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 past 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 28.6% of new cases in Alabama.
- 91% of all counties in Alabama have ongoing community transmission (yellow or red zone), with 93% having high levels of community transmission (red zone).
- Nearly half of nursing homes are reporting COVID-positive staff and/or residents. 44% 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: 31 to support operations activities from FEMA; 2 to support epidemiology activities from CDC, and 11 to support operations activities from USACE.
- The federal government has supported 1 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-19 patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations.
- Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue the 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 contacted 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. Recruiting 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 precautions.
- 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 labs are 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].

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those to which we should not expect reports were excluded from the percent reporting figure. To date, we 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 liaison to improve reporting consistency. Continued feedback on improving these data is welcome.

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

COVID-19
ALABAMA
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<table>
<thead>
<tr>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW COVID-19 CASES (RATE PER 100,000)</td>
<td>9,032 (184)</td>
<td>+32.0%</td>
<td>82,967 (124)</td>
</tr>
<tr>
<td>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</td>
<td>8.6%</td>
<td>+1.1%*</td>
<td>8.5%</td>
</tr>
<tr>
<td>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</td>
<td>77,352** (1,578)</td>
<td>-36.2%**</td>
<td>921,457** (1,377)</td>
</tr>
<tr>
<td>COVID-19 DEATHS (RATE PER 100,000)</td>
<td>118 (2)</td>
<td>+18.0%</td>
<td>2,144 (3)</td>
</tr>
<tr>
<td>SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)</td>
<td>31.8% (44.3%)</td>
<td>-3.2%* (-7.6%*)</td>
<td>22.2% (32.8%)</td>
</tr>
<tr>
<td>SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH</td>
<td>10.8%</td>
<td>+2.6%*</td>
<td>9.8%</td>
</tr>
</tbody>
</table>

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

DATA SOURCES – 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.
## ALABAMA

**STATE REPORT | 08.30.2020**

### COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>METRO</strong>&lt;br&gt;AREA&lt;br&gt;(CBSA)&lt;br&gt;LAST WEEK</td>
<td><strong>COUNTY LAST WEEK</strong></td>
</tr>
<tr>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Auburn-Opelika&lt;br&gt;Anniston-Oxford&lt;br&gt;Gadsden&lt;br&gt;Decatur&lt;br&gt;Talladega-Sylacauga&lt;br&gt;Albertville&lt;br&gt;Jasper&lt;br&gt;Ozark&lt;br&gt;Atmore</td>
<td>Birmingham-Hoover&lt;br&gt;Mobile&lt;br&gt;Montgomery&lt;br&gt;Tuscaloosa&lt;br&gt;Huntsville&lt;br&gt;Daphne-Fairhope-Foley&lt;br&gt;Dothan&lt;br&gt;Florence-Muscle Shoals&lt;br&gt;Scottsboro&lt;br&gt;Fort Payne&lt;br&gt;Cullman&lt;br&gt;Enterprise</td>
</tr>
<tr>
<td><strong>Lee</strong>&lt;br&gt;Montgomery&lt;br&gt;Calhoun&lt;br&gt;Etowah&lt;br&gt;Talladega&lt;br&gt;Clarke&lt;br&gt;Marshall&lt;br&gt;St. Clair&lt;br&gt;Walker&lt;br&gt;Blount&lt;br&gt;Chilton</td>
<td>35</td>
</tr>
<tr>
<td>26</td>
<td>35</td>
</tr>
<tr>
<td>Autauga</td>
<td>Jefferson&lt;br&gt;Mobile&lt;br&gt;Tuscaloosa&lt;br&gt;Madison&lt;br&gt;Shelby&lt;br&gt;Baldwin&lt;br&gt;Houston&lt;br&gt;Morgan&lt;br&gt;Elmore&lt;br&gt;Limestone&lt;br&gt;Jackson&lt;br&gt;DeKalb</td>
</tr>
</tbody>
</table>

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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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.
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.
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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: CEIR (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

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.

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)

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

### DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 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 13:00 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

- 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 89 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.

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

* Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/healthcare officials as those from which we should not expect reports were excluded from the percent reporting figures. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
ALASKA
STATE REPORT | 08.30.2020

| NEW COVID-19 CASES (RATE PER 100,000) | 502 (69) | -2.5% | 8,068 (56) | 288,743 (88) |
| 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.
**ALASKA**

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**COVID-19 BOROUGH AND METRO ALERTS***

Top 12 shown in table (full lists below)

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

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

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

**Red Zone:** Those core-based statistical areas (CBSAs) and boroughs that during the last week reported both new cases above 100 per 100,000 population, and 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
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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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- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
ALASKA
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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.
Top 12 boroughs 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 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
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

Date: 08/30/2020

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

Date: 08/30/2020

WEEKLY % CHANGE IN NEW CASES PER 100K

Date: 08/30/2020

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

Date: 08/30/2020

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.

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

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

DATA NOTES

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

• Cases and deaths: County-level data from USAFacts as of 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 results (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests reported and positivity rate values. 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 results. 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 11:00 EDT on 08/26/2020.

• 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.
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 75 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 at ASMC to support the state response are: 1) to support operations activities from FEMA; 2) to support medical activities from ASPR; 3) 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-19 patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue to strongly mitigate 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 student health centers 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 senior care homes, assisted living, and elderly care facilities 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 homes, assisted living, and long-term care facilities by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19 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 24 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](https://www.cdc.gov/coronavirus/2019-ncov/index.html).

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

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

**STATE REPORT | 08.30.2020**

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

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

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

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

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>METRO AREA (CBSA) LAST WEEK</td>
<td>Tucson</td>
</tr>
<tr>
<td>1</td>
<td>Yuma</td>
</tr>
<tr>
<td>Safford</td>
<td>Lake Havasu City-Kingman</td>
</tr>
<tr>
<td></td>
<td>Show Low</td>
</tr>
<tr>
<td></td>
<td>Payson</td>
</tr>
<tr>
<td>COUNTY LAST WEEK</td>
<td>Pima</td>
</tr>
<tr>
<td>1</td>
<td>Yuma</td>
</tr>
<tr>
<td>Graham</td>
<td>Mohave</td>
</tr>
<tr>
<td></td>
<td>Navajo</td>
</tr>
<tr>
<td></td>
<td>Gila</td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

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

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

CUMULATIVE COVID-19 CASES

DAILY COVID-19 CASES (7-day average)  DAILY COVID-19 CASES

TESTING

TOTAL VIRAL (RT-PCR) LAB TESTS

DAILY Tests Completed (7-day average)  % Positivity Rate (by result date 7-day average)

TOP COUNTIES

NEW CASES (CUMULATIVE)

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.

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.
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

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Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/26/2020. Last week is 8/20 - 8/26.
COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume)

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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 12:00 EDT on 06/29/2020.
- 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.
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 86 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-19 patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- 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 PNA 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 communities 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).

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

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state agencies as those from which we should not expect reports were excluded from the present reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.*
**ARKANSAS**  
**STATE REPORT | 08.30.2020**

<table>
<thead>
<tr>
<th>NEW COVID-19 CASES (RATE PER 100,000)</th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,928 (130)</td>
<td>+7.3%</td>
<td>46,962 (110)</td>
<td>288,743 (88)</td>
<td></td>
</tr>
</tbody>
</table>

| 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% |

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

**DATA SOURCES** - 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.

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)

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>METRO AREA (CBSA) LAST WEEK</strong></td>
<td><strong>COUNTY LAST WEEK</strong></td>
</tr>
<tr>
<td>Fort Smith</td>
<td>Little Rock-North Little Rock-Conway</td>
</tr>
<tr>
<td>Pine Bluff</td>
<td>Fayetteville-Springdale-Rogers</td>
</tr>
<tr>
<td>Jonesboro</td>
<td>Batesville</td>
</tr>
<tr>
<td>Russellville</td>
<td>Memphis</td>
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<td>Hot Springs</td>
<td>El Dorado</td>
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<tr>
<td>Blytheville</td>
<td>Malvern</td>
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<td>Searcy</td>
<td>Texarkana</td>
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<td>Hope</td>
<td>Paragould</td>
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<td>Arkadelphia</td>
<td>Forrest City</td>
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<td></td>
<td>Harrison</td>
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<td>9</td>
<td>Helena-West Helena</td>
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<td></td>
<td>Magnolia</td>
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<td>Pulaski</td>
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<td>Independence</td>
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<td>Union</td>
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<td></td>
<td>Greene</td>
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<td>14</td>
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</tbody>
</table>

**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 8/26/2020; 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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ARKANSAS
STATE REPORT | 08.30.2020

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

TESTING
TOTAL VIRAL (RT-PCR) LAB TESTS
- Daily Tests Completed (7-day average)
- % Positivity Rate (by result date 7-day average)

TOP COUNTIES
NEW CASES (CUMULATIVE)

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

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

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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

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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.
CALIFORNIA
STATE REPORT | 08.30.2020

SUMMARY

- California is in the yellow zone for cases, indicating between 10 and 19 new cases per 100,000 population last week, with the 23rd highest rate in the country. This indicates a risk between 5% and 10%.
- California has seen an increase in new cases and hospitalizations, with a 10% increase last week.
- The following three counties had the highest number of new cases over the last 3 weeks: Los Angeles County, San Bernardino County, and Riverside County. These counties represent 30% of new cases in California.
- Overall, cases continue to decline, but hospitalization rates continue to rise. Among the counties, there has been an increase in hospitalization rates.
- University of Southern California reported more than 100 cases last week, most 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).
- 14% of nursing homes are reporting 2 or more cases per week, with the highest rates in Los Angeles County.

RECOMMENDATIONS

- In response to increased cases, hybrid models for in-person classes have been considered, with some schools switching to remote learning.
- Continue to support state testing guidelines and expanded testing to ensure a sufficient supply of test kits.
- Continue coordination with state and local health departments to ensure a sufficient supply of test kits.
- Continue efforts to increase testing at all public health and private laboratories.
- Reduce the number of in-person gatherings and limit activities that increase the risk of transmission.
- For schools and institutions of higher education (IHEs):
  - Ensure that diagnostic and surveillance testing are rapid and comprehensive at institutions with students on campus.
  - Ensure that universities can fully test, isolate, and conduct contact tracing among students and staff in collaboration with local public health authorities.
  - Ensure that university students with or exposed to COVID-19 have access to quarantine and care on or near campus and are not returned home to nonresidential households where additional transmission could occur.
  - Require all universities with N95 detection platforms to use this equipment for rapid surveillance testing for schools (K-12, community colleges) and universities, for their staff and students, and to support the community surrounding their campuses.
  - Support a variety of remote learning options for IHEs to consider.
  - Support the development of contact tracing applications.
  - Continuously assess the effectiveness of these strategies.
  - Continuously assess the effectiveness of these strategies.

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

We look forward to your feedback.

* Psychosocial, rehabilitation, and religious non-medical facilities were excluded from analyses. In addition, hospitals explicitly identified by state/county as non-medical hospitals were included in the reporting figures. This data may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents new data provided, but we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
# California State Report | 08.30.2020

<table>
<thead>
<tr>
<th>New COVID-19 Cases (Rate per 100,000)</th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>37,902 (96)</td>
<td>-18.8%</td>
<td>46,780 (91)</td>
<td>288,743 (88)</td>
<td></td>
</tr>
</tbody>
</table>

| 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

## COVID-19 County and Metro Alerts*

Top 12 shown in table (full lists below)

### Localities in Red Zone

<table>
<thead>
<tr>
<th>Metro Area (CBSA) Last Week</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td></td>
</tr>
<tr>
<td>Bakersfield</td>
<td></td>
</tr>
<tr>
<td>Modesto</td>
<td></td>
</tr>
<tr>
<td>Visalia</td>
<td></td>
</tr>
<tr>
<td>Merced</td>
<td></td>
</tr>
<tr>
<td>Salinas</td>
<td></td>
</tr>
<tr>
<td>El Centro</td>
<td></td>
</tr>
</tbody>
</table>

### Localities in Yellow Zone

<table>
<thead>
<tr>
<th>Localities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Riverside-San Bernardino-Ontario</td>
</tr>
<tr>
<td>San Francisco-Oakland-Berkeley</td>
</tr>
<tr>
<td>Sacramento-Roseville-Folsom</td>
</tr>
<tr>
<td>Stockton</td>
</tr>
<tr>
<td>Oxnard-Thousand Oaks-Ventura</td>
</tr>
<tr>
<td>Santa Rosa-Petaluma</td>
</tr>
<tr>
<td>Hanford-Corcoran</td>
</tr>
<tr>
<td>Madera</td>
</tr>
<tr>
<td>Santa Maria-Santa Barbara</td>
</tr>
<tr>
<td>Yuba City</td>
</tr>
<tr>
<td>Chico</td>
</tr>
<tr>
<td>Santa Cruz-Watsonville</td>
</tr>
<tr>
<td>San Bernardino</td>
</tr>
<tr>
<td>Riverside</td>
</tr>
<tr>
<td>Orange</td>
</tr>
<tr>
<td>Sacramento</td>
</tr>
<tr>
<td>Alameda</td>
</tr>
<tr>
<td>Contra Costa</td>
</tr>
<tr>
<td>San Joaquin</td>
</tr>
<tr>
<td>Ventura</td>
</tr>
<tr>
<td>Sonoma</td>
</tr>
<tr>
<td>San Francisco</td>
</tr>
<tr>
<td>Kings</td>
</tr>
<tr>
<td>Madera</td>
</tr>
</tbody>
</table>

### 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 10 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:
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

Public Officials
• Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
• Limit social gatherings to 25 people or fewer
• Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
• Ensure that all business retailers and personal services require masks and can safely social distance
• Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
• Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
• Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
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Testing
• Move to community-led neighborhood testing and work with local community groups to increase access to testing
• Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
• Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
• Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
CALIFORNIA
STATE REPORT | 08.30.2020

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.
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.
CALIFORNIA
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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.
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.

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)

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

**DATA NOTES**

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- **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.
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 49th 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 those 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 institutions 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 27 - Aug 28, on average, 29 patients with confirmed COVID-19 and 63 patients with suspected COVID-19 were reported as newly admitted each day in 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 institutions 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 facilities 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 gatherings; encourage local ordinances in those 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 COVID-19 website.

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

* Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/region or those from which we should not expect reports were included from the percent reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
# COLORADO
## STATE REPORT | 08.30.2020

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

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

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

**Note:** Some rates 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)

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

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and 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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- 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
COLORADO
STATE REPORT | 08.30.2020

New Cases

COVID-19 Cases

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

Testing

Total Viral (RT-PCR) Lab Tests

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

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

- El Paso
- Adams
- Denver
- Arapahoe
- Jefferson
- Larimer
- Weld
- Douglas
- Boulder
- Pueblo

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.

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.
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.
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)

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

DATA NOTES

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

- Cases and deaths: County-level data from USAFacts as of 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. Results 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 13:00 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 saw 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 88.9% 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 FEMAC; 7 to support operations activities from USCG; and 1 to support operations activities from VA.
- Between Aug 22 - Aug 28, on average, 3 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 to inability to socially distance.
- Continue to communicate the state executive order regarding travel and demonstrate enforcement to encourage compliance. Continue the state masking requirement, intense public messaging of its importance, and monitor compliance.
- Continue closures of bars and limitations on restaurants and gatherings sizes as specified in phase 2 of Connecticut’s Reopen Plan. Continue efforts to maintain high compliance.
- For institutions of higher education (IHE):
  - Ensure 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 elder 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 identification 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 CT.gov/covid.

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

We look forward to your feedback.

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

**STATE REPORT | 08.30.2020**

<table>
<thead>
<tr>
<th>Metric</th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW COVID-19 CASES (RATE PER 100,000)</strong></td>
<td>976 (27)</td>
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</tr>
<tr>
<td><strong>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</strong></td>
<td>1.3%</td>
<td>+0.3%*</td>
<td>1.2%</td>
<td>5.4%</td>
</tr>
<tr>
<td><strong>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</strong></td>
<td>52,667** (1,477)</td>
<td>+42.9%**</td>
<td>372,194** (2,507)</td>
<td>5,305,529** (1,616)</td>
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<tr>
<td><strong>COVID-19 DEATHS (RATE PER 100,000)</strong></td>
<td>7 (0)</td>
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<td>6,615 (2)</td>
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## CONNECTICUT
STATE REPORT | 08.30.2020

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Top 12 shown in table (full lists below)

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<tr>
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**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and 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.”

