



ALABAMA

SUMMARY

- Alabama is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 17th highest rate in the country. Alabama is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 11th highest rate in the country.
- Alabama has seen a decrease in new cases and stability in test positivity over the last week. There continues to be progress in the major university systems.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Jefferson County, 2. Tuscaloosa County, and 3. Baldwin County. These counties represent 30.9% of new cases in Alabama.
- 72% of all counties in Alabama have moderate or high levels of community transmission (yellow, orange, or red zones), with 21% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 19% of nursing homes had at least one new resident COVID-19 case, 35% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death.
- Alabama had 121 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 36 to support operations activities from FEMA and 1 to support operations activities from USCG.
- The federal government has supported surge testing in Birmingham, AL.
- Between Sep 26 - Oct 2, on average, 106 patients with confirmed COVID-19 and 123 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Alabama. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Progress is evident and steady, including in Lee and Tuscaloosa counties. Continue the strong mitigation efforts statewide. Mitigation efforts should continue to include mask wearing, physical distancing, hand hygiene, avoiding crowds, and ensuring flu immunizations.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies work best when used early in the course of infection.
- Ensuring university students continue their mitigation behaviors is key as symptomatic cases and cases identified through surveillance testing decline in order to ensure no further outbreaks.
- Would recommend continued increases in active surveillance testing, both in communities and at universities, to ensure early community spread can be identified and contained. This includes testing nursing home staff and K-12 teachers. Increase wastewater sampling from communities surrounding universities to provide early alerts, such as those found at Clemson University.
- For universities, would immediately consider antibody surveillance testing of both off and on campus students to establish asymptomatic infection rate during the fall. It is possible, based on the current number of symptomatic students, that 15-20% of all university students have been infected. This would provide data for the spring semester. Modeling the current total infections, impact on R1 (disease rate among those exposed), and the potential for immunization of high-risk faculty and staff may allow for increased students in classroom in the spring with full mask use.
- Abbott BinaxNOW arrived at Historically Black Colleges and Universities for rapid diagnosis and isolation of both symptomatic and asymptomatic cases. Ensure reporting of all tests conducted and positive tests.
- Track test positivity, cases, and new daily hospitalizations in all counties and react to any week over week increases with increased mitigation in those counties. Surge community level testing.
- In preparation for fall, continue to increase testing capacity by increasing the budget and capacity of public health labs. Ensure hospitals move elective surgeries and testing for patients admitted without suspected COVID to pooling to reserve tests for community outreach; expand outpatient testing.
- Execute the plan for increased surveillance for silent community spread by using the Abbott BinaxNOW. Establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders. All antigen positive results must be reported with both the number of positive results and total tests conducted; these must be reported as COVID cases.
- Ask citizens and students to limit ALL family and friend gatherings to fewer than 10 people in red and orange counties.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity.
- Use long-term care facilities with a high number of cases among staff as an indicator of community spread; move to broad testing in those communities. Expanded nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).





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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	5,944 (121)	-25%	63,742 (95)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.8%	+0.3%*	6.0%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	71,270** (1,454)	-11%**	1,004,096** (1,501)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	64 (1.3)	-12%	1,567 (2.3)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	19% (35%)	-3%* (+6%*)	15% (28%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	+0%*	6%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

METRO AREA (CBSA) LAST WEEK

COUNTY LAST WEEK

LOCALITIES IN RED ZONE	4	Anniston-Oxford Gadsden Fort Payne Eufaula	14	Calhoun Etowah St. Clair Chilton DeKalb Geneva Franklin Cherokee Cleburne Barbour Fayette Clarke
LOCALITIES IN ORANGE ZONE	9	Montgomery Daphne-Fairhope-Foley Auburn-Opelika Decatur Albertville Jasper Talladega-Sylacauga Scottsboro Alexander City	18	Tuscaloosa Baldwin Shelby Lee Limestone Elmore Morgan Marshall Walker Talladega Autauga Jackson
LOCALITIES IN YELLOW ZONE	11	Birmingham-Hoover Tuscaloosa Huntsville Mobile Dothan Florence-Muscle Shoals Ozark Enterprise Atmore Columbus LaGrange	16	Jefferson Madison Mobile Houston Montgomery Covington Dale Coffee Colbert Clay Escambia Randolph

All Red Counties: Calhoun, Etowah, St. Clair, Chilton, DeKalb, Geneva, Franklin, Cherokee, Cleburne, Barbour, Fayette, Clarke, Bibb, Bullock

All Orange Counties: Tuscaloosa, Baldwin, Shelby, Lee, Limestone, Elmore, Morgan, Marshall, Walker, Talladega, Autauga, Jackson, Blount, Russell, Lawrence, Tallapoosa, Hale, Choctaw

All Yellow Counties: Jefferson, Madison, Mobile, Houston, Montgomery, Covington, Dale, Coffee, Colbert, Clay, Escambia, Randolph, Marion, Henry, Chambers, Lamar

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

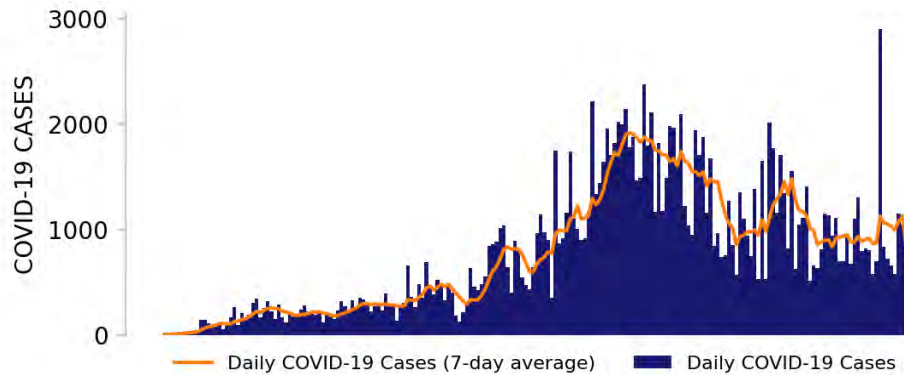
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



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NEW CASES

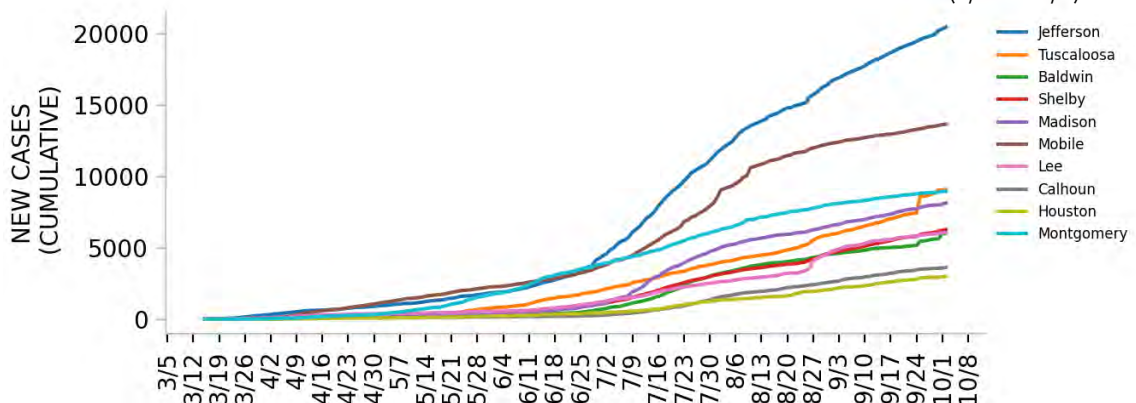


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

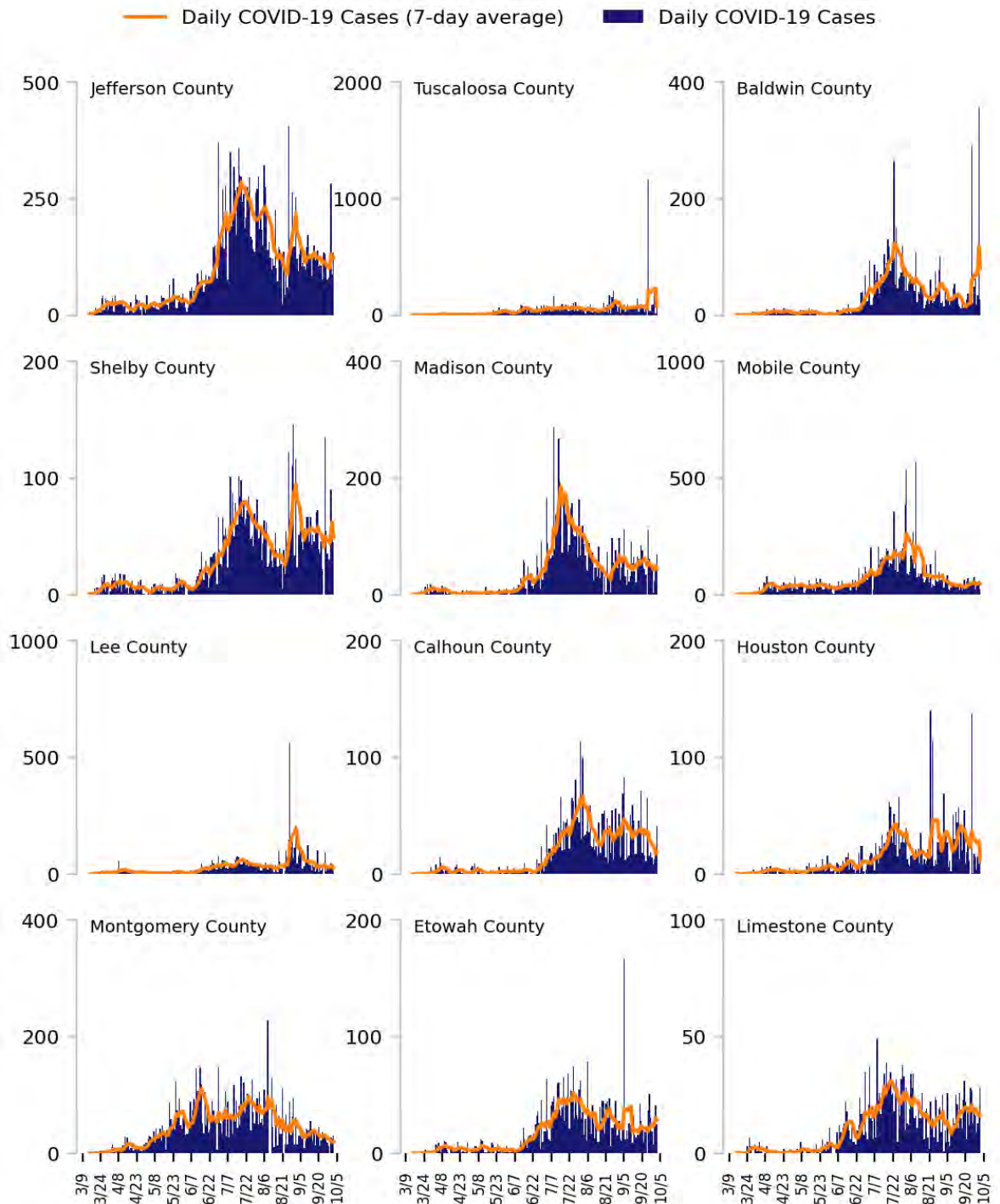
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

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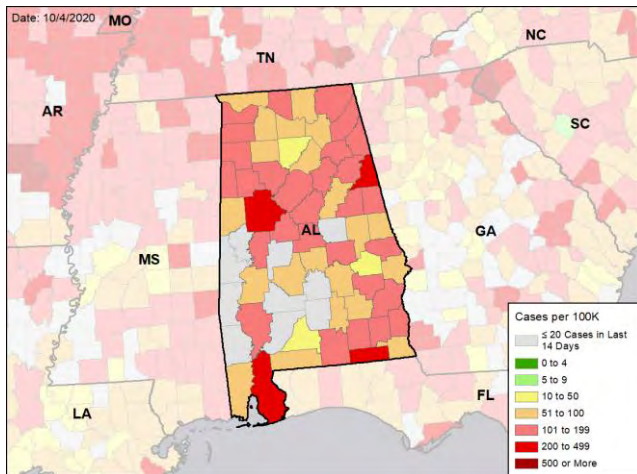


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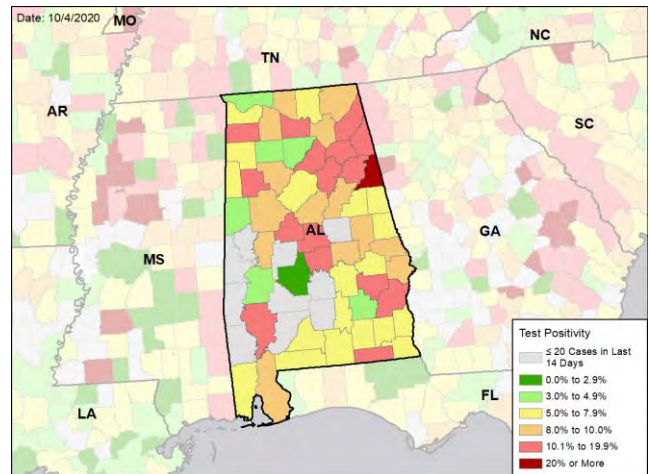
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CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

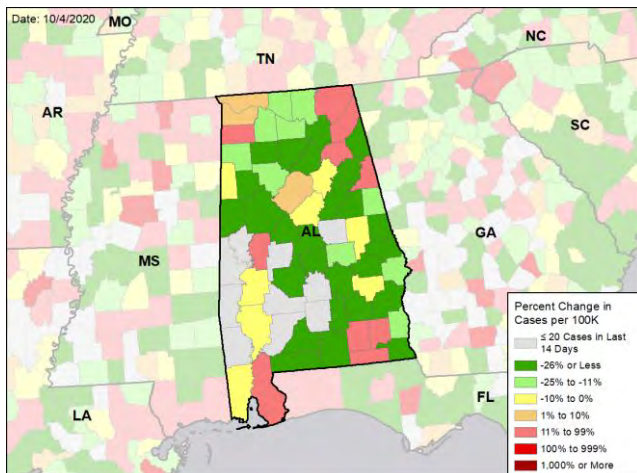
NEW CASES PER 100,000 DURING THE LAST WEEK



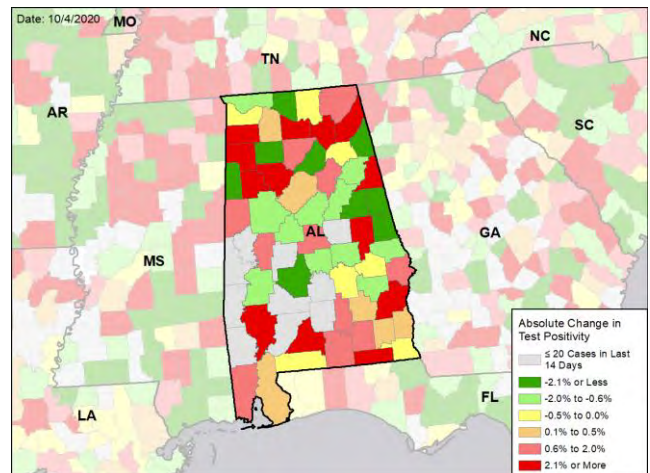
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



ALASKA

SUMMARY

- Alaska is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 19th highest rate in the country. Alaska is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 33rd highest rate in the country.
- Alaska has seen an increase in new cases and an increase in test positivity over the last week.
- The following three boroughs had the highest number of new cases over the last 3 weeks: 1. Anchorage Municipality, 2. Fairbanks North Star Borough, and 3. Matanuska-Susitna Borough. These boroughs represent 79.0% of new cases in Alaska.
- The volume of testing has rebounded in Anchorage, Fairbanks, and Matanuska-Susitna Borough, but increasing incidence and test positivity suggests increasing transmission in these areas.
- While bigger population centers (Anchorage and Fairbanks) are driving the case numbers, continued high-level transmissions in smaller centers (Nome, North Slope, Northwest Arctic boroughs) are concerning.
- 7% of all boroughs in Alaska have moderate or high levels of community transmission (yellow, orange, or red zones), with 3% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 6% of nursing homes had at least one new resident COVID-19 case, 6% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death.
- Alaska had 112 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 16 to support operations activities from FEMA; 2 to support medical activities from CDC; 2 to support epidemiology activities from CDC; and 23 to support operations activities from USCG.
- Between Sep 26 - Oct 2, on average, 4 patients with confirmed COVID-19 and 6 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Alaska. An average of 89% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Continue to monitor local case rates and test positivity closely to identify hotspots of transmission as they emerge and adjust mitigation efforts as needed.
- Colder weather and increasing indoor activity are likely driving transmission; in Fairbanks and Anchorage, ensure that indoor commercial, dining, and retail activity are limited and social distancing and use of face masks are monitored and enforced in all such indoor settings.
- Continue to promote online schooling in Anchorage and Fairbanks and ensure that all mitigation efforts, including social distancing, wearing of face masks while indoors, and cancellation of all large events are being observed.
- University of Alaska Anchorage should remain online and testing and results should be tracked and posted.
- Track hospital capacity at the local level to ensure it is adequate; if inpatient bed and/or ICU utilization exceeds 75% in areas where transmission is elevated or increasing in populations at-risk for severe disease, develop contingency plans for expansion.
- Ensure all hospital staff, especially those in rural areas, are trained on latest treatment protocols, including early use of antiviral and antibody therapy for hospitalized patients.
- Continue to intensify education and public health messaging, focusing on at-risk and marginalized groups and emphasizing the risk of transmission within families to older individuals and those with underlying conditions. Encourage vulnerable family members to protect themselves by abstaining from gatherings and encourage all individuals that have participated in such events to get tested.
- Ensure that native and tribal communities receive culturally relevant education, easy access to testing, and adequate housing/spaces and food for isolation and quarantine for the 14-day duration.
- As colder weather sets in, increase outreach and ensure easy access to testing for homeless persons and those who dwell in congregate, crowded, or multi-generational housing. Prepare spaces for isolation or quarantine of those who test positive or have documented exposure to a case.
- Protect those in long-term care facilities (LTCFs) by conducting rapid facility-wide testing in response to a resident or staff member with COVID-19 and ensure that all positive staff and residents are effectively isolated for 10 days. Ensure social distancing and universal face mask use among staff.
- Ensure infection control surveys are promptly conducted in all nursing homes with an initial case or 3 or more cases in the last week.
- Begin to implement plan for regular surveillance to monitor transmission among critical staff, such as teachers; staff working at LTCFs and other congregate living settings; prisoners and prison staff; public transportation workers; and first responders as more tests become available.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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

