STATE REPORT
09.06.2020

ALABAMA

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 red zone for test positivity, indicating a rate above 10%, with the 3rd highest rate in the country.
- The gains over the last few weeks are in danger of being reversed. The following three counties had the highest number of new cases over the last 3 weeks: 1. Jefferson County, 2. Lee County, and 3. Tuscaloosa County. These counties represent 27.8% of new cases in Alabama.
- 90% of all counties in Alabama have moderate or high levels of community transmission (yellow or red zone), with 58% having high levels of community transmission (red zone). This is a significant increase in the number of red zone counties over the last two weeks from 24 to now 39.
- During the week of Aug 24 – Aug 30, 28% of nursing homes had at least one new resident COVID-19 case, 37% had at least one new staff COVID-19 case, and 10% had at least one new resident COVID-19 death.
- Alabama had 167 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: 30 to support operations activities from FEMA and 1 to support operations activities from USCG.
- The federal government has supported a surge testing site in Birmingham, AL.
- Between Aug 29 - Sep 04, on average, 119 patients with confirmed COVID-19 and 160 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Alabama. An average of 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

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 a further reduction in hours and occupancy limits in bars and restaurants in Lee and Tuscaloosa counties and anywhere university and college students gather.
- There is a critical need to focus on universities and decreasing community spread from students to local communities and hometowns.
- Increase testing capacity by increasing the budget and capacity of public health labs through:
    - Ensuring hospitals move elective surgeries and admissions testing to pooling in order to reserve tests for community outreach and to expand outpatient testing, pooling specimens where appropriate.
    - Utilizing all university, veterinary, and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Require all universities and colleges to have a plan for both rapid testing and contact tracing of symptomatic students and routine surveillance testing of students to find asymptomatic students. Ensure there are quick turnaround times for results and rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent home to isolate or quarantine.
- Recruit college and university students to expand public health messaging and contact tracing capacity. Ensure protection of local communities by strict mask wearing and social distancing when off-campus and around vulnerable individuals on campus.
- Universities and colleges should work with various student leaders and campus media to support compliance with recommendations.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Increase surveillance for silent community spread by using the Abbott BinaxNOW. Establish weekly surveillance among critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders.
- Ask citizens and students to limit ALL social gatherings to 10 or fewer people. Recreating spreading events through bar-like gatherings in homes will result in continued high cases and result in those with comorbidities becoming infected.
- Ensure all nursing homes, assisted living, and elderly care sites follow CMS staff testing requirements and, if cases within local universities rise, increase testing even further to prevent spread from students to residents through staff. Expanding nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

ALABAMA

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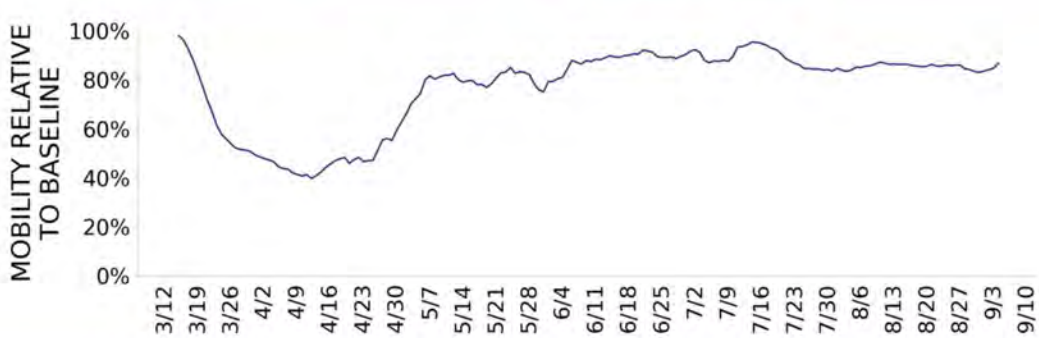
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	8,210 (167)	-9.1%	85,091 (127)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	11.8%	+3.0%*	8.2%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	69,101** (1,409)	-12.9%**	956,194** (1,429)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	159 (3)	+34.7%	2,140 (3)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	28% (37%)	-6%* (-8%*)	19% (28%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	10%	-1%*	9%	5%

MOBILITY ▶



* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

ALABAMA

STATE REPORT | 09.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	14	Birmingham-Hoover Auburn-Opelika Tuscaloosa Montgomery Dothan Daphne-Fairhope-Foley Anniston-Oxford Decatur Gadsden Talladega-Sylacauga Enterprise Ozark	12	Mobile Huntsville Florence-Muscle Shoals Jasper Cullman Fort Payne Troy Scottsboro Columbus Alexander City LaGrange Eufaula
COUNTY LAST WEEK	39	Jefferson Lee Tuscaloosa Shelby Montgomery Baldwin Calhoun Houston Etowah Morgan Talladega St. Clair	21	Mobile Madison Walker Cullman Limestone DeKalb Covington Lauderdale Pike Jackson Clarke Chambers

All Red CBSAs: Birmingham-Hoover, Auburn-Opelika, Tuscaloosa, Montgomery, Dothan, Daphne-Fairhope-Foley, Anniston-Oxford, Decatur, Gadsden, Talladega-Sylacauga, Enterprise, Ozark, Atmore, Selma

All Red Counties: Jefferson, Lee, Tuscaloosa, Shelby, Montgomery, Baldwin, Calhoun, Houston, Etowah, Morgan, Talladega, St. Clair, Elmore, Blount, Chilton, Coffee, Franklin, Dale, Escambia, Colbert, Autauga, Russell, Dallas, Marion, Geneva, Pickens, Lawrence, Henry, Cherokee, Randolph, Clay, Crenshaw, Cleburne, Bibb, Fayette, Macon, Butler, Marengo, Lowndes

All Yellow Counties: Mobile, Madison, Walker, Cullman, Limestone, DeKalb, Covington, Lauderdale, Pike, Jackson, Clarke, Chambers, Winston, Barbour, Tallapoosa, Conecuh, Bullock, Hale, Washington, Lamar, Coosa

*** 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 9/4/2020; last week is 8/29 - 9/4, three weeks is 8/15 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2.

ALABAMA

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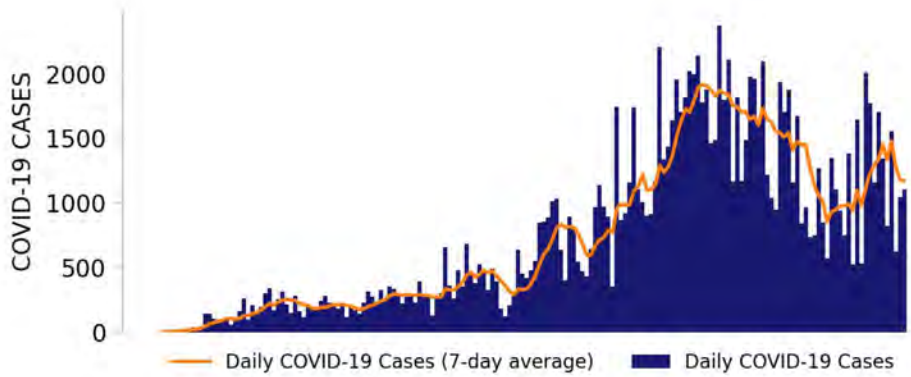
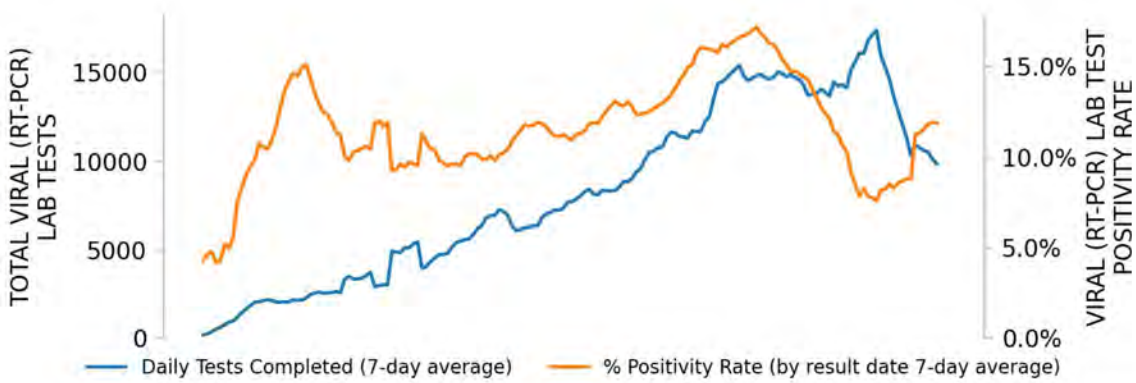
NEW CASES

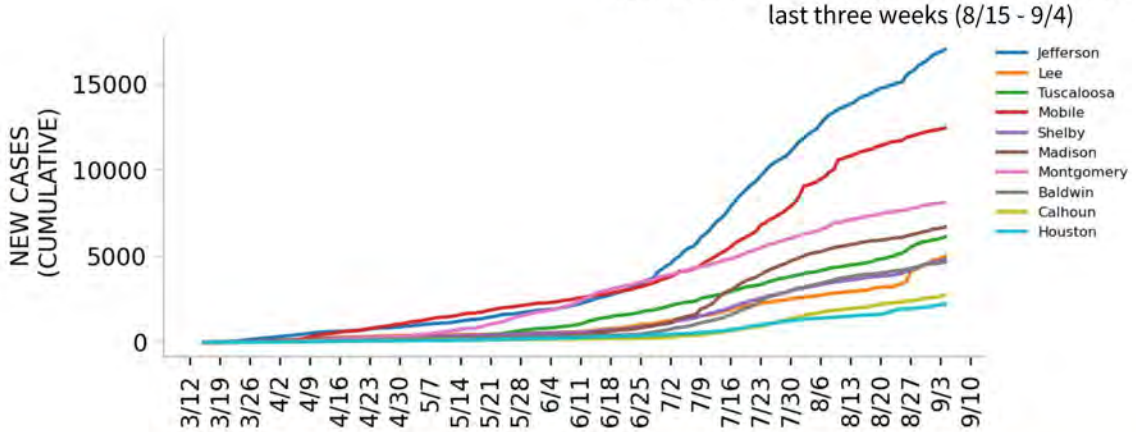


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/15 - 9/4)



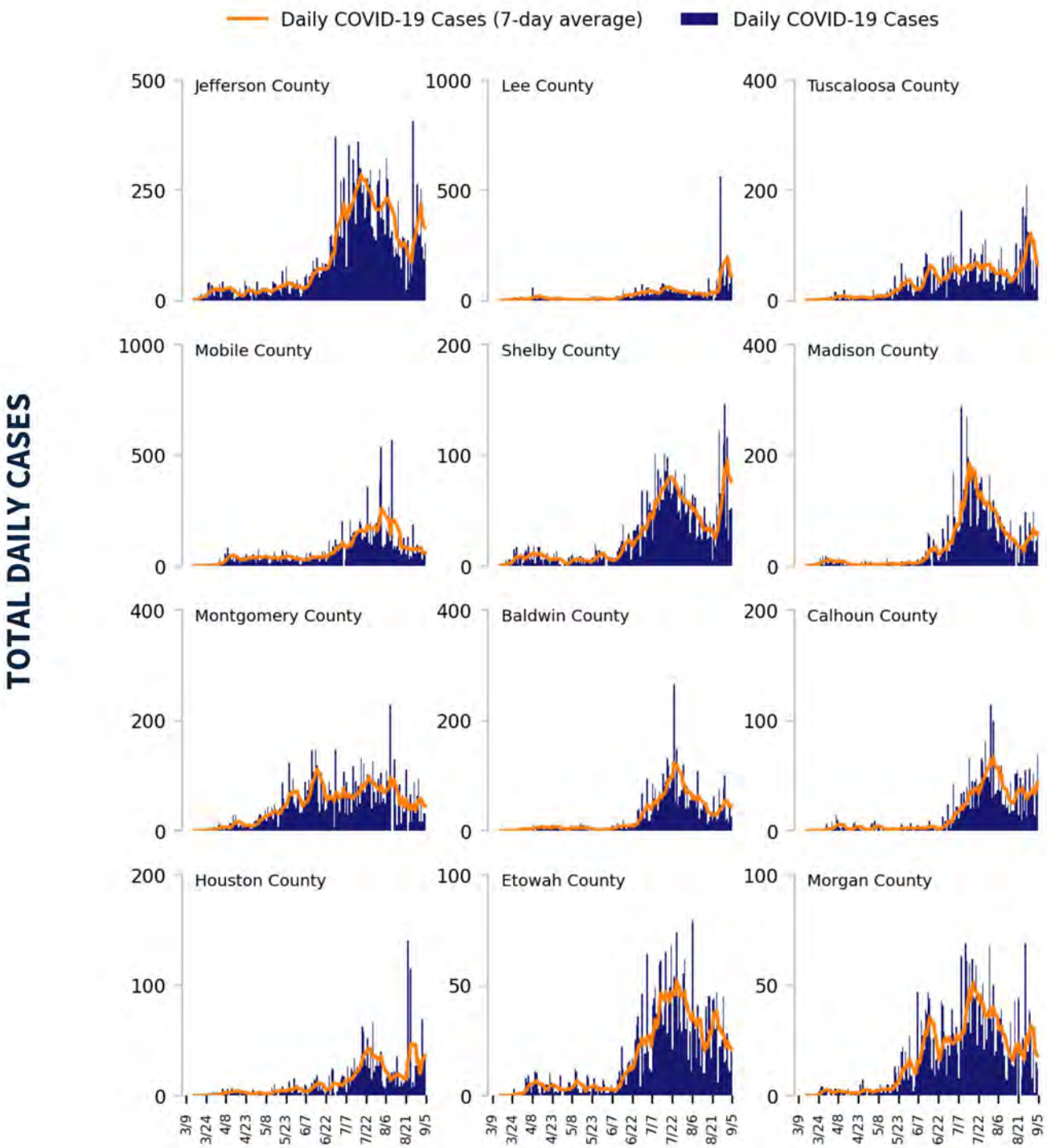
DATA SOURCES – Additional data details available under METHODS

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 9/4/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020.

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 9/4/2020. Last 3 weeks is 8/15 - 9/4.

ALABAMA

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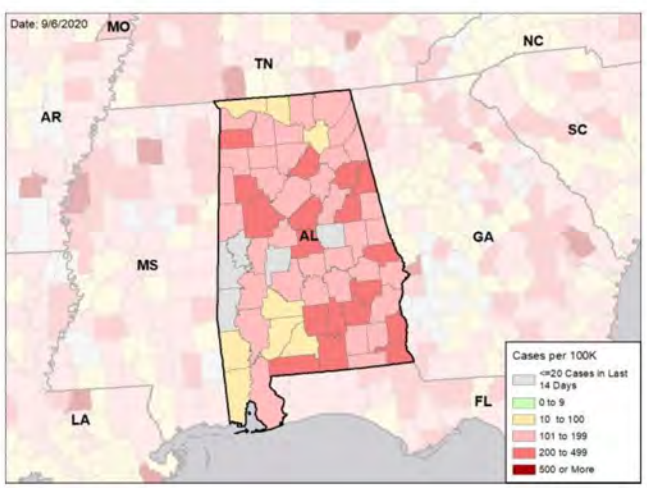
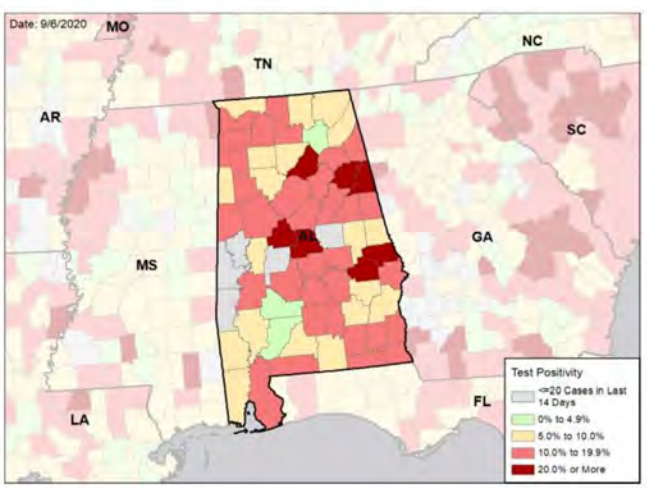
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

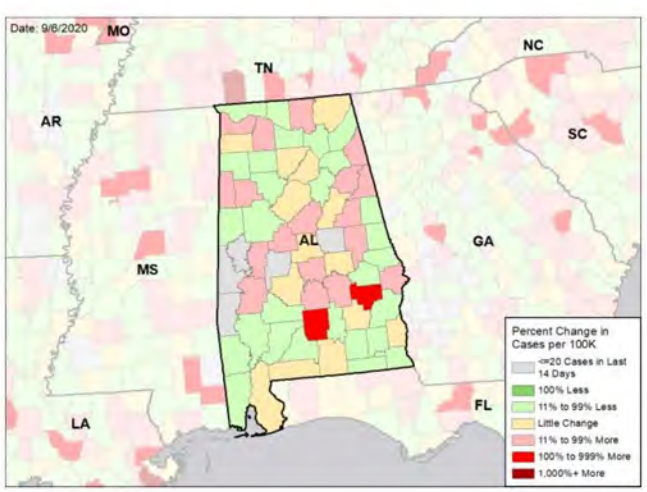
NEW CASES PER 100,000 DURING THE LAST WEEK



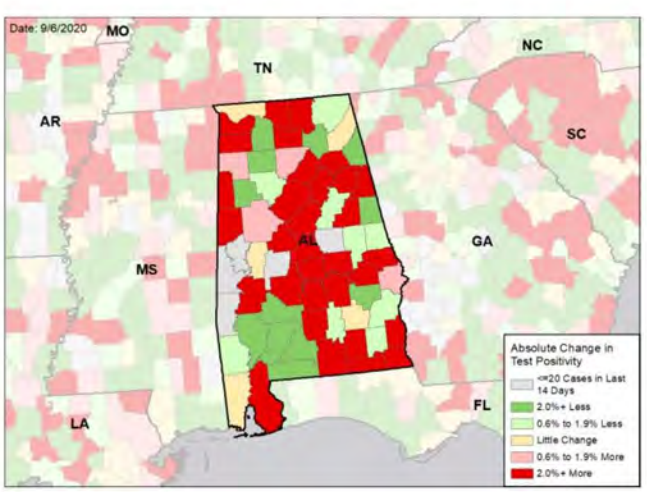
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

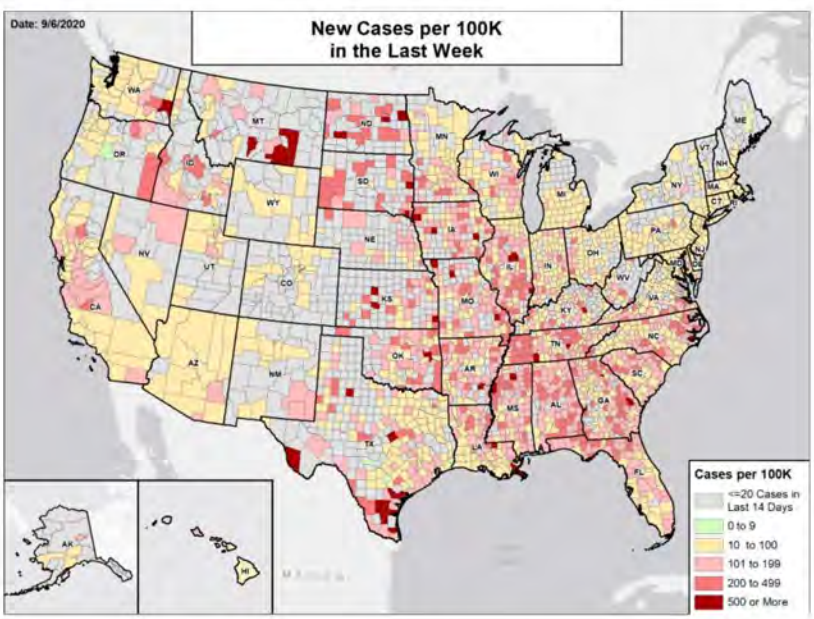
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/4/2020. Last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

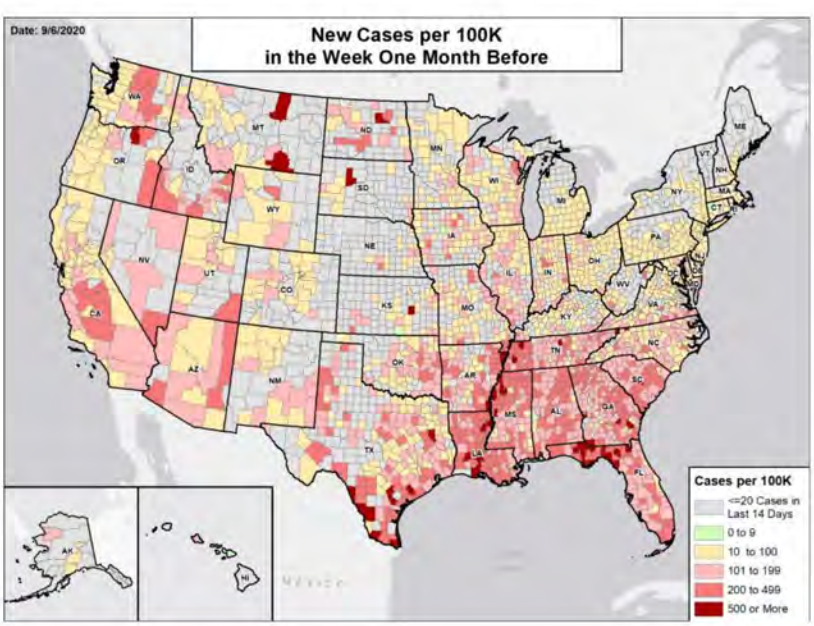
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



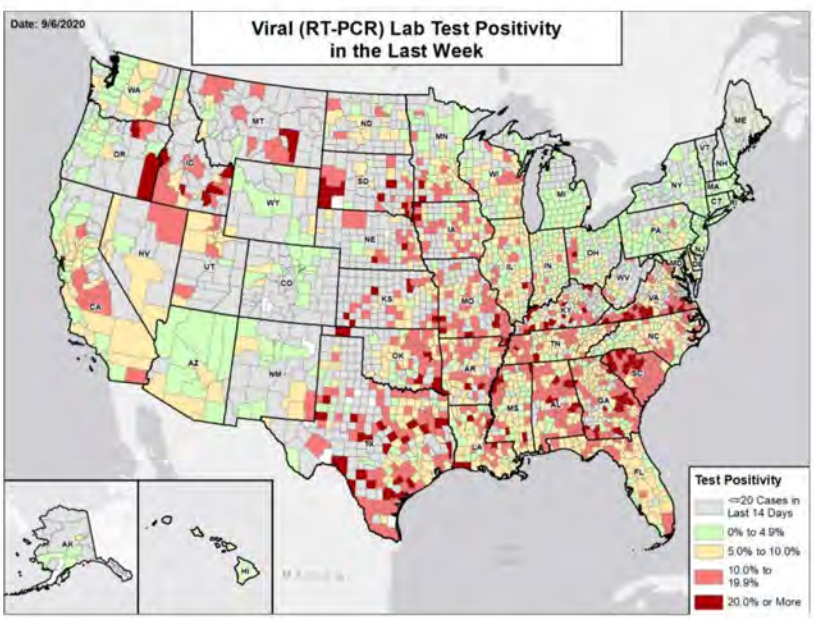
DATA SOURCES

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

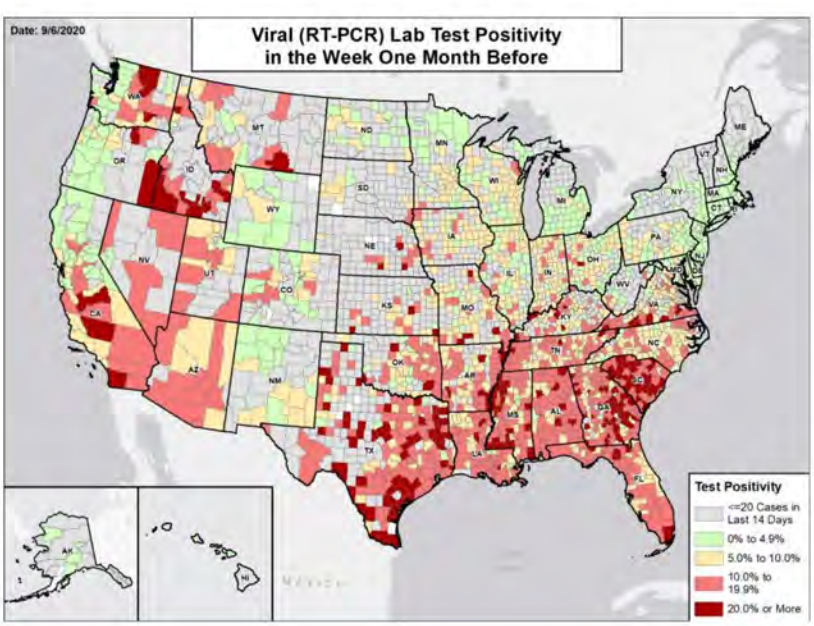
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

STATE REPORT
09.06.2020

ALASKA

SUMMARY

- Alaska 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. Alaska is in the green zone for test positivity, indicating a rate below 5%, with the 40th 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 78.8% of new cases in Alaska.
- 3% of all boroughs in Alaska have moderate or high levels of community transmission (yellow or red zone), with none having high levels of community transmission (red zone).
- During the week of Aug 24 – Aug 30, less than 1% of nursing homes had at least one new resident COVID-19 case, 6% had at least one new staff COVID-19 case, and less than 1% had at least one new resident COVID-19 death.
- Alaska had 68 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 29 - Sep 04, on average, 4 patients with confirmed COVID-19 and 6 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

- Widespread testing has been a key to Alaska's success; continued aggressive testing is critical to ongoing efforts to control the epidemic.
- Growing case rates in Fairbanks are concerning; recommend mandates for face coverings in all indoor environments outside of the home.
- Continue to promote outdoor dining wherever possible as long as weather permits, especially in Anchorage and Fairbanks; 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.
- Continue education on the risk of spreading the virus to family members with underlying conditions and encourage vulnerable family members to protect themselves by abstaining from gatherings. Encourage all individuals that have participated in such events to get tested.
- Continue to utilize all media platforms, targeting marginalized communities and demographic groups and areas with evidence of elevated or increasing transmission.
- Continue aggressive contact tracing in all boroughs and municipalities.
- Ensure test results are available within 48 hours, diagnosed or presumptive cases are immediately isolated, interviews for contacts are conducted within 48 hours of diagnosis, and contacts are effectively quarantined.
- Ensure sufficient and safe housing for immediate isolation and quarantine, especially in communities with multigenerational or crowded households, such as tribal or indigenous communities.
- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

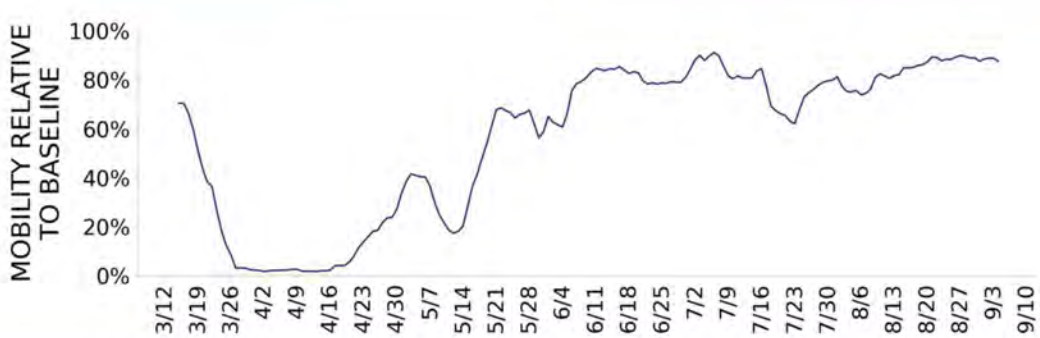
COVID-19

ALASKA

STATE REPORT | 09.06.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	498 (68)	-0.8%	6,976 (49)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	2.7%	+0.3%*	3.9%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	34,643** (4,736)	-11.5%**	181,912** (1,268)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	3 (0)	-57.1%	111 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	0% (6%)	N/A (+1%*)	4% (10%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A	2%	5%

MOBILITY ▶



* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, 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)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	0	N/A	1	Fairbanks
BOROUGH LAST WEEK	0	N/A	1	Fairbanks North Star

*** 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 9/4/2020; last week is 8/29 - 9/4, three weeks is 8/15 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2.

ALASKA

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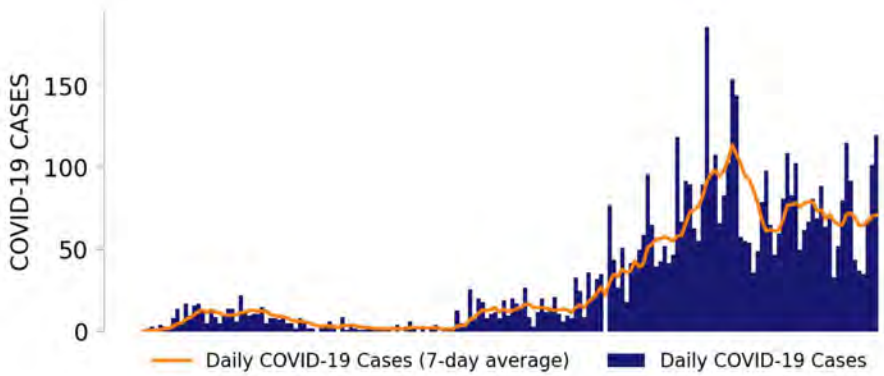
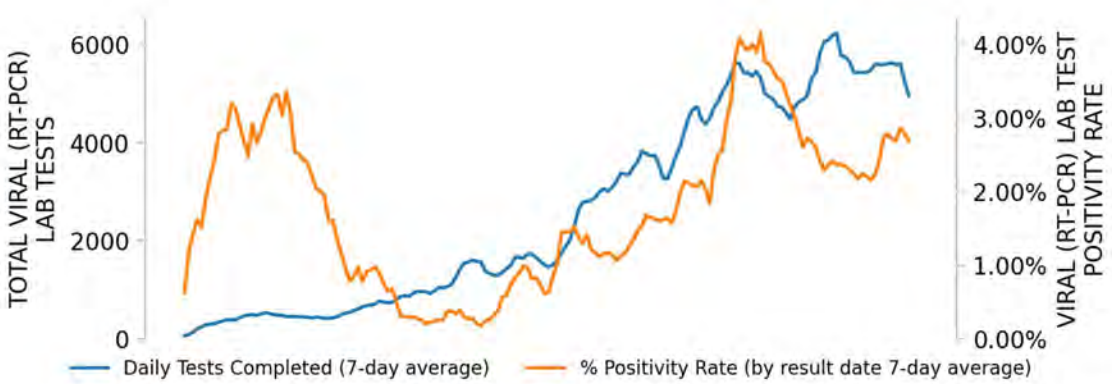
NEW CASES

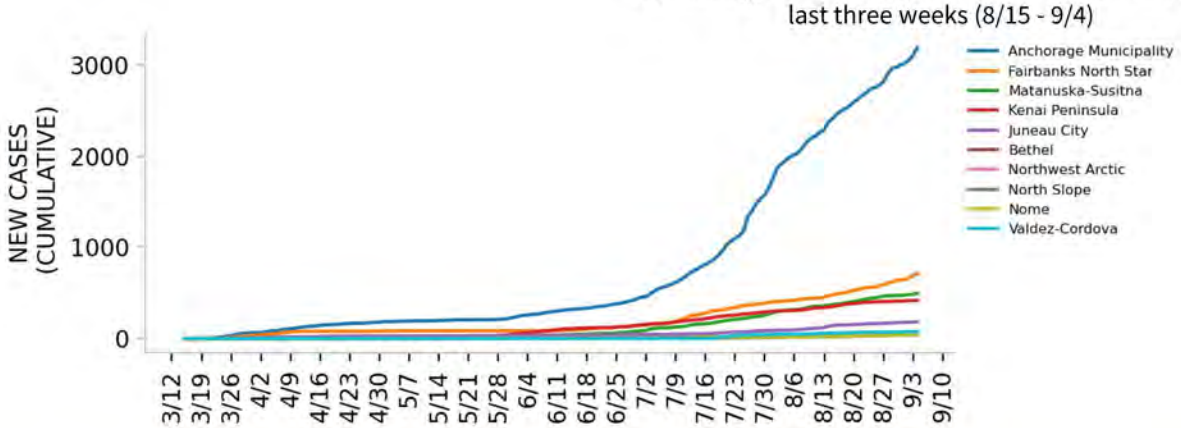


TESTING



TOP BOROUGHS

Top boroughs based on greatest number of new cases in last three weeks (8/15 - 9/4)



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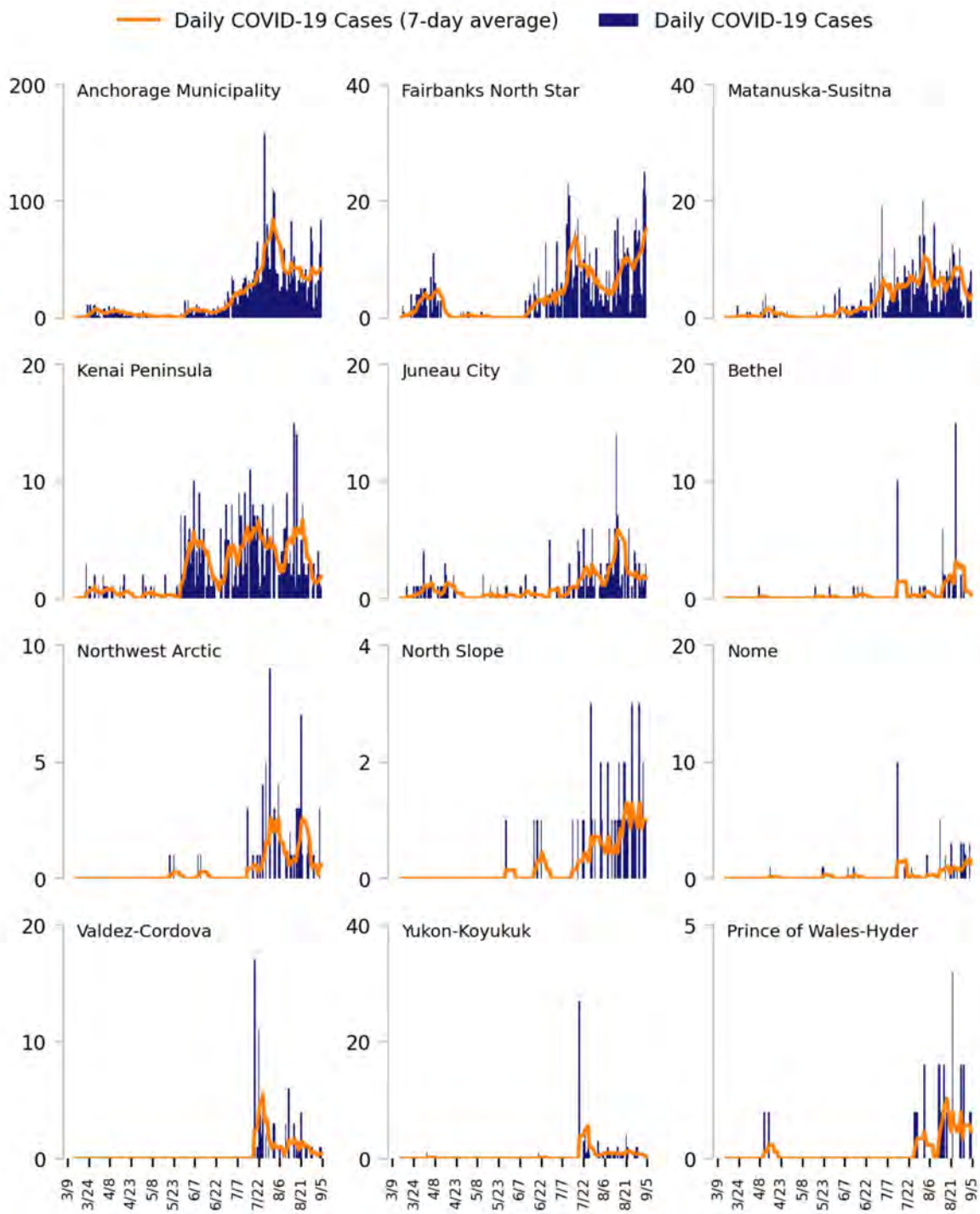
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020.

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



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ALASKA

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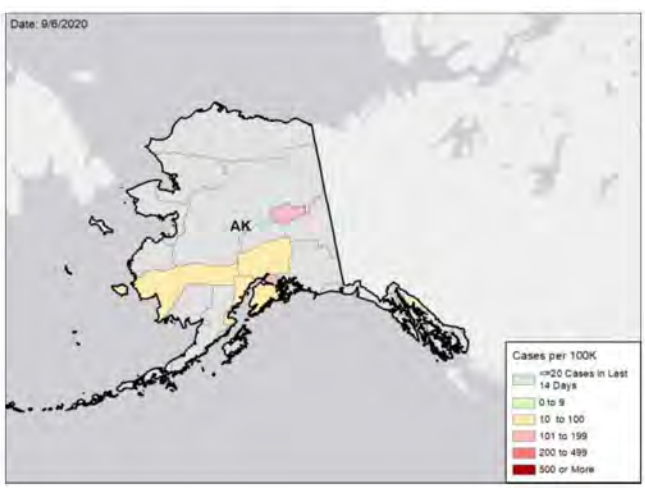
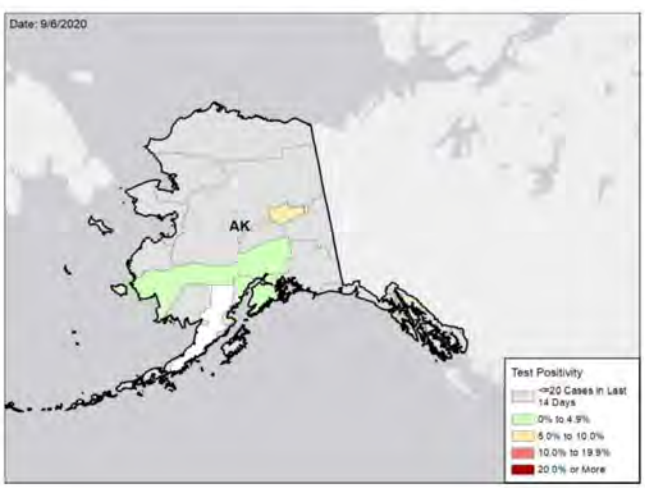
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

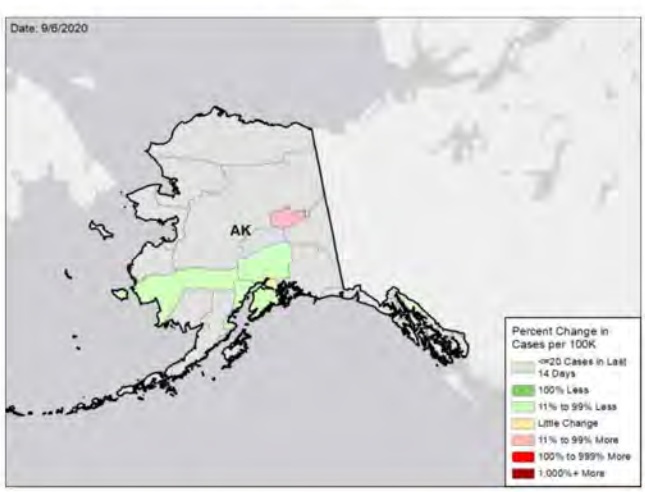
NEW CASES PER 100,000 DURING THE LAST WEEK



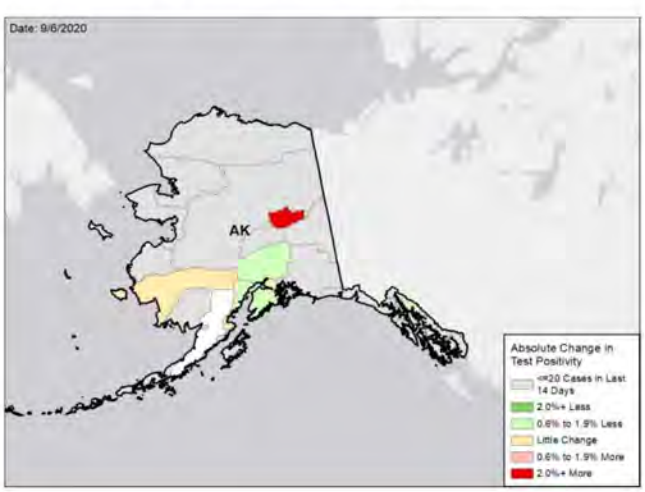
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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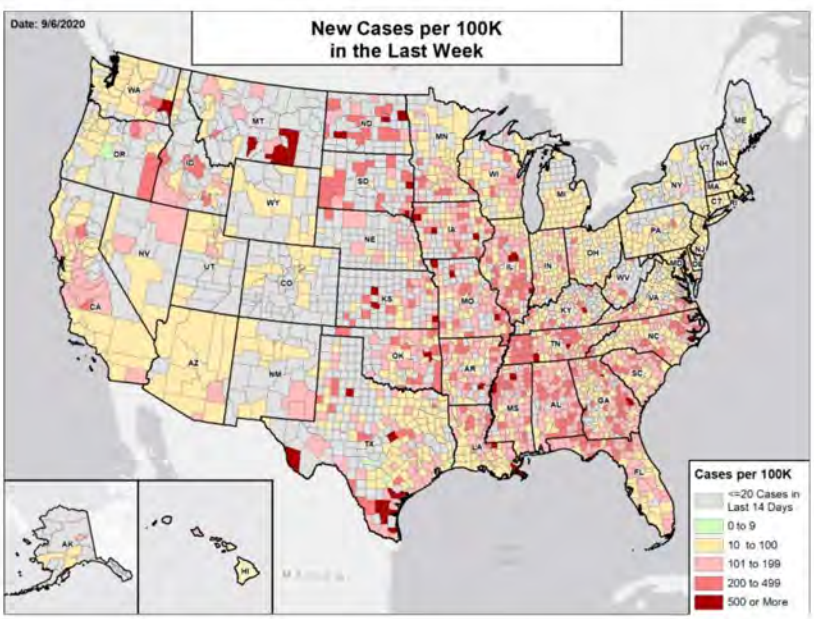
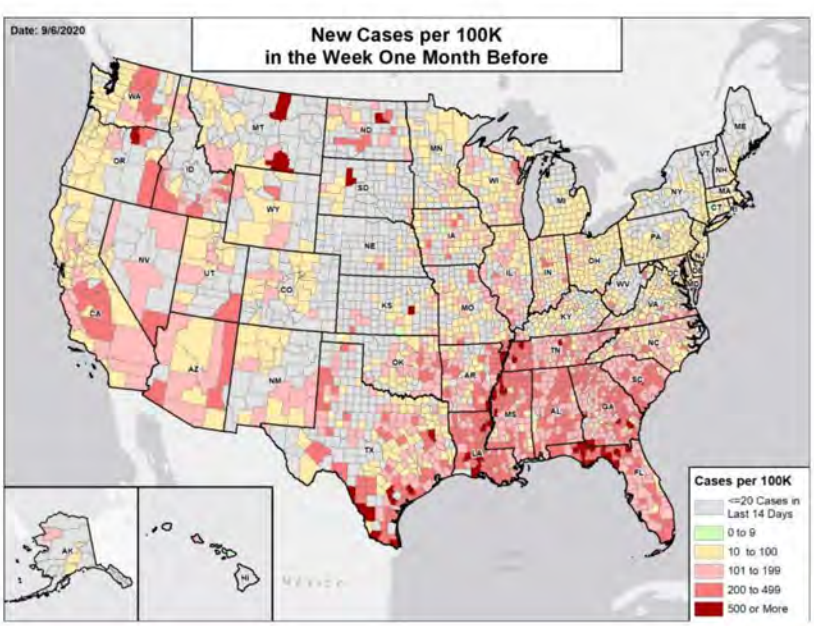
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



DATA SOURCES

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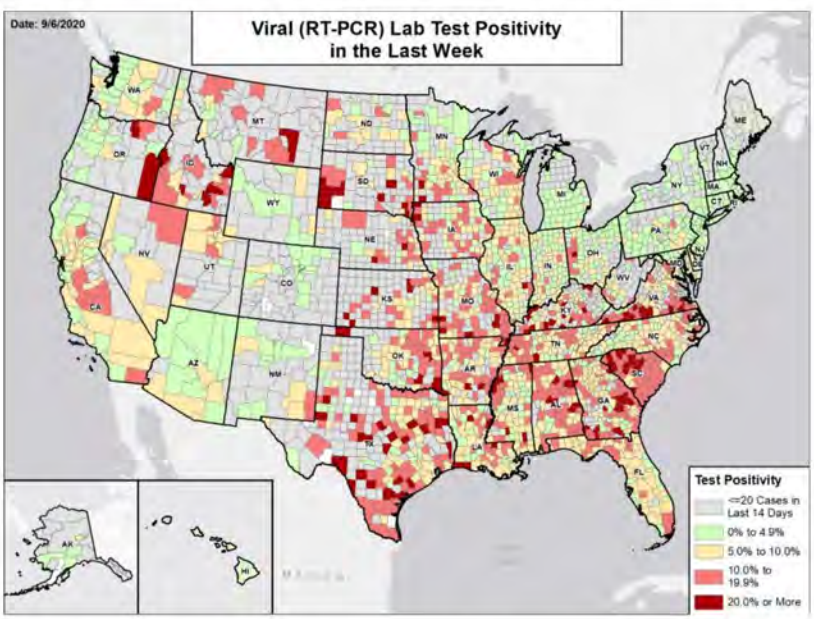
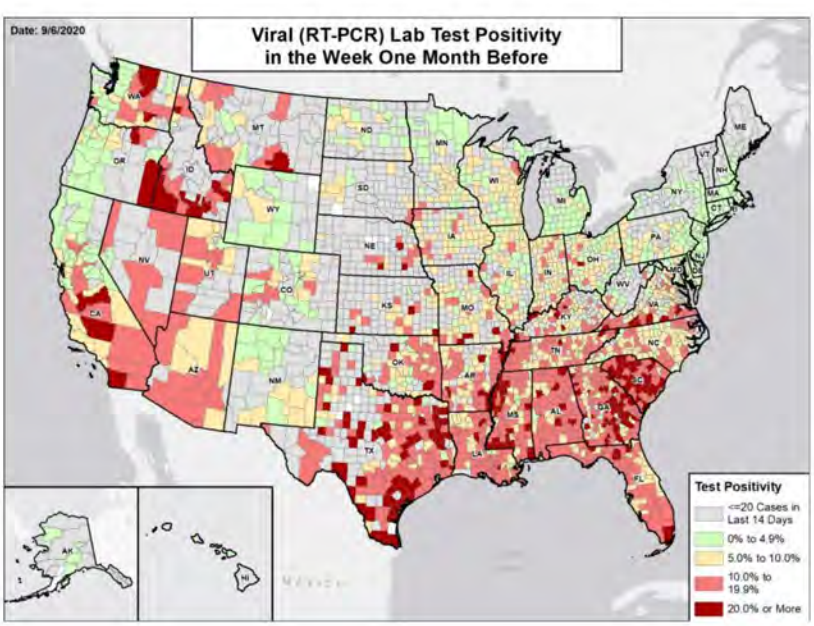
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



DATA SOURCES

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Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

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ARIZONA

SUMMARY

- Arizona is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 35th highest rate in the country. Arizona is in the green zone for test positivity, indicating a rate below 5%, with the 33rd highest rate in the country.
- Arizona has seen stability in new cases and a decrease in test positivity over the last week. Progress has been steady and needs to continue.
- 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 82.8% of new cases in Arizona.
- 33% of all counties in Arizona have now only moderate levels of community transmission (yellow zone), with none having high levels of community transmission (red zone).
- During the week of Aug 24 – Aug 30, 11% of nursing homes had at least one new resident COVID-19 case, 21% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death.
- Arizona had 55 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: 12 to support operations activities from FEMA; 16 to support medical activities from ASPR; 5 to support epidemiology activities from CDC; and 1 to support operations activities from VA.
- The federal government has supported surge testing in rural counties in Arizona.
- Between Aug 29 - Sep 04, on average, 71 patients with confirmed COVID-19 and 154 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Arizona. 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

- Arizona has made excellent progress and, to sustain the gains, should continue the strong mitigation efforts statewide and strengthen mitigation efforts in university towns to decrease spread from universities to the local community. Consider a further reduction in hours and occupancy limits in bars and restaurants in university counties and anywhere university and college students gather if cases begin to rise.
- We are seeing gains being reversed in other states due to university spread. Arizona universities need to increase testing and isolation to prevent spread from students to local communities and hometowns. This includes detecting asymptomatic students and preventing silent spread of disease through routine saliva testing on university research platforms. Ensure there are quick turnaround times for results and rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent home to isolate or quarantine.
- Increase testing capacity by increasing the budget and capacity of public health labs through:
  - Ensuring hospitals move elective surgeries and admissions testing to pooling in order to reserve tests for community outreach and to expand outpatient testing, pooling specimens where appropriate.
  - Utilizing all university, veterinary, and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Recruit college and university students to expand public health messaging and contact tracing capacity. Ensure protection of local communities by strict mask wearing and social distancing when off-campus and around vulnerable individuals on campus.
- Universities and colleges should work with various student leaders and campus media to support compliance with recommendations.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Increase surveillance for silent community spread by using the Abbott BinaxNOW. Establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders.
- Ask citizens and students to limit ALL social gatherings to 25 people or fewer. Recreating spreading events through bar-like gatherings in homes will result in continued high cases and result in those with comorbidities becoming infected.
- Ensure all nursing homes, assisted living, and elderly care sites follow CMS staff testing requirements and, if cases within local universities rise, increase testing even further to prevent spread from students to residents through staff. Expanding nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- Continued comprehensive support to Native Americans is critical.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

ARIZONA

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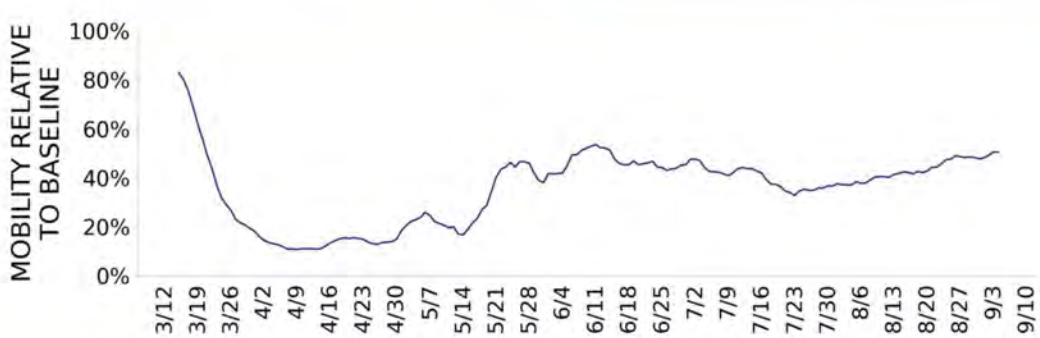
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	4,022 (55)	+7.0%	42,290 (82)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.4%	-0.6%*	5.4%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	68,132** (936)	-7.6%**	1,072,557** (2,091)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	194 (3)	-33.1%	1,125 (2)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	11% (21%)	-4%* (+4%*)	8% (16%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	+2%*	5%	5%

MOBILITY ▶



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS

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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 8/24-8/30, previous week is 8/17-8/23.

ARIZONA

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	0	N/A	5	Tucson Yuma Safford Payson Nogales
COUNTY LAST WEEK	0	N/A	5	Pima Yuma Graham Gila Santa Cruz

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

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

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ARIZONA

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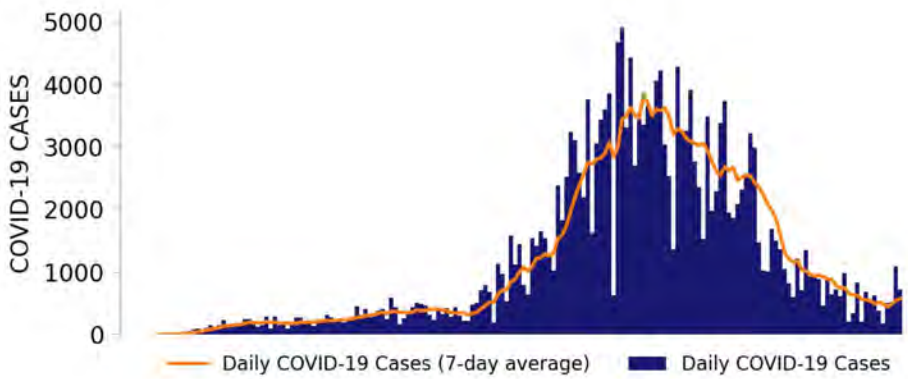
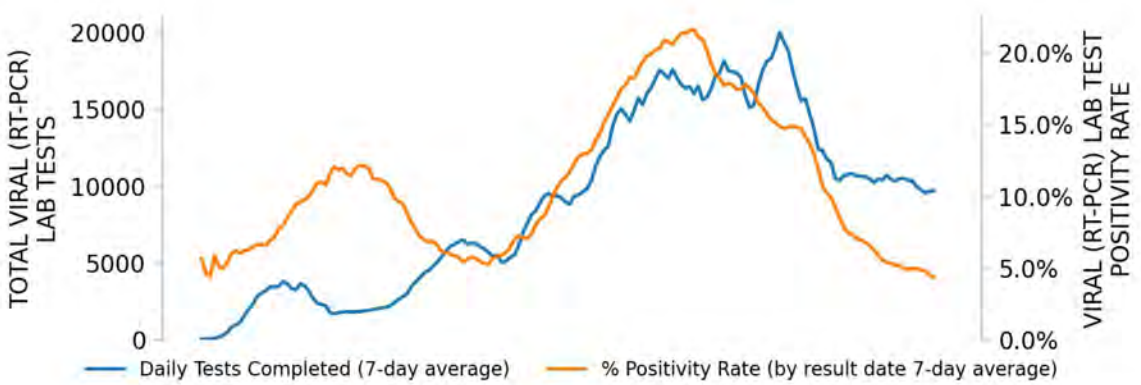
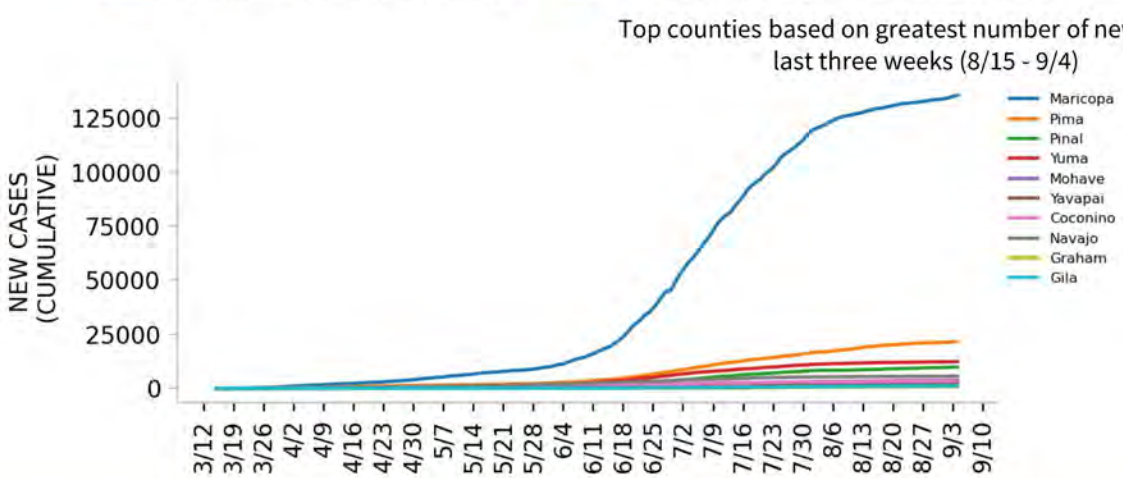
NEW CASES



TESTING



TOP COUNTIES



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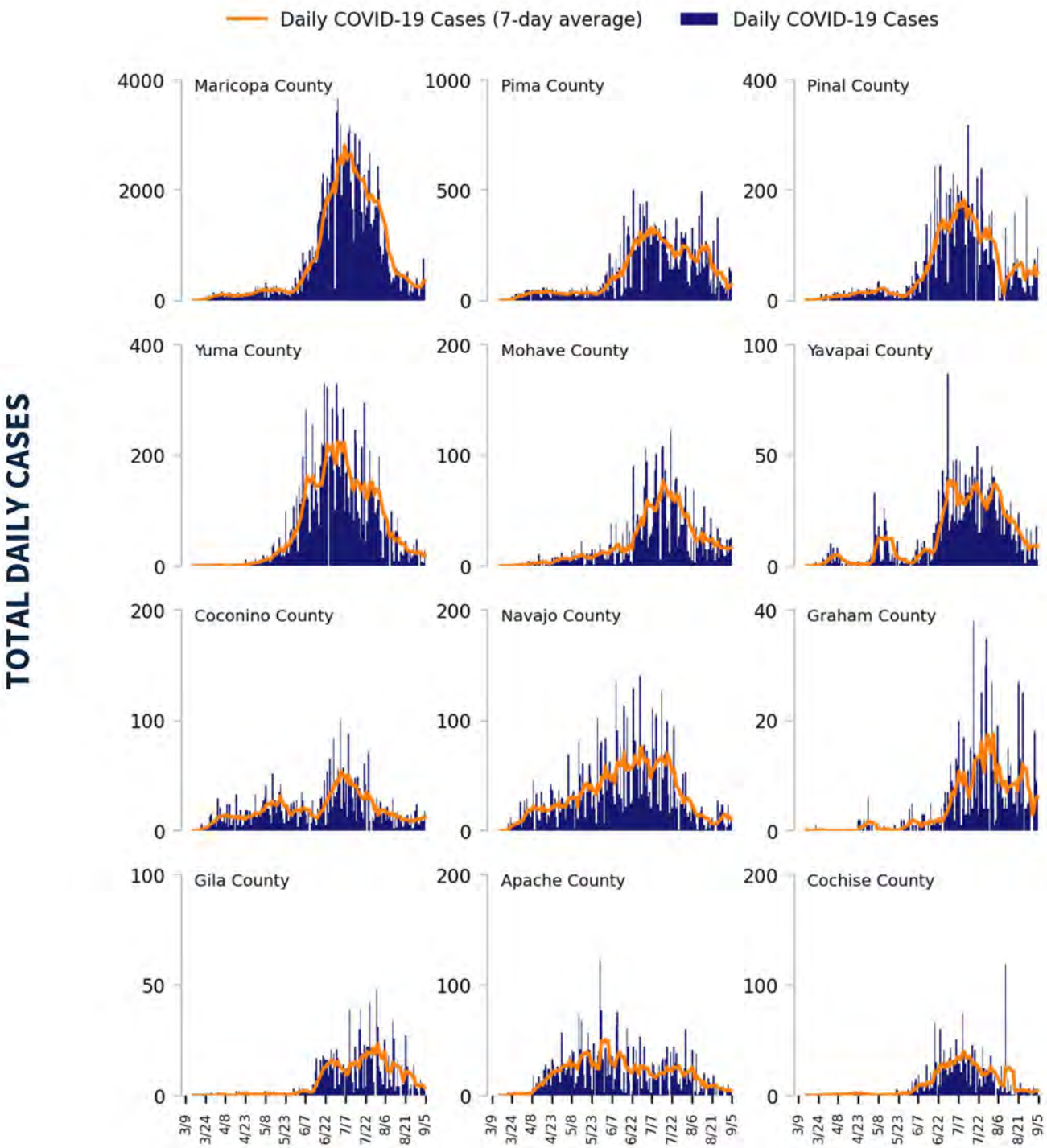

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ARIZONA

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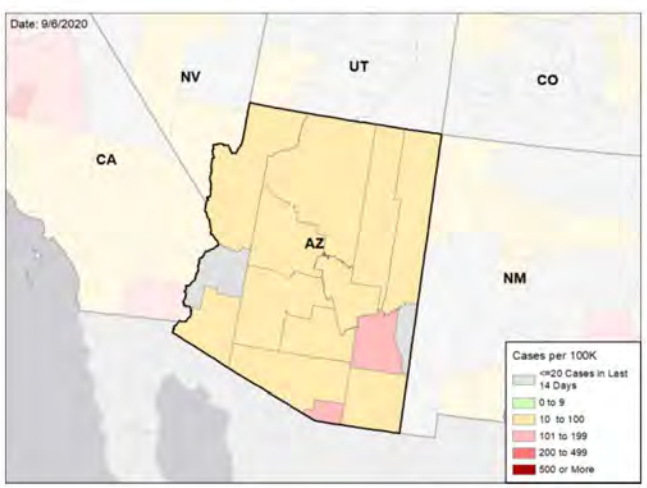
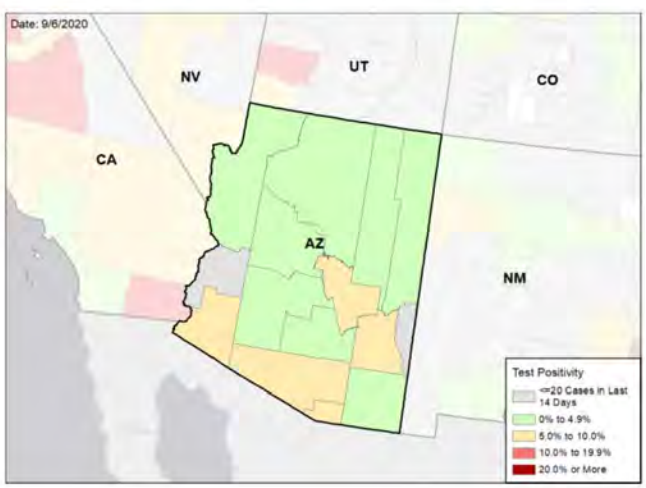
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

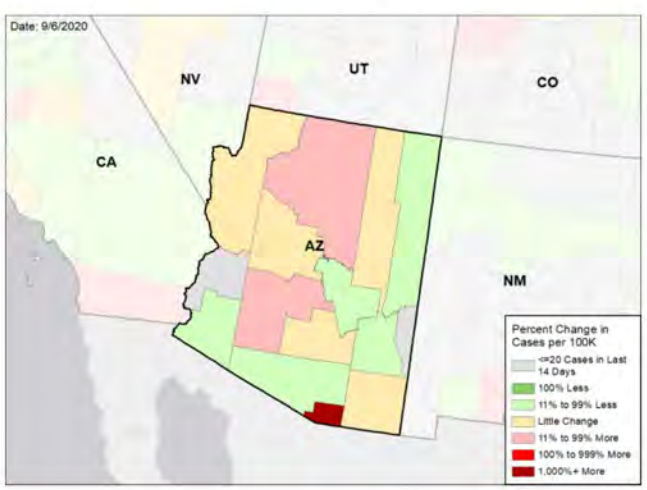
NEW CASES PER 100,000 DURING THE LAST WEEK



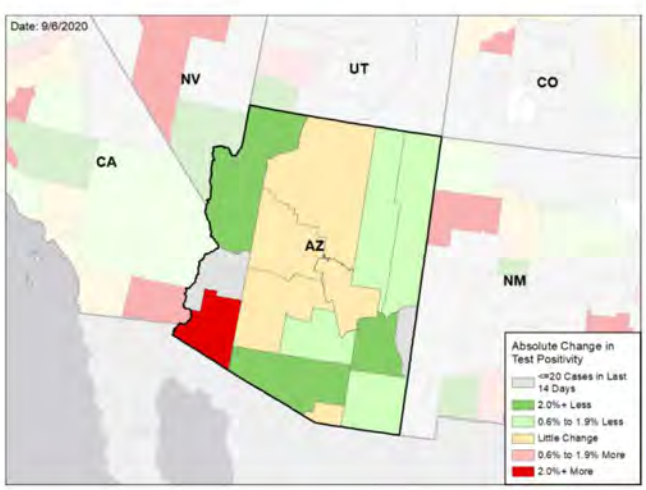
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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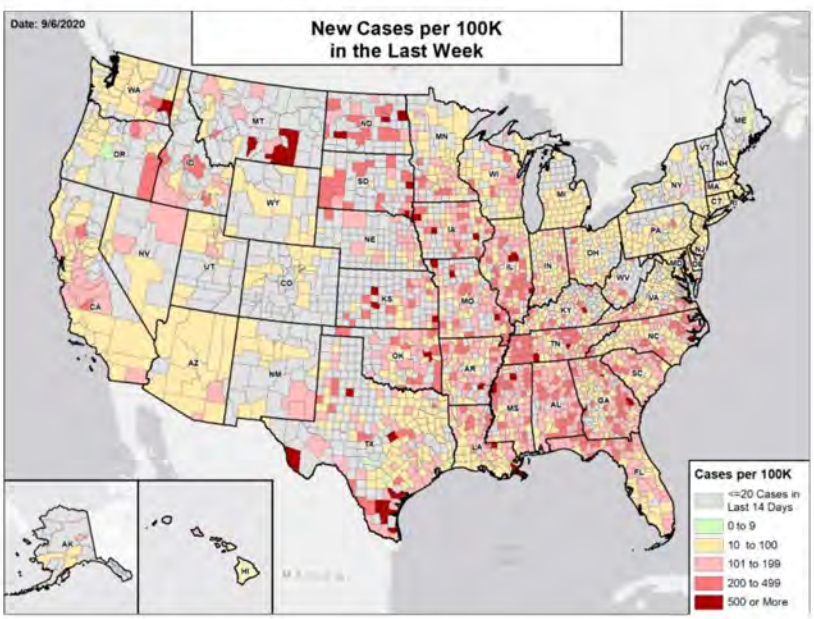
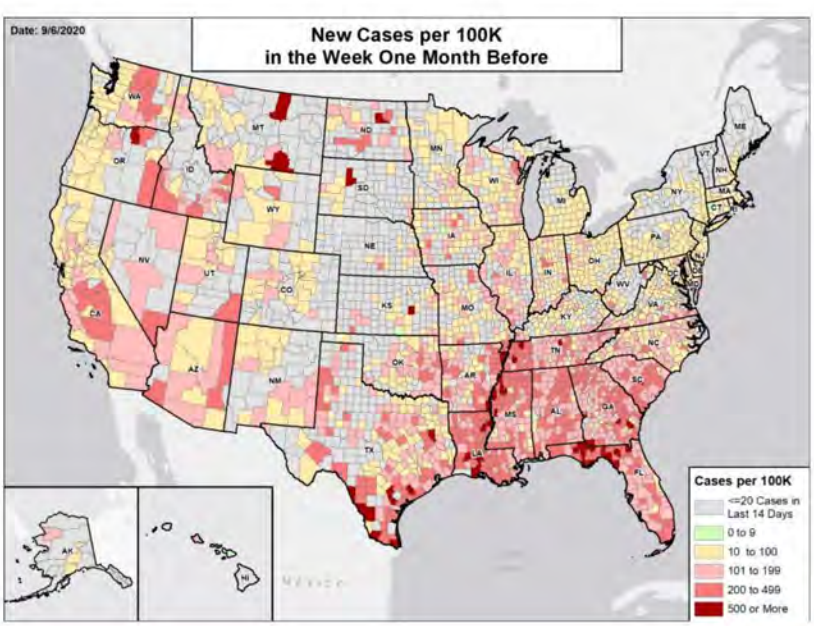
National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



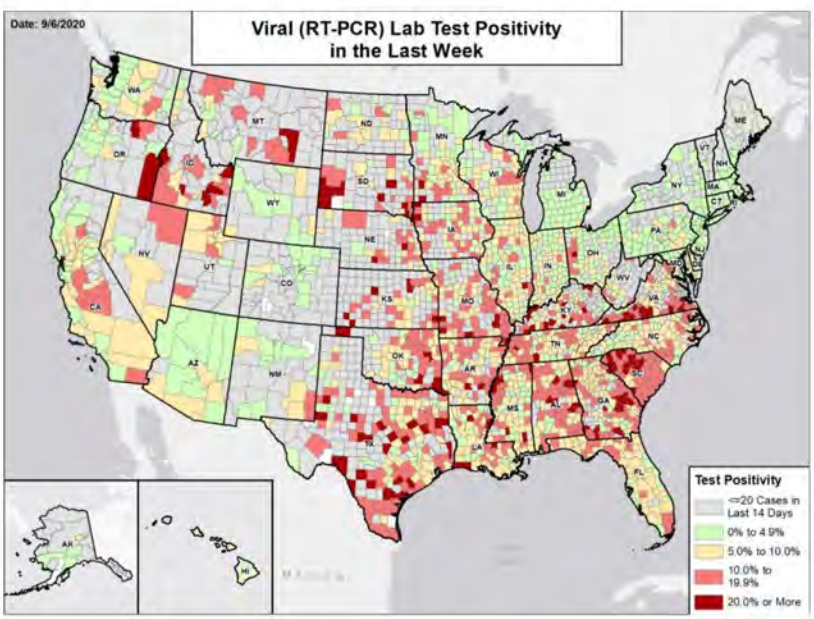
DATA SOURCES

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

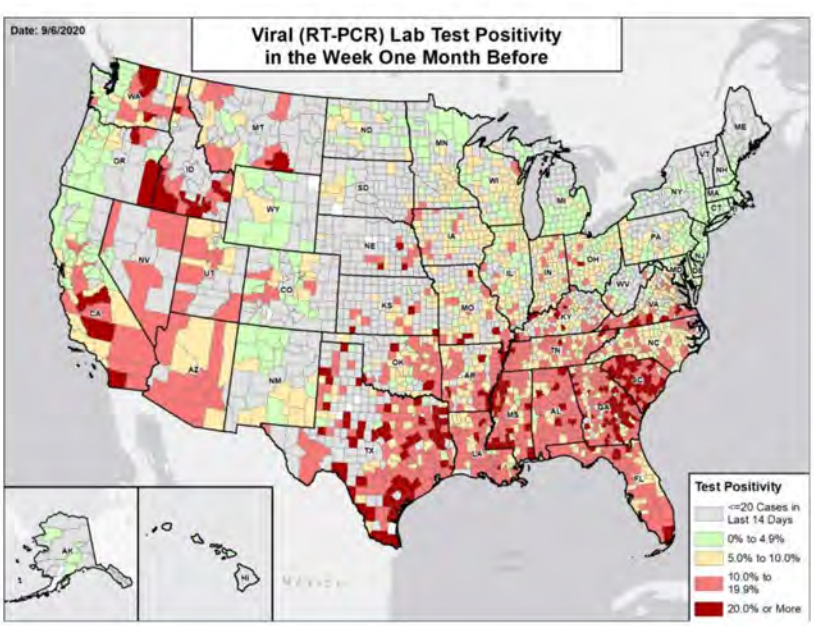
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
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- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality. 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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

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ARKANSAS

SUMMARY

- Arkansas is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, with the 6th highest rate in the country. Arkansas is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 13th highest rate in the country.
- Arkansas 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. Pulaski County, 2. Washington County, and 3. Benton County. These counties represent 25.9% of new cases in Arkansas.
- 75% of all counties in Arkansas have moderate or high levels of community transmission (yellow or red zone), with 33% having high levels of community transmission (red zone). The virus is in rural and urban areas.
- During the week of Aug 24 – Aug 30, 13% of nursing homes had at least one new resident COVID-19 case, 22% of nursing homes had at least one new staff COVID-19, and 8% of nursing homes had at least one new resident COVID-19 death.
- Arkansas 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: 5 to support operations activities from FEMA and 1 to support medical activities from VA.
- Between Aug 29 - Sep 04, on average, 46 patients with confirmed COVID-19 and 200 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Arkansas. 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

- In university settings:
  - Increase testing capacity by expanding public-private partnerships; increasing the budget and capacity of public health labs; pooling specimens where appropriate; and utilizing all university, veterinary, and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
  - Require all universities and colleges to have a plan for both rapid testing and contact tracing of symptomatic students and periodic surveillance testing of students. Ensure quick turnaround times for results and the rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent home to isolate or quarantine.
  - Recruit college and university students to expand public health messaging and contact tracing capacity and ensure protection of local communities by strict mask wearing and social distancing off campus.
  - Universities and colleges should work with various student leaders and campus media to support compliance with recommendations.
  - Consider utilizing focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor the degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- 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.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	4,596 (152)	+17.0%	45,924 (108)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.6%	-0.3%*	8.7%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	44,193** (1,464)	+4.1%**	326,348** (764)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	121 (4)	+33.0%	1,270 (3)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	13% (22%)	-5%* (-3%*)	14% (18%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	8%	-1%*	7%	5%

MOBILITY ▶

* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

ARKANSAS

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**9**	Pine Bluff Fort Smith Jonesboro Russellville Hot Springs Blytheville Texarkana Harrison Helena-West Helena	**14**	Little Rock-North Little Rock-Conway Fayetteville-Springdale-Rogers Batesville Memphis Searcy El Dorado Malvern Paragould Forrest City Hope Magnolia Camden
COUNTY LAST WEEK	**25**	Washington Sebastian Craighead Jefferson Lincoln Saline Pope Garland Mississippi Boone Stone Little River	**31**	Pulaski Benton Faulkner Crawford Crittenden Independence Lonoke White Poinsett Union Hot Spring Greene

All Yellow CBSAs: Little Rock-North Little Rock-Conway, Fayetteville-Springdale-Rogers, Batesville, Memphis, Searcy, El Dorado, Malvern, Paragould, Forrest City, Hope, Magnolia, Camden, Arkadelphia, Mountain Home

All Red Counties: Washington, Sebastian, Craighead, Jefferson, Lincoln, Saline, Pope, Garland, Mississippi, Boone, Stone, Little River, Bradley, Van Buren, Searcy, Montgomery, Phillips, Dallas, Clay, Arkansas, Izard, Desha, Franklin, Fulton, Newton

All Yellow Counties: Pulaski, Benton, Faulkner, Crawford, Crittenden, Independence, Lonoke, White, Poinsett, Union, Hot Spring, Greene, St. Francis, Miller, Carroll, Johnson, Yell, Columbia, Chicot, Cross, Polk, Drew, Clark, Howard, Baxter, Randolph, Ouachita, Grant, Pike, Lawrence, Madison

*** 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 9/4/2020; last week is 8/29 - 9/4, three weeks is 8/15 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2.

ARKANSAS

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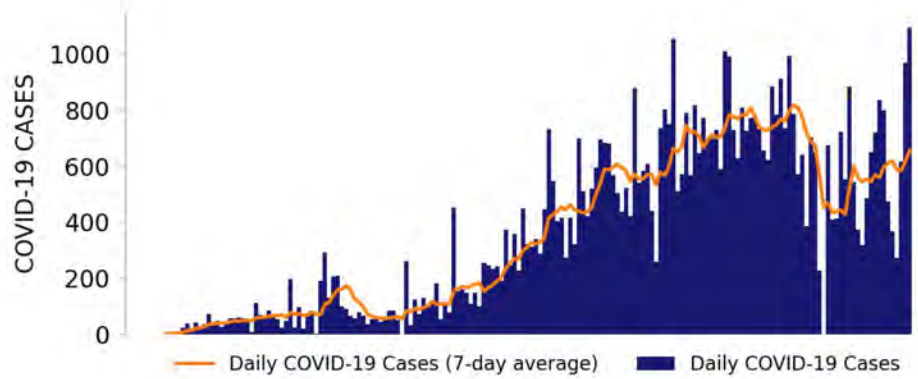
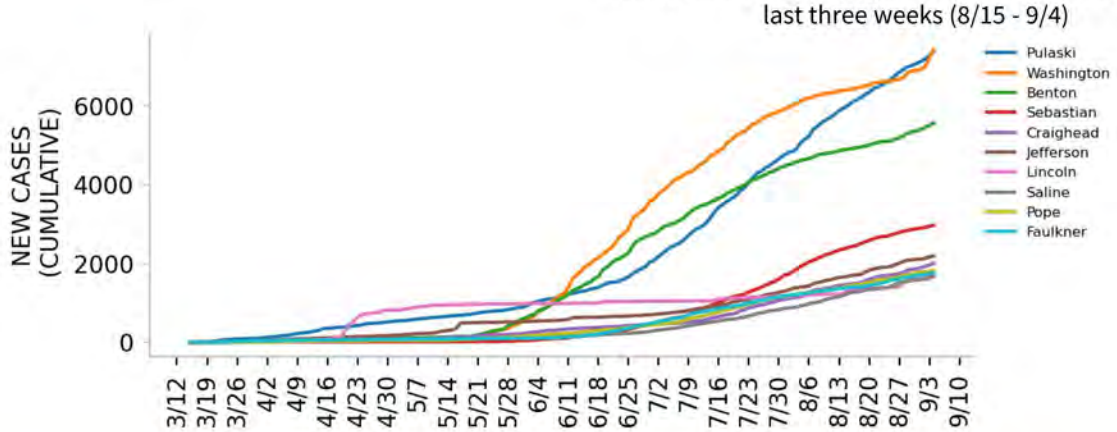
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/15 - 9/4)



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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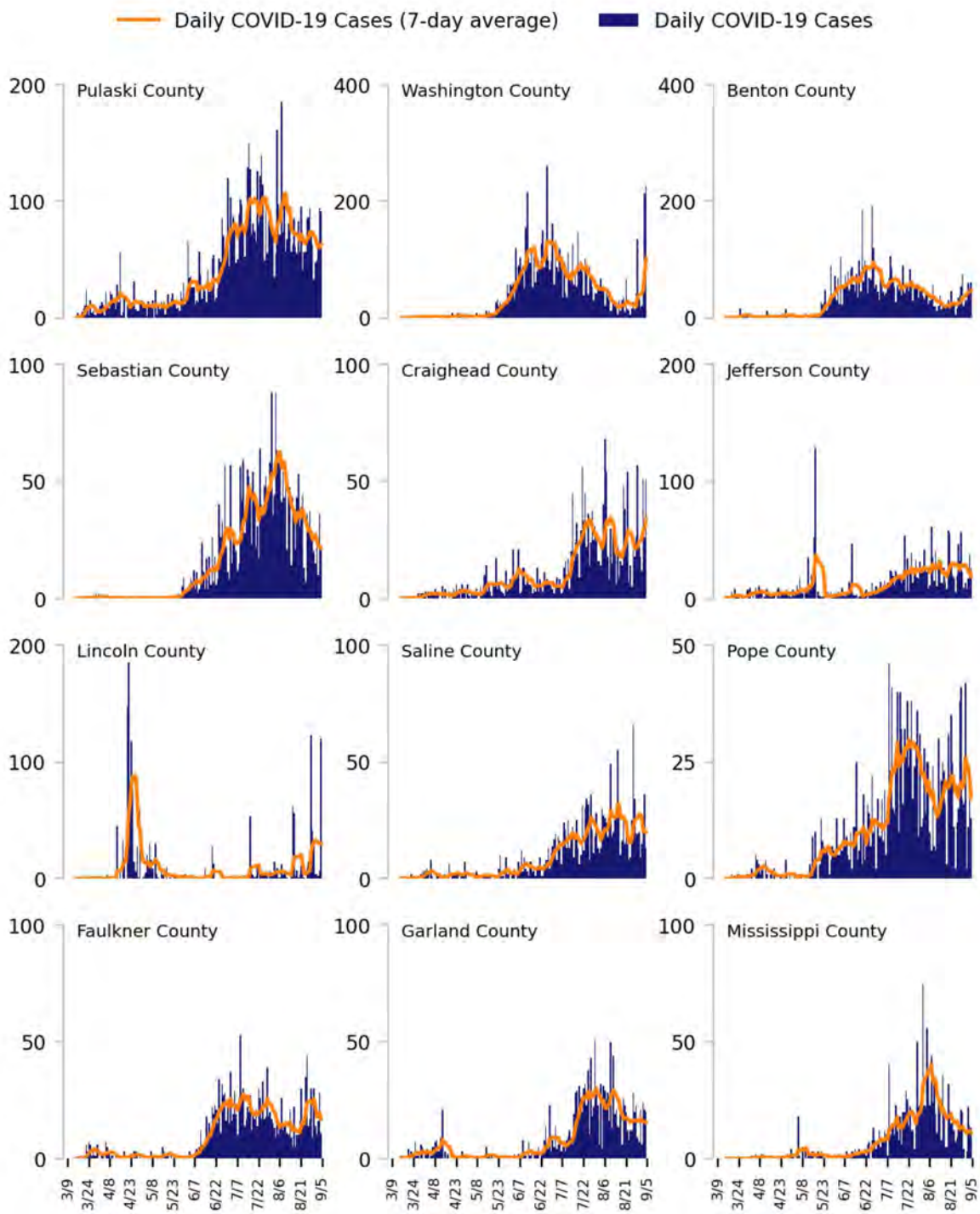
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020.

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



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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 9/4/2020. Last 3 weeks is 8/15 - 9/4.

ARKANSAS

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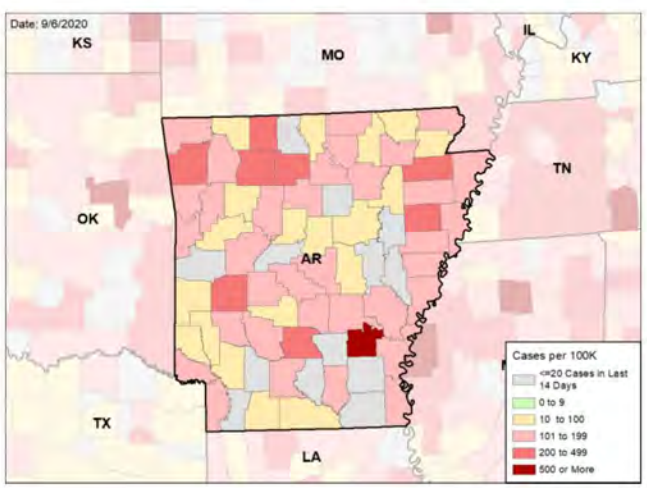
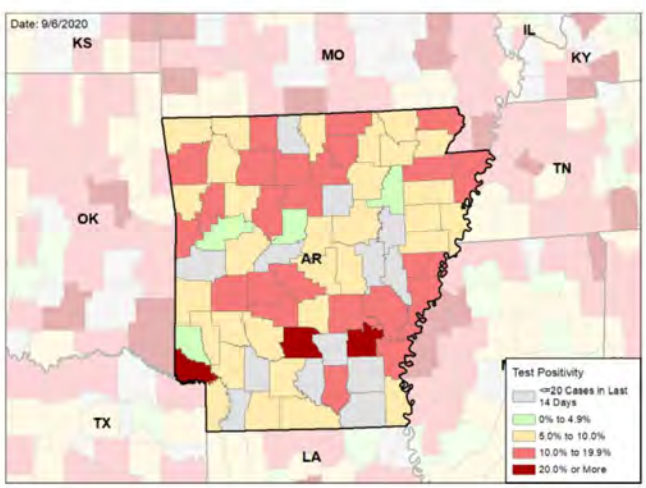
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

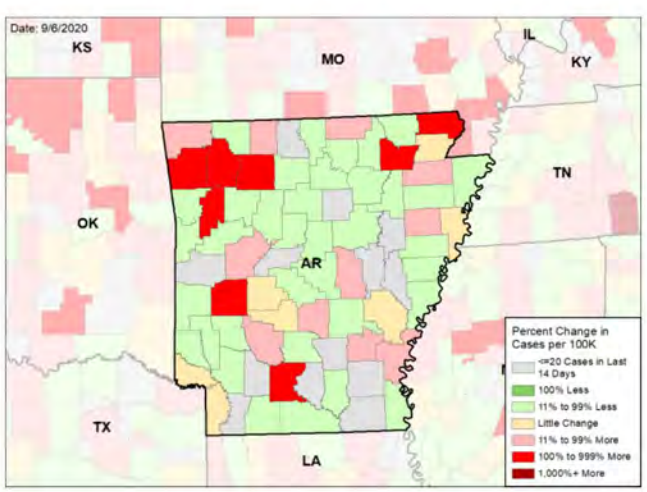
NEW CASES PER 100,000 DURING THE LAST WEEK



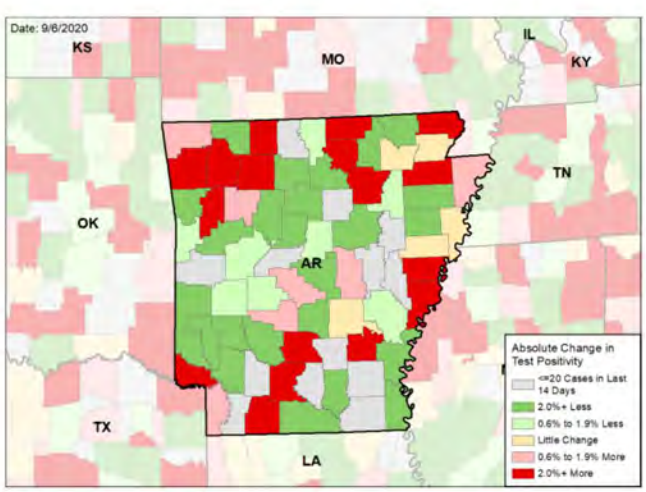
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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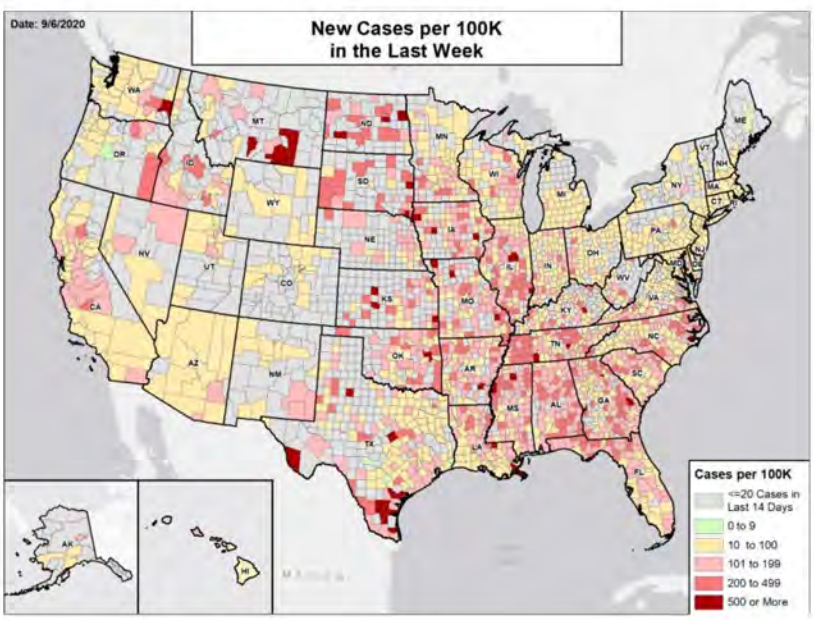
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/4/2020. Last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

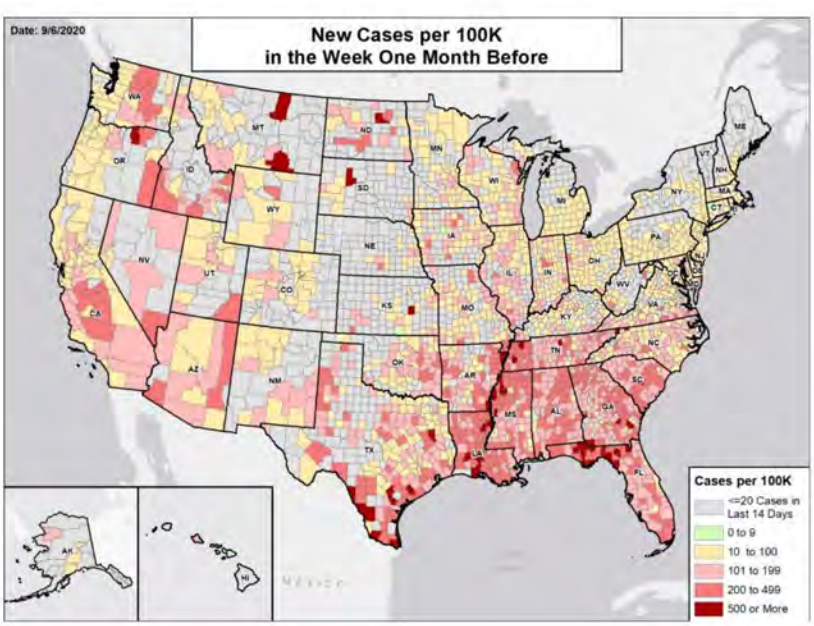
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



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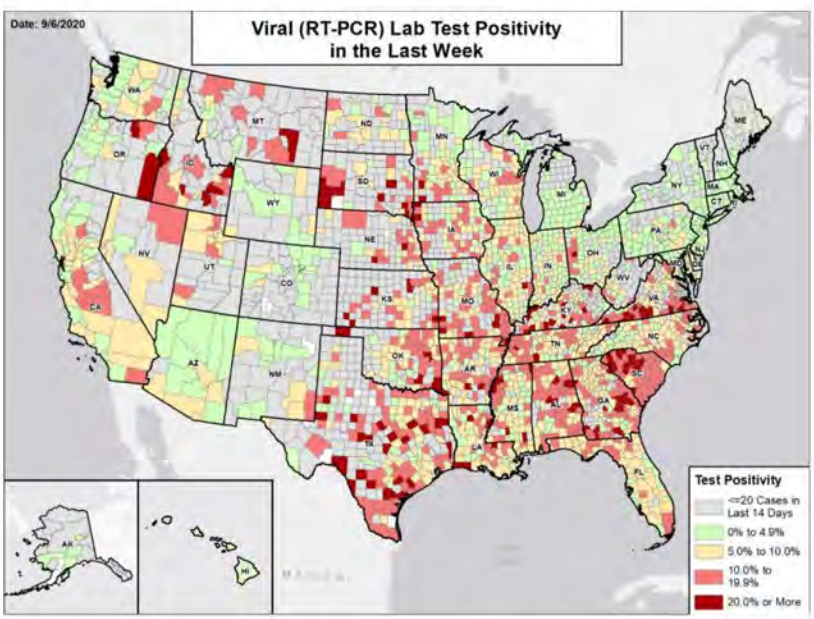
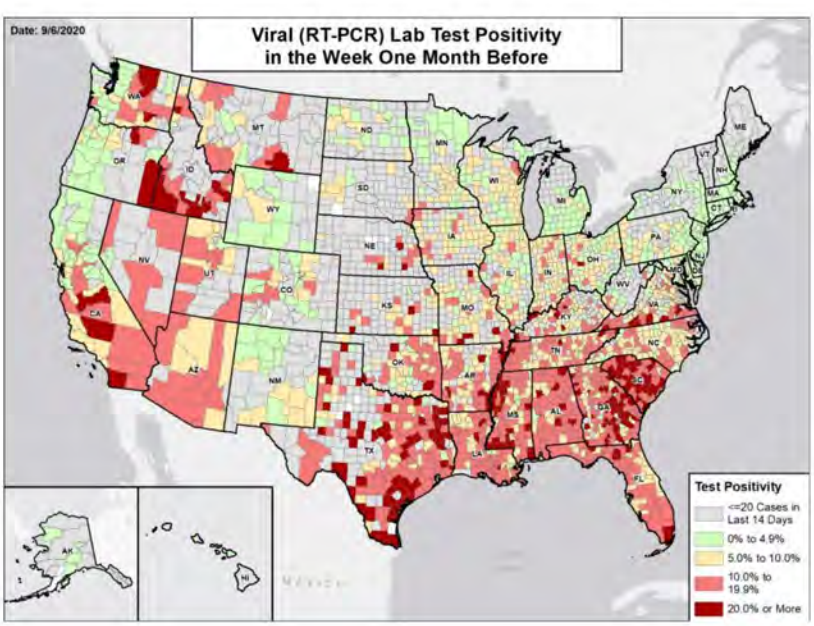
National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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METHODS

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

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 8/17-8/23, previous week is 8/24-8/30.

STATE REPORT
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CALIFORNIA

SUMMARY

- California 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. California is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 26th highest rate in the country.
- California has seen a decrease in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Los Angeles County, 2. San Bernardino County, and 3. Riverside County. These counties represent 38.3% of new cases in California.
- Overall cases continue to decline, but viral transmission continues to occur throughout the state. Newly reported cases declined in the majority of counties throughout the state, while remaining higher in inland areas of Southern California and some coastal counties in Central and Northern California. The Central Valley continued to be the most affected region.
- Institutions of higher education have been impacted. Chico State University closed its dorms after Butte County reported nearly 500 cases in the 18-24 year age group during the first week of classes; test positivity jumped sharply. San Diego State University moved classes online for 4 weeks due to increased cases among off campus students. In the week of August 29, University of Southern California reported 125 (27.5%) of symptomatic students tested were positive, as were 62 (2.5%) of surveillance tests done among students.
- 48% of all counties in California have moderate or high levels of community transmission (yellow or red zone), with 12% having high levels of community transmission (red zone).
- During the week of Aug 24 – Aug 30, 8% of nursing homes had at least one new resident COVID-19 case, 14% of nursing homes had at least one new staff COVID-19 case, and 5% of nursing homes had at least one new resident COVID-19 death.
- California had 86 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: 60 to support medical activities from DOD; 10 to support operations activities from DOD; 141 to support operations activities from FEMA; 11 to support operations activities from ASPR; 3 to support testing activities from CDC; 6 to support epidemiology activities from CDC; 3 to support operations activities from CDC; and 266 to support operations activities from USCG.
- The federal government has supported a surge testing site in Bakersfield, CA.
- Between Aug 29 - Sep 04, on average, 413 patients with confirmed COVID-19 and 635 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in California. 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

- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- Recommendations specific to institutions of higher education (IHE) are highlighted below given the concerning trends nationally and the need to intensify efforts to control COVID-19 among university students and minimize spread to local communities.
- IHE should increase testing capacity by expanding public-private partnerships; increasing the budget and capacity of public health labs; pooling specimens where appropriate; and utilizing all university, veterinary and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Require all universities and colleges to have a plan for both rapid testing and contact tracing of symptomatic students and periodic surveillance testing of students, with quick turnaround times for results, and rapid isolation of cases and quarantine of contacts; residential cases and contacts should not be sent home to isolate or quarantine.
- Recruit college and university students to expand public health messaging and contact tracing capacity and protect local communities by strict mask wearing and social distancing off campus.
- Universities and colleges must work with various student leaders and campus media to support compliance with recommendations.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- University students with or exposed to COVID-19 must have isolation, 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 conduct contact tracing in collaboration with local public health authorities. Support university officials in messaging to students about the importance of full cooperation.
- Ensure all nursing homes, assisted living, and elderly care sites follow CMS staff testing requirements and, if cases within local universities rise, increase testing even further to prevent spread from students to residents through staff. Expanding nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- 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 university public-facing dashboards.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

CALIFORNIA

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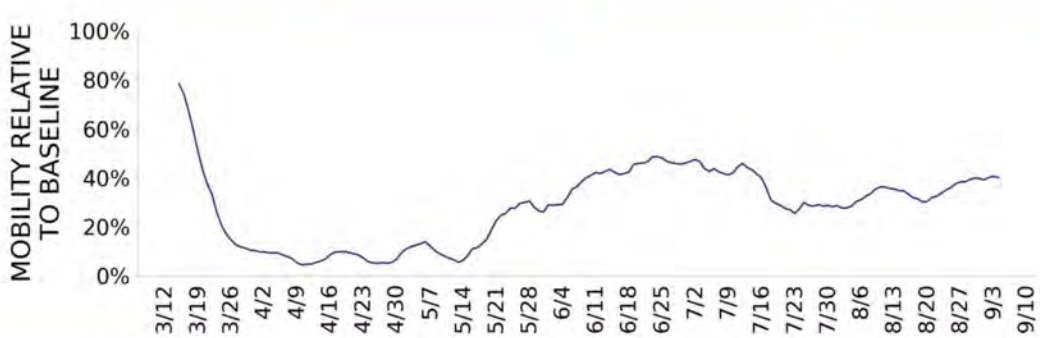
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	33,792 (86)	-10.8%	42,290 (82)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.3%	-0.4%*	5.4%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	924,542** (2,340)	+15.9%**	1,072,557** (2,091)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	821 (2)	-3.9%	1,125 (2)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	8% (14%)	-8%* (-13%*)	8% (16%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	-4%*	5%	5%

MOBILITY ▶



* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**7**	Fresno Modesto Visalia Merced Hanford-Corcoran El Centro Chico	**12**	Riverside-San Bernardino-Ontario Sacramento-Roseville-Folsom Bakersfield Stockton Salinas Santa Rosa-Petaluma Oxnard-Thousand Oaks-Ventura Santa Maria-Santa Barbara Vallejo Madera Yuba City Clearlake
COUNTY LAST WEEK	**7**	Fresno Stanislaus Tulare Merced Kings Imperial Butte	**21**	San Bernardino Riverside Sacramento Kern Contra Costa San Joaquin Monterey Sonoma Ventura Santa Barbara Solano Madera

All Yellow Counties: San Bernardino, Riverside, Sacramento, Kern, Contra Costa, San Joaquin, Monterey, Sonoma, Ventura, Santa Barbara, Solano, Madera, Placer, Yolo, Sutter, San Benito, Yuba, Calaveras, Lake, Glenn, Colusa

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and 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 9/4/2020; last week is 8/29 - 9/4, three weeks is 8/15 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2.

CALIFORNIA

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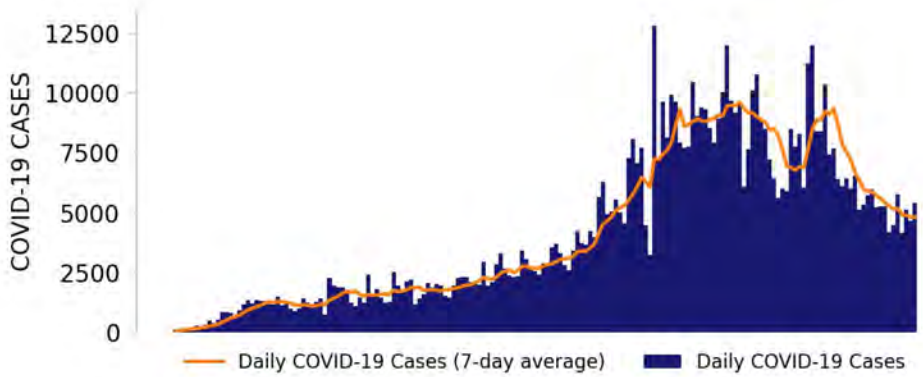
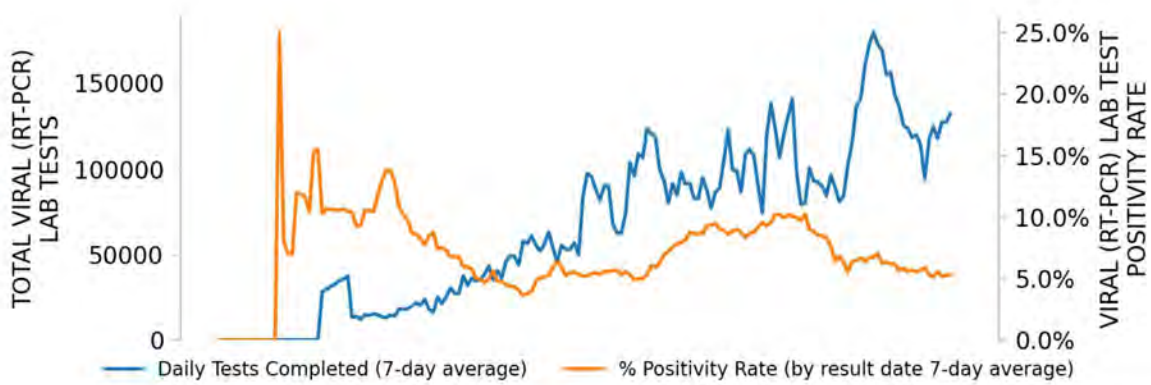
NEW CASES

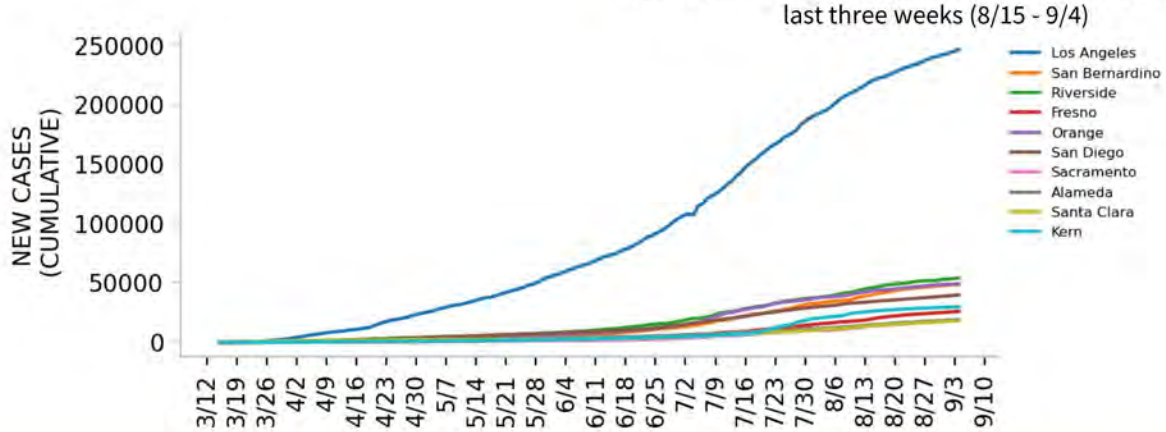


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/15 - 9/4)



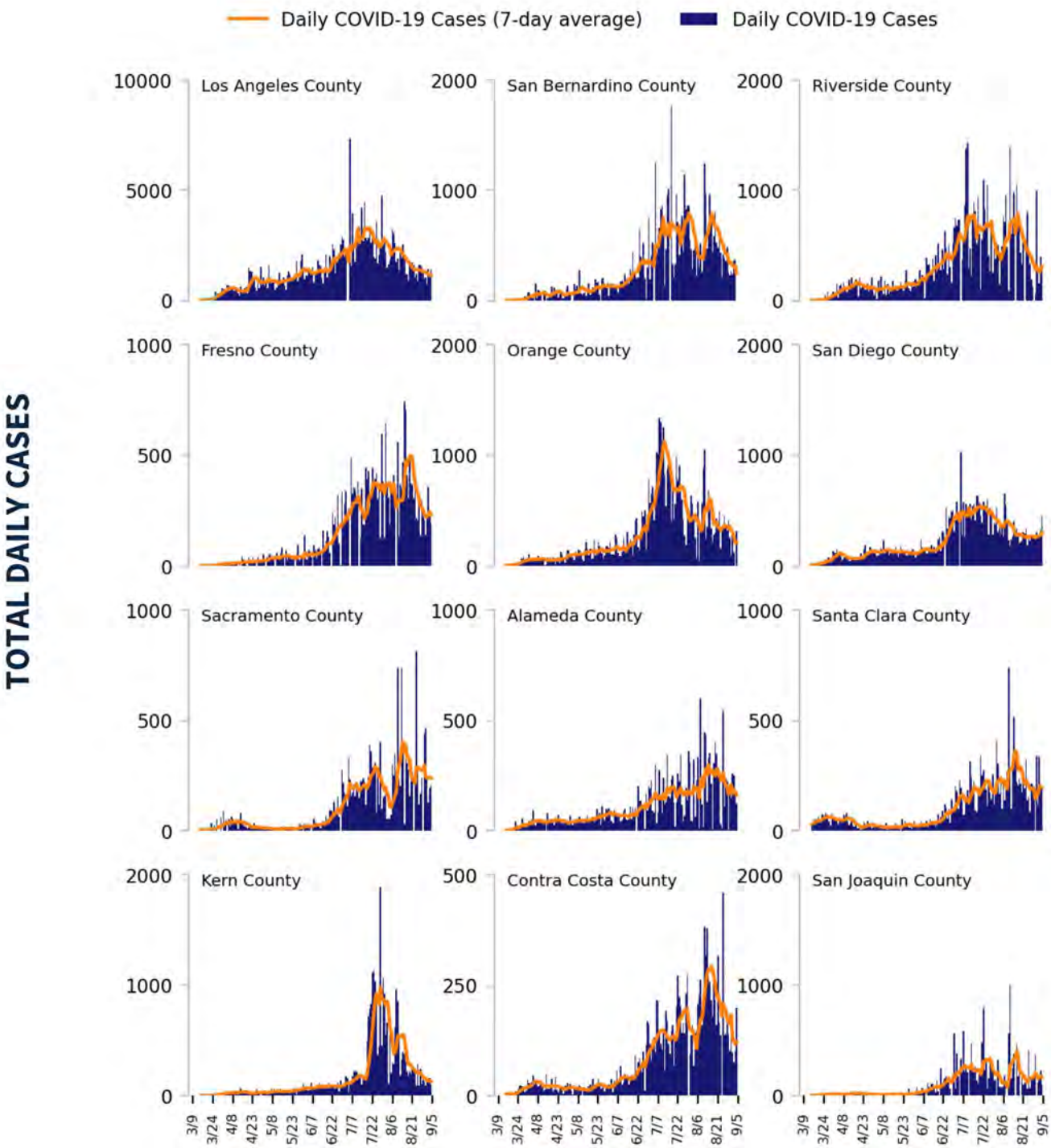
DATA SOURCES – Additional data details available under METHODS

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 9/4/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020.

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 9/4/2020. Last 3 weeks is 8/15 - 9/4.

CALIFORNIA

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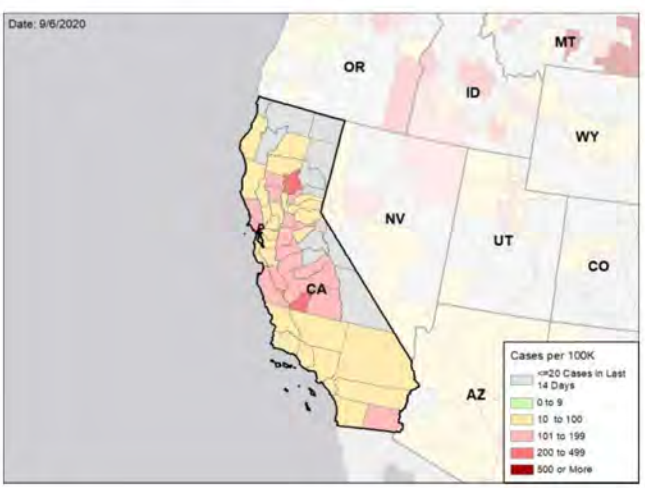
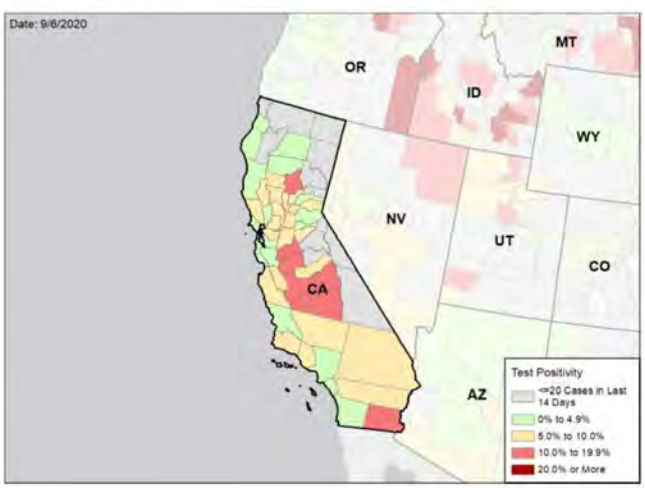
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

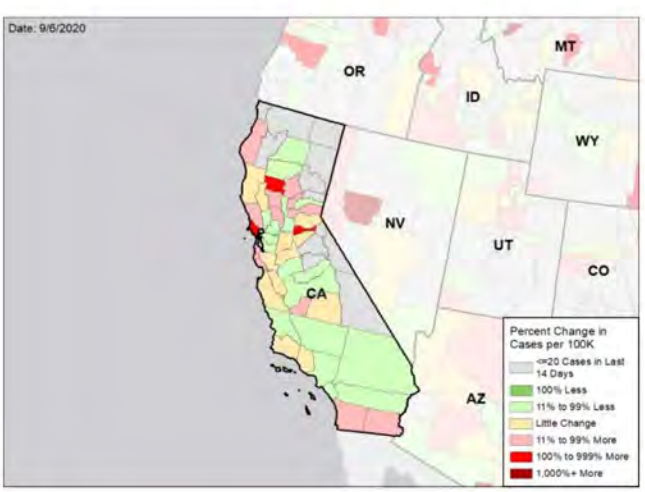
NEW CASES PER 100,000 DURING THE LAST WEEK



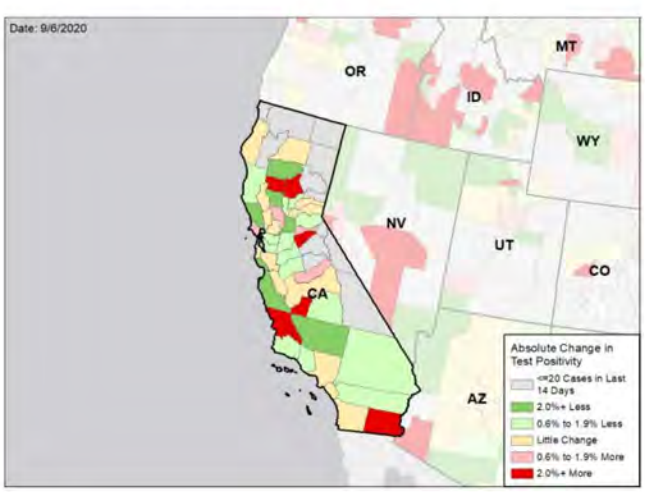
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

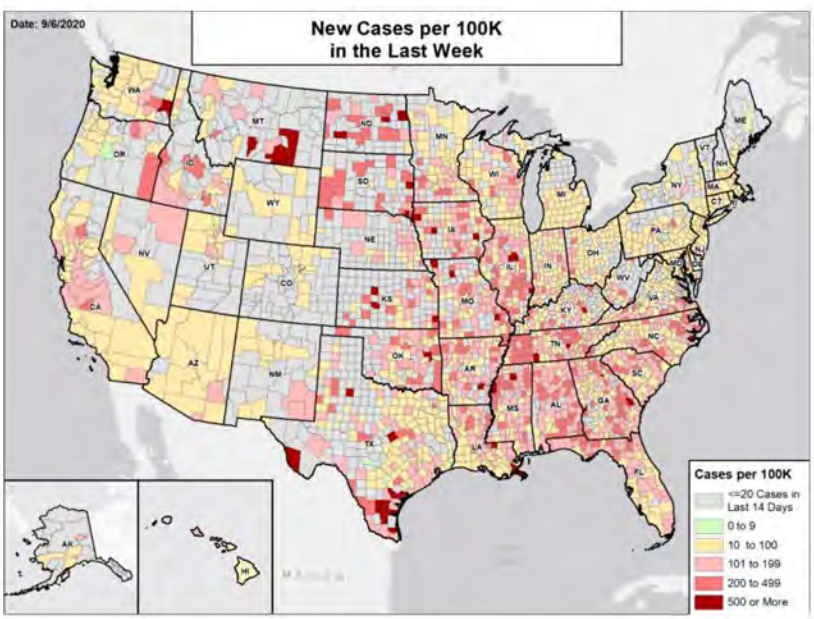
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/4/2020. Last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

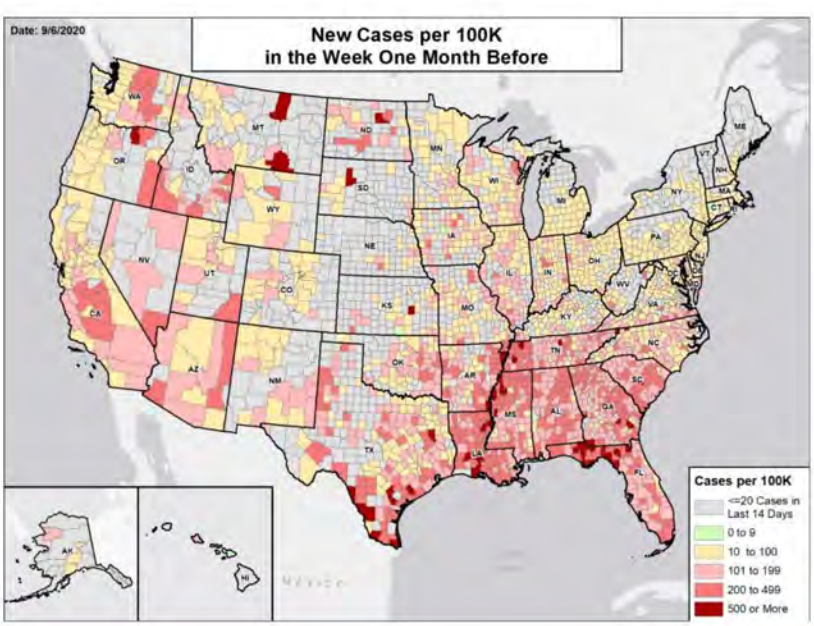
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



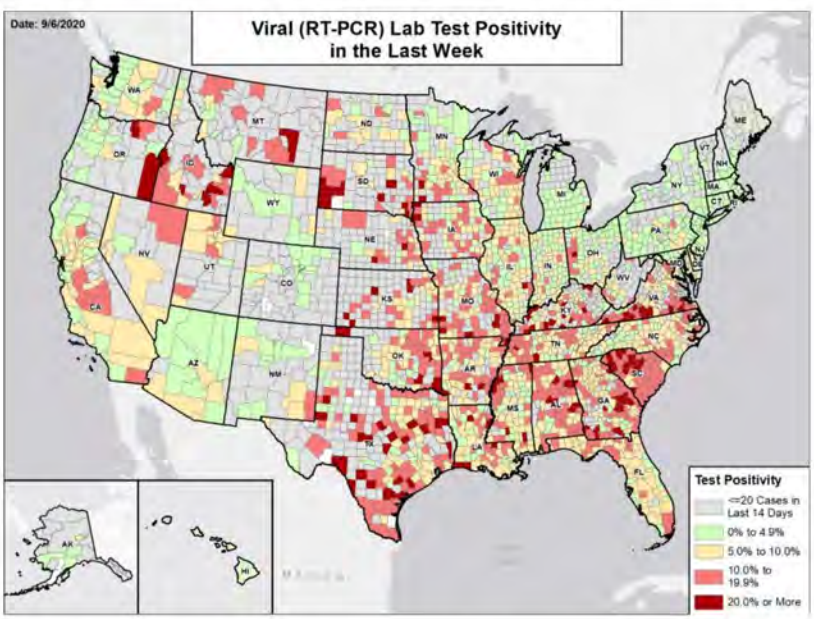
DATA SOURCES

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

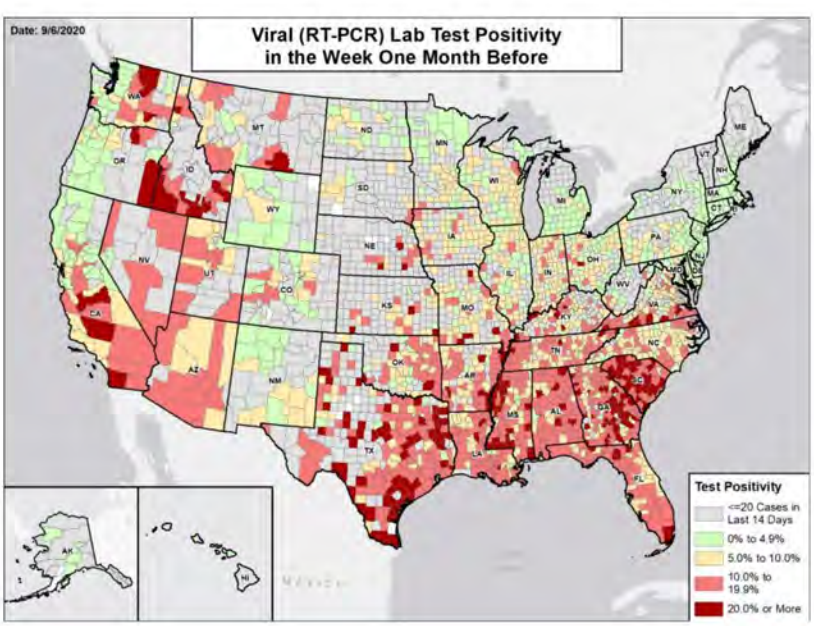
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

STATE REPORT
09.06.2020

COLORADO

SUMMARY

- Colorado 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. Colorado is in the green zone for test positivity, indicating a rate below 5%, with the 38th highest rate in the country.
- Colorado has seen a decrease 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, and in counties west of these areas. The following three counties had the highest number of new cases over the last 3 weeks: 1. Adams County, 2. Denver County, and 3. El Paso County. These counties represent 44.0% of new cases in Colorado.
- Colorado continues to transparently report outbreaks at schools and institutes of higher education (IHE) on the state's website (a best practice). Colorado College has responded to residential case clusters by moving most classes online; UC Boulder is investigating 4 residence halls after signals were detected through wastewater surveillance. Other previous university outbreaks have resolved.
- 3% of all counties in Colorado have moderate or high levels of community transmission (yellow or red zone), with none having high levels of community transmission (red zone).
- During the week of Aug 24 – Aug 30, 4% of nursing homes had at least one new resident COVID-19 case, 6% of nursing homes had at least one new staff COVID-19 case, and 1% of nursing homes had at least one new resident COVID-19 death.
- Colorado had 33 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: 67 to support operations activities from FEMA; 4 to support operations activities from ASPR; and 1 to support operations activities from USCG.
- Between Aug 29 - Sep 04, on average, 20 patients with confirmed COVID-19 and 72 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Colorado. An average of 84% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- Recommendations specific to institutions of higher education (IHE) are highlighted below given the concerning trends nationally and the need to intensify efforts to control COVID-19 among university students and minimize spread to local communities.
- IHE should increase testing capacity by expanding public-private partnerships; increasing the budget and capacity of public health labs; pooling specimens where appropriate; and utilizing all university, veterinary and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Require all universities and colleges to have a plan for both rapid testing and contact tracing of symptomatic students and periodic surveillance testing of students, with quick turnaround times for results, and rapid isolation of cases and quarantine of contacts; residential cases and contacts should not be sent home to isolate or quarantine.
- Recruit college and university students to expand public health messaging and contact tracing capacity and protect local communities by strict mask wearing and social distancing off campus.
- Universities and colleges must work with various student leaders and campus media to support compliance with recommendations.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- University students with or exposed to COVID-19 must have isolation, quarantine and care sites on or near campus and not be returned home to multigenerational households where additional transmission could occur.
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- Ensure all nursing homes, assisted living, and elderly care sites follow CMS staff testing requirements and, if cases within local universities rise, increase testing even further to prevent spread from students to residents through staff. Expanding nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- 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 university public-facing dashboards.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

COLORADO

STATE REPORT | 09.06.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	1,884 (33)	-13.8%	9,904 (81)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	2.9%	-0.3%*	6.3%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	59,633** (1,036)	-3.5%**	172,169** (1,404)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	29 (1)	+7.4%	76 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	4% (6%)	+2%* (-1%*)	5% (11%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	+0%*	1%	5%

MOBILITY ▶

* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

COLORADO

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	0	N/A	0	N/A
COUNTY LAST WEEK	0	N/A	2	Garfield Delta

*** 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 9/4/2020; last week is 8/29 - 9/4, three weeks is 8/15 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2.

COLORADO

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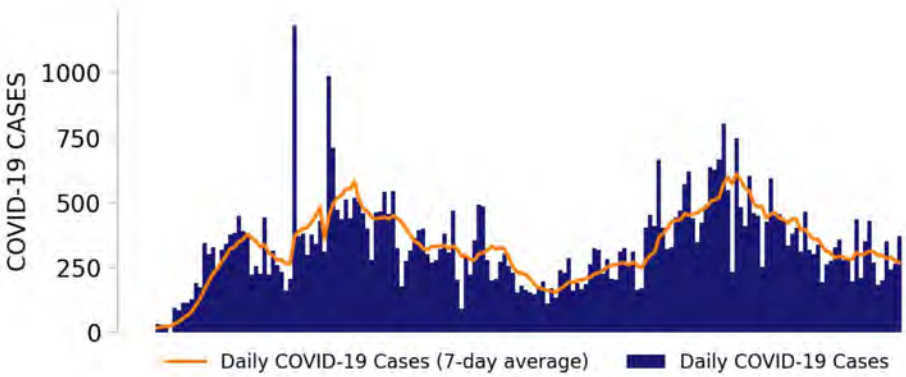
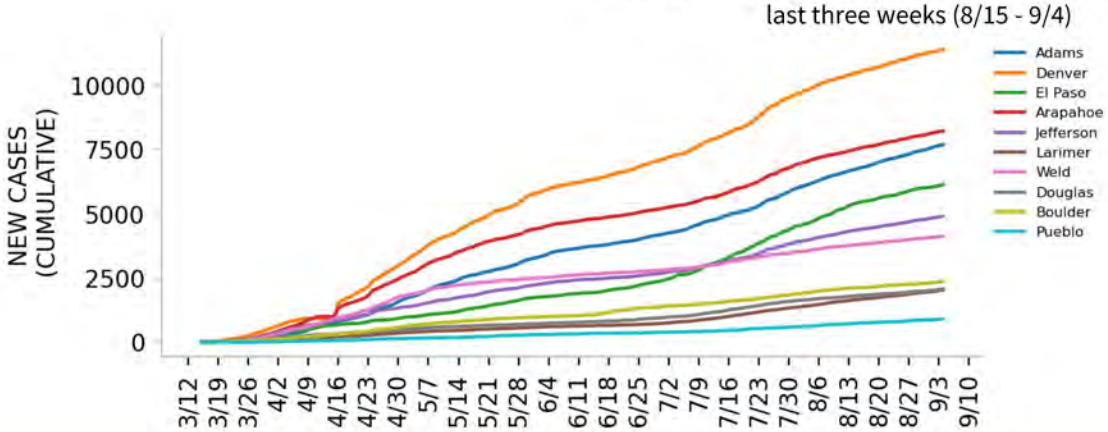
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/15 - 9/4)



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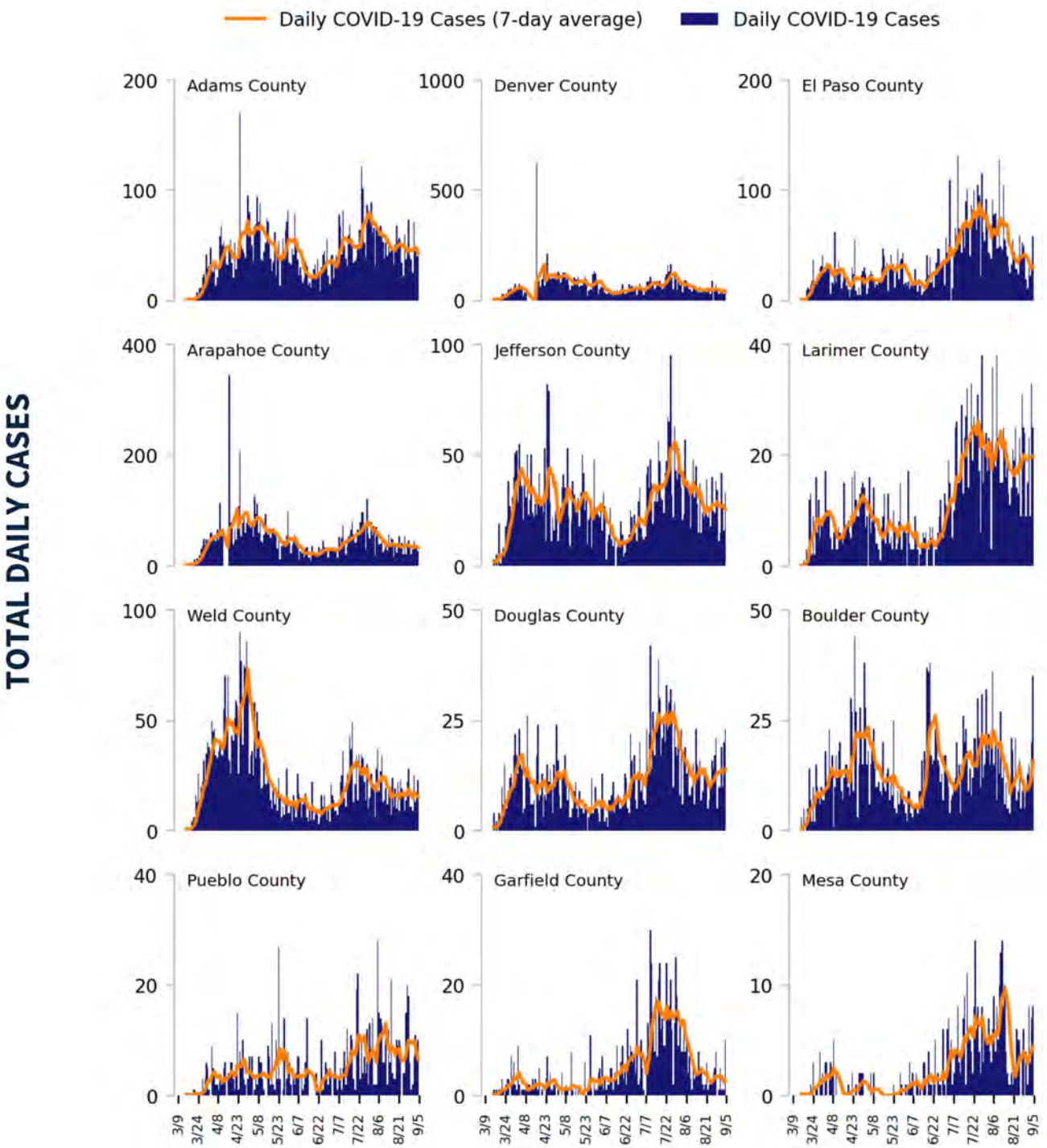
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020.