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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
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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
• Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
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• Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

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

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

Public Officials
• Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
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CONNECTICUT
STATE REPORT | 08.30.2020

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.
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.
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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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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.


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

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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 reported 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 reported. 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
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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 34th highest rate in the country.
- Delaware has seen a decrease in new cases and a decrease in test positivity over the last week.
- No counties in Delaware have moderate or high levels of ongoing community transmission (yellow or red zones).
- 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, 5 patients with confirmed COVID-19 and 5 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, Corner, and Testing for America is commended.
- For institutes of higher education (IHE):
  - Ensure 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 mask and social distancing on campus as well as other limitations on student patronage. Encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates on 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 of 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.
  - Consider 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 testing 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 DOH website.

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

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

We look forward to your feedback.
# DELAWARE

## STATE REPORT | 08.30.2020

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

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

**DATA SOURCES** – 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 9/28/2020; 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:** This data is 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 8/3-8/9.
**DELAWARE**

**STATE REPORT | 08.30.2020**

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

Top 12 shown in table (full lists below)

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

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and 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:** NHS 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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• 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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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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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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National Picture

NEW CASES PER 100,000 LAST WEEK

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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 providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) 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 de-identified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulting. 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 15:00 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.
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 50 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.
- 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 14 new cases per 100,000 population in the last week, compared to a nationwide 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 52 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 hospital reported either new confirmed or new suspected COVID-19 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 8.
- 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 institutions 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 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 same dashboard.
- Conduct outreach to restaurant and bar business owners close to colleges regarding enforcement of masking and limitations on occupancy, as well as additional 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.
- Adaptablely modify additional restrictions or occupancy or operation in the current phase 2 reopening status for certain businesses (bars, restaurants) depending on further changes in other counts. Given current phase 2, limited, data on cases continuing these virus despite infections, 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 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 [guidance].

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

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those that had reported false positives were excluded from the latest reporting period. 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 states to improve reporting consistency. Continued feedback on improving these data is welcome.
# THE DISTRICT OF COLUMBIA

## STATE REPORT | 08.30.2020

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

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

**DATA SOURCES** – 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:** CEIR (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 8/11-8/17.
THE DISTRICT OF COLUMBIA
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COVID-19 COUNTY AND METRO ALERTS*
Top 12 shown in table (full lists below)

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

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

Washington-Arlington-Alexandria

* 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: NYS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/26/2020. Last week is 8/22 - 8/28. Public Health Laboratory data is inclusive of all updates processed through 8/29.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

NEW CASES PER 100,000 DURING LAST WEEK

Date: 08/30/2020

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

Date: 08/30/2020

WEEKLY % CHANGE IN NEW CASES PER 100K

Date: 08/30/2020

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

Date: 08/30/2020

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

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.


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

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

DATA NOTES

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

- Florida is in the red zone for cases, indicating more than 160 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 targeted 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.
- 39% 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. 4.2% of nursing homes are reporting 3 or more new COVID-19 cases among residents per week over the last 3 weeks.
- Florida had 165 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 WA.
- Between Aug 22 - Aug 28, on average, 437 patients with confirmed COVID-19 and 383 patients with suspected COVID-19 were reported as newly admitted each day to hospitals at the state level, in addition to 1,230 new confirmed or new suspected COVID-19 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 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 facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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# FLORIDA
STATE REPORT | 08.30.2020

<table>
<thead>
<tr>
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<td></td>
</tr>
</tbody>
</table>

| 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.
# COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

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

<table>
<thead>
<tr>
<th>3</th>
<th>Miami-Fort Lauderdale-Pompano Beach Pensacola-Ferry Pass-Brent Lake City</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>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</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18</th>
<th>Miami-Dade Broward Escambia Lafayette Suwannee Santa Rosa Columbia Gadsden Nassau Union Dixie Bradford</th>
</tr>
</thead>
<tbody>
<tr>
<td>42</td>
<td>Palm Beach Hillsborough Orange Duval Polk Marion Lee Osceola Volusia Leon Lake Collier</td>
</tr>
</tbody>
</table>

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


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

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

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

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

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

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
FLORIDA
STATE REPORT | 08.30.2020

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.
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.
FLORIDA
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.

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)

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

**DATA NOTES**

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

- **Cases and deaths:** County-level data from USAFacts as of 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. Results 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 12:00 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.
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 university 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.
- 81% 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; 9.5% of nursing homes are reporting 1 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 responseare: 61 to support operations activities from FEMA, 16 to support operations activities from ASPR/21 to support epidemiology activities from CDC, 2 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 330 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 isolation 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 facilities have full testing capacity in all towns with university students so staff can be serenely tested weekly to prevent spread from students to residents through staff.
- Expand the protection of those in nursing homes, assisted living, and long-term care facilities by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19, with the isolation of all positive staff and residents. Ensure social distancing and universal facemask use, mandatory conduct infection control surveys in all nursing homes with 1 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 2-3 pooling of specimens on all high-throughput machines as long as turn around 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.

*Psychological rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states as being prone to either not report to us or not report accurately were also excluded from the present reporting figures: This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome. We look forward to your feedback.
# Georgia State Report | 08.30.2020

<table>
<thead>
<tr>
<th>Metric</th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New COVID-19 Cases (Rate per 100,000)</strong></td>
<td>15,751 (148)</td>
<td>-11.2%</td>
<td>82,967 (124)</td>
<td>288,743 (88)</td>
</tr>
<tr>
<td><strong>Viral (RT-PCR) Lab Test Positivity Rate</strong></td>
<td>8.3%</td>
<td>-0.5%*</td>
<td>8.5%</td>
<td>5.4%</td>
</tr>
<tr>
<td><strong>Total Viral (RT-PCR) Lab Tests (Tests per 100,000)</strong></td>
<td>126,970** (1,196)</td>
<td>-9.7%**</td>
<td>921,457** (1,377)</td>
<td>5,305,529** (1,616)</td>
</tr>
<tr>
<td><strong>COVID-19 Deaths (Rate per 100,000)</strong></td>
<td>477 (4)</td>
<td>+13.0%</td>
<td>2,144 (3)</td>
<td>6,615 (2)</td>
</tr>
<tr>
<td><strong>SNFs with ≥1 New Resident COVID-19 Case (≥1 New Staff Case)</strong></td>
<td>22.5% (29.2%)</td>
<td>-1.5%*</td>
<td>22.2% (32.8%)</td>
<td>10.7% (18.6%)</td>
</tr>
<tr>
<td><strong>SNFs with ≥1 New Resident COVID-19 Death</strong></td>
<td>10.7%</td>
<td>+0.2%*</td>
<td>9.8%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

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

**DATA SOURCES** – 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.

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**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level 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
STATE REPORT | 08.30.2020
COVID-19 COUNTY AND METRO ALERTS*
Top 12 shown in table (full lists below)

LOCALITIES IN RED ZONE

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

LOCALITIES IN YELLOW ZONE

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

METRO AREA (CBSA) LAST WEEK

19

20

COUNTY LAST WEEK

72

58

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, Cordele, Thomas, Americus, Eufaula
All Red Counties: Bibb, Richmond, Chatham, Henry, Columbia, Clarke, Coweta, Paulding, Baldwin, Bartow, Bulloch, Whitefield, 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, Norgan, Jones, Madison, Monroe, Franklin, Greene, Evans, Haralson, Hart, Pulaski, Banks, Dodge, Seminole, Clinch, Screven, Crisp, Treutlen, Bacon, Wilkinson, Candler, Brooks, Miller, Butts, Johnson, Troup, Montgomery, Jenkins, Lincoln, Twiggs, Wheeler, Taylor, Early, Hancock, Crawford, Randolph, Wilcox

* 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 8/29/2020; last week is 8/22 - 8/28, three weeks is 8/8 - 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 COUNTRIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

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

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
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NEW CASES

COVID-19 CASES

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

TESTING

TOTAL VIRAL (RT-PCR) LAB TESTS

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

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

TOP COUNTIES

NEW CASES (CUMULATIVE)

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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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.


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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- 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 reported 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 reported. 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 otherwise 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 13:00 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 90.8% 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 1.74 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: 95 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 USCG.
- The federal government has supported a surge testing site in Honolulu, HI.
- Between Aug 22 – Aug 26, 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.

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

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.
# Hawaii COVID-19 State Report | 08.30.2020

## Data Highlights

<table>
<thead>
<tr>
<th>Category</th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>New COVID-19 Cases (Rate per 100,000)</td>
<td>1,758 (124)</td>
<td>+15.0%</td>
<td>46,780 (91)</td>
<td>288,743 (88)</td>
</tr>
<tr>
<td>Viral (RT-PCR) Lab Test Positivity Rate</td>
<td>7.6%</td>
<td>-0.8%*</td>
<td>5.9%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Total Viral (RT-PCR) Lab Tests (Tests per 100,000)</td>
<td>11,772** (831)</td>
<td>-51.2%**</td>
<td>926,183** (1,806)</td>
<td>5,305,529** (1,616)</td>
</tr>
<tr>
<td>COVID-19 Deaths (Rate per 100,000)</td>
<td>13 (1)</td>
<td>+116.7%</td>
<td>1,249 (2)</td>
<td>6,615 (2)</td>
</tr>
<tr>
<td>SNFs with ≥1 New Resident COVID-19 Case (≥1 New Staff Case)</td>
<td>11.6% (14.0%)</td>
<td>+1.9%* (+6.6%*)</td>
<td>10.1% (14.3%)</td>
<td>10.7% (18.6%)</td>
</tr>
<tr>
<td>SNFs with ≥1 New Resident COVID-19 Death</td>
<td>0.0%</td>
<td>N/A</td>
<td>4.3%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

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

### Data Sources
- Additional data details available under METHODS.
- Note: Some data 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.
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- Mobility: Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level 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.
# COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td>Urban Honolulu</td>
</tr>
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* Localities with fewer than 10 cases last week have been excluded from these alerts.

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and 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 8/29/2020; 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
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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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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

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

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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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- 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 reported. 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 rate 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 13:00 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 highest rate in the country. Idaho is in the red zone for test positivity, indicating a rate above 10%, with the 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 2 weeks: Ada County, 2. Canyon County, and 3. Bonneville County; these counties represent 58.9% 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 500 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 and 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, 81 patients with confirmed COVID-19 and 3 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-19 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 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 Idaho.gov.

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

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

**STATE REPORT | 08.30.2020**

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

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

**DATA SOURCES** – 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.
# IDAHO

## COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>METRO AREA (CBSA)</strong> (CBSA) LAST WEEK</td>
<td><strong>COUNTY LAST WEEK</strong></td>
</tr>
<tr>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Boise City</td>
<td>Coeur d'Alene</td>
</tr>
<tr>
<td>Idaho Falls</td>
<td>Pocatello</td>
</tr>
<tr>
<td>Twin Falls</td>
<td>Blackfoot</td>
</tr>
<tr>
<td>Ontario</td>
<td>Lewiston</td>
</tr>
<tr>
<td></td>
<td>Rexburg</td>
</tr>
<tr>
<td></td>
<td>Mountain Home</td>
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<tr>
<td></td>
<td>Jackson</td>
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<tr>
<td></td>
<td>Logan</td>
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<tr>
<td></td>
<td>Ada</td>
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<tr>
<td></td>
<td>Kootenai</td>
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<tr>
<td></td>
<td>Twin Falls</td>
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<td></td>
<td>Bannock</td>
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<td></td>
<td>Bingham</td>
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<td></td>
<td>Nez Perce</td>
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<tr>
<td></td>
<td>Shoshone</td>
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<tr>
<td></td>
<td>Madison</td>
</tr>
<tr>
<td></td>
<td>Elmore</td>
</tr>
<tr>
<td></td>
<td>Washington</td>
</tr>
<tr>
<td></td>
<td>Owyhee</td>
</tr>
<tr>
<td></td>
<td>Fremont</td>
</tr>
</tbody>
</table>

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

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**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and 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
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.
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.
IDAHO
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.

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)

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

### DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up to date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 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 CSA represent 49% of new cases in Illinois. Viral transmission is widely distributed in Illinois with the highest incidences reported outside of the Chicago CSA (including the St. Louis CSA (Region 4 - MetroEast) and Peoria/CSBAs). 62% of all counties in Illinois have ongoing community transmission (yellow or red zone), with 3% having high levels of community transmission (red zone).
- Illinois State University has reported more than 500 positive tests among students since Aug 17, including 192 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 197 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 are tasked to: support the state response; deploy support operations activities from FEMA; and support operations activities from the Department of Defense and other federal support activities from the Department of Health and Human Services.
- From Aug 22 - Aug 28, at least 115 patients with confirmed COVID-19 and 350 patients with suspected COVID-19 were reported as newly admitted to hospitals in Illinois. An average of 84% of hospitals reported entire new confirmed or new suspected COVID-19 patients each day during this period; this may be an underestimate of the actual number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of medical 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 access through SharedMed and other forums are very useful.
- For institutes of higher education (IHE),
  - Ensure both diagnostic and surveillance testing is 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 suspected or confirmed COVID-19 have access to quarantine and care settings on or near campus and are not returned home to multigenerational households where additional transmission could occur.
- Require all universities with MRI detection platforms to use this equipment to expand surveillance testing for schools (X-12, community colleges) and universities, for their students and to support the community surrounding their universities.
- Ensure all counseling, assisted living, and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively identified and contact-traced to prevent spread from students.
- Support local authorities in outreach to restaurant and bar business owners in college communities regarding enforcement of masking and restrictions 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 20 people or fewer.
- Message to residents that if they have been vaccinated or have had visitors from areas or states with high COVID-19 prevalence, including the South and West of the United States, they should avoid vulnerable individuals, remain socially distant and masked when around others for a minimum of 14 days, avoid indoor gatherings where social distancing and masks cannot be maintained; and get tested if anyone in their family develops symptoms. 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, on-site staff members have been promptly tested and appropriate isolation measures are in place. Any nursing homes with 5 or more cases of COVID-19 should have mandatory infection control plans and immediate support for corrective action to ensure COVID-19 safety guidelines and social distancing policies are being implemented.
- Prevent 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 illinois.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 share consistent data sources and methods that allow for comparisons to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems.

We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state health officials from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state dashboards 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 health officials to improve reporting consistency. Continued feedback on improving these data is welcome.
# ILLINOIS

## STATE REPORT | 08.30.2020

<table>
<thead>
<tr>
<th>New COVID-19 Cases (Rate per 100,000)</th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>13,556</strong> (107)</td>
<td>+2.4%</td>
<td><strong>46,258</strong> (88)</td>
<td><strong>288,743</strong> (88)</td>
<td></td>
</tr>
</tbody>
</table>

| 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.
# COVID-19 COUNTY AND METRO ALERTS*

**Top 12 shown in table (full lists below)**

## Localities in Red Zone

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effingham</td>
<td>4</td>
</tr>
<tr>
<td>Fort Madison-Keokuk</td>
<td></td>
</tr>
<tr>
<td>Burlington</td>
<td></td>
</tr>
<tr>
<td>Cape Girardeau</td>
<td></td>
</tr>
</tbody>
</table>

## Localities in Yellow Zone

<table>
<thead>
<tr>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicago-Naperville-Elgin</td>
</tr>
<tr>
<td>St. Louis</td>
</tr>
<tr>
<td>Peoria</td>
</tr>
<tr>
<td>Bloomington</td>
</tr>
<tr>
<td>Ottawa</td>
</tr>
<tr>
<td>Carbondale-Marion</td>
</tr>
<tr>
<td>Davenport-Moline-Rock Island</td>
</tr>
<tr>
<td>Springfield</td>
</tr>
<tr>
<td>Charleston-Mattoon</td>
</tr>
<tr>
<td>Rockford</td>
</tr>
<tr>
<td>Kankakee</td>
</tr>
<tr>
<td>Jacksonville</td>
</tr>
</tbody>
</table>

## County Last Week

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effingham</td>
<td>13</td>
</tr>
<tr>
<td>Clinton</td>
<td></td>
</tr>
<tr>
<td>Randolph</td>
<td></td>
</tr>
<tr>
<td>Bureau</td>
<td></td>
</tr>
<tr>
<td>Monroe</td>
<td></td>
</tr>
<tr>
<td>Shelby</td>
<td></td>
</tr>
<tr>
<td>Union</td>
<td></td>
</tr>
<tr>
<td>Fayette</td>
<td></td>
</tr>
<tr>
<td>Warren</td>
<td></td>
</tr>
<tr>
<td>Jasper</td>
<td></td>
</tr>
<tr>
<td>Lawrence</td>
<td></td>
</tr>
<tr>
<td>Henderson</td>
<td></td>
</tr>
</tbody>
</table>

## 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 90%.

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

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.
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

WEeekly 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.

