ALABAMA

STATE REPORT | 08.09.2020

SUMMARY

- Alabama is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the red zone for test positivity, indicating a rate above 10%.
- Alabama has seen stability in new cases and a decrease in test positivity over the past week. These improvements are linked to the strong mitigation efforts that need to continue.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Jefferson County, 2. Mobile County, and 3. Madison County. These 3 counties only represent 30.9 percent of new cases in Alabama, as the epidemic is widespread across the state in rural and urban areas.
- CDC is deploying a school mitigation team to Alabama on 8/10 to work with the state to assess school safety in a COVID environment.
- Alabama had 216 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 38 to support operations activities from FEMA and 1 to support operations activities from USCG.
- Between Aug 01 - Aug 07, on average, 189 patients with confirmed COVID-19 and 144 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Alabama. An average of 90 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Applaud continuing the statewide mask mandate until the end of August, as a minimum.
- Close establishments where social distancing and mask use cannot occur, such as bars and nightclubs.
- Move to outdoor dining and limit indoor dining to less than 25% of normal capacity.
- Ask citizens to limit ALL social gatherings to 10 or fewer people; recreating spreading events through bar gatherings in homes will result in continued high cases and result in those with co-morbidities becoming infected.
- Encourage individuals that have participated in large social gatherings, birthday parties, and family gatherings to get tested.
- Continue messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Expand the protection of those in nursing home, assisted living, and long-term care facilities by ensuring access to rapid, facility-wide testing in response to a resident or staff member with COVID-19 and the isolation of all positive staff and residents. Ensure social distancing and universal face mask use. Immediately conduct infection control prevention surveys in all nursing homes with more than 3 cases in the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support routine testing.
- Continue the scale-up of testing, moving to community-led neighborhood testing. Work with local communities to implement and provide clear guidance for households that test positive, including on individual isolation procedures.
- Continue to enhance contact tracing and ensure the ability of cases and contacts to quarantine or isolate safely.
- Monitor testing data to identify additional sites of increased transmission and focus public health resources on zones of transmission.
- Ensure the state public health lab is fully staffed and running 24/7, utilizing all platforms.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

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

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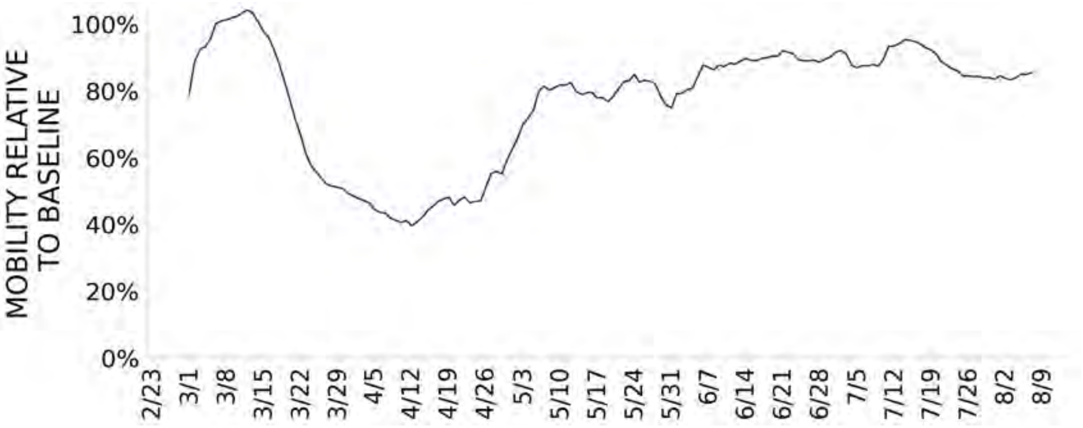
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	10,578 (216)	-9.6%	123,846 (185)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	13.7%	-1.8%*	12.2%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	84,114** (1,715)	-11.9%**	898,618** (1,343)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	155 (3)	+8.4%	2,438 (4)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	31.7%	-6.8%*	22.2%	12.1%

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

ALABAMA

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COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**24** **Top 12 shown (full list below)**	Birmingham-Hoover Mobile Montgomery Huntsville Daphne-Fairhope-Foley Tuscaloosa Anniston-Oxford Decatur Florence-Muscle Shoals Dothan Gadsden Albertville	**3**	Jasper Selma Eufaula
COUNTY LAST WEEK	**54** **Top 12 shown (full list below)**	Jefferson Mobile Madison Baldwin Montgomery Shelby Tuscaloosa Calhoun Etowah Marshall Lee Morgan	**11**	Covington Walker Dallas Marion Perry Clarke Winston Lamar Randolph Pickens Greene

All Red CBSAs: Birmingham-Hoover, Mobile, Montgomery, Huntsville, Daphne-Fairhope-Foley, Tuscaloosa, Anniston-Oxford, Decatur, Florence-Muscle Shoals, Dothan, Gadsden, Albertville, Auburn-Opelika, Talladega-Sylacauga, Fort Payne, Atmore, Cullman, Columbus, Scottsboro, Ozark, Enterprise, Alexander City, Troy, LaGrange
All Red Counties: Jefferson, Mobile, Madison, Baldwin, Montgomery, Shelby, Tuscaloosa, Calhoun, Etowah, Marshall, Lee, Morgan, Houston, Talladega, St. Clair, DeKalb, Elmore, Escambia, Limestone, Cullman, Russell, Colbert, Blount, Lauderdale, Jackson, Chilton, Dale, Autauga, Coffee, Franklin, Tallapoosa, Pike, Crenshaw, Lawrence, Bibb, Barbour, Marengo, Chambers, Clay, Monroe, Geneva, Washington, Cherokee, Conecuh, Butler, Fayette, Wilcox, Macon, Hale, Henry, Lowndes, Bullock, Cleburne, Coosa

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.
Yellow Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the "Red Zone."
Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

Testing

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

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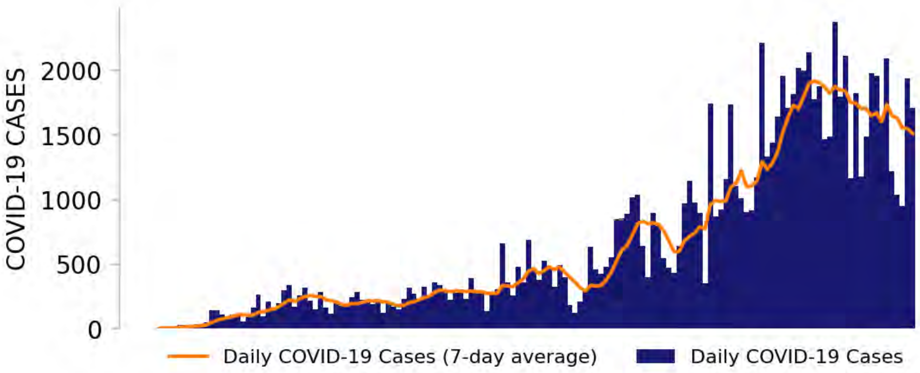
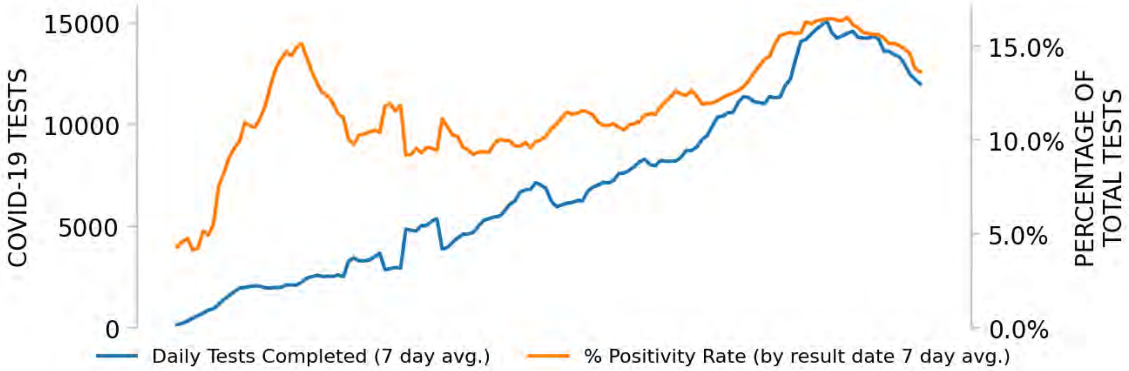
NEW CASES ▶

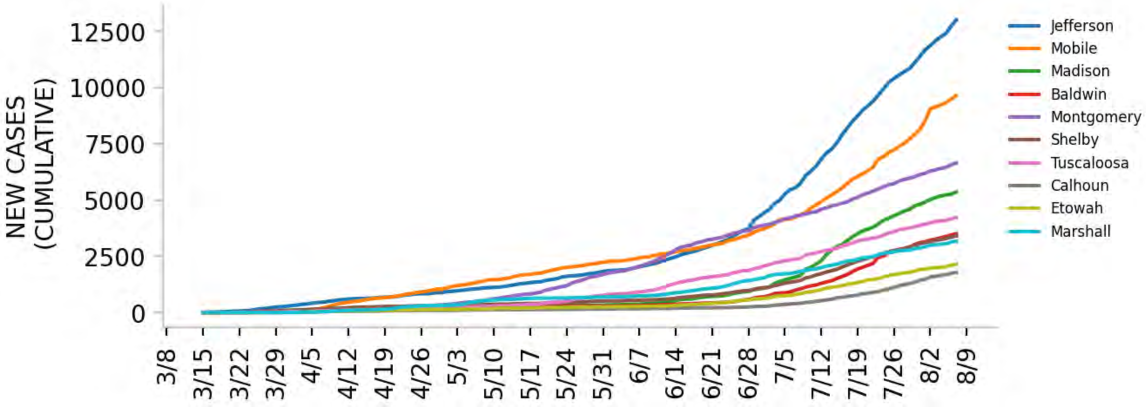


TESTING ▶



TOP COUNTIES ▶

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)

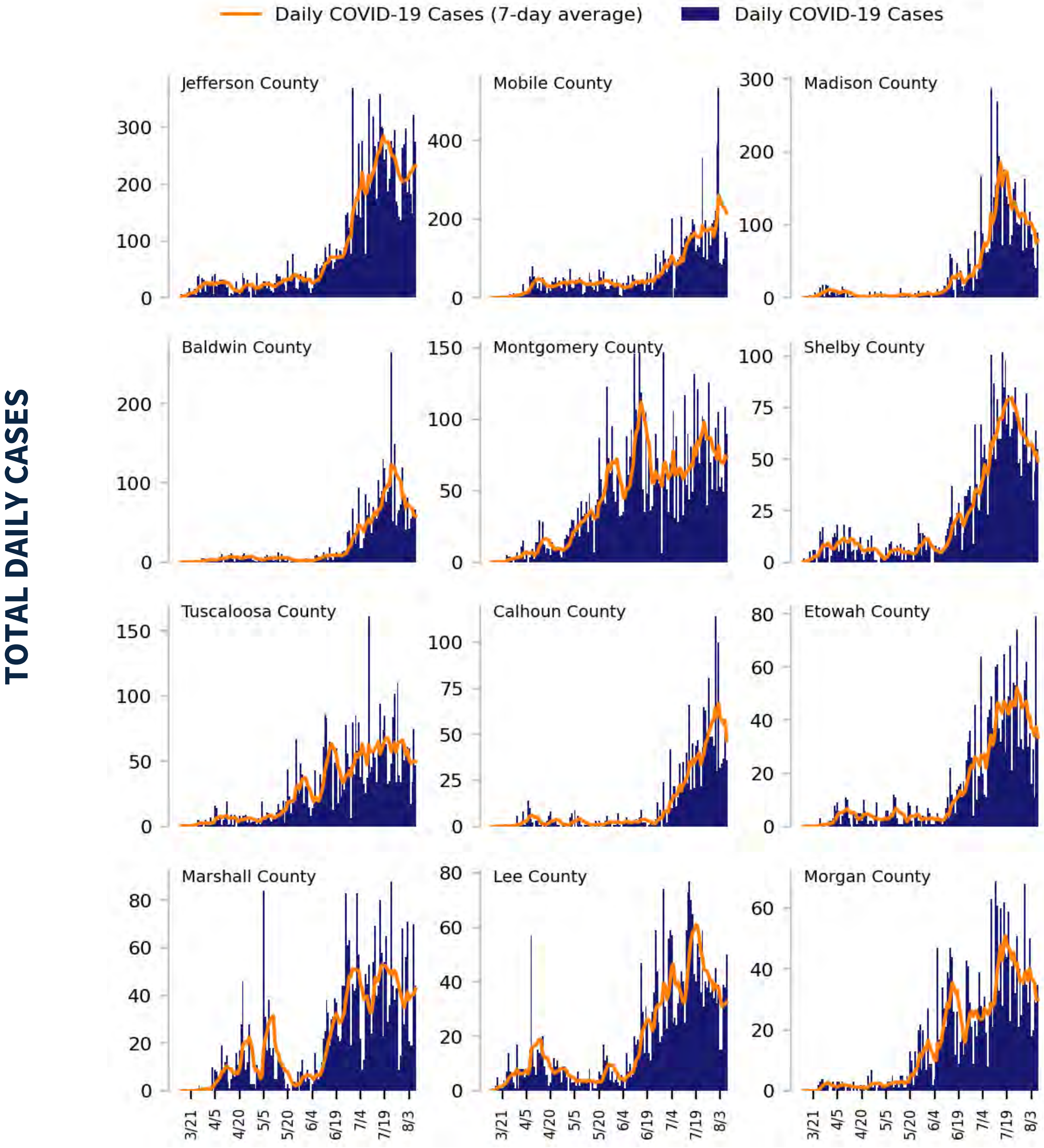


DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

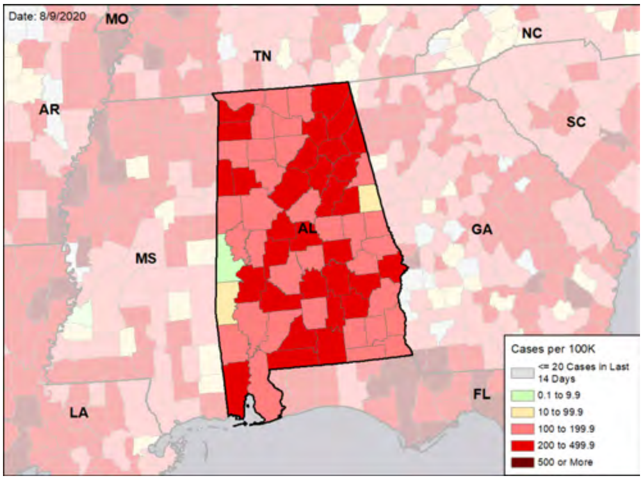
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

ALABAMA

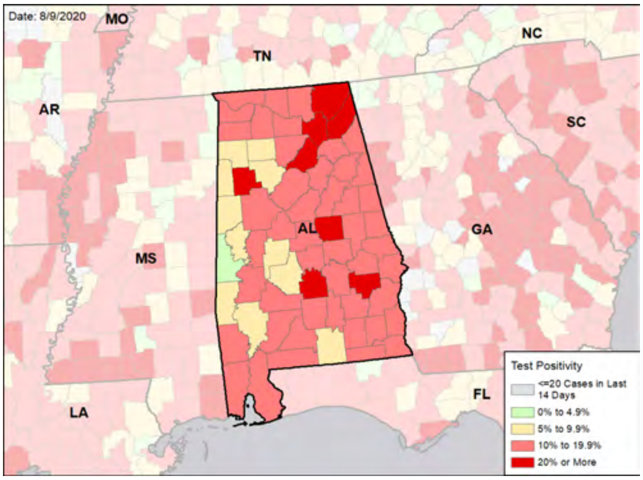
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

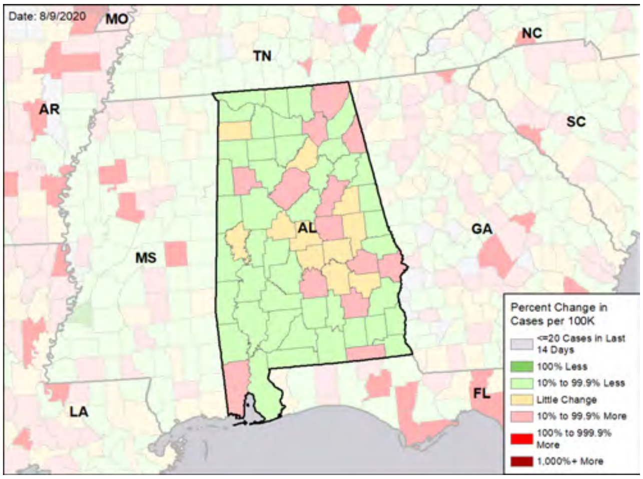
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
MO
NC
TN
AR
SC
AL
GA
MS
LA
FL
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

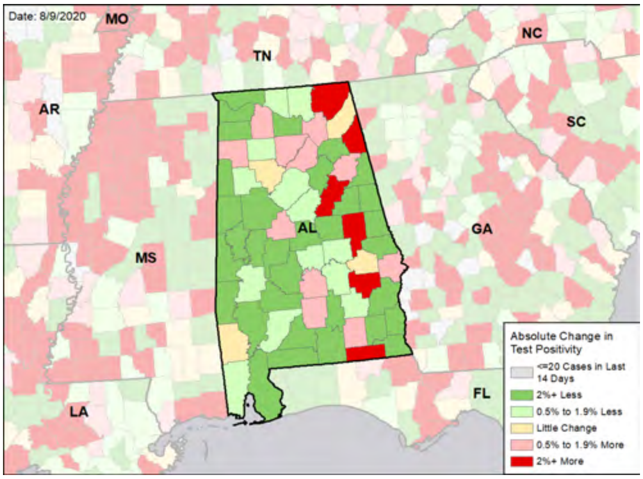
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
MO
NC
TN
AR
SC
AL
GA
MS
LA
FL
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
MO
NC
TN
AR
SC
AL
GA
MS
LA
FL
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
MO
NC
TN
AR
SC
AL
GA
MS
LA
FL
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

ALASKA

STATE REPORT | 08.09.2020

SUMMARY

- Alaska is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- Alaska has seen a decrease in new cases and a decrease in test positivity over the past week.
- The following three boroughs had the highest number of new cases over the past 3 weeks: 1. Anchorage Municipality, 2. Matanuska-Susitna Borough, and 3. Fairbanks North Star Borough. These boroughs represent 80.3 percent of new cases in Alaska.
- Alaska had 76 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 17 to support operations activities from FEMA and 22 to support operations activities from USCG.
- Between Aug 01 - Aug 07, on average, 4 patients with confirmed COVID-19 and 10 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Alaska. An average of 71 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue aggressive media campaigns and education at the local level, emphasizing use of face coverings in all indoor spaces and the risks of COVID, particularly for older individuals and those with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Continue widespread testing and testing of new arrivals, especially as case rates in receiving areas, such as Anchorage, drop below the national average.
- Expand testing in boroughs and municipalities with weekly testing rates below 1,000 per 100,000 population, especially those with test positivity over 5%.
- Mandate wearing of cloth face coverings outside the home in Anchorage and other metro areas with increasing incidence.
- Promote outdoor dining and effective social distancing, with face coverings, in all indoor commercial spaces. This is especially important in Anchorage and other boroughs and municipalities with weekly case rates over 10 per 100,000 population.
- Monitor implementation of social distancing and wearing of face masks in indoor environments, especially in retail areas and crowded work environments like seafood processing plants. Consider warnings and fines for non-adherence.
- Continue fully scaled contact tracing. Ensure cases are immediately isolated and interviews are conducted within 48 hours of diagnosis.
- Ensure sufficient and safe housing for isolation and quarantine, especially for communities with multi-generational and/or crowded households.
- Ensure continued availability of testing in all crowded work environments and long-term care facilities. Residents should continue to be tested on admission and as clinically warranted. Staff should continue to be tested periodically, especially in areas like Anchorage with high levels of community transmission.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

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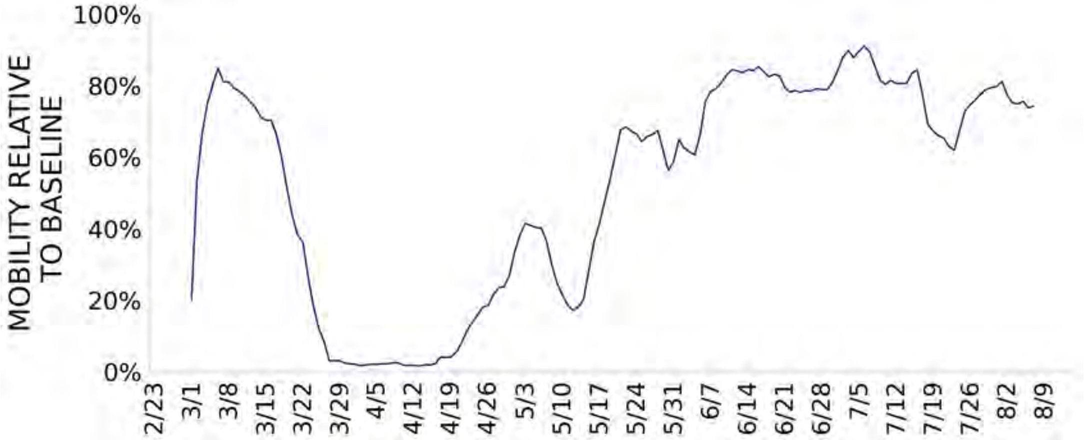
ALASKA

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	553 (76)	-24.6%	11,708 (82)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	3.2%	-0.9%*	6.5%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	23,379** (3,196)	-33.1%**	190,248** (1,326)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	3 (0)	-25.0%	183 (1)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	0.0%	+0.0%*	7.6%	12.1%

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 report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

ALASKA

STATE REPORT | 08.09.2020

COVID-19 BOROUGH AND METRO ALERTS*

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

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

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

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating borough-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
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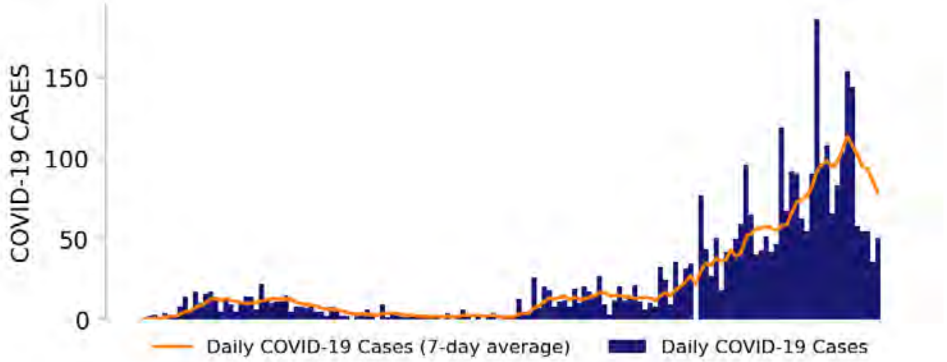
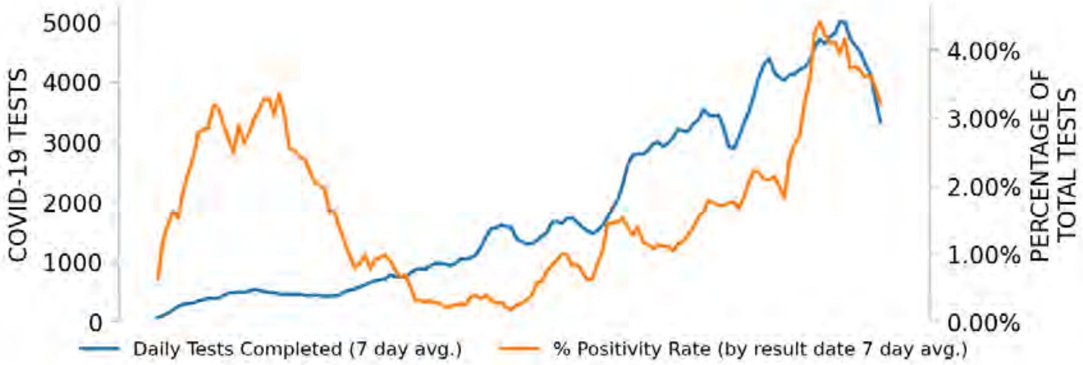
STATE REPORT | 08.09.2020

NEW CASES ▶

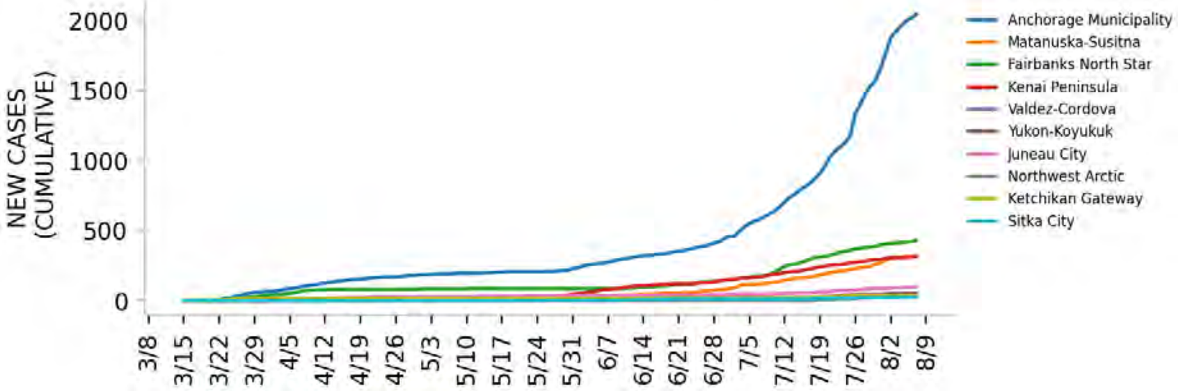


TESTING ▶



TOP BOROUGHS ▶

Top boroughs based on greatest number of new cases in last three weeks (7/18 - 8/7)

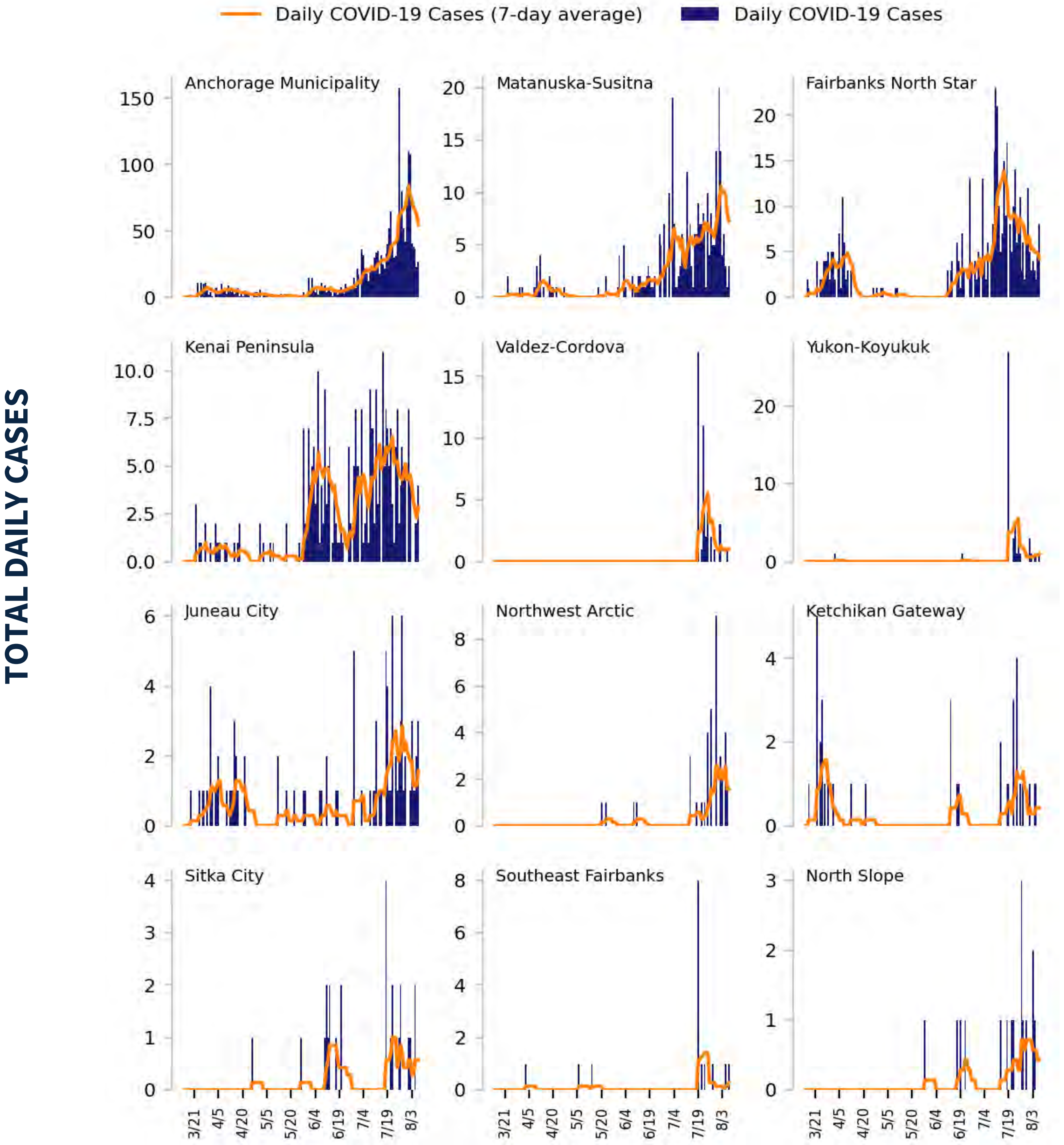


DATA SOURCES

Cases: Borough-level data from USAFacts. State values are calculated by aggregating borough-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

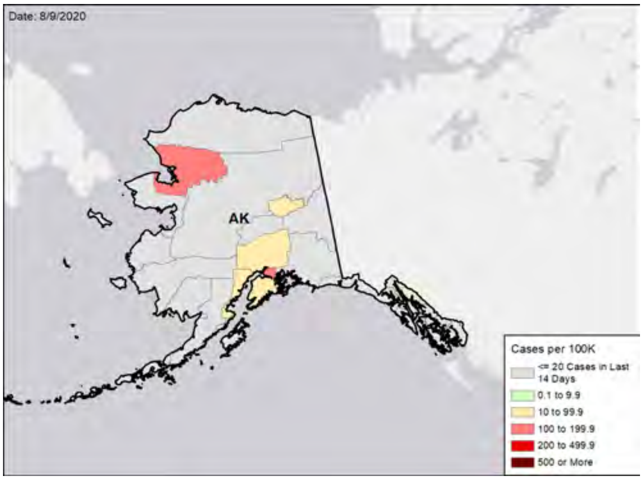
Cases: Borough-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

ALASKA

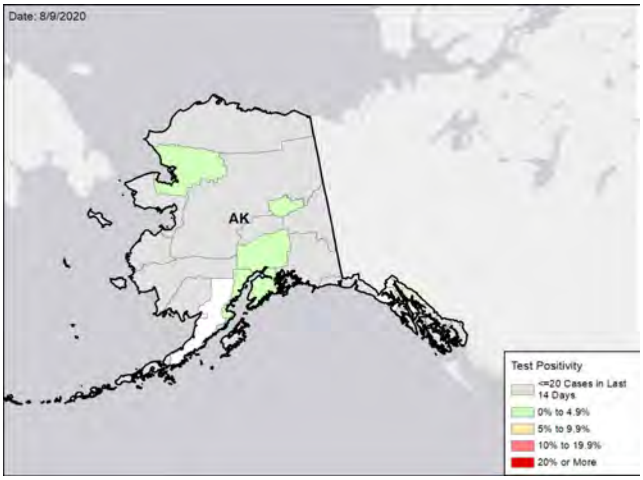
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

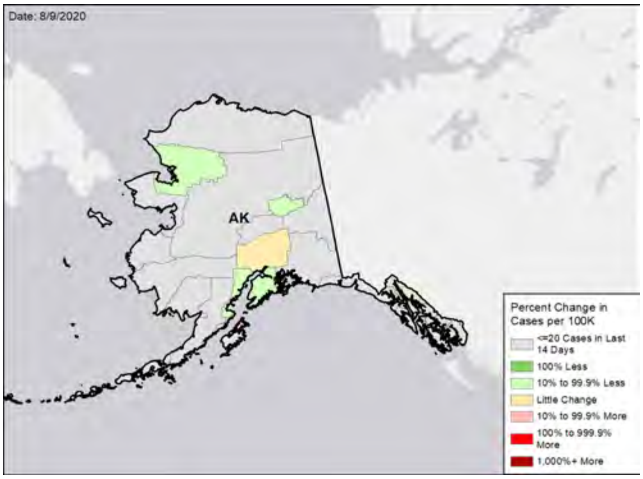
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
AK
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

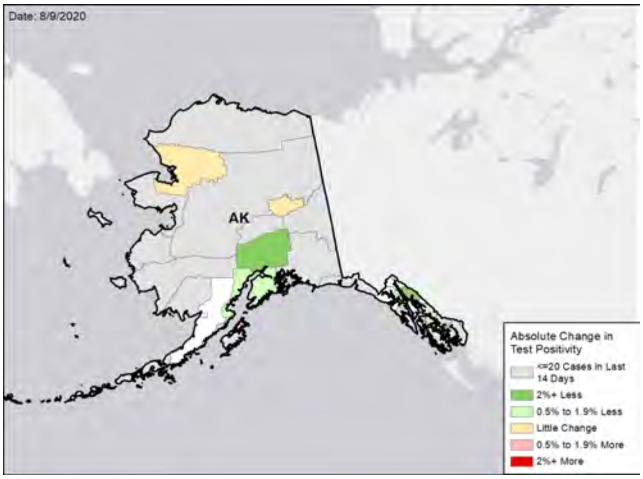
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
AK
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
AK
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
AK
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: Borough-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

ARIZONA

STATE REPORT | 08.09.2020

SUMMARY

- Arizona is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the red zone for test positivity, indicating a rate above 10%.
- Arizona has seen a decrease in new cases and a decrease in test positivity over the past week. The mitigation efforts and increased testing throughout the state has allowed for identification of those who are infected with COVID-19 to quarantine and isolate in order to decrease the spread.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Maricopa County, 2. Pima County, and 3. Yuma County. These counties represent 85.8 percent of new cases in Arizona.
- State is still identifying new areas that need increased testing and has worked with HHS to encourage private stakeholders to increase the deployment of CBTS 2.0 to those areas.
- New CBTS 4.0 Surge testing sites have been moved to more rural areas in Yuma, Pima, and Coconino Counties. These testing sites will run from 8/10-8/24 in the various locations.
- The Battelle system is being used in Phoenix and has been a positive, key piece of equipment when it comes to sanitizing N-95 masks for multiple uses.
- Arizona had 152 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 11 to support operations activities from FEMA; 16 to support medical activities from ASPR; 13 to support epidemiology activities from CDC; 11 to support medical activities from VA; and 2 to support operations activities from VA.
- Between Aug 01 - Aug 07, on average, 111 patients with confirmed COVID-19 and 211 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Arizona. An average of 73 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Expand the protection of those in nursing homes, assisted living, and long-term care facilities by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19 and the isolation of all positive staff and residents. Ensure social distancing and universal facemask use. Immediately conduct infection control prevention surveys in all nursing homes with more than 3 cases in the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support routine testing.
- Extend mandated public use of face coverings in all current and evolving hotspots.
- Continue bar and gym closures in hotspot counties.
- Continue the limits on indoor dining to less than 50% of normal capacity.
- Continue to ask citizens to limit their social gatherings to 10 or fewer people and to always protect the vulnerable members of their households.
- Increase messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Continue the scale-up of testing, moving to community-led neighborhood testing and pooled household testing in Maricopa, Pima, and Yuma counties. Work with local communities to implement and provide clear guidance for households that test positive, including on individual isolation procedures.
- Continue to enhance contact tracing and ensure the ability of cases and contacts to quarantine or isolate safely.
- Monitor testing data to identify additional sites of increased transmission and focus public health resources there, with enhanced support to the Tribal Nations.
- Expand testing capacity in public health labs by adding shifts, including weekend shifts, to decrease turnaround times. Institute 3:1 or 2:1 pooling on all high throughput machines as long as turnaround times are greater than 36 hours. For families and cohabiting households, screen entire households in a single test by pooling specimens.
- Turnaround times are now improving; ensure all capacity is used to expand community testing.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
- Tribal Nations: Continue enforcement of social distancing and masking measures in areas of increased transmission. Continue enhanced testing activities. Increase Abbott ID Now supplies to test individuals in positive households.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

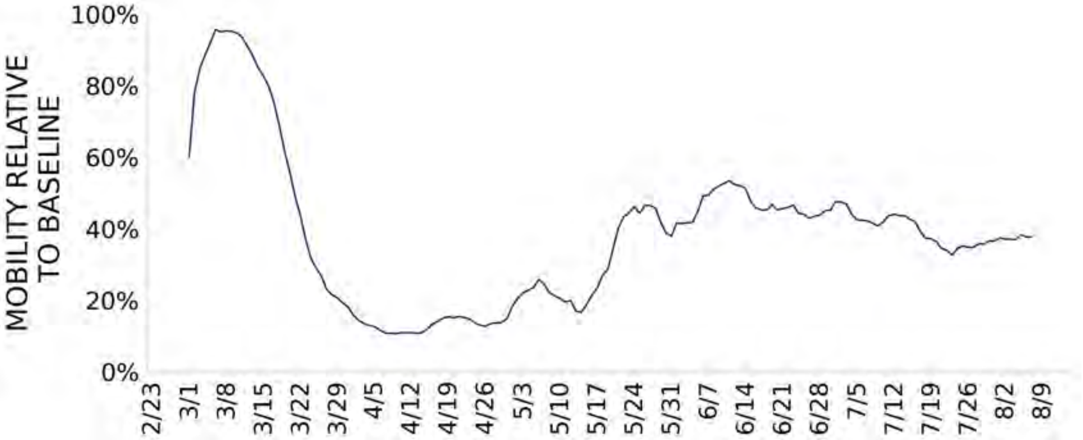
** Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state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

ARIZONA

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	11,042 (152)	-37.5%	66,023 (129)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	12.6%	-1.6%*	8.6%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	92,765** (1,274)	-30.6%**	844,456** (1,647)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	388 (5)	-4.9%	1,454 (3)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	26.9%	+1.1%*	14.7%	12.1%

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

ARIZONA

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	7	Phoenix-Mesa-Chandler Tucson Yuma Lake Havasu City-Kingman Show Low Nogales Safford	4	Prescott Valley-Prescott Flagstaff Sierra Vista-Douglas Payson
COUNTY LAST WEEK	7	Maricopa Pima Yuma Mohave Navajo Santa Cruz Graham	6	Pinal Yavapai Apache Coconino Cochise 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 a diagnostic test positivity result above 10%.

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

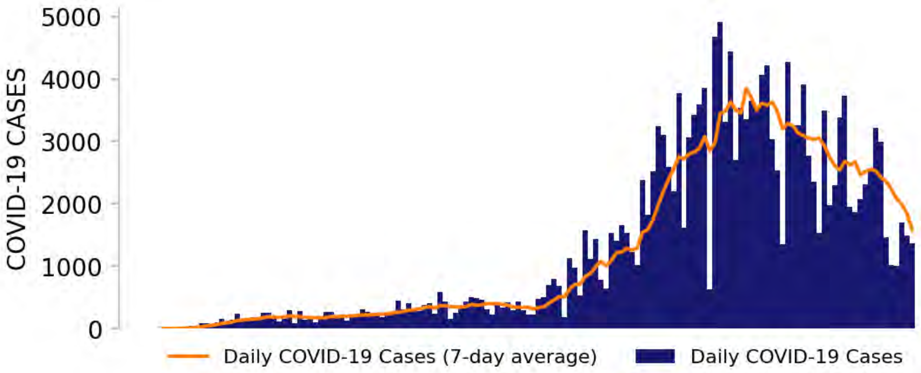
Testing

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

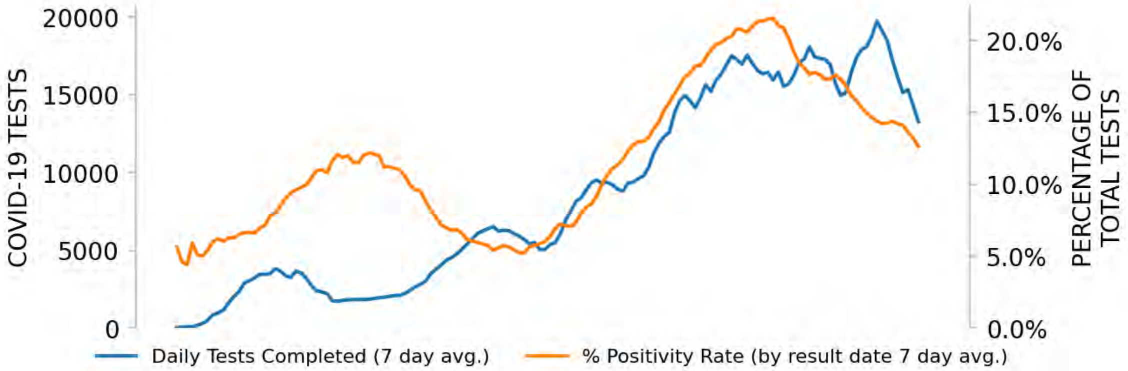
ARIZONA

STATE REPORT | 08.09.2020

NEW CASES

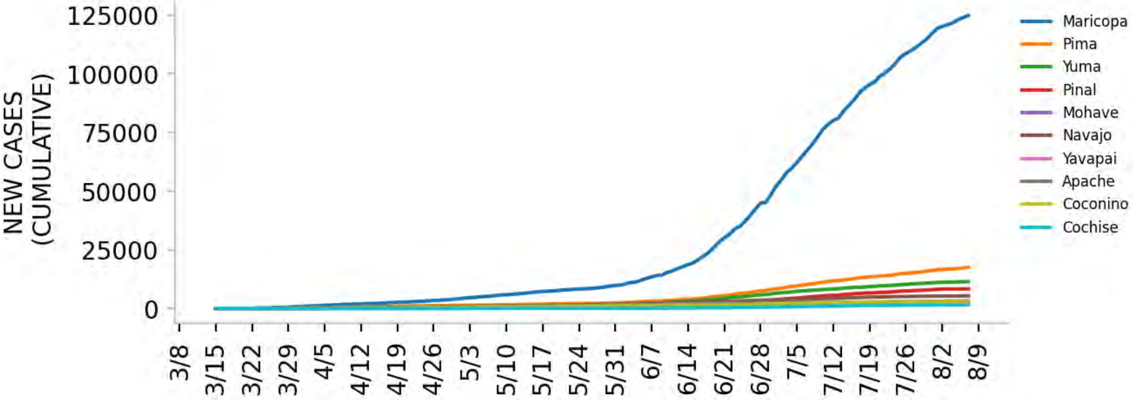


TESTING



TOP COUNTIES

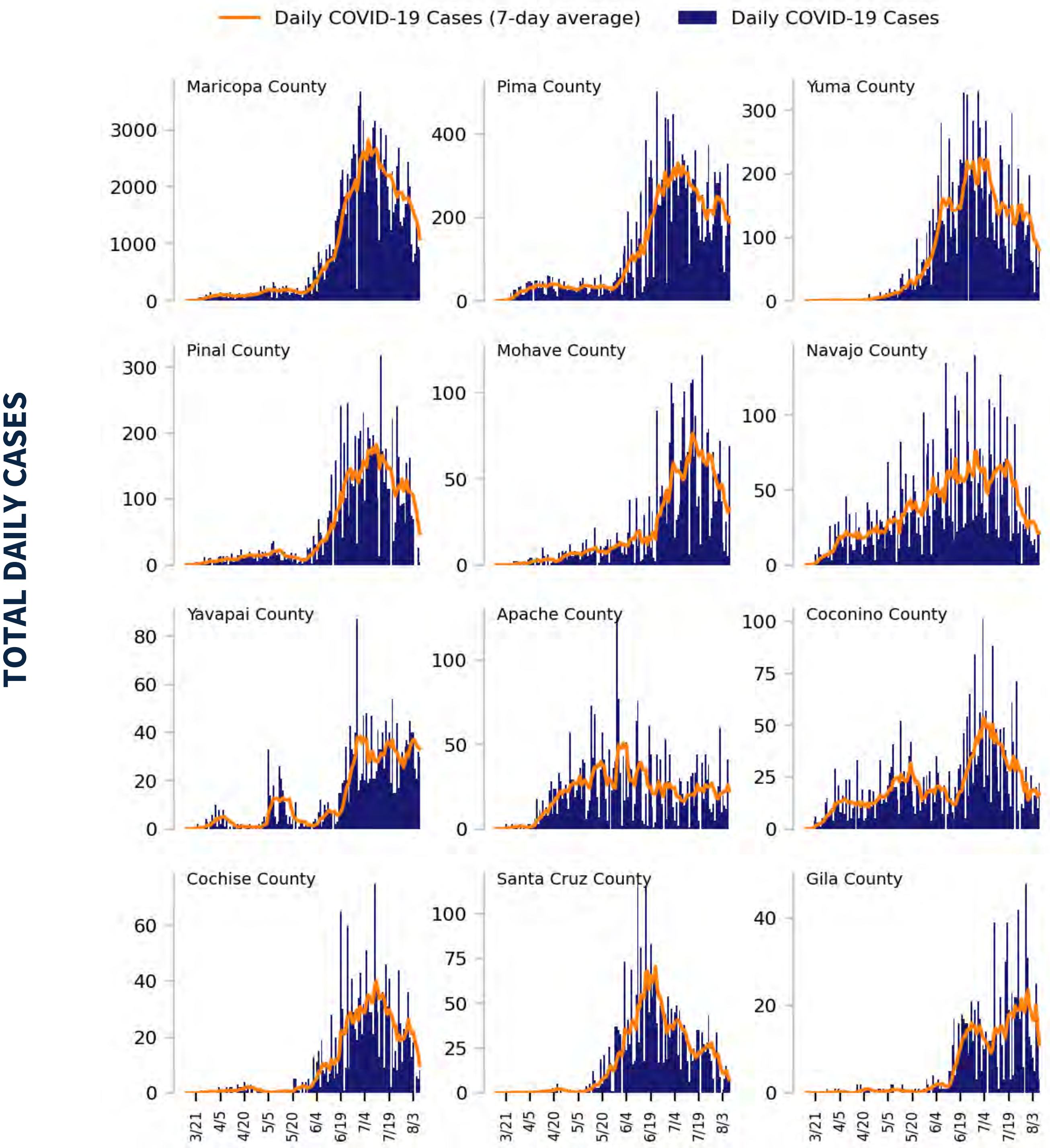
Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)



DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

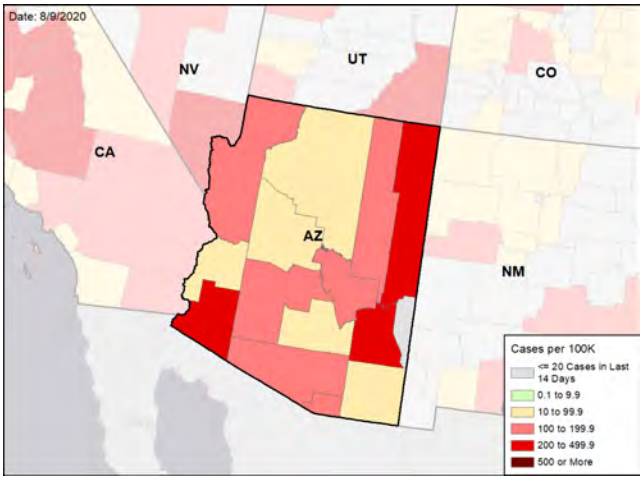
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

ARIZONA

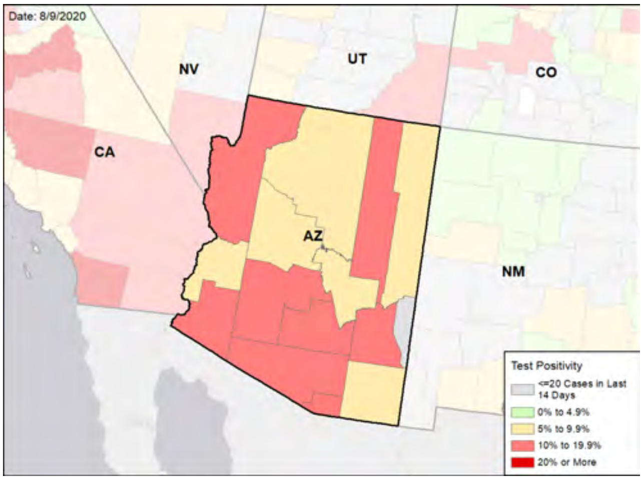
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

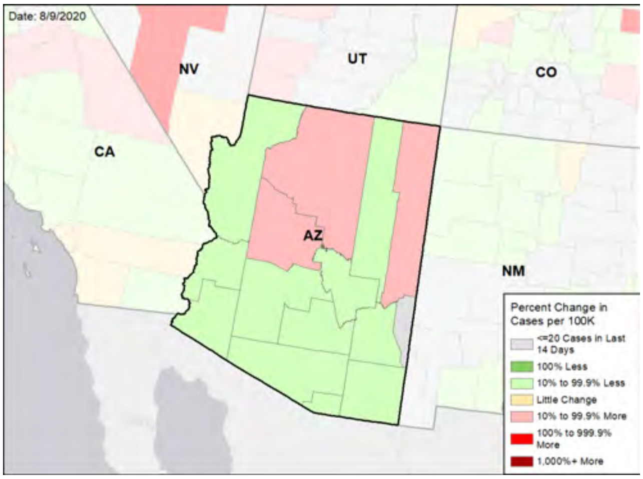
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
NV
UT
CO
CA
AZ
NM
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

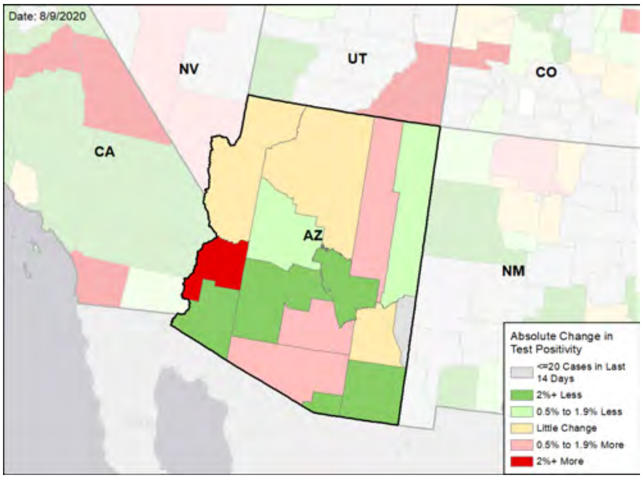
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
NV
UT
CO
CA
AZ
NM
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
NV
UT
CO
CA
AZ
NM
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
NV
UT
CO
CA
AZ
NM
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

ARKANSAS

STATE REPORT | 08.09.2020

SUMMARY

- Arkansas is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the red zone for test positivity, indicating a rate above 10%.
- Arkansas has continud to see high levels of cases and test positivity over the past few weeks.
- The majority of the counties across the state continue to be in the red or yellow zones.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Pulaski County, 2. Washington County, and 3. Sebastian County. These counties represent 26.2 percent of new cases in Arkansas.
- Arkansas had 185 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 4 to support operations activities from FEMA and 1 to support operations activities from CDC.
- Between Aug 01 - Aug 07, on average, 59 patients with confirmed COVID-19 and 202 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Arkansas. An average of 73 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Message to residents that if they vacation in an area with low COVID prevalence and have come from an area with high COVID prevalence, they should: remain socially distanced, stay masked in all public spaces, and avoid all indoor gatherings where social distancing and masks cannot be maintained.
- Keep mask requirement in place statewide. Identify mechanisms to assess compliance with local regulations.
- Close establishments where social distancing and mask use cannot occur, such as bars, nightclubs, and entertainment venues.
- Limit social gatherings to 10 people or fewer.
- Providing timely test results to individuals so they can isolate and stop the spread is critical. Implement the following to increase testing capacity and decrease turnaround times:
  - (1) For family and cohabitating households, screen entire households in a single test by pooling a sample of each member's specimen. For households that test positive, isolate and conduct follow-up individual tests.
  - (2) Expand testing capacity in public health labs by adding shifts, including weekend shifts, to reduce turnaround times.
  - (3) Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Any nursing homes with 3 or more cases of COVID in the last 3 weeks should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population. Protect vulnerable populations in assisted living and long-term care facilities through weekly testing of all workers and requiring masks. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place.
- Contact tracing is ongoing and the state has implemented an automated text messaging system for those who have been in contact with someone who has tested positive. Continue to leverage this system.
- Increase messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Expand public messaging to younger demographics, using social media and other messaging platforms, to communicate changes in the local epidemic and appropriate actions that should be adopted.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

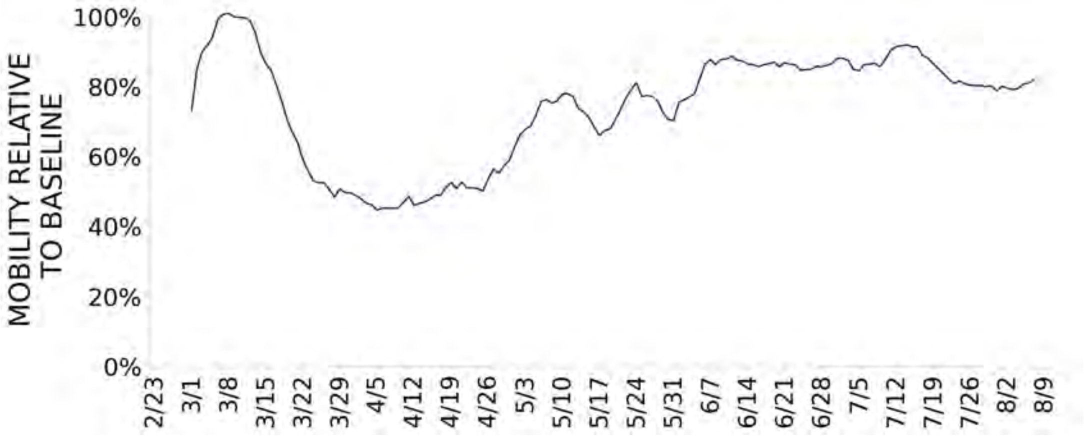
** Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state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

ARKANSAS

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	**5,593 (185)**	**+7.9%**	**76,858 (180)**	**375,035 (114)**
DIAGNOSTIC TEST POSITIVITY RATE	**10.9%**	**-0.4%***	**11.4%**	**7.1%**
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	**45,788** (1,517)**	**-4.1%****	**303,878** (711)**	**4,863,237** (1,482)**
COVID DEATHS (RATE PER 100,000)	**69 (2)**	**+16.9%**	**1,883 (4)**	**7,261 (2)**
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	**12.6%**	**-0.1%***	**21.3%**	**12.1%**

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

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

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Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

ARKANSAS

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COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**11**	Fort Smith Jonesboro Pine Bluff Russellville Blytheville Batesville Memphis Paragould Malvern Helena-West Helena Magnolia	**10**	Little Rock-North Little Rock-Conway Fayetteville-Springdale-Rogers Hot Springs Texarkana Forrest City Harrison El Dorado Hope Arkadelphia Camden
COUNTY LAST WEEK	**31** **Top 12 shown (full list below)**	Sebastian Craighead Mississippi Jefferson Pope Chicot Crittenden Independence Greene Johnson Ashley Miller	**25** **Top 12 shown (full list below)**	Pulaski Washington Benton Garland Saline Faulkner Crawford Lonoke St. Francis Union Boone Hempstead

All Red Counties: Sebastian, Craighead, Mississippi, Jefferson, Pope, Chicot, Crittenden, Independence, Greene, Johnson, Ashley, Miller, Howard, Poinsett, Yell, Hot Spring, Sevier, Logan, Little River, Phillips, Desha, Lincoln, Newton, Columbia, Drew, Cross, Pike, Cleveland, Prairie, Lee, Scott
All Yellow Counties: Pulaski, Washington, Benton, Garland, Saline, Faulkner, Crawford, Lonoke, St. Francis, Union, Boone, Hempstead, Randolph, Arkansas, Carroll, Bradley, Clark, Franklin, Lawrence, Ouachita, Cleburne, Madison, Polk, Clay, Stone

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.
Yellow Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the "Red Zone."
Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
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- **Diagnostic pooling**: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- **Surveillance pooling**: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

ARKANSAS

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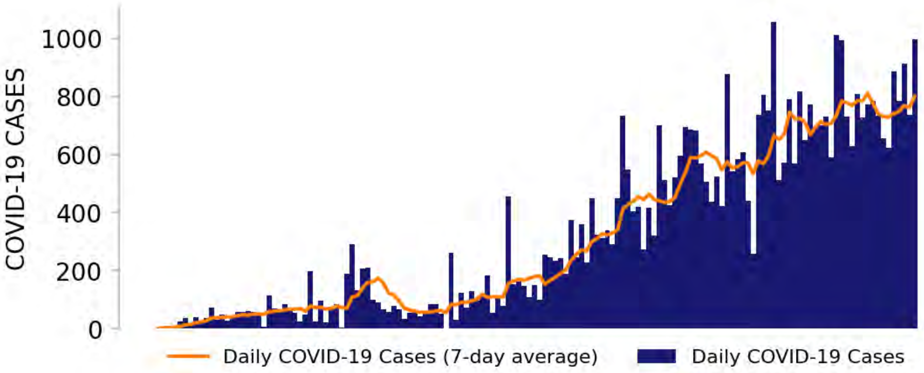
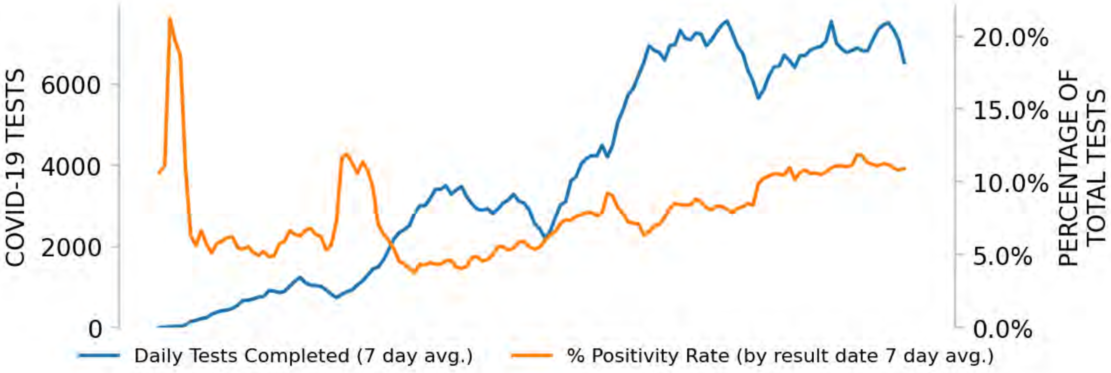
NEW CASES

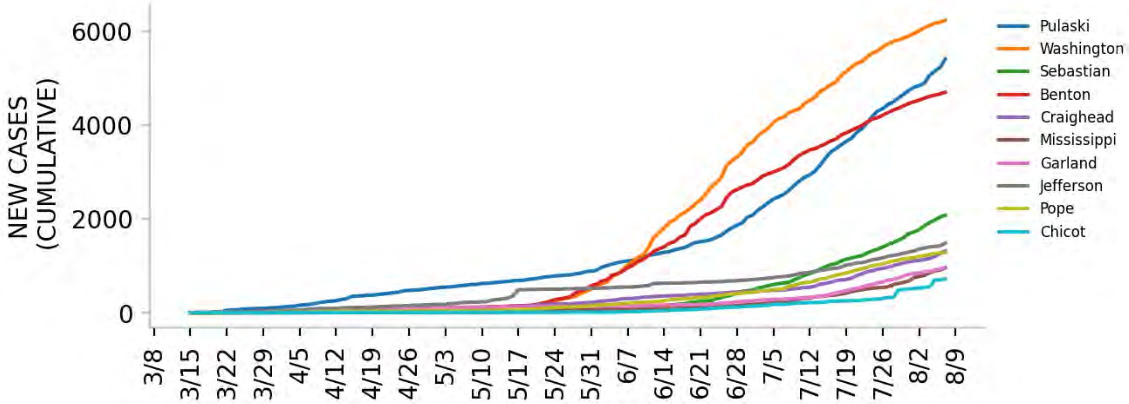


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)

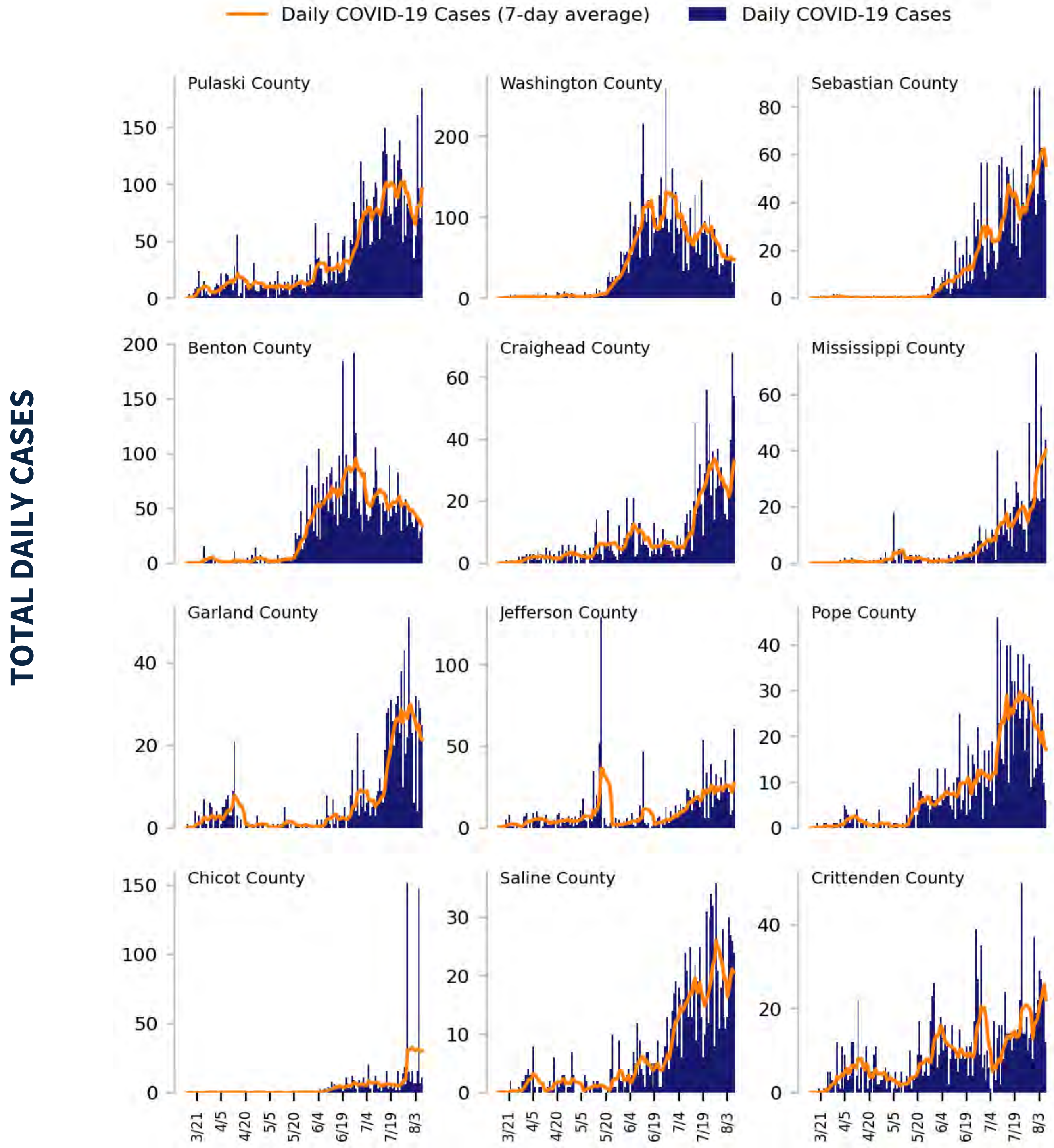


DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

ARKANSAS

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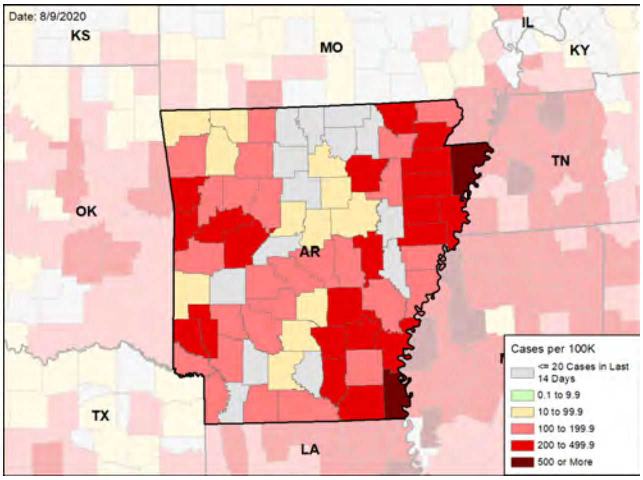
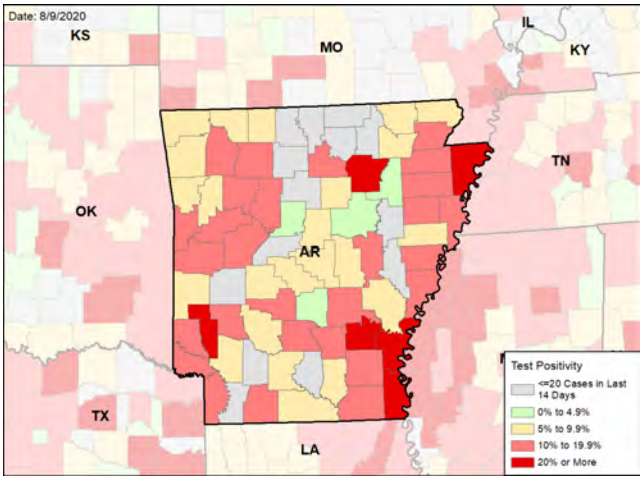
CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

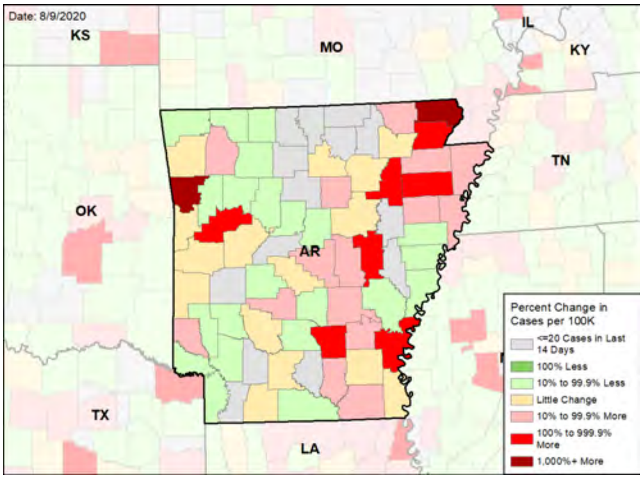
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
KS
MO
IL
KY
TN
OK
AR
TX
LA
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

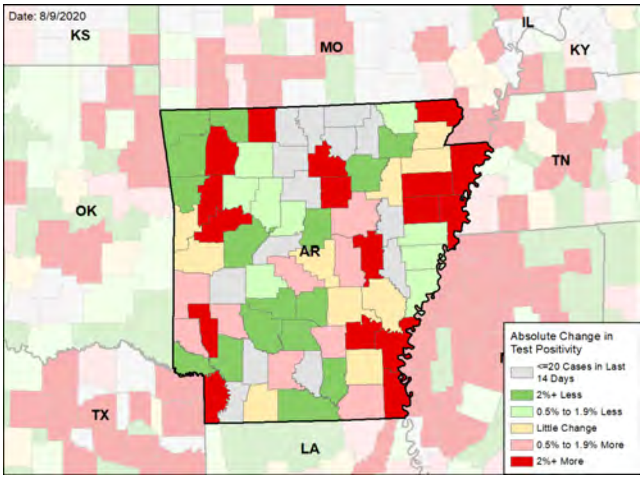
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
KS
MO
IL
KY
TN
OK
AR
TX
LA
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
KS
MO
IL
KY
TN
OK
AR
TX
LA
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
KS
MO
IL
KY
TN
OK
AR
TX
LA
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

CALIFORNIA

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SUMMARY

- California is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- California has seen a decrease in new cases and a decrease in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Los Angeles County, 2. Kern County, and 3. Riverside County. These counties represent 45.8 percent of new cases in California.
- Viral transmission is occurring throughout the state with continued, significant geographic variation. Cases continued to decline in most coastal Southern California areas while remaining high in inland areas. The Central Valley continues to be the most affected region, although Central Coast counties had increasing cases as well. Bay Area counties reported both increasing and decreasing cases.
- California had 120 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 150 to support medical activities from DOD; 23 to support operations activities from DOD; 183 to support operations activities from FEMA; 49 to support operations activities from ASPR; 8 to support epidemiology activities from CDC; 2 to support operations activities from CDC; 262 to support operations activities from USCG; and 1 to support medical activities from VA.
- The federal government has supported a surge testing site in Bakersfield, CA.
- Between Aug 01 - Aug 07, on average, 686 patients with confirmed COVID-19 and 737 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in California. An average of 88 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue the expanded statewide limitations on activity and the adaptive inclusion of counties with elevated reported cases on list subject to state orders for intensified limitations.
- Continue with state masking mandate and develop innovative ways to monitor compliance.
- Ensure that all business retailers and personal services require masks and can safely social distance.
- Continue the enhanced focus on Central Valley outbreaks; the formation of the Central Valley Taskforce is commended.
- Surge testing and contact tracing resources to neighborhoods and zip codes with the highest case rates. The direction of augmented state and federal testing resources for Bakersfield is commended.
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates and increase community level testing. Work with local communities to provide clear guidance for households that test positive, including on individual isolation procedures.
- Continue efforts to increase testing at both public health and private laboratories.
- Protect those in nursing homes and long-term care facilities (LTCF) by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19. Address staff and supply shortages; California's efforts to augment staff at LTCFs and other clinical facilities through innovative measures is commended. Ensure social distancing and universal facemask use.
- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and schools (K-12, community colleges).
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

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

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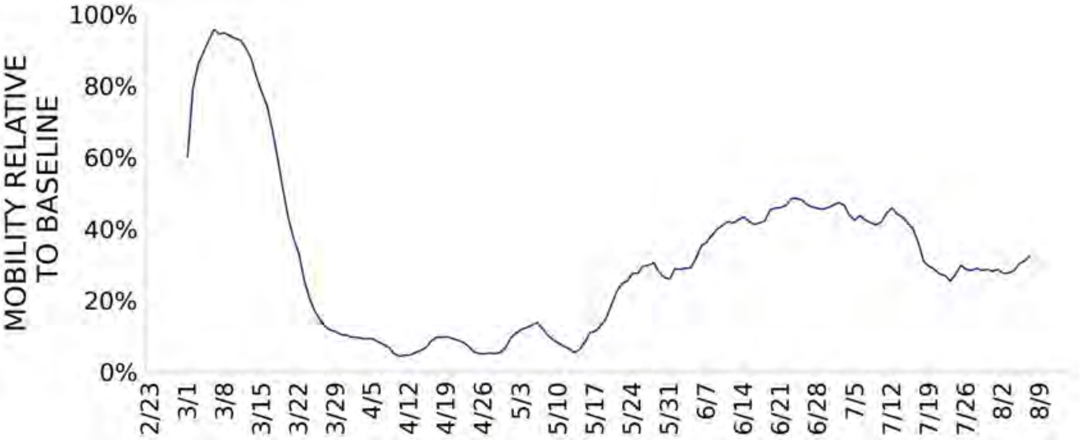
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	47,508 (120)	-22.8%	66,023 (129)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	7.7%	-2.0%*	8.6%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	674,542** (1,707)	+21.5%**	844,456** (1,647)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	972 (2)	+9.8%	1,454 (3)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	13.6%	-6.9%*	14.7%	12.1%

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

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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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

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COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**10**	Riverside-San Bernardino-Ontario Bakersfield Fresno Stockton Visalia Modesto Merced Salinas El Centro Yuba City	**9**	Los Angeles-Long Beach-Anaheim San Diego-Chula Vista-Carlsbad Sacramento-Roseville-Folsom Oxnard-Thousand Oaks-Ventura Santa Maria-Santa Barbara Santa Rosa-Petaluma Hanford-Corcoran Madera San Luis Obispo-Paso Robles
COUNTY LAST WEEK	**14** **Top 12 shown (full list below)**	Kern Riverside San Bernardino Fresno San Joaquin Tulare Stanislaus Merced Monterey Imperial Sutter Yuba	**16** **Top 12 shown (full list below)**	Los Angeles Orange San Diego Sacramento Alameda Contra Costa Ventura Santa Barbara San Mateo Sonoma Kings Madera

All Red Counties: Kern, Riverside, San Bernardino, Fresno, San Joaquin, Tulare, Stanislaus, Merced, Monterey, Imperial, Sutter, Yuba, Colusa, Amador

All Yellow Counties: Los Angeles, Orange, San Diego, Sacramento, Alameda, Contra Costa, Ventura, Santa Barbara, San Mateo, Sonoma, Kings, Madera, San Luis Obispo, San Benito, Glenn, Inyo

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

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

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Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

- Move to community-led neighborhood testing and work with local community groups to increase access to testing
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- **Diagnostic pooling**: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 2-3 individuals in high incidence settings and 5:1 pools in setting where test positivity is under 10%
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POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging

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

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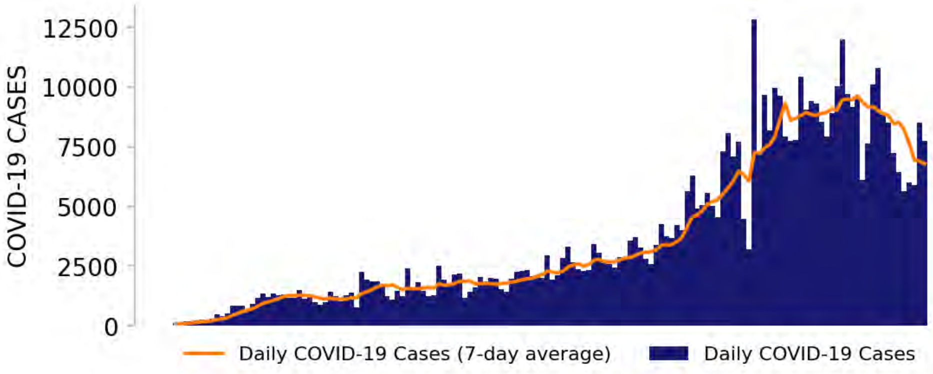
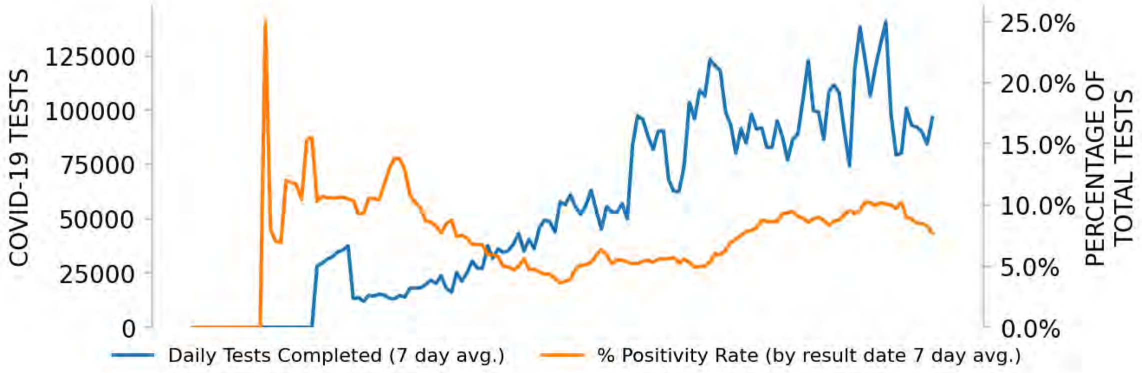
NEW CASES

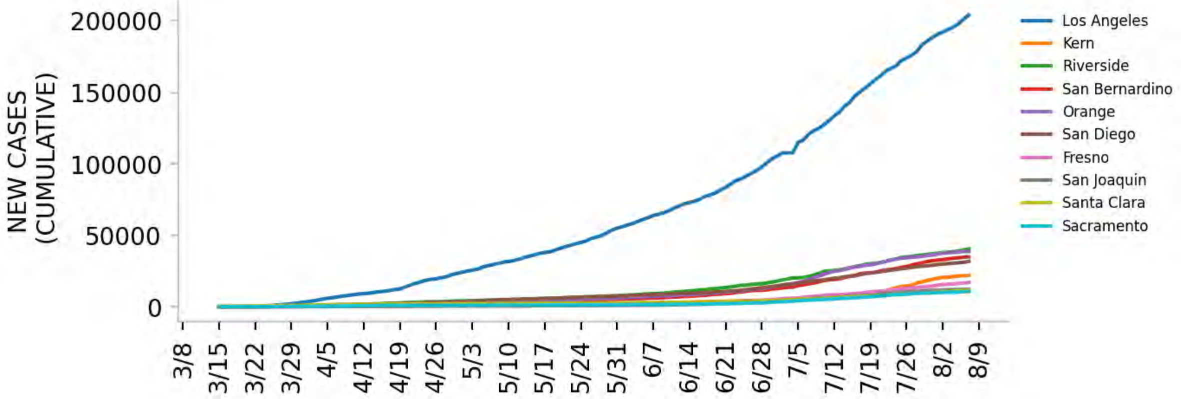


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)



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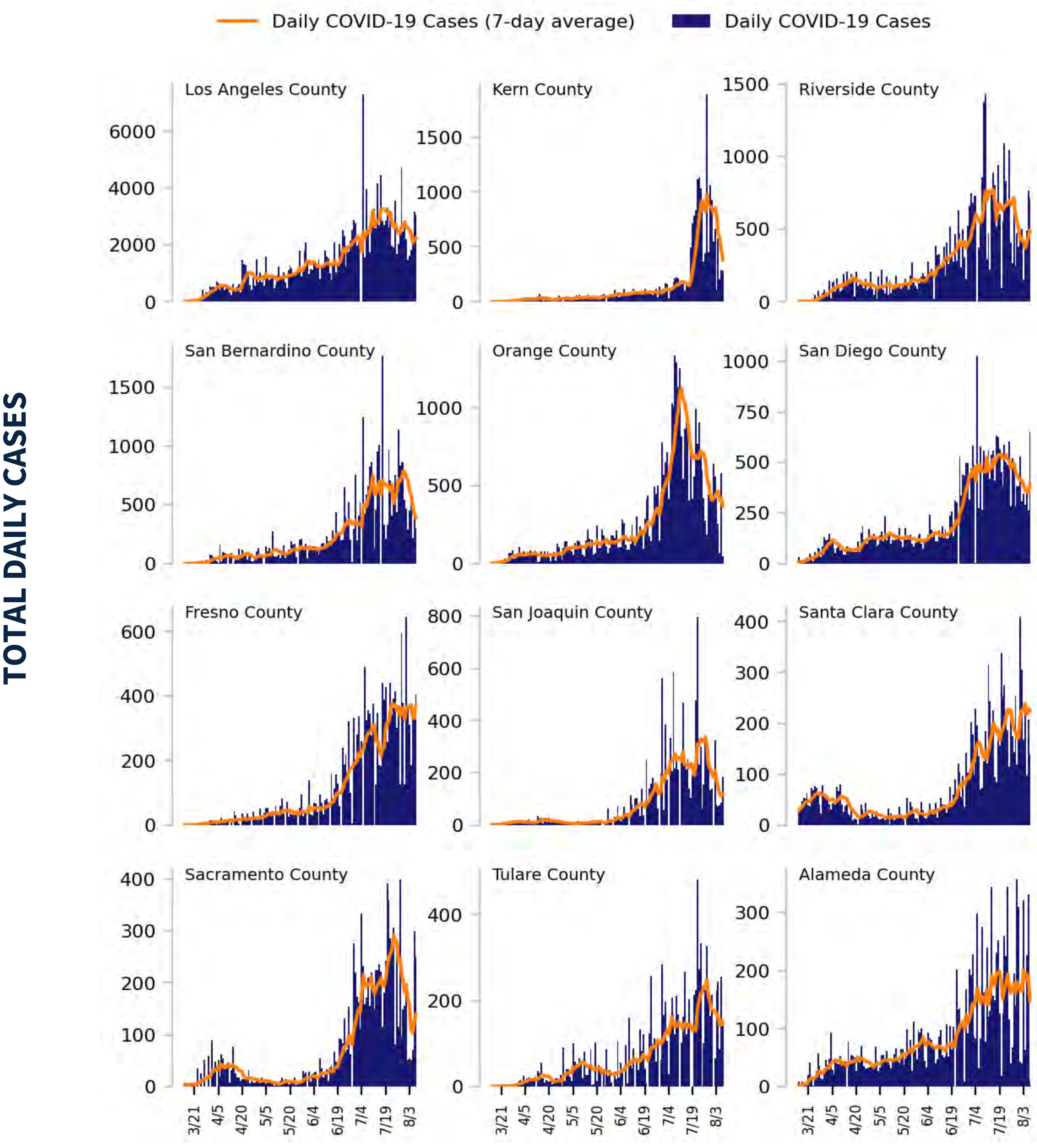
Top 12 counties based on number of new cases in the last 3 weeks



DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

CALIFORNIA

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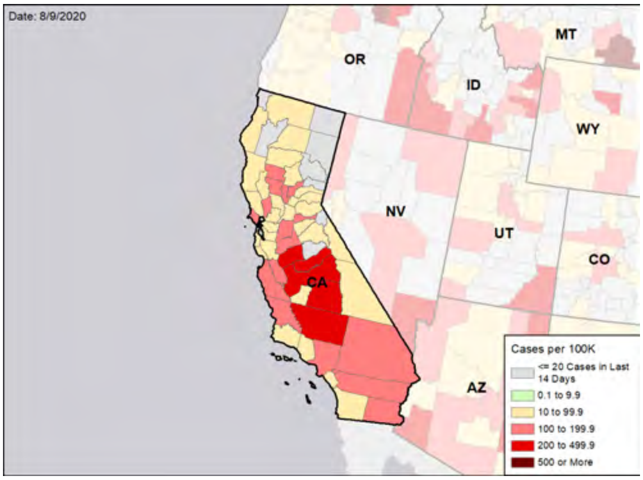
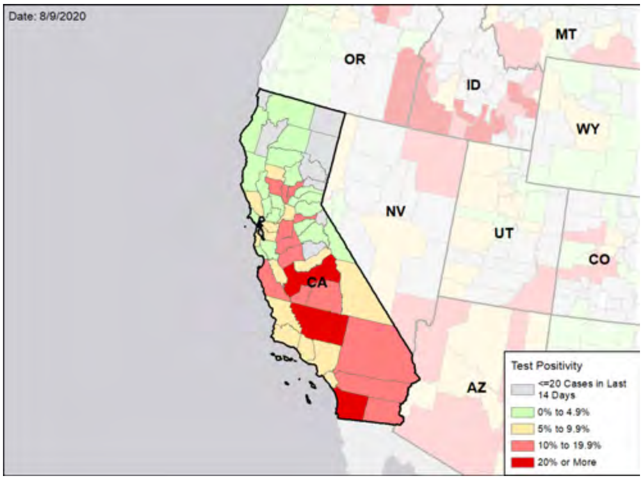
CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

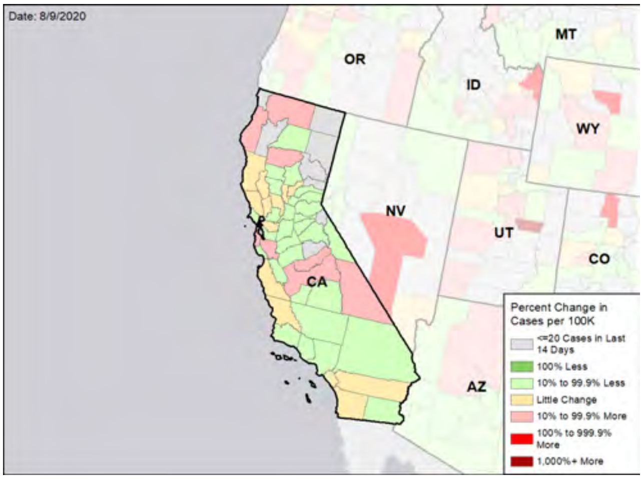
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
OR
MT
ID
WY
NV
UT
CO
CA
AZ
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

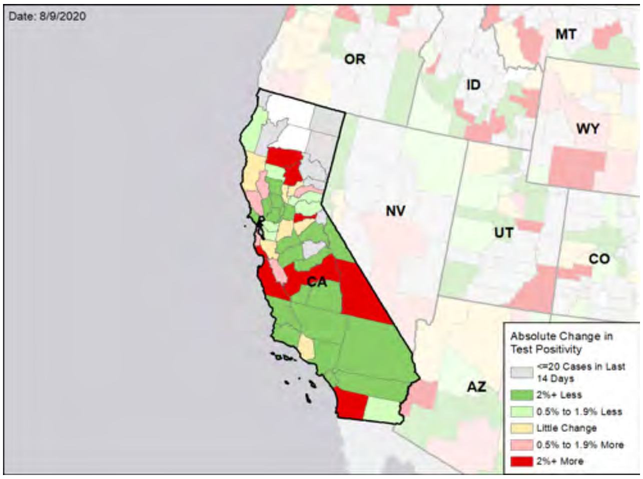
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
OR
MT
ID
WY
NV
UT
CO
CA
AZ
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K

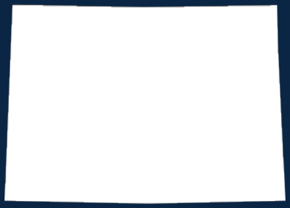

Date: 8/9/2020
OR
MT
ID
WY
NV
UT
CO
CA
AZ
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
OR
MT
ID
WY
NV
UT
CO
CA
AZ
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible. CA reports delays with state reporting systems. We understand that data shown may be incomplete or inaccurate until these delays are resolved.



COLORADO

STATE REPORT | 08.09.2020

SUMMARY

- Colorado is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- Colorado has seen a decrease in new cases and a decrease in test positivity over the past week.
- Cases remain concentrated near the Front Range urban centers, especially Denver and Colorado Springs with continued high incidence in counties west of these areas (Eagle, Garfield, Chaffee, Gunnison).
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Denver County, 2. El Paso County, and 3. Adams County. These counties represent 44.8 percent of new cases in Colorado.
- Colorado had 54 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 69 to support operations activities from FEMA; 4 to support operations activities from ASPR; 14 to support epidemiology activities from CDC; and 1 to support operations activities from CDC.
- Between Aug 01 - Aug 07, on average, 43 patients with confirmed COVID-19 and 74 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Colorado. An average of 81 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue with state masking mandate and targeted tailored messaging to encourage compliance. Commend the surveys being done in Tri-County and other localities to collect objective data on compliance.
- Continue the restrictions on bars and public entertainment venues.
- Limit social gatherings to 10 people or fewer; remove variances that allow for larger gatherings in counties reporting increasing cases.
- Continue increasing testing at both public health and private laboratories.
- Monitor testing data to identify additional sites of increased transmission and focus public health resources on those areas.
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates and increase community level testing.
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all positive households are individually tested within 24 hours.
- Continue messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Protect those in nursing homes and long-term care facilities by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19. Address staff and supply shortages. Ensure social distancing and universal facemask use.
- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and schools (K-12, community colleges).
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

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

COLORADO

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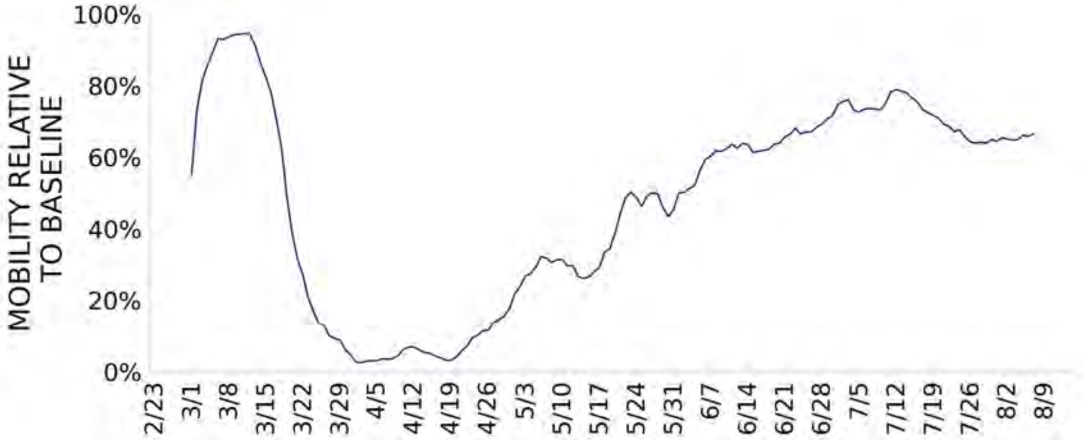
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	3,086 (54)	-19.4%	8,867 (72)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	4.3%	-0.7%*	5.6%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	68,982** (1,198)	-13.1%**	177,074** (1,444)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	18 (0)	-61.7%	86 (1)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	3.8%	-1.2%*	4.9%	12.1%

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

COLORADO

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**0**	N/A	**5**	Colorado Springs Greeley Glenwood Springs Edwards Montrose
COUNTY LAST WEEK	**2**	Garfield Gunnison	**9**	El Paso Adams Arapahoe Weld Eagle Montrose Teller Elbert Pitkin

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.
Yellow Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”
Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

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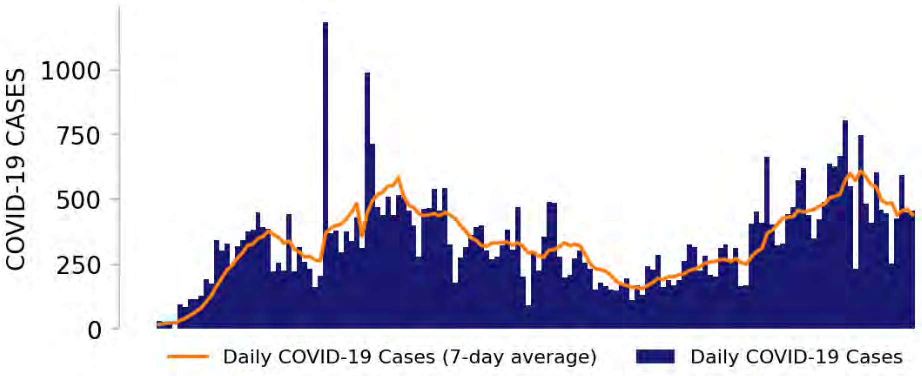
- **Surveillance pooling**: For family and cohabitating households, screen entire households in a single test by pooling specimens of all members into single collection device

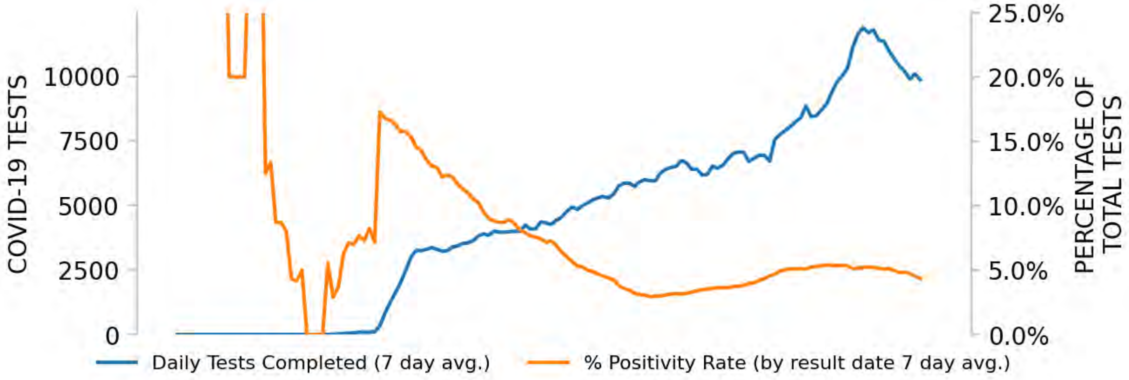
COLORADO

STATE REPORT | 08.09.2020

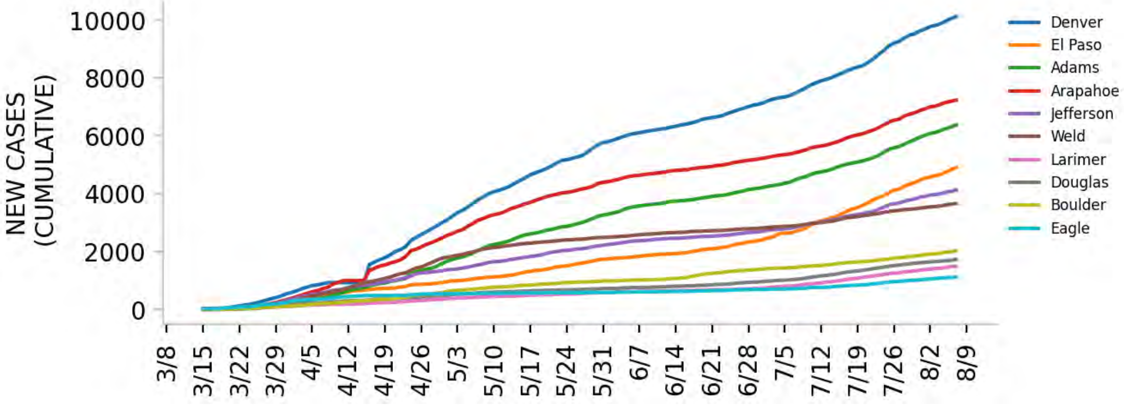
NEW CASES



TESTING



TOP COUNTIES

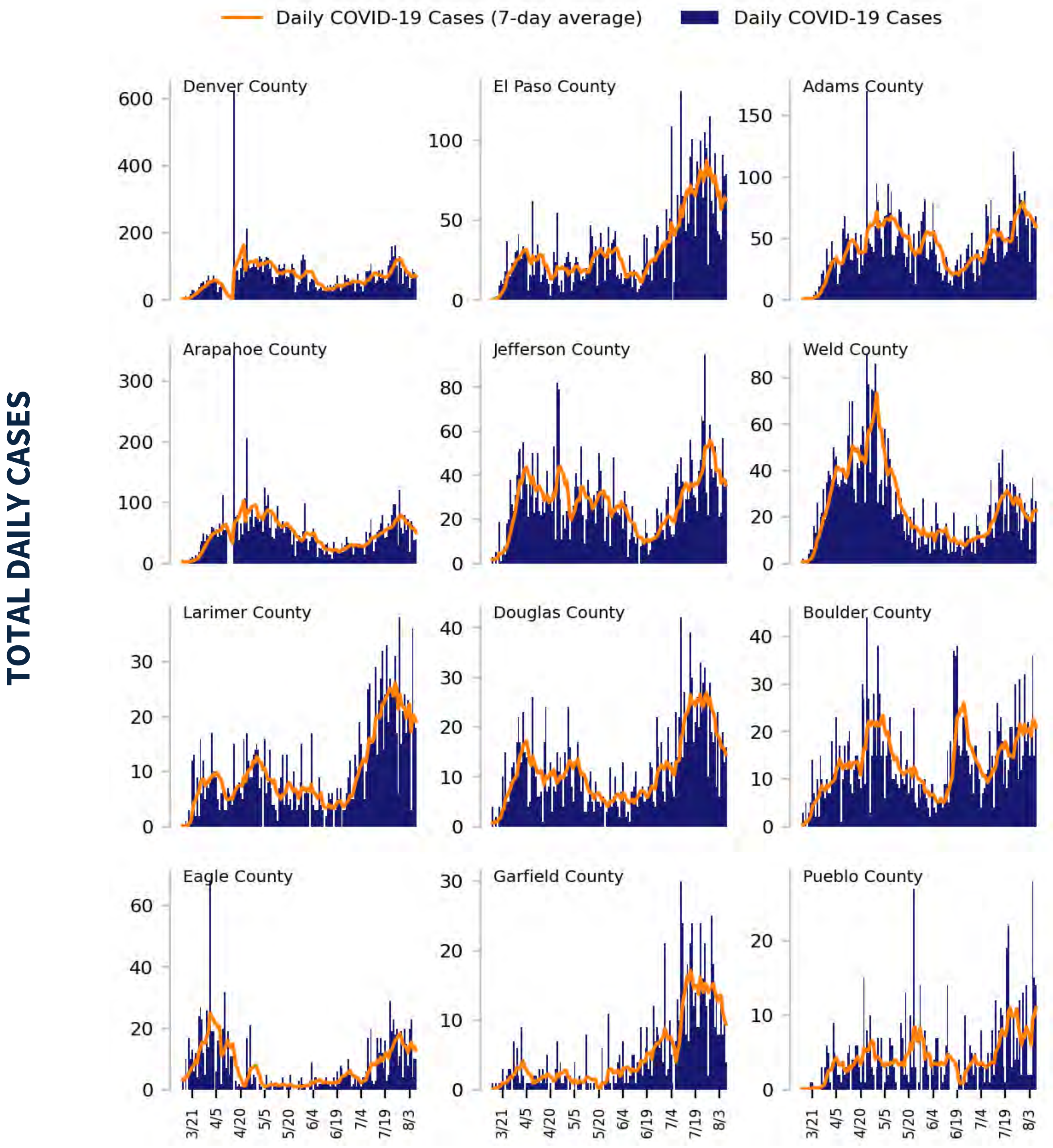


Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)

DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

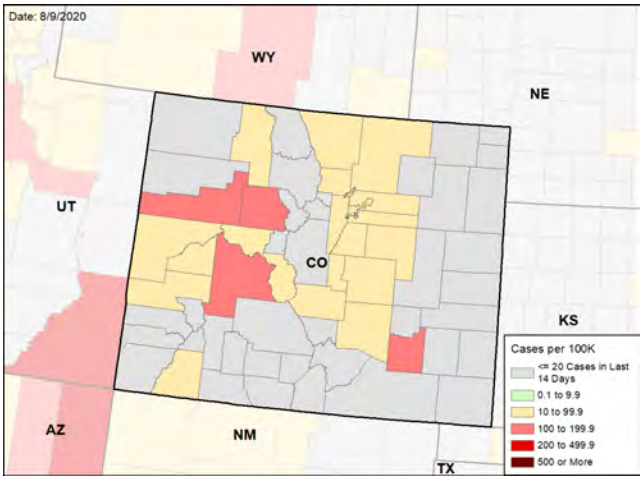
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

COLORADO

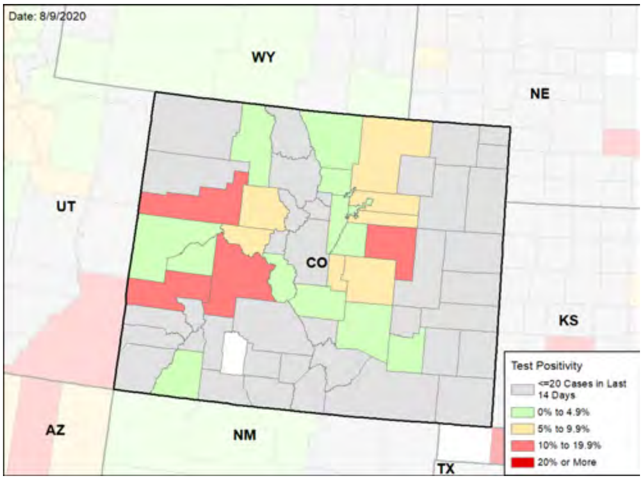
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

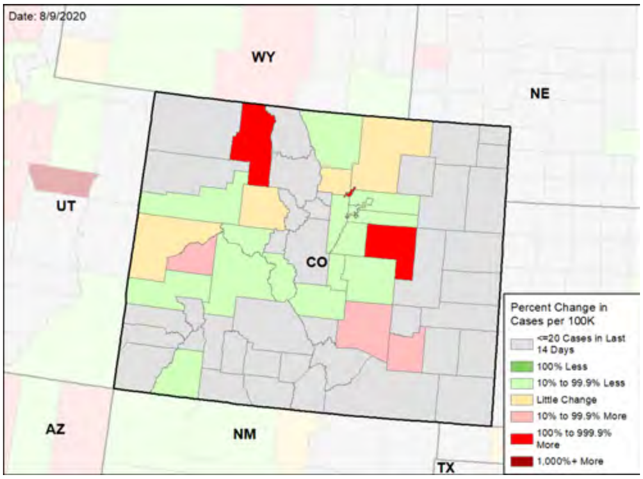
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
WY
NE
UT
CO
KS
AZ
NM
TX
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

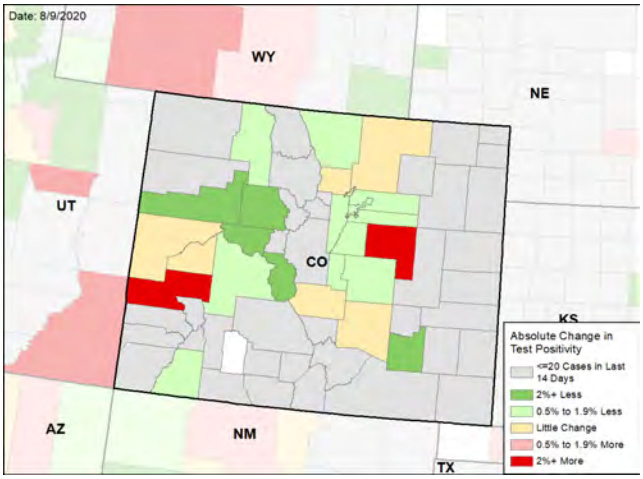
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
WY
NE
UT
CO
KS
AZ
NM
TX
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
WY
NE
UT
CO
AZ
NM
TX
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
WY
NE
UT
CO
KS
AZ
NM
TX
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

CONNECTICUT

STATE REPORT | 08.09.2020

SUMMARY

- Connecticut is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- Connecticut has seen a decrease in new cases last week after an uptick in the second half of July related to transmission at social gatherings among younger age groups. Test positivity remained <2% over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Fairfield County, 2. Hartford County, and 3. New Haven County. These counties represent 82.9 percent of new cases in Connecticut.
- Connecticut had 14 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 2 to support operations activities from FEMA; 4 to support operations activities from USCG; and 1 to support operations activities from VA.
- Between Aug 01 - Aug 07, on average, 14 patients with confirmed COVID-19 and 71 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Connecticut. An average of 65 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue closures of bars and limitations on restaurants and gathering sizes as specified in phase 2 of Connecticut's Reopen Plan. Continue efforts to maintain high compliance.
- Continue the scale-up of testing and rollout of contact tracing currently underway. Continue to monitor success rates with contact elicitation and tracing.
- Continue the state masking requirement and intensify public messaging of its importance given national trends and increases in nearby states. Consider measures such as the in-person surveys conducted by localities in Colorado in order to monitor compliance of local ordinances.
- Protect those in nursing homes and long-term care facilities by continuing the existing testing programs. Ensure social distancing and universal facemask use.
- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and schools (K-12, community colleges).
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

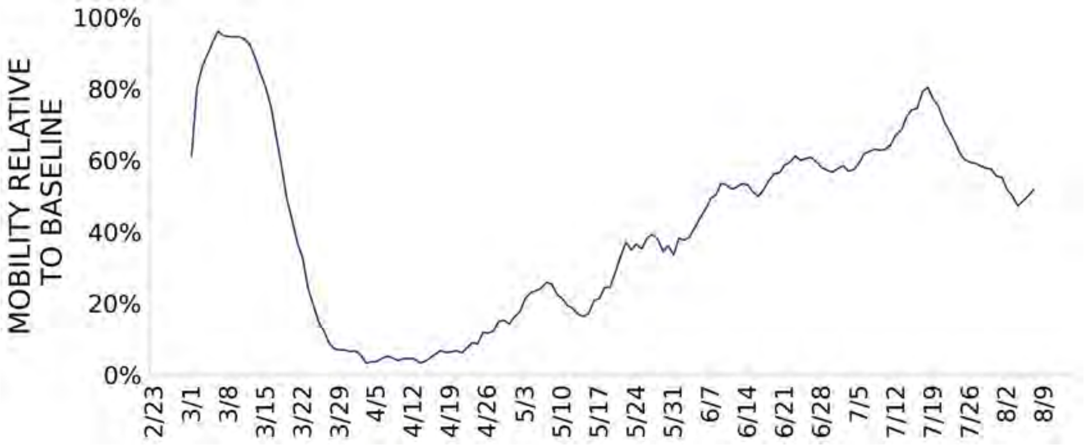
** Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state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

CONNECTICUT

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	510 (14)	-50.7%	4,242 (29)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	0.8%	-0.3%*	1.7%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	40,666** (1,141)	-45.1%**	244,677** (1,648)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	9 (0)	-52.6%	122 (1)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	2.8%	-3.3%*	3.5%	12.1%

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

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

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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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

CONNECTICUT

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

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

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.
Yellow Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the "Red Zone."
Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.
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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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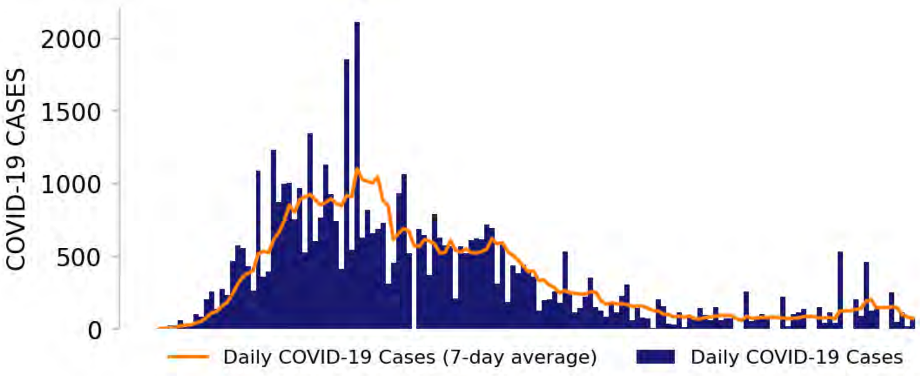
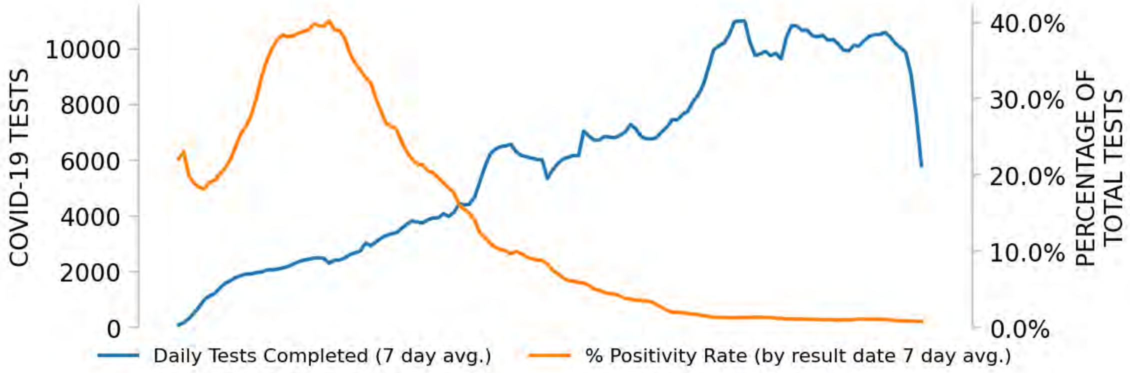
CONNECTICUT