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



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COLORADO

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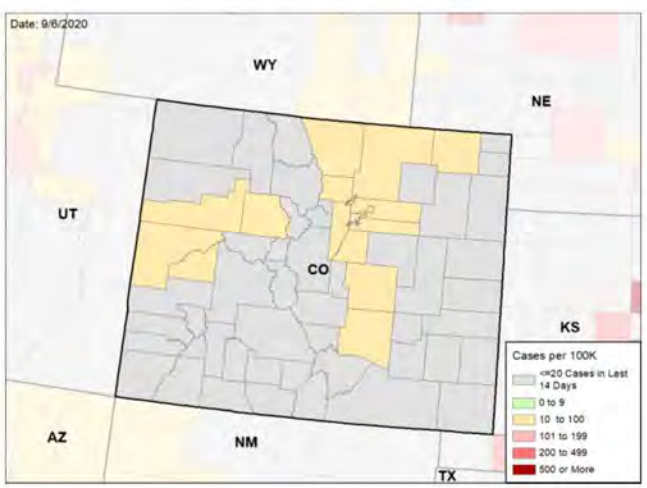
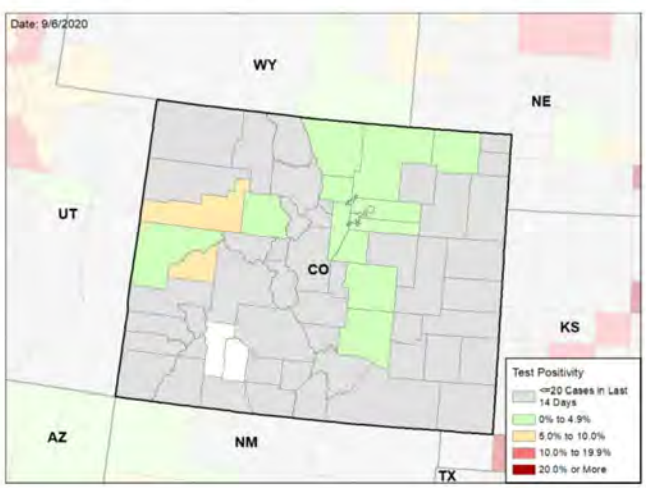
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

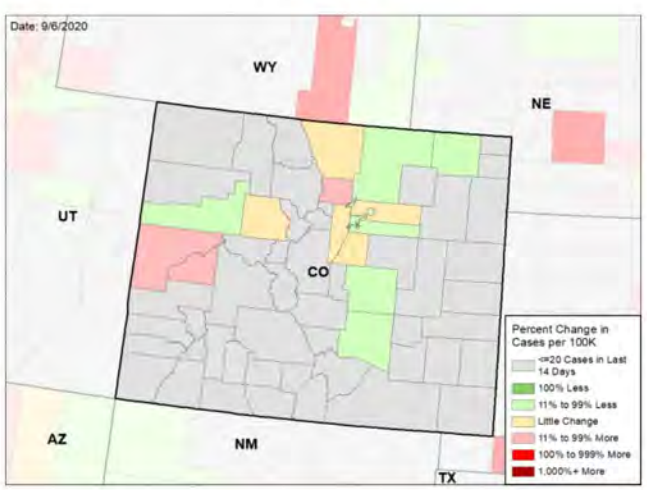
NEW CASES PER 100,000 DURING THE LAST WEEK



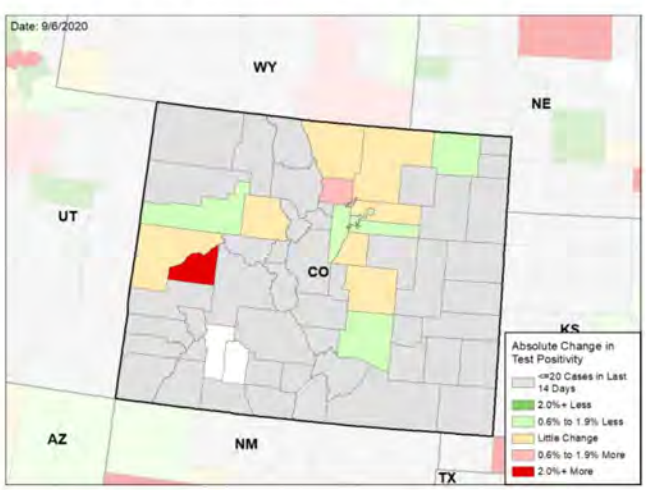
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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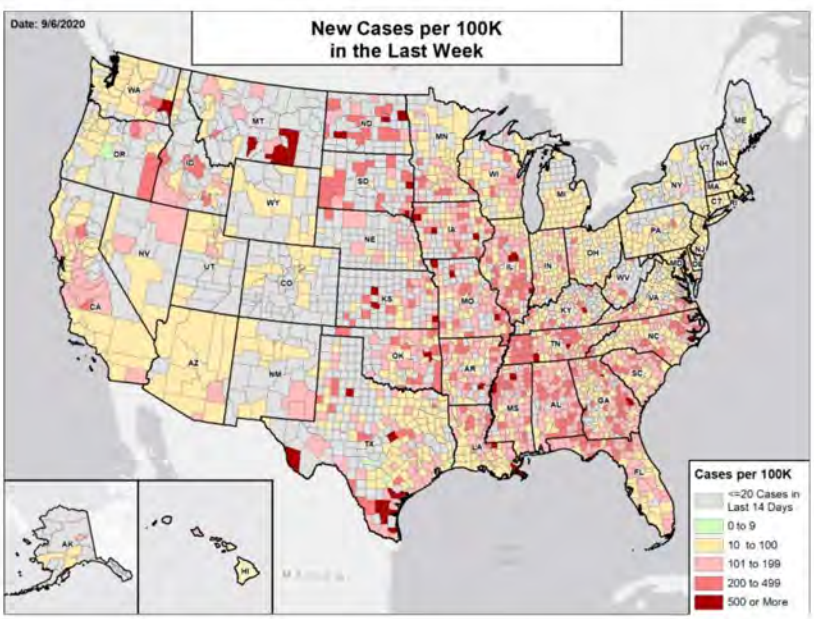
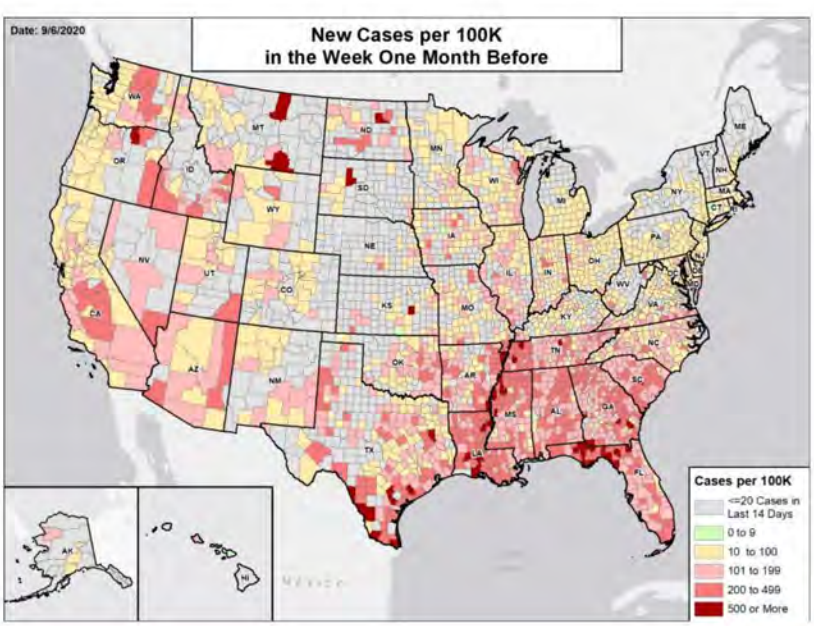
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



DATA SOURCES

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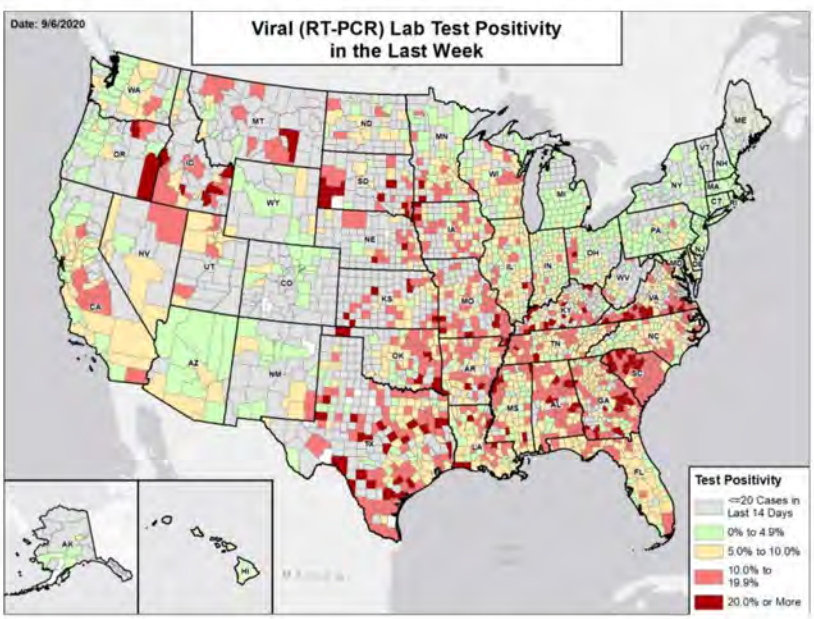
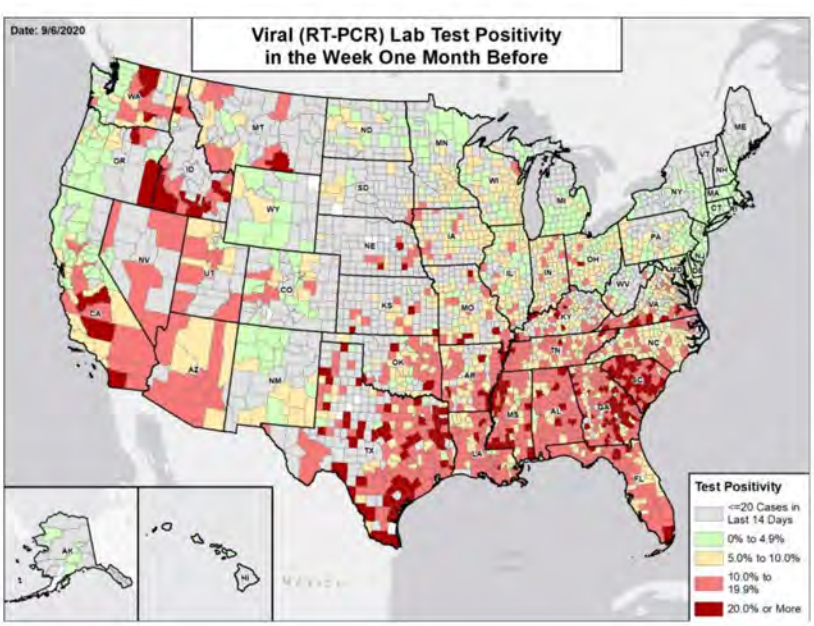
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

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CONNECTICUT

SUMMARY

- Connecticut 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. Connecticut is in the green zone for test positivity, indicating a rate below 5%, with the 47th highest rate in the country.
- Connecticut has seen a decrease in new cases and stability in test positivity over the last week. While cases in other age groups continue to decline, cases in young adults have risen. Approximately half of recent cases were among people younger than 30 years old, with 25% of the cases occurring in the 20-29 age group.
- 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 85.6% of new cases in Connecticut. Fairfield County's outbreak Danbury is improving.
- UC Storrs continues to report moderate numbers of new cases (89 cumulatively). Small clusters have been reported at other institutions of higher education (IHE).
- Wastewater surveillance has picked up a signal in Stamford (Fairfield County) and the mayor has issued an alert. The UConn campus in Stamford has had no infections among residential students (fewer than 300 total) but 4 cases detected among commuter students.
- No counties in Connecticut have moderate or high levels of community transmission (yellow or red zone).
- During the week of Aug 24 – Aug 30, 2% of nursing homes had at least one new resident COVID-19 case, 6% of nursing homes had at least one new staff COVID-19 case, and 2% of nursing homes had at least one new resident COVID-19 death.
- Connecticut 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: 2 to support operations activities from FEMA; 7 to support operations activities from USCG; and 1 to support operations activities from VA.
- Between Aug 29 - Sep 04, on average, 11 patients with confirmed COVID-19 and 63 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

- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- Recommendations specific to IHE are highlighted below given the concerning trends nationally and the need to intensify efforts to control COVID-19 among university students and minimize spread to local communities.
- IHE should increase testing capacity by expanding public-private partnerships; increasing the budget and capacity of public health labs; pooling specimens where appropriate; and utilizing all university, veterinary and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Require all universities and colleges to have a plan for both rapid testing and contact tracing of symptomatic students and periodic surveillance testing of students, with quick turnaround times for results, and rapid isolation of cases and quarantine of contacts; residential cases and contacts should not be sent home to isolate or quarantine.
- Recruit college and university students to expand public health messaging and contact tracing capacity and protect local communities by strict mask wearing and social distancing off campus.
- Universities and colleges must work with various student leaders and campus media to support compliance with recommendations.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- University students with or exposed to COVID-19 must have isolation, 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 conduct contact tracing in collaboration with local public health authorities. Support university officials in messaging to students about the importance of full cooperation.
- Ensure all nursing homes, assisted living, and elderly care sites follow CMS staff testing requirements and, if cases within local universities rise, increase testing even further to prevent spread from students to residents through staff. Expanding nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- 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 university public-facing dashboards.
- Consider development of a public-facing state dashboard to track COVID-19 cases in schools, which could include primary, secondary, and college level reports. Defined communication channels, regarding cases in schools, would serve to facilitate a return to in-person instruction.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

CONNECTICUT

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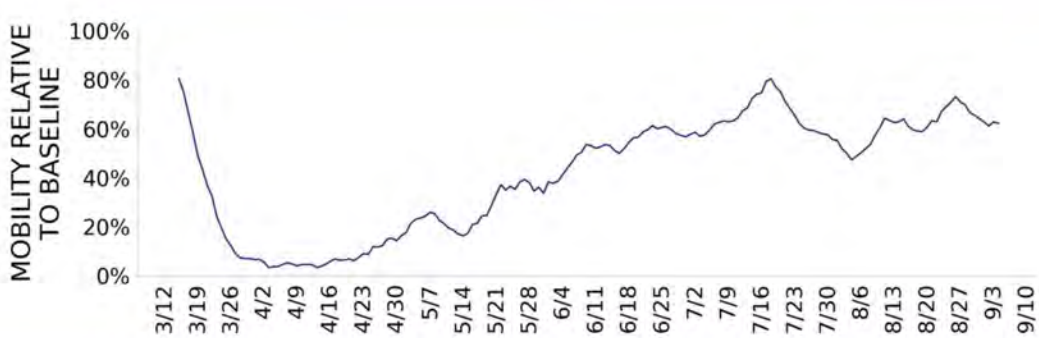
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	870 (24)	-10.9%	4,414 (30)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.1%	-0.1%*	1.0%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	53,325** (1,496)	-1.9%**	431,543** (2,907)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	5 (0)	-16.7%	92 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	2% (6%)	-1%* (+2%*)	3% (7%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	-1%*	2%	5%

MOBILITY ▶



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS

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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

CONNECTICUT

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	0	N/A	0	N/A
COUNTY LAST WEEK	0	N/A	0	N/A

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

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

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CONNECTICUT

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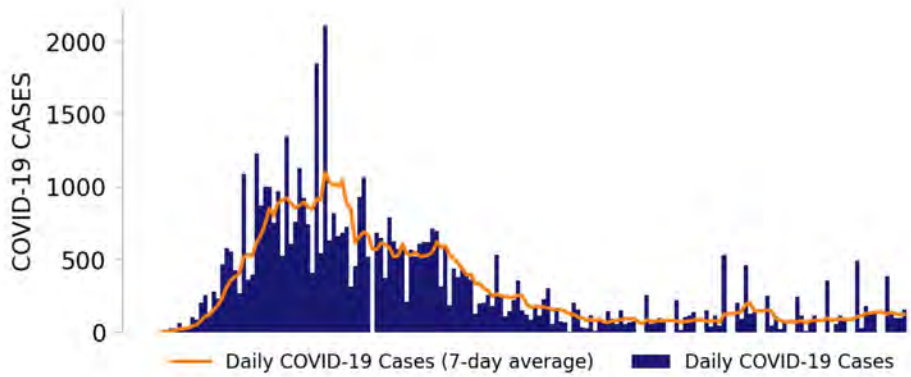
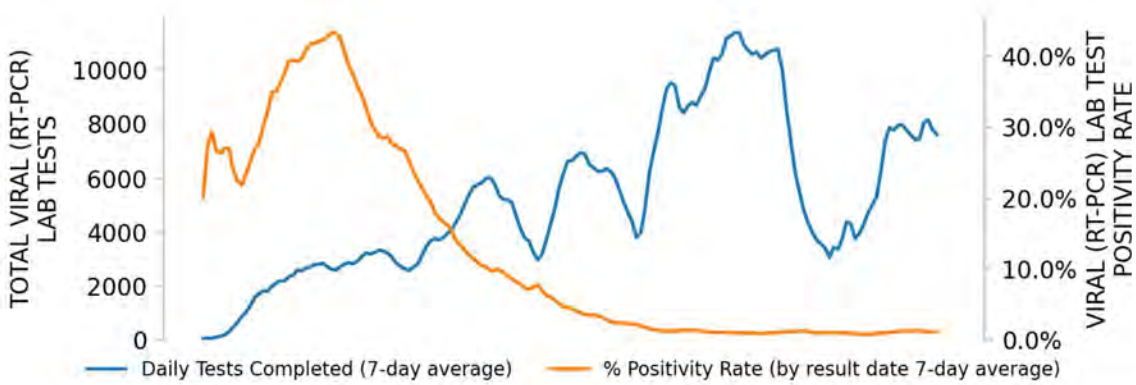
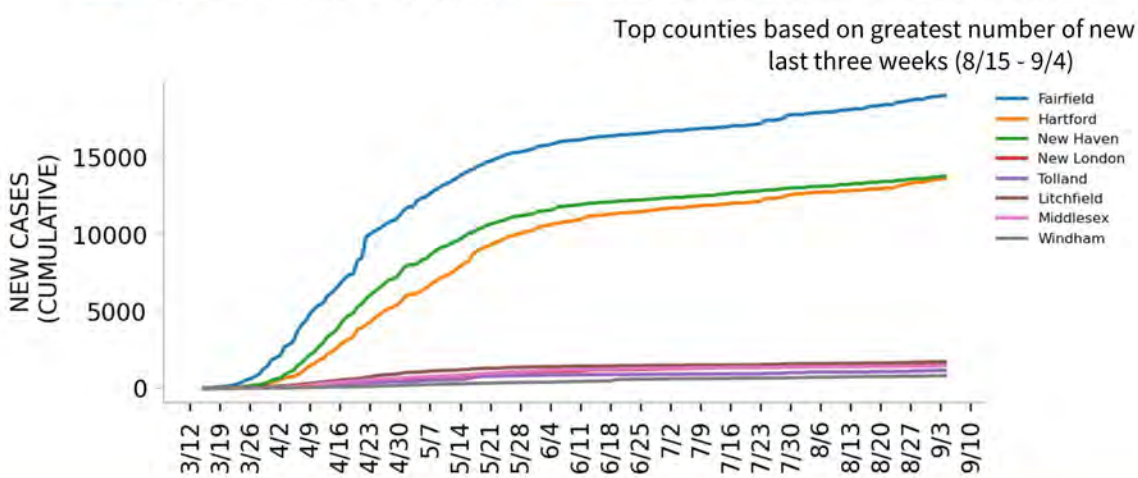
NEW CASES



TESTING



TOP COUNTIES



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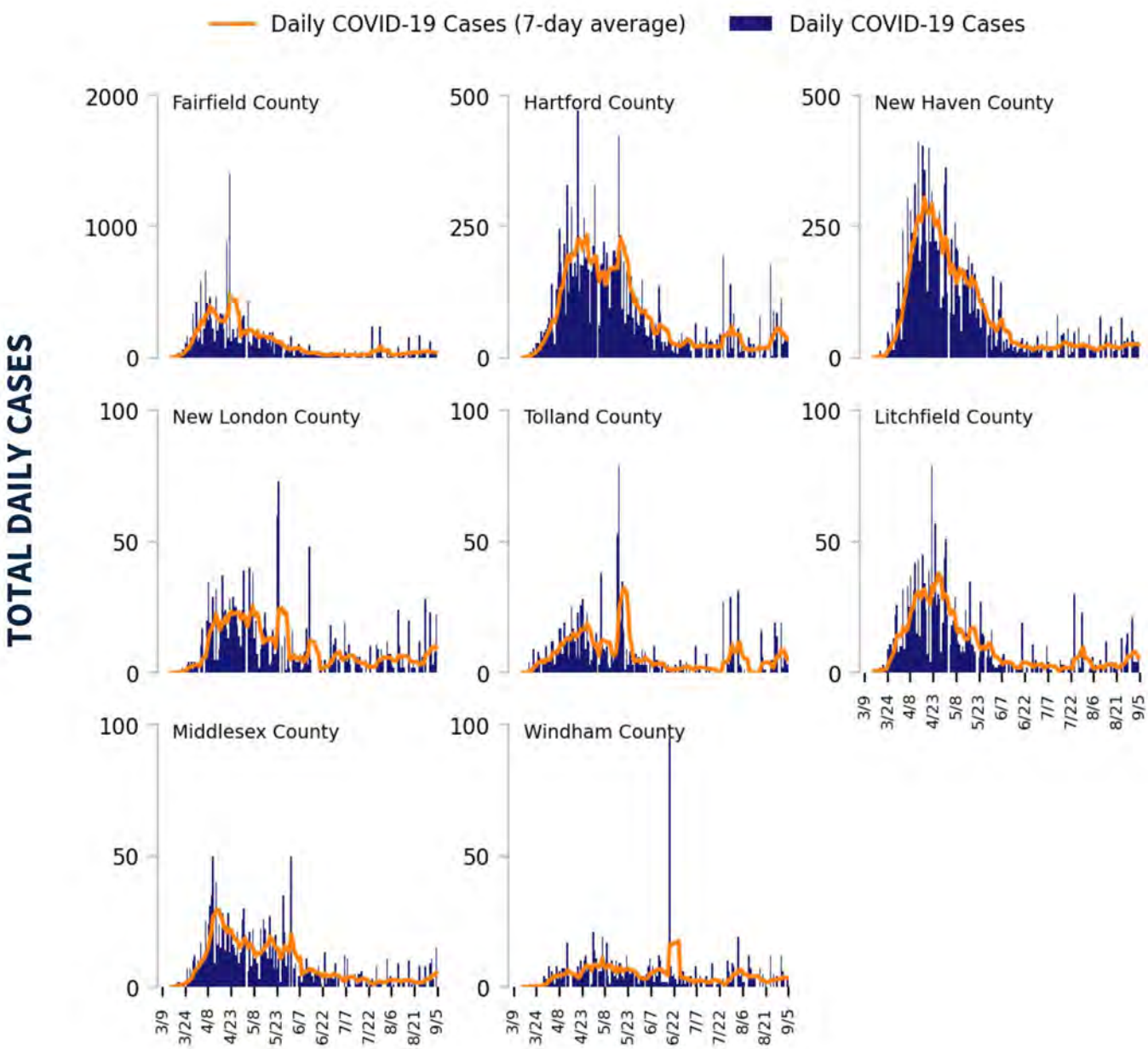

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CONNECTICUT

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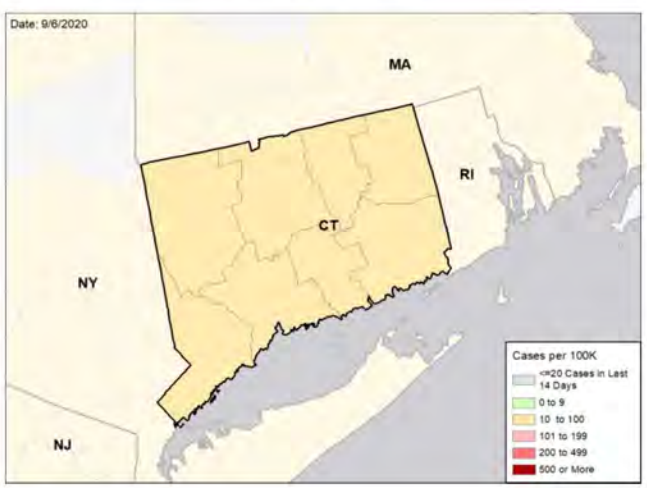
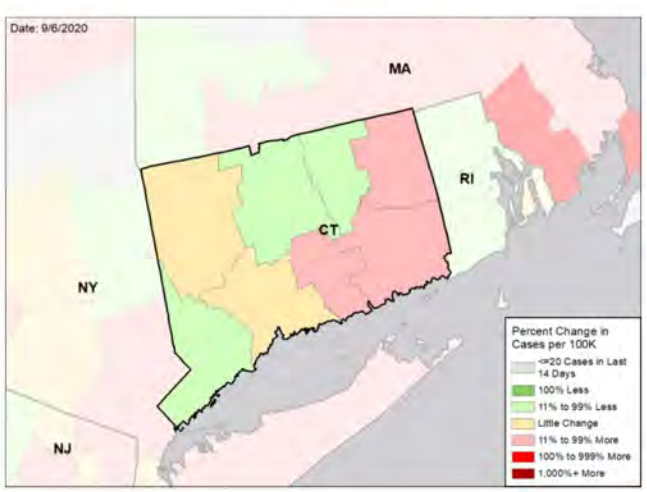
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING THE LAST WEEK

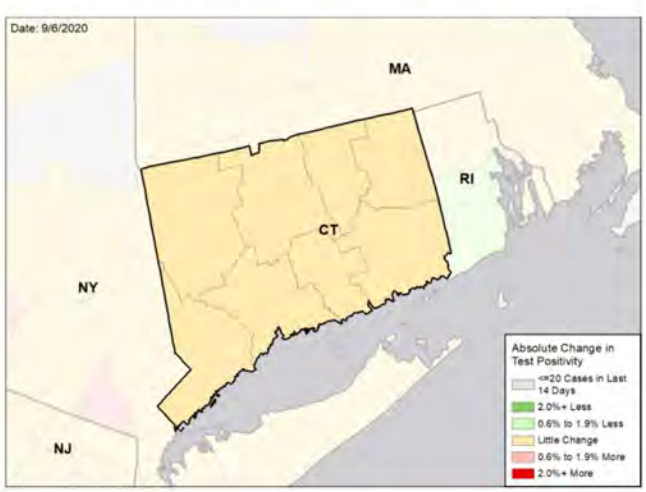


VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK

WEEKLY CHANGE IN NEW CASES PER 100K



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



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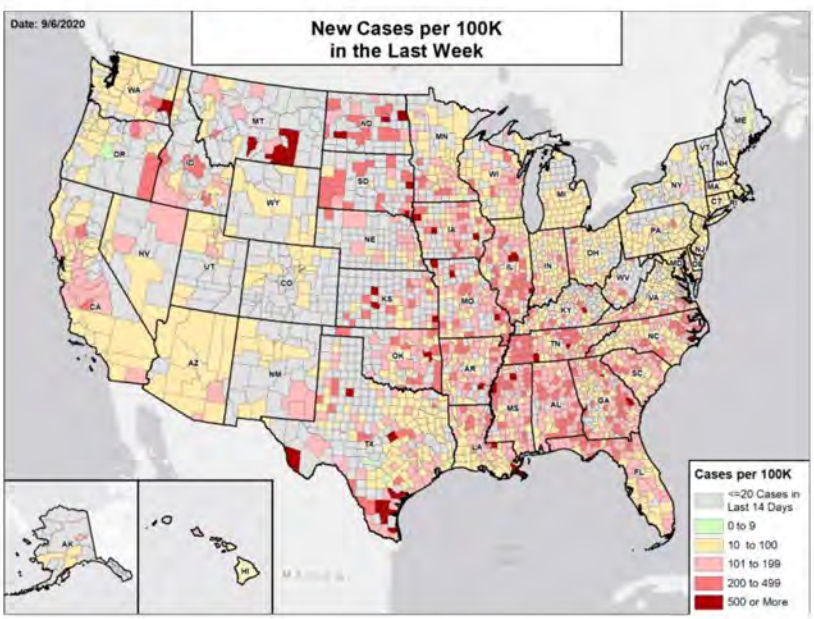
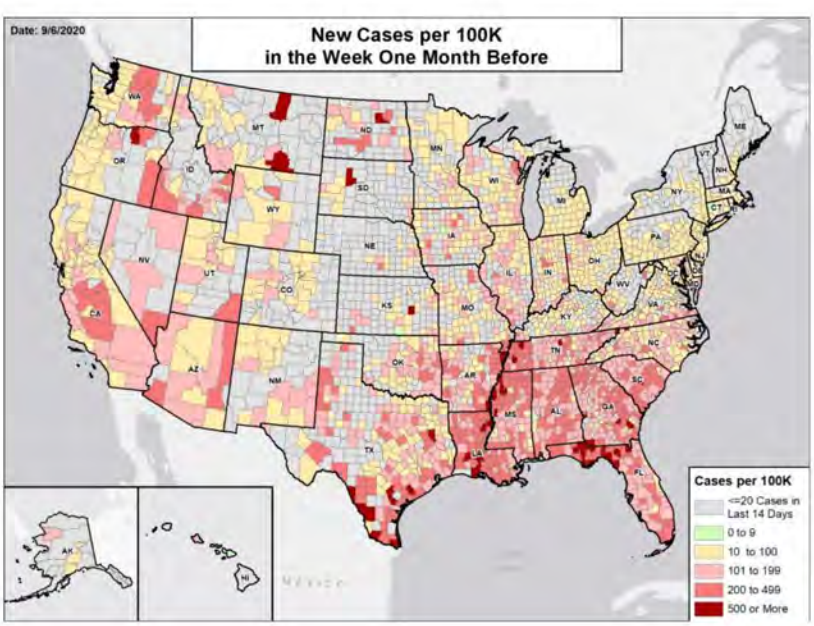
National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



DATA SOURCES

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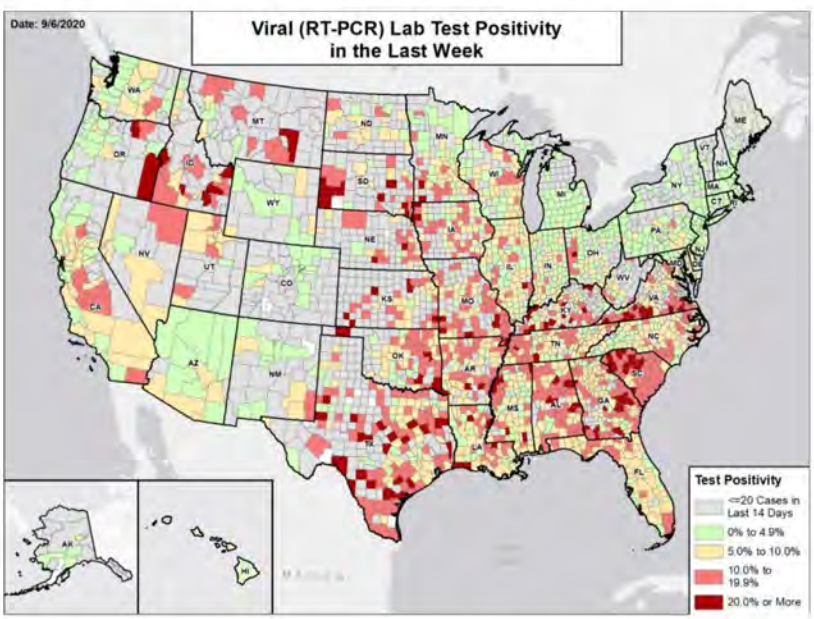
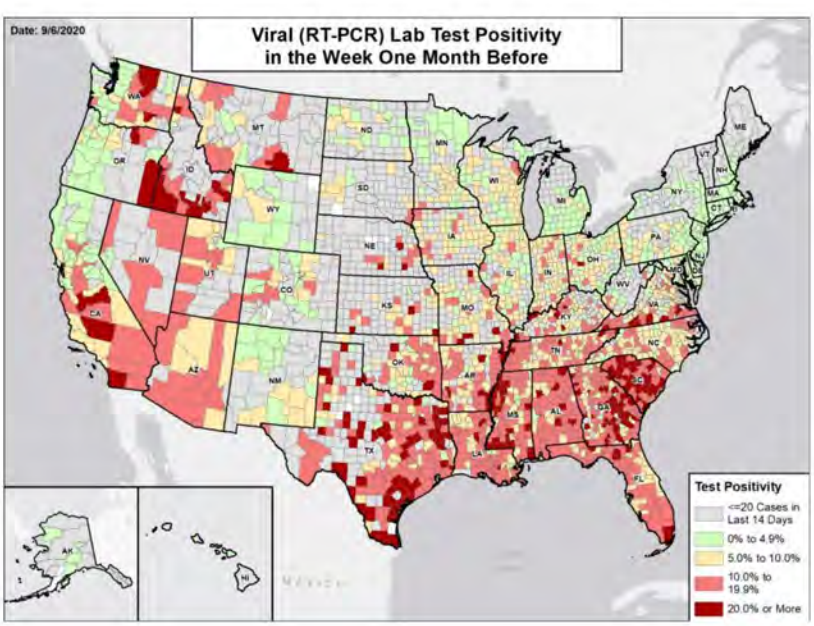
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

STATE REPORT | 09.06.2020

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
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- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality. 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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

STATE REPORT
09.06.2020

DELAWARE

SUMMARY

- Delaware 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. Delaware is in the green zone for test positivity, indicating a rate below 5%, with the 31st highest rate in the country. Delaware has seen an increase in new cases and an increase in test positivity over the last week.
- Both the University of Delaware and Delaware State University have identified approximately two dozen cases in testing during first 1 – 2 weeks of classes.
- 33% of all counties in Delaware have moderate or high levels of community transmission (yellow or red zone), with none having high levels of community transmission (red zone).
- During the week of Aug 24 – Aug 30, 3% of nursing homes had at least one new resident COVID-19 case, 15% of nursing homes had at least one new staff COVID-19 case, and less than 1% of nursing homes had at least one new resident COVID-19 death.
- Delaware had 69 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 5 to support operations activities from FEMA.
- Between Aug 29 - Sep 04, on average, 9 patients with confirmed COVID-19 and 22 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Delaware. An average of 86% 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

- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- Recommendations specific to institutions of higher education (IHE) are highlighted below given the concerning trends nationally and the need to intensify efforts to control COVID-19 among university students and minimize spread to local communities.
- IHE should increase testing capacity by expanding public-private partnerships; increasing the budget and capacity of public health labs; pooling specimens where appropriate; and utilizing all university, veterinary and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Require all universities and colleges to have a plan for both rapid testing and contact tracing of symptomatic students and periodic surveillance testing of students, with quick turnaround times for results, and rapid isolation of cases and quarantine of contacts; residential cases and contacts should not be sent home to isolate or quarantine.
- Recruit college and university students to expand public health messaging and contact tracing capacity and protect local communities by strict mask wearing and social distancing off campus.
- Universities and colleges must work with various student leaders and campus media to support compliance with recommendations.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- University students with or exposed to COVID-19 must have isolation, 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 conduct contact tracing in collaboration with local public health authorities. Support university officials in messaging to students about the importance of full cooperation.
- Ensure all nursing homes, assisted living, and elderly care sites follow CMS staff testing requirements and, if cases within local universities rise, increase testing even further to prevent spread from students to residents through staff. Expanding nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- 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 university public-facing dashboards.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

DELAWARE

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	669 (69)	+96.8%	19,259 (62)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.5%	+1.2%*	5.4%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	8,898** (914)	-19.4%**	460,551** (1,493)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	2 (0)	-50.0%	310 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	3% (15%)	+0%* (-3%*)	8% (13%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	-5%*	3%	5%

MOBILITY ▶

* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

DELAWARE

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	0	N/A	2	Dover Salisbury
COUNTY LAST WEEK	0	N/A	1	Kent

*** 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 9/4/2020; last week is 8/29 - 9/4, three weeks is 8/15 - 9/4.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/2/2020. Last week is 8/27 - 9/2.

DELAWARE

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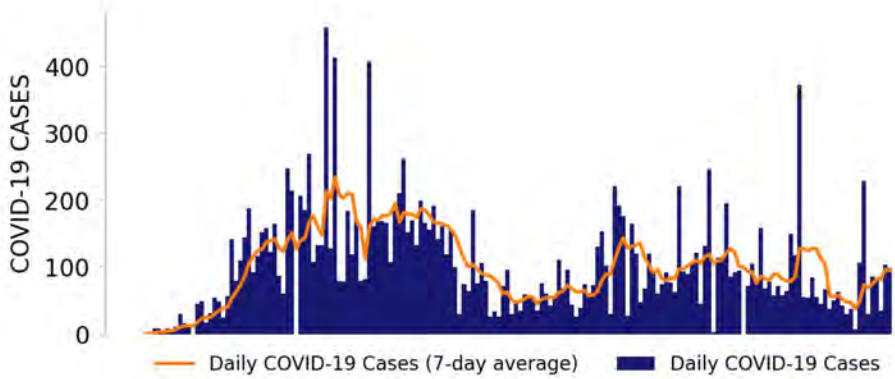
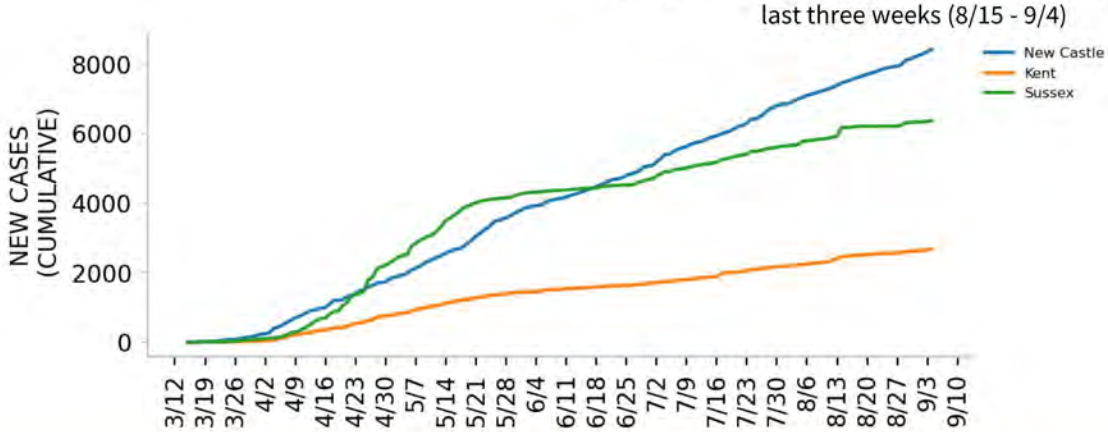
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/15 - 9/4)



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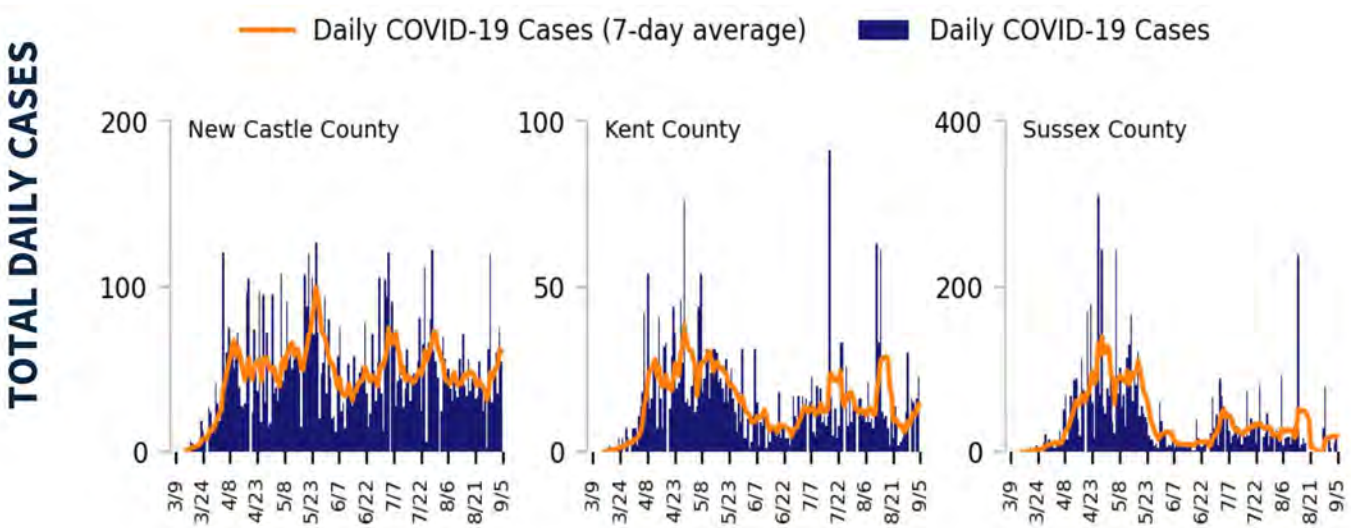
Top 12 counties based on number of new cases in the last 3 weeks



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DELAWARE

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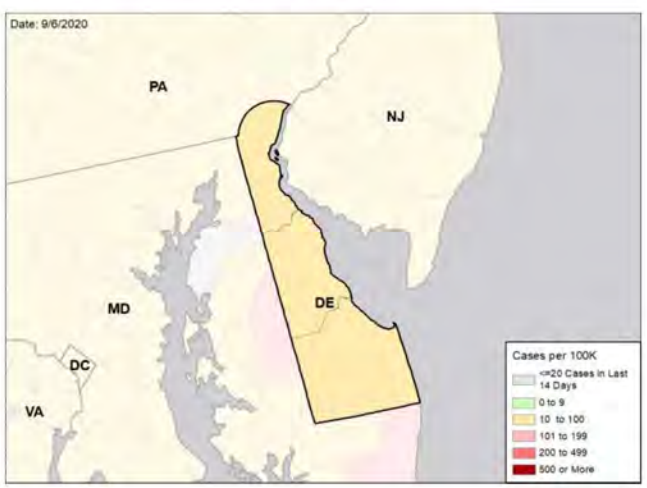
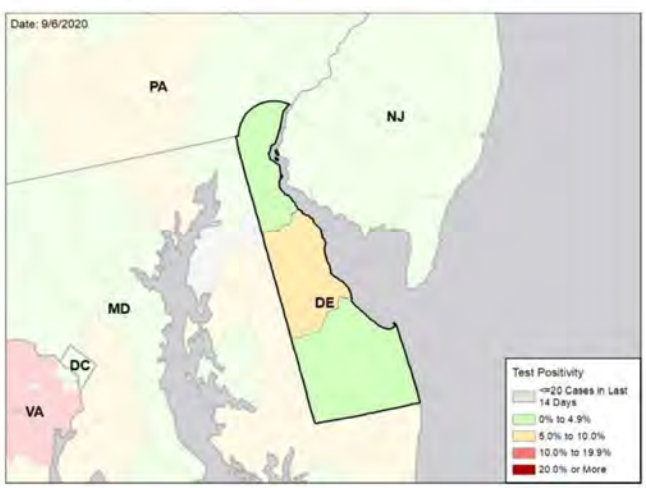
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

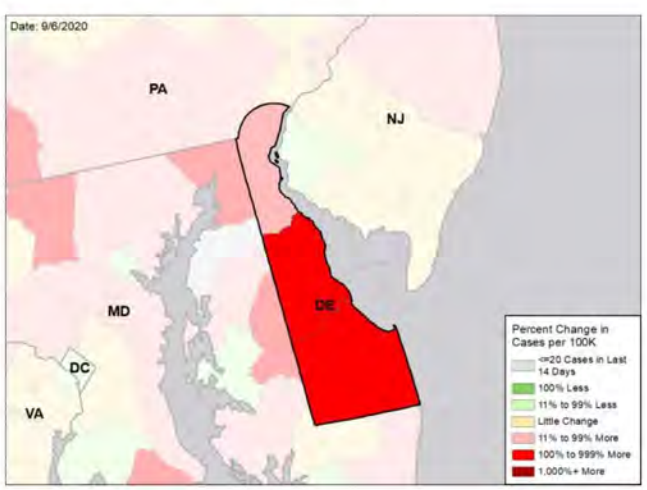
NEW CASES PER 100,000 DURING THE LAST WEEK



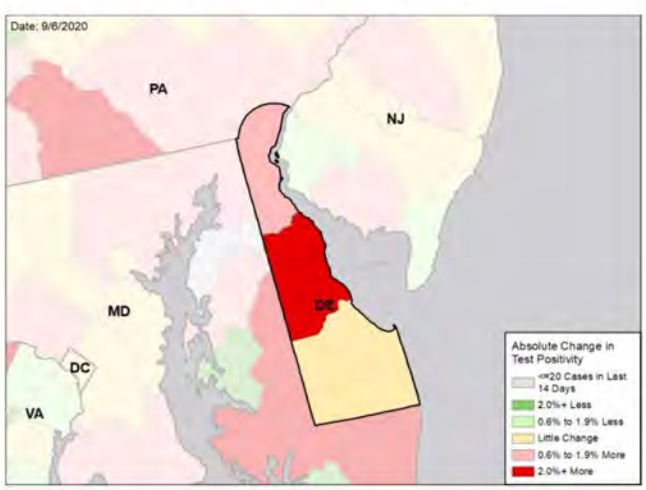
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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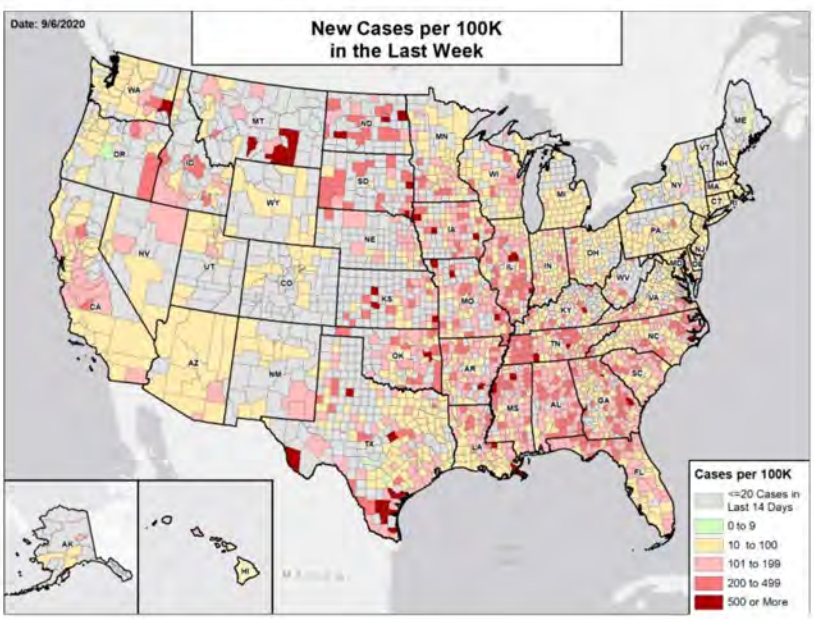
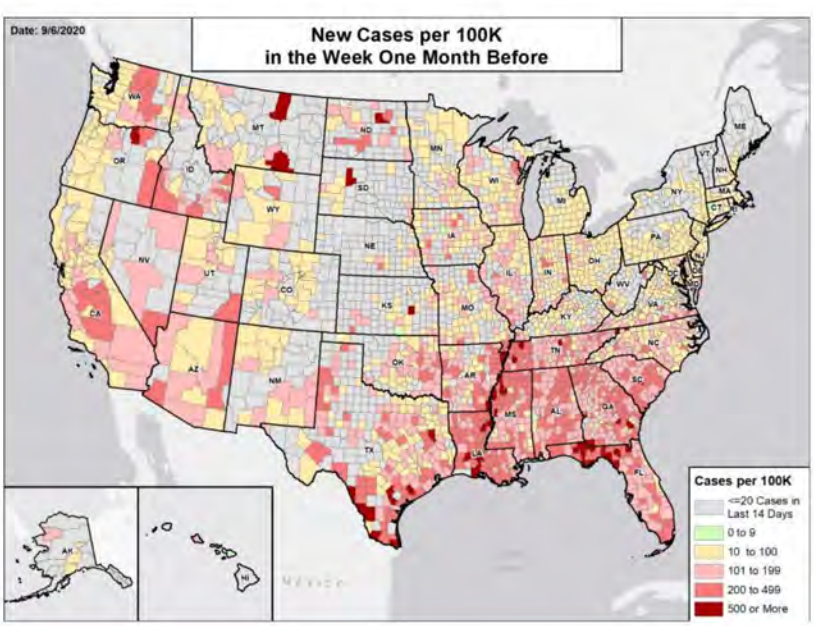
National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



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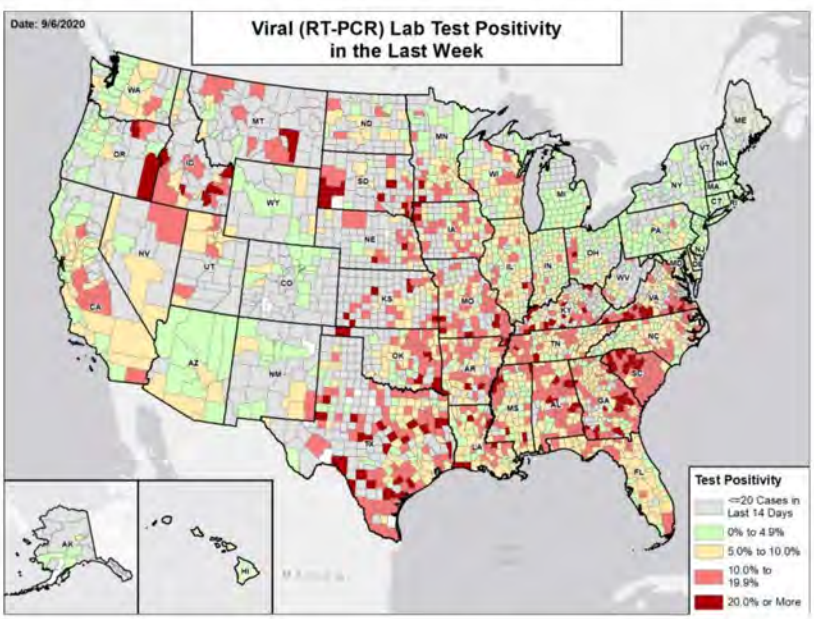

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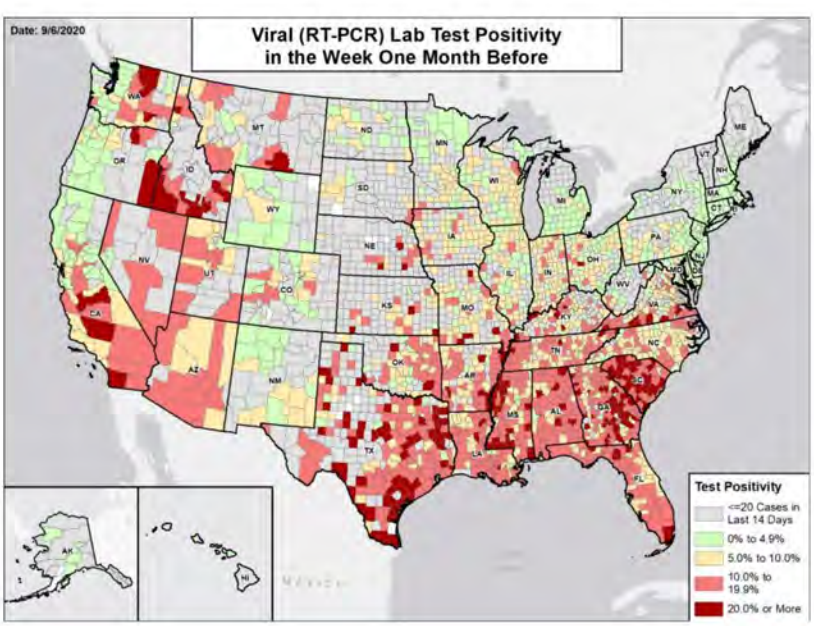

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Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
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Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	<1%	1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-1%	-1%-1%	>1%

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STATE REPORT
09.06.2020

THE DISTRICT OF COLUMBIA

SUMMARY

- The District of Columbia is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 38th highest rate in the country. The District of Columbia is in the green zone for test positivity, indicating a rate below 5%, with the 43rd highest rate in the country.
- The District of Columbia has seen a decrease in new cases and stability in test positivity over the last week.
- Many university students have returned to classes, although courses are being conducted primarily online. Limited numbers of cases have been detected among students to date.
- The District of Columbia does not have moderate or high levels of community transmission (not in yellow or red zone).
- During the week of Aug 24 – Aug 30, less than 1% of nursing homes had at least one new resident COVID-19 case, 20% of nursing homes had at least one new staff COVID-19 case, and less than 1% of nursing homes had at least one new resident COVID-19 death.
- The District of Columbia had 47 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 7 to support operations activities from FEMA.
- Between Aug 29 - Sep 04, on average, 11 patients with confirmed COVID-19 and 64 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in the District of Columbia. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- Recommendations specific to institutions of higher education (IHE) are highlighted below given the concerning trends nationally and the need to intensify efforts to control COVID-19 among university students and minimize spread to local communities.
- IHE should increase testing capacity by expanding public-private partnerships; increasing the budget and capacity of public health labs; pooling specimens where appropriate; and utilizing all university, veterinary and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Require all universities and colleges to have a plan for both rapid testing and contact tracing of symptomatic students and periodic surveillance testing of students, with quick turnaround times for results, and rapid isolation of cases and quarantine of contacts; residential cases and contacts should not be sent home to isolate or quarantine.
- Recruit college and university students to expand public health messaging and contact tracing capacity and protect local communities by strict mask wearing and social distancing off campus.
- Universities and colleges must work with various student leaders and campus media to support compliance with recommendations.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- University students with or exposed to COVID-19 must have isolation, quarantine and care sites on or near campus and not be returned home to multigenerational households where additional transmission could occur.
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- 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 university public-facing dashboards.
- 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.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

THE DISTRICT OF COLUMBIA

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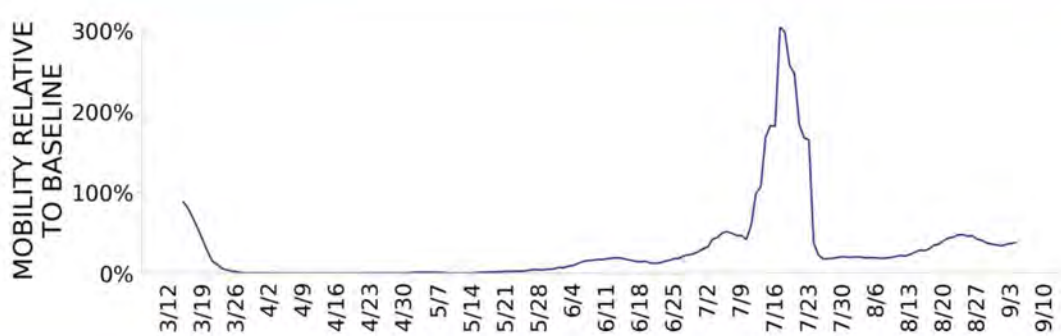
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	335 (47)	-12.3%	19,259 (62)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.7%	-0.2%*	5.4%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	26,947** (3,818)	+7.4%**	460,551** (1,493)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	6 (1)	+100.0%	310 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	0% (20%)	-6%* (+2%*)	8% (13%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A	3%	5%

MOBILITY ▶



* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	0	N/A	1	Washington-Arlington-Alexandria
COUNTY LAST WEEK	0	N/A	0	N/A

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and 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 9/2/2020. Last week is 8/27 - 9/2.

THE DISTRICT OF COLUMBIA

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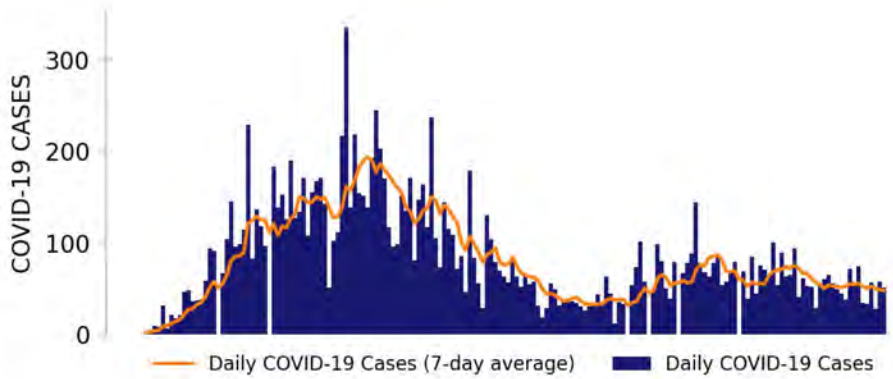
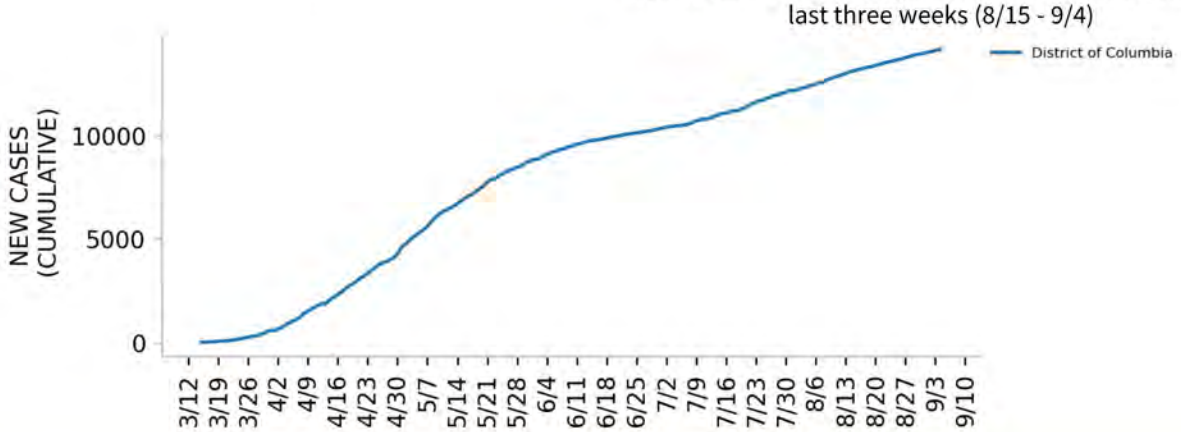
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/15 - 9/4)



DATA SOURCES – Additional data details available under METHODS

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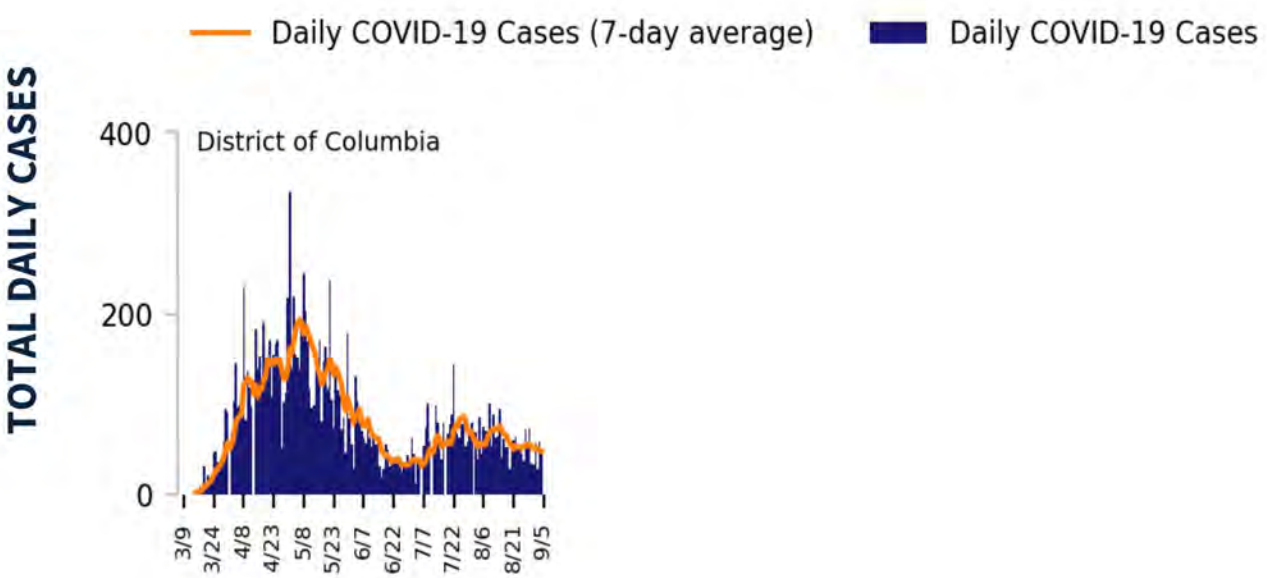
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020.

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 9/4/2020. Last 3 weeks is 8/15 - 9/4.

THE DISTRICT OF COLUMBIA

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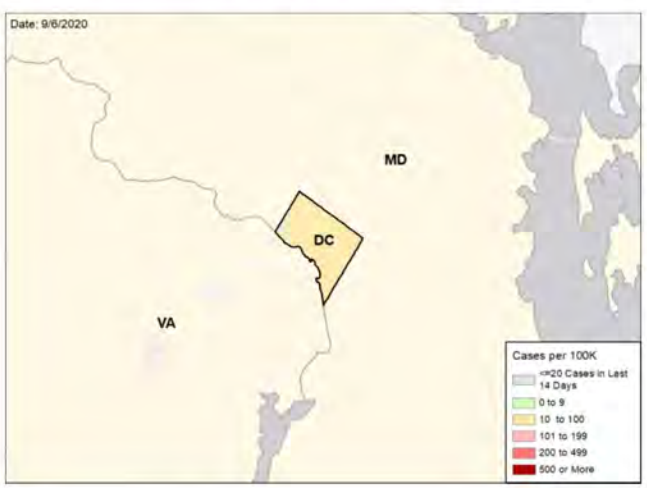
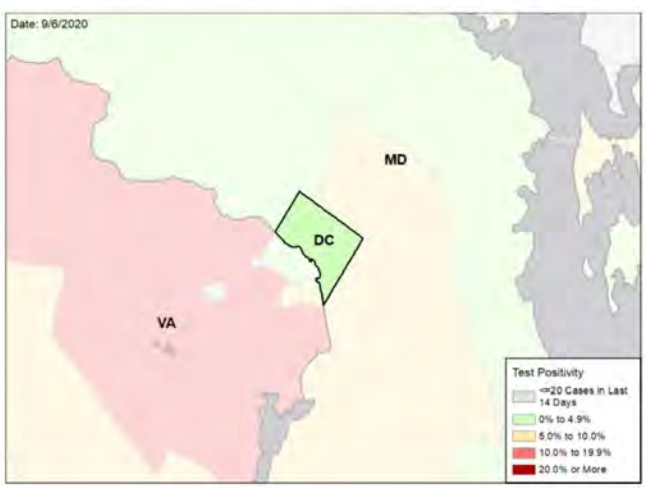
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

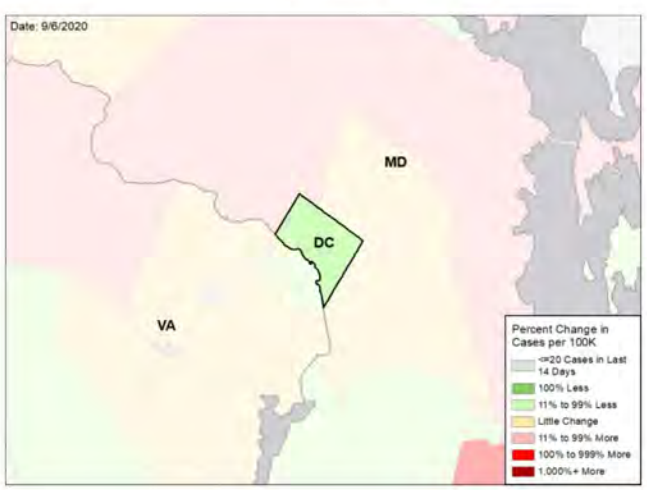
NEW CASES PER 100,000 DURING THE LAST WEEK



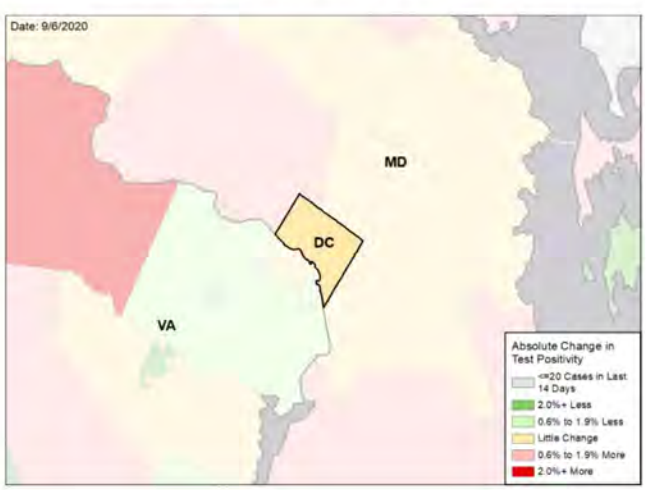
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



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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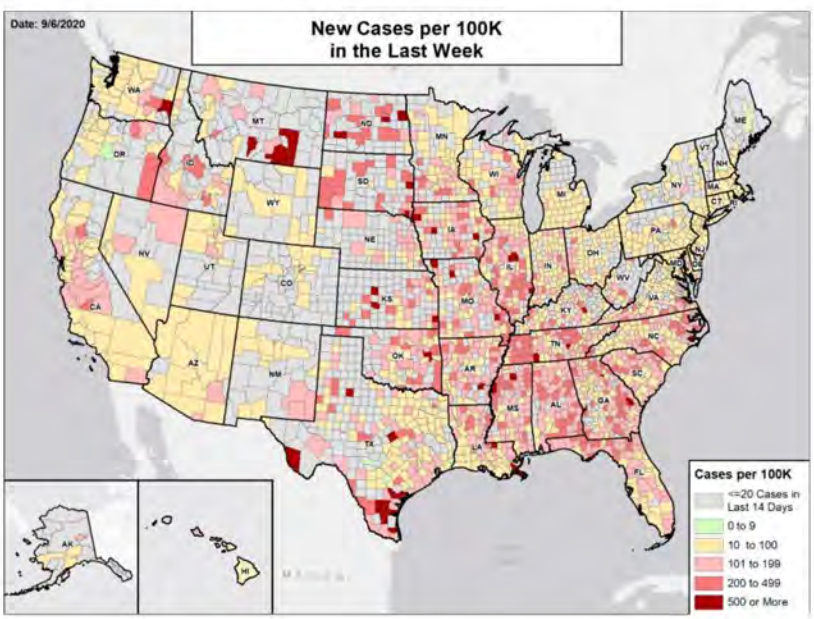
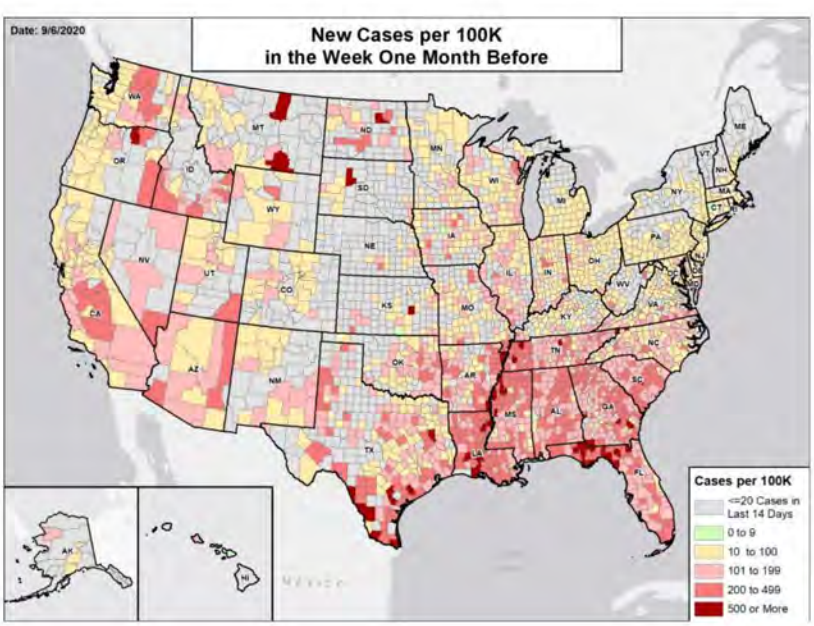
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



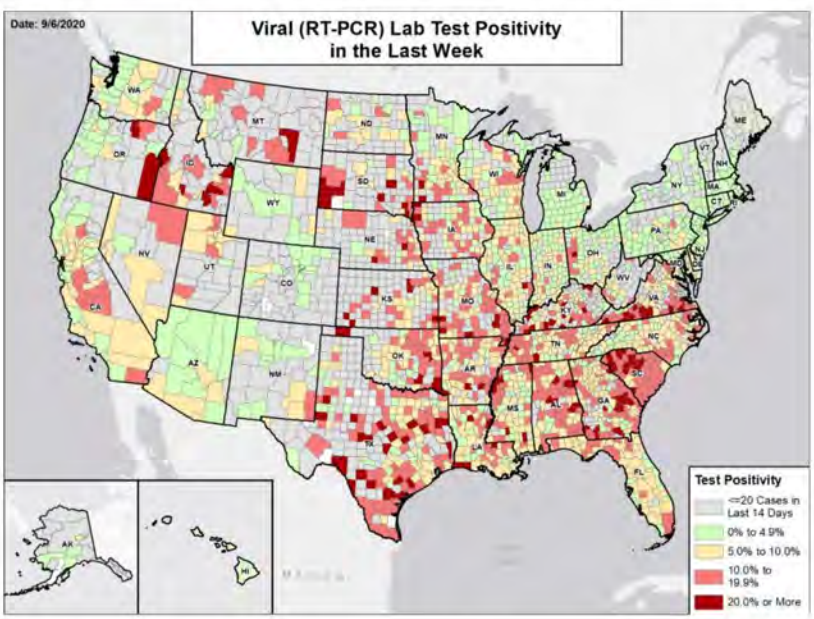
DATA SOURCES

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

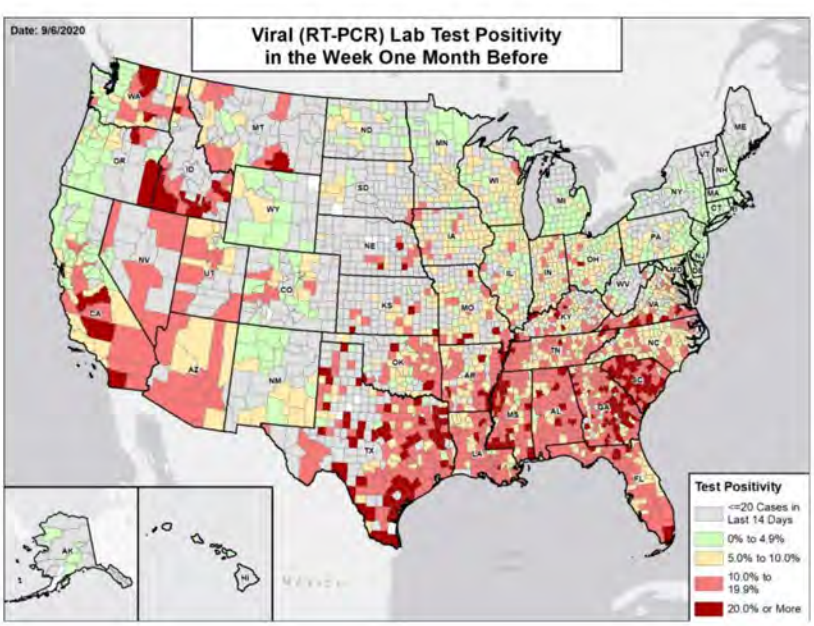
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

STATE REPORT
09.06.2020

FLORIDA

SUMMARY

- Florida 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. Florida is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 21st highest rate in the country.
- Florida has seen stability in new cases and a decrease in test positivity over the last week. Progress has been steady and attention to all new outbreaks and to universities is needed to prevent new community spread.
- 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. Hillsborough County. These counties represent 38.5% of new cases in Florida.
- 82% of all counties in Florida have moderate or high levels of community transmission (yellow or red zone), with 21% having high levels of community transmission (red zone). This is a continued improvement week-over-week.
- During the week of Aug 24 – Aug 30, 23% of nursing homes had at least one new resident COVID-19 case, 34% had at least one new staff COVID-19 case, and 11% had at least one new resident COVID-19 death.
- Florida 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: 54 to support operations activities from USCG and 1 to support operations activities from VA.
- Between Aug 29 - Sep 04, on average, 379 patients with confirmed COVID-19 and 343 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Florida. An average of 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Florida has made excellent progress and, to sustain the gains, should continue the strong mitigation efforts statewide and strengthen mitigation efforts in university towns to decrease spread from universities to the local community. Consider a further reduction in hours and occupancy limits in bars and restaurants in university counties and anywhere university and college students gather if cases begin to rise.
- We are seeing gains being reversed in other states due to university spread. Florida universities need to increase testing and isolation to prevent spread from students to local communities and hometowns. This includes detecting asymptomatic students and preventing silent spread of disease through routine saliva testing on university research platforms. Ensure there are quick turnaround times for results and rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent home to isolate or quarantine.
- Increase testing capacity by increasing the budget and capacity of public health labs through:
    - Ensuring hospitals move elective surgeries and admissions testing to pooling in order to reserve tests for community outreach and to expand outpatient testing, pooling specimens where appropriate.
    - Utilizing all university, veterinary, and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Recruit college and university students to expand public health messaging and contact tracing capacity. Ensure protection of local communities by strict mask wearing and social distancing when off-campus and around vulnerable individuals on campus.
- Universities and colleges should work with various student leaders and campus media to support compliance with recommendations.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Increase surveillance for silent community spread by using the Abbott BinaxNOW. Establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders.
- Ask citizens and students to limit ALL social gatherings to 10 or fewer people. Recreating spreading events through bar-like gatherings in homes will result in continued high cases and result in those with comorbidities becoming infected.
- Ensure all nursing homes, assisted living, and elderly care sites follow CMS staff testing requirements and, if cases within local universities rise, increase testing even further to prevent spread from students to residents through staff. Expanding nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

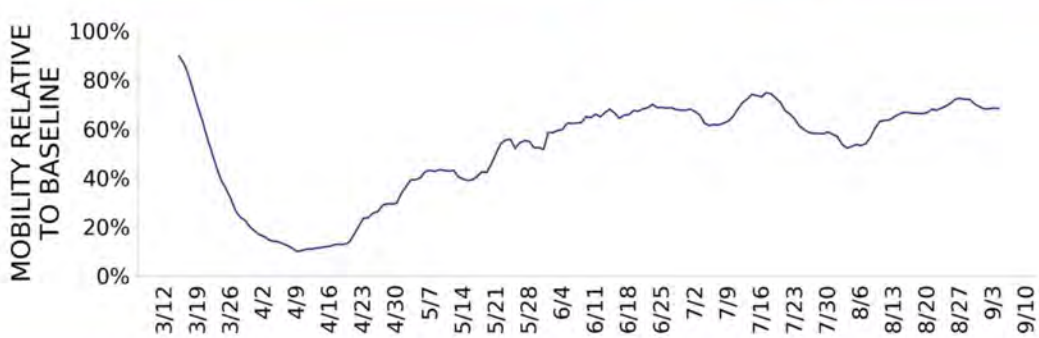
COVID-19

FLORIDA

STATE REPORT | 09.06.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	24,405 (114)	+8.4%	85,091 (127)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.2%	-1.5%*	8.2%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	375,614** (1,749)	-13.6%**	956,194** (1,429)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	793 (4)	+0.5%	2,140 (3)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	23% (34%)	-7%* (-9%*)	19% (28%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	11%	-2%*	9%	5%

MOBILITY ▶



* Indicates absolute change in percentage points.

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**2**	Tallahassee Wauchula	**21**	Miami-Fort Lauderdale-Pompano Beach Orlando-Kissimmee-Sanford Jacksonville Lakeland-Winter Haven Pensacola-Ferry Pass-Brent Cape Coral-Fort Myers Port St. Lucie Ocala Gainesville Naples-Marco Island Crestview-Fort Walton Beach-Destin Panama City
COUNTY LAST WEEK	**14**	Miami-Dade Broward Leon Santa Rosa Lafayette Gadsden Bradford Dixie Union Baker Taylor Hardee	**41**	Hillsborough Palm Beach Orange Duval Polk Lee Marion Escambia Osceola Lake Collier St. Lucie

All Yellow CBSAs: Miami-Fort Lauderdale-Pompano Beach, Orlando-Kissimmee-Sanford, Jacksonville, Lakeland-Winter Haven, Pensacola-Ferry Pass-Brent, Cape Coral-Fort Myers, Port St. Lucie, Ocala, Gainesville, Naples-Marco Island, Crestview-Fort Walton Beach-Destin, Panama City, The Villages, Homosassa Springs, Punta Gorda, Lake City, Sebring-Avon Park, Palatka, Okeechobee, Clewiston, Arcadia

All Red Counties: Miami-Dade, Broward, Leon, Santa Rosa, Lafayette, Gadsden, Bradford, Dixie, Union, Baker, Taylor, Hardee, Gulf, Hamilton

All Yellow Counties: Hillsborough, Palm Beach, Orange, Duval, Polk, Lee, Marion, Escambia, Osceola, Lake, Collier, St. Lucie, Seminole, Alachua, Clay, Bay, Okaloosa, St. Johns, Hernando, Sumter, Citrus, Nassau, Jackson, Charlotte, Columbia, Highlands, Suwannee, Putnam, Walton, Levy, Wakulla, Okeechobee, Holmes, Madison, Hendry, Washington, Franklin, DeSoto, Calhoun, Gilchrist, Jefferson

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

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

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

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

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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2.

FLORIDA

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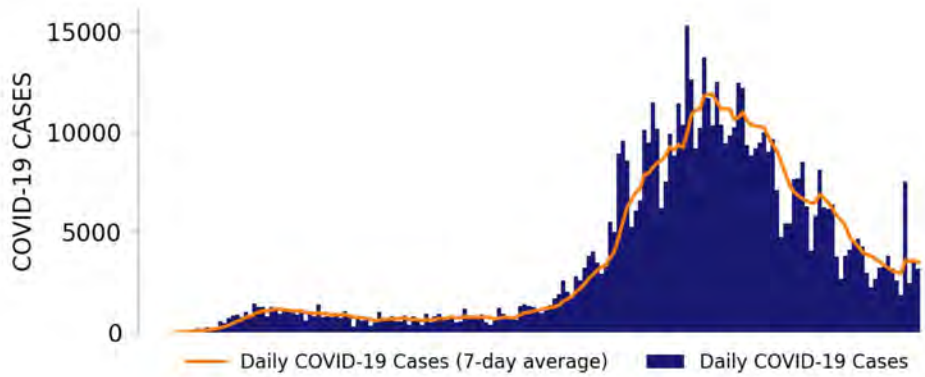
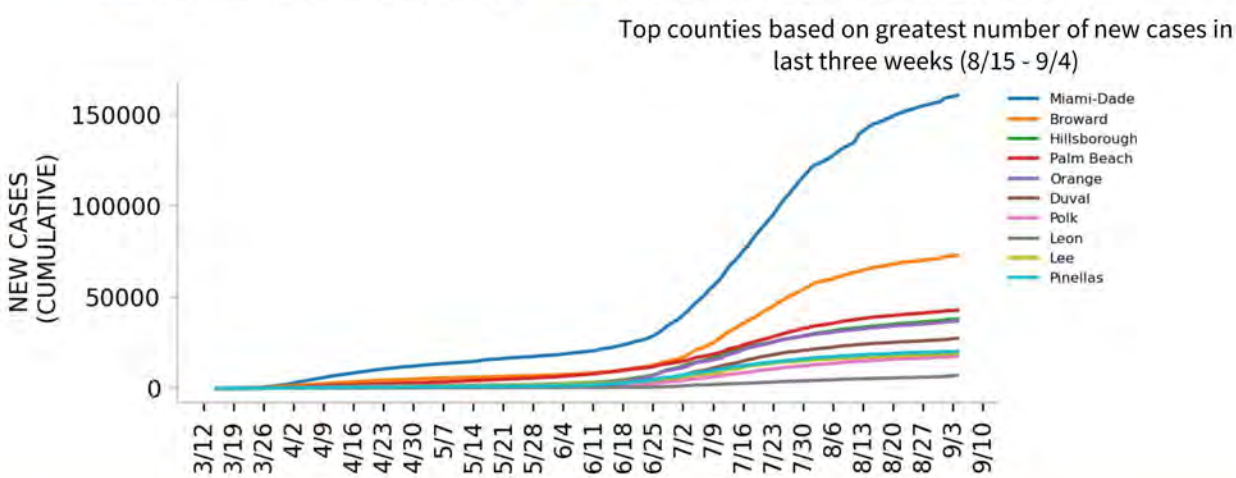
NEW CASES



TESTING

TOP COUNTIES



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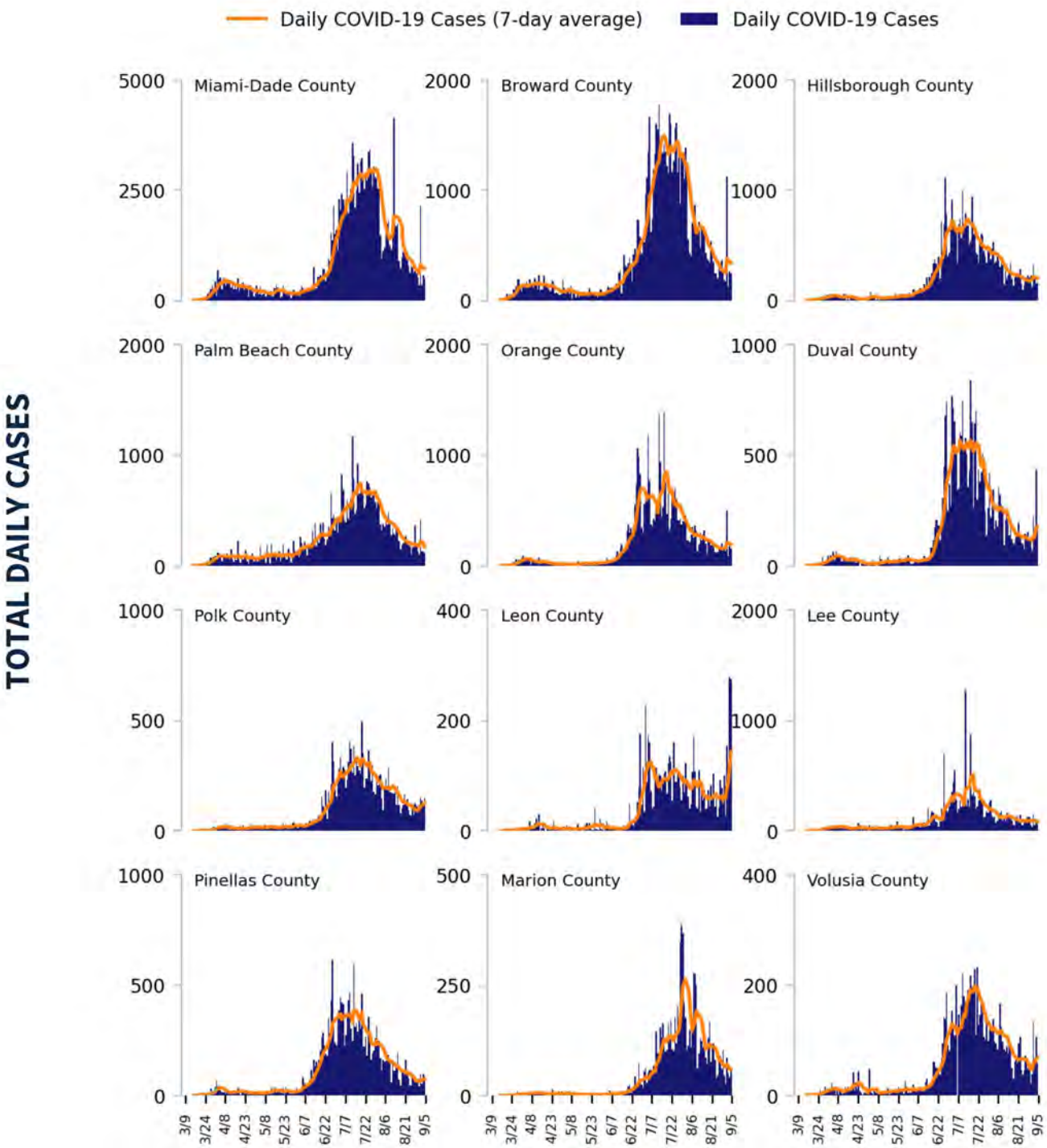
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020.

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 9/4/2020. Last 3 weeks is 8/15 - 9/4.

FLORIDA

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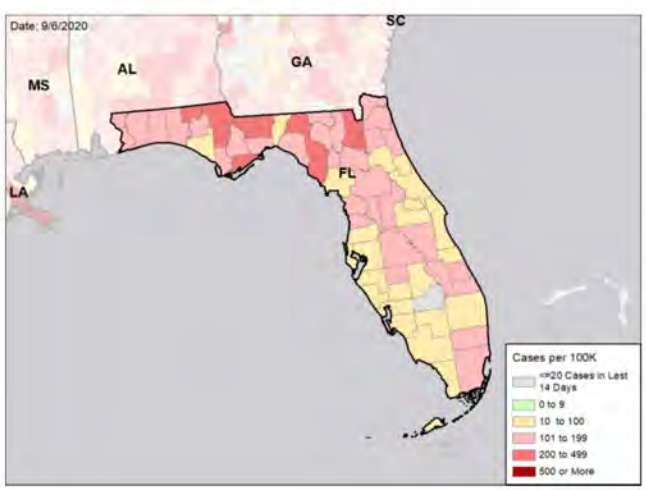
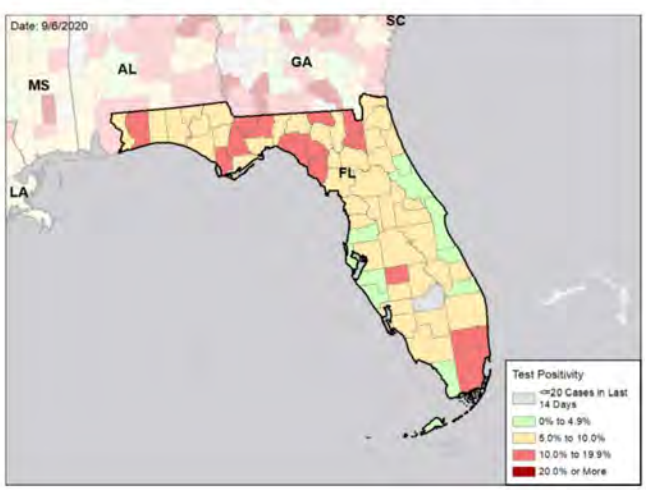
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

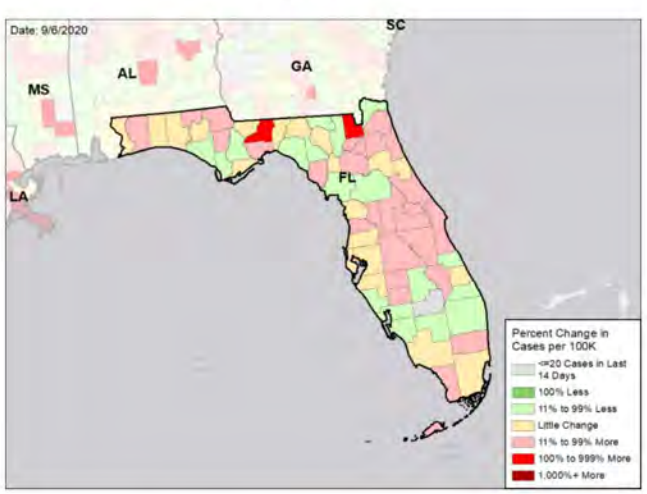
NEW CASES PER 100,000 DURING THE LAST WEEK



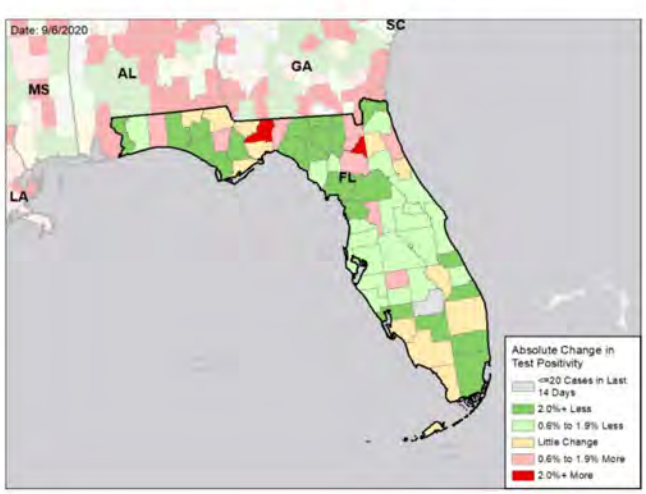
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



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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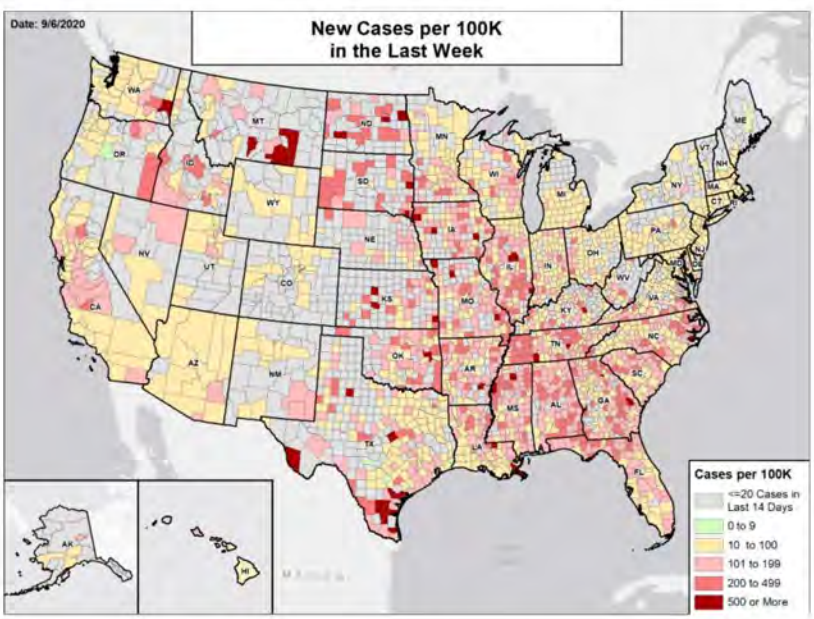
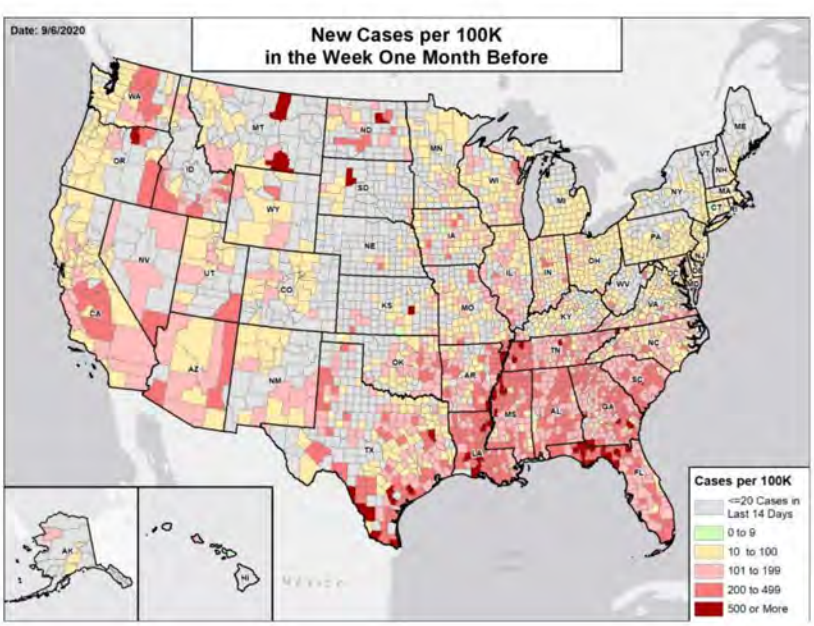
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



DATA SOURCES

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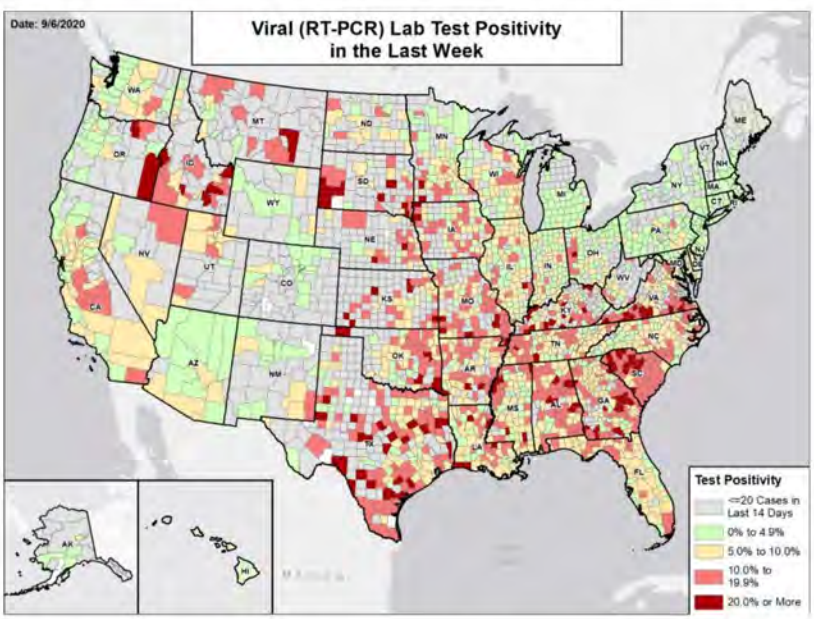
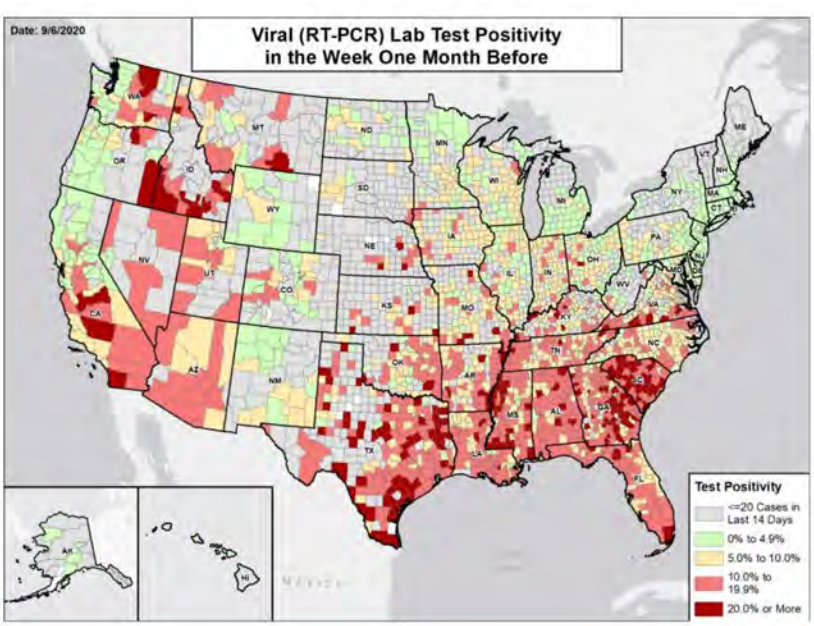
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



DATA SOURCES

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Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

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GEORGIA

SUMMARY

- Georgia 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. Georgia is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 19th highest rate in the country.
- Georgia has seen a decrease in new cases and stability in test positivity over the last week. Progress is evident and needs to continue and ensure no reversal of hard-fought gains.
- 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 21.7% of new cases in Georgia.
- 75% of all counties in Georgia have moderate or high levels of community transmission (yellow or red zone), with 36% having high levels of community transmission (red zone).
- During the week of Aug 24 – Aug 30, 18% of nursing homes had at least one new resident COVID-19 case, 22% had at least one new staff COVID-19 case, and 11% had at least one new resident COVID-19 death.
- Georgia had 132 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: 61 to support operations activities from FEMA; 10 to support operations activities from ASPR; 18 to support epidemiology activities from CDC; 1 to support operations activities from USCG; and 1 to support operations activities from VA.
- The federal government has supported a surge testing site in Atlanta, GA.
- Between Aug 29 - Sep 04, on average, 217 patients with confirmed COVID-19 and 246 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Georgia. An average of 87% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Georgia is making progress and, to sustain the gains, should continue the strong mitigation efforts statewide and strengthen mitigation efforts in university towns to decrease spread from universities to the local community. Consider a further reduction in hours and occupancy limits in bars and restaurants in university counties and anywhere university and college students gather if cases begin to rise.
- Cases are rising in Clarke, Hall, and Cherokee Counties and this spread must be contained.
- We are seeing gains being reversed in other states due to university spread. Georgia universities need to increase testing and isolation to prevent spread from students to local communities and hometowns. This includes detecting asymptomatic students and preventing silent spread of disease through routine saliva testing on university research platforms. Ensure there are quick turnaround times for results and rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent home to isolate or quarantine.
- Increase testing capacity by increasing the budget and capacity of public health labs through:
    - Ensuring hospitals move elective surgeries and admissions testing to pooling in order to reserve tests for community outreach and to expand outpatient testing, pooling specimens where appropriate.
    - Utilizing all university, veterinary, and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Recruit college and university students to expand public health messaging and contact tracing capacity. Ensure protection of local communities by strict mask wearing and social distancing when off-campus and around vulnerable individuals on campus.
- Universities and colleges should work with various student leaders and campus media to support compliance with recommendations.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Increase surveillance for silent community spread by using the Abbott BinaxNOW. Establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders.
- Ask citizens and students to limit ALL social gatherings to 10 or fewer people. Recreating spreading events through bar-like gatherings in homes will result in continued high cases and result in those with comorbidities becoming infected.
- Ensure all nursing homes, assisted living, and elderly care sites follow CMS staff testing requirements and, if cases within local universities rise, increase testing even further to prevent spread from students to residents through staff. Expanding nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- Nursing home outbreaks must be aggressively contained to prevent spread to additional residents and deaths.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

GEORGIA

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	14,019 (132)	-10.8%	85,091 (127)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.1%	-0.2%*	8.2%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	110,761** (1,043)	-20.4%**	956,194** (1,429)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	458 (4)	-4.0%	2,140 (3)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	18% (22%)	-3%* (-7%*)	19% (28%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	11%	+1%*	9%	5%

MOBILITY ▶

* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS

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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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

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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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

GEORGIA

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	18	Augusta-Richmond County Savannah Athens-Clarke County Statesboro Rome Brunswick Dublin Valdosta Vidalia Thomasville Calhoun Summerville	19	Atlanta-Sandy Springs-Alpharetta Macon-Bibb County Gainesville Columbus Warner Robins Milledgeville Chattanooga Dalton Jefferson Douglas Cedartown Albany
COUNTY LAST WEEK	58	Richmond Clarke Chatham Bulloch Columbia Floyd Bartow Barrow Glynn Effingham Lowndes Toombs	61	Fulton Gwinnett Cobb DeKalb Hall Bibb Clayton Cherokee Henry Forsyth Baldwin Coweta

All Red CBSAs: Augusta-Richmond County, Savannah, Athens-Clarke County, Statesboro, Rome, Brunswick, Dublin, Valdosta, Vidalia, Thomasville, Calhoun, Summerville, St. Marys, Toccoa, Bainbridge, Tifton, Jesup, Fitzgerald

All Yellow CBSAs: Atlanta-Sandy Springs-Alpharetta, Macon-Bibb County, Gainesville, Columbus, Warner Robins, Milledgeville, Chattanooga, Dalton, Jefferson, Douglas, Cedartown, Albany, LaGrange, Hinesville, Cornelia, Americus, Cordele, Thomaston, Eufaula

All Red Counties: Richmond, Clarke, Chatham, Bulloch, Columbia, Floyd, Bartow, Barrow, Glynn, Effingham, Lowndes, Toombs, Thomas, Gordon, Chattooga, Emanuel, Camden, Catoosa, Stephens, Union, Decatur, Tift, Burke, Jefferson, Appling, Jeff Davis, Franklin, Grady, Wayne, Ben Hill, Elbert, McDuffie, Tattnall, Fannin, Greene, Stewart, Haralson, Pulaski, Johnson, Hart, Clinch, Candler, Treutlen, Jenkins, Screven, Meriwether, Berrien, Montgomery, Seminole, Dade, Towns, Miller, Taylor, McIntosh, Wheeler, Lanier, Early, Marion

All Yellow Counties: Fulton, Gwinnett, Cobb, DeKalb, Hall, Bibb, Clayton, Cherokee, Henry, Forsyth, Baldwin, Coweta, Houston, Muscogee, Chattahoochee, Paulding, Jackson, Newton, Carroll, Whitfield, Douglas, Fayette, Polk, Walton, Laurens, Coffee, Rockdale, Troup, Dawson, Dougherty, Habersham, White, Spalding, Bryan, Putnam, Liberty, Peach, Jones, Charlton, Oconee, Morgan, Madison, Monroe, Banks, Sumter, Washington, Atkinson, Evans, Crisp, Butts, Brooks, Mitchell, Harris, Telfair, Cook, Upson, Long, Pike, Brantley, Oglethorpe, Dooly

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

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

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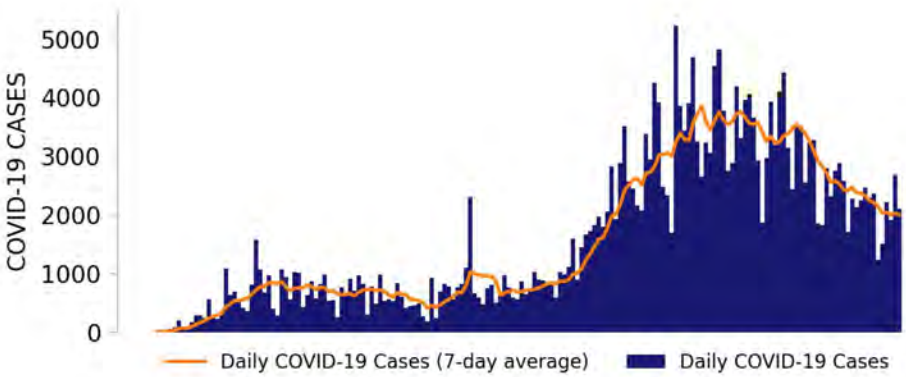
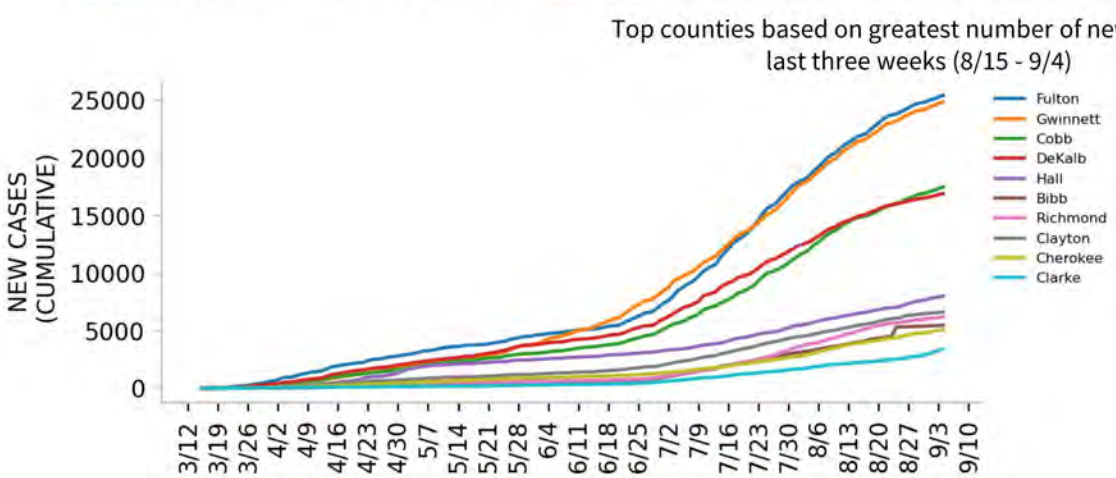
NEW CASES



TESTING

TOP COUNTIES



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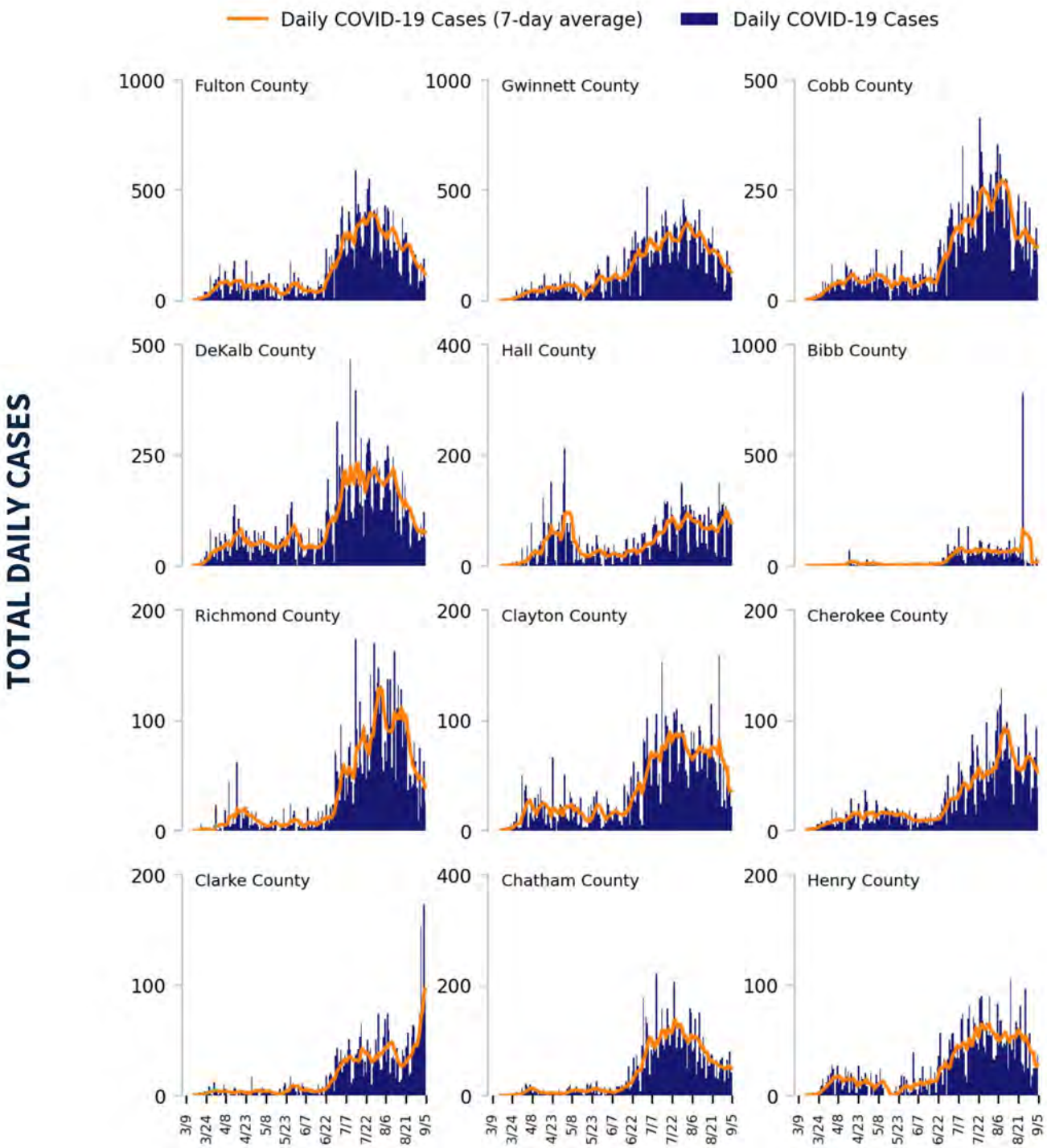

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GEORGIA

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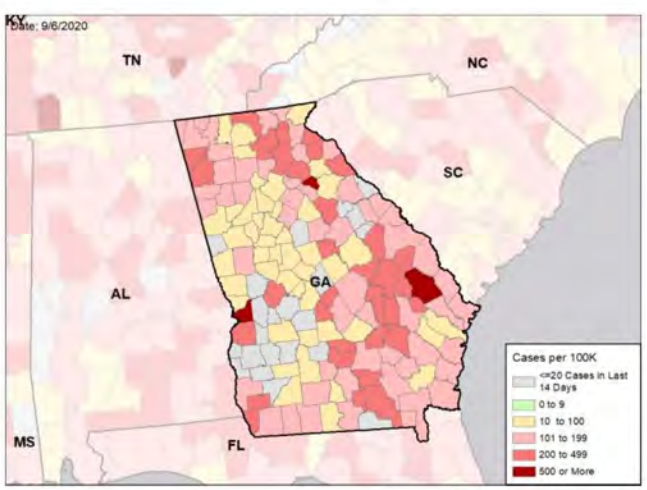
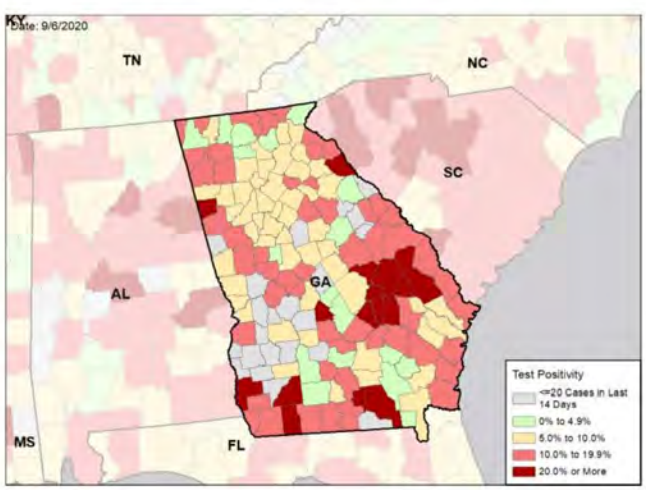
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING THE LAST WEEK



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



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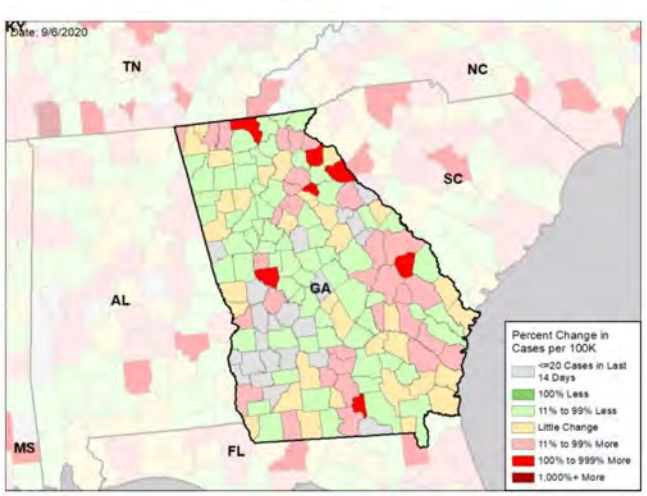

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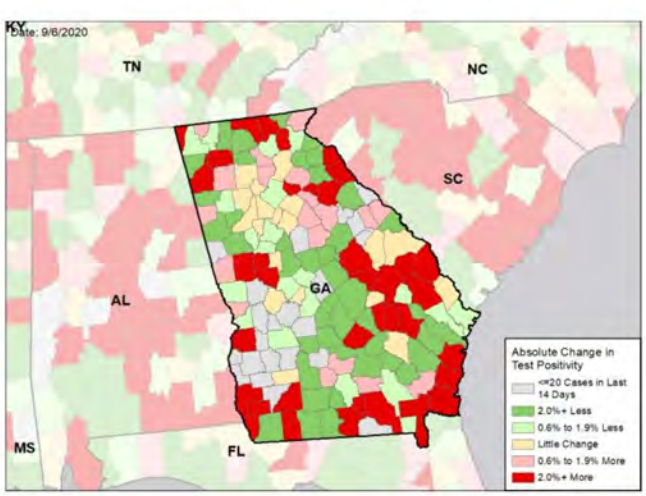

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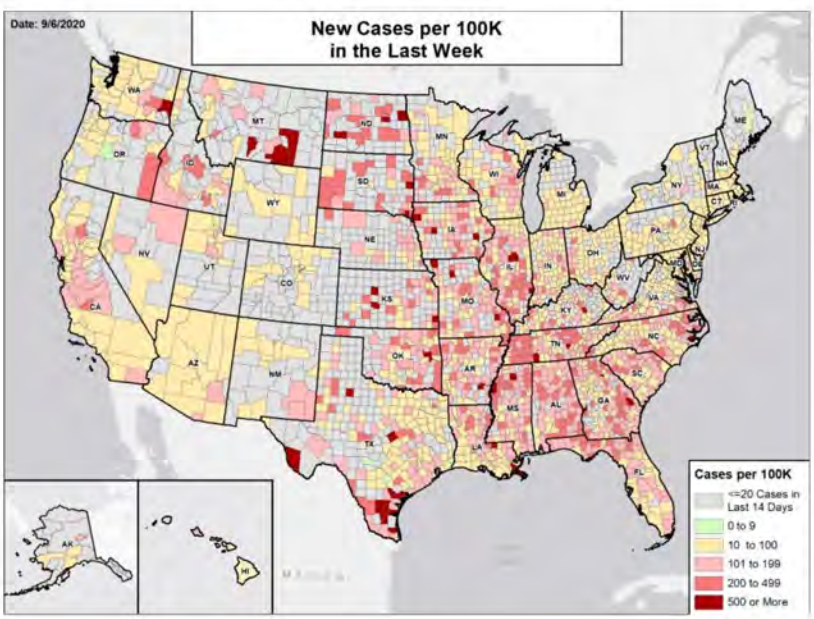
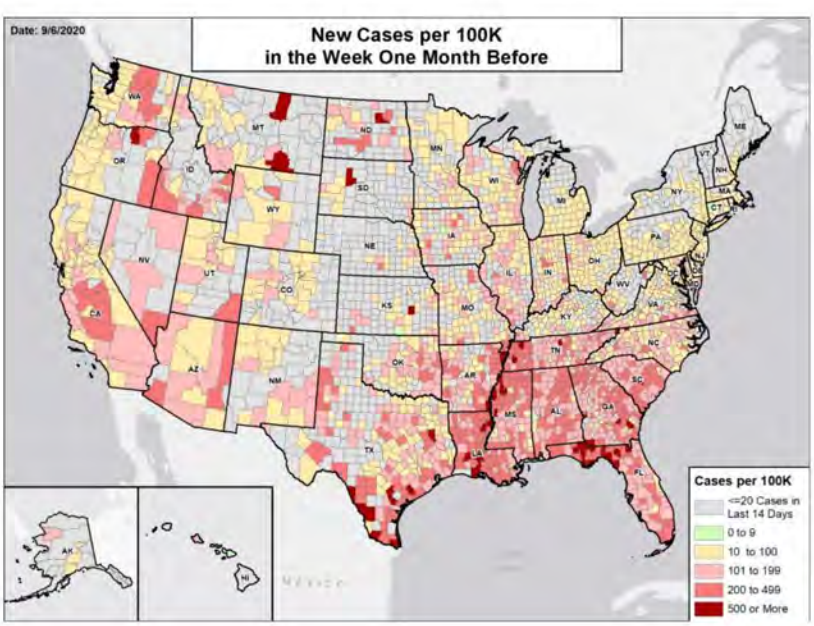
National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



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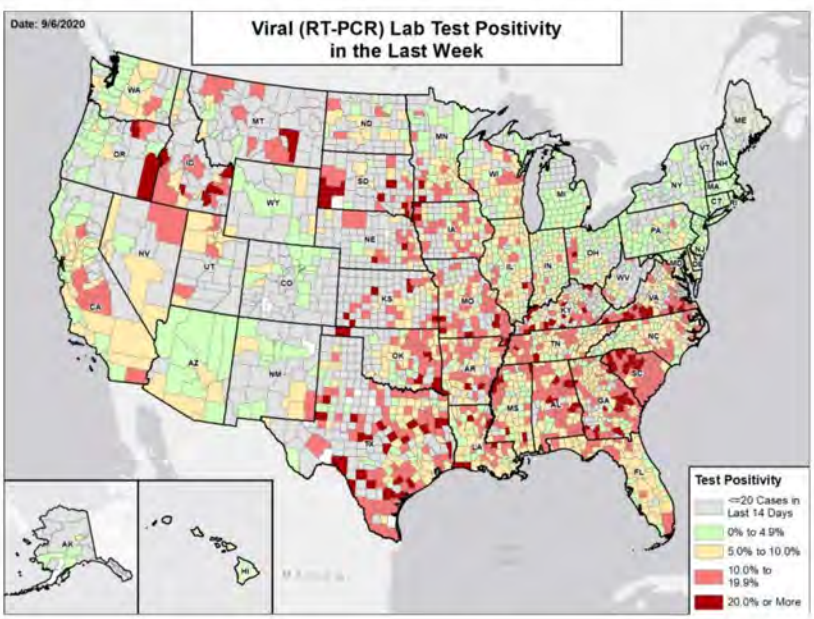
National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



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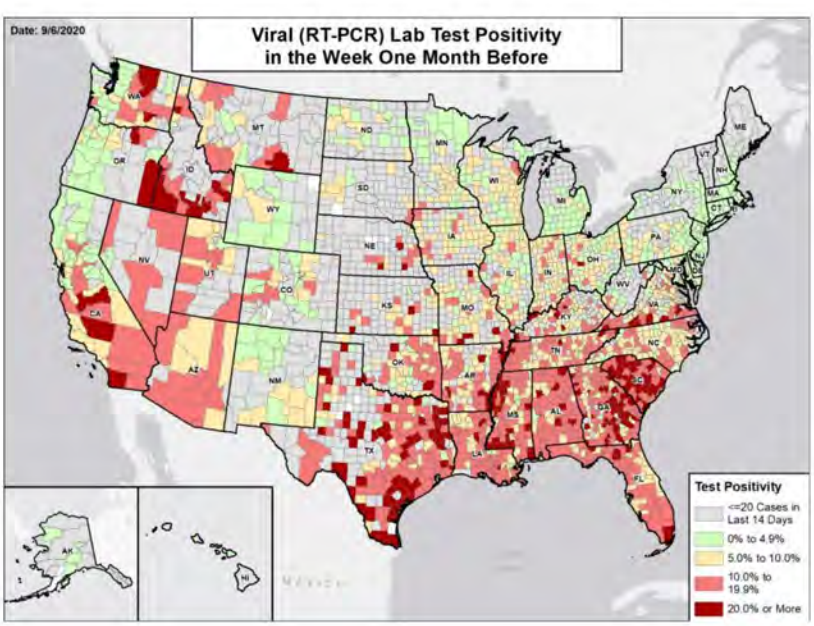

DATA SOURCES

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Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
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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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

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HAWAII

SUMMARY

- Hawaii is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, with the 15th highest rate in the country. Hawaii is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 30th highest rate in the country.
- Hawaii 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. Honolulu County, 2. Hawaii County, and 3. Maui County. These counties represent 99.9% of new cases in Hawaii.
- 20% of all counties in Hawaii have moderate or high levels of community transmission (yellow or red zone), with none having high levels of community transmission (red zone).
- During the week of Aug 24 – Aug 30, 10% of nursing homes had at least one new resident COVID-19 case, 21% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death.
- Hawaii had 116 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; 1 to support epidemiology activities from CDC; 2 to support operations activities from CDC; and 17 to support operations activities from USCG.
- The federal government has supported a surge testing site in Honolulu, HI.
- Between Aug 29 - Sep 04, on average, 45 patients with confirmed COVID-19 and 45 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Hawaii. 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

- Intensified efforts in Honolulu appear to be demonstrating impact but increasing rates in Hawaii County are concerning; impose similarly aggressive efforts now to preempt worsening epidemic.
- High volume testing, with effective isolation and quarantine, is critical to control the persistent epidemic; use FEMA and HUD funding to provide adequate housing and material support to ensure immediate 10-day isolation of all cases and 14-day quarantine of all contacts, especially in communities with high proportion of congregate living facilities and multi-generational or crowded households.
- 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.
- Focus education to encourage older persons and those with risk factors to refrain from social gatherings and potential public exposures.
- Extend Stay-at-Home order until hospital capacity stabilizes.
- Expand Learn from Home to Hawaii and Maui counties; all colleges and universities that are opening should partner with local health authorities to ensure sufficient capacity for frequent retesting of students, adequate contact tracing, and ability to isolate cases and quarantine contacts.
- Continue aggressive, locally-developed public service campaigns in appropriate language across all media platforms targeting residents, students, and tourists.
- 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.
- Continue intensive mitigation efforts at all congregate facilities, including prisons and long-term care facilities.
- Require testing of all nursing home residents at admission, conduct facility-wide testing for any case diagnosed among staff or residents, perform periodic testing of staff in high-transmission areas, and require all staff to wear face coverings at all times when at work. In-person visitation should be restricted, especially in Honolulu and Hawaii counties.
- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

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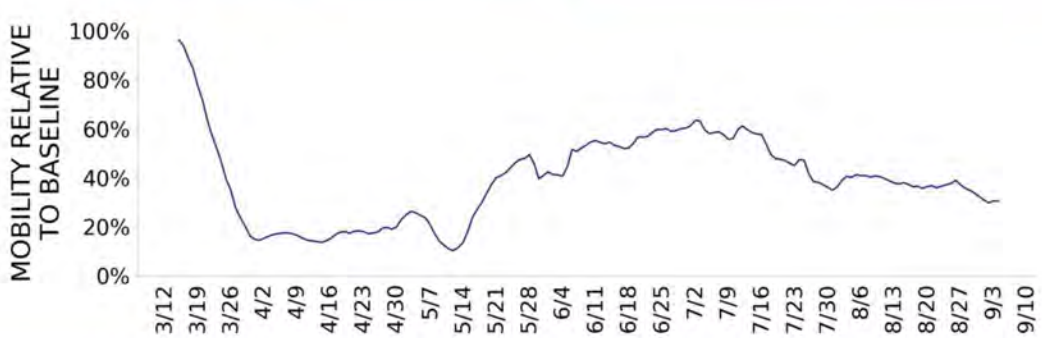
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	1,643 (116)	-6.5%	42,290 (82)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.0%	-3.1%*	5.4%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	38,342** (2,708)	+12.6%**	1,072,557** (2,091)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	22 (2)	+69.2%	1,125 (2)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	10% (21%)	-2%* (+7%*)	8% (16%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	+7%*	5%	5%

MOBILITY ▶



* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	0	N/A	1	Urban Honolulu
COUNTY LAST WEEK	0	N/A	1	Honolulu

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

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

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/4/2020; last week is 8/29 - 9/4, three weeks is 8/15 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2.

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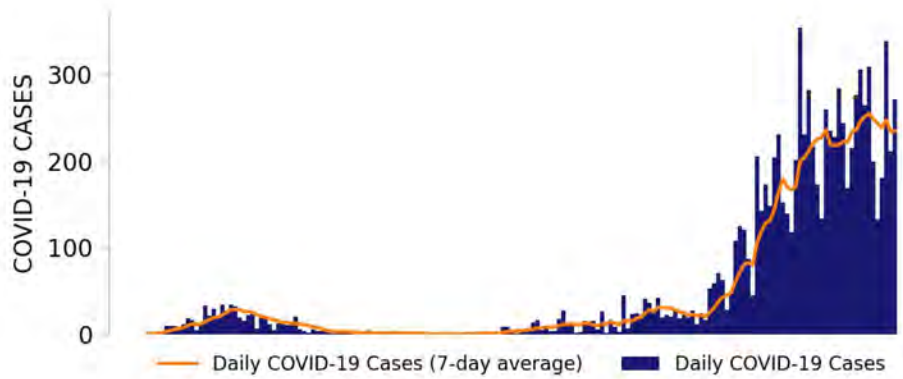
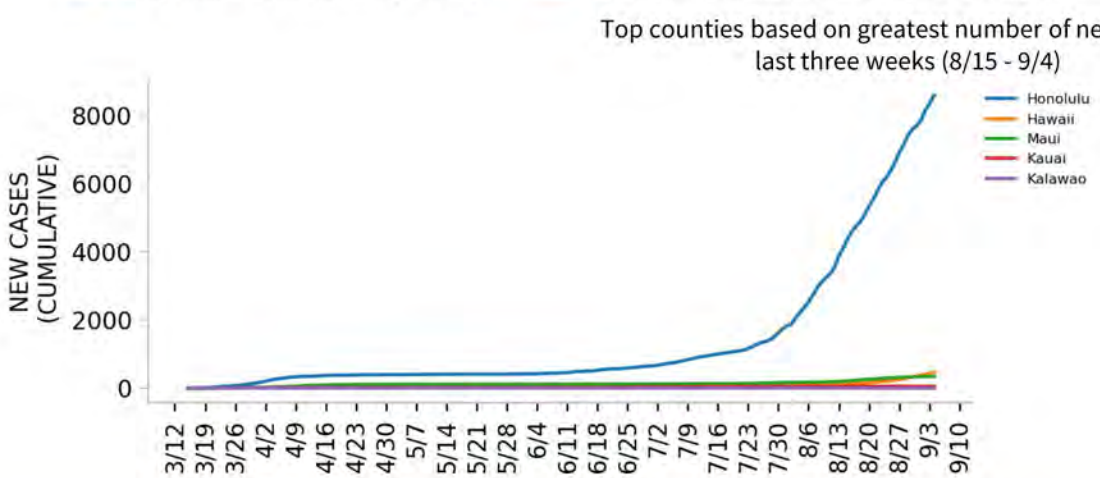
NEW CASES



TESTING

TOP COUNTIES



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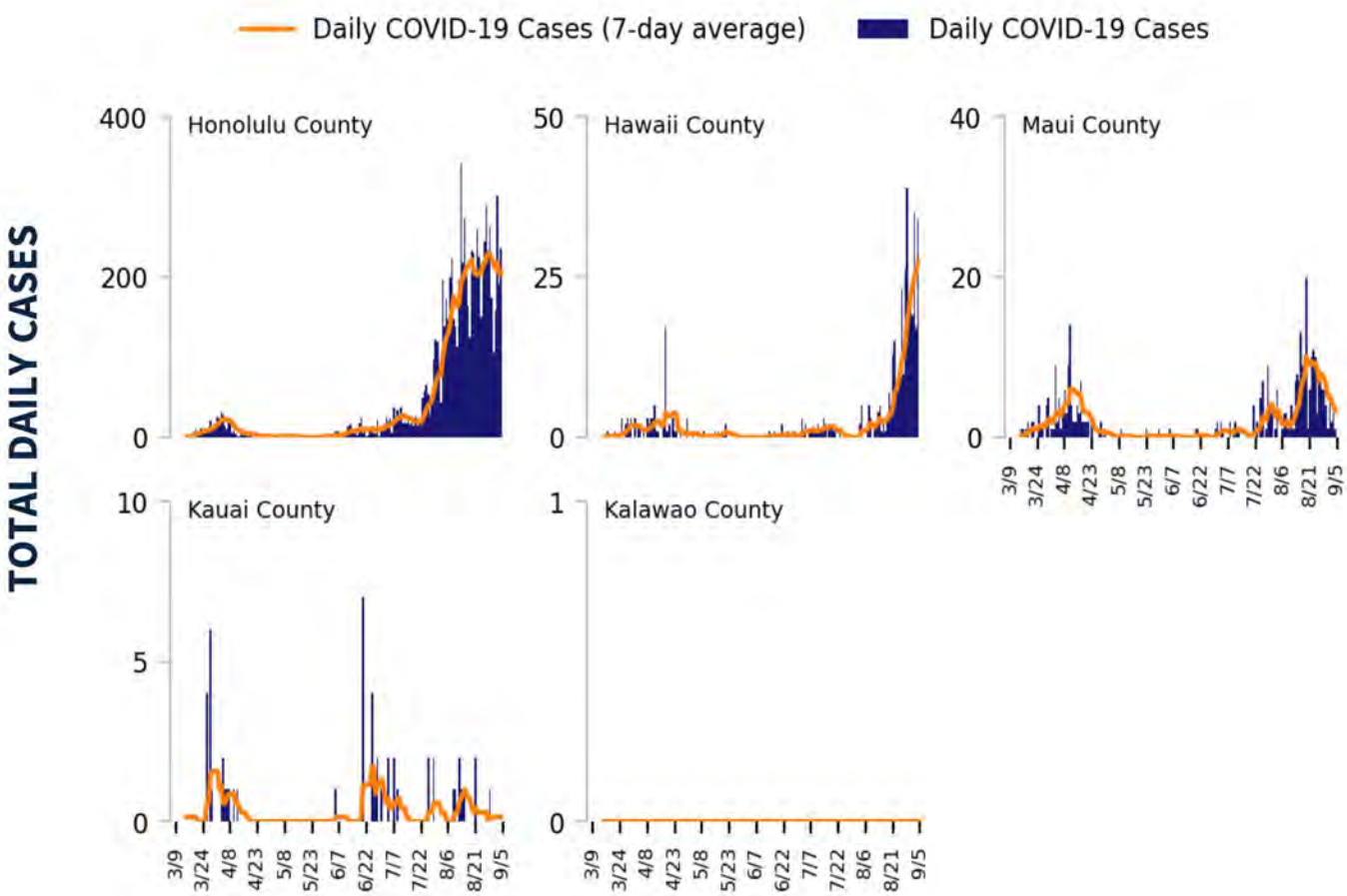
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020.

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



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HAWAII

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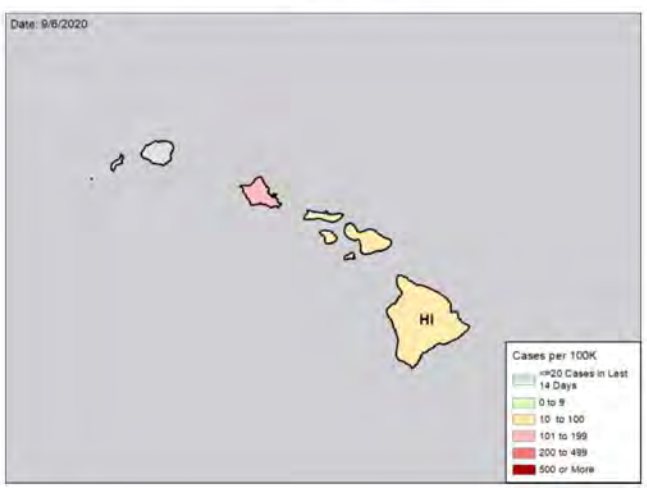
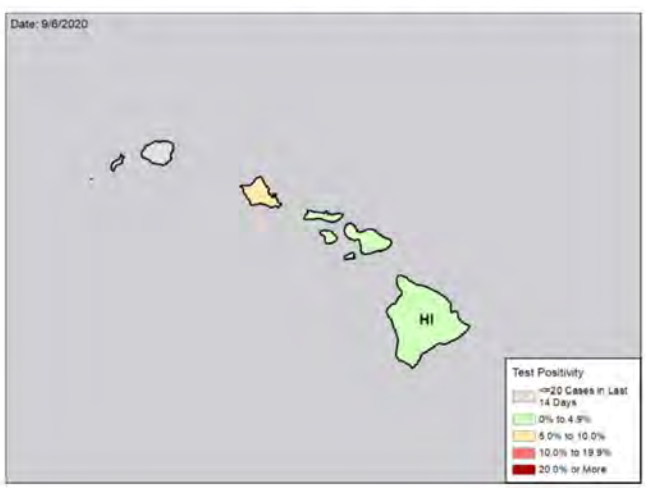
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

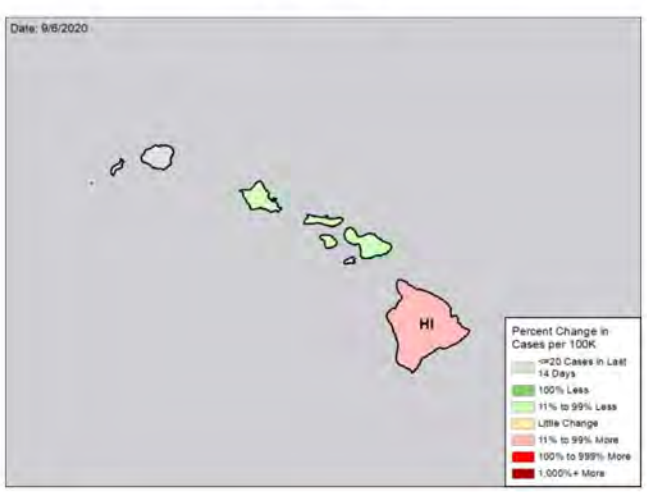
NEW CASES PER 100,000 DURING THE LAST WEEK



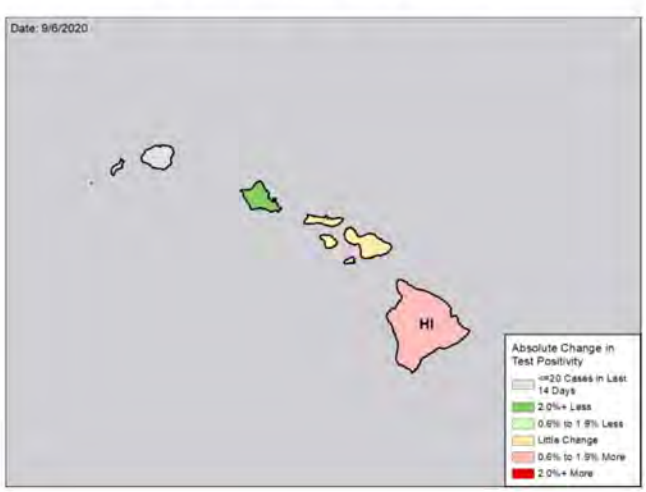
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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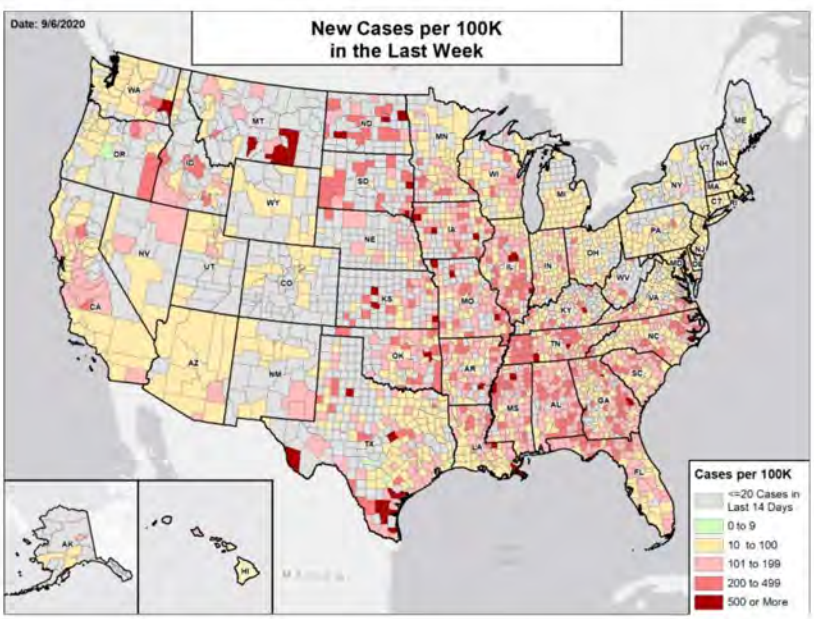
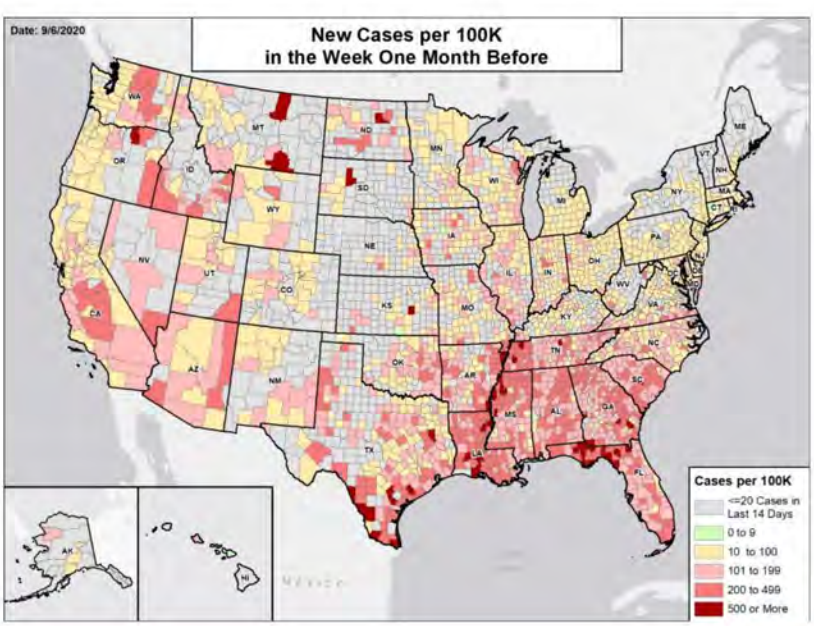
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



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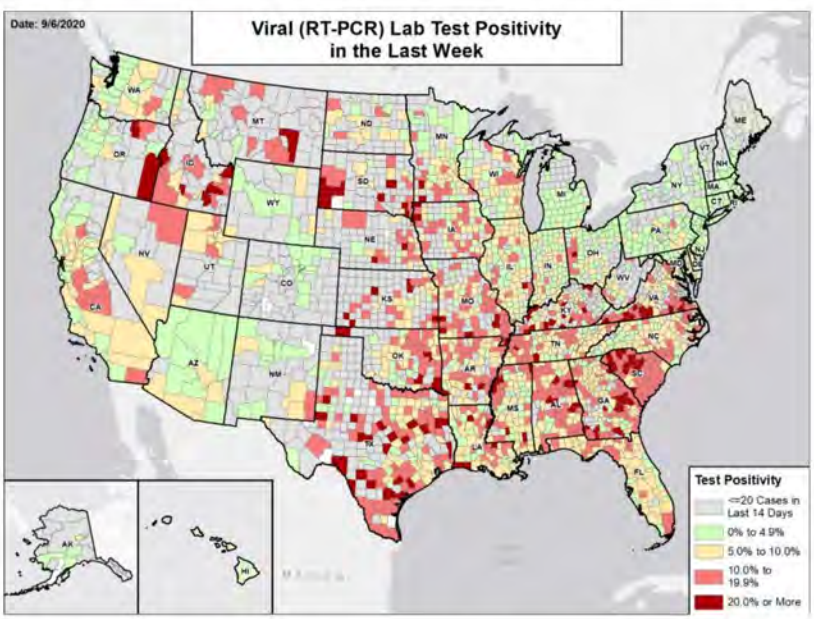
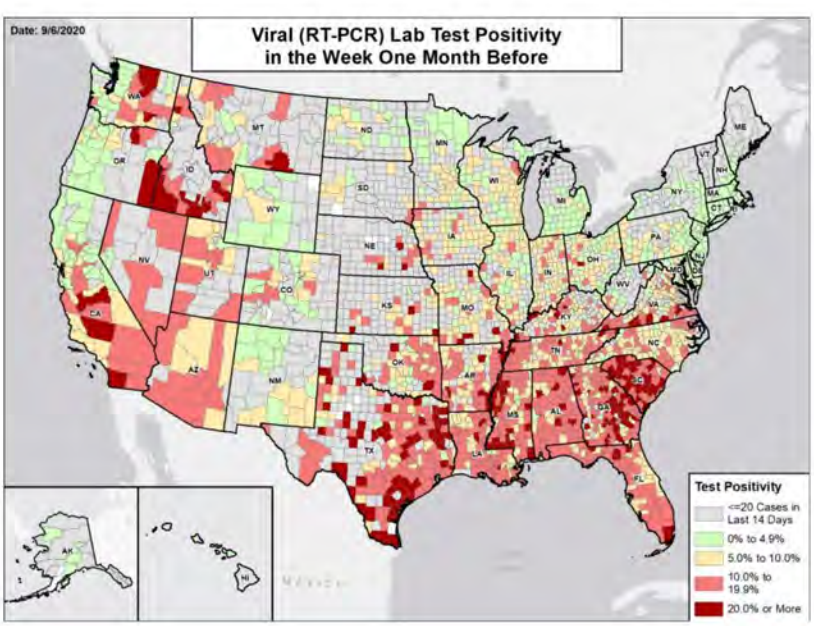
National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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METHODS

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

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STATE REPORT
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IDAHO

SUMMARY

- Idaho is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, with the 22nd highest rate in the country. Idaho is in the red zone for test positivity, indicating a rate above 10%, with the 5th highest rate in the country.
- Idaho 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. Ada County, 2. Canyon County, and 3. Bonneville County. These counties represent 57.8% of new cases in Idaho.
- The continued drop in case rates and test positivity across multiple counties is evidence that mitigation efforts are having an impact; increases in Bonneville, Twin Falls, and Madison counties are concerning.
- 52% of all counties in Idaho have moderate or high levels of community transmission (yellow or red zone), with 27% having high levels of community transmission (red zone).
- During the week of Aug 24 – Aug 30, 1% of nursing homes had at least one new resident COVID-19 case, 13% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- Idaho 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: 9 to support operations activities from FEMA; 3 to support epidemiology activities from CDC; and 1 to support operations activities from CDC.
- Between Aug 29 - Sep 04, on average, 14 patients with confirmed COVID-19 and 7 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Idaho. 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 deploy and expand effective mitigation efforts across the state.
- New state dashboard is a potentially powerful educational and informational platform; feature strong recommendations for face covering and prominent display of county-level data, college and university data, and local policies for school openings and face coverings.
- Continue to encourage vulnerable family members to protect themselves by avoiding family gatherings and any indoor events where face coverings are not uniformly worn and social distancing is not possible or practiced.
- Identify groups that are not wearing face coverings and target educational efforts to them.
- Continue impressive efforts to enhance testing capacity by expanding public-private partnerships; increasing the budget and capacity of public health labs; pooling specimens where appropriate; and utilizing all university, veterinary, and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Require all universities and colleges to have a plan for periodic retesting of students, with quick turnaround times for results, and rapid isolation of cases and quarantine of contacts; residential cases and contacts should not be sent home to isolate or quarantine.
- Universities and colleges should work with various student leaders and student-run news organizations to support compliance with recommendations.
- Recruit college and university students to expand public health messaging and contact tracing capacity and ensure protection of local communities by strict mask wearing and social distancing off campus.
- Continue policy and education on home isolation or quarantine for all who are tested while awaiting test results and/or those who are known contacts of a case; as needed, provide housing, material support, and counseling to facilitate 10-day isolation or 14-day quarantine.
- 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.
- Tribal Nations: Continue to deploy specific, culturally relevant public health messaging. Pooled testing should be instituted for multigenerational households. Spaces and supplies to support quarantine of contacts and isolation of cases should be provided as needed.
- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	1,811 (101)	-10.3%	6,976 (49)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	11.2%	-0.4%*	3.9%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	19,369** (1,084)	-9.9%**	181,912** (1,268)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	29 (2)	-39.6%	111 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	1% (13%)	-7%* (-9%*)	4% (10%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	+0%*	2%	5%

MOBILITY ▶

* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

IDAHO

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	3	Boise Idaho Falls Ontario	10	Twin Falls Coeur d'Alene Pocatello Lewiston Blackfoot Moscow Rexburg Burley Mountain Home Logan
COUNTY LAST WEEK	12	Ada Canyon Bonneville Payette Jerome Washington Power Gooding Gem Owyhee Custer Butte	11	Kootenai Twin Falls Bannock Nez Perce Bingham Jefferson Latah Madison Minidoka Elmore Fremont

Red CBSAs: Boise CBSA is comprised of Ada County, ID; Boise County, ID; Canyon County, ID; Gem County, ID; and Owyhee County, ID. Idaho Falls is comprised of Bonneville County, ID; Butte County, ID; and Jefferson County, ID. Ontario CBSA is comprised of Payette County, ID and Malheur County, OR.

Yellow CBSAs: Twin Falls CBSA is comprised of Jerome County, ID and Twin Falls County, ID. Coeur d'Alene CBSA is comprised of Kootenai County, ID. Pocatello CBSA is comprised of Bannock County, ID and Power County, ID. Lewiston CBSA is comprised of Nez Perce County, ID and Asotin County, WA. Blackfoot CBSA is comprised of Bingham County, ID. Moscow CBSA is comprised of Latah County, ID. Rexburg CBSA is comprised of Fremont County, ID and Madison County, ID. Burley CBSA is comprised of Cassia County, ID and Minidoka County, ID. Mountain Home CBSA is comprised of Elmore County, ID. Logan CBSA is comprised of Franklin County, ID and Cache County, UT.

*** 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 9/4/2020; last week is 8/29 - 9/4, three weeks is 8/15 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2.

IDAHO

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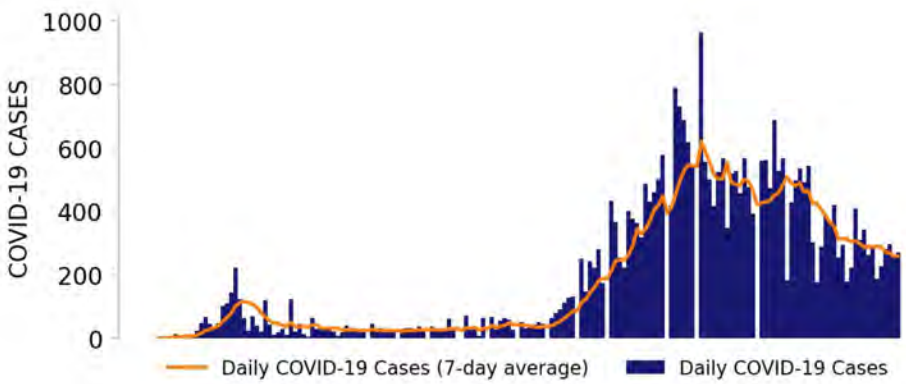
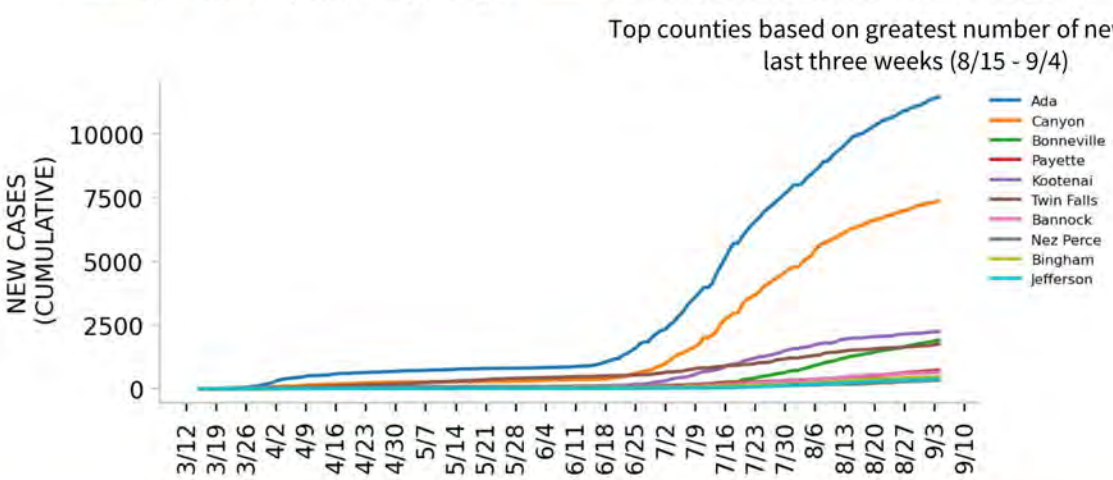
NEW CASES



TESTING

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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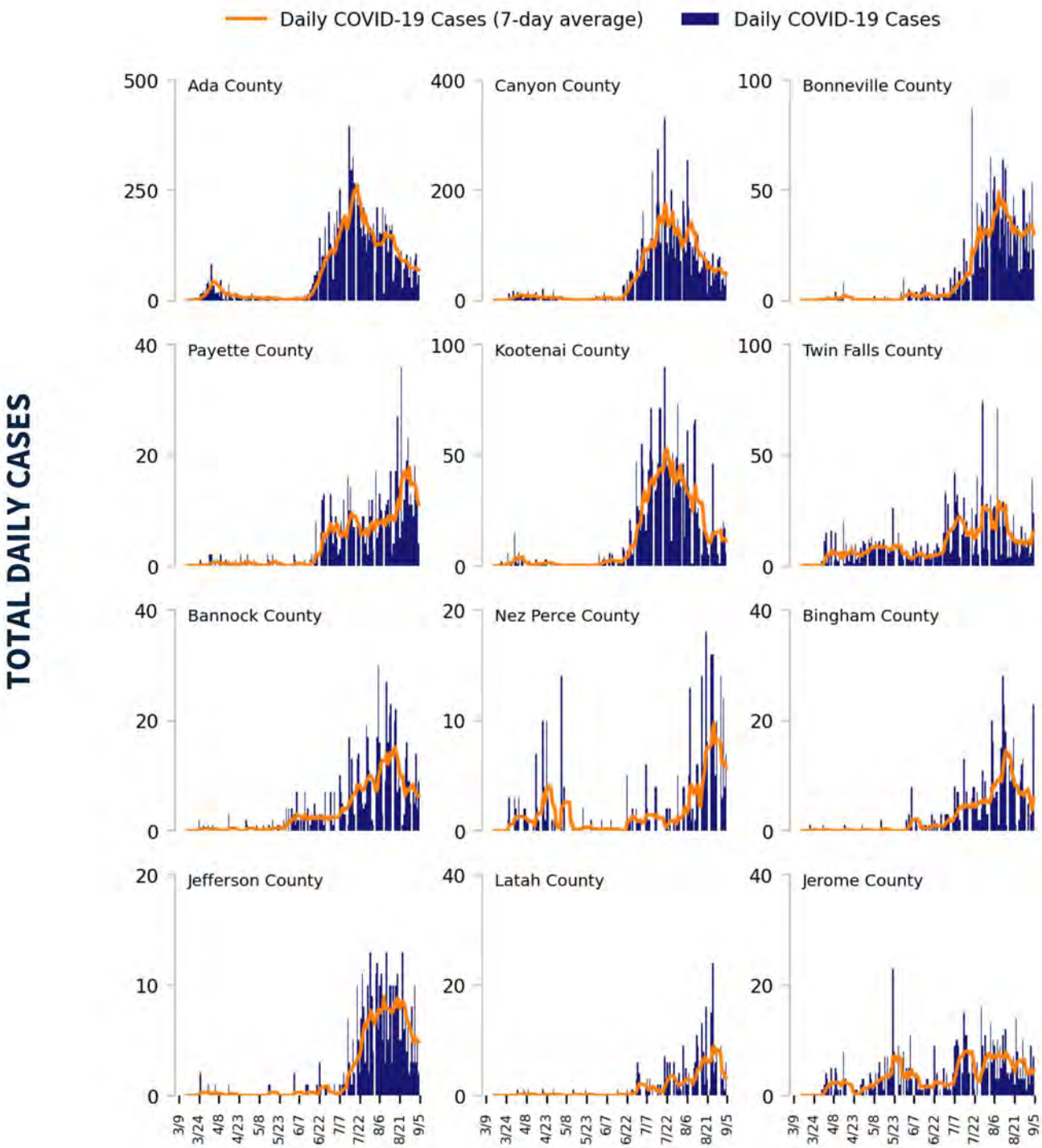
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020.

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 9/4/2020. Last 3 weeks is 8/15 - 9/4.