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)

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

**DATA NOTES**

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 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 6/20 to 6/26; previous week data are from 6/8 to 7/13 and 8/18. 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 12:00 EDT on 06/29/2020.
- **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.
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 16th 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 28.5% of new cases in Indiana.
- 55% 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 to assist in the state response are: 7 support operations activities from FEMA.
- Between Aug 22 – Aug 28, on average, 70 patients with confirmed COVID-19 and 159 patients with suspected COVID-19 were admitted each day to hospitals in Indiana. An average of greater than 50% 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, and 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.
- Continue all testing, 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.
- Continuously monitor and protect those in nursing homes, assisted living, and long-term care facilities by ensuring access to rapid testing in facilities that have had COVID-19 cases and isolation of all positive staff and residents. Ensure social distancing and universal face mask use, and 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 3 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 about the risks of in-person events or gatherings 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 26 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 DCS webpage.

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

We look forward to your feedback.

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

## STATE REPORT | 08.30.2020

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

---

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

**DATA SOURCES** -- 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. USA states 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.
## COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>METRO AREA (CBSA) LAST WEEK</td>
<td></td>
</tr>
<tr>
<td>3 South Bend-Mishawaka Elkhart-Goshen Washington</td>
<td></td>
</tr>
<tr>
<td>22 Indianapolis-Carmel-Anderson Chicago-Naperville-Elgin Fort Wayne Louisville/Jefferson County Terre Haute Evansville Marion Bloomington Muncie Columbus Michigan City-La Porte Connersville</td>
<td></td>
</tr>
<tr>
<td>COUNTY LAST WEEK</td>
<td></td>
</tr>
<tr>
<td>7 St. Joseph Elkhart Daviess Sullivan Orange Martin Newton</td>
<td></td>
</tr>
<tr>
<td>42 Marion Lake Allen Vanderburgh Vigo Clark Hendricks Porter Grant Monroe Delaware Bartholomew</td>
<td></td>
</tr>
</tbody>
</table>

**All Yellow CBSSAs:** 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, Stark, Spencer

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

**Red Zone:** Those core-based statistical areas (CBSSAs) 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 CBSSAs 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 8/21.

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

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

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

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
INDIANA
STATE REPORT | 08.30.2020

**NEW CASES**

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

**TESTING**

- Total Viral (RT-PCR) Lab Tests
- Daily Tests Completed (7-day average)
- % Positivity Rate (by result date 7-day average)

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

- Marion
- St. Joseph
- Lake
- Hamilton
- Allen
- Elkhart
- Vanderburgh
- Vigo
- Clark
- Shelby

**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.

**Testings:** 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

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
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 8/21 - 8/27. 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

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.

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

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths: County-level data from USAFacts as of 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 13:00 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.
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 8th 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.
- 82% 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 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 Iowa continue to have increases in cases and test positivity. Common sense preventive measures must be implemented to stop further spread.
- Iowa had 255 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, 45 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 55% 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 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 students (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 and their family members and those with communities.
- 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 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 [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 the states. We appreciate your 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/providers as those from which we should not expect reports were excluded from the patient reporting figures. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.
## Iowa

**State Report | 08.30.2020**

<table>
<thead>
<tr>
<th></th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New COVID-19 Cases</strong>&lt;br&gt;(Rate per 100,000)</td>
<td>7,321 (232)</td>
<td>+77.4%</td>
<td>21,585 (153)</td>
<td>288,743 (88)</td>
</tr>
<tr>
<td><strong>Viral (RT-PCR) Lab Test Positivity Rate</strong></td>
<td>10.3%</td>
<td>+2.1%*</td>
<td>9.6%</td>
<td>5.4%</td>
</tr>
<tr>
<td><strong>Total Viral (RT-PCR) Lab Tests (Tests per 100,000)</strong></td>
<td>61,533** (1,950)</td>
<td>+4.9%**</td>
<td>177,236** (1,253)</td>
<td>5,305,529** (1,616)</td>
</tr>
<tr>
<td><strong>COVID-19 Deaths</strong>&lt;br&gt;(Rate per 100,000)</td>
<td>74 (2)</td>
<td>+39.6%</td>
<td>157 (1)</td>
<td>6,615 (2)</td>
</tr>
<tr>
<td><strong>SNFs with ≥1 New Resident COVID-19 Case</strong>&lt;br&gt;(≥1 New Staff Case)</td>
<td>5.1% (14.9%)</td>
<td>+0.6%*</td>
<td>6.7% (14.7%)</td>
<td>10.7% (18.6%)</td>
</tr>
<tr>
<td><strong>SNFs with ≥1 New Resident COVID-19 Death</strong></td>
<td>3.2%</td>
<td>+0.8%*</td>
<td>3.1%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

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

**Data Sources** — 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.

**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.
# IOWA

**STATE REPORT | 08.30.2020**

## COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

### LOCALITIES IN RED ZONE

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10</strong></td>
<td><strong>12</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
<th>POLK</th>
<th>Linn</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>28</strong></td>
<td>Johnson</td>
<td>Black Hawk</td>
</tr>
<tr>
<td></td>
<td>Story</td>
<td>Scott</td>
</tr>
<tr>
<td></td>
<td>Clinton</td>
<td>Dallas</td>
</tr>
<tr>
<td></td>
<td>Des Moines</td>
<td>Woodbury</td>
</tr>
<tr>
<td></td>
<td>Marion</td>
<td>Dubuque</td>
</tr>
<tr>
<td></td>
<td>Lee</td>
<td>Webster</td>
</tr>
<tr>
<td></td>
<td>Sioux</td>
<td>Pottawattamie</td>
</tr>
<tr>
<td></td>
<td>Plymouth</td>
<td>Cerro Gordo</td>
</tr>
<tr>
<td></td>
<td>Warren</td>
<td>Muscatine</td>
</tr>
<tr>
<td></td>
<td>Marshall</td>
<td>Jasper</td>
</tr>
<tr>
<td></td>
<td>Wapello</td>
<td>Bremer</td>
</tr>
</tbody>
</table>

*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 COUNTRIES IN THE RED ZONE

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

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

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

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

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

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

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.
IOWA
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

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

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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 reported 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 rate using different 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 13:00 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
STATE REPORT | 08.30.2020

SUMMARY

- Kansas 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. 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 all 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 DNA 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 on 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 COVID-19 guidelines.

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

We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state agencies as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
## KANSAS
### STATE REPORT | 08.30.2020

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

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

**DATA SOURCES** – 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.

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

Top 12 shown in table (full lists below)

## LOCALITIES IN RED ZONE

<table>
<thead>
<tr>
<th>Metro Area (CBSA) Last Week</th>
<th>Sedgwick, Wyandotte, Reno, Riley, Ellis, Lyon, Ford, Seward, Crawford, Cherokee, Harper, Atchison</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Last Week</td>
<td>19</td>
</tr>
</tbody>
</table>

## LOCALITIES IN YELLOW ZONE

<table>
<thead>
<tr>
<th>Metro Area (CBSA) Last Week</th>
<th>Kansas City, Topeka, Great Bend, Salina, Garden City, Winfield, Coffeyville, Parsons, McPherson, St. Joseph</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Last Week</td>
<td>18</td>
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### 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.

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

Public Messaging
- Wear a mask at all times outside the home and maintain physical distance
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NEW CASES

COVID-19 CASES

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

TESTING

TOTAL VIRAL (RT-PCR) LAB TESTS

Daily Tests Completed (7-day average) | % Positivity Rate (by result date 7-day average)

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

TOP COUNTIES

NEW CASES (CUMULATIVE)

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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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

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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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<td>&gt;5%</td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case, death</td>
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<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
</tbody>
</table>

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths: County-level data from USAFacts as of 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 is 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—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 reported 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 reported. Results 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 8/22 to 8/28; previous week data are from 8/15 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 06/29/2020.
- 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 (NHASN). Data report resident and staff cases independently. Quality checks are performed on data submitted to the NHASN. 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.
KENTUCKY
STATE REPORT | 08.30.2020

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 past 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).
- 1.3% 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 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 PPE 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, holiday 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 KY-website.

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

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

STATE REPORT | 08.30.2020

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

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

DATA SOURCES – 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 USA Facts; 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.
# COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

## LOCALITIES IN RED ZONE

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Bowling Green, Clarksville, Campbellsville, Murray</td>
</tr>
</tbody>
</table>

## LOCALITIES IN YELLOW ZONE

<table>
<thead>
<tr>
<th>LOCALITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Louisville/Jefferson County, Lexington-Fayette, Richmond-Berea, Elizabethtown-Fort Knox, London, Somerset, Owensboro, Frankfort, Glasgow, Paducah, Bardstown, Mayfield, Madisonville, Middlesborough, Evansville, Central City, Maysville</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOCALITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Warren, Christian, Scott, Calloway, Knox, Green, Logan, Rowan, Todd, Russell, Simpson, Carroll, Monroe, Breathitt</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOCALITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
</tr>
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</table>

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

**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, McCrery, Wayne, Clinton, Cumberland, Muhlenberg, Mason, Whitley, Anderson, Harrison, Ohio, Meade, Allen, Trigg, Union, Crittenden

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and 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 takeout or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

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

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

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

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

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
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Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
KENTUCKY
STATE REPORT | 08.30.2020

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.
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.
KENTUCKY
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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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.


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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths: County-level data from USAFacts as of 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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- Skilled Nursing Facilities: National Healthcare Safety Network (NHWN). Data report resident and staff cases independently. Quality checks are performed on data submitted to the NHWN. 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 8/3-8/9.
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 increase testing in shelters.
- The following three parishes had the highest number of new cases over the last three weeks: 1. East Baton Rouge Parish, 2. Jefferson Parish, and 3. St. Tammany Parish. These parishes represent 21.1% of new cases in Louisiana.
- 90% 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-19 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, 23 hospitals are using generator power.
  - 11 nursing homes have been evacuated; 44 nursing homes are using generator power.
  - There are 1,200 clients in non-congregate shelters (hotels) and FEMA is supporting with meals. Several isolated shelters are being established.
- Louisiana had 88 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: 6 to support operations activities from FEMA; 16 to support medical activities from ASPR; 16 to support operations activities from HHS; 10 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 31 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Louisiana. An average of 84% of patients reported either new confirmed or new suspected COVID-19 patients each day during this period. Therefore, this may be an underestimate of the actual total number of COVID-19-related hospitalizations.

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 link 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.
- Universities should provide free test kits and care kits 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 senior care facilities 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 mask 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 gathering 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 tests specimens in high throughput machines as long as turnaround times are greater than 30 hours.
- For families and colleting 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 COVID-19 website.

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

* Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states as hospitals from which we should not expect response were excluded from the present reporting figures. This could differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state partners to improve reporting consistency. Continued feedback on improving these data is welcome.
# COVID-19

## LOUISIANA

### STATE REPORT | 08.30.2020

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

* indicates absolute change in percentage points.

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

** DATA SOURCES — 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)

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Baton Rouge</td>
<td>Lafayette</td>
</tr>
<tr>
<td></td>
<td>Fort Polk South</td>
<td>Shreveport-Bossier City</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Monroe</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Houma-Thibodaux</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alexandria</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hammond</td>
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<tr>
<td></td>
<td></td>
<td>Lake Charles</td>
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<tr>
<td></td>
<td></td>
<td>Opelousas</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Morgan City</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bogalusa</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Minden</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Natchitoches</td>
</tr>
<tr>
<td>14</td>
<td>East Baton Rouge</td>
<td>East Baton Rouge</td>
</tr>
<tr>
<td></td>
<td>Jefferson</td>
<td>Jefferson</td>
</tr>
<tr>
<td></td>
<td>St. Tammany</td>
<td>St. Tammany</td>
</tr>
<tr>
<td></td>
<td>Lafayette</td>
<td>Lafayette</td>
</tr>
<tr>
<td></td>
<td>Caddo</td>
<td>Caddo</td>
</tr>
<tr>
<td></td>
<td>Ouachita</td>
<td>Ouachita</td>
</tr>
<tr>
<td></td>
<td>Tangipahoa</td>
<td>Tangipahoa</td>
</tr>
<tr>
<td></td>
<td>Calcasieu</td>
<td>Calcasieu</td>
</tr>
<tr>
<td></td>
<td>Rapides</td>
<td>Rapides</td>
</tr>
<tr>
<td></td>
<td>Livingston</td>
<td>Livingston</td>
</tr>
<tr>
<td></td>
<td>Ascension</td>
<td>Ascension</td>
</tr>
<tr>
<td></td>
<td>Lafourche</td>
<td>Lafourche</td>
</tr>
</tbody>
</table>

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
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates, and increase community level testing
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours
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Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
LOUISIANA
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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.
Top 12 parishes 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 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.
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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.


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

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths: County-level data from USAFacts as of 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 the total COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR COVID-19 Electronic Lab Reporting state-level data are used to describe county-level COVID-19 laboratory test (RT-PCR) results. 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 results. 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 8/22 to 8/28; previous week data are from 8/15 to 8/19. HHS Protect data is recent as of 12:00 EDT on 08/30/2020. Testing data are inclusive of every device and test performed by the CELR system as of 12:00 EDT on 08/26/2020.
- 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 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 facility and staff cases independently. Quality checks are performed on data submitted to the NHSN. Data from 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
STATE REPORT | 08.30.2020

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.

* Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/physicians or those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving this data is welcome.
## MAINE STATE REPORT | 08.30.2020

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

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

**DATA SOURCES** - 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 8/16/2020. 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 8/3-8/9.
**MAINE**
STATE REPORT | 08.30.2020

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

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

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

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and 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:** NYS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/26/2020. Last week is 8/23 - 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
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- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

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

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

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths: County-level data from USAFacts as of 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 reported 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 reported. 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.
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 35th highest rate in the country.
- Maryland has seen stability in new cases and test positivity over the last week.
- The following three counties had the highest number of new cases over the past 2 weeks: 1. Prince George's County, 2. Baltimore County, and 3. Baltimore City. These counties represented 53.8% of new cases in Maryland. Three counties in the Salisbury CBDA (Somerset, Wicomico, Worcester) are seeing worsening trends in reported cases and 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.
- 938 of all counties in Maryland have ongoing community transmission (yellow or red zones), with none having high levels of community transmission (red zones).
- 3.4% 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 state deployment as testing capacity grows to support the state response to COVID-19, 21 to support operations activities from FEMA, 25 to support operations activities from ADRS, and 5 to support operations activities from MDHS.
- Between Aug 27 - Aug 31, on average, 47 patients with confirmed COVID-19 and 243 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Maryland. The average total number of hospitals reported either new confirmed or new suspected COVID patients each day during the period.

