STATE REPORT
09.13.2020

ALABAMA

SUMMARY

- Alabama is making week over week progress. There is a significant decline in the number of red zone counties from 54 counties five weeks ago to 19 last week. Alabama 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. Alabama is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 9th highest rate in the country.
- Alabama 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. Jefferson County, 2. Lee County, and 3. Tuscaloosa County. These counties represent 29.7% of new cases in Alabama. This is a significant shift, with increases in these counties largely driven by university students.
- 72% of all counties in Alabama have moderate or high levels of community transmission (yellow or red zone), with 28% having high levels of community transmission (red zone).
- During the week of Aug 31 - Sep 6, 21% of nursing homes had at least one new resident COVID-19 case, 36% had at least one new staff COVID-19 case, and 8% had at least one new resident COVID-19 death.
- Alabama had 129 new cases per 100,000 population in the last week, compared to a national average of 74 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 35 to support operations activities from FEMA and 1 to support operations activities from USCG.
- The federal government has supported surge testing in Birmingham, AL.
- Between Sep 5 - Sep 11, on average, 106 patients with confirmed COVID-19 and 128 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Alabama. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Continue the 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 decrease in hours and occupancy limits in bars and restaurants in Lee and Tuscaloosa counties and anywhere university and college students gather.
- Increase testing capacity further at UAB to increase pooling and saliva collections to support universities. Increase the budget and capacity of public health labs to run 24/7. Ensure hospitals use pooled testing for elective surgeries and patients admitted without suspected COVID-19 to reserve tests for community outreach; expand outpatient testing, pooling specimens where appropriate; and utilize all university, veterinary, and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Alabama has a well-thought-out plan for testing and contact tracing of symptomatic students but needs more routine surveillance testing across the state to find asymptomatic students, with 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. Expand asymptomatic testing through active surveillance testing with saliva collection and rapid screening of a minimum or 5% of students per week, with contact tracing of positives.
- Consider utilizing focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Recruit college and university students to expand public health messaging and contact tracing capacity. Ensure protection of local communities through strict mask wearing and social distancing when off campus and when around vulnerable individuals on campus.
- Student leadership and engagement is critical for sustaining essential mitigation efforts and Alabama's continued engagement of the Greek leadership is important.
- Increase surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 in red counties. Recreating spreading events through bar-like gatherings in homes will result in continued high cases and 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

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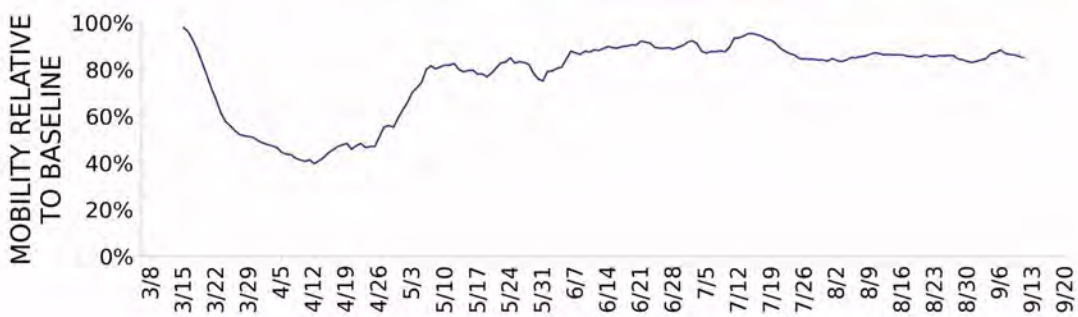
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	6,310 (129)	-23.1%	66,299 (99)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.6%	-3.2%*	7.4%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	58,171** (1,186)	-21.1%**	746,836** (1,116)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	68 (1)	-57.0%	1,864 (3)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	21% (36%)	-7%* (-1%*)	18% (29%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	8%	-2%*	8%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

ALABAMA

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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**	Auburn-Opelika Montgomery Anniston-Oxford Gadsden Talladega-Sylacauga	**19**	Birmingham-Hoover Tuscaloosa Huntsville Mobile Dothan Daphne-Fairhope-Foley Decatur Florence-Muscle Shoals Jasper Ozark Albertville Enterprise
COUNTY LAST WEEK	**19**	Lee Tuscaloosa Shelby Calhoun Etowah St. Clair Elmore Chilton Talladega Blount Autauga Franklin	**29**	Jefferson Mobile Madison Baldwin Montgomery Houston Morgan Walker Dale Limestone Marshall Coffee

All Yellow CBSAs: Birmingham-Hoover, Tuscaloosa, Huntsville, Mobile, Dothan, Daphne-Fairhope-Foley, Decatur, Florence-Muscle Shoals, Jasper, Ozark, Albertville, Enterprise, Cullman, Troy, Fort Payne, Selma, Atmore, LaGrange, Alexander City

All Red Counties: Lee, Tuscaloosa, Shelby, Calhoun, Etowah, St. Clair, Elmore, Chilton, Talladega, Blount, Autauga, Franklin, Marion, Lawrence, Winston, Clay, Cleburne, Fayette, Bibb

All Yellow Counties: Jefferson, Mobile, Madison, Baldwin, Montgomery, Houston, Morgan, Walker, Dale, Limestone, Marshall, Coffee, Cullman, Pike, DeKalb, Lauderdale, Dallas, Escambia, Colbert, Geneva, Chambers, Henry, Cherokee, Pickens, Butler, Macon, Conecuh, Hale, Bullock

*** 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 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

ALABAMA

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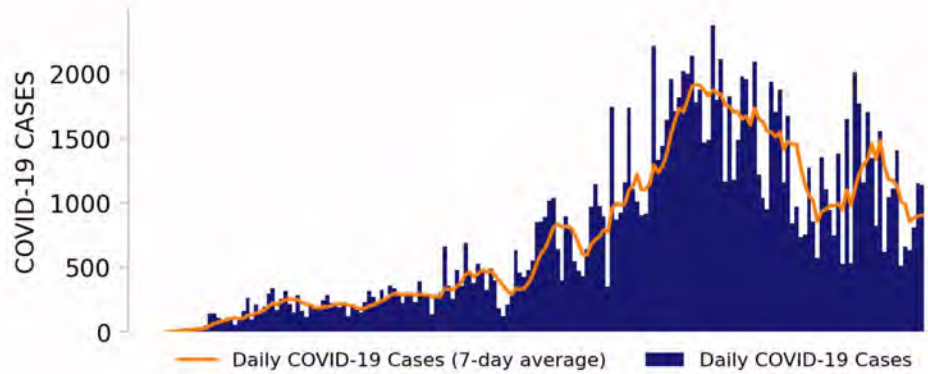
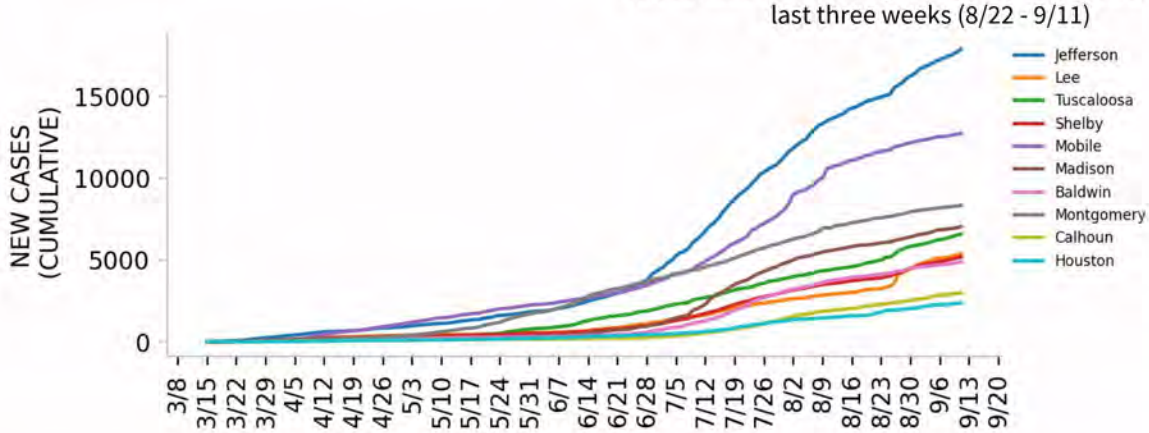
NEW CASES



TESTING

TOP COUNTIES

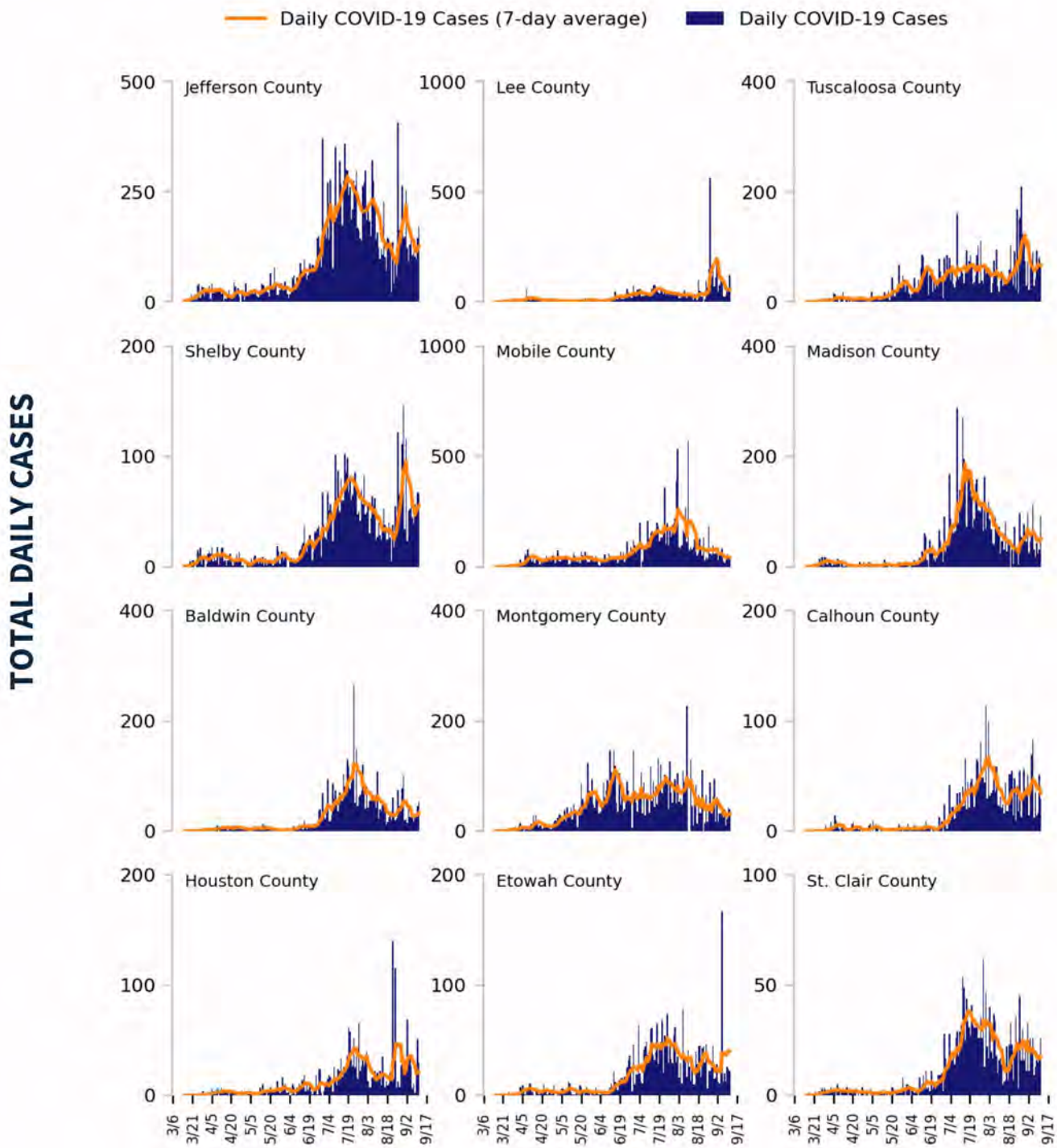
Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



DATA SOURCES – Additional data details available under METHODS

Note: 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 9/11/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020.

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 9/11/2020. Last 3 weeks is 8/22 - 9/11.

ALABAMA

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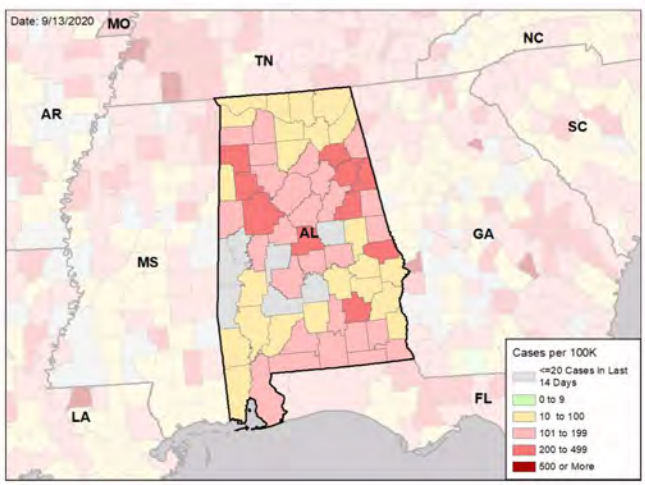
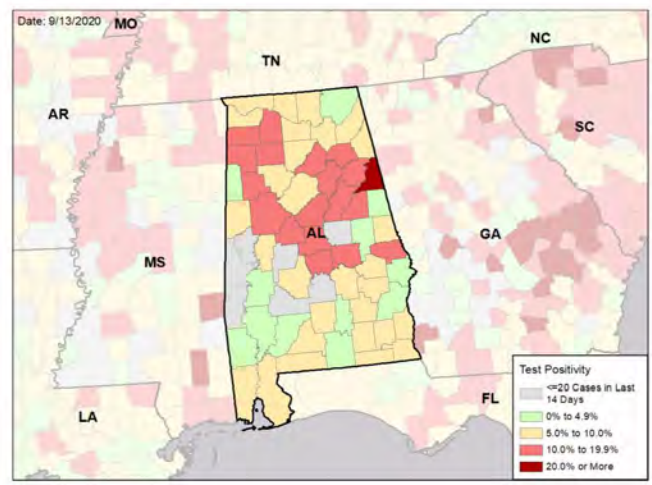
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

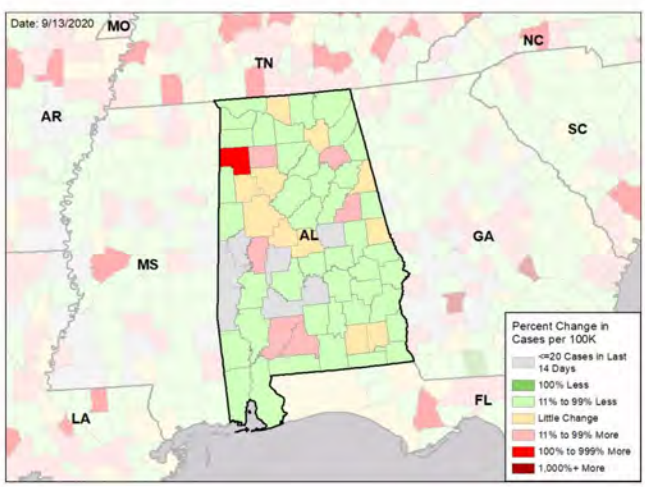
NEW CASES PER 100,000 DURING THE LAST WEEK



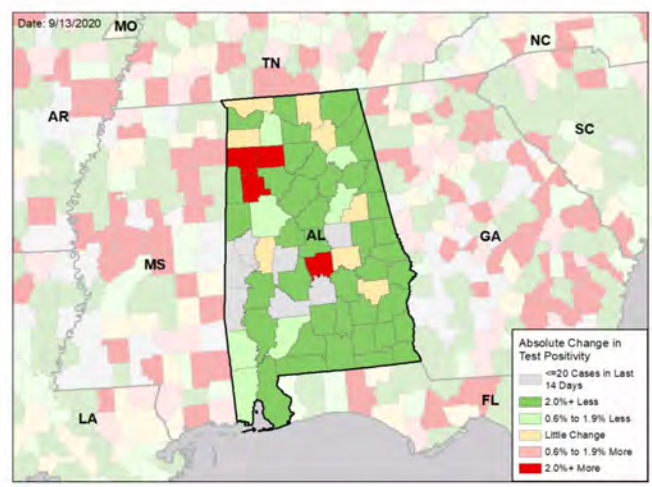
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

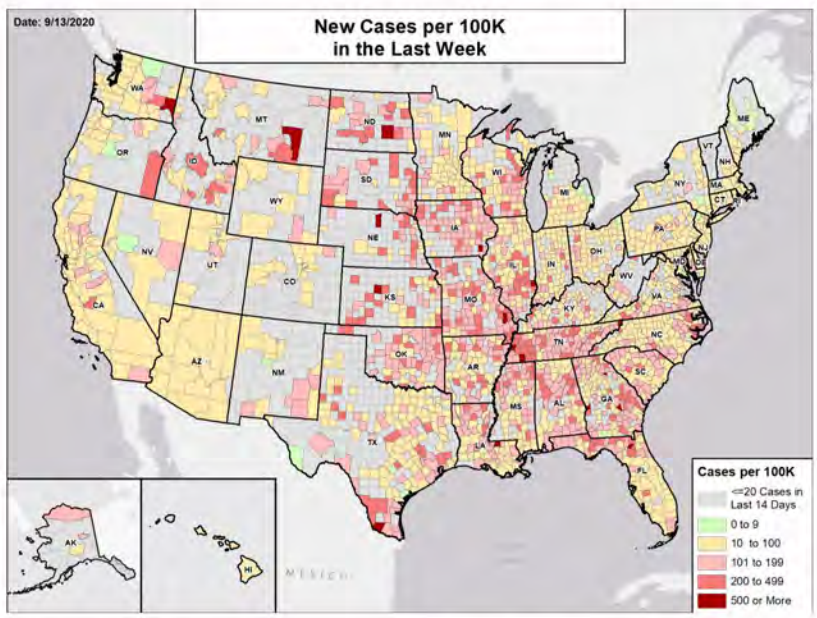
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/11/2020. Last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

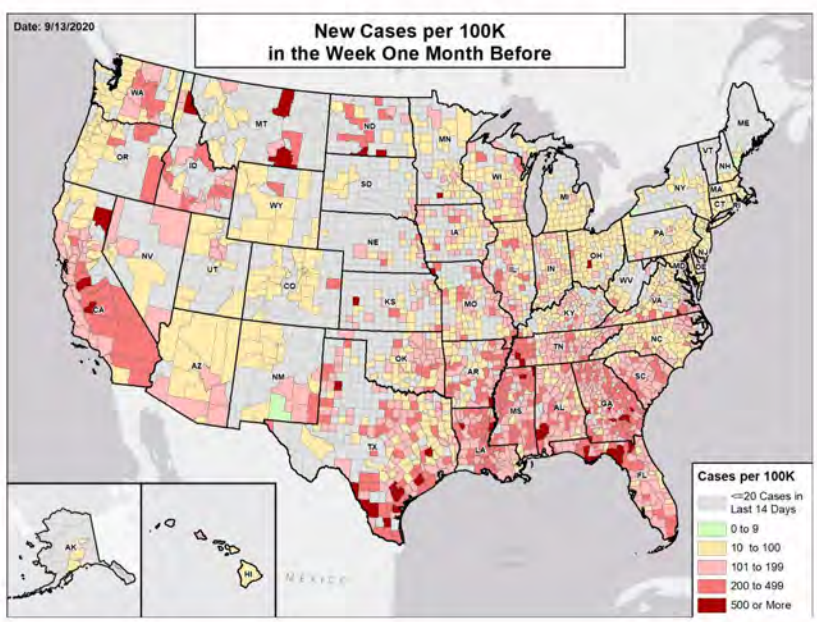
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

National Picture

NEW CASES PER 100,000 LAST WEEK



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



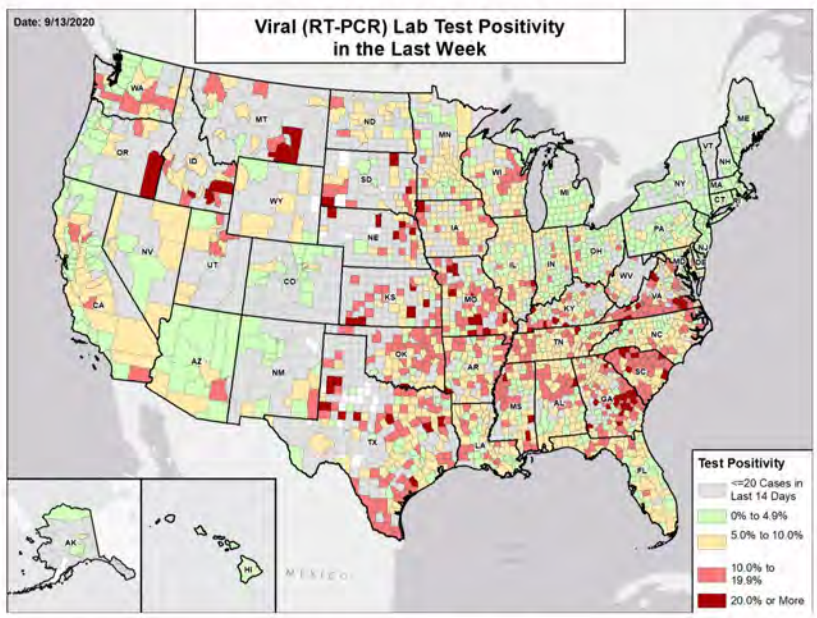
DATA SOURCES

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

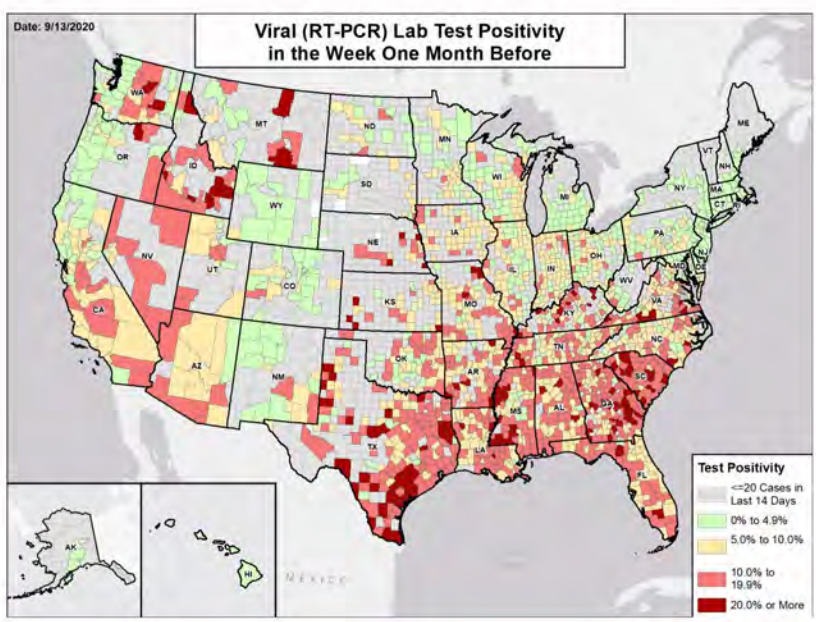
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
- **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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.

STATE REPORT
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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 26th 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 81.5% of new cases in Alaska.
- 3% of all boroughs in Alaska have moderate levels of community transmission (yellow zone), with none having high levels of community transmission (red zone).
- During the week of Aug 31 - Sep 6, 6% of nursing homes had at least one new resident COVID-19 case, 11% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death.
- Alaska had 72 new cases per 100,000 population in the last week, compared to a national average of 74 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; 2 to support epidemiology activities from CDC; and 22 to support operations activities from USCG.
- Between Sep 5 - Sep 11, on average, 5 patients with confirmed COVID-19 and 6 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Alaska. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Continued, widespread testing is critical to ongoing efforts to control the epidemic; recommend efforts to ensure aggressive testing in all areas where case rates are elevated or increasing.
- Growing case rates in Fairbanks, Juneau, and Matanuska-Susitna Borough are concerning; recommend mandates or local ordinances for face coverings in all indoor environments outside of the home.
- Continue to promote outdoor dining wherever possible, especially in above areas; limit indoor dining and require social distancing and face coverings in all indoor spaces.
- Continue education on the risk of transmission 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 for education, 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 housing for isolation and quarantine, especially for those who live in congregate settings or those experiencing homelessness.
- 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.
- Tribal communities and native population: 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.
- Ensure the protection of those in nursing homes, assisted living, and long-term care facilities (LTCFs) by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19; isolate all positive staff and residents. Ensure social distancing and universal face mask use among staff.
- Immediately conduct infection control surveys in all nursing homes with an initial case or 3 or more cases in the last week. Antigen testing supplies will continue to be provided by the federal government to support LTCF testing.
- Develop a plan for increased surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

ALASKA

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NEW COVID-19 CASES (RATE PER 100,000)	526 (72)	+5.6%	6,320 (44)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	2.7%	-0.2%*	4.0%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	28,473** (3,892)	-27.4%**	140,103** (976)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	3 (0)	+0.0%	98 (1)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	6% (11%)	+6%* (+5%*)	5% (13%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A	2%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

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 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

ALASKA

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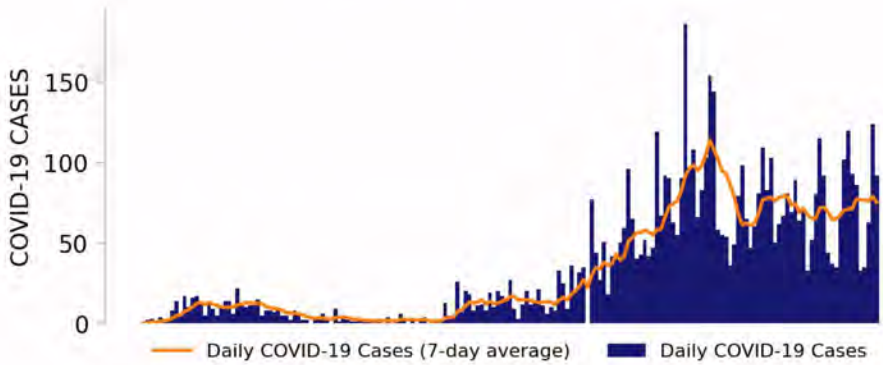
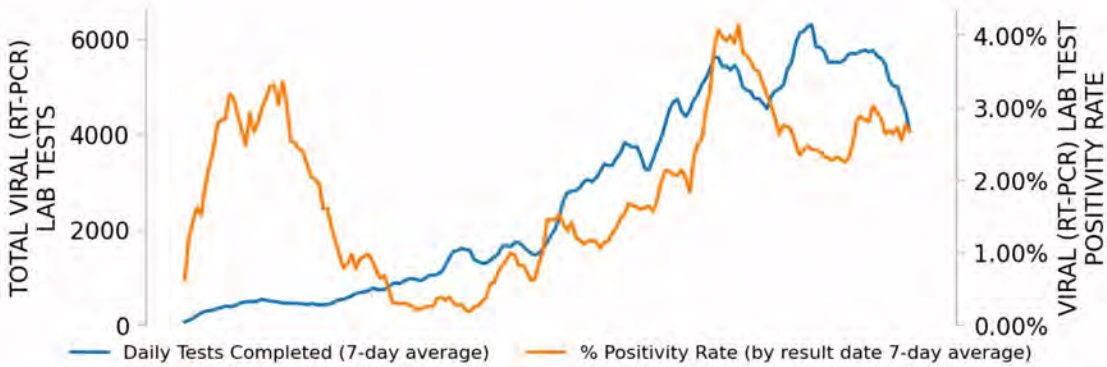
NEW CASES

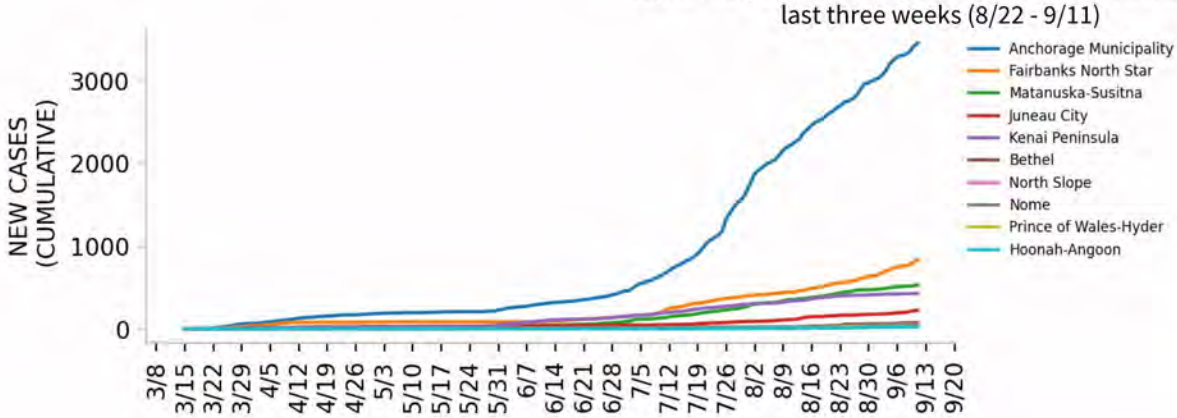


TESTING



TOP BOROUGHS

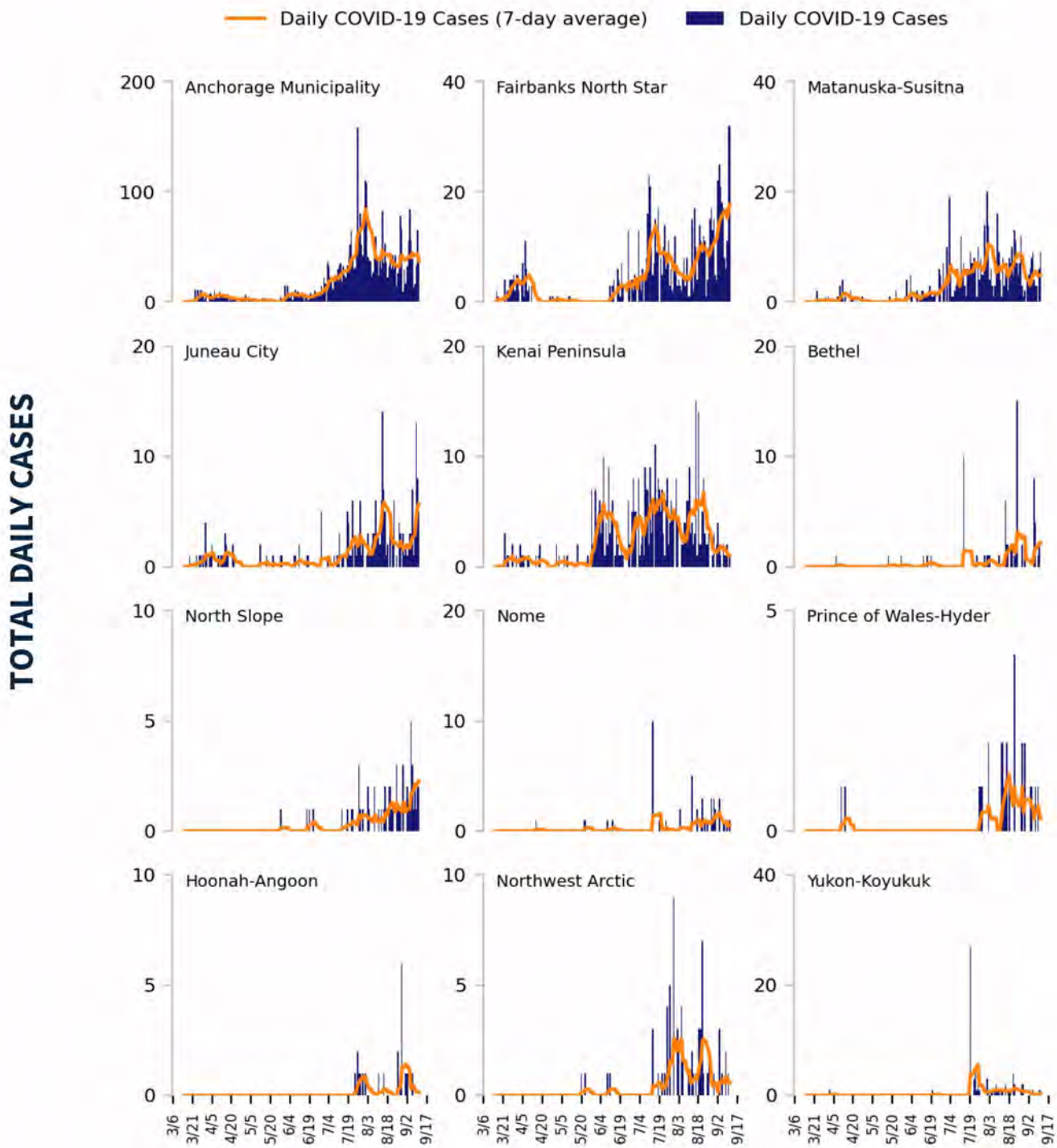
Top boroughs based on greatest number of new cases in last three weeks (8/22 - 9/11)



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating borough-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020.

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



DATA SOURCES – Additional data details available under METHODS

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ALASKA

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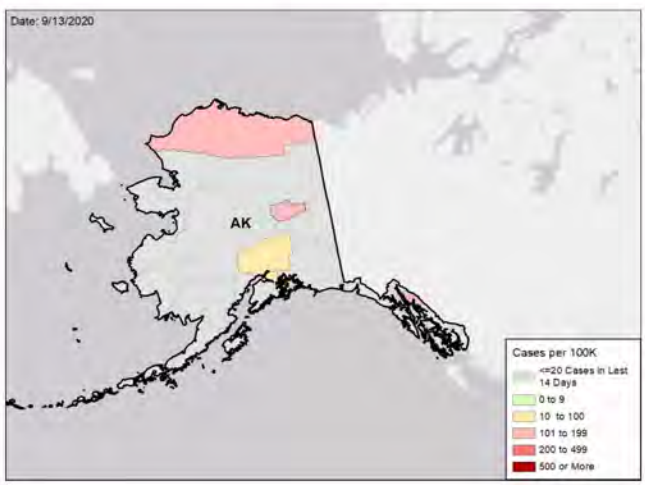
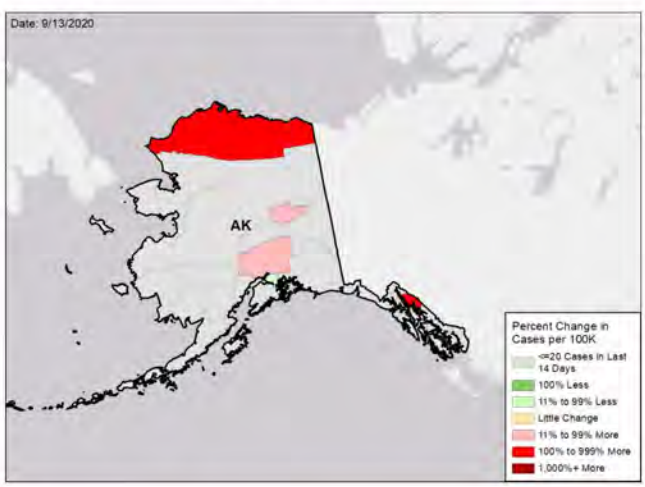
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING THE LAST WEEK

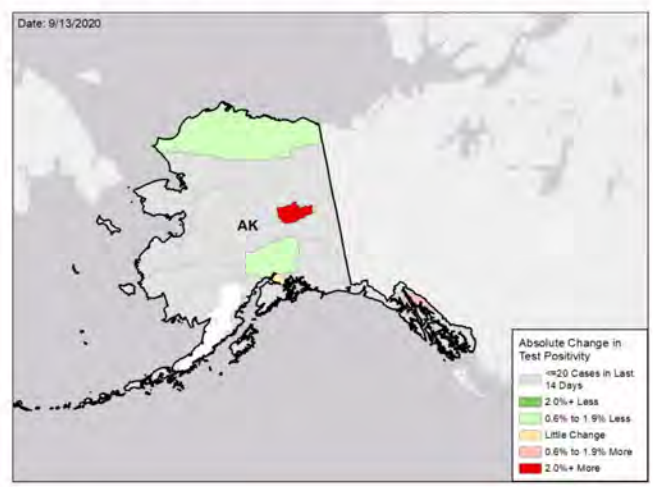


VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK

WEEKLY CHANGE IN NEW CASES PER 100K



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



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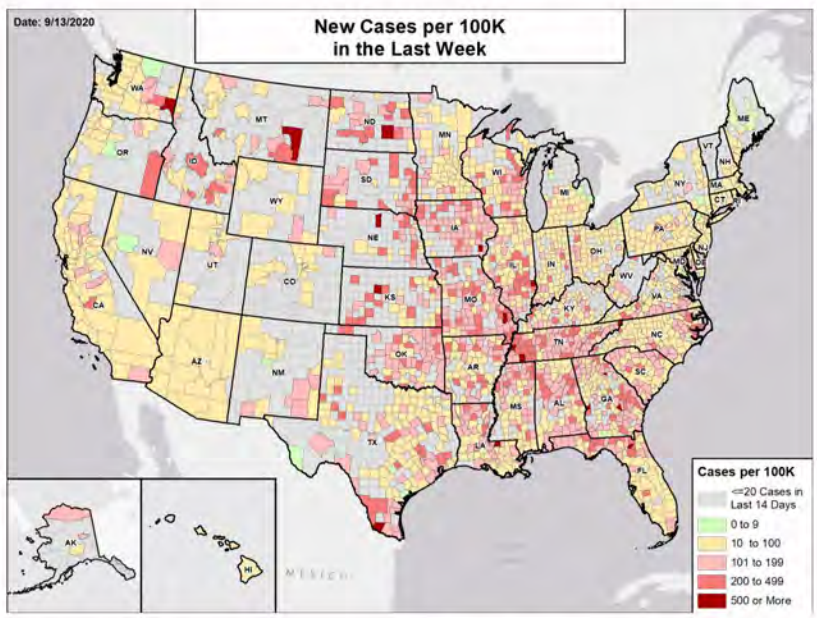
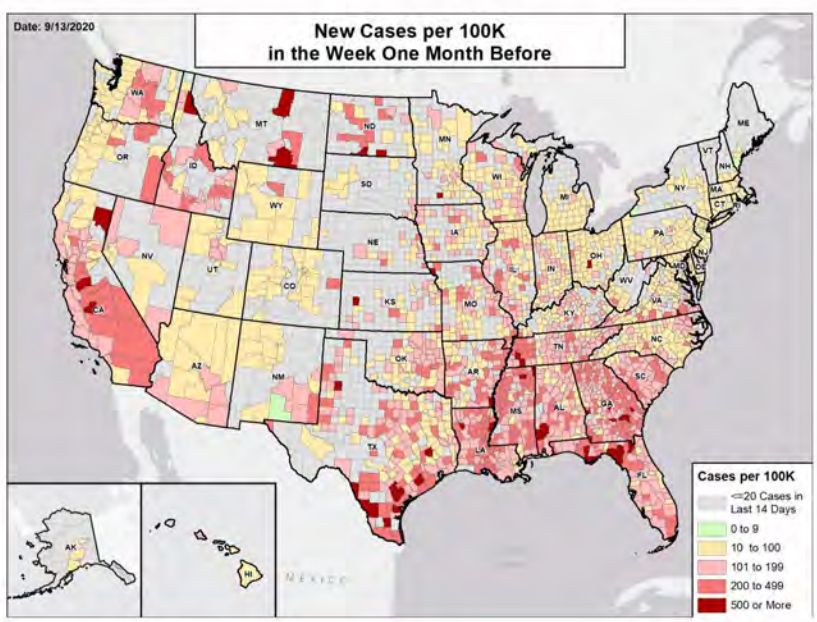
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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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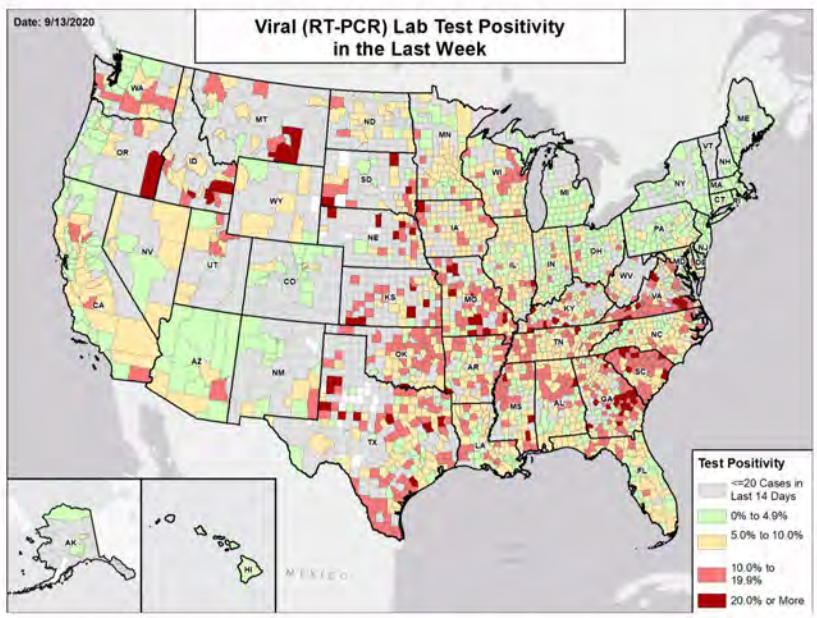
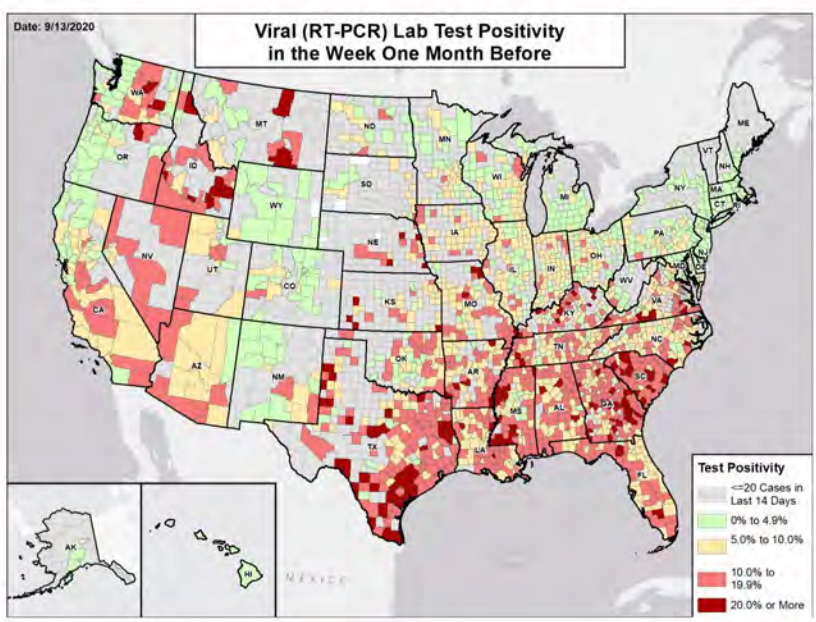
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

METHODS

STATE REPORT | 09.13.2020

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
- **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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.

STATE REPORT
09.13.2020

ARIZONA

SUMMARY

- Arizona has made excellent progress and has no counties in the red COVID-19 zone. Arizona 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. Arizona is in the green zone for test positivity, indicating a rate below 5%, with the 34th highest rate in the country.
- Arizona 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. Maricopa County, 2. Pima County, and 3. Pinal County. These counties represent 83.3% of new cases in Arizona.
- 27% of all counties in Arizona have moderate levels of community transmission (yellow zone), with none having high levels of community transmission (red zone).
- During the week of Aug 31 - Sep 6, 10% 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.
- Arizona had 39 new cases per 100,000 population in the last week, compared to a national average of 74 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 13 to support operations activities from FEMA and 6 to support epidemiology activities from CDC.
- The federal government has supported surge testing in rural counties in Arizona.
- Between Sep 5 - Sep 11, on average, 63 patients with confirmed COVID-19 and 134 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Arizona. An average of 76% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Arizona has made excellent progress and is sustaining the gains through continued strong mitigation efforts statewide and strengthening mitigation efforts in university towns to decrease spread from universities to the local community. Consider a further decrease in hours and occupancy limits in bars and restaurants in university counties and anywhere university and college students gather.
- Focusing on universities and decreasing community spread from students to local communities and hometowns is critical. Recommend further strengthening the detection of silent spread on campuses through routine saliva testing of students for surveillance. Increase the percent of students screened each week to 5% and increase to 10% per week if the test positivity of asymptomatic students is greater than 10%.
- Review all university and college plans for both rapid testing and contact tracing of symptomatic students and routine surveillance testing of students to find asymptomatic students, with 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. Universities and colleges should work with various student leaders and campus media to support compliance with recommendations. Ensure protection of local communities through strict mask wearing and social distancing when off campus and when around vulnerable individuals on campus.
- Consider utilizing focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- In preparation for fall, continue to increase testing capacity by increasing the budget and capacity of public health labs; ensure hospitals move elective surgeries and admission testing to pooling in order to reserve tests for community outreach and expand outpatient testing, pooling specimens where appropriate; and utilize all university, veterinary, and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Increase surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 fewer than 20 or fewer people. Recreating spreading events through bar-like gatherings in homes will result in continued high cases and those with comorbidities becoming infected.
- Arizona is doing well with protecting those in long-term care facilities. Continue to 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. Expanded 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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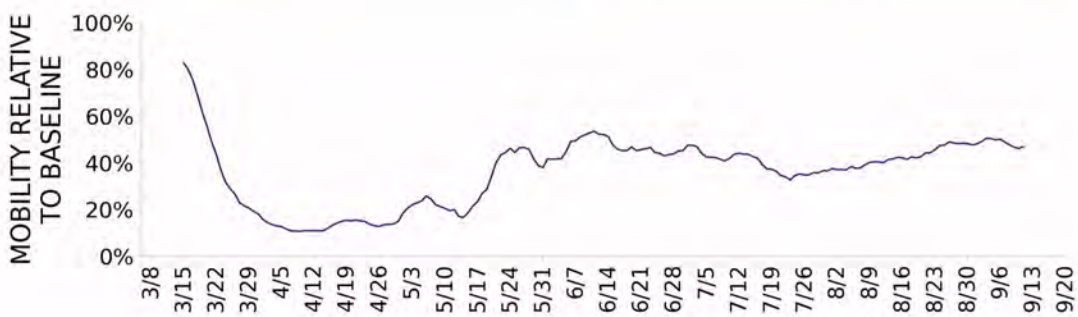
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	2,841 (39)	-29.4%	30,385 (59)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.7%	-0.7%*	4.4%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	62,645** (861)	-8.2%**	830,242** (1,619)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	117 (2)	-39.7%	815 (2)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	10% (19%)	-4%* (-1%*)	6% (10%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	-4%*	4%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

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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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

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	**4**	Tucson Yuma Safford Payson
COUNTY LAST WEEK	**0**	N/A	**4**	Pima Yuma Graham Gila

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and lab test positivity result above 10%.
Yellow Zone: Those CBSAs and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a lab test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the "Red Zone."
Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

ARIZONA

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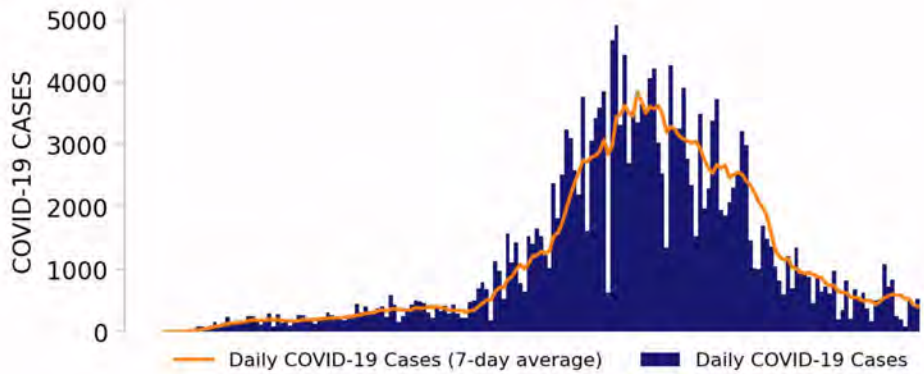
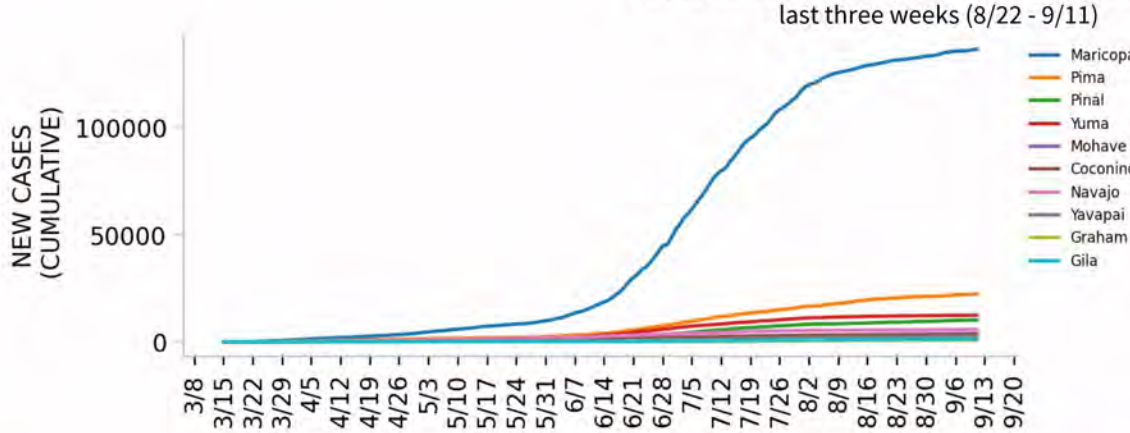
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



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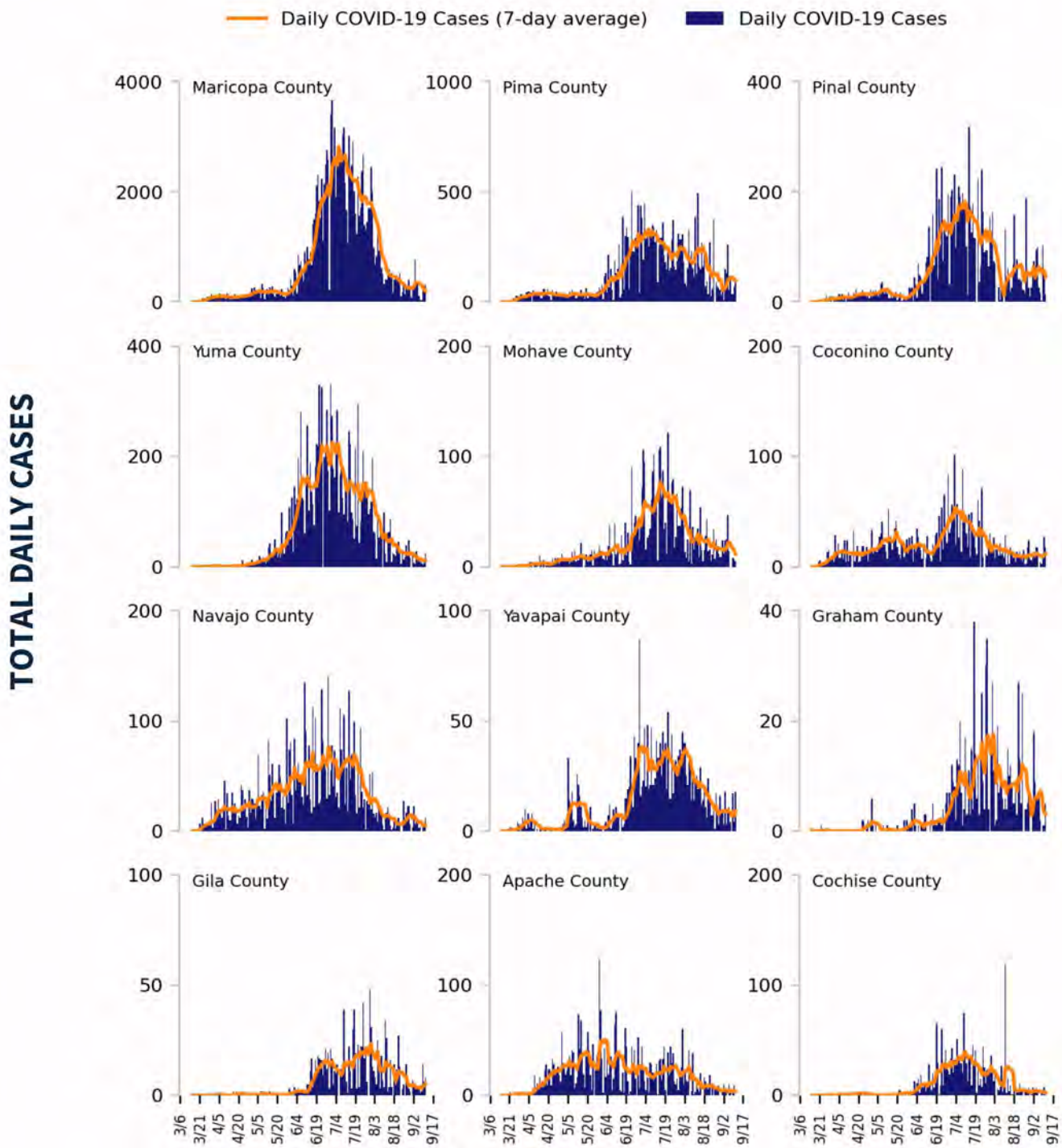
Top 12 counties based on number of new cases in the last 3 weeks



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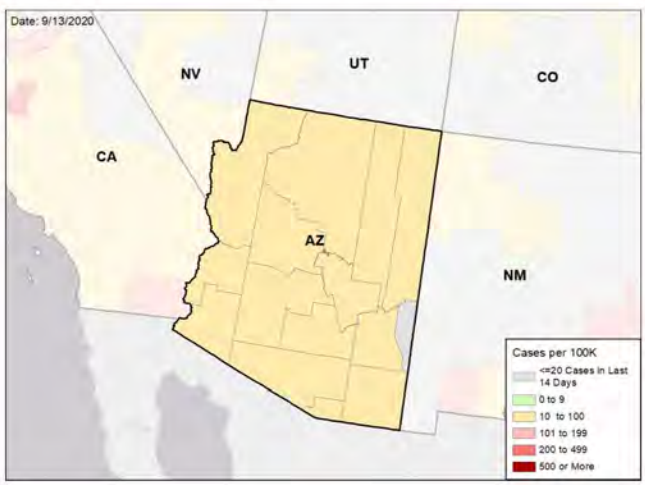
ARIZONA

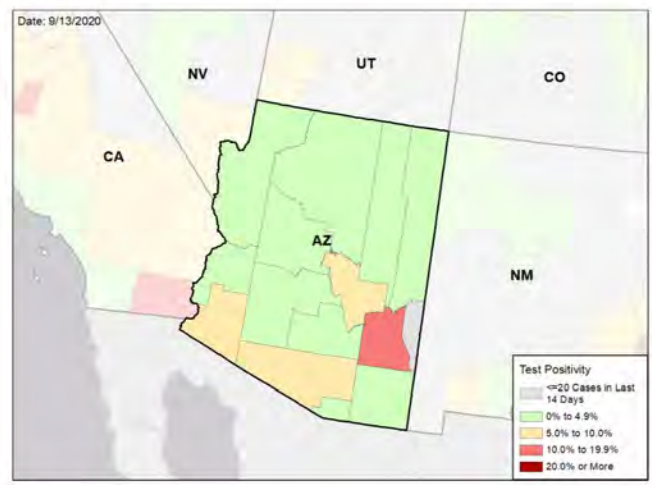
STATE REPORT | 09.13.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

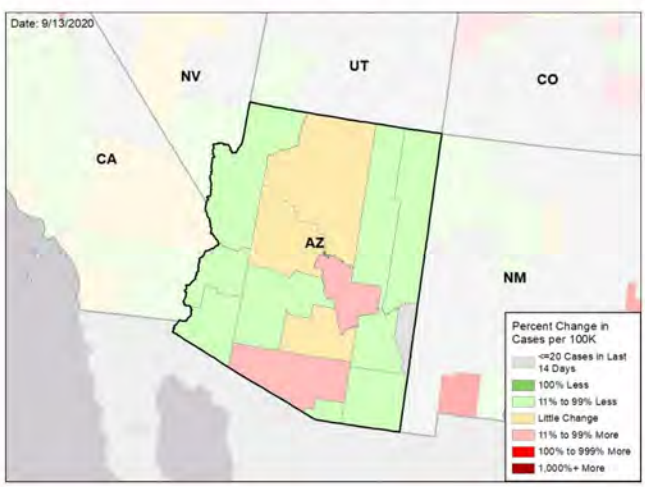
NEW CASES PER 100,000 DURING THE LAST WEEK



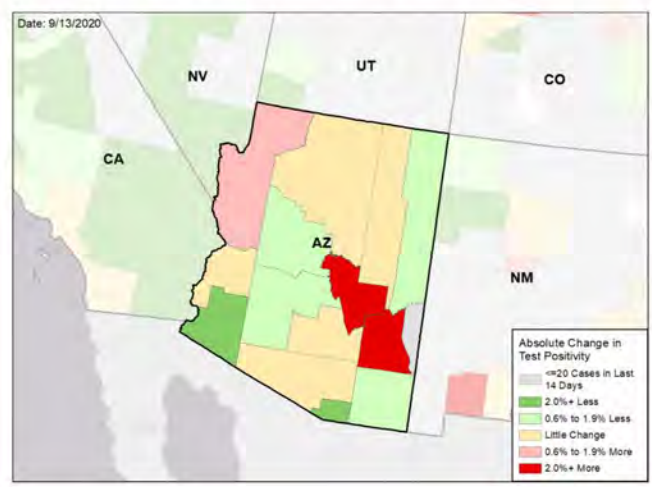
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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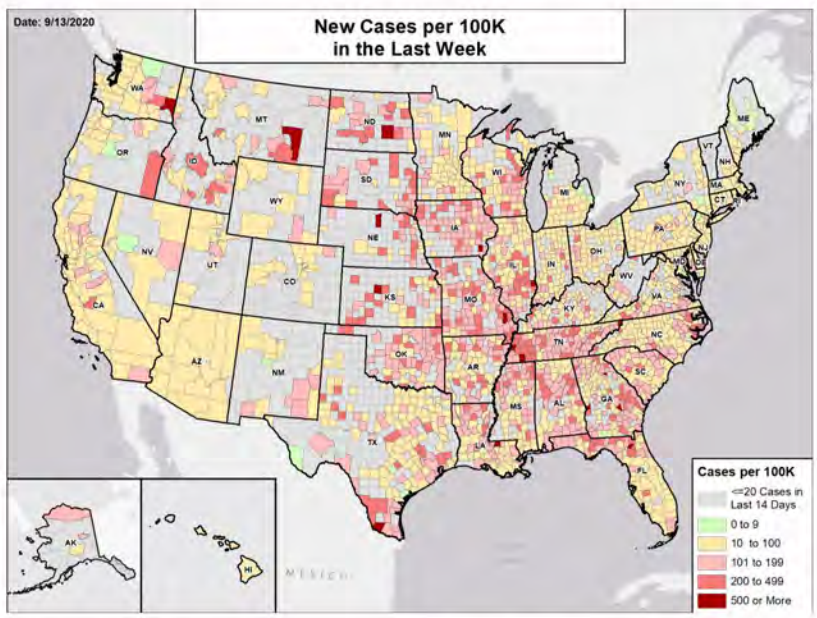
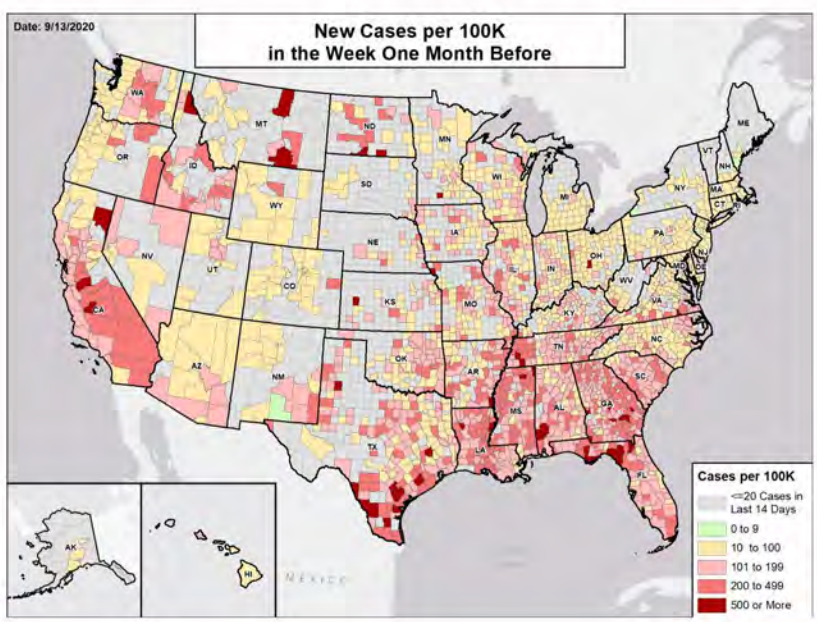
National Picture

NEW CASES PER 100,000 LAST WEEK



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



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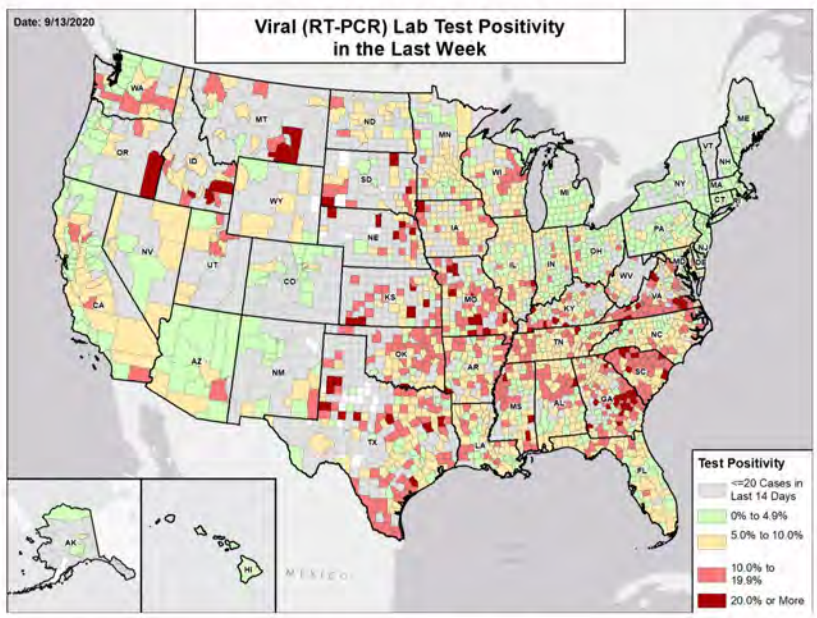
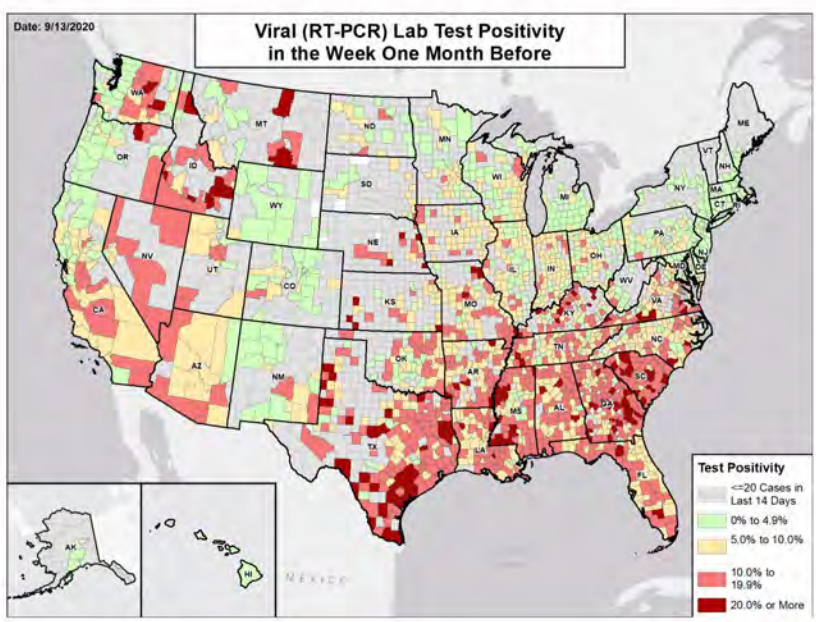
National Picture

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

STATE REPORT | 09.13.2020

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Diagnostic test result positivity rate	<5%	5%-10%	>10%
Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
COVID-19 deaths per 100,000 population per week	<1	1-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	<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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
- **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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.

STATE REPORT
09.13.2020

ARKANSAS

SUMMARY

- Arkansas 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. Arkansas is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 18th highest rate in the country.
- Arkansas 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. Pulaski County, 2. Washington County, and 3. Benton County. These counties represent 27.9% of new cases in Arkansas.
- Down from last week, 60% of all counties in Arkansas 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 31 - Sep 6, 14% of nursing homes had at least one new resident COVID-19 case, 28% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death.
- Arkansas had 124 new cases per 100,000 population in the last week, compared to a national average of 74 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 Sep 5 - Sep 11, on average, 46 patients with confirmed COVID-19 and 213 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Arkansas. 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

- Applaud Arkansans' mask usage statewide to decrease community transmission.
- As community mitigation efforts loosen in counties and metro areas in the green zone, track test positivity very closely so that there can be rapid response if transmission changes. Ensure all labs, including commercial labs, are reporting test results immediately in order to have timely public health action.
- In areas with ongoing high levels of transmission (red and yellow zones), use standard metrics to determine school learning options and capacity limits for bars and indoor dining.
- Develop a plan for increased surveillance of silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- In university settings, use wastewater surveillance across campus to identify areas with high viral load for targeted testing. Work with student leaders, including Greek organizations, to establish effective testing strategies to find cases early, prevent spread, and keep students on campus.
- Although cases are decreasing across the state, there is a high percent of nursing homes with staff and residents who have been recently diagnosed with COVID-19. Review and improve infection control practices at nursing homes to stop the introduction of COVID-19.
- 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

ARKANSAS

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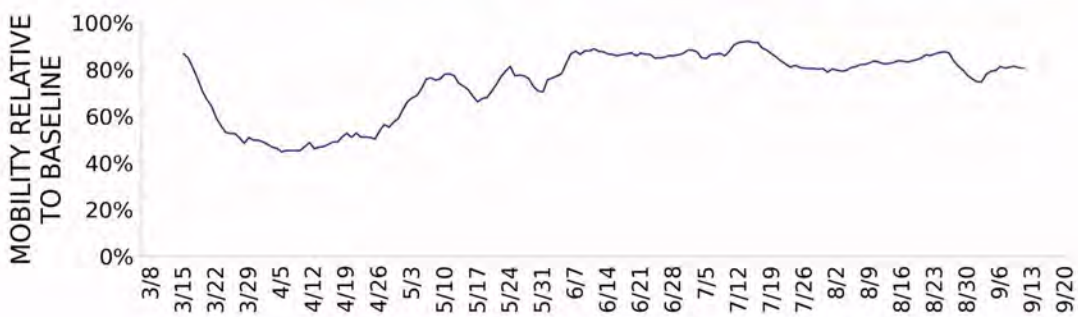
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	3,736 (124)	-18.7%	41,196 (96)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.6%	-2.0%*	7.8%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	46,924** (1,555)	+0.7%**	371,009** (869)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	81 (3)	-32.5%	1,091 (3)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	14% (28%)	+0%* (+4%*)	14% (21%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	-2%*	6%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

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	**6**	Pine Bluff Jonesboro Fort Smith Harrison Blytheville Texarkana	**13**	Little Rock-North Little Rock-Conway Fayetteville-Springdale-Rogers Russellville Hot Springs Memphis Batesville El Dorado Forrest City Malvern Camden Arkadelphia Magnolia
COUNTY LAST WEEK	**17**	Craighead Jefferson Sebastian Lincoln Mississippi Crittenden Crawford Boone Carroll Stone Cross Little River	**28**	Pulaski Washington Benton Faulkner Pope Garland Independence Lonoke Poinsett Union Miller St. Francis

All Yellow CBSAs: Little Rock-North Little Rock-Conway, Fayetteville-Springdale-Rogers, Russellville, Hot Springs, Memphis, Batesville, El Dorado, Forrest City, Malvern, Camden, Arkadelphia, Magnolia, Helena-West Helena

All Red Counties: Craighead, Jefferson, Sebastian, Lincoln, Mississippi, Crittenden, Crawford, Boone, Stone, Carroll, Cross, Little River, Dallas, Clay, Pike, Newton, Fulton

All Yellow Counties: Pulaski, Washington, Benton, Faulkner, Pope, Garland, Independence, Lonoke, Poinsett, Union, Miller, St. Francis, Hot Spring, Ouachita, Bradley, Clark, Jackson, Columbia, Phillips, Izard, Franklin, Grant, Randolph, Polk, Conway, Cleburne, Drew, Cleveland

*** 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 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

ARKANSAS

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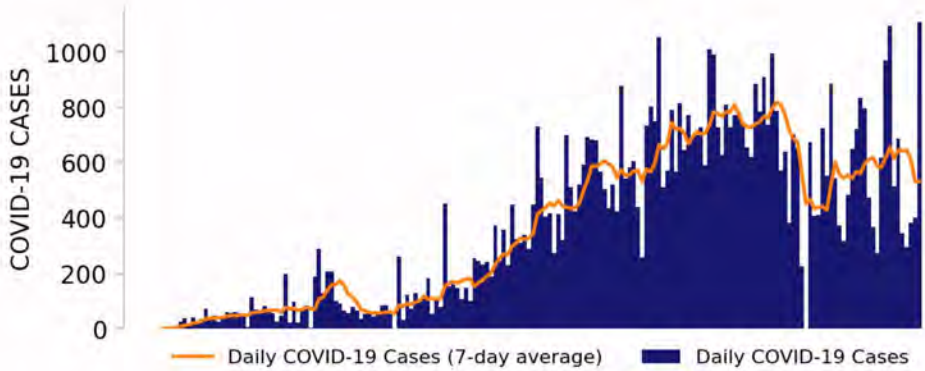
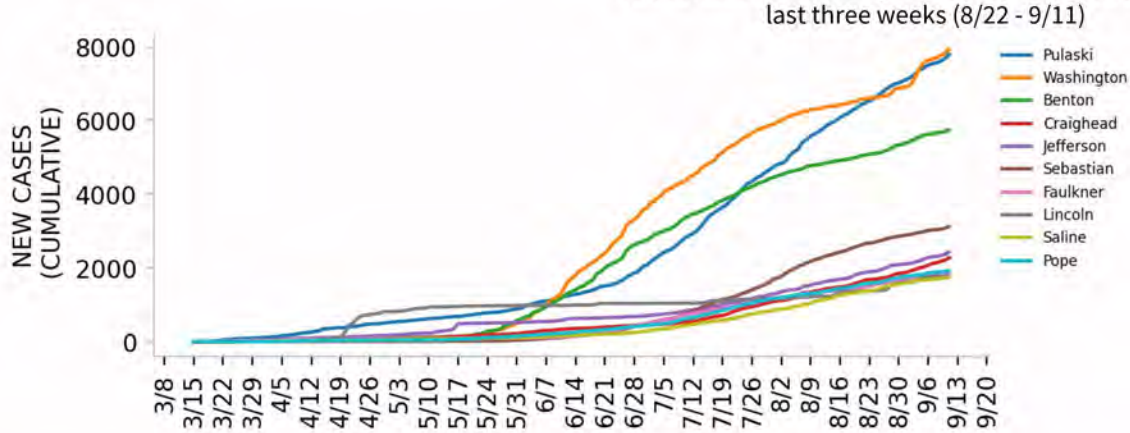
NEW CASES



TESTING

TOP COUNTIES

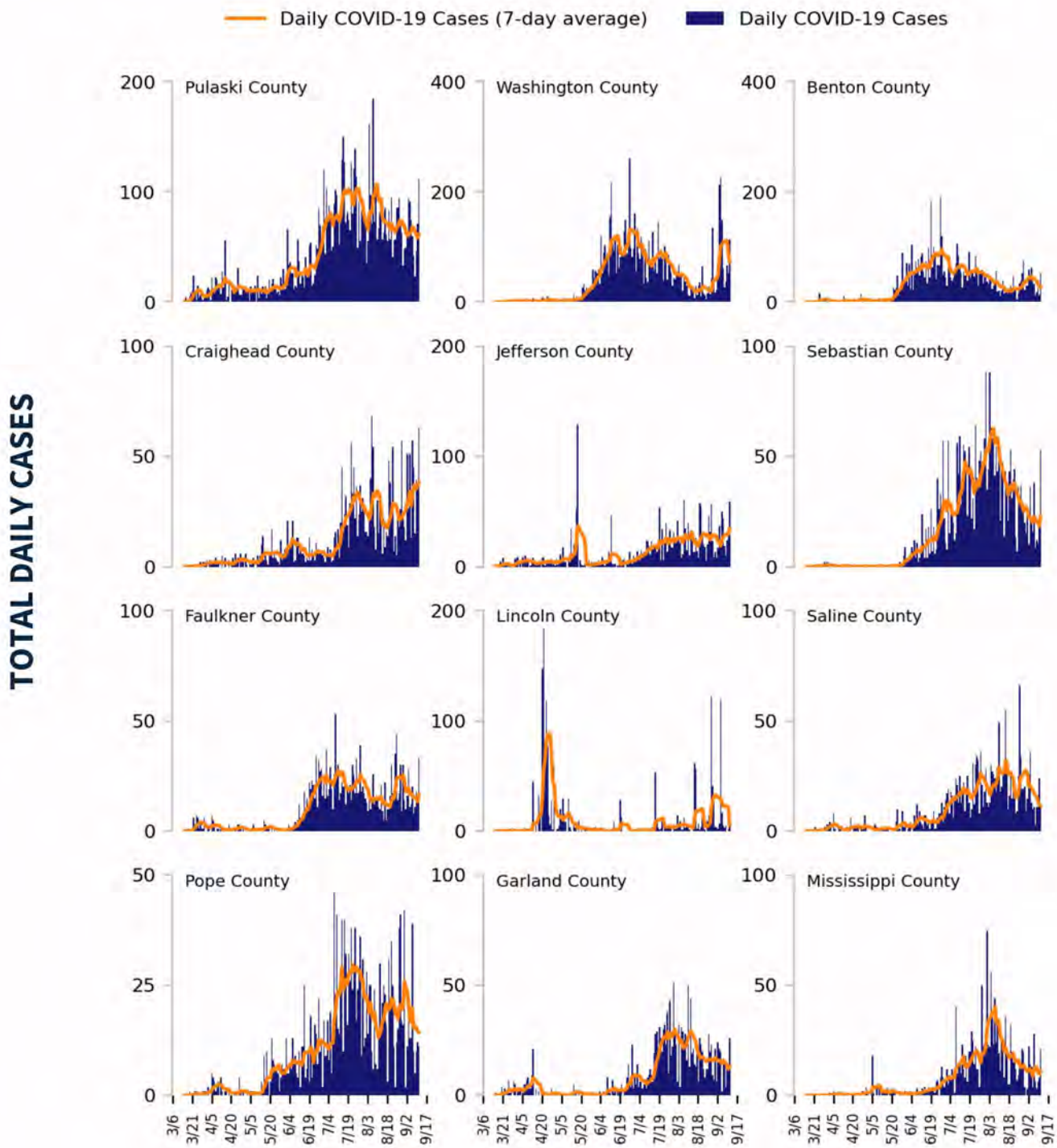
Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



DATA SOURCES – Additional data details available under METHODS

Note: 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 9/11/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020.

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 9/11/2020. Last 3 weeks is 8/22 - 9/11.

ARKANSAS

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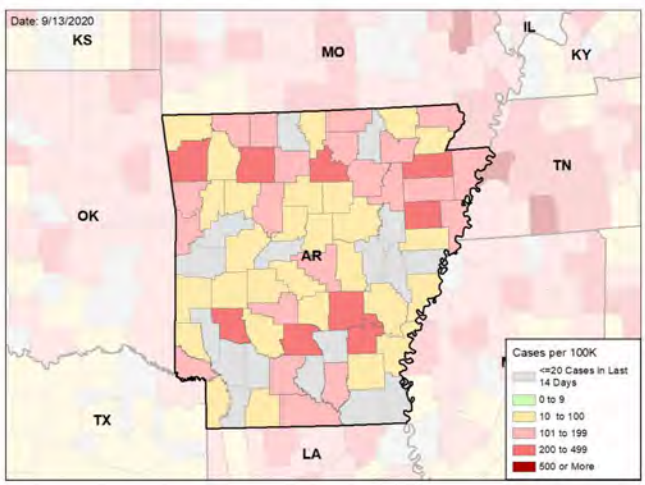
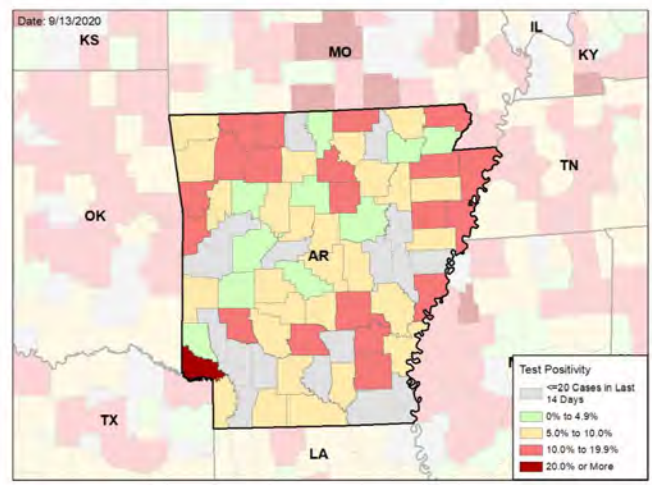
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

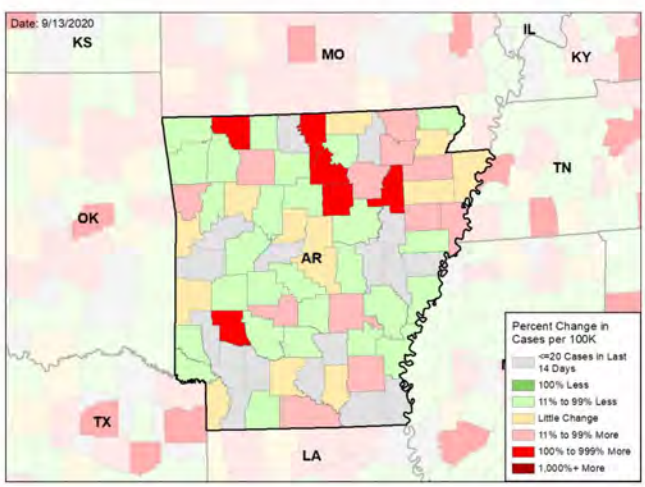
NEW CASES PER 100,000 DURING THE LAST WEEK



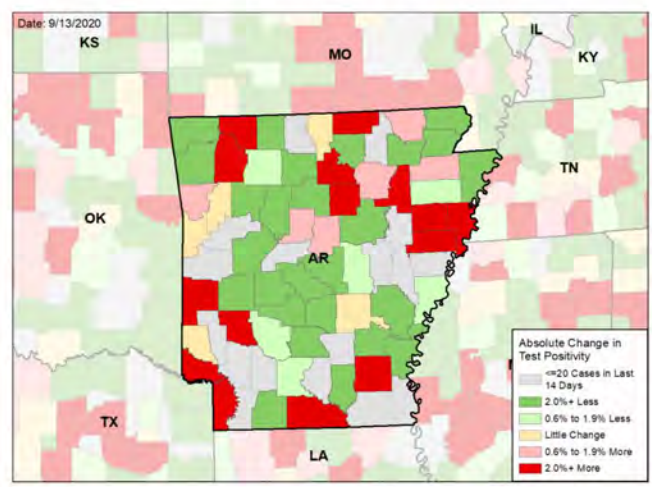
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

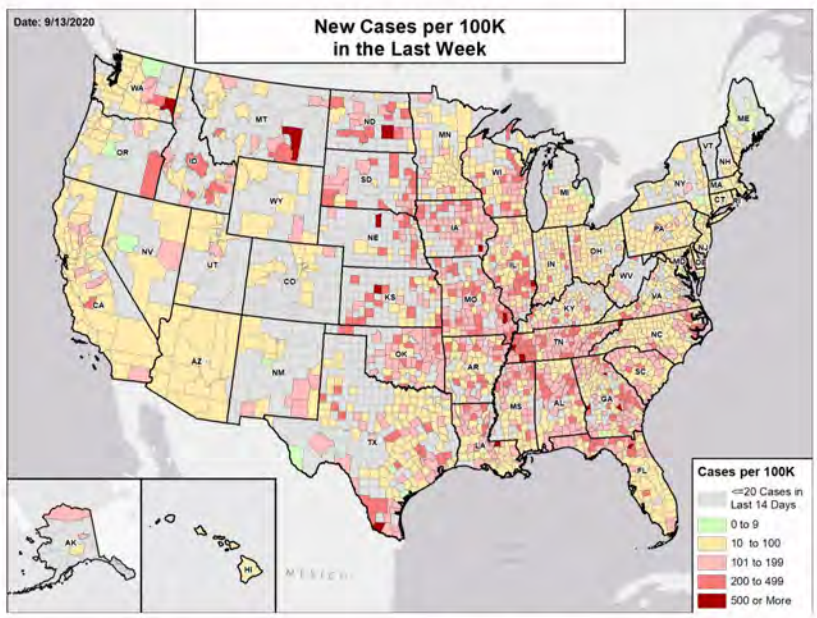
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/11/2020. Last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

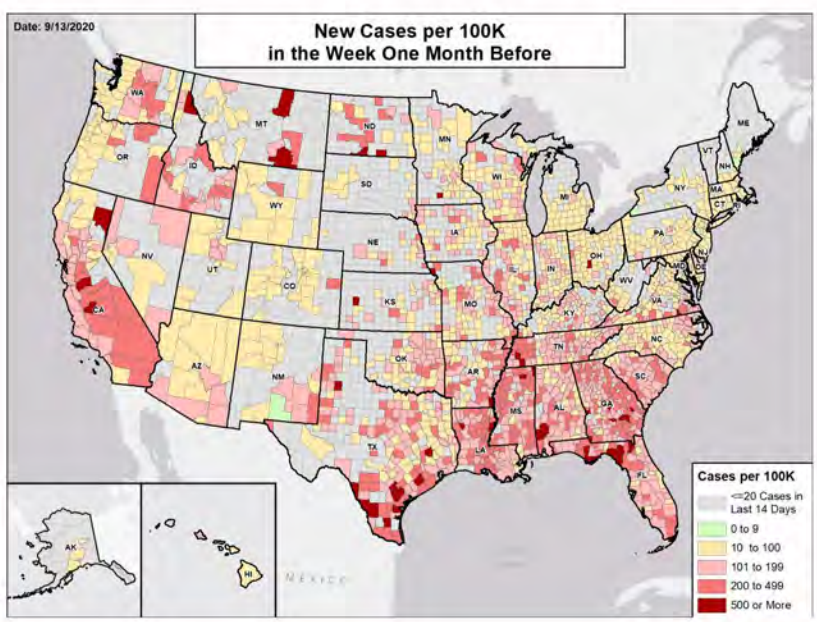
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

National Picture

NEW CASES PER 100,000 LAST WEEK



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



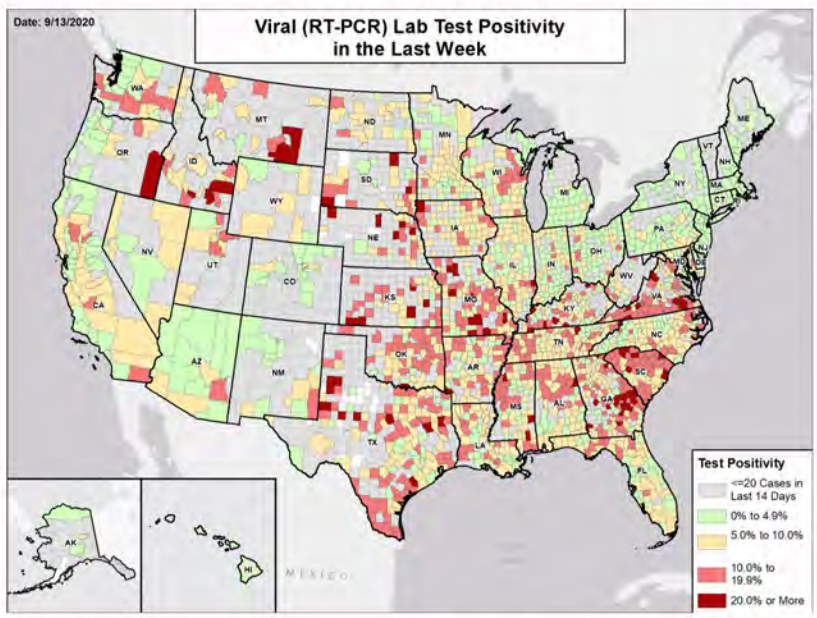
DATA SOURCES

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

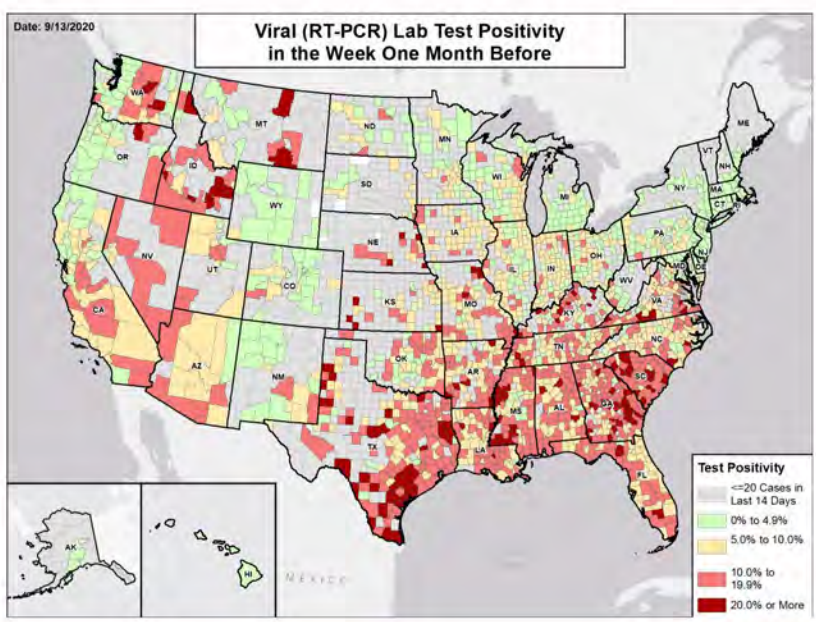
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
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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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.

STATE REPORT
09.13.2020

CALIFORNIA

SUMMARY

- California continues to show improvement related to use of effective mitigation measures, despite the challenge of the severe ongoing wildfires. California 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. California is in the green zone for test positivity, indicating a rate below 5%, with the 30th highest rate in the country.
- California 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. Los Angeles County, 2. San Bernardino County, and 3. San Diego County. These counties represent 36.9% of new cases in California.
- Overall cases continue to decline, although transmission continues to occur throughout the state. While newly reported cases remain elevated in inland areas of Southern California, some coastal counties in Central and Northern California, and especially the Central Valley, the majority of counties report improving numbers.
- San Diego State University reports 621 cases among students since Aug 24. In the week through September 5, University of Southern California reported 23% of symptomatic students tested were positive, as were 1.8% of surveillance tests done among students; both percentages represented decreases.
- 40% of all counties in California 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 31 - Sep 6, 5% of nursing homes had at least one new resident COVID-19 case, 8% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death.
- California had 62 new cases per 100,000 population in the last week, compared to a national average of 74 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; 145 to support operations activities from FEMA; 12 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 270 to support operations activities from USCG.
- The federal government has supported surge testing in Bakersfield, CA.
- Between Sep 5 - Sep 11, on average, 376 patients with confirmed COVID-19 and 582 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in California. An average of 90% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Establish plans that integrate COVID-19 mitigation, testing, and outbreak contingencies within congregant shelters resulting from wildfires.
- Develop a plan to increase surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- Recommendations for institutions of higher education (IHE) are repeated this week given the concerning trends nationally and the need to intensify efforts to control COVID-19 at IHE. The ongoing efforts at California's IHE to address these concerns are noted.
- 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.
- University students with or exposed to COVID-19 must have access to isolation, quarantine, and care sites on or near campus and should not be returned home to multigenerational households where additional transmission could occur. To safely allow for some to quarantine at home, some universities use case managers to ensure that students do not have coronavirus-vulnerable people living at home, do have safe places to stay away from others, and do not need to take flights or other public transportation to get home before release for home quarantine; this is a best practice.
- 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 must work with various student leaders and campus media to support compliance with recommendations.
- Consider utilizing focused wastewater surveillance at IHE to detect cases early and to direct diagnostic testing and public health interventions, as is being piloted at multiple universities in other states and at UCSD. Ensure that the experience at UCSD is rapidly assessed and disseminated.
- 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.
- Support local authorities in outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy, as well as other limitations on student patronage; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus events.
- Support a uniform case-reporting process for IHE and reporting of this data on public-facing dashboards.
- 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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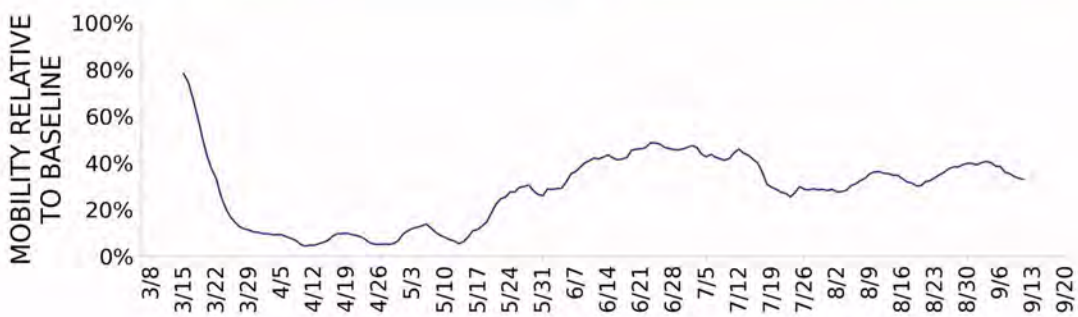
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	24,494 (62)	-27.5%	30,385 (59)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.4%	-0.9%*	4.4%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	680,137** (1,721)	-26.4%**	830,242** (1,619)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	617 (2)	-24.8%	815 (2)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	5% (8%)	-8%* (-15%*)	6% (10%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	-4%*	4%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

CALIFORNIA

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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**	Hanford-Corcoran El Centro	**15**	Riverside-San Bernardino-Ontario Sacramento-Roseville-Folsom Fresno Stockton Bakersfield Modesto Visalia Salinas Santa Rosa-Petaluma Merced Chico Madera
COUNTY LAST WEEK	**3**	Kings Imperial Glenn	**20**	San Bernardino Riverside Sacramento Fresno San Joaquin Kern Stanislaus Tulare Monterey Sonoma Merced Butte

All Yellow CBSAs: Riverside-San Bernardino-Ontario, Sacramento-Roseville-Folsom, Fresno, Stockton, Bakersfield, Modesto, Visalia, Salinas, Santa Rosa-Petaluma, Merced, Chico, Madera, Yuba City, Ukiah, Red Bluff

All Yellow Counties: San Bernardino, Riverside, Sacramento, Fresno, San Joaquin, Kern, Stanislaus, Tulare, Monterey, Sonoma, Merced, Butte, Madera, Yolo, Sutter, San Benito, Yuba, Mendocino, Tehama, 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

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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

CALIFORNIA

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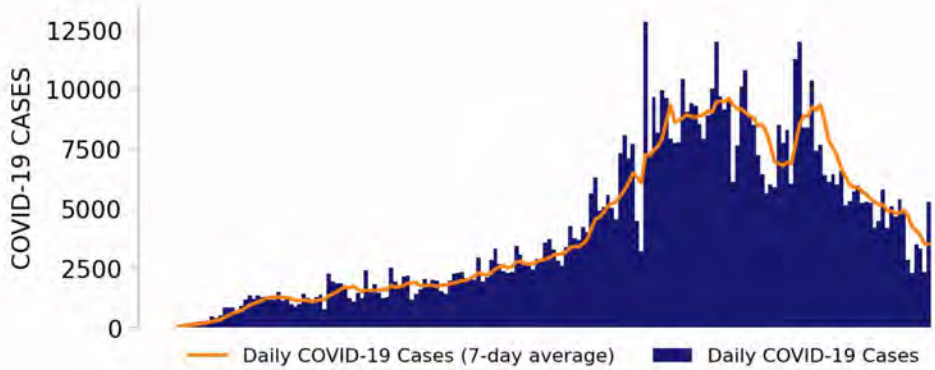
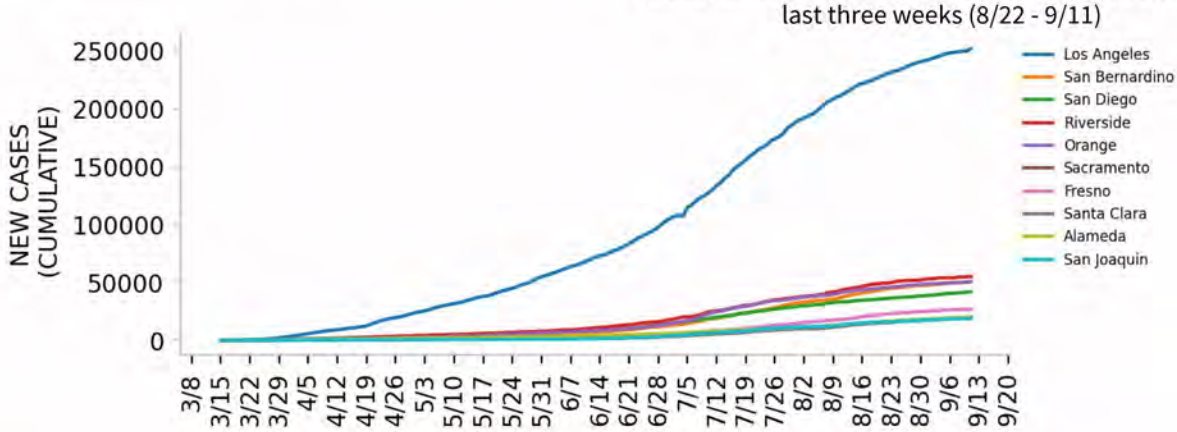
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



DATA SOURCES – Additional data details available under METHODS

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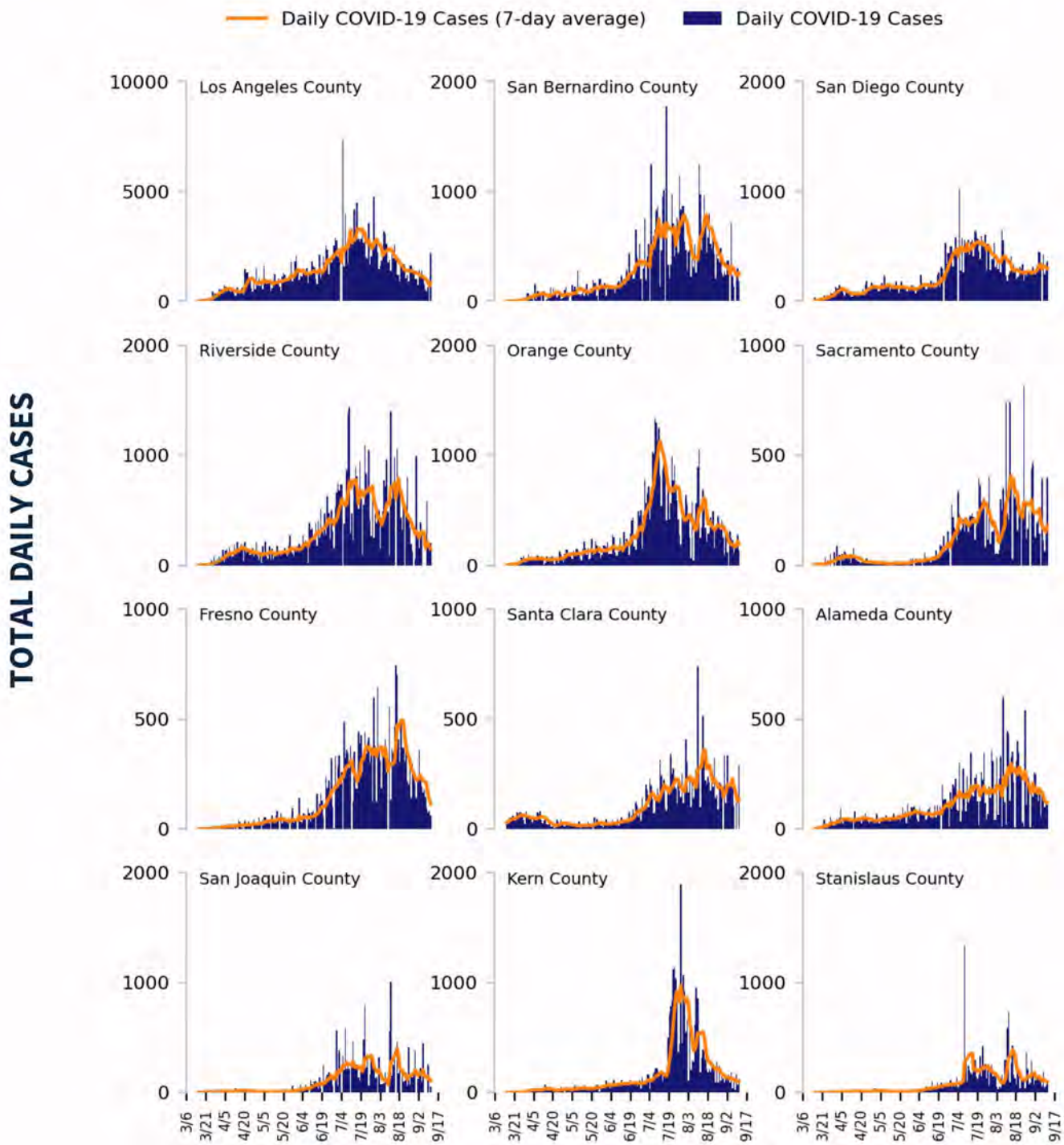
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020.

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

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 9/11/2020. Last 3 weeks is 8/22 - 9/11.

CALIFORNIA

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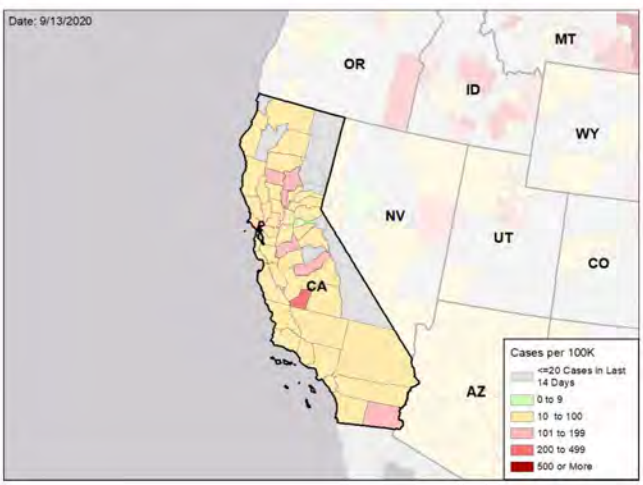
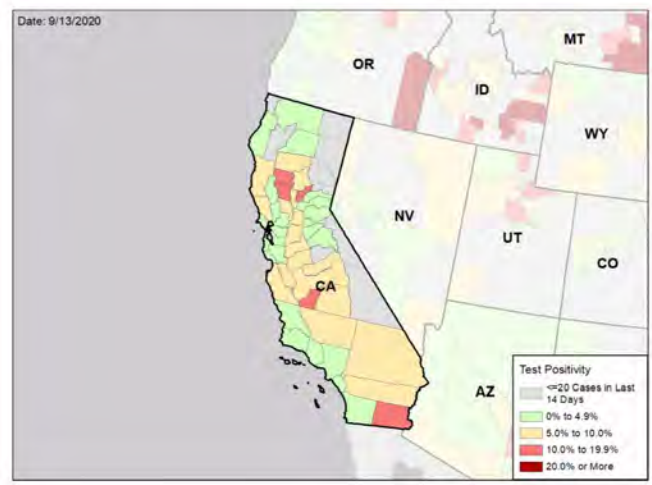
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

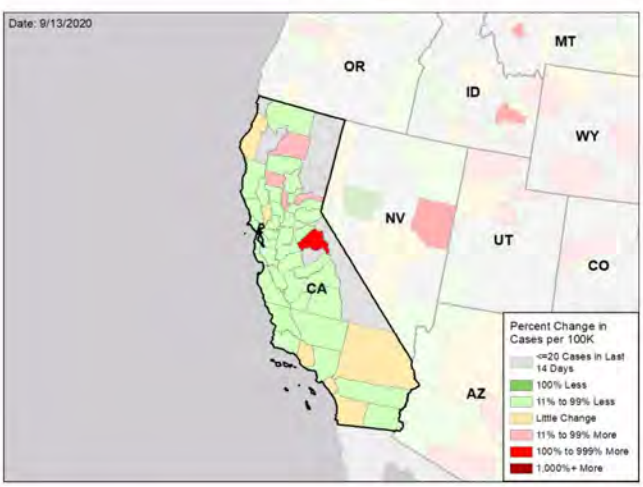
NEW CASES PER 100,000 DURING THE LAST WEEK



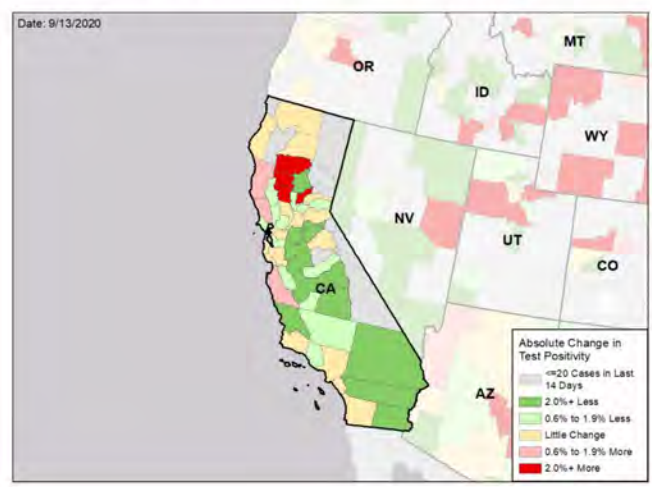
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



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.

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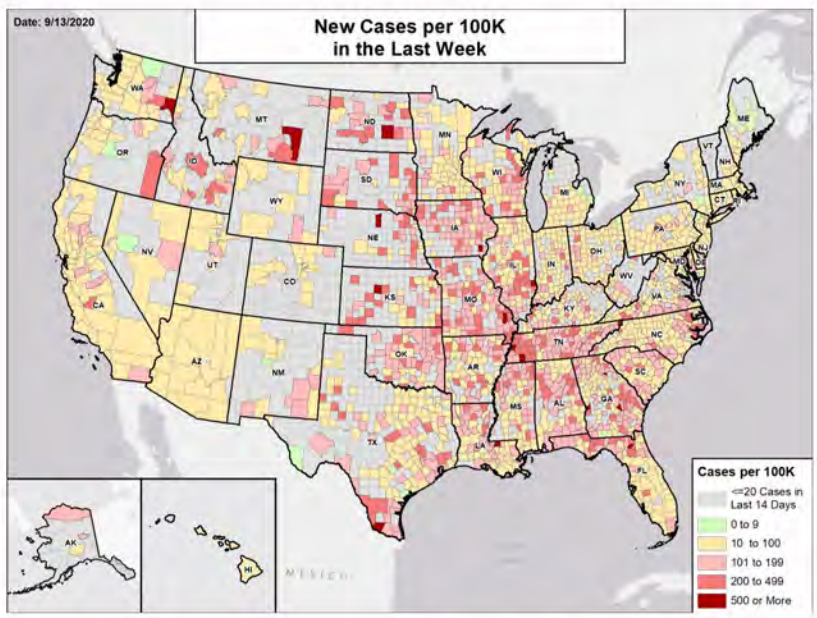
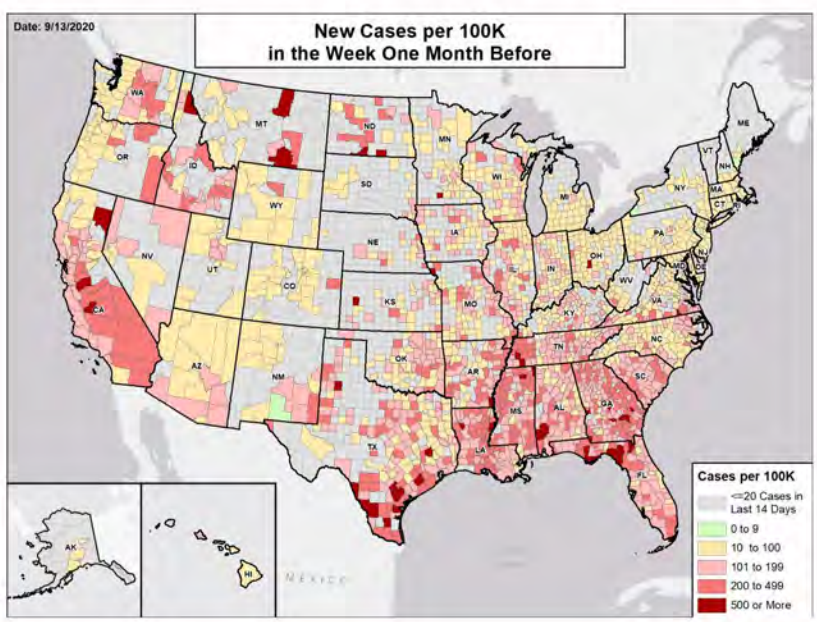
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

National Picture

NEW CASES PER 100,000 LAST WEEK



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



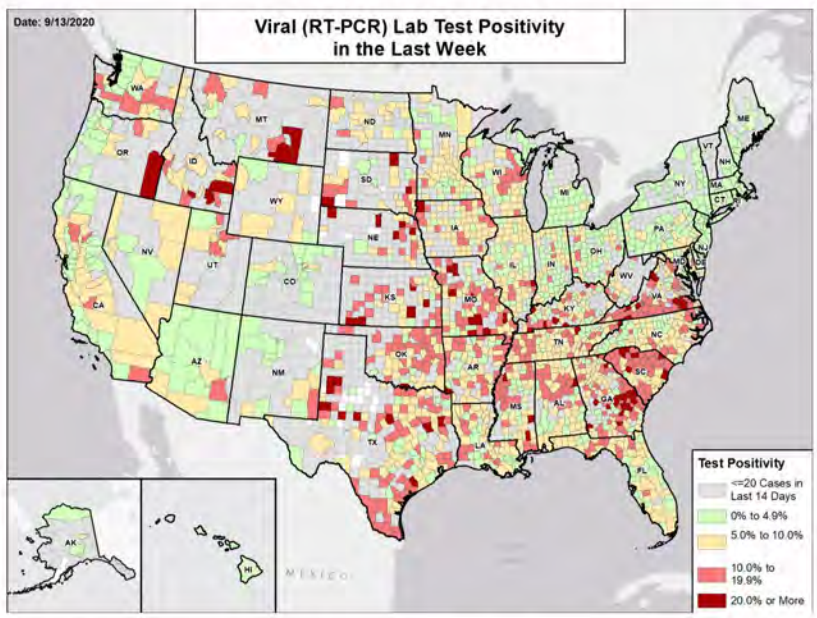
DATA SOURCES

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

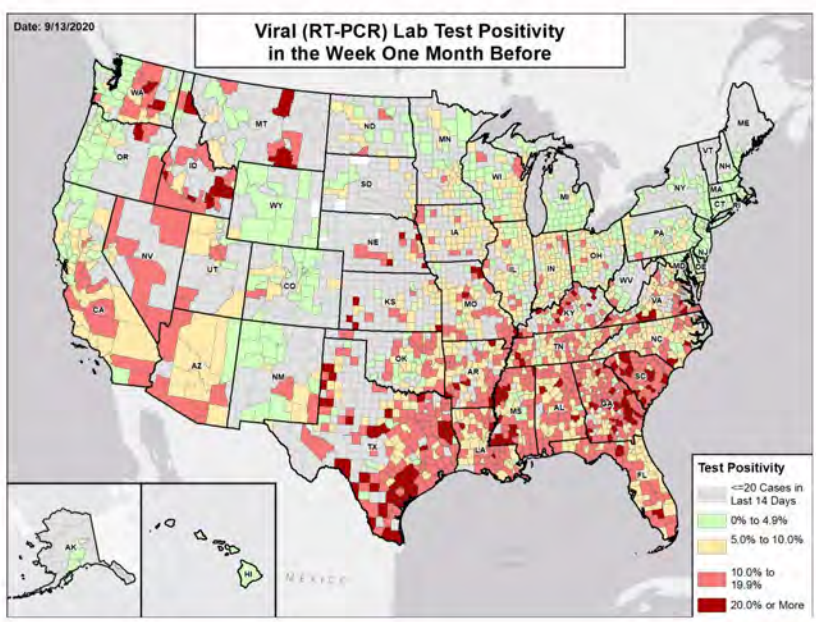
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
- **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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.

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COLORADO

SUMMARY

- Colorado continues to show consistent progress in containing the epidemic. Colorado is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 42nd highest rate in the country. Colorado is in the green zone for test positivity, indicating a rate below 5%, with the 39th highest rate in the country.
- Colorado has seen stability in new cases and stability in test positivity over the last week.
- Cases remain concentrated near the Front Range urban centers and, to a decreasing degree, in counties west of these areas. The following three counties had the highest number of new cases over the last 3 weeks: 1. Denver County, 2. Adams County, and 3. Arapahoe County. These counties represent 41.4% of new cases in Colorado. Increases were noted in Boulder County (site of UC Boulder) and Logan County, where an outbreak in a credit union was reported. Bars and restaurants are the second most common site of outbreaks since March and have grown faster than other categories since reopening.
- Recent outbreaks were reported at a CSU fraternity and a UCB sorority. CSU found 7 COVID-positive individuals in testing approximately 500 students following a signal in wastewater at a residence hall.
- 3% of all counties in Colorado have moderate levels of community transmission (yellow zone), with none having high levels of community transmission (red zone).
- During the week of Aug 31 - Sep 6, 4% 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.
- Colorado had 32 new cases per 100,000 population in the last week, compared to a national average of 74 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; 1 to support epidemiology activities from CDC; and 1 to support operations activities from USCG.
- Between Sep 5 - Sep 11, on average, 16 patients with confirmed COVID-19 and 56 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Colorado. An average of 78% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Develop a plan to increase surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- Recommendations for institutions of higher education (IHE) are repeated this week given the concerning trends nationally and the need to intensify efforts to control COVID-19 at IHE. The ongoing efforts at Colorado's largest IHE to address these concerns are impressive and are commended.
- 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.
- University students with or exposed to COVID-19 must have access to isolation, quarantine, and care sites on or near campus and should not be returned home to multigenerational households where additional transmission could occur. To safely allow for some to quarantine at home, some universities use case managers to ensure that students do not have coronavirus-vulnerable people living at home, do have safe places to stay away from others, and do not need to take flights or other public transportation to get home before release for home quarantine; this is a best practice.
- 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.
- Support local authorities in outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy as well as other limitations on student patronage; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus events.
- Support a uniform case-reporting process for IHE and reporting of this data on public-facing dashboards.
- Universities and colleges must work with various student leaders and campus media to support compliance with recommendations.
- Consider utilizing focused wastewater surveillance to detect cases early and direct diagnostic testing and public health interventions as is being done at CSU and UCB.
- 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 | 09.13.2020

	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)	1,839 (32)	-2.2%	8,999 (73)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	2.7%	-0.2%*	6.1%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	58,199** (1,011)	-2.5%**	173,989** (1,419)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	19 (0)	-34.5%	69 (1)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	4% (7%)	-1%* (+1%*)	6% (16%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	+1%*	2%	4%

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 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

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	**1**	Glenwood Springs
COUNTY LAST WEEK	**0**	N/A	**2**	Adams Garfield

*** 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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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

COLORADO

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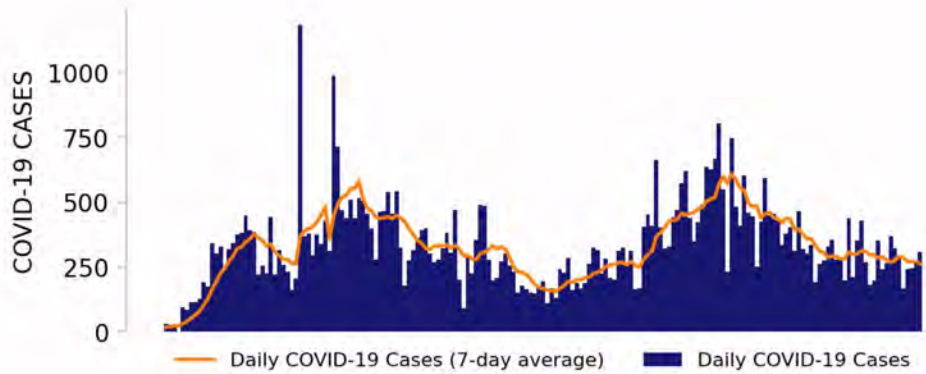
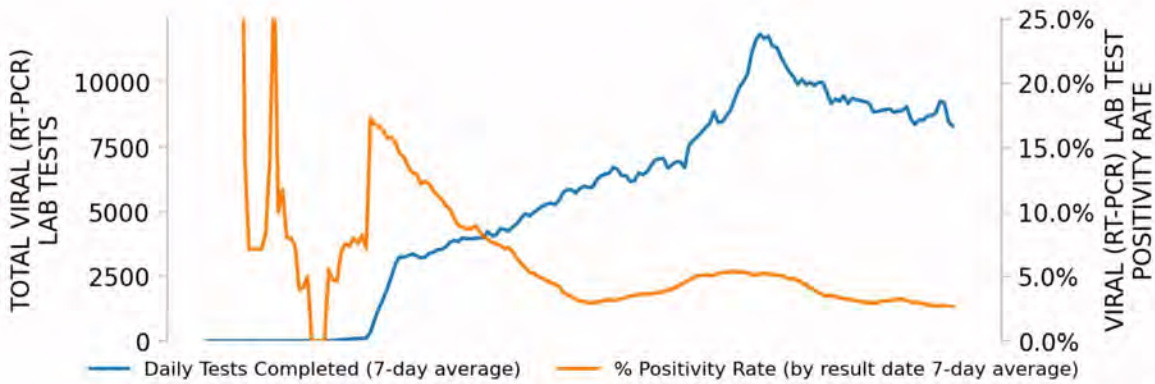
NEW CASES

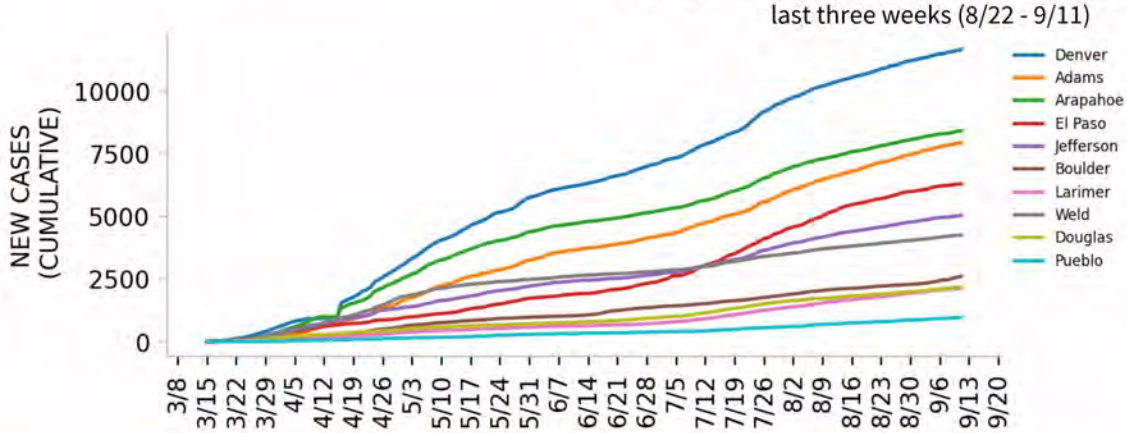


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



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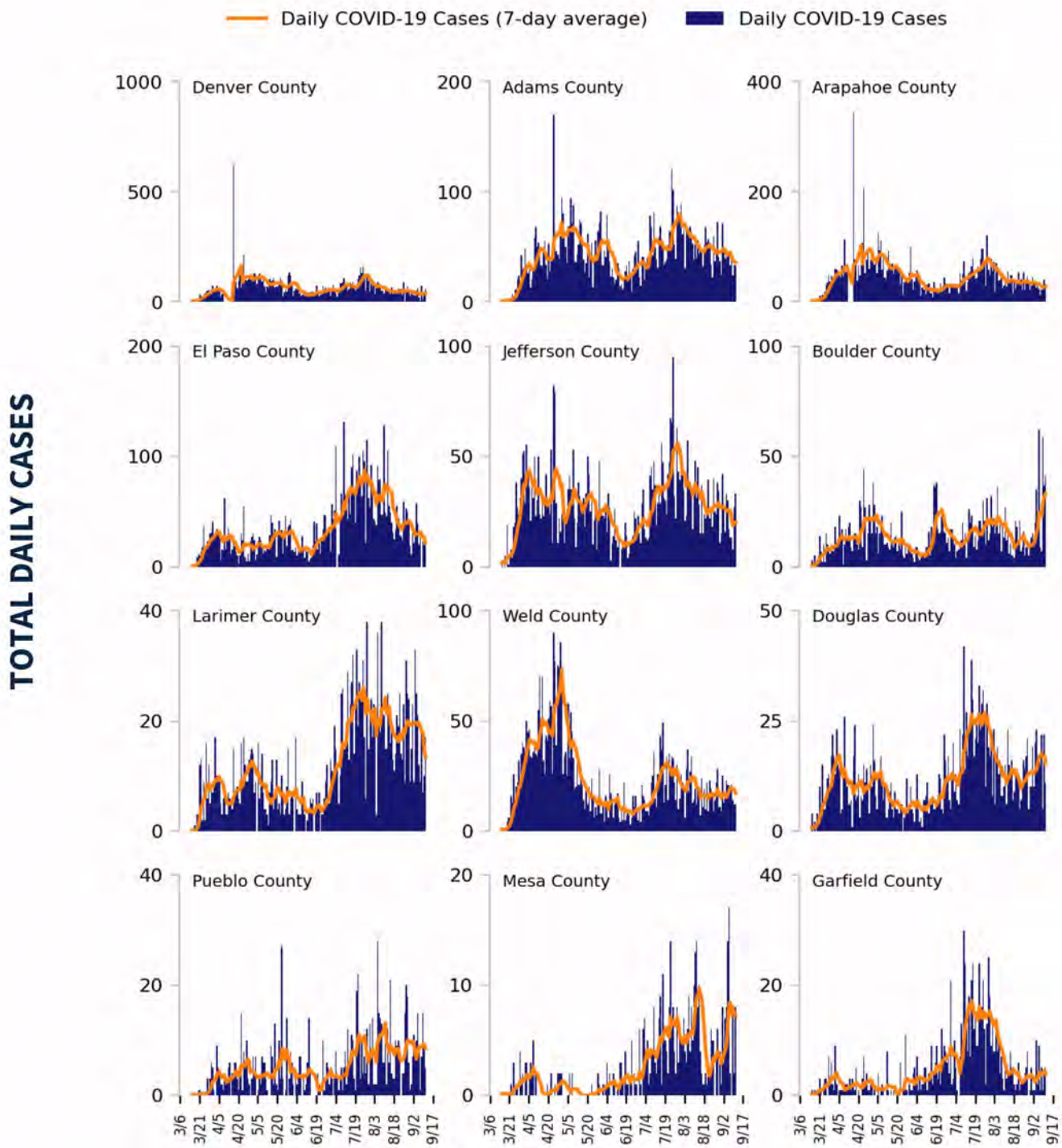
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020.

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



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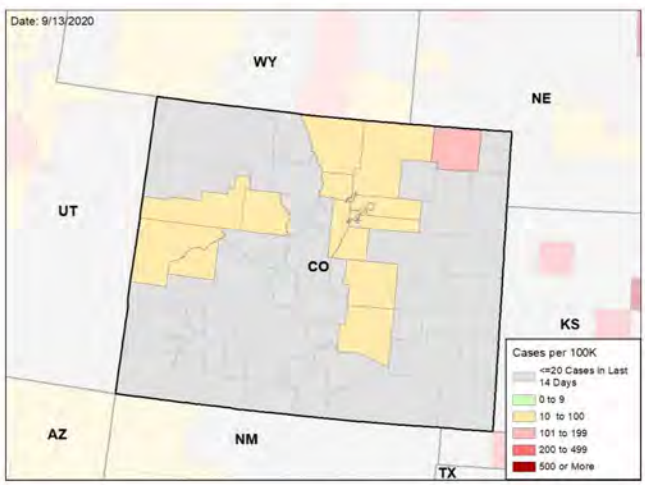
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020. Last 3 weeks is 8/22 - 9/11.

COLORADO

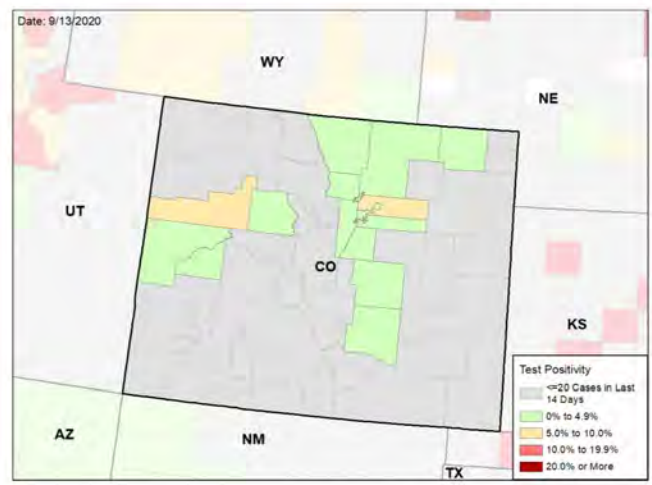
STATE REPORT | 09.13.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

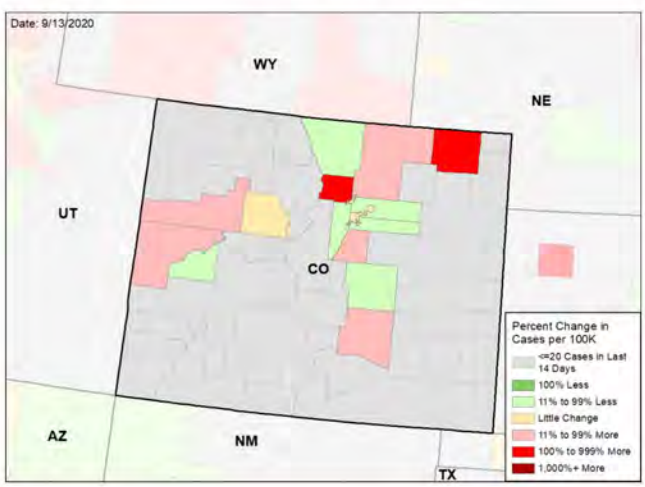
NEW CASES PER 100,000 DURING THE LAST WEEK



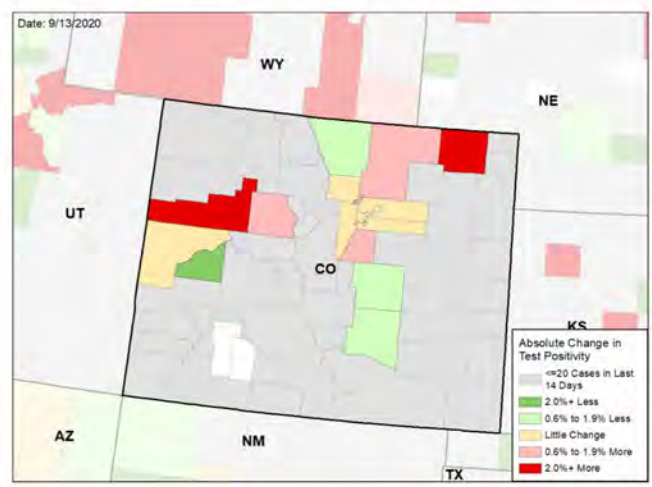
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

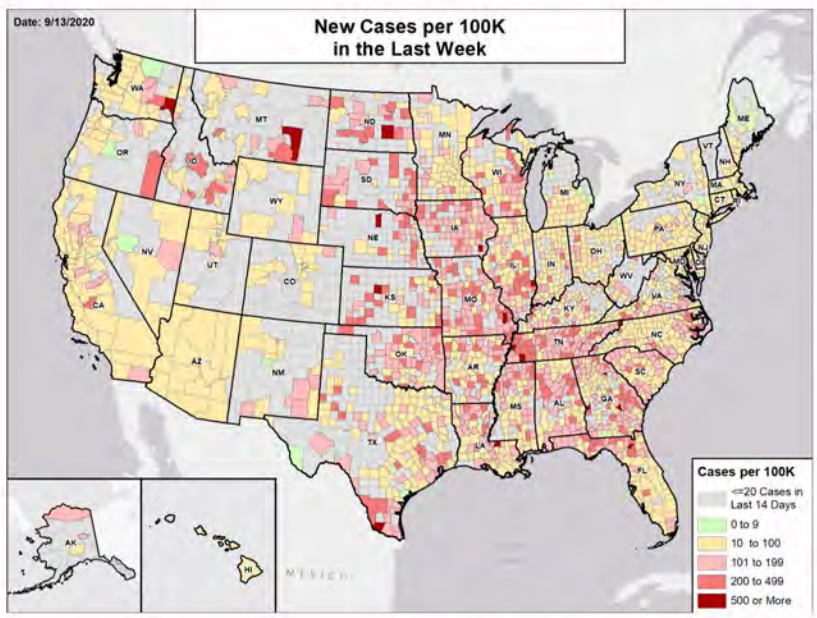
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/11/2020. Last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

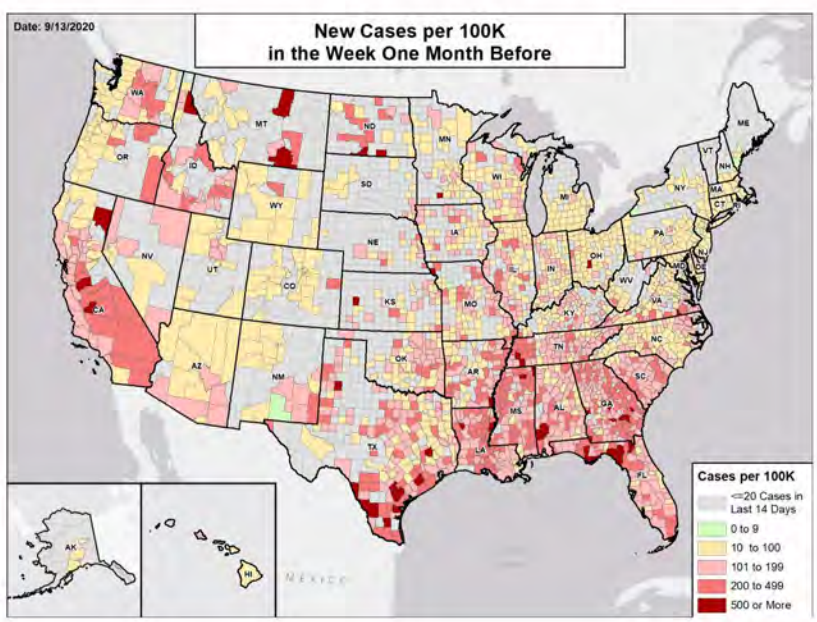
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

National Picture

NEW CASES PER 100,000 LAST WEEK



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



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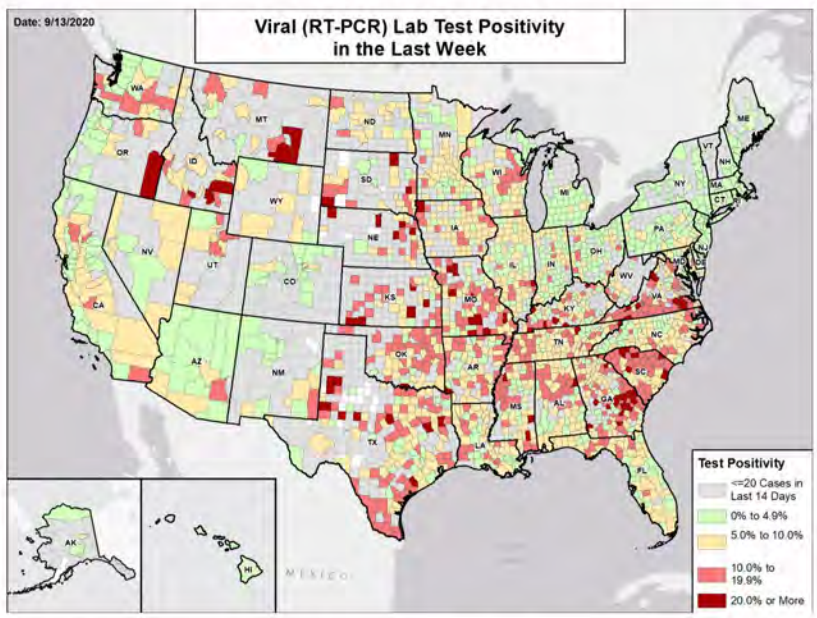
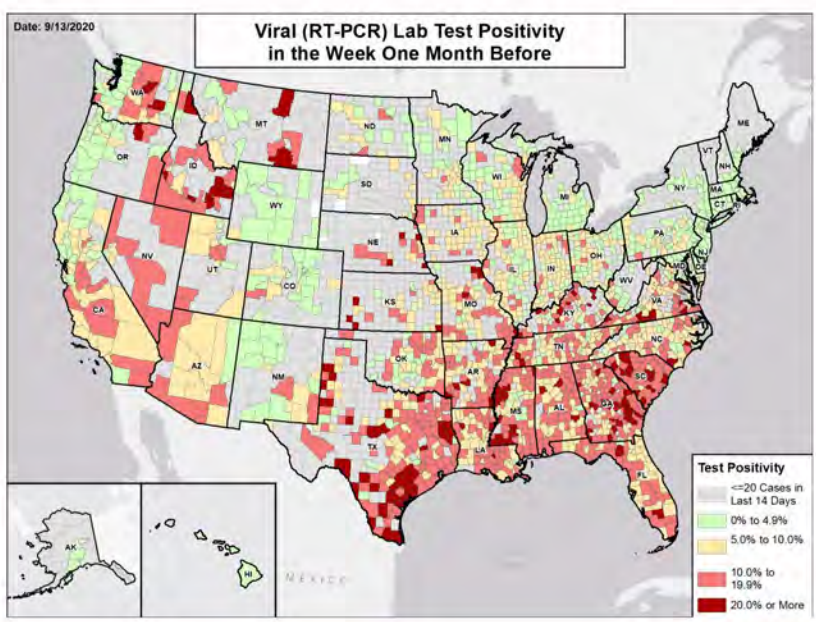
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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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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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
- **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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.