IDAHO

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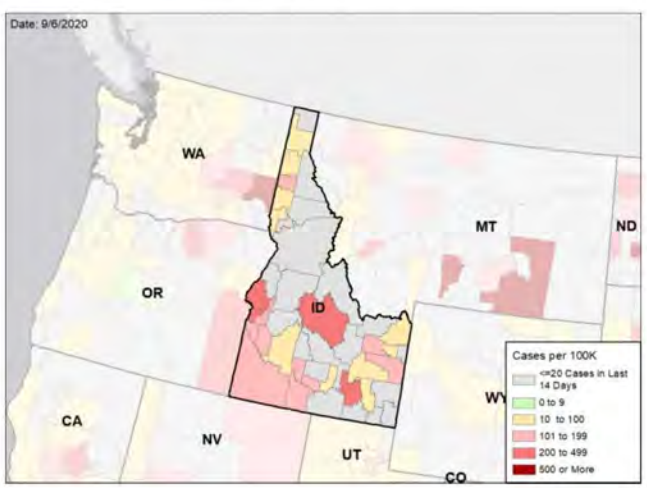
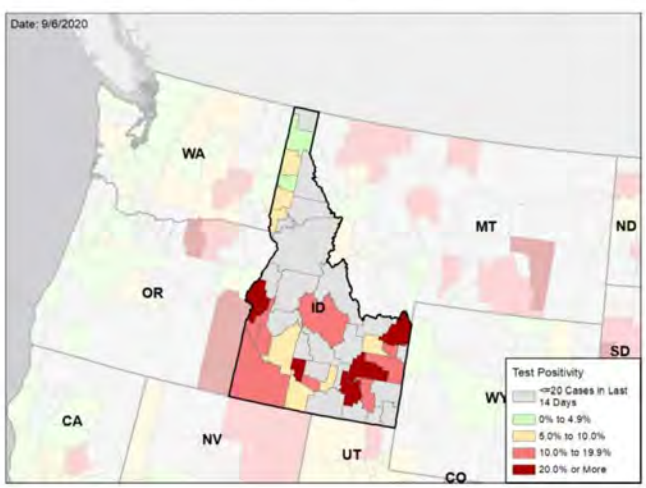
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

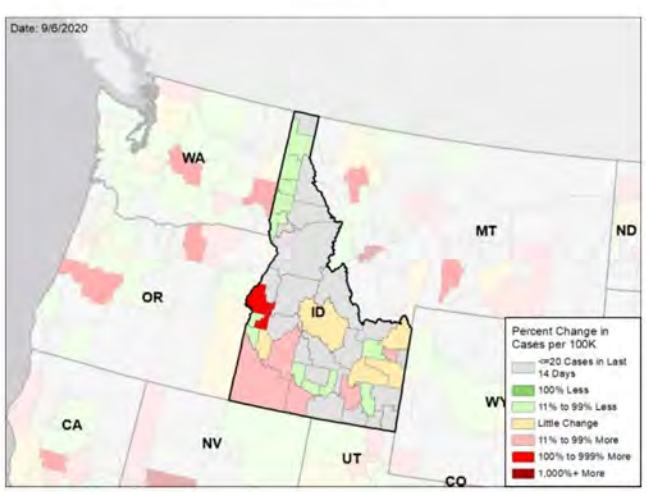
NEW CASES PER 100,000 DURING THE LAST WEEK



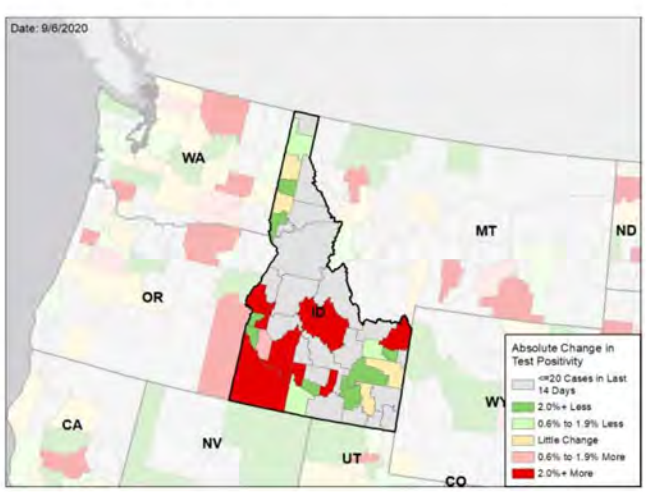
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

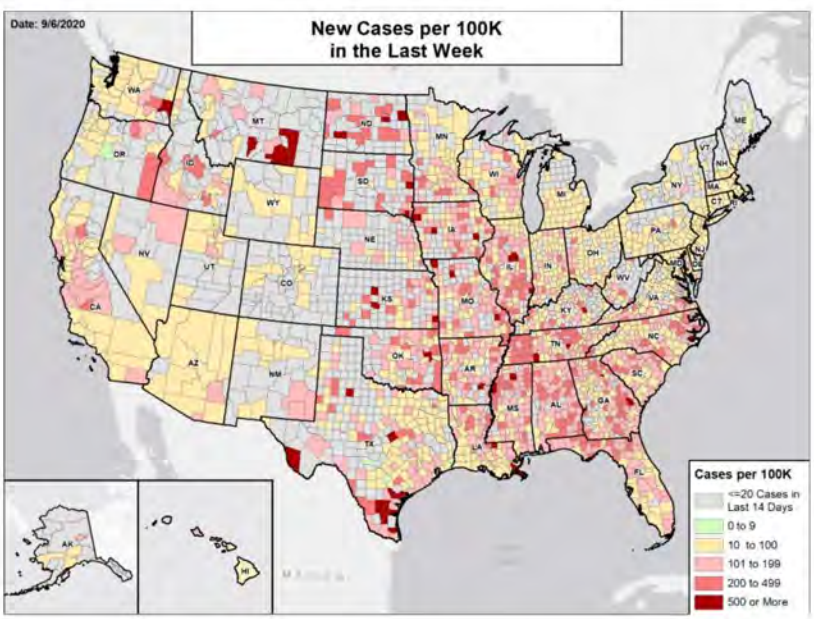
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/4/2020. Last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

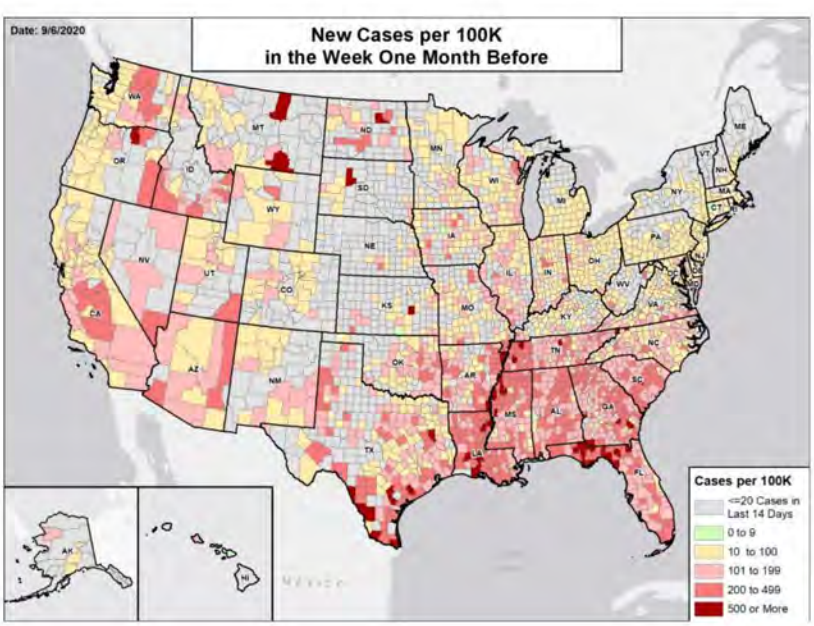
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



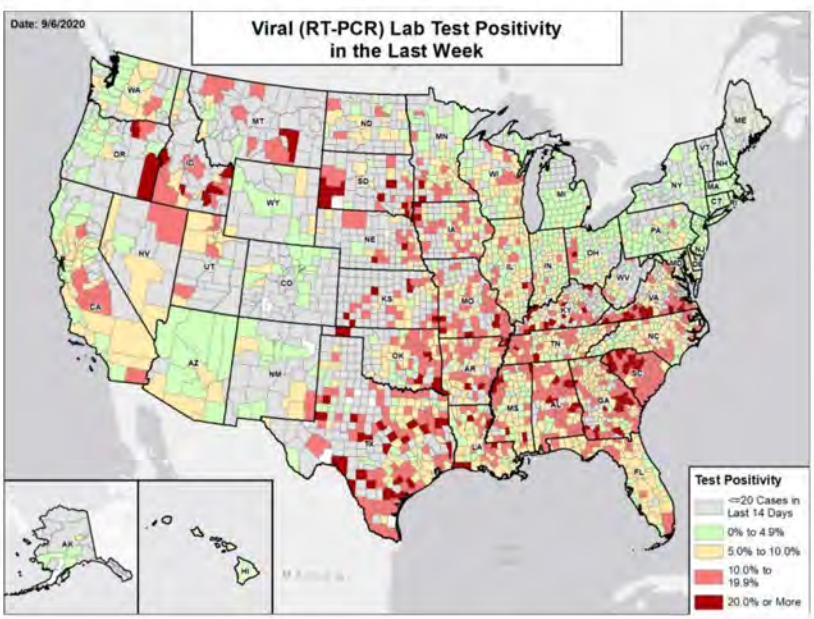
DATA SOURCES

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

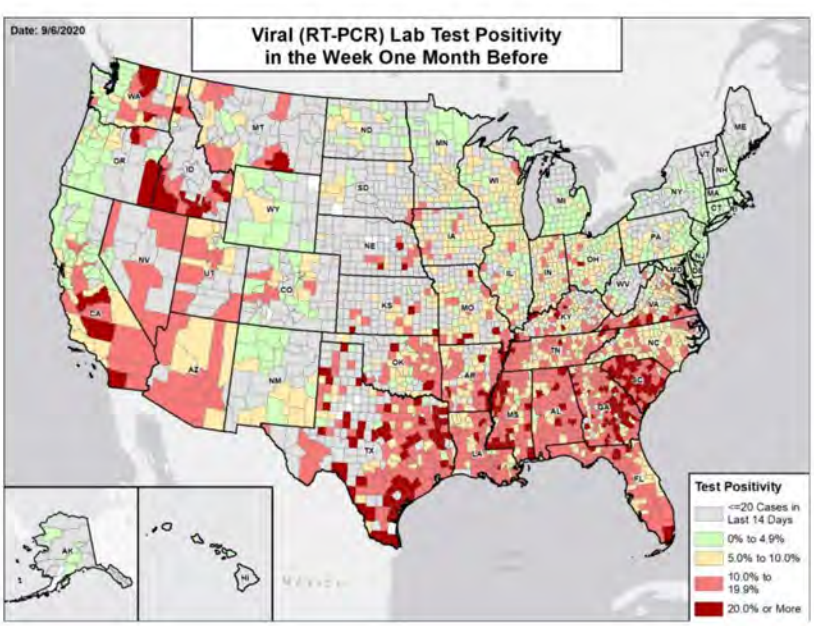
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

STATE REPORT
09.06.2020

ILLINOIS

SUMMARY

- Illinois 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. 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 an increase in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Cook County, 2. DuPage County, and 3. Will County. These contiguous counties in the Chicago CBSA represent 45.9% of new cases in Illinois. Viral transmission is widely distributed in Illinois with the highest incidences reported outside of the Chicago CBSA from multiple counties in mid and southern Illinois.
- 60% of all counties in Illinois have moderate or high levels of community transmission (yellow or red zone), with 15% having high levels of community transmission (red zone).
- Illinois State University (McLean County) has reported approximately 1,300 positive tests among students since Aug 17, including 549 in the 7 days to Sep 5; 7-day test positivity rate was 19.7%. McLean County reported a 7-day incidence exceeding 500 per 100,000 population. University of Illinois at Urbana-Champaign imposed a 2-week near lockdown after a surge of cases linked to large parties.
- During the week of Aug 24 – Aug 30, 10% of nursing homes had at least one new resident COVID-19 case, 19% of nursing homes had at least one new staff COVID-19 case, and 3% of nursing homes had at least one new resident COVID-19 death.
- Illinois had 125 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 66 to support operations activities from FEMA; 6 to support operations activities from ASPR; 1 to support epidemiology activities from CDC; and 7 to support operations activities from USCG.
- Between Aug 29 - Sep 04, on average, 114 patients with confirmed COVID-19 and 432 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Illinois. 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

- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- Recommendations specific to institutions of higher education (IHE) are highlighted below given the concerning trends nationally and the need to intensify efforts to control COVID-19 among university students and minimize spread to local communities.
- IHE should increase testing capacity by expanding public-private partnerships; increasing the budget and capacity of public health labs; pooling specimens where appropriate; and utilizing all university, veterinary and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Require all universities and colleges to have a plan for both rapid testing and contact tracing of symptomatic students and periodic surveillance testing of students, with quick turnaround times for results, and rapid isolation of cases and quarantine of contacts; residential cases and contacts should not be sent home to isolate or quarantine.
- Recruit college and university students to expand public health messaging and contact tracing capacity and protect local communities by strict mask wearing and social distancing off campus.
- Universities and colleges must work with various student leaders and campus media to support compliance with recommendations.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- University students with or exposed to COVID-19 must have isolation, 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 conduct contact tracing in collaboration with local public health authorities. Support university officials in messaging to students about the importance of full cooperation.
- Ensure all nursing homes, assisted living, and elderly care sites follow CMS staff testing requirements and, if cases within local universities rise, increase testing even further to prevent spread from students to residents through staff. Expanding nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- 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 university public-facing dashboards.
- Consider development of plans and procedures for deployment of Joint Response and Assessment Teams to identified hot spots or critical areas (e.g., long-term care facilities, hospitals). These teams should be developed collaboratively leveraging the capabilities of local, state, and private sector organizations, contracted services and volunteer resources. They should be able to provide rapid assessment and surge capacity, including stabilizing or augmenting on-site operations.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

ILLINOIS

STATE REPORT | 09.06.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	15,888 (125)	+17.2%	47,030 (90)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.1%	+0.0%*	4.9%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	328,400** (2,592)	+4.8%**	1,120,142** (2,132)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	145 (1)	+2.8%	526 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	10% (19%)	-1%* (-3%*)	8% (15%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	+0%*	3%	5%

MOBILITY ▶

* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS

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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

ILLINOIS

STATE REPORT | 09.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	4	Bloomington Jacksonville Fort Madison-Keokuk Cape Girardeau	20	Chicago-Naperville-Elgin St. Louis Peoria Carbondale-Marion Davenport-Moline-Rock Island Rockford Charleston-Mattoon Ottawa Kankakee Effingham Decatur Sterling
COUNTY LAST WEEK	15	McLean Clinton Morgan Bureau Monroe Grundy Lawrence Jasper Greene Cass Crawford Wabash	46	Cook Will Kane Madison St. Clair Peoria McHenry Winnebago Tazewell Coles Williamson Rock Island

All Yellow CBSAs: Chicago-Naperville-Elgin, St. Louis, Peoria, Carbondale-Marion, Davenport-Moline-Rock Island, Rockford, Charleston-Mattoon, Ottawa, Kankakee, Effingham, Decatur, Sterling, Mount Vernon, Centralia, Macomb, Lincoln, Rochelle, Dixon, Burlington, Paducah

All Red Counties: McLean, Clinton, Morgan, Bureau, Monroe, Grundy, Lawrence, Jasper, Greene, Cass, Crawford, Wabash, Pulaski, Stark, Schuyler

All Yellow Counties: Cook, Will, Kane, Madison, St. Clair, Peoria, McHenry, Winnebago, Tazewell, Coles, Williamson, Rock Island, Kankakee, LaSalle, Effingham, Macon, Randolph, Jackson, Kendall, Henry, DeKalb, Whiteside, Jersey, Jefferson, Shelby, Marion, Boone, McDonough, Fayette, Bond, Logan, Union, Douglas, Cumberland, Ogle, Hancock, Lee, Moultrie, Warren, Edgar, Washington, Wayne, Richland, Pike, Saline, Henderson

*** 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 9/2/2020. Last week is 8/27 - 9/2.

ILLINOIS

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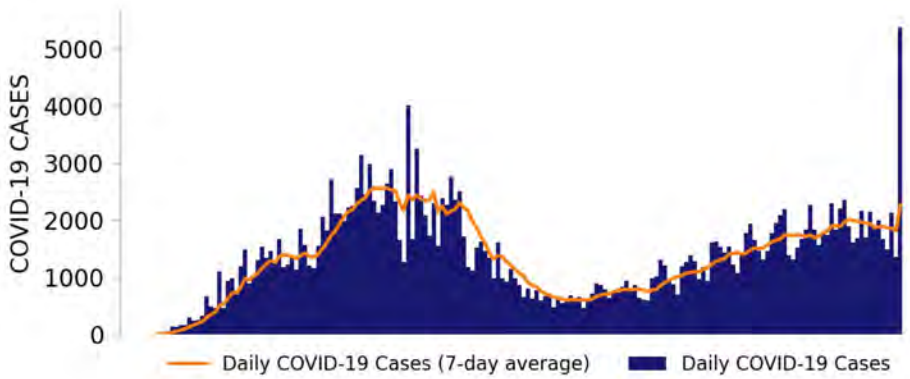
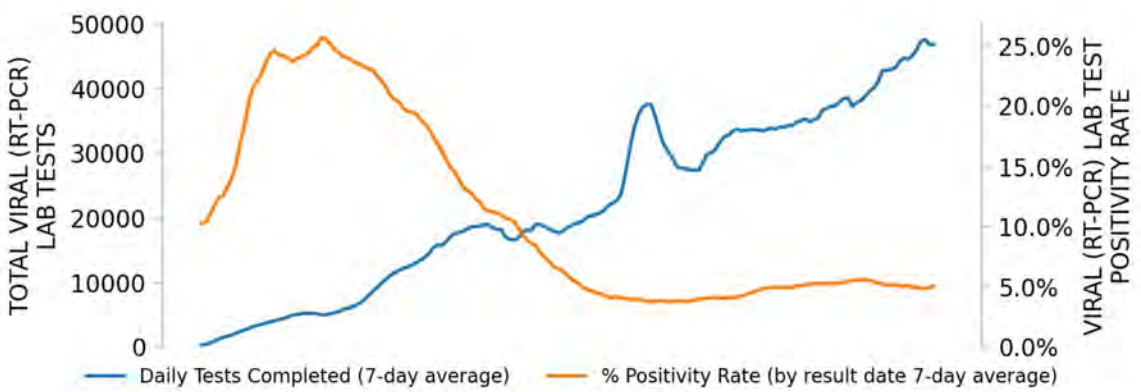
NEW CASES

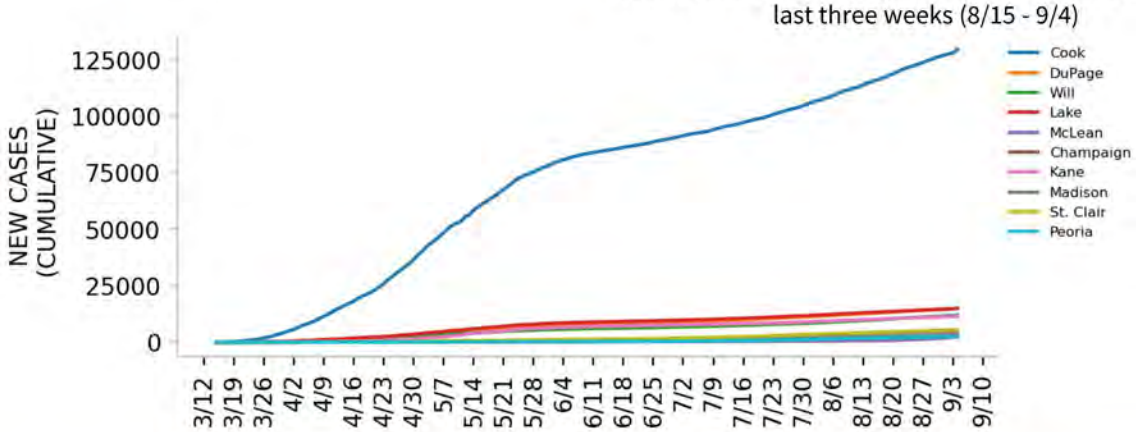


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/15 - 9/4)



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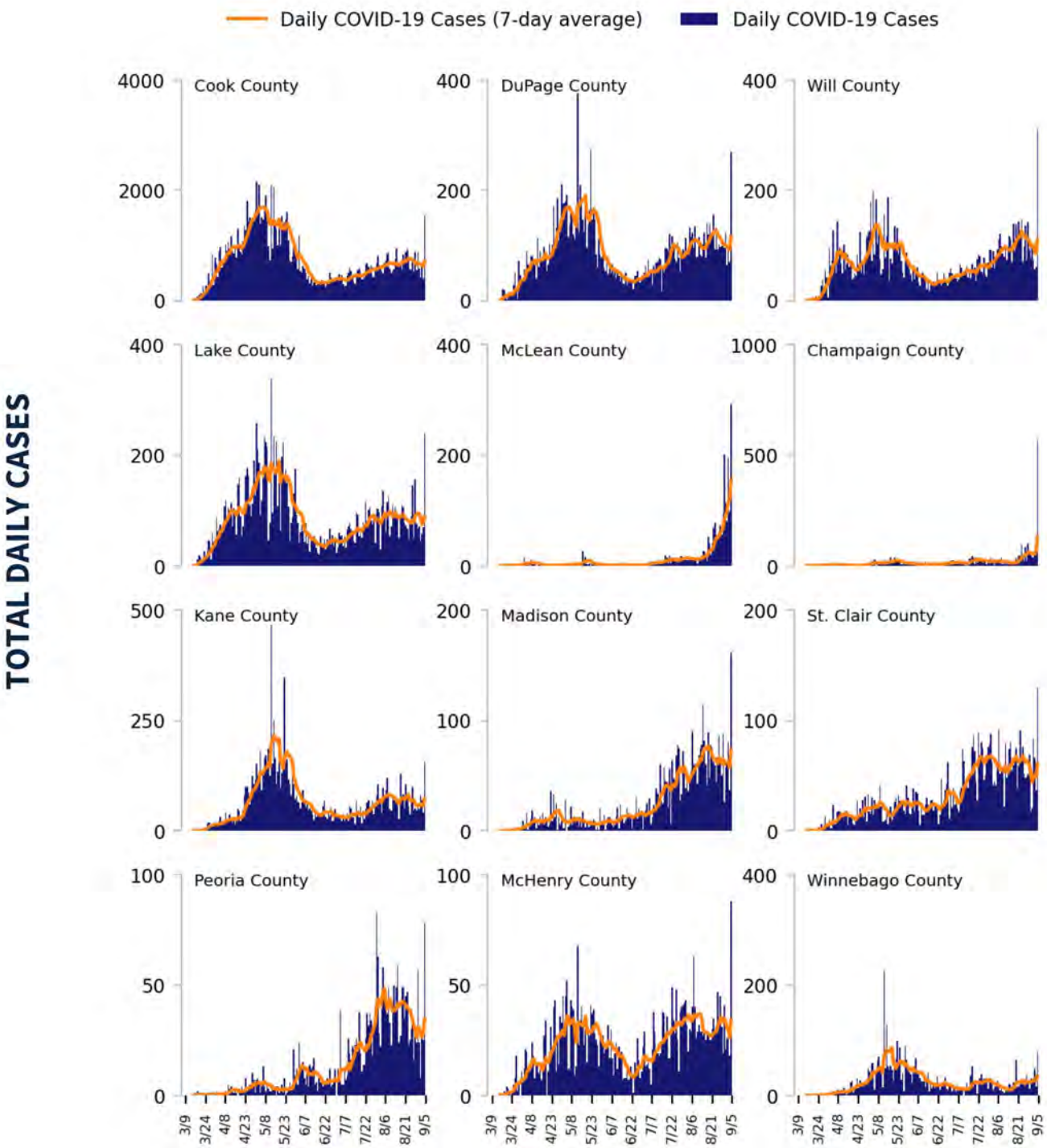
Top 12 counties based on number of new cases in the last 3 weeks



DATA SOURCES – Additional data details available under METHODS

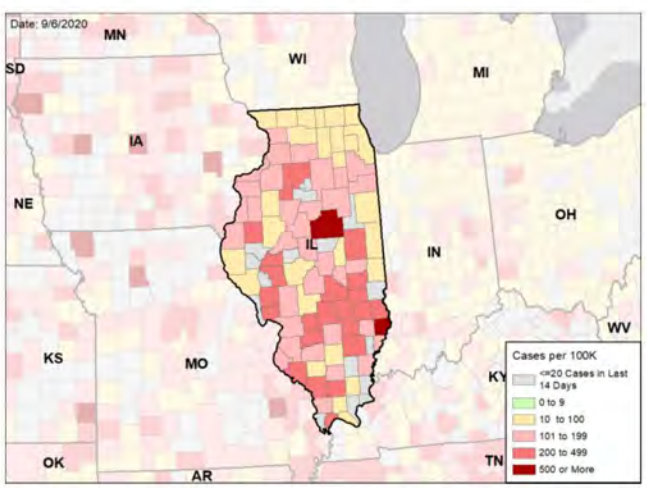
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/4/2020. Last 3 weeks is 8/15 - 9/4.

ILLINOIS

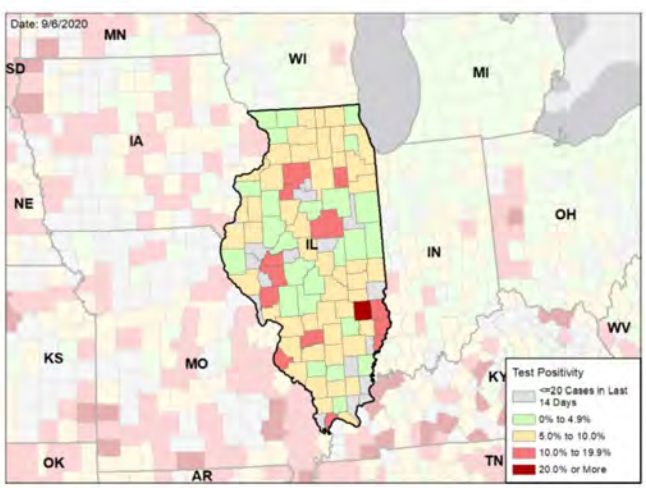
STATE REPORT | 09.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

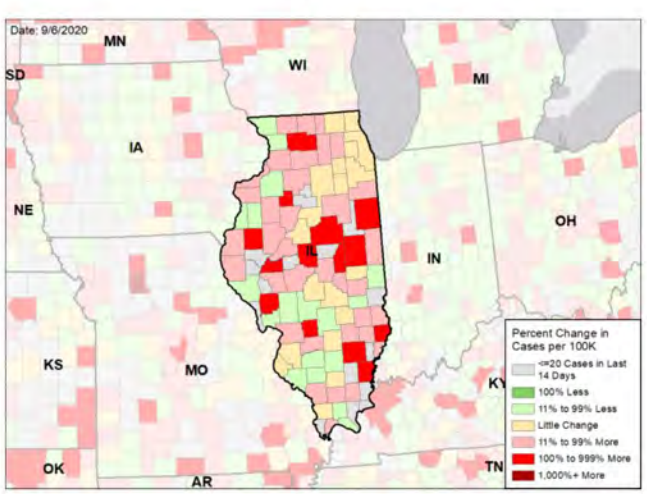
NEW CASES PER 100,000 DURING THE LAST WEEK



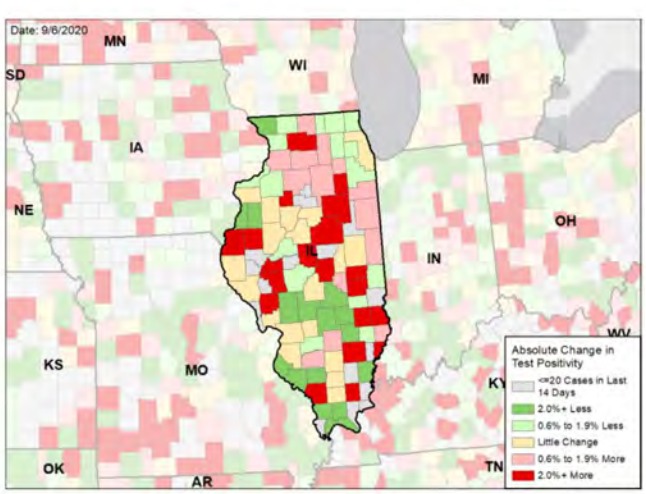
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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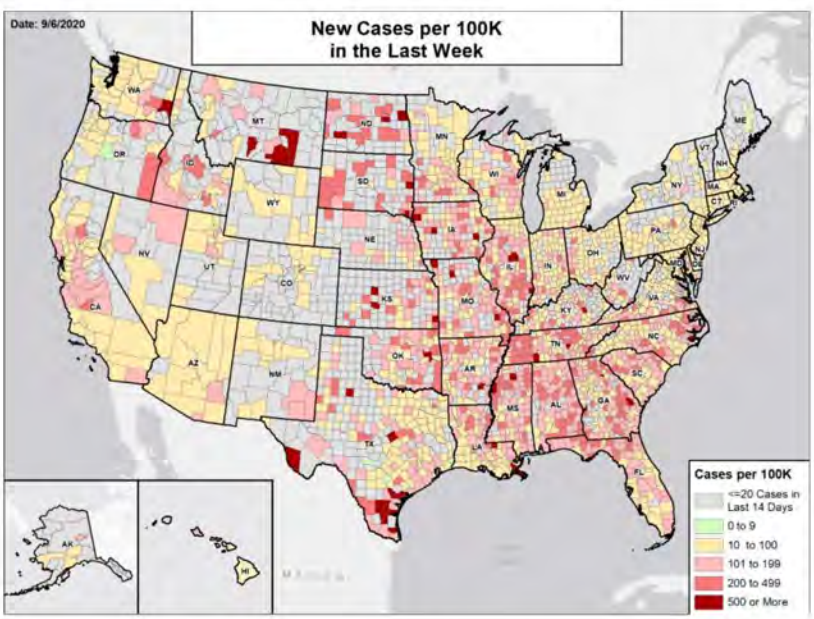
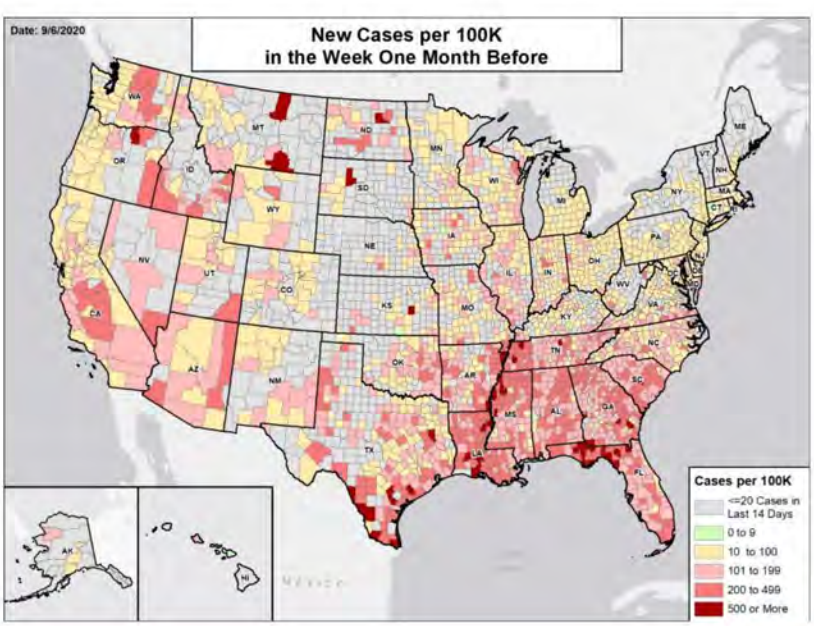
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



DATA SOURCES

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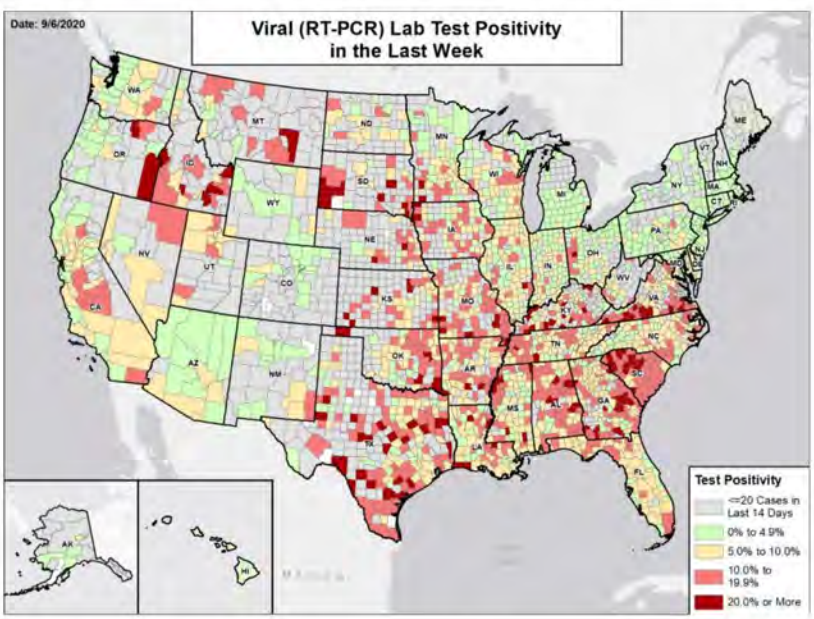
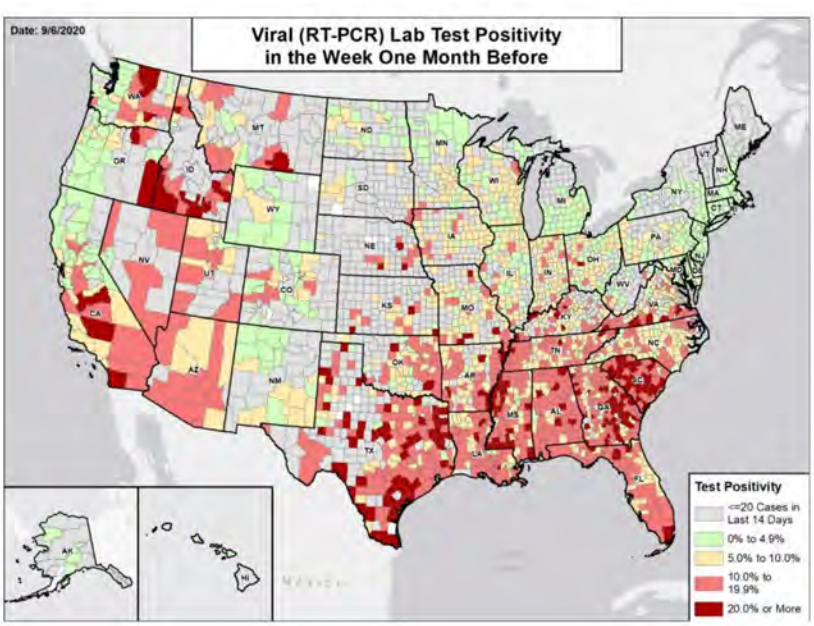
National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



DATA SOURCES

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Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

STATE REPORT
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INDIANA

SUMMARY

- Indiana is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 23rd highest rate in the country. Indiana is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 27th highest rate in the country.
- Indiana 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. Marion County, 2. St. Joseph County, and 3. Lake County. These counties represent 26.8% of new cases in Indiana.
- 49% of all counties in Indiana have moderate or high levels of community transmission (yellow or red zone), with 4% having high levels of community transmission (red zone).
- During the week of Aug 24 – Aug 30, 8% of nursing homes had at least one new resident COVID-19 case, 12% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- Indiana had 98 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 7 to support operations activities from FEMA and 1 to support operations activities from CDC.
- Between Aug 29 - Sep 04, on average, 68 patients with confirmed COVID-19 and 166 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Indiana. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Indiana has made progress and, to sustain the gains, should continue the strong mitigation efforts statewide and strengthen mitigation efforts in university towns to decrease spread from universities to the local community. Consider a further reduction in hours and occupancy limits in bars and restaurants in university counties and anywhere university and college students gather if cases begin to rise.
- A significant number of cases have occurred in Monroe County due to university spread; students must be quarantined on site and not returned home to create hometown spread. All students must be made aware of asymptomatic silent spread and the risk to their family members.
- We are seeing gains being reversed in other states due to university spread. Indiana universities need to increase testing and isolation to prevent spread from students to local communities and hometowns. This includes detecting asymptomatic students and preventing silent spread of disease through routine saliva testing on university research platforms. Ensure there are quick turnaround times for results and rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent home to isolate or quarantine.
- Increase testing capacity by increasing the budget and capacity of public health labs through:
    - Ensuring hospitals move elective surgeries and admissions testing to pooling in order to reserve tests for community outreach and to expand outpatient testing, pooling specimens where appropriate.
    - Utilizing all university, veterinary, and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Recruit college and university students to expand public health messaging and contact tracing capacity. Ensure protection of local communities by strict mask wearing and social distancing when off-campus and around vulnerable individuals on campus.
- Universities and colleges should work with various student leaders and campus media to support compliance with recommendations.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Increase surveillance for silent community spread by using the Abbott BinaxNOW. Establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders.
- Ask citizens and students to limit ALL social gatherings to 25 or fewer people. Recreating spreading events through bar-like gatherings in homes will result in continued high cases and result in those with comorbidities becoming infected.
- 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. Expanding nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

INDIANA

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	6,624 (98)	-27.0%	47,030 (90)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.3%	-2.3%*	4.9%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	156,450** (2,324)	+14.9%**	1,120,142** (2,132)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	72 (1)	-74.7%	526 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	8% (12%)	+1%* (-5%*)	8% (15%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	+0%*	3%	5%

MOBILITY ▶

* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

INDIANA

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	2	Muncie Bloomington	20	Indianapolis-Carmel-Anderson Chicago-Naperville-Elgin Fort Wayne Terre Haute Louisville/Jefferson County Evansville Marion Connersville Washington Vincennes Kokomo New Castle
COUNTY LAST WEEK	4	Delaware Vigo Monroe Martin	41	Marion Lake Hamilton Allen Vanderburgh Clark Grant Hendricks Porter Madison Johnson Floyd

All Yellow CBSAs: Indianapolis-Carmel-Anderson, Chicago-Naperville-Elgin, Fort Wayne, Terre Haute, Louisville/Jefferson County, Evansville, Marion, Connersville, Washington, Vincennes, Kokomo, New Castle, Jasper, Auburn, Frankfort, Greensburg, Crawfordsville, Angola, Peru, North Vernon

All Yellow Counties: Marion, Lake, Hamilton, Allen, Vanderburgh, Clark, Grant, Hendricks, Porter, Madison, Johnson, Floyd, Fayette, Daviess, Warrick, Knox, Howard, Henry, Sullivan, Harrison, Dubois, Putnam, Greene, DeKalb, Clinton, Clay, Decatur, Montgomery, Washington, Steuben, Randolph, Miami, Whitley, Jennings, Jay, Tipton, Pike, Posey, Starke, Spencer, Crawford

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

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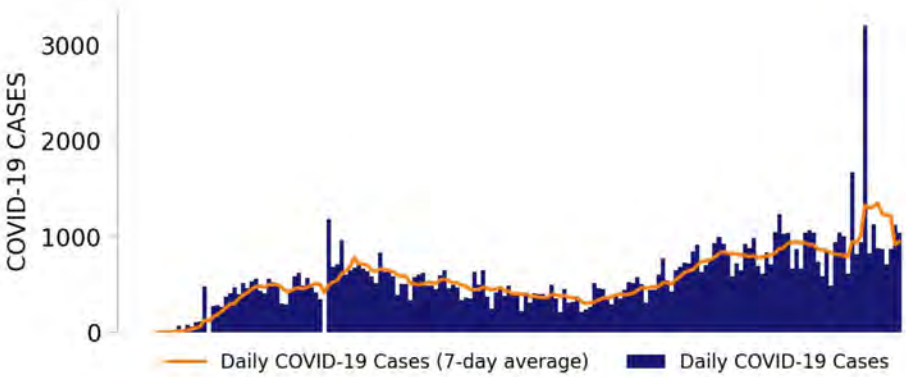
INDIANA

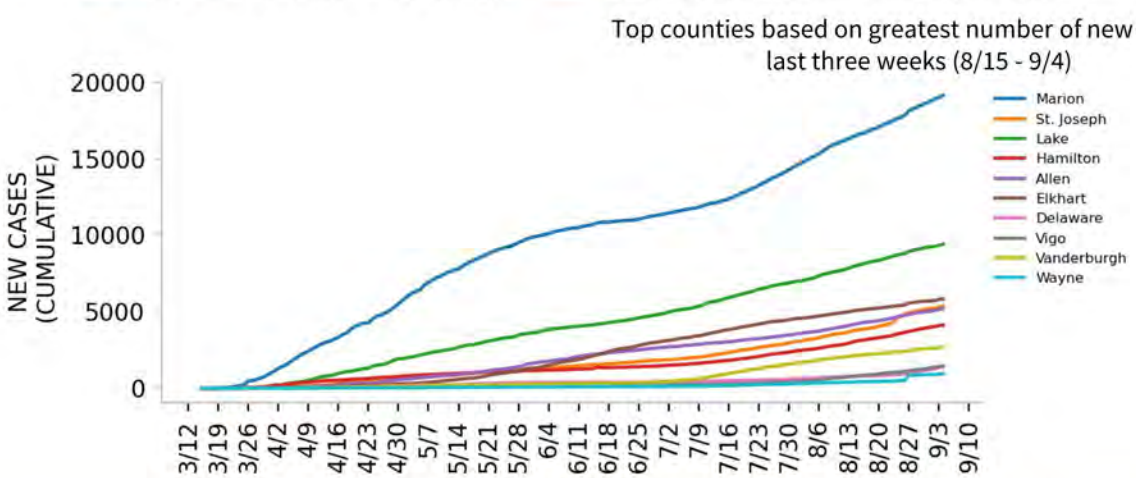
STATE REPORT | 09.06.2020

NEW CASES



TESTING

TOP COUNTIES



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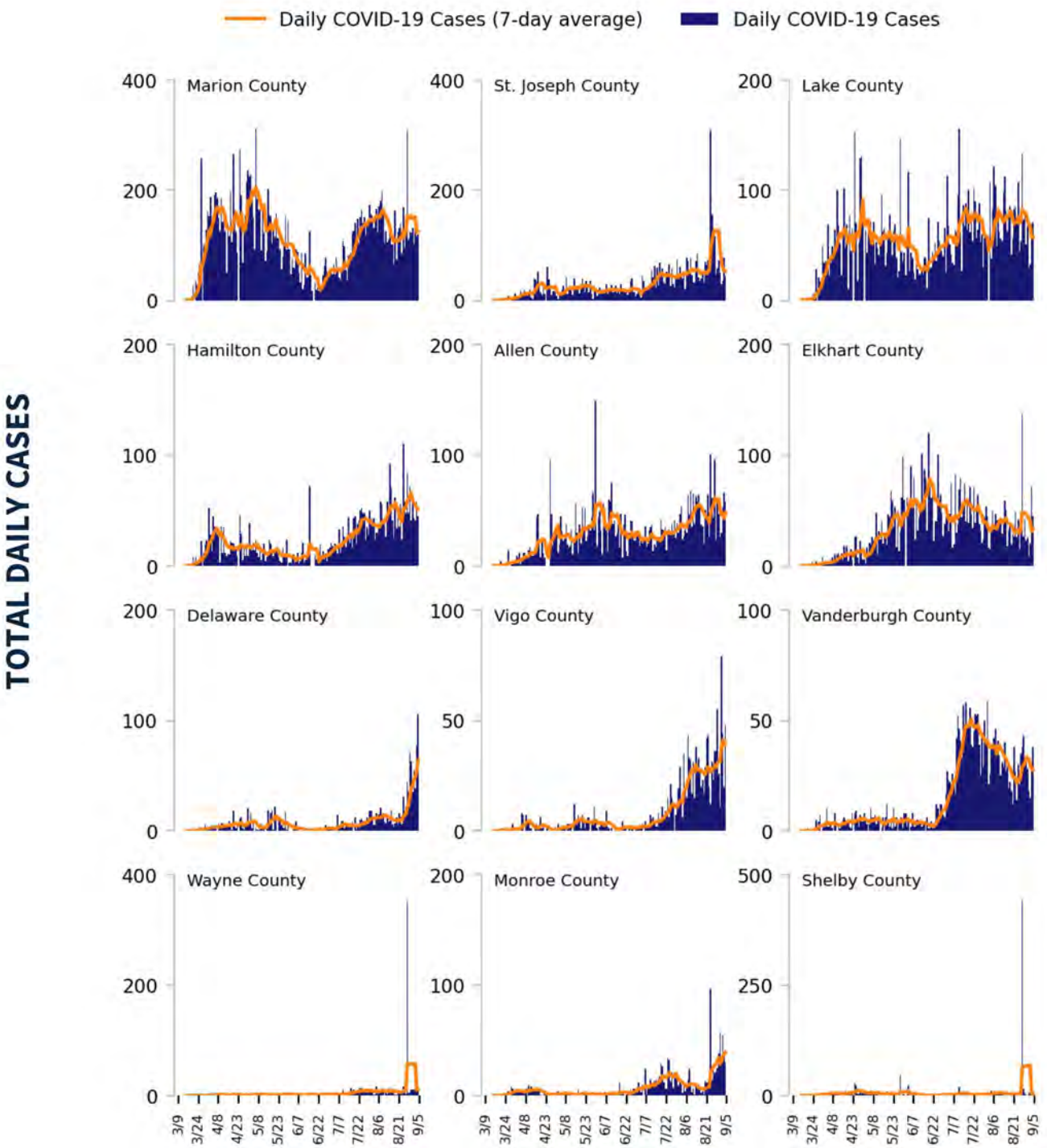

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INDIANA

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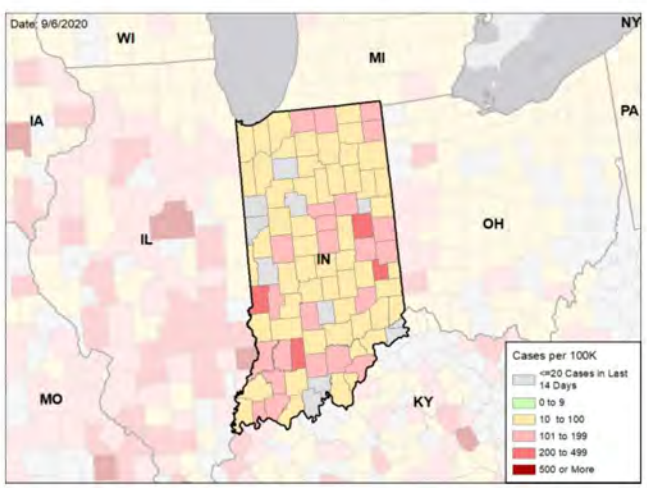
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING THE LAST WEEK



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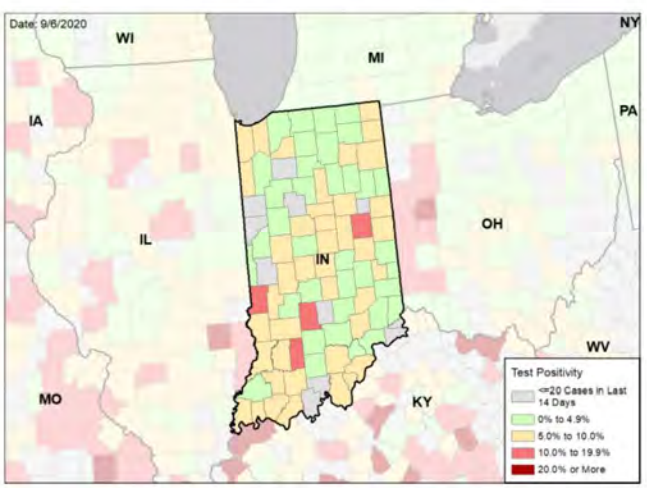

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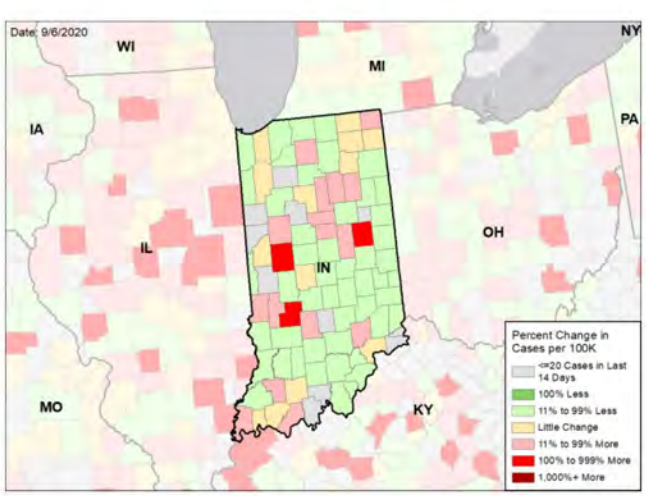

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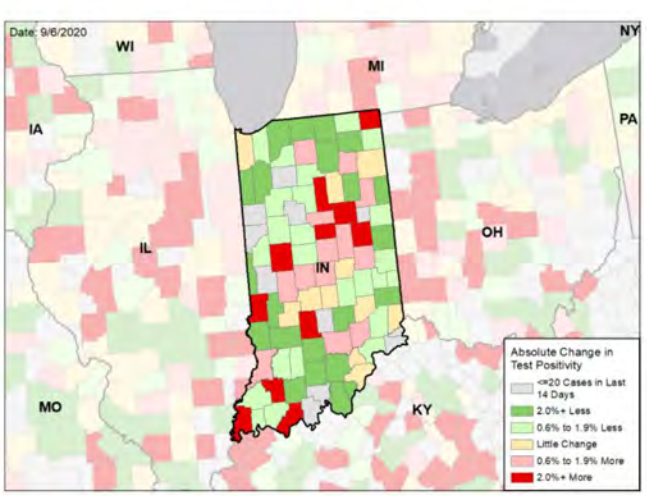

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National Picture

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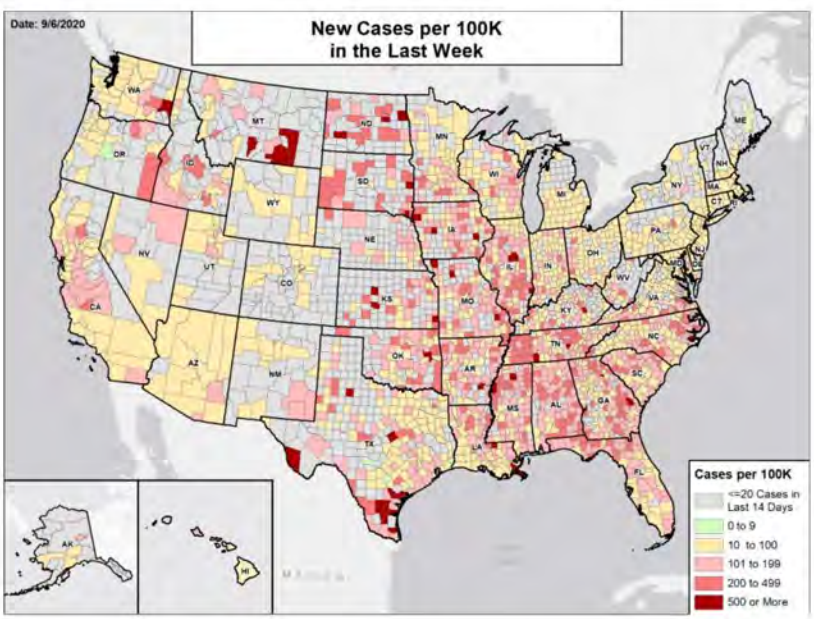

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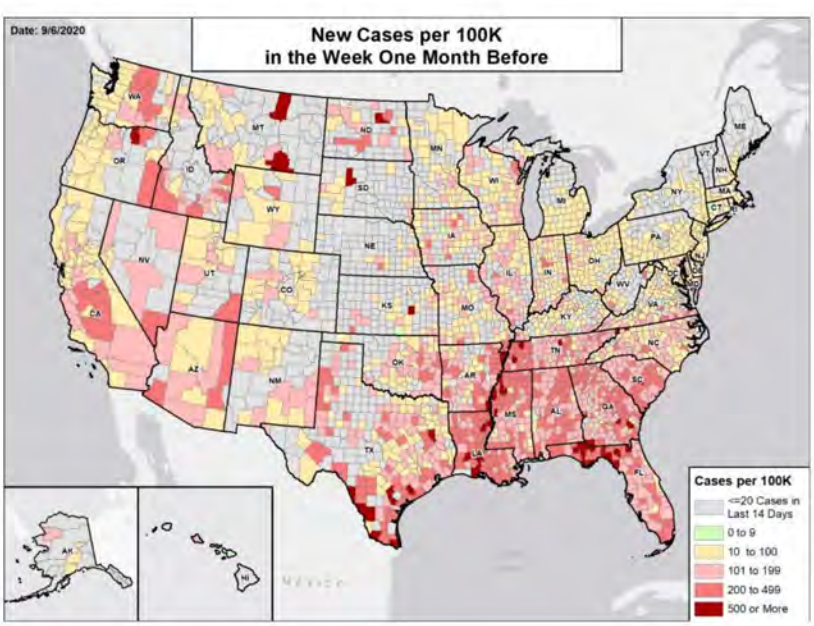

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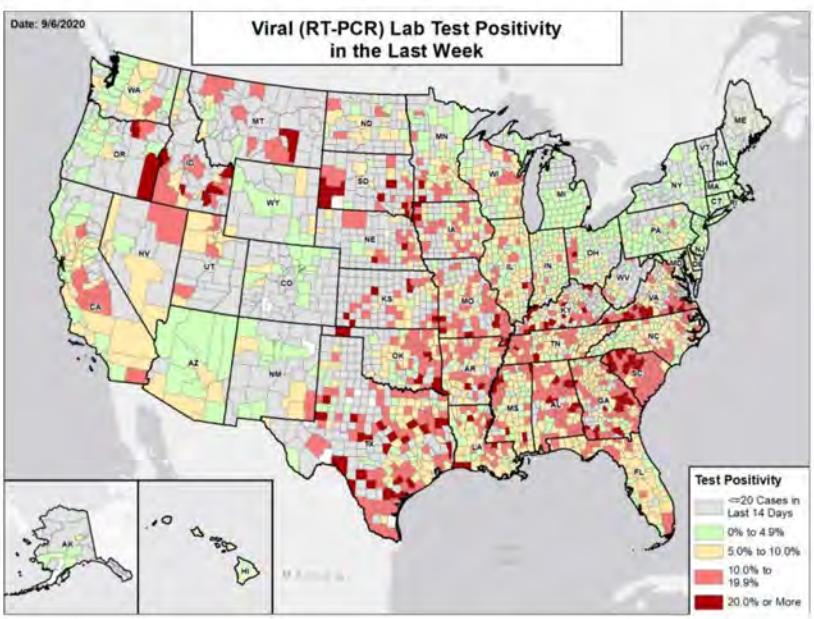
National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



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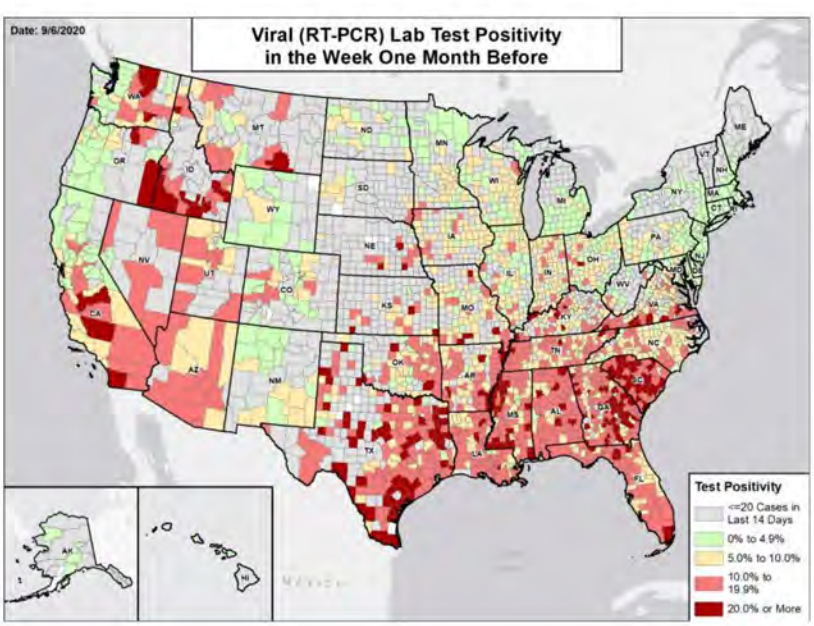

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METHODS

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

STATE REPORT
09.06.2020

IOWA

SUMMARY

- Iowa 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. Iowa is in the red zone for test positivity, indicating a rate above 10%, with the 6th highest rate in the country.
- Iowa 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. Polk County, 2. Johnson County, and 3. Story County. These counties represent 38.9% of new cases in Iowa.
- 62% of all counties in Iowa have moderate or high levels of community transmission (yellow or red zone), with 32% having high levels of community transmission (red zone). The virus is circulating in rural and urban areas.
- During the week of Aug 24 – Aug 30, 6% of nursing homes had at least one new resident COVID-19 case, 17% of nursing homes had at least one new staff COVID-19, and 3% of nursing homes had at least one new resident COVID-19 death.
- Iowa had 189 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 medical activities from VA.
- Between Aug 29 - Sep 04, on average, 49 patients with confirmed COVID-19 and 47 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Iowa. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Require masks in metro areas and counties with COVID-19 cases among students or teachers in K-12 schools.
- In university settings:
    - Increase testing capacity by expanding public-private partnerships; increasing the budget and capacity of public health labs; pooling specimens where appropriate; and utilizing all university, veterinary and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
    - Require all universities and colleges to have a plan for both rapid testing and contact tracing of symptomatic students and periodic surveillance testing of students. Ensure quick turnaround times for results and the rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent home to isolate or quarantine.
    - Recruit college and university students to expand public health messaging and contact tracing capacity and ensure protection of local communities by strict mask wearing and social distancing off campus.
    - Universities and colleges should work with various student leaders and campus media to support compliance with recommendations.
    - Consider utilizing focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- 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.
- Tribal Nations: Continue enforcement of social distancing and masking measures in areas of increased transmission. Continue enhanced testing activities. Increase Abbott ID Now supplies to test individuals in positive households.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	5,950 (189)	-18.7%	21,819 (154)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.4%	+0.1%*	10.0%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	60,865** (1,929)	-1.3%**	190,085** (1,344)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	58 (2)	-21.6%	204 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	6% (17%)	+1%* (+2%*)	7% (15%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	+0%*	4%	5%

MOBILITY ▶

* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	12	Des Moines-West Des Moines Iowa City Ames Waterloo-Cedar Falls Sioux City Clinton Fort Dodge Pella Fort Madison-Keokuk Carroll Marshalltown Ottumwa	9	Cedar Rapids Davenport-Moline-Rock Island Omaha-Council Bluffs Burlington Dubuque Mason City Muscatine Oskaloosa Spirit Lake
COUNTY LAST WEEK	32	Polk Johnson Story Black Hawk Woodbury Clinton Webster Marion Lee Plymouth Pottawattamie Sioux	29	Linn Scott Dallas Des Moines Dubuque Warren Cerro Gordo Henry Winneshiek Jasper Muscatine Mahaska

All Red Counties: Polk, Johnson, Story, Black Hawk, Woodbury, Clinton, Webster, Marion, Lee, Plymouth, Pottawattamie, Sioux, Carroll, Marshall, Wapello, Bremer, Crawford, Delaware, Howard, Butler, Van Buren, Jackson, Hardin, Chickasaw, Monroe, Mitchell, Calhoun, Lyon, Wayne, Sac, Keokuk, Montgomery

All Yellow Counties: Linn, Scott, Dallas, Des Moines, Dubuque, Warren, Cerro Gordo, Henry, Winneshiek, Jasper, Muscatine, Mahaska, Boone, Tama, O'Brien, Fayette, Benton, Dickinson, Grundy, Franklin, Mills, Appanoose, Clarke, Cherokee, Hancock, Shelby, Cedar, Iowa, Page

*** 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 9/4/2020; last week is 8/29 - 9/4, three weeks is 8/15 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2.

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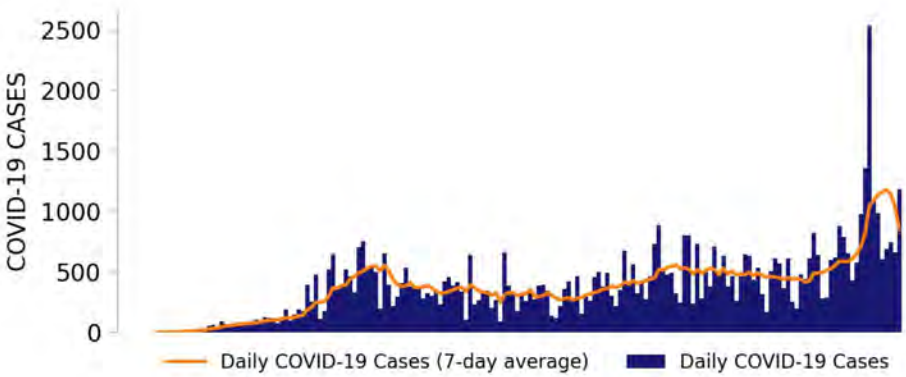
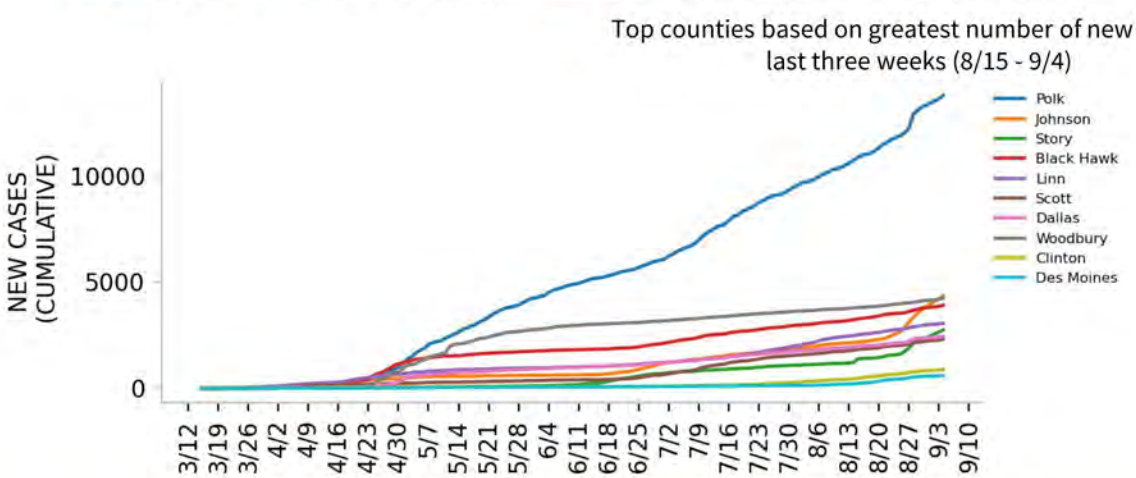
NEW CASES



TESTING

TOP COUNTIES



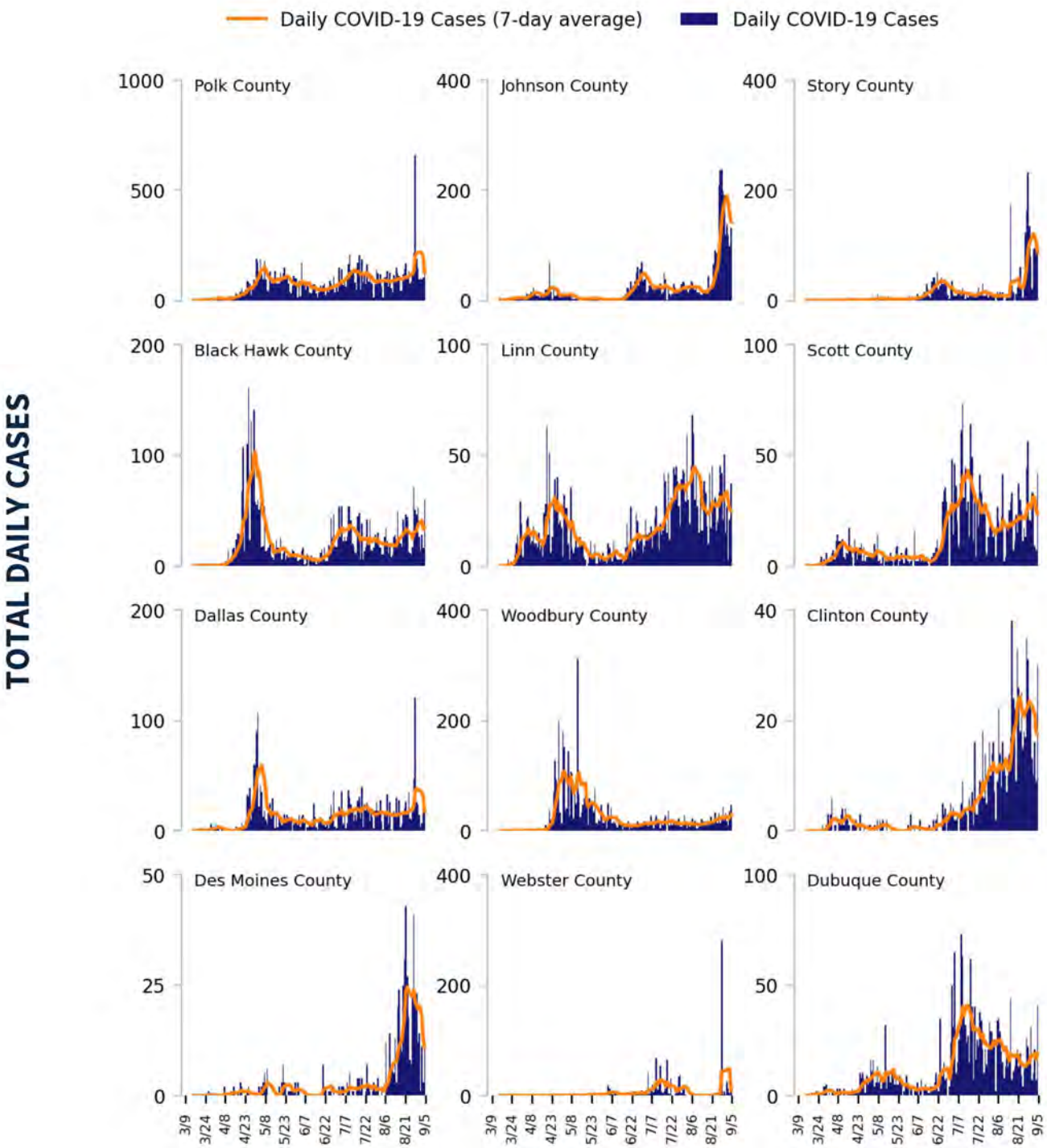
DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/4/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020.

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 9/4/2020. Last 3 weeks is 8/15 - 9/4.

IOWA

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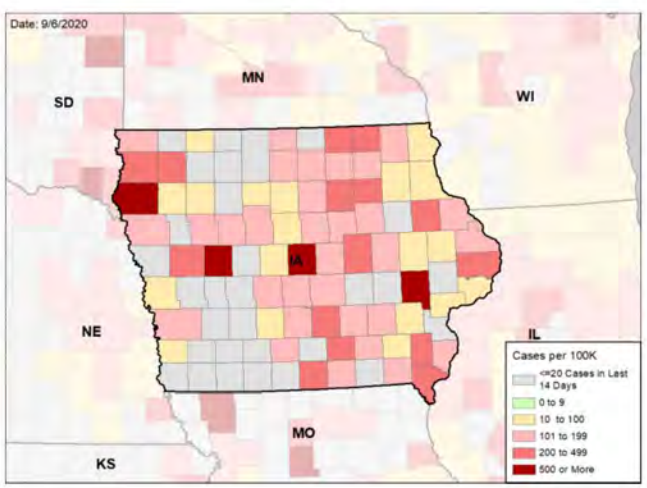
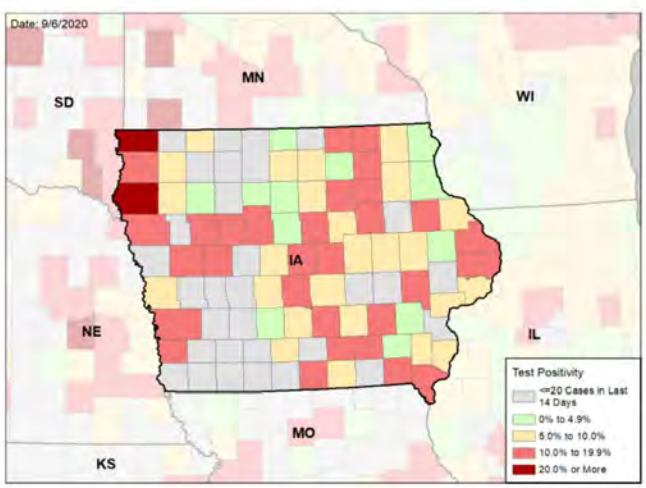
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

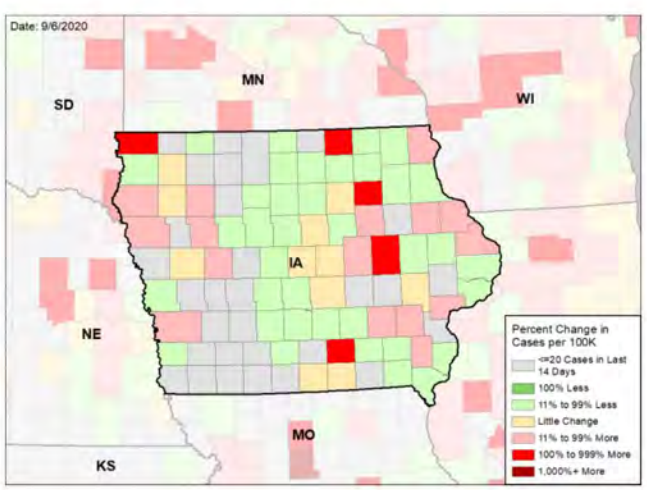
NEW CASES PER 100,000 DURING THE LAST WEEK



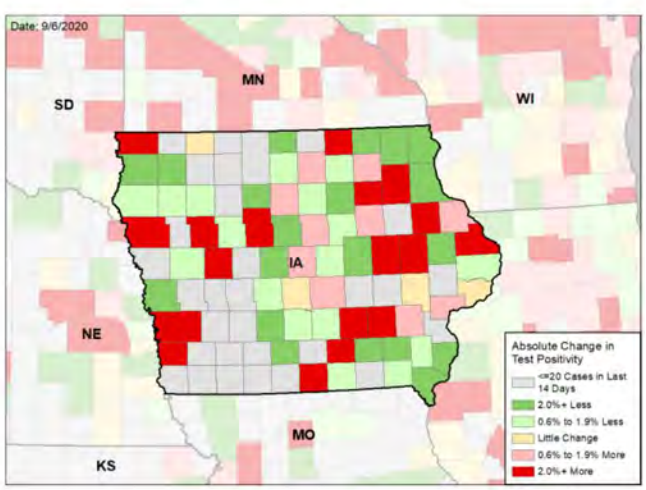
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



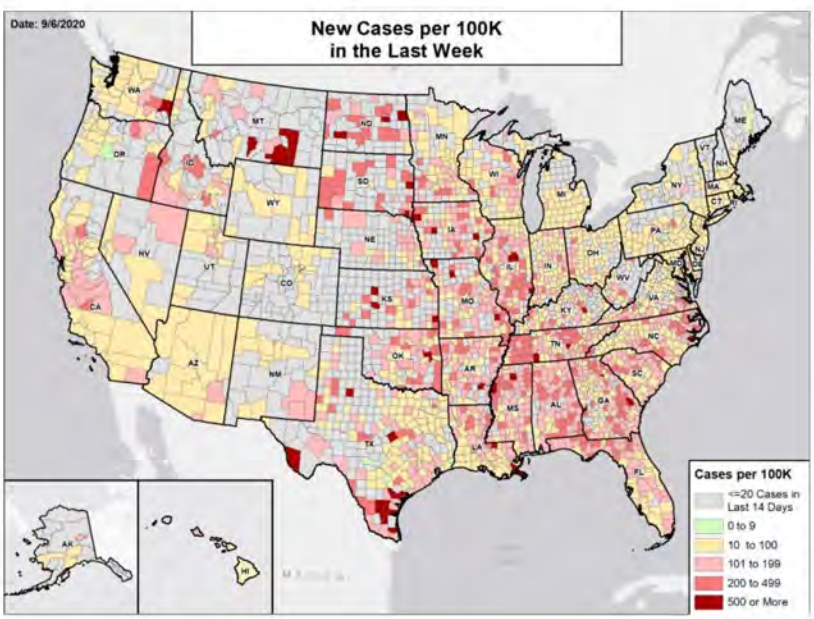
WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



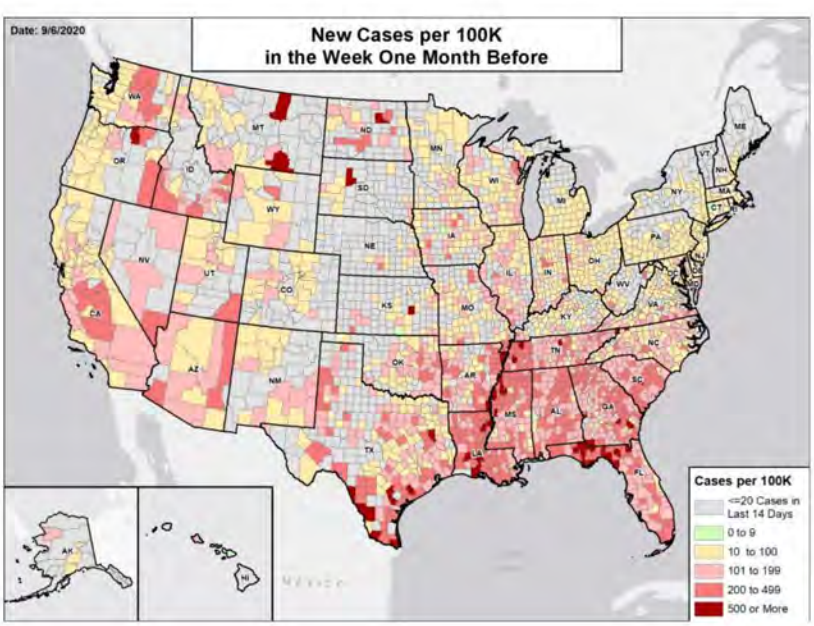
DATA SOURCES – Additional data details available under METHODS
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/4/2020. Last week is 8/29 - 9/4, previous week is 8/22 - 8/28.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



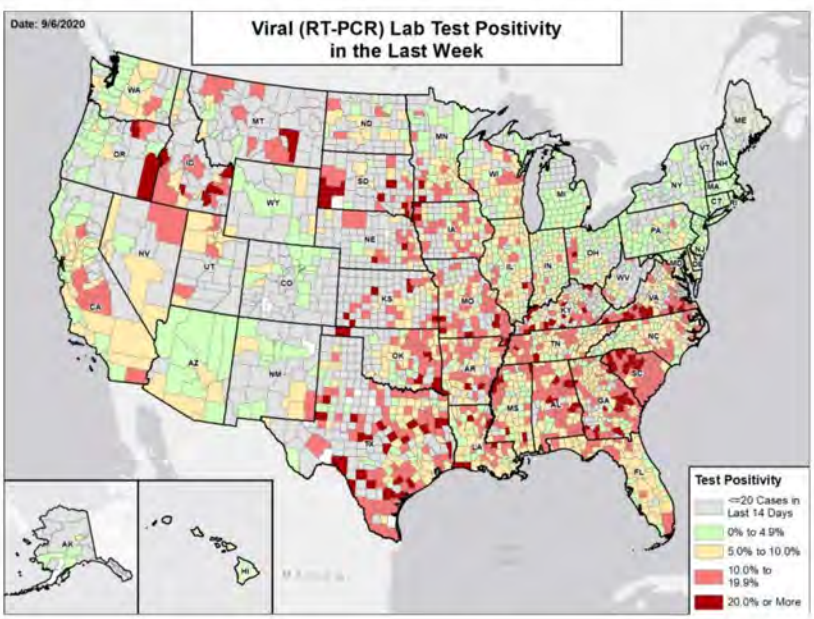
DATA SOURCES

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

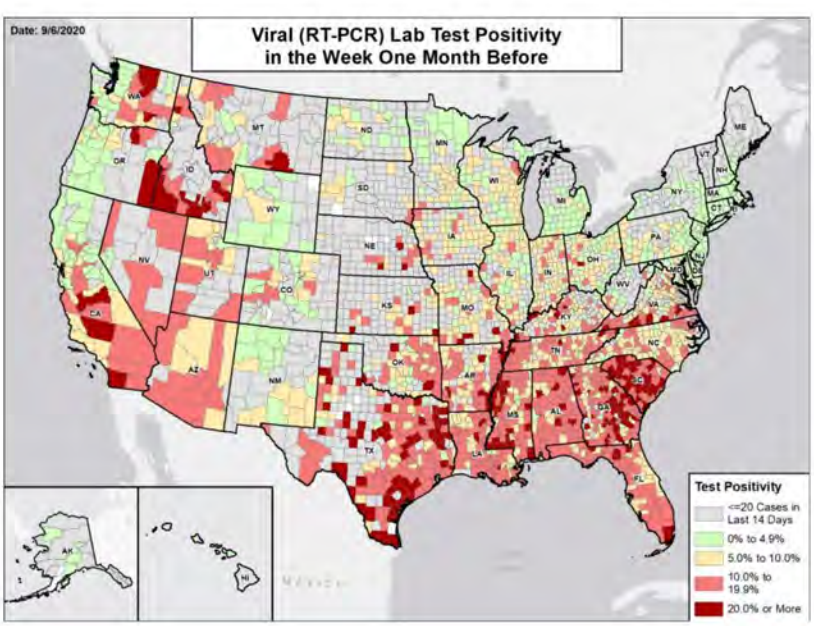
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
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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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

STATE REPORT
09.06.2020

KANSAS

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 8th highest rate in the country.
- Kansas remains high in the number of new cases and has seen 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. Johnson County, 2. Sedgwick County, and 3. Wyandotte County. These counties represent 43.4% of new cases in Kansas.
- 41% of all counties in Kansas have moderate or high levels of community transmission (yellow or red zone), with 22% having high levels of community transmission (red zone). The virus is in rural and urban areas.
- During the week of Aug 24 – Aug 30, 4% of nursing homes had at least one new resident COVID-19 case, 12% of nursing homes had at least one new staff COVID-19, and 2% of nursing homes had at least one new resident COVID-19 death.
- Kansas had 147 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Between Aug 29 - Sep 04, on average, 37 patients with confirmed COVID-19 and 52 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Kansas. An average of 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

- Require masks in metro areas and counties with COVID-19 cases among students or teachers in K-12 schools.
- In university settings:
    - Increase testing capacity by expanding public-private partnerships; increasing the budget and capacity of public health labs; pooling specimens where appropriate; and utilizing all university, veterinary and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
    - Require all universities and colleges to have a plan for both rapid testing and contact tracing of symptomatic students and periodic surveillance testing of students. Ensure quick turnaround times for results and the rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent home to isolate or quarantine.
    - Recruit college and university students to expand public health messaging and contact tracing capacity and ensure protection of local communities by strict mask wearing and social distancing off campus.
    - Universities and colleges should work with various student leaders and campus media to support compliance with recommendations.
    - Consider utilizing focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- 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.
- Tribal Nations: Continue enforcement of social distancing and masking measures in areas of increased transmission. Continue enhanced testing activities. Increase Abbott ID Now supplies to test individuals in positive households.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

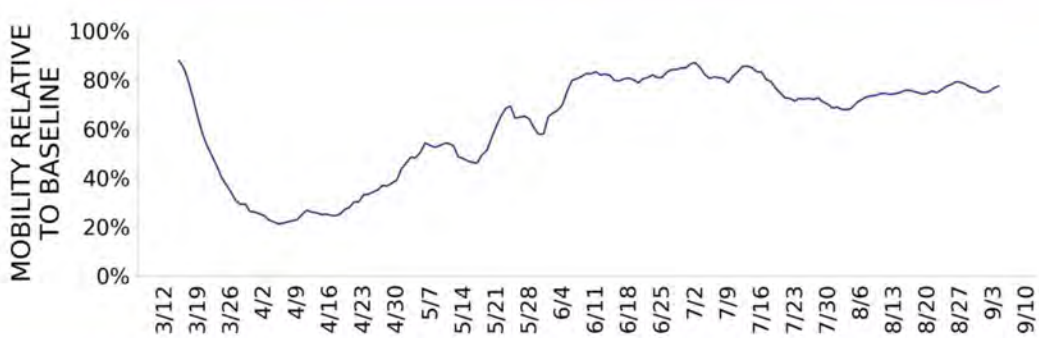
COVID-19

KANSAS

STATE REPORT | 09.06.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	4,295 (147)	-1.6%	21,819 (154)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.0%	+0.7%*	10.0%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	44,083** (1,513)	-4.9%**	190,085** (1,344)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	35 (1)	+75.0%	204 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	4% (12%)	-1%* (+1%*)	7% (15%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	-1%*	4%	5%

MOBILITY ▶



* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

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KANSAS

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	10	Manhattan Hutchinson Hays Pittsburg Dodge City Liberal Salina Atchison Coffeyville St. Joseph	10	Kansas City Wichita Lawrence Topeka Emporia Great Bend Garden City Winfield Parsons McPherson
COUNTY LAST WEEK	23	Riley Reno Ellis Crawford Ford Seward Cherokee Atchison Saline Geary Montgomery Miami	20	Johnson Sedgwick Wyandotte Douglas Shawnee Pawnee Leavenworth Butler Lyon Barton Finney Cowley

All Red Counties: Riley, Reno, Ellis, Crawford, Ford, Seward, Cherokee, Atchison, Saline, Geary, Montgomery, Miami, Pottawatomie, Jackson, Grant, Neosho, Ness, Bourbon, Doniphan, Gray, Rush, Stevens, Anderson

All Yellow Counties: Johnson, Sedgwick, Wyandotte, Douglas, Shawnee, Pawnee, Leavenworth, Butler, Lyon, Barton, Finney, Cowley, Harvey, Labette, Jefferson, McPherson, Sumner, Brown, Marion, Coffey

*** 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 9/2/2020. Last week is 8/27 - 9/2.

KANSAS

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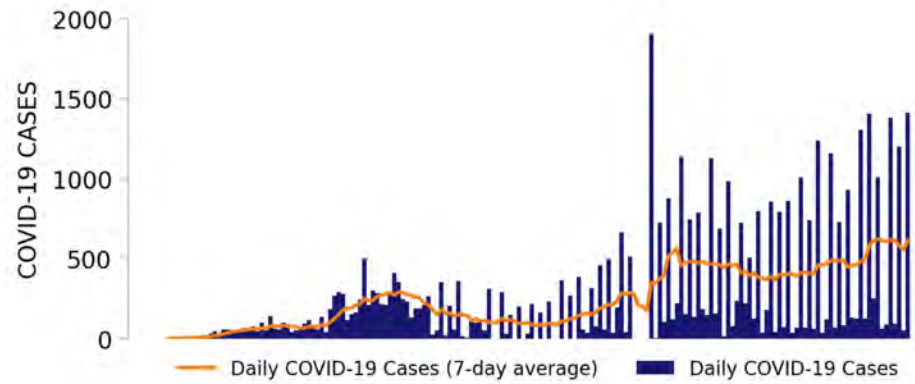
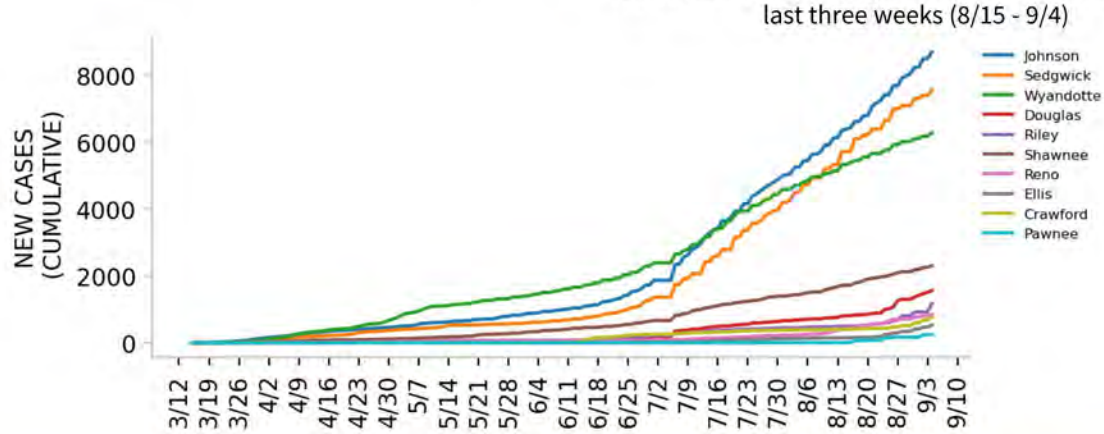
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/15 - 9/4)



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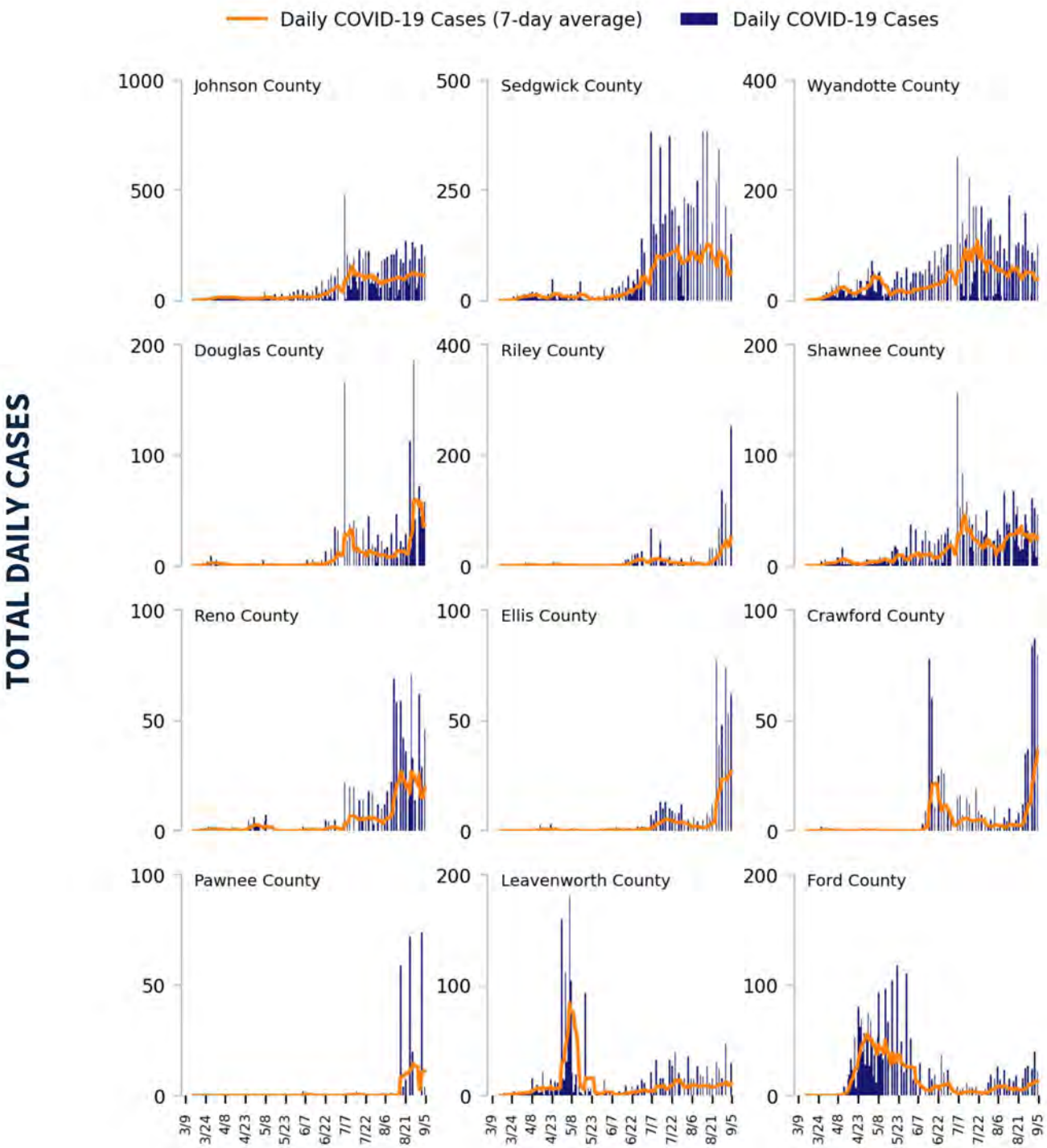
Top 12 counties based on number of new cases in the last 3 weeks



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KANSAS

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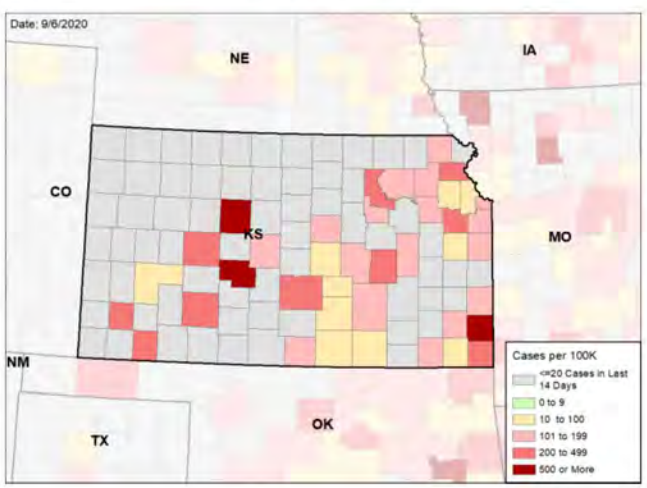
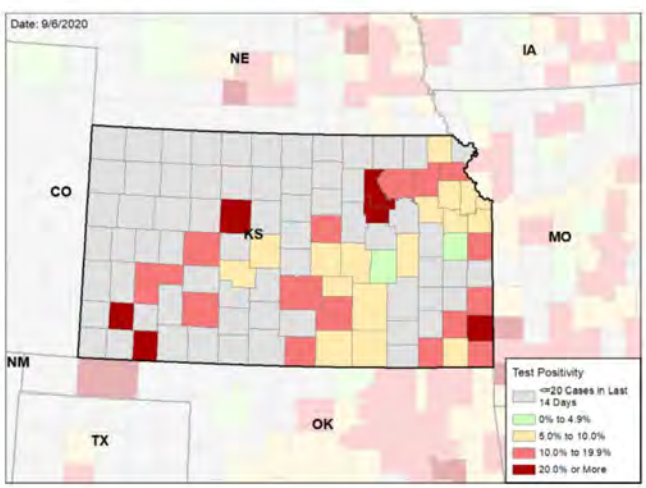
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

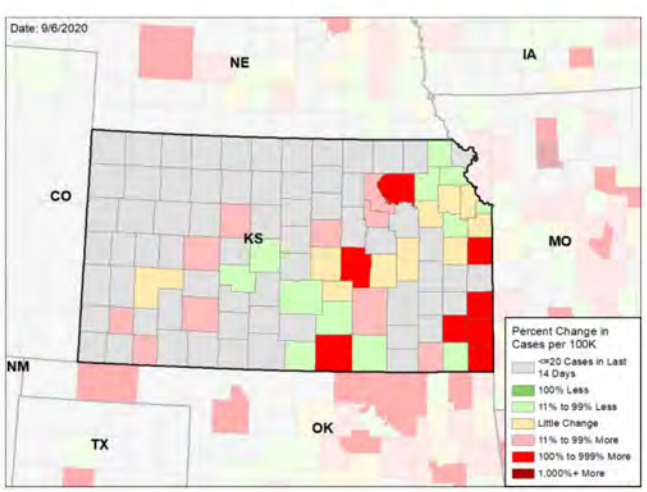
NEW CASES PER 100,000 DURING THE LAST WEEK



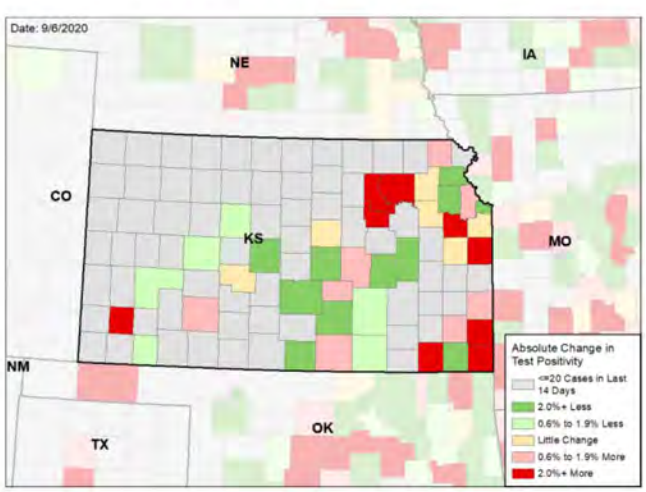
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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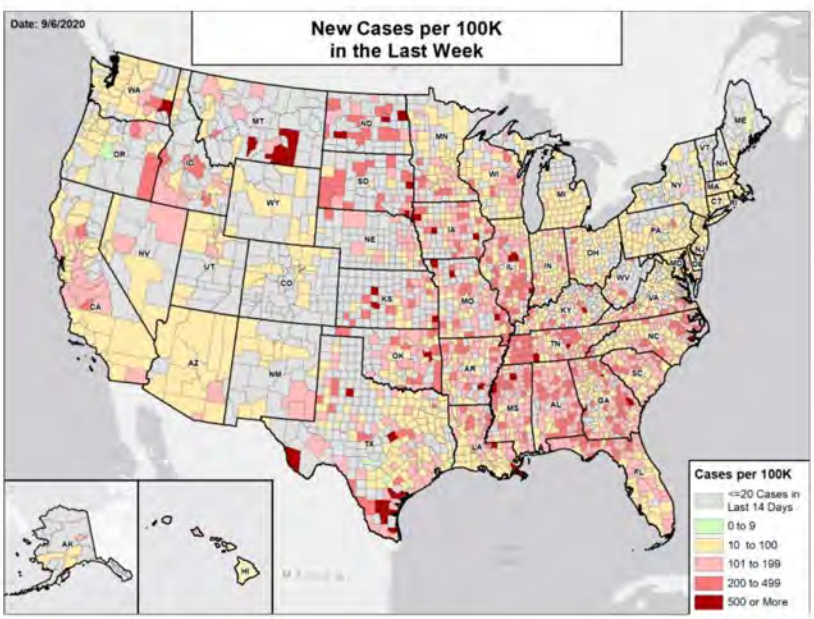
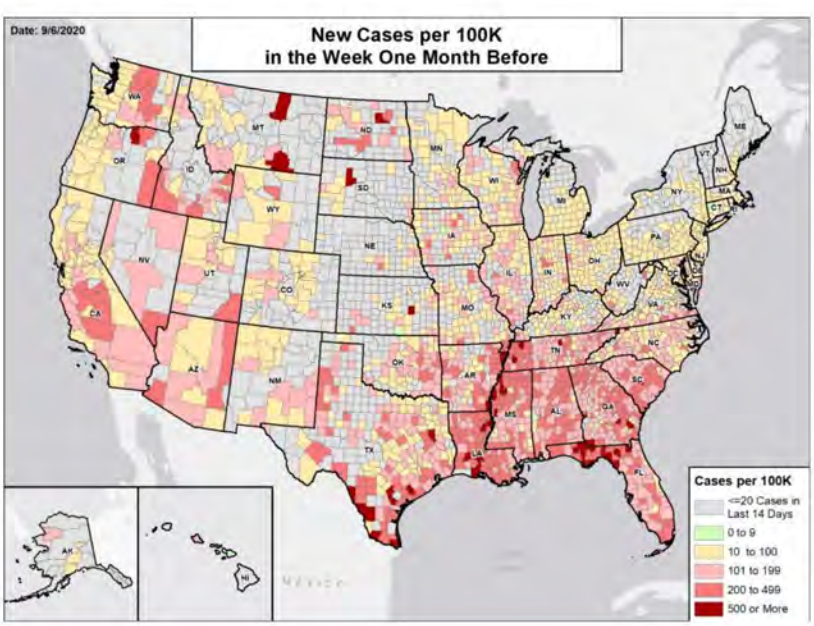
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



DATA SOURCES

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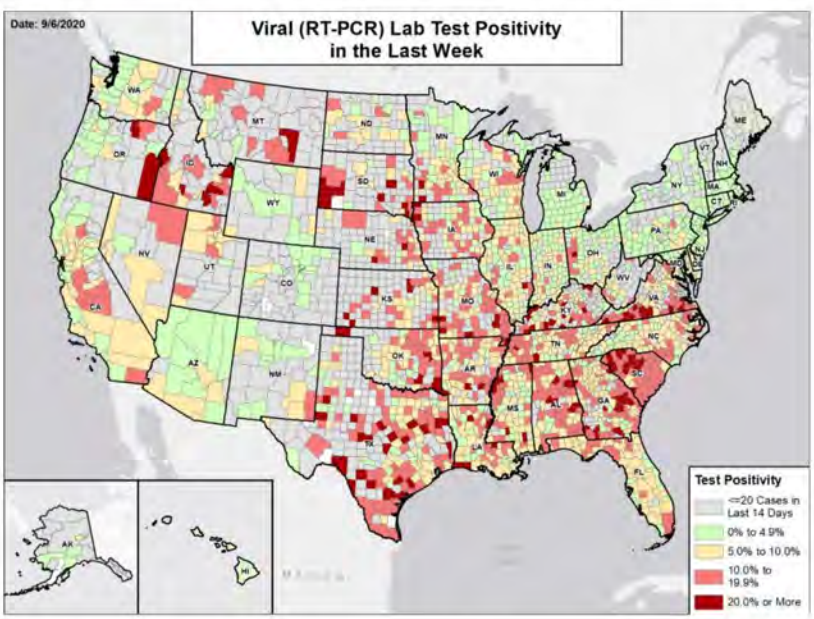
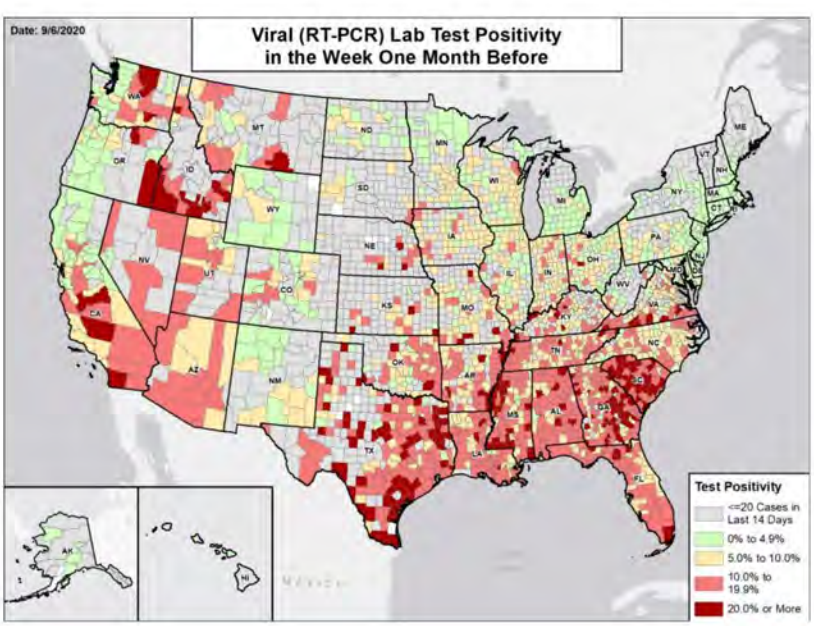
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



DATA SOURCES

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Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

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09.06.2020

KENTUCKY

SUMMARY

- Kentucky is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, with the 19th highest rate in the country. Kentucky is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 17th highest rate in the country.
- Kentucky 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. Jefferson County, 2. Fayette County, and 3. Warren County. These counties represent 39.8% of new cases in Kentucky.
- 53% of all counties in Kentucky have moderate or high levels of community transmission (yellow or red zone), with 20% having high levels of community transmission (red zone). The virus is in rural and urban areas.
- During the week of Aug 24 – Aug 30, 12% of nursing homes had at least one new resident COVID-19 case, 23% of nursing homes had at least one new staff COVID-19, and 5% of nursing homes had at least one new resident COVID-19 death.
- Kentucky had 110 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 29 - Sep 04, on average, 236 patients with confirmed COVID-19 and 473 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Kentucky. An average of 93% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- In university settings:
  - Increase testing capacity by expanding public-private partnerships; increasing the budget and capacity of public health labs; pooling specimens where appropriate; and utilizing all university, veterinary and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
  - Require all universities and colleges to have a plan for both rapid testing and contact tracing of symptomatic students and periodic surveillance testing of students. Ensure quick turnaround times for results and the rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent home to isolate or quarantine.
  - Recruit college and university students to expand public health messaging and contact tracing capacity and ensure protection of local communities by strict mask wearing and social distancing off campus.
  - Universities and colleges should work with various student leaders and campus media to support compliance with recommendations.
  - Consider utilizing focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- 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.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

KENTUCKY

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	4,924 (110)	+9.5%	85,091 (127)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.7%	-0.5%*	8.2%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	59,787** (1,338)	+3.3%**	956,194** (1,429)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	70 (2)	+29.6%	2,140 (3)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	12% (23%)	+3%* (+5%*)	19% (28%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	+0%*	9%	5%

MOBILITY ▶

* Indicates absolute change in percentage points.

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

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KENTUCKY

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	8	Bowling Green Richmond-Berea Somerset Campbellsville Murray Bardstown Middlesborough Maysville	14	Louisville/Jefferson County Lexington-Fayette Clarksville London Elizabethtown-Fort Knox Owensboro Huntington-Ashland Frankfort Paducah Glasgow Mount Sterling Evansville
COUNTY LAST WEEK	24	Warren Madison Pulaski Calloway Green Nelson Jackson Todd Henderson Lewis Rowan Logan	40	Jefferson Fayette Christian Kenton Hardin Bullitt Daviess Oldham Scott Boone Franklin McCracken

All Yellow CBSAs: Louisville/Jefferson County, Lexington-Fayette, Clarksville, London, Elizabethtown-Fort Knox, Owensboro, Huntington-Ashland, Frankfort, Paducah, Glasgow, Mount Sterling, Evansville, Mayfield, Central City
All Red Counties: Warren, Madison, Pulaski, Calloway, Green, Nelson, Jackson, Todd, Henderson, Lewis, Rowan, Logan, Bell, Grayson, Simpson, Union, Harlan, Monroe, McCreary, Russell, Mason, Crittenden, Trigg, Estill
All Yellow Counties: Jefferson, Fayette, Christian, Kenton, Hardin, Bullitt, Daviess, Oldham, Scott, Boone, Franklin, McCracken, Laurel, Shelby, Campbell, Greenup, Jessamine, Knox, Barren, Graves, Boyd, Marshall, Adair, Rockcastle, Johnson, Casey, Mercer, Clay, Bourbon, Spencer, Muhlenberg, Hart, Caldwell, Ohio, Larue, Bath, Lincoln, Webster, Carter, Elliott

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KENTUCKY

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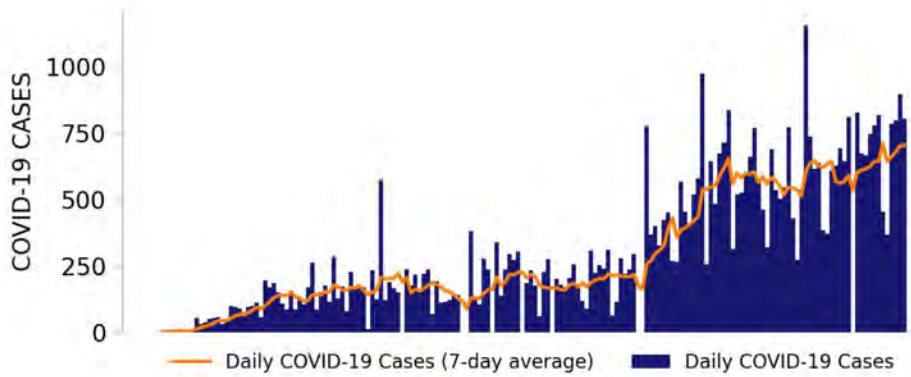
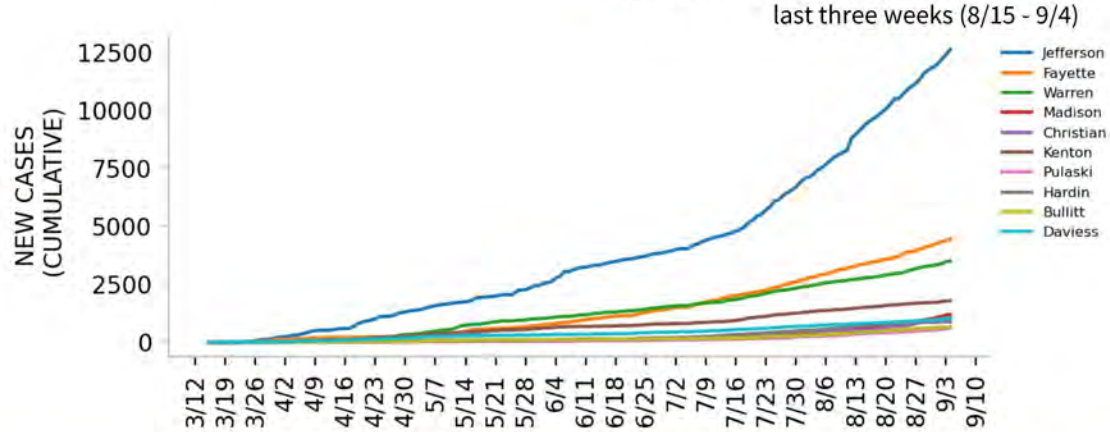
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/15 - 9/4)



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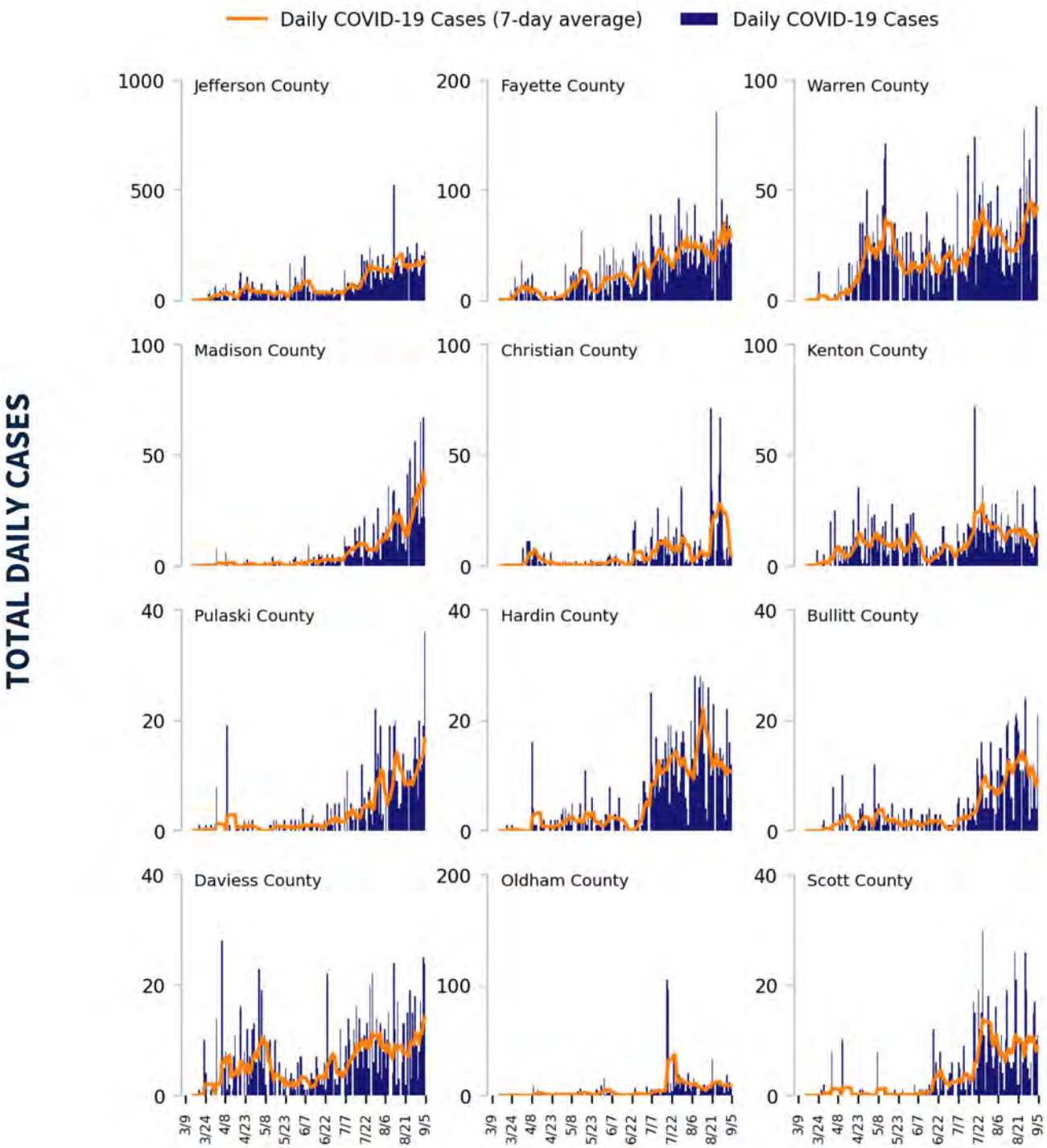

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KENTUCKY

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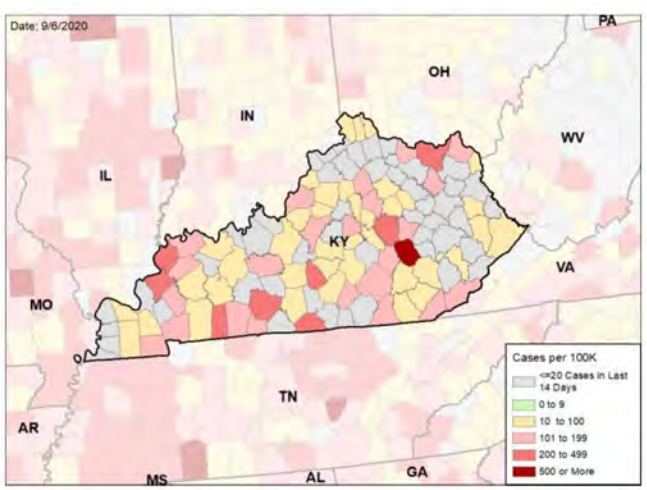
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING THE LAST WEEK



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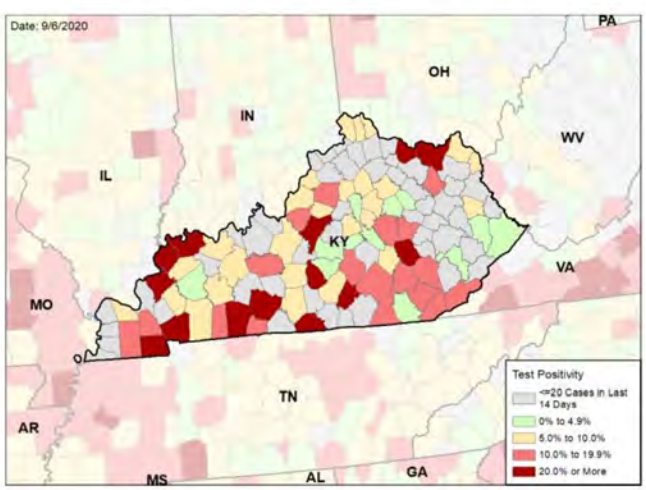

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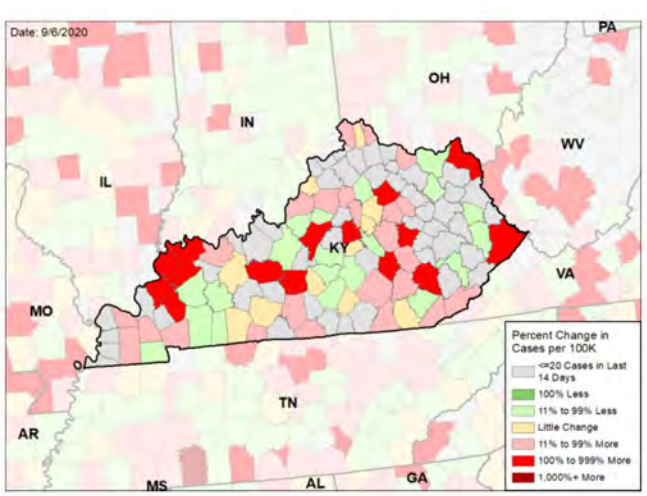

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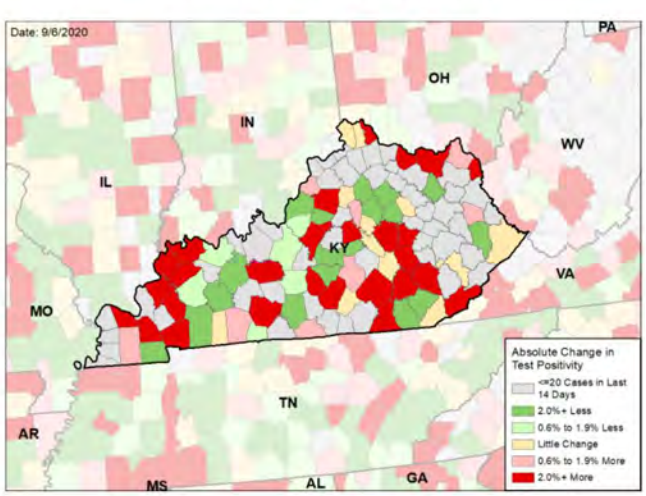

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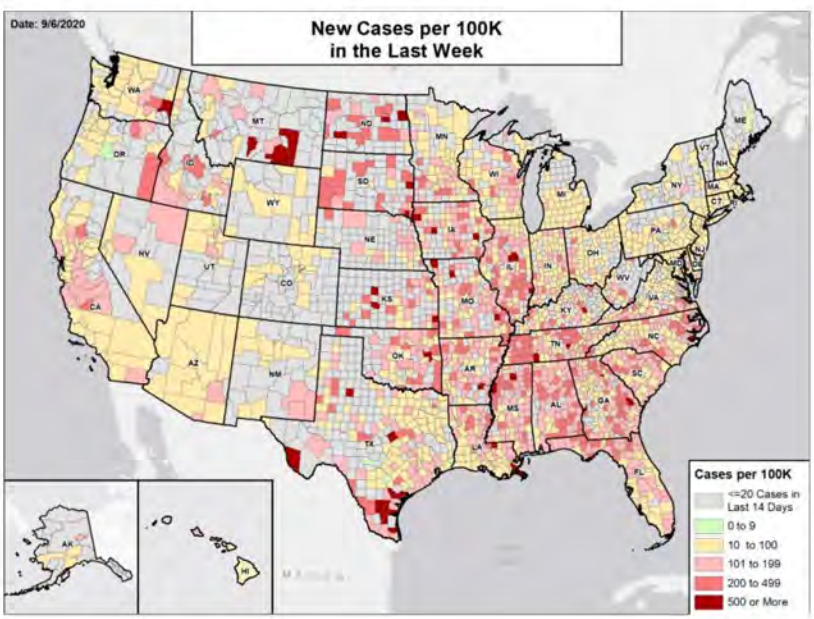
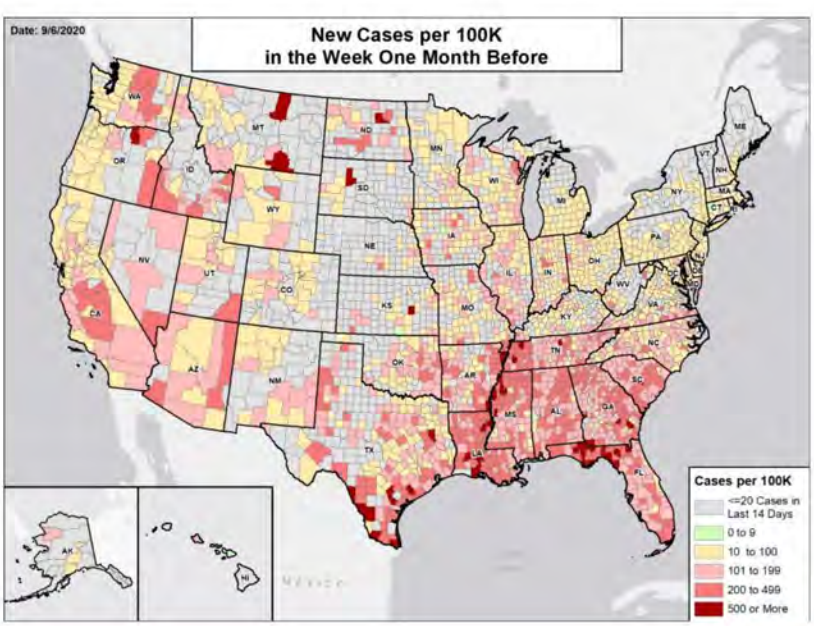
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



DATA SOURCES

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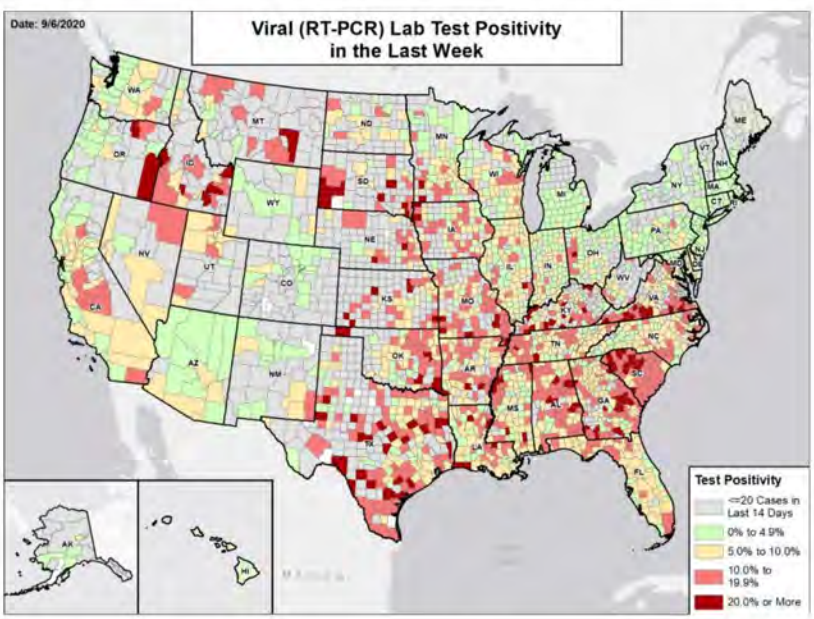
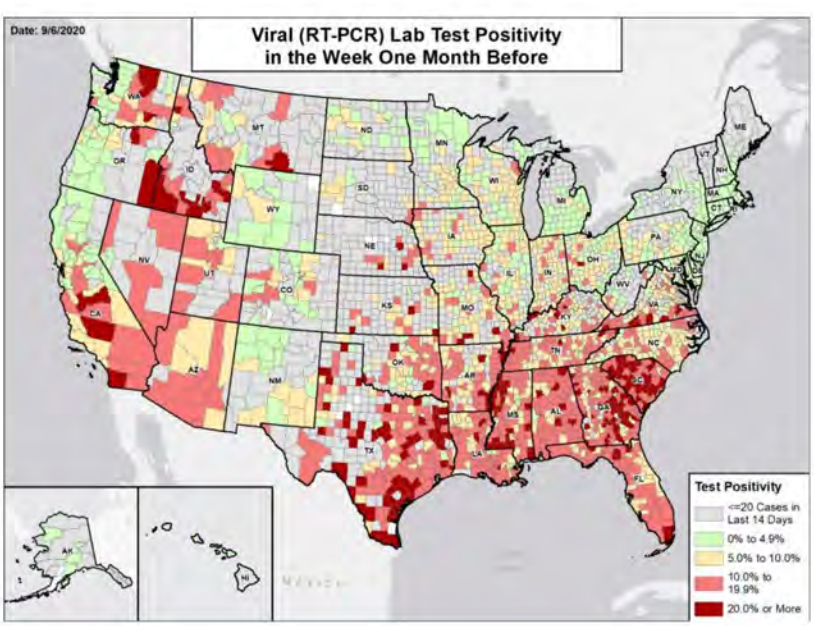
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



DATA SOURCES

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Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
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- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality. 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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

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LOUISIANA

SUMMARY

- Louisiana is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, with the 17th highest rate in the country. Louisiana is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 22nd highest rate in the country.
- Louisiana has seen an increase in new cases and stability in test positivity over the last week. This next week is critical to ensure hard-fought gains are not lost.
- The following three parishes had the highest number of new cases over the last 3 weeks: 1. East Baton Rouge Parish, 2. Jefferson Parish, and 3. Orleans Parish. These parishes represent 21.9% of new cases in Louisiana.
- 73% of all parishes in Louisiana have moderate or high levels of community transmission (yellow or red zone), with 28% having high levels of community transmission (red zone). This is a week-over-week improvement.
- During the week of Aug 24 – Aug 30, 24% of nursing homes had at least one new resident COVID-19 case, 21% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death.
- Louisiana had 113 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 6 to support operations activities from FEMA; 40 to support operations activities from USCG; and 7 to support medical activities from VA.
- The federal government has supported surge testing in Baton Rouge, LA and New Orleans, LA.
- Between Aug 29 - Sep 04, on average, 86 patients with confirmed COVID-19 and 49 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Louisiana. 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

- Louisiana has made progress and, to sustain the gains, should continue the strong mitigation efforts statewide and strengthen mitigation efforts in university towns to decrease spread from universities to the local community. Consider a further reduction in hours and occupancy limits in bars and restaurants in university parishes and anywhere university and college students gather if cases begin to rise.
- We are seeing gains being reversed in other states due to university spread. Louisiana universities need to increase testing and isolation to prevent spread from students to local communities and hometowns. This includes detecting asymptomatic students and preventing silent spread of disease through routine saliva testing on university research platforms. Ensure there are quick turnaround times for results and rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent home to isolate or quarantine.
- Increase testing capacity by increasing the budget and capacity of public health labs through:
    - Ensuring hospitals move elective surgeries and admissions testing to pooling in order to reserve tests for community outreach and to expand outpatient testing, pooling specimens where appropriate.
    - Utilizing all university, veterinary, and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Recruit college and university students to expand public health messaging and contact tracing capacity. Ensure protection of local communities by strict mask wearing and social distancing when off-campus and around vulnerable individuals on campus.
- Universities and colleges should work with various student leaders and campus media to support compliance with recommendations.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Increase surveillance for silent community spread by using the Abbott BinaxNOW. Establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders.
- Ask citizens and students to limit ALL social gatherings to 10 or fewer people. Recreating spreading events through bar-like gatherings in homes will result in continued high cases and result in those with comorbidities becoming infected.
- Ensure all nursing homes, assisted living, and elderly care sites follow CMS staff testing requirements and, if cases within local universities rise, increase testing even further to prevent spread from students to residents through staff. Expanding nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- Ensure aggressive prevention and control of all nursing homes to prevent further spread and mortality.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

LOUISIANA

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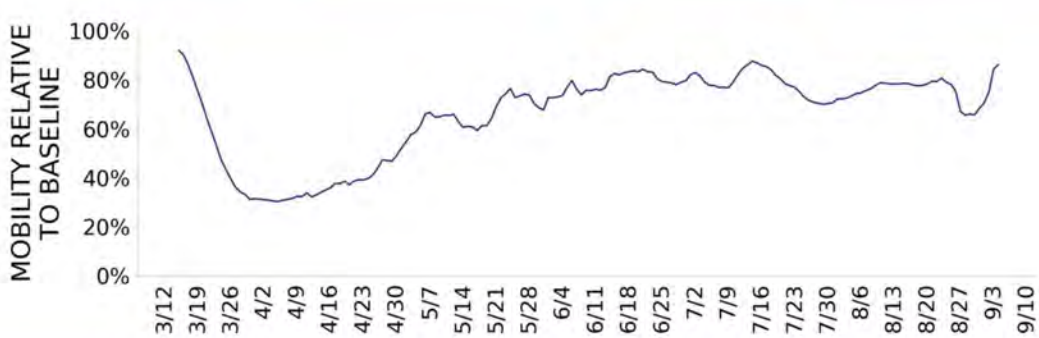
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	5,242 (113)	+15.1%	45,924 (108)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.0%	-0.2%*	8.7%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	75,885** (1,632)	-17.4%**	326,348** (764)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	131 (3)	-33.2%	1,270 (3)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	24% (21%)	-3%* (-18%*)	14% (18%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	-7%*	7%	5%

MOBILITY ▶



* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

LOUISIANA

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COVID-19 PARISH AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	3	Baton Rouge Hammond Bogalusa	12	New Orleans-Metairie Lafayette Shreveport-Bossier City Monroe Houma-Thibodaux Lake Charles Minden Natchitoches Morgan City Natchez Ruston DeRidder
PARISH LAST WEEK	18	East Baton Rouge East Feliciana Tangipahoa Ascension St. Martin West Feliciana Madison Evangeline Washington Pointe Coupee Union Claiborne	29	Jefferson St. Tammany Caddo Ouachita Lafayette Calcasieu Rapides Livingston Lafourche Bossier Terrebonne Vermilion

All Red Parishes: East Baton Rouge, East Feliciana, Tangipahoa, Ascension, St. Martin, West Feliciana, Madison, Evangeline, Washington, Pointe Coupee, Union, Jackson, Claiborne, Richland, Catahoula, Tensas, Red River, Caldwell

All Yellow Parishes: Jefferson, St. Tammany, Caddo, Ouachita, Lafayette, Calcasieu, Rapides, Livingston, Lafourche, Bossier, Terrebonne, Vermilion, Avoyelles, Iberia, St. Bernard, Webster, Franklin, Natchitoches, St. Mary, Winn, Lincoln, Concordia, Allen, West Baton Rouge, Beauregard, Assumption, Iberville, LaSalle, 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 9/4/2020; last week is 8/29 - 9/4, three weeks is 8/15 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2.

LOUISIANA

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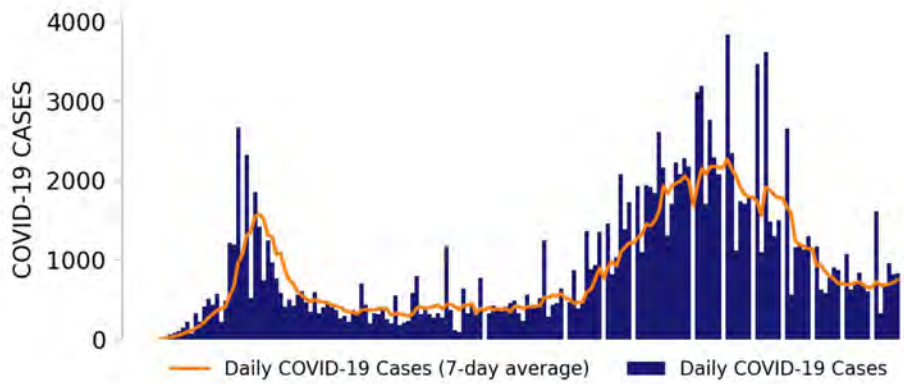
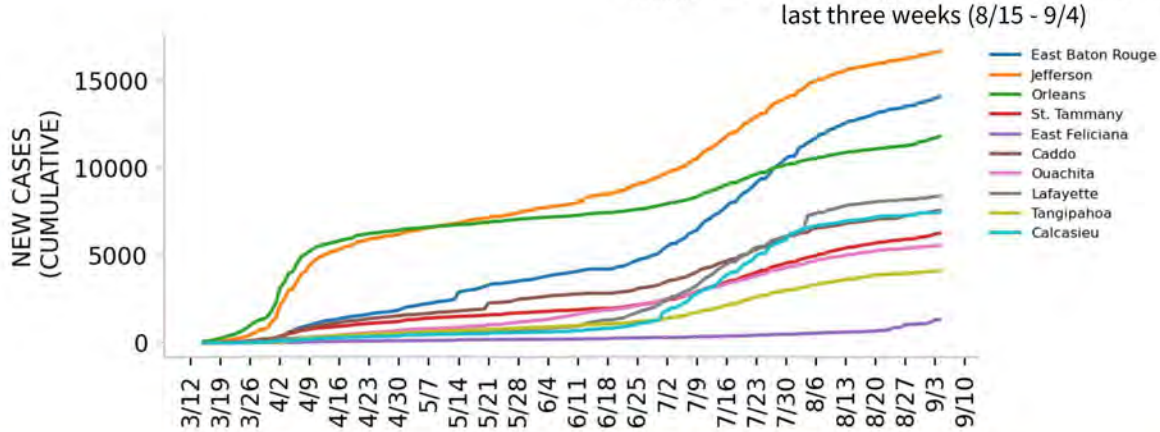
NEW CASES



TESTING

TOP PARISHES

Top parishes based on greatest number of new cases in last three weeks (8/15 - 9/4)



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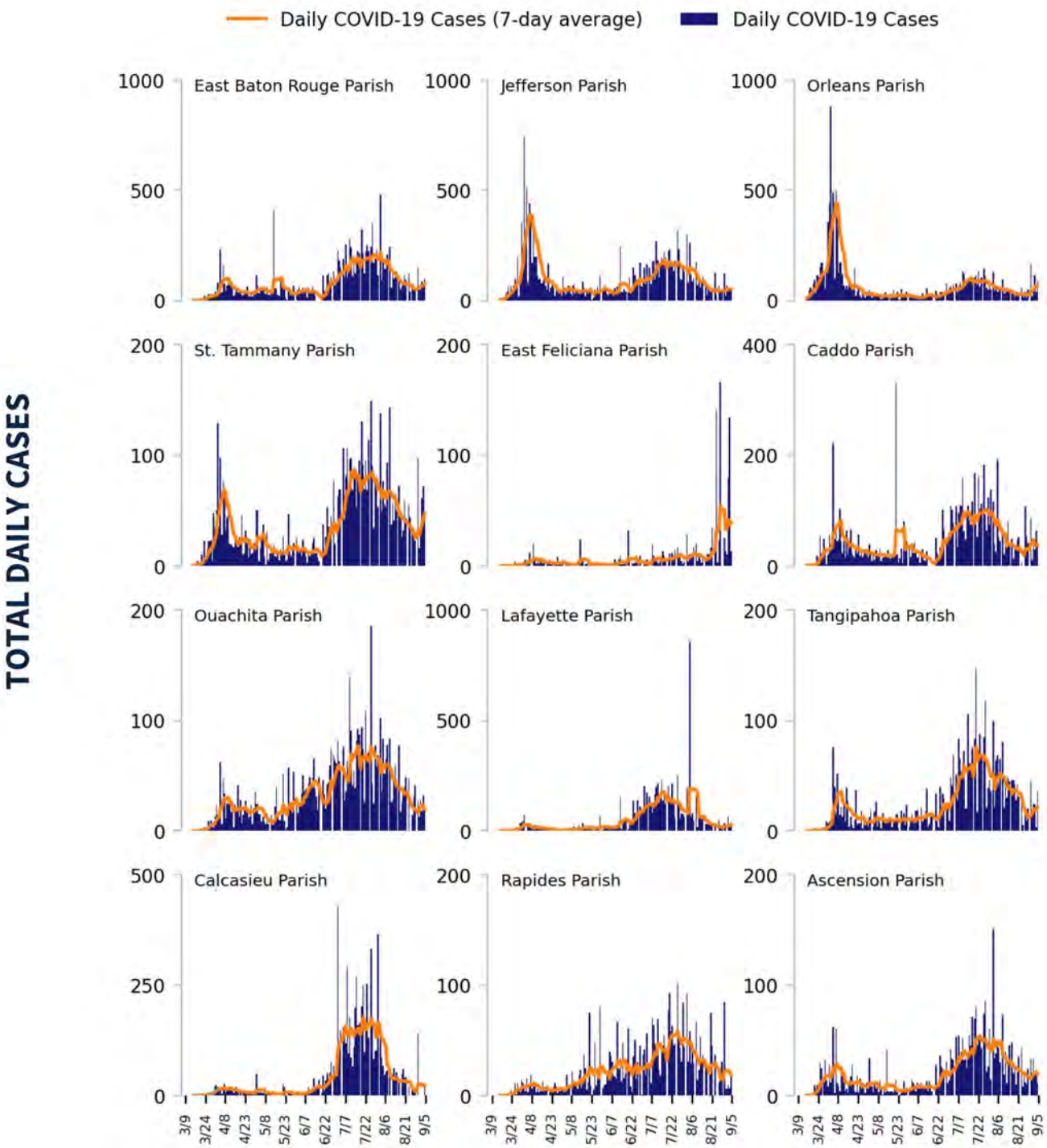
Top 12 parishes based on number of new cases in the last 3 weeks



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LOUISIANA

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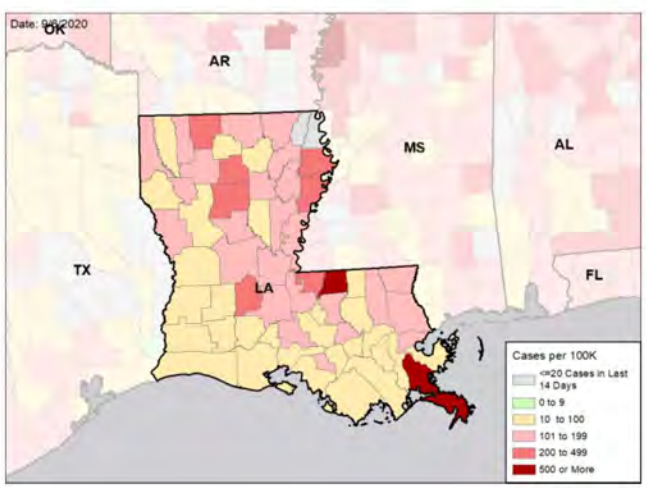
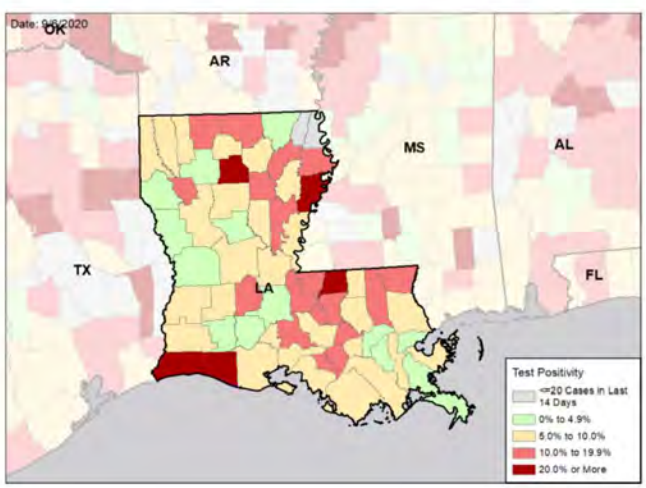
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

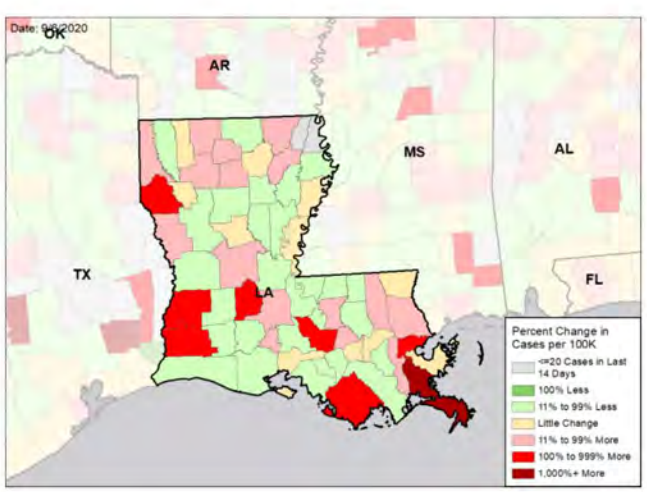
NEW CASES PER 100,000 DURING THE LAST WEEK



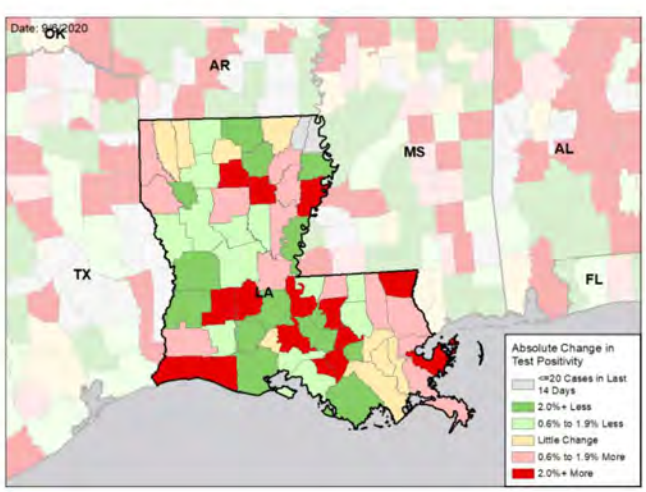
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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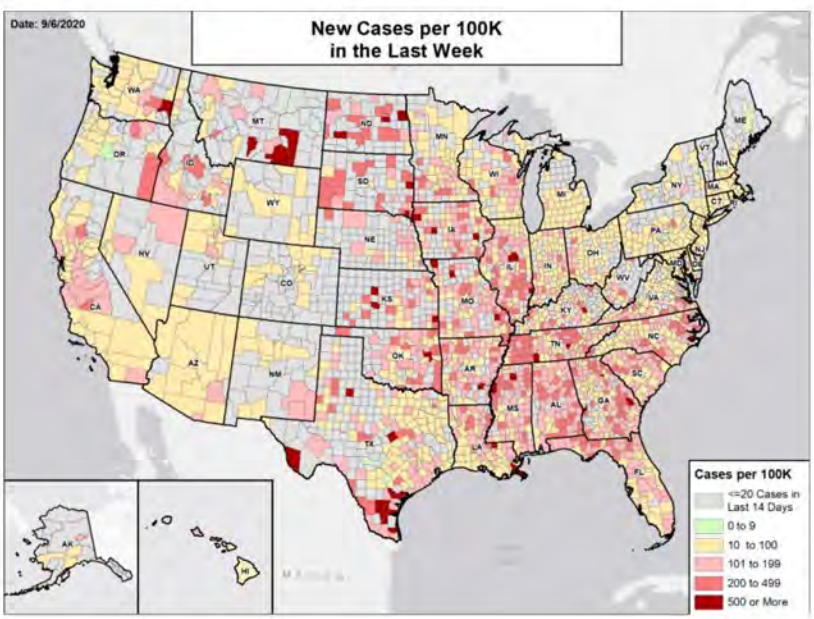
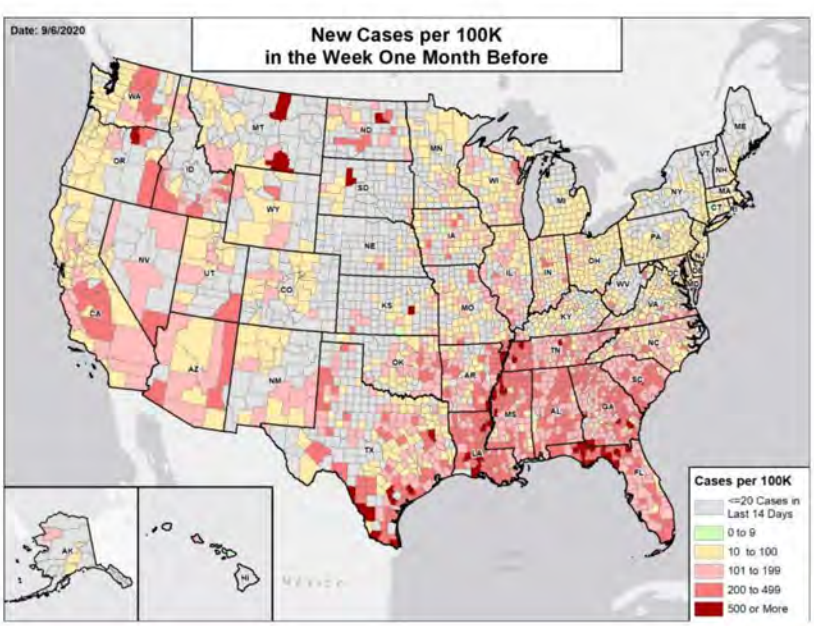
National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



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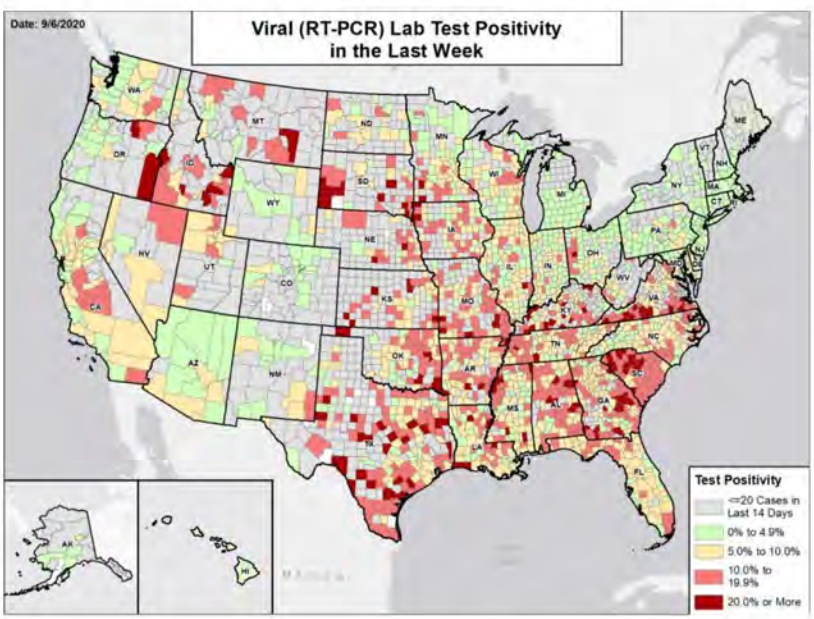

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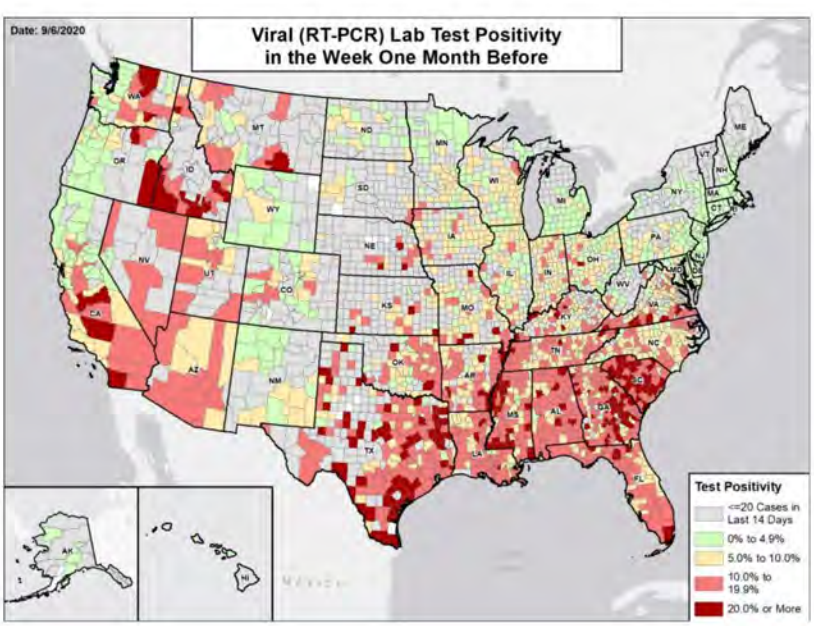

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METHODS

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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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

STATE REPORT
09.06.2020

MAINE

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 an increase in new cases and stability in test positivity over the last week, driven, in part, by a jail outbreak in York and continued spread from a wedding in early August.
- 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 71.0% of new cases in Maine.
- No counties in Maine have moderate or high levels of community transmission (yellow or red zone).
- During the week of Aug 24 – Aug 30, 1% of nursing homes had at least one new resident COVID-19 case, 3% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- Maine had 15 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 29 - Sep 04, on average, 1 patient with confirmed COVID-19 and 25 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Maine. An average of 84% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Continue to promote social distancing and facial coverings as a key to Maine's ongoing success, using the recent wedding and jail outbreaks as important cautionary tales.
- Continue active testing or quarantine of visitors from other states with higher case rates.
- Recent expansion of testing capacity is a critical advance; ensure capacity is sufficient in all communities with a college or university, utilizing all university platforms to conduct surveillance and testing of students and surrounding communities.
- Ensure accurate and timely reporting of test results, especially from Augusta area where reporting delays may under-represent testing levels.
- 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.
- Require all universities and colleges to have a plan for periodic retesting of students, with quick turnaround times for results, and rapid isolation of cases and quarantine of contacts; residential cases and contacts should not be sent home to isolate or quarantine.
- Universities and colleges should work with various student leaders and student-run news organizations to support compliance with recommendations.
- Recruit college and university students to expand public health messaging and contact tracing capacity. Ensure protection of local communities by strict mask wearing and social distancing off campus.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Continue current policies to test and protect nursing home and long-term care facility residents.
- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

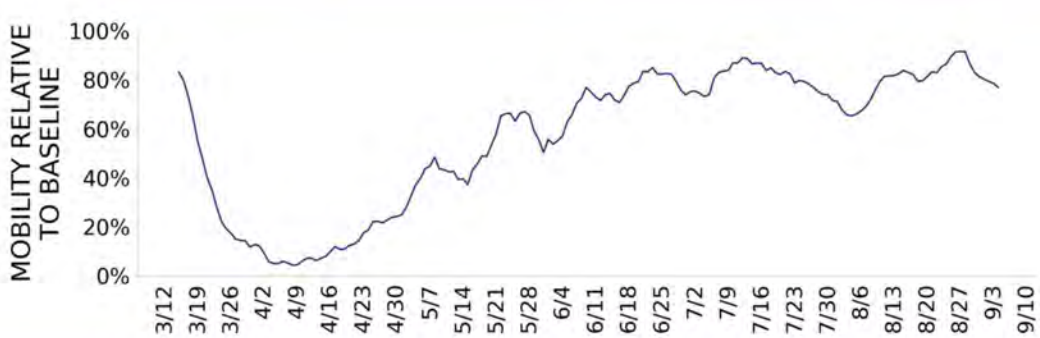
COVID-19

MAINE

STATE REPORT | 09.06.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	197 (15)	+31.3%	4,414 (30)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	0.9%	+0.2%*	1.0%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	21,520** (1,601)	+16.6%**	431,543** (2,907)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	2 (0)	-33.3%	92 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	1% (3%)	-3%* (+0%*)	3% (7%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	+0%*	2%	5%

MOBILITY ▶



* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

MAINE

STATE REPORT | 09.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	0	N/A	0	N/A
COUNTY LAST WEEK	0	N/A	0	N/A

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

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

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

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

DATA SOURCES – Additional data details available under METHODS

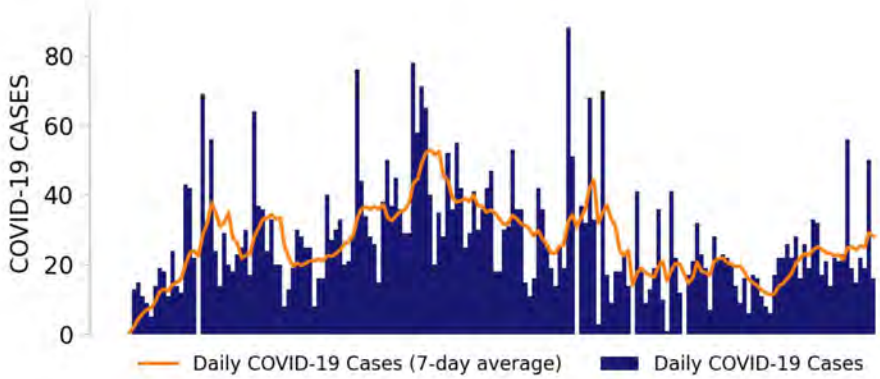
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/4/2020; last week is 8/29 - 9/4, three weeks is 8/15 - 9/4.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/2/2020. Last week is 8/27 - 9/2.