STATE REPORT | 08.09.2020

NEW CASES

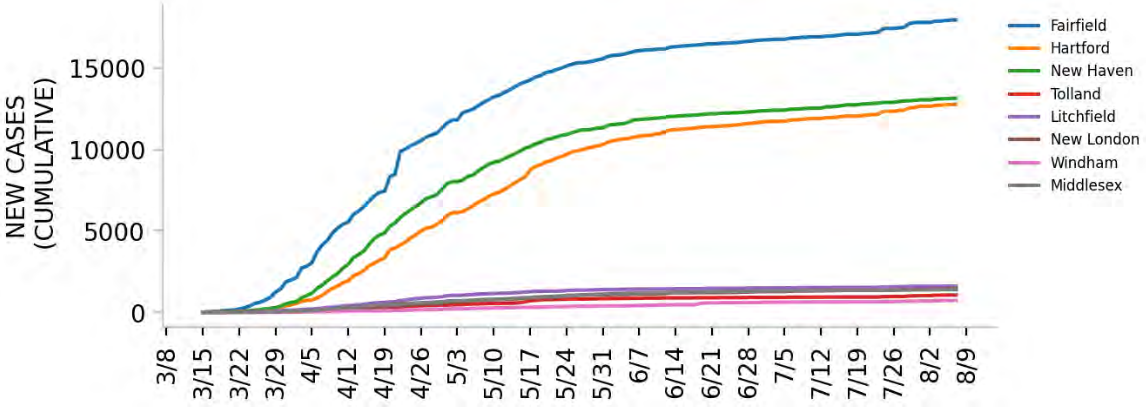


TESTING



TOP COUNTIES

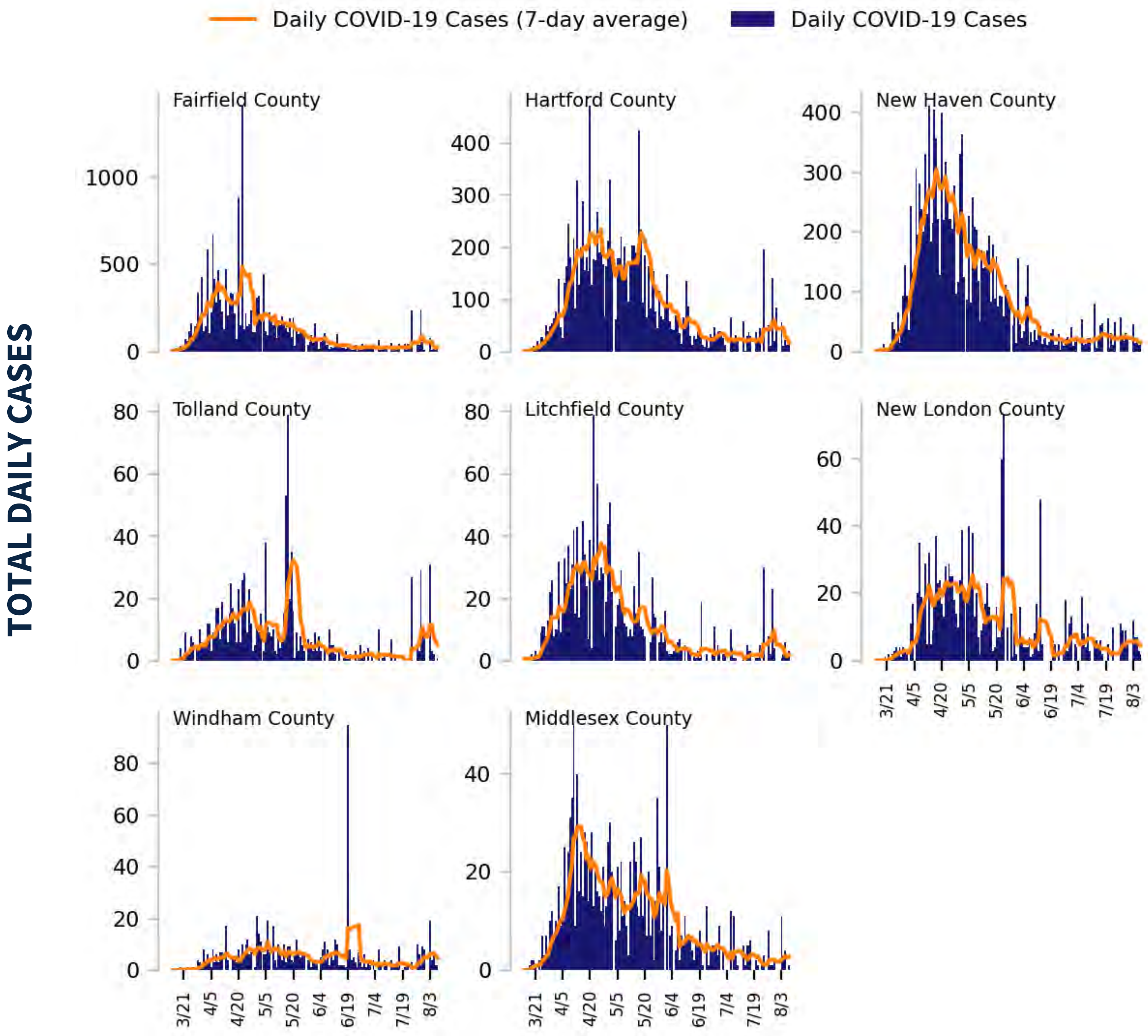
Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)



DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

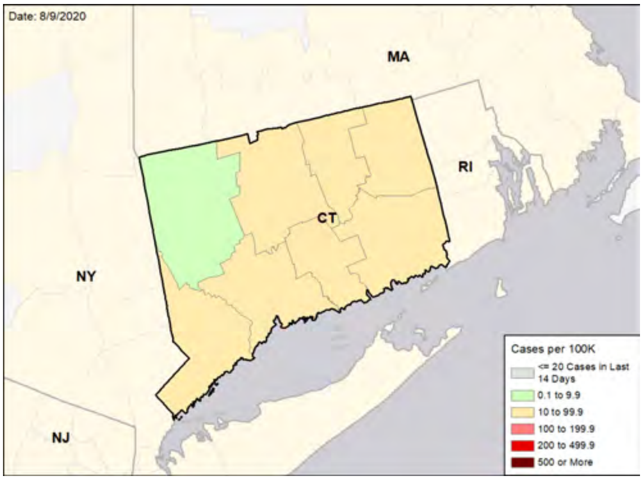
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

CONNECTICUT

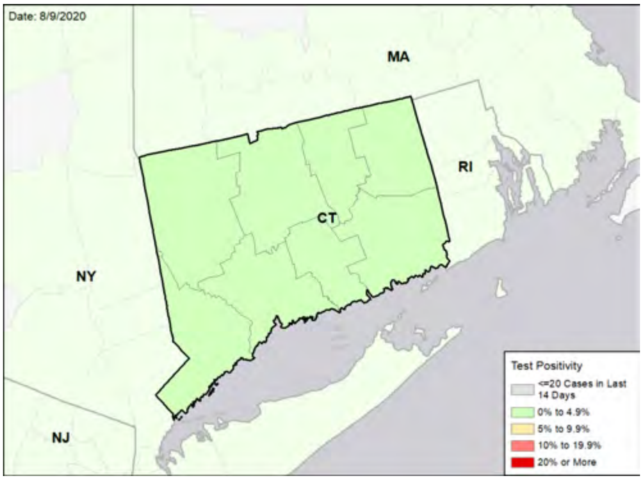
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

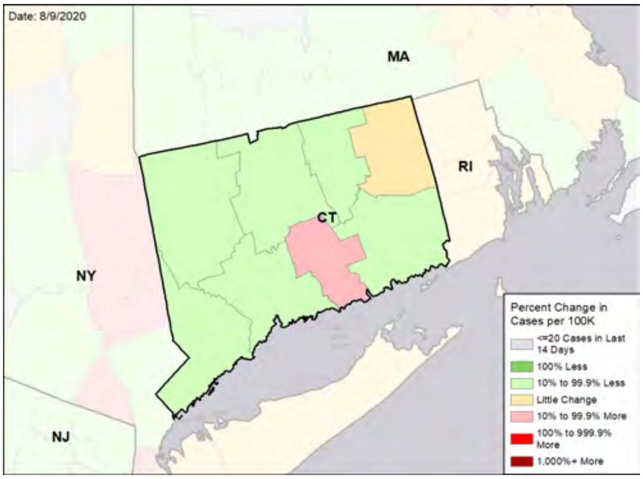
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
MA
RI
CT
NY
NJ
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

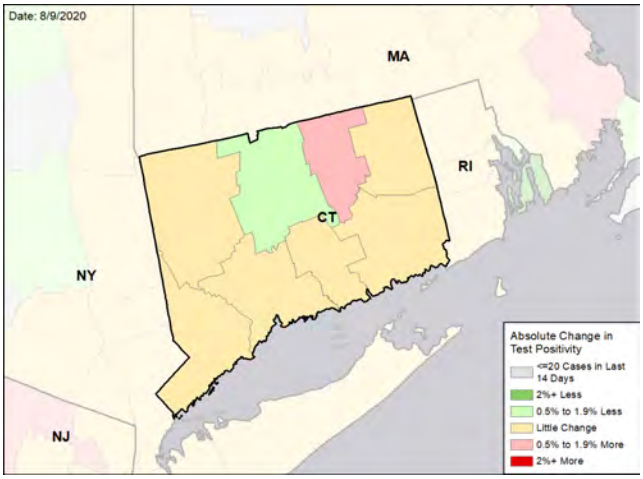
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
MA
RI
CT
NY
NJ
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
MA
RI
CT
NY
NJ
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
MA
RI
CT
NY
NJ
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

DELAWARE

STATE REPORT | 08.09.2020

SUMMARY

- Delaware is in the yellow zone for cases with 58 new cases per 100,000 population last week, and the green zone for test positivity with a rate below 5%.
- Delaware has seen a sharp decrease in new cases and a decrease in test positivity over the past week.
- Younger age groups continue to predominate in recent cases.
- Rates increased in Sussex County, site of many highly popular beaches.
- Delaware had 58 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 5 to support operations activities from FEMA.
- Between Aug 01 - Aug 07, on average, 4 patients with confirmed COVID-19 and 20 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Delaware. An average of 84 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Given the likelihood that Delaware schools will reopen under a hybrid scenario, plan for surge testing, increases in contact tracing capabilities, and the identification of spaces where students can be safely quarantined.
- Given the recent increases in cases among younger age groups and in Sussex County:
  - (a) Develop targeted messaging to younger individuals (ages 18-49 years old).
  - (b) Increase public messaging to out-of-state tourists and increase testing capabilities in beach communities and tourist areas.
- Continue closure of or limited seating at bars in highly affected areas. Consider additional restrictions on occupancy or operation in other localities depending on changes in reported cases. Consider intensifying efforts to improve compliance.
- Continue emphasis on masking requirements in more affected areas. Encourage masking statewide.
- Continue ongoing efforts to build contact tracing capacity and commend interim use of National Guard personnel. Ensure all cases are contacted and all members of positive households are individually tested within 24 hours.
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates and increase community level testing. The efforts by the Delaware Division of Public Health and the Healthy Communities Delaware (HCD) to support communities are commended; consider targeted messaging using various dissemination methods to vulnerable populations through HCD collaborations.
- Consider targeted messaging for wearing of face coverings, hand washing, and social distancing to individuals attending worship services; recommend testing for all attendees if cases are detected.
- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and schools (K-12, community colleges).
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

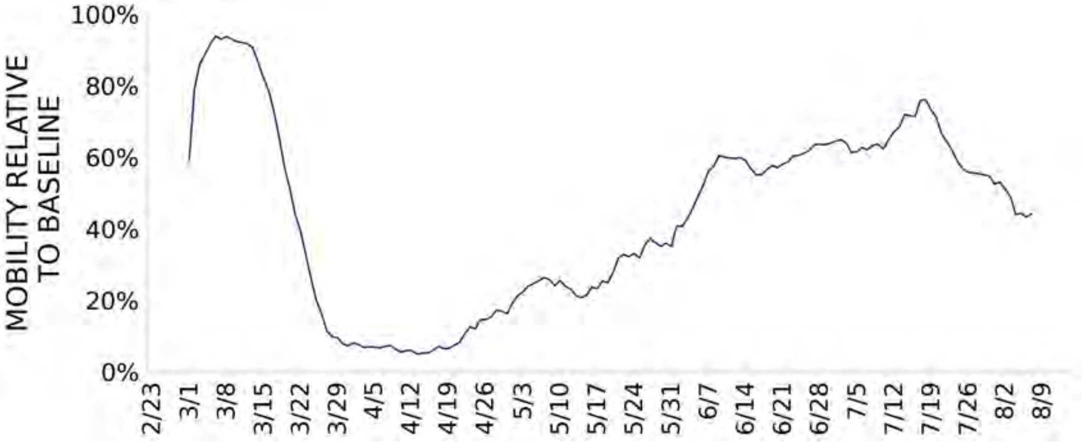
** Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state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

DELAWARE

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	567 (58)	-19.7%	20,436 (66)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	3.7%	-0.6%*	5.4%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	11,473** (1,178)	+7.4%**	494,173** (1,602)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	5 (1)	-28.6%	343 (1)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	9.5%	+2.0%*	8.7%	12.1%

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

DELAWARE

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

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

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

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

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

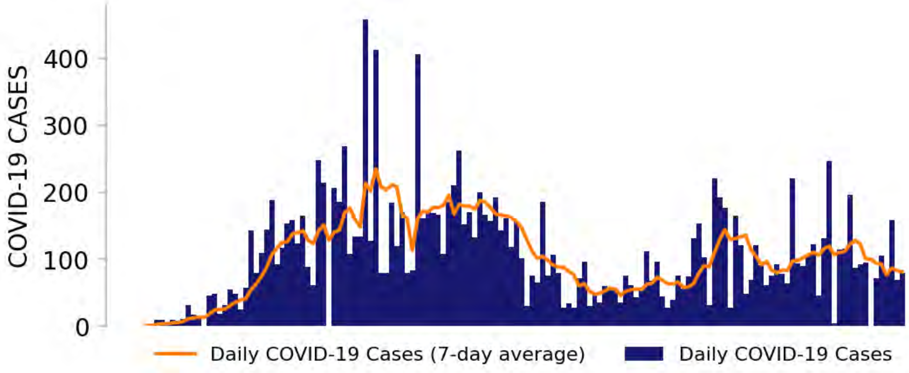
Testing

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

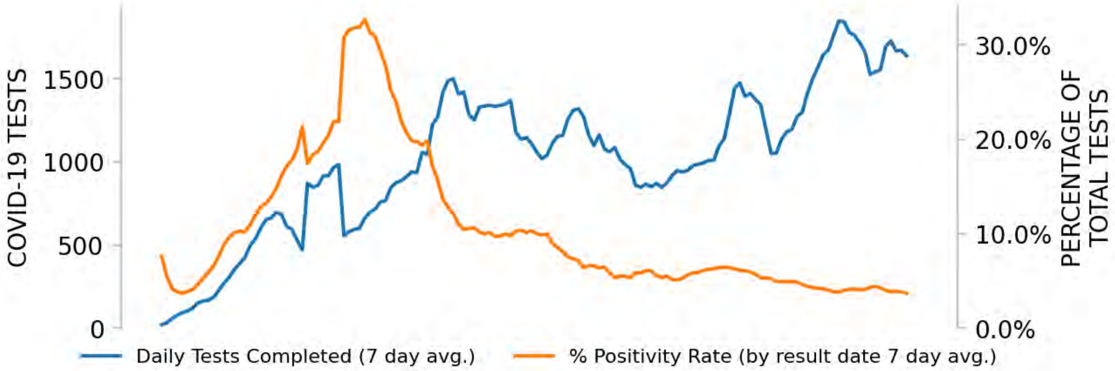
DELAWARE

STATE REPORT | 08.09.2020

NEW CASES

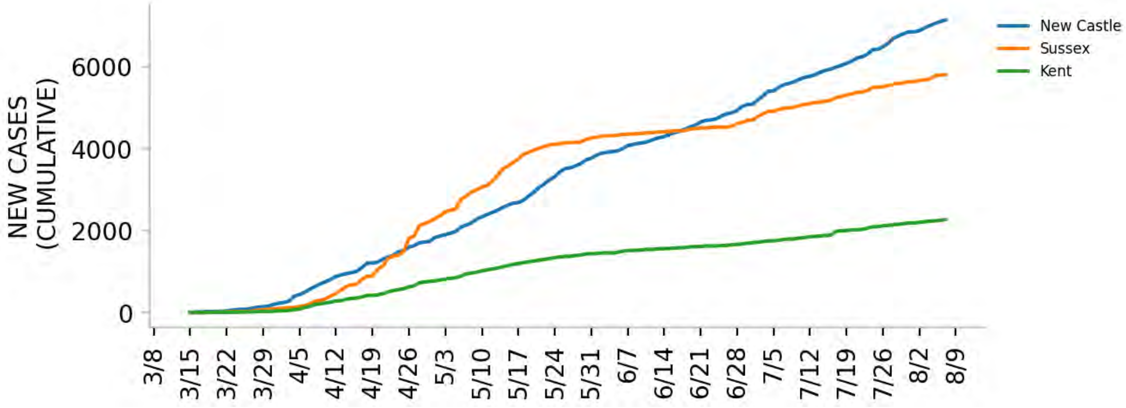


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)



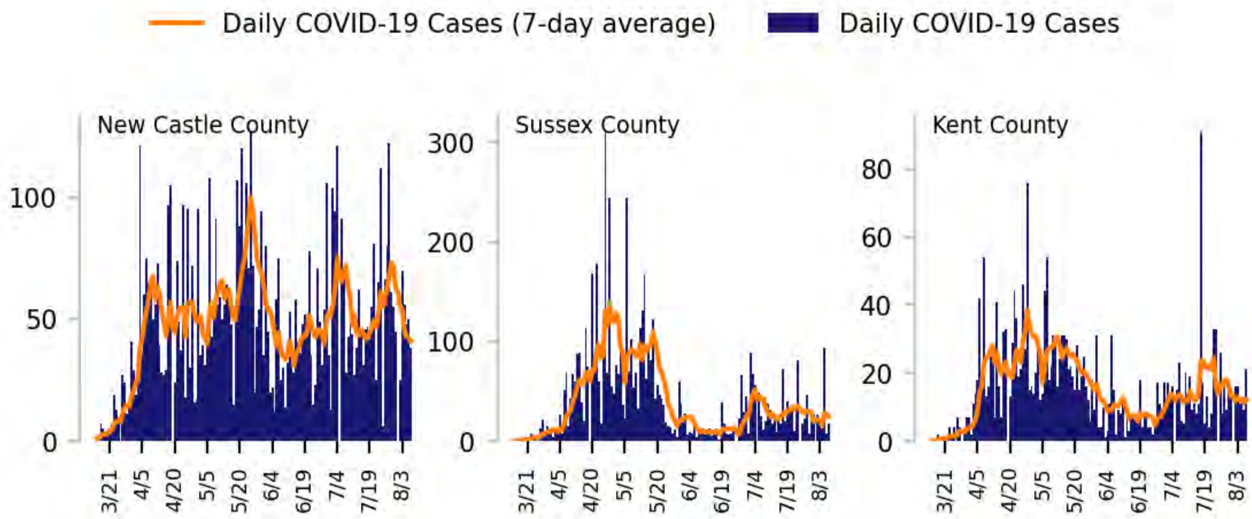
DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020.

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

TOTAL DAILY CASES



DATA SOURCES

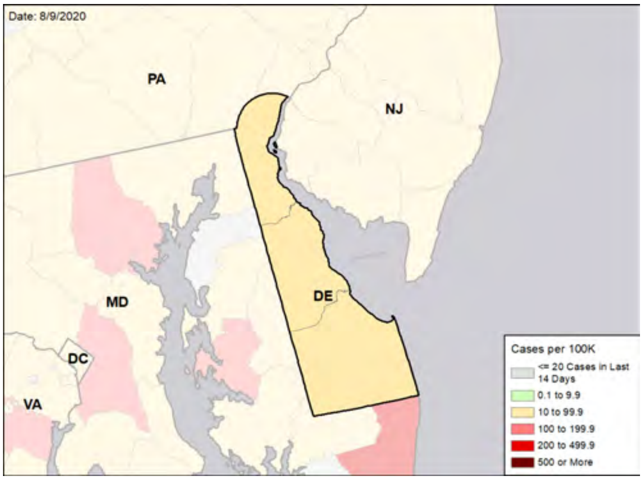
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

DELAWARE

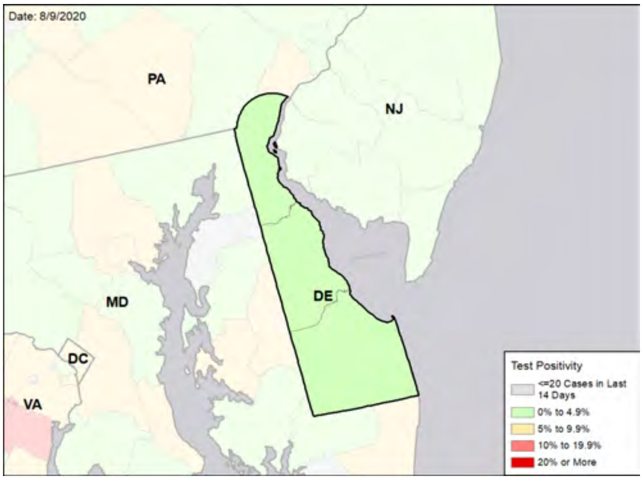
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

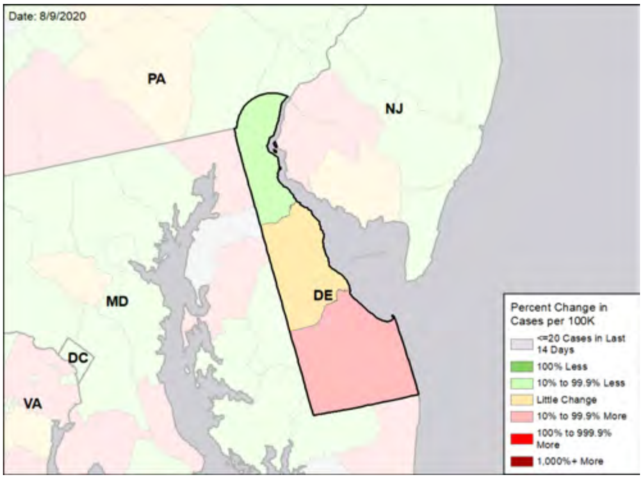
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
PA
NJ
MD
DE
DC
VA
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

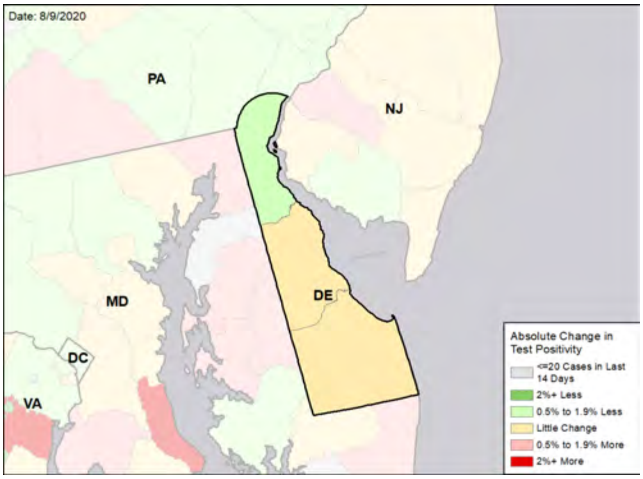
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
PA
NJ
MD
DE
DC
VA
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
PA
NJ
MD
DE
DC
VA
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
PA
NJ
MD
DE
DC
VA
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

THE DISTRICT OF COLUMBIA

STATE REPORT | 08.09.2020

SUMMARY

- The District of Columbia is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- The District of Columbia has seen a decrease in both new cases and test positivity rates last week.
- Younger age groups predominate among recent cases, with a disproportionate number of cases among African Americans and Latinx.
- Contact tracing has identified that an increasing number of individuals have visited restaurants and workplaces while likely infected; multiple restaurants and bars have also been cited for violating restrictions. Many cases have also reported recent travel history.
- The District of Columbia had 54 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 8 to support operations activities from FEMA.
- Between Aug 01 - Aug 07, on average, 15 patients with confirmed COVID-19 and 62 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in the District of Columbia. An average of greater than 95 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period.*

RECOMMENDATIONS

- Emphasize and increase public messaging that anyone traveling to DC from any of the states with high COVID incidence should self-quarantine for 14 days.
- Intensify efforts to improve compliance with mitigation orders.
- Develop targeted messaging to younger individuals and vulnerable and marginalized populations, particularly economically disadvantaged, African American, and Latinx communities.
- Actively promote testing of young people and those engaged in public activities, gatherings, and protests to ensure new cases are found before active community spread occurs.
- Adaptively modulate additional restrictions on occupancy or operation within the current phase 2 opening status for certain businesses (bars, restaurants) depending on further changes in case counts.
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates and increase community level testing.
- The efforts to surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates, such as Columbia Heights and Brightwood, are commended and should continue.
- Consider collaborating with counties and states within the National Capital Region on a COVID-19 containment strategy similar to efforts implemented by NJ-NY-CT.
- Develop a strategic plan for the return of students to colleges, universities, and K-12 for the fall, including surge testing and mitigation strategies.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

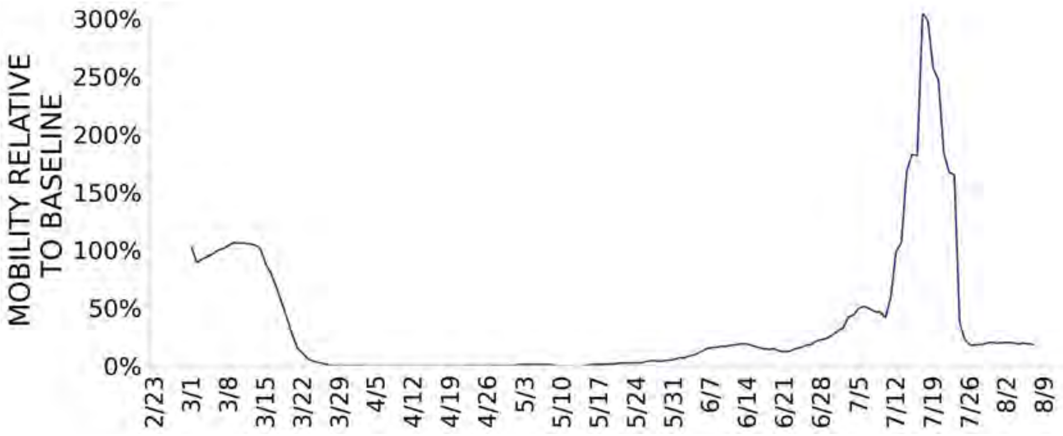
** Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state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

THE DISTRICT OF COLUMBIA

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	384 (54)	-21.3%	20,436 (66)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	6.1%	-1.3%*	5.4%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	28,729** (4,071)	-9.6%**	494,173** (1,602)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	4 (1)	+0.0%	343 (1)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	11.1%	+0.0%*	8.7%	12.1%

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

THE DISTRICT OF COLUMBIA

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

	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	**1**	District of Columbia

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

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

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

Testing

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

THE DISTRICT OF COLUMBIA

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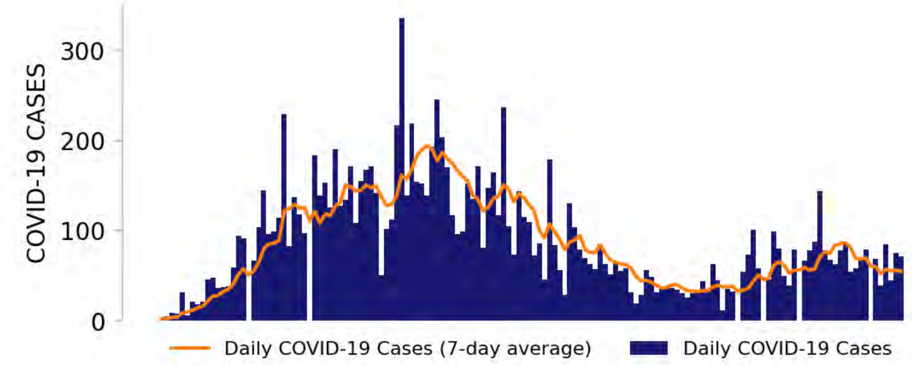
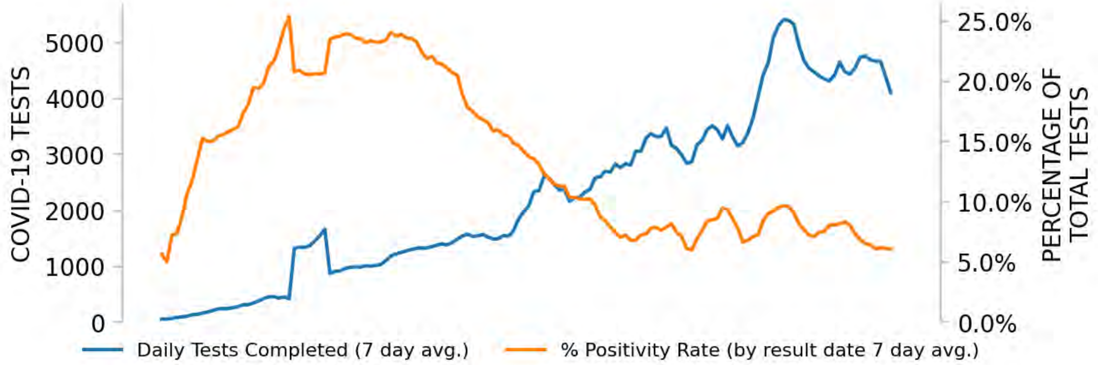
NEW CASES

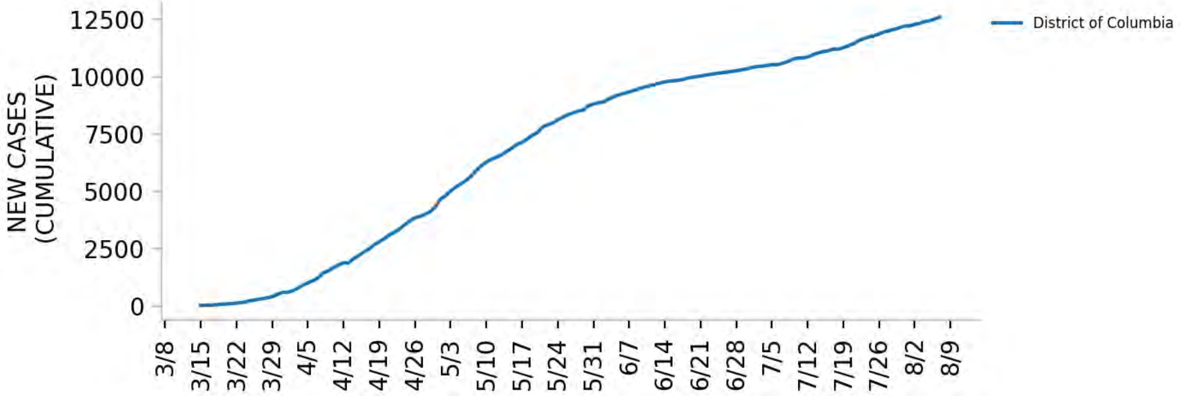


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)

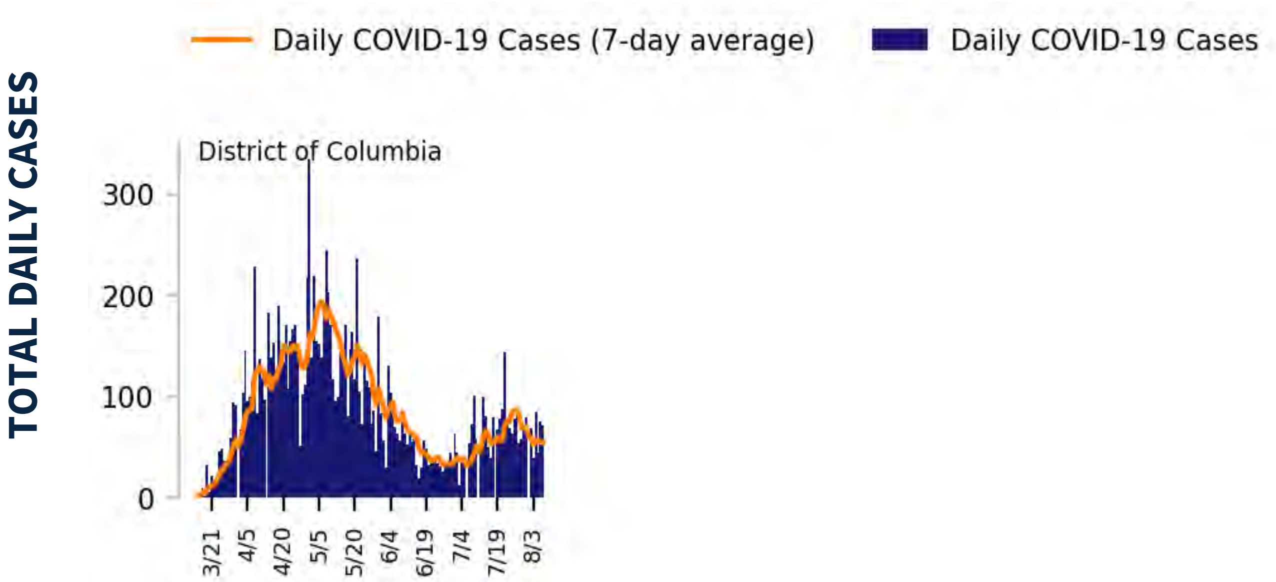


DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020.

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



DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

THE DISTRICT OF COLUMBIA

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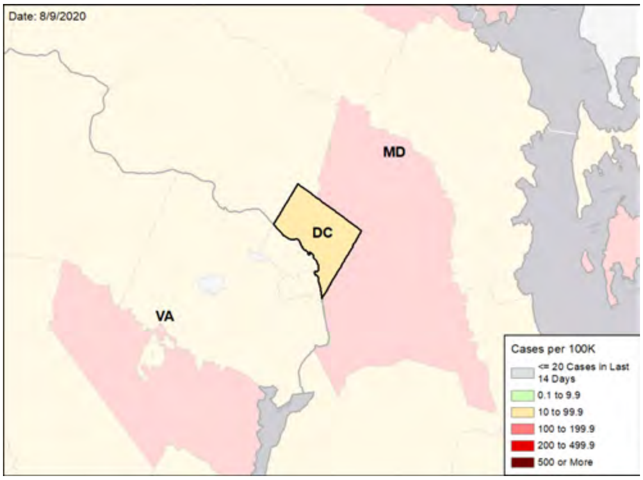
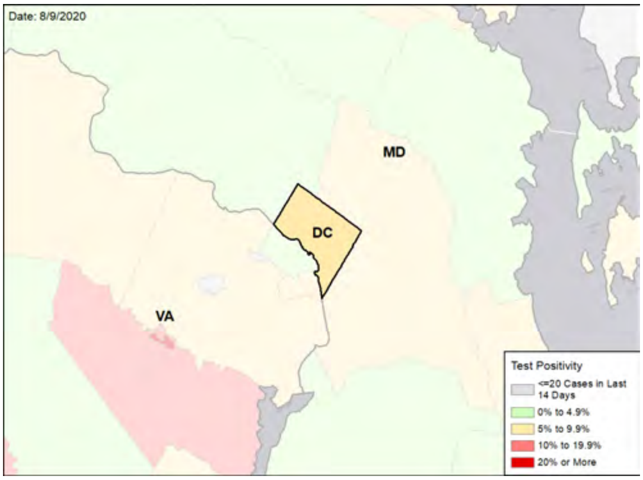
CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

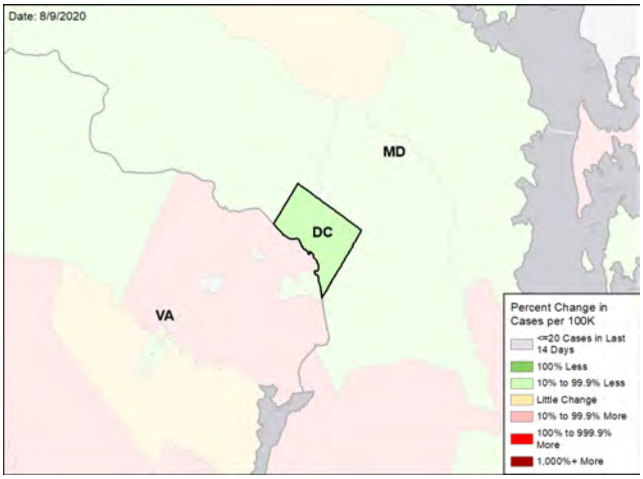
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
MD
DC
VA
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

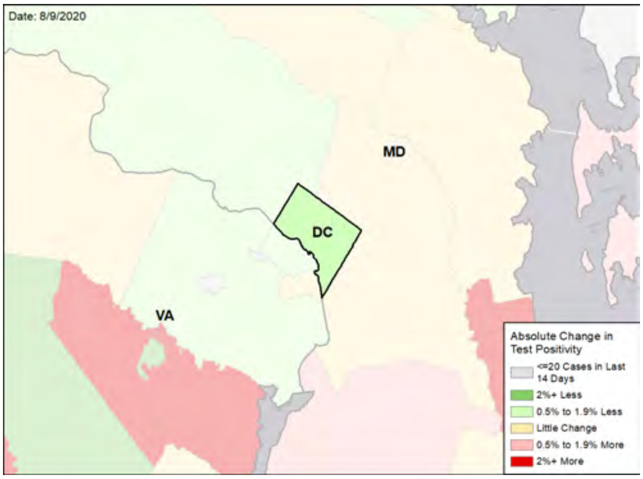
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
MD
DC
VA
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
MD
DC
VA
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
MD
DC
VA
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

FLORIDA

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SUMMARY

- Florida is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the red zone for test positivity, indicating a rate above 10%.
- Florida has seen a decrease in new cases and a decrease in test positivity over the past week, demonstrating the impact of the mitigation efforts.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Miami-Dade County, 2. Broward County, and 3. Palm Beach County. These counties represent 45.7 percent of new cases in Florida.
- The majority of new cases are still from South Florida, with improvement being seen in other metros across the state, and the aggressive mitigation efforts by both the Mayor of the City of Miami and Mayor of Miami-Dade County are beginning to show impact. The critical alert to all family members to protect the vulnerable family members with utilization of social distancing and face coverings for private family gatherings was a key intervention.
- Florida had 222 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 3 to support operations activities from FEMA; 28 to support medical activities from ASPR; 7 to support operations activities from ASPR; 1 to support operations activities from USACE; 53 to support operations activities from USCG; and 24 to support medical activities from VA.
- The federal government has supported a surge testing site in Miami, FL.
- Between Aug 01 - Aug 07, on average, 665 patients with confirmed COVID-19 and 449 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Florida. An average of 85 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Expand the protection of those in nursing homes, assisted living, and long-term care facilities by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19 and the isolation of all positive staff and residents. Ensure social distancing and universal facemask use. Immediately conduct infection control prevention surveys in all nursing homes with more than 3 cases in the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support routine testing.
- Consider a statewide mask mandate for counties with 50 or more active cases to ensure consistent mask usage, as improvements are fragile.
- Continue the bar closure in all counties with rising test percent positivity; increase outdoor dining options and limit indoor dining to 25% of normal capacity.
- Ensure messaging to all citizens to limit social gatherings to 10 or fewer people even within families; cases appear to be coming from within households. Emphasize need to ensure all citizens are limiting gatherings and protecting the members of their households with co-morbidities.
- Continue the scale-up of testing, moving to community-led neighborhood testing. Work with local community groups to increase household testing of multigenerational households, with clear guidance on test positive isolation procedures and mask use.
- Ensure all individuals and households engaged in any multi-household activities are immediately tested, either in pools or as individuals.
- Increase messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Expand testing capacity in public health labs by adding shifts and weekend shifts to reduce turnaround times. Institute 3:1 or 2:1 pooling of test specimens to increase testing access and reduce turnaround times.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

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

FLORIDA

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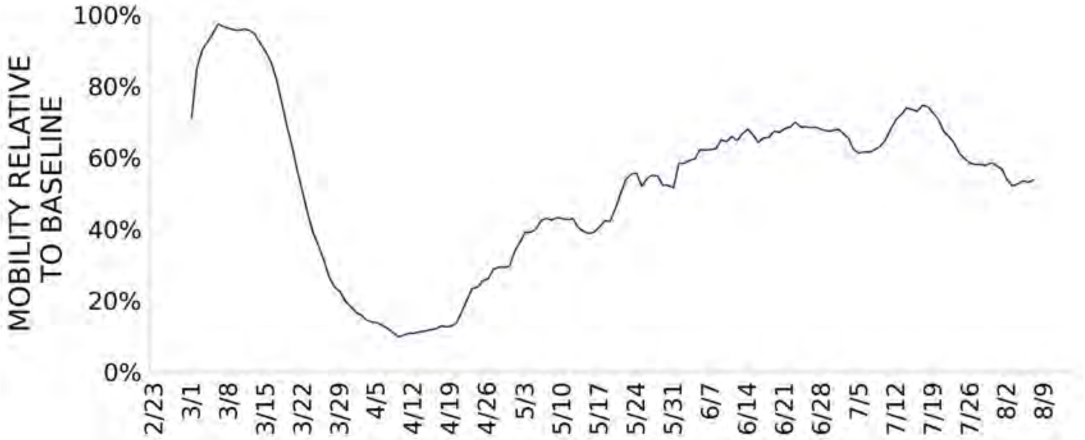
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	47,677 (222)	-30.0%	123,846 (185)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	13.1%	-2.1%*	12.2%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	393,555** (1,832)	-35.2%**	898,618** (1,343)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	1,084 (5)	-8.9%	2,438 (4)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	31.8%	-4.2%*	22.2%	12.1%

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

FLORIDA

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COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**14** **Top 12 shown (full list below)**	Miami-Fort Lauderdale-Pompano Beach Jacksonville Pensacola-Ferry Pass-Brent Lakeland-Winter Haven Ocala Tallahassee Port St. Lucie Panama City Crestview-Fort Walton Beach-Destin Lake City Sebring-Avon Park Okeechobee	**14** **Top 12 shown (full list below)**	Tampa-St. Petersburg-Clearwater Orlando-Kissimmee-Sanford North Port-Sarasota-Bradenton Cape Coral-Fort Myers Deltona-Daytona Beach-Ormond Beach Naples-Marco Island Gainesville Sebastian-Vero Beach Punta Gorda Homosassa Springs Key West Palatka
COUNTY LAST WEEK	**36** **Top 12 shown (full list below)**	Miami-Dade Broward Palm Beach Hillsborough Duval Polk Osceola Marion Escambia Bay St. Lucie Santa Rosa	**29** **Top 12 shown (full list below)**	Orange Pinellas Lee Manatee Collier Volusia Pasco Sarasota Leon Seminole Lake St. Johns

All Red CBSAs: Miami-Fort Lauderdale-Pompano Beach, Jacksonville, Pensacola-Ferry Pass-Brent, Lakeland-Winter Haven, Ocala, Tallahassee, Port St. Lucie, Panama City, Crestview-Fort Walton Beach-Destin, Lake City, Sebring-Avon Park, Okeechobee, Clewiston, Wauchula

All Yellow CBSAs: Tampa-St. Petersburg-Clearwater, Orlando-Kissimmee-Sanford, North Port-Sarasota-Bradenton, Cape Coral-Fort Myers, Deltona-Daytona Beach-Ormond Beach, Naples-Marco Island, Gainesville, Sebastian-Vero Beach, Punta Gorda, Homosassa Springs, Key West, Palatka, The Villages, Arcadia

All Red Counties: Miami-Dade, Broward, Palm Beach, Hillsborough, Duval, Polk, Osceola, Marion, Escambia, Bay, St. Lucie, Santa Rosa, Okaloosa, Columbia, Alachua, Clay, Jackson, Gadsden, Hernando, Taylor, Highlands, Walton, Washington, Suwannee, Gulf, Baker, Okeechobee, Hendry, Franklin, Dixie, Madison, Hardee, Union, Hamilton, Liberty, Lafayette

All Yellow Counties: Orange, Pinellas, Lee, Manatee, Collier, Volusia, Pasco, Sarasota, Leon, Seminole, Lake, St. Johns, Indian River, Charlotte, Martin, Citrus, Monroe, Putnam, Nassau, Sumter, Wakulla, Flagler, Jefferson, Levy, DeSoto, Bradford, Calhoun, Glades, Gilchrist

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

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

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

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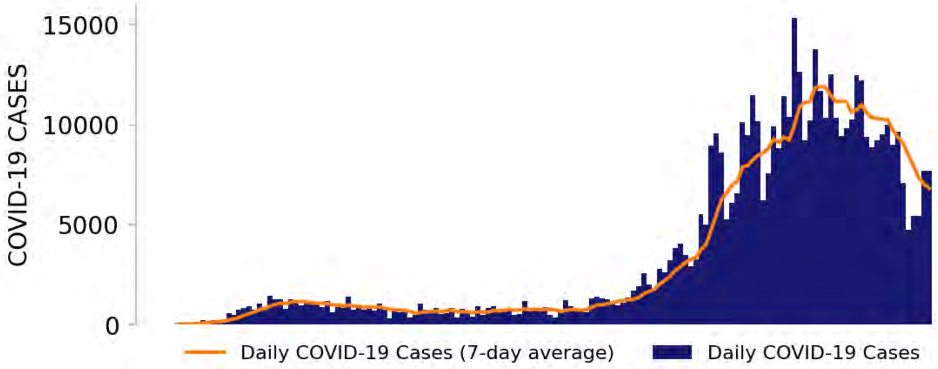
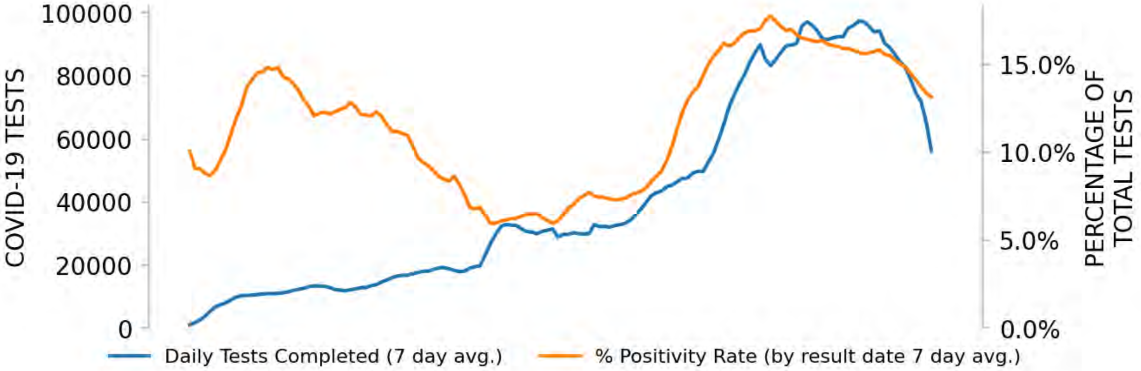
NEW CASES

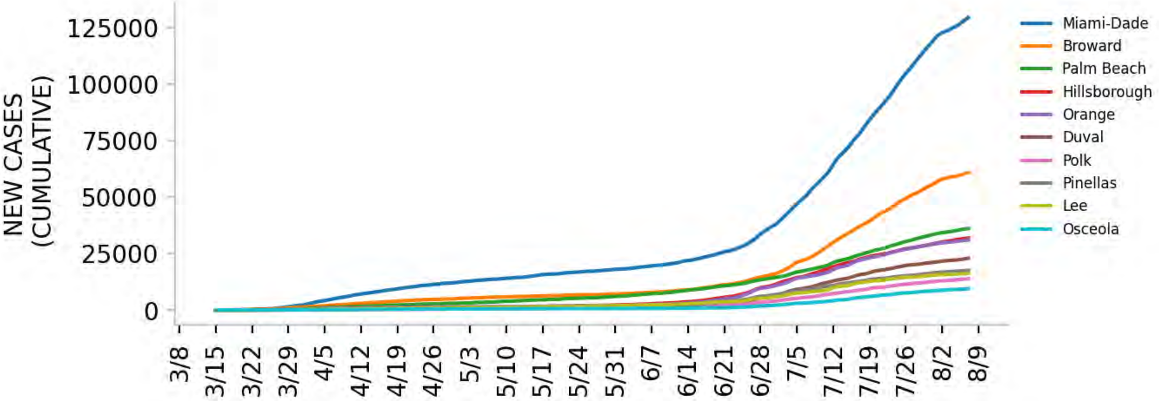


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)



DATA SOURCES

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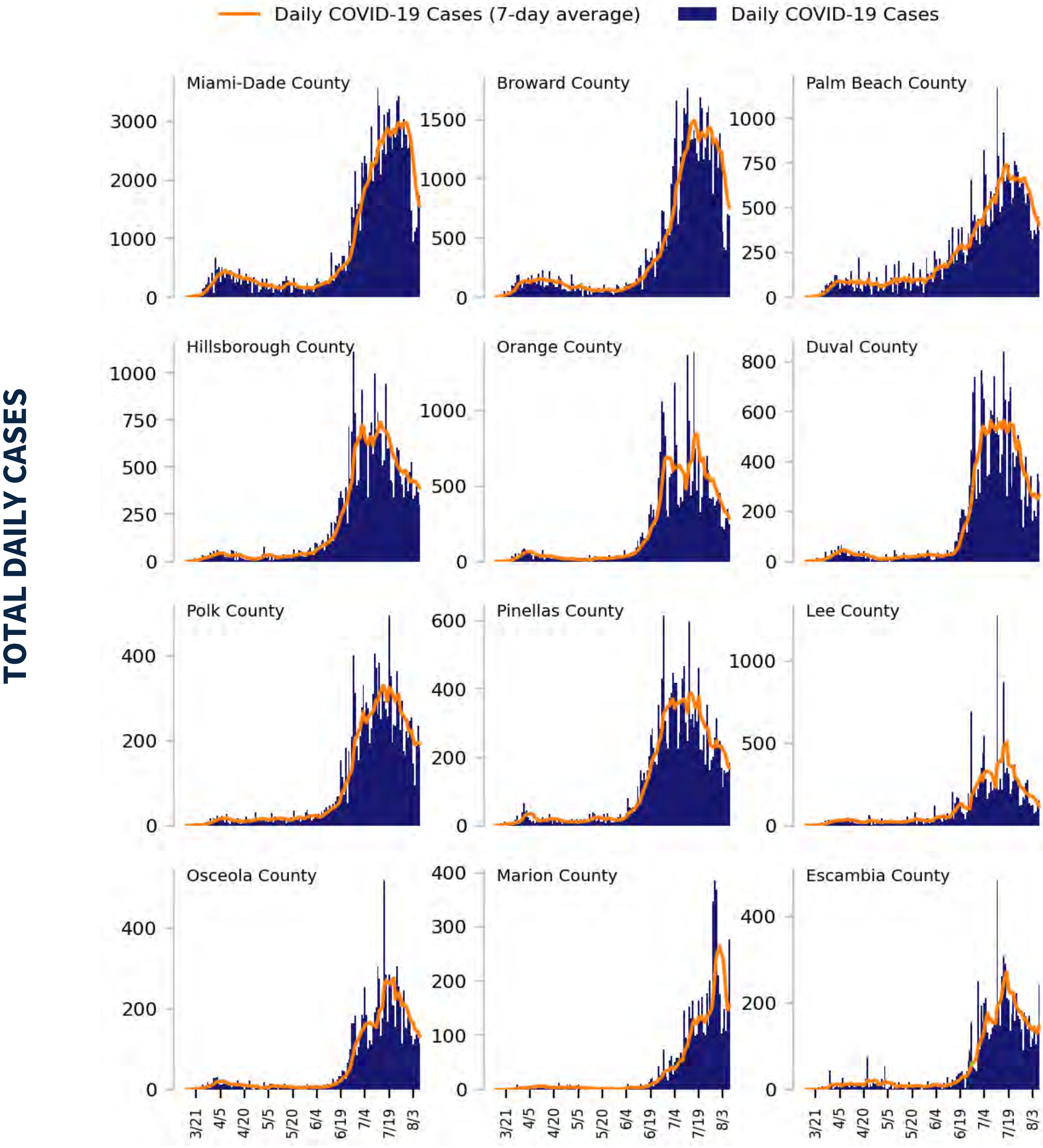
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

FLORIDA

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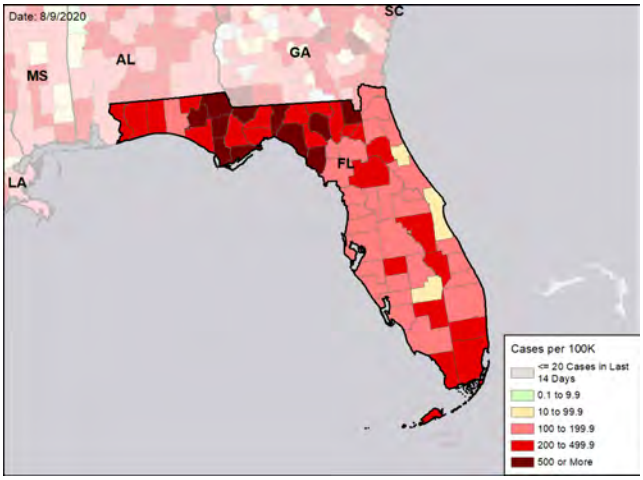
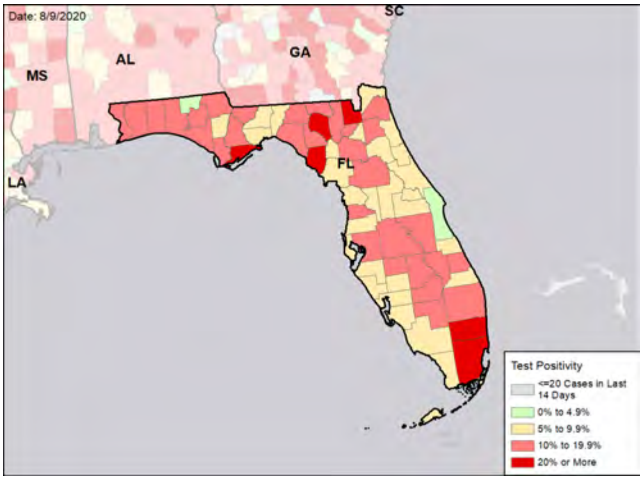
CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

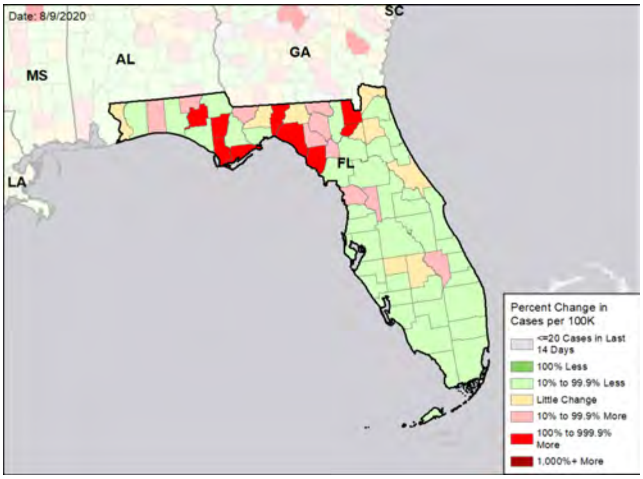
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
SC
AL
GA
MS
LA
FL
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

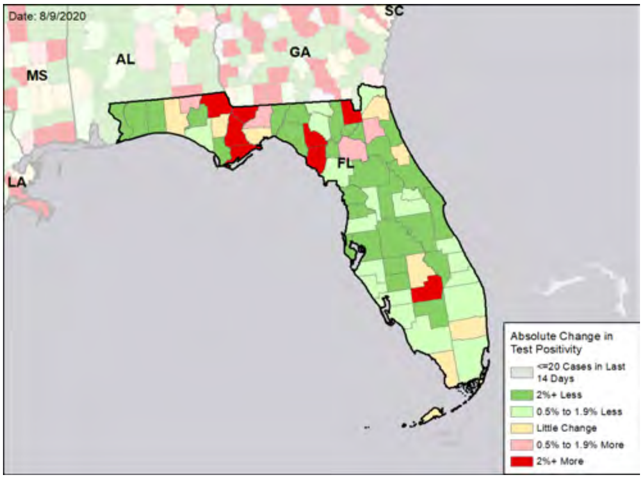
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
SC
AL
GA
MS
LA
FL
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
SC
AL
GA
MS
LA
FL
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
SC
AL
GA
MS
LA
FL
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

GEORGIA

STATE REPORT | 08.09.2020

SUMMARY

- Georgia is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the red zone for test positivity, indicating a rate above 10%.
- Georgia has seen stability in new cases, but an increase in test positivity over the past week. There is widespread and expanding community viral spread. There is no significant improvement in the Atlanta metro area, with continued high levels of new cases at a plateau. Mitigation efforts must increase.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Fulton County, 2. Gwinnett County, and 3. Cobb County. These counties represent 25.0 percent of new cases in Georgia, but the virus is widespread. Fulton County has the highest rate of increase of new cases, despite current mitigation efforts and efforts must be heightened. To support additional testing, a Federal testing site is opening in Fulton County on 8/10 and will operate for 12 days, with a capacity of 5000 tests per day.
- Georgia had 213 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 77 to support operations activities from FEMA; 10 to support operations activities from ASPR; 27 to support epidemiology activities from CDC; 1 to support operations activities from USCG; 3 to support medical activities from VA; and 1 to support operations activities from VA.
- Between Aug 01 - Aug 07, on average, 305 patients with confirmed COVID-19 and 356 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Georgia. An average of 81 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Expand the protection of those in nursing homes, assisted living, and long-term care facilities by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19 and the isolation of all positive staff and residents. Ensure social distancing and universal facemask use. Immediately conduct infection control prevention surveys in all nursing homes with more than 3 cases in the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support routine testing.
- Current mitigation efforts are not having a sufficient impact and would strongly recommend a statewide mask mandate.
- In red counties, close all establishments where social distancing and mask use cannot occur, such as bars, nightclubs, and entertainment venues.
- Further limit indoor dining to under 25% occupancy and expand outdoor dining.
- Ask every citizen to limit social gatherings to 10 or fewer people.
- Increase messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Continue the scale-up of testing, moving to community-led neighborhood testing.
- Work with local communities to implement and provide clear guidance for households that test positive, including on individual isolation and quarantining procedures.
- Continue to enhance contact tracing and ensure the ability of cases and contacts to quarantine or isolate safely.
- Monitor testing data to identify additional sites of increased transmission and focus public health resources there.
- Ensure every public health lab is fully staffed and running 24/7 and utilizing all platforms to reduce turnaround times. Institute 2:1 pooling of specimens on all high throughput machines as long as turnaround times are greater than 36 hours.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

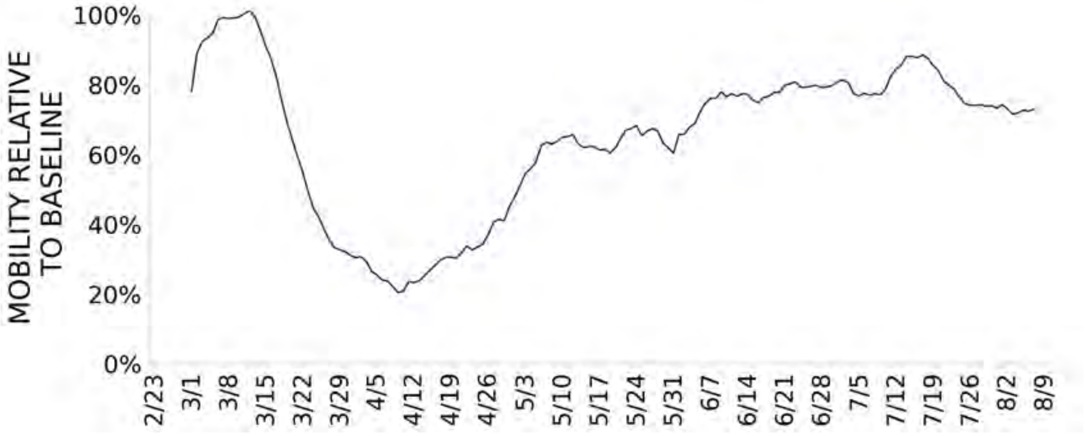
** Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state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

GEORGIA

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	22,660 (213)	-9.2%	123,846 (185)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	13.0%	+0.6%*	12.2%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	74,251** (699)	-48.8%**	898,618** (1,343)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	364 (3)	+17.4%	2,438 (4)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	22.8%	+1.9%*	22.2%	12.1%

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

GEORGIA

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**34** **Top 12 shown (full list below)**	Atlanta-Sandy Springs-Alpharetta Augusta-Richmond County Savannah Columbus Macon-Bibb County Gainesville Dalton Athens-Clarke County Valdosta Brunswick Albany Rome	**4**	Warner Robins Chattanooga Waycross Eufaula
COUNTY LAST WEEK	**109** **Top 12 shown (full list below)**	Chatham Richmond Hall Clayton Muscogee Bibb Whitfield Henry Lowndes Columbia Forsyth Clarke	**30** **Top 12 shown (full list below)**	Fulton Gwinnett Cobb DeKalb Cherokee Douglas Houston Rockdale Ware Gilmer Murray Pickens

All Red CBSAs: Atlanta-Sandy Springs-Alpharetta, Augusta-Richmond County, Savannah, Columbus, Macon-Bibb County, Gainesville, Dalton, Athens-Clarke County, Valdosta, Brunswick, Albany, Rome, Dublin, Douglas, Calhoun, Jesup, Jefferson, Statesboro, Vidalia, LaGrange, Thomasville, Bainbridge, Hinesville, St. Marys, Milledgeville, Cedartown, Cornelia, Tifton, Toccoa, Moultrie, Summerville, Fitzgerald, Americus, Thomaston

All Red Counties: Chatham, Richmond, Hall, Clayton, Muscogee, Bibb, Whitfield, Henry, Lowndes, Columbia, Forsyth, Clarke, Glynn, Bartow, Paulding, Newton, Floyd, Carroll, Barrow, Coweta, Gordon, Wayne, Fayette, Walton, Jackson, Bulloch, Coffee, Laurens, Dougherty, Troup, Thomas, Decatur, Camden, Polk, Liberty, Toombs, Effingham, Bryan, Baldwin, Habersham, Spalding, Tattnall, Chattahoochee, Charlton, Washington, Jeff Davis, Emanuel, Appling, Tift, Stephens, Jefferson, Burke, Colquitt, Grady, Peach, Madison, Dawson, Evans, Oconee, Monroe, Hart, Putnam, Morgan, Chattooga, McDuffie, Cook, White, Greene, Jones, Brooks, Ben Hill, Elbert, Seminole, Lamar, Franklin, Upson, Sumter, Johnson, Atkinson, Berrien, Banks, Oglethorpe, Montgomery, Bleckley, Wilkinson, Brantley, Telfair, Worth, Hancock, Clinch, Twiggs, Treutlen, Jenkins, Screven, Towns, Lincoln, Heard, Randolph, Dodge, Marion, Turner, Early, Pulaski, Talbot, Wilcox, Warren, Calhoun, Stewart, Clay

All Yellow Counties: Fulton, Gwinnett, Cobb, DeKalb, Cherokee, Douglas, Houston, Rockdale, Ware, Gilmer, Murray, Pickens, Harris, Fannin, Lumpkin, Mitchell, Butts, Candler, Rabun, Meriwether, Pierce, Lee, Haralson, McIntosh, Miller, Pike, Jasper, Wilkes, Schley, Taylor

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

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

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

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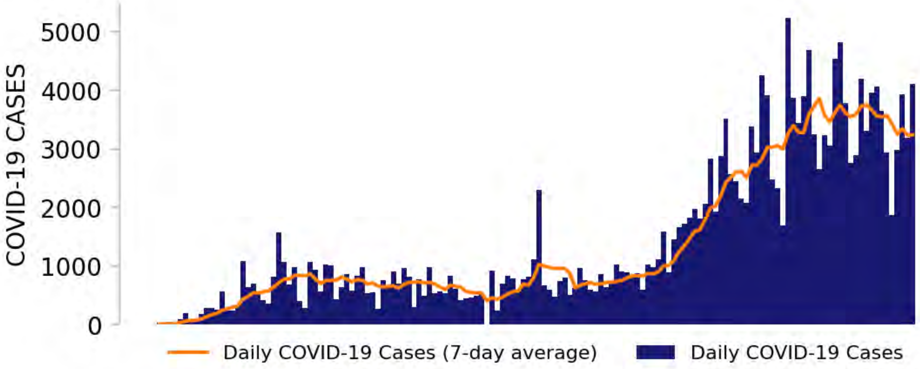
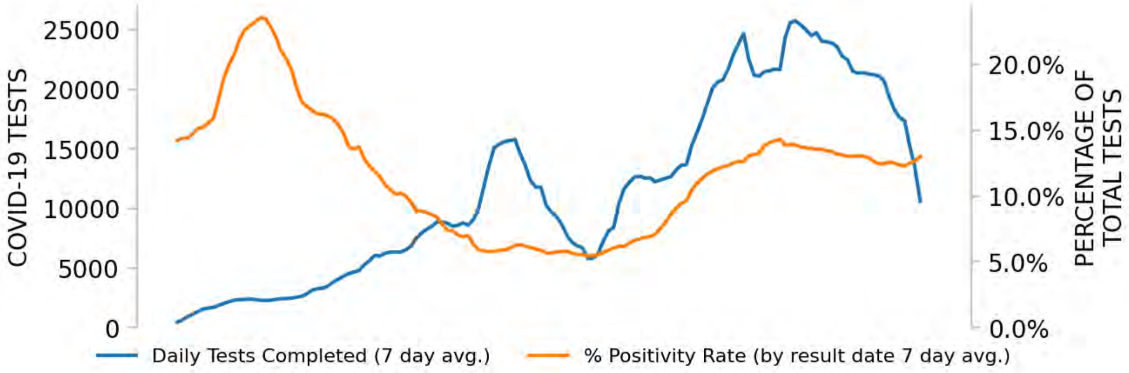
NEW CASES ▶

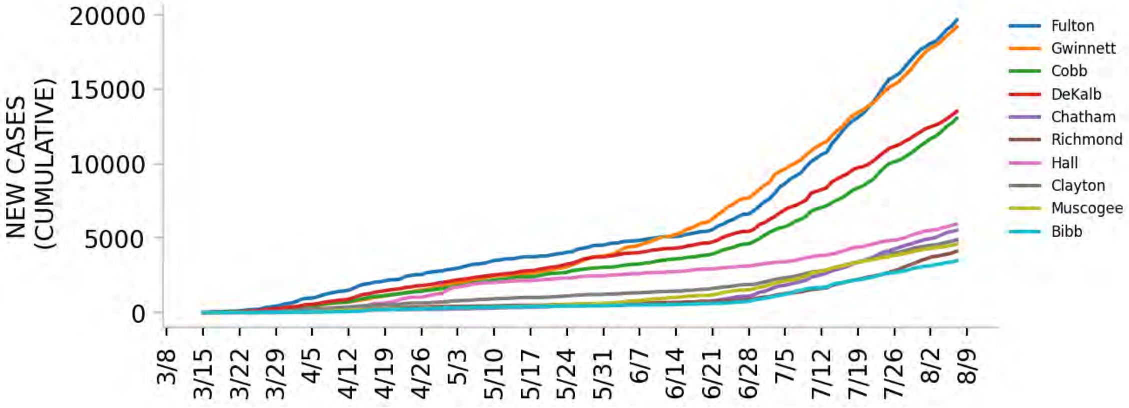


TESTING ▶



TOP COUNTIES ▶

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)

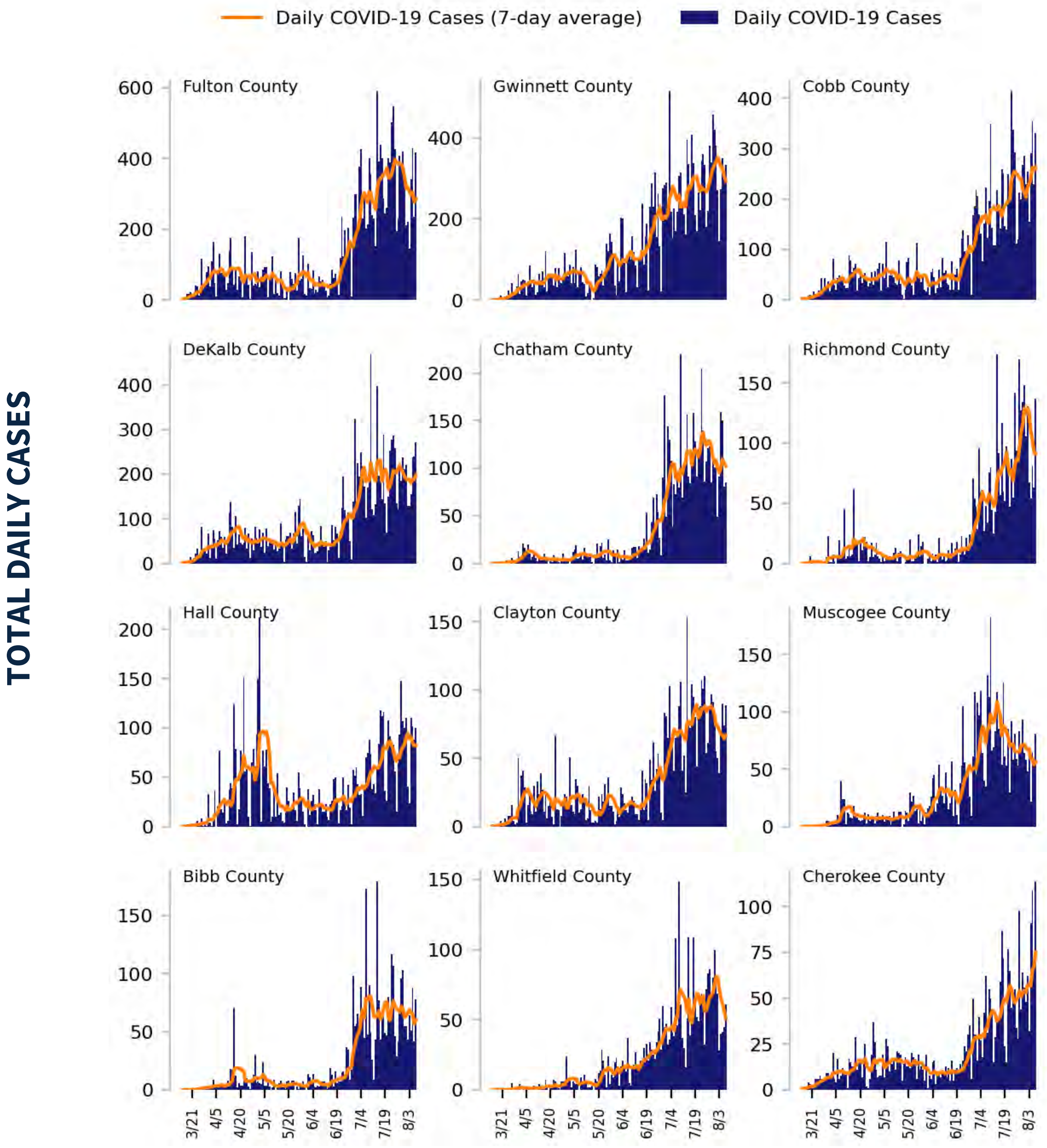


DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

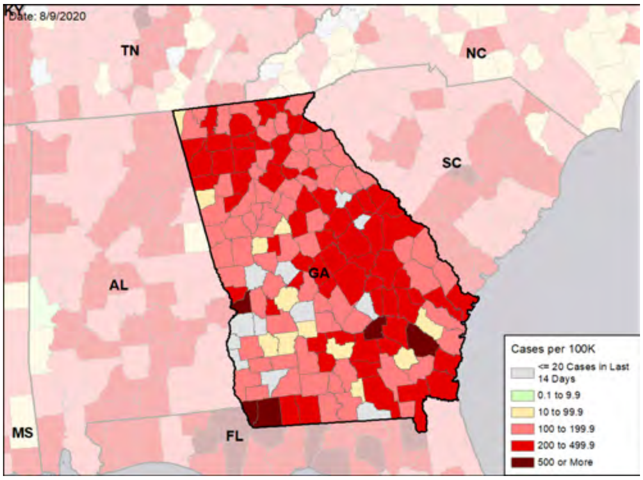
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

GEORGIA

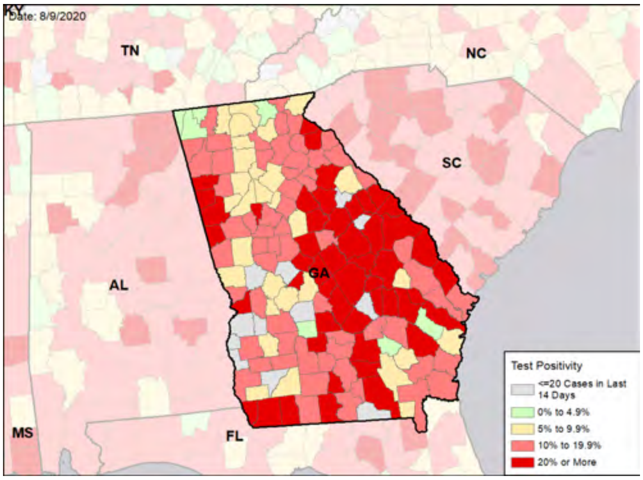
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

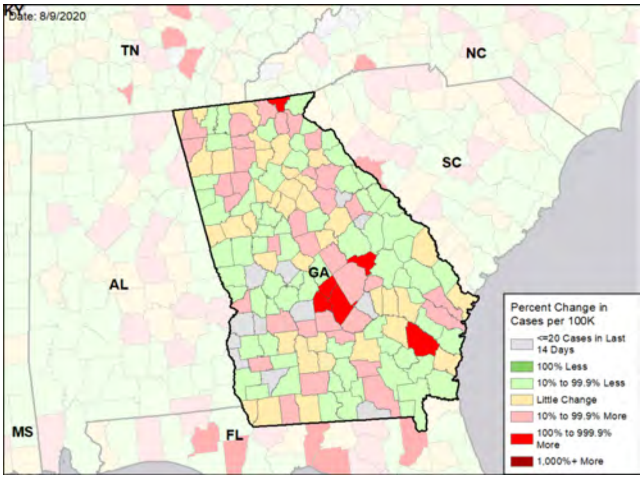
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
KY
TN
NC
SC
GA
AL
MS
FL
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

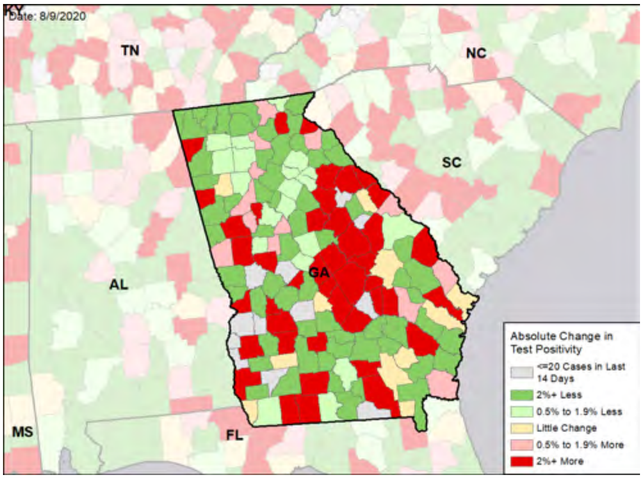
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
KY
TN
NC
SC
GA
AL
MS
FL
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
KY
TN
NC
SC
GA
AL
MS
FL
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
KY
TN
NC
SC
GA
AL
MS
FL
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

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HAWAII

STATE REPORT | 08.09.2020

SUMMARY

- Hawaii is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- Hawaii has seen an increase in new cases and stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Honolulu County, 2. Maui County, and 3. Hawaii County. These counties represent 99.7 percent of new cases in Hawaii.
- Hawaii had 71 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 20 to support operations activities from FEMA and 14 to support operations activities from USCG.
- Between Aug 01 - Aug 07, on average, 19 patients with confirmed COVID-19 and 29 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Hawaii. An average of 74 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Given continued increase in cases in Honolulu, aggressive mitigation efforts are warranted. Intensify restrictions, including closing indoor bars and gyms, and restrict dining to outdoors.
- Deploy social media and educational campaigns targeting both residents and tourists, emphasizing the importance of face coverings and the risks of COVID, particularly for older individuals and those with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Expand testing across the state, particularly in Honolulu, by pooled testing as described below. Ensure all public health labs are staffed and running 24/7 and all universities with suitable platforms are assisting with surveillance testing for schools (K-12, community colleges) and university students.
- Monitor wearing of cloth face masks and enforce use of face masks in all indoor spaces outside of the home. Consider fines for persons not wearing face masks in indoor settings in Honolulu.
- Continue intensified contact tracing efforts, focusing efforts in Honolulu. Ensure all cases are immediately isolated and interviewed for contacts within 48 hours of diagnosis. Provide adequate housing, as necessary, to ensure isolation of all cases and quarantine of all contacts.
- Continue to ensure that nursing home residents are protected by requiring testing at admission and in the event that any resident or staff are diagnosed with COVID-19. Staff should be tested periodically and required to wear face masks at all times when at work.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

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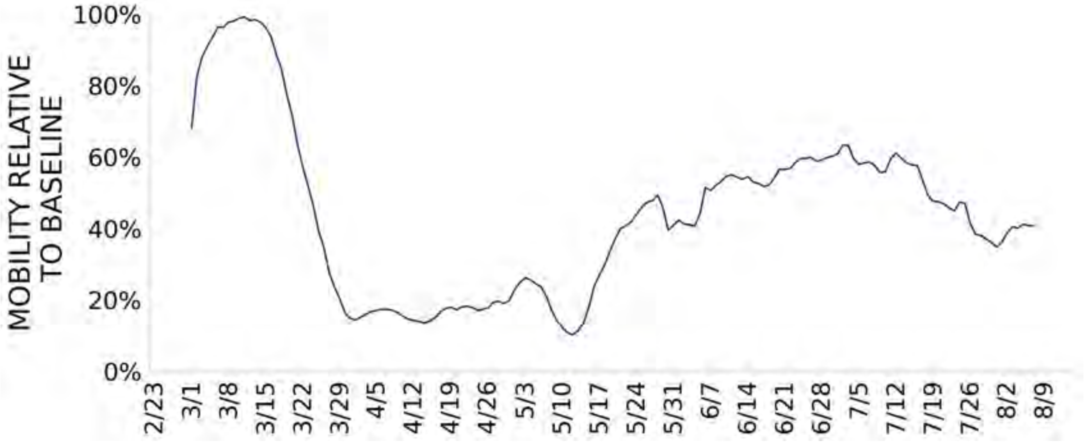
HAWAII

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	1,005 (71)	+78.5%	66,023 (129)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	6.1%	+0.3%*	8.6%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	19,291** (1,362)	+35.6%**	844,456** (1,647)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	5 (0)	N/A	1,454 (3)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	4.8%	+2.4%*	14.7%	12.1%

MOBILITY ▶



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HAWAII

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

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

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

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

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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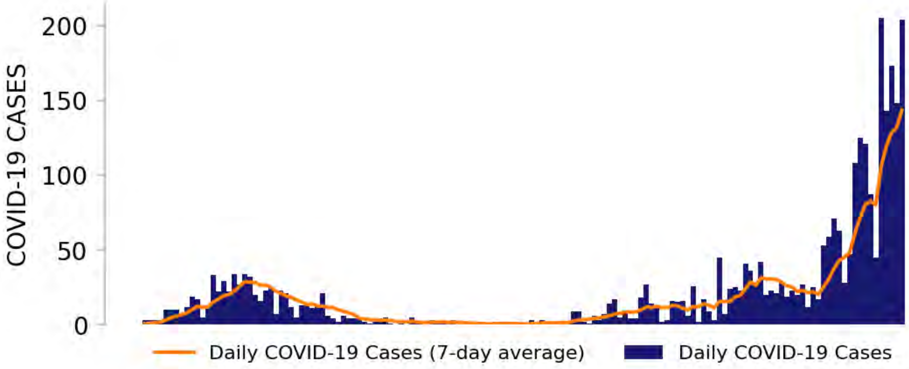
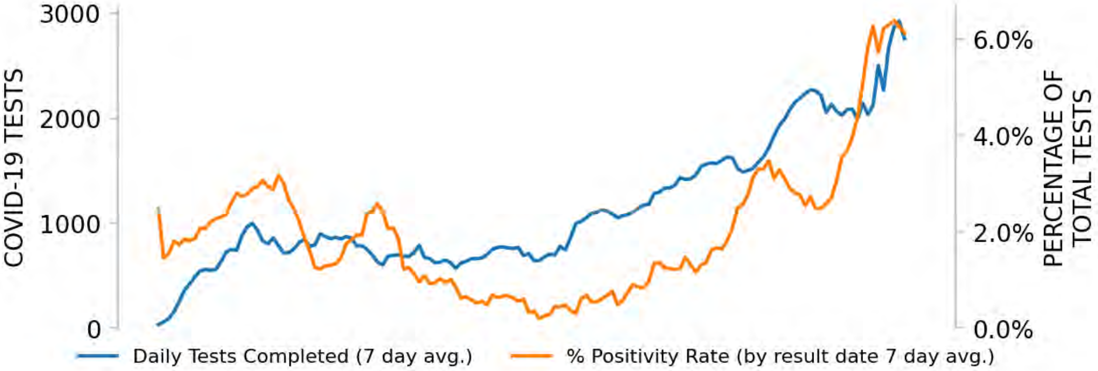
HAWAII

STATE REPORT | 08.09.2020

NEW CASES

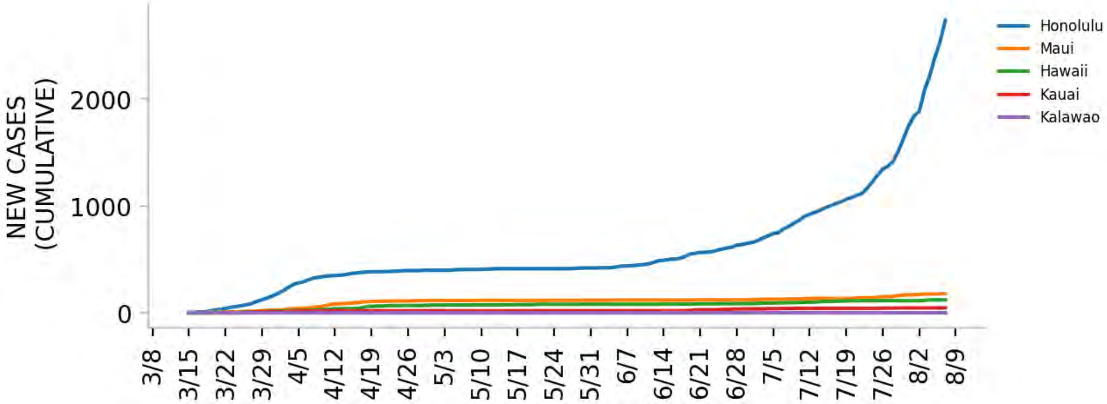


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)

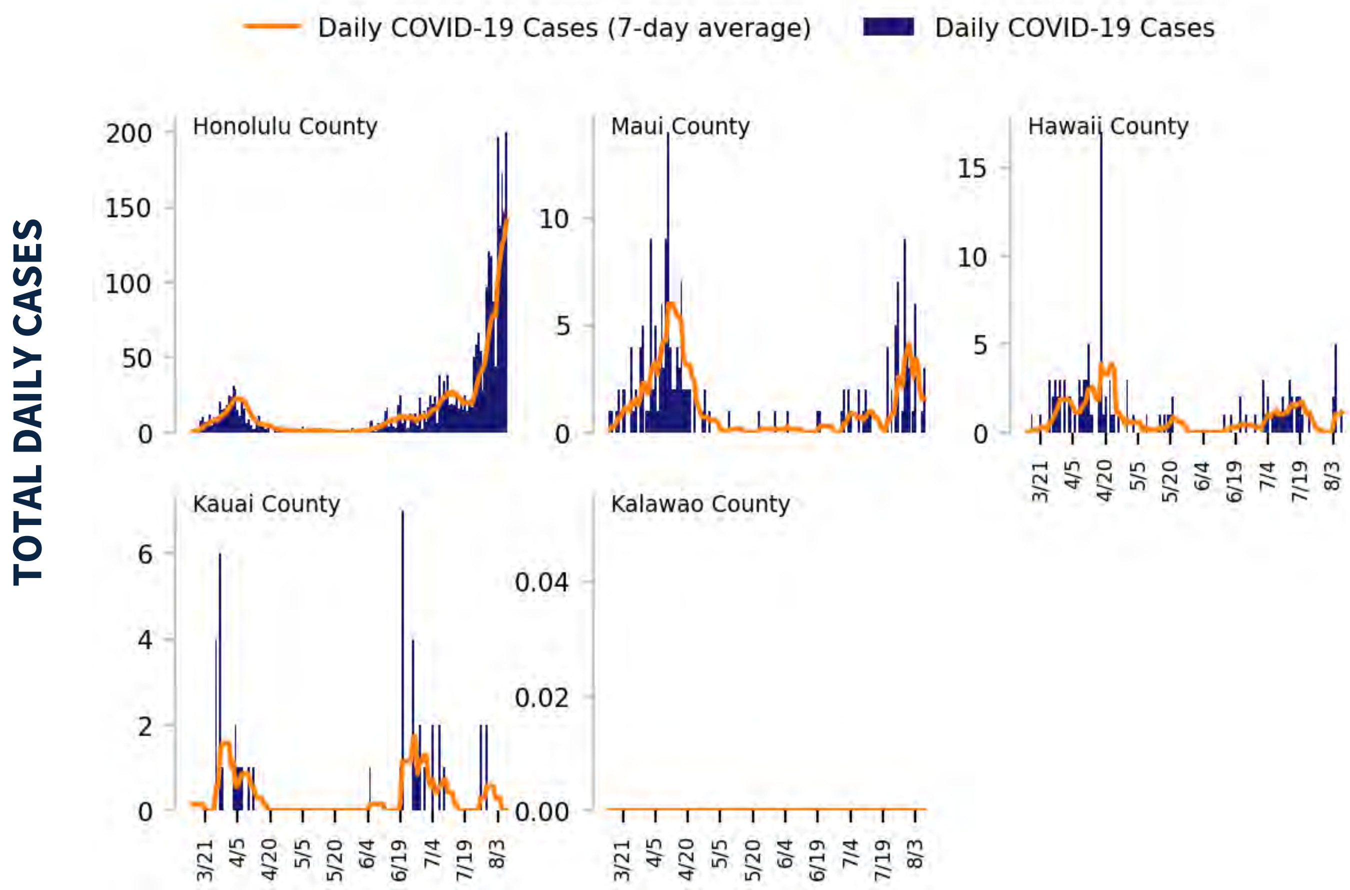


DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

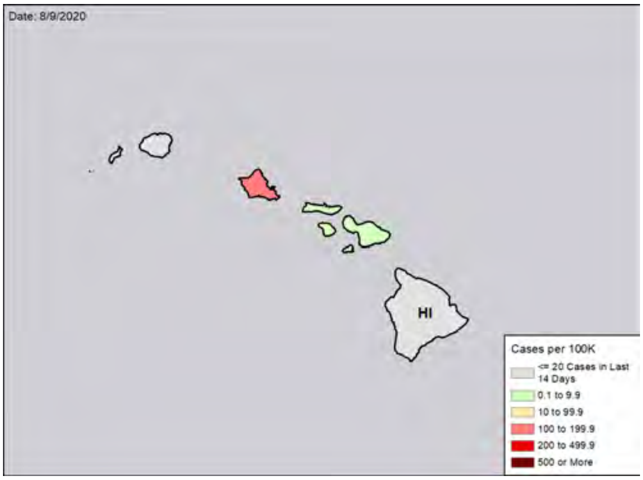
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

HAWAII

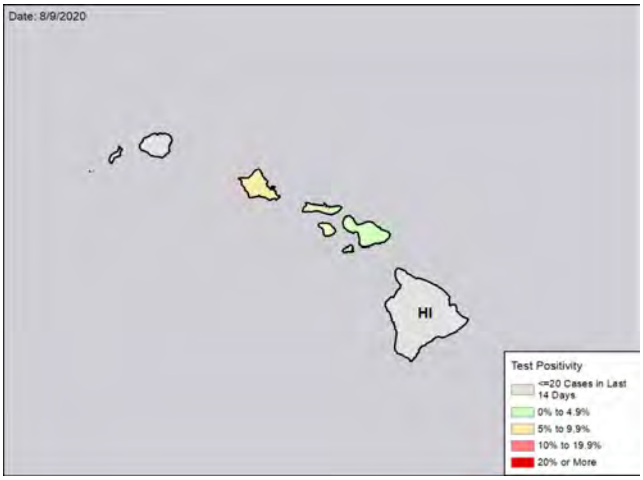
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

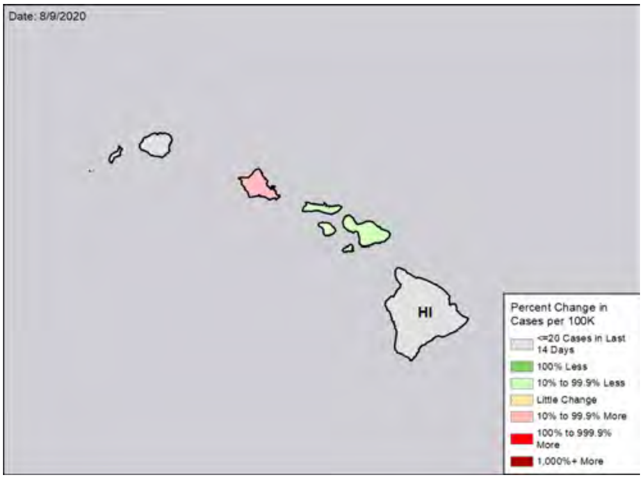
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
HI
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

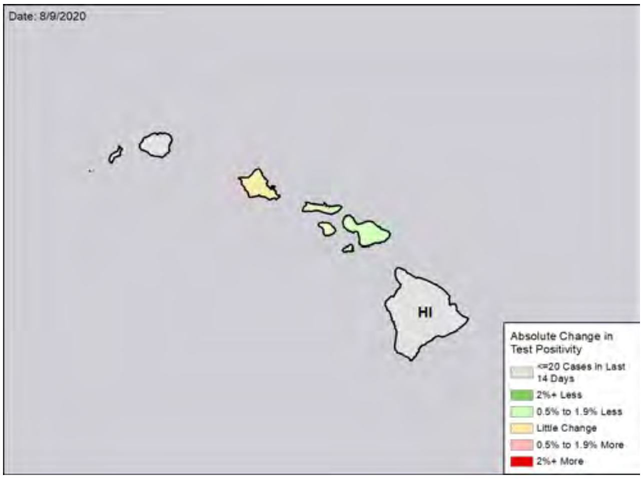
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
HI
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
HI
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
HI
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

IDAHO

STATE REPORT | 08.09.2020

SUMMARY

- Idaho is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the red zone for test positivity, indicating a rate above 10%.
- Idaho has seen stability in new cases and a decrease in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Ada County, 2. Canyon County, and 3. Kootenai County. These counties represent 67.6 percent of new cases in Idaho.
- Idaho had 179 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 10 to support operations activities from FEMA and 1 to support epidemiology activities from CDC.
- Between Aug 01 - Aug 07, on average, 22 patients with confirmed COVID-19 and 5 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Idaho. An average of 88 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Launch aggressive educational and social media campaigns developed and deployed at the most local level to promote use of social distancing and face coverings, especially in indoor settings.
- Make state dashboards more visually compelling and educational. Show county-level data. Promote use as part of educational campaigns.
- Use local evidence to demonstrate the impact of face coverings to encourage mandates for face coverings in all indoor environments outside of the home in red zone counties and metro areas; recommend diligent monitoring.
- Intensify restrictions in all red zone counties by closing bars and gyms, restricting indoor dining, and prohibiting gatherings of more than 10 people.
- Aggressively scale up testing and reduce turn-around times, especially in red zone counties and areas with testing rates below 1,000 per 100,000 population. Pooled testing of households or small groups (2-3 people) is likely efficient in areas with positivity rates up to 15%.
- Maximize public-private efforts and allocate funding for all public health labs to run 24/7. Ensure all universities with suitable platforms are using their equipment at full capacity for surveillance of students and youth groups.
- Intensify contact tracing, quarantine, and isolation efforts. Ensure that all cases are isolated immediately and interviewed for contacts within 48 hours of diagnosis. Focus efforts in populous yellow and red zone counties and metro areas.
- Ensure sufficient housing to isolate cases and quarantine contacts, especially in communities with crowded or multi-generational households.
- Ensure all crowded indoor work environments, such as meat-processing facilities, observe social distancing, mandate face coverings, and have ready-access to testing. Consider use of warnings and fines for violations.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

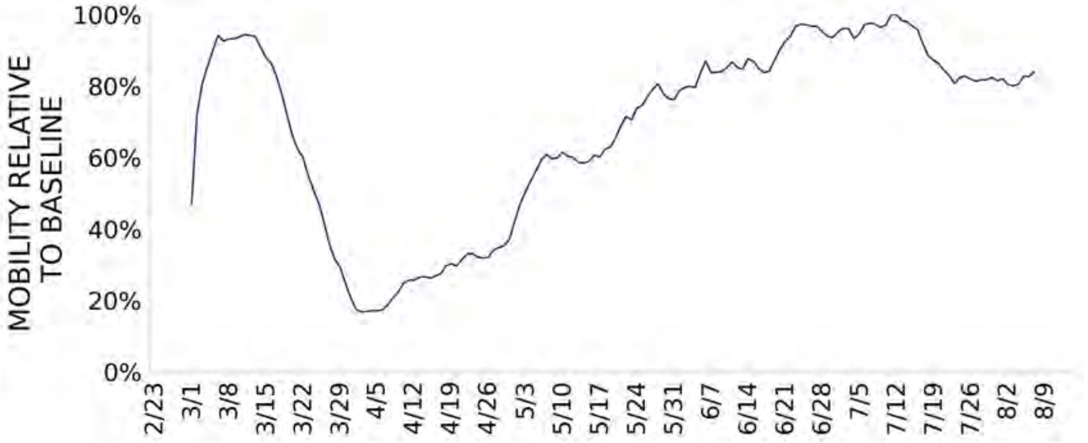
** Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state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

IDAHO

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	**3,201 (179)**	**-7.5%**	**11,708 (82)**	**375,035 (114)**
DIAGNOSTIC TEST POSITIVITY RATE	**17.7%**	**-0.9%***	**6.5%**	**7.1%**
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	**27,387** (1,533)**	**-1.9%****	**190,248** (1,326)**	**4,863,237** (1,482)**
COVID DEATHS (RATE PER 100,000)	**40 (2)**	**-11.1%**	**183 (1)**	**7,261 (2)**
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	**12.5%**	**+0.2%***	**7.6%**	**12.1%**

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

IDAHO

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**9**	Boise City Idaho Falls Coeur d'Alene Twin Falls Burley Pocatello Ontario Blackfoot Rexburg	**4**	Mountain Home Sandpoint Moscow Jackson
COUNTY LAST WEEK	**19** **Top 12 shown (full list below)**	Ada Canyon Kootenai Bonneville Twin Falls Minidoka Cassia Payette Jefferson Owyhee Bingham Jerome	**7**	Bannock Elmore Bonner Madison Latah Teton Valley

All Red Counties: Ada, Canyon, Kootenai, Bonneville, Twin Falls, Minidoka, Cassia, Payette, Jefferson, Owyhee, Bingham, Jerome, Gem, Shoshone, Gooding, Washington, Fremont, Power, Benewah

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.
Yellow Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the "Red Zone."
Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

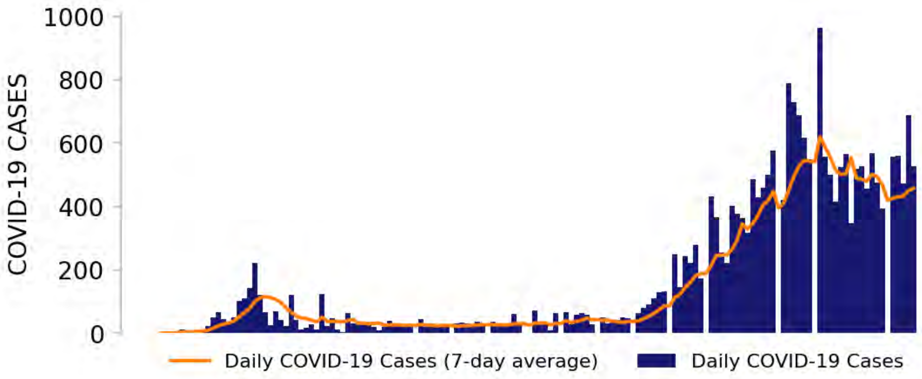
Testing

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

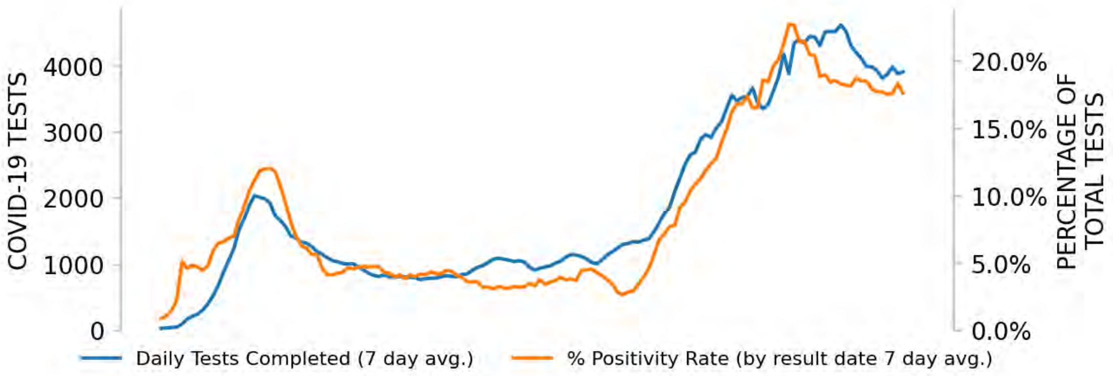
IDAHO

STATE REPORT | 08.09.2020

NEW CASES ▶

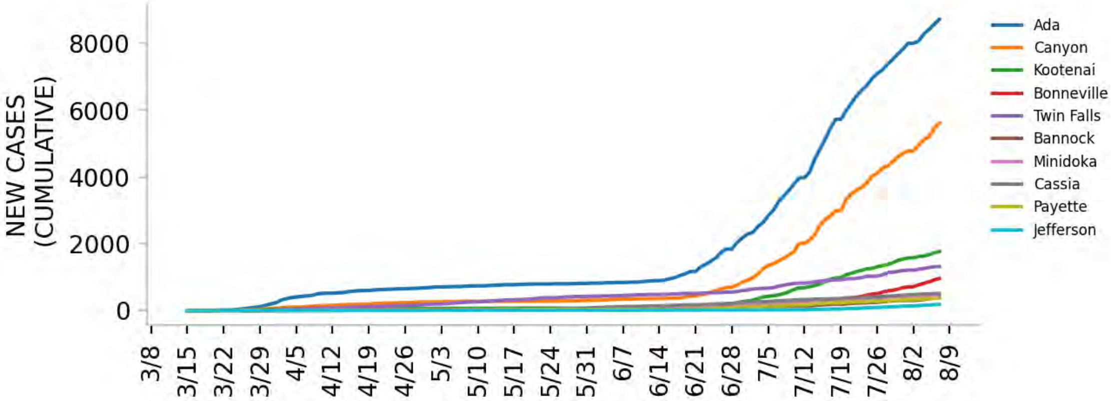


TESTING ▶



TOP COUNTIES ▶

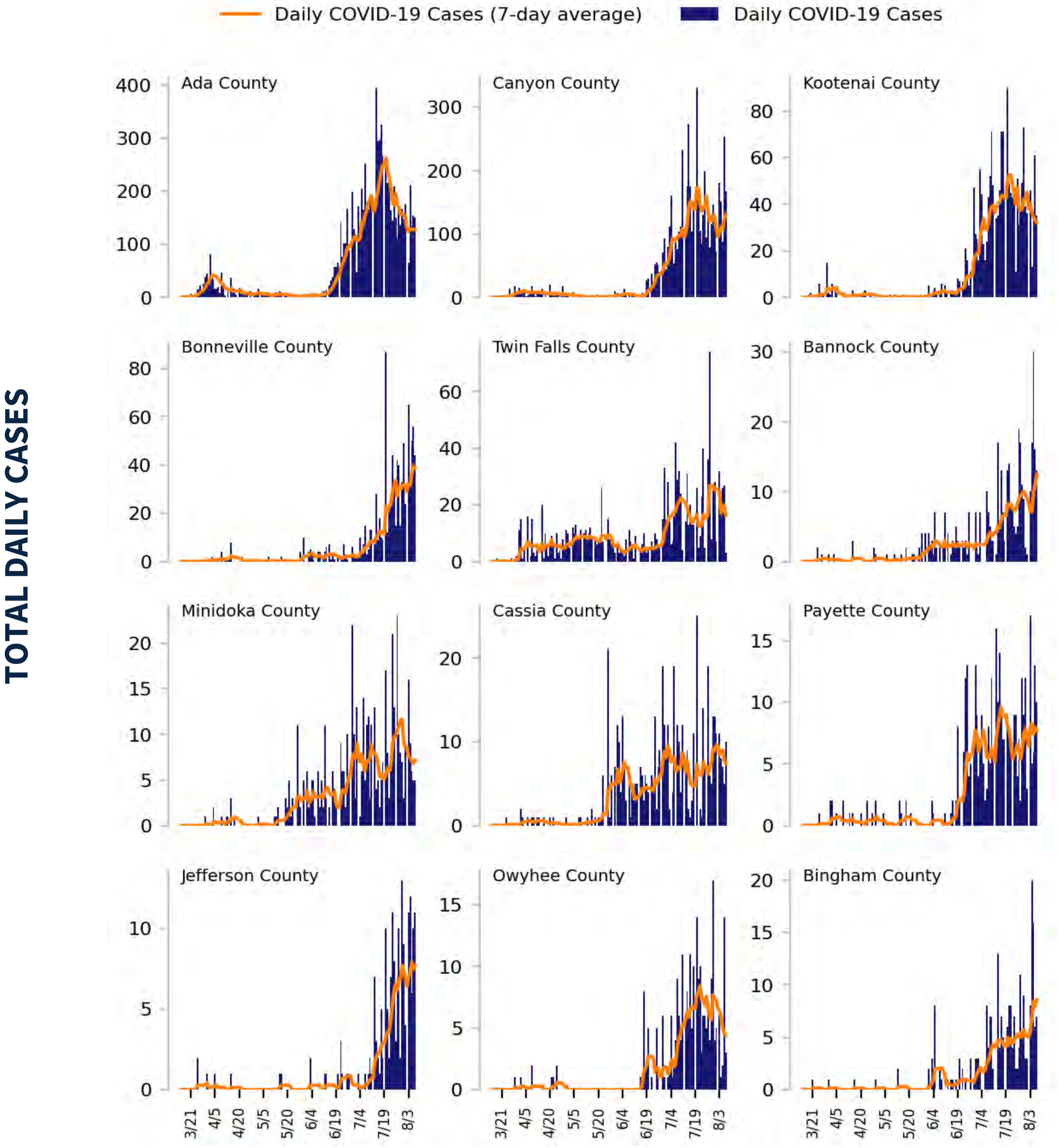
Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)



DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

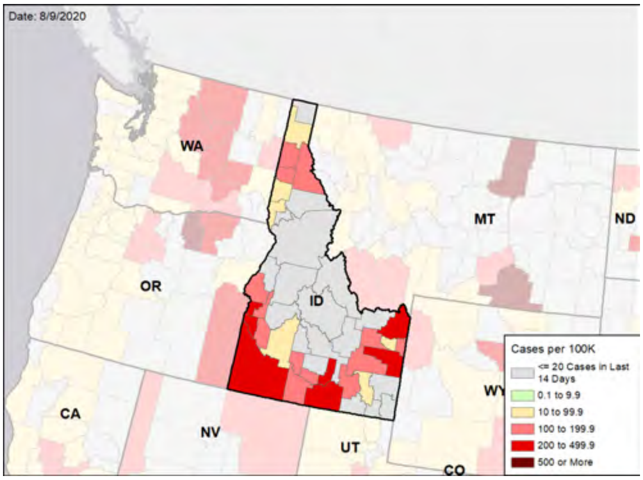
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

IDAHO

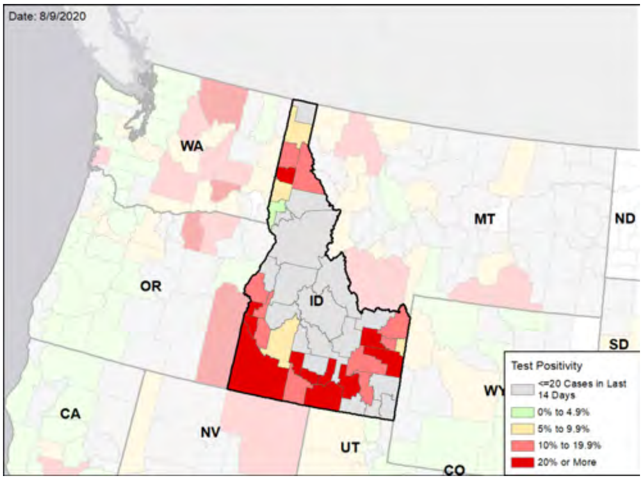
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

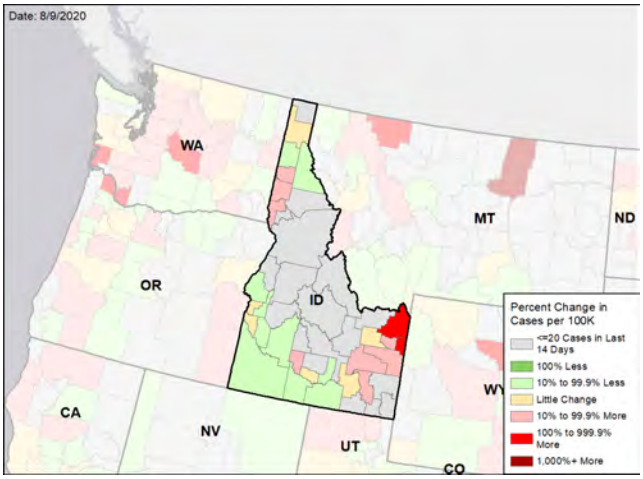
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
WA
MT
ND
OR
ID
WY
CA
NV
UT
CO
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

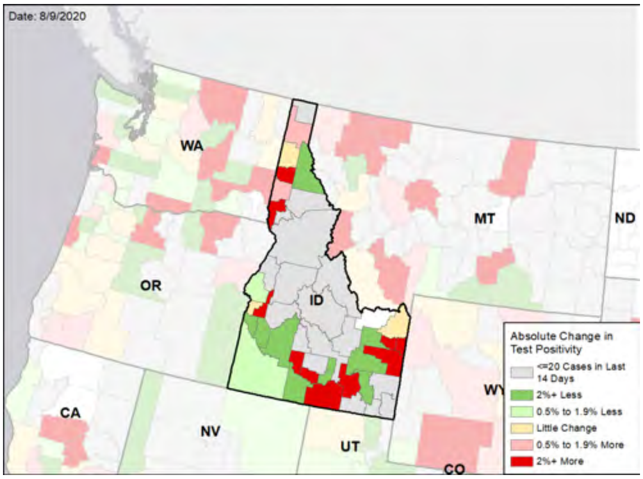
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
WA
MT
ND
SD
OR
ID
WY
CA
NV
UT
CO
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
WA
MT
ND
OR
ID
WY
CA
NV
UT
CO
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
WA
MT
ND
OR
ID
WY
CA
NV
UT
CO
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