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CONNECTICUT

SUMMARY

- Although Connecticut has seen slight upticks in cases, overall control of the epidemic remains good. Connecticut 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. Connecticut is in the green zone for test positivity, indicating a rate below 5%, with the 46th highest rate in the country.
- Connecticut has seen an increase in new cases and stability in test positivity over the last week. Cases continue to disproportionately affect young adults.
- 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 83.0% of new cases in Connecticut.
- The University of Connecticut continues to report significant numbers of new cases from on and off campus testing (more than 200 cumulative cases). Small clusters are being reported at other IHE.
- No counties in Connecticut have moderate or high levels of community transmission (yellow or red zone).
- During the week of Aug 31 - Sep 6, 4% of nursing homes had at least one new resident COVID-19 case, 4% had at least one new staff COVID-19 case, and 1% had at least one new resident COVID-19 death.
- Connecticut had 27 new cases per 100,000 population in the last week, compared to a national average of 74 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; 9 to support operations activities from USCG; and 1 to support operations activities from VA.
- Between Sep 5 - Sep 11, on average, 9 patients with confirmed COVID-19 and 59 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Connecticut. An average of 94% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Develop a plan to increase surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- Recommendations for institutions of higher education (IHE) are repeated this week given the concerning trends nationally and the need to intensify efforts to control COVID-19 at IHE. The ongoing efforts at Connecticut's IHE to address these concerns are noted and are commended.
- 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.
- University students with or exposed to COVID-19 must have access to isolation, quarantine, and care sites on or near campus and should not be returned home to multigenerational households where additional transmission could occur. To safely allow for some to quarantine at home, some universities use case managers to ensure that students do not have coronavirus-vulnerable people living at home, do have safe places to stay away from others, and do not need to take flights or other public transportation to get home before release for home quarantine; this is a best practice.
- 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 must work with various student leaders and campus media to support compliance with recommendations.
- 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.
- Consider utilizing focused wastewater surveillance to detect cases early and direct diagnostic testing and public health interventions as is being done at U Conn and in many Connecticut communities.
- 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.
- Support local authorities in outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy as well as other limitations on student patronage; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus events.
- Support a uniform case-reporting process for IHE and reporting of this data on public-facing dashboards.
- 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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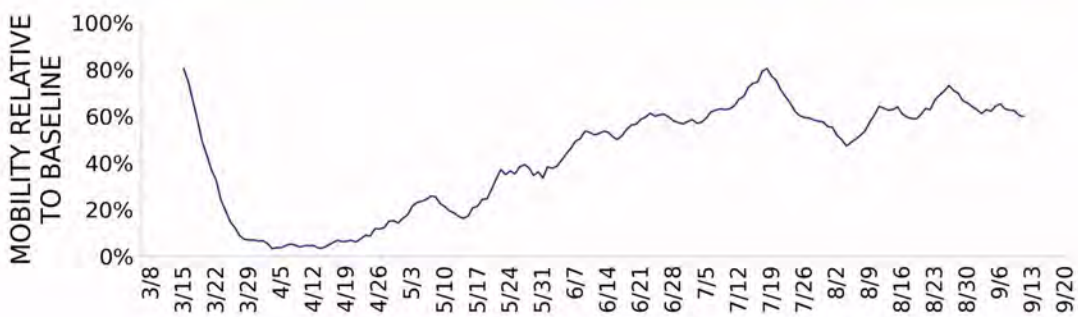
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	961 (27)	+10.5%	4,254 (29)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.4%	+0.3%*	1.0%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	23,409** (657)	-56.1%**	454,063** (3,059)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	12 (0)	+140.0%	110 (1)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	4% (4%)	+2%* (-2%*)	3% (7%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	-1%*	1%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

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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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

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%.
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 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

CONNECTICUT

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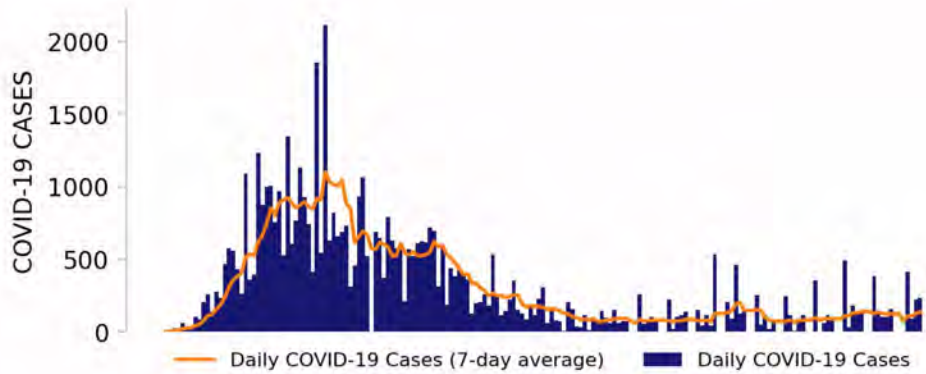
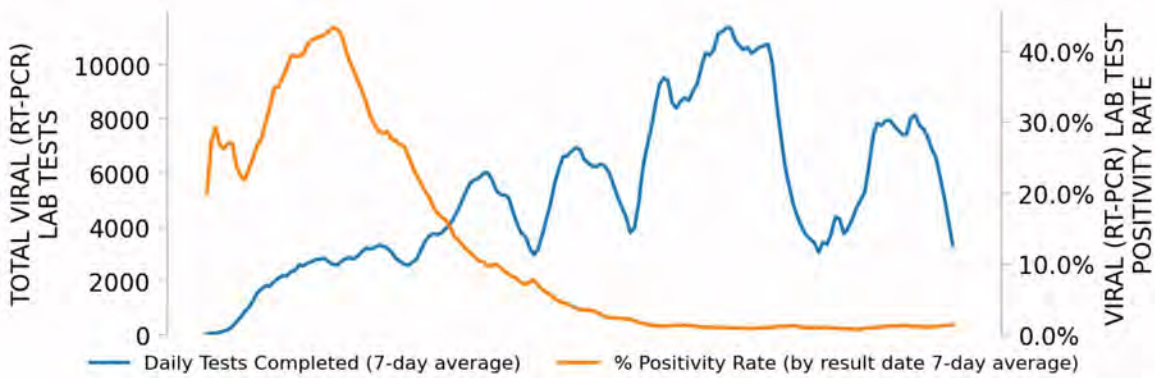
NEW CASES

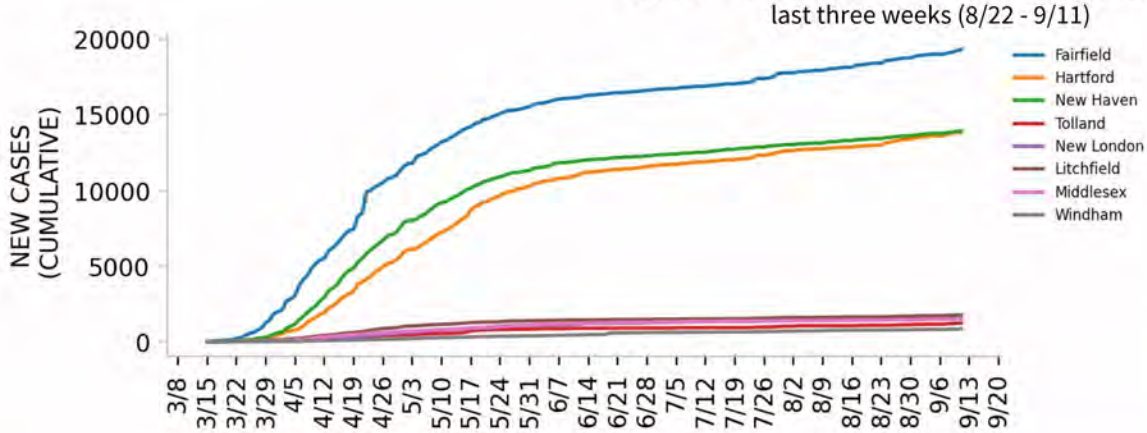


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



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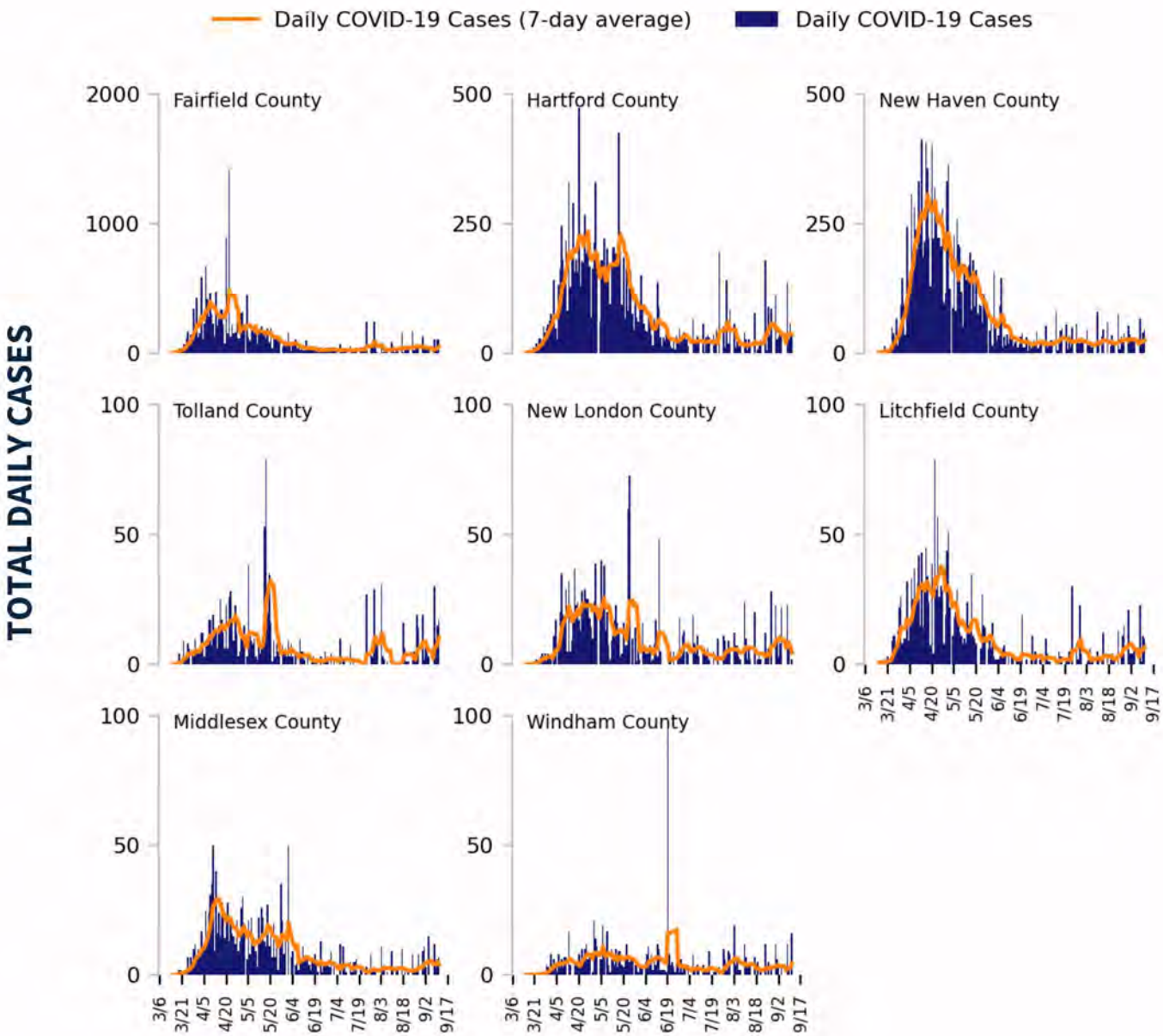
Top 12 counties based on number of new cases in the last 3 weeks



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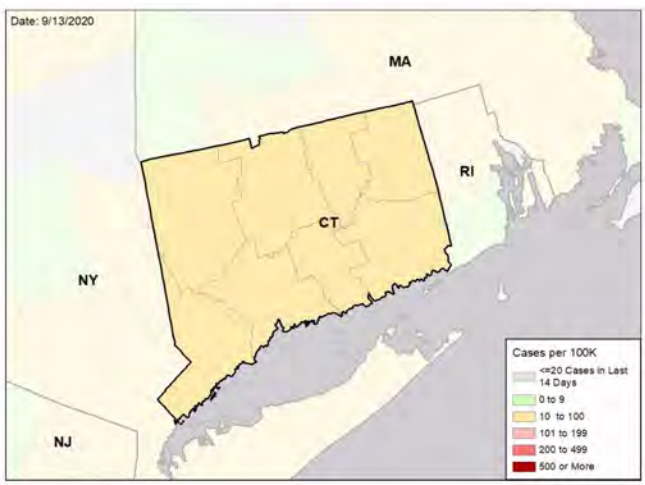
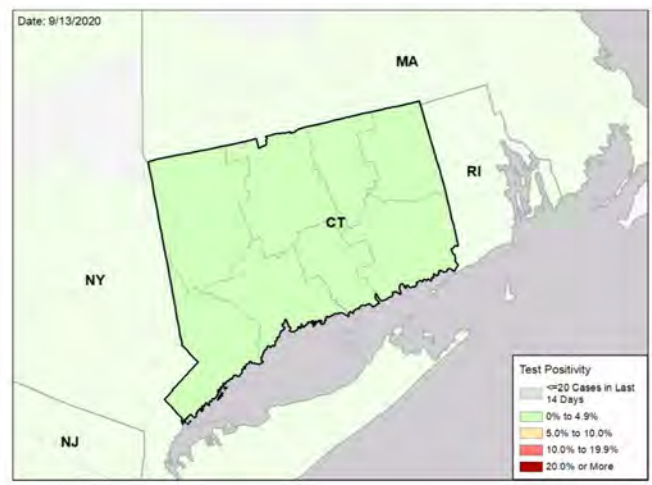
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING THE LAST WEEK



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



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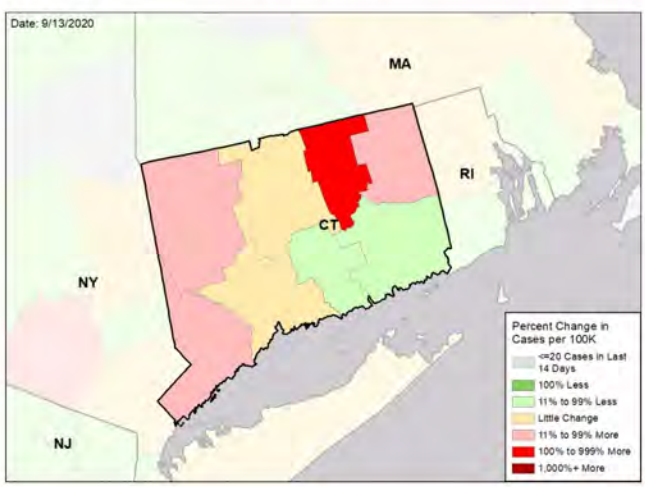

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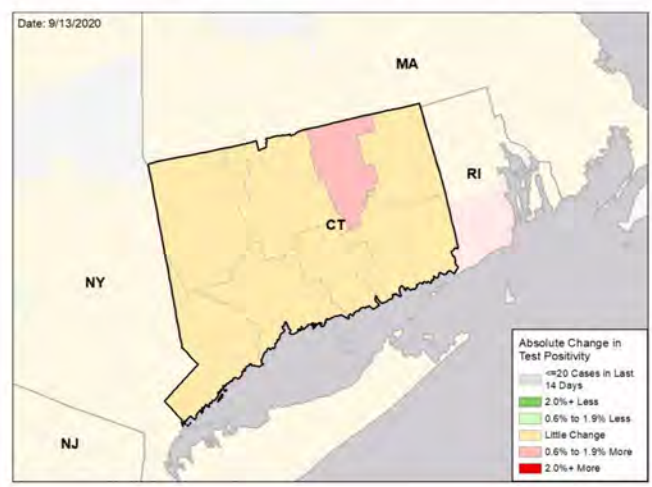

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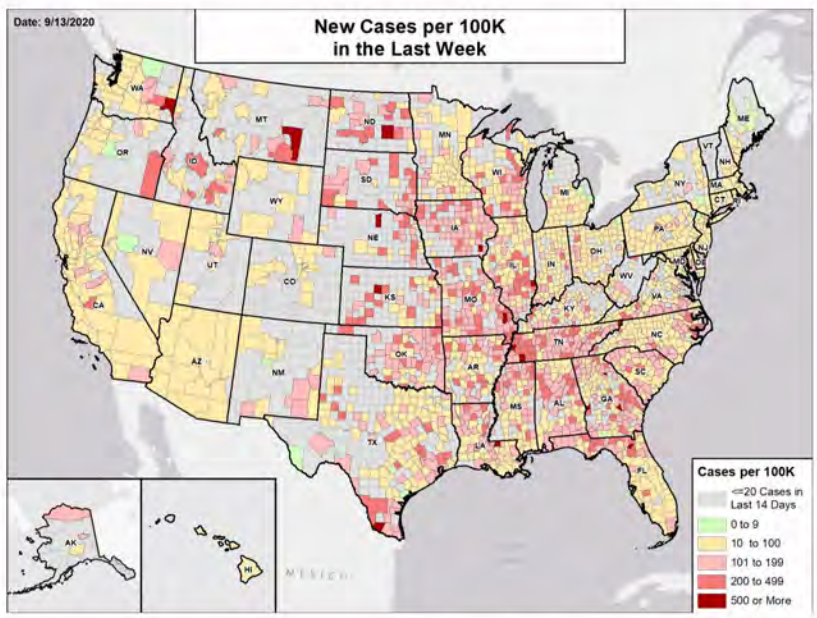
National Picture

NEW CASES PER 100,000 LAST WEEK



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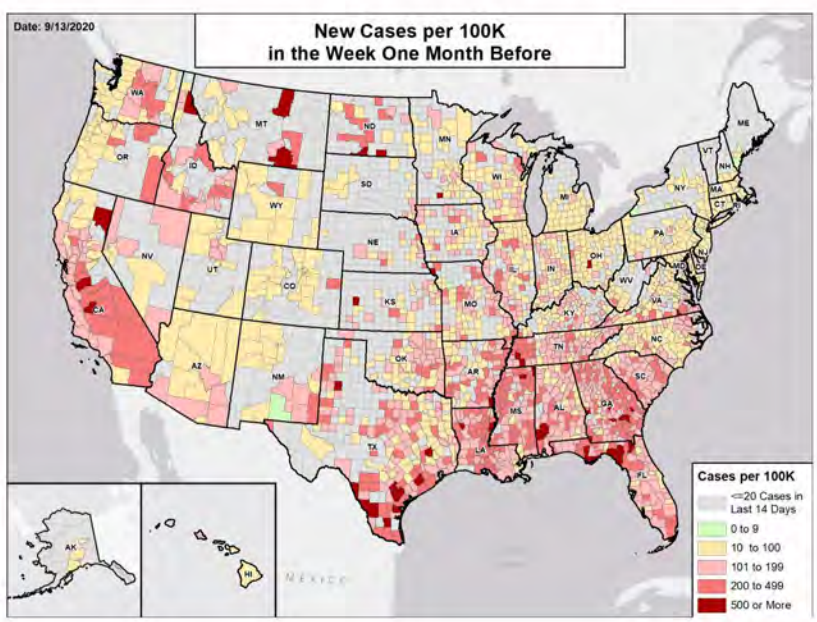

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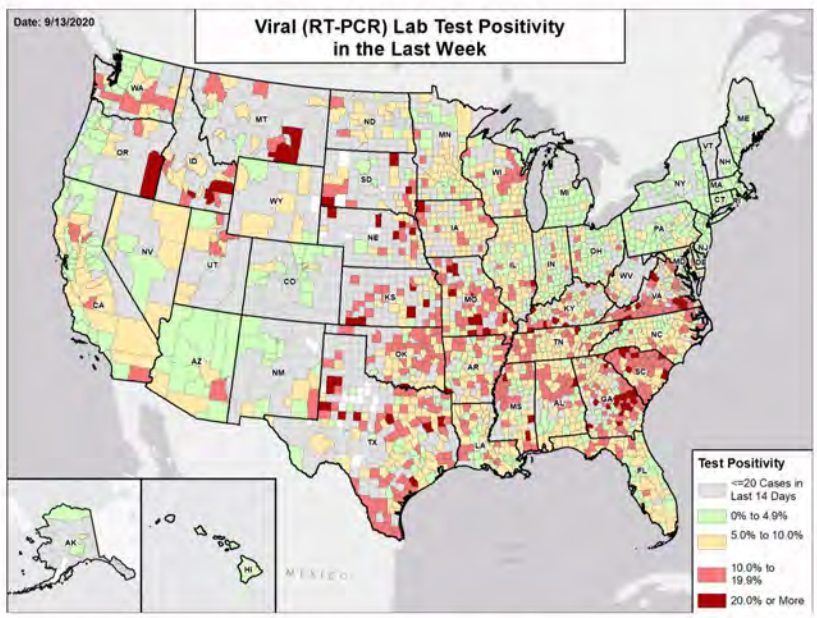

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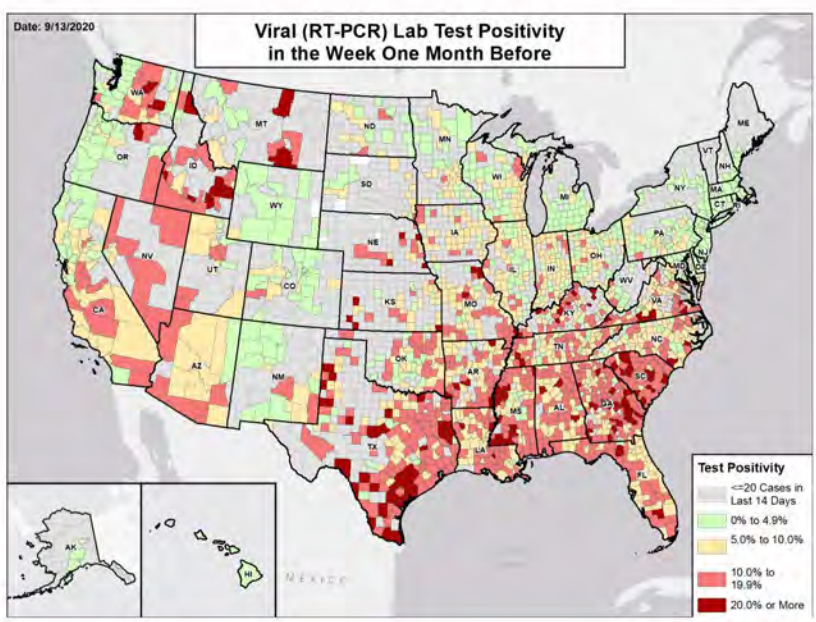

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- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic 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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
- **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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
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STATE REPORT
09.13.2020

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 23rd highest rate in the country. Delaware is in the green zone for test positivity, indicating a rate below 5%, with the 32nd highest rate in the country.
- Delaware has seen an increase in new cases for a second week and stability in test positivity over the last week. Delaware was added to high-risk states within Massachusetts' travel guidance.
- Cases reported by the University of Delaware have sharply increased with 69 cases reported during the week ending on September 11, representing approximately 10% of the state total.
- No counties in Delaware have moderate or high levels of community transmission (yellow or red zone).
- During the week of Aug 31 - Sep 6, no nursing homes had at least one new resident COVID-19 case, 19% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death.
- Delaware had 83 new cases per 100,000 population in the last week, compared to a national average of 74 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 Sep 5 - Sep 11, on average, 8 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 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

- Develop a plan to increase surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- Recommendations for institutions of higher education (IHE) are repeated this week given the concerning trends nationally and the need to intensify efforts to control COVID-19 at IHE. The ongoing efforts at Delaware's IHE to address these concerns are noted and are commended.
- 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.
- University students with or exposed to COVID-19 must have access to isolation, quarantine, and care sites on or near campus and should not be returned home to multigenerational households where additional transmission could occur. To safely allow for some to quarantine at home, some universities use case managers to ensure that students do not have coronavirus-vulnerable people living at home, do have safe places to stay away from others, and do not need to take flights or other public transportation to get home before release for home quarantine; this is a best practice.
- 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 must work with various student leaders and campus media to support compliance with recommendations.
- 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.
- Consider utilizing focused wastewater surveillance to detect cases early and direct diagnostic testing and public health interventions.
- 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.
- Support local authorities in outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy as well as other limitations on student patronage; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus events.
- Support a uniform case-reporting process for IHE and reporting of this data on public-facing dashboards.
- 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.

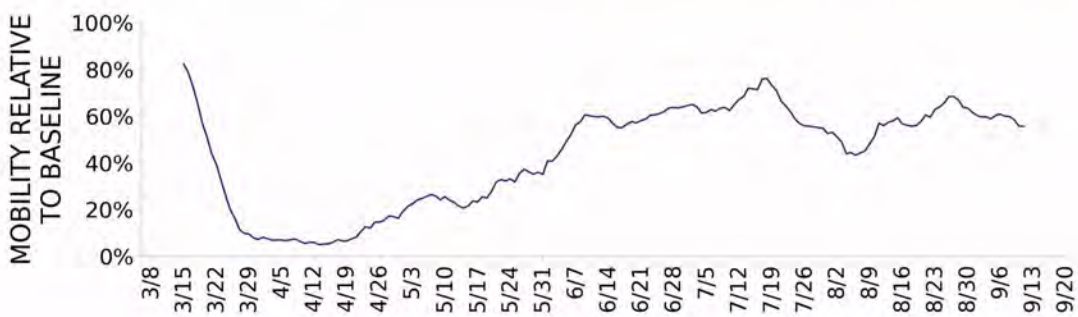
COVID-19

DELAWARE

STATE REPORT | 09.13.2020

	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)	807 (83)	+20.6%	18,225 (59)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.3%	-0.2%*	5.6%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	8,988** (923)	-17.5%**	454,039** (1,472)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	7 (1)	+250.0%	221 (1)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	0% (19%)	-2%* (+3%*)	9% (14%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A	4%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

DELAWARE

STATE REPORT | 09.13.2020

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

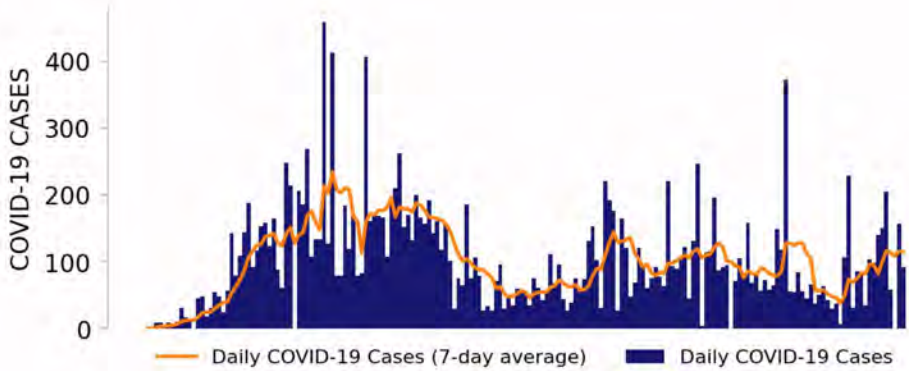
*** Localities with fewer than 10 cases last week have been excluded from these alerts.**

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 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/9/2020. Last week is 9/3 - 9/9.

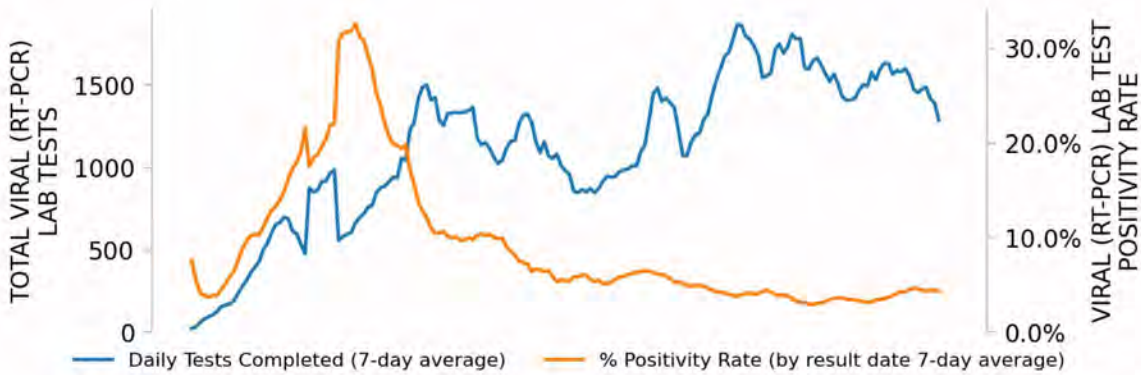
DELAWARE

STATE REPORT | 09.13.2020

NEW CASES

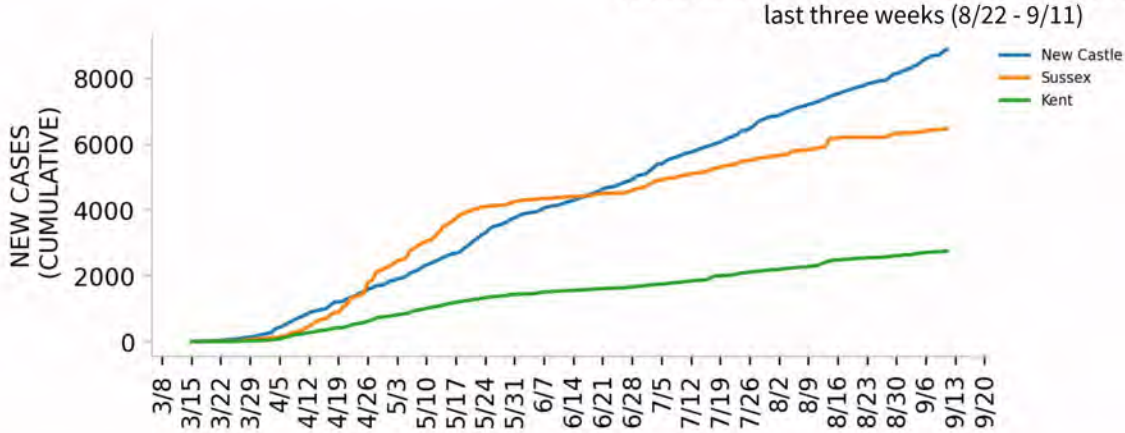


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



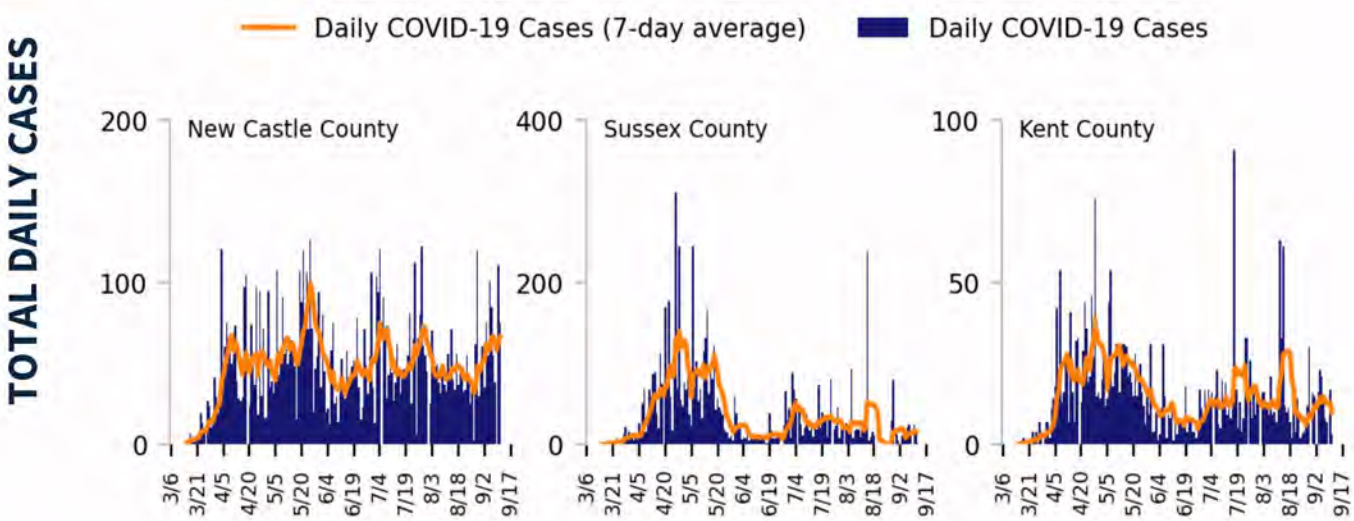
DATA SOURCES – Additional data details available under METHODS

Note: 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 9/11/2020.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/9/2020.

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



DATA SOURCES – Additional data details available under METHODS

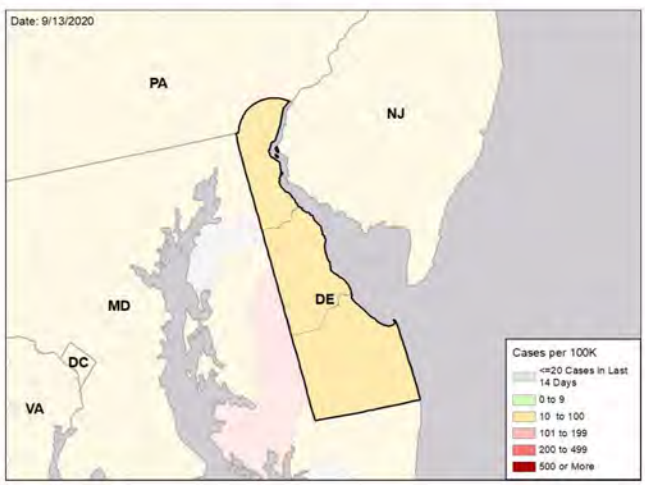
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020. Last 3 weeks is 8/22 - 9/11.

DELAWARE

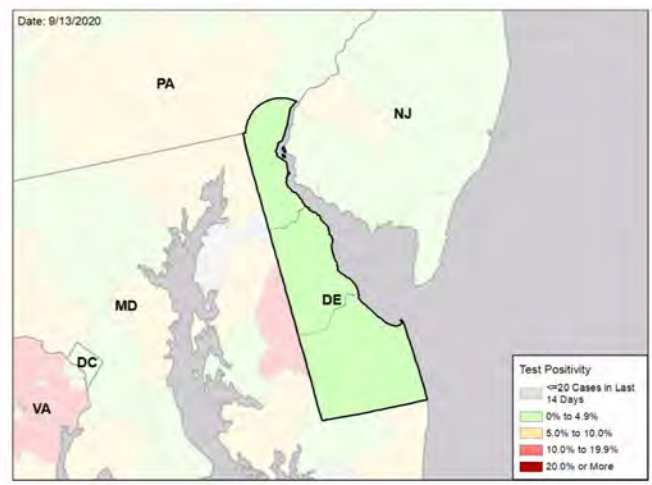
STATE REPORT | 09.13.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

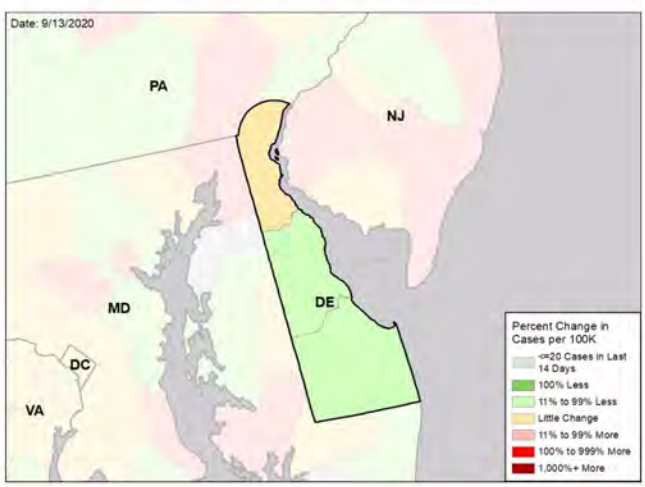
NEW CASES PER 100,000 DURING THE LAST WEEK



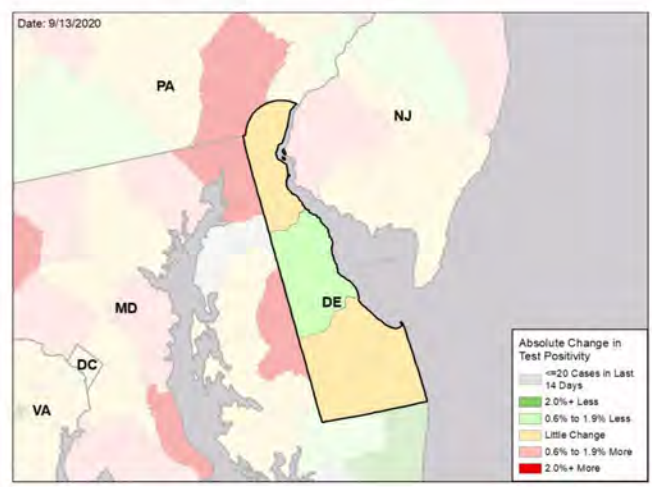
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



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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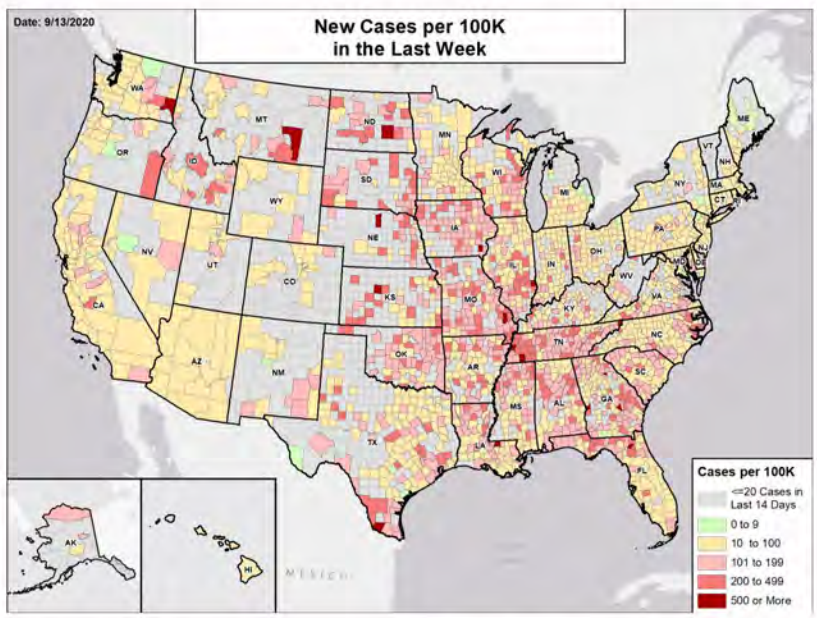
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020. Last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

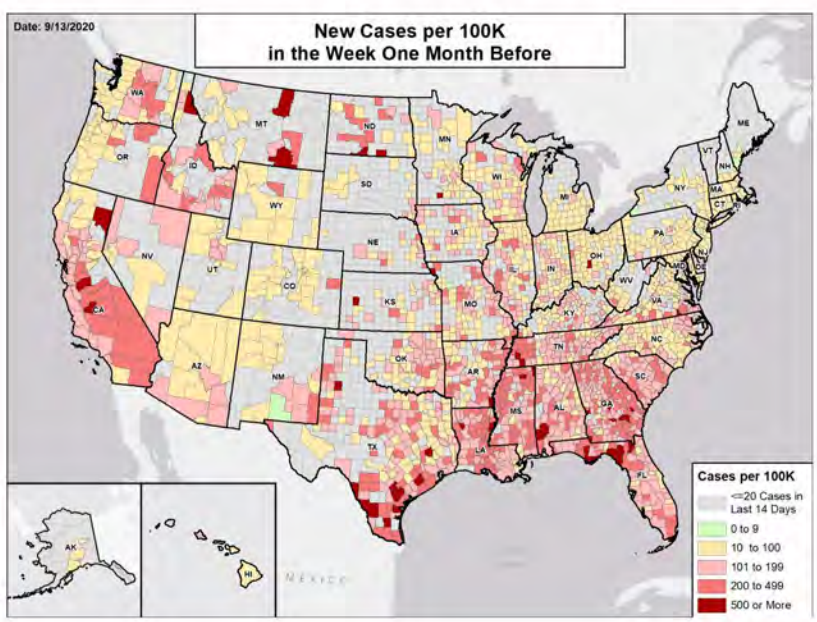
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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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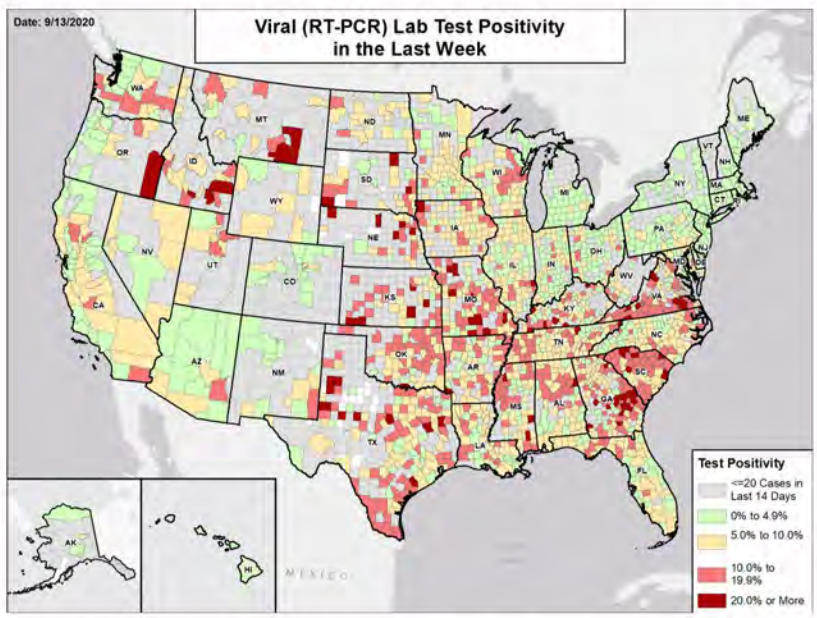
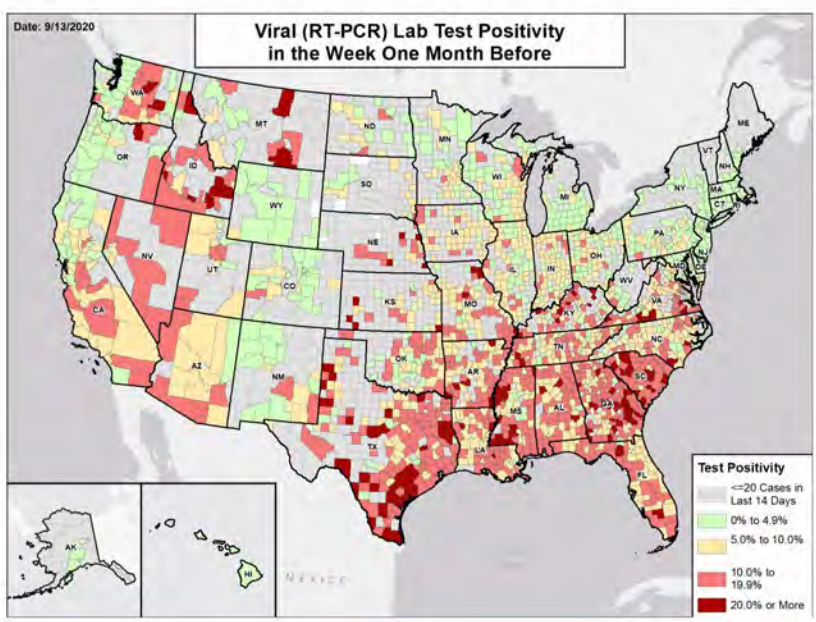
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

METHODS

STATE REPORT | 09.13.2020

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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- **Cases and deaths:** County-level data from USAFacts as of 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
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STATE REPORT
09.13.2020

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 45th highest rate in the country.
- The District of Columbia has seen stability in new cases and stability in test positivity over the last week.
- Many students have returned to DC although courses are being conducted primarily online. To date, limited numbers of cases have been detected among students.
- The District of Columbia does not have moderate or high levels of community transmission (yellow or red zone).
- During the week of Aug 31 - Sep 6, 20% of nursing homes had at least one new resident COVID-19 case, 33% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death.
- The District of Columbia had 43 new cases per 100,000 population in the last week, compared to a national average of 74 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 epidemiology activities from CDC.
- Between Sep 5 - Sep 11, on average, 13 patients with confirmed COVID-19 and 68 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

- Develop a plan to increase surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- Recommendations for institutions of higher education (IHE) are repeated this week given the concerning trends nationally and the need to intensify efforts to control COVID-19 at IHE.
- 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.
- University students with or exposed to COVID-19 must have access to isolation, quarantine, and care sites on or near campus and should not be returned home to multigenerational households where additional transmission could occur. To safely allow for some to quarantine at home, some universities use case managers to ensure that students don't have coronavirus-vulnerable people living at home, do have safe places to stay away from others, and don't need to take flights or other public transportation to get home before release for home quarantine; this is a best practice.
- 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 must work with various student leaders and campus media to support compliance with recommendations.
- 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.
- Consider utilizing focused wastewater surveillance at IHE to detect cases early and direct diagnostic testing and public health interventions, as is being piloted at multiple universities in other jurisdictions.
- 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.
- Support local authorities in outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy as well as other limitations on student patronage; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus events.
- Support a uniform case-reporting process for IHE and reporting of this data on public-facing dashboards.
- 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.

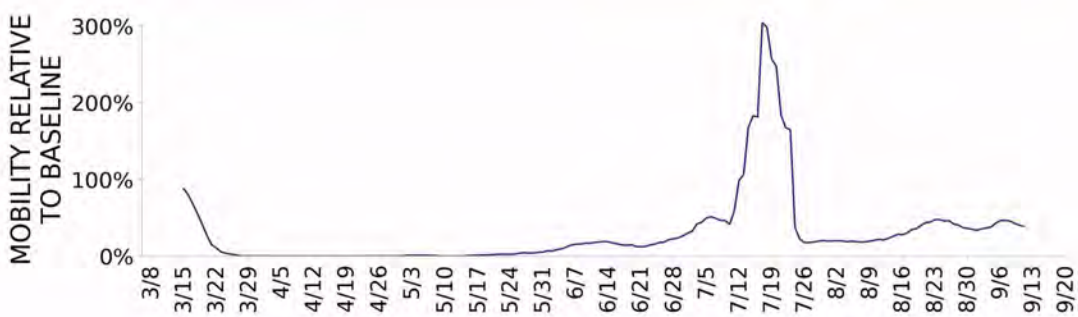
COVID-19

THE DISTRICT OF COLUMBIA

STATE REPORT | 09.13.2020

	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)	307 (43)	-8.4%	18,225 (59)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.5%	-0.2%*	5.6%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	22,263** (3,155)	-17.5%**	454,039** (1,472)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	5 (1)	-16.7%	221 (1)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	20% (33%)	+20%* (+14%*)	9% (14%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A	4%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

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THE DISTRICT OF COLUMBIA

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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.
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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

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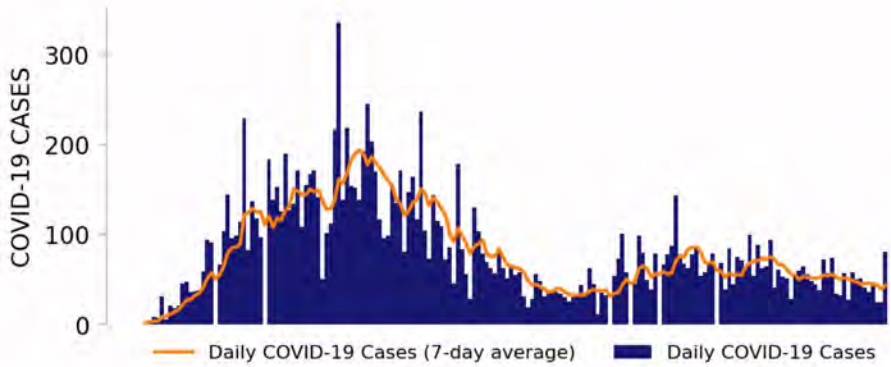
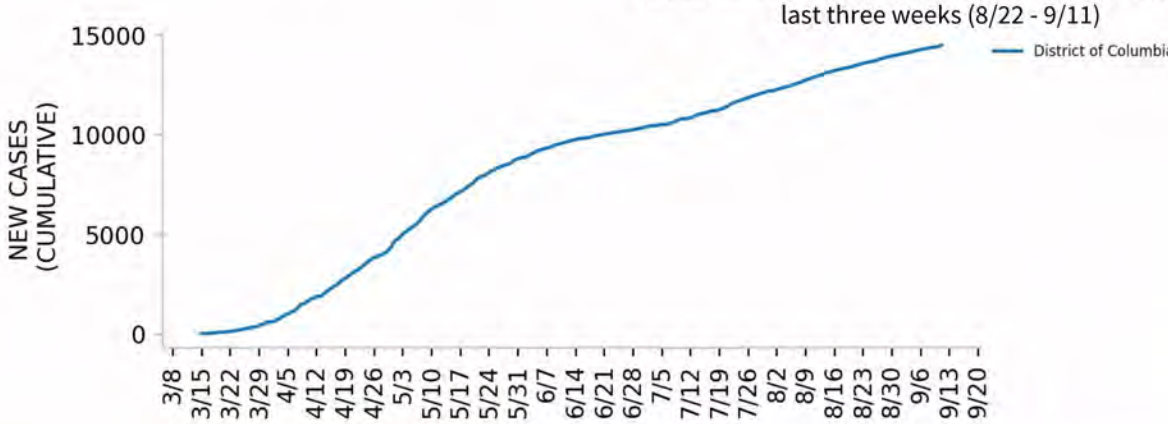
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



DATA SOURCES – Additional data details available under METHODS

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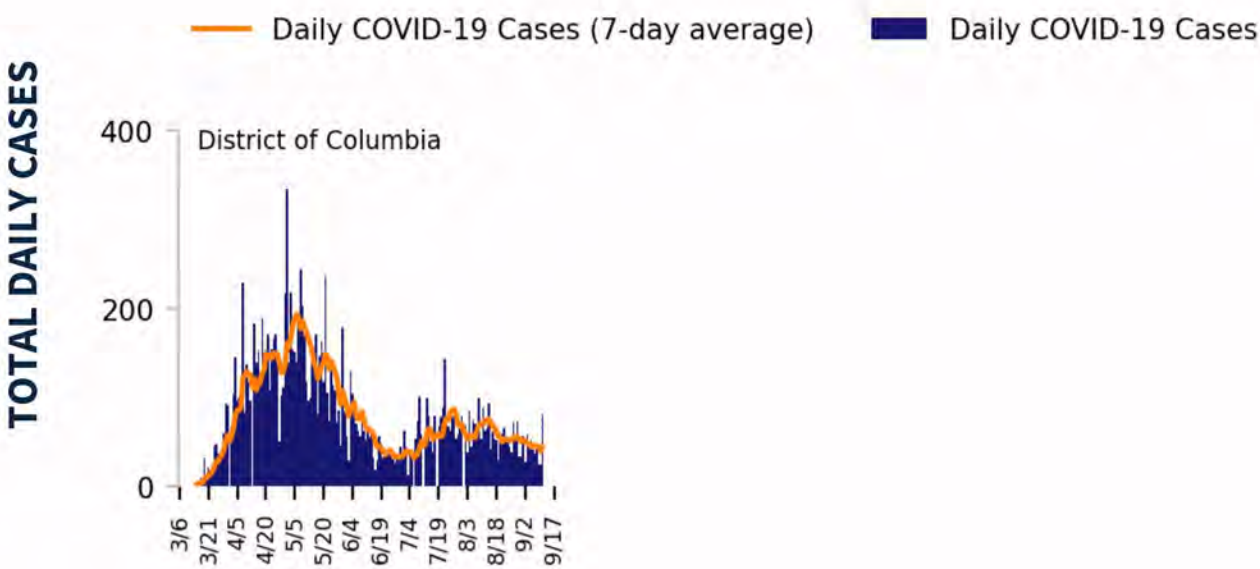
Top 12 counties based on number of new cases in the last 3 weeks



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THE DISTRICT OF COLUMBIA

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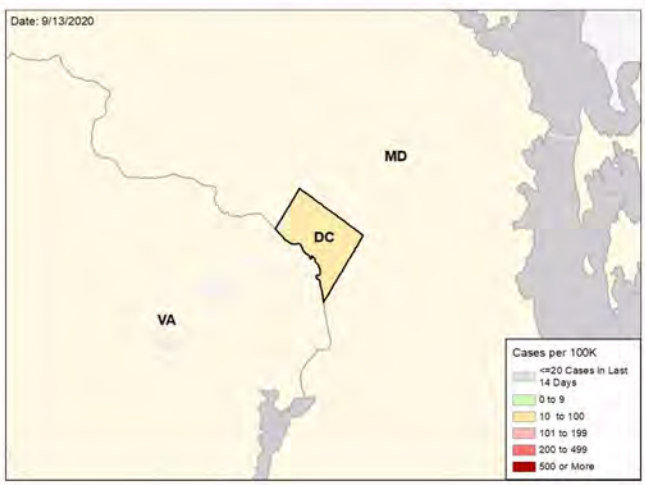
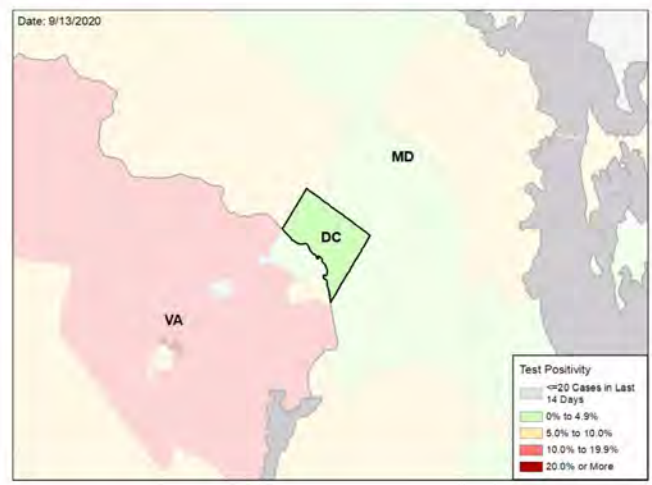
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

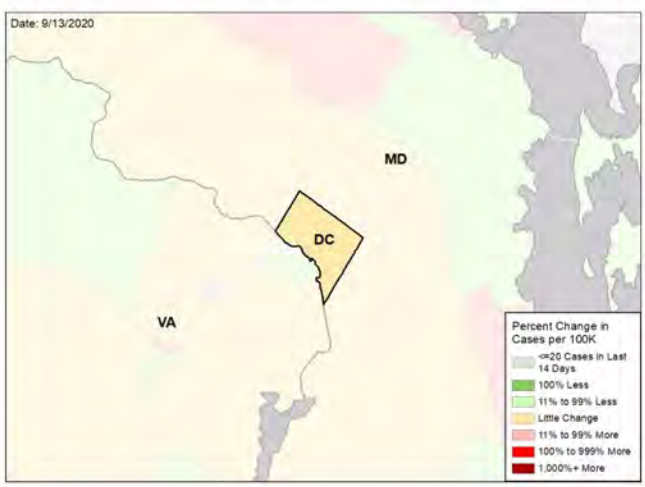
NEW CASES PER 100,000 DURING THE LAST WEEK



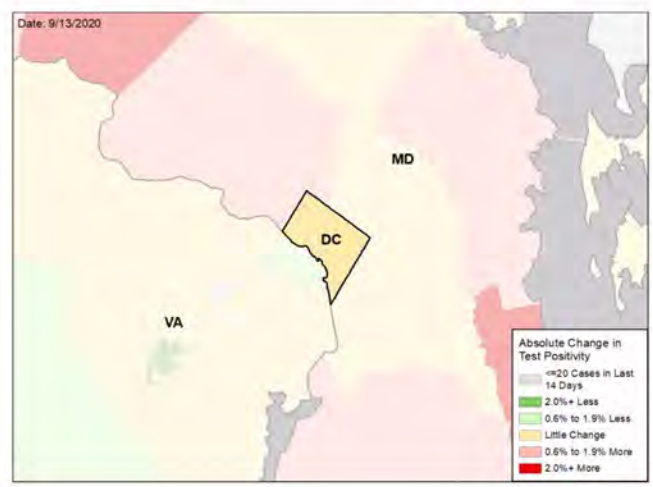
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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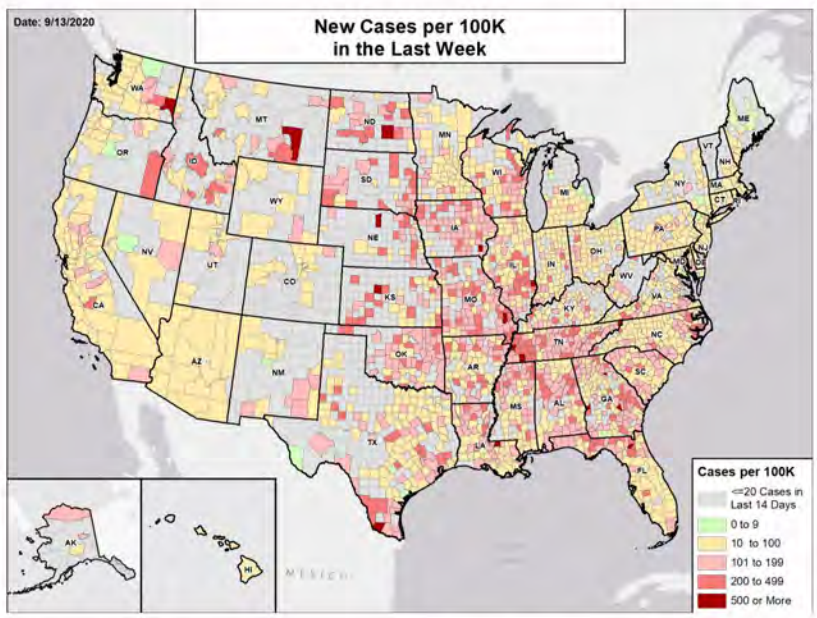
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020. Last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

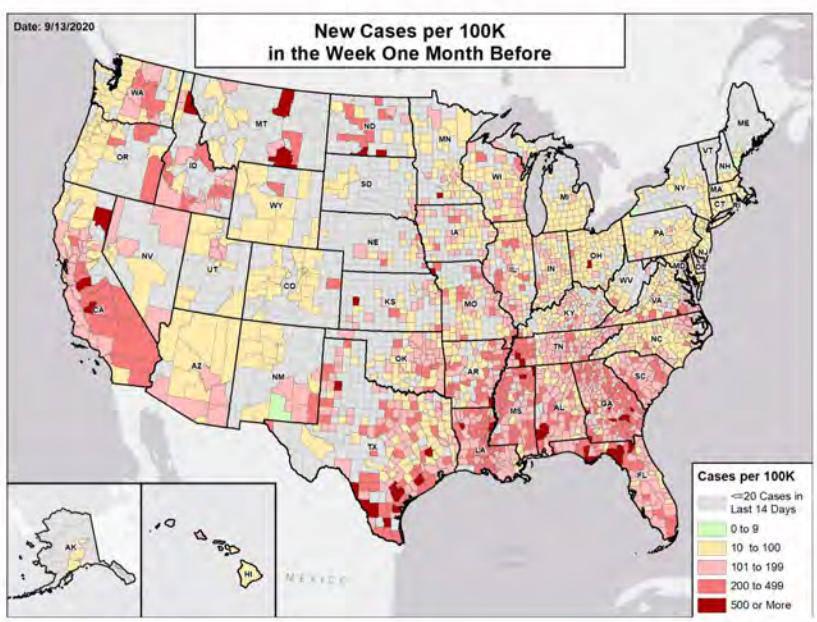
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

National Picture

NEW CASES PER 100,000 LAST WEEK



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



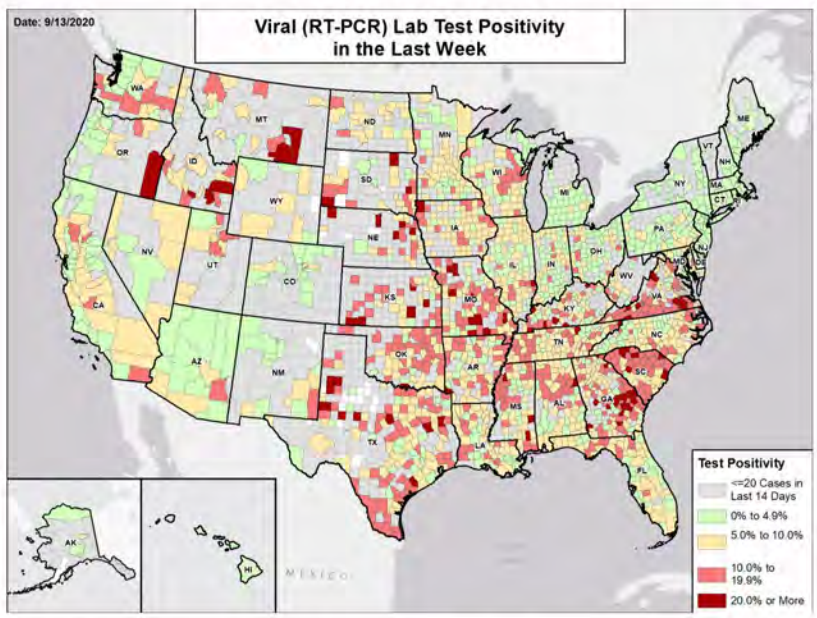
DATA SOURCES

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

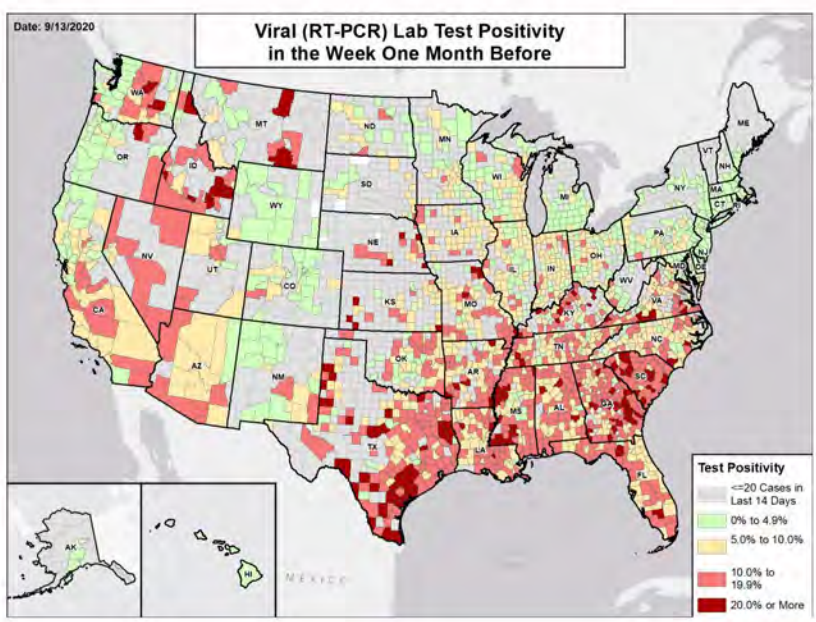
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
- **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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.

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FLORIDA

SUMMARY

- Florida is making progress across the state. Florida is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 21st highest rate in the country. Florida is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 22nd highest rate in the country.
- Florida 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. Miami-Dade County, 2. Broward County, and 3. Hillsborough County. These counties represent 34.5% of new cases in Florida.
- 69% of all counties in Florida have moderate or high levels of community transmission (yellow or red zone), with 13% having high levels of community transmission (red zone). This is a significant decline from 36 red counties to 9 over the past five weeks.
- During the week of Aug 31 - Sep 6, 22% of nursing homes had at least one new resident COVID-19 case, 34% had at least one new staff COVID-19 case, and 9% had at least one new resident COVID-19 death.
- Florida had 85 new cases per 100,000 population in the last week, compared to a national average of 74 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; 6 to support medical activities from VA; and 1 to support operations activities from VA.
- Between Sep 5 - Sep 11, on average, 294 patients with confirmed COVID-19 and 331 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Florida. An average of greater than 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 decrease in hours and occupancy limits in bars and restaurants in university counties and anywhere university and college students gather.
- 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 a further strengthening of detecting silent spread on campuses through routine saliva testing of students on university research platforms.
- Review all university and college plans for both rapid testing and contact tracing of symptomatic students and routine surveillance testing of students to find asymptomatic students, with 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. Ensure protection of local communities through strict mask wearing and social distancing when off campus and when around vulnerable individuals on 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.
- In preparation for fall, continue to increase testing capacity by increasing the budget and capacity of public health labs; ensure hospitals use pooled testing for elective surgeries and patients admitted without suspected COVID-19 to reserve tests for community outreach; expand outpatient testing, pooling specimens where appropriate; and utilize all university, veterinary, and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Increase surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 those with comorbidities becoming infected.
- Need to 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. Expanded 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

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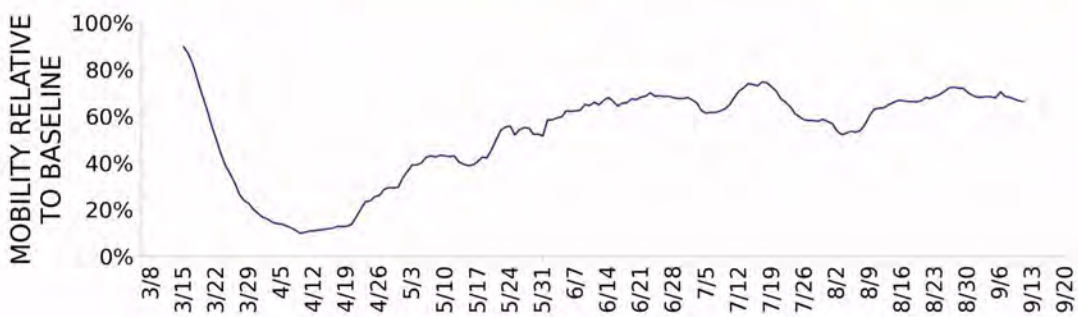
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	18,215 (85)	-25.2%	66,299 (99)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.2%	-1.0%*	7.4%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	267,004** (1,243)	-32.4%**	746,836** (1,116)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	753 (4)	-4.9%	1,864 (3)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	22% (34%)	-1%* (+0%*)	18% (29%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	9%	-1%*	8%	4%

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	**18**	Miami-Fort Lauderdale-Pompano Beach Jacksonville Lakeland-Winter Haven Pensacola-Ferry Pass-Brent Cape Coral-Fort Myers Port St. Lucie Gainesville Ocala Naples-Marco Island Crestview-Fort Walton Beach-Destin Panama City The Villages
COUNTY LAST WEEK	**9**	Leon Bradford Union Baker Hardee Dixie Gulf Liberty Jefferson	**37**	Miami-Dade Broward Hillsborough Polk Lee Marion Alachua Escambia Osceola Collier St. Lucie Clay

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

All Yellow Counties: Miami-Dade, Broward, Hillsborough, Polk, Lee, Marion, Alachua, Escambia, Osceola, Collier, St. Lucie, Clay, St. Johns, Santa Rosa, Okaloosa, Bay, Gadsden, Nassau, Sumter, Columbia, Flagler, Highlands, Walton, Putnam, Suwannee, Madison, Wakulla, Okeechobee, Holmes, Taylor, Hamilton, Hendry, DeSoto, Franklin, Calhoun, Gilchrist, Glades

*** 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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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

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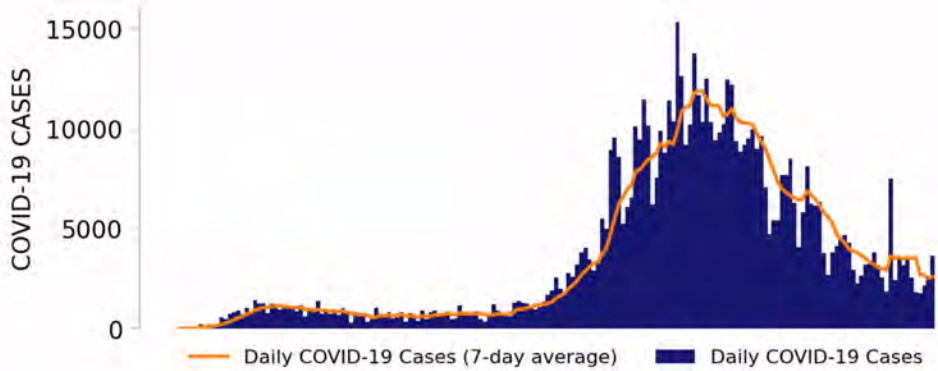
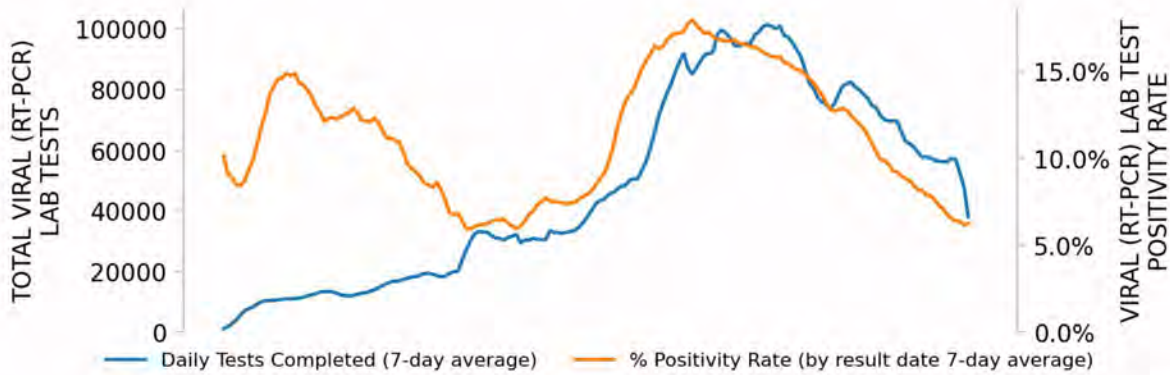
NEW CASES

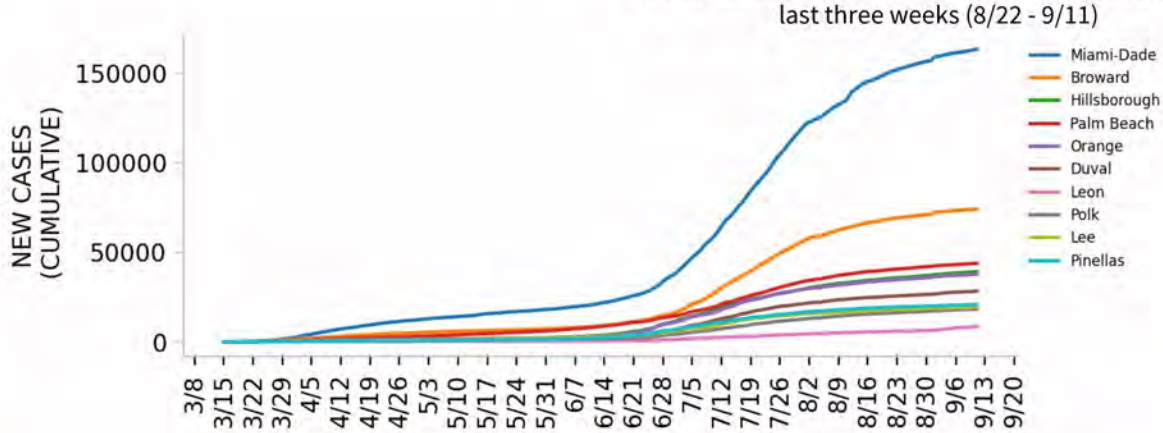


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



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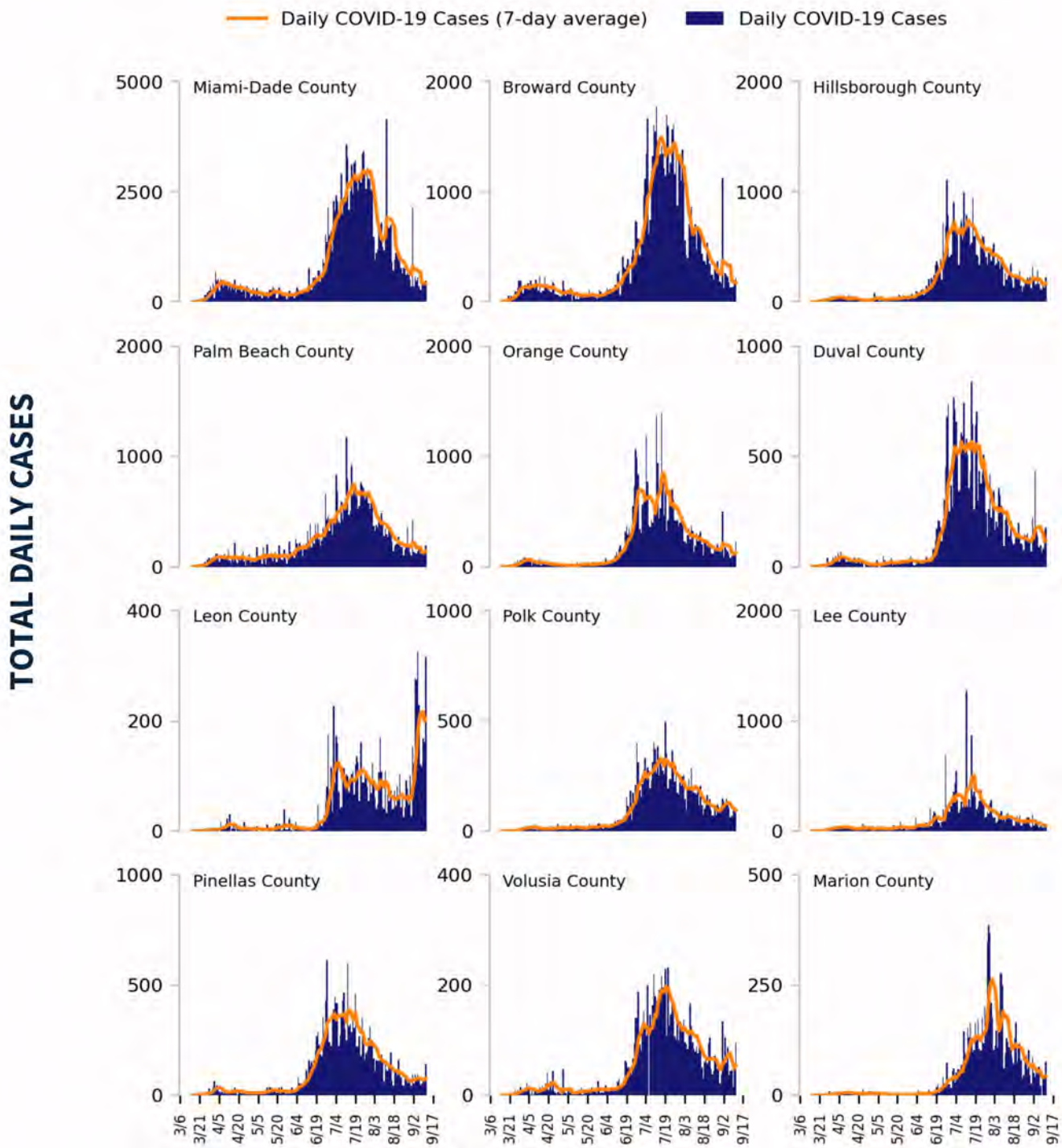
Top 12 counties based on number of new cases in the last 3 weeks



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FLORIDA

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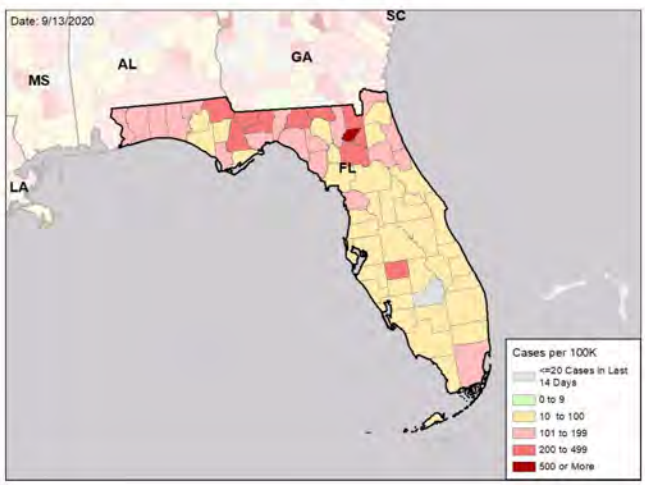
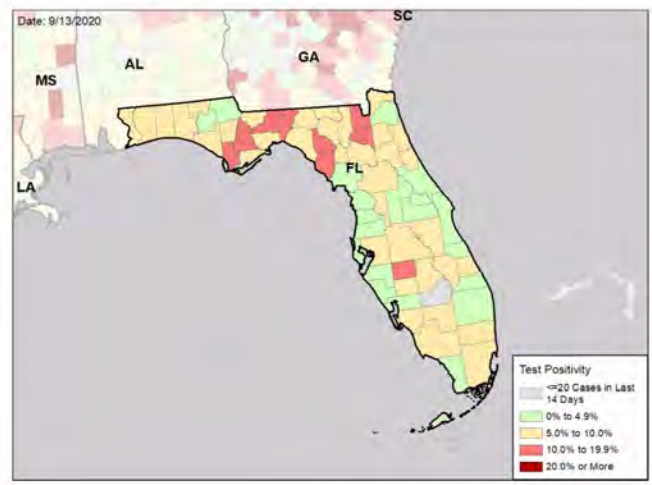
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

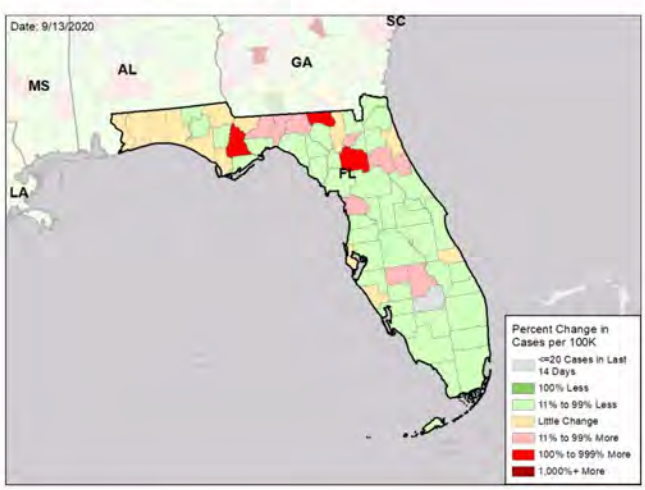
NEW CASES PER 100,000 DURING THE LAST WEEK



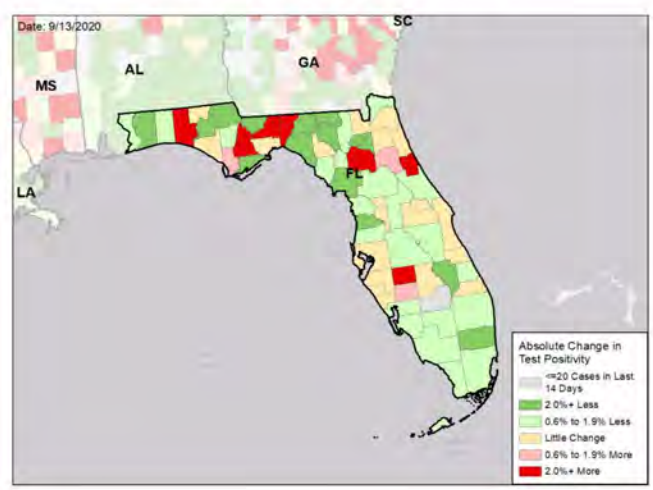
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

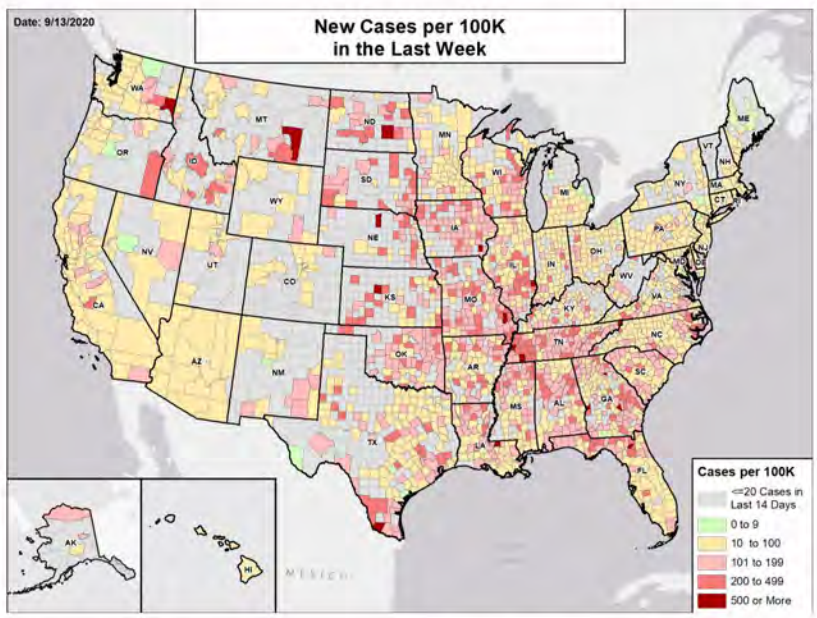
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/11/2020. Last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

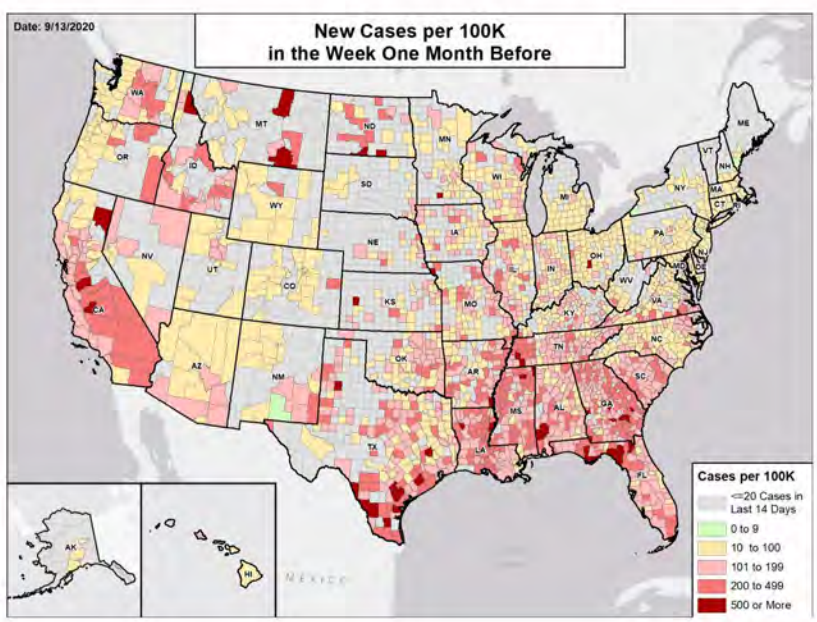
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

National Picture

NEW CASES PER 100,000 LAST WEEK



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



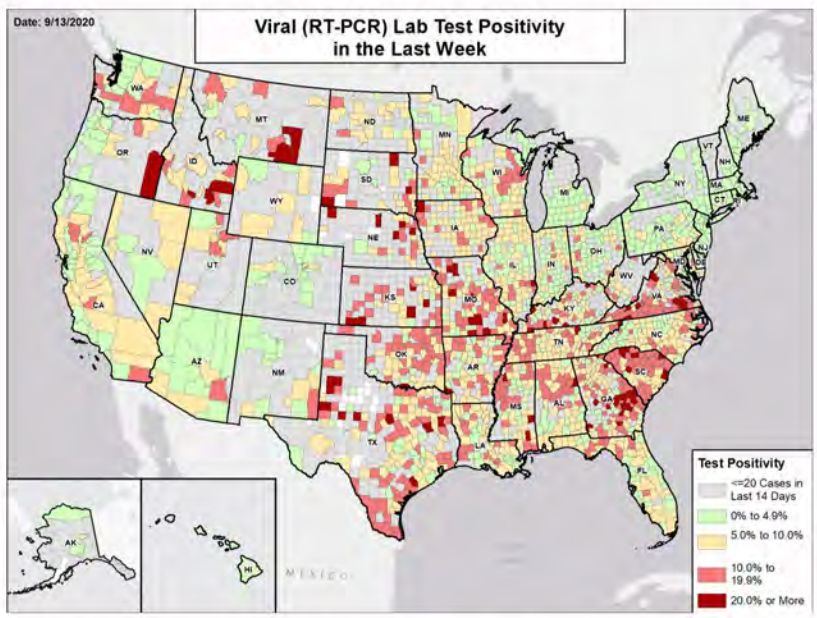
DATA SOURCES

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

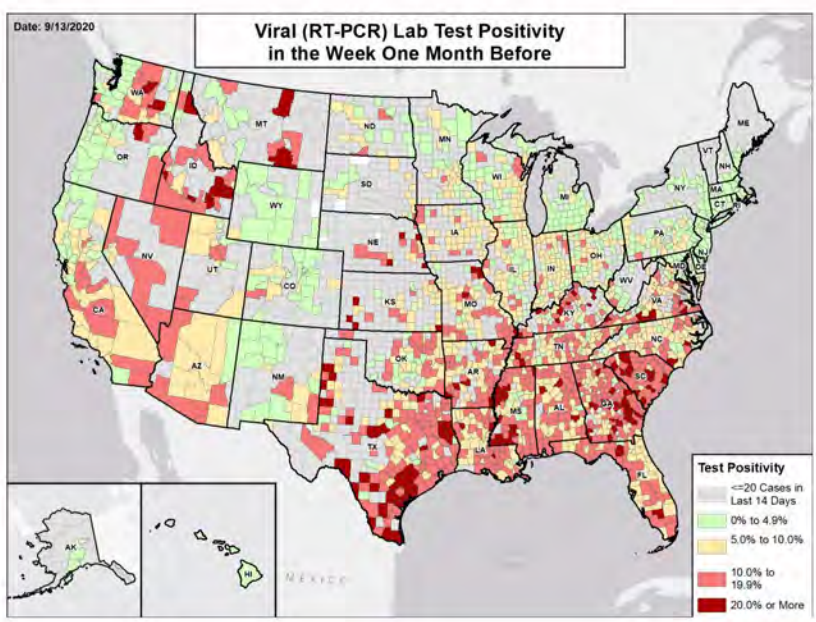
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
- **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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.

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GEORGIA

SUMMARY

- Georgia is making progress with decreasing cases and test positivity week over week. Over the past five weeks, Georgia has decreased the number of red counties from 109 to 47 last week. Georgia remains 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. Georgia is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 13th highest rate in the country.
- Georgia 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. Gwinnett County, 2. Fulton County, and 3. Cobb County. These counties represent 19.5% of new cases in Georgia.
- 69% of all counties in Georgia have moderate or high levels of community transmission (yellow or red zone), with 30% having high levels of community transmission (red zone).
- During the week of Aug 31 - Sep 6, 18% of nursing homes had at least one new resident COVID-19 case, 24% had at least one new staff COVID-19 case, and 8% had at least one new resident COVID-19 death.
- Georgia had 108 new cases per 100,000 population in the last week, compared to a national average of 74 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 59 to support operations activities from FEMA; 10 to support operations activities from ASPR; 29 to support epidemiology activities from CDC; 1 to support operations activities from CDC; 1 to support operations activities from USCG; and 1 to support operations activities from VA.
- Between Sep 5 - Sep 11, on average, 191 patients with confirmed COVID-19 and 266 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 local community. Consider a further decrease in hours and occupancy limits in bars and restaurants in university counties and anywhere university and college students gather.
- 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 a further strengthening of detecting silent spread on campuses through routine saliva testing of students on university research platforms.
- Review all university and college plans for both rapid testing and contact tracing of symptomatic students and routine surveillance testing of students to find asymptomatic students, with 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. Universities and colleges should work with various student leaders and campus media to support compliance with recommendations. Ensure protection of local communities through strict mask wearing and social distancing when off campus and when around vulnerable individuals on campus.
- Consider utilizing focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- In preparation for fall, continue to increase testing capacity by increasing the budget and capacity of public health labs; ensure hospitals use pooled testing for elective surgeries and patients admitted without suspected COVID-19 to reserve tests for community outreach; expand outpatient testing, pooling specimens where appropriate; and utilize all university, veterinary, and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Increase surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 15 or fewer people. Recreating spreading events through bar-like gatherings in homes will result in continued high cases and 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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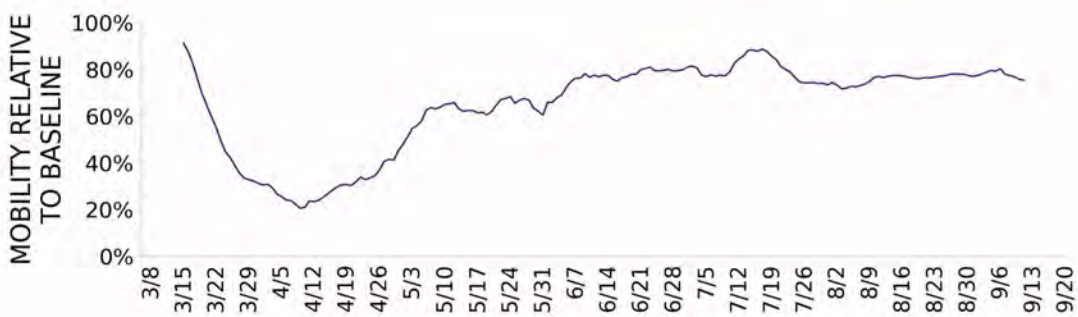
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	11,454 (108)	-18.1%	66,299 (99)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.2%	+0.1%*	7.4%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	67,796** (639)	-44.6%**	746,836** (1,116)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	323 (3)	-29.0%	1,864 (3)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	18% (24%)	+1%* (+3%*)	18% (29%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	8%	-3%*	8%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

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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**	Athens-Clarke County Savannah Statesboro Dublin Jefferson Vidalia Cedartown Douglas Calhoun Tifton Jesup Fitzgerald	**19**	Atlanta-Sandy Springs-Alpharetta Macon-Bibb County Augusta-Richmond County Gainesville Rome Milledgeville Chattanooga Warner Robins Brunswick Dalton Valdosta Summerville
COUNTY LAST WEEK	**47**	Clarke Chatham Bulloch Richmond Jackson Effingham Polk Laurens Emanuel Toombs Catoosa Gordon	**62**	Gwinnett Fulton Cobb DeKalb Hall Bibb Cherokee Clayton Forsyth Floyd Henry Chattahoochee

All Red CBSAs: Athens-Clarke County, Savannah, Statesboro, Dublin, Jefferson, Vidalia, Cedartown, Douglas, Calhoun, Tifton, Jesup, Fitzgerald, Cordele, Thomaston

All Yellow CBSAs: Atlanta-Sandy Springs-Alpharetta, Macon-Bibb County, Augusta-Richmond County, Gainesville, Rome, Milledgeville, Chattanooga, Warner Robins, Brunswick, Dalton, Valdosta, Summerville, St. Marys, LaGrange, Waycross, Hinesville, Toccoa, Cornelia, Bainbridge

All Red Counties: Clarke, Chatham, Bulloch, Richmond, Jackson, Effingham, Polk, Laurens, Emanuel, Toombs, Catoosa, Gordon, Coffee, Tift, Bryan, Wheeler, Franklin, Pulaski, Elbert, Wayne, Jefferson, Madison, Fannin, Peach, Johnson, Ben Hill, Bleckley, Tattnall, Haralson, Clinch, Burke, Banks, Candler, Jeff Davis, Crisp, Screven, Jenkins, Butts, Bacon, Towns, Upson, Evans, Mitchell, Taylor, Atkinson, Montgomery, Early

All Yellow Counties: Gwinnett, Fulton, Cobb, DeKalb, Hall, Bibb, Cherokee, Clayton, Forsyth, Floyd, Henry, Chattahoochee, Baldwin, Paulding, Columbia, Houston, Glynn, Bartow, Whitfield, Coweta, Barrow, Walker, Lowndes, Douglas, Carroll, Walton, Newton, Lumpkin, Chattooga, Camden, Troup, Union, Dawson, Stephens, Rockdale, Habersham, Spalding, Oconee, Decatur, Liberty, Jones, Ware, Appling, Putnam, Grady, Pickens, Monroe, Greene, Hart, Morgan, McDuffie, Pierce, Meriwether, Berrien, Seminole, Rabun, Irwin, Harris, Long, Cook, Wilkes, 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.

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 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

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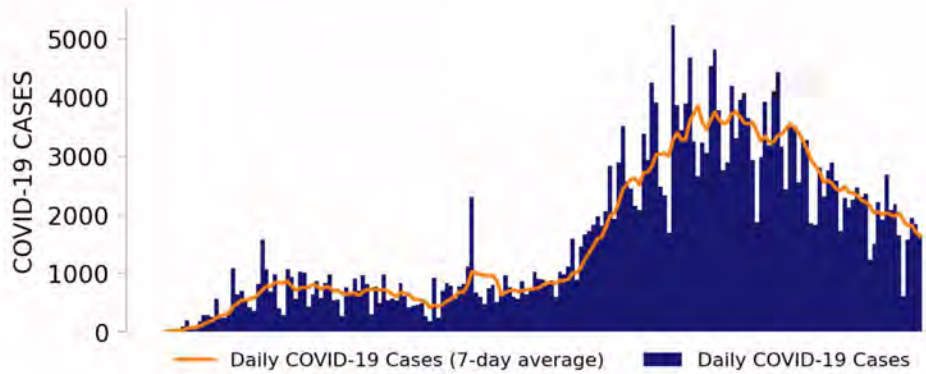
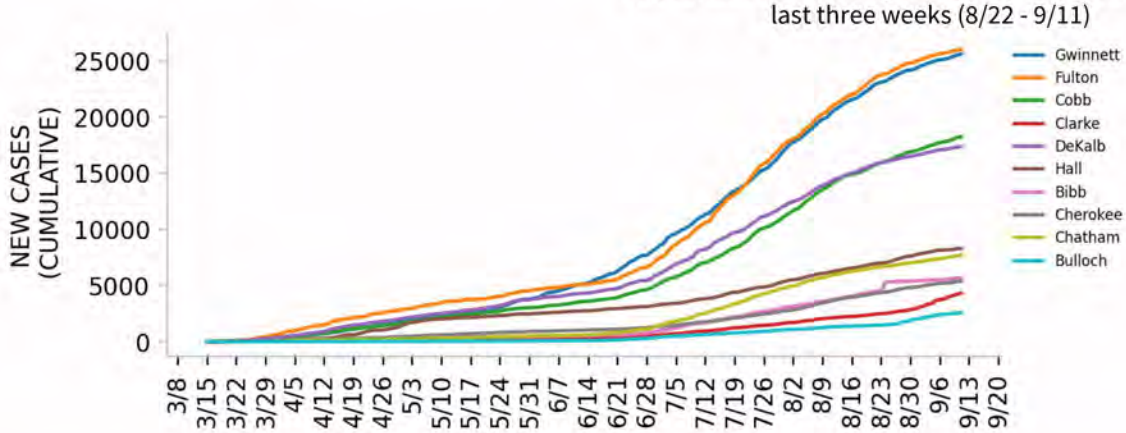
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



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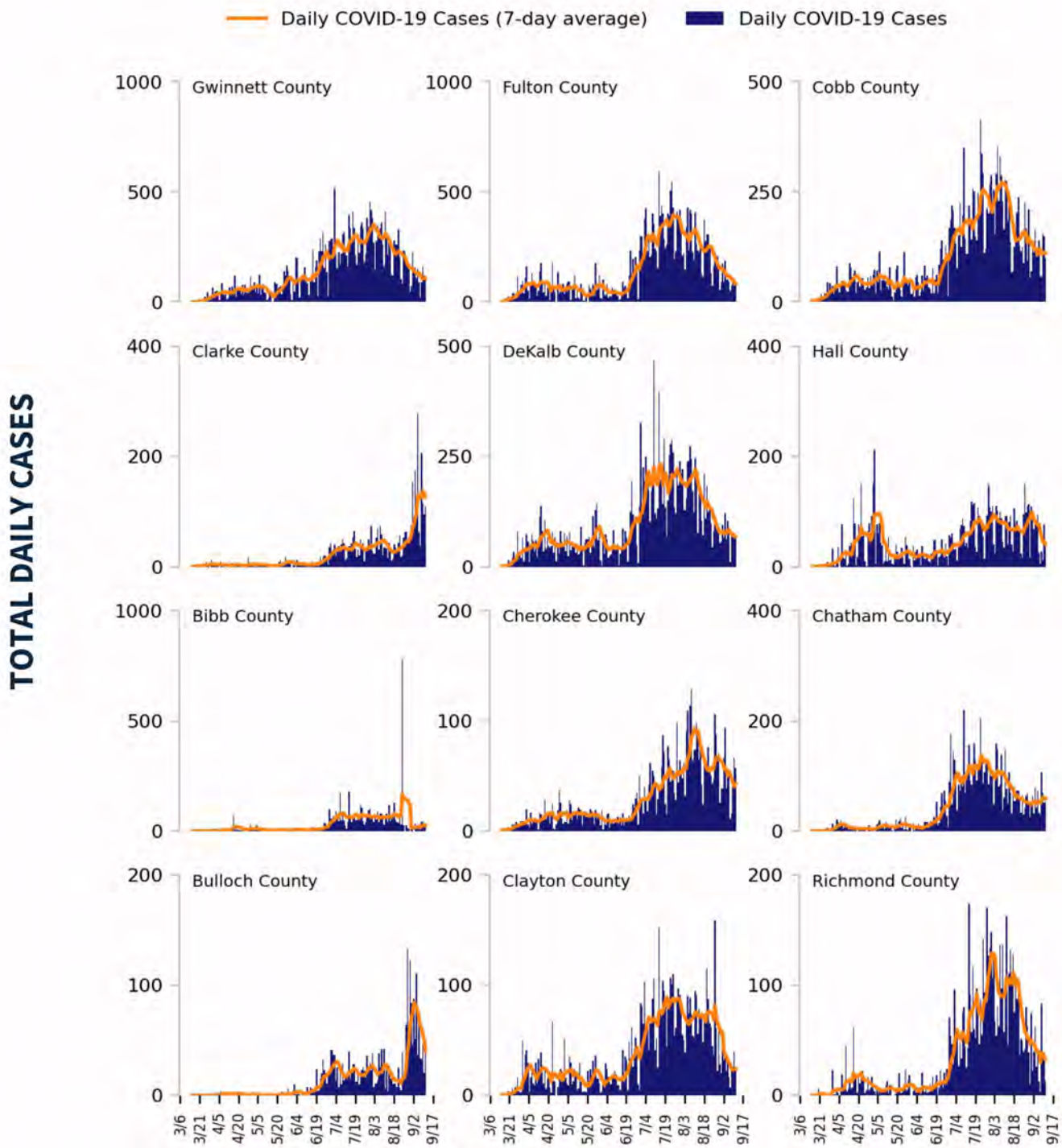
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020.

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

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 9/11/2020. Last 3 weeks is 8/22 - 9/11.

GEORGIA

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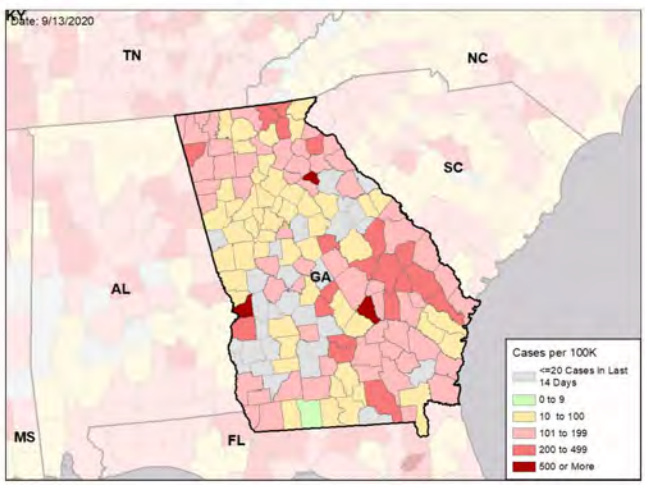
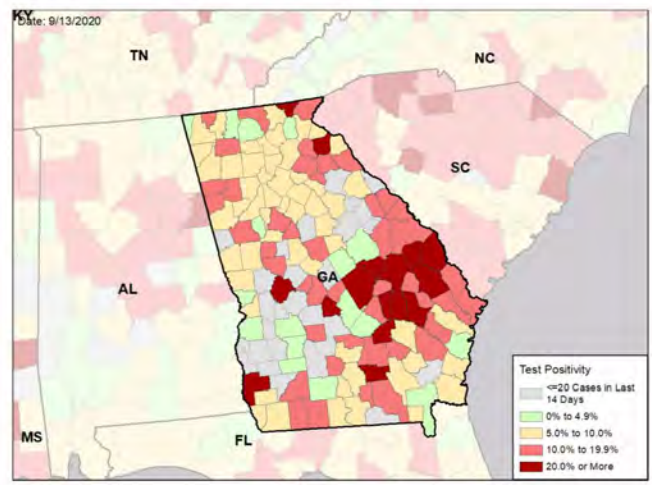
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

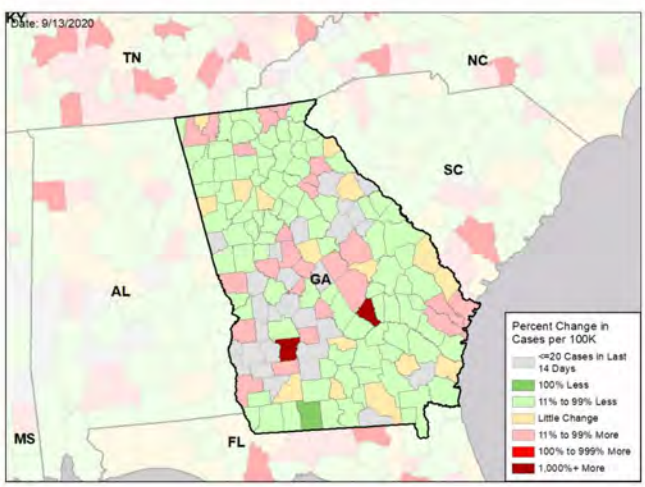
NEW CASES PER 100,000 DURING THE LAST WEEK



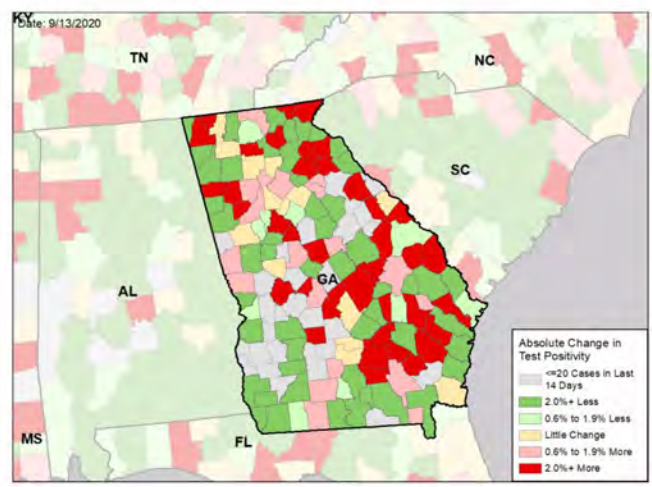
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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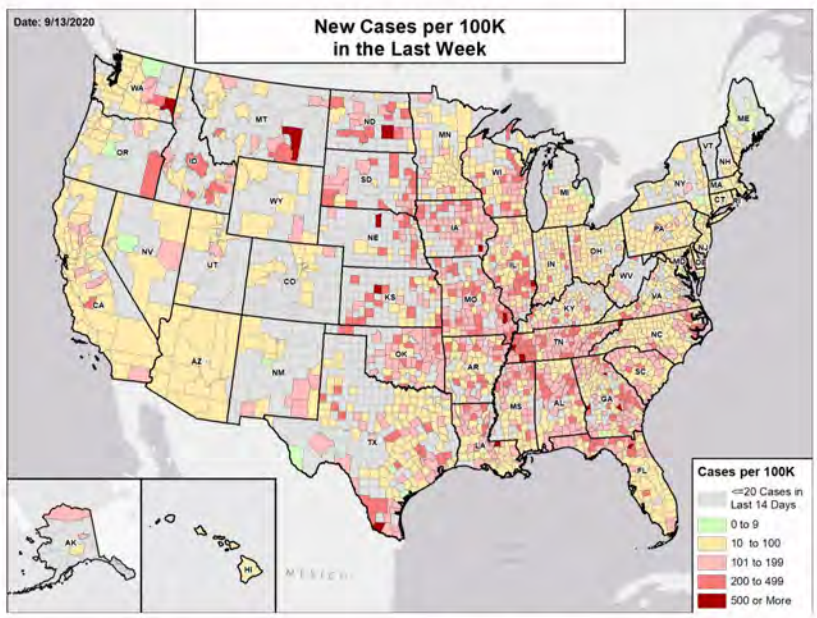
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020. Last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

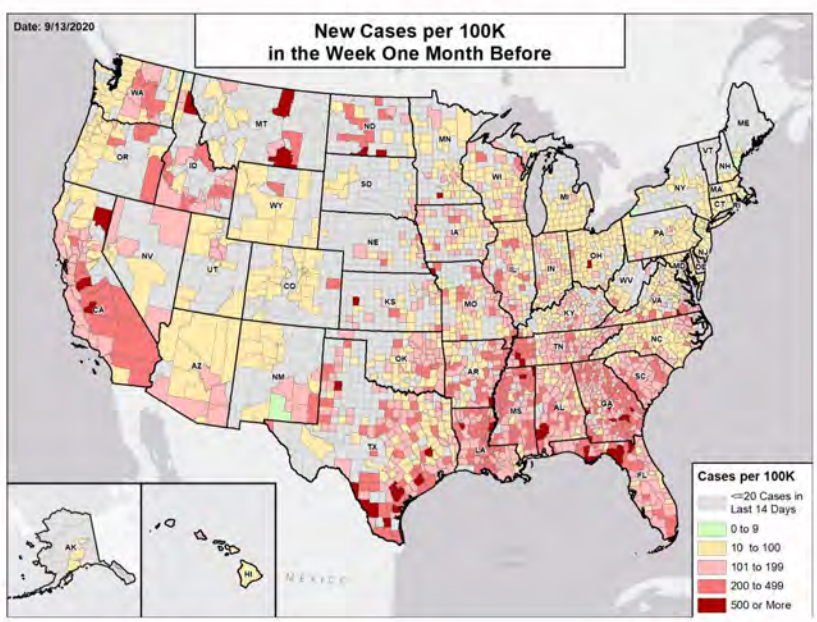
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

National Picture

NEW CASES PER 100,000 LAST WEEK



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



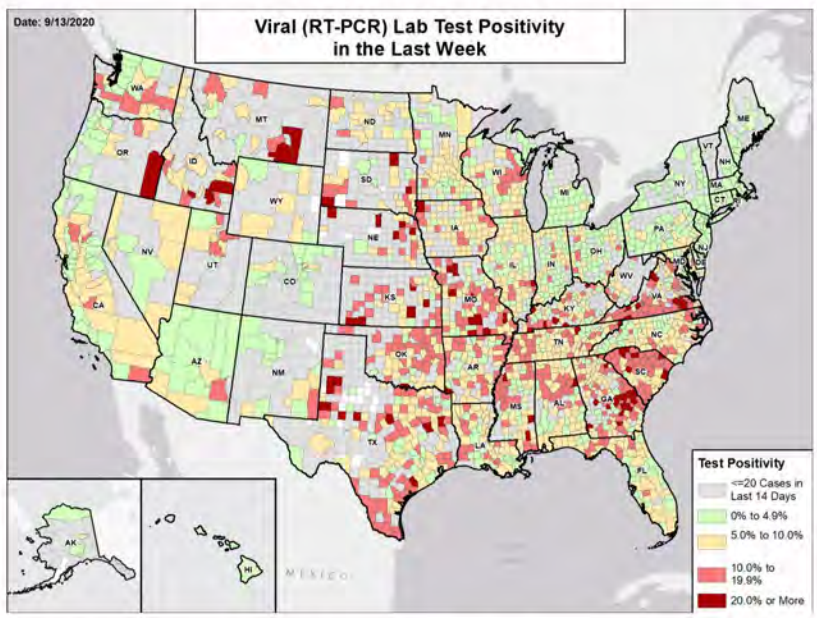
DATA SOURCES

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

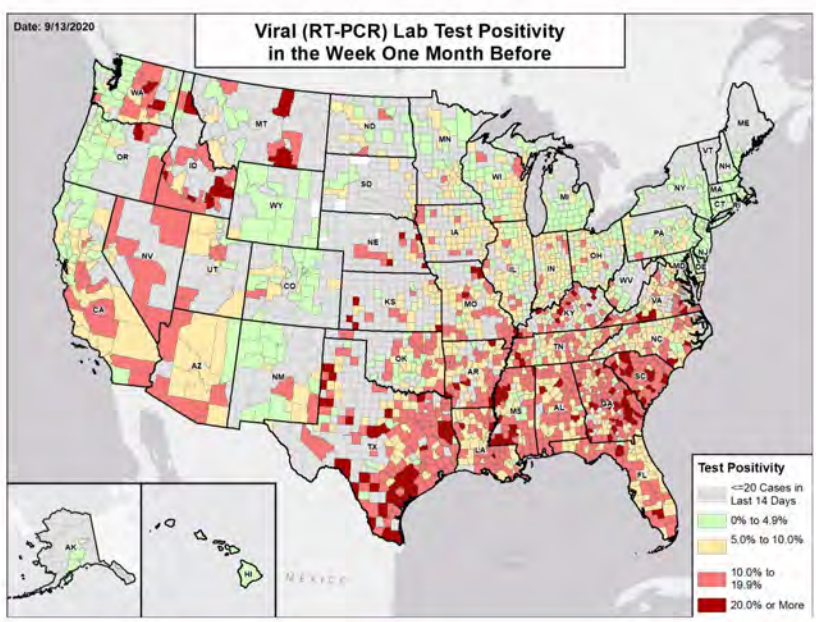
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
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STATE REPORT
09.13.2020

HAWAII

SUMMARY

- Hawaii 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. Hawaii is in the green zone for test positivity, indicating a rate below 5%, with the 38th highest rate in the country.
- Hawaii 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. Honolulu County, 2. Hawaii County, and 3. Maui County. These counties represent 99.9% of new cases in Hawaii.
- No counties in Hawaii have moderate or high levels of community transmission (yellow or red zone).
- During the week of Aug 31 - Sep 6, 5% of nursing homes had at least one new resident COVID-19 case, 19% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- Hawaii had 70 new cases per 100,000 population in the last week, compared to a national average of 74 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 15 to support operations activities from FEMA; 33 to support medical activities from ASPR; 5 to support operations activities from ASPR; 17 to support operations activities from USCG; 17 to support medical activities from VA; and 3 to support operations activities from VA.
- The federal government has supported surge testing in Honolulu, HI.
- Between Sep 5 - Sep 11, on average, 39 patients with confirmed COVID-19 and 35 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Hawaii. 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

- Intensified mitigation efforts have been impactful and important to protect recent gains; extended stay-at-home orders with opening of solo, outdoor spaces are warranted.
- Maintain a high volume testing in all counties along with effective isolation and quarantine.
- Ensure all public health labs are staffed and running at maximum capacity and all universities with PCR platforms are assisting with surveillance testing for schools (K-12, community colleges) and university students.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Ensure sufficient staff for medical facilities during this phase of the epidemic; consider statewide mechanism for temporary contracts and enlisting federal or DMAT support.
- Continue to increase number of isolation sites and material support to ensure immediate 10-day isolation of all cases and 14-day quarantine of all contacts, targeting communities with high proportion of congregate living facilities, multi-generational or crowded households, and persons experiencing homelessness.
- Continue to expand contact tracing capacity; work with federal agencies for support to quickly train and scale-up new staff.
- Focus education to encourage older persons and those with any risk factors to refrain from all social gatherings and potential public exposures.
- All colleges and universities that are opening should work with local health authorities to ensure sufficient capacity for widescale initial testing (50-100%) and frequent retesting of students, adequate contact tracing, and capacity to isolate cases and quarantine contacts; cases and contacts should not be sent back to their family homes.
- Continue strong public messaging developed for and targeted to high-risk communities.
- Continue intensive mitigation efforts at all congregate facilities, including prisons and long-term care facilities; closely monitor incidence at all facilities and enact appropriate mitigation procedures.
- 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. Continue restrictions on indoor in-person visitation until case rates decline.
- Develop a plan for increased surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

HAWAII

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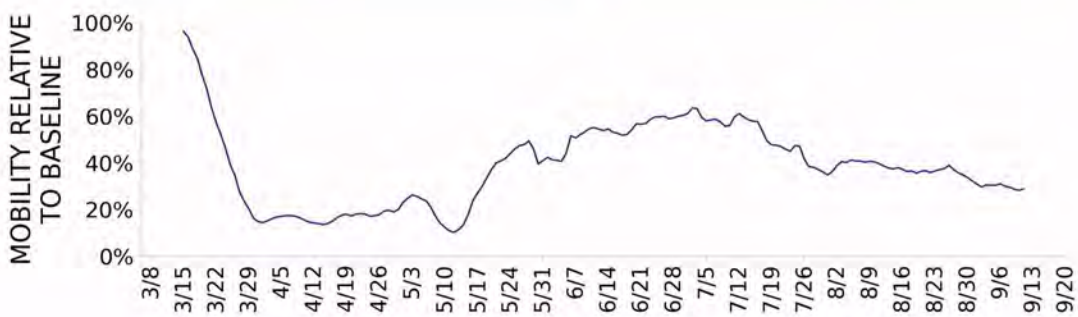
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	986 (70)	-40.0%	30,385 (59)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	2.8%	-2.0%*	4.4%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	43,579** (3,078)	+22.9%**	830,242** (1,619)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	15 (1)	-31.8%	815 (2)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	5% (19%)	-5%* (-5%*)	6% (10%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	-2%*	4%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

HAWAII

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	0	N/A	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 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

HAWAII

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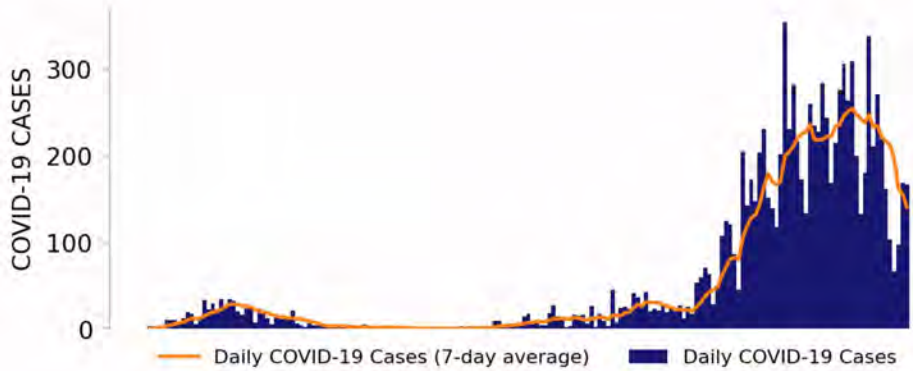
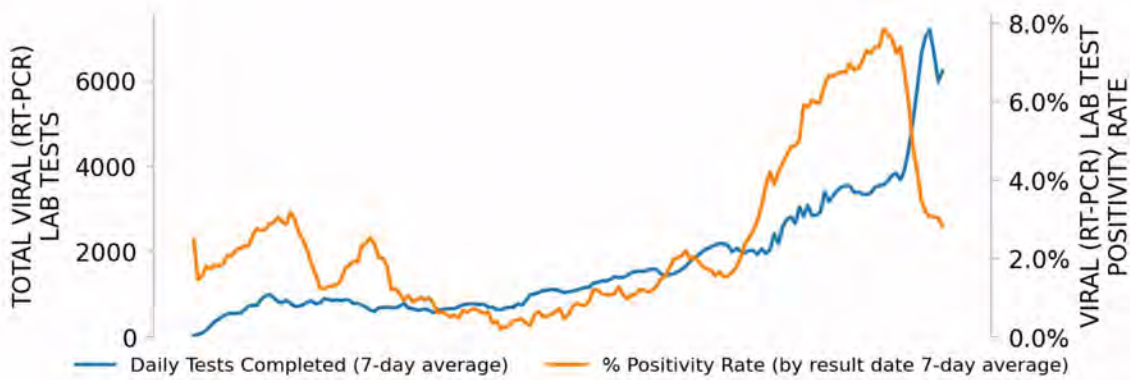
NEW CASES

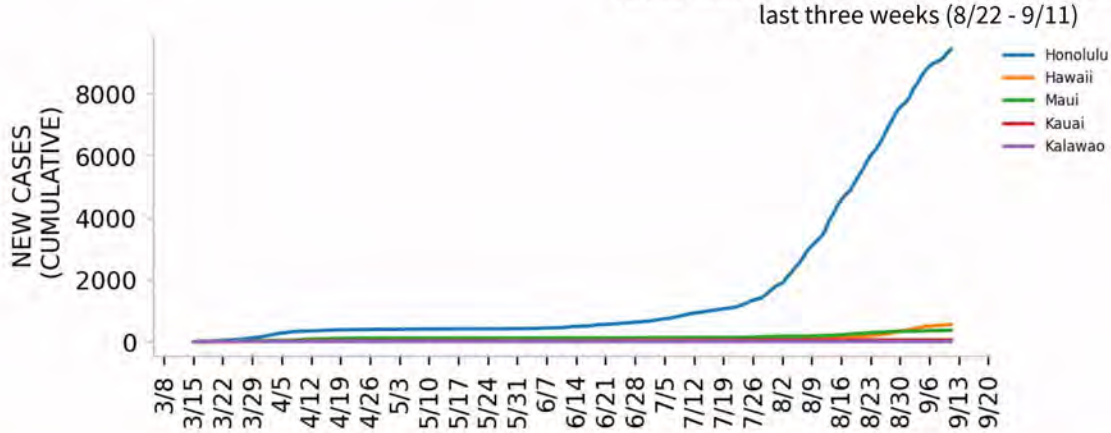


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



DATA SOURCES – Additional data details available under METHODS

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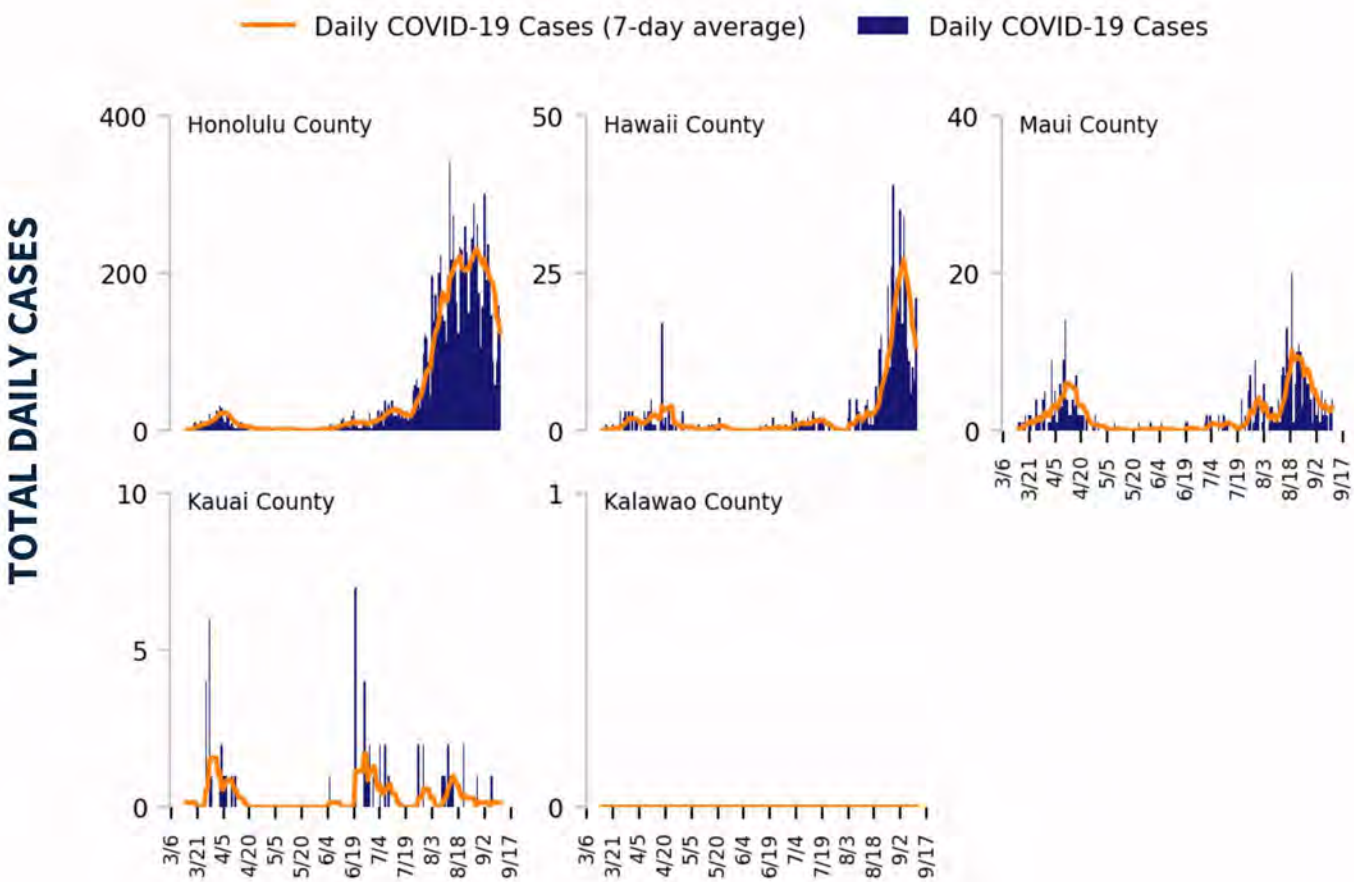
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020.

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 9/11/2020. Last 3 weeks is 8/22 - 9/11.

HAWAII

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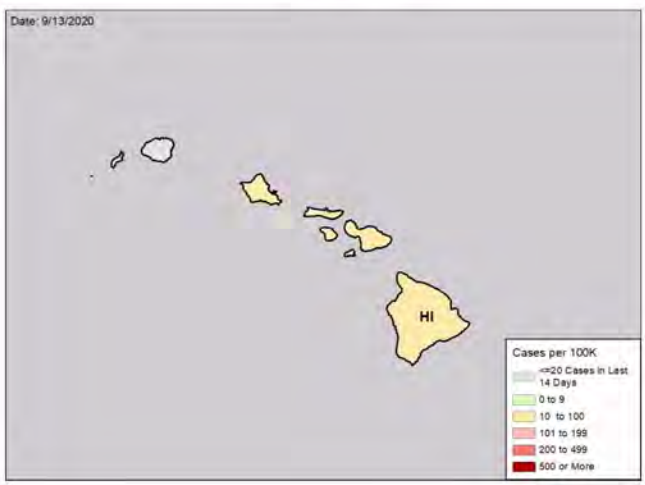
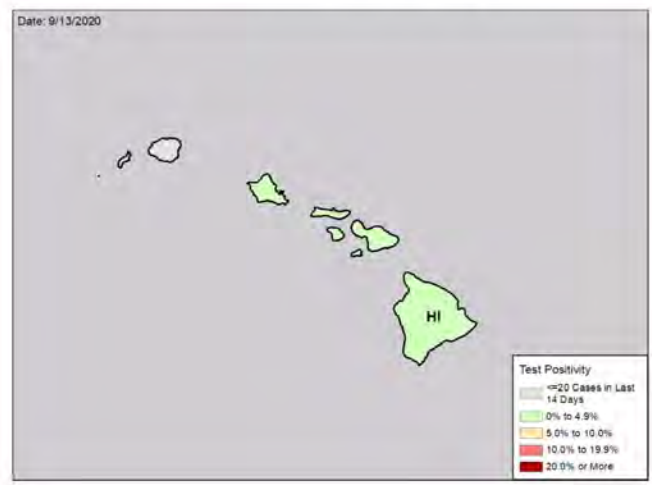
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

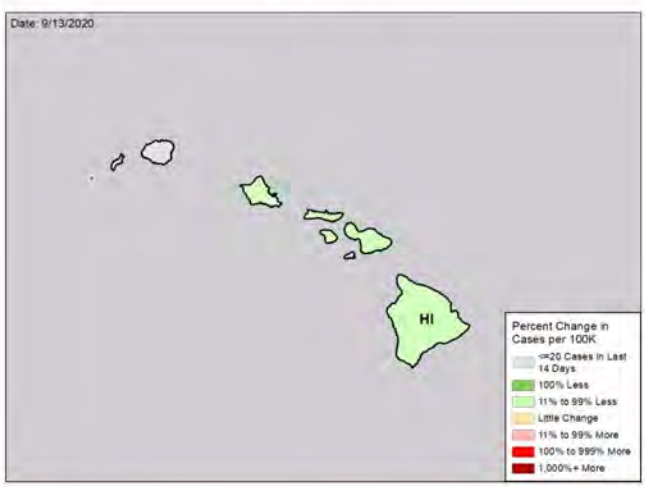
NEW CASES PER 100,000 DURING THE LAST WEEK



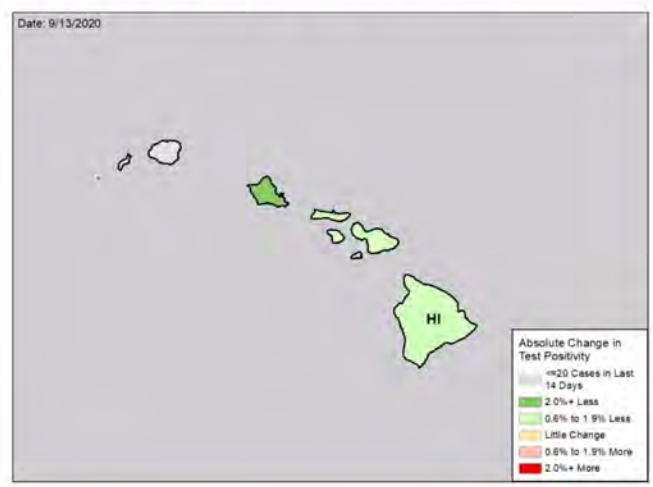
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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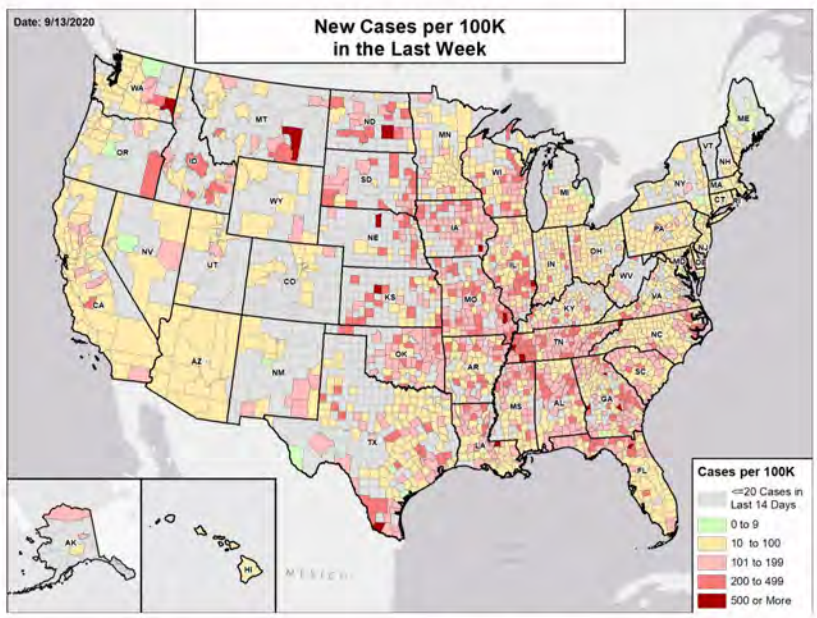
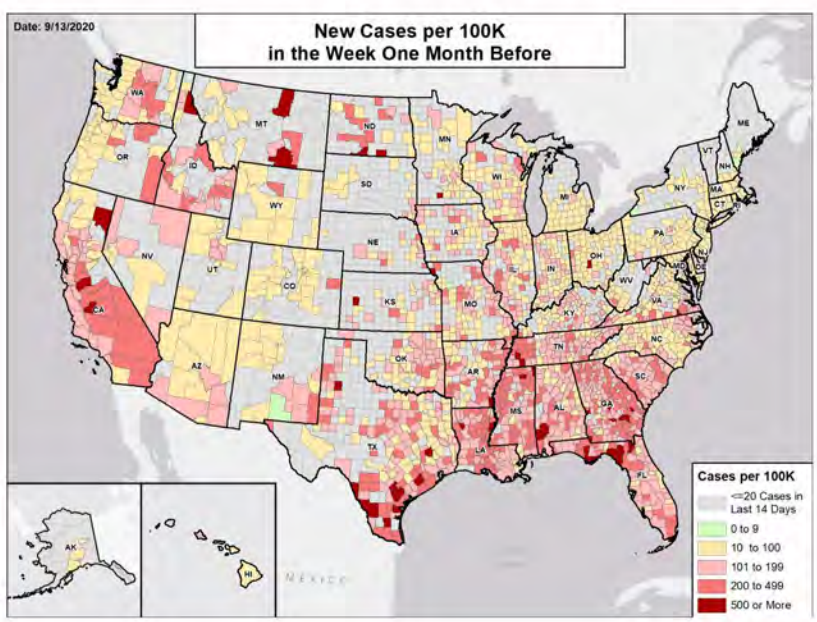
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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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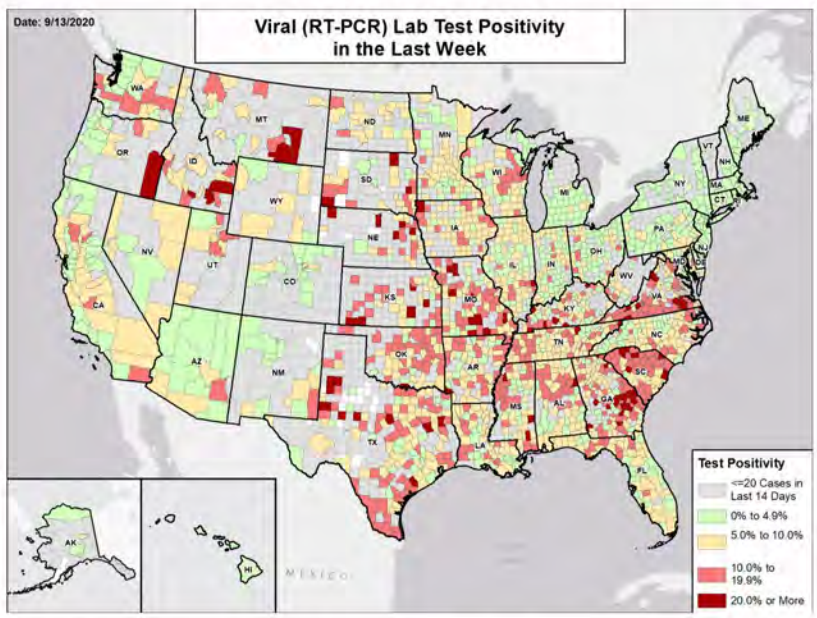
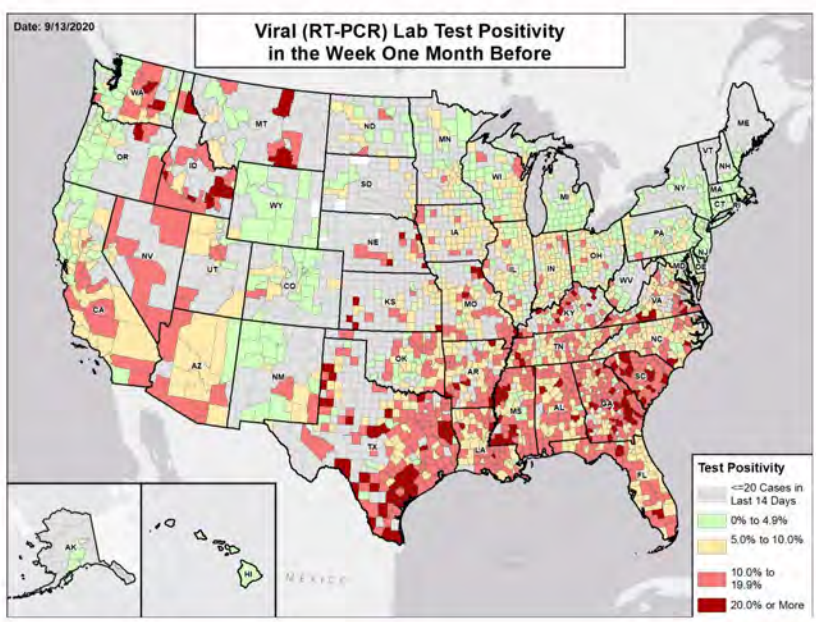
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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%

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STATE REPORT
09.13.2020

IDAHO

SUMMARY

- Idaho is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 16th highest rate in the country. Idaho has higher test positivity than average. According to federal data, test positivity is in the red zone; state data that has gone through additional cleaning and validation steps indicates a slightly lower positivity rate of around 8% (yellow zone).
- Idaho 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. Ada County, 2. Canyon County, and 3. Bonneville County. These counties represent 54.8% of new cases in Idaho.
- 50% of all counties in Idaho have moderate or high levels of community transmission (yellow or red zone), with 20% having high levels of community transmission (red zone).
- During the week of Aug 31 - Sep 6, 8% of nursing homes had at least one new resident COVID-19 case, 25% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Idaho had 98 new cases per 100,000 population in the last week, compared to a national average of 74 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 epidemiology activities from CDC; and 1 to support operations activities from CDC.
- Between Sep 5 - Sep 11, 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

- Mitigation efforts are proving effective throughout the state; focus efforts where case rates are elevated or increasing, such Twin Falls, Pocatello, Rexburg, and Blackfoot.
- Continue plans for strong launch of MaskUp Idaho, tailored and targeted to communities with elevated or increasing case rates and/or test positivity.
- Leverage state dashboard as an adjunct to MaskUp Idaho, with 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 monitor hospitalization rates and ensure hospital capacity remains sufficient and staff training is current.
- Continue efforts to enhance testing; pooling is most efficient in areas where test positivity is <5%, but can be efficient using small groups (3-5 people) even in areas or groups with test positivity up to 10%.
- Work with universities and colleges that are opening to have a plan for widescale initial testing of students (50-100%), periodic retesting, rapid 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.
- Recruit college and university students to expand public health messaging and contact tracing capacity.
- Continue policy on home isolation or quarantine for all who are awaiting test results and/or those who are known contacts of a case; as needed, provide housing, material support, and counseling to facilitate isolation or quarantine.
- Continue to conduct infection control surveys in all nursing homes with an initial case or 3 or more cases in the last 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.
- Develop a plan for increased surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- 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.
- 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.

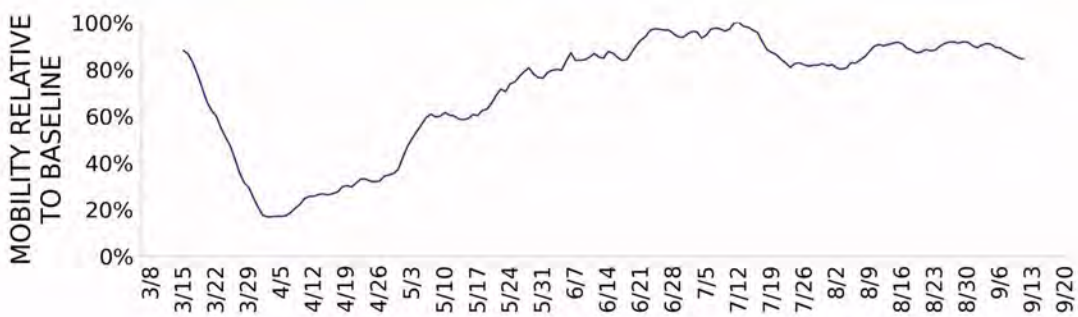
COVID-19

IDAHO

STATE REPORT | 09.13.2020

	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)	1,756 (98)	-3.0%	6,320 (44)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	11.5%	+0.1%*	4.0%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	15,968** (894)	-18.2%**	140,103** (976)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	30 (2)	+3.4%	98 (1)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	8% (25%)	+5%* (+12%*)	5% (13%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	-1%*	2%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

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	**5**	Idaho Falls Twin Falls Ontario Pocatello Blackfoot	**9**	Boise Coeur d'Alene Rexburg Moscow Burley Sandpoint Mountain Home Jackson Logan
COUNTY LAST WEEK	**9**	Canyon Bonneville Twin Falls Payette Bingham Jerome Power Gem Fremont	**13**	Ada Kootenai Bannock Madison Jefferson Latah Washington Minidoka Bonner Elmore Custer Teton

All Yellow Counties: Ada, Kootenai, Bannock, Madison, Jefferson, Latah, Washington, Minidoka, Bonner, Elmore, Custer, Teton, Idaho

Red CBSAs: Idaho Falls CSBA is comprised of Bonneville County, ID; Butte County, ID; and Jefferson County, ID. Twin Falls CBSA is comprised of Jerome County, ID and Twin Falls County, ID. Ontario CBSA is comprised of Payette County, ID and Malheur County, OR. Pocatello CBSA is comprised of Bannock County, ID and Power County, ID. Blackfoot CBSA is comprised of Bingham County, ID.
Yellow CBSAs: Boise CBSA is comprised of Ada County, ID; Boise County, ID; Canyon County, ID; Gem County, ID; and Owyhee County, ID. Coeur d'Alene CBSA is comprised of Kootenai County, ID. Rexburg CBSA is comprised of Fremont County, ID and Madison County, ID. Moscow CBSA is comprised of Latah County, ID. Burley CBSA is comprised of Cassia County, ID and Minidoka County, ID. Sandpoint CBSA is comprised of Bonner County, ID. Mountain Home CBSA is comprised of Elmore County, ID. Jackson CBSA is comprised of Teton County, ID and Teton County, WY. 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
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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

IDAHO

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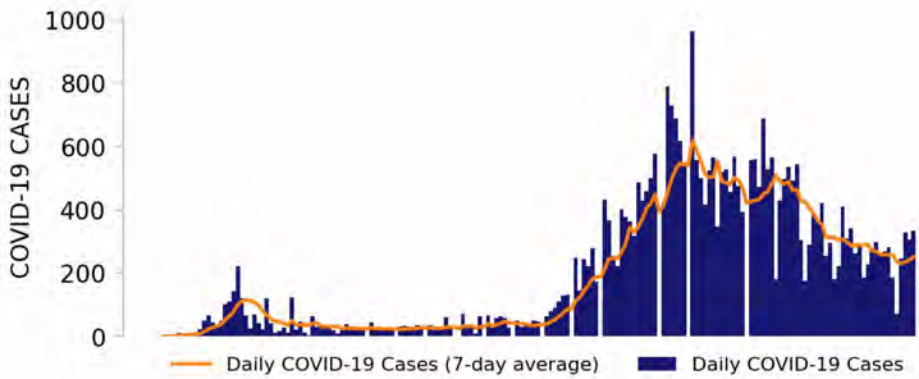
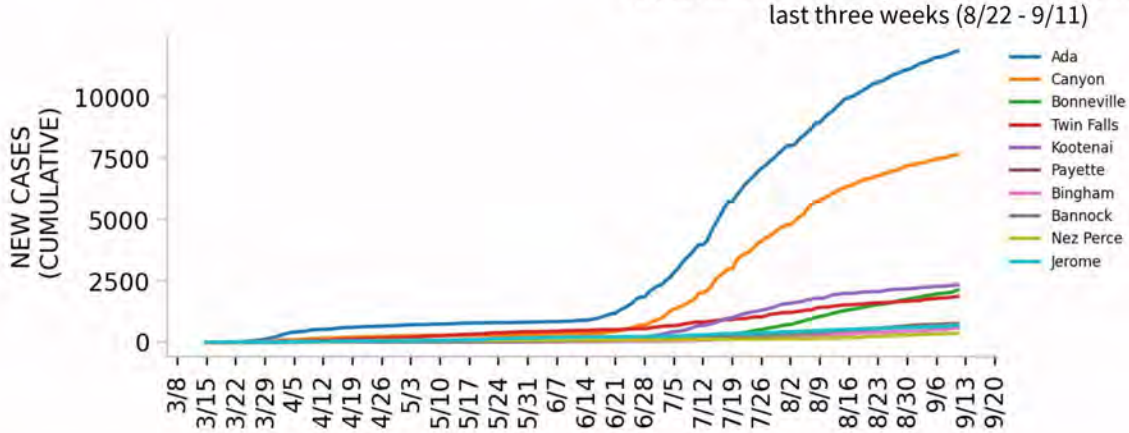
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



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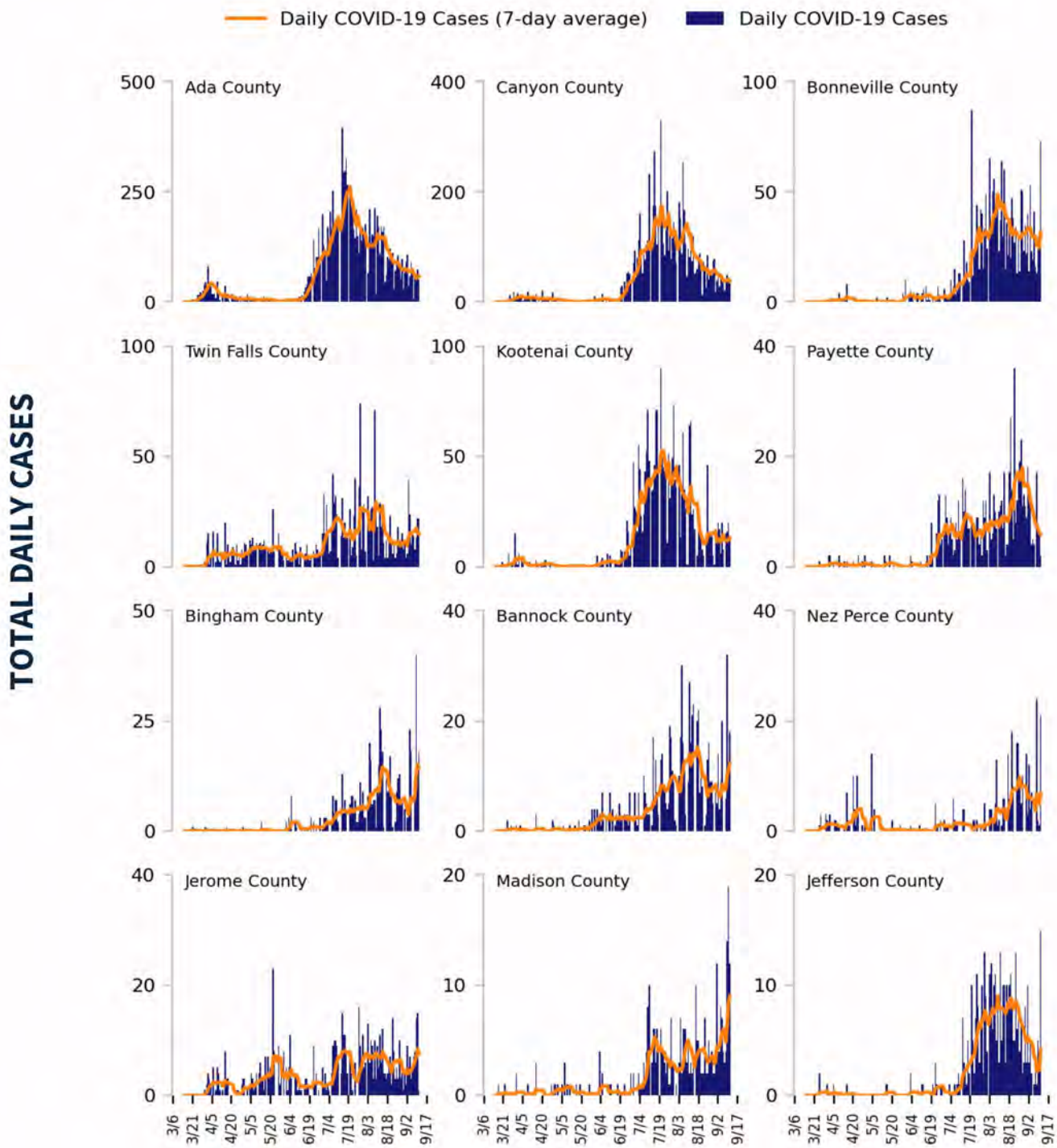
Top 12 counties based on number of new cases in the last 3 weeks



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 9/11/2020. Last 3 weeks is 8/22 - 9/11.

IDAHO

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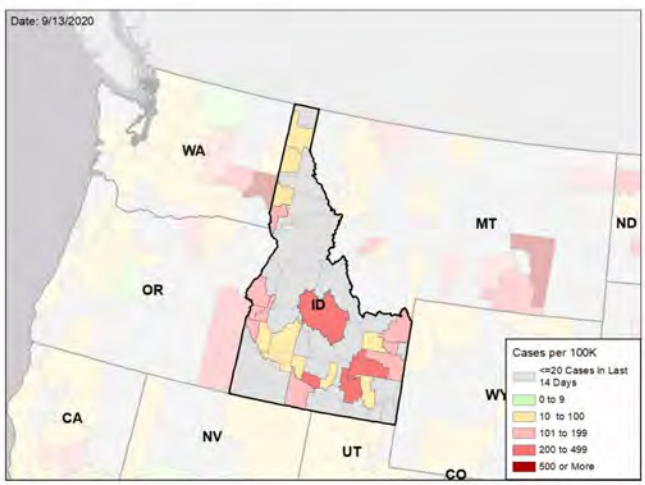
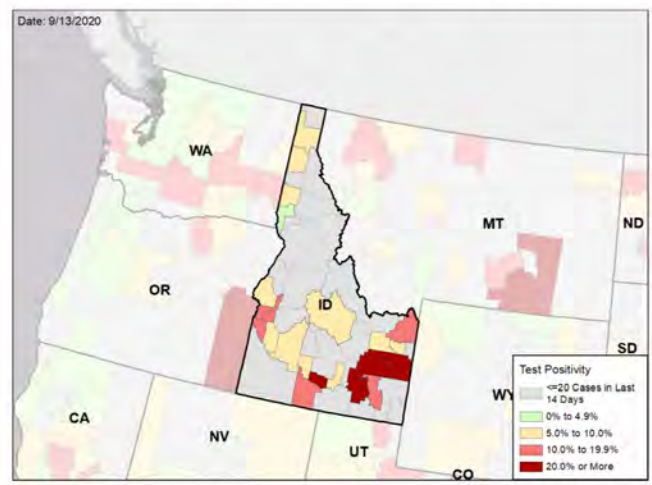
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

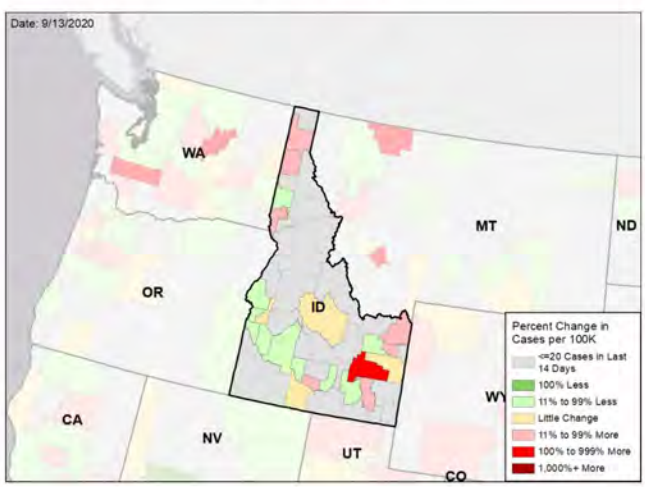
NEW CASES PER 100,000 DURING THE LAST WEEK



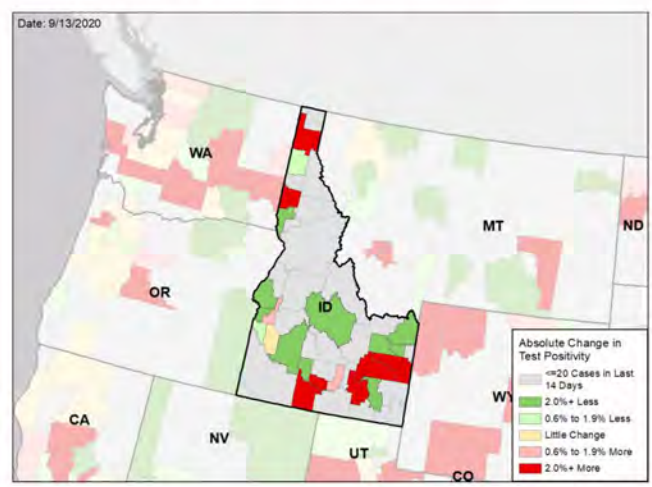
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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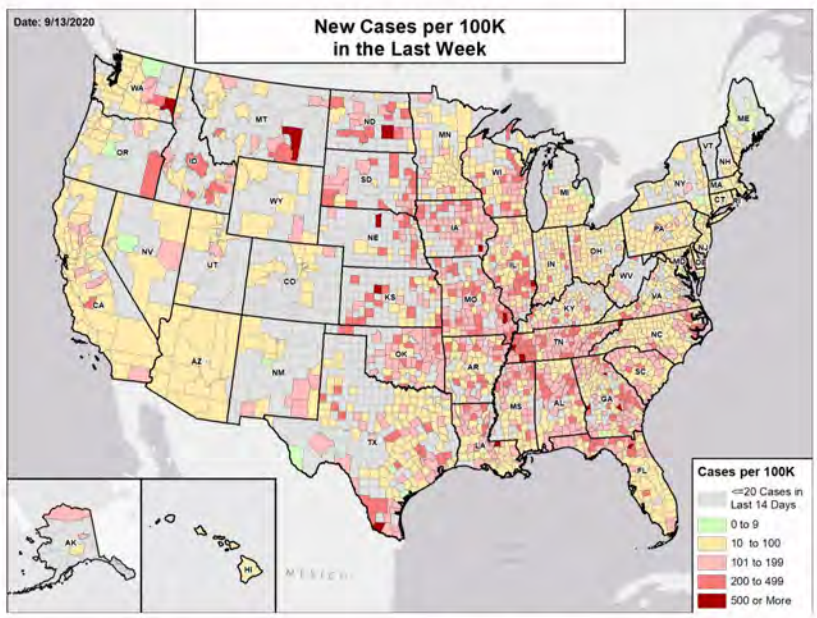
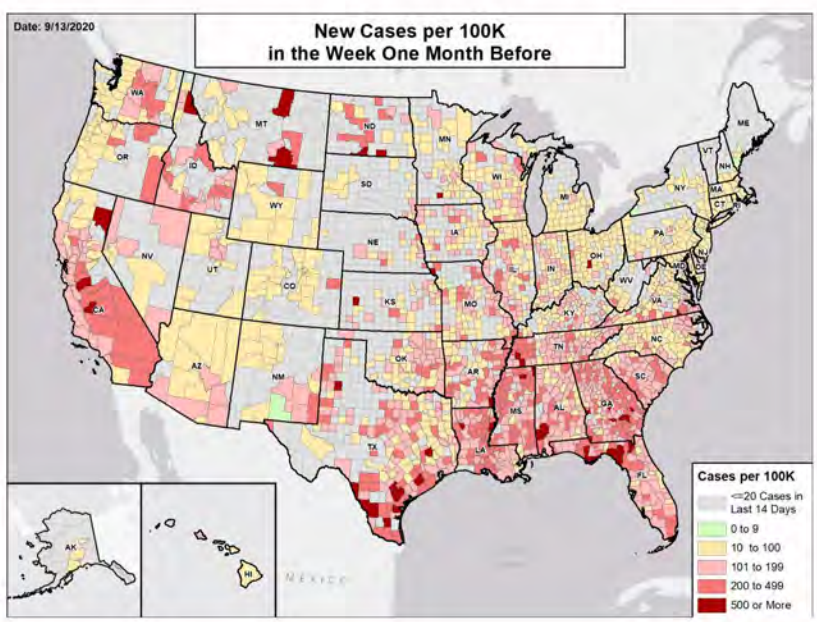
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

National Picture

NEW CASES PER 100,000 LAST WEEK



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



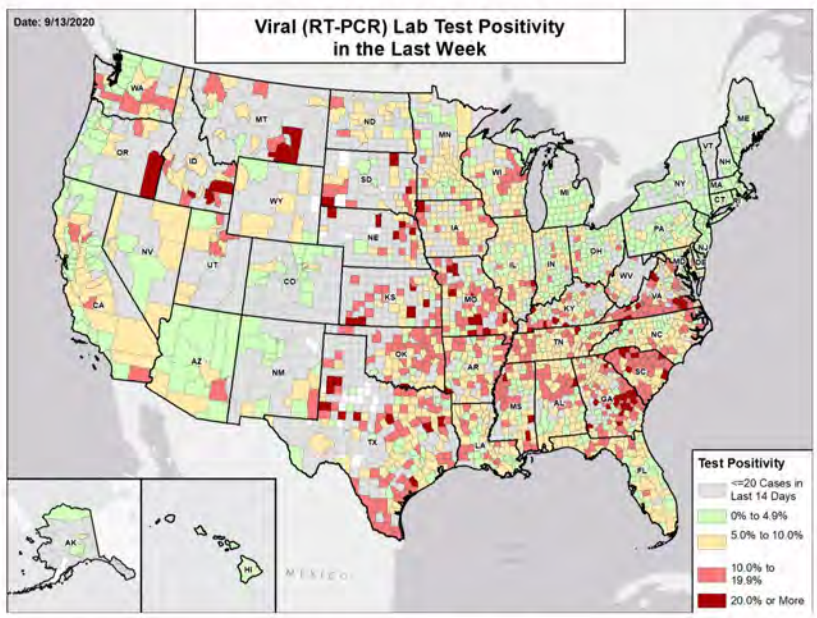
DATA SOURCES

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

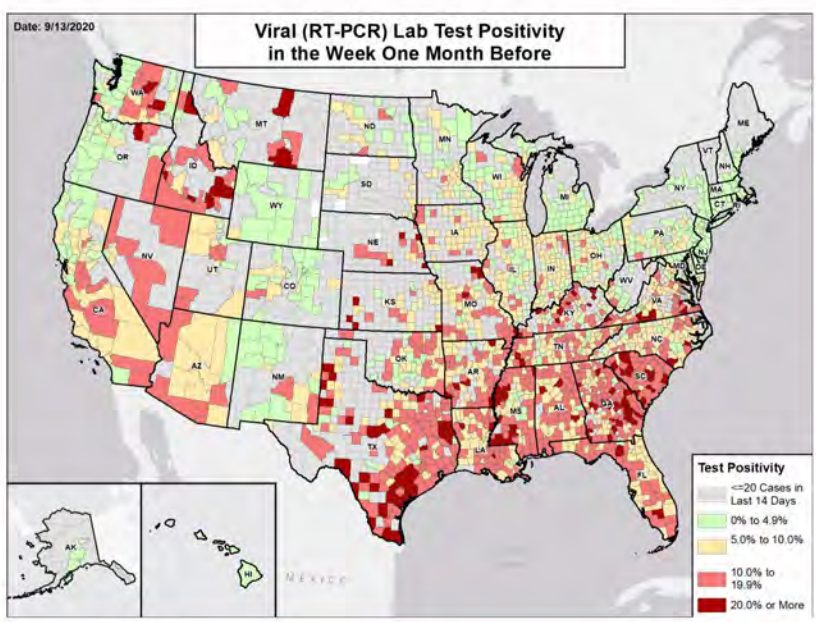
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
- **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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.