MAINE

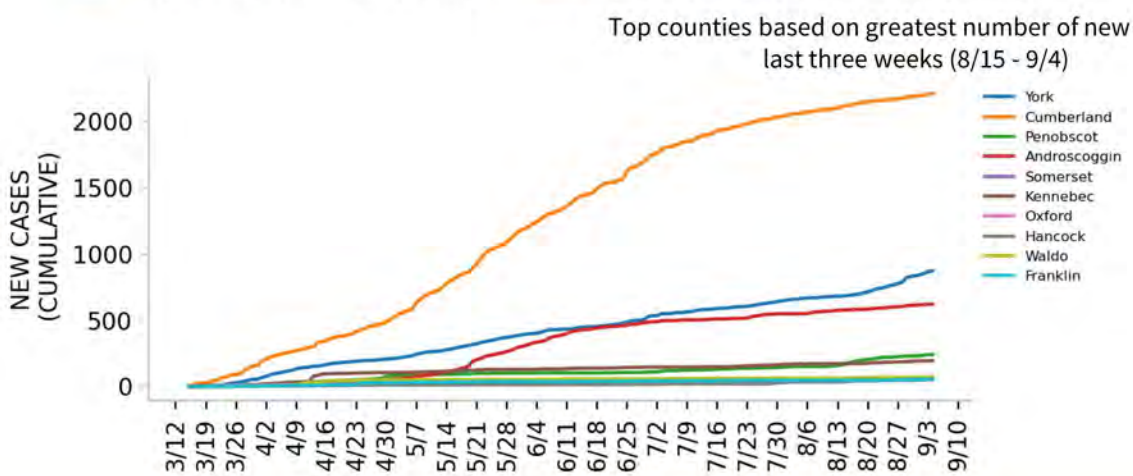
STATE REPORT | 09.06.2020

NEW CASES



TESTING

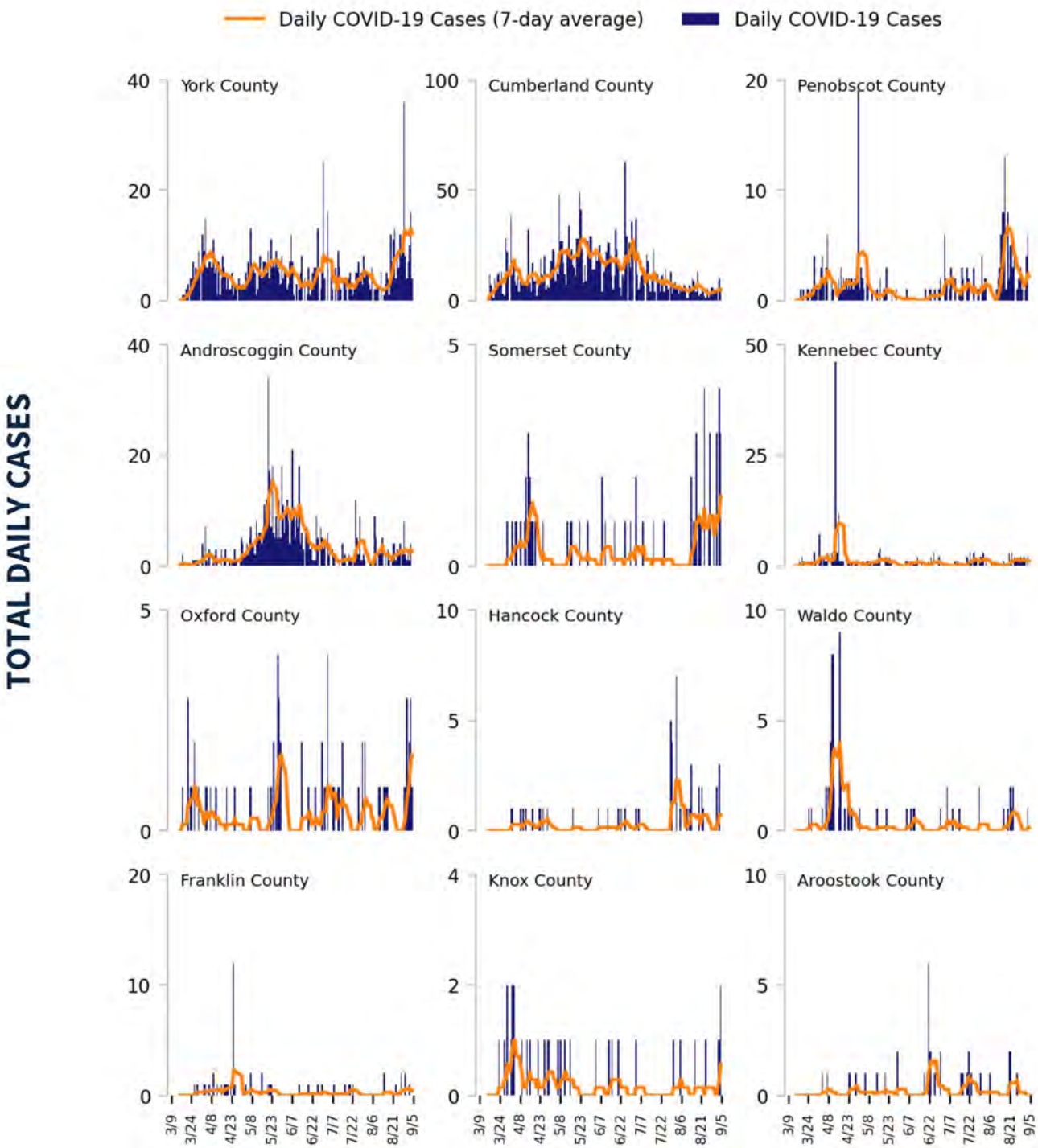
TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/4/2020.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/2/2020.

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 9/4/2020. Last 3 weeks is 8/15 - 9/4.

MAINE

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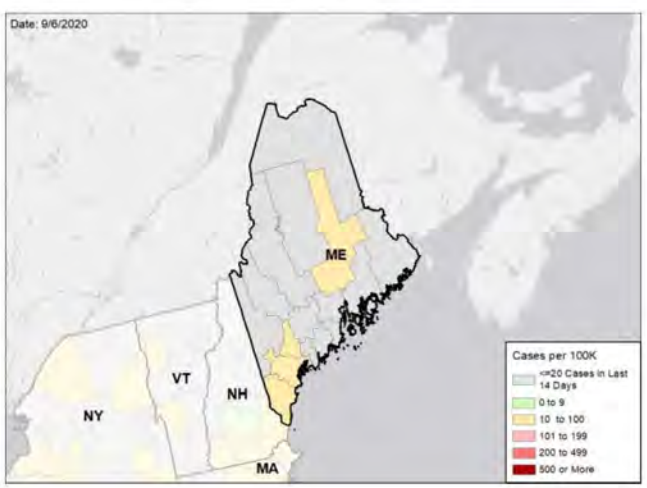
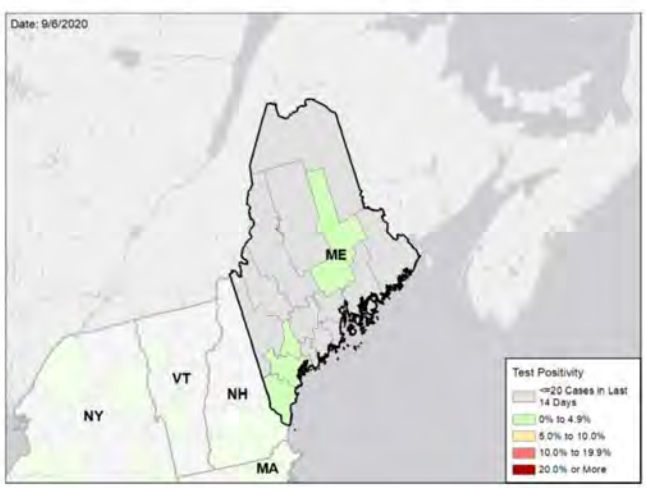
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

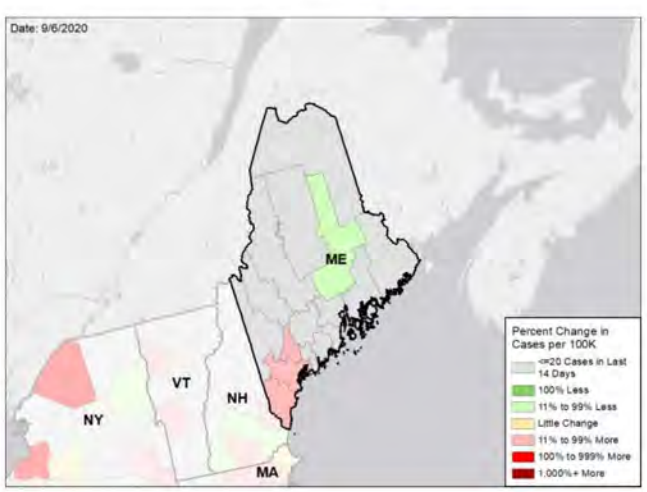
NEW CASES PER 100,000 DURING THE LAST WEEK



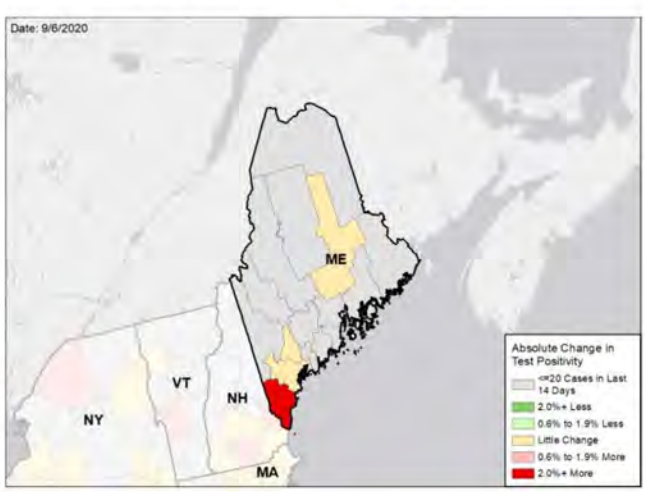
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

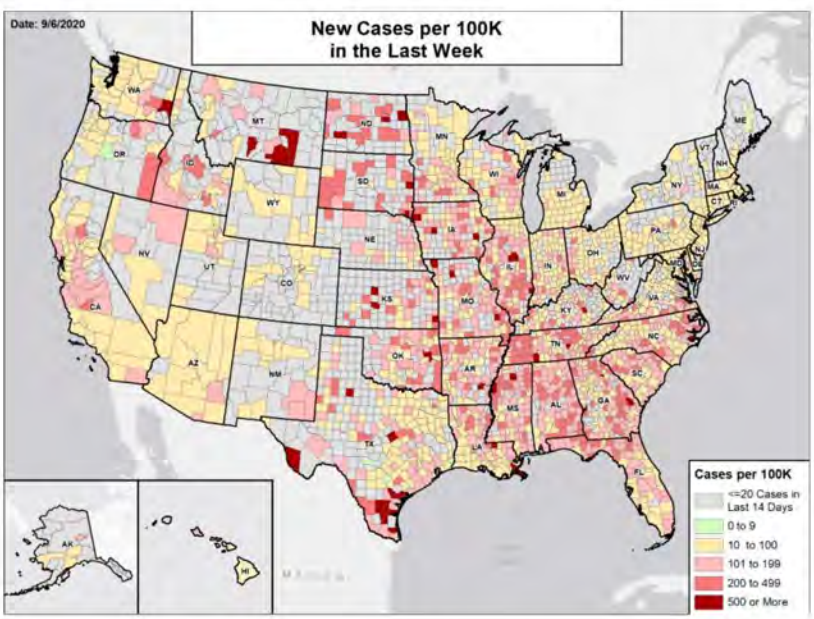
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/4/2020. Last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

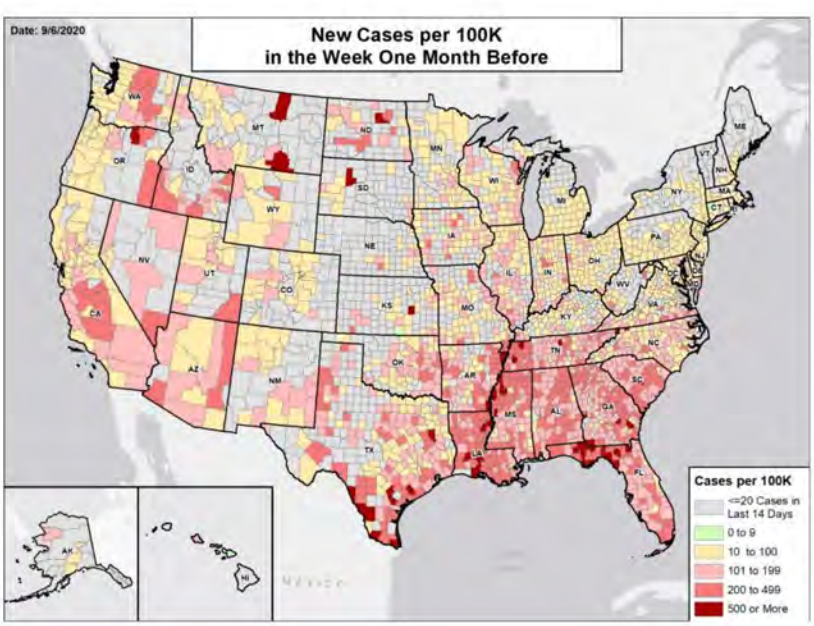
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



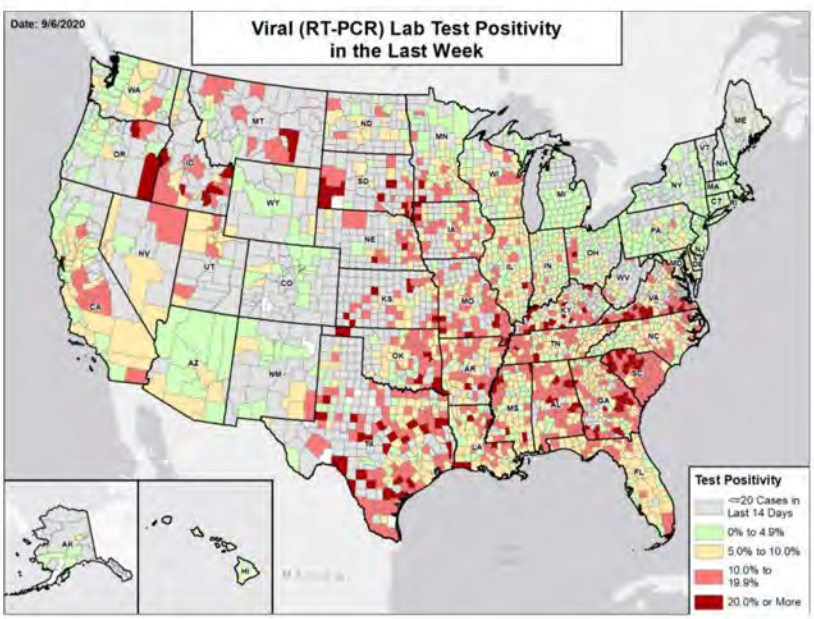
DATA SOURCES

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

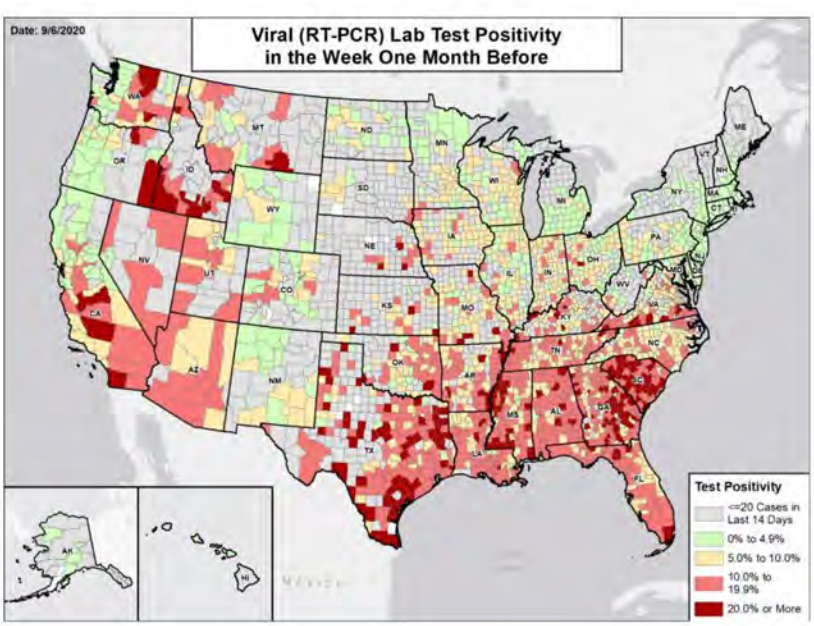
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

STATE REPORT | 09.06.2020

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

STATE REPORT
09.06.2020

MARYLAND

SUMMARY

- Maryland is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 31st highest rate in the country. Maryland is in the green zone for test positivity, indicating a rate below 5%, with the 34th highest rate in the country.
- Maryland has seen 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. Baltimore County, 2. Prince George's County, and 3. Montgomery County. These counties represent 51.0% of new cases in Maryland. Several counties in the Delmarva Peninsula/Salisbury CBSA (Somerset, Wicomico, Worcester) show concerning increases in reported cases and/or test positivity.
- UMD suspended athletic training after finding 9.2% of 501 athletes tested were COVID-19 positive this week.
- 33% of all counties in Maryland have moderate or high levels of community transmission (yellow or red zone), with none having high levels of community transmission (red zone).
- During the week of Aug 24 – Aug 30, 6% of nursing homes had at least one new resident COVID-19 case, 17% of nursing homes had at least one new staff COVID-19 case, and 2% of nursing homes had at least one new resident COVID-19 death.
- Maryland advanced to stage 3 of its reopening on Sep 4, which allowed for the reopening of movie theaters and live venues and increases in the occupancy limits of other institutions. Prince George's, Montgomery, and Anne Arundel counties have announced they will delay moving into Phase Three due to their high burden.
- Maryland had 69 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 19 to support operations activities from FEMA; 15 to support operations activities from ASPR; and 14 to support operations activities from USCG.
- Between Aug 29 - Sep 04, on average, 43 patients with confirmed COVID-19 and 259 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Maryland. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- Recommendations specific to institutions of higher education (IHE) are highlighted below given the concerning trends nationally and the need to intensify efforts to control COVID-19 among university students and minimize spread to local communities.
- IHE should increase testing capacity by expanding public-private partnerships; increasing the budget and capacity of public health labs; pooling specimens where appropriate; and utilizing all university, veterinary and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Require all universities and colleges to have a plan for both rapid testing and contact tracing of symptomatic students and periodic surveillance testing of students, with quick turnaround times for results, and rapid isolation of cases and quarantine of contacts; residential cases and contacts should not be sent home to isolate or quarantine.
- Recruit college and university students to expand public health messaging and contact tracing capacity and protect local communities by strict mask wearing and social distancing off campus.
- Universities and colleges must work with various student leaders and campus media to support compliance with recommendations.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- University students with or exposed to COVID-19 must have isolation, 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 conduct contact tracing in collaboration with local public health authorities. Support university officials in messaging to students about the importance of full cooperation.
- Ensure all nursing homes, assisted living, and elderly care sites follow CMS staff testing requirements and, if cases within local universities rise, increase testing even further to prevent spread from students to residents through staff. Expanding nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- 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 university public-facing dashboards.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

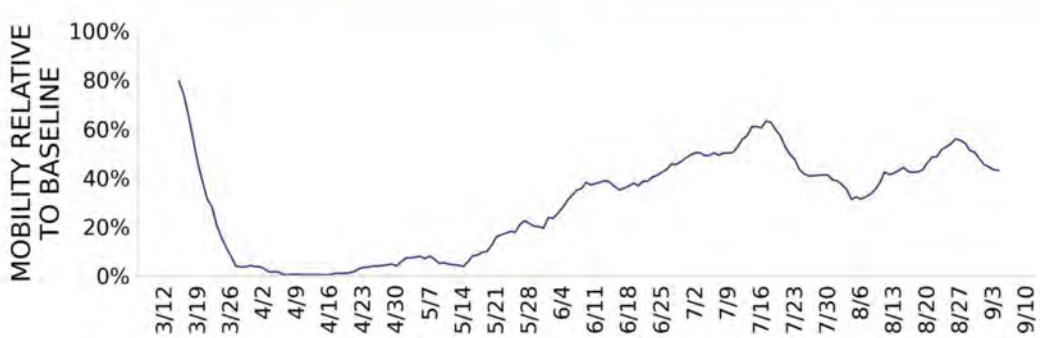
COVID-19

MARYLAND

STATE REPORT | 09.06.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	4,168 (69)	+10.7%	19,259 (62)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.3%	+0.7%*	5.4%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	128,391** (2,124)	-9.3%**	460,551** (1,493)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	56 (1)	+1.8%	310 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	6% (17%)	-2%* (-7%*)	8% (13%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	-2%*	3%	5%

MOBILITY ▶



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS

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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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

MARYLAND

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	0	N/A	3	Washington-Arlington-Alexandria Salisbury Cambridge
COUNTY LAST WEEK	0	N/A	8	Prince George's Harford Charles Wicomico Worcester Queen Anne's Dorchester Caroline

*** 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 9/4/2020; last week is 8/29 - 9/4, three weeks is 8/15 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2.

MARYLAND

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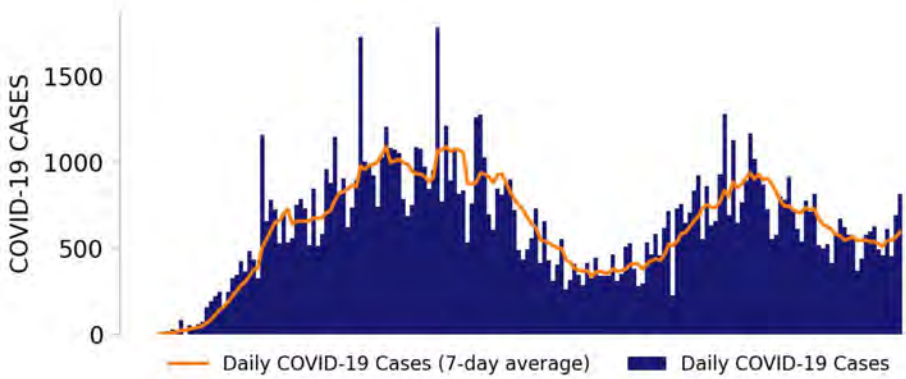
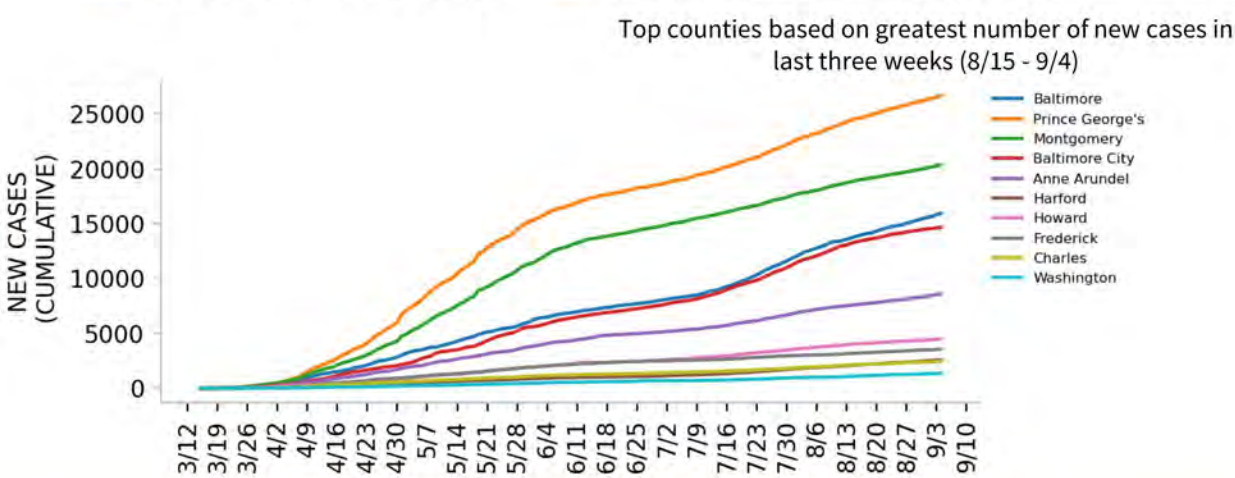
NEW CASES



TESTING

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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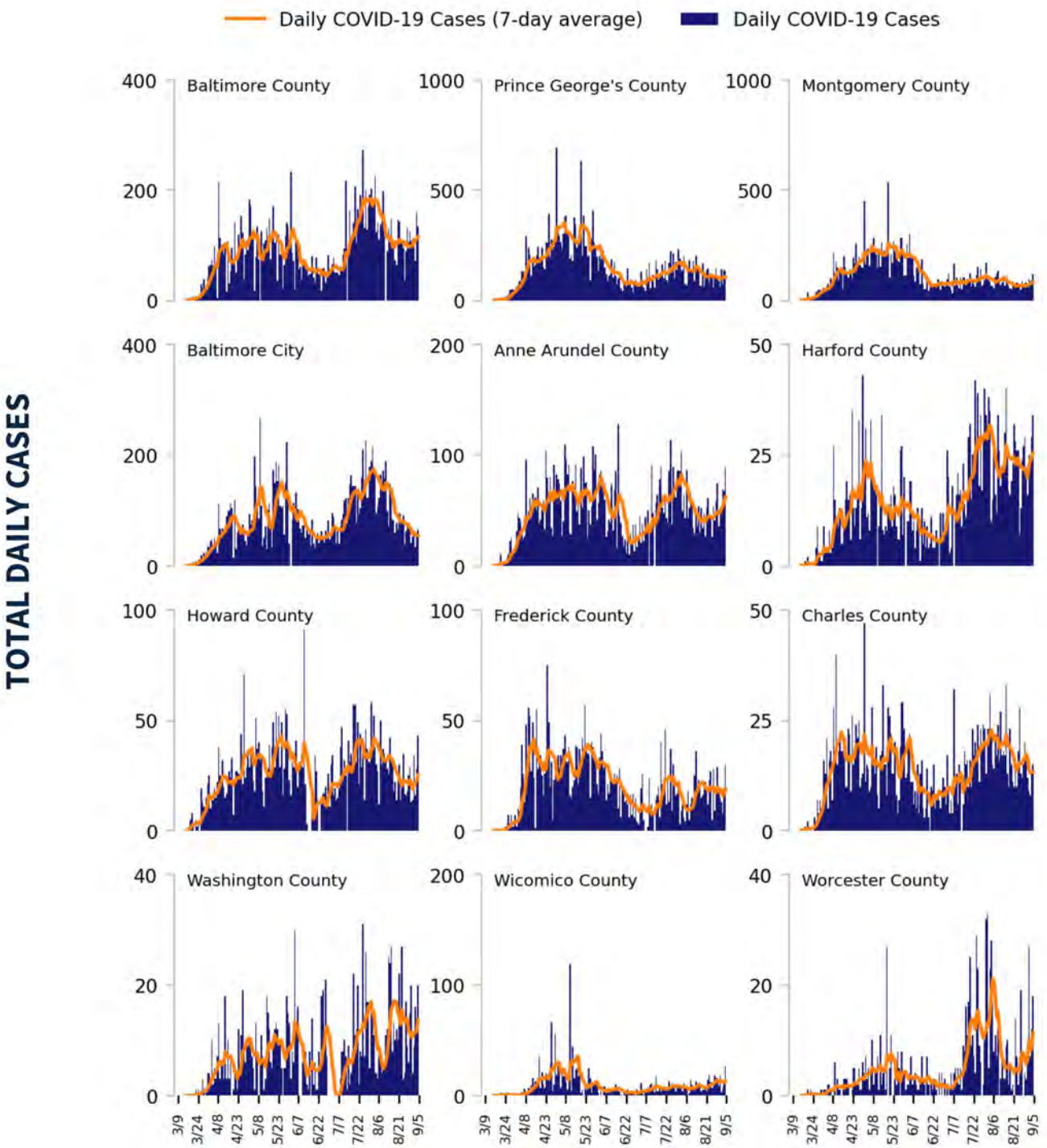
Top 12 counties based on number of new cases in the last 3 weeks



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MARYLAND

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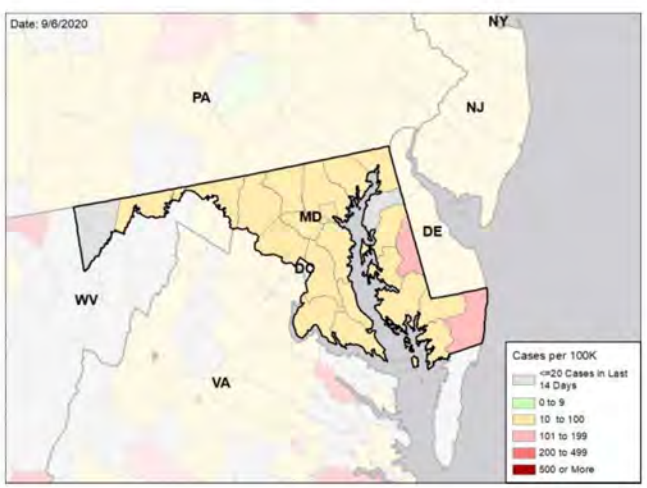
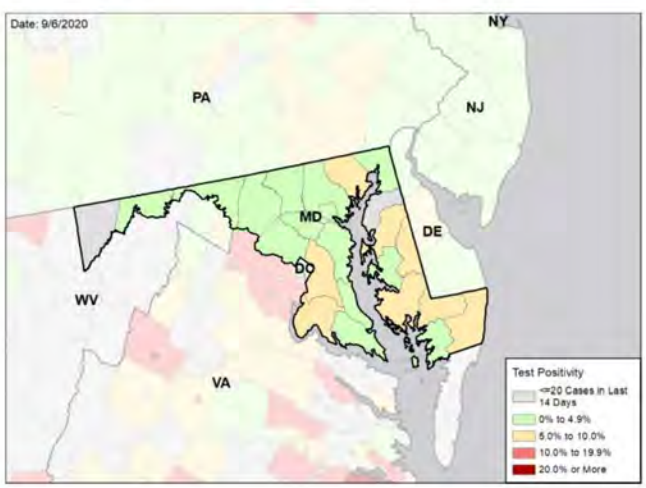
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

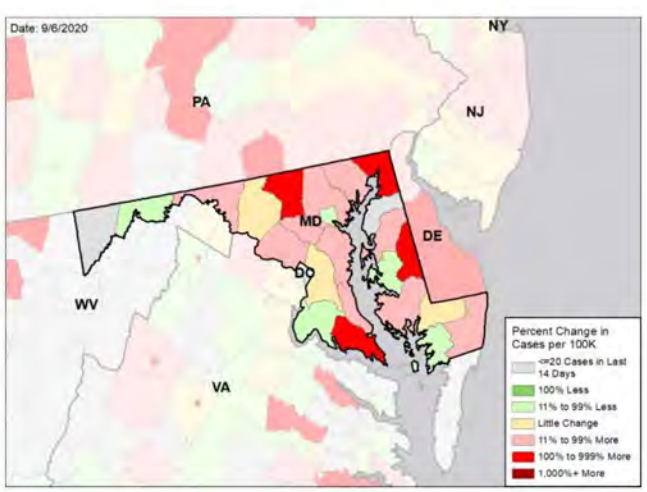
NEW CASES PER 100,000 DURING THE LAST WEEK



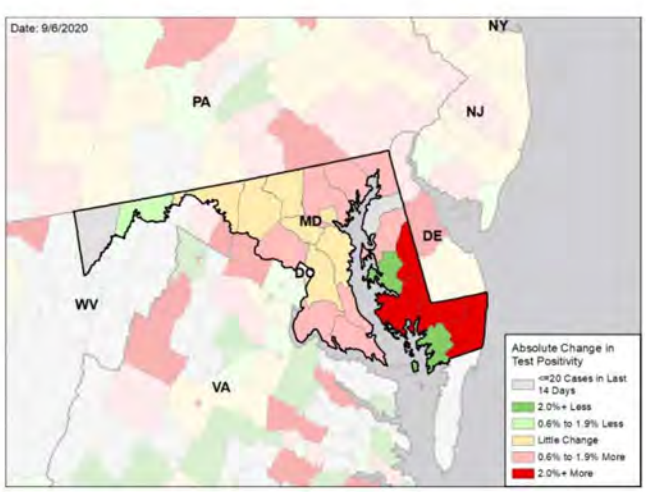
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



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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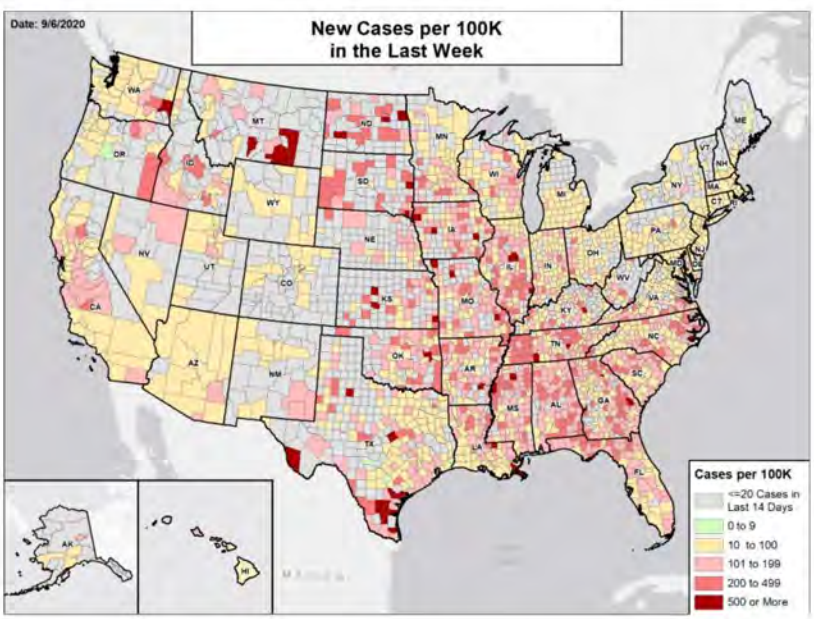
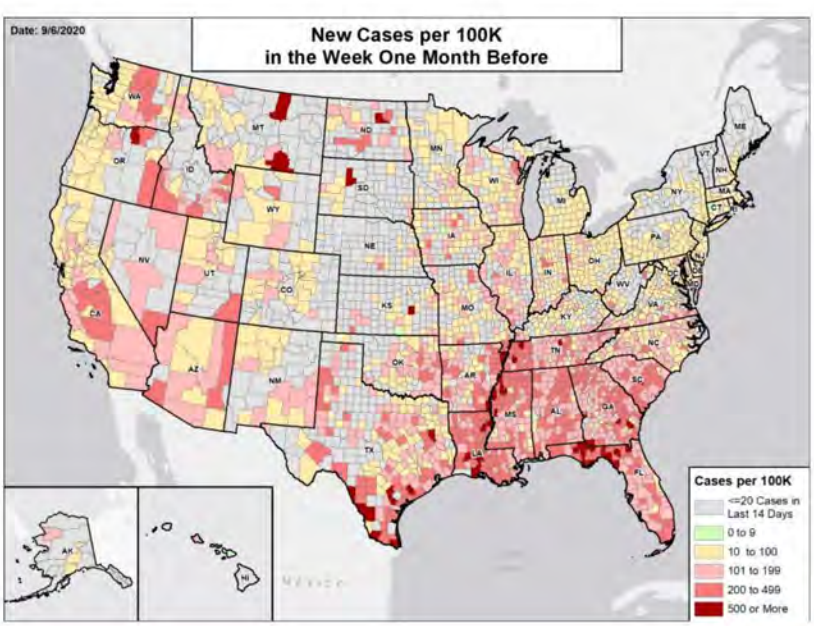
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



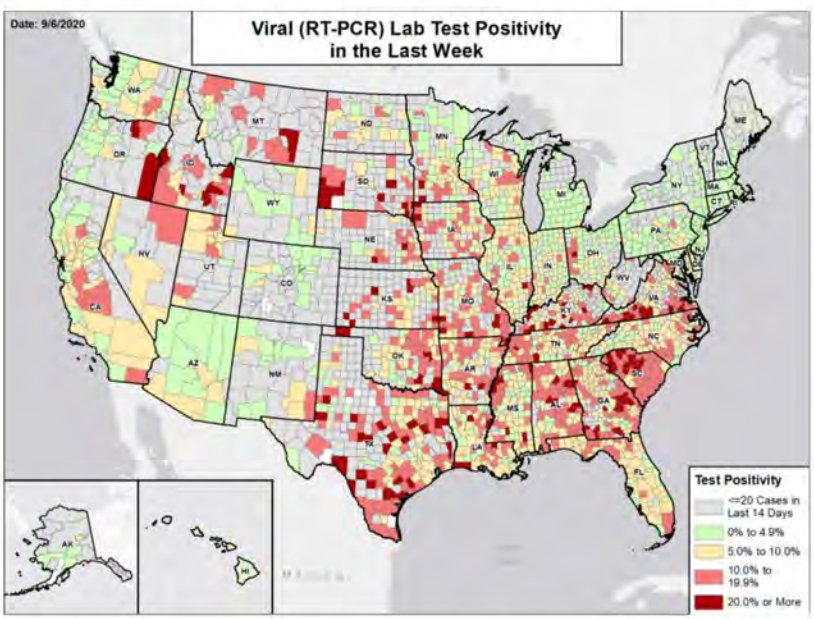
DATA SOURCES

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

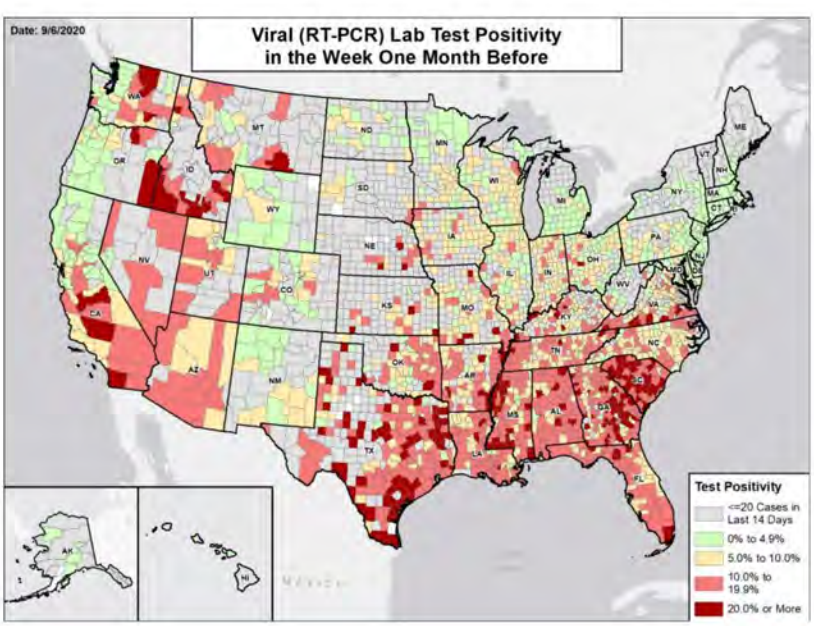
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



DATA SOURCES

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Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

STATE REPORT
09.06.2020

MASSACHUSETTS

SUMMARY

- Massachusetts 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. Massachusetts is in the green zone for test positivity, indicating a rate below 5%, with the 49th highest rate in the country.
- Massachusetts has seen stability in new cases and stability in test positivity over the last week; local increased case rates likely driven by colleges and universities in Boston, Worcester, Springfield, and Barnstable.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Suffolk County, 2. Middlesex County, and 3. Essex County. These counties represent 57.5% of new cases in Massachusetts.
- No counties in Massachusetts have moderate or high levels of community transmission (yellow or red zone).
- During the week of Aug 24 – Aug 30, 2% of nursing homes had at least one new resident COVID-19 case, 7% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- Massachusetts had 37 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: 122 to support operations activities from FEMA; 12 to support operations activities from ASPR; 18 to support operations activities from USCG; and 1 to support operations activities from VA.
- Between Aug 29 - Sep 04, on average, 20 patients with confirmed COVID-19 and 128 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

- Slight increase in case rates may be associated with college and university openings and could expand to surrounding communities; continue aggressive measures to contain transmission.
- Require all universities and colleges to have a plan for periodic retesting of students, with quick turnaround times for results, and rapid isolation of cases and quarantine of contacts; residential cases and contacts should not be sent home to isolate or quarantine.
- Recruit college and university students to expand public health messaging and contact tracing capacity. Ensure protection of local communities by strict mask wearing and social distancing off campus.
- Conduct outreach to restaurant and bar owners in college communities regarding enforcement of masking and limitations on occupancy; work closely with university leadership, student body leaders, and campus media to establish and communicate appropriate behavior with known repercussions if students do not comply.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Follow and reduce turnaround times and ensure immediate isolation of cases and contact interviews within 48 hours of results returned.
- Continue public health messaging and educational campaigns, focusing on: groups at-risk for infection and for advanced disease, those who data demonstrate are non-compliant with the face covering mandate, and returning students.
- Show trend in 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.
- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

MASSACHUSETTS

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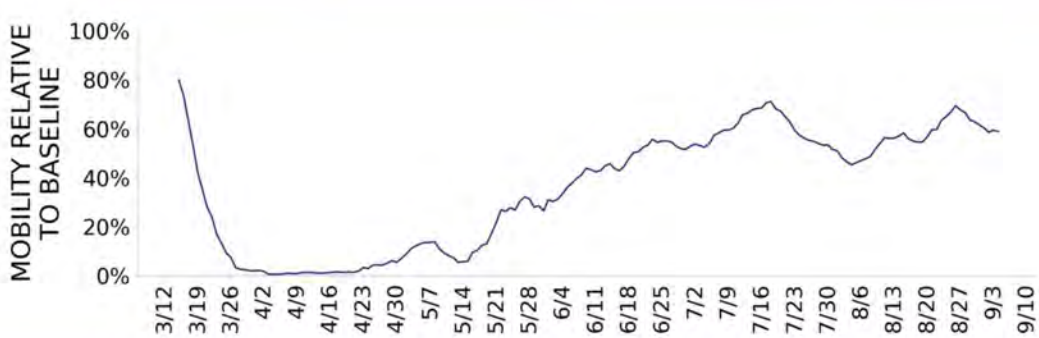
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	2,582 (37)	+9.0%	4,414 (30)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	0.9%	-0.2%*	1.0%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	266,863** (3,872)	+20.8%**	431,543** (2,907)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	76 (1)	-44.1%	92 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	2% (7%)	-1%* (-3%*)	3% (7%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	-1%*	2%	5%

MOBILITY ▶



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS

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MASSACHUSETTS

STATE REPORT | 09.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
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COUNTY LAST WEEK	0	N/A	0	N/A

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

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MASSACHUSETTS

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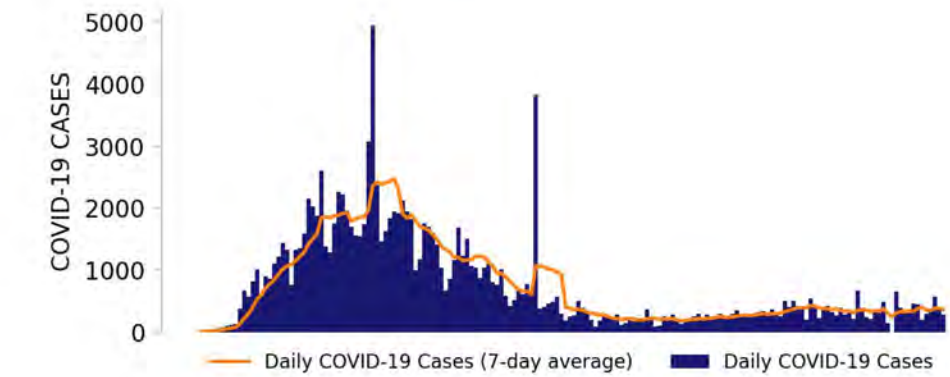
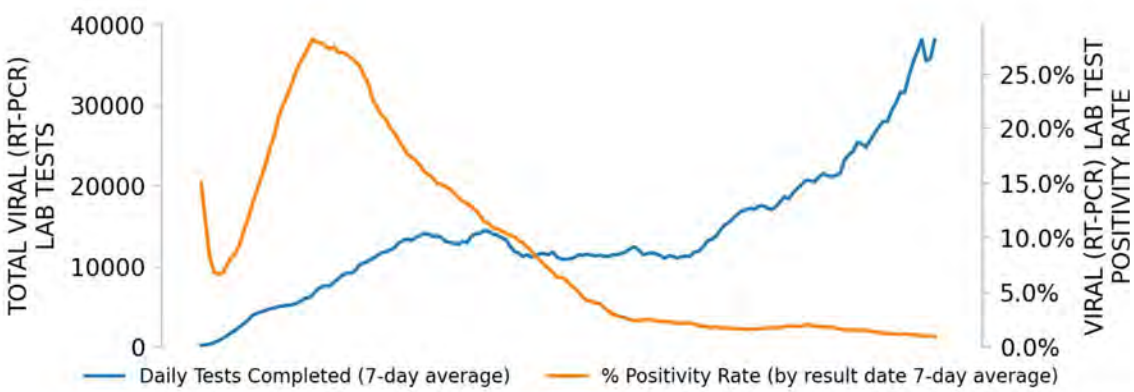
NEW CASES

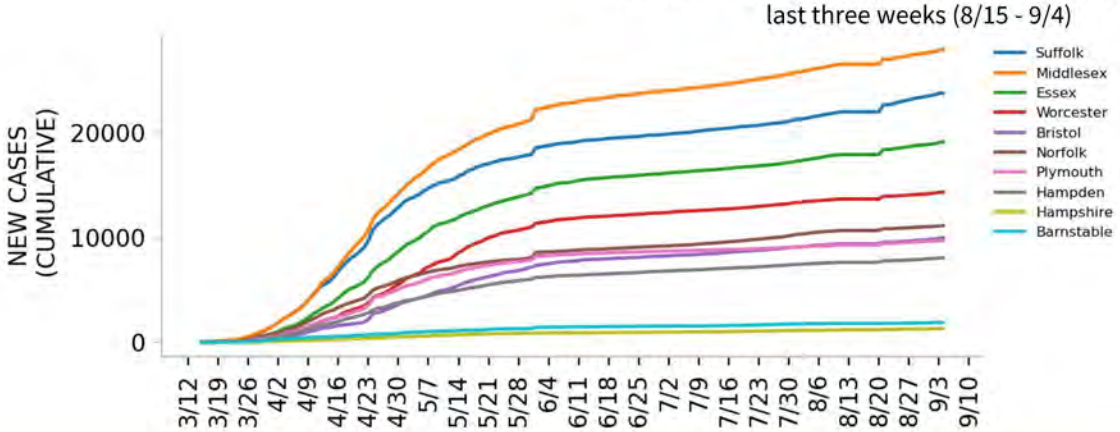


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/15 - 9/4)



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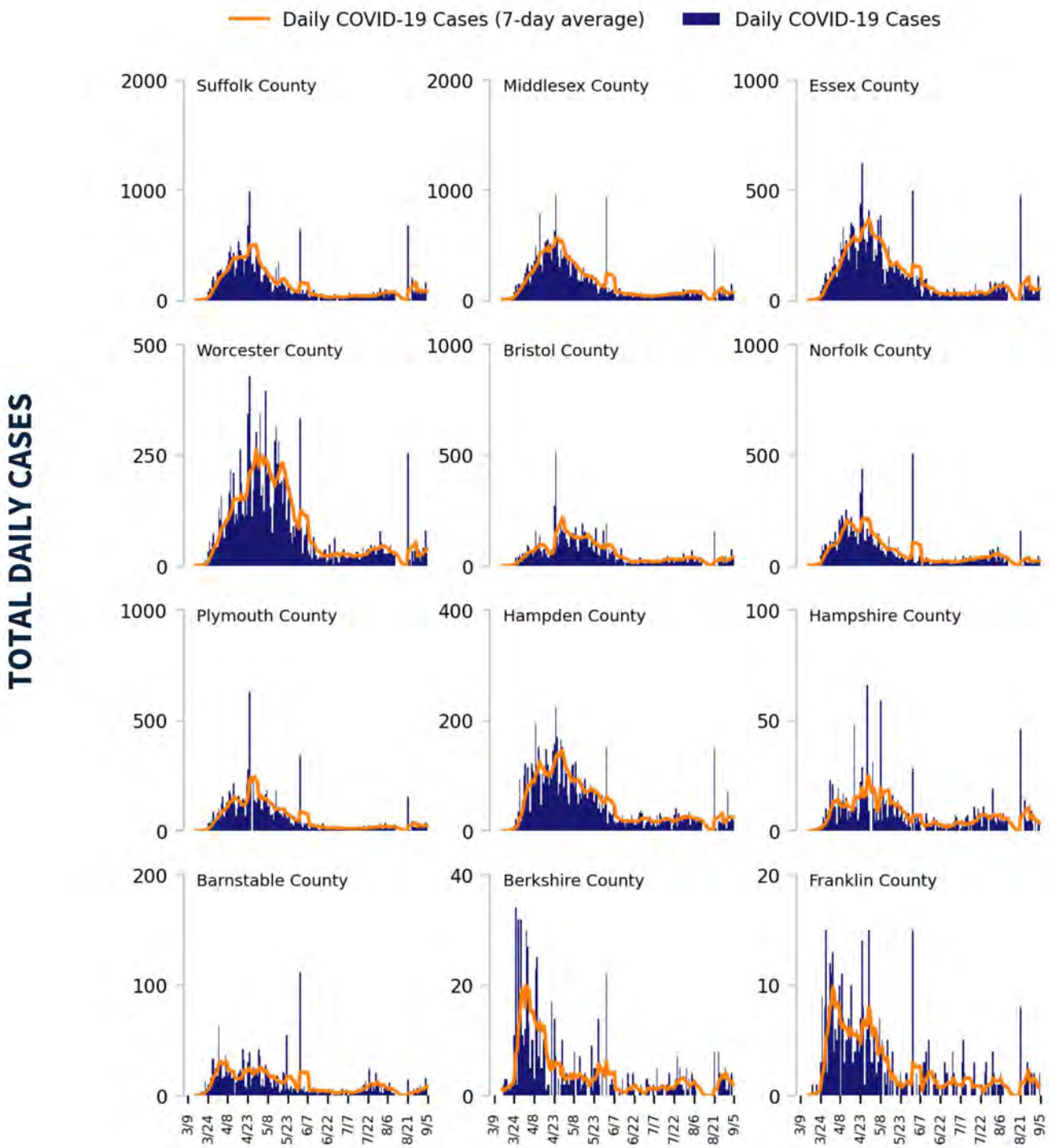

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MASSACHUSETTS

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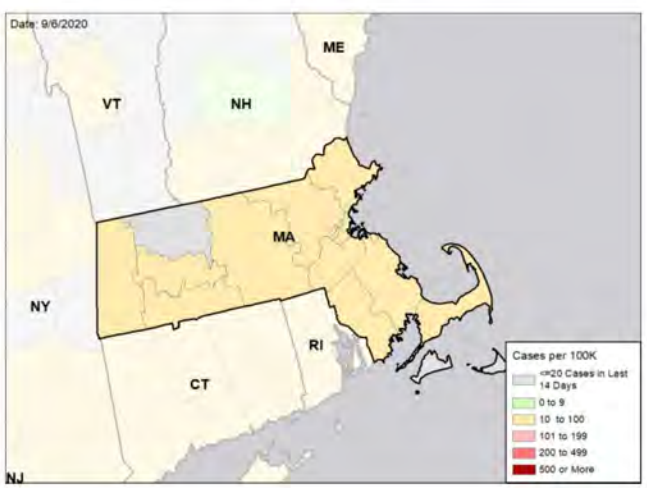
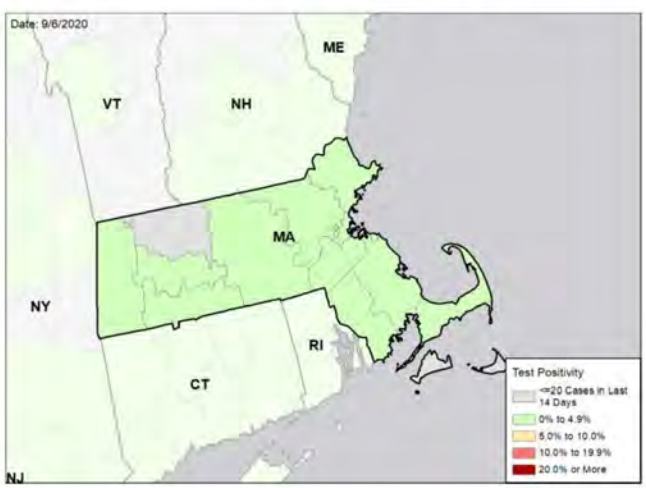
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

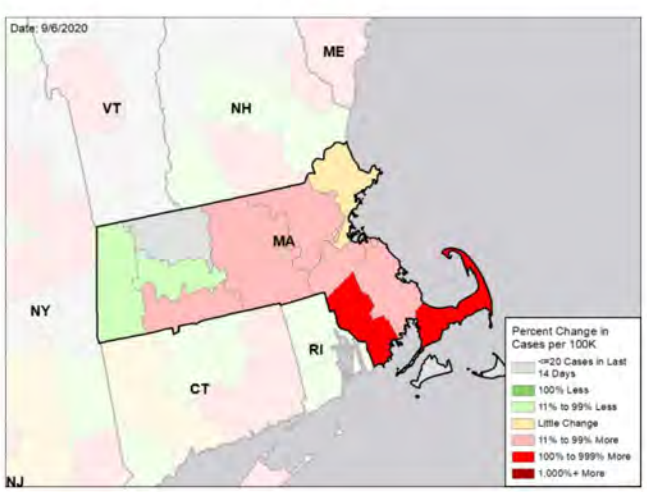
NEW CASES PER 100,000 DURING THE LAST WEEK



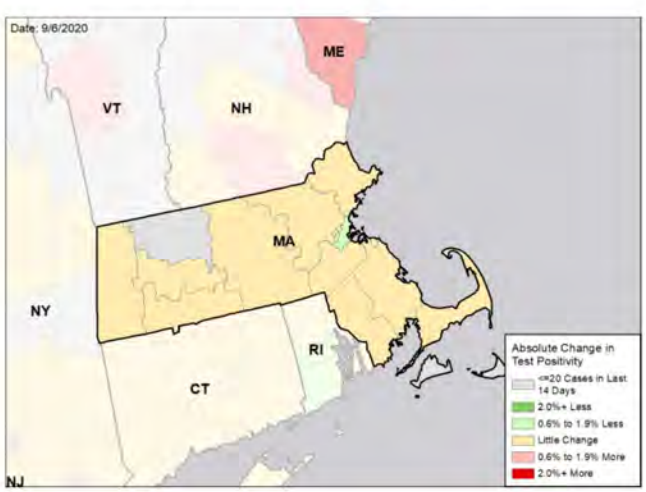
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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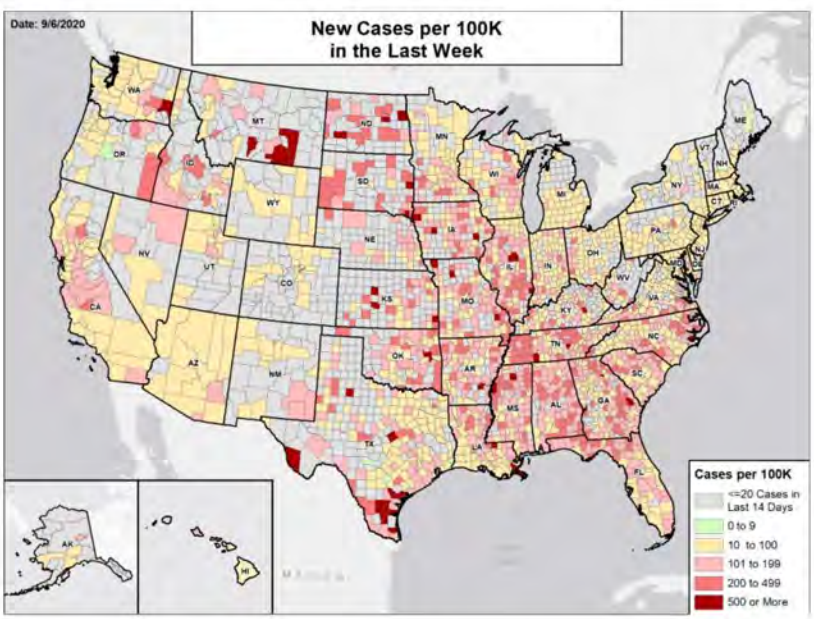
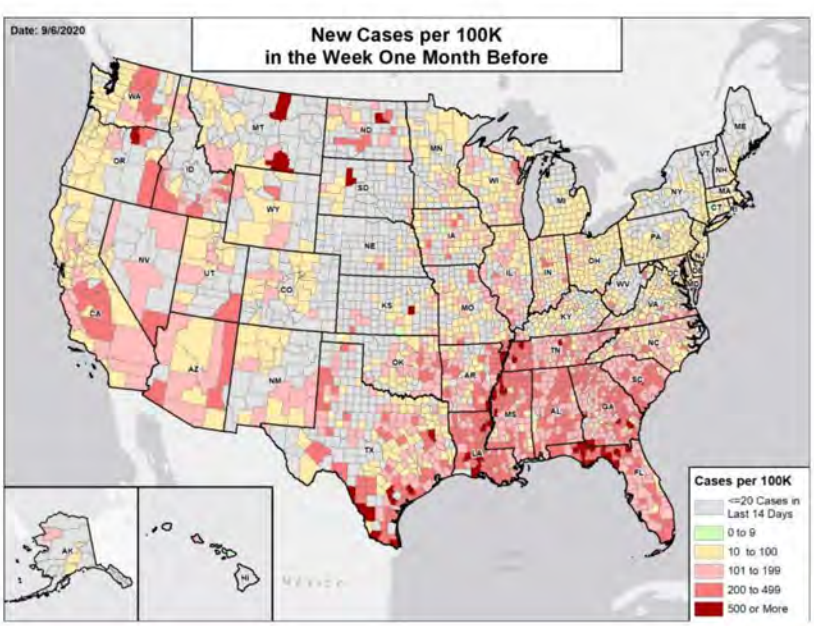
National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



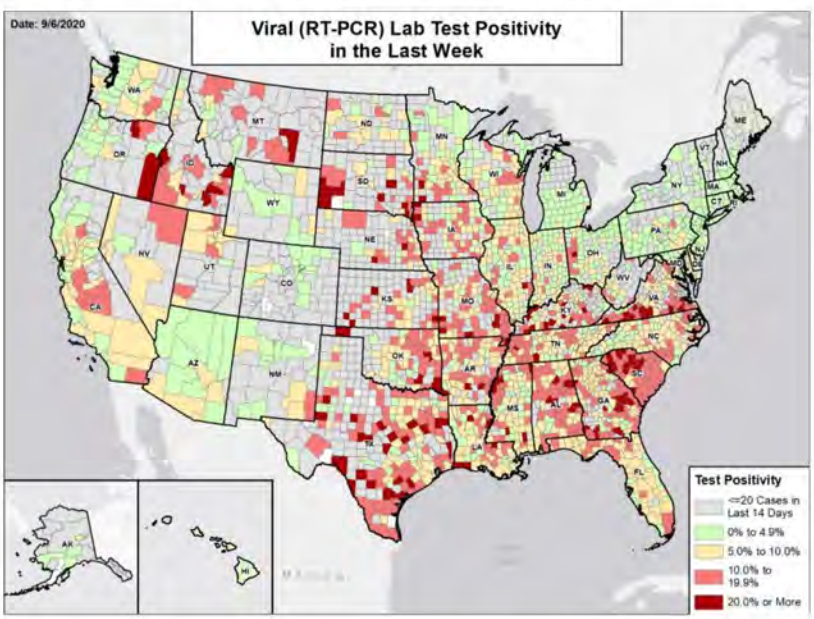
DATA SOURCES

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

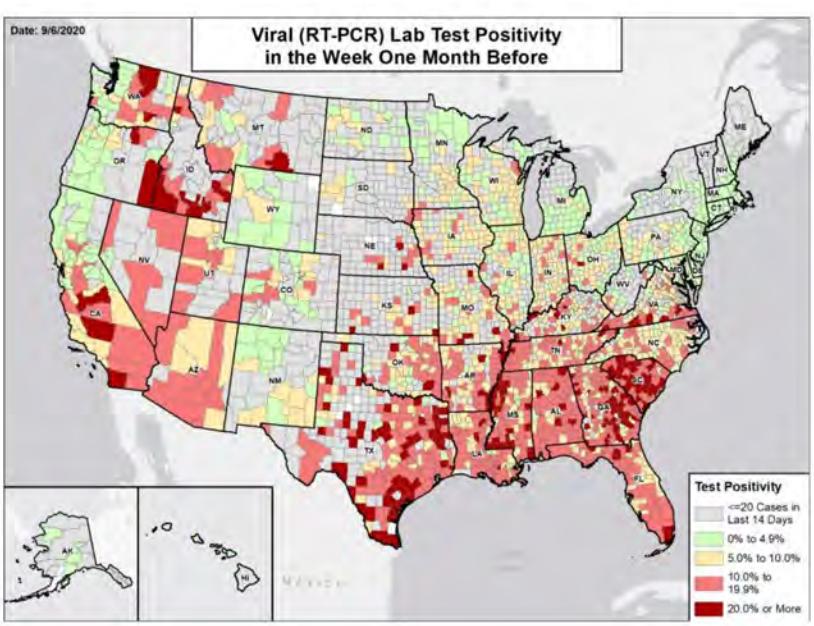
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **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 09/06/2020 and is through 9/4/2020.
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MICHIGAN

SUMMARY

- Michigan is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 37th highest rate in the country. Michigan is in the green zone for test positivity, indicating a rate below 5%, with the 37th highest rate in the country.
- Michigan has seen a decrease in new cases and stability in test positivity over the last week. Cases decreased in a plurality of counties.
- COVID-19 cases increased sharply in 4 counties with reopening institutes of higher education (IHE). Approximately 260 cases were linked to Central Michigan University reopening and its county (Isabella) had the highest incidence in the state. 6% of students and staff at Adrian College (Lenawee County) tested positive. Cases detected in surveillance at Michigan Technological University contributed to Houghton County having the state's largest proportional increase in total cases.
- 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 46.1% of new cases in Michigan.
- 5% of all counties in Michigan have moderate or high levels of community transmission (yellow or red zone), with none having high levels of community transmission (red zone).
- During the week of Aug 24 – Aug 30, 7% of nursing homes had at least one new resident COVID-19 case, 15% of nursing homes had at least one new staff COVID-19 case, and 1% of nursing homes had at least one new resident COVID-19 death.
- Michigan 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: 11 to support operations activities from FEMA; 7 to support operations activities from USCG; and 1 to support operations activities from VA.
- Between Aug 29 - Sep 04, on average, 51 patients with confirmed COVID-19 and 119 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Michigan. An average of 94% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- Recommendations specific to IHE are highlighted below given the concerning trends nationally and the need to intensify efforts to control COVID-19 among university students and minimize spread to local communities.
- IHE should increase testing capacity by expanding public-private partnerships; increasing the budget and capacity of public health labs; pooling specimens where appropriate; and utilizing all university, veterinary and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Require all universities and colleges to have a plan for both rapid testing and contact tracing of symptomatic students and periodic surveillance testing of students, with quick turnaround times for results, and rapid isolation of cases and quarantine of contacts; residential cases and contacts should not be sent home to isolate or quarantine.
- Recruit college and university students to expand public health messaging and contact tracing capacity and protect local communities by strict mask wearing and social distancing off campus.
- Universities and colleges must work with various student leaders and campus media to support compliance with recommendations.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- University students with or exposed to COVID-19 must have isolation, 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 conduct contact tracing in collaboration with local public health authorities. Support university officials in messaging to students about the importance of full cooperation.
- Ensure all nursing homes, assisted living, and elderly care sites follow CMS staff testing requirements and, if cases within local universities rise, increase testing even further to prevent spread from students to residents through staff. Expanding nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- 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 university public-facing dashboards.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

MICHIGAN

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	5,104 (51)	-21.5%	47,030 (90)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.2%	+0.0%*	4.9%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	213,669** (2,140)	-2.5%**	1,120,142** (2,132)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	87 (1)	+11.5%	526 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	7% (15%)	+1%* (-2%*)	8% (15%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	-1%*	3%	5%

MOBILITY ▶

* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

MICHIGAN

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	0	N/A	4	Mount Pleasant Monroe Coldwater Marinette
COUNTY LAST WEEK	0	N/A	4	Macomb Isabella Monroe Branch

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and 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 9/4/2020; last week is 8/29 - 9/4, three weeks is 8/15 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2.

MICHIGAN

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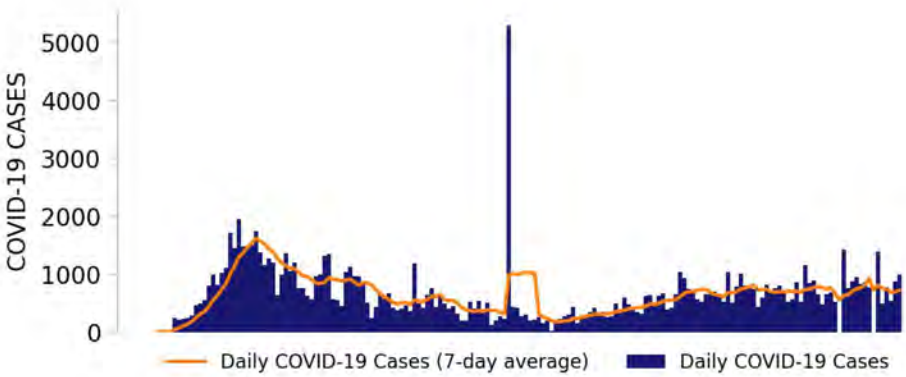
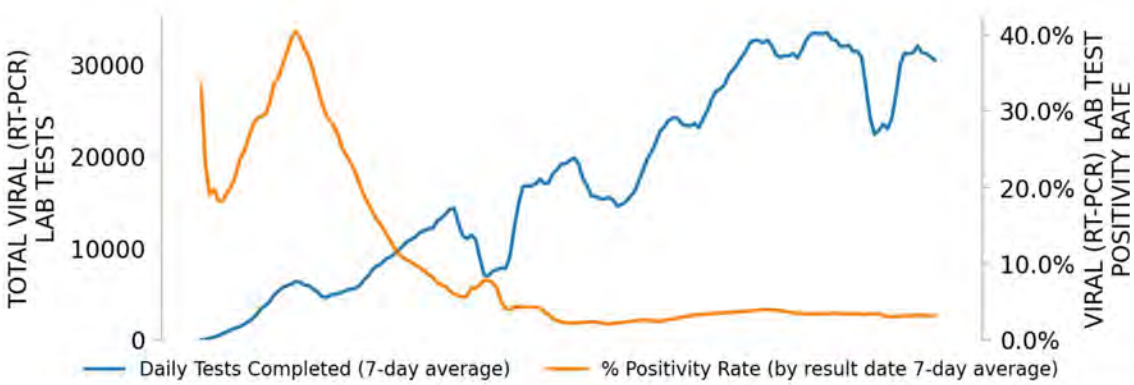
NEW CASES

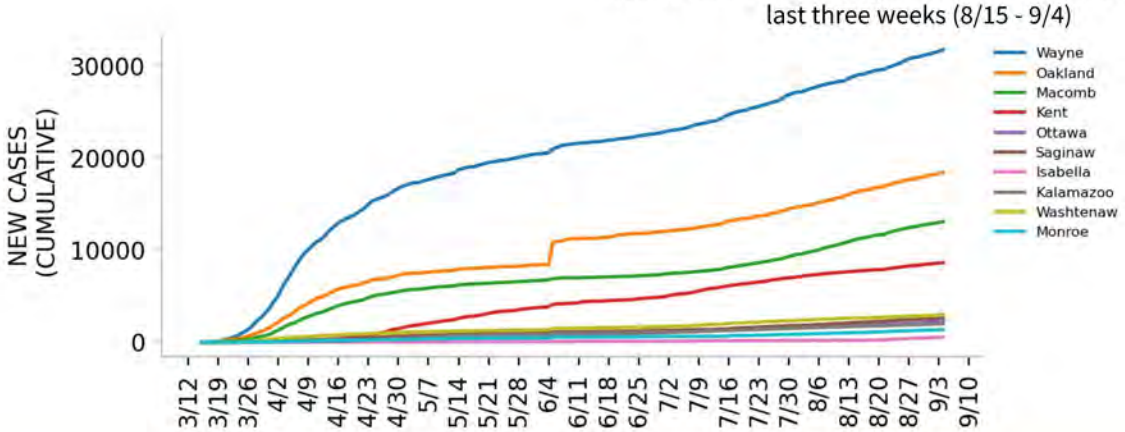


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/15 - 9/4)



DATA SOURCES – Additional data details available under METHODS

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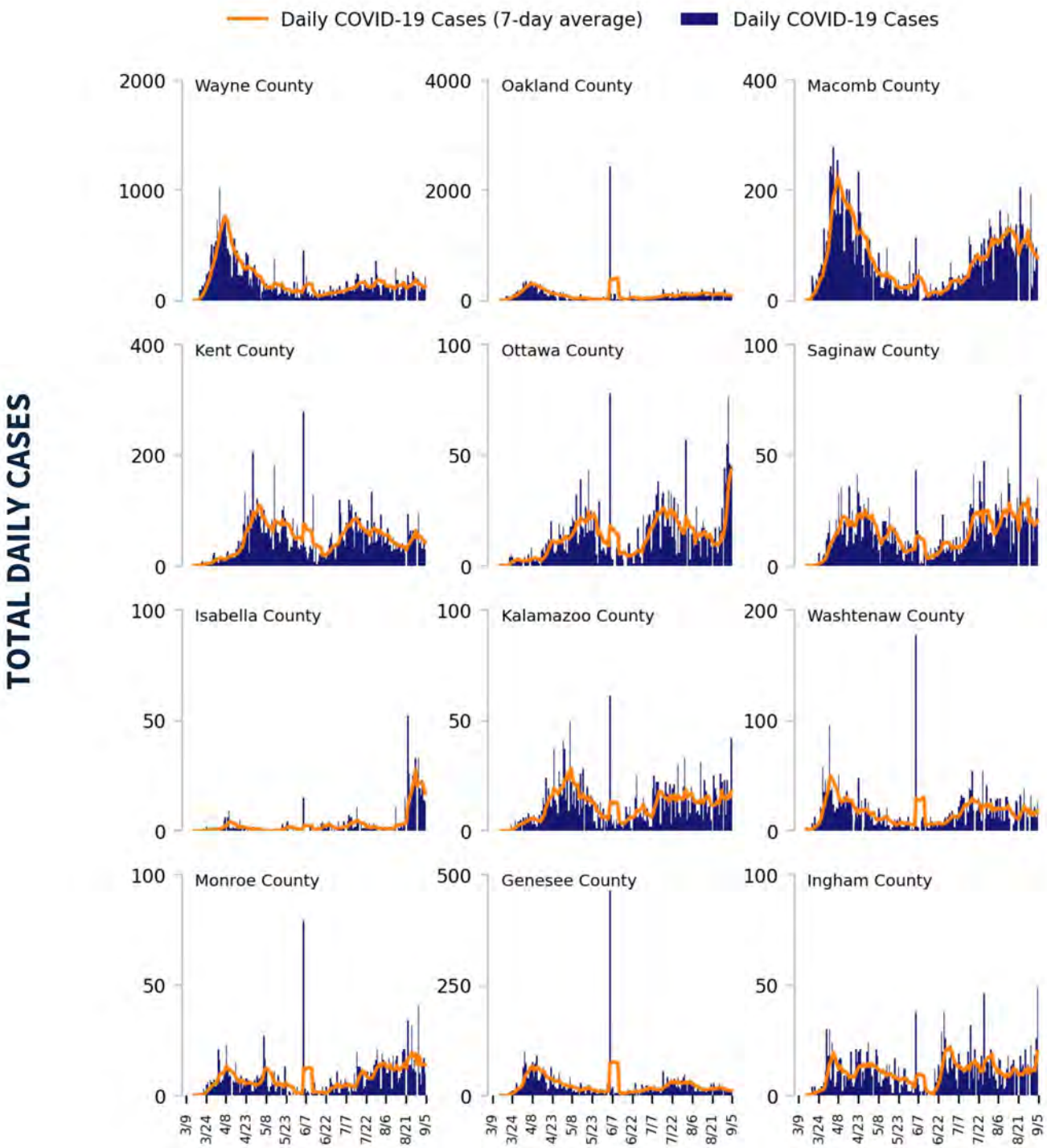
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/4/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020.

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



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MICHIGAN

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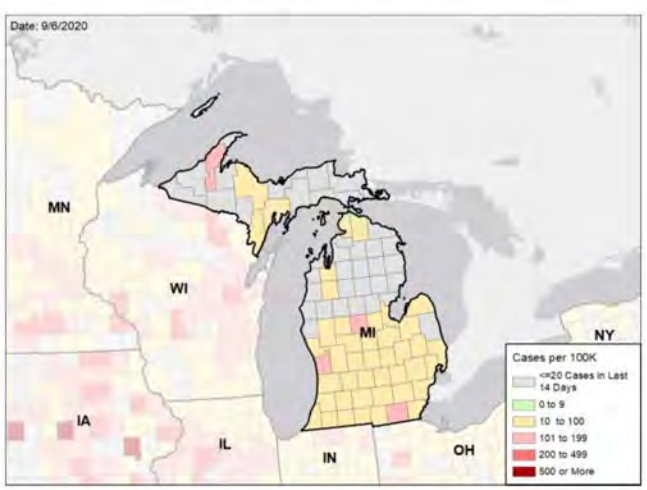
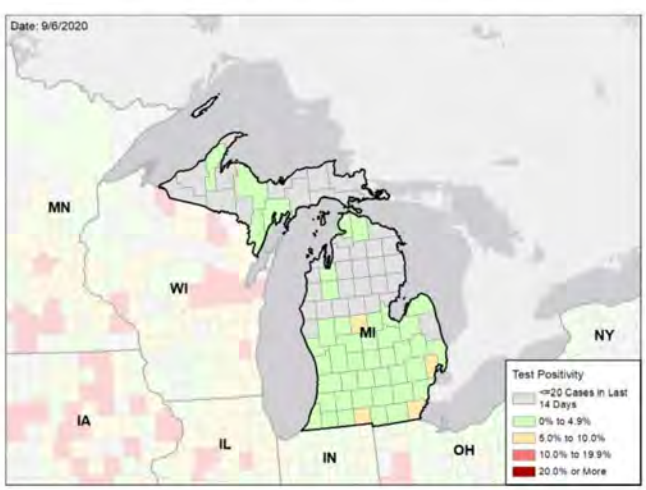
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

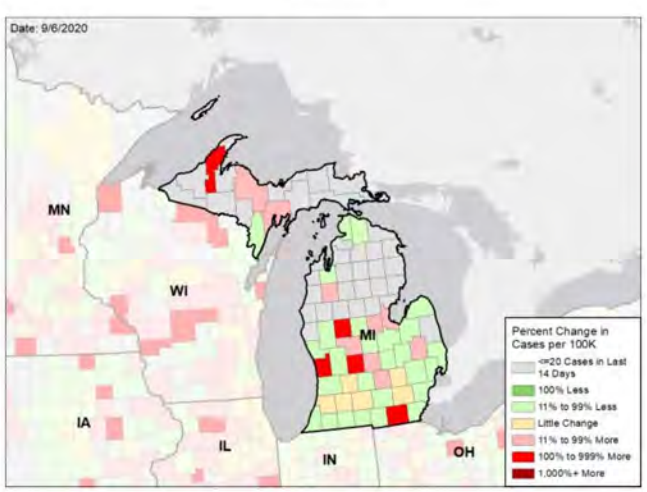
NEW CASES PER 100,000 DURING THE LAST WEEK



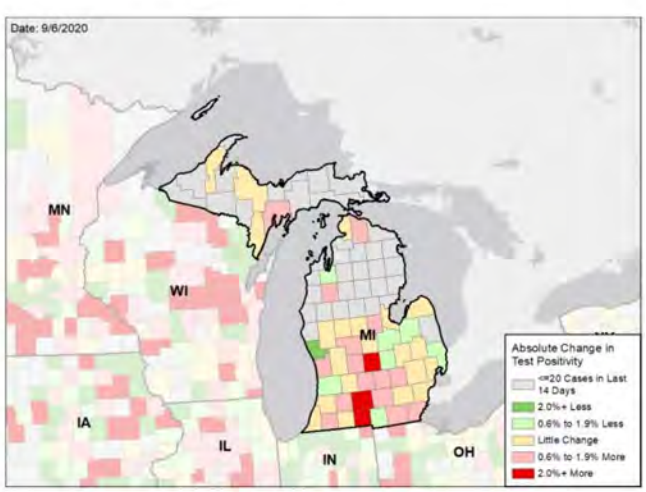
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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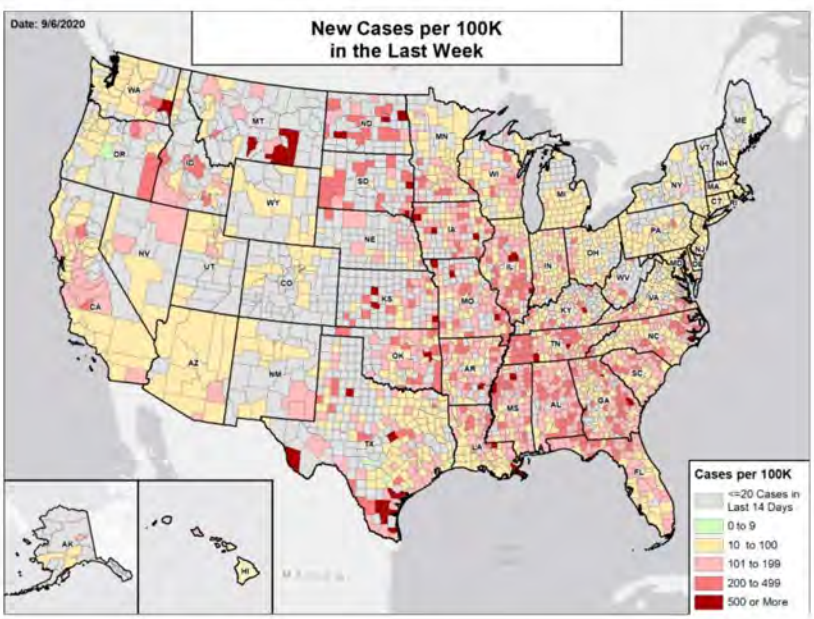
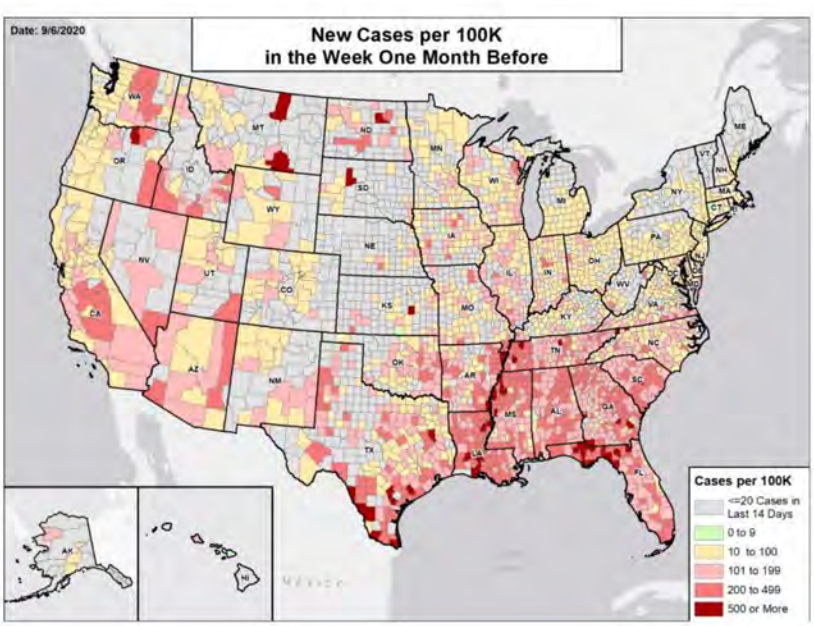
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



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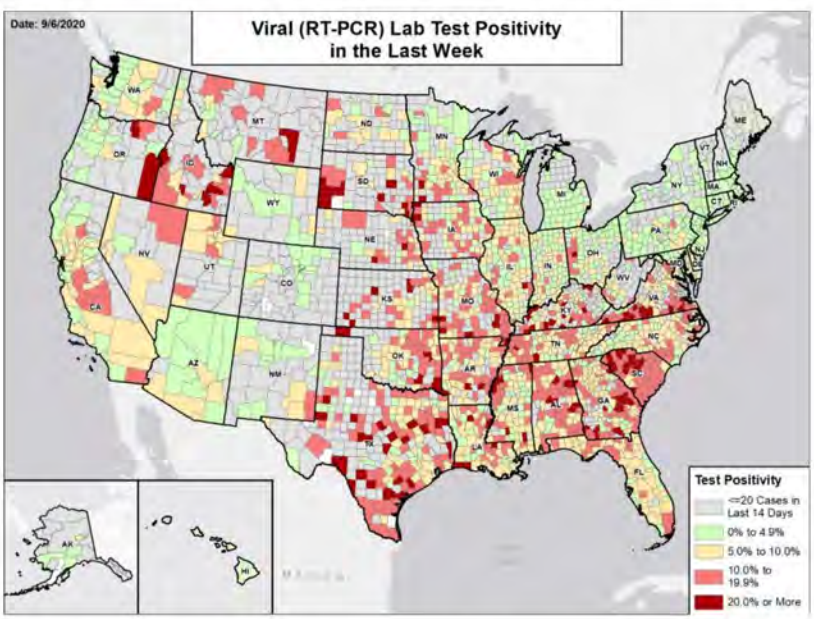

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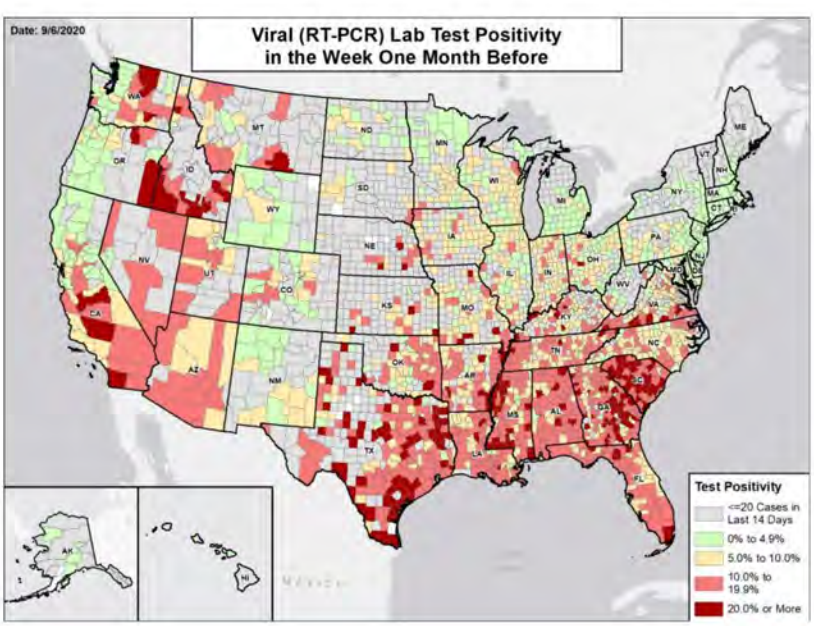

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METHODS

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Skilled Nursing Facilities with at least one resident COVID-19 case, death	<1%	1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case, death	<-1%	-1%-1%	>1%

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STATE REPORT
09.06.2020

MINNESOTA

SUMMARY

- Minnesota has moved into 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. Minnesota is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 20th highest rate in the country.
- Minnesota has seen an increase in new cases and an increase in test positivity over the last week.
- Viral transmission continues in multiple areas of the state with worrying increases in incidence in multiple counties in southern and central Minnesota outside of the Minneapolis CBSA. The following three counties had the highest number of new cases over the last 3 weeks: 1. Hennepin County, 2. Dakota County, and 3. Ramsey County. These counties in the Minneapolis CBSA represent 45.6% of new cases in Minnesota.
- One third of new cases are coming from community spread of uncertain exposure. A wedding with 275 unmasked guests led to 56 cases in nine counties, including cases among educators, long-term care workers, and health care workers. To date, 50 cases among Minnesota residents, including one death, have been linked to the Sturgis Motorcycle Rally in South Dakota.
- Winona State University has reported 97 students as COVID-positive in the first week of classes leading to Winona County reporting a weekly incidence >300 cases per 100,000 population.
- 49% of all counties in Minnesota have moderate or high levels of community transmission (yellow or red zone), with 17% having high levels of community transmission (red zone).
- During the week of Aug 24 – Aug 30, 9% of nursing homes had at least one new resident COVID-19 case, 16% of nursing homes had at least one new staff COVID-19 case, and 5% of nursing homes had at least one new resident COVID-19 death.
- Minnesota 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: 9 to support operations activities from FEMA and 1 to support operations activities from USCG.
- Between Aug 29 - Sep 04, on average, 37 patients with confirmed COVID-19 and 89 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Minnesota. An average of 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- Recommendations specific to institutions of higher education (IHE) are highlighted below given the concerning trends nationally and the need to intensify efforts to control COVID-19 among university students and minimize spread to local communities.
- IHE should increase testing capacity by expanding public-private partnerships; increasing the budget and capacity of public health labs; pooling specimens where appropriate; and utilizing all university, veterinary and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Require all universities and colleges to have a plan for both rapid testing and contact tracing of symptomatic students and periodic surveillance testing of students, with quick turnaround times for results, and rapid isolation of cases and quarantine of contacts; residential cases and contacts should not be sent home to isolate or quarantine.
- Recruit college and university students to expand public health messaging and contact tracing capacity and protect local communities by strict mask wearing and social distancing off campus.
- Universities and colleges must work with various student leaders and campus media to support compliance with recommendations.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- University students with or exposed to COVID-19 must have isolation, 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 conduct contact tracing in collaboration with local public health authorities. Support university officials in messaging to students about the importance of full cooperation.
- Ensure all nursing homes, assisted living, and elderly care sites follow CMS staff testing requirements and, if cases within local universities rise, increase testing even further to prevent spread from students to residents through staff. Expanding nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- 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 university public-facing dashboards.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

MINNESOTA

STATE REPORT | 09.06.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	5,724 (101)	+12.0%	47,030 (90)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.2%	+1.0%*	4.9%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	112,129** (1,988)	-2.0%**	1,120,142** (2,132)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	40 (1)	-33.3%	526 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	9% (16%)	+2%* (-2%*)	8% (15%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	+0%*	3%	5%

MOBILITY ▶

* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

MINNESOTA

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**5**	Mankato Winona Marshall Worthington Fairmont	**13**	Minneapolis-St. Paul-Bloomington St. Cloud Rochester Fargo Hutchinson Owatonna Brainerd Red Wing Grand Forks New Ulm Alexandria La Crosse-Onalaska
COUNTY LAST WEEK	**15**	Blue Earth Wright Winona Clay Le Sueur Waseca Lyon Nobles Watonwan Yellow Medicine Stevens Martin	**28**	Hennepin Dakota Ramsey Anoka Washington Scott Stearns Olmsted Carver Sherburne McLeod Chisago

All Yellow CBSAs: Minneapolis-St. Paul-Bloomington, St. Cloud, Rochester, Fargo, Hutchinson, Owatonna, Brainerd, Red Wing, Grand Forks, New Ulm, Alexandria, La Crosse-Onalaska, Wahpeton

All Red Counties: Blue Earth, Wright, Winona, Clay, Le Sueur, Waseca, Lyon, Nobles, Watonwan, Yellow Medicine, Stevens, Martin, Chippewa, Pennington, Rock

All Yellow Counties: Hennepin, Dakota, Ramsey, Anoka, Washington, Scott, Stearns, Olmsted, Carver, Sherburne, McLeod, Chisago, Steele, Benton, Nicollet, Crow Wing, Goodhue, Sibley, Carlton, Brown, Redwood, Douglas, Mille Lacs, Houston, Pipestone, Wabasha, Meeker, Marshall

*** 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 9/4/2020; last week is 8/29 - 9/4, three weeks is 8/15 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2.

MINNESOTA

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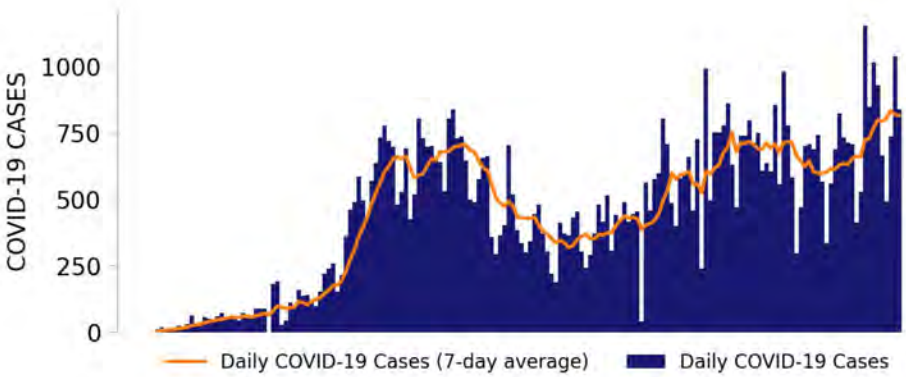
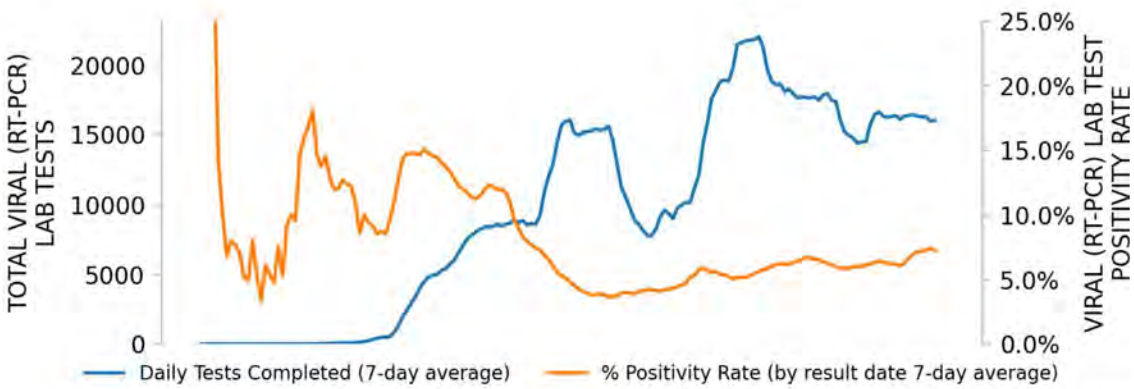
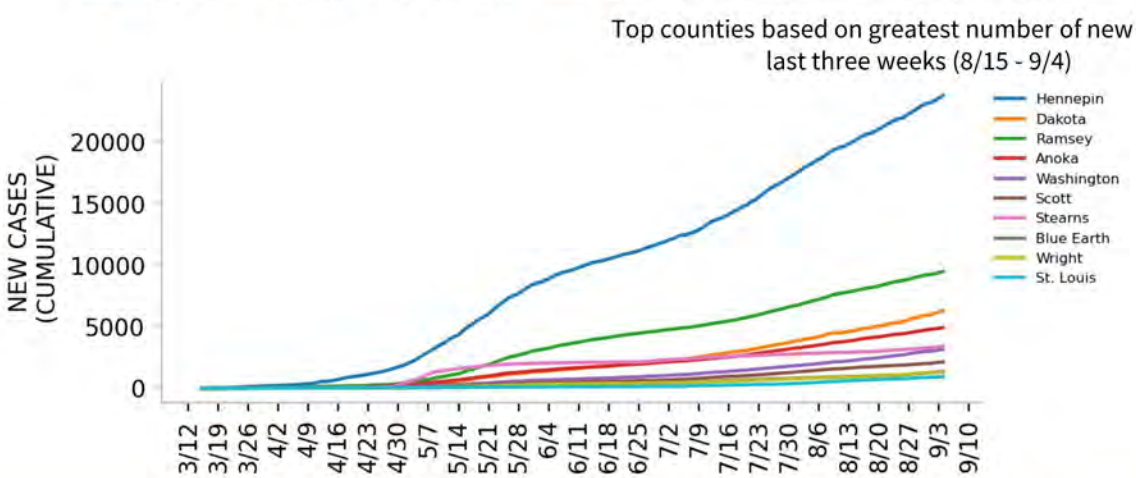
NEW CASES



TESTING



TOP COUNTIES



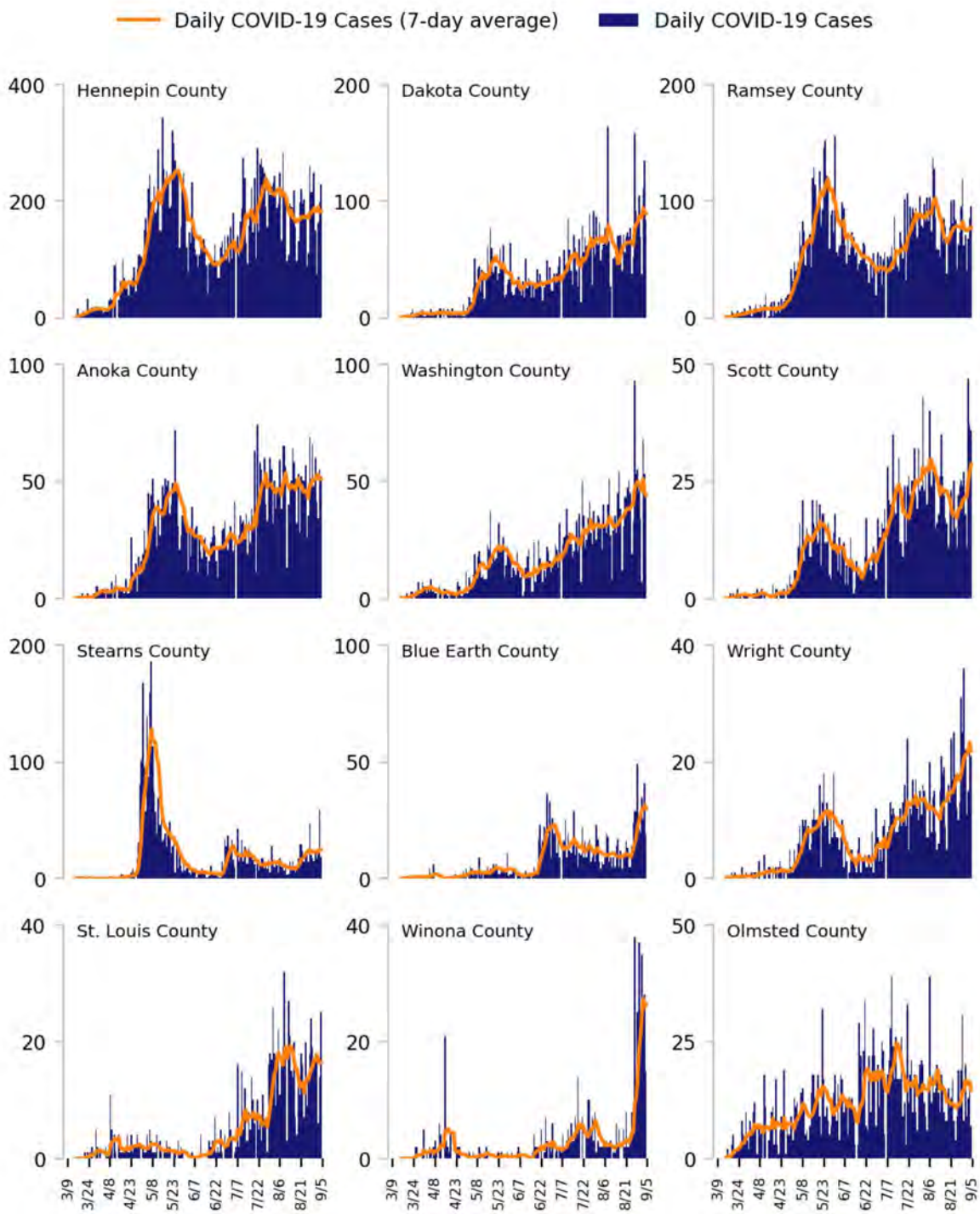
DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/4/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020.

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 9/4/2020. Last 3 weeks is 8/15 - 9/4.

MINNESOTA

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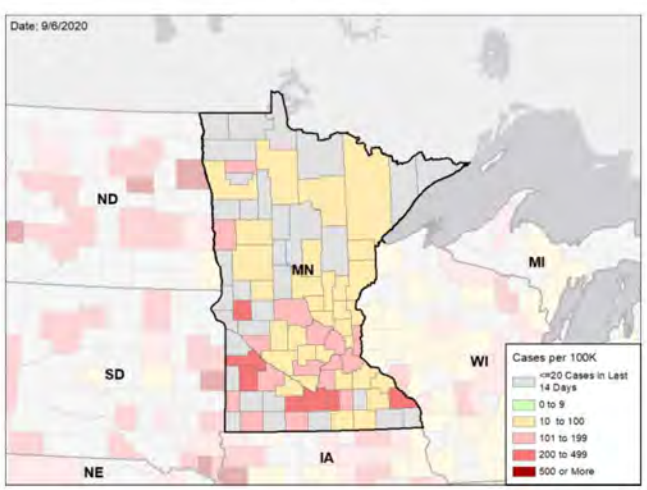
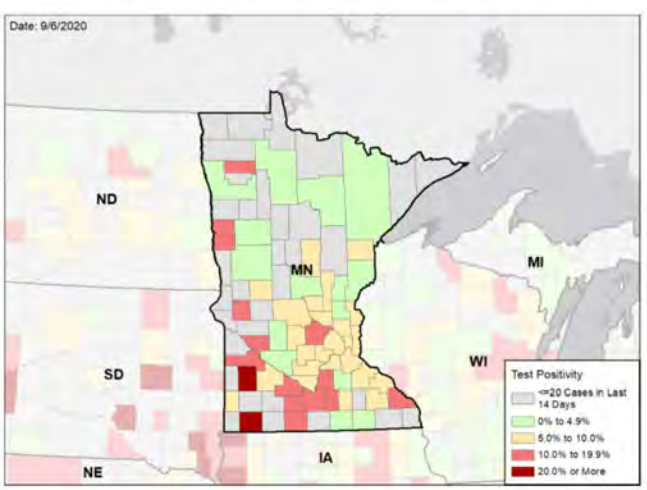
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

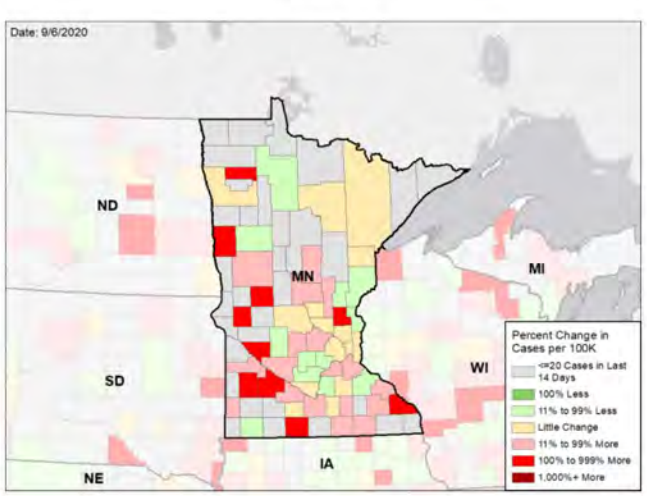
NEW CASES PER 100,000 DURING THE LAST WEEK



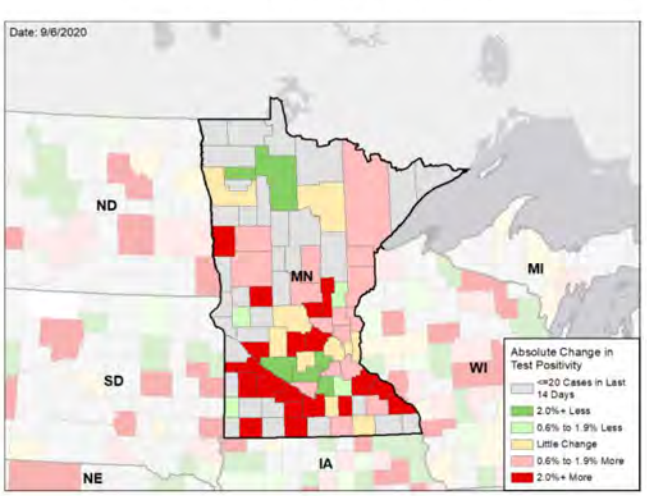
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

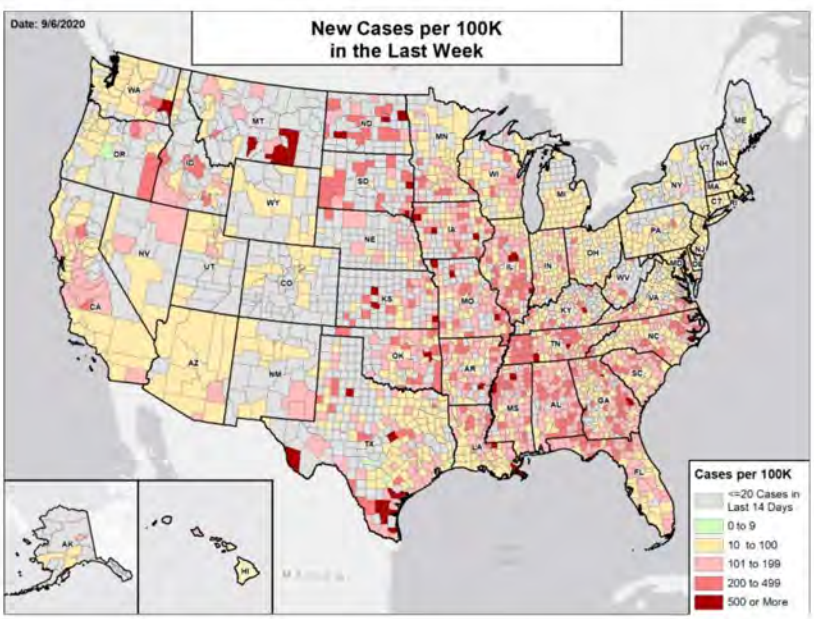
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/4/2020. Last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

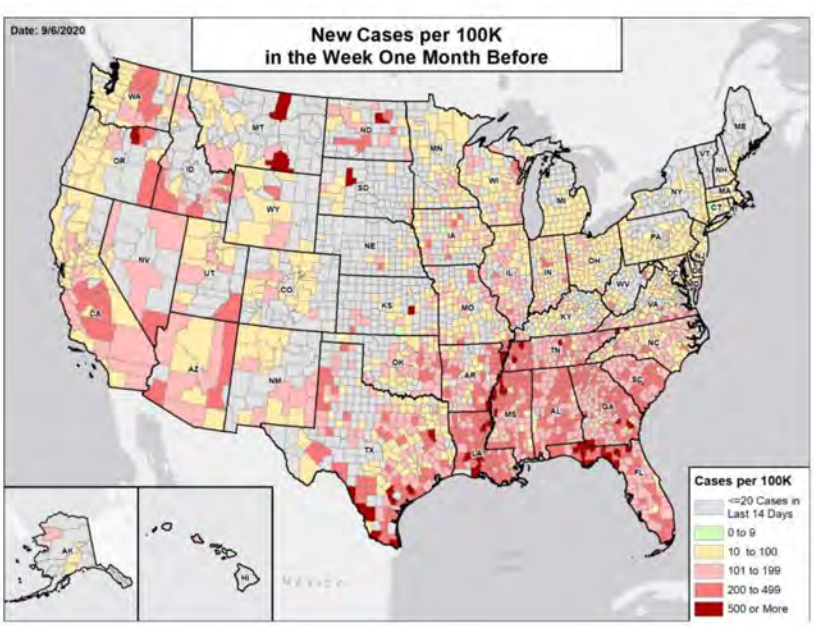
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



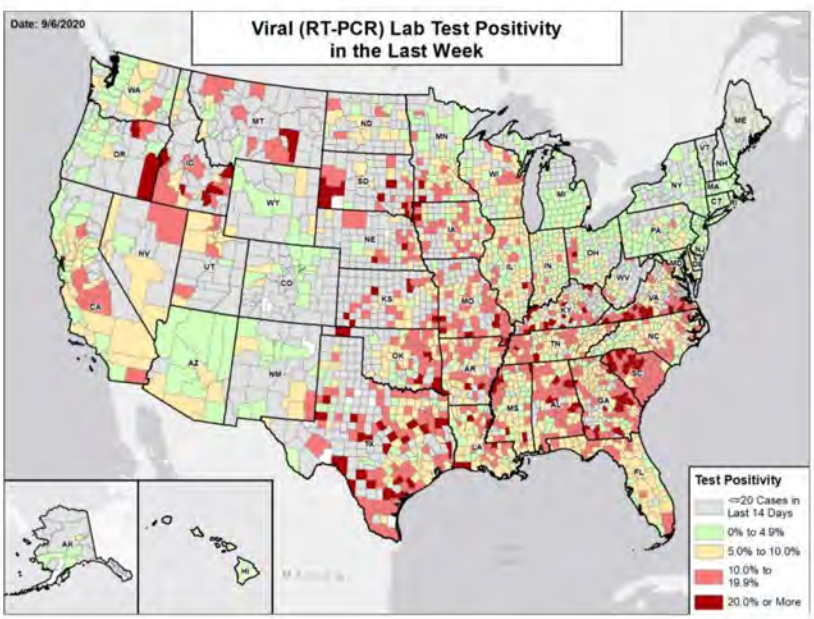
DATA SOURCES

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

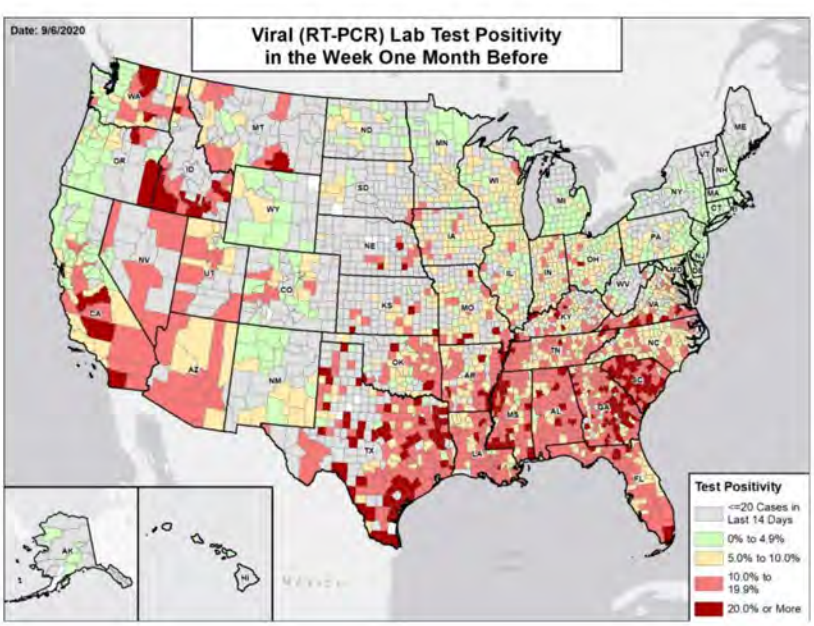
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

STATE REPORT
09.06.2020

MISSISSIPPI

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 16th highest rate in the country.
- Mississippi has seen stability in new cases and a decrease in test positivity over the last week. Progress needs to accelerate and sustain.
- 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 16.7% of new cases in Mississippi.
- 70% of all counties in Mississippi have moderate or high levels of community transmission (yellow or red zone), with 28% having high levels of community transmission (red zone). This is a week-over-week improvement.
- During the week of Aug 24 – Aug 30, 19% of nursing homes had at least one new resident COVID-19 case, 24% had at least one new staff COVID-19 case, and 11% had at least one new resident COVID-19 death.
- Mississippi had 156 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 1 to support epidemiology activities from CDC and 27 to support medical activities from VA.
- Between Aug 29 - Sep 04, on average, 84 patients with confirmed COVID-19 and 74 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Mississippi. An average of 89% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Mississippi has made progress and, to sustain the gains, should continue the strong mitigation efforts statewide and strengthen mitigation efforts in university towns to decrease spread from universities to the local community. Consider a further reduction in hours and occupancy limits in bars and restaurants in university counties and anywhere university and college students gather if cases begin to rise.
- We are seeing gains being reversed in other states due to university spread. Mississippi universities need to increase testing and isolation to prevent spread from students to local communities and hometowns. This includes detecting asymptomatic students and preventing silent spread of disease through routine saliva testing on university research platforms. Ensure there are quick turnaround times for results and rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent home to isolate or quarantine.
- Increase testing capacity by increasing the budget and capacity of public health labs through:
    - Ensuring hospitals move elective surgeries and admissions testing to pooling in order to reserve tests for community outreach and to expand outpatient testing, pooling specimens where appropriate.
    - Utilizing all university, veterinary, and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Recruit college and university students to expand public health messaging and contact tracing capacity. Ensure protection of local communities by strict mask wearing and social distancing when off-campus and around vulnerable individuals on campus.
- Universities and colleges should work with various student leaders and campus media to support compliance with recommendations.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Increase surveillance for silent community spread by using the Abbott BinaxNOW. Establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders.
- Ask citizens and students to limit ALL social gatherings to 10 or fewer people. Recreating spreading events through bar-like gatherings in homes will result in continued high cases and result in those with comorbidities becoming infected.
- Ensure all nursing homes, assisted living, and elderly care sites follow CMS staff testing requirements and, if cases within local universities rise, increase testing even further to prevent spread from students to residents through staff. Expanding nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- Continue aggressive protection of those in long-term care facilities (LTCF) with continued testing.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

MISSISSIPPI

STATE REPORT | 09.06.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	4,649 (156)	-7.6%	85,091 (127)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.8%	-0.9%*	8.2%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	21,384** (719)	-20.0%**	956,194** (1,429)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	145 (5)	-26.8%	2,140 (3)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	19% (24%)	-3%* (-4%*)	19% (28%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	11%	-2%*	9%	5%

MOBILITY ▶

* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

MISSISSIPPI

STATE REPORT | 09.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	7	Tupelo Cleveland Greenville Clarksdale Corinth Indianola McComb	12	Jackson Gulfport-Biloxi Memphis Hattiesburg Oxford Meridian Laurel Greenwood Picayune Vicksburg Natchez Grenada
COUNTY LAST WEEK	23	DeSoto Bolivar Leflore Washington Marshall Coahoma Alcorn Itawamba Sunflower Pike Prentiss Tippah	34	Hinds Harrison Jackson Lee Lafayette Rankin Madison Lauderdale Forrest Jones Lamar Monroe

All Red Counties: DeSoto, Bolivar, Washington, Leflore, Marshall, Coahoma, Alcorn, Itawamba, Sunflower, Pike, Prentiss, Tippah, Copiah, Clarke, Tishomingo, Tallahatchie, Stone, Perry, Tunica, Quitman, Humphreys, Claiborne, Kemper

All Yellow Counties: Hinds, Harrison, Jackson, Lee, Lafayette, Rankin, Madison, Lauderdale, Forrest, Jones, Lamar, Monroe, Pontotoc, Pearl River, Warren, Adams, Holmes, Simpson, Grenada, Hancock, Scott, Leake, Jasper, George, Covington, Lawrence, Smith, Yalobusha, Winston, Webster, Attala, Calhoun, Walthall, Amite

*** 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 9/4/2020; last week is 8/29 - 9/4, three weeks is 8/15 - 9/4.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/2/2020. Last week is 8/27 - 9/2.

MISSISSIPPI

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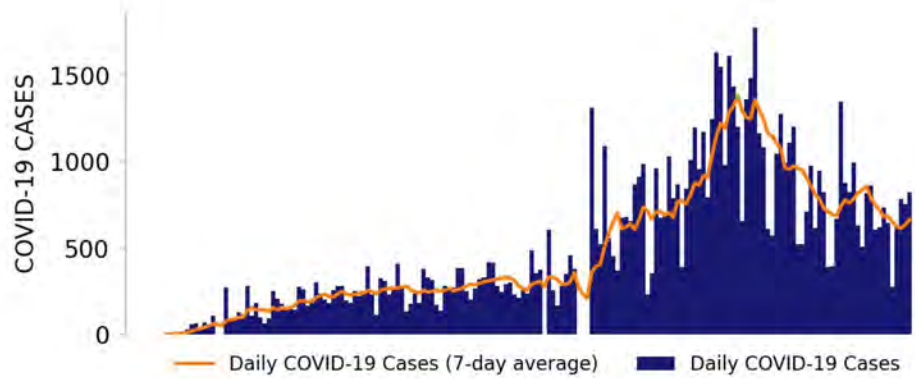
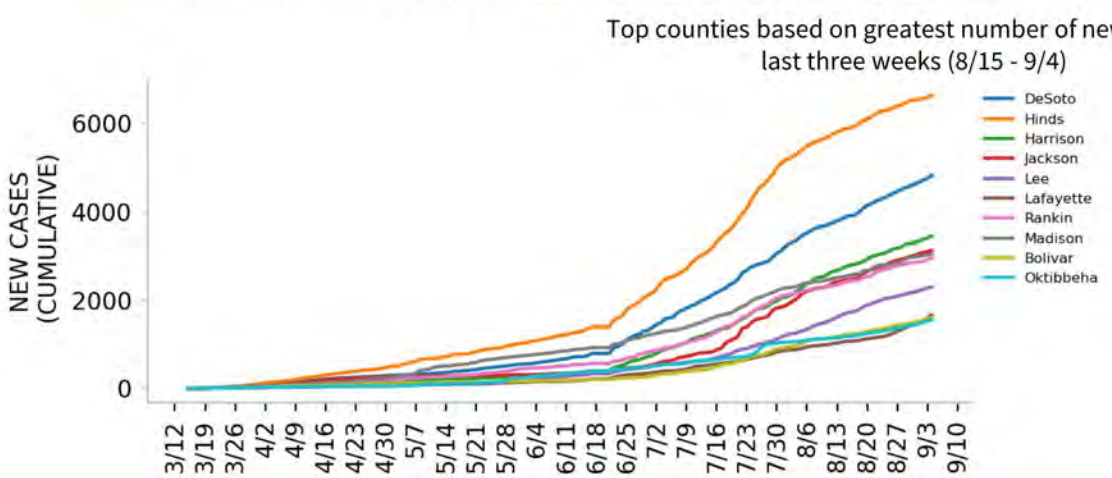
NEW CASES



TESTING

TOP COUNTIES



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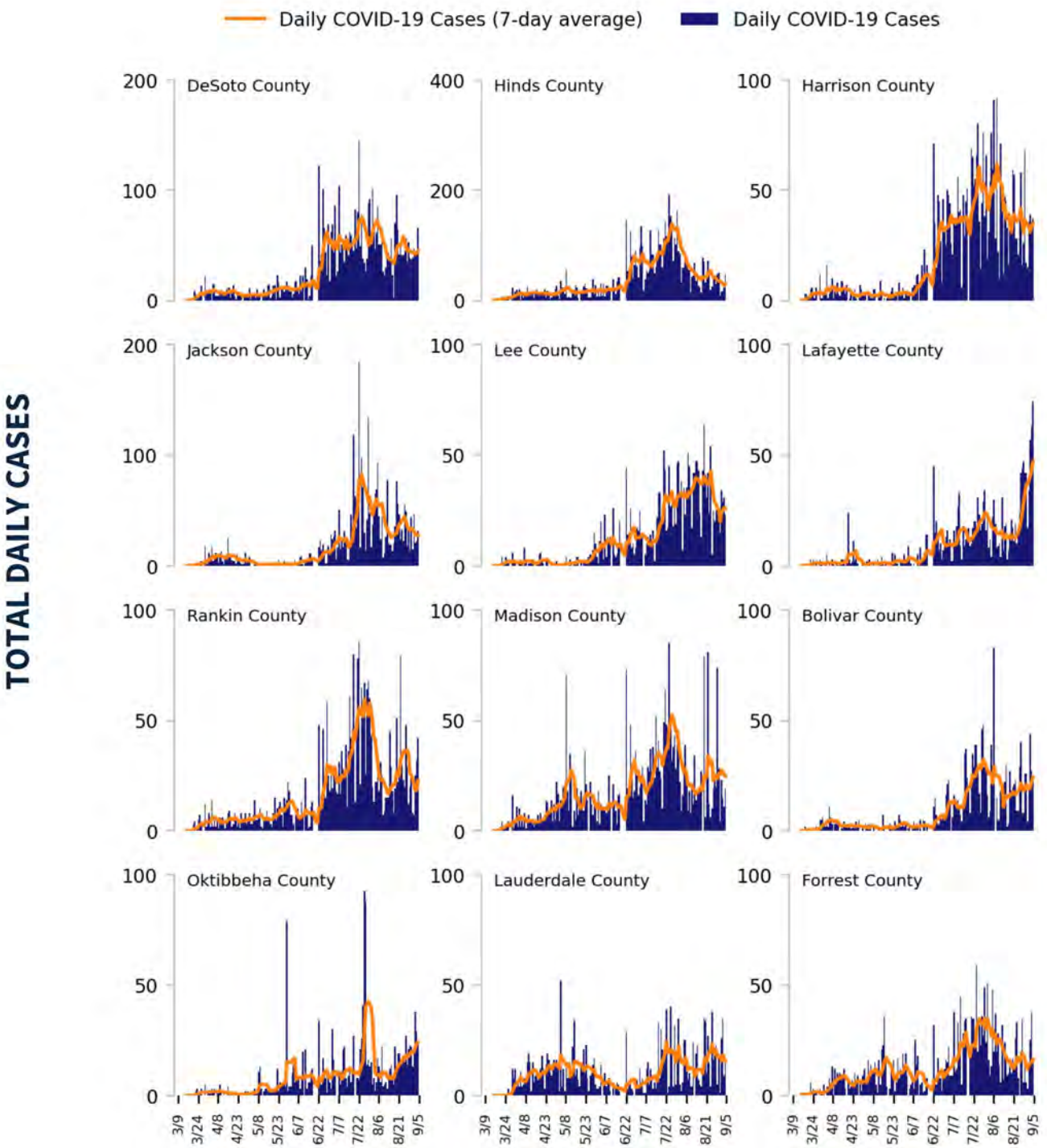
Top 12 counties based on number of new cases in the last 3 weeks



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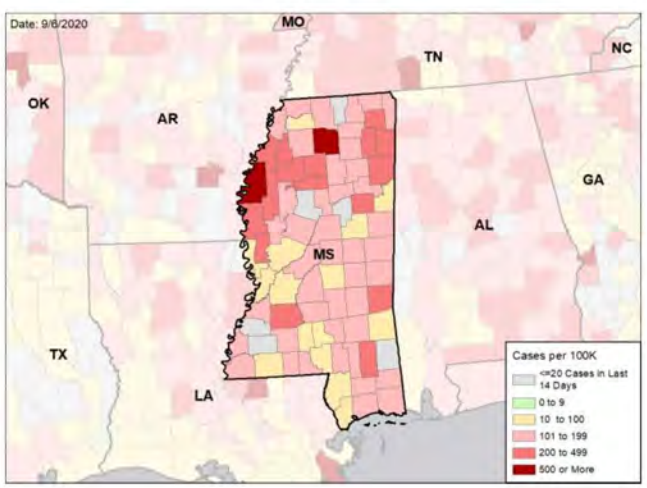
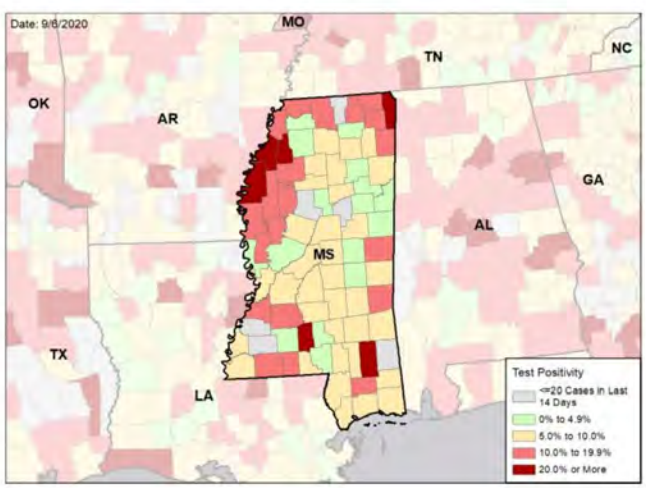
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

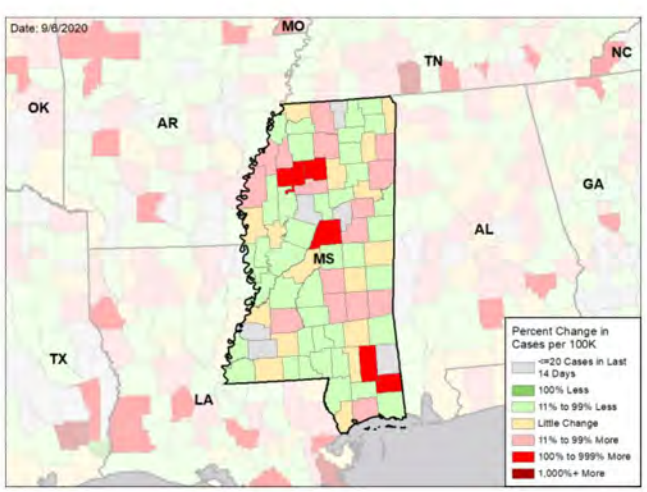
NEW CASES PER 100,000 DURING THE LAST WEEK



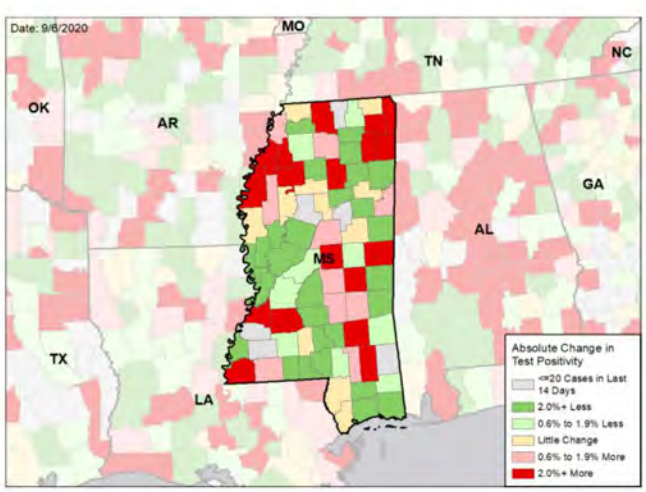
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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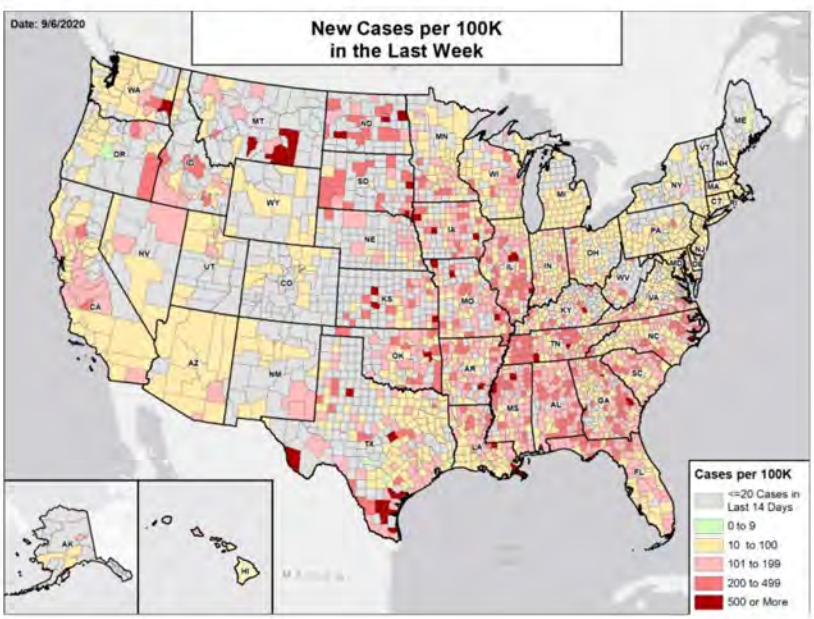
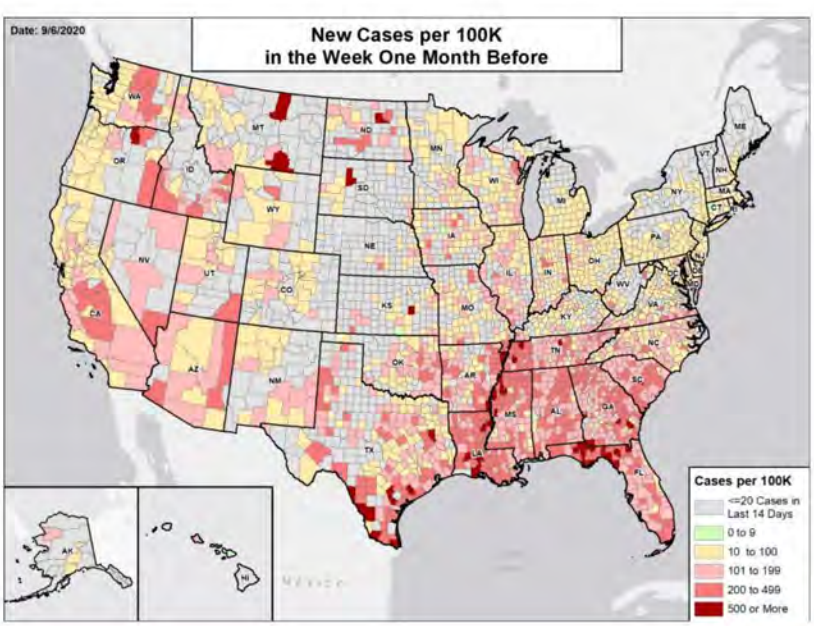
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



DATA SOURCES

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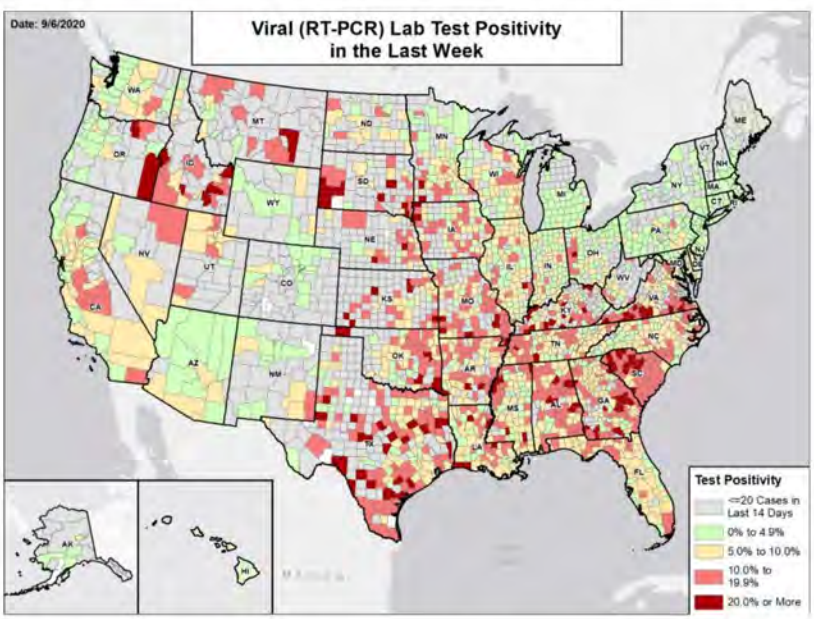
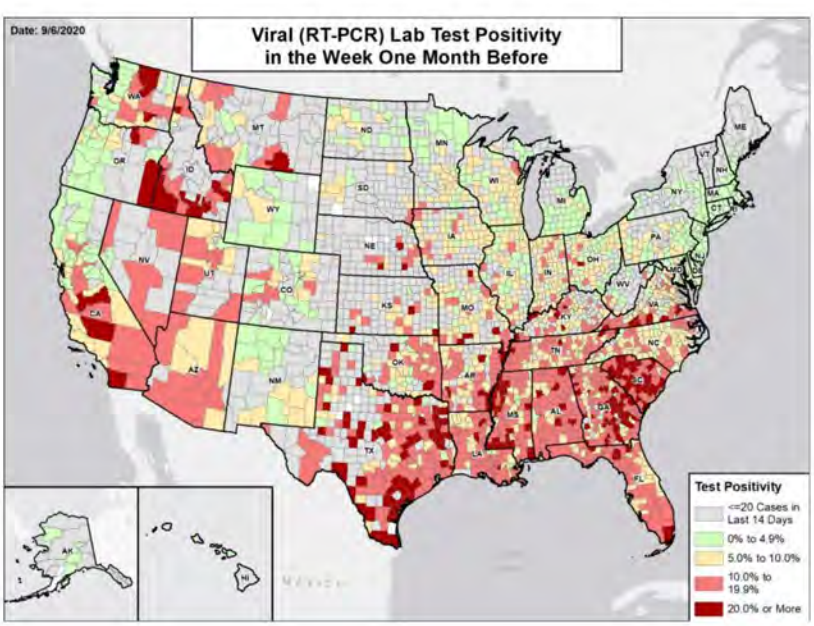
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

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MISSOURI

SUMMARY

- Missouri 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. Missouri is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 9th highest rate in the country.
- Missouri 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. St. Louis County, 2. Jackson County, and 3. Greene County. These counties represent 36.4% of new cases in Missouri.
- 67% of all counties in Missouri have moderate or high levels of community transmission (yellow or red zone), with 33% having high levels of community transmission (red zone).
- During the week of Aug 24 – Aug 30, 9% of nursing homes had at least one new resident COVID-19 case, 16% of nursing homes had at least one new staff COVID-19, and 6% of nursing homes had at least one new resident COVID-19 death.
- Missouri had 150 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: 65 to support operations activities from FEMA; 7 to support operations activities from ASPR; 4 to support epidemiology activities from CDC; 2 to support operations activities from CDC; and 1 to support operations activities from VA.
- Between Aug 29 - Sep 04, on average, 92 patients with confirmed COVID-19 and 229 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Missouri. An average of 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

- Require masks in metro areas and counties with COVID-19 cases among students or teachers in K-12 schools.
- In university settings:
    - Increase testing capacity by expanding public-private partnerships; increasing the budget and capacity of public health labs; pooling specimens where appropriate; and utilizing all university, veterinary and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
    - Require all universities and colleges to have a plan for both rapid testing and contact tracing of symptomatic students and periodic surveillance testing of students. Ensure quick turnaround times for results and the rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent home to isolate or quarantine.
    - Recruit college and university students to expand public health messaging and contact tracing capacity and ensure protection of local communities by strict mask wearing and social distancing off campus.
    - Universities and colleges should work with various student leaders and campus media to support compliance with recommendations.
    - Consider utilizing focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- 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.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

MISSOURI

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	9,227 (150)	+15.0%	21,819 (154)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.7%	+0.2%*	10.0%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	53,359** (869)	+6.5%**	190,085** (1,344)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	98 (2)	+113.0%	204 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	9% (16%)	-2%* (-2%*)	7% (15%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	+2%*	4%	5%

MOBILITY ▶

* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS

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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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

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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 8/24-8/30, previous week is 8/17-8/23.