RECOMMENDATIONS

- Increase involvement of community-based leadership to build community trust and to build targeted, tailored messaging to communities. Emphasize the importance of safe behaviors and support with ongoing outreach, ensuring any gatherings or events (e.g., certain socially distant and masked). Encourage residents to avoid indoor gatherings and high-density wooded outdoor areas. Ensure that these messages are relevant to vulnerable populations, including African Americans and Latinx communities; the new component of the Mosaic/Maryland campaign were recommended in this regard.
- Increase public messaging to out-state tourists and increase testing capabilities in tourist 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 intensified efforts to improve compliance.
- Keep statewide mask requirements in place. Work with local communities to ensure high usage rates; identify mechanisms to assess compliance with local regulations. Continue efforts to build contract tracing capacity. Hire contact tracers and community health workers from within minority and underserved communities to maximize cultural competence and long-term trust and buy-in from within the community.
- For Institutes of Higher Education (IHEs):
  - Ensure both diagnostic and surveillance testing are rapid and comprehensive at all institutions with students on campus.
  - Ensure all institutions 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 IHEs that may have limited testing capacity.
  - Encourage community outreach and contact at memes to the local public health authorities to encourage IHEs to collaborate on testing strategies.
  - Ensure all IHEs have full testing capacity in all towns with university students and staff that can be aggressively tested.
  - Support local resources to address the restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy as well as any other limitations on student gatherings; ensure local ordinances in these communities to enforce social distancing and mask mandates for off-campus events.
  - Support a uniform case-reporting process for IHEs and reporting of this data on public-facing dashboards. Publish IHE screening as well as outbreak data on the state dashboards.
  - 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 retesting every 3 weeks; develop a plan to assist and provide guidance to nursing homes that are or will be having difficulties meeting these testing requirements for staff due to funding constraints.
  - Provide regular test results to individuals so that instead and stop the spread is critical. Implement the following to increase testing capacity and decrease turnaround time:
    - (1) For family and household populations, screen entire households in a single test by pooling a sample of each member's specimen. For households with multiple individuals, test each individual separately.
    - (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 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 [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 provide consistent data sources and methods that allow for comparisons to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as the highest risk hospital in the state were excluded from analyses. This could lead to some states underreporting because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
# MARYLAND

**STATE REPORT | 08.30.2020**

<table>
<thead>
<tr>
<th>Category</th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW COVID-19 CASES</strong> (Rate per 100,000)</td>
<td>3,765 (62)</td>
<td>-6.4%</td>
<td>16,335 (53)</td>
<td>288,743 (88)</td>
</tr>
<tr>
<td><strong>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</strong></td>
<td>3.6%</td>
<td>+0.0%*</td>
<td>4.8%</td>
<td>5.4%</td>
</tr>
<tr>
<td><strong>TOTAL VIRAL (RT-PCR) LAB TESTS (Tests per 100,000)</strong></td>
<td>135,535** (2,242)</td>
<td>-16.5%**</td>
<td>477,403** (1,547)</td>
<td>5,305,529** (1,616)</td>
</tr>
<tr>
<td><strong>COVID-19 DEATHS</strong> (Rate per 100,000)</td>
<td>55 (1)</td>
<td>+17.0%</td>
<td>298 (1)</td>
<td>6,615 (2)</td>
</tr>
<tr>
<td><strong>SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE</strong></td>
<td>8.0% (23.9%)</td>
<td>-2.8%*</td>
<td>8.2% (15.1%)</td>
<td>10.7% (18.6%)</td>
</tr>
<tr>
<td>(≥1 NEW STAFF CASE)</td>
<td></td>
<td>(+4.9%*</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH</strong></td>
<td>3.5%</td>
<td>+0.1%*</td>
<td>3.3%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

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

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# MARYLAND
STATE REPORT | 08.30.2020

**COVID-19 COUNTY AND METRO ALERTS***
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</thead>
<tbody>
<tr>
<td>0</td>
<td>N/A</td>
<td>1</td>
</tr>
<tr>
<td>Washington-Arlington-Alexandria</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>N/A</td>
<td>2</td>
</tr>
<tr>
<td>Worcester</td>
<td>Somersett</td>
<td></td>
</tr>
</tbody>
</table>

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and 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
- 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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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

DATA SOURCES - Additional data details available under METHODS
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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

WEAKLY % CHANGE IN NEW CASES PER 100K

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

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.
National Picture

NEW CASES PER 100,000 LAST WEEK

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

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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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<table>
<thead>
<tr>
<th>Metric</th>
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<th>Red</th>
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<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
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</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;10%</td>
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<td>Diagnostic test result positivity rate</td>
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<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
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<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
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</tr>
<tr>
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MASSACHUSETTS
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SUMMARY

- Massachusetts is in the yellow zone for cases, indicating between 19 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 68 per 100,000.
- 202 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 EBC website.

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

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state or region as those from which we should not expect reports were excluded from the percent reporting figures. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
## Massachusetts State Report | 08.30.2020

<table>
<thead>
<tr>
<th></th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New COVID-19 Cases</strong> (Rate per 100,000)</td>
<td>2,368 (34)</td>
<td>-11.8%</td>
<td>4,348 (29)</td>
<td>288,743 (88)</td>
</tr>
<tr>
<td><strong>Viral (RT-PCR) Lab Test Positivity Rate</strong></td>
<td>1.2%</td>
<td>-0.2%*</td>
<td>1.2%</td>
<td>5.4%</td>
</tr>
<tr>
<td><strong>Total Viral (RT-PCR) Lab Tests (Tests per 100,000)</strong></td>
<td>219,608** (3,186)</td>
<td>+18.8%**</td>
<td>372,194** (2,507)</td>
<td>5,305,529** (1,616)</td>
</tr>
<tr>
<td><strong>COVID-19 Deaths</strong> (Rate per 100,000)</td>
<td>136 (2)</td>
<td>+61.9%</td>
<td>166 (1)</td>
<td>6,615 (2)</td>
</tr>
<tr>
<td><strong>SNFs with ≥1 New Resident COVID-19 Case (≥1 New Staff Case)</strong></td>
<td>2.2% (8.7%)</td>
<td>-2.7%* (-2.6%*)</td>
<td>2.6% (6.3%)</td>
<td>10.7% (18.6%)</td>
</tr>
<tr>
<td><strong>SNFs with ≥1 New Resident COVID-19 Death</strong></td>
<td>2.8%</td>
<td>+1.0%*</td>
<td>2.7%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

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

**Data Sources:** 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, previous week is 8/15-8/21.
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- **Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level 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.
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## MASSACHUSETTS

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**COVID-19 COUNTY AND METRO ALERTS**

Top 12 shown in table (full lists below)

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

<table>
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<tr>
<th>COUNTY LAST WEEK</th>
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</tr>
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<tbody>
<tr>
<td>0</td>
<td>N/A</td>
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</table>

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and 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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NEW CASES

COVID-19 CASES
0 1000 2000 3000 4000 5000

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

TESTING

TOTAL VIRAL (RT-PCR) LAB TESTS
0 10000 20000 30000

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

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

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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

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

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National Picture

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## METHODS

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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 33rd 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 23 - Aug 28, on average, 55 patients with confirmed COVID-19 and 118 patients with suspected COVID-19 were reported as newly admitted to hospitals in Michigan. 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

- 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 terms 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 [website].

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

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the present reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
### Michigan State Report | 08.30.2020

<table>
<thead>
<tr>
<th>Metric</th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>New COVID-19 Cases (Rate per 100,000)</td>
<td>6,519 (65)</td>
<td>+66.2%</td>
<td>46,258 (88)</td>
<td>288,743 (88)</td>
</tr>
<tr>
<td>Viral (RT-PCR) Lab Test Positivity Rate</td>
<td>3.2%</td>
<td>-0.2%*</td>
<td>5.0%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Total Viral (RT-PCR) Lab Tests (Tests per 100,000)</td>
<td>208,049** (2,083)</td>
<td>+35.4%**</td>
<td>1,040,478** (1,980)</td>
<td>5,305,529** (1,616)</td>
</tr>
<tr>
<td>COVID-19 Deaths (Rate per 100,000)</td>
<td>78 (1)</td>
<td>+9.9%</td>
<td>759 (1)</td>
<td>6,615 (2)</td>
</tr>
<tr>
<td>SNFs with ≥1 New Resident COVID-19 Case (≥1 New Staff Case)</td>
<td>6.3% (16.5%)</td>
<td>+0.5%*</td>
<td>7.5% (16.8%)</td>
<td>10.7% (18.6%)</td>
</tr>
<tr>
<td>SNFs with ≥1 New Resident COVID-19 Death</td>
<td>1.8%</td>
<td>+0.5%*</td>
<td>3.3%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

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

**DATA SOURCES** – 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)

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>South Bend-Mishawaka</td>
<td>Saginaw</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Monroe</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mount Pleasant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Muskegon</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Marinette</td>
</tr>
<tr>
<td>0</td>
<td>N/A</td>
<td>Macomb</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Saginaw</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Monroe</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Isabella</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Muskegon</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Grand Traverse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Luce</td>
</tr>
</tbody>
</table>

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

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

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

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

COVID-19 CASES

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

TESTING

TOTAL VIRAL (RT-PCR) LAB TESTS

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

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.
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.
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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

WEIGHTLY % CHANGE IN NEW CASES PER 100K

WEIGHTLY 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

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.

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

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

DATA NOTES

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

- Cases and deaths: County-level data from USAFacts as of 12:00 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: 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 reported 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.
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 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 Metropolitan CSAA represent 48.5% of new cases in Minnesota. Extended family gatherings were reported to be the site of exposures for many cases. Sharp increases in cases were noted in multiple counties outside of the Minneapolis CSAA, 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 St. Paul's 50 motorcycle rally.
- 39% of all counties in Minnesota have ongoing community transmission (yellow or red zone), with 9% having high levels of community transmission (red zone).
- 6.3% of nursing homes are reporting 2 or more residents with new COVID-19 cases per week over the last 3 weeks.
- Minnesota had 5 new cases per 100,000 population in the last week, compared to a national average of 58 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 2 to support operations activities from VHA.
- Between Aug. 22 and Aug. 28, 35 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 85% 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 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 multi-generational households where additional transmission could occur.
  - Require all universities with on-campus 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 and isolated weekly to prevent spread from students.
  - Support local authorities in outreach to restaurants 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. If facilities have workers who tested positive, ensure all residents have been promptly tested and appropriate cohorts on in residents 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 needing in-home care.
- 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 at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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MINNESOTA
STATE REPORT | 08.30.2020

<table>
<thead>
<tr>
<th>Metricperience</th>
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<tr>
<td>Viral (RT-PCR) Lab Test Positivity Rate</td>
<td>6.3%</td>
<td>-0.1%*</td>
<td>5.0%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Total Viral (RT-PCR) Lab Tests (Tests per 100,000)</td>
<td>112,840** (2,001)</td>
<td>-1.5%**</td>
<td>1,040,478** (1,980)</td>
<td>5,305,529** (1,616)</td>
</tr>
<tr>
<td>COVID-19 Deaths (Rate per 100,000)</td>
<td>60 (1)</td>
<td>-43.9%</td>
<td>759 (1)</td>
<td>6,615 (2)</td>
</tr>
<tr>
<td>SNFs with ≥1 New Resident COVID-19 Case (≥1 New Staff Case)</td>
<td>7.4% (18.5%)</td>
<td>-0.3%* (+3.5%*)</td>
<td>7.5% (16.8%)</td>
<td>10.7% (18.6%)</td>
</tr>
<tr>
<td>SNFs with ≥1 New Resident COVID-19 Death</td>
<td>5.0%</td>
<td>+3.3%*</td>
<td>3.3%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

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

DATA SOURCES – 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
STATE REPORT | 08.30.2020

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

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Winona</td>
<td>Minneapolis-St. Paul-Bloomington</td>
</tr>
<tr>
<td></td>
<td>Worthington</td>
<td>St. Cloud</td>
</tr>
<tr>
<td></td>
<td>Marshall</td>
<td>Mankato</td>
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<td></td>
<td></td>
<td>Hutchinson</td>
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<td></td>
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<td>Owatonna</td>
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<td>Grand Forks</td>
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<tr>
<td></td>
<td></td>
<td>La Crosse-Onalaska</td>
</tr>
<tr>
<td>8</td>
<td>Le Sueur</td>
<td>Hennepin</td>
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<tr>
<td></td>
<td>Watonwan</td>
<td>Ramsey</td>
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<tr>
<td></td>
<td>Waseca</td>
<td>Dakota</td>
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<tr>
<td></td>
<td>Winona</td>
<td>Anoka</td>
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<td></td>
<td>Nobles</td>
<td>Washington</td>
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<td></td>
<td>Lyon</td>
<td>Scott</td>
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<td></td>
<td>Sibley</td>
<td>Stearns</td>
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<td></td>
<td>Stevens</td>
<td>Wright</td>
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<td>Carver</td>
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<td>Blue Earth</td>
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<td>McLeod</td>
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<td>Chisago</td>
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<td>Clay</td>
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<td>Steele</td>
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<td>Benton</td>
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<td>Pipestone</td>
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<td>Kanabec</td>
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<td>Cass</td>
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<td></td>
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<td>Dodge</td>
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<td></td>
<td></td>
<td>Faribault</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yellow Medicine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Roseau</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wadena</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meeker</td>
</tr>
</tbody>
</table>

* **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

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and 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." No: 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
MINNESOTA
STATE REPORT | 08.30.2020

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

NEW CASES PER 100,000 DURING LAST WEEK

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

WEEKLY % CHANGE IN NEW CASES PER 100K

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

DATA SOURCES – 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

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.

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

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 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 reported and positivity rate. 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 reported. 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 rate 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 13:00 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.
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 3 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 66 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed by 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 VR.
- 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 48% 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 and protect the workforce of those in nursing homes, assisted living, and long-term care facilities by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19, 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 risks 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 cohasing 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 Mississippi COVID-19 site.

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

We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by stakeholders as those for which we should not expect reports were excluded from the percent reporting figure. This will may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
# MISSISSIPPI
## STATE REPORT | 08.30.2020

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

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

**DATA SOURCES** – 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 8/3 – 8/9.
## MISSISSIPPI
### STATE REPORT | 08.30.2020

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

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>METRO AREA</strong> (CBSA) <strong>(CBSA) LAST WEEK</strong></td>
<td><strong>COUNTY LAST WEEK</strong></td>
</tr>
<tr>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Jackson</td>
<td>Memphis</td>
</tr>
<tr>
<td>Gulfport-Biloxi</td>
<td>Tupelo</td>
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<tr>
<td>Meridian</td>
<td>Hattiesburg</td>
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<tr>
<td>Greenville</td>
<td>Oxford</td>
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<tr>
<td>Greenwood</td>
<td>Laurel</td>
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<tr>
<td>Cleveland</td>
<td>Starkville</td>
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<tr>
<td>Corinth</td>
<td></td>
</tr>
</tbody>
</table>

| DeSoto | Hinds |
| Harrison | Madison |
| Jackson | Lafayette |
| Rankin | Forrest |
| Washington | Oktibbeha |
| Bolivar | Panola |
| Lauderdale | Marshall |
| Leflore | Lamar |
| Union | Prentiss |
| Warren | Pearl River |
| Sunflower | Itawamba |
| Coahoma | 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, Tallahechee, 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 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 1 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:** NHLS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/26/2020. Last week is 8/29 – 9/26. Public Health Laboratory data is inclusive of all updates processed through 8/29.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

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

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.

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

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 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 results—individual people and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state department-reported data are used to describe county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available in patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests reported and positivity rate values. 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 13:00 EDT on 08/29/2020.
- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile device 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
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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 9%, 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 zones), with 20% having high levels of community transmission (red zones).
- 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 89 per 100,000.
- Current staffing deployed from the federal government as assets to support the state response are: 75 to support operations activities from FEMA; 75 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, 52 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-19 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 these 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 comparison to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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

**STATE REPORT | 08.30.2020**

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

*Indicates absolute change in percentage points.

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

**DATA SOURCES** – 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 8/30/2020; last week is 8/23 - 8/29; previous week is 8/16 - 8/22.

**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 8/26.

**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 8/3 - 8/9.
# COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

## LOCALITIES IN RED ZONE

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Springfield, Columbia, Branson, Cape Girardeau, Hannibal, Maryville, Sikeston, Marshall, Fort Madison-Keokuk</td>
</tr>
</tbody>
</table>

## LOCALITIES IN YELLOW ZONE

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td>St. Louis, Kansas City, Joplin, Jefferson City, Farmington, Sedalia, St. Joseph, Fort Leonard Wood, Kennett, Poplar Bluff, Rolla, Warrensburg, West Plains, Mexico, Moberly</td>
</tr>
</tbody>
</table>

| 39               | 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 |

| 39               | 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 |

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 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.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

Testing
• Move to community-led neighborhood testing and work with local community groups to increase access to testing
• Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
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**DATA SOURCES** – Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to reporting delays. 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 Protelab 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
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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 - 8/22.
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.
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.