STATE REPORT
09.13.2020

ILLINOIS

SUMMARY

- Illinois improved to the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 17th highest rate in the country. Illinois is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 28th highest rate in the country.
- Illinois 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. Cook County, 2. DuPage County, and 3. Will County. These counties represent 44.2% of new cases in Illinois.
- Viral transmission is widely distributed in Illinois with the highest incidences continuing to be reported outside of the Chicago CBSA from multiple counties in mid and southern Illinois. Although cases have declined, 55% of all counties in Illinois have moderate or high levels of community transmission (yellow or red zone), with 8% having high levels of community transmission (red zone).
- Illinois State University (McLean County) reports 69 positive tests during the week ending on Sep 13 (1,383 since Aug 17) and 7-day test positivity of 6.6% - both significant declines (although the current period includes Labor Day). McLean County's 7-day incidence declined by approximately two-thirds, although it still exceeded 200 per 100,000 population. University of Illinois at Urbana-Champaign cases are declining during the soft lockdown. Bradley University went to online only for 2 weeks, after reported cases more than doubled and the test positivity rate on campus exceeded 15%.
- During the week of Aug 31 - Sep 6, 9% of nursing homes had at least one new resident COVID-19 case, 20% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- Illinois had 98 new cases per 100,000 population in the last week, compared to a national average of 74 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 62 to support operations activities from FEMA; 6 to support operations activities from ASPR; 1 to support epidemiology activities from CDC; and 7 to support operations activities from USCG.
- Between Sep 5 - Sep 11, on average, 107 patients with confirmed COVID-19 and 463 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Illinois. 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

- Develop a plan to increase surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- Recommendations for institutions of higher education (IHE) are repeated this week given the concerning trends nationally and the need to intensify efforts to control COVID-19 at IHE. The ongoing efforts at Illinois's IHE to address these concerns are noted and are commended.
- 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.
- University students with or exposed to COVID-19 must have access to isolation, quarantine, and care sites on or near campus and should not be returned home to multigenerational households where additional transmission could occur. To safely allow for some to quarantine at home, some universities use case managers to ensure that students do not have coronavirus-vulnerable people living at home, do have safe places to stay away from others, and do not need to take flights or other public transportation to get home before release for home quarantine; this is a best practice.
- 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 must work with various student leaders and campus media to support compliance with recommendations.
- 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.
- Consider utilizing focused wastewater surveillance to detect cases early and direct diagnostic testing and public health interventions, as is being done at some universities in other states and is being studied by a team at Northwestern.
- 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.
- Support local authorities in outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy as well as other limitations on student patronage; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus events.
- Support a uniform case-reporting process for IHE and reporting of this data on public-facing dashboards.
- 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

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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)	12,415 (98)	-21.8%	41,661 (79)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.0%	-0.1%*	5.0%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	293,907** (2,319)	-10.9%**	979,317** (1,864)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	130 (1)	-10.3%	556 (1)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	9% (20%)	+0%* (+1%*)	7% (16%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	-1%*	3%	4%

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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ILLINOIS

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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**	Effingham	**24**	Chicago-Naperville-Elgin St. Louis Bloomington Peoria Rockford Davenport-Moline-Rock Island Carbondale-Marion Ottawa Charleston-Mattoon Kankakee Decatur Macomb
COUNTY LAST WEEK	**8**	Effingham Clinton Crawford Lawrence Bond Jasper Cass Washington	**48**	Cook DuPage Will McLean Lake Kane Madison St. Clair Winnebago Peoria McHenry Rock Island

All Yellow CBSAs: Chicago-Naperville-Elgin, St. Louis, Bloomington, Peoria, Rockford, Davenport-Moline-Rock Island, Carbondale-Marion, Ottawa, Charleston-Mattoon, Kankakee, Decatur, Macomb, Sterling, Centralia, Jacksonville, Lincoln, Mount Vernon, Taylorville, Rochelle, Dixon, Fort Madison-Keokuk, Burlington, Paducah, Cape Girardeau

All Yellow Counties: Cook, DuPage, Will, McLean, Lake, Kane, Madison, St. Clair, Winnebago, Peoria, McHenry, Rock Island, Kankakee, Williamson, Coles, LaSalle, Macon, Jackson, Kendall, McDonough, Henry, Whiteside, Marion, Monroe, Bureau, Shelby, Logan, Grundy, Jersey, Macoupin, Boone, Fayette, Franklin, Jefferson, Christian, Ogle, Greene, Wayne, Lee, Cumberland, Union, Clay, Hancock, Richland, Wabash, Menard, De Witt, 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."

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ILLINOIS

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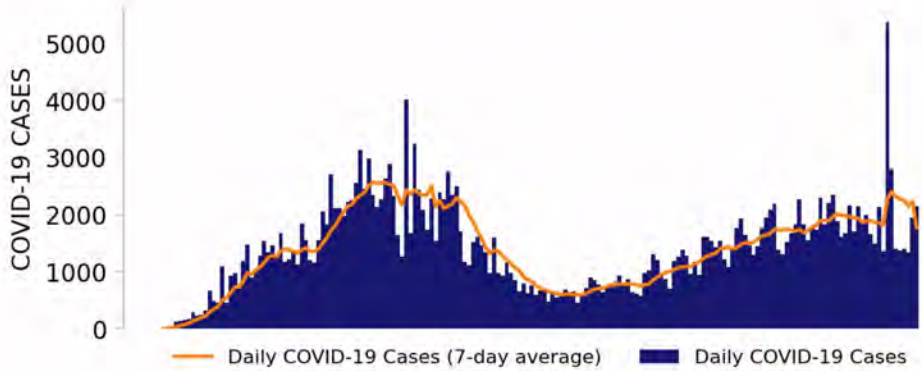
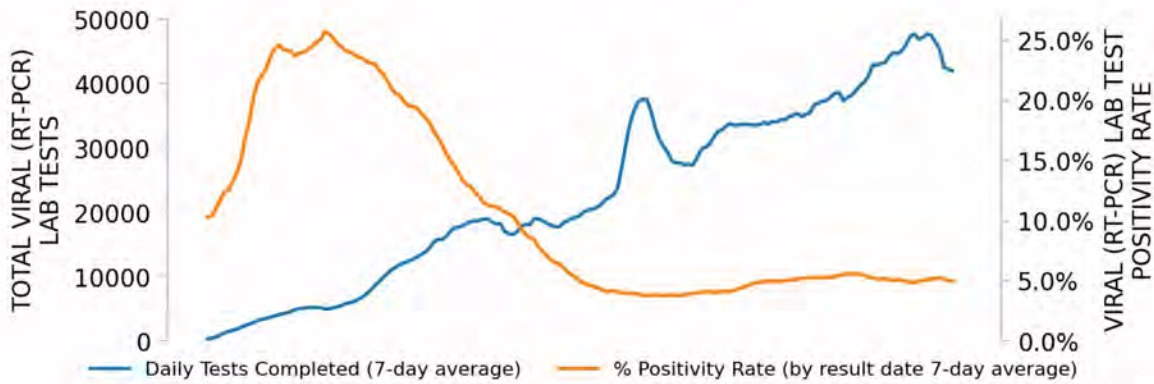
NEW CASES

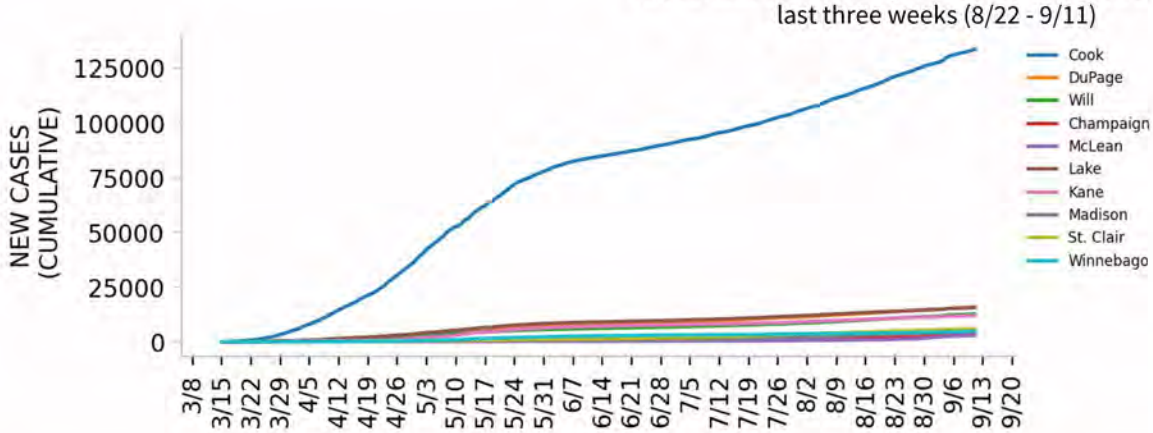


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



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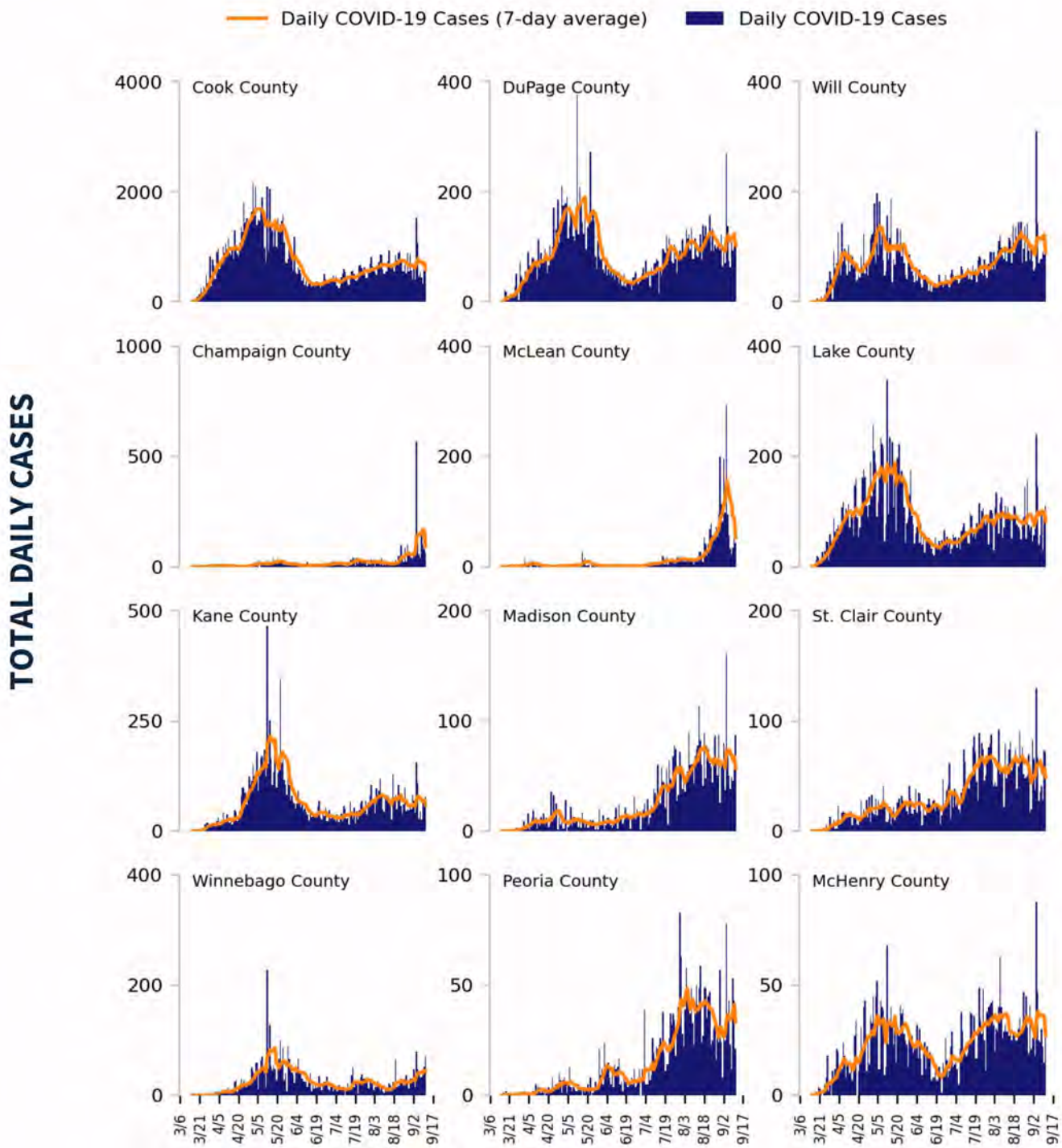
Top 12 counties based on number of new cases in the last 3 weeks



DATA SOURCES – Additional data details available under METHODS

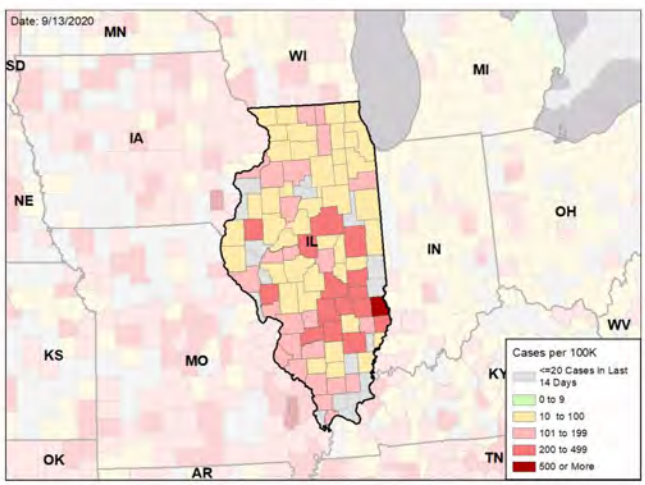
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020. Last 3 weeks is 8/22 - 9/11.

ILLINOIS

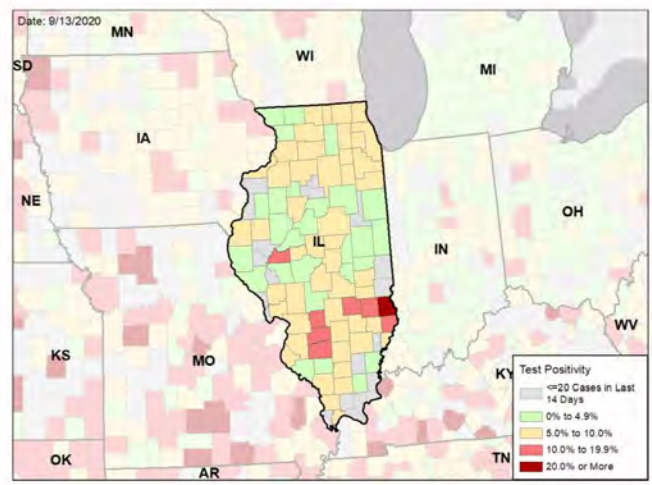
STATE REPORT | 09.13.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

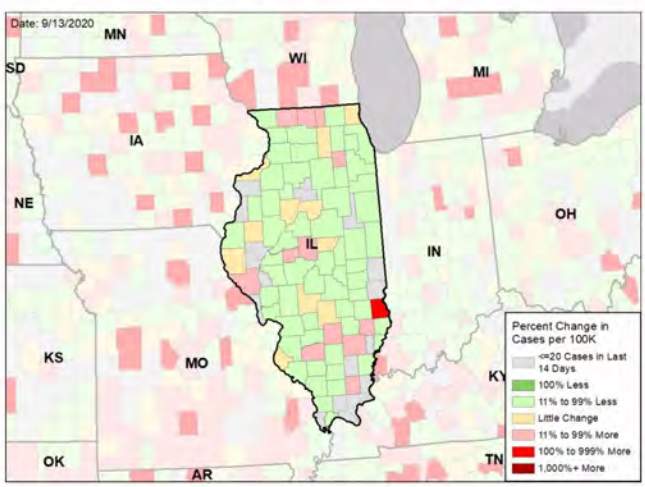
NEW CASES PER 100,000 DURING THE LAST WEEK



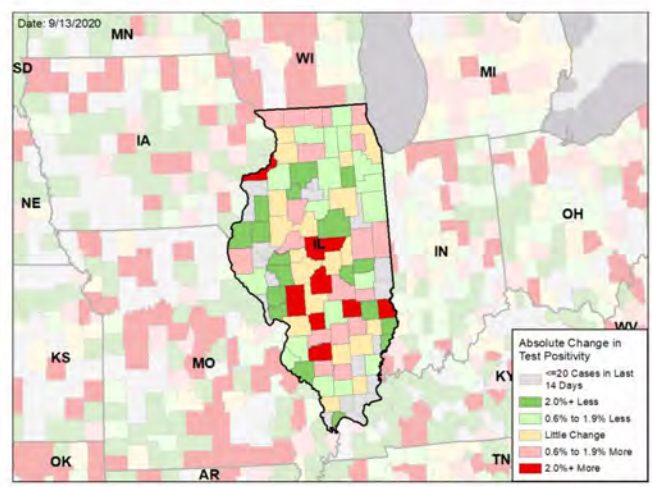
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

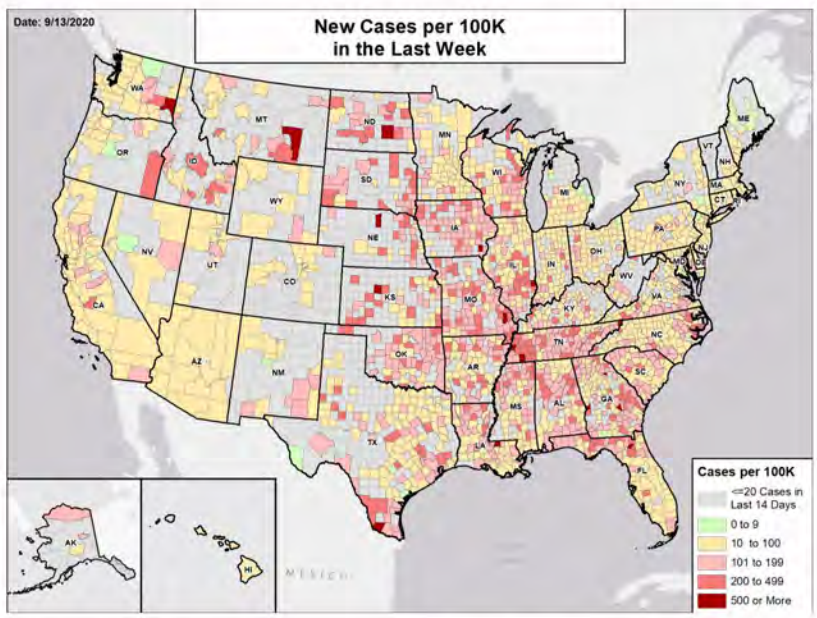
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/11/2020. Last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

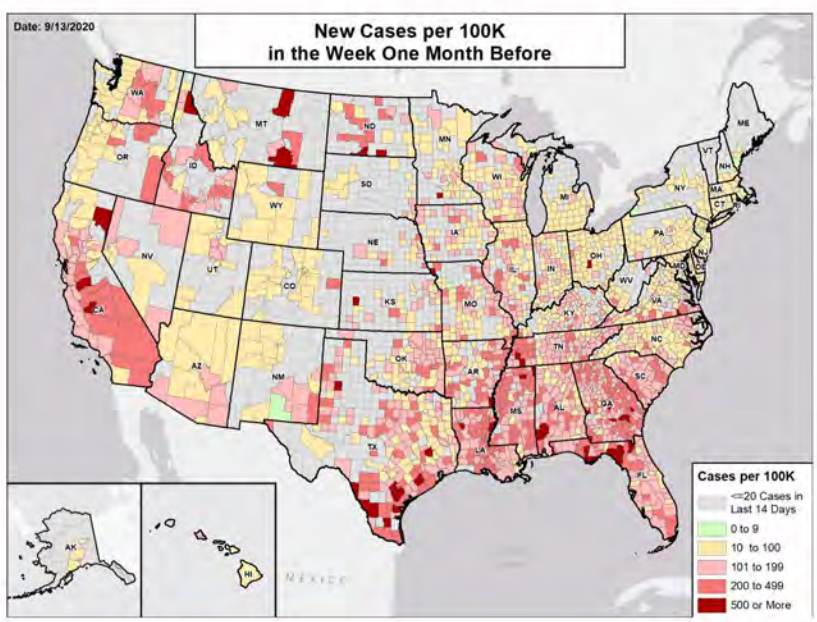
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

National Picture

NEW CASES PER 100,000 LAST WEEK



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



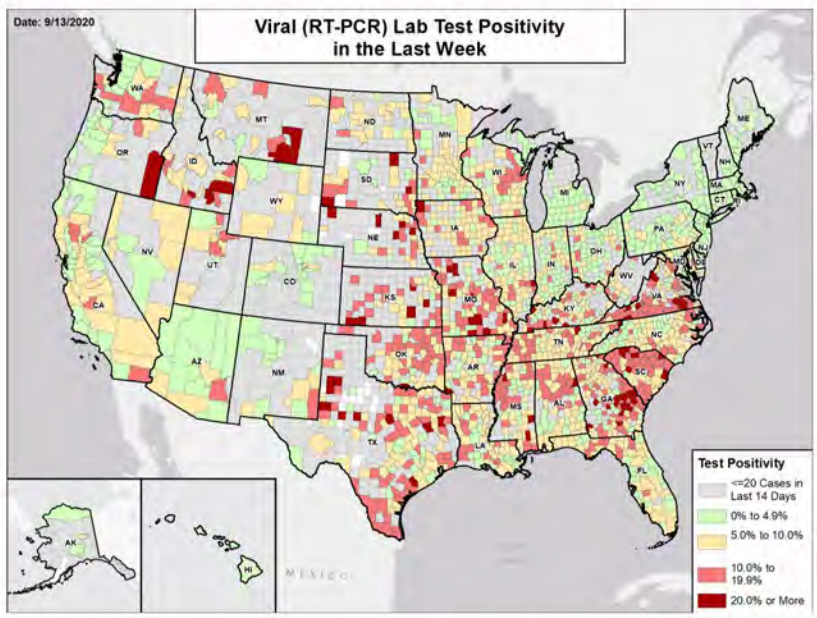
DATA SOURCES

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

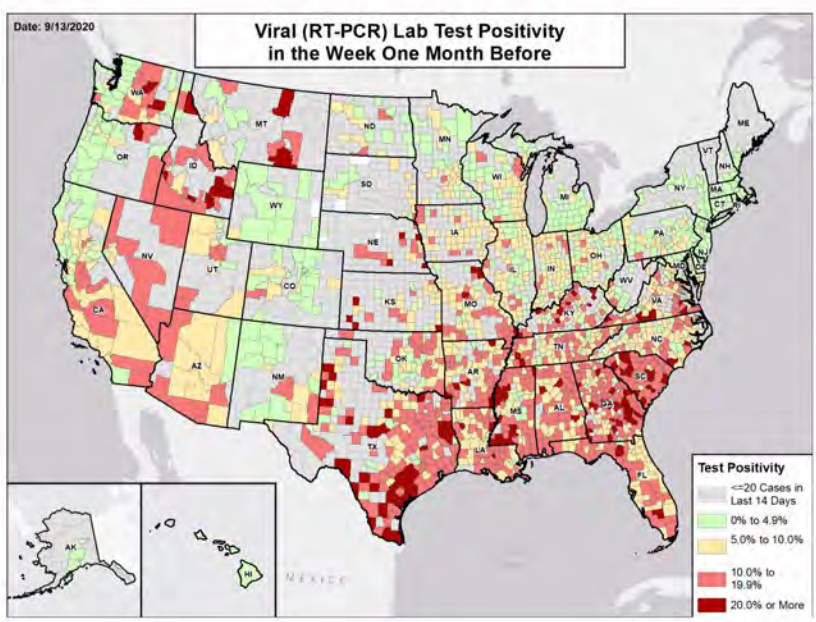
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
- **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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, 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 22nd highest rate in the country. Indiana is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 25th highest rate in the country.
- Indiana 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. Marion County, 2. St. Joseph County, and 3. Lake County. These counties represent 25.2% of new cases in Indiana. Monroe County, home of Indiana University-Bloomington, reported approximately 10% of cases for the entire state last week.
- 40% of all counties in Indiana have moderate or high levels of community transmission (yellow or red zone), with 3% having high levels of community transmission (red zone).
- Universities: At Indiana University, fraternities and sororities had up to 80% test positivity rates at one house found during mitigation testing.
- During the week of Aug 31 - Sep 6, 5% 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.
- Indiana had 84 new cases per 100,000 population in the last week, compared to a national average of 74 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 Sep 5 - Sep 11, on average, 136 patients with confirmed COVID-19 and 187 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

- Develop a plan to increase surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- Recommendations for institutions of higher education (IHE) are repeated this week given the concerning trends nationally and the need to intensify efforts to control COVID-19 at IHE. The ongoing efforts at Indiana's IHE to address these concerns are noted and are commended.
- 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. Purdue University's plan is commended. Testing data available on the Indiana University's dashboard lags, making interpretation of trends difficult.
- University students with or exposed to COVID-19 must have access to isolation, quarantine, and care sites on or near campus and should not be returned home to multigenerational households where additional transmission could occur. To safely allow for some to quarantine at home, some universities use case managers to ensure that students do not have coronavirus-vulnerable people living at home, do have safe places to stay away from others, and do not need to take flights or other public transportation to get home before release for home quarantine; this is a best practice.
- 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 must work with various student leaders and campus media to support compliance with recommendations.
- 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.
- Consider utilizing focused wastewater surveillance to detect cases early and direct diagnostic testing and public health interventions, as is being piloted at multiple universities in other states.
- 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.
- Support local authorities in outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy as well as other limitations on student patronage; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus events.
- Support a uniform case-reporting process for IHE and reporting of this data on public-facing dashboards.
- 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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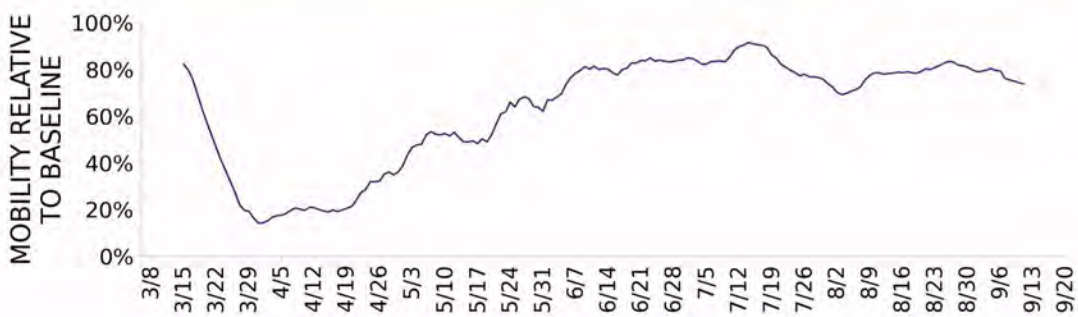
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	5,687 (84)	-14.1%	41,661 (79)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.7%	+0.5%*	5.0%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	116,254** (1,727)	-26.3%**	979,317** (1,864)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	71 (1)	-1.4%	556 (1)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	5% (16%)	-2%* (+2%*)	7% (16%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+0%*	3%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

INDIANA

STATE REPORT | 09.13.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**2**	Connersville Peru	**19**	Indianapolis-Carmel-Anderson Chicago-Naperville-Elgin South Bend-Mishawaka Fort Wayne Bloomington Evansville Terre Haute Louisville/Jefferson County Muncie Elkhart-Goshen Richmond Marion
COUNTY LAST WEEK	**3**	Monroe Fayette Miami	**34**	Marion St. Joseph Lake Allen Hamilton Delaware Elkhart Vigo Vanderburgh Wayne Grant Hendricks

All Yellow CBSAs: Indianapolis-Carmel-Anderson, Chicago-Naperville-Elgin, South Bend-Mishawaka, Fort Wayne, Bloomington, Evansville, Terre Haute, Louisville/Jefferson County, Muncie, Elkhart-Goshen, Richmond, Marion, Warsaw, Michigan City-La Porte, Washington, New Castle, Cincinnati, Auburn, Angola

All Yellow Counties: Marion, St. Joseph, Lake, Allen, Hamilton, Delaware, Elkhart, Vigo, Vanderburgh, Wayne, Grant, Hendricks, Clark, Madison, Warrick, Kosciusko, LaPorte, Floyd, Daviess, Henry, DeKalb, Steuben, Gibson, Randolph, Putnam, Sullivan, Martin, Jasper, Clay, Posey, Tipton, Vermillion, Crawford, Blackford

*** 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 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

INDIANA

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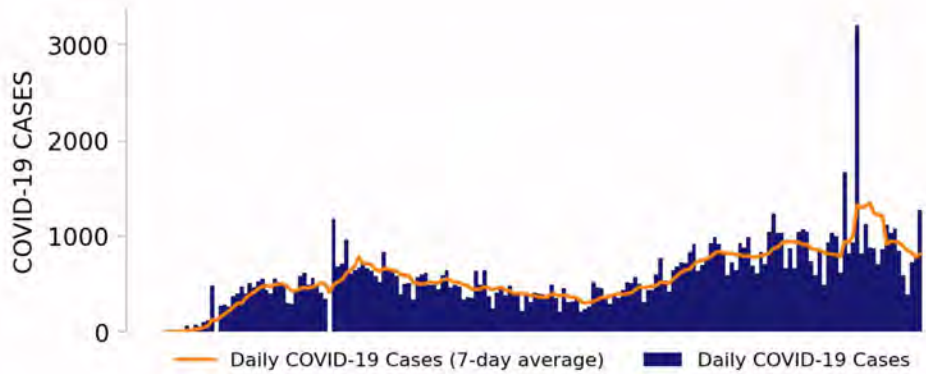
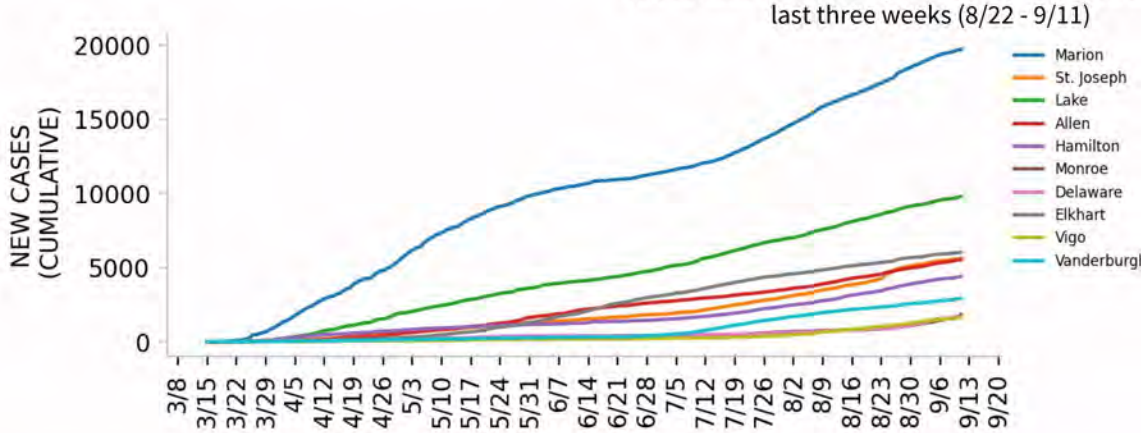
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



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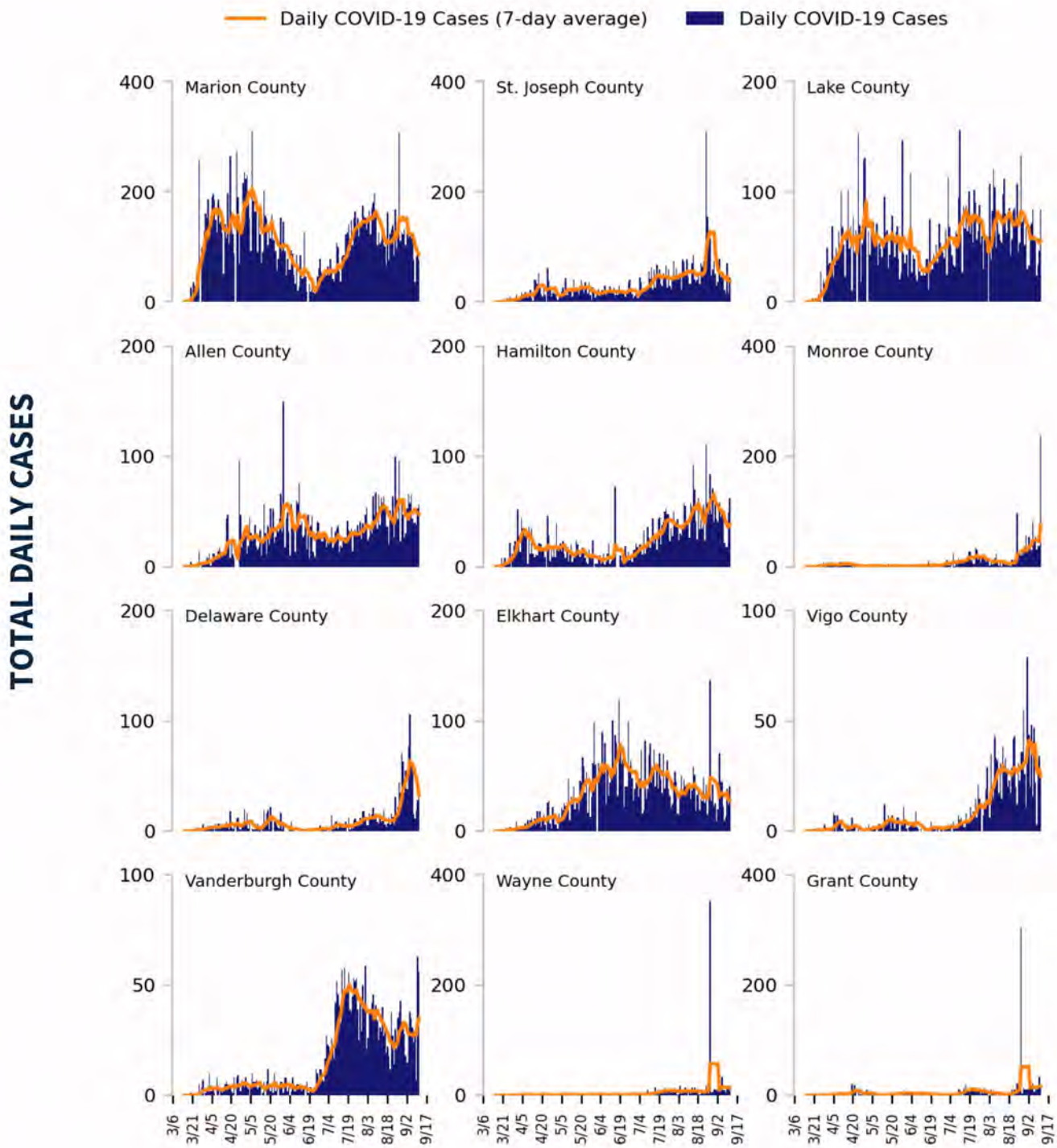
Top 12 counties based on number of new cases in the last 3 weeks



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INDIANA

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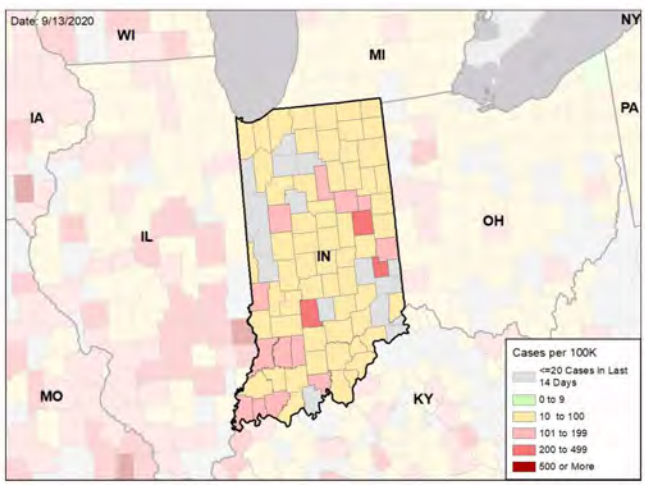
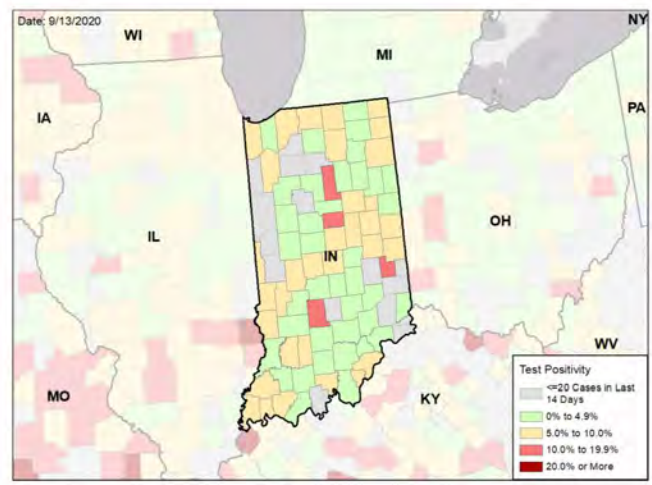
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

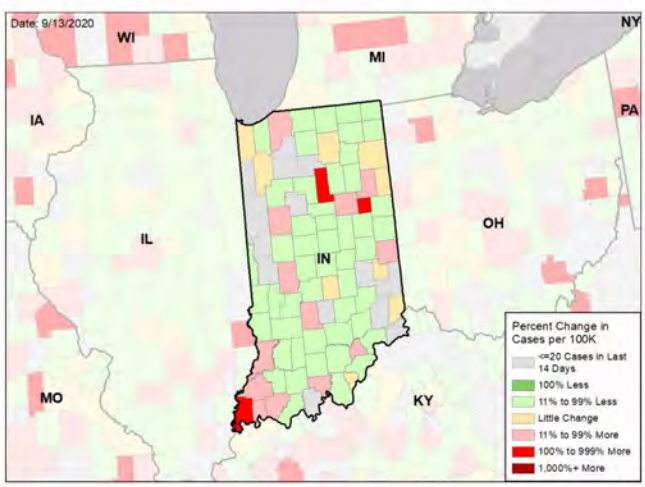
NEW CASES PER 100,000 DURING THE LAST WEEK



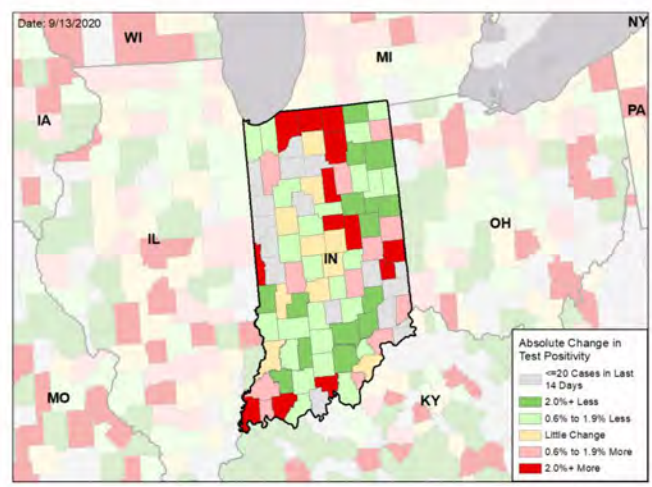
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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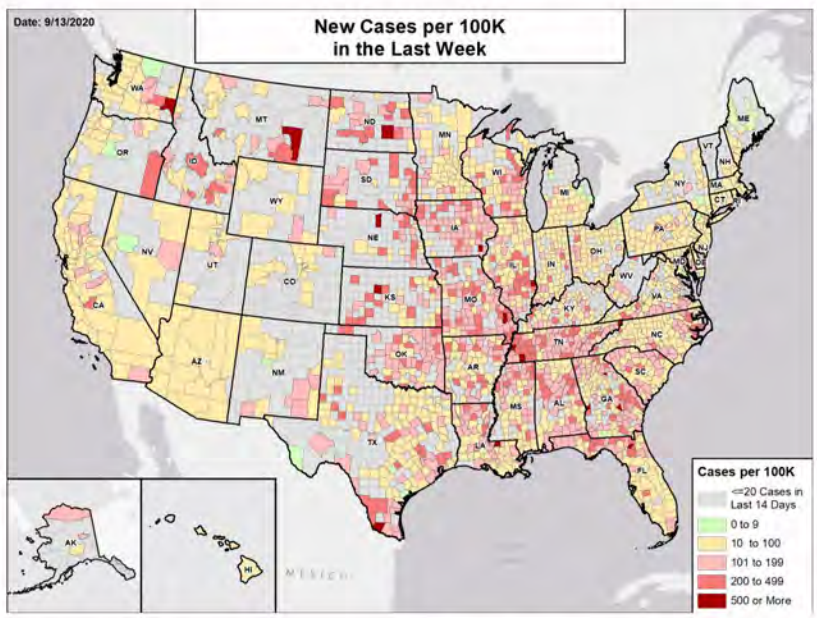
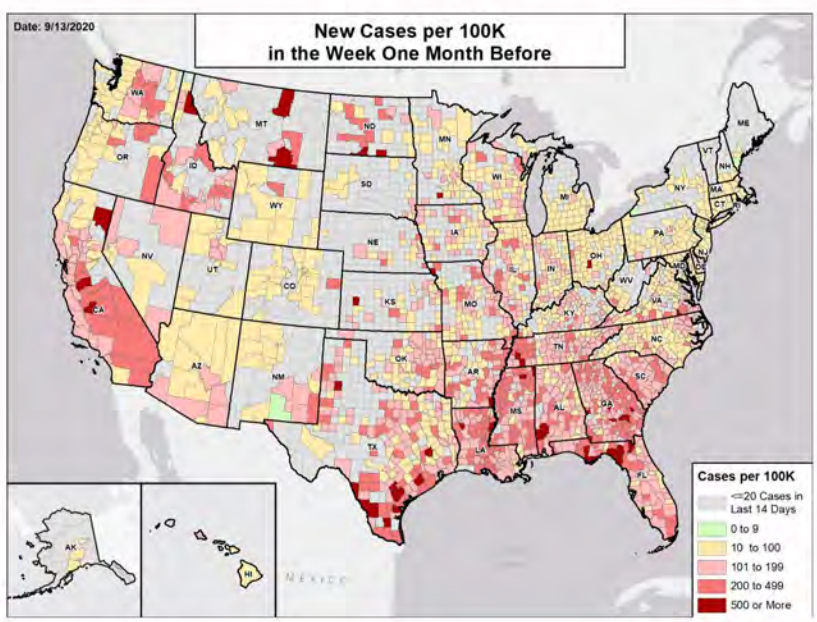
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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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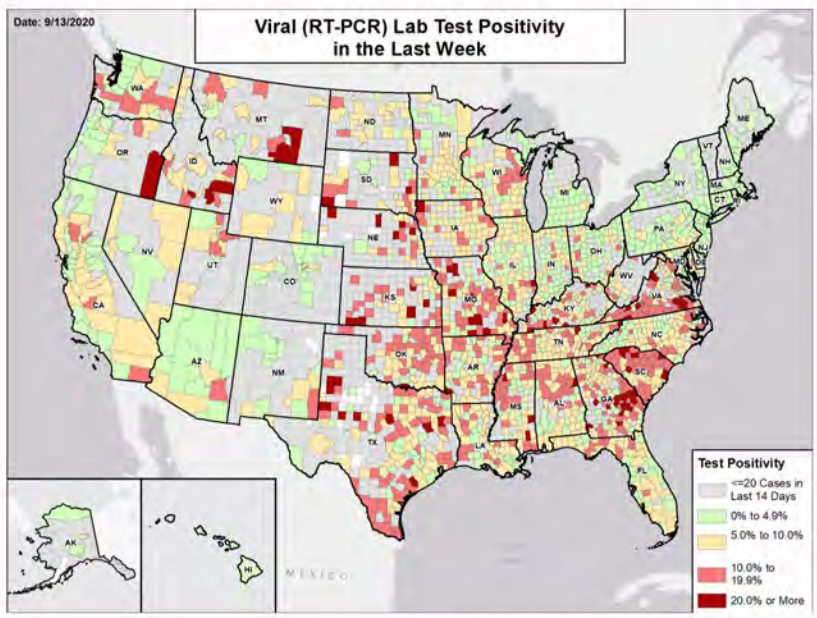
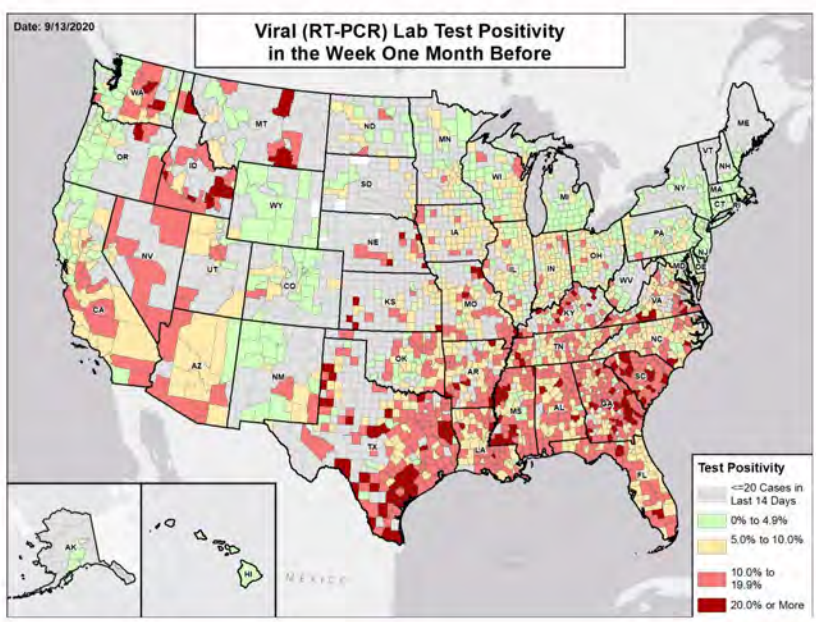
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
- **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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.

STATE REPORT
09.13.2020

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 yellow zone for test positivity, indicating a rate between 5% and 10%, with the 16th highest rate in the country.
- Iowa 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. Polk County, 2. Johnson County, and 3. Story County. These counties represent 38.3% of new cases in Iowa.
- 63% of all counties in Iowa 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 31 - Sep 6, 7% of nursing homes had at least one new resident COVID-19 case, 16% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death.
- Iowa had 151 new cases per 100,000 population in the last week, compared to a national average of 74 per 100,000.
- Between Sep 5 - Sep 11, on average, 45 patients with confirmed COVID-19 and 36 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

- Establish a statewide mask mandate. COVID-19 is being brought into nursing homes through community transmission. Review and improve infection control practices at nursing homes to stop the introduction of COVID-19. Arkansas is a great example in the Heartland where statewide transmission has decreased through mask usage.
- In areas with ongoing high levels of transmission (red and yellow zones), use standard metrics to determine school learning options and capacity limits for bars and indoor dining.
- Develop a plan for increased surveillance of silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- In university settings, use wastewater surveillance across campus to identify areas with high viral load for targeted testing. Work with student leaders, including Greek organizations, to establish effective testing strategies to find cases early, prevent spread, and keep students on campus.
- Tribal Nations: Encourage the continued enforcement of social distancing and masking measures in areas of increased transmission. Continue enhanced testing activities. Continue to enhance contact tracing and ensure that cases and contacts can quarantine or isolate safely. Monitor testing data to identify additional sites of increased transmission and ensure focused public health resources for these vulnerable communities. Ensure all Tribal Nations are aware of the significant risk from asymptomatic transmission during gatherings or ceremonies.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

IOWA

STATE REPORT | 09.13.2020

	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)	4,778 (151)	-19.7%	19,048 (135)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.0%	-2.4%*	8.7%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	59,272** (1,879)	-3.4%**	177,928** (1,258)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	59 (2)	+1.7%	267 (2)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	7% (16%)	+2%* (-1%*)	8% (19%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	+0%*	3%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

IOWA

STATE REPORT | 09.13.2020

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**	Sioux City Dubuque Pella Carroll Oskaloosa	**17**	Des Moines-West Des Moines Iowa City Ames Waterloo-Cedar Falls Cedar Rapids Davenport-Moline-Rock Island Fort Dodge Clinton Omaha-Council Bluffs Fort Madison-Keokuk Burlington Mason City
COUNTY LAST WEEK	**17**	Woodbury Dubuque Marion Plymouth Sioux Henry Carroll Jasper Mahaska Delaware Chickasaw Howard	**45**	Polk Johnson Story Linn Black Hawk Scott Dallas Webster Clinton Lee Des Moines Pottawattamie

All Yellow CBSAs: Des Moines-West Des Moines, Iowa City, Ames, Waterloo-Cedar Falls, Cedar Rapids, Davenport-Moline-Rock Island, Fort Dodge, Clinton, Omaha-Council Bluffs, Fort Madison-Keokuk, Burlington, Mason City, Marshalltown, Ottumwa, Muscatine, Storm Lake, Spirit Lake

All Red Counties: Woodbury, Dubuque, Marion, Plymouth, Sioux, Henry, Carroll, Jasper, Mahaska, Delaware, Chickasaw, Howard, O'Brien, Jackson, Mitchell, Lyon, Allamakee

All Yellow Counties: Polk, Johnson, Story, Linn, Black Hawk, Scott, Dallas, Webster, Clinton, Lee, Des Moines, Pottawattamie, Warren, Cerro Gordo, Marshall, Wapello, Bremer, Crawford, Muscatine, Winneshiek, Boone, Butler, Tama, Floyd, Buena Vista, Washington, Jones, Grundy, Dickinson, Hardin, Fayette, Iowa, Cedar, Calhoun, Kossuth, Appanoose, Buchanan, Poweshiek, Wayne, Lucas, Palo Alto, Guthrie, Davis, Page, Ida

*** 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 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

IOWA

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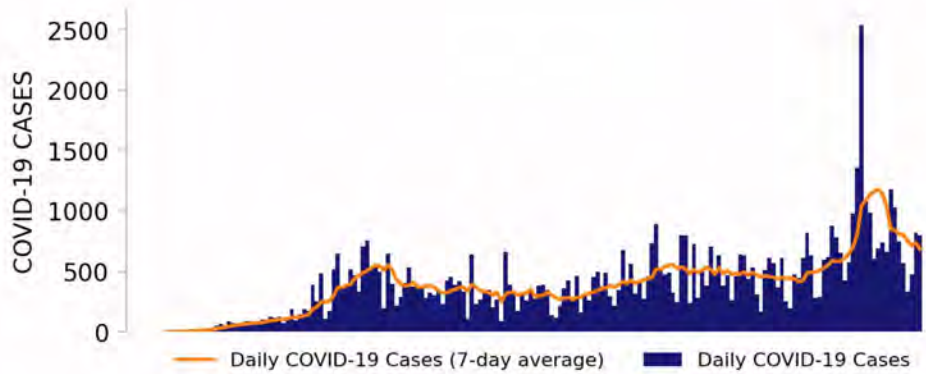
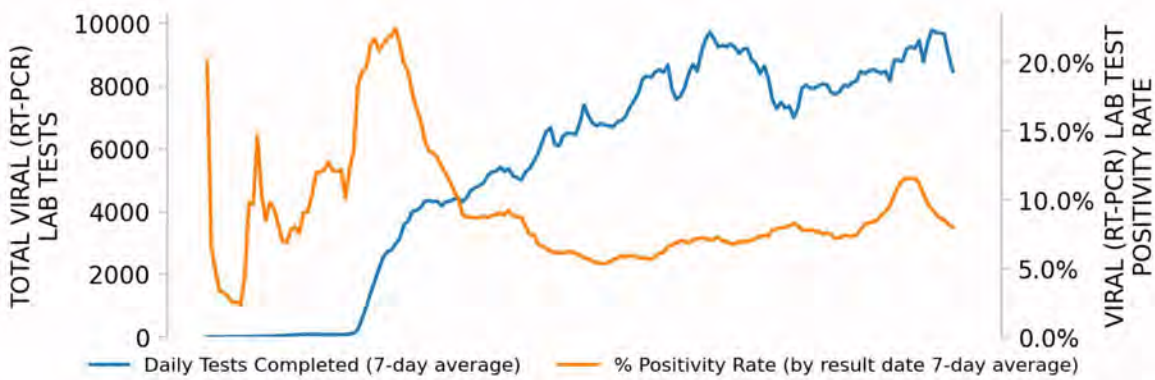
NEW CASES

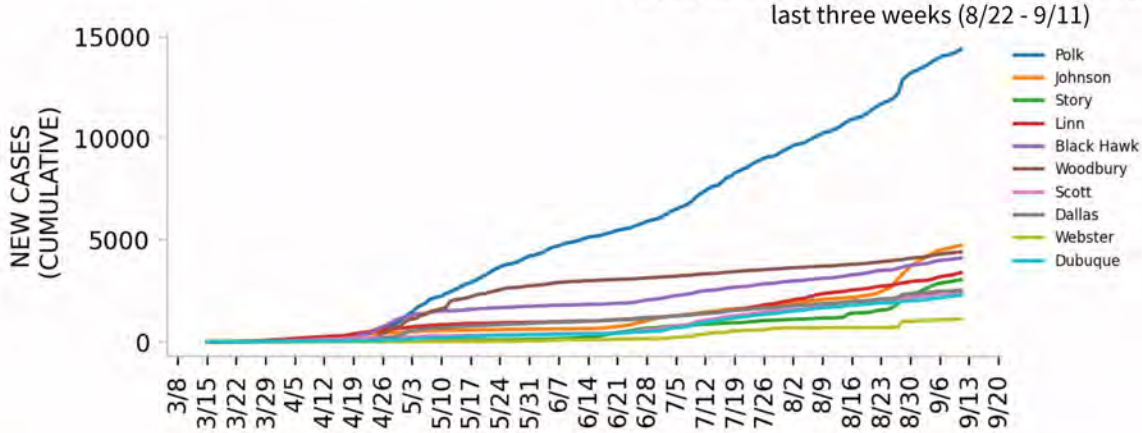


TESTING



TOP COUNTIES

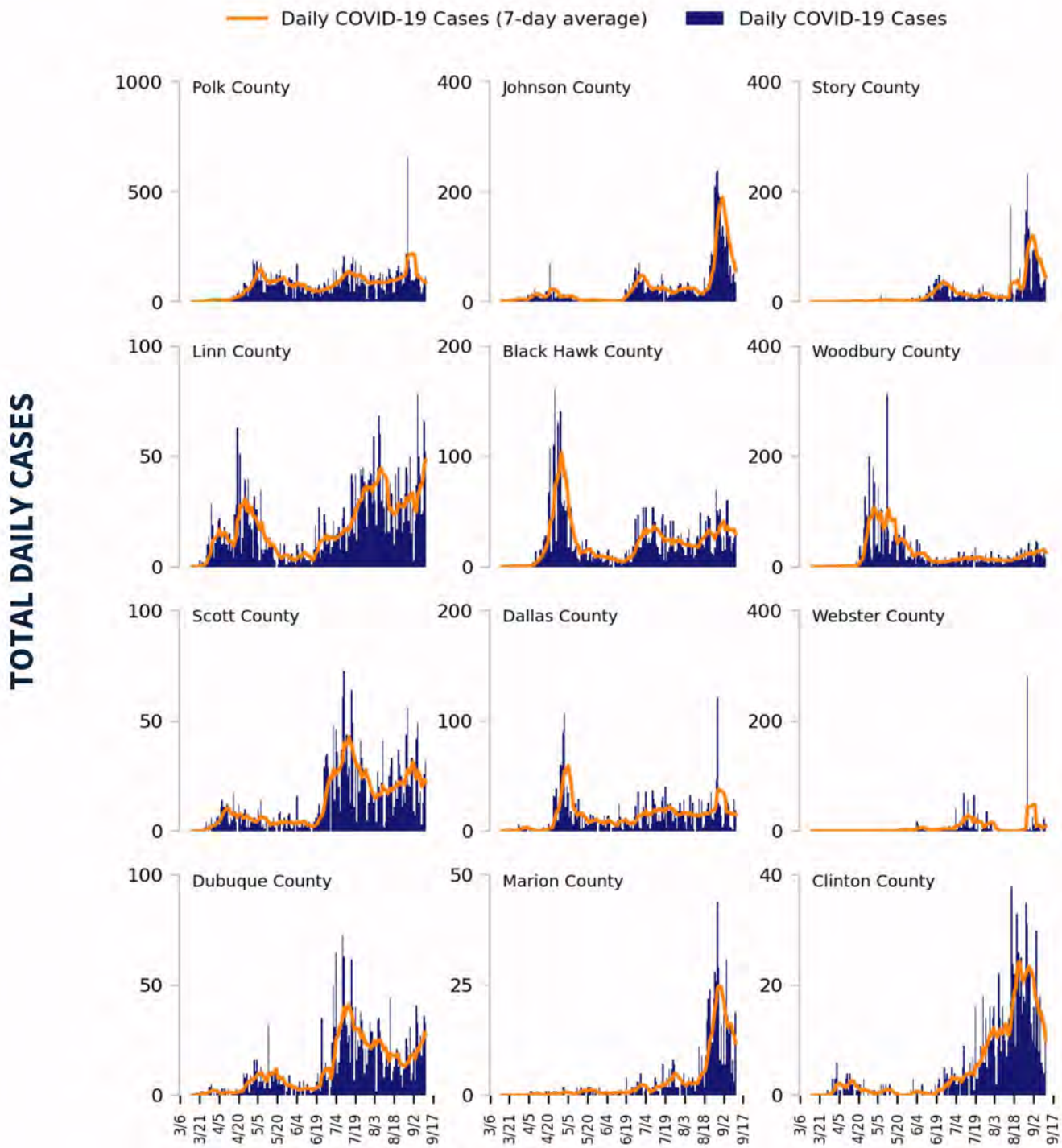
Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



DATA SOURCES – Additional data details available under METHODS

Note: 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 9/11/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020.

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



DATA SOURCES – Additional data details available under METHODS

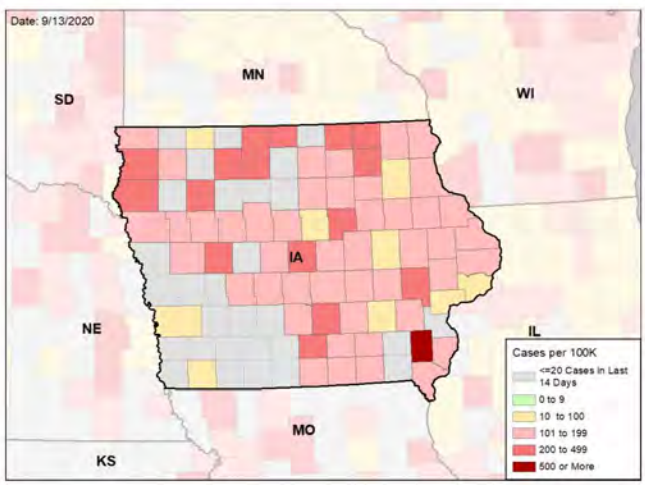
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020. Last 3 weeks is 8/22 - 9/11.

IOWA

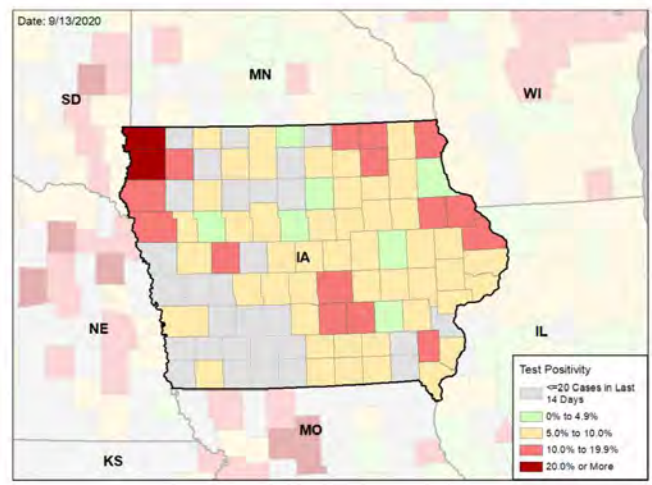
STATE REPORT | 09.13.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

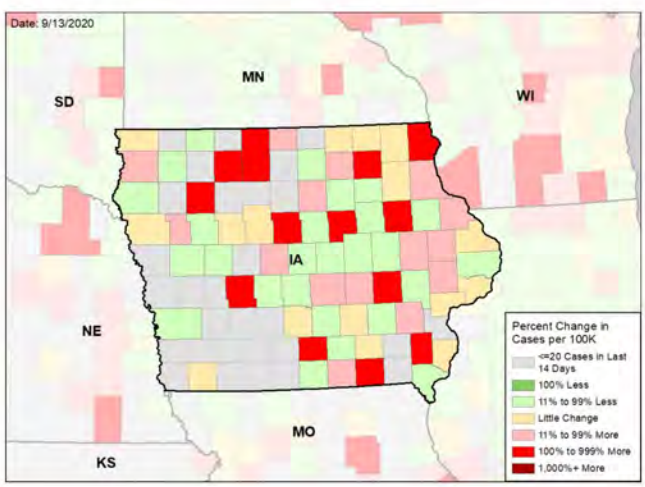
NEW CASES PER 100,000 DURING THE LAST WEEK



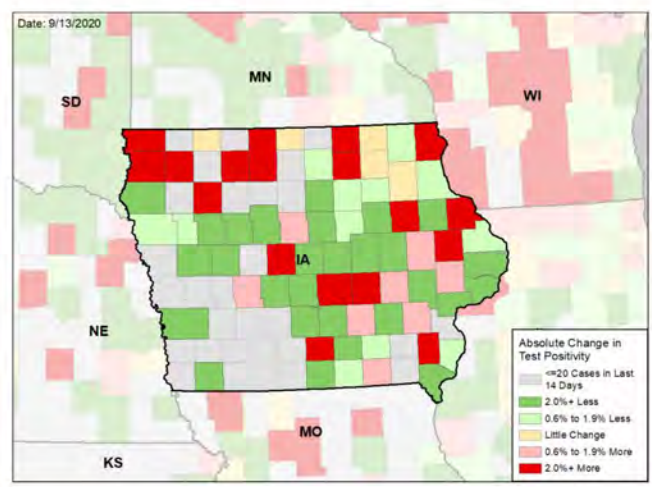
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

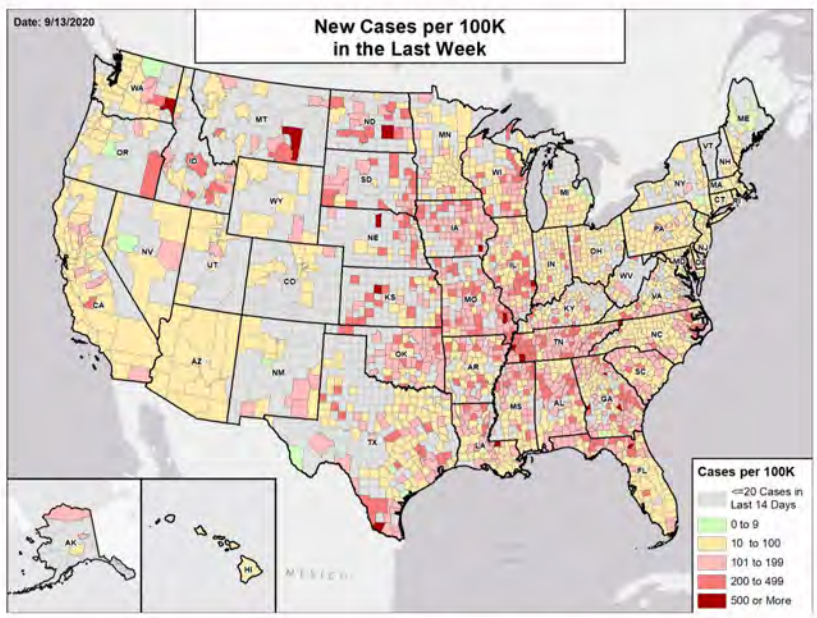
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/11/2020. Last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

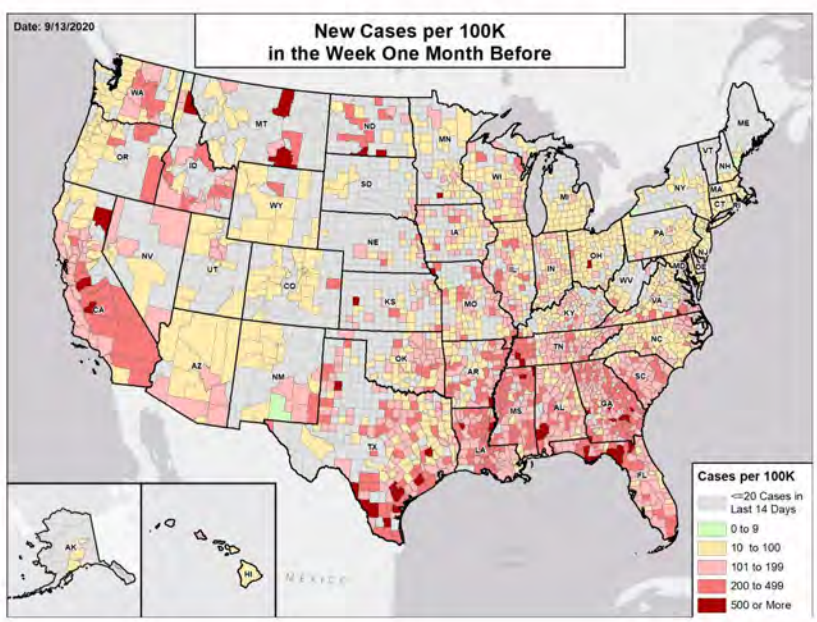
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

National Picture

NEW CASES PER 100,000 LAST WEEK



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



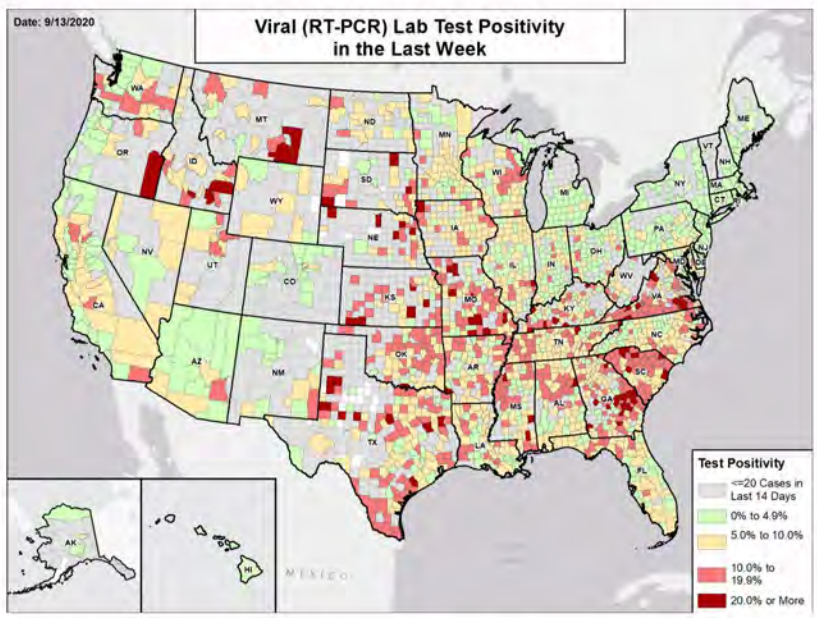
DATA SOURCES

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

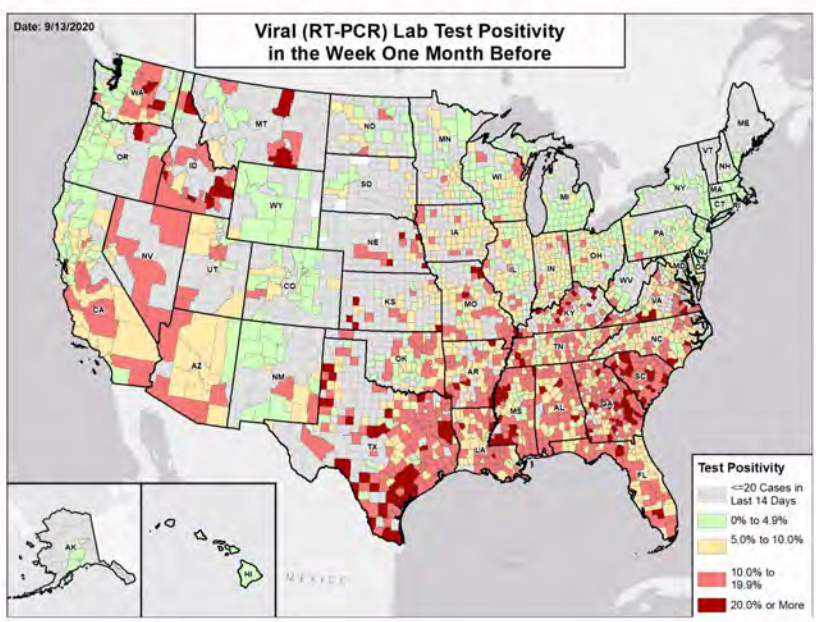
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

METHODS

STATE REPORT | 09.13.2020

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
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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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.

STATE REPORT
09.13.2020

KANSAS

SUMMARY

- Kansas is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, with the 10th 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 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. Johnson County, 2. Sedgwick County, and 3. Douglas County. These counties represent 39.2% of new cases in Kansas.
- 37% of all counties in Kansas 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 31 - Sep 6, 6% of nursing homes had at least one new resident COVID-19 case, 16% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death.
- Kansas had 113 new cases per 100,000 population in the last week, compared to a national average of 74 per 100,000.
- Between Sep 5 - Sep 11, on average, 36 patients with confirmed COVID-19 and 54 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Kansas. An average of 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

- Although cases and test positivity have decreased overall, there are more counties with ongoing moderate or high levels of transmission. Work with local communities to improve compliance to mitigation efforts.
- COVID-19 is being brought into nursing homes through community transmission. Review and improve infection control practices at nursing homes to stop the introduction of COVID-19.
- In areas with ongoing high levels of transmission (red and yellow zones), use standard metrics to determine school learning options and capacity limits for bars and indoor dining.
- Develop a plan for increased surveillance of silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- In university settings, use wastewater surveillance across campus to identify areas with high viral load for targeted testing. Work with student leaders, including Greek organizations, to establish effective testing strategies to find cases early, prevent spread, and keep students on campus.
- Tribal Nations: Encourage the continued enforcement of social distancing and masking measures in areas of increased transmission. Continue enhanced testing activities. Continue to enhance contact tracing and ensure that cases and contacts can quarantine or isolate safely. Monitor testing data to identify additional sites of increased transmission and ensure focused public health resources for these vulnerable communities. Ensure all Tribal Nations are aware of the significant risk from asymptomatic transmission during gatherings or ceremonies.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

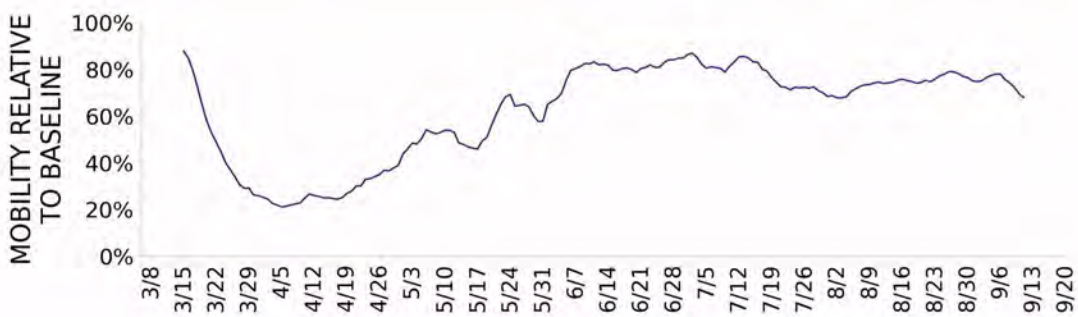
COVID-19

KANSAS

STATE REPORT | 09.13.2020

	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)	3,293 (113)	-23.3%	19,048 (135)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.1%	-0.9%*	8.7%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	38,797** (1,332)	-14.2%**	177,928** (1,258)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	32 (1)	-8.6%	267 (2)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	6% (16%)	+2%* (+3%*)	8% (19%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	+1%*	3%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

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	**7**	Manhattan Hays Pittsburg Dodge City Liberal Great Bend St. Joseph	**11**	Kansas City Wichita Lawrence Topeka Hutchinson Emporia Atchison Salina Garden City Coffeyville McPherson
COUNTY LAST WEEK	**19**	Riley Ellis Crawford Butler Ford Cherokee Seward Barton Miami Geary Finney Ness	**20**	Johnson Sedgwick Douglas Wyandotte Shawnee Reno Leavenworth Pawnee Lyon Atchison Saline Montgomery

All Red Counties: Riley, Ellis, Crawford, Butler, Ford, Cherokee, Seward, Barton, Miami, Geary, Finney, Ness, Stevens, Doniphan, Russell, Meade, Coffey, Thomas, Phillips

All Yellow Counties: Johnson, Sedgwick, Douglas, Wyandotte, Shawnee, Reno, Leavenworth, Pawnee, Lyon, Atchison, Saline, Montgomery, McPherson, Pottawatomie, Harvey, Sumner, Jefferson, Neosho, Bourbon, Stafford

*** 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 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

KANSAS

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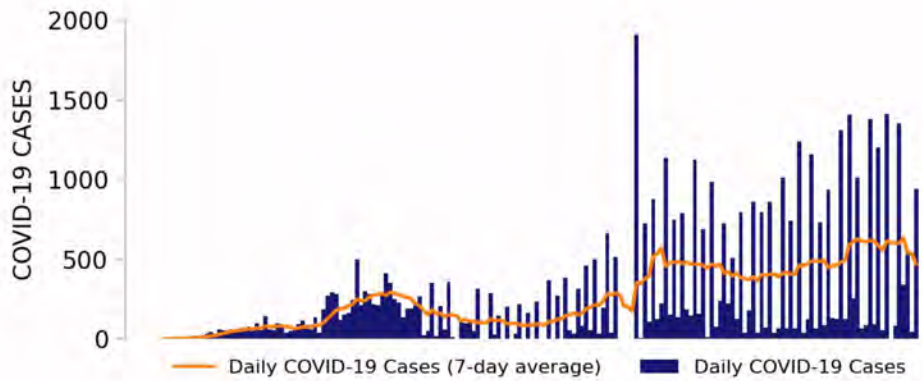
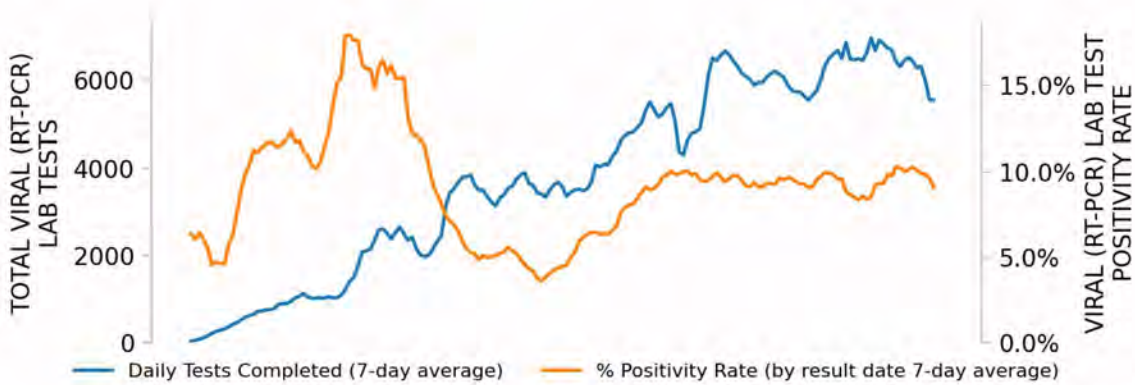
NEW CASES

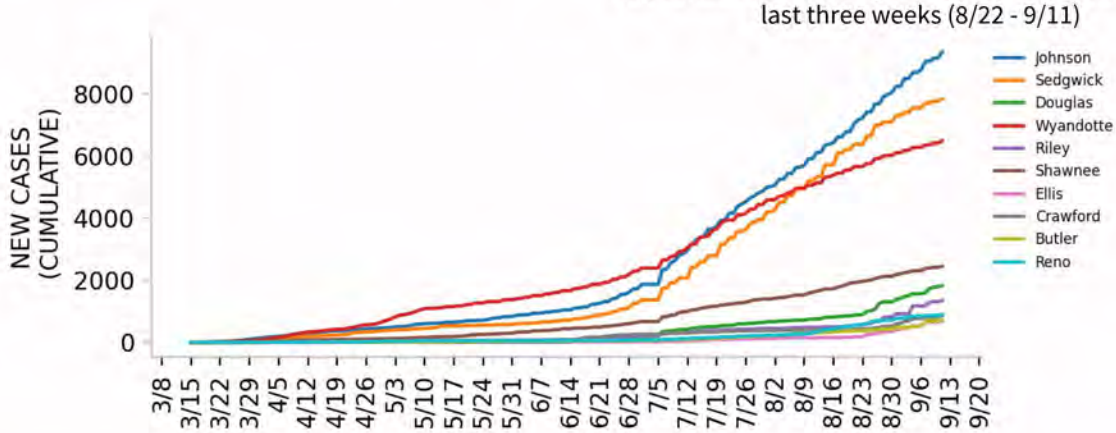


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



DATA SOURCES – Additional data details available under METHODS

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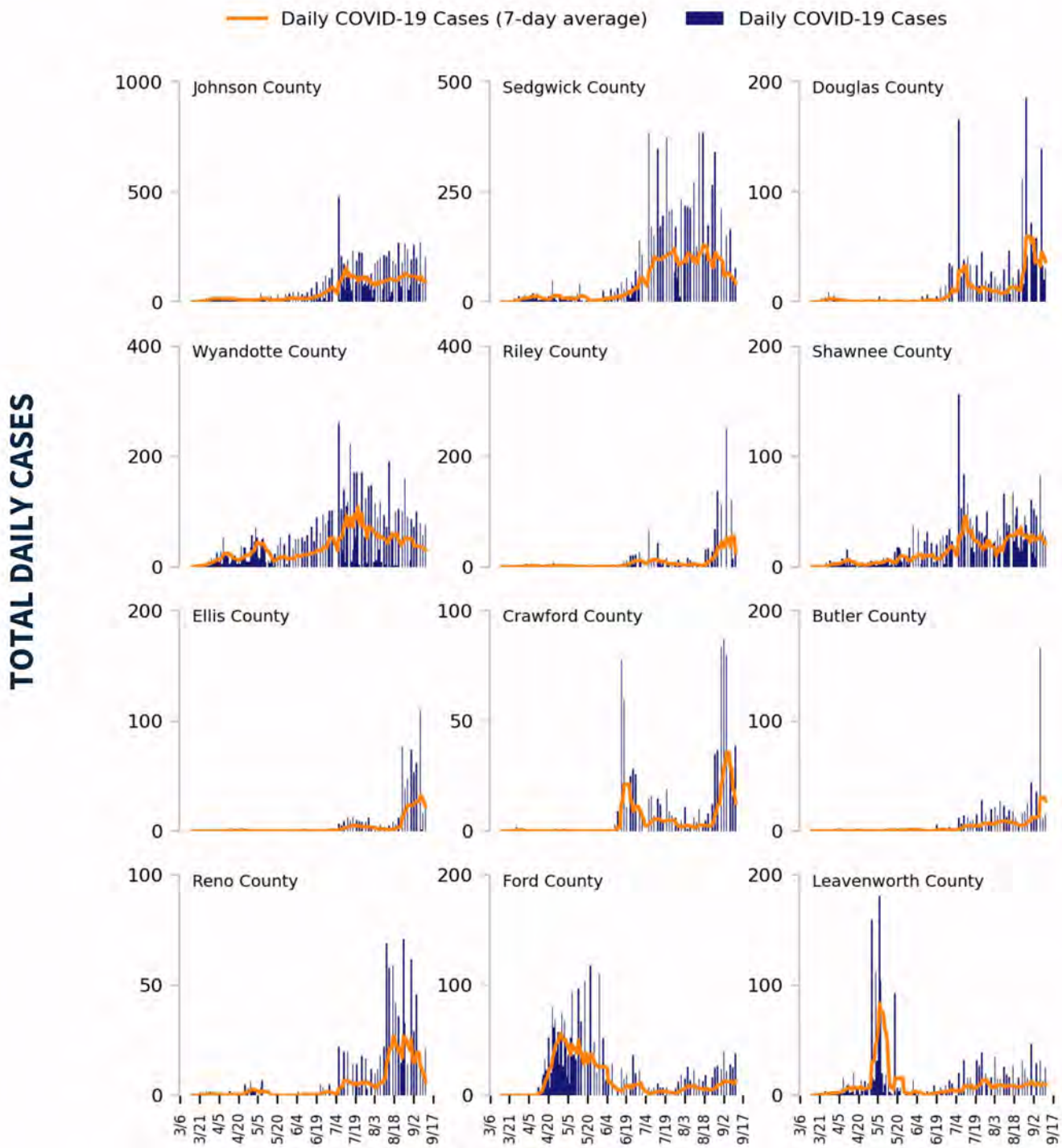
Top 12 counties based on number of new cases in the last 3 weeks



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KANSAS

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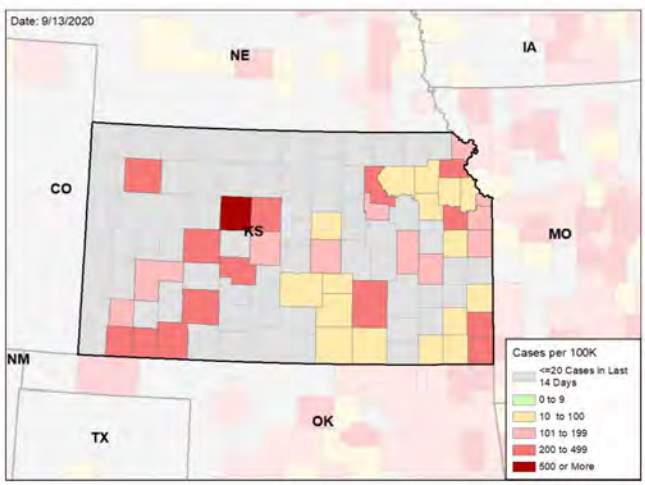
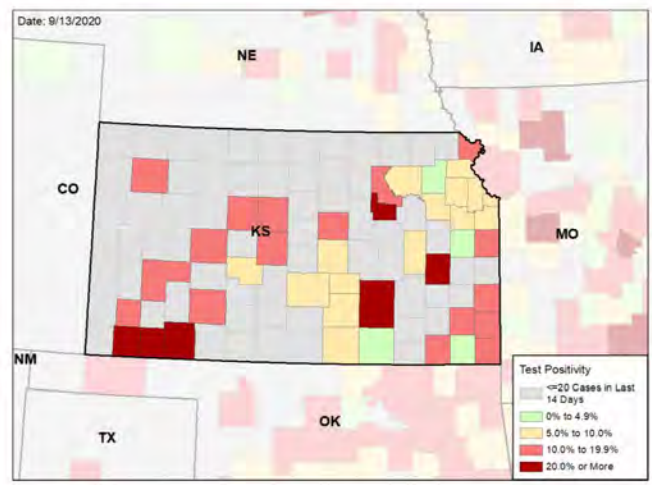
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

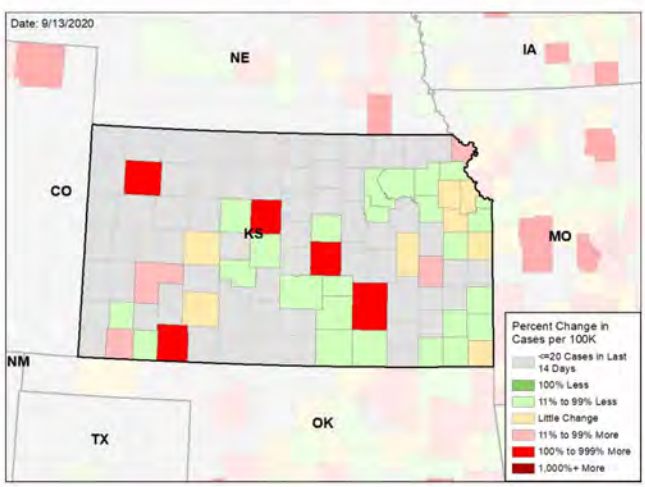
NEW CASES PER 100,000 DURING THE LAST WEEK



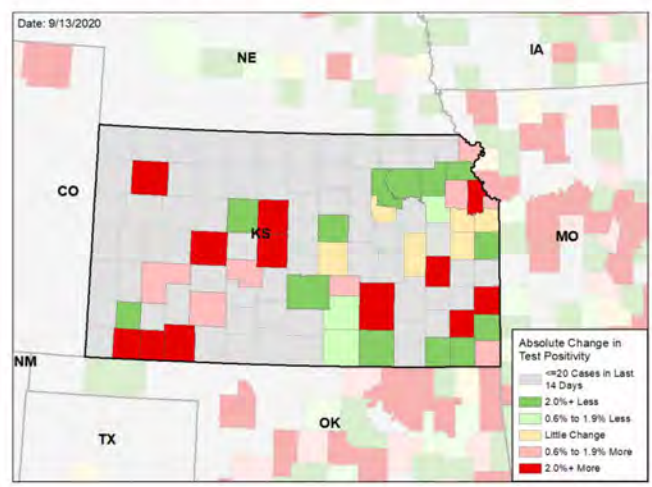
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



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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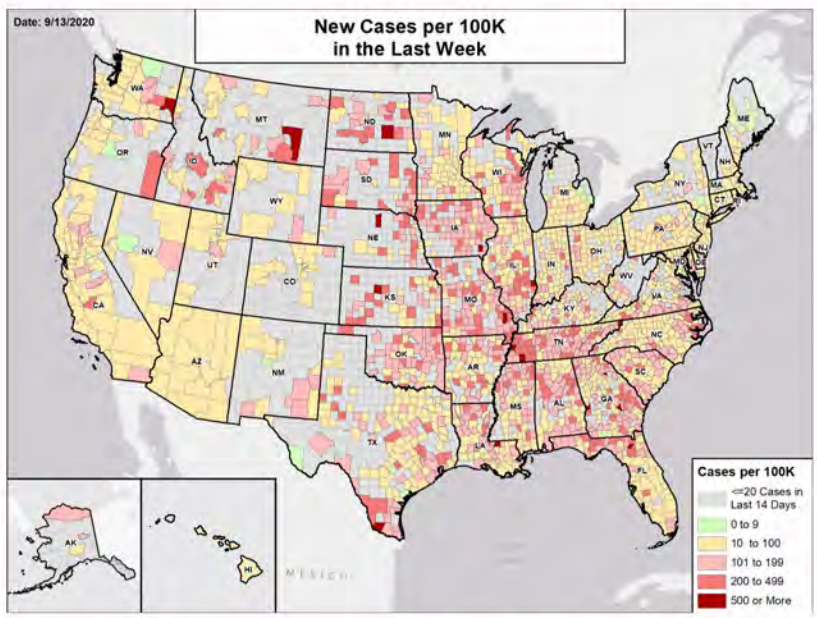
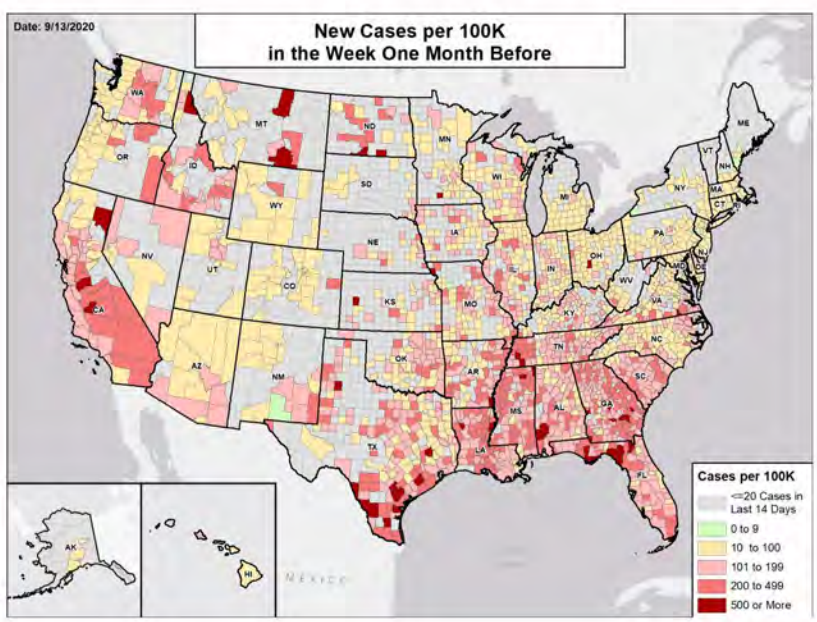
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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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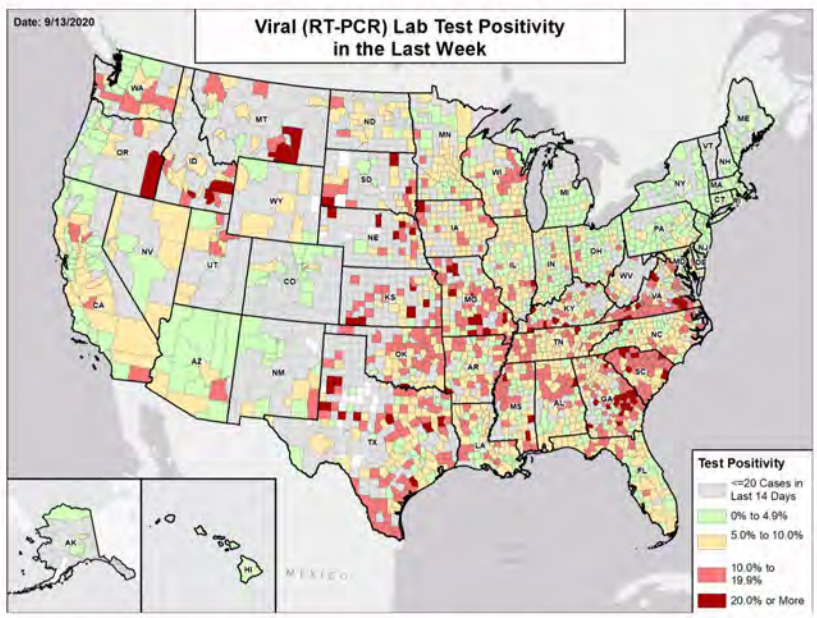
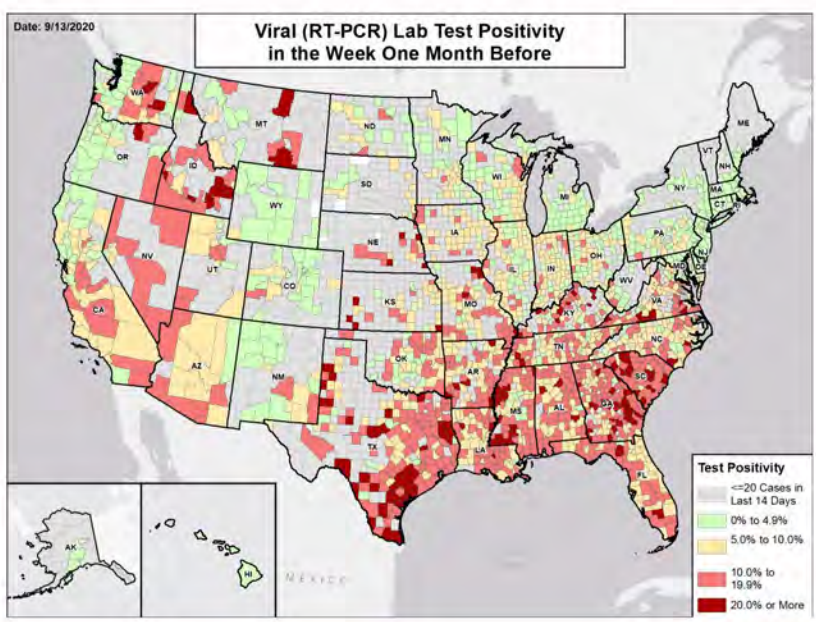
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
- **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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.

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KENTUCKY

SUMMARY

- Kentucky is in the yellow zone for cases, indicating between 10 and 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 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. Jefferson County, 2. Fayette County, and 3. Warren County. These counties represent 40.0% of new cases in Kentucky.
- 48% of all counties in Kentucky have moderate or high levels of community transmission (yellow or red zone), with 11% having high levels of community transmission (red zone).
- During the week of Aug 31 - Sep 6, 10% of nursing homes had at least one new resident COVID-19 case, 20% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death.
- Kentucky had 90 new cases per 100,000 population in the last week, compared to a national average of 74 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 Sep 5 - Sep 11, on average, 307 patients with confirmed COVID-19 and 384 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Kentucky. An average of 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Applaud Kentuckians on their mask usage and all their efforts to decrease the spread of COVID-19 statewide.
- In areas with ongoing high levels of transmission (red and yellow zones), use standard metrics to determine school learning options and capacity limits for bars and indoor dining.
- Develop a plan for increased surveillance of silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- In university settings, use wastewater surveillance across campus to identify areas with high viral load for targeted testing. Work with student leaders, including Greek organizations, to establish effective testing strategies to find cases early, prevent spread, and keep students on campus.
- Although cases are decreasing across the state, there is a high percent of nursing homes with staff and residents who have COVID-19. Review and improve infection control practices at nursing homes to stop the introduction of COVID-19.
- 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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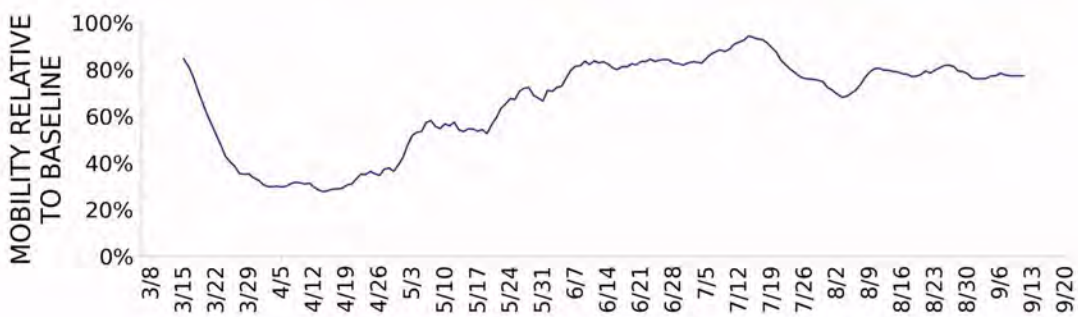
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	4,027 (90)	-18.2%	66,299 (99)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.7%	-1.6%*	7.4%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	44,560** (997)	-25.9%**	746,836** (1,116)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	57 (1)	-18.6%	1,864 (3)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	10% (20%)	-1%* (-3%*)	18% (29%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	+2%*	8%	4%

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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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	**1**	Bowling Green	**22**	Louisville/Jefferson County Lexington-Fayette Richmond-Berea Cincinnati Clarksville London Elizabethtown-Fort Knox Huntington-Ashland Owensboro Somerset Campbellsville Paducah
COUNTY LAST WEEK	**13**	Warren Christian Laurel Green Union Lewis Logan Grayson Monroe Russell Trigg Marshall	**44**	Jefferson Fayette Madison Kenton Pulaski Hardin Daviess Boone Bullitt Oldham Scott Jackson

All Yellow CBSAs: Louisville/Jefferson County, Lexington-Fayette, Richmond-Berea, Cincinnati, Clarksville, London, Elizabethtown-Fort Knox, Huntington-Ashland, Owensboro, Somerset, Campbellsville, Paducah, Frankfort, Murray, Evansville, Bardstown, Glasgow, Middlesborough, Mayfield, Mount Sterling, Maysville, Central City

All Red Counties: Warren, Christian, Laurel, Green, Union, Lewis, Logan, Grayson, Monroe, Russell, Trigg, Marshall, Livingston

All Yellow Counties: Jefferson, Fayette, Madison, Kenton, Pulaski, Hardin, Daviess, Bullitt, Boone, Oldham, Scott, Jackson, Calloway, McCracken, Henderson, Greenup, Nelson, Todd, Campbell, Boyd, Shelby, Jessamine, Barren, Bell, Harlan, Graves, Pike, McCreary, Taylor, Simpson, Crittenden, Mason, Mercer, Montgomery, Casey, Marion, Muhlenberg, Clay, Hart, Bourbon, Spencer, Wayne, Pendleton, Letcher

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

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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

KENTUCKY

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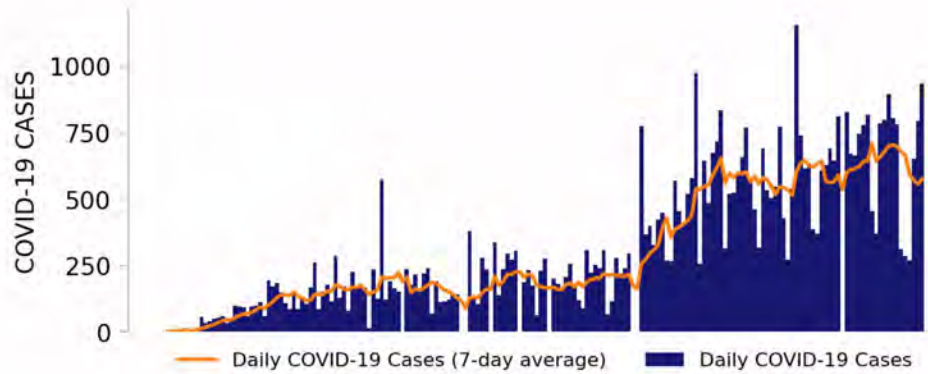
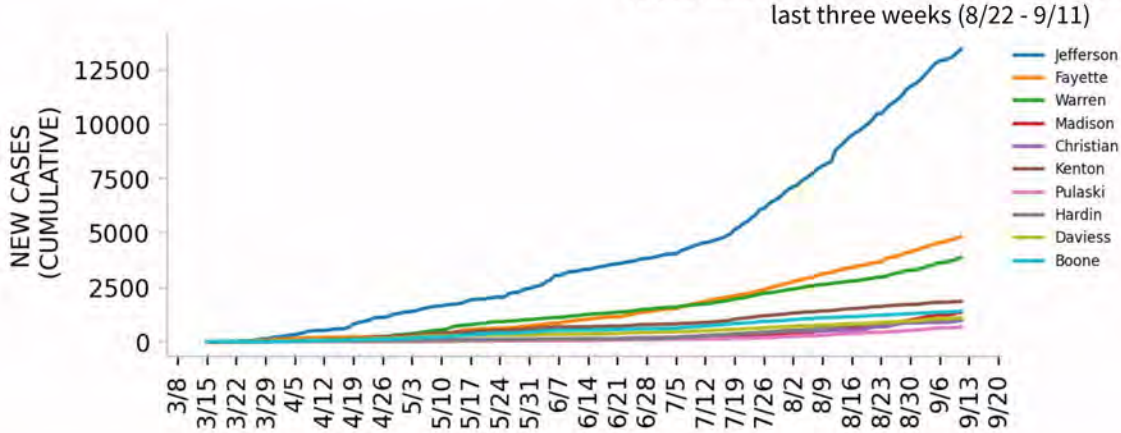
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



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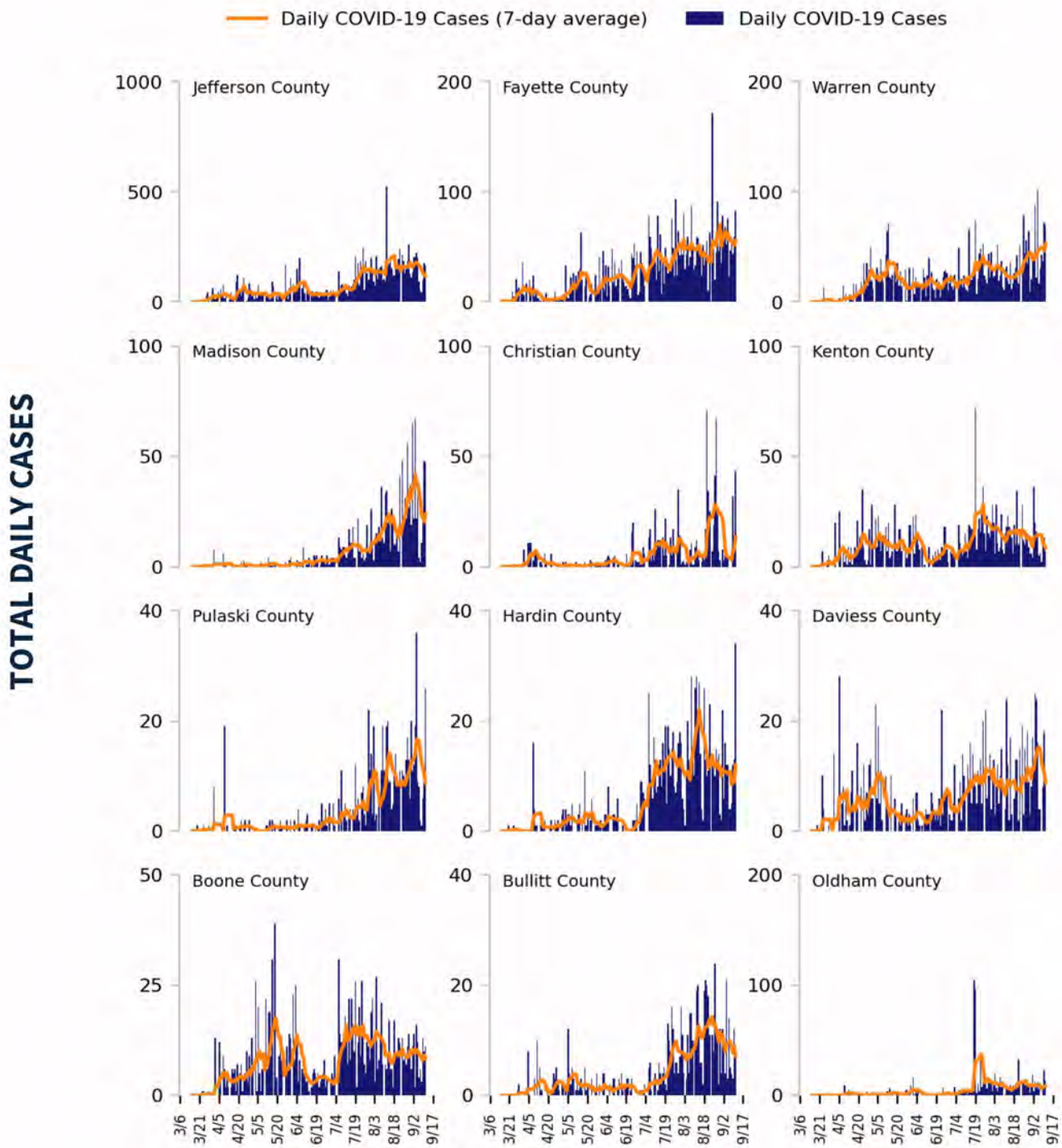

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KENTUCKY

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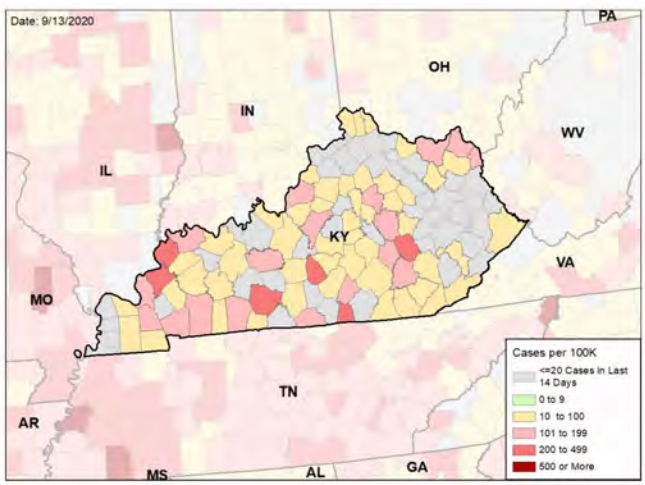
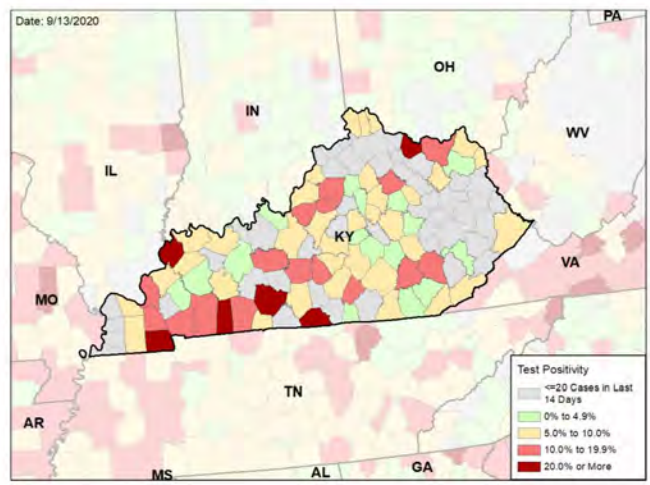
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

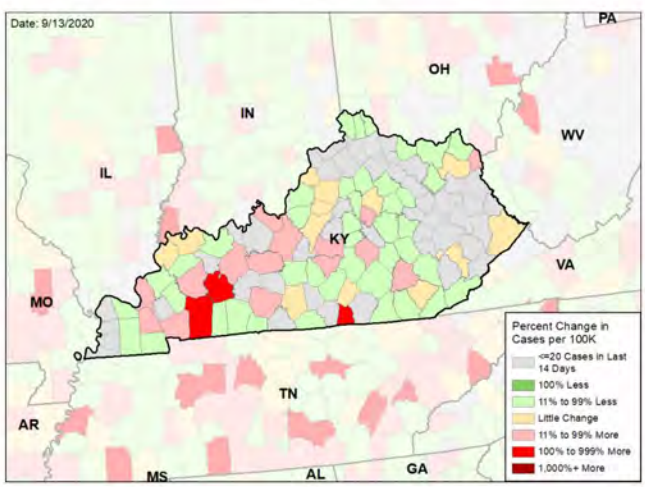
NEW CASES PER 100,000 DURING THE LAST WEEK



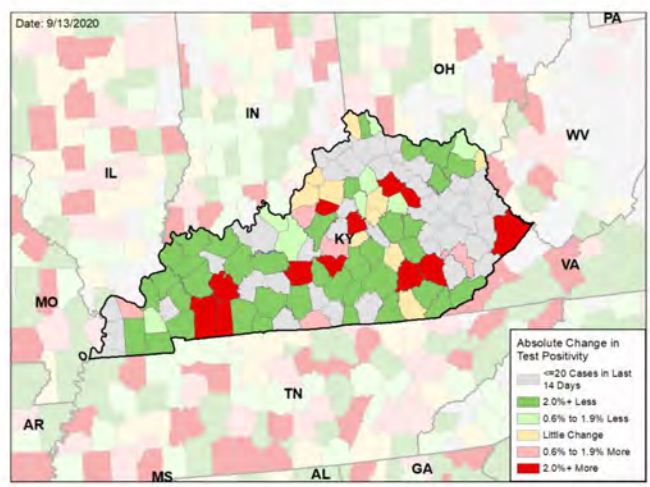
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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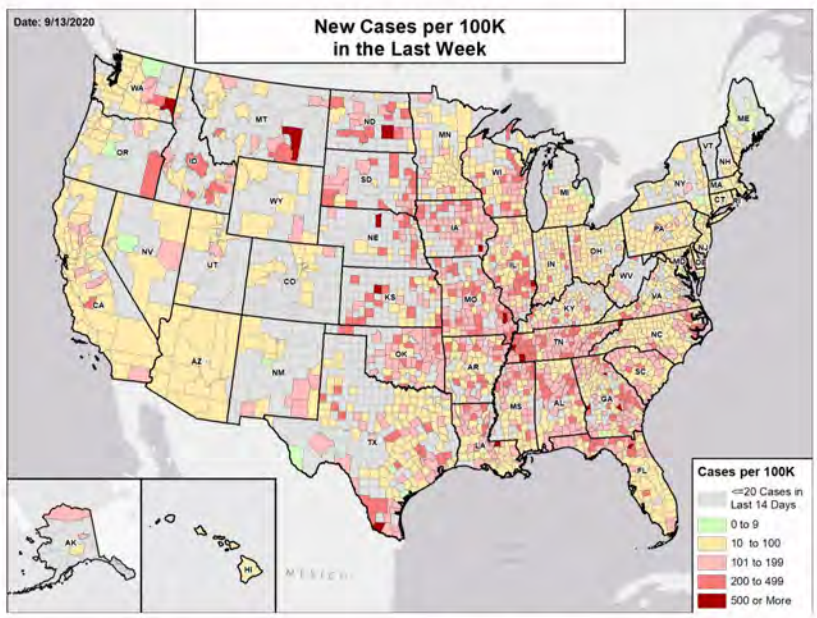
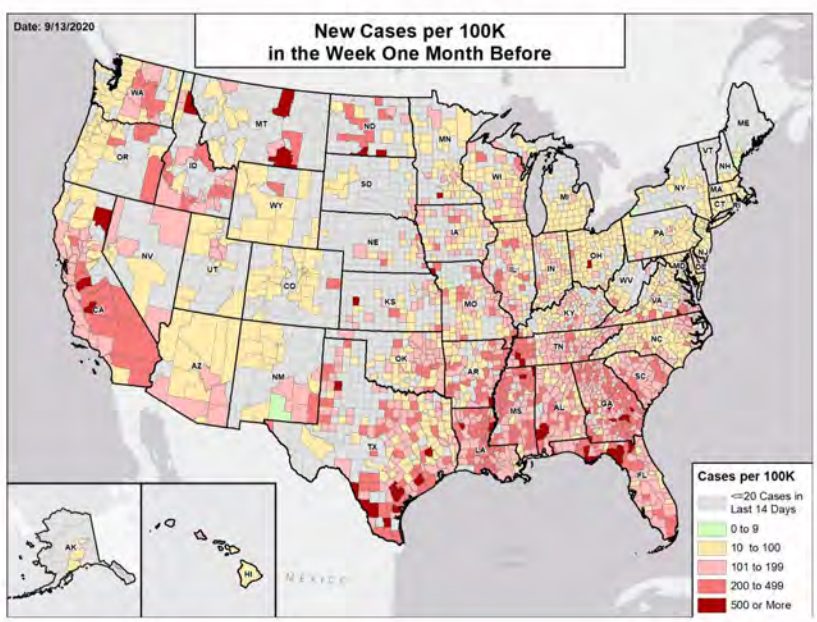
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

National Picture

NEW CASES PER 100,000 LAST WEEK



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



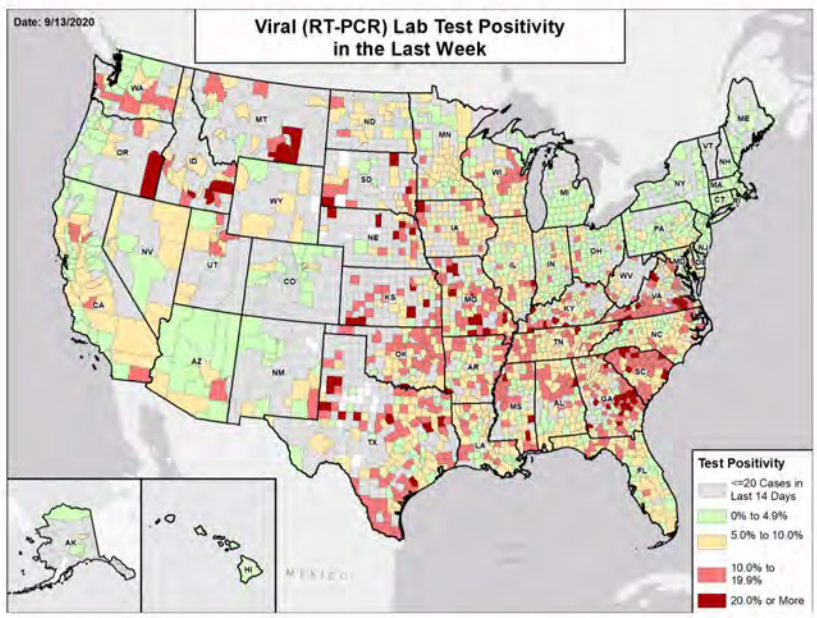
DATA SOURCES

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

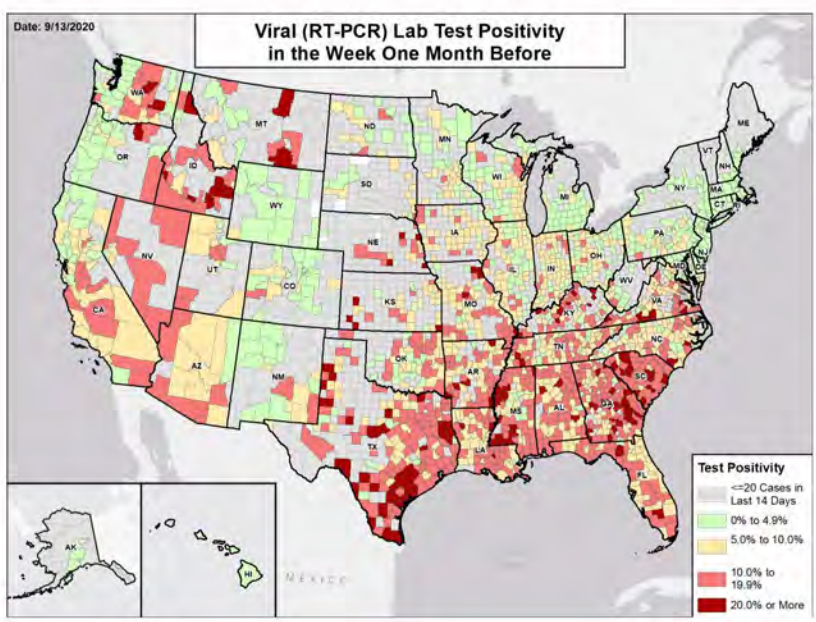
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
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STATE REPORT
09.13.2020

LOUISIANA

SUMMARY

- Louisiana is making great progress week over week. The state has gone from 47 red zone parishes to 7 red zone parishes in five weeks. Louisiana 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. Louisiana is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 24th highest rate in the country.
- Louisiana has seen stability in new cases and a decrease in test positivity over the last week.
- The following three parishes had the highest number of new cases over the last 3 weeks: 1. East Baton Rouge Parish, 2. Orleans Parish, and 3. Jefferson Parish. These parishes represent 22.3% of new cases in Louisiana.
- 69% of all parishes in Louisiana have moderate or high levels of community transmission (yellow or red zone), with 11% having high levels of community transmission (red zone).
- During the week of Aug 31 - Sep 6, 17% of nursing homes had at least one new resident COVID-19 case, 23% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death.
- Louisiana had 101 new cases per 100,000 population in the last week, compared to a national average of 74 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; 40 to support operations activities from USCG; and 5 to support medical activities from VA.
- The federal government has supported surge testing in Baton Rouge, LA and New Orleans, LA.
- Between Sep 5 - Sep 11, on average, 81 patients with confirmed COVID-19 and 90 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Louisiana. 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

- Louisiana continues to make excellent progress in sustaining the gains with continuing the strong mitigation efforts statewide and strengthening mitigation efforts in university towns to decrease spread from universities to the local community. Consider a further decrease in hours and occupancy limits in bars and restaurants in university parishes and anywhere university and college students gather.
- We are seeing gains being reversed in other states due to university spread. Louisianan universities need to increase testing and isolation to prevent spread from students to local communities and hometowns. This includes a further strengthening of detecting silent spread on campuses through routine saliva testing of students on university research platforms.
- Review all university and college plans for both rapid testing and contact tracing of symptomatic students and routine surveillance testing of students to find asymptomatic students, with 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. Ensure protection of local communities through strict mask wearing and social distancing when off campus and when around vulnerable individuals on 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.
- In preparation for fall, continue to increase testing capacity by increasing the budget and capacity of public health labs; ensure hospitals use pooled testing for elective surgeries and patients admitted without suspected COVID-19 to reserve tests for community outreach; expand outpatient testing, pooling specimens where appropriate; and utilize all university, veterinary, and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Increase surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 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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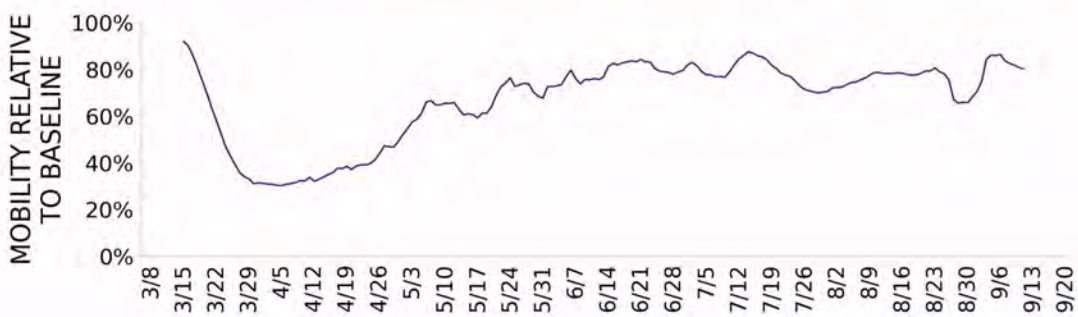
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	4,716 (101)	-9.8%	41,196 (96)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.9%	-1.0%*	7.8%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	91,513** (1,969)	+8.2%**	371,009** (869)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	160 (3)	+22.1%	1,091 (3)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	17% (23%)	-8%* (-1%*)	14% (21%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	+1%*	6%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

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	**1**	Natchitoches	**12**	Baton Rouge Lafayette Shreveport-Bossier City Monroe Houma-Thibodaux Lake Charles Hammond Bogalusa Minden Ruston Fort Polk South DeRidder
PARISH LAST WEEK	**7**	East Feliciana Jackson Claiborne Natchitoches Allen Assumption Red River	**37**	East Baton Rouge St. Tammany Caddo Lafayette Ouachita Bossier Ascension Calcasieu Tangipahoa Lafourche Livingston Evangeline

All Yellow Parishes: East Baton Rouge, St. Tammany, Caddo, Lafayette, Ouachita, Bossier, Ascension, Calcasieu, Tangipahoa, Lafourche, Livingston, Evangeline, Terrebonne, St. Martin, Avoyelles, Madison, Iberia, Washington, West Feliciana, St. Bernard, Webster, Lincoln, Vernon, Pointe Coupee, Union, Morehouse, Franklin, West Baton Rouge, Concordia, Sabine, St. Helena, Winn, Richland, Iberville, Catahoula, De Soto, Beauregard

*** 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 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

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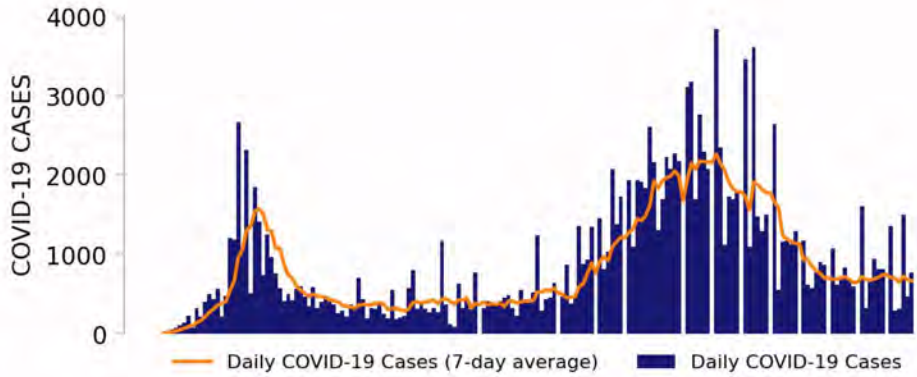
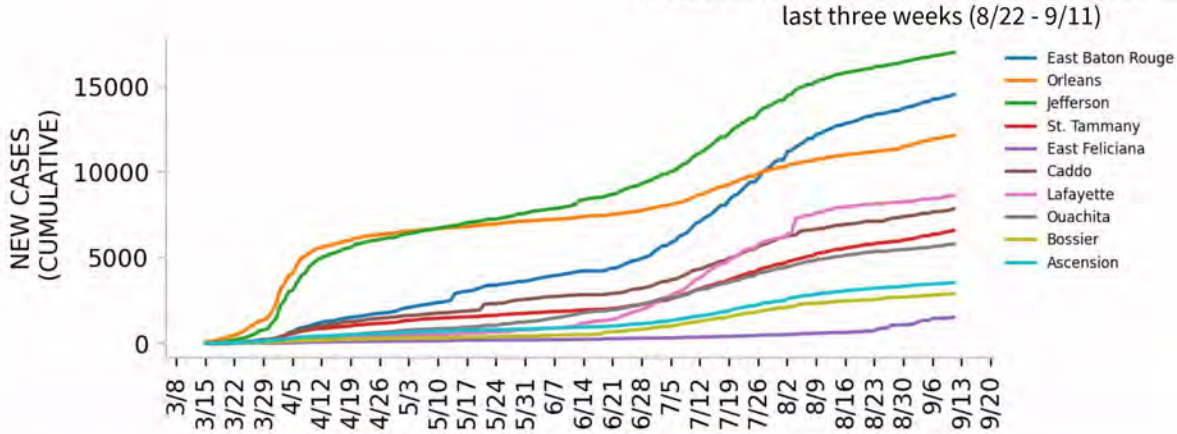
NEW CASES



TESTING

TOP PARISHES

Top parishes based on greatest number of new cases in last three weeks (8/22 - 9/11)



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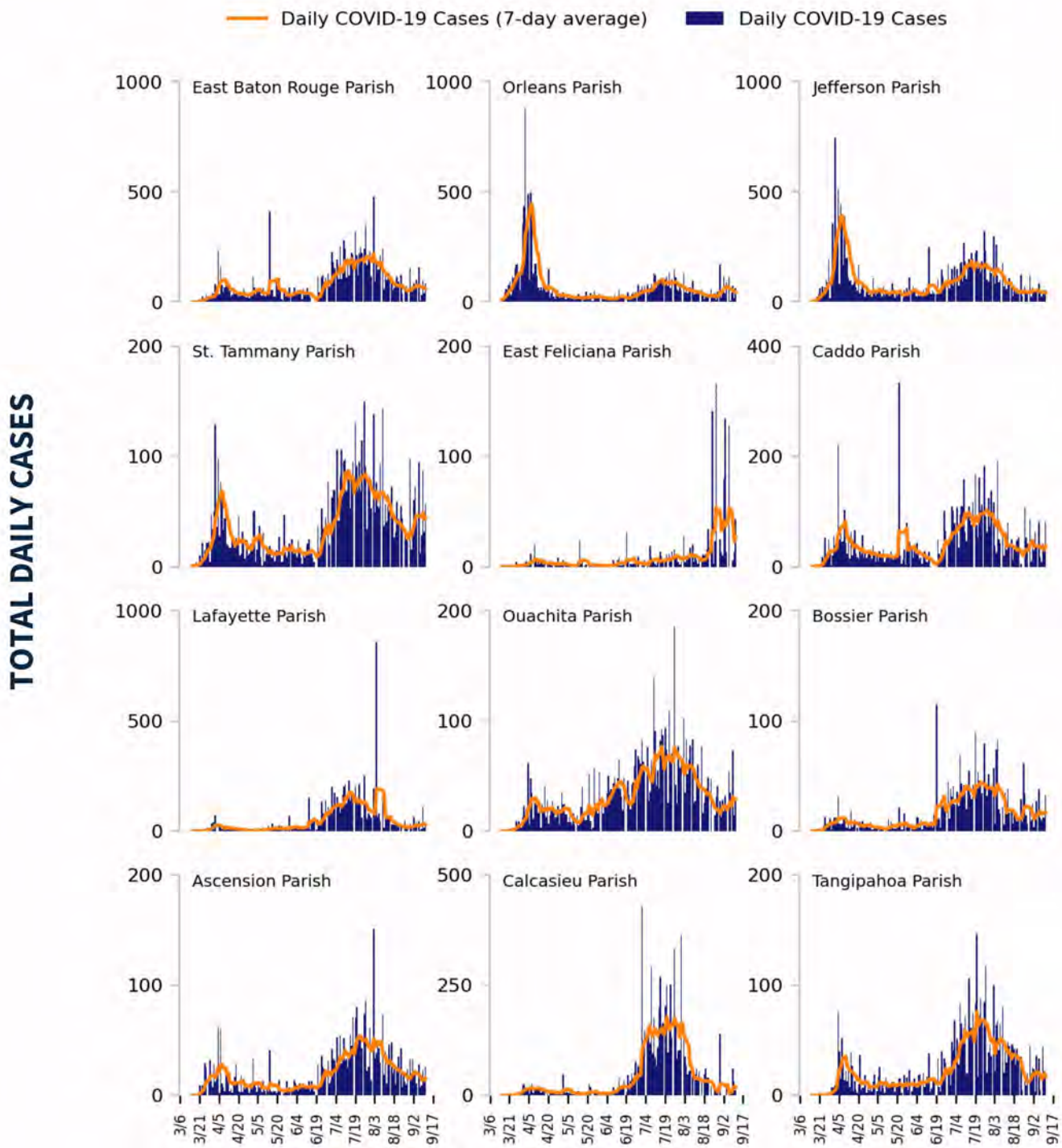
Top 12 parishes based on number of new cases in the last 3 weeks



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LOUISIANA

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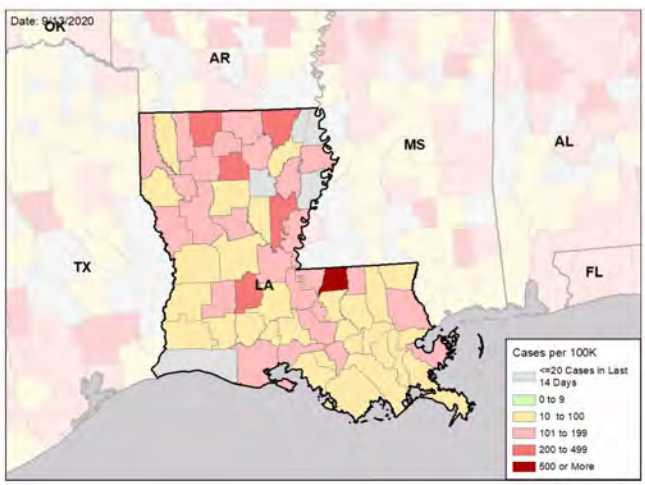
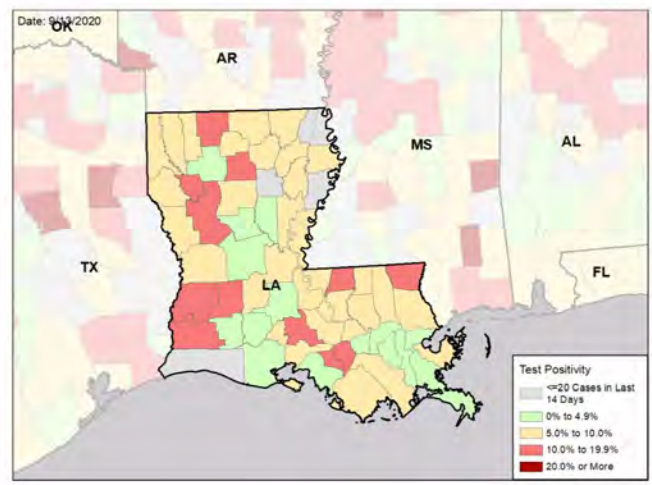
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

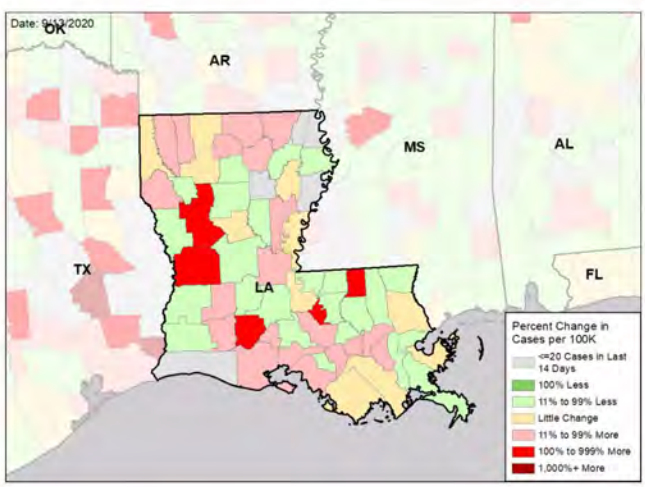
NEW CASES PER 100,000 DURING THE LAST WEEK



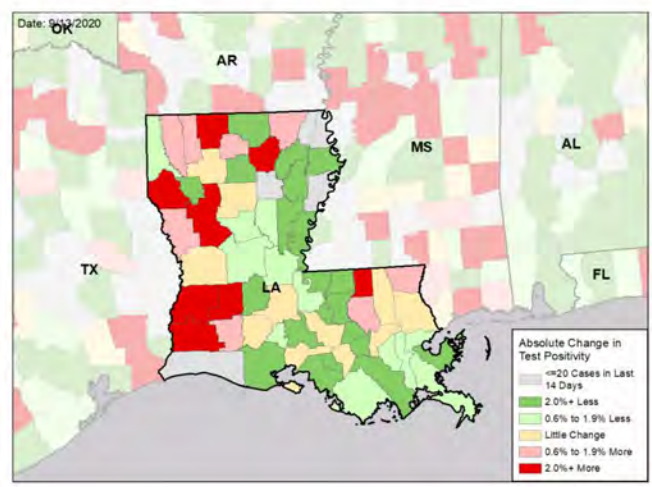
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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National Picture

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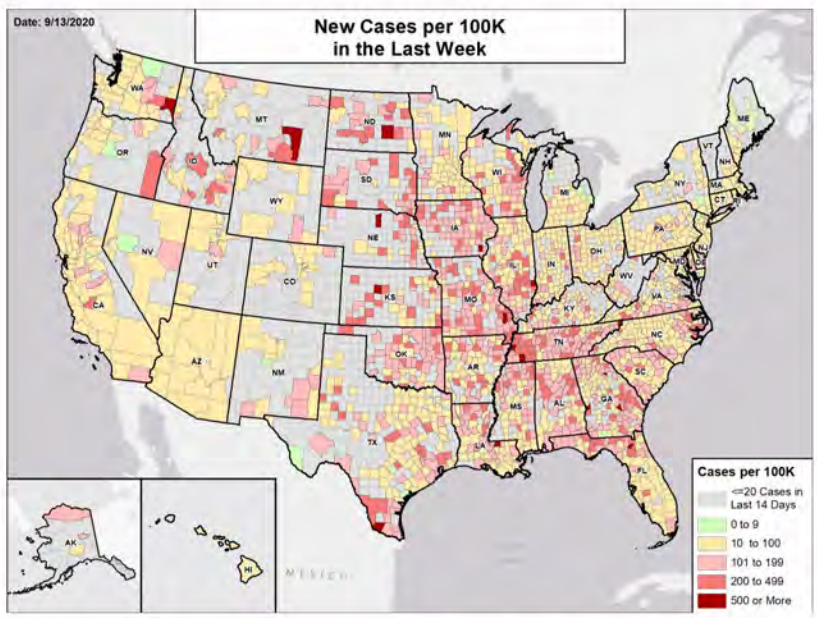

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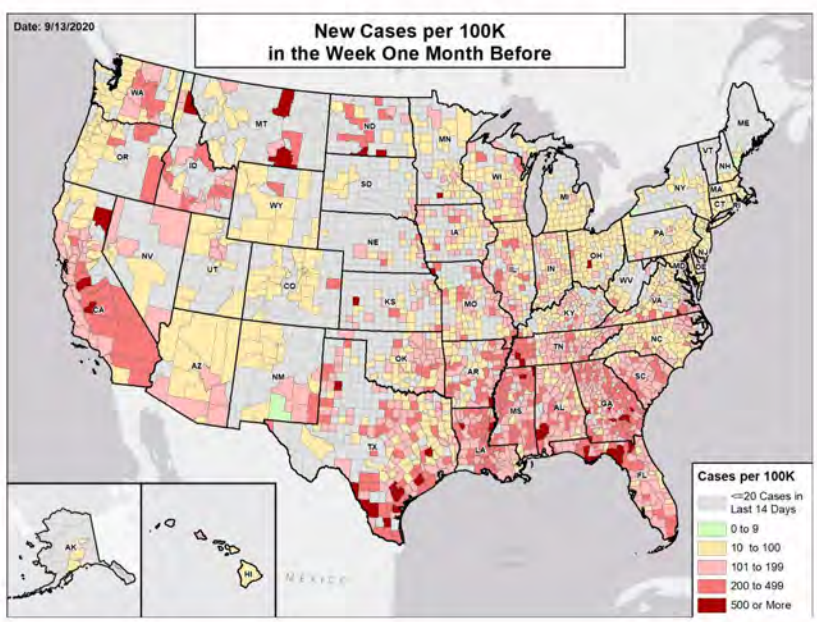

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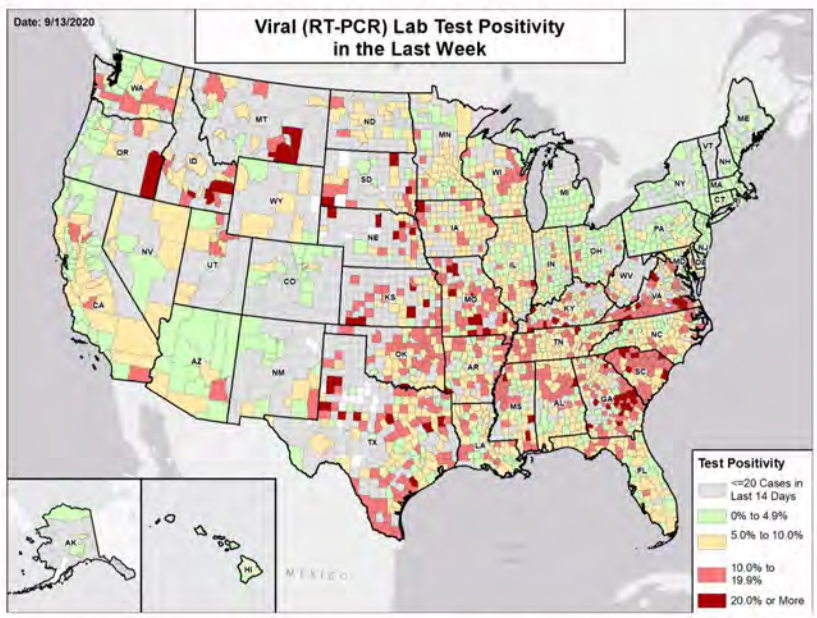

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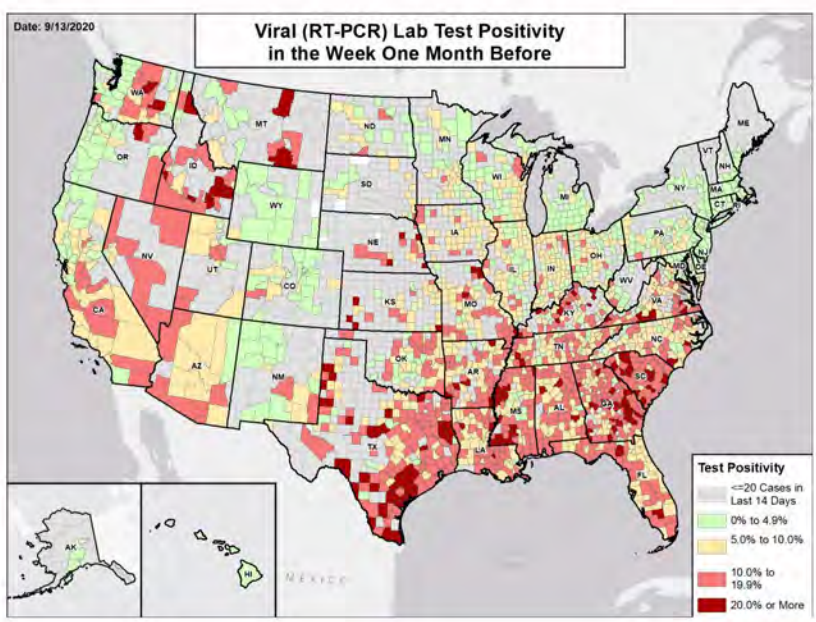

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STATE REPORT
09.13.2020

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 50th 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 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. York County, 2. Cumberland County, and 3. Androscoggin County. These counties represent 70.6% 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 31 - Sep 6, no nursing homes had at least one new resident COVID-19 case, 3% had at least one new staff COVID-19 case, and none 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 74 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 Sep 5 - Sep 11, on average, 1 patient with confirmed COVID-19 and 24 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.
- Carefully and clearly counter messaging from religious or fringe groups that promote inaccurate thinking on COVID-19 and its transmission; continue to explore options to halt unsafe gatherings wherever transmission has been recently documented and may be ongoing.
- Ensure test result turnaround times are under 3 days and testing capacity is sufficient in all communities with a college or university, utilizing all university platforms and pooled testing to conduct surveillance and testing of students and surrounding communities.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Continue to actively monitor county data for any increase in case rate or test positivity; respond with aggressive mitigation efforts and policy.
- 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 initial widescale testing of students when they arrive on campus and periodic retesting; ensure rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent to their family homes to isolate or quarantine.
- Universities and colleges should work with various student leaders and campus media 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.
- Continue current policies to test and protect nursing home and long-term care facility residents.
- Develop a plan for increased surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

MAINE

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	201 (15)	+2.0%	4,254 (29)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	0.9%	+0.0%*	1.0%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	16,803** (1,250)	-24.1%**	454,063** (3,059)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	0 (0)	-100.0%	110 (1)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	0% (3%)	-1%* (+0%*)	3% (7%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	-2%*	1%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

MAINE

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

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

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and 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 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/9/2020. Last week is 9/3 - 9/9.

