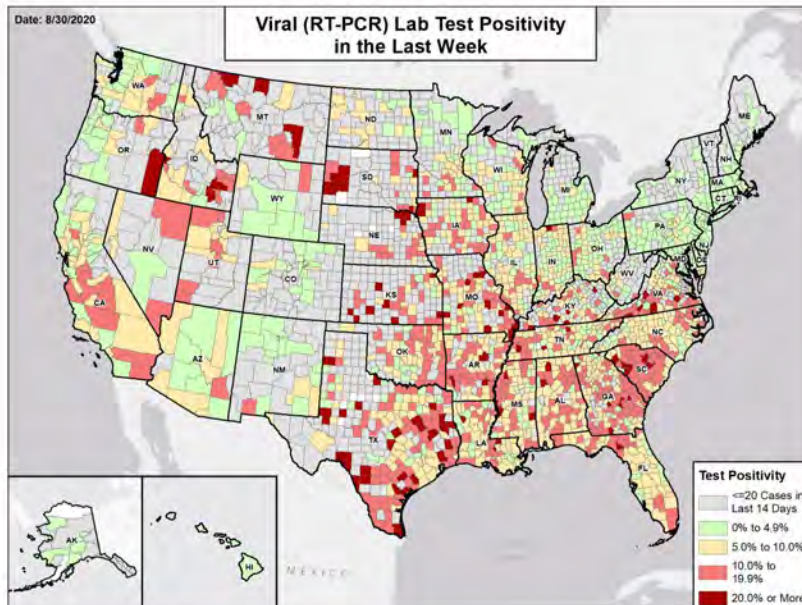


National Picture

NEW CASES PER 100,000 LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



DATA SOURCES

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

Cases: County-level data from USAFacts through 8/28/2020. Last week is 8/22 - 8/28.

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 8/26/2020. Last week is 8/20 - 8/26.



METHODS

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

Metric	Green	Yellow	Red
New cases per 100,000 population per week	<10	10-100	>100
Percent change in new cases per 100,000 population	<-10%	-10% - 10%	>10%
Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-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 12:30 EDT on 08/30/2020. 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 8/22 to 8/28; previous week data are from 8/15 to 8/21.
- 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 county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number 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. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 8/20 to 8/26; previous week data are from 8/13 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/29/2020.
- 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. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 13:00 EDT on 08/30/2020 and is through 8/27/2020.
- 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 15:00 EDT on 08/30/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. 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 analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 8/10-8/16, previous week is 8/17-8/23.