ILLINOIS

STATE REPORT | 08.09.2020

SUMMARY

- Illinois is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- Illinois has seen an increase in new cases and stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Cook County, 2. DuPage County, and 3. Lake County. These counties represent 51.3 percent of new cases in Illinois.
- Illinois had 92 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 82 to support operations activities from FEMA; 7 to support operations activities from ASPR; 2 to support epidemiology activities from CDC; and 7 to support operations activities from USCG.
- Between Aug 01 - Aug 07, on average, 108 patients with confirmed COVID-19 and 368 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Illinois. An average of 85 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Since the number of counties in the red and yellow zone is expanding, close establishments where social distancing and mask use cannot occur, such as bars, nightclubs, and entertainment venues.
- In red zones, limit the size of social gatherings to 10 people or fewer; in yellow zones, limit social gatherings to 25 people or fewer.
- Keep statewide mask requirement in place. Identify mechanisms to assess compliance with local regulations.
- Continue efforts to build contact tracing capabilities (e.g., increase staff, training, and funding), with a focus on communities with increasing cases.
- Message to residents that if they have vacationed in, or had visitors from, areas with high COVID-19 prevalence, including the South and West of the United States, they should: avoid vulnerable individuals; remain socially distanced and masked when around others for a minimum of 14 days; avoid indoor gatherings where social distancing and masks cannot be maintained; and get tested if anyone in their family develops symptoms. Also, message that they can transmit the virus even when asymptomatic.
- Any nursing homes with 3 or more cases of COVID in the last 3 weeks should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population. Protect vulnerable populations in assisted living and long-term care facilities through weekly testing of all workers and requiring masks. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place.
- Providing timely test results to individuals so they can isolate and stop the spread is critical. Implement the following to increase testing capacity and decrease turnaround times:
    - (1) For family and cohabitating households, screen entire households in a single test by pooling a sample of each member's specimen. For households that test positive, isolate and conduct follow-up individual tests.
    - (2) Expand testing capacity in public health labs by adding shifts, including weekend shifts, to reduce turnaround times.
    - (3) Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Expand public messaging to younger demographics, using social media and other messaging platforms, to communicate changes in local epidemic and appropriate actions that should be adopted.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

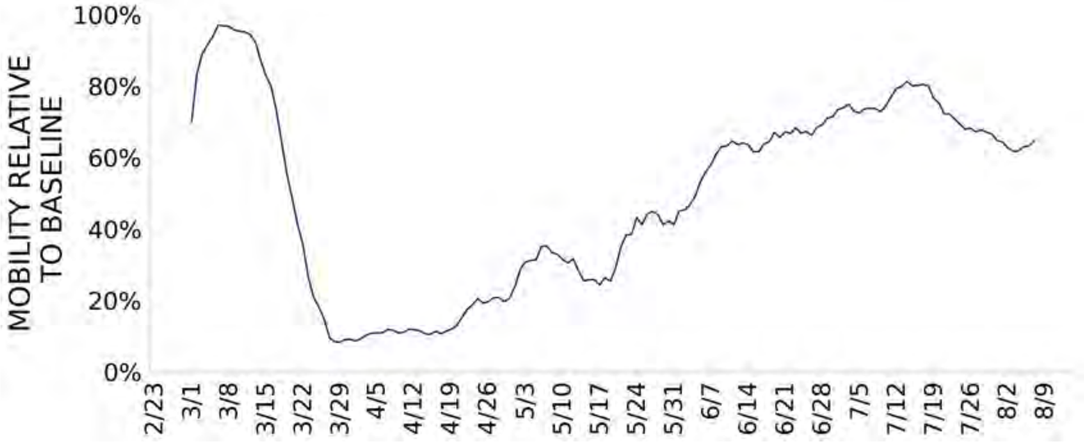
** Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state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

ILLINOIS

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	11,683 (92)	+12.7%	40,786 (78)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	5.3%	+0.3%*	5.4%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	226,083** (1,784)	-4.1%**	950,374** (1,809)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	119 (1)	+7.2%	499 (1)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	8.5%	+1.3%*	7.1%	12.1%

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

ILLINOIS

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**2**	Ottawa Mount Vernon	**17** **Top 12 shown (full list below)**	Chicago-Naperville-Elgin St. Louis Peoria Springfield Carbondale-Marion Davenport-Moline-Rock Island Decatur Charleston-Mattoon Kankakee Jacksonville Effingham Rochelle
COUNTY LAST WEEK	**8**	LaSalle Jefferson Monroe Union Perry Cass Greene Hancock	**34** **Top 12 shown (full list below)**	Cook Will Kane St. Clair Madison Peoria McHenry Sangamon Rock Island Jackson Macon Tazewell

All Yellow CBSAs: Chicago-Naperville-Elgin, St. Louis, Peoria, Springfield, Carbondale-Marion, Davenport-Moline-Rock Island, Decatur, Charleston-Mattoon, Kankakee, Jacksonville, Effingham, Rochelle, Centralia, Dixon, Macomb, Fort Madison-Keokuk, Cape Girardeau
All Yellow Counties: Cook, Will, Kane, St. Clair, Madison, Peoria, McHenry, Sangamon, Rock Island, Jackson, Macon, Tazewell, Kankakee, DeKalb, Coles, Williamson, Bureau, Clinton, Boone, Effingham, Grundy, Saline, Morgan, Franklin, Woodford, Ogle, Jo Daviess, Marion, Lee, Shelby, Jersey, Moultrie, Johnson, McDonough

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.
Yellow Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the "Red Zone."
Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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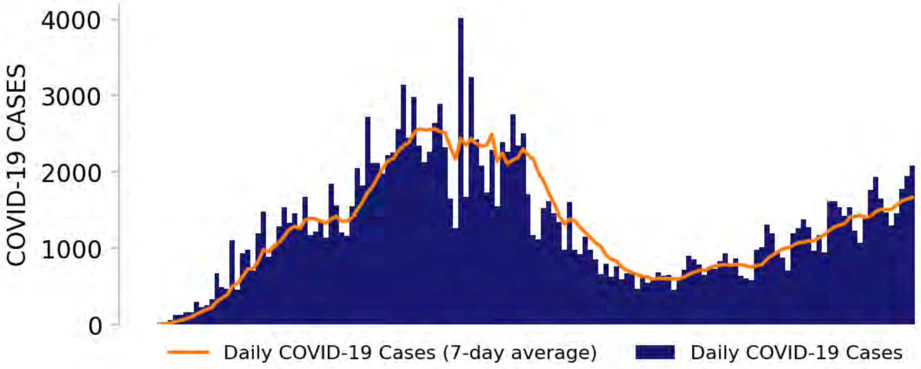
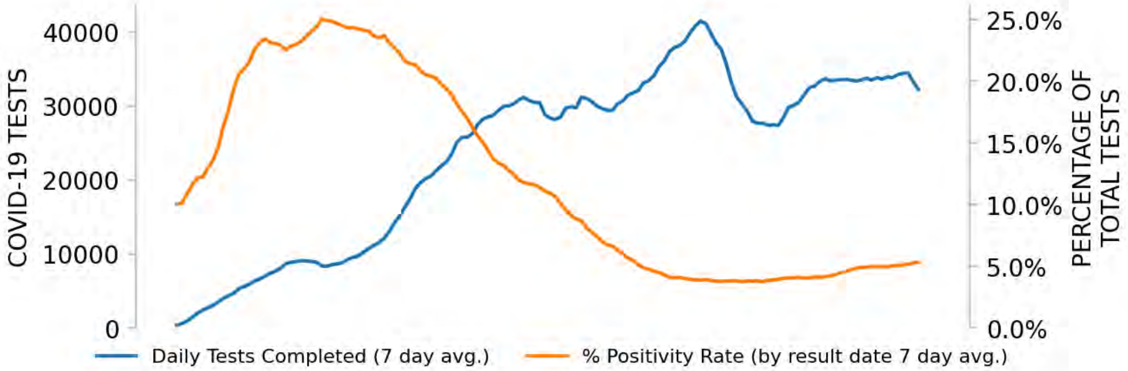
ILLINOIS

STATE REPORT | 08.09.2020

NEW CASES

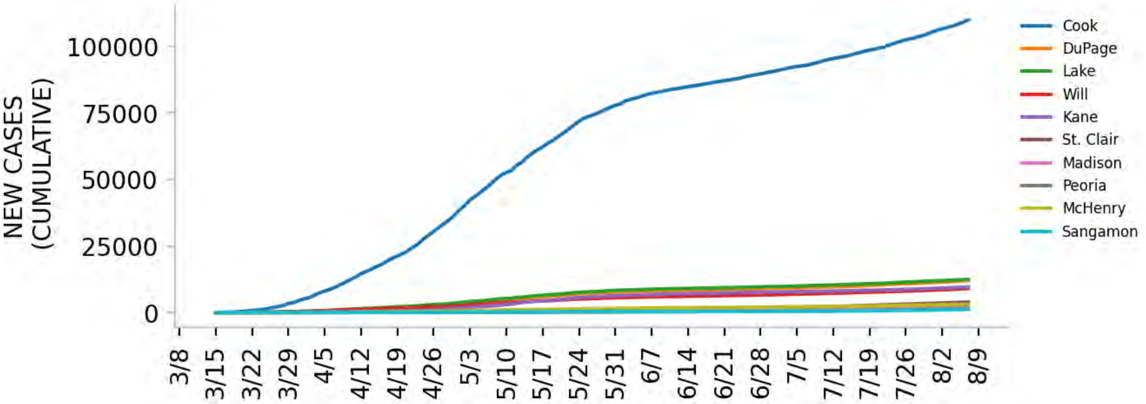


TESTING



TOP COUNTIES

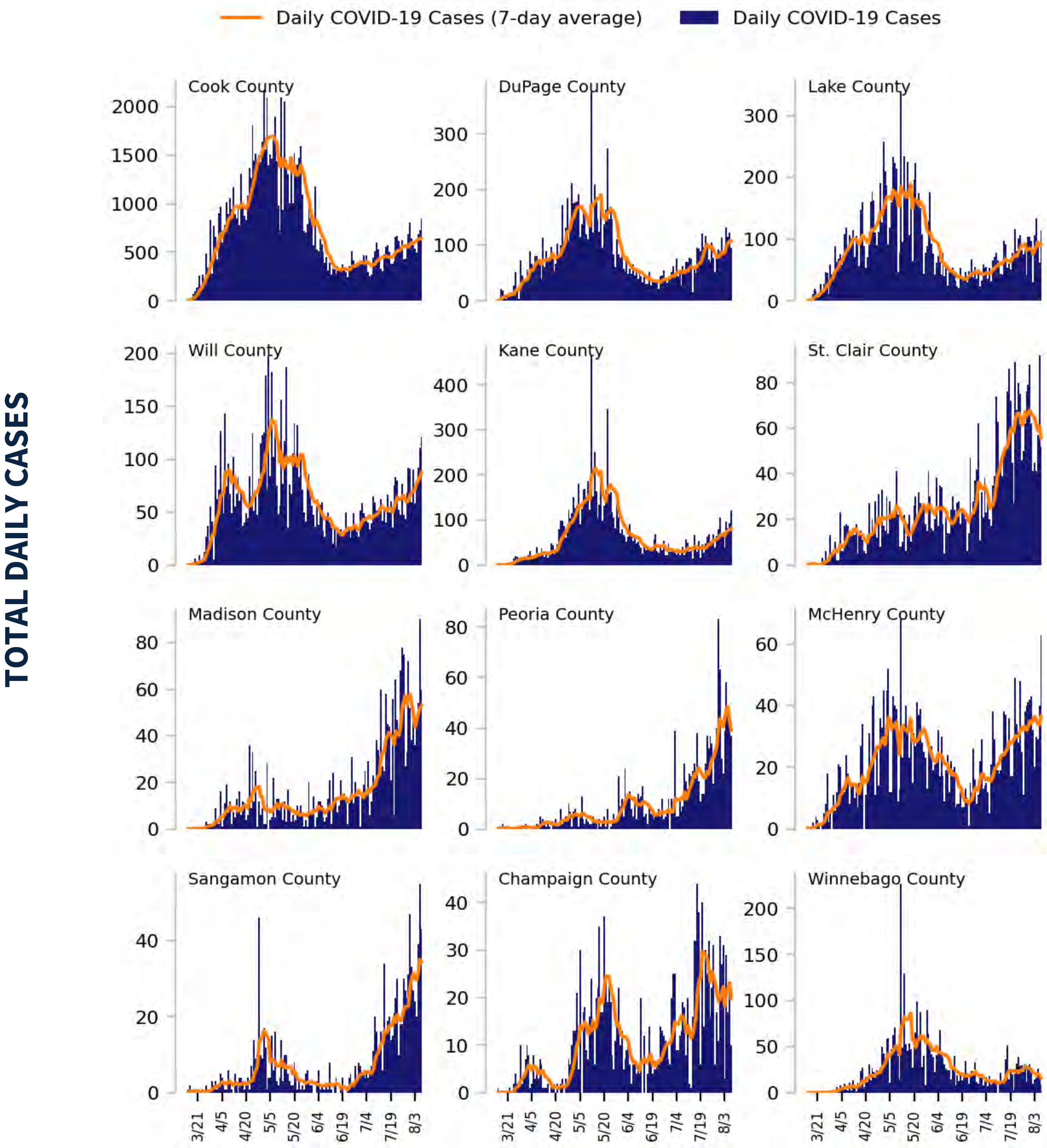
Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)



DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

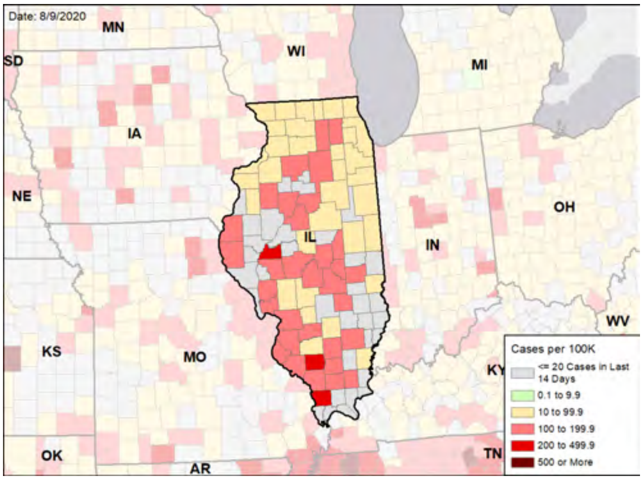
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

ILLINOIS

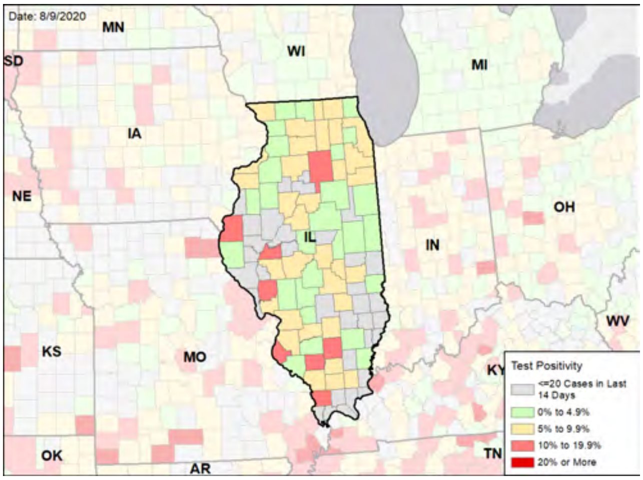
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

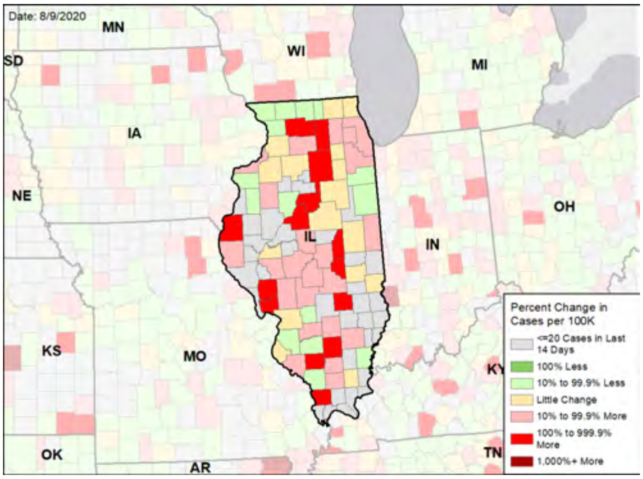
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
MN
SD
WI
MI
IA
NE
OH
IL
IN
WV
KS
MO
KY
OK
AR
TN
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

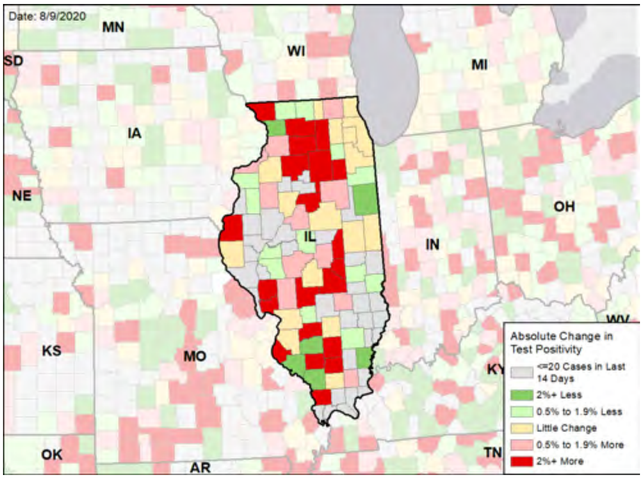
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
MN
SD
WI
MI
IA
NE
OH
IL
IN
WV
KS
MO
KY
OK
AR
TN
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
MN
SD
WI
MI
IA
NE
OH
IL
IN
KS
MO
KY
OK
AR
TN
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
MN
SD
WI
MI
IA
NE
OH
IL
IN
WV
KS
MO
KY
OK
AR
TN
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

INDIANA

STATE REPORT | 08.09.2020

SUMMARY

- Indiana is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- Indiana has seen an increase in new cases, but stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Marion County, 2. Lake County, and 3. St. Joseph County. These counties represent 31.3 percent of new cases in Indiana.
- Cases continue at a high plateau in Indianapolis and mitigation efforts, testing, and contact tracing need to be aggressively implemented. COVID-19 is widespread throughout the state and mitigation efforts should be statewide.
- Indiana had 91 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 8 to support operations activities from FEMA.
- Between Aug 01 - Aug 07, on average, 57 patients with confirmed COVID-19 and 129 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Indiana. An average of 87 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Expand the protection of those in nursing homes, assisted living, and long-term care facilities by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19 and the isolation of all positive staff and residents. Ensure social distancing and universal facemask use. Immediately conduct infection control prevention surveys in all nursing homes with more than 3 cases in the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support routine testing.
- Continue the implemented statewide face covering mandate as ordered for the next 30 days.
- Consider additional mitigation efforts, such as closing establishments where social distancing and mask use cannot occur, such as bars, nightclubs, and entertainment venues.
- Move to outdoor dining and limit indoor dining to less than 25% occupancy.
- Continue the extended pause on phase 4/5 of the state re-opening plan through August 27.
- Ask citizens to limit social gatherings to 10 or fewer people.
- Increase messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Continue the scale-up of testing, moving to community-led neighborhood testing.
- Work with local communities to implement and provide clear guidance for households that test positive, including on individual isolation and quarantining procedures.
- Continue to enhance contact tracing and ensure the ability of cases and contacts to quarantine or isolate safely.
- Ensure every public health lab is fully staffed and running 24/7, utilizing all platforms to reduce turnaround times. Institute 4:1 pooling of test specimens on all high throughput machines as long as turnaround times are greater than 36 hours.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

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

INDIANA

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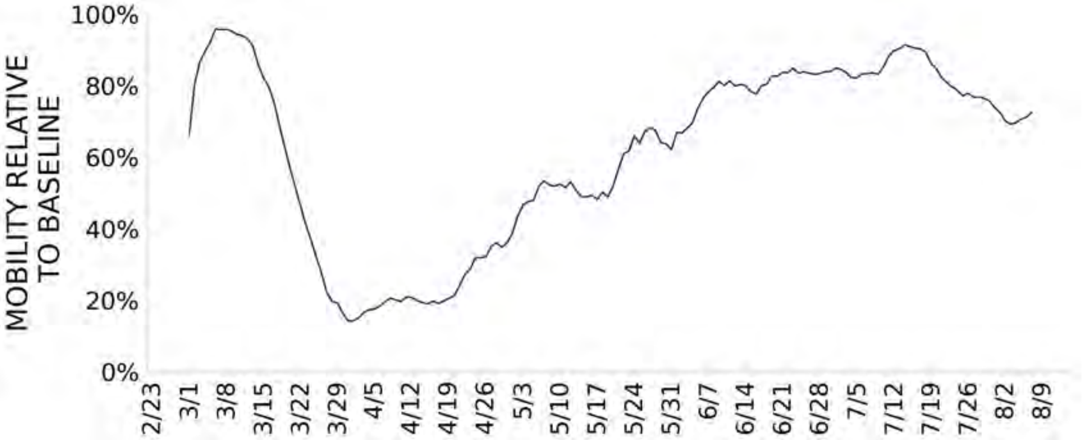
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	6,127 (91)	+10.8%	40,786 (78)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	7.5%	+0.0%*	5.4%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	113,748** (1,690)	+3.8%**	950,374** (1,809)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	49 (1)	-41.7%	499 (1)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	6.5%	+1.7%*	7.1%	12.1%

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

INDIANA

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COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**4**	Evansville Louisville/Jefferson County Jasper Frankfort	**29** **Top 12 shown (full list below)**	Indianapolis-Carmel-Anderson Chicago-Naperville-Elgin South Bend-Mishawaka Elkhart-Goshen Fort Wayne Terre Haute Lafayette-West Lafayette Cincinnati Kokomo Warsaw Michigan City-La Porte Muncie
COUNTY LAST WEEK	**13** **Top 12 shown (full list below)**	Vanderburgh Floyd Dubois Warrick Clinton Franklin Putnam Tipton Fulton Wells Carroll Pike	**54** **Top 12 shown (full list below)**	Marion Lake St. Joseph Elkhart Hamilton Allen Clark Porter Tippecanoe Hendricks Johnson Vigo

All Yellow CBSAs: Indianapolis-Carmel-Anderson, Chicago-Naperville-Elgin, South Bend-Mishawaka, Elkhart-Goshen, Fort Wayne, Terre Haute, Lafayette-West Lafayette, Cincinnati, Kokomo, Warsaw, Michigan City-La Porte, Muncie, Richmond, Marion, Plymouth, Kendallville, Logansport, Washington, Seymour, Scottsburg, Greensburg, Bedford, Connersville, Peru, Angola, Crawfordsville, Decatur, Wabash, North Vernon
All Red Counties: Vanderburgh, Floyd, Dubois, Warrick, Clinton, Franklin, Putnam, Tipton, Fulton, Wells, Carroll, Pike, Ohio
All Yellow Counties: Marion, Lake, St. Joseph, Elkhart, Hamilton, Allen, Clark, Porter, Tippecanoe, Hendricks, Johnson, Vigo, Howard, Kosciusko, LaPorte, Madison, Delaware, Dearborn, Wayne, Hancock, Boone, Grant, Marshall, Noble, Cass, Daviess, Morgan, Harrison, Jackson, Scott, Posey, Jasper, Decatur, Shelby, Lawrence, Fayette, Gibson, White, Miami, Steuben, LaGrange, Washington, Spencer, Starke, Montgomery, Greene, Adams, Sullivan, Wabash, Clay, Jennings, Randolph, Owen, Vermillion

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.
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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
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Testing

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

Public Messaging

- Wear a mask at all times outside the home and maintain physical distance
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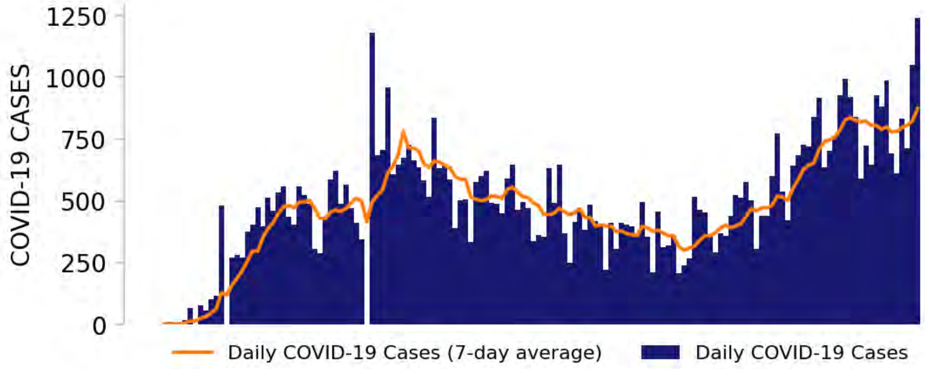
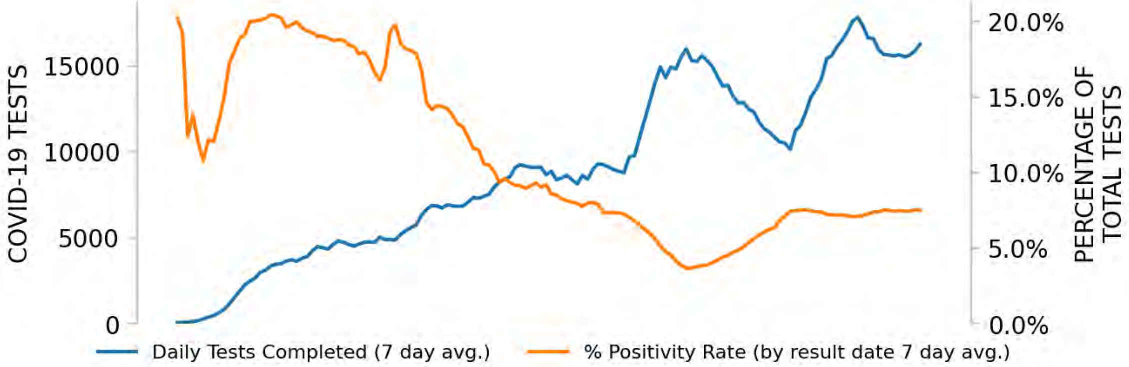
INDIANA

STATE REPORT | 08.09.2020

NEW CASES ▶

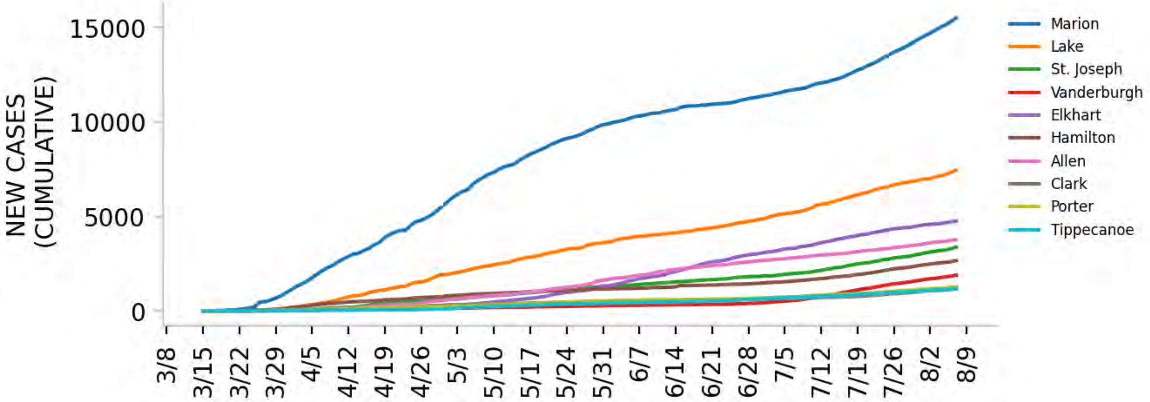


TESTING ▶



TOP COUNTIES ▶

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)



DATA SOURCES

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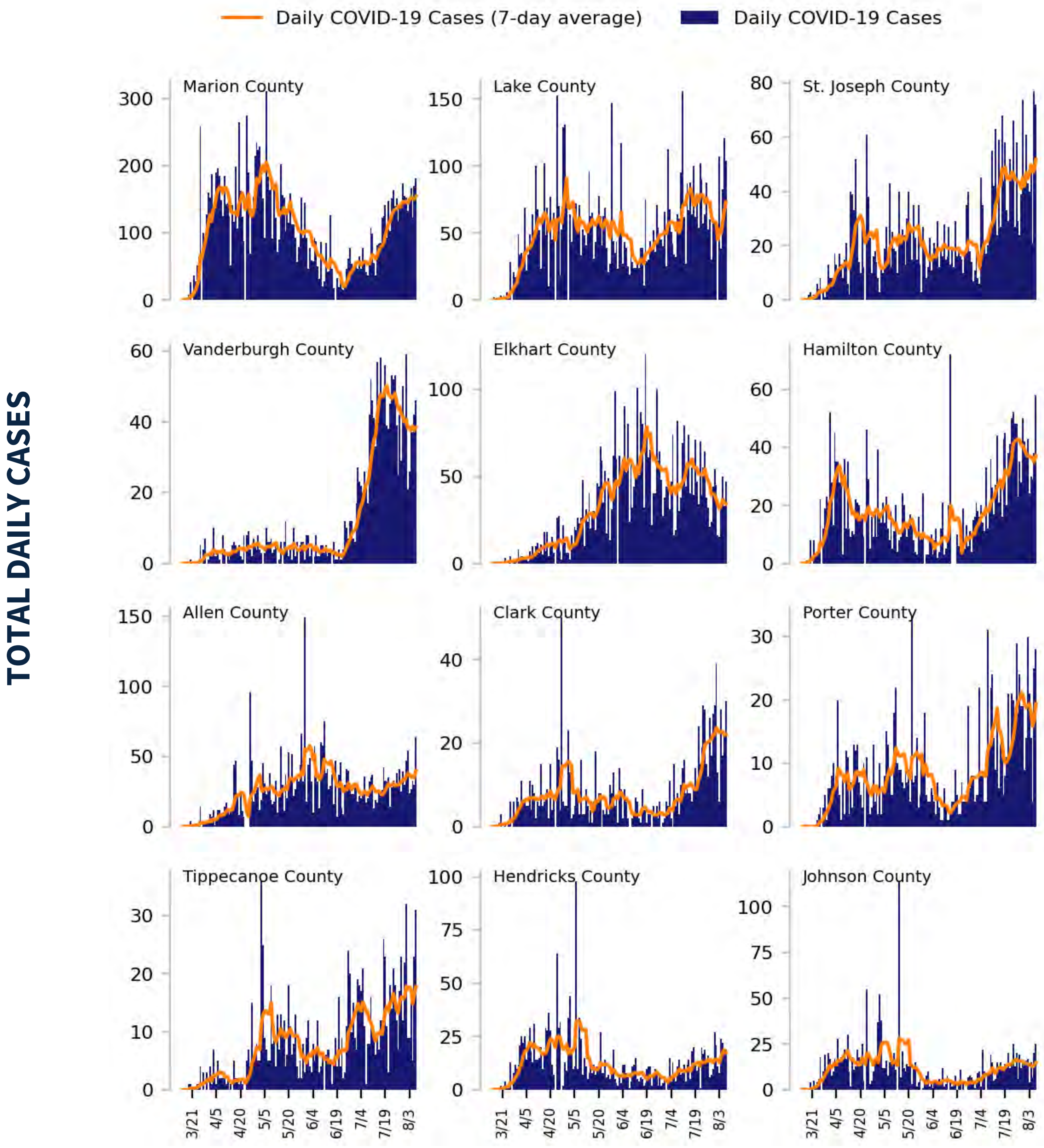
Top 12 counties based on number of new cases in the last 3 weeks



DATA SOURCES

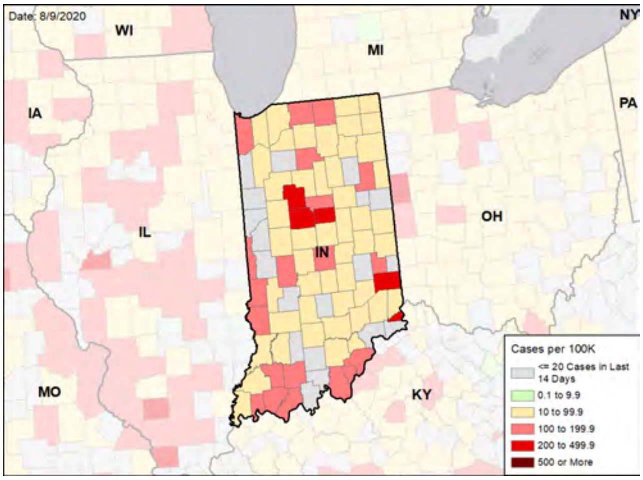
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

INDIANA

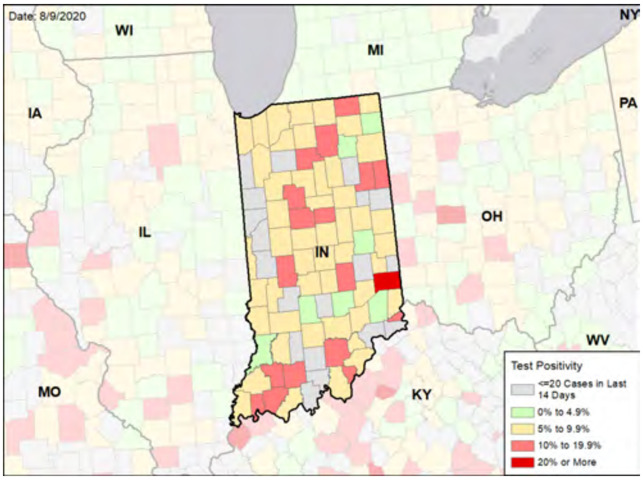
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

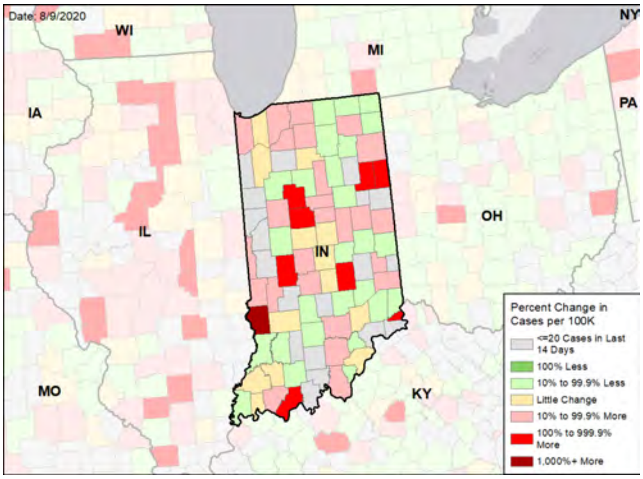
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
WI
MI
NY
IA
PA
IL
OH
IN
MO
KY
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
WI
MI
NY
IA
PA
IL
OH
IN
WV
MO
KY
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
WI
MI
NY
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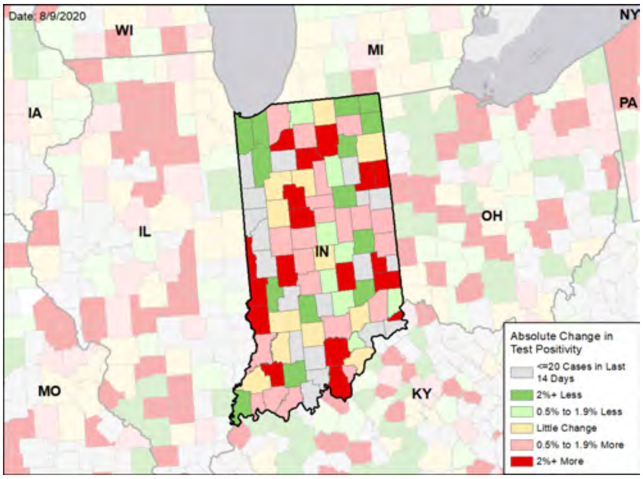
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
WI
MI
NY
IA
PA
IL
OH
IN
MO
KY
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

IOWA

STATE REPORT | 08.09.2020

SUMMARY

- Iowa is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- Iowa has seen stability in new cases and stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Polk County, 2. Linn County, and 3. Dubuque County. These counties represent 32.5 percent of new cases in Iowa.
- Iowa had 103 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 21 to support medical activities from VA.
- Between Aug 01 - Aug 07, on average, 37 patients with confirmed COVID-19 and 46 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Iowa. An average of 86 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Very slow drop in transmission (as measured by case rates and testing positivity) could be accelerated by intensifying restrictions in all counties and cities with case rates over 100 per 100,000 population.
- Mandate cloth face coverings outside of the home, especially in indoor settings in all yellow and red zone counties and metro areas.
- Close indoor bars and gyms, limit indoor dining and restrict gatherings as described below for yellow and red zone counties and metro areas.
- Launch aggressive public messaging and education on the need for social distancing and use of face coverings, especially in yellow and red zone counties and metro areas. Emphasize risks of COVID, especially for the elderly and those with comorbid conditions such as diabetes, hypertension, and obesity.
- Make public COVID dashboard more visually compelling and educational, with county-level details for comparison. Promote its use in educational campaigns.
- Ensure sufficient capacity for contact tracing to have all cases isolated immediately upon diagnosis and interviewed within 48 hours. Ensure adequate housing for isolation and quarantine, especially for multigenerational or crowded households.
- Enforce effective social distancing and use of face coverings in all indoor work environments, especially in crowded environments such as meat-packing plants. Consider fining facilities/businesses that violate mandates.
- Continue protection for residents of long-term care facilities by requiring tests for all new admissions and periodic testing of staff, especially in facilities located in red zone areas. Enforce mask use by all staff at all times.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

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

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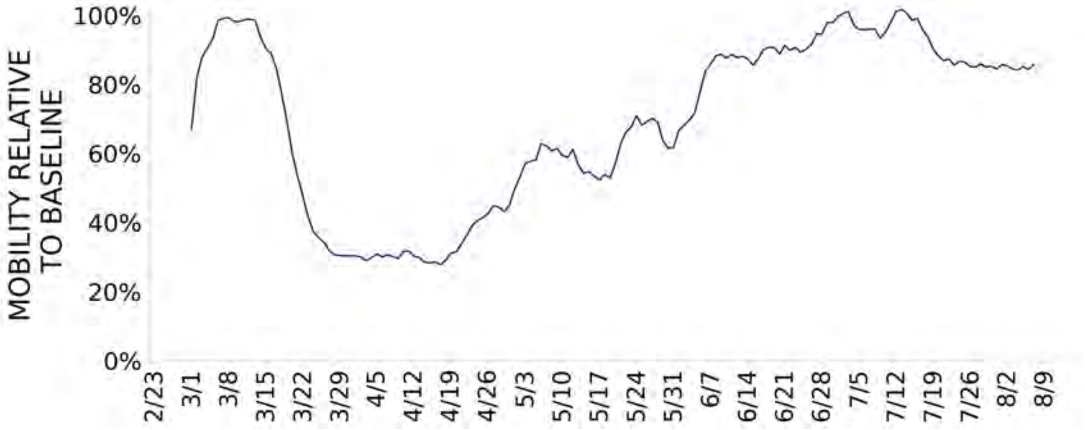
STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	3,246 (103)	-6.8%	15,236 (108)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	7.5%	-0.2%*	8.8%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	54,788** (1,737)	+8.8%**	181,597** (1,284)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	47 (1)	+4.4%	141 (1)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	4.5%	-0.2%*	6.2%	12.1%

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

COVID-19

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STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**1**	Omaha-Council Bluffs	**16** **Top 12 shown (full list below)**	Des Moines-West Des Moines Cedar Rapids Waterloo-Cedar Falls Dubuque Iowa City Davenport-Moline-Rock Island Fort Dodge Ames Sioux City Marshalltown Clinton Ottumwa
COUNTY LAST WEEK	**10**	Pottawattamie Franklin Emmet Hardin Floyd Shelby Clarke Crawford Montgomery Lucas	**38** **Top 12 shown (full list below)**	Polk Linn Dubuque Black Hawk Johnson Dallas Webster Woodbury Marshall Story Clinton Warren

All Yellow CBSAs: Des Moines-West Des Moines, Cedar Rapids, Waterloo-Cedar Falls, Dubuque, Iowa City, Davenport-Moline-Rock Island, Fort Dodge, Ames, Sioux City, Marshalltown, Clinton, Ottumwa, Muscatine, Pella, Carroll, Fort Madison-Keokuk

All Yellow Counties: Polk, Linn, Dubuque, Black Hawk, Johnson, Dallas, Webster, Woodbury, Marshall, Story, Clinton, Warren, Wapello, Muscatine, Sioux, Plymouth, Bremer, Marion, Boone, Jackson, Page, Benton, Carroll, Buchanan, Lee, Clayton, Madison, Hancock, Tama, Lyon, Butler, Poweshiek, Winneshiek, Humboldt, Harrison, O'Brien, Mills, Cedar

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

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

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

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

IOWA

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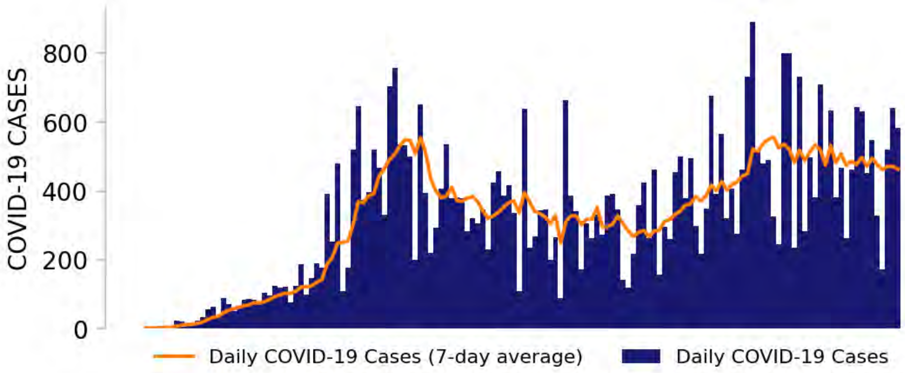
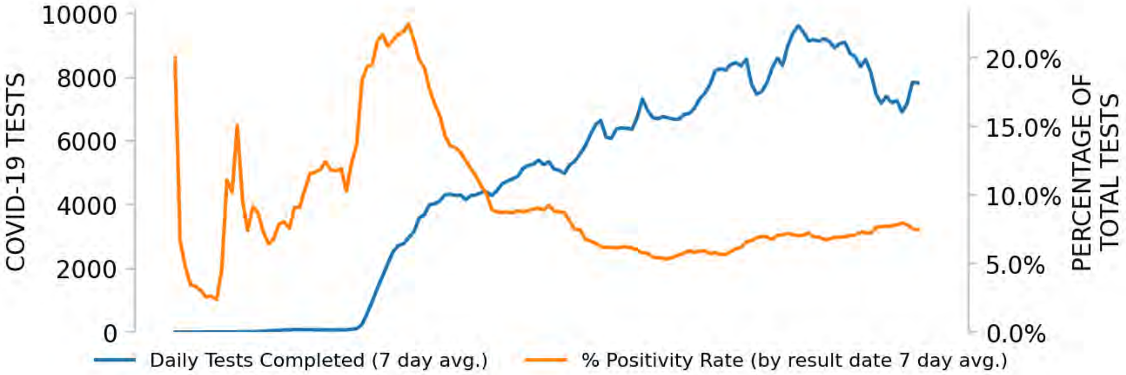
NEW CASES

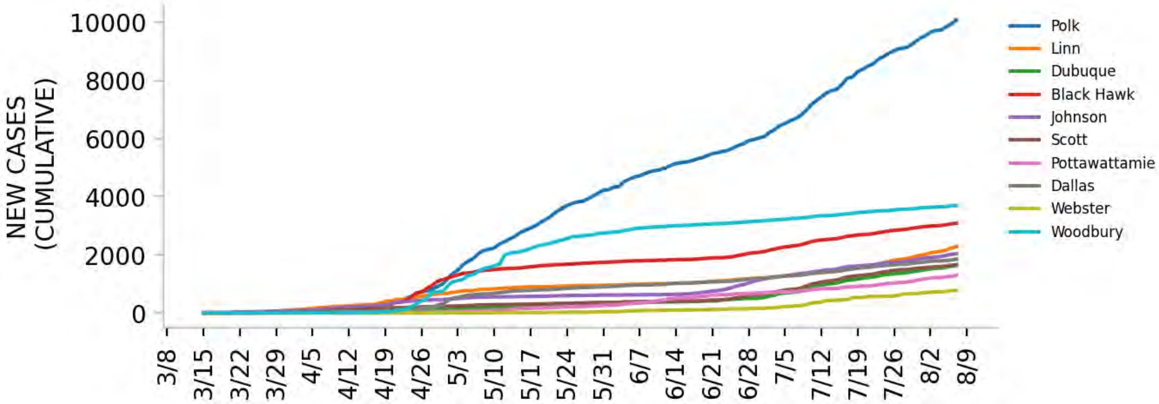


TESTING



TOP COUNTIES

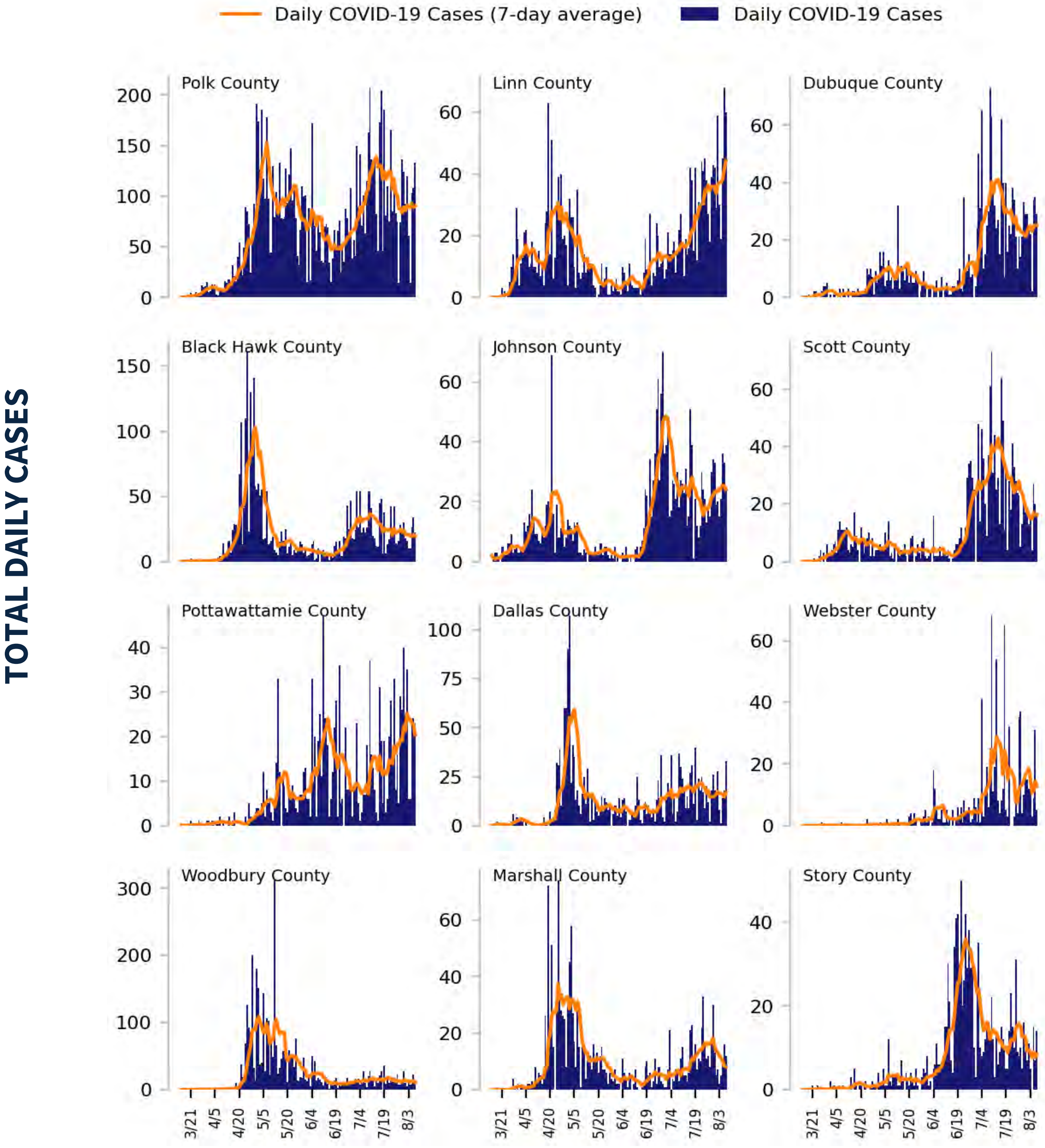
Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)



DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

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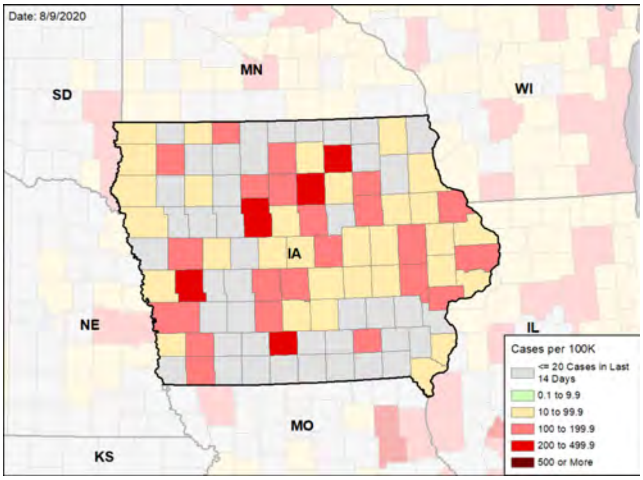
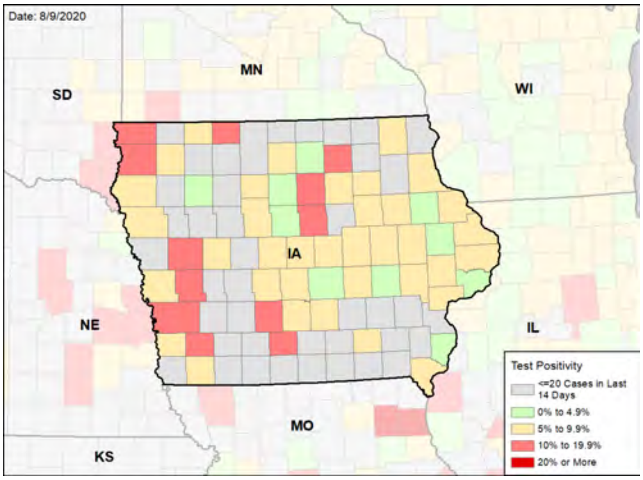
CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

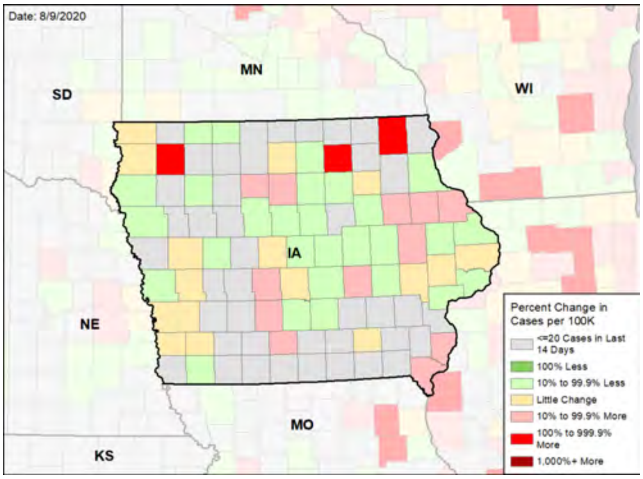
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
MN
SD
WI
IA
NE
IL
MO
KS
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

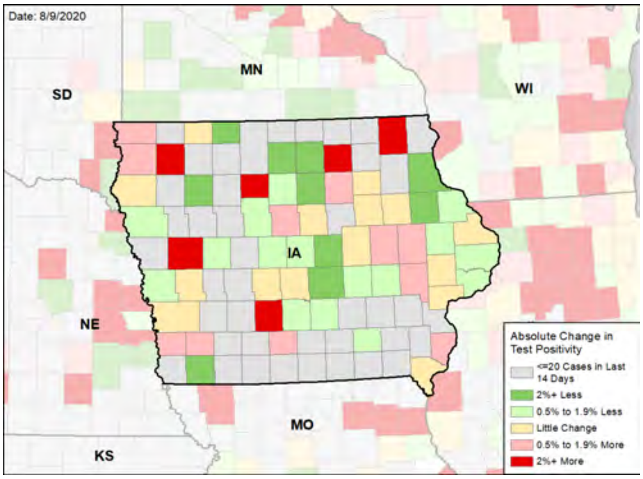
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
MN
SD
WI
IA
NE
IL
MO
KS
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
MN
SD
WI
IA
NE
MO
KS
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

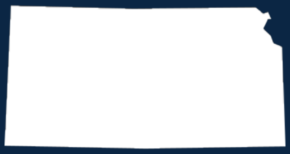
WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
MN
SD
WI
IA
NE
MO
KS
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



KANSAS

STATE REPORT | 08.09.2020

SUMMARY

- Kansas is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%. Kansas is at the upper boundary of the yellow zone for both indicators.
- Kansas has seen stability in new cases and stability in test positivity over the past week.
- Cases continue to be concentrated in the Kansas City and Wichita metro areas. Most rural counties have lower incidence, but counties in southwestern Kansas (Finney, Ford, Gray, Seward) continue to report elevated incidence and test positivity.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Sedgwick County, 2. Johnson County, and 3. Wyandotte County. These counties represent 63.7 percent of new cases in Kansas.
- Kansas had 98 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 1 to support operations activities from FEMA.
- Between Aug 01 - Aug 07, on average, 27 patients with confirmed COVID-19 and 62 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Kansas. An average of 69 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue communication around state masking mandate, including with counties that have rising cases and that have opted out of requiring masks, regarding the risks of decreased business activity and difficulties with school operations if cases continue to rise. Continue analyses of counties with and without masking ordinances to help inform communication.
- Close all bars in all counties with rising test percent positivity, increase outdoor dining opportunities, decrease indoor dining to 25%, and limit social gatherings to 10 or fewer people.
- Consider closing bars at 11 pm in other yellow and red counties and metro areas.
- Continue the scale-up of testing, moving to community-led neighborhood testing and working with local community groups to increase household testing of multigenerational households with clear guidance on test positive isolation procedures and mask use.
- Increase messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Continue expansion of testing capacity to decrease turnaround times.
- Work with university students to identify and disseminate messaging that resonates with students.
- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and schools (K-12, community colleges).
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

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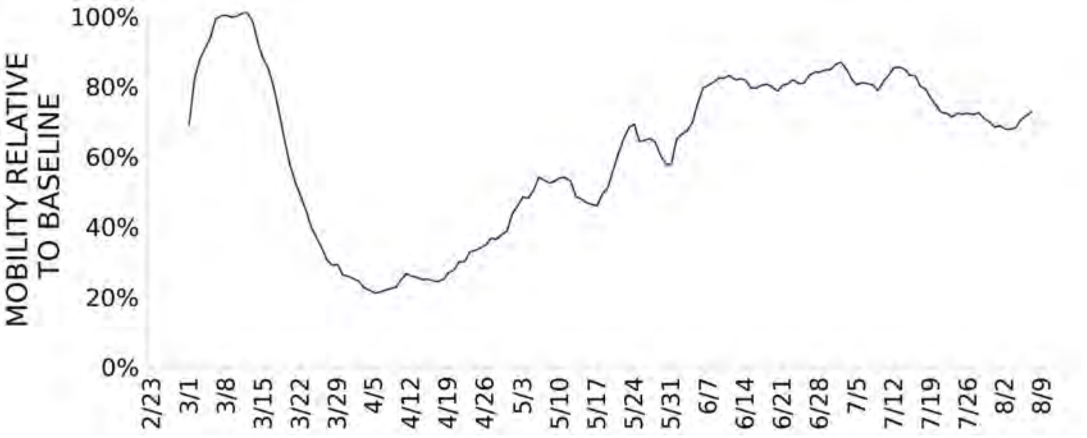
KANSAS

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	2,848 (98)	+5.6%	15,236 (108)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	9.7%	+0.5%*	8.8%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	38,847** (1,333)	-4.6%**	181,597** (1,284)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	24 (1)	-17.2%	141 (1)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	5.3%	+0.6%*	6.2%	12.1%

MOBILITY ▶



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* Indicates absolute change in percentage points.

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

DATA SOURCES

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SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

KANSAS

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**5**	Wichita Garden City Emporia Liberal Dodge City	**11**	Kansas City Topeka Hutchinson Salina Coffeyville Ottawa Winfield Hays Parsons McPherson Great Bend
COUNTY LAST WEEK	**8**	Sedgwick Wyandotte Finney Seward Ford Cherokee Chase Grant	**18** **Top 12 shown (full list below)**	Johnson Shawnee Leavenworth Butler Lyon Reno Harvey Saline Montgomery Franklin Cowley Ellis

All Yellow Counties: Johnson, Shawnee, Leavenworth, Butler, Lyon, Reno, Harvey, Saline, Montgomery, Franklin, Cowley, Ellis, Miami, Labette, McPherson, Barton, Jefferson, Neosho

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

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

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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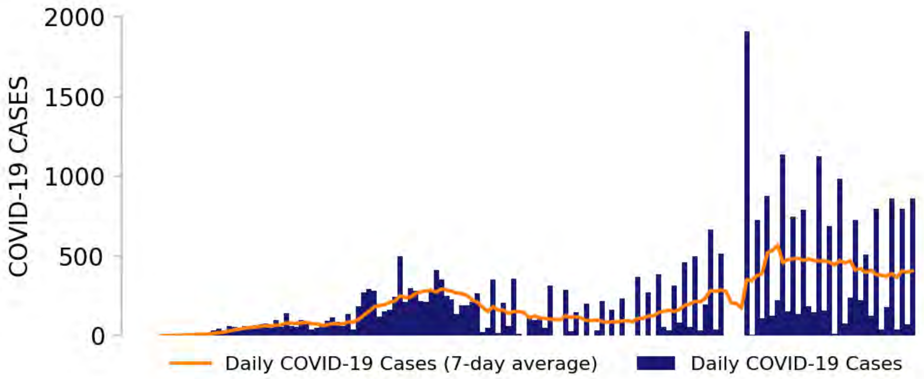
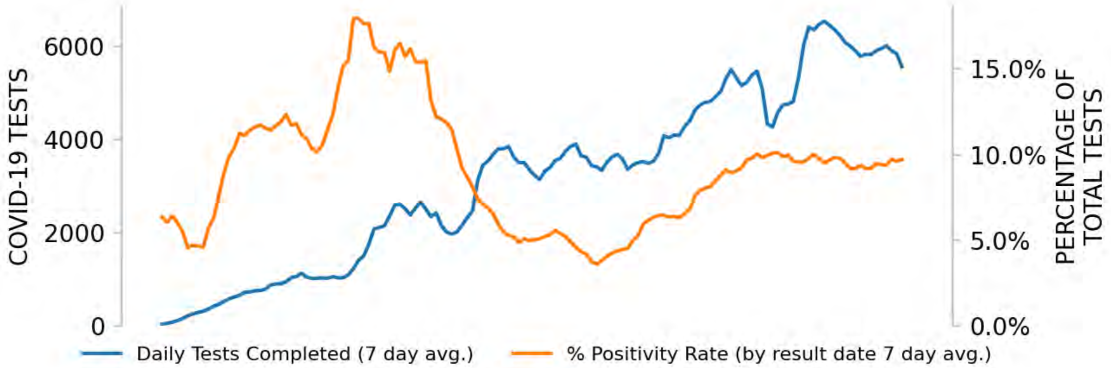
KANSAS

STATE REPORT | 08.09.2020

NEW CASES

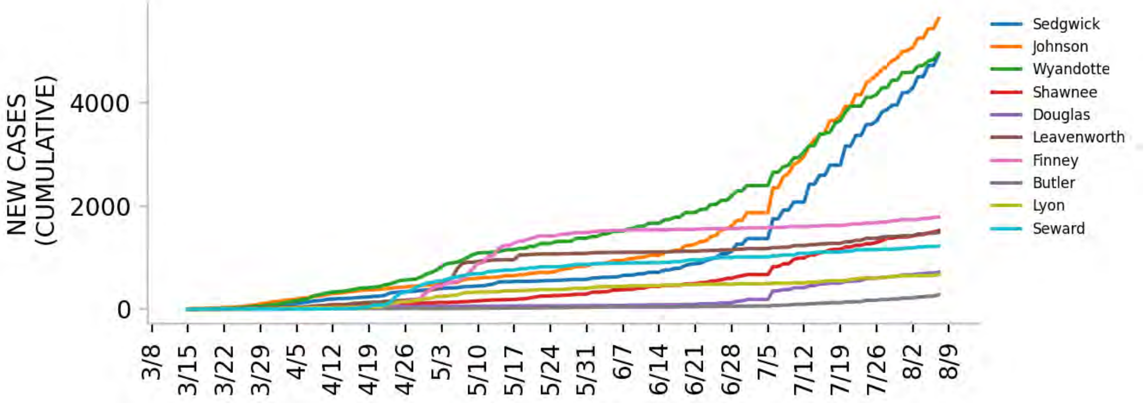


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)

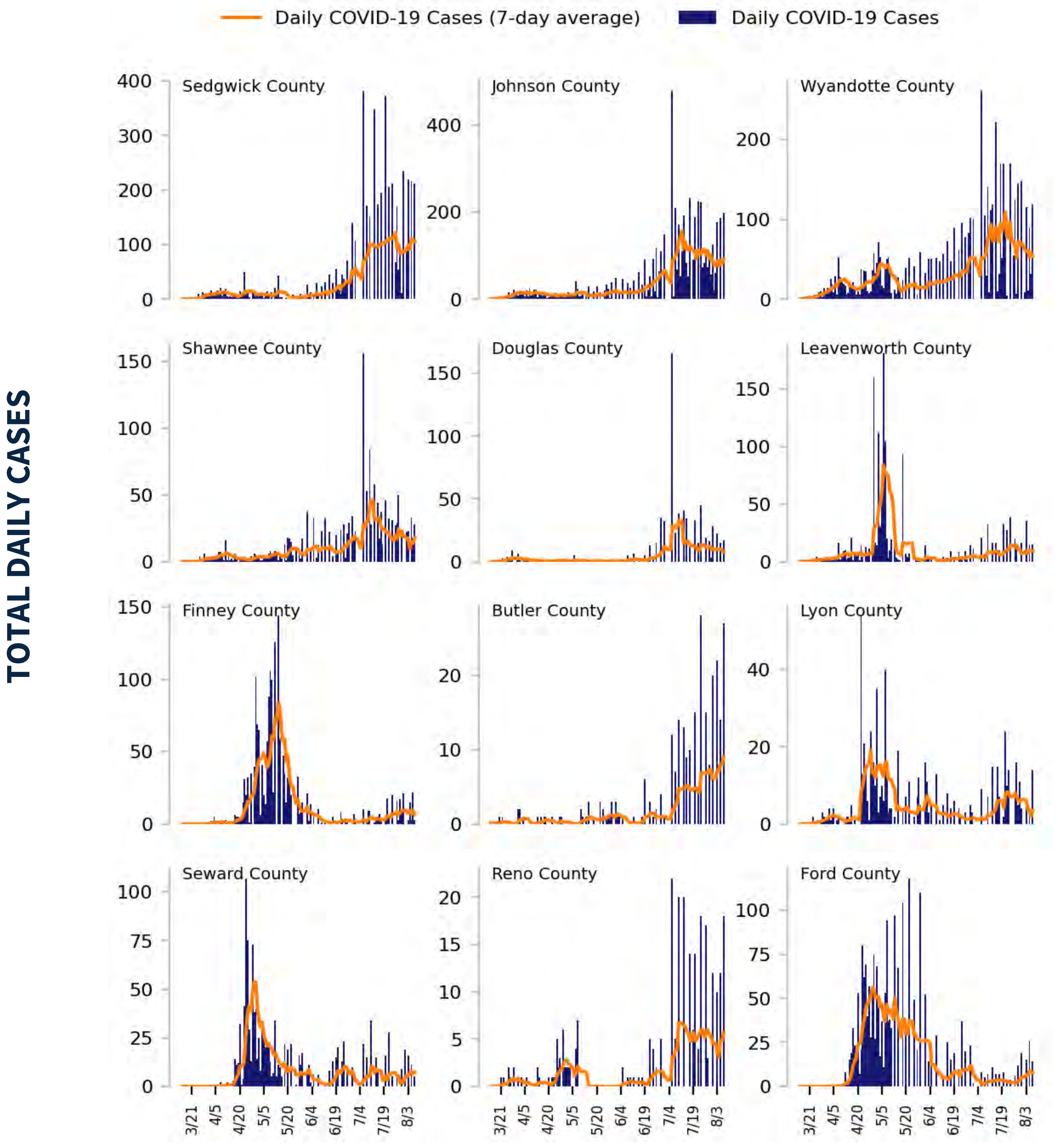


DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

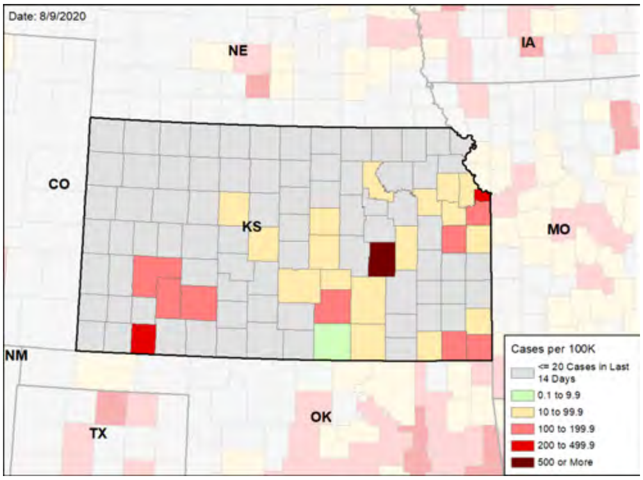
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

KANSAS

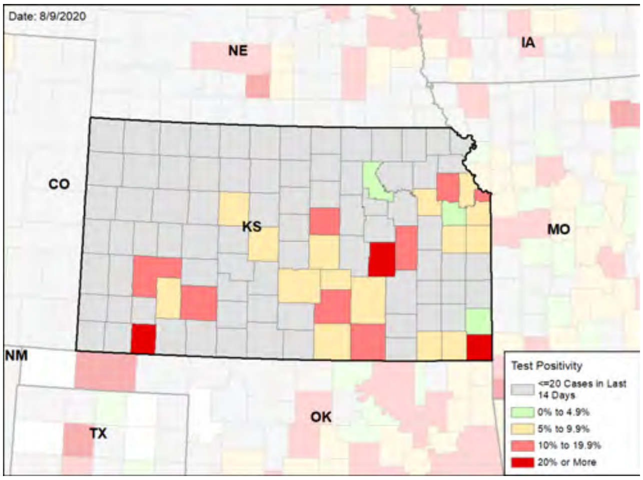
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

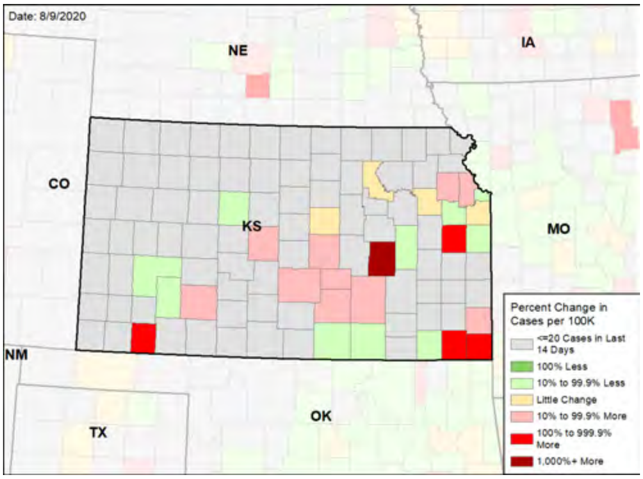
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
NE
IA
CO
KS
MO
NM
TX
OK
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

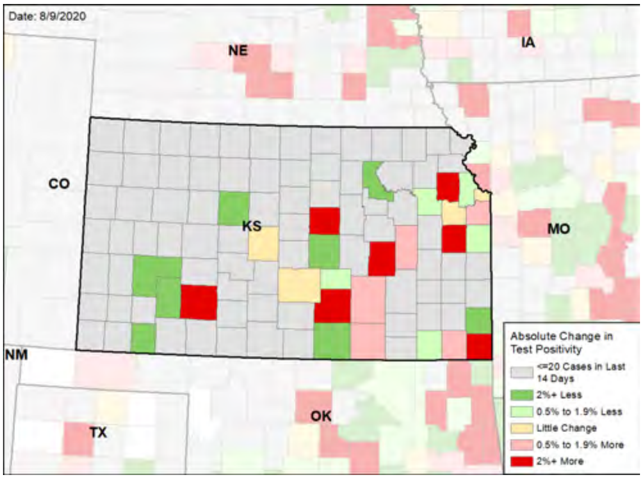
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
NE
IA
CO
KS
MO
NM
TX
OK
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
NE
IA
CO
KS
MO
NM
TX
OK
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
NE
IA
CO
KS
MO
NM
TX
OK
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

KENTUCKY

STATE REPORT | 08.09.2020

SUMMARY

- Kentucky is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- Kentucky has seen a decrease in new cases and stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Jefferson County, 2. Fayette County, and 3. Warren County. These counties represent 37.7 percent of new cases in Kentucky.
- Kentucky had 81 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 3 to support operations activities from FEMA and 1 to support operations activities from CDC.
- Between Aug 01 - Aug 07, on average, 122 patients with confirmed COVID-19 and 394 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Kentucky. An average of 90 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Keep mask requirement in place statewide. Work with local communities to ensure high usage rates. Identify mechanisms to assess compliance with local regulations including working with community organizations.
- Keep establishments closed where social distancing and mask use cannot occur, such as bars, nightclubs, and entertainment venues.
- Continue to limit indoor dining at restaurants to 25% of normal capacity and continue expanded outdoor dining until cases and test positivity decrease.
- Message to residents that if they vacation in an area with low COVID prevalence and have come from an area with high COVID prevalence, they should: remain socially distanced, stay masked in all public spaces, and avoid all indoor gatherings where social distancing and masks cannot be maintained.
- Any nursing homes with 3 or more cases of COVID in the last 3 weeks should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population. Protect vulnerable populations in assisted living and long-term care facilities through weekly testing of all workers and requiring masks. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place.
- Providing timely test results to individuals so they can isolate and stop the spread is critical. Implement the following to increase testing capacity and decrease turnaround times:
    - (1) For family and cohabitating households, screen entire households in a single test by pooling a sample of each member's specimen. For households that test positive, isolate and conduct follow-up individual tests.
    - (2) Expand testing capacity in public health labs by adding shifts, including weekend shifts, to reduce turnaround times.
    - (3) Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

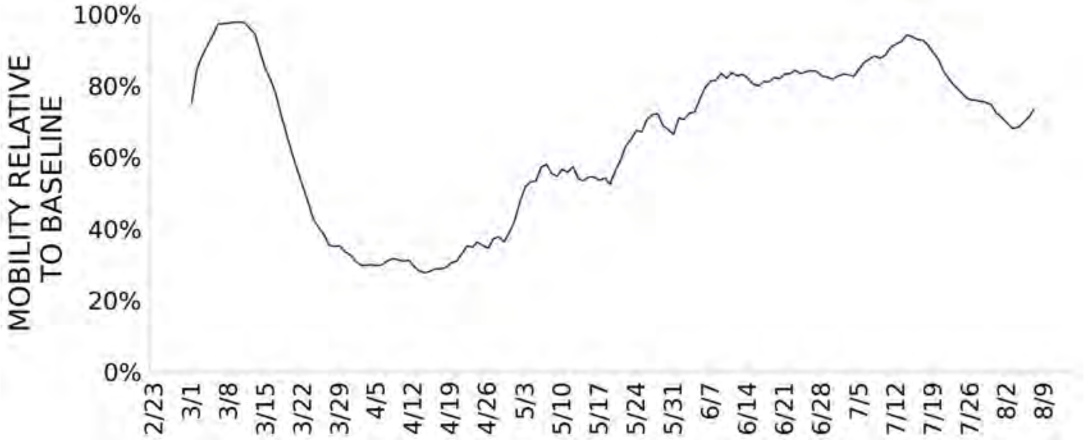
** Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state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

KENTUCKY

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	3,638 (81)	-13.8%	123,846 (185)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	8.5%	-0.5%*	12.2%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	58,902** (1,318)	-15.4%**	898,618** (1,343)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	32 (1)	-27.3%	2,438 (4)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	4.6%	-2.4%*	22.2%	12.1%

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

KENTUCKY

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**6**	Louisville/Jefferson County Bowling Green Glasgow Mayfield Evansville Murray	**12**	Lexington-Fayette Cincinnati London Elizabethtown-Fort Knox Owensboro Clarksville Frankfort Middlesborough Somerset Madisonville Bardstown Mount Sterling
COUNTY LAST WEEK	**13** **Top 12 shown (full list below)**	Jefferson Warren Graves Harlan Knox Perry Whitley Calloway Henry Fulton Metcalfe Washington	**40** **Top 12 shown (full list below)**	Fayette Kenton Oldham Boone Hardin Scott Barren Daviess Laurel Campbell Jessamine Bell

All Red Counties: Jefferson, Warren, Graves, Harlan, Knox, Perry, Whitley, Calloway, Henry, Fulton, Metcalfe, Washington, Carlisle

All Yellow Counties: Fayette, Oldham, Kenton, Boone, Hardin, Scott, Barren, Daviess, Laurel, Campbell, Jessamine, Bell, Bullitt, Christian, Shelby, Pulaski, Henderson, Franklin, Hopkins, Casey, Nelson, Meade, Logan, Woodford, Spencer, Marshall, Carroll, Clark, Grant, Hart, Cumberland, Grayson, Johnson, Powell, Union, Breckinridge, Magoffin, Knott, Pendleton, Edmonson

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

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

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

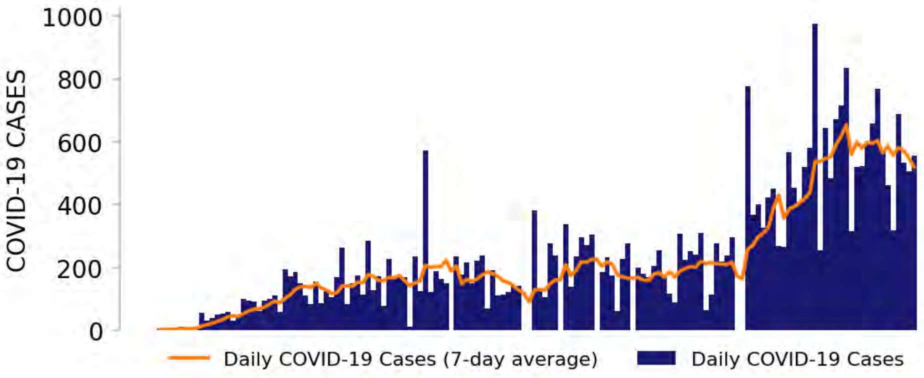
Testing

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

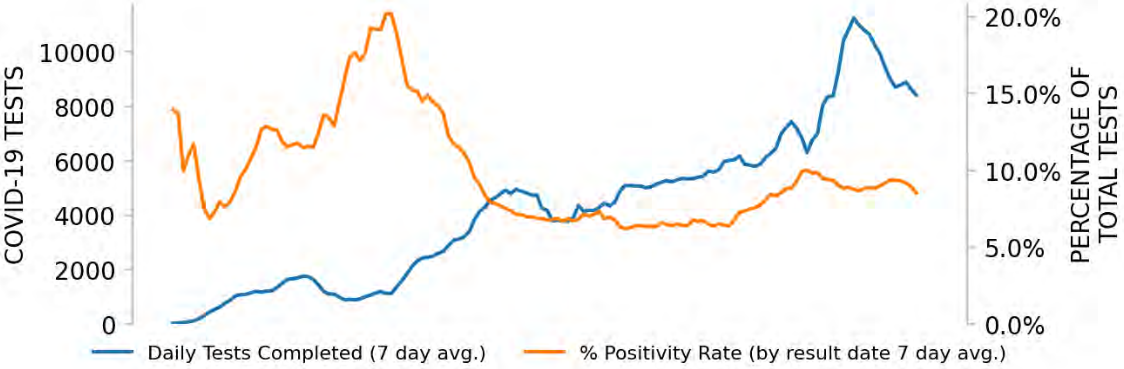
KENTUCKY

STATE REPORT | 08.09.2020

NEW CASES

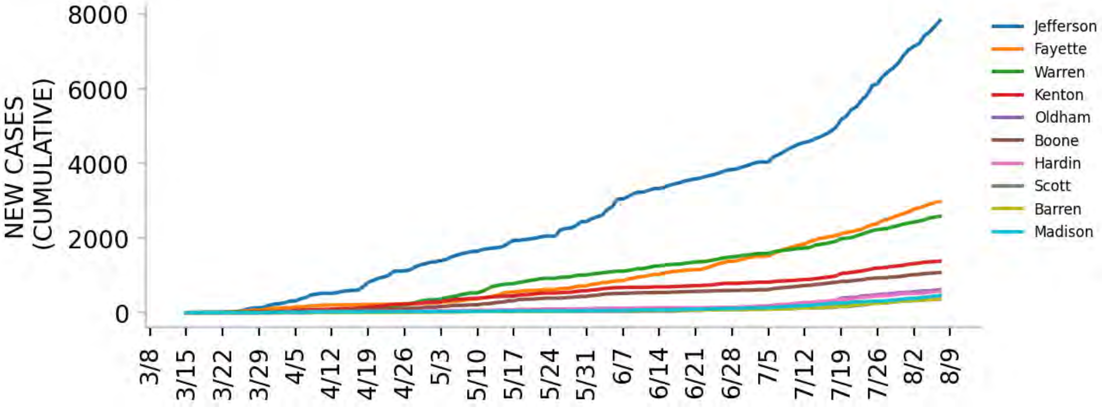


TESTING



TOP COUNTIES

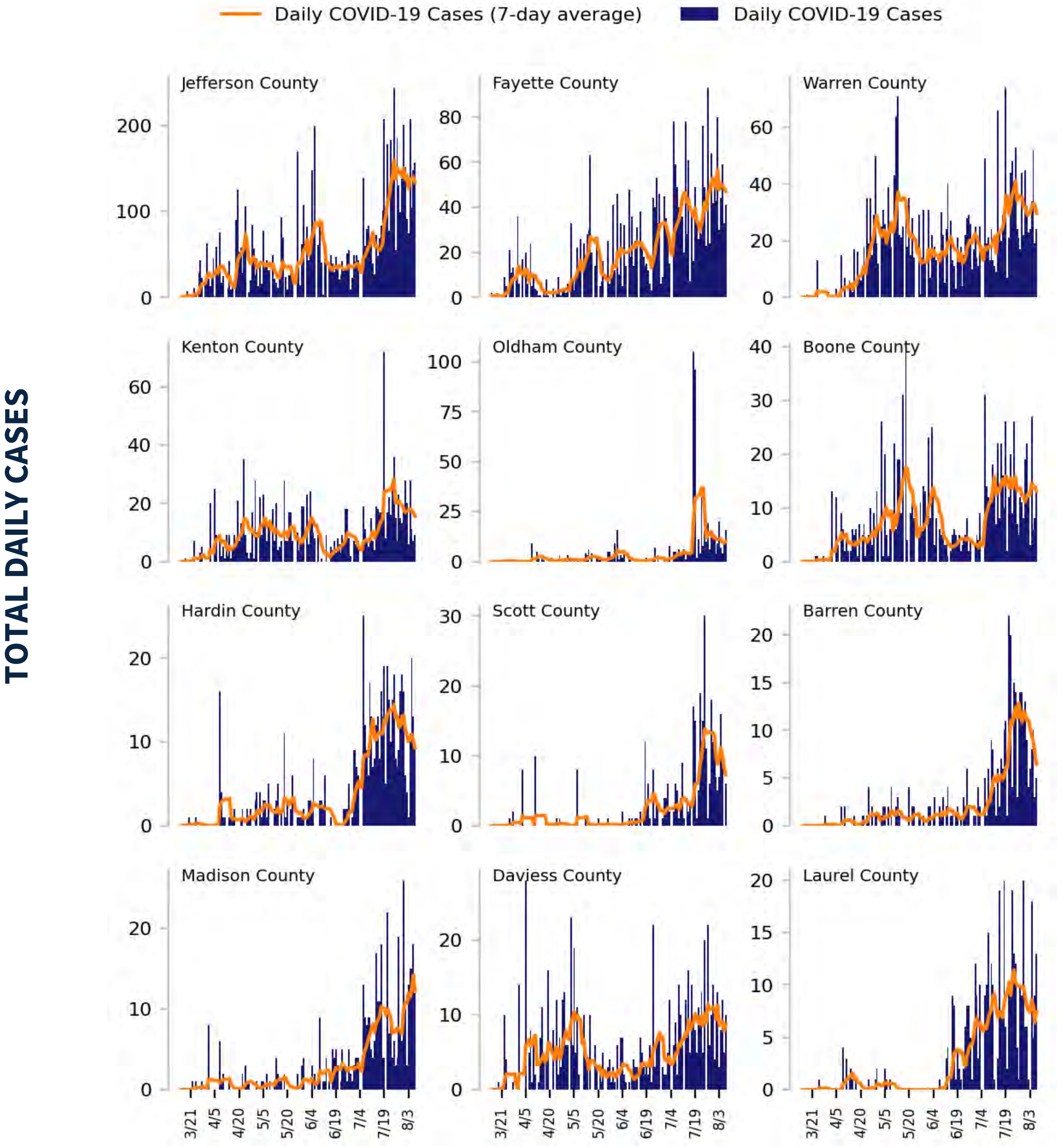
Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)



DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

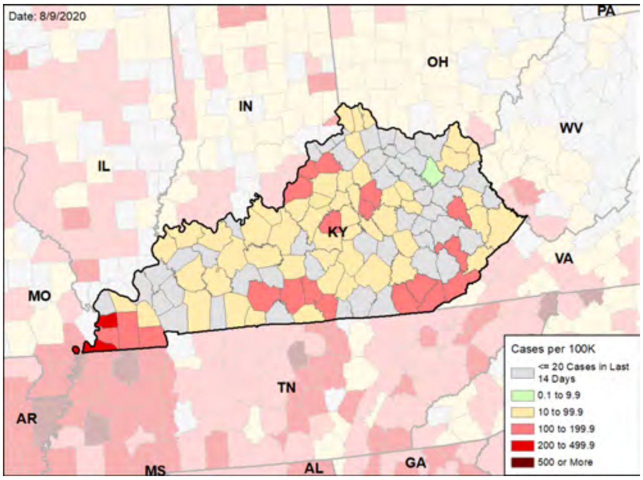
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

KENTUCKY

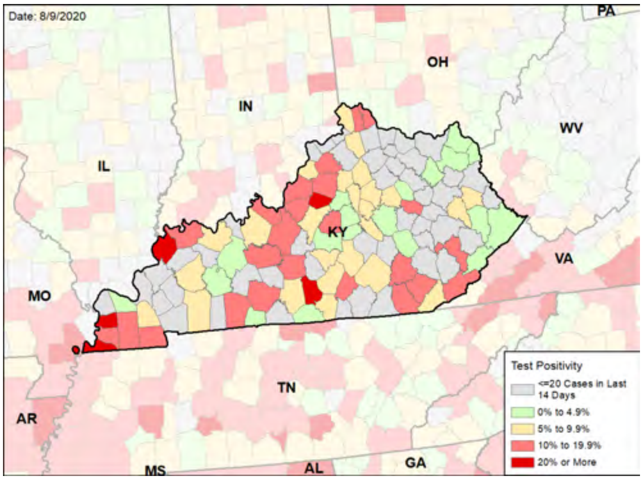
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

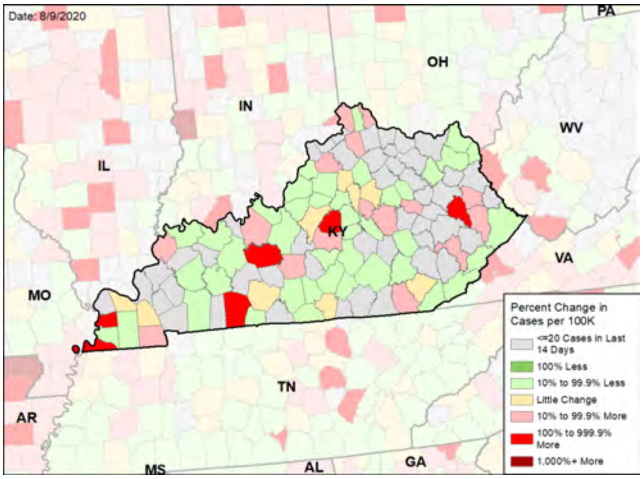
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
PA
OH
IN
WV
IL
KY
VA
MO
TN
AR
MS
AL
GA
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

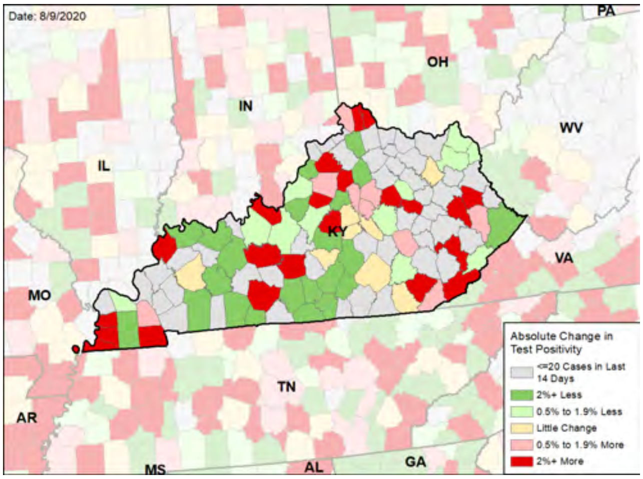
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
PA
OH
IN
WV
IL
KY
VA
MO
TN
AR
MS
AL
GA
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
PA
OH
IN
WV
IL
KY
VA
MO
TN
AR
MS
AL
GA
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
PA
OH
IN
WV
IL
KY
VA
MO
TN
AR
MS
AL
GA
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

LOUISIANA

STATE REPORT | 08.09.2020

SUMMARY

- Louisiana is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the red zone for test positivity, indicating a rate above 10%.
- Louisiana has seen stability in new cases and stability in test positivity over the past week, demonstrating the impact of aggressive mitigation efforts.
- Those efforts are leading to a blunting of the epidemic in New Orleans and continuing these aggressive efforts will further drive down transmission.
- The following three parishes had the highest number of new cases over the past 3 weeks: 1. East Baton Rouge Parish, 2. Jefferson Parish, and 3. Lafayette Parish. These parishes represent 24.4 percent of new cases in Louisiana, as the epidemic is widespread throughout the state.
- Louisiana had 268 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 9 to support operations activities from FEMA; 107 to support medical activities from ASPR; 4 to support operations activities from ASPR; 9 to support epidemiology activities from CDC; 40 to support operations activities from USCG; 7 to support medical activities from VA; and 1 to support operations activities from VA.
- The federal government has supported a surge testing site in Baton Rouge, LA and a surge testing site in New Orleans, LA.
- Between Aug 01 - Aug 07, on average, 158 patients with confirmed COVID-19 and 47 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Louisiana. An average of 68 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Consider aggressive testing expansion among shrimpers. Alaska prevented a significant outbreak through aggressive testing among fishermen.
- Expand the protection of those in nursing homes, assisted living, and long-term care facilities by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19 and the isolation of all positive staff and residents. Ensure social distancing and universal facemask use. Immediately conduct infection control prevention surveys in all nursing homes with more than 3 cases in the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support routine testing.
- Continue the statewide mask mandate.
- Continue the closure of establishments where social distancing and mask use cannot occur, such as bars.
- Consider expanding outdoor dining options and further restrict indoor dining to less than 25% of normal capacity.
- Ask citizens to limit social gatherings to 10 or fewer people.
- Encourage individuals that have participated in any large social gatherings to get tested.
- Increase messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Continue the scale-up of testing, moving to community-led neighborhood testing.
- Work with local communities to implement and provide clear guidance for households that test positive, including on individual isolation procedures.
- Continue to enhance contact tracing and ensure the ability of cases and contacts to quarantine or isolate safely.
- Ensure all public health labs are fully staffed and running 24/7, utilizing all platforms to reduce turnaround times. Institute 3:1 or 2:1 pooling of test specimens on all high throughput machines as long as turnaround times are greater than 36 hours.
- For families and cohabiting households, screen entire households.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

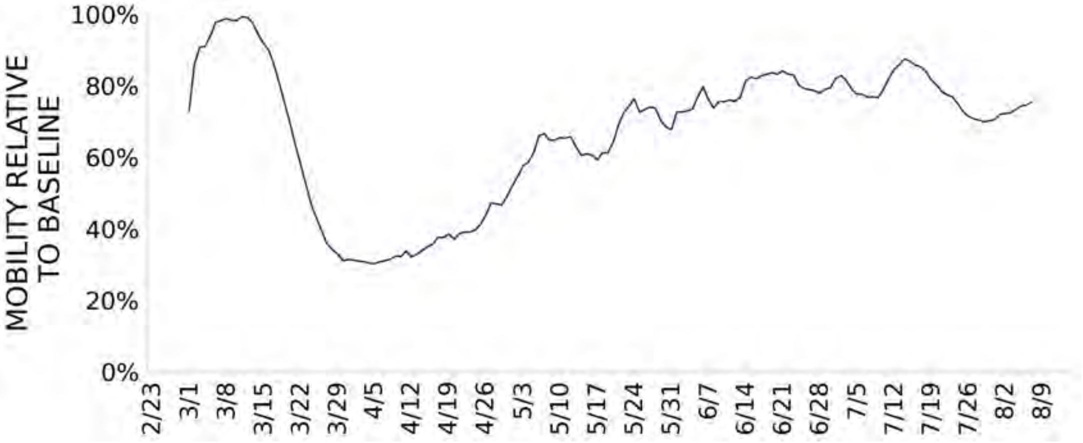
** Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state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

LOUISIANA

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	12,466 (268)	-0.6%	76,858 (180)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	11.6%	-0.2%*	11.4%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	98,442** (2,118)	-31.7%**	303,878** (711)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	254 (5)	+9.5%	1,883 (4)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	34.1%	-2.0%*	21.3%	12.1%

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

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

Cases and Deaths: State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the parish level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

LOUISIANA

STATE REPORT | 08.09.2020

COVID-19 PARISH AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**14** **Top 12 shown (full list below)**	Baton Rouge Lafayette Lake Charles Houma-Thibodaux Monroe Opelousas Hammond Morgan City Fort Polk South DeRidder Bogalusa Natchitoches	**5**	New Orleans-Metairie Shreveport-Bossier City Alexandria Ruston Minden
PARISH LAST WEEK	**47** **Top 12 shown (full list below)**	East Baton Rouge Lafayette Calcasieu Ouachita St. Landry Tangipahoa Livingston Terrebonne Ascension Acadia Lafourche Iberia	**15** **Top 12 shown (full list below)**	Jefferson Caddo St. Tammany Rapides Bossier Lincoln St. John the Baptist Webster East Feliciana Plaquemines Jackson Claiborne

All Red CBSAs: Baton Rouge, Lafayette, Lake Charles, Houma-Thibodaux, Monroe, Opelousas, Hammond, Morgan City, Fort Polk South, DeRidder, Bogalusa, Natchitoches, Jennings, Natchez
All Red Parishes: East Baton Rouge, Lafayette, Calcasieu, Ouachita, St. Landry, Tangipahoa, Livingston, Terrebonne, Ascension, Acadia, Lafourche, Iberia, Vermilion, Allen, St. Mary, St. Charles, Evangeline, St. Martin, Avoyelles, Vernon, Beauregard, Sabine, Washington, Iberville, Pointe Coupee, St. Bernard, Natchitoches, Franklin, Jefferson Davis, West Baton Rouge, Richland, De Soto, St. James, Union, Morehouse, Grant, LaSalle, Madison, Concordia, Assumption, St. Helena, Winn, West Carroll, Red River, Caldwell, Catahoula, East Carroll
All Yellow Parishes: Jefferson, Caddo, St. Tammany, Rapides, Bossier, Lincoln, St. John the Baptist, Webster, East Feliciana, Plaquemines, Jackson, Claiborne, Bienville, West Feliciana, Tensas

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

Red Zone: Those core-based statistical areas (CBSAs) and parishes that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.
Yellow Zone: Those core-based statistical areas (CBSAs) and parishes that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the "Red Zone."
Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 25 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
- Increase messaging on the risk of serious disease for individuals in all age groups with preexisting obesity, hypertension, and diabetes mellitus, and recommend to shelter in place
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- Provide isolation facilities outside of households if COVID-positive individuals can't quarantine successfully

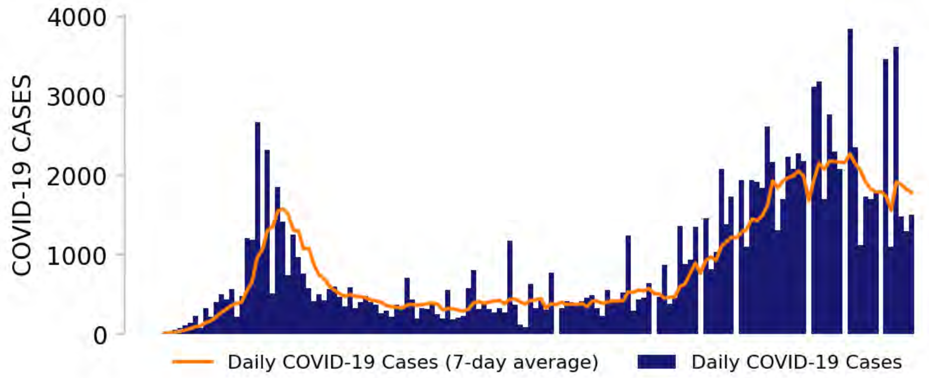
Testing

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

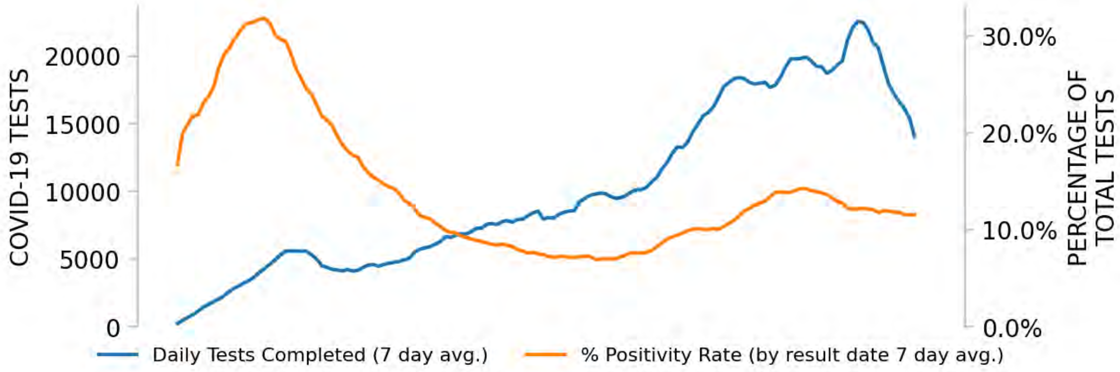
LOUISIANA

STATE REPORT | 08.09.2020

NEW CASES

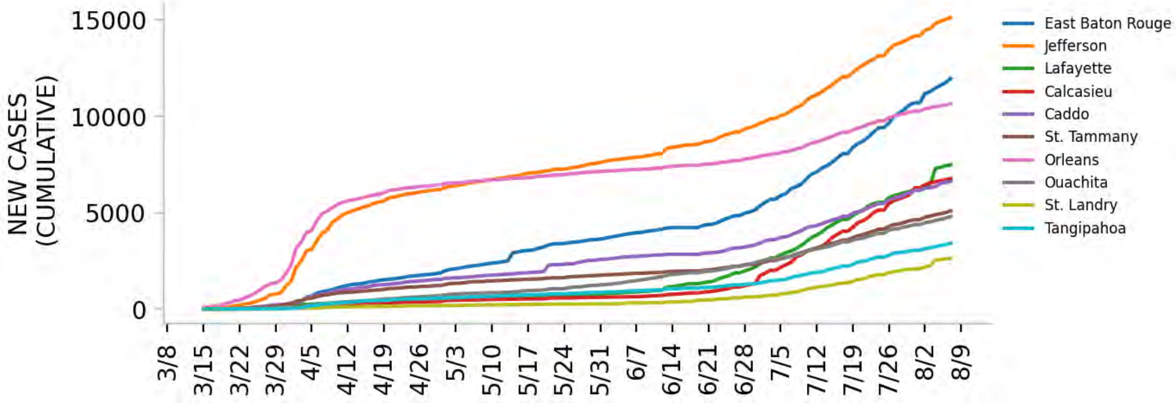


TESTING



TOP PARISHES

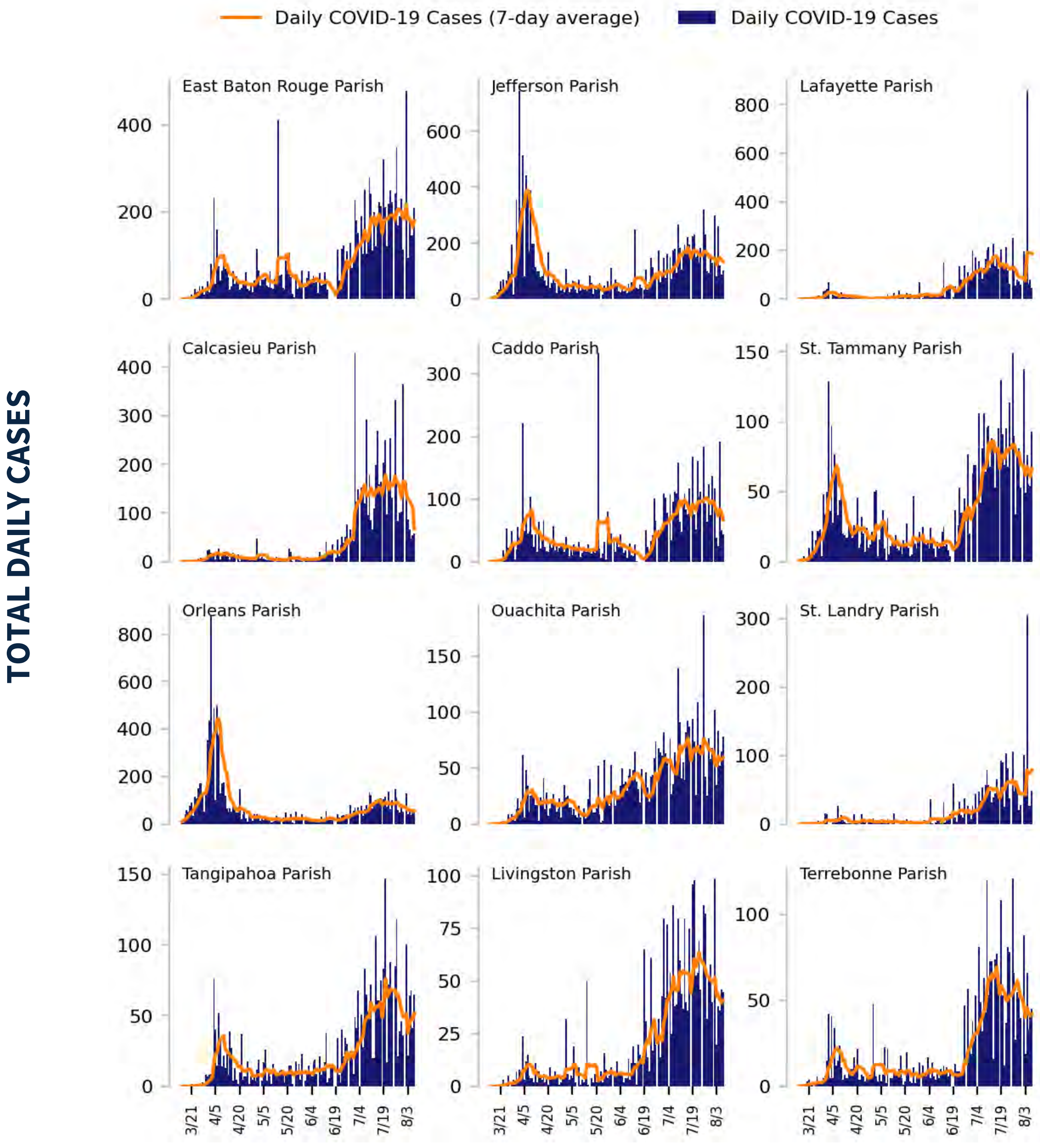
Top parishes based on greatest number of new cases in last three weeks (7/18 - 8/7)



DATA SOURCES

Cases: Parish-level data from USAFacts. State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

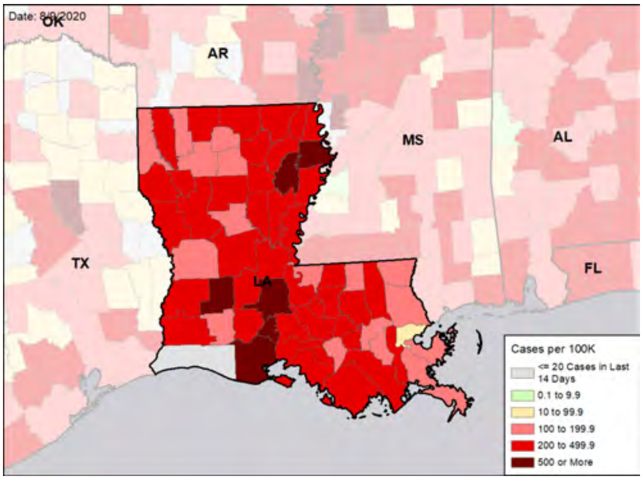
Cases: Parish-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

LOUISIANA

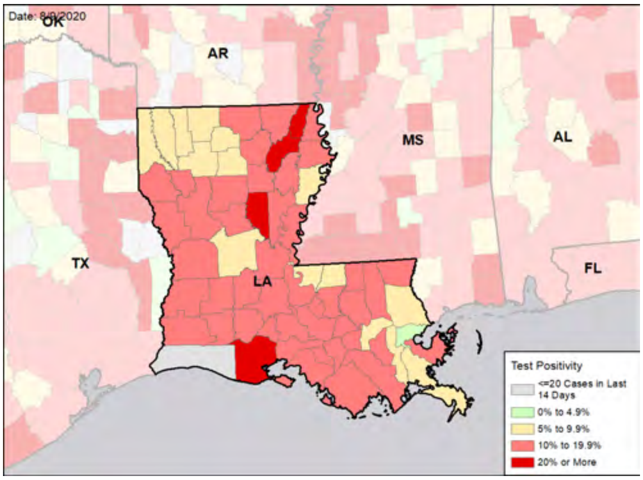
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

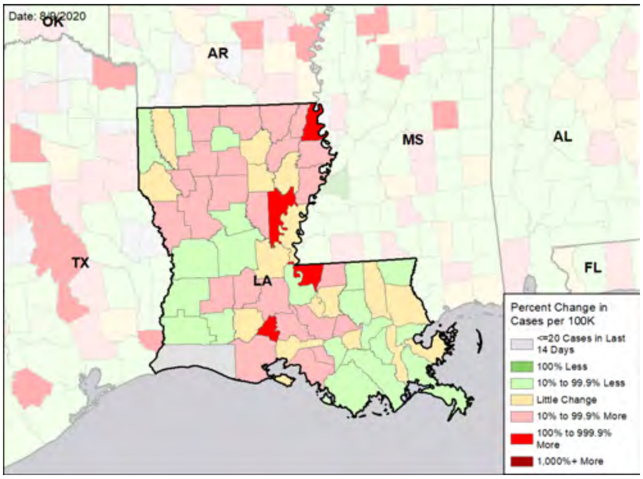
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
OK
AR
MS
AL
TX
LA
FL
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

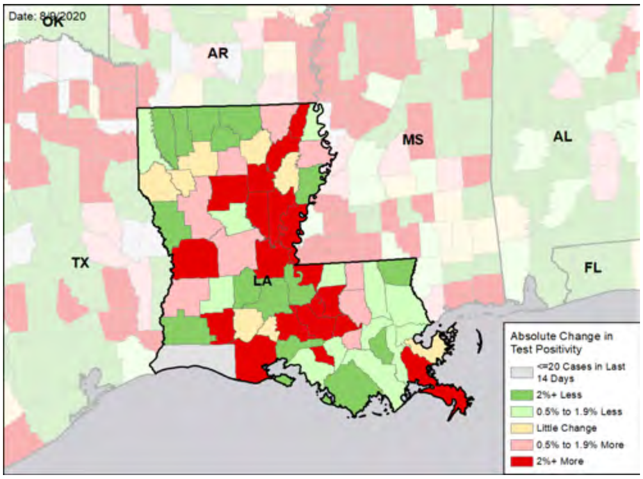
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
OK
AR
MS
AL
TX
LA
FL
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
OK
AR
MS
AL
TX
LA
FL
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
OK
AR
MS
AL
TX
LA
FL
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: Parish-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

MAINE

STATE REPORT | 08.09.2020

SUMMARY

- Maine is in the green zone for cases, indicating below 10 cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- Maine has seen a decrease in new cases and stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Cumberland County, 2. York County, and 3. Androscoggin County. These counties represent 70.2 percent of new cases in Maine.
- Maine had 8 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 2 to support operations activities from FEMA and 3 to support medical activities from VA.
- Between Aug 01 - Aug 07, on average, 2 patients with confirmed COVID-19 and 22 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Maine. An average of 74 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue to enforce social distancing and facial covering, especially in indoor settings outside of the home and in touristed communities; consider use of warnings and fines, if necessary.
- Continue active testing or quarantine of visitors from other states with higher case rates.
- A continued, cautious reopening and loosening of restrictions is warranted; continue to closely follow case rates and test positivity at the metro area and county level. Intensify restrictions and community mitigation efforts early if increases in case rates and test positivity are observed.
- Testing rates are low in many counties and need improvement, especially in those with higher tourism levels. Consider pooled testing to expand test capacity and reduce turnaround times. Fund public health laboratories to expand capacity, especially in labs that serve Androscoggin, Hancock, Sagadahoc, and Kennebec counties.
- Continue current policies to protect nursing home and long-term care facility residents. Recommend requiring universal cloth face coverings or face masks, as appropriate, in the indoor environment where residents live.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

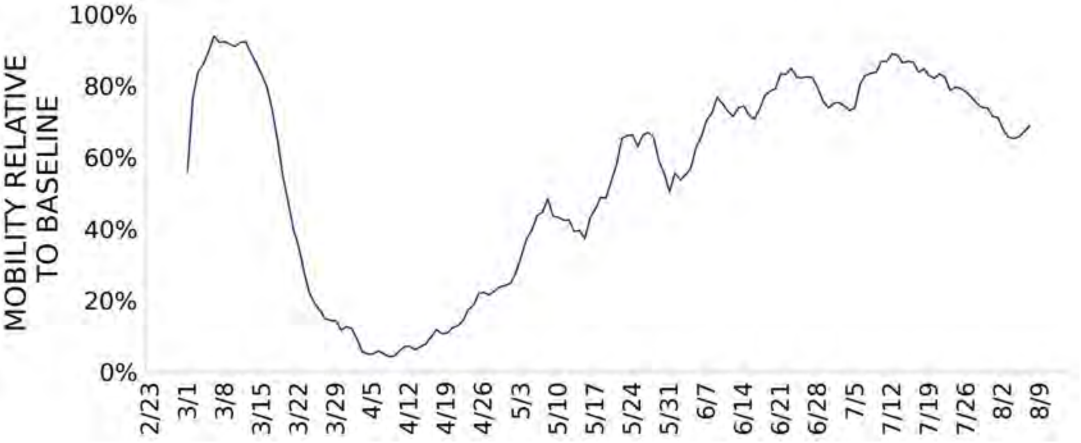
** Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state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

MAINE

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	106 (8)	-31.2%	4,242 (29)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	0.8%	-0.2%*	1.7%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	15,107** (1,124)	+0.6%**	244,677** (1,648)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	1 (0)	-80.0%	122 (1)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	2.2%	+0.0%*	3.5%	12.1%

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

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MAINE

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

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

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

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

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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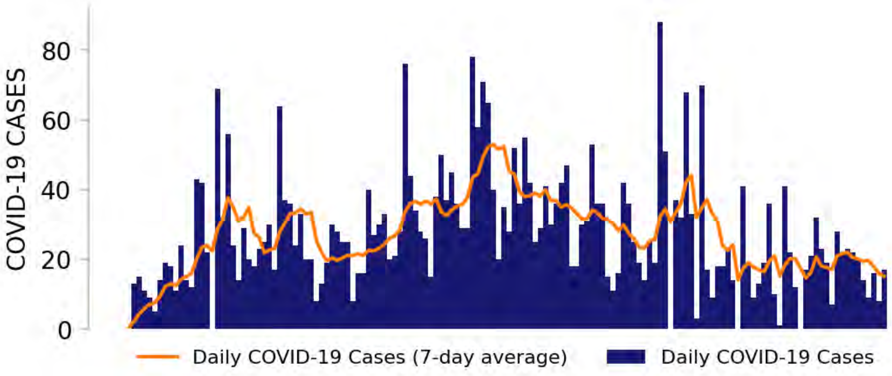
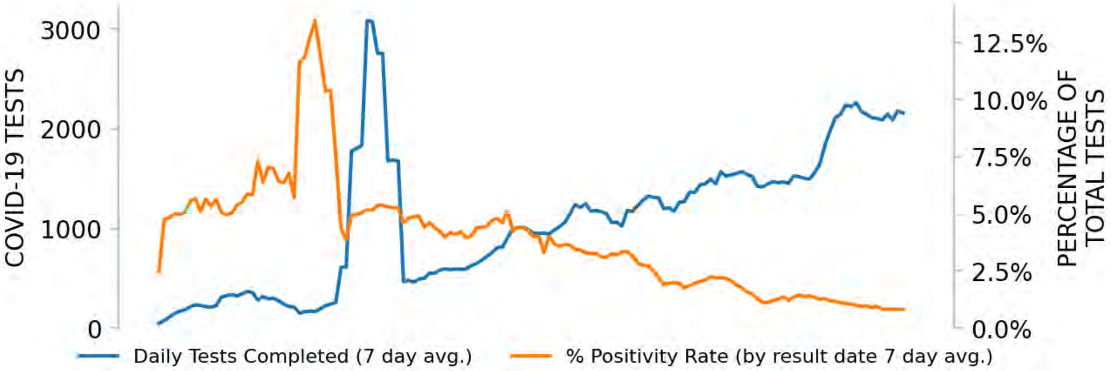
MAINE

STATE REPORT | 08.09.2020

NEW CASES

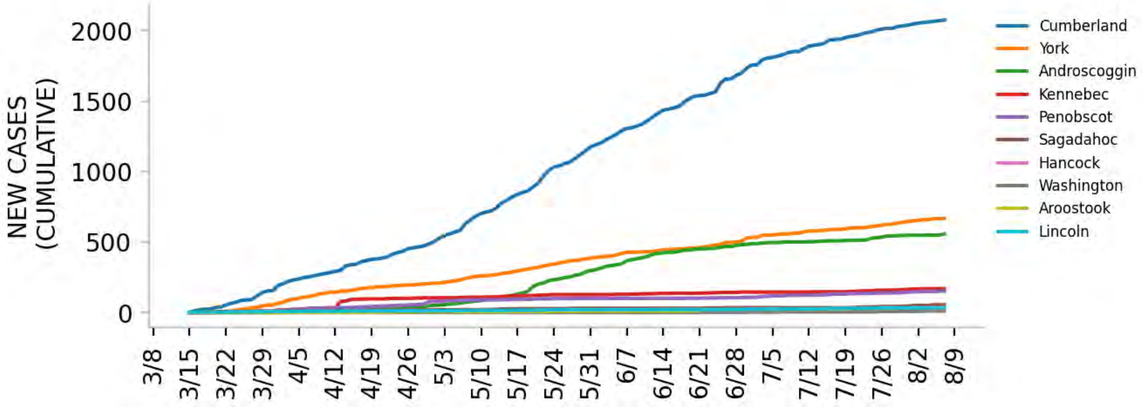


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)



DATA SOURCES

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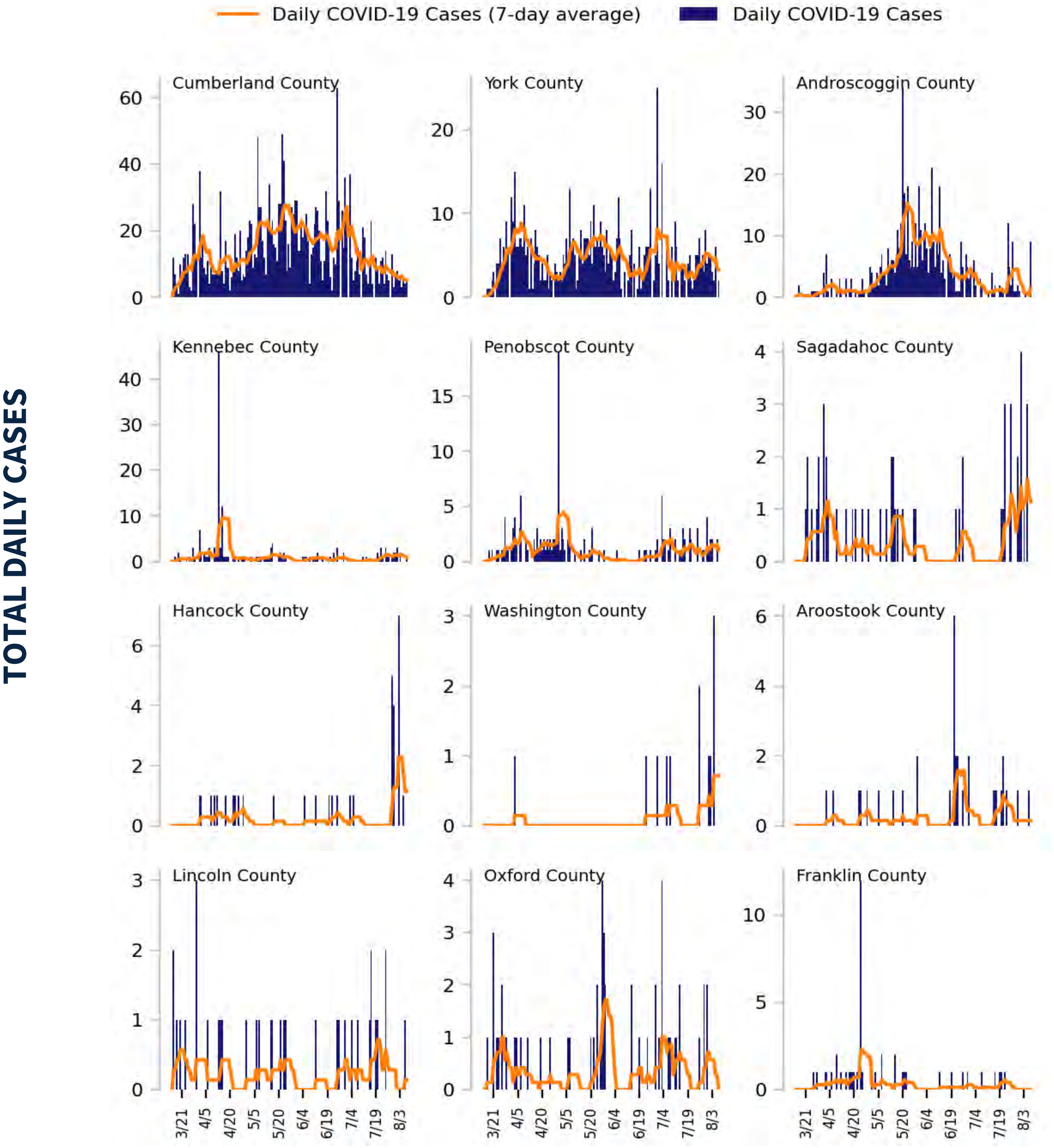
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020.