MAINE

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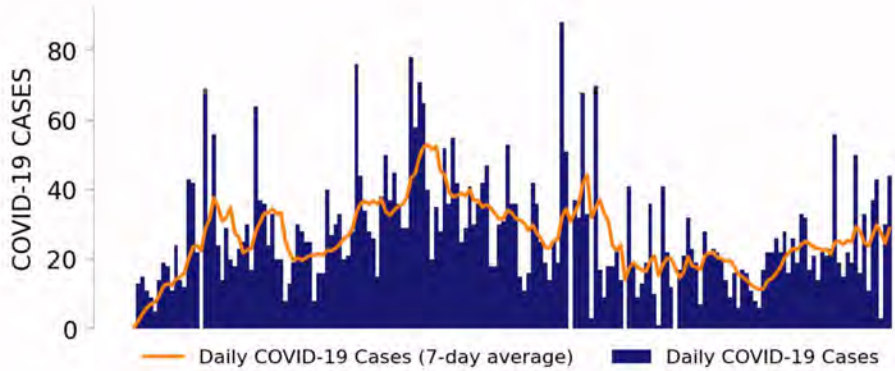
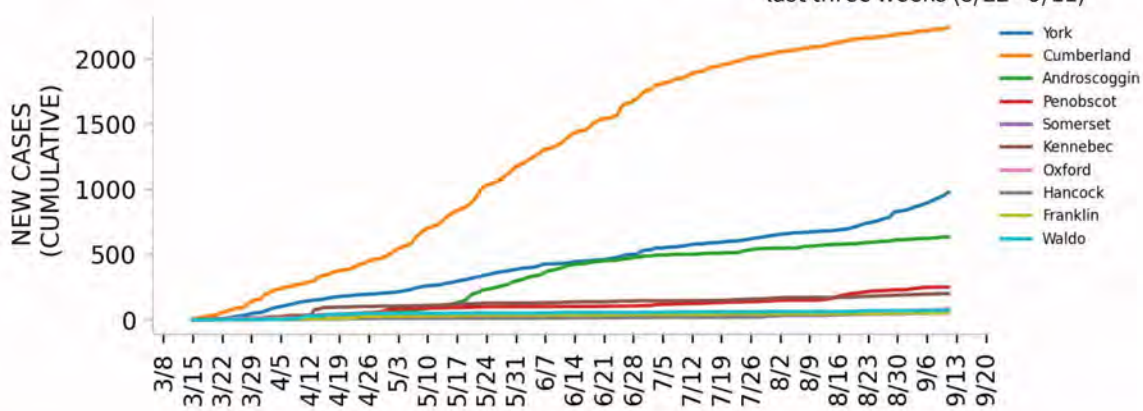
NEW CASES



TESTING

TOP COUNTIES

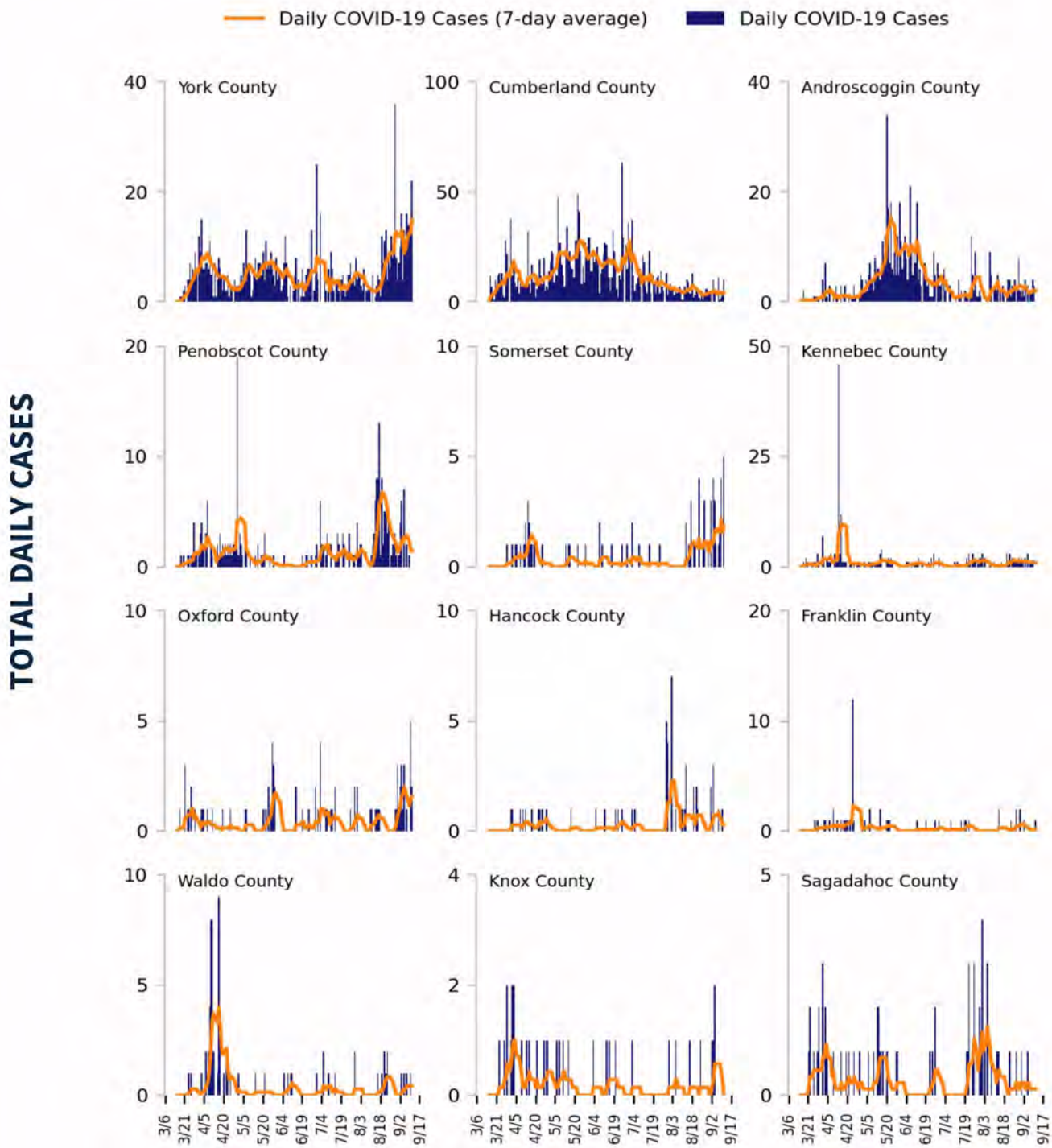
Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



DATA SOURCES – Additional data details available under METHODS

Note: 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 9/11/2020.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/9/2020.

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 9/11/2020. Last 3 weeks is 8/22 - 9/11.

MAINE

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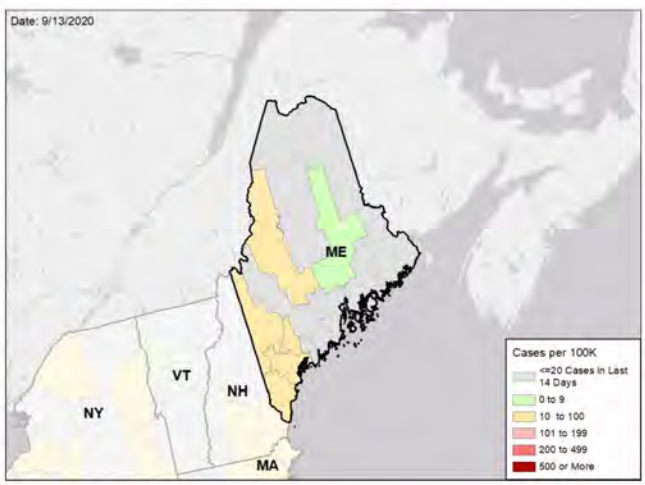
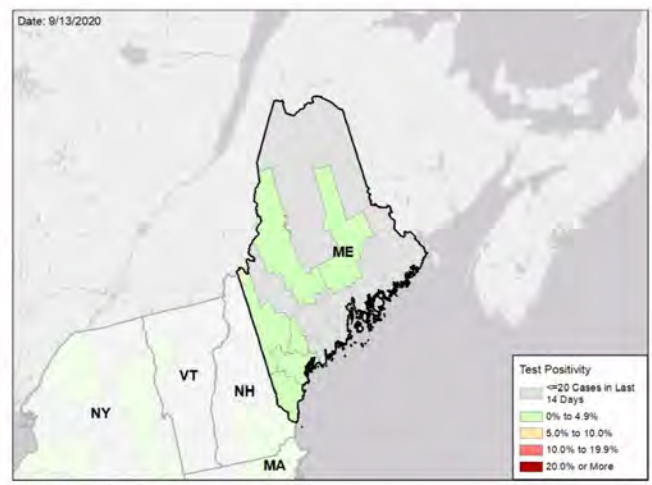
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

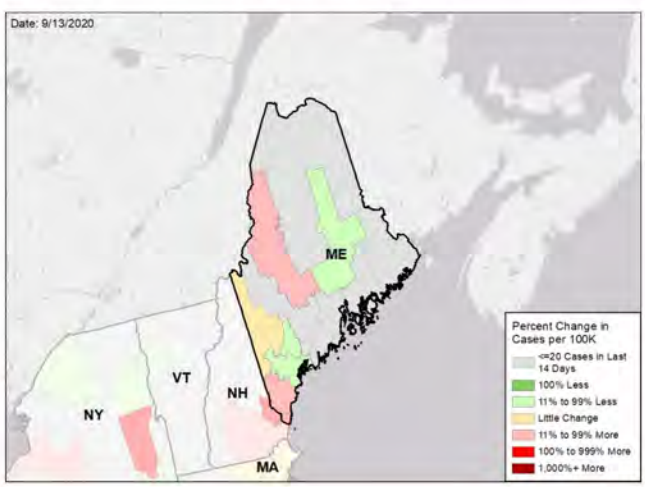
NEW CASES PER 100,000 DURING THE LAST WEEK



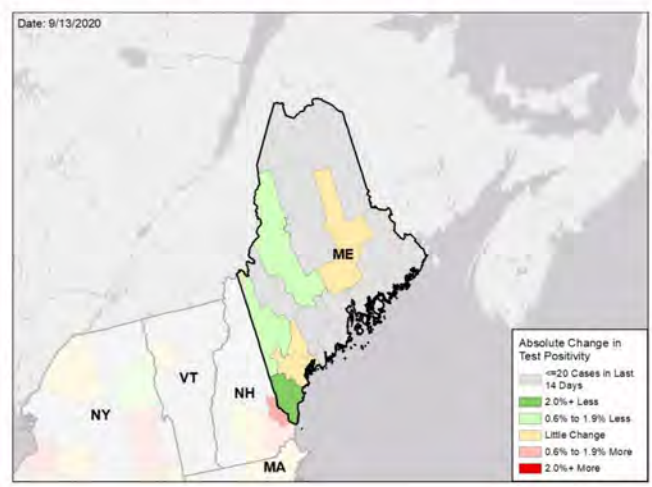
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

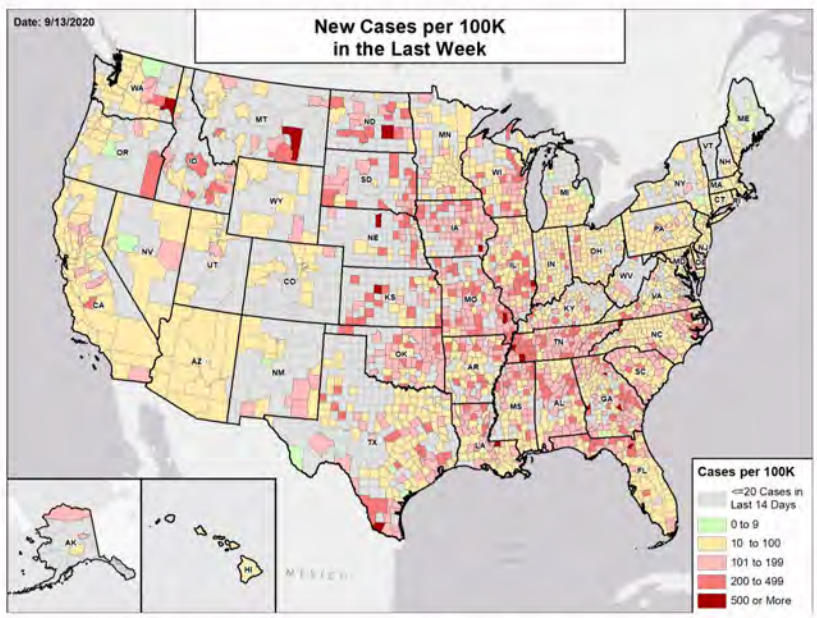
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/11/2020. Last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

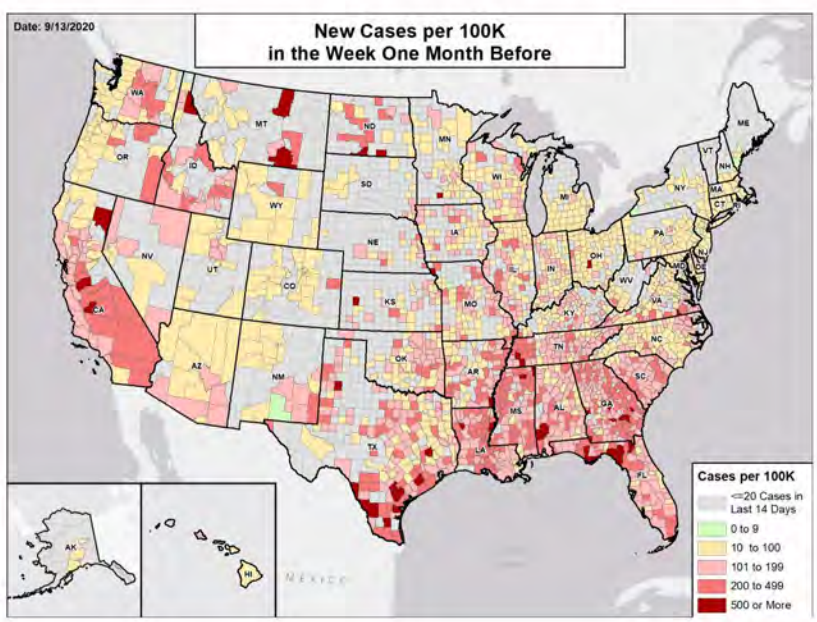
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

National Picture

NEW CASES PER 100,000 LAST WEEK



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



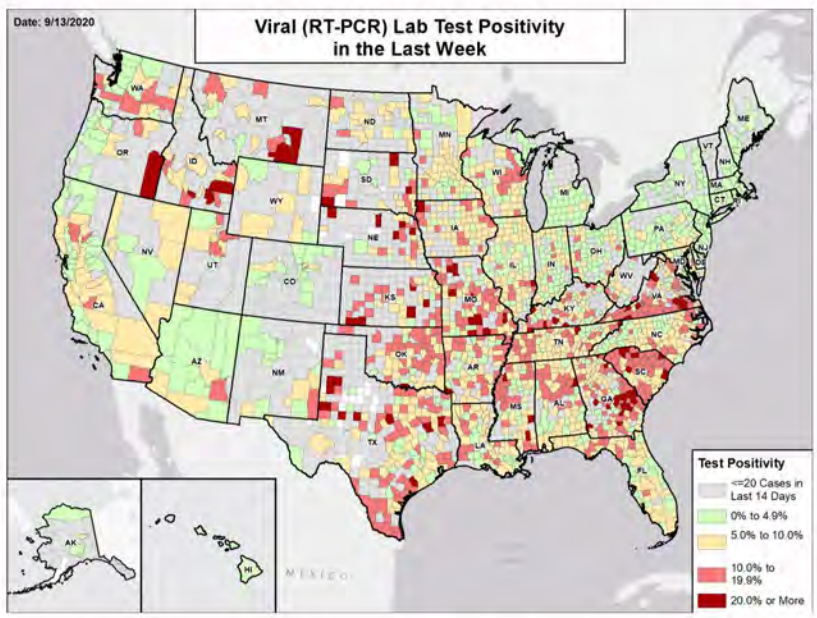
DATA SOURCES

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

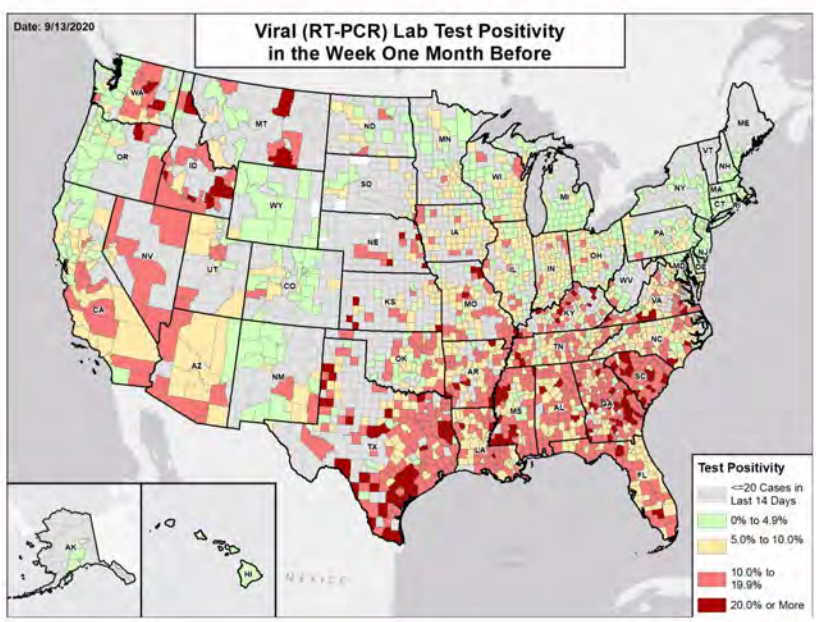
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
- **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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.

STATE REPORT
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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 29th highest rate in the country.
- Maryland has seen stability in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Prince George's County, 2. Baltimore County, and 3. Montgomery County. These counties represent 50.4% of new cases in Maryland.
- 76 students at the University of Maryland (Prince George's County) in College Park tested positive for COVID-19 between September 1 and September 5; another 54 cases were self-reported. Many cases were associated with outbreaks at two Greek life chapterhouses.
- 42% of all counties in Maryland 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 31 - Sep 6, 12% of nursing homes had at least one new resident COVID-19 case, 18% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Maryland had 64 new cases per 100,000 population in the last week, compared to a national average of 74 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 18 to support operations activities from FEMA; 15 to support operations activities from ASPR; and 14 to support operations activities from USCG.
- Between Sep 5 - Sep 11, on average, 42 patients with confirmed COVID-19 and 264 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

- Develop a plan to increase surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- Recommendations for institutions of higher education (IHE) are repeated this week given the concerning trends nationally and the need to intensify efforts to control COVID-19 at IHE. The ongoing efforts at Maryland's IHE to address these concerns are noted.
- 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. Increased testing capacity at UMD College Park is needed.
- University students with or exposed to COVID-19 must have access to isolation, quarantine, and care sites on or near campus and should not be returned home to multigenerational households where additional transmission could occur. To safely allow for some to quarantine at home, some universities use case managers to ensure that students don't have coronavirus-vulnerable people living at home, do have safe places to stay away from others, and don't need to take flights or other public transportation to get home before release for home quarantine; this is a best practice.
- University students with or exposed to COVID-19 must have access to isolation, quarantine, and care sites on or near campus and should not be returned home to multigenerational households where additional transmission could occur. To safely allow for some to quarantine at home, some universities use case managers to ensure that students do not have coronavirus-vulnerable people living at home, do have safe places to stay away from others, and do not need to take flights or other public transportation to get home before release for home quarantine; this is a best practice.
- 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. Universities and colleges must work with various student leaders and campus media to support compliance with recommendations.
- Consider utilizing focused wastewater surveillance to detect cases early and direct diagnostic testing and public health interventions, as is being piloted at multiple universities in other states.
- 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.
- Support local authorities in outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy as well as other limitations on student patronage; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus events.
- Support a uniform case-reporting process for IHE and reporting of this data on public-facing dashboards.
- 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.

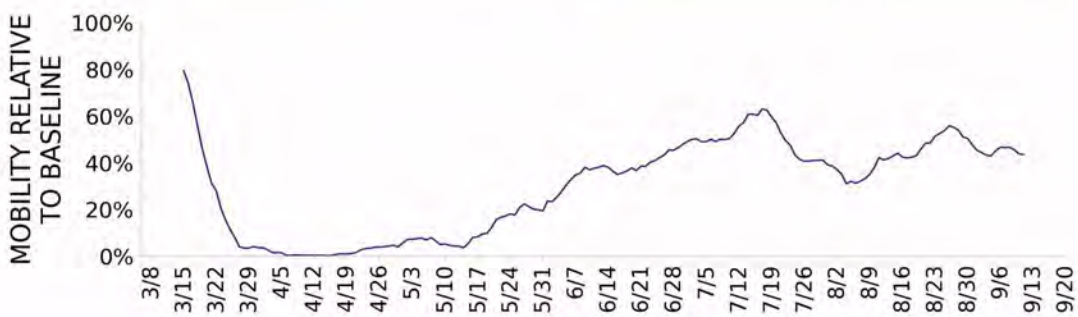
COVID-19

MARYLAND

STATE REPORT | 09.13.2020

	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)	3,893 (64)	-6.6%	18,225 (59)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.7%	+0.4%*	5.6%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	150,111** (2,483)	+12.4%**	454,039** (1,472)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	42 (1)	-25.0%	221 (1)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	12% (18%)	+7%* (+0%*)	9% (14%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+2%*	4%	4%

MOBILITY



* Indicates absolute change in percentage points.
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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 8/31-9/6, previous week is 8/24-8/30.

MARYLAND

STATE REPORT | 09.13.2020

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	**2**	Washington-Arlington-Alexandria Cambridge
COUNTY LAST WEEK	**1**	Caroline	**9**	Montgomery Anne Arundel Harford Frederick Charles Worcester Cecil Queen Anne's Dorchester

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and 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 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

MARYLAND

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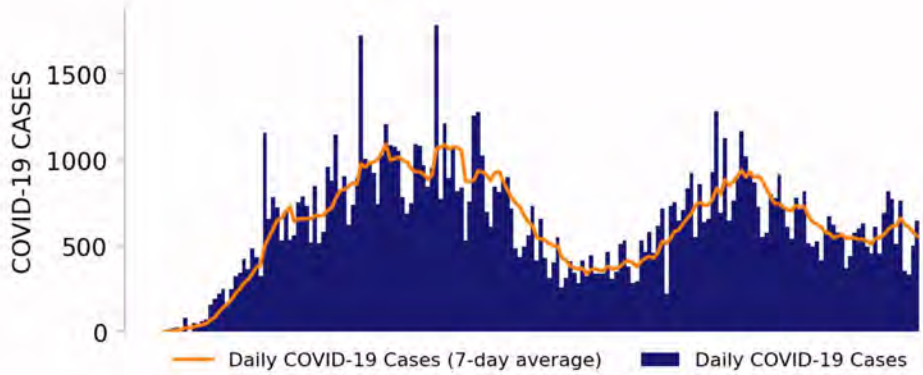
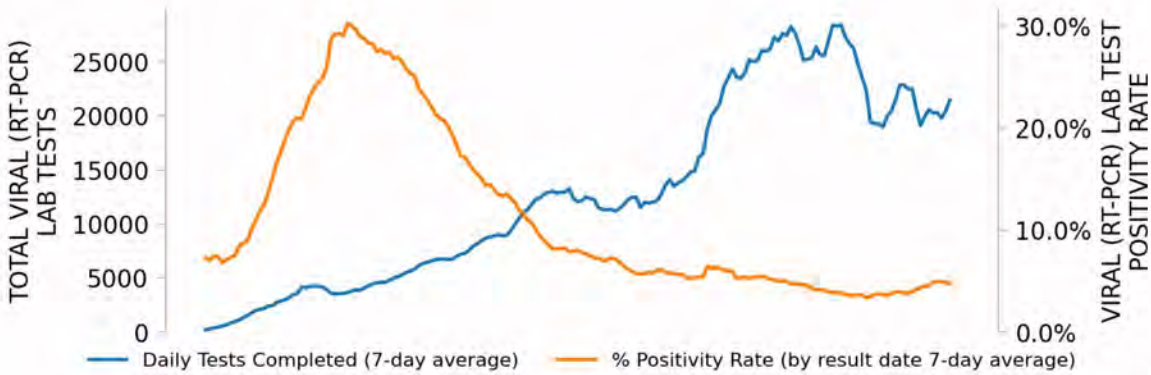
NEW CASES

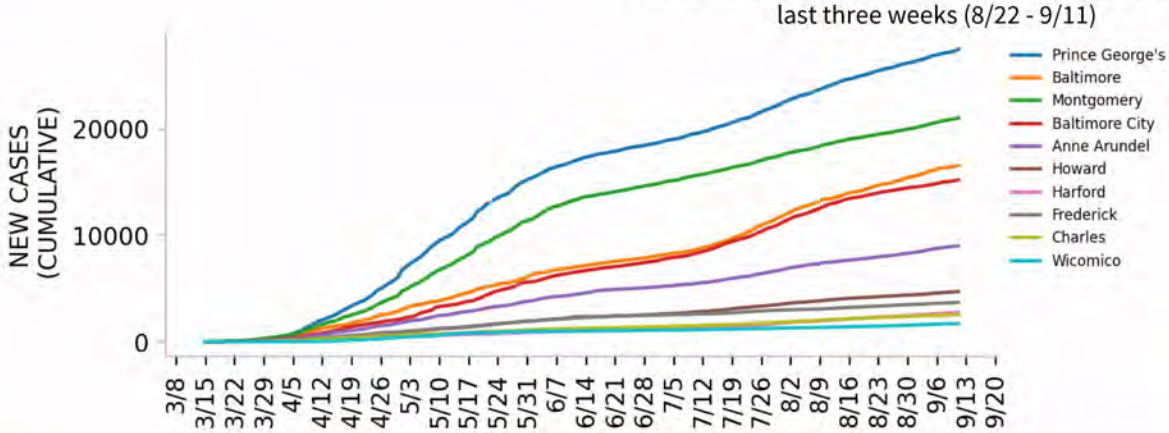


TESTING



TOP COUNTIES

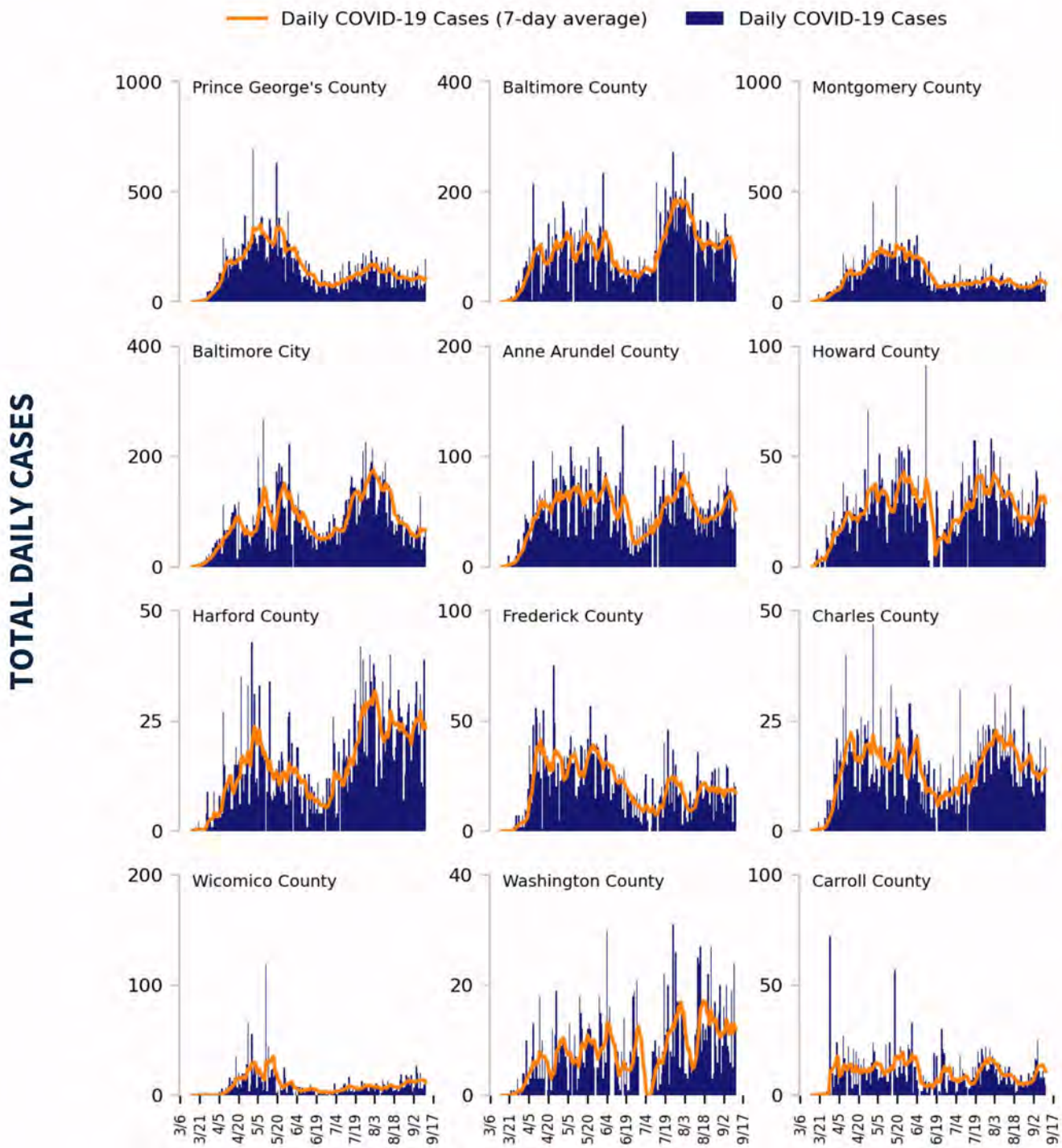
Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



DATA SOURCES – Additional data details available under METHODS

Note: 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 9/11/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020.

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



DATA SOURCES – Additional data details available under METHODS

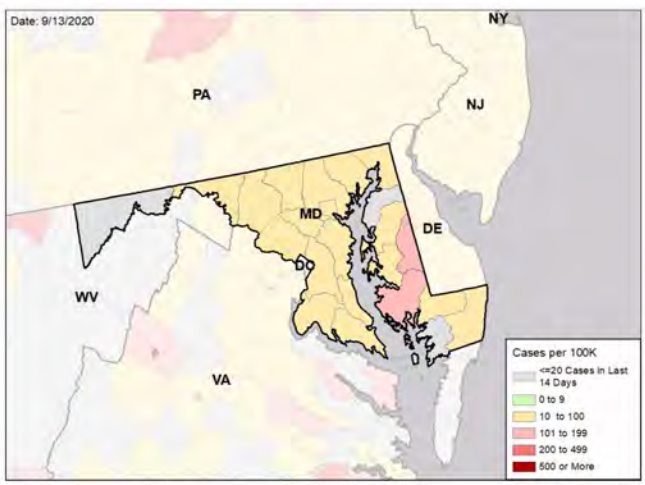
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020. Last 3 weeks is 8/22 - 9/11.

MARYLAND

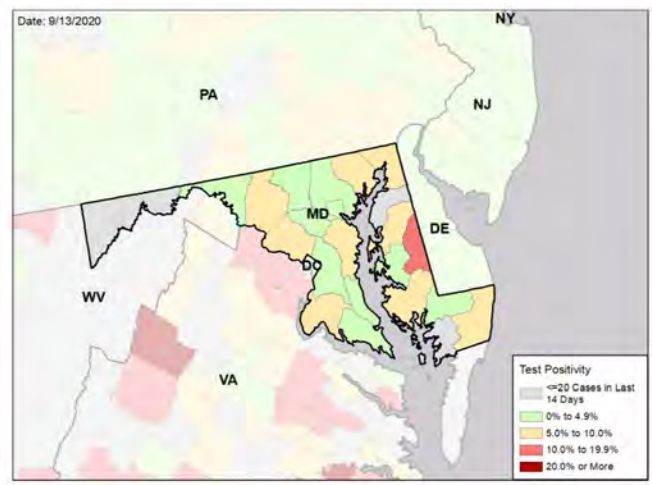
STATE REPORT | 09.13.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

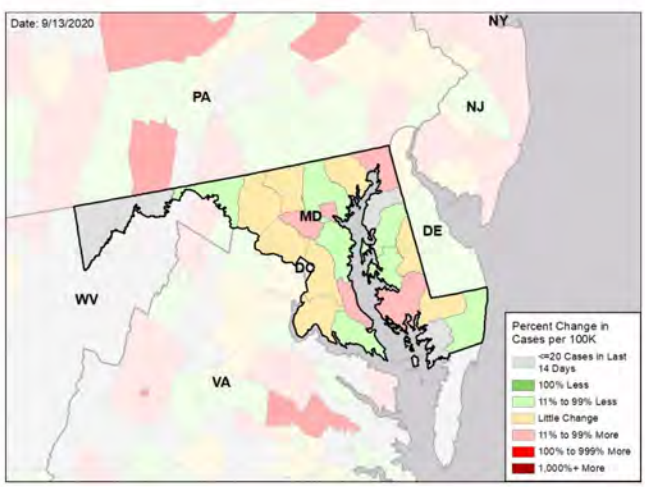
NEW CASES PER 100,000 DURING THE LAST WEEK



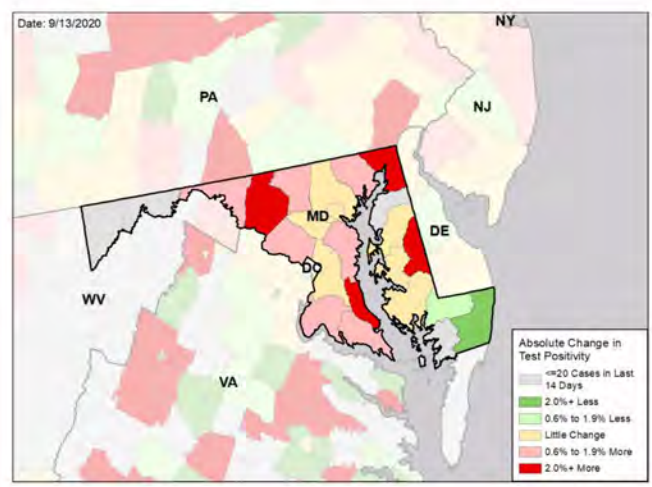
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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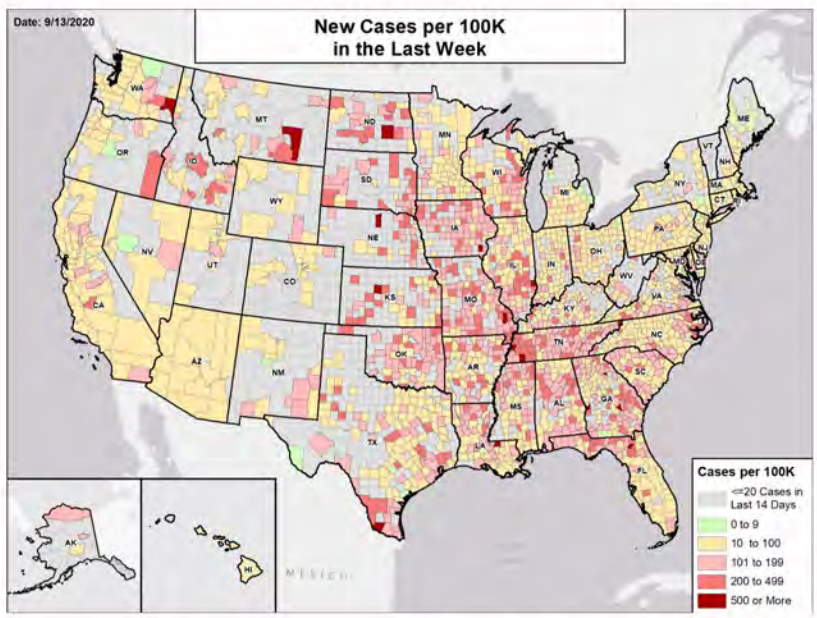
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020. Last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

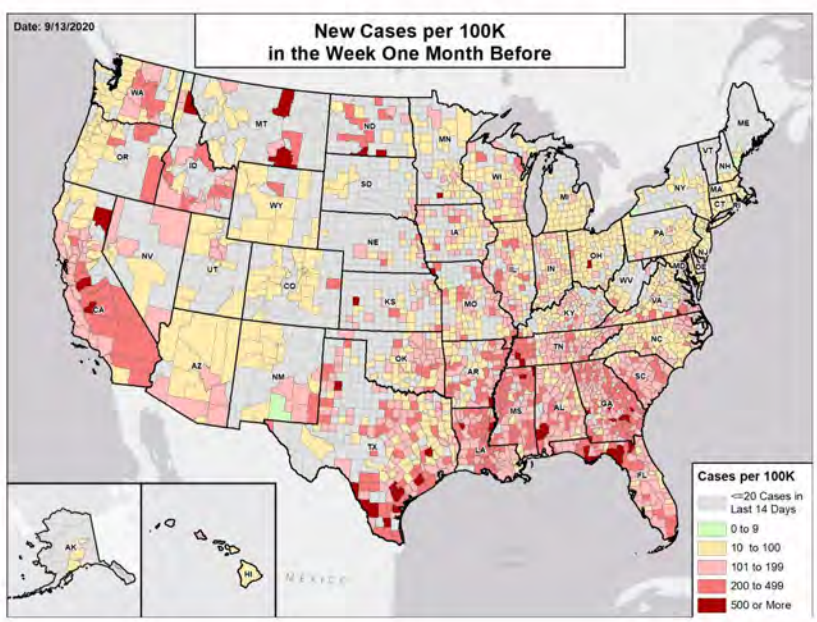
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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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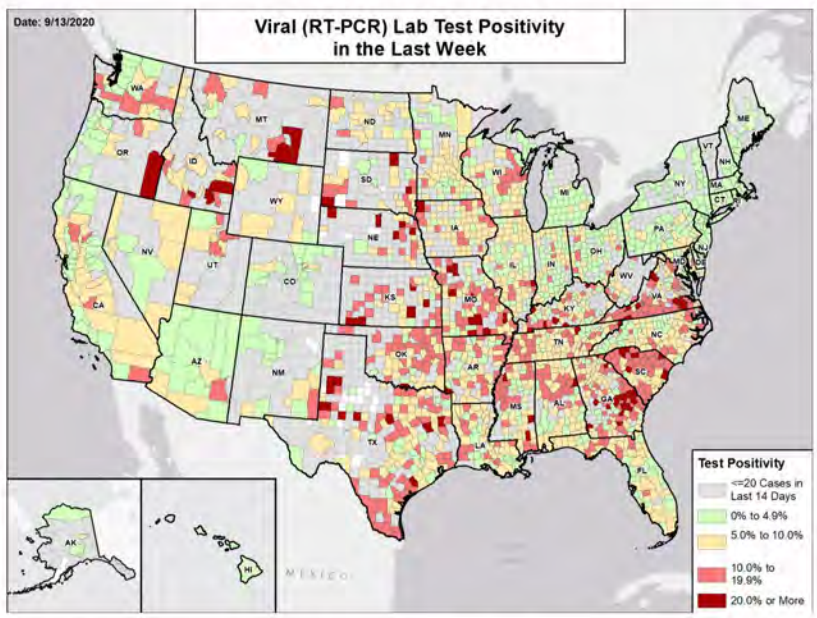
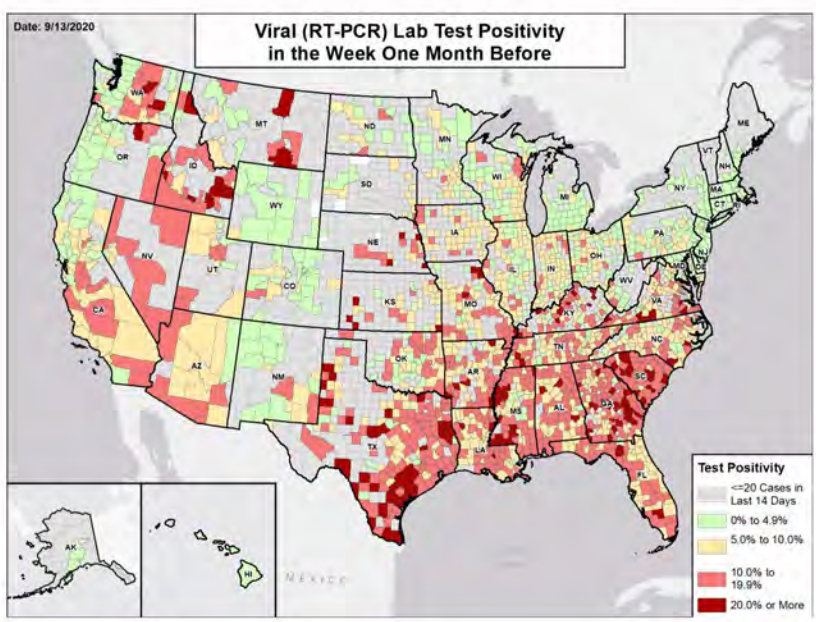
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
- **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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.

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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 44th 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 a decrease in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Suffolk County, 2. Middlesex County, and 3. Essex County. These counties represent 55.2% 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 31 - Sep 6, 3% of nursing homes had at least one new resident COVID-19 case, 9% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- Massachusetts had 31 new cases per 100,000 population in the last week, compared to a national average of 74 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 123 to support operations activities from FEMA; 12 to support operations activities from ASPR; 19 to support operations activities from USCG; and 1 to support operations activities from VA.
- Between Sep 5 - Sep 11, on average, 20 patients with confirmed COVID-19 and 126 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

- Continue high-level testing in all areas, especially in areas with case rates over 10 per 100,000 population.
- Maintain vigilant monitoring of case rates and test positivity at the most local levels; intensify restrictions or shutdowns of locations believed to be contributing to transmission and ensure clinical care capacity is sufficient.
- Plan for surge testing and isolation facilities for larger campus outbreaks (surge testing of 50-100% of the student body over 14 days and surge capacity to isolate 5-10% of student body). Case management services should ensure safe isolation on campus or safe release to family quarantine.
- Recruit college and university students to expand public health messaging and contact tracing capacity.
- Continue to ensure protection of local communities by requiring strict mask wearing and social distancing on and off campus.
- Continue to 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.
- Continue public health messaging and educational campaigns, focusing on groups at-risk for infection and for advanced disease, those who are non-compliant with the face covering mandate, and returning students.
- On state website, showcase rates and test positivity for all cities and towns, as well as colleges and universities; consider stratifying into low, medium, and high risk and standardizing community mitigation approaches by risk category.
- 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.
- Develop a plan for increased surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

MASSACHUSETTS

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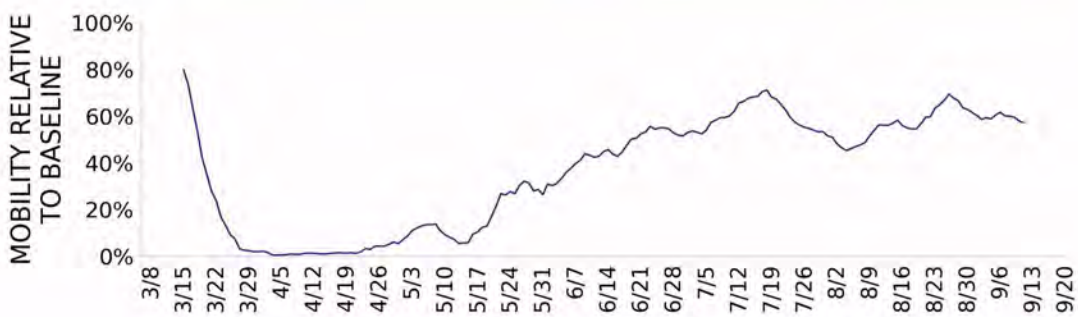
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	2,152 (31)	-16.7%	4,254 (29)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.0%	+0.0%*	1.0%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	325,363** (4,721)	+19.5%**	454,063** (3,059)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	80 (1)	+5.3%	110 (1)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	3% (9%)	+1%* (+0%*)	3% (7%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	+0%*	1%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

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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 8/31-9/6, previous week is 8/24-8/30.

MASSACHUSETTS

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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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MASSACHUSETTS

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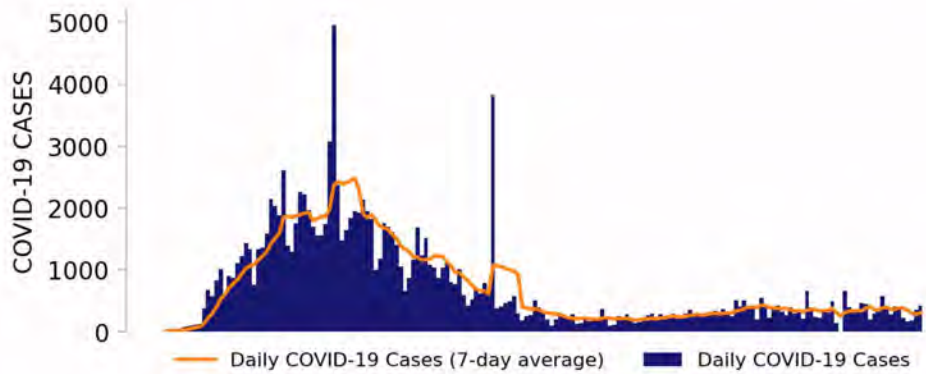
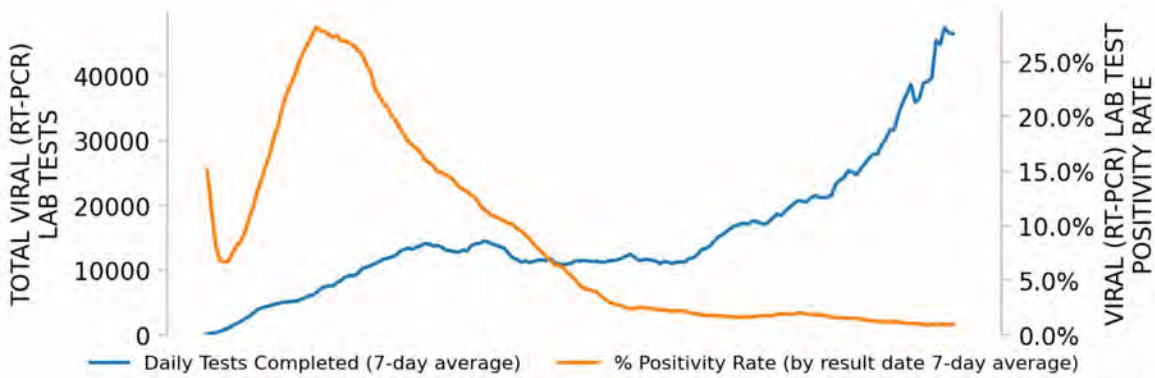
NEW CASES

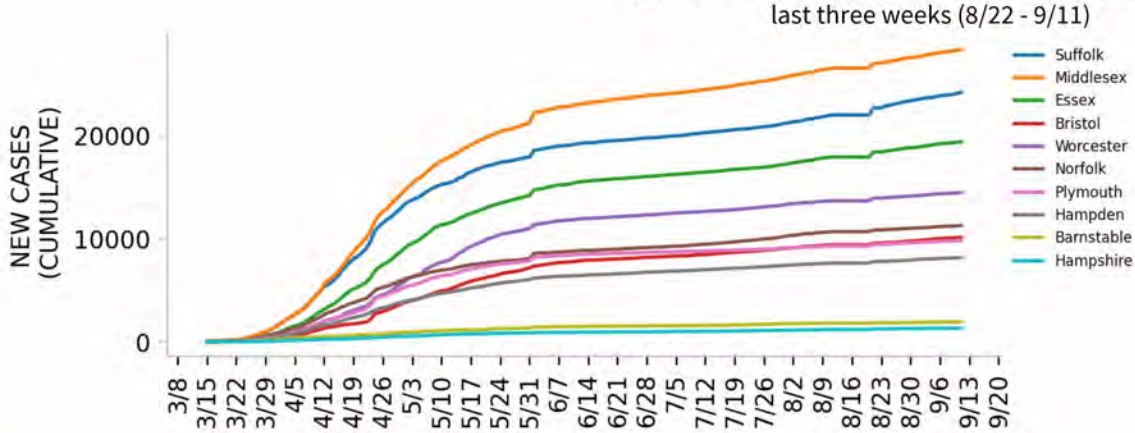


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



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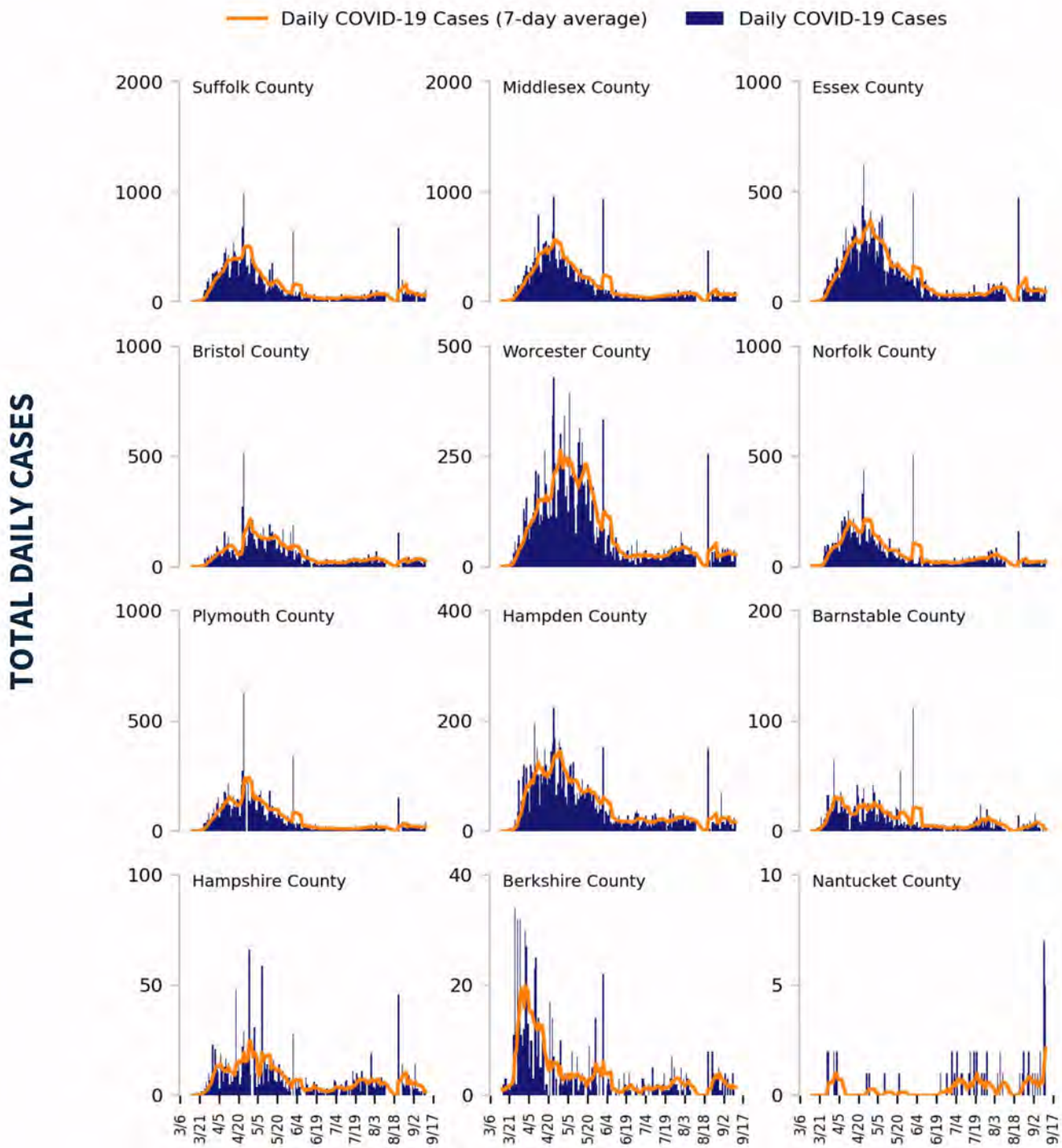
Top 12 counties based on number of new cases in the last 3 weeks



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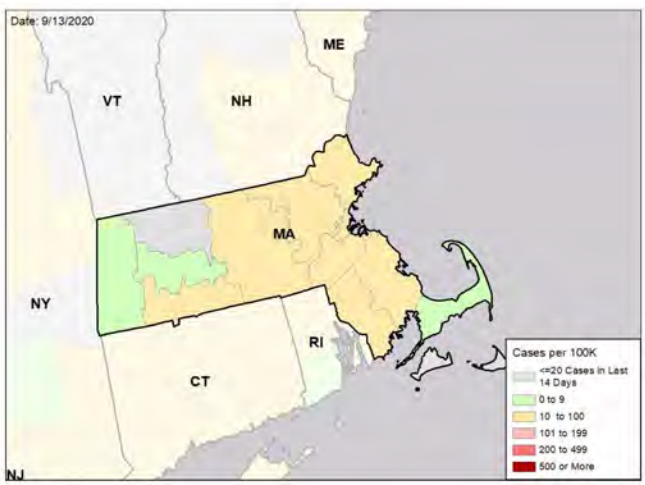
MASSACHUSETTS

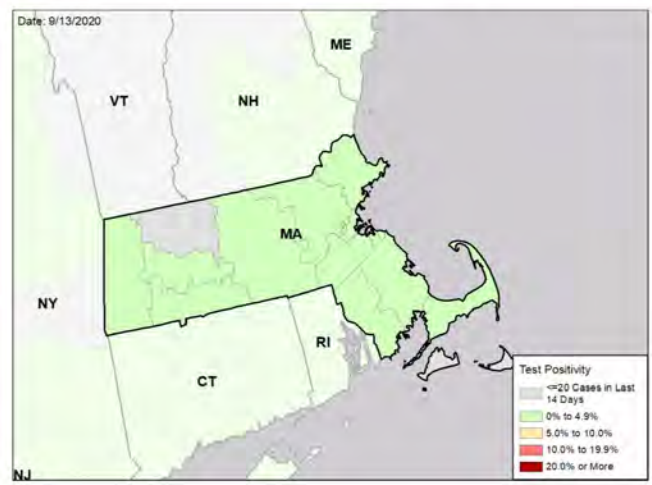
STATE REPORT | 09.13.2020

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



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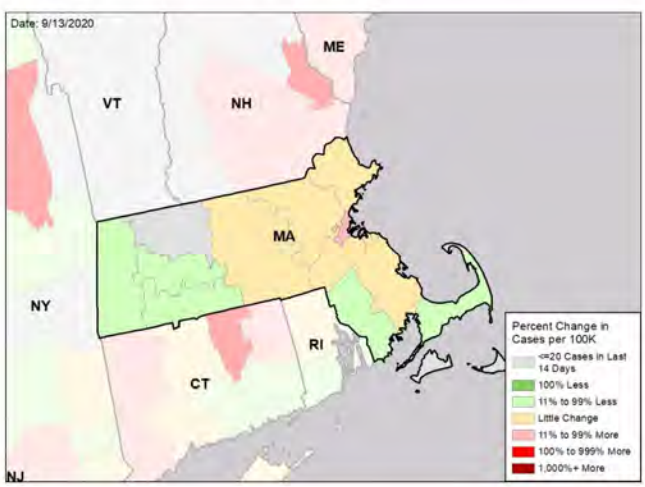
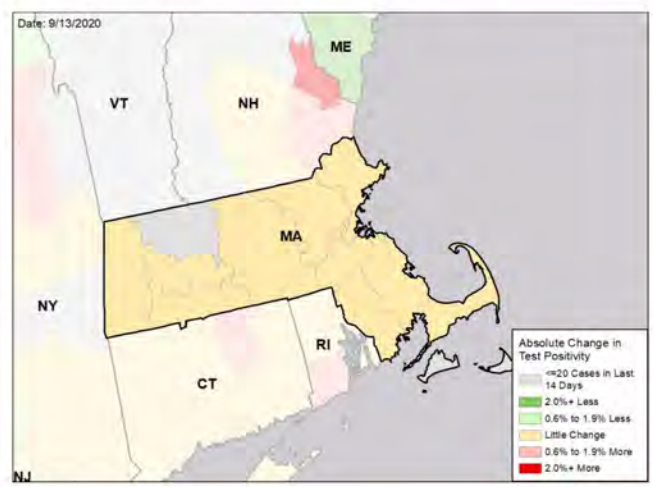


WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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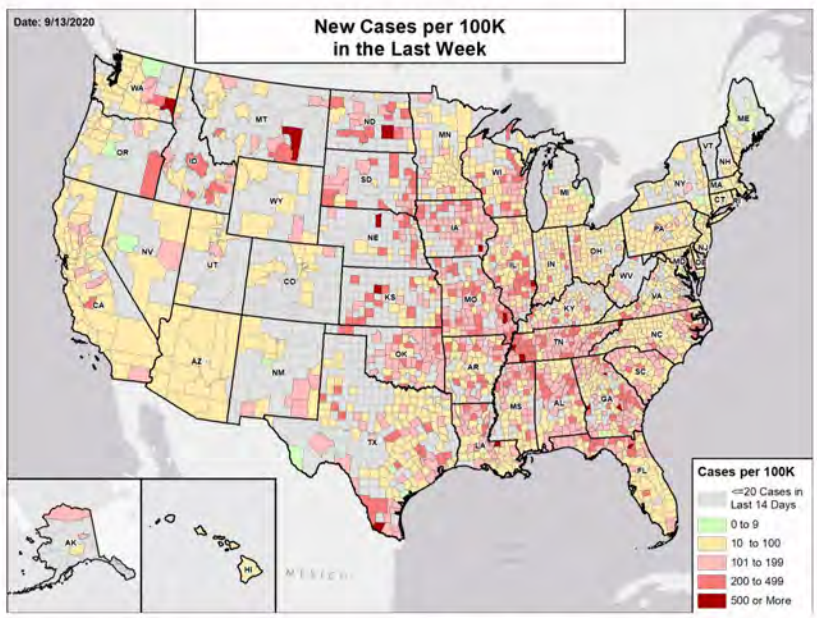
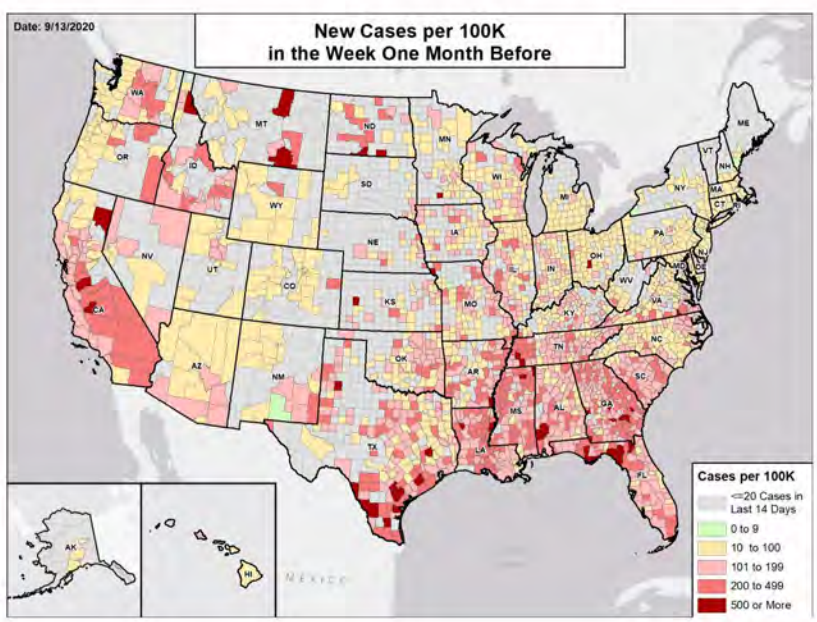
National Picture

NEW CASES PER 100,000 LAST WEEK



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



DATA SOURCES

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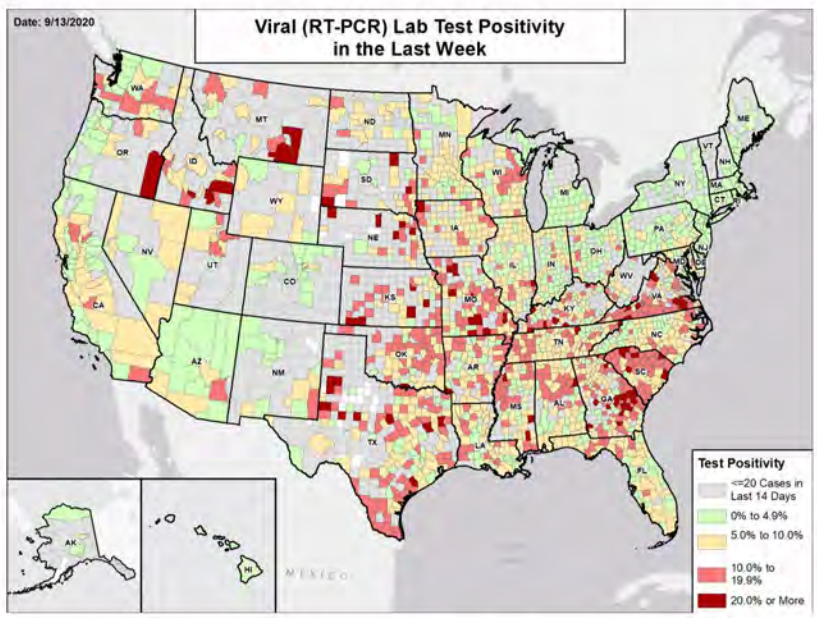
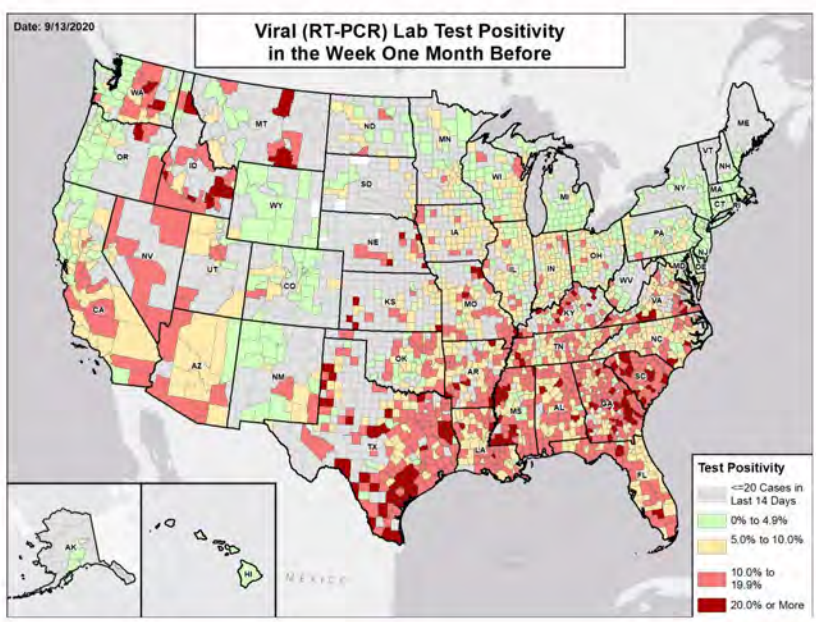
National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK



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



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METHODS

STATE REPORT | 09.13.2020

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

DATA NOTES

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- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
- **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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
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STATE REPORT
09.13.2020

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 35th highest rate in the country. Michigan is in the green zone for test positivity, indicating a rate below 5%, with the 35th highest rate in the country.
- Michigan has seen an increase in new cases and stability in test positivity over the last week. The increase in reported cases is associated with continued increases of cases among students as IHE reopen.
- COVID-19 cases increased sharply in Ingham County, home to Michigan State University, with cases accounting for approximately 10% of the state total. Known cases among students increased 40-fold from the week before. Weekly cases in Isabella County (Central Michigan University) and Lenawee County (Adrian College) declined but continued to increase in Houghton County, many of which were linked to fraternities and sororities at Michigan Technological University.
- 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 44.3% of new cases in Michigan.
- 7% of all counties in Michigan have moderate levels of community transmission (yellow zone), with none having high levels of community transmission (red zone).
- During the week of Aug 31 - Sep 6, 7% of nursing homes had at least one new resident COVID-19 case, 12% had at least one new staff COVID-19 case, and 1% had at least one new resident COVID-19 death.
- Michigan had 60 new cases per 100,000 population in the last week, compared to a national average of 74 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 Sep 5 - Sep 11, on average, 52 patients with confirmed COVID-19 and 127 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Michigan. An average of 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Develop a plan to increase surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- Recommendations for institutions of higher education (IHE) are repeated this week given the concerning trends nationally and the need to intensify efforts to control COVID-19 at IHE. The ongoing efforts at Michigan's IHE to address these concerns are noted.
- 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.
- University students with or exposed to COVID-19 must have access to isolation, quarantine, and care sites on or near campus and should not be returned home to multigenerational households where additional transmission could occur. To safely allow for some to quarantine at home, some universities use case managers to ensure that students don't have coronavirus-vulnerable people living at home, do have safe places to stay away from others, and don't need to take flights or other public transportation to get home before release for home quarantine; this is a best practice.
- 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 must work with various student leaders and campus media to support compliance with recommendations.
- 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.
- Consider utilizing focused wastewater surveillance to detect cases early and direct diagnostic testing and public health interventions, as is being piloted at multiple universities in other states (and at Hope College in Michigan).
- 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.
- Support local authorities in outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy as well as other limitations on student patronage; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus events.
- Support a uniform case-reporting process for IHE and reporting of this data on public-facing dashboards.
- 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

STATE REPORT | 09.13.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	6,023 (60)	+18.0%	41,661 (79)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.6%	+0.4%*	5.0%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	163,123** (1,633)	-27.3%**	979,317** (1,864)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	104 (1)	+22.4%	556 (1)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	7% (12%)	+0%* (-3%*)	7% (16%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	+0%*	3%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

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 Midland South Bend-Mishawaka Iron Mountain
COUNTY LAST WEEK	**0**	N/A	**6**	Oakland Macomb Ingham Isabella Midland Iosco

*** 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 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

MICHIGAN

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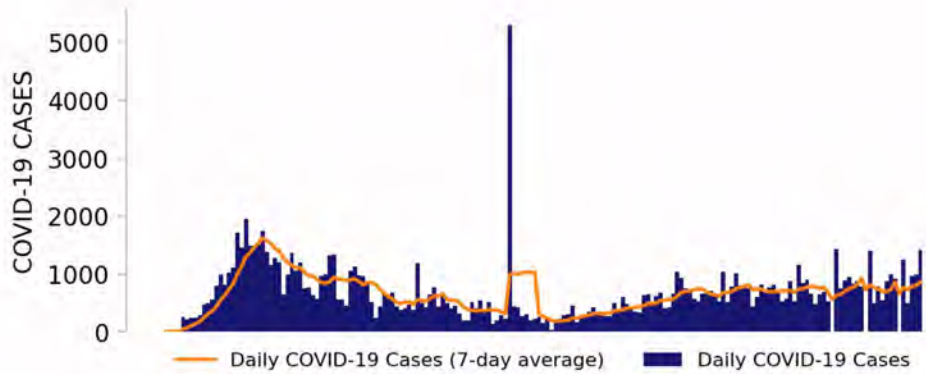
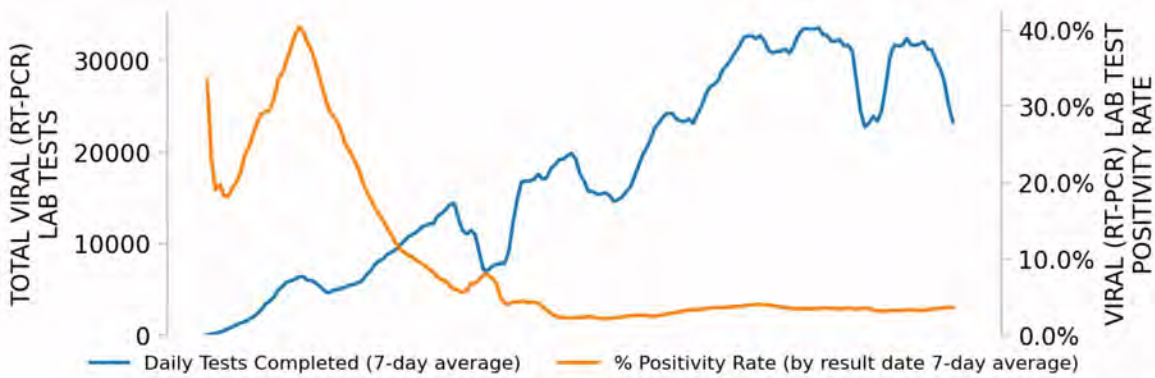
NEW CASES

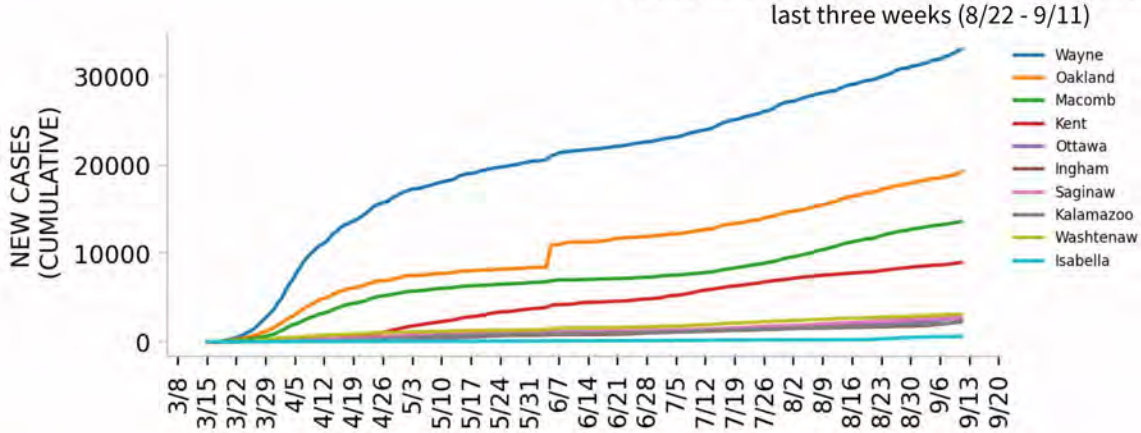


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



DATA SOURCES – Additional data details available under METHODS

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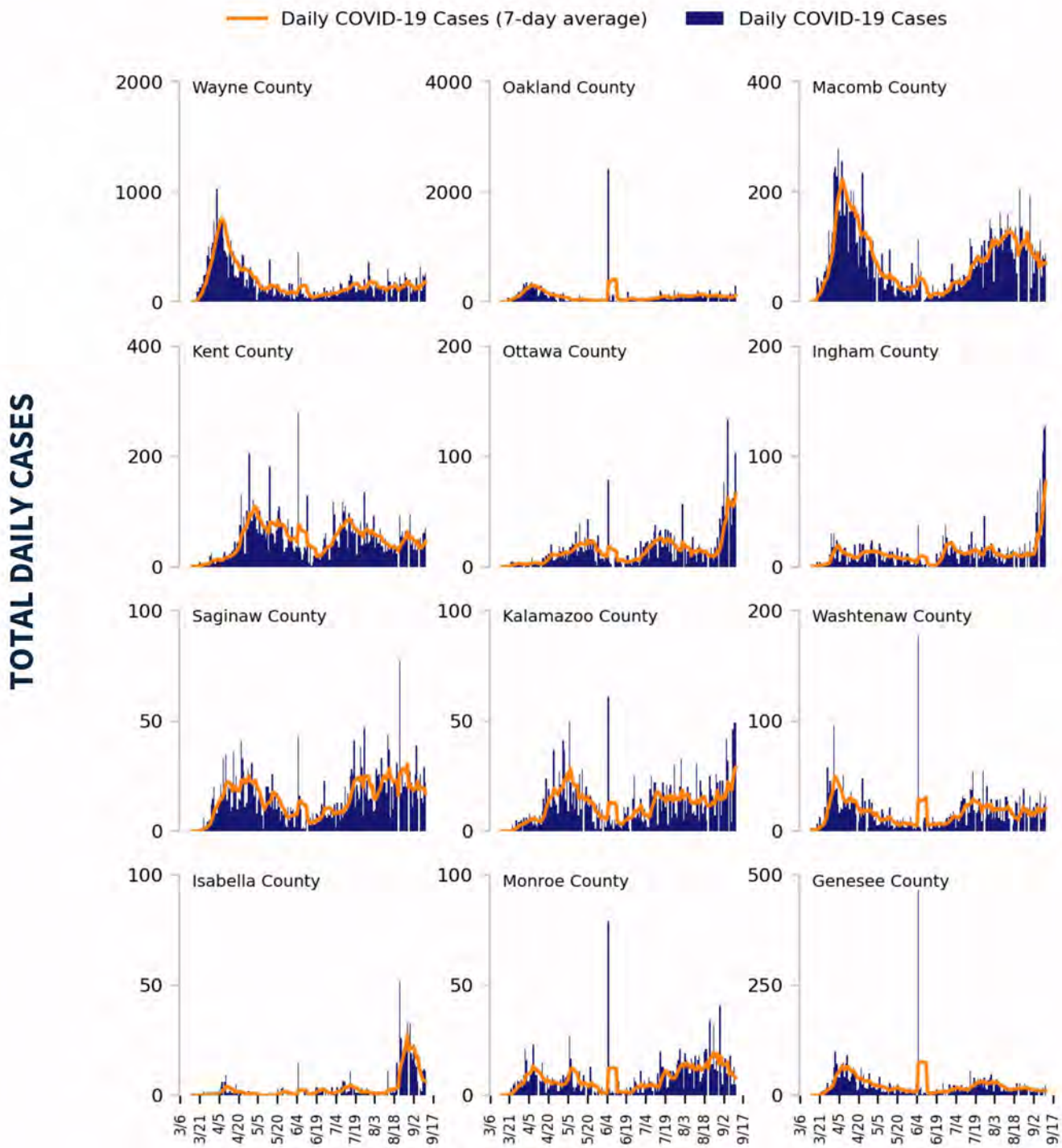
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020.

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

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



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MICHIGAN

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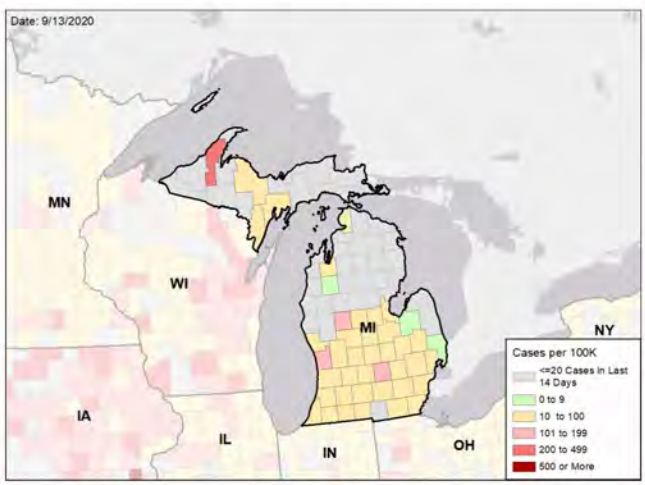
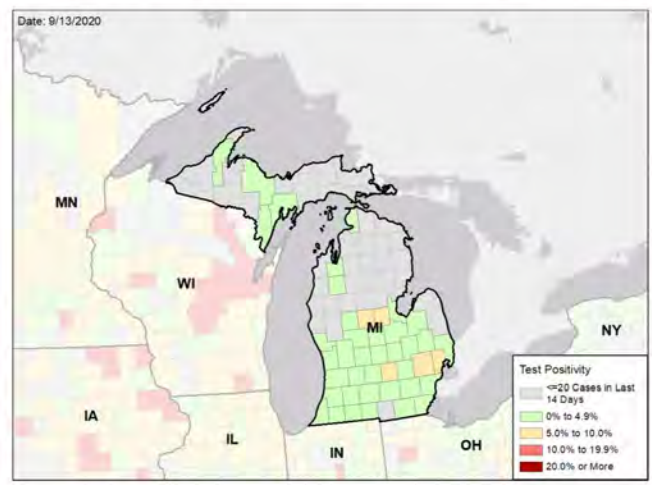
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

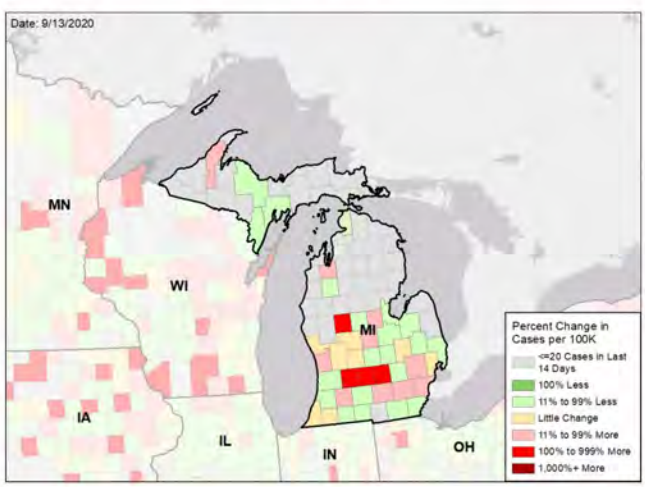
NEW CASES PER 100,000 DURING THE LAST WEEK



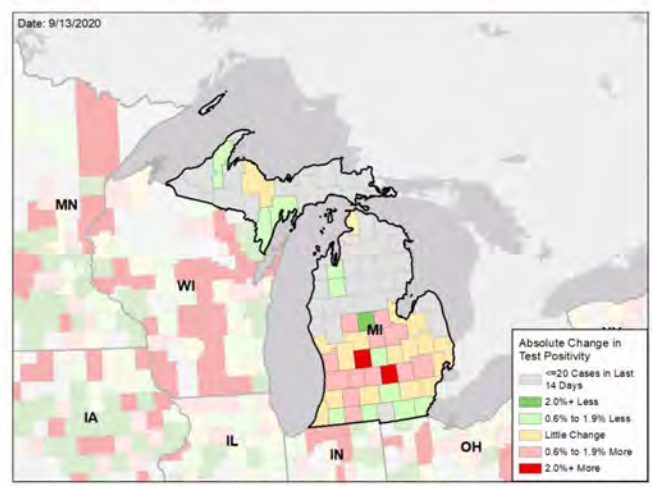
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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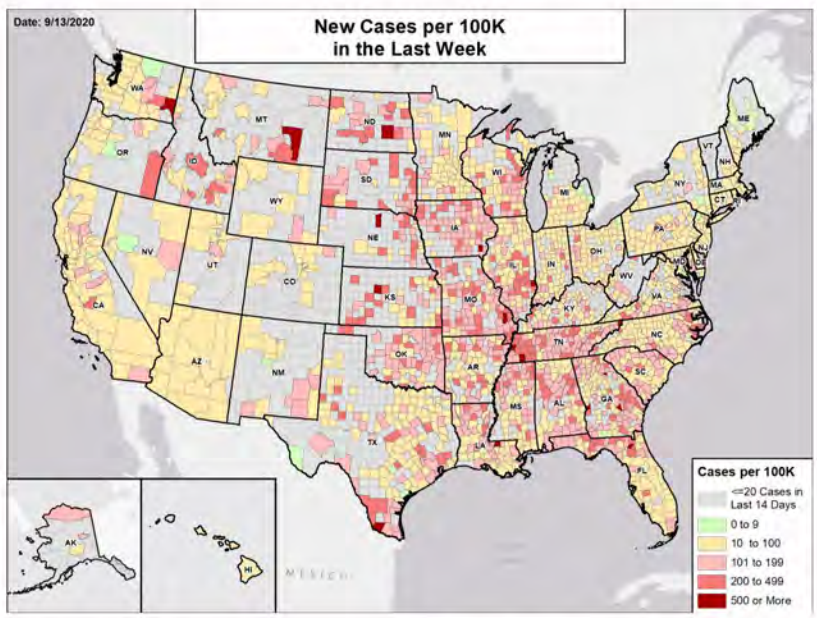
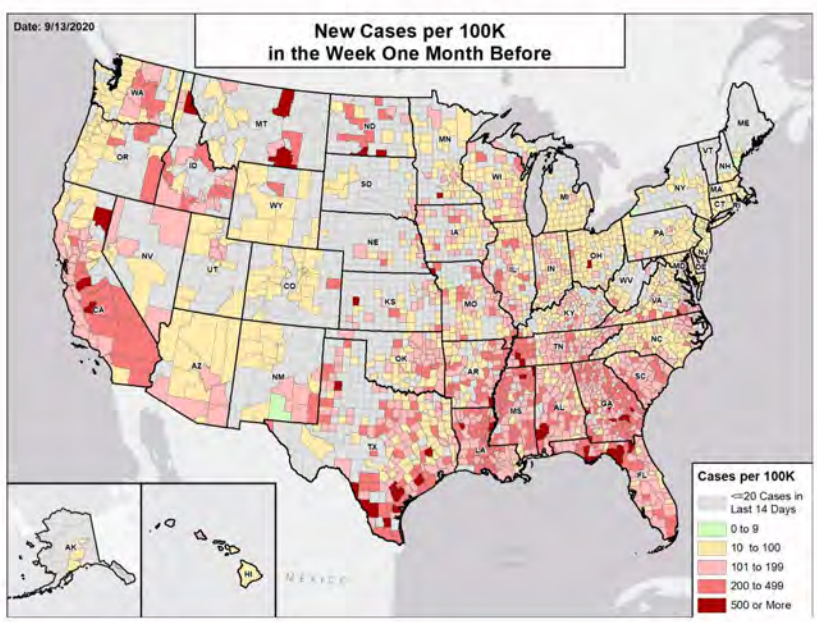
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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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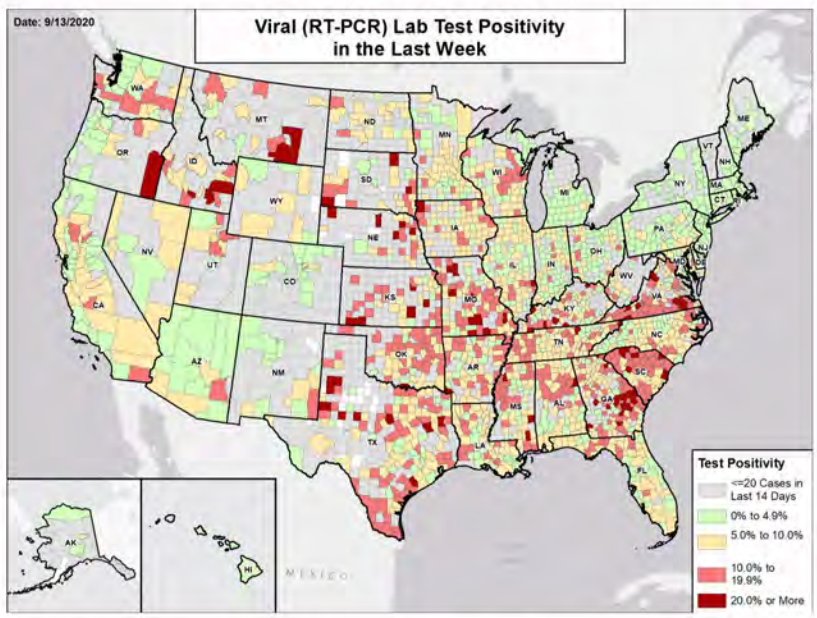
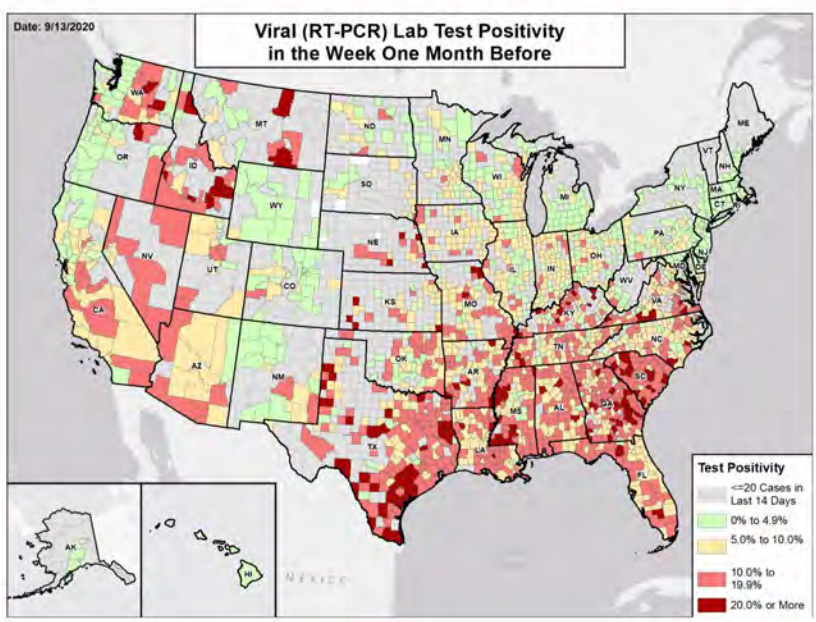
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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%

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STATE REPORT
09.13.2020

MINNESOTA

SUMMARY

- Minnesota 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. Minnesota is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 26th highest rate in the country.
- Minnesota has seen a decrease in new cases and a decrease in test positivity over the last week.
- Viral transmission continues in multiple areas of the state but appeared to improve in most counties last week. 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 42.2% of new cases in Minnesota.
- The number of cases associated with a late-August wedding in Lyon County increased to 75 cases in 14 counties, including educators, long-term care workers, and health care workers.
- Winona State University has reported 121 new cases as of September 9, leading to a two-week campus quarantine.
- 43% of all counties in Minnesota 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 31 - Sep 6, 9% of nursing homes had at least one new resident COVID-19 case, 20% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death.
- Minnesota had 67 new cases per 100,000 population in the last week, compared to a national average of 74 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 9 to support operations activities from FEMA; 1 to support epidemiology activities from CDC; and 1 to support operations activities from USCG.
- Between Sep 5 - Sep 11, on average, 35 patients with confirmed COVID-19 and 81 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Minnesota. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Develop a plan to increase surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
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- University students with or exposed to COVID-19 must have access to isolation, quarantine, and care sites on or near campus and should not be returned home to multigenerational households where additional transmission could occur. To safely allow for some to quarantine at home, some universities use case managers to ensure that students don't have coronavirus-vulnerable people living at home, do have safe places to stay away from others, and don't need to take flights or other public transportation to get home before release for home quarantine; this is a best practice.
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- 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.
- Consider utilizing focused wastewater surveillance to detect cases early and direct diagnostic testing and public health interventions, as is being piloted at multiple universities in other states. University of Minnesota Duluth has also been piloting this methodology at multiple sites within the state.
- 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.
- Support local authorities in outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy as well as other limitations on student patronage; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus events.
- Support a uniform case-reporting process for IHE and reporting of this data on public-facing dashboards.
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COVID-19

MINNESOTA

STATE REPORT | 09.13.2020

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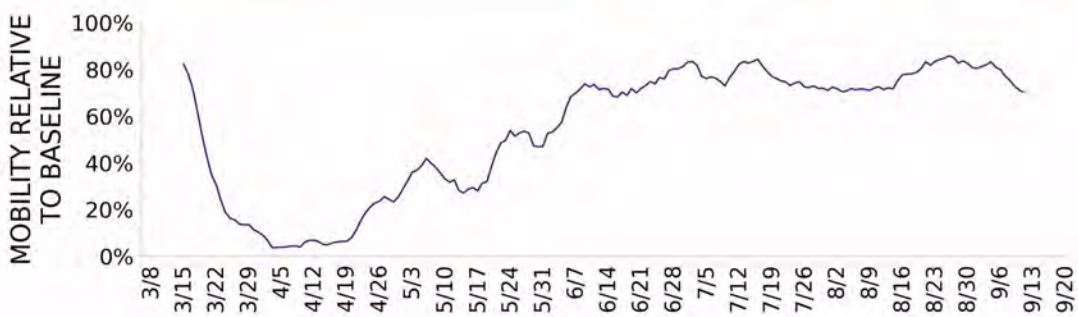
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.7%	-1.6%*	5.0%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	101,508** (1,800)	-10.9%**	979,317** (1,864)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	50 (1)	+25.0%	556 (1)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	9% (20%)	+0%* (+3%*)	7% (16%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	-2%*	3%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

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	**1**	Marshall	**16**	Minneapolis-St. Paul-Bloomington St. Cloud Duluth Winona Fargo Hutchinson Owatonna Willmar Brainerd Worthington Albert Lea Grand Forks
COUNTY LAST WEEK	**4**	Clay Waseca Lyon Stevens	**33**	Hennepin Dakota Ramsey Anoka Stearns Scott Wright St. Louis Winona Carver Sherburne Chisago

All Yellow CBSAs: Minneapolis-St. Paul-Bloomington, St. Cloud, Duluth, Winona, Fargo, Hutchinson, Owatonna, Willmar, Brainerd, Worthington, Albert Lea, Grand Forks, Red Wing, Alexandria, La Crosse-Onalaska, Wahpeton

All Yellow Counties: Hennepin, Dakota, Ramsey, Anoka, Stearns, Scott, Wright, St. Louis, Winona, Carver, Sherburne, Chisago, McLeod, Steele, Kandiyohi, Benton, Nobles, Crow Wing, Watonwan, Yellow Medicine, Freeborn, Morrison, Goodhue, Douglas, Meeker, Isanti, Mille Lacs, Chippewa, Pine, Roseau, Wabasha, Renville, Dodge

*** 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 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

MINNESOTA

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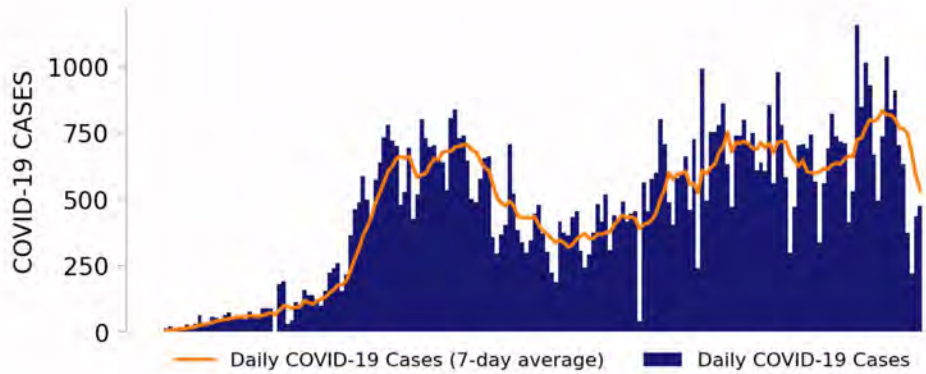
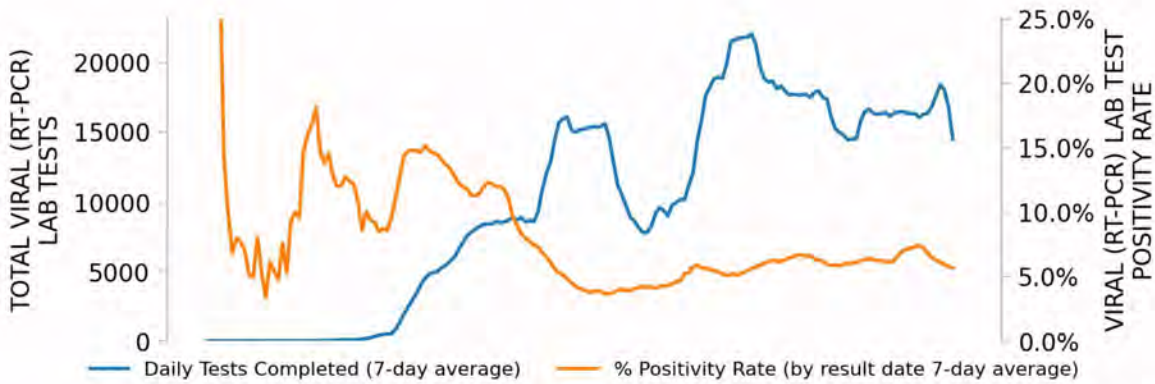
NEW CASES

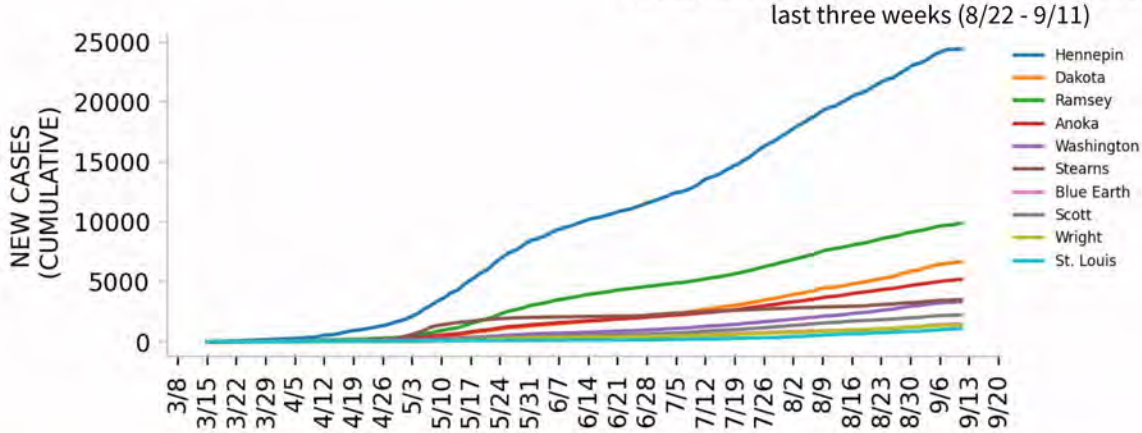


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



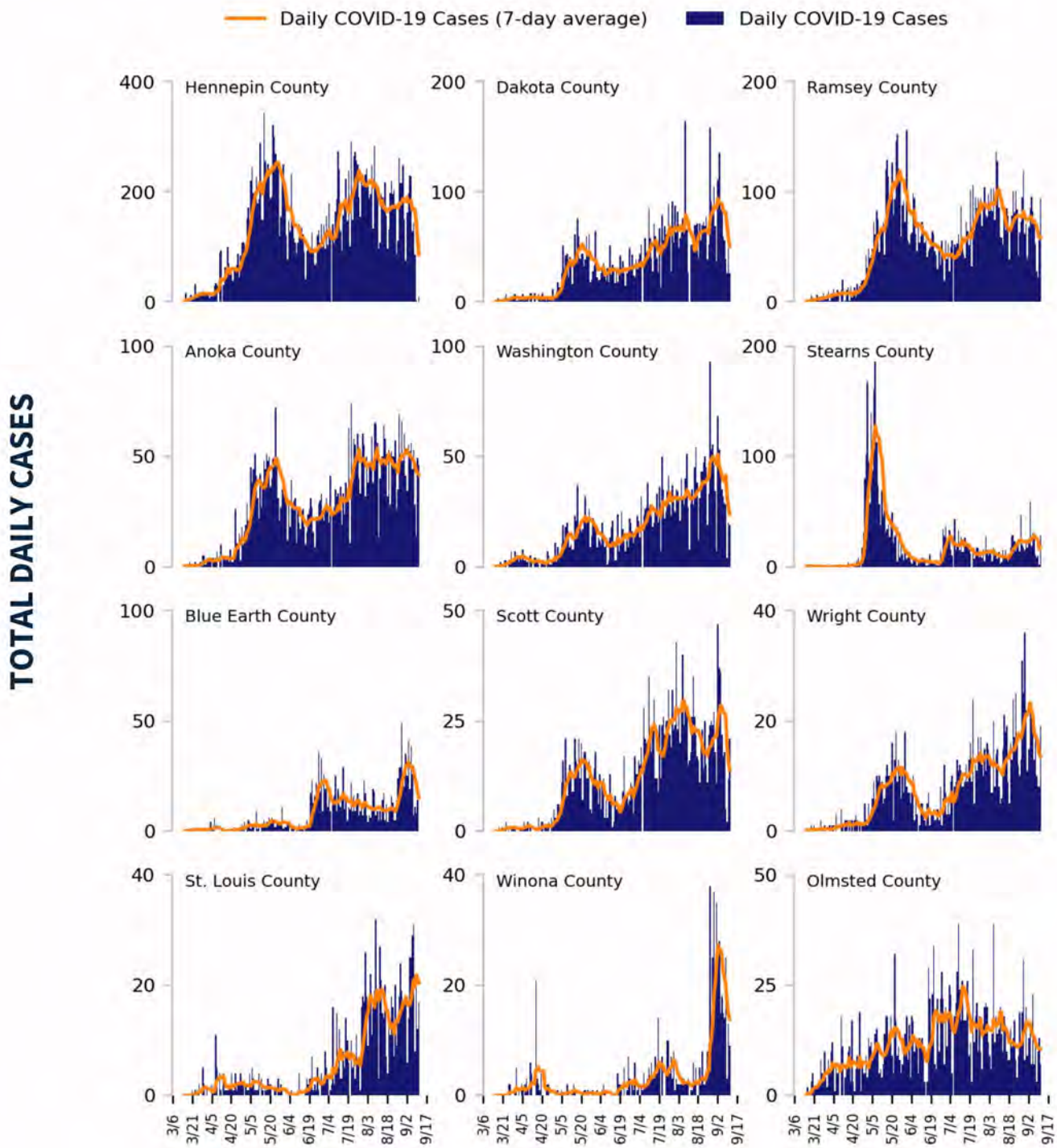
DATA SOURCES – Additional data details available under METHODS

Note: 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 9/11/2020.

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

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 9/11/2020. Last 3 weeks is 8/22 - 9/11.

MINNESOTA

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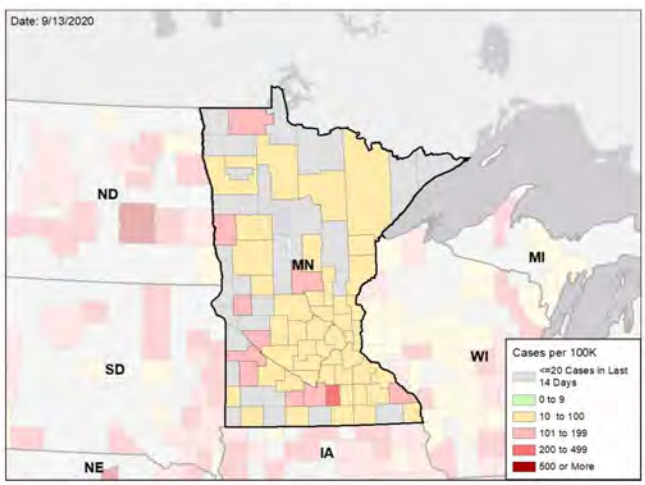
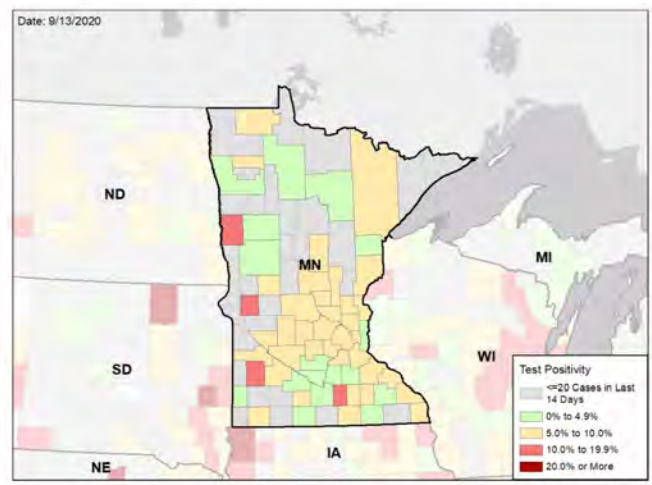
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

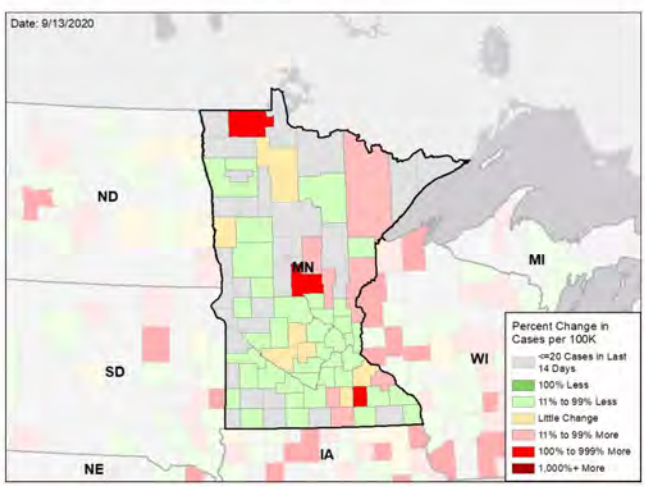
NEW CASES PER 100,000 DURING THE LAST WEEK



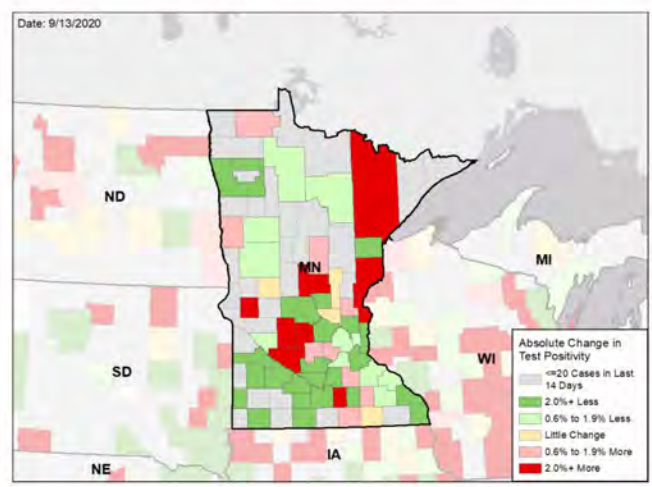
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

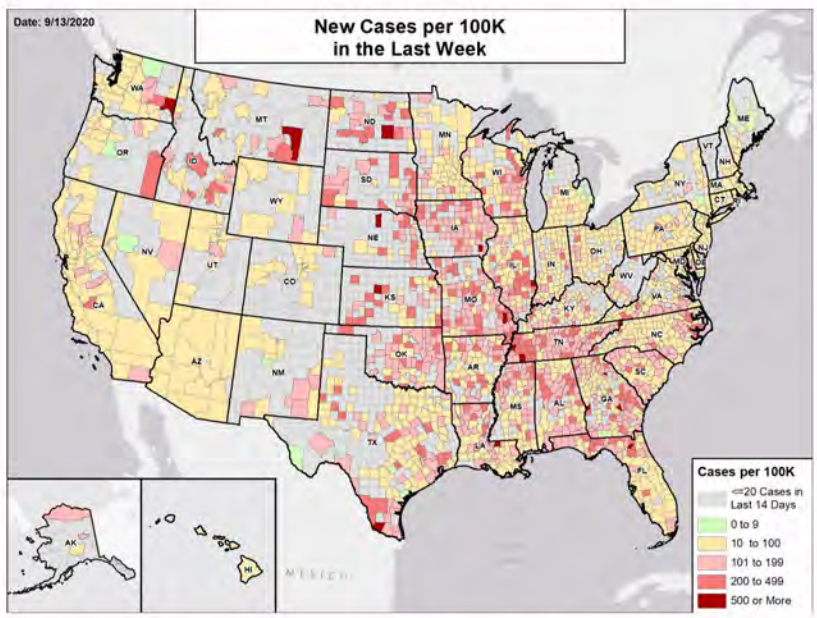
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/11/2020. Last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

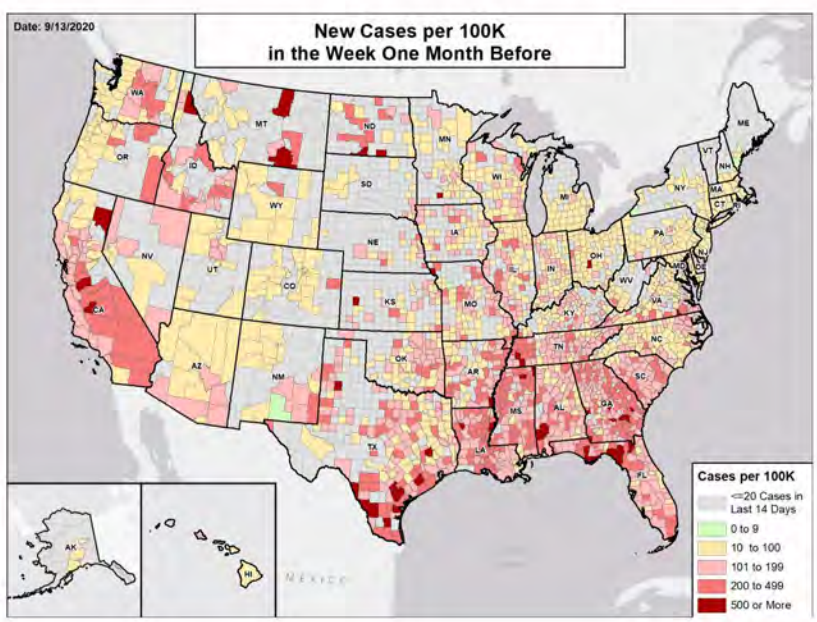
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

National Picture

NEW CASES PER 100,000 LAST WEEK



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



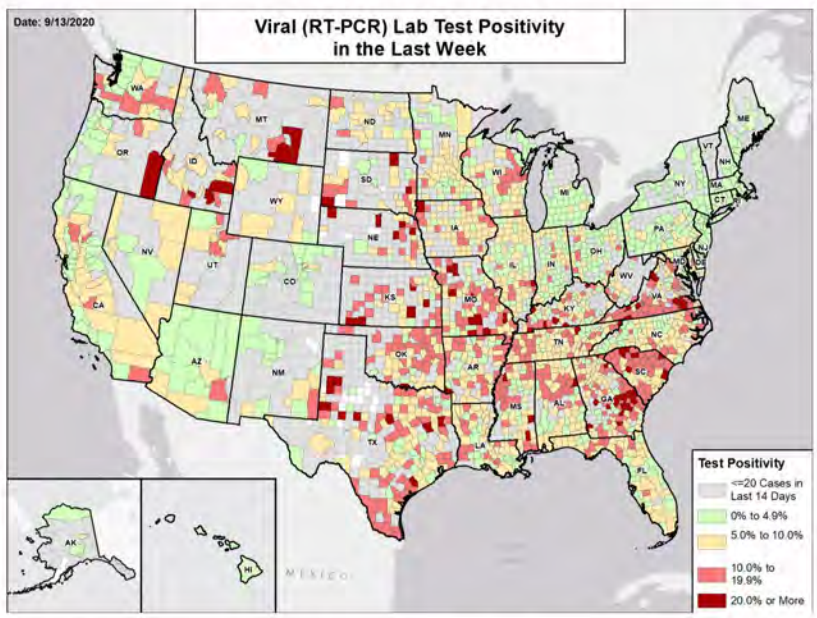
DATA SOURCES

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

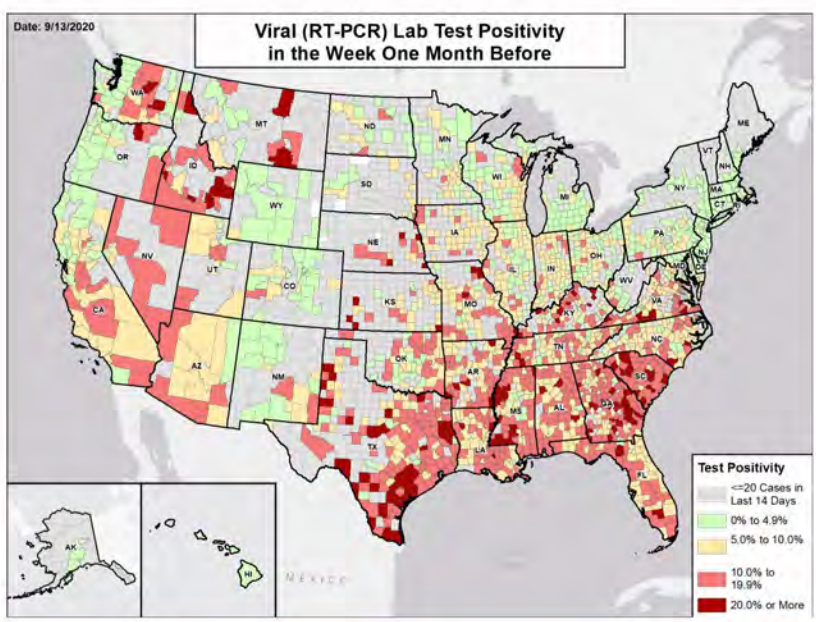
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
- **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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.

STATE REPORT
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MISSISSIPPI

SUMMARY

- Mississippi continues to make progress week over week. In the past six weeks, the state has gone from 109 red zone counties to 16 red zone counties. Mississippi 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. Mississippi is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 11th highest rate in the country.
- Mississippi continues 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. DeSoto County, 2. Lafayette County, and 3. Hinds County. These counties represent 17.8% of new cases in Mississippi. The increase in Lafayette is driven by the University of Mississippi and fairly isolated to the campus.
- 60% of all counties in Mississippi have moderate or high levels of community transmission (yellow or red zone), with now only 20% having high levels of community transmission (red zone). Previously, this number was 95%.
- During the week of Aug 31 - Sep 6, 21% of nursing homes had at least one new resident COVID-19 case, 30% had at least one new staff COVID-19 case, and 9% had at least one new resident COVID-19 death.
- Mississippi had 109 new cases per 100,000 population in the last week, compared to a national average of 74 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 10 to support medical activities from VA.
- Between Sep 5 - Sep 11, on average, 70 patients with confirmed COVID-19 and 88 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Mississippi. An average of 88% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Mississippi has made progress and is sustaining the gains through continuing the strong mitigation efforts statewide and strengthening mitigation efforts in university towns to decrease spread from universities to the local community. Consider a further decrease in hours and occupancy limits in bars and restaurants in university counties and anywhere university and college students gather, as is being done by the Mayor of Oxford.
- In discussion with University of Mississippi administration, students, and local county officials, the University has developed a strong plan for testing of symptomatic students, staff, and faculty, along with contact tracing and isolation. The University needs to further strengthen the detection of silent spread on campuses through routine saliva testing of students on university research platforms or through the Jackson Medical Center campus. Screening should increase to 1,000 people per week over the next 4 weeks, carefully following trends in test positivity in asymptomatic students to ensure mitigation and containment of asymptomatic spread. If test positivity on campus is over 10% after two weeks, recommend increasing screening to 1,600 people per week or 10% of the student body in both on and off campus housing.
- The federal government will support surge testing in the Oxford community and at the university to further strengthen detection of asymptomatic students.
- SEC athlete testing plan is well-thought through and excellent.
- The University of Mississippi is utilizing college and university faculty, staff, and students to expand public health messaging and increase contact tracing capacity and ensure protection of local communities through strict mask wearing and social distancing when off campus and when around vulnerable individuals on campus.
- Consider utilizing focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- In preparation for fall, continue to increase testing capacity by increasing the budget and capacity of public health labs; ensure hospitals use pooled testing for elective surgeries and patients admitted without suspected COVID-19 to reserve tests for community outreach; expand outpatient testing, pooling specimens where appropriate; and utilize all university, veterinary, and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Increase surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 those with comorbidities becoming infected. Careful monitoring of tailgating events both on and off campus will be essential.
- 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 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

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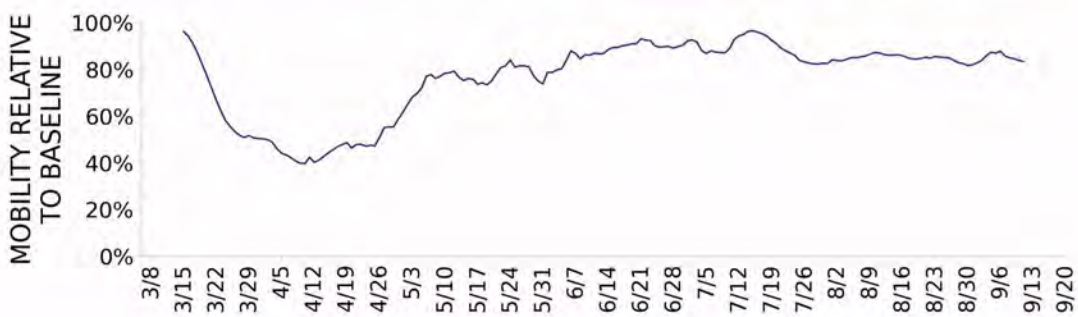
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	3,235 (109)	-30.4%	66,299 (99)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.5%	-0.5%*	7.4%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	18,221** (612)	-25.3%**	746,836** (1,116)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	111 (4)	-22.9%	1,864 (3)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	21% (30%)	+2%* (+5%*)	18% (29%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	9%	-3%*	8%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**6**	Tupelo Cleveland Corinth Clarksdale Greenwood Indianola	**11**	Jackson Gulfport-Biloxi Memphis Oxford Hattiesburg Meridian Laurel Greenville Picayune Brookhaven West Point
COUNTY LAST WEEK	**16**	DeSoto Lee Bolivar Alcorn Itawamba Pontotoc Prentiss Coahoma Sunflower Leflore Tallahatchie Clarke	**33**	Lafayette Hinds Harrison Jackson Rankin Lauderdale Forrest Jones Washington Lamar Marshall Monroe

All Red Counties: DeSoto, Lee, Bolivar, Alcorn, Itawamba, Pontotoc, Prentiss, Coahoma, Sunflower, Leflore, Tallahatchie, Clarke, Tate, Perry, Yazoo, Humphreys

All Yellow Counties: Lafayette, Hinds, Harrison, Jackson, Rankin, Lauderdale, Forrest, Jones, Washington, Lamar, Marshall, Monroe, Pearl River, Panola, Copiah, Tippah, Simpson, Tishomingo, Newton, Lincoln, Hancock, Leake, Covington, Clay, Marion, Holmes, Chickasaw, Jasper, Stone, George, Montgomery, Attala, Greene

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

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

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/9/2020. Last week is 9/3 - 9/9.

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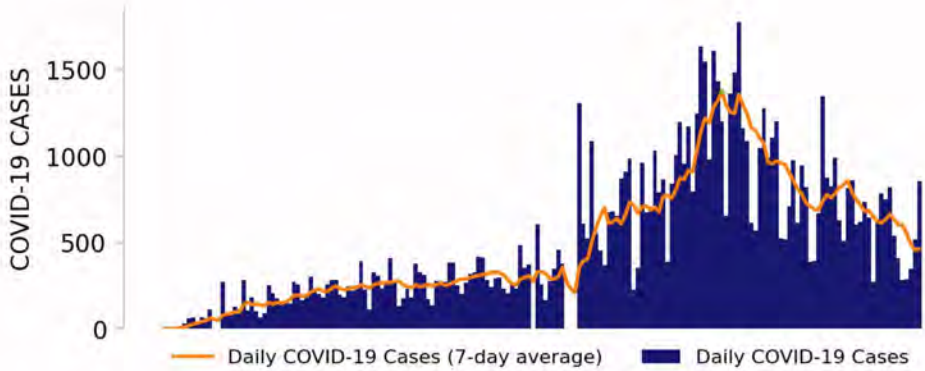
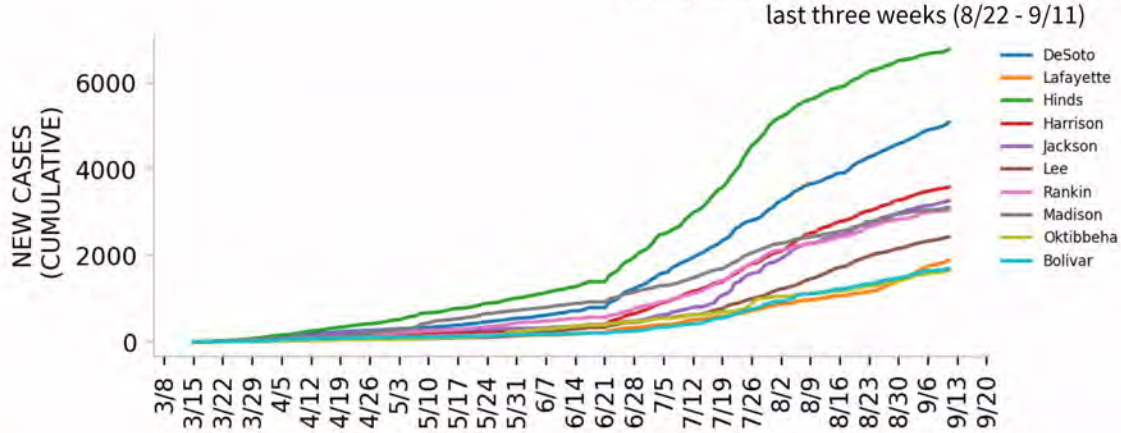
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



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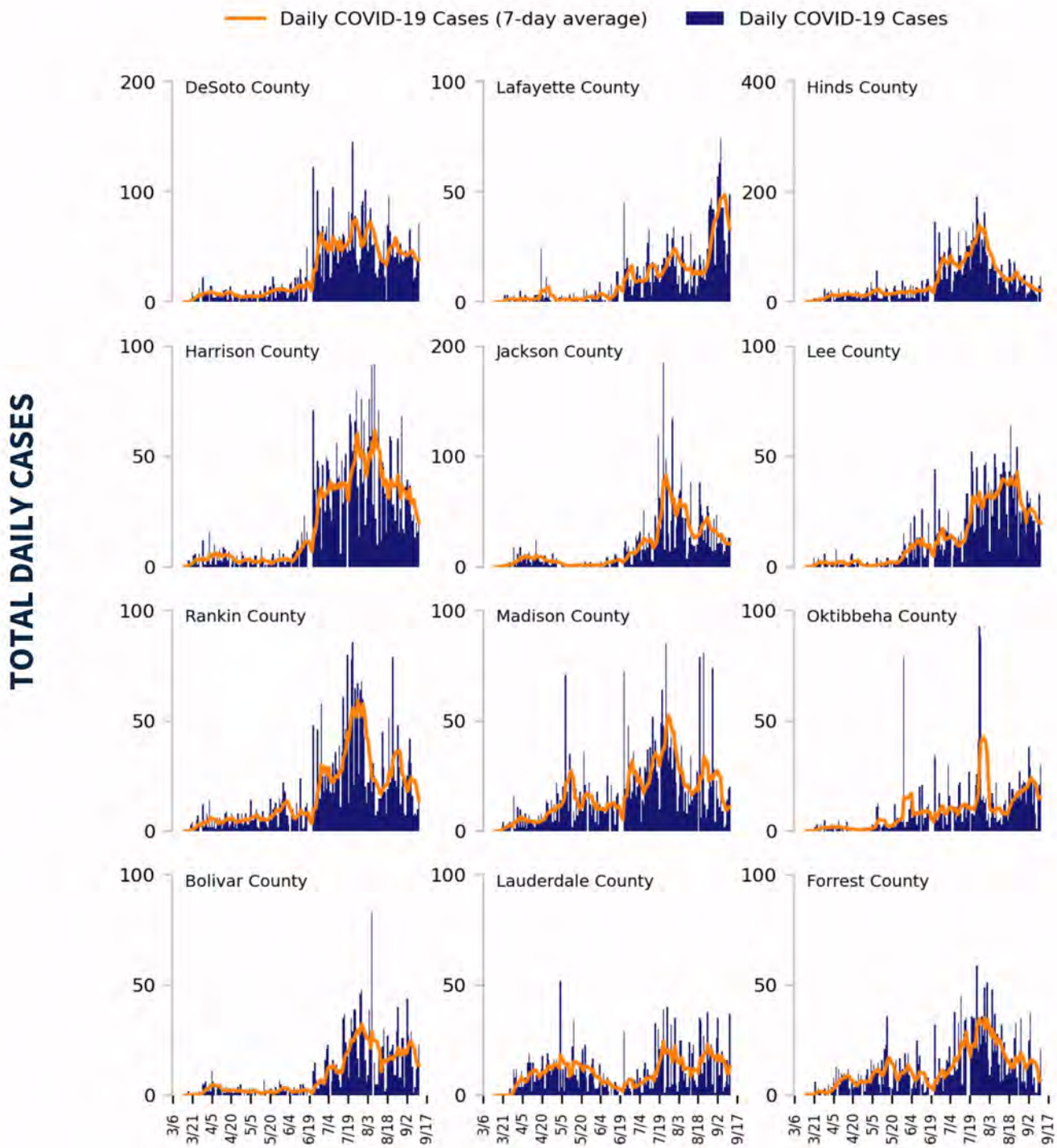
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/9/2020.

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 9/11/2020. Last 3 weeks is 8/22 - 9/11.

MISSISSIPPI

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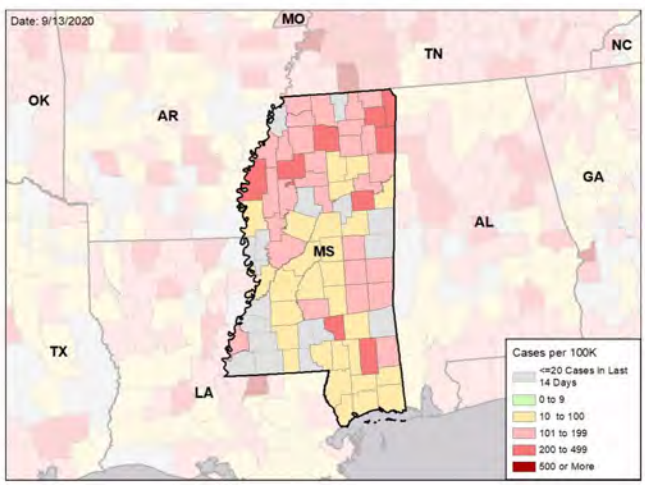
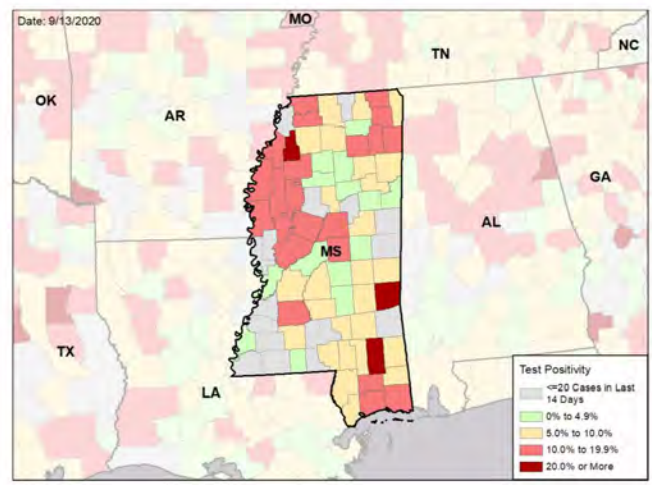
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

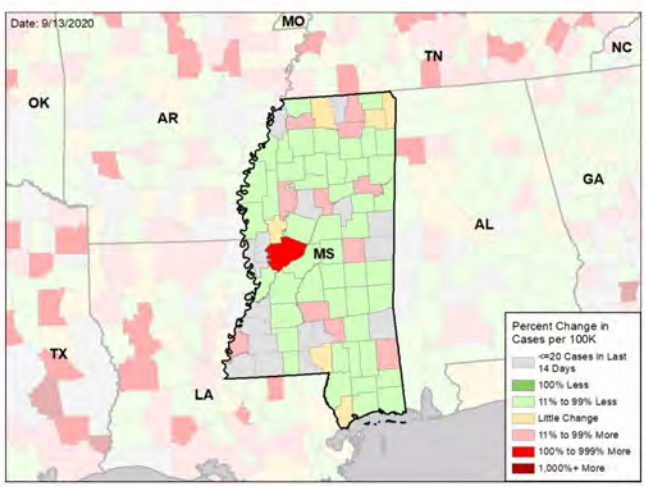
NEW CASES PER 100,000 DURING THE LAST WEEK



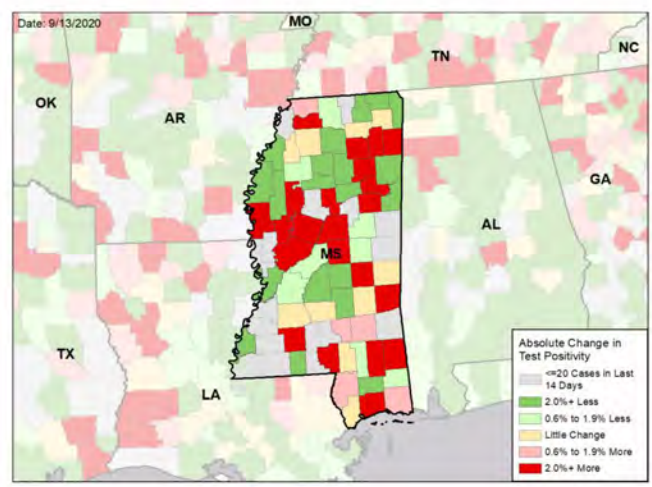
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



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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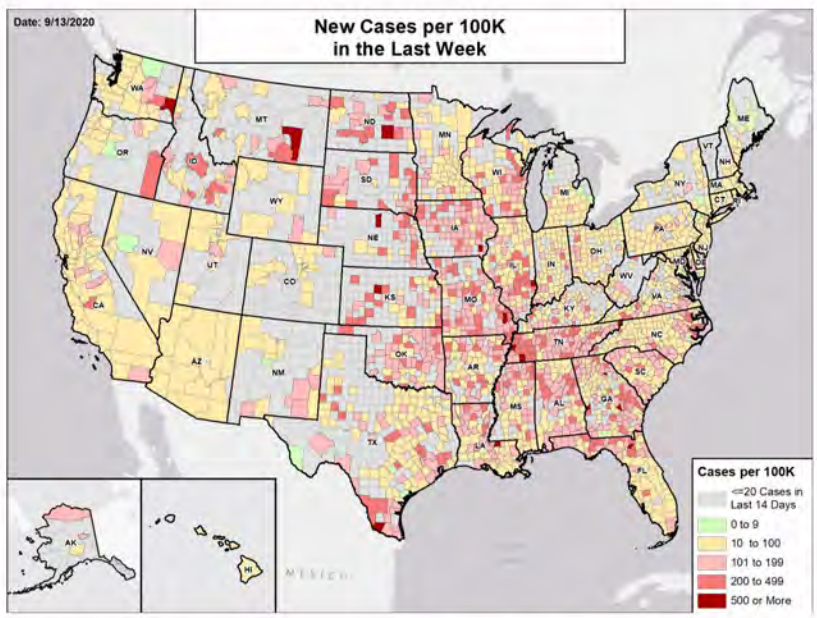
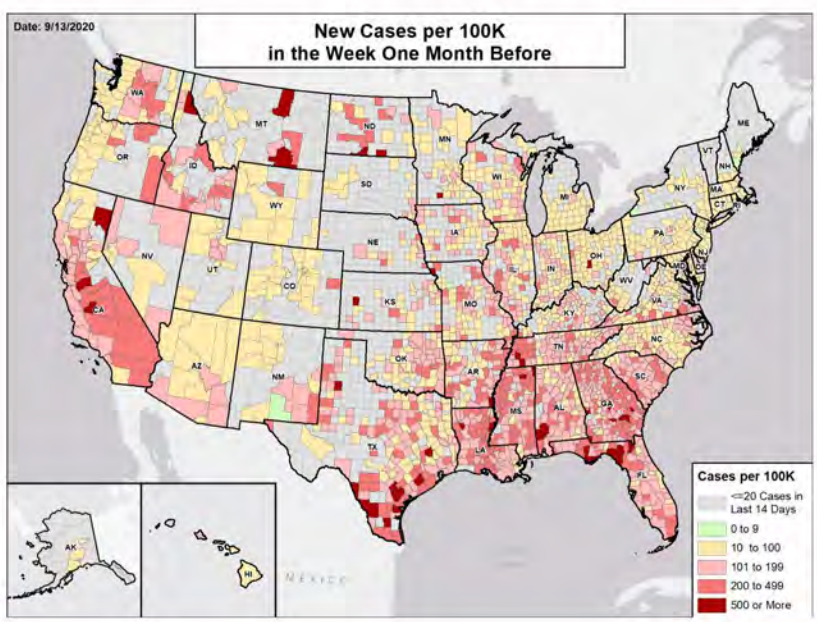
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

National Picture

NEW CASES PER 100,000 LAST WEEK



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



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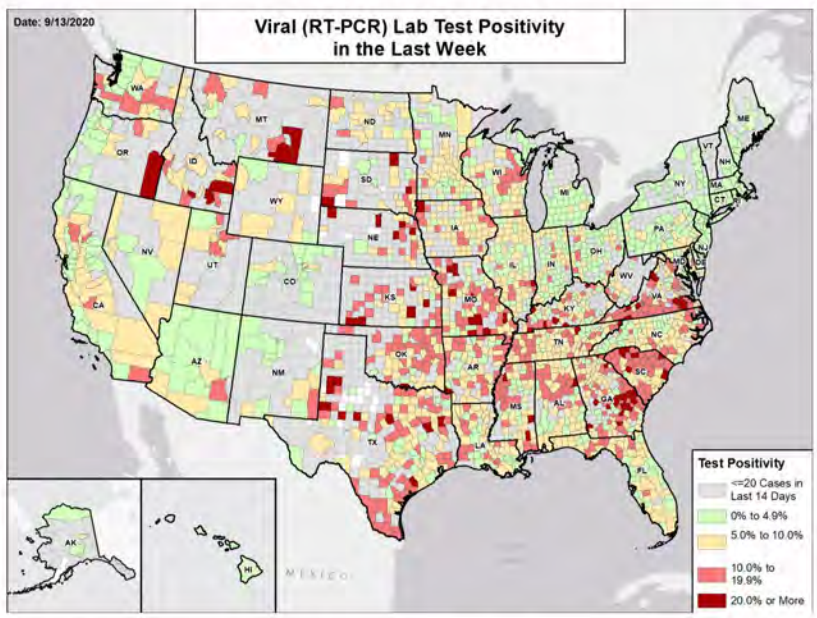
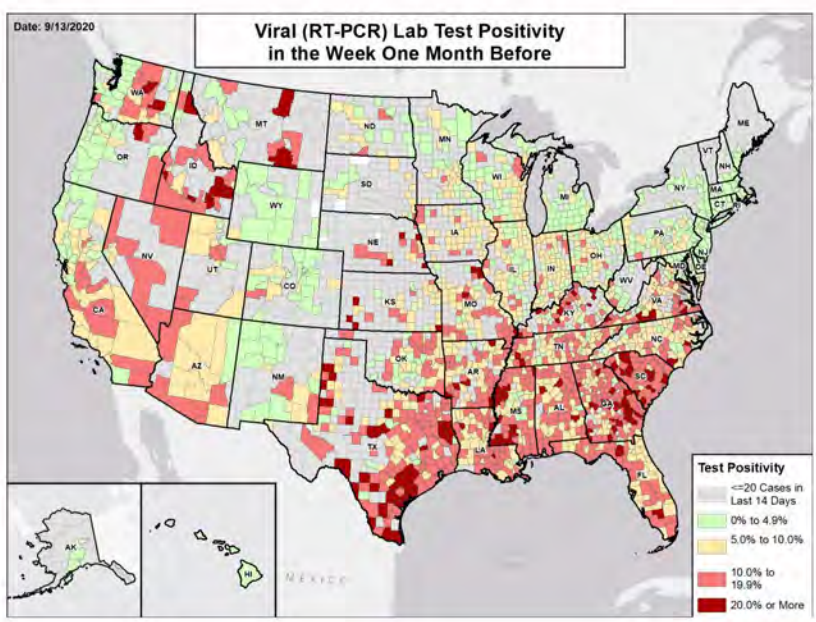
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
- **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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, 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 4th highest rate in the country. Missouri is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 7th highest rate in the country.
- Missouri has seen stability in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. St. Louis County, 2. Jackson County, and 3. Greene County. These counties represent 34.0% of new cases in Missouri.
- 63% of all counties in Missouri have moderate or high levels of community transmission (yellow or red zone), with 37% having high levels of community transmission (red zone).
- During the week of Aug 31 - Sep 6, 11% of nursing homes had at least one new resident COVID-19 case, 22% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- Missouri had 146 new cases per 100,000 population in the last week, compared to a national average of 74 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; 2 to support epidemiology activities from CDC; 2 to support operations activities from CDC; and 1 to support operations activities from VA.
- Between Sep 5 - Sep 11, on average, 88 patients with confirmed COVID-19 and 224 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Missouri. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Establish statewide mask mandate. COVID-19 is being brought into nursing homes through community transmission. Review and improve infection control practices at nursing homes to stop the introduction of COVID-19. Arkansas is a great example in the Heartland where statewide transmission has decreased through mask usage.
- In areas with ongoing high levels of transmission (red and yellow zones), use standard metrics to determine school learning options and capacity limits for bars and indoor dining.
- Develop a plan for increased surveillance of silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- In university settings, use wastewater surveillance across campus to identify areas with high viral load for targeted testing. Work with student leaders, including Greek organizations, to establish effective testing strategies to find cases early, prevent spread, and keep students on campus.
- 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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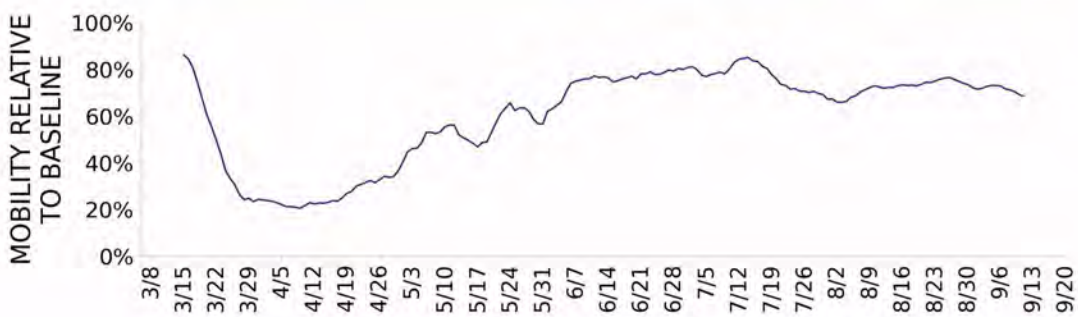
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	8,940 (146)	-3.0%	19,048 (135)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.6%	-0.2%*	8.7%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	49,731** (810)	-7.1%**	177,928** (1,258)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	140 (2)	+44.3%	267 (2)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	11% (22%)	+1%* (+6%*)	8% (19%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	-1%*	3%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

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	**13**	Springfield Columbia Jefferson City St. Joseph Hannibal Maryville Warrensburg Sikeston West Plains Kennett Rolla Poplar Bluff	**11**	St. Louis Kansas City Joplin Farmington Cape Girardeau Branson Sedalia Lebanon Kirksville Moberly Fort Madison-Keokuk
COUNTY LAST WEEK	**43**	Greene Boone St. Charles Jefferson Cole Franklin Christian Nodaway Buchanan Livingston Marion Johnson	**30**	St. Louis Jackson Jasper St. Francois Cape Girardeau Clay Cass Taney Lincoln Pettis New Madrid Cooper

All Red CBSAs: Springfield, Columbia, Jefferson City, St. Joseph, Hannibal, Maryville, Warrensburg, Sikeston, West Plains, Kennett, Rolla, Poplar Bluff, Marshall

All Red Counties: Greene, Boone, St. Charles, Jefferson, Cole, Franklin, Christian, Nodaway, Buchanan, Livingston, Marion, Johnson, Callaway, Camden, Perry, Scott, Newton, Howell, Madison, Dunklin, Phelps, Webster, Miller, Bollinger, Pemiscot, Polk, Washington, Texas, Saline, Gasconade, Lafayette, Grundy, Clinton, Ozark, Mississippi, Wright, Wayne, Ripley, Moniteau, Oregon, Daviess, Dent, Harrison

All Yellow Counties: St. Louis, Jackson, Jasper, St. Francois, Cape Girardeau, Clay, Cass, Taney, Lincoln, Pettis, New Madrid, Cooper, Platte, Lawrence, Laclede, Butler, Crawford, Warren, Stoddard, Adair, Randolph, Andrew, Ste. Genevieve, Vernon, Pike, Henry, DeKalb, McDonald, Osage, Ray

*** 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: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/9/2020. Last week is 9/3 - 9/9.

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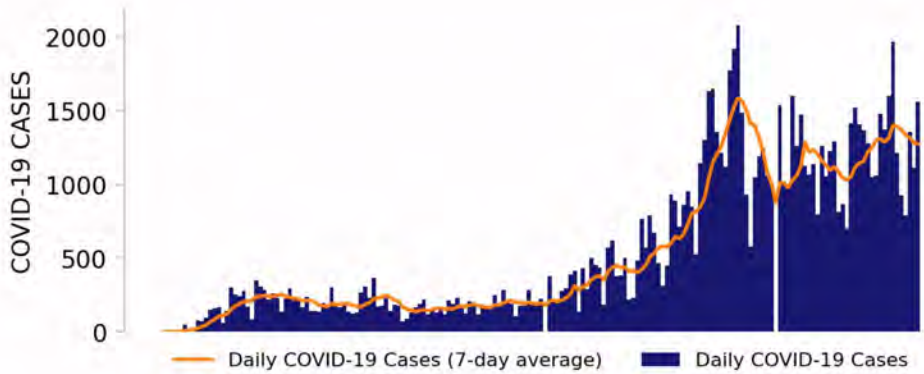
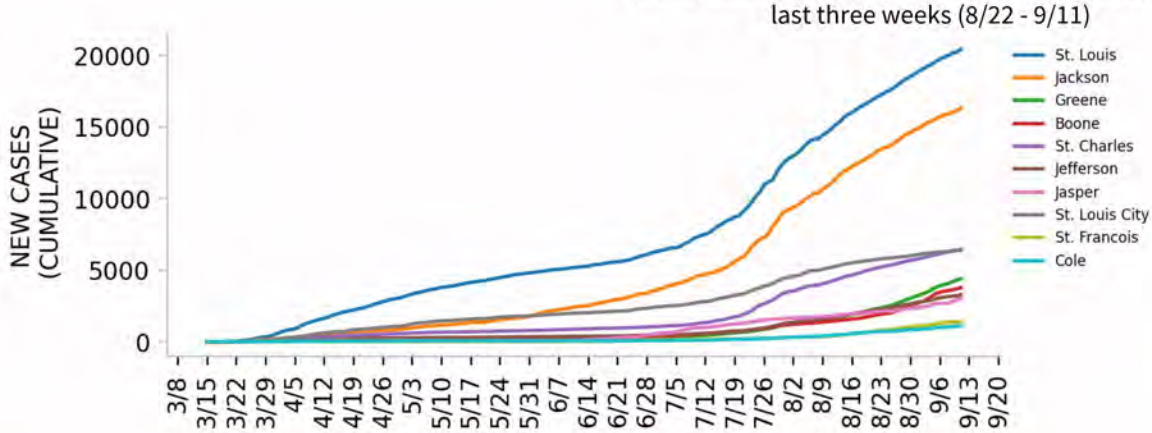
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



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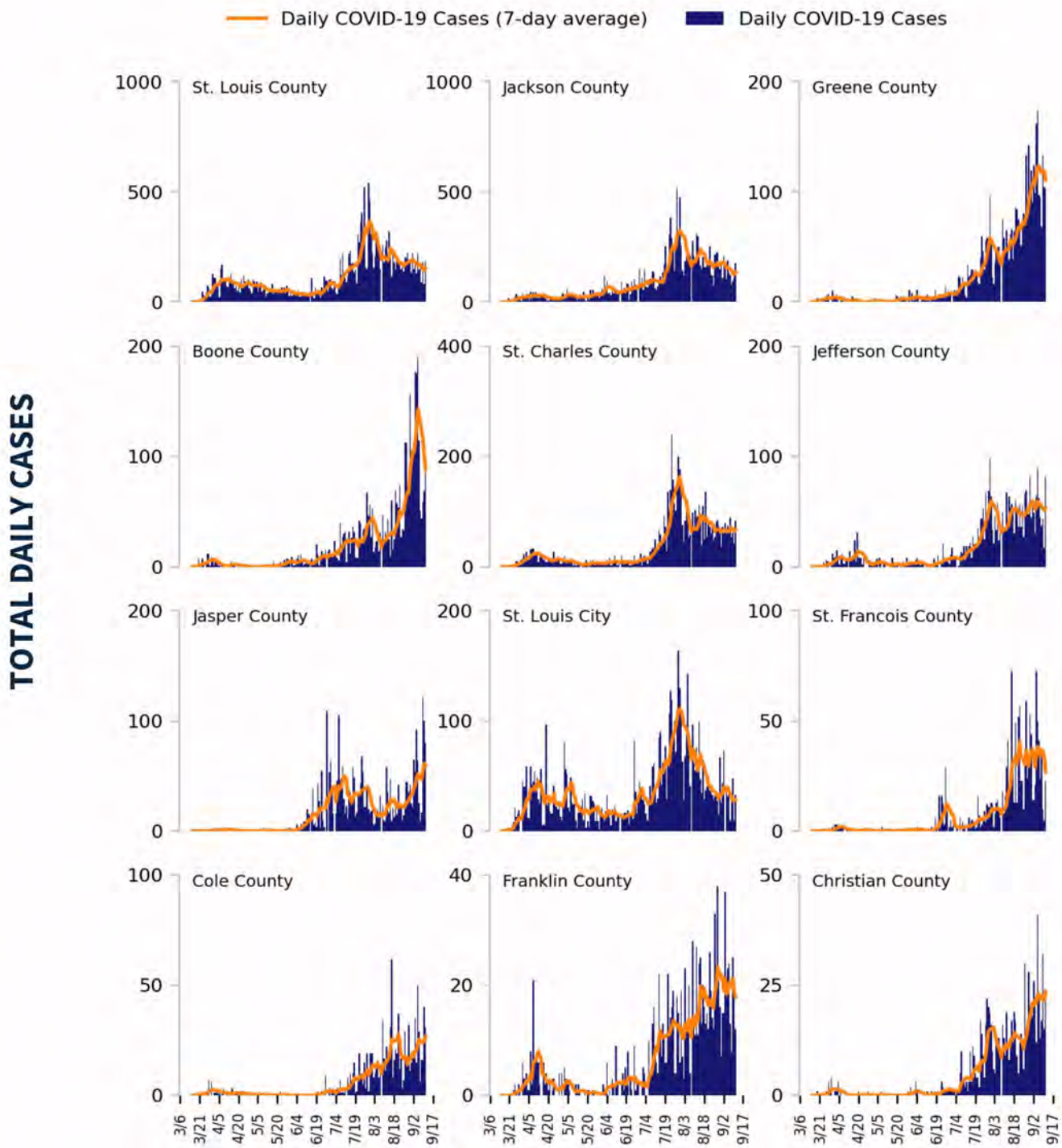
Top 12 counties based on number of new cases in the last 3 weeks



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MISSOURI

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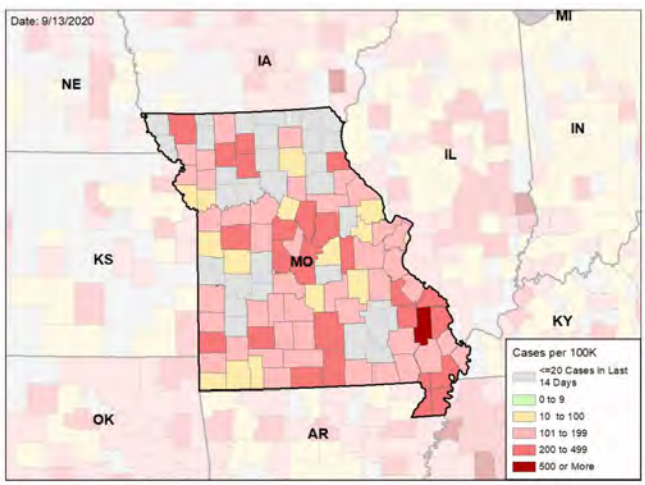
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

NEW CASES PER 100,000 DURING THE LAST WEEK



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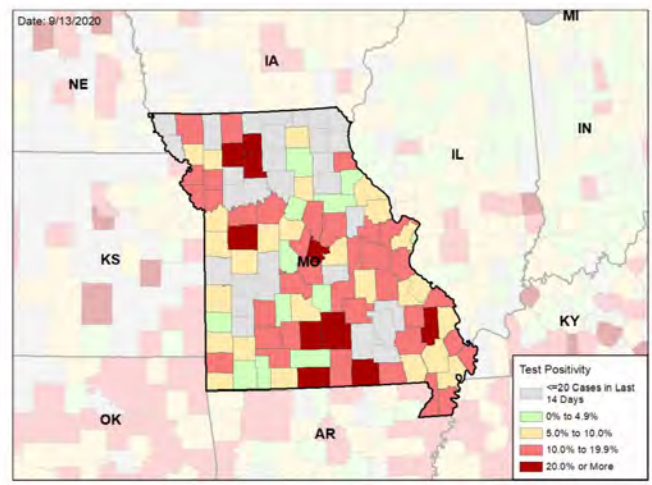
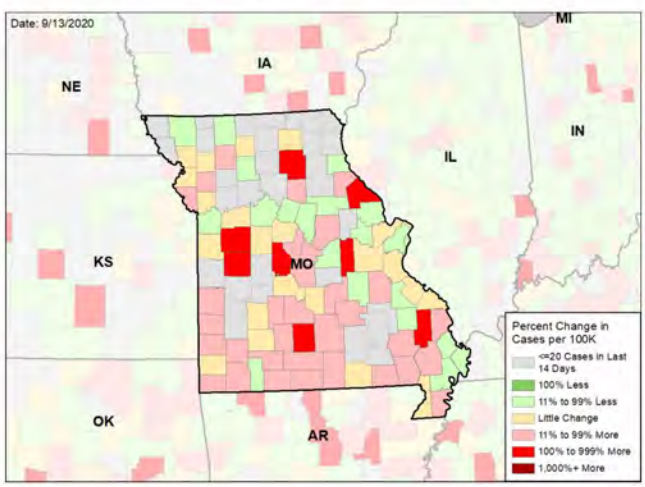
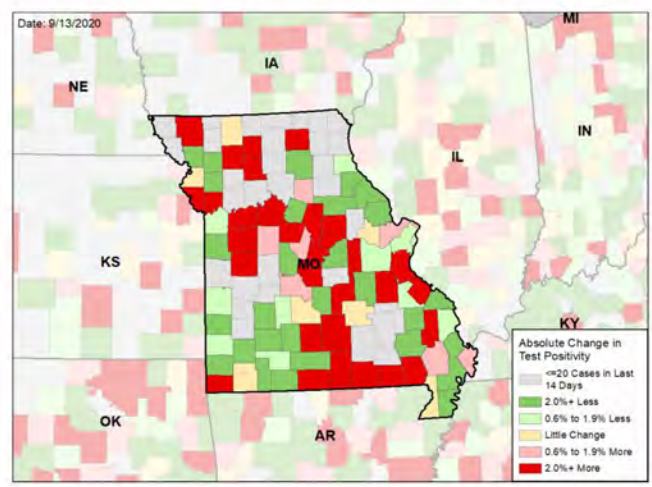


WEEKLY CHANGE IN NEW CASES PER 100K



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



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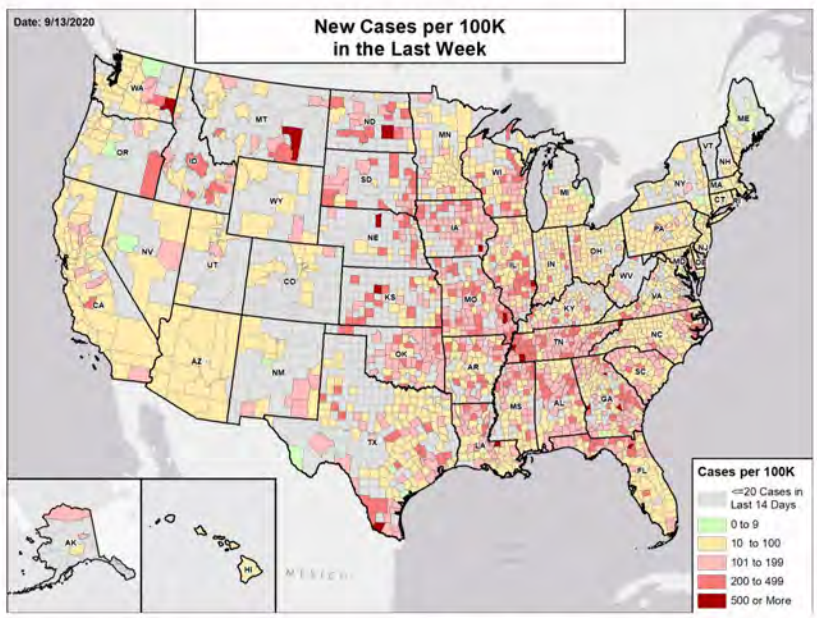
National Picture

NEW CASES PER 100,000 LAST WEEK



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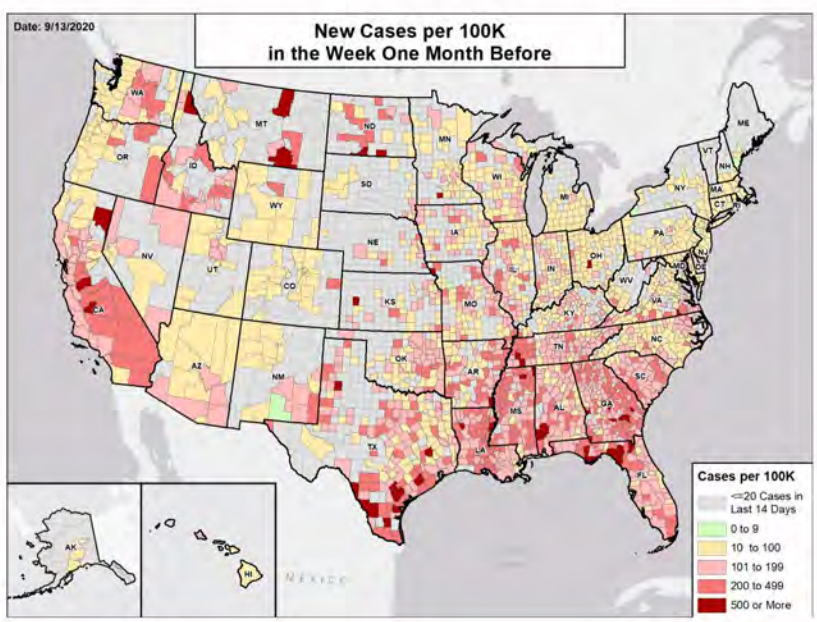

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National Picture

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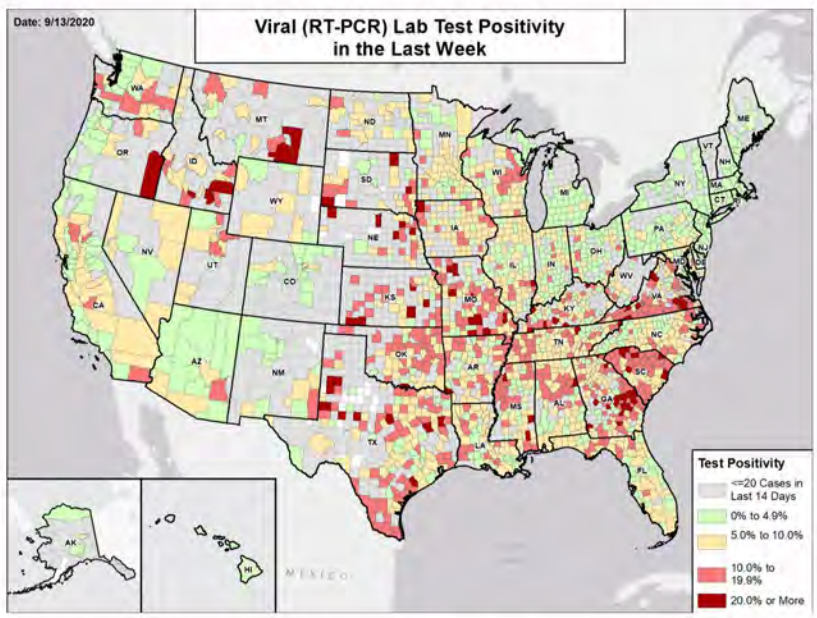
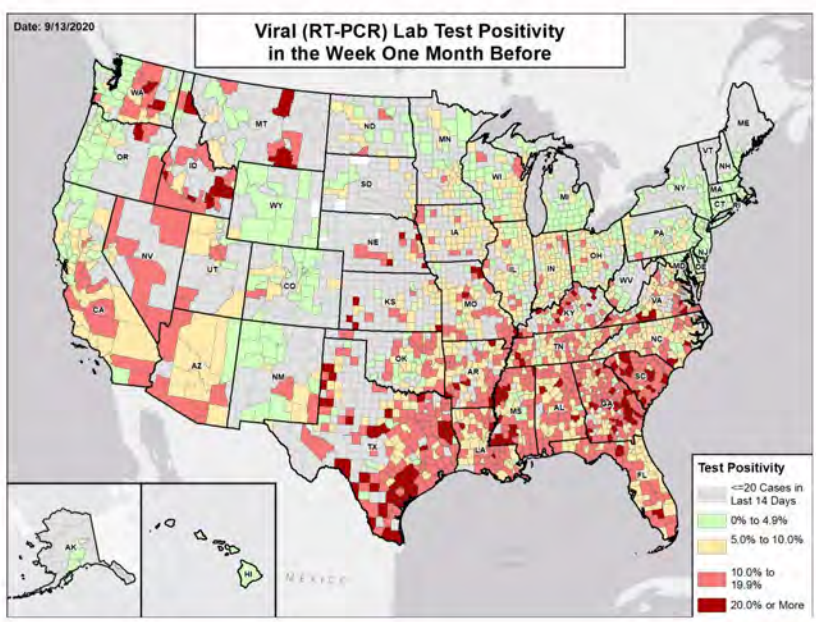


VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
- **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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.