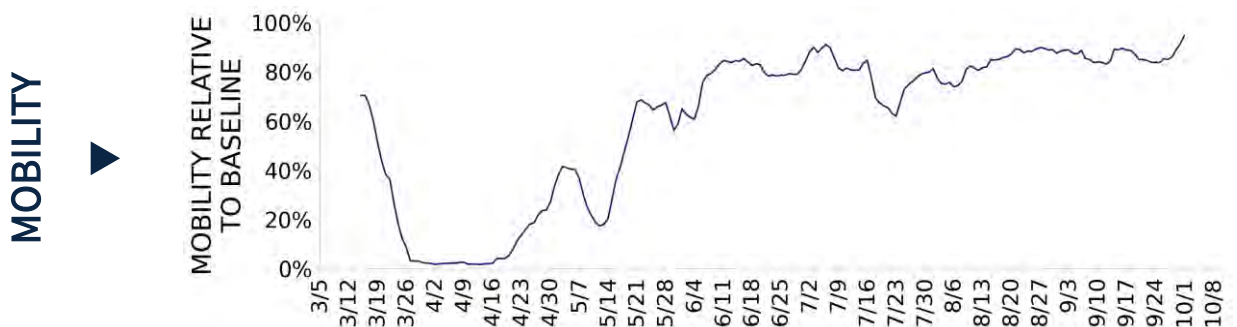




ALASKA

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	819 (112)	+37%	9,791 (68)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.3%	+1.4%*	5.4%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	32,383** (4,427)	-2%**	201,184** (1,402)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	5 (0.7)	-29%	93 (0.6)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	6% (6%)	+0%* (-16%*)	6% (16%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A	2%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating borough-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a borough. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the borough level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



ALASKA

STATE REPORT | 10.04.2020

COVID-19 BOROUGH AND METRO ALERTS*

Top 12 shown in table (full lists below)

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

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

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

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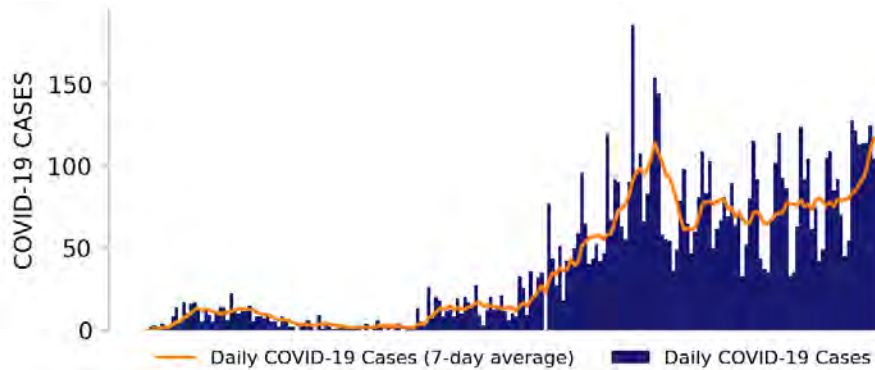
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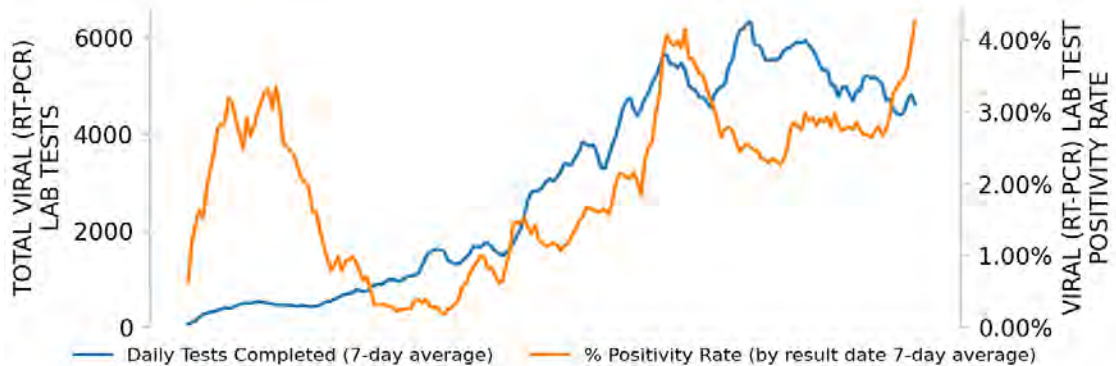
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NEW CASES

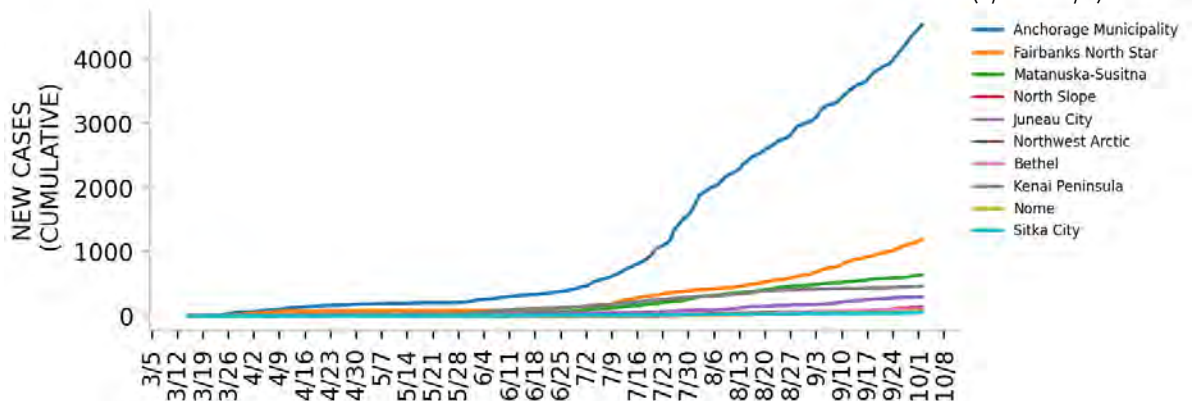


TESTING



Top boroughs based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP BOROUGH



DATA SOURCES – Additional data details available under METHODS

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

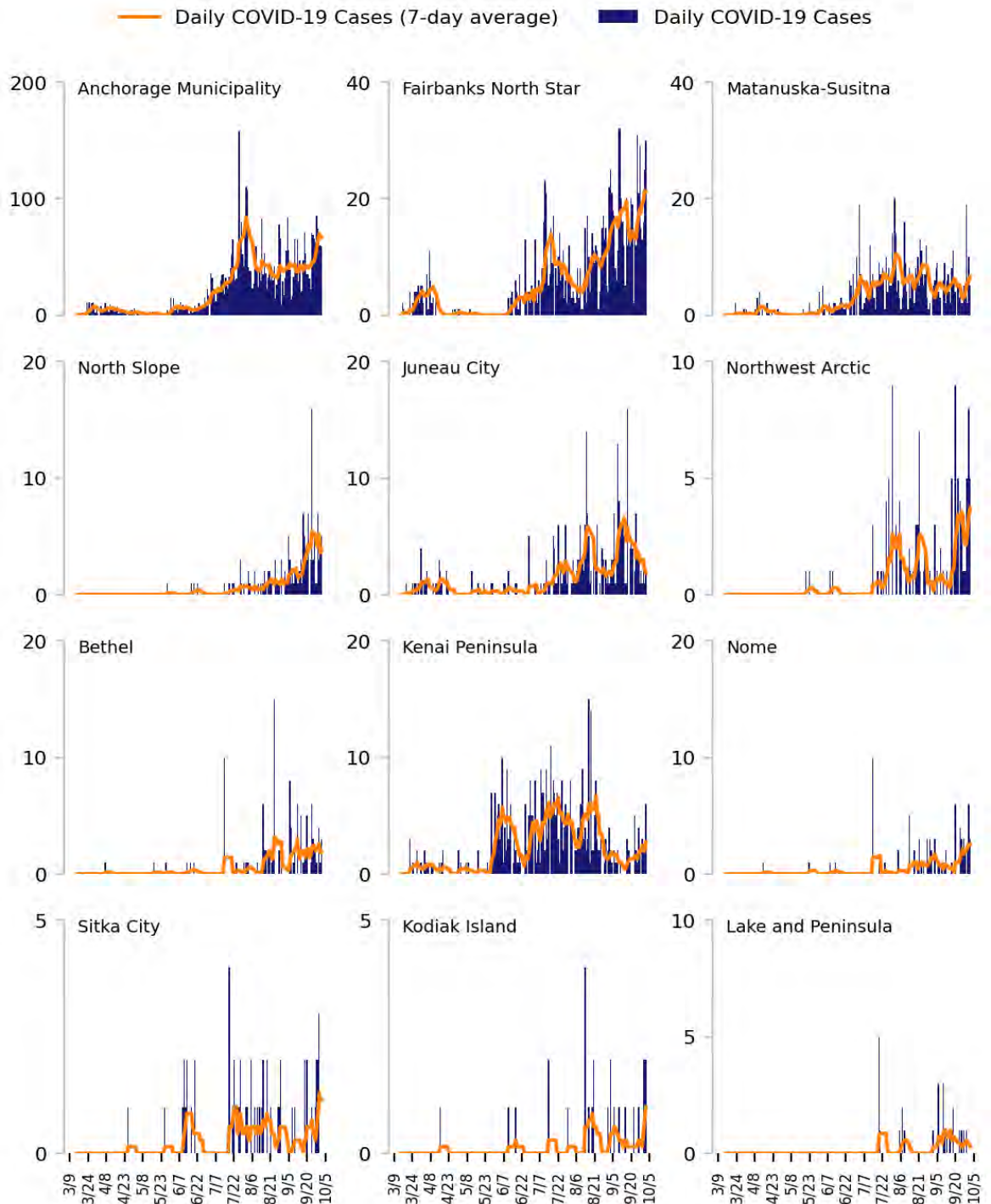
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Top 12 boroughs based on number of new cases in the last 3 weeks

TOTAL DAILY CASES



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

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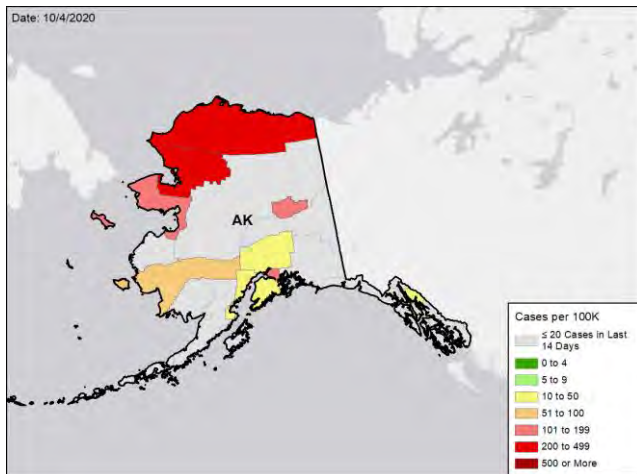


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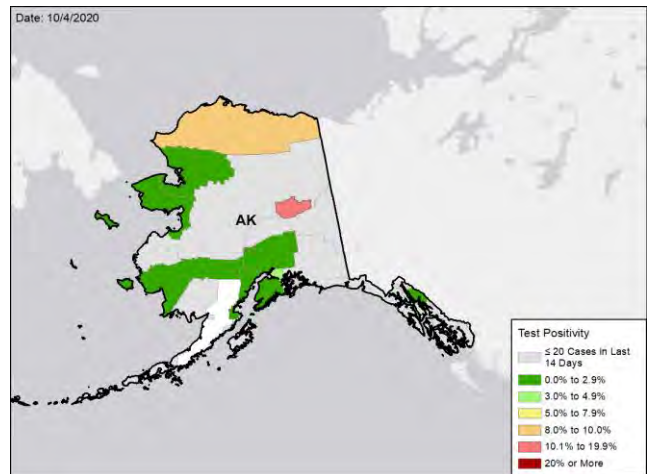
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CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

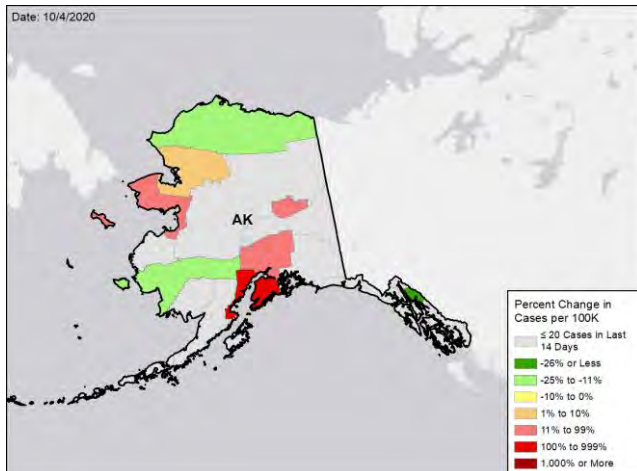
NEW CASES PER 100,000 DURING THE LAST WEEK



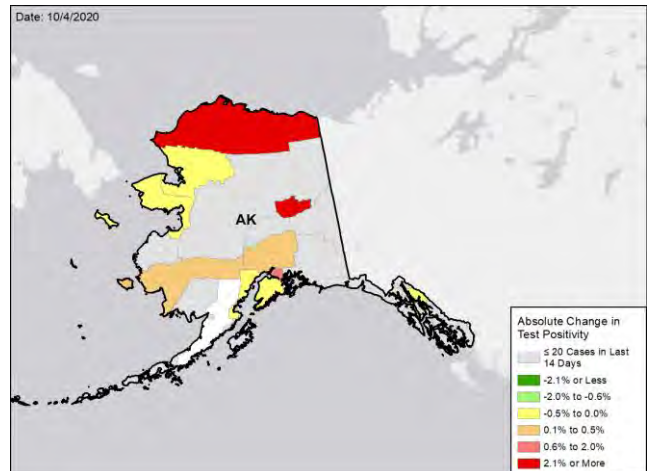
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



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

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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



ARIZONA

SUMMARY

- Arizona is in the yellow zone for cases, indicating between 10 and 50 new cases per 100,000 population last week, with the 45th highest rate in the country. Arizona is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 32nd highest rate in the country.
- Arizona has seen stability in new cases and stability in test positivity over the last week. Sustaining these gains week after week is critical.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Maricopa County, 2. Pima County, and 3. Coconino County. These counties represent 81.6% of new cases in Arizona.
- 33% of all counties in Arizona have moderate or high levels of community transmission (yellow, orange, or red zones), with 7% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 5% of nursing homes had at least one new resident COVID-19 case, 12% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death. Ensure contact tracing of positive staff to understand the level of control of community spread.
- Arizona had 47 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 13 to support operations activities from FEMA; 2 to support epidemiology activities from CDC; and 1 to support operations activities from CDC.
- The federal government has supported surge testing in rural counties in Arizona.
- Between Sep 26 - Oct 2, on average, 45 patients with confirmed COVID-19 and 130 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Arizona. An average of 78% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Arizona is sustaining the gains through continued, strong mitigation efforts statewide linked to controlled openings and assessments. However, there needs to be a strengthening of mitigation efforts in Gila County, particularly in Payson, to contain community spread early and ensure protection of Tribal Nations. Mitigation efforts must continue to include mask wearing, physical distancing, hand hygiene, and avoiding all crowds.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies work best when used early in the course of infection.
- The excellent University of Arizona study correlating nucleic acid testing (NAT), antigen testing, and antibody testing is important to all American universities and early publication is essential. Arizona State University and University of Arizona have excellent plans for symptomatic students and routine surveillance testing of students to find asymptomatic students, with quick turnaround times for results and the rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent home to isolate or quarantine. Continue to increase surveillance testing of both on and off campus students and consider broad antibody testing (spike protein testing) prior to Thanksgiving.
- For universities, would immediately consider antibody surveillance testing of both off and on campus students to establish asymptomatic infection rate during the fall. It is possible, based on the current number of symptomatic students, that 15-20% of all university students have been infected. This would provide data for the spring semester. Modeling the current total infections, impact on R1 (disease rate among those exposed), and the potential for immunization of high-risk faculty and staff may allow for increased students in classroom in the spring with full mask use.
- Continue the use of focused wastewater surveillance to detect cases early and direct diagnostic testing and public health interventions to those dorms or student areas. Consider expansion of wastewater testing to all counties as part of statewide sentinel surveillance.
- Track daily test positivity, cases, and new hospitalizations in counties and react to any week over week increases with increased intervention in those counties; surge community level testing.
- Ensure hospitals move elective surgeries and testing for patients admitted without suspected COVID to pooling to reserve tests for community outreach; expand outpatient testing.
- In preparation for fall, continue to increase testing capacity by increasing the budget and capacity of public health labs. Increase messaging of the importance of flu vaccination and ensure access to flu vaccines.
- Execute the developed plan for increased surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. Establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. All antigen positive results must be reported with both the number of positive results and total tests conducted; these must be reported as COVID cases.
- Ask citizens and students to limit ALL social gatherings to fewer than 20 people. Recreating spreading events through bar-like gatherings in homes will result in continued high cases and those with comorbidities becoming infected.
- Expanded nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- Continued comprehensive support to Native Americans is key for preventing both COVID-19 and flu infections.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