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

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<thead>
<tr>
<th>Metric</th>
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<th>Red</th>
</tr>
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<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
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</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
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<td>-10% - 10%</td>
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</tr>
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<td>Diagnostic test result positivity rate</td>
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<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
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</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;1000</td>
<td>500-1000</td>
<td>&lt;500</td>
</tr>
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<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
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DATA NOTES

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

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

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

We look forward to your feedback.
# MONTANA

## STATE REPORT | 08.30.2020

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

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

**DATA SOURCES** – 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.
## COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Billings, Kalispell</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>Yellowstone, Flathead, Big Horn, Rosebud, Glacier, Hill</td>
<td>2</td>
</tr>
</tbody>
</table>

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and 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
- Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
- Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

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

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

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

COVID-19 Cases

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

TESTING

TOTAL VIRAL (RT-PCR) LAB TESTS

Daily Tests Completed (7-day average) | % Positivity Rate (by result date 7-day average)

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

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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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National Picture

NEW CASES PER 100,000 LAST WEEK

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## METHODS

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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 performed 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 rate 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 13:00 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. Searcy 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 to assist support the state response and 23 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, the adjustment 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 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 facilities 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 co-morbidities.
- 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 facilitywide 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 facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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

## STATE REPORT | 08.30.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW COVID-19 CASES</strong></td>
<td>1,810 (94)</td>
<td>+11.9%</td>
<td>21,585 (153)</td>
<td>288,743 (88)</td>
</tr>
<tr>
<td><strong>(RATE PER 100,000)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VIRAL (RT-PCR) LAB TEST</strong></td>
<td>9.2%</td>
<td>-0.3%*</td>
<td>9.6%</td>
<td>5.4%</td>
</tr>
<tr>
<td><strong>POSITIVITY RATE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL VIRAL (RT-PCR) LAB</strong></td>
<td>24,077** (1,245)</td>
<td>-21.5%**</td>
<td>177,236** (1,253)</td>
<td>5,305,529** (1,616)</td>
</tr>
<tr>
<td><strong>TESTS (TESTS PER 100,000)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>COVID-19 DEATHS</strong></td>
<td>17 (1)</td>
<td>+30.8%</td>
<td>157 (1)</td>
<td>6,615 (2)</td>
</tr>
<tr>
<td><strong>(RATE PER 100,000)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SNFs WITH ≥1 NEW</strong></td>
<td>3.9% (12.7%)</td>
<td>-0.4%*</td>
<td>6.7% (14.7%)</td>
<td>10.7% (18.6%)</td>
</tr>
<tr>
<td><strong>RESIDENT COVID-19 CASE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>(≥1 NEW STAFF CASE)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SNFs WITH ≥1 NEW</strong></td>
<td>1.7%</td>
<td>-1.0%*</td>
<td>3.1%</td>
<td>5.0%</td>
</tr>
<tr>
<td><strong>RESIDENT COVID-19 DEATH</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

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

**Note:** Some data 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:** CEL (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)**

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>METRO AREA (CBSA) LAST WEEK</strong></td>
<td>Omaha-Council Bluffs</td>
</tr>
<tr>
<td>1</td>
<td>Lincoln</td>
</tr>
<tr>
<td></td>
<td>North Platte</td>
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<tr>
<td></td>
<td>Norfolk</td>
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<td></td>
<td>Grand Island</td>
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<td></td>
<td>Fremont</td>
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<td></td>
<td>Sioux City</td>
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<td></td>
<td>Columbus</td>
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<td></td>
<td>Scotts Bluff</td>
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<td></td>
<td>Lexington</td>
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<tr>
<td></td>
<td>Hastings</td>
</tr>
<tr>
<td></td>
<td>Beatrice</td>
</tr>
<tr>
<td><strong>COUNTY LAST WEEK</strong></td>
<td>Douglas</td>
</tr>
<tr>
<td>13</td>
<td>Lancaster</td>
</tr>
<tr>
<td></td>
<td>Sarpy</td>
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<tr>
<td></td>
<td>Lincoln</td>
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<td>Madison</td>
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<td>Dodge</td>
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<td>Hall</td>
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<td></td>
<td>Cass</td>
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<td></td>
<td>Dakota</td>
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<tr>
<td></td>
<td>Platte</td>
</tr>
<tr>
<td></td>
<td>Dawes</td>
</tr>
<tr>
<td></td>
<td>Scotts Bluff</td>
</tr>
</tbody>
</table>

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
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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.
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.
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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.

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

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths: County-level data from USAFacts as of 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 06/29/2020.
- 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
STATE REPORT | 08.30.2020

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 87.2% 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 85 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 12 - 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

- Encourage 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.
  - Provide universities with point-of-care testing 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 properly 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 COVID-19 website.\(^*\)

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/region as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital links and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
NEVADA
STATE REPORT | 08.30.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW COVID-19 CASES (RATE PER 100,000)</td>
<td>3,360 (109)</td>
<td>-29.2%</td>
<td>46,780 (91)</td>
<td>288,743 (88)</td>
</tr>
<tr>
<td>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</td>
<td>10.9%</td>
<td>-0.4%*</td>
<td>5.9%</td>
<td>5.4%</td>
</tr>
<tr>
<td>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</td>
<td>42,951** (1,394)</td>
<td>-30.8**</td>
<td>926,183** (1,806)</td>
<td>5,305,529** (1,616)</td>
</tr>
<tr>
<td>COVID-19 DEATHS (RATE PER 100,000)</td>
<td>92 (3)</td>
<td>-38.7%</td>
<td>1,249 (2)</td>
<td>6,615 (2)</td>
</tr>
<tr>
<td>SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)</td>
<td>20.0% (28.3%)</td>
<td>-3.3%* (-13.3%*)</td>
<td>10.1% (14.3%)</td>
<td>10.7% (18.6%)</td>
</tr>
<tr>
<td>SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH</td>
<td>3.3%</td>
<td>-5.0%*</td>
<td>4.3%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

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

DATA SOURCES – 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.

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Mobility: Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level 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.
NEVADA
STATE REPORT | 08.30.2020

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

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Las Vegas-Henderson-Paradise</td>
<td>Reno</td>
</tr>
<tr>
<td></td>
<td>Elko</td>
<td>Fernley</td>
</tr>
<tr>
<td>2</td>
<td>Clark</td>
<td>Washoe</td>
</tr>
<tr>
<td></td>
<td>Elko</td>
<td>Lyon</td>
</tr>
</tbody>
</table>

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 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.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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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 takeout, outdoor dining or indoor dining when strict social distancing can be maintained
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene
- Reduce your public interactions and activities to 50% of your normal activity

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

**Testing**
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
NEVADA
STATE REPORT | 08.30.2020

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.
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.
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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

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.

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

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 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 reflect viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction; RT-PCR) results—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 reported. 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 rate using other methods. Prior 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 13:00 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 institutions 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 on which 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 mask mandates and return to work 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 and 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 comparison to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems.

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

COVID-19
## NEW HAMPSHIRE

### STATE REPORT | 08.30.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
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<td>-20.0%</td>
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<td>6,615 (2)</td>
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<tr>
<td><strong>SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)</strong></td>
<td>0.0% (1.4%)</td>
<td>N/A</td>
<td>2.6% (6.3%)</td>
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</tr>
<tr>
<td><strong>SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH</strong></td>
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<td>5.0%</td>
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</table>

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

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**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 8/11 - 8/23.
### COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

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

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

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and 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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**Cases and Deaths:** State values are 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 takeout or eat outdoors socially distanced
• Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
• Reduce your public interactions and activities to 25% of your normal activity

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

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

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

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

Public Officials
• Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
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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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NEW HAMPSHIRE
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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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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.


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)

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DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths: County-level data from USAFacts as of 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 results (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe county-level viral COVID-19 laboratory test (RT-PCR) result totals. Information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests and positivity rate values. Because the data are de-identified, total viral (RT-PCR) laboratory test results are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and reported. 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 06/29/2020.
- 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 JERSEY
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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. This plan needs to be 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 facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems.
We look forward to your feedback.

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

**STATE REPORT | 08.30.2020**

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW COVID-19 CASES</strong></td>
<td>2,154 (24)</td>
<td>+30.3%</td>
<td>6,409 (23)</td>
<td>288,743 (88)</td>
</tr>
<tr>
<td><strong>(RATE PER 100,000)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VIRAL (RT-PCR) LAB</strong></td>
<td>1.6%</td>
<td>-0.1%*</td>
<td>1.1%</td>
<td>5.4%</td>
</tr>
<tr>
<td><strong>TEST POSITIVITY RATE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL VIRAL (RT-PCR) LAB</strong></td>
<td>162,871** (1,834)</td>
<td>-7.9%**</td>
<td>707,044** (2,495)</td>
<td>5,305,529** (1,616)</td>
</tr>
<tr>
<td><strong>TESTS (TESTS PER 100,000)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>COVID-19 DEATHS</strong></td>
<td>20 (0)</td>
<td>+0.0%</td>
<td>79 (0)</td>
<td>6,615 (2)</td>
</tr>
<tr>
<td><strong>(RATE PER 100,000)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SNFs WITH ≥1 NEW</strong></td>
<td>3.5%</td>
<td>-0.9%*</td>
<td>3.8%</td>
<td>10.7%</td>
</tr>
<tr>
<td><strong>RESIDENT COVID-19 CASE</strong></td>
<td>(9.4%)</td>
<td>(-3.7%*)</td>
<td>(15.5%)</td>
<td>(18.6%)</td>
</tr>
<tr>
<td><strong>(≥1 NEW STAFF CASE)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SNFs WITH ≥1 NEW</strong></td>
<td>3.5%</td>
<td>+2.5%*</td>
<td>2.2%</td>
<td>5.0%</td>
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<td><strong>RESIDENT COVID-19 DEATH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>

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

**DATA SOURCES** – 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. Data depicted is 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 8/13-8/23.
## NEW JERSEY
STATE REPORT | 08.30.2020

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

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

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and 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:** CELER (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 settings where test positivity is under 10%
- **Surveillance pooling**: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

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

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

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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 reported 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 reported. 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 every test received by the CELR system as of 15:00 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. 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.
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. Luna County. Those 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 45 new cases per 100,000 population in the last week, compared to a national average of 68 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 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 monitored 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 facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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

### STATE REPORT | 08.30.2020

<table>
<thead>
<tr>
<th>Metric</th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW COVID-19 CASES (Rate per 100,000)</strong></td>
<td>1,030 (49)</td>
<td>+20.5%</td>
<td>46,962 (110)</td>
<td>288,743 (88)</td>
</tr>
<tr>
<td><strong>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</strong></td>
<td>2.6%</td>
<td>-0.7%*</td>
<td>8.9%</td>
<td>5.4%</td>
</tr>
<tr>
<td><strong>TOTAL VIRAL (RT-PCR) LAB TESTS (Tests per 100,000)</strong></td>
<td>26,530** (1,265)</td>
<td>-12.7%**</td>
<td>328,748** (770)</td>
<td>5,305,529** (1,616)</td>
</tr>
<tr>
<td><strong>COVID-19 DEATHS (Rate per 100,000)</strong></td>
<td>28 (1)</td>
<td>-22.2%</td>
<td>1,539 (4)</td>
<td>6,615 (2)</td>
</tr>
<tr>
<td><strong>SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)</strong></td>
<td>15.4% (18.5%)</td>
<td>-0.8%* (+2.3%*)</td>
<td>16.2% (22.8%)</td>
<td>10.7% (18.6%)</td>
</tr>
<tr>
<td><strong>SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH</strong></td>
<td>3.1%</td>
<td>-4.3%*</td>
<td>9.1%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

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

**DATA SOURCES** – 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)

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Deming</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>Luna</td>
<td>2</td>
</tr>
<tr>
<td>Hobbs</td>
<td>Roswell</td>
<td>Lea</td>
</tr>
<tr>
<td>Chaves</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and 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
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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
NEW MEXICO
STATE REPORT | 08.30.2020

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.
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.
NEW MEXICO
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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

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.

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

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

DATA NOTES

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- 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 results. The testing data 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. Some states may be slower in updating test results, and states may have used different methods.
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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.*

* Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/agency 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 partners to improve reporting consistency. Continued feedback on improving these data is welcome.
## NEW YORK
STATE REPORT | 08.30.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW COVID-19 CASES (RATE PER 100,000)</td>
<td>4,255 (22)</td>
<td>-2.1%</td>
<td>6,409 (23)</td>
<td>288,743 (88)</td>
</tr>
<tr>
<td>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</td>
<td>1.0%</td>
<td>+0.0%*</td>
<td>1.1%</td>
<td>5.4%</td>
</tr>
<tr>
<td>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</td>
<td>544,173** (2,797)</td>
<td>-1.0%**</td>
<td>707,044** (2,495)</td>
<td>5,305,529** (1,616)</td>
</tr>
<tr>
<td>COVID-19 DEATHS (RATE PER 100,000)</td>
<td>59 (0)</td>
<td>+20.4%</td>
<td>79 (0)</td>
<td>6,615 (2)</td>
</tr>
<tr>
<td>SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)</td>
<td>4.0% (19.2%)</td>
<td>-1.0%* (+1.6%*)</td>
<td>3.8% (15.5%)</td>
<td>10.7% (18.6%)</td>
</tr>
<tr>
<td>SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH</td>
<td>1.4%</td>
<td>+0.1%*</td>
<td>2.2%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

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

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**SNFs**: Skilled nursing facilities. National Healthcare Safety Network. Data 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
STATE REPORT | 08.30.2020

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

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

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

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and 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 takeout or eat outdoors socially distanced
• Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
• Reduce your public interactions and activities to 25% of your normal activity

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

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

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

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

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

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.


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

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths: County-level data from USAFacts as of 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 tested viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—individual people and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe county-level viral COVID-19 laboratory test (RT-PCR) results when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) 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.
SUMMARY

- North Carolina is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, with the 26th 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 county.
- 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 22.9% 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 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, 156 patients with confirmed COVID-19 and 317 patients with suspected COVID-19 were reported as newly admitted daily 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 pre-existing 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 testing 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 NCwebens.

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

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/region as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital beds and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
# North Carolina State Report | 08.30.2020

<table>
<thead>
<tr>
<th>Category</th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New COVID-19 Cases</strong> (rate per 100,000)</td>
<td>10,583 (101)</td>
<td>+8.7%</td>
<td>82,967 (124)</td>
<td>288,743 (88)</td>
</tr>
<tr>
<td><strong>Viral (RT-PCR) Lab Test Positivity Rate</strong></td>
<td>7.2%</td>
<td>-0.3%*</td>
<td>8.5%</td>
<td>5.4%</td>
</tr>
<tr>
<td><strong>Total Viral (RT-PCR) Lab Tests</strong> (tests per 100,000)</td>
<td>167,222** (1,594)</td>
<td>+9.1%**</td>
<td>921,457** (1,377)</td>
<td>5,305,529** (1,616)</td>
</tr>
<tr>
<td><strong>COVID-19 Deaths</strong> (rate per 100,000)</td>
<td>158 (2)</td>
<td>-13.2%</td>
<td>2,144 (3)</td>
<td>6,615 (2)</td>
</tr>
<tr>
<td><strong>SNFs with ≥1 New Resident COVID-19 Case</strong> (≥1 New Staff Case)</td>
<td>16.5% (24.5%)</td>
<td>-0.7%*</td>
<td>22.2% (32.8%)</td>
<td>10.7% (18.6%)</td>
</tr>
<tr>
<td><strong>SNFs with ≥1 New Resident COVID-19 Death</strong></td>
<td>7.5%</td>
<td>+2.0%*</td>
<td>9.8%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

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

**Data Sources** – Additional data details available under Methods.

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## COVID-19 COUNTY AND METRO ALERTS*

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<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greenville</td>
<td>Charlotte-Concord-Gastonia</td>
</tr>
<tr>
<td>Rocky Mount</td>
<td>Raleigh-Cary</td>
</tr>
<tr>
<td>Lumberton</td>
<td>Durham-Chapel Hill</td>
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<tr>
<td>Pinehurst-Southern Pines</td>
<td>Greensboro-High Point</td>
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<tr>
<td>Elizabeth City</td>
<td>Winston-Salem</td>
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<td>Rockingham</td>
<td>Fayetteville</td>
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<tr>
<td></td>
<td>Hickory-Lenoir-Morganton</td>
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<tr>
<td>METRO AREA (CBSA)</td>
<td>Burlington</td>
</tr>
<tr>
<td>LAST WEEK</td>
<td>Shelby</td>
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<tr>
<td></td>
<td>Albemarle</td>
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<td>Cabarrus</td>
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<td></td>
<td>Johnston</td>
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<tr>
<td>COUNTY LAST WEEK</td>
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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
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• Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

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

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

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

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

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

NEW CASES PER 100,000 DURING LAST WEEK

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

WEEKLY % CHANGE IN NEW CASES PER 100K

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

DATA SOURCES – 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.