MISSOURI

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	12	Springfield Columbia Joplin Farmington Jefferson City Cape Girardeau St. Joseph Hannibal Sikeston Kennett West Plains Fort Madison-Keokuk	12	St. Louis Kansas City Branson Sedalia Fort Leonard Wood Poplar Bluff Rolla Warrensburg Lebanon Marshall Mexico Moberly
COUNTY LAST WEEK	38	Greene Boone Jefferson St. Francois Jasper Cole Franklin Christian Cape Girardeau Marion Buchanan Scott	39	St. Louis Jackson St. Charles St. Louis City Clay Cass Taney Callaway Pettis Pulaski Stone Lawrence

All Red Counties: Greene, Boone, Jefferson, St. Francois, Jasper, Cole, Franklin, Christian, Cape Girardeau, Marion, Buchanan, Scott, Newton, Camden, Lincoln, Dunklin, Perry, Madison, New Madrid, Miller, Washington, Howell, Webster, Crawford, Pemiscot, Polk, Bollinger, Texas, Grundy, Barton, Oregon, DeKalb, Wayne, Holt, Ozark, Harrison, Daviess, Chariton

All Yellow Counties: St. Louis, Jackson, St. Charles, St. Louis City, Clay, Cass, Taney, Callaway, Pettis, Pulaski, Stone, Lawrence, Phelps, Warren, Johnson, Platte, Butler, Laclede, Saline, Audrain, Barry, Mississippi, Stoddard, Ralls, Howard, Lafayette, Randolph, Ste. Genevieve, Clinton, Andrew, Morgan, Dallas, Ripley, Moniteau, Vernon, Osage, Douglas, Dent, Bates

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

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MISSOURI

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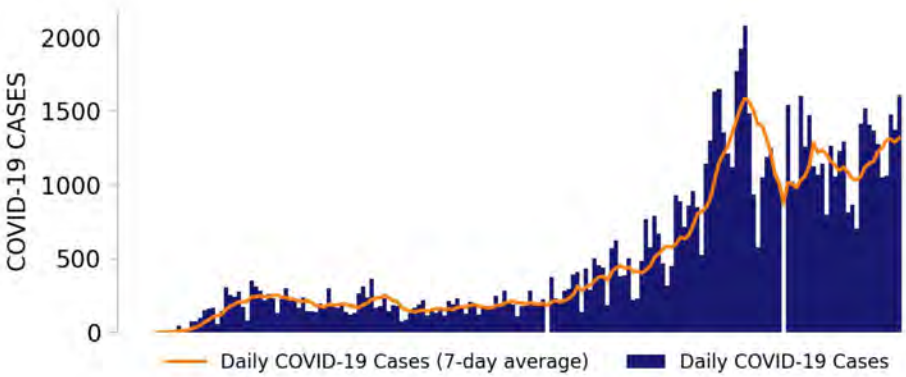
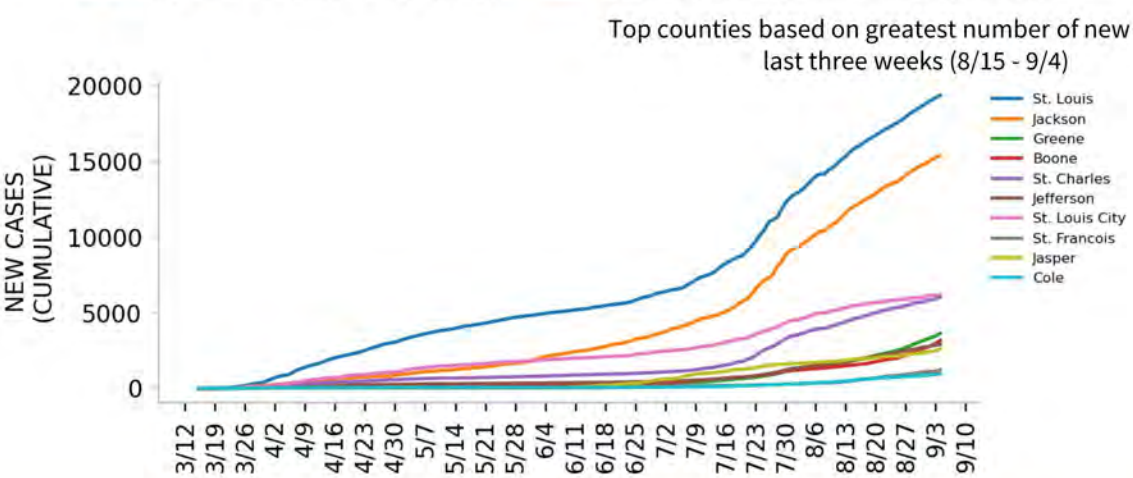
NEW CASES



TESTING

TOP COUNTIES



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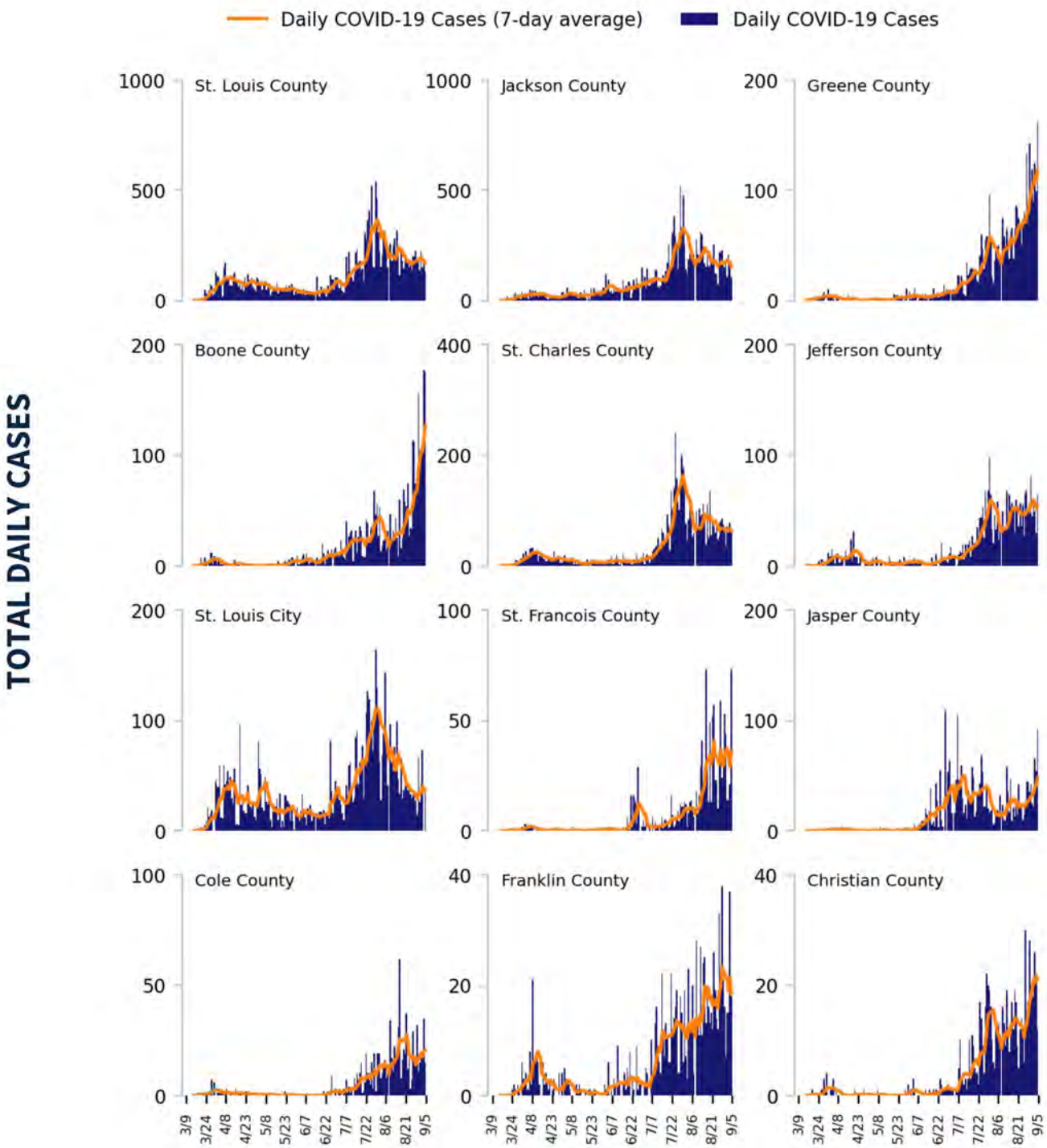

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MISSOURI

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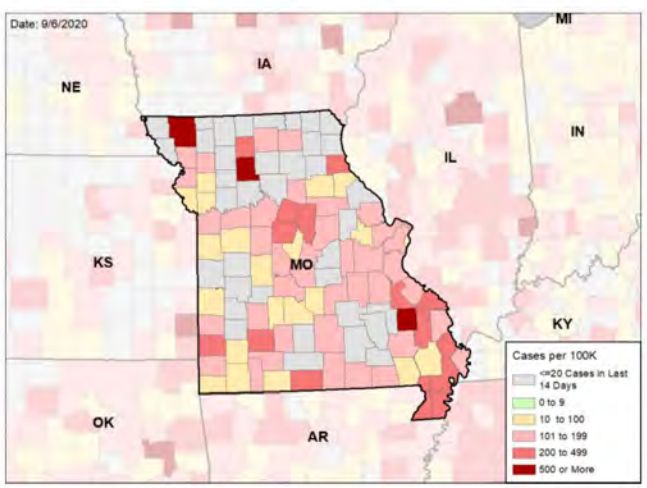
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING THE LAST WEEK



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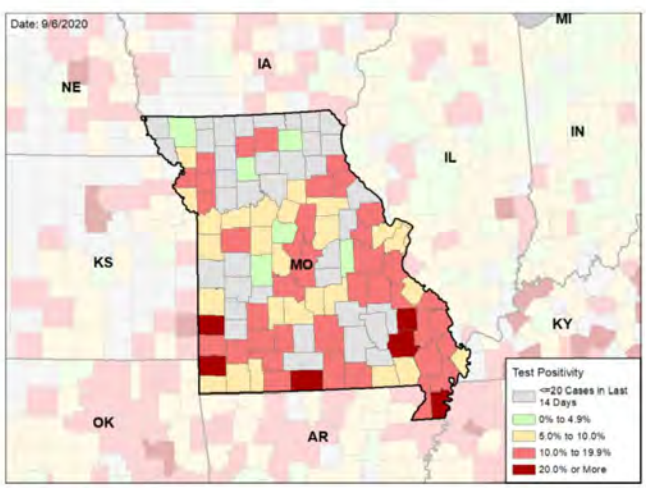

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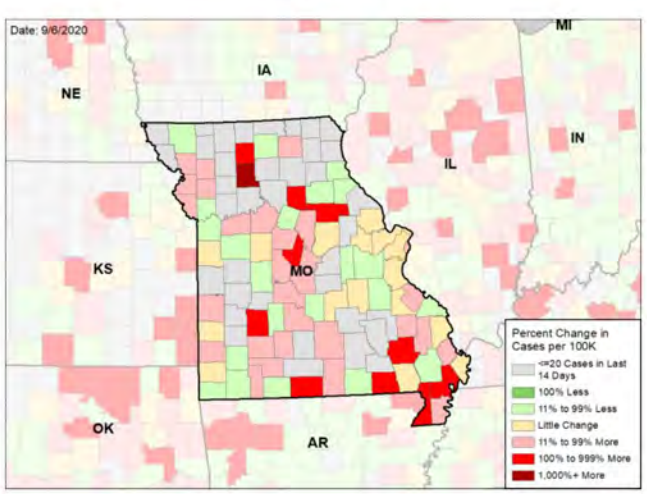

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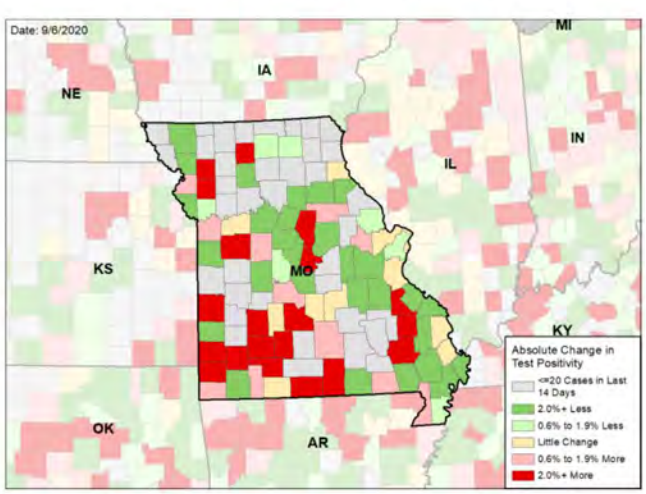

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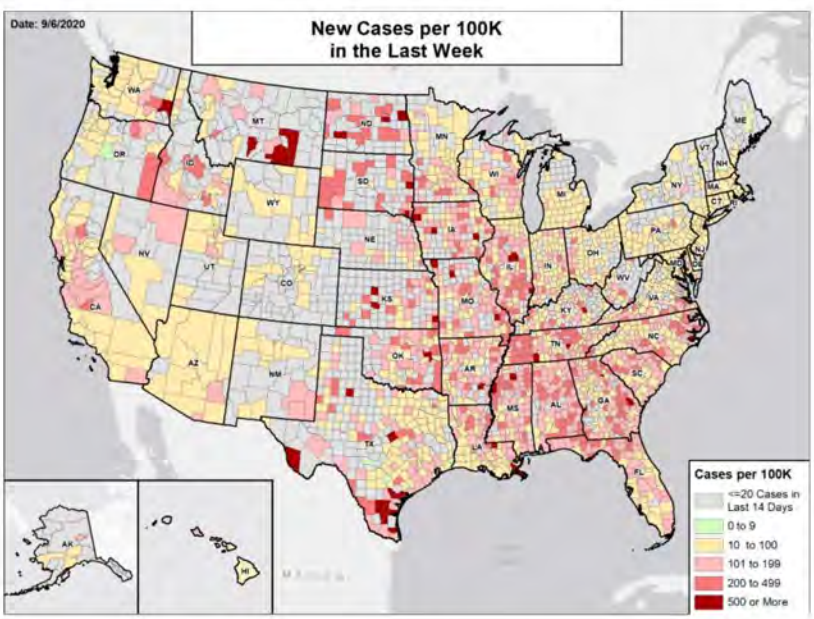
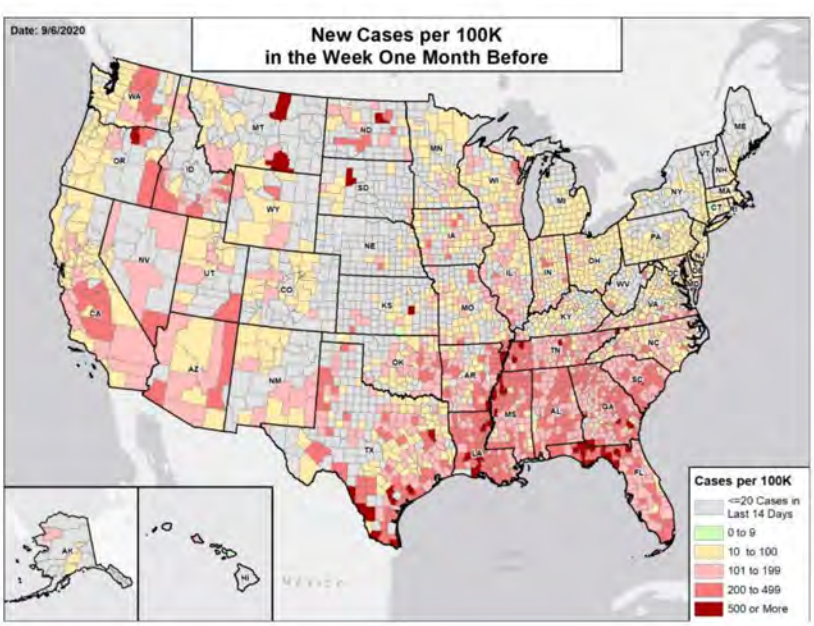
National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



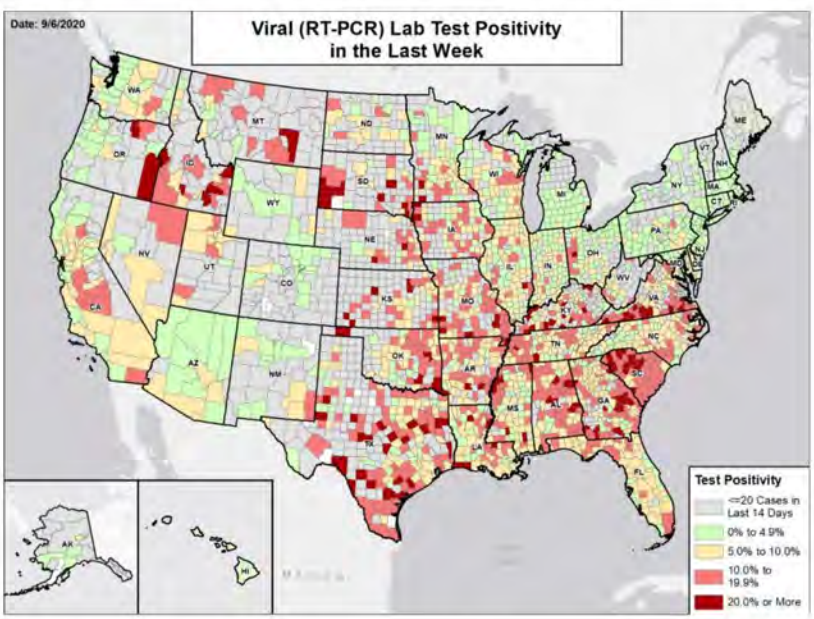
DATA SOURCES

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

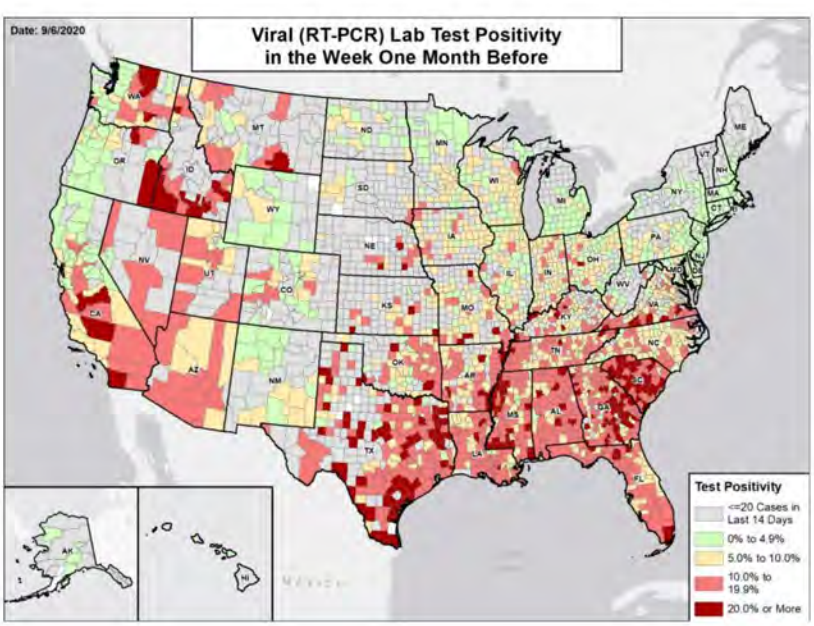
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
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- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality. 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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

STATE REPORT
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MONTANA

SUMMARY

- Montana 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. 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 stability in test positivity over the last week, driven, in part, by community transmission in Rosebud and Cascade counties and outbreaks in Deer Lodge and Sweet Grass.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Yellowstone County, 2. Flathead County, and 3. Rosebud County. These counties represent 53.1% of new cases in Montana.
- 20% of all counties in Montana have moderate or high levels of community transmission (yellow or red zone), with 16% having high levels of community transmission (red zone).
- During the week of Aug 24 – Aug 30, 6% of nursing homes had at least one new resident COVID-19 case, 6% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- Montana had 90 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 3 to support operations activities from CDC.
- Between Aug 29 - Sep 04, on average, 16 patients with confirmed COVID-19 and 19 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Montana. An average of 60% 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 reflect movement of the epidemic into smaller cities and more rural counties; this should prompt intensified education, restrictions, and community mitigation efforts to limit escalation.
- Institute prescribed guidance for all yellow and red zone counties, especially in Yellowstone, Rosebud, Cascade, Big Horn, Deer Lodge, Sweet Grass, Roosevelt and Lake counties. Utilize warnings or impose fines for non-compliance with state guidance on face coverings, especially in crowded indoor work and retail environments.
- 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.
- Continue impressive efforts to enhance testing capacity by expanding public-private partnerships; increasing the budget and capacity of public health labs; pooling specimens where appropriate; and utilizing all university, veterinary, and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Require all universities and colleges to have a plan for periodic retesting of students, with quick turnaround times for results, and rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent home to isolate or quarantine.
- Recruit college and university students to expand public health messaging and contact tracing capacity and protect local communities by strict mask wearing and social distancing off campus.
- Continue to educate citizens on the risk of spreading the virus to family members with underlying conditions and encourage vulnerable family members to protect themselves by abstaining from gatherings. Encourage all individuals that have participated in such events to get tested.
- 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; housing and material support for quarantine of contacts and isolation of cases should be provided immediately as needed.
- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

MONTANA

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	963 (90)	+13.4%	9,904 (81)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.8%	-0.2%*	6.3%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	13,385** (1,252)	+7.1%**	172,169** (1,404)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	14 (1)	+16.7%	76 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	6% (6%)	+6%* (-1%*)	5% (11%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	+2%*	1%	5%

MOBILITY ▶

* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

MONTANA

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	3	Billings Kalispell Great Falls	0	N/A
COUNTY LAST WEEK	9	Yellowstone Flathead Rosebud Big Horn Cascade Hill Sweet Grass Roosevelt Valley	2	Lake Dawson

*** 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 9/4/2020; last week is 8/29 - 9/4, three weeks is 8/15 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2.

MONTANA

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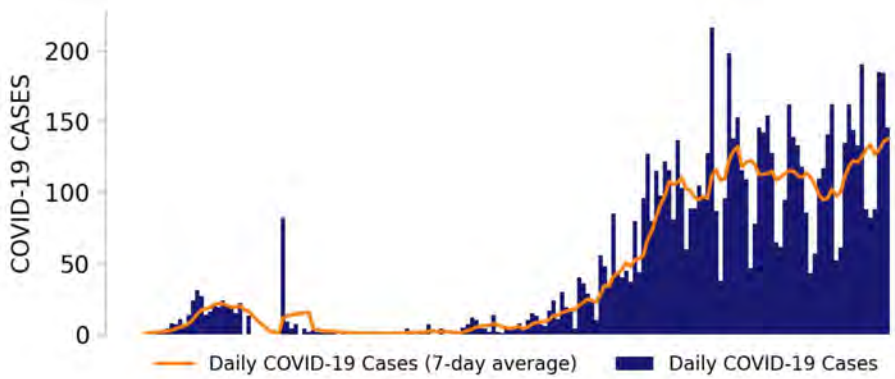
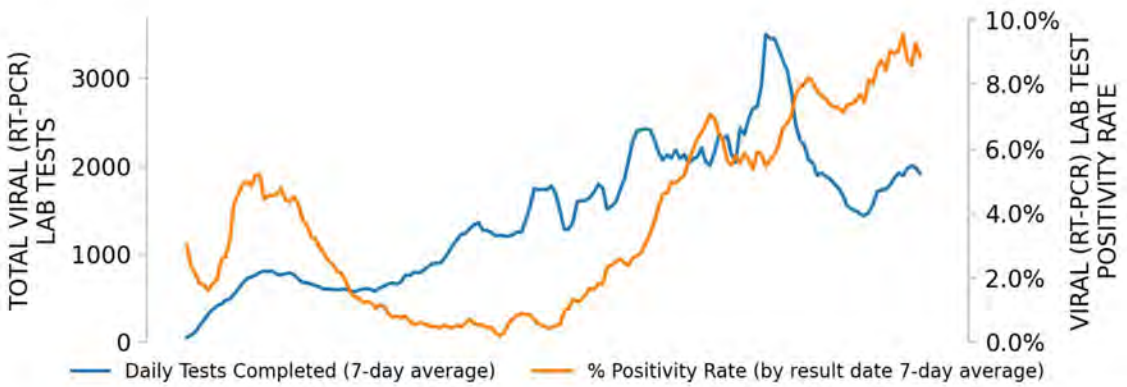
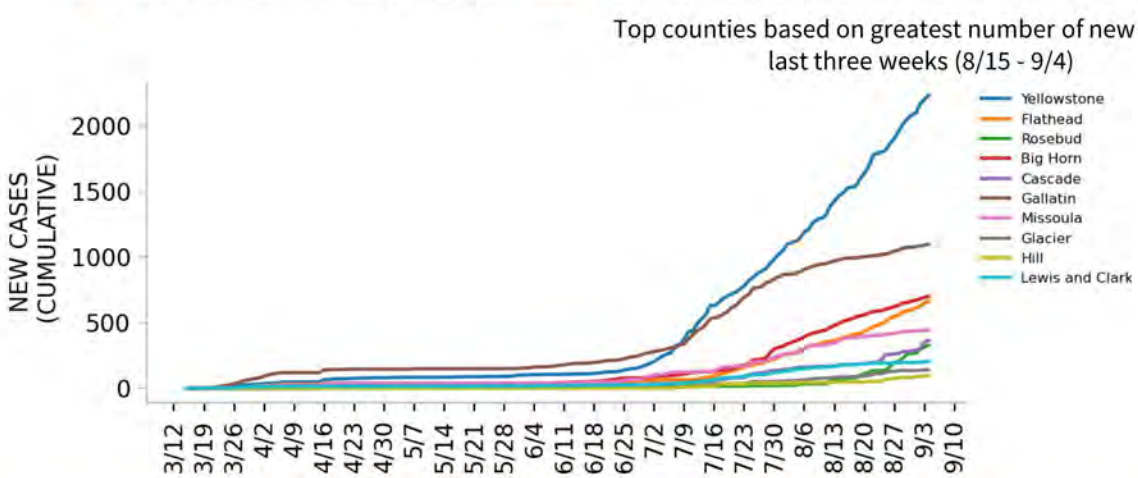
NEW CASES



TESTING



TOP COUNTIES



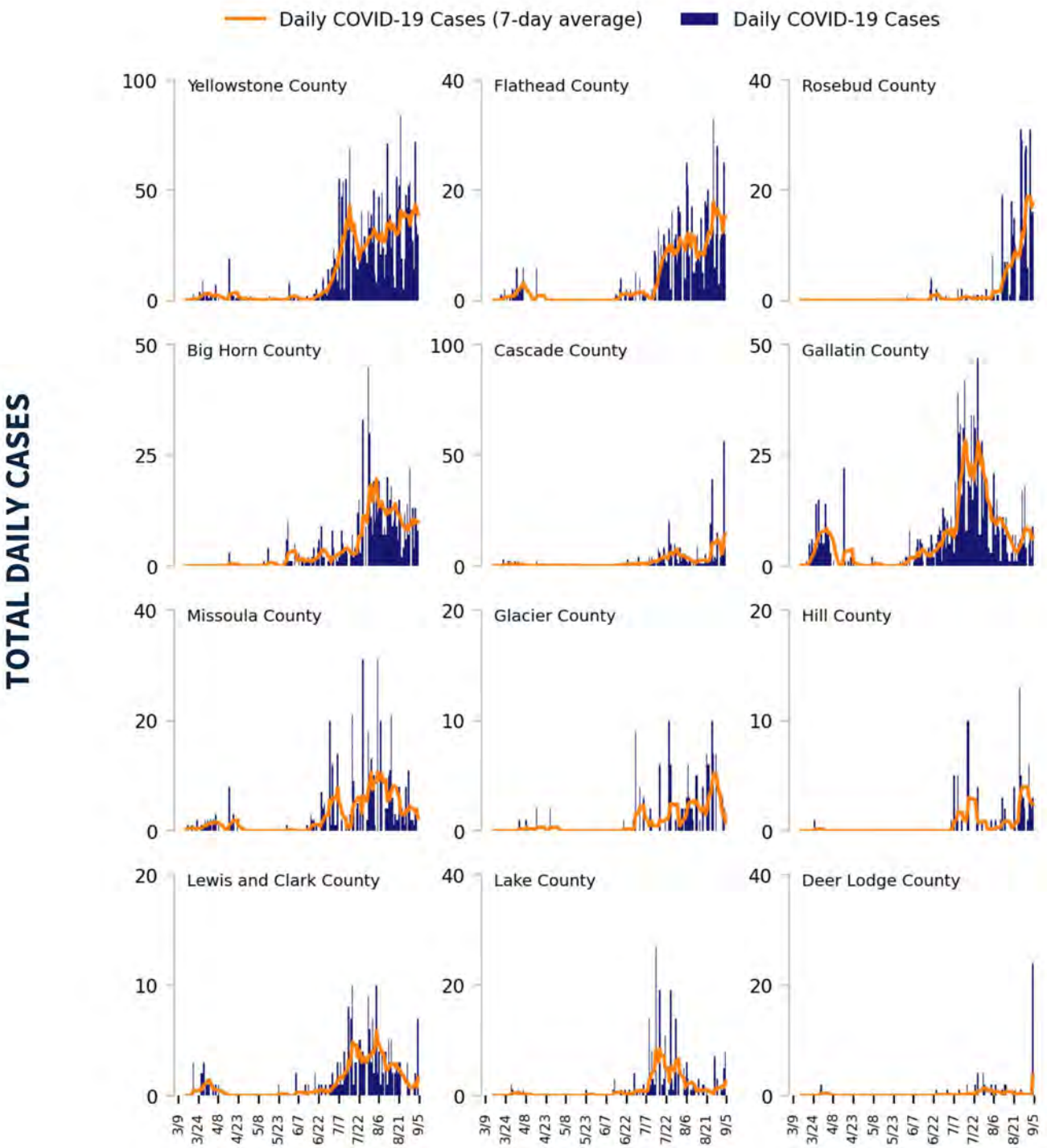
DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/4/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020.

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



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MONTANA

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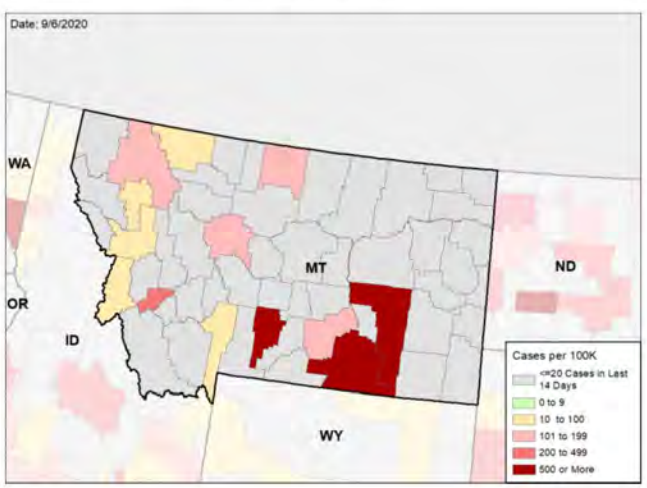
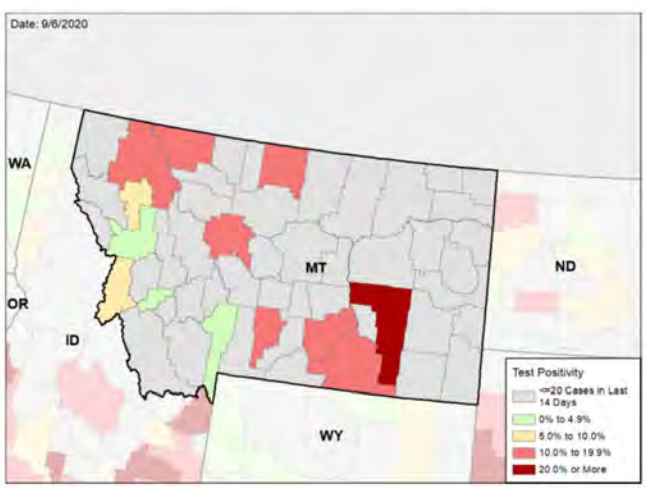
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

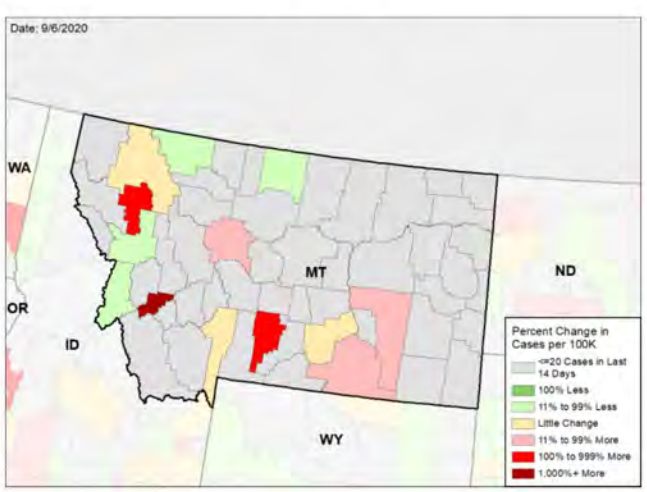
NEW CASES PER 100,000 DURING THE LAST WEEK



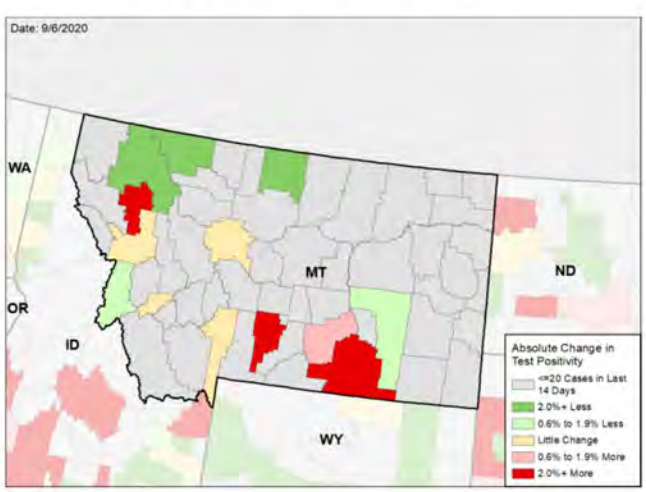
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



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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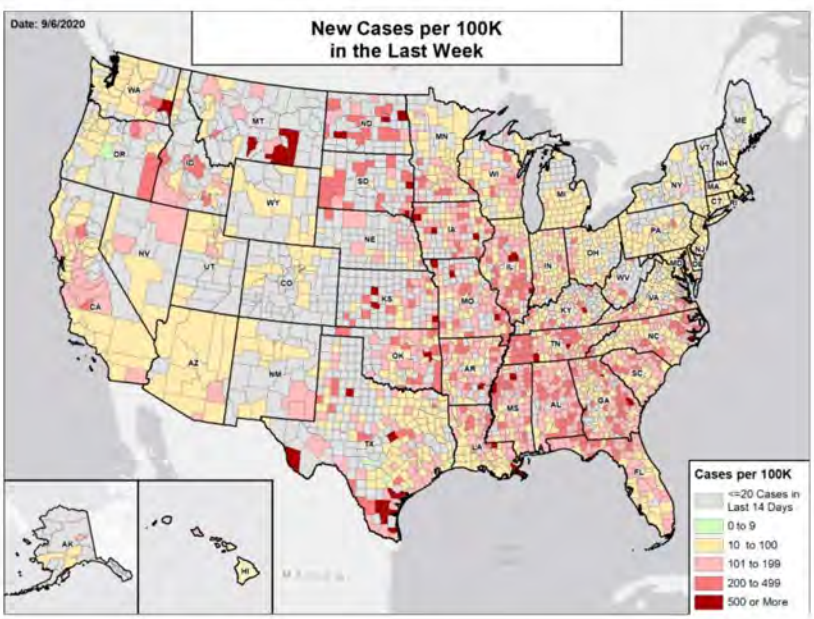
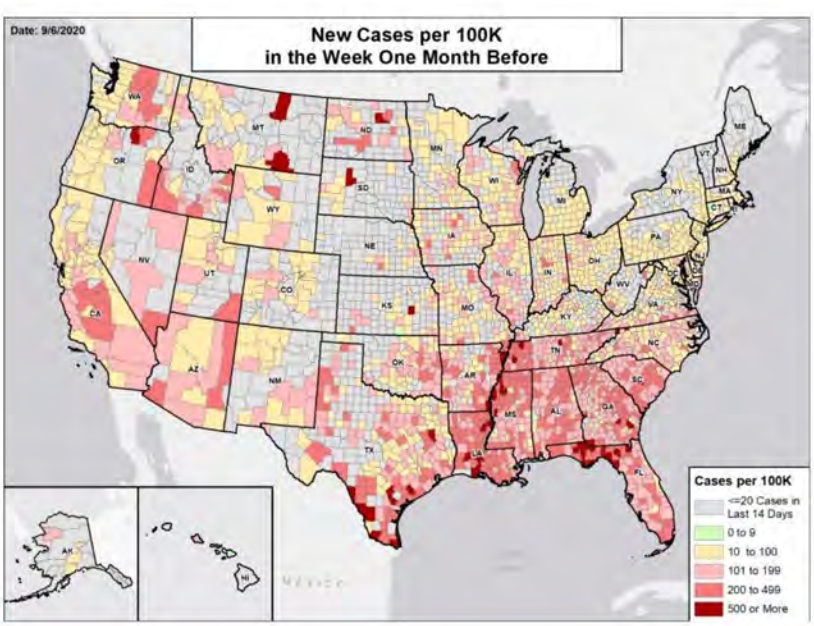
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



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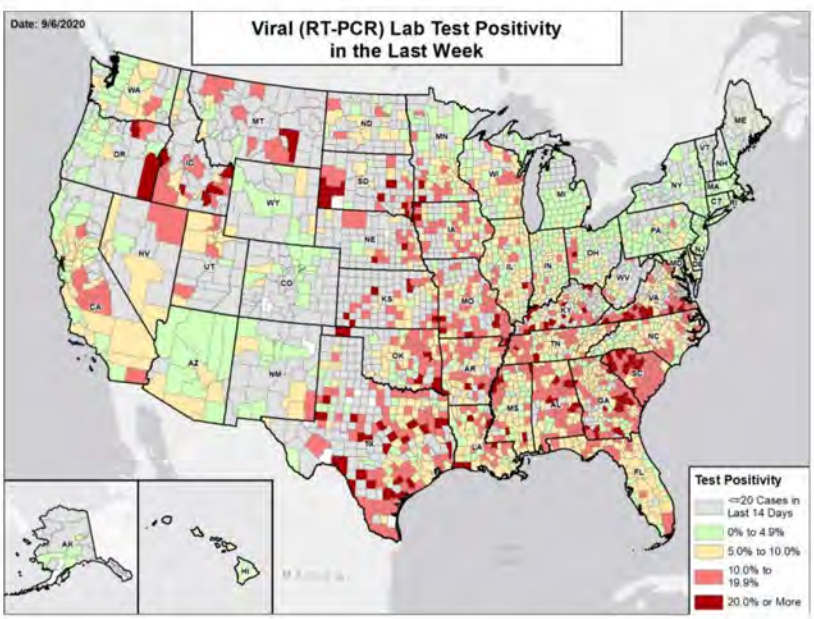
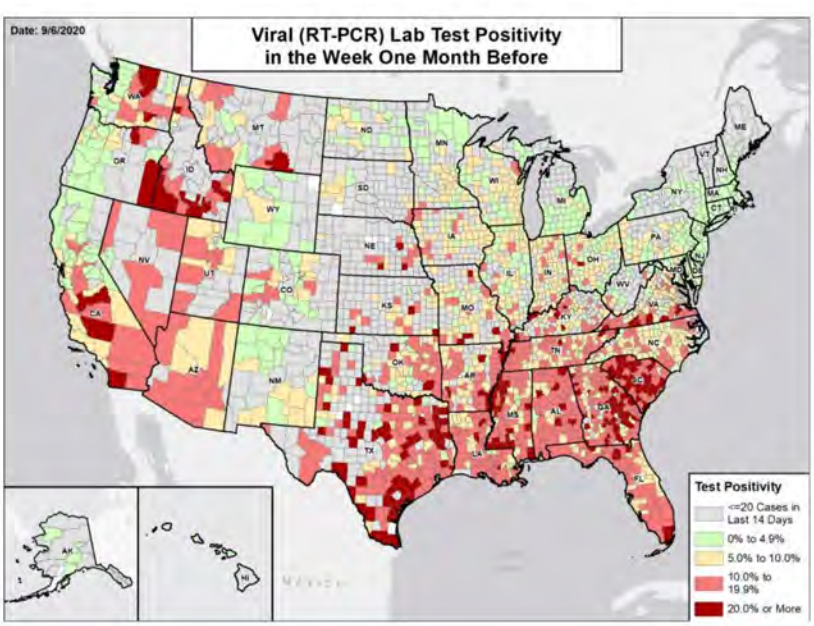
VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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METHODS

STATE REPORT | 09.06.2020

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

DATA NOTES

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STATE REPORT
09.06.2020

NEBRASKA

SUMMARY

- Nebraska is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, with the 14th highest rate in the country. Nebraska is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 12th highest rate in the country.
- Nebraska has seen an increase in new cases and remains at a critically high threshold for test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Douglas County, 2. Lancaster County, and 3. Sarpy County. These counties represent 59.6% of new cases in Nebraska.
- 30% of all counties in Nebraska have moderate or high levels of community transmission (yellow or red zone), with 14% having high levels of community transmission (red zone). The virus is in rural and urban areas.
- During the week of Aug 24 – Aug 30, 5% of nursing homes had at least one new resident COVID-19 case, 13% of nursing homes had at least one new staff COVID-19, and 1% of nursing homes had at least one new resident COVID-19 death.
- Nebraska had 121 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 29 - Sep 04, on average, 13 patients with confirmed COVID-19 and 27 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Nebraska. An average of 66% 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

- Require masks in metro areas and counties with COVID-19 cases among students or teachers in K-12 schools.
- In university settings:
    - Increase testing capacity by expanding public-private partnerships; increasing the budget and capacity of public health labs; pooling specimens where appropriate; and utilizing all university, veterinary and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
    - Require all universities and colleges to have a plan for both rapid testing and contact tracing of symptomatic students and periodic surveillance testing of students. Ensure quick turnaround times for results and the rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent home to isolate or quarantine.
    - Recruit college and university students to expand public health messaging and contact tracing capacity and ensure protection of local communities by strict mask wearing and social distancing off campus.
    - Universities and colleges should work with various student leaders and campus media to support compliance with recommendations.
    - Consider utilizing focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- 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.
- Tribal Nations: Continue enforcement of social distancing and masking measures in areas of increased transmission. Continue enhanced testing activities. Increase Abbott ID Now supplies to test individuals in positive households.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

NEBRASKA

STATE REPORT | 09.06.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	2,347 (121)	+29.7%	21,819 (154)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.6%	+0.1%*	10.0%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	31,778** (1,643)	+29.9%**	190,085** (1,344)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	13 (1)	-23.5%	204 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	5% (13%)	+0%* (-1%*)	7% (15%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	-1%*	4%	5%

MOBILITY ▶

* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

NEBRASKA

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	5	Lincoln Kearney Norfolk Sioux City Columbus	7	Omaha-Council Bluffs Grand Island Fremont Hastings Scottsbluff Lexington Beatrice
COUNTY LAST WEEK	13	Lancaster Buffalo Madison Dakota Saunders Platte Phelps Butler Cuming Cherry Colfax Thurston	15	Douglas Sarpy Hall Dodge Dawes Otoe Adams Cass Scotts Bluff Dawson Nemaha Gage

All Red Counties: Lancaster, Buffalo, Madison, Dakota, Saunders, Platte, Phelps, Butler, Cuming, Cherry, Colfax, Thurston, Rock

All Yellow Counties: Douglas, Sarpy, Hall, Dodge, Dawes, Otoe, Adams, Cass, Scotts Bluff, Dawson, Nemaha, Gage, Seward, Saline, Knox

*** 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 9/4/2020; last week is 8/29 - 9/4, three weeks is 8/15 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2.

NEBRASKA

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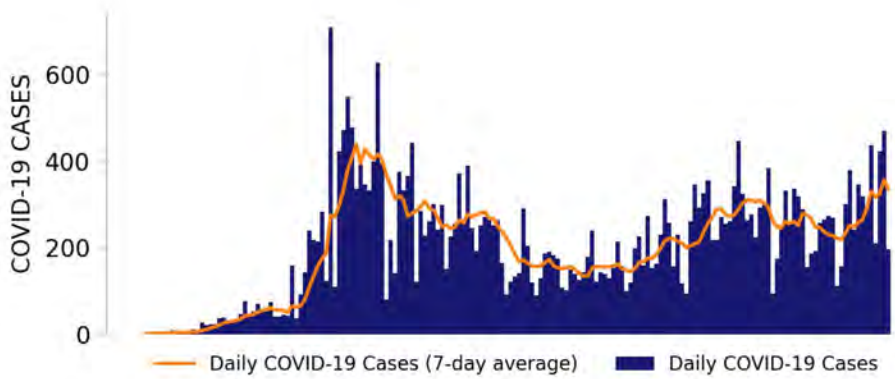
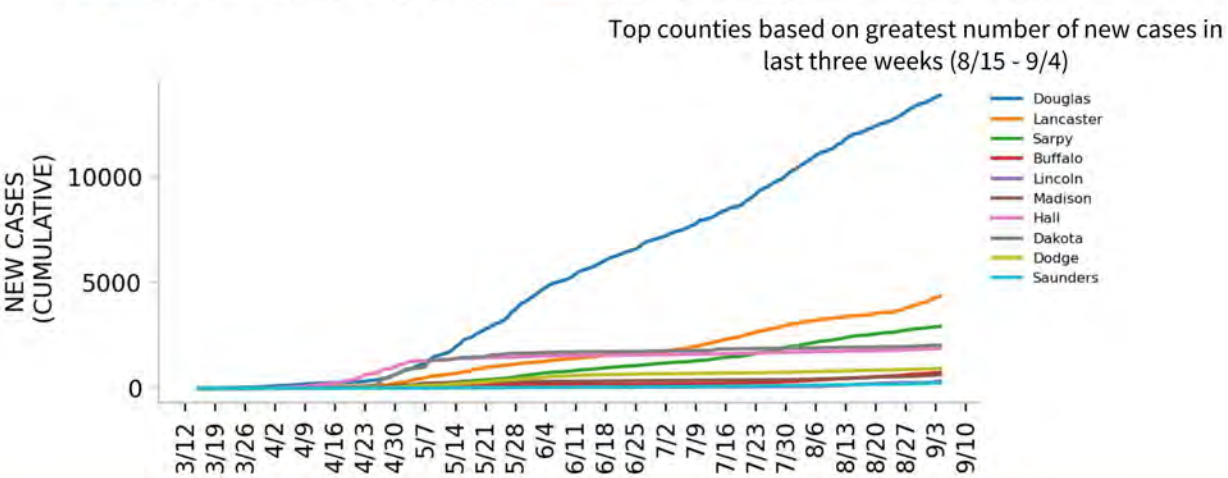
NEW CASES



TESTING

TOP COUNTIES



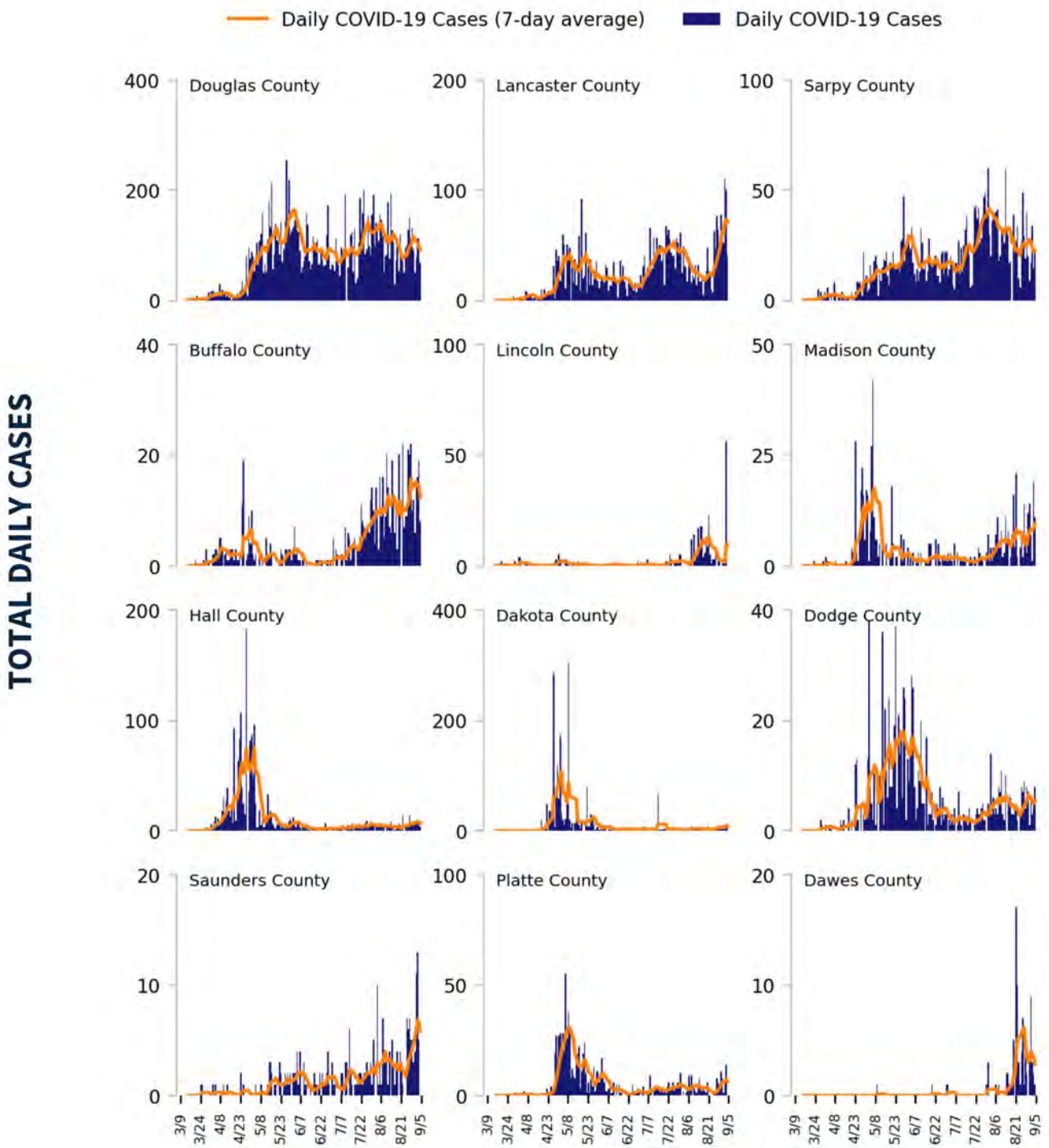
DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/4/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020.

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 9/4/2020. Last 3 weeks is 8/15 - 9/4.

NEBRASKA

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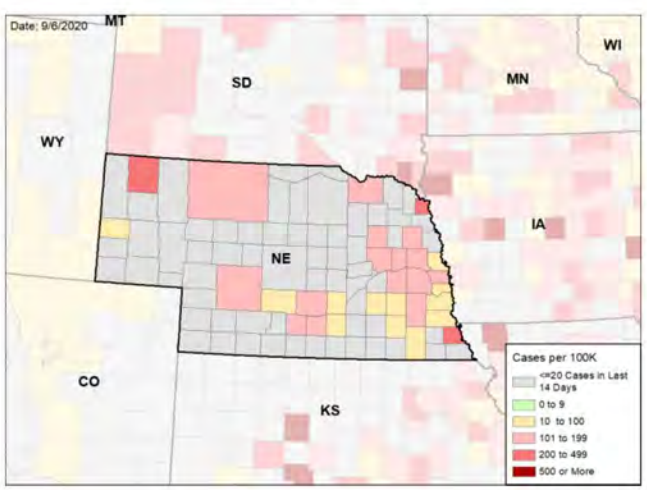
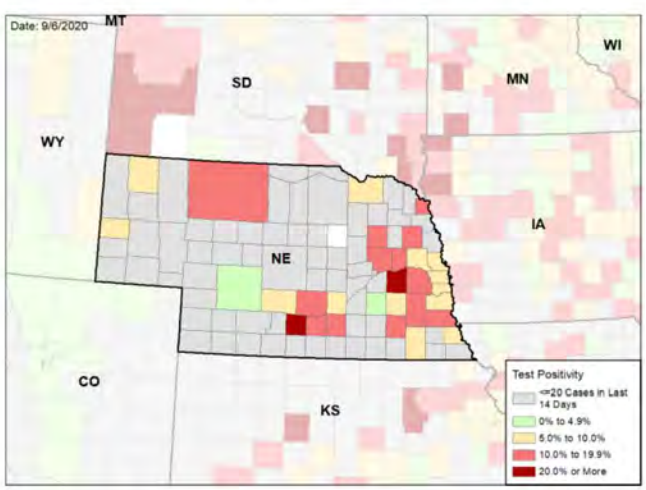
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

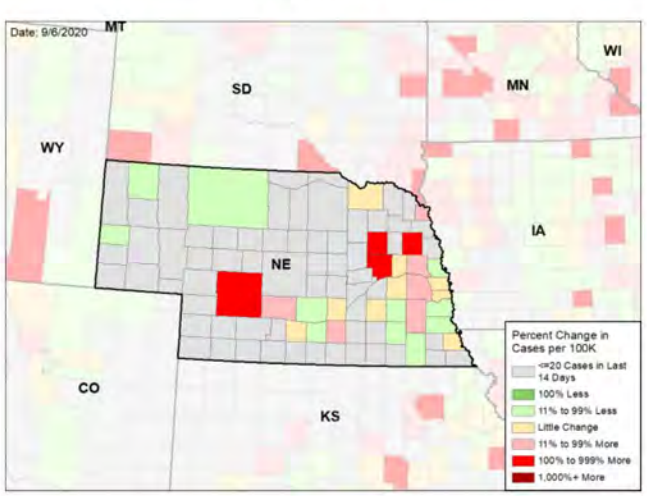
NEW CASES PER 100,000 DURING THE LAST WEEK



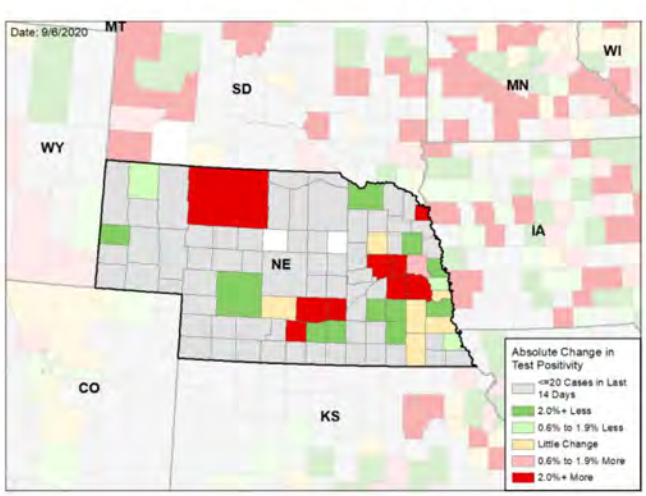
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



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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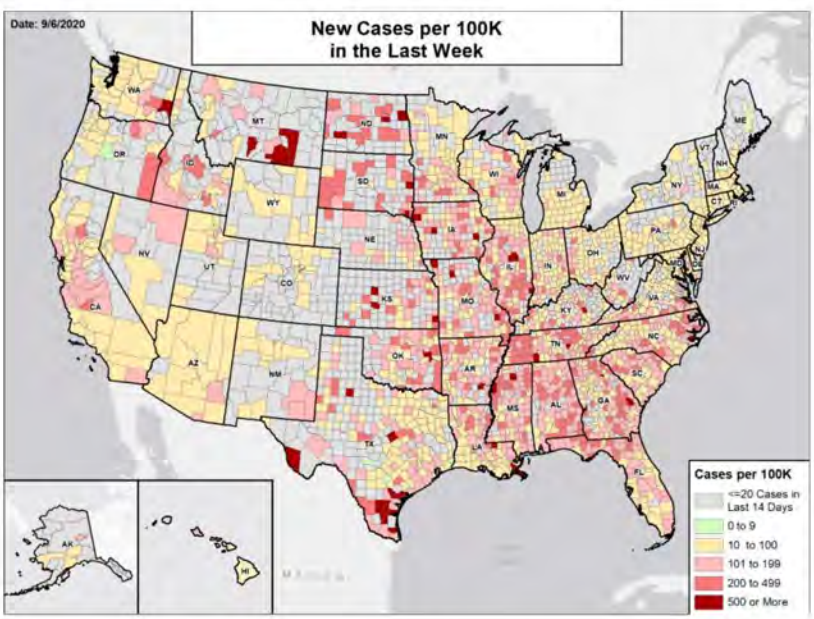
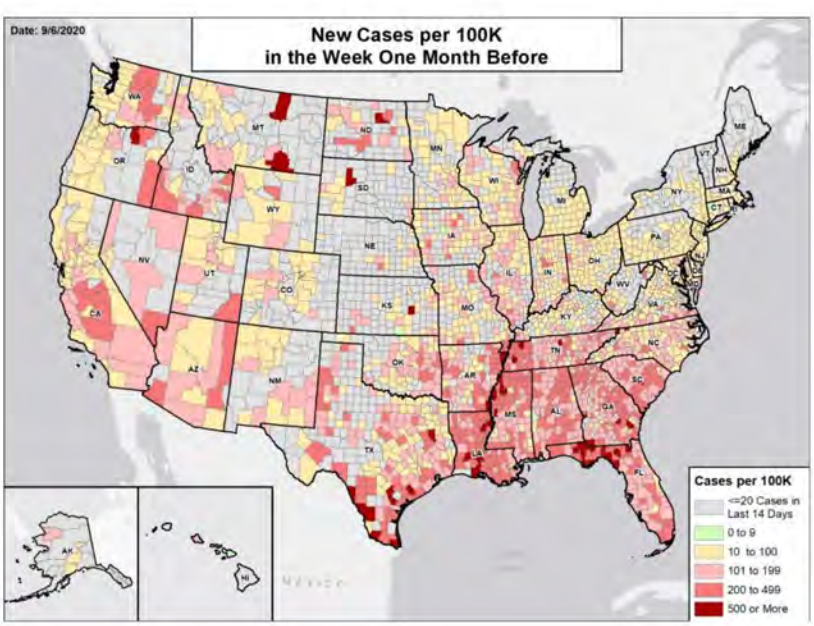
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



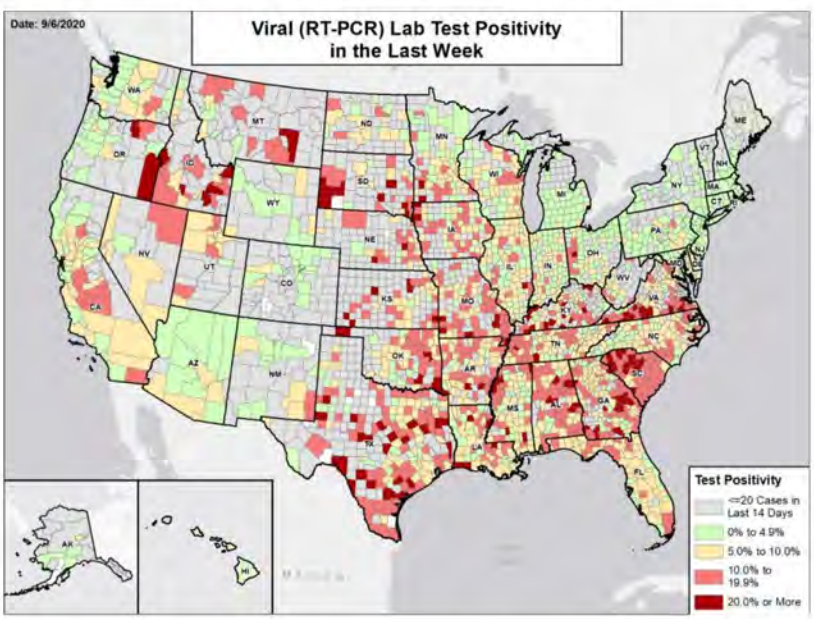
DATA SOURCES

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

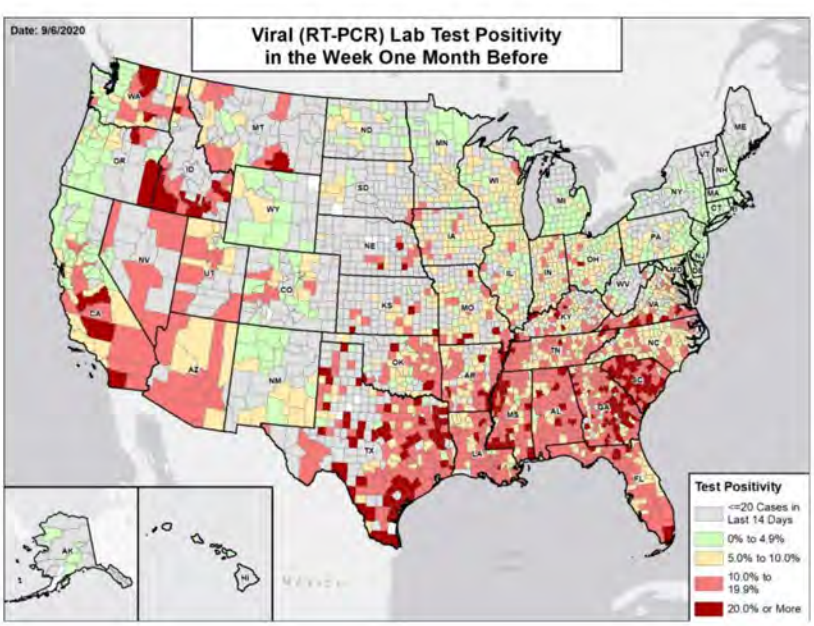
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

STATE REPORT
09.06.2020

NEVADA

SUMMARY

- Nevada 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. Nevada is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 14th highest rate in the country.
- Nevada 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. Clark County, 2. Washoe County, and 3. Elko County. These counties represent 97.3% of new cases in Nevada.
- 35% of all counties in Nevada have moderate or high levels of community transmission (yellow or red zone), with 6% having high levels of community transmission (red zone).
- During the week of Aug 24 – Aug 30, 12% of nursing homes had at least one new resident COVID-19 case, 23% of nursing homes had at least one new staff COVID-19, and 5% of nursing homes had at least one new resident COVID-19 death.
- Nevada had 92 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: 12 to support operations activities from FEMA.
- The federal government has supported surge testing in Clark County.
- Between Aug 29 - Sep 04, on average, 49 patients with confirmed COVID-19 and 81 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Nevada. An average of 89% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- In university settings:
  - Increase testing capacity by expanding public-private partnerships; increasing the budget and capacity of public health labs; pooling specimens where appropriate; and utilizing all university, veterinary and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
  - Require all universities and colleges to have a plan for both rapid testing and contact tracing of symptomatic students and periodic surveillance testing of students. Ensure quick turnaround times for results and the rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent home to isolate or quarantine.
  - Recruit college and university students to expand public health messaging and contact tracing capacity and ensure protection of local communities by strict mask wearing and social distancing off campus.
  - Universities and colleges should work with various student leaders and campus media to support compliance with recommendations.
  - Consider utilizing focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- 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.
- Tribal Nations: Continue enforcement of social distancing and masking measures in areas of increased transmission. Continue enhanced testing activities. Increase Abbott ID Now supplies to test individuals in positive households.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

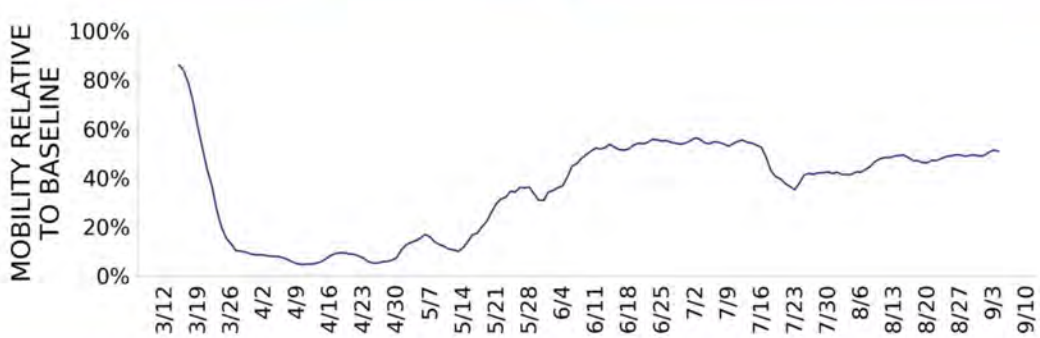
COVID-19

NEVADA

STATE REPORT | 09.06.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	2,833 (92)	-15.4%	42,290 (82)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.1%	-2.0%*	5.4%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	41,541** (1,349)	-4.9%**	1,072,557** (2,091)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	88 (3)	-4.3%	1,125 (2)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	12% (23%)	-6%* (-8%*)	8% (16%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	+2%*	5%	5%

MOBILITY ▶



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS

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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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

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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 8/24-8/30, previous week is 8/17-8/23.

NEVADA

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**0**	N/A	**6**	Las Vegas-Henderson-Paradise Reno Elko Fernley Pahrump Gardnerville Ranchos
COUNTY LAST WEEK	**1**	Elko	**5**	Clark Washoe Lyon Nye Douglas

*** 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 9/2/2020. Last week is 8/27 - 9/2.

NEVADA

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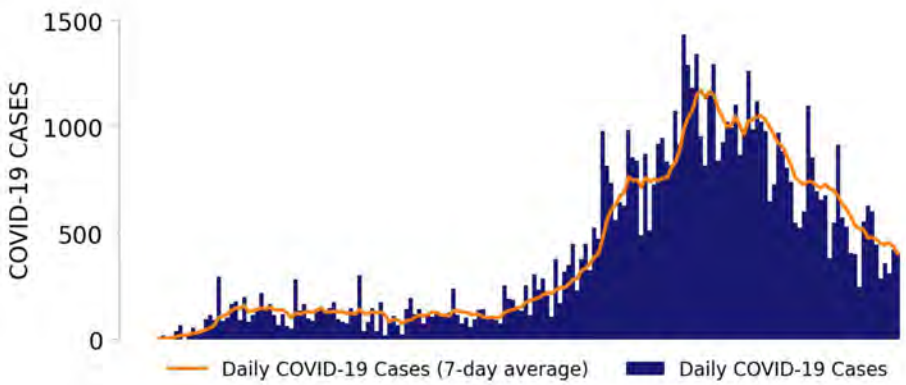
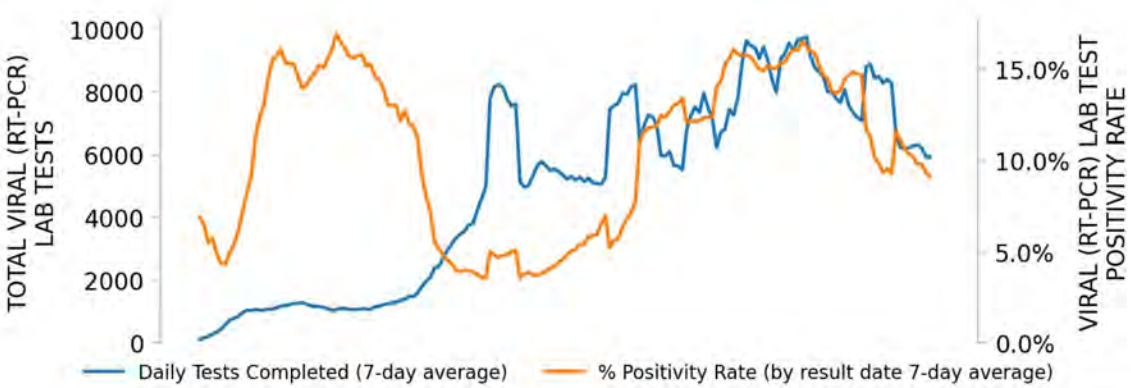
NEW CASES

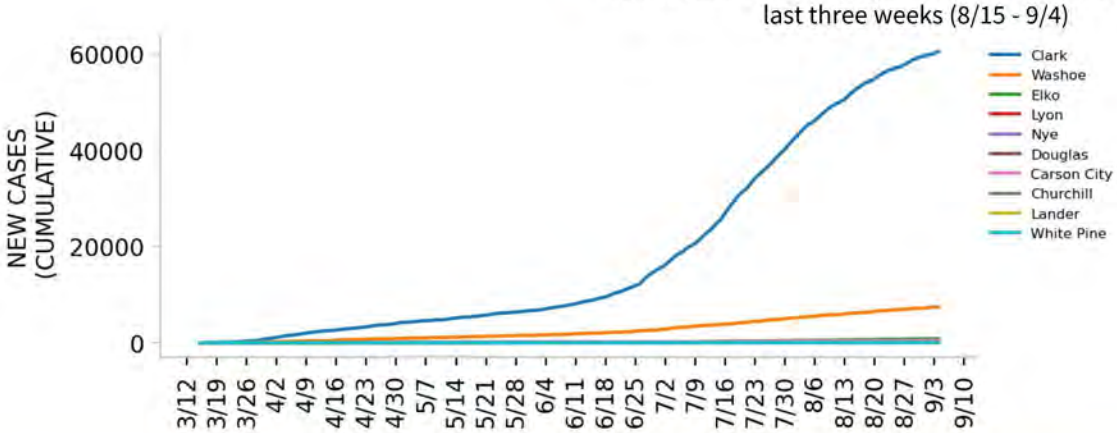


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/15 - 9/4)



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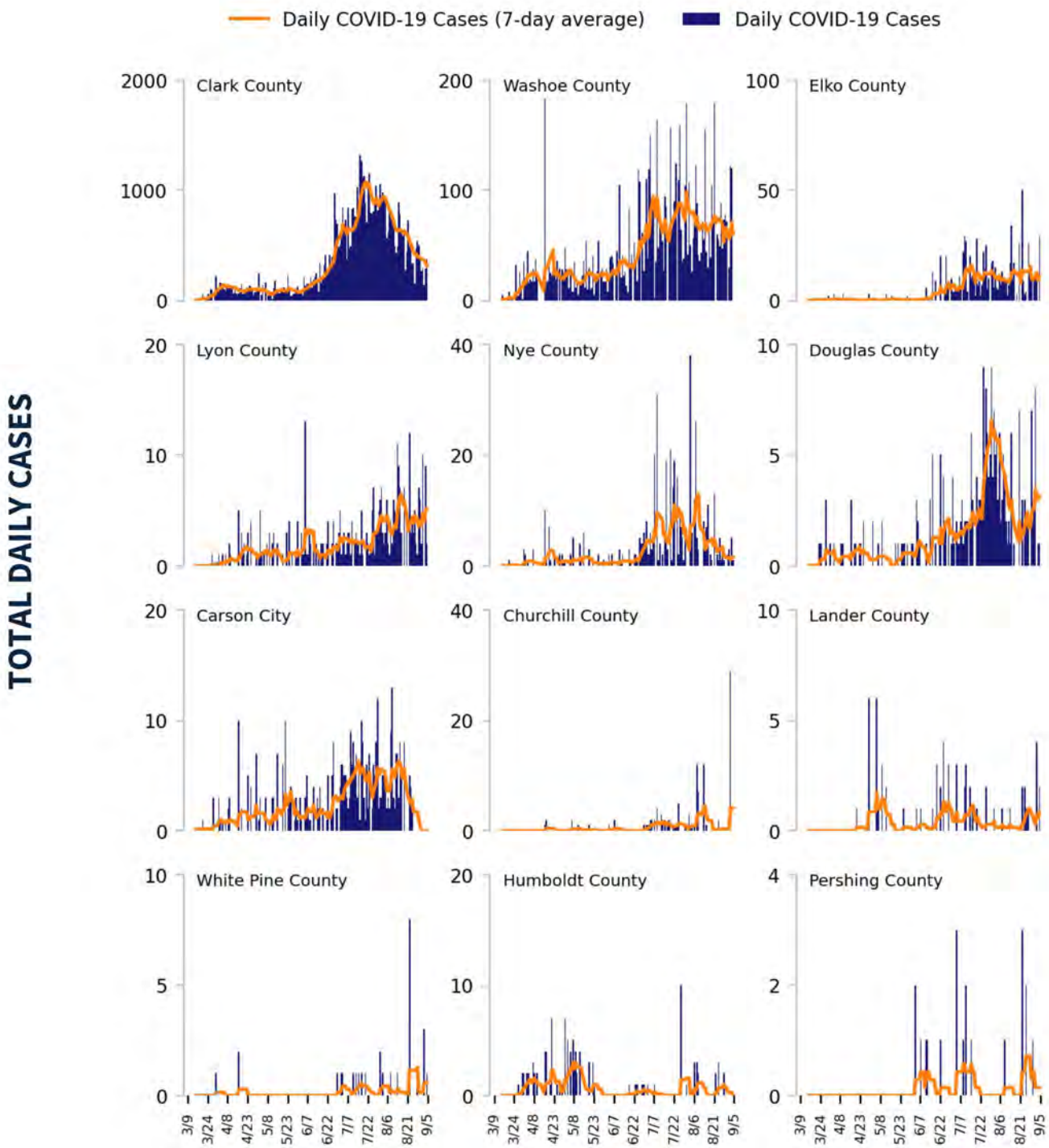
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020.

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



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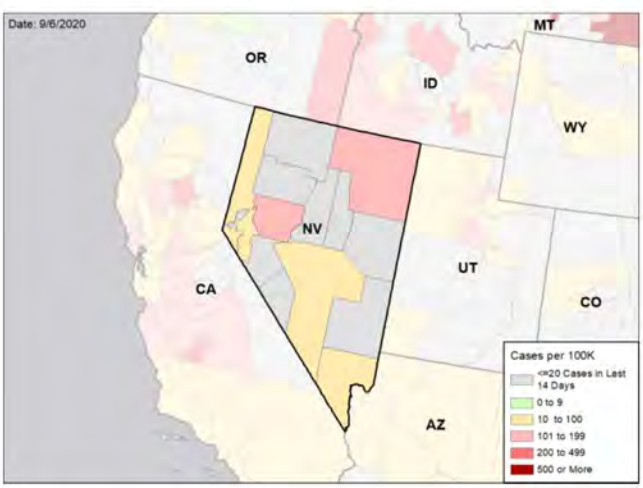
NEVADA

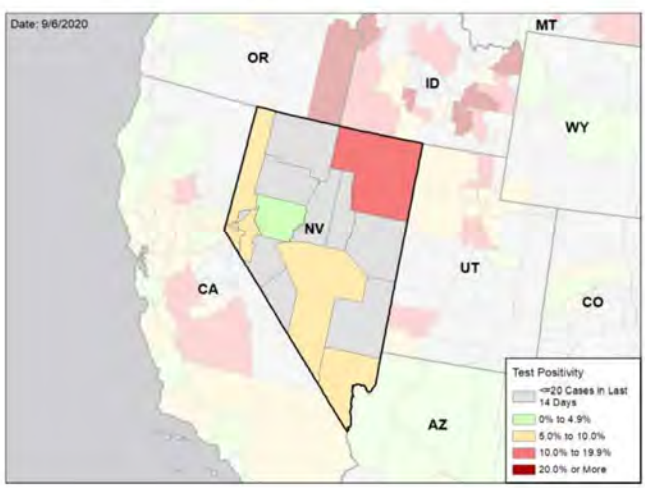
STATE REPORT | 09.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

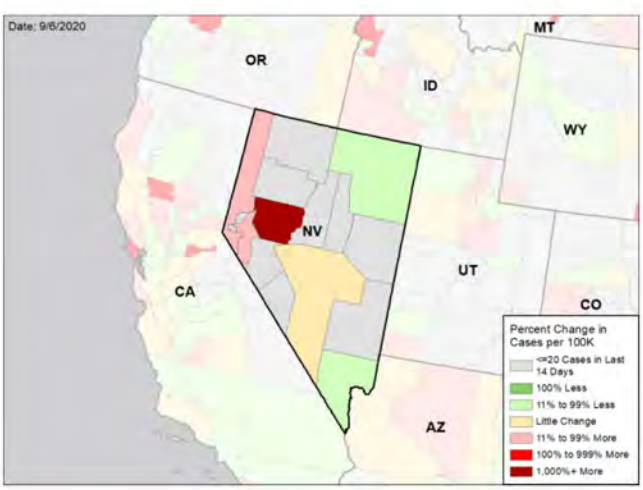
NEW CASES PER 100,000 DURING THE LAST WEEK



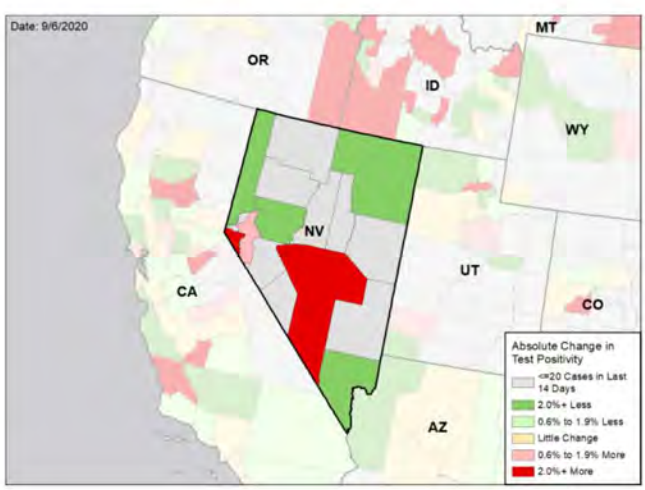
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



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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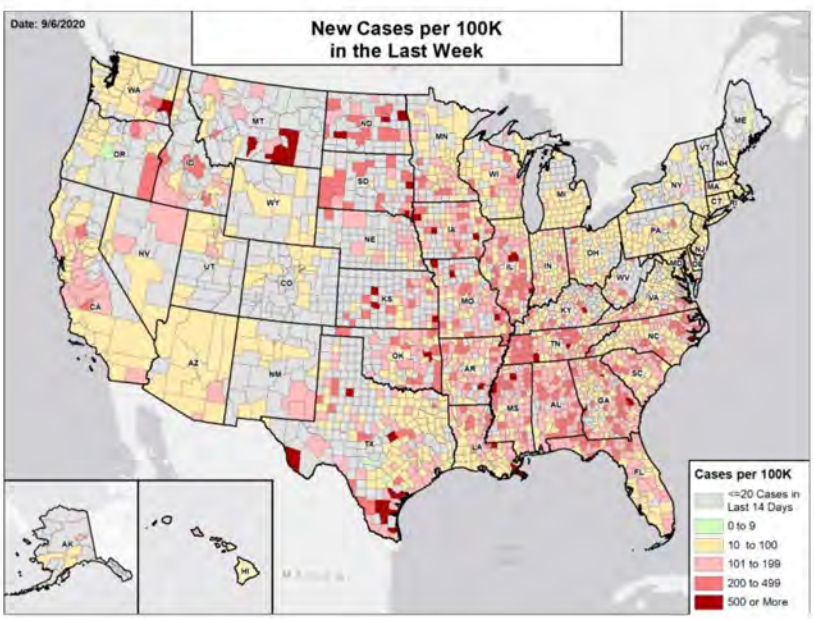
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/4/2020. Last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

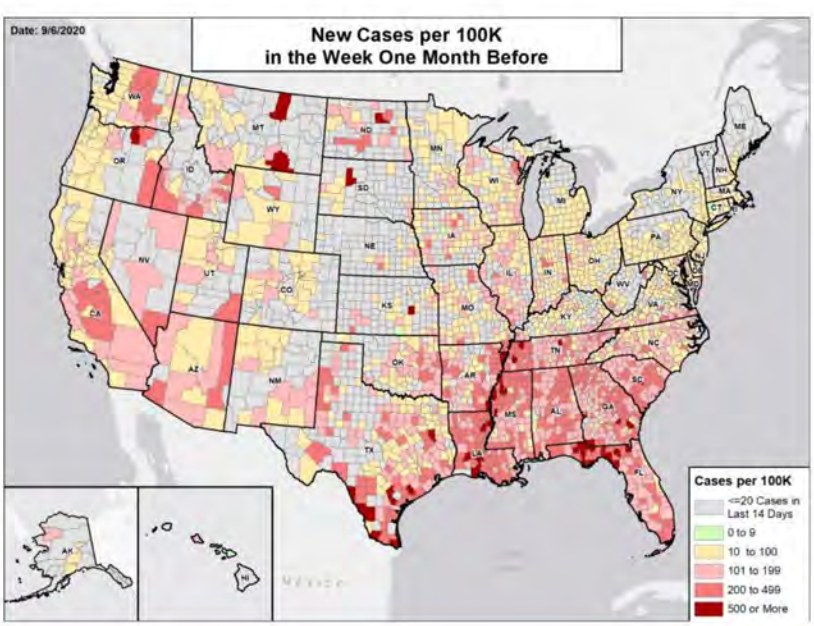
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



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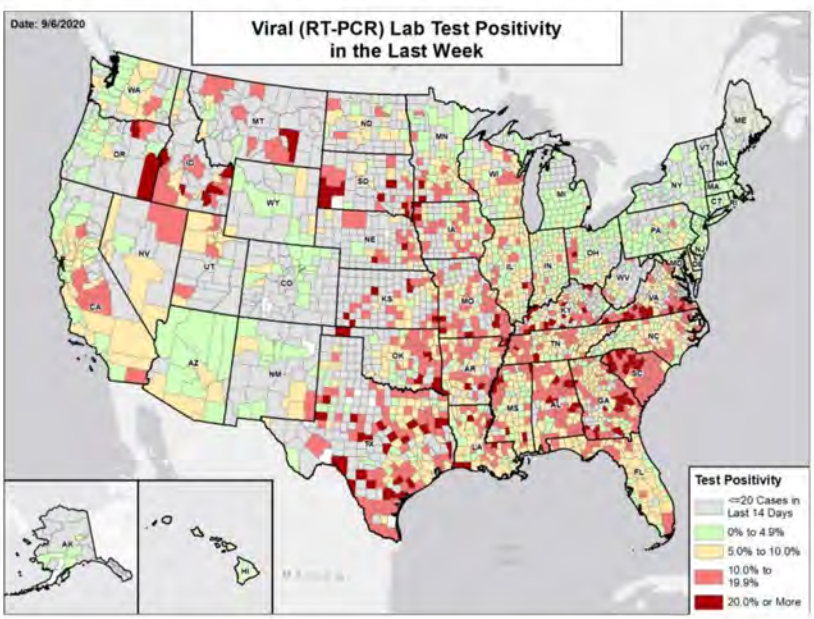

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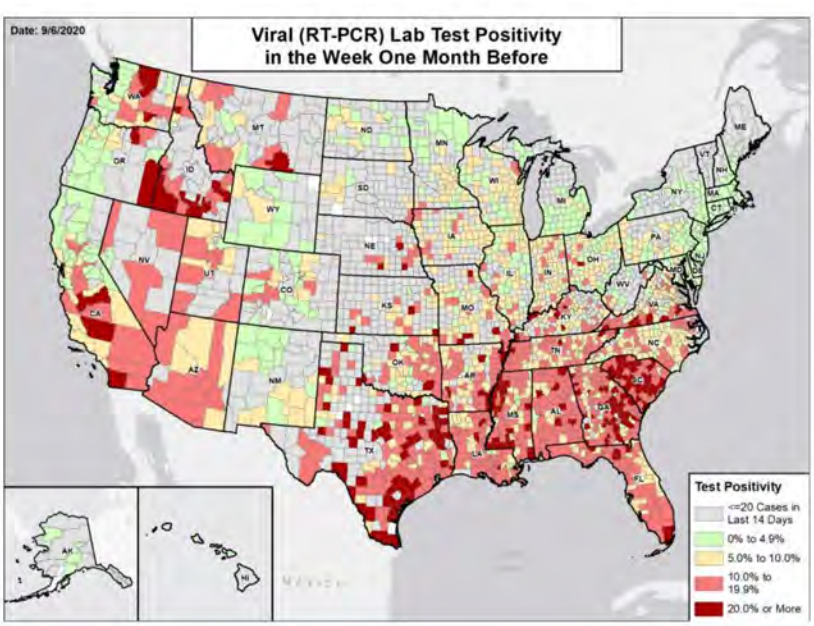

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METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

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NEW HAMPSHIRE

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 46th highest rate in the country.
- New Hampshire 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. Hillsborough County, 2. Rockingham County, and 3. Merrimack County. These counties represent 75.8% of new cases in New Hampshire.
- Universities in the state have reopened primarily with online instruction. 25 active cases in 5 institutions of higher education (IHE) were reported as of Friday Sep 4.
- No counties in New Hampshire have moderate or high levels of community transmission (yellow or red zone).
- During the week of Aug 24 – Aug 30, 1% of nursing homes had at least one new resident COVID-19 case, 9% of nursing homes had at least one new staff COVID-19 case, and less than 1% of nursing homes had at least one new resident COVID-19 death.
- 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 29 - Sep 04, on average, 26 patients with confirmed COVID-19 and 17 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

- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- Recommendations specific to IHE are highlighted below given the concerning trends nationally and the need to intensify efforts to control COVID-19 among university students and minimize spread to local communities.
- IHE should increase testing capacity by expanding public-private partnerships; increasing the budget and capacity of public health labs; pooling specimens where appropriate; and utilizing all university, veterinary and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Require all universities and colleges to have a plan for both rapid testing and contact tracing of symptomatic students and periodic surveillance testing of students, with quick turnaround times for results, and rapid isolation of cases and quarantine of contacts; residential cases and contacts should not be sent home to isolate or quarantine.
- Recruit college and university students to expand public health messaging and contact tracing capacity and protect local communities by strict mask wearing and social distancing off campus.
- Universities and colleges must work with various student leaders and campus media to support compliance with recommendations.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- University students with or exposed to COVID-19 must have isolation, 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 conduct contact tracing in collaboration with local public health authorities. Support university officials in messaging to students about the importance of full cooperation.
- Ensure all nursing homes, assisted living, and elderly care sites follow CMS staff testing requirements and, if cases within local universities rise, increase testing even further to prevent spread from students to residents through staff. Expanding nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- 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 university public-facing dashboards.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

NEW HAMPSHIRE

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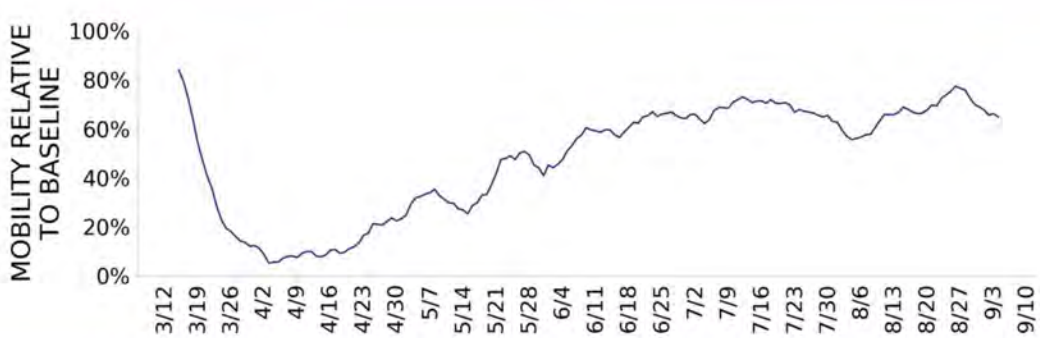
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	152 (11)	+4.8%	4,414 (30)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.2%	+0.3%*	1.0%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	16,276** (1,197)	-21.2%**	431,543** (2,907)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	0 (0)	-100.0%	92 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	1% (9%)	+1%* (+8%*)	3% (7%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	-1%*	2%	5%

MOBILITY ▶



* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

NEW HAMPSHIRE

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	0	N/A	0	N/A
COUNTY LAST WEEK	0	N/A	0	N/A

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

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

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

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

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NEW HAMPSHIRE

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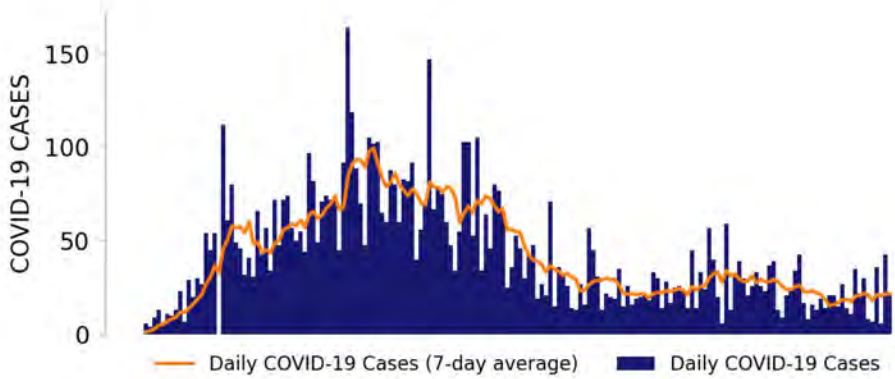
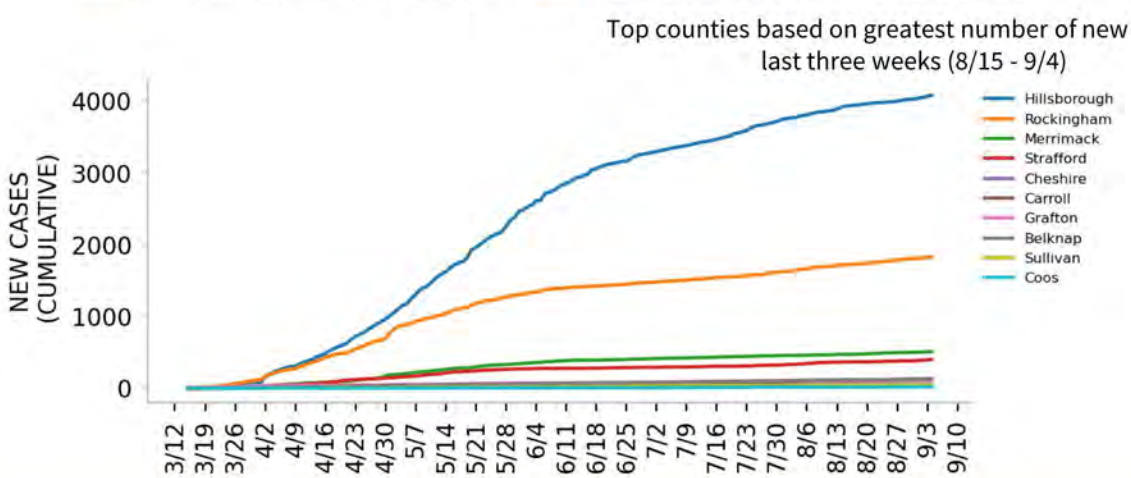
NEW CASES



TESTING

TOP COUNTIES



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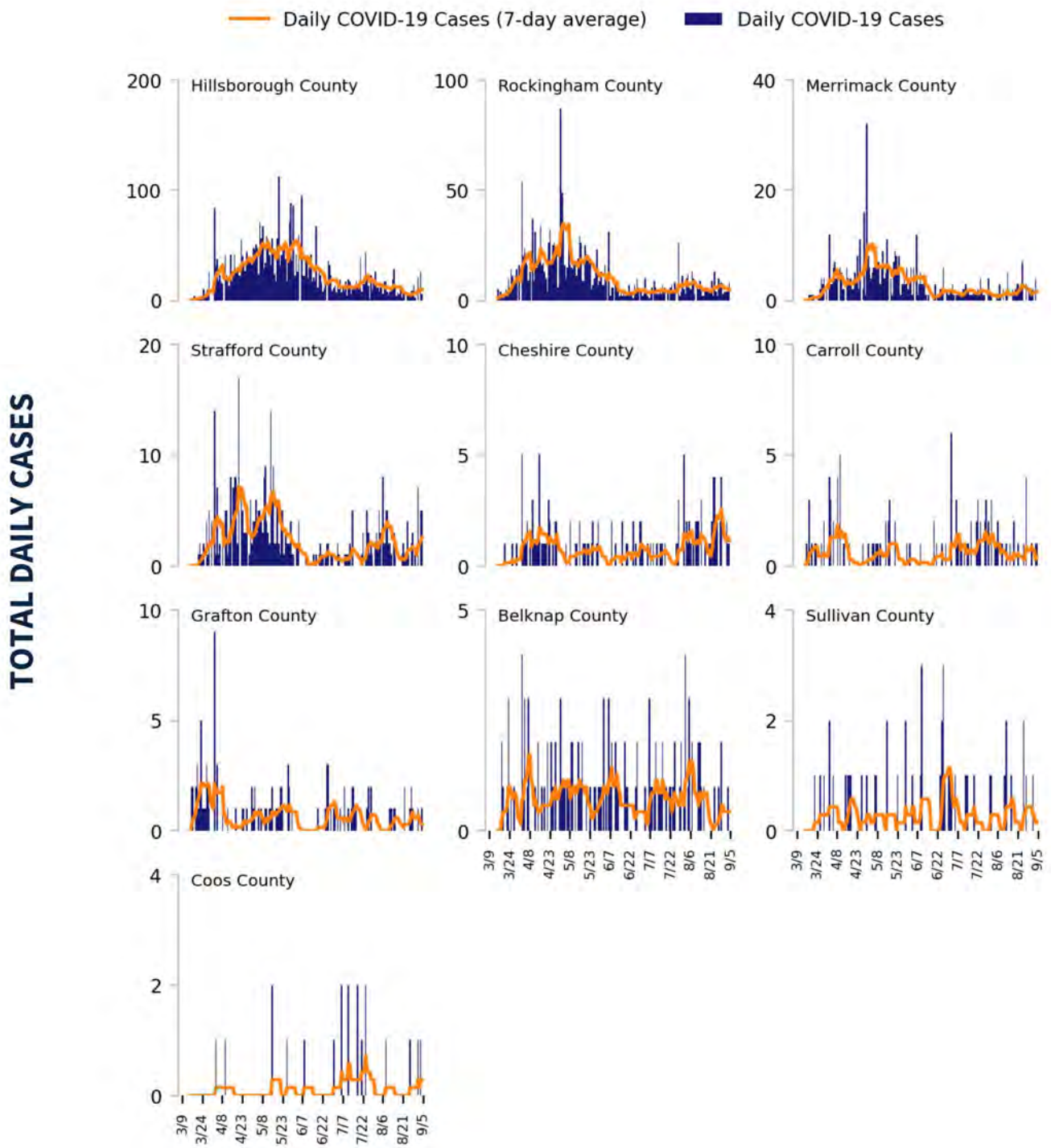
Top 12 counties based on number of new cases in the last 3 weeks



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NEW HAMPSHIRE

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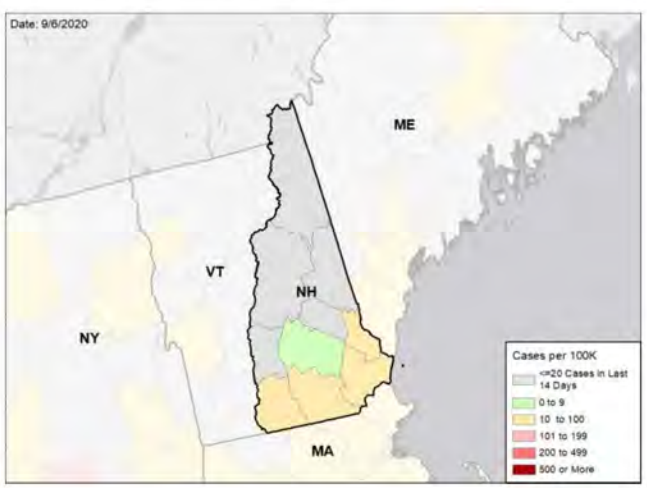
NEW CASES PER 100,000 DURING THE LAST WEEK



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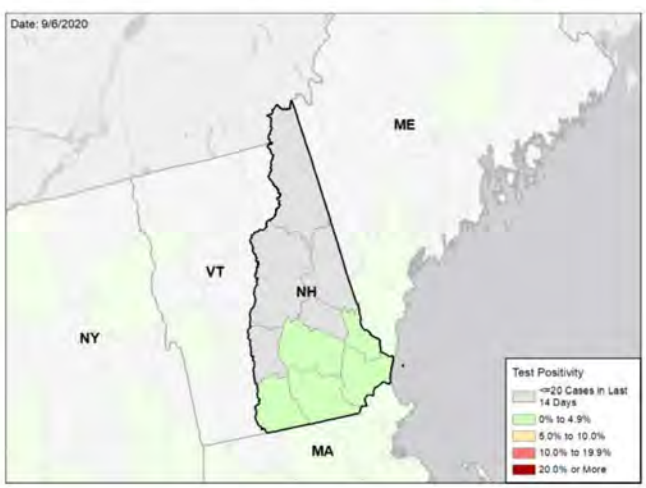

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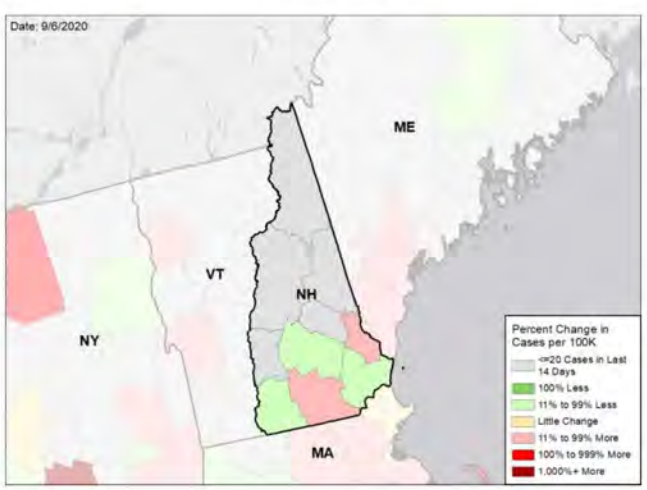

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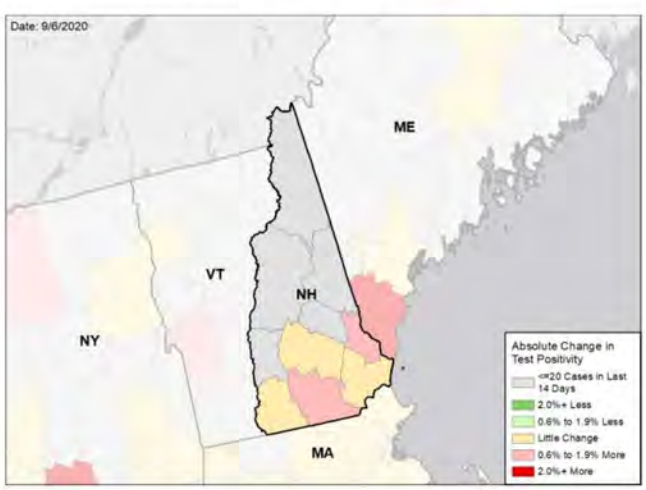

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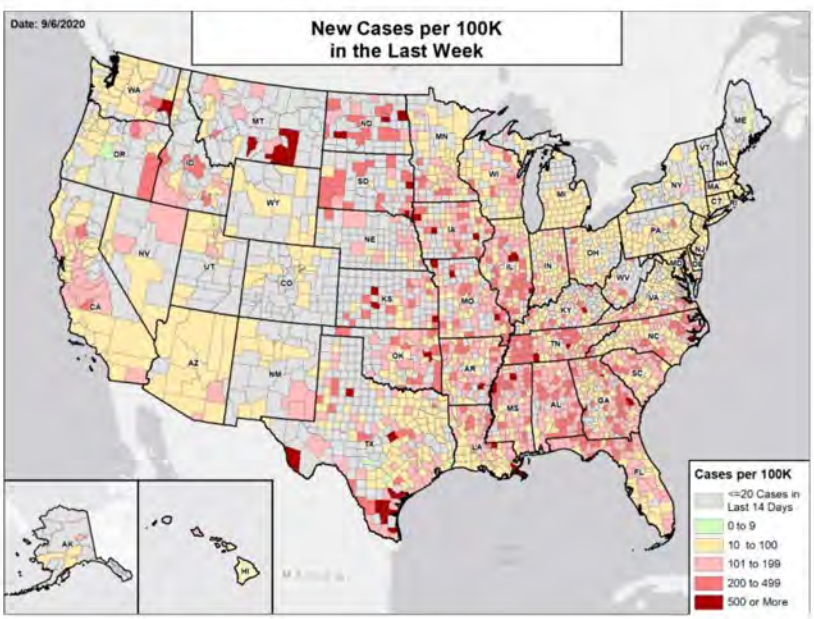

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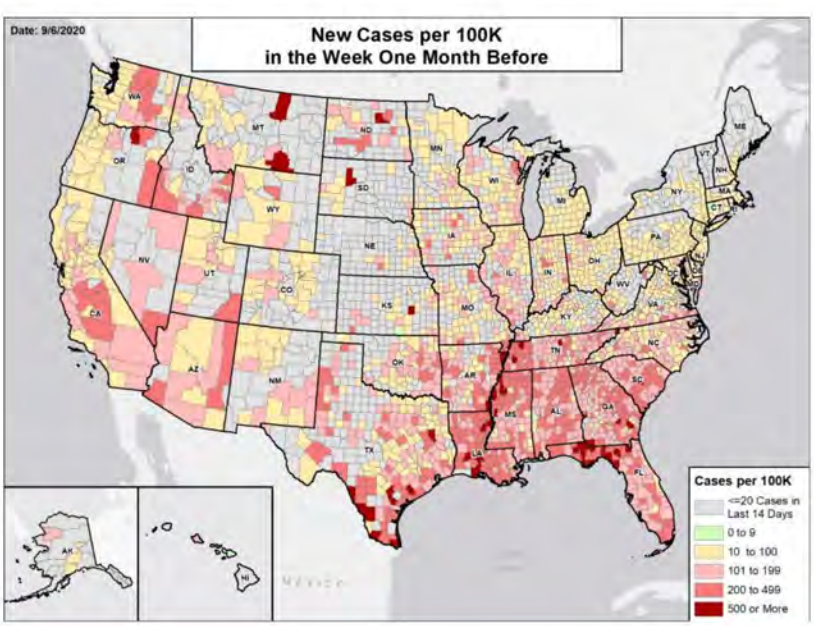

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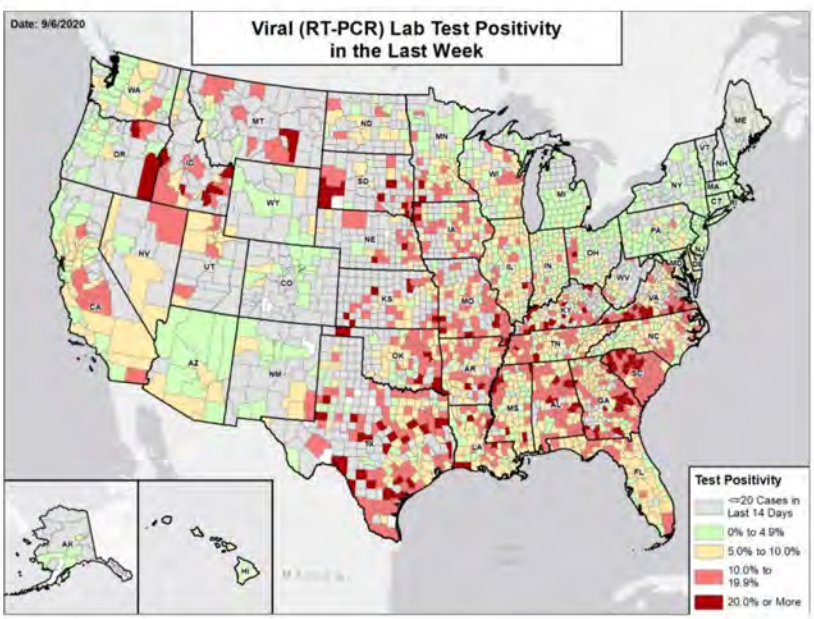

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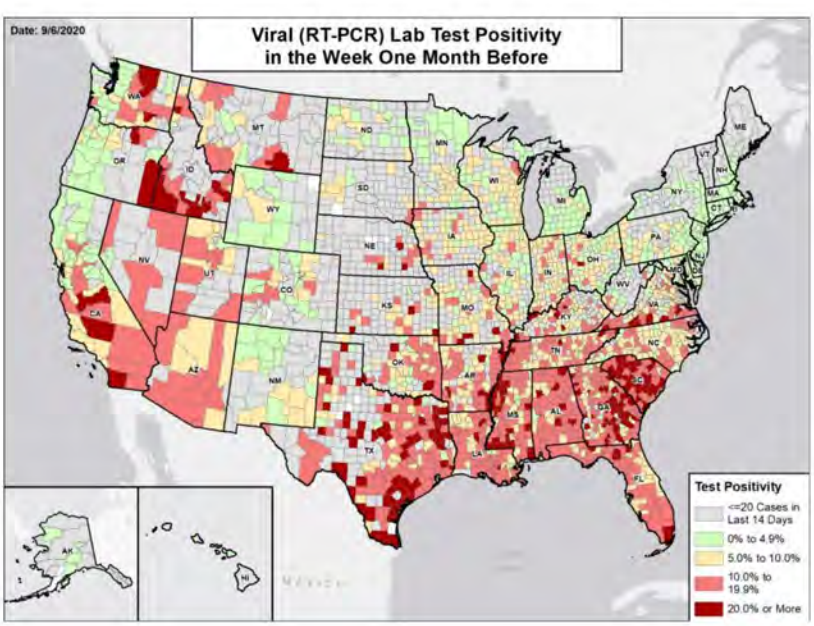

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- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

STATE REPORT
09.06.2020

NEW JERSEY

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 46th highest rate in the country. New Jersey is in the green zone for test positivity, indicating a rate below 5%, with the 42nd 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. Ocean County, and 3. Passaic County. These counties represent 31.2% of new cases in New Jersey.
- No counties in New Jersey have moderate or high or high levels of community transmission (yellow or red zone).
- During the week of Aug 24 – Aug 30, 4% of nursing homes had at least one new resident COVID-19 case, 10% of nursing homes had at least one new staff COVID-19, and 1% of nursing homes had at least one new resident COVID-19 death.
- New Jersey had 28 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: 61 to support operations activities from FEMA; 16 to support operations activities from USCG; and 1 to support operations activities from VA.
- Between Aug 29 - Sep 04, on average, 32 patients with confirmed COVID-19 and 172 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Jersey. An average of 72% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- In university settings:
  - Increase testing capacity by expanding public-private partnerships; increasing the budget and capacity of public health labs; pooling specimens where appropriate; and utilizing all university, veterinary and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
  - Require all universities and colleges to have a plan for both rapid testing and contact tracing of symptomatic students and periodic surveillance testing of students. Ensure quick turnaround times for results and the rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent home to isolate or quarantine.
  - Recruit college and university students to expand public health messaging and contact tracing capacity and ensure protection of local communities by strict mask wearing and social distancing off campus.
  - Universities and colleges should work with various student leaders and campus media to support compliance with recommendations.
  - Consider utilizing focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- 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.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

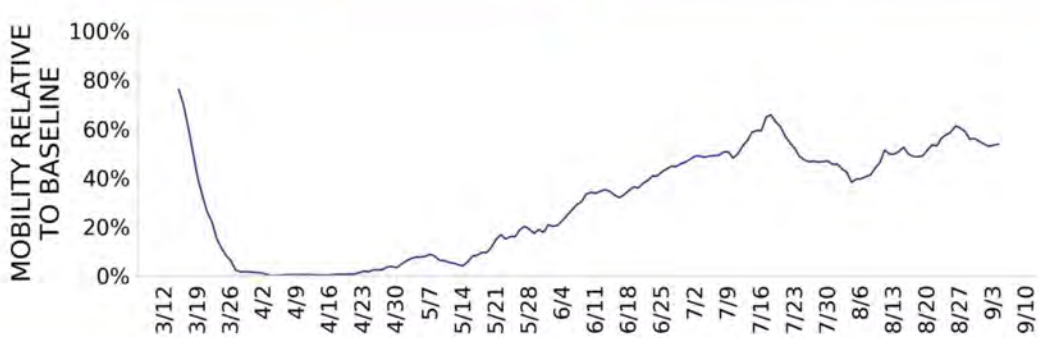
COVID-19

NEW JERSEY

STATE REPORT | 09.06.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	2,452 (28)	+13.8%	7,656 (27)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.8%	+0.1%*	1.2%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	159,426** (1,795)	-8.9%**	740,859** (2,615)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	50 (1)	+163.2%	109 (0)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	4% (10%)	+1%* (+0%*)	3% (13%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	-3%*	1%	5%

MOBILITY ▶



* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

NEW JERSEY

STATE REPORT | 09.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	0	N/A	0	N/A
COUNTY LAST WEEK	0	N/A	0	N/A

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

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

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

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

DATA SOURCES – Additional data details available under METHODS

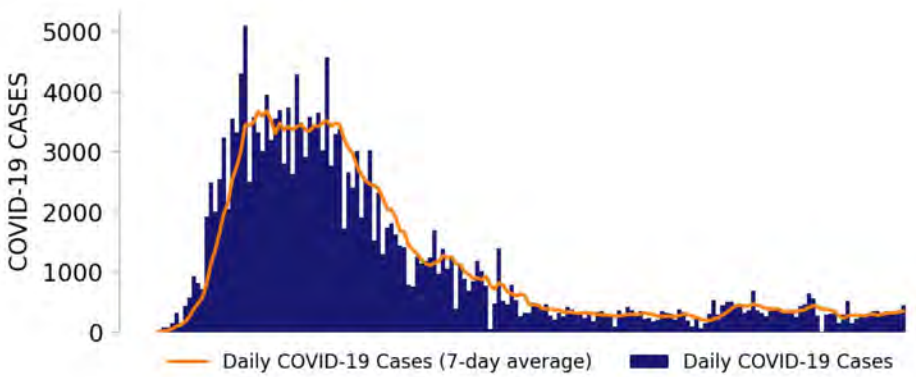
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/4/2020; last week is 8/29 - 9/4, three weeks is 8/15 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2.

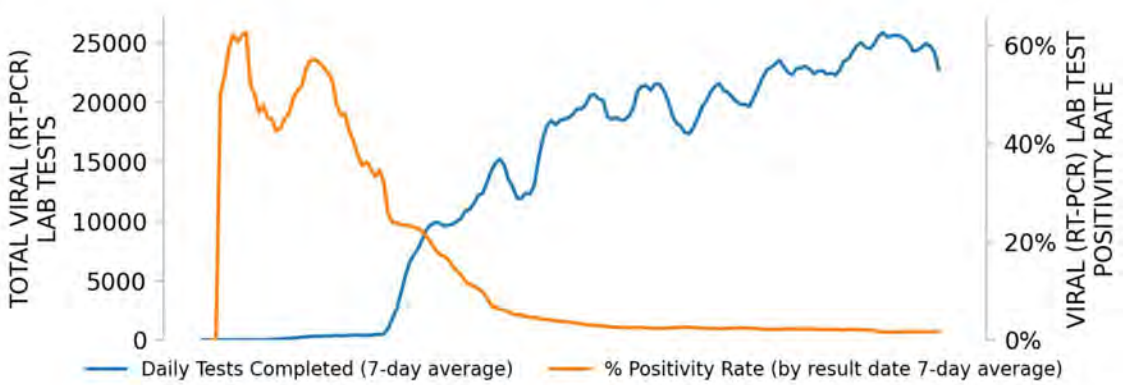
NEW JERSEY

STATE REPORT | 09.06.2020

NEW CASES

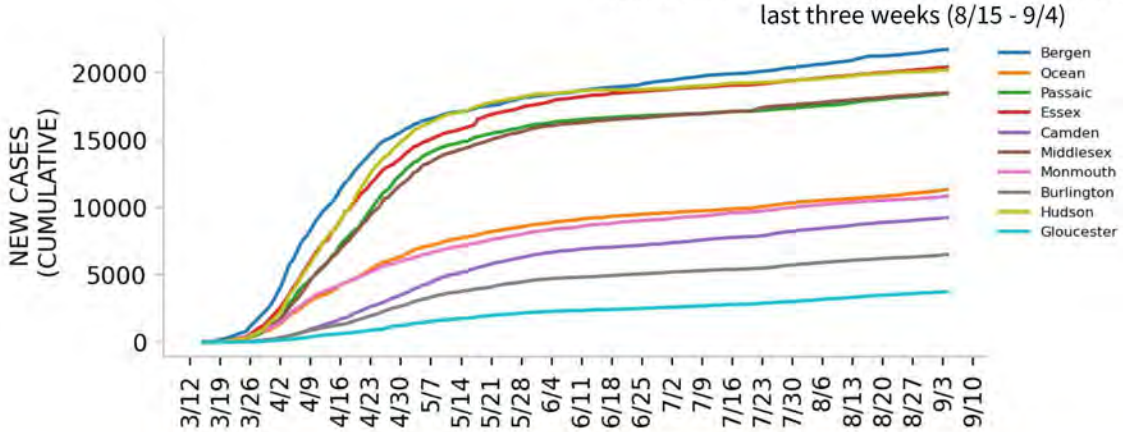


TESTING



TOP COUNTIES

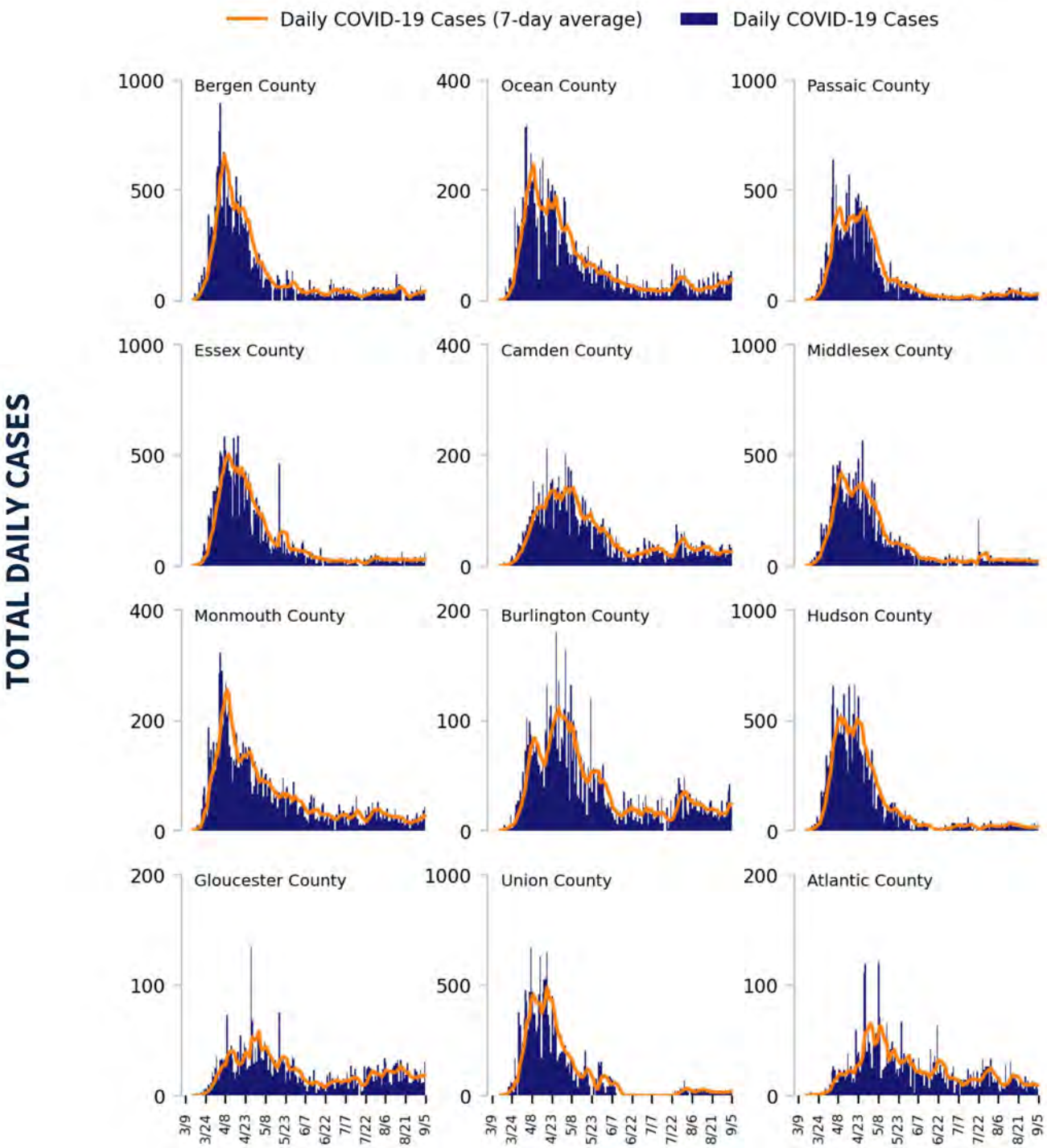
Top counties based on greatest number of new cases in last three weeks (8/15 - 9/4)



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 9/4/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020.

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



DATA SOURCES – Additional data details available under METHODS

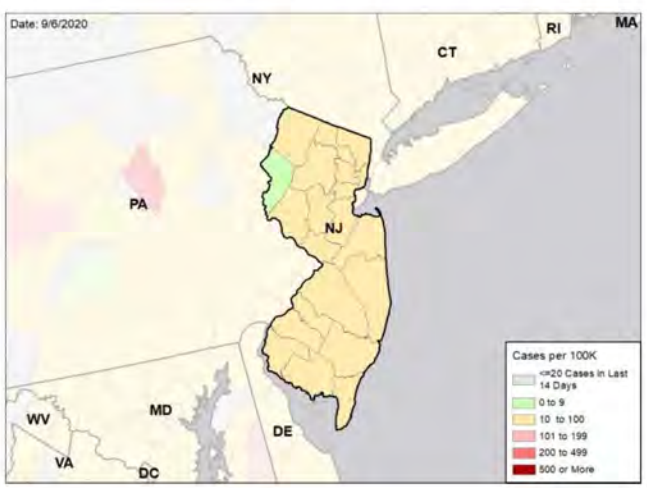
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/4/2020. Last 3 weeks is 8/15 - 9/4.

NEW JERSEY

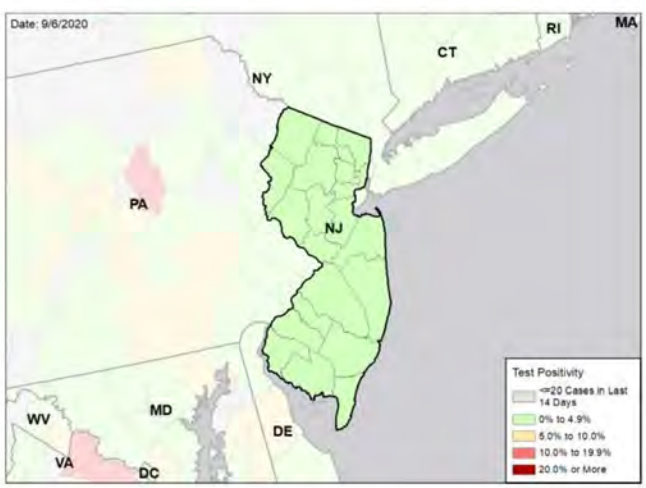
STATE REPORT | 09.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

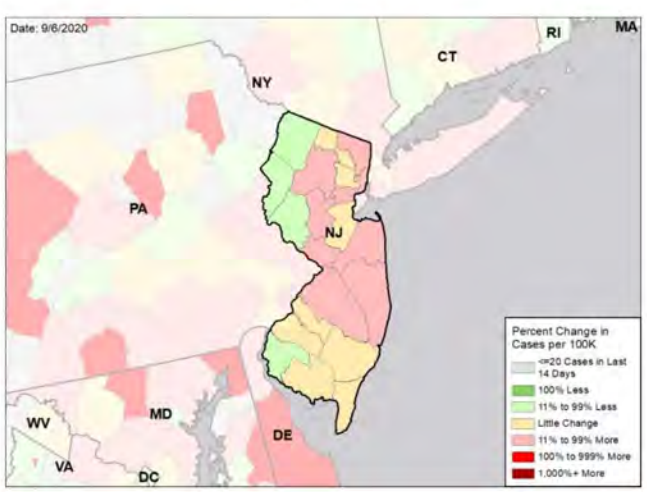
NEW CASES PER 100,000 DURING THE LAST WEEK



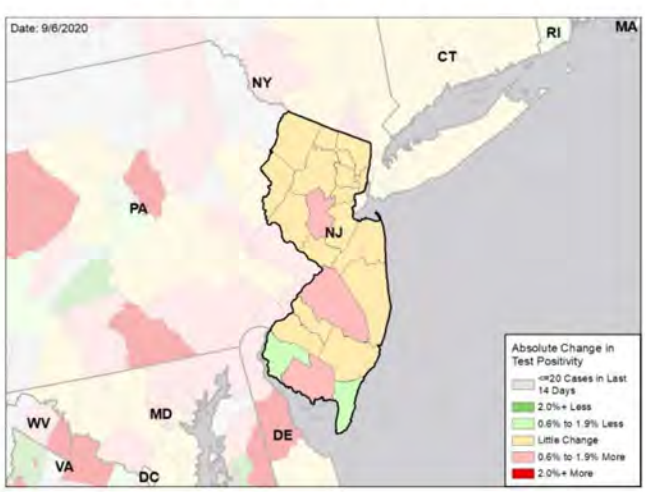
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

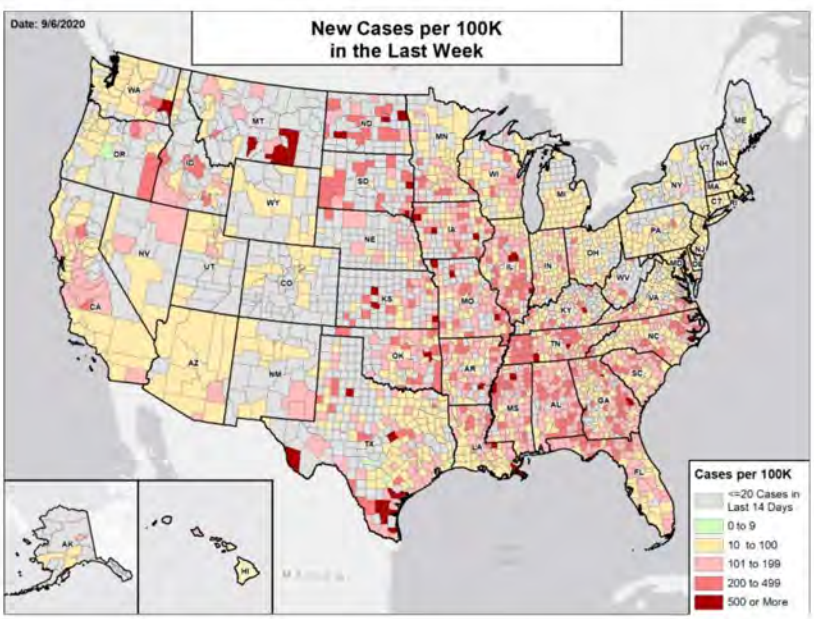
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/4/2020. Last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

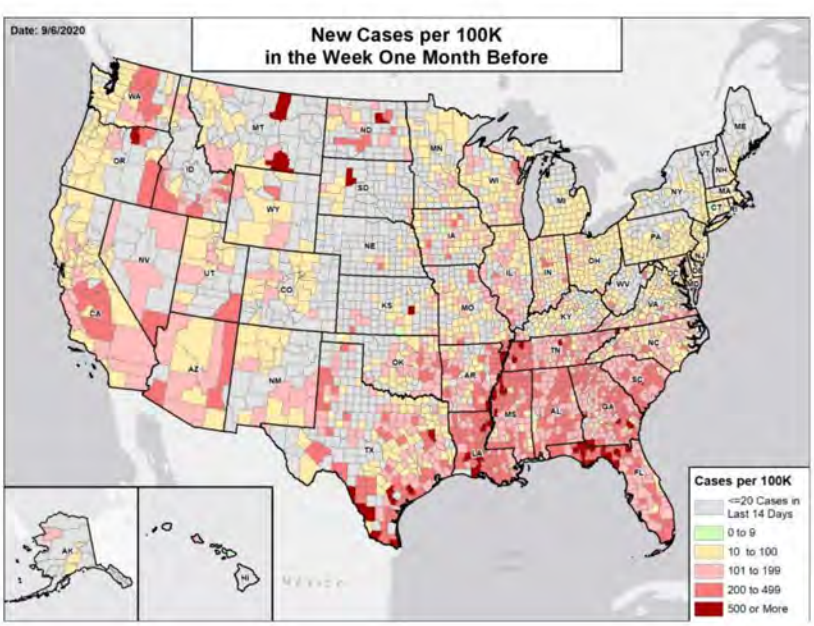
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



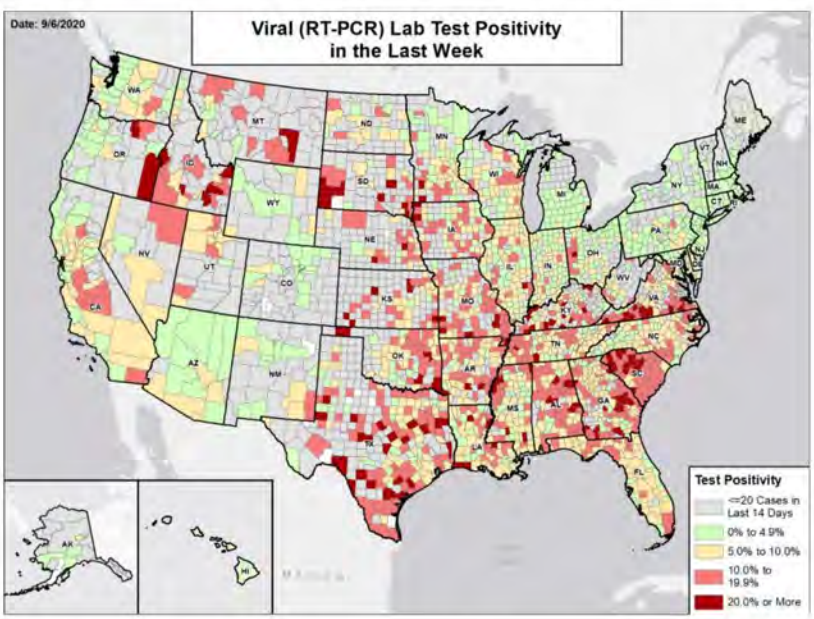
DATA SOURCES

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

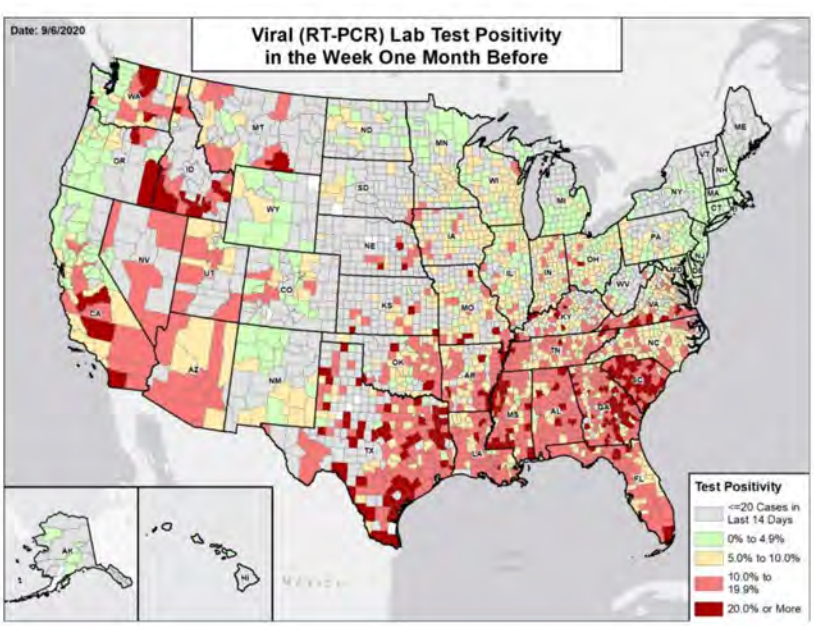
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

STATE REPORT | 09.06.2020

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
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- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality. 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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

STATE REPORT
09.06.2020

NEW MEXICO

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 40th 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. There is continued week-over-week improvement.
- New Mexico 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. Bernalillo County, 2. Doña Ana County, and 3. Lea County. These counties represent 44.8% of new cases in New Mexico.
- 12% of all counties in New Mexico have moderate or high levels of community transmission (yellow or red zone), with 3% having high levels of community transmission (red zone).
- During the week of Aug 24 – Aug 30, 12% of nursing homes had at least one new resident COVID-19 case, 22% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- New Mexico 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: 7 to support operations activities from FEMA; 2 to support epidemiology activities from CDC; and 1 to support operations activities from VA.
- Between Aug 29 - Sep 04, on average, 8 patients with confirmed COVID-19 and 20 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Mexico. 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

- New Mexico has made excellent progress and, to sustain the gains, should continue the strong mitigation efforts statewide and strengthen mitigation efforts in university towns to decrease spread from universities to the local community. Consider a further reduction in hours and occupancy limits in bars and restaurants in university counties and anywhere university and college students gather if cases begin to rise.
- We are seeing gains being reversed in other states due to university spread. New Mexico universities need to increase testing and isolation to prevent spread from students to local communities and hometowns. This includes detecting asymptomatic students and preventing silent spread of disease through routine saliva testing on university research platforms. Ensure there are quick turnaround times for results and rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent home to isolate or quarantine.
- Increase testing capacity by increasing the budget and capacity of public health labs through:
    - Ensuring hospitals move elective surgeries and admissions testing to pooling in order to reserve tests for community outreach and to expand outpatient testing, pooling specimens where appropriate.
    - Utilizing all university, veterinary, and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Recruit college and university students to expand public health messaging and contact tracing capacity. Ensure protection of local communities by strict mask wearing and social distancing when off-campus and around vulnerable individuals on campus.
- Universities and colleges should work with various student leaders and campus media to support compliance with recommendations.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Increase surveillance for silent community spread by using the Abbott BinaxNOW. Establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders.
- Ask citizens and students to limit ALL social gatherings to 10 or fewer people. Recreating spreading events through bar-like gatherings in homes will result in continued high cases and result in those with comorbidities becoming infected.
- Ensure all nursing homes, assisted living, and elderly care sites follow CMS staff testing requirements and, if cases within local universities rise, increase testing even further to prevent spread from students to residents through staff. Expanding nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- Continued comprehensive support to Native Americans is critical.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

NEW MEXICO

STATE REPORT | 09.06.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	860 (41)	-16.5%	45,924 (108)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	2.6%	+0.0%*	8.7%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	21,411** (1,021)	-20.1%**	326,348** (764)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	27 (1)	-3.6%	1,270 (3)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	12% (22%)	-3%* (+4%*)	14% (18%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	-1%*	7%	5%

MOBILITY ▶

* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

NEW MEXICO

STATE REPORT | 09.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	1	Hobbs	3	Roswell Carlsbad-Artesia Gallup
COUNTY LAST WEEK	1	Lea	3	Chaves Eddy McKinley

*** 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

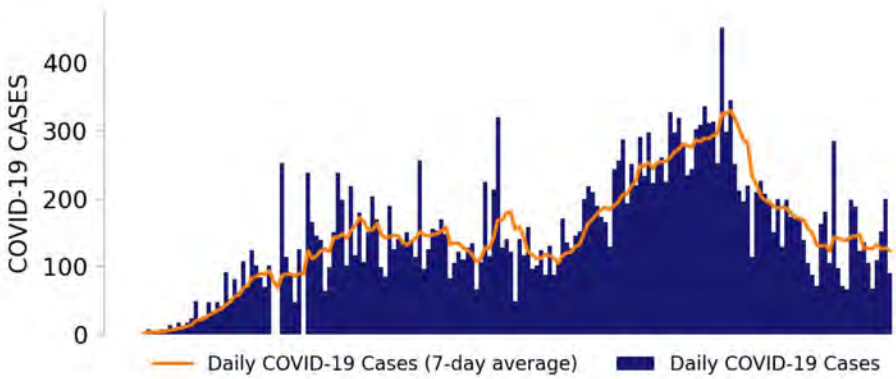
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/4/2020; last week is 8/29 - 9/4, three weeks is 8/15 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2.