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



DATA SOURCES

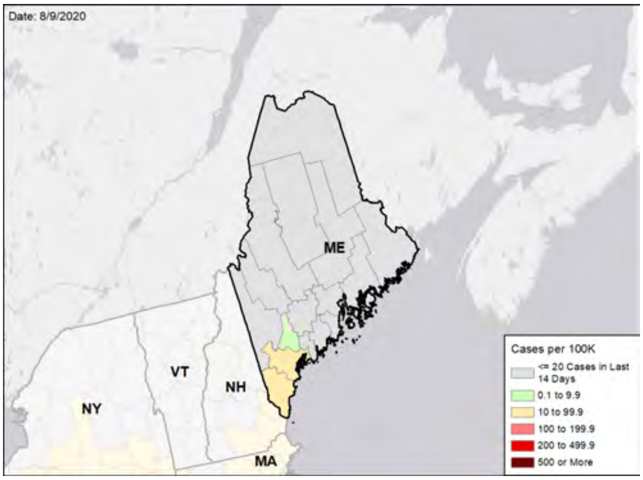
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

MAINE

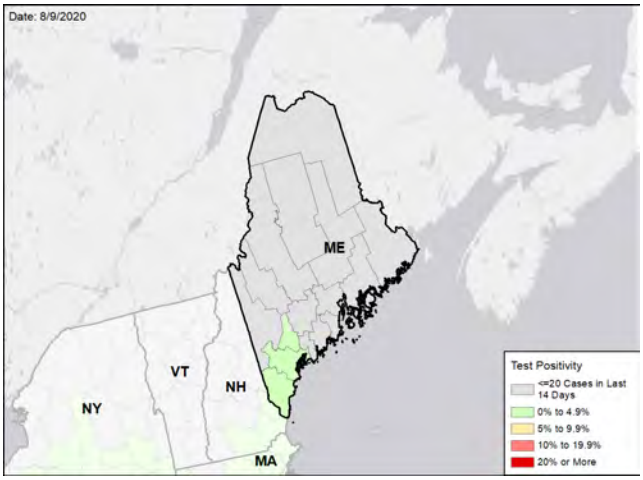
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

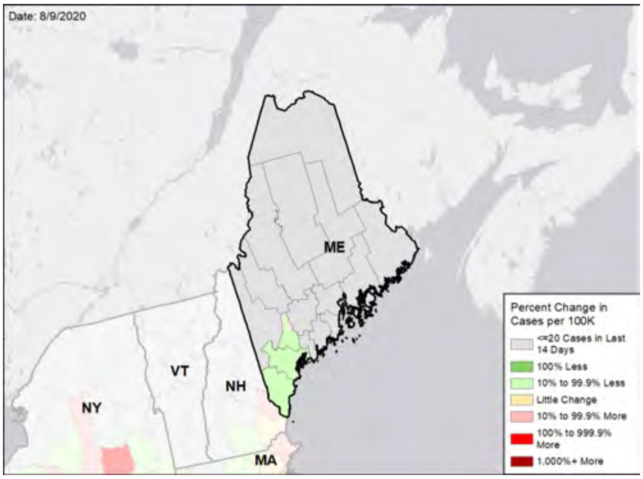
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
ME
VT
NH
NY
MA
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

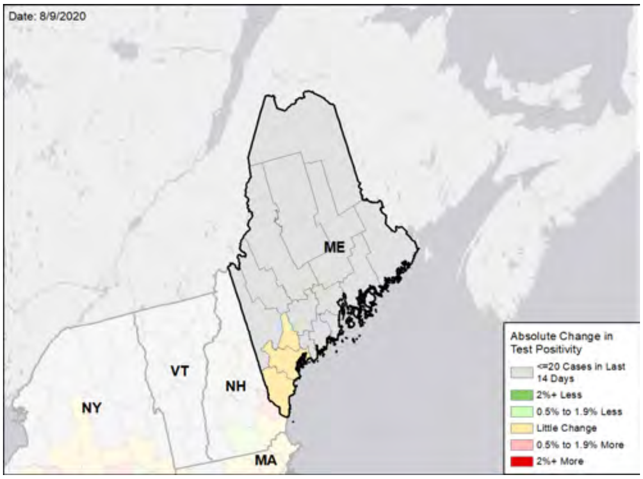
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
ME
VT
NH
NY
MA
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
ME
VT
NH
NY
MA
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
ME
VT
NH
NY
MA
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

MARYLAND

STATE REPORT | 08.09.2020

SUMMARY

- Maryland is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- Maryland has seen a decrease in new cases and stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Baltimore County, 2. Baltimore City, and 3. Prince George's County. These counties represent 55.7 percent of new cases in Maryland.
- Maryland had 90 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 28 to support operations activities from FEMA; 32 to support operations activities from ASPR; 3 to support epidemiology activities from CDC; 1 to support operations activities from CDC; 14 to support operations activities from USCG; and 1 to support medical activities from VA.
- Between Aug 01 - Aug 07, on average, 65 patients with confirmed COVID-19 and 249 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Maryland. An average of 91 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Increase involvement of community-based leadership to build community trust and to build targeted, tailored public messaging to communities. Emphasize mitigation efforts for residents who live in congregate housing settings or are attending family gatherings and outdoor events (e.g., remain socially distanced and masked). Encourage residents to avoid indoor gatherings. Ensure that these messages are relevant to vulnerable populations, including African American and Latinx communities.
- Keep statewide mask requirement in place. Work with local communities to ensure high usage rates. Identify mechanisms to assess compliance with local regulations.
- Close establishments where social distancing and mask use cannot occur, such as bars, nightclubs, and entertainment venues.
- Continue ongoing efforts to build contact tracing capabilities (e.g., increase staff, training, and funding), with a focus on communities with increasing cases.
- Increase public messaging to out-of-state tourists and increase testing capabilities in beach communities and tourist areas (e.g., Ocean City). Consider additional restrictions on occupancy or operation of certain businesses (e.g., bars, restaurants) depending on case counts in a community; consider intensifying efforts to improve compliance.
- Any nursing homes with 3 or more cases of COVID in the last 3 weeks should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population. Protect vulnerable populations in assisted living and long-term care facilities through weekly testing of all workers and requiring masks. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place.
- Providing timely test results to individuals so they can isolate and stop the spread is critical. Implement the following to increase testing capacity and decrease turnaround times:
    - (1) For family and cohabitating households, screen entire households in a single test by pooling a sample of each member’s specimen. For households that test positive, isolate and conduct follow-up individual tests.
    - (2) Expand testing capacity in public health labs by adding shifts, including weekend shifts, to reduce turnaround times.
    - (3) Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

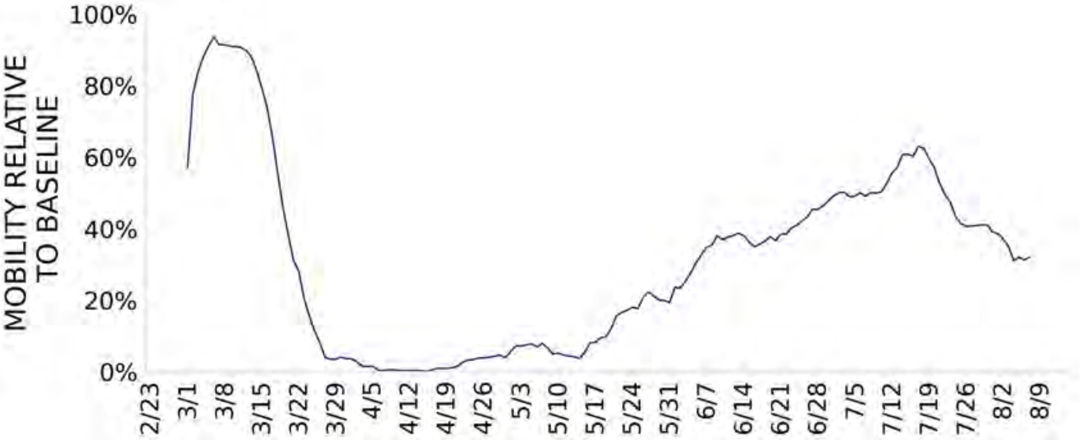
** Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state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

MARYLAND

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	**5,462 (90)**	**-17.0%**	**20,436 (66)**	**375,035 (114)**
DIAGNOSTIC TEST POSITIVITY RATE	**4.3%**	**-0.3%***	**5.4%**	**7.1%**
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	**163,452** (2,704)**	**-11.6%****	**494,173** (1,602)**	**4,863,237** (1,482)**
COVID DEATHS (RATE PER 100,000)	**66 (1)**	**-9.6%**	**343 (1)**	**7,261 (2)**
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	**11.4%**	**-0.5%***	**8.7%**	**12.1%**

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

MARYLAND

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COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	0	N/A	2	Washington-Arlington-Alexandria Easton
COUNTY LAST WEEK	0	N/A	7	Baltimore Baltimore City Prince George's Worcester Calvert Talbot Caroline

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

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

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

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MARYLAND

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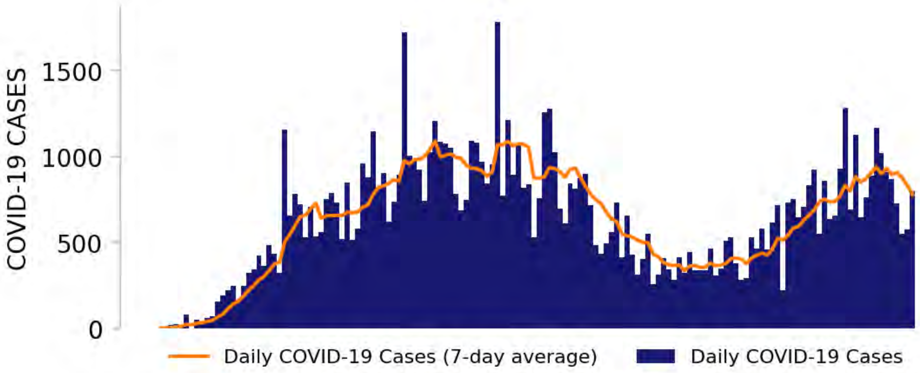
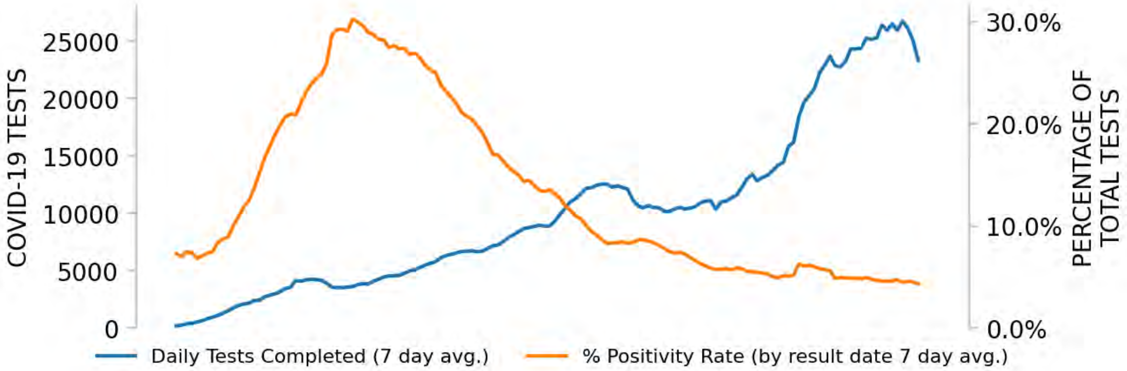
NEW CASES ▶

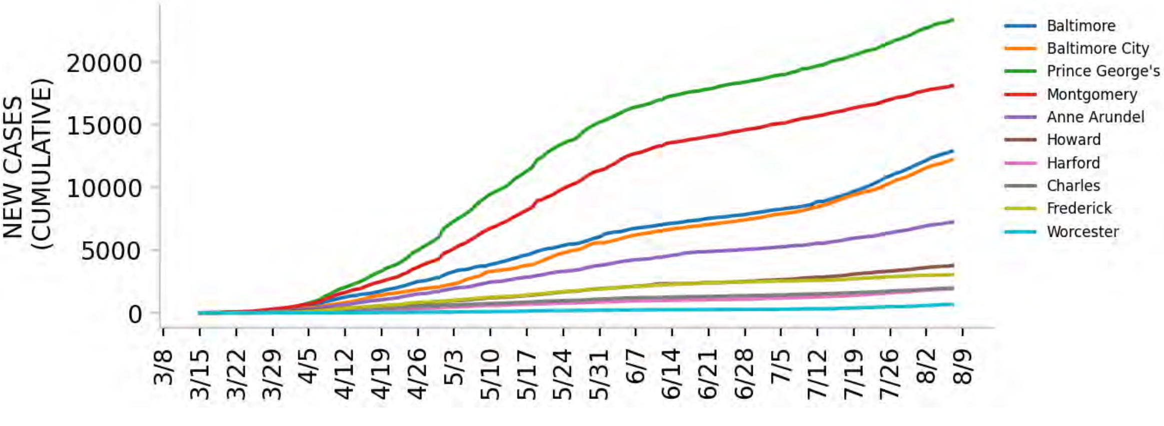


TESTING ▶



TOP COUNTIES ▶

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)

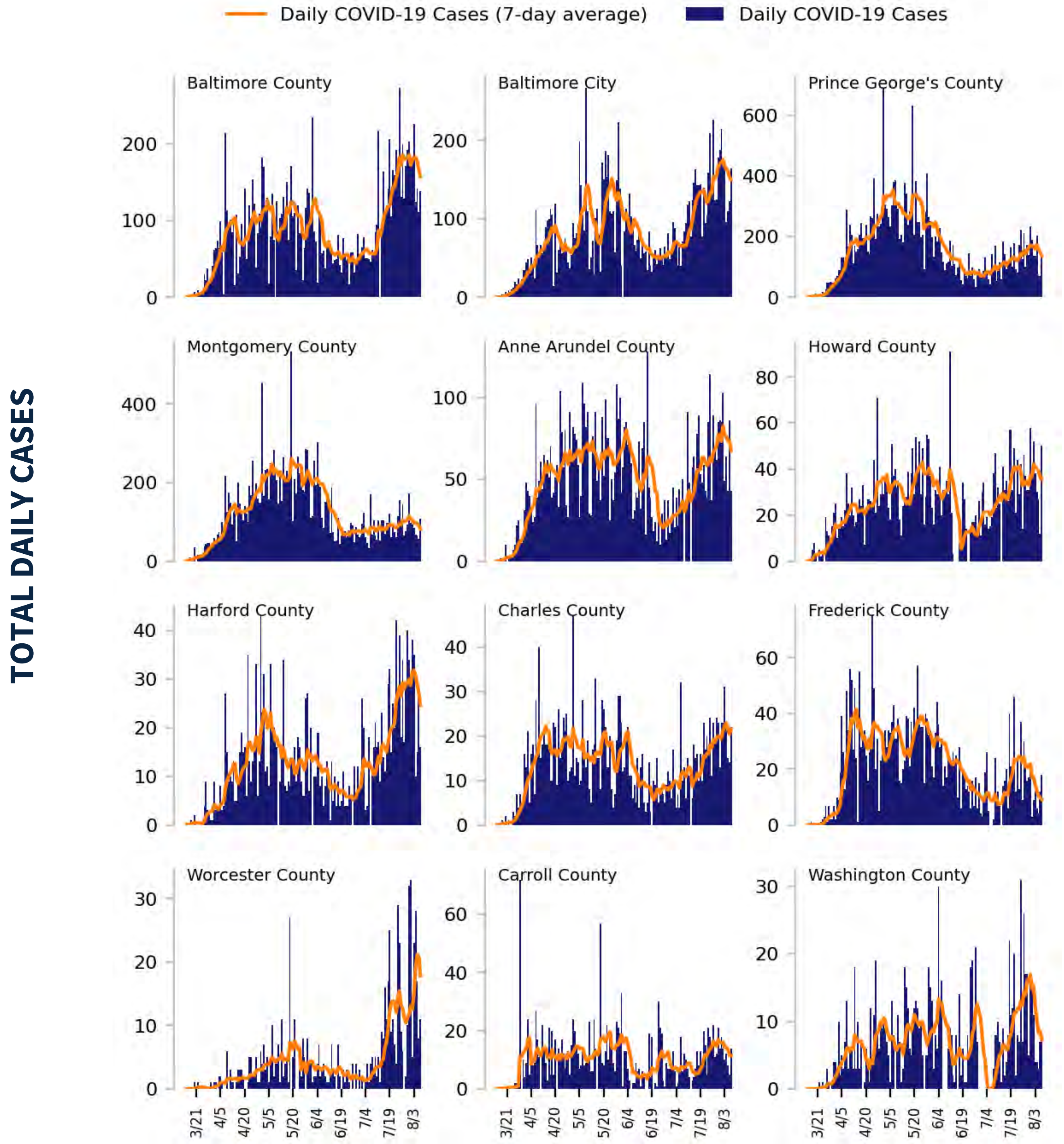


DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

MARYLAND

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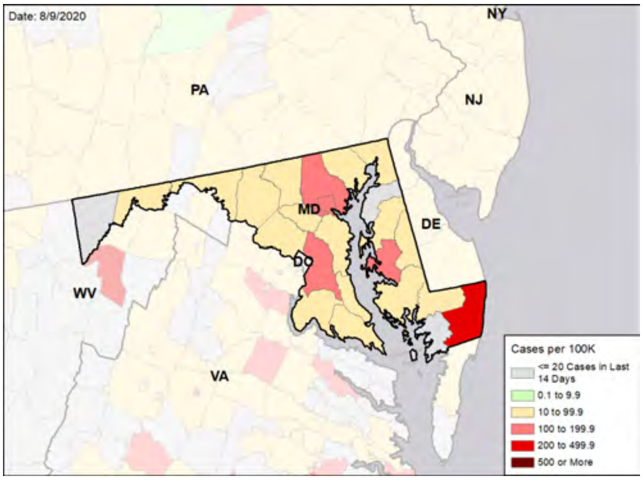
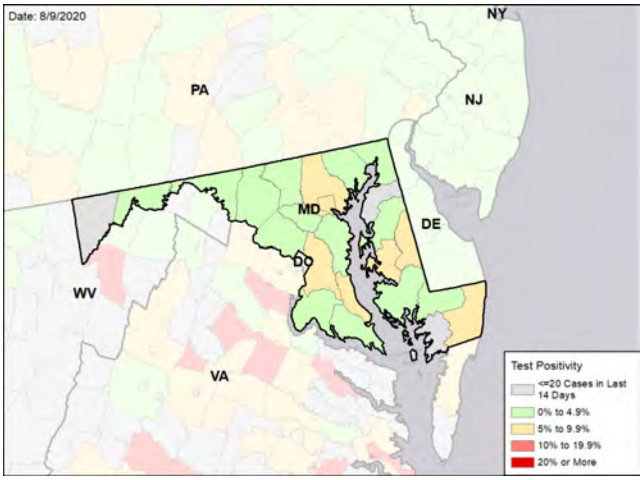
CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

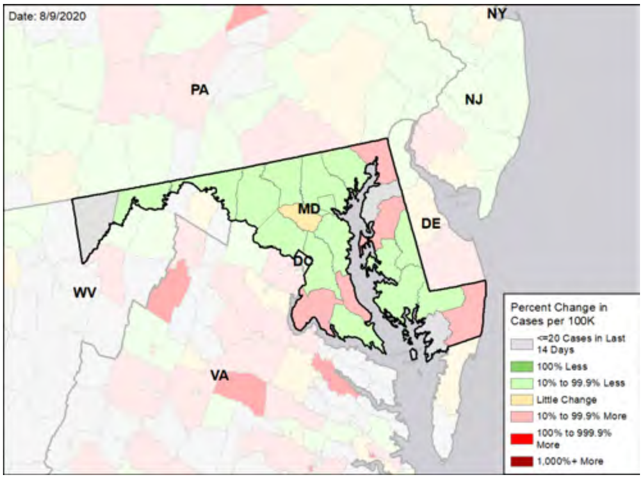
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
NY
PA
NJ
MD
DE
DC
WV
VA
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

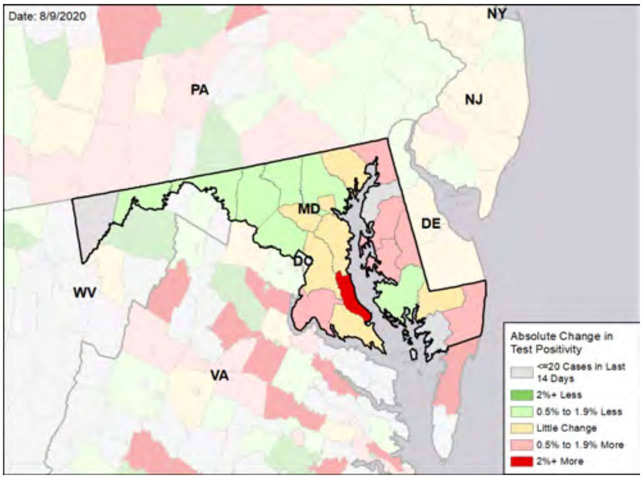
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
NY
PA
NJ
MD
DE
DC
WV
VA
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
NY
PA
NJ
MD
DE
DC
WV
VA
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
NY
PA
NJ
MD
DE
DC
WV
VA
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

MASSACHUSETTS

STATE REPORT | 08.09.2020

SUMMARY

- Massachusetts is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- Massachusetts has seen stability in new cases and stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Middlesex County, 2. Suffolk County, and 3. Essex County. These counties represent 51.3 percent of new cases in Massachusetts.
- Massachusetts had 39 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 123 to support operations activities from FEMA; 12 to support operations activities from ASPR; 2 to support epidemiology activities from CDC; 18 to support operations activities from USCG; 1 to support medical activities from VA; and 1 to support operations activities from VA.
- Between Aug 01 - Aug 07, on average, 16 patients with confirmed COVID-19 and 107 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Massachusetts. An average of 72 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue to enforce wearing of cloth face coverings, especially in indoor settings outside of the home. Consider innovative ways to more intensively monitor face covering use in populous counties and cities with increasing case rates or test positivity, such as Essex and Suffolk counties, and issuing fines for violations.
- Continue public health messaging and educational campaigns, emphasizing the need for face coverings and educating on the risk for adverse events, especially for older populations and those with co-morbidities, such as diabetes, hypertension, and obesity.
- Maintain vigilant monitoring of case rates, test positivity, and hospital utilization rates; if case rates and test positivity increase substantially, plan to intensify restrictions and community mitigation efforts.
- Ensure sufficient testing capacity to handle frequent re-testing in areas where students are returning to school in large numbers. Ensure adequate capacity for contact tracing if case rates increase.
- Ensure clinical services are adequate to handle potential increase in number of infections in communities with large numbers of returning students.
- Continue testing programs in long-term care facilities, with prompt testing of all residents in any facility with an active case and regular, repeat testing for all staff.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

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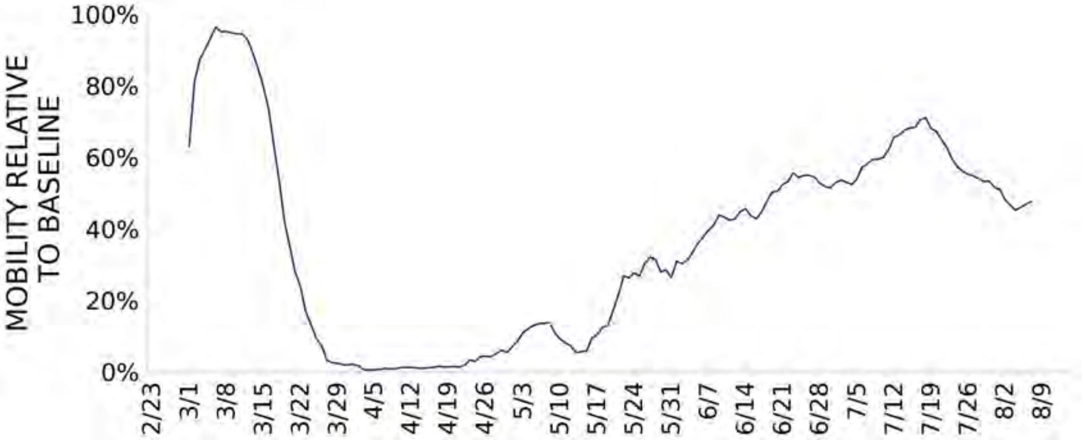
MASSACHUSETTS

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	2,679 (39)	+2.0%	4,242 (29)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	2.0%	+0.1%*	1.7%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	134,765** (1,955)	+8.5%**	244,677** (1,648)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	100 (1)	+1.0%	122 (1)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	6.1%	+1.0%*	3.5%	12.1%

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

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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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

MASSACHUSETTS

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

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

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

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

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

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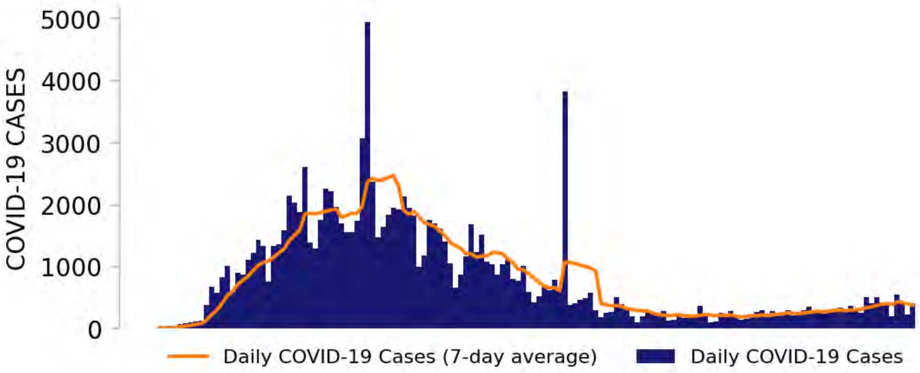
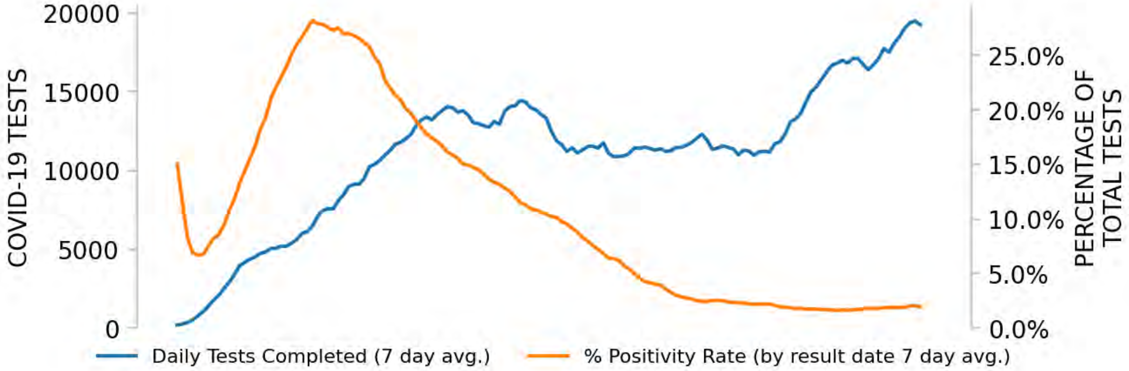
NEW CASES

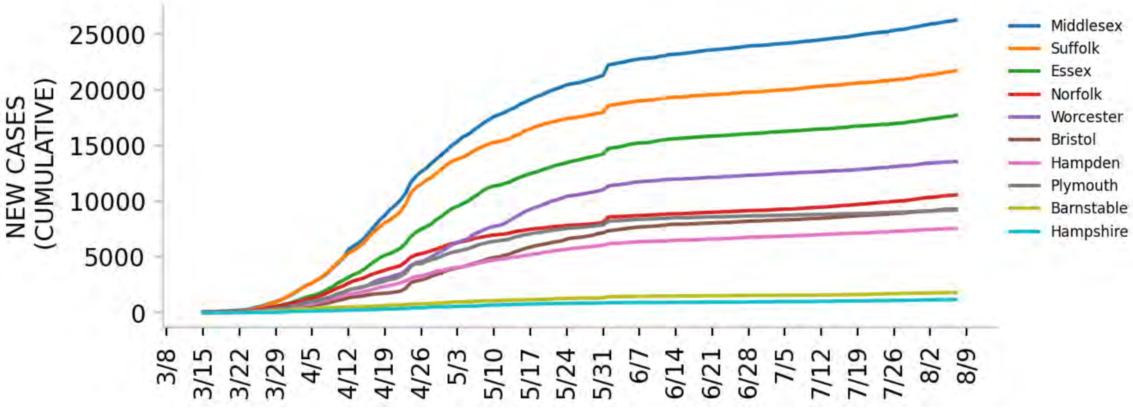


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)



DATA SOURCES

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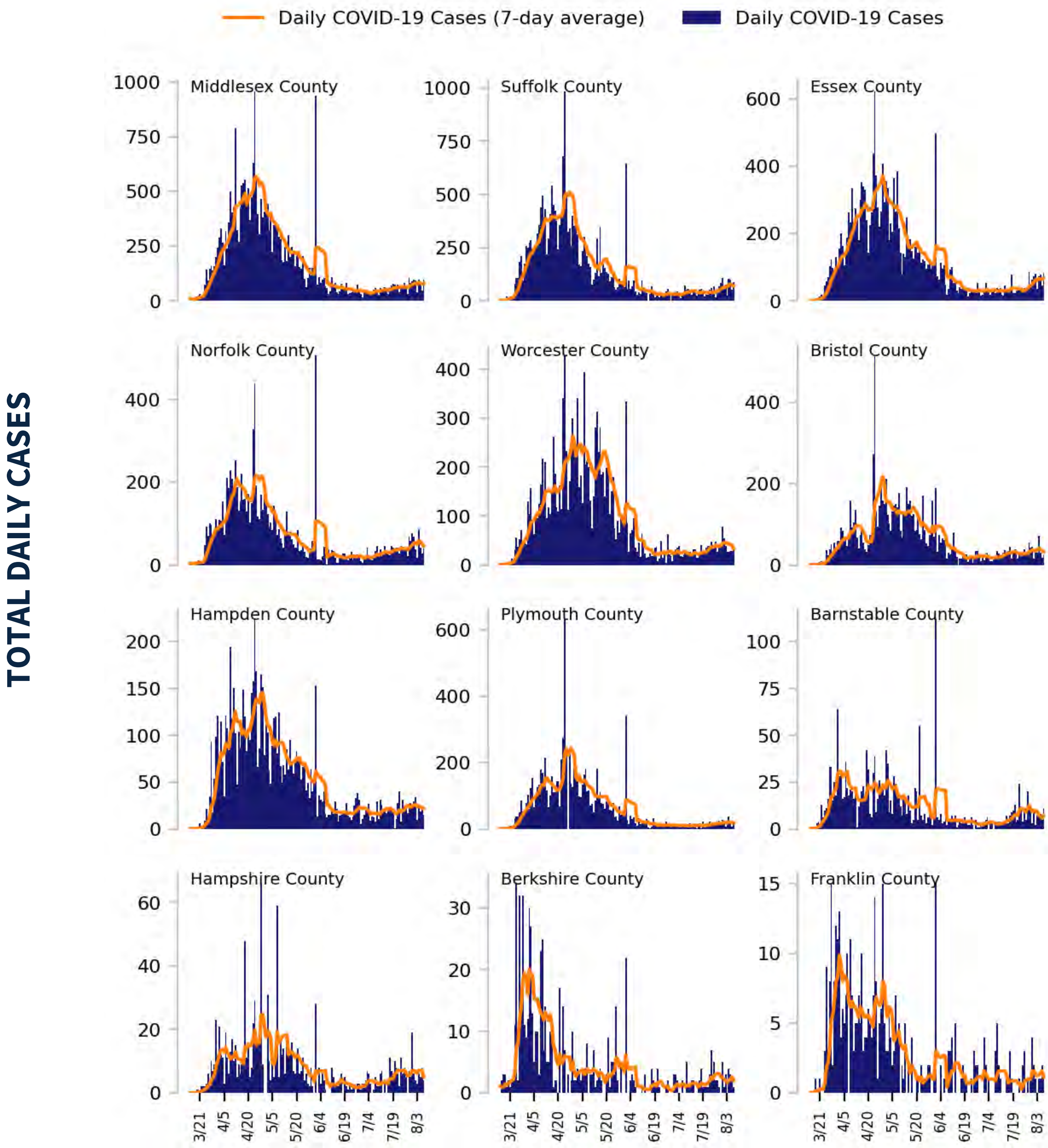
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

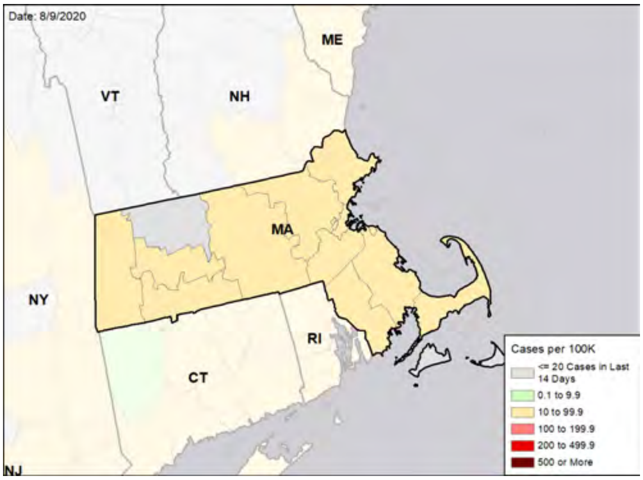
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

MASSACHUSETTS

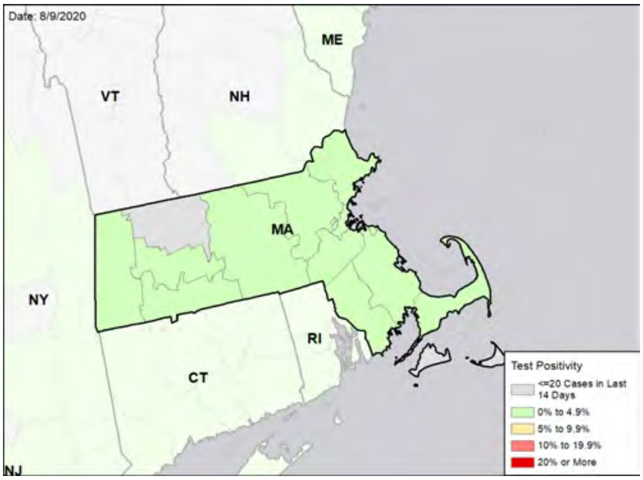
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

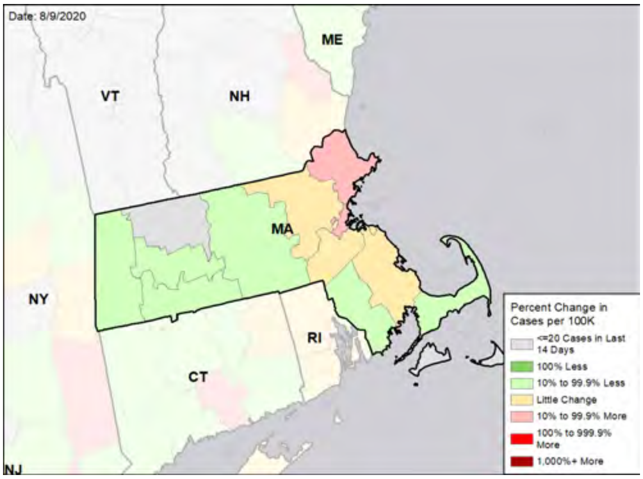
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
ME
VT
NH
MA
NY
RI
CT
NJ
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

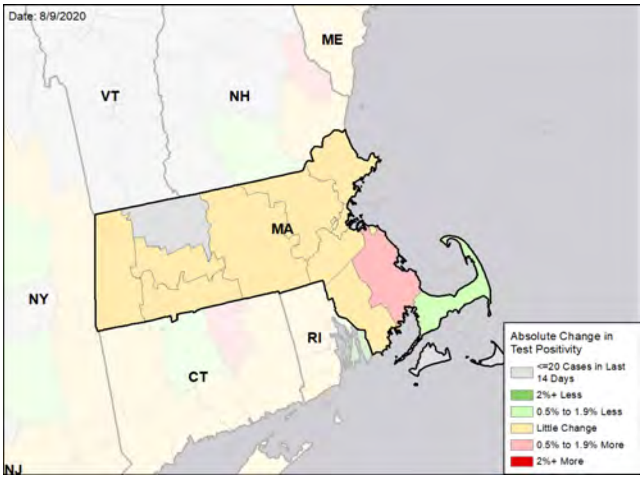
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
ME
VT
NH
MA
NY
RI
CT
NJ
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
ME
VT
NH
MA
NY
RI
CT
NJ
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
ME
VT
NH
MA
NY
RI
CT
NJ
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

MICHIGAN

STATE REPORT | 08.09.2020

SUMMARY

- Michigan is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,00 population last week, and the green zone for test positivity, indicating a rate between 5% and 10%.
- Michigan has seen a decrease in new cases and stability in testing positivity over the past week.
- Cases decreased in the Detroit CBSA; incidence remained elevated in two Upper Peninsula counties along the Wisconsin border (Gogebic, Menominee).
- Two summer camp outbreaks have been reported in the past two weeks.
- 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 counties represent 47.5 percent of new cases in Michigan.
- Michigan had 49 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 15 to support operations activities from FEMA; 1 to support operations activities from CDC; 6 to support operations activities from USCG; and 1 to support operations activities from VA.
- Between Aug 01 - Aug 07, on average, 163 patients with confirmed COVID-19 and 101 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Michigan. An average of 80 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue the state masking requirement. Continue strong public messaging of its importance in avoiding disruptions to business and school operations.
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates and increase community level testing.
- Recruit sufficient contact tracers as community outreach workers to ensure all cases are contacted and all members of positive households are individually tested within 24 hours.
- Protect vulnerable populations in assisted living and long-term care facilities through weekly testing of all workers and requiring masks. In facilities with workers who tested positive, ensure all residents have been tested and appropriate cohorting measures are in place.
- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and schools (K-12, community colleges).
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

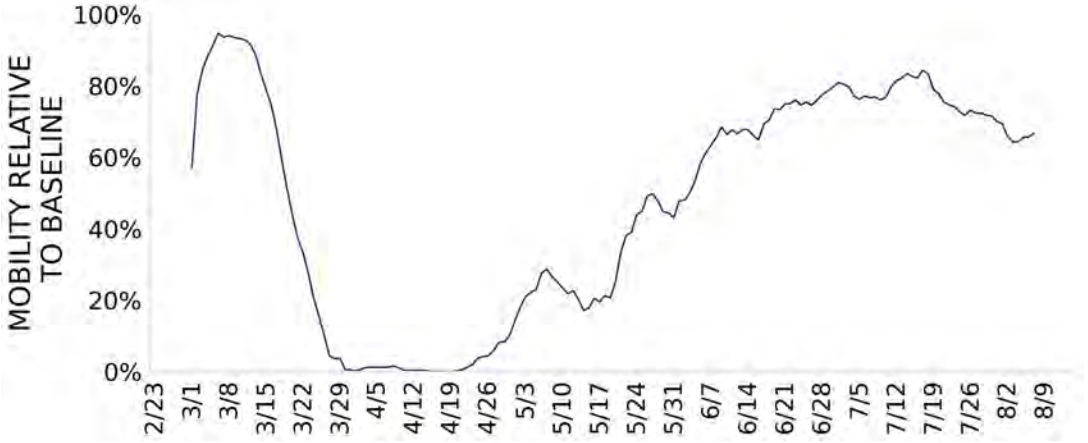
** Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state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

MICHIGAN

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	4,907 (49)	-10.7%	40,786 (78)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	3.4%	-0.3%*	5.4%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	208,195** (2,085)	-1.9%**	950,374** (1,809)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	67 (1)	+8.1%	499 (1)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	7.7%	-2.1%*	7.1%	12.1%

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

MICHIGAN

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	0	N/A	5	Saginaw Midland South Bend-Mishawaka Marinette Coldwater
COUNTY LAST WEEK	0	N/A	7	Oakland Macomb Saginaw Lapeer Midland Gogebic Branch

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

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

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

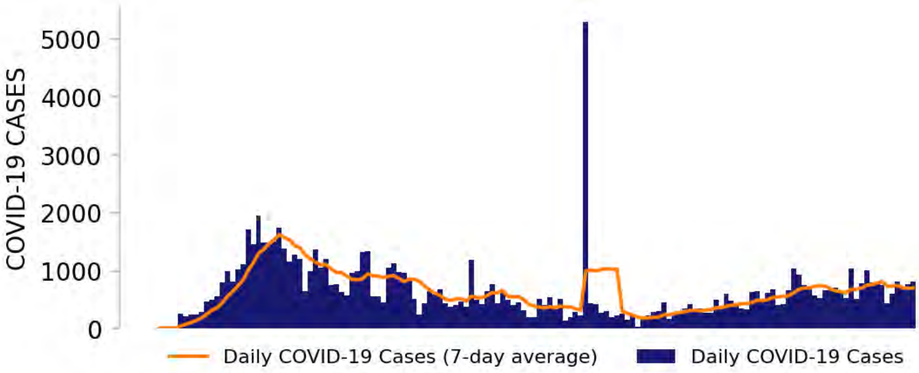
Testing

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

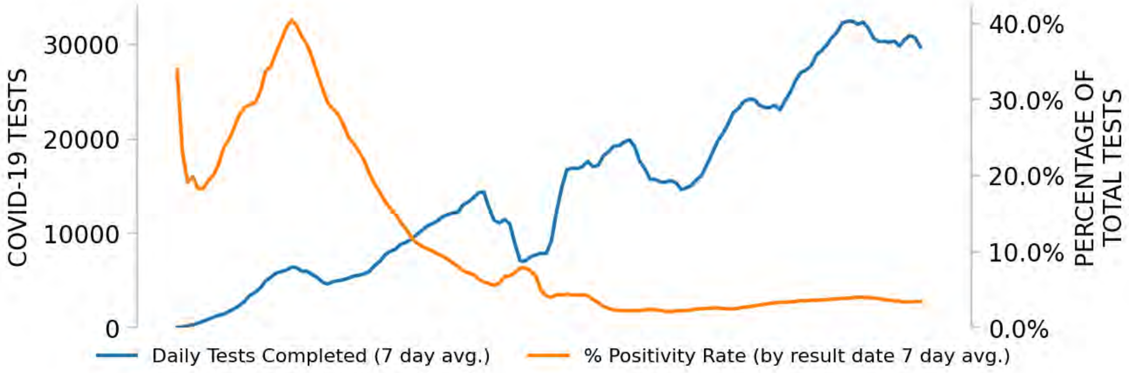
MICHIGAN

STATE REPORT | 08.09.2020

NEW CASES

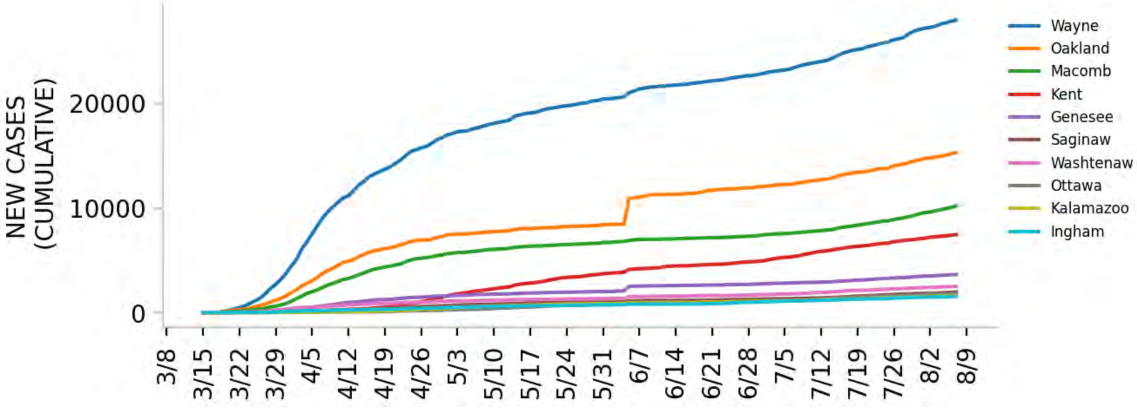


TESTING



TOP COUNTIES

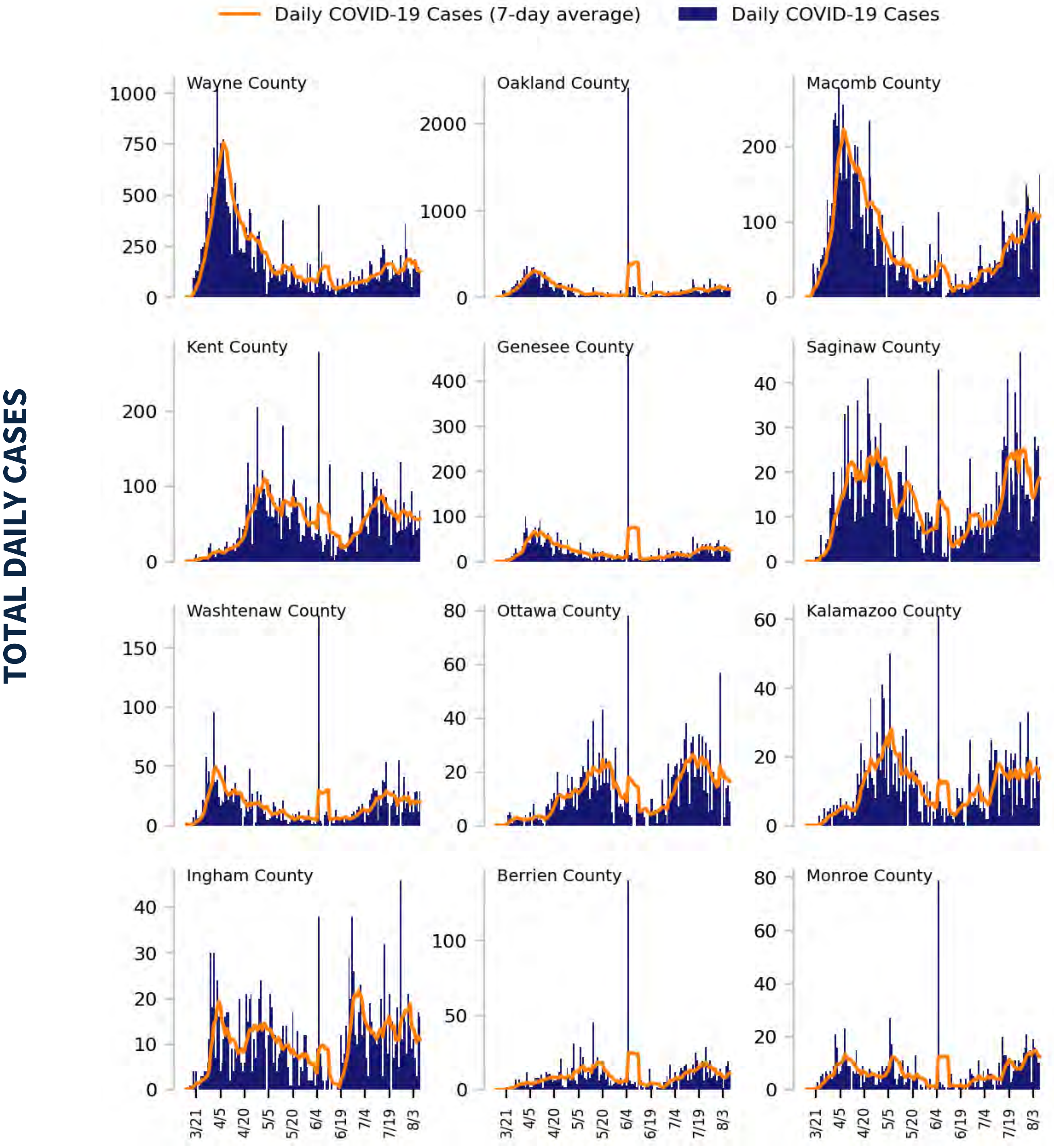
Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)



DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

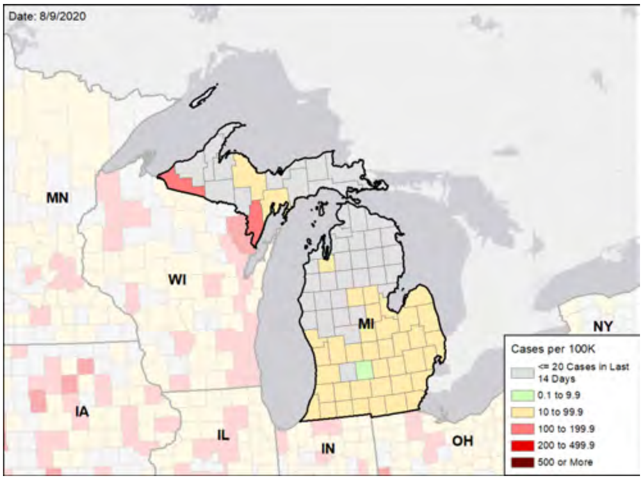
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

MICHIGAN

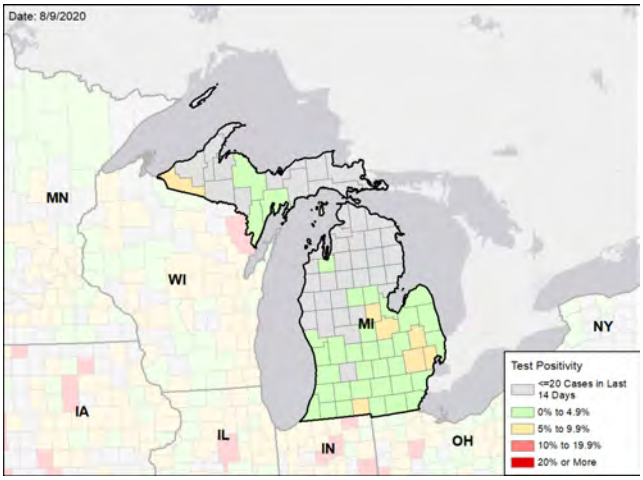
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

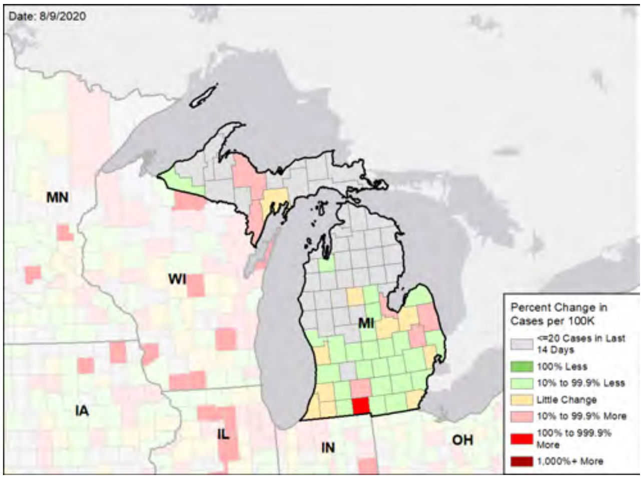
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
MN
WI
MI
NY
IA
IL
IN
OH
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

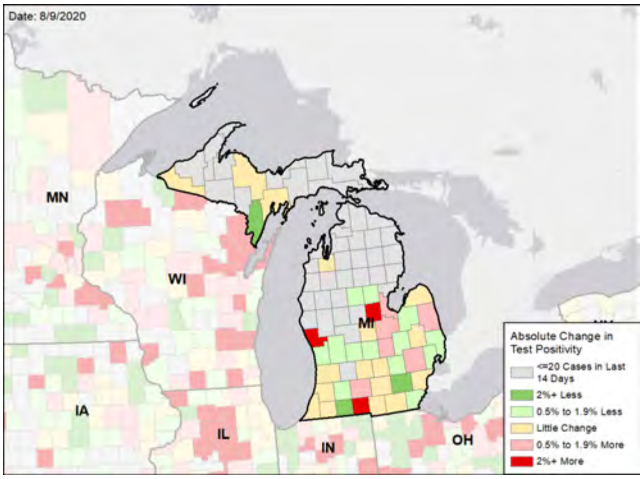
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
MN
WI
MI
NY
IA
IL
IN
OH
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
MN
WI
MI
IA
IL
IN
OH
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
MN
WI
MI
IA
IL
IN
OH
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
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MINNESOTA

STATE REPORT | 08.09.2020

SUMMARY

- Minnesota is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- Minnesota has seen stability in new cases and stability in test positivity over the last week after a gradual progressive rise since mid-June led to a state mask mandate effective July 23. Hospitalizations have continued to gradually increase over the past three weeks.
- Viral transmission continues in multiple areas of the state although the absolute numbers of cases and highest incidence rates remain concentrated around the Twin Cities area. A high percentage increase recently has been in St. Louis County in Northern Minnesota, with a predominance among younger age groups.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Hennepin County, 2. Ramsey County, and 3. Dakota County. These counties represent 52.9 percent of new cases in Minnesota.
- Minnesota had 84 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 10 to support operations activities from FEMA; 1 to support epidemiology activities from CDC; and 1 to support operations activities from USCG.
- Between Aug 01 - Aug 07, on average, 33 patients with confirmed COVID-19 and 72 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Minnesota. An average of 90 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue to communicate the public health and economic benefits of compliance with the state masking mandate including the benefit to decrease disruptions to business activity and school operations.
- Ensure that all business retailers and personal services require masks and can safely social distance. Ensure compliance with current Minnesota StaySafe Plan occupancy restrictions and consider further limitations on occupancy or closure of certain businesses (bars, restaurants) dependent on changes in cases reported this week.
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates and increase community level testing.
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all members of positive households are individually tested within 24 hours.
- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and schools (K-12, community colleges).
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

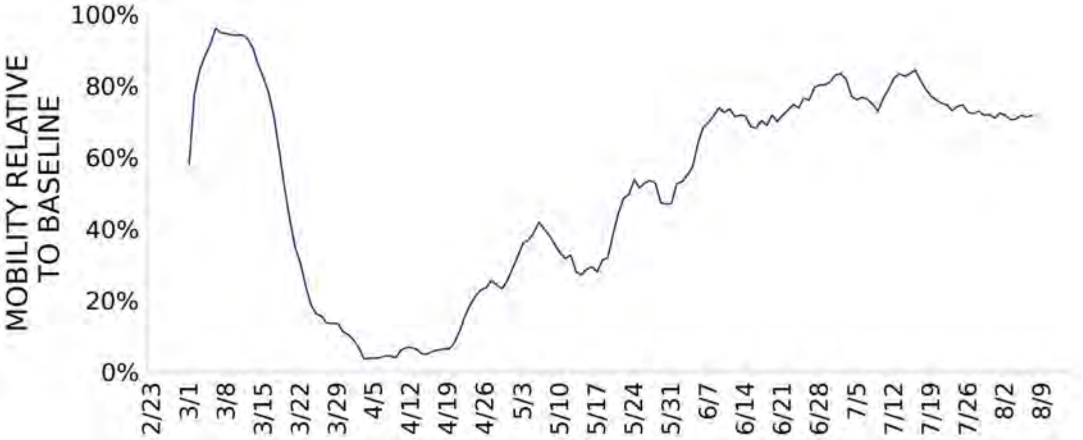
** Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state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

MINNESOTA

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	**4,724 (84)**	**-6.0%**	**40,786 (78)**	**375,035 (114)**
DIAGNOSTIC TEST POSITIVITY RATE	**6.7%**	**+0.5%***	**5.4%**	**7.1%**
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	**109,581** (1,943)**	**-0.8%****	**950,374** (1,809)**	**4,863,237** (1,482)**
COVID DEATHS (RATE PER 100,000)	**40 (1)**	**-2.4%**	**499 (1)**	**7,261 (2)**
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	**4.2%**	**+1.1%***	**7.1%**	**12.1%**

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

MINNESOTA

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**0**	N/A	**10**	Minneapolis-St. Paul-Bloomington Mankato St. Cloud Brainerd Fargo Faribault-Northfield Hutchinson Worthington Wahpeton La Crosse-Onalaska
COUNTY LAST WEEK	**0**	N/A	**23** **Top 12 shown (full list below)**	Hennepin Ramsey Dakota Anoka Washington Scott Olmsted Sherburne Carver Wright Stearns Blue Earth

All Yellow Counties: Hennepin, Ramsey, Dakota, Anoka, Washington, Scott, Olmsted, Sherburne, Carver, Wright, Stearns, Blue Earth, Clay, Nicollet, Rice, Crow Wing, McLeod, Le Sueur, Benton, Nobles, Waseca, Wabasha, Kanabec

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

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

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

Testing

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

MINNESOTA

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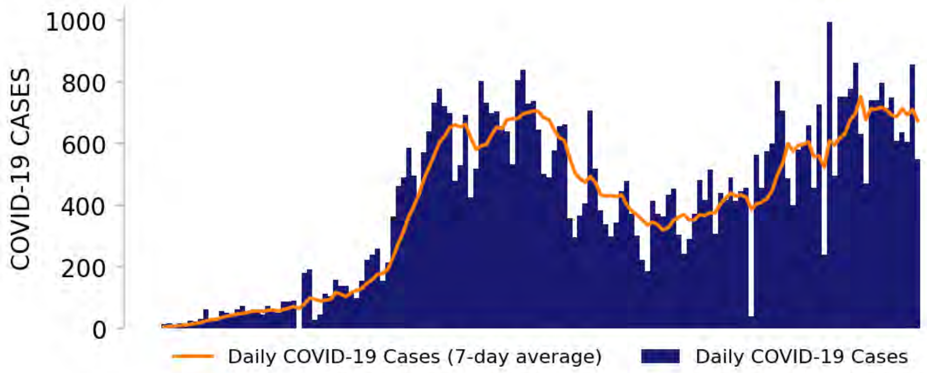
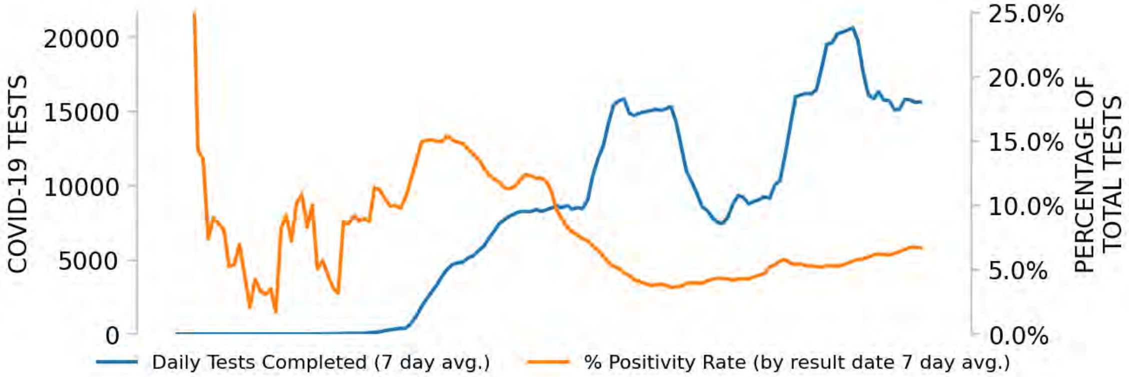
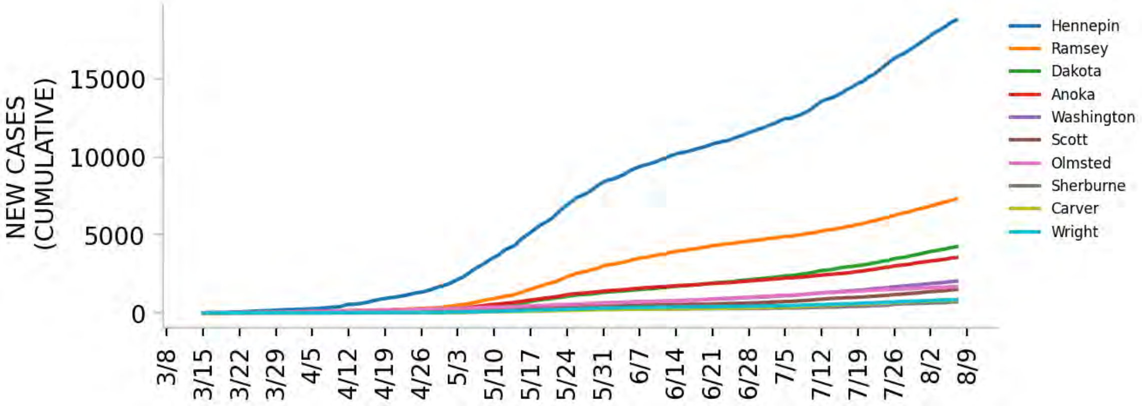
NEW CASES



TESTING



TOP COUNTIES

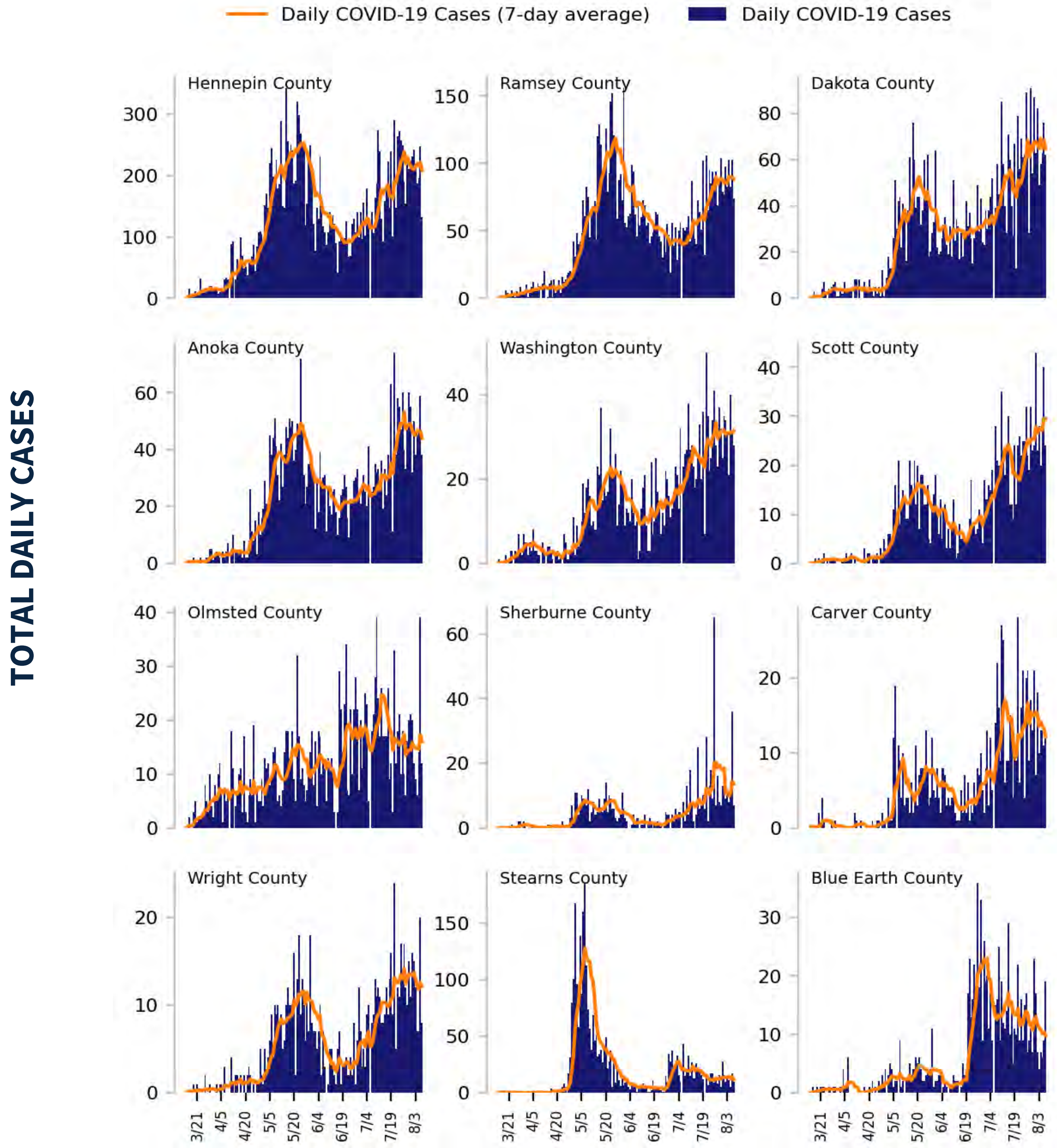

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)

DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

MINNESOTA

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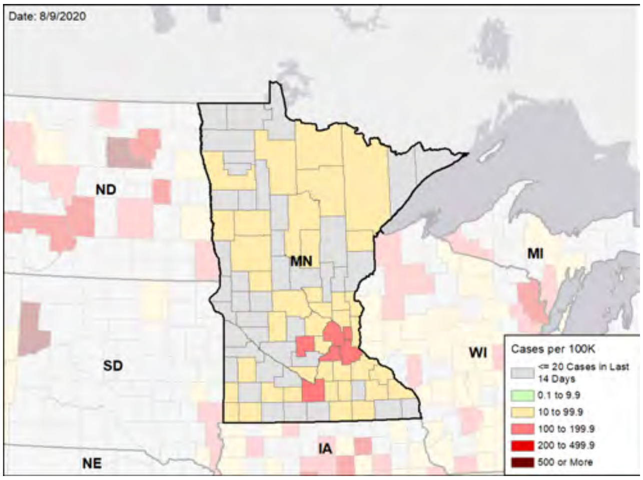
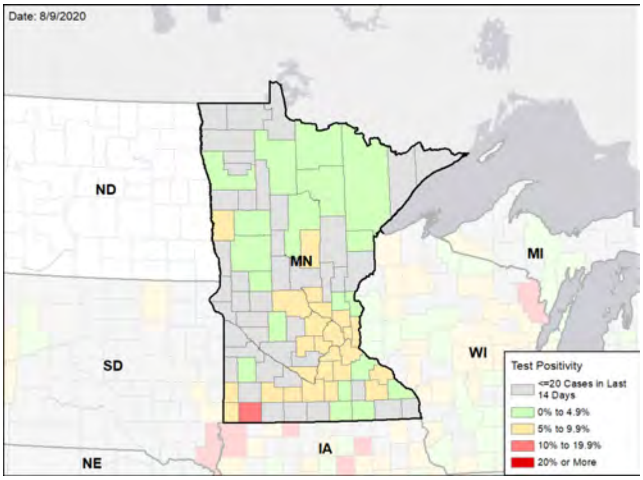
CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

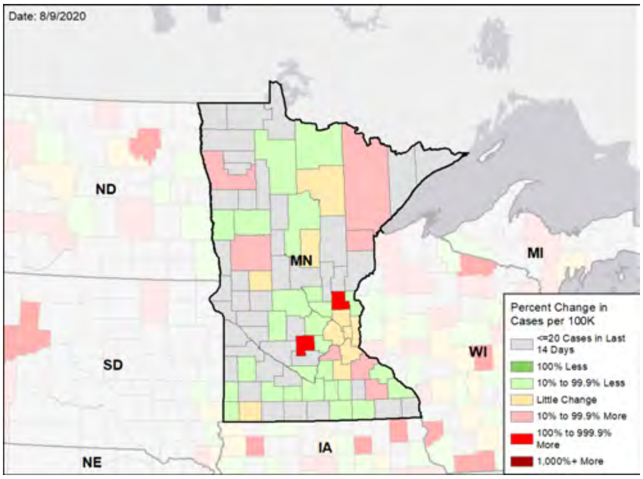
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
ND
MN
MI
SD
WI
IA
NE
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

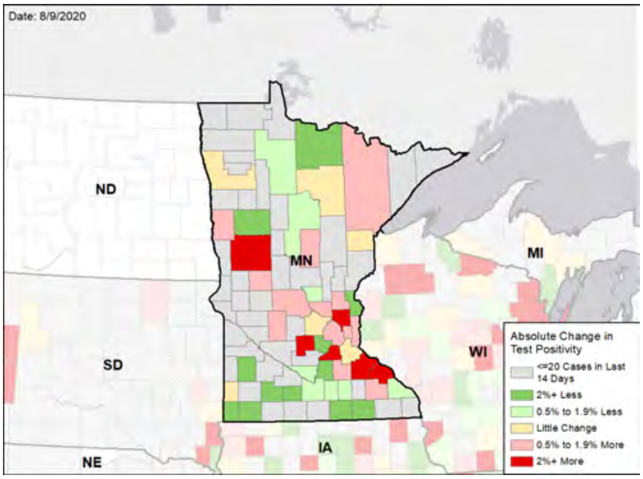
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
ND
MN
MI
SD
WI
IA
NE
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
ND
MN
MI
SD
WI
IA
NE
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
ND
MN
MI
SD
WI
IA
NE
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

MISSISSIPPI

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SUMMARY

- Mississippi is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the red zone for test positivity, indicating a rate above 10%.
- Mississippi has seen a decrease in new cases, but a continued increase in test positivity over the past week. The new mitigation efforts should begin to have an impact over the next week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Hinds County, 2. DeSoto County, and 3. Jackson County. The most significant increase in rate of new cases is in Jackson, MS. These counties represent only 19.4 percent of new cases in Mississippi, as the epidemic is widespread across the state, from small metros to rural areas.
- Mississippi had 225 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 3 to support epidemiology activities from CDC and 7 to support medical activities from VA.
- Between Aug 01 - Aug 07, on average, 119 patients with confirmed COVID-19 and 133 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Mississippi. An average of 79 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Expand the protection of those in nursing home, assisted living, and long-term care facilities by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19 and the isolation of all positive staff and residents. Ensure social distancing and universal facemask use. Immediately conduct infection control prevention surveys in all nursing homes with more than 3 cases in the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support routine testing.
- Mandate use of masks in all current and evolving hotspots. Mandate mask use in all indoor public areas at all times and outdoors when social distancing cannot be maintained.
- Close establishments where social distancing and mask use cannot occur, such as bars and entertainment venues.
- Move to outdoor dining and limit indoor dining to less than 25% of normal capacity.
- Ask citizens to limit social gatherings to 10 or fewer people.
- Increase messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Continue the scale-up of testing, moving to community-led neighborhood testing.
- Work with local communities to implement and provide clear guidance for households that test positive, including on individual isolation procedures.
- Continue to enhance contact tracing and ensure the ability of cases and contacts to quarantine or isolate safely.
- Ensure all public health labs are fully staffed and running 24/7, utilizing all platforms to reduce turnaround times. Institute 3:1 or 2:1 pooling of test specimens on all high throughput machines as long as turnaround times are greater than 36 hours. For families and cohabiting households, screen entire households.
- Require all universities with RNA detection platforms use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

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

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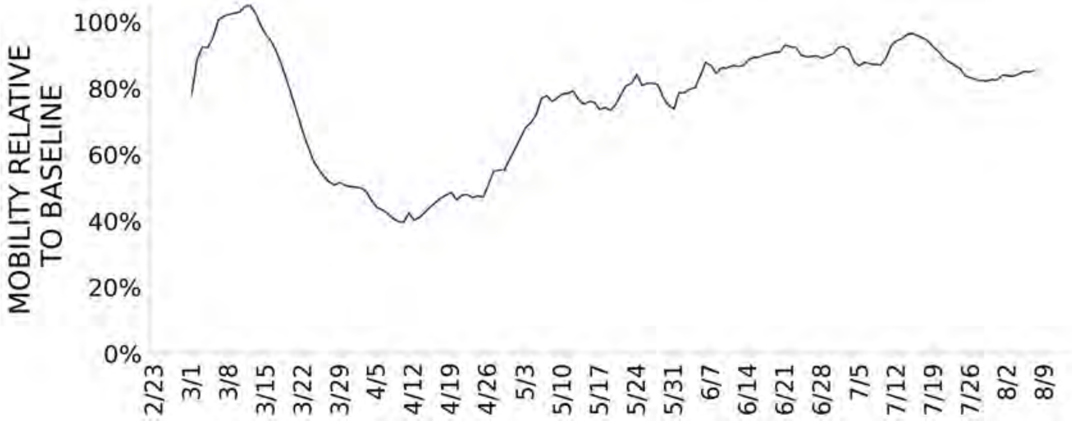
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	6,693 (225)	-26.3%	123,846 (185)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	16.0%	+1.3%*	12.2%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	33,922** (1,140)	-6.2%**	898,618** (1,343)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	210 (7)	+28.8%	2,438 (4)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	26.4%	-2.2%*	22.2%	12.1%

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

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COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**18** **Top 12 shown (full list below)**	Jackson Gulfport-Biloxi Memphis Tupelo Hattiesburg Greenville Laurel Cleveland Meridian Columbus Clarksdale Oxford	**5**	Starkville Vicksburg Picayune Grenada West Point
COUNTY LAST WEEK	**57** **Top 12 shown (full list below)**	Hinds DeSoto Jackson Harrison Rankin Madison Washington Lee Forrest Bolivar Jones Lamar	**14** **Top 12 shown (full list below)**	George Warren Monroe Neshoba Pearl River Grenada Newton Smith Attala Lawrence Clay Greene

All Red CBSAs: Jackson, Gulfport-Biloxi, Memphis, Tupelo, Hattiesburg, Greenville, Laurel, Cleveland, Meridian, Columbus, Clarksdale, Oxford, Indianola, Greenwood, McComb, Corinth, Brookhaven, Natchez
All Red Counties: Hinds, DeSoto, Jackson, Harrison, Rankin, Madison, Washington, Lee, Forrest, Bolivar, Jones, Lamar, Panola, Lowndes, Coahoma, Oktibbeha, Lafayette, Sunflower, Lauderdale, Pontotoc, Marshall, Pike, Leflore, Union, Simpson, Winston, Marion, Tallahatchie, Alcorn, Tate, Prentiss, Holmes, Copiah, Lincoln, Yazoo, Adams, Calhoun, Hancock, Tunica, Walthall, Tippah, Covington, Noxubee, Wayne, Scott, Quitman, Sharkey, Chickasaw, Perry, Leake, Montgomery, Amite, Stone, Humphreys, Wilkinson, Clarke, Benton
All Yellow Counties: George, Warren, Monroe, Neshoba, Pearl River, Grenada, Newton, Smith, Attala, Lawrence, Clay, Greene, Jasper, Carroll

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.
Yellow Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the "Red Zone."
Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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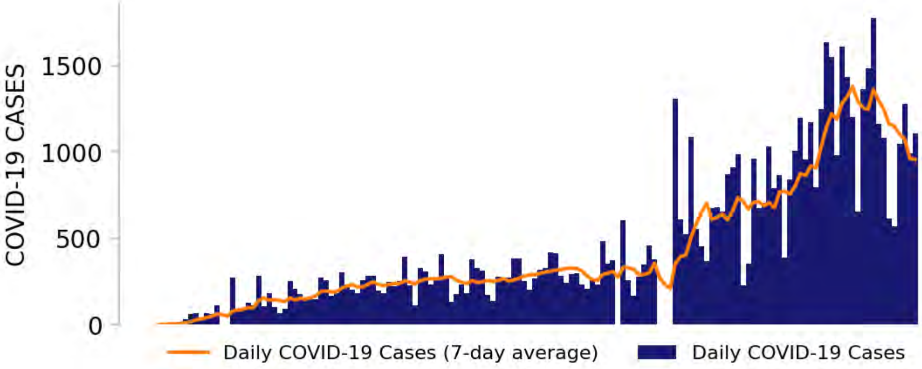
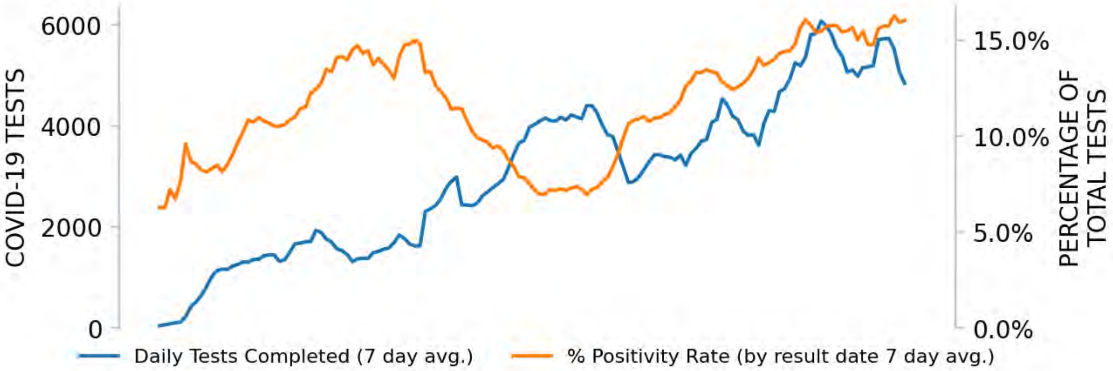
NEW CASES

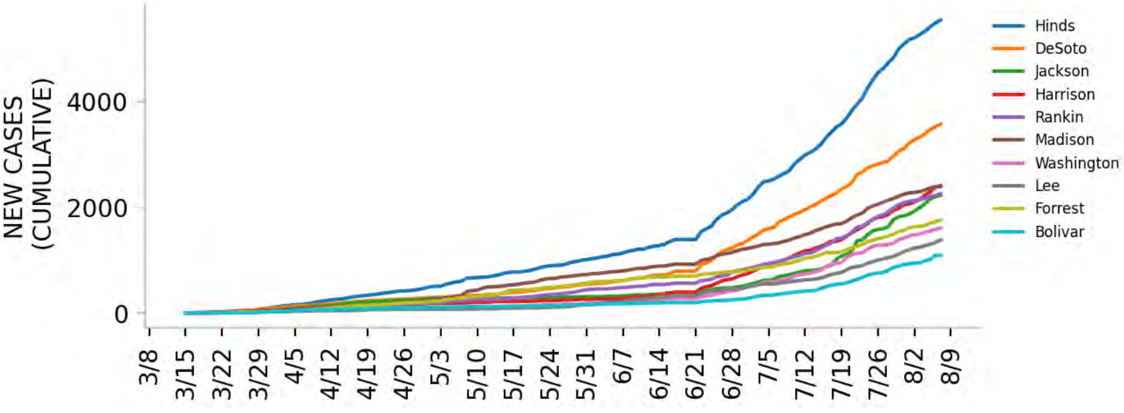


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)

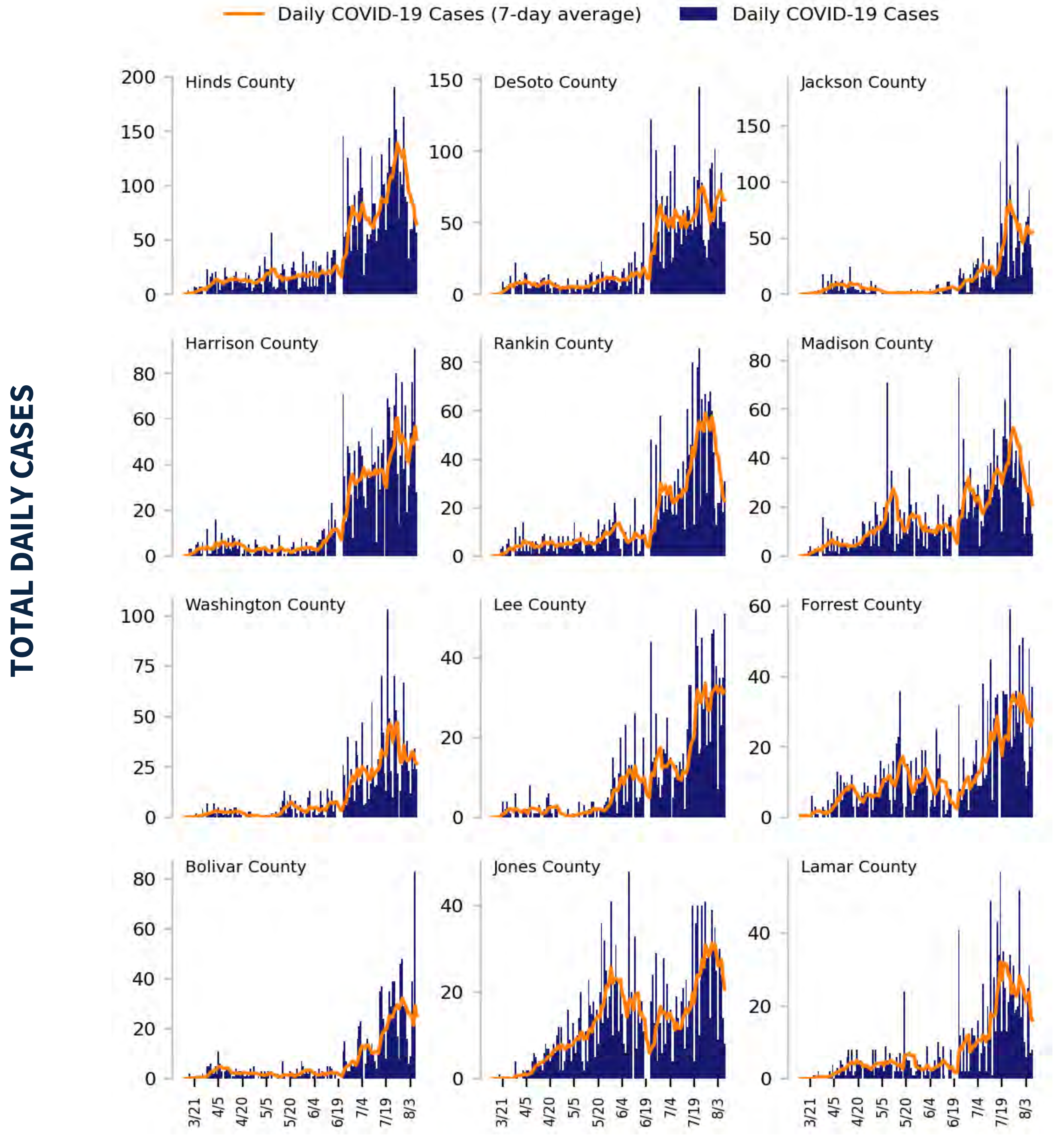


DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020.

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



DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

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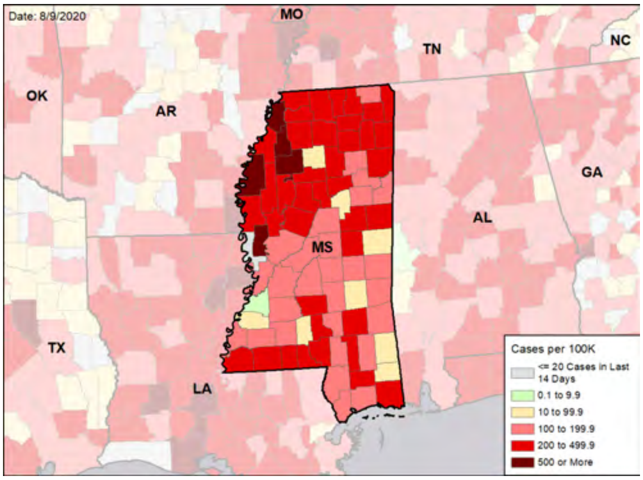
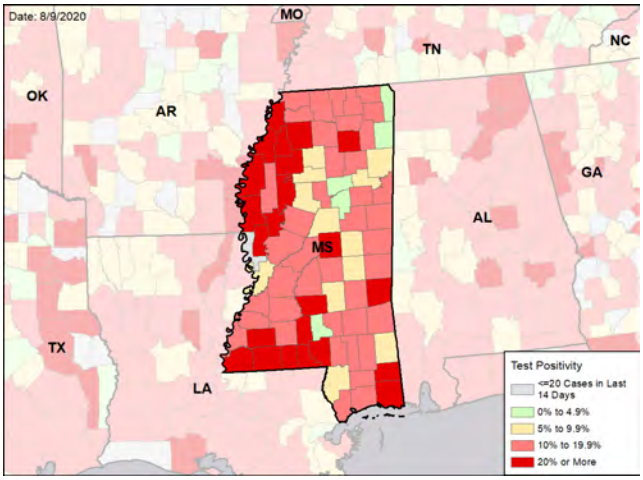
CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

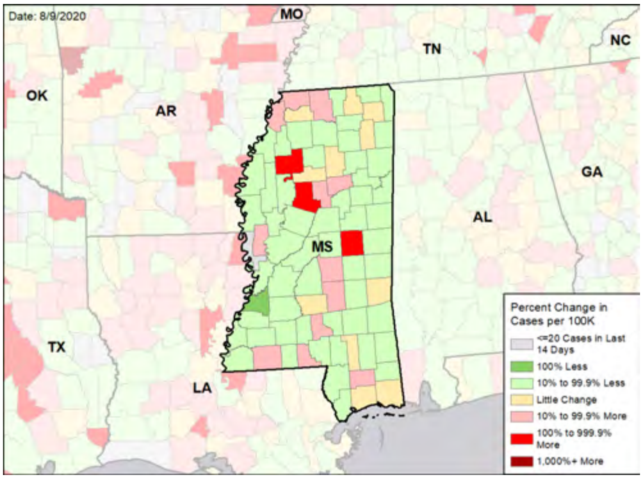
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
MO
TN
NC
OK
AR
GA
AL
MS
TX
LA
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
MO
TN
NC
OK
AR
GA
AL
MS
TX
LA
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K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Percent Change in Cases per 100K
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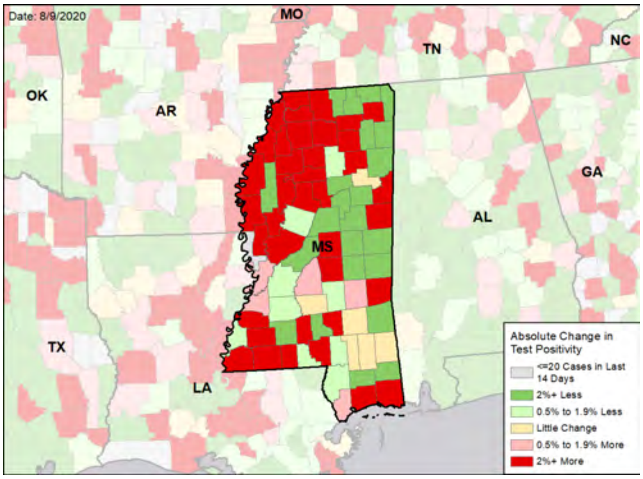
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY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Absolute Change in Test Positivity
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2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
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DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

MISSOURI

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SUMMARY

- Missouri is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- Missouri has seen a decrease in new cases and stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. St. Louis County, 2. Jackson County, and 3. St. Charles County. These counties represent 51.0 percent of new cases in Missouri.
- Missouri had 115 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 71 to support operations activities from FEMA; 7 to support operations activities from ASPR; 7 to support epidemiology activities from CDC; 2 to support operations activities from CDC; and 1 to support operations activities from VA.
- Between Aug 01 - Aug 07, on average, 64 patients with confirmed COVID-19 and 211 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Missouri. An average of 88 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Recommend adherence to established guidance below for all yellow and red zone counties and metro areas.
- Recommend mandating and enforcing use of cloth face coverings outside of the home in all yellow and red zone counties and metro areas; use local data to inform policy decisions.
- Consider targeted PSAs and educational messaging to specific at-risk populations on the importance of social distancing and wearing face coverings, especially in public indoor settings in areas with highest case rates and test positivity. Emphasize health risks of COVID, particularly for the older population, those with comorbid conditions, and those who suffer inequities in the social determinants of health.
- Consider enhancing state dashboard and making visuals more compelling and educational; refer residents to it as part of educational campaigns.
- In many counties with high transmission, testing appears broadly inadequate (e.g., St Louis, Jefferson, Boone, Taney, Clay, Jasper, Newton, Lincoln, Christian, St Francois, Stone counties). Consider pooled testing to expand capacity and reduce turnaround times, ensure all public health labs are staffed and running 24/7, identify universities with RNA detection platforms, and consider efforts to use this equipment to expand surveillance testing for university students and schools (K-12, community colleges, etc.).
- Branson and Kennett have particularly high case rates and test positivity and warrant urgent attention. This is particularly true for Branson, which has significant tourism and may be seeding outbreaks in other cities.
- Ensure immediate isolation of all cases and contact tracing within 48 hours of diagnosis, with effective quarantine of identified contacts, focusing on yellow and red zone counties and areas of increasing transmission. Ensure available housing for isolation and quarantine, especially in communities with multi-generational or crowded households.
- If it is not fully utilized by hospital patients and staff, ensure that all hospital testing capacity is being used to support additional community, nursing home, and school (K-12) 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.

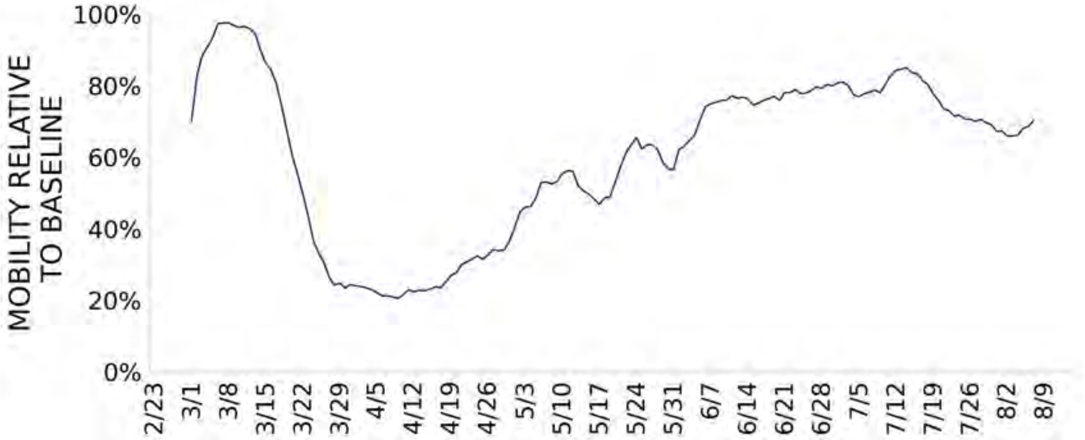
** Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state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

MISSOURI

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	**7,072 (115)**	**-35.4%**	**15,236 (108)**	**375,035 (114)**
DIAGNOSTIC TEST POSITIVITY RATE	**8.0%**	**+0.2%***	**8.8%**	**7.1%**
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	**59,972** (977)**	**-5.4%****	**181,597** (1,284)**	**4,863,237** (1,482)**
COVID DEATHS (RATE PER 100,000)	**58 (1)**	**-10.8%**	**141 (1)**	**7,261 (2)**
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	**9.1%**	**-0.3%***	**6.2%**	**12.1%**

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

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Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

MISSOURI

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**4**	Branson Kennett Maryville Sikeston	**18** **Top 12 shown (full list below)**	St. Louis Kansas City Springfield Joplin Columbia Jefferson City Sedalia Cape Girardeau Poplar Bluff Farmington Warrensburg Hannibal
COUNTY LAST WEEK	**15** **Top 12 shown (full list below)**	St. Charles Taney Newton McDonald Dunklin Nodaway Scott New Madrid Warren Pemiscot Douglas Wayne	**42** **Top 12 shown (full list below)**	St. Louis Jackson St. Louis City Jefferson Greene Boone Jasper Cass Clay Pettis Franklin Camden

All Yellow CBSAs: St. Louis, Kansas City, Springfield, Joplin, Columbia, Jefferson City, Sedalia, Cape Girardeau, Poplar Bluff, Farmington, Warrensburg, Hannibal, Marshall, West Plains, Fort Leonard Wood, Kirksville, Moberly, Fort Madison-Keokuk

All Red Counties: St. Charles, Taney, Newton, McDonald, Dunklin, Nodaway, Scott, New Madrid, Warren, Pemiscot, Douglas, Wayne, Pike, Lewis, Knox

All Yellow Counties: St. Louis, Jackson, St. Louis City, Jefferson, Greene, Boone, Jasper, Cass, Clay, Pettis, Franklin, Camden, Cole, Christian, Cape Girardeau, Lincoln, St. Francois, Johnson, Platte, Butler, Marion, Lawrence, Barry, Saline, Howell, Stone, Ray, Miller, Moniteau, Stoddard, Pulaski, Morgan, Adair, Randolph, Crawford, Clinton, Dallas, Texas, Washington, Ripley, Ste. Genevieve, Hickory

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

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

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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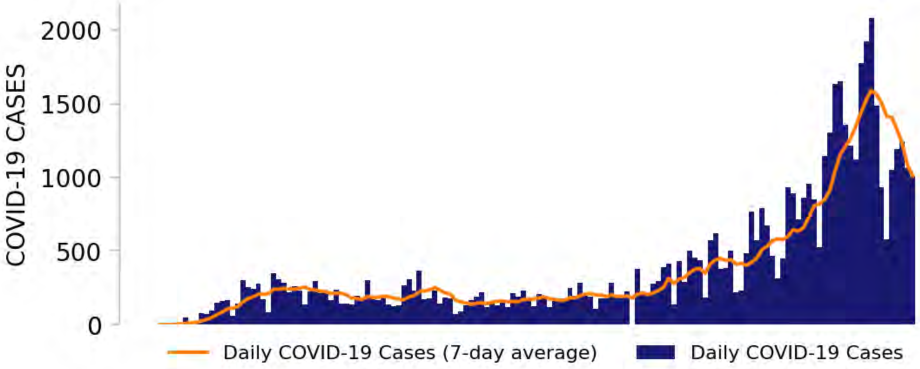
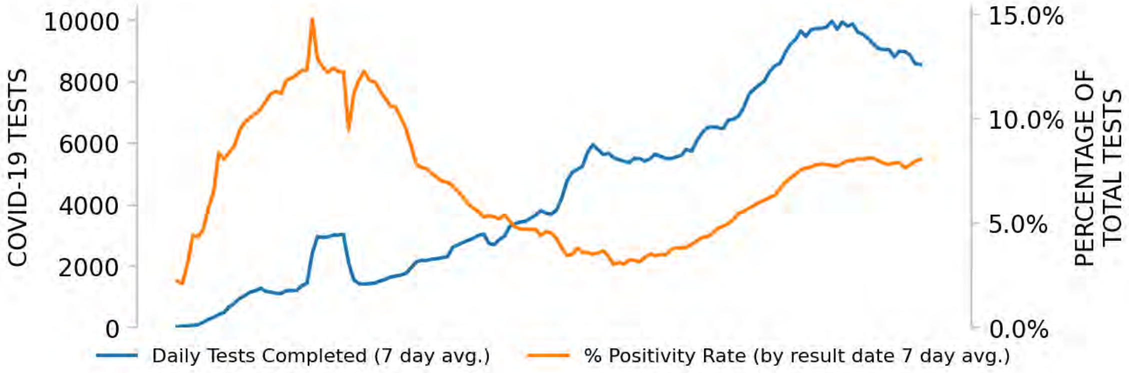
MISSOURI

STATE REPORT | 08.09.2020

NEW CASES

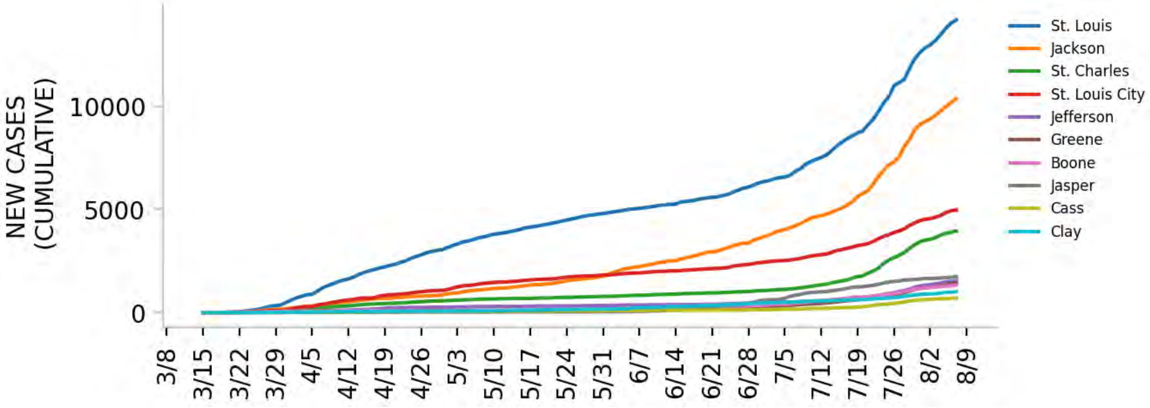


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)

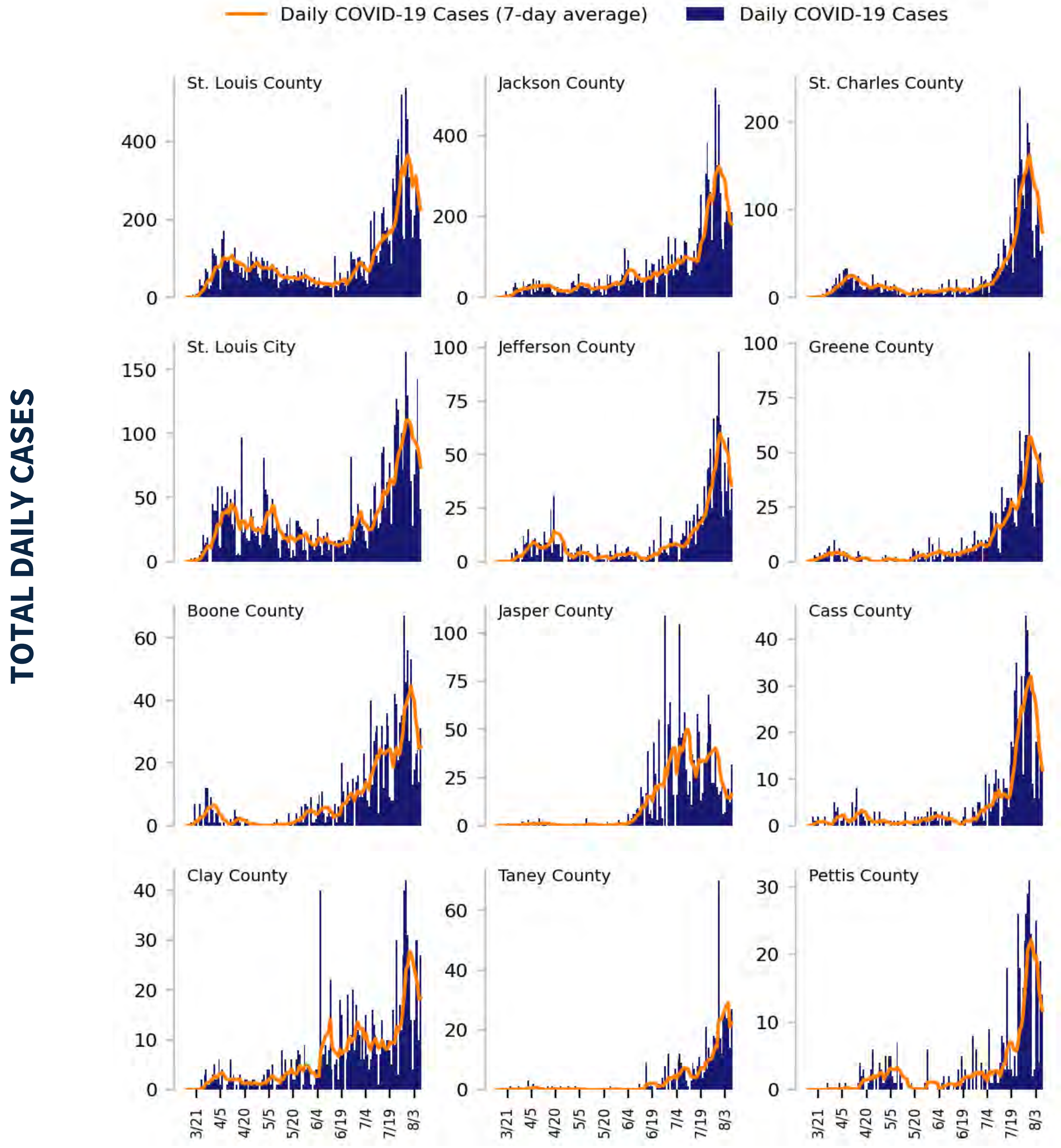


DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020.