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

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<th>Red</th>
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<td>10-100</td>
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</tr>
<tr>
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</tr>
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<td>Diagnostic test result positivity rate</td>
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</tr>
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<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
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<td>500-1000</td>
<td>&lt;500</td>
</tr>
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<tr>
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<td>Skilled Nursing Facilities with at least one resident COVID-19 case, death</td>
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DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 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—individual positive and negative results. 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 reported. Because the data are de-identified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and reported. Results 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. Results 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 rate using different 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 state or regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 15:00 EDT on 08/30/2020.
- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHWN). Data report resident and staff cases independently. Quality checks are performed on data submitted to the NHWN. 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.
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 21st highest rate in the country.
- North Dakota has seen a 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 100 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 any new residents with 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 100% 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 compiled, 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.
- Continuously 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 facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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

STATE REPORT | 08.30.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW COVID-19 CASES (RATE PER 100,000)</td>
<td>1,640 (215)</td>
<td>+42.9%</td>
<td>9,031 (74)</td>
<td>288,743 (88)</td>
</tr>
<tr>
<td>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</td>
<td>5.3%</td>
<td>+1.4%*</td>
<td>5.8%</td>
<td>5.4%</td>
</tr>
<tr>
<td>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</td>
<td>37,291** (4,893)</td>
<td>+2.7%**</td>
<td>178,984** (1,460)</td>
<td>5,305,529** (1,616)</td>
</tr>
<tr>
<td>COVID-19 DEATHS (RATE PER 100,000)</td>
<td>7 (1)</td>
<td>-36.4%</td>
<td>78 (1)</td>
<td>6,615 (2)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)</th>
<th>SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9.3% (21.3%)</td>
<td>3.9%</td>
</tr>
<tr>
<td></td>
<td>-4.8%* (-1.7%*)</td>
<td>10.7% (18.6%)</td>
</tr>
</tbody>
</table>

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

** DATA SOURCES – 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)

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td>Bismarck, Grand Forks, Dickinson, Minot, Williston</td>
</tr>
<tr>
<td>COUNTY LAST WEEK</td>
<td>1</td>
<td>Burleigh, Grand Forks, Stark, Morton, Ward, Williams, McLean, Benson, Sioux, Barnes, McKenzie, Dunn</td>
</tr>
</tbody>
</table>

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and 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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Top 12 counties based on number of new cases in the last 3 weeks

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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

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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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- 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. Laid 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 is inclusive of everything received and processed by the CELR system as of 11:00 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
STATE REPORT | 08.30.2020

SUMMARY

• Ohio is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 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 trend needs to continue as universities and schools reopen. 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 615 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, 54 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 15% 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 quarantines 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.
• Secure all nursing homes, assisted living, and senior care residents 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 homes, assisted living, and long-term care facilities by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19. Ensure social distancing and universal mask 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. These 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 staffed and running 24/7, utilizing all platforms to reduce turnaround times. Institute 43 pooling of test specimens on all high-throughput machines, as well as turn around times are greater than 36 hours. For families and individuals testing positive, 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 OH.gov.

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

* Psychiatric, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state agencies as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from these in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
## OHIO
### STATE REPORT | 08.30.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW COVID-19 CASES (RATE PER 100,000)</td>
<td>7,079 (61)</td>
<td>+9.1%</td>
<td>46,258 (88)</td>
<td>288,743 (88)</td>
</tr>
<tr>
<td>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</td>
<td>4.1%</td>
<td>-0.4%*</td>
<td>5.0%</td>
<td>5.4%</td>
</tr>
<tr>
<td>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</td>
<td>162,532** (1,390)</td>
<td>+2.3%**</td>
<td>1,040,478** (1,980)</td>
<td>5,305,529** (1,616)</td>
</tr>
<tr>
<td>COVID-19 DEATHS (RATE PER 100,000)</td>
<td>150 (1)</td>
<td>-12.3%</td>
<td>759 (1)</td>
<td>6,615 (2)</td>
</tr>
<tr>
<td>SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)</td>
<td>7.8% (15.7%)</td>
<td>-1.0%* (-1.7%*)</td>
<td>7.5% (16.8%)</td>
<td>10.7% (18.6%)</td>
</tr>
<tr>
<td>SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH</td>
<td>3.5%</td>
<td>+0.5%*</td>
<td>3.3%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

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

**DATA SOURCES** – 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 8/28/2020. 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 8/03 - 8/09.
**COVID-19 COUNTY AND METRO ALERTS**

Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Greenville, Sidney, Jackson</td>
<td>Toledo, Akron, Canton-Massillon, Chillicothe, Wooster, Salem, Findlay, Portsmouth, Urbana, Point Pleasant, Defiance</td>
</tr>
<tr>
<td></td>
<td>Darke, Shelby, Henry, Jackson, Gallia</td>
<td>Lucas, Summit, Stark, Delaware, Wood, Greene, Ross, Miami, Wayne, Columbiana, Hancock, Lawrence</td>
</tr>
</tbody>
</table>

**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 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:** NHC Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/26/2020. Last week is 8/29 - 8/26. Public Health Laboratory data is inclusive of all updates processed through 8/29.
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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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.

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.
OHIO
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 8/30/2020. Previous week is 8/23 - 8/29.
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.
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)

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

**DATA NOTES**

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 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 result. Results 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 13:00 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 that 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.
OKLAHOMA
STATE REPORT | 08.30.2020

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 29% 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 36 to support medical activities from VR.
• Between Aug 12 - Aug 28, on average, 61 patients with confirmed COVID-19 and 42 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oklahoma. 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

• 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.
  • Remind all universities with RAMP 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 facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

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

## STATE REPORT | 08.30.2020

| 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
- 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.
- 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 8/3/8/23.
## OKLAHOMA
### STATE REPORT | 08.30.2020

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

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Tulsa, Enid, Stillwater, Fort Smith, McAlester, Durant, Miami, Weatherford</td>
<td>Oklahoma City, Lawton, Shawnee, Tahlequah, Muskogee, Bartlesville, Guymon, Elk City, Duncan, Woodward</td>
</tr>
<tr>
<td>COUNTY LAST WEEK</td>
<td>Tulsa, Garfield, Rogers, Payne, Le Flore, Sequoyah, Pittsburg, Bryan, McCurtain, Okmulgee, Caddo, Ottawa, Custer, Adair, Pawnee, Choctaw, Atoka, Nowata</td>
<td>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</td>
</tr>
</tbody>
</table>

**All Red Counties:** Tulsa, Garfield, Rogers, Payne, Le Flore, Sequoyah, Pittsburg, Bryan, McCurtain, Okmulgee, Caddo, Ottawa

**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 8/21-8/27, three weeks is 8/8-8/28.

**Testing:** NHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/26/2020. Last week is 8/21-8/26. Public Health Laboratory data is inclusive of all updates processed through 8/29.
POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

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

- Oklahoma County
- Tulsa County
- Cleveland County
- Garfield County
- Comanche County
- Pottawatomie County
- Rogers County
- Payne County
- Canadian County
- Le Flore County
- Wagoner County
- Sequoyah County

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

NEW CASES PER 100,000 DURING LAST WEEK

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

WEAKLY % CHANGE IN NEW CASES PER 100K

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

DATA SOURCES – 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 8/31/2020. Previous week is 8/15 - 8/22.
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.


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)

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

### DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 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 reported 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 reported. 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 every testing received and processed by the CELR system as of 15:00 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 decreases 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).
- 8.8% 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, 3 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 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

- 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 inequalities; 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 (e.g., 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 comparison to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

* Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state-specific analyses from which we should not expect reports were excluded from the present reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
# OREGON
STATE REPORT | 08.30.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW COVID-19 CASES (RATE PER 100,000)</td>
<td>1,637 (39)</td>
<td>-9.4%</td>
<td>8,068 (56)</td>
<td>288,743 (88)</td>
</tr>
<tr>
<td>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</td>
<td>3.7%</td>
<td>-0.1%*</td>
<td>4.2%</td>
<td>5.4%</td>
</tr>
<tr>
<td>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</td>
<td>52,044** (1,234)</td>
<td>+4.2%**</td>
<td>175,802** (1,225)</td>
<td>5,305,529** (1,616)</td>
</tr>
<tr>
<td>COVID-19 DEATHS (RATE PER 100,000)</td>
<td>33 (1)</td>
<td>+13.8%</td>
<td>146 (1)</td>
<td>6,615 (2)</td>
</tr>
<tr>
<td>SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)</td>
<td>2.6% (8.6%)</td>
<td>-0.7%*</td>
<td>4.1% (10.6%)</td>
<td>10.7% (18.6%)</td>
</tr>
<tr>
<td>SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH</td>
<td>0.0%</td>
<td>-0.8%*</td>
<td>1.8%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

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

** DATA SOURCES — 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 8/19 - 8/23.
## OREGON

**STATE REPORT | 08.30.2020**

### COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ontario</td>
<td>Salem</td>
</tr>
<tr>
<td>1</td>
<td>Malheur</td>
<td>Hermiston-Pendleton</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bend</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Marion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Umatilla</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jefferson</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Deschutes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Morrow</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Baker</td>
</tr>
</tbody>
</table>

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

---

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and 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
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OREGON
STATE REPORT | 08.30.2020

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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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.
OREGON
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

Date: 08/30/2020

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

Date: 08/30/2020

WEEKLY % CHANGE IN NEW CASES PER 100K

Date: 08/30/2020

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

Date: 08/30/2020

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

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

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.
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DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths: County-level data from USAFacts as of 12:00 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 reported 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 reported. 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 12:00 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.
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 three 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 38 per 100,000.
- Current staff deployed from the federal government as assets to support the state response: 66 to support operations activities from FEMA; 12 to support operations activities from ASPR; 10 to support operations activities from USCG; and 5 to support medical activities from VA.
- Between Aug 22 - Aug 28, on average, 70 persons 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 within universities 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.

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

**STATE REPORT | 08.30.2020**

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW COVID-19 CASES</strong></td>
<td>4,354 (34)</td>
<td>-7.0%</td>
<td>16,335 (53)</td>
<td>288,743 (88)</td>
</tr>
<tr>
<td>(RATE PER 100,000)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</strong></td>
<td>3.4%</td>
<td>-0.3%*</td>
<td>4.8%</td>
<td>5.4%</td>
</tr>
<tr>
<td><strong>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</strong></td>
<td>163,183** (1,275)</td>
<td>+1.3%**</td>
<td>477,403** (1,547)</td>
<td>5,305,529** (1,616)</td>
</tr>
<tr>
<td><strong>COVID-19 DEATHS</strong></td>
<td>95 (1)</td>
<td>-15.9%</td>
<td>298 (1)</td>
<td>6,615 (2)</td>
</tr>
<tr>
<td>(RATE PER 100,000)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE</strong></td>
<td>7.4% (9.9%)</td>
<td>-0.2%*</td>
<td>8.2% (15.1%)</td>
<td>10.7% (18.6%)</td>
</tr>
<tr>
<td>(≥1 NEW STAFF CASE)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH</strong></td>
<td>3.2%</td>
<td>+0.6%*</td>
<td>3.3%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

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

**DATA SOURCES** – 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)*

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>METRO AREA (CBSA)</td>
<td></td>
</tr>
<tr>
<td>LAST WEEK</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>York-Hanover</td>
</tr>
<tr>
<td></td>
<td>Harrisburg-Carlisle</td>
</tr>
<tr>
<td></td>
<td>Reading</td>
</tr>
<tr>
<td></td>
<td>Sunbury</td>
</tr>
<tr>
<td></td>
<td>Lewisburg</td>
</tr>
<tr>
<td></td>
<td>Bloomsburg-Berwick</td>
</tr>
<tr>
<td></td>
<td>Meadville</td>
</tr>
<tr>
<td></td>
<td>7</td>
</tr>
<tr>
<td>COUNTY LAST WEEK</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>York</td>
</tr>
<tr>
<td></td>
<td>Berks</td>
</tr>
<tr>
<td></td>
<td>Dauphin</td>
</tr>
<tr>
<td></td>
<td>Beaver</td>
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<tr>
<td></td>
<td>Northumberland</td>
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<tr>
<td></td>
<td>Union</td>
</tr>
<tr>
<td></td>
<td>Columbia</td>
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<tr>
<td></td>
<td>Armstrong</td>
</tr>
<tr>
<td></td>
<td>Crawford</td>
</tr>
<tr>
<td></td>
<td>Perry</td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and 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 takeout or eat outdoors socially distanced
• Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
• Reduce your public interactions and activities to 25% of your normal activity

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

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

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

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

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

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PENNSYLVANIA
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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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National Picture

NEW CASES PER 100,000 LAST WEEK

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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—individual samples—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 than using the methods. Last week data are from 8/21 to 8/27; 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 06/29/2020.
- 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.
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 56.6% 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. This can help 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 visitors, 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.*

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

* Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state regulations as those from which we should not report 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 real data provided; we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.
# RHODE ISLAND

## STATE REPORT | 08.30.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW COVID-19 CASES (RATE PER 100,000)</td>
<td>661 (62)</td>
<td>-3.8%</td>
<td>4,348 (29)</td>
<td>288,743 (88)</td>
</tr>
<tr>
<td>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</td>
<td>1.9%</td>
<td>-0.6%*</td>
<td>1.2%</td>
<td>5.4%</td>
</tr>
<tr>
<td>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</td>
<td>43,838** (4,138)</td>
<td>+43.1%**</td>
<td>372,194** (2,507)</td>
<td>5,305,529** (1,616)</td>
</tr>
<tr>
<td>COVID-19 DEATHS (RATE PER 100,000)</td>
<td>16 (2)</td>
<td>+77.8%</td>
<td>166 (1)</td>
<td>6,615 (2)</td>
</tr>
<tr>
<td>SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)</td>
<td>4.4% (16.2%)</td>
<td>+0.1%* (+6.0%*)</td>
<td>2.6% (6.3%)</td>
<td>10.7% (18.6%)</td>
</tr>
<tr>
<td>SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH</td>
<td>5.9%</td>
<td>+4.4%*</td>
<td>2.7%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

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

**DATA SOURCES** – 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 dataset 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 8/3-8/9.
# RHODE ISLAND

**STATE REPORT | 08.30.2020**

**COVID-19 COUNTY AND METRO ALERTS**

Top 12 shown in table (full lists below)

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

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and 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:** NHGRI and 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 8/26.
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 cohabiting 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 cohabiting households, screen entire households in a single test by pooling specimens of all members into single collection device
RHODE ISLAND
STATE REPORT | 08.30.2020

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.
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.
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.


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

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

DATA NOTES

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SOUTH CAROLINA
STATE REPORT | 08.30.2020

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<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
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<td>5,571 (108)</td>
<td>+0.6%</td>
<td>82,967 (124)</td>
<td>288,743 (88)</td>
</tr>
<tr>
<td>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</td>
<td>13.0%</td>
<td>+0.2%*</td>
<td>8.5%</td>
<td>5.4%</td>
</tr>
<tr>
<td>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</td>
<td>35,016** (680)</td>
<td>-8.0%**</td>
<td>921,457** (1,377)</td>
<td>5,305,529** (1,616)</td>
</tr>
<tr>
<td>COVID-19 DEATHS (RATE PER 100,000)</td>
<td>196 (4)</td>
<td>-22.8%</td>
<td>2,144 (3)</td>
<td>6,615 (2)</td>
</tr>
<tr>
<td>SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)</td>
<td>25.5% (27.5%)</td>
<td>+1.3%* (-6.1%*)</td>
<td>22.2% (32.8%)</td>
<td>10.7% (18.6%)</td>
</tr>
<tr>
<td>SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH</td>
<td>13.7%</td>
<td>+0.1%*</td>
<td>9.8%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

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

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**SOUTH CAROLINA**

**STATE REPORT | 08.30.2020**

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

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>METRO AREA (CBSA) LAST WEEK</strong></td>
<td>11</td>
</tr>
<tr>
<td>Columbia</td>
<td>Charlotte-Concord-Gastonia</td>
</tr>
<tr>
<td>Charleston-North Charleston</td>
<td>Spartanburg</td>
</tr>
<tr>
<td>Greenville-Anderson</td>
<td>Myrtle Beach-Conway-North Myrtle Beach</td>
</tr>
<tr>
<td>Florence</td>
<td>Sumter</td>
</tr>
<tr>
<td>Augusta-Richmond County</td>
<td>Georgetown</td>
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<tr>
<td>Hilton Head Island-Bluffton</td>
<td>Seneca</td>
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<td>Orangeburg</td>
<td>Gaffney</td>
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<tr>
<td>Greenwood</td>
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<td>Bennettsville</td>
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<tr>
<td>Newberry</td>
<td></td>
</tr>
<tr>
<td>Union</td>
<td></td>
</tr>
<tr>
<td><strong>COUNTY LAST WEEK</strong></td>
<td>25</td>
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<tr>
<td>Richland</td>
<td>Charleston</td>
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<tr>
<td>Williamsburg</td>
<td>Pickens</td>
</tr>
</tbody>
</table>

*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

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and lab test positivity rate 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 rate 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:** CECR (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 takeout or eat outdoors socially distanced
- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
- Reduce your public interactions and activities to 25% of your normal activity

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

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

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

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

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

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

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

DATA NOTES

- Some dates may incorporate incomplete data due to delays in reporting. Data may be backfilled 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 06/29/2020.
- **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.
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 newly 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 universities 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.