NEW MEXICO

STATE REPORT | 09.06.2020

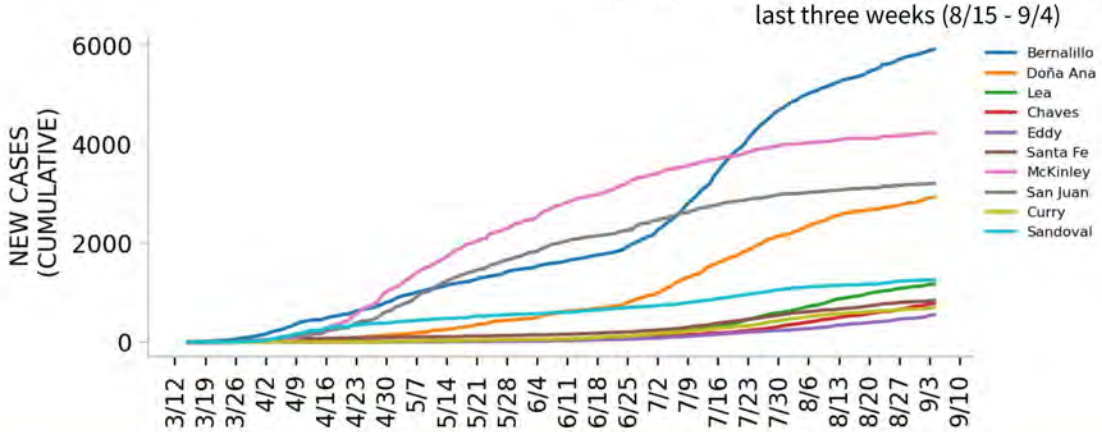
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/15 - 9/4)



DATA SOURCES – Additional data details available under METHODS

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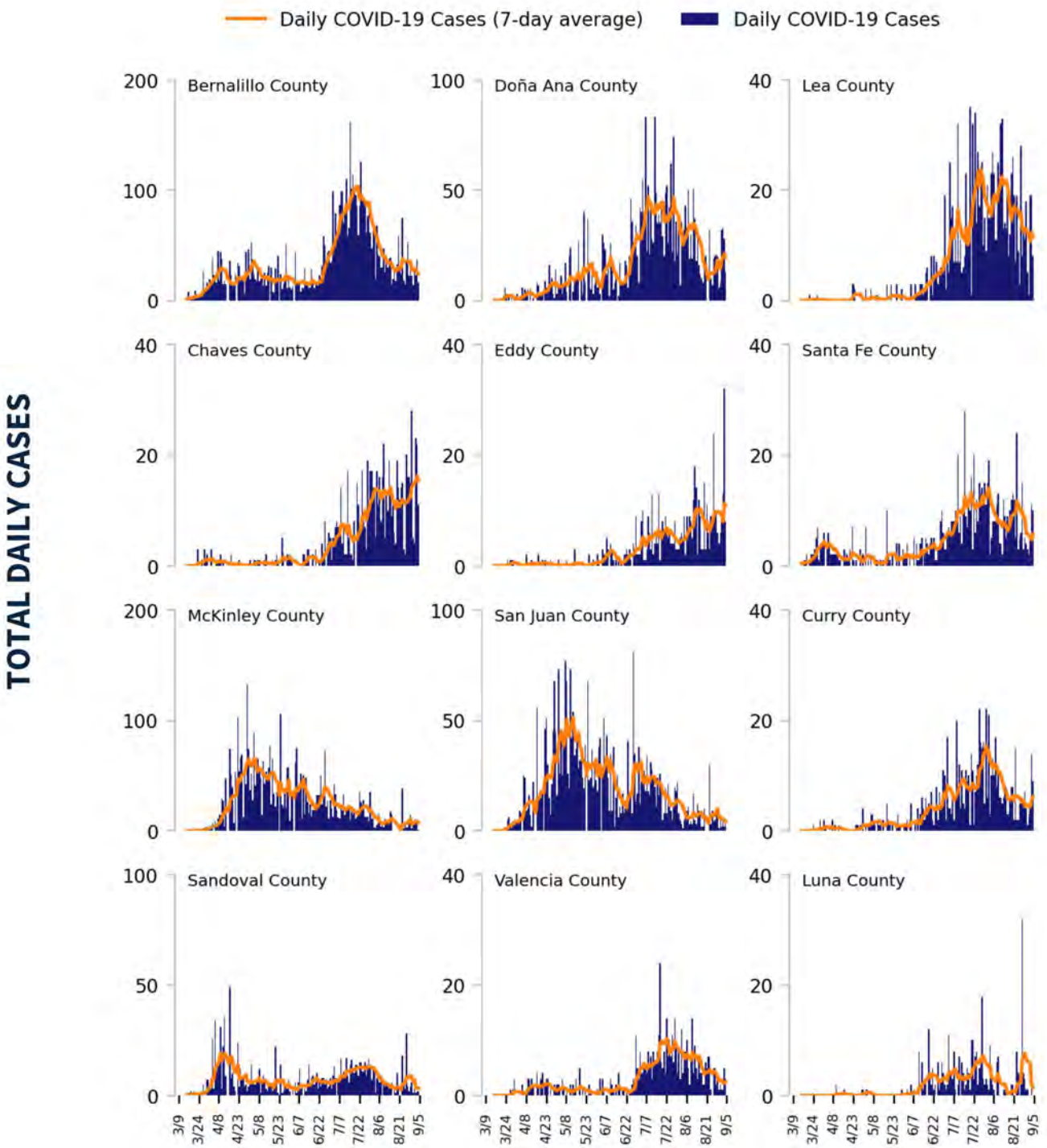
Top 12 counties based on number of new cases in the last 3 weeks



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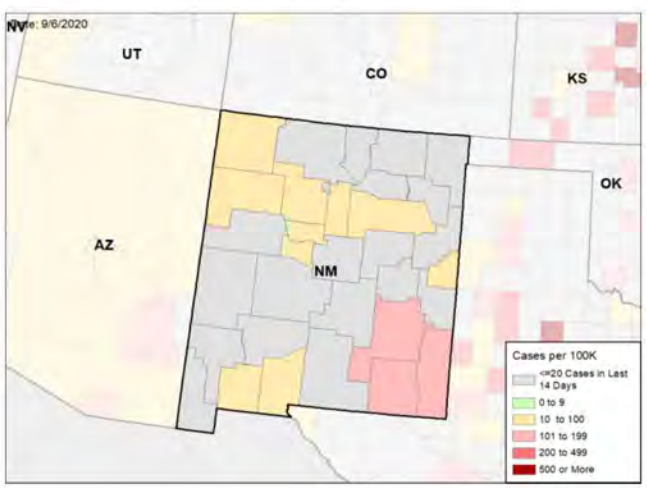
NEW MEXICO

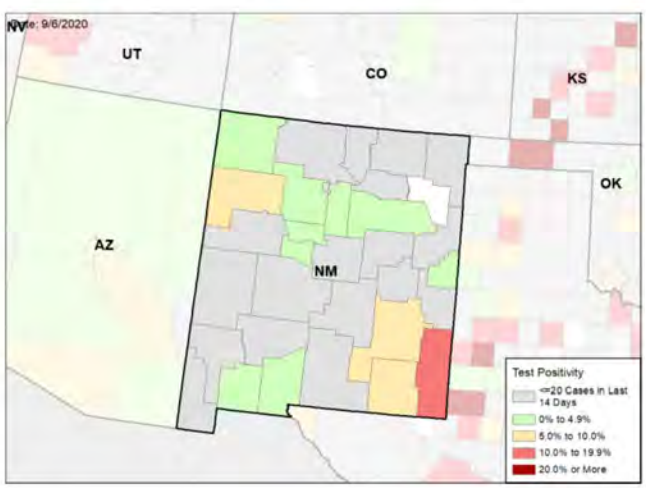
STATE REPORT | 09.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

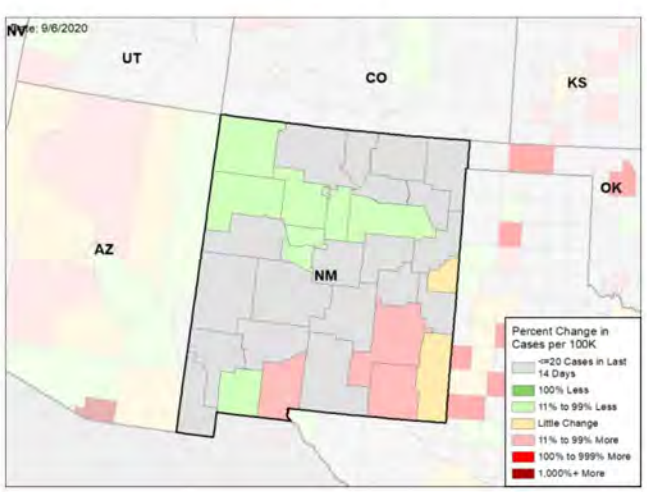
NEW CASES PER 100,000 DURING THE LAST WEEK



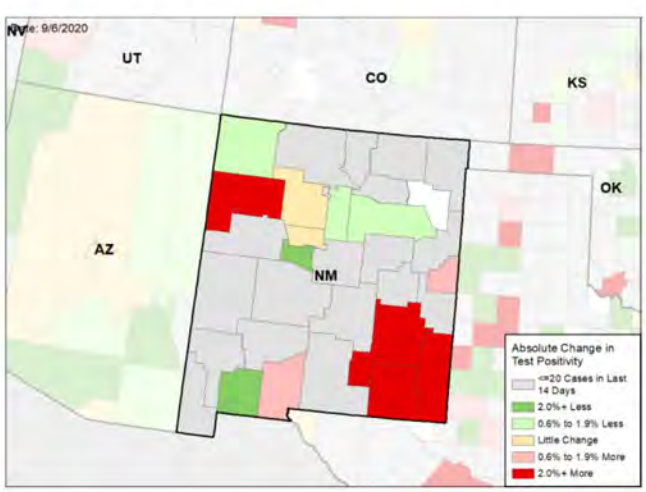
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



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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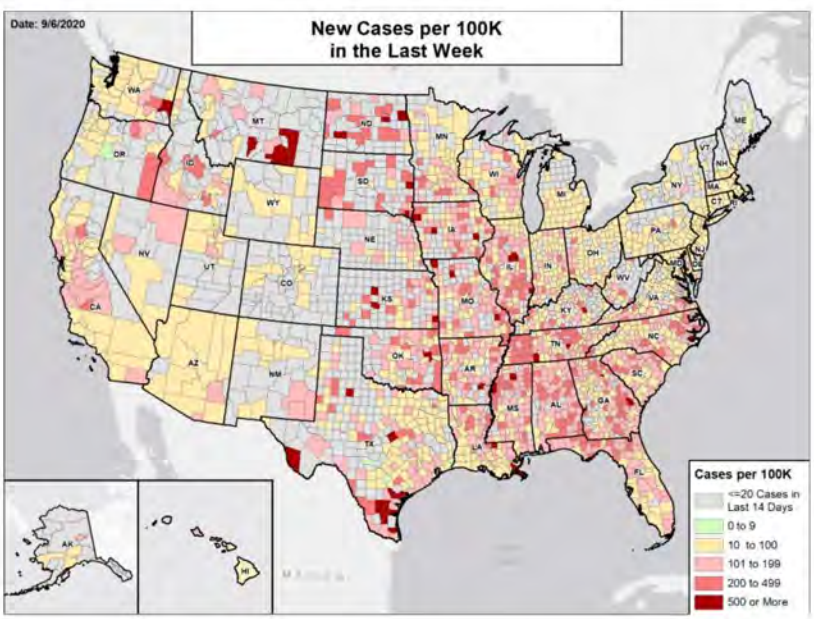
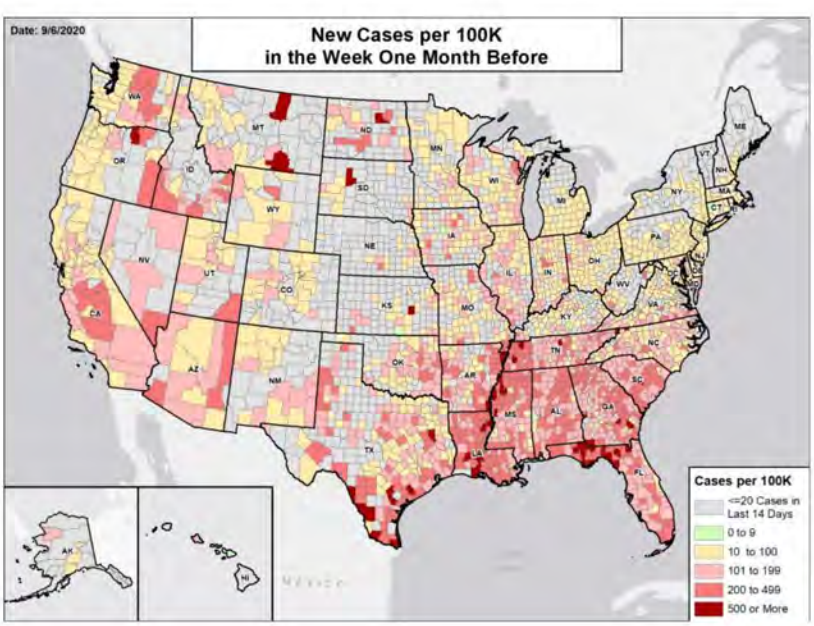
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



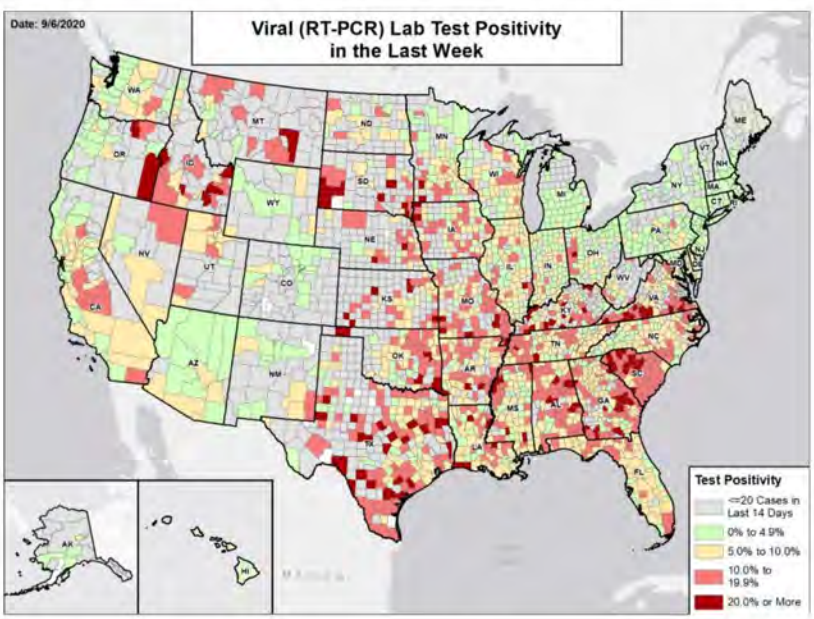
DATA SOURCES

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

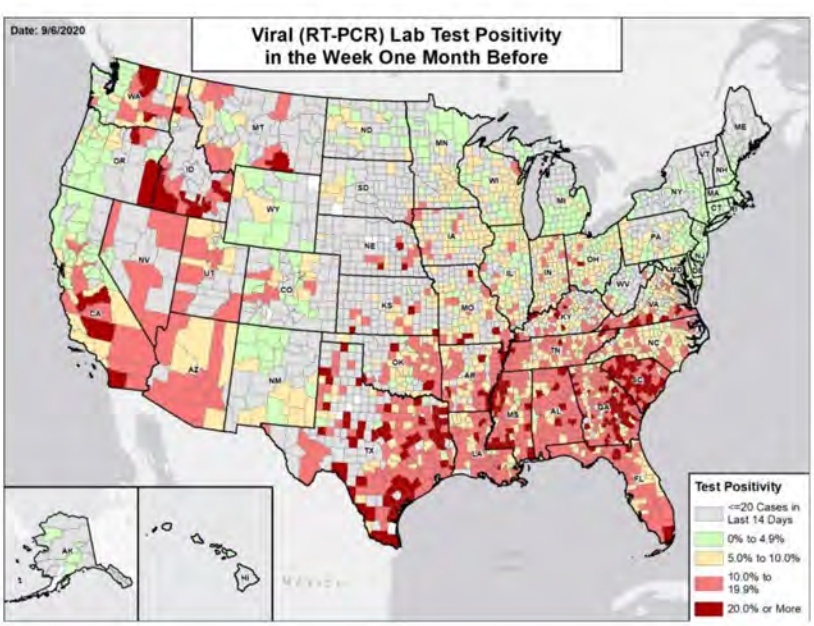
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

STATE REPORT
09.06.2020

NEW YORK

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 47th 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 an increase in new cases and stability in test positivity over the last week, driven, in part, by school reopenings in Kings, Nassau, Erie, Suffolk, Rockland, Otsego, and Chautauqua counties.
- 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 32.7% of new cases in New York.
- No counties in New York have moderate or high levels of community transmission (yellow or red zone).
- During the week of Aug 24 – Aug 30, 3% of nursing homes had at least one new resident COVID-19 case, 15% had at least one new staff COVID-19 case, and 1% had at least one new resident COVID-19 death.
- New York 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: 64 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 29 - Sep 04, on average, 91 patients with confirmed COVID-19 and 334 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New York. 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

- As schools and businesses reopen, continue to monitor and enforce face coverings in all public indoor environments, especially on public transportation.
- Require all universities and colleges to have a plan for periodic retesting of students, with quick turnaround times for results and immediate isolation of cases, contact interviews within 48 hours and rapid quarantine of contacts; residential cases and contacts should not be sent home to isolate or quarantine.
- Recruit college and university students to expand public health messaging and contact tracing capacity and protect local communities by strict mask wearing and social distancing off campus.
- Conduct outreach to restaurant and bar owners in college communities regarding enforcement of masking and limitations on occupancy; work closely with university leadership, student body leaders, and campus media to establish and communicate appropriate behavior with known repercussions if students do not comply.
- Identify which groups are not wearing face coverings and target educational efforts to them.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Intensify community mitigation efforts in areas with elevated or increasing transmission and ensure safe housing for isolation and quarantine for those in congregate settings and crowded or multigenerational households.
- Maintain widespread, culturally-specific messaging on the risk of serious disease for older individuals, those with comorbid medical conditions, front-line workers, and those who suffer from social and health inequities.
- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

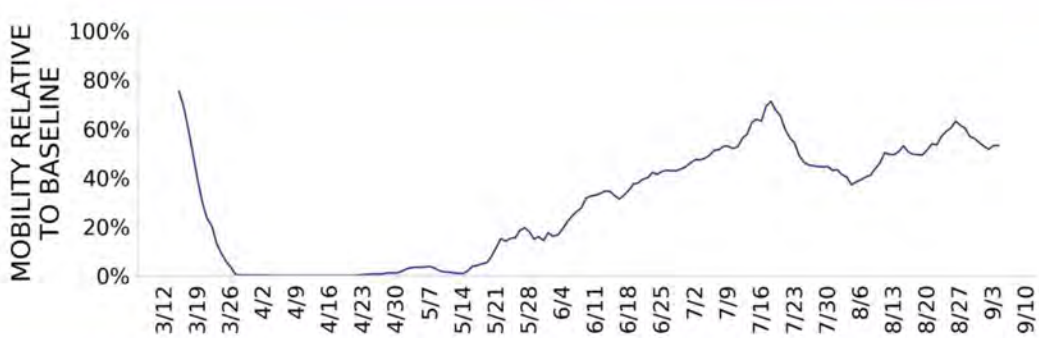
COVID-19

NEW YORK

STATE REPORT | 09.06.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	5,204 (27)	+22.3%	7,656 (27)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.1%	+0.1%*	1.2%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	581,433** (2,989)	+3.4%**	740,859** (2,615)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	59 (0)	+0.0%	109 (0)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	3% (15%)	-1%* (-4%*)	3% (13%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	+0%*	1%	5%

MOBILITY ▶



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS

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NEW YORK

STATE REPORT | 09.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	0	N/A	0	N/A
COUNTY LAST WEEK	0	N/A	0	N/A

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

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

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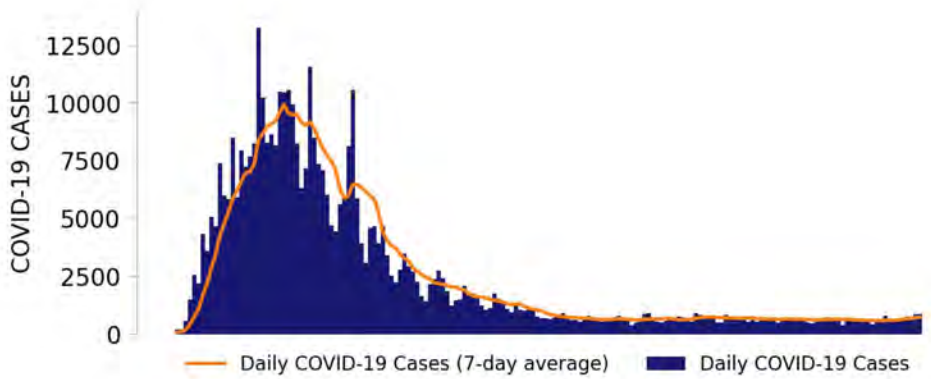
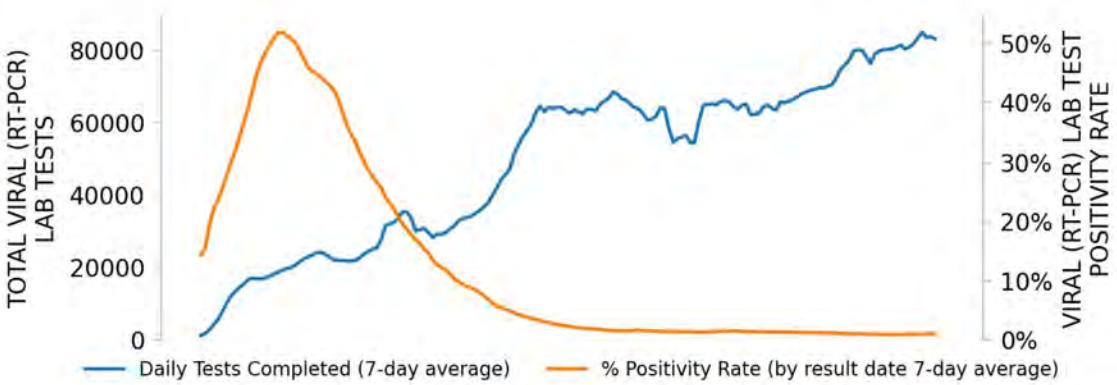
NEW YORK

STATE REPORT | 09.06.2020

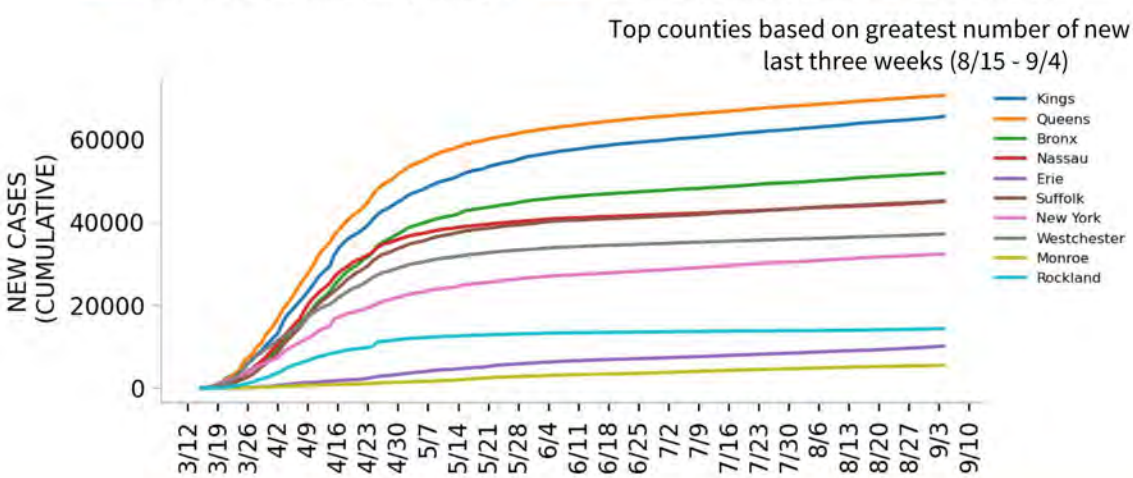
NEW CASES



TESTING



TOP COUNTIES



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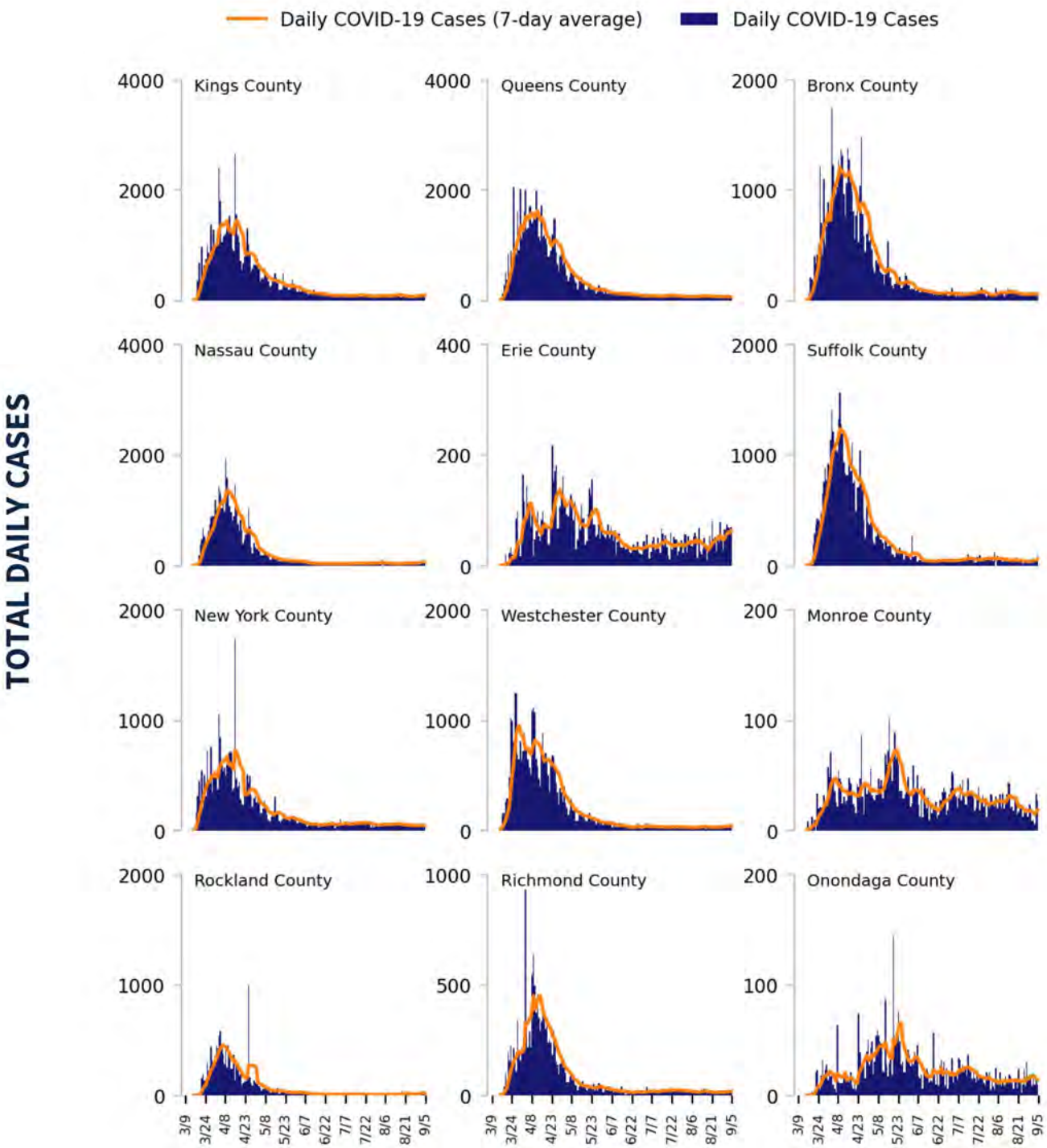

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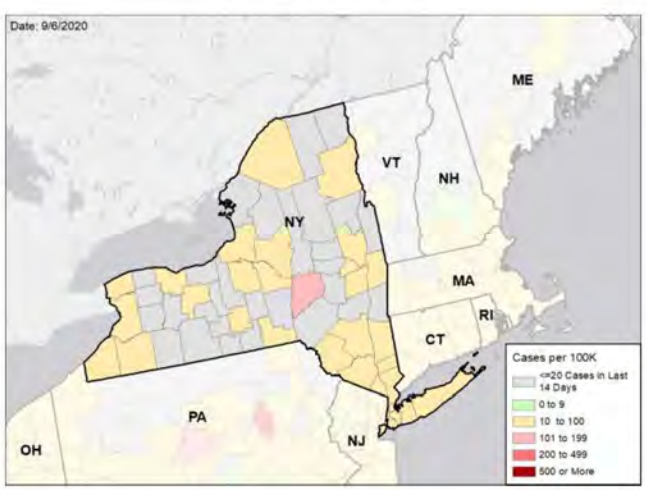
NEW YORK

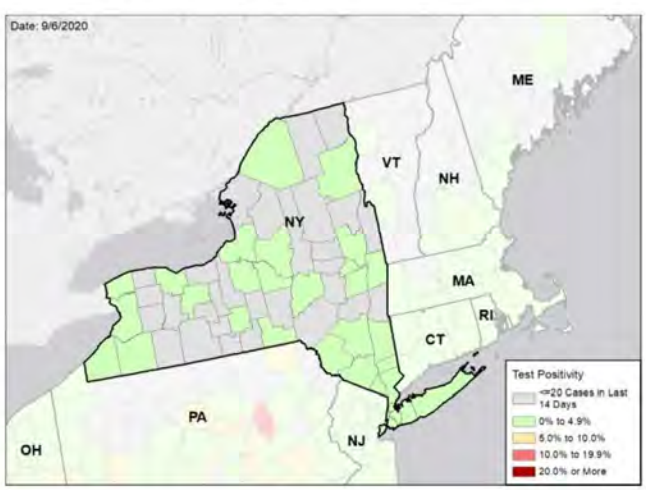
STATE REPORT | 09.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

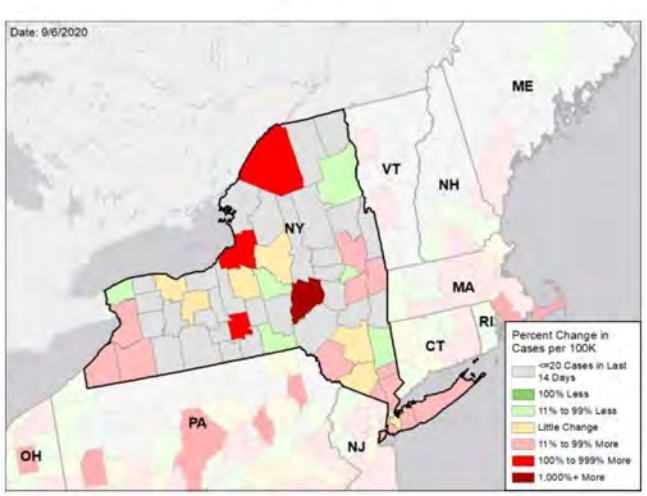
NEW CASES PER 100,000 DURING THE LAST WEEK



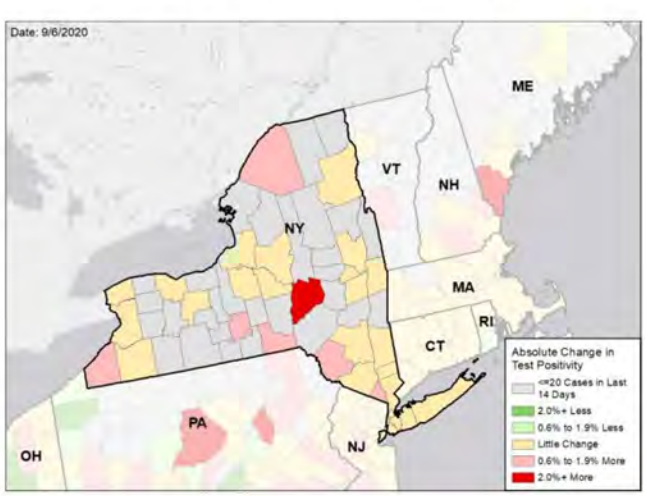
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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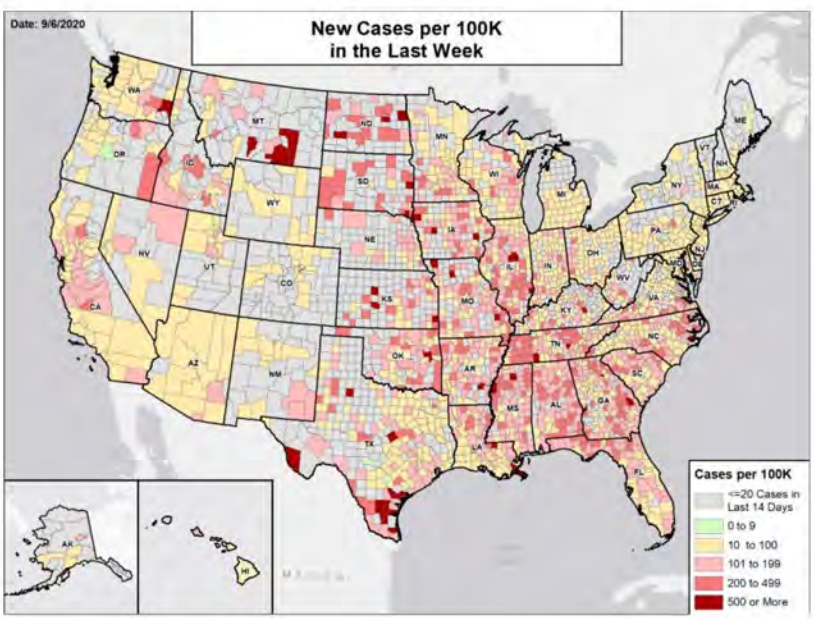
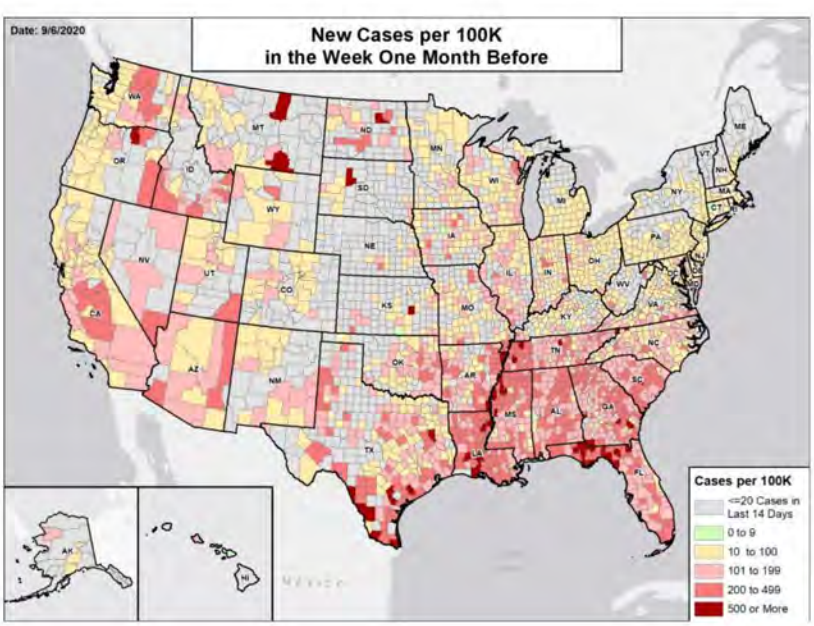
National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



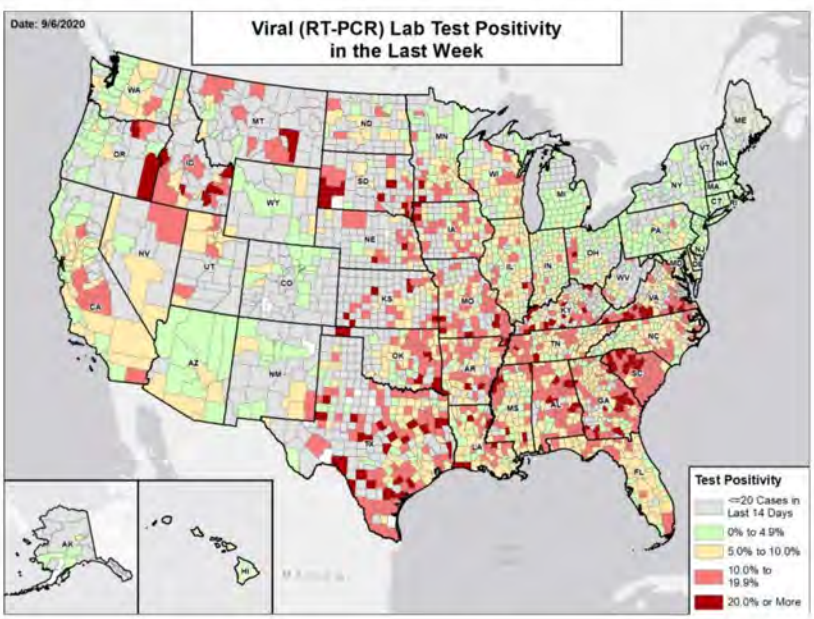
DATA SOURCES

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

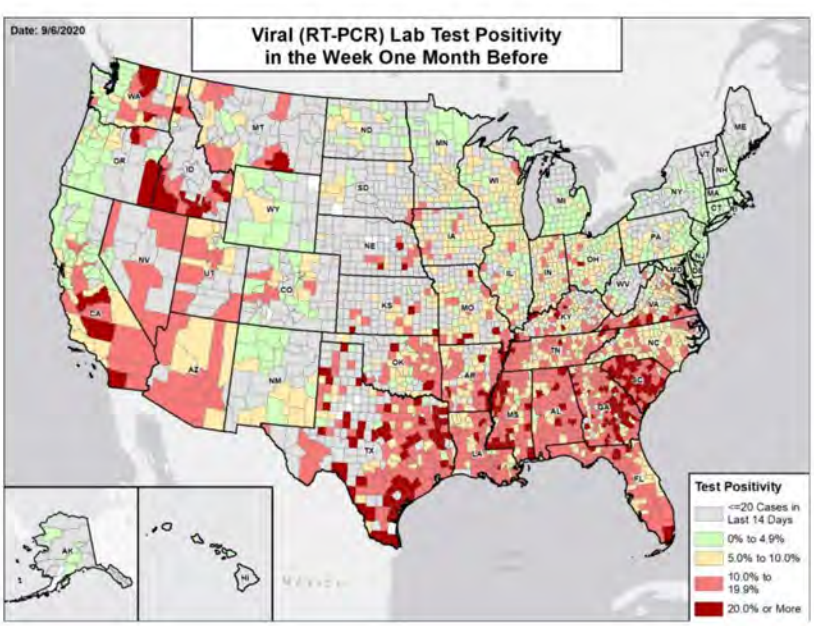
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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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 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
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- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality. 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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

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NORTH CAROLINA

SUMMARY

- North Carolina 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. North Carolina is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 23rd highest rate in the country.
- North Carolina 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. Mecklenburg County, 2. Wake County, and 3. Pitt County. These counties represent 24.5% of new cases in North Carolina.
- 68% of all counties in North Carolina have moderate or high levels of community transmission (yellow or red zone), with 15% having high levels of community transmission (red zone).
- During the week of Aug 24 – Aug 30, 16% of nursing homes had at least one new resident COVID-19 case, 24% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death.
- North Carolina had 112 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 2 to support operations activities from FEMA; 1 to support epidemiology activities from ASPR; 7 to support operations activities from USCG; and 9 to support operations activities from VA.
- Between Aug 29 - Sep 04, on average, 275 patients with confirmed COVID-19 and 271 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in North Carolina. An average of 93% 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 use of more intensified mitigation measures last week is warranted; encourage aggressive public messaging campaign and use of data to encourage local ordinances to enforce social distancing and mask mandates.
- Continue to encourage vulnerable family members to protect themselves by avoiding family gatherings and any indoor events where face coverings are not uniformly worn, and social distancing is not possible or practiced.
- Continue efforts to identify which groups are not wearing face coverings and target educational efforts to them.
- Expansion of testing is the key to epidemic control. Continue impressive efforts to expand public-private partnerships; increase the budget and capacity of public health labs; pool specimens where appropriate; and utilize all university, veterinary and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Require all universities and colleges to have a plan for periodic retesting of students, with quick turnaround times for results, and rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent home to isolate or quarantine.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- Universities and colleges should work with various student leaders and campus media to support compliance with recommendations.
- Ensure adequate capacity for contact tracing and public health messaging by training and deploying students and under-employed young adults from the communities where case rates are elevated or outbreaks occur; ensure protection of local communities by enforcing strict mask wearing and social distancing off campus.
- 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 by including it on the state's dashboard; add college and university data.
- 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 tested at least weekly to prevent spread from students to residents through staff.
- Immediately conduct inspection surveys in all long-term care facilities with 3 or more cases of COVID in the last week and ensure prompt 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 localities. 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

NORTH CAROLINA

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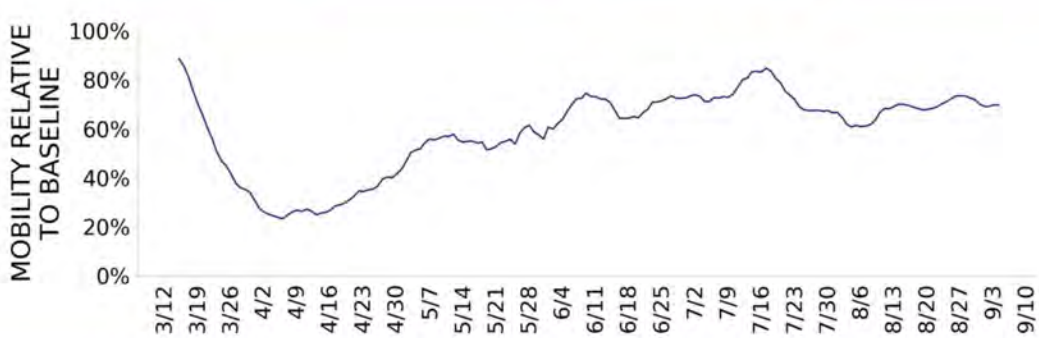
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	11,751 (112)	+11.0%	85,091 (127)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.8%	-0.5%*	8.2%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	174,815** (1,667)	+3.8%**	956,194** (1,429)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	187 (2)	+18.4%	2,140 (3)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	16% (24%)	+0%* (+0%*)	19% (28%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	-1%*	9%	5%

MOBILITY ▶



* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

NORTH CAROLINA

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**5**	Greenville Rocky Mount Lumberton Laurinburg Elizabeth City	**27**	Charlotte-Concord-Gastonia Raleigh-Cary Greensboro-High Point Fayetteville Winston-Salem Burlington Wilmington New Bern Albemarle Goldsboro Jacksonville Pinehurst-Southern Pines
COUNTY LAST WEEK	**15**	Pitt Robeson Rockingham Edgecombe Scotland Montgomery Hertford Columbus Bertie Bladen Pamlico Chowan	**53**	Mecklenburg Wake Guilford Cumberland Union Gaston Alamance Cabarrus New Hanover Rowan Johnston Nash

All Yellow CBSAs: Charlotte-Concord-Gastonia, Raleigh-Cary, Greensboro-High Point, Fayetteville, Winston-Salem, Burlington, Wilmington, New Bern, Albemarle, Goldsboro, Jacksonville, Pinehurst-Southern Pines, Wilson, Kinston, Mount Airy, Washington, Roanoke Rapids, North Wilkesboro, Morehead City, Forest City, Rockingham, Sanford, Henderson, Myrtle Beach-Conway-North Myrtle Beach, Brevard, Virginia Beach-Norfolk-Newport News, Cullowhee

All Red Counties: Pitt, Robeson, Rockingham, Edgecombe, Scotland, Montgomery, Hertford, Columbus, Bertie, Bladen, Pamlico, Chowan, Hyde, Perquimans, Gates

All Yellow Counties: Mecklenburg, Wake, Guilford, Cumberland, Union, Gaston, Alamance, Cabarrus, New Hanover, Rowan, Johnston, Nash, Davidson, Stanly, Onslow, Wayne, Harnett, Moore, Lincoln, Craven, Granville, Wilson, Randolph, Lenoir, Surry, Beaufort, Cherokee, Chatham, Franklin, Wilkes, Carteret, Rutherford, Richmond, Pasquotank, Sampson, Lee, Halifax, Vance, Hoke, Transylvania, Person, Alexander, Greene, Anson, Martin, Yadkin, Duplin, Haywood, Avery, Ashe, Currituck, Graham, Yancey

*** 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 9/4/2020; last week is 8/29 - 9/4, three weeks is 8/15 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2.

NORTH CAROLINA

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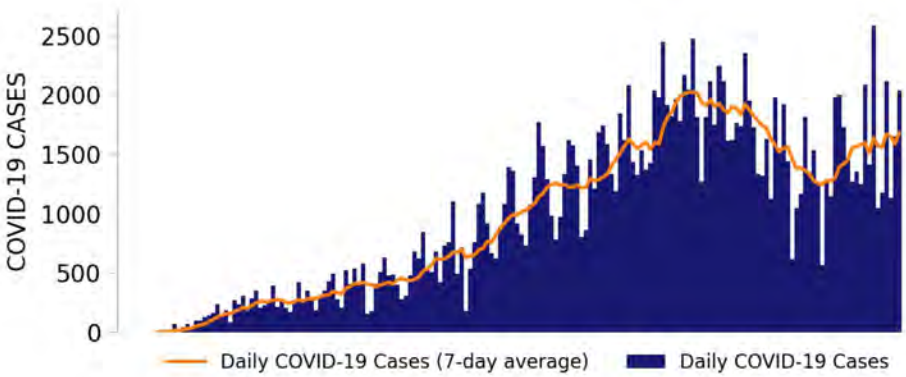
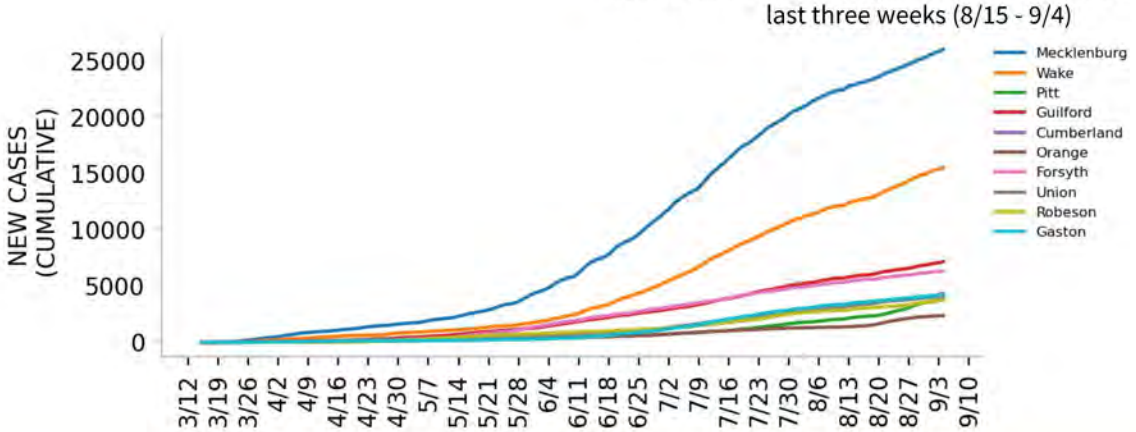
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/15 - 9/4)



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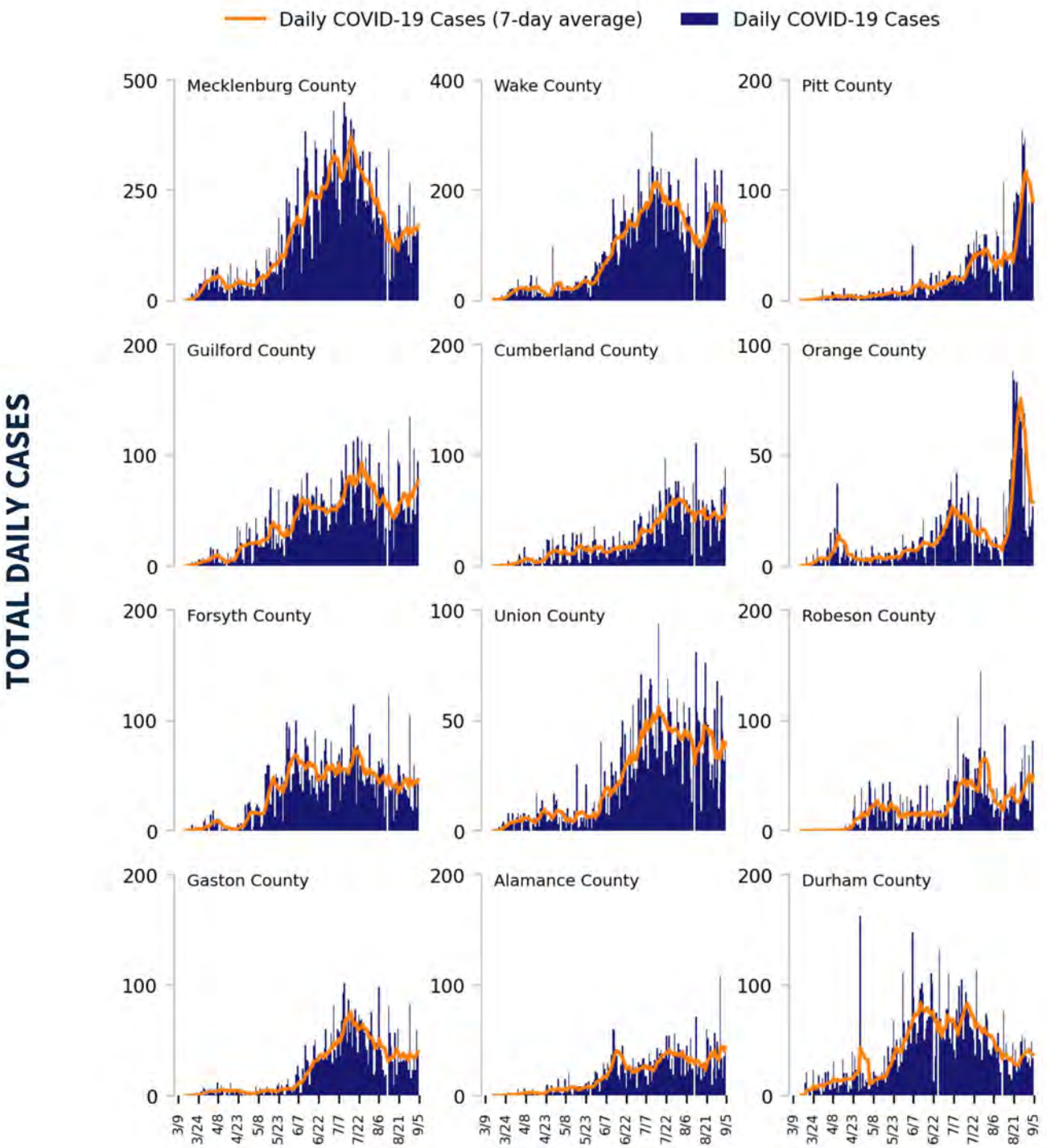
Top 12 counties based on number of new cases in the last 3 weeks



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NORTH CAROLINA

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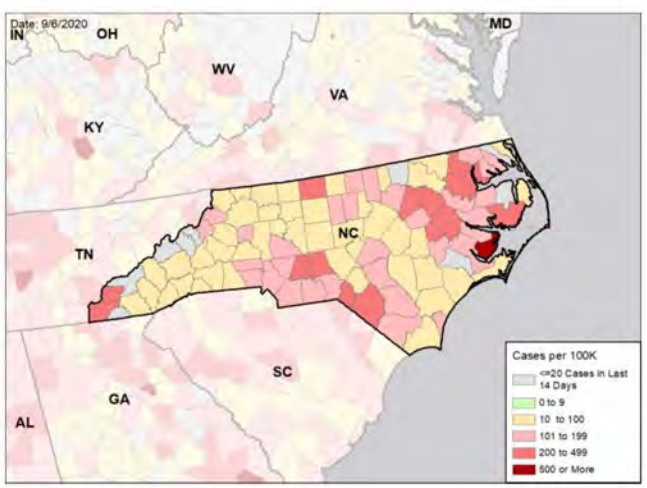
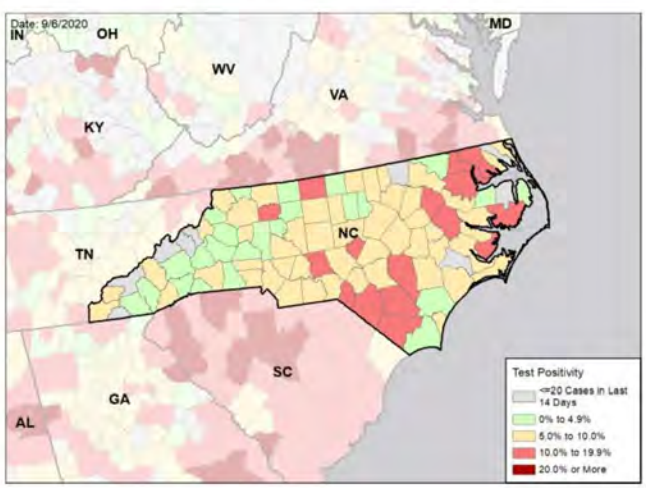
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

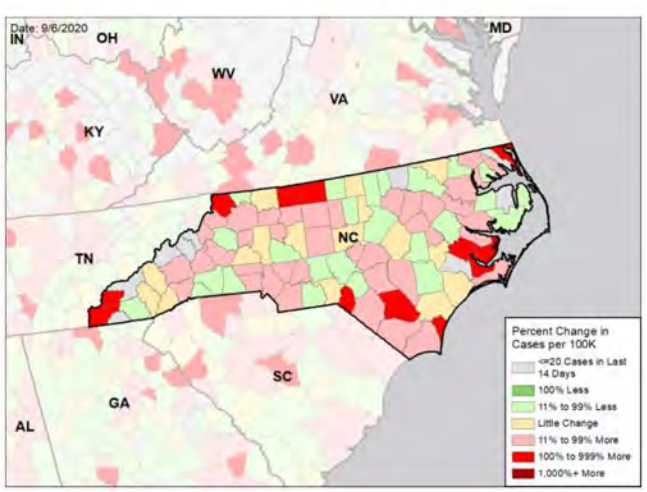
NEW CASES PER 100,000 DURING THE LAST WEEK



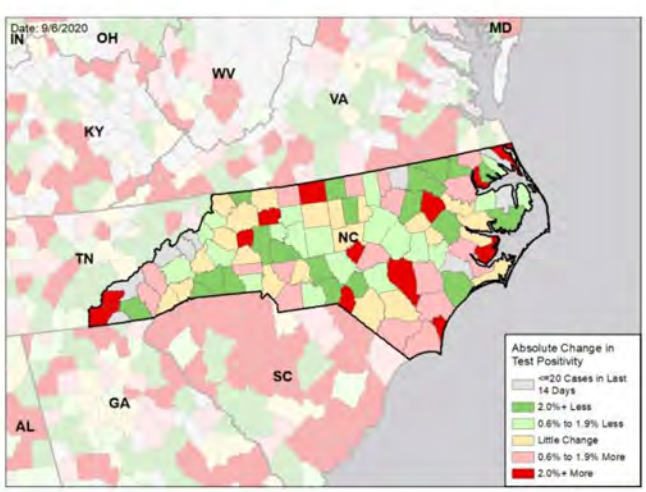
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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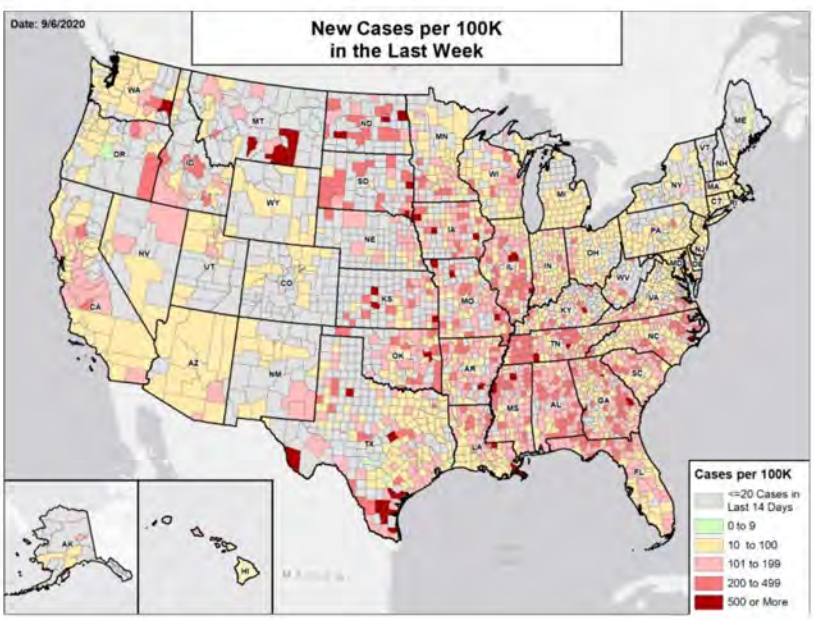
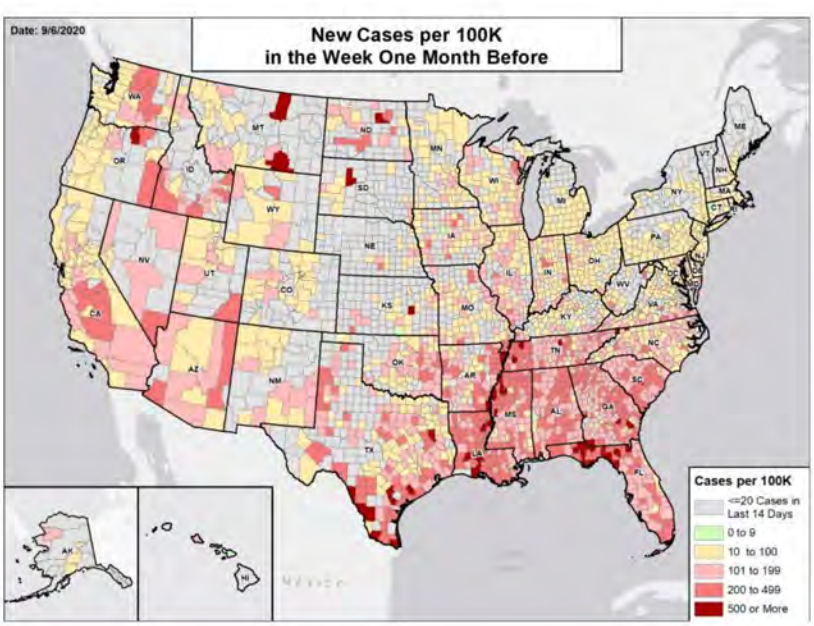
National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



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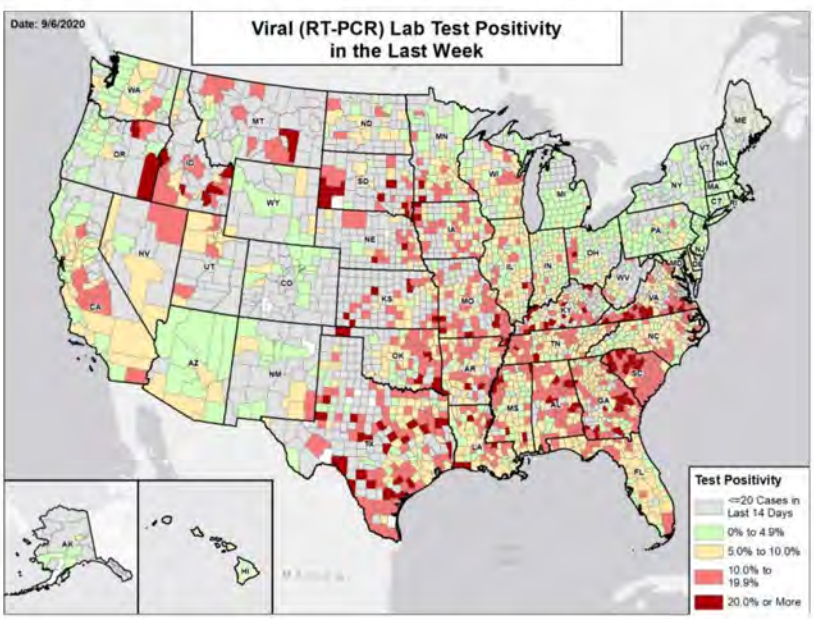
National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



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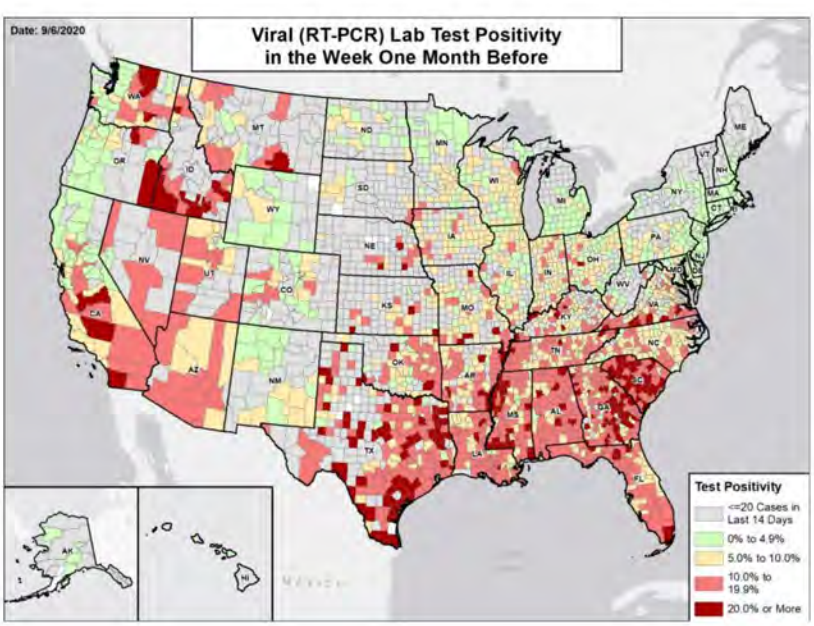

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METHODS

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Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
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Change in SNFs with at least one resident COVID-19 case, death	<-1%	-1%-1%	>1%

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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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

STATE REPORT
09.06.2020

NORTH DAKOTA

SUMMARY

- North Dakota continues to be 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. North Dakota is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 24th 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. Overall, the state has experienced a gradual increase in cases from early July to mid-August, followed by a sharper increase since then.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Grand Forks County, 2. Burleigh County, and 3. Cass County. These counties represent 51.8% of new cases in North Dakota.
- Cases also continued to increase in multiple other counties throughout the state, especially along the I-94 and US-2 corridors, with Stark County having the highest incidence last week. Eight counties had their category of risk status by the state elevated to yellow last week.
- Cases are rising sharply in the counties where University of North Dakota (Grand Forks) and North Dakota State University (Cass) are located. Low turnout for testing by students is concerning to education officials, as many more COVID-positive students likely remain undetected.
- 30% of all counties in North Dakota have moderate or high levels of community transmission (yellow or red zone), with 6% having high levels of community transmission (red zone).
- During the week of Aug 24 – Aug 30, 8% of nursing homes had at least one new resident COVID-19 case, 29% of nursing homes had at least one new staff COVID-19 case, and 4% of nursing homes had at least one new resident COVID-19 death.
- North Dakota had 245 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 7 to support epidemiology activities from CDC.
- Between Aug 29 - Sep 04, on average, 6 patients with confirmed COVID-19 and 3 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in North Dakota. An average of 87% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- Recommendations specific to institutions of higher education (IHE) are highlighted below given the concerning trends nationally and the need to intensify efforts to control COVID-19 among university students and minimize spread to local communities.
- IHE should increase testing capacity by expanding public-private partnerships; increasing the budget and capacity of public health labs; pooling specimens where appropriate; and utilizing all university, veterinary and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Require all universities and colleges to have a plan for both rapid testing and contact tracing of symptomatic students and periodic surveillance testing of students, with quick turnaround times for results, and rapid isolation of cases and quarantine of contacts; residential cases and contacts should not be sent home to isolate or quarantine.
- Recruit college and university students to expand public health messaging and contact tracing capacity and protect local communities by strict mask wearing and social distancing off campus.
- Universities and colleges must work with various student leaders and campus media to support compliance with recommendations.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- University students with or exposed to COVID-19 must have isolation, 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 conduct contact tracing in collaboration with local public health authorities. Support university officials in messaging to students about the importance of full cooperation.
- Ensure all nursing homes, assisted living, and elderly care sites follow CMS staff testing requirements and, if cases within local universities rise, increase testing even further to prevent spread from students to residents through staff. Expanding nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- 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 university public-facing dashboards.
- Continue adjusting state coronavirus risk level for highly affected counties to reflect persistently high and increasing numbers of reported cases. Support local authorities to ensure that community mitigation measures are complied with, especially in restaurants and bars.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

NORTH DAKOTA

STATE REPORT | 09.06.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	1,866 (245)	+13.8%	9,904 (81)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.9%	+0.6%*	6.3%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	38,934** (5,109)	+4.4%**	172,169** (1,404)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	11 (1)	+57.1%	76 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	8% (29%)	-2%* (+6%*)	5% (11%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+3%*	1%	5%

MOBILITY ▶

* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

NORTH DAKOTA

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	2	Dickinson Williston	5	Bismarck Grand Forks Fargo Jamestown Wahpeton
COUNTY LAST WEEK	3	Stark Williams Benson	13	Grand Forks Burleigh Morton Stutsman Barnes McLean McKenzie Mountrail Richland Eddy Hettinger McHenry

All Yellow Counties: Grand Forks, Burleigh, Morton, Stutsman, Barnes, McLean, McKenzie, Mountrail, Richland, Eddy, Hettinger, McHenry, Foster

*** 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 9/4/2020; last week is 8/29 - 9/4, three weeks is 8/15 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2.

NORTH DAKOTA

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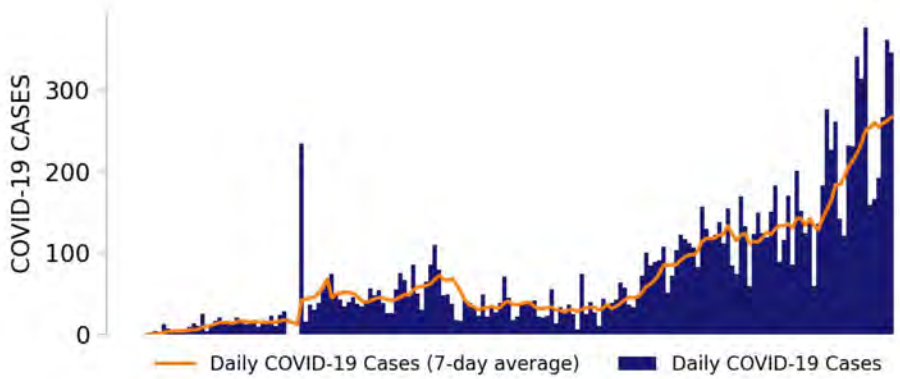
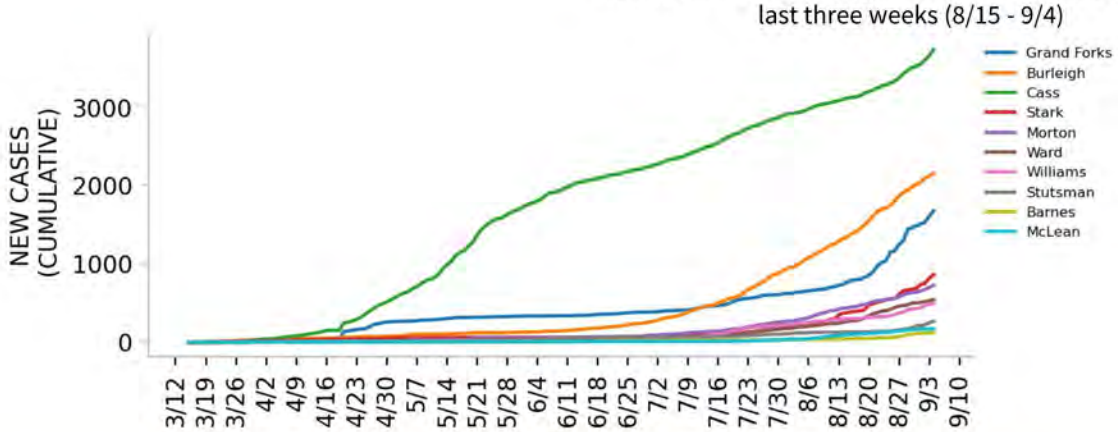
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/15 - 9/4)



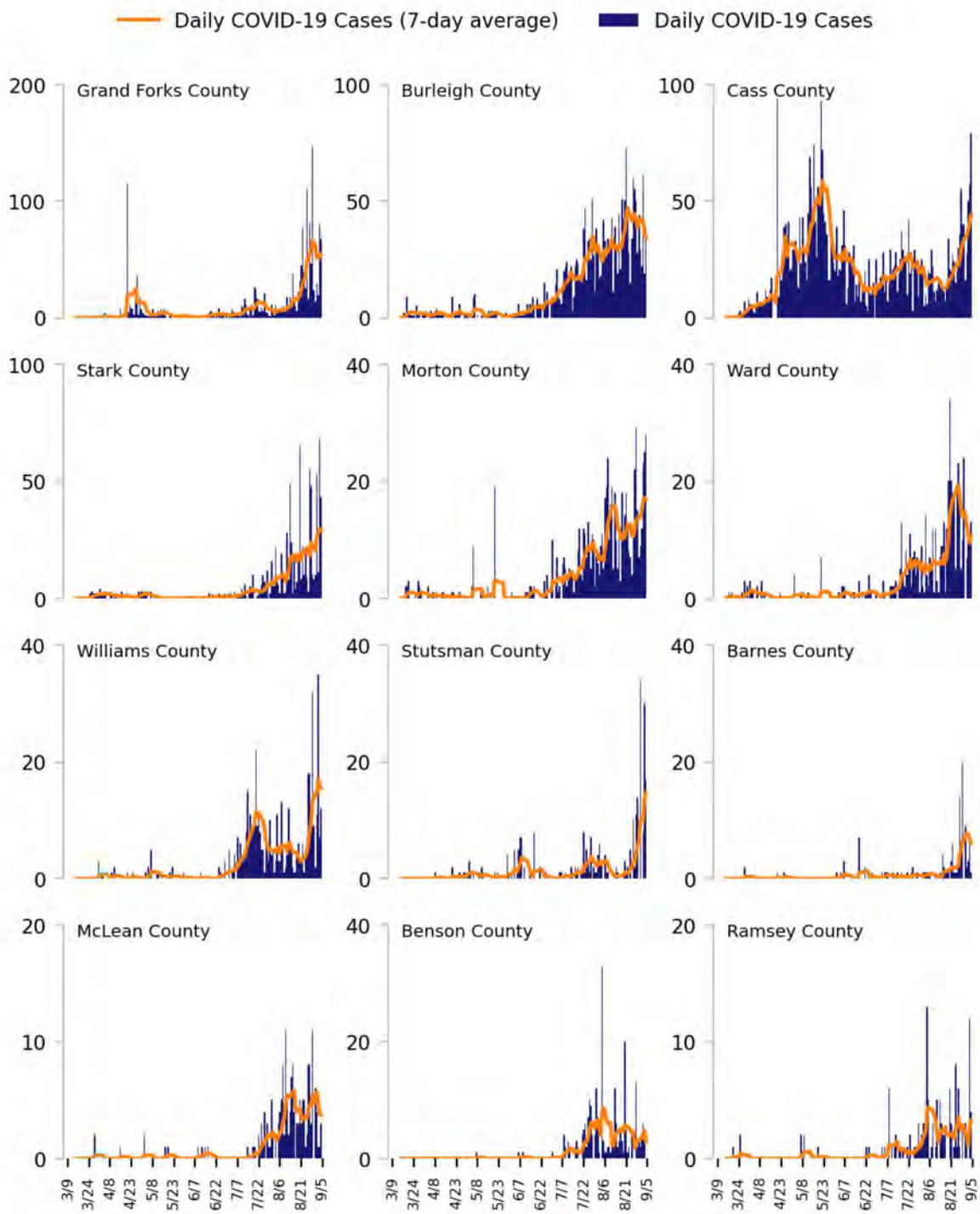
DATA SOURCES – Additional data details available under METHODS

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 9/4/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020.

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 9/4/2020. Last 3 weeks is 8/15 - 9/4.

NORTH DAKOTA

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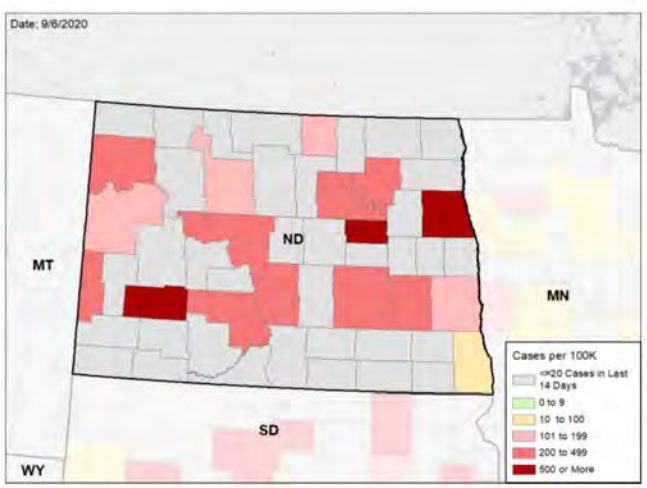
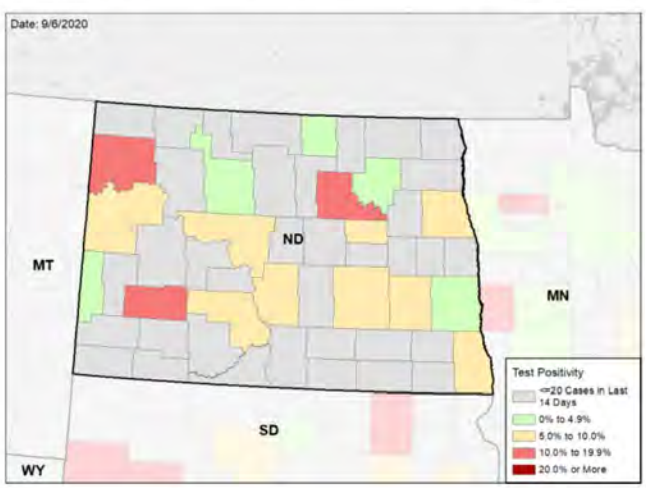
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

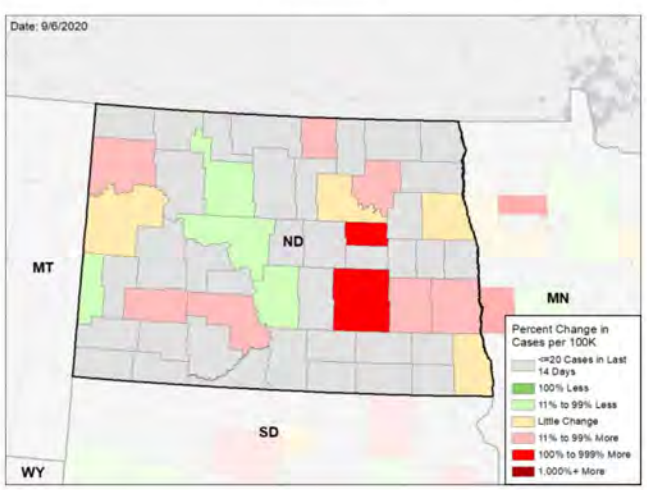
NEW CASES PER 100,000 DURING THE LAST WEEK



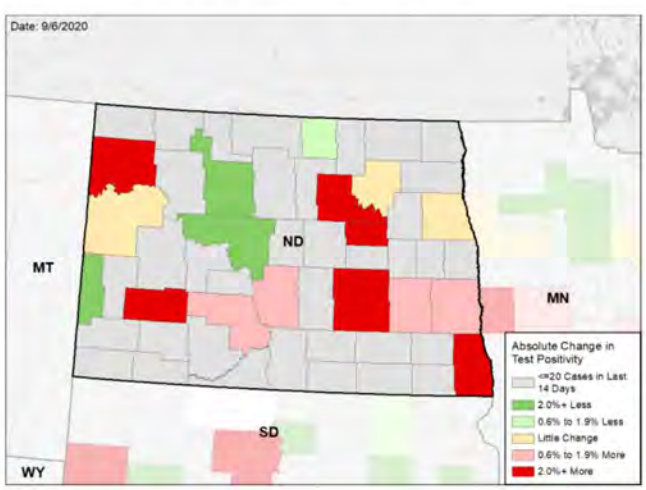
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

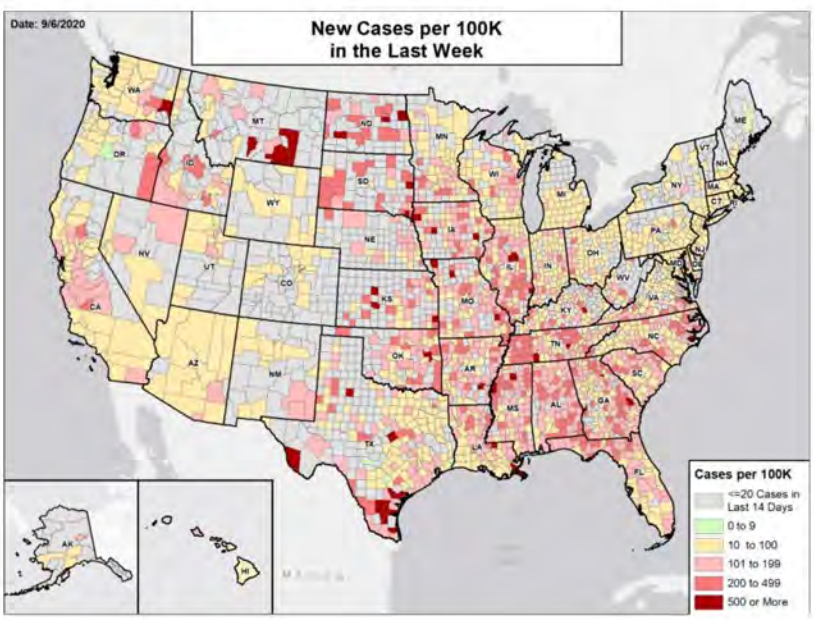
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/4/2020. Last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

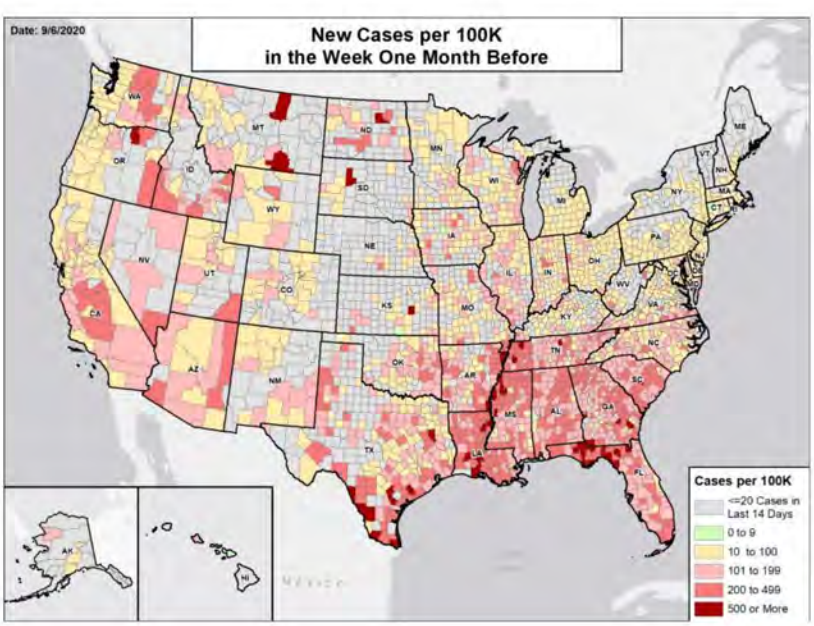
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



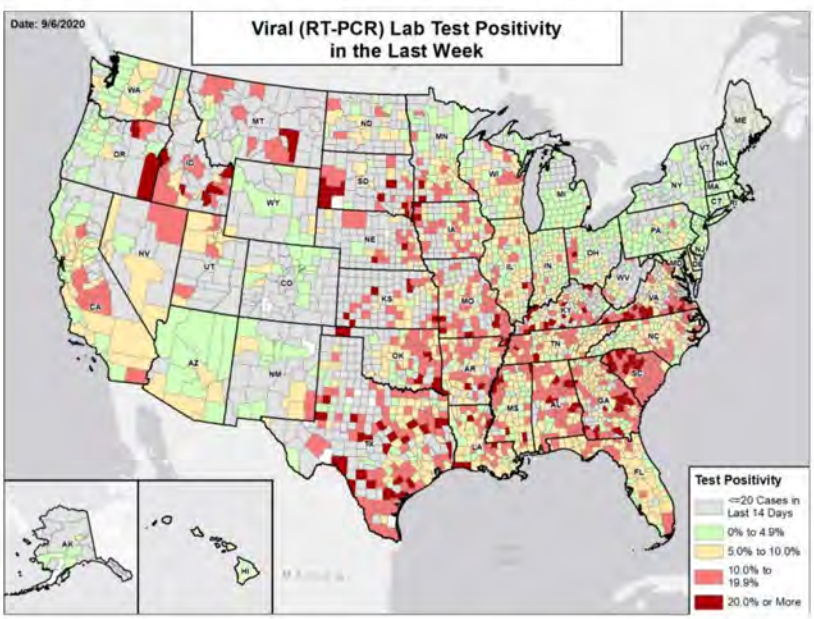
DATA SOURCES

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

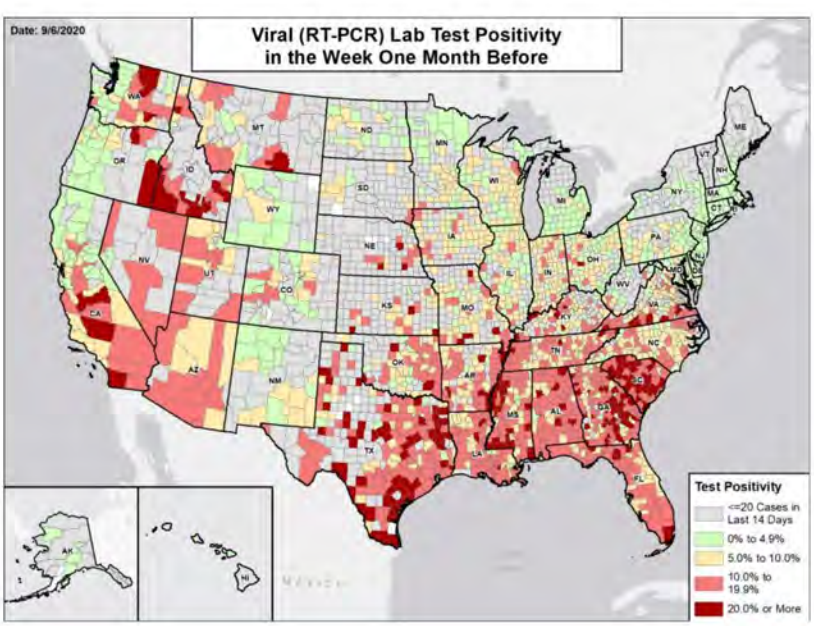
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

STATE REPORT
09.06.2020

OHIO

SUMMARY

- Ohio 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. Ohio is in the green zone for test positivity, indicating a rate below 5%, with the 32nd highest rate in the country.
- Ohio has seen an increase in new cases and stability in test positivity over the last week. This week will be critical to ensure the hard-fought gains are not lost, as the number of counties with over 10% test positivity is rising.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Franklin County, 2. Cuyahoga County, and 3. Montgomery County. These counties represent 32.5% of new cases in Ohio.
- 30% of all counties in Ohio have moderate or high levels of community transmission (yellow or red zone), with 8% having high levels of community transmission (red zone).
- During the week of Aug 24 – Aug 30, 9% of nursing homes had at least one new resident COVID-19 case, 16% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Ohio had 71 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 29 - Sep 04, on average, 91 patients with confirmed COVID-19 and 333 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Ohio. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Ohio had made excellent progress, but cases are rising rapidly in Franklin, Montgomery, and Butler counties. Continue the strong mitigation efforts statewide and strengthen mitigation efforts in university towns to decrease spread from universities to the local community. Consider a further reduction in hours and occupancy limits in bars and restaurants in university counties and anywhere university and college students gather if cases begin to rise.
- We are seeing gains being reversed in other states due to university spread. Ohio universities need to increase testing and isolation to prevent spread from students to local communities and hometowns. This includes detecting asymptomatic students and preventing silent spread of disease through routine saliva testing on university research platforms. Ensure there are quick turnaround times for results and rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent home to isolate or quarantine.
- Increase testing capacity by increasing the budget and capacity of public health labs through:
    - Ensuring hospitals move elective surgeries and admissions testing to pooling in order to reserve tests for community outreach and to expand outpatient testing, pooling specimens where appropriate.
    - Utilizing all university, veterinary, and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Recruit college and university students to expand public health messaging and contact tracing capacity. Ensure protection of local communities by strict mask wearing and social distancing when off-campus and around vulnerable individuals on campus.
- Universities and colleges should work with various student leaders and campus media to support compliance with recommendations.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Increase surveillance for silent community spread by using the Abbott BinaxNOW. Establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders.
- Ask citizens and students to limit ALL social gatherings to 10 or fewer people. Recreating spreading events through bar-like gatherings in homes will result in continued high cases and result in those with comorbidities becoming infected.
- Ensure all nursing homes, assisted living, and elderly care sites follow CMS staff testing requirements and, if cases within local universities rise, increase testing even further to prevent spread from students to residents through staff. Expanding nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

OHIO

STATE REPORT | 09.06.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	8,318 (71)	+17.5%	47,030 (90)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.5%	+0.5%*	4.9%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	187,932** (1,608)	+10.8%**	1,120,142** (2,132)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	142 (1)	-5.3%	526 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	9% (16%)	+1%* (+0%*)	8% (15%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+0%*	3%	5%

MOBILITY ▶

* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

OHIO

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	4	Greenville Celina Sidney Wapakoneta	11	Columbus Toledo Lima Chillicothe Wooster Salem Huntington-Ashland Portsmouth Washington Court House Point Pleasant Athens
COUNTY LAST WEEK	7	Butler Darke Mercer Shelby Putnam Auglaize Preble	19	Franklin Lucas Warren Delaware Allen Greene Licking Ross Miami Wayne Columbiana Lawrence

All Yellow Counties: Franklin, Lucas, Warren, Delaware, Allen, Greene, Licking, Ross, Miami, Wayne, Columbiana, Lawrence, Madison, Scioto, Henry, Perry, Fayette, Gallia, Athens

*** 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 9/4/2020; last week is 8/29 - 9/4, three weeks is 8/15 - 9/4.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/2/2020. Last week is 8/27 - 9/2.

OHIO

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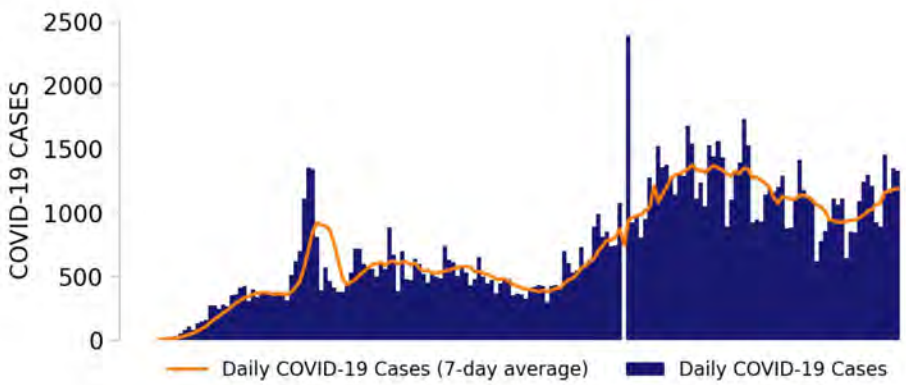
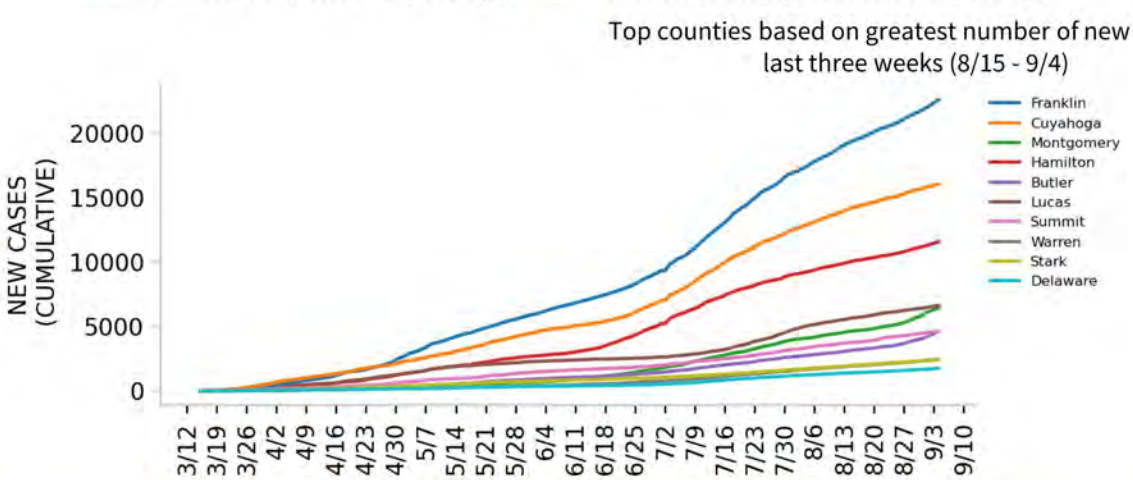
NEW CASES



TESTING

TOP COUNTIES



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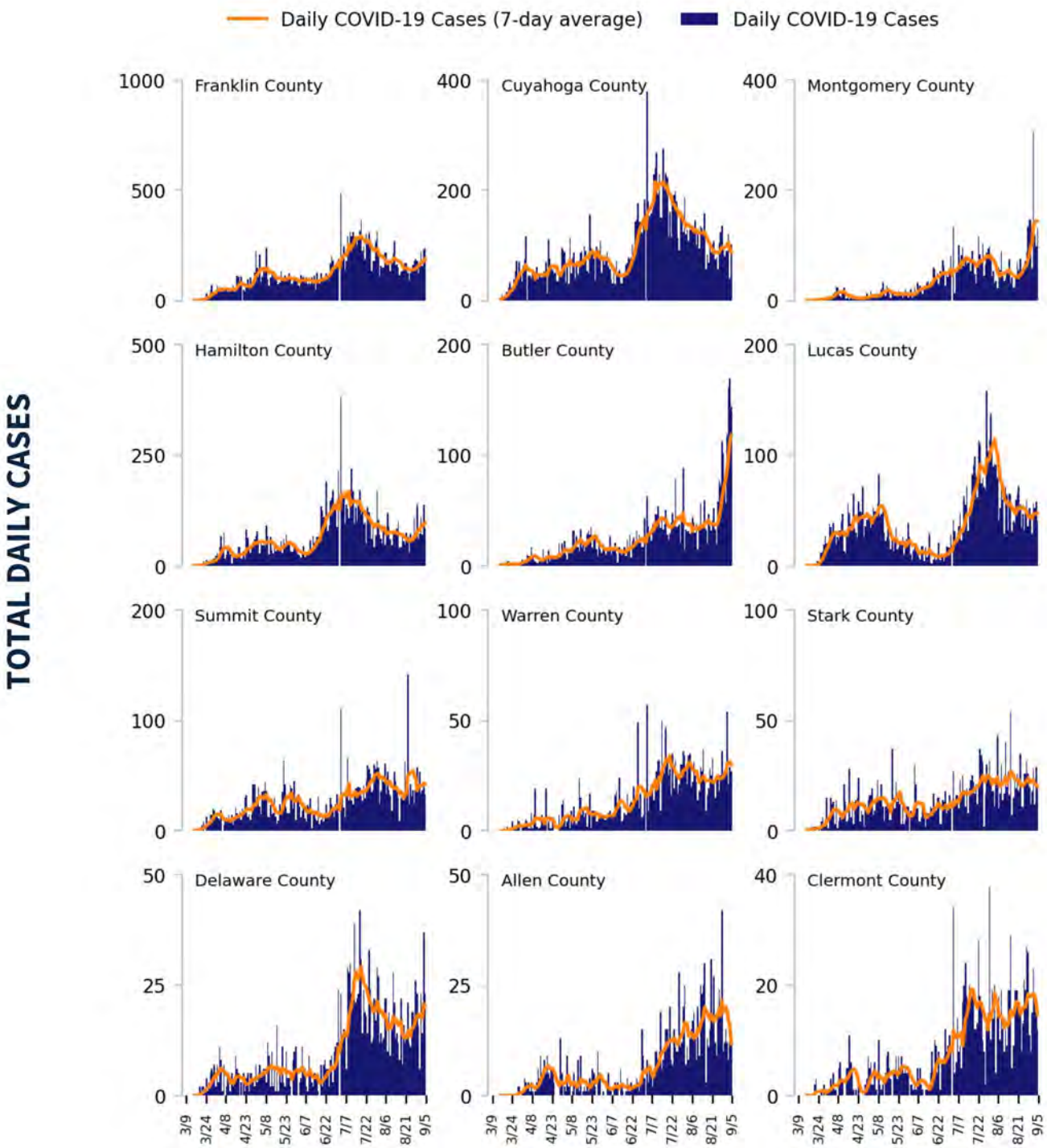
Top 12 counties based on number of new cases in the last 3 weeks



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OHIO

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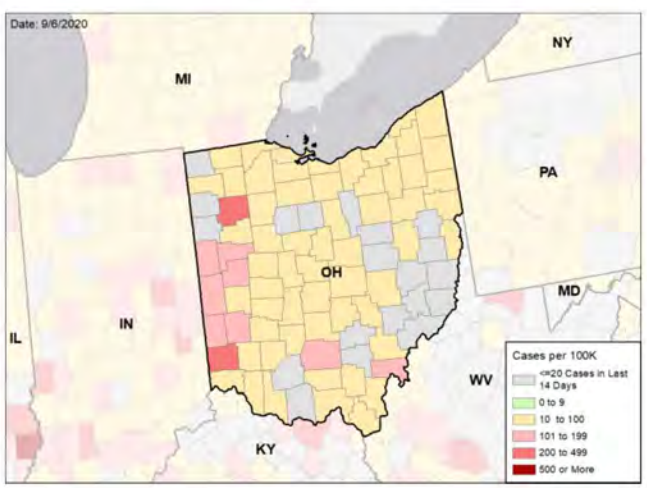
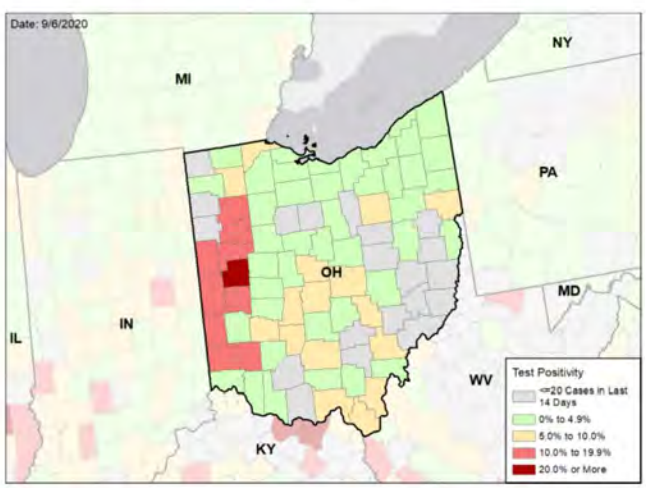
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

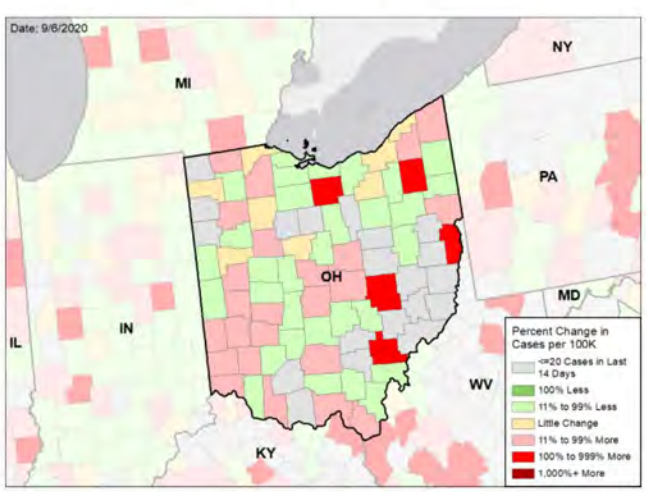
NEW CASES PER 100,000 DURING THE LAST WEEK



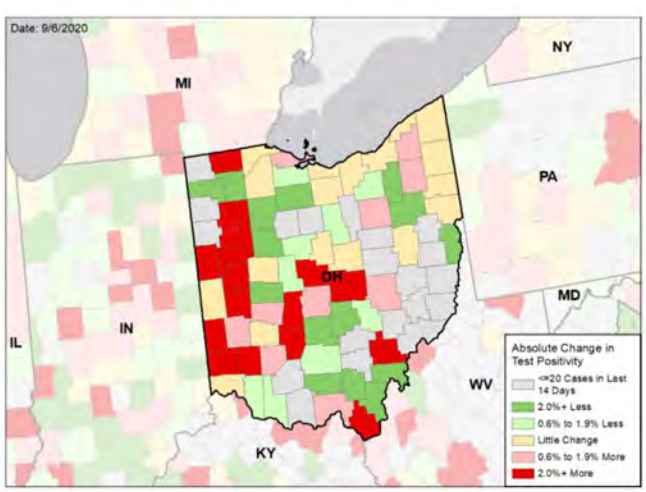
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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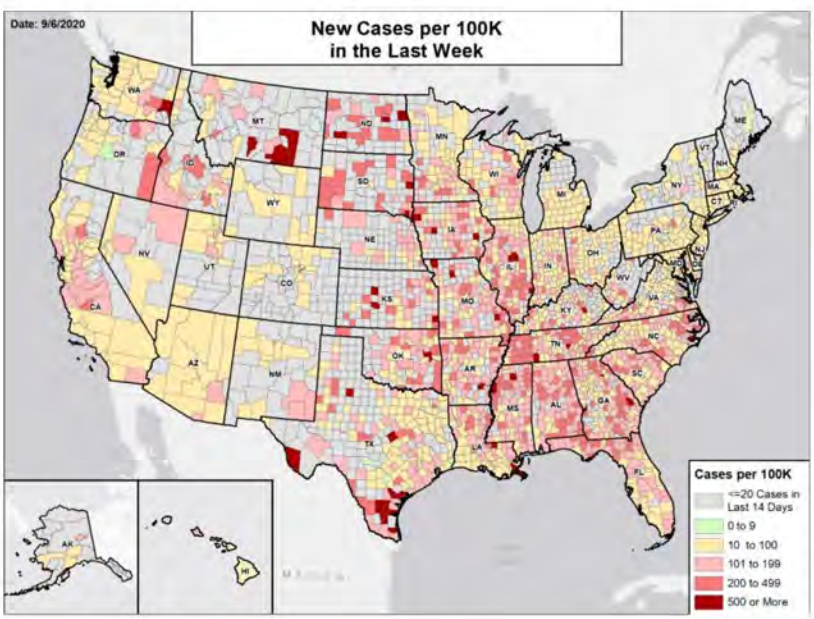
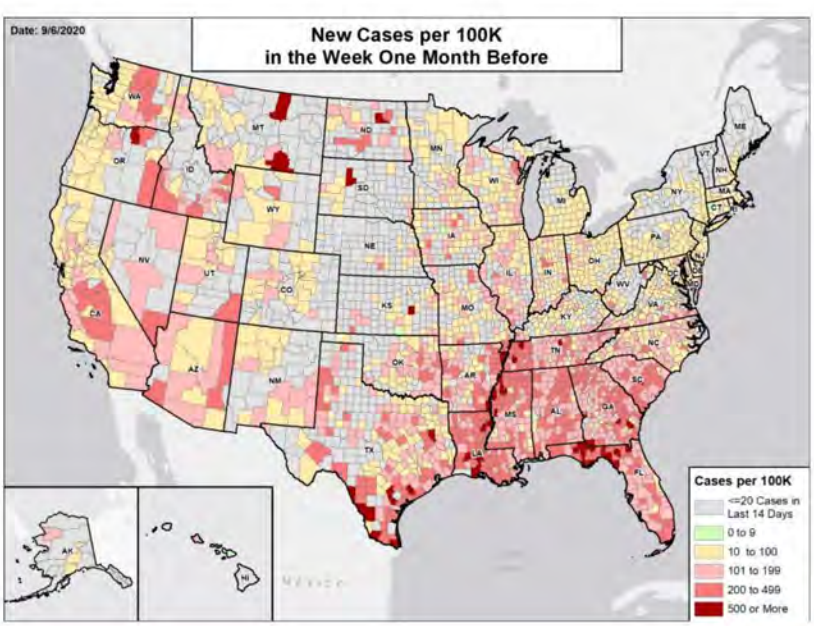
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



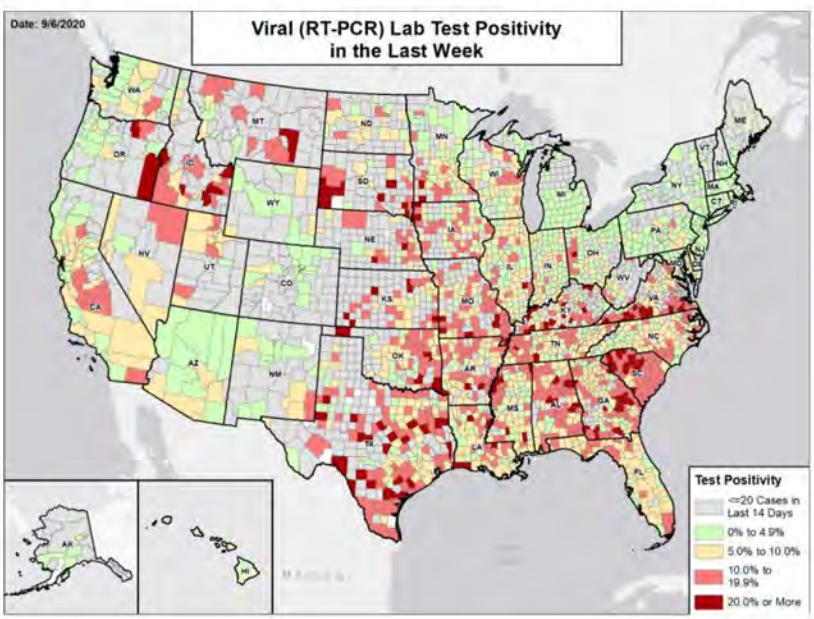
DATA SOURCES

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

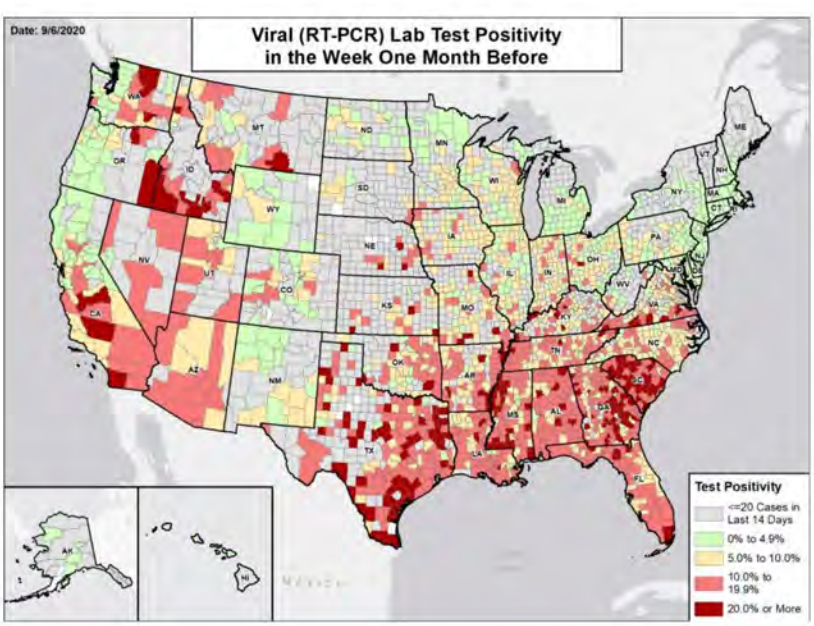
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

STATE REPORT
09.06.2020

OKLAHOMA

SUMMARY

- Oklahoma 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. Oklahoma is in the red zone for test positivity, indicating a rate above 10%, with the 4th highest rate in the country.
- Oklahoma 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. Tulsa County, 2. Oklahoma County, and 3. Cleveland County. These counties represent 42.5% of new cases in Oklahoma.
- 65% of all counties in Oklahoma have moderate or high levels of community transmission (yellow or red zone), with 31% having high levels of community transmission (red zone). There is virus in rural and urban counties.
- During the week of Aug 24 – Aug 30, 12% of nursing homes had at least one new resident COVID-19 case, 13% of nursing homes had at least one new staff COVID-19, and 4% of nursing homes had at least one new resident COVID-19 death.
- Oklahoma 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: 4 to support operations activities from FEMA; 8 to support epidemiology activities from CDC; 60 to support medical activities from VA; and 1 to support operations activities from VA.
- Between Aug 29 - Sep 04, on average, 89 patients with confirmed COVID-19 and 88 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oklahoma. An average of 84% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Require masks in metro areas and counties with COVID-19 cases among students or teachers in K-12 schools.
- In university settings:
    - Increase testing capacity by expanding public-private partnerships; increasing the budget and capacity of public health labs; pooling specimens where appropriate; and utilizing all university, veterinary and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
    - Require all universities and colleges to have a plan for both rapid testing and contact tracing of symptomatic students and periodic surveillance testing of students. Ensure quick turnaround times for results and the rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent home to isolate or quarantine.
    - Recruit college and university students to expand public health messaging and contact tracing capacity and ensure protection of local communities by strict mask wearing and social distancing off campus.
    - Universities and colleges should work with various student leaders and campus media to support compliance with recommendations.
    - Consider utilizing focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- 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.
- Tribal Nations: Continue enforcement of social distancing and masking measures in areas of increased transmission. Continue enhanced testing activities. Increase Abbott ID Now supplies to test individuals in positive households.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

OKLAHOMA

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	5,776 (146)	+28.0%	45,924 (108)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	11.3%	+2.0%*	8.7%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	26,574** (672)	+7.0%**	326,348** (764)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	60 (2)	-15.5%	1,270 (3)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	12% (13%)	+2%* (+0%*)	14% (18%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	-1%*	7%	5%

MOBILITY ▶

* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS

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OKLAHOMA

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	7	Tulsa Muskogee Stillwater Enid Fort Smith McAlester Guymon	10	Oklahoma City Lawton Shawnee Tahlequah Miami Bartlesville Durant Weatherford Altus Elk City
COUNTY LAST WEEK	24	Tulsa Muskogee Payne Garfield Le Flore Wagoner Osage Pittsburg Creek McCurtain Okmulgee Texas	26	Oklahoma Cleveland Pottawatomie Comanche Canadian Rogers Cherokee Sequoyah Ottawa Washington Bryan Caddo

All Red Counties: Tulsa, Muskogee, Payne, Garfield, Le Flore, Wagoner, Osage, Pittsburg, Creek, McCurtain, Okmulgee, Texas, Adair, McClain, Haskell, Seminole, Atoka, Craig, Johnston, Choctaw, Nowata, Cotton, Major, Coal

All Yellow Counties: Oklahoma, Cleveland, Pottawatomie, Comanche, Canadian, Rogers, Cherokee, Sequoyah, Ottawa, Washington, Bryan, Caddo, Custer, Kingfisher, Delaware, Lincoln, Logan, Jackson, Mayes, Pawnee, Beckham, Love, McIntosh, Blaine, Okfuskee, Noble

*** 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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OKLAHOMA

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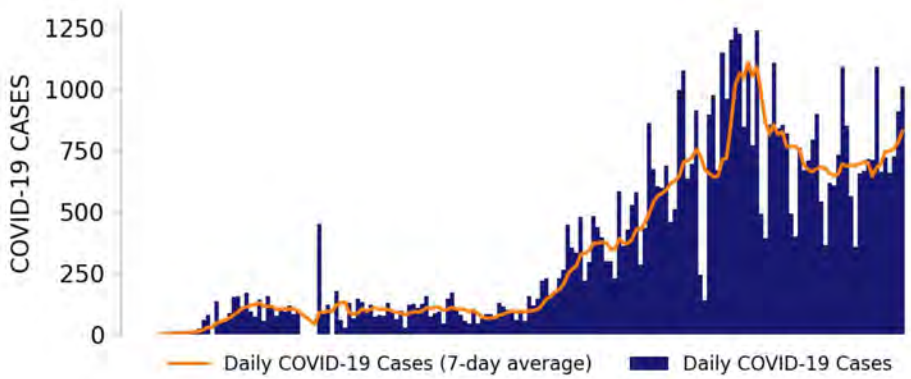
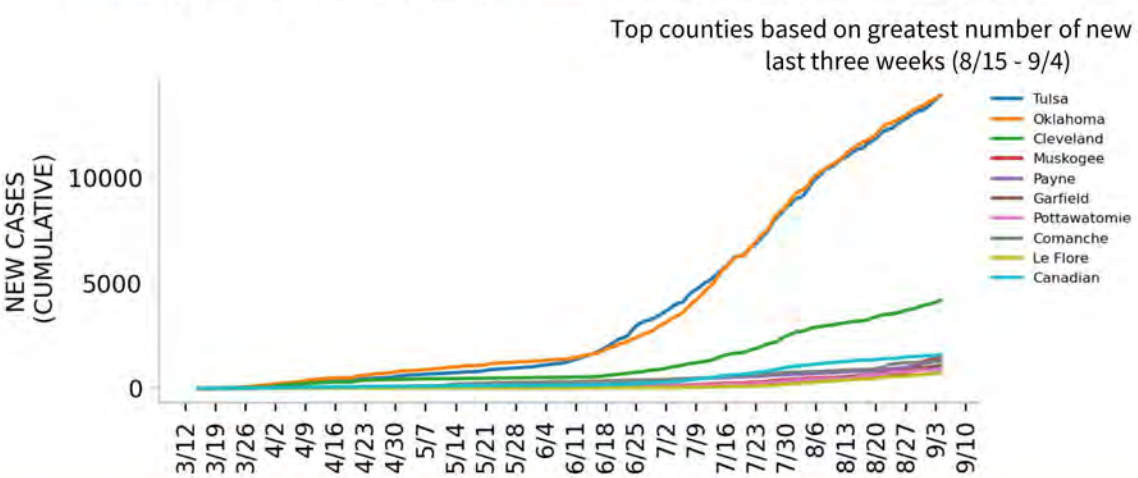
NEW CASES



TESTING

TOP COUNTIES



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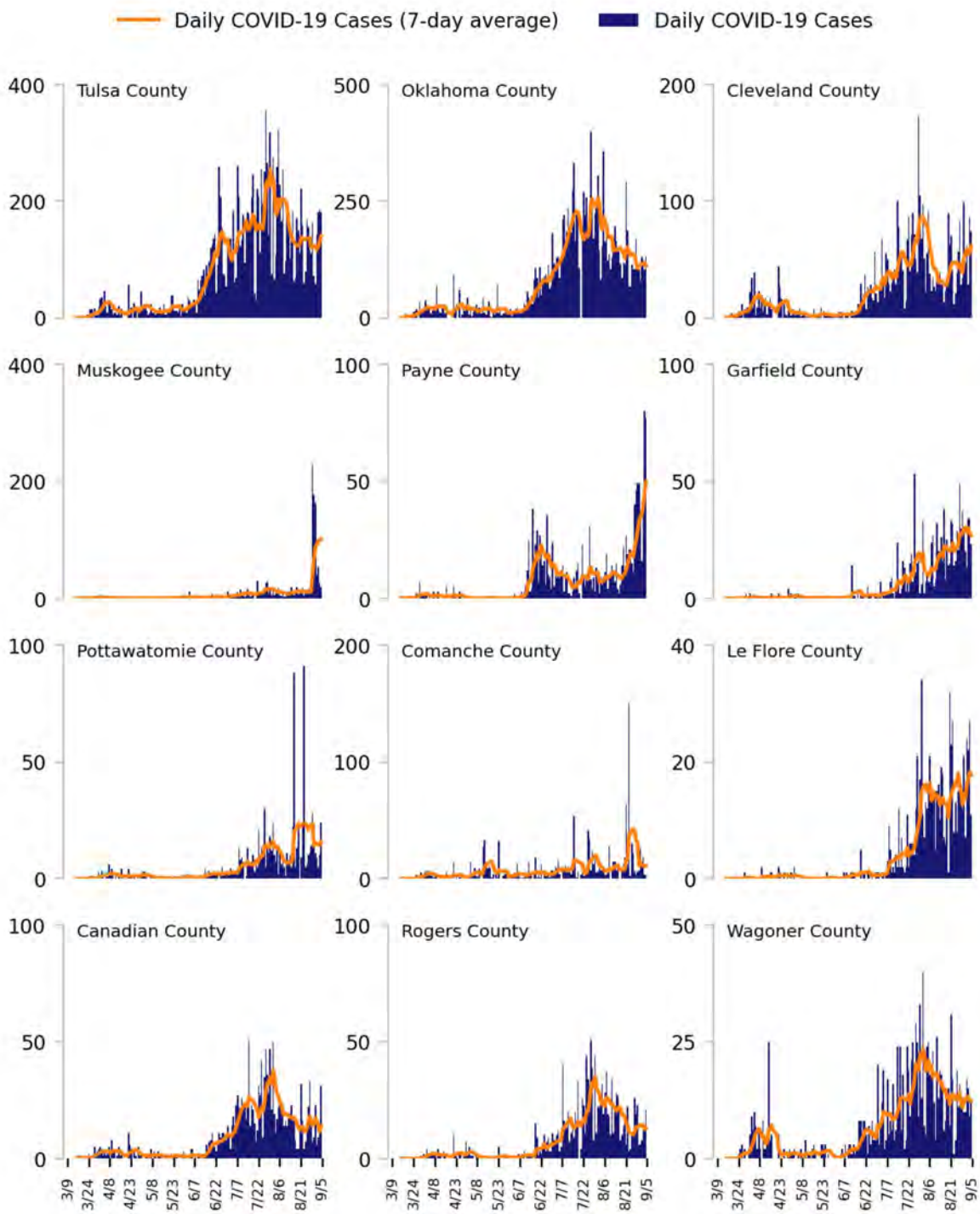

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OKLAHOMA

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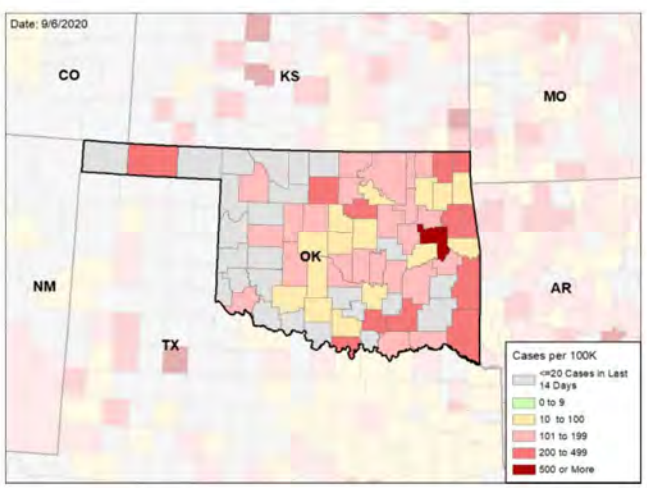
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING THE LAST WEEK



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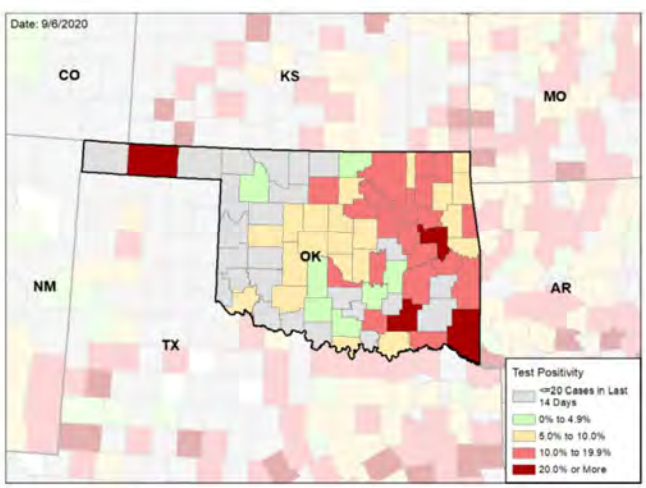
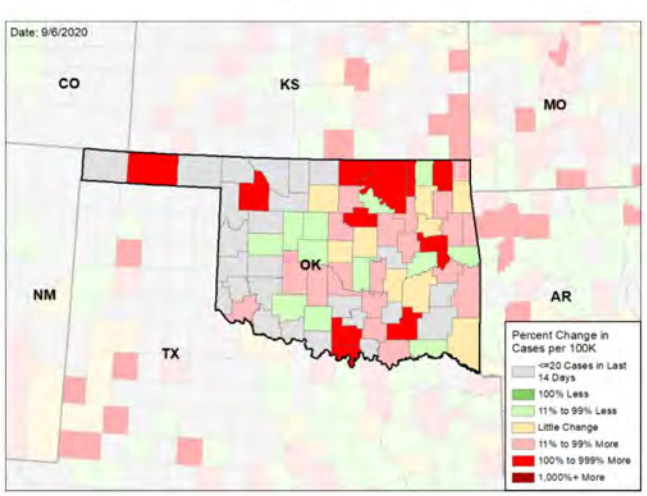
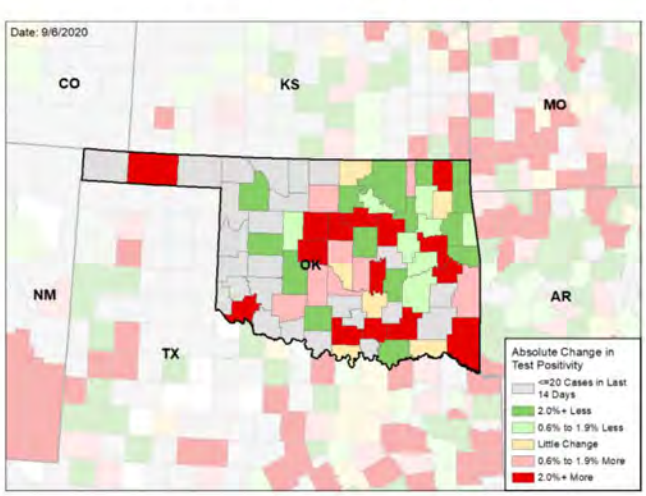


WEEKLY CHANGE IN NEW CASES PER 100K



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



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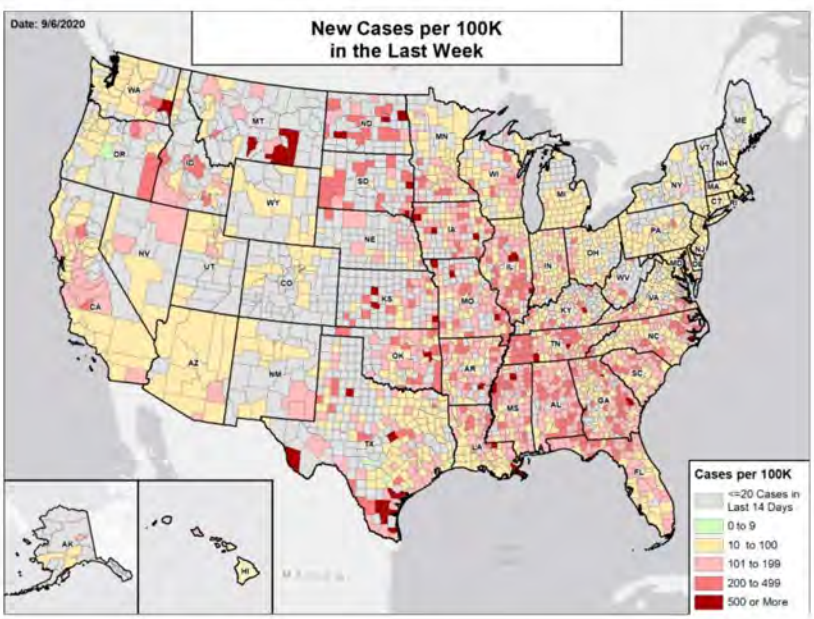
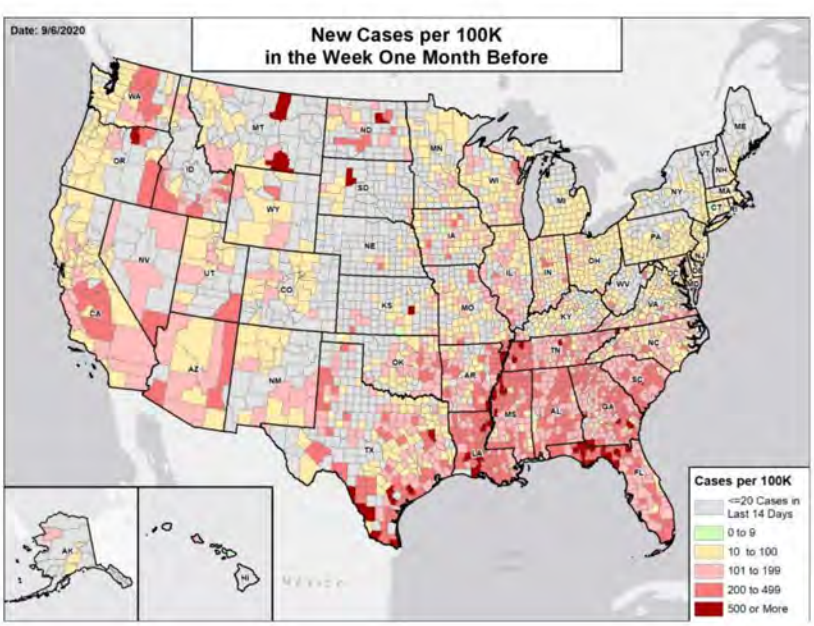
National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



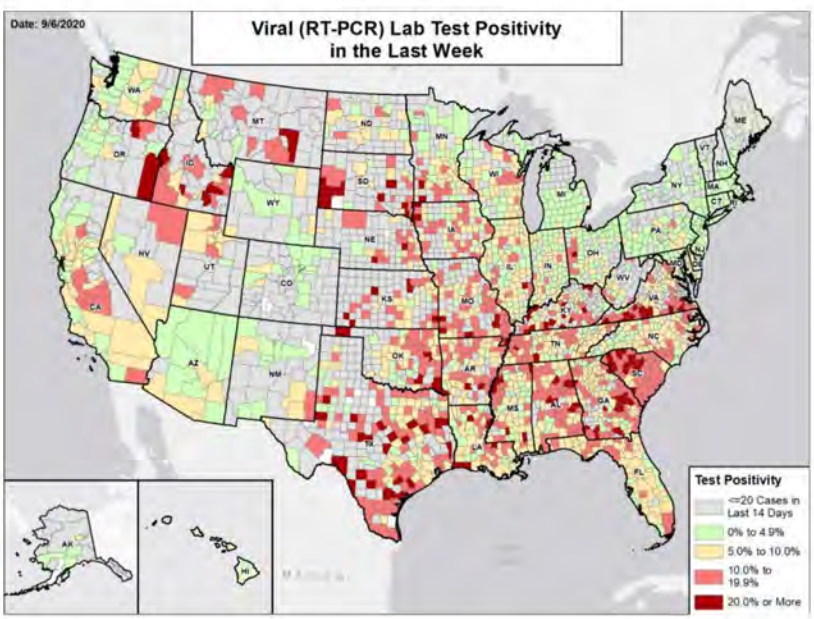
DATA SOURCES

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

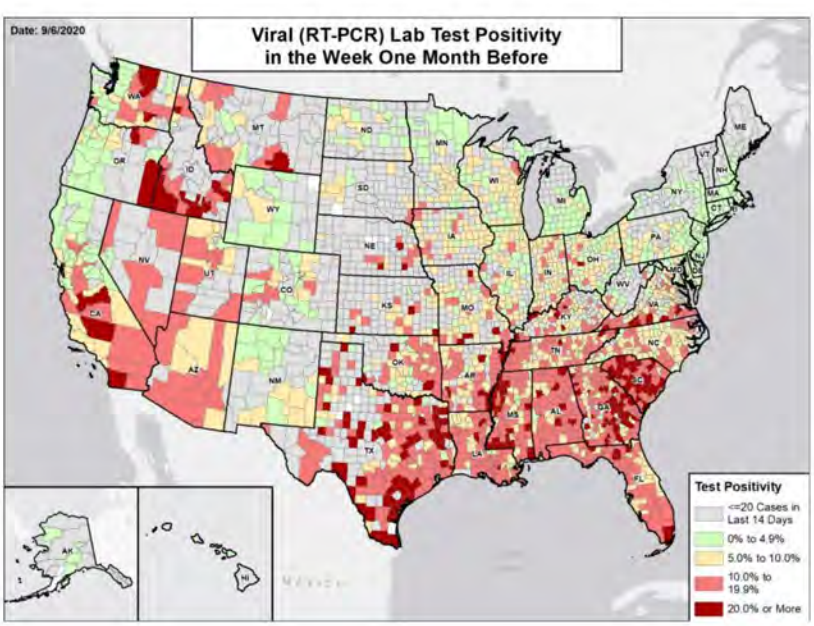
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

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OREGON

SUMMARY

- Oregon is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 44th highest rate in the country. Oregon is in the green zone for test positivity, indicating a rate below 5%, with the 36th highest rate in the country.
- Oregon has seen stability in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Multnomah County, 2. Marion County, and 3. Washington County. These counties represent 50.4% of new cases in Oregon.
- 11% of all counties in Oregon have moderate or high levels of community transmission (yellow or red zone), with 8% having high levels of community transmission (red zone).
- During the week of Aug 24 – Aug 30, 5% of nursing homes had at least one new resident COVID-19 case, 12% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- Oregon had 37 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; 18 to support medical activities from VA; and 1 to support operations activities from VA.
- Between Aug 29 - Sep 04, on average, 8 patients with confirmed COVID-19 and 82 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oregon. An average of 89% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Continued decrease in cases is encouraging and suggests impact of mitigation efforts.
- Monitor and enforce requirement for face coverings in all commercial and work-related indoor settings, particularly in Umatilla, Malheur, Lane, Polk, Morrow, Hood River, and Josephine counties.
- Conduct outreach to restaurant and bar owners in college communities regarding enforcement of masking and limitations on occupancy.
- Work closely with university leadership, student body leaders, and campus media to establish and communicate appropriate behavior with clear repercussions if students do not comply.
- Work with researchers to study non-compliance to mitigation efforts and to develop targeted messaging; intensify public health messaging on the risk of infection and serious disease in the elderly, those with preexisting medical conditions, front-line workers, and those who suffer from social and health inequities.
- Require all universities and colleges to have a plan for periodic retesting of students, with quick turnaround times for results and immediate isolation of cases, contact interviews within 48 hours and rapid quarantine of contacts; residential cases and contacts should not be sent home to isolate or quarantine.
- Recruit college and university students to expand public health messaging and contact tracing capacity and protect local communities by strict mask wearing and social distancing off campus.
- Use FEMA and HUD funding 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.
- Tribal Nations: Develop specific culturally relevant education and public health messaging. Continue to promote social distancing and face covering recommendations. Ensure housing options and adequate food for isolation and quarantine for the 10-14-day duration.
- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

OREGON

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	1,548 (37)	-5.4%	6,976 (49)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.5%	-0.2%*	3.9%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	54,327** (1,288)	+4.3%**	181,912** (1,268)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	28 (1)	-15.2%	111 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	5% (12%)	+3%* (+3%*)	4% (10%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	+1%*	2%	5%

MOBILITY ▶

* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

OREGON

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	2	Hermiston-Pendleton Ontario	1	Salem
COUNTY LAST WEEK	3	Malheur Umatilla Morrow	1	Marion

*** 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 9/4/2020; last week is 8/29 - 9/4, three weeks is 8/15 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2.

OREGON

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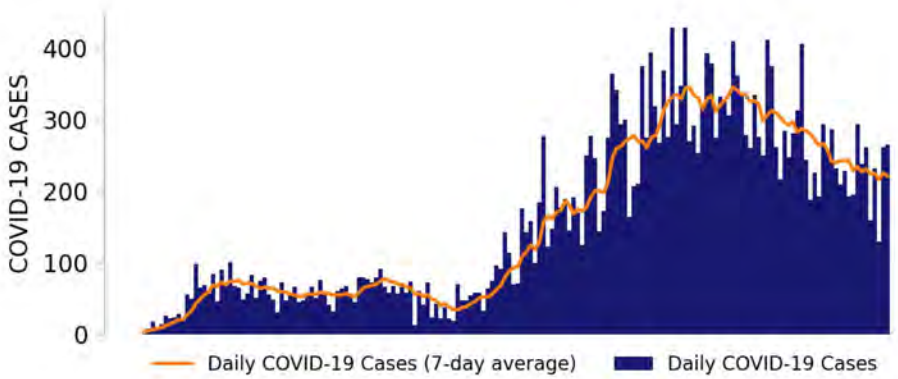
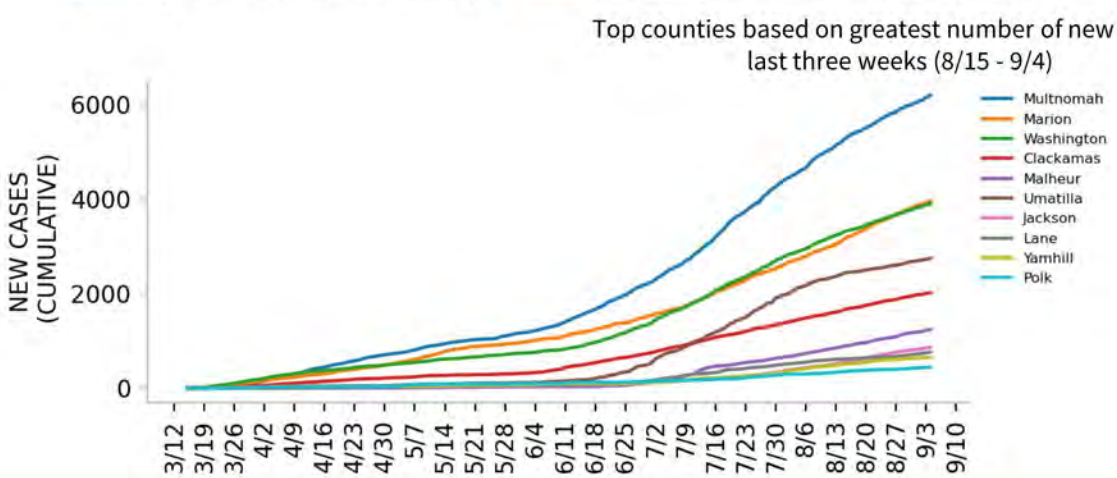
NEW CASES



TESTING

TOP COUNTIES



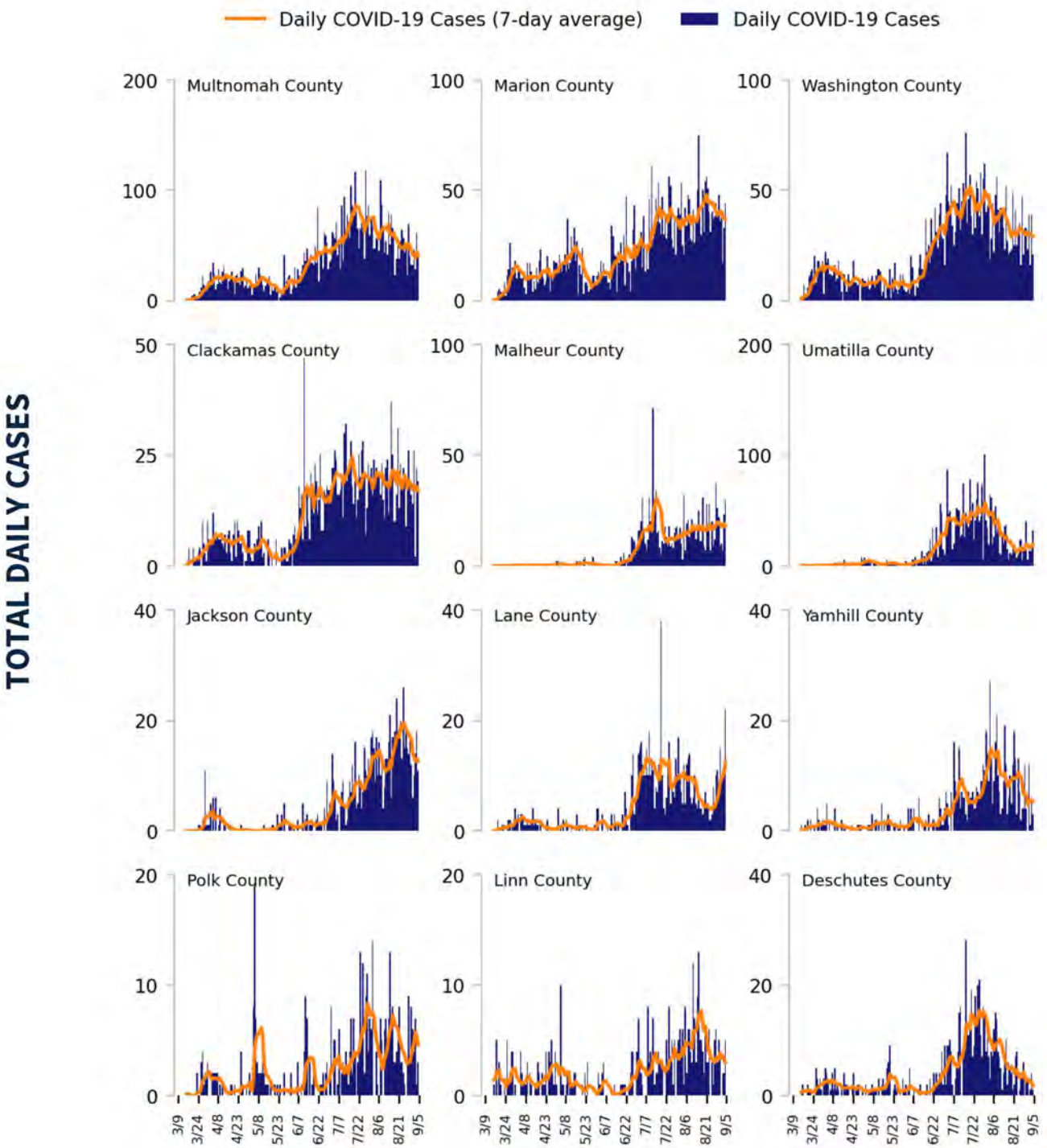
DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/4/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020.

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 9/4/2020. Last 3 weeks is 8/15 - 9/4.

OREGON

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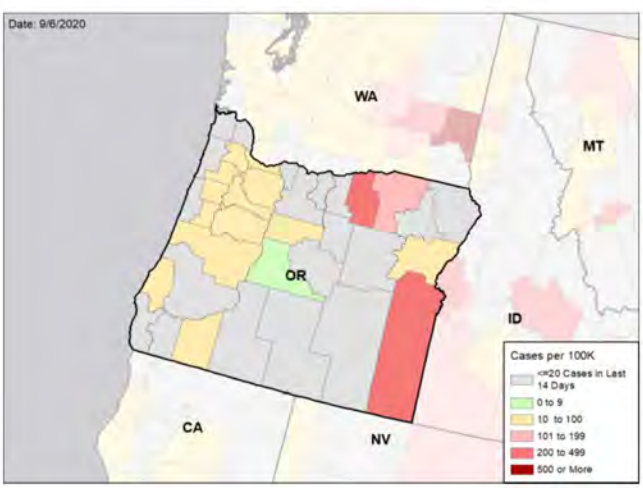
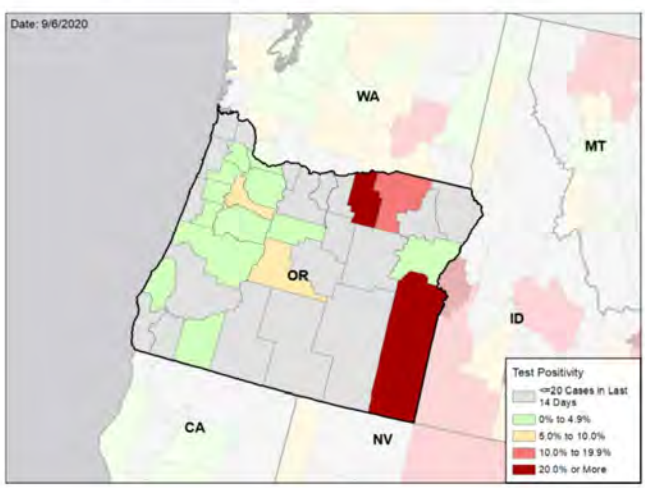
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

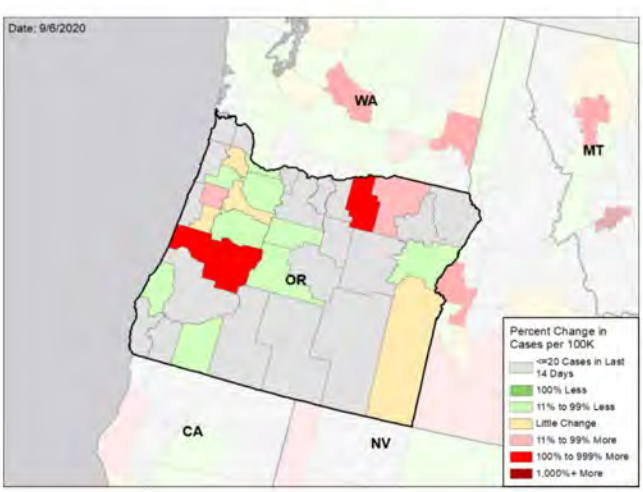
NEW CASES PER 100,000 DURING THE LAST WEEK



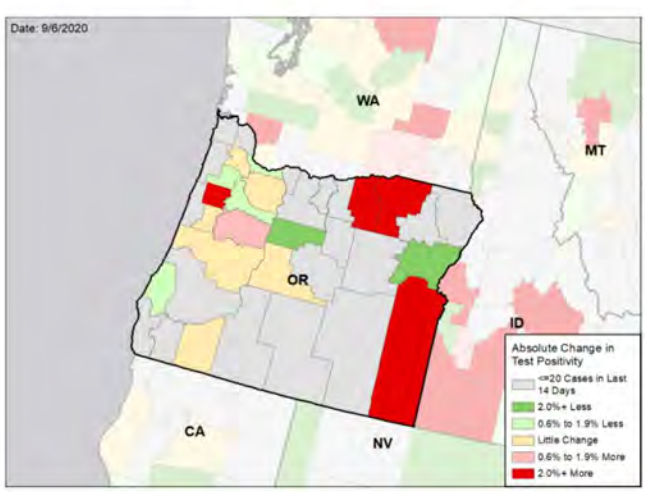
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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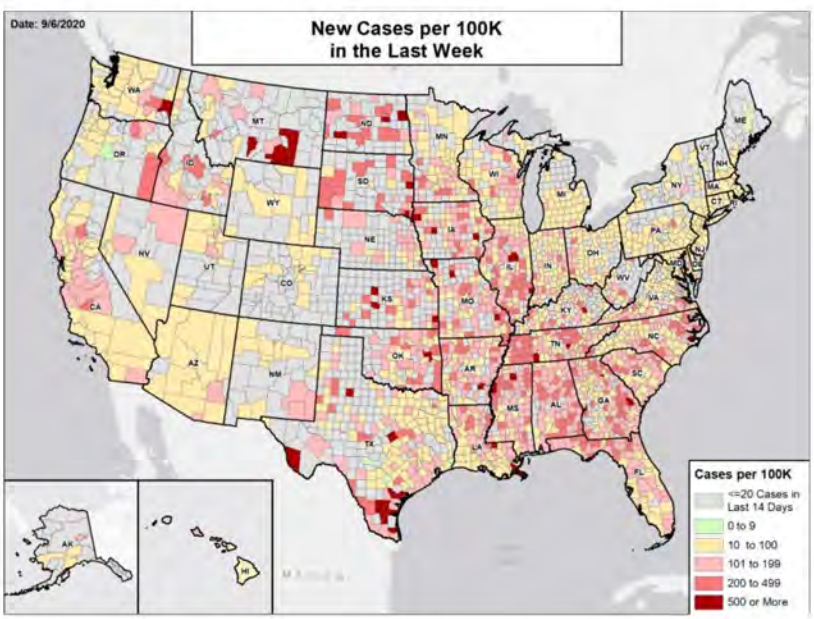
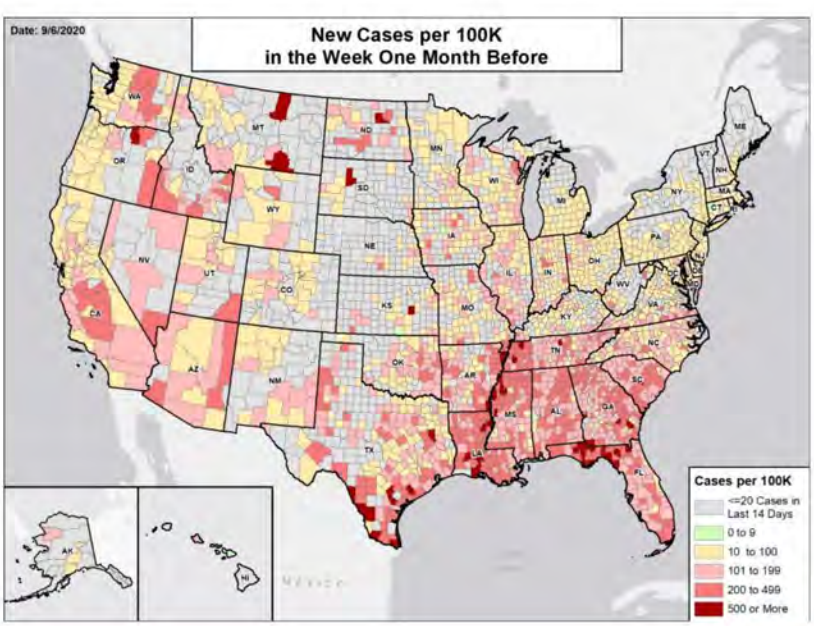
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



DATA SOURCES

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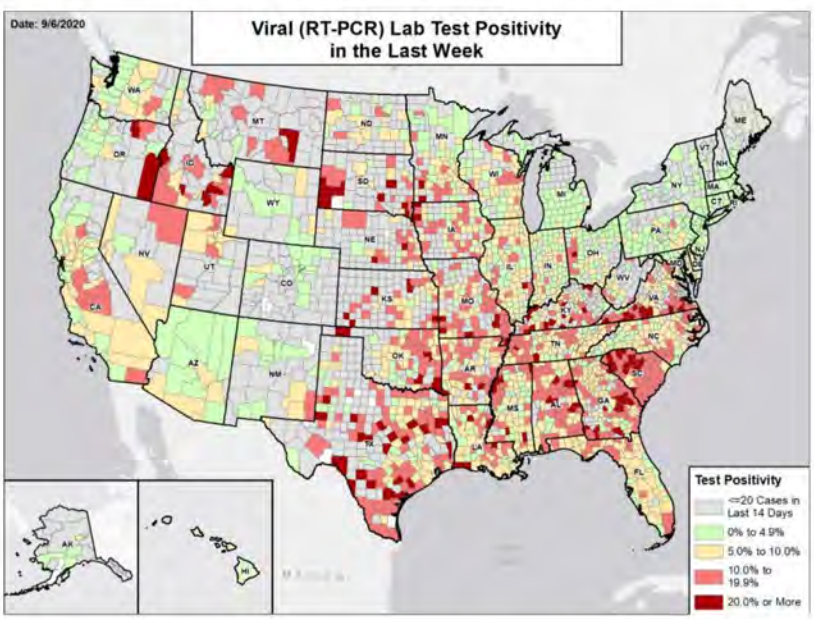
National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



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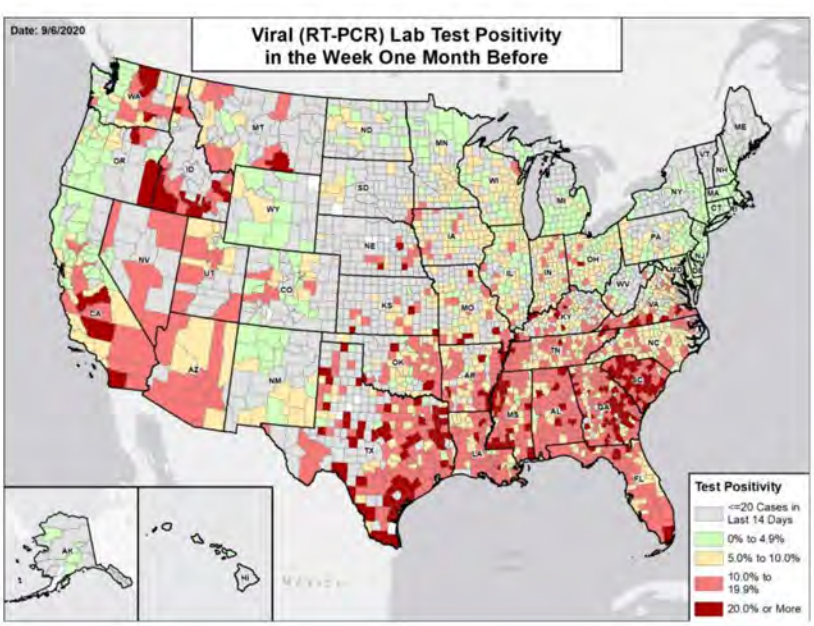

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METHODS

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

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

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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STATE REPORT
09.06.2020

PENNSYLVANIA

SUMMARY

- Pennsylvania 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. 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 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. Philadelphia County, 2. Allegheny County, and 3. Delaware County. These counties represent 31.8% of new cases in Pennsylvania.
- 19% of all counties in Pennsylvania have moderate or high levels of community transmission (yellow or red zone), with 1% having high levels of community transmission (red zone).
- During the week of Aug 24 – Aug 30, 7% of nursing homes had at least one new resident COVID-19 case, 11% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Pennsylvania had 44 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: 65 to support operations activities from FEMA; 12 to support operations activities from ASPR; and 1 to support operations activities from USCG.
- Between Aug 29 - Sep 04, on average, 57 patients with confirmed COVID-19 and 348 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Pennsylvania. An average of 87% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Increasing case rates and test positivity are concerning; intensified mitigation efforts in communities with colleges and universities are warranted and all institutes of higher education (IHE) should be fully involved with public health interventions.
- Ensure all in-person schools are practicing effective mitigation procedures, including appropriate distancing and face mask use in all indoor settings.
- Ensure testing capacity is sufficient in all communities with an IHE, utilizing all university platforms to conduct surveillance and testing of students and surrounding communities; expand community-based testing with evening and weekend hours, utilizing all machines at full capacity.
- Expand testing support to all IHE with limited testing capacity.
- Require all IHE to have a plan for testing and periodic retesting of students, with quick turnaround times for results, and rapid isolation of cases and quarantine of contacts; residential cases and contacts should not be sent home to isolate or quarantine.
- Recruit college and university students to expand public health messaging and contact tracing capacity and protect local communities by strict mask wearing and social distancing off campus.
- Conduct outreach to restaurant and bar owners in college communities to enforce masking and limitations on occupancy; work closely with university leadership, student body leaders, and campus media to establish and communicate appropriate behavior with known repercussions if students do not comply.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- 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.
- Immediately conduct inspection surveys in all long-term care facilities with 3 or more cases of COVID in the last week and ensure prompt 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.
- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

PENNSYLVANIA

STATE REPORT | 09.06.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	5,678 (44)	+30.5%	19,259 (62)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.1%	+0.7%*	5.4%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	170,598** (1,333)	+3.2%**	460,551** (1,493)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	89 (1)	-6.3%	310 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	7% (11%)	-1%* (+1%*)	8% (13%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+0%*	3%	5%

MOBILITY ▶

* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

PENNSYLVANIA

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	0	N/A	9	York-Hanover Lancaster Harrisburg-Carlisle Reading Bloomsburg-Berwick Sunbury Lewisburg Lewistown Lock Haven
COUNTY LAST WEEK	1	Columbia	12	York Lancaster Berks Dauphin Beaver Northumberland Union Armstrong Susquehanna Mifflin Montour Clinton

*** 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 9/2/2020. Last week is 8/27 - 9/2.

PENNSYLVANIA

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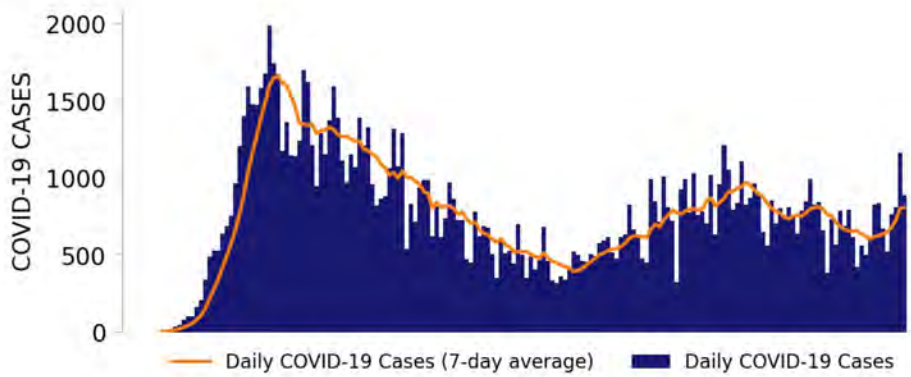
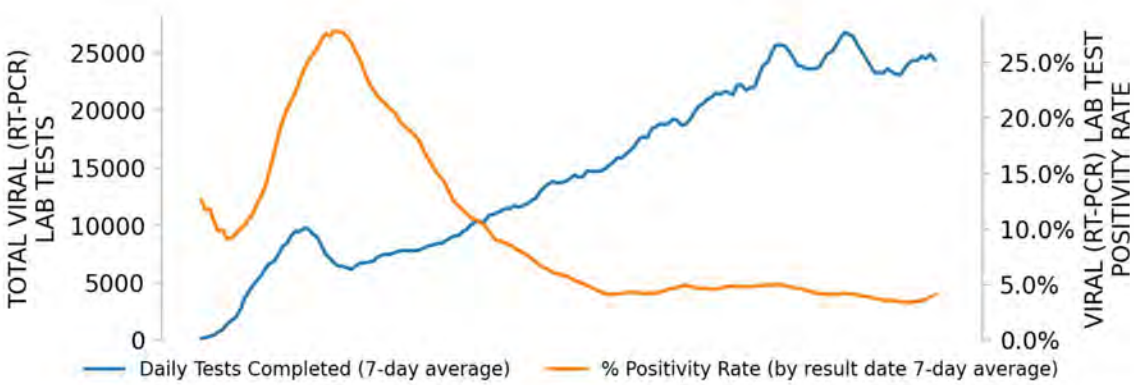
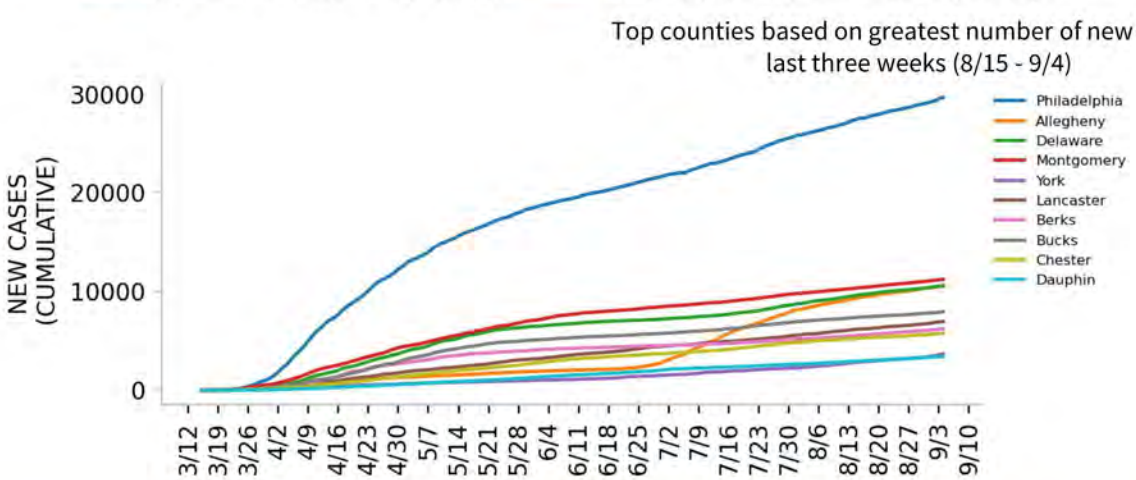
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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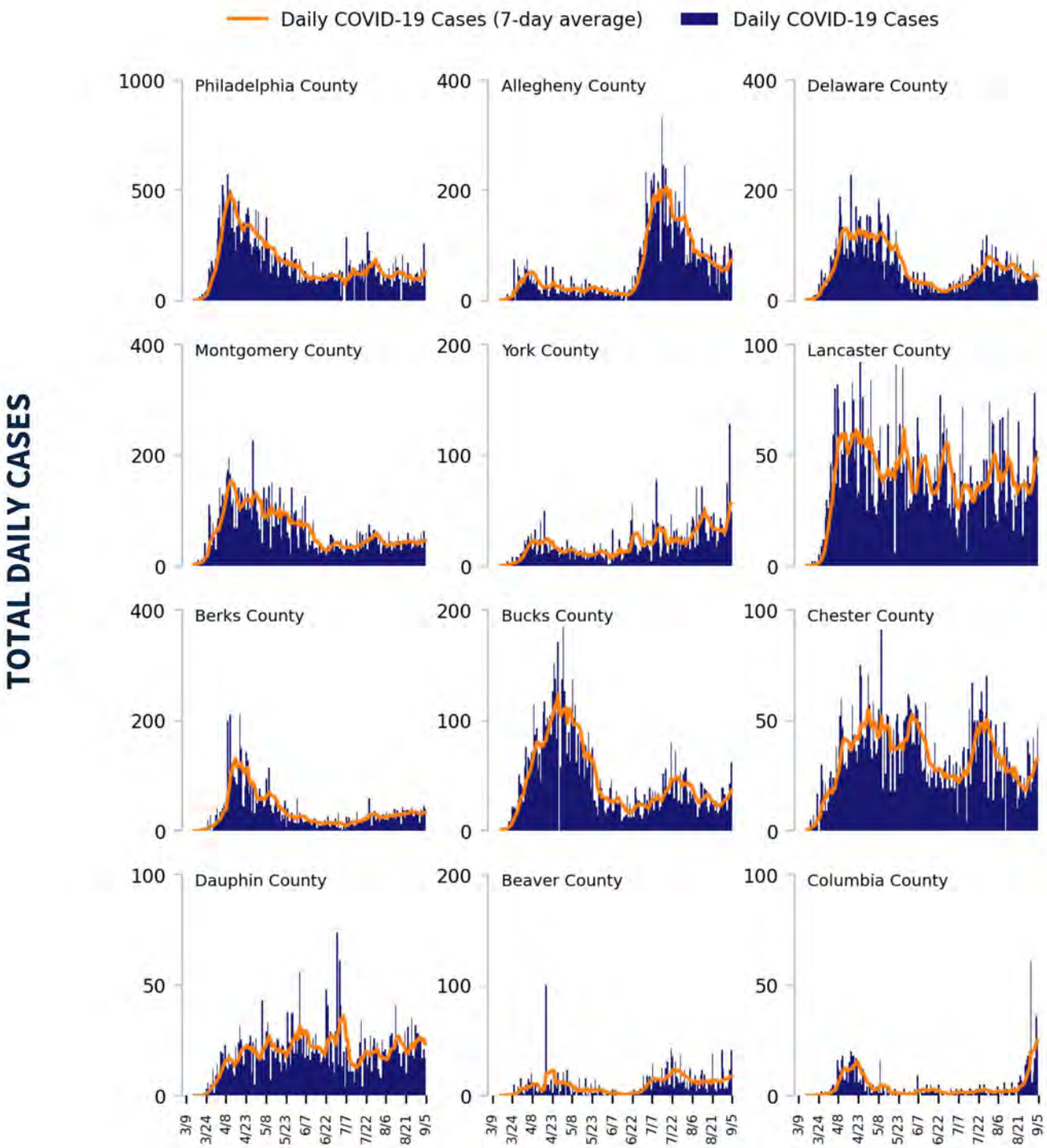
Top 12 counties based on number of new cases in the last 3 weeks



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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 9/4/2020. Last 3 weeks is 8/15 - 9/4.