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



DATA SOURCES

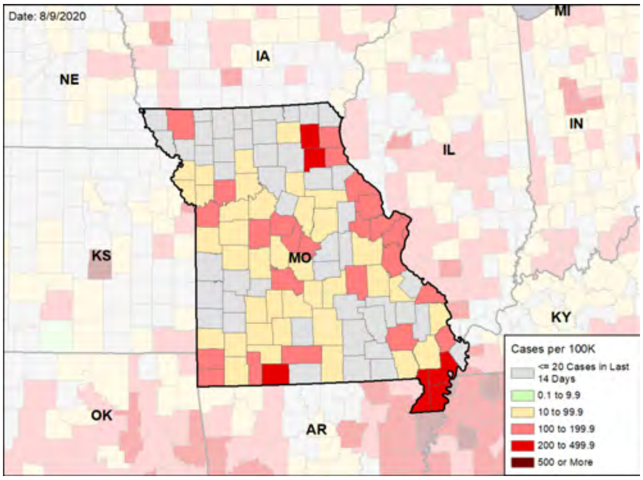
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

MISSOURI

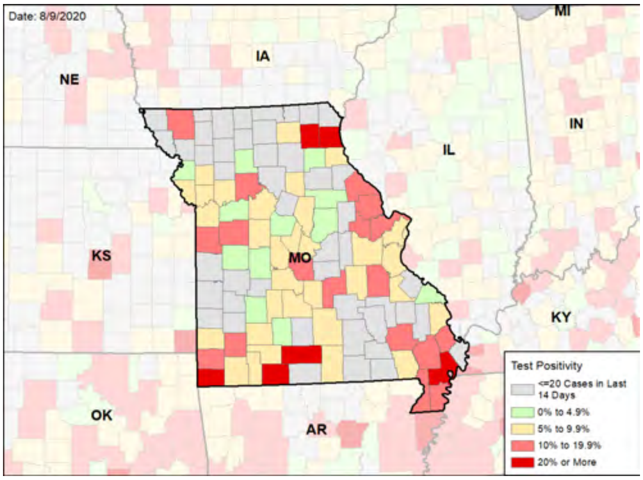
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

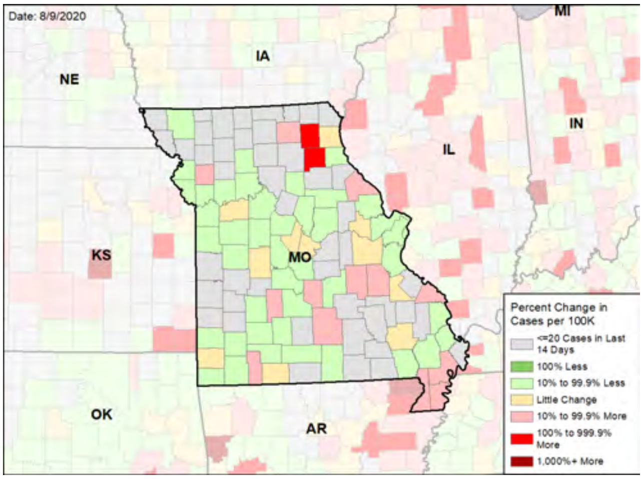
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
NE
IA
MI
IN
IL
KS
MO
KY
OK
AR
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

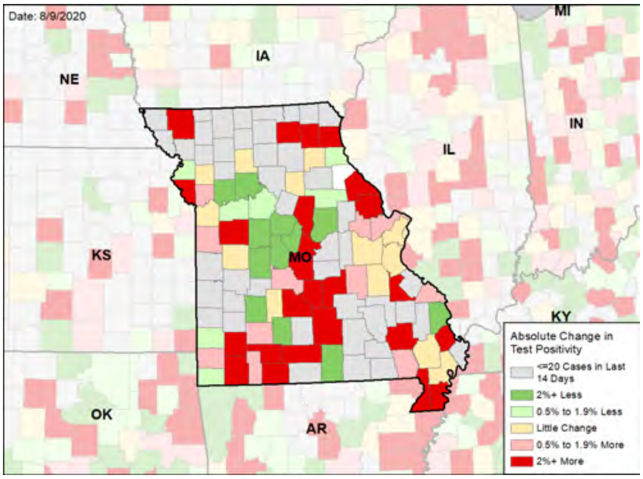
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
NE
IA
MI
IN
IL
KS
MO
KY
OK
AR
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
NE
IA
MI
IN
IL
KS
MO
KY
OK
AR
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
NE
IA
MI
IN
IL
KS
MO
KY
OK
AR
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

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Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

MONTANA

STATE REPORT | 08.09.2020

SUMMARY

- Montana is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- Montana has seen a decrease in new cases and increase in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Yellowstone County, 2. Gallatin County, and 3. Big Horn County. These counties represent 50.3 percent of new cases in Montana.
- Montana had 74 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 3 to support operations activities from FEMA.
- Between Aug 01 - Aug 07, on average, 14 patients with confirmed COVID-19 and 24 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Montana. An average of 38 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- The elevated case rates and test positivity in specific counties should prompt intensified restrictions and community mitigation efforts. Institute guidance below for all yellow and red zone counties, especially more populous counties like Big-Horn, Yellowstone (Billings), Glacier, Flathead, Carbon, Beaverhead, and Madison.
- Monitor and enforce policy on wearing cloth face coverings and expand requirement to all indoor settings outside of the home in yellow and red zone counties.
- Ensure vigorous contact tracing with early quarantine and isolation, focusing efforts in counties with high case rates and test positivity.
- Develop plans to expand testing through pooling of specimens and community-led initiatives; allocate funding to staff and run all public health labs at maximum capacity; plan surge testing in counties with test positivity above 5% and testing rates below 1000 per 100,000 population.
- Continue to prevent transmission and control outbreaks in crowded workplaces, such as meatpacking plants, by monitoring and enforcing social distancing, mandatory face covering use, and vigorous and early contact tracing.
- Tribal Nations: Continue to promote social distancing and mask recommendations. Deploy specific, culturally relevant education and public health messaging. Pooled testing should be instituted for multi-generational households and housing for quarantine of contacts and isolation of cases should be provided 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.

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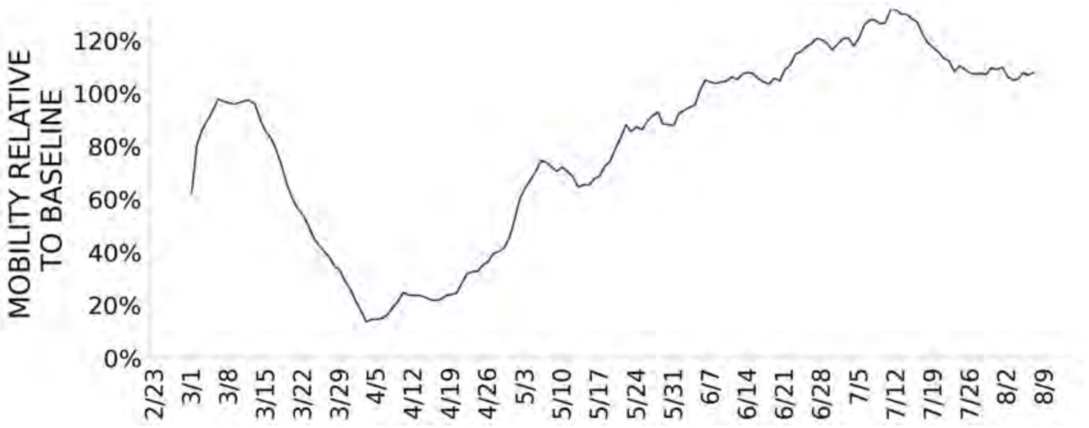
MONTANA

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	792 (74)	-14.5%	8,867 (72)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	6.3%	+1.3%*	5.6%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	11,805** (1,105)	-50.7%**	177,074** (1,444)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	13 (1)	+8.3%	86 (1)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	1.5%	-1.3%*	4.9%	12.1%

MOBILITY ▶



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MONTANA

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**0**	N/A	**6**	Billings Bozeman Kalispell Missoula Great Falls Butte-Silver Bow
COUNTY LAST WEEK	**2**	Big Horn Beaverhead	**13** **Top 12 shown (full list below)**	Yellowstone Gallatin Flathead Missoula Cascade Lake Silver Bow Glacier Ravalli Carbon Phillips Rosebud

All Yellow Counties: Yellowstone, Gallatin, Flathead, Missoula, Cascade, Lake, Silver Bow, Glacier, Ravalli, Carbon, Phillips, Rosebud, Toole

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.
Yellow Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic 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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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
- Limit social gatherings to 10 people or fewer
- Institute routine weekly testing of all workers in assisted living and long-term care facilities. Require masks for all staff and prohibit visitors
- Ensure that all business retailers and personal services require masks and can safely social distance
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Testing

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

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

Public Messaging

- Wear a mask at all times outside the home and maintain physical distance
- Limit social gatherings to 25 people or fewer
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- Use take out, outdoor dining or indoor dining when strict social distancing can be maintained
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- Limit gyms to 25% occupancy and close bars until percent positive rates are under 3%; create outdoor dining opportunities with pedestrian areas
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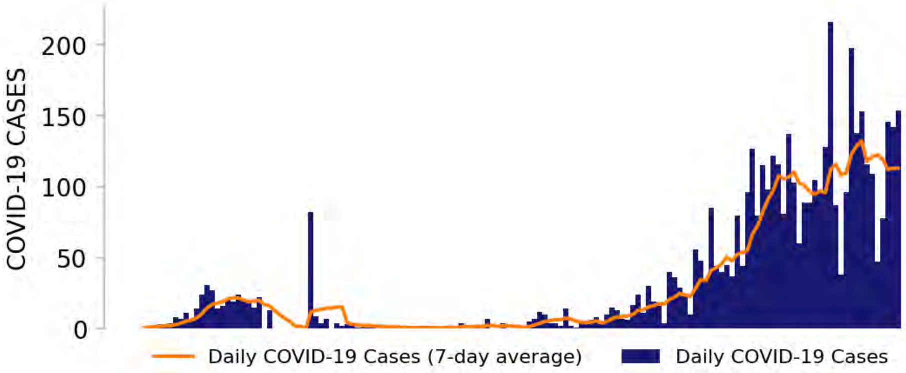
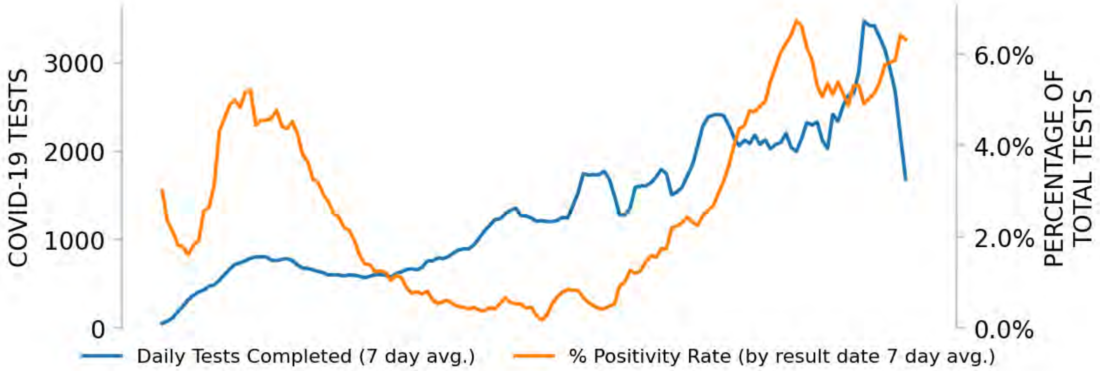
MONTANA

STATE REPORT | 08.09.2020

NEW CASES ▶

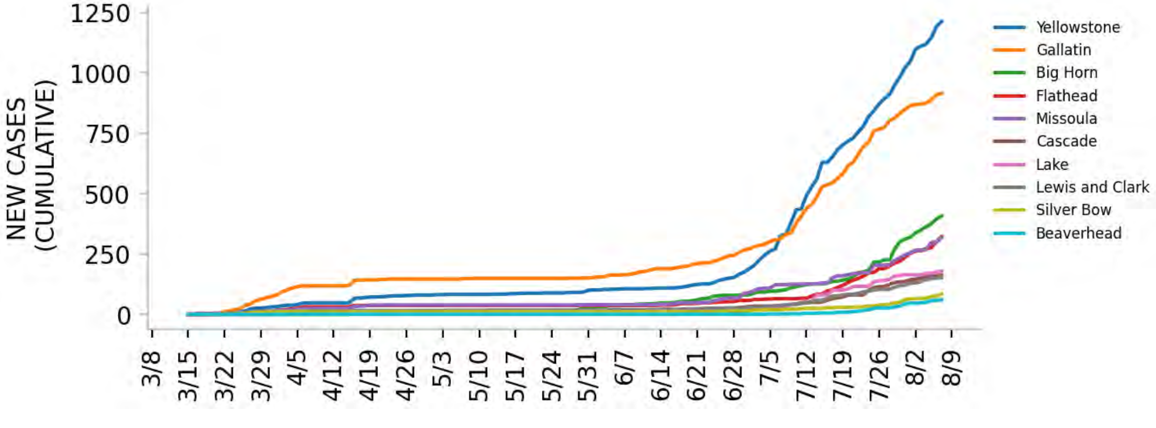


TESTING ▶



TOP COUNTIES ▶

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)



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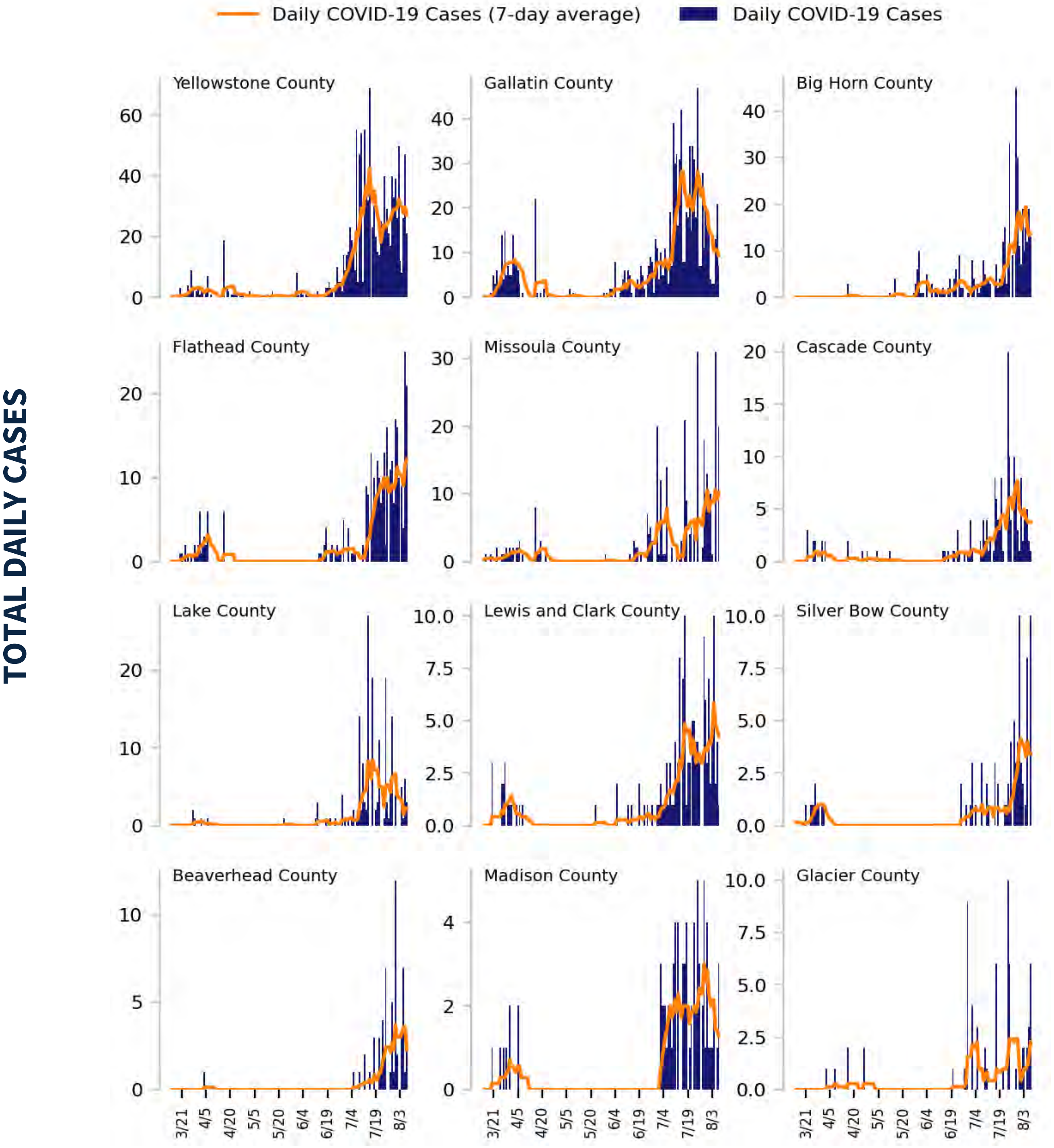
Top 12 counties based on number of new cases in the last 3 weeks



DATA SOURCES

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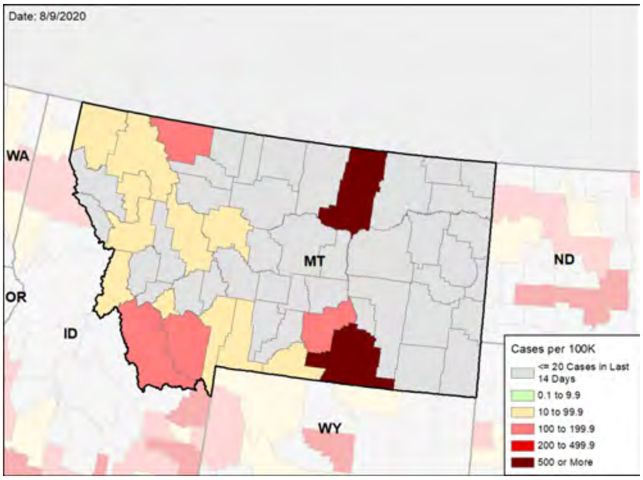
MONTANA

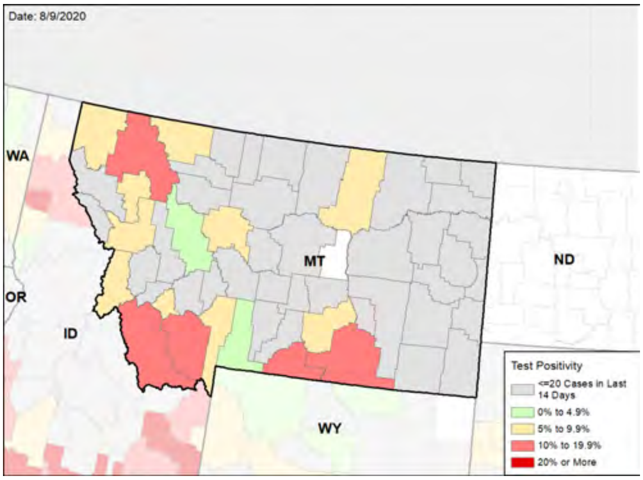
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

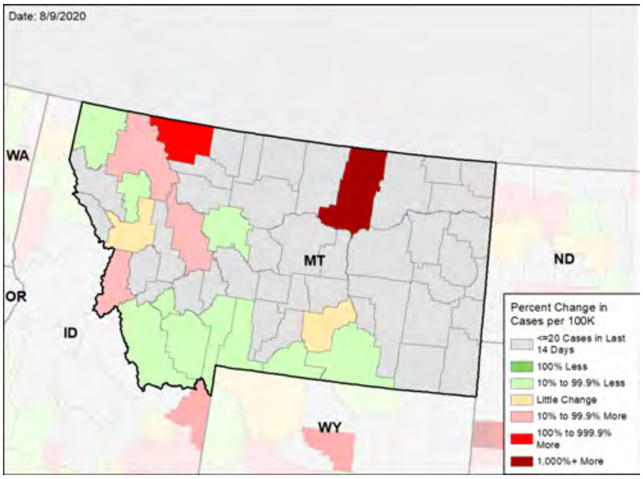
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
WA
OR
ID
MT
ND
WY
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

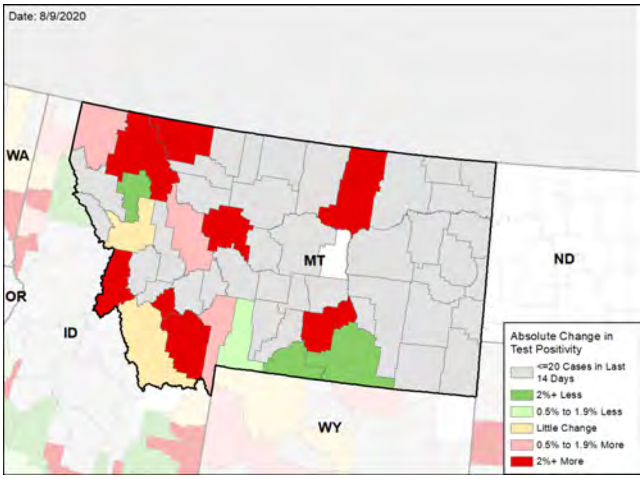
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
WA
OR
ID
MT
ND
WY
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
WA
OR
ID
MT
ND
WY
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
WA
OR
ID
MT
ND
WY
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

NEBRASKA

STATE REPORT | 08.09.2020

SUMMARY

- Nebraska is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the red zone for test positivity, indicating a rate above 10%.
- Nebraska has seen stability in new cases and a decrease in test positivity over the past week.
- Cases are concentrated in the Omaha and Lincoln metro areas. Cases were stable in the Omaha area, but fell sharply in Lincoln, where a mask mandate took effect July 20.
- Several counties in central Nebraska centered along I-80 continued to show elevated incidence and high test positivity.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Douglas County, 2. Lancaster County, and 3. Sarpy County. These counties represent 71.9 percent of new cases in Nebraska.
- Nebraska had 107 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 2 to support operations activities from FEMA.
- Between Aug 01 - Aug 07, on average, 14 patients with confirmed COVID-19 and 30 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Nebraska. An average of 50 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing.
- Continue weekly testing of all workers in assisted living and long-term care facilities and require masks and social distancing for all visitors.
- Encourage mask/cloth face covering use and maintaining 6 ft distancing for people outside of their homes statewide. Consider statewide masking mandate.
- Careful monitoring of compliance to mask use and social distancing in Lincoln and Omaha is critical, particularly activities in bars and restaurants. Limit bar hours or occupancy in highly affected counties if cases continue to rise.
- Ensure COVID-19 diagnostic testing continues to expand, specifically in the metro areas. Surge additional testing to other counties with elevated incidence and test positivity.
- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and schools (K-12, community colleges).
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

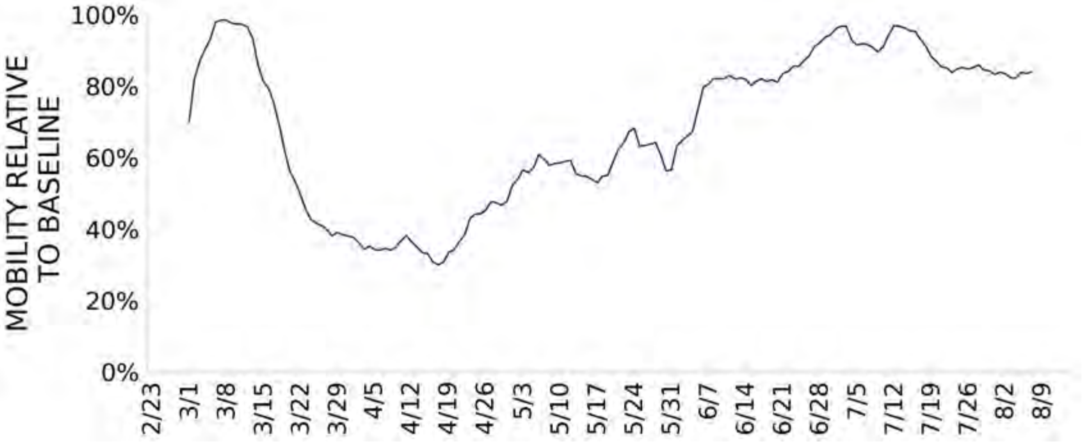
** Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state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

NEBRASKA

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	2,070 (107)	+2.5%	15,236 (108)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	11.4%	-0.8%*	8.8%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	27,990** (1,447)	+9.6%**	181,597** (1,284)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	12 (1)	-29.4%	141 (1)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	3.2%	+0.2%*	6.2%	12.1%

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

NEBRASKA

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**2**	Omaha-Council Bluffs Kearney	**9**	Lincoln Grand Island Lexington Columbus Fremont Norfolk Sioux City Scottsbluff Hastings
COUNTY LAST WEEK	**8**	Douglas Sarpy Buffalo Saunders Kearney Cuming Merrick Burt	**13** **Top 12 shown (full list below)**	Lancaster Hall Platte Dawson Dodge Cass Madison Seward Dakota Scotts Bluff Washington Saline

All Yellow Counties: Lancaster, Hall, Platte, Dawson, Dodge, Cass, Madison, Seward, Dakota, Scotts Bluff, Washington, Saline, Adams

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

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

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

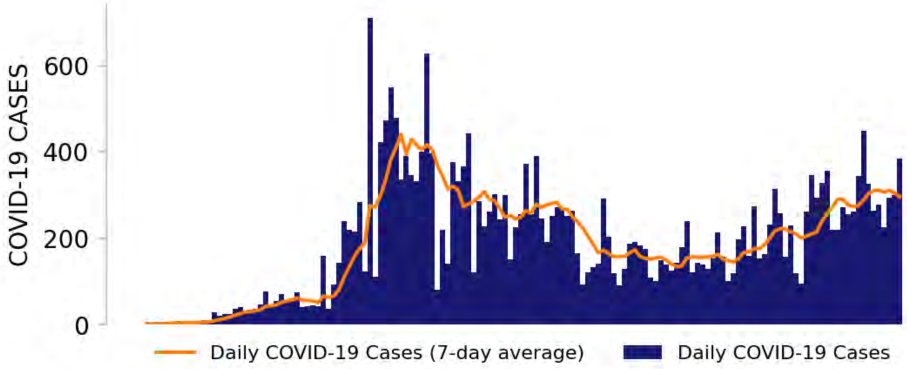
Testing

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

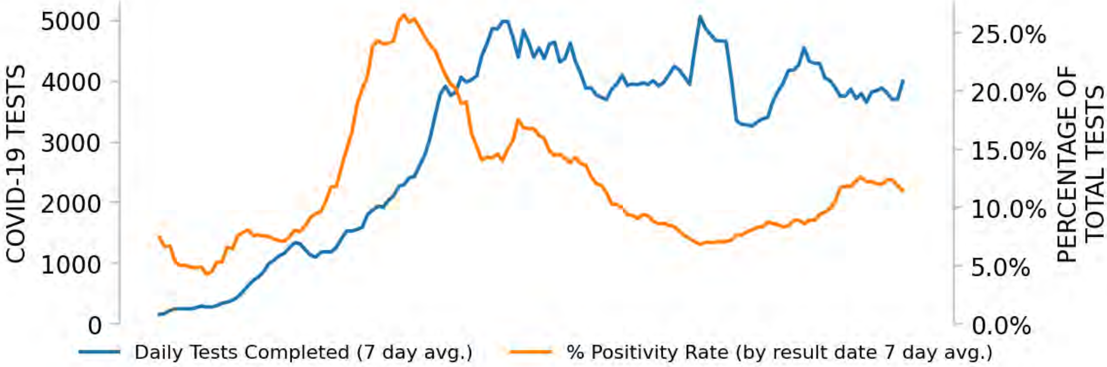
NEBRASKA

STATE REPORT | 08.09.2020

NEW CASES

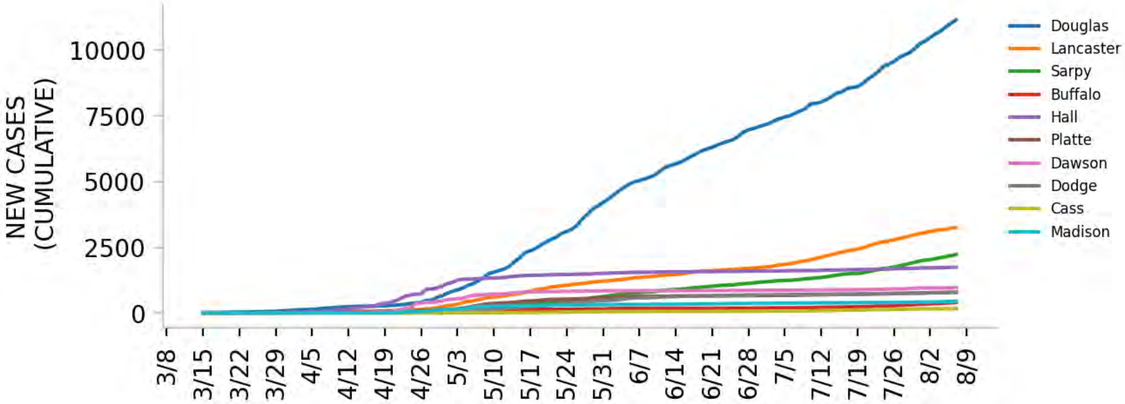


TESTING



TOP COUNTIES

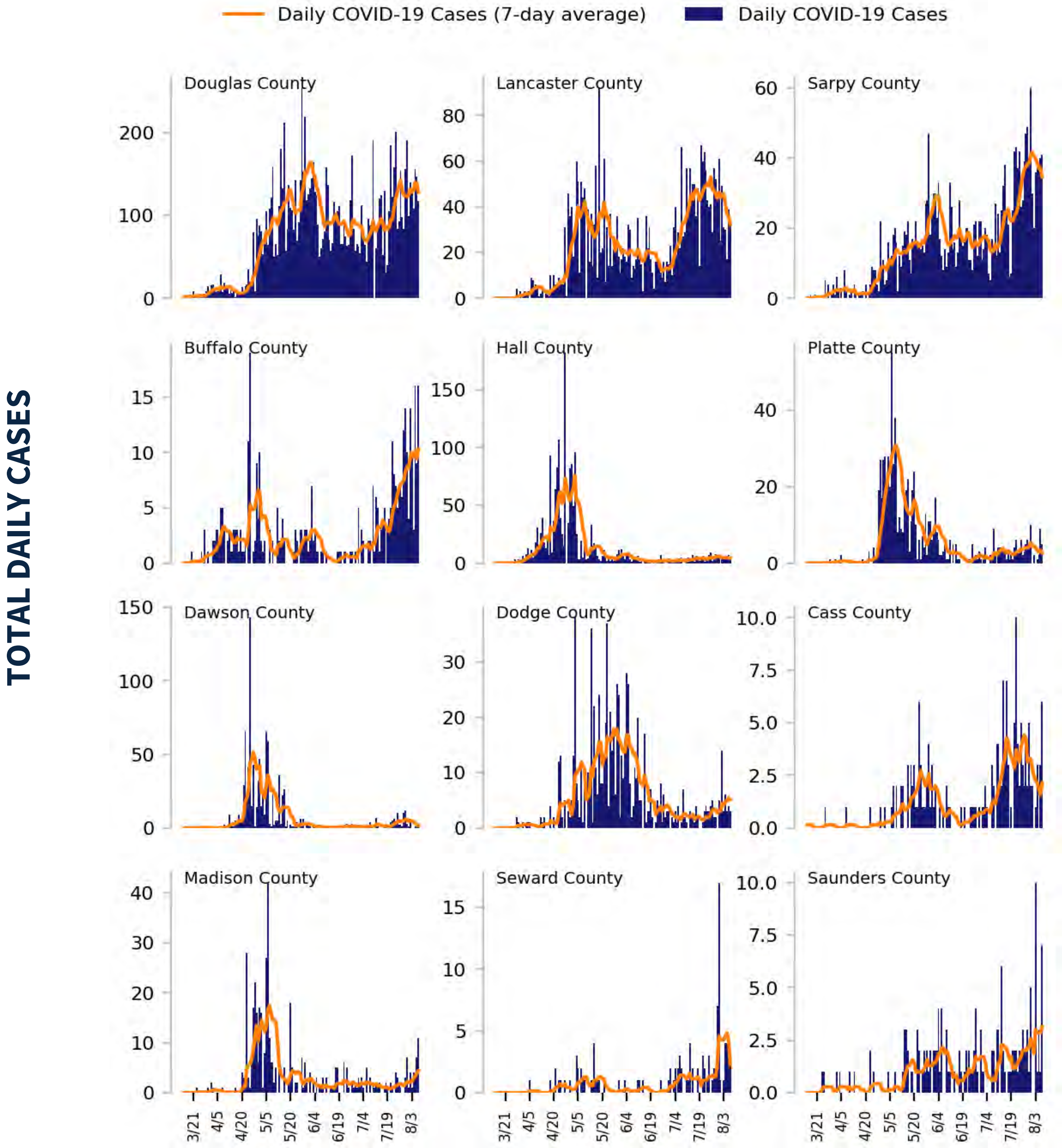
Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)



DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

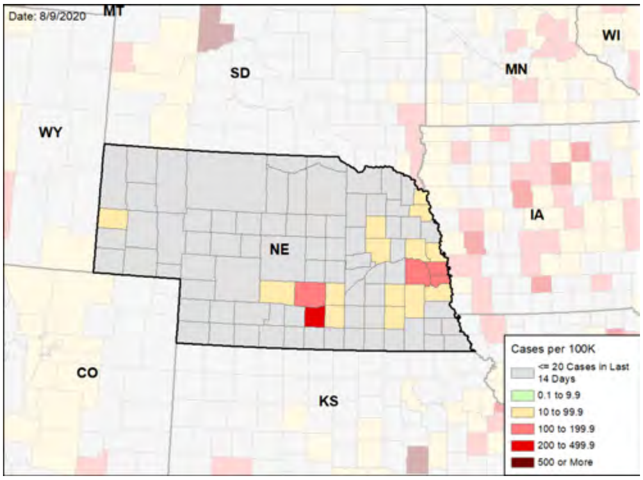
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

NEBRASKA

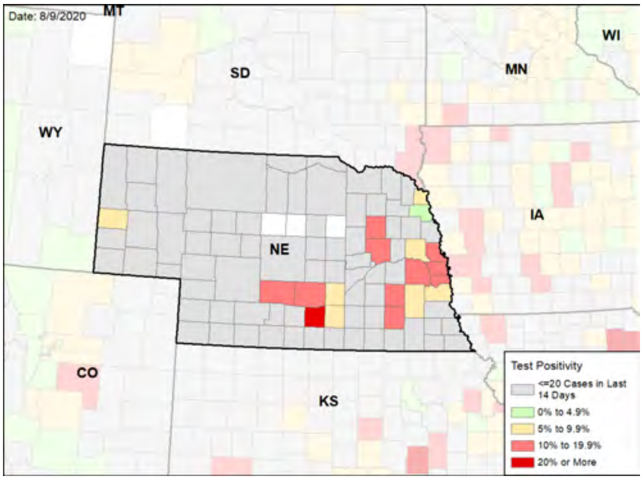
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

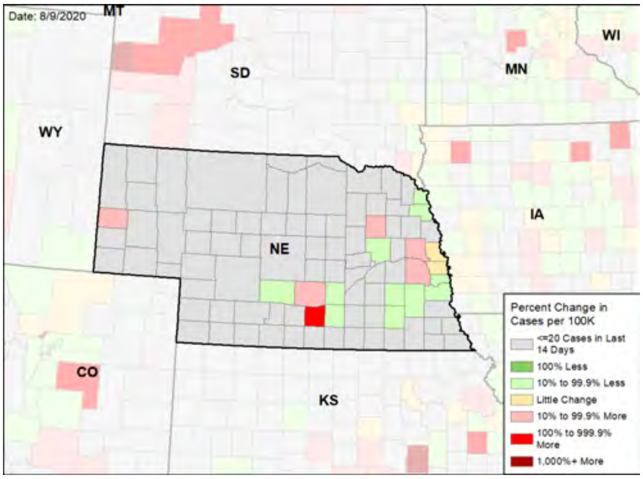
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
MT
SD
MN
WI
WY
IA
NE
CO
KS
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

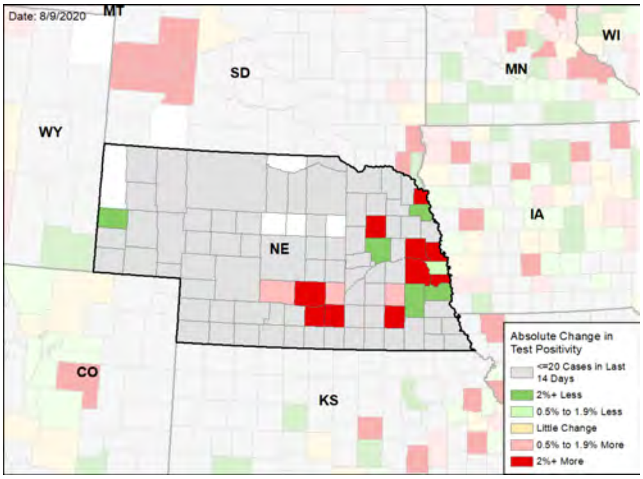
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
MT
SD
MN
WI
WY
IA
NE
CO
KS
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
MT
SD
MN
WI
WY
IA
NE
CO
KS
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
MT
SD
MN
WI
WY
IA
NE
CO
KS
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

NEVADA

STATE REPORT | 08.09.2020

SUMMARY

- Nevada is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the red zone for test positivity, indicating a rate above 10%.
- Nevada continued to see a high level of new cases and test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Clark County, 2. Washoe County, and 3. Elko County. These counties represent 97.7 percent of new cases in Nevada.
- Nevada had 210 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 9 to support operations activities from FEMA and 10 to support medical activities from VA.
- Between Aug 01 - Aug 07, on average, 69 patients with confirmed COVID-19 and 145 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Nevada. An average of greater than 95 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period.*

RECOMMENDATIONS

- Message to residents that if they vacation in an area with low COVID prevalence and have come from an area with high COVID prevalence, they should: remain socially distanced, stay masked in all public spaces, and avoid all indoor gatherings where social distancing and masks cannot be maintained.
- Keep mask requirement in place until cases and test positivity have significantly decreased.
- Continue ongoing efforts to build contact tracing capabilities (e.g., increase staff, training, and funding), with a focus on communities with increasing cases.
- Keep establishments closed where social distancing and mask use cannot occur, such as bars, nightclubs, and entertainment venues. Limit indoor dining capacity at restaurants to 25% of normal capacity and expand outdoor dining until cases and test positivity decrease.
- Identify mechanisms to assess compliance with local regulations.
- Any nursing homes with 3 or more cases of COVID in the last 3 weeks should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population. Protect vulnerable populations in assisted living and long-term care facilities through weekly testing of all workers and requiring masks. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place.
- Providing timely test results to individuals so they can isolate and stop the spread is critical. Implement the following to increase testing capacity and decrease turnaround times:
    - (1) For family and cohabitating households, screen entire households in a single test by pooling a sample of each member's specimen. For households that test positive, isolate and conduct follow-up individual tests.
    - (2) Expand testing capacity in public health labs by adding shifts, including weekend shifts, to reduce turnaround times.
    - (3) Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

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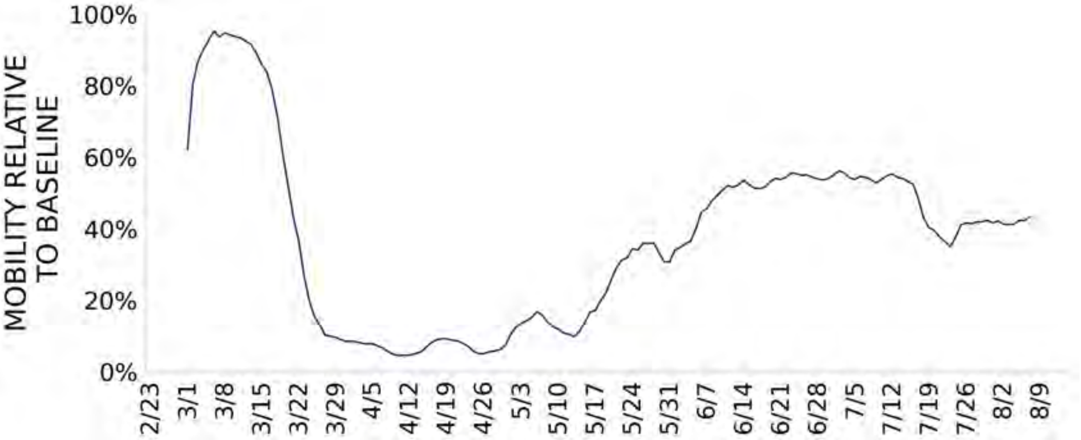
NEVADA

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	6,468 (210)	-10.0%	66,023 (129)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	13.6%	-0.5%*	8.6%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	57,858** (1,878)	-5.9%**	844,456** (1,647)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	89 (3)	-17.6%	1,454 (3)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	18.0%	+5.9%*	14.7%	12.1%

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

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Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

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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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

NEVADA

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**2**	Las Vegas-Henderson-Paradise Elko	**3**	Reno Pahrump Carson City
COUNTY LAST WEEK	**2**	Clark Elko	**3**	Washoe Nye Carson City

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

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

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

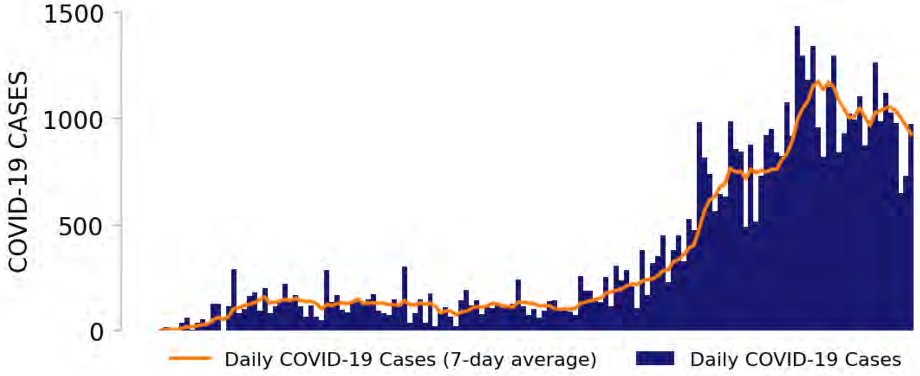
Testing

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

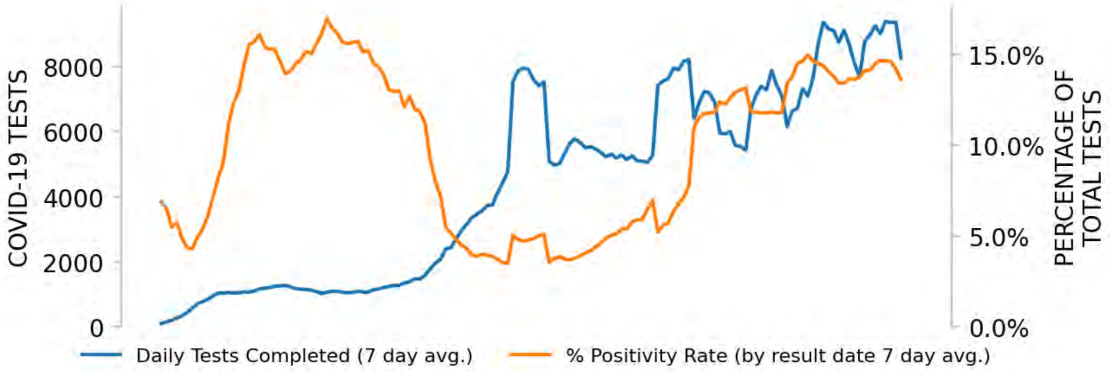
NEVADA

STATE REPORT | 08.09.2020

NEW CASES

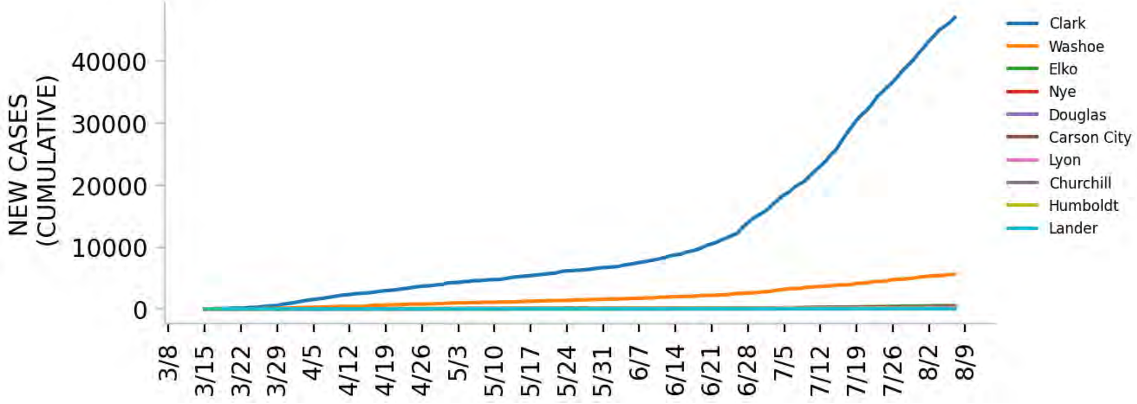


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)

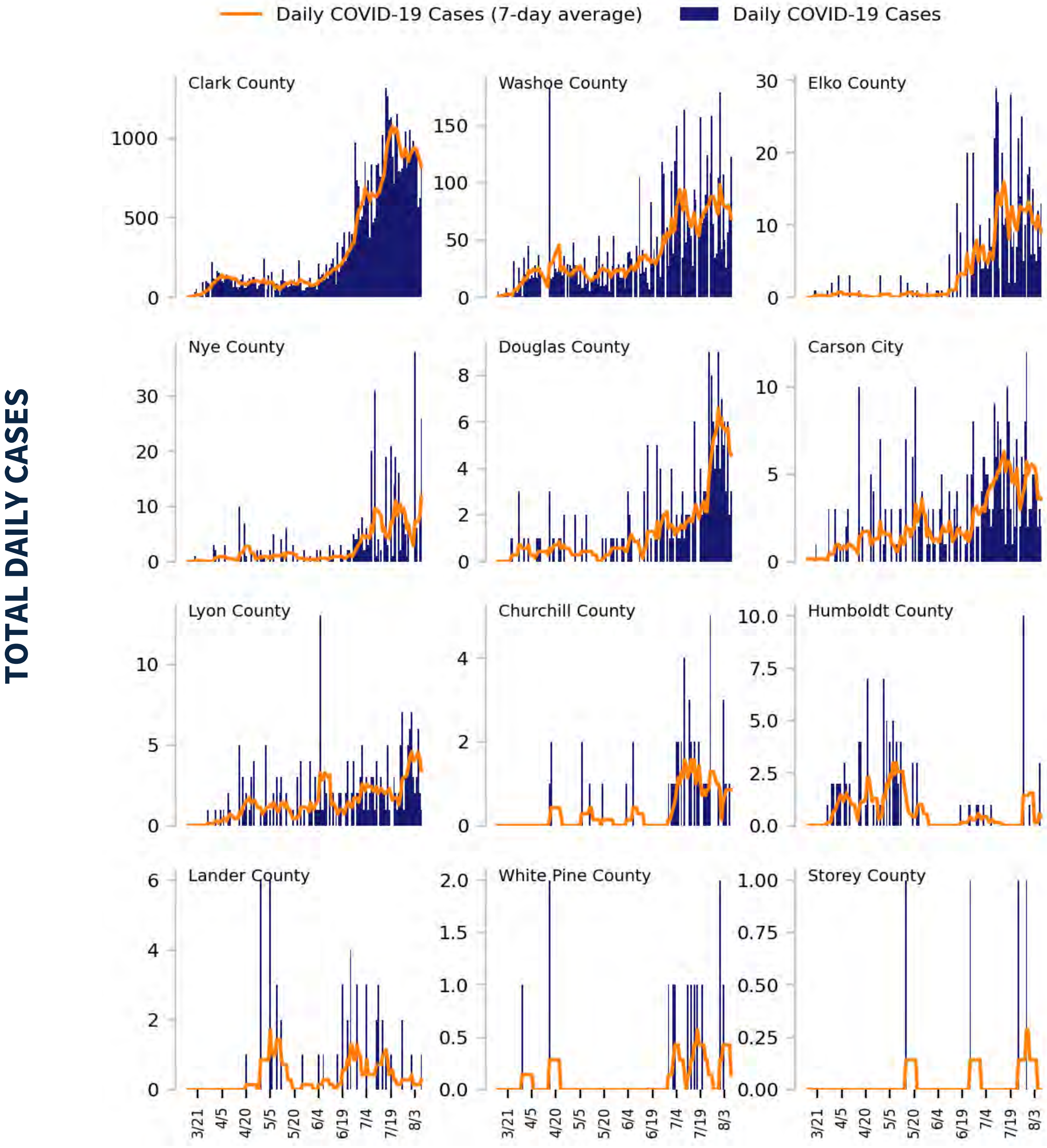


DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

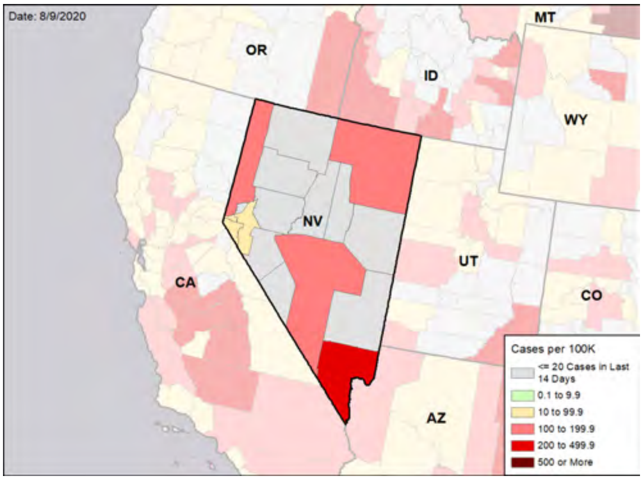
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

NEVADA

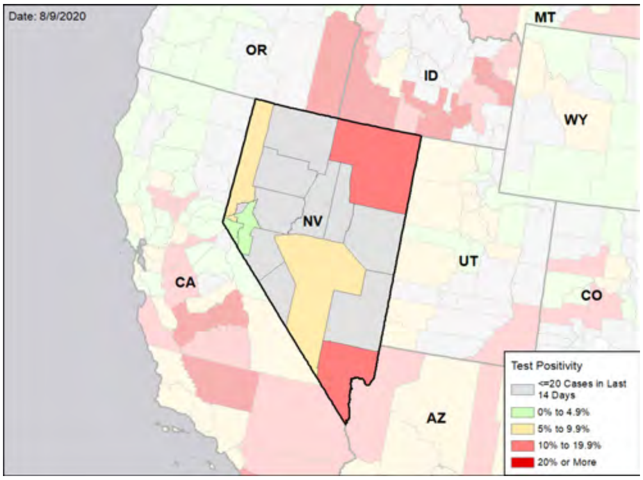
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

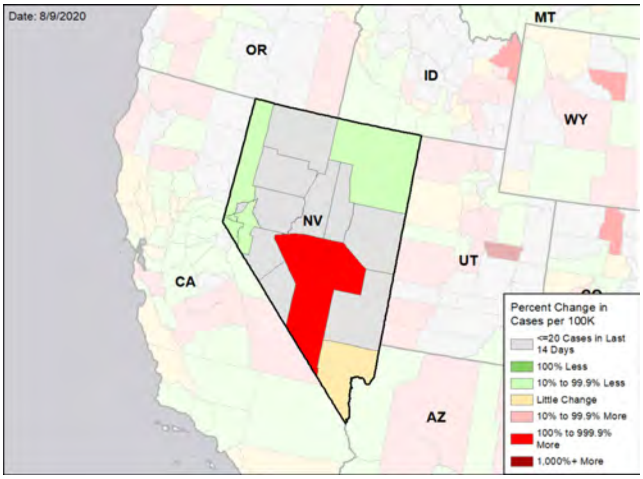
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
OR
ID
MT
WY
NV
UT
CA
CO
AZ
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

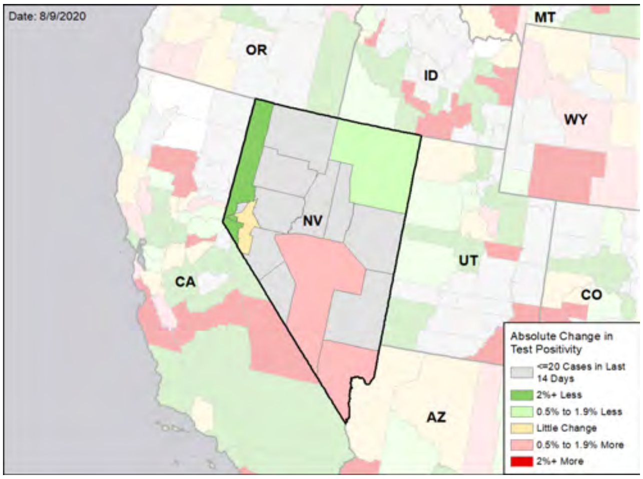
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
OR
ID
MT
WY
NV
UT
CA
CO
AZ
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
OR
ID
MT
WY
NV
UT
CA
CO
AZ
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
OR
ID
MT
WY
NV
UT
CA
CO
AZ
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

NEW HAMPSHIRE

STATE REPORT | 08.09.2020

SUMMARY

- New Hampshire is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- New Hampshire has seen stability in new cases and stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Hillsborough County, 2. Rockingham County, and 3. Strafford County. These counties represent 83.4 percent of new cases in New Hampshire.
- New Hampshire had 14 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 2 to support operations activities from FEMA.
- Between Aug 01 - Aug 07, on average, 2 patients with confirmed COVID-19 and 18 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Hampshire. An average of 93 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue the scale-up of testing, moving to community led neighborhood testing and pooled household testing in the top 3 counties. Work with local communities and provide clear guidance on isolation.
- Provide regular updates on progress in contact tracing and analyze data. Ideally, data would include proportion of cases linked to previous identified cases and percentage of cases and contacts reached within 24-48 hours of identification.
- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and schools (K-12, community colleges). The initiative of DHHS, UNH, and other universities is commended in this regard.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

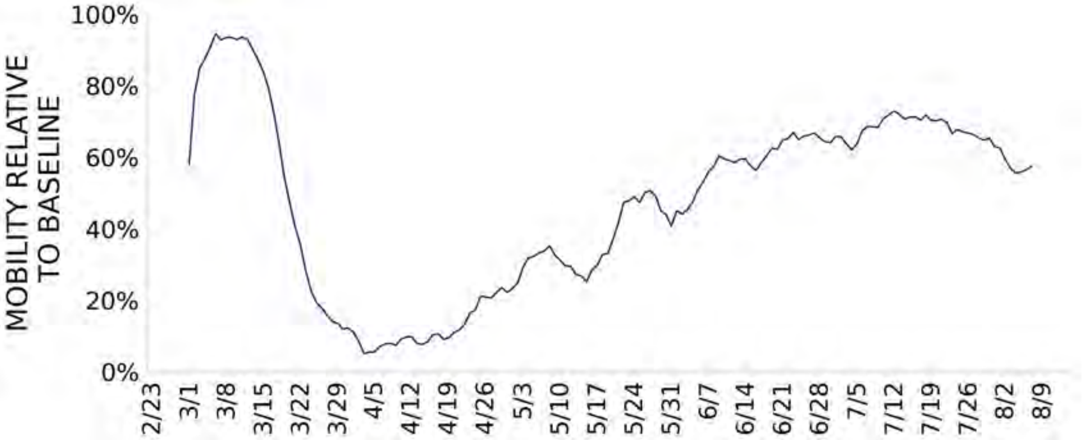
** Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state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

NEW HAMPSHIRE

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	196 (14)	-5.8%	4,242 (29)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	1.8%	-0.3%*	1.7%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	13,046** (959)	-7.4%**	244,677** (1,648)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	4 (0)	-33.3%	122 (1)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	0.0%	-1.4%*	3.5%	12.1%

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

NEW HAMPSHIRE

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

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

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

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

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

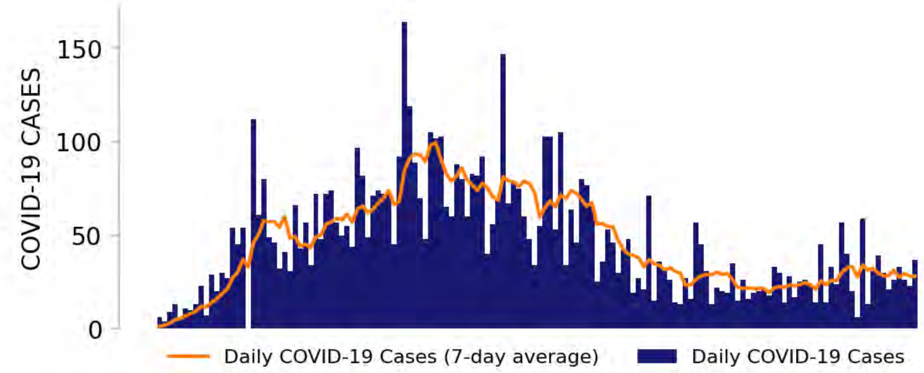
Testing

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

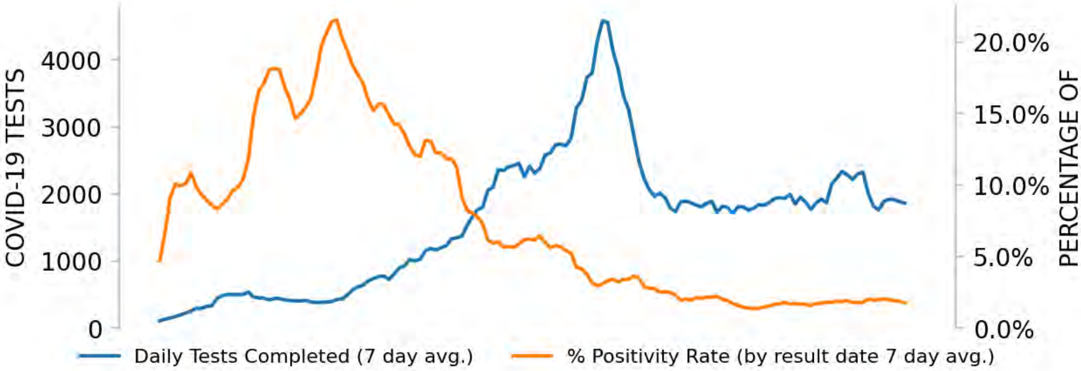
NEW HAMPSHIRE

STATE REPORT | 08.09.2020

NEW CASES ▶

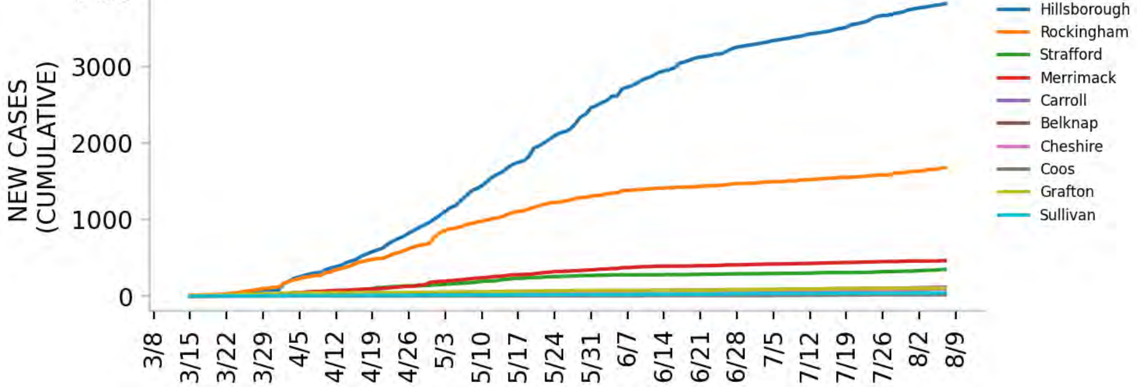


TESTING ▶



TOP COUNTIES ▶

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)

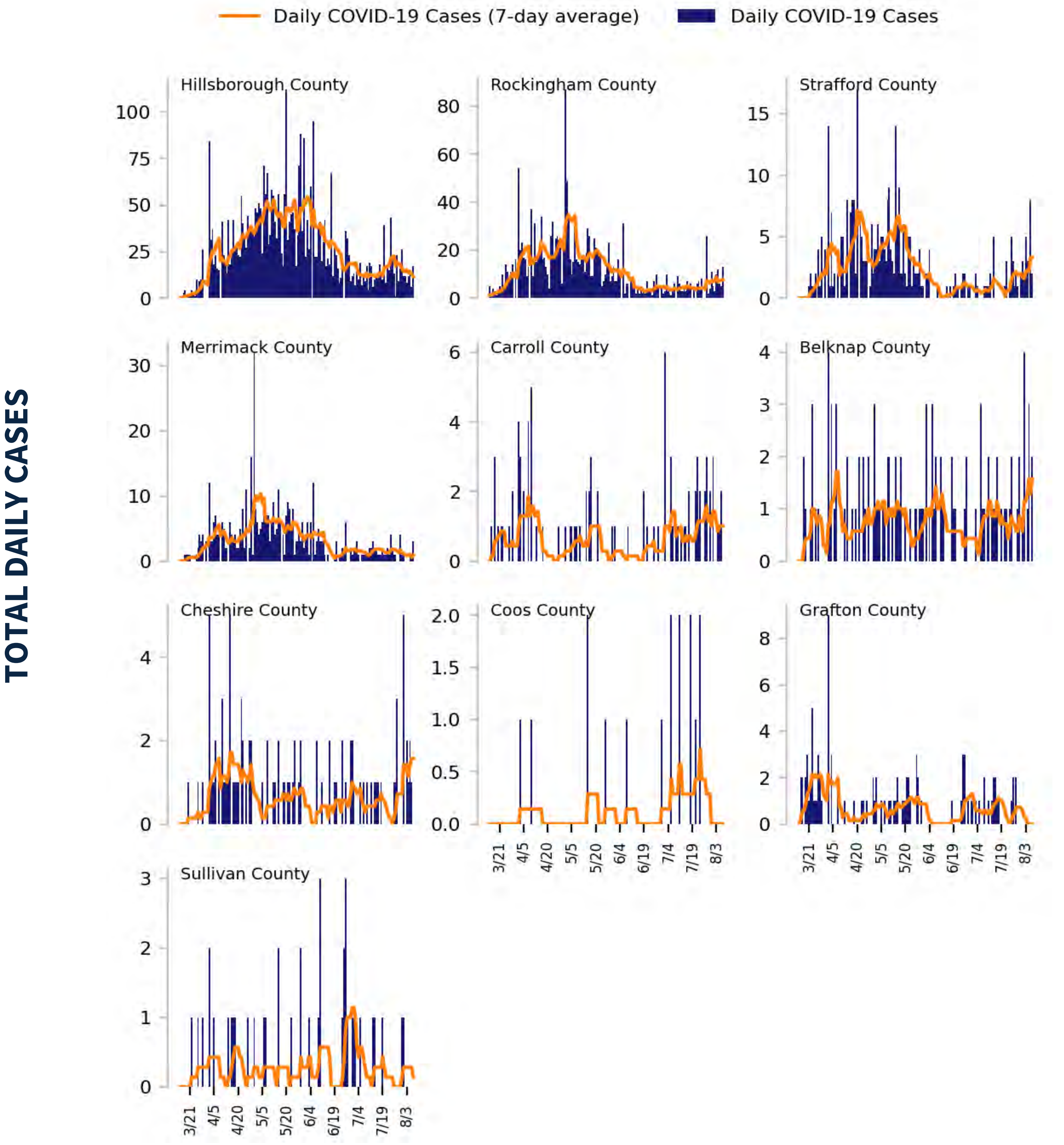


DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

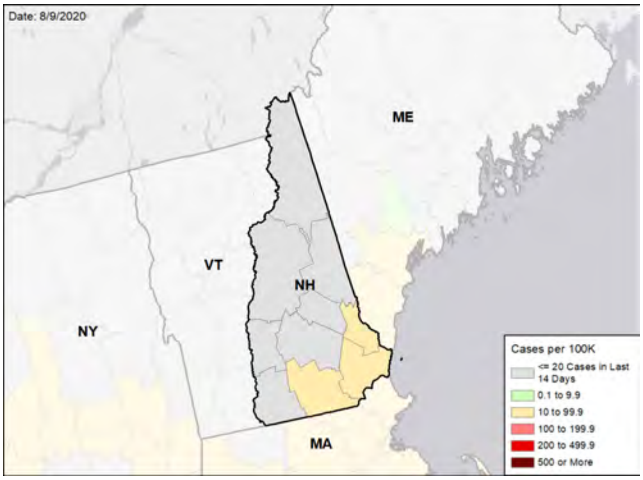
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

NEW HAMPSHIRE

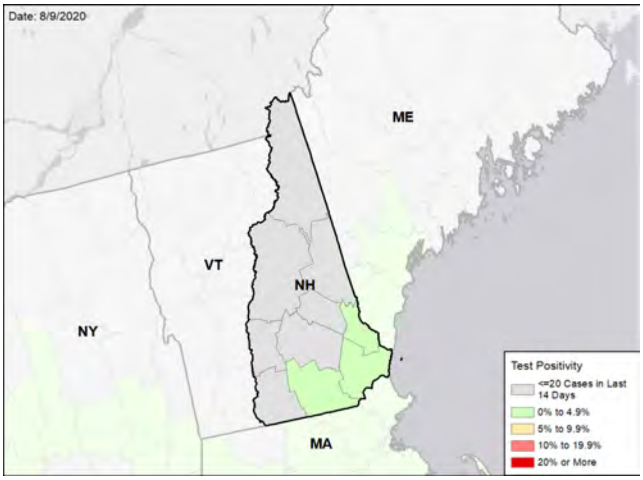
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

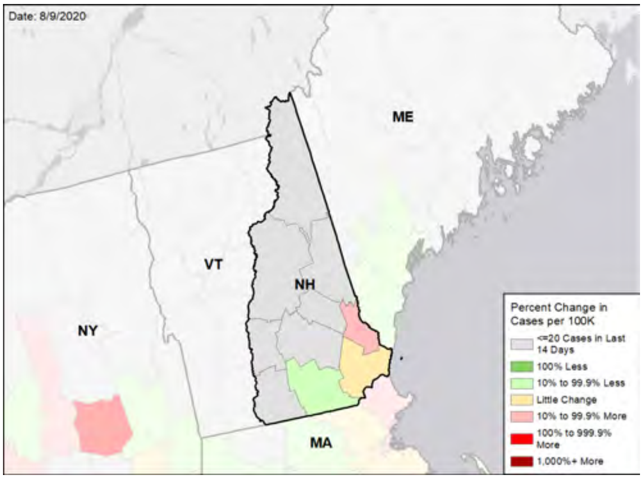
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
ME
VT
NH
NY
MA
Cases per 100K
<=20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

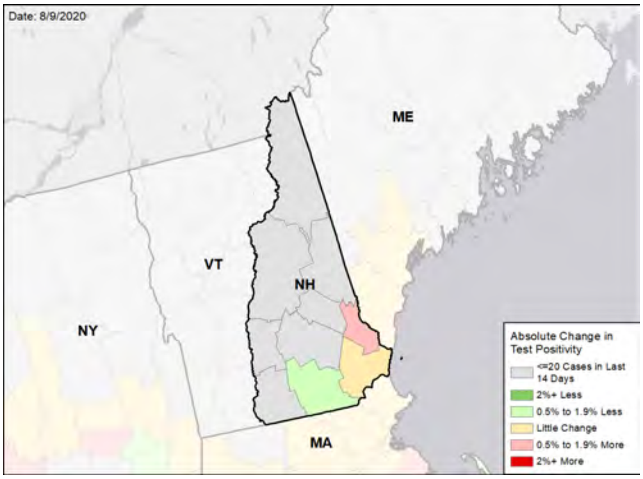
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
ME
VT
NH
NY
MA
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
ME
VT
NH
NY
MA
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
ME
VT
NH
NY
MA
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

NEW JERSEY

STATE REPORT | 08.09.2020

SUMMARY

- New Jersey is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- New Jersey has seen a decrease in new cases and stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Bergen County, 2. Camden County, and 3. Middlesex County. These counties represent 27.5 percent of new cases in New Jersey.
- New Jersey had 27 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 63 to support operations activities from FEMA; 16 to support operations activities from USCG; 1 to support medical activities from VA; and 1 to support operations activities from VA.
- Between Aug 01 - Aug 07, on average, 32 patients with confirmed COVID-19 and 269 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Jersey. An average of 58 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Keep statewide mask requirement in place. Identify mechanisms to assess compliance with local regulations.
- Increase public messaging to out-of-state tourists and increase testing capabilities in beach communities and tourist areas, including the Jersey Shore. Consider additional restrictions on occupancy or operation of certain businesses (e.g., bars, restaurants) depending on test positivity and case counts in a community; consider intensifying efforts to improve compliance.
- Any nursing homes with 3 or more cases of COVID in the last 3 weeks should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population. Protect vulnerable populations in assisted living and long-term care facilities through weekly testing of all workers and requiring masks. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place.
- Providing timely test results to individuals so they can isolate and stop the spread is critical. Implement the following to increase testing capacity and decrease turnaround times:
  - (1) For family and cohabitating households, screen entire households in a single test by pooling a sample of each member's specimen. For households that test positive, isolate and conduct follow-up individual tests.
  - (2) Expand testing capacity in public health labs by adding shifts, including weekend shifts, to reduce turnaround times.
  - (3) Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Continue ongoing efforts to build contact tracing capabilities (e.g., increase staff, training, and funding), with a focus on communities with increasing cases.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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

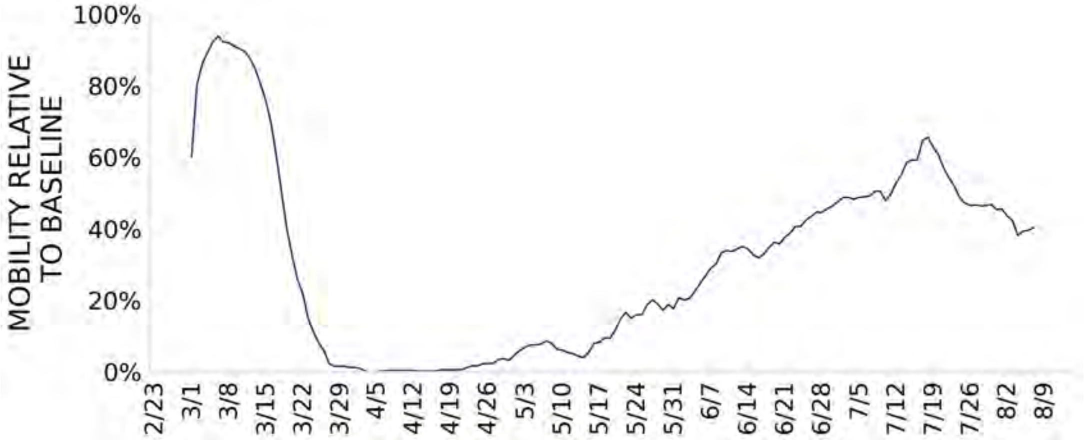
** Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state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

NEW JERSEY

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	2,407 (27)	-27.4%	7,033 (25)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	2.1%	-0.1%*	1.4%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	104,975** (1,182)	-27.7%**	578,142** (2,040)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	43 (0)	-15.7%	112 (0)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	5.5%	-2.2%*	6.1%	12.1%

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

NEW JERSEY

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

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

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

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

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

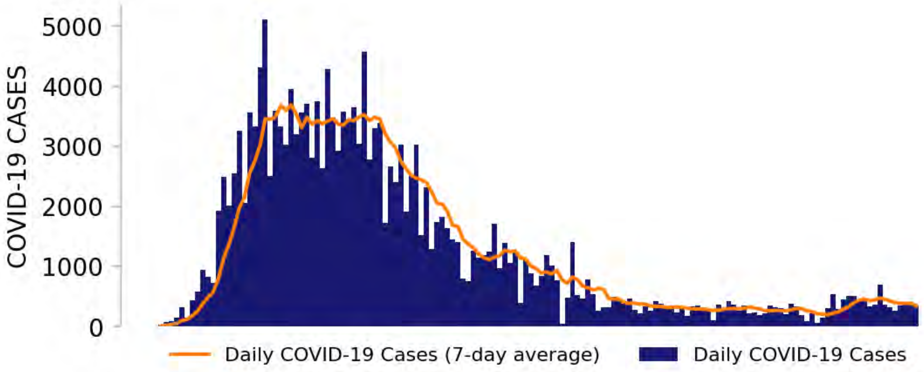
Testing

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

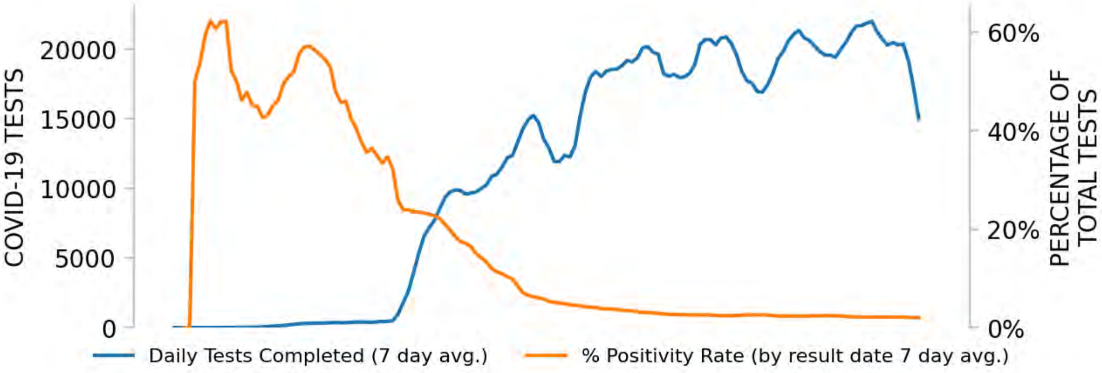
NEW JERSEY

STATE REPORT | 08.09.2020

NEW CASES

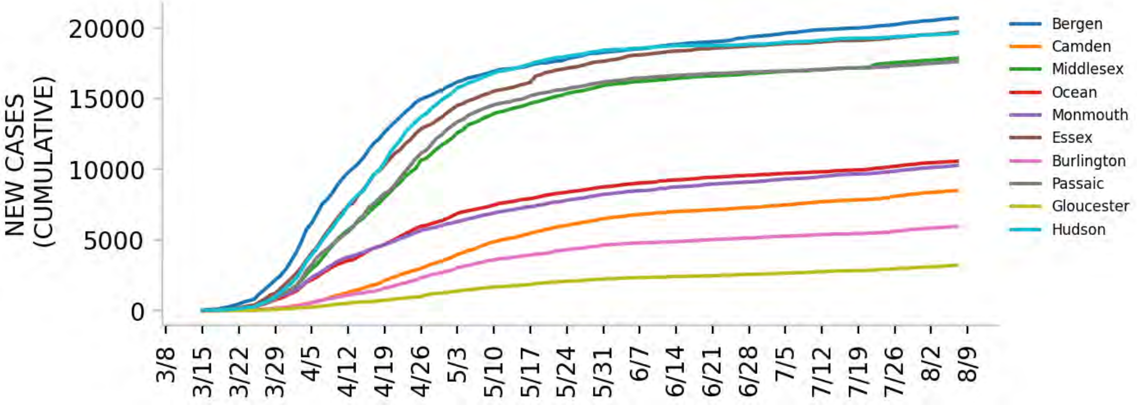


TESTING



TOP COUNTIES

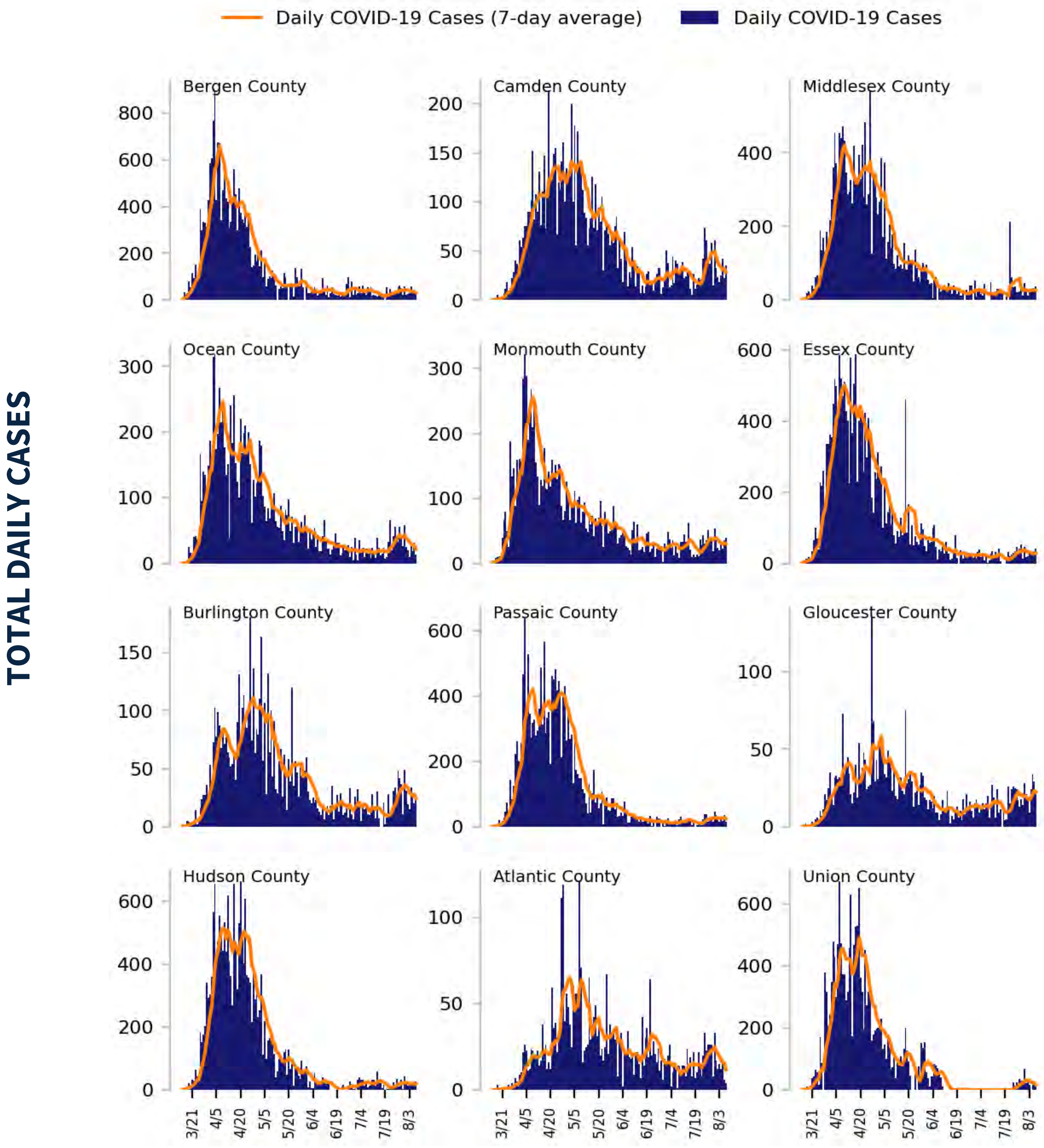
Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)



DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

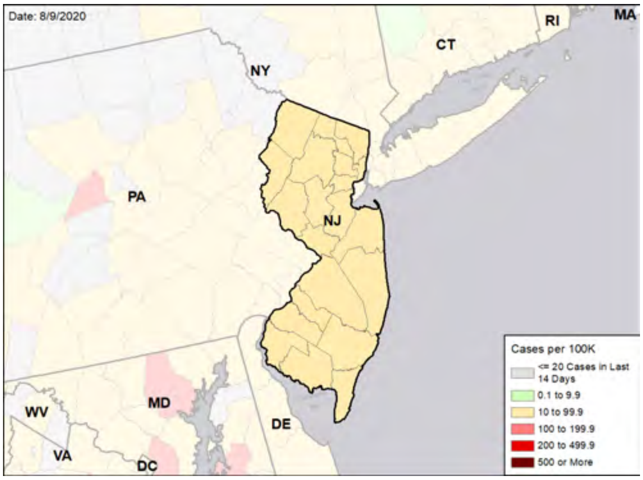
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

NEW JERSEY

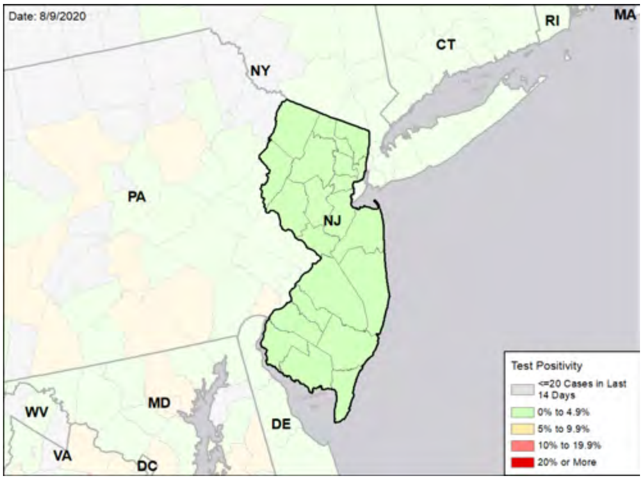
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

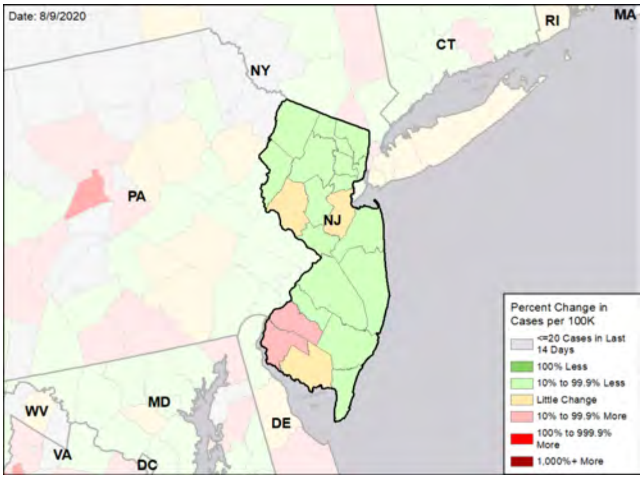
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
RI
MA
CT
NY
PA
NJ
MD
WV
DE
VA
DC
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

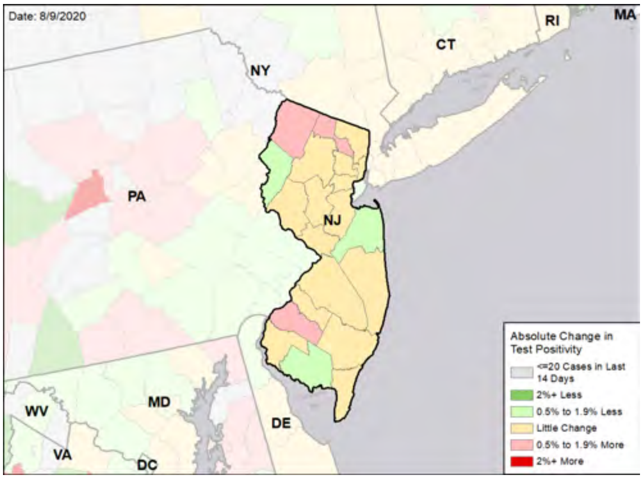
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
RI
MA
CT
NY
PA
NJ
MD
WV
DE
VA
DC
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
RI
MA
CT
NY
PA
NJ
MD
WV
DE
VA
DC
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
RI
MA
CT
NY
PA
NJ
MD
WV
DE
VA
DC
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

NEW MEXICO

STATE REPORT | 08.09.2020

SUMMARY

- New Mexico is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- New Mexico has seen a decrease in new cases and a decrease in test positivity over the past week.
- This illustrates the early success of the mitigation efforts and of active testing and contact tracing. Continuing these efforts will be key to continue to drive down cases and test positivity rates.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Bernalillo County, 2. Doña Ana County, and 3. Lea County. These counties represent 47.9 percent of new cases in New Mexico and these are new and evolving hot spots for New Mexico.
- New Mexico had 65 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 9 to support operations activities from FEMA and 1 to support epidemiology activities from CDC.
- Between Aug 01 - Aug 07, on average, 11 patients with confirmed COVID-19 and 11 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Mexico. An average of 44 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue the statewide mask mandate.
- Expand testing through community centers and community outreach teams to ensure asymptomatic cases are found and isolated.
- New Mexico is an excellent state to conduct pooled testing in the large commercial laboratories to further expand community testing.
- Continue to limit social gatherings to 5 or fewer people.
- Consider closing gyms or further restricting occupancy in areas with rising cases and test percent positivity, particularly in Bernalillo and Dona Ana counties.
- Encourage outdoor dining and ensure bars remain closed, unless patrons can be outdoors and socially distanced.
- Bring pooled testing online to provide rapid test expansion into institutions and specific situations, including in preparation for school and university opening.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Continue 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 hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
- Tribal Nations: Encourage the continued enforcement of social distancing and masking measures in areas of increased transmission.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

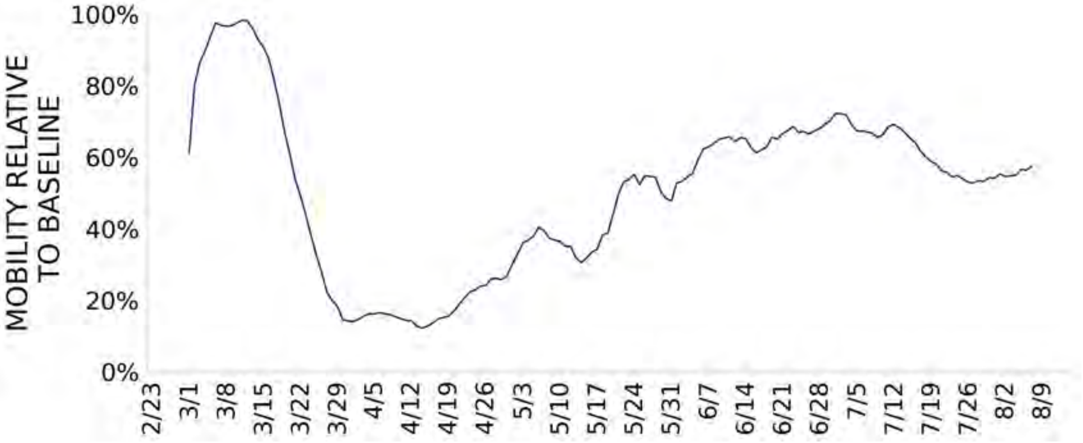
** Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state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

NEW MEXICO

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	**1,366 (65)**	**-35.7%**	**76,858 (180)**	**375,035 (114)**
DIAGNOSTIC TEST POSITIVITY RATE	**4.3%**	**-1.3%***	**11.4%**	**7.1%**
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	**33,379** (1,592)**	**-5.3%****	**303,878** (711)**	**4,863,237** (1,482)**
COVID DEATHS (RATE PER 100,000)	**33 (2)**	**-19.5%**	**1,883 (4)**	**7,261 (2)**
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	**13.1%**	**-5.3%***	**21.3%**	**12.1%**

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

NEW MEXICO

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	0	N/A	8	Las Cruces Hobbs Clovis Roswell Carlsbad-Artesia Grants Deming Ruidoso
COUNTY LAST WEEK	0	N/A	8	Doña Ana Lea Curry Chaves Eddy Cibola Luna Lincoln

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

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

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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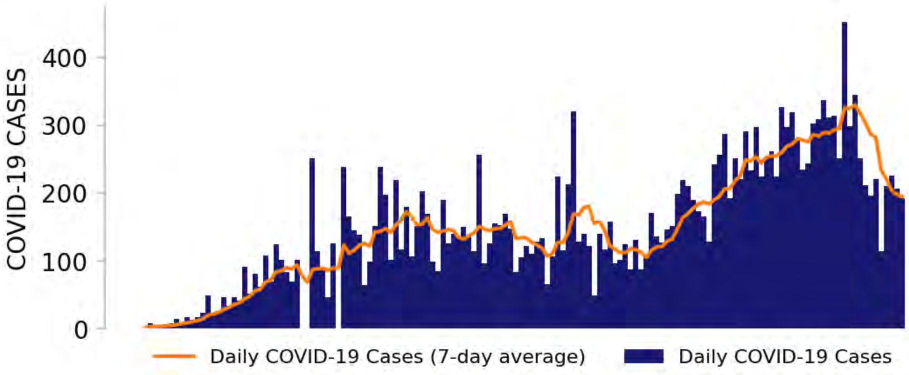
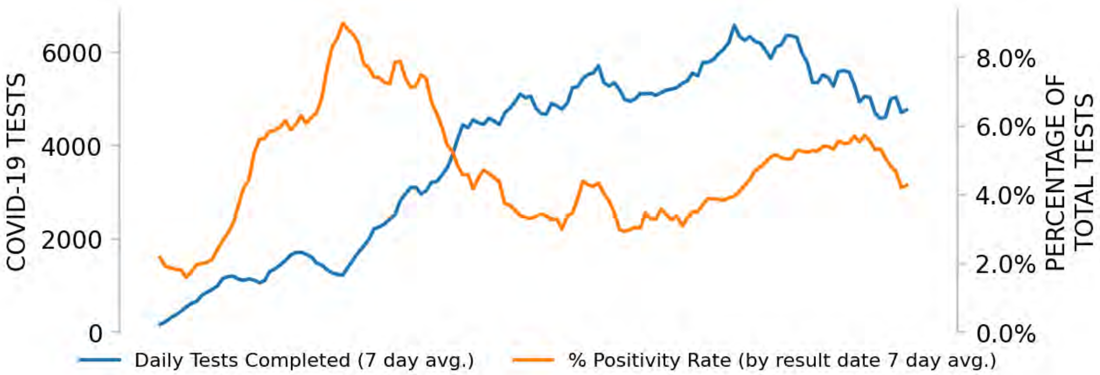
NEW MEXICO

STATE REPORT | 08.09.2020

NEW CASES

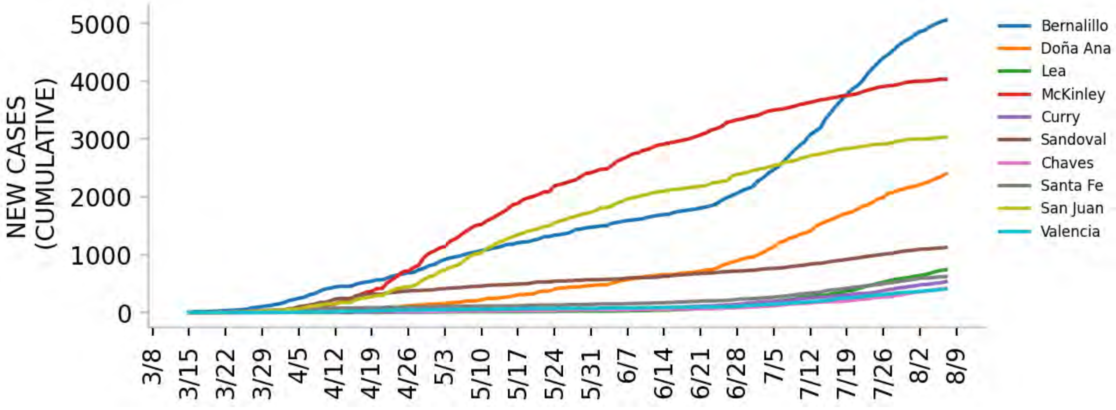


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)



DATA SOURCES

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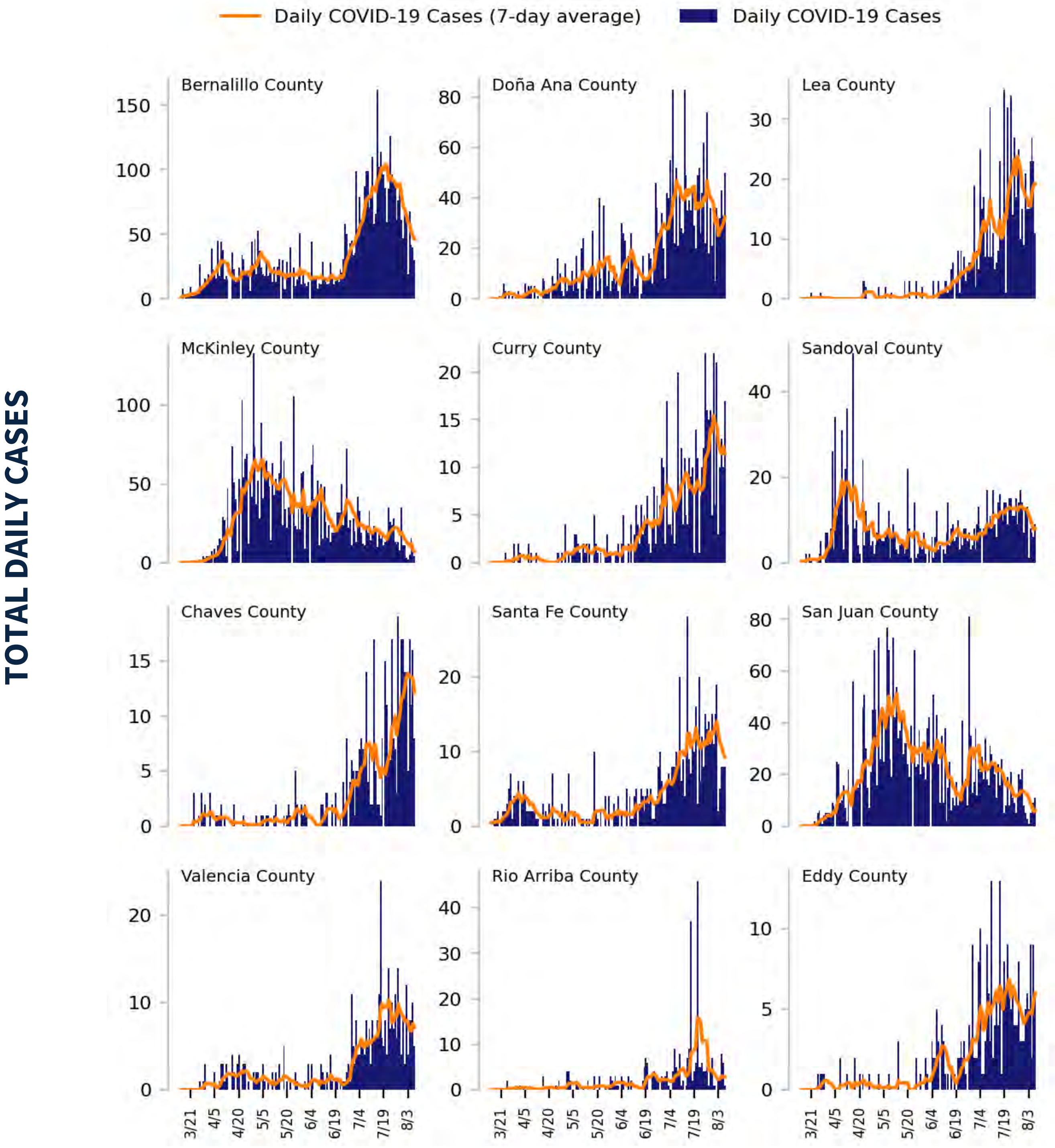
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

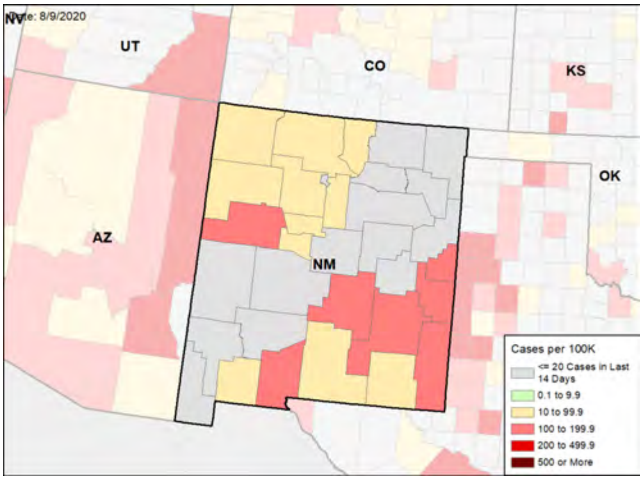
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

NEW MEXICO

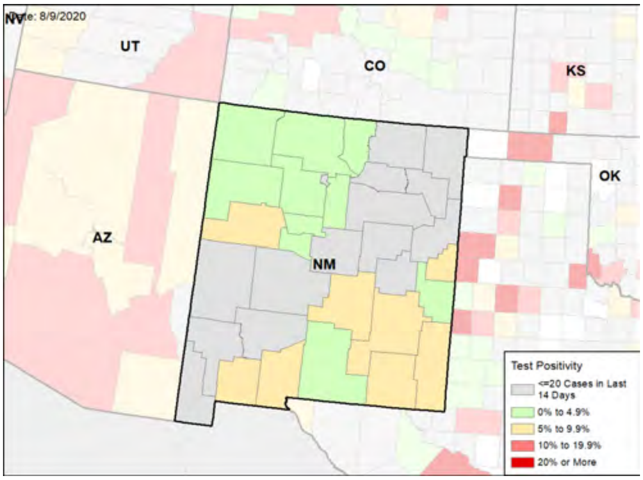
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

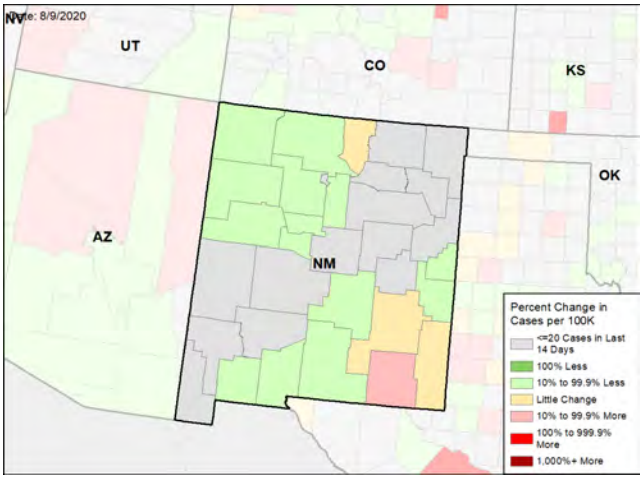
NEW CASES PER 100,000 DURING LAST WEEK


NV
Date: 8/9/2020
UT
CO
KS
OK
AZ
NM
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

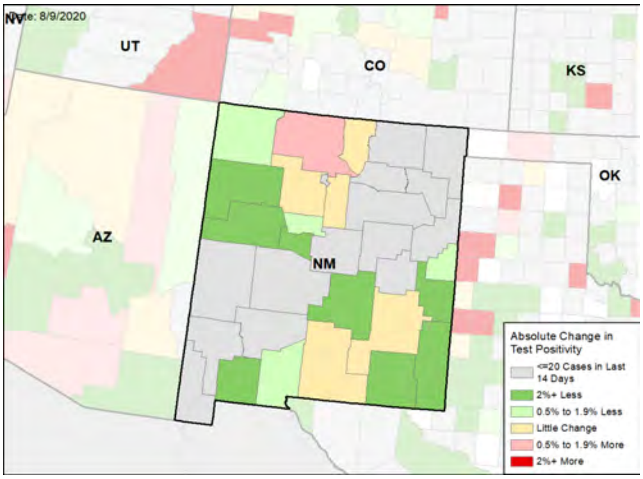
TEST POSITIVITY DURING LAST WEEK


NV
Date: 8/9/2020
UT
CO
KS
OK
AZ
NM
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


NV
Date: 8/9/2020
UT
CO
KS
OK
AZ
NM
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


NV
Date: 8/9/2020
UT
CO
KS
OK
AZ
NM
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

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NEW YORK

STATE REPORT | 08.09.2020

SUMMARY

- New York is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- New York has seen stability in new cases and stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Kings County, 2. Queens County, and 3. Bronx County. These counties represent 34.1 percent of new cases in New York.
- New York had 24 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 70 to support operations activities from FEMA; 3 to support operations activities from ASPR; 2 to support testing activities from CDC; 1 to support epidemiology activities from CDC; 20 to support operations activities from USCG; and 1 to support medical activities from VA.
- Between Aug 01 - Aug 07, on average, 92 patients with confirmed COVID-19 and 296 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New York. An average of 81 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue to urge use of cloth face coverings and 6 ft distancing for people outside of their homes; monitor and mandate face coverings in all public indoor environments.
- As public transportation expands and ridership increases, continue to educate and enforce social distancing, hand hygiene, and use of cloth face coverings.
- Continue to closely track trends in cases and case rates, test percent positivity, and hospitalizations at the county and city level. Intensify mitigation efforts as needed.
- Continue active case investigation with contact tracing and early quarantine of contacts and isolation of cases. Intensify focus on populous areas with elevated or increasing transmission and ensure safe housing for isolation and quarantine for those in congregate settings and crowded or multigenerational households.
- Maintain messaging of the risk of serious disease for older individuals, those with comorbid medical conditions, front-line workers, and those who suffer from inequities in social determinants of health.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

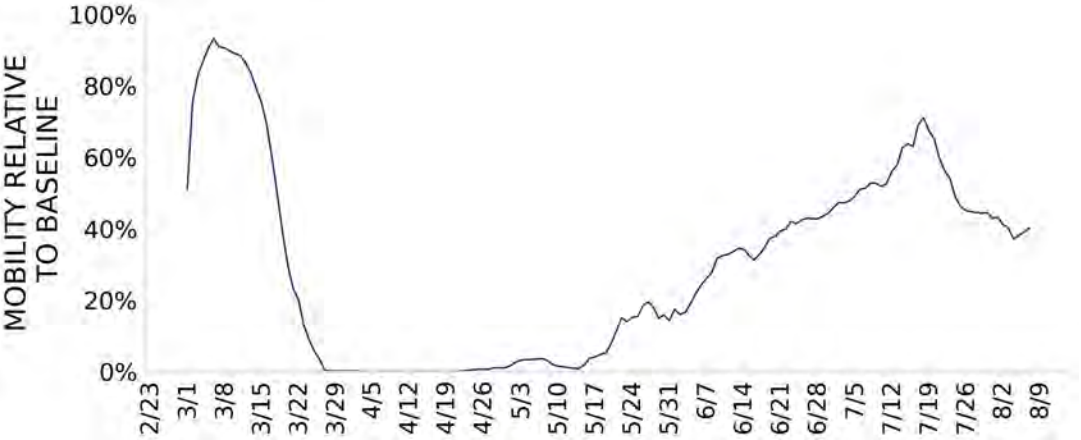
** Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state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

NEW YORK

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	4,626 (24)	+1.1%	7,033 (25)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	1.3%	-0.1%*	1.4%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	473,167** (2,432)	+4.4%**	578,142** (2,040)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	69 (0)	-12.7%	112 (0)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	6.4%	+0.9%*	6.1%	12.1%

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

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COVID-19 COUNTY AND METRO ALERTS*

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

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.
Yellow Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”
Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

Testing

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

COVID-19

NEW YORK

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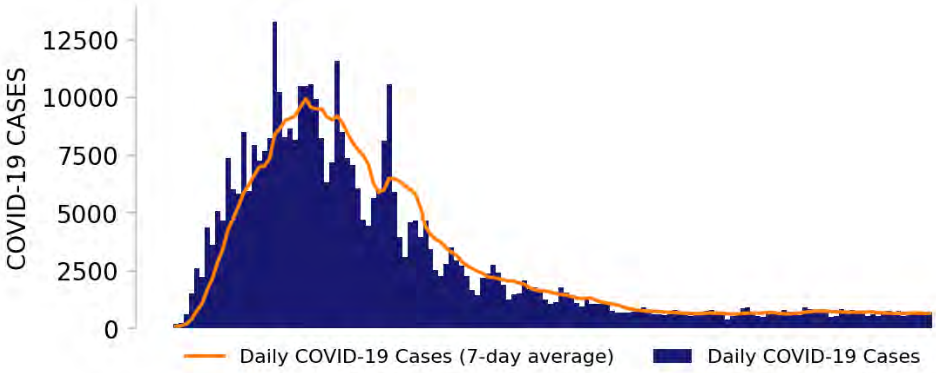
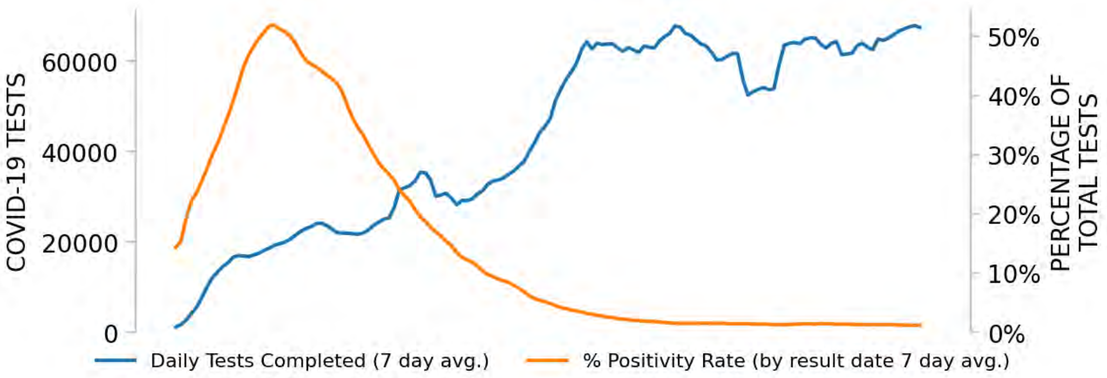
NEW CASES

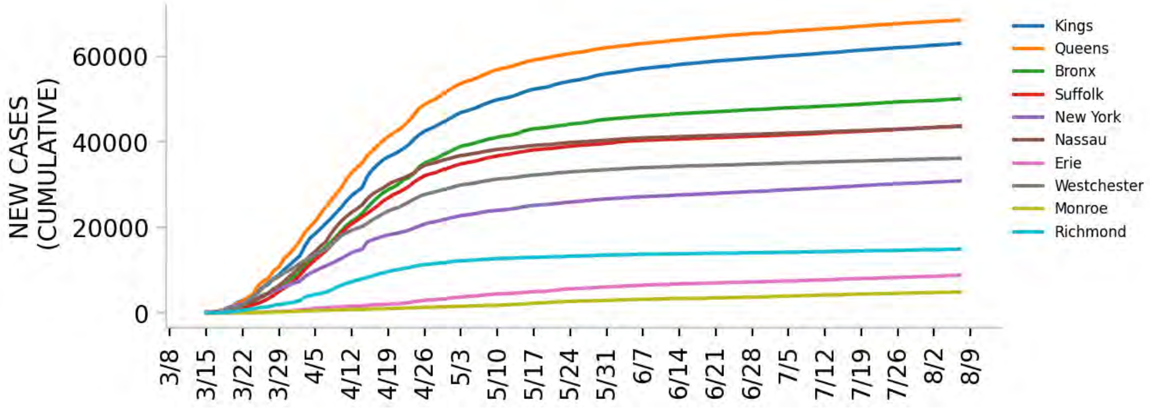


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)

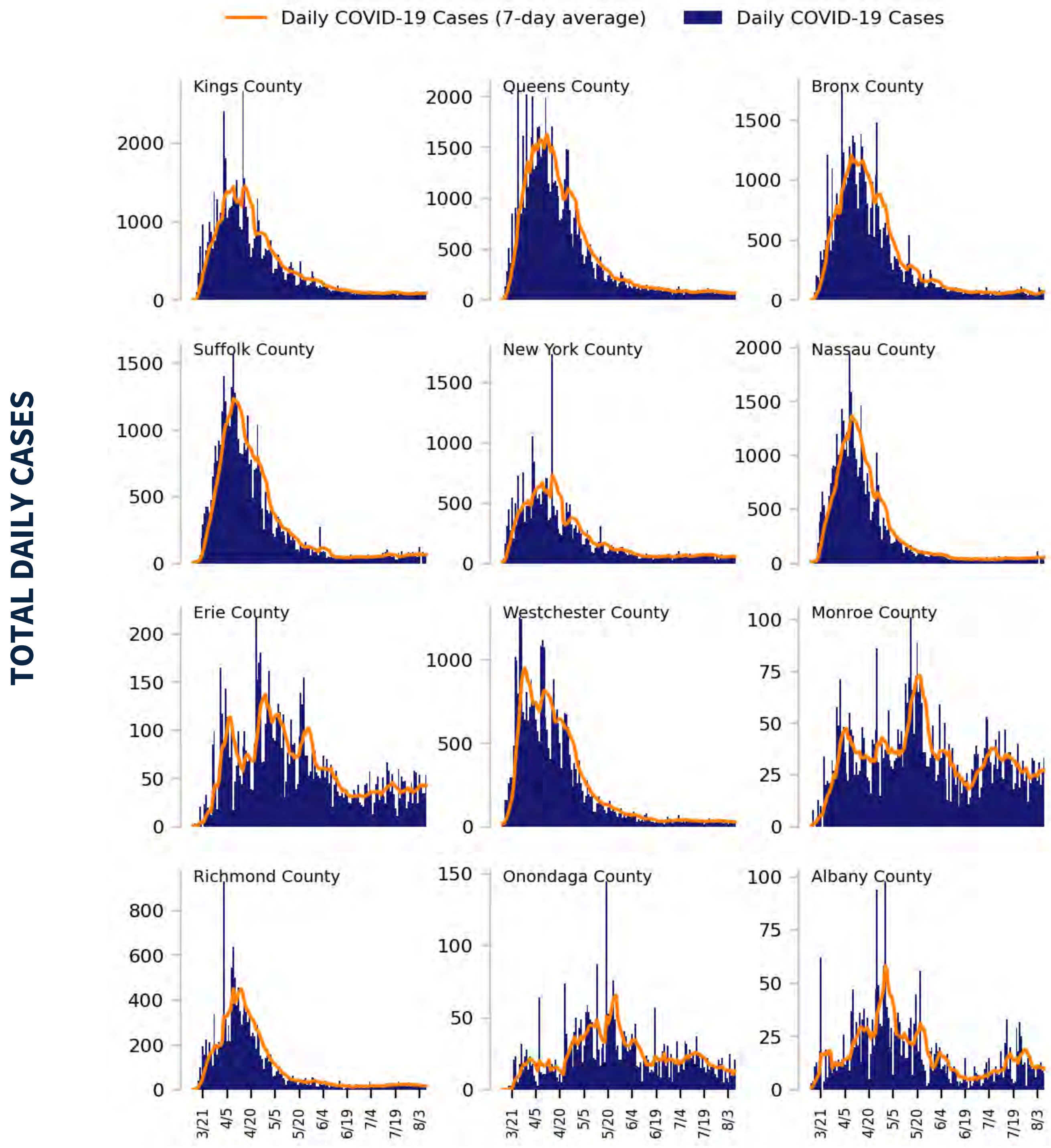


DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

NEW YORK

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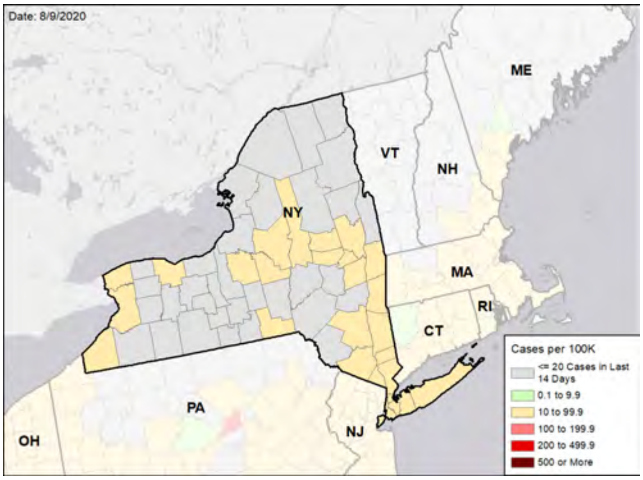
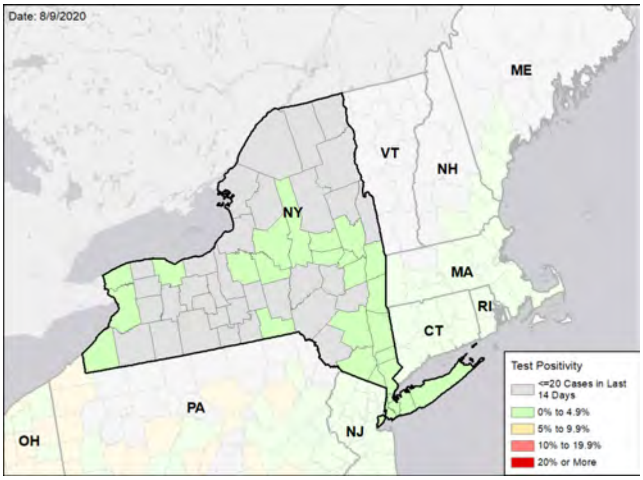
CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

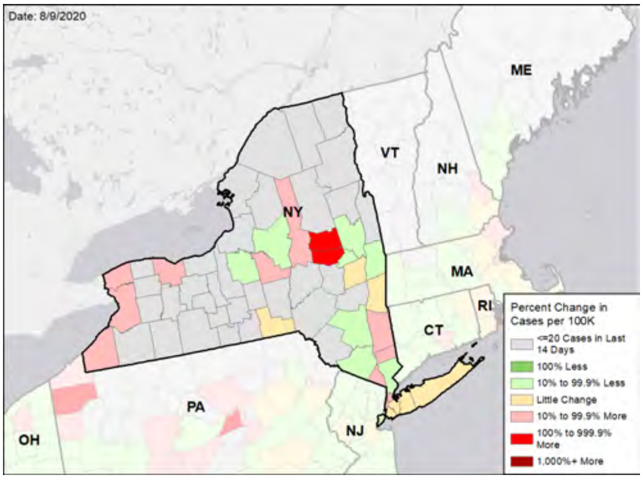
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
ME
VT
NH
NY
MA
RI
CT
PA
NJ
OH
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

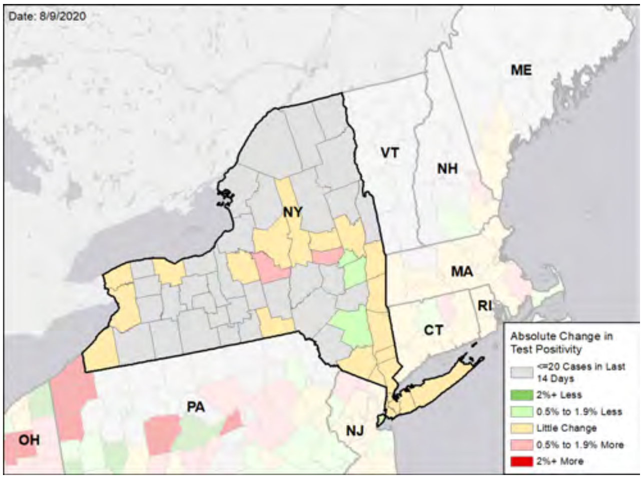
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
ME
VT
NH
NY
MA
RI
CT
PA
NJ
OH
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
ME
VT
NH
NY
MA
RI
CT
PA
NJ
OH
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
ME
VT
NH
NY
MA
RI
CT
PA
NJ
OH
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

NORTH CAROLINA

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SUMMARY

- North Carolina is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- North Carolina has seen a decrease in new cases and a decrease in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Mecklenburg County, 2. Wake County, and 3. Guilford County. These counties represent 27.2 percent of new cases in North Carolina.
- North Carolina had 102 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 3 to support operations activities from FEMA; 1 to support epidemiology activities from CDC; 7 to support operations activities from USCG; and 2 to support medical activities from VA.
- Between Aug 01 - Aug 07, on average, 105 patients with confirmed COVID-19 and 378 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in North Carolina. An average of 85 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Recommend strict adherence to guidance below for all yellow and red zone counties, closing public and commercial indoor spaces, and limiting indoor restaurant capacity to 25%.
- Continue targeted PSAs and public health messaging on face coverings, especially in touristed and yellow and red zone counties or metro areas.
- Increase messaging of the risk of infection and serious disease in the elderly, those with preexisting medical conditions, front-line workers, and those who suffer from inequities in social determinants of health.
- Monitor adherence to social distancing and face covering use closely, especially in public and commercial indoor settings in red and yellow zone counties. Use local data to urge local authorities to enforce mandates with fines for violations.
- Monitor case rates and test positivity closely and ensure vigorous contact tracing, with early quarantine and isolation. Continue efforts to ensure and expand safe housing for isolation and quarantine to all those who live in congregate settings or multigenerational households or are unable to isolate at home.
- Continue to allocate funding to public health labs to staff and run COVID testing 24/7, utilizing all platforms to reduce turnaround times.
- Pooled testing for groups as small as 2-3 people can be efficient for testing in populations with test positivity up to 15%; consider pooling specimens where testing is inadequate. Require all universities with suitable platforms to use their equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

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

NORTH CAROLINA

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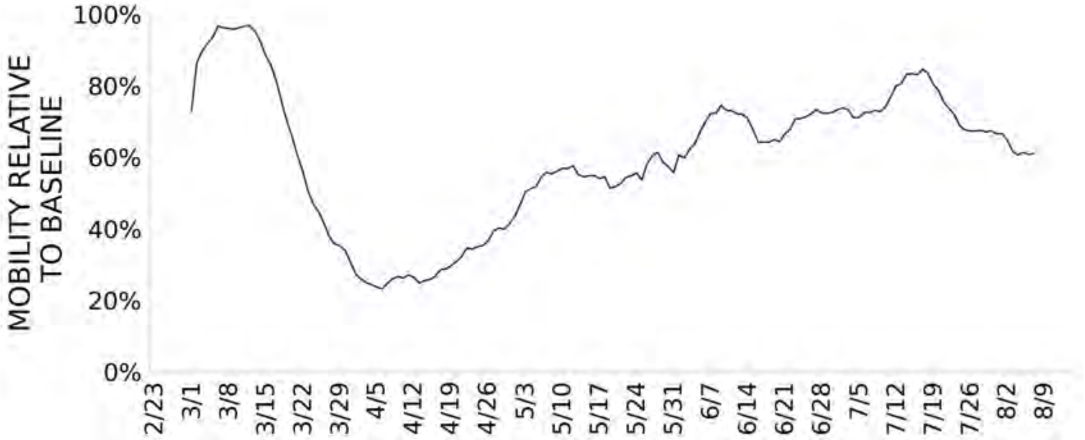
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	10,661 (102)	-19.0%	123,846 (185)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	8.0%	-1.1%*	12.2%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	157,014** (1,497)	-10.4%**	898,618** (1,343)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	211 (2)	+19.9%	2,438 (4)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	13.7%	+2.8%*	22.2%	12.1%

MOBILITY ▶



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* Indicates absolute change in percentage points.