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

* Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/region are those from which we should not expect reports were excluded from the percent reporting figures. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.
# SOUTH DAKOTA
STATE REPORT | 08.30.2020

<table>
<thead>
<tr>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW COVID-19 CASES (RATE PER 100,000)</td>
<td>1,634 (185)</td>
<td>+90.2%</td>
<td>9,031 (74)</td>
</tr>
<tr>
<td>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</td>
<td>13.1%</td>
<td>+6.2%*</td>
<td>5.8%</td>
</tr>
<tr>
<td>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</td>
<td>8,404** (950)</td>
<td>-2.9%**</td>
<td>178,984** (1,460)</td>
</tr>
<tr>
<td>COVID-19 DEATHS (RATE PER 100,000)</td>
<td>6 (1)</td>
<td>-33.3%</td>
<td>78 (1)</td>
</tr>
</tbody>
</table>

| 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.
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Mobility: Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level 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 8/3-8/9.
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**COVID-19 COUNTY AND METRO ALERTS***
Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>METRO AREA (CBSA)</strong></td>
<td><strong>COUNTY LAST WEEK</strong></td>
</tr>
<tr>
<td>(CBSA) LAST WEEK</td>
<td></td>
</tr>
<tr>
<td>Rapid City</td>
<td>SiouxFalls</td>
</tr>
<tr>
<td>Aberdeen</td>
<td>Watertown</td>
</tr>
<tr>
<td>Spearfish</td>
<td>Brookings</td>
</tr>
<tr>
<td>Vermillion</td>
<td>Pierre</td>
</tr>
<tr>
<td>Yankton</td>
<td>Sioux City</td>
</tr>
<tr>
<td>Mitchell</td>
<td>Huron</td>
</tr>
<tr>
<td><strong>6</strong></td>
<td></td>
</tr>
<tr>
<td>Pennington</td>
<td>Minnehaha</td>
</tr>
<tr>
<td>Brown</td>
<td>Lincoln</td>
</tr>
<tr>
<td>Meade</td>
<td>Brookings</td>
</tr>
<tr>
<td>Lawrence</td>
<td>Beadle</td>
</tr>
<tr>
<td>Codington</td>
<td>Hughes</td>
</tr>
<tr>
<td>Clay</td>
<td>Walworth</td>
</tr>
<tr>
<td>Yankton</td>
<td></td>
</tr>
<tr>
<td>Custer</td>
<td></td>
</tr>
<tr>
<td>Union</td>
<td></td>
</tr>
<tr>
<td>Bon Homme</td>
<td></td>
</tr>
<tr>
<td>Davison</td>
<td></td>
</tr>
<tr>
<td>Butte</td>
<td></td>
</tr>
<tr>
<td><strong>14</strong></td>
<td><strong>6</strong></td>
</tr>
</tbody>
</table>

*All Red Counties:* Pennington, Brown, Meade, Lawrence, Codington, Clay, Yankton, Custer, Union, Bon Homme, Davison, Butte, Deuel, Spink

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and 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
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POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

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

Public Officials
- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
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Top 12 counties based on number of new cases in the last 3 weeks

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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

WEAKLY % CHANGE IN NEW CASES PER 100K

WEAKLY 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.

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.
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<thead>
<tr>
<th>Metric</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;=-10%</td>
<td>-10% -10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;=5%</td>
<td>5%-10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;=0.5%</td>
<td>-0.5%-0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population</td>
<td>&gt;1,000</td>
<td>500-1,000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
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<td>&lt;10%</td>
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- Mobility: Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality. 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.
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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 per 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 preventative 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, 130 patients with confirmed COVID-19 and 131 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Tennessee. 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

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

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

COVID-19
<table>
<thead>
<tr>
<th>Measure</th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>New COVID-19 Cases (Rate per 100,000)</td>
<td>9,971 (146)</td>
<td>-4.1%</td>
<td>82,967 (124)</td>
<td>288,743 (88)</td>
</tr>
<tr>
<td>Viral (RT-PCR) Lab Test Positivity Rate</td>
<td>8.3%</td>
<td>+0.6%*</td>
<td>8.5%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Total Viral (RT-PCR) Lab Tests (Tests per 100,000)</td>
<td>36,002** (527)</td>
<td>-20.2%**</td>
<td>921,457** (1,377)</td>
<td>5,305,529** (1,616)</td>
</tr>
<tr>
<td>COVID-19 Deaths (Rate per 100,000)</td>
<td>153 (2)</td>
<td>-31.4%</td>
<td>2,144 (3)</td>
<td>6,615 (2)</td>
</tr>
<tr>
<td>SNFs with ≥1 New Resident COVID-19 Case</td>
<td>19.2% (37.3%)</td>
<td>+1.6%*</td>
<td>22.2% (32.8%)</td>
<td>10.7% (18.6%)</td>
</tr>
<tr>
<td>SNFs with ≥1 New Resident COVID-19 Death</td>
<td>6.8%</td>
<td>+1.2%*</td>
<td>9.8%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

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

Data Sources - 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 8/03 - 8/09.
# TENNESSEE

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## COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

### LOCALITIES IN RED ZONE

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Jackson, Kingsport-Bristol, Clarksville, Greeneville, Dyersburg, Brownsville, Lewisburg, Shelbyville</td>
</tr>
</tbody>
</table>

### LOCALITIES IN YELLOW ZONE

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
<th>LOCALITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>Blount, Madison, Sullivan, Putnam, Gibson, Greene, Hardeman, Carroll, Dyer, Haywood, Robertson, Marshall</td>
</tr>
</tbody>
</table>

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

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 10 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.

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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

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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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National Picture

NEW CASES PER 100,000 LAST WEEK

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METHODS
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SUMMARY

- Texas is in the red zone for cases, indicating more than 109 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: Harris County, Dallas County, and Smith County. These counties represent 14.5% of 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 new cases counties from 59 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.
- 3% 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 0 or new COVID-19 cases among residents per week over the last 3 weeks.
- Texas had 184 new cases per 100,000 population in the last week, compared to a national average of 08 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are 133 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, 2 to support operations activities from CDC, 13 to support operations activities from USCG, 8 to support medical activities from VA, and 141 to support operations activities from IA.
- The federal government has supported a surge testing site in Houston, TX.
- Between Aug 22 - Aug 29, 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 over 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. Under-reporting 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.
- Ensure all universities with high infection rates are testing all students as needed to suppress transmission on campus.
- University students should have quarantined and asymptomatic sites on campus for all its students in need.
- Ensure all 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 track trace.
- Ensure all nursing homes, assisted living, and senior care facilities 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 aggressive protection of those in nursing homes, assisted living, and long-term care facilities by ensuring access to rapid facility wide testing in response to a resident or staff member with COVID-19. Ensure social distancing and universal face mask use. Nursing homes with cases should remain closed to visitors until all staff and residents are tested and isolated.
- Ensure 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, mental.
- Expand testing capacity in public health labs by adding shifts and weekend shifts to reduce turnaround times. Institute 3x or 2x 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 needed visits and hospital admissions continue to decline.
- Specific detailed guidance on community mitigation measures can be found on the COVID-19.

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

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/county or those from counties with 20 or more data were excluded from the county reporting figures. This could 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.*
# TEXAS
STATE REPORT | 08.30.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW COVID-19 CASES</td>
<td>32,923 (114)</td>
<td>-29.8%</td>
<td>46,962 (110)</td>
<td>288,743 (88)</td>
</tr>
<tr>
<td>(RATE PER 100,000)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VIRAL (RT-PCR) LAB TEST</td>
<td></td>
<td>-0.8%*</td>
<td>8.9%</td>
<td>5.4%</td>
</tr>
<tr>
<td>POSITIVITY RATE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL VIRAL (RT-PCR) LAB</td>
<td>160,836** (555)</td>
<td>-15.4%**</td>
<td>328,748** (770)</td>
<td>5,305,529** (1,616)</td>
</tr>
<tr>
<td>TESTS (TESTS PER 100,000)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVID-19 DEATHS</td>
<td>1,151 (4)</td>
<td>-13.1%</td>
<td>1,539 (4)</td>
<td>6,615 (2)</td>
</tr>
<tr>
<td>(RATE PER 100,000)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SNFs WITH ≥1 NEW RESIDENT</td>
<td>15.5% (22.7%)</td>
<td>-4.0%*</td>
<td>16.2% (22.8%)</td>
<td>10.7% (18.6%)</td>
</tr>
<tr>
<td>COVID-19 CASE (≥1 NEW STAFF CASE)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10.0%</td>
<td>-1.8%*</td>
<td>9.1%</td>
<td>5.0%</td>
</tr>
<tr>
<td>SNFs WITH ≥1 NEW RESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVID-19 DEATH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

DATA SOURCES – 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.
# COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

## LOCALITIES IN RED ZONE

<table>
<thead>
<tr>
<th>Metro Area (CBSA) Last Week</th>
<th>County Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>47</td>
</tr>
</tbody>
</table>

## LOCALITIES IN YELLOW ZONE

<table>
<thead>
<tr>
<th>Metro Area (CBSA) Last Week</th>
<th>County Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>81</td>
</tr>
</tbody>
</table>

---

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

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

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.
TENNESSEE
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.

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)

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

**DATA NOTES**

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 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 resulting 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 results. 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 otherwise 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.
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 had a daily rate of 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-19 patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Under-reporting 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.
- Reconsider 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.
- Develop 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 universities 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 risks 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.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state agencies as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between state and federal systems. The data presented represents raw data provided; we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
## UTAH
### STATE REPORT | 08.30.2020

<table>
<thead>
<tr>
<th>Metric</th>
<th>State, Last Week</th>
<th>State, % Change From Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW COVID-19 CASES</strong> (Rate per 100,000)</td>
<td>2,482 (77)</td>
<td>+0.6%</td>
<td>9,031 (74)</td>
<td>288,743 (88)</td>
</tr>
<tr>
<td><strong>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</strong></td>
<td>9.5%</td>
<td>+1.2%*</td>
<td>5.8%</td>
<td>5.4%</td>
</tr>
<tr>
<td><strong>TOTAL VIRAL (RT-PCR) LAB TESTS</strong> (Tests per 100,000)</td>
<td>42,496** (1,326)</td>
<td>-18.6%**</td>
<td>178,984** (1,460)</td>
<td>5,305,529** (1,616)</td>
</tr>
<tr>
<td><strong>COVID-19 DEATHS</strong> (Rate per 100,000)</td>
<td>24 (1)</td>
<td>+4.3%</td>
<td>78 (1)</td>
<td>6,615 (2)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Metric</th>
<th>State, Last Week</th>
<th>State, % Change From Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE</strong></td>
<td>7.1% (11.9%)</td>
<td>-0.9%*</td>
<td>3.9% (10.1%)</td>
<td>10.7% (18.6%)</td>
</tr>
<tr>
<td><strong>SNFs WITH ≥1 NEW STAFF CASE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH</strong></td>
<td>2.4%</td>
<td>-2.2%*</td>
<td>1.1%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

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

**DATA SOURCES** – 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.

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**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level 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.
## UTAH
### STATE REPORT | 08.30.2020

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

*Top 12 shown in table (full lists below)*

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>METRO AREA (CBSA) LAST WEEK</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Salt Lake City</td>
</tr>
<tr>
<td>Provo-Orem</td>
<td>Ogden-Clearfield</td>
</tr>
<tr>
<td></td>
<td>St. George</td>
</tr>
<tr>
<td></td>
<td>Heber</td>
</tr>
<tr>
<td></td>
<td>Logan</td>
</tr>
<tr>
<td></td>
<td>Cedar City</td>
</tr>
<tr>
<td></td>
<td>Price</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Salt Lake</td>
</tr>
<tr>
<td>Utah</td>
<td>Davis</td>
</tr>
<tr>
<td></td>
<td>Weber</td>
</tr>
<tr>
<td></td>
<td>Washington</td>
</tr>
<tr>
<td></td>
<td>Cache</td>
</tr>
<tr>
<td></td>
<td>Summit</td>
</tr>
<tr>
<td></td>
<td>Tooele</td>
</tr>
<tr>
<td></td>
<td>Iron</td>
</tr>
<tr>
<td></td>
<td>Box Elder</td>
</tr>
<tr>
<td></td>
<td>Wasatch</td>
</tr>
<tr>
<td></td>
<td>Carbon</td>
</tr>
<tr>
<td></td>
<td>Morgan</td>
</tr>
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*Localities with fewer than 10 cases last week have been excluded from these alerts.*

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and 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
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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
DATA SOURCES – Additional data details available under METHODS.

Notes: 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.

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.
UTAH
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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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.


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)

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths: County-level data from USAFacts as of 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 reported. 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 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 06/29/2020.
- 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 and 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 (#MaskonVT) noted, especially support for increasing access to masks through a variety of means. Intensify public outreach especially in the City of Burlington (Chittenden County) given the large number of tourists and university students.
- 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 rigorous testing program, the careful monitoring of changes in tests, testing and hospitalizations, and implementation of contact tracing.
  - Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

* Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state regulators 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 locations to improve reporting consistency. Continued feedback on improving these data is welcome.
# VERMONT
## STATE REPORT | 08.30.2020

<table>
<thead>
<tr>
<th>NEW COVID-19 CASES (RATE PER 100,000)</th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>48 (8)</td>
<td>+20.0%</td>
<td>4,348 (29)</td>
<td>288,743 (88)</td>
</tr>
<tr>
<td>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</td>
<td>0.4%</td>
<td>+0.0%*</td>
<td>1.2%</td>
<td>5.4%</td>
</tr>
<tr>
<td>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</td>
<td>17,591** (2,819)</td>
<td>+16.6%**</td>
<td>372,194** (2,507)</td>
<td>5,305,529** (1,616)</td>
</tr>
<tr>
<td>COVID-19 DEATHS (RATE PER 100,000)</td>
<td>0 (0)</td>
<td>N/A</td>
<td>166 (1)</td>
<td>6,615 (2)</td>
</tr>
<tr>
<td>SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)</td>
<td>3.1% (0.0%)</td>
<td>+3.1%* (N/A)</td>
<td>2.6% (6.3%)</td>
<td>10.7% (18.6%)</td>
</tr>
<tr>
<td>SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH</td>
<td>0.0%</td>
<td>N/A</td>
<td>2.7%</td>
<td>5.0%</td>
</tr>
</tbody>
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**VERMONT**
STATE REPORT | 08.30.2020

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
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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.
CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

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

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METHODS
STATE REPORT | 08.30.2020

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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 include 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.
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 and activities from FEMA, 1 to support epidemiology activities from CDC, 3 to support operations activities from DOD, and 56 to support operations activities from USCG.
- Between Aug 22 - Aug 28, on average, 58 patients with confirmed COVID-19 and 134 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-19 patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.  

RECOMMENDATIONS

- Continue the 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 gym 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.  