STATE REPORT
09.13.2020

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 27th highest rate in the country. Montana is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 15th highest rate in the country.
- Montana has seen 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. Yellowstone County, 2. Flathead County, and 3. Rosebud County. These counties represent 50.1% of new cases in Montana.
- 23% of all counties in Montana 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 31 - Sep 6, 5% of nursing homes had at least one new resident COVID-19 case, 12% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death.
- Montana had 71 new cases per 100,000 population in the last week, compared to a national average of 74 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; 13 to support medical activities from ASPR; 1 to support operations activities from ASPR; 4 to support epidemiology activities from CDC; and 3 to support operations activities from CDC.
- Between Sep 5 - Sep 11, on average, 16 patients with confirmed COVID-19 and 23 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Montana. 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

- Data suggests movement of the epidemic into smaller cities and more rural counties; this should prompt intensified education and local ordinances to limit escalation.
- Intensify mitigation efforts in communities with elevated or increasing case rates, such as Yellowstone, Flathead, Lewis and Clark, Silver Bow, Lake, Lincoln, Park, Glacier, and Jefferson counties.
- Promote personal and social responsibility for social distancing and face coverings, with mandates for indoor work and retail environments; target messaging to young adult populations.
- 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 all efforts to expand testing capacity, utilizing pooled testing to expand surveillance efforts.
- On colleges and universities, plan for surge testing and isolation facilities for campus outbreaks (surge testing of 50-100% of the student body over 14 days and surge capacity to isolate up to 5-10% of student body). Case management services should ensure safe isolation on campus or safe release to family quarantine.
- Encourage or require strong mitigation efforts on campus, including masks and social distancing; de-densification of residences and classrooms; maximum ventilation adjustments in all buildings; creation of sheltered outside study and dining areas; and proactive and adaptive limits on bar patronage and student gatherings on and off campus.
- 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.
- 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 that inspection surveys have been conducted in all long-term care facilities (LCTFs) with an initial case or 3 or more cases in the last week and ensure prompt corrective actions were taken.
- Develop a plan for increased surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- Intensify focus on Tribal Nations: As inter-tribal community events resume, promote social distancing and mask recommendations in local language and idioms (develop messaging with tribal leaders and elders). Ensure widely available testing with quick turnaround of results, provide immediate housing and material support for quarantine and isolation while results are pending, and conduct contact interviews within 48 hours of test results.
- 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

STATE REPORT | 09.13.2020

	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)	761 (71)	-21.0%	8,999 (73)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.0%	-1.8%*	6.1%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	13,832** (1,294)	-3.4%**	173,989** (1,419)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	17 (2)	+21.4%	69 (1)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	5% (12%)	+1%* (+6%*)	6% (16%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A	2%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

MONTANA

STATE REPORT | 09.13.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**1**	Billings	**3**	Kalispell Great Falls Butte-Silver Bow
COUNTY LAST WEEK	**3**	Yellowstone Rosebud Big Horn	**10**	Flathead Cascade Glacier Hill Deer Lodge Silver Bow Lake Roosevelt Fergus Lincoln

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and 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 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

MONTANA

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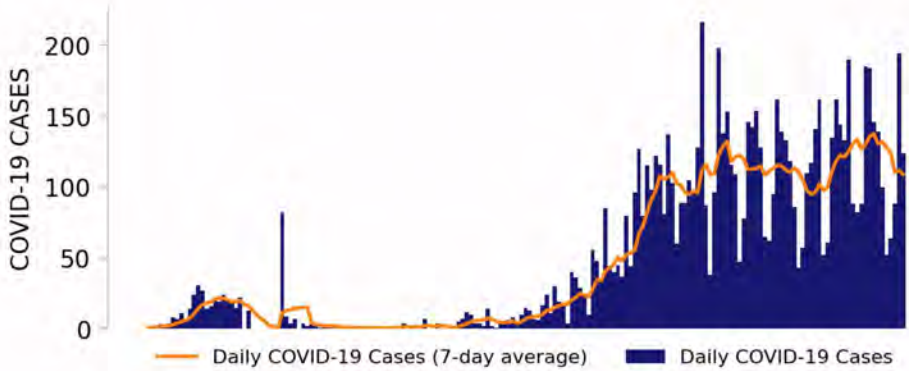
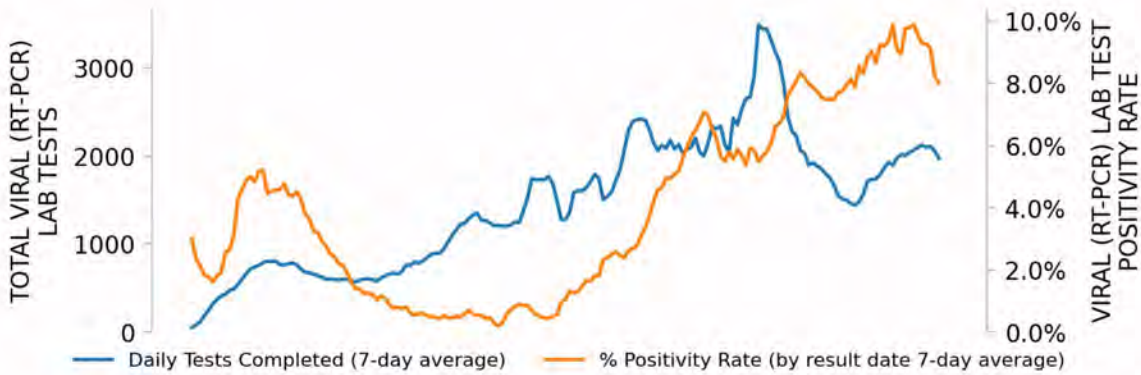
NEW CASES

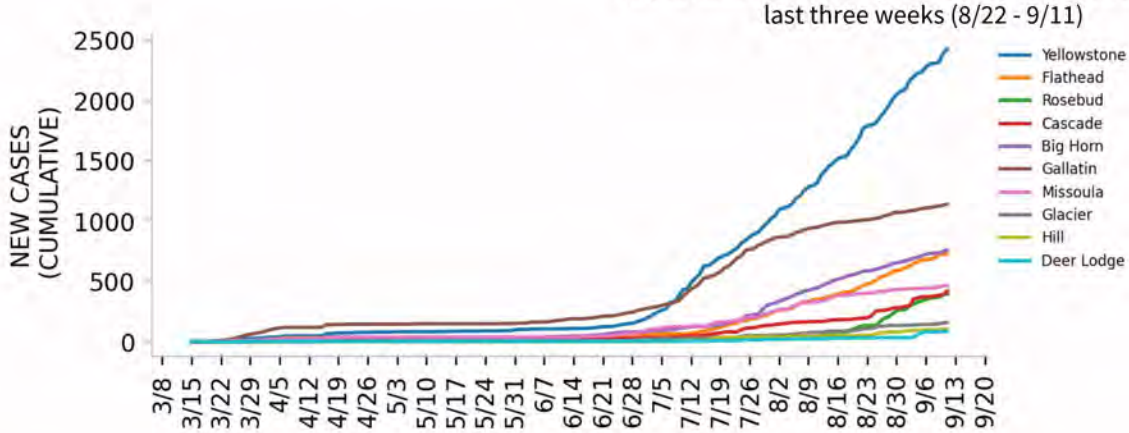


TESTING



TOP COUNTIES

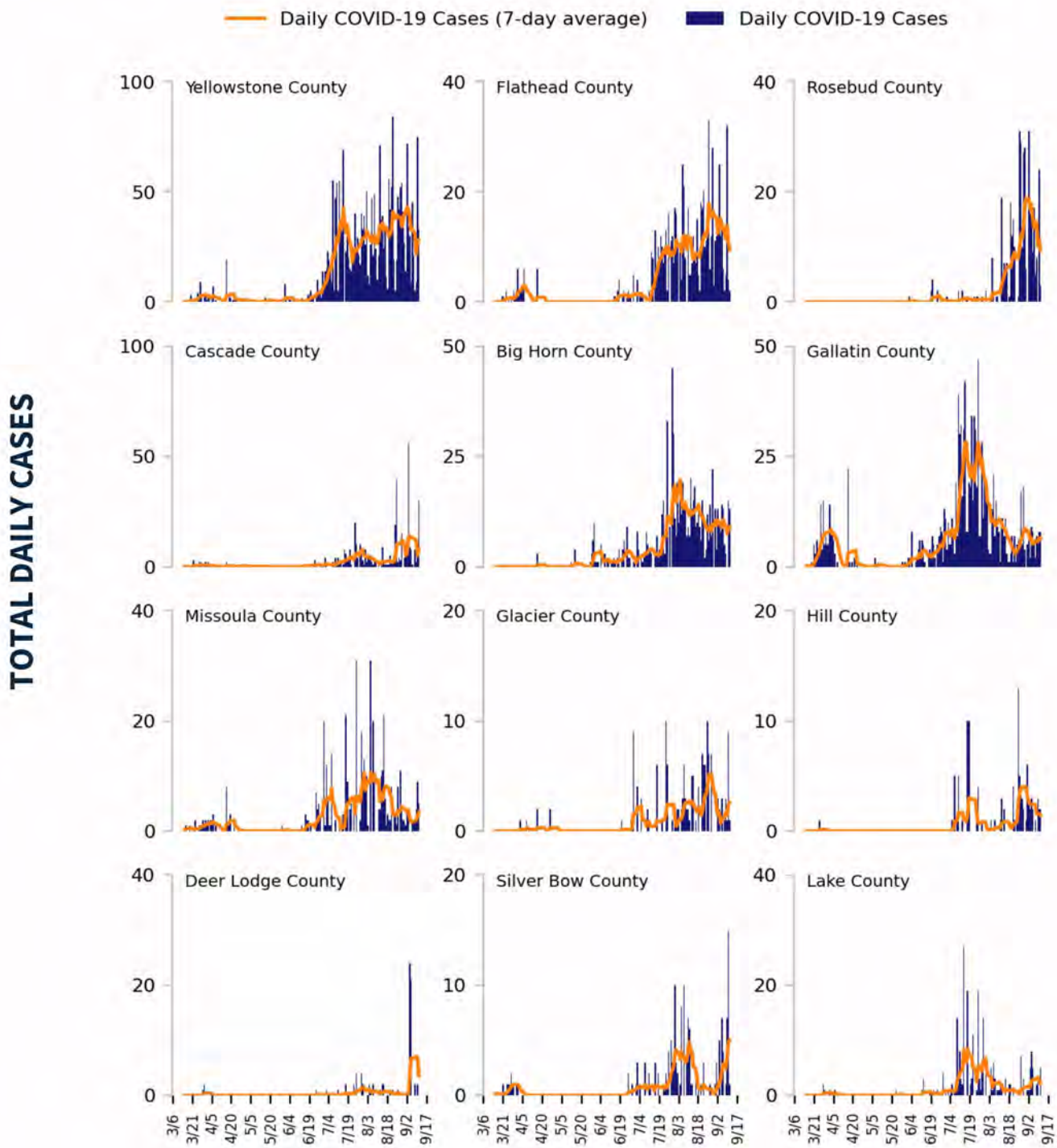
Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



DATA SOURCES – Additional data details available under METHODS

Note: 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 9/11/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020.

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 9/11/2020. Last 3 weeks is 8/22 - 9/11.

MONTANA

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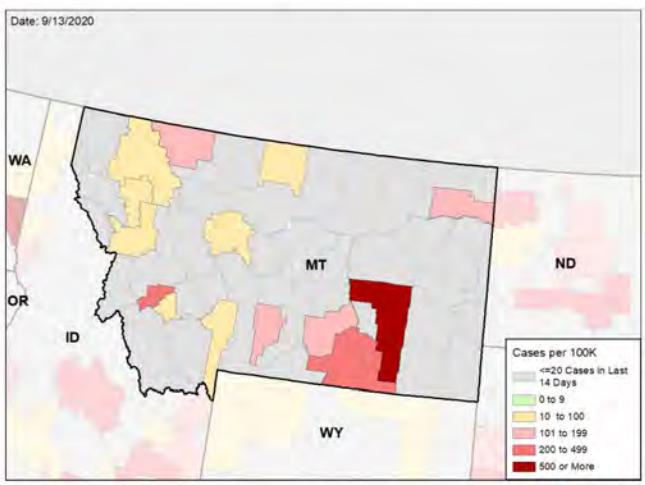
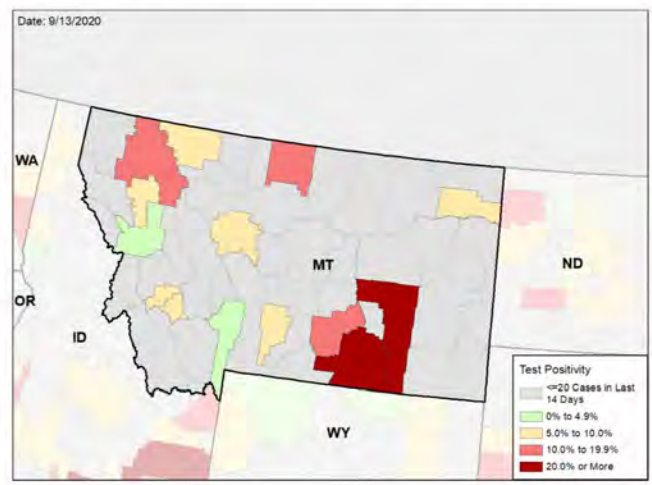
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

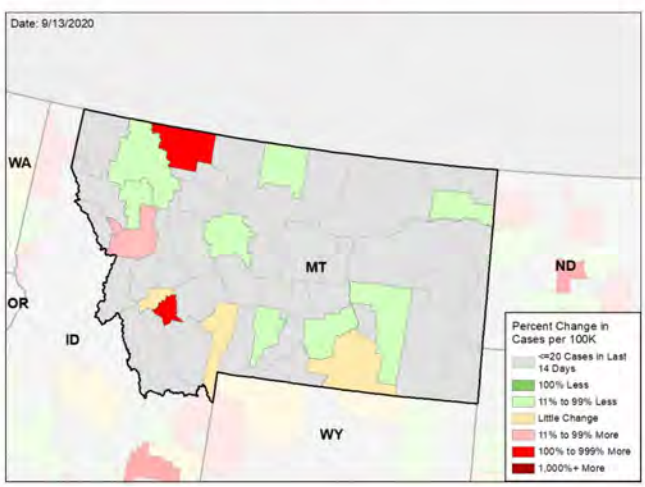
NEW CASES PER 100,000 DURING THE LAST WEEK



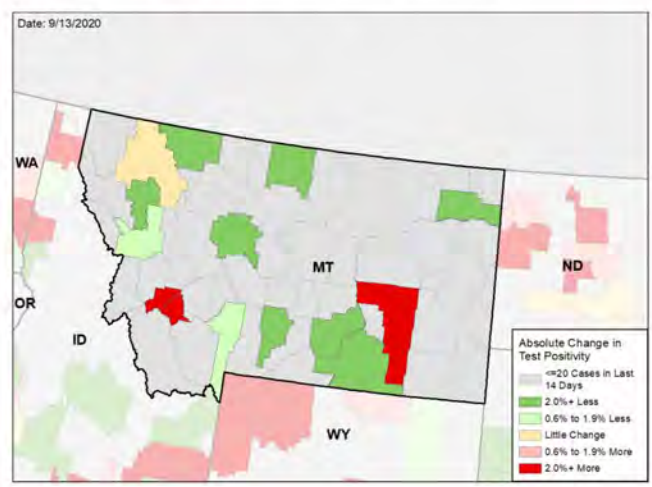
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

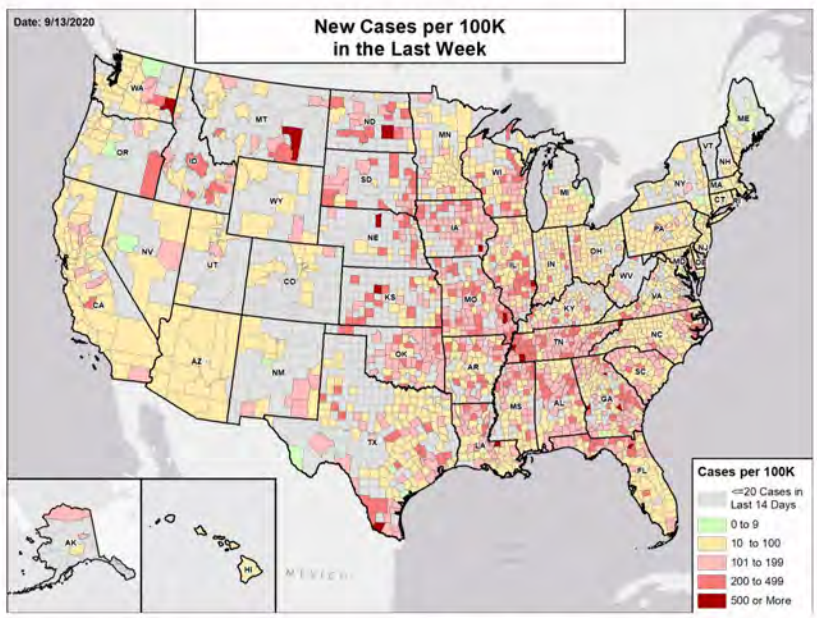
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/11/2020. Last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

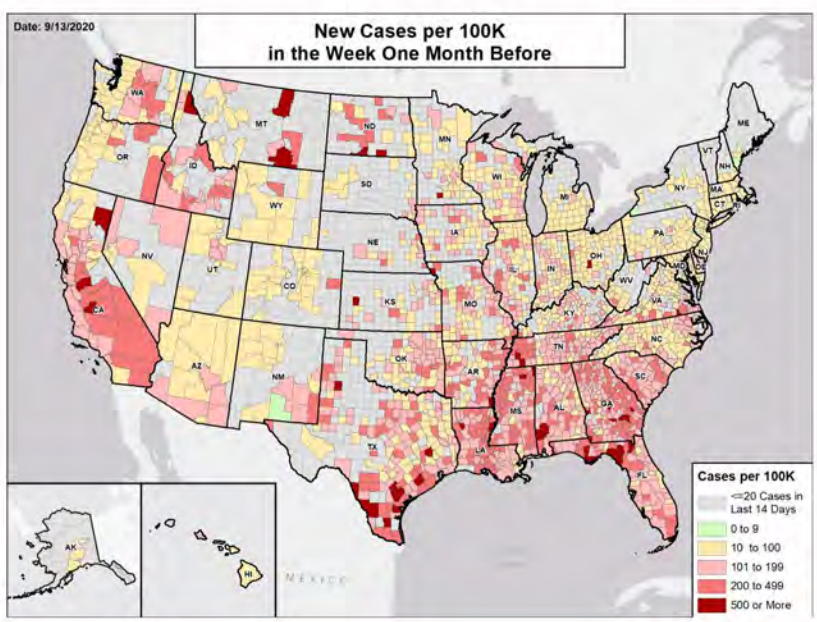
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

National Picture

NEW CASES PER 100,000 LAST WEEK



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



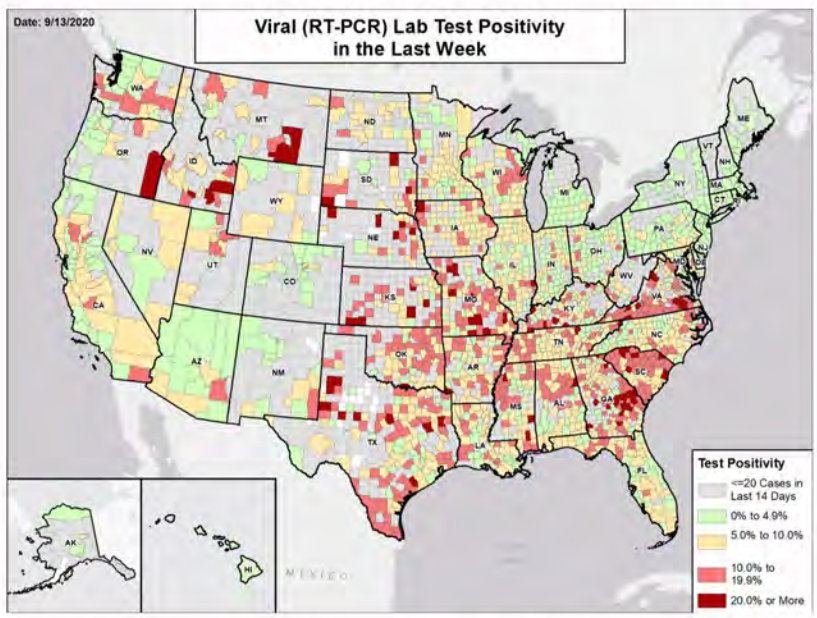
DATA SOURCES

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

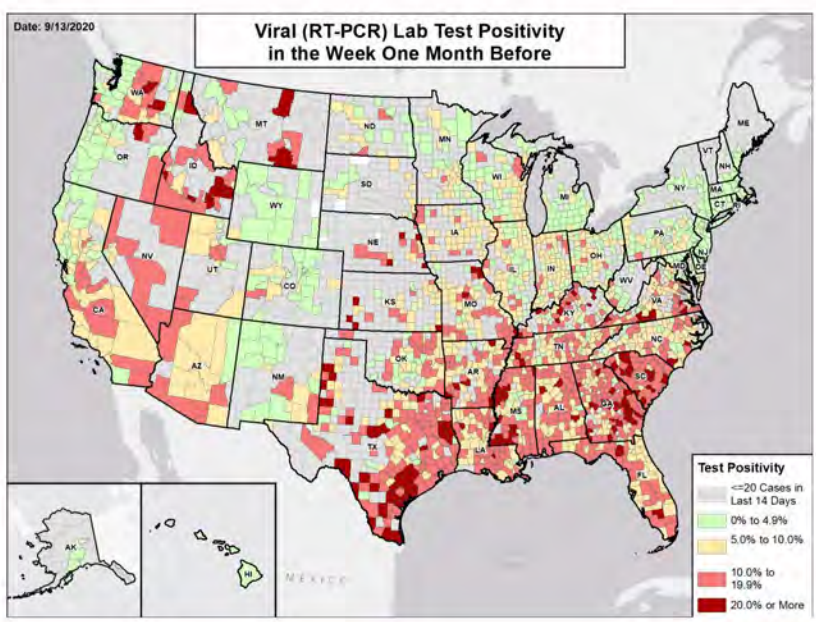
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
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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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.

STATE REPORT
09.13.2020

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 13th highest rate in the country.
- Nebraska 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. Douglas County, 2. Lancaster County, and 3. Sarpy County. These counties represent 60.8% of new cases in Nebraska.
- 29% of all counties in Nebraska 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 31 - Sep 6, 5% of nursing homes had at least one new resident COVID-19 case, 18% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death.
- Nebraska had 105 new cases per 100,000 population in the last week, compared to a national average of 74 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 Sep 5 - Sep 11, on average, 15 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 69% 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

- Without statewide mask requirements, Nebraska will continue to stay at high levels of community transmission in rural and urban areas. COVID-19 is introduced in nursing homes from community transmission. Arkansas is a great example in the Heartland where statewide transmission has decreased through mask usage.
- In areas with ongoing high levels of transmission (red and yellow zones), use standard metrics to determine school learning options and capacity limits for bars and indoor dining.
- Develop a plan for increased surveillance of silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- In university settings, use wastewater surveillance across campus to identify areas with high viral load for targeted testing. Work with student leaders, including Greek organizations, to establish effective testing strategies to find cases early, prevent spread, and keep students on campus.
- Tribal Nations: Encourage the continued enforcement of social distancing and masking measures in areas of increased transmission. Continue enhanced testing activities. Continue to enhance contact tracing and ensure that cases and contacts can quarantine or isolate safely. Monitor testing data to identify additional sites of increased transmission and ensure focused public health resources for these vulnerable communities. Ensure all Tribal Nations are aware of the significant risk from asymptomatic transmission during gatherings or ceremonies.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

NEBRASKA

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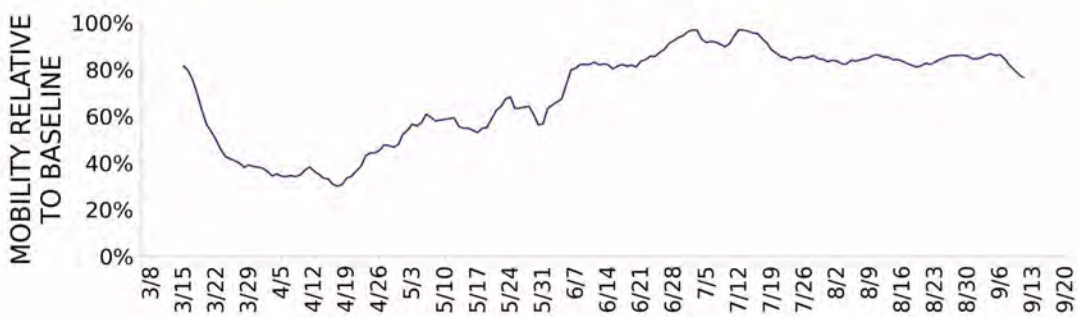
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	2,037 (105)	-13.2%	19,048 (135)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.2%	-1.8%*	8.7%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	30,128** (1,557)	-6.8%**	177,928** (1,258)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	36 (2)	+176.9%	267 (2)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	5% (18%)	+0%* (+5%*)	8% (19%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	+2%*	3%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

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	**6**	Omaha-Council Bluffs Grand Island Fremont Scottsbluff Lexington Beatrice
COUNTY LAST WEEK	**14**	Lancaster Buffalo Madison Platte Dakota Saunders Dawes Wayne Kearney Cuming Pierce Rock	**13**	Douglas Sarpy Hall Dodge Scotts Bluff Cass Dawson Gage Saline Knox Cedar York

All Red Counties: Lancaster, Buffalo, Madison, Platte, Dakota, Saunders, Dawes, Wayne, Kearney, Cuming, Pierce, Rock, Boone, Fillmore

All Yellow Counties: Douglas, Sarpy, Hall, Dodge, Scotts Bluff, Cass, Dawson, Gage, Saline, Knox, Cedar, York, Holt

*** 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 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

NEBRASKA

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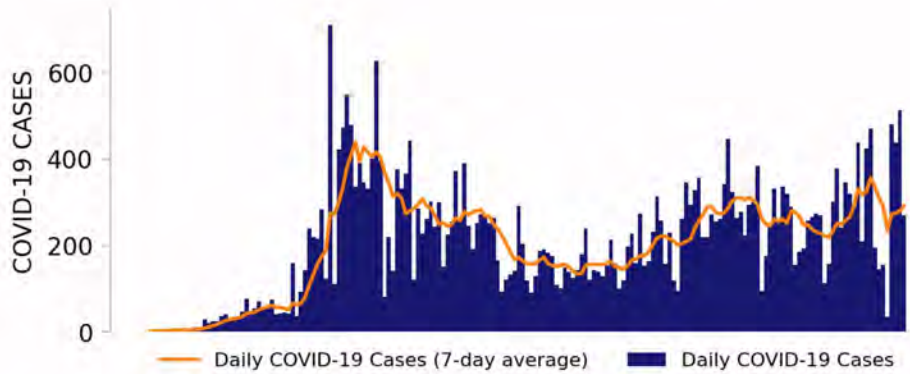
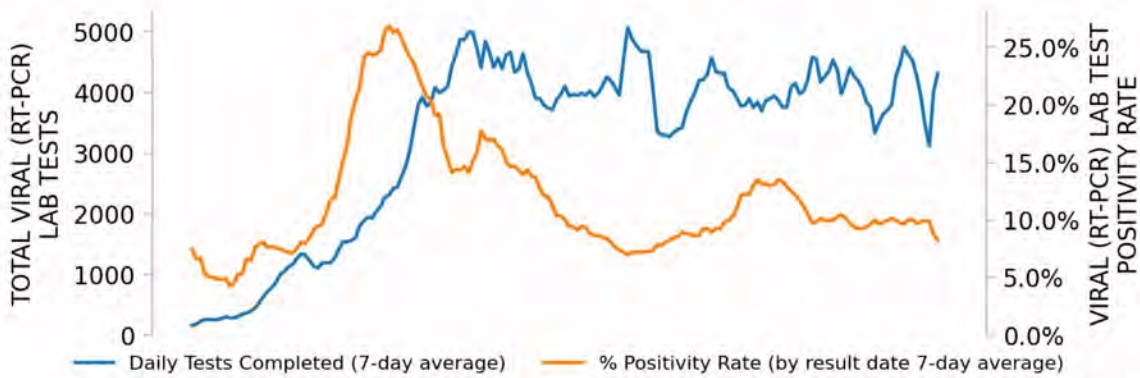
NEW CASES

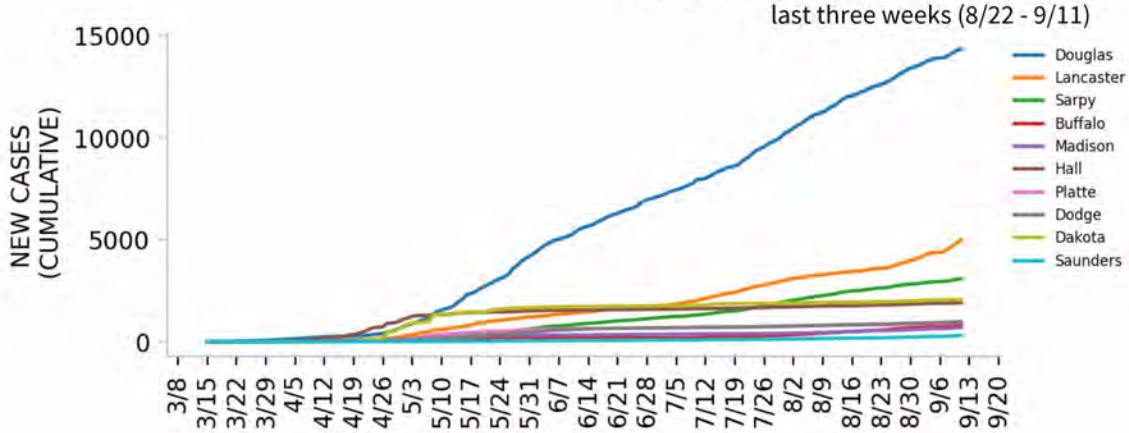


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



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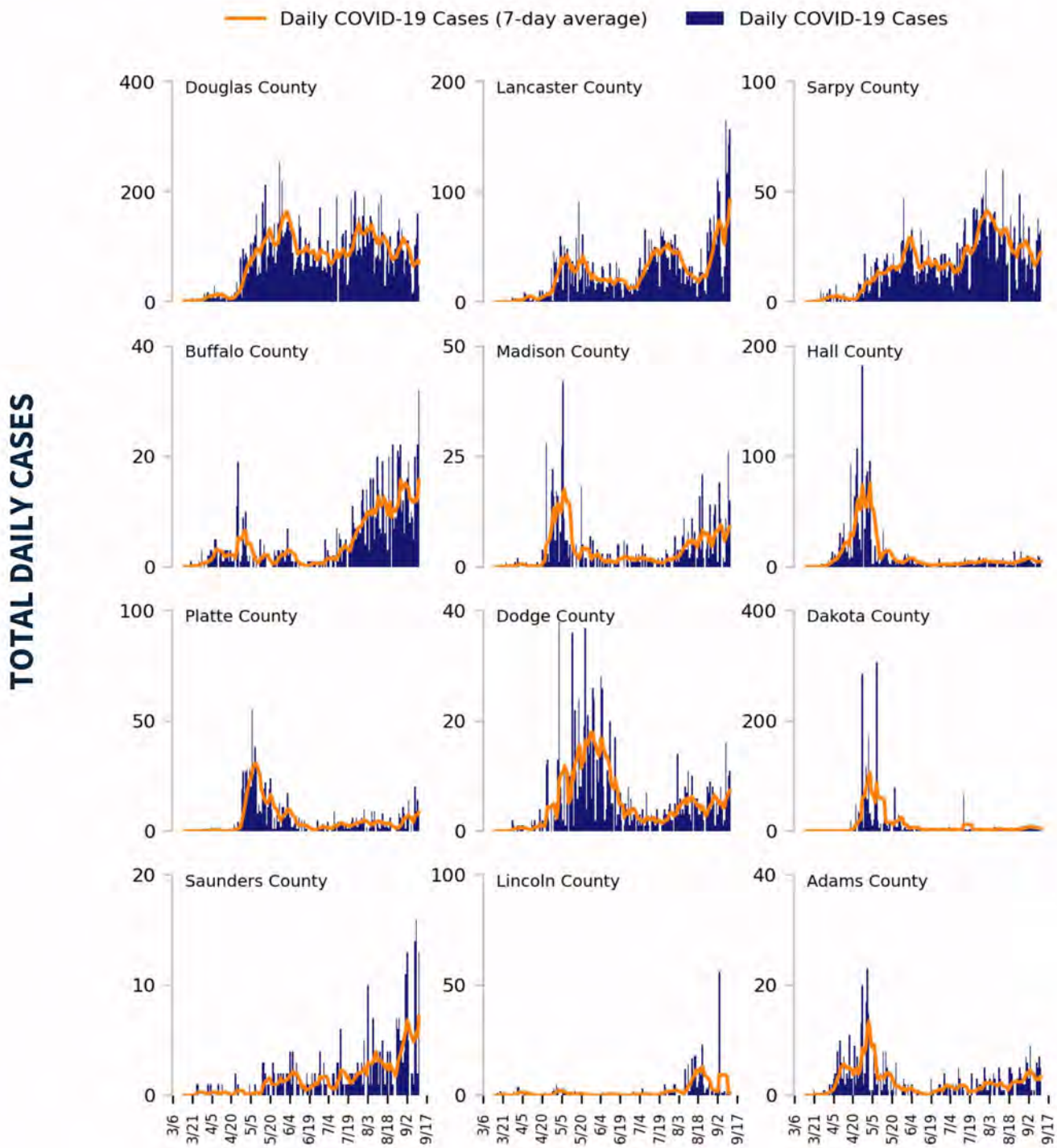
Top 12 counties based on number of new cases in the last 3 weeks



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NEBRASKA

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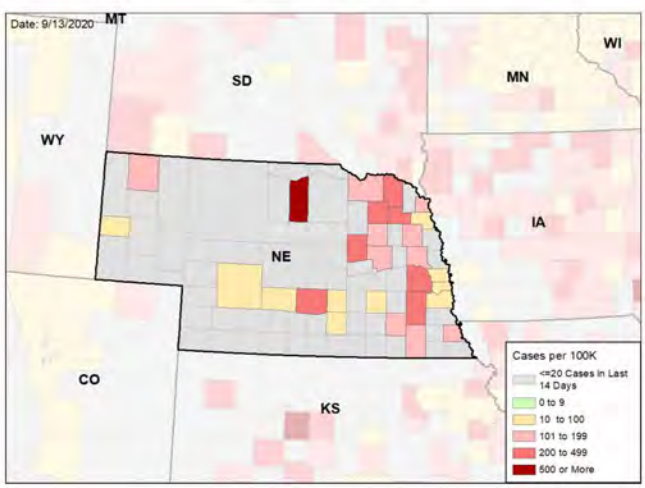
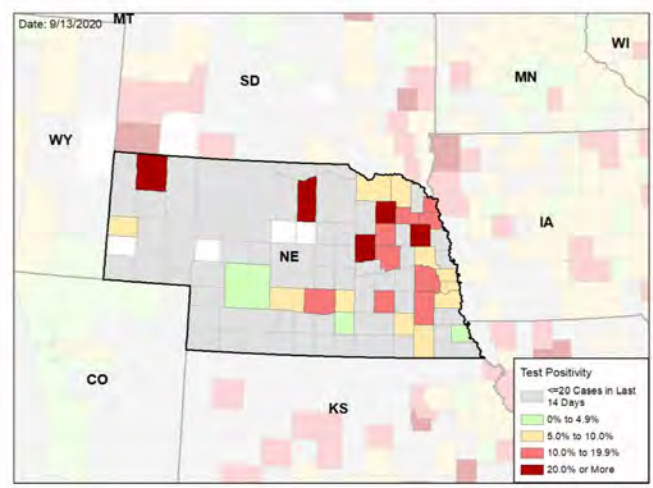
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

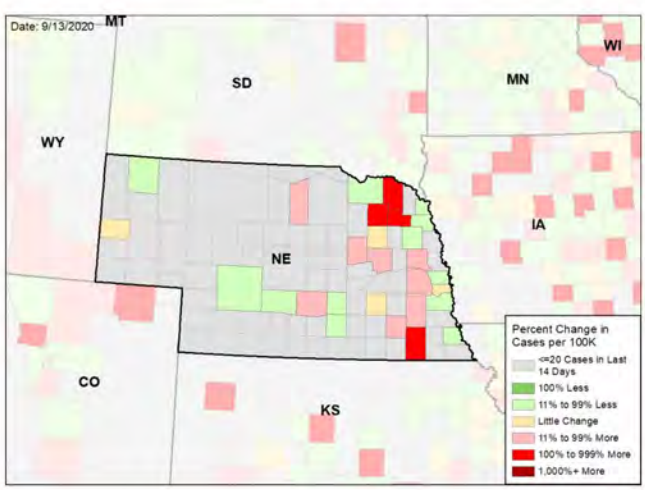
NEW CASES PER 100,000 DURING THE LAST WEEK



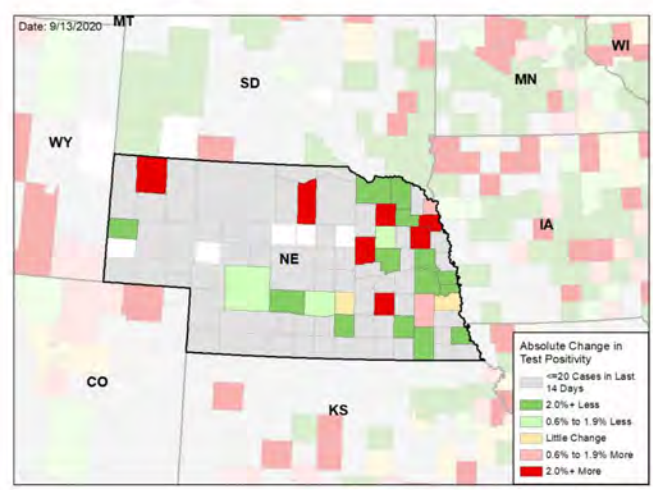
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

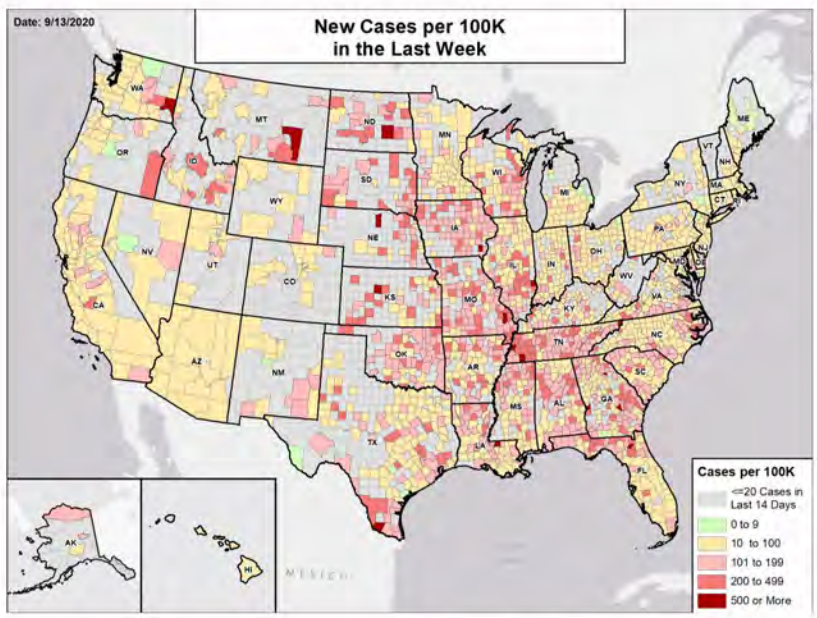
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/11/2020. Last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

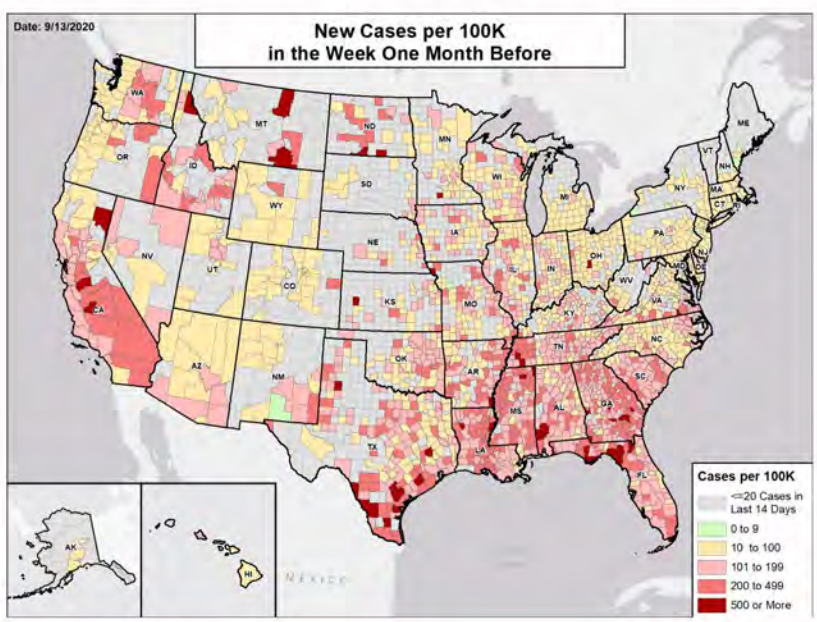
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

National Picture

NEW CASES PER 100,000 LAST WEEK



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



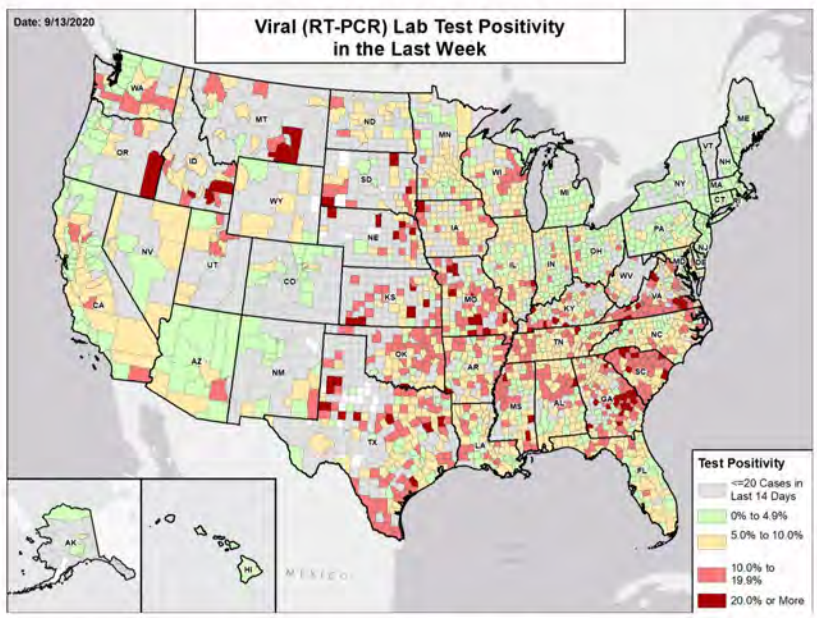
DATA SOURCES

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

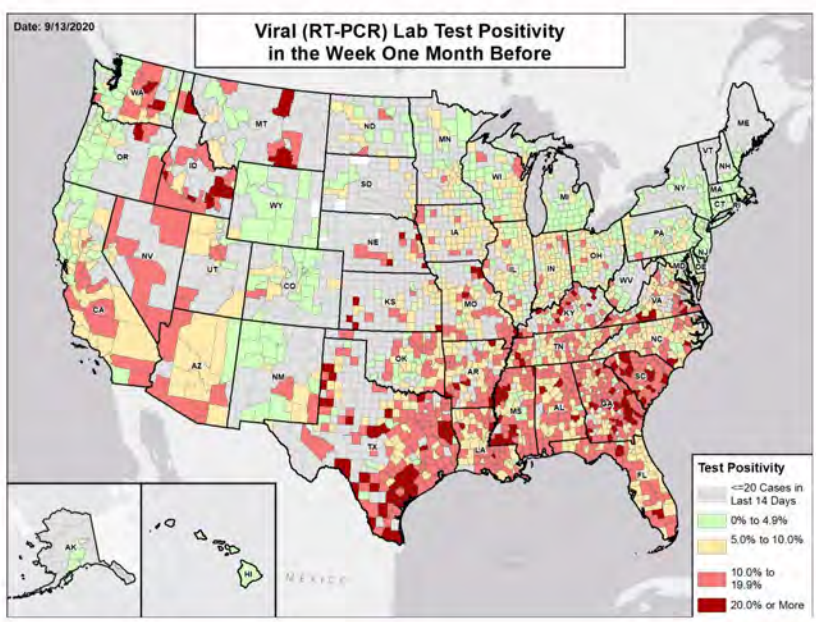
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
- **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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.

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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 29th highest rate in the country. Nevada is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 19th 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 96.5% of new cases in Nevada.
- 29% of all counties in Nevada have moderate levels of community transmission (yellow zone), with none having high levels of community transmission (red zone).
- During the week of Aug 31 - Sep 6, 14% of nursing homes had at least one new resident COVID-19 case, 20% had at least one new staff COVID-19 case, and 13% had at least one new resident COVID-19 death.
- Nevada had 67 new cases per 100,000 population in the last week, compared to a national average of 74 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; 1 to support epidemiology activities from CDC; and 1 to support operations activities from CDC.
- The federal government has supported surge testing in Clark County.
- Between Sep 5 - Sep 11, on average, 46 patients with confirmed COVID-19 and 69 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Nevada. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Applaud Nevadans on mask usage and all their efforts to decrease the spread of COVID-19 statewide.
- In areas with ongoing high levels of transmission (red and yellow zones), use standard metrics to determine school learning options and capacity limits for bars and indoor dining.
- Develop a plan for increased surveillance of silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- In university settings, use wastewater surveillance across campus to identify areas with high viral load for targeted testing. Work with student leaders, including Greek organizations, to establish effective testing strategies to find cases early, prevent spread, and keep students on campus.
- Although cases are decreasing across the state, there is a high percentage of nursing homes with staff and residents who have COVID-19. Review and improve infection control practices at nursing homes to stop the introduction of COVID-19.
- Tribal Nations: Encourage the continued enforcement of social distancing and masking measures in areas of increased transmission. Continue enhanced testing activities. Continue to enhance contact tracing and ensure that cases and contacts can quarantine or isolate safely. Monitor testing data to identify additional sites of increased transmission and ensure focused public health resources for these vulnerable communities. Ensure all Tribal Nations are aware of the significant risk from asymptomatic transmission during gatherings or ceremonies.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

NEVADA

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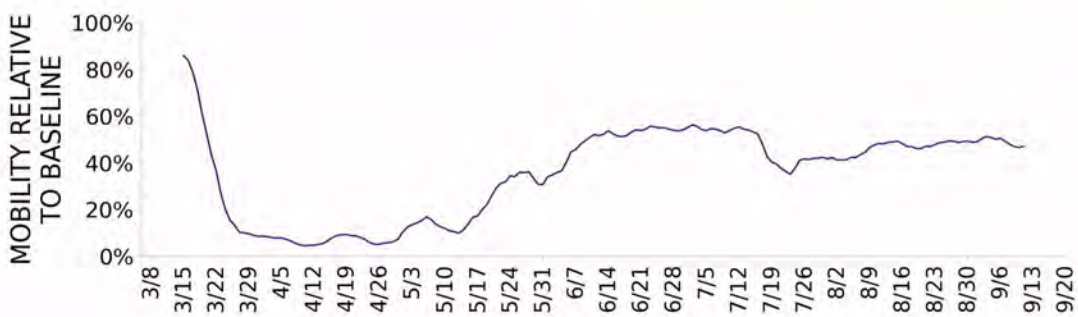
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	2,064 (67)	-27.1%	30,385 (59)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.1%	-2.2%*	4.4%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	43,881** (1,425)	+5.0%**	830,242** (1,619)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	66 (2)	-23.3%	815 (2)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	14% (20%)	+1%* (-3%*)	6% (10%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	13%	+8%*	4%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

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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	**4**	Las Vegas-Henderson-Paradise Reno Elko Fernley
COUNTY LAST WEEK	**0**	N/A	**5**	Clark Washoe Elko Lyon White Pine

*** 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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NEVADA

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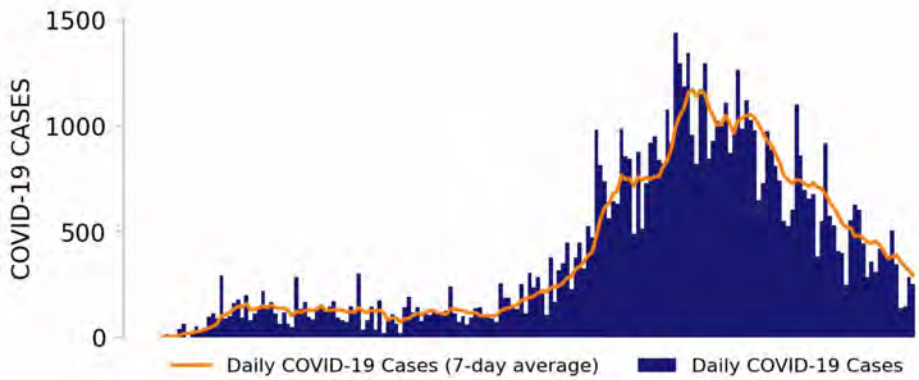
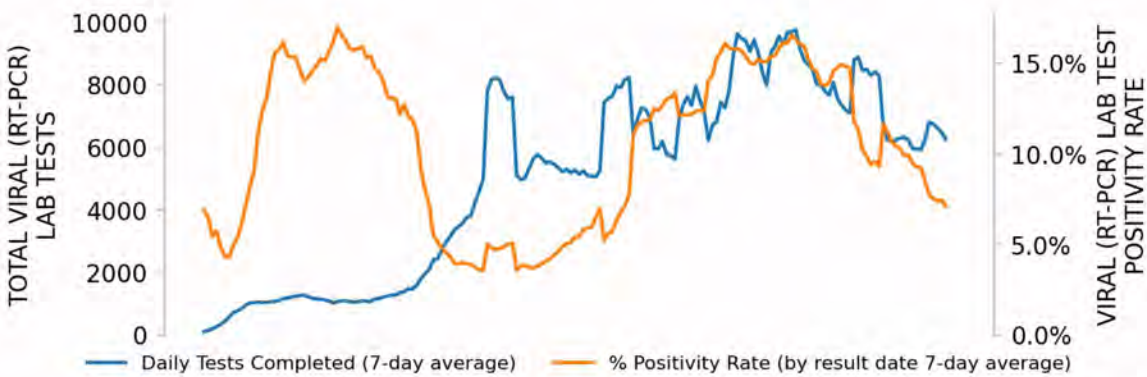
NEW CASES

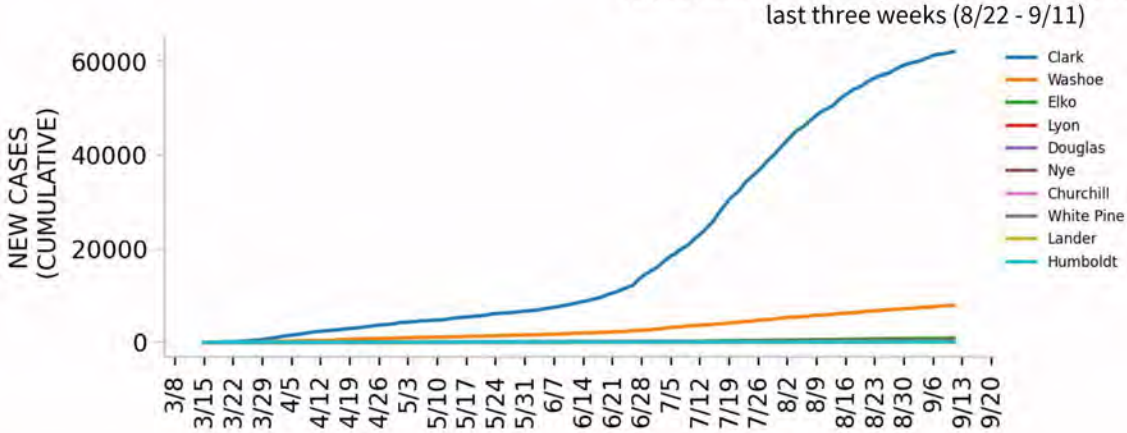


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



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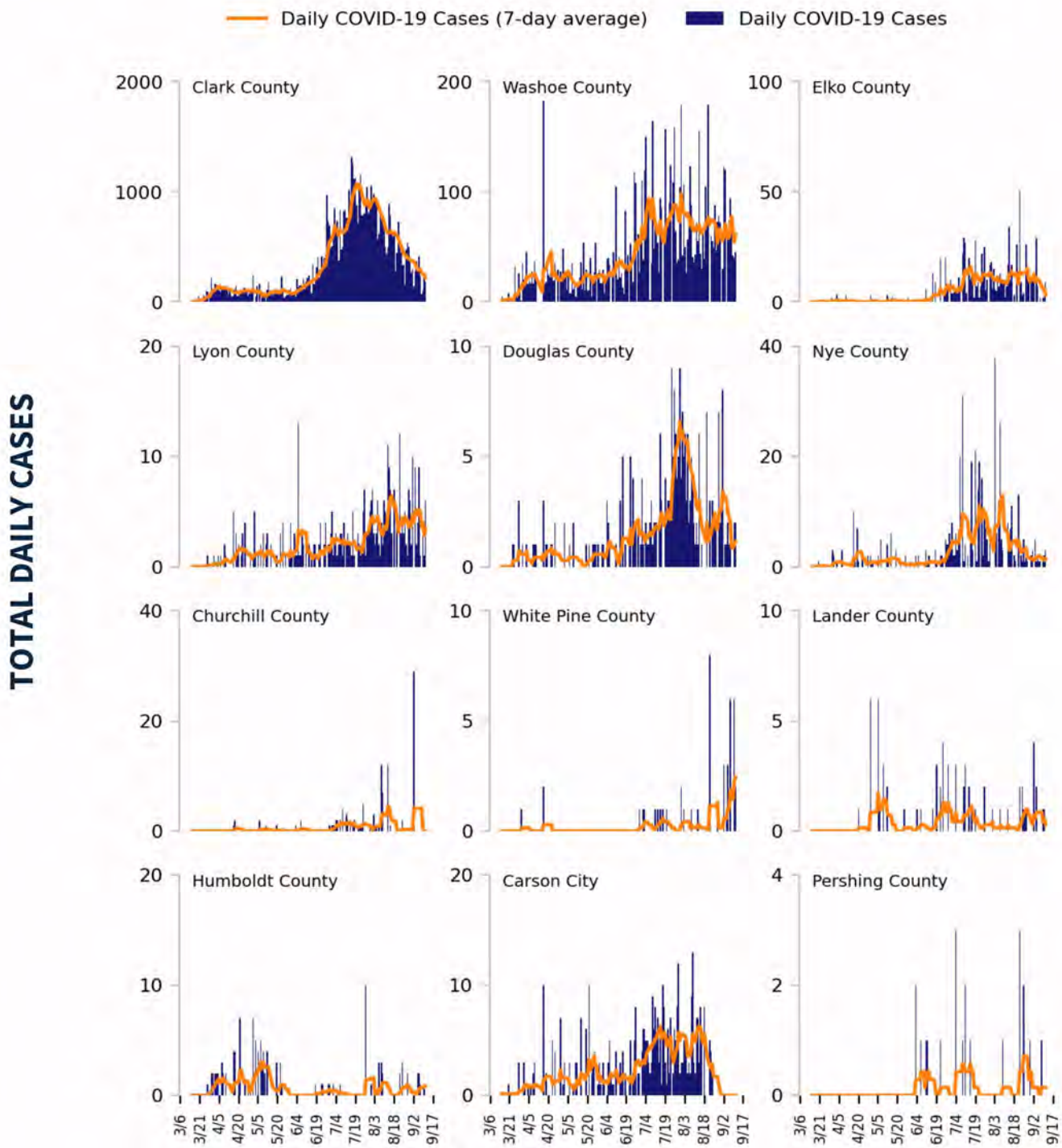

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NEVADA

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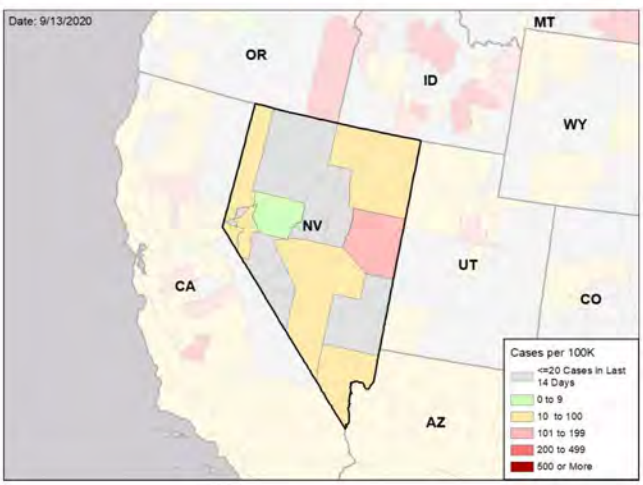
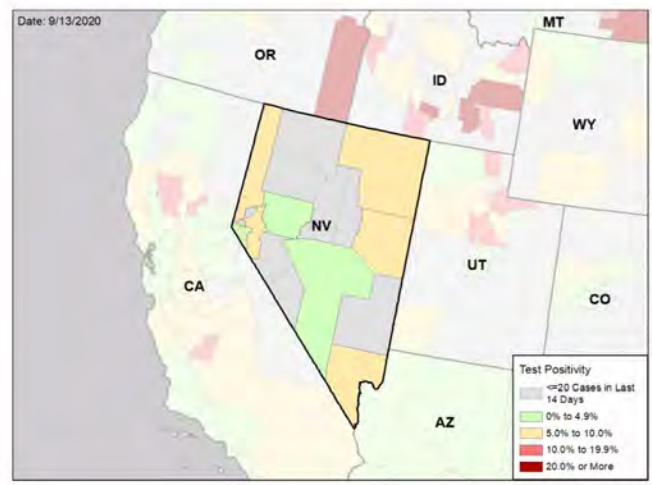
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

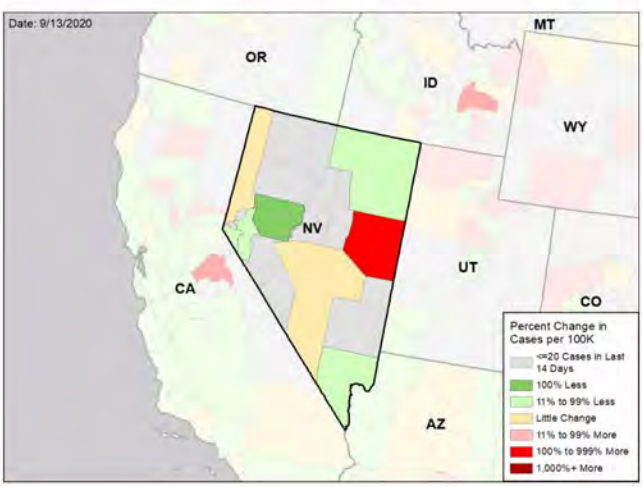
NEW CASES PER 100,000 DURING THE LAST WEEK



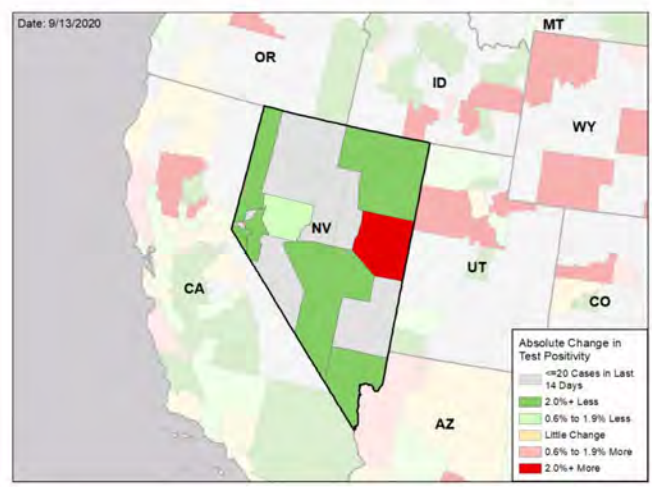
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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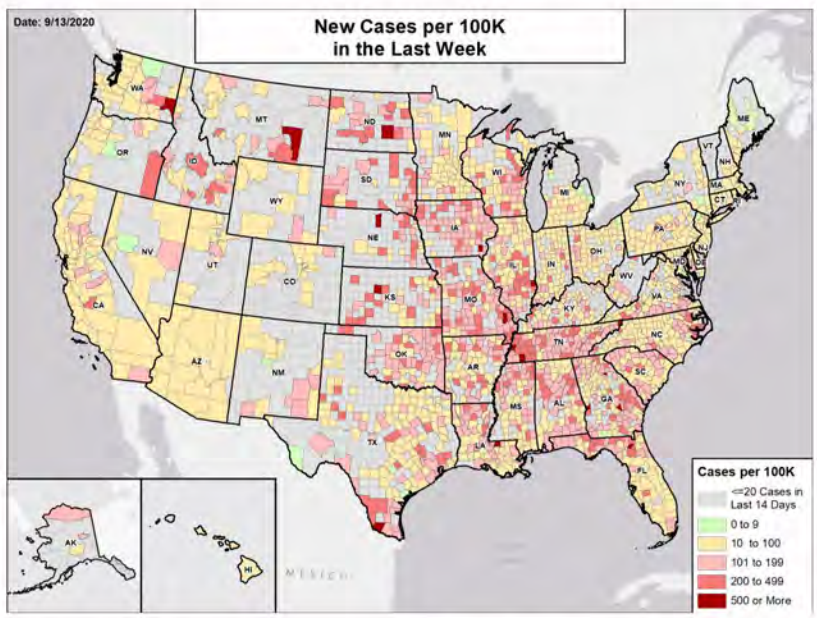
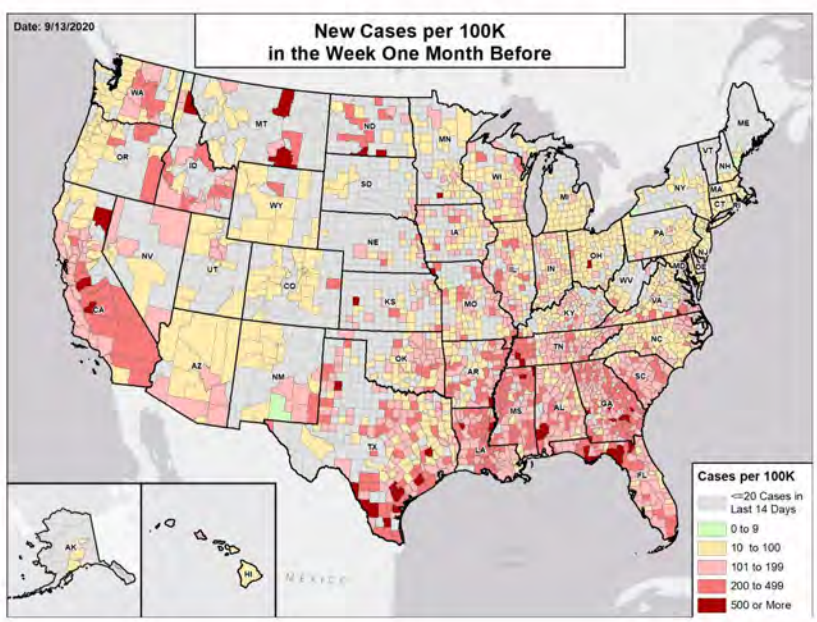
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

National Picture

NEW CASES PER 100,000 LAST WEEK



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



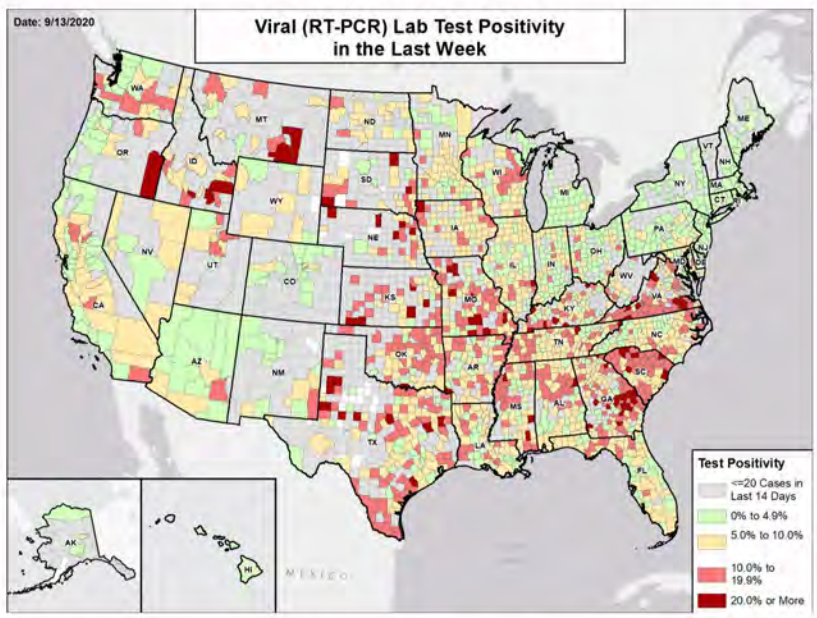
DATA SOURCES

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

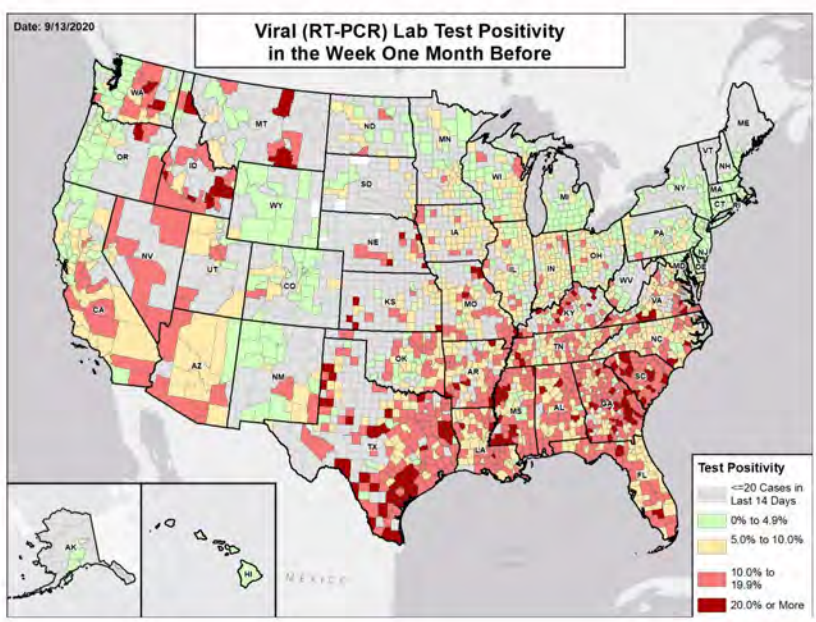
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
- **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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
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STATE REPORT
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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 49th highest rate in the country. New Hampshire is in the green zone for test positivity, indicating a rate below 5%, with the 44th highest rate in the country.
- New Hampshire 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. Hillsborough County, 2. Rockingham County, and 3. Strafford County. These counties represent 77.0% of new cases in New Hampshire.
- The University of New Hampshire reported 71 active cases. 11 cases have been linked to a fraternity party.
- No counties in New Hampshire have moderate or high levels of community transmission (yellow or red zone).
- During the week of Aug 31 - Sep 6, 2% of nursing homes had at least one new resident COVID-19 case, 3% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death.
- New Hampshire had 19 new cases per 100,000 population in the last week, compared to a national average of 74 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 Sep 5 - Sep 11, on average, 1 patient 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

- Develop a plan to increase surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- Recommendations for institutions of higher education (IHE) are repeated this week given the concerning trends nationally and the need to intensify efforts to control COVID-19 at IHE. The ongoing efforts at New Hampshire's IHE to address these concerns are noted.
- 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.
- University students with or exposed to COVID-19 must have access to isolation, quarantine, and care sites on or near campus and should not be returned home to multigenerational households where additional transmission could occur. To safely allow for some to quarantine at home, some universities use case managers to ensure that students don't have coronavirus-vulnerable people living at home, do have safe places to stay away from others, and don't need to take flights or other public transportation to get home before release for home quarantine; this is a best practice.
- 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 must work with various student leaders and campus media to support compliance with recommendations.
- 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.
- Consider utilizing focused wastewater surveillance at IHE to detect cases early and direct diagnostic testing and public health interventions, as is being piloted at multiple universities in other states. Dartmouth-Hitchcock researchers are piloting this methodology within New Hampshire.
- 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.
- Support local authorities in outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy as well as other limitations on student patronage; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus events.
- Support a uniform case-reporting process for IHE and reporting of this data on public-facing dashboards.
- 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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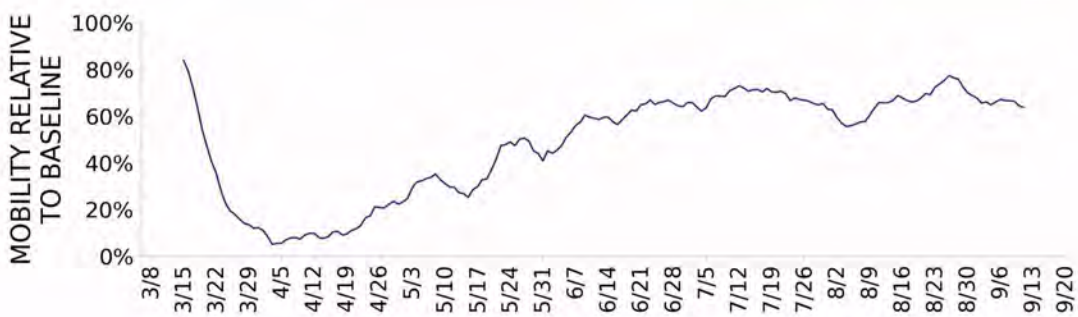
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	252 (19)	+65.8%	4,254 (29)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.6%	+0.3%*	1.0%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	17,152** (1,261)	+5.3%**	454,063** (3,059)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	2 (0)	N/A	110 (1)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	2% (3%)	+1%* (-6%*)	3% (7%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A	1%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

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.
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 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

NEW HAMPSHIRE

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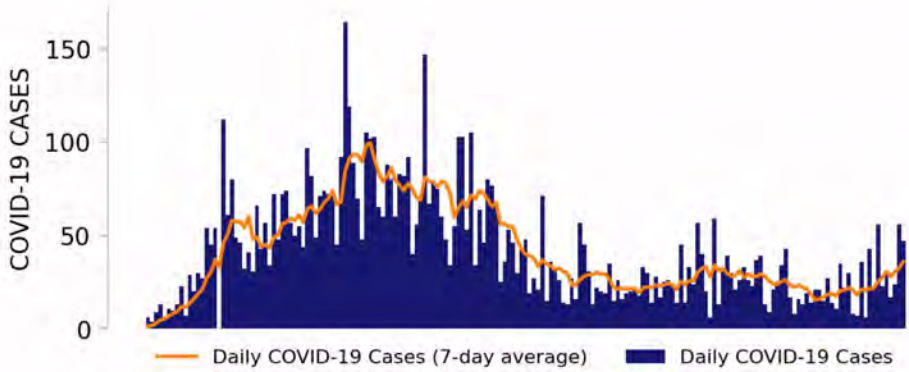
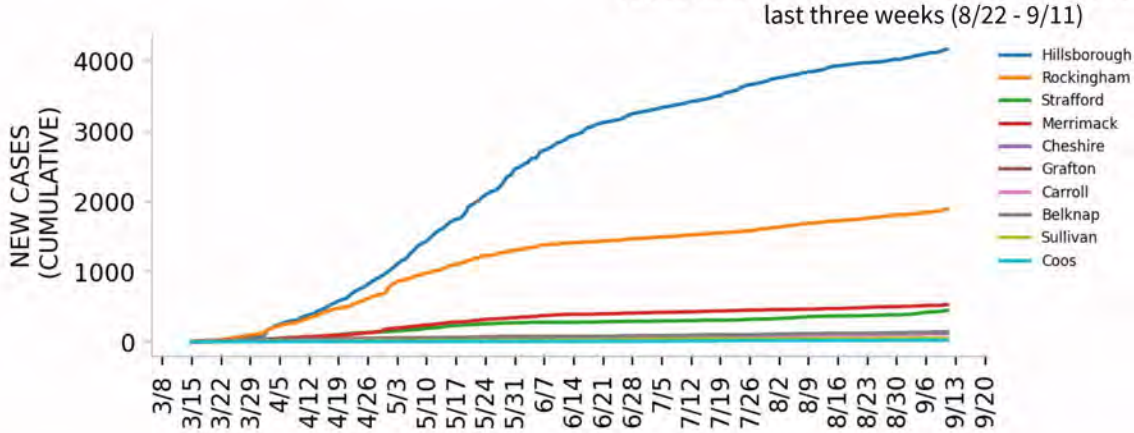
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



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 9/11/2020.

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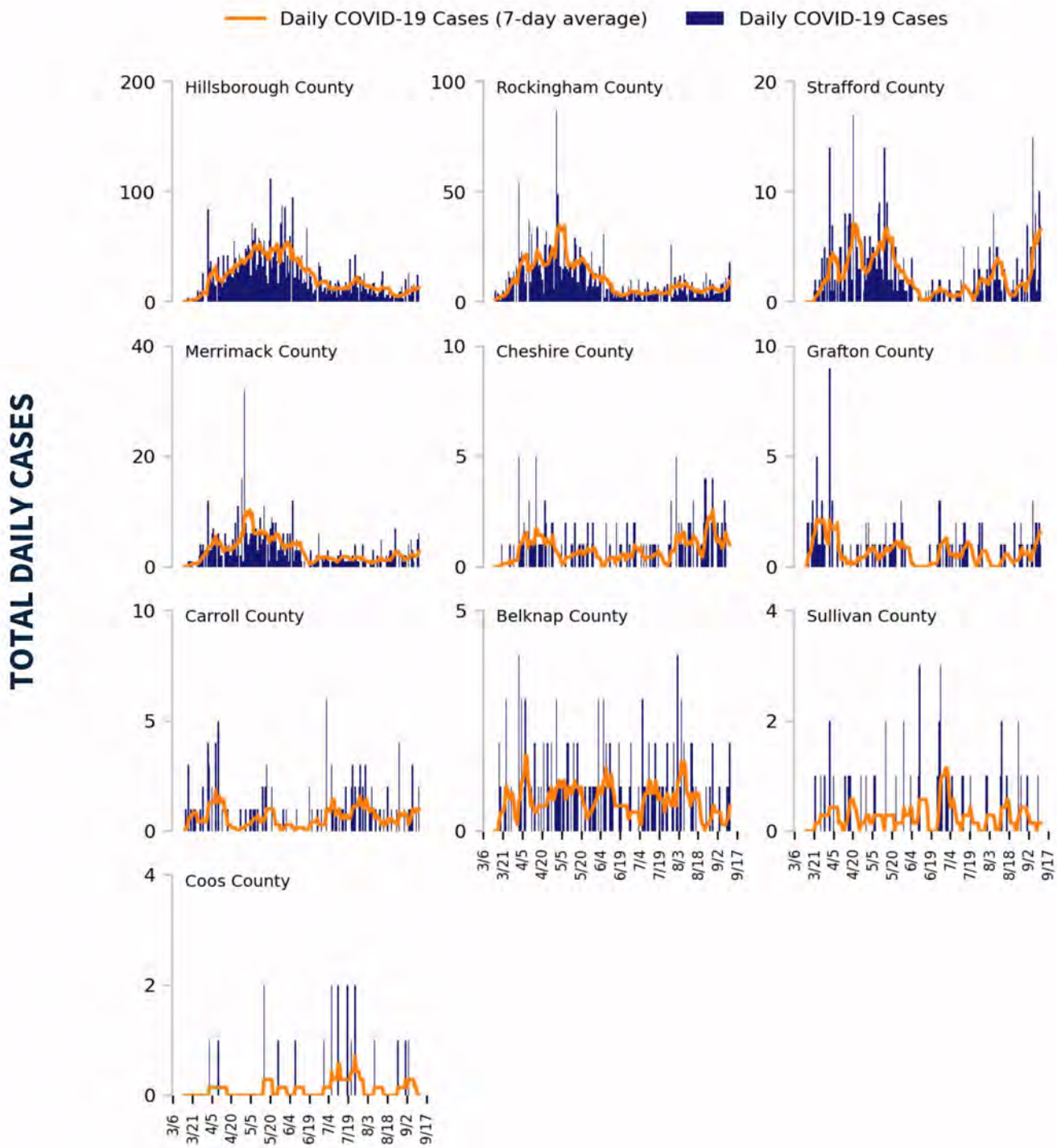
Top 12 counties based on number of new cases in the last 3 weeks



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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 9/11/2020. Last 3 weeks is 8/22 - 9/11.

NEW HAMPSHIRE

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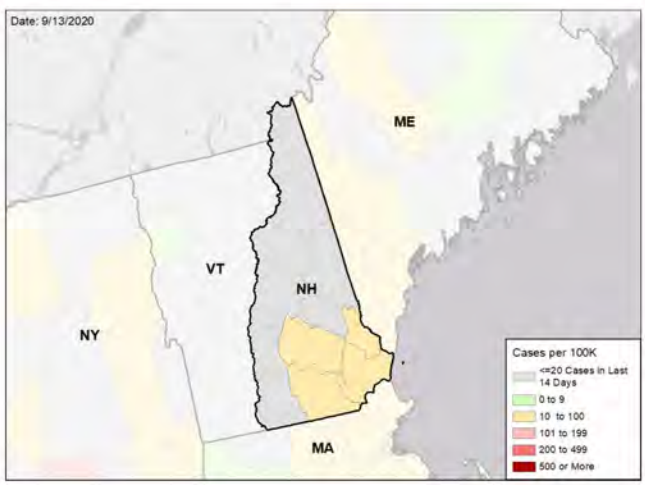
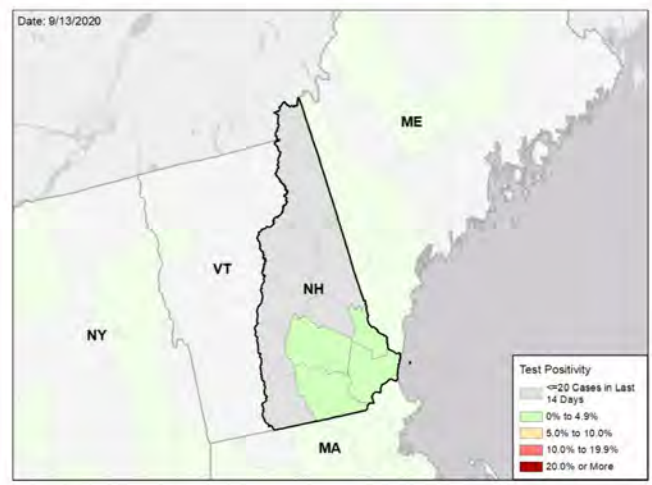
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

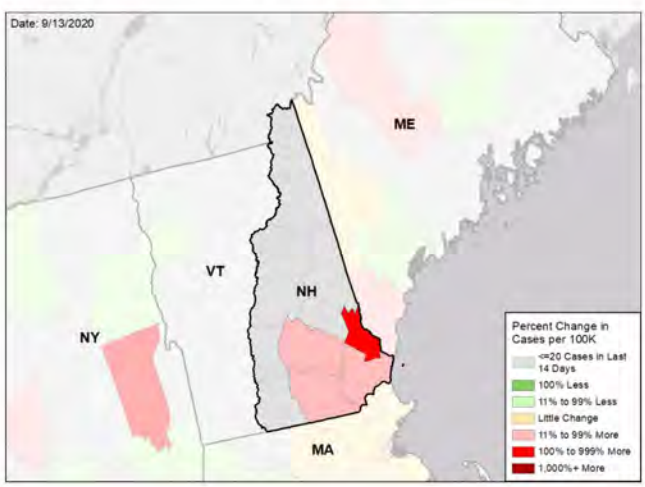
NEW CASES PER 100,000 DURING THE LAST WEEK



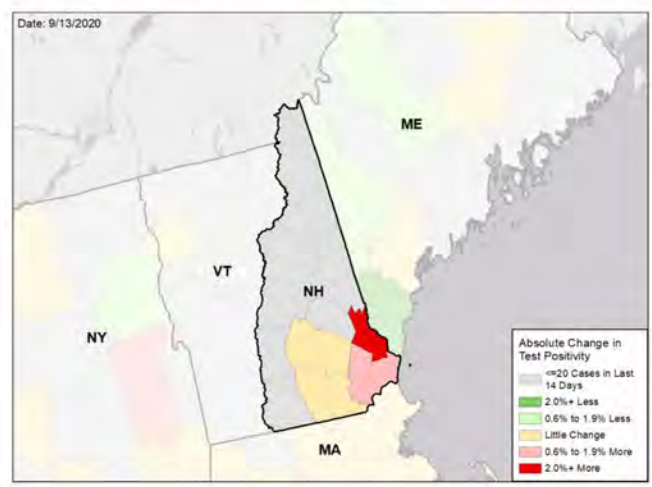
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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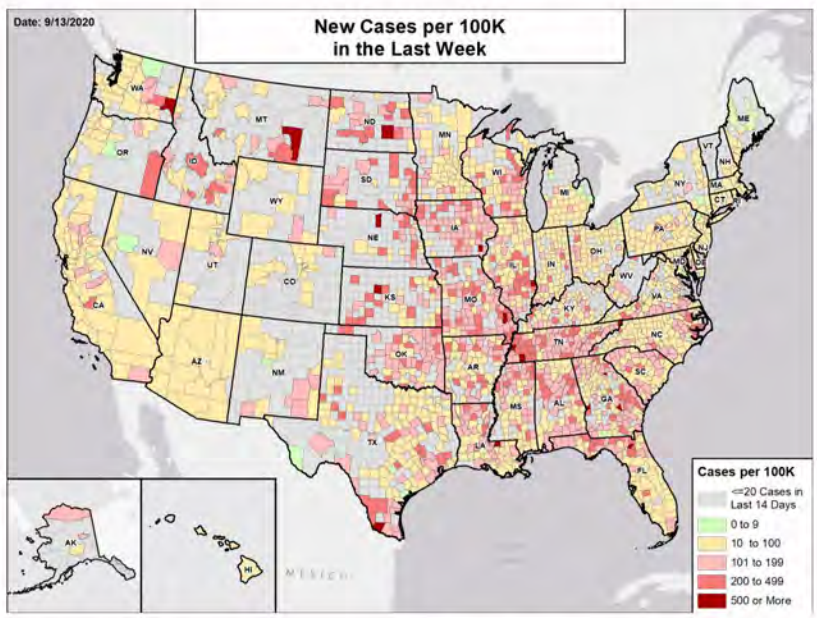
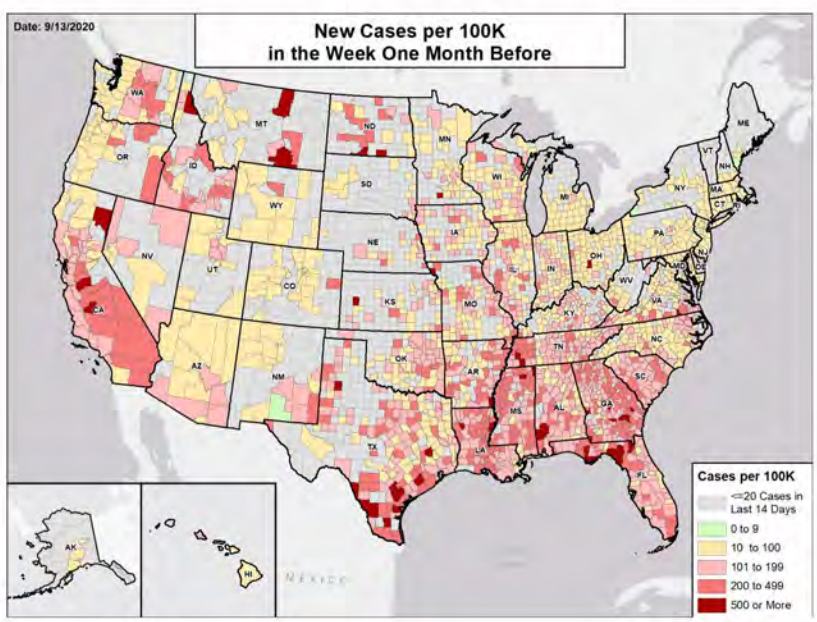
National Picture

NEW CASES PER 100,000 LAST WEEK



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



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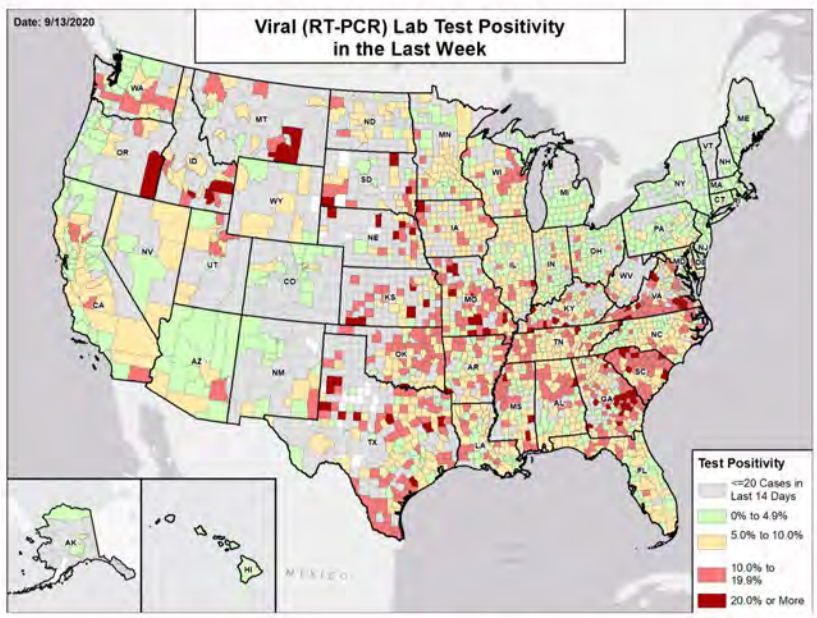
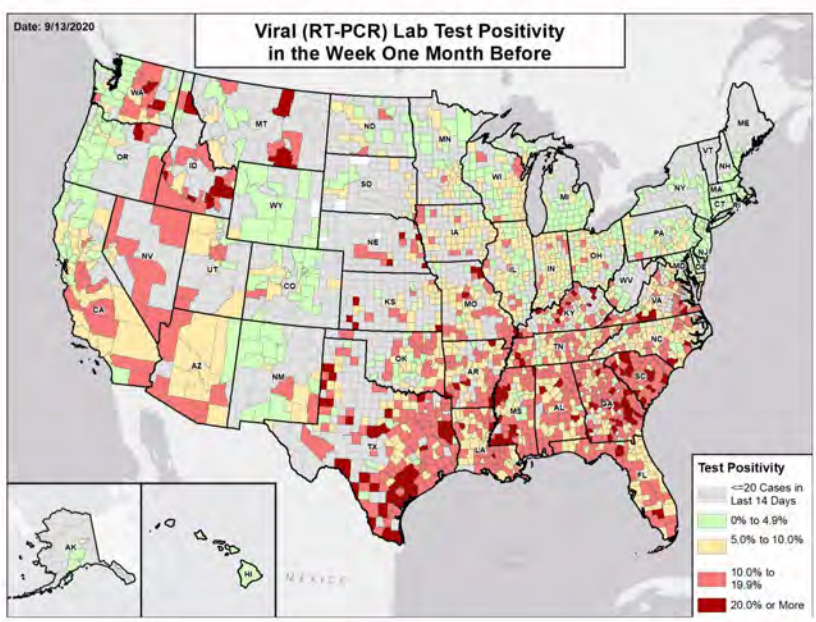


VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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STATE REPORT | 09.13.2020

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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
09.13.2020

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 43rd highest rate in the country.
- New Jersey 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. Ocean County, 2. Bergen County, and 3. Monmouth County. These counties represent 28.3% of new cases in New Jersey.
- 5% of all counties in New Jersey have moderate levels of community transmission (yellow zone), with none having high levels of community transmission (red zone).
- During the week of Aug 31 - Sep 6, 4% of nursing homes had at least one new resident COVID-19 case, 10% had at least one new staff COVID-19 case, and 1% 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 74 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 60 to support operations activities from FEMA; 16 to support operations activities from USCG; and 1 to support operations activities from VA.
- Between Sep 5 - Sep 11, on average, 25 patients with confirmed COVID-19 and 213 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Jersey. An average of 81% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- As community mitigation efforts loosen in counties and metro areas in the green zone, track test positivity very closely so there can be rapid response if transmission changes. Ensure all labs, including commercial labs, are reporting test results immediately in order to have timely public health action.
- Develop a plan for increased surveillance of silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available. Use these results to identify changes in community transmission.
- In university settings, use wastewater surveillance across campus to identify areas with high viral load for targeted testing. Work with student leaders, including Greek organizations, to establish effective testing strategies to find cases early, prevent spread, and keep students on campus.
- 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.

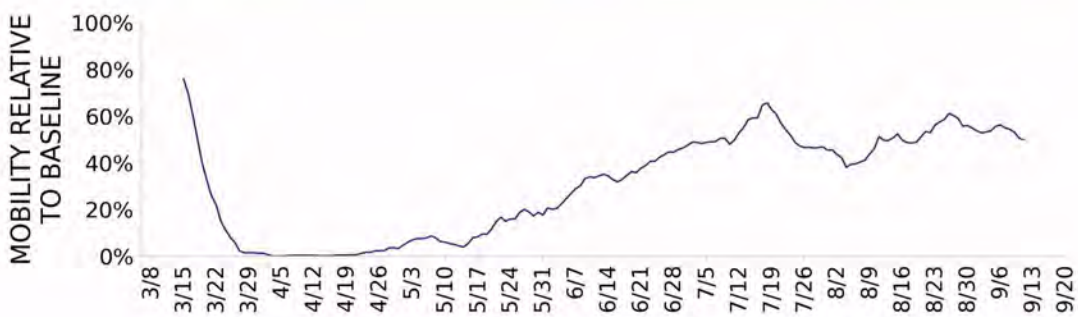
COVID-19

NEW JERSEY

STATE REPORT | 09.13.2020

	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)	2,465 (28)	+0.5%	7,289 (26)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	2.0%	+0.2%*	1.3%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	116,041** (1,306)	-31.9%**	638,839** (2,255)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	45 (1)	-10.0%	89 (0)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	4% (10%)	+0%* (+0%*)	4% (18%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	+0%*	1%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

NEW JERSEY

STATE REPORT | 09.13.2020

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	1	Gloucester

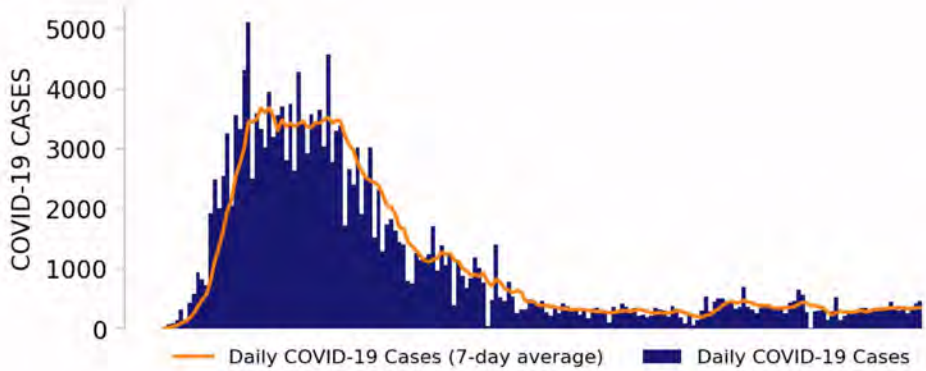
*** Localities with fewer than 10 cases last week have been excluded from these alerts.**

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 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

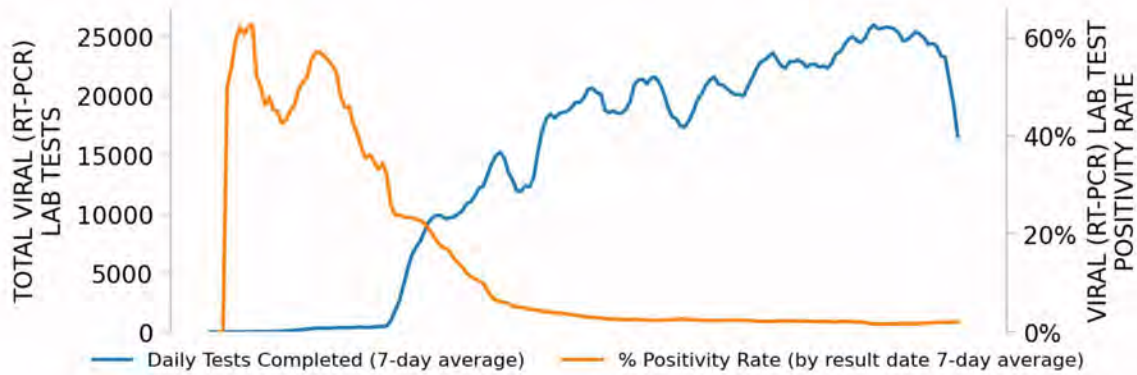
NEW JERSEY

STATE REPORT | 09.13.2020

NEW CASES

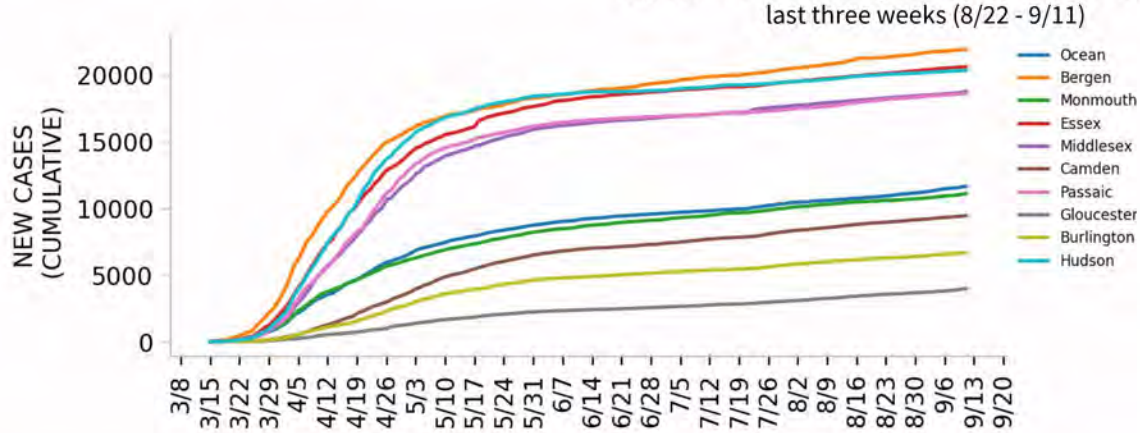


TESTING



TOP COUNTIES

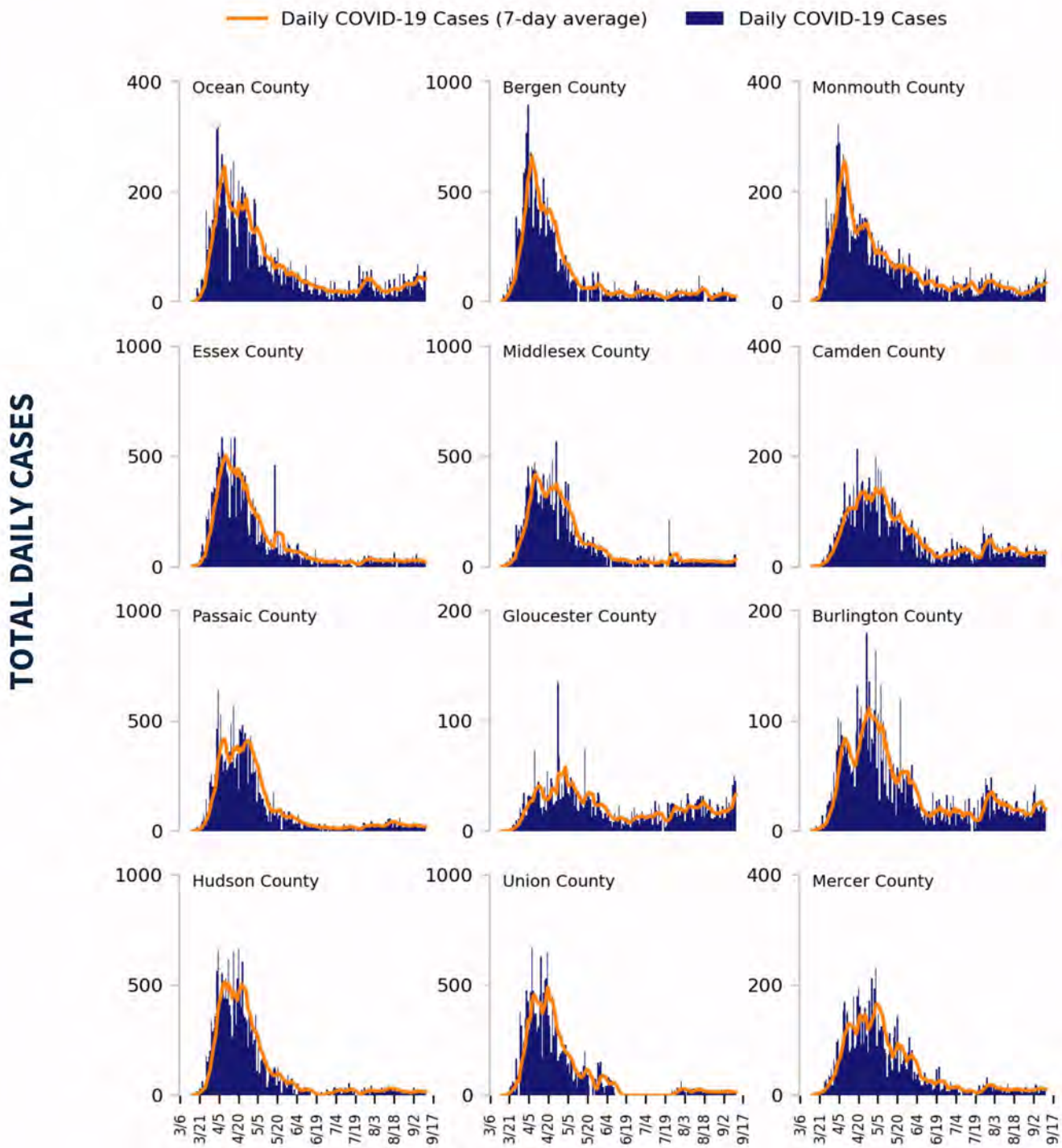
Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



DATA SOURCES – Additional data details available under METHODS

Note: 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 9/11/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020.

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



DATA SOURCES – Additional data details available under METHODS

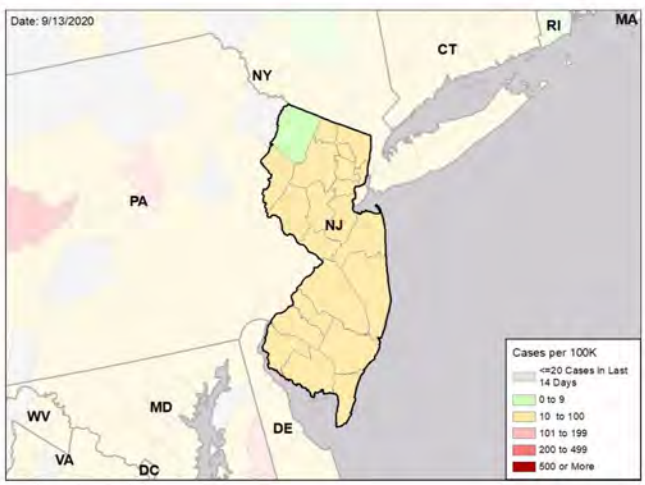
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020. Last 3 weeks is 8/22 - 9/11.

NEW JERSEY

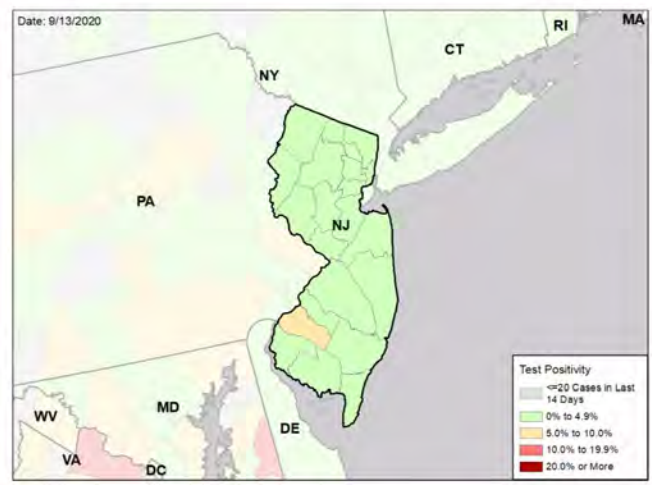
STATE REPORT | 09.13.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

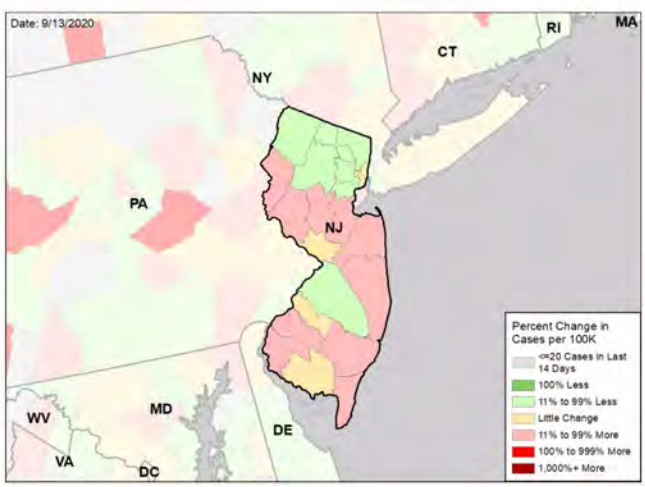
NEW CASES PER 100,000 DURING THE LAST WEEK



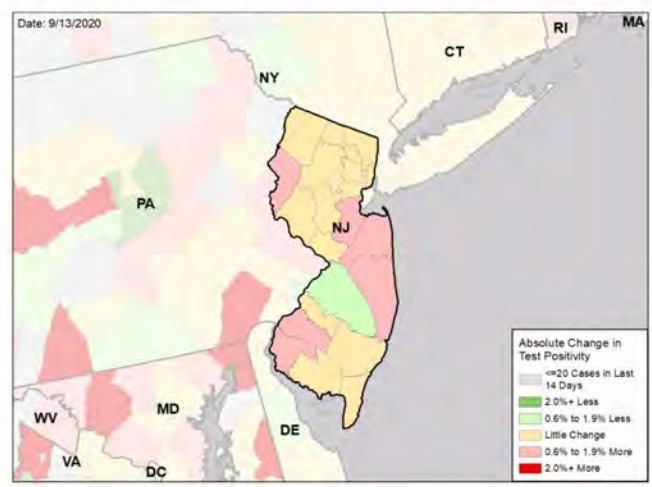
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

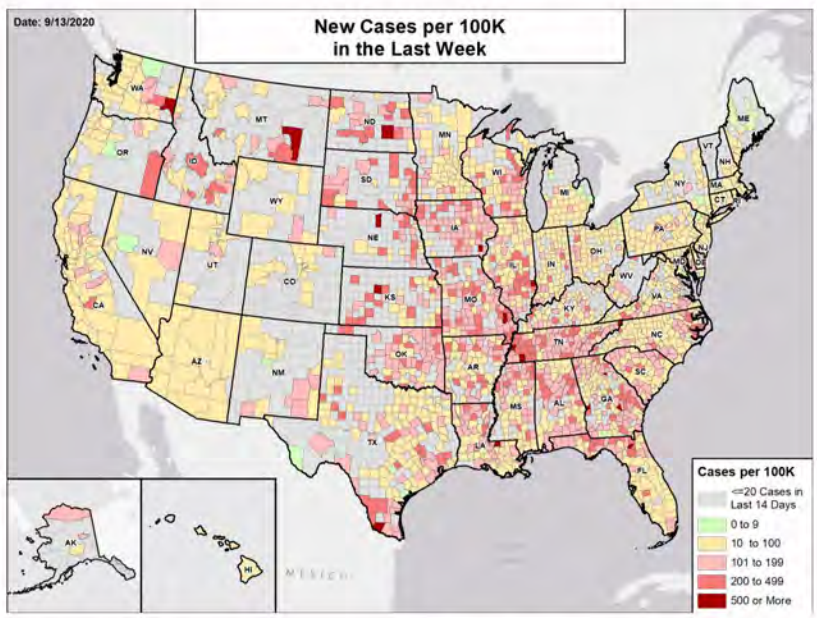
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/11/2020. Last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

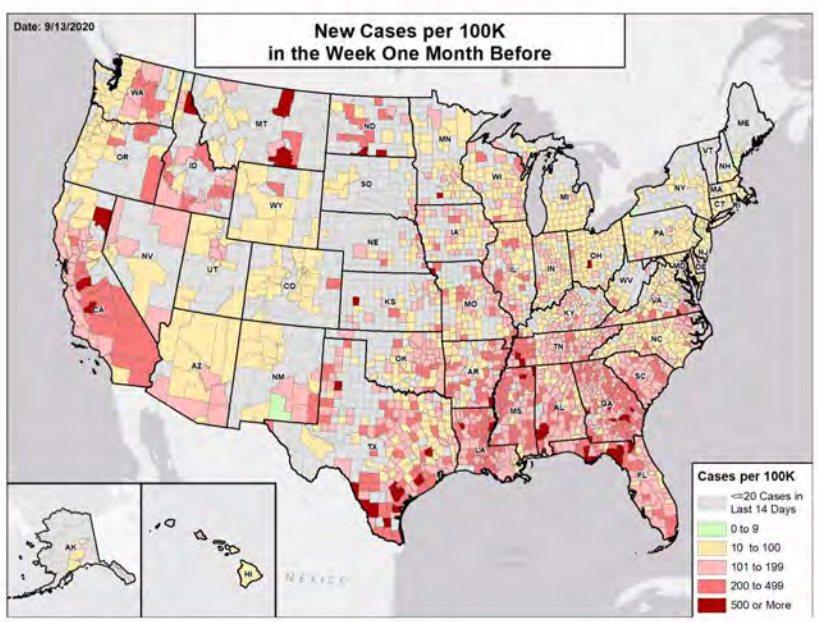
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

National Picture

NEW CASES PER 100,000 LAST WEEK



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



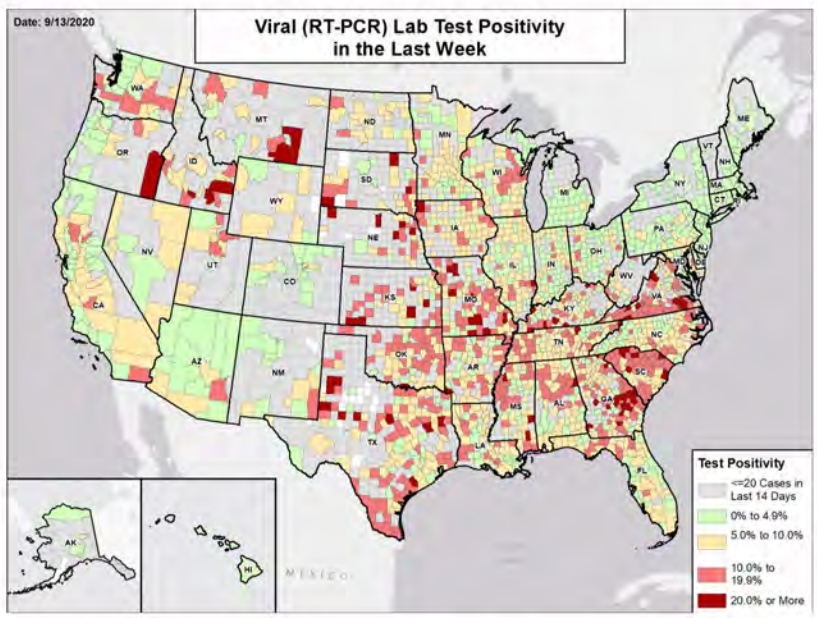
DATA SOURCES

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

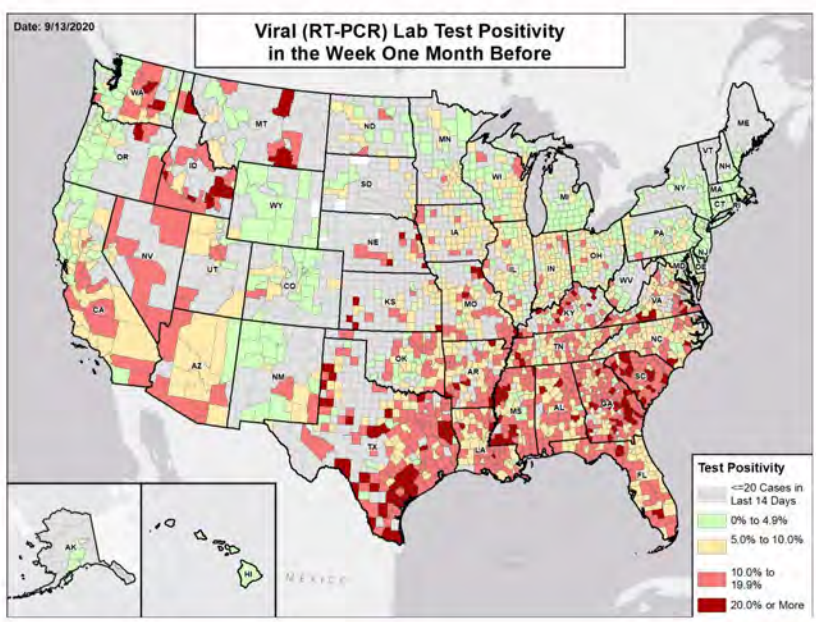
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

METHODS

STATE REPORT | 09.13.2020

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
- **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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.

STATE REPORT
09.13.2020

NEW MEXICO

SUMMARY

- New Mexico continues to make progress and now has zero counties in the red zone. New Mexico 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. New Mexico is in the green zone for test positivity, indicating a rate below 5%, with the 42nd highest rate in the country.
- 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. Chaves County. These counties represent 45.2% of new cases in New Mexico.
- 12% of all counties in New Mexico have moderate levels of community transmission (yellow zone), with none having high levels of community transmission (red zone).
- During the week of Aug 31 - Sep 6, 8% of nursing homes had at least one new resident COVID-19 case, 11% had at least one new staff COVID-19 case, and less than 1% had at least one new resident COVID-19 death.
- New Mexico had 32 new cases per 100,000 population in the last week, compared to a national average of 74 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; 1 to support epidemiology activities from CDC; and 1 to support operations activities from VA.
- Between Sep 5 - Sep 11, on average, 5 patients with confirmed COVID-19 and 22 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 is sustaining the gains. Continue the strong mitigation efforts statewide and further strengthen mitigation efforts in university towns to decrease spread from universities to the local community. Consider a further decrease in hours and occupancy limits in bars and restaurants in university counties and anywhere university and college students gather.
- 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 a further strengthening of detecting silent spread on campuses through routine saliva testing of students on university research platforms.
- Review all university and college plans for both rapid testing and contact tracing of symptomatic students and routine surveillance testing of students to find asymptomatic students, with 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. Ensure protection of local communities through strict mask wearing and social distancing when off campus and when around vulnerable individuals on 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.
- In preparation for fall, continue to increase testing capacity by increasing the budget and capacity of public health labs; ensure hospitals use pooled testing for elective surgeries and patients admitted without suspected COVID-19 to reserve tests for community outreach; expand outpatient testing, pooling specimens where appropriate; and utilize all university, veterinary, and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- 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 those with comorbidities becoming infected.
- Increase surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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.
- 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.

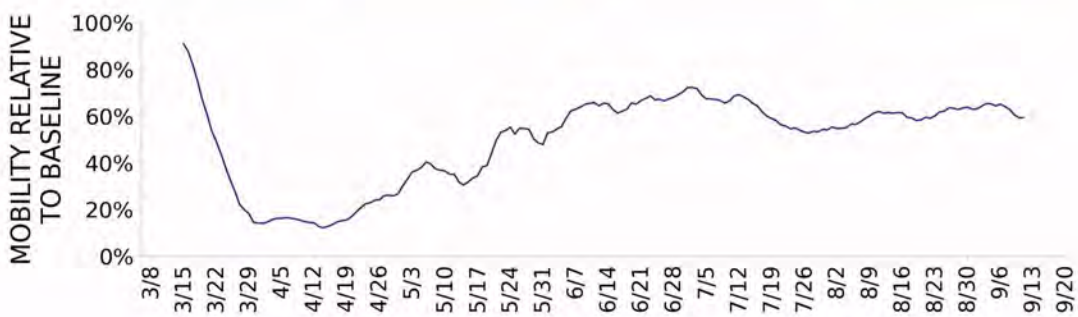
COVID-19

NEW MEXICO

STATE REPORT | 09.13.2020

	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)	663 (32)	-22.7%	41,196 (96)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	2.4%	-0.2%*	7.8%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	19,815** (945)	-7.5%**	371,009** (869)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	24 (1)	-11.1%	1,091 (3)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	8% (11%)	-4%* (-8%*)	14% (21%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	-1%*	6%	4%

MOBILITY



* Indicates absolute change in percentage points.
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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

NEW MEXICO

STATE REPORT | 09.13.2020

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	**4**	Roswell Hobbs Deming Portales
COUNTY LAST WEEK	**0**	N/A	**4**	Chaves Lea Luna Roosevelt

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and 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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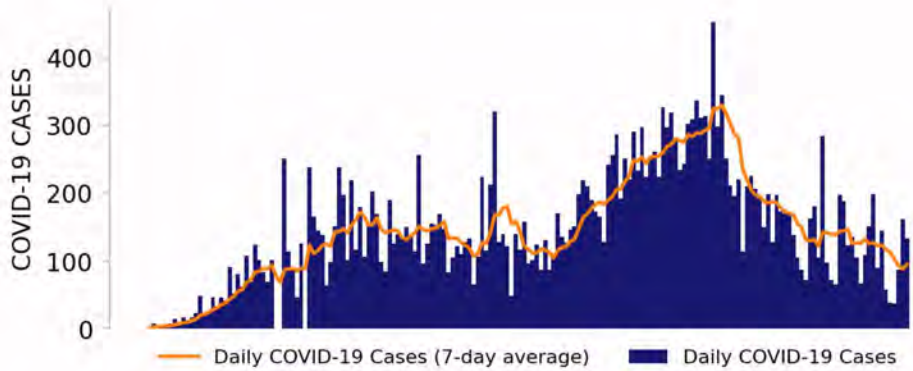
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

NEW MEXICO

STATE REPORT | 09.13.2020

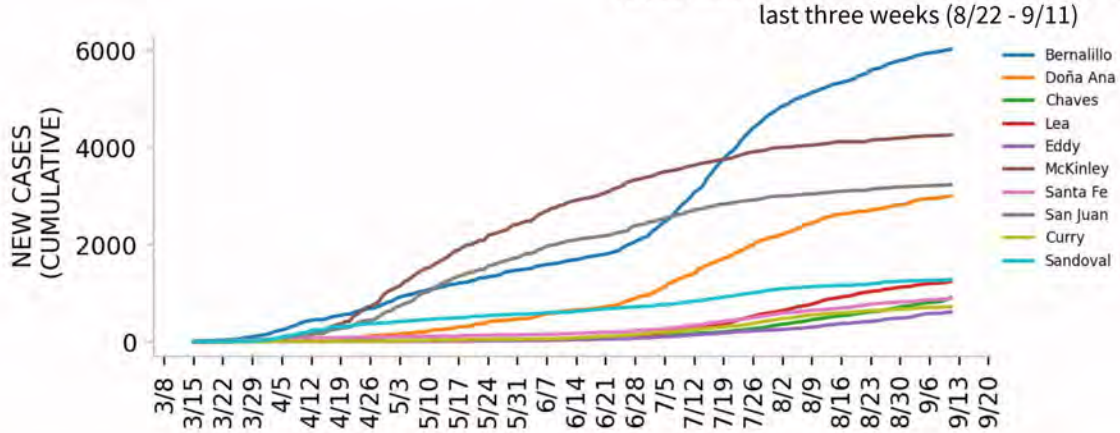
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



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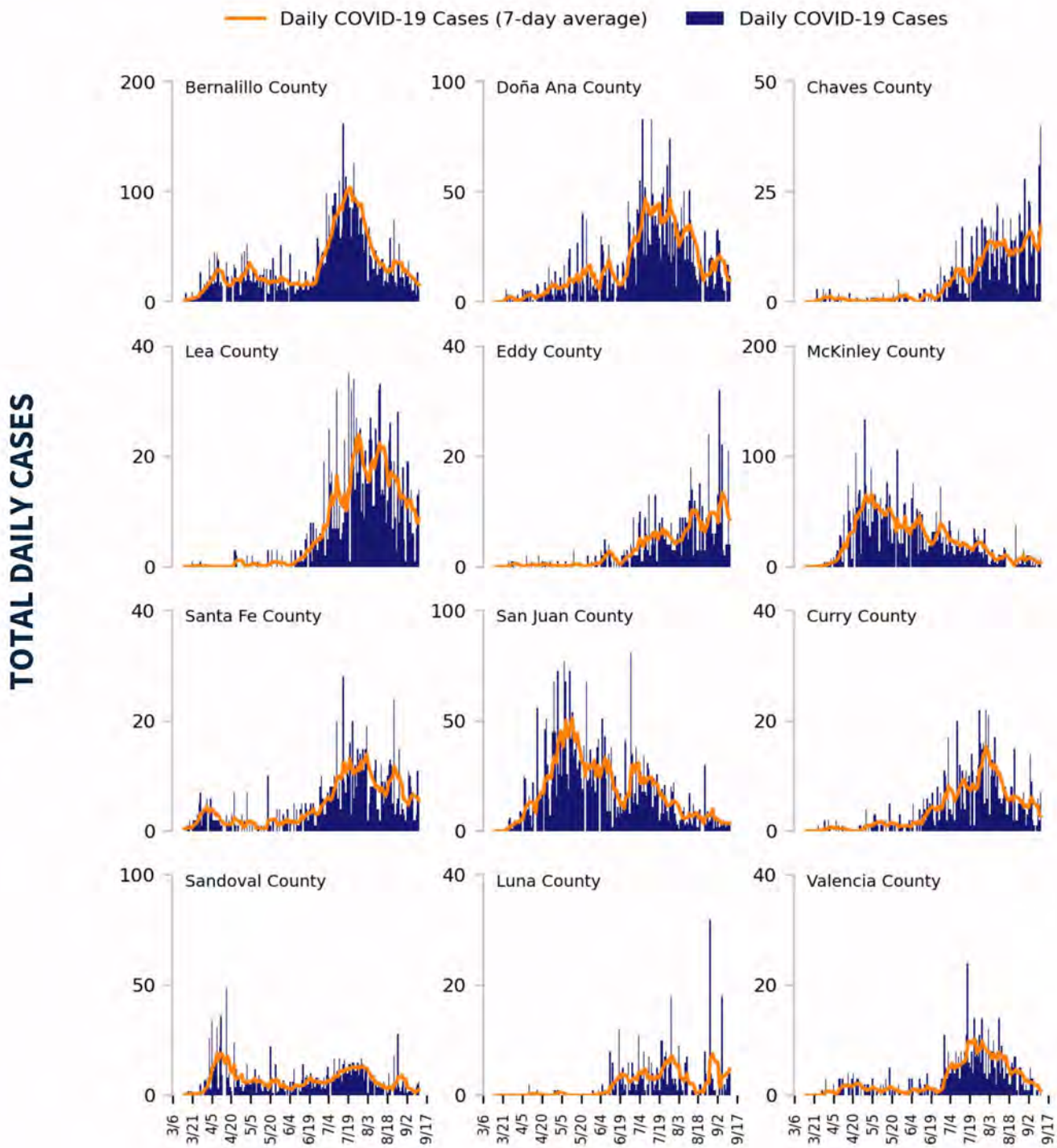
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020.

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



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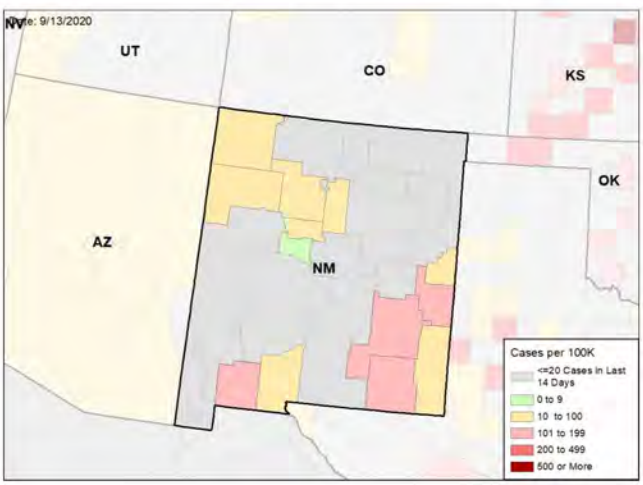
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020. Last 3 weeks is 8/22 - 9/11.

NEW MEXICO

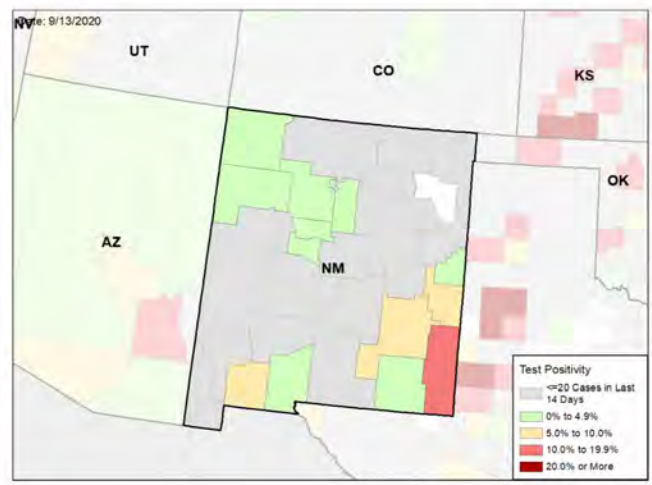
STATE REPORT | 09.13.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

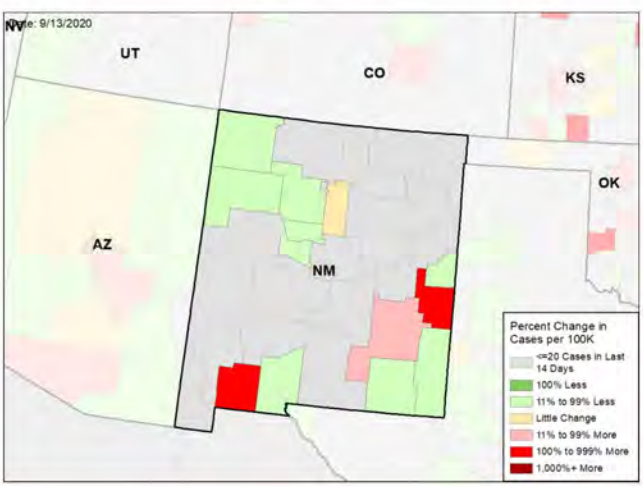
NEW CASES PER 100,000 DURING THE LAST WEEK



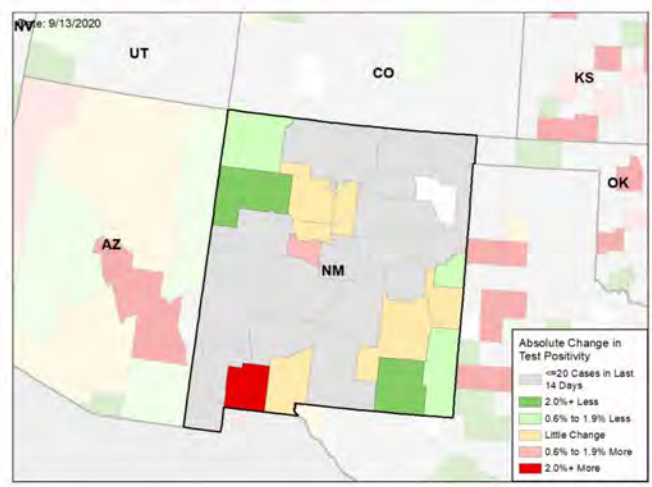
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



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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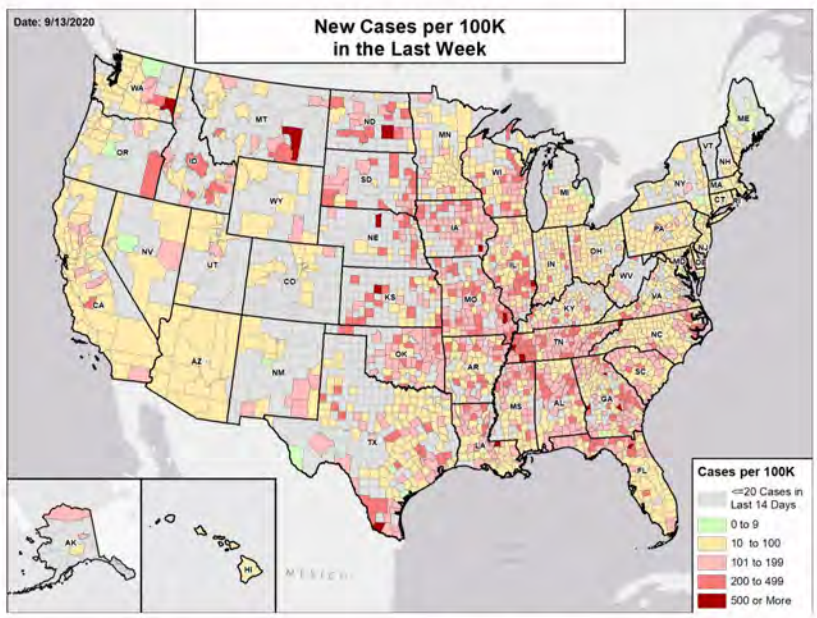
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020. Last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

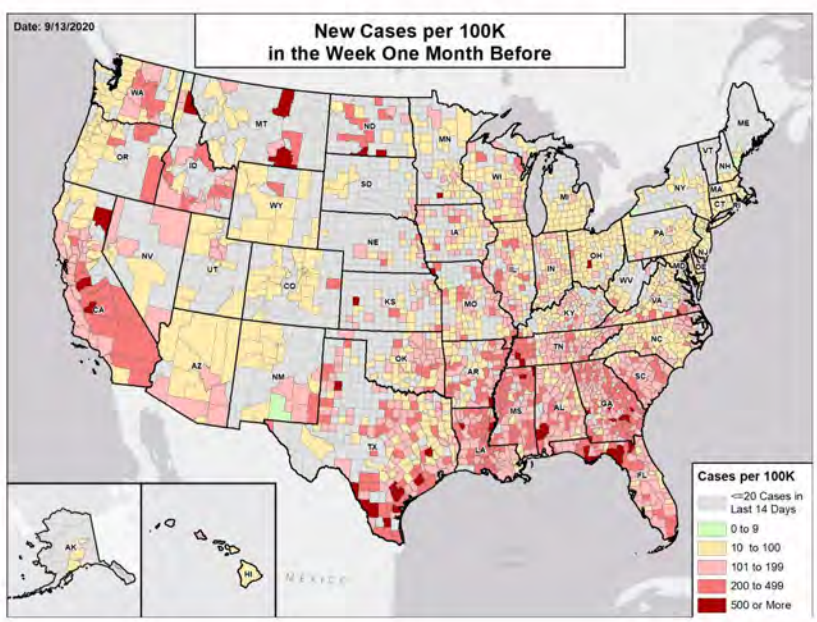
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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

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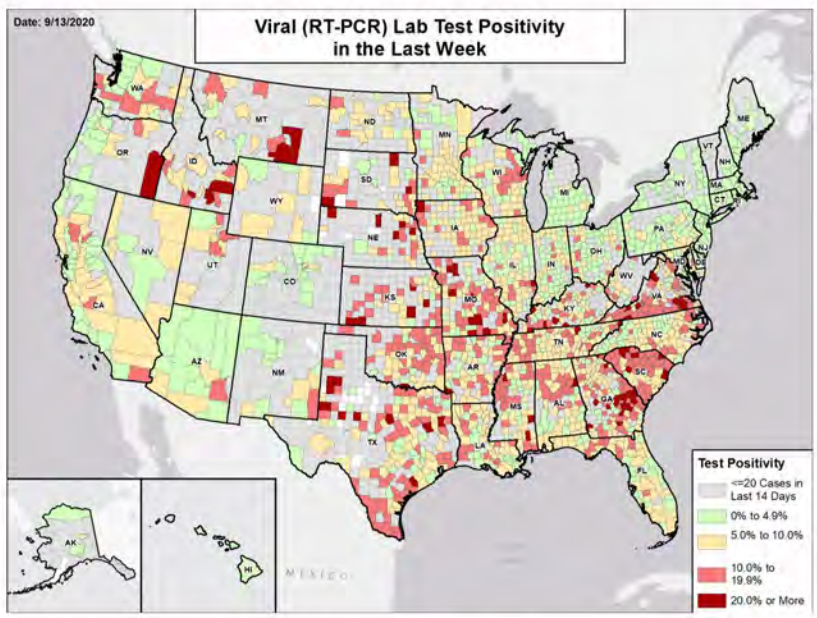

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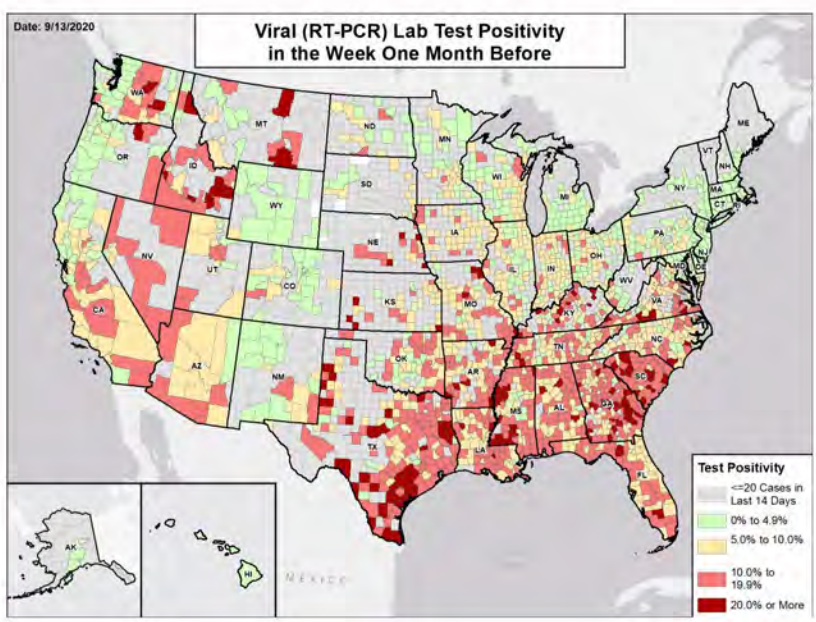

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METHODS

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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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
- **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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.

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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 48th highest rate in the country. New York is in the green zone for test positivity, indicating a rate below 5%, with the 47th highest rate in the country.
- New York has seen stability in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Kings County, 2. Queens County, and 3. Nassau County. These counties represent 32.2% 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 31 - Sep 6, 3% of nursing homes had at least one new resident COVID-19 case, 23% had at least one new staff COVID-19 case, and 1% had at least one new resident COVID-19 death.
- New York had 25 new cases per 100,000 population in the last week, compared to a national average of 74 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 69 to support operations activities from FEMA; 3 to support operations activities from ASPR; 1 to support testing activities from CDC; 1 to support epidemiology activities from CDC; and 20 to support operations activities from USCG.
- Between Sep 5 - Sep 11, on average, 107 patients with confirmed COVID-19 and 328 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New York. An average of 90% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Maintain close monitoring of case rates and test positivity, especially in counties with elevated or increasing case rates, such as Queens, Suffolk, Monroe, Richmond, Saratoga, Oneida, and Otsego counties; adjust community mitigation efforts as needed.
- On colleges and universities, plan for surge testing and isolation facilities for campus outbreaks (surge testing of 50-100% of the student body over 14 days and surge capacity to isolate up to 5-10% of student body). Case management services should ensure safe isolation on campus or safe release to family quarantine.
- Encourage or require strong mitigation efforts on campus, including masks and social distancing; de-densification of residences and classrooms; maximum ventilation adjustments in all buildings; creation of sheltered outside study and dining areas; and proactive and adaptive limits on bar patronage and student gatherings on and off campus.
- Continue 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.
- Monitor compliance with mitigation policy, especially face mask use and social distancing; focus educational efforts and messaging to populations or groups that are not compliant.
- Develop a plan for increased surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

NEW YORK

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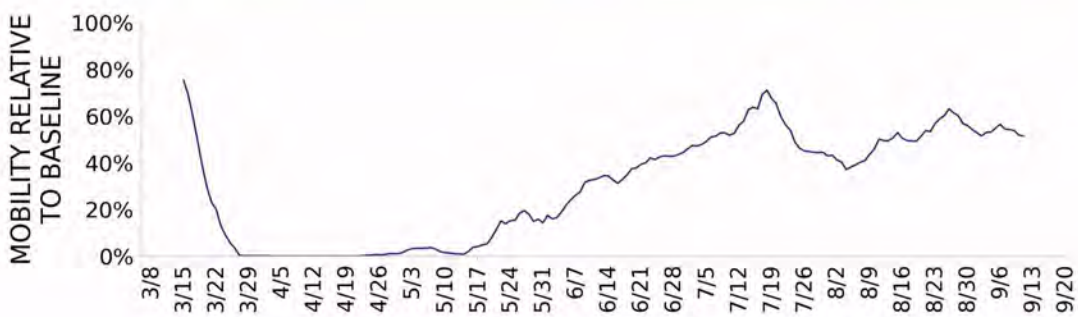
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	4,824 (25)	-7.3%	7,289 (26)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.1%	+0.1%*	1.3%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	522,798** (2,687)	-12.0%**	638,839** (2,255)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	44 (0)	-24.1%	89 (0)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	3% (23%)	+0%* (+7%*)	4% (18%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	+0%*	1%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

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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 8/31-9/6, previous week is 8/24-8/30.