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

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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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

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COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**9**	Fayetteville Lumberton Albemarle Myrtle Beach-Conway-North Myrtle Beach Marion Roanoke Rapids Sanford Elizabeth City Virginia Beach-Norfolk-Newport News	**25** **Top 12 shown (full list below)**	Charlotte-Concord-Gastonia Raleigh-Cary Greensboro-High Point Durham-Chapel Hill Winston-Salem Hickory-Lenoir-Morganton Asheville Wilmington Greenville Burlington Rocky Mount Shelby
COUNTY LAST WEEK	**22** **Top 12 shown (full list below)**	Cumberland Johnston Robeson Rowan Stanly McDowell Lee Haywood Columbus Montgomery Davie Bladen	**55** **Top 12 shown (full list below)**	Mecklenburg Wake Guilford Durham Gaston Forsyth Union Pitt Alamance New Hanover Cabarrus Catawba

All Yellow CBSAs: Charlotte-Concord-Gastonia, Raleigh-Cary, Greensboro-High Point, Durham-Chapel Hill, Winston-Salem, Hickory-Lenoir-Morganton, Asheville, Wilmington, Greenville, Burlington, Rocky Mount, Shelby, Jacksonville, Wilson, Goldsboro, Pinehurst-Southern Pines, Mount Airy, Forest City, New Bern, Cullowhee, Washington, Morehead City, Henderson, North Wilkesboro, Rockingham

All Red Counties: Cumberland, Johnston, Robeson, Rowan, Stanly, McDowell, Lee, Haywood, Columbus, Montgomery, Davie, Bladen, Hertford, Pasquotank, Yadkin, Alleghany, Chowan, Bertie, Washington, Perquimans, Jones, Pamlico

All Yellow Counties: Mecklenburg, Wake, Guilford, Durham, Gaston, Forsyth, Union, Pitt, Alamance, New Hanover, Cabarrus, Catawba, Cleveland, Onslow, Iredell, Randolph, Caldwell, Henderson, Nash, Harnett, Wilson, Davidson, Burke, Lincoln, Wayne, Moore, Franklin, Surry, Rutherford, Duplin, Granville, Halifax, Edgecombe, Chatham, Hoke, Pender, Craven, Rockingham, Beaufort, Sampson, Carteret, Cherokee, Vance, Wilkes, Richmond, Stokes, Alexander, Macon, Anson, Northampton, Greene, Polk, Swain, Graham, Camden

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

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

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

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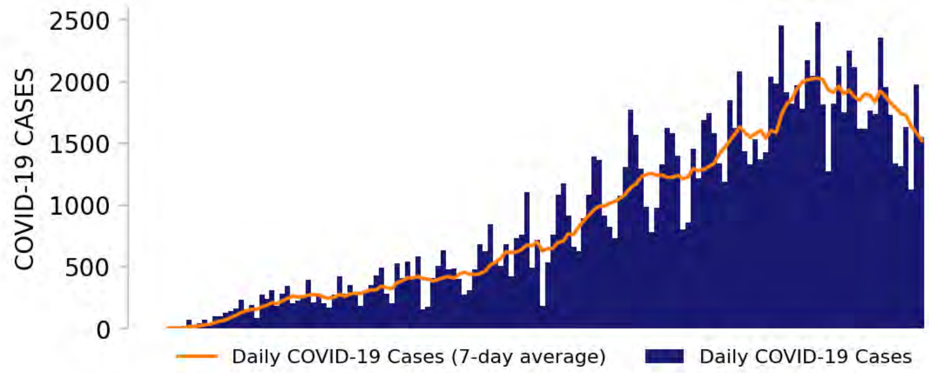
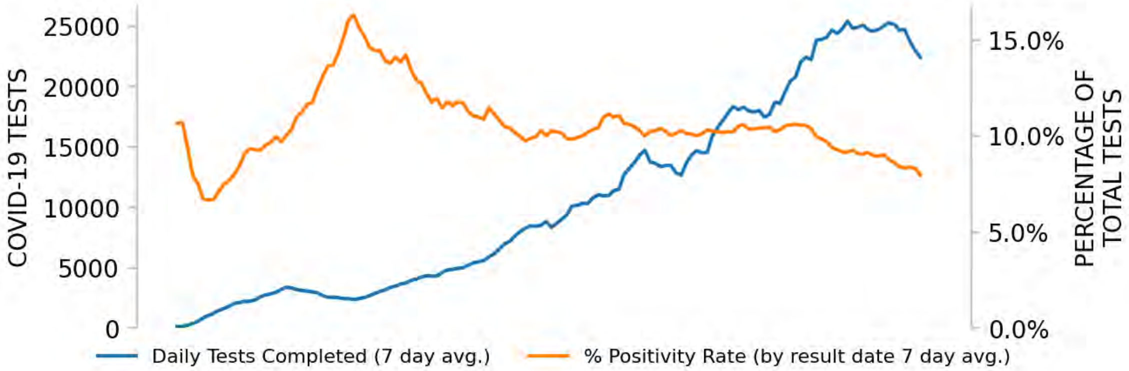
NEW CASES ▶

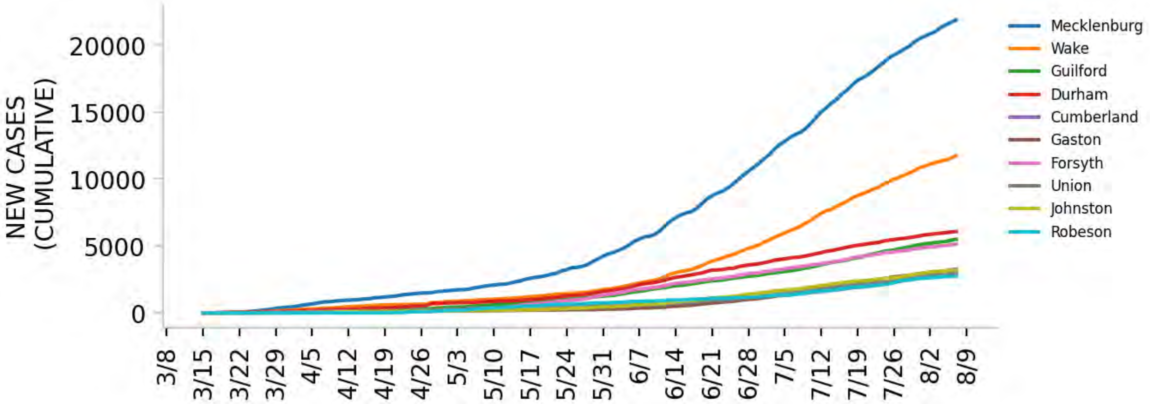


TESTING ▶



TOP COUNTIES ▶

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)



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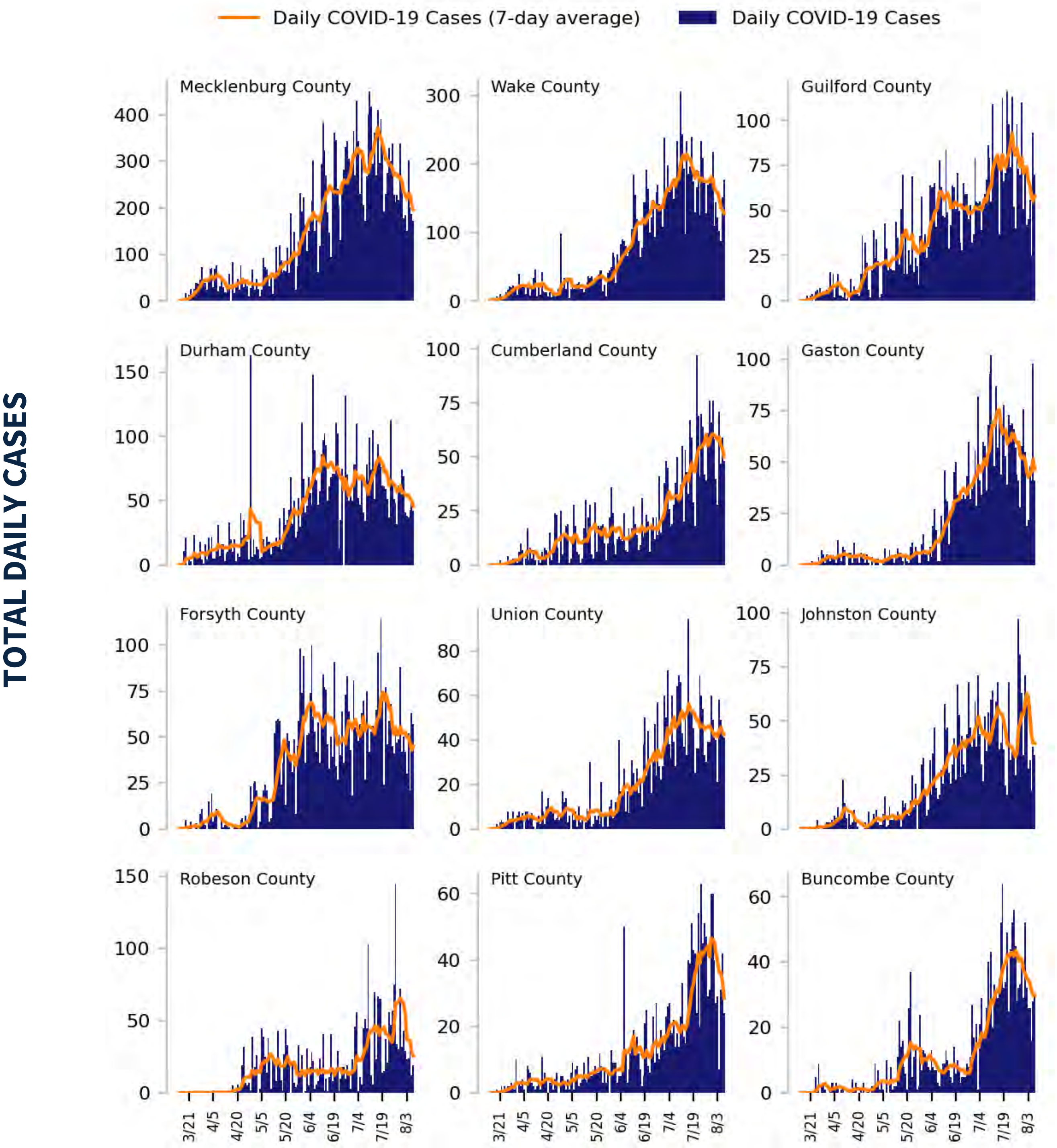
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

NORTH CAROLINA

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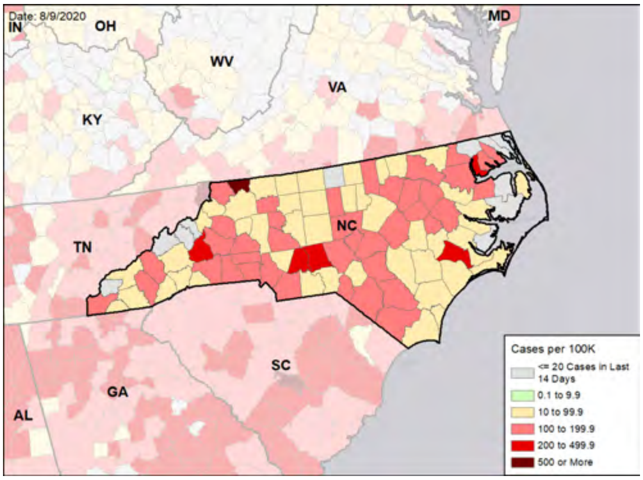
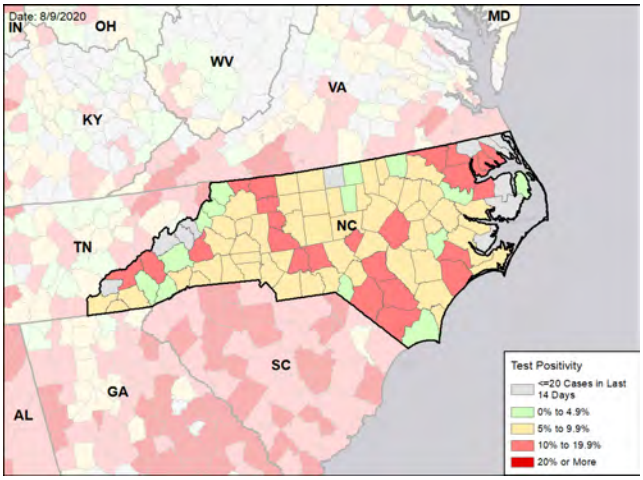
CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

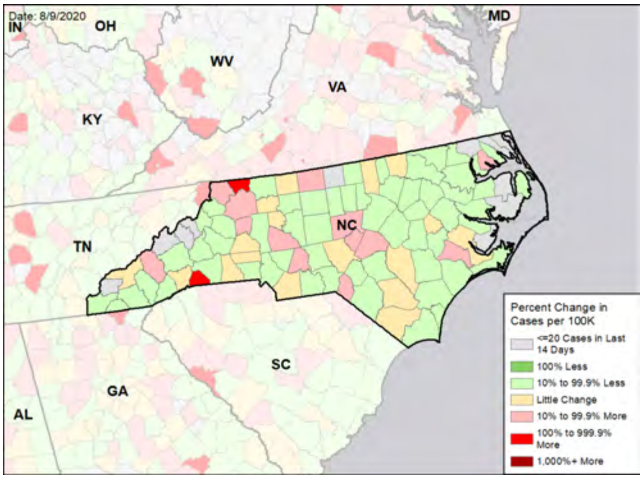
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
IN
OH
MD
WV
VA
KY
NC
TN
SC
GA
AL
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

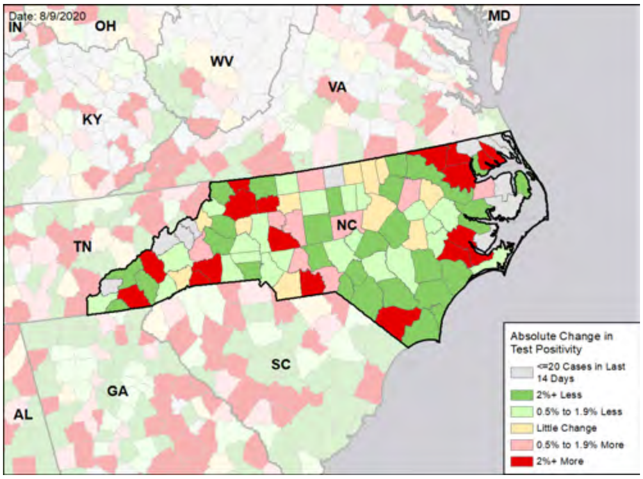
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
IN
OH
MD
WV
VA
KY
NC
TN
SC
GA
AL
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
IN
OH
MD
WV
VA
KY
NC
TN
SC
GA
AL
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

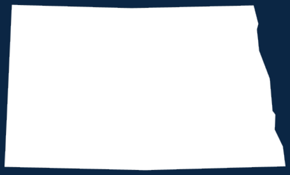
WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
IN
OH
MD
WV
VA
KY
NC
TN
SC
GA
AL
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.



NORTH DAKOTA

STATE REPORT | 08.09.2020

SUMMARY

- North Dakota is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week. Test positivity is unavailable this week due to incomplete data.
- North Dakota has seen stability in new cases over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Burleigh County, 2. Cass County, and 3. Morton County. These counties are the urban centers and represent 46.9 percent of new cases in North Dakota.
- Cases continued to increase in several other counties in North Dakota last week, with Benson County continuing to report a high incidence and neighboring Ramsey County showing a sharp increase.
- North Dakota had 113 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- Between Aug 01 - Aug 07, on average, 10 patients with confirmed COVID-19 and 15 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in North Dakota. An average of 77 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and schools. The efforts to expand testing for university students in ND are noted and commended.
- Consider restrictions on occupancy and operating hours of bars and restaurants, and on gathering sizes in counties with continued increase in cases.
- Continue scale-up of contact tracing.
- Continue intensive testing as is being done; routinely monitor testing data to identify additional sites of increased transmission and focus public health resources on those areas.
- Continue weekly testing of all workers in assisted living and long-term care facilities and require masks and social distancing for all visitors.
- Protect those in nursing homes and long-term care facilities by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19. Address staff and supply shortages. Ensure social distancing and universal facemask use.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

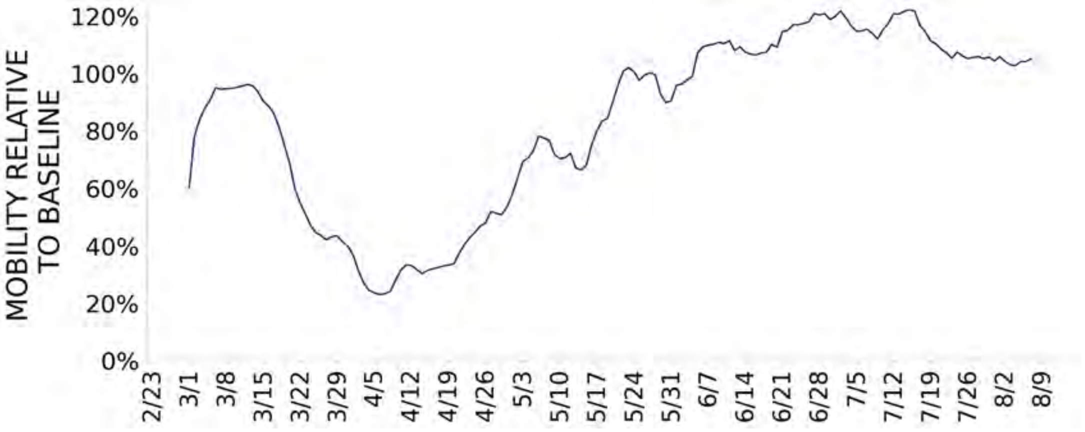
** Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state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

NORTH DAKOTA

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	858 (113)	+0.4%	8,867 (72)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	N/A	N/A*	5.6%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	36,023** (4,727)	+14.9%**	177,074** (1,444)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	7 (1)	+75.0%	86 (1)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	13.0%	-0.9%*	4.9%	12.1%

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Data were incomplete for this time period and percent positivity cannot be calculated.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

NORTH DAKOTA

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

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

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

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

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible. Data were incomplete for this time period and percent positivity cannot be calculated.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

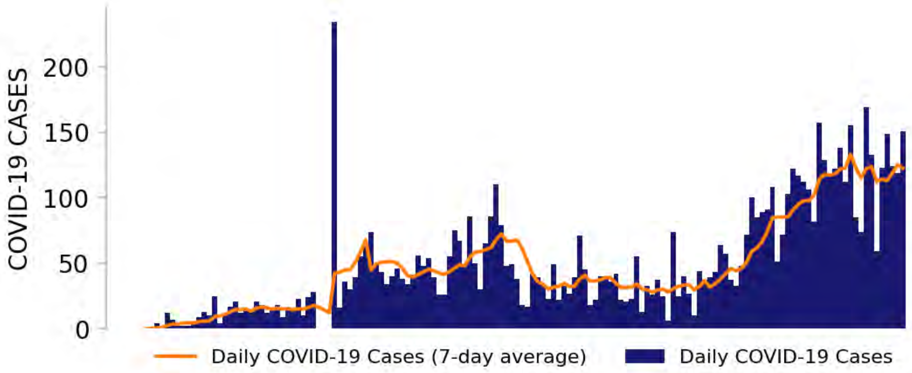
Testing

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

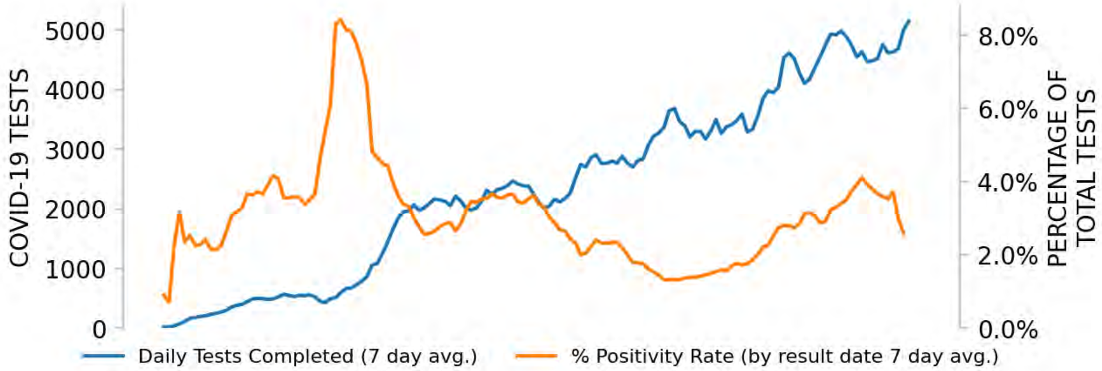
NORTH DAKOTA

STATE REPORT | 08.09.2020

NEW CASES

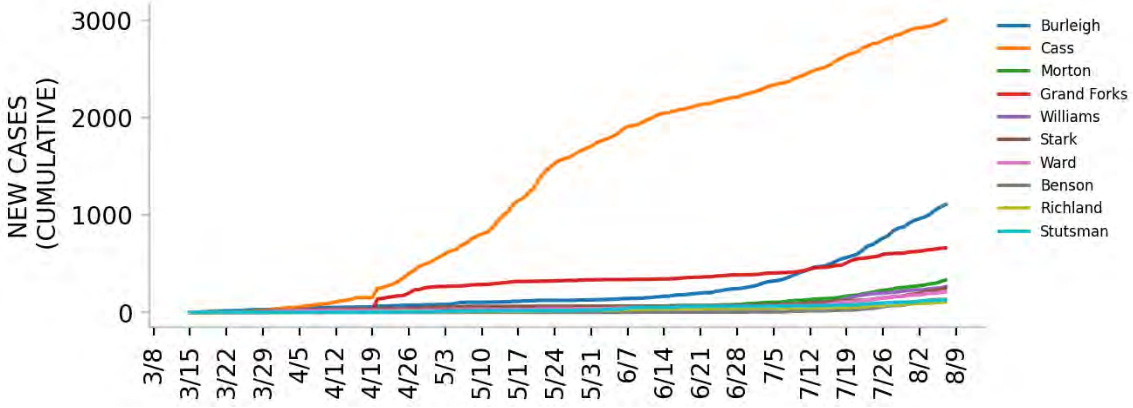


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)

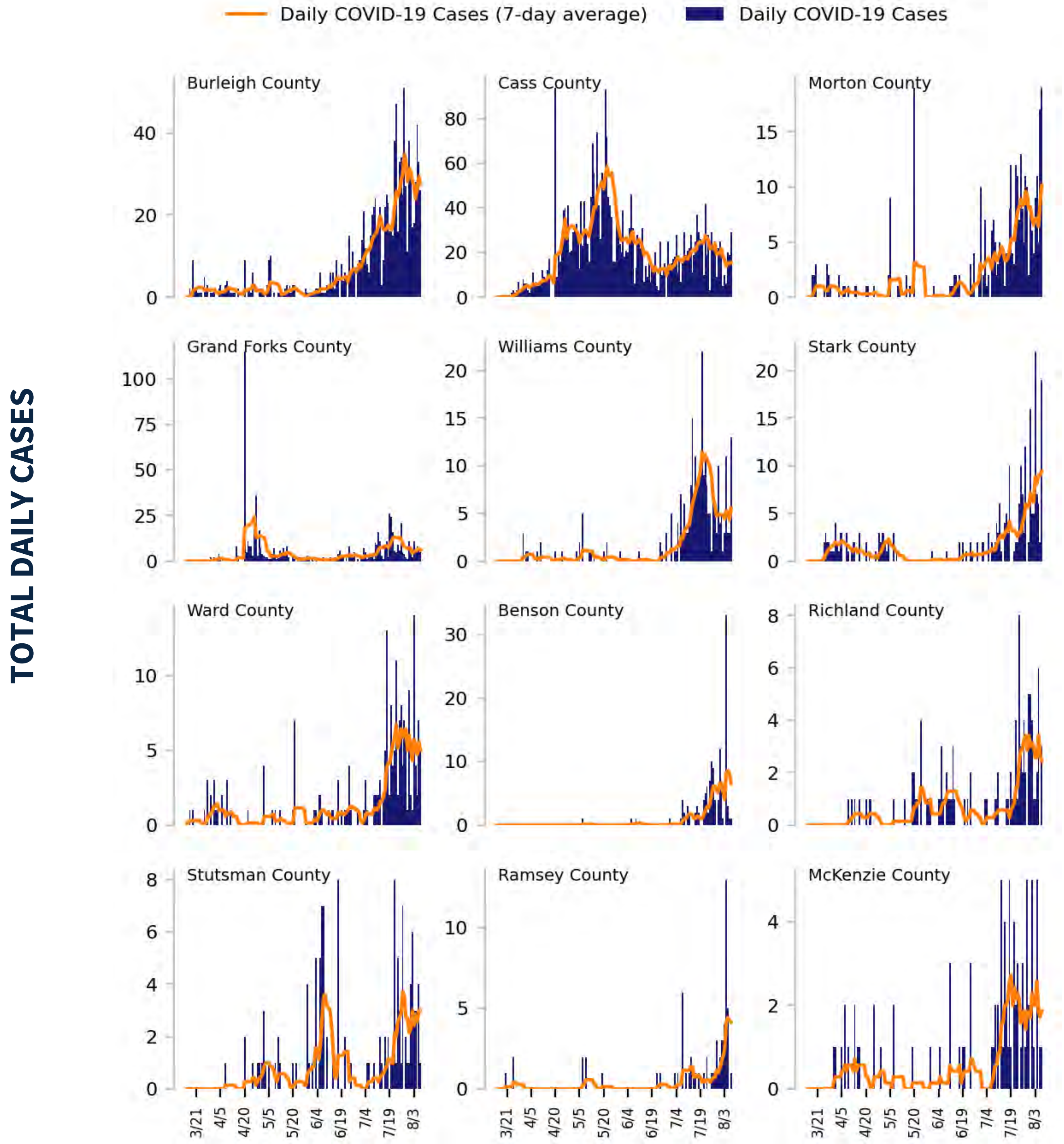


DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Data were incomplete for this time period and percent positivity cannot be calculated.

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



DATA SOURCES

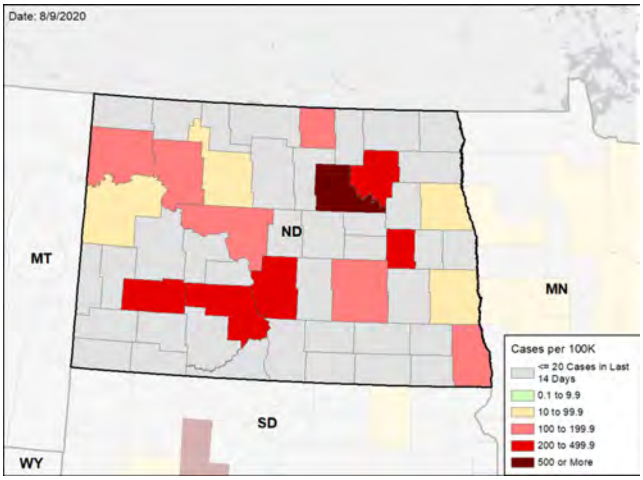
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

NORTH DAKOTA

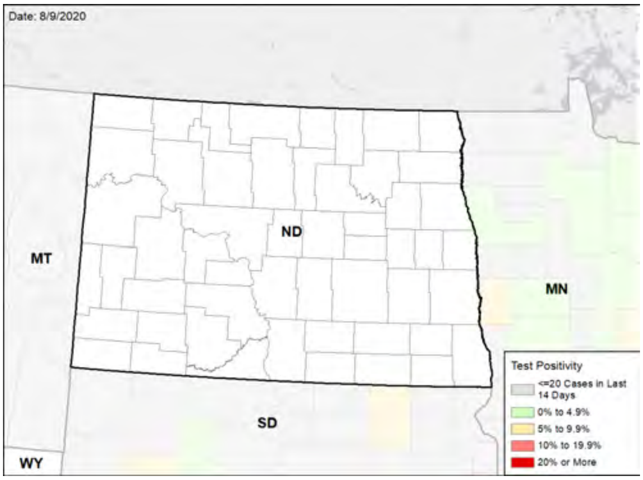
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

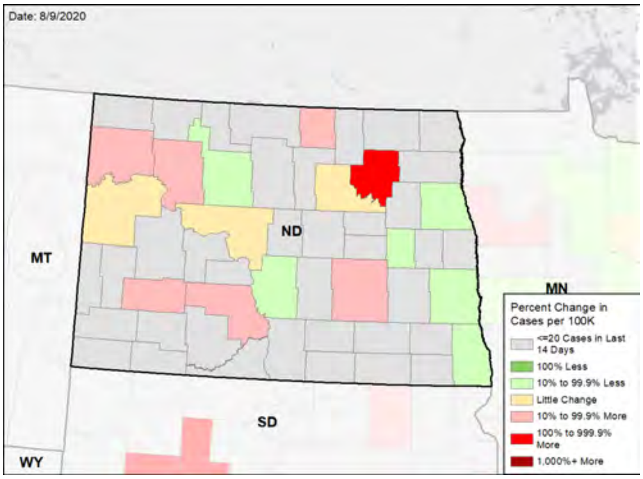
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
ND
MT
MN
SD
WY
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

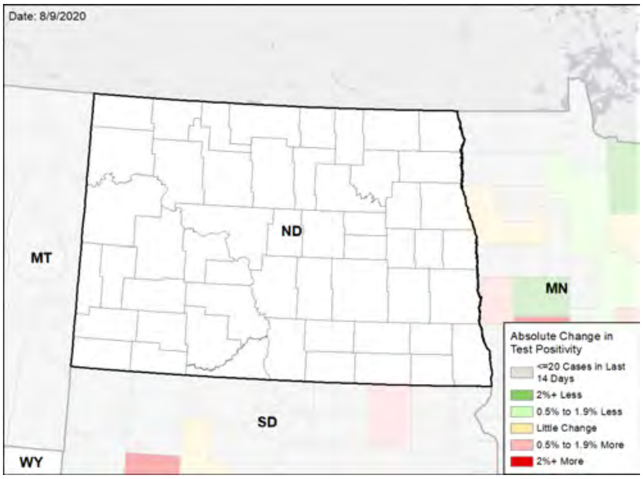
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
ND
MT
MN
SD
WY
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
ND
MT
MN
SD
WY
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
ND
MT
MN
SD
WY
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible. Data were incomplete for this time period and percent positivity cannot be calculated.

OHIO

STATE REPORT | 08.09.2020

SUMMARY

- Ohio is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- Ohio has seen a decrease in new cases and a decrease in test positivity over the past week, demonstrating the early evidence of the impact of the increased mitigation efforts.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Franklin County, 2. Cuyahoga County, and 3. Lucas County. These counties represent 36.2 percent of new cases in Ohio.
- COVID-19 is widely distributed throughout the state, from large to small metros and in rural communities.
- Ohio had 64 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 11 to support operations activities from FEMA and 4 to support operations activities from USCG.
- Between Aug 01 - Aug 07, on average, 122 patients with confirmed COVID-19 and 549 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Ohio. An average of 88 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue protecting those in nursing homes, assisted living, and long-term care facilities by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19. Ensure social distancing and universal facemask use. Any nursing homes with 3 or more cases of COVID in the last 3 weeks should have mandatory inspection surveys conducted. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support routine testing.
- Continue the statewide mask mandate.
- Close establishments where social distancing and mask use cannot occur, such as bars, nightclubs, and entertainment venues in hotspots.
- Move to outdoor dining and limit indoor dining to less than 25% of normal capacity in hotspots.
- Ask citizens to limit social gatherings to 10 or fewer people.
- Encourage individuals that have participated in any large social gatherings to get tested.
- Increase messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Continue the scale-up of testing, moving to community-led neighborhood testing.
- Ensure the identification of asymptomatic cases.
- Encourage the self-isolation of those returning from vacation away from vulnerable family members or the use of masks indoors and social distance.
- Work with local communities to implement and provide clear guidance for households that test positive, including on individual isolation and quarantining procedures.
- Excellent Public Health advisory system based on clear metrics; this is a best practice.
- Continue to enhance contact tracing and ensure the ability of cases and contacts to quarantine or isolate safely.
- Monitor testing data to identify additional sites of increased transmission and focus public health resources on them.
- Ensure every public health lab is fully staffed and running 24/7, utilizing all platforms to reduce turnaround times. Institute 4:1 pooling of test specimens on all high throughput machines as long as turnaround times are greater than 36 hours. For families and cohabiting households, screen entire households in a single test by pooling specimens.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

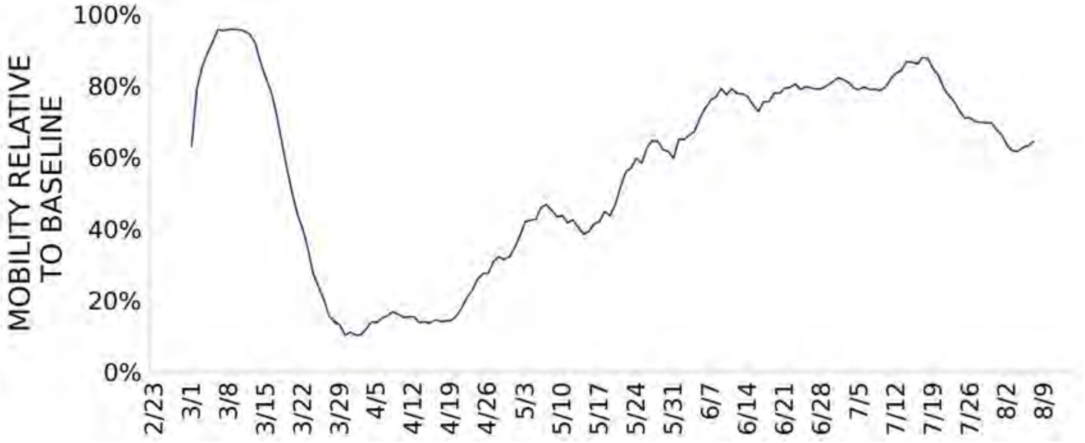
** Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state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

OHIO

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	7,517 (64)	-20.1%	40,786 (78)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	5.4%	-0.6%*	5.4%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	149,852** (1,282)	-6.9%**	950,374** (1,809)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	167 (1)	-12.6%	499 (1)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	8.2%	-0.2%*	7.1%	12.1%

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

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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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

OHIO

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**2**	Celina Urbana	**21** **Top 12 shown (full list below)**	Columbus Cincinnati Toledo Akron Youngstown-Warren-Boardman Canton-Massillon Lima Chillicothe Findlay Sandusky Salem Fremont
COUNTY LAST WEEK	**2**	Mercer Champaign	**40** **Top 12 shown (full list below)**	Franklin Lucas Summit Butler Warren Licking Fairfield Wood Stark Delaware Trumbull Lake

All Yellow CBSAs: Columbus, Cincinnati, Toledo, Akron, Youngstown-Warren-Boardman, Canton-Massillon, Lima, Chillicothe, Findlay, Sandusky, Salem, Fremont, Tiffin, Wooster, Portsmouth, Mount Vernon, Wapakoneta, Zanesville, Sidney, Defiance, Washington Court House
All Yellow Counties: Franklin, Lucas, Summit, Butler, Warren, Licking, Fairfield, Wood, Stark, Delaware, Trumbull, Lake, Allen, Ross, Miami, Hancock, Medina, Greene, Erie, Portage, Columbiana, Sandusky, Seneca, Wayne, Scioto, Ottawa, Knox, Auglaize, Pickaway, Madison, Muskingum, Shelby, Highland, Preble, Jefferson, Defiance, Perry, Fayette, Putnam, Pike

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.
Yellow Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the "Red Zone."
Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

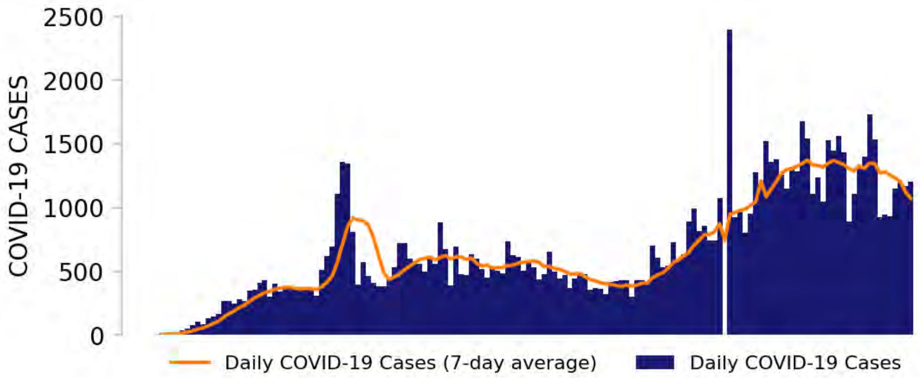
Testing

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

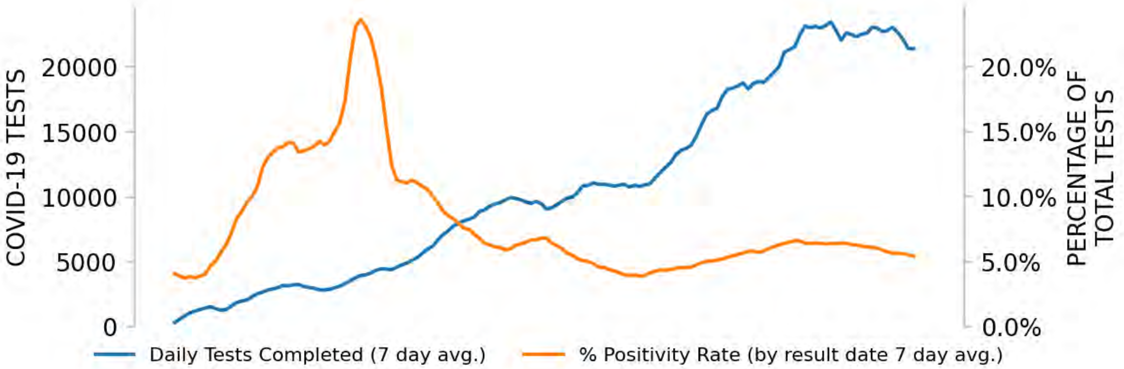
OHIO

STATE REPORT | 08.09.2020

NEW CASES

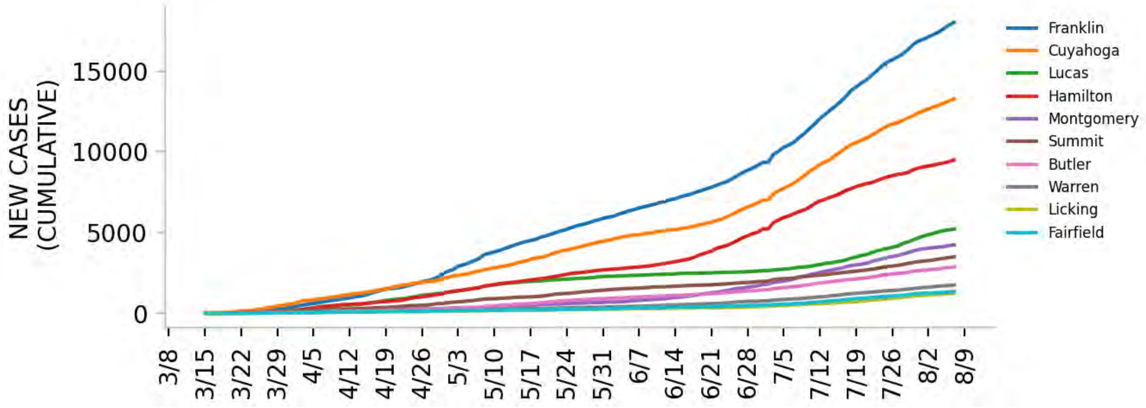


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)

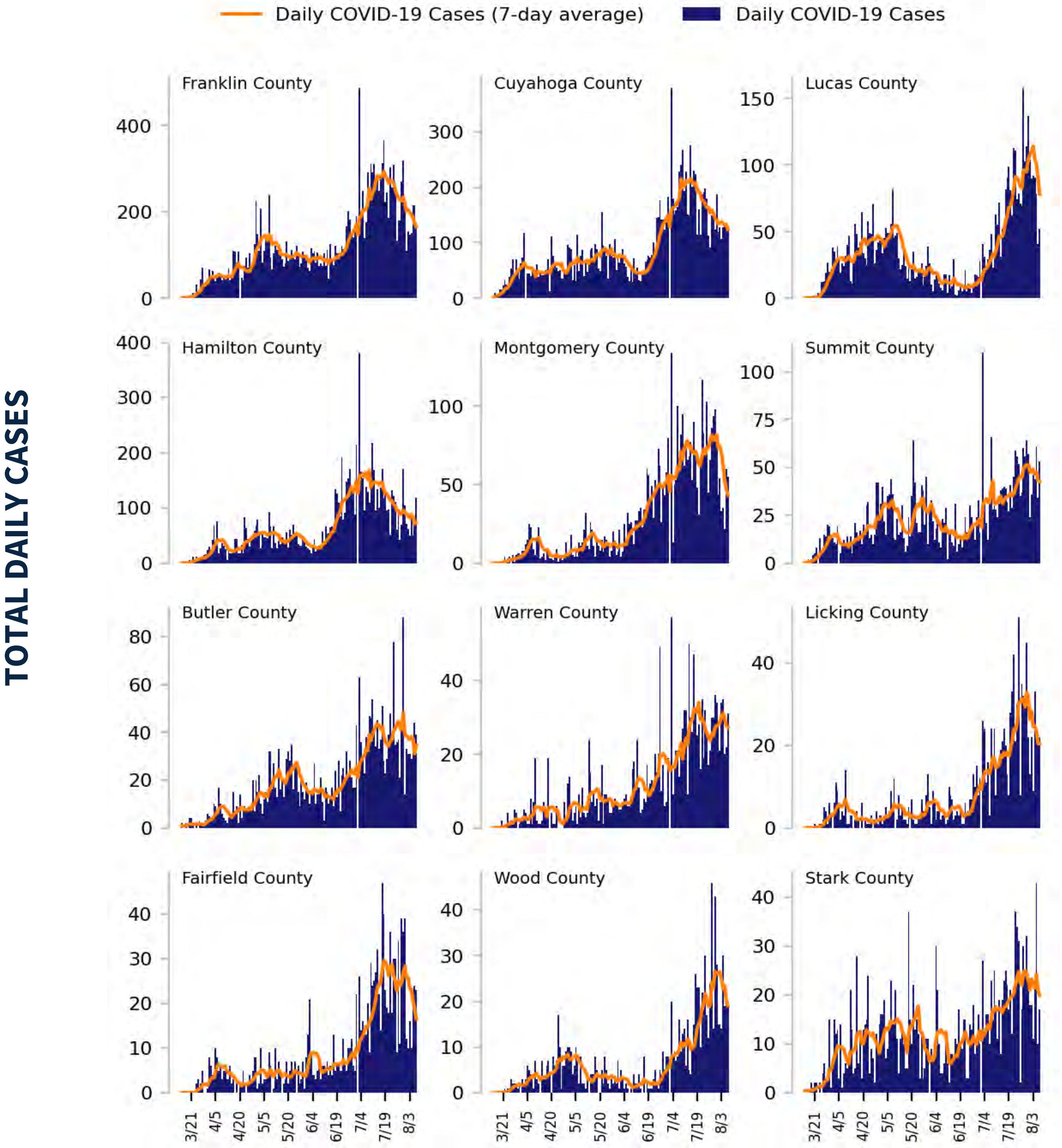


DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

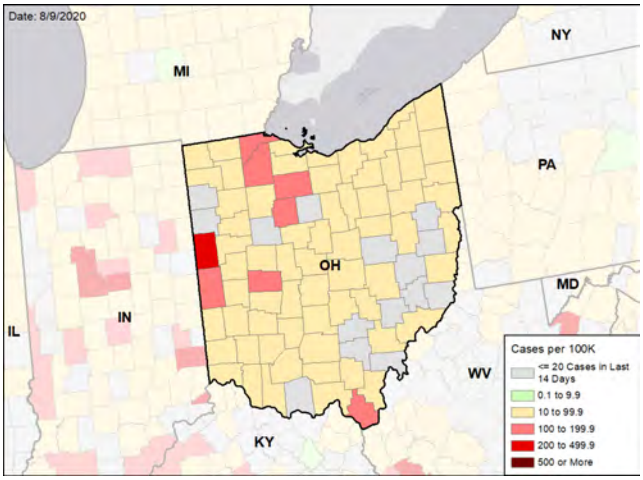
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

OHIO

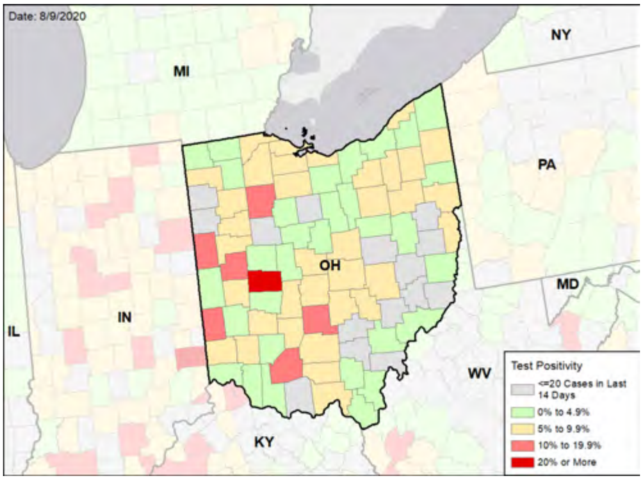
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

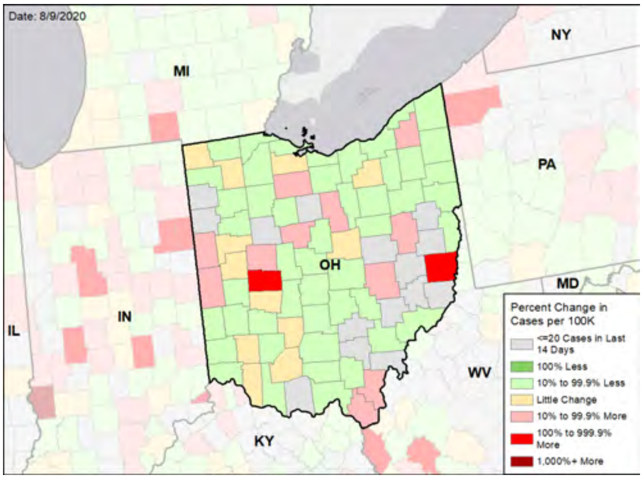
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
NY
MI
PA
OH
MD
IN
IL
WV
KY
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

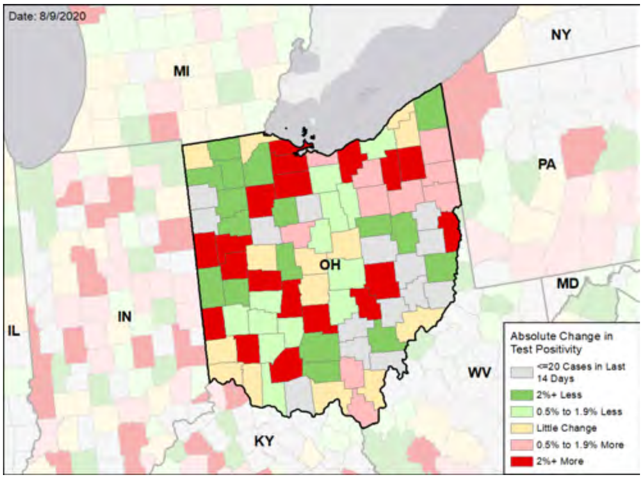
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
NY
MI
PA
OH
MD
IN
IL
WV
KY
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
NY
MI
PA
OH
MD
IN
IL
WV
KY
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
NY
MI
PA
OH
MD
IN
IL
WV
KY
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

OKLAHOMA

STATE REPORT | 08.09.2020

SUMMARY

- Oklahoma is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- Oklahoma has seen a decrease in new cases and stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Oklahoma County, 2. Tulsa County, and 3. Cleveland County. These counties represent 53.9 percent of new cases in Oklahoma.
- Oklahoma had 146 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 5 to support operations activities from FEMA and 1 to support epidemiology activities from CDC.
- Between Aug 01 - Aug 07, on average, 55 patients with confirmed COVID-19 and 74 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oklahoma. An average of 54 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Require mask usage statewide. Identify mechanisms to assess compliance with local regulations.
- Close establishments where social distancing and mask use cannot occur, such as bars, nightclubs, and entertainment venues.
- Limit indoor dining capacity at restaurants to 25% and expand outdoor dining until cases and test positivity decrease.
- In red zones, limit the size of social gatherings to 10 or fewer people; in yellow zones, limit social gatherings to 25 or fewer people.
- Message to residents that if they vacation in an area with low COVID prevalence and have come from an area with high COVID prevalence, they should: remain socially distanced, stay masked in all public spaces, and avoid all indoor gatherings where social distancing and masks cannot be maintained.
- Any nursing homes with 3 or more cases of COVID in the last 3 weeks should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population. Protect vulnerable populations in assisted living and long-term care facilities through weekly testing of all workers and requiring masks. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place.
- Providing timely test results to individuals so they can isolate and stop the spread is critical. Implement the following to increase testing capacity and decrease turnaround times:
  - (1) For family and cohabitating households, screen entire households in a single test by pooling a sample of each member's specimen. For households that test positive, isolate and conduct follow-up individual tests.
  - (2) Expand testing capacity in public health labs by adding shifts, including weekend shifts, to reduce turnaround times.
  - (3) Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Increase messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Expand public messaging to younger demographics, using social media and other messaging platforms, to communicate changes in the local epidemic and appropriate actions that should be adopted.
- Continue ongoing efforts to build contact tracing capabilities (e.g., increase staff, training, and funding), with a focus on communities with increasing cases.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

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

OKLAHOMA

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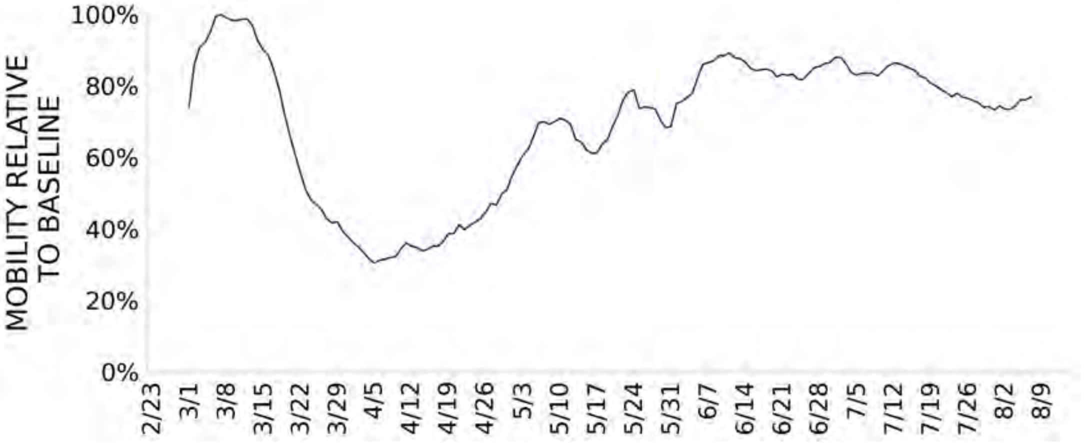
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	**5,779 (146)**	**-21.5%**	**76,858 (180)**	**375,035 (114)**
DIAGNOSTIC TEST POSITIVITY RATE	**9.8%**	**+0.0%***	**11.4%**	**7.1%**
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	**31,818** (804)**	**-4.4%****	**303,878** (711)**	**4,863,237** (1,482)**
COVID DEATHS (RATE PER 100,000)	**59 (1)**	**+3.5%**	**1,883 (4)**	**7,261 (2)**
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	**8.1%**	**+1.6%***	**21.3%**	**12.1%**

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

OKLAHOMA

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COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**8**	Tulsa Altus Enid Tahlequah Muskogee Shawnee Fort Smith McAlester	**8**	Oklahoma City Lawton Durant Miami Ardmore Weatherford Duncan Guymon
COUNTY LAST WEEK	**19** **Top 12 shown (full list below)**	Tulsa Rogers Jackson Garfield Cherokee Muskogee Pottawatomie Sequoyah Le Flore Pittsburg McCurtain Caddo	**24** **Top 12 shown (full list below)**	Oklahoma Cleveland Canadian Wagoner Creek Okmulgee Comanche Bryan Ottawa Osage Mayes McClain

All Red Counties: Tulsa, Rogers, Jackson, Garfield, Cherokee, Muskogee, Pottawatomie, Sequoyah, Le Flore, Pittsburg, McCurtain, Caddo, Adair, Hughes, Lincoln, McIntosh, Pushmataha, Kingfisher, Latimer
All Yellow Counties: Oklahoma, Cleveland, Canadian, Wagoner, Creek, Okmulgee, Comanche, Bryan, Ottawa, Osage, Mayes, McClain, Delaware, Grady, Carter, Custer, Logan, Stephens, Garvin, Marshall, Craig, Texas, Choctaw, Haskell

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.
Yellow Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the "Red Zone."
Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

Testing

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

OKLAHOMA

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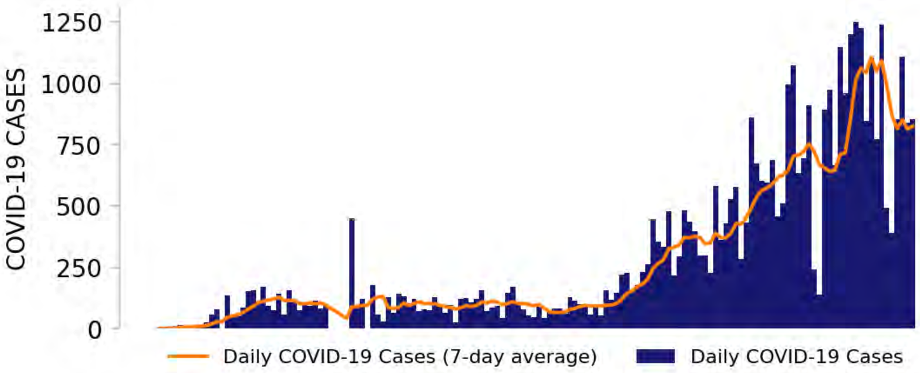
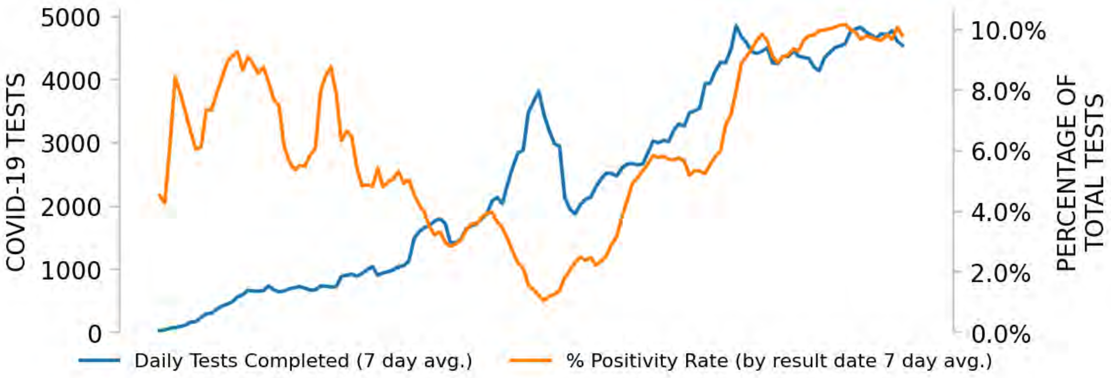
NEW CASES

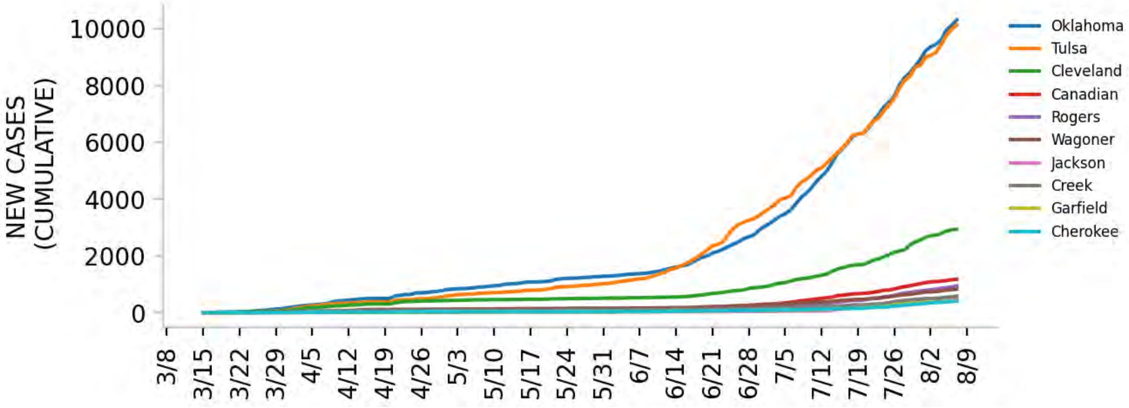


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)

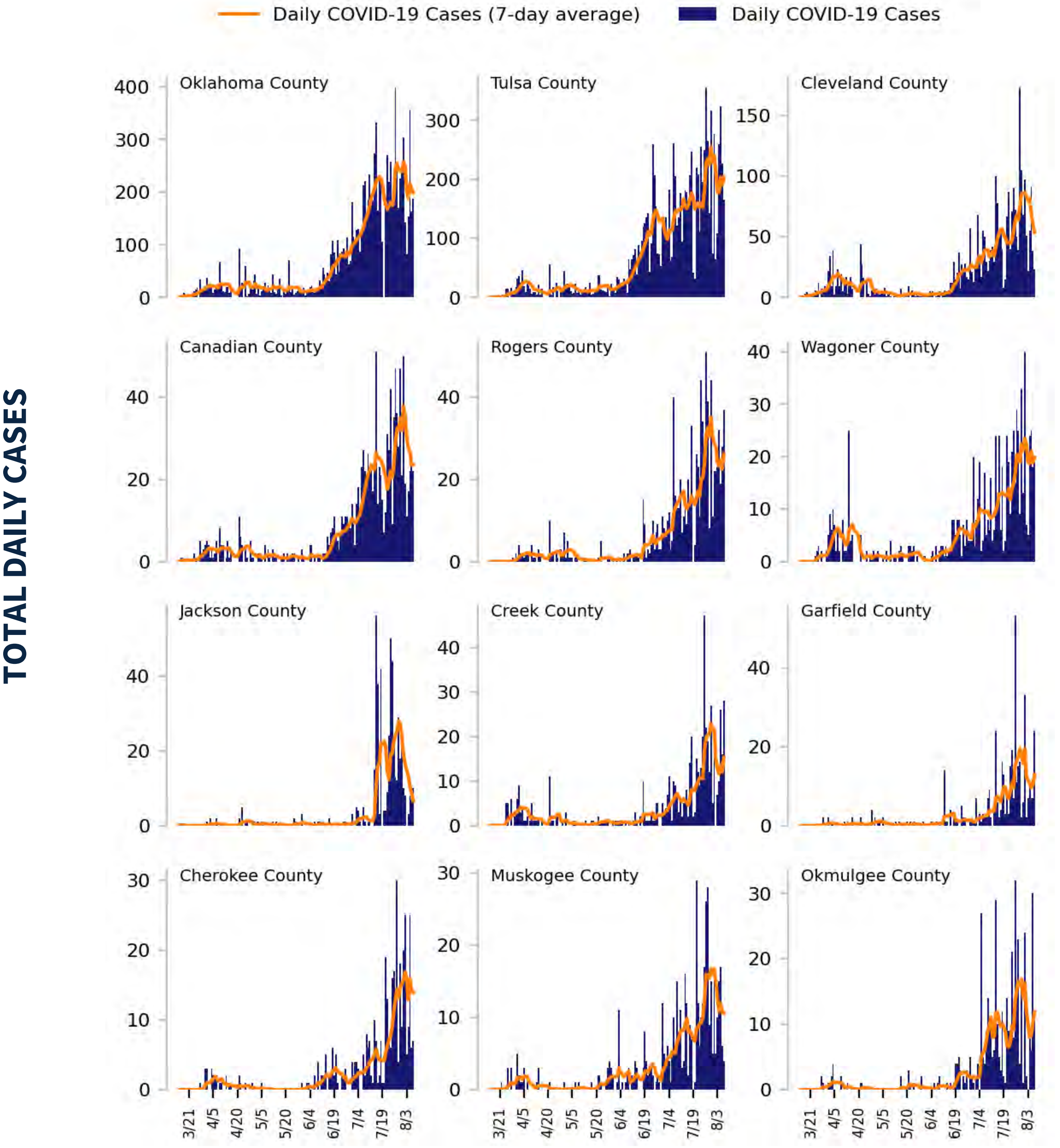


DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020.

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



DATA SOURCES

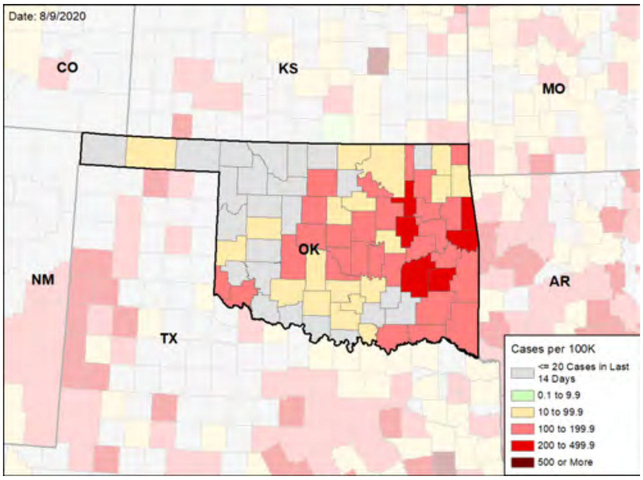
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

OKLAHOMA

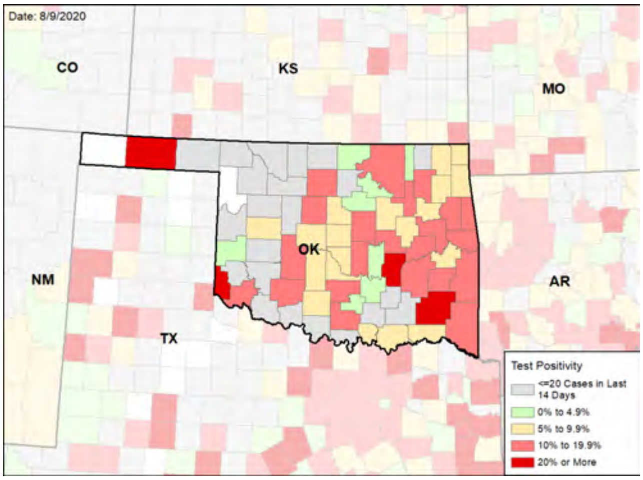
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

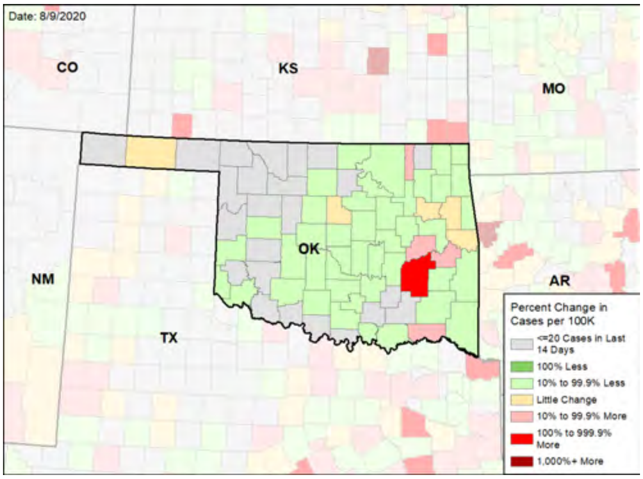
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
CO
KS
MO
OK
NM
AR
TX
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

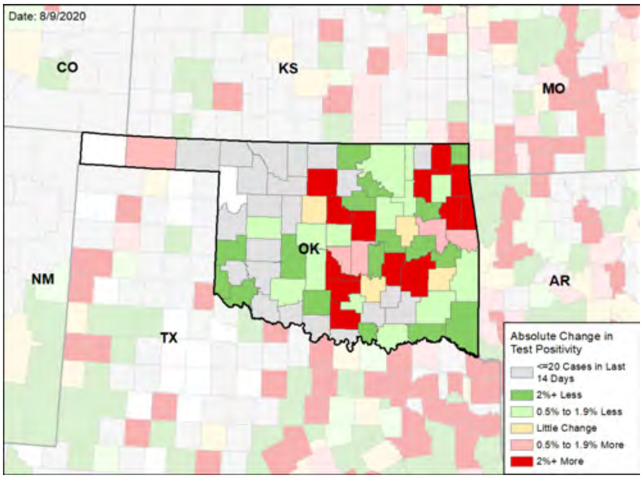
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
CO
KS
MO
OK
NM
AR
TX
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
CO
KS
MO
OK
NM
AR
TX
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
CO
KS
MO
OK
NM
AR
TX
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

OREGON

STATE REPORT | 08.09.2020

SUMMARY

- Oregon is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- Oregon has seen a decrease in new cases and a decrease in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Multnomah County, 2. Umatilla County, and 3. Washington County. These counties represent 49.1 percent of new cases in Oregon.
- Oregon had 51 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 28 to support operations activities from FEMA; 5 to support operations activities from USCG; and 20 to support operations activities from VA.
- Between Aug 01 - Aug 07, on average, 13 patients with confirmed COVID-19 and 118 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oregon. An average of 84 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Implement all recommendations for yellow and red zone localities as described below, with focus on the Hermiston-Pendleton and Ontario metro areas and in Umatilla, Morrow, Malheur, Marion, Yamhill, and Jefferson counties.
- Maintain requirement for face coverings in all indoor settings outside of the home and where physical distancing is not possible. Monitor and enforce requirement in above counties.
- Develop targeted public health messaging to groups most at-risk for COVID infection and severe disease, including agricultural workers.
- Ensure all crowded indoor workplaces are practicing social distancing and the use of face coverings; consider use of fines for non-compliance.
- Intensify contact tracing, with early quarantine and isolation, in above counties with elevated or increasing transmission.
- Wide-scale pooled testing for groups as small as 2-3 people can be efficient in populations with test positivity as high as 15%; where testing capacity is limited or turnaround times long, consider pooled testing as described below to increase access and reduce turnaround times.
- Tribal Nations: Continue to promote social distancing and face covering recommendations. Develop specific culturally relevant education and public health messaging. Pooled testing should be instituted for multigenerational households. Spaces to provide quarantine of contacts and isolation of cases should be provided as needed.
- If it is not fully utilized by hospital patients and staff, ensure that all hospital testing capacity is being used to support additional community, nursing home, and school (K-12) 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.

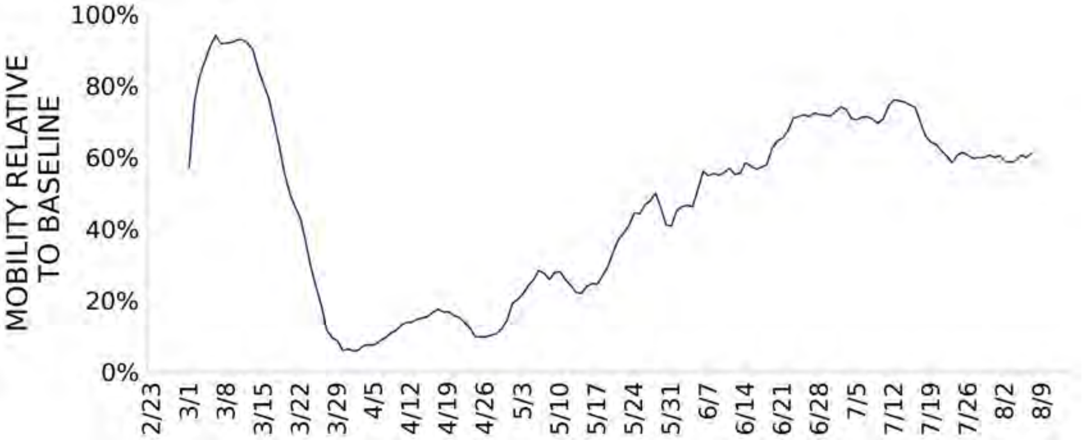
** Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state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

OREGON

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	2,143 (51)	-10.3%	11,708 (82)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	4.4%	-0.6%*	6.5%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	55,432** (1,314)	+1.0%**	190,248** (1,326)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	30 (1)	-23.1%	183 (1)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	3.6%	-0.5%*	7.6%	12.1%

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

OREGON

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	2	Hermiston-Pendleton Ontario	2	Salem The Dalles
COUNTY LAST WEEK	3	Umatilla Malheur Morrow	4	Marion Yamhill Jefferson Wasco

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

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

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

OREGON

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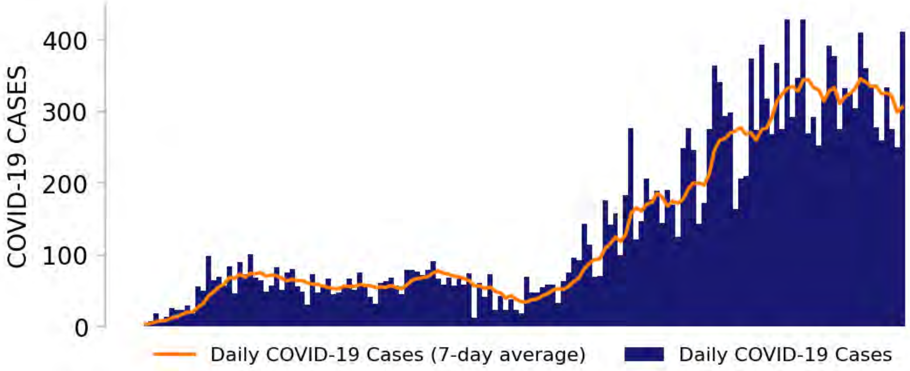
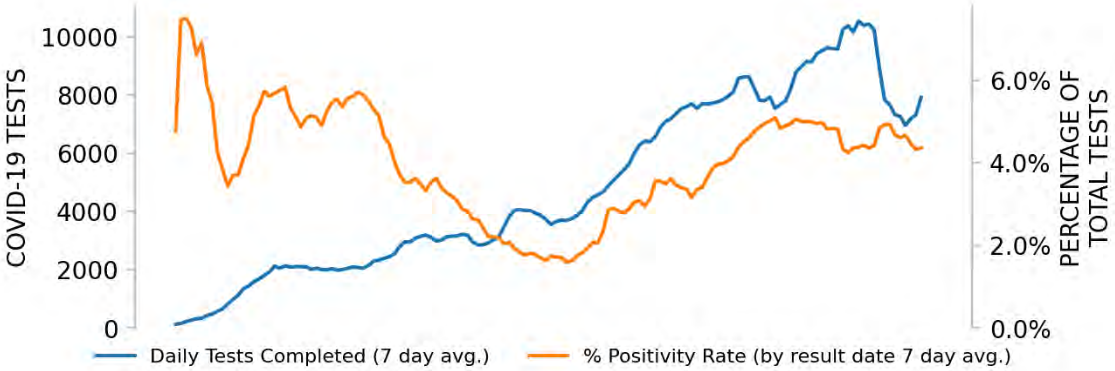
NEW CASES

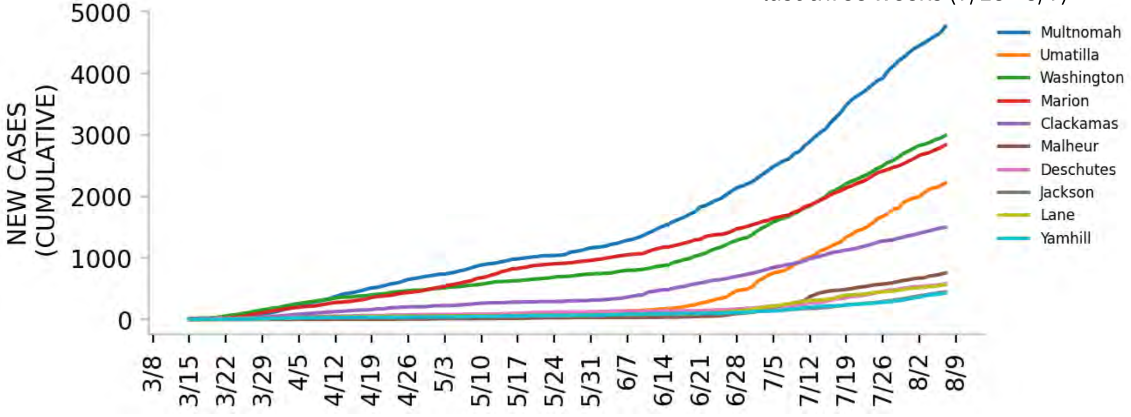


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)

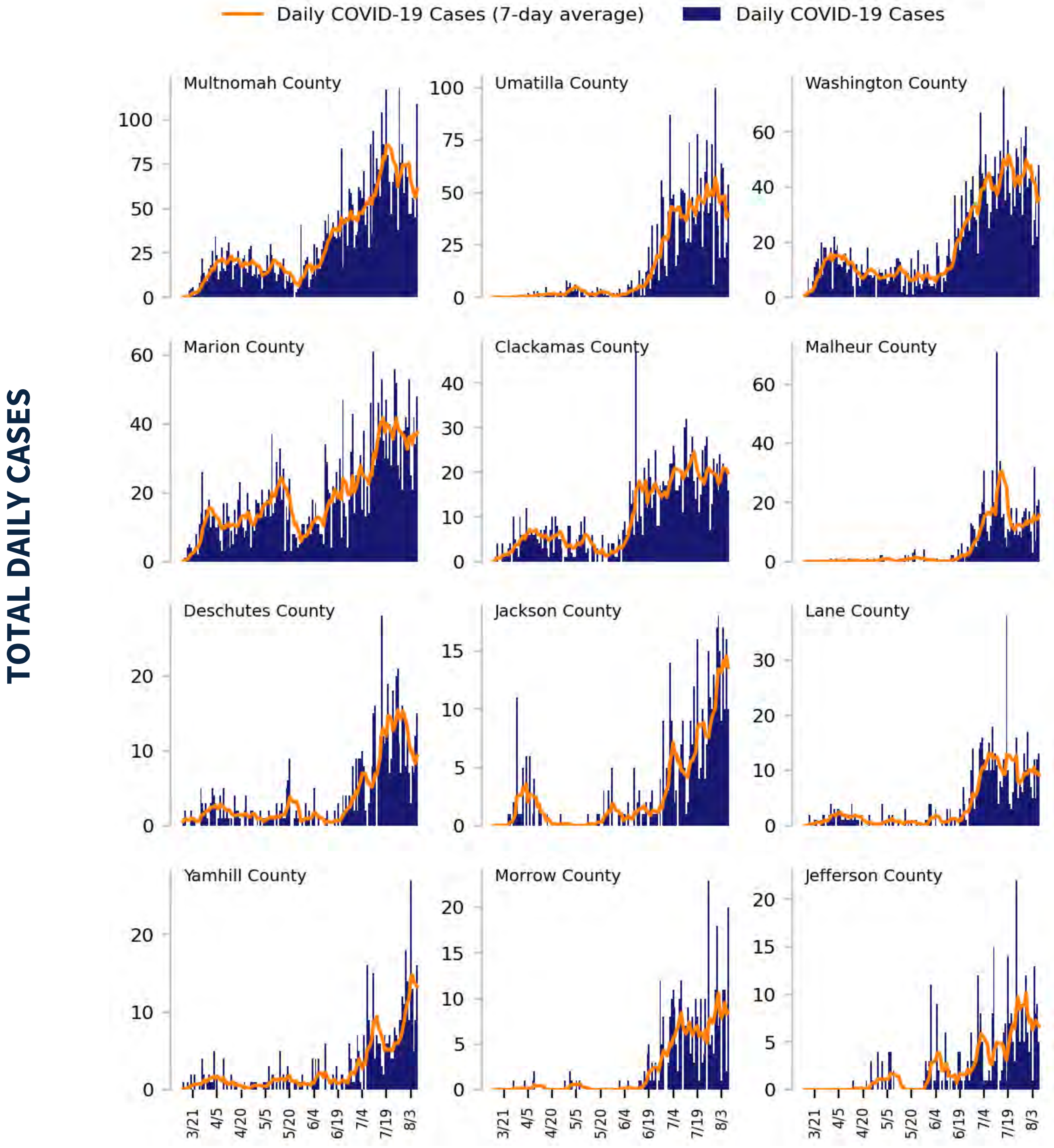


DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

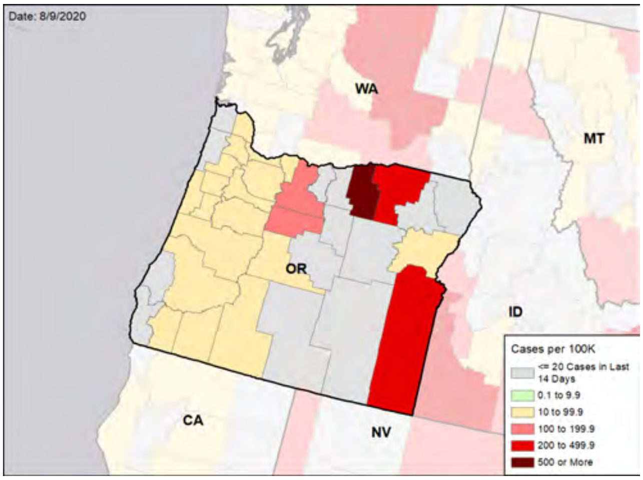
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

OREGON

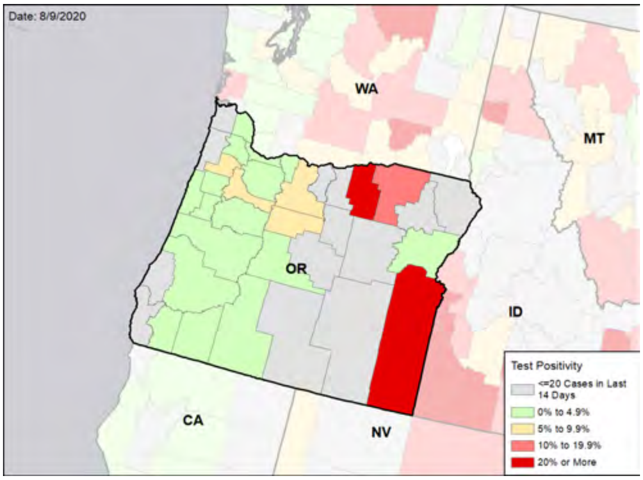
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

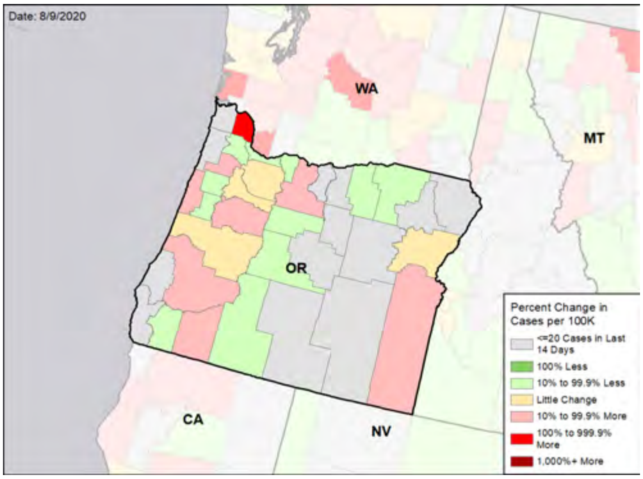
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
WA
MT
OR
ID
CA
NV
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

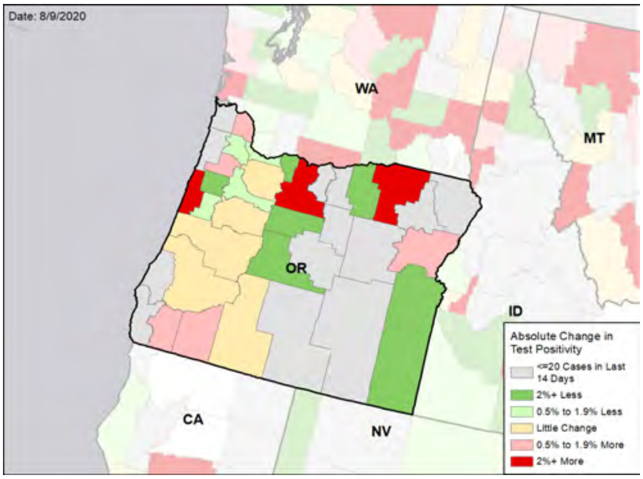
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
WA
MT
OR
ID
CA
NV
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
WA
MT
OR
CA
NV
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
WA
MT
OR
ID
CA
NV
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

PENNSYLVANIA

STATE REPORT | 08.09.2020

SUMMARY

- Pennsylvania is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- Pennsylvania has seen a decrease in new cases and a decrease in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Philadelphia County, 2. Allegheny County, and 3. Delaware County. These counties represent 39.0 percent of new cases in Pennsylvania.
- Pennsylvania had 41 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 72 to support operations activities from FEMA; 15 to support operations activities from ASPR; 1 to support operations activities from USCG; and 10 to support medical activities from VA.
- Between Aug 01 - Aug 07, on average, 109 patients with confirmed COVID-19 and 363 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Pennsylvania. An average of 74 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Keep statewide mask requirement in place. Work with local communities to ensure high usage rates. Identify mechanisms to assess compliance with local regulations, including working with community organizations.
- Keep establishments closed where social distancing and mask use cannot occur, such as bars, nightclubs, and entertainment venues.
- Continue to limit indoor dining at restaurants to 25% capacity and expand outdoor dining until cases and test positivity decrease.
- Any nursing homes with 3 or more cases of COVID in the last 3 weeks should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population. Protect vulnerable populations in assisted living and long-term care facilities through weekly testing of all workers and requiring masks. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place.
- Message to residents that if they have vacationed in, or had visitors from, areas with high COVID-19 prevalence including the South and West of the United States, they should: avoid vulnerable individuals; remain socially distanced and masked when around others for a minimum of 14 days; avoid indoor gatherings where social distancing and masks cannot be maintained; and get tested if anyone in their family develops symptoms. Also, message that they can transmit the virus even when asymptomatic.
- Providing timely test results to individuals so they can isolate and stop the spread is critical. Implement the following to increase testing capacity and decrease turnaround times:
    - (1) For family and cohabitating households, screen entire households in a single test by pooling a sample of each member's specimen. For households that test positive, isolate and conduct follow-up individual tests.
    - (2) Expand testing capacity in public health labs by adding shifts, including weekend shifts, to reduce turnaround times.
    - (3) Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Expand public messaging to younger demographics, using social media and other messaging platforms, to communicate changes in the local epidemic and appropriate actions that should be adopted.
- Continue ongoing efforts to build contact tracing capabilities (e.g., increase staff, training, and funding), with a focus on communities with increasing cases.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

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

PENNSYLVANIA

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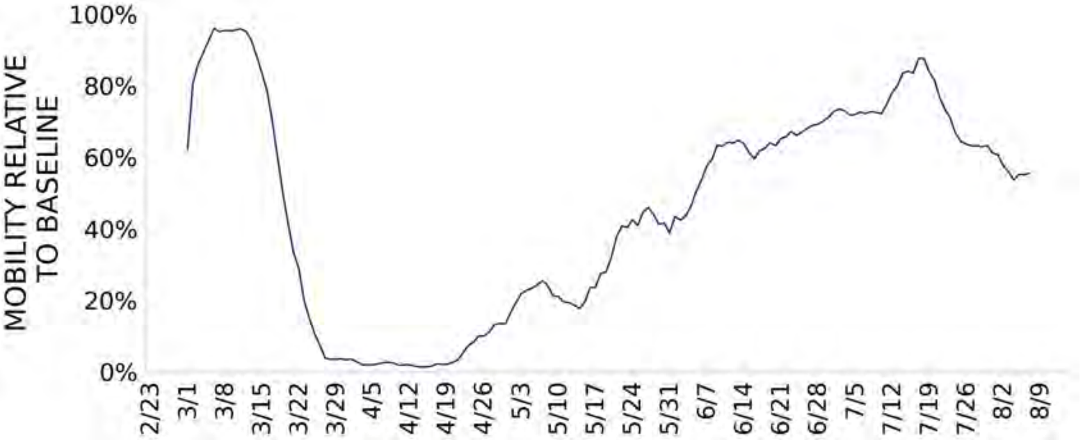
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	5,235 (41)	-19.1%	20,436 (66)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	4.3%	-0.7%*	5.4%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	156,237** (1,220)	-10.4%**	494,173** (1,602)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	108 (1)	+21.3%	343 (1)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	8.2%	-2.0%*	8.7%	12.1%

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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PENNSYLVANIA

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COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**0**	N/A	**13** **Top 12 shown (full list below)**	Lancaster York-Hanover Erie Chambersburg-Waynesboro Youngstown-Warren-Boardman New Castle Indiana Lewisburg Williamsport DuBois Lewistown Huntingdon
COUNTY LAST WEEK	**0**	N/A	**20** **Top 12 shown (full list below)**	Delaware Lancaster York Dauphin Beaver Luzerne Erie Washington Franklin Fayette Mercer Lawrence

All Yellow CBSAs: Lancaster, York-Hanover, Erie, Chambersburg-Waynesboro, Youngstown-Warren-Boardman, New Castle, Indiana, Lewisburg, Williamsport, DuBois, Lewistown, Huntingdon, Meadville
All Yellow Counties: Delaware, Lancaster, York, Dauphin, Beaver, Luzerne, Erie, Washington, Franklin, Fayette, Mercer, Lawrence, Indiana, Union, Armstrong, Lycoming, Clearfield, Mifflin, Huntingdon, Crawford

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.
Yellow Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the "Red Zone."
Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

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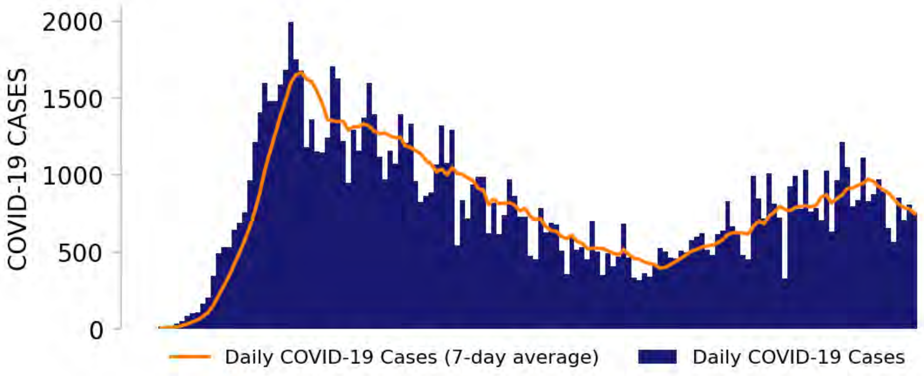
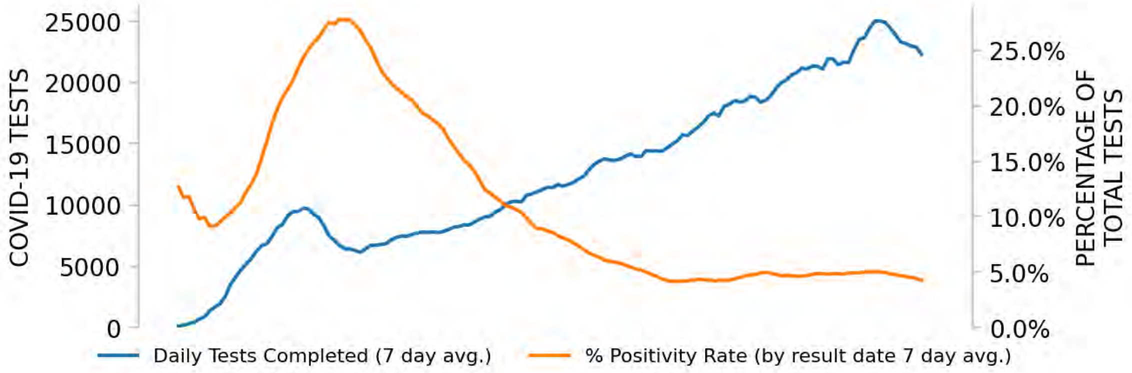
NEW CASES

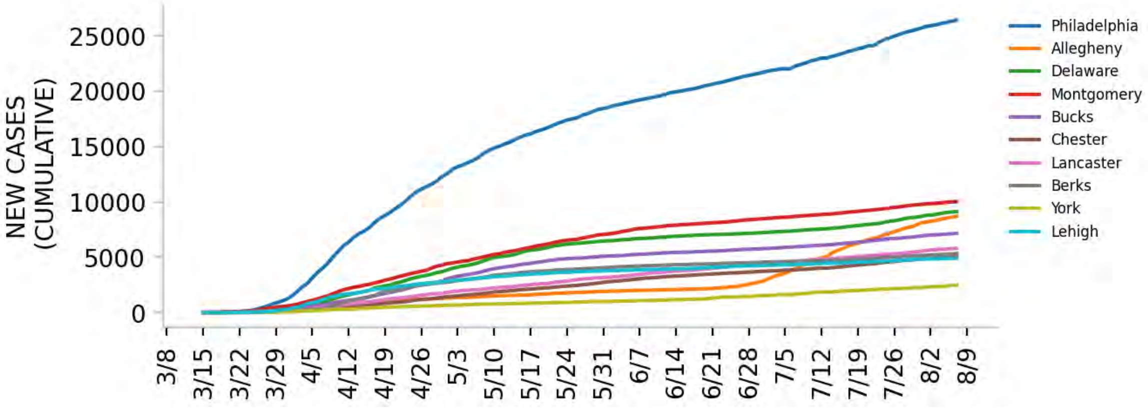


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)



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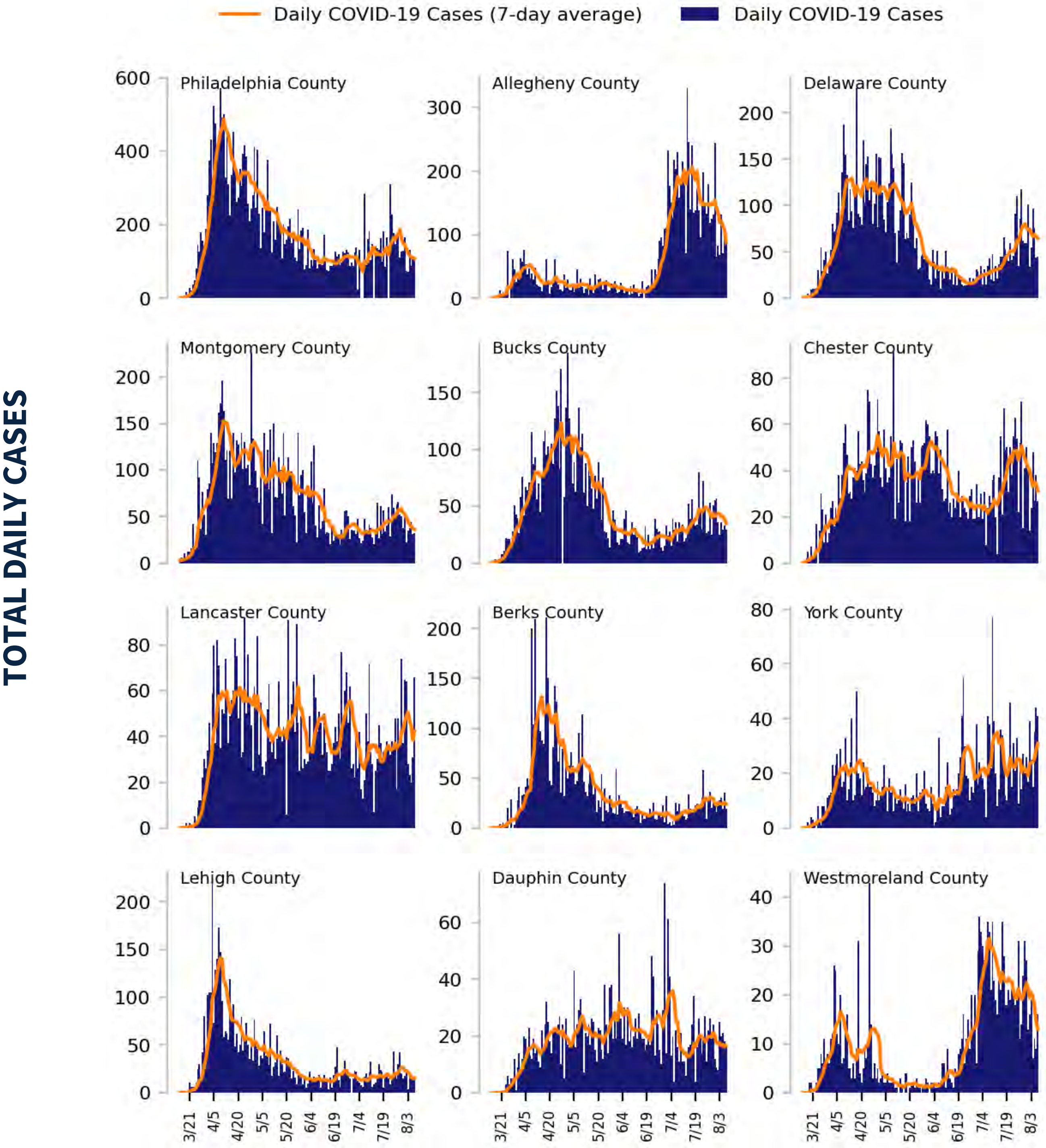
Top 12 counties based on number of new cases in the last 3 weeks



DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

PENNSYLVANIA

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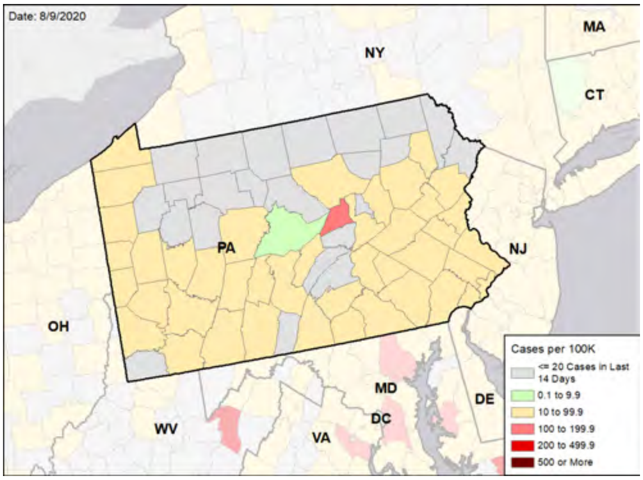
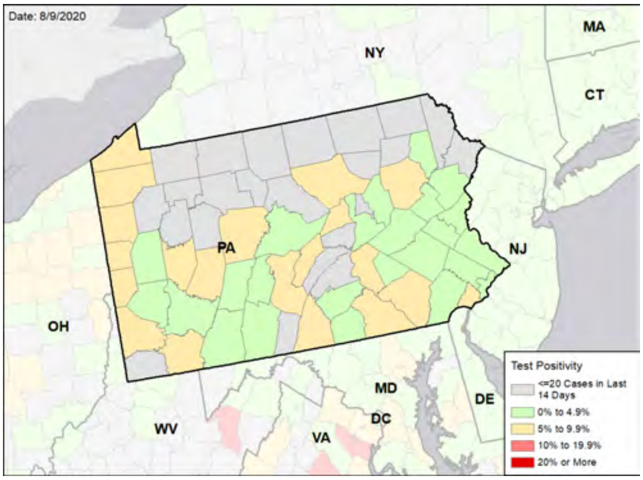
CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