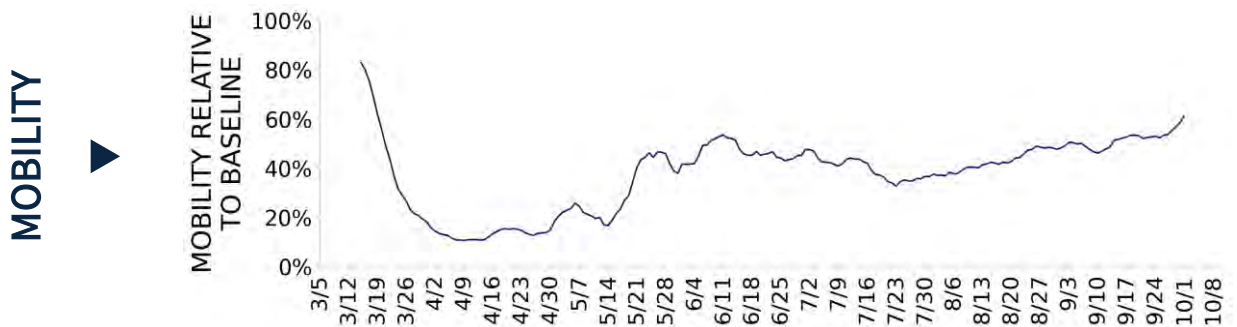




ARIZONA

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	3,398 (47)	-1%	30,100 (59)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.3%	+0.3%*	3.5%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	84,467** (1,160)	-5%**	944,631** (1,842)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	110 (1.5)	-17%	728 (1.4)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	5% (12%)	-1%* (-5%*)	4% (8%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	+2%*	2%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



ARIZONA

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	1	Payson	1	Gila
LOCALITIES IN ORANGE ZONE	0	N/A	0	N/A
LOCALITIES IN YELLOW ZONE	3	Flagstaff Yuma Safford	4	Coconino Yuma Apache Graham

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

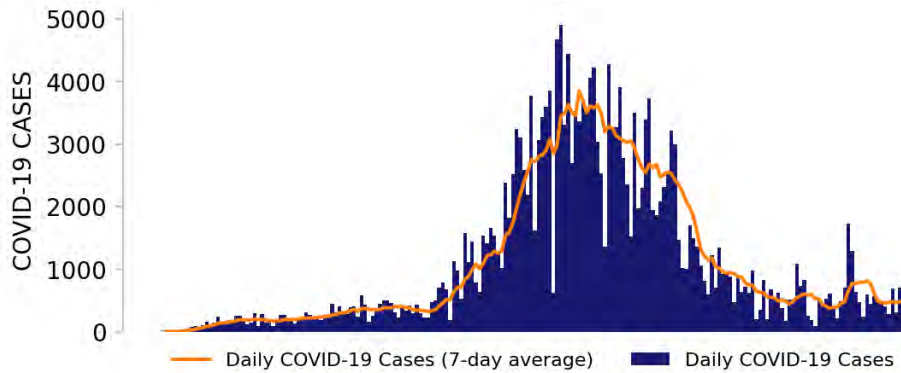
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



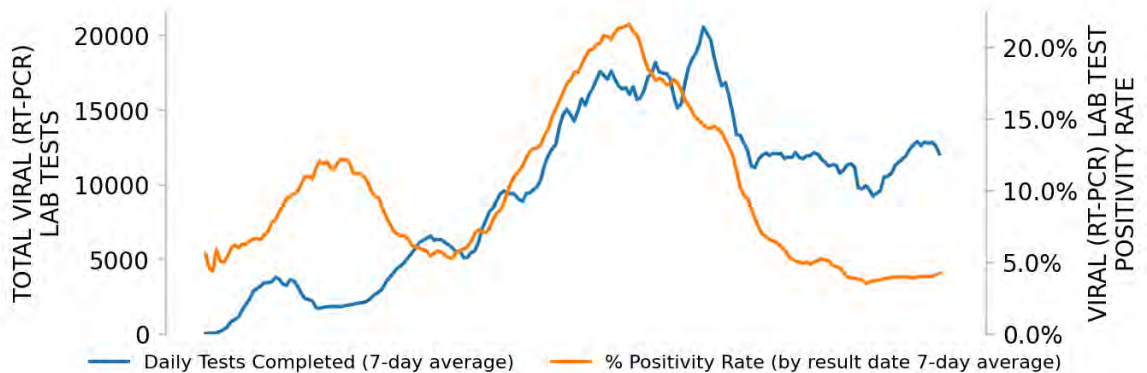
ARIZONA

STATE REPORT | 10.04.2020

NEW CASES

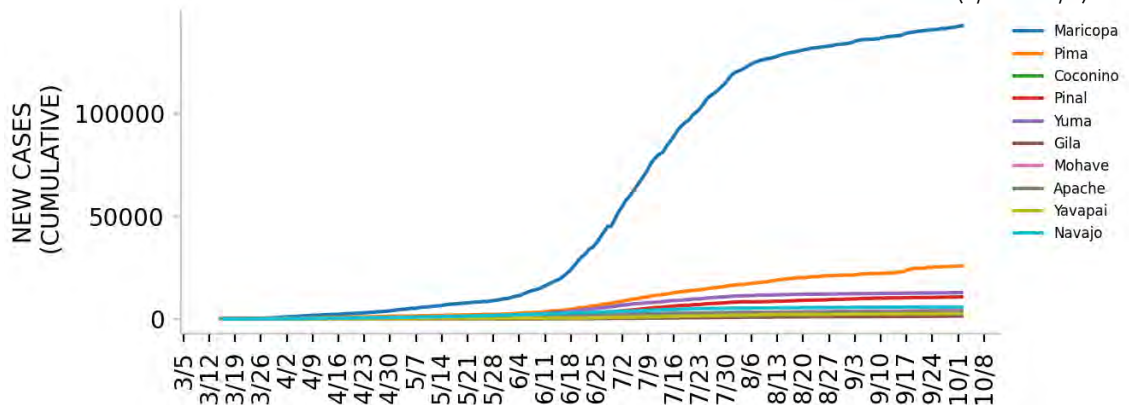


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

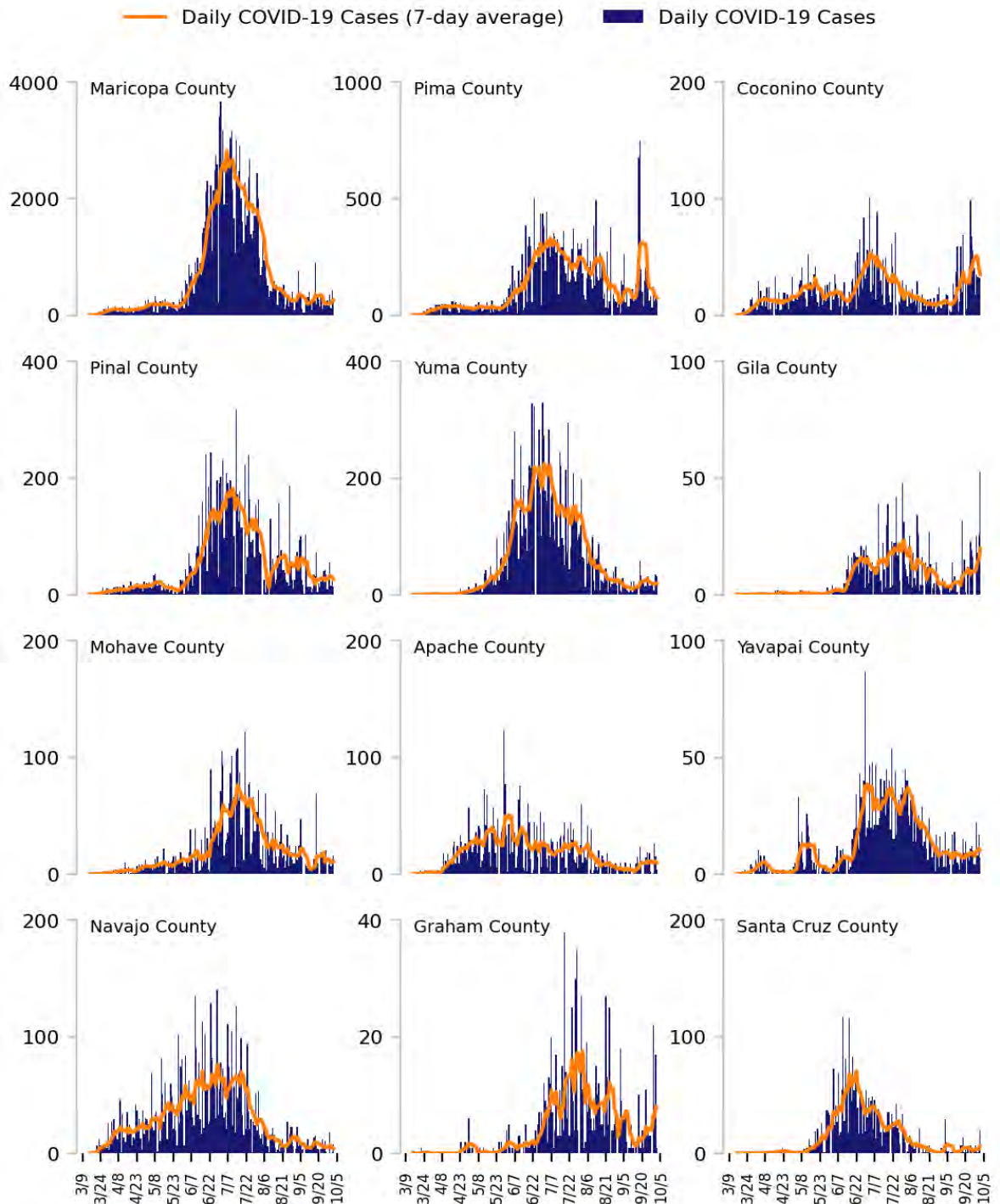
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

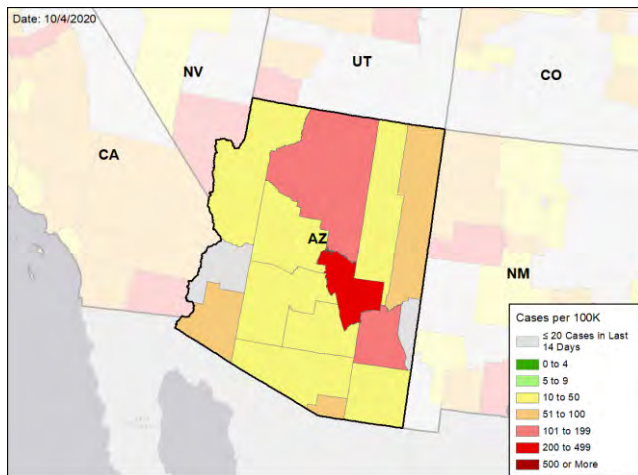


ARIZONA

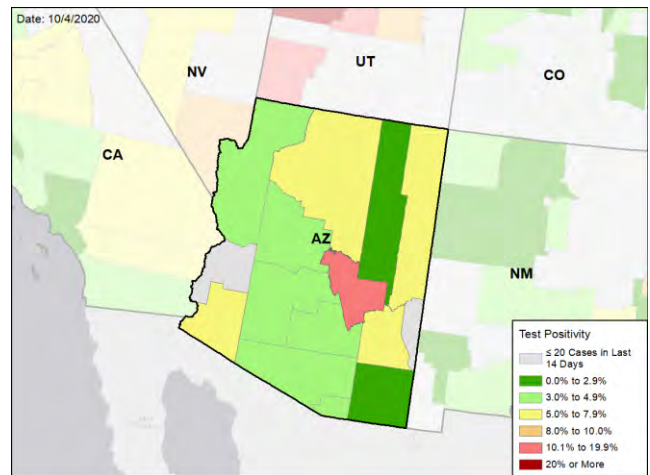
STATE REPORT | 10.04.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

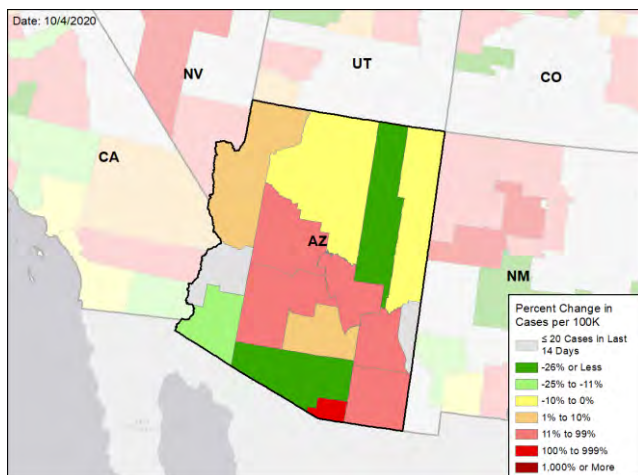
NEW CASES PER 100,000 DURING THE LAST WEEK



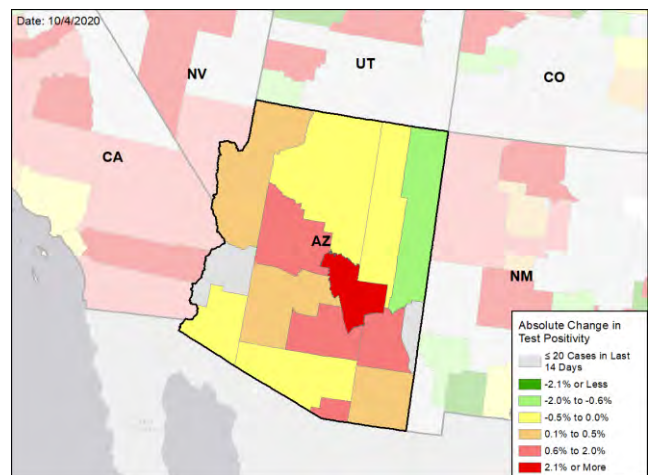
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



STATE REPORT
10.04.2020

ARKANSAS

SUMMARY

- Arkansas is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 9th highest rate in the country. Arkansas is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 19th highest rate in the country.
- Arkansas has seen stability in new cases and a decrease in test RT-PCR positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Washington County, 2. Pulaski County, and 3. Benton County. These counties represent 26.8% of new cases in Arkansas.
- 60% of all counties in Arkansas have moderate or high levels of community transmission (yellow, orange, or red zones), with 17% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 23% of nursing homes had at least one new resident COVID-19 case, 37% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- Arkansas had 193 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 5 to support operations activities from FEMA.
- Between Sep 26 - Oct 2, on average, 63 patients with confirmed COVID-19 and 237 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Arkansas. An average of 91% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Continue to see impressive declines in key areas in Arkansas. These gains are fragile and quickly identifying positive cases with support for isolation will drive cases lower. Increase contact tracing capacity with test result turnaround times for schools and rural communities.
- Messaging to communities about effectiveness of masks is critical as many outdoor activities will be moving indoors with colder weather approaching. Masks must be worn indoors in all public settings and group gathering sizes should be limited.
- Work with rural communities to message how masks work and protect individuals from COVID-19. In high transmission zones, limit indoor dining, bar hours, and expand outdoor dining options.
- One-third of nursing homes have at least one positive staff member and the trend among residents with COVID-19 is increasing. Use these findings not only to prevent transmission in nursing homes, but also as sentinel surveillance indicating spread in the community and work on local mitigation efforts. Review specific nursing homes where community transmission is low, but staff have COVID-19.
- Antivirals and antibodies have the most impact when used early in hospital admissions (within 48 hours). Ensure hospitals are effectively administering these medications to prevent morbidity and mortality.
- Abbott BinaxNOW tests should be used in a sentinel surveillance capacity. Sentinel surveillance among specific populations across Arkansas will help provide specific information to each community regarding local transmission and where mitigation efforts needed to be enhanced.
- Prioritize these populations for routine sentinel surveillance: K-12 teachers; staff working in nursing homes, assisted living, senior living facilities, and other congregate living settings including correctional facilities; and first responders.
- With cases decreasing in university settings, work with students to keep cases down, particularly with the goal to keep transmission low until Thanksgiving.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).





ARKANSAS

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	5,831 (193)	-1%	48,301 (113)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.2%	-0.9%*	6.0%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	69,698** (2,310)	-1%**	487,416** (1,141)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	125 (4.1)	+34%	869 (2.0)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	23% (37%)	+4%* (-10%*)	13% (23%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	-4%*	4%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.