NEW YORK

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

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

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and lab test positivity result above 10%.
Yellow Zone: Those CBSAs and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a lab test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the "Red Zone."
Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
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NEW YORK

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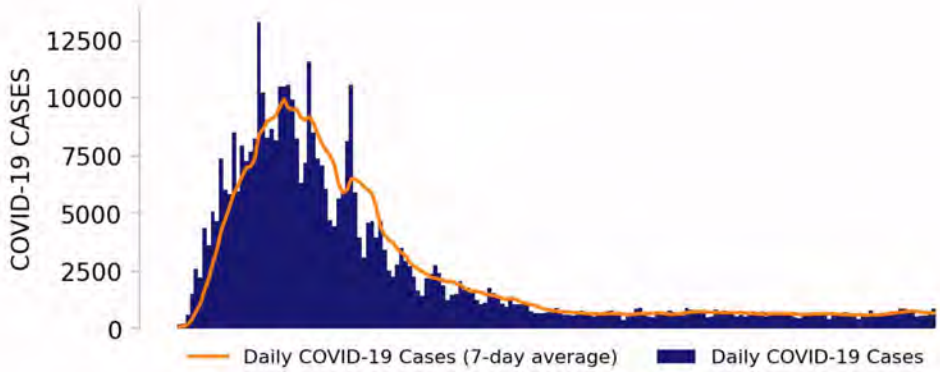
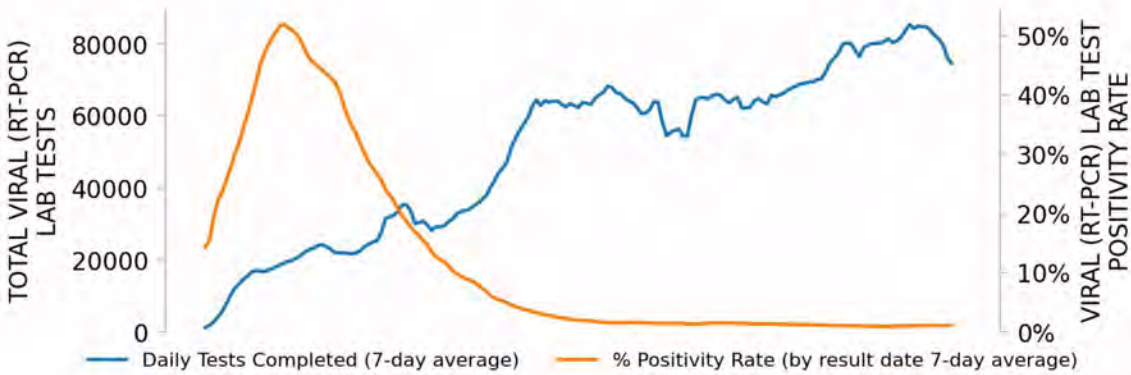
NEW CASES

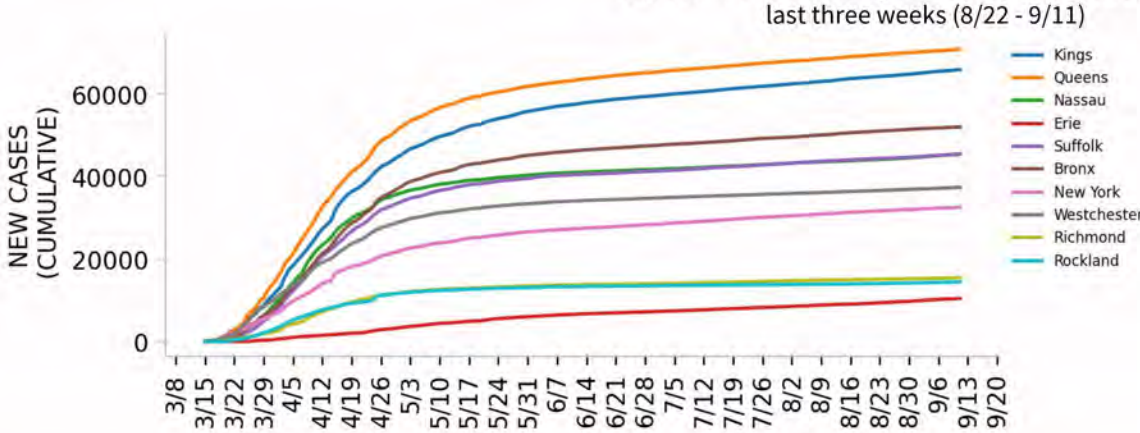


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



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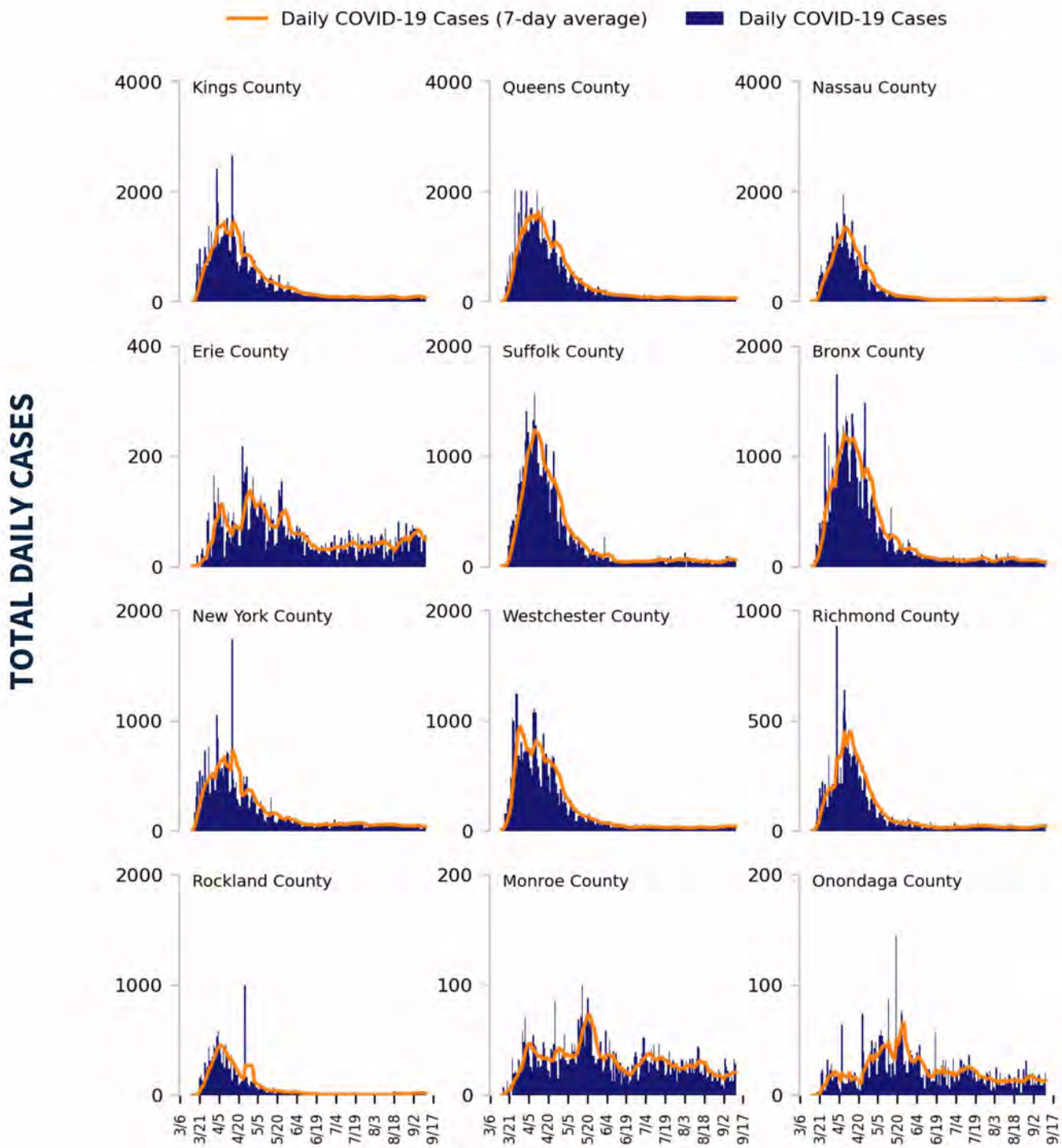
Top 12 counties based on number of new cases in the last 3 weeks



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NEW YORK

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CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

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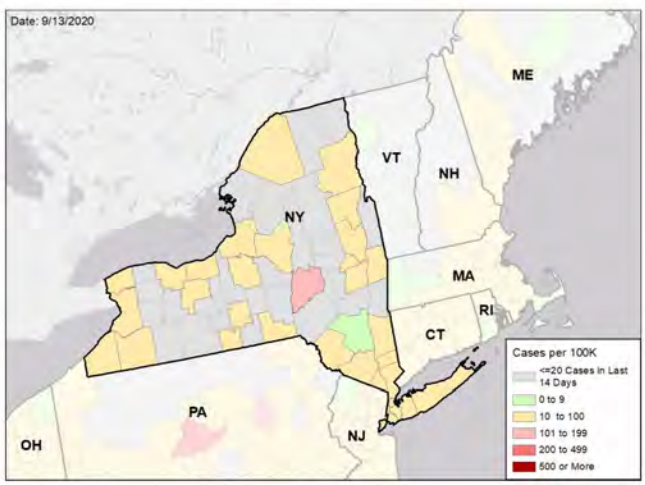

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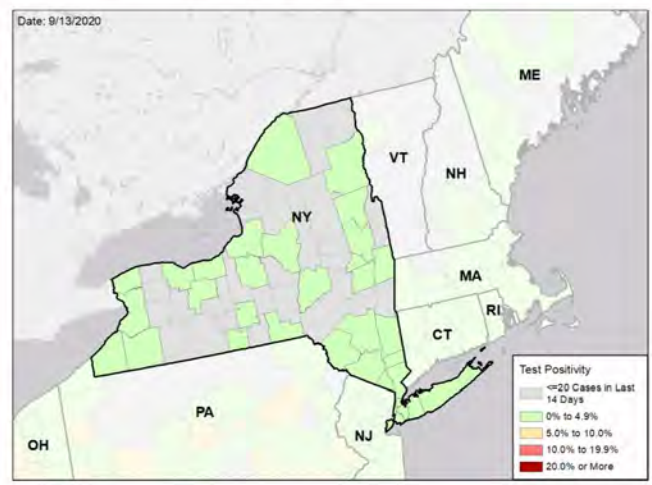

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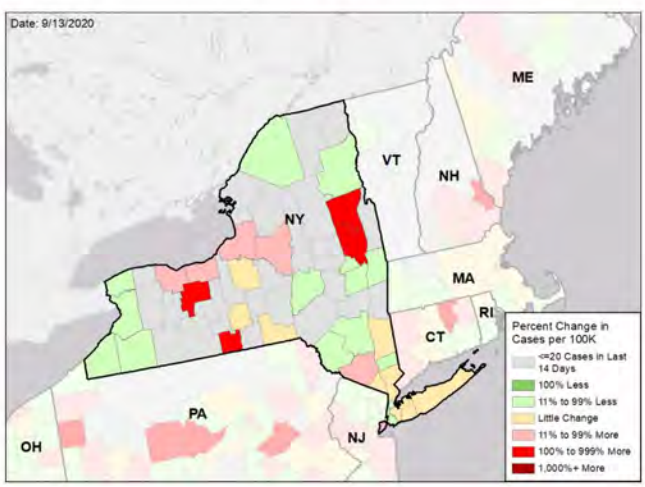

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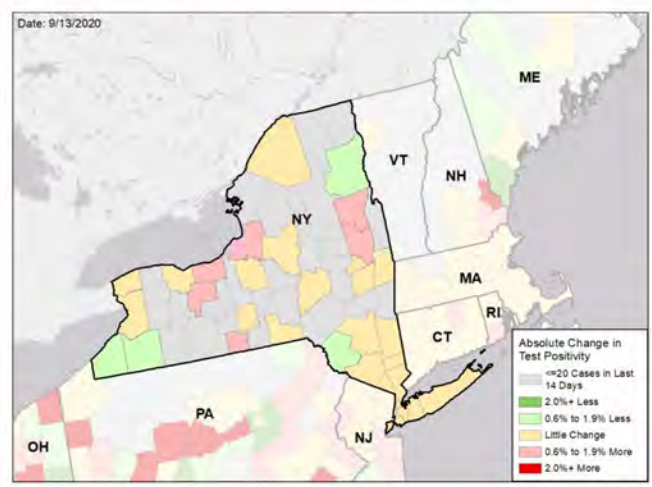

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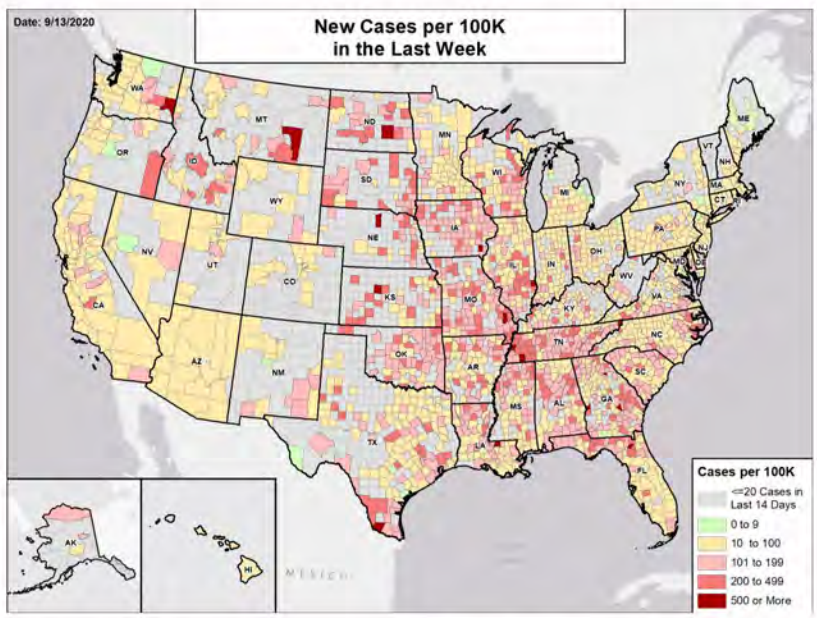

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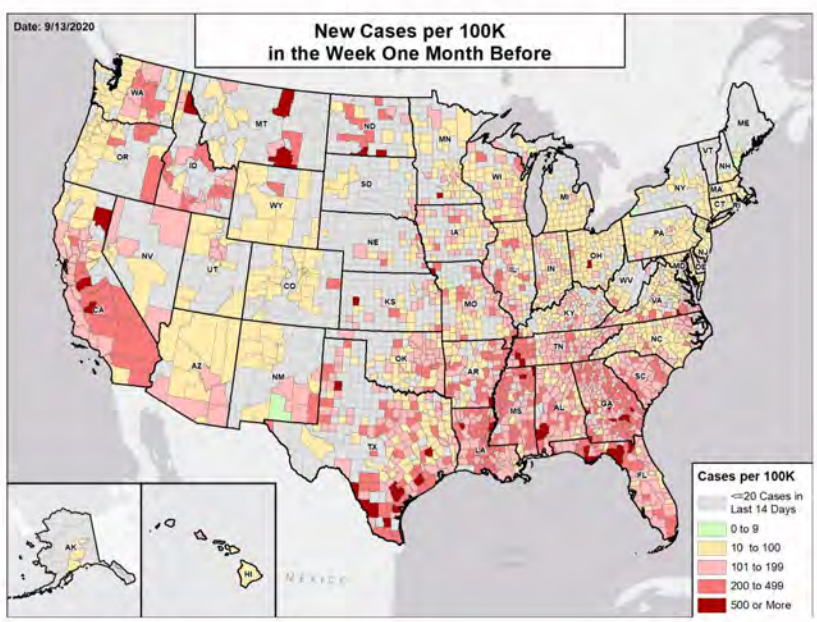

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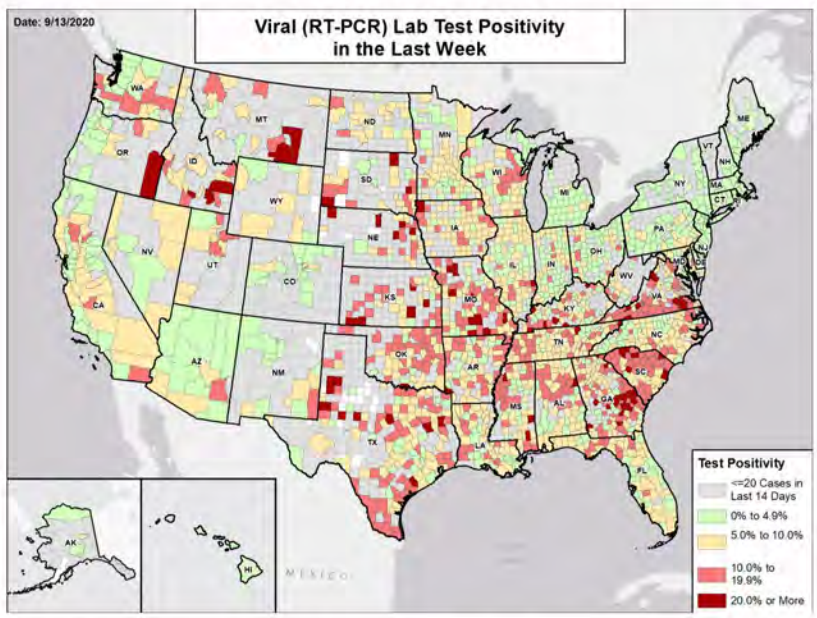

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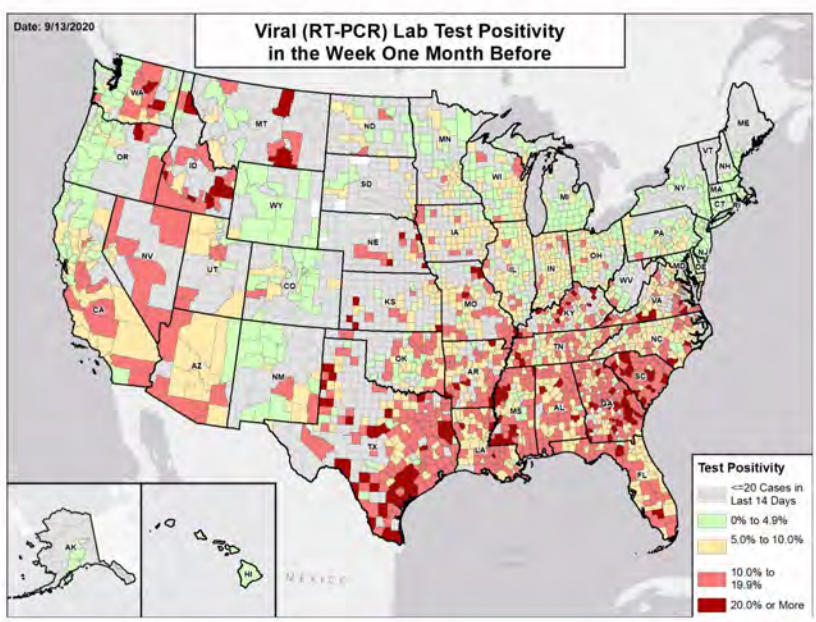

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- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.

STATE REPORT
09.13.2020

NORTH CAROLINA

SUMMARY

- North Carolina 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. 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 a decrease in new cases and a decrease in test positivity over the last week, but sustained intensity in smaller cities and counties.
- 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 24.3% of new cases in North Carolina.
- 61% of all counties in North Carolina 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 31 - Sep 6, 15% of nursing homes had at least one new resident COVID-19 case, 24% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death.
- North Carolina had 77 new cases per 100,000 population in the last week, compared to a national average of 74 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 4 to support operations activities from VA.
- Between Sep 5 - Sep 11, on average, 100 patients with confirmed COVID-19 and 291 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

- Continue more intensified mitigation measures to accelerate downward trend; encourage vigorous public messaging campaign and roll-out of "SlowCOVIDNC" targeted to communities most at risk for infection and severe disease and those with low compliance to mask mandates and social distancing.
- Expansion of testing is the key to epidemic control; testing should be expanded in institutes of higher education (IHE) counties and smaller counties where the epidemic has been spreading.
- Given the lag between peak case rate and hospitalizations, ensure hospital/EMS capacities and supplies are sufficient and clinicians at all facilities are trained on latest standards of care, especially in rural counties with elevated case rates and larger populations of older residents and those with comorbidities.
- Require all IHE to have a plan for surge testing and isolation facilities for campus outbreaks (surge testing of 50-100% of the student body over 14 days with structured surveillance thereafter and surge capacity to isolate up to 5-10% of student body). Case management services should ensure safe isolation on campus or safe release to family quarantine.
- Encourage or require strong mitigation efforts on campus, including masks and social distancing; de-densification of residences and classrooms; maximum ventilation adjustments in all buildings; creation of sheltered outside study and dining areas; and proactive and adaptive limits on bar patronage and student gatherings on and off campus.
- Local health departments should continue to work with IHE and various student leaders and campus media to support compliance with recommendations; repercussions for non-compliance should be clarified, widely promulgated, and enforced.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions; consider using at a facility or residence hall level to support surveillance-to-testing algorithms.
- Use the Abbott BinaxNOW as discussed with Dr. Birx to ensure effective surveillance of populations or communities without reliable access to testing, including Historically Black Colleges and Universities.
- Consider adding IHE data to the state's dashboard; showing weekly (not cumulative) case rates, so viewers can follow epidemic curves in all counties.
- Rehab and long-term care facilities (LTCFs) continue to post cases; accelerate efforts to protect staff and residents 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 that all inspection surveys have been conducted in all LTCFs with an initial case or 3 or more cases in the last week and ensure prompt corrective actions were taken.
- 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)	8,044 (77)	-31.5%	66,299 (99)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.9%	-0.9%*	7.4%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	151,814** (1,447)	-13.6%**	746,836** (1,116)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	184 (2)	-1.6%	1,864 (3)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	15% (24%)	+0%* (+0%*)	18% (29%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	+1%*	8%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

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	**3**	Greenville Lumberton Rockingham	**24**	Charlotte-Concord-Gastonia Greensboro-High Point Fayetteville Wilmington Hickory-Lenoir-Morganton Rocky Mount New Bern Shelby Jacksonville Goldsboro Albemarle Wilson
COUNTY LAST WEEK	**12**	Pitt Robeson Montgomery Richmond Hertford Bertie Pamlico Bladen Avery Greene Chowan Hyde	**49**	Mecklenburg Guilford Cumberland New Hanover Gaston Union Cabarrus Johnston Rowan Nash Davidson Catawba

All Yellow CBSAs: Charlotte-Concord-Gastonia, Greensboro-High Point, Fayetteville, Wilmington, Hickory-Lenoir-Morganton, Rocky Mount, New Bern, Shelby, Jacksonville, Goldsboro, Albemarle, Wilson, Pinehurst-Southern Pines, Laurinburg, Washington, Kinston, Elizabeth City, Roanoke Rapids, Mount Airy, Morehead City, Sanford, Myrtle Beach-Conway-North Myrtle Beach, Virginia Beach-Norfolk-Newport News, Brevard

All Yellow Counties: Mecklenburg, Guilford, Cumberland, New Hanover, Gaston, Union, Cabarrus, Johnston, Rowan, Nash, Davidson, Catawba, Cleveland, Onslow, Rockingham, Harnett, Wayne, Edgecombe, Lincoln, Stanly, Wilson, Moore, Scotland, Randolph, Beaufort, Craven, Columbus, Lenoir, Henderson, Franklin, Surry, Carteret, Cherokee, Sampson, Hoke, Lee, Halifax, Alexander, Anson, Pender, Martin, Yadkin, Transylvania, Stokes, Duplin, Graham, Northampton, Currituck, 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 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

NORTH CAROLINA

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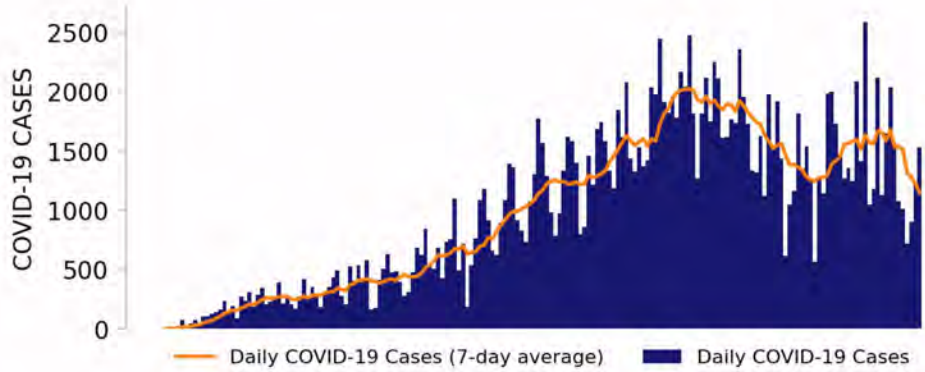
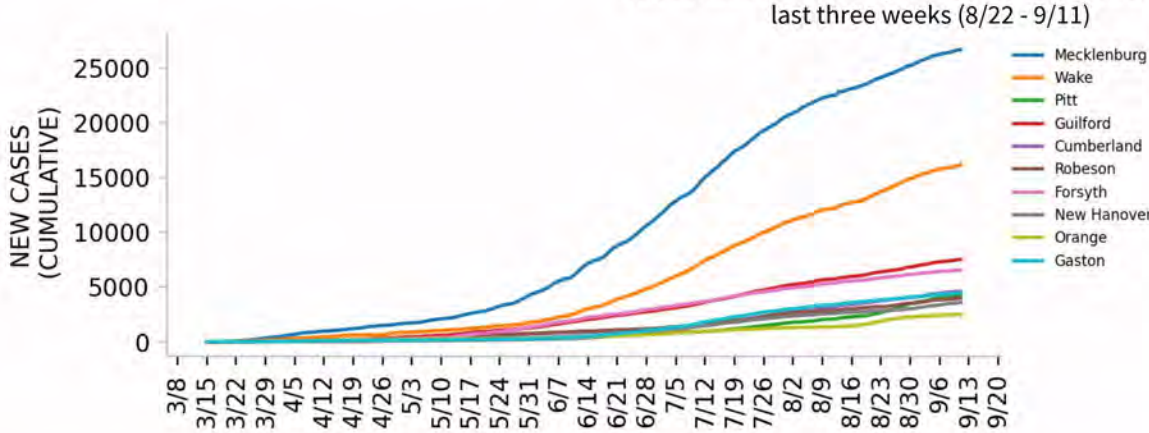
NEW CASES



TESTING

TOP COUNTIES

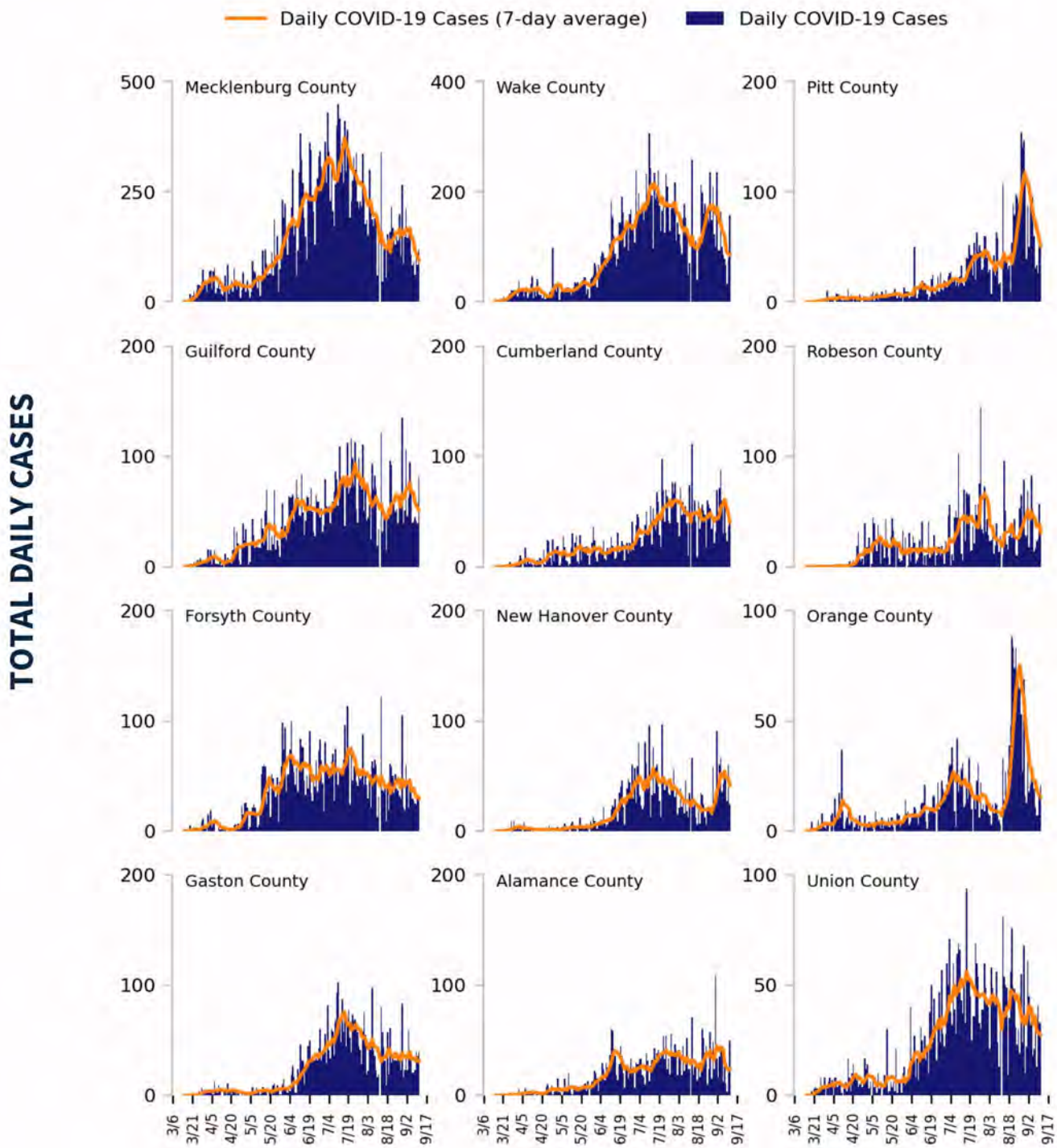
Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



DATA SOURCES – Additional data details available under METHODS

Note: 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 9/11/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020.

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 9/11/2020. Last 3 weeks is 8/22 - 9/11.

NORTH CAROLINA

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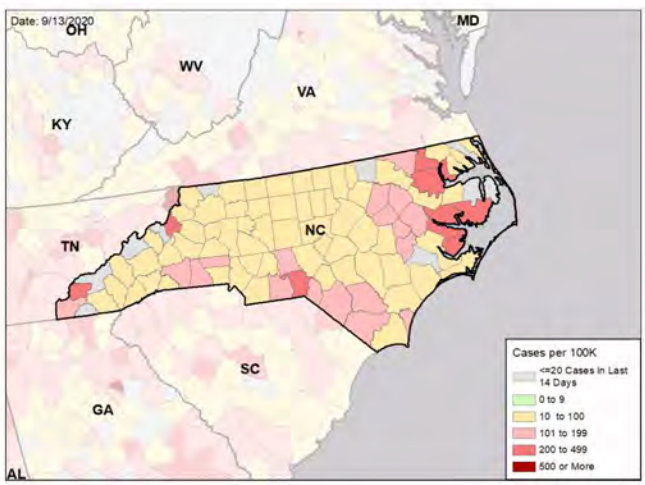
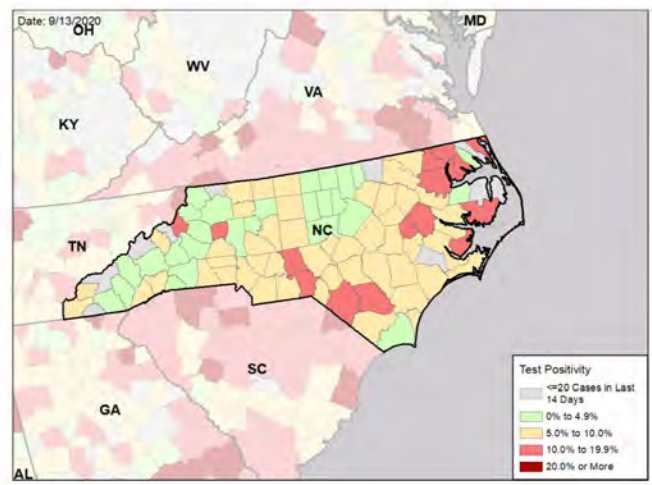
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

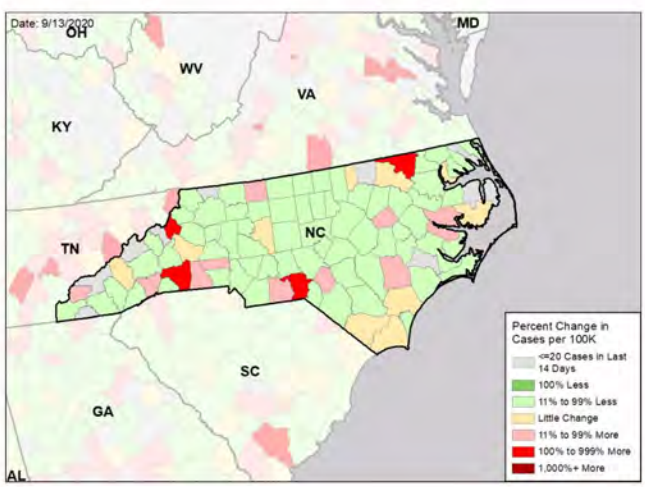
NEW CASES PER 100,000 DURING THE LAST WEEK



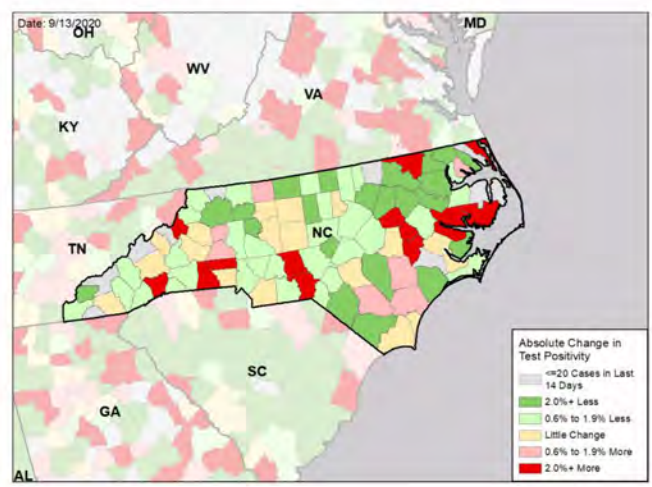
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

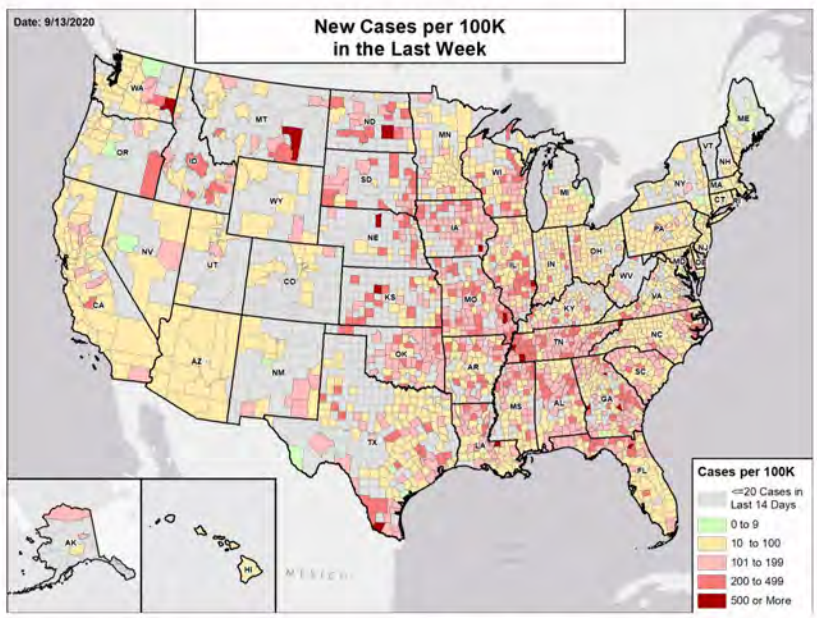
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/11/2020. Last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

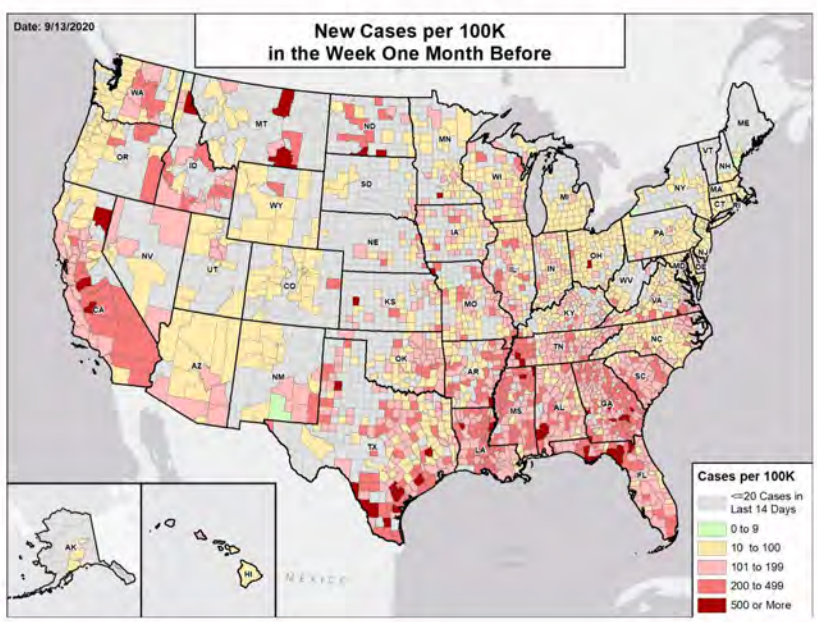
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

National Picture

NEW CASES PER 100,000 LAST WEEK



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



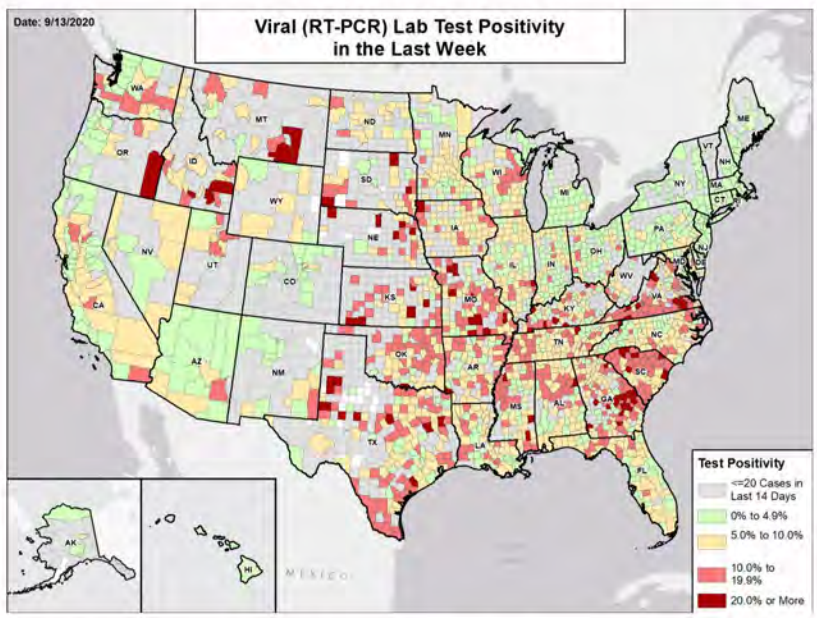
DATA SOURCES

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

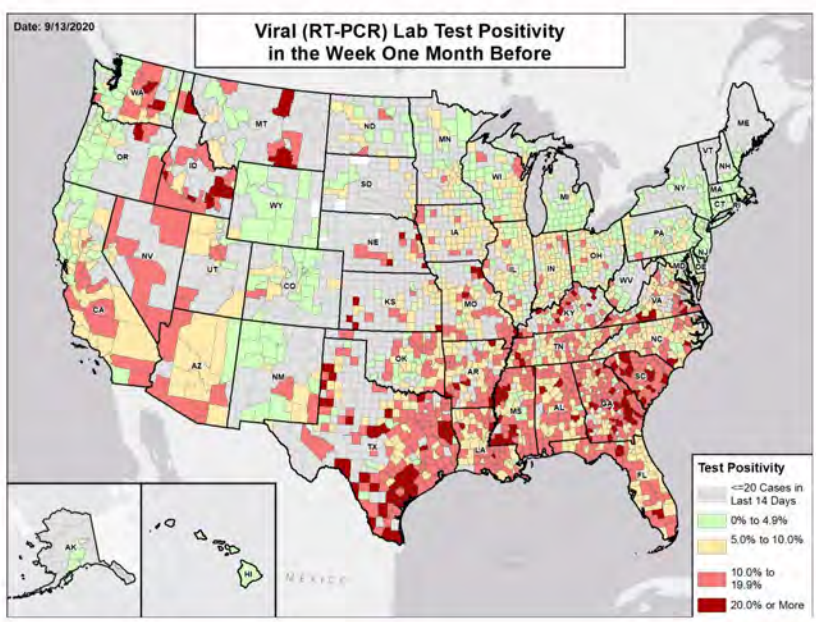
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
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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 8/31-9/6, previous week is 8/24-8/30.

STATE REPORT
09.13.2020

NORTH DAKOTA

SUMMARY

- There has been improvement in North Dakota over the past week, with declining red zone counties from 3 to 2. North Dakota is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week. North Dakota's aggressive testing plan, both in communities and at universities, is resulting in North Dakota finding the largest proportion of asymptomatic and cases among the young, leading to rapid mitigation and progress now being seen in university towns. University student surges into small towns also is significantly increasing the cases per 100,000 population. North Dakota is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 21st highest rate in the country.
- North Dakota has seen stability in new cases and an increase in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Grand Forks County, 2. Burleigh County, and 3. Cass County. These counties represent 51.3% of new cases in North Dakota.
- 32% of all counties in North Dakota 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 31 - Sep 6, 8% of nursing homes had at least one new resident COVID-19 case, 32% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death.
- North Dakota had 225 new cases per 100,000 population in the last week, compared to a national average of 74 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 4 to support epidemiology activities from CDC.
- Between Sep 5 - Sep 11, on average, 6 patients with confirmed COVID-19 and 6 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in North Dakota. An average of 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

- North Dakota is making progress. To accelerate and sustain the gains, 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 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 again. Progress is already being seen in Grand Forks with the new mitigation efforts put in place by the Mayor of Grand Forks.
- Continue strong mask messaging and ensure all retail outlets are requiring masks for entry.
- We are seeing gains being reversed in other states due to university spread. The increased testing and isolation to prevent spread to communities in North Dakota is a strong element of the North Dakota university plan.
- Continue to review all university and college plans for both rapid testing and contact tracing of symptomatic students and routine surveillance testing of students to find asymptomatic students, with 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. Ensure protection of local communities through strict mask wearing and social distancing when off campus and when around vulnerable individuals on 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.
- In preparation for fall, continue to increase testing capacity by increasing the budget and capacity of public health labs; ensure hospitals use pooled testing for elective surgeries and patients admitted without suspected COVID-19 to reserve tests for community outreach; expand outpatient testing, pooling specimens where appropriate; and utilize all university, veterinary, and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Increase surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 those with comorbidities becoming infected.
- Continue your excellent, proactive protection plan for nursing homes, assisted living, and elderly care sites with your full testing capacity.
- 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.

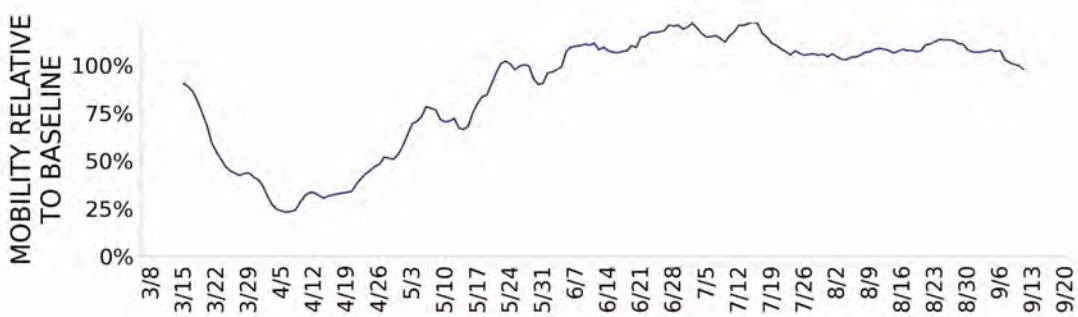
COVID-19

NORTH DAKOTA

STATE REPORT | 09.13.2020

	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)	1,712 (225)	-8.2%	8,999 (73)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.6%	+0.7%*	6.1%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	33,748** (4,429)	-13.3%**	173,989** (1,419)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	14 (2)	+27.3%	69 (1)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	8% (32%)	+0%* (+0%*)	6% (16%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	+3%*	2%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

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	**6**	Bismarck Grand Forks Fargo Minot Jamestown Wahpeton
COUNTY LAST WEEK	**2**	Stark Williams	**15**	Grand Forks Burleigh Cass Morton Ward Stutsman McLean Ramsey Benson McKenzie Richland Eddy

All Yellow Counties: Grand Forks, Burleigh, Cass, Morton, Ward, Stutsman, McLean, Ramsey, Benson, McKenzie, Richland, Eddy, Mercer, Walsh, Sargent

*** 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 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

NORTH DAKOTA

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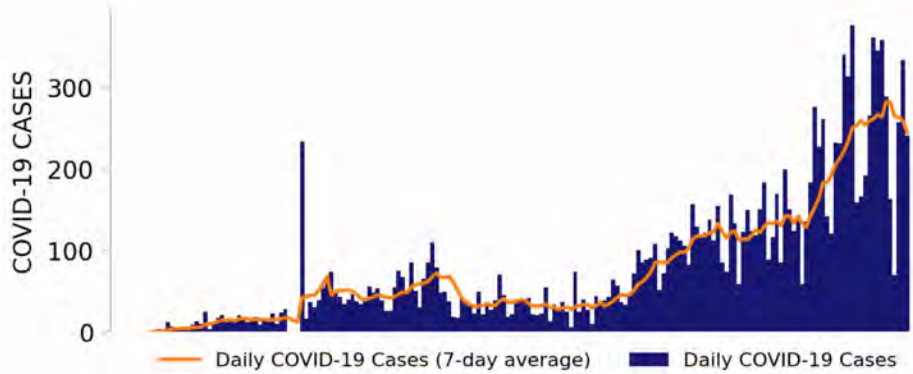
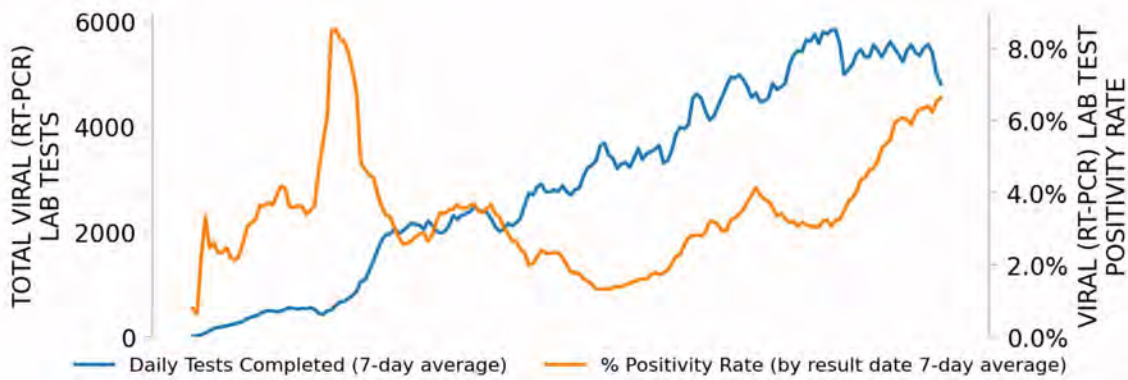
NEW CASES

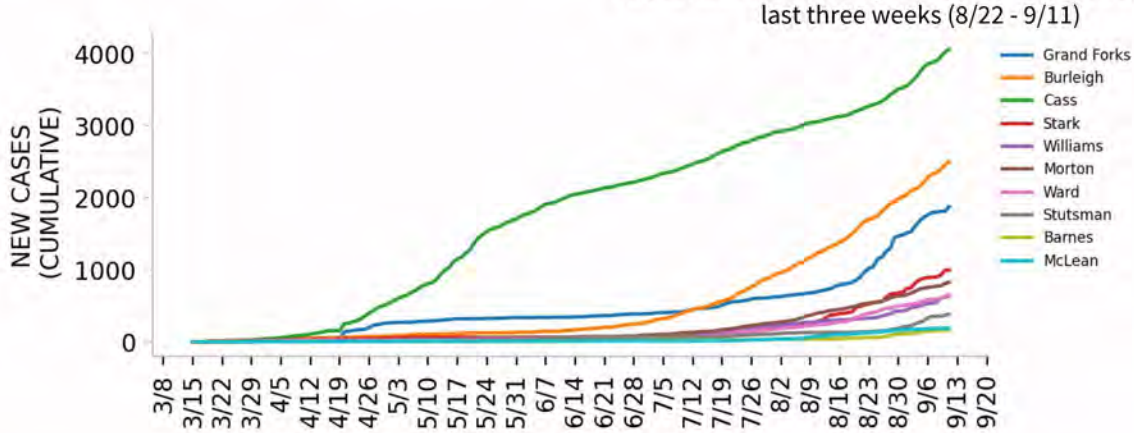


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



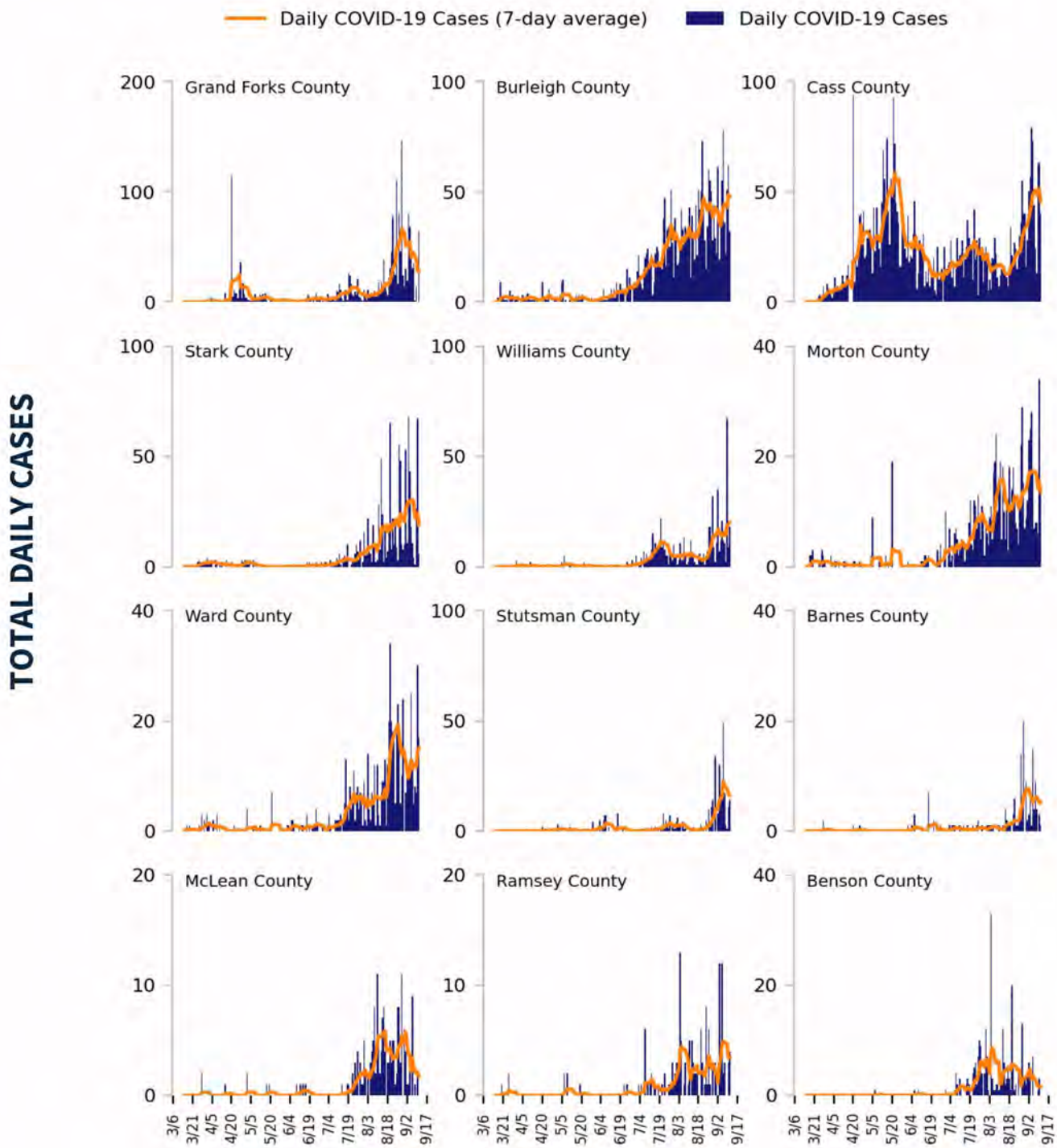
DATA SOURCES – Additional data details available under METHODS

Note: 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 9/11/2020.

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

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 9/11/2020. Last 3 weeks is 8/22 - 9/11.

NORTH DAKOTA

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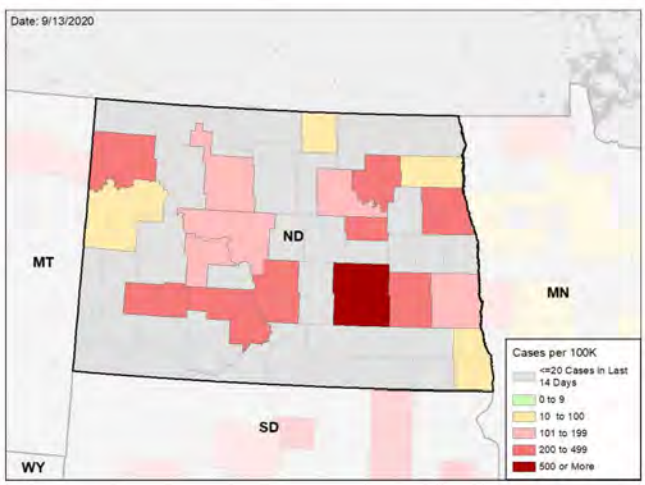
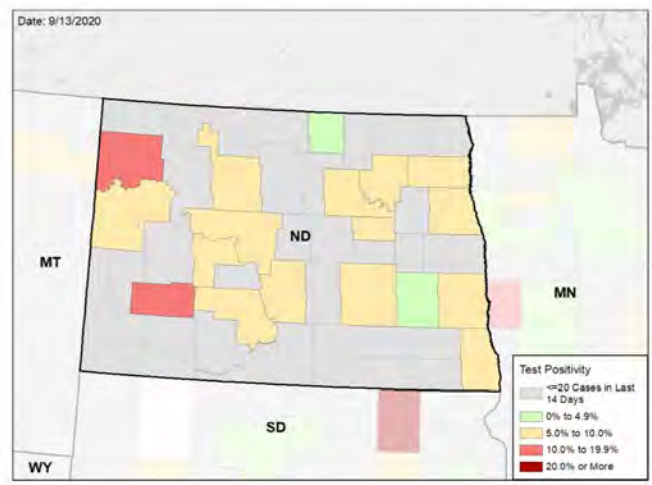
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

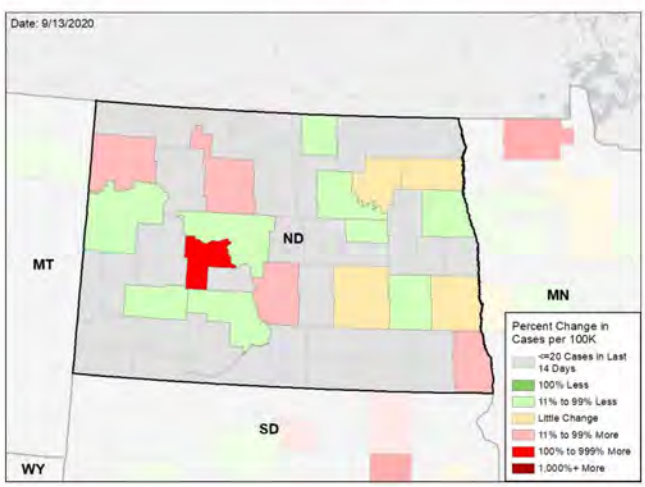
NEW CASES PER 100,000 DURING THE LAST WEEK



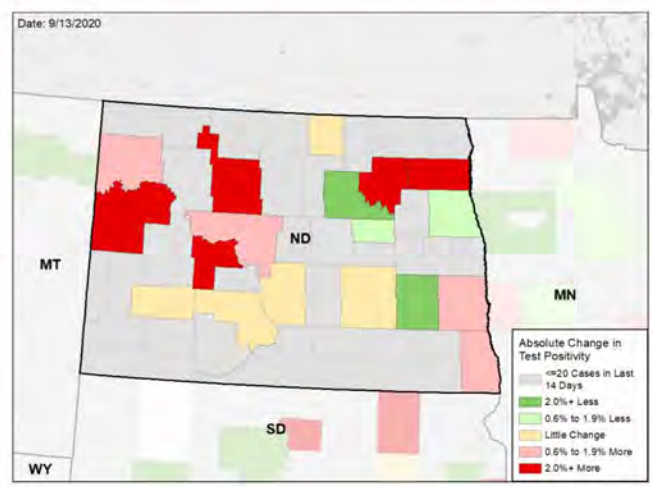
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

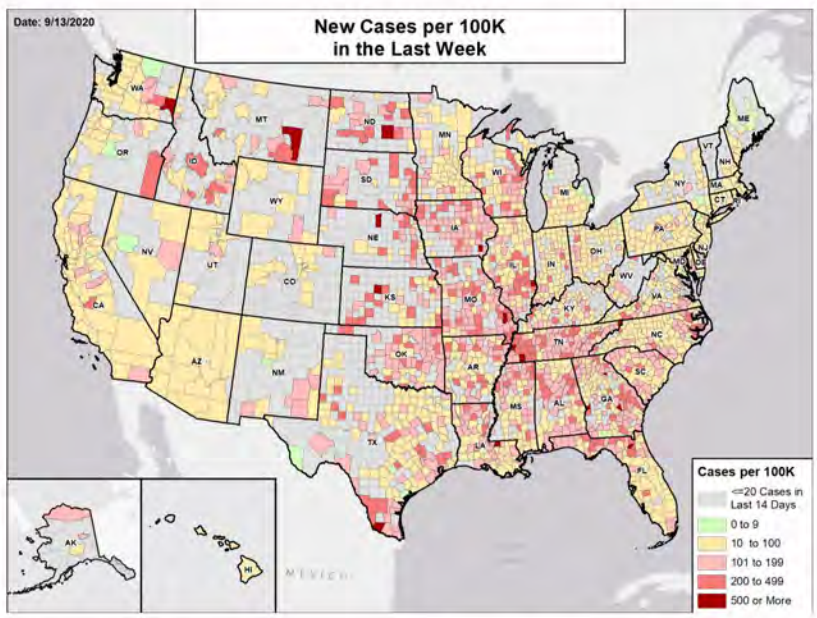
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/11/2020. Last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

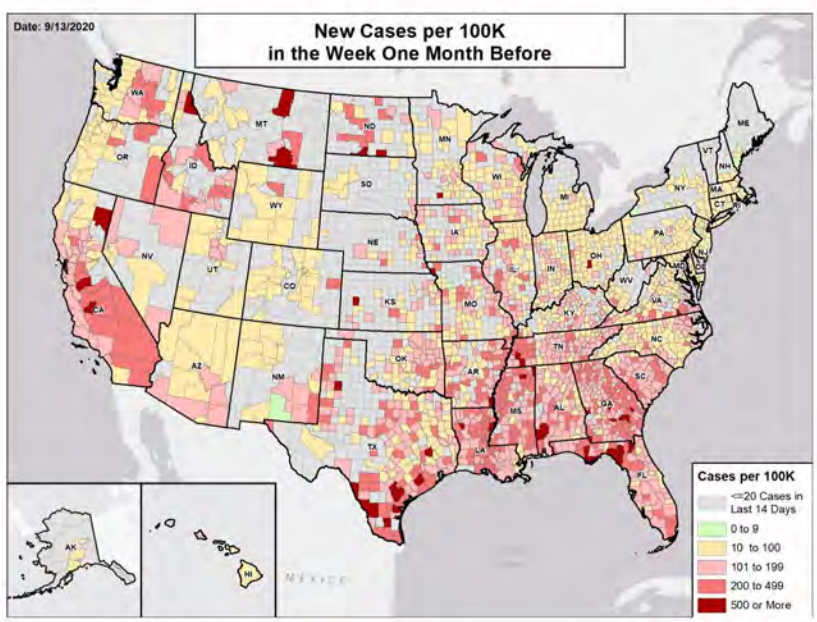
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

National Picture

NEW CASES PER 100,000 LAST WEEK



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



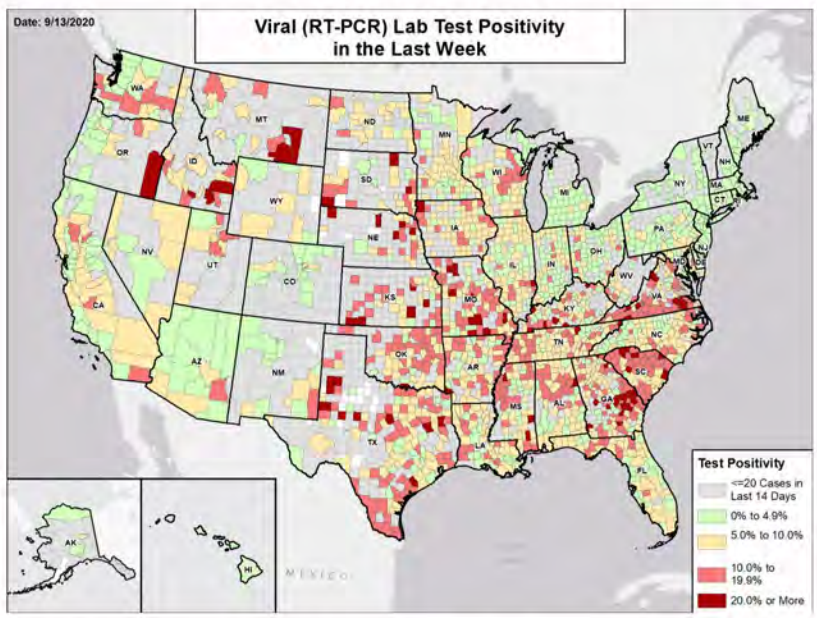
DATA SOURCES

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

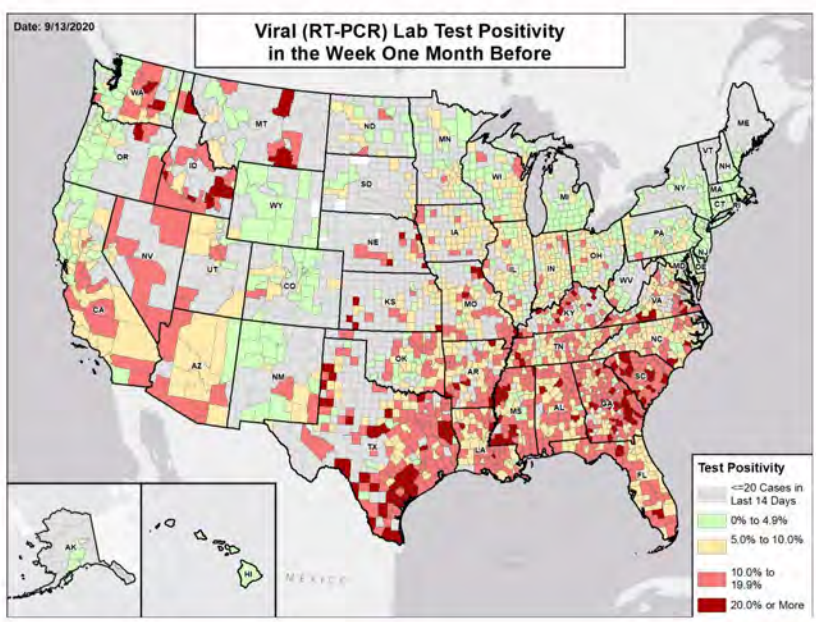
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
- **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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.

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OHIO

SUMMARY

- Ohio continues to make steady progress in mitigation and protecting the most vulnerable residents in long-term care facilities. Ohio 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. Ohio is in the green zone for test positivity, indicating a rate below 5%, with the 33rd highest rate in the country.
- Ohio 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. Franklin County, 2. Montgomery County, and 3. Cuyahoga County. These counties represent 34.3% of new cases in Ohio.
- 30% of all counties in Ohio 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 31 - Sep 6, only 8% of nursing homes had at least one new resident COVID-19 case, 15% had at least one new staff COVID-19 case, and only 4% had at least one new resident COVID-19 death.
- Ohio had 59 new cases per 100,000 population in the last week, compared to a national average of 74 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 Sep 5 - Sep 11, on average, 85 patients with confirmed COVID-19 and 330 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 has made excellent progress with most counties in a downward trajectory, except for Franklin County. 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 decrease in hours and occupancy limits in bars and restaurants in university counties and anywhere university and college students gather if cases continue 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 a further strengthening of detecting silent spread on campuses through routine saliva testing of students on university research platforms. The Ohio State University's testing needs to continue to expand to find asymptomatic students.
- Review all university and college plans for both rapid testing and contact tracing of symptomatic students and routine surveillance testing of students to find asymptomatic students, with 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. Ensure protection of local communities through strict mask wearing and social distancing when off campus and when around vulnerable individuals on campus.
- Universities and colleges should work with various student leaders and campus media to support compliance with recommendations.
- Consider expanding focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Continue to increase testing capacity by increasing the budget and capacity of public health labs; ensure hospitals use pooled testing for elective surgeries and patients admitted without suspected COVID-19 to reserve tests for community outreach; expand outpatient testing, pooling specimens where appropriate; and utilize all university, veterinary, and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Increase surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 inside homes to reduce spreading events.
- Continue your strong work with all nursing homes, assisted living, and elderly care sites.
- 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

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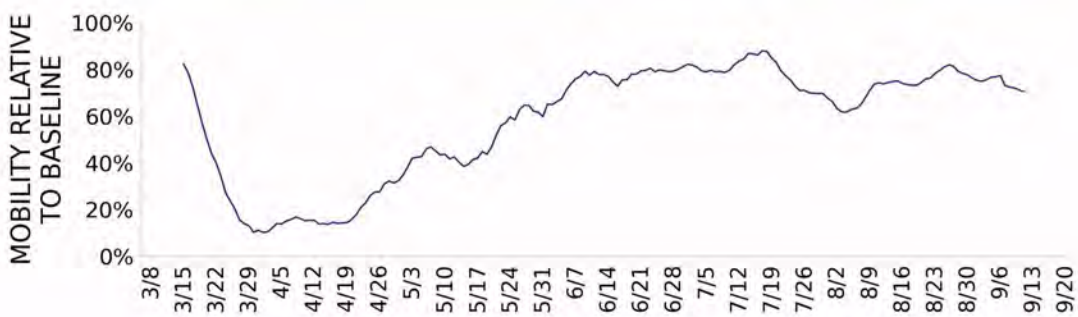
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	6,884 (59)	-17.2%	41,661 (79)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.3%	-0.2%*	5.0%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	176,233** (1,508)	-6.3%**	979,317** (1,864)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	156 (1)	+10.6%	556 (1)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	8% (15%)	-1%* (-1%*)	7% (16%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+0%*	3%	4%

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 8/31-9/6, previous week is 8/24-8/30.

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	**1**	Sidney	**12**	Columbus Cincinnati Toledo Akron Canton-Massillon Wooster Greenville Huntington-Ashland Findlay Athens Defiance New Philadelphia-Dover
COUNTY LAST WEEK	**5**	Butler Miami Putnam Shelby Harrison	**21**	Franklin Summit Lucas Warren Delaware Stark Clermont Greene Wood Wayne Darke Lawrence

All Yellow Counties: Franklin, Summit, Lucas, Warren, Delaware, Stark, Clermont, Greene, Wood, Wayne, Darke, Lawrence, Hancock, Athens, Henry, Preble, Meigs, Perry, Gallia, Defiance, Tuscarawas

*** 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: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/9/2020. Last week is 9/3 - 9/9.

OHIO

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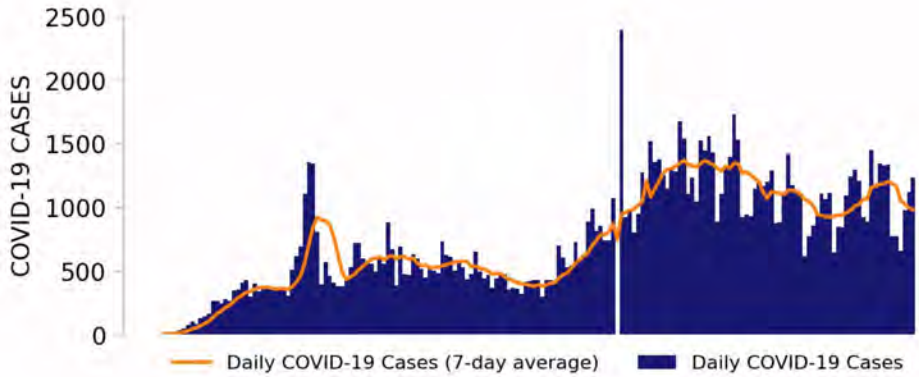
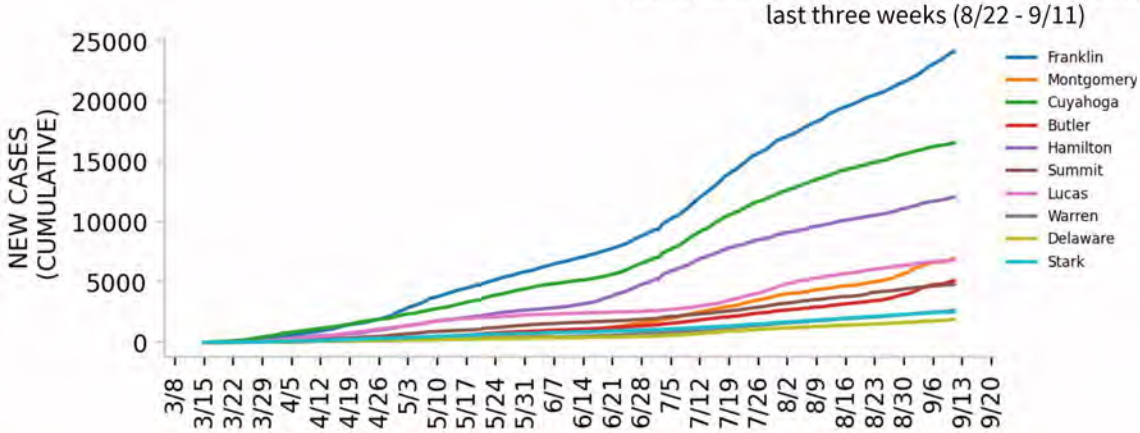
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



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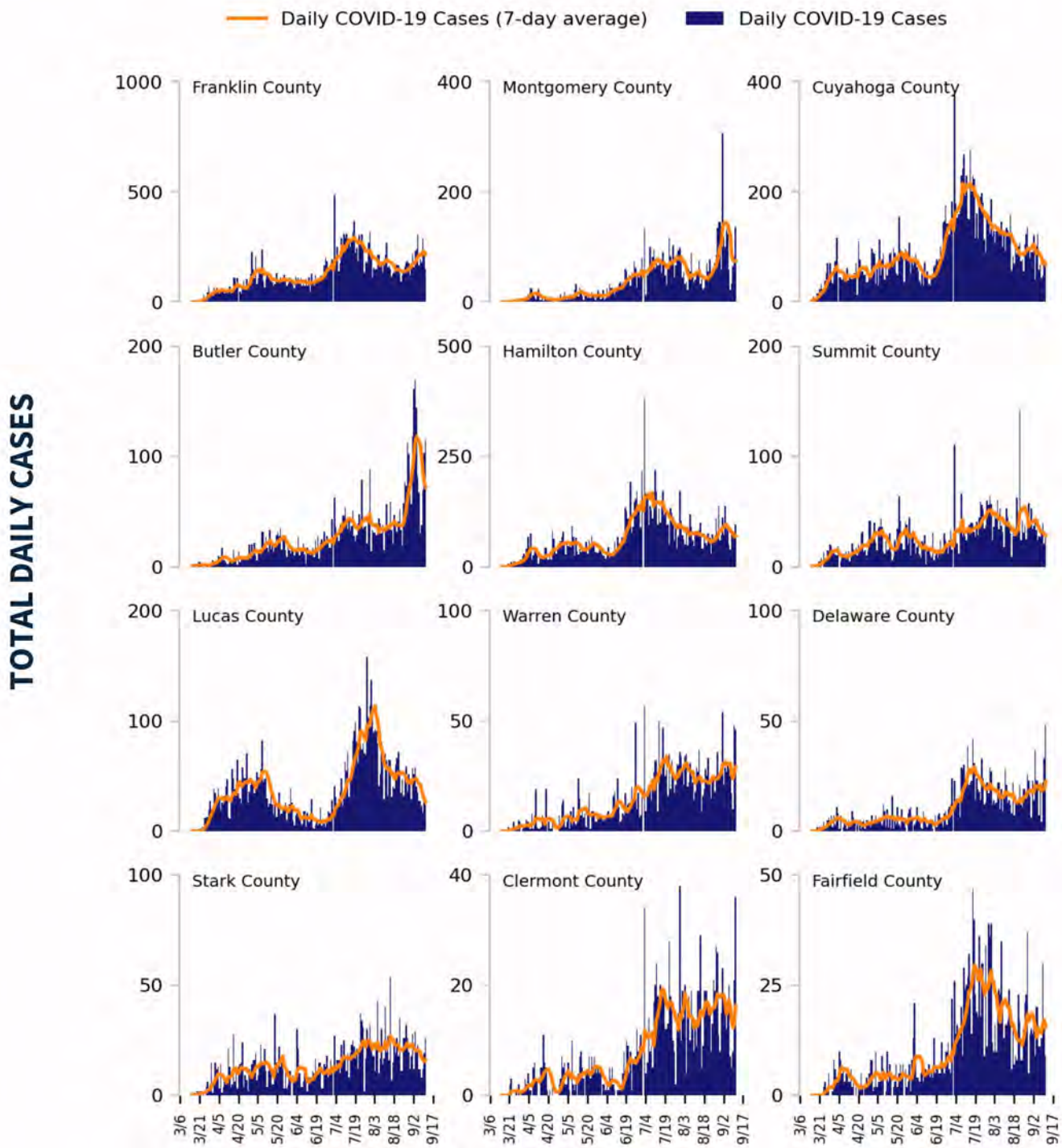
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020.

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



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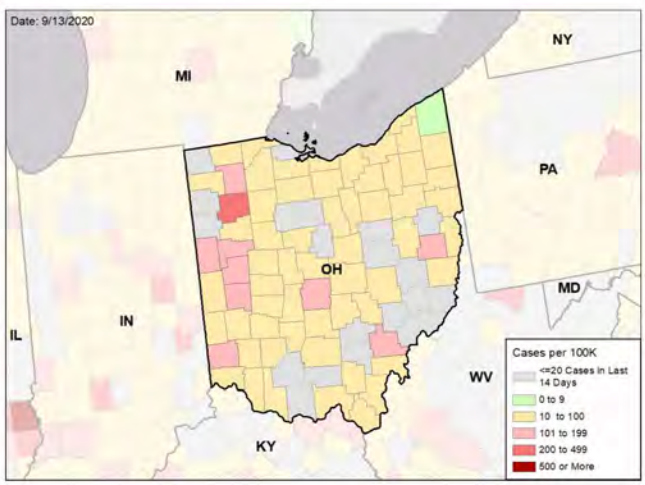
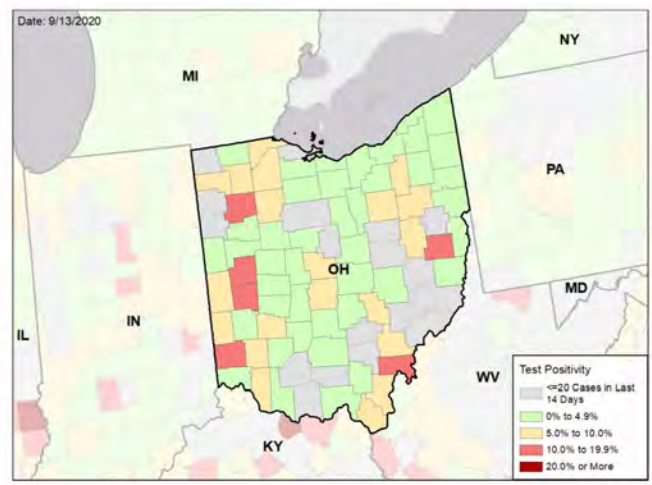
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

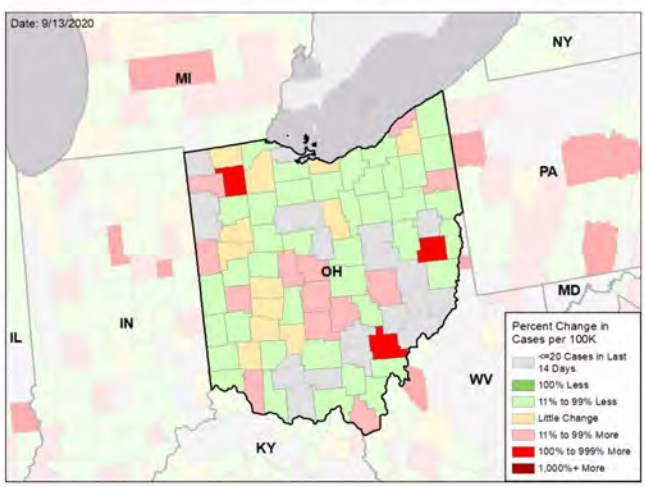
NEW CASES PER 100,000 DURING THE LAST WEEK



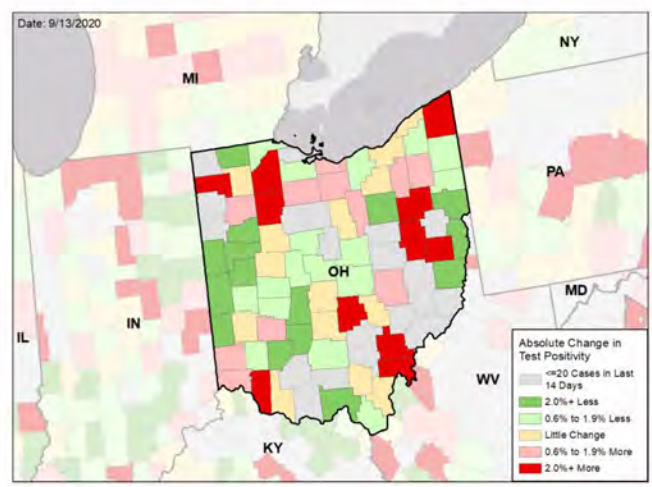
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

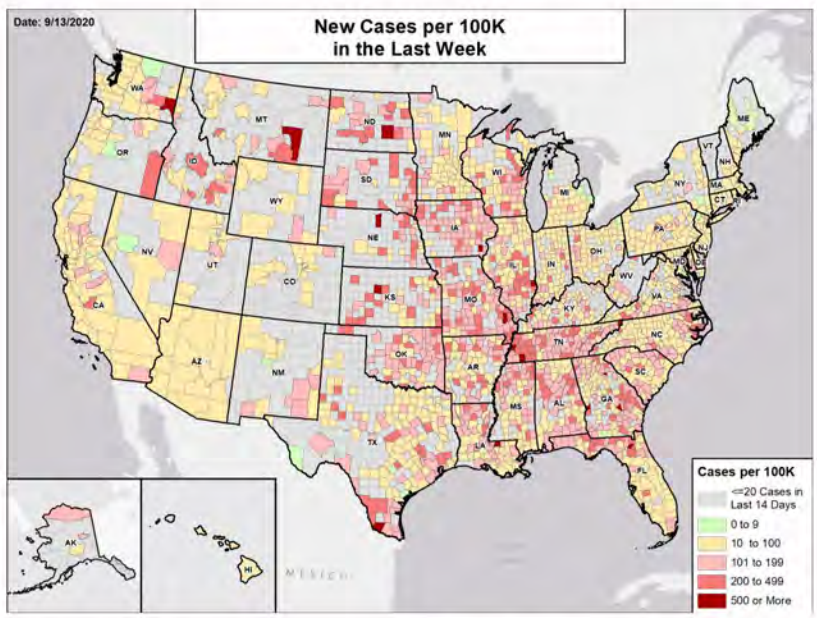
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/11/2020. Last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

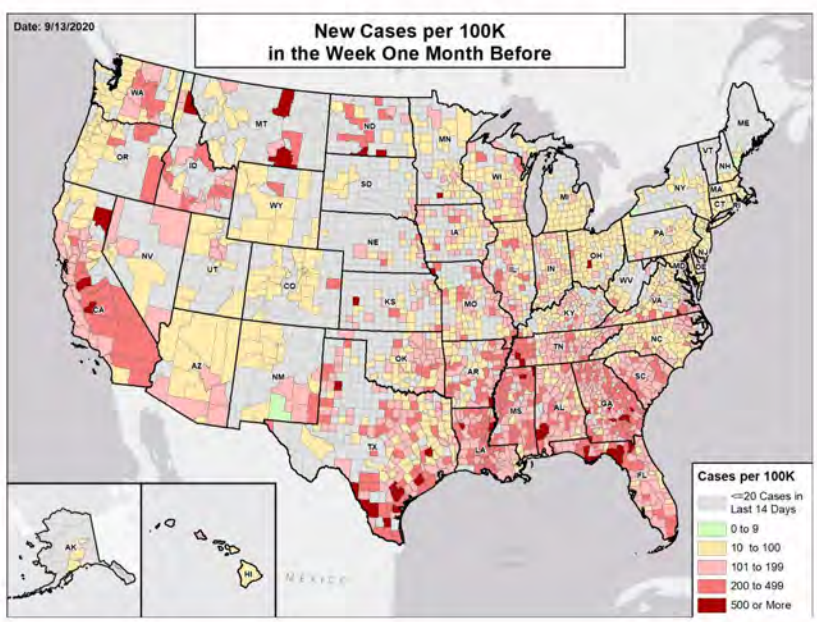
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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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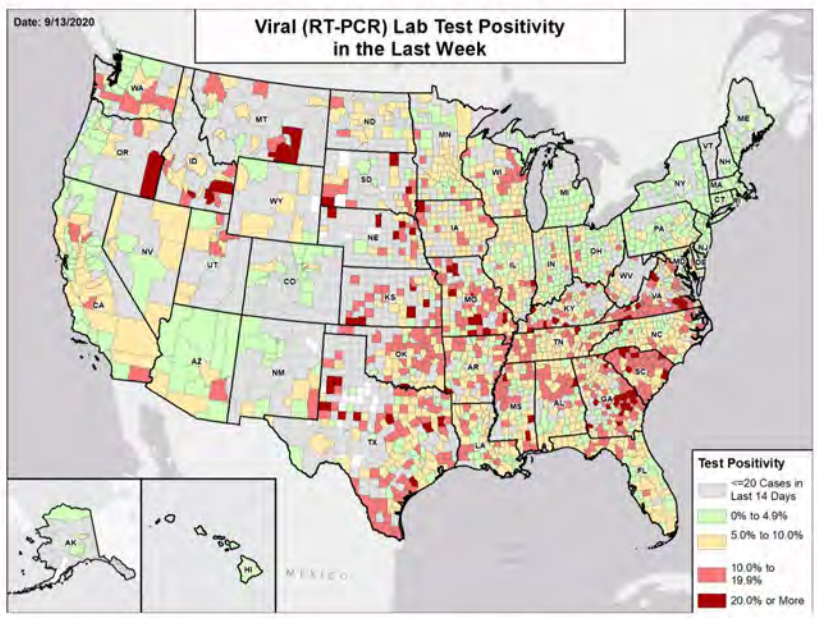
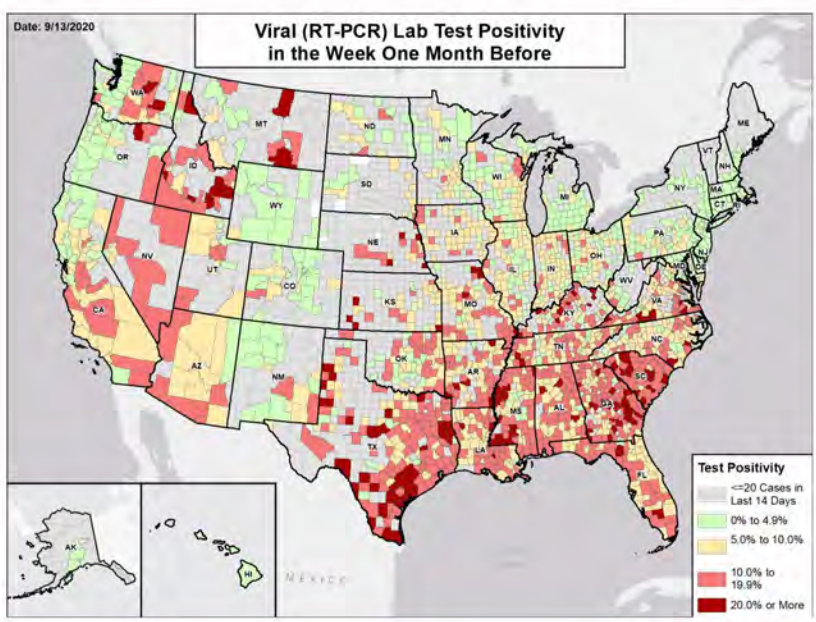
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
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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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.

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OKLAHOMA

SUMMARY

- Oklahoma 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. Oklahoma is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 5th highest rate in the country.
- Oklahoma 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. Tulsa County, 2. Oklahoma County, and 3. Cleveland County. These counties represent 42.4% of new cases in Oklahoma.
- 65% of all counties in Oklahoma have moderate or high levels of community transmission (yellow or red zone), with 34% having high levels of community transmission (red zone).
- During the week of Aug 31 - Sep 6, 13% of nursing homes had at least one new resident COVID-19 case, 19% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- Oklahoma had 142 new cases per 100,000 population in the last week, compared to a national average of 74 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; 7 to support epidemiology activities from CDC; 60 to support medical activities from VA; and 1 to support operations activities from VA.
- Between Sep 5 - Sep 11, on average, 77 patients with confirmed COVID-19 and 75 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

- Establish statewide mask mandate. COVID-19 is being brought into nursing homes through community transmission. Review and improve infection control practices at nursing homes to stop the introduction of COVID-19. Arkansas is a great example in the Heartland where statewide transmission has decreased through mask usage.
- In areas with ongoing high levels of transmission (red and yellow zones), use standard metrics to determine school learning options and capacity limits for bars and indoor dining.
- Develop a plan for increased surveillance of silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- In university settings, use wastewater surveillance across campus to identify areas with high viral load for targeted testing. Work with student leaders, including Greek organizations, to establish effective testing strategies to find cases early, prevent spread, and keep students on campus.
- Tribal Nations: Encourage the continued enforcement of social distancing and masking measures in areas of increased transmission. Continue enhanced testing activities. Continue to enhance contact tracing and ensure that cases and contacts can quarantine or isolate safely. Monitor testing data to identify additional sites of increased transmission and ensure focused public health resources for these vulnerable communities. Ensure all Tribal Nations are aware of the significant risk from asymptomatic transmission during gatherings or ceremonies.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

OKLAHOMA

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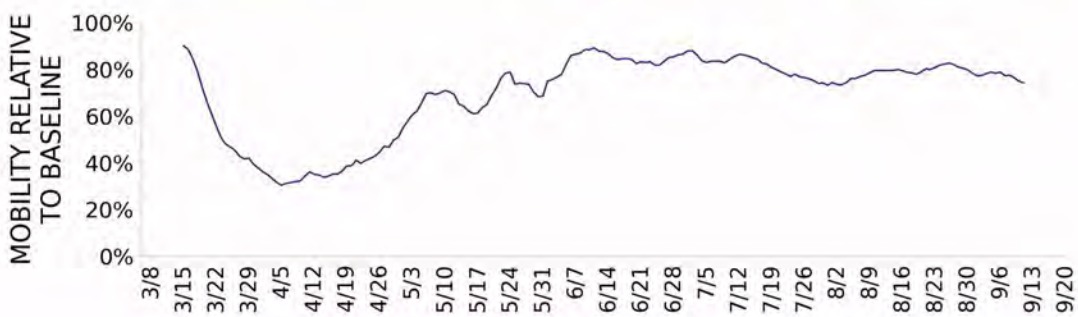
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	5,603 (142)	-3.0%	41,196 (96)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.0%	-1.4%*	7.8%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	92,032** (2,326)	+247.1%**	371,009** (869)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	42 (1)	-30.0%	1,091 (3)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	13% (19%)	+1%* (+5%*)	14% (21%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	+0%*	6%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

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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**	Tulsa Muskogee Stillwater Enid Miami Guymon Fort Smith McAlester Bartlesville Elk City	**10**	Oklahoma City Lawton Shawnee Tahlequah Durant Weatherford Ardmore Ponca City Duncan Woodward
COUNTY LAST WEEK	**26**	Tulsa Cleveland Muskogee Payne Garfield Le Flore Rogers Wagoner Ottawa Creek Texas Sequoyah	**24**	Oklahoma Pottawatomie Comanche Canadian Cherokee McCurtain Bryan Grady McClain Okmulgee Custer Caddo

All Red Counties: Tulsa, Cleveland, Muskogee, Payne, Garfield, Le Flore, Rogers, Wagoner, Ottawa, Creek, Texas, Sequoyah, Pittsburg, Washington, Osage, Delaware, Kingfisher, Seminole, Craig, Hughes, Woodward, Love, McIntosh, Beckham, Blaine, Cotton

All Yellow Counties: Oklahoma, Pottawatomie, Comanche, Canadian, Cherokee, McCurtain, Bryan, Grady, McClain, Okmulgee, Custer, Caddo, Adair, Kay, Mayes, Logan, Lincoln, Atoka, Stephens, Johnston, Haskell, Nowata, Garvin, 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 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/9/2020. Last week is 9/3 - 9/9.

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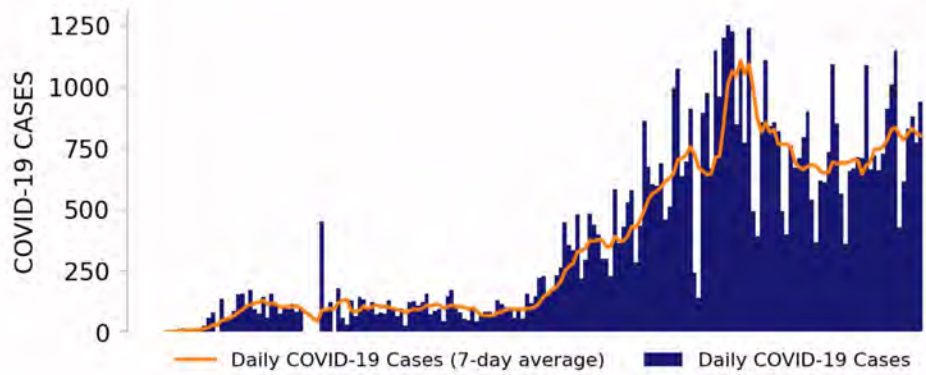
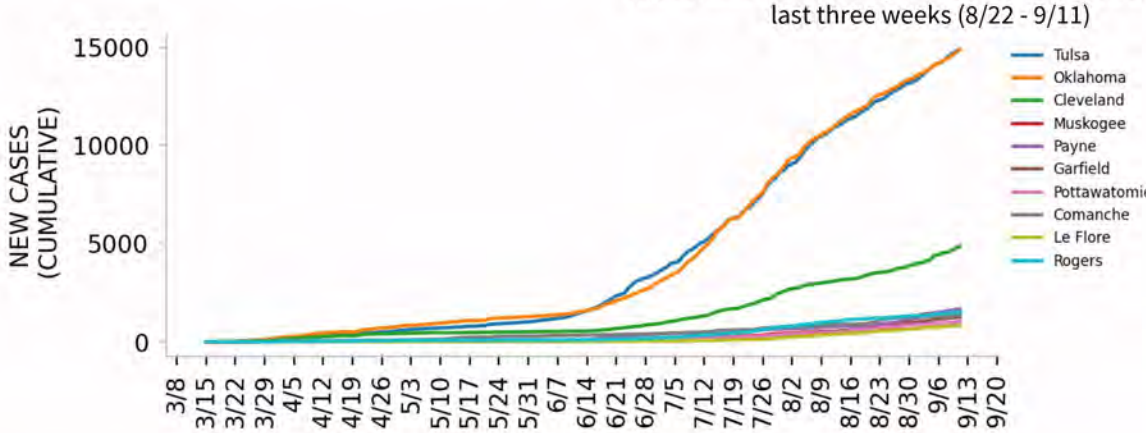
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



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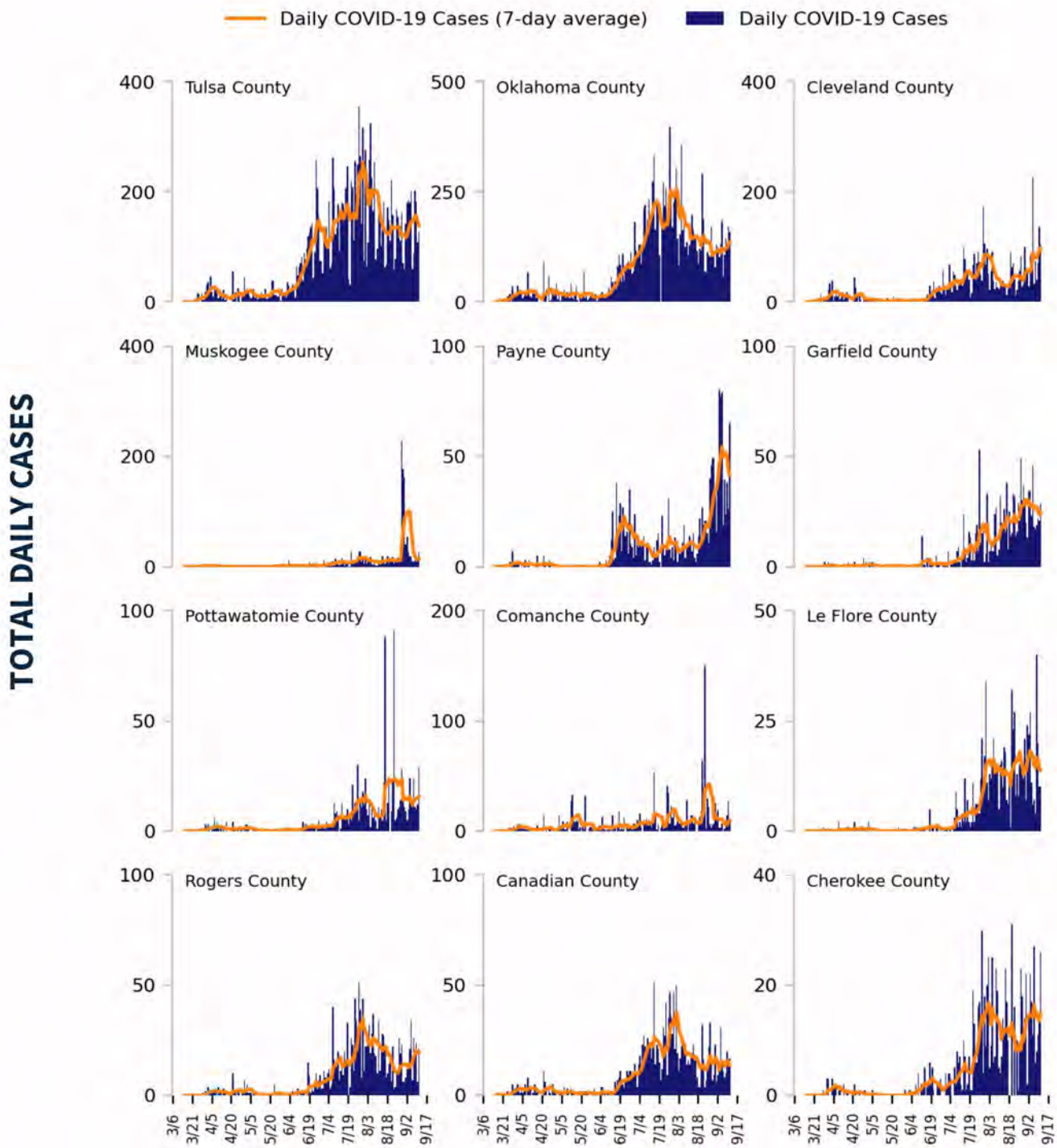
Top 12 counties based on number of new cases in the last 3 weeks



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OKLAHOMA

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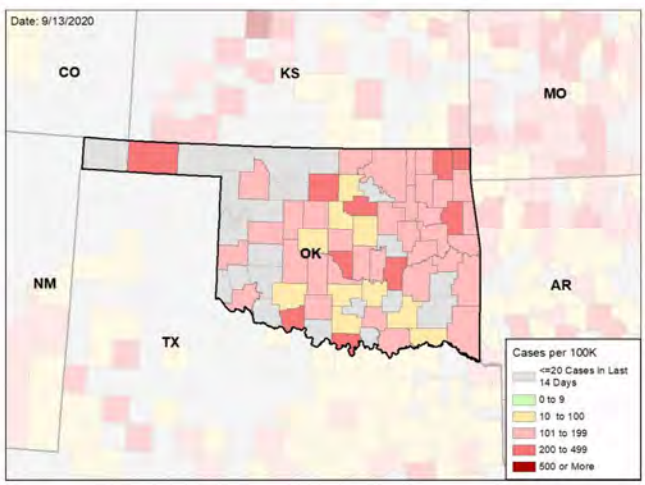
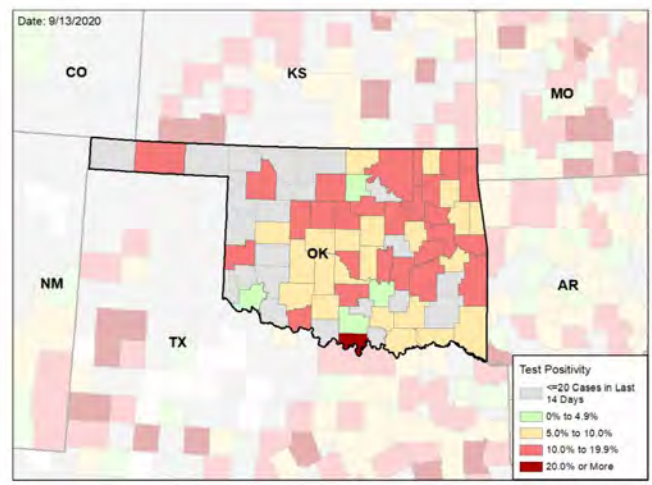
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

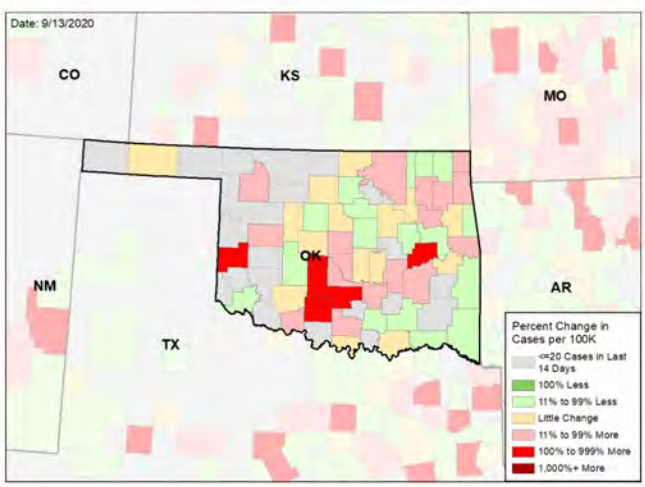
NEW CASES PER 100,000 DURING THE LAST WEEK



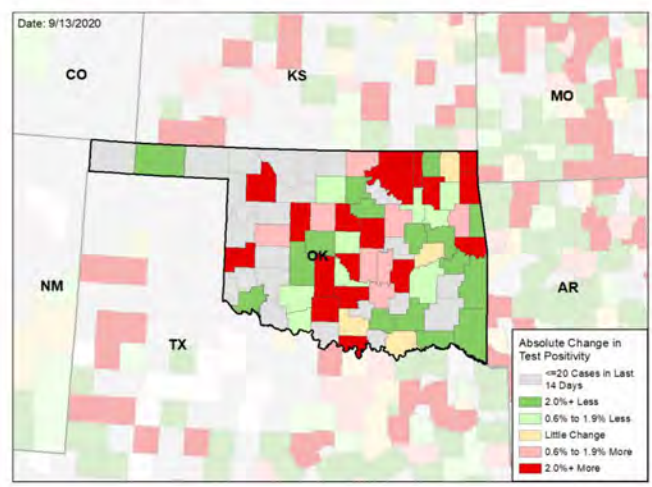
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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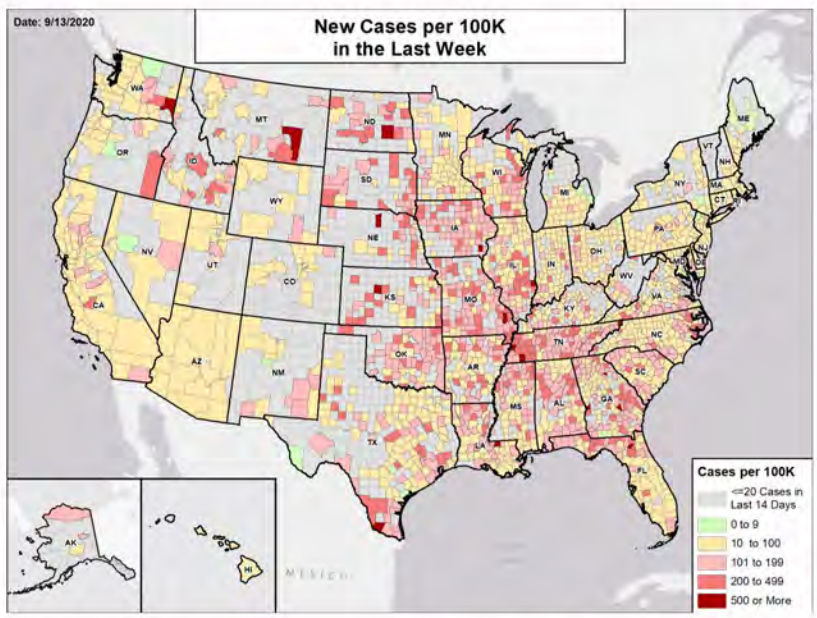
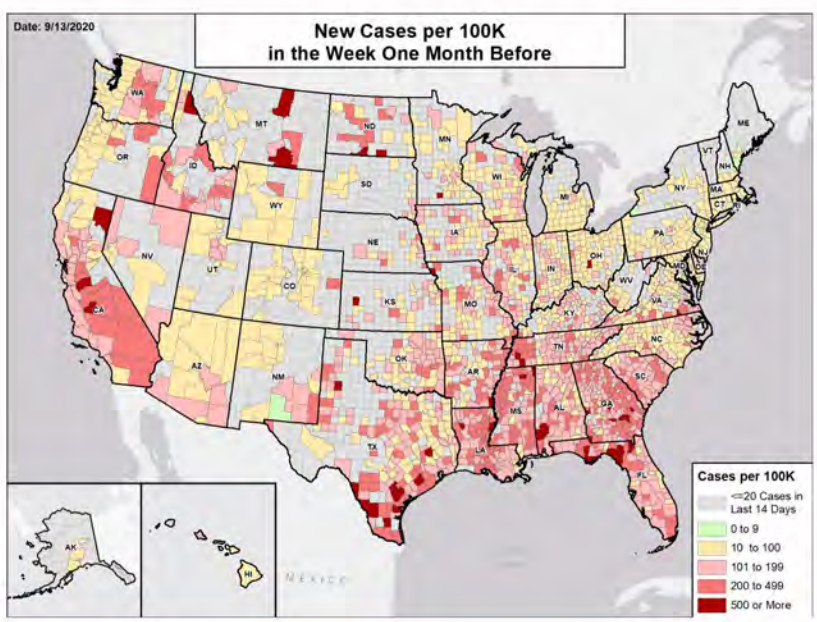
National Picture

NEW CASES PER 100,000 LAST WEEK



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



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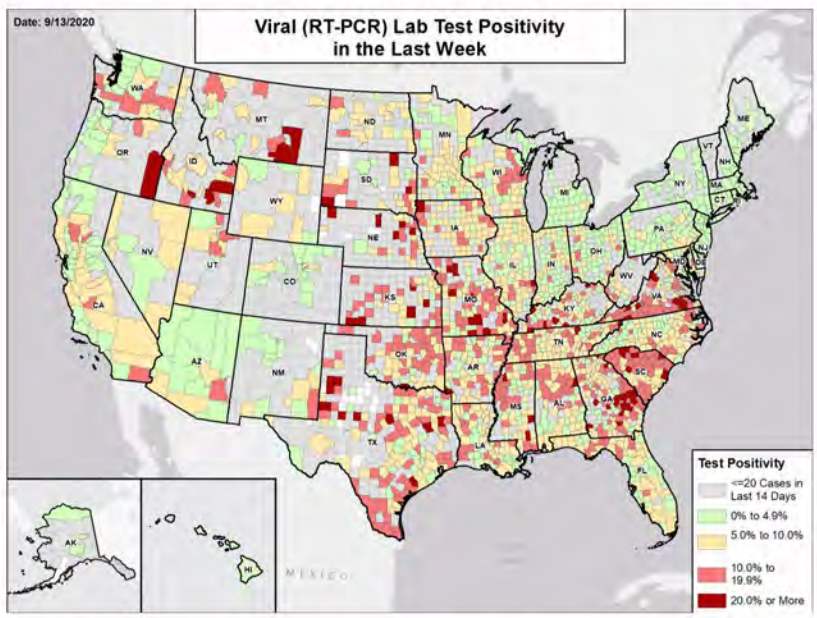

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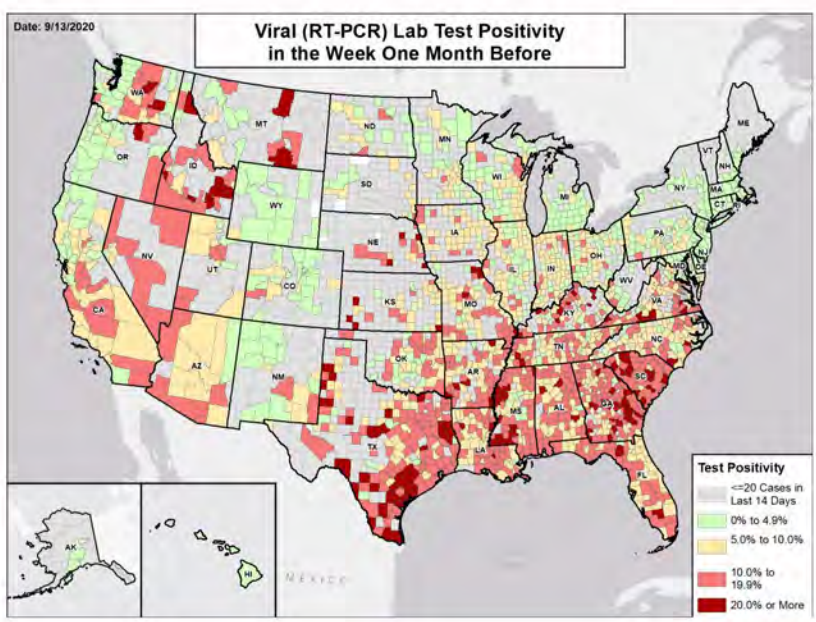

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Change in test positivity	<-0.5%	-0.5%-0.5%	>0.5%
Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
Percent change in tests per 100,000 population	>10%	-10% - 10%	<-10%
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- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.

STATE REPORT
09.13.2020

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 45th 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 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. Multnomah County, 2. Marion County, and 3. Washington County. These counties represent 50.2% of new cases in Oregon.
- 17% of all counties in Oregon 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 31 - Sep 6, 3% 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.
- Oregon had 30 new cases per 100,000 population in the last week, compared to a national average of 74 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; 6 to support operations activities from USCG; and 1 to support operations activities from VA.
- Between Sep 5 - Sep 11, on average, 8 patients with confirmed COVID-19 and 79 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oregon. An average of 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

- As public health resources are understandably redirected to the devastating consequences of the wildfires, look for areas to leverage messaging, such as use of face coverings and masks. As congregate shelters are stood up, maintain social distancing and face mask use in all indoor settings to the fullest extent possible.
- Ensure resilience of the healthcare system by deploying surge staffing, as needed, and ensuring sufficient supplies; attend to the well-being of front-line workers and public health staff.
- The week-to-week decrease in cases is encouraging and should be highlighted in media campaigns to incentivize and expand mitigation efforts.
- Testing should be scaled up across the state, especially in counties with institutes of higher education (IHE), counties affected by wildfires, and counties with current weekly case rates over 50 per 100,000 population or test positivity >5%.
- Require all IHE to have a plan for surge testing and isolation facilities for campus outbreaks (surge testing of 50-100% of the student body over 14 days, with structured surveillance thereafter, and surge capacity to isolate up to 5-10% of student body). Case management services should ensure safe isolation on campus or safe release to family quarantine.
- Encourage or require strong mitigation efforts on campus, including masks and social distancing; de-densification of residences and classrooms; maximum ventilation adjustments in all buildings; creation of sheltered outside study and dining areas; and proactive and adaptive limits on bar patronage and student gatherings on and off campus.
- Local health departments should continue to work with IHE, student leaders, and campus media to support compliance with recommendations; repercussions for non-compliance should be clarified, widely promulgated, and enforced.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions; consider using at a facility or residence hall level for surveillance-to-testing algorithms.
- Develop a plan for increased surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- Ensure efforts to protect staff and residents of rehab and long-term care facilities (LTCFs) are maintained during the crisis.
- Continue to ensure all LTCFs have expanded testing capacity in all towns with university students so staff can be tested at least weekly to prevent spread from IHE to residents through staff.
- Ensure that all inspection surveys have been conducted in all LTCFs with an initial case or 3 or more cases in the last week and ensure prompt corrective actions were taken.
- Tribal Nations: Continue deployment of public health messaging that was developed with tribal leaders and elders to promote social distancing and face covering, especially as inter-tribal community events resume. Ensure housing options and adequate food for isolation and quarantine for the 10-14-day duration.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

OREGON

STATE REPORT | 09.13.2020

	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)	1,266 (30)	-18.1%	6,320 (44)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.5%	+0.0%*	4.0%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	34,516** (818)	-36.5%**	140,103** (976)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	24 (1)	-14.3%	98 (1)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	3% (8%)	-3%* (-6%*)	5% (13%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	-1%*	2%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

OREGON

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**1**	Ontario	**2**	Salem Hermiston-Pendleton
COUNTY LAST WEEK	**2**	Malheur Morrow	**4**	Marion Umatilla Jefferson Baker

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and lab test positivity result above 10%.
Yellow Zone: Those CBSAs and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a lab test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the "Red Zone."
Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

OREGON

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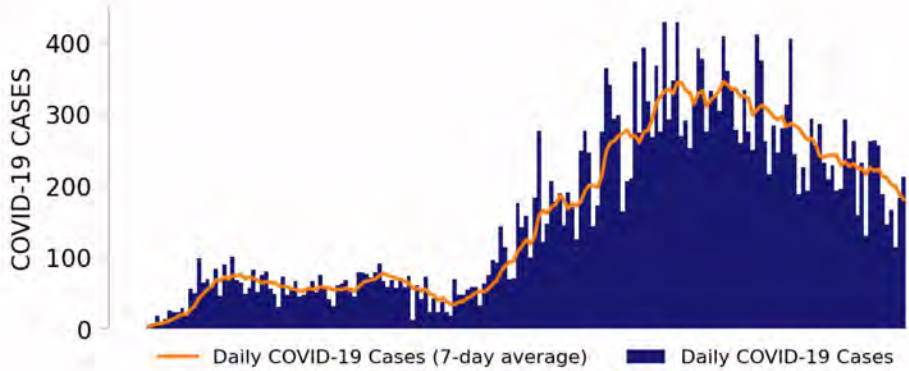
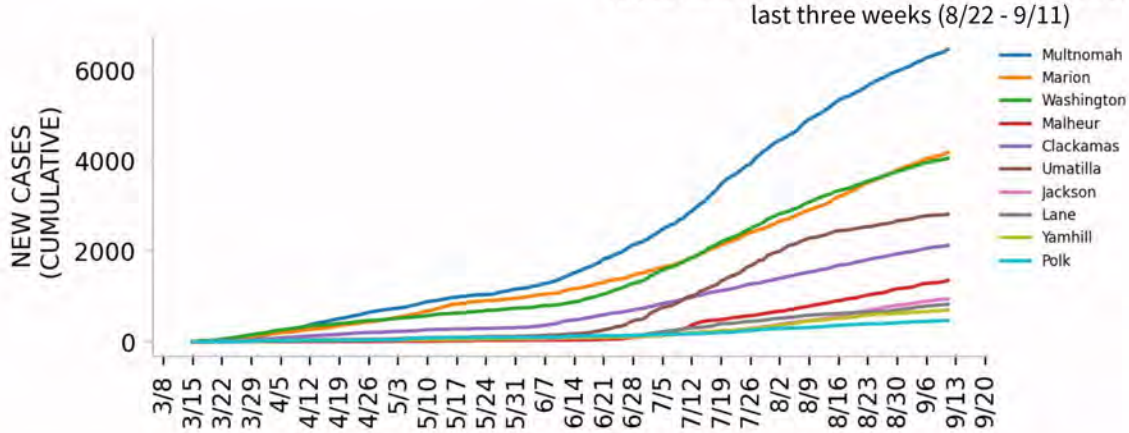
NEW CASES



TESTING

TOP COUNTIES

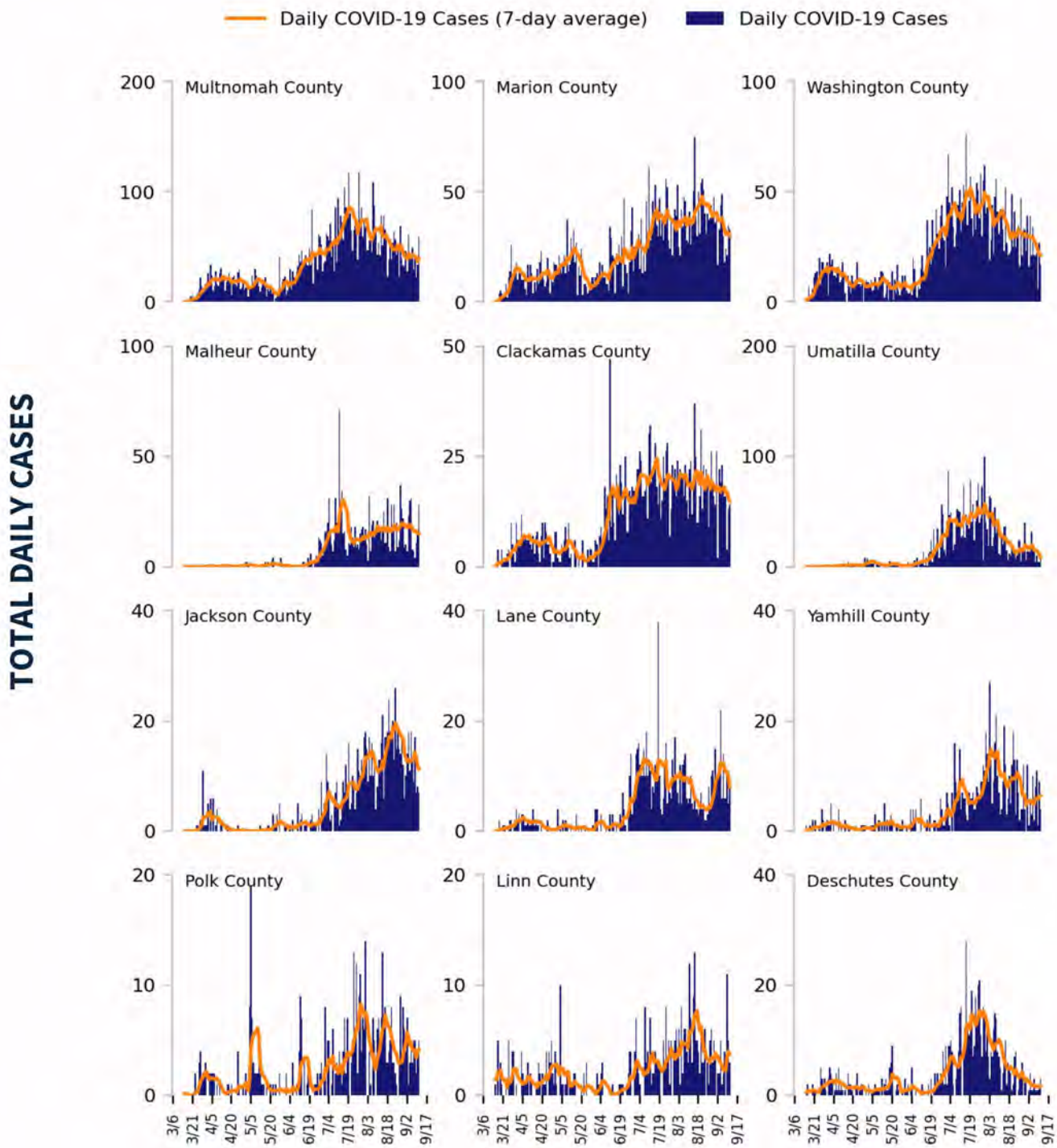
Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



DATA SOURCES – Additional data details available under METHODS

Note: 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 9/11/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020.

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 9/11/2020. Last 3 weeks is 8/22 - 9/11.

OREGON

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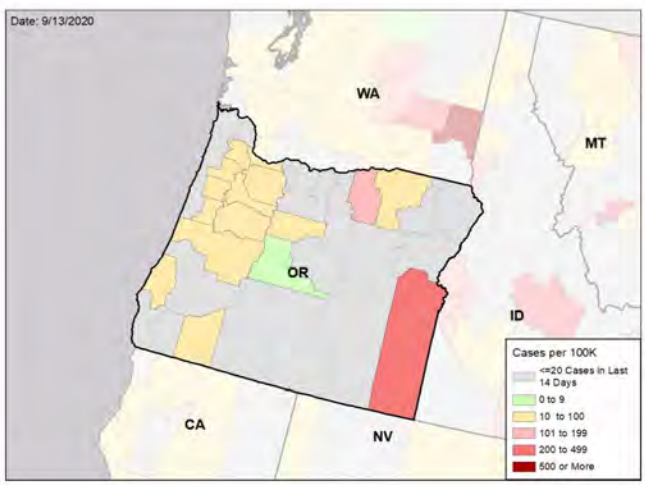
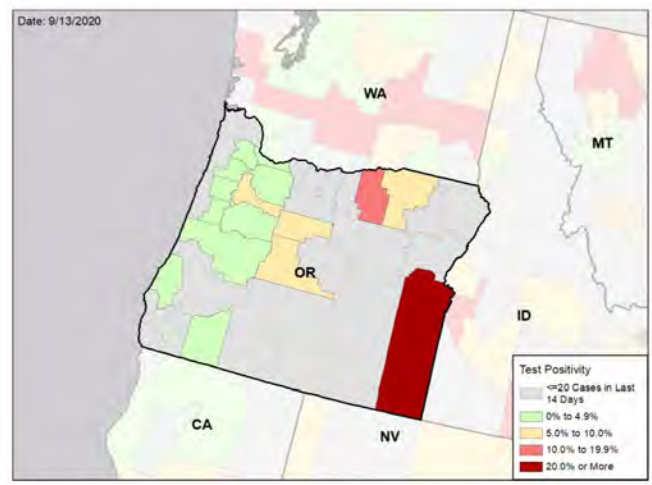
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

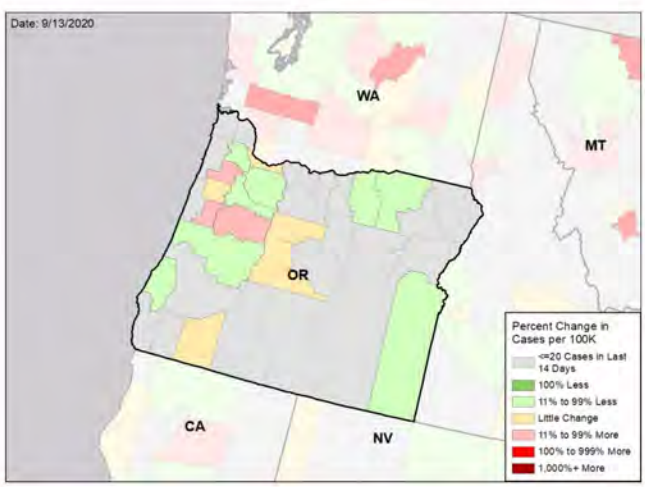
NEW CASES PER 100,000 DURING THE LAST WEEK



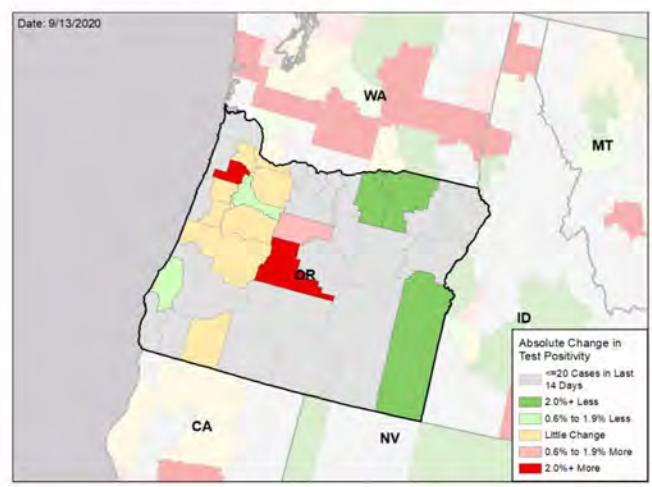
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

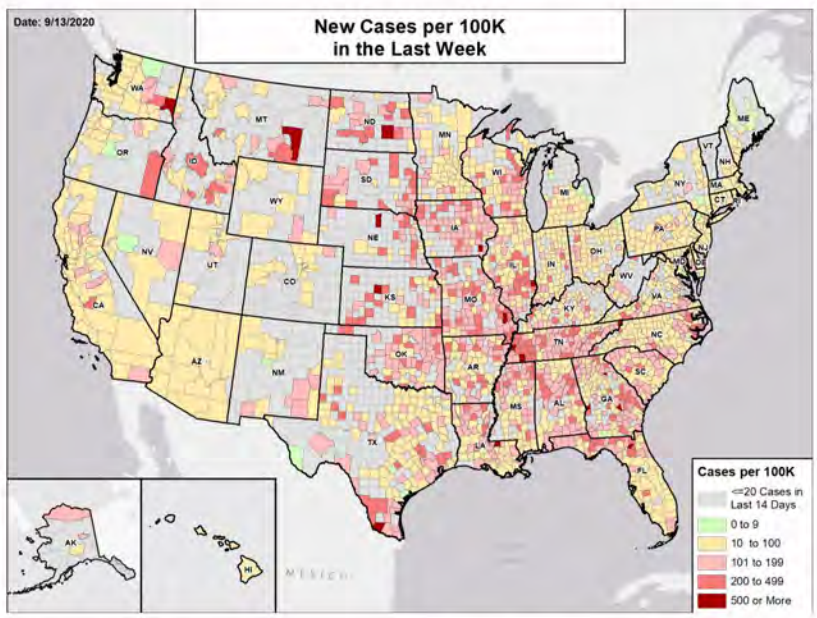
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/11/2020. Last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

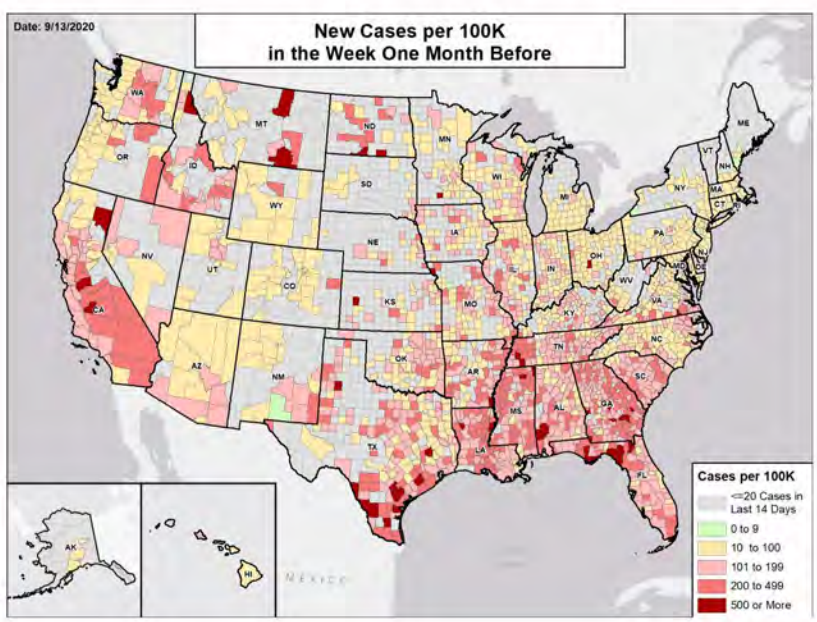
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

National Picture

NEW CASES PER 100,000 LAST WEEK



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



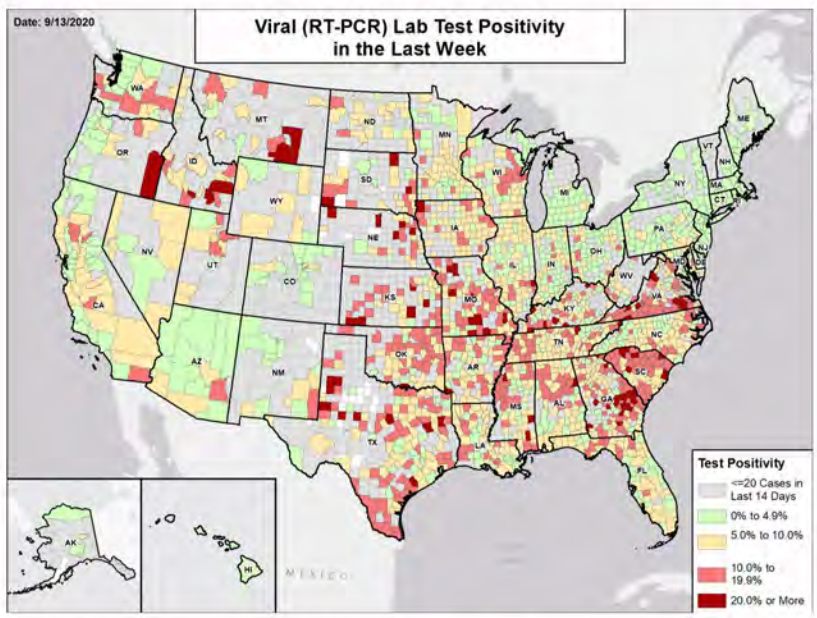
DATA SOURCES

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

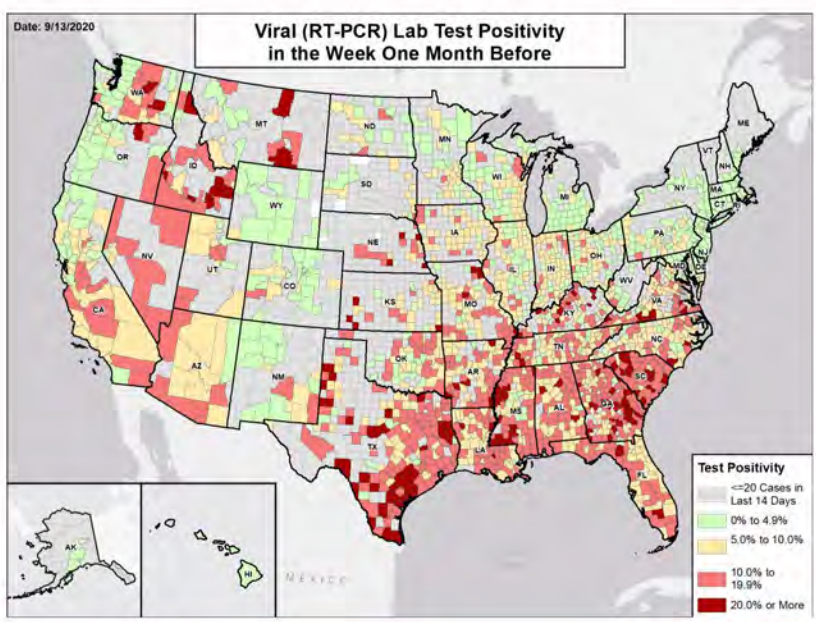
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

METHODS

STATE REPORT | 09.13.2020

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
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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 20:00 EDT on 09/13/2020.
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STATE REPORT
09.13.2020

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 31st highest rate in the country.
- Pennsylvania has seen stability in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Philadelphia County, 2. Allegheny County, and 3. York County. These counties represent 29.0% of new cases in Pennsylvania.
- 24% of all counties in Pennsylvania have moderate levels of community transmission (yellow zone), with none having high levels of community transmission (red zone).
- During the week of Aug 31 - Sep 6, 8% of nursing homes had at least one new resident COVID-19 case, 11% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- Pennsylvania had 41 new cases per 100,000 population in the last week, compared to a national average of 74 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 63 to support operations activities from FEMA; 12 to support operations activities from ASPR; and 1 to support operations activities from USCG.
- Between Sep 5 - Sep 11, on average, 50 patients with confirmed COVID-19 and 323 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Pennsylvania. 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 the recent rise in case rates are related to opening of institutes of higher education (IHE), it will be critical to work closely with all IHE to develop adequately responsive public health interventions.
- Expansion of testing is the key to epidemic control and should be expanded in all counties with IHE and in smaller counties where testing in inadequate and the epidemic has been spreading.
- Require all IHE to have a plan for surge testing and isolation facilities for campus outbreaks (surge testing of 50-100% of the student body over 14 days with structured surveillance thereafter and surge capacity to isolate up to 5-10% of student body). Case management services should ensure safe isolation on campus or safe release to family quarantine.
- Encourage or require strong mitigation efforts on campus, including masks and social distancing; de-densification of residences and classrooms; maximum ventilation adjustments in all buildings; creation of sheltered outside study and dining areas; and proactive and adaptive limits on bar patronage and student gatherings on and off campus.
- Local health departments should continue to work with IHE, student leaders, and campus media to support compliance with recommendations; repercussions for non-compliance should be clarified, widely promulgated, and enforced.
- Continue outreach to restaurant and bar owners in college communities to enforce masking and limitations on occupancy.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions; consider using at a facility or residence hall level to support surveillance-to-testing algorithms.
- Recruit college and university students and under-employed residents in affected communities to expand public health messaging and contact tracing capacity.
- Continue to ensure all long-term care facilities (LTCFs) have expanded testing capacity in all towns with university students so staff can be tested at least weekly to prevent spread from IHE to residents through staff; enforce use of face masks by all staff at all times.
- Ensure that all inspection surveys have been conducted in all LTCFs with an initial case or 3 or more cases in the last week and ensure prompt corrective actions were taken.
- Develop a plan for increased surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

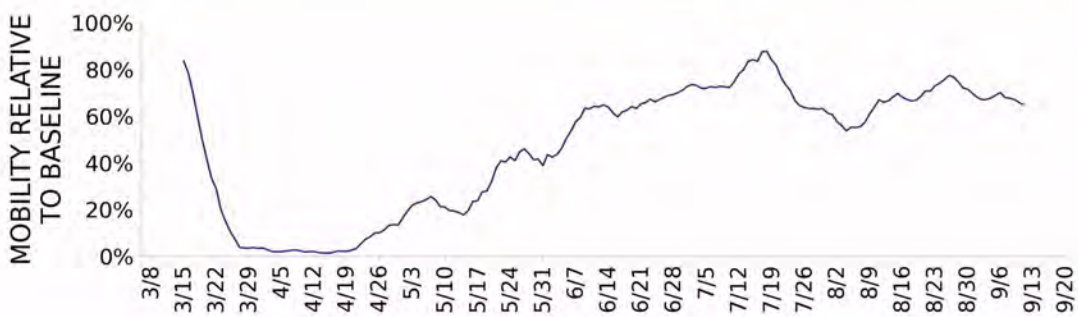
COVID-19

PENNSYLVANIA

STATE REPORT | 09.13.2020

	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)	5,223 (41)	-8.0%	18,225 (59)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.3%	+0.2%*	5.6%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	151,748** (1,185)	-13.0%**	454,039** (1,472)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	95 (1)	+6.7%	221 (1)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	8% (11%)	+1%* (-1%*)	9% (14%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	-1%*	4%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

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	**8**	York-Hanover Lancaster Harrisburg-Carlisle State College Bloomsburg-Berwick Chambersburg-Waynesboro Indiana Lewisburg
COUNTY LAST WEEK	**0**	N/A	**16**	York Lancaster Chester Bucks Centre Dauphin Columbia Beaver Luzerne Franklin Indiana Armstrong

All Yellow Counties: York, Lancaster, Chester, Bucks, Centre, Dauphin, Columbia, Beaver, Luzerne, Franklin, Indiana, Armstrong, Mercer, Union, Montour, Juniata

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and lab test positivity result above 10%.
Yellow Zone: Those CBSAs and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a lab test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the "Red Zone."
Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
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Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.
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PENNSYLVANIA

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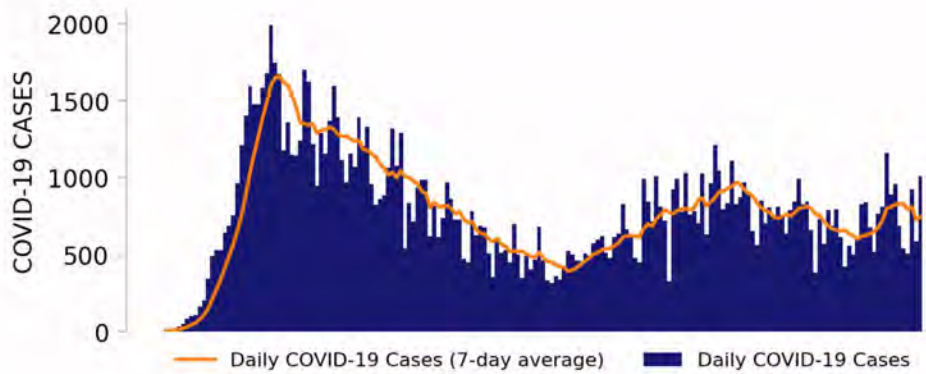
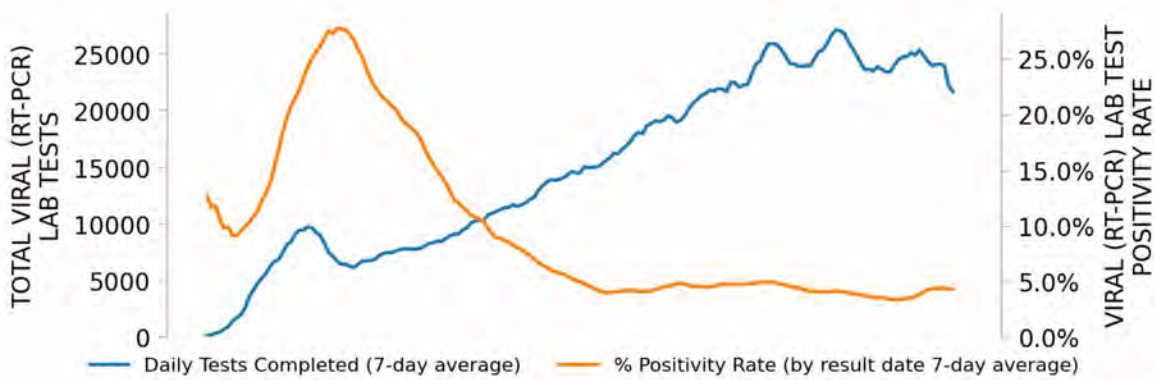
NEW CASES

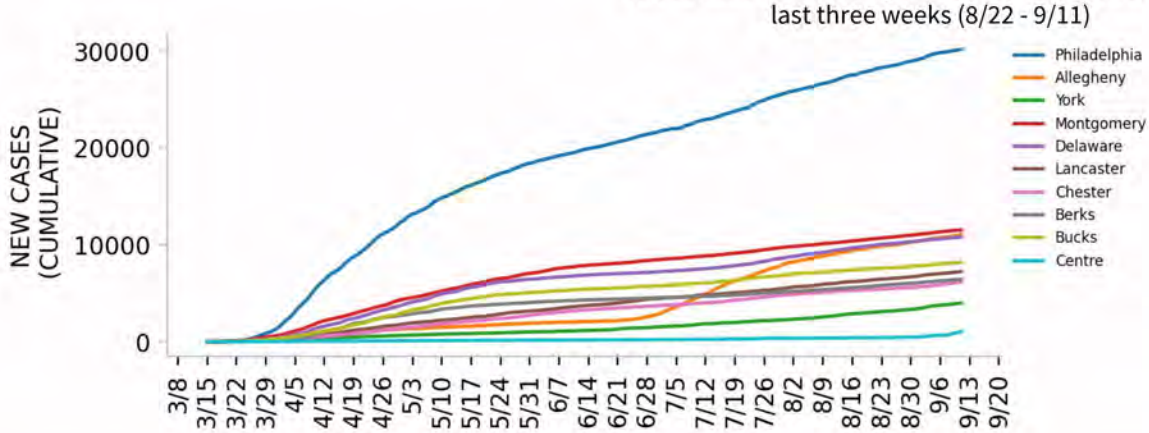


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



DATA SOURCES – Additional data details available under METHODS

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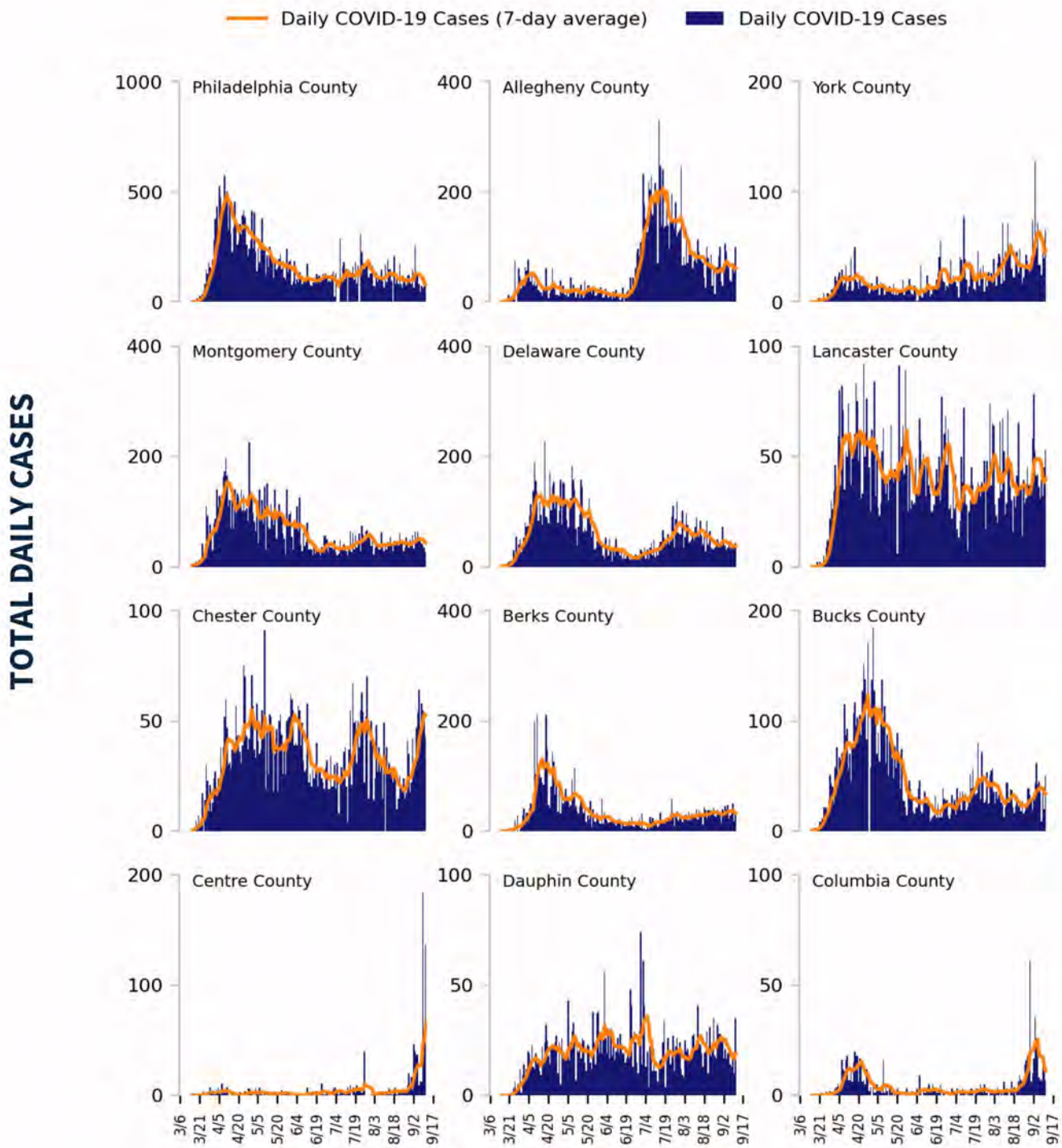
Top 12 counties based on number of new cases in the last 3 weeks



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PENNSYLVANIA

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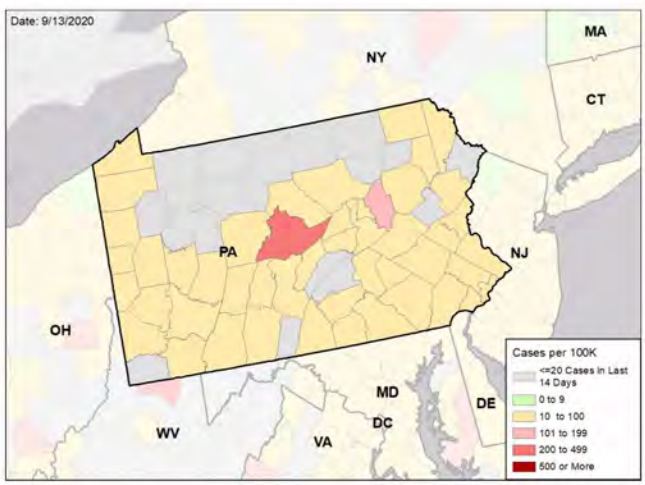
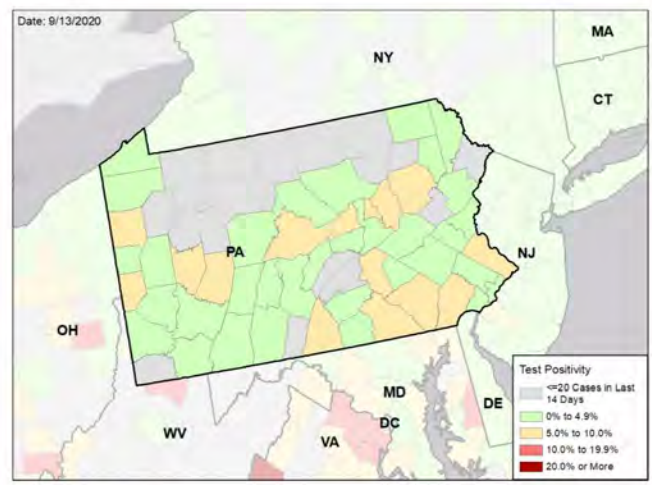
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

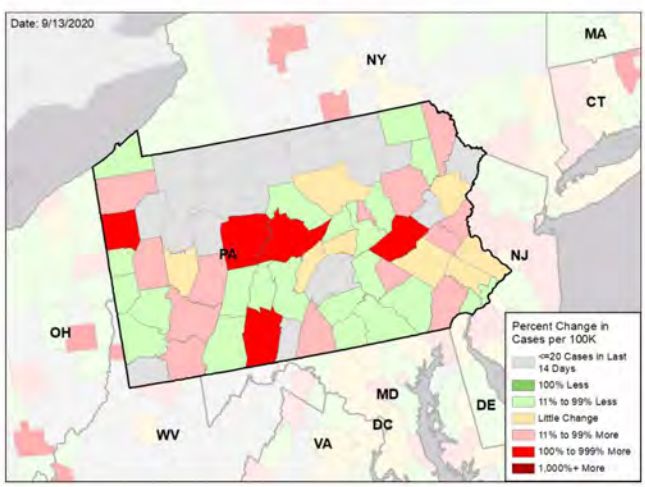
NEW CASES PER 100,000 DURING THE LAST WEEK



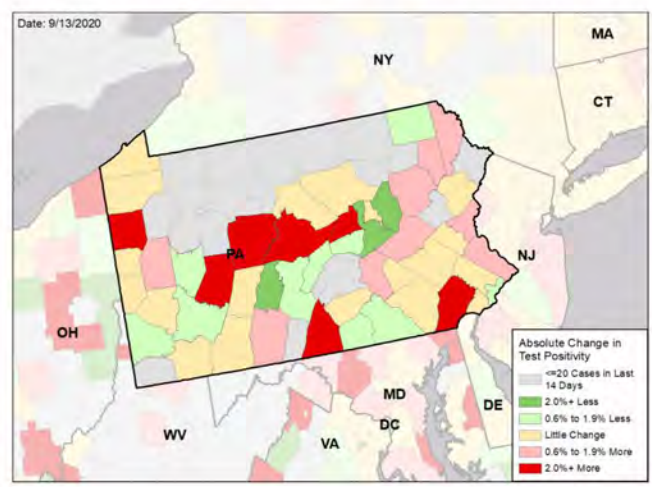
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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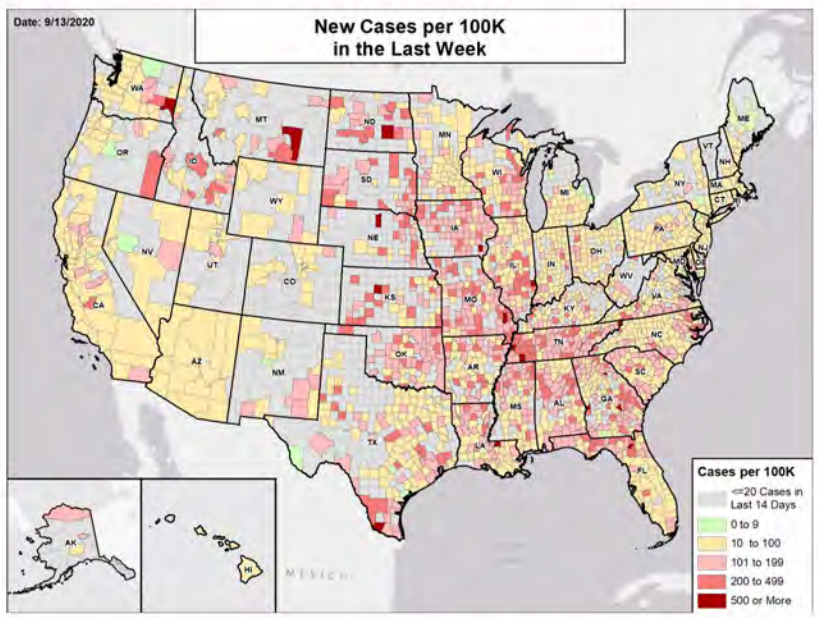
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020. Last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

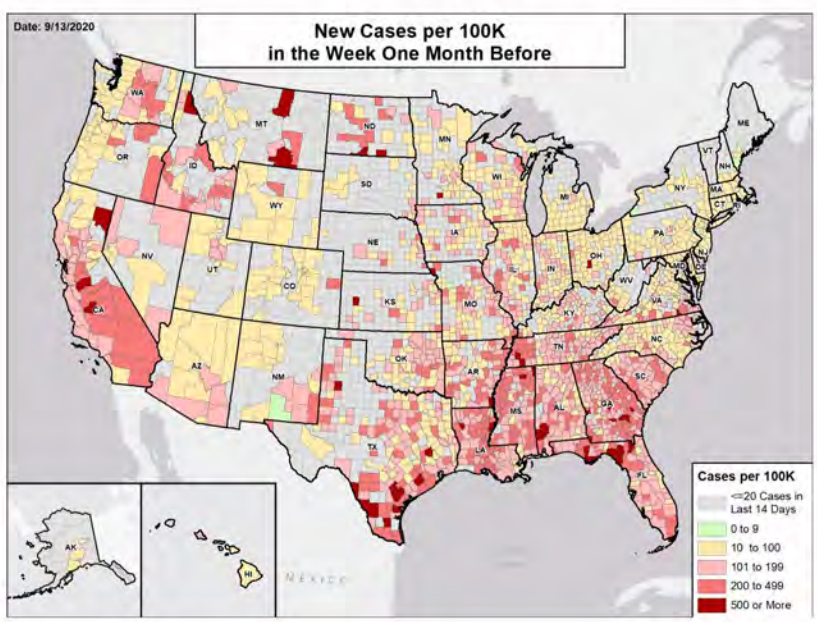
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

National Picture

NEW CASES PER 100,000 LAST WEEK



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



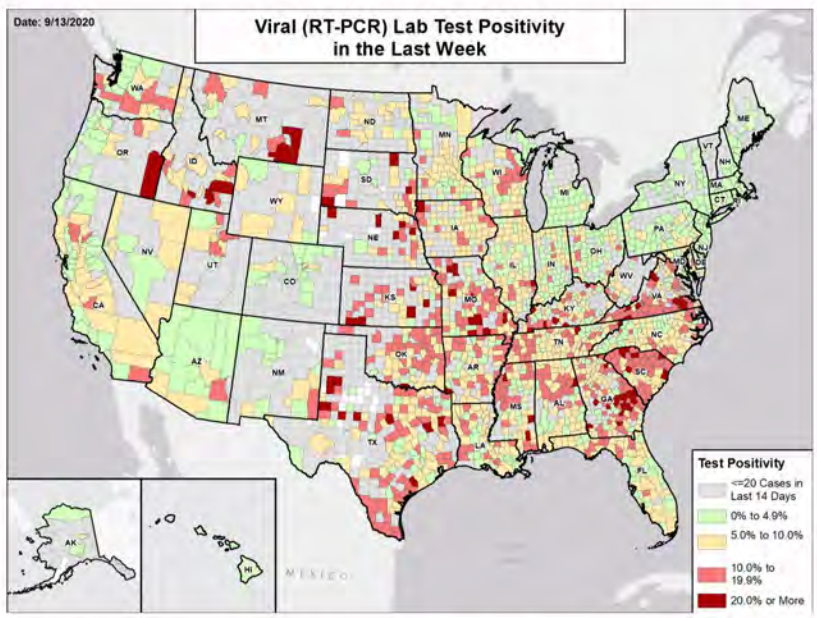
DATA SOURCES

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

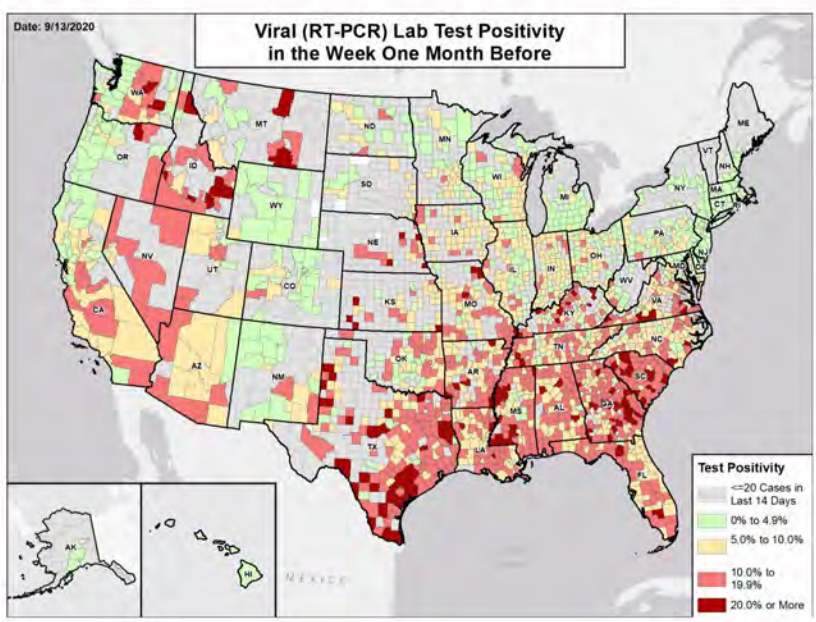
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
- **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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.