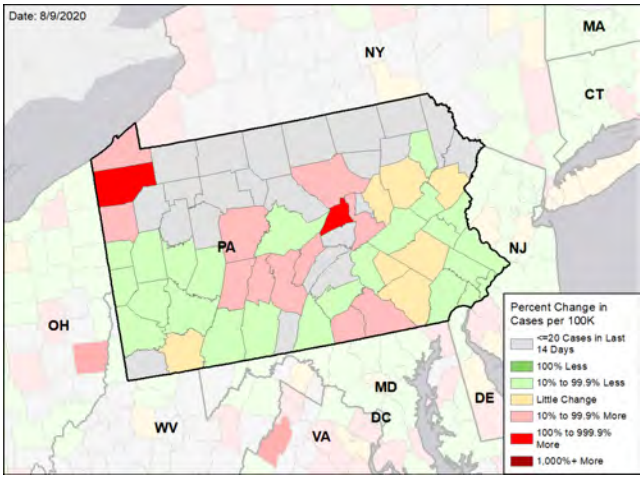
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
MA
NY
CT
PA
NJ
OH
MD
DE
DC
WV
VA
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

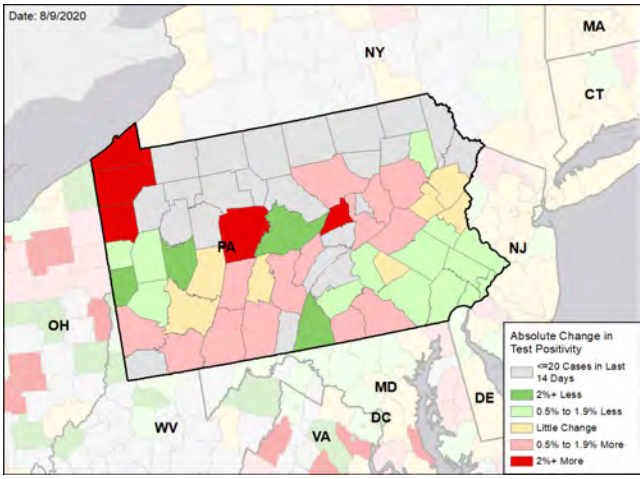
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
MA
NY
CT
PA
NJ
OH
MD
DE
DC
WV
VA
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
MA
NY
CT
PA
NJ
OH
MD
DE
DC
WV
VA
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
MA
NY
CT
PA
NJ
OH
MD
DE
DC
WV
VA
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

RHODE ISLAND

STATE REPORT | 08.09.2020

SUMMARY

- Rhode Island is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- Rhode Island has seen a decrease in new cases and stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Providence County, 2. Kent County, and 3. Washington County. These counties represent 94.7 percent of new cases in Rhode Island.
- Rhode Island had 68 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 2 to support operations activities from FEMA.
- Between Aug 01 - Aug 07, on average, 5 patients with confirmed COVID-19 and 3 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Rhode Island. An average of 94 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period.*

RECOMMENDATIONS

- Continue community mitigation efforts, such as promotion of face covering use and social distancing, with imposition of fines for violations.
- Foot-traffic has increased across the food and hotel industries, coinciding with an increase in case rates over the past 4-5 weeks. Maintain pause in re-opening and consider additional restrictions on indoor dining and promotion of outdoor spaces.
- Maintain aggressive public health messaging and education across all media, particularly in Providence and touristed areas, targeted to groups with highest increases in case rates.
- Consider pooled testing, as described below, in Providence or areas with insufficient testing or long turnaround times.
- Maintain policies in nursing homes and long-term care facilities, with periodic testing of staff and residents and required face coverings for all staff.
- Continue vigorous case investigation with contact tracing and early quarantine of contacts and isolation of all known or suspected cases; all cases should be interviewed within 48 hours of diagnosis. Monitor performance of contact tracing and augment staff as needed to meet benchmarks.
- Continue close monitoring of case rates, test positivity and hospitalizations. Any signs of sustained increased transmission should prompt further restrictions and intensified community mitigation efforts.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

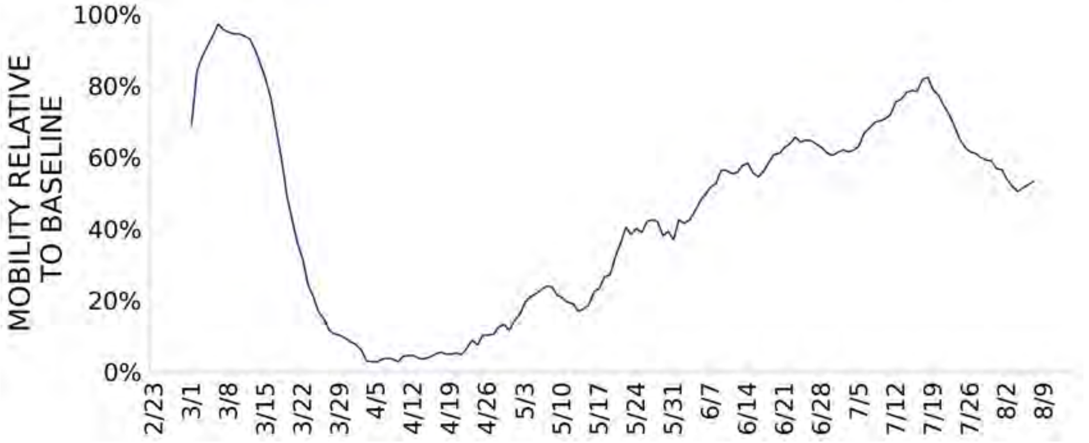
** Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state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

RHODE ISLAND

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	716 (68)	-10.3%	4,242 (29)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	2.7%	-0.3%*	1.7%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	29,092** (2,746)	-3.0%**	244,677** (1,648)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	7 (1)	-50.0%	122 (1)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	0.0%	-4.3%*	3.5%	12.1%

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

RHODE ISLAND

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

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

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

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

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

Testing

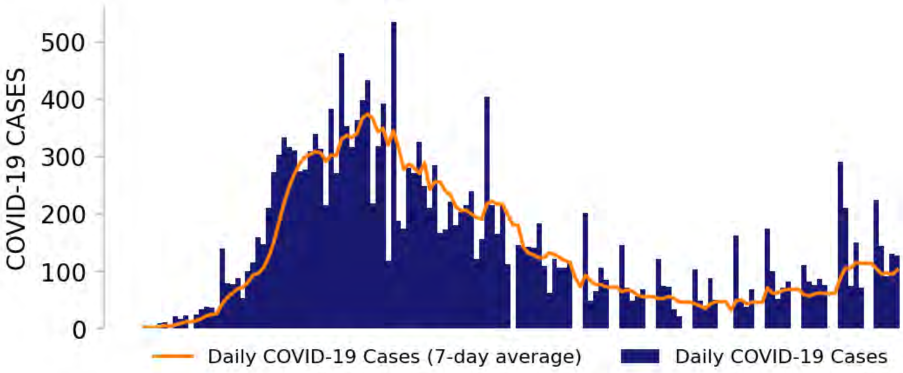
- Move to community-led neighborhood testing and work with local community groups to increase access to testing
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling**: Laboratories should use pooling of samples to increase testing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

RHODE ISLAND

STATE REPORT | 08.09.2020

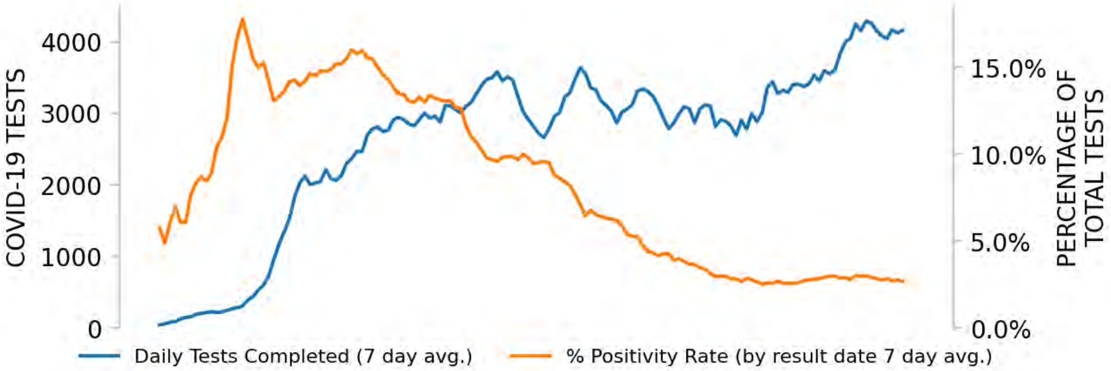
NEW CASES

▶



TESTING

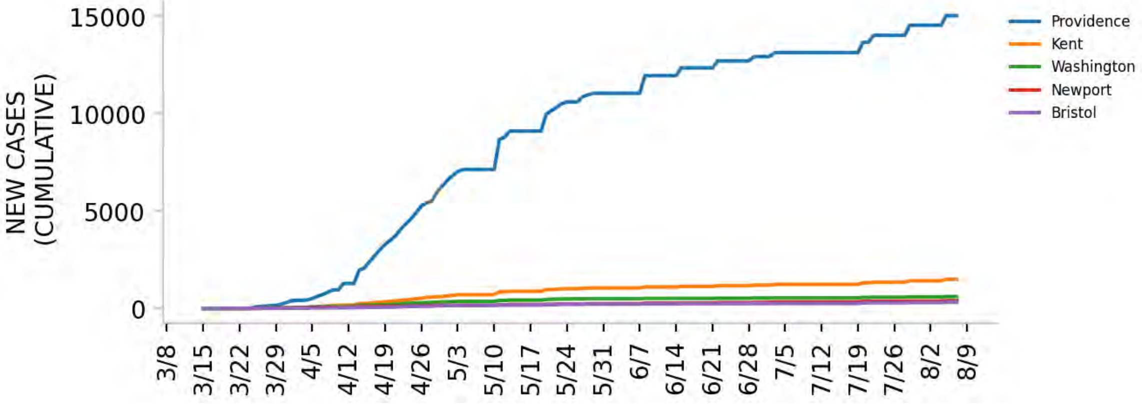
▶



TOP COUNTIES

▶

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)

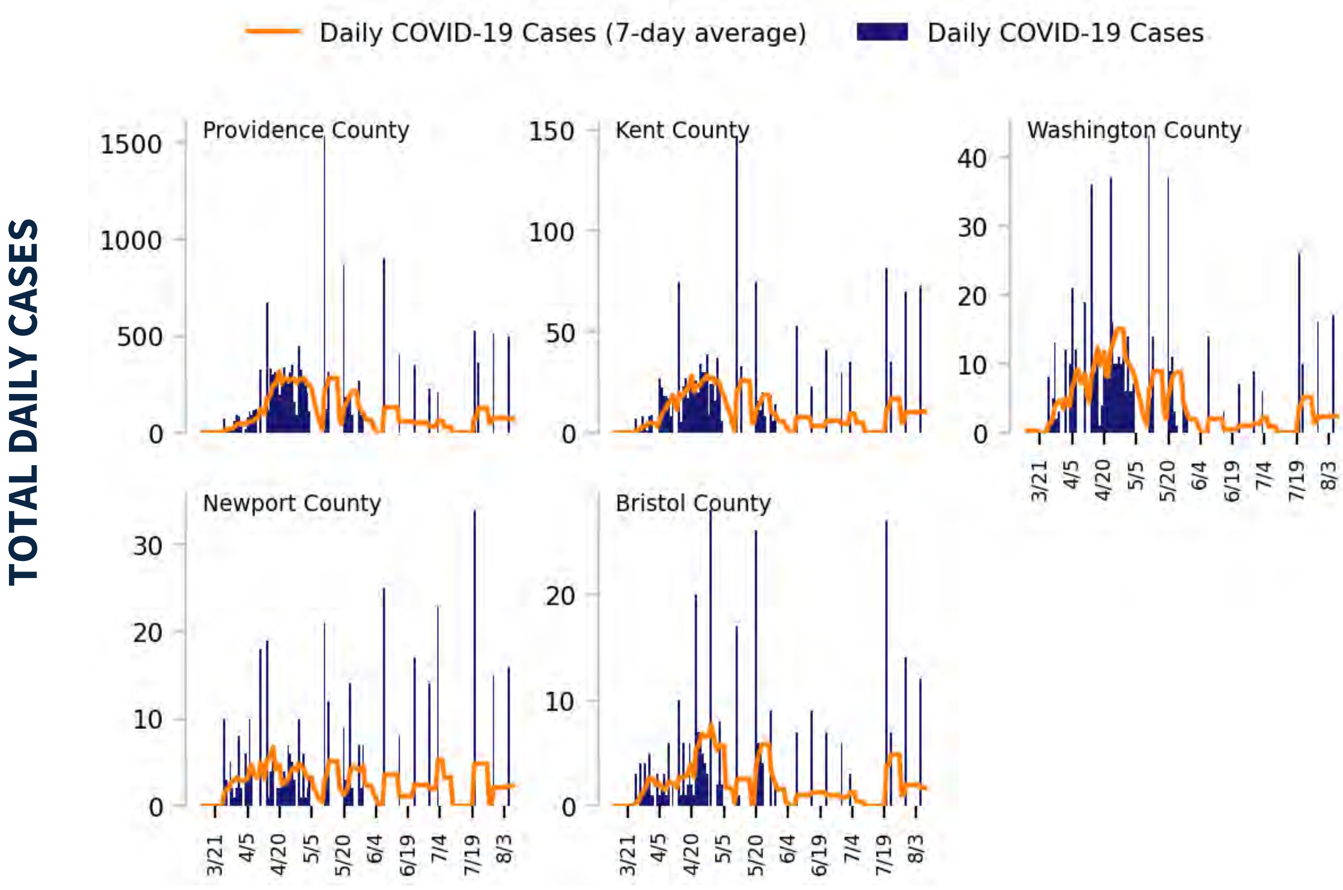


DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

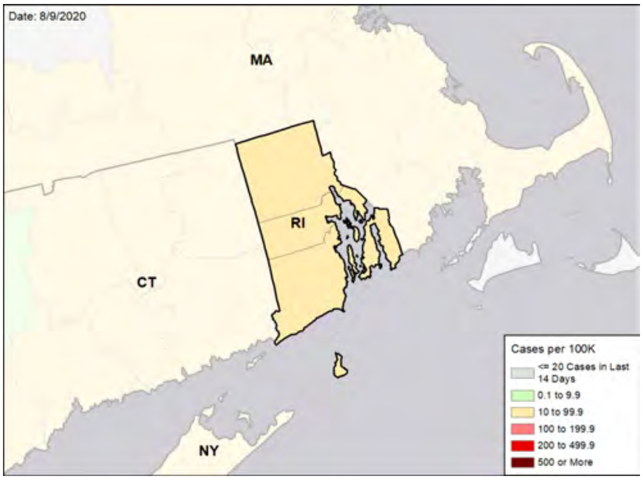
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

RHODE ISLAND

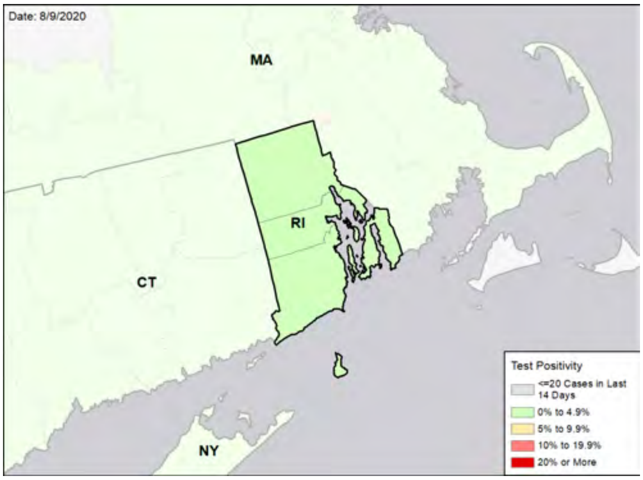
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

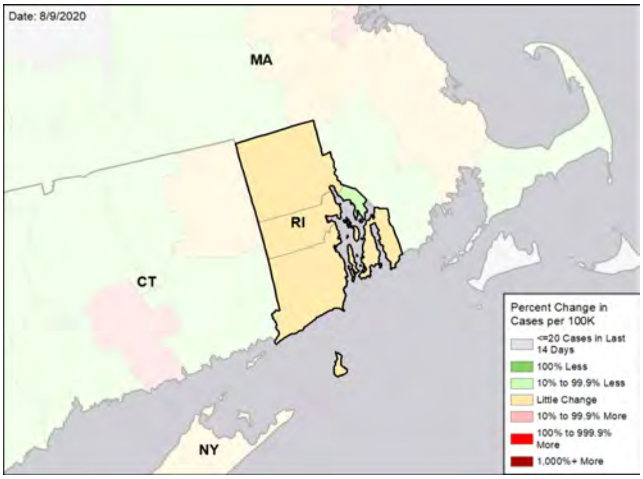
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
MA
RI
CT
NY
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

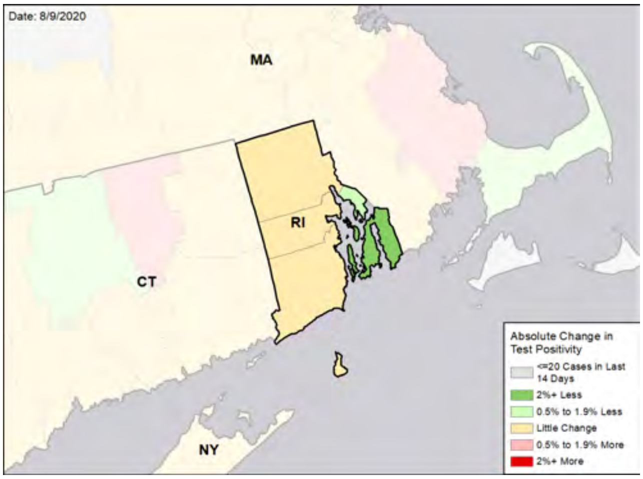
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
MA
RI
CT
NY
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
MA
RI
CT
NY
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
MA
RI
CT
NY
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

SOUTH CAROLINA

STATE REPORT | 08.09.2020

SUMMARY

- South Carolina is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the red zone for test positivity, indicating a rate above 10%.
- South Carolina has seen a decrease in new cases and a decrease in test positivity over the past week, demonstrating that the mitigation efforts are beginning to have an impact and must be continued.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Charleston County, 2. Richland County, and 3. Greenville County. These counties represent 27.3 percent of new cases in South Carolina.
- Improvements are seen in Charleston, Greenville, and Horry counties, but the highest rates of new cases are now in Richland, Beaufort, and Florence counties.
- COVID-19 is widespread and mitigation efforts must continue statewide.
- South Carolina had 175 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 9 to support operations activities from USCG.
- Between Aug 01 - Aug 07, on average, 153 patients with confirmed COVID-19 and 96 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in South Carolina. An average of 86 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Expand the protection of those in nursing homes, assisted living, and long-term care facilities by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19 and the isolation of all positive staff and residents. Ensure social distancing and universal facemask use. Immediately conduct infection control prevention surveys in all nursing homes with more than 3 cases in the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support routine testing.
- Mandate use of masks in all current and evolving hotspots.
- Close establishments where social distancing and mask use cannot occur, such as bars and all evening entertainment venues in areas with rising cases, despite the 11pm liquor curfew.
- Move to outdoor dining and limit indoor dining to less than 25% of normal capacity.
- Ask citizens to limit social gatherings to 10 or fewer people.
- Encourage individuals that have participated in large social gatherings to get tested.
- Increase messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Continue the scale-up of testing, moving to community-led neighborhood testing. Work with local communities to implement and provide clear guidance for households that test positive, including on individual isolation and quarantining procedures.
- Continue to enhance contact tracing and ensure the ability of cases and contacts to quarantine or isolate safely.
- Monitor testing data to identify additional sites of increased transmission and focus public health resources there.
- Ensure the public health lab is fully staffed and running 24/7, utilizing all platforms to reduce turnaround times. Institute 3:1 or 2:1 pooling of test specimens on all high throughput machines as long as turnaround times are greater than 36 hours.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

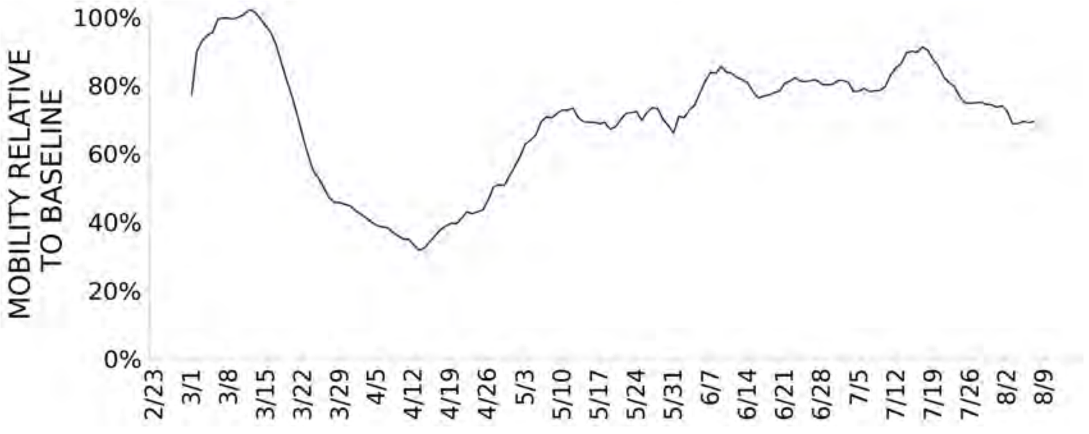
** Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state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

SOUTH CAROLINA

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	**9,032 (175)**	**-11.7%**	**123,846 (185)**	**375,035 (114)**
DIAGNOSTIC TEST POSITIVITY RATE	**17.7%**	**-1.7%***	**12.2%**	**7.1%**
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	**49,549** (962)**	**-11.0%****	**898,618** (1,343)**	**4,863,237** (1,482)**
COVID DEATHS (RATE PER 100,000)	**237 (5)**	**-22.8%**	**2,438 (4)**	**7,261 (2)**
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	**27.5%**	**-0.9%***	**22.2%**	**12.1%**

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

SOUTH CAROLINA

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**17** **Top 12 shown (full list below)**	Charleston-North Charleston Columbia Greenville-Anderson Florence Hilton Head Island-Bluffton Myrtle Beach-Conway-North Myrtle Beach Sumter Spartanburg Augusta-Richmond County Orangeburg Georgetown Greenwood	**1**	Charlotte-Concord-Gastonia
COUNTY LAST WEEK	**45** **Top 12 shown (full list below)**	Charleston Richland Greenville Horry Beaufort Lexington Florence Berkeley York Dorchester Spartanburg Anderson	**1**	Marion

All Red CBSAs: Charleston-North Charleston, Columbia, Greenville-Anderson, Florence, Hilton Head Island-Bluffton, Myrtle Beach-Conway-North Myrtle Beach, Sumter, Spartanburg, Augusta-Richmond County, Orangeburg, Georgetown, Greenwood, Newberry, Gaffney, Seneca, Union, Bennettsville
All Red Counties: Charleston, Richland, Greenville, Horry, Beaufort, Lexington, Florence, Berkeley, York, Dorchester, Spartanburg, Anderson, Orangeburg, Sumter, Aiken, Darlington, Pickens, Georgetown, Lancaster, Kershaw, Greenwood, Laurens, Williamsburg, Newberry, Cherokee, Chester, Oconee, Clarendon, Hampton, Jasper, Chesterfield, Colleton, Barnwell, Bamberg, Dillon, Lee, Calhoun, Union, Edgefield, Abbeville, Fairfield, Saluda, Marlboro, Allendale, McCormick

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.
Yellow Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the "Red Zone."
Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

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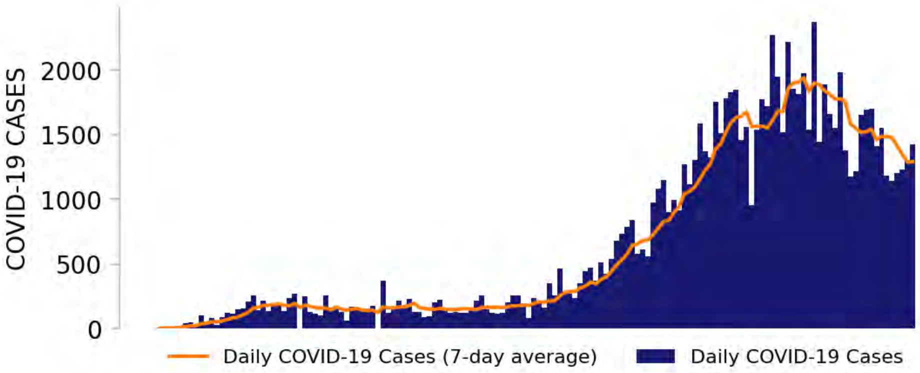
- Surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates
- **Diagnostic pooling**: Laboratories should use pooling of samples to increase testing access and reduce turnaround times to under 12 hours. Consider pools of 3-5 individuals
- **Surveillance pooling**: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

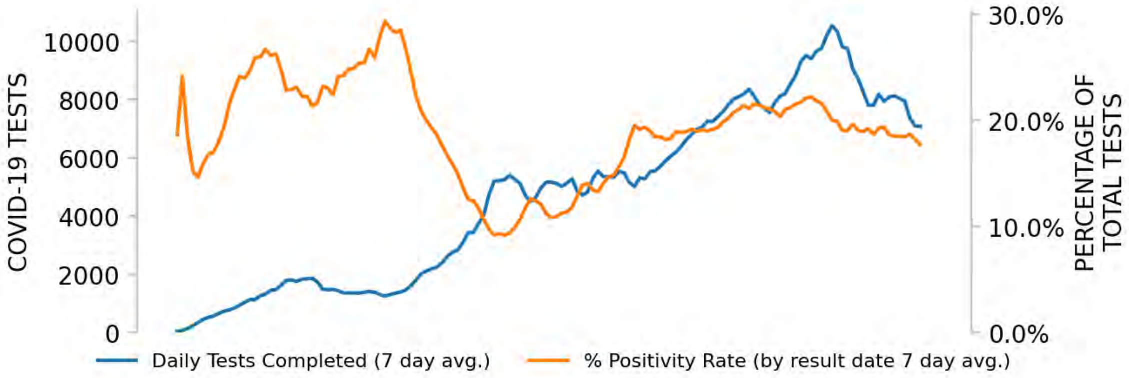
SOUTH CAROLINA

STATE REPORT | 08.09.2020

NEW CASES ▶

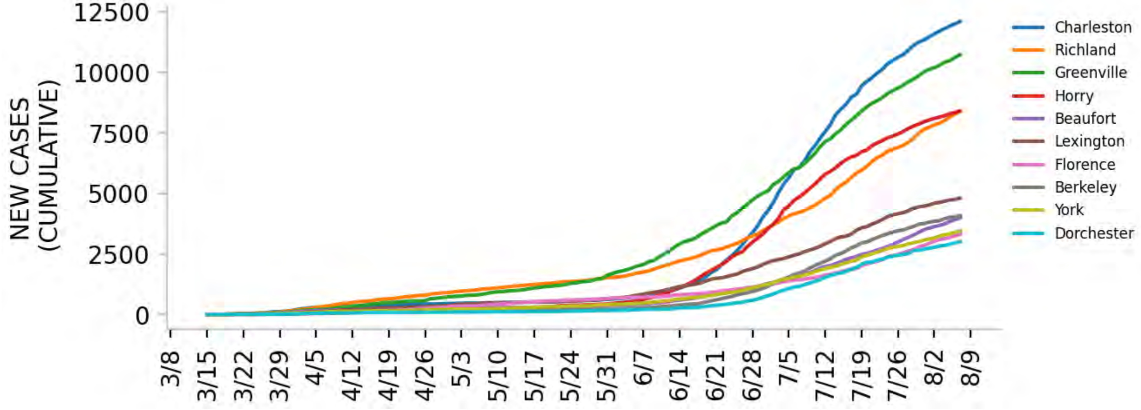


TESTING ▶



TOP COUNTIES ▶

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)

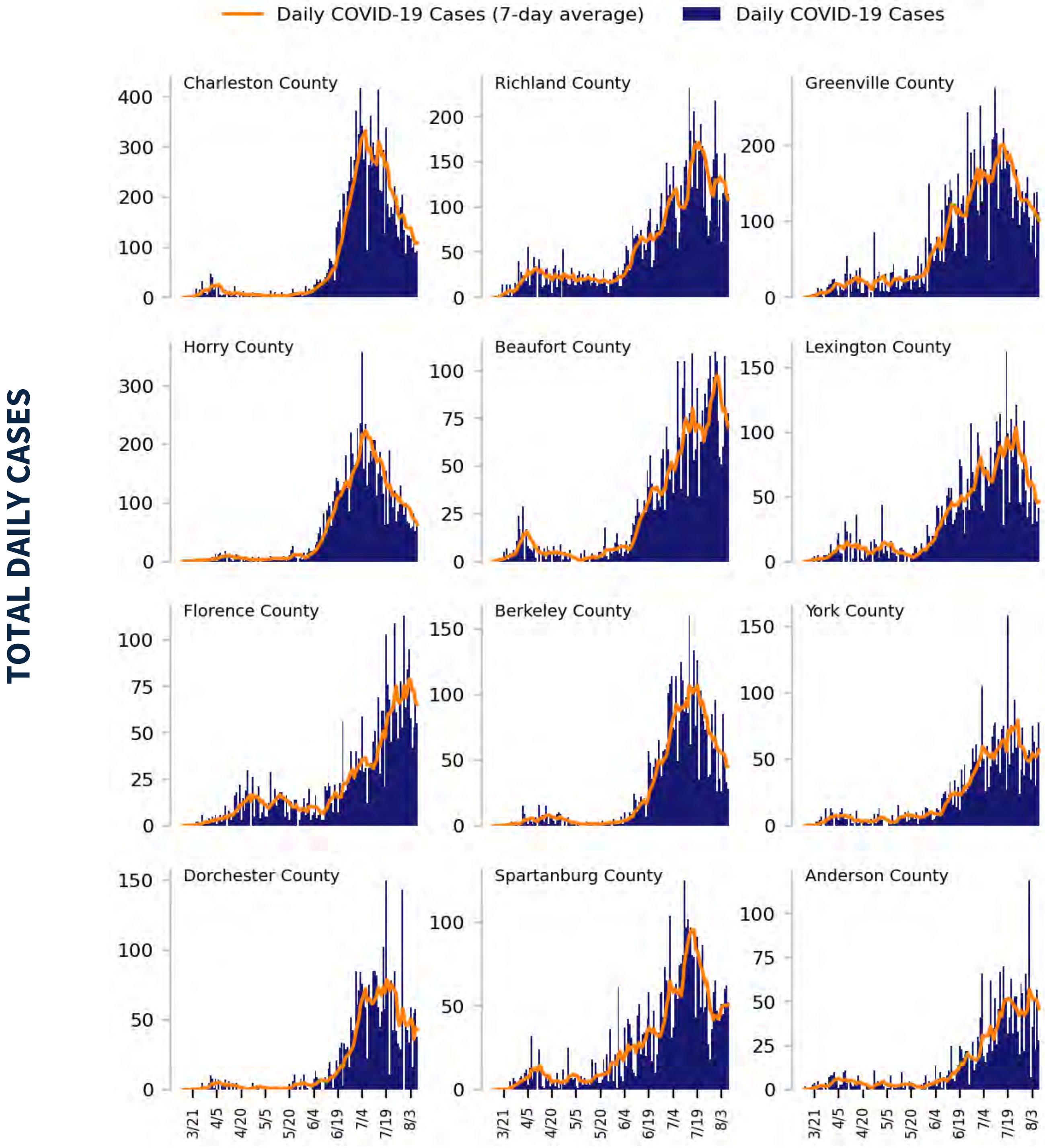


DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

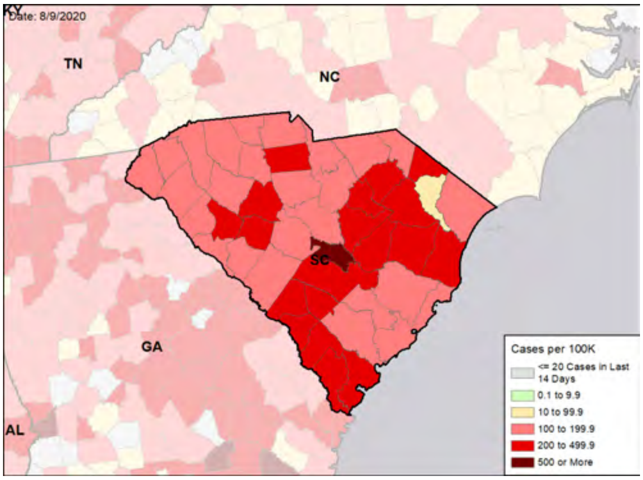
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

SOUTH CAROLINA

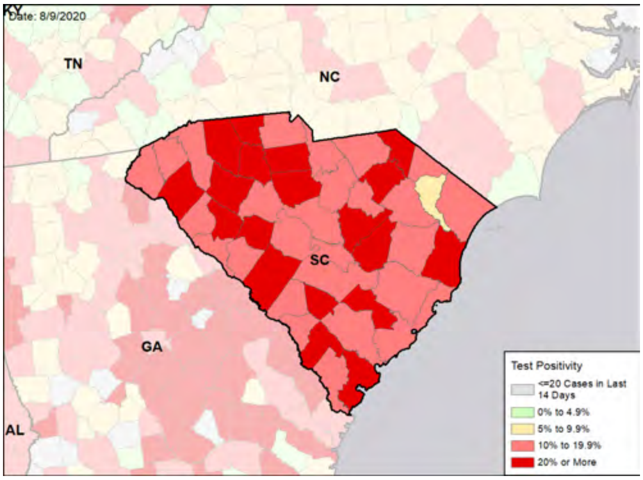
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

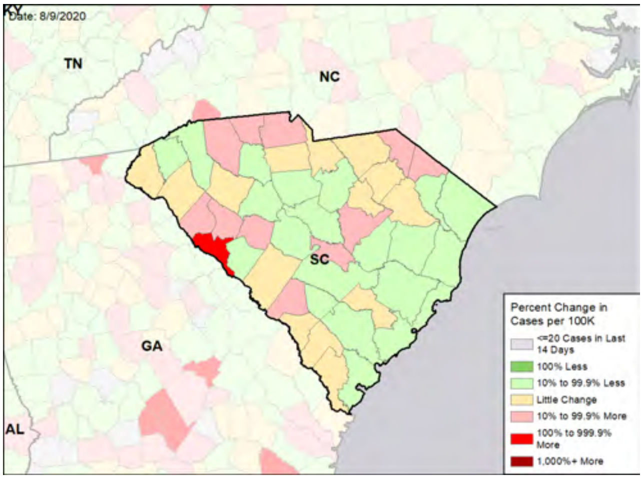
NEW CASES PER 100,000 DURING LAST WEEK


KY
Date: 8/9/2020
TN
NC
SC
GA
AL
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

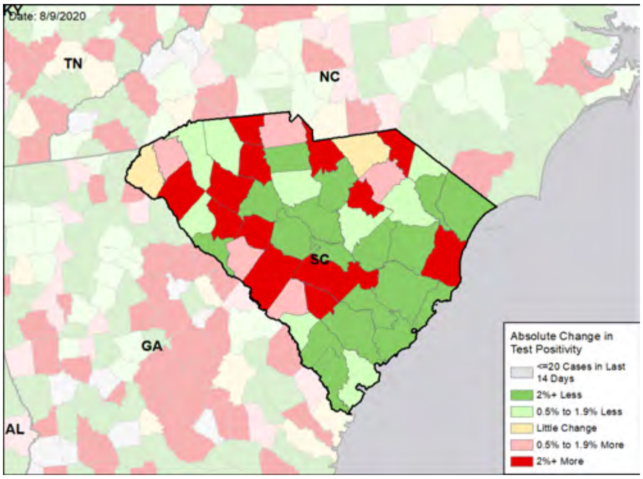
TEST POSITIVITY DURING LAST WEEK


KY
Date: 8/9/2020
TN
NC
SC
GA
AL
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


KY
Date: 8/9/2020
TN
NC
SC
GA
AL
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


KY
Date: 8/9/2020
TN
NC
SC
GA
AL
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

SOUTH DAKOTA

STATE REPORT | 08.09.2020

SUMMARY

- South Dakota is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- South Dakota has seen an increase in new cases and an increase in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Minnehaha County, 2. Lincoln County, and 3. Pennington County. These counties represent 56.5 percent of new cases in South Dakota.
- South Dakota had 71 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 5 to support operations activities from FEMA; 5 to support epidemiology activities from CDC; and 1 to support operations activities from CDC.
- Between Aug 01 - Aug 07, on average, 7 patients with confirmed COVID-19 and 8 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in South Dakota. An average of 78 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- A rise in cases coincides with increased foot traffic across hotels, bars, and restaurants and should prompt intensification of community mitigation efforts, such as statewide promotion of face covering use and social distancing.
- Recommend implementing community mitigation efforts for all yellow and red zone areas as described below and requiring face coverings in indoor public settings.
- Send surge staff to Sturgis and maintain presence for duration of event. Public health messaging should be clear and omnipresent; testing should be widely and easily available with resources and clear messaging for isolation.
- Increase community education and public health messaging across the state, targeting ranching and agriculture communities, with an emphasis on the risk of serious disease in older individuals, those with preexisting medical conditions, and those with limited access to health care.
- In areas with insufficient testing and long turnaround times, increase testing capacity by implementing pooled testing as described below.
- Ensure vigorous contact tracing for all cases with early quarantine and isolation, focusing efforts in populous counties and cities and where transmission is increasing, such as the Sioux Falls, Spearfish, and Vermillion metro areas; and Minnehaha, Lincoln, Lawrence, Union, Meade, Lake, Clay, Custer, Fall River, and Brule counties.
- In all crowded workplace settings, such as meat processing or packing plants, monitor and enforce implementation of social distancing, the use of face masks, and early and vigorous contact investigation for all identified cases.
- Tribal Nations: Continue to promote social distancing and mask recommendations. Develop specific, culturally relevant education and public health messaging. Pooled testing should be instituted for multigenerational households. Spaces to provide quarantine of contacts and isolation of cases should be provided as needed.
- If it is not fully utilized by hospital patients and staff, ensure that all hospital testing capacity is being used to support additional community, nursing home, and school (K-12) 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.

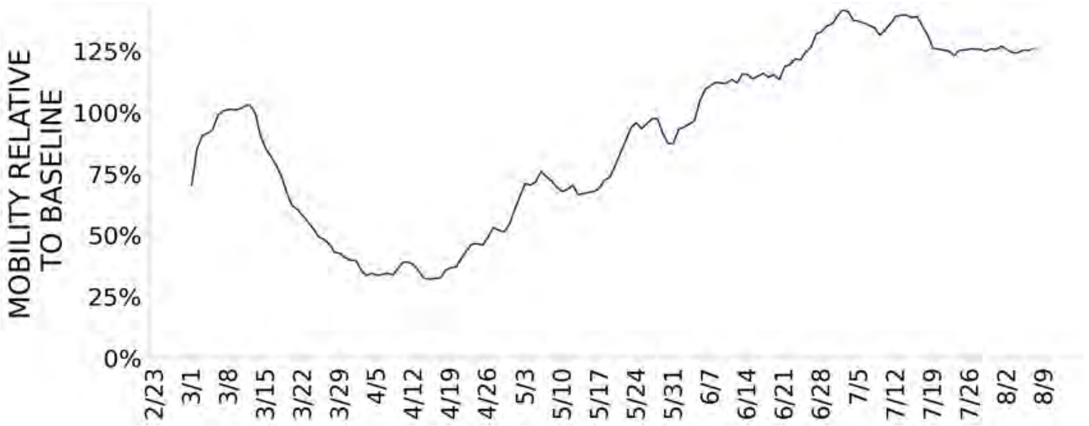
** Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state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

SOUTH DAKOTA

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	626 (71)	+12.2%	8,867 (72)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	7.1%	+1.5%*	5.6%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	8,049** (910)	-15.6%**	177,074** (1,444)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	14 (2)	+75.0%	86 (1)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	2.1%	+1.1%*	4.9%	12.1%

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

SOUTH DAKOTA

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	0	N/A	7	Sioux Falls Rapid City Aberdeen Sioux City Spearfish Vermillion Brookings
COUNTY LAST WEEK	3	Lincoln Union Custer	8	Minnehaha Pennington Brown Lake Lawrence Clay Meade Brookings

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

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

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

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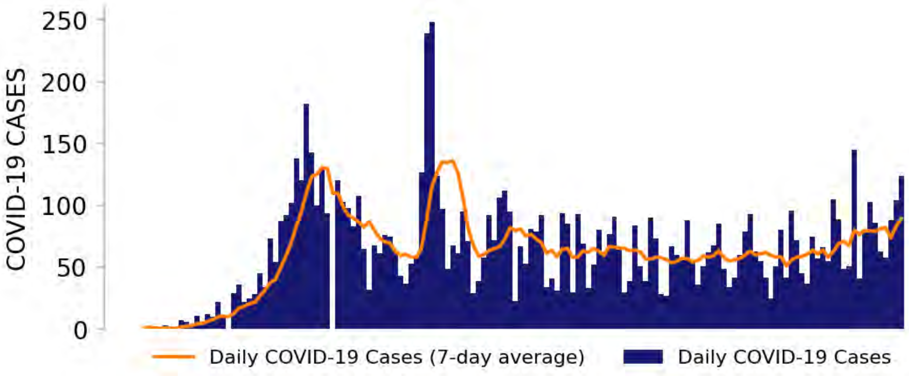
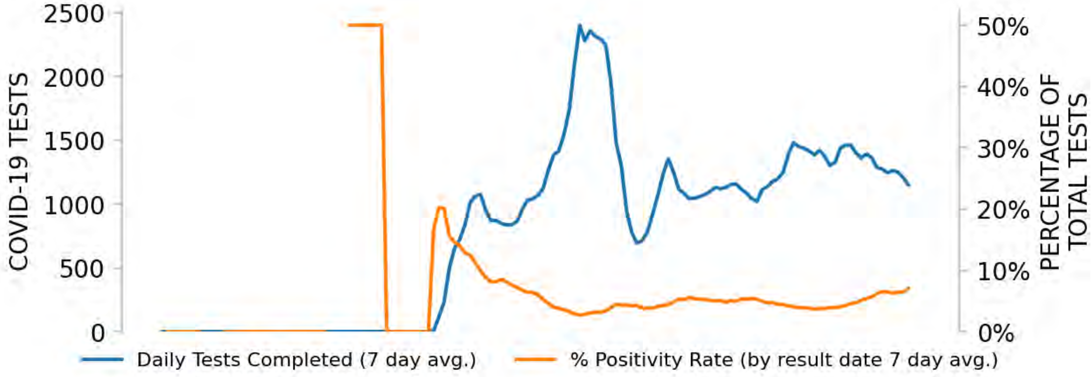
SOUTH DAKOTA

STATE REPORT | 08.09.2020

NEW CASES

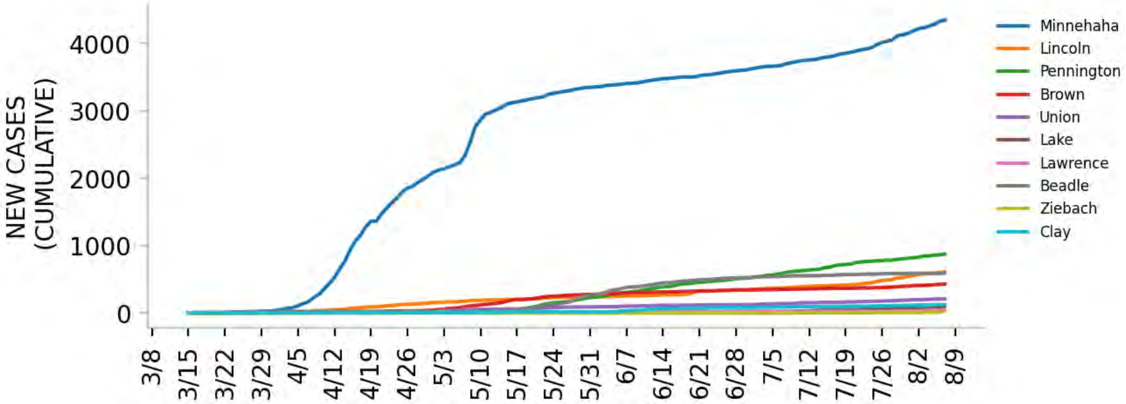


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)



DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.

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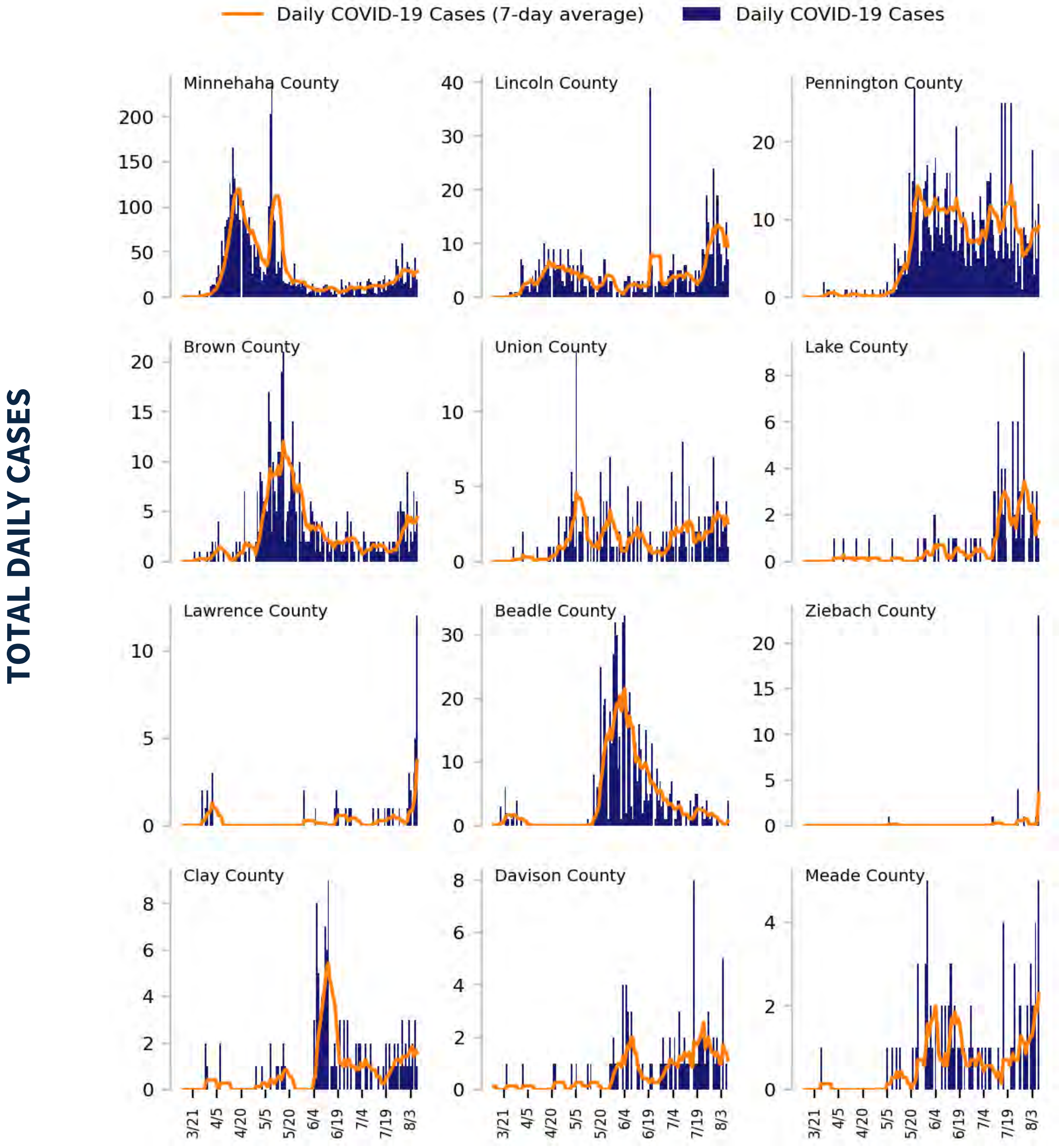
Top 12 counties based on number of new cases in the last 3 weeks



DATA SOURCES

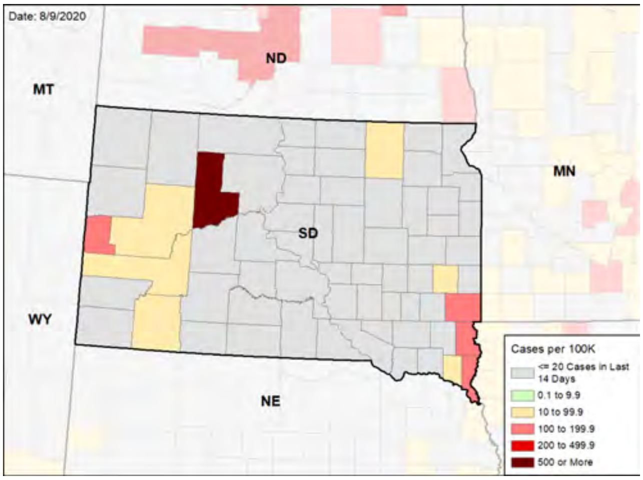
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

SOUTH DAKOTA

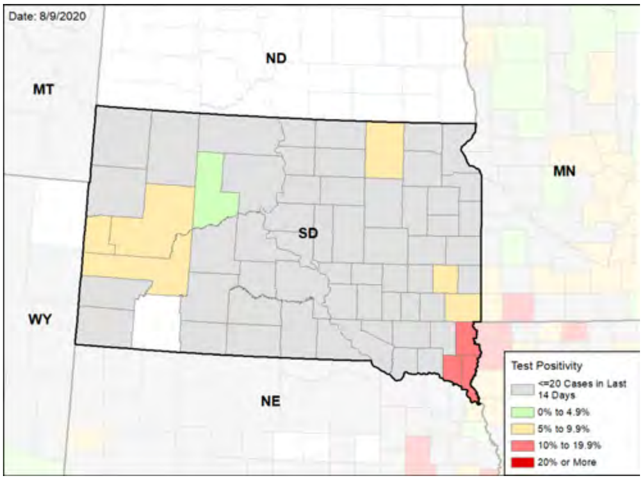
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

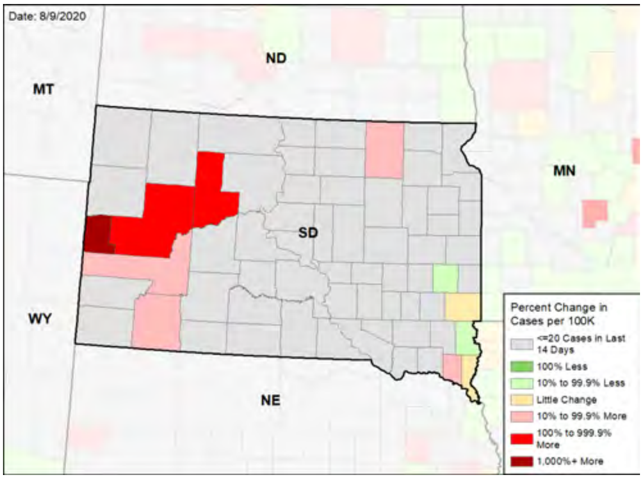
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
ND
MT
MN
SD
WY
NE
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

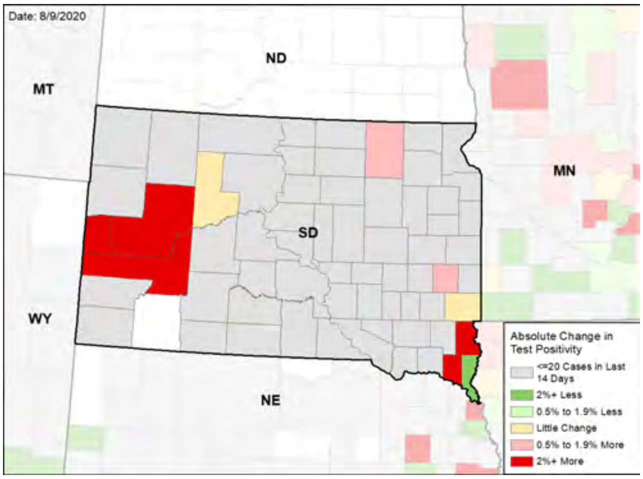
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
ND
MT
MN
SD
WY
NE
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
ND
MT
MN
SD
WY
NE
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
ND
MT
MN
SD
WY
NE
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

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TENNESSEE

STATE REPORT | 08.09.2020

SUMMARY

- Tennessee is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the red zone for test positivity, indicating a rate above 10%.
- Tennessee has seen a decrease in new cases and an increase in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Shelby County, 2. Davidson County, and 3. Knox County. These counties represent 31.5 percent of new cases in Tennessee.
- Tennessee had 189 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 2 to support operations activities from FEMA and 5 to support medical activities from VA.
- Between Aug 01 - Aug 07, on average, 130 patients with confirmed COVID-19 and 223 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Tennessee. An average of 79 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- There has been a significant reduction in testing over the past week, the percent of nursing homes with cases are concerning, and deaths across the state are increasing. Statewide policies for a mask requirement, testing plans, and hospital decompression are critical.
- Close establishments where social distancing and mask use cannot occur, such as bars, nightclubs, and entertainment venues.
- Establish indoor dining capacity at restaurants at 25% of normal capacity and expand outdoor dining until cases and test positivity decrease.
- In red zones, limit the size of social gatherings to 10 or fewer people; in yellow zones, limit social gatherings to 25 or fewer people.
- Message to residents that if they vacation in an area with low COVID prevalence and have come from an area with high COVID prevalence, they should: remain socially distanced, stay masked in all public spaces, and avoid all indoor gatherings where social distancing and masks cannot be maintained.
- Any nursing homes with 3 or more cases of COVID in the last 3 weeks should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population. Protect vulnerable populations in assisted living and long-term care facilities through weekly testing of all workers and requiring masks. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place.
- Providing timely test results to individuals so they can isolate and stop the spread is critical. Implement the following to increase testing capacity and decrease turnaround times:
  - (1) For family and cohabitating households, screen entire households in a single test by pooling a sample of each member's specimen. For households that test positive, isolate and conduct follow-up individual tests.
  - (2) Expand testing capacity in public health labs by adding shifts, including weekend shifts, to reduce turnaround times.
  - (3) Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
  - (4) Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
- Increase messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Expand public messaging to younger demographics, using social media and other messaging platforms, to communicate changes in the local epidemic and appropriate actions that should be adopted.
- Continue ongoing efforts to build contact tracing capabilities (e.g., increase staff, training, and funding), with a focus on communities with increasing cases.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

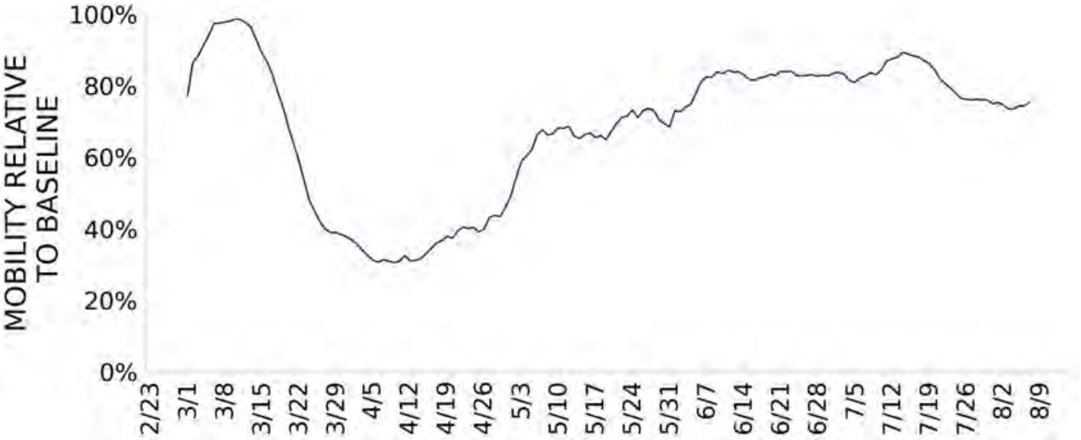
** Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state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

TENNESSEE

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	12,907 (189)	-23.5%	123,846 (185)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	10.2%	+0.6%*	12.2%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	47,311** (693)	-19.0%**	898,618** (1,343)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	145 (2)	+17.9%	2,438 (4)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	16.4%	+0.3%*	22.2%	12.1%

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

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

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Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

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COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**11**	Memphis Jackson Kingsport-Bristol Cleveland Sevierville Tullahoma-Manchester Union City Brownsville Dyersburg Newport Shelbyville	**13** **Top 12 shown (full list below)**	Nashville-Davidson--Murfreesboro--Franklin Knoxville Chattanooga Johnson City Morristown Clarksville Cookeville Martin Greeneville Lawrenceburg Paris Crossville
COUNTY LAST WEEK	**44** **Top 12 shown (full list below)**	Shelby Rutherford Sevier Wilson Hamblen Bradley Sullivan Maury Madison Putnam Robertson Henderson	**29** **Top 12 shown (full list below)**	Davidson Knox Hamilton Williamson Sumner Washington Montgomery Anderson Gibson Jefferson Weakley Hardin

All Yellow CBSAs: Nashville-Davidson--Murfreesboro--Franklin, Knoxville, Chattanooga, Johnson City, Morristown, Clarksville, Cookeville, Martin, Greeneville, Lawrenceburg, Paris, Crossville, Lewisburg

All Red Counties: Shelby, Rutherford, Sevier, Wilson, Hamblen, Bradley, Sullivan, Maury, Madison, Putnam, Robertson, Henderson, Tipton, Obion, Hardeman, Carter, Coffee, Dickson, Roane, Hawkins, Haywood, Dyer, Cocke, Lauderdale, Bedford, Fayette, Smith, Cheatham, Carroll, Johnson, DeKalb, Macon, White, Polk, Hickman, Benton, Lake, Morgan, Lewis, Bledsoe, Clay, Grundy, Moore, Pickett

All Yellow Counties: Davidson, Knox, Hamilton, Williamson, Sumner, Washington, Montgomery, Anderson, Gibson, Jefferson, Weakley, Hardin, Lawrence, Greene, Monroe, McNairy, Henry, Giles, Franklin, Crockett, Cumberland, Lincoln, Decatur, Marshall, Grainger, Marion, Cannon, Humphreys, Fentress

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

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

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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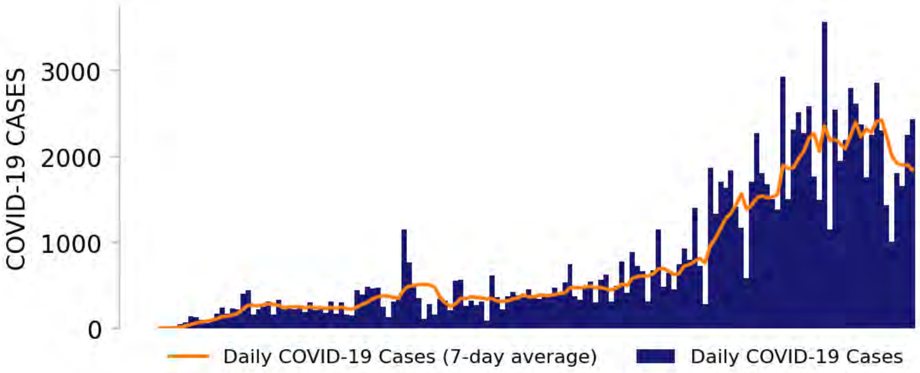
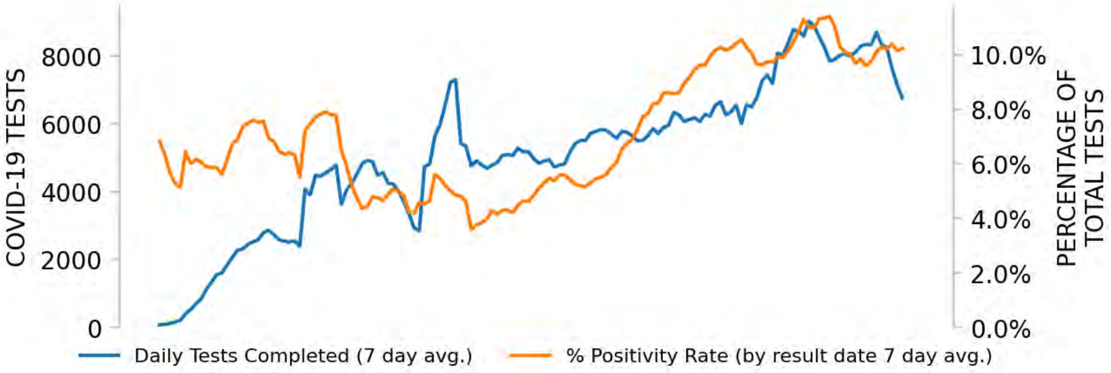
NEW CASES ▶

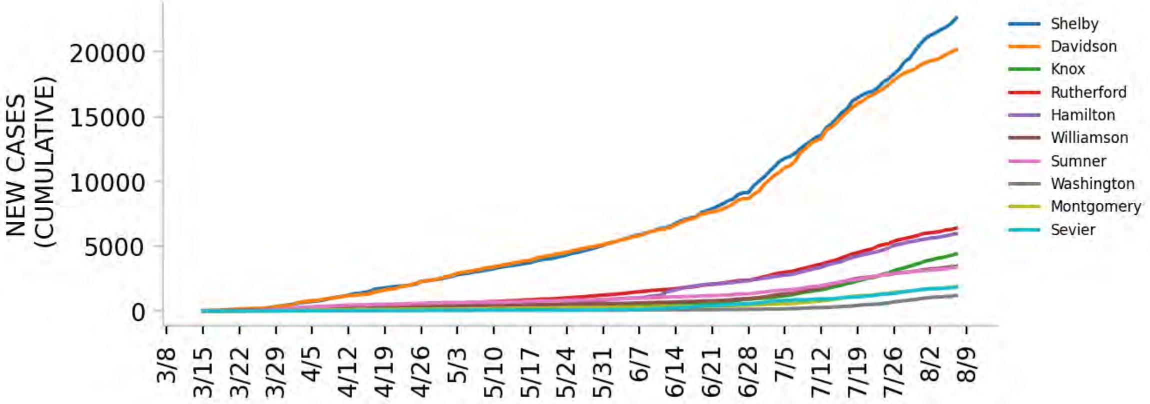


TESTING ▶



TOP COUNTIES ▶

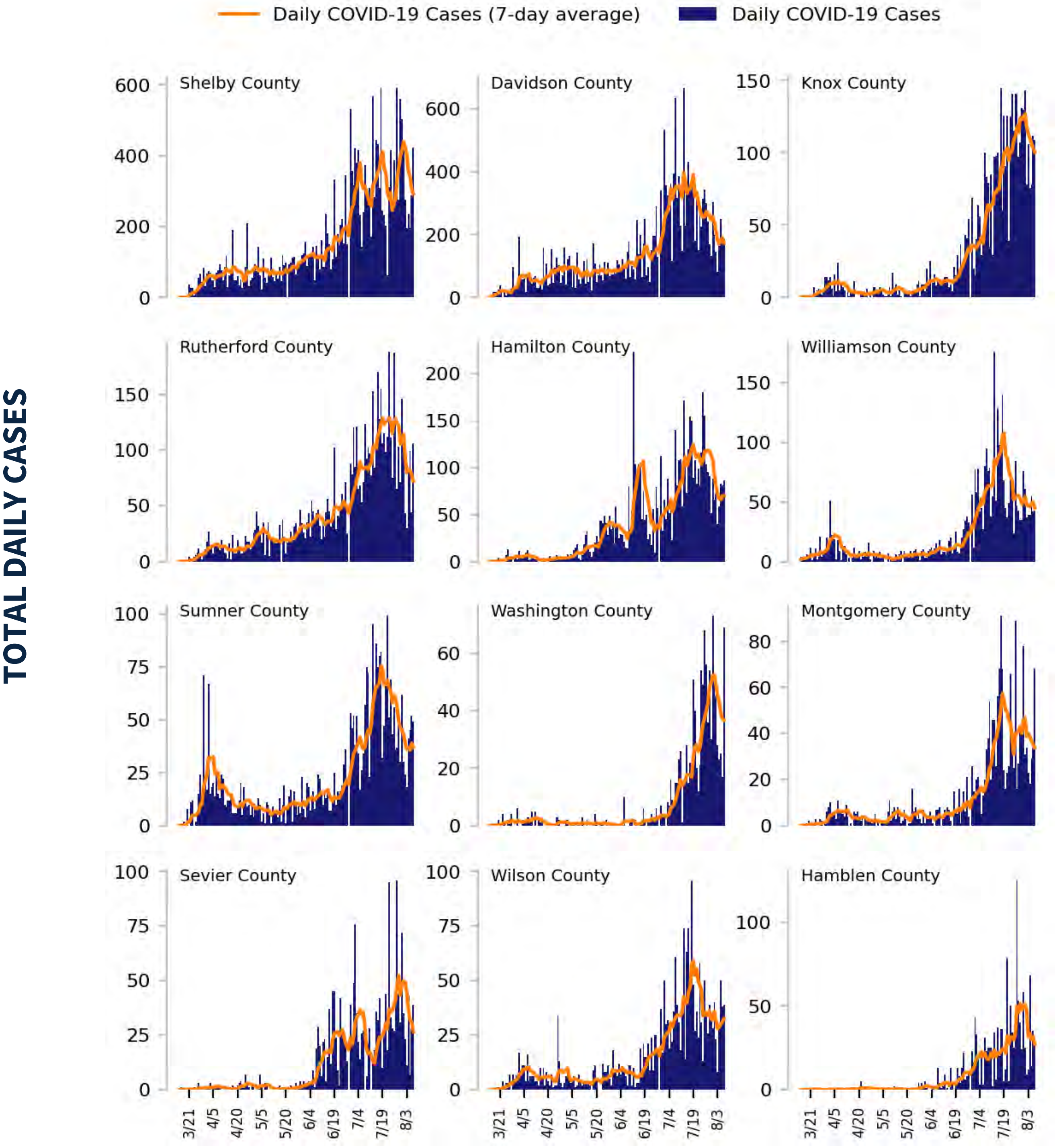
Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)



DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020.

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



DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

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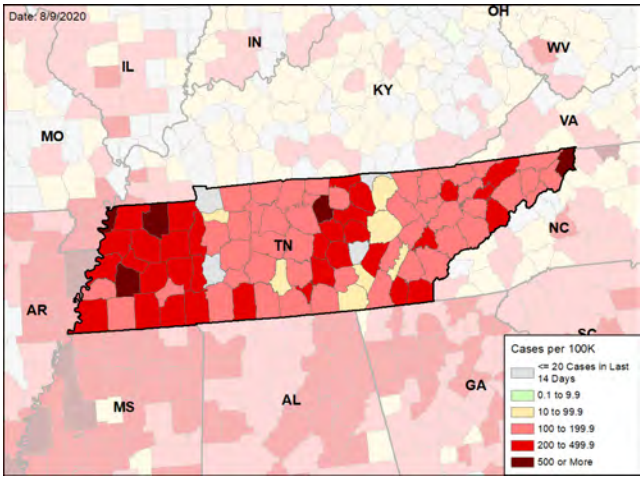
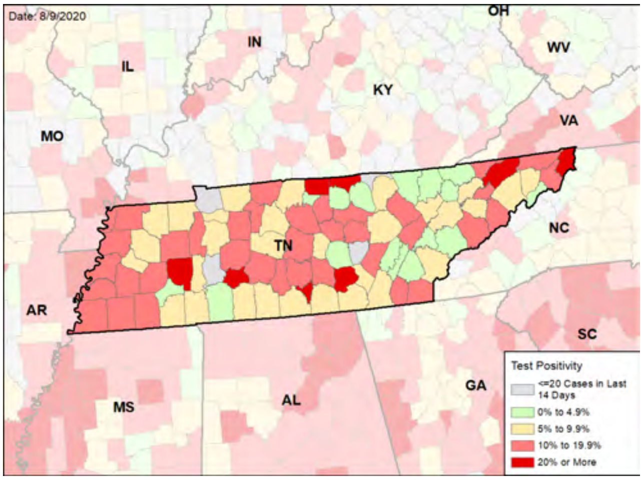
CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

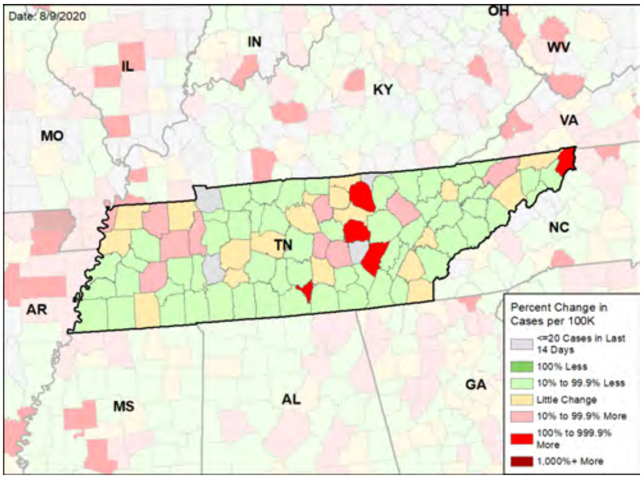
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
OH
IN
WV
IL
KY
VA
MO
NC
TN
AR
SC
GA
MS
AL
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

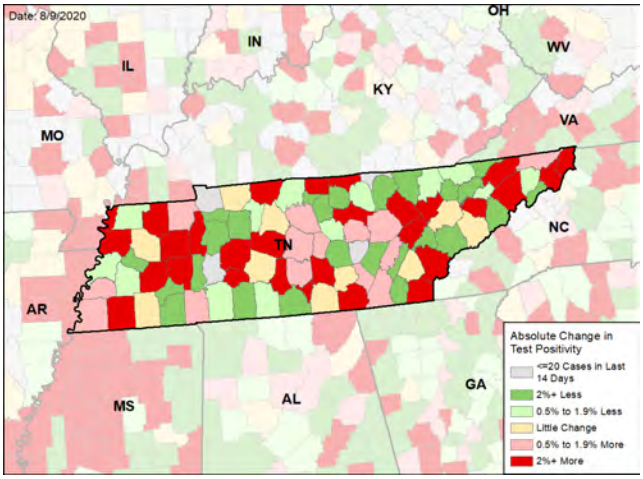
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
OH
IN
WV
IL
KY
VA
MO
NC
TN
AR
SC
GA
MS
AL
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
OH
IN
WV
IL
KY
VA
MO
NC
TN
AR
GA
MS
AL
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
OH
IN
WV
IL
KY
VA
MO
NC
TN
AR
GA
MS
AL
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

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SUMMARY

- Texas is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the red zone for test positivity, indicating a rate above 10%.
- Texas has seen a decrease in new cases and a decrease in test positivity over the past week in most counties and metros, demonstrating that mitigation efforts are beginning to have an impact.
- Houston remains at a high plateau and Austin has seen a slight uptick in cases over the past few days, so continued aggressive and expanded mitigation across the state must continue.
- Testing rates are low and are decreasing; this should be addressed.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Harris County, 2. Dallas County, and 3. Bexar County. These counties represent 35.0 percent of new cases in Texas, but the epidemic in Texas is widespread across the state.
- Texas had 178 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 560 to support medical activities from DOD; 41 to support operations activities from DOD; 69 to support operations activities from FEMA; 90 to support medical activities from ASPR; 20 to support operations activities from ASPR; 1 to support epidemiology activities from CDC; 12 to support operations activities from USCG; 15 to support medical activities from VA; and 1 to support operations activities from VA.
- The federal government has supported a surge testing site in Houston, TX.
- Between Aug 01 - Aug 07, on average, 640 patients with confirmed COVID-19 and 691 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Texas. An average of 85 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue the aggressive protection of those in nursing homes, assisted living, and long-term care facilities by ensuring access to rapid facility-wide testing in response to a resident or staff member with COVID-19. Ensure social distancing and universal facemask use. Nursing homes with cases should remain closed to visitation until all staff and residents are tested and isolated. In all nursing homes with more than 3 cases in 3 weeks should have full survey visits. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support routine testing.
- Continue the statewide mask mandate in all counties with 20 or more cases. Multiple counties and metros are now in this category.
- Continue the bar closure in all counties with greater than 5% test positivity, increase outdoor dining opportunities, and limit indoor dining to 25% of normal capacity.
- Ensure every citizen knows to limit social gatherings to 10 or fewer people.
- Continue the scale-up of testing, moving to community-led neighborhood testing. Work with local community groups to increase household testing of multigenerational households, with clear guidance on test positive isolation procedures and mask use.
- Ensure all individuals and households engaged in any multi-household activities are immediately tested, either in pools or as individuals.
- Increase messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Expand testing capacity in public health labs by adding shifts, including weekend shifts, to reduce turnaround times. Institute 3:1 or 2:1 pools of test specimens.
- Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

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

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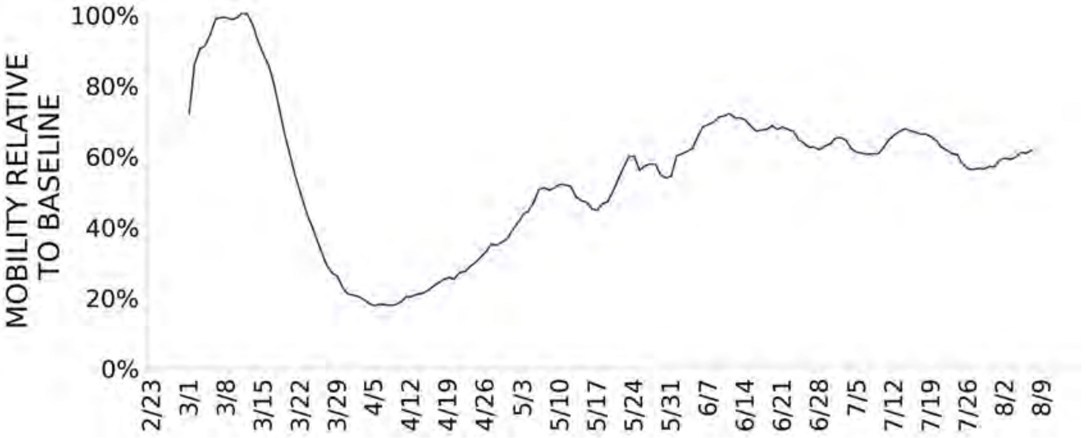
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	51,654 (178)	-13.9%	76,858 (180)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	14.6%	-2.1%*	11.4%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	94,451** (326)	-52.7%**	303,878** (711)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	1,468 (5)	-42.7%	1,883 (4)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	24.0%	-1.4%*	21.3%	12.1%

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

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COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**33** **Top 12 shown (full list below)**	Houston-The Woodlands-Sugar Land Dallas-Fort Worth-Arlington Brownsville-Harlingen McAllen-Edinburg-Mission Corpus Christi Laredo Beaumont-Port Arthur Waco Midland Rio Grande City-Roma Eagle Pass Victoria	**29** **Top 12 shown (full list below)**	San Antonio-New Braunfels Austin-Round Rock-Georgetown El Paso Lubbock Killeen-Temple Amarillo College Station-Bryan Longview Palestine Wichita Falls Corsicana Abilene
COUNTY LAST WEEK	**81** **Top 12 shown (full list below)**	Harris Dallas Cameron Tarrant Hidalgo Nueces Webb Brazoria Galveston McLennan Jefferson Starr	**59** **Top 12 shown (full list below)**	Bexar Travis El Paso Fort Bend Denton Montgomery Collin Lubbock Williamson Bell Brazos Madison

All Red CBSAs: Houston-The Woodlands-Sugar Land, Dallas-Fort Worth-Arlington, Brownsville-Harlingen, McAllen-Edinburg-Mission, Corpus Christi, Laredo, Beaumont-Port Arthur, Waco, Midland, Rio Grande City-Roma, Eagle Pass, Victoria, Odessa, Del Rio, Lufkin, Beeville, Jacksonville, San Angelo, Nacogdoches, Plainview, Alice, Port Lavaca, Huntsville, El Campo, Mount Pleasant, Uvalde, Hereford, Raymondville, Bay City, Stephenville, Kingsville, Dumas, Snyder

All Yellow CBSAs: San Antonio-New Braunfels, Austin-Round Rock-Georgetown, El Paso, Lubbock, Killeen-Temple, Amarillo, College Station-Bryan, Longview, Palestine, Wichita Falls, Corsicana, Abilene, Sherman-Denison, Athens, Texarkana, Pearsall, Brenham, Kerrville, Brownwood, Gainesville, Rockport, Big Spring, Levelland, Sulphur Springs, Bonham, Zapata, Pecos, Vernon, Borger

All Red Counties: Harris, Dallas, Cameron, Tarrant, Hidalgo, Nueces, Webb, Brazoria, Galveston, McLennan, Jefferson, Starr, Midland, Maverick, Ector, Victoria, Hays, Kaufman, Johnson, Ellis, Val Verde, Angelina, Guadalupe, Bee, Orange, Cherokee, Tom Green, Potter, Comal, Parker, San Patricio, Nacogdoches, Karnes, Hardin, Hale, DeWitt, Liberty, Medina, Calhoun, Polk, Walker, Hunt, Jim Wells, Caldwell, Wharton, Chambers, Jackson, Gonzales, Lavaca, Uvalde, Titus, Deaf Smith, Willacy, Matagorda, Harrison, Erath, Kleberg, Wise, Grimes, Refugio, Live Oak, Zavala, Moore, Milam, Scurry, Comanche, Bosque, Colorado, Runnels, Robertson, Parmer, Pecos, Duval, Lee, San Jacinto, Jack, Mitchell, Winkler, Cochran, Jim Hogg, Sabine

All Yellow Counties: Bexar, Travis, El Paso, Fort Bend, Denton, Montgomery, Collin, Lubbock, Williamson, Bell, Brazos, Madison, Randall, Gregg, Bastrop, Anderson, Navarro, Wichita, Taylor, Grayson, Henderson, Coryell, Burnet, Jasper, Bowie, Van Zandt, Frio, Waller, Wood, Hill, Washington, Kerr, Brown, Lamb, Limestone, Rusk, Cooke, Upshur, Dimmit, Young, Cass, Aransas, Howard, Austin, Shelby, Hopkins, Hockley, Fannin, Atascosa, Trinity, Falls, Burleson, Zapata, Kendall, Panola, Wilbarger, Hutchinson, Montague, Mason

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

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

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
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POLICY RECOMMENDATIONS FOR COUNTIES IN THE YELLOW ZONE IN ORDER TO PREEMPT EXPONENTIAL COMMUNITY SPREAD

Public Messaging

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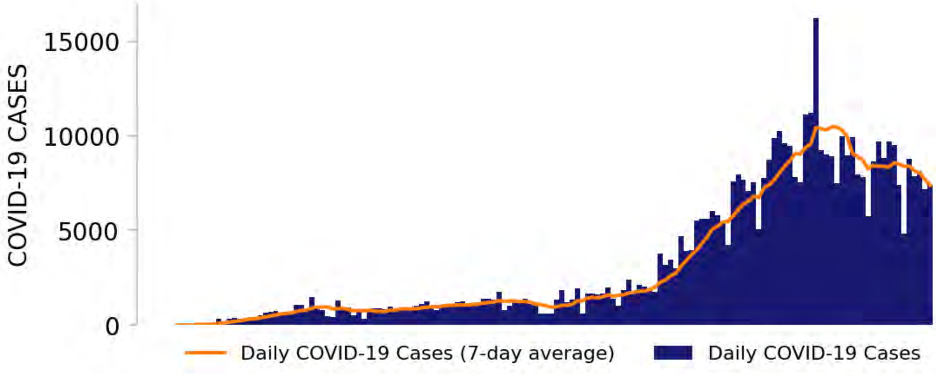
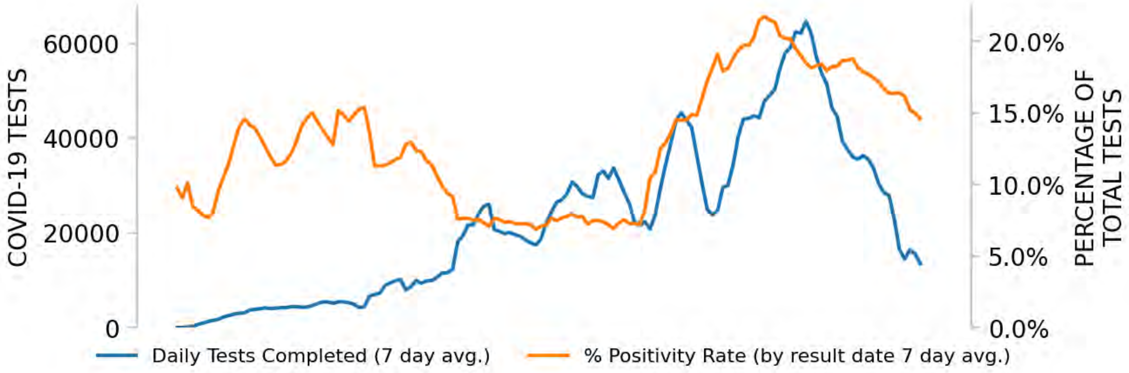
NEW CASES

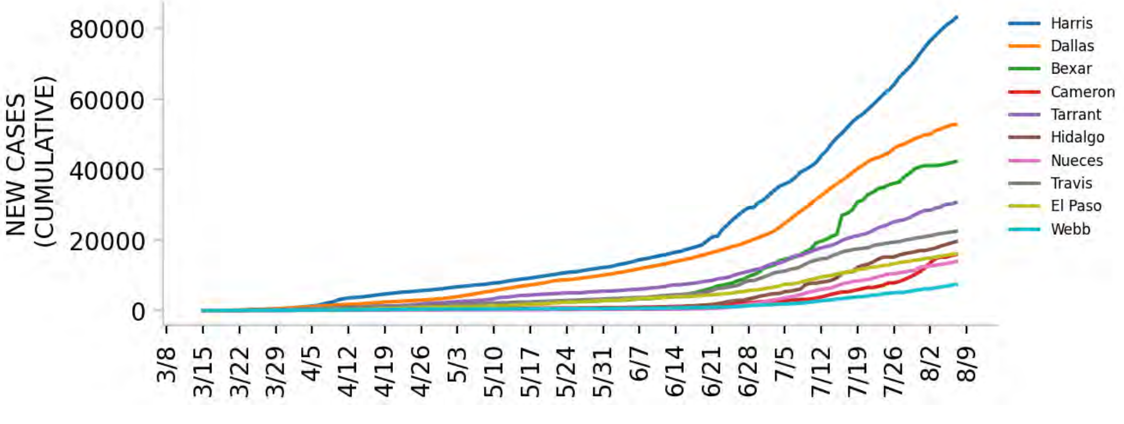


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)



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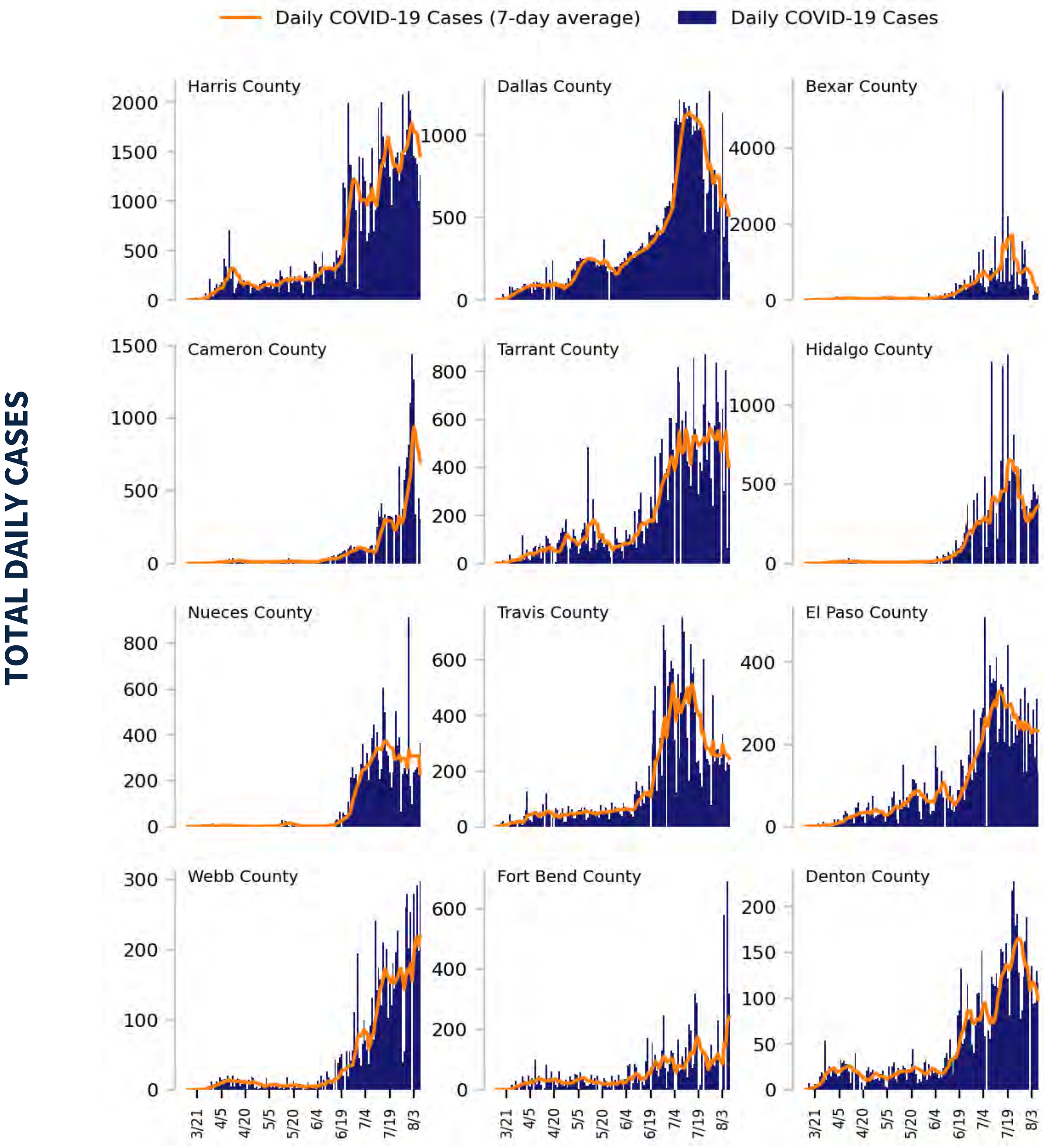
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

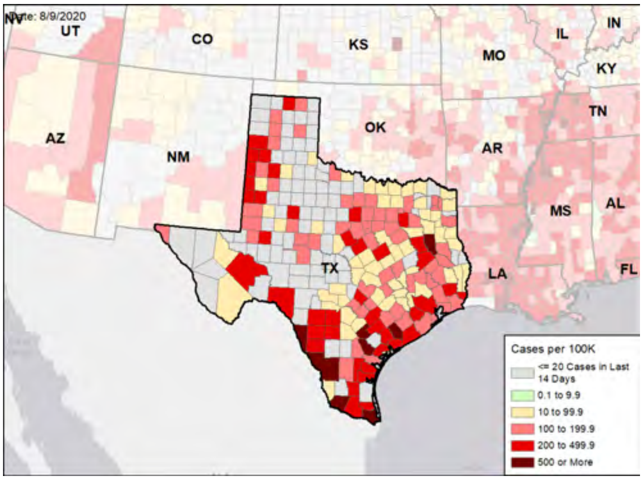
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

TEXAS

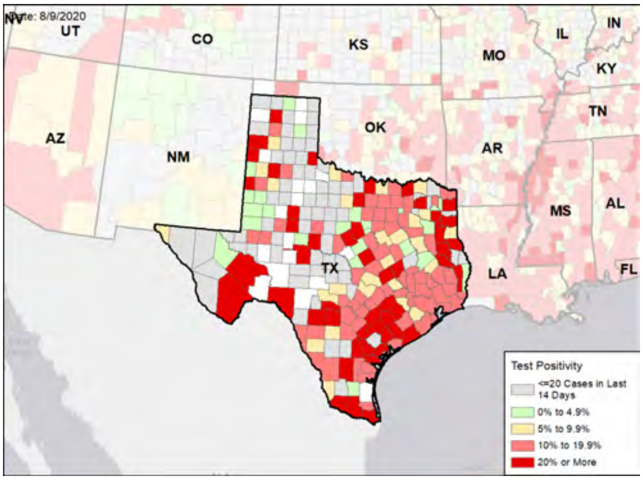
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

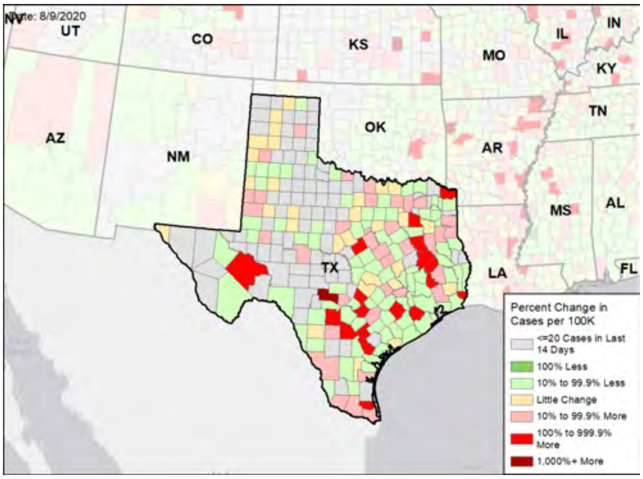
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
NV
UT
CO
KS
MO
IL
IN
KY
TN
OK
AR
AZ
NM
MS
AL
TX
LA
FL
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

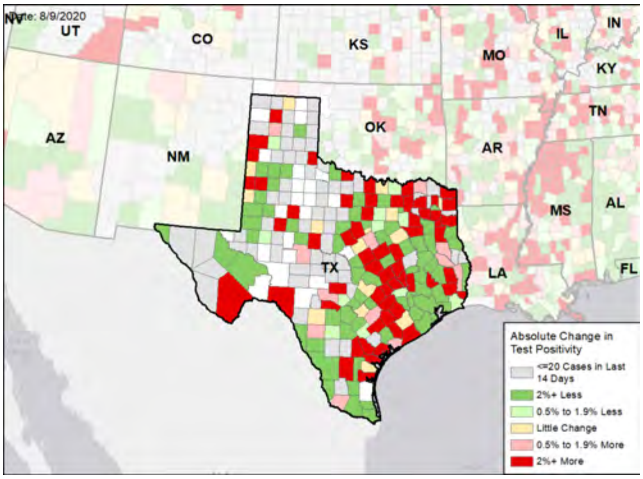
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
NV
UT
CO
KS
MO
IL
IN
KY
TN
OK
AR
AZ
NM
MS
AL
TX
LA
FL
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
NV
UT
CO
KS
MO
IL
IN
KY
TN
OK
AR
AZ
NM
MS
AL
TX
LA
FL
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
NV
UT
CO
KS
MO
IL
IN
KY
TN
OK
AR
AZ
NM
MS
AL
TX
LA
FL
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

UTAH

STATE REPORT | 08.09.2020

SUMMARY

- Utah is in the red zone for cases, indicating more than 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- Utah has seen stability in new cases and a decrease in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Salt Lake County, 2. Utah County, and 3. Davis County. These counties represent 73.1 percent of new cases in Utah.
- Utah had 101 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 2 to support operations activities from FEMA.
- Between Aug 01 - Aug 07, on average, 22 patients with confirmed COVID-19 and 36 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Utah. An average of 82 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Keep statewide mask requirement in place. Work with local communities to ensure high usage rates. Identify mechanisms to assess compliance with local regulations.
- In red and yellow zones, closing bars and reducing indoor dining at restaurants is critical to disrupt transmission.
- Message to residents that if they vacation in an area with low COVID prevalence and have come from an area with high COVID prevalence, they should: remain socially distanced, stay masked in all public spaces, and avoid all indoor gatherings where social distancing and masks cannot be maintained.
- Any nursing homes with 3 or more cases of COVID in the last 3 weeks should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population. Protect vulnerable populations in assisted living and long-term care facilities through weekly testing of all workers and requiring masks. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place.
- Providing timely test results to individuals so they can isolate and stop the spread is critical. Implement the following to increase testing capacity and decrease turnaround times:
  - (1) For family and cohabitating households, screen entire households in a single test by pooling a sample of each member's specimen. For households that test positive, isolate and conduct follow-up individual tests.
  - (2) Expand testing capacity in public health labs by adding shifts, including weekend shifts, to reduce turnaround times.
  - (3) Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
  - (4) Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
- Increase messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Expand public messaging to younger demographics, using social media and other messaging platforms, to communicate changes in the local epidemic and appropriate actions that should be adopted.
- Continue ongoing efforts to build contact tracing capabilities (e.g., increase staff, training, and funding), with a focus on communities with increasing cases.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

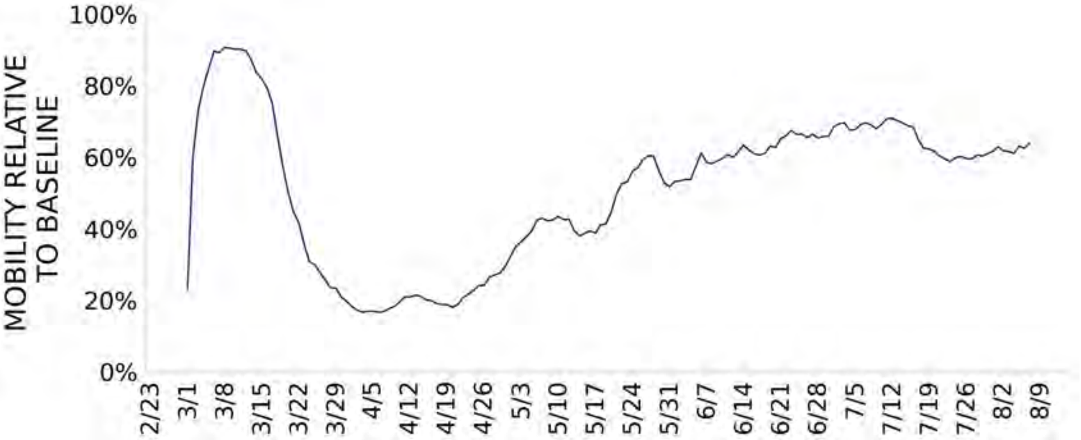
** Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state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

UTAH

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	3,232 (101)	-0.6%	8,867 (72)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	7.2%	-1.4%*	5.6%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	47,088** (1,469)	-18.5%**	177,074** (1,444)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	32 (1)	+10.3%	86 (1)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	8.0%	-1.1%*	4.9%	12.1%

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

UTAH

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	0	N/A	6	Salt Lake City Provo-Orem Ogden-Clearfield St. George Cedar City Price
COUNTY LAST WEEK	1	San Juan	10	Salt Lake Utah Davis Washington Tooele Iron Box Elder Wasatch Millard Carbon

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

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

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

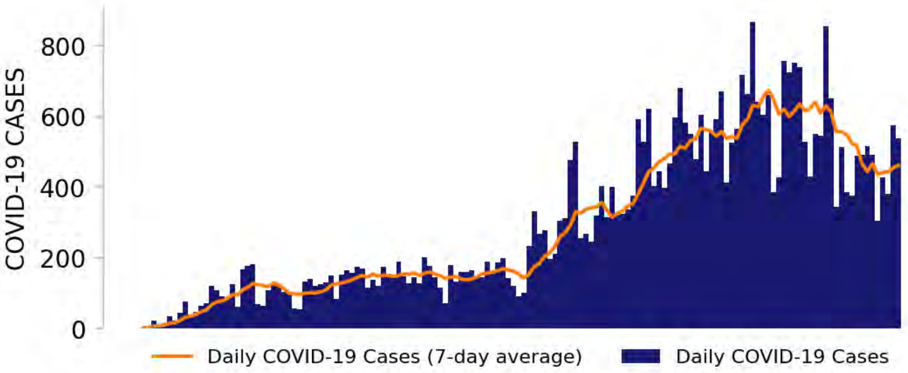
Testing

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

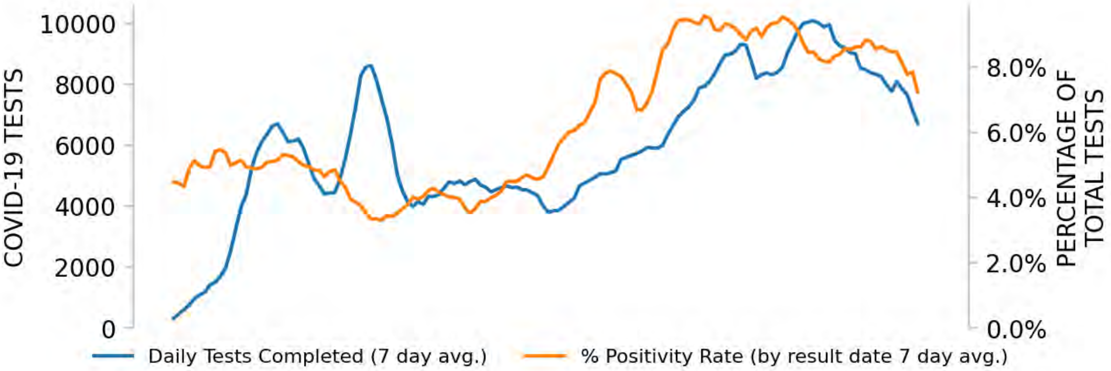
UTAH

STATE REPORT | 08.09.2020

NEW CASES

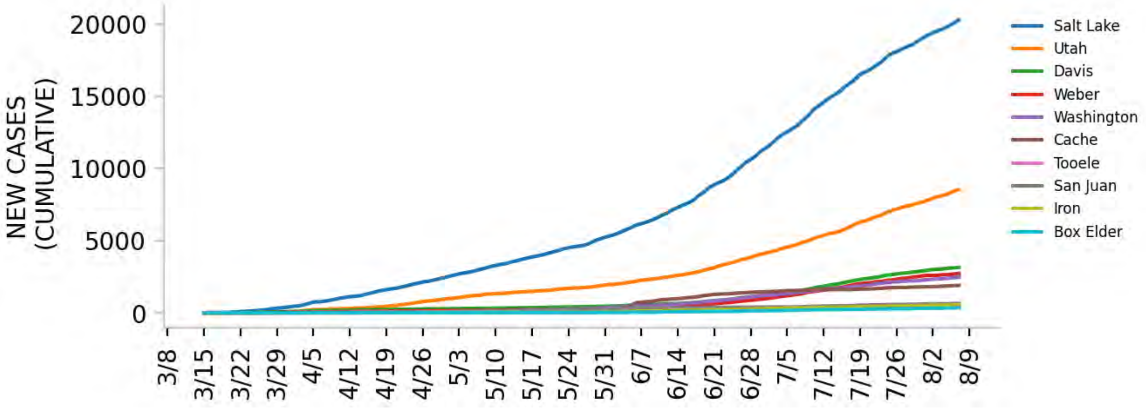


TESTING



TOP COUNTIES

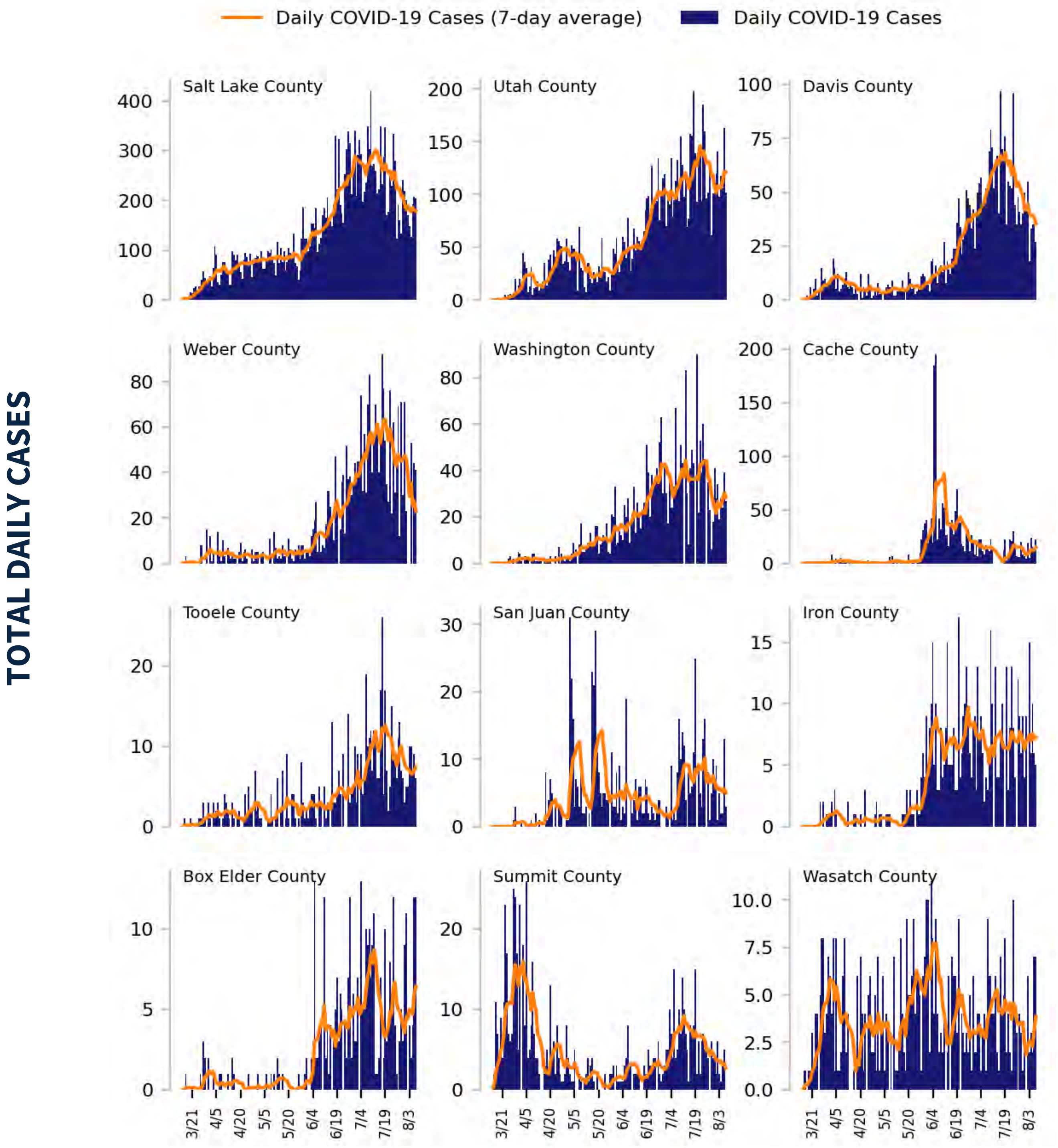
Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)



DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

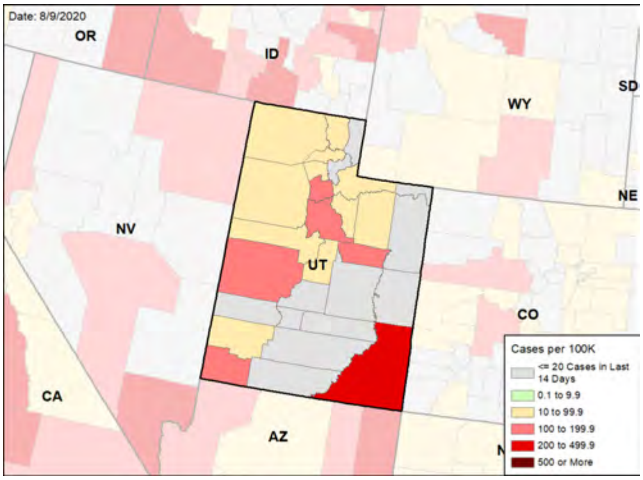
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

UTAH

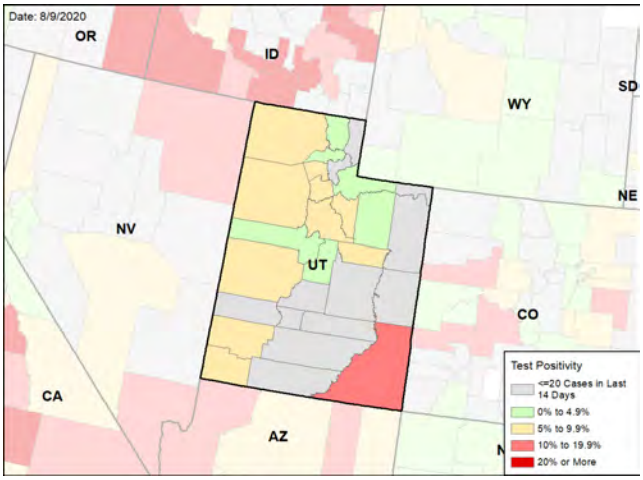
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

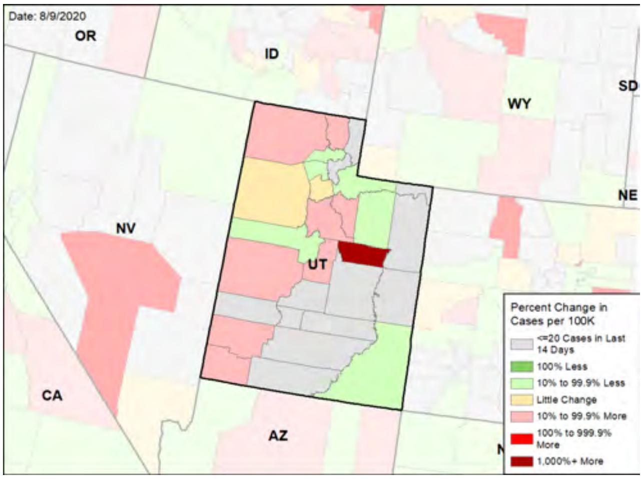
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
OR
ID
WY
SD
NE
NV
UT
CO
CA
AZ
N
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

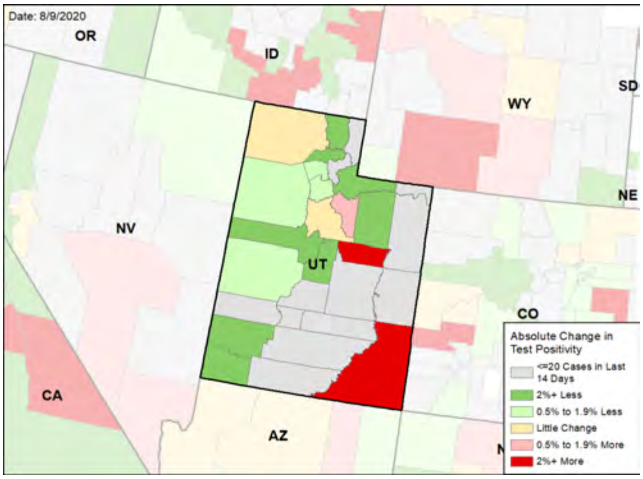
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
OR
ID
WY
SD
NE
NV
UT
CO
CA
AZ
N
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
OR
ID
WY
SD
NE
NV
UT
CA
AZ
N
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
OR
ID
WY
SD
NE
NV
UT
CO
CA
AZ
N
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