Mobility: Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



ARKANSAS

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

METRO AREA (CBSA) LAST WEEK

COUNTY LAST WEEK

LOCALITIES IN RED ZONE

5

Pine Bluff
Blytheville
Texarkana
Magnolia
Forrest City

13

Jefferson
Crawford
Mississippi
Carroll
Columbia
Miller
St. Francis
Arkansas
Stone
Fulton
Howard
Montgomery

LOCALITIES IN ORANGE ZONE

5

Fort Smith
Jonesboro
Searcy
Helena-West Helena
Arkadelphia

8

Craighead
Sebastian
White
Lawrence
Phillips
Clark
Madison
Prairie

LOCALITIES IN YELLOW ZONE

5

Fayetteville-Springdale-Rogers
Russellville
Paragould
Mountain Home
Memphis

24

Washington
Benton
Faulkner
Saline
Lonoke
Pope
Greene
Baxter
Poinsett
Izard
Randolph
Franklin

All Red Counties: Jefferson, Crawford, Mississippi, Carroll, Columbia, Miller, St. Francis, Arkansas, Stone, Fulton, Howard, Montgomery, Lafayette

All Yellow Counties: Washington, Benton, Faulkner, Saline, Lonoke, Pope, Greene, Baxter, Poinsett, Izard, Randolph, Franklin, Clay, Newton, Yell, Cleburne, Logan, Hempstead, Desha, Little River, Ashley, Marion, Monroe, Polk

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

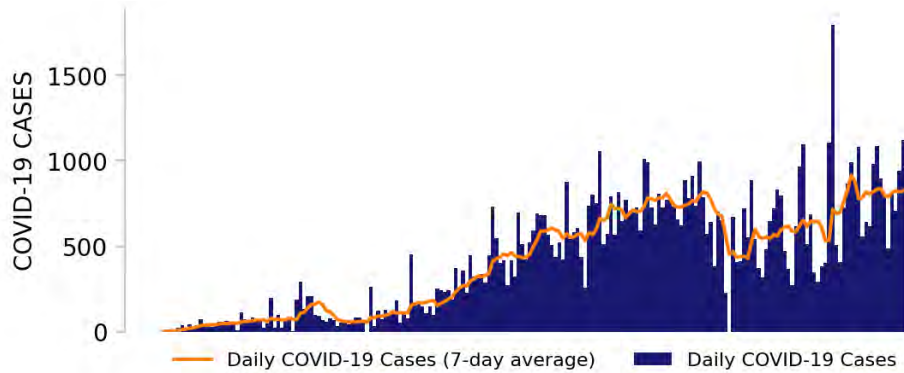
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



ARKANSAS

STATE REPORT | 10.04.2020

NEW CASES

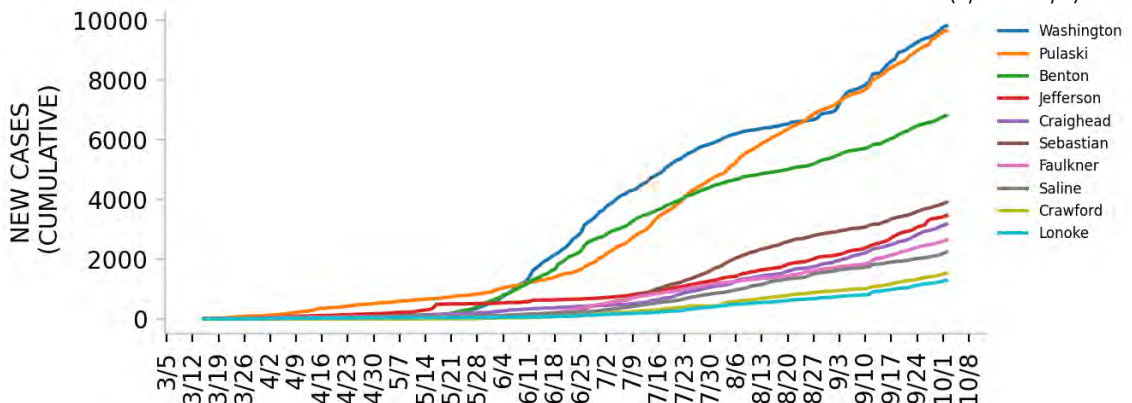


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

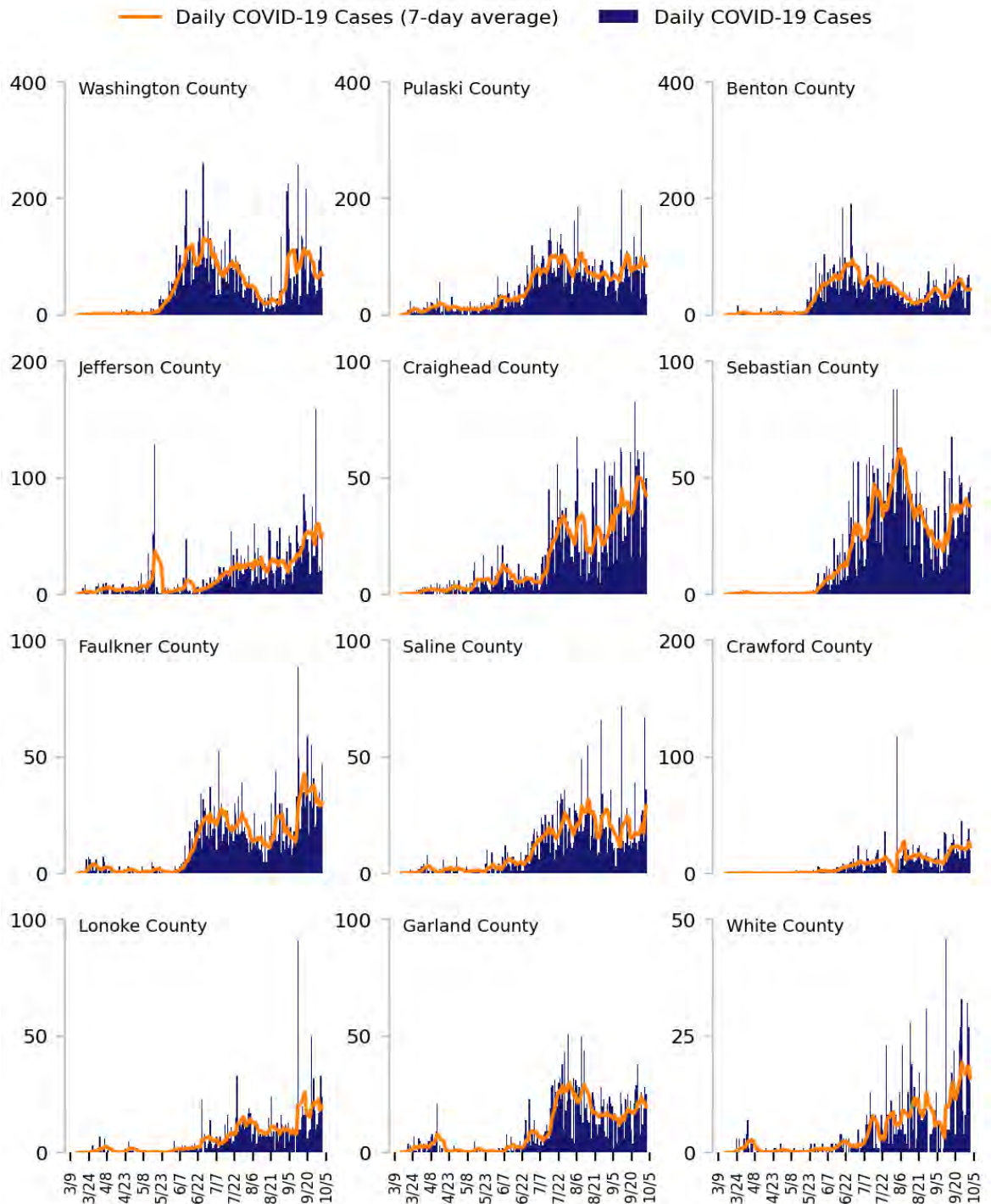
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

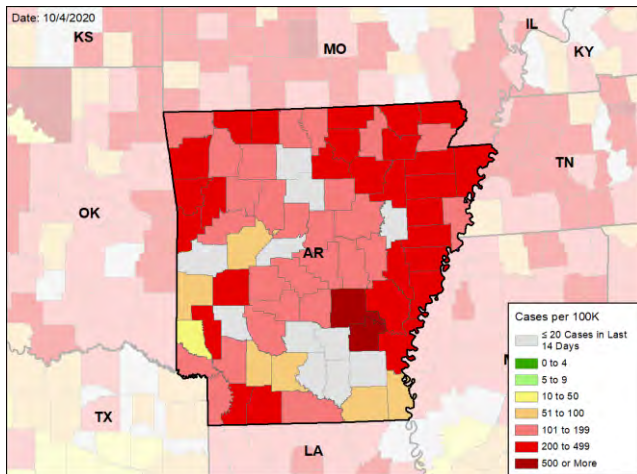


ARKANSAS

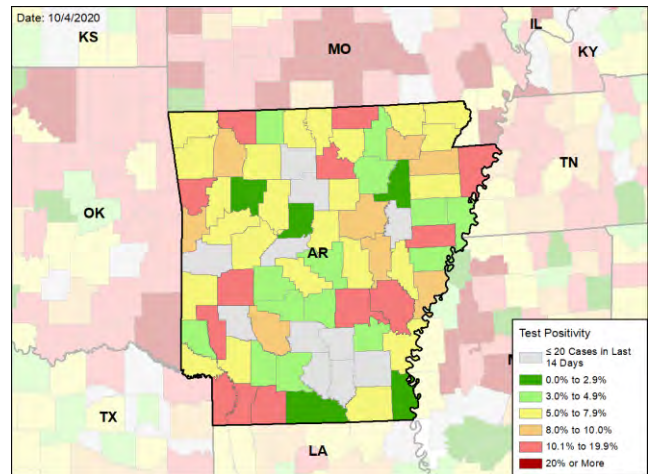
STATE REPORT | 10.04.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

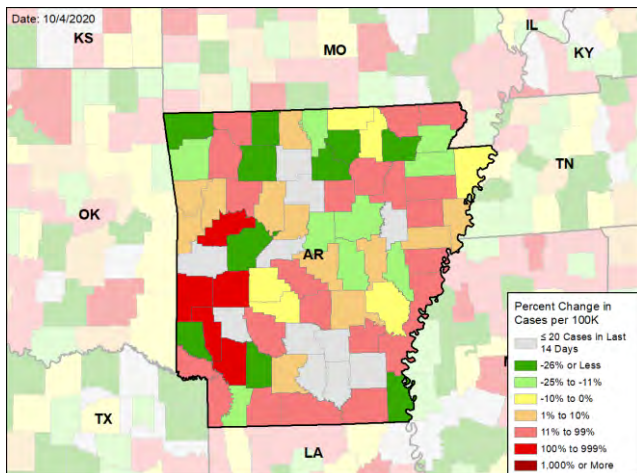
NEW CASES PER 100,000 DURING THE LAST WEEK



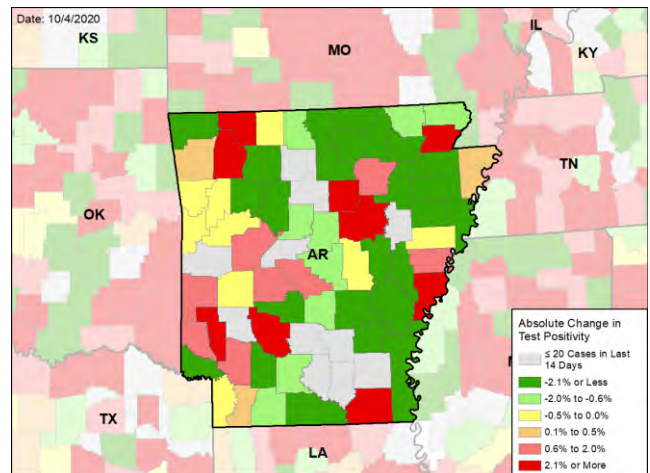
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



CALIFORNIA

SUMMARY

- California continues to show slow but gradual improvement related to effective mitigation measures. California is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 39th highest rate in the country. California is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 39th highest rate in the country.
- California has seen stability in new cases and stability in test positivity over the last week. Hospitalizations continued to gradually decline. The state has rolled out a new system for classifying and guiding counties in adjusting their mitigation plans.
- Institutions of higher education (IHE): Multiple UC campuses have been reopening recently, bringing thousands of students back to the nine campuses. The number of students allowed back varies widely, with UCSD bringing the largest number (11,000).
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Los Angeles County, 2. San Diego County, and 3. San Bernardino County. These counties represent 44.8% of new cases in California.
- 17% of all counties in California have moderate or high levels of community transmission (yellow, orange, or red zones), with none having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 3% of nursing homes had at least one new resident COVID-19 case, 6% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- California had 57 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 136 to support operations activities from FEMA; 6 to support operations activities from ASPR; 1 to support epidemiology activities from CDC; and 272 to support operations activities from USCG.
- The federal government has supported surge testing in Bakersfield, CA.
- Between Sep 26 - Oct 2, on average, 313 patients with confirmed COVID-19 and 538 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in California. An average of 93% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Implement a plan to increase surveillance using the Abbott BinaxNOW and other rapid tests as supplies arrive to protect the elderly and other vulnerable populations and to increase situational awareness of community spread. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. Elevated rates of infection among these front-line workers indicate significant transmission in their communities and those transmission settings must be identified and mitigated.
- Community transmission is frequently occurring in smaller gatherings of family and friends, where masking and social distancing recommendations are not followed. Recommend increased messaging regarding the need to take these measures, especially given the element of mitigation “fatigue.”
- Antiviral therapies for hospitalized COVID patients should be given early in their course while viral replication is high.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

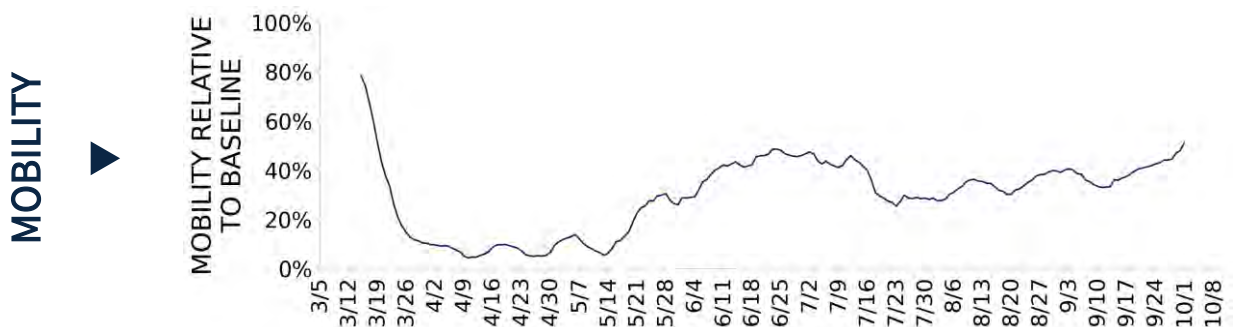




CALIFORNIA

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	22,559 (57)	-6%	30,100 (59)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.2%	+0.1%*	3.5%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	790,087** (2,000)	-8%**	944,631** (1,842)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	567 (1.4)	-9%	728 (1.4)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	3% (6%)	-6%* (-10%*)	4% (8%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	-2%*	2%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



CALIFORNIA

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	0	N/A	0	N/A
LOCALITIES IN ORANGE ZONE	0	N/A	0	N/A
LOCALITIES IN YELLOW ZONE	8	Riverside-San Bernardino-Ontario Fresno Salinas Visalia Hanford-Corcoran Madera Redding Red Bluff	10	San Bernardino Riverside Fresno Monterey Tulare Kings Madera Shasta Tehama Glenn

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

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

DATA SOURCES – Additional data details available under METHODS

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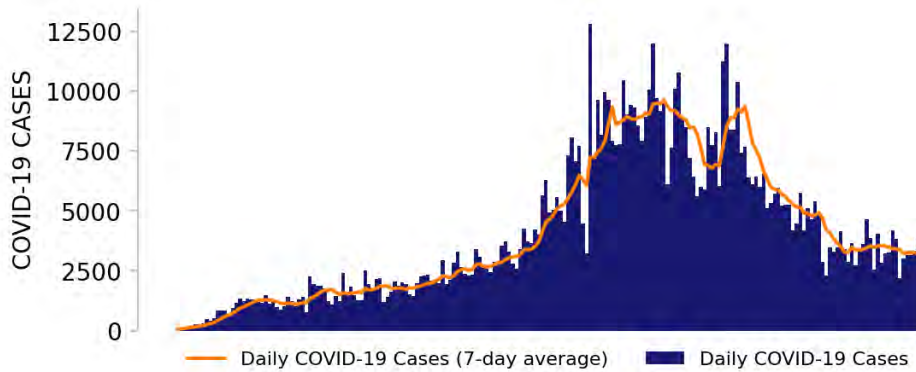
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