PENNSYLVANIA

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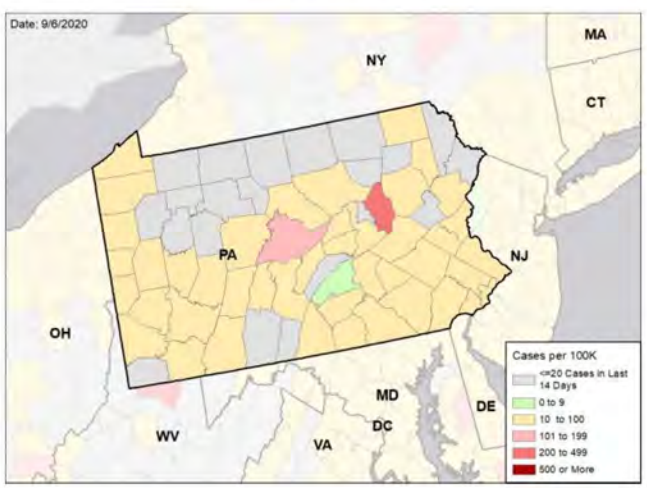
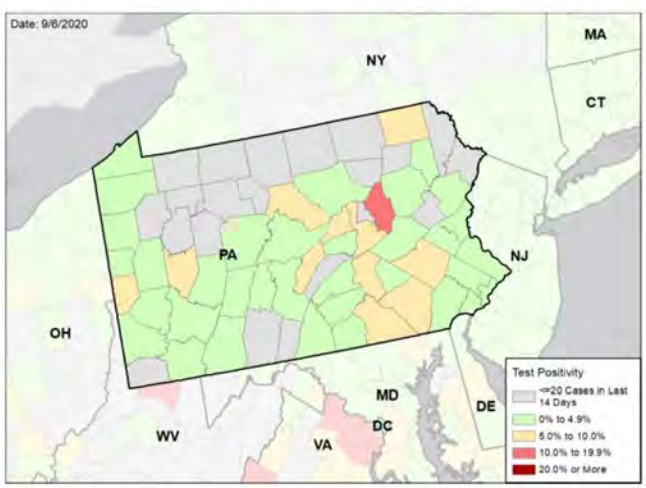
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

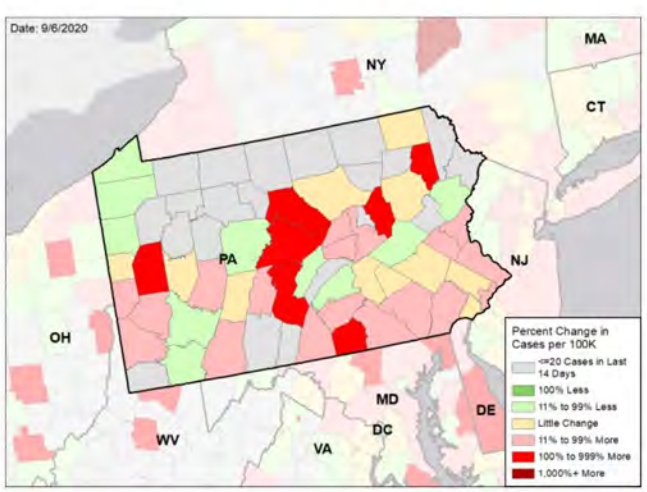
NEW CASES PER 100,000 DURING THE LAST WEEK



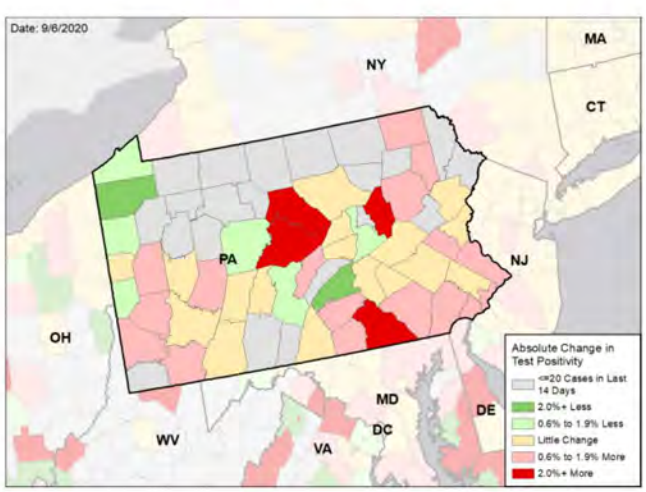
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

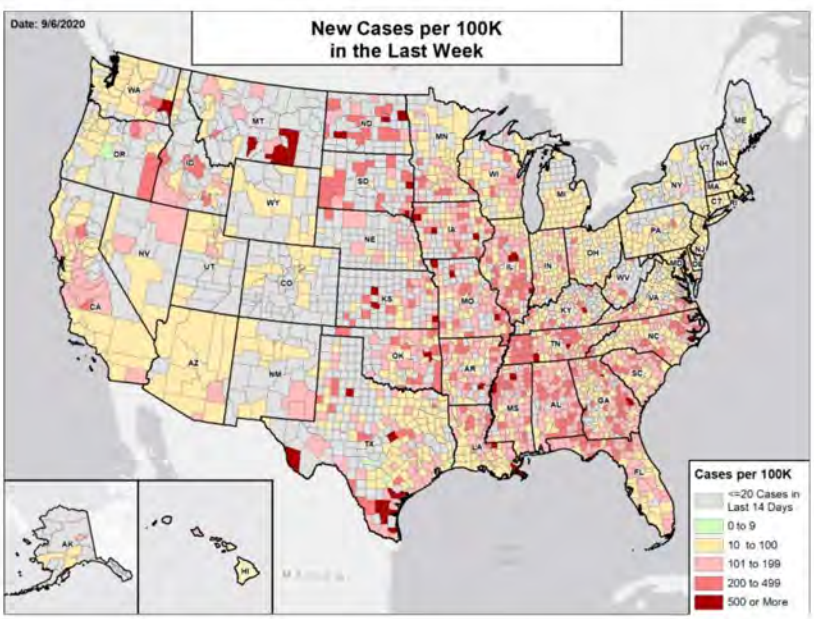
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/4/2020. Last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

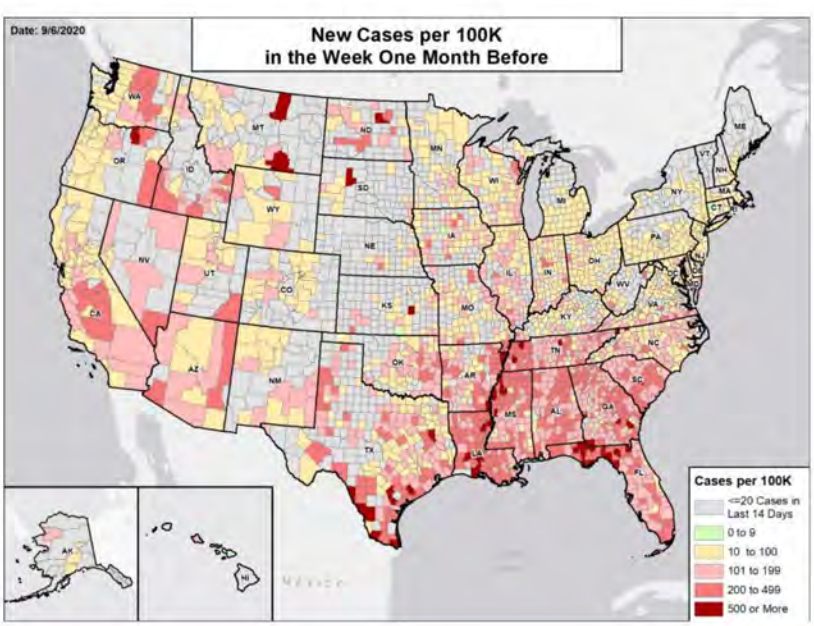
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



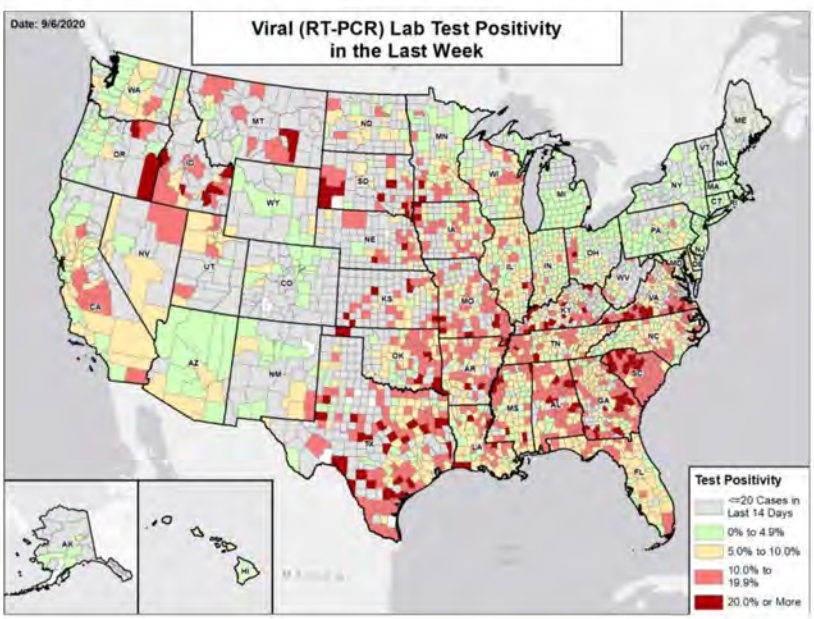
DATA SOURCES

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

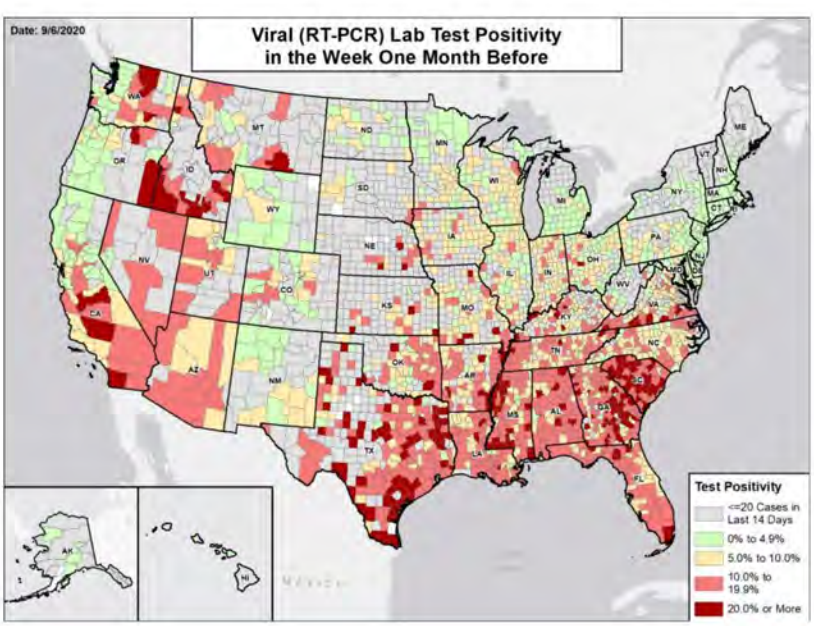
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

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RHODE ISLAND

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 36th highest rate in the country. Rhode Island is in the green zone for test positivity, indicating a rate below 5%, with the 45th highest rate in the country.
- Rhode Island 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. Providence County, 2. Kent County, and 3. Washington County. These counties represent 90.5% of new cases in Rhode Island.
- No counties in Rhode Island have moderate or high levels of community transmission (yellow or red zone).
- During the week of Aug 24 – Aug 30, 11% of nursing homes had at least one new resident COVID-19 case, 19% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death.
- Rhode Island had 53 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 29 - Sep 04, on average, 4 patients with confirmed COVID-19 and 0 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Rhode Island. 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

- Decreasing case rates and test positivity are encouraging but opening of schools and institutes of higher education (IHE) will likely lead to some increased transmission. Intensified mitigation efforts in communities with IHEs are warranted and all IHEs should be fully involved with public health interventions.
- Ensure in-person schools are all practicing effective mitigation procedures, including appropriate distancing and face mask use in all indoor settings.
- Expand testing capacity in all communities with an IHE, utilizing all university platforms to conduct surveillance and testing of students and surrounding communities, pooling specimens where appropriate, and expanding community-based testing with evening and weekend hours, utilizing all machines at full capacity.
- Require all IHEs to have a confirmed plan for testing and periodic retesting of students, with quick turnaround times for results, and rapid isolation of cases and quarantine of contacts; residential cases and contacts should not be sent home to isolate or quarantine.
- Recruit college and university students to expand public health messaging and contact tracing capacity and protect local communities by strict mask wearing and social distancing off campus.
- Conduct outreach to restaurant and bar owners in college communities to enforce masking and limitations on occupancy; work closely with university leadership, student body leaders, and campus media to establish and communicate appropriate behavior with clear repercussions if students do not comply.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Work with researchers to study which groups are non-compliant with mitigation efforts and their reasons; use data to develop targeted messaging to these groups.
- Immediately conduct inspection surveys in all long-term care facilities with 3 or more cases of COVID in the last week and ensure prompt 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.
- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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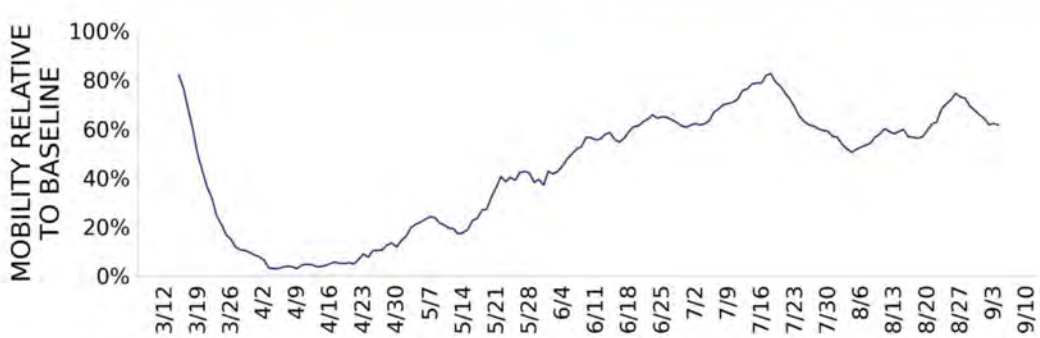
COVID-19

RHODE ISLAND

STATE REPORT | 09.06.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	560 (53)	-15.3%	4,414 (30)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.2%	-0.6%*	1.0%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	45,890** (4,332)	+1.5%**	431,543** (2,907)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	9 (1)	-43.8%	92 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	11% (19%)	+6%* (+3%*)	3% (7%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	-2%*	2%	5%

MOBILITY ▶



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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 8/24-8/30, previous week is 8/17-8/23.

RHODE ISLAND

STATE REPORT | 09.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	0	N/A	0	N/A
COUNTY LAST WEEK	0	N/A	0	N/A

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

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

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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.

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Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/2/2020. Last week is 8/27 - 9/2.

RHODE ISLAND

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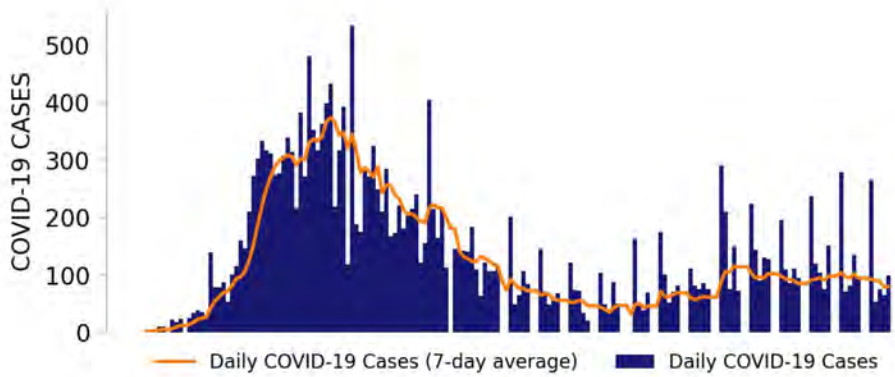
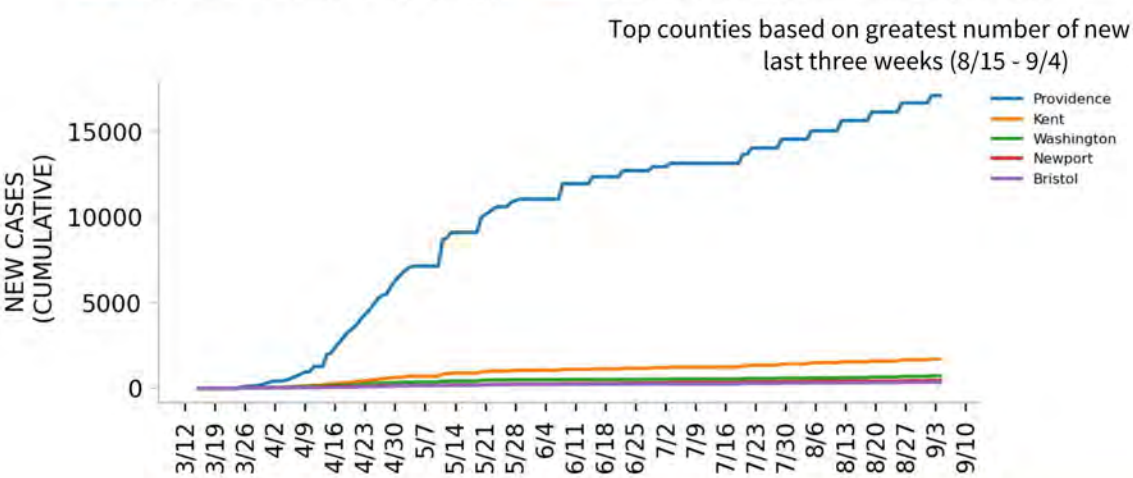
NEW CASES



TESTING

TOP COUNTIES



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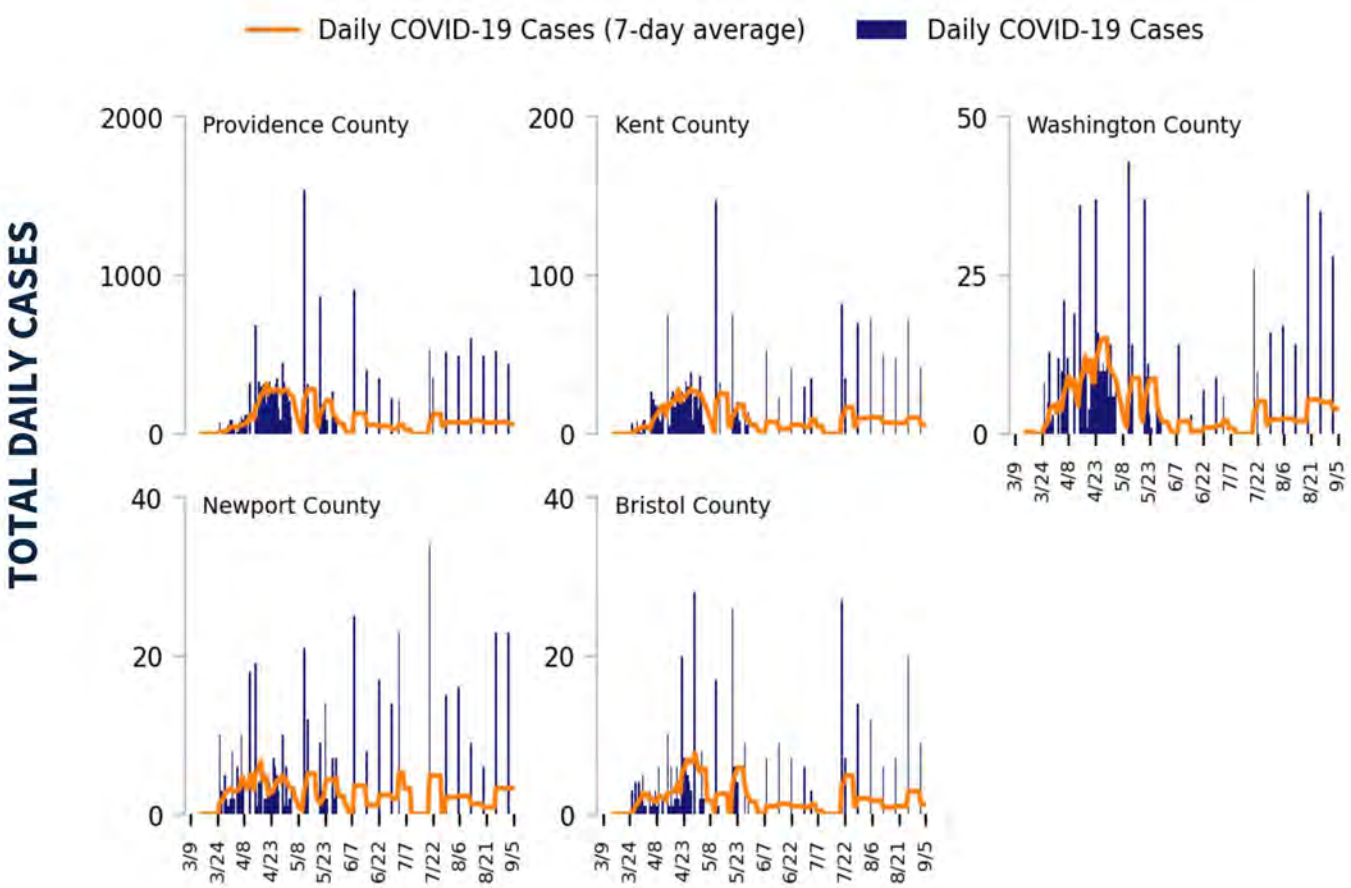
Top 12 counties based on number of new cases in the last 3 weeks



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RHODE ISLAND

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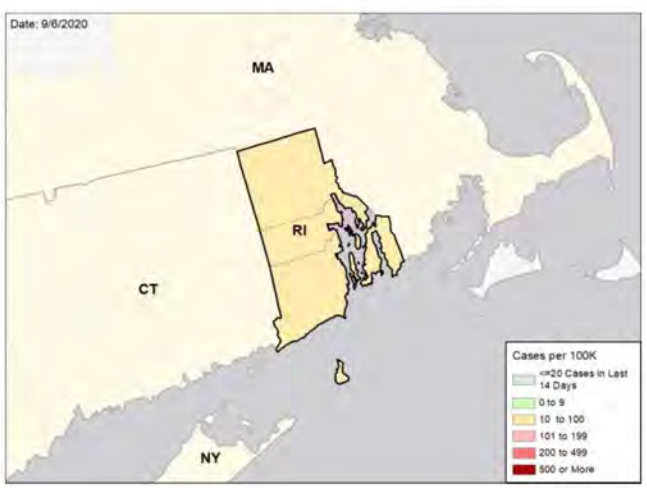
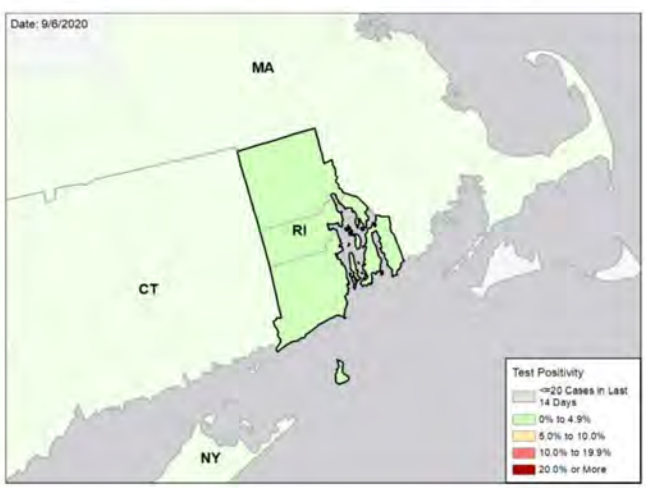
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

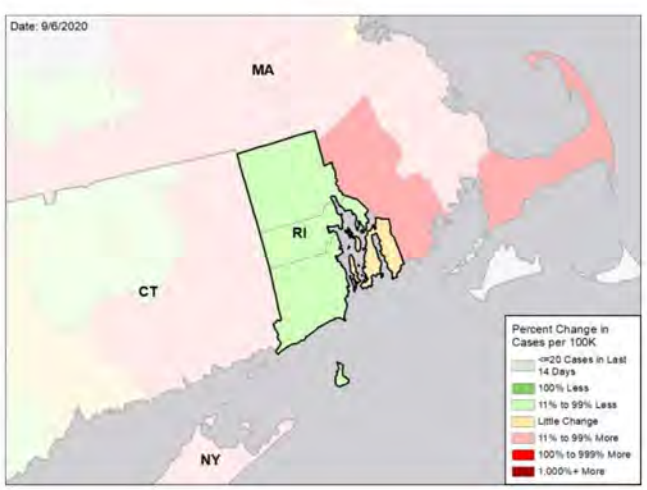
NEW CASES PER 100,000 DURING THE LAST WEEK



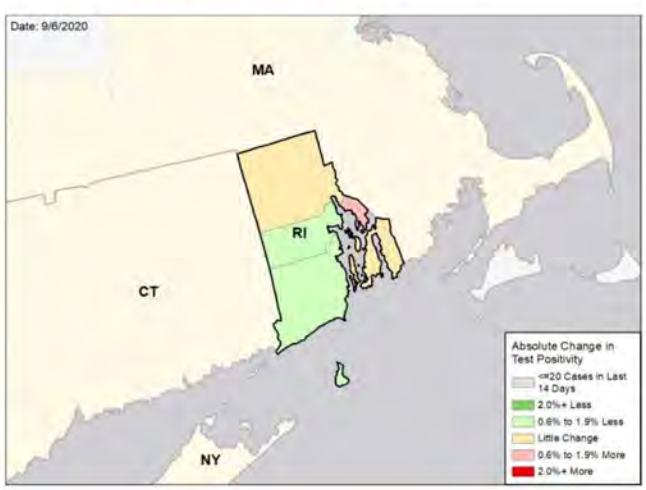
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

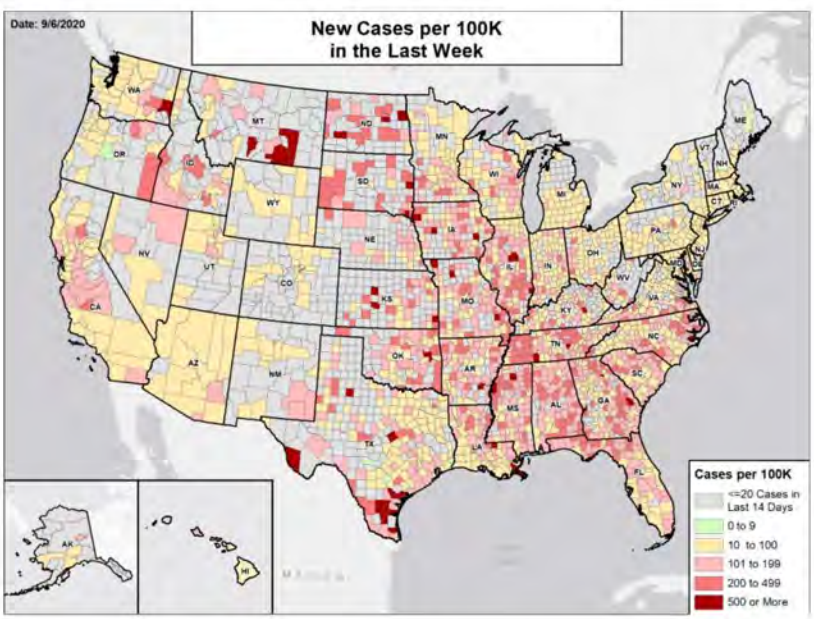
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/4/2020. Last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

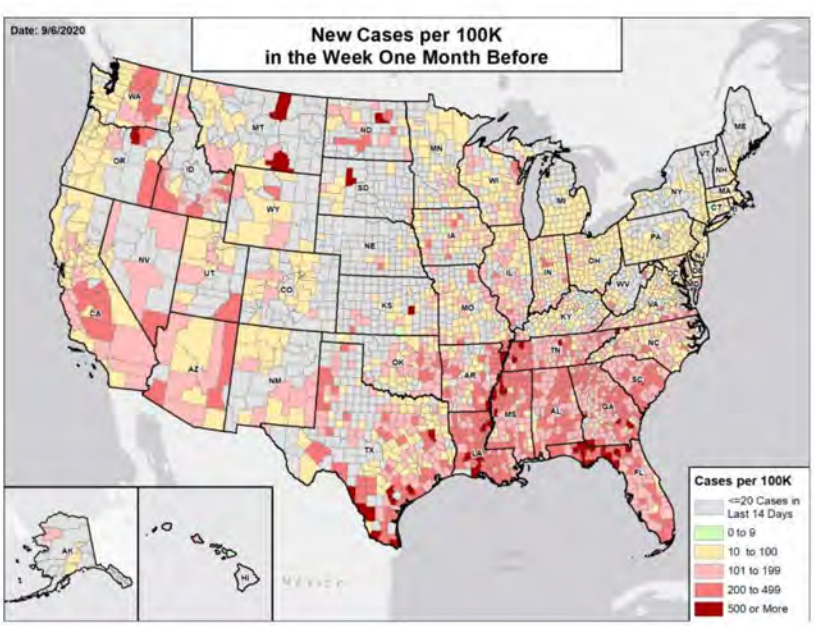
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



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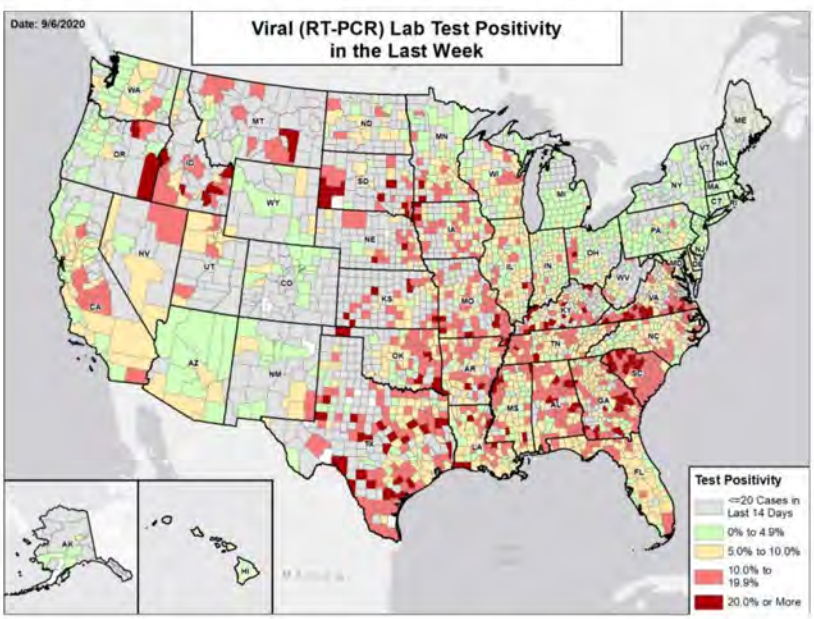
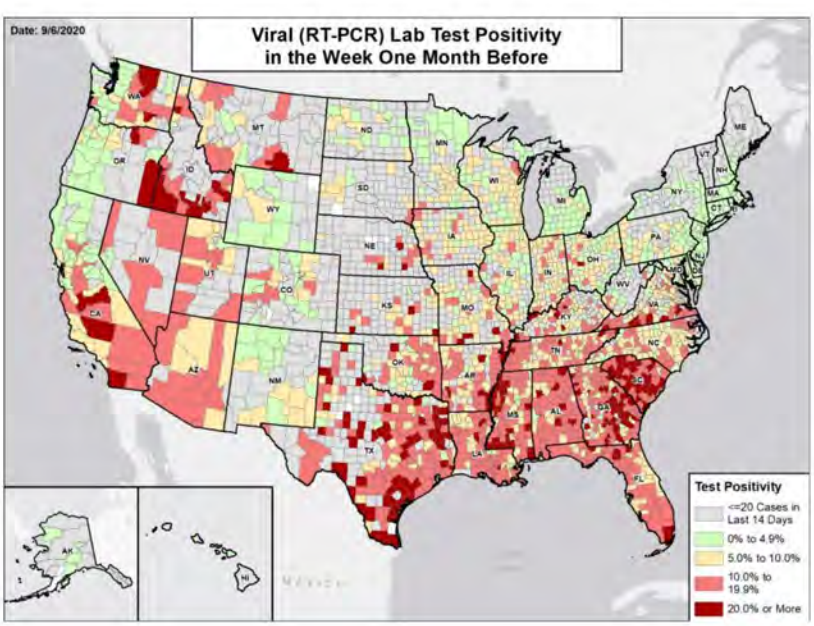
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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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 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

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SOUTH CAROLINA

SUMMARY

- South Carolina 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. South Carolina is in the red zone for test positivity, indicating a rate above 10%, with the highest rate in the country. Many of the gains achieved over the past month are in danger of being reversed.
- South Carolina 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. Richland County, 2. Charleston County, and 3. Greenville County. These counties represent 30.6% of new cases in South Carolina.
- 100% of all counties in South Carolina have moderate or high levels of community transmission (yellow or red zone), with 67% having high levels of community transmission (red zone).
- During the week of Aug 24 – Aug 30, 22% of nursing homes had at least one new resident COVID-19 case, 25% had at least one new staff COVID-19 case, and 13% had at least one new resident COVID-19 death.
- South Carolina 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: 9 to support operations activities from USCG.
- Between Aug 29 - Sep 04, on average, 74 patients with confirmed COVID-19 and 77 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in South Carolina. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- South Carolina has made stepwise progress over the past several weeks, which is now threatened. It is critical to continue the strong mitigation efforts statewide and strengthen mitigation efforts in university towns to decrease spread from universities to local the community. Consider a further reduction in hours and occupancy limits in bars and restaurants in university counties and anywhere university and college students gather if cases begin to rise.
- Cases are rising in Richland County and Spartanburg County, sites of major universities and colleges.
- We are seeing gains being reversed in other states due to university spread. South Carolina universities need to increase testing and isolation to prevent spread from students to local communities and hometowns. This includes detecting asymptomatic students and preventing silent spread of disease through routine saliva testing on university research platforms. Ensure there are quick turnaround times for results and rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent home to isolate or quarantine.
- Increase testing capacity by increasing the budget and capacity of public health labs through:
    - Ensuring hospitals move elective surgeries and admissions testing to pooling in order to reserve tests for community outreach and to expand outpatient testing, pooling specimens where appropriate.
    - Utilizing all university, veterinary, and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Recruit college and university students to expand public health messaging and contact tracing capacity. Ensure protection of local communities by strict mask wearing and social distancing when off-campus and around vulnerable individuals on campus.
- Universities and colleges should work with various student leaders and campus media to support compliance with recommendations.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Increase surveillance for silent community spread by using the Abbott BinaxNOW. Establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders.
- Ask citizens and students to limit ALL social gatherings to 10 or fewer people. Recreating spreading events through bar-like gatherings in homes will result in continued high cases and result in those with comorbidities becoming infected.
- Continue aggressive protection of those in long-term care facilities. Ensure all nursing homes, assisted living, and elderly care sites follow CMS staff testing requirements and, if cases within local universities rise, increase testing even further to prevent spread from students to residents through staff. Expanding nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

SOUTH CAROLINA

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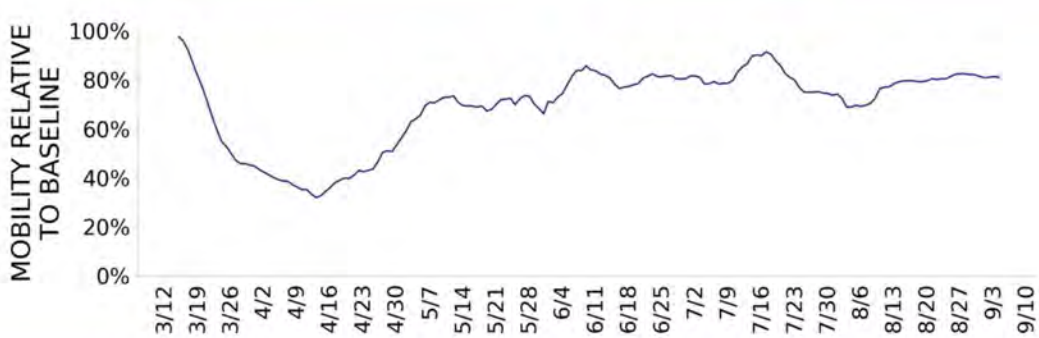
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	7,373 (143)	+32.3%	85,091 (127)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	16.6%	+3.4%*	8.2%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	36,918** (717)	+2.8%**	956,194** (1,429)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	191 (4)	-2.6%	2,140 (3)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	22% (25%)	-5%* (-2%*)	19% (28%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	13%	-2%*	9%	5%

MOBILITY ▶



* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

SOUTH CAROLINA

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	14	Columbia Greenville-Anderson Charleston-North Charleston Spartanburg Florence Hilton Head Island-Bluffton Augusta-Richmond County Greenwood Seneca Georgetown Bennettsville Gaffney	4	Charlotte-Concord-Gastonia Myrtle Beach-Conway-North Myrtle Beach Sumter Orangeburg
COUNTY LAST WEEK	31	Richland Charleston Spartanburg Lexington Anderson Florence Beaufort Dorchester Pickens Lancaster Greenwood Darlington	15	Greenville Horry York Berkeley Aiken Orangeburg Sumter Edgefield Laurens Clarendon Barnwell Hampton

All Red CBSAs: Columbia, Greenville-Anderson, Charleston-North Charleston, Spartanburg, Florence, Hilton Head Island-Bluffton, Augusta-Richmond County, Greenwood, Seneca, Georgetown, Bennettsville, Gaffney, Newberry, Union

All Red Counties: Richland, Charleston, Spartanburg, Lexington, Anderson, Florence, Beaufort, Dorchester, Pickens, Lancaster, Greenwood, Darlington, Oconee, Georgetown, Kershaw, Marlboro, Chesterfield, Chester, Williamsburg, Cherokee, Marion, Dillon, Saluda, Newberry, Abbeville, Fairfield, Union, Lee, Bamberg, Allendale, McCormick

All Yellow Counties: Greenville, Horry, York, Berkeley, Aiken, Orangeburg, Sumter, Edgefield, Laurens, Clarendon, Barnwell, Hampton, Jasper, Colleton, Calhoun

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

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

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

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

DATA SOURCES – Additional data details available under METHODS

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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2.

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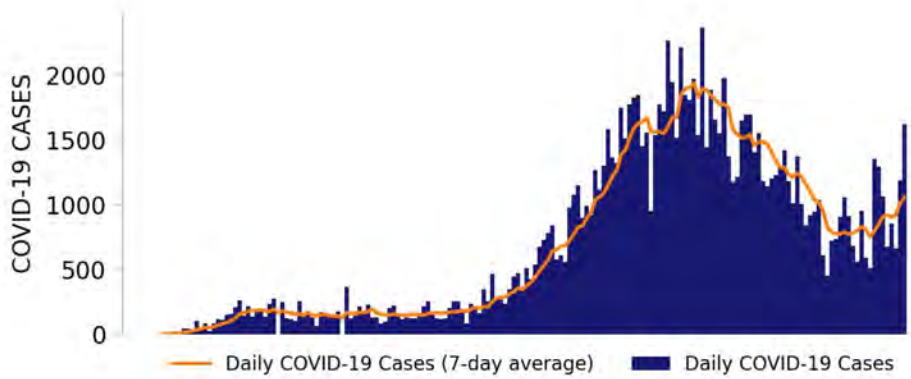
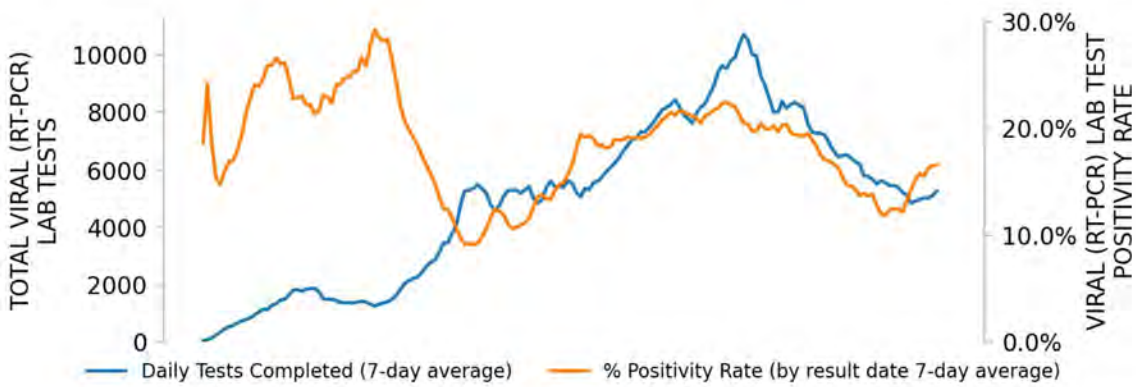
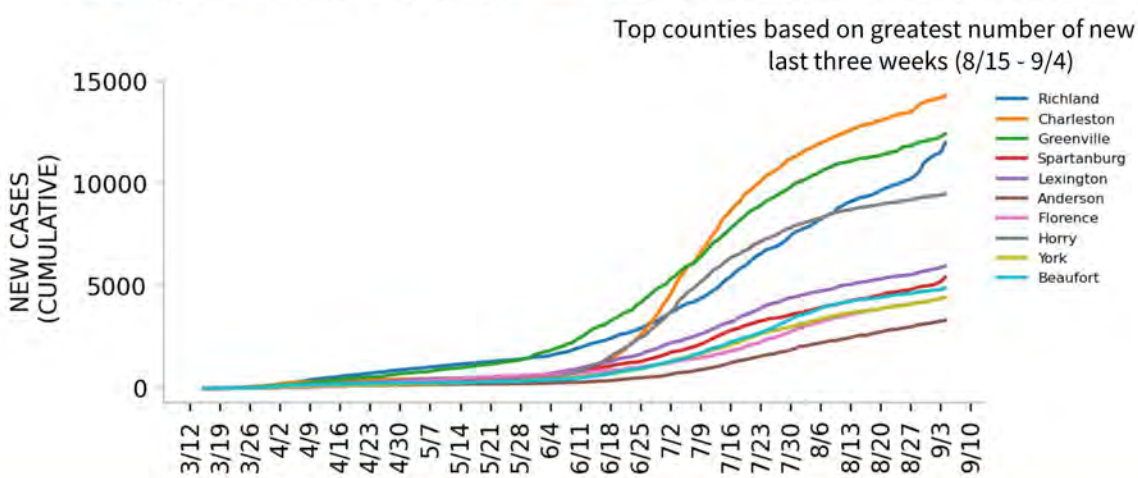
NEW CASES



TESTING



TOP COUNTIES



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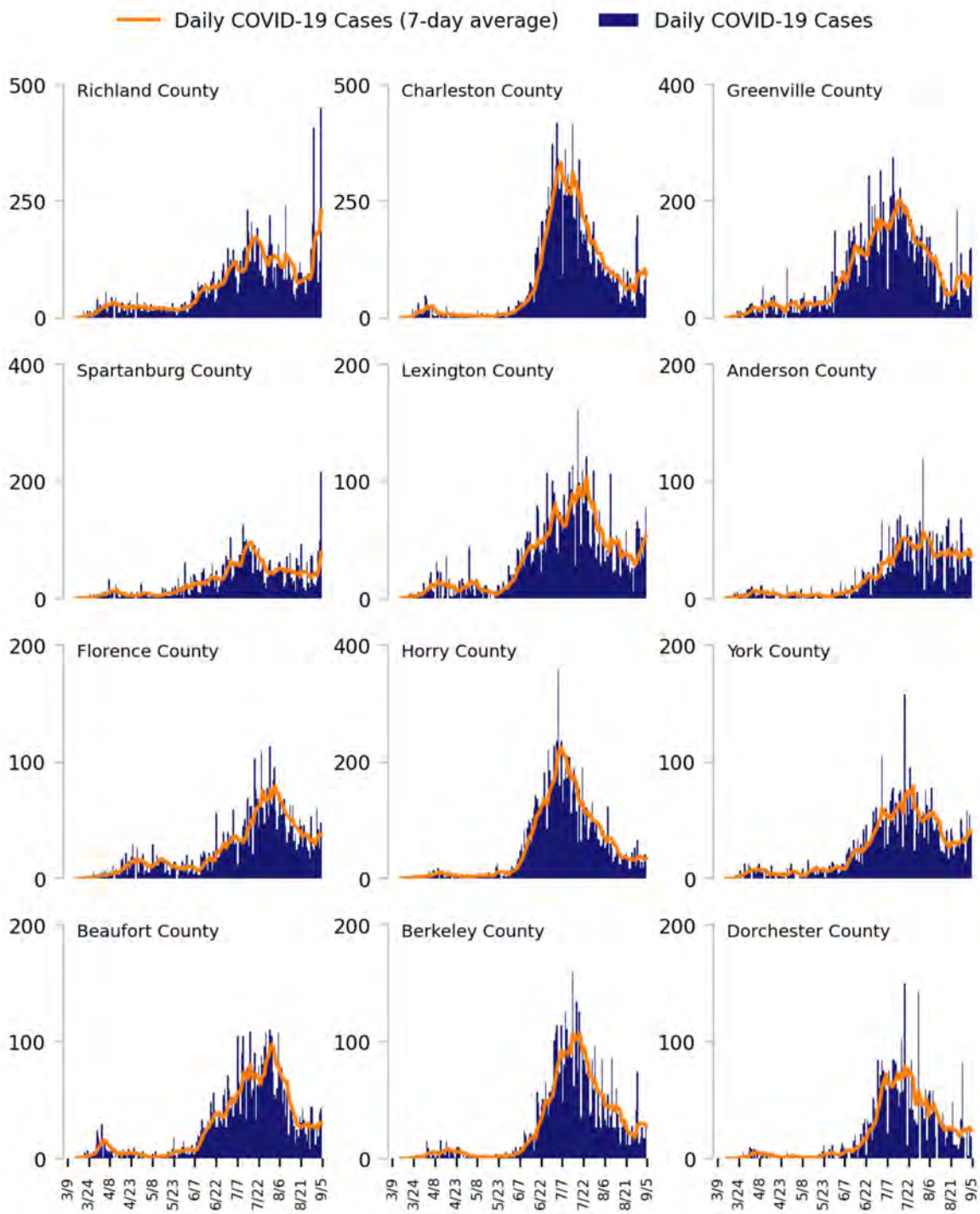
Top 12 counties based on number of new cases in the last 3 weeks



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SOUTH CAROLINA

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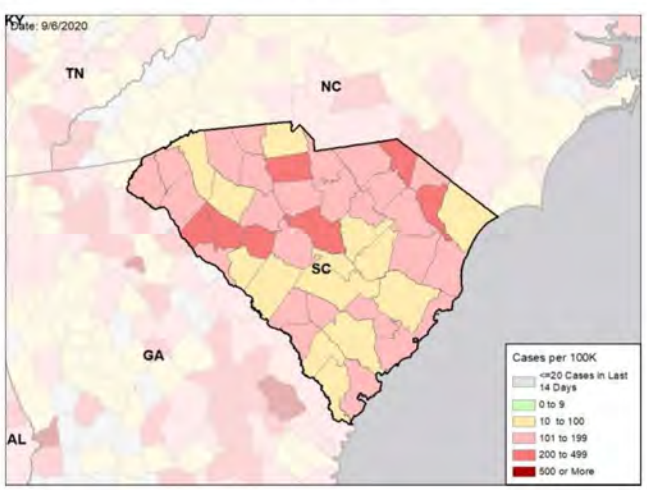
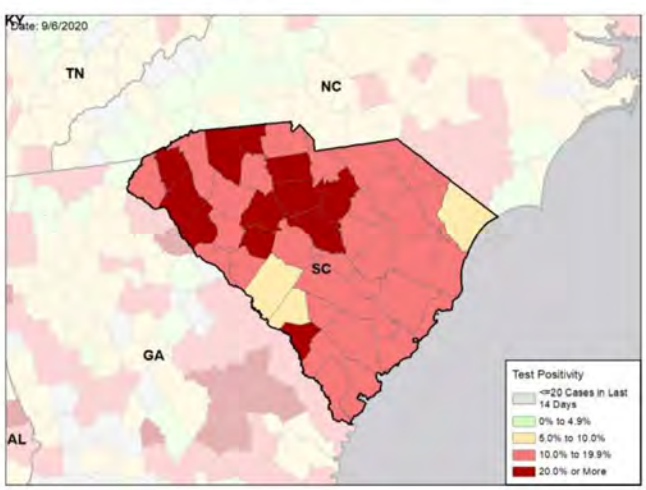
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

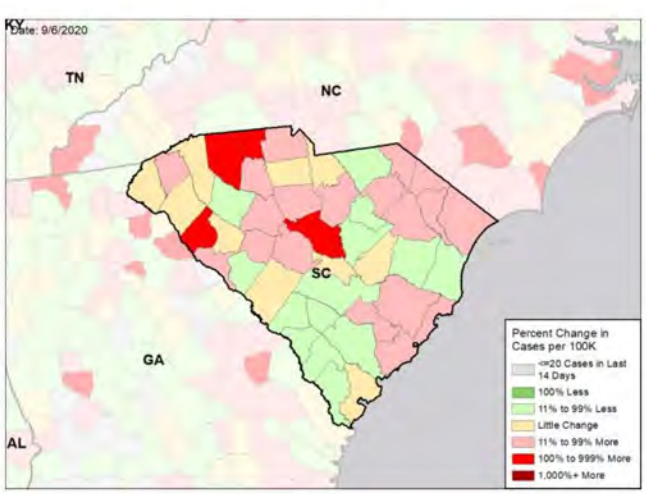
NEW CASES PER 100,000 DURING THE LAST WEEK



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



WEEKLY CHANGE IN NEW CASES PER 100K



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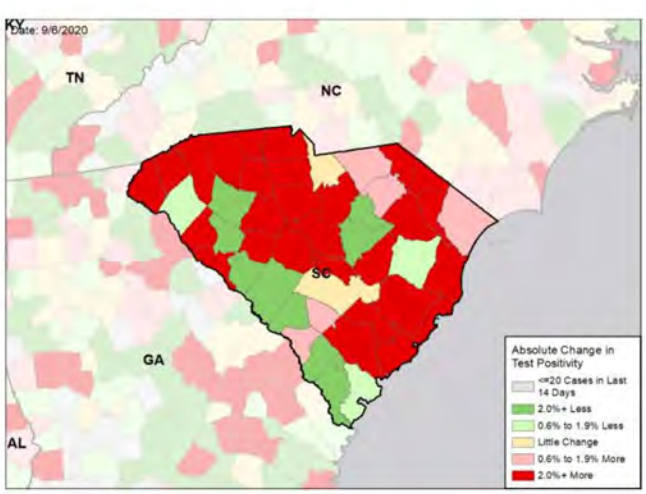

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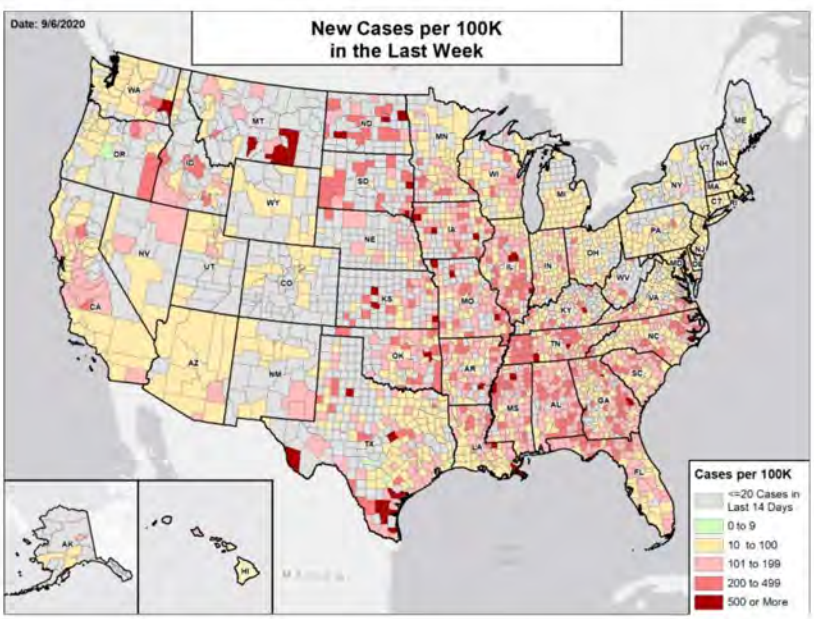
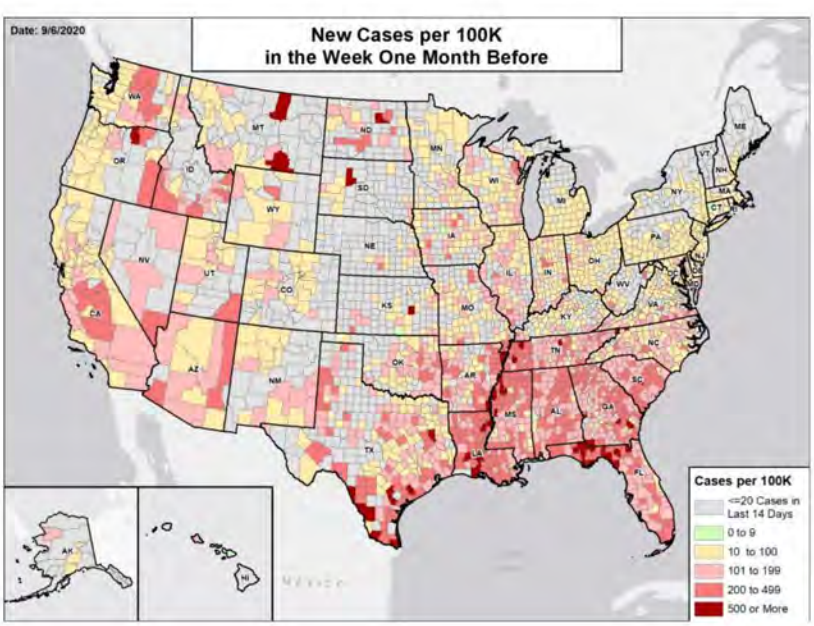
National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



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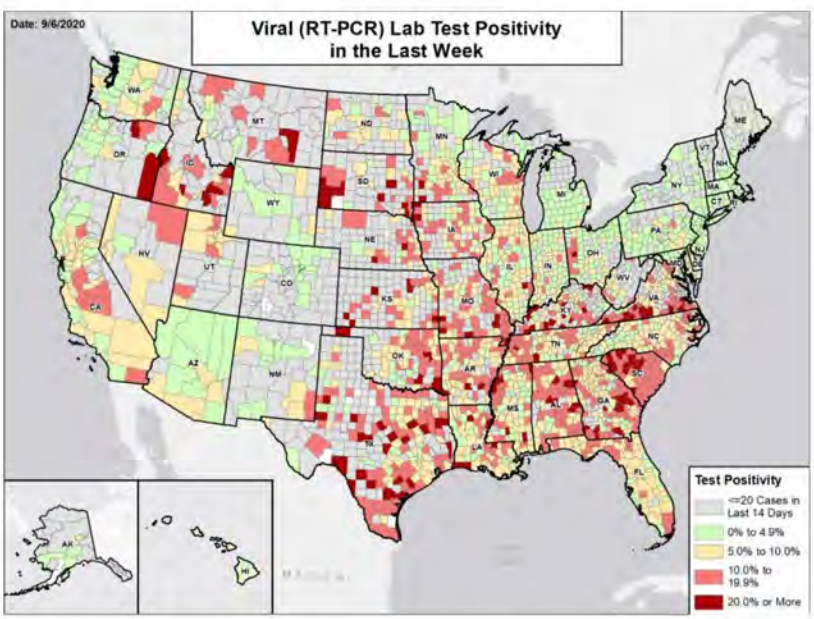
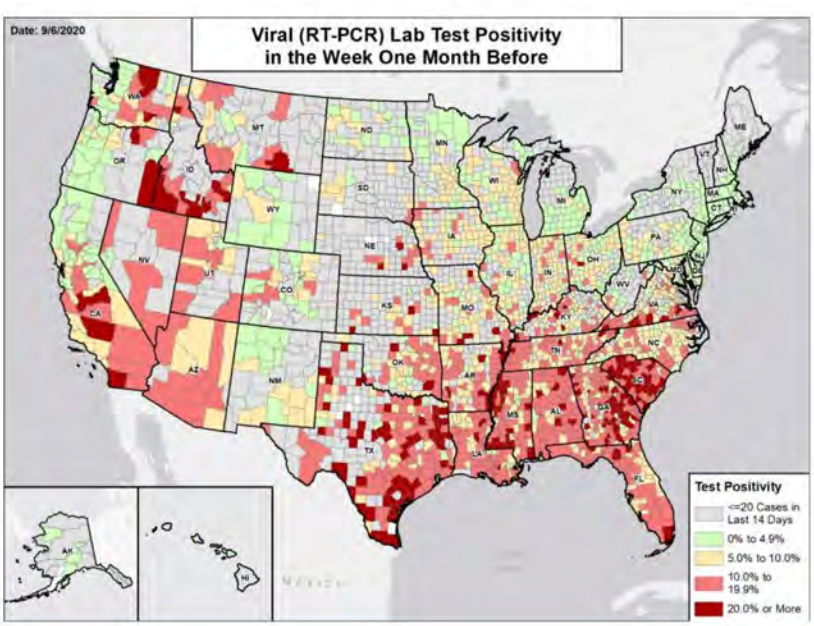
National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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METHODS

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

STATE REPORT
09.06.2020

SOUTH DAKOTA

SUMMARY

- South 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. South Dakota is in the red zone for test positivity, indicating a rate above 10%, with the 2nd highest rate in the country.
- South Dakota has seen an increase in new cases and stability in test positivity over the last week; additional cases in institutes of higher education are noteworthy - South Dakota State (Brookings) and USD (Vermillion) both had substantial increases in cases this past 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. Clay County. These counties represent 40.7% of new cases in South Dakota.
- 38% of all counties in South Dakota have moderate or high levels of community transmission (yellow or red zone), with 29% having high levels of community transmission (red zone).
- During the week of Aug 24 – Aug 30, 7% of nursing homes had at least one new resident COVID-19 case, 17% had at least one new staff COVID-19 case, and less than 1% had at least one new resident COVID-19 death.
- South Dakota had 235 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 29 - Sep 04, on average, 16 patients with confirmed COVID-19 and 10 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in South Dakota. An average of 84% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Continued increasing case counts and remarkably high test positivity in the context of insufficient testing levels are deeply concerning; aggressively promote social distancing and use of face coverings, particularly in indoor settings, statewide.
- Follow hospital data closely and ensure hospital and EMS capacities are sufficient and expandable, supplies are sufficient, and clinicians at all facilities are trained on latest standards of care, especially in counties with larger populations of older residents and those with comorbidities.
- Aggressively scale community education and locally-developed public health messaging across the state, targeting ranching and agriculture communities. Emphasize the risks to vulnerable populations and interventions to reduce risk.
- Testing is critical for epidemic control and needs to be expanded across the state. Increase testing capacity by implementing pooled testing 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. Budget to increase public health lab capacity with evening and weekend hours. Distinctions between surveillance and diagnostic testing should be maintained.
- Ensure that all university and colleges have a plan for screening, testing, and retesting students, regardless of symptoms.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- University students should have isolation/quarantine and care sites on or near campus; infected students should not be returned home where additional transmission could occur.
- 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.
- Tribal Nations: Continue to promote social distancing and face mask recommendations for all events, especially as fall community and dance events pick up. Develop specific, culturally-relevant education and public health messaging. Ensure spaces and material support for quarantine of contacts and isolation of cases, as needed.
- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

SOUTH DAKOTA

STATE REPORT | 09.06.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	2,078 (235)	+27.3%	9,904 (81)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	13.6%	+0.4%*	6.3%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	7,504** (848)	-10.7%**	172,169** (1,404)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	5 (1)	-16.7%	76 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	7% (17%)	+3%* (+8%*)	5% (11%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	-1%*	1%	5%

MOBILITY ▶

* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

SOUTH DAKOTA

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	7	Sioux Falls Rapid City Aberdeen Vermillion Brookings Spearfish Sioux City	5	Watertown Yankton Huron Mitchell Pierre
COUNTY LAST WEEK	19	Minnehaha Pennington Clay Brookings Brown Lincoln Meade Lawrence Custer Union Davison Fall River	6	Codington Yankton Beadle Hughes Dewey Spink

All Red Counties: Minnehaha, Pennington, Clay, Brookings, Brown, Lincoln, Meade, Lawrence, Custer, Union, Davison, Hamlin, Fall River, Turner, Gregory, Brule, McCook, Hutchinson, Potter

*** 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 9/4/2020; last week is 8/29 - 9/4, three weeks is 8/15 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2.

SOUTH DAKOTA

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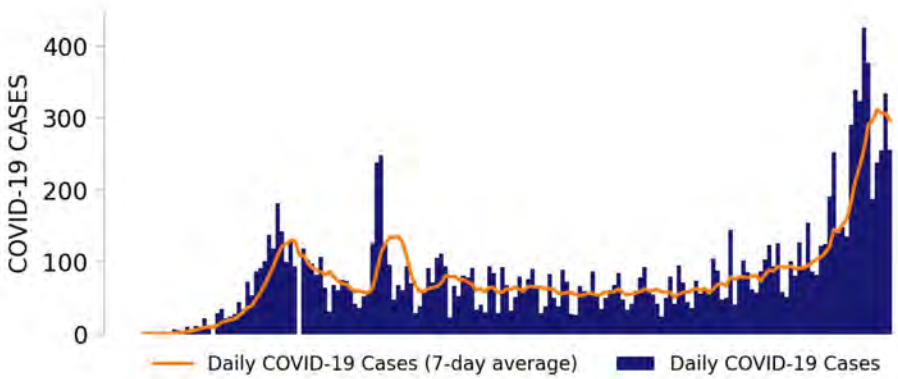
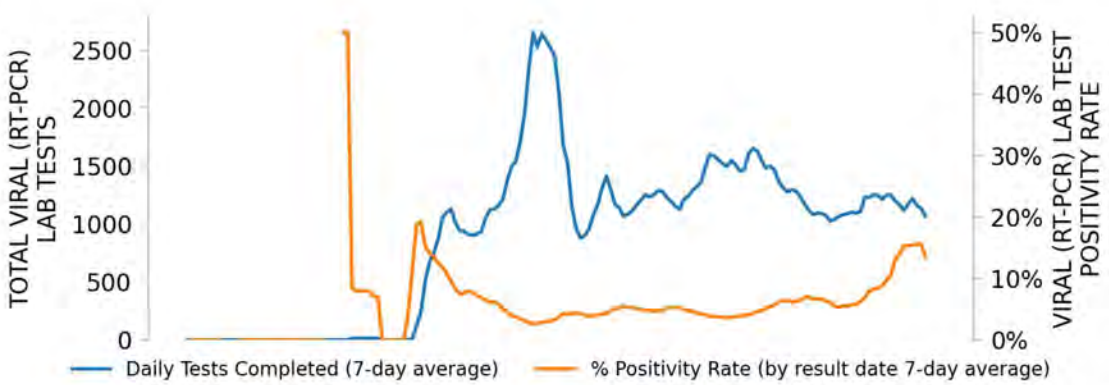
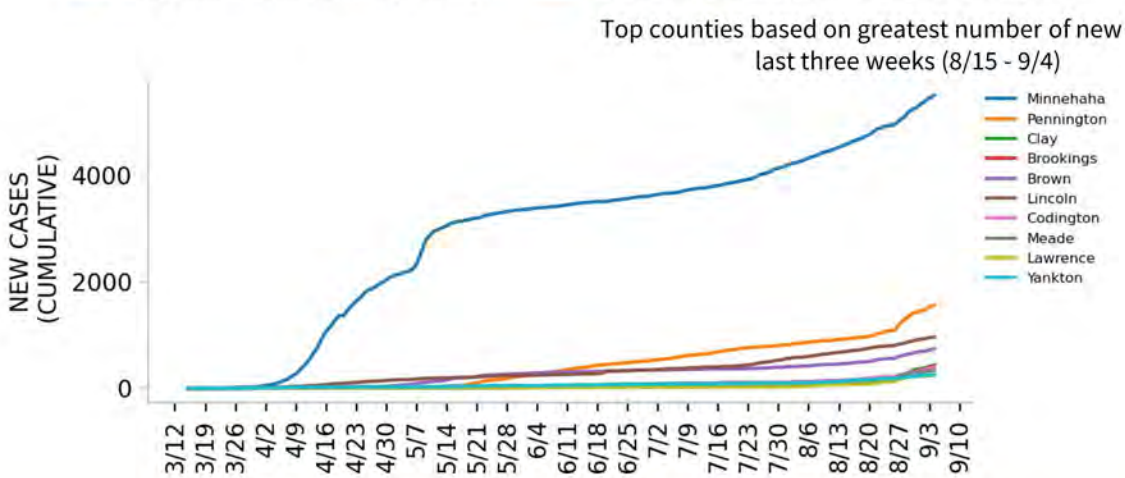
NEW CASES



TESTING



TOP COUNTIES



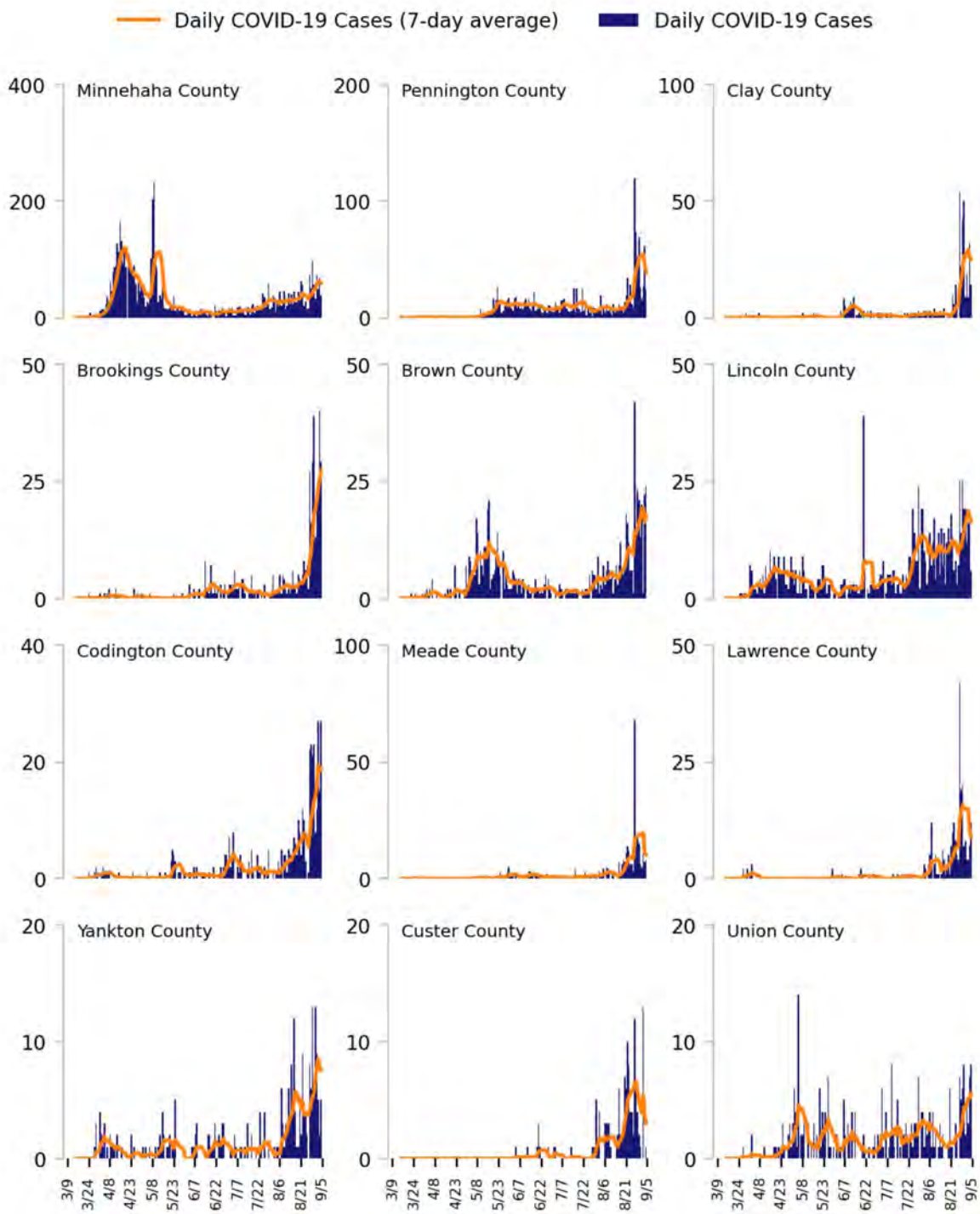
DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/4/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020.

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 9/4/2020. Last 3 weeks is 8/15 - 9/4.

SOUTH DAKOTA

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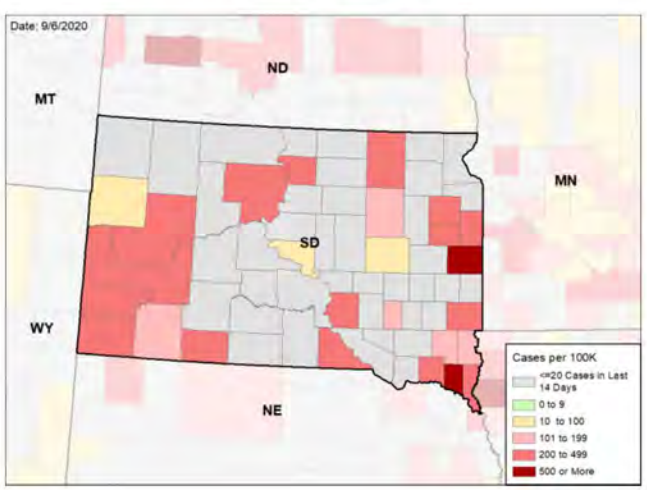
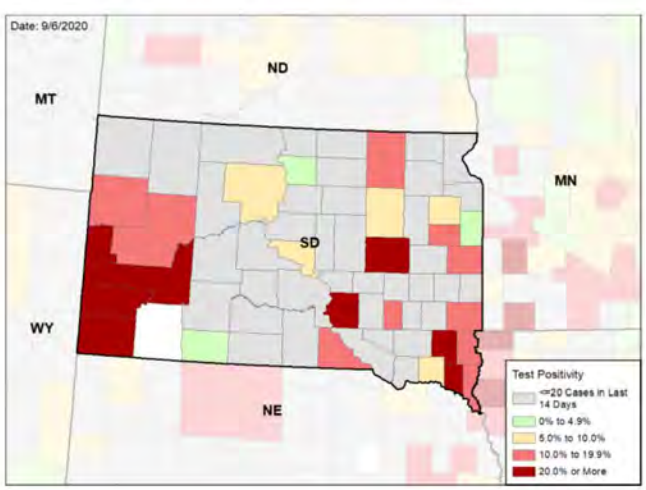
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

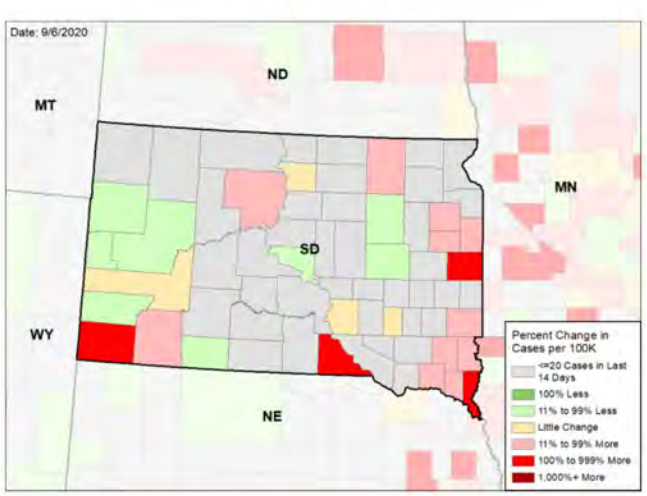
NEW CASES PER 100,000 DURING THE LAST WEEK



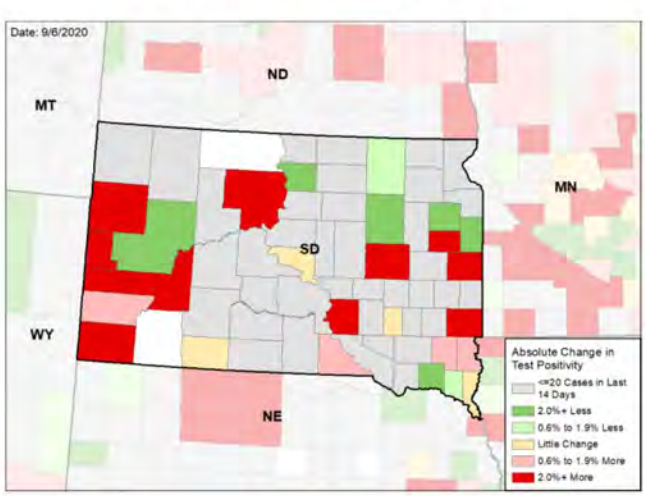
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

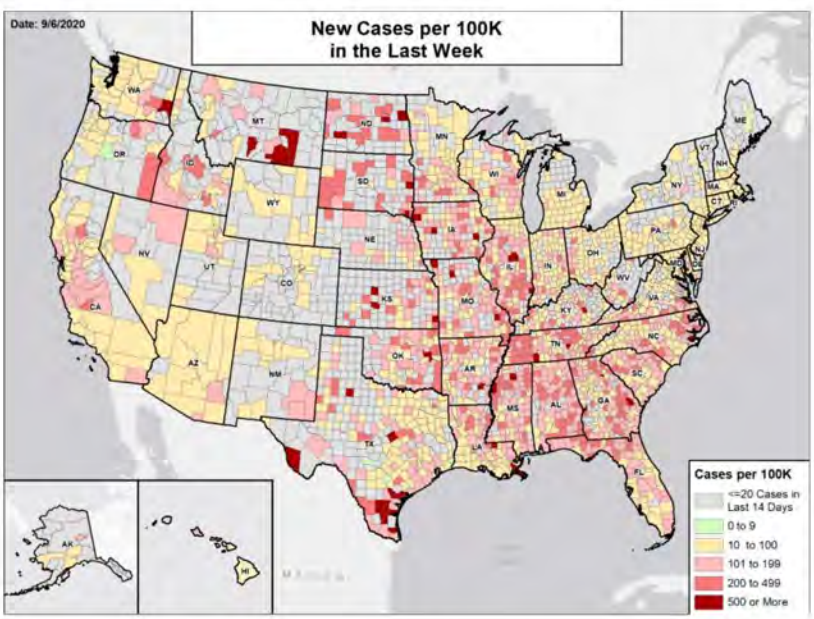
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/4/2020. Last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

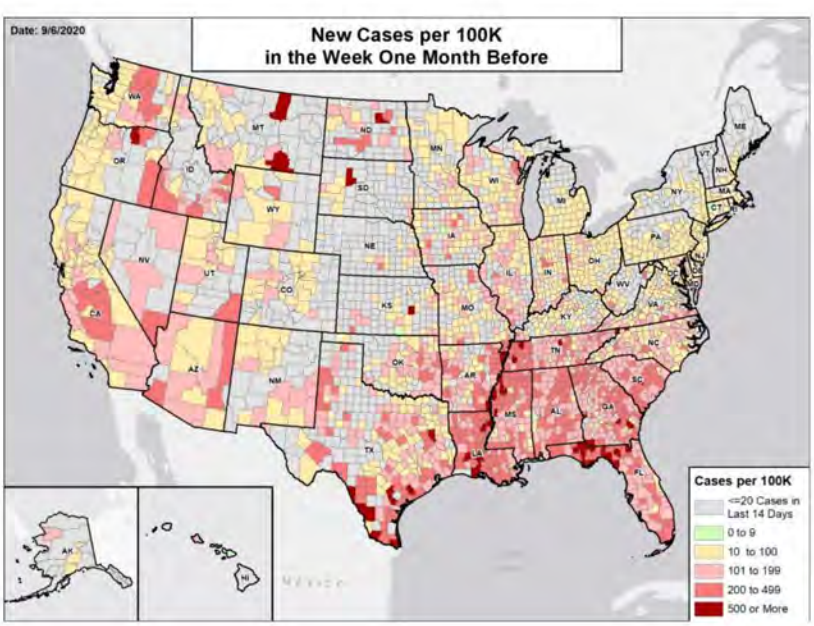
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



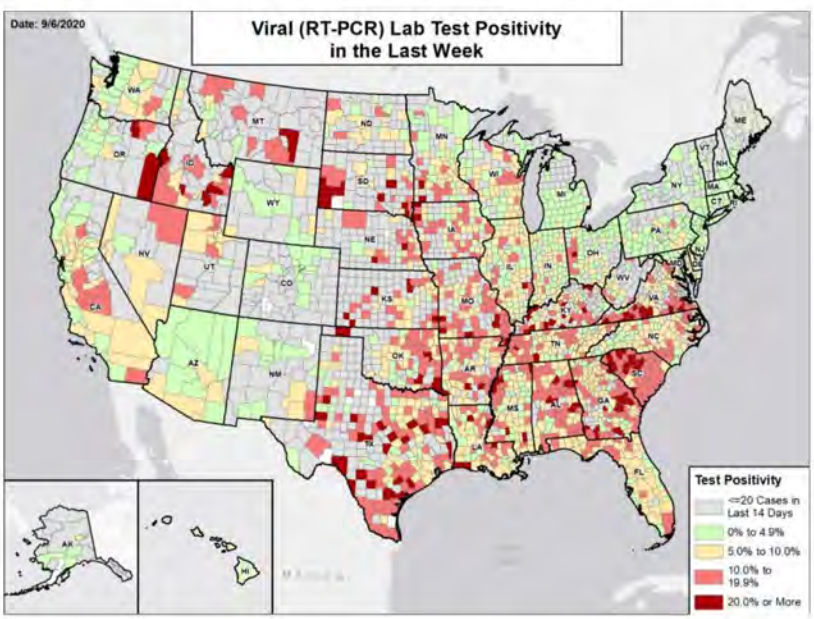
DATA SOURCES

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

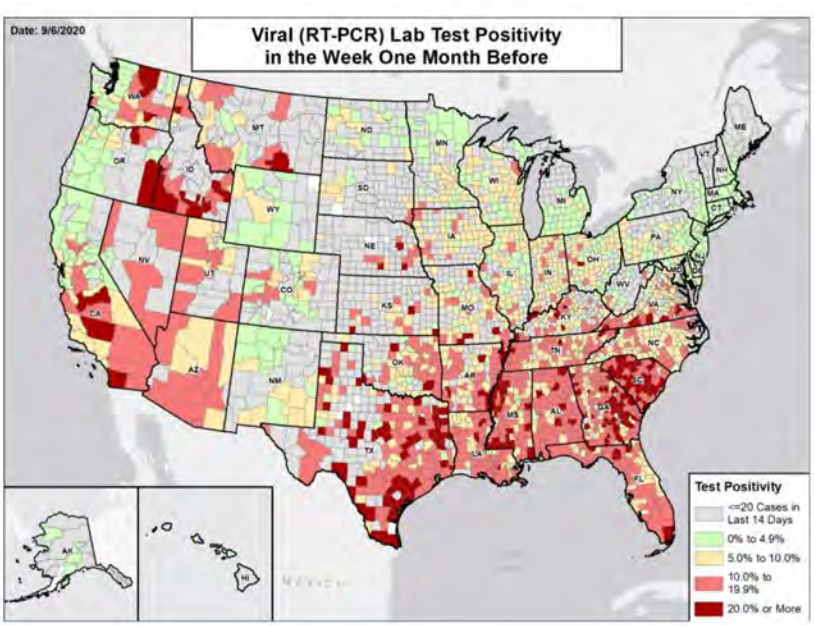
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
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- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality. 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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

STATE REPORT
09.06.2020

TENNESSEE

SUMMARY

- Tennessee 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. Tennessee is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 18th highest rate in the country.
- Tennessee remains high in the number of new cases and at a critical threshold in test positivity. The following three counties had the highest number of new cases over the last 3 weeks: 1. Shelby County, 2. Davidson County, and 3. Knox County. These counties represent 24.3% of new cases in Tennessee.
- 84% of all counties in Tennessee have moderate or high levels of community transmission (yellow or red zone), with 34% having high levels of community transmission (red zone). The virus is in rural and urban areas.
- During the week of Aug 24 – Aug 30, 19% of nursing homes had at least one new resident COVID-19 case, 33% of nursing homes had at least one new staff COVID-19, and 8% of nursing homes had at least one new resident COVID-19 death.
- Tennessee 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: 2 to support operations activities from FEMA.
- Between Aug 29 - Sep 04, on average, 109 patients with confirmed COVID-19 and 125 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Tennessee. 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

- Require masks in metro areas and counties with COVID-19 cases among students or teachers in K-12 schools.
- In university settings:
    - Increase testing capacity by expanding public-private partnerships; increasing the budget and capacity of public health labs; pooling specimens where appropriate; and utilizing all university, veterinary and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
    - Require all universities and colleges to have a plan for both rapid testing and contact tracing of symptomatic students and periodic surveillance testing of students. Ensure quick turnaround times for results and the rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent home to isolate or quarantine.
    - Recruit college and university students to expand public health messaging and contact tracing capacity and ensure protection of local communities by strict mask wearing and social distancing off campus.
    - Universities and colleges should work with various student leaders and campus media to support compliance with recommendations.
    - Consider utilizing focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- 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.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

TENNESSEE

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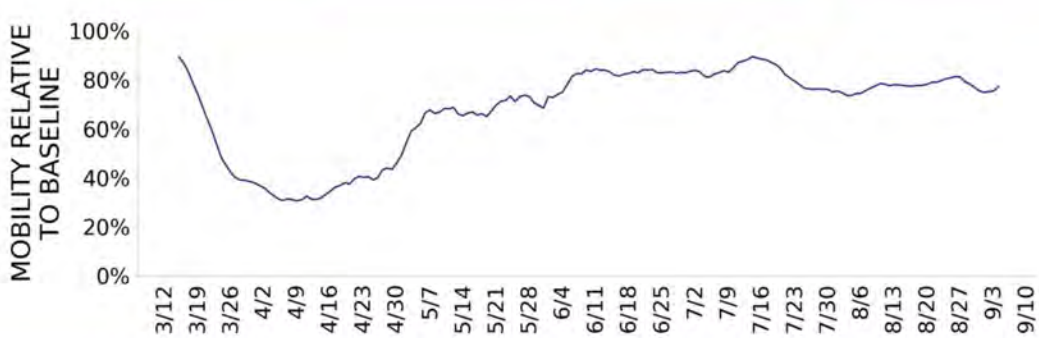
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	9,760 (143)	-1.9%	85,091 (127)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.5%	-0.6%*	8.2%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	107,814** (1,579)	+9.8%**	956,194** (1,429)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	137 (2)	-9.9%	2,140 (3)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	19% (33%)	-1%* (-6%*)	19% (28%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	8%	+1%*	9%	5%

MOBILITY ▶



* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

TENNESSEE

STATE REPORT | 09.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	9	Jackson Cookeville Kingsport-Bristol Johnson City Crossville Martin Dyersburg Union City Brownsville	17	Nashville-Davidson--Murfreesboro--Franklin Memphis Knoxville Chattanooga Cleveland Clarksville Morristown Greeneville Sevierville McMinnville Athens Lewisburg
COUNTY LAST WEEK	32	Wayne Sullivan Putnam Cumberland Weakley Gibson Robertson Dyer Carroll White Henderson Hardin	48	Shelby Davidson Knox Hamilton Rutherford Williamson Madison Blount Sumner Wilson Montgomery Maury

All Yellow CBSAs: Nashville-Davidson--Murfreesboro--Franklin, Memphis, Knoxville, Chattanooga, Cleveland, Clarksville, Morristown, Greeneville, Sevierville, McMinnville, Athens, Lewisburg, Paris, Shelbyville, Lawrenceburg, Newport, Dayton

All Red Counties: Wayne, Sullivan, Putnam, Cumberland, Weakley, Gibson, Robertson, Dyer, Carroll, White, Henderson, Hardin, Obion, Overton, Hardeman, Haywood, McNairy, Chester, Lauderdale, Fentress, Crockett, Marion, Jackson, Johnson, Polk, Hickman, Benton, Smith, Van Buren, Trousdale, Lake, Moore

All Yellow Counties: Shelby, Davidson, Knox, Hamilton, Rutherford, Williamson, Madison, Blount, Sumner, Wilson, Montgomery, Maury, Bradley, Washington, Monroe, Carter, Greene, Sevier, Warren, Tipton, McMinn, Marshall, Fayette, Jefferson, Dickson, Hamblen, Henry, Coffee, Bedford, Loudon, Roane, Hawkins, Lawrence, Cocke, Morgan, DeKalb, Decatur, Rhea, Union, Macon, Lewis, Cannon, Meigs, Unicoi, Houston, Clay, Pickett, Stewart

*** 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 9/2/2020. Last week is 8/27 - 9/2.

TENNESSEE

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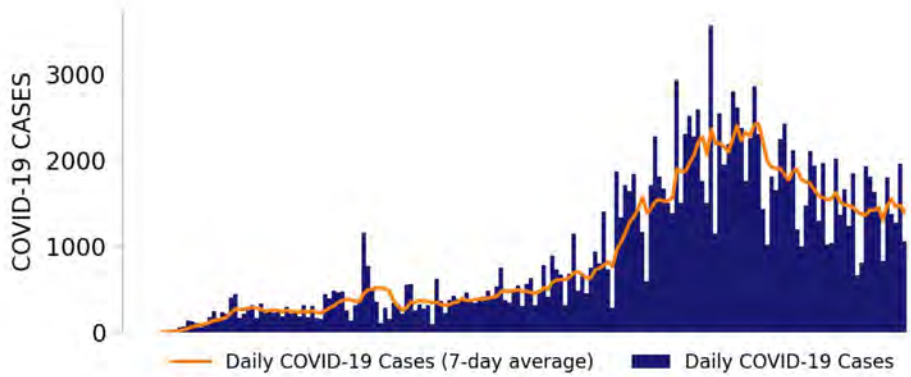
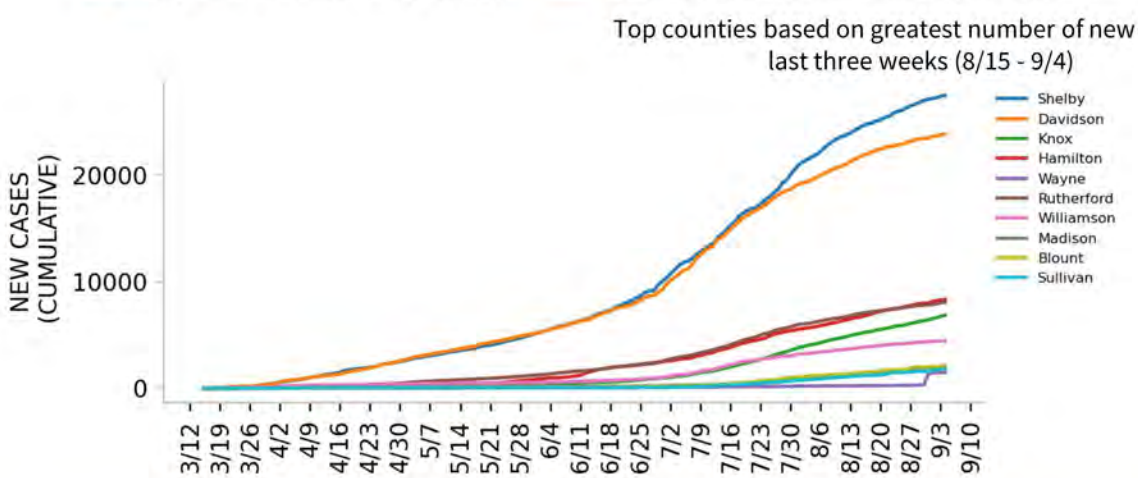
NEW CASES



TESTING

TOP COUNTIES



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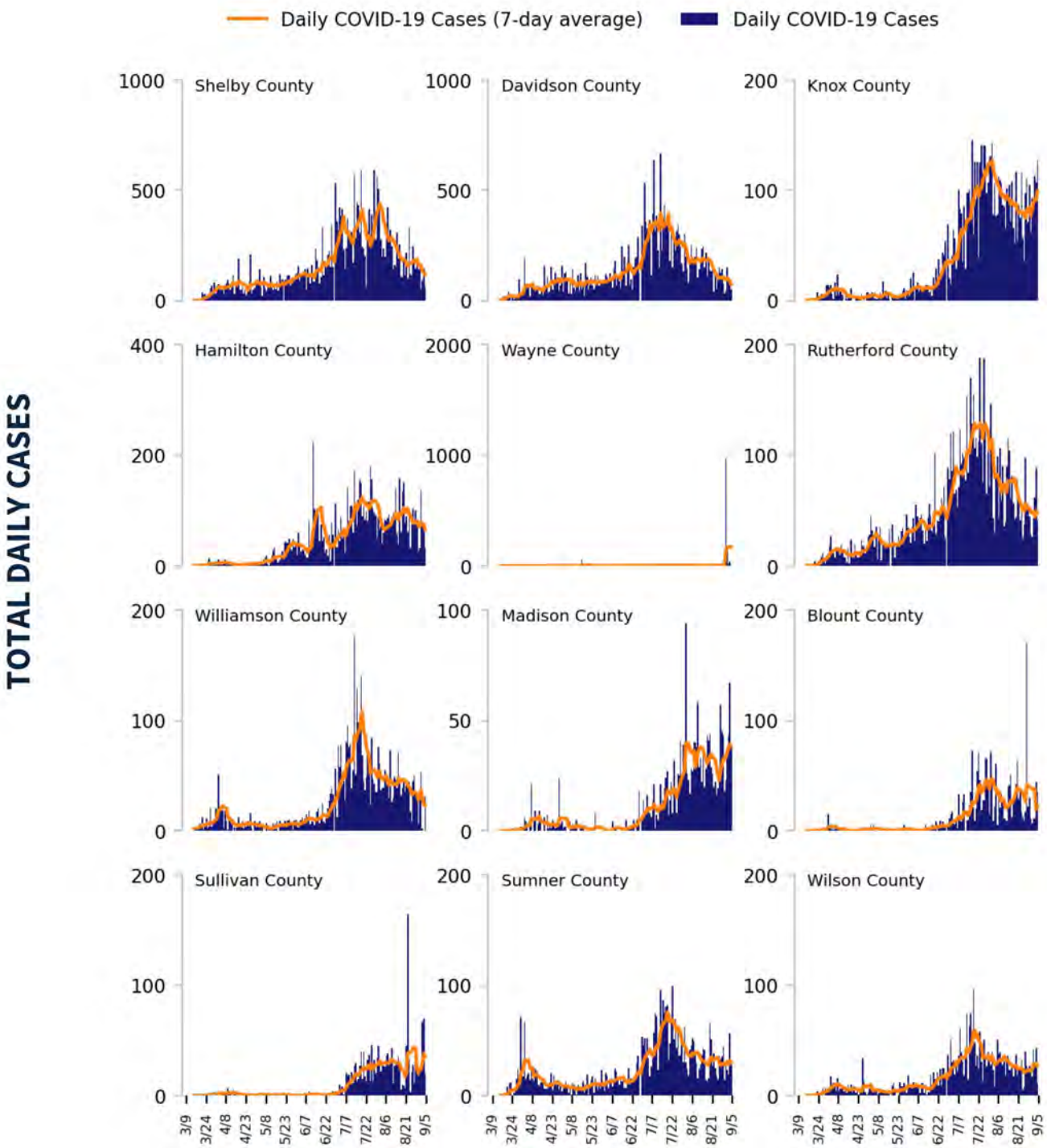
Top 12 counties based on number of new cases in the last 3 weeks



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TENNESSEE

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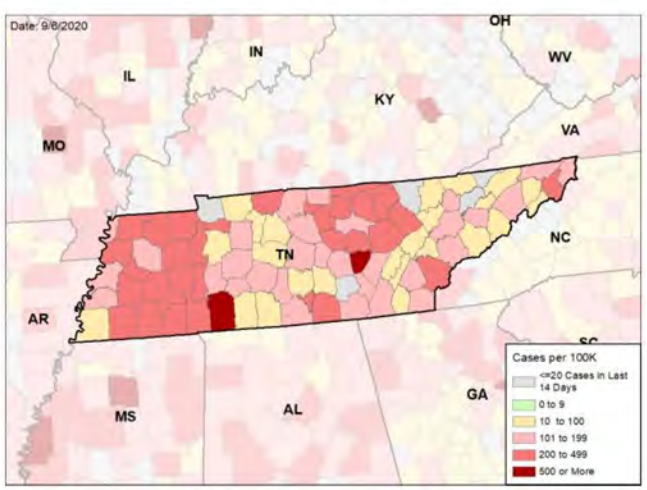
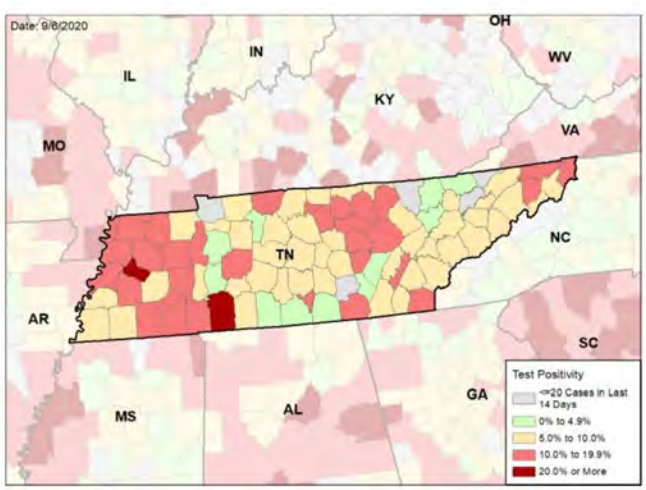
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

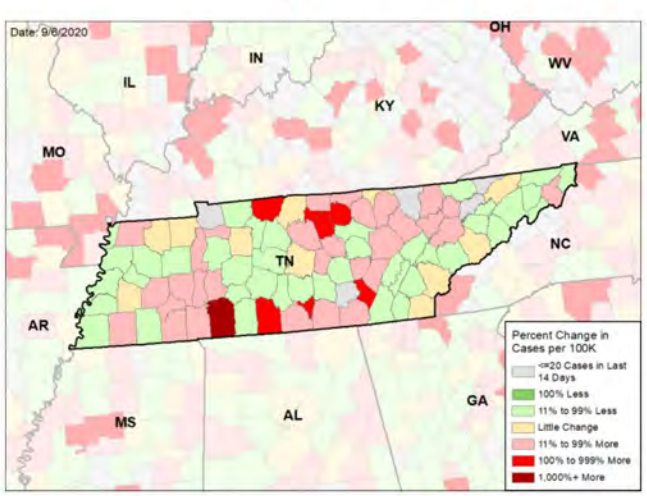
NEW CASES PER 100,000 DURING THE LAST WEEK



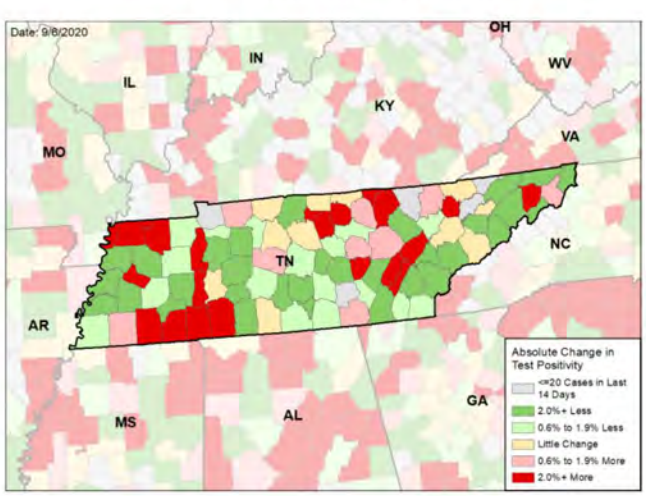
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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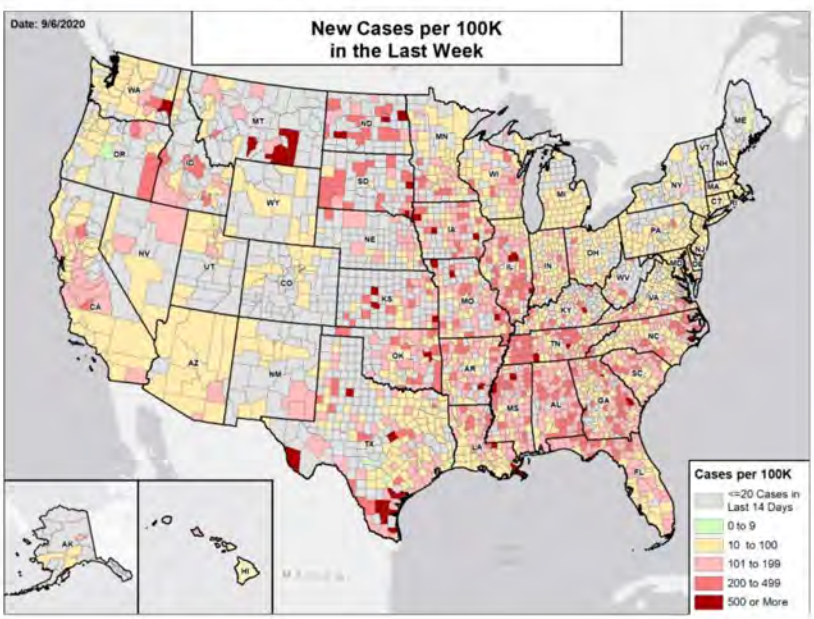
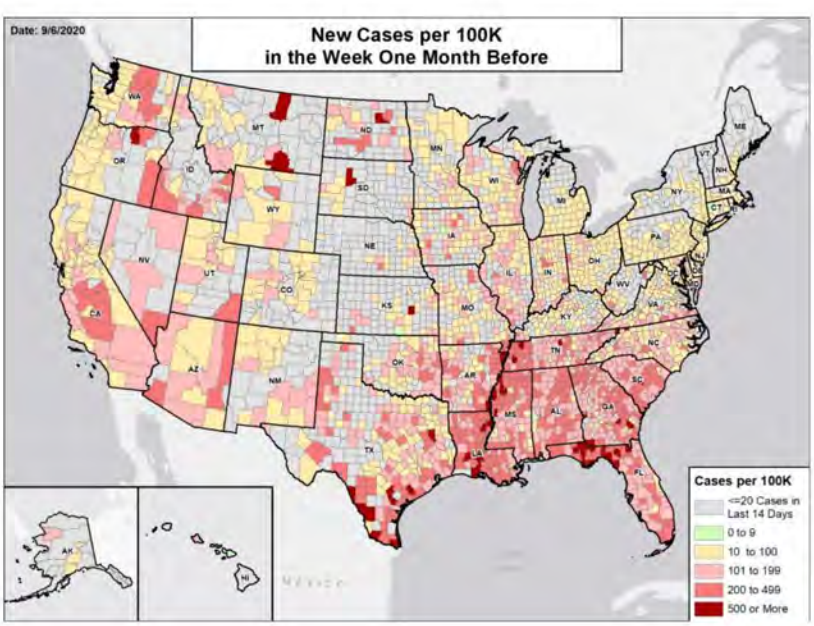
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



DATA SOURCES

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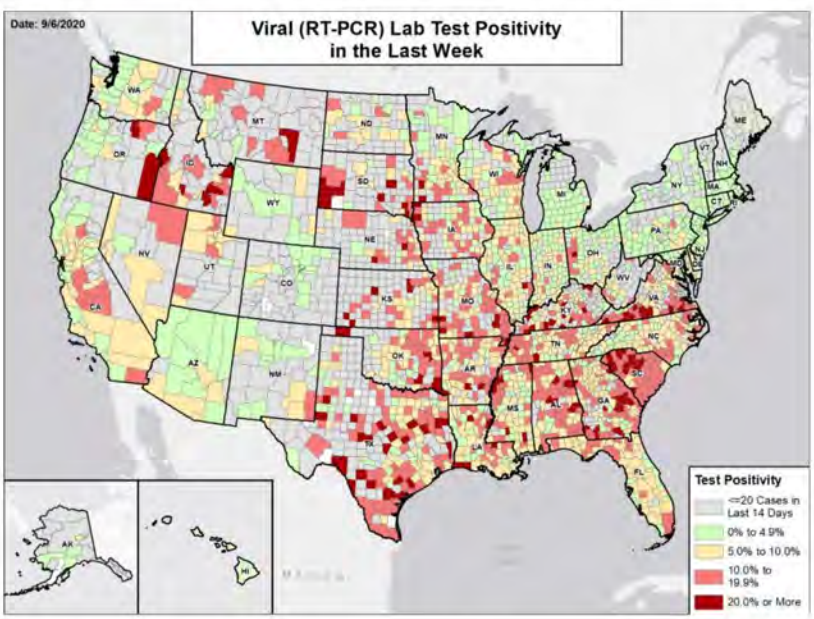
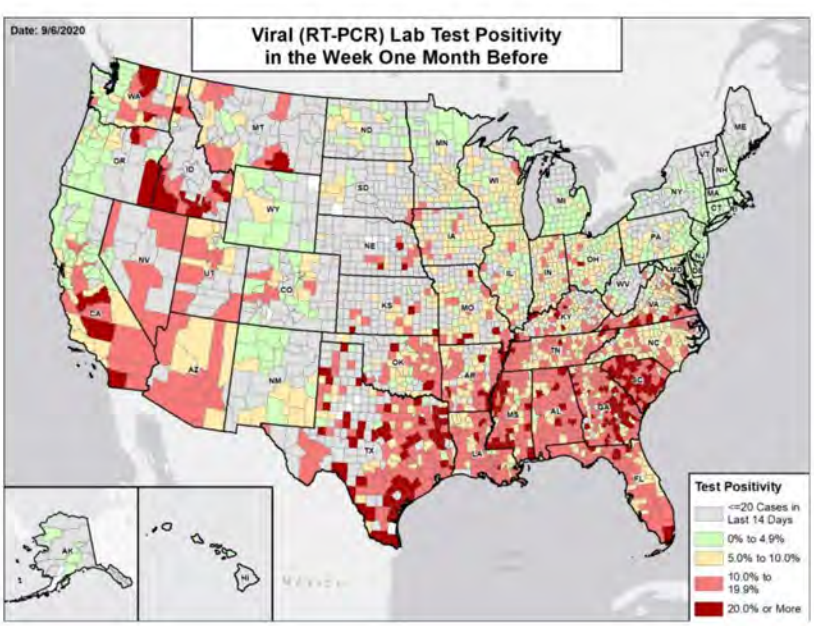
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

STATE REPORT
09.06.2020

TEXAS

SUMMARY

- Texas is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, with the 20th highest rate in the country. Texas is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 10th highest rate in the country.
- Texas has seen stability in new cases and a decrease in test positivity over the last week. While the data have been variable and difficult to characterize over the past couple of weeks, the trends are encouraging.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Harris County, 2. Dallas County, and 3. Hidalgo County. These counties represent 38.5% of new cases in Texas.
- 48% of all counties in Texas have moderate or high levels of community transmission (yellow or red zone), with 18% having high levels of community transmission (red zone).
- During the week of Aug 24 – Aug 30, 13% of nursing homes had at least one new resident COVID-19 case, 17% had at least one new staff COVID-19 case, and 9% had at least one new resident COVID-19 death.
- Texas had 102 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 552 to support medical activities from DOD; 39 to support operations activities from DOD; 51 to support operations activities from FEMA; 28 to support operations activities from ASPR; 1 to support operations activities from CDC; 15 to support operations activities from USCG; 8 to support medical activities from VA; and 1 to support operations activities from VA.
- The federal government has supported a surge testing site in Houston, TX.
- Between Aug 29 - Sep 04, on average, 428 patients with confirmed COVID-19 and 615 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Texas. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Texas has made progress and, to sustain the gains, should continue the strong mitigation efforts statewide and strengthen mitigation efforts in university towns to decrease spread from universities to the local community. Consider a further reduction in hours and occupancy limits in bars and restaurants in university counties and anywhere university and college students gather if cases begin to rise.
- We are seeing gains being reversed in other states due to university spread. Texas universities need to increase testing and isolation to prevent spread from students to local communities and hometowns. This includes detecting asymptomatic students and preventing silent spread of disease through routine saliva testing on university research platforms. Ensure there are quick turnaround times for results and rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent home to isolate or quarantine.
- Increase testing capacity by increasing the budget and capacity of public health labs through:
  - Ensuring hospitals move elective surgeries and admissions testing to pooling in order to reserve tests for community outreach and to expand outpatient testing, pooling specimens where appropriate.
  - Utilizing all university, veterinary, and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Recruit college and university students to expand public health messaging and contact tracing capacity. Ensure protection of local communities by strict mask wearing and social distancing when off-campus and around vulnerable individuals on campus.
- Universities and colleges should work with various student leaders and campus media to support compliance with recommendations.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Increase surveillance for silent community spread by using the Abbott BinaxNOW. Establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders.
- Ask citizens and students to limit ALL social gatherings to 10 or fewer people. Recreating spreading events through bar-like gatherings in homes will result in continued high cases and result in those with comorbidities becoming infected.
- Ensure all nursing homes, assisted living, and elderly care sites follow CMS staff testing requirements and, if cases within local universities rise, increase testing even further to prevent spread from students to residents through staff. Expanding nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- Continued comprehensive support to Native Americans is key for both preventing COVID-19 and flu infections.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

TEXAS

STATE REPORT | 09.06.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	29,450 (102)	-8.9%	45,924 (108)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.7%	-0.7%*	8.7%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	158,285** (546)	-7.5%**	326,348** (764)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	931 (3)	-19.1%	1,270 (3)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	13% (17%)	-2%* (-5%*)	14% (18%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	9%	-1%*	7%	5%

MOBILITY ▶

* Indicates absolute change in percentage points.

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

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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 8/24-8/30, previous week is 8/17-8/23.

TEXAS

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	25	McAllen-Edinburg-Mission Brownsville-Harlingen Corpus Christi Laredo Lubbock Killeen-Temple Waco Eagle Pass Alice Beeville Rio Grande City-Roma Kingsville	35	Houston-The Woodlands-Sugar Land Dallas-Fort Worth-Arlington Austin-Round Rock-Georgetown San Antonio-New Braunfels El Paso Beaumont-Port Arthur College Station-Bryan Amarillo Longview Tyler Odessa Midland
COUNTY LAST WEEK	46	Dallas Hidalgo Cameron Nueces Webb Lubbock McLennan Liberty Coryell Maverick Jim Wells Bee	76	Harris Tarrant Fort Bend Bexar Travis El Paso Denton Montgomery Brazoria Collin Galveston Brazos

All Red CBSAs: McAllen-Edinburg-Mission, Brownsville-Harlingen, Corpus Christi, Laredo, Lubbock, Killeen-Temple, Waco, Eagle Pass, Alice, Beeville, Rio Grande City-Roma, Kingsville, Raymondville, Del Rio, Paris, Texarkana, Brownwood, Stephenville, Uvalde, Bay City, Rockport, Zapata, Port Lavaca, Andrews, Sweetwater
All Yellow CBSAs: Houston-The Woodlands-Sugar Land, Dallas-Fort Worth-Arlington, Austin-Round Rock-Georgetown, San Antonio-New Braunfels, El Paso, Beaumont-Port Arthur, College Station-Bryan, Amarillo, Longview, Tyler, Odessa, Midland, Huntsville, Bonham, Wichita Falls, Sherman-Denison, Victoria, San Angelo, El Campo, Jacksonville, Abilene, Nacogdoches, Plainview, Corsicana, Athens, Palestine, Big Spring, Lufkin, Mineral Wells, Hereford, Pearsall, Gainesville, Levelland, Sulphur Springs, Vernon
All Red Counties: Dallas, Hidalgo, Cameron, Nueces, Webb, Lubbock, McLennan, Liberty, Coryell, Maverick, Jim Wells, Bee, Starr, Kleberg, Willacy, Potter, San Patricio, Val Verde, Lamar, Limestone, Brown, Duval, DeWitt, Erath, Uvalde, Live Oak, Matagorda, Caldwell, Aransas, Colorado, Zapata, Milam, McCulloch, Pecos, Calhoun, Montague, Bosque, Refugio, Runnels, Andrews, Yoakum, Dickens, Nolan, Archer, Concho, Culberson
All Yellow Counties: Harris, Tarrant, Fort Bend, Bexar, Travis, El Paso, Denton, Montgomery, Brazoria, Collin, Galveston, Brazos, Bell, Smith, Ellis, Ector, Jefferson, Midland, Johnson, Kaufman, Randall, Walker, Hays, Fannin, Rusk, Rockwall, Gregg, Comal, Grayson, Parker, Wichita, Victoria, Tom Green, Wharton, Bowie, Cherokee, Bastrop, Nacogdoches, Hale, Taylor, Hunt, Navarro, Waller, Medina, Henderson, Chambers, Brooks, Anderson, Austin, Howard, Angelina, Gonzales, Palo Pinto, Hardin, Deaf Smith, Burnet, Harrison, Van Zandt, Jasper, Frio, Cooke, Camp, Atascosa, Tyler, Hockley, Wood, Fayette, Hill, Lavaca, Leon, Terry, Hopkins, Wilbarger, Falls, Panola, Brewster

*** 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."
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TEXAS

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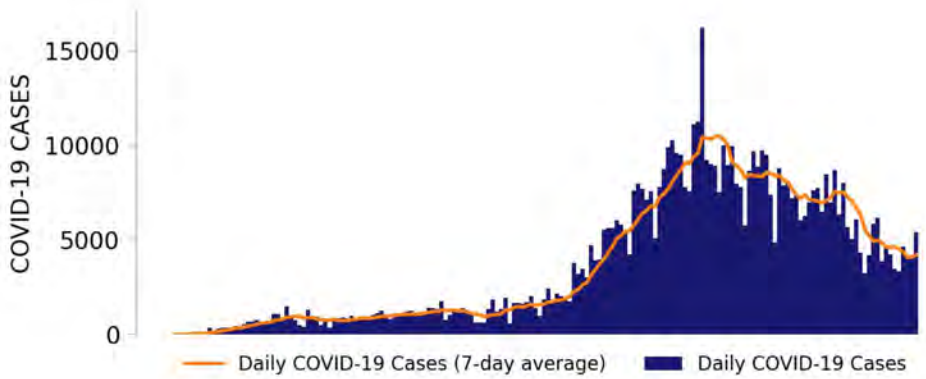
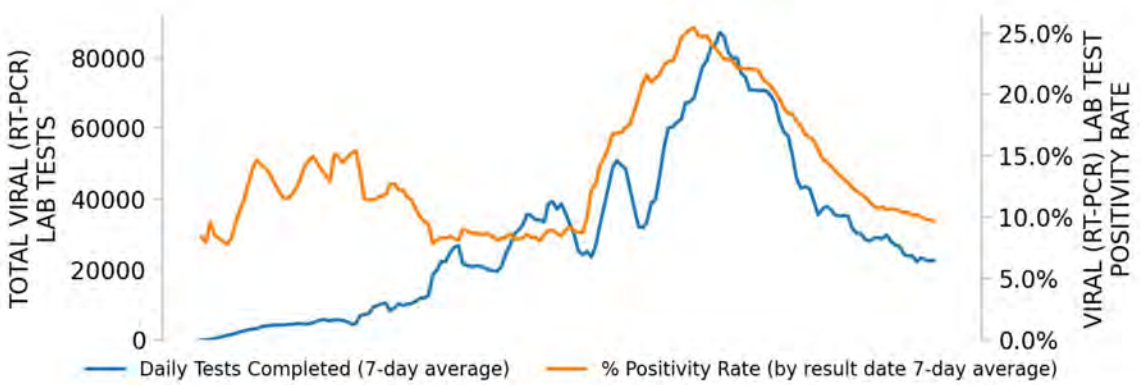
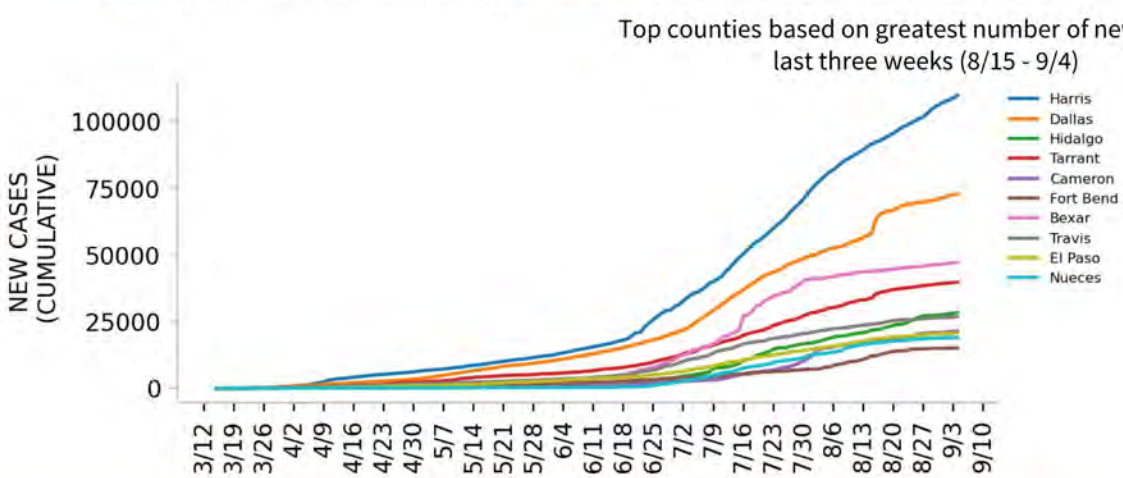
NEW CASES



TESTING



TOP COUNTIES



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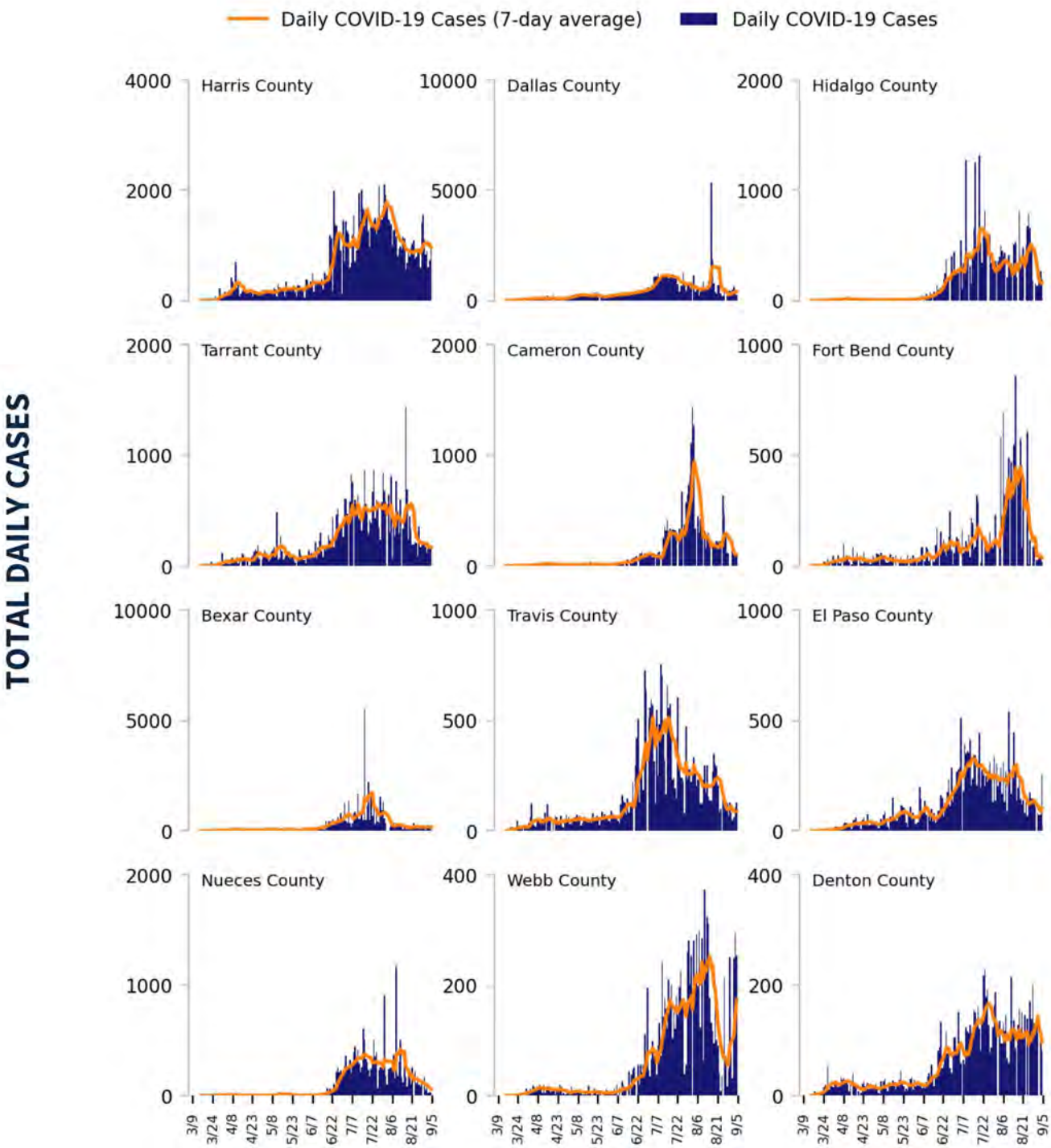
Top 12 counties based on number of new cases in the last 3 weeks



DATA SOURCES – Additional data details available under METHODS

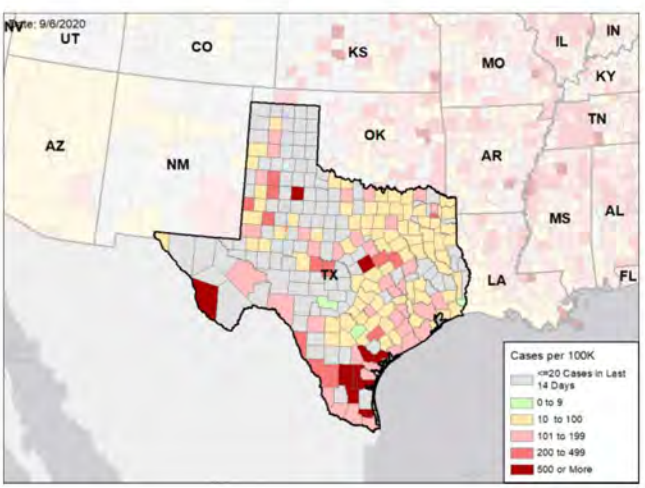
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/4/2020. Last 3 weeks is 8/15 - 9/4.

TEXAS

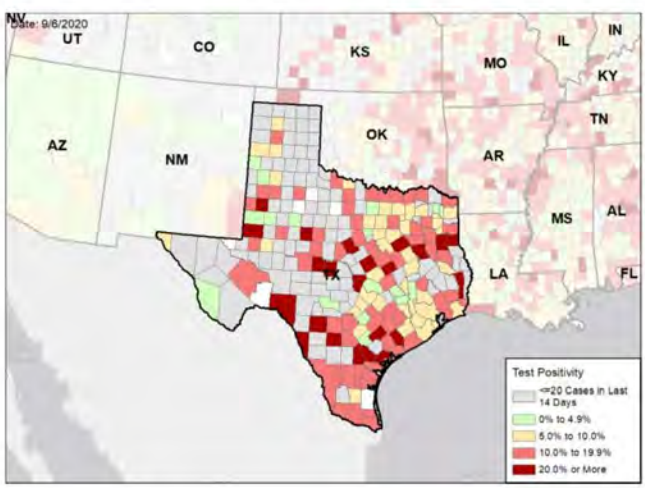
STATE REPORT | 09.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

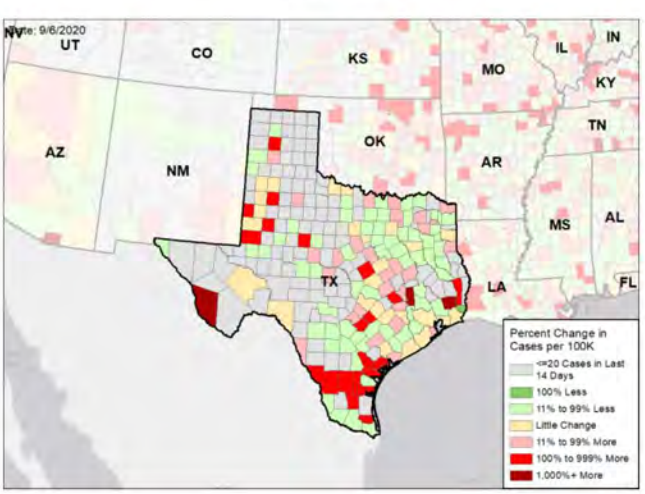
NEW CASES PER 100,000 DURING THE LAST WEEK



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



WEEKLY CHANGE IN NEW CASES PER 100K



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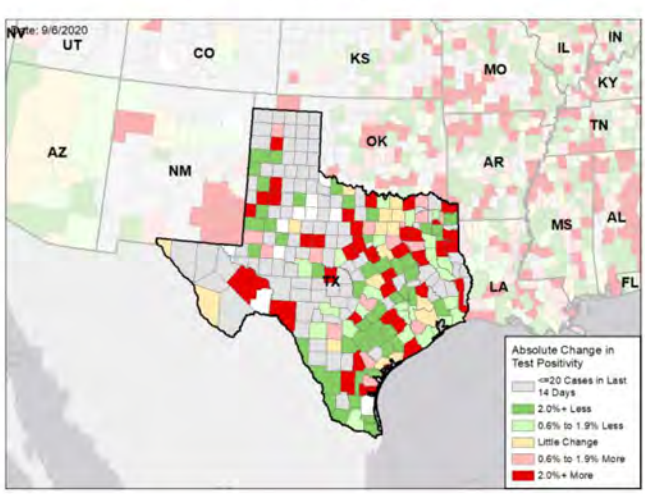

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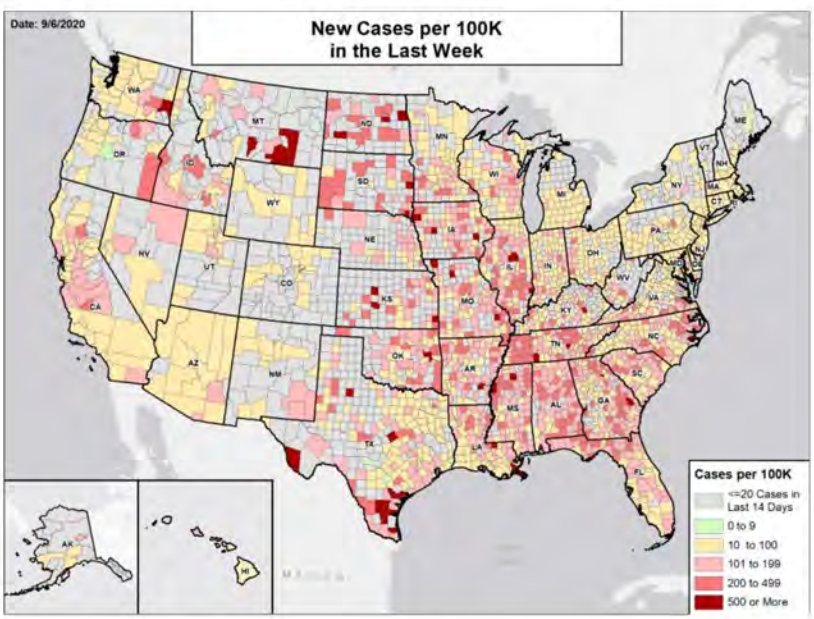
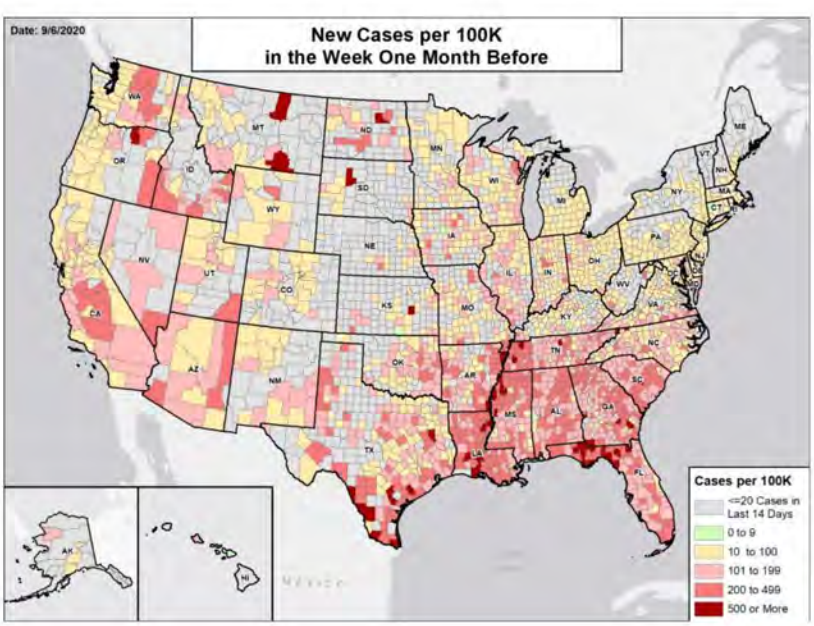
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



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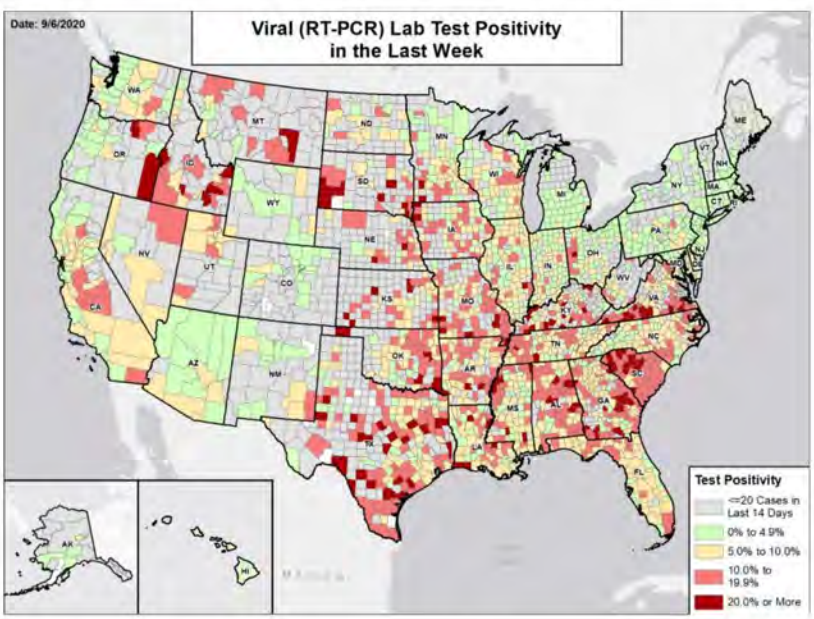
National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



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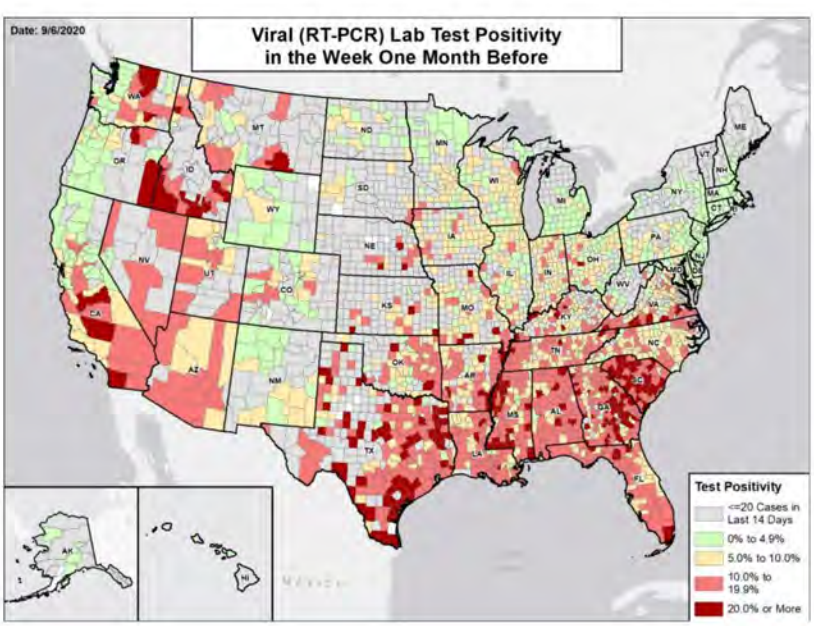

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METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

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UTAH

SUMMARY

- Utah 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. Utah is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 11th highest rate in the country.
- Utah has seen an increase in new cases and stability in test positivity over the last week statewide, particular in counties with colleges and universities.
- 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 78.5% of new cases in Utah.
- 45% of all counties in Utah have moderate or high levels of community transmission (yellow or red zone), with 3% having high levels of community transmission (red zone).
- During the week of Aug 24 – Aug 30, 2% of nursing homes had at least one new resident COVID-19 case, 8% had at least one new staff COVID-19 case, and 1% had at least one new resident COVID-19 death.
- Utah had 90 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 and 1 to support epidemiology activities from CDC.
- Between Aug 29 - Sep 04, on average, 17 patients with confirmed COVID-19 and 16 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Utah. 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

- Persistently elevated case rates are concerning as schools open and colder weather approaches.
- Recommend statewide face covering requirement; at a minimum, all counties defined as yellow and red in this report should enact local ordinances, especially Utah, Davis, Weber, Washington, Cache, Morgan, and Sanpete counties.
- Continue to educate vulnerable family members to protect themselves by avoiding family gatherings and any indoor events where face coverings are not uniformly worn, and social distancing is not possible or practiced.
- Ensure in-person schools are all practicing effective mitigation procedures, including appropriate distancing and face mask use in all indoor settings.
- Identify groups that are not wearing face coverings and target educational efforts to them.
- Continue efforts to enhance testing capacity by expanding public-private partnerships; increasing the budget and capacity of public health labs; pooling specimens where appropriate; and utilizing all university, veterinary and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Require all universities and colleges to have a plan for initial testing and periodic retesting of students, with quick turnaround times for results, and rapid isolation of cases and quarantine of contacts; residential cases and contacts should not be sent home to isolate or quarantine.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Enlist various student leaders and utilize campus media to promote compliance with recommendations.
- Recruit college and university students to expand public health messaging and contact tracing capacity and protect local communities by strict mask wearing and social distancing off campus.
- 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 and in accordance with CMS requirements, facility-wide testing when any staff or resident is diagnosed with COVID, reasonable restrictions on visitation, and required face coverings for all staff.
- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- 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.

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

COVID-19

UTAH

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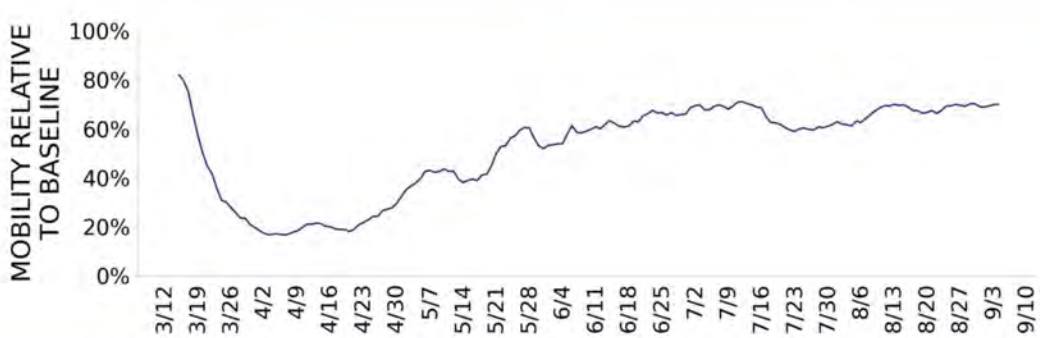
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	2,887 (90)	+16.3%	9,904 (81)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.6%	+0.1%*	6.3%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	48,105** (1,500)	-0.6%**	172,169** (1,404)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	12 (0)	-50.0%	76 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	2% (8%)	-5%* (-3%*)	5% (11%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	-1%*	1%	5%

MOBILITY ▶



* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

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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 8/24-8/30, previous week is 8/17-8/23.