VERMONT

STATE REPORT | 08.09.2020

SUMMARY

- Vermont is in the green zone for cases, indicating below 10 cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- Vermont has seen a slight increase in new cases and stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Chittenden County, 2. Rutland County, and 3. Bennington County. These counties represent 64.3 percent of new cases in Vermont.
- Vermont had 6 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 1 to support operations activities from FEMA and 1 to support operations activities from USCG.
- Between Aug 01 - Aug 07, 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 72 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue public awareness efforts on the public health and economic benefits of the new state masking mandate. State efforts (#MasksonVT) are noted and commended.
- Continue the scale-up of the vigorous testing program and implementation of contact tracing.
- Continue to carefully monitor changes in cases, testing, and hospitalizations.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

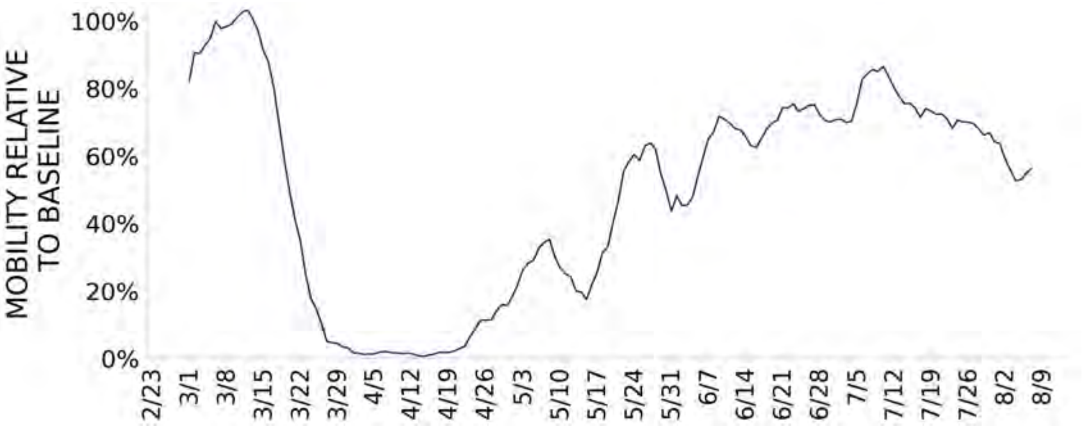
** Psychological, rehabilitation, and religious non-medical hospitals were excluded from analyses. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. This value may differ from those in state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

VERMONT

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	35 (6)	+20.7%	4,242 (29)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	0.6%	-0.2%*	1.7%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	12,001** (1,923)	+17.4%**	244,677** (1,648)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	1 (0)	+0.0%	122 (1)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	0.0%	+0.0%*	3.5%	12.1%

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

VERMONT

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

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

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

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

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

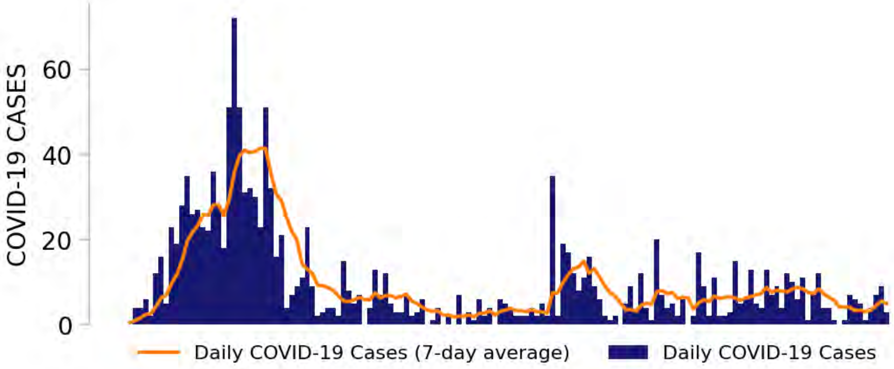
Testing

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

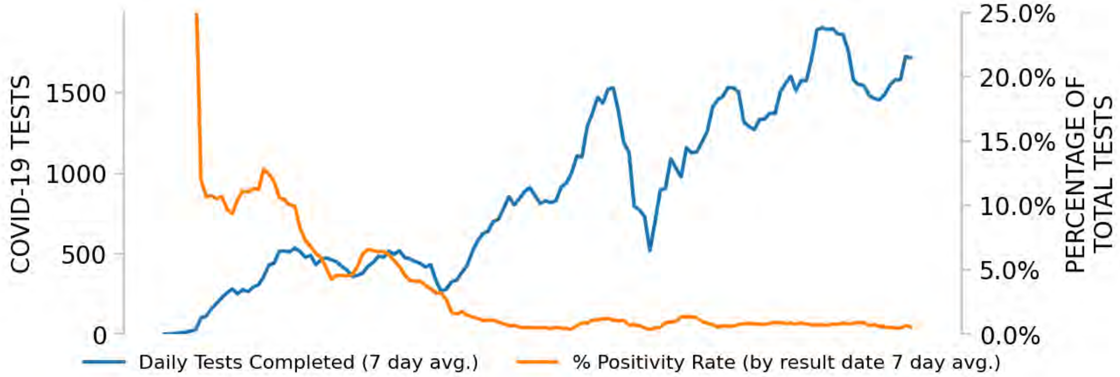
VERMONT

STATE REPORT | 08.09.2020

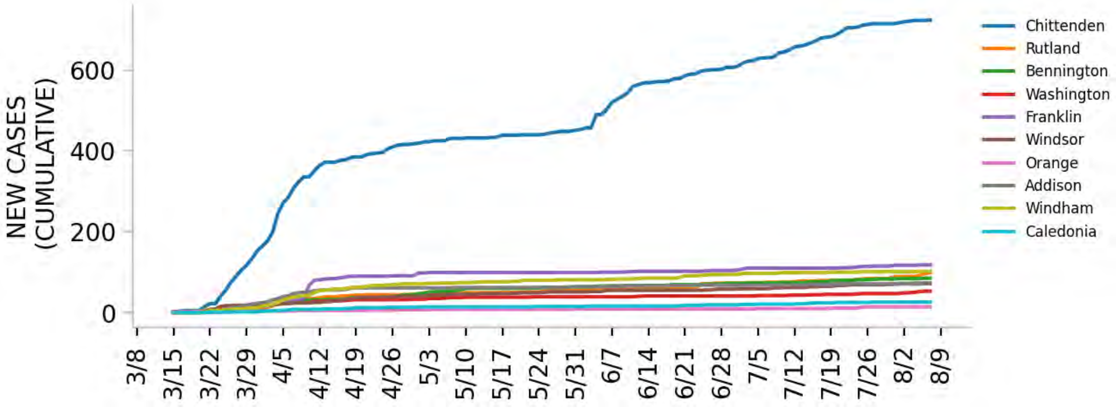
NEW CASES



TESTING



TOP COUNTIES



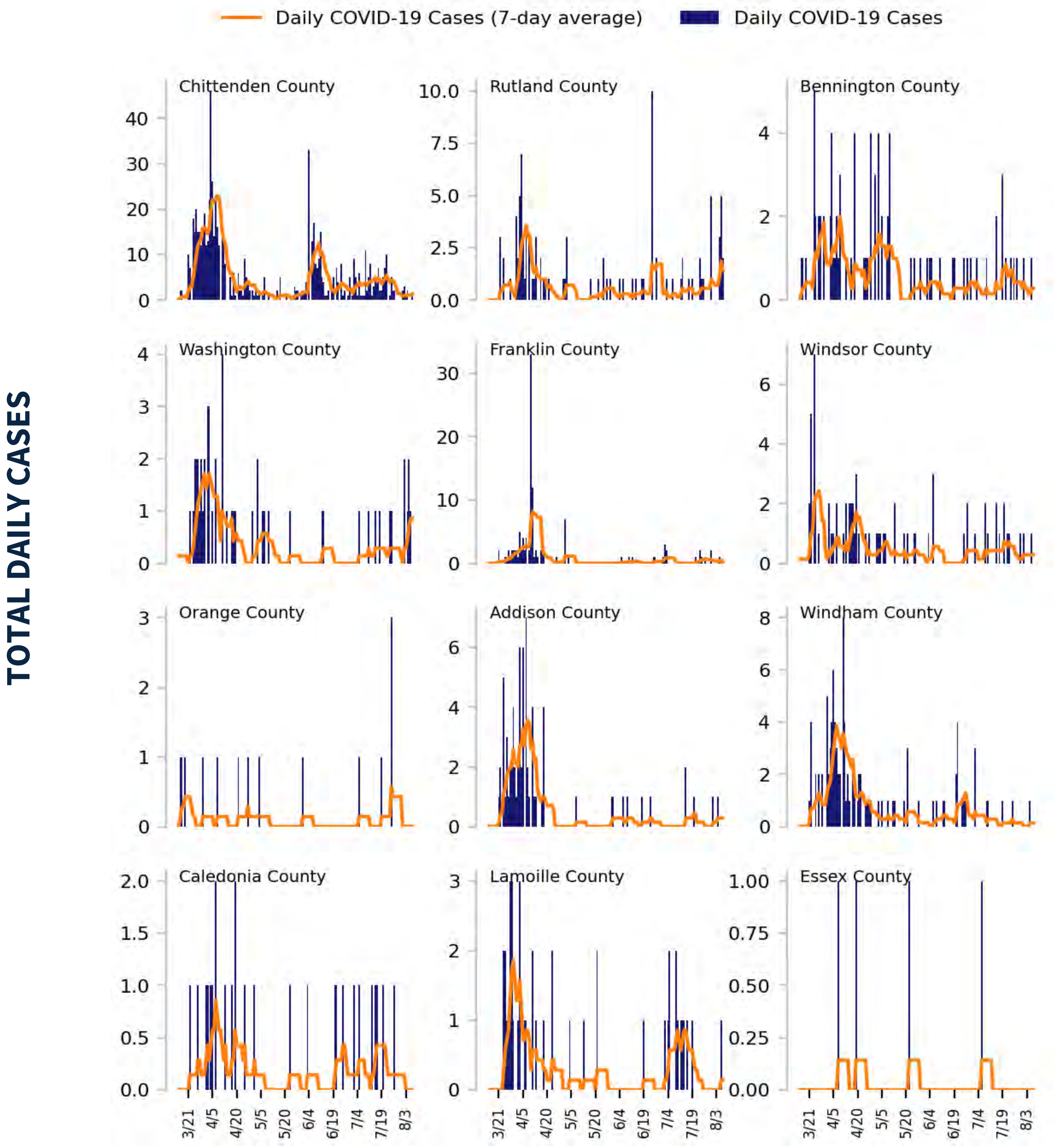
Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)

DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

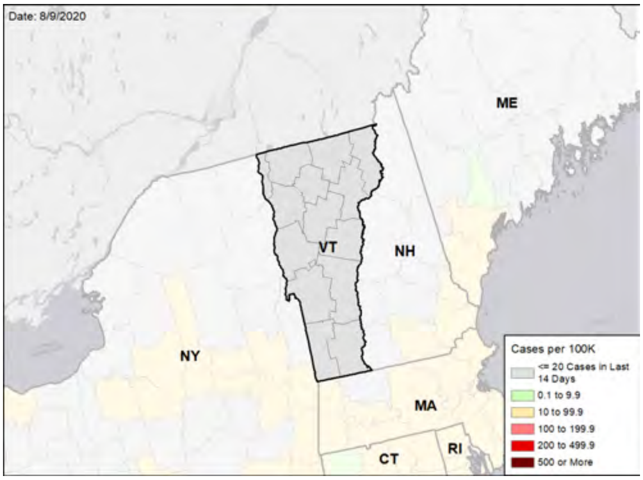
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

VERMONT

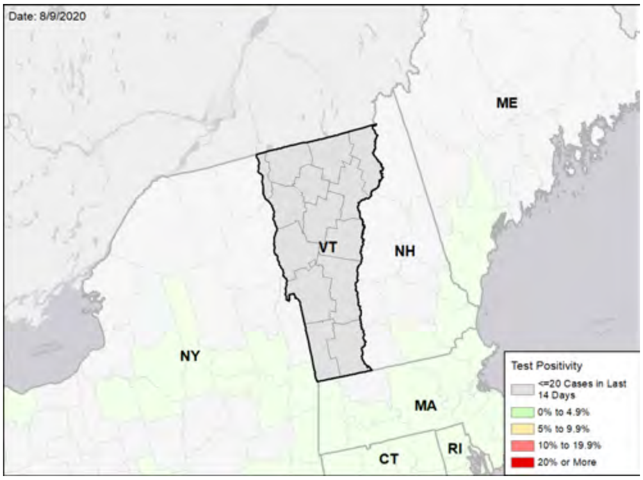
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

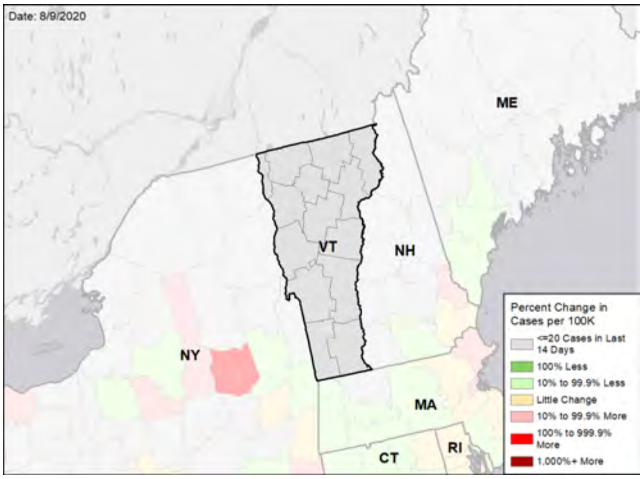
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
ME
VT
NH
NY
MA
CT
RI
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

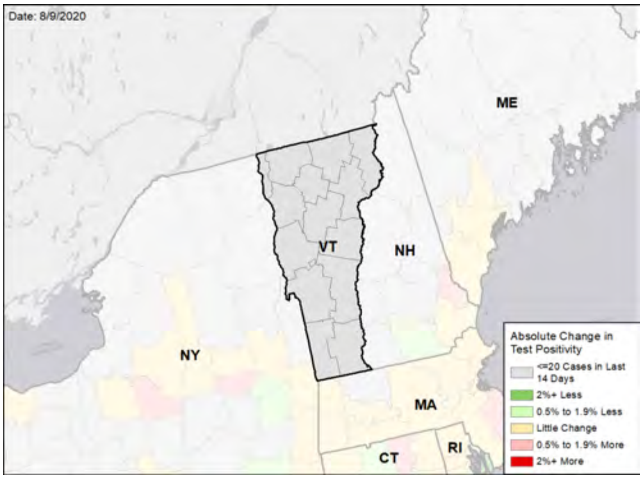
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
ME
VT
NH
NY
MA
CT
RI
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
ME
VT
NH
NY
MA
CT
RI
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
ME
VT
NH
NY
MA
CT
RI
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

VIRGINIA

STATE REPORT | 08.09.2020

SUMMARY

- Virginia is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- Virginia has seen stability in new cases and stability in test positivity over the past week, demonstrating the early impact of expanded mitigation efforts, including in southeastern Virginia counties.
- The highest case rate by age group for COVID positive is 20-29 (19.4%); the highest case rate by age group for hospitalization: 60-69 (20.0%); and the highest case rate by age group for COVID-related death is 80+ (49.5%).
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Virginia Beach City, 2. Norfolk City, and 3. Fairfax County. These counties represent 24.5 percent of new cases in Virginia. New cases are significantly concentrated in the southeast region, Richmond, and the DC metro area.
- Virginia had 94 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 51 to support operations activities from FEMA; 4 to support epidemiology activities from CDC; 3 to support operations activities from CDC; and 88 to support operations activities from USCG.
- Between Aug 01 - Aug 07, on average, 73 patients with confirmed COVID-19 and 196 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Virginia. An average of 87 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue the EO-63 mask mandate.
- In counties and cities with 7-day average test positivity greater than 5%, close bars, especially if the liquor restrictions after 10pm are not successful; restrict gyms to 25% occupancy; and ensure strict social distancing can be maintained in restaurants by emphasizing outdoor over indoor dining.
- Develop targeted messaging and outreach to the 20-49 age group, marginalized populations, and out-of-state tourists.
- In high transmission counties and cities, implement community-led testing and work with local community groups to increase testing access. Implement pooled testing as described below to further increase access and reduce turnaround times. As feasible, focus testing resources in the most populous or touristed areas with highest transmission.
- Increase testing in beach communities and tourist areas. Alert visitors of the importance of protecting vulnerable populations when they return home through mask usage and increased social distancing. Enact strict prevention policies when outbreaks or increases in cases are identified, such as closing bars and indoor restaurants, enforcing distancing on beaches, and penalties for social gatherings over 10 people.
- Continue the aggressive protection of those in nursing homes and long-term care facilities (LTCFs) by testing all staff each week and requiring staff to wear face masks. Ensure all LTCFs participate in infection prevention and control assessments, including mandating infection prevention and control assessments at all nursing homes with more than 3 positive staff or residents in the last 3 weeks. Antigen testing supplies will continue to be provided by the Federal Government over the next 4-6 weeks to support routine testing.
- Ensure all hospital testing capacity is being fully utilized to support additional community, nursing home, and school (K-12) testing as emergency department visits and admissions decline, and additional testing capacity is available.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

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

VIRGINIA

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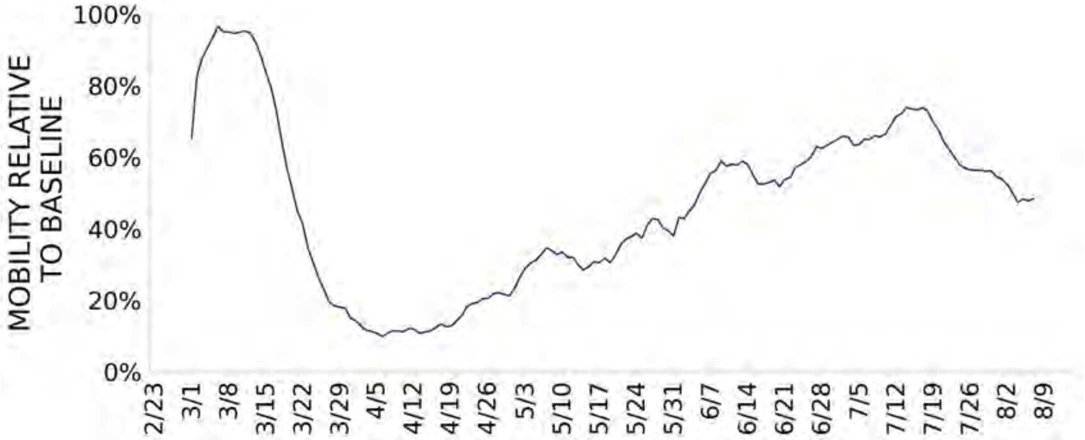
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	7,997 (94)	+7.3%	20,436 (66)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	9.7%	+0.0%*	5.4%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	96,531** (1,131)	-22.0%**	494,173** (1,602)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	149 (2)	+43.3%	343 (1)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	10.1%	+1.5%*	8.7%	12.1%

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

VIRGINIA

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COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**5**	Virginia Beach-Norfolk-Newport News Danville Martinsville Kingsport-Bristol Big Stone Gap	**8**	Washington-Arlington-Alexandria Richmond Lynchburg Roanoke Charlottesville Harrisonburg Blacksburg-Christiansburg Bluefield
COUNTY LAST WEEK	**35** **Top 12 shown (full list below)**	Virginia Beach City Norfolk City Prince William Chesapeake City Portsmouth City Suffolk City Hampton City Spotsylvania Danville City Pittsylvania Henry Isle of Wight	**49** **Top 12 shown (full list below)**	Fairfax Chesterfield Henrico Newport News City Loudoun Richmond City Alexandria City Roanoke City Lynchburg City Stafford Albemarle James City

All Red Counties: Virginia Beach City, Norfolk City, Prince William, Chesapeake City, Portsmouth City, Suffolk City, Hampton City, Spotsylvania, Danville City, Pittsylvania, Henry, Isle of Wight, Mecklenburg, Amherst, Prince George, Franklin City, Patrick, Brunswick, Smyth, Russell, Martinsville City, Wise, Scott, Southampton, Bristol City, Sussex, Galax City, Grayson, Dickenson, Radford City, Emporia City, Surry, Essex, Floyd, Cumberland

All Yellow Counties: Fairfax, Chesterfield, Henrico, Newport News City, Loudoun, Richmond City, Alexandria City, Roanoke City, Lynchburg City, Stafford, Albemarle, James City, Charlottesville City, York, Bedford, Petersburg City, Roanoke, Hanover, Manassas City, Rockingham, Campbell, Washington, Fredericksburg City, Culpeper, Montgomery, Lee, Tazewell, Harrisonburg City, Greensville, Gloucester, Greene, Halifax, Orange, Carroll, Shenandoah, Franklin, Dinwiddie, Caroline, Botetourt, Fluvanna, Hopewell City, Manassas Park City, Accomack, Powhatan, Appomattox, Louisa, Colonial Heights City, Williamsburg City, Pulaski

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

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

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

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

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

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

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

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

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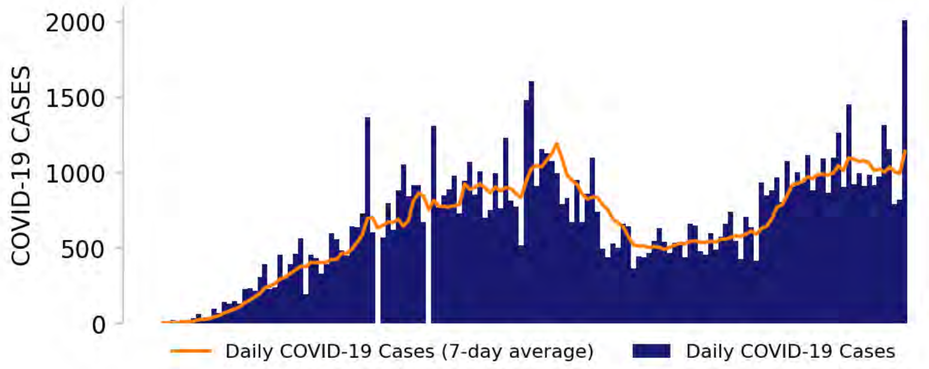
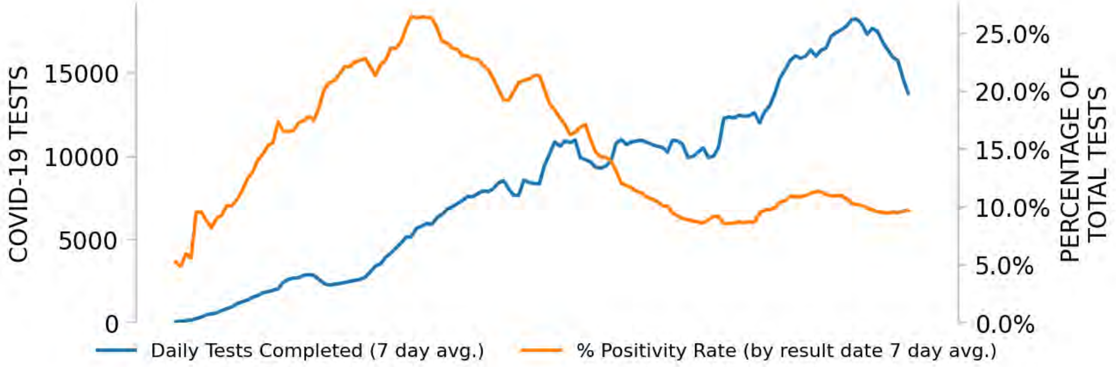
VIRGINIA

STATE REPORT | 08.09.2020

NEW CASES

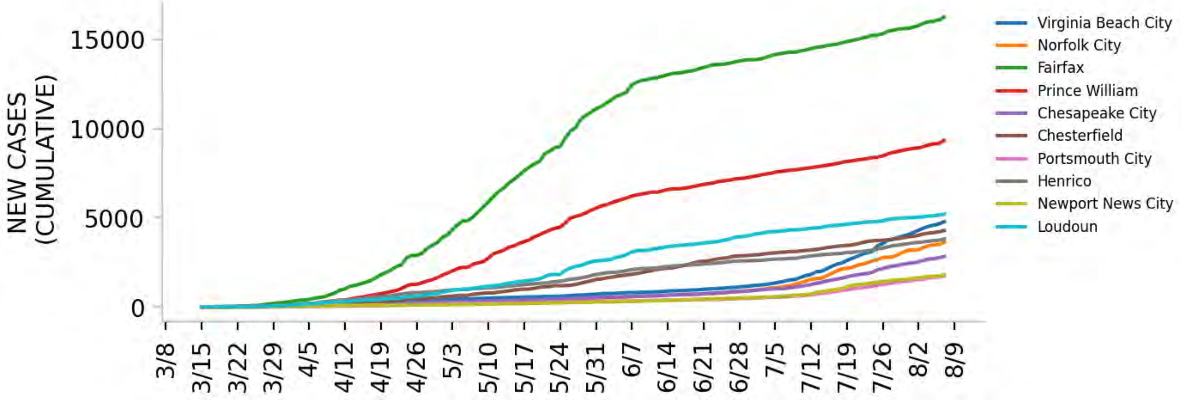


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)

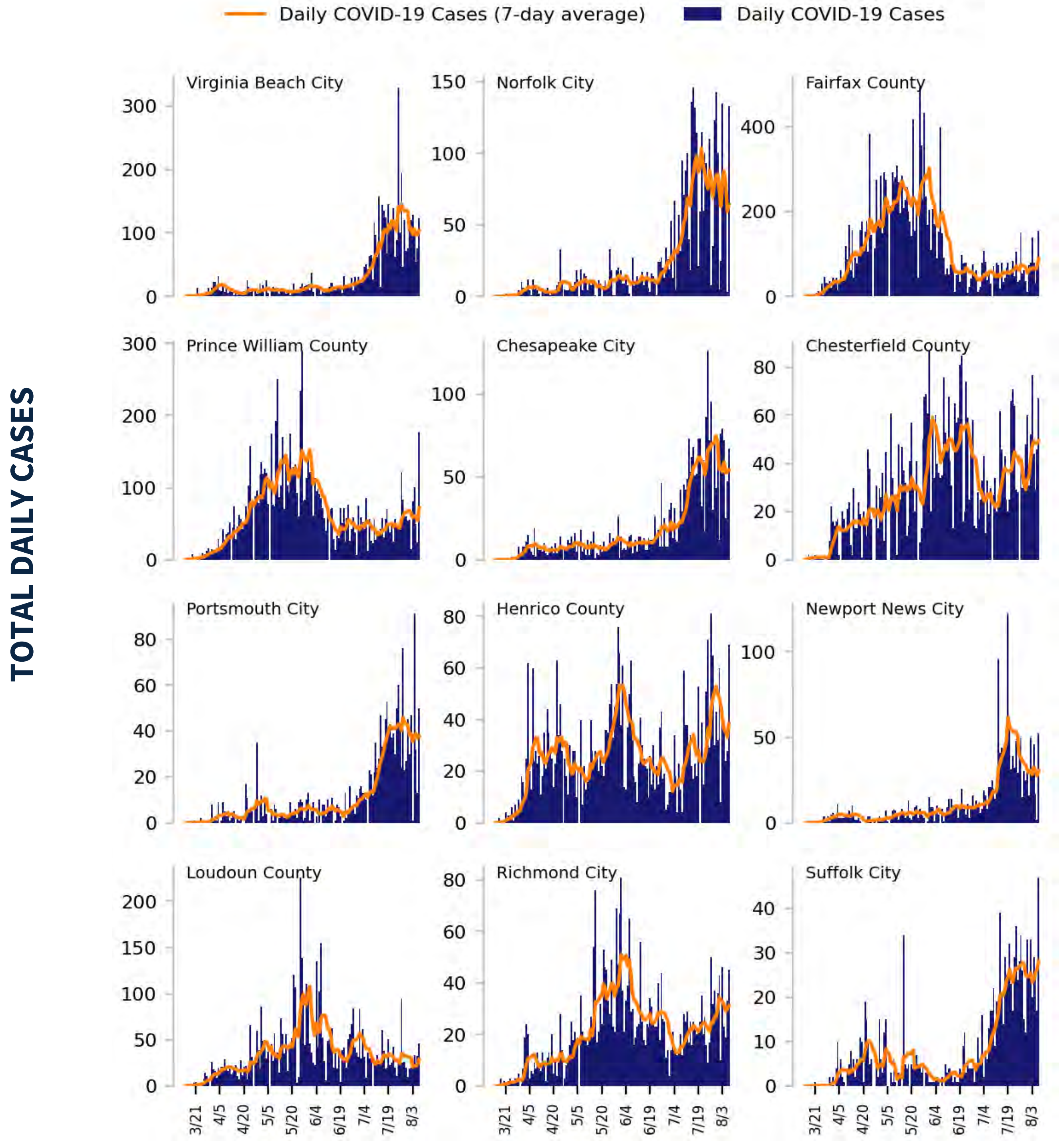


DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

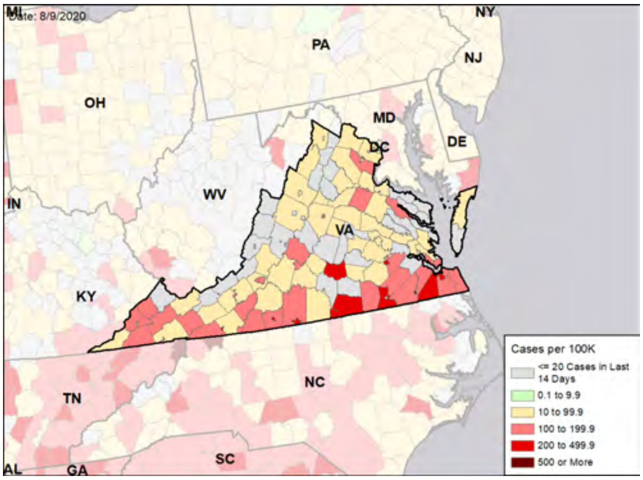
Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

VIRGINIA

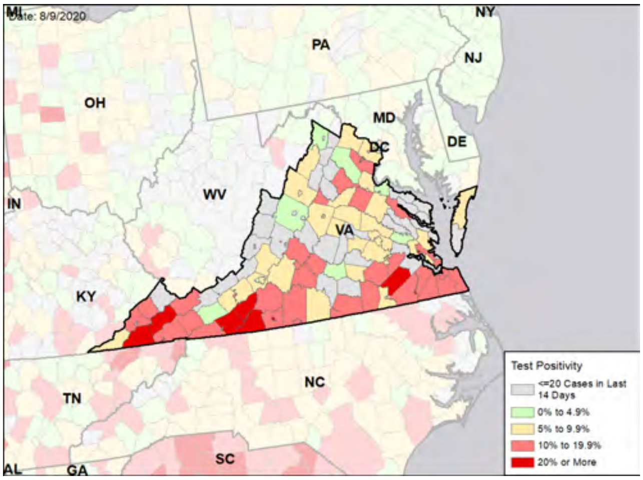
STATE REPORT | 08.09.2020

CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

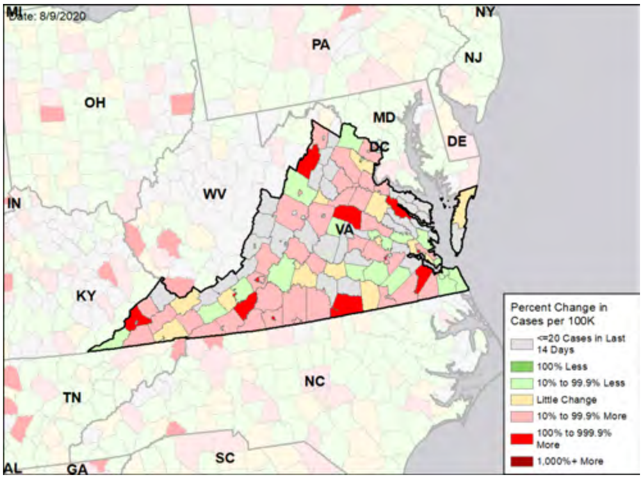
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
MI
NY
PA
NJ
OH
MD
DC
DE
IN
WV
VA
KY
NC
TN
SC
AL
GA
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
MI
NY
PA
NJ
OH
MD
DC
DE
IN
WV
VA
KY
NC
TN
SC
AL
GA
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
MI
NY
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MD
DC
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IN
WV
VA
KY
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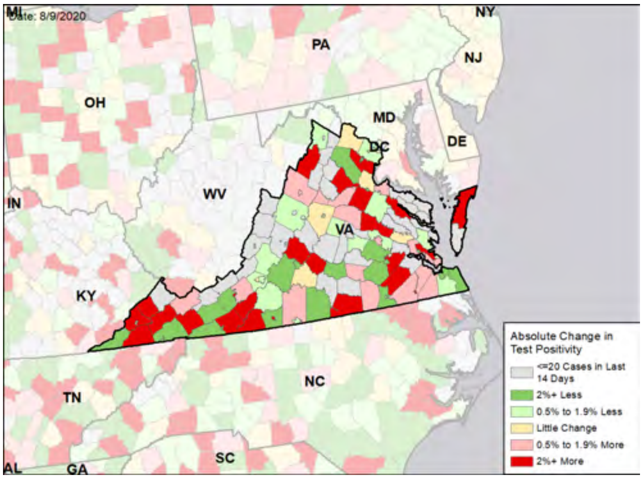
TN
SC
AL
GA
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
MI
NY
PA
NJ
OH
MD
DC
DE
IN
WV
VA
KY
NC
TN
SC
AL
GA
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

WASHINGTON

STATE REPORT | 08.09.2020

SUMMARY

- Washington is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- Washington has seen an increase in new cases and a decrease in test positivity over the past week.
- Increased cases were noted in most counties of the state. However, increased numbers of counties in eastern Washington showed evidence of widespread community transmission, with very high incidence and high test positivity rates (including Adams, Chelan, Douglas, Franklin, Okanogan counties). Yakima County, where intensive measures have increased mask usage, has shown decreasing cases.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. King County, 2. Pierce County, and 3. Spokane County. These counties represent 43.9 percent of new cases in Washington.
- Washington had 76 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 113 to support operations activities from FEMA; 3 to support operations activities from ASPR; 5 to support epidemiology activities from CDC; 21 to support operations activities from USCG; 2 to support medical activities from VA; and 1 to support operations activities from VA.
- Between Aug 01 - Aug 07, on average, 29 patients with confirmed COVID-19 and 81 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Washington. An average of 82 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue state masking requirement. Intensify communication to the public about disruption of business and school operations if cases continue to increase. Continue to use Yakima as an example to improve use of mitigation measures elsewhere.
- Continue measures to increase social distancing. Further measures to increase social distancing are needed in counties with continued increases and very high incidence of cases, along with very high test positivity rates.
- Ensure that all business retailers and personal services require masks and can safely social distance, as stated in Proclamation 20 – 25.6.
- Recruit more contact tracers as community outreach workers to ensure all cases are contacted and all members of positive households are individually tested within 24 hours.
- Work with local community groups to provide targeted, tailored messaging to communities with high case rates and increase community level testing.
- Move to community-led neighborhood testing and work with local community groups to increase access to testing.
- Continue to surge testing and contact tracing resources to neighborhoods and zip codes with highest case rates.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

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

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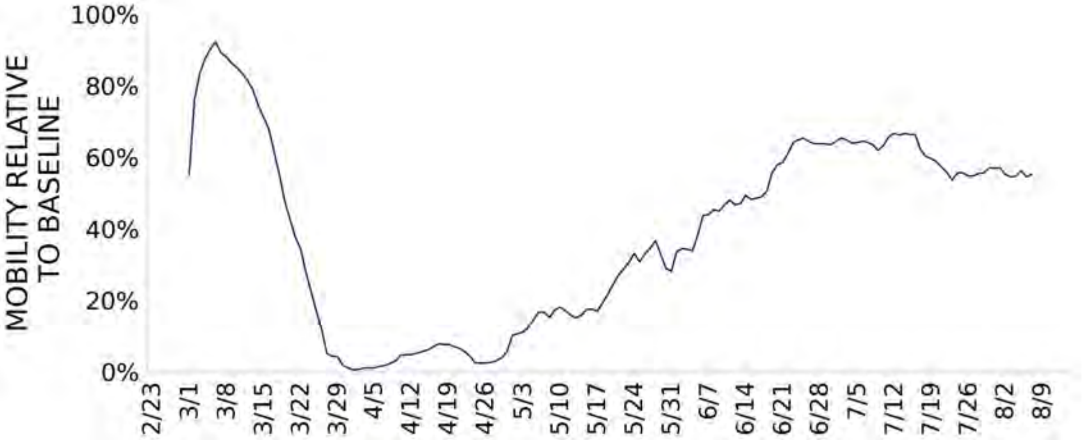
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	5,811 (76)	+16.7%	11,708 (82)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	5.1%	-0.7%*	6.5%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	84,050** (1,104)	+0.4%**	190,248** (1,326)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	110 (1)	+44.7%	183 (1)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	8.5%	+1.3%*	7.6%	12.1%

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

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Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

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COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**5**	Kennewick-Richland Yakima Wenatchee Moses Lake Othello	**5**	Spokane-Spokane Valley Walla Walla Shelton Ellensburg Pullman
COUNTY LAST WEEK	**7**	Yakima Franklin Chelan Okanogan Grant Adams Lincoln	**10**	Pierce Spokane Benton Douglas Walla Walla Mason Kittitas Whitman Pacific Ferry

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

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

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

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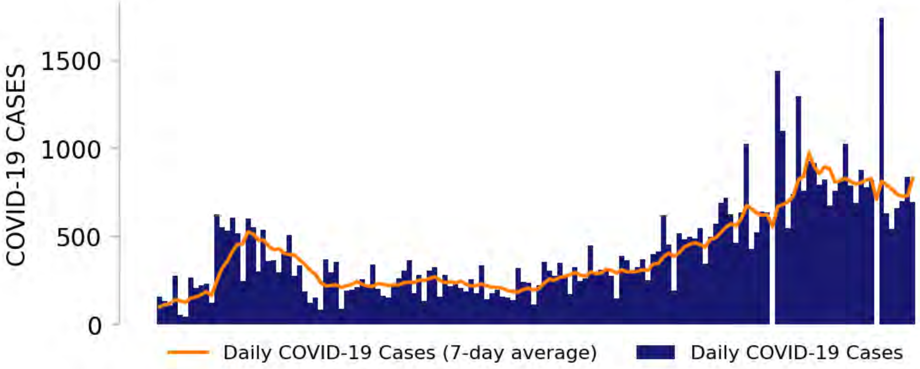
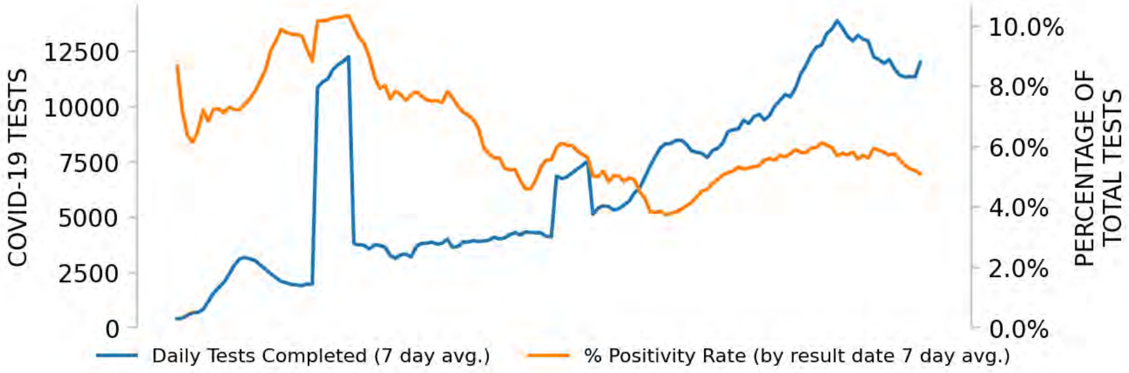
NEW CASES

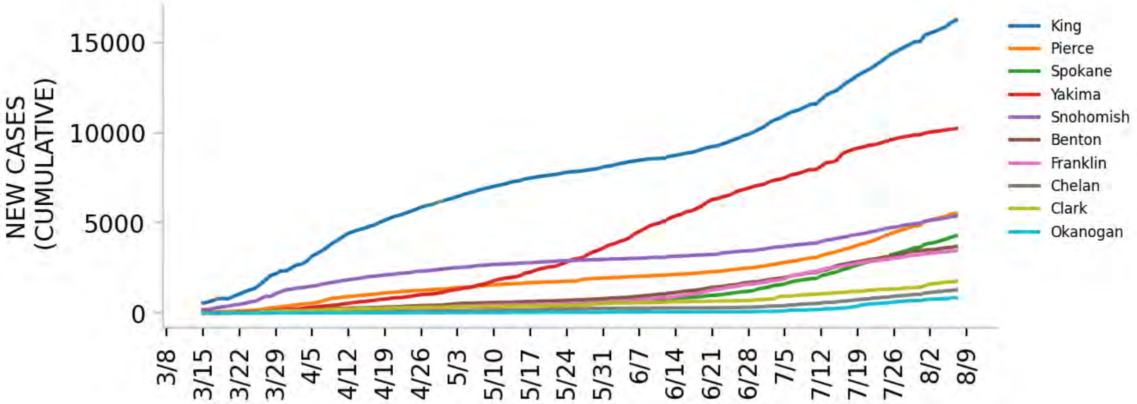


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)



DATA SOURCES

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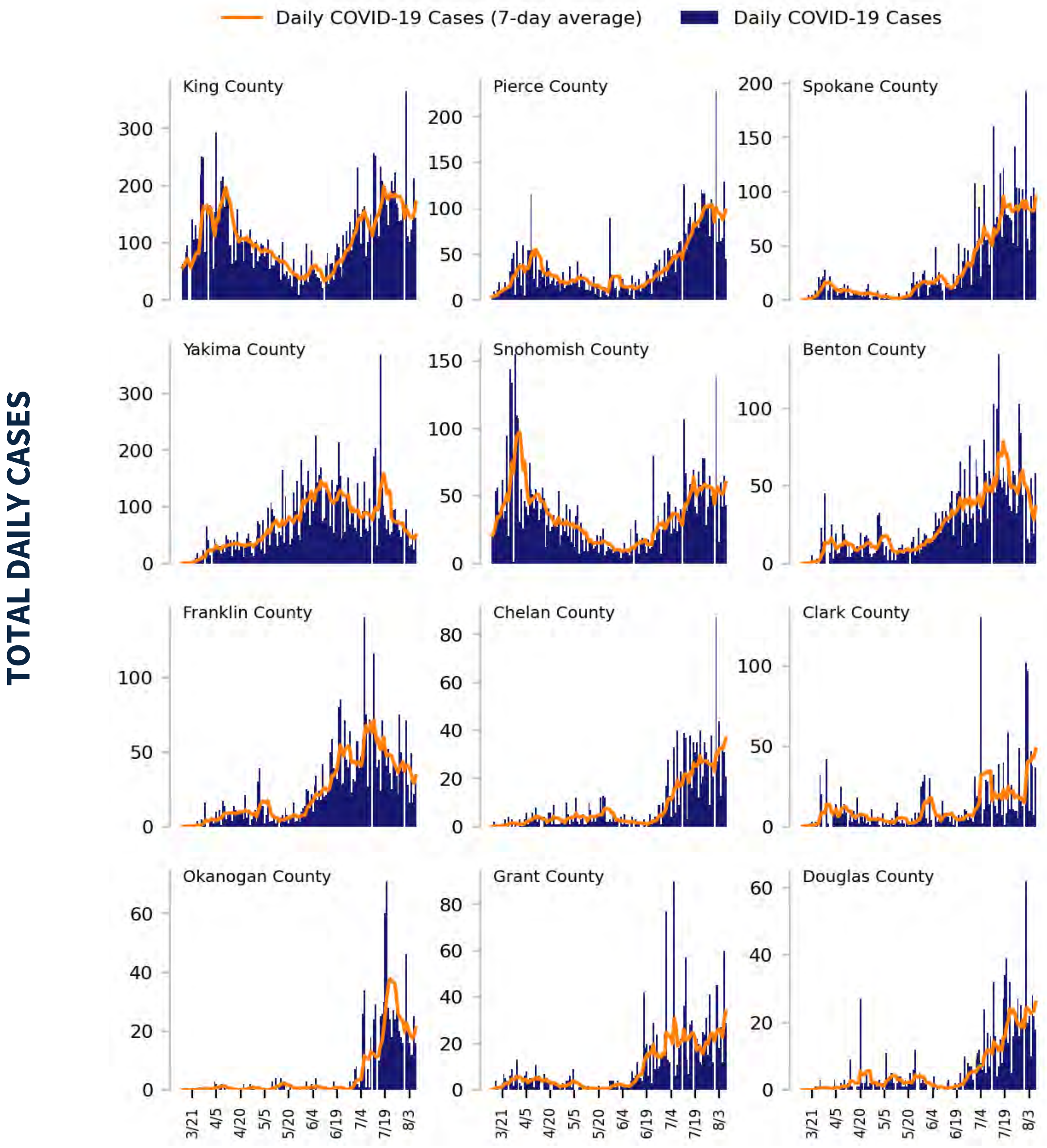
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020.

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



DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

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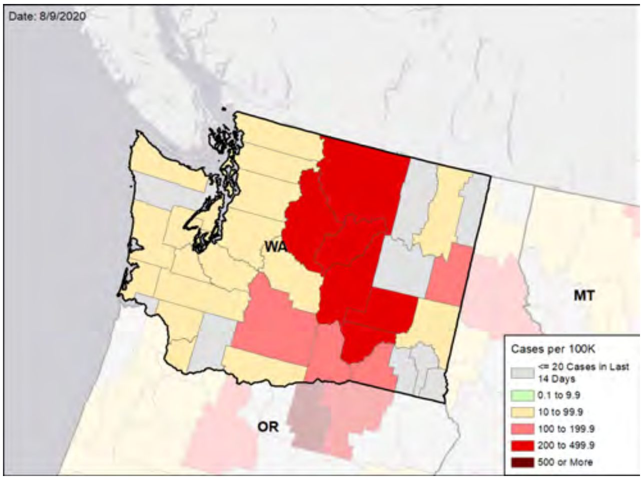
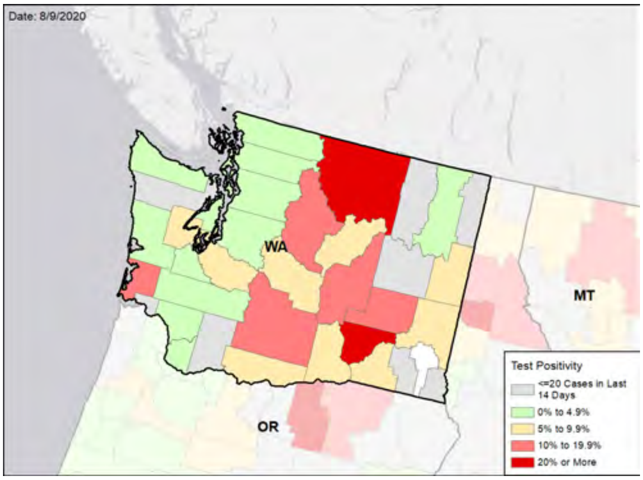
CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

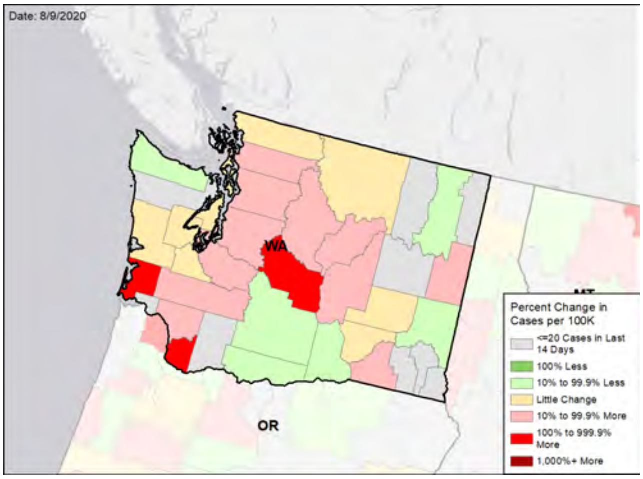
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
WA
MT
OR
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

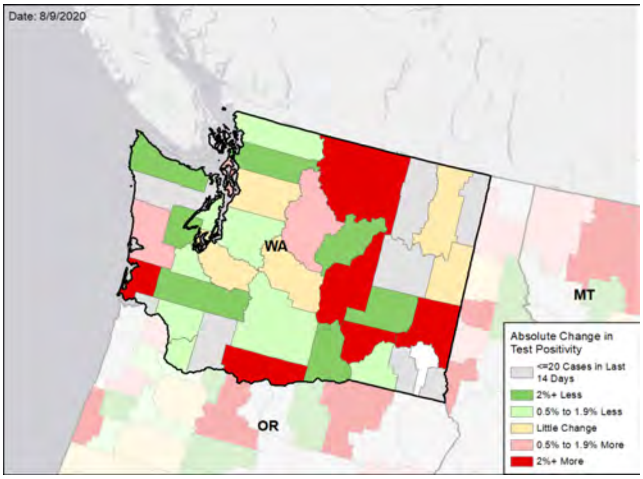
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
WA
MT
OR
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
WA
OR
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
WA
MT
OR
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

WEST VIRGINIA

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SUMMARY

- West Virginia is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- West Virginia has seen a decrease in new cases and a decrease in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Kanawha County, 2. Monongalia County, and 3. Logan County. These counties represent 31.7 percent of new cases in West Virginia.
- West Virginia had 44 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 8 to support operations activities from FEMA; 8 to support epidemiology activities from CDC; and 23 to support operations activities from USCG.
- Between Aug 01 - Aug 07, on average, 12 patients with confirmed COVID-19 and 45 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in West Virginia. An average of 85 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Keep statewide mask requirement in place. Work with local communities to ensure high usage rates. Identify mechanisms to assess compliance with local regulations.
- Increase messaging of the risk of serious disease in all age groups for individuals with preexisting medical conditions, including obesity, hypertension, and diabetes mellitus.
- Expand public messaging to younger demographics, using social media and other messaging platforms, to communicate changes in the local epidemic and appropriate actions that should be adopted.
- Continue ongoing efforts to build contact tracing capabilities (e.g., increase staff, training, and funding), with a focus on communities with increasing cases.
- In red and yellow zones, closing bars and reducing indoor dining at restaurants is critical to disrupt transmission.
- Message to residents that if they have vacationed in, or had visitors from, areas with high COVID-19 prevalence including the South and West of the United States, they should: avoid vulnerable individuals; remain socially distanced and masked when around others for a minimum of 14 days; avoid indoor gatherings where social distancing and masks cannot be maintained; and get tested if anyone in their family develops symptoms. Also, message that they can transmit the virus even when asymptomatic.
- Any nursing homes with 3 or more cases of COVID in the last 3 weeks should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population. Protect vulnerable populations in assisted living and long-term care facilities through weekly testing of all workers and requiring masks. In facilities with workers who tested positive, ensure all residents have been promptly tested and appropriate cohorting measures are in place.
- Providing timely test results to individuals so they can isolate and stop the spread is critical. Implement the following to increase testing capacity and decrease turnaround times:
  - (1) For family and cohabitating households, screen entire households in a single test by pooling a sample of each member's specimen. For households that test positive, isolate and conduct follow-up individual tests.
  - (2) Expand testing capacity in public health labs by adding shifts, including weekend shifts, to reduce turnaround times.
  - (3) Require all universities with RNA detection platforms to use this equipment to expand surveillance testing for schools (K-12, community colleges) and university students.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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WEST VIRGINIA

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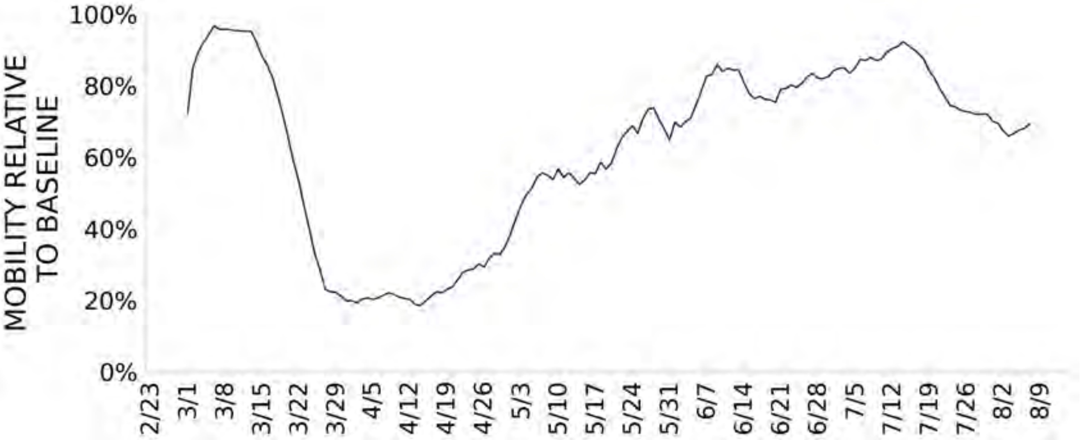
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	791 (44)	-16.6%	20,436 (66)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	3.4%	-0.8%*	5.4%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	37,751** (2,106)	+7.0%**	494,173** (1,602)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	11 (1)	-15.4%	343 (1)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	3.3%	-1.6%*	8.7%	12.1%

MOBILITY ▶



* Indicates absolute change in percentage points.
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WEST VIRGINIA

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COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**0**	N/A	**3**	Mount Gay-Shamrock Bluefield Washington-Arlington-Alexandria
COUNTY LAST WEEK	**2**	Mingo Grant	**7**	Logan Mercer Lincoln Wayne McDowell Boone Wyoming

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.
Yellow Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the "Red Zone."
Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

- Wear a mask at all times outside the home and maintain physical distance
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- Do not go to bars, nightclubs, or gyms
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- Protect anyone with serious medical conditions at home by social distancing at home and using high levels of personal hygiene, including handwashing and cleaning surfaces
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Public Officials

- Close bars and gyms, and create outdoor dining opportunities with pedestrian areas
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Testing

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

Public Messaging

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

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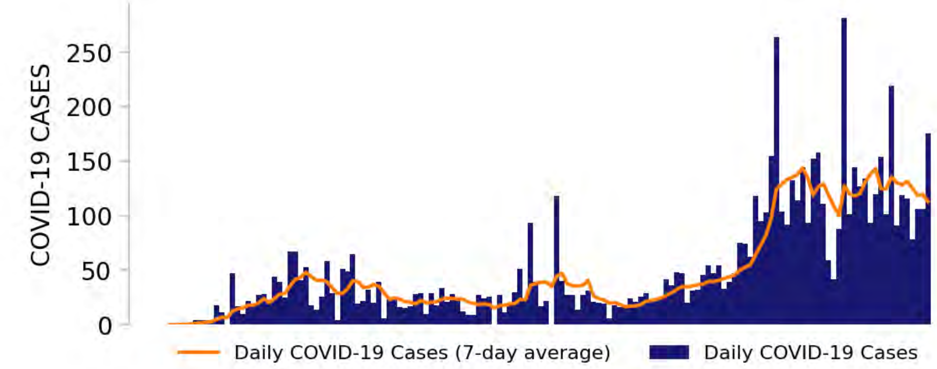
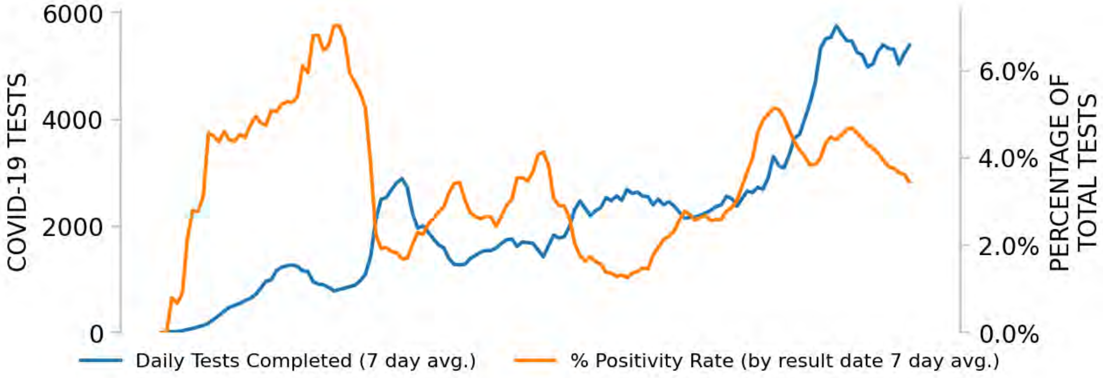
NEW CASES

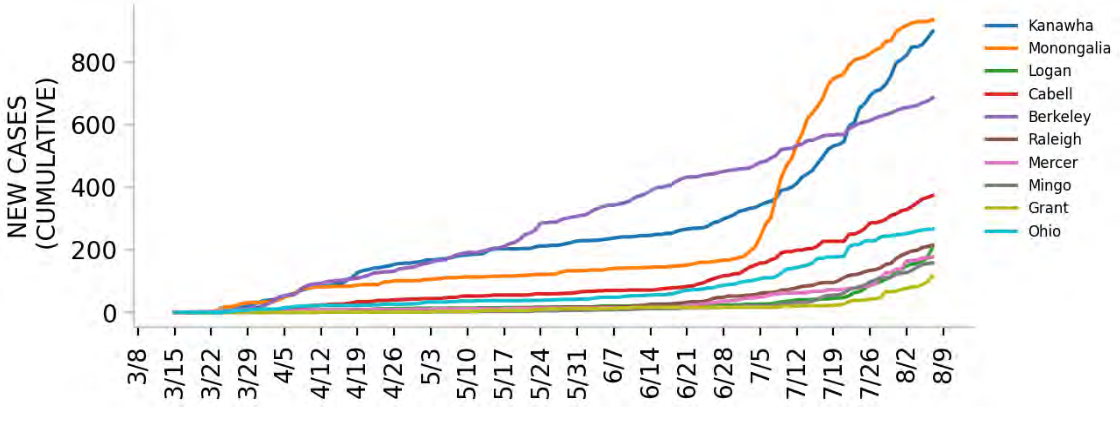


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)



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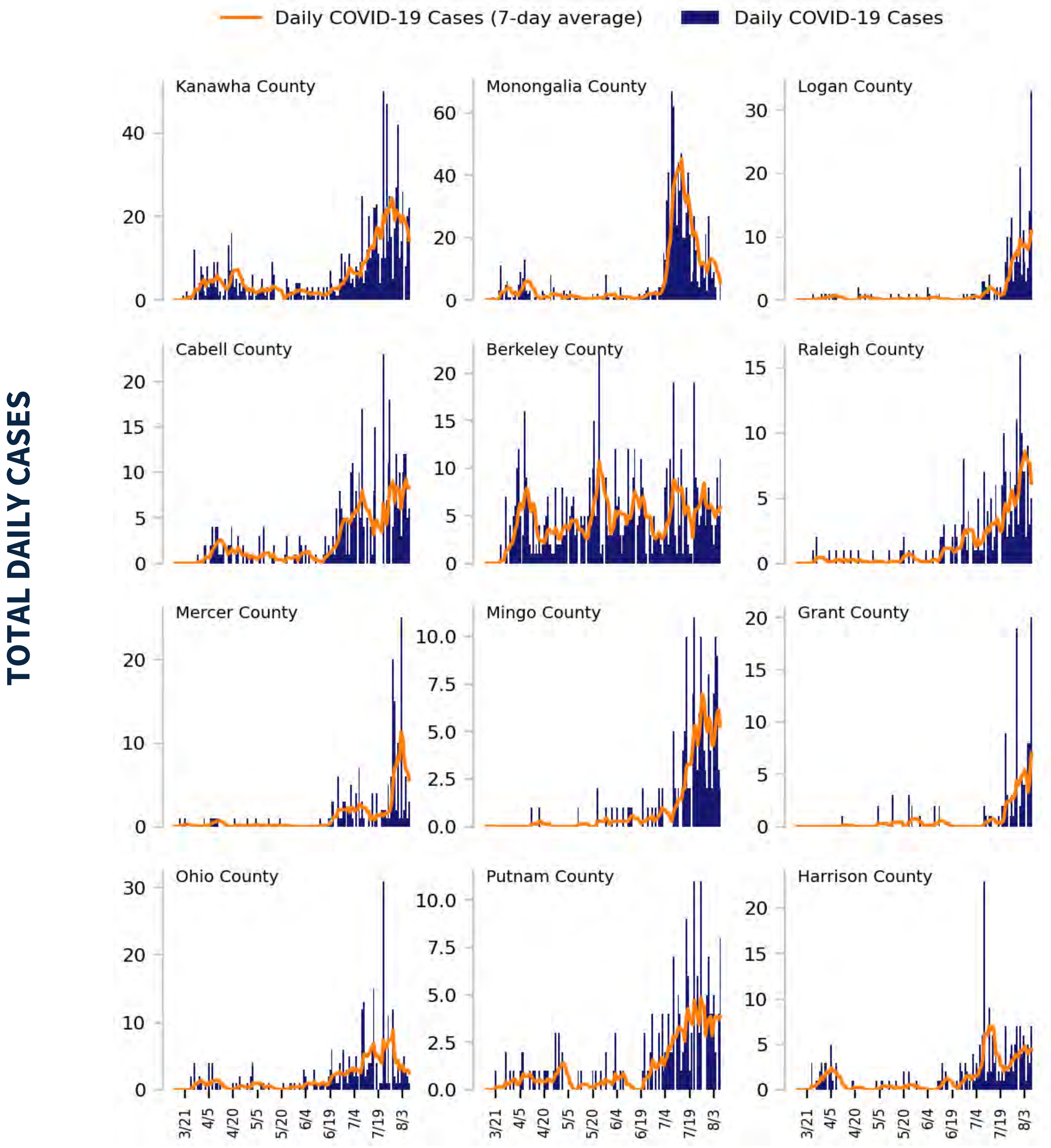

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

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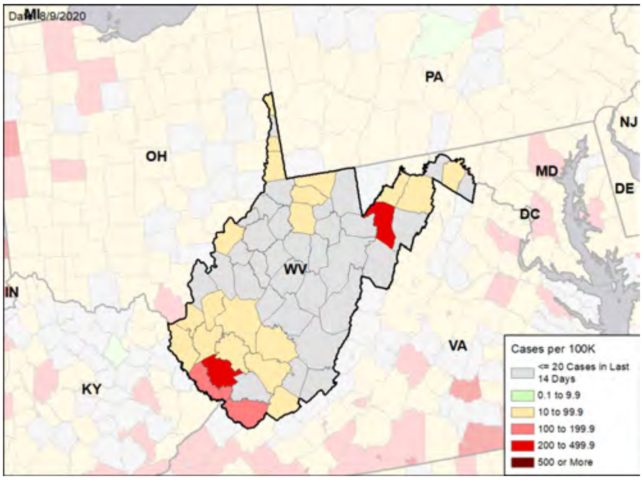
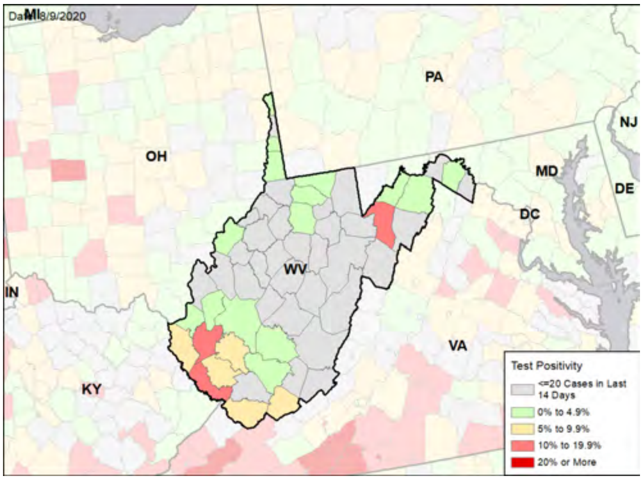
CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

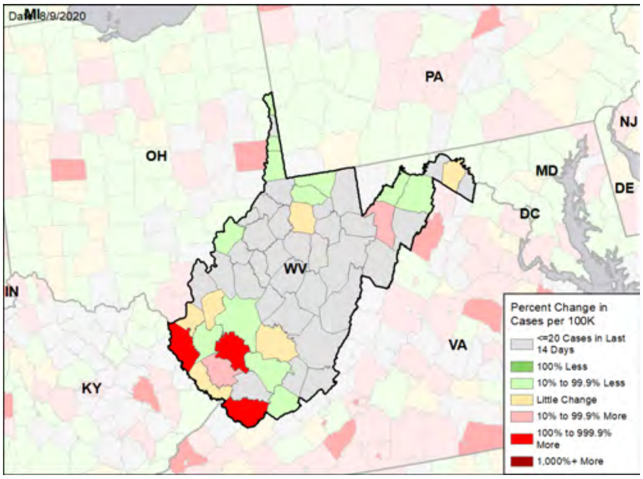
NEW CASES PER 100,000 DURING LAST WEEK


8/9/2020
PA
NJ
OH
MD
DE
DC
WV
IN
VA
KY
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

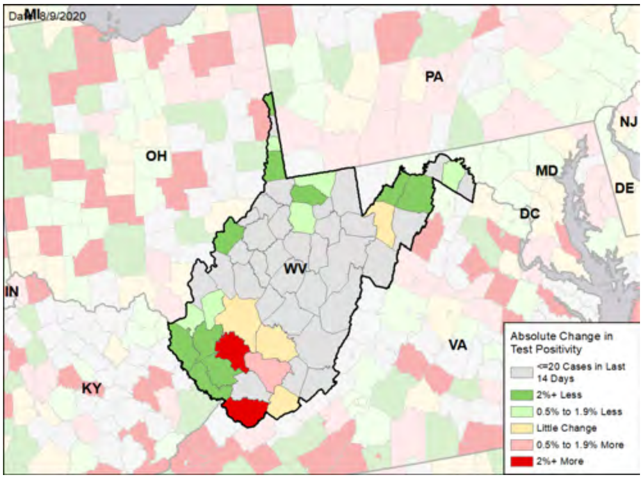
TEST POSITIVITY DURING LAST WEEK


8/9/2020
PA
NJ
OH
MD
DE
DC
WV
IN
VA
KY
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


8/9/2020
PA
NJ
OH
MD
DE
DC
WV
IN
VA
KY
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


8/9/2020
PA
NJ
OH
MD
DE
DC
WV
IN
VA
KY
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

WISCONSIN

STATE REPORT | 08.09.2020

SUMMARY

- Wisconsin is in the yellow zone for cases, indicating between 10 and 100 new cases per 100,000 population last week, and the yellow zone for test positivity, indicating a rate between 5% to 10%.
- Wisconsin has seen stability in new cases and stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Milwaukee County, 2. Waukesha County, and 3. Dane County. These counties represent 45.7 percent of new cases in Wisconsin. However, cases in Milwaukee County continued to decline last week. Elsewhere, increasing cases and high incidence are seen in multiple counties across the state.
- Virus transmission is widespread.
- Wisconsin had 100 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 10 to support operations activities from FEMA; 1 to support operations activities from CDC; and 1 to support operations activities from USCG.
- Between Aug 01 - Aug 07, on average, 95 patients with confirmed COVID-19 and 168 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Wisconsin. An average of 89 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Continue to promote the state masking requirement with continued strong, public messaging of its importance in avoiding disruptions to business and school operations.
- Consider further modulation of business occupancy and operating restrictions in localities where cases continue to increase.
- Continue the implementation of the state testing plan with low threshold testing and routine testing of workers in long-term care facilities.
- Continue the support of local health departments to further scale up community-led neighborhood testing in collaboration with local community groups.
- Surge testing and contact tracing resources to counties, neighborhoods, and zip codes with highest case rates.
- Identify universities with RNA detection platforms; consider efforts to use this equipment to expand surveillance testing for university students and schools (K-12, community colleges).
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

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

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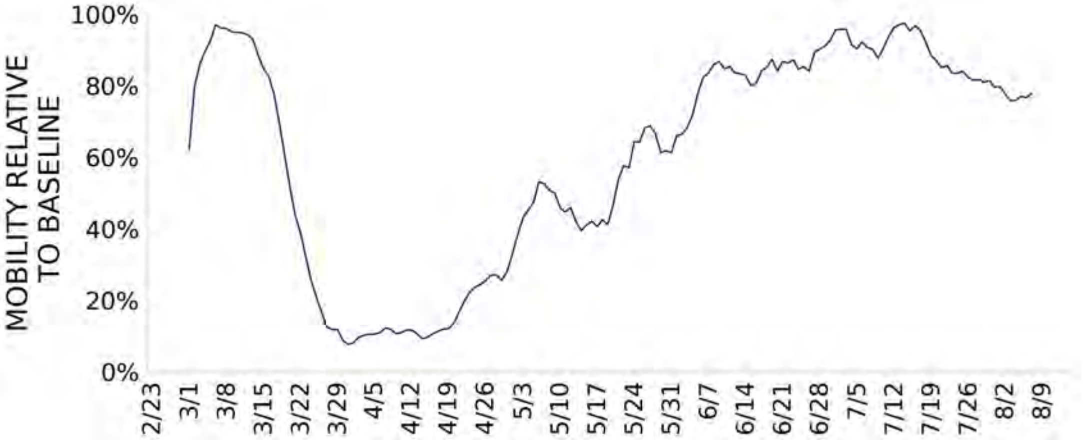
	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	5,828 (100)	-3.3%	40,786 (78)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	5.8%	+0.3%*	5.4%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	142,915** (2,455)	-7.2%**	950,374** (1,809)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	57 (1)	+3.6%	499 (1)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	4.4%	-0.5%*	7.1%	12.1%

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

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: State-level values calculated by using 7-day rolling averages of reported tests. Regional- and national-level values calculated by using a combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020.

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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

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STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	**0**	N/A	**17** **Top 12 shown (full list below)**	Milwaukee-Waukesha Racine Green Bay Chicago-Naperville-Elgin Appleton Whitewater Sheboygan Wausau-Weston Oshkosh-Neenah Minneapolis-St. Paul-Bloomington La Crosse-Onalaska Marinette
COUNTY LAST WEEK	**1**	Marinette	**34** **Top 12 shown (full list below)**	Milwaukee Waukesha Racine Brown Kenosha Outagamie Washington Walworth Sheboygan Winnebago Ozaukee Marathon

All Yellow CBSAs: Milwaukee-Waukesha, Racine, Green Bay, Chicago-Naperville-Elgin, Appleton, Whitewater, Sheboygan, Wausau-Weston, Oshkosh-Neenah, Minneapolis-St. Paul-Bloomington, La Crosse-Onalaska, Marinette, Beaver Dam, Fond du Lac, Wisconsin Rapids-Marshfield, Stevens Point, Shawano
All Yellow Counties: Milwaukee, Waukesha, Racine, Brown, Kenosha, Outagamie, Washington, Walworth, Sheboygan, Winnebago, Ozaukee, Marathon, La Crosse, Waupaca, Dodge, Barron, Fond du Lac, Eau Claire, Wood, Portage, Calumet, Trempealeau, Oconto, Douglas, Monroe, Oneida, Shawano, Langlade, Kewaunee, Lafayette, Sawyer, Washburn, Adams, Crawford

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

Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases above 100 per 100,000 population, and a diagnostic test positivity result above 10%.
Yellow Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases between 10-100 per 100,000 population, and a diagnostic test positivity result between 5-10%, or one of those two conditions and one condition qualifying as being in the "Red Zone."
Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020; last week is 8/1 - 8/7, three weeks is 7/18 - 8/7.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

Testing

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

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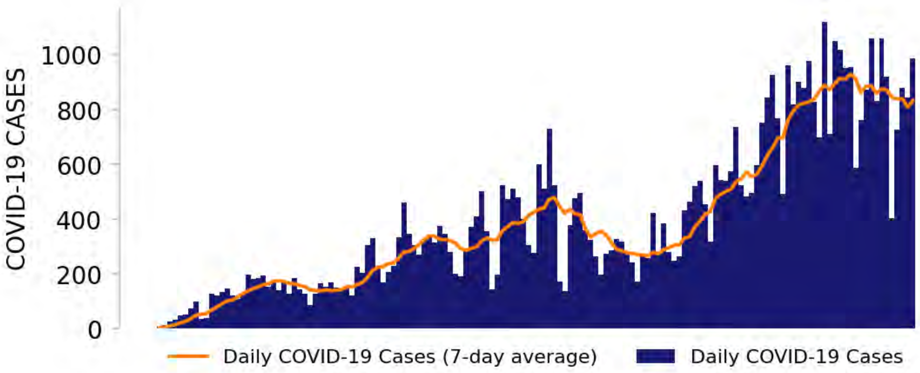
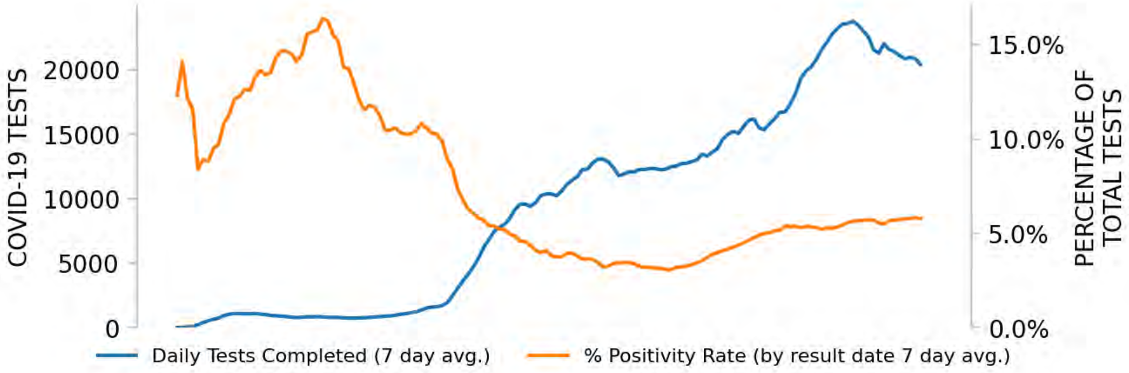
NEW CASES ▶

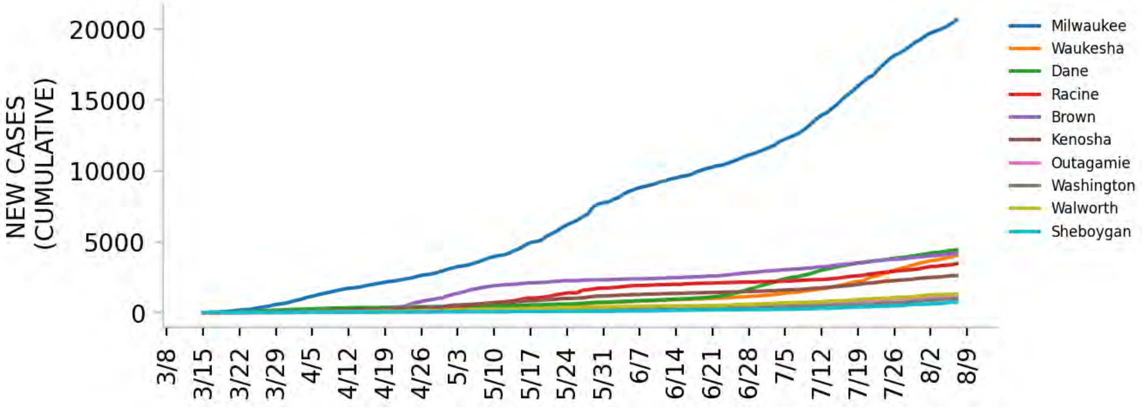


TESTING ▶



TOP COUNTIES ▶

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)

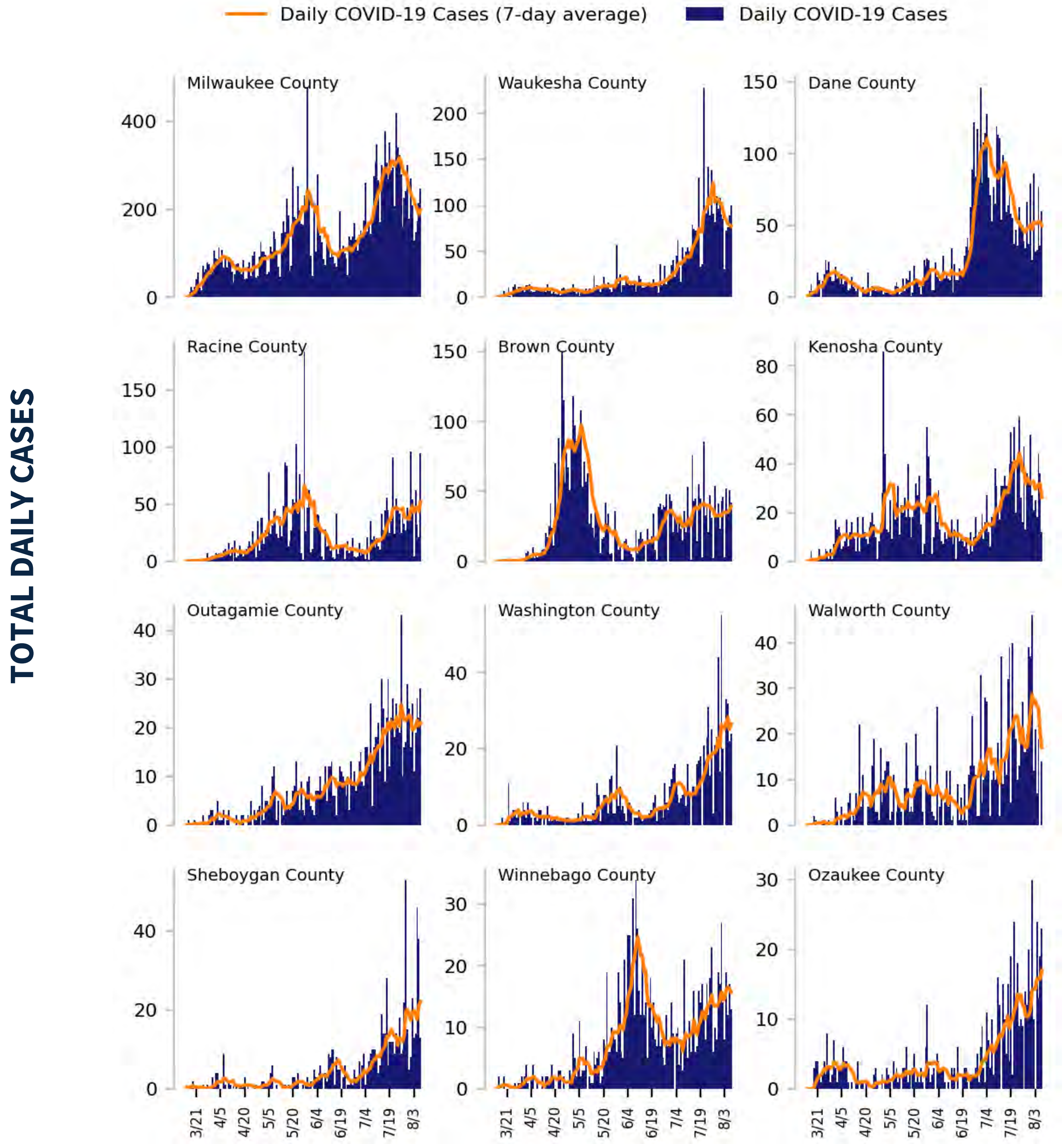


DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

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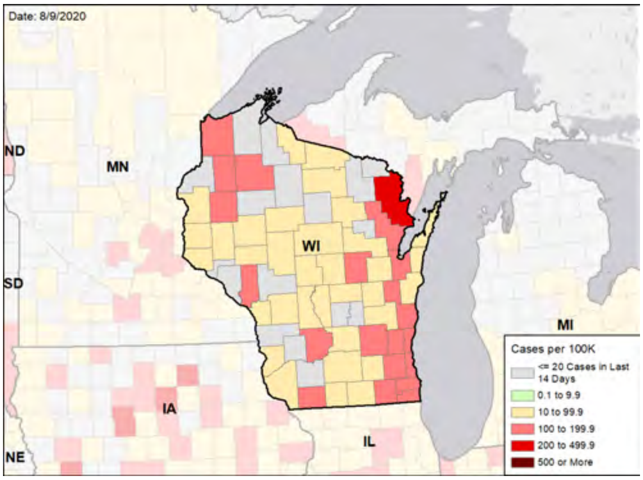
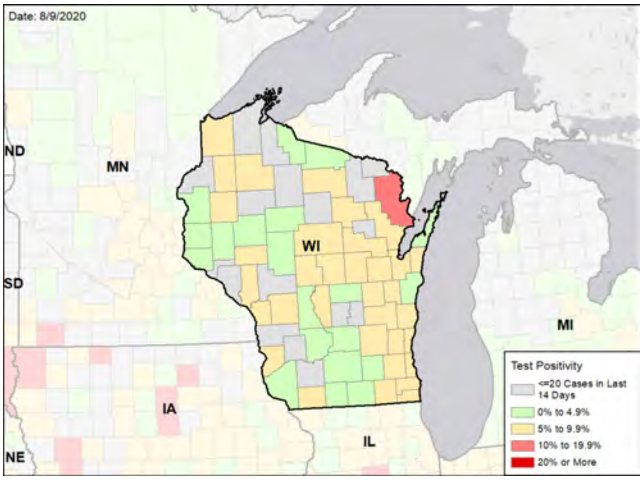
CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

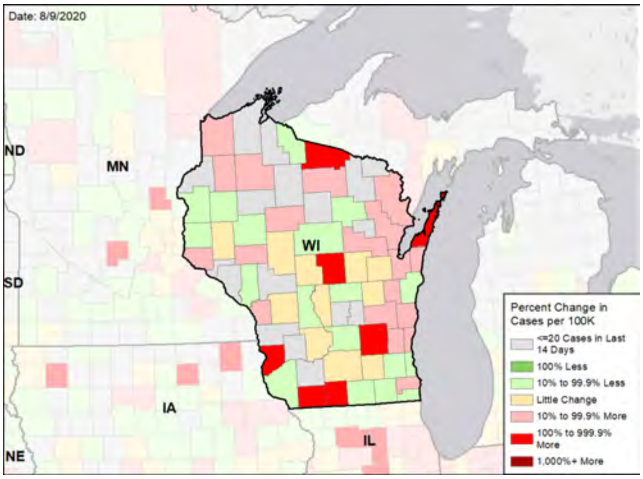
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
ND
MN
SD
WI
MI
IA
IL
NE
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

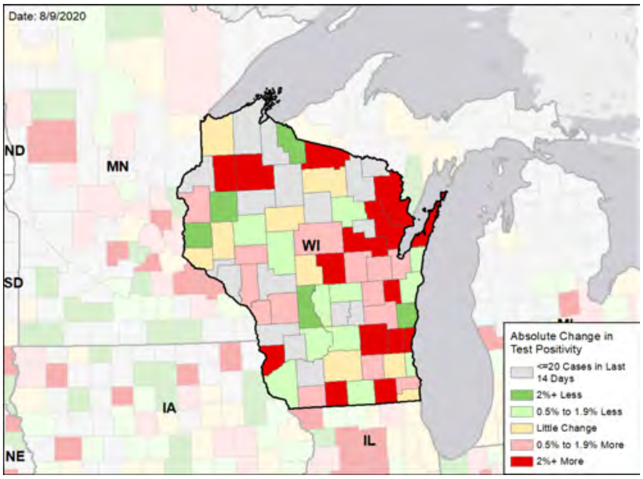
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
ND
MN
SD
WI
MI
IA
IL
NE
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
ND
MN
SD
WI
IA
IL
NE
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
ND
MN
SD
WI
IA
IL
NE
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

WYOMING

STATE REPORT | 08.09.2020

SUMMARY

- Wyoming is in the yellow zone for cases, indicating between 10 to 100 new cases per 100,000 population last week, and the green zone for test positivity, indicating a rate below 5%.
- Wyoming has seen a decrease in new cases and stability in test positivity over the past week.
- The following three counties had the highest number of new cases over the past 3 weeks: 1. Teton County, 2. Laramie County, and 3. Sweetwater County. These counties represent 43.8 percent of new cases in Wyoming.
- Wyoming had 47 new cases per 100,000 population in the past week, compared to a national average of 114 per 100,000.
- The federal government has deployed the following staff as assets to support the state response: 3 to support operations activities from FEMA.
- Between Aug 01 - Aug 07, on average, 10 patients with confirmed COVID-19 and 24 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Wyoming. An average of 90 percent of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.*

RECOMMENDATIONS

- Promote social distancing and the use of cloth face coverings in indoor settings outside of homes, especially in yellow zone metro areas and counties.
- Cautious opening in counties with case rates below 10 per 100,000 population and test positivity below 5% is warranted. Continue public health orders in counties with elevated case rates or test positivity over 5% and clarify types of events permitted and size restrictions.
- Require face coverings and social distancing for all crowded indoor workplace settings, such as meat-packing plants; monitor and enforce compliance.
- Continue to conduct surveillance in all congregate settings; follow CDC guidance for management of COVID in correctional and detention facilities.
- Continue rigorous case investigation and innovative contact tracing (use of app), with early isolation of known or suspected cases and quarantine of all contacts. Maintain a particular focus in cities or counties with elevated or increasing transmission and tourist areas, such as Jackson and Riverton metro areas, and in Teton, Fremont, Washakie, Uinta, Goshen, Lincoln, and Carbon counties. Level of testing in Laramie county (Cheyenne) is unclear.
- Testing is broadly insufficient; increase testing capacity by pooling specimens as described below, ensuring all public health labs are staffed and running 24/7, and requiring all universities with suitable platforms to use their equipment to expand surveillance testing for schools (K-12, community colleges) and university students. Explore public-private partnerships to broaden capacity.
- Continue to protect those in nursing homes and long-term care facilities with effective surveillance, requiring face masks for all staff, and implementing prompt screening of all residents and staff; implement isolation and quarantine measures when any new case is identified.
- If it is not fully utilized by hospital patients and staff, ensure that all hospital testing capacity is being used to support additional community, nursing home, and school (K-12) testing.
- Tribal Nations: Continue to promote social distancing and mask recommendations. Develop specific, culturally relevant education and public health messaging. Pooled testing should be instituted for multigenerational households. Spaces to provide quarantine of contacts and isolation of cases should be provided as needed.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

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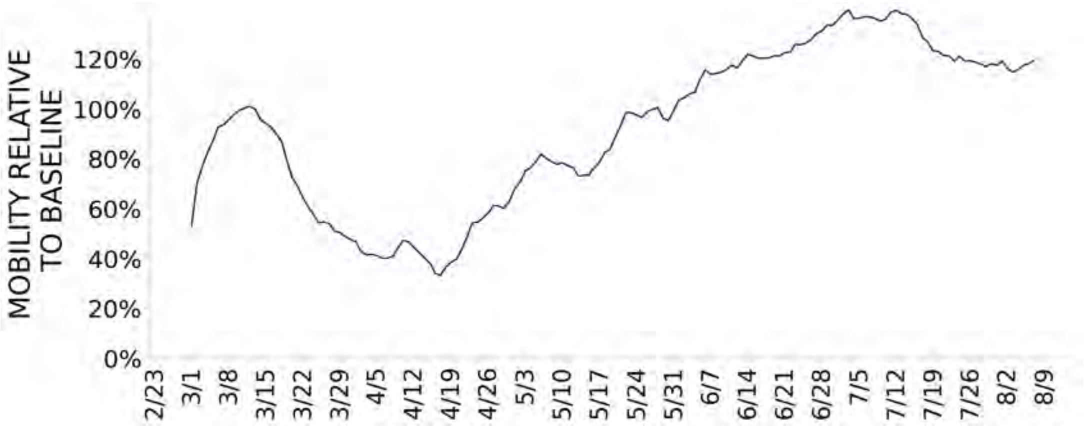
WYOMING

STATE REPORT | 08.09.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW CASES (RATE PER 100,000)	273 (47)	-15.0%	8,867 (72)	375,035 (114)
DIAGNOSTIC TEST POSITIVITY RATE	4.4%	+0.0%*	5.6%	7.1%
TOTAL DIAGNOSTIC TESTS (TESTS PER 100,000)	5,127** (886)	-29.3%**	177,074** (1,444)	4,863,237** (1,482)
COVID DEATHS (RATE PER 100,000)	2 (0)	N/A	86 (1)	7,261 (2)
SNFs WITH AT LEAST ONE RESIDENT COVID-19 CASE	0.0%	+0.0%*	4.9%	12.1%

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

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

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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; 100% represents the baseline mobility level. Data is anonymized and provided at the county level. Data through 8/7/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data report resident cases. Last week is 7/27-8/2, previous week is 7/20-7/26.

WYOMING

STATE REPORT | 08.09.2020

COVID-19 COUNTY AND METRO ALERTS*

	LOCALITIES IN RED ZONE		LOCALITIES IN YELLOW ZONE	
METRO AREA (CBSA) LAST WEEK	0	N/A	2	Jackson Riverton
COUNTY LAST WEEK	0	N/A	2	Teton Fremont

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

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

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

Note: Top 12 locations are selected based on the highest number of new cases in the last three weeks.

DATA SOURCES

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POLICY RECOMMENDATIONS FOR COUNTIES IN THE RED ZONE

Public Messaging

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

Public Officials

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

Testing

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

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

Public Messaging

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

Public Officials

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

Testing

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

WYOMING

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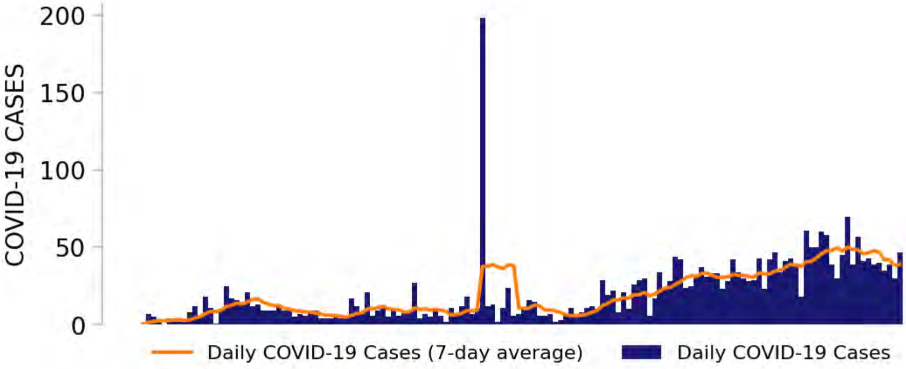
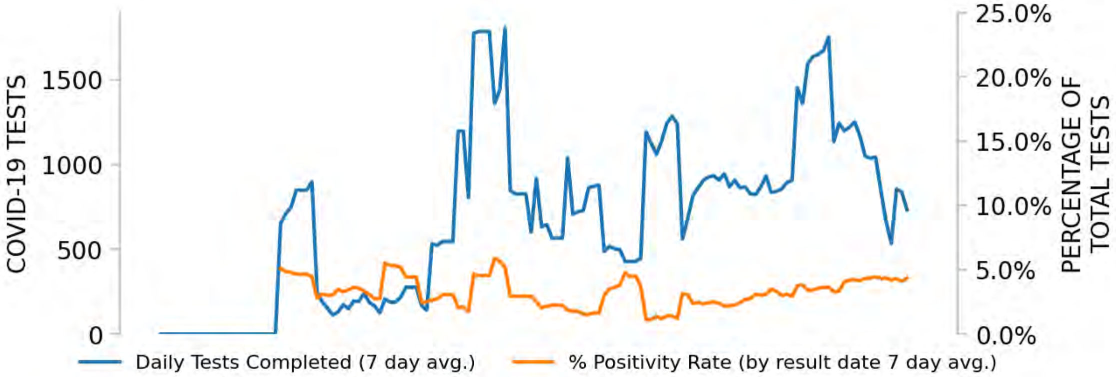
NEW CASES

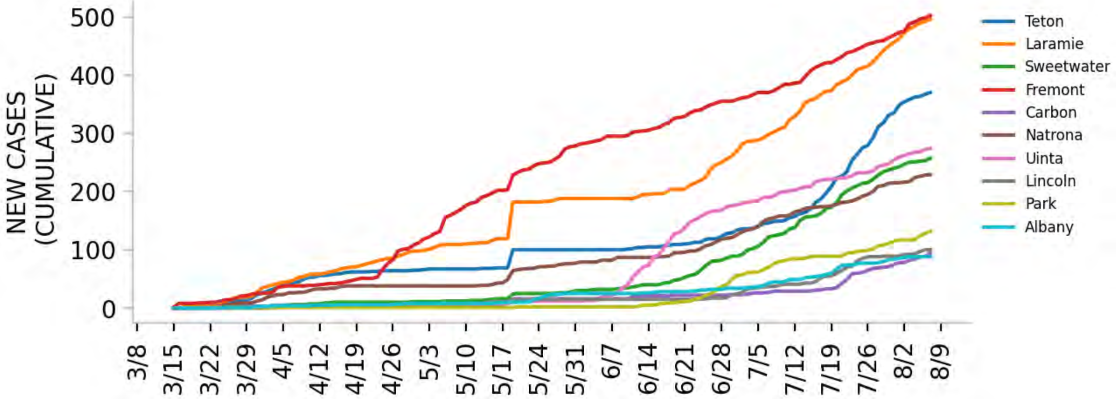


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (7/18 - 8/7)

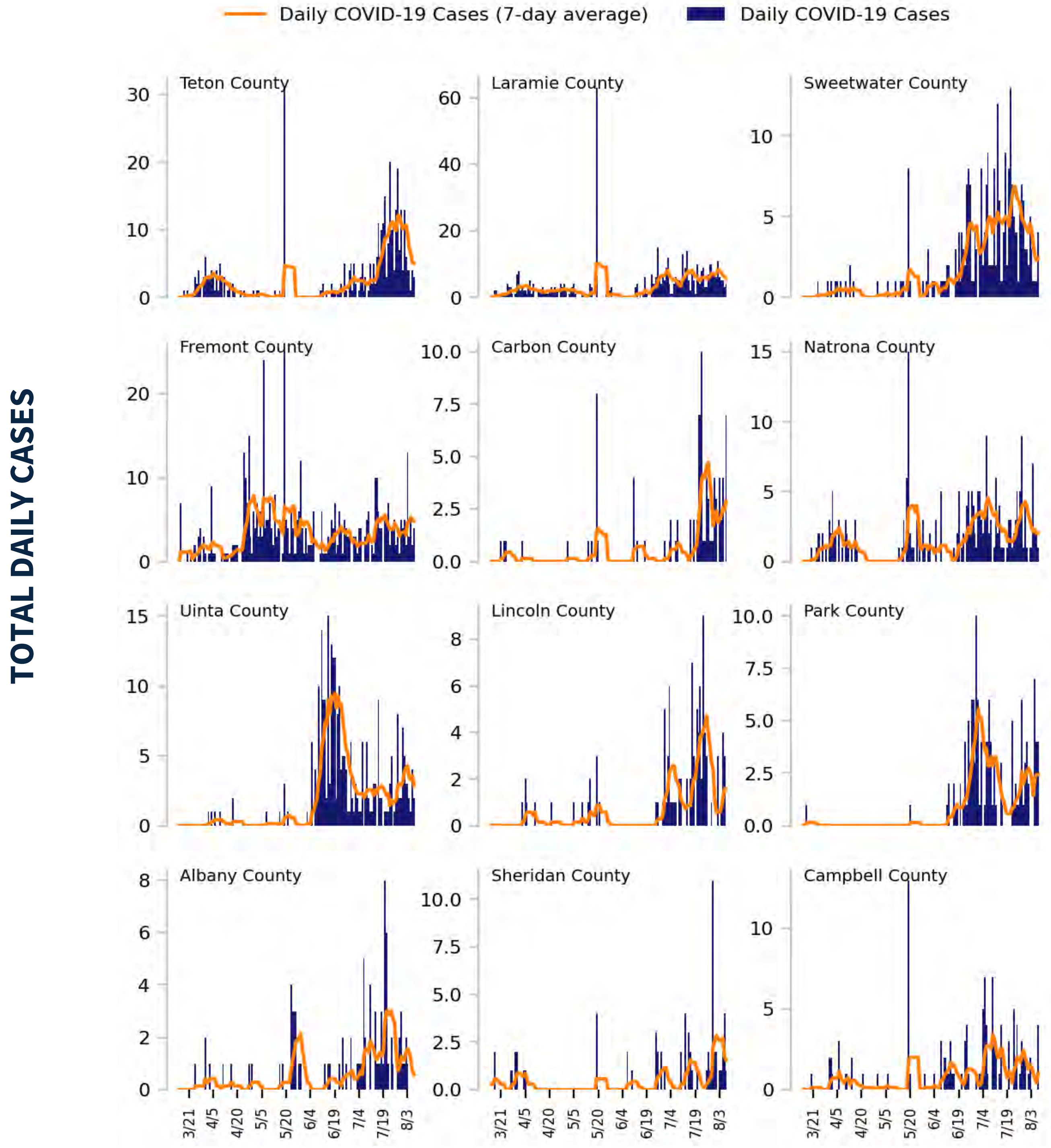


DATA SOURCES

Cases: County-level data from USAFacts. State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 8/7/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 8/5/2020.

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



DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last 3 weeks is 7/18 - 8/7.

WYOMING

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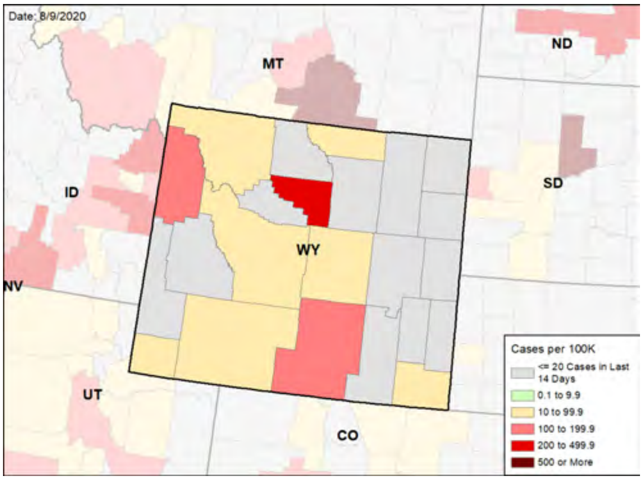
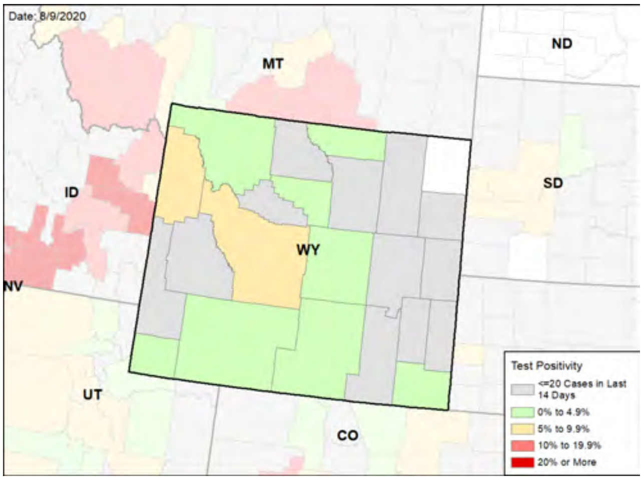
CASE RATES AND DIAGNOSTIC TEST POSITIVITY DURING THE LAST WEEK

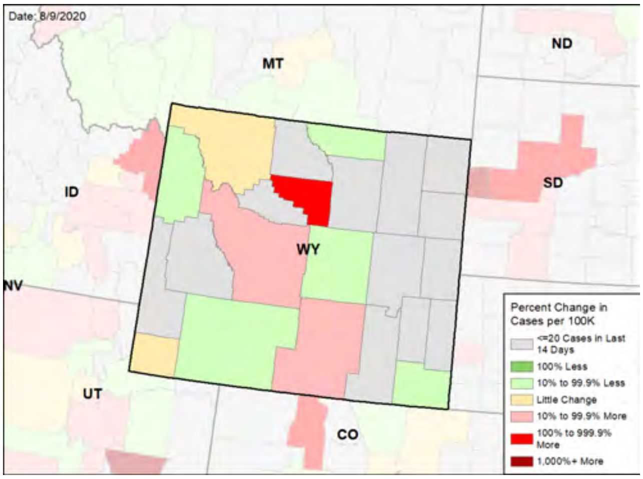
NEW CASES PER 100,000 DURING LAST WEEK


Date: 8/9/2020
MT
ND
ID
SD
WY
NV
UT
CO
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

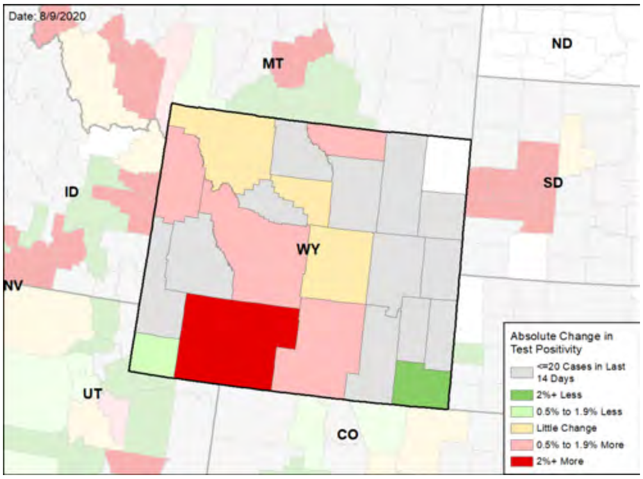
TEST POSITIVITY DURING LAST WEEK


Date: 8/9/2020
MT
ND
ID
SD
WY
NV
UT
CO
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

WEEKLY % CHANGE IN NEW CASES PER 100K


Date: 8/9/2020
MT
ND
ID
SD
WY
NV
UT
CO
Percent Change in Cases per 100K
<=20 Cases in Last 14 Days
100% Less
10% to 99.9% Less
Little Change
10% to 99.9% More
100% to 999.9% More
1,000%+ More

WEEKLY CHANGE IN TEST POSITIVITY


Date: 8/9/2020
MT
ND
ID
SD
WY
NV
UT
CO
Absolute Change in Test Positivity
<=20 Cases in Last 14 Days
2%+ Less
0.5% to 1.9% Less
Little Change
0.5% to 1.9% More
2%+ More

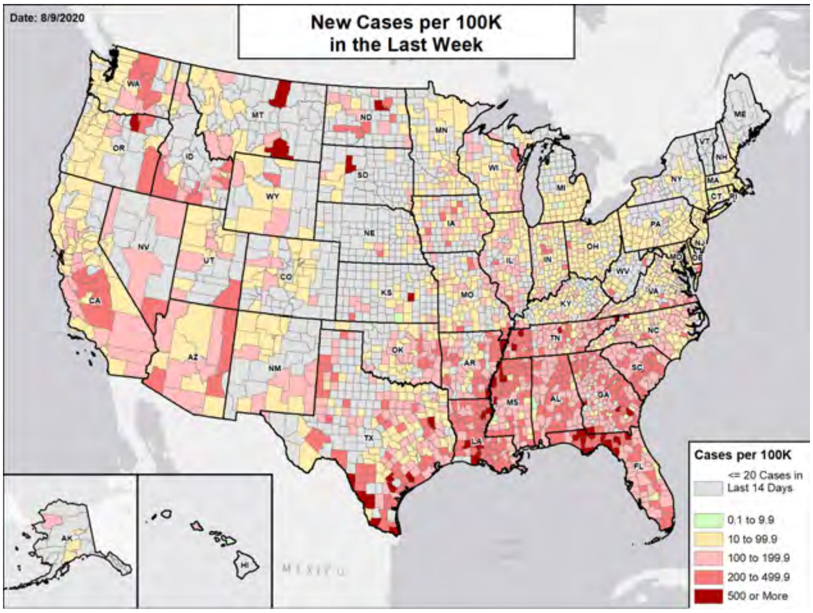
DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7, previous week is 7/25 - 7/31.

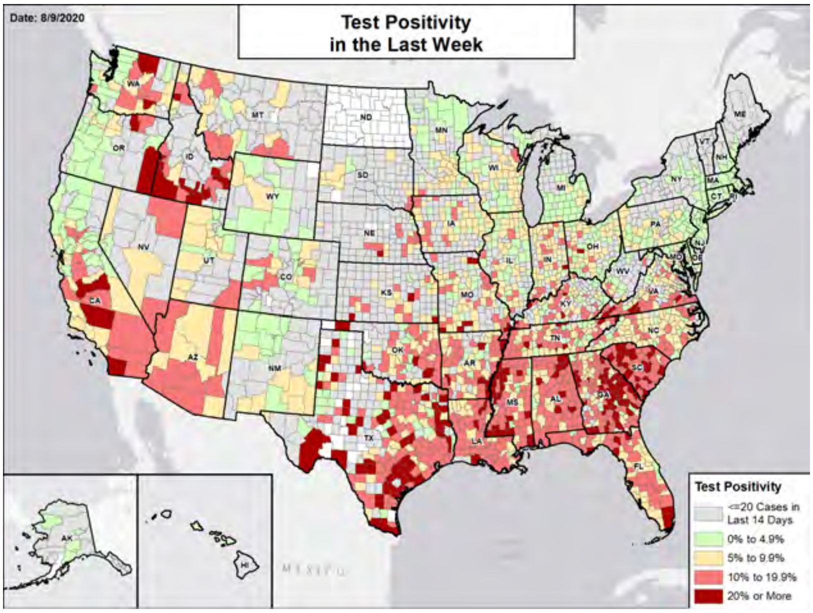
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5, previous week is 7/23 - 7/29. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

National Picture

NEW CASES PER 100,000 LAST WEEK


Date: 8/9/2020
New Cases per 100K in the Last Week
Cases per 100K
<= 20 Cases in Last 14 Days
0.1 to 9.9
10 to 99.9
100 to 199.9
200 to 499.9
500 or More

TEST POSITIVITY LAST WEEK


Date: 8/9/2020
Test Positivity in the Last Week
Test Positivity
<=20 Cases in Last 14 Days
0% to 4.9%
5% to 9.9%
10% to 19.9%
20% or More

DATA SOURCES

Cases: County-level data from USAFacts through 8/7/2020. Last week is 8/1 - 8/7.
Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 8/5/2020. Last week is 7/30 - 8/5. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.

Methods

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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	<0.5	0.5-2	>2
Percent change in deaths per 100,000 population	<-10%	-10% - 10%	>10%
Skilled Nursing Facilities with at least one resident COVID-19 case	0%	0.1%-5%	>5%
Change in SNFs with at least one resident COVID-19 case	<-0.5%	-0.5%-0.5%	>0.5%

DATA NOTES

- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- **Cases and deaths:** County-level data from USAFacts as of 15:15 EDT on 08/09/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 8/1 to 8/7; previous week data are from 7/25 to 7/31.
- **Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe state-level totals when able to be disaggregated from serology test results and to describe county-level totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Total diagnostic tests are the number of tests performed, not the number of individuals tested. Diagnostic test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 7/30 to 8/5; previous week data are from 7/23 to 7/29. HHS Protect data is recent as of 14:00 EDT on 08/09/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 08/08/2020. Testing data may be backfilled over time, resulting in changes week-to-week in testing data. It is critical that states provide as up-to-date testing data as possible.
- **Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality; 100% represents the baseline mobility level. Data is recent as of 13:00 EDT on 08/09/2020 and through 8/7/2020.
- **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 17:15 EDT on 08/09/2020.
- **Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident cases. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analysis. Also note that data presented by NHSN is more recent than the data publicly posted by CMS. Therefore, data presented may differ slightly from those publicly posted by CMS.