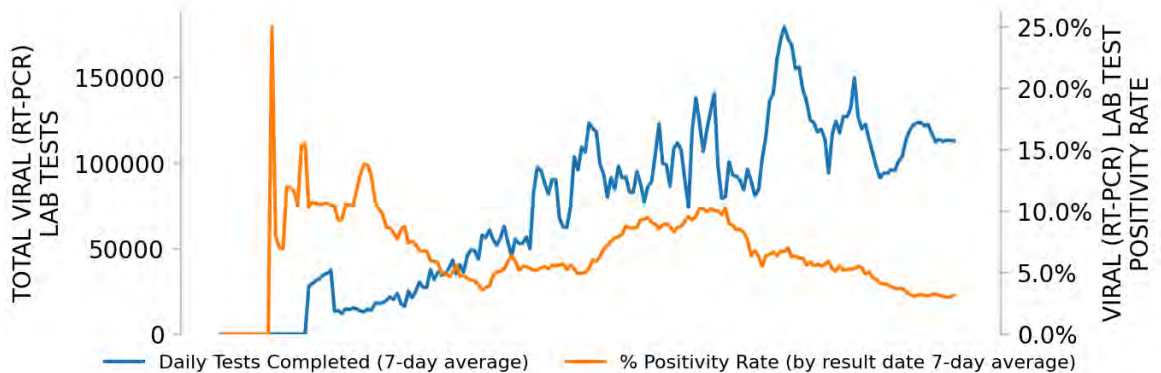
CALIFORNIA

STATE REPORT | 10.04.2020

NEW CASES

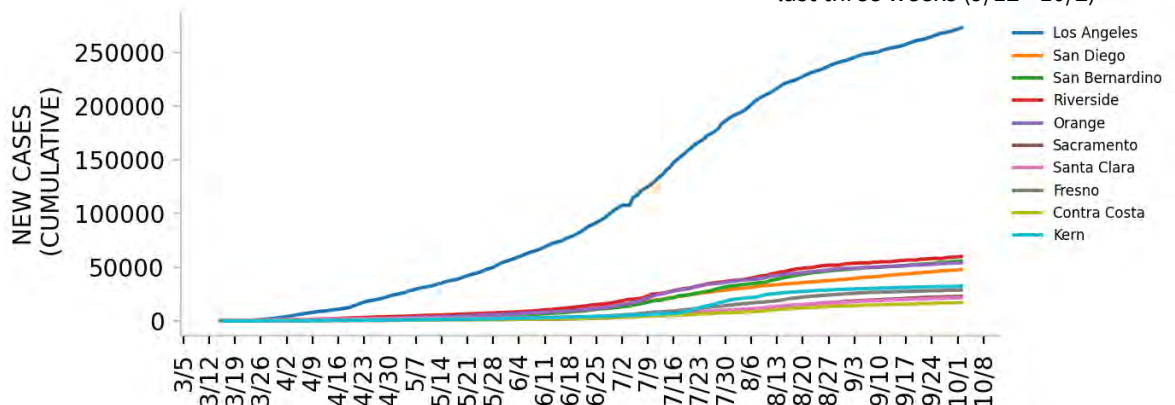


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

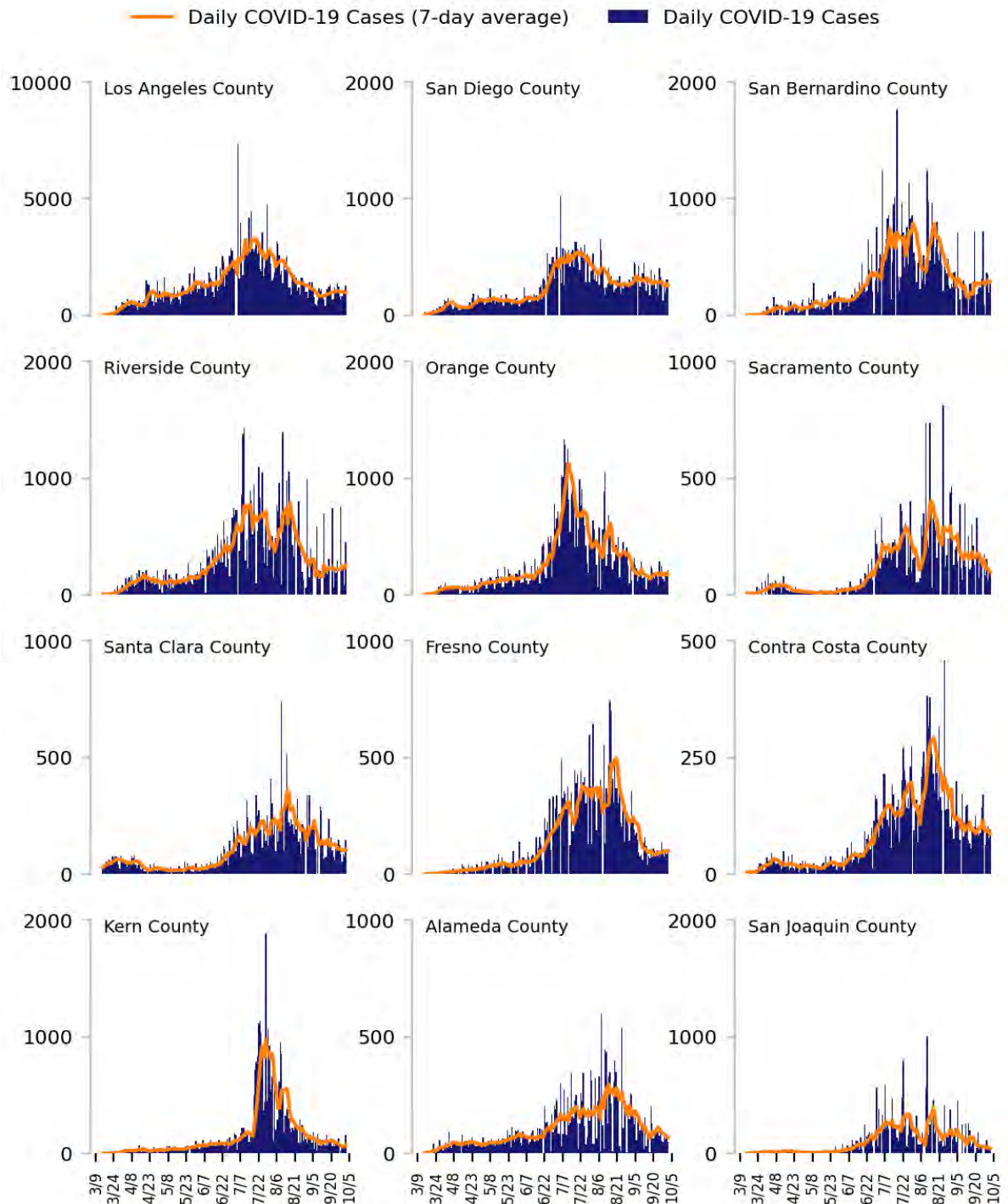
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

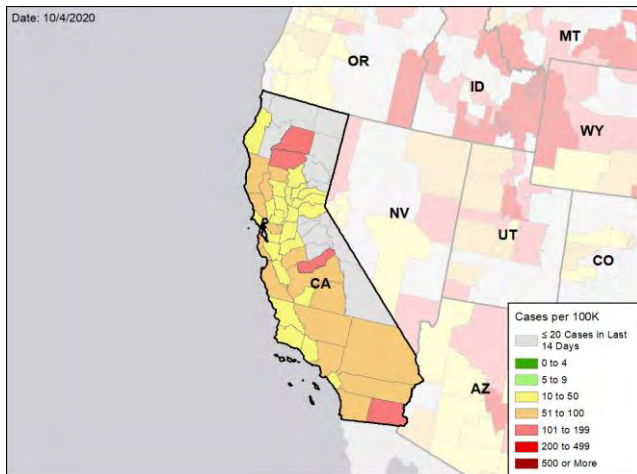


CALIFORNIA

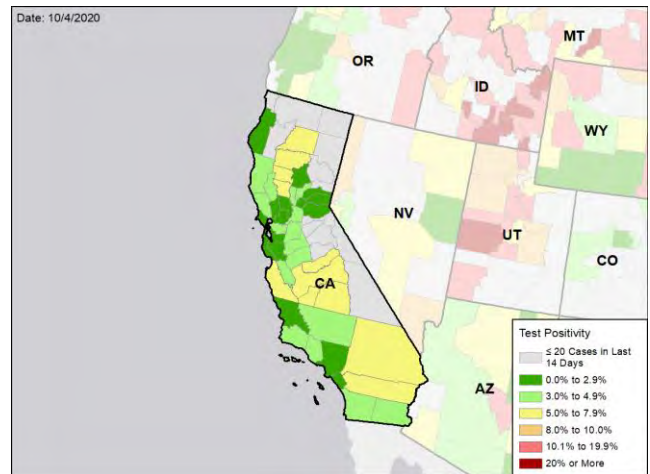
STATE REPORT | 10.04.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

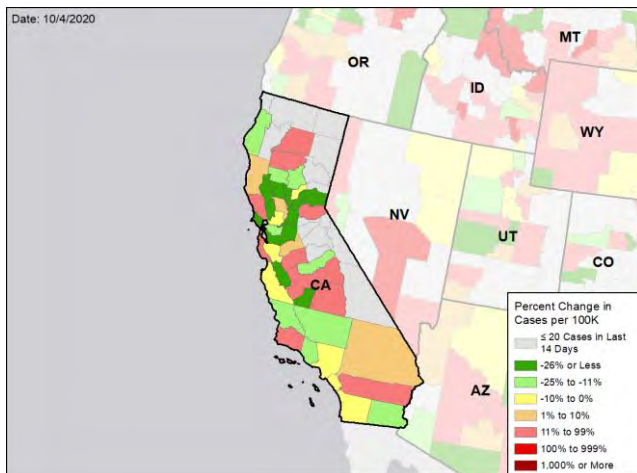
NEW CASES PER 100,000 DURING THE LAST WEEK



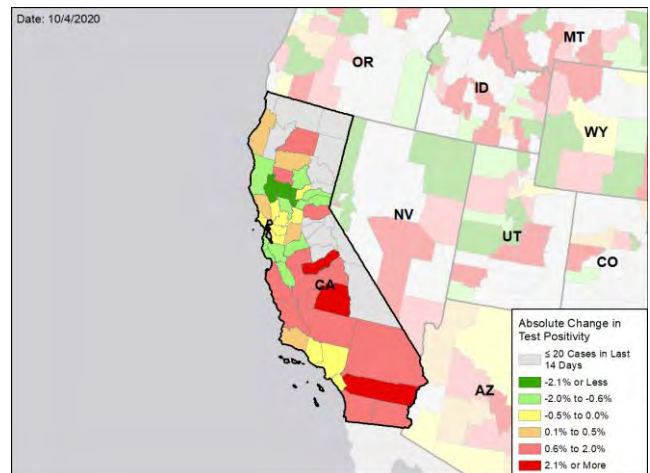
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.

COLORADO

SUMMARY

- Colorado is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 33rd highest rate in the country. Colorado is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 38th highest rate in the country.
- Colorado has seen stability in new cases and stability in test positivity over the last week.
- Cases remain concentrated near the Front Range urban centers, especially where large institutions of higher education exist. Two rural counties (Logan, Yuma) in northeast Colorado reported high incidence last week. The following three counties had the highest number of new cases over the last 3 weeks: 1. Boulder County, 2. Denver County, and 3. Adams County. These counties represent 47.9% of new cases in Colorado.
- Hospitalizations had a continued slight rise in the last week, consistent with a lagged increase from the now resolving increase in cases earlier in September.
- Institutions of higher education (IHE): cases among students at UC Boulder dropped sharply last week following the restrictions on student activities and prohibition on gatherings of 18-22 year-olds. Cases among other age groups in Boulder County did, however, increase last week.
- 6% of all counties in Colorado have moderate or high levels of community transmission (yellow, orange, or red zones), with none having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 5% of nursing homes had at least one new resident COVID-19 case, 10% had at least one new staff COVID-19 case, and 1% had at least one new resident COVID-19 death.
- Colorado had 69 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 57 to support operations activities from FEMA; 5 to support operations activities from ASPR; 2 to support epidemiology activities from CDC; and 1 to support operations activities from USCG.
- Between Sep 26 - Oct 2, on average, 30 patients with confirmed COVID-19 and 81 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Colorado. An average of 90% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

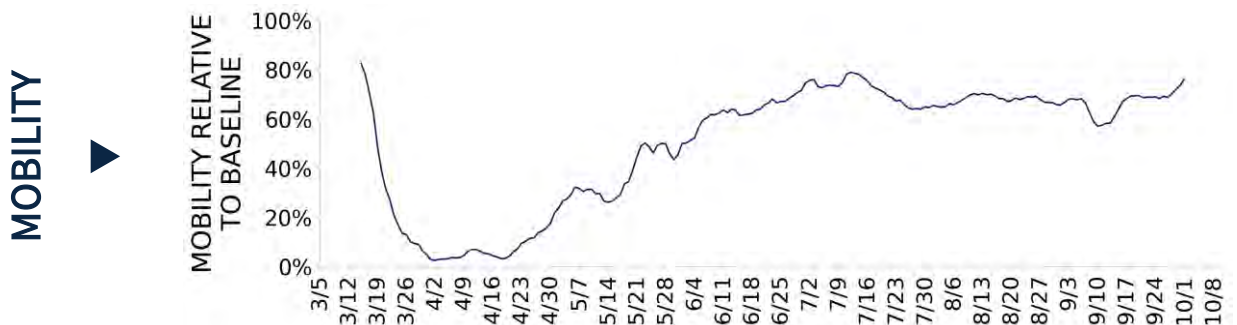
- Community transmission is frequently occurring in smaller gatherings of family and friends, where masking and social distancing recommendations are not followed. With weather conditions increasingly forcing activities indoors, increased messaging regarding the need to take these measures is recommended, especially given the element of mitigation “fatigue.”
- Antiviral therapies for hospitalized COVID patients should be given early in their course while viral replication is high.
- Other recommendations that follow are largely unchanged from last week, given the progress in limiting transmission overall as well as in college settings.
- Colorado has a well thought-out, graduated set of social distancing measures for communities based on transmission indicators and continues to carefully adjust these measures based on disease activity. The situational awareness of county status continues to be critical to effective adjustment.
- The university and local public health responses to the outbreaks at UC Boulder are having a major impact on transmission at the university. Relaxation of these measures should occur in stages once cases show stability at very low levels. Continue to closely monitor for evidence of bridging to the local community.
- Continue to use focused wastewater surveillance to detect cases early and direct diagnostic testing and public health interventions to those dorms or student areas. Encourage laboratories supporting IHEs currently using wastewater surveillance to support other IHEs lacking laboratories.
- Colorado has greatly expanded testing capacity; recommend continuing the progressive increase of testing availability. Expand university testing utilizing all university, veterinary, and research platforms for surveillance and testing of students. Use expanded capacity to increase testing in the communities surrounding universities.
- Implement a plan to increase surveillance for community spread using the Abbott BinaxNOW as supplies arrive or using other antigen tests, especially to protect the elderly and other vulnerable populations. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. Elevated rates of infection among these front-line workers indicate significant transmission in their communities and those transmission settings must be identified and mitigated.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).



COLORADO

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	3,976 (69)	-5%	19,493 (159)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.5%	-0.3%*	8.1%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	110,944** (1,927)	+24%**	283,433** (2,312)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	21 (0.4)	-25%	140 (1.1)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	5% (10%)	+1%* (+0%*)	8% (23%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	+1%*	3%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



COLORADO

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	0	N/A	0	N/A
LOCALITIES IN ORANGE ZONE	0	N/A	0	N/A
LOCALITIES IN YELLOW ZONE	1	Greeley	4	Adams Weld Yuma Grand

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

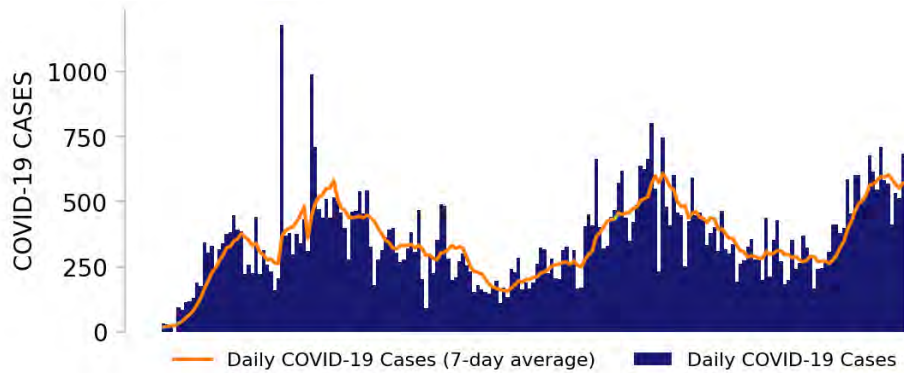
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