STATE REPORT
09.13.2020

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 33rd highest rate in the country. Rhode Island is in the green zone for test positivity, indicating a rate below 5%, with the 48th highest rate in the country.
- Rhode Island has seen an increase in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Providence County, 2. Kent County, and 3. Washington County. These counties represent 84.2% 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 31 - Sep 6, 5% of nursing homes had at least one new resident COVID-19 case, 14% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death.
- Rhode Island had 62 new cases per 100,000 population in the last week, compared to a national average of 74 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 Sep 5 - Sep 11, on average, 3 patients with confirmed COVID-19 and 1 patient with suspected COVID-19 were reported as newly admitted each day to hospitals in Rhode Island. An average of 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

- Recent increases in case rates are concerning but may be related to expanded and more effective testing; attend to data closely to identify local changes early with aggressive mitigation efforts where increasing transmission is likely.
- 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.
- Require all IHE to have a plan for surge testing and isolation facilities for campus outbreaks (surge testing of 50-100% of the student body over 14-day period with structured periodic surveillance thereafter and surge capacity to isolate up to 5-10% of student body). Case management services should ensure safe isolation on campus or safe release to family quarantine.
- Testing capacity should be leveraged so that all IHE can offer adequate testing to all students.
- Encourage or require strong mitigation efforts on campus, including masks and social distancing; de-densification of residences and classrooms; maximum ventilation adjustments in all buildings; creation of sheltered outside study and dining areas; and proactive and adaptive limits on bar patronage and student gatherings on and off campus.
- Local health departments should continue to work with IHE, student leaders, and campus media to support compliance with recommendations; repercussions for non-compliance should be clarified, widely promulgated, and enforced.
- Continue outreach to restaurant and bar owners in college communities to enforce masking and limitations on occupancy.
- Continue to explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions; consider using at a facility or residence hall level for surveillance-to-testing algorithms.
- Recruit college and university students and under-employed residents in affected communities, especially in Providence county, to expand public health messaging and contact tracing capacity.
- Continue to focus public health messaging on groups that have demonstrated non-compliance with recommendations.
- Continue to ensure all long-term care facilities (LTCFs) have expanded testing capacity in all towns with university students so staff can be tested at least weekly to prevent spread from IHE to residents through staff; enforce use of face masks by all staff at all times.
- Develop a plan for increased surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

RHODE ISLAND

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	662 (62)	+18.2%	4,254 (29)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.1%	-0.4%*	1.0%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	52,510** (4,957)	+11.8%**	454,063** (3,059)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	16 (2)	+77.8%	110 (1)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	5% (14%)	-6%* (-5%*)	3% (7%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	+0%*	1%	4%

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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RHODE ISLAND

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

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COUNTY LAST WEEK	0	N/A	0	N/A

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RHODE ISLAND

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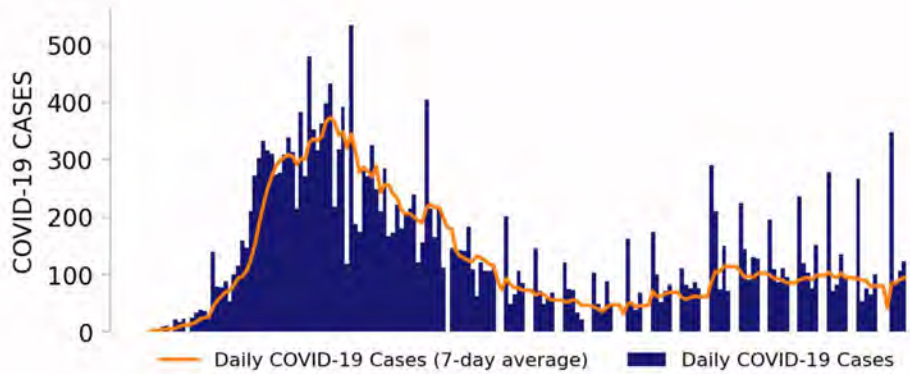
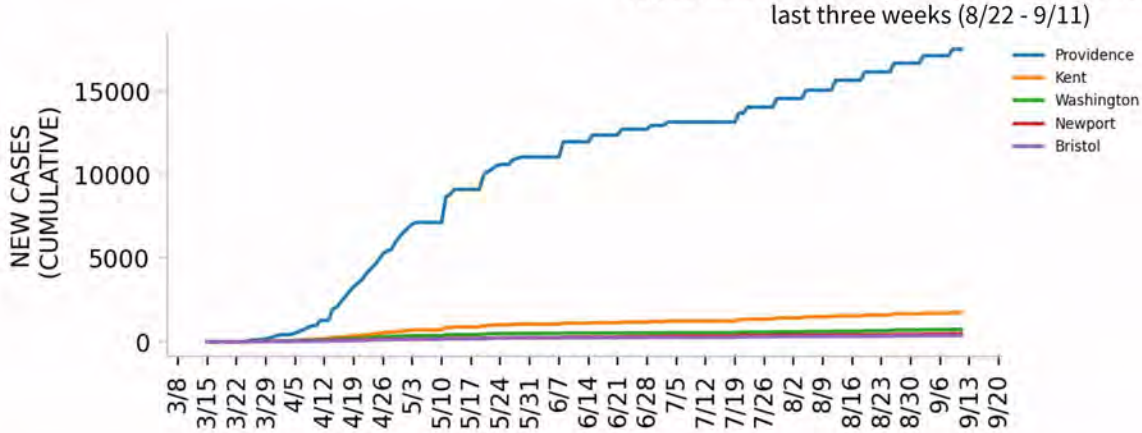
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



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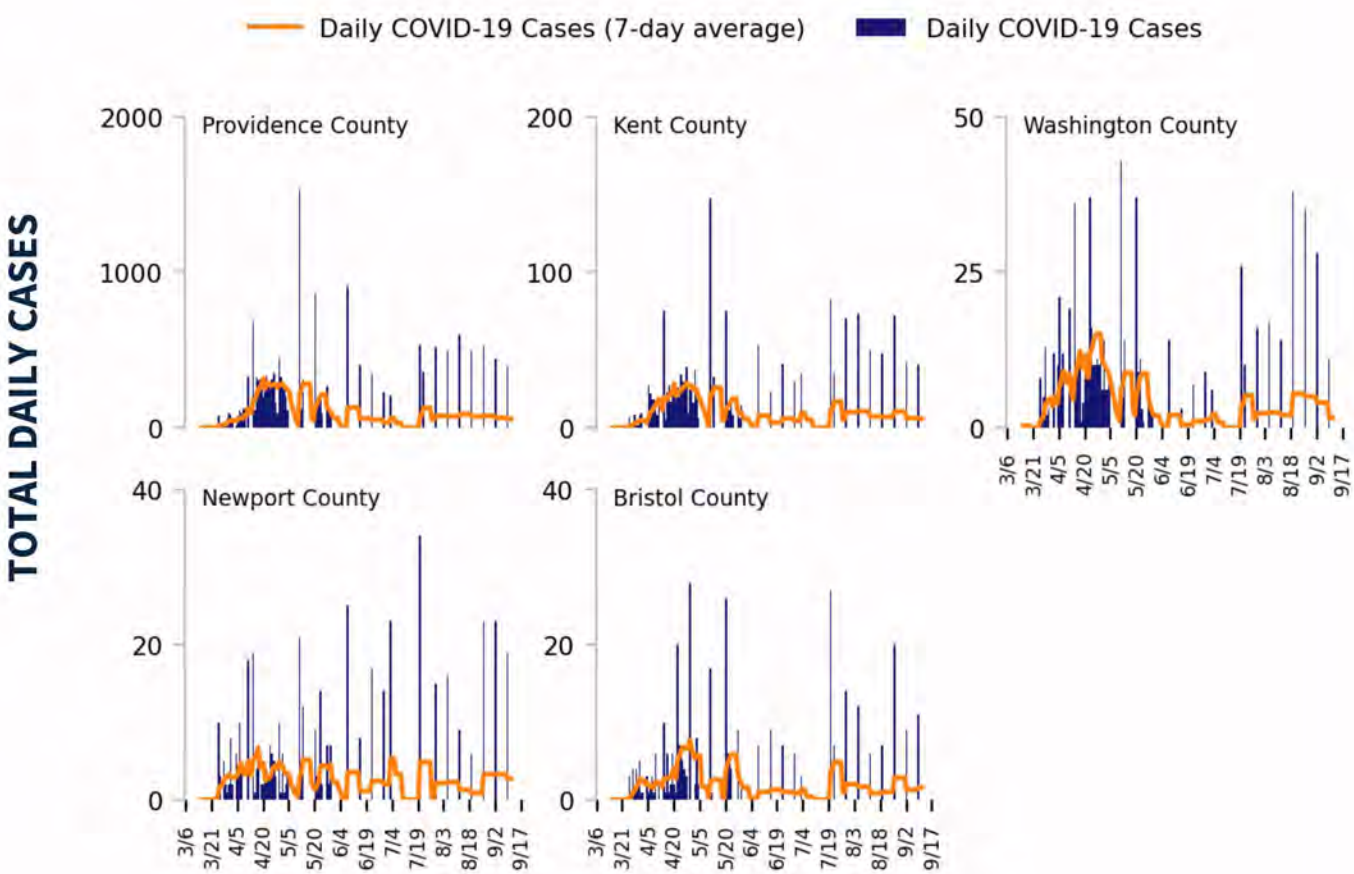

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RHODE ISLAND

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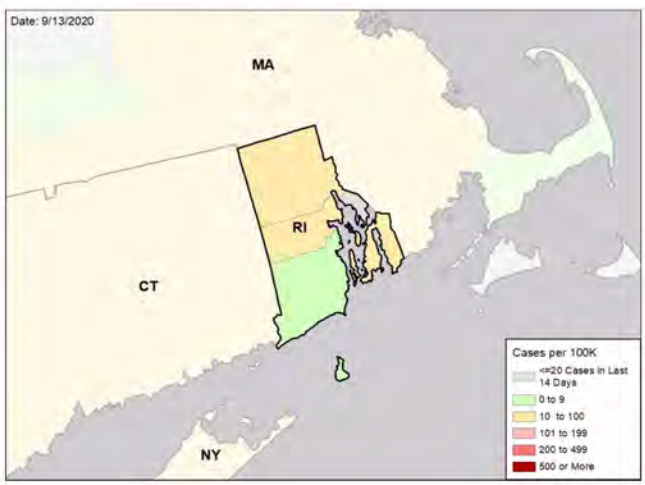
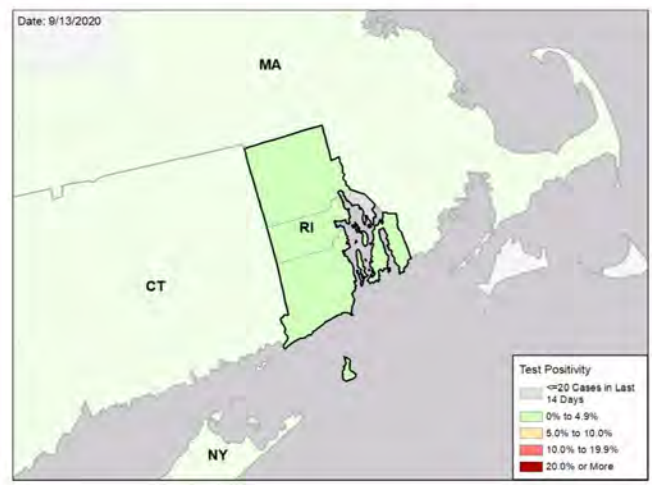
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

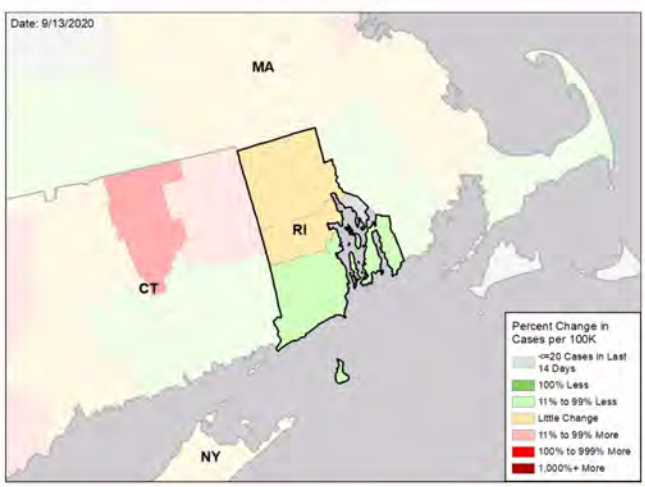
NEW CASES PER 100,000 DURING THE LAST WEEK



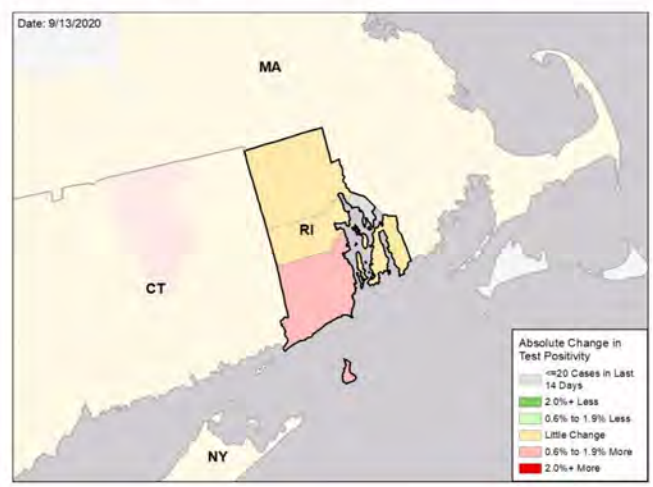
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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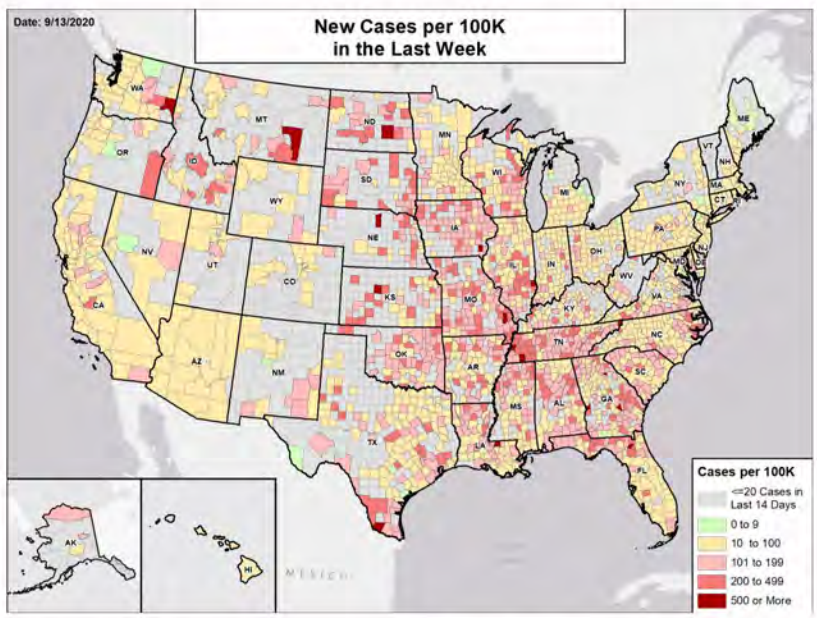
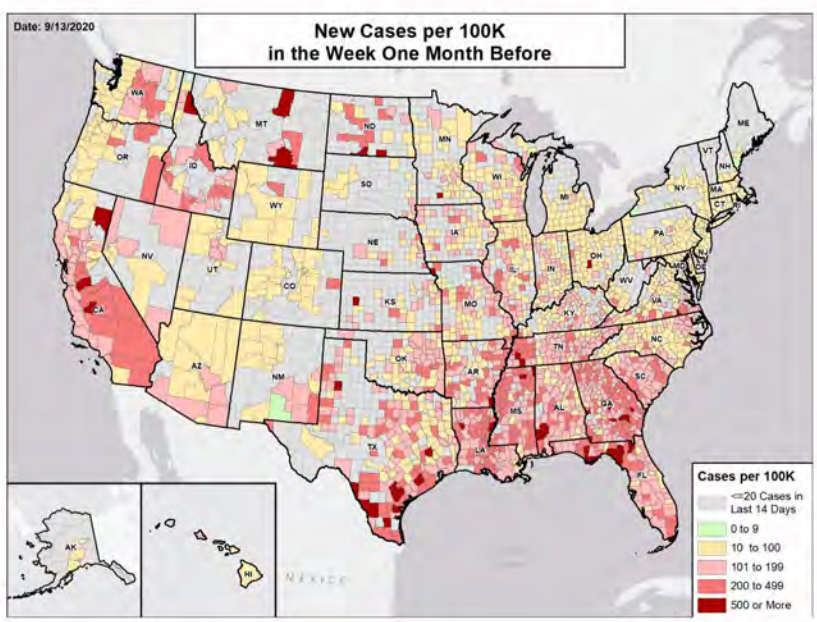
National Picture

NEW CASES PER 100,000 LAST WEEK



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



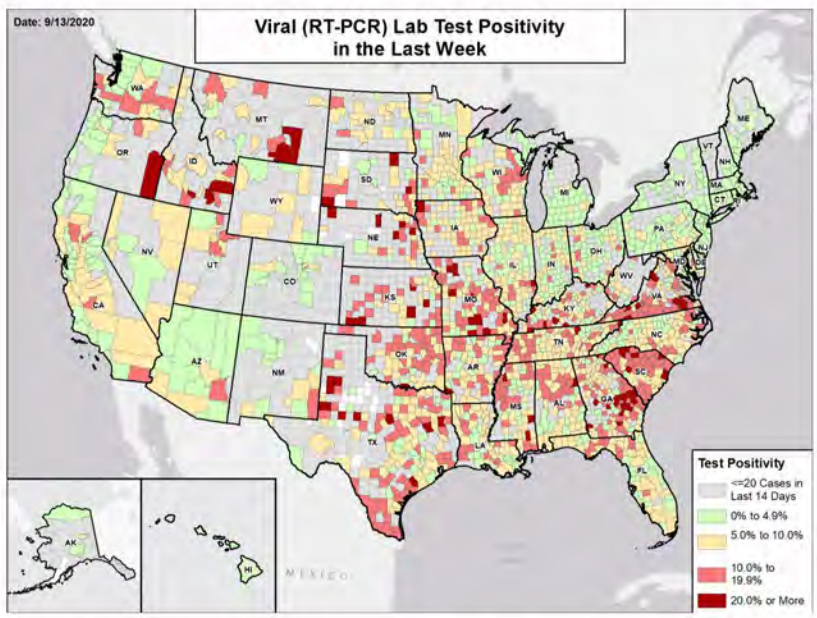
DATA SOURCES

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

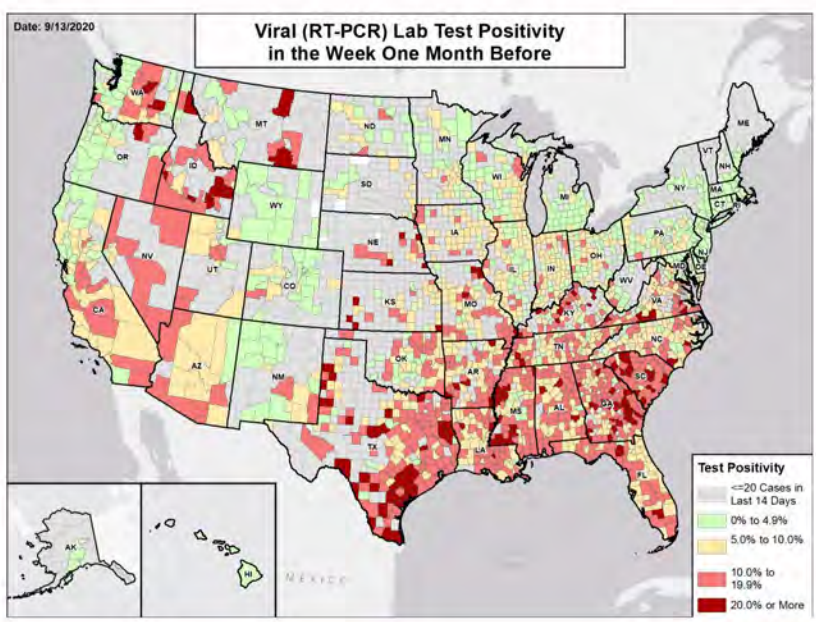
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
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STATE REPORT
09.13.2020

SOUTH CAROLINA

SUMMARY

- South Carolina continues to make progress week over week. Over the past six weeks, the state has gone from 45 counties in the red zone to 21 counties in the red zone last week. South Carolina 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. South Carolina is in the red zone for test positivity, indicating a rate above 10%, with the highest rate in the country.
- South Carolina has seen a decrease in new cases and a decrease in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Richland County, 2. Greenville County, and 3. Charleston County. These counties represent 35.0% of new cases in South Carolina.
- 93% of all counties in South Carolina have moderate or high levels of community transmission (yellow or red zone), with 46% having high levels of community transmission (red zone).
- During the week of Aug 31 - Sep 6, 18% of nursing homes had at least one new resident COVID-19 case, 29% had at least one new staff COVID-19 case, and 8% had at least one new resident COVID-19 death.
- South Carolina had 111 new cases per 100,000 population in the last week, compared to a national average of 74 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 Sep 5 - Sep 11, on average, 71 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 significant progress over the past several weeks. It is critical to continue the strong mitigation efforts statewide and continue the strong mitigation efforts in university towns to decrease spread from universities to the local community. Consider a further 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.
- The federal government will support surge testing in Columbia for the university and surrounding community in light of recent testing challenges.
- The University of South Carolina has one of the best plans for mitigating COVID-19 in the United States and the team continues to evolve the plan based on data. It is clear they spent the summer working with students, faculty, and staff to create a path forward with buy-in from students and the local community. The plan includes both symptomatic and asymptomatic testing of students, faculty, and staff. The University has an excellent student health program with state-of-the-art facilities, including negative pressure exam rooms. There is a strong plan for the care of students and, critically, strong support for students in quarantine. Student engagement with supporting the mitigation efforts required to contain and mitigate spread is strong. There is an excellent wastewater surveillance program that continues to evolve as data is collected. Would continue to strengthen detecting silent spread on campuses through routine saliva testing of students on university research platforms.
- In preparation for fall, continue to increase testing capacity by increasing the budget and capacity of public health labs; ensure hospitals move elective surgeries and admission testing to pooling in order to reserve tests for community outreach and expand outpatient testing, pooling specimens where appropriate; and utilize all university, veterinary, and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Increase surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 in homes and off campus housing.
- 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 aggressive testing of those in long-term care facilities and ensuring containment of spread is essential.
- 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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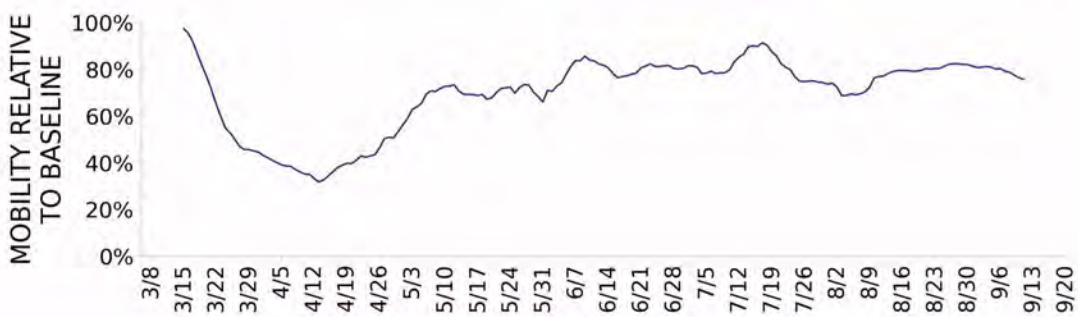
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	5,721 (111)	-22.4%	66,299 (99)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	14.1%	-3.4%*	7.4%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	34,997** (680)	-20.0%**	746,836** (1,116)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	180 (3)	-5.3%	1,864 (3)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	18% (29%)	-4%* (+1%*)	18% (29%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	8%	-5%*	8%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

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	**9**	Columbia Greenville-Anderson Spartanburg Florence Hilton Head Island-Bluffton Seneca Bennettsville Gaffney Newberry	**9**	Charleston-North Charleston Charlotte-Concord-Gastonia Myrtle Beach-Conway-North Myrtle Beach Augusta-Richmond County Greenwood Sumter Orangeburg Georgetown Union
COUNTY LAST WEEK	**21**	Richland Greenville Spartanburg Anderson Florence Beaufort Pickens Lancaster Oconee Darlington Marlboro Chesterfield	**22**	Charleston Lexington York Horry Berkeley Dorchester Greenwood Aiken Sumter Kershaw Orangeburg Georgetown

All Red Counties: Richland, Greenville, Spartanburg, Anderson, Florence, Beaufort, Pickens, Lancaster, Oconee, Darlington, Marlboro, Chesterfield, Cherokee, Chester, Dillon, Saluda, Newberry, Colleton, Hampton, Bamberg, Allendale

All Yellow Counties: Charleston, Lexington, York, Horry, Berkeley, Dorchester, Greenwood, Aiken, Sumter, Kershaw, Orangeburg, Georgetown, Laurens, Williamsburg, Marion, Fairfield, Abbeville, Clarendon, Union, Barnwell, Lee, Jasper

*** 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 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

SOUTH CAROLINA

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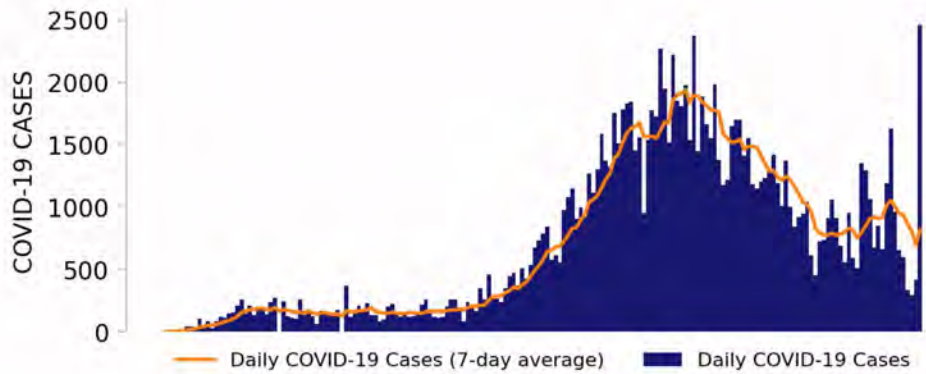
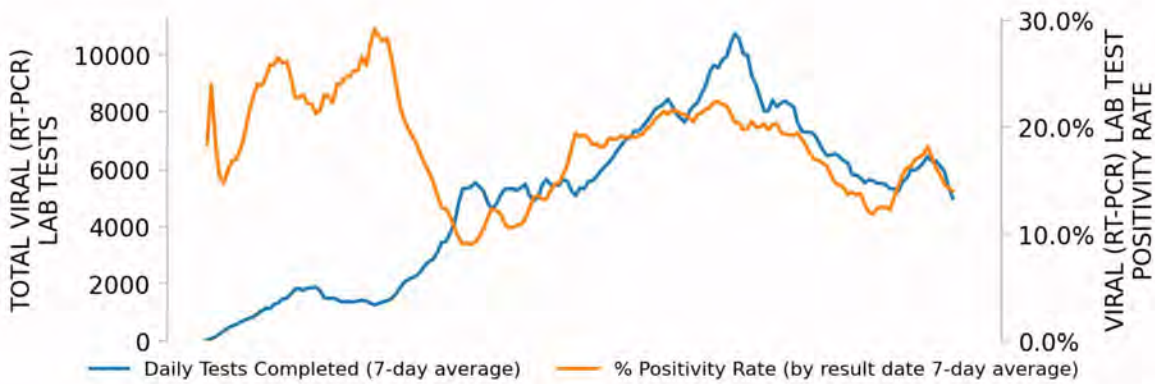
NEW CASES

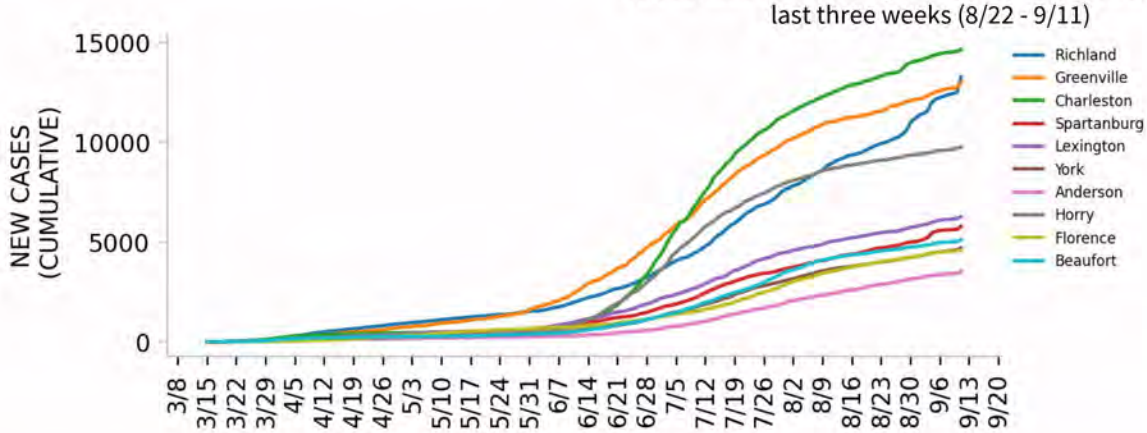


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



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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 9/11/2020.
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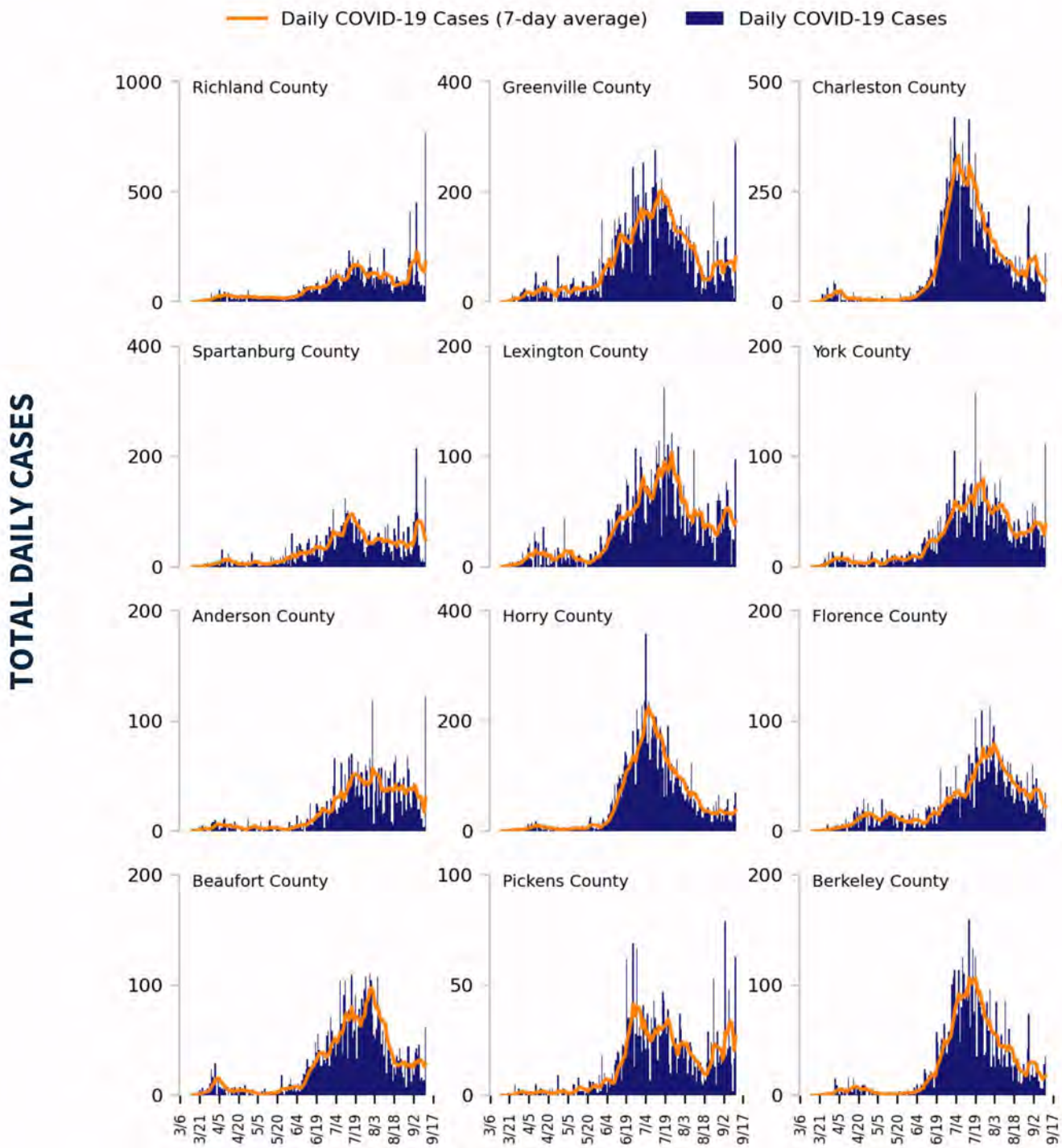
Top 12 counties based on number of new cases in the last 3 weeks



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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 9/11/2020. Last 3 weeks is 8/22 - 9/11.

SOUTH CAROLINA

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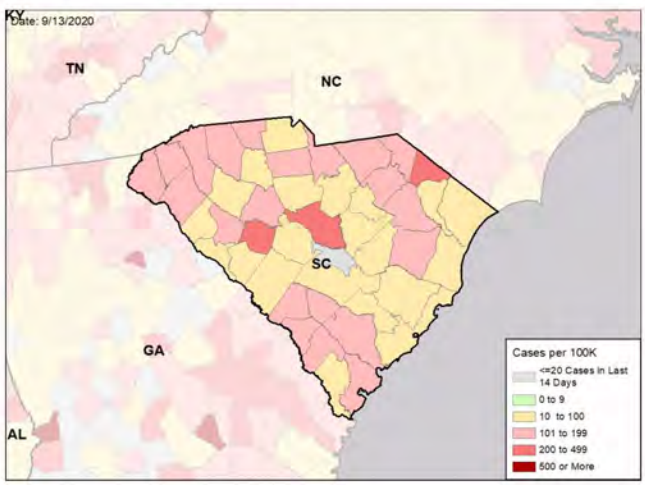
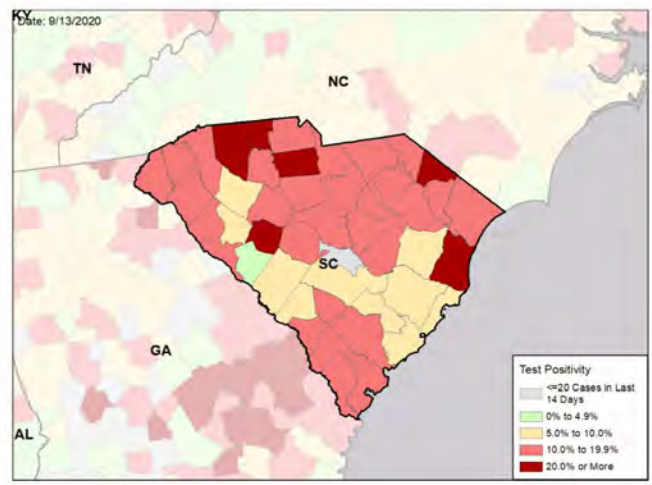
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

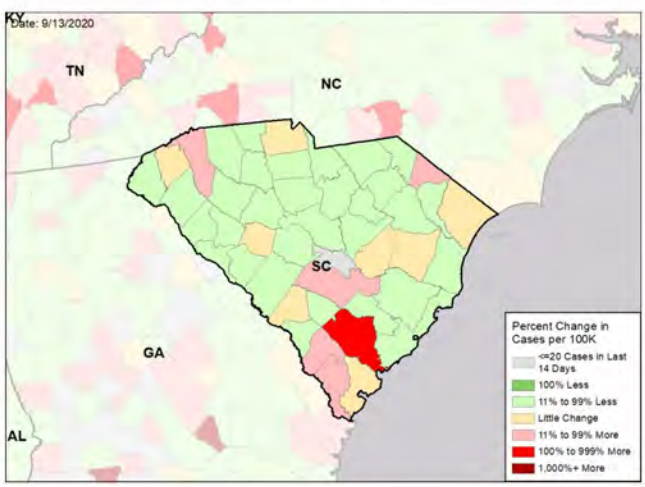
NEW CASES PER 100,000 DURING THE LAST WEEK



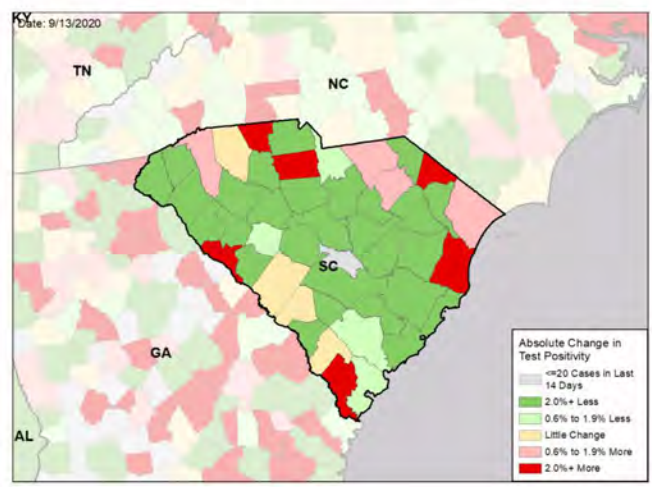
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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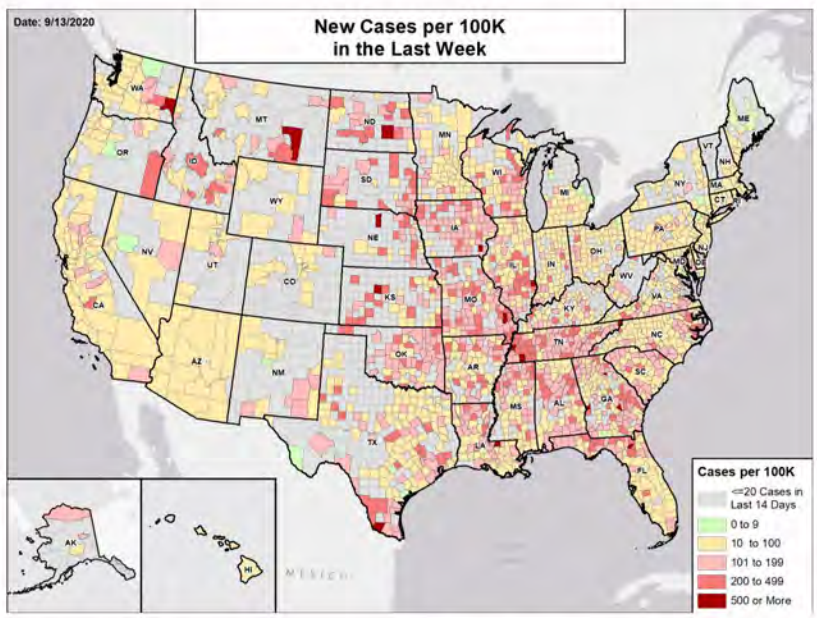
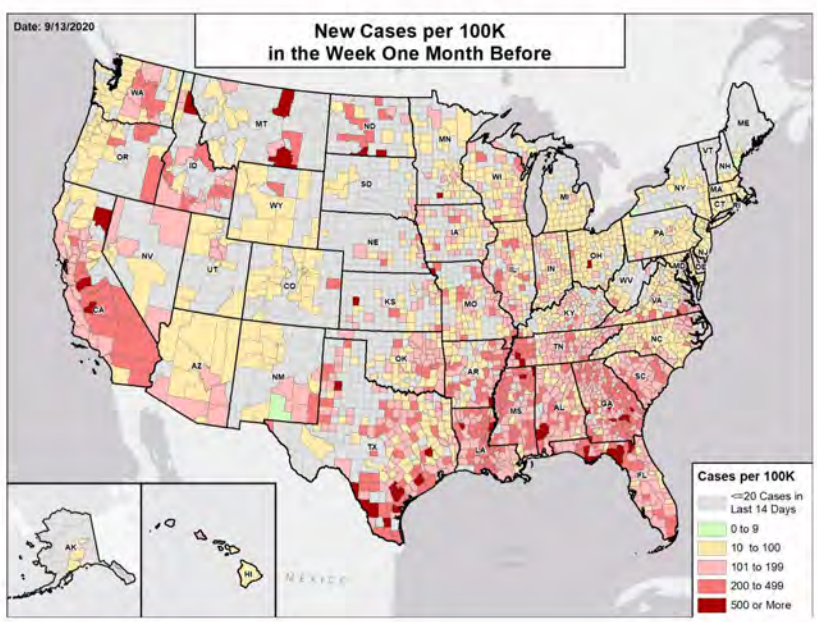
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

National Picture

NEW CASES PER 100,000 LAST WEEK



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



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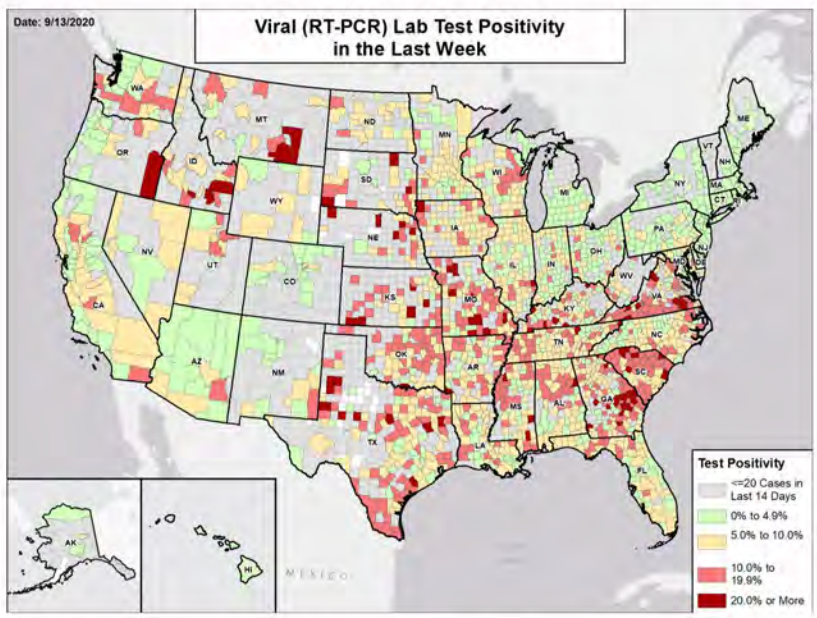
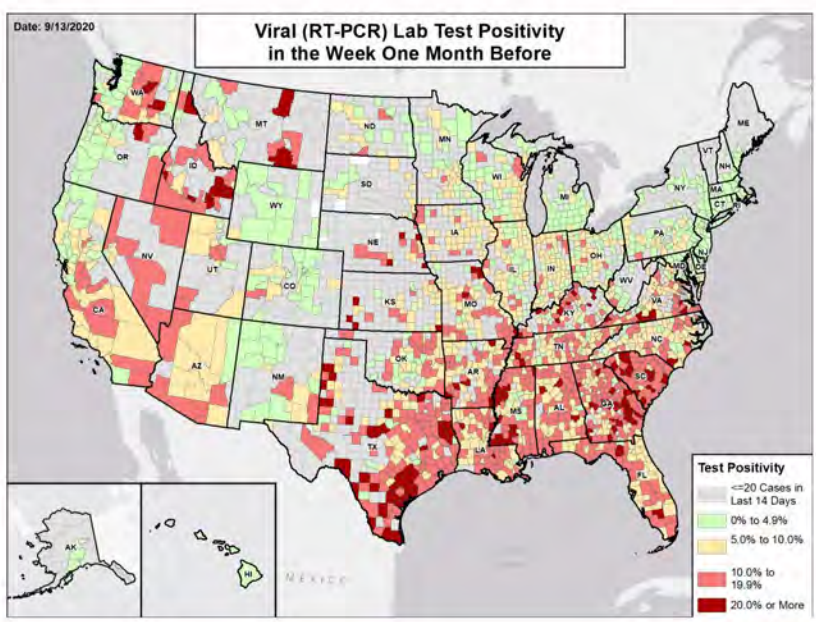
National Picture

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
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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%

DATA NOTES

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STATE REPORT
09.13.2020

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 yellow zone for test positivity, indicating a rate between 5% and 10%, with the 6th highest rate in the country.
- South Dakota 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. Minnehaha County, 2. Pennington County, and 3. Brookings County. These counties represent 39.9% of new cases in South Dakota.
- 36% of all counties in South Dakota 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 31 - Sep 6, 12% of nursing homes had at least one new resident COVID-19 case, 24% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- South Dakota had 173 new cases per 100,000 population in the last week, compared to a national average of 74 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 Sep 5 - Sep 11, on average, 16 patients with confirmed COVID-19 and 6 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in South Dakota. An average of 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

- Recent drop in cases is reassuring, but, given the state's elevated test positivity and low testing volume, full confidence that the epidemic is waning is not assured.
- Given the lag between peak case rate and hospitalizations, ensure hospital, EMS capacities, and 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.
- Feature epidemiologic data in community education and locally developed public health messaging across the state; emphasize personal and civic responsibility, the risks to vulnerable populations, and interventions to reduce risk.
- Utilize state funding to increase public health lab capacity with evening and weekend hours; ensure all PCR platforms in the state are being utilized at full capacity and for surveillance and community testing.
- As classes resume, ensure all institutes of higher education (IHE) have a plan for surge testing and isolation facilities for campus outbreaks (surge testing of 50-100% of the student body over a 14-day period with structured periodic surveillance thereafter and surge capacity to isolate up to 5-10% of student body). Case management services should ensure safe isolation on campus or safe release to family quarantine.
- Testing capacity should be leveraged across IHE, so that all IHE with in-person classes can offer adequate testing to all students.
- Encourage or require strong mitigation efforts on campus, including masks and social distancing; de-densification of residences and classrooms; maximum ventilation adjustments in all buildings; creation of sheltered outside study and dining areas; and proactive and adaptive limits on bar patronage and student gatherings on and off campus.
- Local health departments should continue to work with IHE, student leaders, and campus media to support compliance with recommendations; repercussions for non-compliance should be clarified, widely promulgated, and enforced.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Continue to build contact tracing capabilities through increasing staff, training, and funding.
- 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.
- Develop a plan for increased surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- Tribal Nations: Continue to promote social distancing and face mask recommendations for all events, especially as fall community and dance events pick up. Deploy specific, culturally-relevant education and public health messaging. Ensure spaces and material support for quarantine of contacts and isolation of cases, 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.

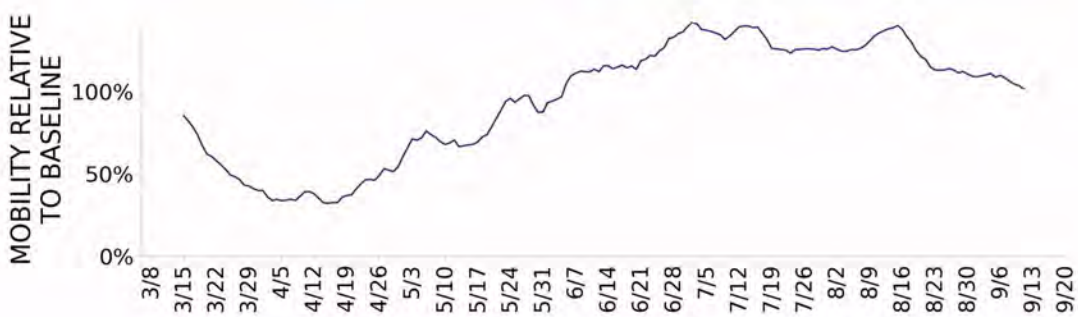
COVID-19

SOUTH DAKOTA

STATE REPORT | 09.13.2020

	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)	1,527 (173)	-26.4%	8,999 (73)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.9%	-3.7%*	6.1%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	8,005** (905)	+6.4%**	173,989** (1,419)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	7 (1)	+40.0%	69 (1)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	12% (24%)	+5%* (+4%*)	6% (16%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+4%*	2%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

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	**5**	Rapid City Brookings Aberdeen Vermillion Sioux City	**6**	Sioux Falls Spearfish Yankton Mitchell Huron Pierre
COUNTY LAST WEEK	**12**	Pennington Brookings Brown Clay Custer Fall River Turner Lake Bennett McCook Edmunds Moody	**12**	Minnehaha Lincoln Meade Lawrence Yankton Union Davison Beadle Spink Butte Gregory Grant

*** 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 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

SOUTH DAKOTA

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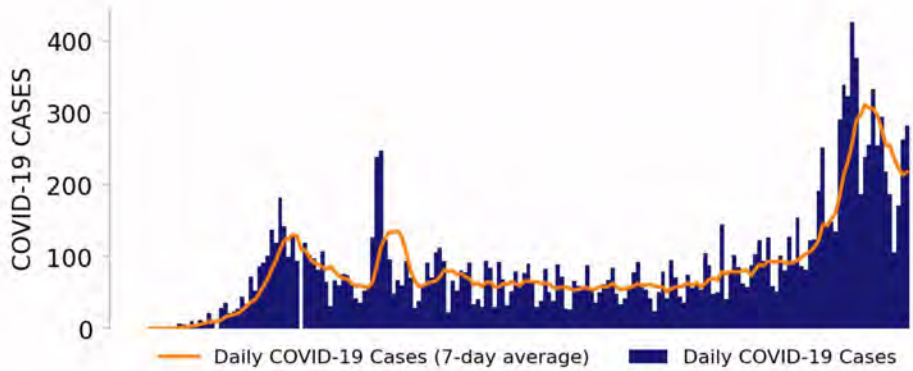
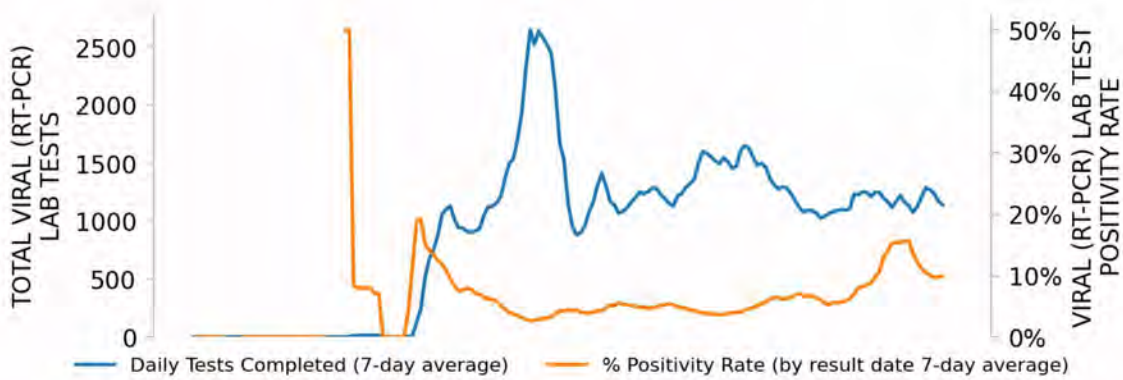
NEW CASES

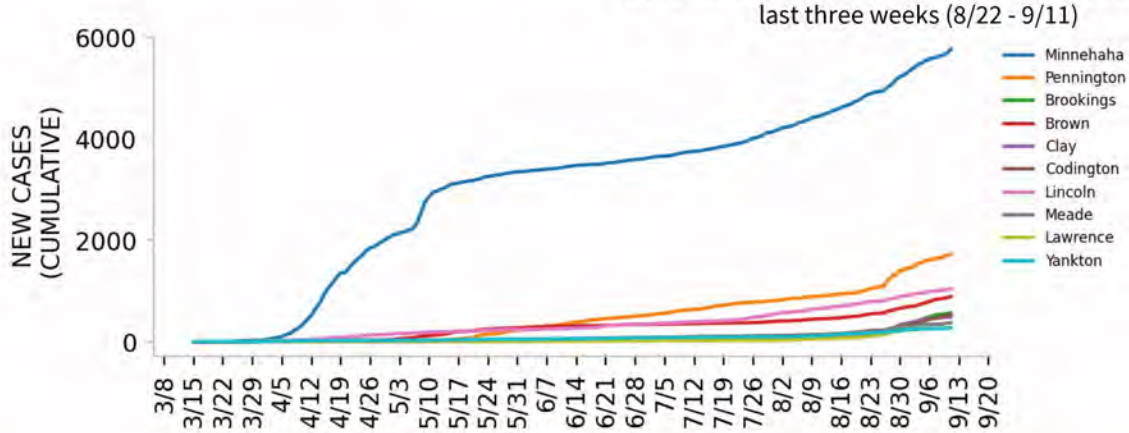


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



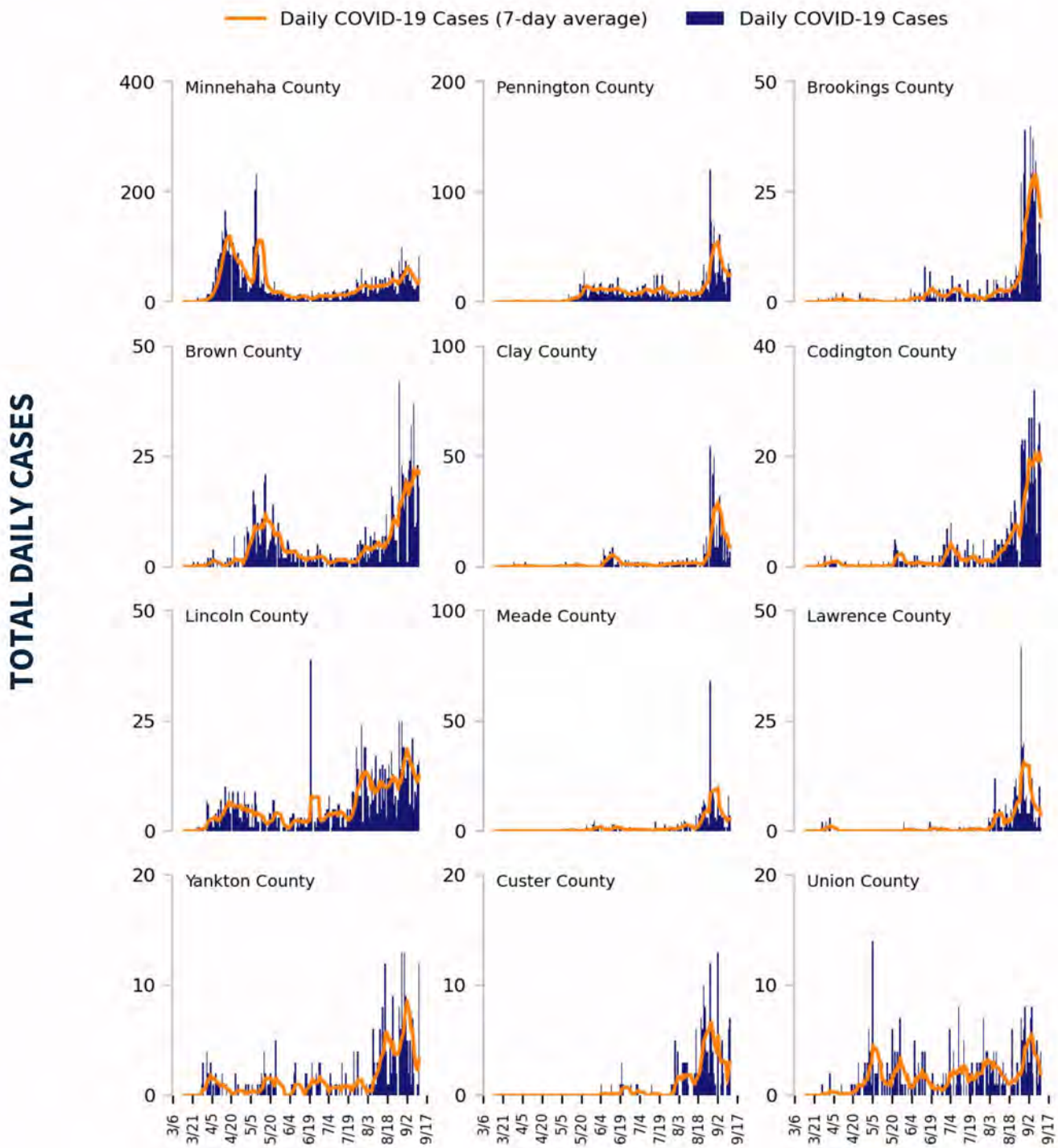
DATA SOURCES – Additional data details available under METHODS

Note: 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 9/11/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

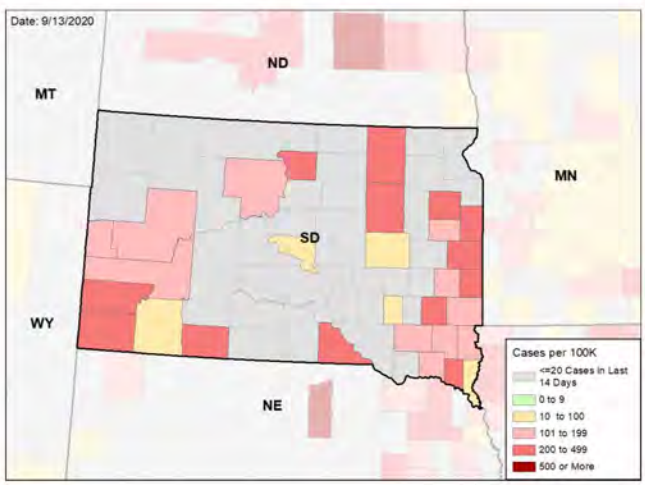
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020. Last 3 weeks is 8/22 - 9/11.

SOUTH DAKOTA

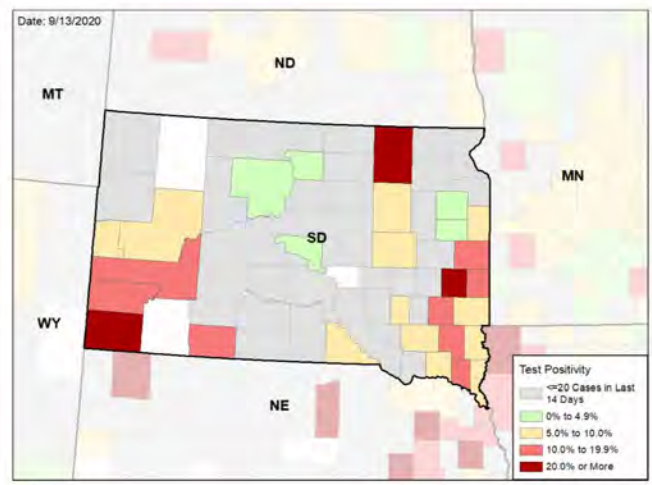
STATE REPORT | 09.13.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

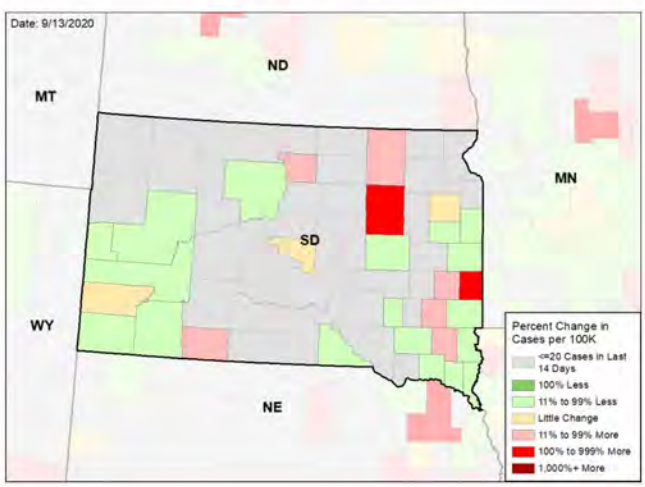
NEW CASES PER 100,000 DURING THE LAST WEEK



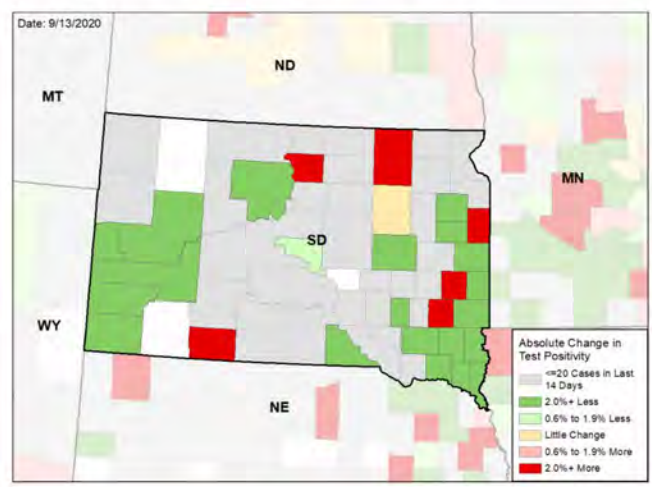
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

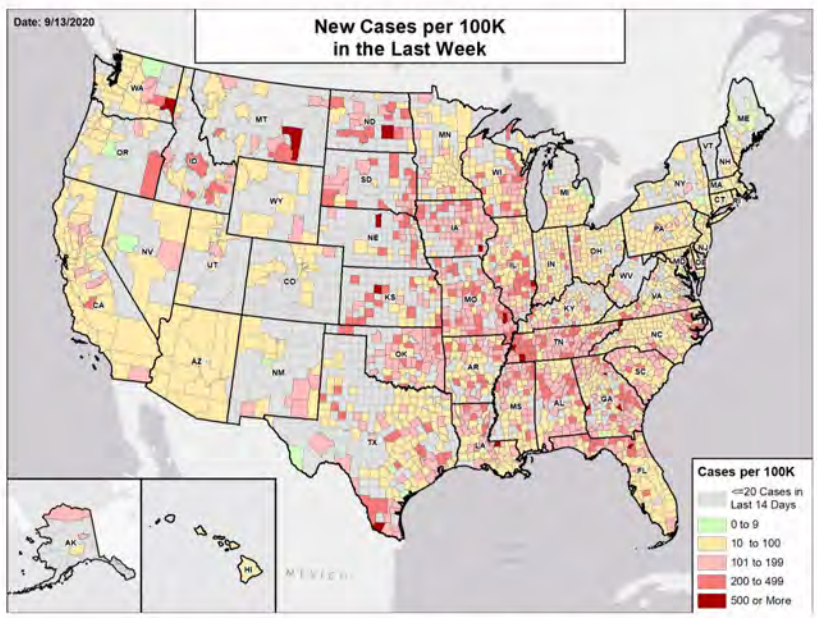
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/11/2020. Last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

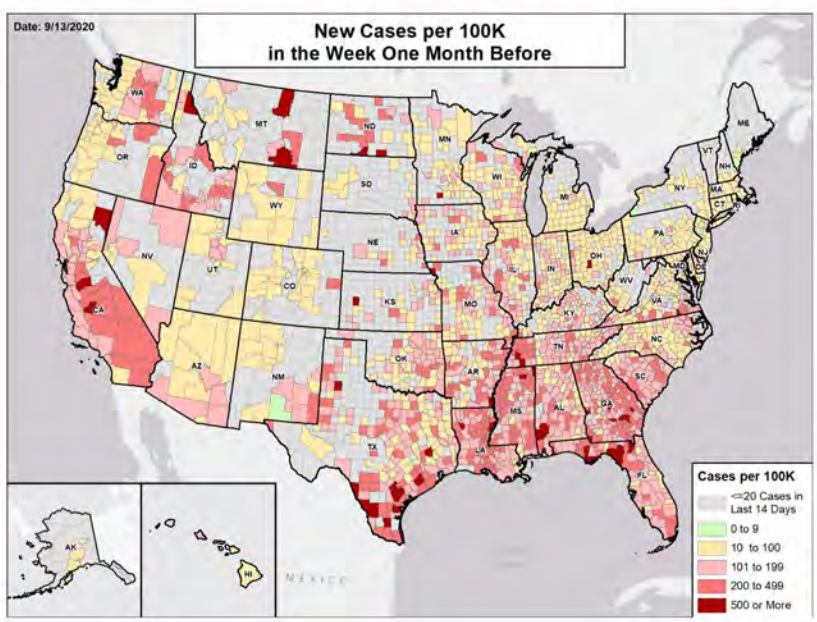
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

National Picture

NEW CASES PER 100,000 LAST WEEK



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



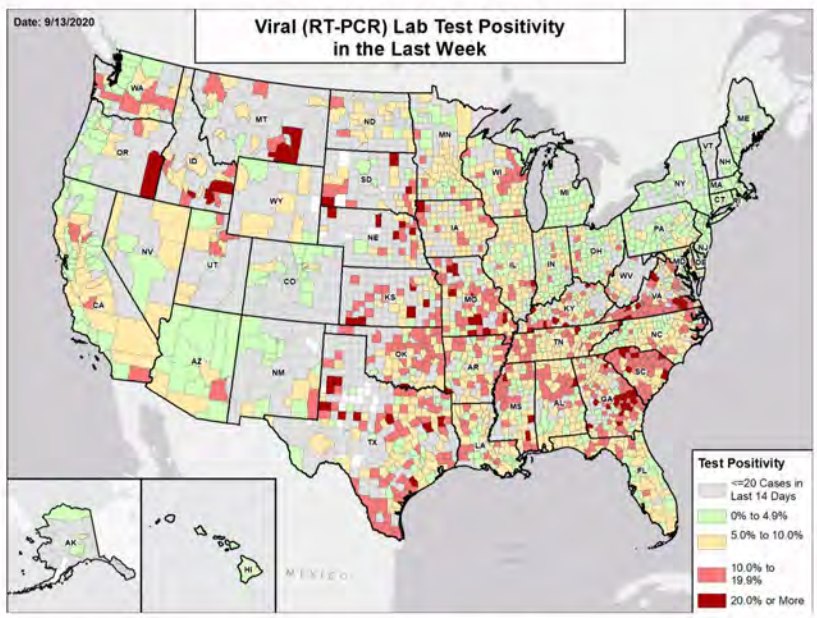
DATA SOURCES

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

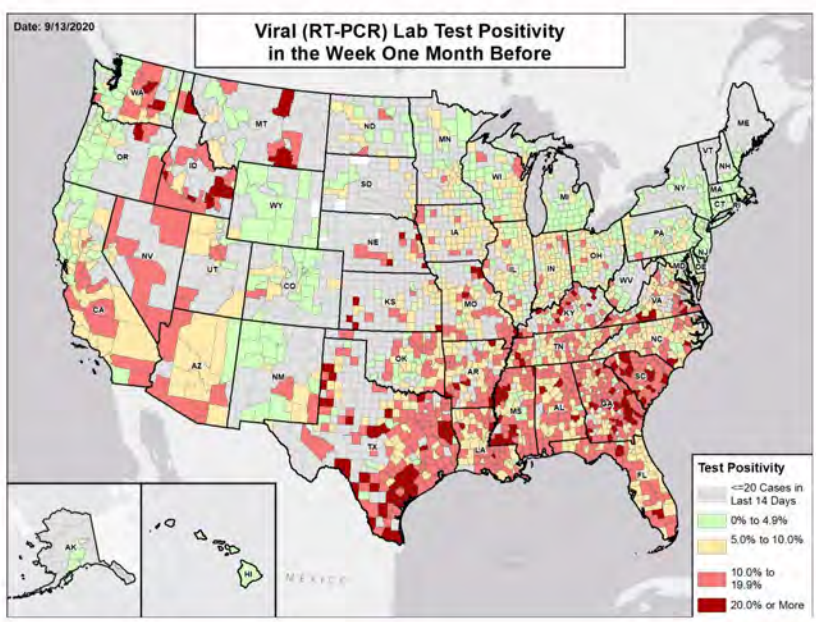
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
- **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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.

STATE REPORT
09.13.2020

TENNESSEE

SUMMARY

- Tennessee is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, with the 6th highest rate in the country. Tennessee is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 12th highest rate in the country.
- Tennessee 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. Shelby County, 2. Davidson County, and 3. Knox County. These counties represent 26.8% of new cases in Tennessee.
- 85% of all counties in Tennessee have moderate or high levels of community transmission (yellow or red zone), with 31% having high levels of community transmission (red zone).
- During the week of Aug 31 - Sep 6, 16% of nursing homes had at least one new resident COVID-19 case, 32% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death.
- Tennessee had 136 new cases per 100,000 population in the last week, compared to a national average of 74 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 Sep 5 - Sep 11, on average, 103 patients with confirmed COVID-19 and 124 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Tennessee. An average of 94% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Establish statewide mask mandate. COVID-19 is being brought into nursing homes through community transmission. Review and improve infection control practices at nursing homes to stop the introduction of COVID-19. Arkansas is a great example in the Heartland where statewide transmission has decreased through mask usage.
- In areas with ongoing high levels of transmission (red and yellow zones), use standard metrics to determine school learning options and capacity limits for bars and indoor dining.
- Develop a plan for increased surveillance of silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- In university settings, use wastewater surveillance across campus to identify areas with high viral load for targeted testing. Work with student leaders, including Greek organizations, to establish effective testing strategies to find cases early, prevent spread, and keep students on campus.
- 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.

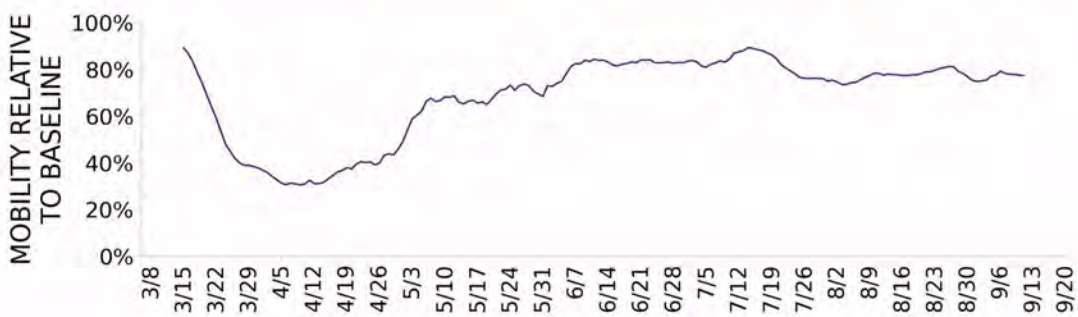
COVID-19

TENNESSEE

STATE REPORT | 09.13.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	9,293 (136)	-4.7%	66,299 (99)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.4%	-0.2%*	7.4%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	104,273** (1,527)	-9.8%**	746,836** (1,116)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	188 (3)	+37.2%	1,864 (3)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	16% (32%)	-3%* (-3%*)	18% (29%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	+0%*	8%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

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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 8/31-9/6, previous week is 8/24-8/30.

TENNESSEE

STATE REPORT | 09.13.2020

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**	Cookeville Johnson City Martin Dyersburg Brownsville	**21**	Nashville-Davidson--Murfreesboro--Franklin Knoxville Memphis Chattanooga Jackson Kingsport-Bristol Tullahoma-Manchester Morristown Clarksville Cleveland Crossville Greeneville
COUNTY LAST WEEK	**29**	Knox Putnam Washington Carter Monroe Robertson Weakley Dyer Jefferson Hardeman Carroll Henderson	**52**	Shelby Davidson Hamilton Wayne Rutherford Madison Williamson Sullivan Sumner Blount Wilson Maury

All Yellow CBSAs: Nashville-Davidson--Murfreesboro--Franklin, Knoxville, Memphis, Chattanooga, Jackson, Kingsport-Bristol, Tullahoma-Manchester, Morristown, Clarksville, Cleveland, Crossville, Greeneville, Sevierville, McMinnville, Athens, Union City, Lewisburg, Shelbyville, Paris, Lawrenceburg, Dayton

All Red Counties: Knox, Putnam, Washington, Carter, Monroe, Robertson, Weakley, Dyer, Jefferson, Hardeman, Carroll, Henderson, Lauderdale, White, McNairy, Fentress, Haywood, Chester, Johnson, Marion, Decatur, Smith, Crockett, Jackson, Benton, Van Buren, Meigs, Houston, Pickett

All Yellow Counties: Shelby, Davidson, Hamilton, Wayne, Rutherford, Madison, Williamson, Sullivan, Sumner, Blount, Wilson, Maury, Montgomery, Bradley, Cumberland, Gibson, Tipton, Franklin, Greene, Hardin, Dickson, Sevier, Warren, Overton, McMinn, Obion, Fayette, Coffee, Marshall, Bedford, Loudon, Henry, Roane, Lawrence, Lincoln, Hickman, Rhea, DeKalb, Macon, Hawkins, Giles, Polk, Grainger, Union, Cannon, Bledsoe, Sequatchie, Unicoi, Lake, Perry, Grundy, 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.

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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

TENNESSEE

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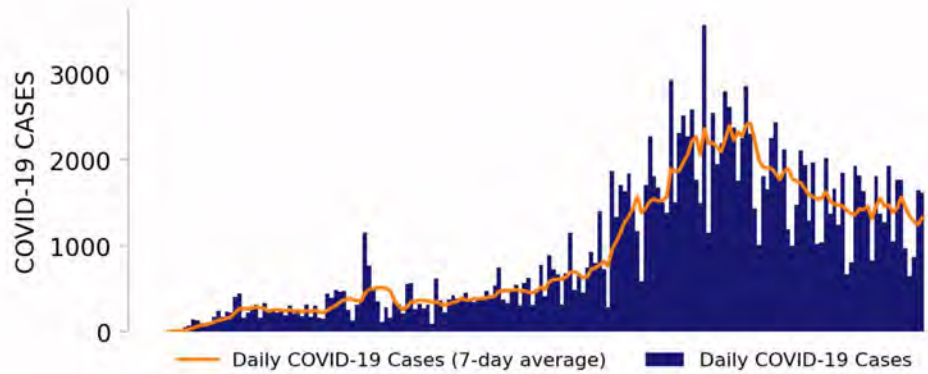
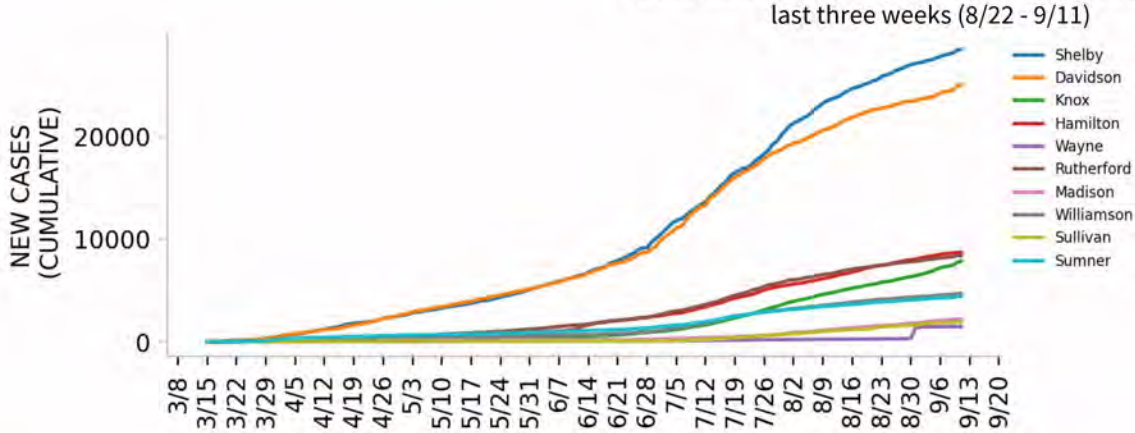
NEW CASES



TESTING

TOP COUNTIES

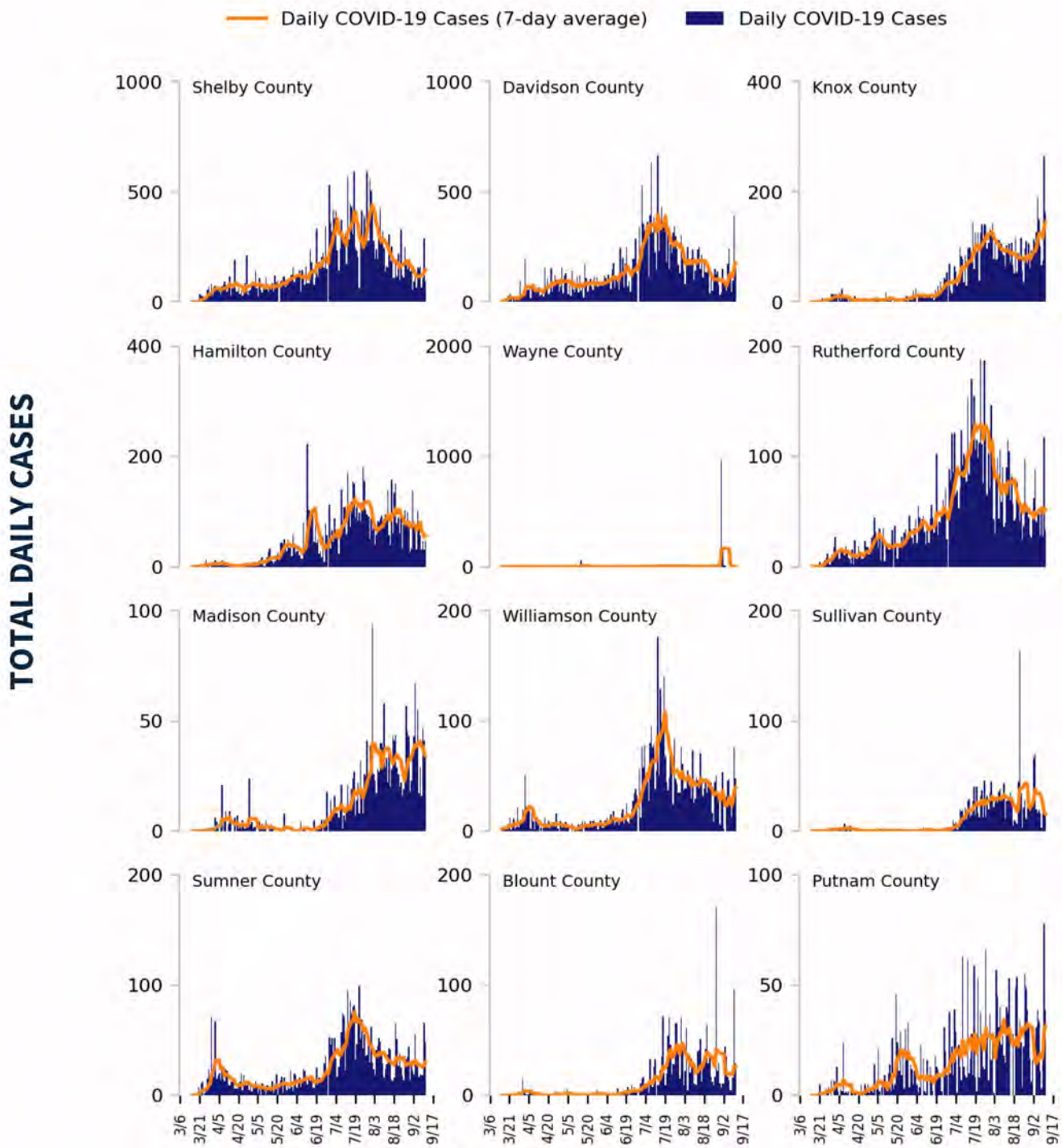
Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



DATA SOURCES – Additional data details available under METHODS

Note: 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 9/11/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020.

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 9/11/2020. Last 3 weeks is 8/22 - 9/11.

TENNESSEE

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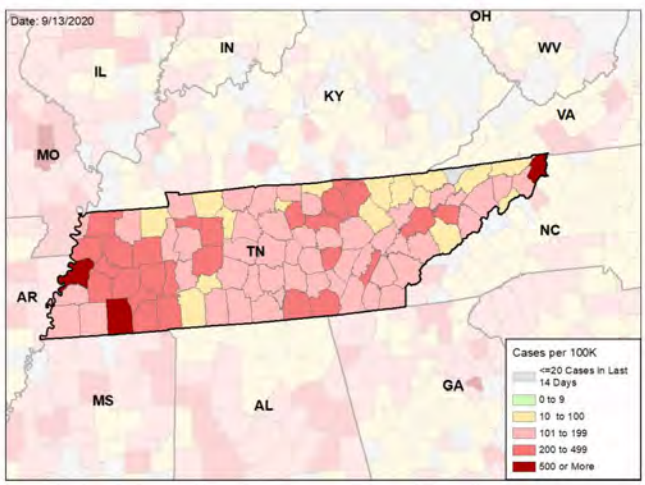
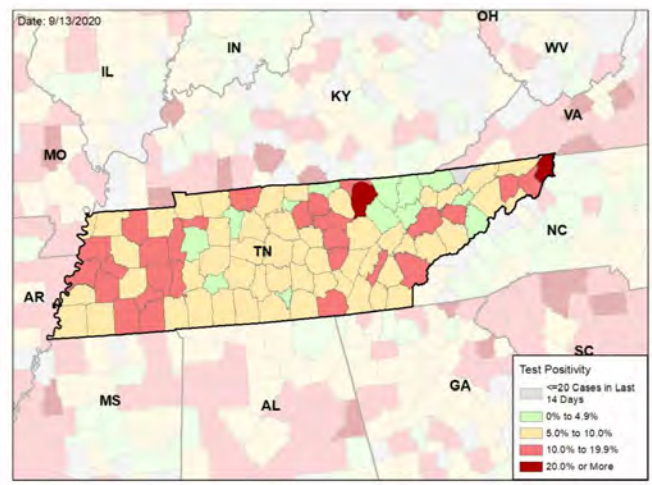
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

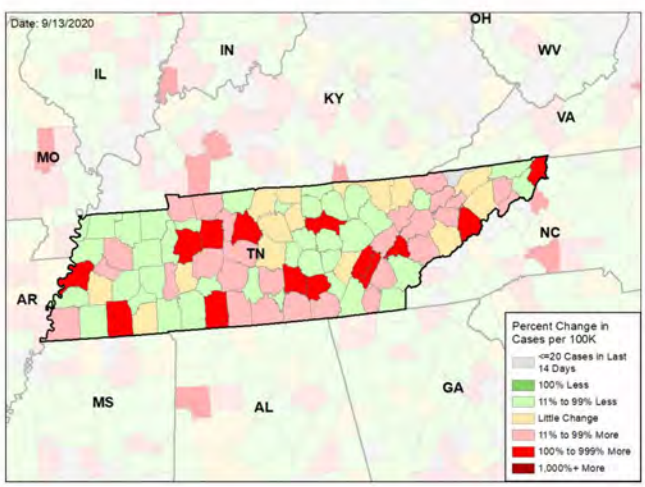
NEW CASES PER 100,000 DURING THE LAST WEEK



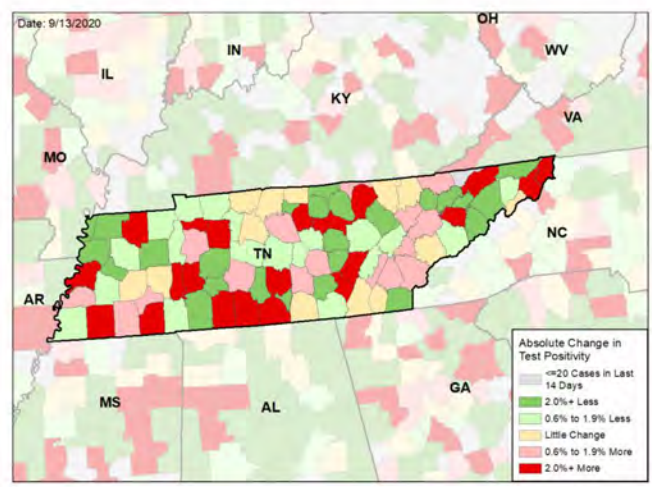
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

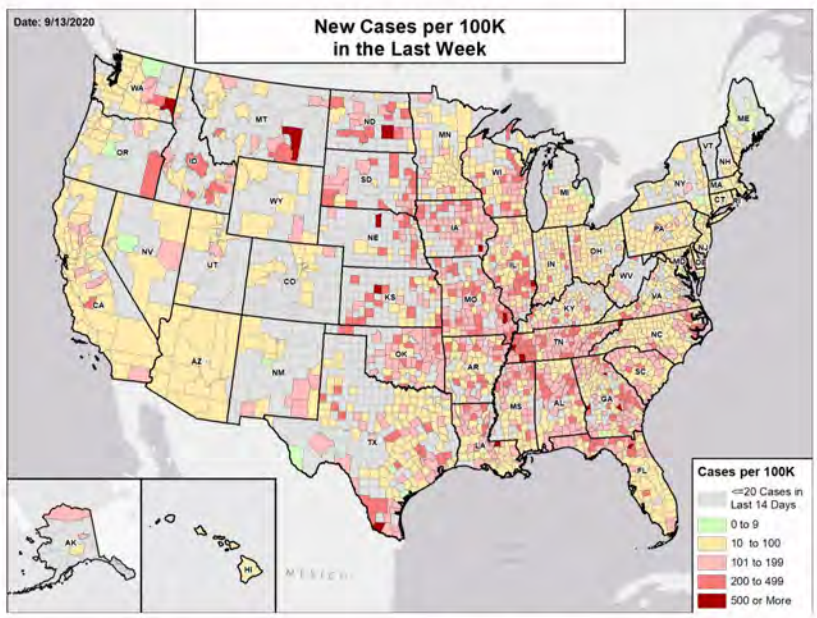
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/11/2020. Last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

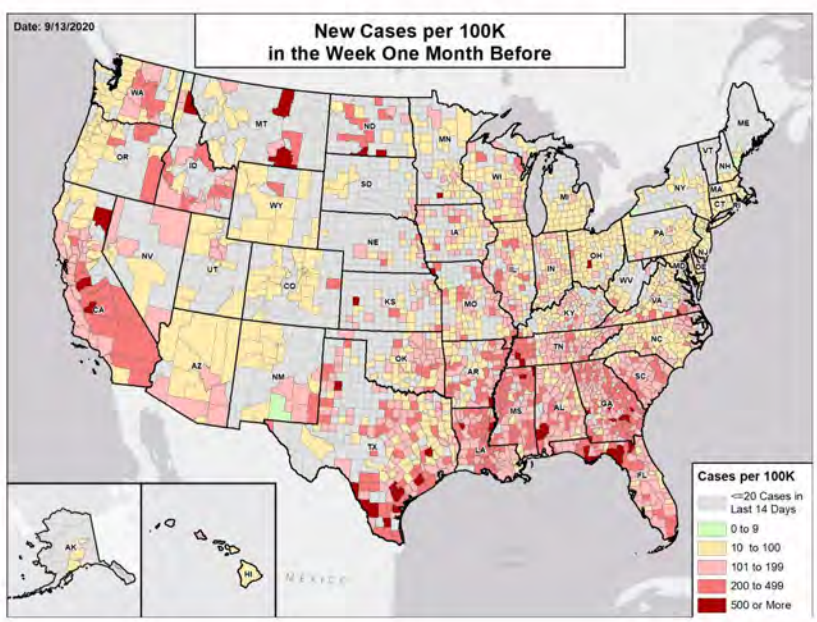
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

National Picture

NEW CASES PER 100,000 LAST WEEK



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



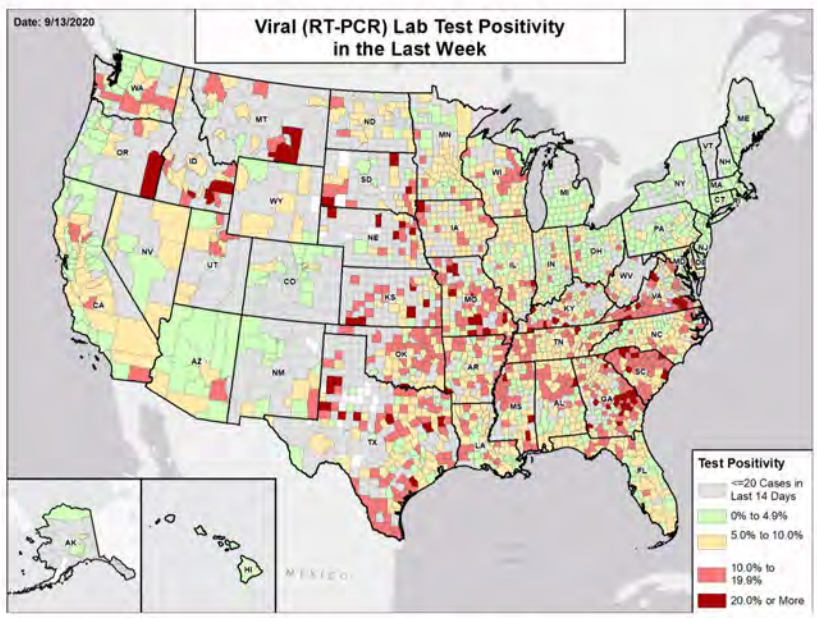
DATA SOURCES

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

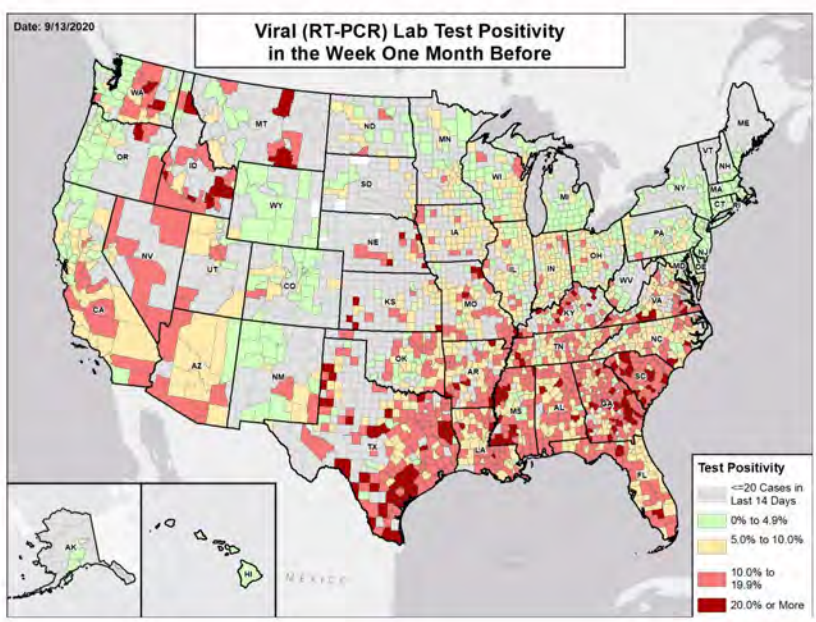
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
- **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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.

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TEXAS

SUMMARY

- Texas trendlines are very good, with a decrease in red zone counties from 90 to 27 over the past five weeks. Continuing to ensure the accuracy of the case incidence and test positivity data is important. Texas is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, with the 18th 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.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Harris County, 2. Dallas County, and 3. Tarrant County. These counties represent 36.3% of new cases in Texas.
- 43% of all counties in Texas have moderate or high levels of community transmission (yellow or red zone), with 11% having high levels of community transmission (red zone).
- During the week of Aug 31 - Sep 6, 13% of nursing homes had at least one new resident COVID-19 case, 19% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death.
- Texas had 91 new cases per 100,000 population in the last week, compared to a national average of 74 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 90 to support medical activities from DOD; 3 to support operations activities from DOD; 52 to support operations activities from FEMA; 28 to support operations activities from ASPR; 1 to support epidemiology activities from CDC; 15 to support operations activities from USCG; 4 to support medical activities from VA; and 1 to support operations activities from VA.
- The federal government has supported surge testing in Houston, TX.
- Between Sep 5 - Sep 11, on average, 382 patients with confirmed COVID-19 and 523 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 excellent progress and is sustaining the gains. 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 decrease in hours and occupancy limits in bars and restaurants in university counties and anywhere university and college students gather if cases continue to rise.
- Texas universities need to increase testing and isolation to prevent spread from students to local communities and hometowns. This includes a further strengthening of detecting silent spread on campuses through routine saliva testing of students on university research platforms.
- Review all university and college plans for both rapid testing and contact tracing of symptomatic students and routine surveillance testing of students to find asymptomatic students, with 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. Universities and colleges should work with various student leaders and campus media to support compliance with recommendations. Ensure protection of local communities through strict mask wearing and social distancing when off campus and when around vulnerable individuals on campus.
- Consider utilizing focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- In preparation for fall, continue to increase testing capacity by increasing the budget and capacity of public health labs; ensure hospitals use pooled testing for elective surgeries and patients admitted without suspected COVID-19 to reserve tests for community outreach; expand outpatient testing, pooling specimens where appropriate; and utilize all university, veterinary, and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Increase surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 inside homes.
- 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 American 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

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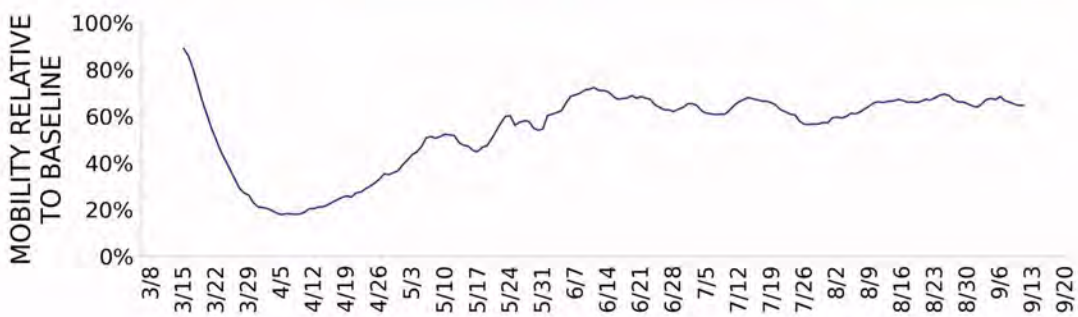
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	26,478 (91)	-10.0%	41,196 (96)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.6%	-1.3%*	7.8%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	120,725** (416)	-33.5%**	371,009** (869)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	784 (3)	-15.7%	1,091 (3)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	13% (19%)	+0%* (+2%*)	14% (21%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	-2%*	6%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

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	**19**	McAllen-Edinburg-Mission Brownsville-Harlingen Lubbock Laredo Killeen-Temple Waco College Station-Bryan Beaumont-Port Arthur Alice Rio Grande City-Roma Eagle Pass Raymondville	**36**	Houston-The Woodlands-Sugar Land Dallas-Fort Worth-Arlington San Antonio-New Braunfels Austin-Round Rock-Georgetown El Paso Corpus Christi Longview Amarillo Tyler Odessa Kingsville Wichita Falls
COUNTY LAST WEEK	**27**	Tarrant Hidalgo Cameron Lubbock Webb McLennan Brazos Coryell Liberty Starr Maverick Willacy	**83**	Harris Dallas Bexar El Paso Denton Travis Montgomery Nueces Collin Fort Bend Galveston Smith

All Red CBSAs: McAllen-Edinburg-Mission, Brownsville-Harlingen, Lubbock, Laredo, Killeen-Temple, Waco, College Station-Bryan, Beaumont-Port Arthur, Alice, Rio Grande City-Roma, Eagle Pass, Raymondville, Palestine, Texarkana, Corsicana, Big Spring, Lamesa, Zapata, Sweetwater

All Yellow CBSAs: Houston-The Woodlands-Sugar Land, Dallas-Fort Worth-Arlington, San Antonio-New Braunfels, Austin-Round Rock-Georgetown, El Paso, Corpus Christi, Longview, Amarillo, Tyler, Odessa, Kingsville, Wichita Falls, Victoria, Bonham, Sherman-Denison, Del Rio, Abilene, Nacogdoches, El Campo, San Angelo, Paris, Plainview, Granbury, Stephenville, Athens, Jacksonville, Bay City, Brownwood, Lufkin, Uvalde, Gainesville, Mineral Wells, Hereford, Levelland, Sulphur Springs, Andrews

All Red Counties: Tarrant, Hidalgo, Cameron, Lubbock, Webb, McLennan, Brazos, Coryell, Liberty, Starr, Maverick, Willacy, Rusk, Anderson, Bowie, Hardin, Duval, Navarro, Howard, DeWitt, Brooks, Dawson, Zapata, Lampasas, Runnels, Eastland, Nolan

All Yellow Counties: Harris, Dallas, Bexar, El Paso, Denton, Travis, Montgomery, Nueces, Collin, Fort Bend, Galveston, Smith, Ellis, Jefferson, Jim Wells, Ector, Kleberg, Randall, Hays, Potter, Wichita, Johnson, Comal, Victoria, Kaufman, Fannin, Gregg, Grayson, Val Verde, Caldwell, Nacogdoches, Wharton, Taylor, Hunt, Tom Green, Lamar, San Patricio, Parker, Hale, Bastrop, Hood, Limestone, Henderson, Erath, Chambers, Cherokee, Matagorda, Brown, Angelina, Uvalde, Austin, Burnet, Medina, Atascosa, Wood, Pecos, Cooke, Palo Pinto, Deaf Smith, Harrison, Milam, Hockley, Camp, Bosque, Gaines, Comanche, Montague, Hopkins, Van Zandt, Yoakum, Wilson, Andrews, Upshur, Panola, Fayette, Jackson, Polk, Lavaca, Falls, Shelby, Robertson, Zavala, Lee

*** 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 9/9/2020. Last week is 9/3 - 9/9.

TEXAS

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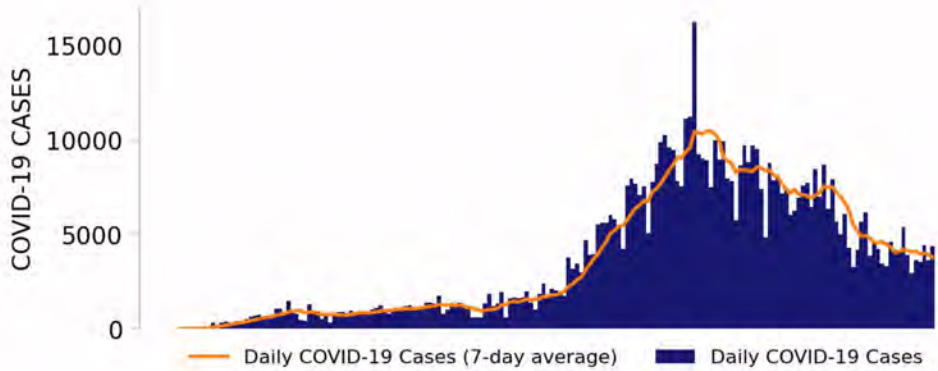
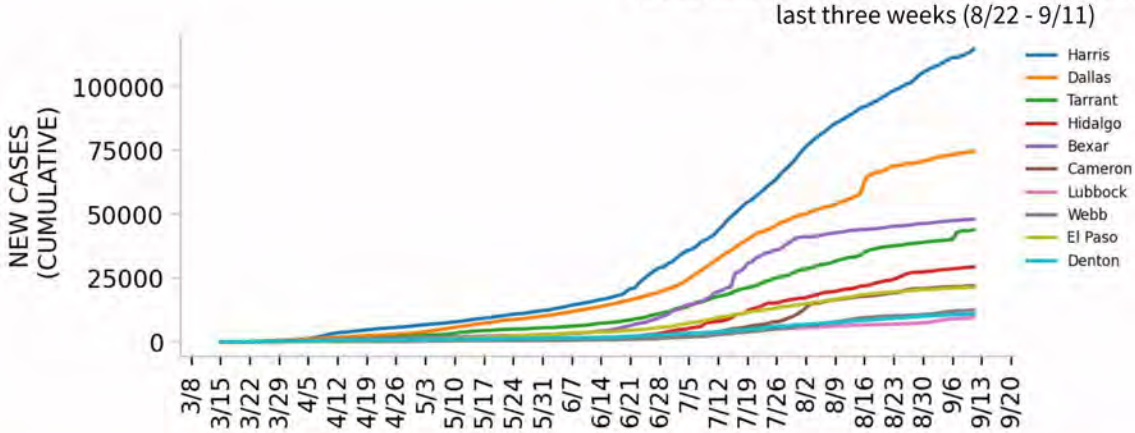
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



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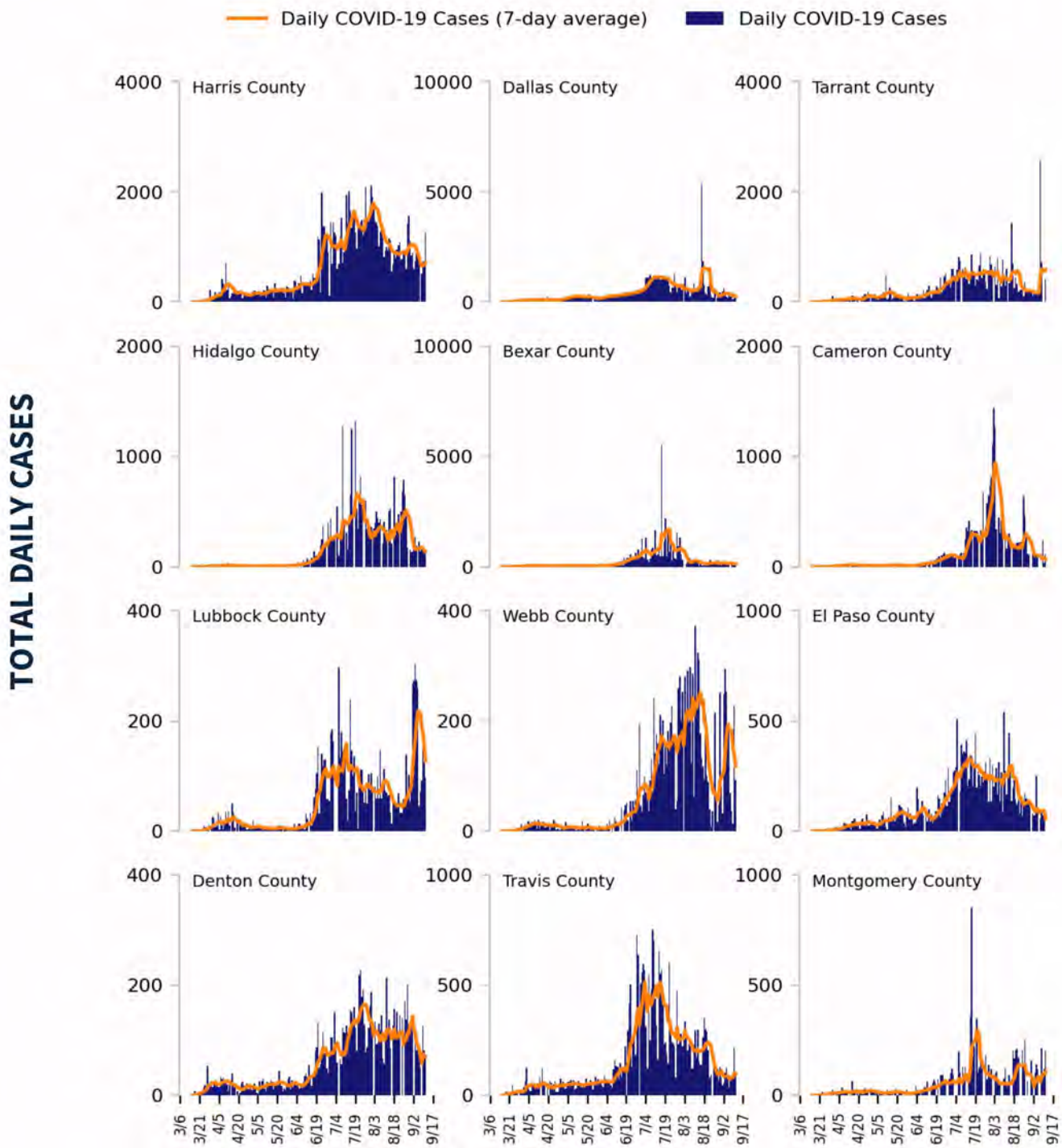

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TEXAS

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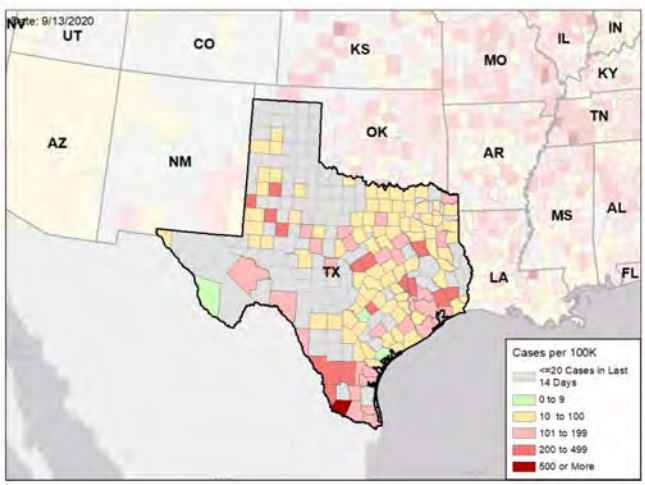
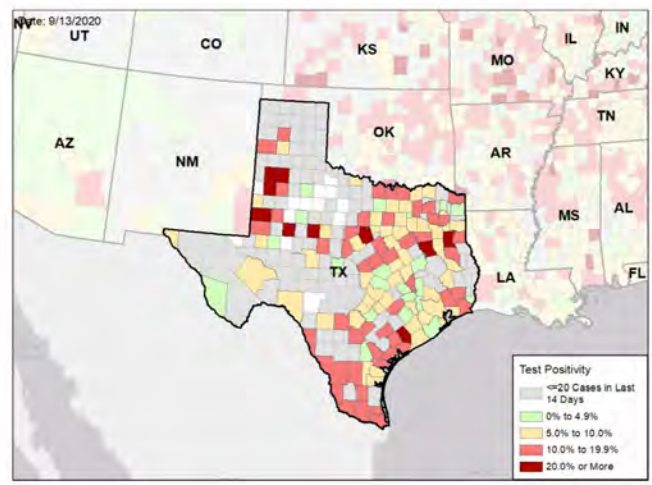
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

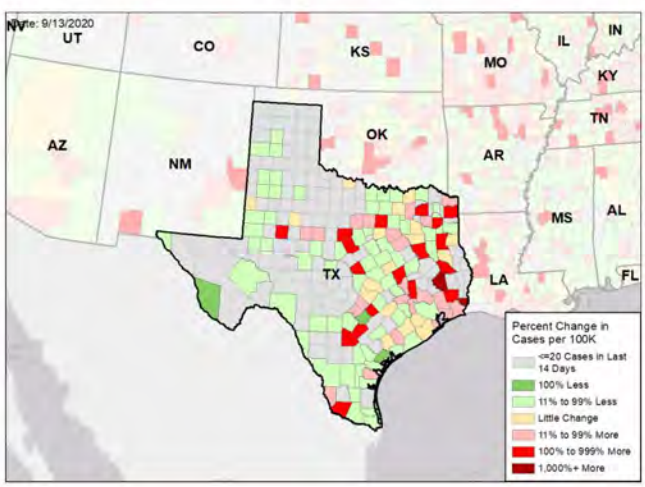
NEW CASES PER 100,000 DURING THE LAST WEEK



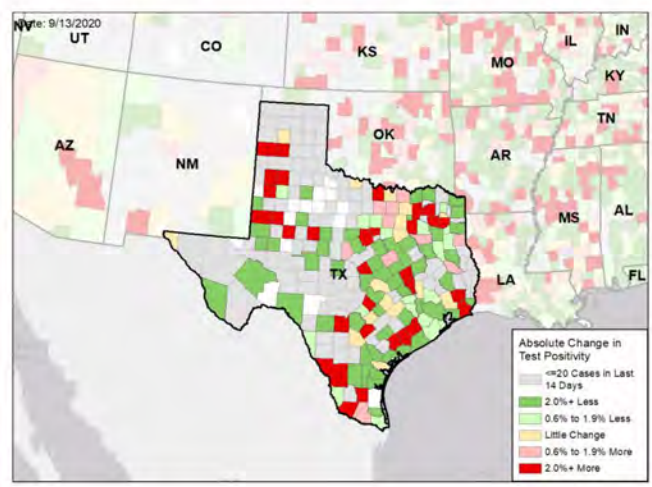
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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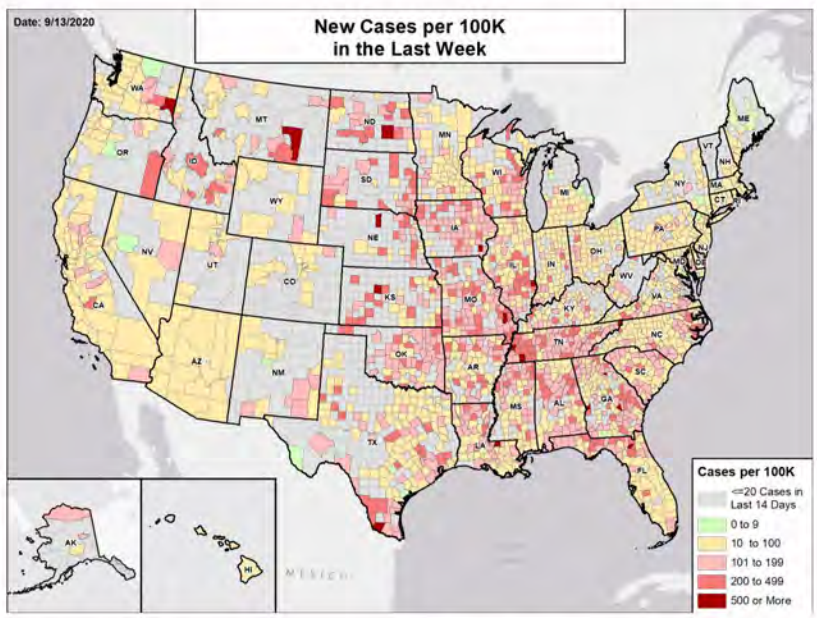
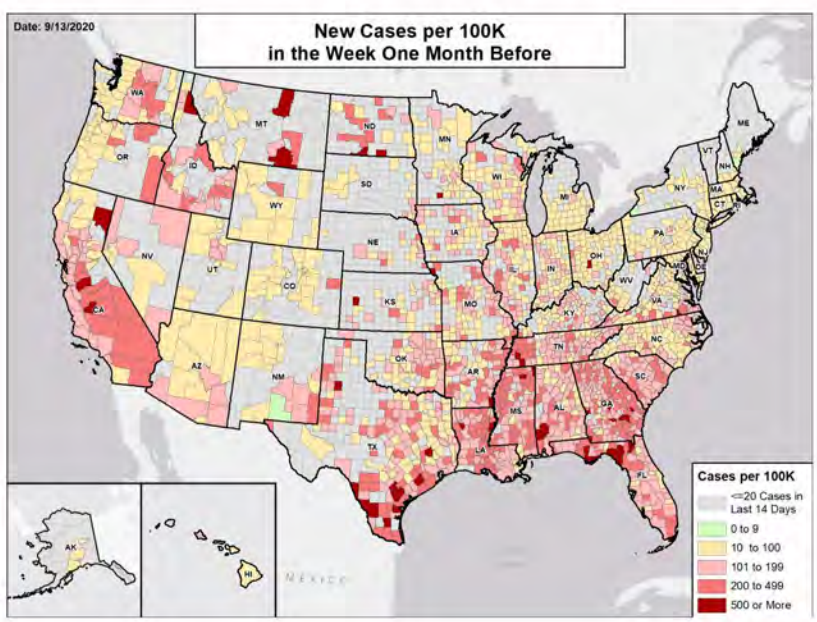
National Picture

NEW CASES PER 100,000 LAST WEEK



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



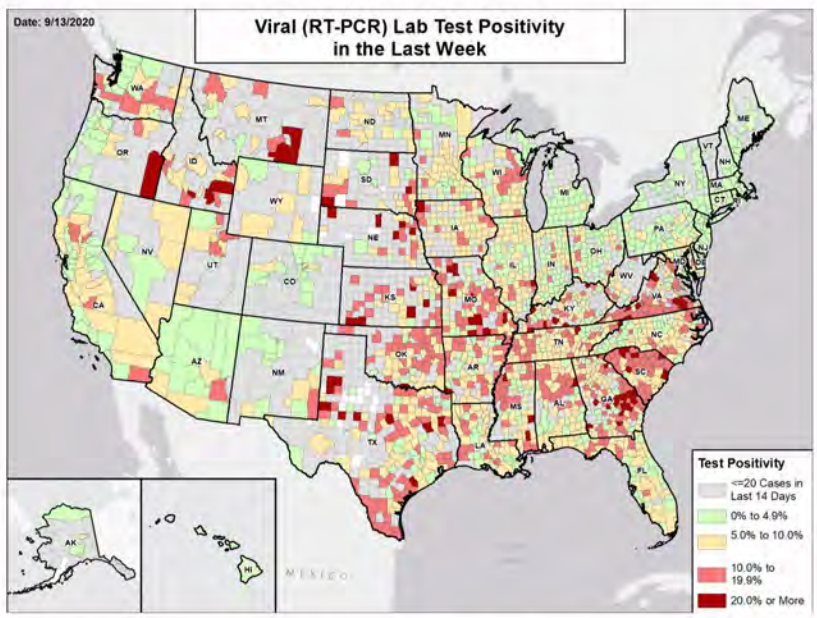
DATA SOURCES

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

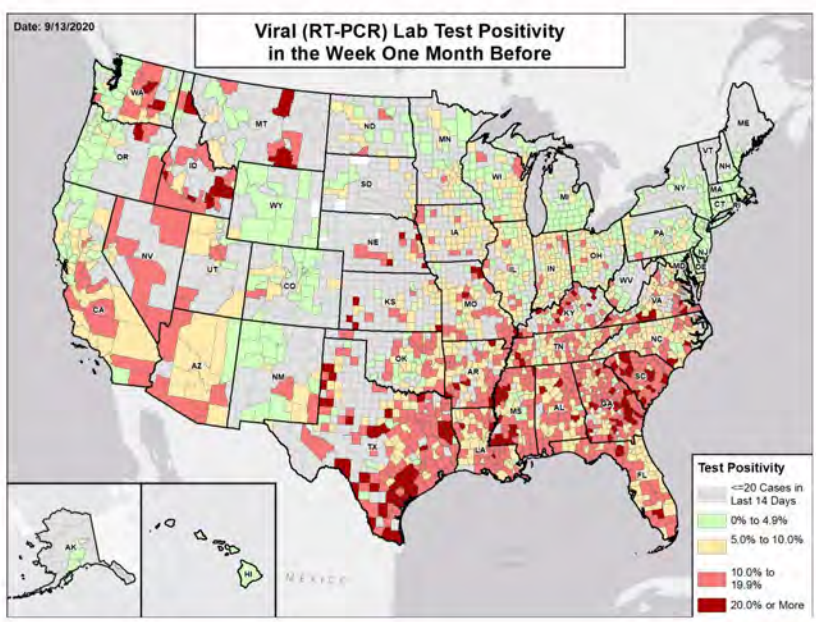
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
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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 8/31-9/6, previous week is 8/24-8/30.

STATE REPORT
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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 20th highest rate in the country. Utah is in the red zone for test positivity, indicating a rate above 10%, with the 3rd highest rate in the country.
- Utah has seen stability in new cases and an increase in test positivity over the last week, most concerning in Utah, Cache, and Summit counties.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Salt Lake County, 2. Utah County, and 3. Davis County. These counties represent 79.2% of new cases in Utah.
- 34% 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 31 - Sep 6, 6% of nursing homes had at least one new resident COVID-19 case, 18% had at least one new staff COVID-19 case, and none 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 74 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 Sep 5 - Sep 11, on average, 15 patients with confirmed COVID-19 and 17 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Utah. 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

- Persistent case rates and slight increase in test positivity are concerning, especially in context of limited testing; recommend clear messaging across the state, especially in areas of elevated or increasing case rates and test positivity.
- Continue to be as transparent as possible: hold regular public briefings and work with leadership of opposition groups to review data, discuss public health objectives, and develop appropriate, locally-targeted messaging, emphasizing personal and civic responsibility. If meetings are particularly contentious, consider professional facilitation.
- Continue to monitor hospitalization rates and ensure hospital/EMS capacities and 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.
- Continue efforts to expand testing capacity through public-private partnerships, extended staffing with evening and weekend run-times, utilization of all PCR platforms in the state for surveillance and diagnostic testing, especially in communities with institutes of higher education (IHE); pooling is most efficient in areas where test positivity is <5%, but can be efficient using small groups (3-5 people) even in areas or groups with test positivity up to 10%.
- Require all IHE to have a plan for surge testing and isolation facilities for campus outbreaks (surge testing of 50-100% of the student body over a 14-day period with structured periodic surveillance thereafter and surge capacity to isolate up to 5-10% of student body). Case management services should ensure safe isolation on campus or safe release to family quarantine.
- Encourage or require strong mitigation efforts on campus, including masks and social distancing; de-densification of residences and classrooms; maximum ventilation adjustments in all buildings; creation of sheltered outside study and dining areas; and proactive and adaptive limits on bar patronage and student gatherings on and off campus.
- Local health departments should continue to work with IHE, student leaders, and campus media to support compliance with recommendations; repercussions for non-compliance should be clarified, widely promulgated, and enforced.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Recruit college and university students to expand public health messaging and contact tracing capacity.
- Continue policy on home isolation or quarantine for all who are awaiting test results and/or those who are known contacts of a case; as needed, provide housing, material support, and counseling to facilitate isolation or quarantine.
- 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.
- Develop a plan for increased surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- 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.
- 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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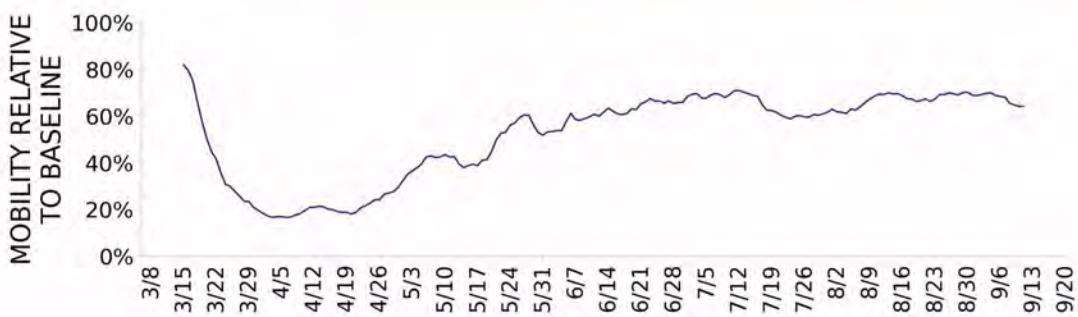
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	2,881 (90)	-0.2%	8,999 (73)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.3%	+0.9%*	6.1%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	44,853** (1,399)	-11.7%**	173,989** (1,419)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	12 (0)	+0.0%	69 (1)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	6% (18%)	+4%* (+10%*)	6% (16%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	-1%*	2%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

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 Logan St. George Heber Cedar City
COUNTY LAST WEEK	**1**	Utah	**9**	Salt Lake Davis Weber Cache Washington Tooele Summit Iron Wasatch

*** 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 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

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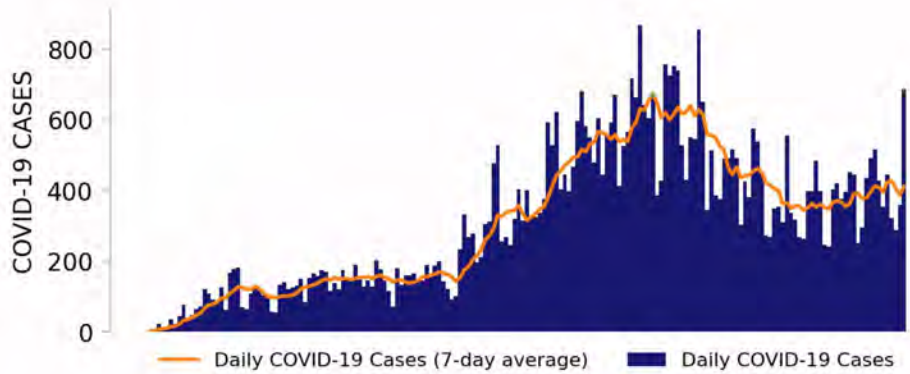
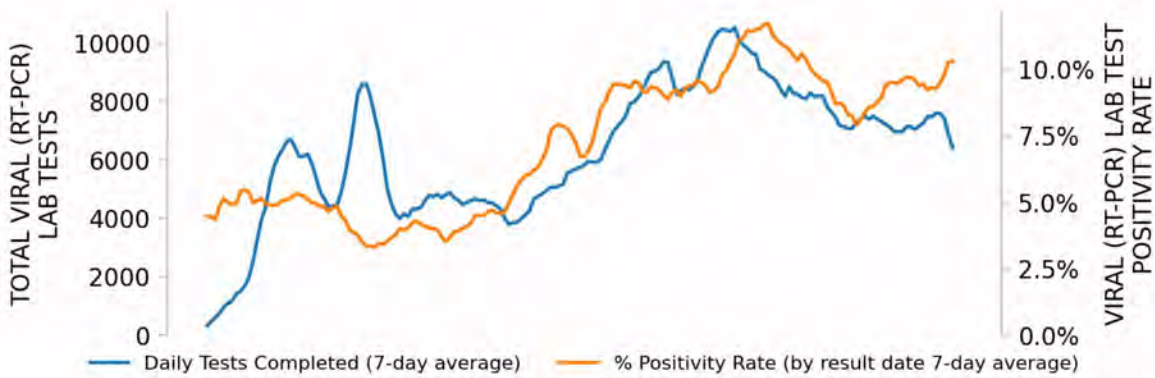
NEW CASES

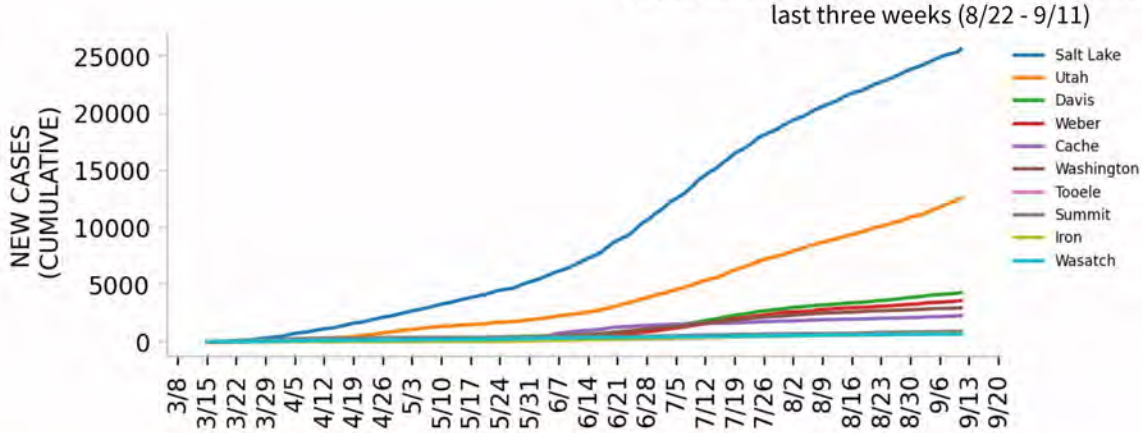


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



DATA SOURCES – Additional data details available under METHODS

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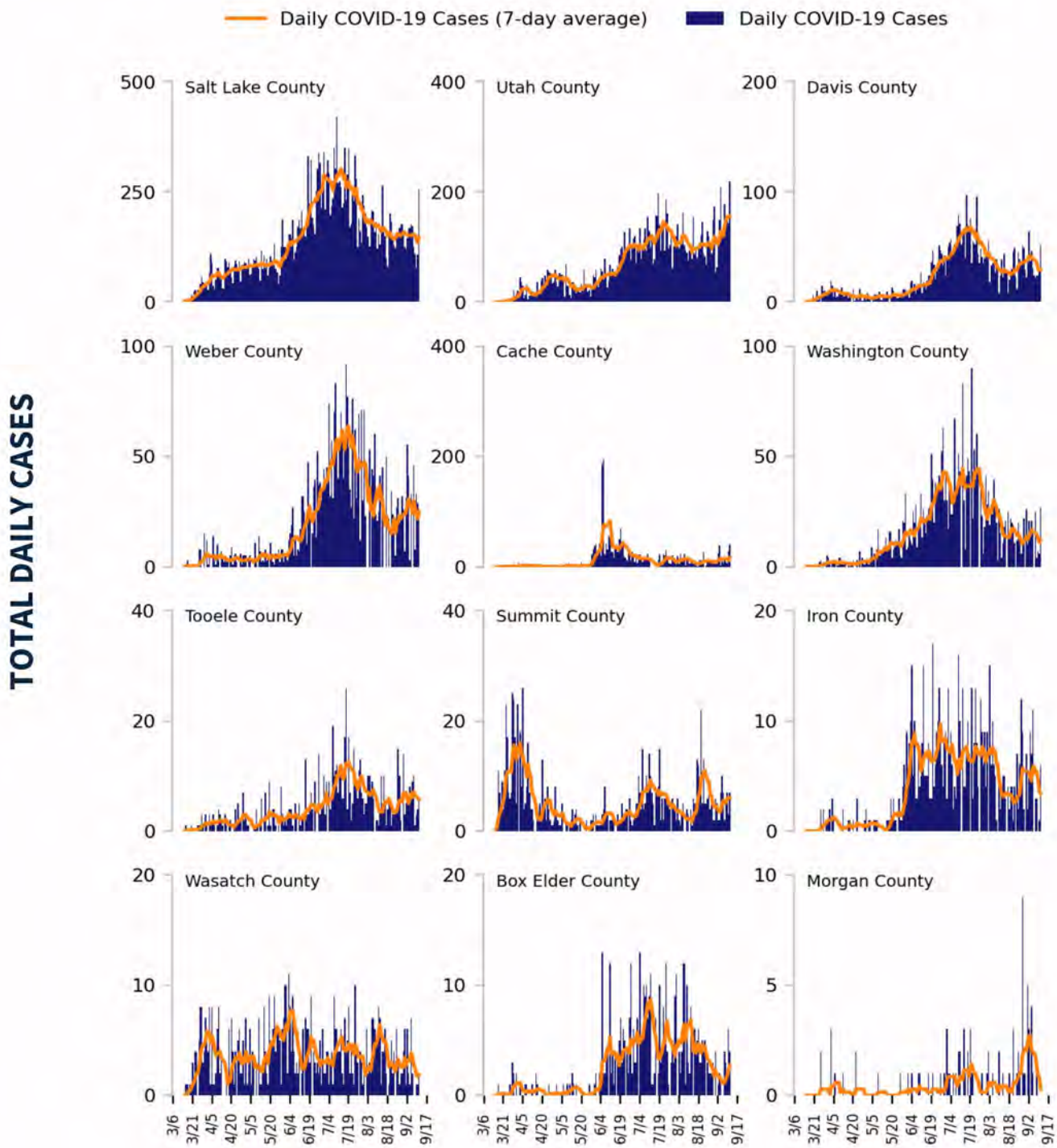
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020.

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 9/11/2020. Last 3 weeks is 8/22 - 9/11.