*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 present reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided, we are working diligently with state liaisons to improve reporting consistency. Continued feedback on improving these data is welcome.
# VIRGINIA
STATE REPORT | 08.30.2020

<table>
<thead>
<tr>
<th>Metric</th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>New COVID-19 Cases (Rate per 100,000)</td>
<td>6,728 (79)</td>
<td>+11.8%</td>
<td>16,335 (53)</td>
<td>288,743 (88)</td>
</tr>
<tr>
<td>Viral (RT-PCR) Lab Test Positivity Rate</td>
<td>9.2%</td>
<td>+0.4%*</td>
<td>4.8%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Total Viral (RT-PCR) Lab Tests (Tests per 100,000)</td>
<td>106,809** (1,251)</td>
<td>+2.0%**</td>
<td>477,403** (1,547)</td>
<td>5,305,529** (1,616)</td>
</tr>
<tr>
<td>COVID-19 Deaths (Rate per 100,000)</td>
<td>111 (1)</td>
<td>+50.0%</td>
<td>298 (1)</td>
<td>6,615 (2)</td>
</tr>
<tr>
<td>SNFs with ≥1 New Resident COVID-19 Case (≥1 New Staff Case)</td>
<td>11.3% (19.0%)</td>
<td>-4.1%* (-3.0%*)</td>
<td>8.2% (15.1%)</td>
<td>10.7% (18.6%)</td>
</tr>
<tr>
<td>SNFs with ≥1 New Resident COVID-19 Death</td>
<td>4.0%</td>
<td>-1.0%*</td>
<td>3.3%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

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

** DATA SOURCES ** – 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 USA Facts; 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.

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## COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

### LOCALITIES IN RED ZONE

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Lynchburg, Danville, Martinsville, Kingsport-Bristol</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
<th>27</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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</td>
</tr>
</tbody>
</table>

### LOCALITIES IN YELLOW ZONE

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Washington-Arlington-Alexandria, Virginia Beach-Norfolk-Newport News, Richmond, Blacksburg-Christiansburg, Charlottesville, Roanoke, Harrisonburg, Big Stone Gap</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COUNTY LAST WEEK</th>
<th>55</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Fairfax, Prince William, Virginia Beach City, Henrico, Chesterfield, Richmond City, Loudoun, Arlington, Alexandria City, Newport News City, Hampton City, Spotsylvania, Stafford, Greensville, 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</td>
</tr>
</tbody>
</table>

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**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, Greensville, 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

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and 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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CASE RATES AND DIAGNOSTIC VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING LAST WEEK

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

WEAKLY % CHANGE IN NEW CASES PER 100K

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

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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.
SUMMARY

- Washington is in the yellow zone for cases, indicating between 1,000 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 case numbers 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 community transmission with high or very high incidence within the last 2 weeks. The trend in Eastern Washington was relatively stable compared to the rest of the state.
- Yakima County, where intensive case investigations have occurred, 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 25% of all new cases in Washington.
- Whitman County, 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 68-70% of students are estimated to have returned to town and cases are disproportionately among them. Of 318 cases reported on August 26, 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+ 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: 1.0 to support operations activities from FEMA; 1.0 to support epidemiology activities from CDC; 2.0 to support operations activities from CD&D; 1.0 to support medical activities from VA; and 1.0 to support operations activities from VA.
- Twelve counties have ongoing COVID-19 outbreaks with confirmed COVID-19 and 12 counties with suspected COVID-19 were reported as newly admitted each day (2 hospitals in Washington). An average of 157% of hospitals reported either new confirmed or new suspected COVID-19 patients each day during this period; therefore, this may be an underestimate of the actual number of COVID-related hospitalizations.

RECOMMENDATIONS

- Continue to support state testing guidelines ensuring broad testing of priority populations, identified or suspected contacts, and symptomatic individuals.
- For institutions of higher education (IHE):
  - Ensure both diagnostic and surveillance testing are rapid and comprehensive at all institutions with students on campus.
  - Ensure all university students can fully test, isolate, and conduct contact tracing among students and staff in collaboration with local public health authorities.
  - Ensure university students whose exposed to COVID-19 have access to quarantine and care sites on or near campus and are not returning home to a multigenerational household 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 campuses.
- Ensure local businesses and restaurants are fully open as they are 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 and encourage enforcement of mask wearing and social distancing measures.
- Support and enforce local health mandates for indoor dining, gatherings, and other activities that have the potential to facilitate large-scale gatherings.
- Support and enforce mask mandates for all college communities and college campuses.
- Support and enforce mask mandates for all college communities and college campuses.
- Support and enforce mask mandates for all college communities and college campuses.

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 ensure consistent data sources and methods that allow for comparisons to be made across facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems.

We look forward to your feedback.

*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state to be non-hospitals are removed from the counts reporting figures, as these may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided. We are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.*
# WASHINGTON

**STATE REPORT | 08.30.2020**

<table>
<thead>
<tr>
<th>Measure</th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>New COVID-19 Cases (Rate per 100,000)</td>
<td>3,909 (51)</td>
<td>+7.4%</td>
<td>8,068 (56)</td>
<td>288,743 (88)</td>
</tr>
<tr>
<td>Viral (RT-PCR) Lab Test Positivity Rate</td>
<td>3.3%</td>
<td>-0.7%</td>
<td>4.2%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Total Viral (RT-PCR) Lab Tests (Tests per 100,000)</td>
<td>74,283** (975)</td>
<td>-4.7%**</td>
<td>175,802** (1,225)</td>
<td>5,305,529** (1,616)</td>
</tr>
<tr>
<td>COVID-19 Deaths (Rate per 100,000)</td>
<td>58 (1)</td>
<td>-39.6%</td>
<td>146 (1)</td>
<td>6,615 (2)</td>
</tr>
<tr>
<td>SNFs with ≥1 New Resident COVID-19 Case (≥1 New Staff Case)</td>
<td>3.8% (8.2%)</td>
<td>-0.8%* (-5.1%*)</td>
<td>4.1% (10.6%)</td>
<td>10.7% (18.6%)</td>
</tr>
<tr>
<td>SNFs with ≥1 New Resident COVID-19 Death</td>
<td>1.6%</td>
<td>-2.0%*</td>
<td>1.8%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

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

**DATA SOURCES** - 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 8/3 - 8/9.
### COVID-19 COUNTY AND METRO ALERTS*
Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Othello</td>
<td>Kennewick-Richland</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Moses Lake</td>
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<tr>
<td></td>
<td></td>
<td>Yakima</td>
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<td></td>
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<td>Wenatchee</td>
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<td></td>
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<td>Walla Walla</td>
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<td></td>
<td>Centralia</td>
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<td></td>
<td>Aberdeen</td>
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<td></td>
<td>Port Angeles</td>
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<td></td>
<td></td>
<td>Shelton</td>
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<tr>
<td></td>
<td></td>
<td>Lewiston</td>
</tr>
<tr>
<td>3</td>
<td>Franklin</td>
<td>Grant</td>
</tr>
<tr>
<td></td>
<td>Douglas</td>
<td>Yakima</td>
</tr>
<tr>
<td></td>
<td>Adams</td>
<td>Chelan</td>
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<tr>
<td></td>
<td></td>
<td>Benton</td>
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<td>Walla Walla</td>
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<td>Lewis</td>
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<td></td>
<td></td>
<td>Grays Harbor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clallam</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mason</td>
</tr>
</tbody>
</table>

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and 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.”

**Notes:** 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:** NHLS 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 8/26.
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
WASHINGTON
STATE REPORT | 08.30.2020

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.
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.
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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, 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

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

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths: County-level data from USAFacts as of 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 performed 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 results. 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.
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 had no 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 143 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 22 to support operations activities from USCG.
- Between August 22 and August 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 86% of hospitals reported either new confirmed or new suspected COVID-19 patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- 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.
- Ensure all universities can fully test, isolate, and contact trace.
- Ensure all nursing homes, assisted living, and elderly care facilities 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 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.
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- Ensure all nursing homes, assisted living, and elderly care facilities 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.
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- 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 CAMPS website.

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

We look forward to your feedback.

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

**STATE REPORT | 08.30.2020**

<table>
<thead>
<tr>
<th></th>
<th>STATE, LAST WEEK</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION, LAST WEEK</th>
<th>UNITED STATES, LAST WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW COVID-19 CASES</strong></td>
<td>766 (43)</td>
<td>-1.5%</td>
<td>16,335 (53)</td>
<td>288,743 (88)</td>
</tr>
<tr>
<td>(RATE PER 100,000)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</strong></td>
<td>3.4%</td>
<td>+0.3%*</td>
<td>4.8%</td>
<td>5.4%</td>
</tr>
<tr>
<td><strong>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</strong></td>
<td>39,103** (2,182)</td>
<td>-9.9%**</td>
<td>477,403** (1,547)</td>
<td>5,305,529** (1,616)</td>
</tr>
<tr>
<td><strong>COVID-19 DEATHS</strong></td>
<td>30 (2)</td>
<td>+130.8%</td>
<td>298 (1)</td>
<td>6,615 (2)</td>
</tr>
<tr>
<td>(RATE PER 100,000)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE</strong></td>
<td>8.4% (15.1%)</td>
<td>+1.7%*</td>
<td>8.2% (15.1%)</td>
<td>10.7% (18.6%)</td>
</tr>
<tr>
<td>(≥1 NEW STAFF CASE)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH</strong></td>
<td>1.7%</td>
<td>+0.0%*</td>
<td>3.3%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

*Indicates absolute change in percentage points.

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

**DATA SOURCES** – 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)

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mount Gay-Shamrock</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>Logan</td>
<td>Kanawha</td>
</tr>
<tr>
<td></td>
<td>Monroe</td>
<td>Taylor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mason</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wayne</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jackson</td>
</tr>
</tbody>
</table>

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

**Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and 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
• Move to community-led neighborhood testing and work with local community groups to increase access to testing
• Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
• Diagnostic pooling: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
• Surveillance pooling: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
DATA SOURCES – 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.

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.
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
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

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

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

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths: County-level data from USAFacts as of 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 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 reported. 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 11:00 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.
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 three 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 93 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).
- 0.0% 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 16 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 admitted to hospital in Wisconsin. An average of 81% of hospital beds 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 institutions 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 metropolitan 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 and businesses in college communities regarding enforcement of maskings and limitations on occupancy, as well as other limitations on student paternalism, 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 continue, 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 WIS website.

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*Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by state/epidemiologists as having facilities or hospitals that were excluded from the patient's reporting data. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal state systems. The data presented represents raw data provided; we are working diligently with state partners to improve reporting consistency. Continued feedback on improving these data is welcome.
### Wisconsin State Report | 08.30.2020

<table>
<thead>
<tr>
<th>Category</th>
<th>State, Last Week</th>
<th>State, % Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
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</thead>
<tbody>
<tr>
<td>New COVID-19 Cases (Rate per 100,000)</td>
<td>4,922 (85)</td>
<td>+1.8%</td>
<td>46,258 (88)</td>
<td>288,743 (88)</td>
</tr>
<tr>
<td>Viral (RT-PCR) Lab Test Positivity Rate</td>
<td>5.2%</td>
<td>-0.2%*</td>
<td>5.0%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Total Viral (RT-PCR) Lab Tests (Tests per 100,000)</td>
<td>122,132** (2,098)</td>
<td>-9.1%**</td>
<td>1,040,478** (1,980)</td>
<td>5,305,529** (1,616)</td>
</tr>
<tr>
<td>COVID-19 Deaths (Rate per 100,000)</td>
<td>45 (1)</td>
<td>+4.7%</td>
<td>759 (1)</td>
<td>6,615 (2)</td>
</tr>
<tr>
<td>SNFs with ≥1 New Resident COVID-19 Case (≥1 New Staff Case)</td>
<td>4.3% (8.8%)</td>
<td>+1.4%* (-3.1%*)</td>
<td>7.5% (16.8%)</td>
<td>10.7% (18.6%)</td>
</tr>
<tr>
<td>SNFs with ≥1 New Resident COVID-19 Death</td>
<td>0.6%</td>
<td>-0.8%*</td>
<td>3.3%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

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

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WISCONSIN
STATE REPORT | 08.30.2020

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

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

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

* 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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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

Public Officials
- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
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- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

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

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

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

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

Testing
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling:** Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- **Surveillance pooling:** For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device
WISCONSIN
STATE REPORT | 08.30.2020

NEW CASES

COVID-19 CASES

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

TESTING

TOTAL VIRAL (RT-PCR) LAB TESTS

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

VIRAL (RT-PCR) LAB TEST POSITIVITY RATE

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

- Milwaukee
- Wausau
- Brown
- Dane
- Chippewa
- Outagamie
- Racine
- Fond du Lac
- Walworth
- Winnebago

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.
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.
WISCONSIN
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

WEAKLY % CHANGE IN NEW CASES PER 100K

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

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.
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.
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)

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<tr>
<th>Metric</th>
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<th>Red</th>
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<tbody>
<tr>
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<td>&lt;10</td>
<td>10-100</td>
<td>&gt;100</td>
</tr>
<tr>
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<td>&lt;=-10%</td>
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</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;=-0.5%</td>
<td>-0.5% - 0.5%</td>
<td>&gt;0.5%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
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<td>500-1000</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
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<td>-10% - 10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>&lt;=1</td>
<td>1-2</td>
<td>&gt;2</td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
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<td>-10% - 10%</td>
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</tr>
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<td>Skilled Nursing Facilities with at least one resident COVID-19 case, death</td>
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**DATA NOTES**

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths**: County-level data from USAFacts as of 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 reported. 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 every received and processed by the CELR system as of 19:00 EDT on 06/29/2020.
- **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.
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 county.
- 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. Pool testing should be instituted for multigenerational households. Serosurveys 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 facilities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.

* Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/healthcare teams from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state databases because of differences in hospital lists and reporting processes between federal and state systems. The data presented represents raw data provided; we are working diligently with state leaders to improve reporting consistency. Continued feedback on improving these data is welcome.
# Wyoming State Report | 08.30.2020

<table>
<thead>
<tr>
<th>Metric</th>
<th>Last Week</th>
<th>% Change from Previous Week</th>
<th>FEMA/HHS Region, Last Week</th>
<th>United States, Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New COVID-19 Cases (Rate per 100,000)</strong></td>
<td>240 (41)</td>
<td>-29.6%</td>
<td>9,031 (74)</td>
<td>288,743 (88)</td>
</tr>
<tr>
<td><strong>Viral (RT-PCR) Lab Test Positivity Rate</strong></td>
<td>1.7%</td>
<td>-2.7%*</td>
<td>5.8%</td>
<td>5.4%</td>
</tr>
<tr>
<td><strong>Total Viral (RT-PCR) Lab Tests (Tests per 100,000)</strong></td>
<td>16,616** (2,871)</td>
<td>+194.9%**</td>
<td>178,984** (1,460)</td>
<td>5,305,529** (1,616)</td>
</tr>
<tr>
<td><strong>COVID-19 Deaths (Rate per 100,000)</strong></td>
<td>2 (0)</td>
<td>-71.4%</td>
<td>78 (1)</td>
<td>6,615 (2)</td>
</tr>
<tr>
<td><strong>SNFs with ≥1 New Resident COVID-19 Case (≥1 New Staff Case)</strong></td>
<td>0.0% (5.7%)</td>
<td>N/A (+2.7%*)</td>
<td>3.9% (10.1%)</td>
<td>10.7% (18.6%)</td>
</tr>
<tr>
<td><strong>SNFs with ≥1 New Resident COVID-19 Death</strong></td>
<td>0.0%</td>
<td>N/A</td>
<td>1.1%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

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

**Data Sources** - 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 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 8/3-8/9.
## WYOMING
STATE REPORT | 08.30.2020

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

<table>
<thead>
<tr>
<th>METRO AREA (CBSA) LAST WEEK</th>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>N/A</td>
<td>2</td>
</tr>
</tbody>
</table>
|                             |                        | Gillette  
                             |                        | Jackson               |
| COUNTY LAST WEEK            |                        | 2                         |
| 1                           | Goshen                 | Campbell  
                             |                        | 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 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:** NHSLaboratory 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 8/26.
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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Top 12 counties based on number of new cases in the last 3 weeks

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WYOMING
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

WEIGHTLY % CHANGE IN NEW CASES PER 100K

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

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National Picture

NEW CASES PER 100,000 LAST WEEK

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<td>500 - 1000</td>
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<td>COVID-19 deaths per 100,000 population per week</td>
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- **Testing:** The data presented represent urgent COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—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 reported and positivity rate values. Because the data are denormalized, the total viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and reported. 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. Laid 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 12:00 EDT on 06/29/2020.
- **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 (NHWN). Data report resident and staff cases independently. Quality checks are performed on data submitted to the NHWN. 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.