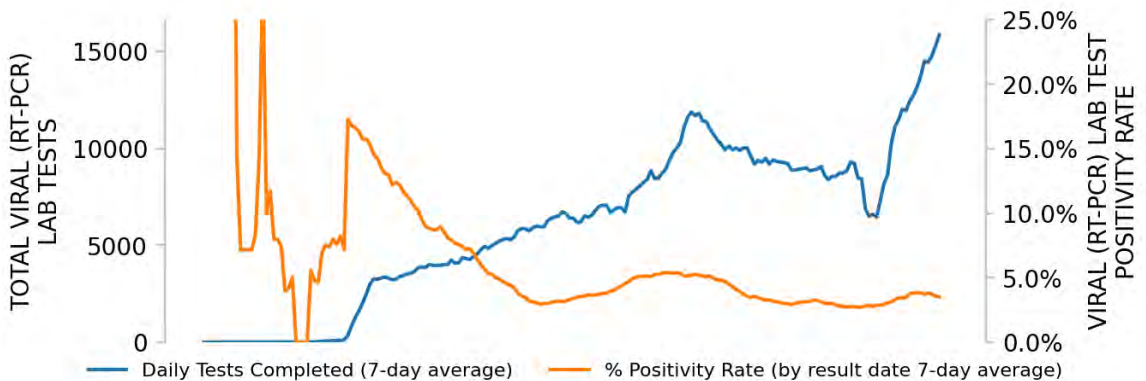
COLORADO

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NEW CASES

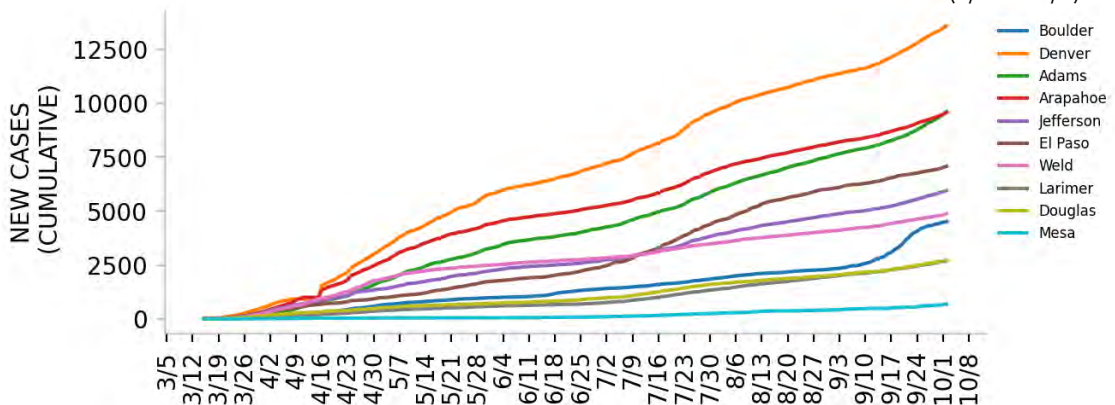


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

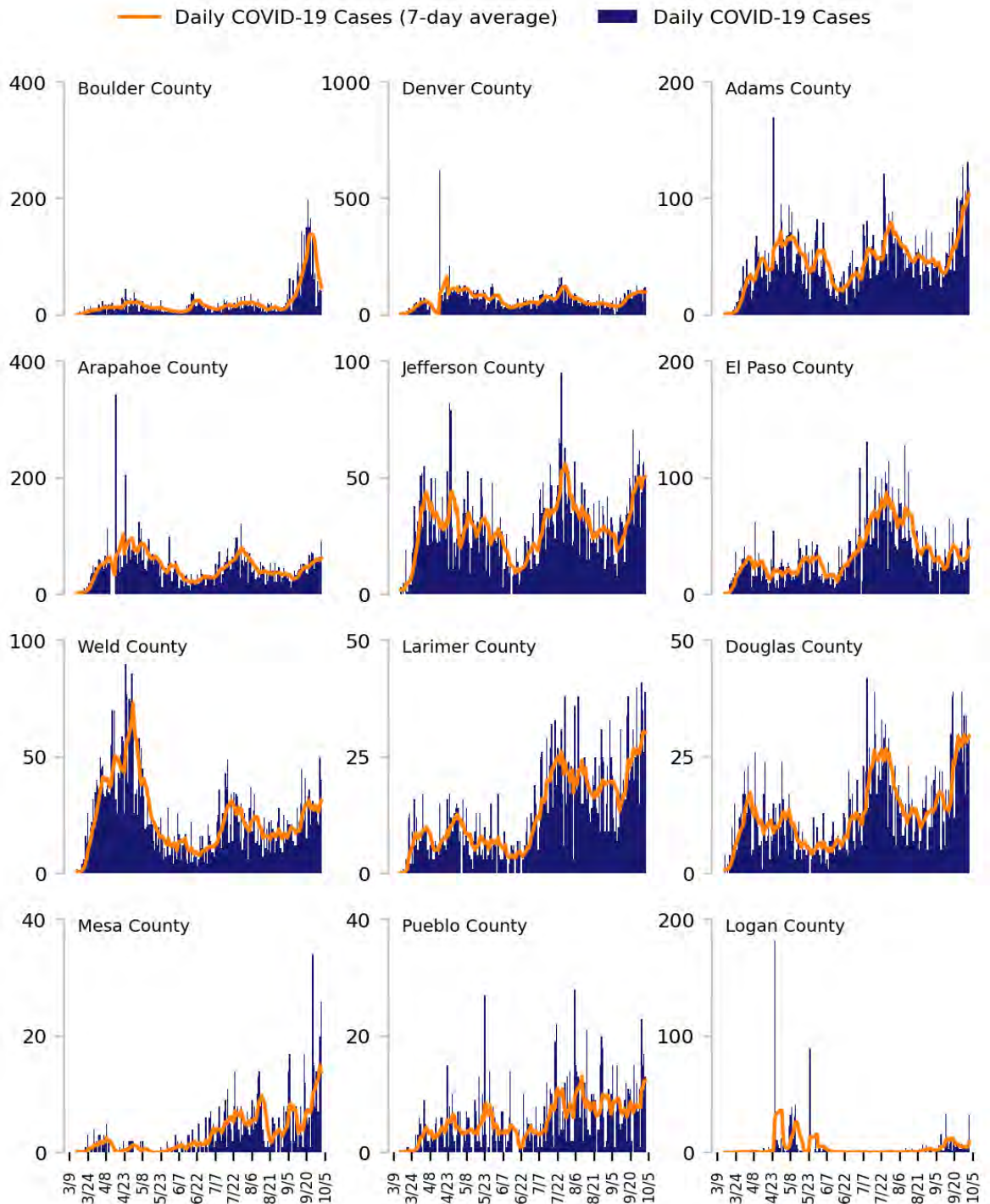
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

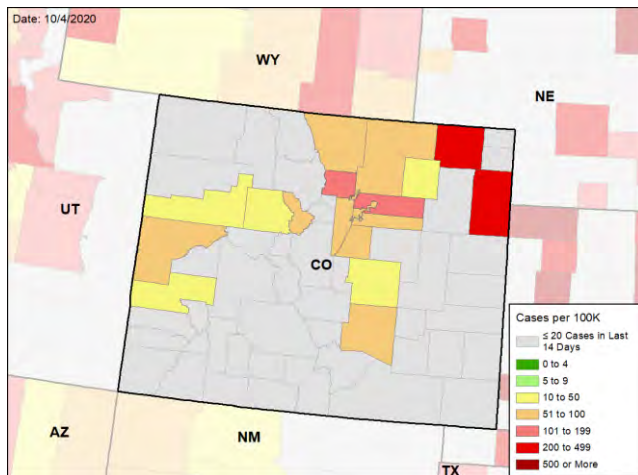


COLORADO

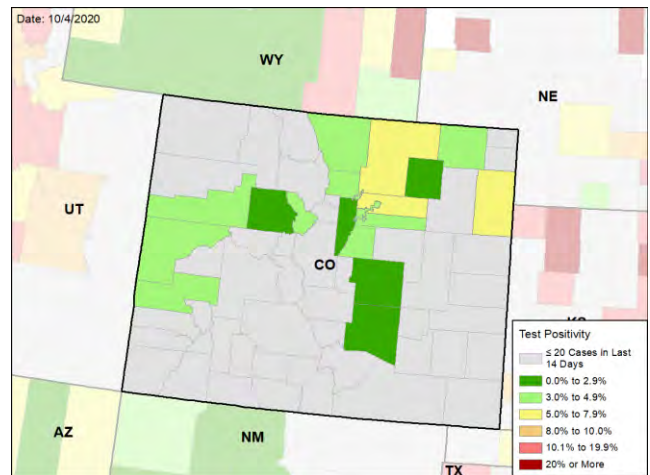
STATE REPORT | 10.04.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

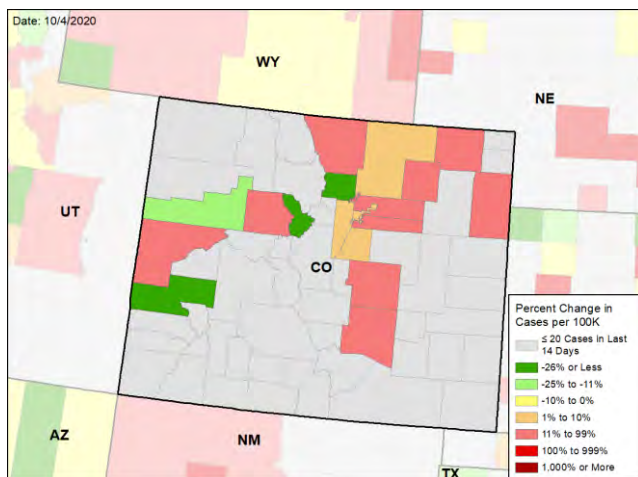
NEW CASES PER 100,000 DURING THE LAST WEEK



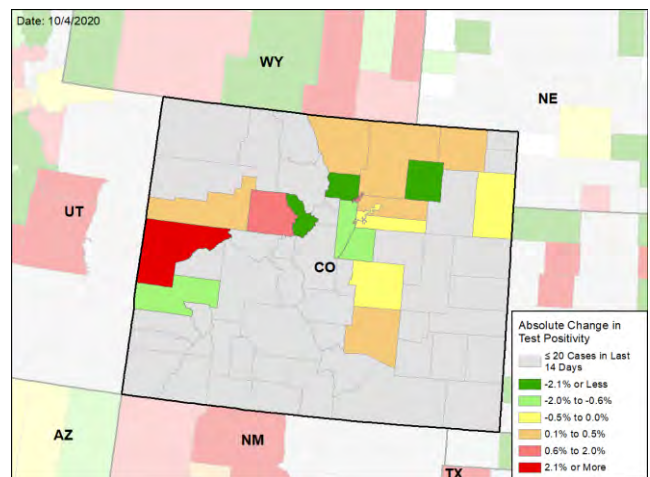
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



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

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



CONNECTICUT

SUMMARY

- Connecticut's control of the epidemic has become less secure following a greater than 60% increase in cases last week, which in turn followed increases in two of the three preceding weeks. Connecticut is in the yellow zone for cases, indicating between 10 and 50 new cases per 100,000 population last week, with the 43rd highest rate in the country. Connecticut is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 44th highest rate in the country.
- Connecticut has seen an increase in new cases and an increase in test positivity over the last week. However, test positivity now has reached 2% after an extended period in the summer below 1%, and, in Uncas Health District in eastern Connecticut, recent test positivity is higher than 6%. Cases continue to disproportionately affect young adults. Hospitalizations, although still low, have continued to increase since early September and reached 110 on October 1. Connecticut plans to move to the next level (3 of 4) of lower social distancing restrictions on October 8 if case counts remain stable.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Hartford County, 2. Fairfield County, and 3. New Haven County. These counties represent 69.6% of new cases in Connecticut. Eastern Connecticut continued to report sharp increases in cases last week, especially in Norwich (New London County). The weeks-long outbreak continues in Danbury in western Connecticut.
- Institutions of higher education (IHE): reported cases decreased substantially last week at UConn and Sacred Heart University. Sacred Heart will begin using a saliva-based test to help increase coverage.
- 12% of all counties in Connecticut have moderate or high levels of community transmission (yellow, orange, or red zones), with none having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 4% of nursing homes had at least one new resident COVID-19 case, 9% had at least one new staff COVID-19 case, and 1% had at least one new resident.
- Connecticut had 48 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 2 to support operations activities from FEMA; 9 to support operations activities from USCG; and 1 to support operations activities from VA.
- Between Sep 26 - Oct 2, on average, 15 patients with confirmed COVID-19 and 77 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Connecticut. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Connecticut has done well with controlling spread in large part due to a well thought-out, graded set of social distancing measures for communities based on transmission indicators. The careful, gradual relaxation in restrictions conditional on case stability is commended; continue to consider limiting hours or occupancy in non-seated indoor bars in high incidence areas if cases continue to increase. Localized, more intense mitigation measures in high incidence jurisdictions are recommended to help limit the superspreader events that disproportionately contribute to increased or maintained epidemic spread. This is especially important in the next few weeks given the recent increased transmission with larger numbers of infectious individuals.
- Community transmission is frequently occurring in smaller gatherings of family and friends where masking and social distancing recommendations are not followed. With weather conditions increasingly forcing activities indoors, recommend increased messaging regarding the need to take these measures, especially given the element of mitigation "fatigue."
- Antiviral therapies for hospitalized COVID patients should be given early in their course while viral replication is high.
- The university and local public health responses to the outbreaks at UConn are having a major impact on transmission at the university. Continue to closely monitor for evidence of bridging to the local community.
- Continue testing programs in long-term care facilities, with prompt testing of all residents in any facility with an active case and repeat testing for all staff. Utilize point-of-care testing platforms to facilitate rapid COVID-19 case identification.
- Implement a plan to increase surveillance using the Abbott BinaxNOW as supplies arrive to protect the elderly and other vulnerable populations and to increase situational awareness of community spread. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. Elevated rates of infection among these front-line workers indicate significant transmission in their communities and those transmission settings must be identified and mitigated.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

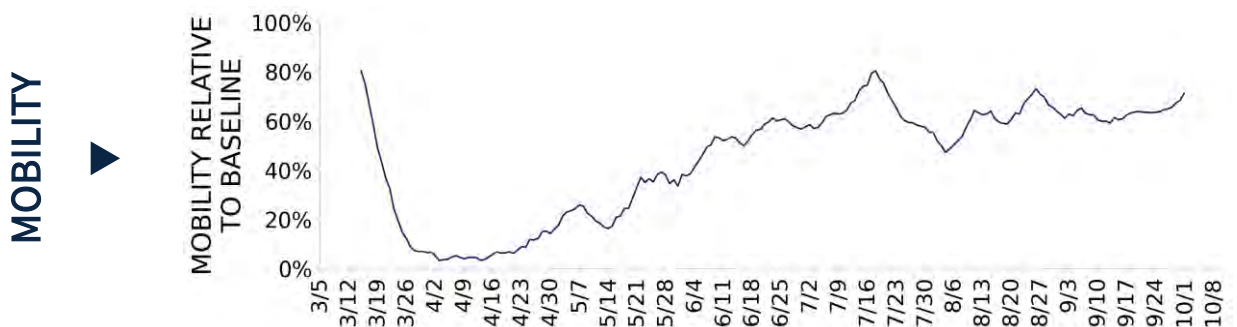




CONNECTICUT

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	1,710 (48)	+61%	7,502 (51)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	2.2%	+0.6%*	1.2%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	46,175** (1,295)	+0%**	577,782** (3,892)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	12 (0.3)	+33%	146 (1.0)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	4% (9%)	+0%* (-2%*)	3% (8%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	+1%*	1%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



CONNECTICUT

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	0	N/A	0	N/A
LOCALITIES IN ORANGE ZONE	0	N/A	0	N/A
LOCALITIES IN YELLOW ZONE	1	Norwich-New London	1	New London

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

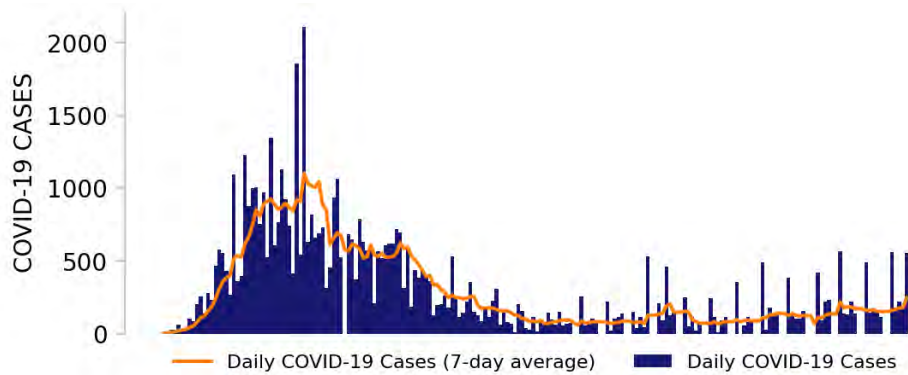
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