UTAH

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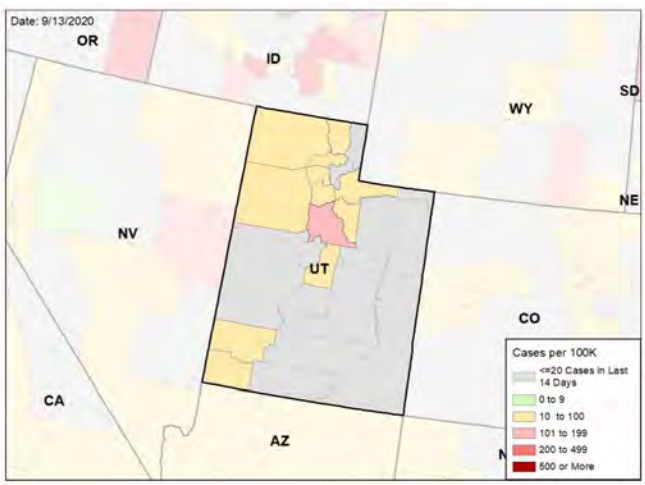
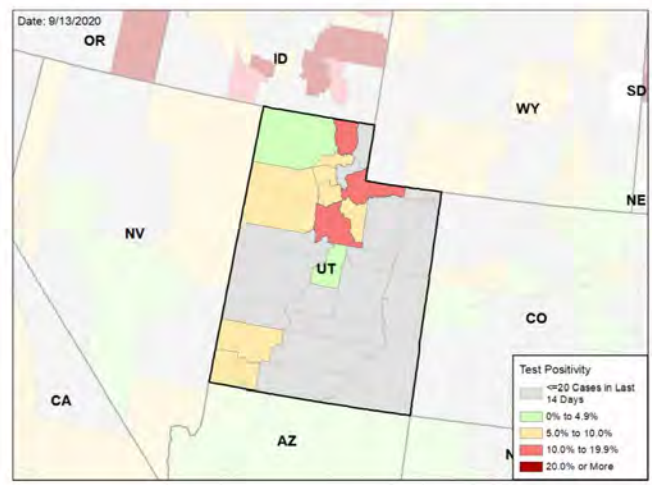
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

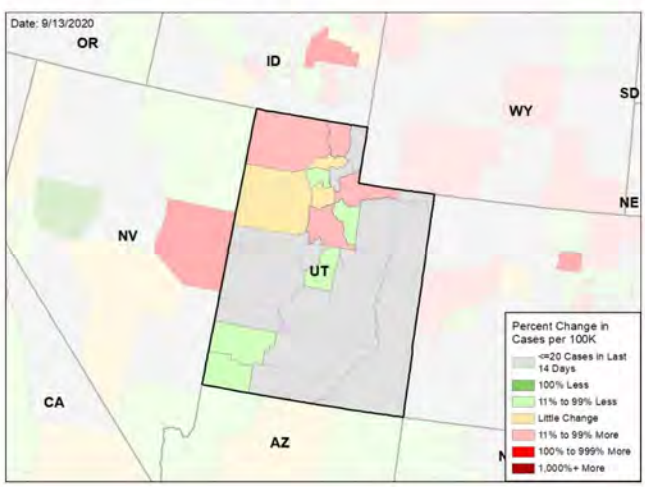
NEW CASES PER 100,000 DURING THE LAST WEEK



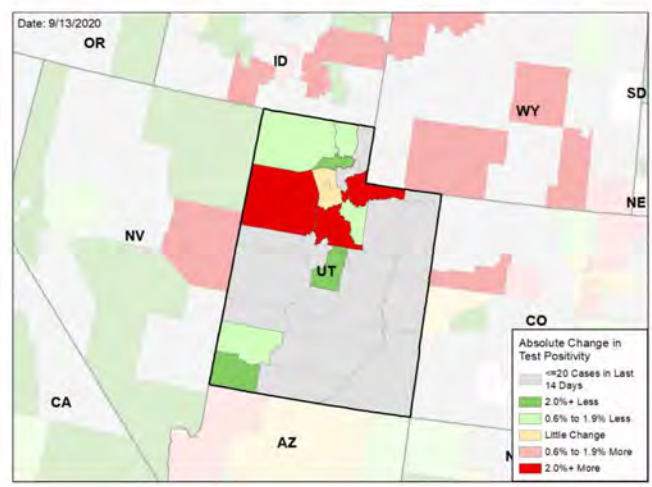
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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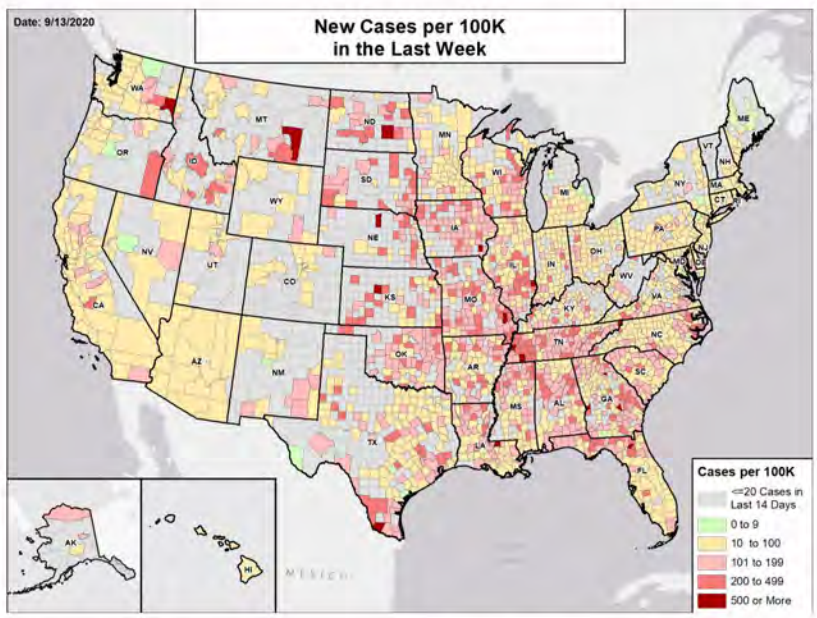
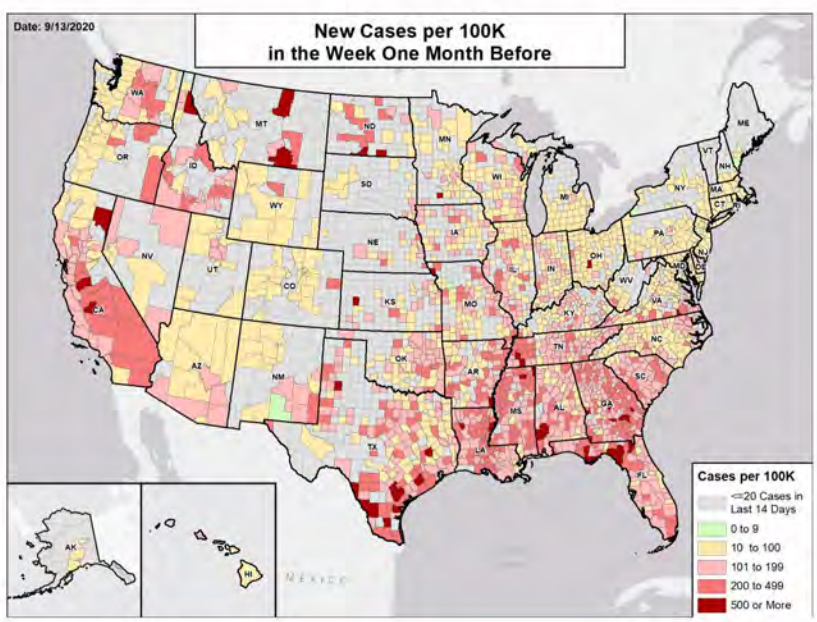
National Picture

NEW CASES PER 100,000 LAST WEEK



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



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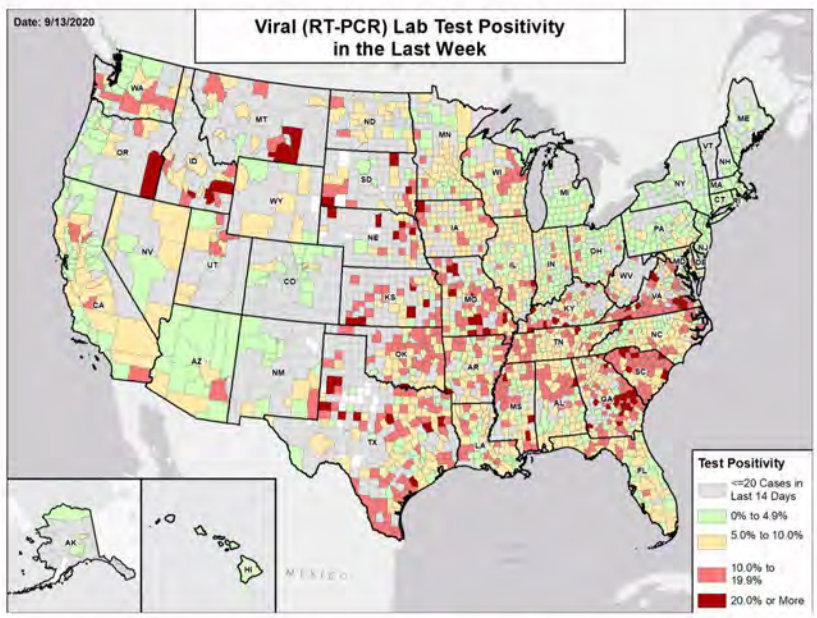
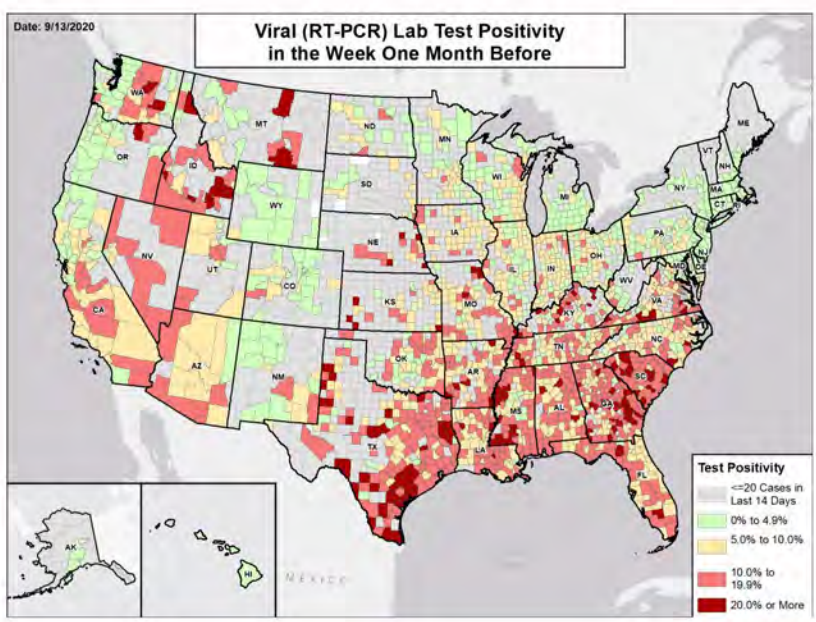


VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK ONE MONTH BEFORE



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METHODS

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Total diagnostic tests resulted per 100,000 population per week	>1000	500-1000	<500
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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

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STATE REPORT
09.13.2020

VERMONT

SUMMARY

- Vermont continues to have excellent epidemic control. The state 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 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. Chittenden County, 2. Rutland County, and 3. Bennington County. These counties represent 63.0% of new cases in Vermont.
- Continued testing among university students demonstrates extremely low rates of disease.
- No counties in Vermont have moderate or high levels of community transmission (yellow or red zone).
- During the week of Aug 31 - Sep 6, no nursing homes had at least one new resident COVID-19 case, none had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death.
- Vermont had 4 new cases per 100,000 population in the last week, compared to a national average of 74 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 Sep 5 - Sep 11, on average, 1 patient with confirmed COVID-19 and 6 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Vermont. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Develop a plan to increase surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- Recommendations for institutions of higher education (IHE) are repeated this week given the concerning trends nationally and the need to intensify efforts to control COVID-19 at IHE. The ongoing efforts at Vermont's IHE to address these concerns are noted and commended.
- 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.
- University students with or exposed to COVID-19 must have access to isolation, quarantine, and care sites on or near campus and should not be returned home to multigenerational households where additional transmission could occur. To safely allow for some to quarantine at home, some universities use case managers to ensure that students don't have coronavirus-vulnerable people living at home, do have safe places to stay away from others, and don't need to take flights or other public transportation to get home before release for home quarantine; this is a best practice.
- 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 must work with various student leaders and campus media to support compliance with recommendations.
- 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.
- Consider utilizing focused wastewater surveillance at IHE to detect cases early and direct diagnostic testing and public health interventions, as is being piloted at multiple universities in other states.
- 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.
- Support local authorities in outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy as well as other limitations on student patronage; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus events.
- Support a uniform case-reporting process for IHE and reporting of this data on public-facing dashboards.
- 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

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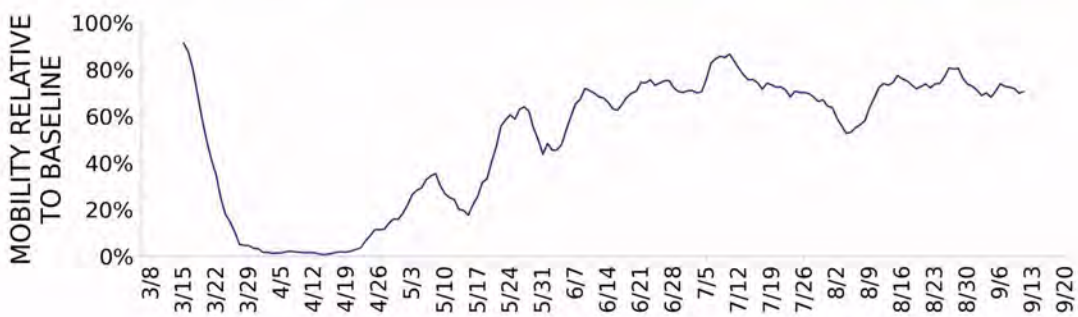
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	26 (4)	-50.9%	4,254 (29)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	0.2%	-0.1%*	1.0%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	18,826** (3,017)	-32.0%**	454,063** (3,059)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	0 (0)	N/A	110 (1)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	0% (0%)	-3%* (-3%*)	3% (7%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A	1%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

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

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and lab test positivity result above 10%.
Yellow Zone: Those CBSAs and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a lab test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the "Red Zone."
Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

VERMONT

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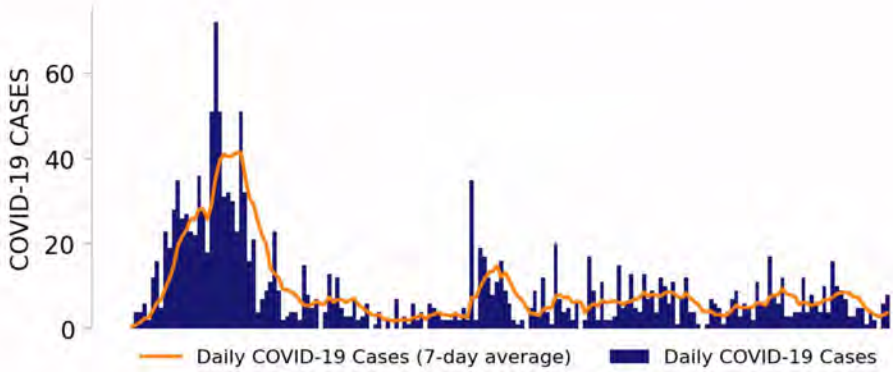
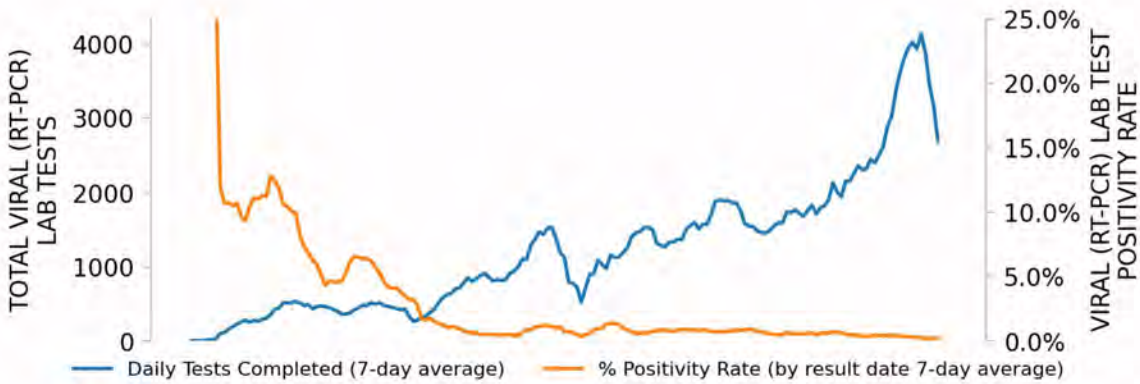
NEW CASES

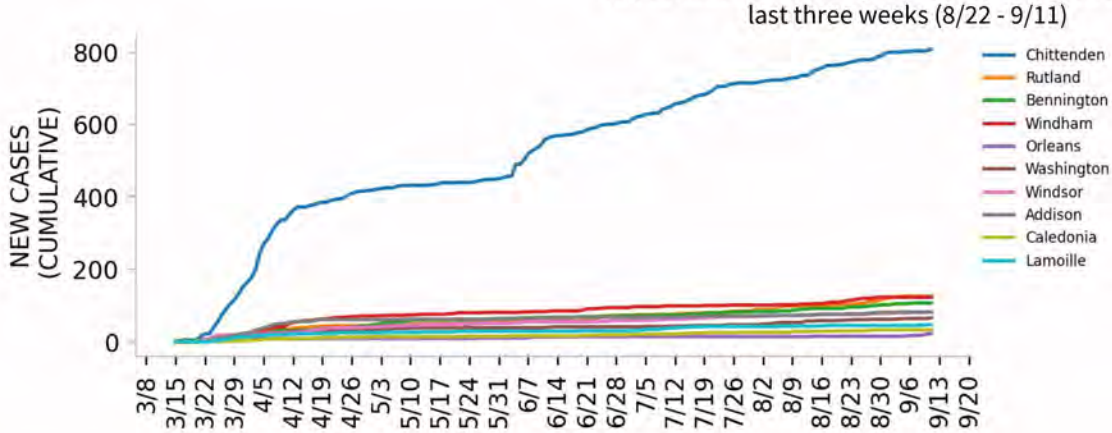


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



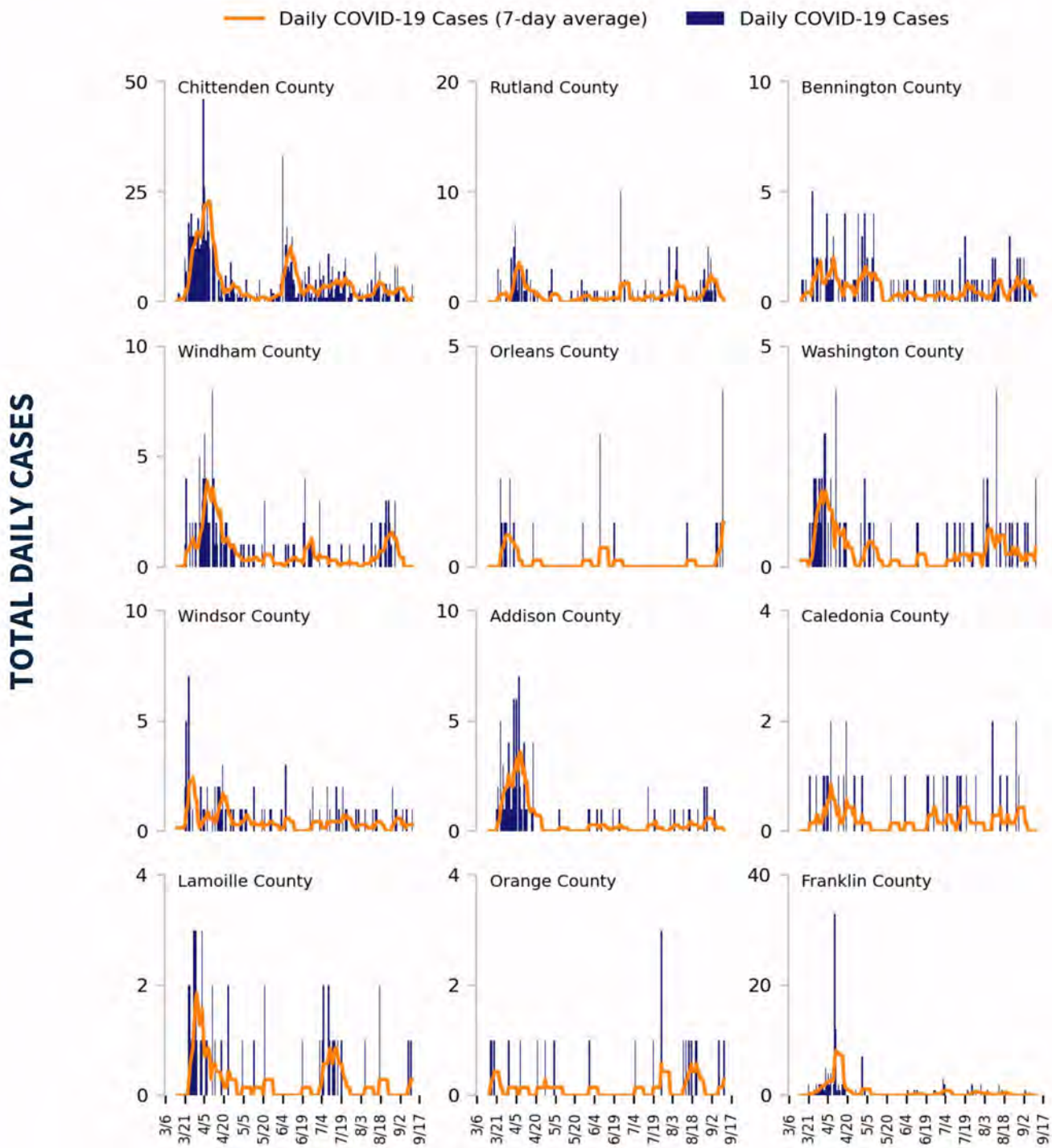
DATA SOURCES – Additional data details available under METHODS

Note: 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 9/11/2020.

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

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 9/11/2020. Last 3 weeks is 8/22 - 9/11.

VERMONT

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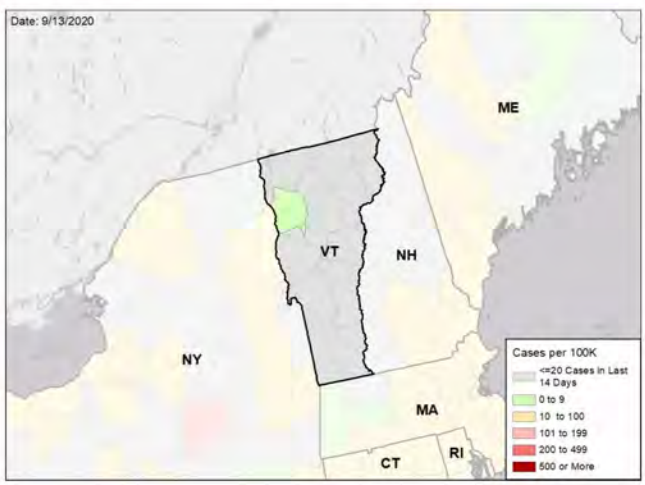
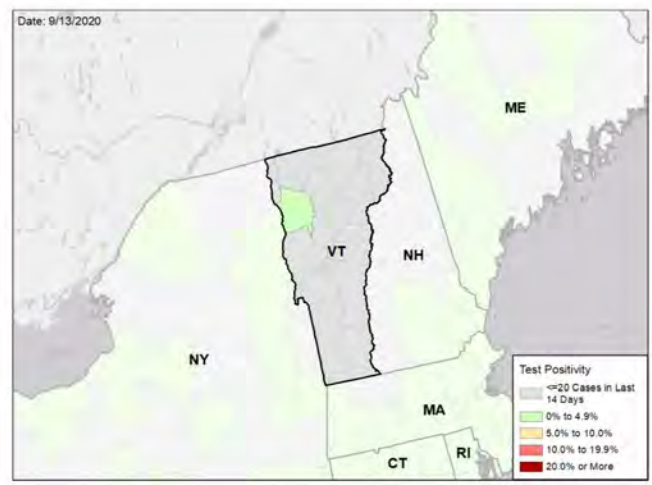
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

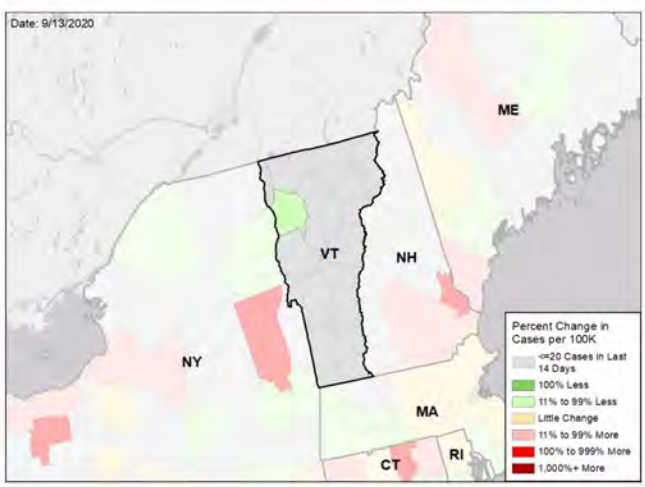
NEW CASES PER 100,000 DURING THE LAST WEEK



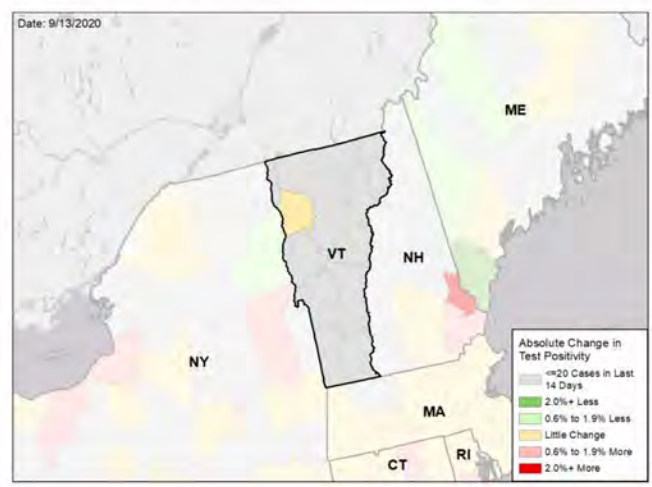
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

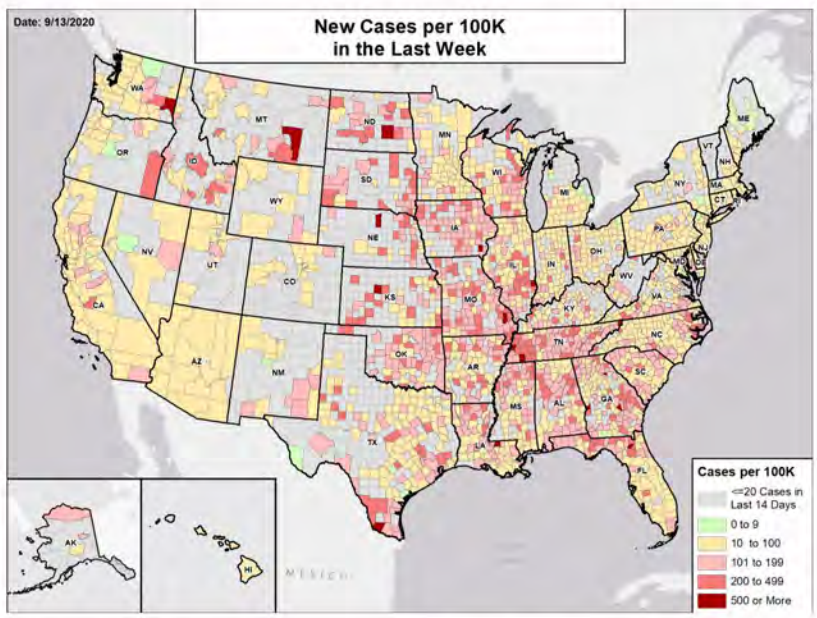
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/11/2020. Last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

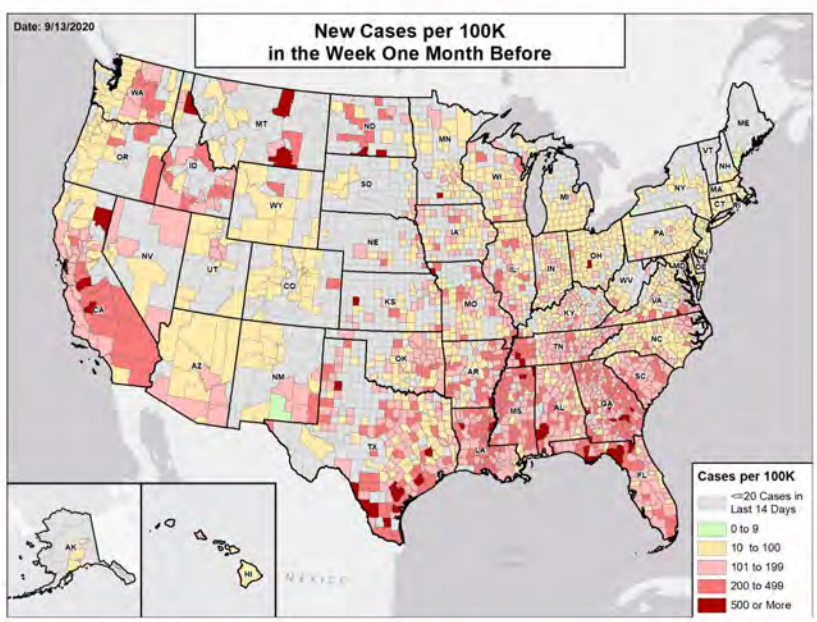
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

National Picture

NEW CASES PER 100,000 LAST WEEK



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



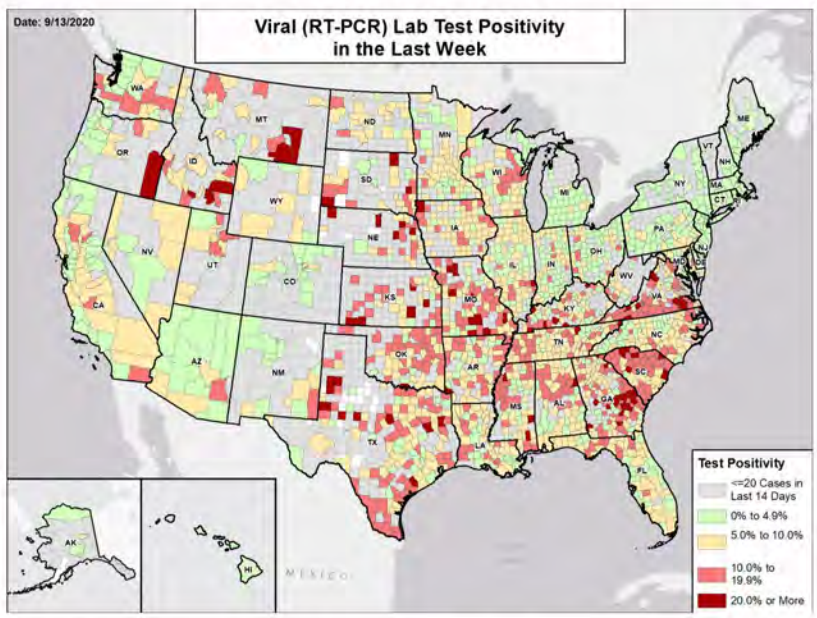
DATA SOURCES

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

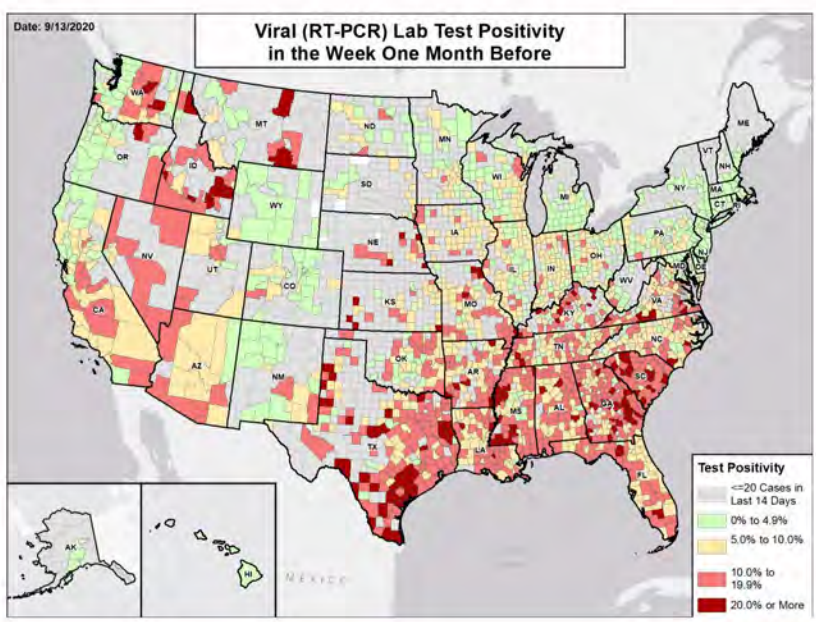
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
- **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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.

STATE REPORT
09.13.2020

VIRGINIA

SUMMARY

- Virginia has made steady progress. Virginia 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. Virginia is in the red zone for test positivity, indicating a rate above 10%, with the 4th highest rate in the country.
- Virginia 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. Fairfax County, 2. Prince William County, and 3. Harrisonburg City. These counties represent 20.4% of new cases in Virginia.
- 65% of all counties in Virginia have moderate or high levels of community transmission (yellow or red zone), with 21% having high levels of community transmission (red zone).
- During the week of Aug 31 - Sep 6, 10% of nursing homes had at least one new resident COVID-19 case, 17% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death.
- Virginia had 80 new cases per 100,000 population in the last week, compared to a national average of 74 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 38 to support operations activities from FEMA; 5 to support epidemiology activities from CDC; 4 to support operations activities from CDC; and 96 to support operations activities from USCG.
- Between Sep 5 - Sep 11, on average, 62 patients with confirmed COVID-19 and 266 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Virginia. An average of 94% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Virginia has made steady progress, but cases are increasing in specific cities, namely Harrisonburg and Blacksburg. 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 a further decrease in hours and occupancy limits in bars and restaurants in university counties and anywhere university and college students gather if cases continue to rise.
- 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 a further strengthening of detecting silent spread on campuses through routine saliva testing of students on university research platforms.
- Review all university and college plans for both rapid testing and contact tracing of symptomatic students and routine surveillance testing of students to find asymptomatic students, with 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. Ensure protection of local communities through strict mask wearing and social distancing when off campus and when around vulnerable individuals on 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.
- In preparation for fall, continue to increase testing capacity by increasing the budget and capacity of public health labs; ensure hospitals use pooled testing for elective surgeries and patients admitted without suspected COVID-19 to reserve tests for community outreach; expand outpatient testing, pooling specimens where appropriate; and utilize all university, veterinary, and research platforms for surveillance and testing of students and, if needed, the surrounding communities.
- Increase surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 in homes and in student housing on and off campus.
- 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 | 09.13.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	6,859 (80)	-4.7%	18,225 (59)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.2%	-1.1%*	5.6%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	93,299** (1,093)	-5.6%**	454,039** (1,472)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	50 (1)	-56.5%	221 (1)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	10% (17%)	-4%* (-2%*)	9% (14%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	+2%*	4%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

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	**4**	Blacksburg-Christiansburg Harrisonburg Danville Martinsville	**10**	Washington-Arlington-Alexandria Virginia Beach-Norfolk-Newport News Richmond Lynchburg Roanoke Charlottesville Kingsport-Bristol Staunton Big Stone Gap Bluefield
COUNTY LAST WEEK	**28**	Harrisonburg City Montgomery Radford City Hanover Pittsylvania Roanoke City Rockingham Henry Prince George Isle of Wight Smyth Greensville	**59**	Fairfax Prince William Richmond City Virginia Beach City Loudoun Henrico Chesterfield Chesapeake City Norfolk City Newport News City Alexandria City Lynchburg City

All Red Counties: Harrisonburg City, Montgomery, Radford City, Hanover, Pittsylvania, Roanoke City, Rockingham, Henry, Prince George, Isle of Wight, Smyth, Greensville, Mecklenburg, Franklin City, Grayson, Halifax, Carroll, Martinsville City, Southampton, Brunswick, Floyd, Sussex, Manassas Park City, Lancaster, Surry, Charlotte, Amelia, King and Queen

All Yellow Counties: Fairfax, Prince William, Richmond City, Virginia Beach City, Loudoun, Henrico, Chesterfield, Chesapeake City, Norfolk City, Newport News City, Alexandria City, Lynchburg City, Spotsylvania, Charlottesville City, Portsmouth City, Suffolk City, Hampton City, Stafford, Bedford, Danville City, Albemarle, Fauquier, Roanoke, Washington, James City, Manassas City, Petersburg City, Wise, Lee, Culpeper, Campbell, Frederick, Dinwiddie, Tazewell, Augusta, York, Prince Edward, Wythe, Fredericksburg City, Franklin, Appomattox, Goochland, Salem City, Pulaski, Hopewell City, Caroline, Bristol City, Essex, Botetourt, Russell, King George, Waynesboro City, Staunton City, Scott, Nottoway, Fluvanna, Buckingham, Giles, King William

*** 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 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

VIRGINIA

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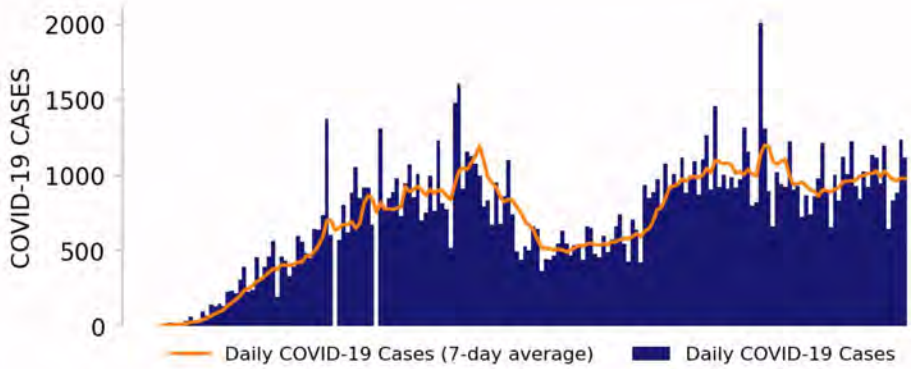
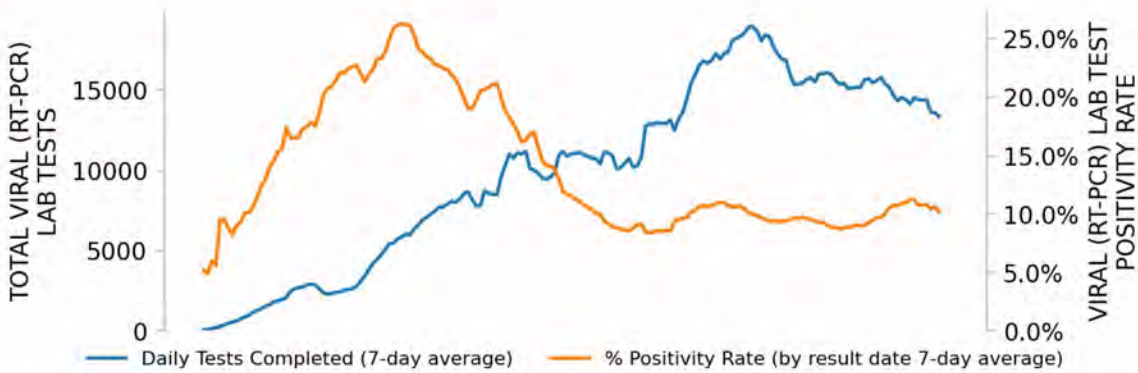
NEW CASES

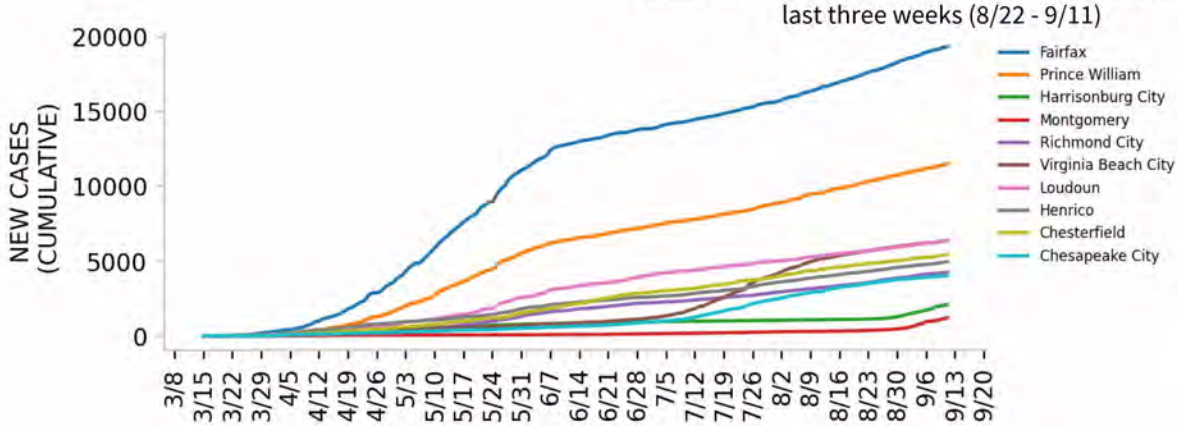


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



DATA SOURCES – Additional data details available under METHODS

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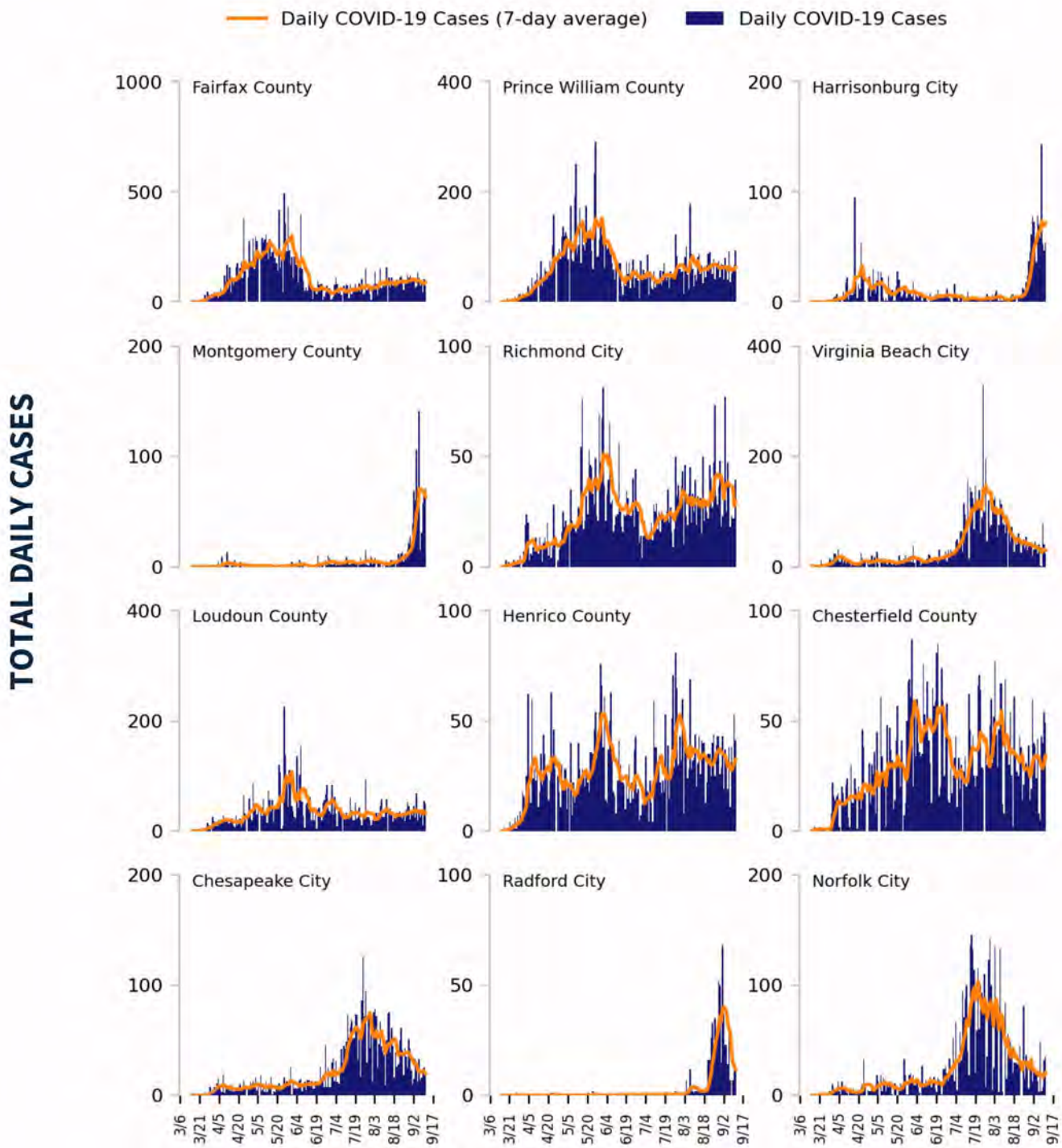
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020.

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 9/11/2020. Last 3 weeks is 8/22 - 9/11.

VIRGINIA

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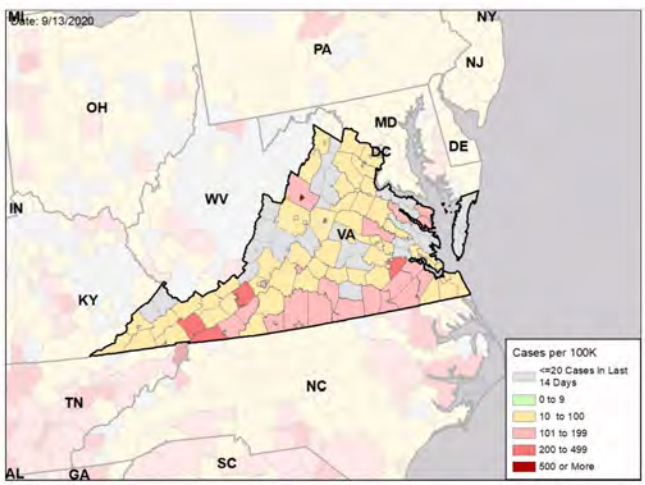
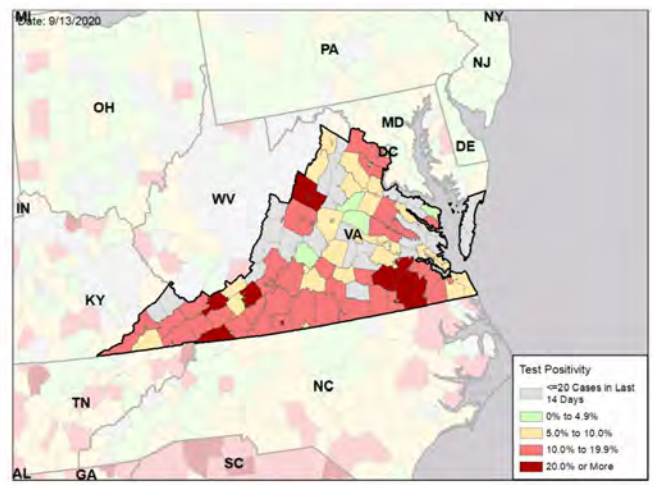
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

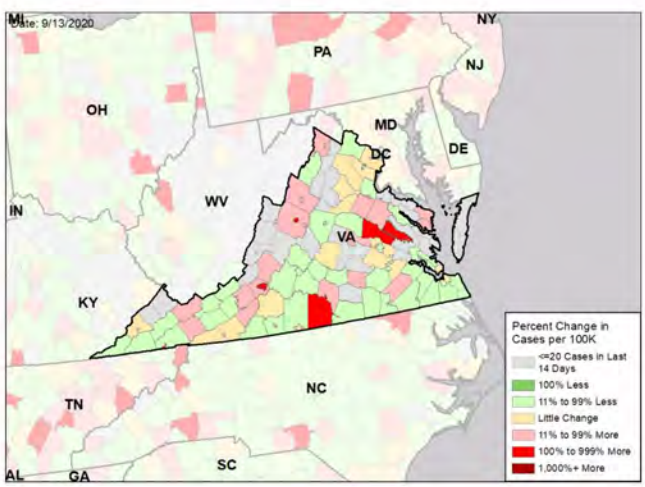
NEW CASES PER 100,000 DURING THE LAST WEEK



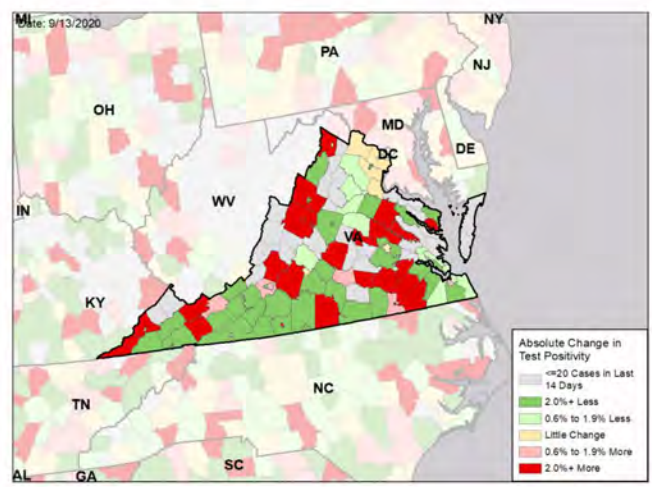
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

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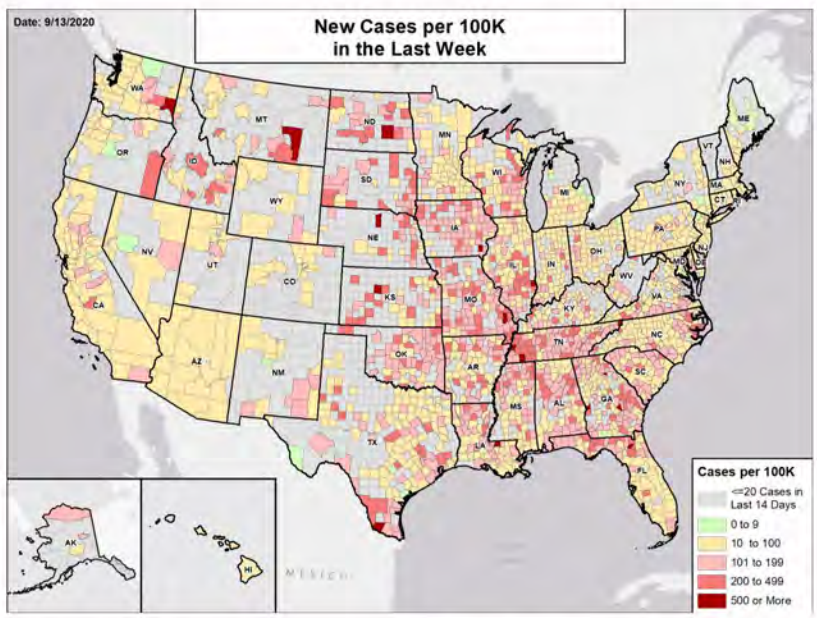
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020. Last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

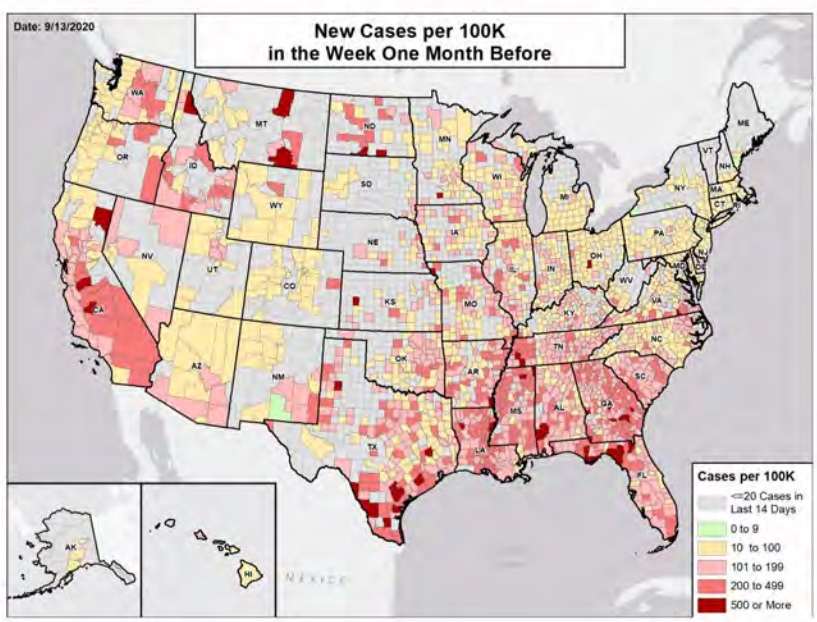
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

National Picture

NEW CASES PER 100,000 LAST WEEK



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



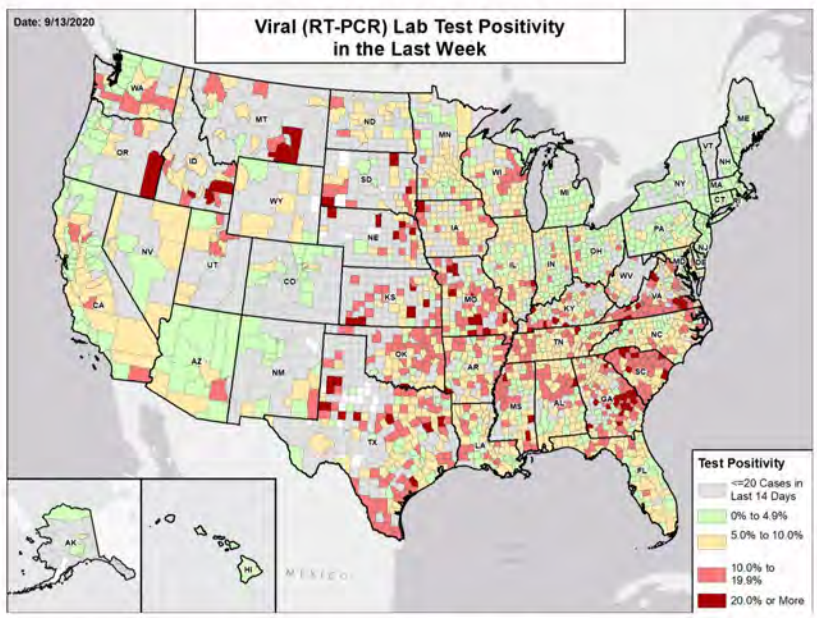
DATA SOURCES

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

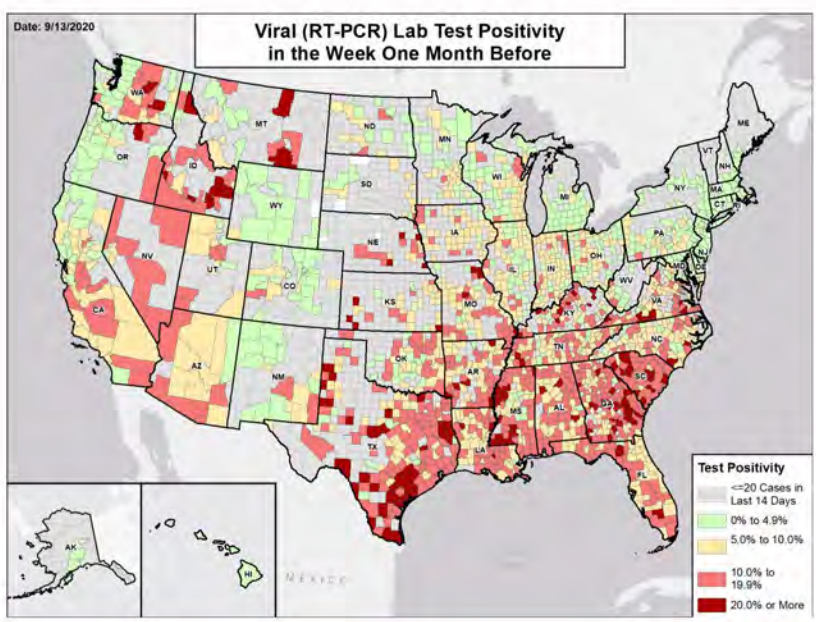
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
- **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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.

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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 37th 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 continued to reported decreases in cases for another week; however, a belt of high incidence and high test positivity counties remain in eastern Washington (especially Whitman, Adams, Grant, and Douglas). The following three counties had the highest number of new cases over the last 3 weeks: 1. King County, 2. Clark County, and 3. Pierce County. These counties represent 41.0% of new cases in Washington.
- Whitman County, the home of Washington State University, continues to report very high case counts. More than 600 cases among college-aged adults were reported in the 12 days ending on Sep 10.
- 33% of all counties in Washington 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 31 - Sep 6, 6% of nursing homes had at least one new resident COVID-19 case, 11% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death.
- Washington had 36 new cases per 100,000 population in the last week, compared to a national average of 74 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 94 to support operations activities from FEMA; 3 to support operations activities from ASPR; and 21 to support operations activities from USCG.
- Between Sep 5 - Sep 11, on average, 21 patients with confirmed COVID-19 and 105 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Washington. An average of 90% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Develop a plan to increase surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- Recommendations for institutions of higher education (IHE) are repeated this week given the concerning trends nationally and the need to intensify efforts to control COVID-19 at IHE. The ongoing efforts to learn from the WSU experience are noted and commended.
- 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.
- University students with or exposed to COVID-19 must have access to isolation, quarantine, and care sites on or near campus and should not be returned home to multigenerational households where additional transmission could occur. To safely allow for some to quarantine at home, some universities use case managers to ensure that students don't have coronavirus-vulnerable people living at home, do have safe places to stay away from others, and don't need to take flights or other public transportation to get home before release for home quarantine; this is a best practice.
- 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 must work with various student leaders and campus media to support compliance with recommendations.
- 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.
- Consider utilizing focused wastewater surveillance at IHE to detect cases early and direct diagnostic testing and public health interventions, as is being piloted at multiple universities in other states.
- 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.
- Support local authorities in outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy as well as other limitations on student patronage; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus events.
- Support a uniform case-reporting process for IHE and reporting of this data on public-facing dashboards.
- 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

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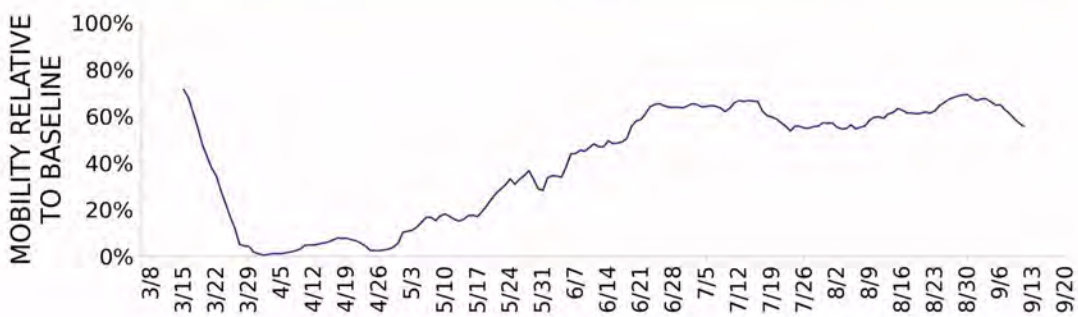
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	2,772 (36)	-11.1%	6,320 (44)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.0%	+0.2%*	4.0%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	61,146** (803)	-17.1%**	140,103** (976)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	41 (1)	-18.0%	98 (1)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	6% (11%)	+2%* (+4%*)	5% (13%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	+1%*	2%	4%

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

WASHINGTON

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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**	Pullman Moses Lake Othello	**7**	Spokane-Spokane Valley Kennewick-Richland Yakima Wenatchee Aberdeen Centralia Shelton
COUNTY LAST WEEK	**3**	Whitman Grant Adams	**10**	Spokane Yakima Benton Franklin Chelan Grays Harbor Douglas Lewis Mason Pacific

*** 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: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/9/2020. Last week is 9/3 - 9/9.

WASHINGTON

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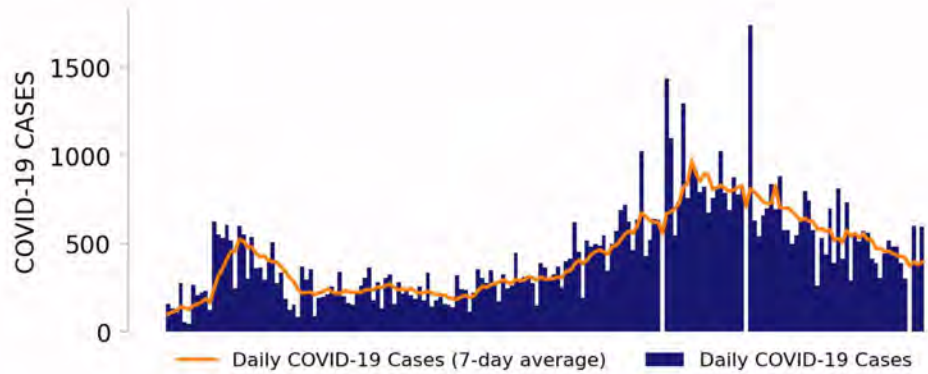
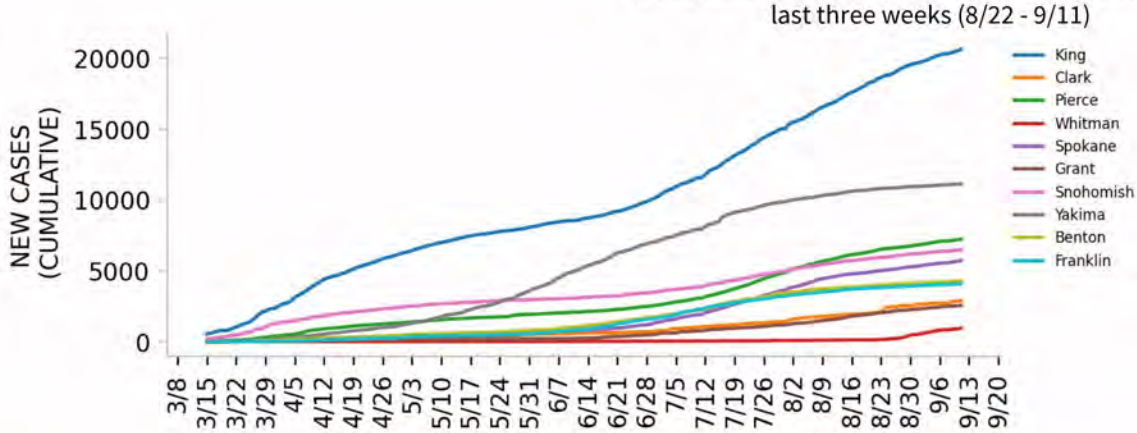
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



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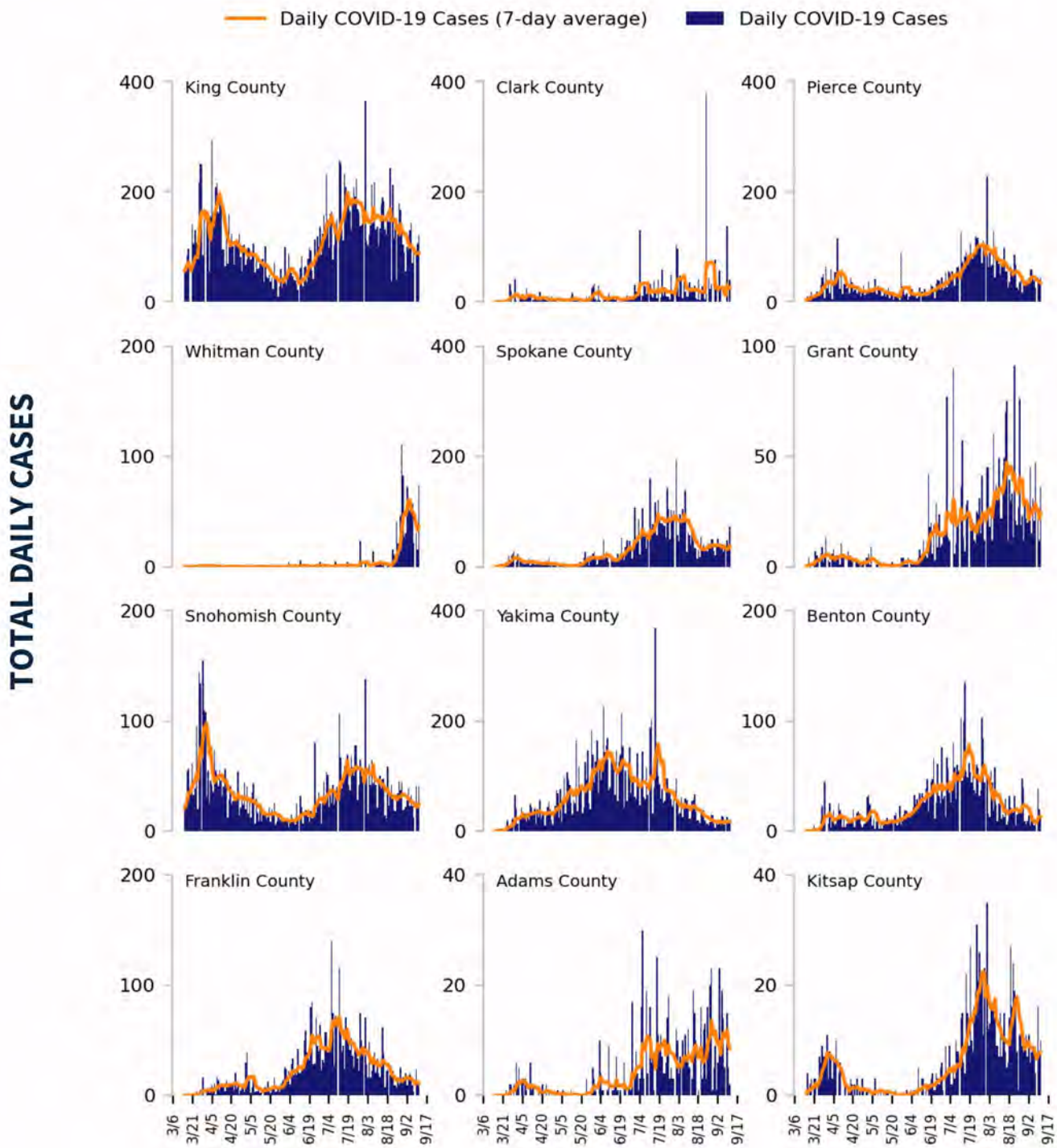
Top 12 counties based on number of new cases in the last 3 weeks



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WASHINGTON

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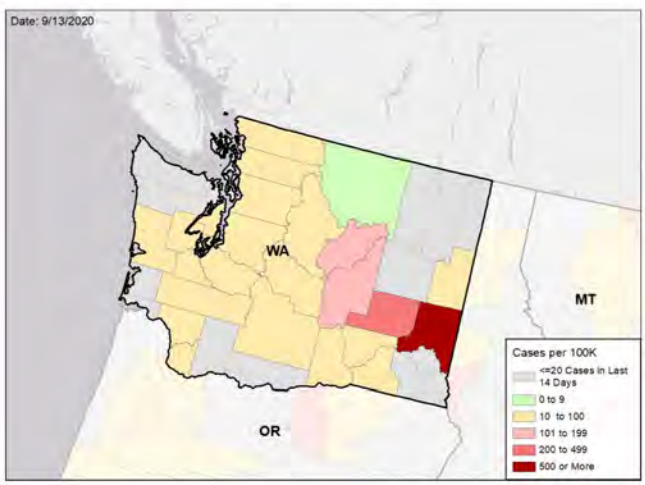
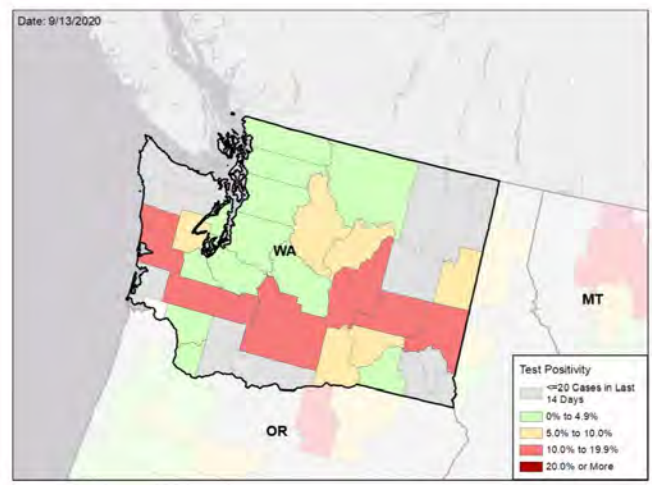
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

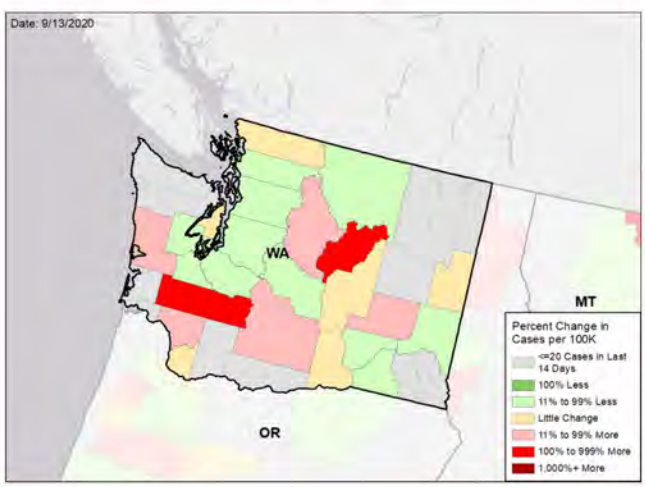
NEW CASES PER 100,000 DURING THE LAST WEEK



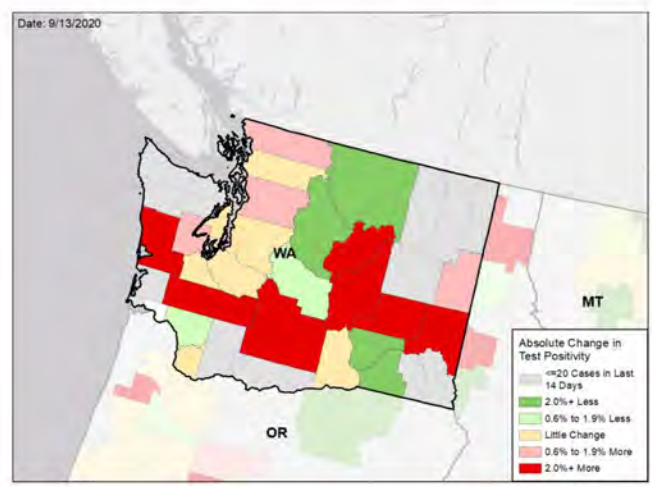
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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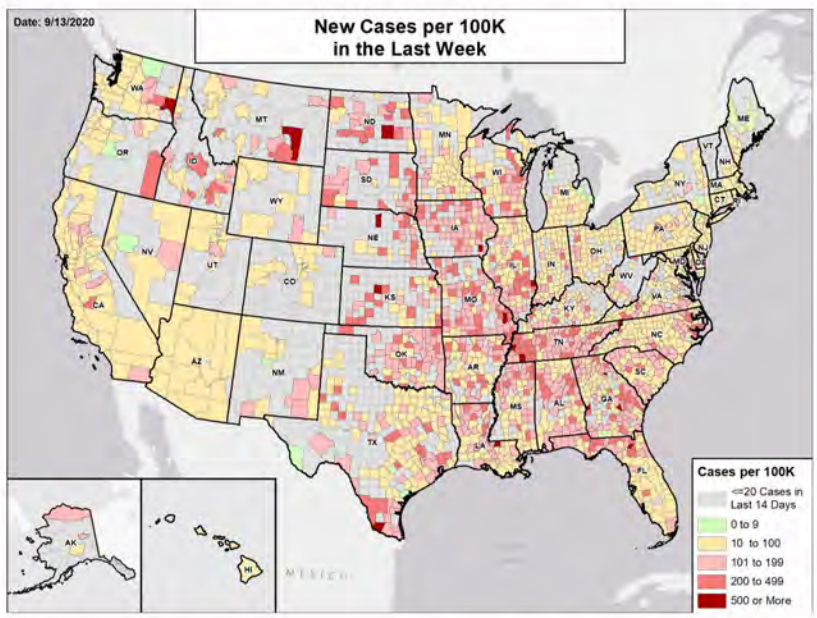
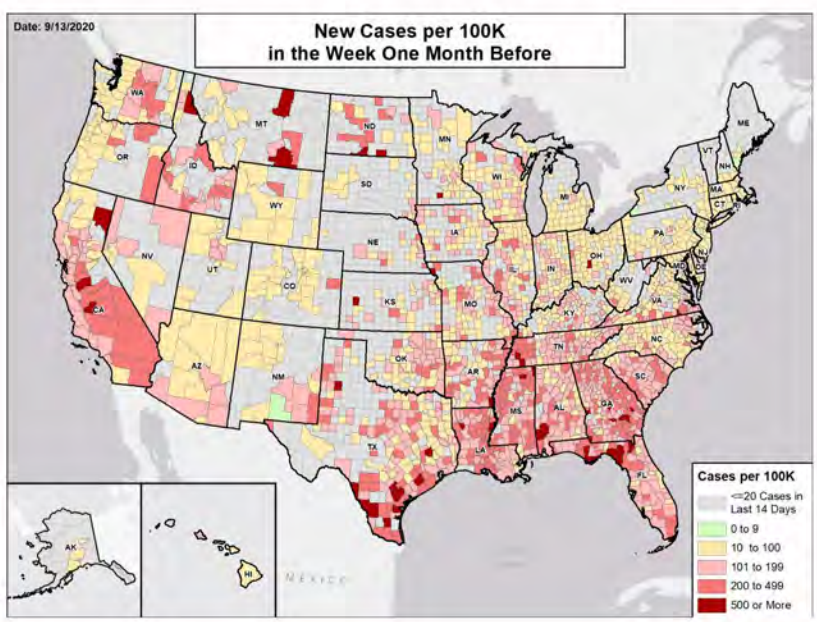
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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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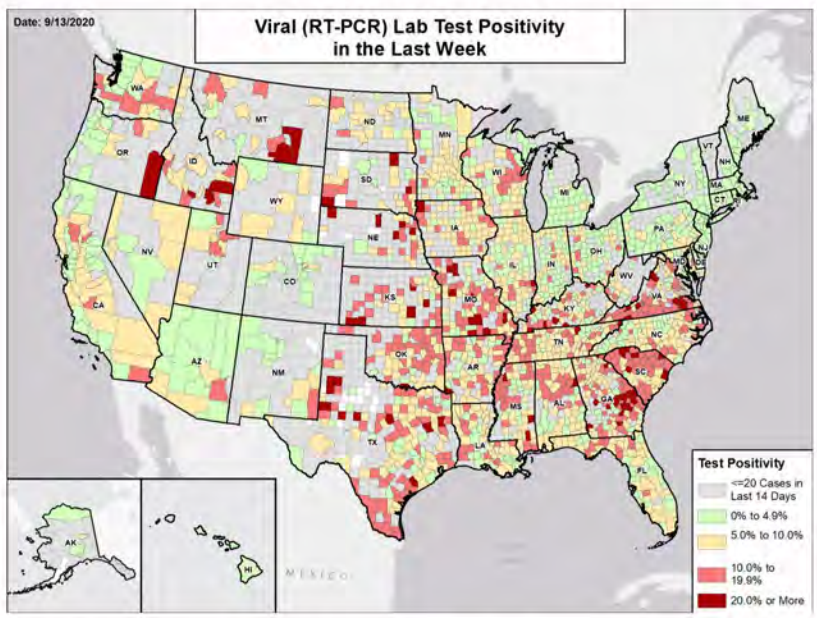
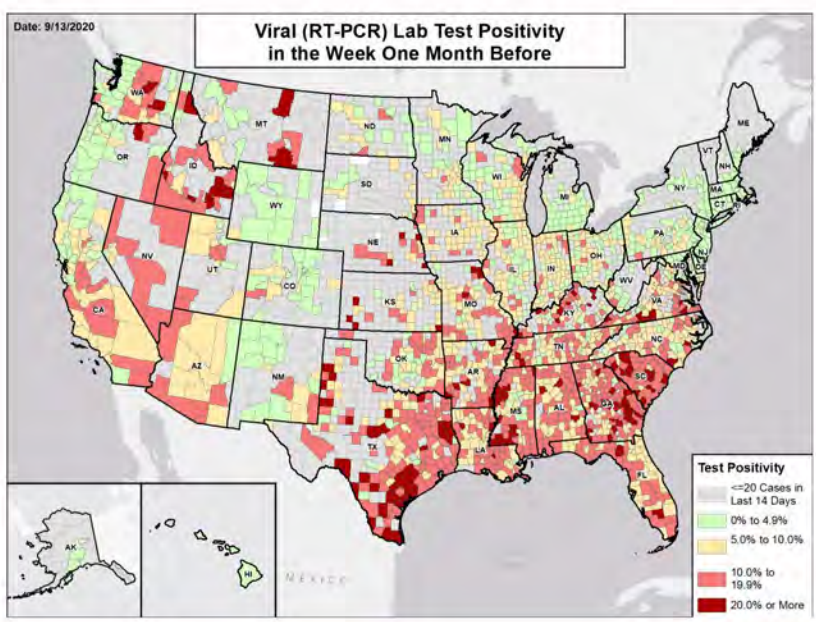
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
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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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.

STATE REPORT
09.13.2020

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 32nd highest rate in the country. West Virginia is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 27th highest rate in the country.
- West Virginia has seen stability in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Kanawha County, 2. Monongalia County, and 3. Fayette County. These counties represent 47.1% of new cases in West Virginia.
- 31% of all counties in West Virginia 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 31 - Sep 6, 6% of nursing homes had at least one new resident COVID-19 case, 13% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- West Virginia had 63 new cases per 100,000 population in the last week, compared to a national average of 74 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; 5 to support epidemiology activities from CDC; and 27 to support operations activities from USCG.
- Between Sep 5 - Sep 11, on average, 12 patients with confirmed COVID-19 and 39 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

- Applaud West Virginians for their mask usage and all their efforts to decrease the spread of COVID-19.
- Work with local communities to increase understanding of and compliance with mitigation efforts.
- In areas with ongoing high levels of transmission (red and yellow zones), use standard metrics to determine school learning options and capacity limits for bars and indoor dining.
- Develop a plan for increased surveillance of silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- In university settings, use wastewater surveillance across campus to identify areas with high viral load for targeted testing. Work with student leaders, including Greek organizations, to establish effective testing strategies to find cases early, prevent spread, and keep students on campus.
- 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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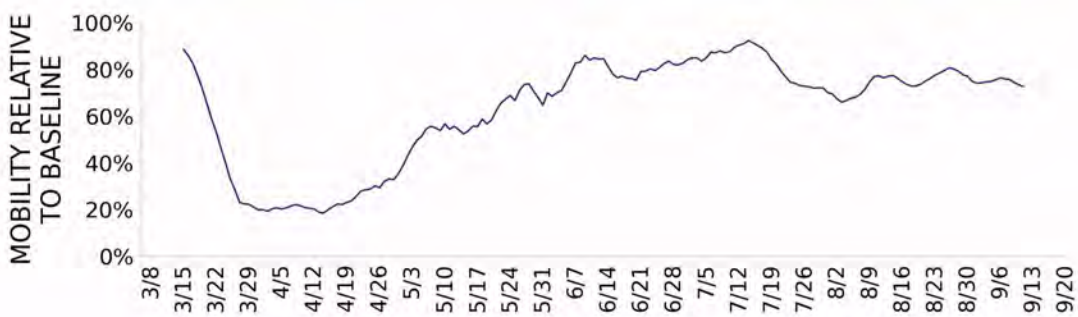
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	1,136 (63)	-6.3%	18,225 (59)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.6%	+0.3%*	5.6%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	27,630** (1,542)	-13.2%**	454,039** (1,472)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	22 (1)	-47.6%	221 (1)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	6% (13%)	+0%* (+2%*)	9% (14%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+3%*	4%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

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	**1**	Morgantown	**6**	Charleston Huntington-Ashland Mount Gay-Shamrock Bluefield Washington-Arlington-Alexandria Parkersburg-Vienna
COUNTY LAST WEEK	**2**	Monongalia Monroe	**15**	Kanawha Fayette Putnam Logan Berkeley Jefferson Mingo Wayne Boone Jackson Wood Ohio

All Yellow Counties: Kanawha, Fayette, Putnam, Logan, Berkeley, Jefferson, Mingo, Wayne, Boone, Jackson, Wood, Ohio, Hancock, Upshur, Pocahontas

*** 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 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

WEST VIRGINIA

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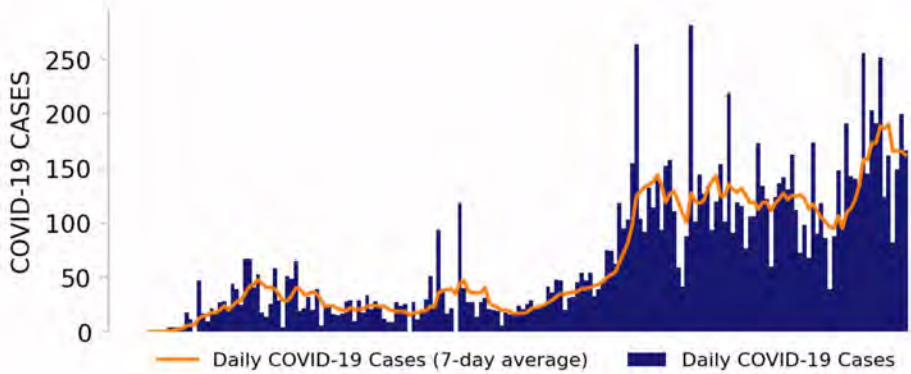
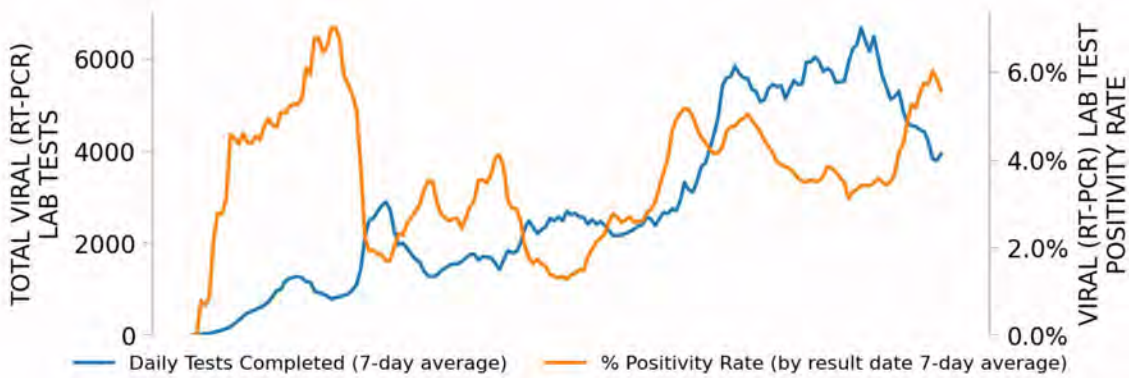
NEW CASES

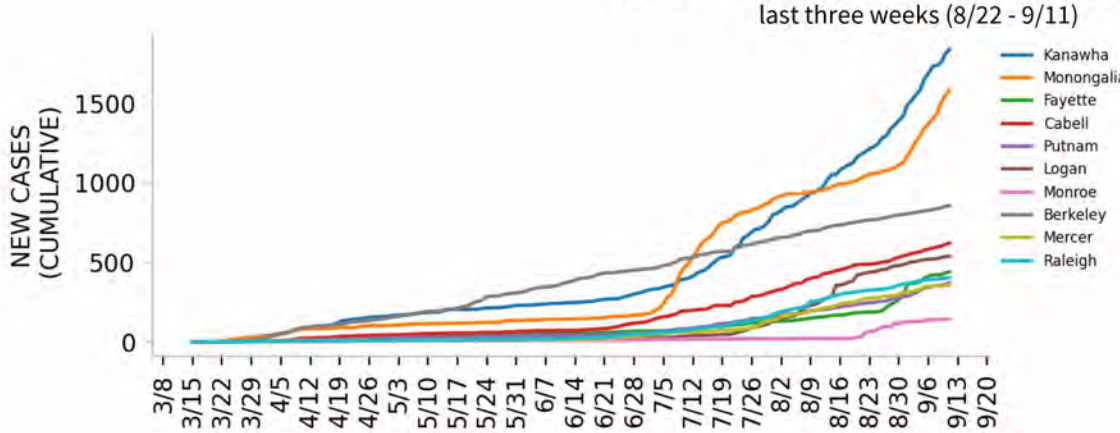


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



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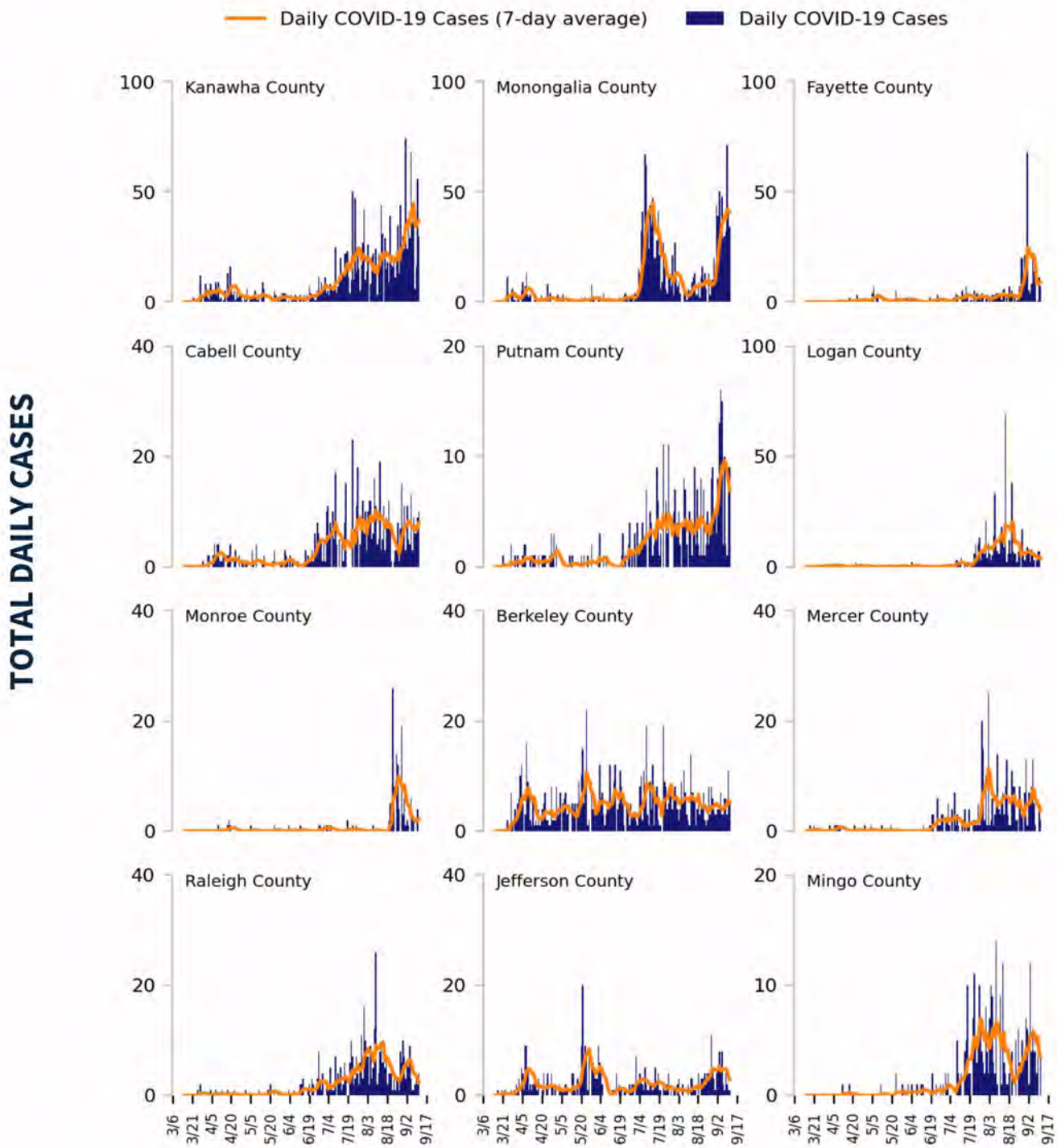
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020.

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



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WEST VIRGINIA

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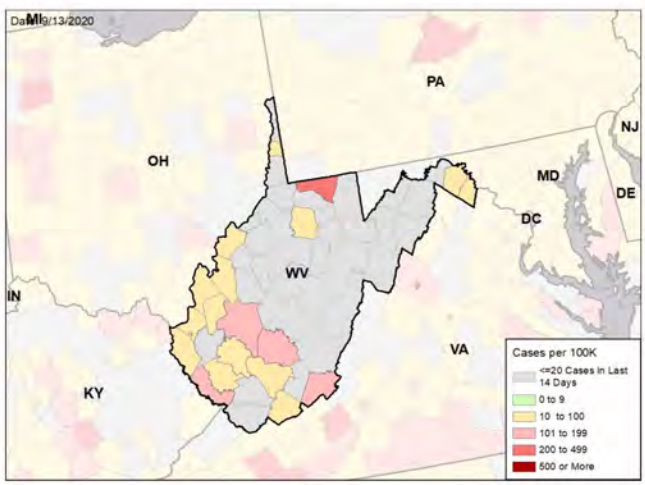
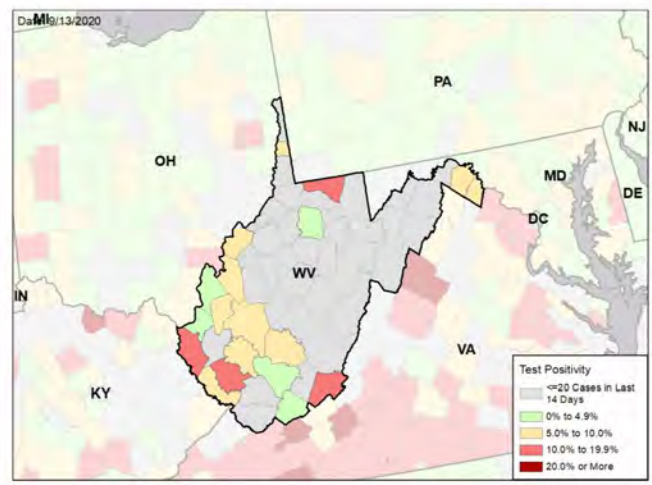
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

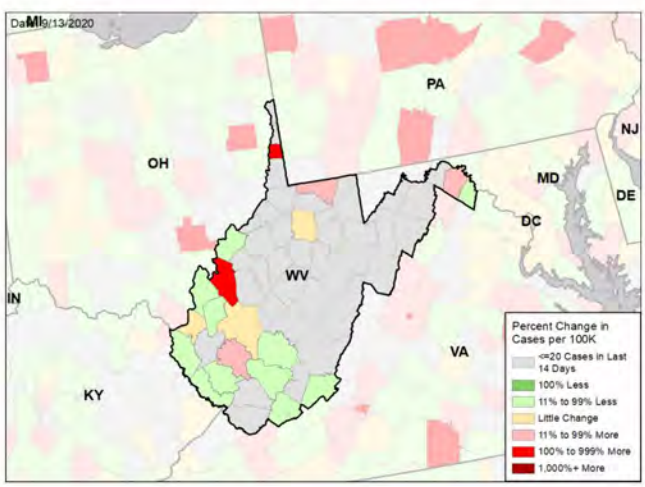
NEW CASES PER 100,000 DURING THE LAST WEEK



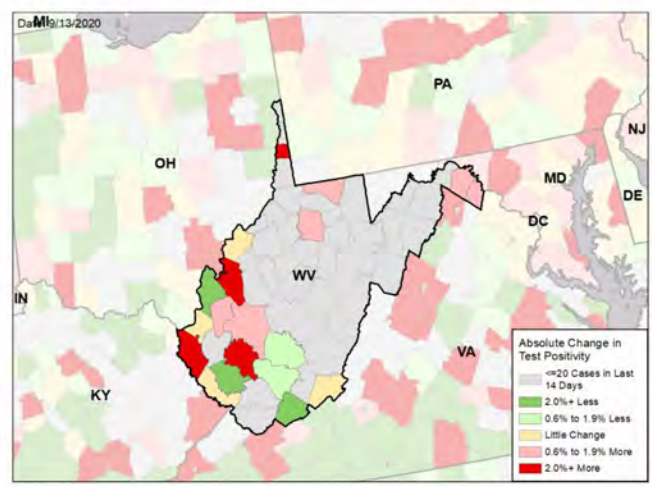
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



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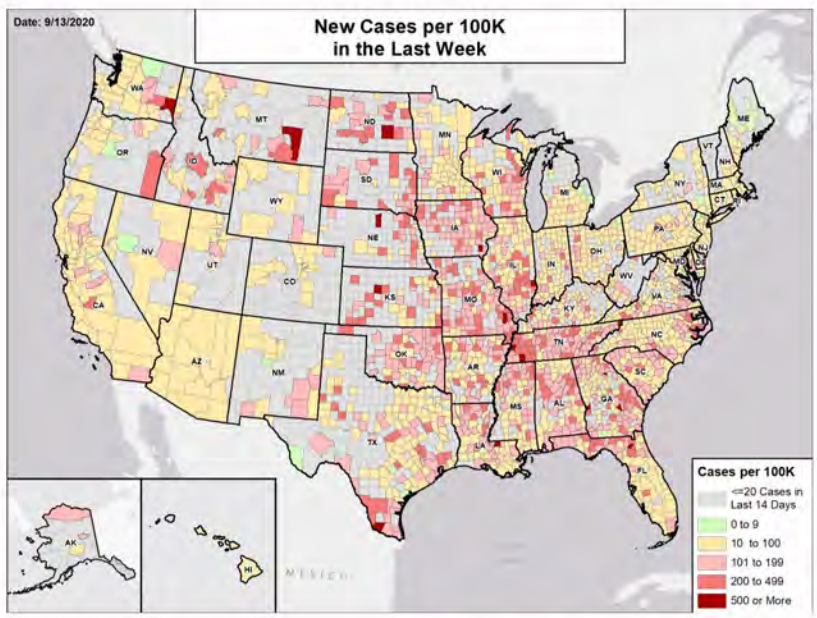
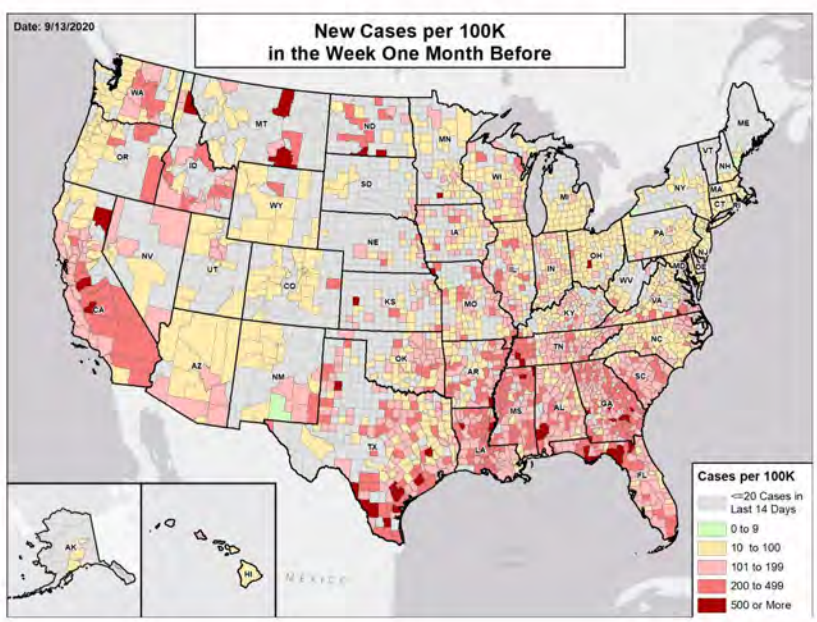
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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

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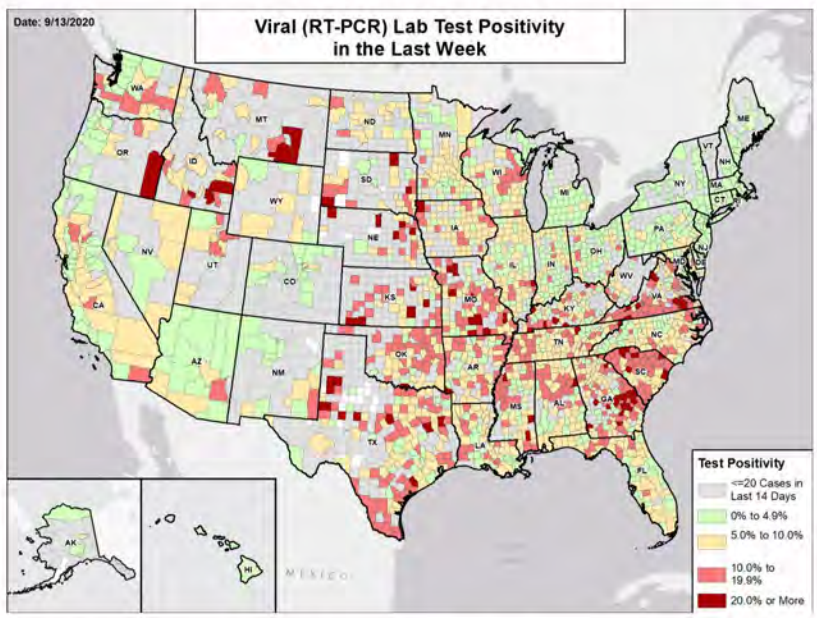

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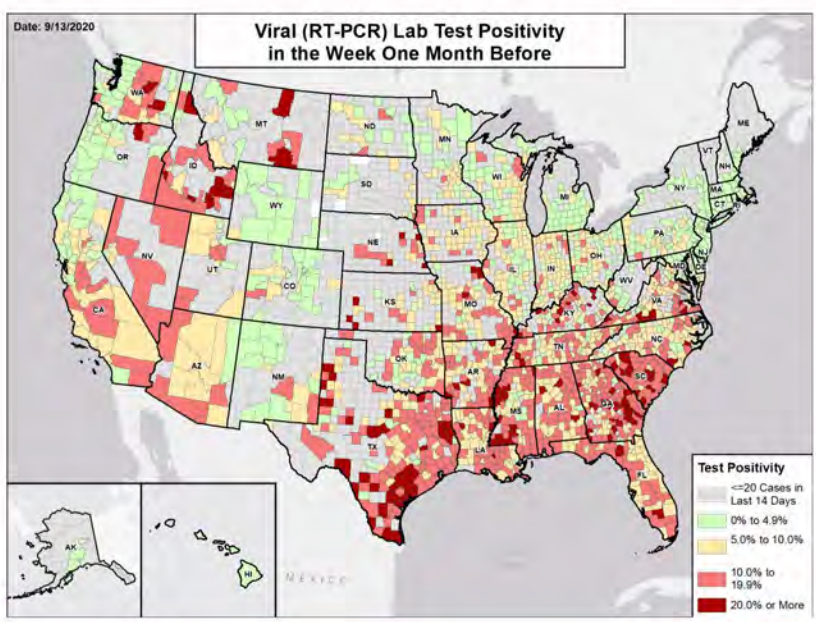

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STATE REPORT
09.13.2020

WISCONSIN

SUMMARY

- Wisconsin 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. Wisconsin is in the yellow zone for test positivity, indicating a rate between 5% and 10%, with the 20th highest rate in the country.
- Wisconsin has seen an increase in new cases and an increase in test positivity over the last week.
- Virus transmission is seen in all areas of the state, with most counties in the eastern half of the state reporting more than 100 cases per 100,000 population and many reporting increasing test positivity rates. The following three counties had the highest number of new cases over the last 3 weeks: 1. Milwaukee County, 2. Dane County, and 3. Brown County. These counties represent 35.3% of new cases in Wisconsin.
- While some major urban counties (Milwaukee and Waukesha) continued to reported declines in cases, Dane County, home to University of Wisconsin, reported more than 1,400 cases last week, a greater than 200% increase. 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 1,200 identified during the week ending September 12 in testing conducted both on and off campus. UW-Madison has put 22 fraternity and sorority chapter houses and two large dormitories in quarantine after high rates were detected; large social gatherings had been held at houses despite university rules prohibiting them.
- 64% of all counties in Wisconsin 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 31 - Sep 6, 2% of nursing homes had at least one new resident COVID-19 case, 10% had at least one new staff COVID-19 case, and 1% had at least one new resident COVID-19 death.
- Wisconsin had 118 new cases per 100,000 population in the last week, compared to a national average of 74 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 9 to support operations activities from FEMA; 1 to support testing activities from CDC; 4 to support epidemiology activities from CDC; and 1 to support operations activities from USCG.
- Between Sep 5 - Sep 11, on average, 67 patients with confirmed COVID-19 and 84 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

- Develop a plan to increase surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- Recommendations for institutions of higher education (IHE) are repeated this week given the concerning trends nationally and the need to intensify efforts to control COVID-19 at IHE. The ongoing efforts to learn from the UW experience are noted and commended.
- 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.
- University students with or exposed to COVID-19 must have access to isolation, quarantine, and care sites on or near campus and should not be returned home to multigenerational households where additional transmission could occur. To safely allow for some to quarantine at home, some universities use case managers to ensure that students don't have coronavirus-vulnerable people living at home, do have safe places to stay away from others, and don't need to take flights or other public transportation to get home before release for home quarantine; this is a best practice.
- 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 must work with various student leaders and campus media to support compliance with recommendations.
- 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.
- Consider utilizing focused wastewater surveillance at IHE to detect cases early and direct diagnostic testing and public health interventions, as is being piloted at multiple universities in other states. Given that UW-Madison has initiated a surveillance project, consider piloting the use of several rounds of testing with rapid turnaround (antigen or PCR) for students in quarantined residences, followed by targeted wastewater surveillance to confirm maintenance of COVID-free status.
- 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.
- Support local authorities in outreach to restaurant and bar business owners in college communities regarding enforcement of masking and limitations on occupancy as well as other limitations on student patronage; encourage local ordinances in these communities to allow enforcement of social distancing and mask mandates for off-campus events.
- Support a uniform case-reporting process for IHE and reporting of this data on public-facing dashboards.
- 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 REPORT | 09.13.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	6,899 (118)	+28.4%	41,661 (79)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.7%	+0.9%*	5.0%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	128,292** (2,203)	+3.8%**	979,317** (1,864)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	45 (1)	+15.4%	556 (1)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	2% (10%)	-1%* (-3%*)	7% (16%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	+0%*	3%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**6**	Green Bay Appleton Eau Claire Whitewater Stevens Point Shawano	**17**	Milwaukee-Waukesha Madison Oshkosh-Neenah Fond du Lac La Crosse-Onalaska Janesville-Beloit Beaver Dam Chicago-Naperville-Elgin Watertown-Fort Atkinson Manitowoc Minneapolis-St. Paul-Bloomington Wausau-Weston
COUNTY LAST WEEK	**13**	Brown Outagamie Walworth Eau Claire Portage Waupaca Oconto Shawano Waushara Kewaunee Forest Marquette	**33**	Milwaukee Dane Waukesha Winnebago Fond du Lac La Crosse Washington Rock Dodge Kenosha Jefferson Manitowoc

All Yellow CBSAs: Milwaukee-Waukesha, Madison, Oshkosh-Neenah, Fond du Lac, La Crosse-Onalaska, Janesville-Beloit, Beaver Dam, Chicago-Naperville-Elgin, Watertown-Fort Atkinson, Manitowoc, Minneapolis-St. Paul-Bloomington, Wausau-Weston, Wisconsin Rapids-Marshfield, Platteville, Menomonie, Duluth, Iron Mountain

All Red Counties: Brown, Outagamie, Walworth, Eau Claire, Portage, Waupaca, Oconto, Shawano, Waushara, Kewaunee, Forest, Marquette, Burnett

All Yellow Counties: Milwaukee, Dane, Waukesha, Winnebago, Fond du Lac, La Crosse, Washington, Rock, Dodge, Kenosha, Jefferson, Manitowoc, Calumet, Wood, Marathon, Grant, Chippewa, Juneau, Green, Dunn, Douglas, Oneida, Pierce, Adams, Green Lake, Door, Taylor, Vernon, Vilas, Buffalo, Crawford, Lincoln, Rusk

*** 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 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9.

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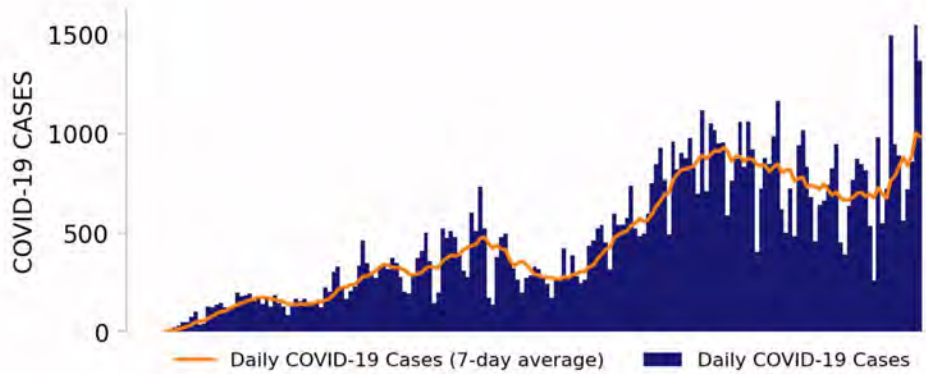
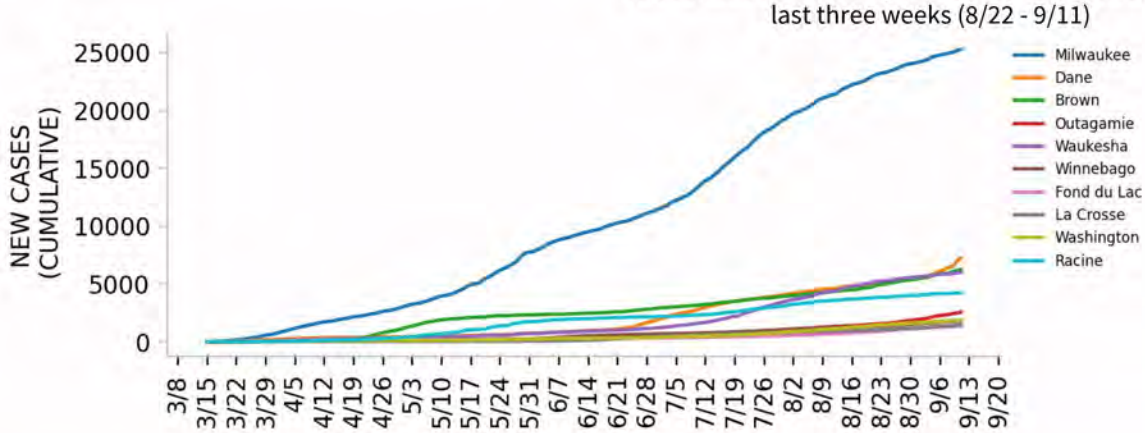
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



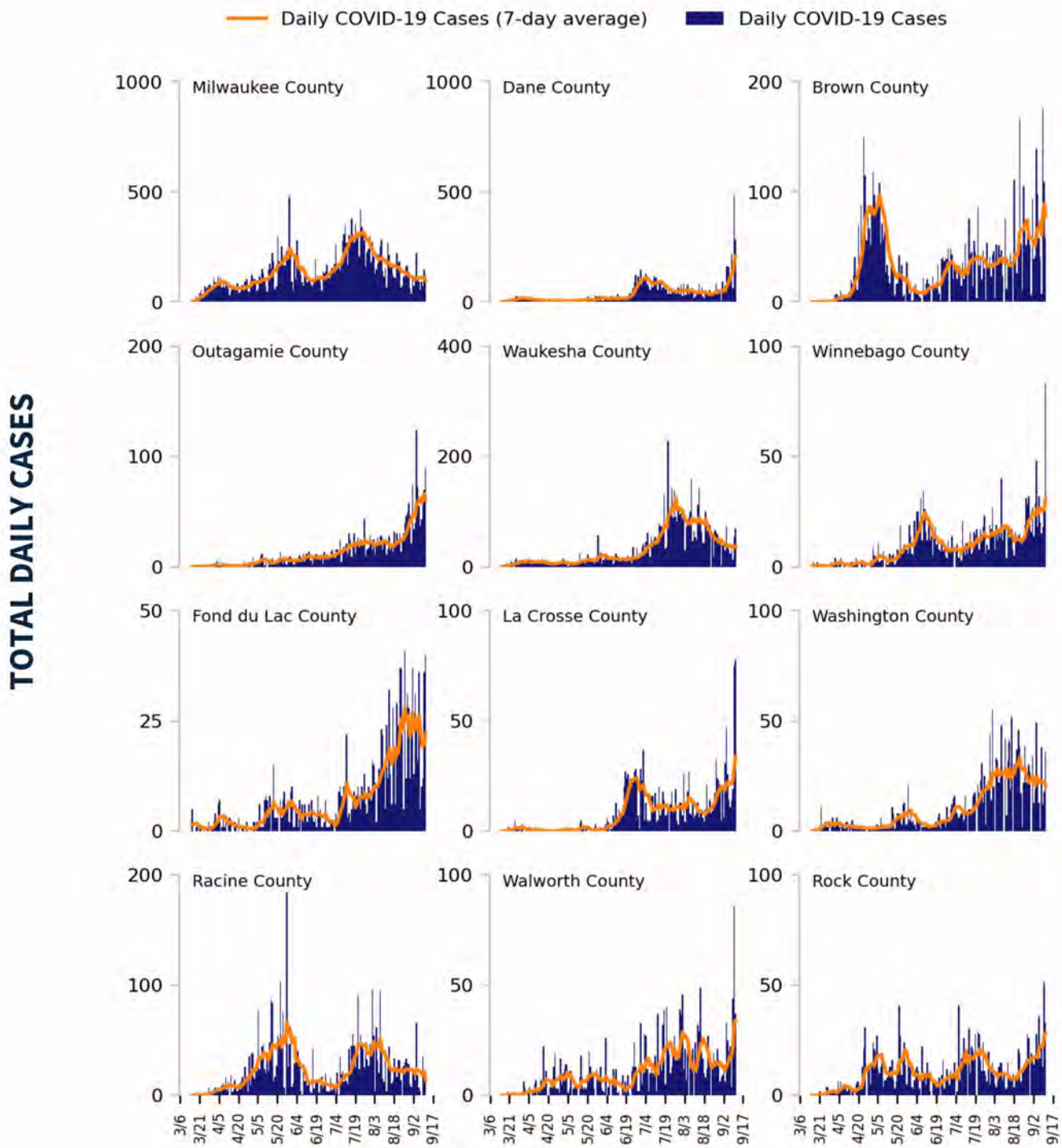
DATA SOURCES – Additional data details available under METHODS

Note: 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 9/11/2020.

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

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 9/11/2020. Last 3 weeks is 8/22 - 9/11.

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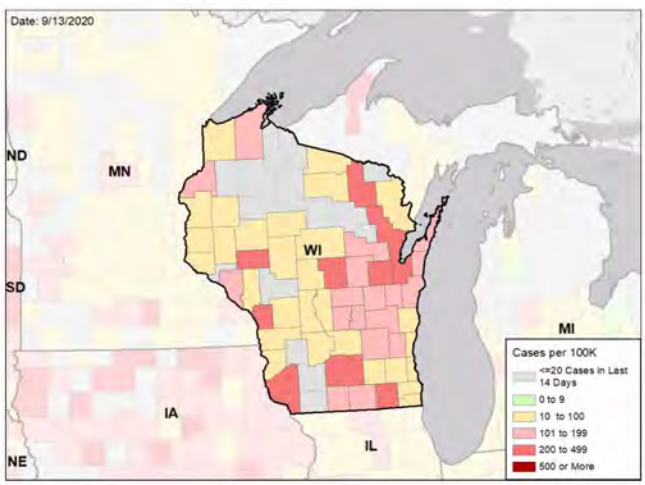
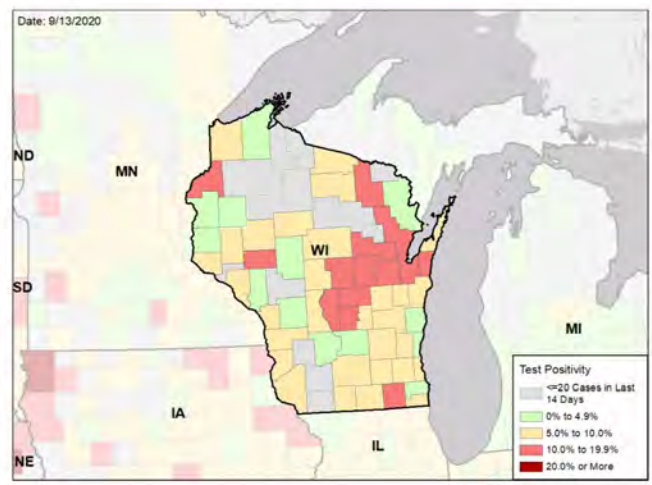
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

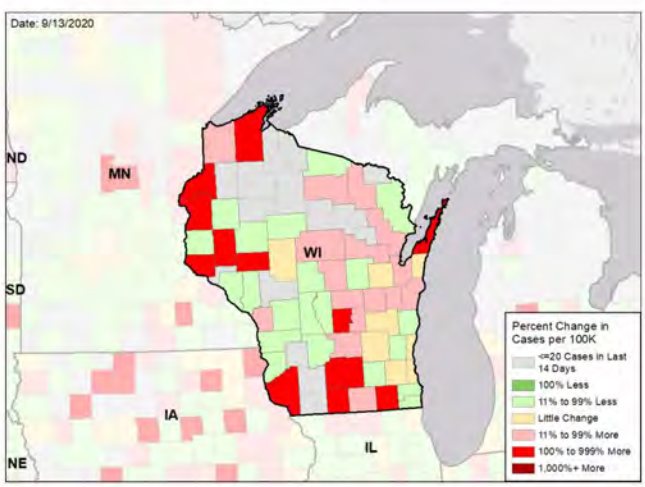
NEW CASES PER 100,000 DURING THE LAST WEEK



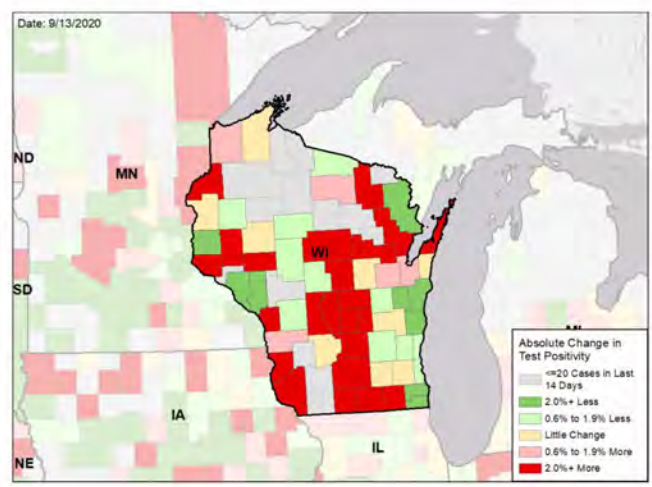
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

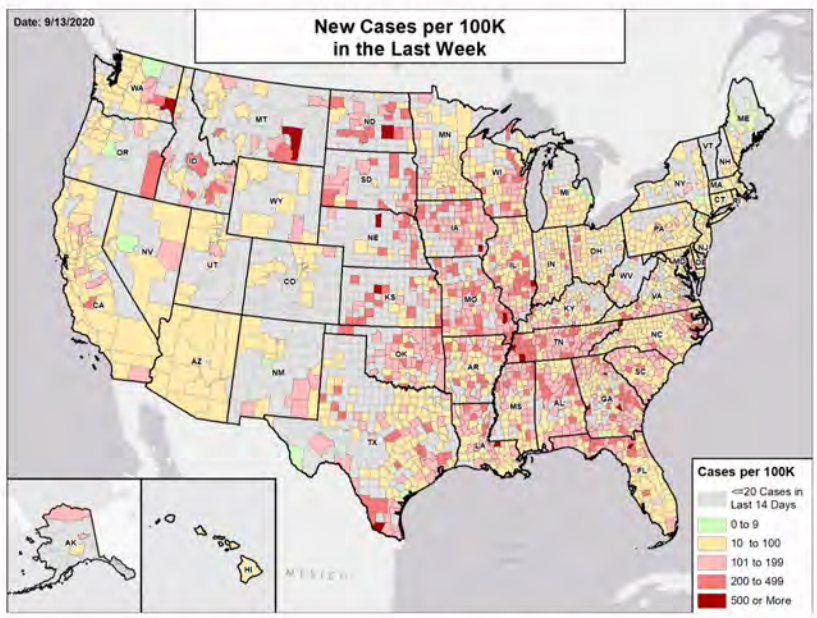
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/11/2020. Last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

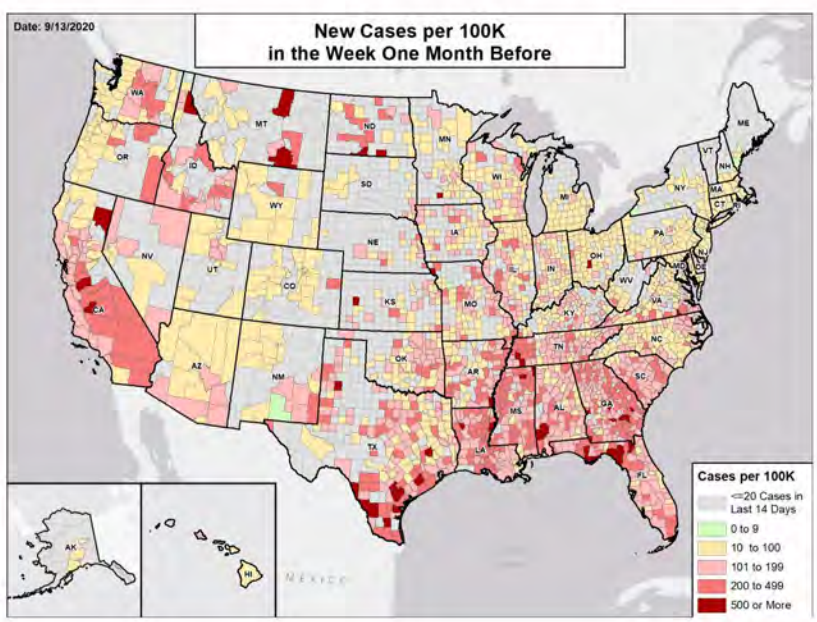
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

National Picture

NEW CASES PER 100,000 LAST WEEK



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



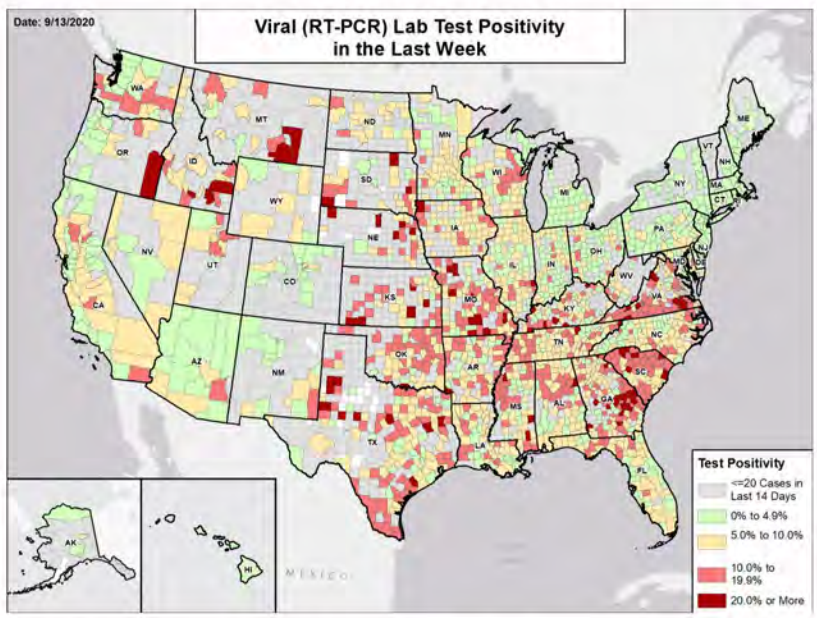
DATA SOURCES

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

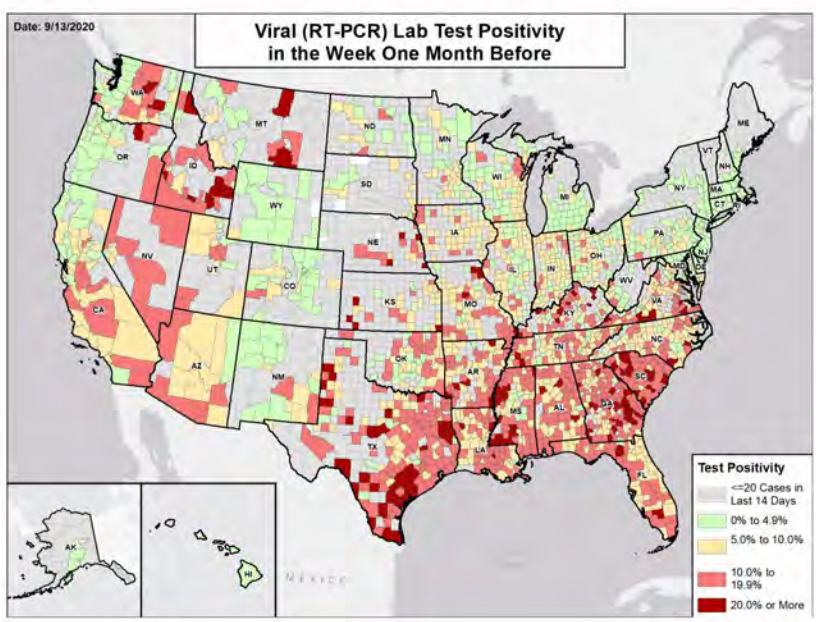
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
- **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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.

STATE REPORT
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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 37th highest rate in the country. Wyoming is in the green zone for test positivity, indicating a rate below 5%, with the 41st highest rate in the country.
- Wyoming has seen an increase in new cases and an increase in test positivity over the last week, especially in Laramie, Natrona, Sweetwater, Fremont, Albany, Teton, and Converse counties.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Albany County, 2. Natrona County, and 3. Sheridan County. These counties represent 35.5% of new cases in Wyoming.
- 26% of all counties in Wyoming have moderate levels of community transmission (yellow zone), with none having high levels of community transmission (red zone).
- During the week of Aug 31 - Sep 6, no nursing homes had at least one new resident COVID-19 case, 6% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death.
- Wyoming had 48 new cases per 100,000 population in the last week, compared to a national average of 74 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 Sep 5 - Sep 11, on average, 7 patients with confirmed COVID-19 and 23 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Wyoming. 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

- Slight increase in case rates and test positivity raise concern for a worsening of the epidemic, especially given apparent low county-level testing volumes; this signals a need to intensify messaging and mitigation efforts in communities where case rates are increasing and as institutes of higher education (IHE) are preparing to re-open.
- Continue to push for 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.
- Work transparently with local communities and opposition groups to review data, determine public health objectives, and to develop public health strategies and messages that focus on risks to vulnerable populations, personal and social responsibility, and interventions to lower risk. Ensure all messaging is conveyed in languages understood by target audiences.
- Testing is critical to understand and control the epidemic; continue efforts to enhance testing capacity by expanding public-private partnerships, increasing the staffing and work-hours 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.
- As they re-open, ensure all IHE have a plan for surge testing and isolation facilities for campus outbreaks (surge testing of 50-100% of the student body over a 14-day period with structured periodic surveillance thereafter and surge capacity to isolate up to 5-10% of student body). Case management services should ensure safe isolation on campus or safe release to family quarantine.
- Encourage or require strong mitigation efforts on campus, including masks and social distancing; de-densification of residences and classrooms; maximum ventilation adjustments in all buildings; creation of sheltered outside study and dining areas; and proactive and adaptive limits on bar patronage and student gatherings on and off campus.
- Local health departments should continue to work with IHE, student leaders, and campus media to support compliance with recommendations; repercussions for non-compliance should be clarified, widely promulgated, and enforced.
- Explore use of focused wastewater surveillance to detect cases early and to direct diagnostic testing and public health interventions.
- Recruit college and university students to expand contact tracing capacity.
- 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 that inspection surveys have been conducted in all long-term care facilities (LCTFs) with an initial case or 3 or more cases in the last week and ensure prompt corrective actions were taken.
- Develop a plan for increased surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. 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 as tests become available.
- Tribal Nations: Continue to promote social distancing and mask recommendations, especially as inter-tribal community events pick back up. Pooled testing should be used for multigenerational households. Spaces for quarantine of contacts and isolation of cases should be provided, along with food and necessary supplies 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.

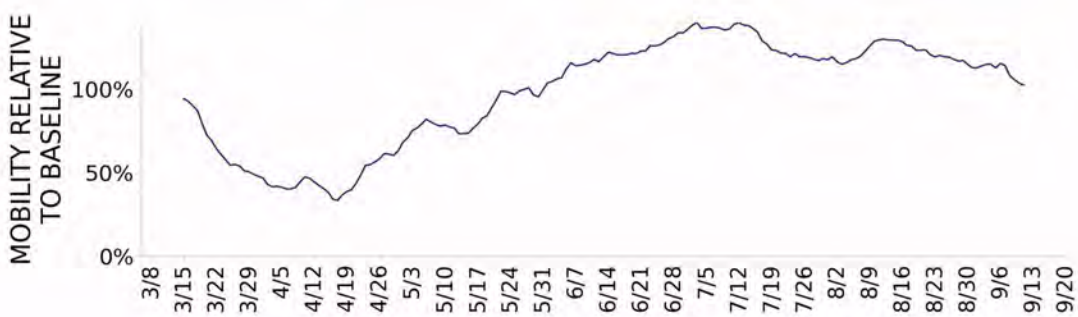
COVID-19

WYOMING

STATE REPORT | 09.13.2020

	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)	279 (48)	+26.2%	8,999 (73)	243,676 (74)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	2.5%	+0.8%*	6.1%	4.8%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	15,352** (2,653)	+233.2%**	173,989** (1,419)	4,966,365** (1,513)
COVID-19 DEATHS (RATE PER 100,000)	0 (0)	-100.0%	69 (1)	5,180 (2)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	0% (6%)	-3%* (+3%*)	6% (16%)	9% (18%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A	2%	4%

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 9/11/2020; last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

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 9/11/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 8/31-9/6, previous week is 8/24-8/30.

WYOMING

STATE REPORT | 09.13.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**0**	N/A	**5**	Laramie Casper Gillette Jackson Rock Springs
COUNTY LAST WEEK	**0**	N/A	**6**	Albany Natrona Teton Campbell Sweetwater Converse

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and lab test positivity result above 10%.
Yellow Zone: Those CBSAs and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a lab test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the "Red Zone."
Note: Lists of red and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
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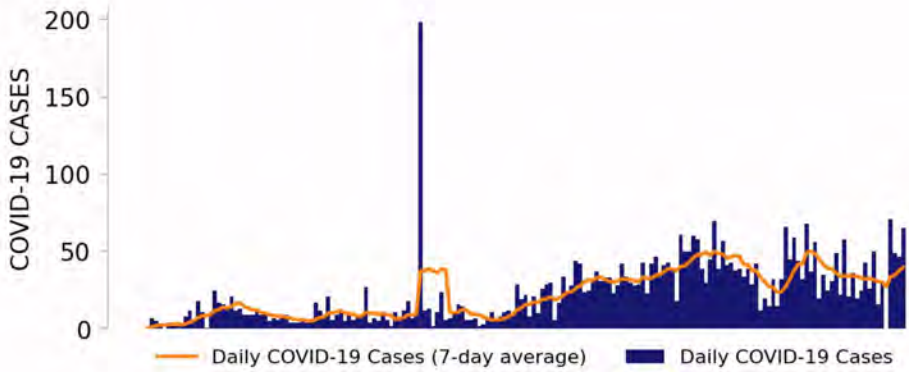
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 9/11/2020; last week is 9/5 - 9/11, three weeks is 8/22 - 9/11.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/9/2020. Last week is 9/3 - 9/9.

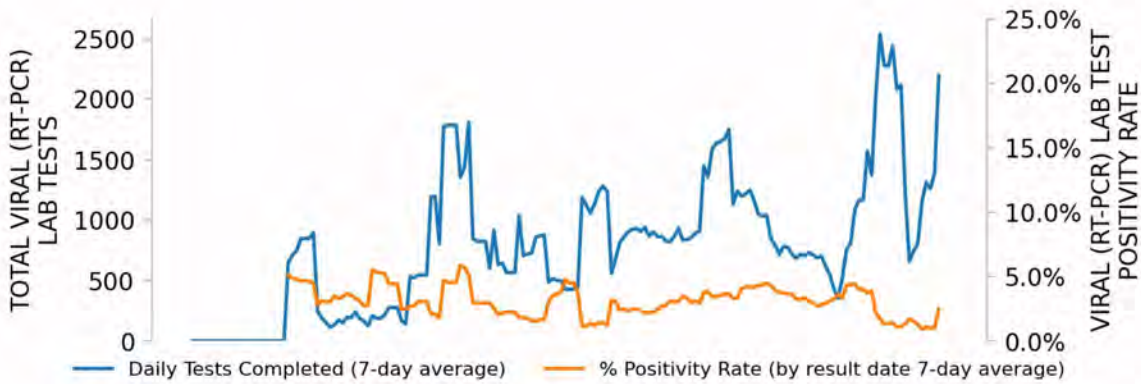
WYOMING

STATE REPORT | 09.13.2020

NEW CASES

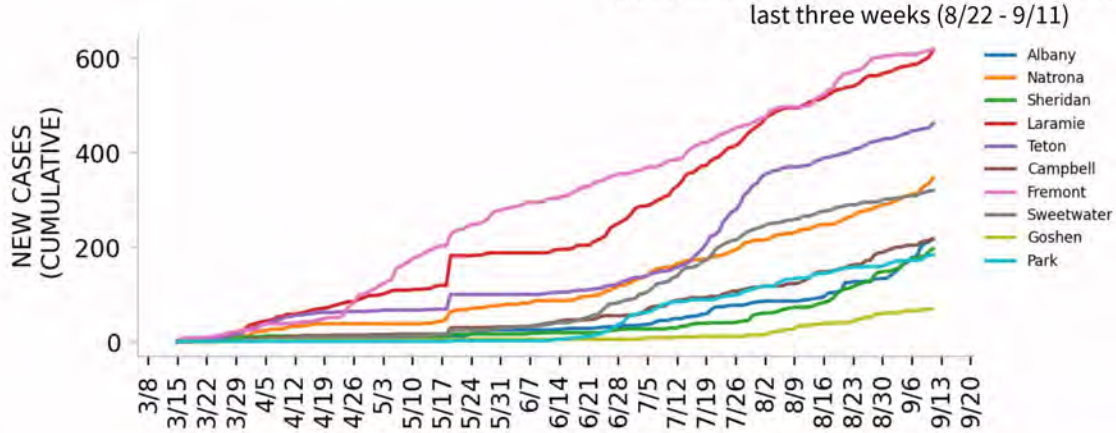


TESTING



TOP COUNTIES

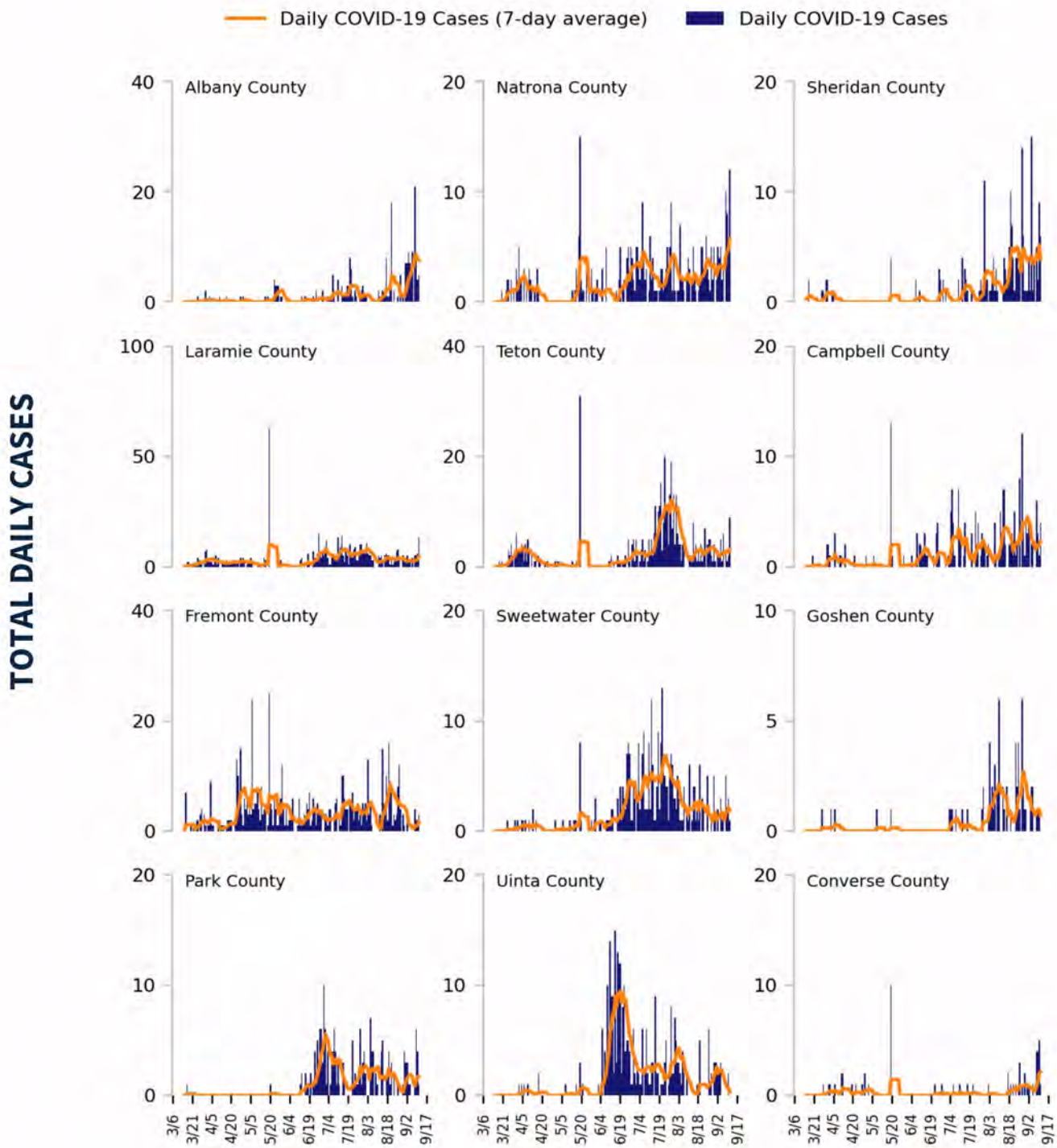
Top counties based on greatest number of new cases in last three weeks (8/22 - 9/11)



DATA SOURCES – Additional data details available under METHODS

Note: 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 9/11/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/9/2020.

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 9/11/2020. Last 3 weeks is 8/22 - 9/11.

WYOMING

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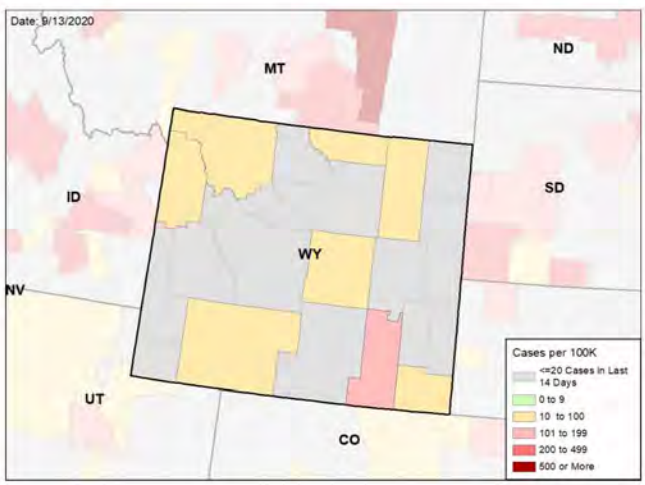
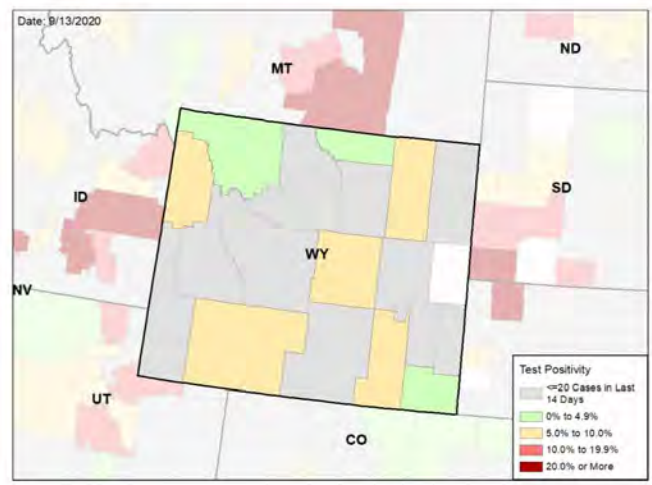
CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

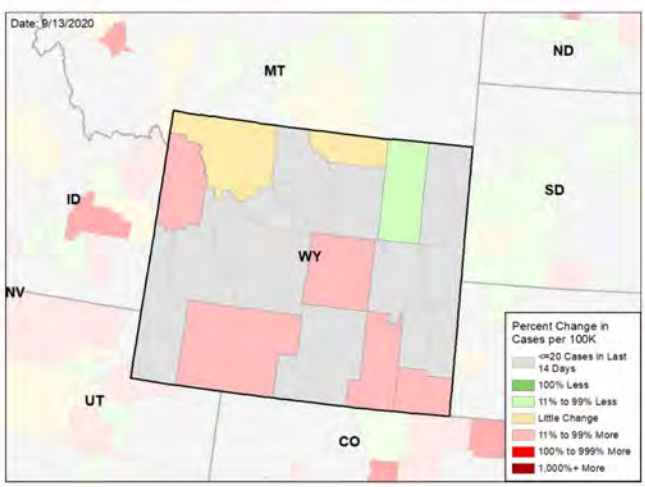
NEW CASES PER 100,000 DURING THE LAST WEEK



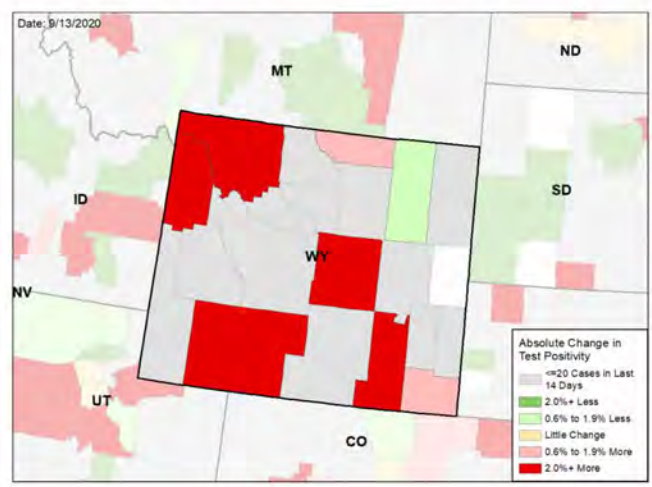
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100K



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



DATA SOURCES – Additional data details available under METHODS

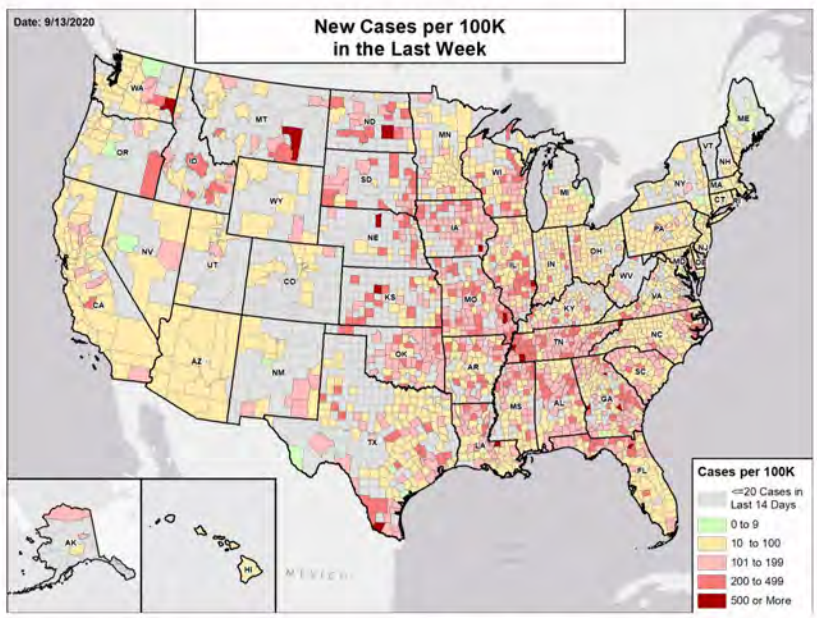
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 9/11/2020. Last week is 9/5 - 9/11, previous week is 8/29 - 9/4.

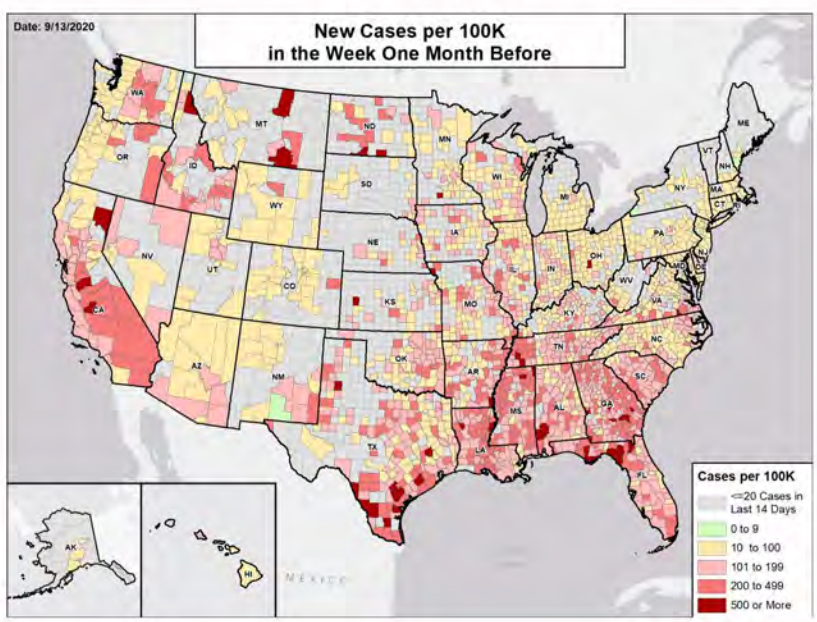
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/9/2020. Last week is 9/3 - 9/9, previous week is 8/27 - 9/2.

National Picture

NEW CASES PER 100,000 LAST WEEK



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



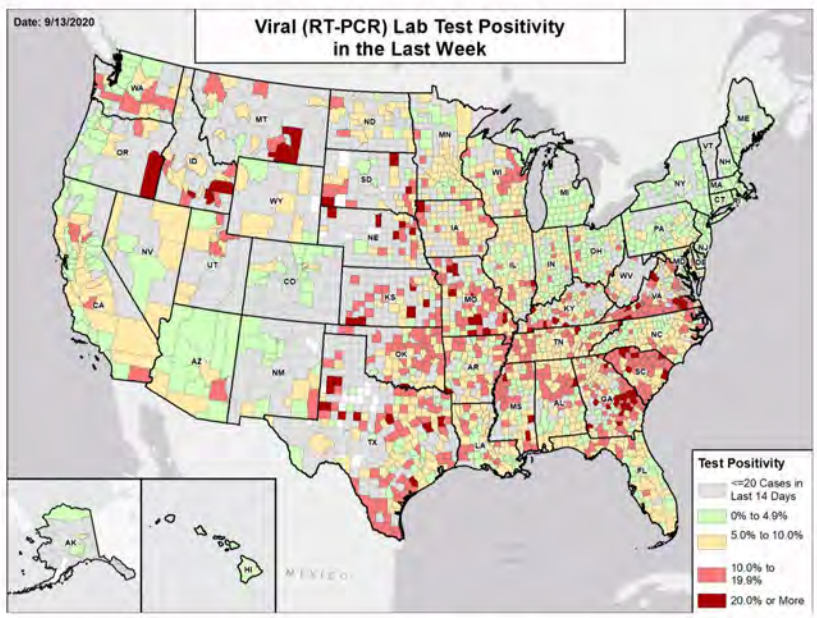
DATA SOURCES

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

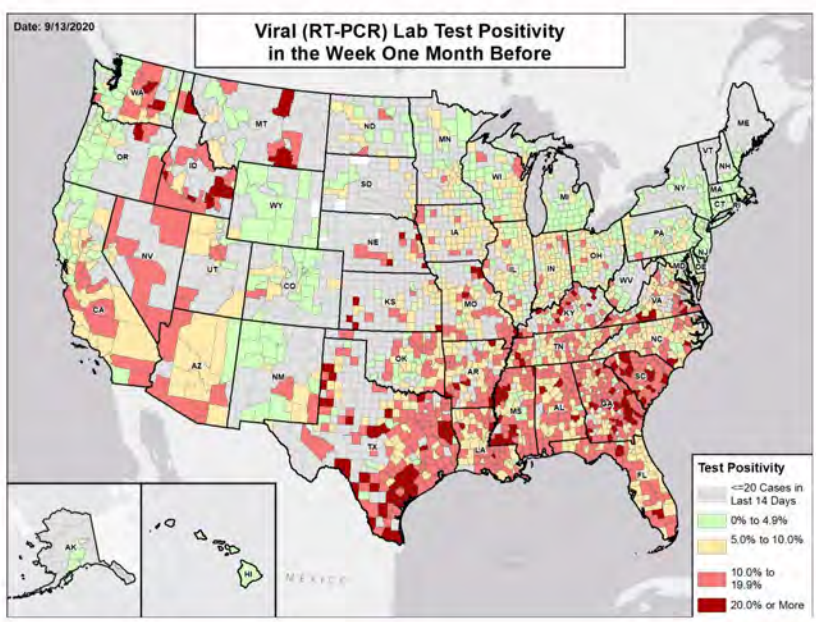
Cases: County-level data from USAFacts through 9/11/2020. Last week is 9/5 - 9/11; the week one month before is 8/8 - 8/14.

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 9/9/2020. Last week is 9/3 - 9/9; the week one month before is 8/6 - 8/12.

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 21:00 EDT on 09/13/2020. 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 9/5 to 9/11; previous week data are from 8/29 to 9/4; the week one month before data are from 8/8 to 8/14.
- **Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe 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 9/3 to 9/9; previous week data are from 8/27 to 9/2; the week one month before data are from 8/6 to 8/12. HHS Protect data is recent as of 12:00 EDT on 09/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 09/12/2020.
- **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 12:00 EDT on 09/13/2020 and is through 9/11/2020.
- **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 20:00 EDT on 09/13/2020.
- **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 8/31-9/6, previous week is 8/24-8/30.