UTAH

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	1	Provo-Orem	6	Salt Lake City Ogden-Clearfield St. George Logan Heber Cedar City
COUNTY LAST WEEK	1	Utah	12	Salt Lake Davis Weber Washington Cache Summit Tooele Iron Box Elder Wasatch Sanpete Morgan

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

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

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

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

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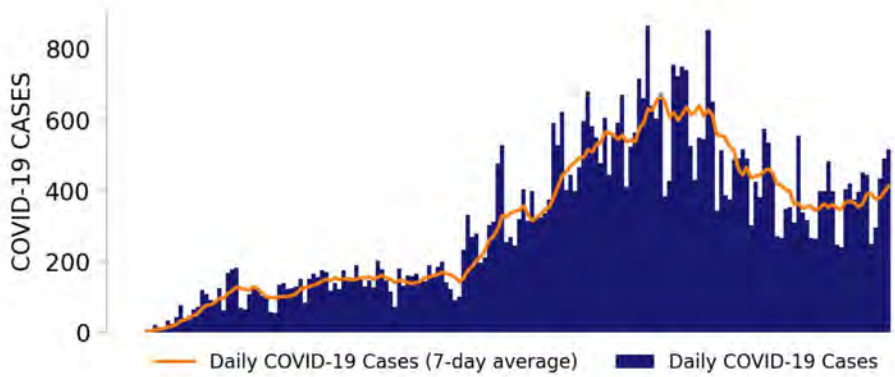
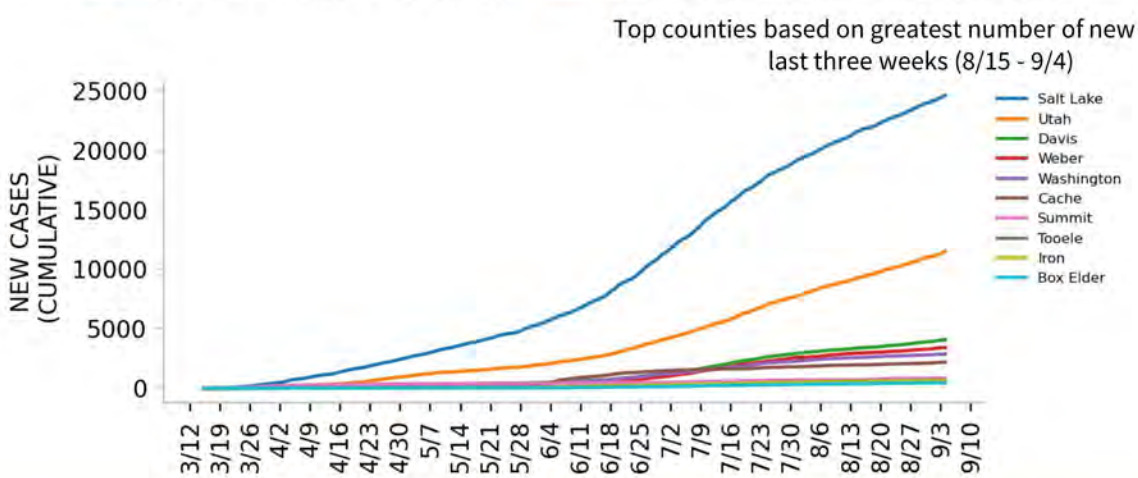
NEW CASES



TESTING

TOP COUNTIES



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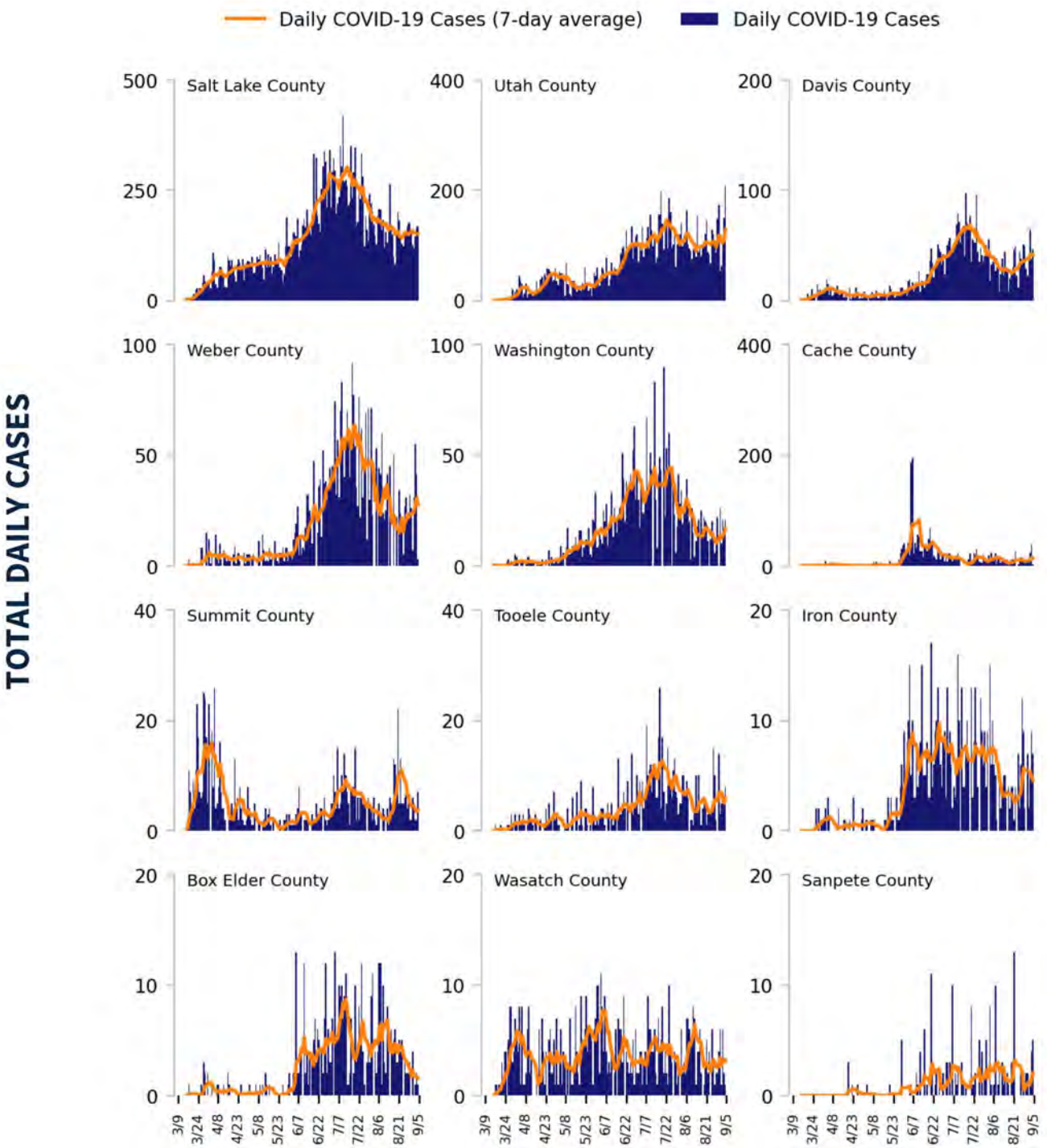

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UTAH

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CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

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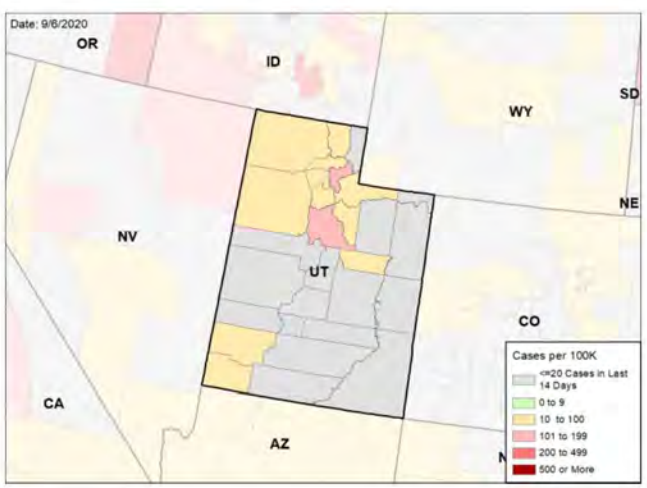

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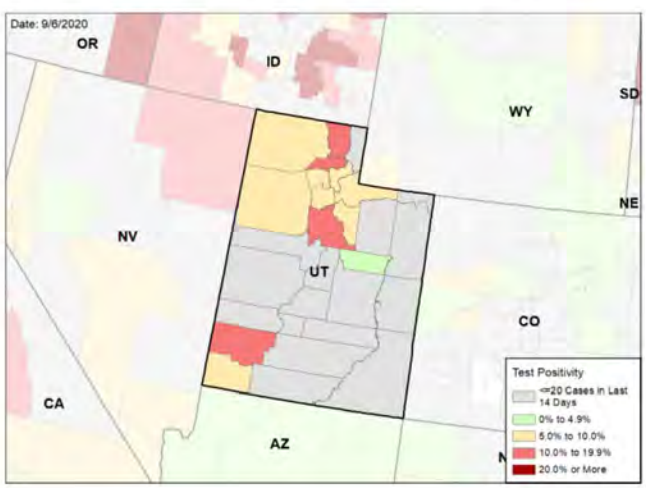

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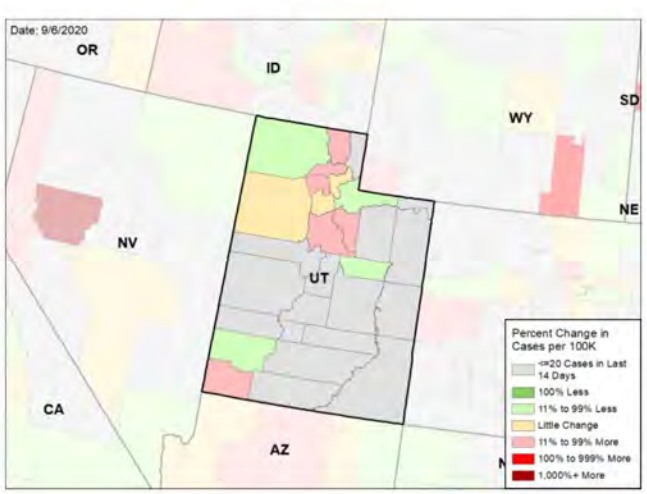

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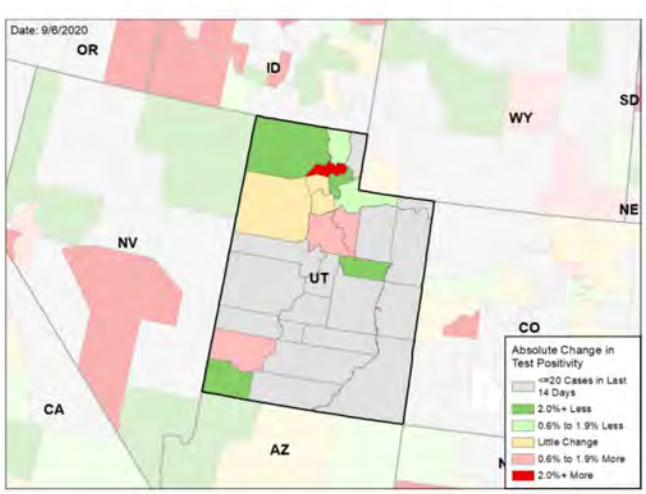

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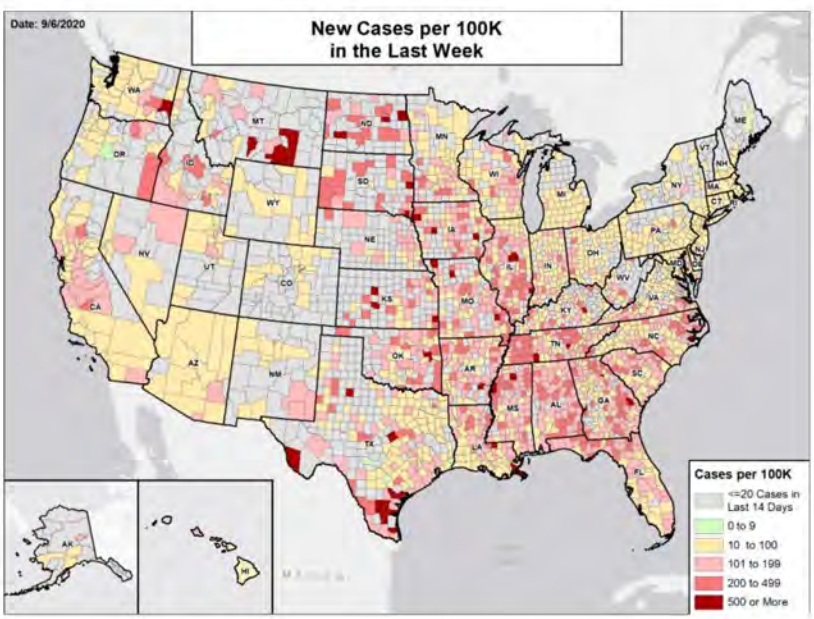

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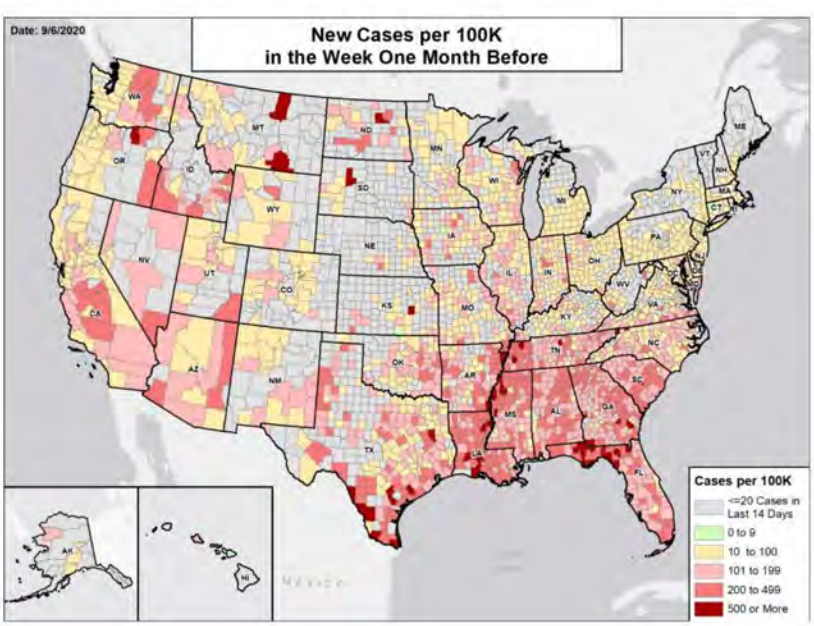

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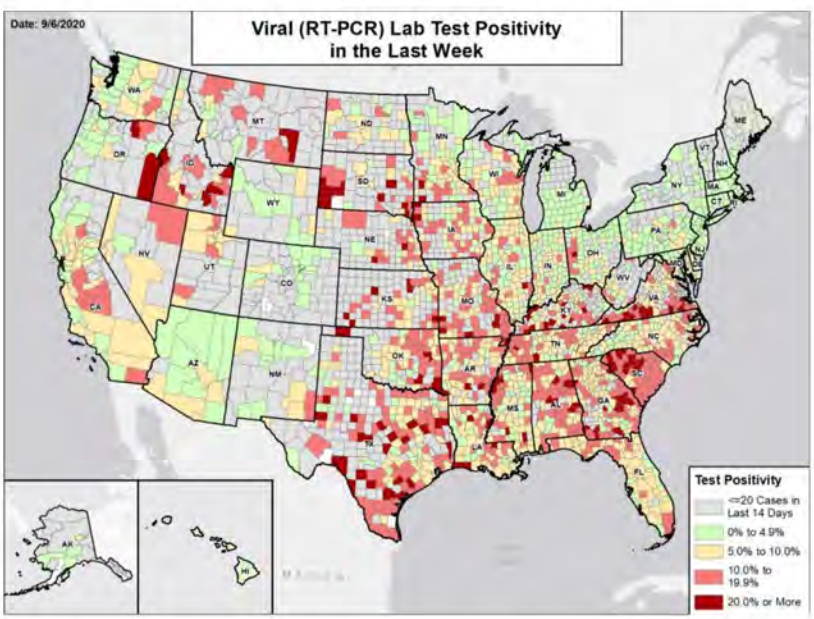

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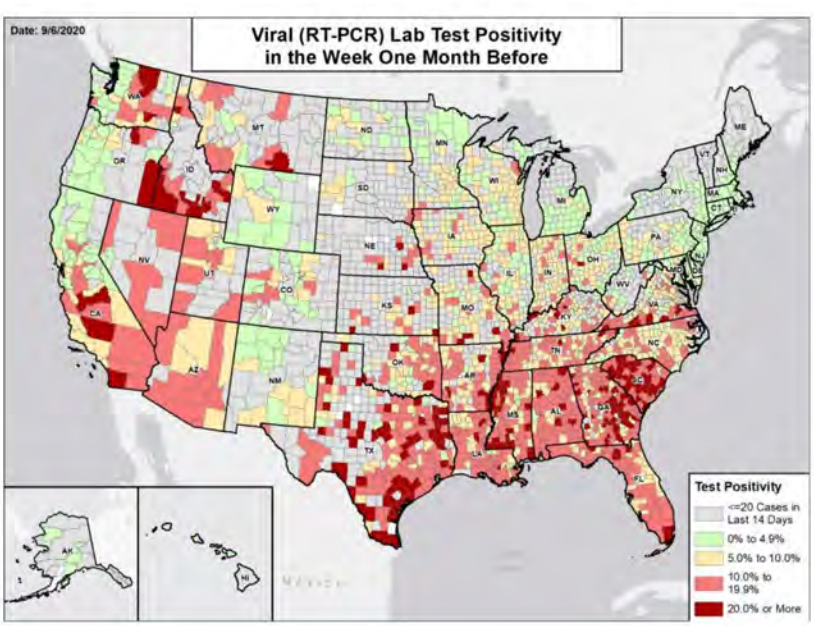

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METHODS

STATE REPORT | 09.06.2020

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DATA NOTES

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- **Cases and deaths:** County-level data from USAFacts as of 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

STATE REPORT
09.06.2020

VERMONT

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. A private party has been linked to 17 cases, approximately one third of the state's total cases last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Chittenden County, 2. Rutland County, and 3. Windham County. These counties represent 66.7% of new cases in Vermont.
- Testing of 27,000 returning university students found only 33 (0.12%) were COVID-positive; state leaders attributed this to students having followed the recommended quarantine prior to their return.
- No counties in Vermont have moderate or high levels of community transmission (yellow or red zone).
- During the week of Aug 24 – Aug 30, 3% of nursing homes had at least one new resident COVID-19 case, 3% of nursing homes had at least one new staff COVID-19 case, and less than 1% of nursing homes had at least one new resident COVID-19 death.
- 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 29 - Sep 04, on average, 1 patient with confirmed COVID-19 and 4 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Vermont. An average of 79% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- Recommendations specific to institutions of higher education (IHE) are highlighted below given the concerning trends nationally and the need to intensify efforts to control COVID-19 among university students and minimize spread to local communities.
- IHE should increase testing capacity by expanding public-private partnerships; increasing the budget and capacity of public health labs; pooling specimens where appropriate; and utilizing all university, veterinary and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Require all universities and colleges to have a plan for both rapid testing and contact tracing of symptomatic students and periodic surveillance testing of students, with quick turnaround times for results, and rapid isolation of cases and quarantine of contacts; residential cases and contacts should not be sent home to isolate or quarantine.
- Recruit college and university students to expand public health messaging and contact tracing capacity and protect local communities by strict mask wearing and social distancing off campus.
- Universities and colleges must work with various student leaders and campus media to support compliance with recommendations.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- University students with or exposed to COVID-19 must have isolation, 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 conduct contact tracing in collaboration with local public health authorities. Support university officials in messaging to students about the importance of full cooperation.
- Ensure all nursing homes, assisted living, and elderly care sites follow CMS staff testing requirements and, if cases within local universities rise, increase testing even further to prevent spread from students to residents through staff. Expanding nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- 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 university public-facing dashboards.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

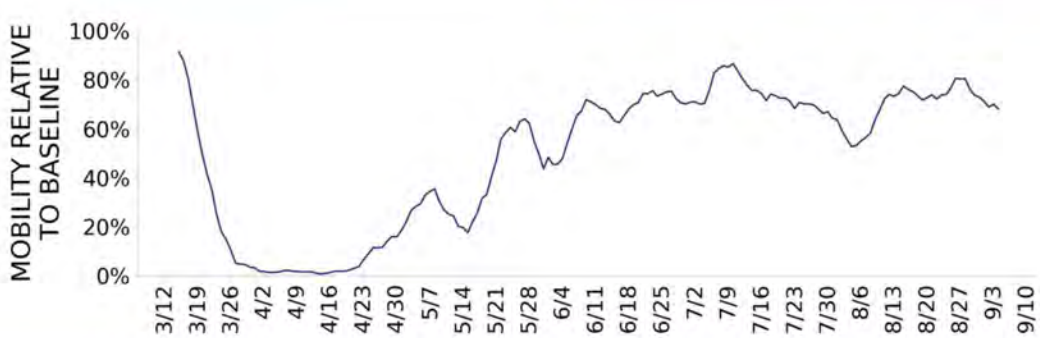
COVID-19

VERMONT

STATE REPORT | 09.06.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	53 (8)	+10.4%	4,414 (30)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	0.3%	-0.1%*	1.0%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	27,669** (4,434)	+57.2%**	431,543** (2,907)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	0 (0)	N/A	92 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	3% (3%)	+3%* (+3%*)	3% (7%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A	2%	5%

MOBILITY ▶



* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

VERMONT

STATE REPORT | 09.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	0	N/A	0	N/A
COUNTY LAST WEEK	0	N/A	0	N/A

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

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

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/4/2020; last week is 8/29 - 9/4, three weeks is 8/15 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2.

VERMONT

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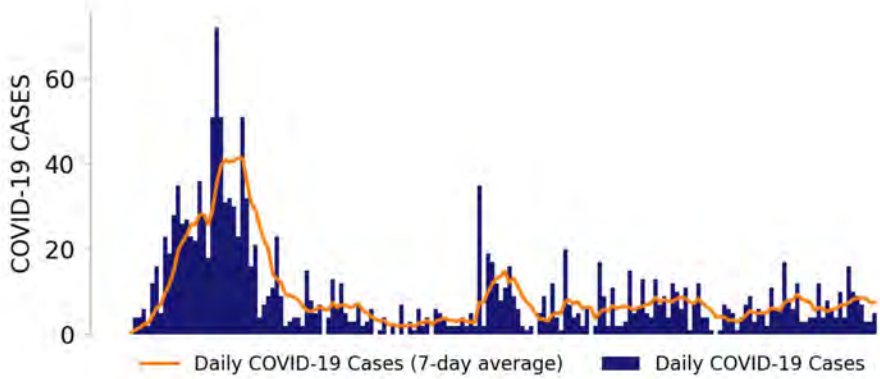
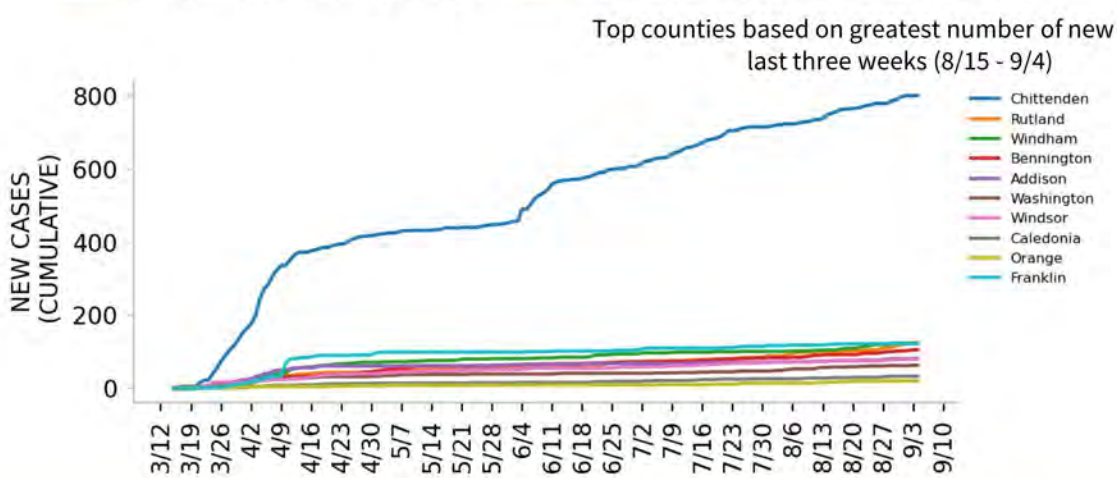
NEW CASES



TESTING

TOP COUNTIES



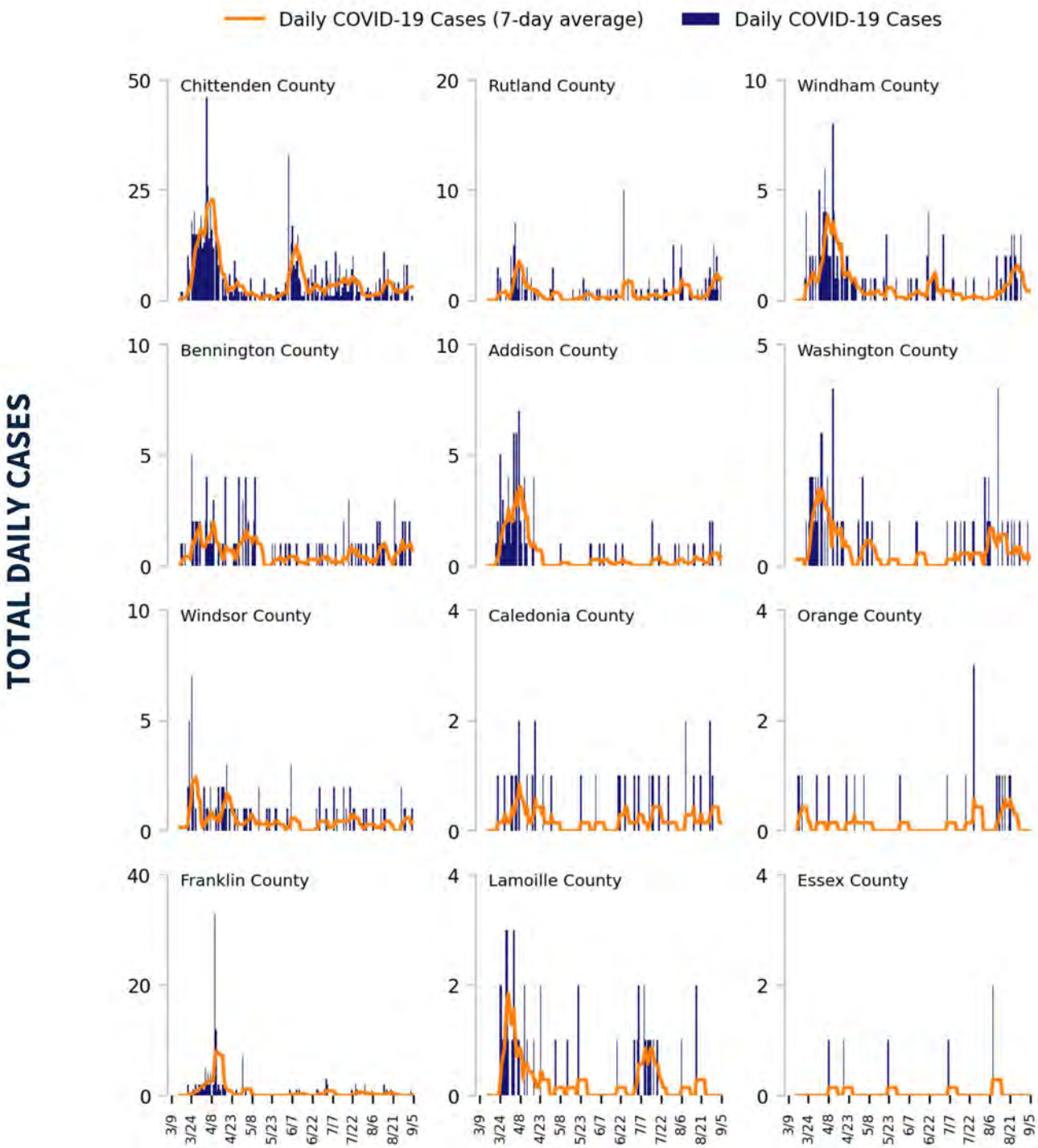
DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/4/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020.

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 9/4/2020. Last 3 weeks is 8/15 - 9/4.

VERMONT

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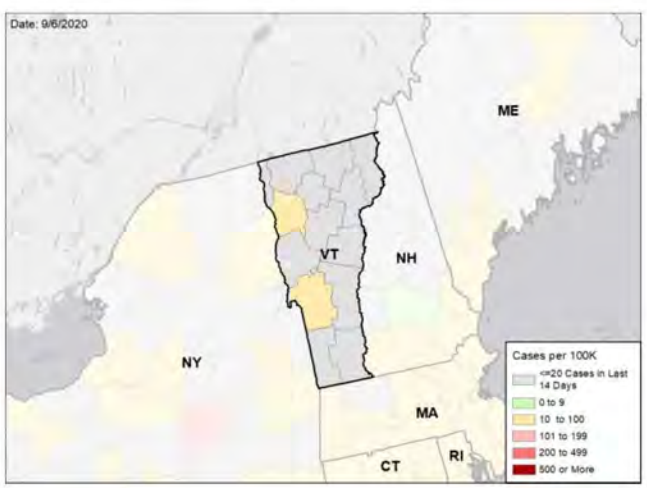
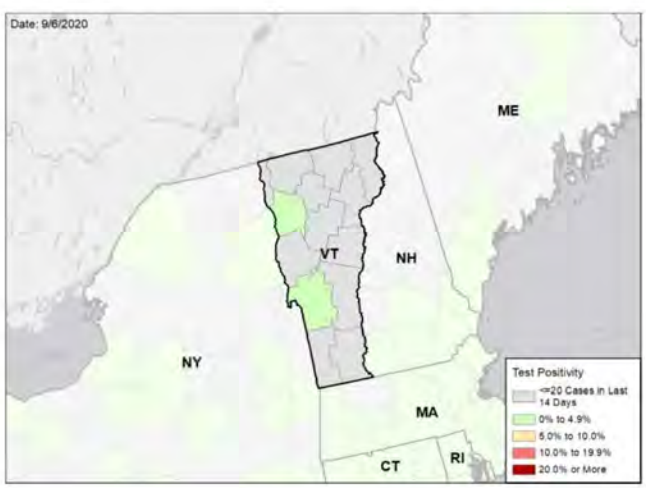
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

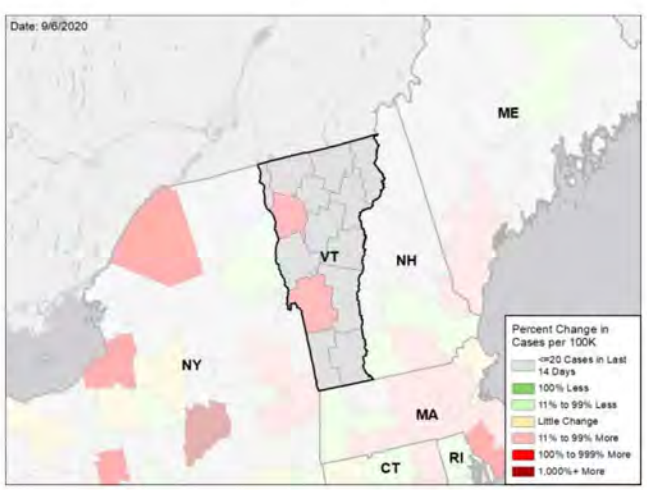
NEW CASES PER 100,000 DURING THE LAST WEEK



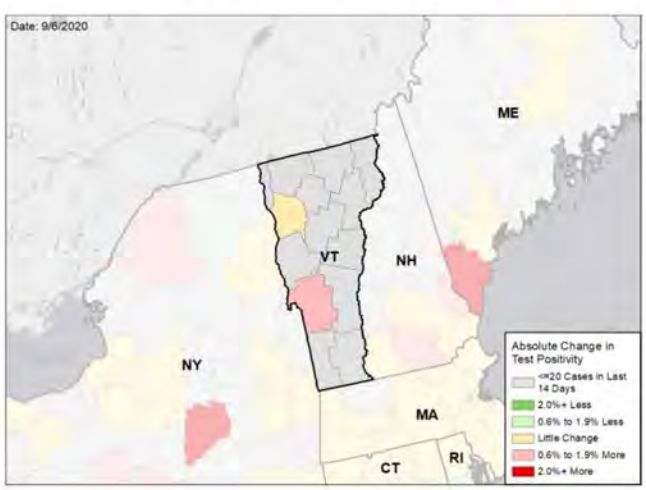
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



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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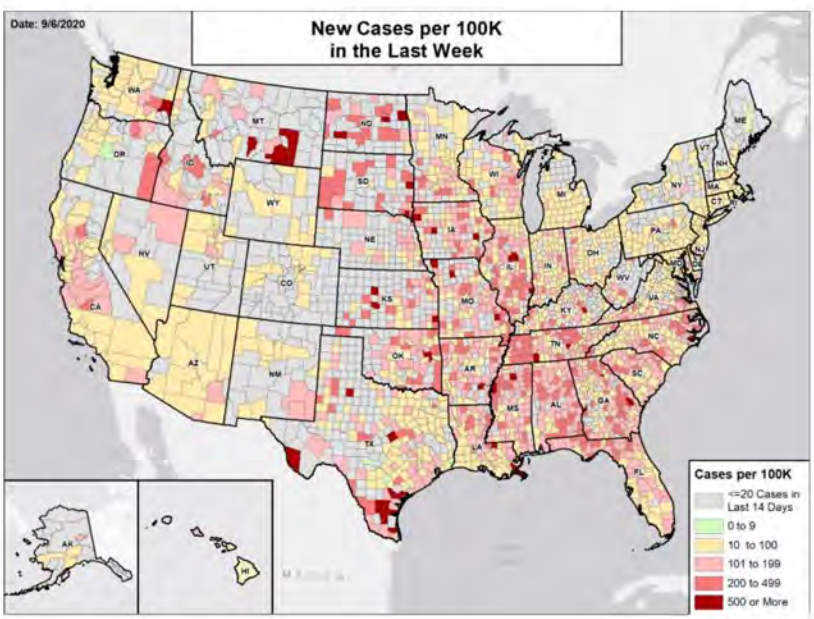
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/4/2020. Last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

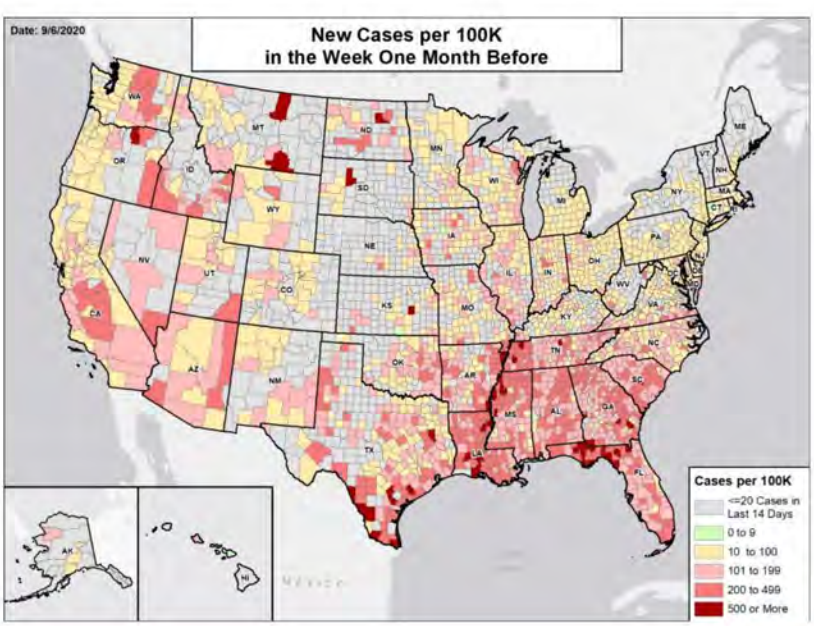
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



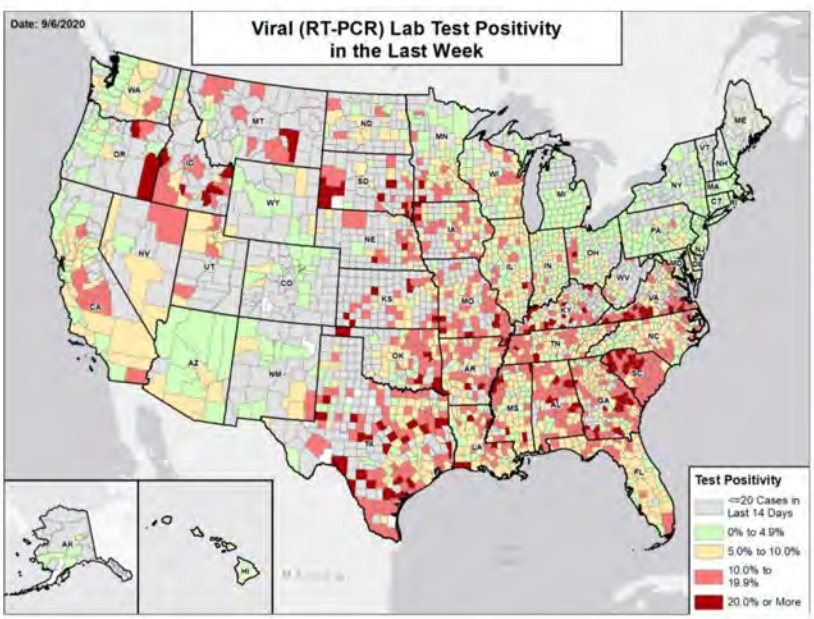
DATA SOURCES

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

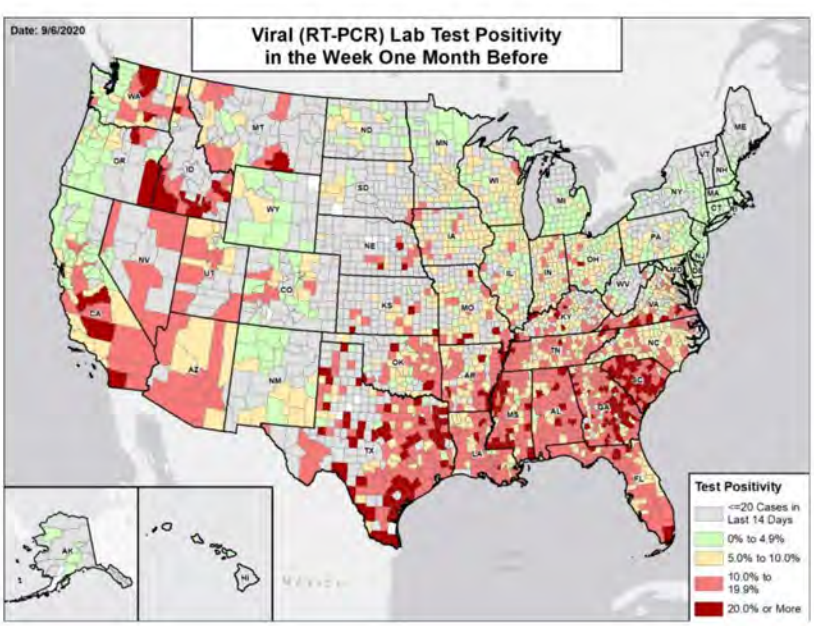
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

STATE REPORT | 09.06.2020

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

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

DATA NOTES

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STATE REPORT
09.06.2020

VIRGINIA

SUMMARY

- Virginia is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 29th highest rate in the country. Virginia is in the red zone for test positivity, indicating a rate above 10%, with the 7th highest rate in the country.
- Virginia has seen stability in new cases and an increase in test positivity over the last week. The increasing test positivity is very concerning.
- 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 20.7% of new cases in Virginia.
- 62% of all counties in Virginia have moderate or high levels of community transmission (yellow or red zone), with 23% having high levels of community transmission (red zone).
- During the week of Aug 24 – Aug 30, 15% of nursing homes had at least one new resident COVID-19 case, 18% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- Virginia had 84 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: 33 to support operations activities from FEMA; 5 to support epidemiology activities from CDC; 3 to support operations activities from CDC; and 96 to support operations activities from USCG.
- Between Aug 29 - Sep 04, on average, 62 patients with confirmed COVID-19 and 274 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Virginia. An average of 93% 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

- Virginia has made progress, but cases are increasing in specific counties and more counties have entered the red zone of >10% positive. To sustain the gains and decrease community spread, continue the strong mitigation efforts statewide and strengthen mitigation efforts in university towns to decrease spread from universities to the local community. Consider further a decrease in hours and occupancy limits in bars and restaurants in university counties and anywhere university and college students gather if cases begin to rise.
- Cases are increasing in Northern Virginia, Richmond, Radford City, and Harrisonburg.
- We are seeing gains being reversed in other states due to university spread. Virginia universities need to increase testing and isolation to prevent spread from students to local communities and hometowns. This includes detecting asymptomatic students and preventing silent spread of disease through routine saliva testing on university research platforms. Ensure there are quick turnaround times for results and rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent home to isolate or quarantine.
- Increase testing capacity by increasing the budget and capacity of public health labs through:
    - Ensuring hospitals move elective surgeries and admissions testing to pooling in order to reserve tests for community outreach and to expand outpatient testing, pooling specimens where appropriate.
    - Utilizing all university, veterinary, and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Recruit college and university students to expand public health messaging and contact tracing capacity. Ensure protection of local communities by strict mask wearing and social distancing when off-campus and around vulnerable individuals on campus.
- Universities and colleges should work with various student leaders and campus media to support compliance with recommendations.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Increase surveillance for silent community spread by using the Abbott BinaxNOW. Establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders.
- Ask citizens and students to limit ALL social gatherings to 10 or fewer people. Recreating spreading events through bar-like gatherings in homes will result in continued high cases and result in those with comorbidities becoming infected.
- Ensure all nursing homes, assisted living, and elderly care sites follow CMS staff testing requirements and, if cases within local universities rise, increase testing even further to prevent spread from students to residents through staff. Expanding nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

VIRGINIA

STATE REPORT | 09.06.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	7,195 (84)	+6.9%	19,259 (62)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.4%	+0.7%*	5.4%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	94,008** (1,101)	-13.9%**	460,551** (1,493)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	115 (1)	+4.5%	310 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	15% (18%)	+3%* (-2%*)	8% (13%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	+0%*	3%	5%

MOBILITY ▶

* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

VIRGINIA

STATE REPORT | 09.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	5	Blacksburg-Christiansburg Harrisonburg Danville Martinsville Kingsport-Bristol	8	Washington-Arlington-Alexandria Virginia Beach-Norfolk-Newport News Richmond Lynchburg Charlottesville Roanoke Big Stone Gap Bluefield
COUNTY LAST WEEK	30	Newport News City Harrisonburg City Radford City Montgomery Suffolk City Pittsylvania Henry Danville City Charlottesville City Isle of Wight Washington Prince George	53	Fairfax Prince William Virginia Beach City Richmond City Chesapeake City Loudoun Henrico Chesterfield Norfolk City Alexandria City Lynchburg City Portsmouth City

All Red Counties: Newport News City, Harrisonburg City, Radford City, Montgomery, Suffolk City, Pittsylvania, Henry, Danville City, Charlottesville City, Isle of Wight, Washington, Prince George, Greensville, Manassas City, Smyth, Franklin City, Mecklenburg, Martinsville City, Carroll, Appomattox, Southampton, Patrick, Grayson, Wythe, Brunswick, Emporia City, Sussex, Surry, Essex, Giles

All Yellow Counties: Fairfax, Prince William, Virginia Beach City, Richmond City, Chesapeake City, Loudoun, Henrico, Chesterfield, Norfolk City, Alexandria City, Lynchburg City, Portsmouth City, Hampton City, Stafford, Spotsylvania, Bedford, Albemarle, Roanoke City, Fauquier, Hanover, Rockingham, Wise, James City, Roanoke, Amherst, Petersburg City, Campbell, Culpeper, York, Dinwiddie, Lee, Augusta, Hopewell City, Fredericksburg City, Franklin, Pulaski, Halifax, Salem City, Russell, Scott, Caroline, Shenandoah, Floyd, Manassas Park City, Buckingham, Orange, Lancaster, Bland, Colonial Heights City, New Kent, Charlotte, Nottoway, Northumberland

*** 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 9/2/2020. Last week is 8/27 - 9/2.

VIRGINIA

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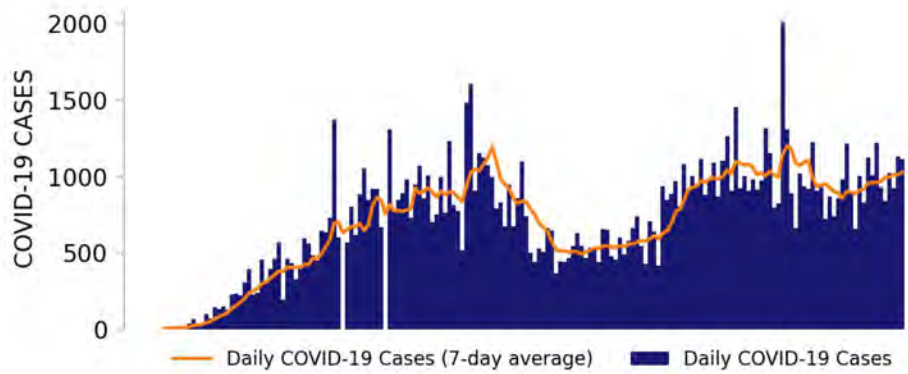
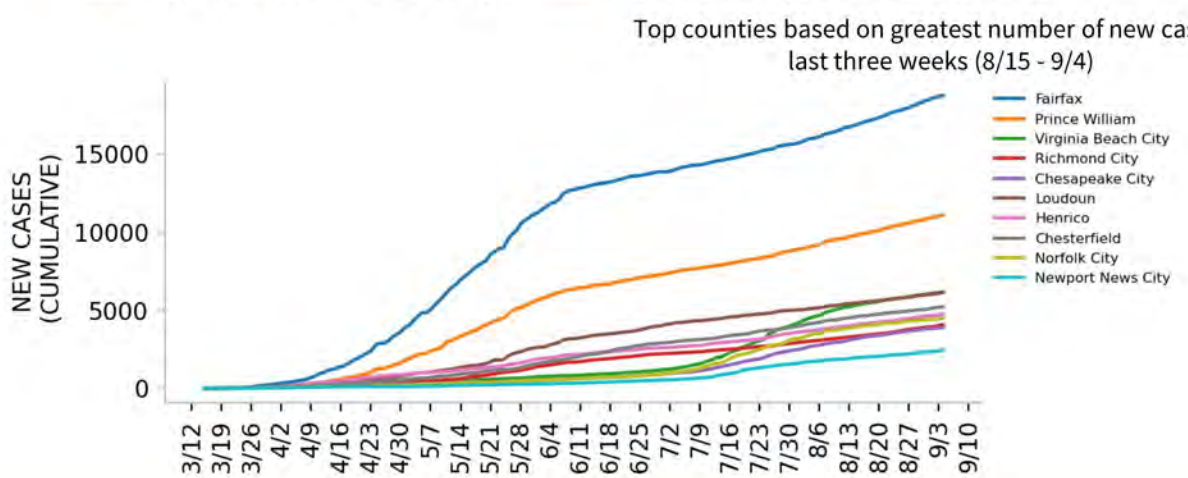
NEW CASES



TESTING

TOP COUNTIES



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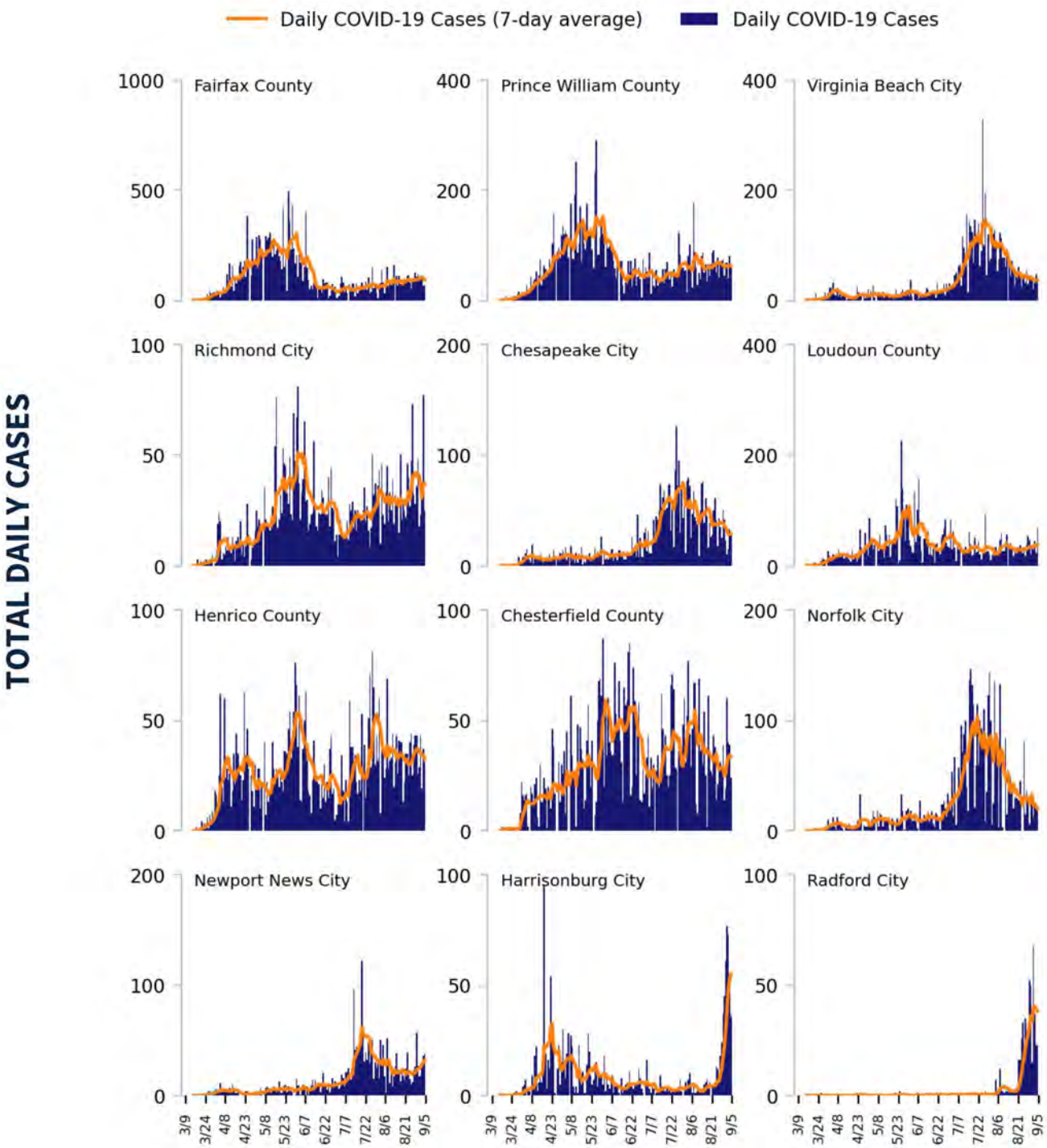
Top 12 counties based on number of new cases in the last 3 weeks



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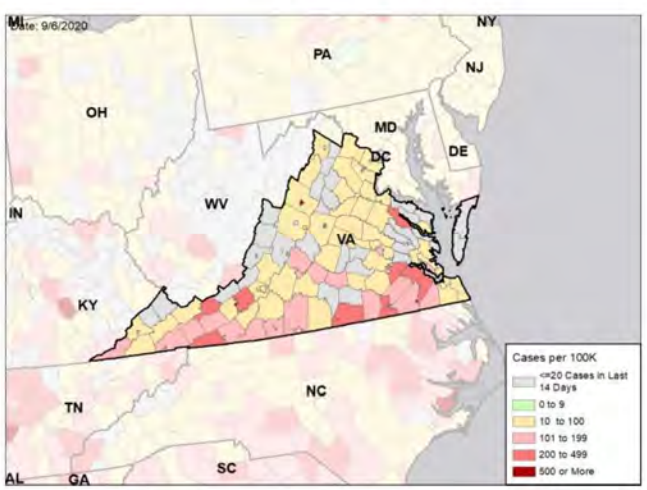
VIRGINIA

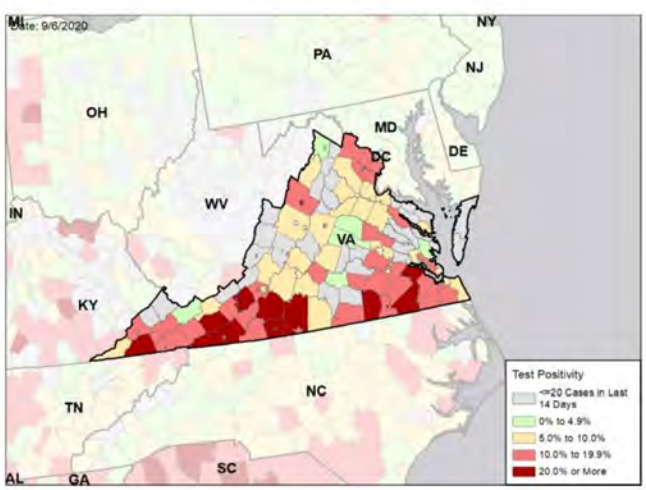
STATE REPORT | 09.06.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

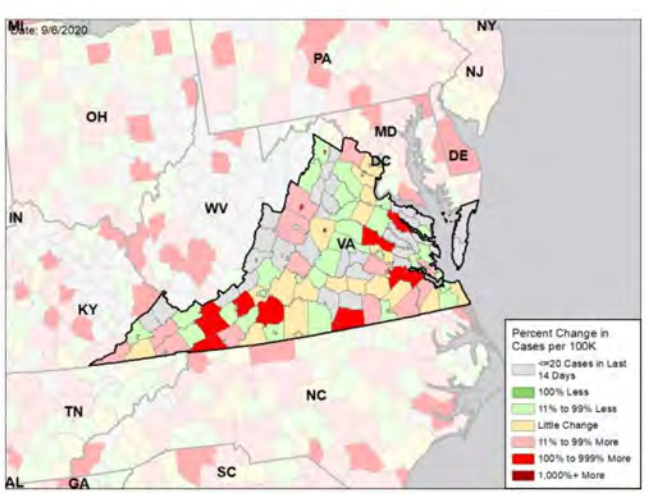
NEW CASES PER 100,000 DURING THE LAST WEEK



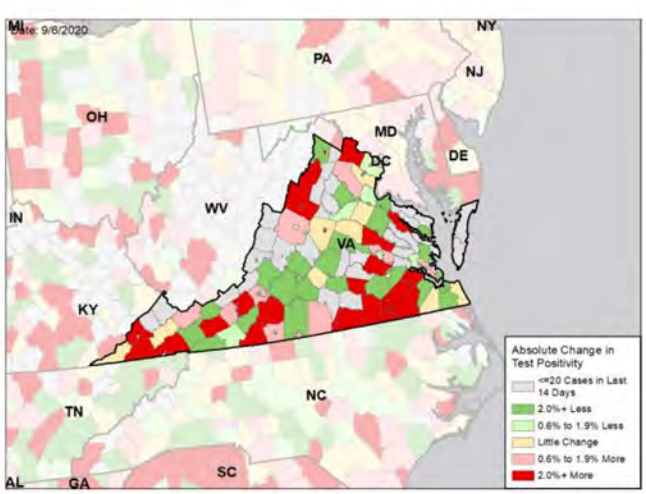
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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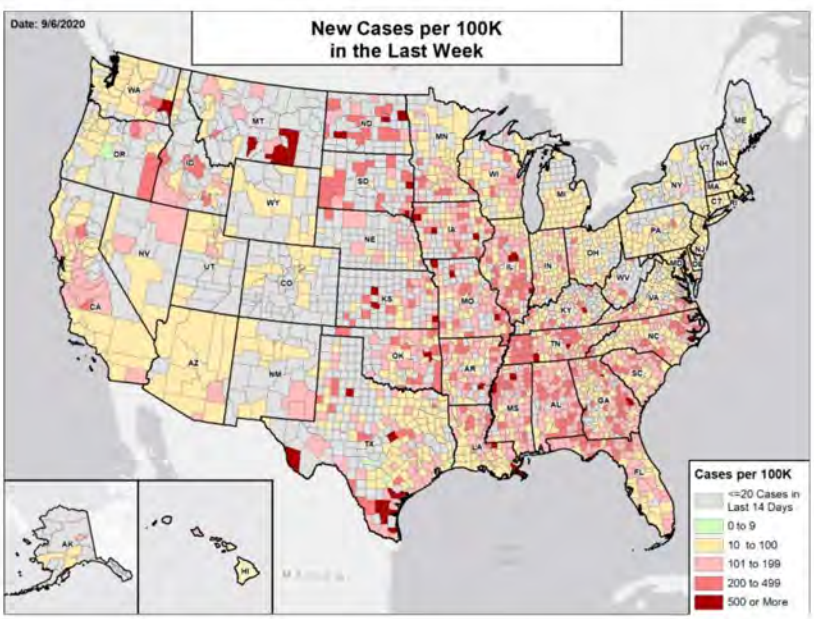
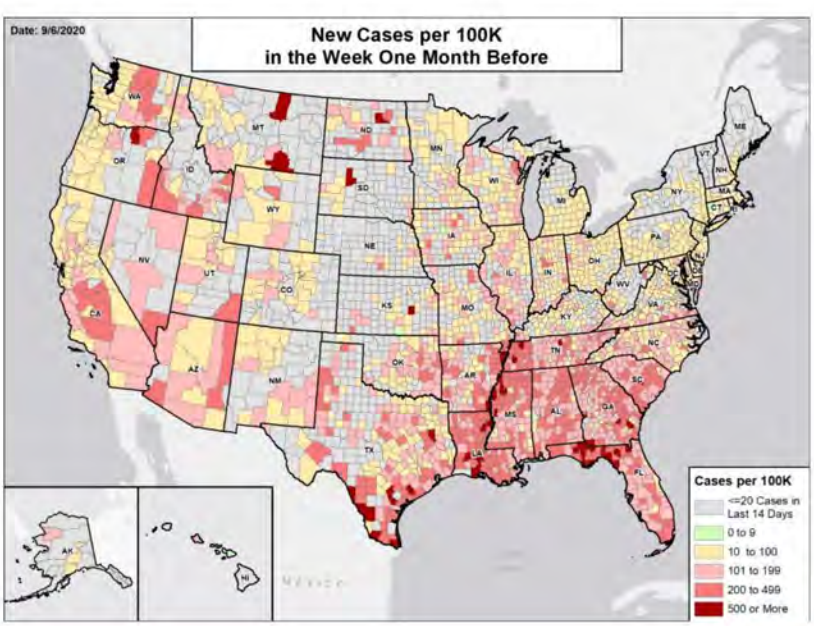
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



DATA SOURCES

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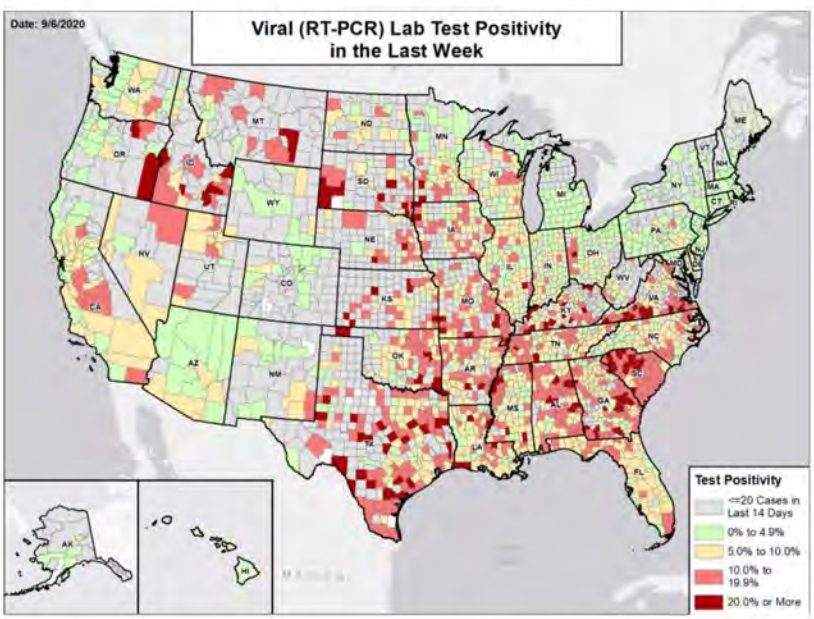
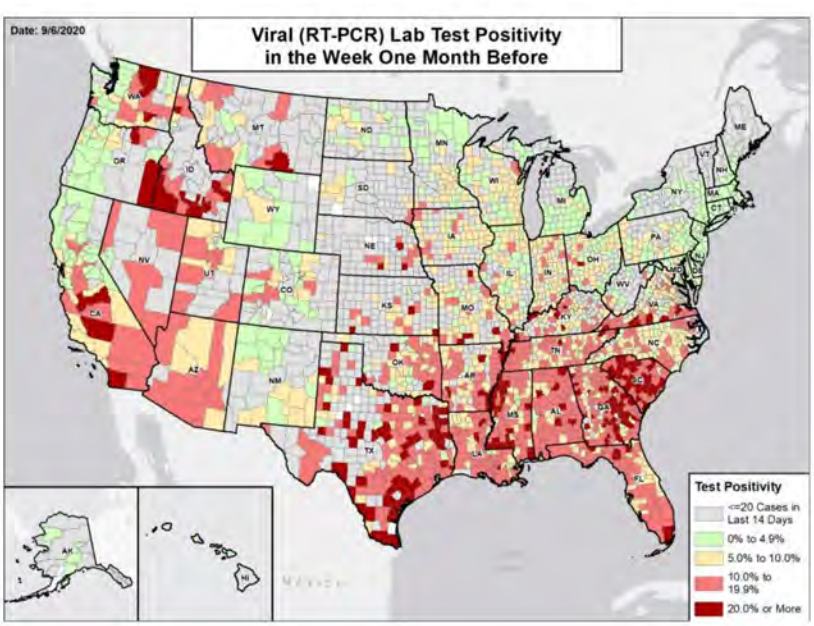
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

STATE REPORT | 09.06.2020

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

STATE REPORT
09.06.2020

WASHINGTON

SUMMARY

- Washington 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. Washington is in the green zone for test positivity, indicating a rate below 5%, with the 39th highest rate in the country.
- Washington has seen a decrease in new cases and stability in test positivity over the last week.
- Many counties in eastern Washington reported decreases in cases last week after weeks of high incidence. Yakima County, where intensive measures have increased mask usage, continued to report decreasing cases. The following three counties had the highest number of new cases over the last 3 weeks: 1. King County, 2. Pierce County, and 3. Clark County. These counties represent 42.0% of new cases in Washington.
- Whitman County, the home of Washington State University, had a continued, extremely sharp increase in cases this week, the second week of classes, with 422 reported cases. More than 80% of the cumulative 655 cases in the community since the epidemic began have been reported in the last two weeks.
- 28% of all counties in Washington have moderate or high levels of community transmission (yellow or red zone), with 5% having high levels of community transmission (red zone).
- During the week of Aug 24 – Aug 30, 4% of nursing homes had at least one new resident COVID-19 case, 7% of nursing homes had at least one new staff COVID-19 case, and 1% of nursing homes had at least one new resident COVID-19 death.
- Washington 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: 106 to support operations activities from FEMA; 3 to support operations activities from ASPR; and 21 to support operations activities from USCG.
- Between Aug 29 - Sep 04, on average, 29 patients with confirmed COVID-19 and 103 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Washington. An average of 93% 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

- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- Recommendations specific to institutions of higher education (IHE) are highlighted below given the concerning trends nationally and the need to intensify efforts to control COVID-19 among university students and minimize spread to local communities.
- IHE should increase testing capacity by expanding public-private partnerships; increasing the budget and capacity of public health labs; pooling specimens where appropriate; and utilizing all university, veterinary and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Require all universities and colleges to have a plan for both rapid testing and contact tracing of symptomatic students and periodic surveillance testing of students, with quick turnaround times for results, and rapid isolation of cases and quarantine of contacts; residential cases and contacts should not be sent home to isolate or quarantine.
- Recruit college and university students to expand public health messaging and contact tracing capacity and protect local communities by strict mask wearing and social distancing off campus.
- Universities and colleges must work with various student leaders and campus media to support compliance with recommendations.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- University students with or exposed to COVID-19 must have isolation, 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 conduct contact tracing in collaboration with local public health authorities. Support university officials in messaging to students about the importance of full cooperation.
- Ensure all nursing homes, assisted living, and elderly care sites follow CMS staff testing requirements and, if cases within local universities rise, increase testing even further to prevent spread from students to residents through staff. Expanding nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- 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 university public-facing dashboards.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

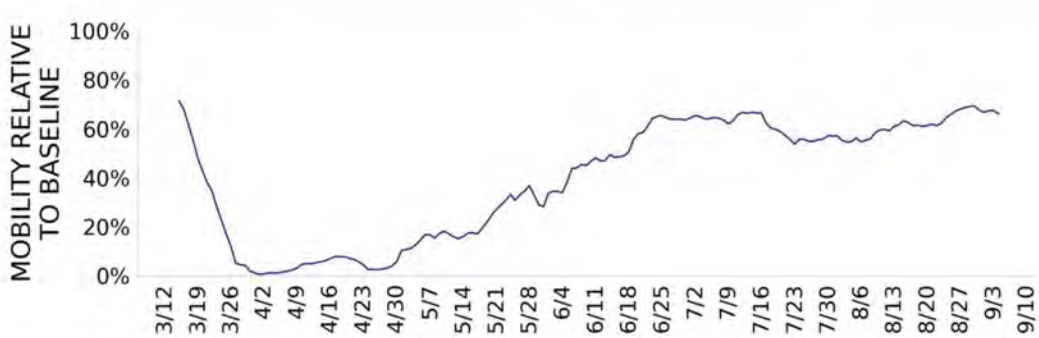
COVID-19

WASHINGTON

STATE REPORT | 09.06.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	3,119 (41)	-20.2%	6,976 (49)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	2.8%	-0.5%*	3.9%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	73,573** (966)	-1.5%**	181,912** (1,268)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	51 (1)	-7.3%	111 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	4% (7%)	+0%* (-2%*)	4% (10%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	-1%*	2%	5%

MOBILITY ▶



* Indicates absolute change in percentage points.

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

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WASHINGTON

STATE REPORT | 09.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	1	Othello	9	Kennewick-Richland Moses Lake Yakima Wenatchee Walla Walla Aberdeen Shelton Longview Lewiston
COUNTY LAST WEEK	2	Franklin Adams	9	Grant Yakima Benton Chelan Walla Walla Grays Harbor Okanogan Mason Cowlitz

*** 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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WASHINGTON

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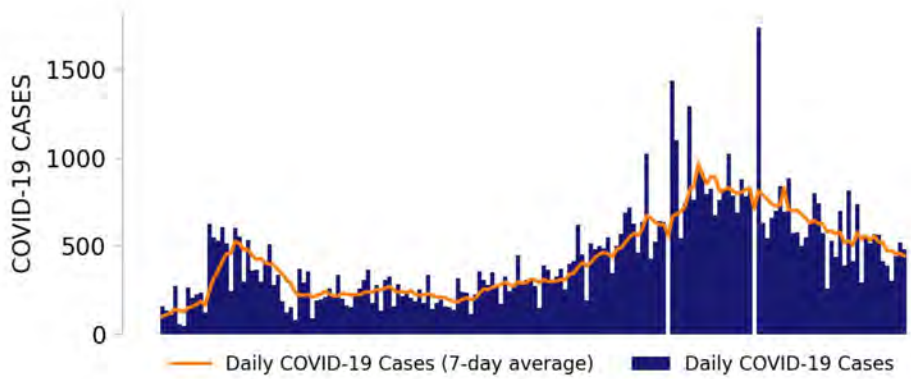
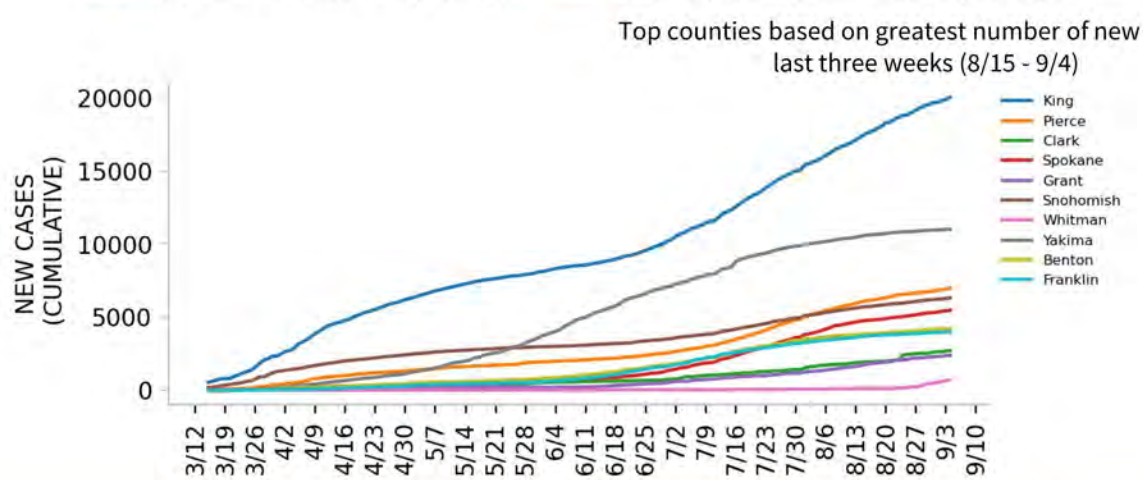
NEW CASES



TESTING

TOP COUNTIES



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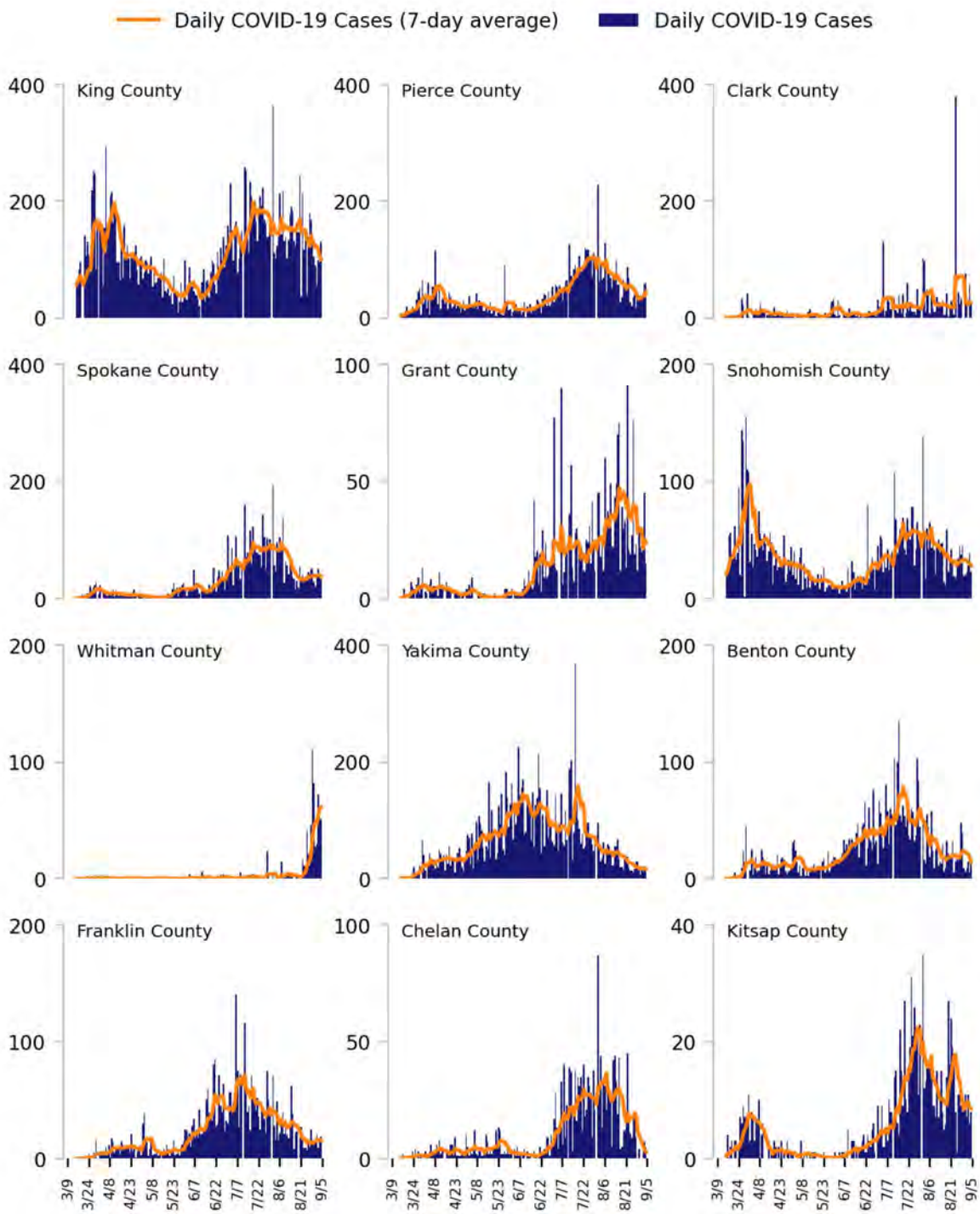

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WASHINGTON

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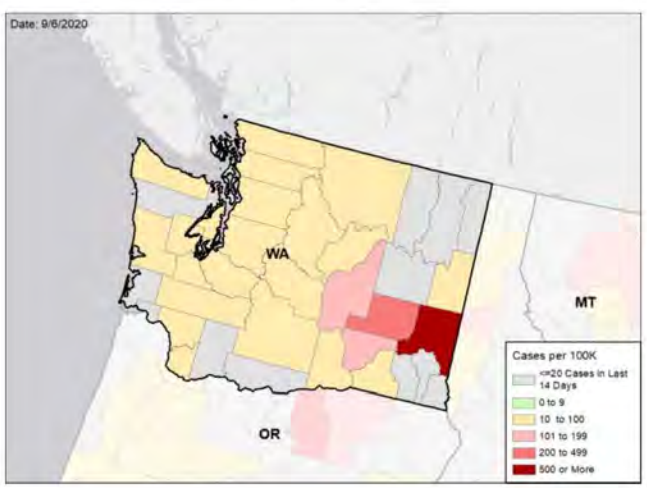
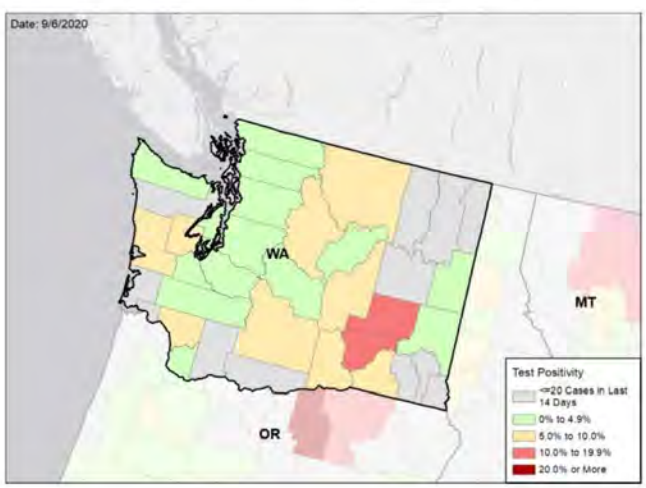
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

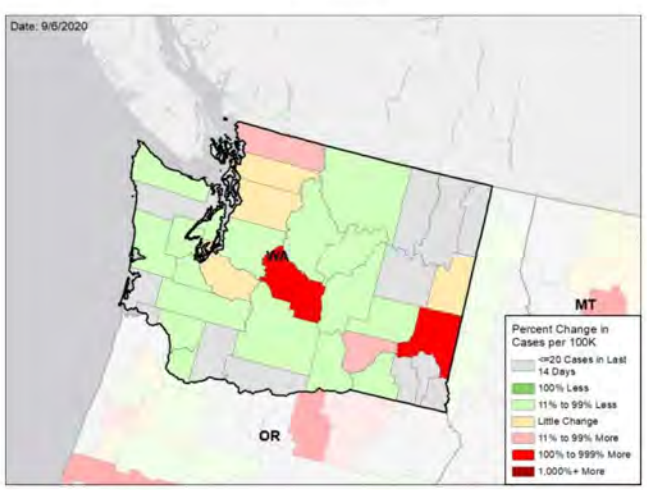
NEW CASES PER 100,000 DURING THE LAST WEEK



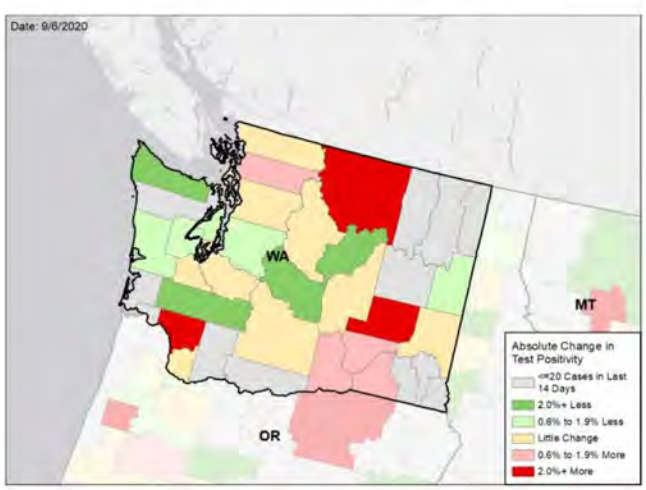
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

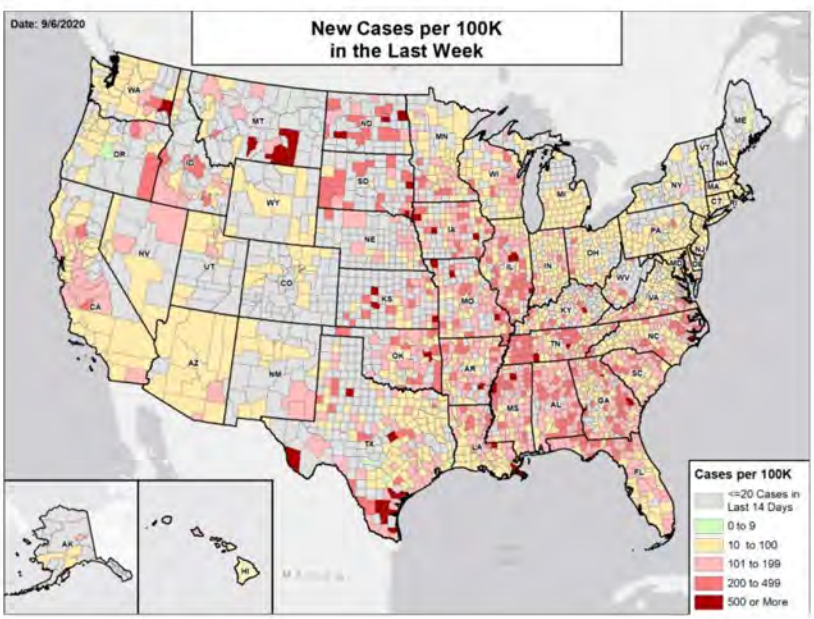
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/4/2020. Last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

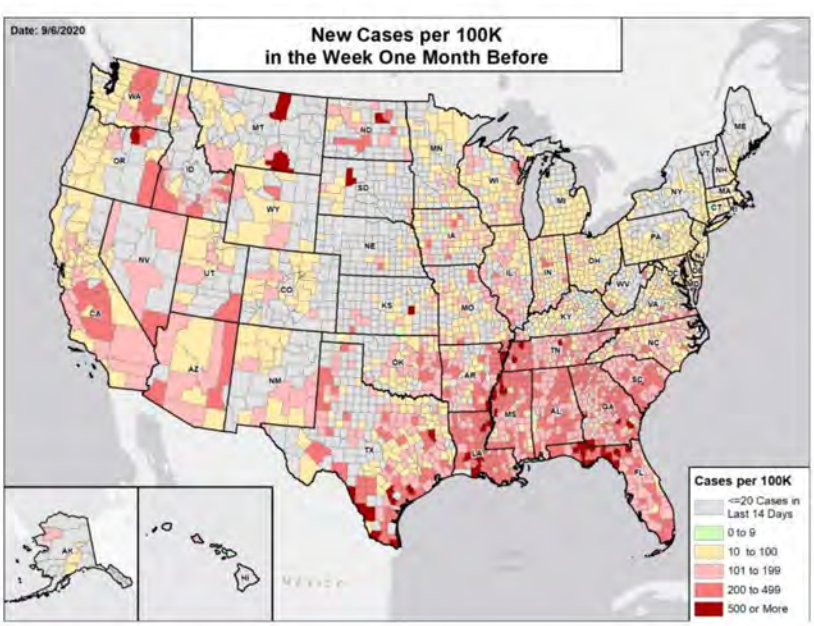
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



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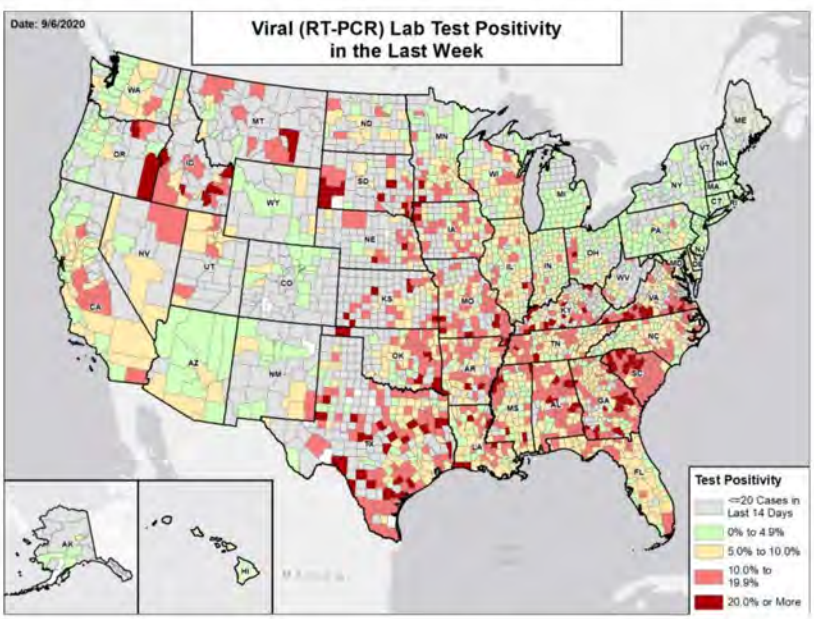
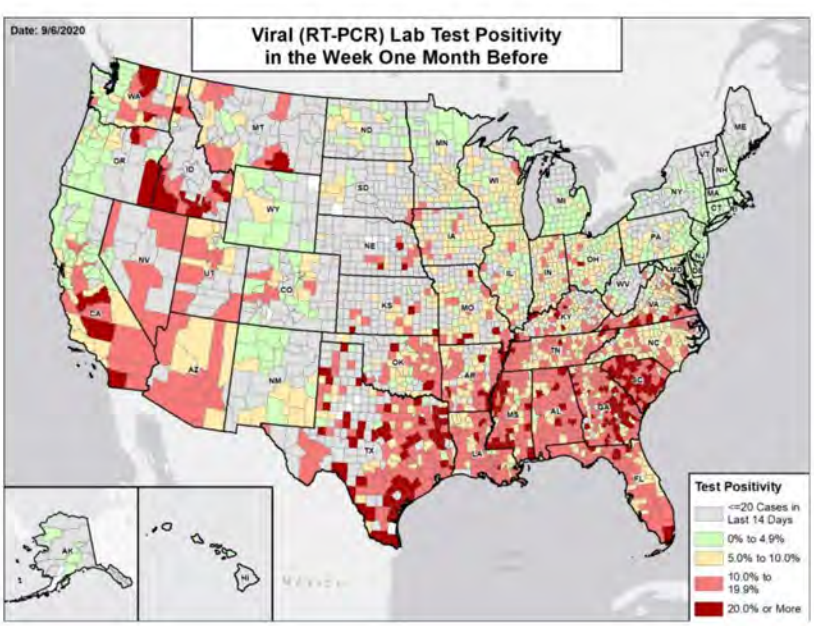
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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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 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
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- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality. 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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
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WEST VIRGINIA

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 34th highest rate in the country. West Virginia is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 28th highest rate in the country.
- West Virginia 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. Kanawha County, 2. Monongalia County, and 3. Logan County. These counties represent 39.1% of new cases in West Virginia.
- 24% of all counties in West Virginia have moderate or high levels of community transmission (yellow or red zone), with 5% having high levels of community transmission (red zone). The virus is in rural and urban areas.
- During the week of Aug 24 – Aug 30, 4% of nursing homes had at least one new resident COVID-19 case, 11% of nursing homes had at least one new staff COVID-19, and 1% of nursing homes had at least one new resident COVID-19 death.
- West Virginia had 68 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 8 to support operations activities from FEMA; 5 to support epidemiology activities from CDC; and 25 to support operations activities from USCG.
- Between Aug 29 - Sep 04, on average, 14 patients with confirmed COVID-19 and 31 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in West Virginia. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- In university settings:
  - Increase testing capacity by expanding public-private partnerships; increasing the budget and capacity of public health labs; pooling specimens where appropriate; and utilizing all university, veterinary and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
  - Require all universities and colleges to have a plan for both rapid testing and contact tracing of symptomatic students and periodic surveillance testing of students. Ensure quick turnaround times for results and the rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent home to isolate or quarantine.
  - Recruit college and university students to expand public health messaging and contact tracing capacity and ensure protection of local communities by strict mask wearing and social distancing off campus.
  - Universities and colleges should work with various student leaders and campus media to support compliance with recommendations.
  - Consider utilizing focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- 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.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

WEST VIRGINIA

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	1,214 (68)	+58.5%	19,259 (62)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.2%	+1.7%*	5.4%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	31,709** (1,769)	-19.4%**	460,551** (1,493)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	42 (2)	+40.0%	310 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	4% (11%)	-1%* (+0%*)	8% (13%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	+1%*	3%	5%

MOBILITY ▶

* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

WEST VIRGINIA

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	2	Morgantown Mount Gay-Shamrock	7	Charleston Beckley Huntington-Ashland Bluefield Washington-Arlington-Alexandria Parkersburg-Vienna Point Pleasant
COUNTY LAST WEEK	3	Monongalia Logan Monroe	10	Kanawha Fayette Putnam Mercer Jefferson Mingo Wayne Mason Wood Brooke

*** 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 9/4/2020; last week is 8/29 - 9/4, three weeks is 8/15 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2.

WEST VIRGINIA

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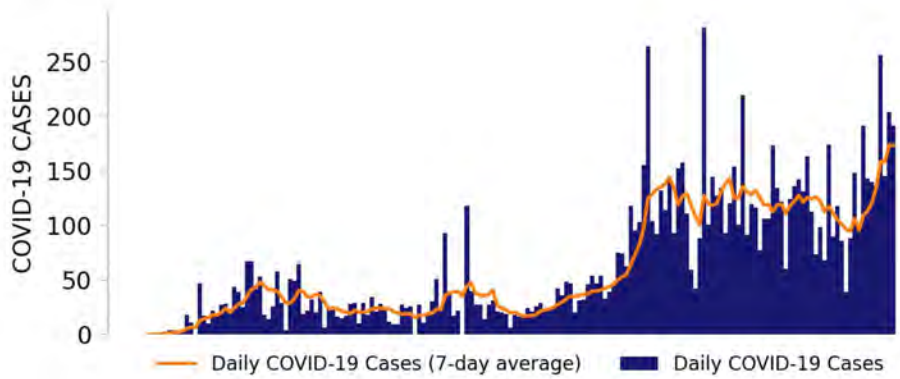
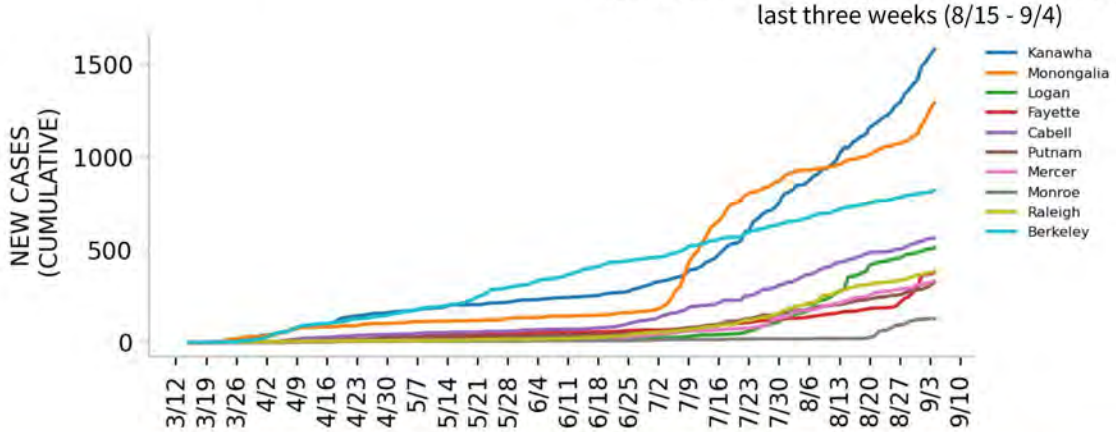
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/15 - 9/4)



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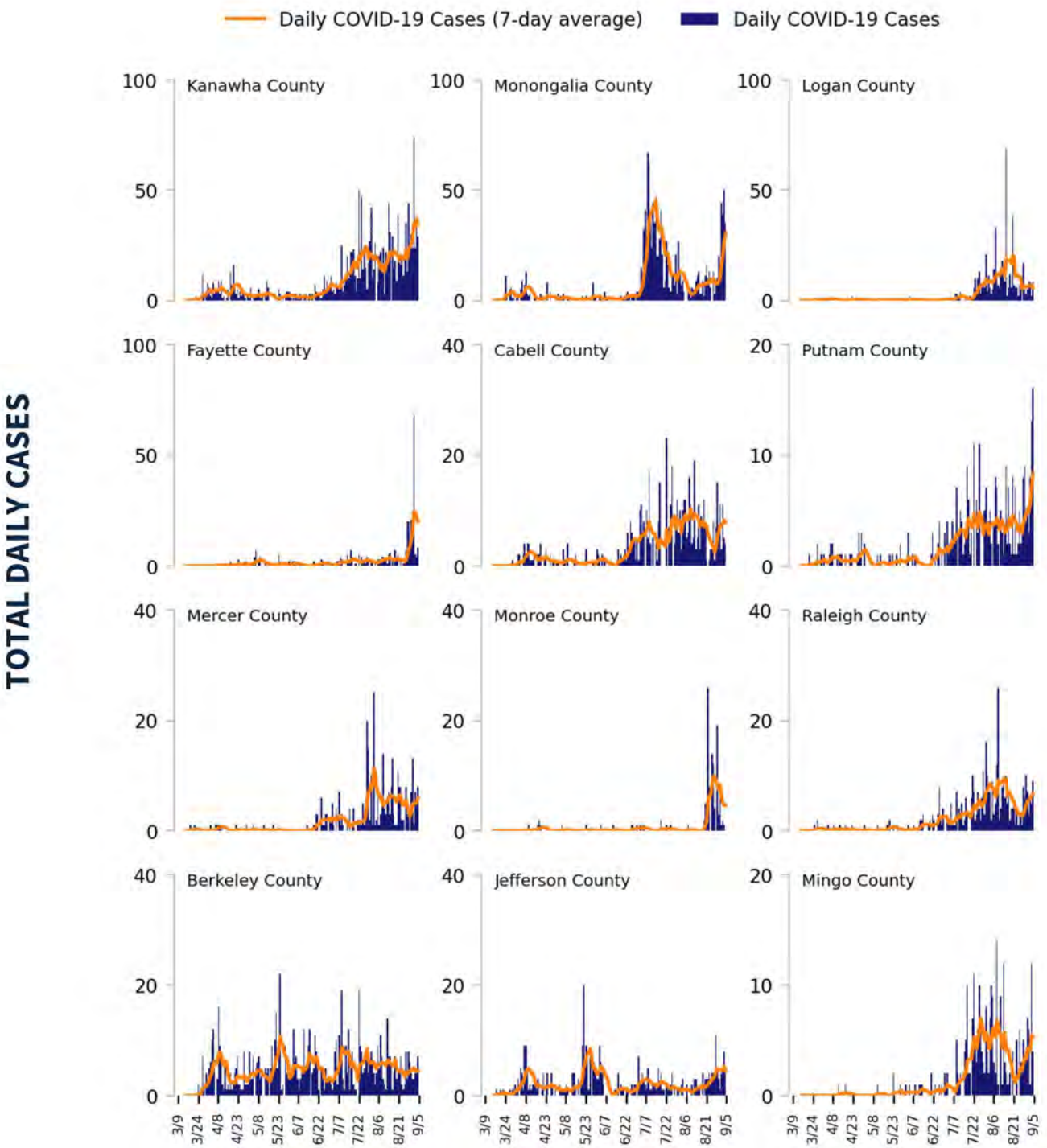
Top 12 counties based on number of new cases in the last 3 weeks



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WEST VIRGINIA

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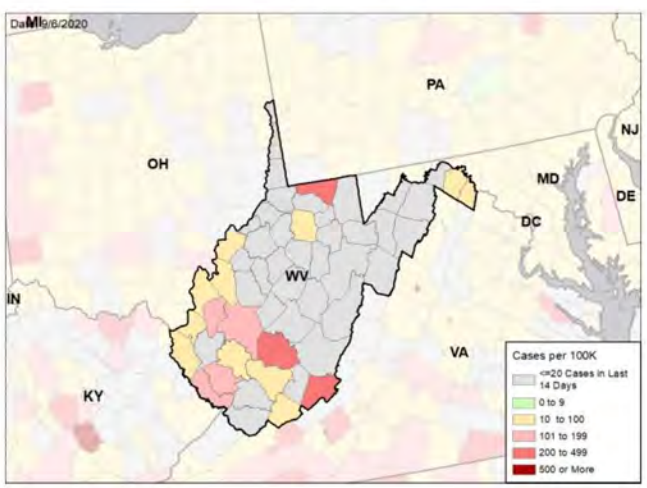
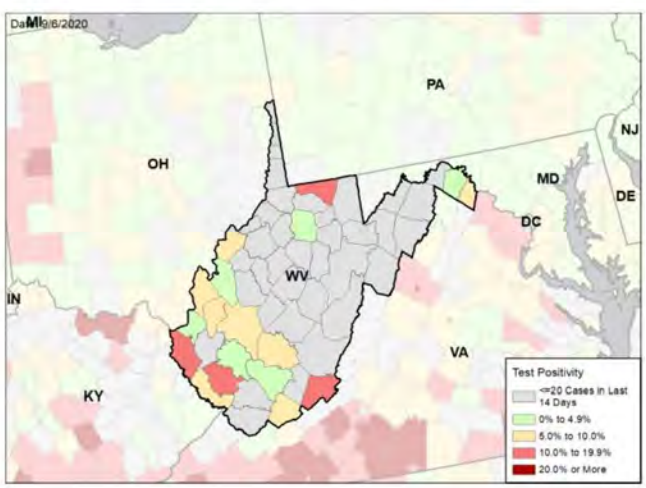
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

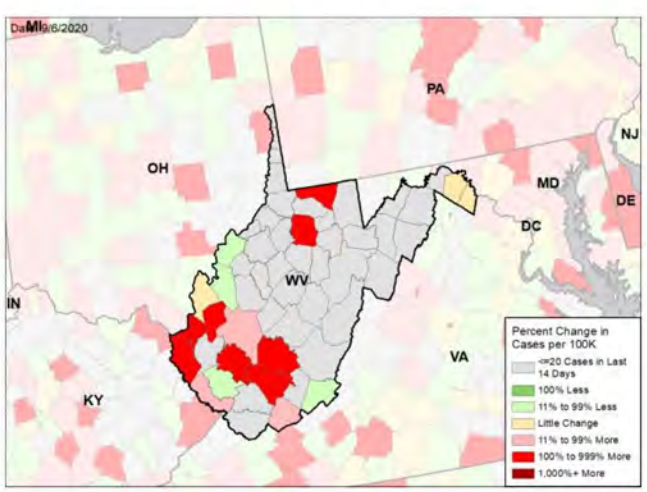
NEW CASES PER 100,000 DURING THE LAST WEEK



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



WEEKLY CHANGE IN NEW CASES PER 100K



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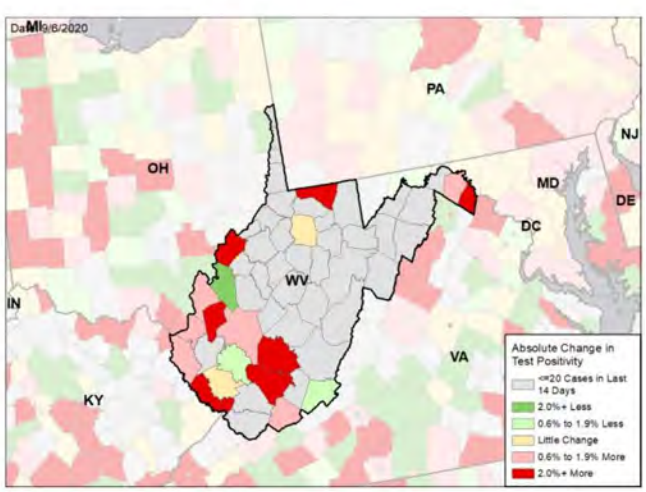

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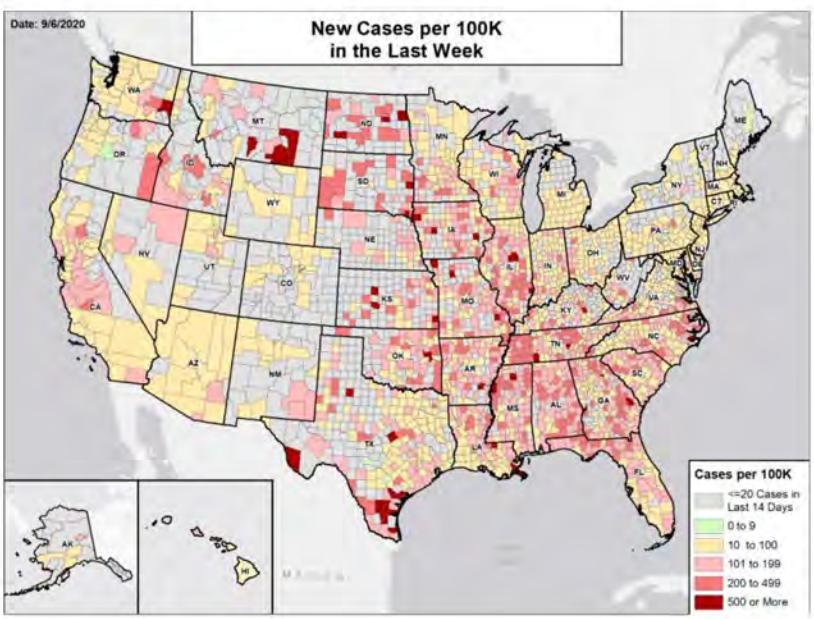
National Picture

NEW CASES PER 100,000 LAST WEEK



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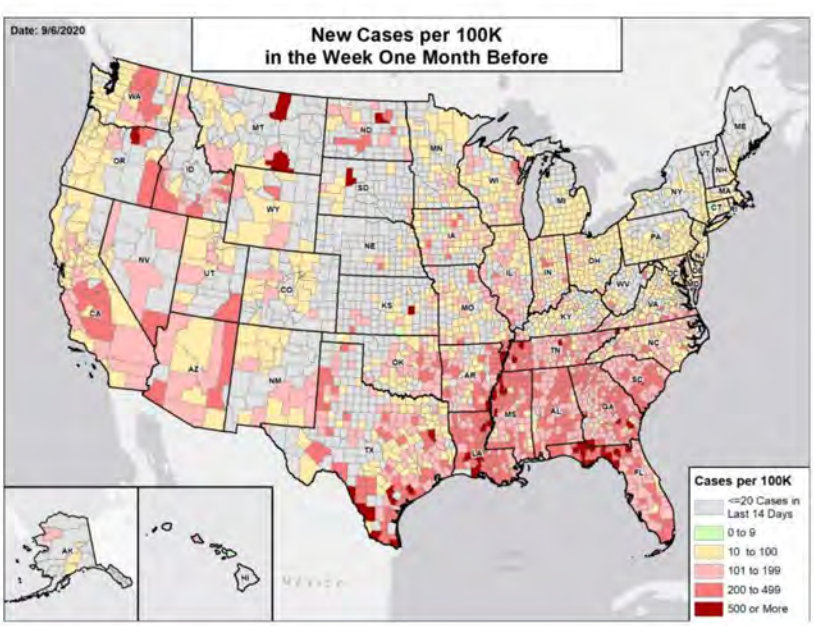

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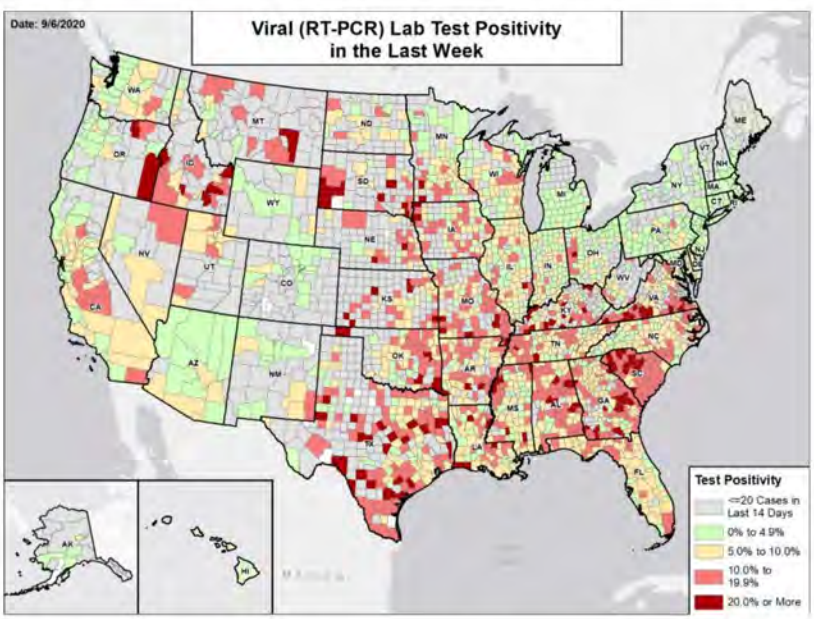
National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



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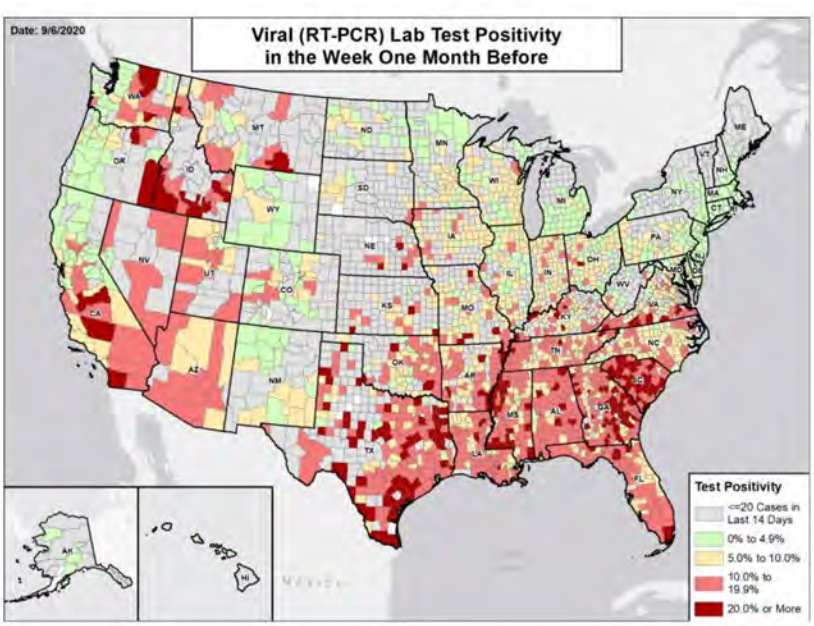

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STATE REPORT
09.06.2020

WISCONSIN

SUMMARY

- Wisconsin 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. Wisconsin is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 25th highest rate in the country.
- Wisconsin has seen stability in new cases and an increase in test positivity over the last week.
- Virus transmission is seen in all areas of the state. The following three counties had the highest number of new cases over the last 3 weeks: 1. Milwaukee County, 2. Brown County, and 3. Waukesha County. These counties represent 33.6% of new cases in Wisconsin.
- Cases in major urban counties (Milwaukee, Waukesha, Brown) continued to decline, reflecting the impact of mitigation measures. Dane County, home to University of Wisconsin, reported stable cases last week. Multiple less-urban counties reported high incidences and/or increases in incidence and test positivity.
- The University of Wisconsin-Madison reported sharp increases in the number of students testing positive with more than 350 cases in the week through Sep 5 from on-campus testing and 133 more reported from off-campus testing. The university is now requiring all approximately 1,500 students who live in fraternity and sorority chapter houses be tested. Large social gatherings have been held at houses despite university rules.
- 58% of all counties in Wisconsin have moderate or high levels of community transmission (yellow or red zone), with 14% having high levels of community transmission (red zone).
- During the week of Aug 24 – Aug 30, 3% of nursing homes had at least one new resident COVID-19 case, 12% of nursing homes had at least one new staff COVID-19 case, and 1% of nursing homes had at least one new resident COVID-19 death.
- Wisconsin had 92 new cases per 100,000 population in the last week, compared to a national average of 88 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 9 to support operations activities from FEMA; 2 to support testing activities from CDC; 7 to support epidemiology activities from CDC; 1 to support operations activities from USCG; and 20 to support medical activities from VA.
- Between Aug 29 - Sep 04, on average, 57 patients with confirmed COVID-19 and 79 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Wisconsin. 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

- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- Recommendations specific to institutions of higher education (IHE) are highlighted below given the concerning trends nationally and the need to intensify efforts to control COVID-19 among university students and minimize spread to local communities.
- IHE should increase testing capacity by expanding public-private partnerships; increasing the budget and capacity of public health labs; pooling specimens where appropriate; and utilizing all university, veterinary and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Require all universities and colleges to have a plan for both rapid testing and contact tracing of symptomatic students and periodic surveillance testing of students, with quick turnaround times for results, and rapid isolation of cases and quarantine of contacts; residential cases and contacts should not be sent home to isolate or quarantine.
- Recruit college and university students to expand public health messaging and contact tracing capacity and protect local communities by strict mask wearing and social distancing off campus.
- Universities and colleges must work with various student leaders and campus media to support compliance with recommendations.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- University students with or exposed to COVID-19 must have isolation, 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 conduct contact tracing in collaboration with local public health authorities. Support university officials in messaging to students about the importance of full cooperation.
- Ensure all nursing homes, assisted living, and elderly care sites follow CMS staff testing requirements and, if cases within local universities rise, increase testing even further to prevent spread from students to residents through staff. Expanding nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- 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 university public-facing dashboards.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

WISCONSIN

STATE REPORT | 09.06.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	5,372 (92)	+9.2%	47,030 (90)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.8%	+0.7%*	4.9%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	121,562** (2,088)	-3.6%**	1,120,142** (2,132)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	40 (1)	-11.1%	526 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	3% (12%)	-1%* (+3%*)	8% (15%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	+0%*	3%	5%

MOBILITY ▶

* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	3	Green Bay Appleton Stevens Point	17	Milwaukee-Waukesha Racine Fond du Lac Oshkosh-Neenah Eau Claire Beaver Dam La Crosse-Onalaska Whitewater Sheboygan Janesville-Beloit Chicago-Naperville-Elgin Watertown-Fort Atkinson
COUNTY LAST WEEK	10	Brown Outagamie Washington Portage Waupaca Shawano Kewaunee Iron Buffalo Forest	32	Milwaukee Waukesha Racine Fond du Lac Winnebago Dodge La Crosse Walworth Sheboygan Rock Kenosha Jefferson

All Yellow CBSAs: Milwaukee-Waukesha, Racine, Fond du Lac, Oshkosh-Neenah, Eau Claire, Beaver Dam, La Crosse-Onalaska, Whitewater, Sheboygan, Janesville-Beloit, Chicago-Naperville-Elgin, Watertown-Fort Atkinson, Minneapolis-St. Paul-Bloomington, Manitowoc, Wisconsin Rapids-Marshfield, Marinette, Shawano

All Yellow Counties: Milwaukee, Waukesha, Racine, Fond du Lac, Winnebago, Dodge, La Crosse, Walworth, Sheboygan, Rock, Kenosha, Jefferson, Eau Claire, Ozaukee, Manitowoc, Oconto, Calumet, Wood, Marinette, St. Croix, Chippewa, Juneau, Trempealeau, Waushara, Vilas, Oneida, Vernon, Taylor, Adams, Washburn, Richland, Marquette

*** 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 9/4/2020; last week is 8/29 - 9/4, three weeks is 8/15 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2.

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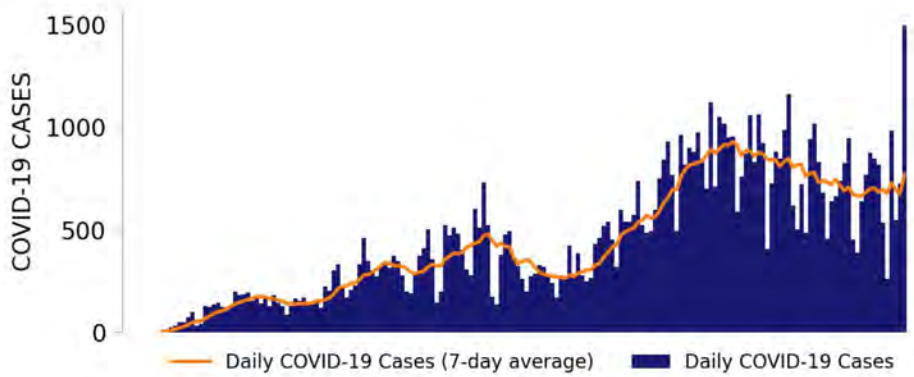
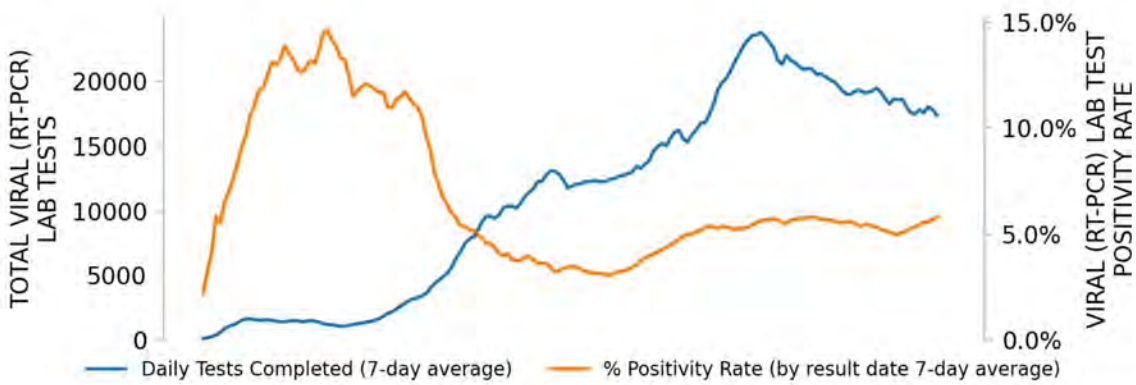
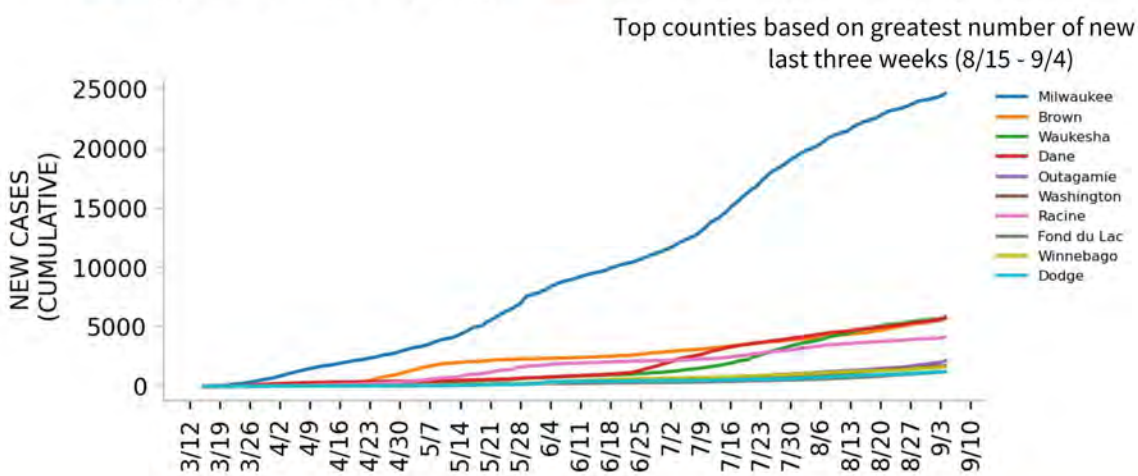
NEW CASES



TESTING



TOP COUNTIES



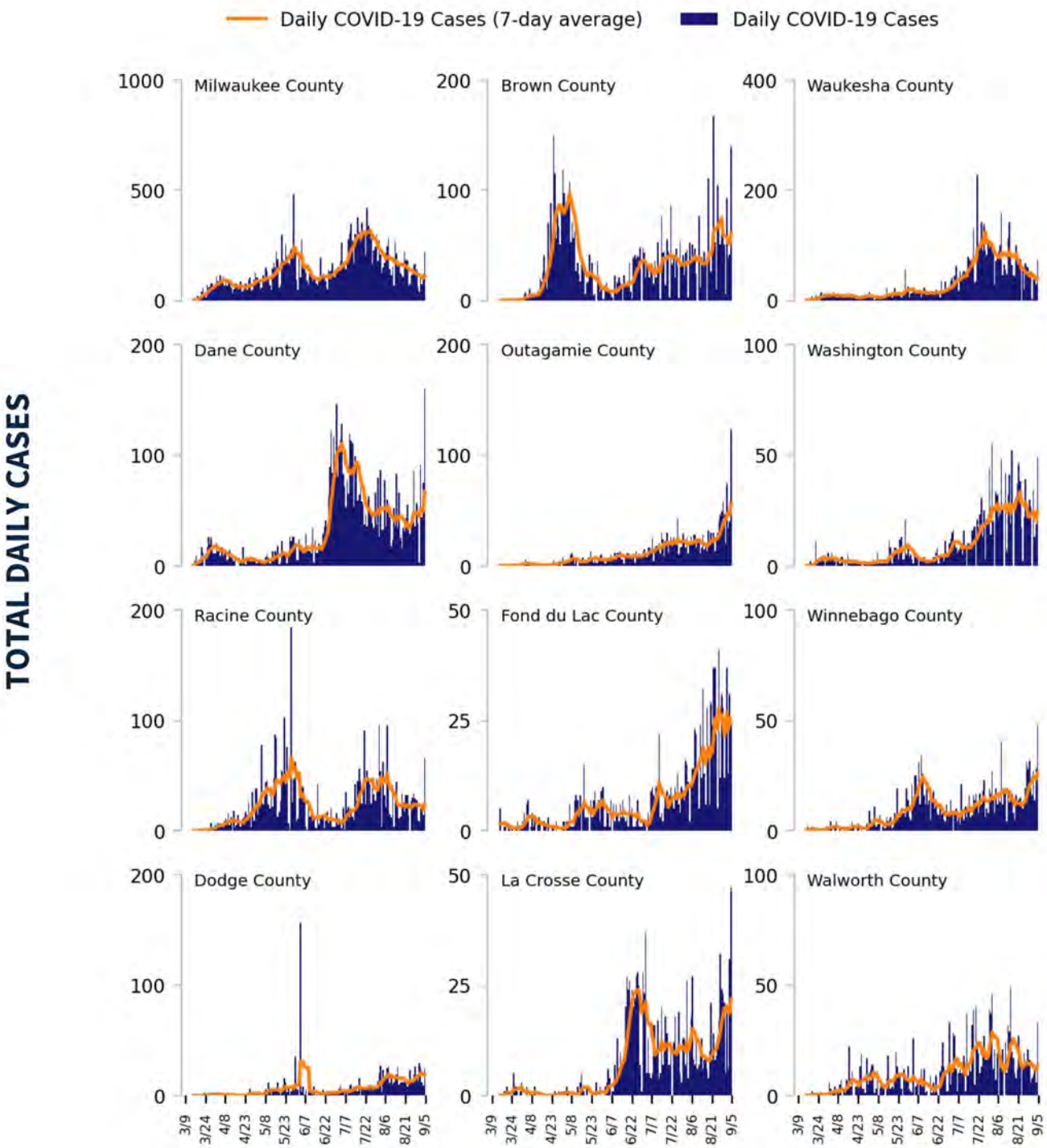
DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/4/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020.

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 9/4/2020. Last 3 weeks is 8/15 - 9/4.

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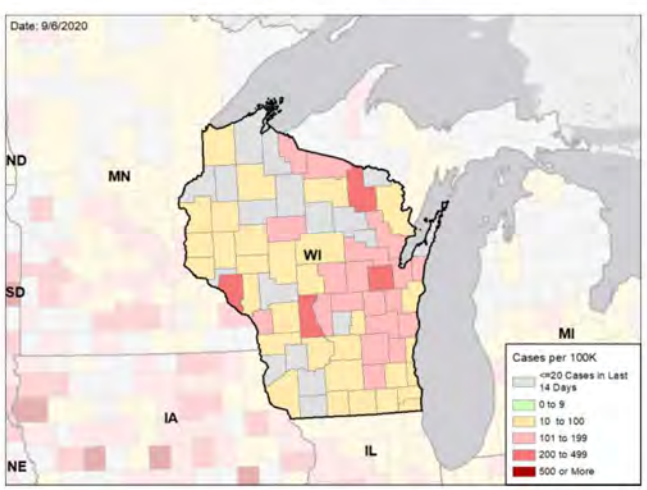
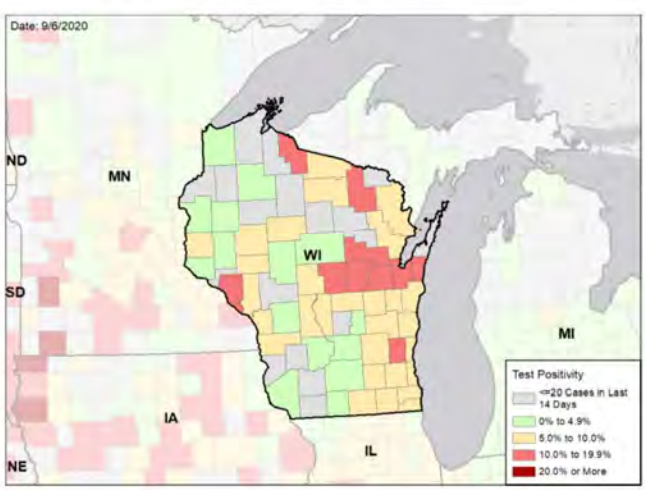
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

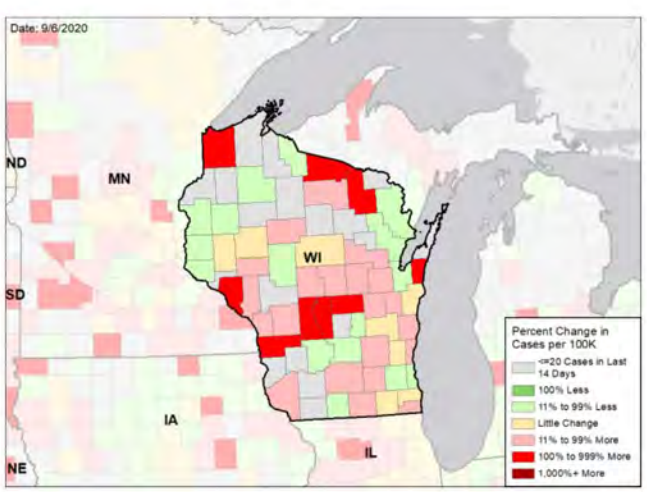
NEW CASES PER 100,000 DURING THE LAST WEEK



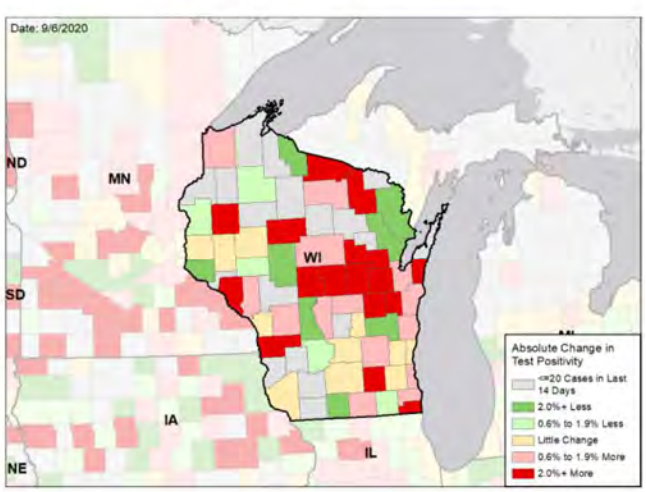
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

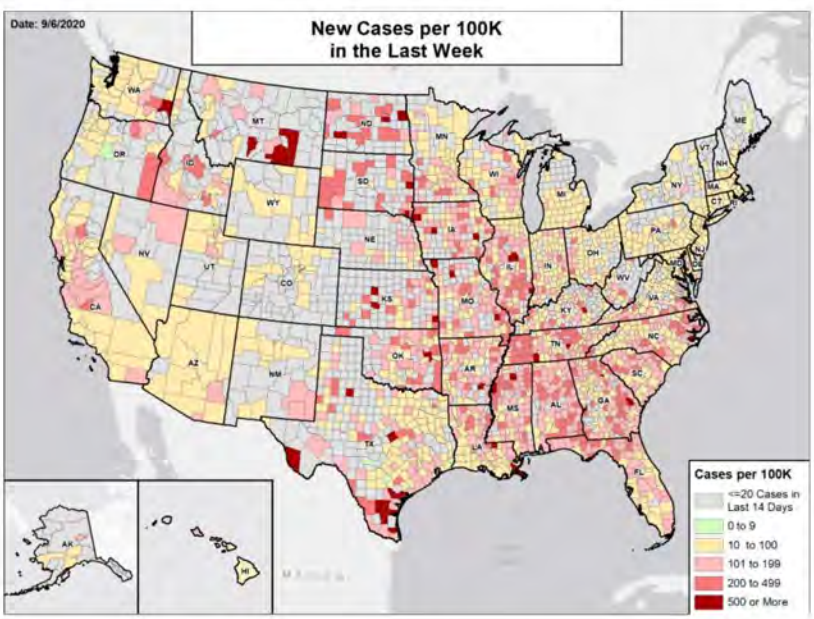
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/4/2020. Last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

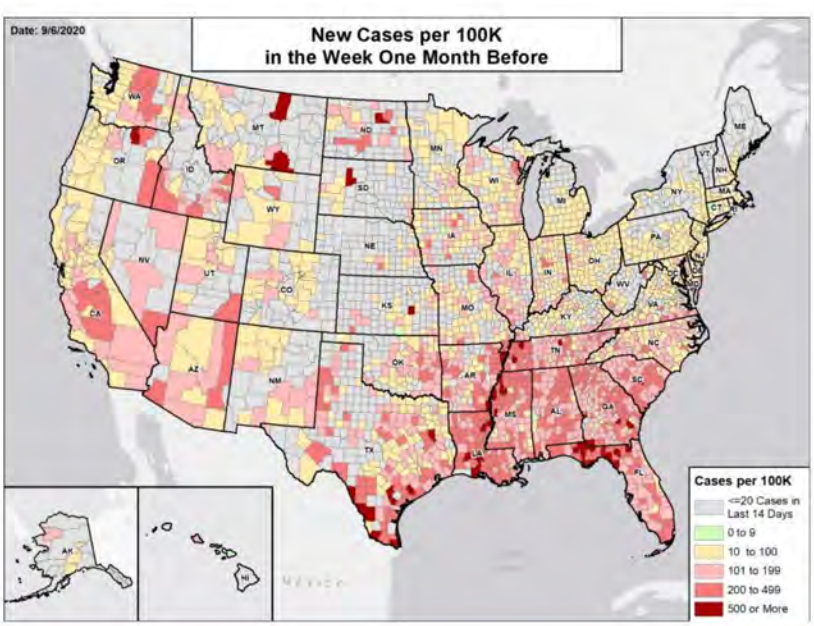
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



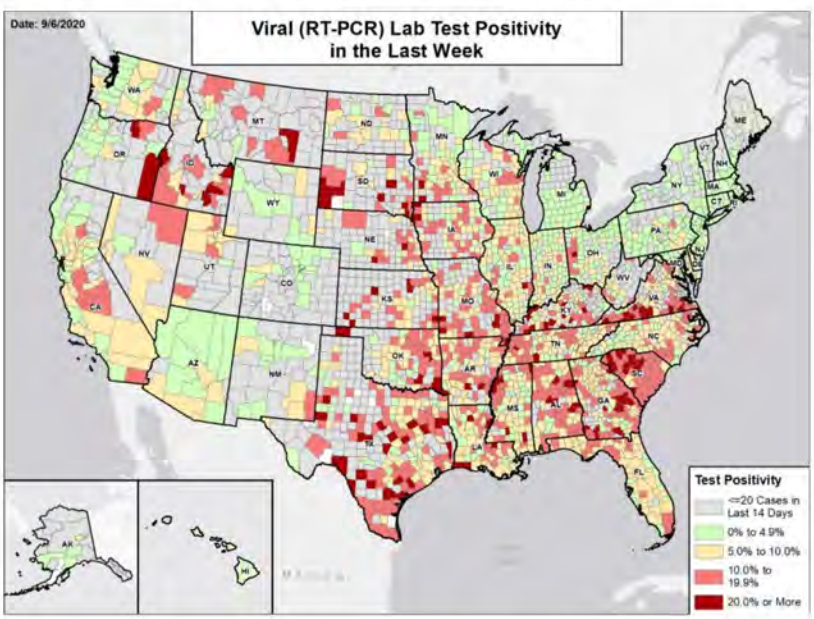
DATA SOURCES

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

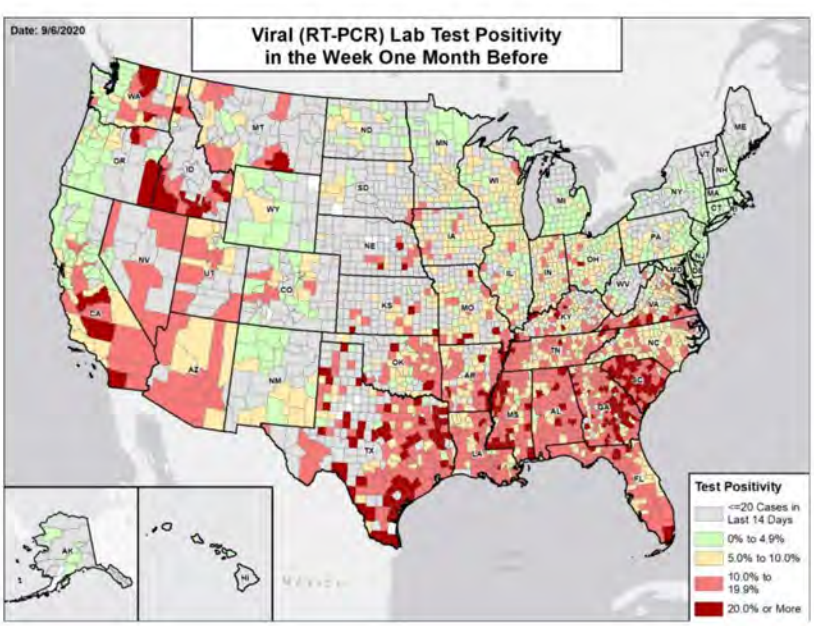
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.

STATE REPORT
09.06.2020

WYOMING

SUMMARY

- Wyoming 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. Wyoming is in the green zone for test positivity, indicating a rate below 5%, with the 44th highest rate in the country.
- Wyoming has seen stability in new cases and stability in test positivity over the last week, but testing volumes appear to be very low across the state.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Fremont County, 2. Sheridan County, and 3. Carbon County. These counties represent 33.8% of new cases in Wyoming.
- 13% of all counties in Wyoming have moderate or high levels of community transmission (yellow or red zone), with none having high levels of community transmission (red zone).
- During the week of Aug 24 – Aug 30, 3% of nursing homes had at least one new resident COVID-19 case, less than 1% had at least one new staff COVID-19 case, and less than 1% had at least one new resident COVID-19 death.
- Wyoming 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: 3 to support operations activities from FEMA.
- Between Aug 29 - Sep 04, on average, 6 patients with confirmed COVID-19 and 9 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Wyoming. An average of 76% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Recent reductions in case rates and test positivity are encouraging but limited testing undermines confidence in reported rates.
- Recommend local ordinances on use of cloth face coverings in indoor settings outside of homes, especially in crowded workplaces, such as meat-processing plants.
- While testing levels in the state need to increase overall, they appear very low when assessing county-level data; ensure complete reporting of testing data, including listing patients' county of residence, to allow for accurate determination of test positivity and testing needs across the state.
- Ensure all in-person schools are all practicing effective mitigation procedures, including appropriate distancing and face mask use in all indoor settings.
- Identify groups that are not wearing face coverings and target educational efforts to them.
- Continue efforts to enhance testing capacity by expanding public-private partnerships; increasing the budget and capacity of public health labs; pooling specimens where appropriate; and utilizing all university, veterinary and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Require all universities and colleges to have a plan for initial testing and periodic retesting of students, with quick turnaround times for results, and rapid isolation of cases and quarantine of contacts; residential cases and contacts should not be sent home to isolate or quarantine.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Enlist various student leaders and utilize campus media to promote compliance with recommendations.
- Recruit college and university students to expand public health messaging and contact tracing capacity and protect local communities by strict mask wearing and social distancing off campus.
- 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.
- Using the Abbott BinaxNOW, establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; and first responders.
- Tribal Nations: Continue to promote social distancing and mask recommendations. Deploy specific, culturally relevant education and public health messaging. Pooled testing should be instituted for multigenerational households. Spaces for quarantine of contacts and isolation of cases should be provided along with material support, as needed.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

WYOMING

STATE REPORT | 09.06.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	226 (39)	-5.8%	9,904 (81)	290,363 (88)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.7%	+0.0%*	6.3%	5.2%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	4,608** (796)	-74.1%**	172,169** (1,404)	5,652,360** (1,722)
COVID-19 DEATHS (RATE PER 100,000)	5 (1)	+150.0%	76 (1)	5,963 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	3% (0%)	+3%* (-6%*)	5% (11%)	10% (17%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A	1%	5%

MOBILITY ▶

* Indicates absolute change in percentage points.

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

DATA SOURCES – 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 9/4/2020; last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 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 9/4/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/24-8/30, previous week is 8/17-8/23.

WYOMING

STATE REPORT | 09.06.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	0	N/A	3	Gillette Rock Springs Evanston
COUNTY LAST WEEK	0	N/A	3	Campbell Sweetwater Uinta

*** 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 9/4/2020; last week is 8/29 - 9/4, three weeks is 8/15 - 9/4.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/2/2020. Last week is 8/27 - 9/2.

WYOMING

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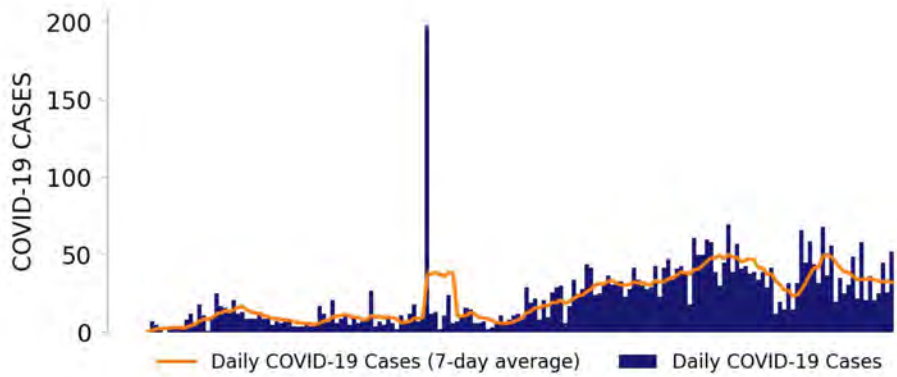
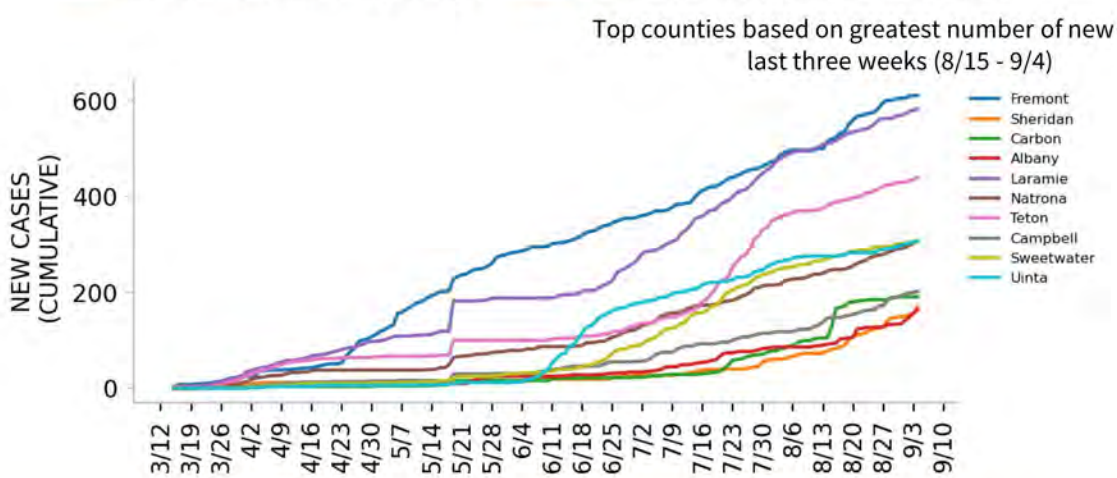
NEW CASES



TESTING

TOP COUNTIES



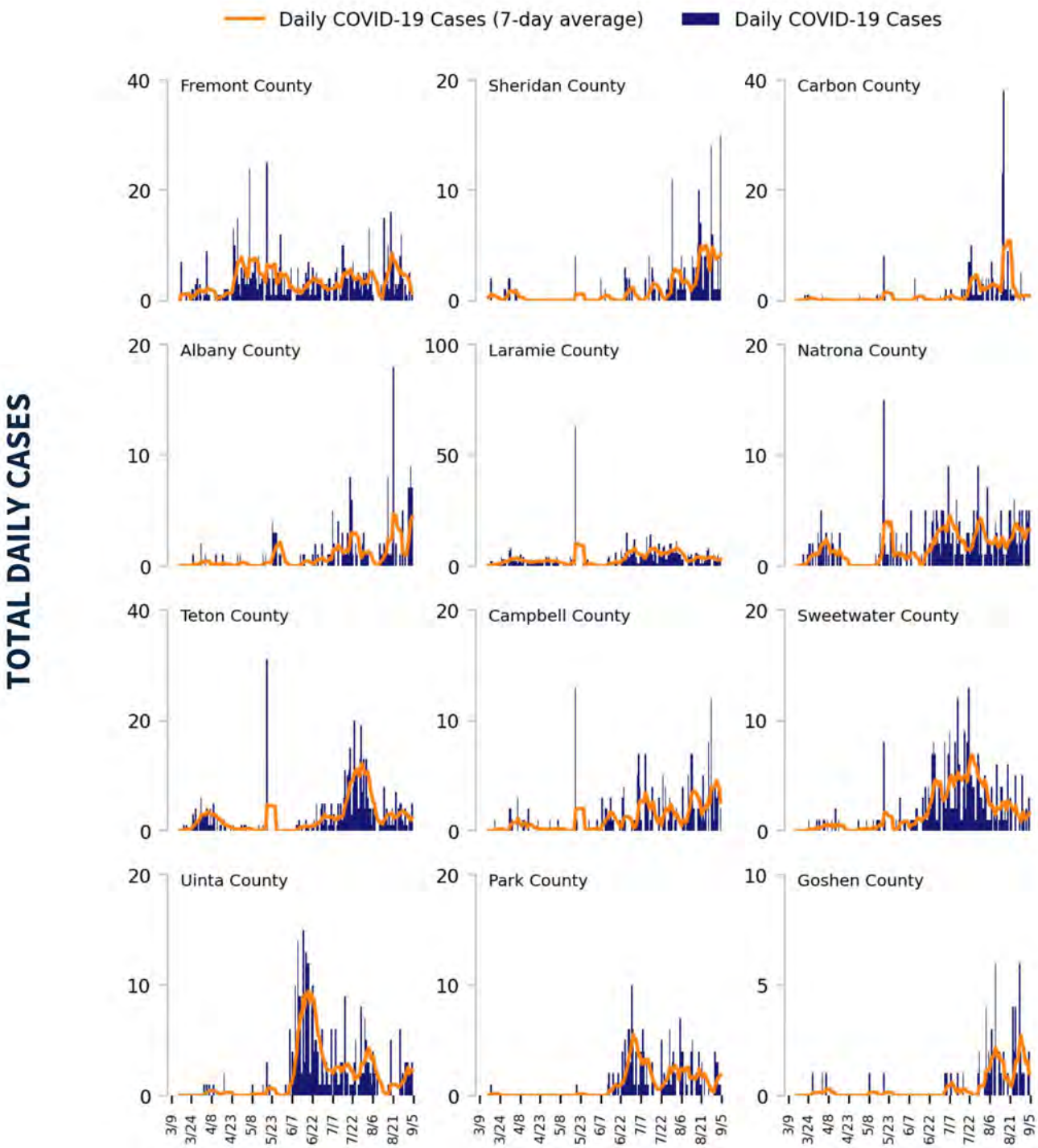
DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/4/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/2/2020.

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 9/4/2020. Last 3 weeks is 8/15 - 9/4.

WYOMING

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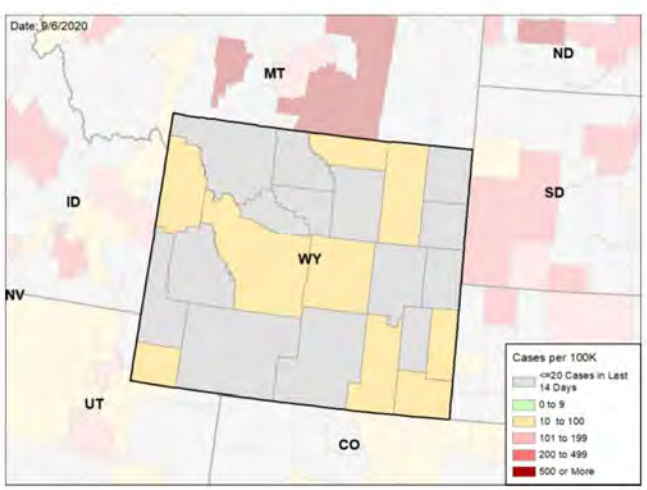
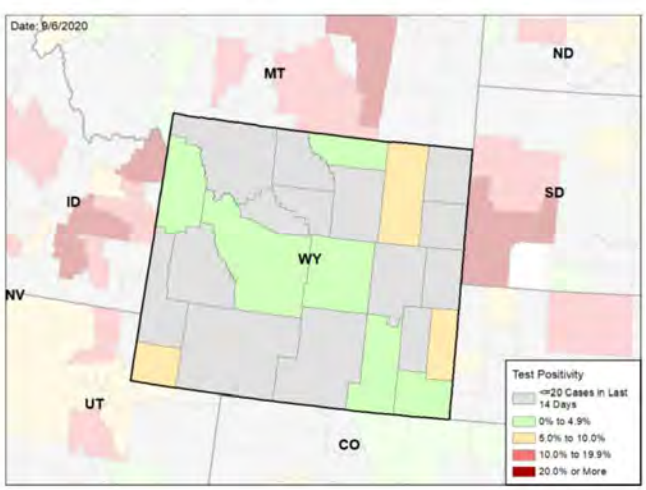
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

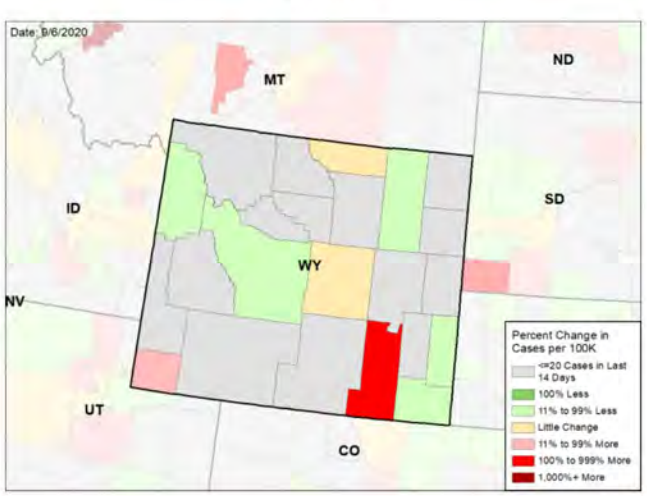
NEW CASES PER 100,000 DURING THE LAST WEEK



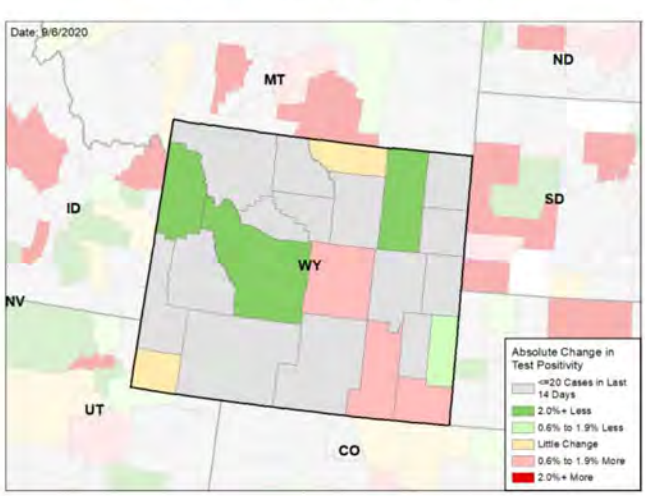
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

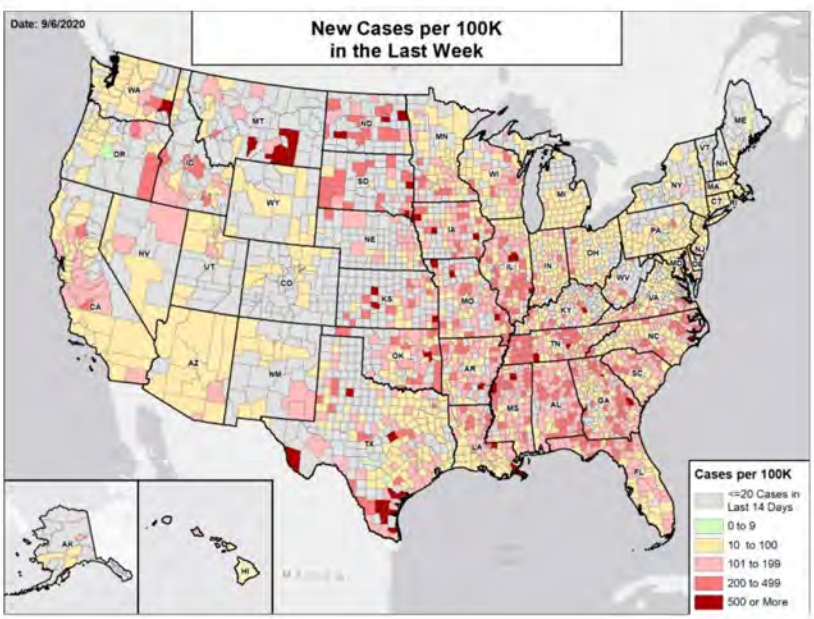
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/4/2020. Last week is 8/29 - 9/4, previous week is 8/22 - 8/28.

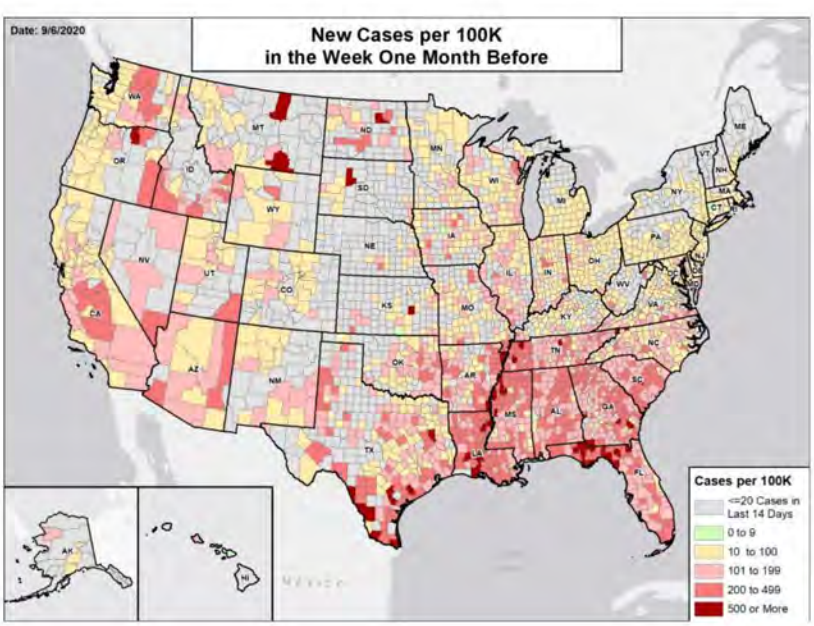
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/2/2020. Last week is 8/27 - 9/2, previous week is 8/20 - 8/26.

National Picture

NEW CASES PER 100,000 LAST WEEK



NEW CASES PER 100,000 IN THE WEEK ONE MONTH BEFORE



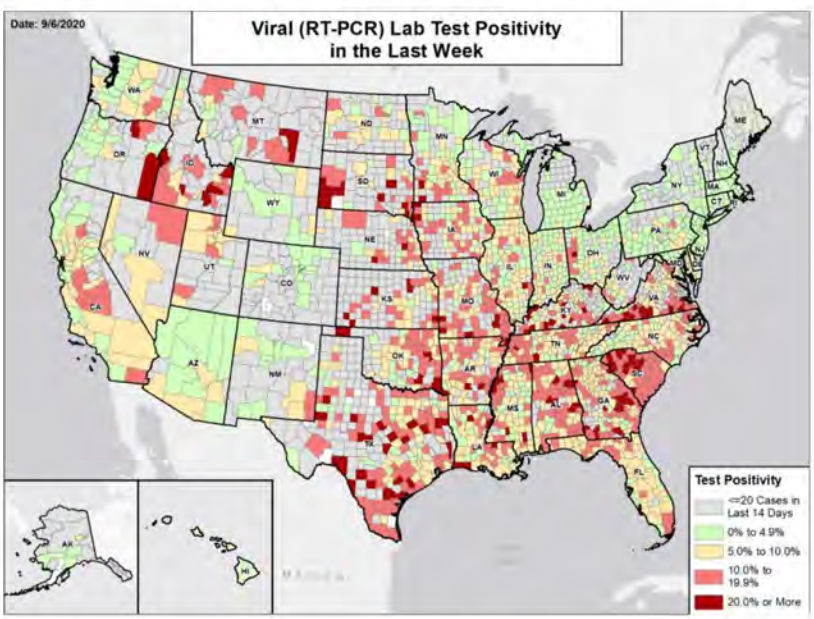
DATA SOURCES

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

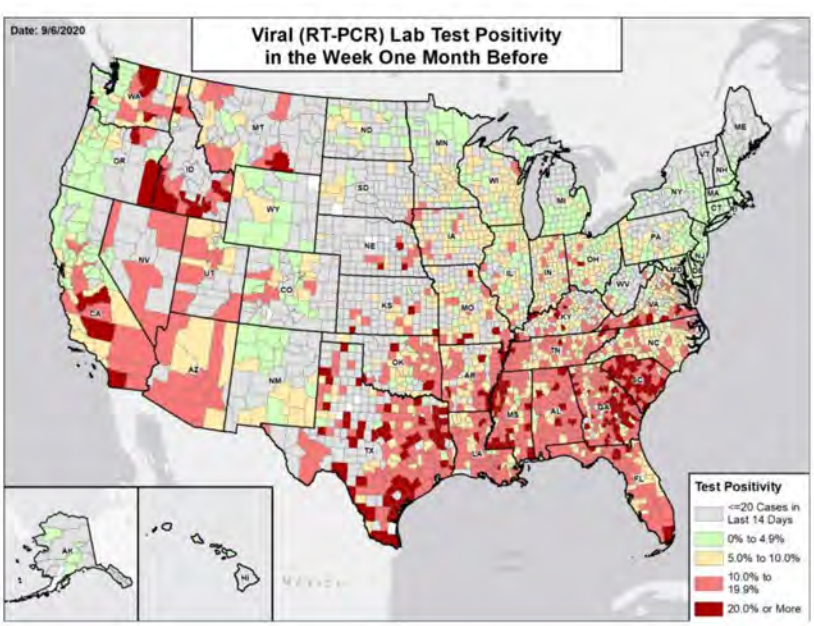
Cases: County-level data from USAFacts through 9/4/2020. Last week is 8/29 - 9/4; the week one month before is 8/1 - 8/7.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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 9/2/2020. Last week is 8/27 - 9/2; the week one month before is 7/30 - 8/5.

METHODS

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

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

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 22:00 EDT on 09/06/2020. 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 8/29 to 9/4; previous week data are from 8/22 to 8/28; the week one month before data are from 8/1 to 8/7.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 8/27 to 9/2; previous week data are from 8/20 to 8/26; the week one month before data are from 7/30 to 8/5. HHS Protect data is recent as of 11:30 EDT on 09/06/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/05/2020.
- **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 09/06/2020 and is through 9/4/2020.
- **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 09/06/2020.
- **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 8/17-8/23, previous week is 8/24-8/30.