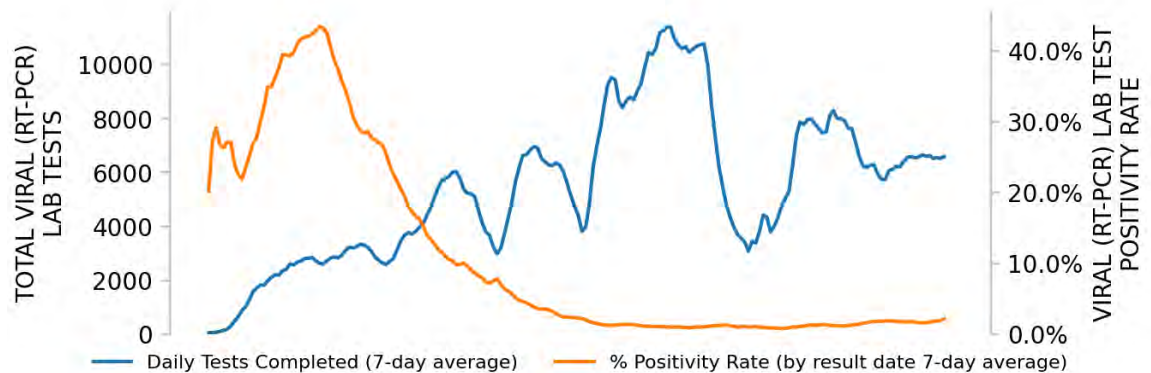
CONNECTICUT

STATE REPORT | 10.04.2020

NEW CASES

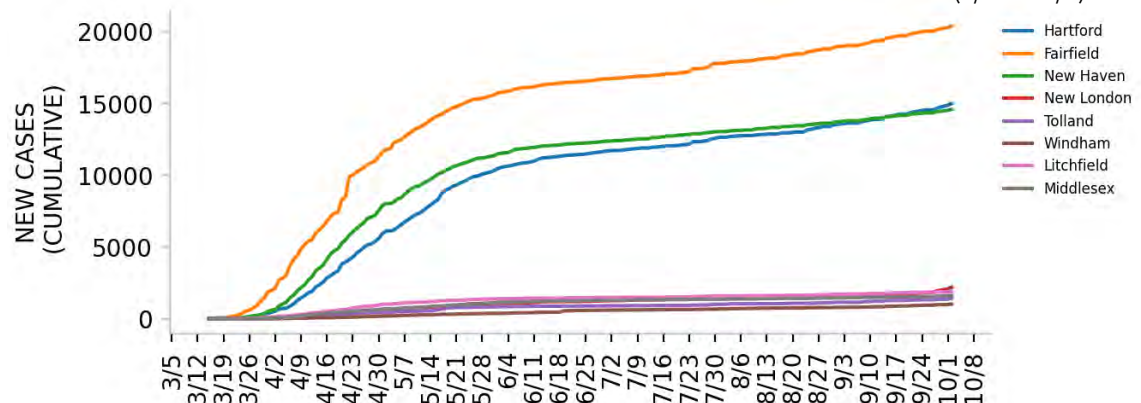


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

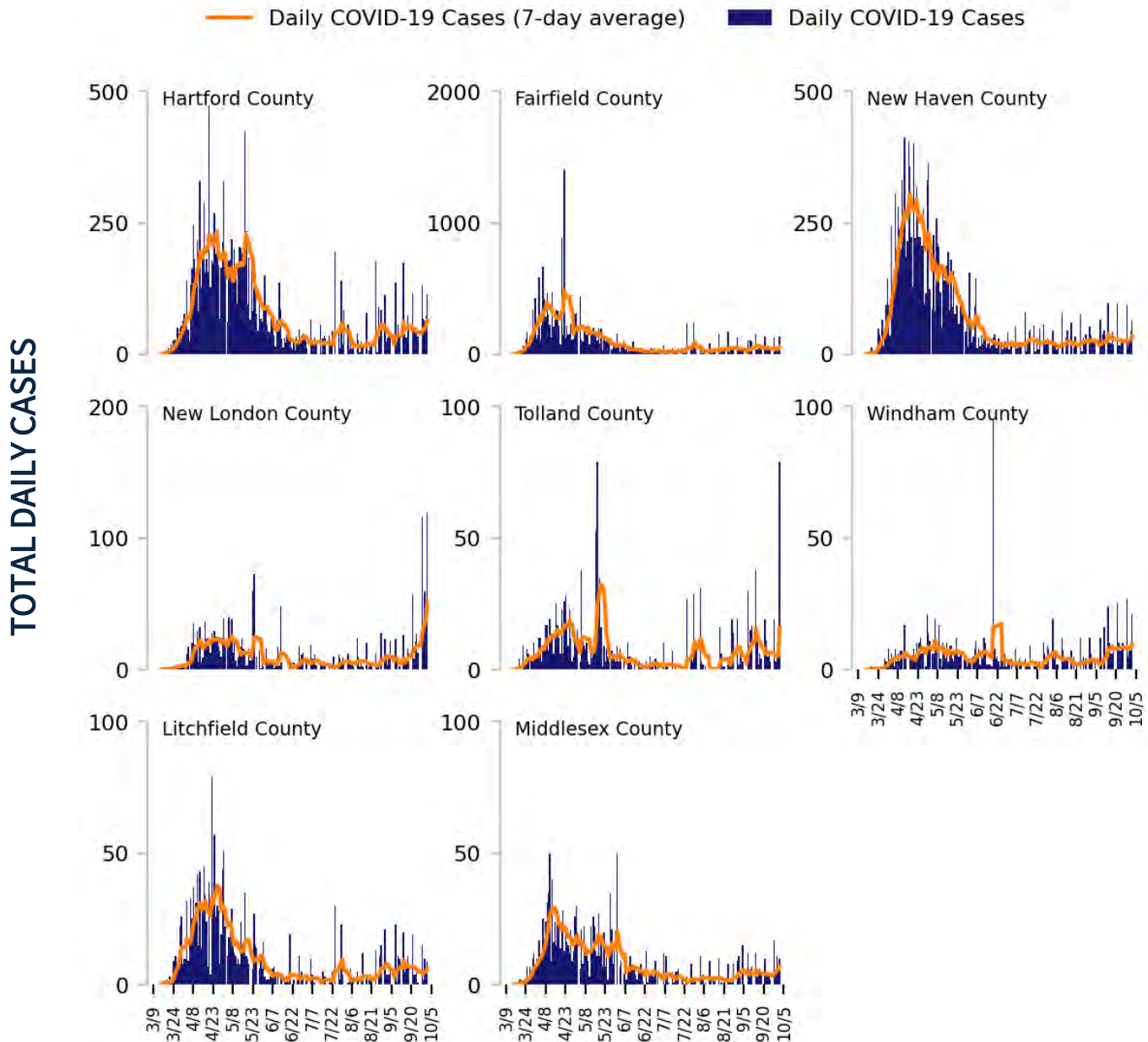
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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



DATA SOURCES – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

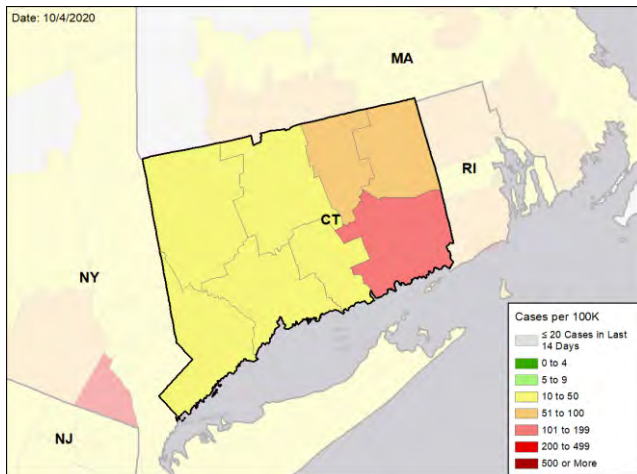


CONNECTICUT

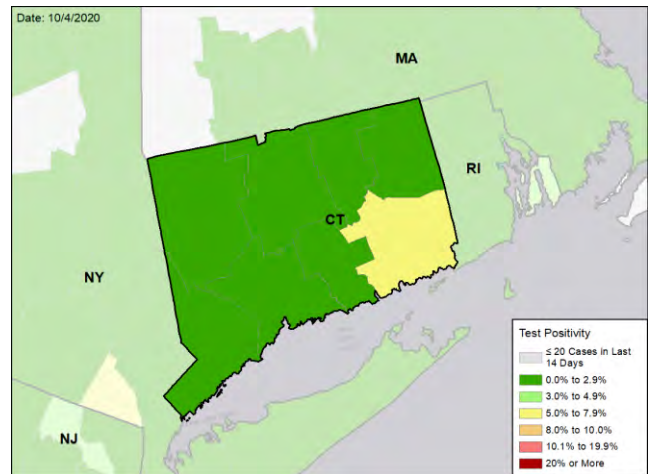
STATE REPORT | 10.04.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

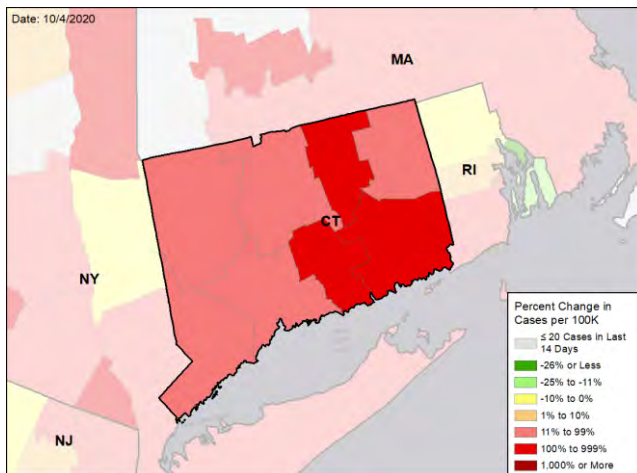
NEW CASES PER 100,000 DURING THE LAST WEEK



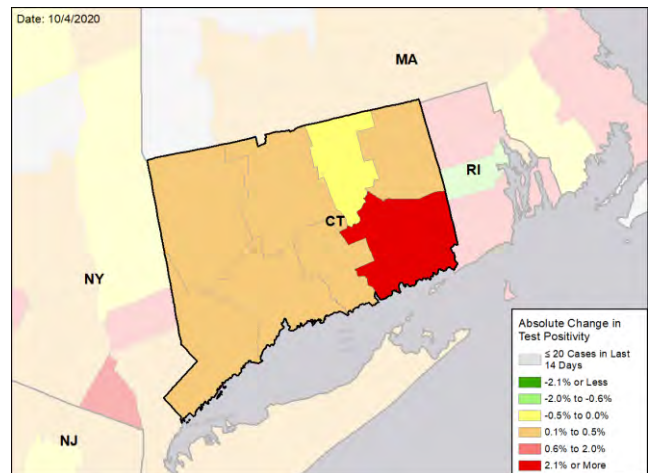
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



DELAWARE

SUMMARY

- Delaware is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 26th highest rate in the country. Delaware is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 30th highest rate in the country.
- Delaware has seen an increase in new cases and an increase in test positivity over the last week. All three counties have seen increases in cases and the most affected county has also seen an increase in test positivity. Cases continue to disproportionately affect young adults; outbreaks in long-term care facilities (LTCFs) were also reported. Recent case investigations indicate that small gatherings are a major risk factor for community spread. Hospitalizations and deaths have increased significantly last week.
- Institutions of higher education (IHE): University of Delaware reported more than 70 cases in the week of September 26, equivalent to the numbers reported in each of the preceding 3 weeks.
- No counties in Delaware have moderate or high levels of community transmission (yellow, orange, or red zones).
- During the week of Sep 21 - Sep 27, 7% of nursing homes had at least one new resident COVID-19 case, 24% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- Delaware had 87 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 5 to support operations activities from FEMA.
- Between Sep 26 - Oct 2, on average, 9 patients with confirmed COVID-19 and 19 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Delaware. An average of 82% 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

- Delaware has previously done well with controlling spread in large part due to a comprehensive, graduated set of social distancing measures for communities. Localized, more intense mitigation measures in high incidence jurisdictions are recommended, including maintaining or increasing restrictions on indoor gathering sizes to help limit the superspreader events that disproportionately contribute to increased or maintained epidemic spread. This is especially important in the next several weeks given the recent increased transmission with larger numbers of infectious individuals in the community currently.
- Community transmission is frequently occurring in smaller gatherings of family and friends where masking and social distancing recommendations are not followed. With weather conditions increasingly forcing activities indoors, recommend increased targeted messages and recommendations on safety measures to follow to prevent spread of COVID-19 at home gatherings, especially given the element of mitigation “fatigue.”
- For maximal benefit, antiviral therapies for hospitalized COVID patients should be given early in their course while viral replication is high.
- Especially in light of ongoing case clusters and outbreaks, ensure that all IHEs have adequate surveillance including representative sampling of asymptomatic students and staff. UD is currently screening approximately 1,200 asymptomatic students a week; recommend increasing that to 10% of the student body or more to enable better early detection of spread.
- Implement a plan to increase surveillance using the Abbott BinaxNOW as supplies arrive to protect the elderly and other vulnerable populations and to increase situational awareness of community spread. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. As indicated by the sharp upsurge in cases among LTCF workers last week, elevated rates of infection among these front-line workers indicate significant transmission in their communities and those transmission settings must be identified and mitigated.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

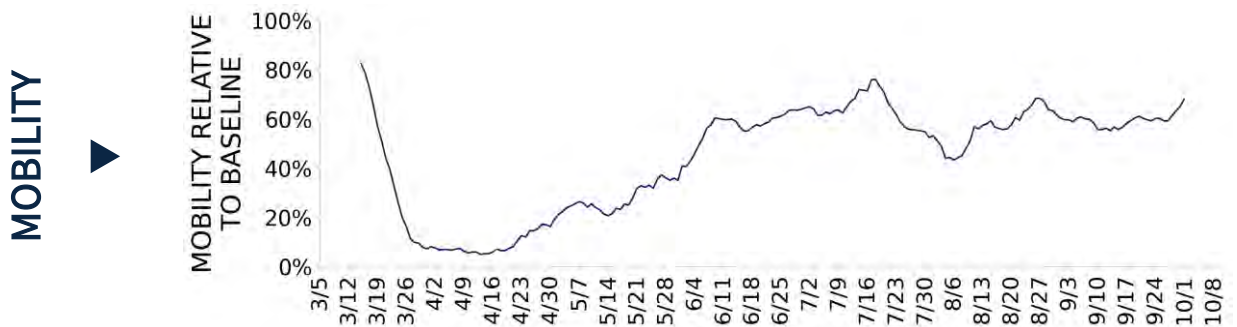




DELAWARE

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	852 (87)	+18%	18,655 (60)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.4%	+0.6%*	4.2%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	10,332** (1,061)	-11%**	565,403** (1,832)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	11 (1.1)	+0%	292 (0.9)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	7% (24%)	+5%* (+7%*)	8% (14%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	+0%*	3%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.

Mobility: Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



DELAWARE

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

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

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

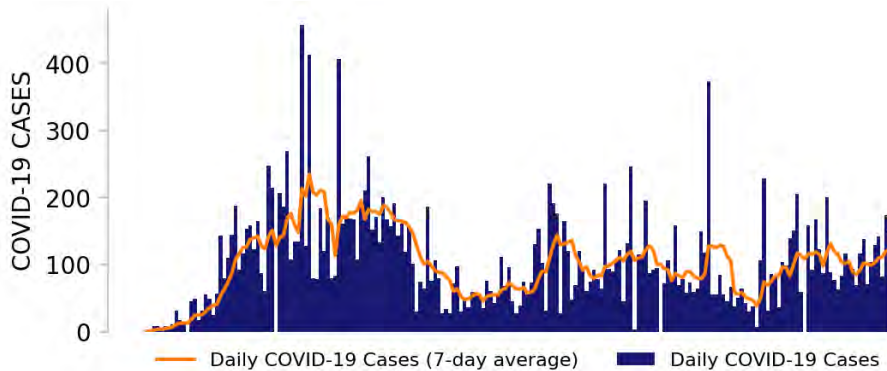
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/30/2020. Last week is 9/24 - 9/30.



DELAWARE

STATE REPORT | 10.04.2020

NEW CASES

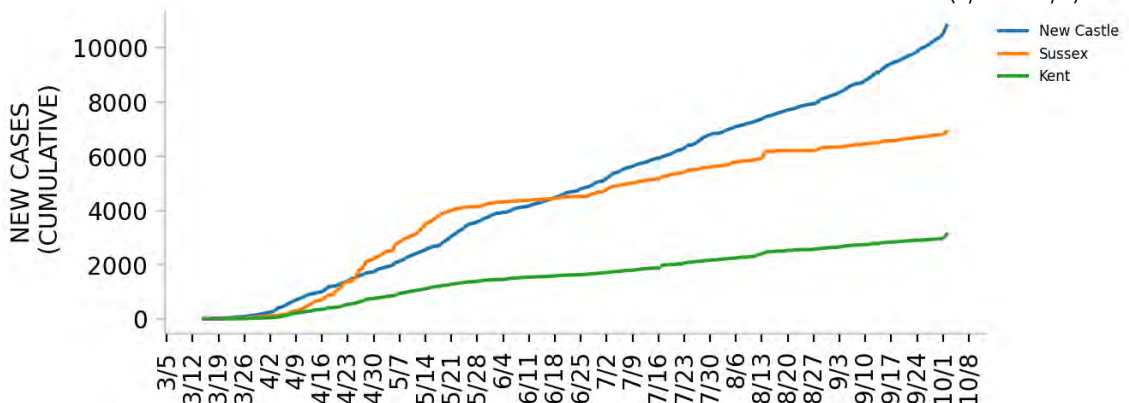


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

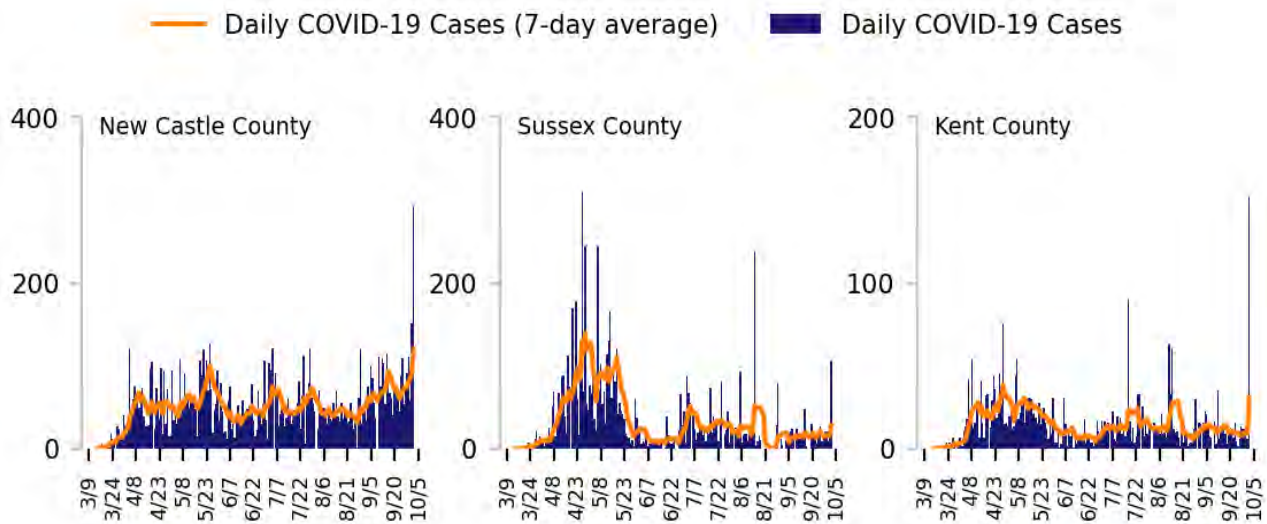
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/30/2020.



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

TOTAL DAILY CASES



DATA SOURCES – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

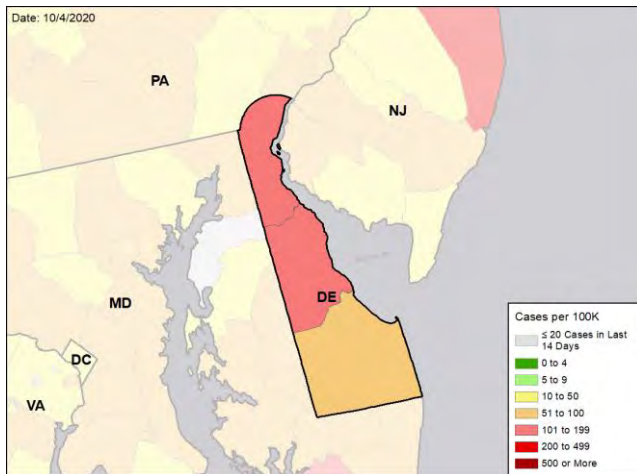


DELAWARE

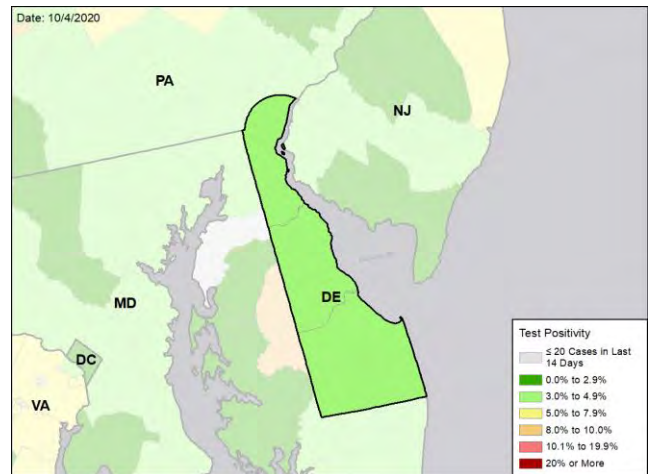
STATE REPORT | 10.04.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

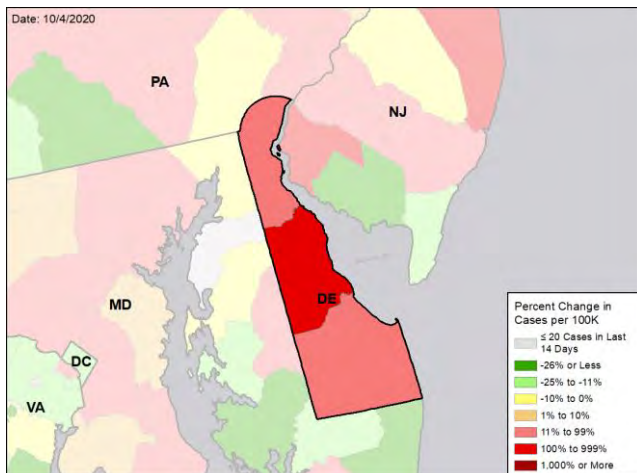
NEW CASES PER 100,000 DURING THE LAST WEEK



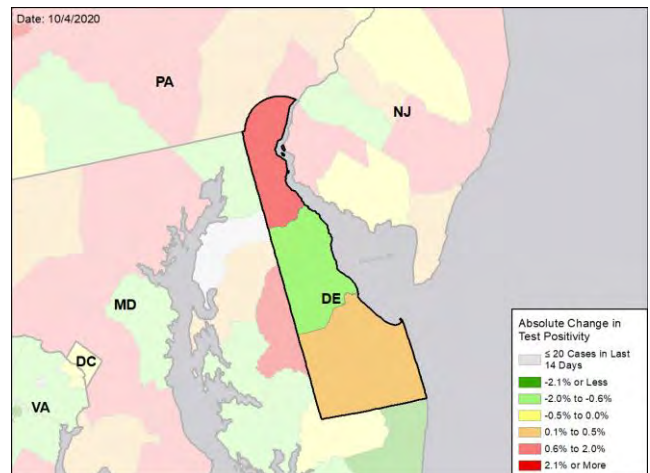
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



THE DISTRICT OF COLUMBIA

SUMMARY

- The District of Columbia is in the yellow zone for cases, indicating between 10 and 50 new cases per 100,000 population last week, with the 48th highest rate in the country. The District of Columbia is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 49th highest rate in the country.
- The District of Columbia has seen a decrease in new cases and stability in test positivity over the last week.
- Institutions of higher education (IHE): American, Georgetown, George Washington, and Howard Universities are primarily online.
- The District of Columbia does not have moderate or high levels of community transmission (yellow, orange, or red zones).
- During the week of Sep 21 - Sep 27, 6% of nursing homes had at least one new resident COVID-19 case, 24% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death.
- The District of Columbia had 37 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 5 to support operations activities from FEMA and 1 to support epidemiology activities from CDC.
- Between Sep 26 - Oct 2, on average, 11 patients with confirmed COVID-19 and 72 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in the District of Columbia. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Implement a plan to increase surveillance using the Abbott BinaxNOW as supplies arrive to protect the elderly and other vulnerable populations and to increase situational awareness of community spread. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available.
- Elevated rates of infection among these front-line workers indicate significant transmission in their communities and those transmission settings must be identified and mitigated to keep long-term care facilities (LTCFs) and other congregate settings safe. This increase in LTCFs with cases among their workers last week does not easily correlate with the overall decrease in reported cases generally; reasons for the discrepancies should be identified as they may suggest undetected transmission settings.
- The District of Columbia has done well with controlling spread in large part due to comprehensive set of social distancing. Recommend maintaining or increasing restrictions on indoor gathering sizes to help limit the superspreader events that disproportionately contribute to increased or maintained epidemic spread. This may be especially important with weather conditions increasingly forcing activities indoors.
- Community transmission is frequently occurring in smaller gatherings of family and friends where masking and social distancing recommendations are not followed. With outdoor temperatures cooling, recommend increased targeted messages and recommendations on safety measures to follow to prevent spread of COVID-19 at home gatherings, especially given the element of mitigation "fatigue."
- For maximal benefit, antiviral therapies for hospitalized COVID patients should be given early in their course while viral replication is high.
- The District of Columbia's recent rate of testing is commended. Given the importance of increasing surveillance as well as diagnostic and contact testing capacity, continue to maintain easily available testing and continue to gradually expand options.
- Given ongoing risk from political demonstrations or marches that bring in thousands of visitors from multiple states, continue to work with event organizers to mandate social distancing and personal protective measures and recommend that participants in these activities be tested.
- Given difficulties with public trust in contact tracing, recommend the District communicate to the public information on the type of notification that may be received for contact tracing purposes to alleviate concerns the public has on accepting unsolicited calls or mail.
- Recommend that the District consider the request submitted by the Medical Society of the District of Columbia to extend certain public health emergency allowances.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

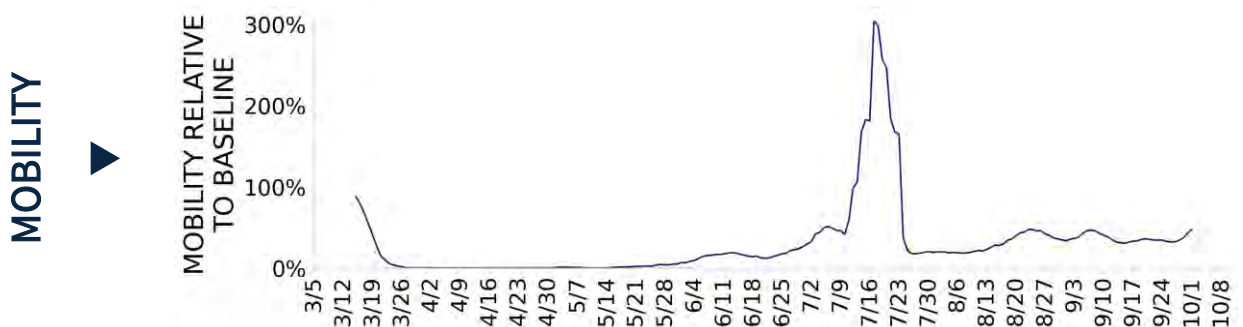




THE DISTRICT OF COLUMBIA

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	260 (37)	-16%	18,655 (60)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.1%	-0.2%*	4.2%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	26,391** (3,739)	-15%**	565,403** (1,832)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	6 (0.9)	-14%	292 (0.9)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	6% (24%)	+6%* (-4%*)	8% (14%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A	3%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



THE DISTRICT OF COLUMBIA

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

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

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

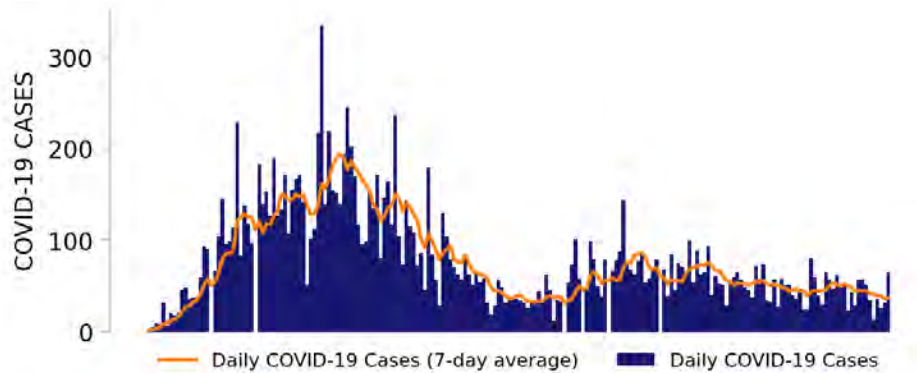
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



THE DISTRICT OF COLUMBIA

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NEW CASES

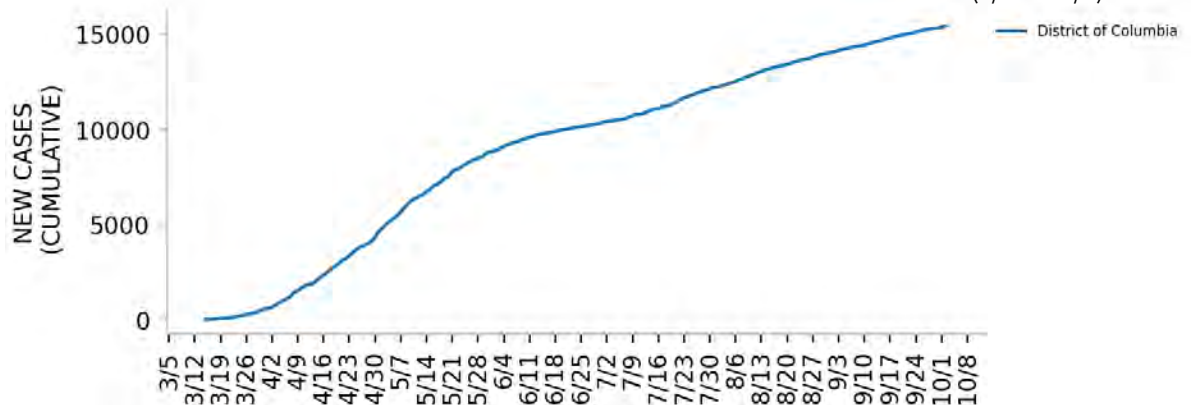


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

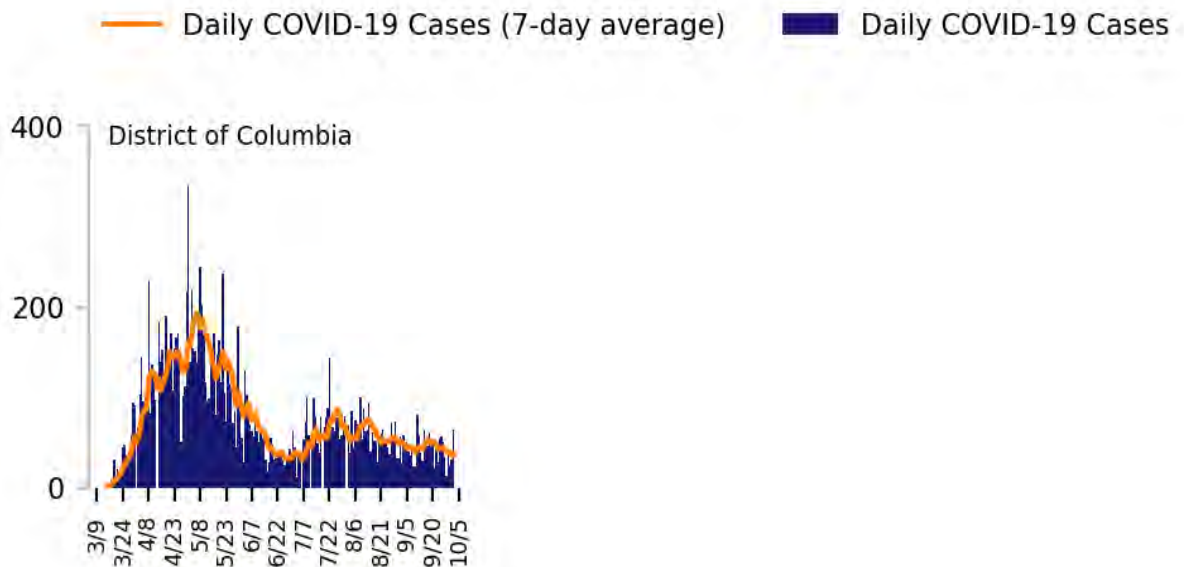
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



DATA SOURCES – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

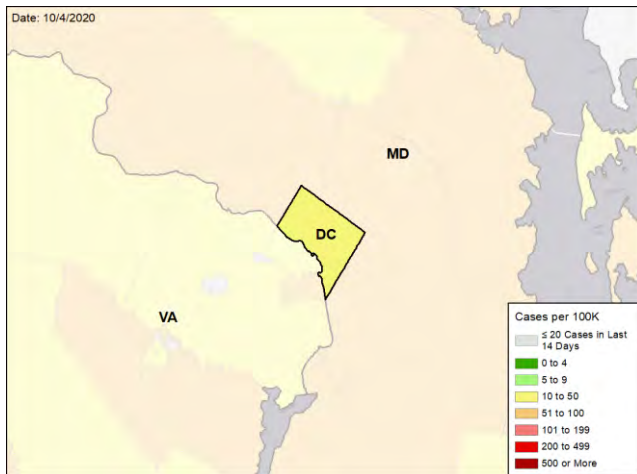


THE DISTRICT OF COLUMBIA

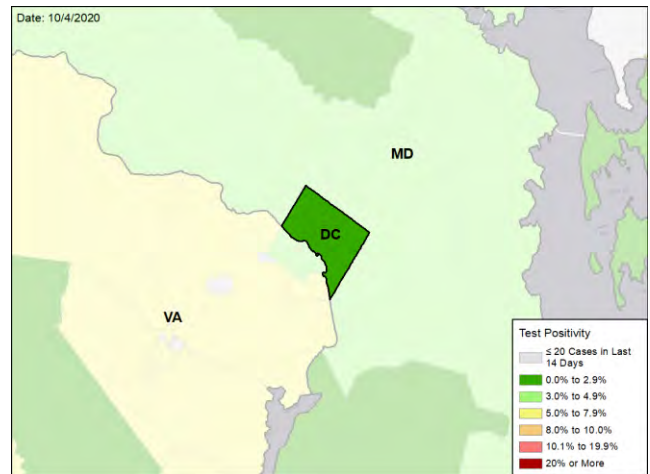
STATE REPORT | 10.04.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

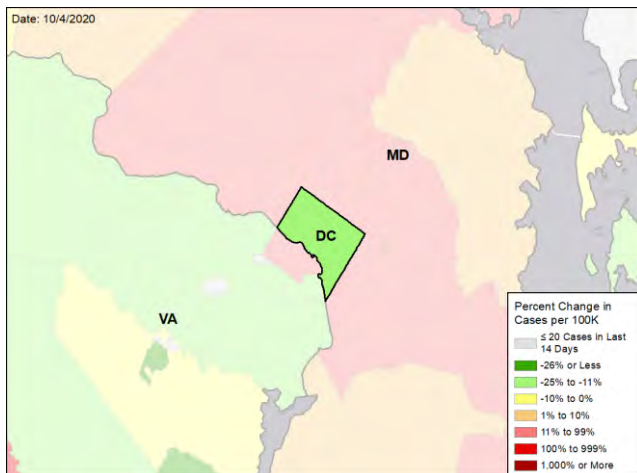
NEW CASES PER 100,000 DURING THE LAST WEEK



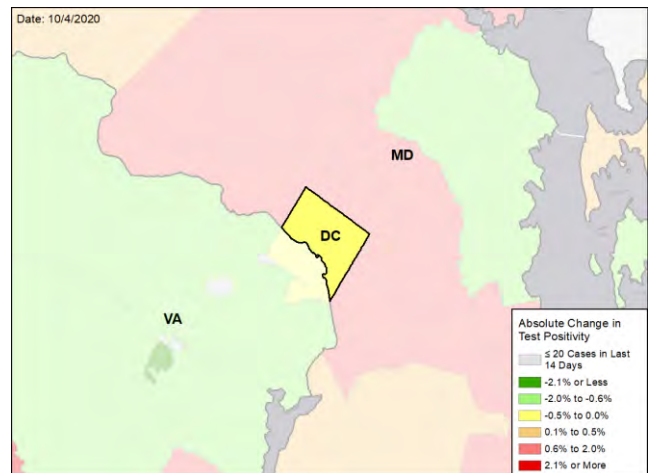
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



FLORIDA

SUMMARY

- Florida is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 31st highest rate in the country. Florida is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 27th highest rate in the country.
- Florida has seen a decrease in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Miami-Dade County, 2. Broward County, and 3. Hillsborough County. These counties represent 28.1% of new cases in Florida.
- 48% of all counties in Florida have moderate or high levels of community transmission (yellow, orange, or red zones), with 7% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 16% of nursing homes had at least one new resident COVID-19 case, 26% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death.
- Florida had 74 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 56 to support operations activities from USCG.
- Between Sep 26 - Oct 2, on average, 246 patients with confirmed COVID-19 and 306 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Florida. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Florida continues to make progress and to sustain the gains, local communities must continue strong mitigation efforts and further strengthen mitigation efforts in university towns to decrease spread from universities to local community. If cases begin to increase again in 18-24 year-olds in college towns, consider potentially limiting hours or occupancy of non-seated indoor bars. Mitigation efforts must continue to include mask wearing, physical distancing, hand hygiene, and avoiding crowds.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies work best when used early in the course of infection.
- Must increase testing statewide.
- Focusing on universities and decreasing community spread from students to local communities and hometowns is critical. Would further strengthen the detection of silent spread on campuses through routine testing of students for surveillance of asymptomatic cases. Increase percent of students screened each week to 20% if test positivity of asymptomatic students is greater than 10%.
- For universities, would immediately consider antibody surveillance testing of both off and on campus students to establish asymptomatic infection rate during the fall. It is possible, based on the current number of symptomatic students, that 15-20% of all university students have been infected. This would provide data for the spring semester. Modeling the current total infections, impact on R1 (disease rate among those exposed), and the potential for immunization of high-risk faculty and staff may allow for increased students in classroom in the spring with full mask use.
- Use focused wastewater surveillance to detect cases early and direct diagnostic testing and public health interventions to those dorms or student areas.
- Track test positivity, cases, and new daily hospitalizations in university towns with more than 5,000 students and react to any week over week increases with increased mitigation in those counties; surge community level testing.
- Abbott BinaxNOW arrived at Historically Black Colleges and Universities last week to ensure rapid diagnosis and isolation of both symptomatic and asymptomatic cases.
- In preparation for fall, continue to increase testing capacity by increasing the budget and capacity of public health labs and encourage flu vaccination.
- Expand community surveillance to find and contain asymptomatic spread early, including through wastewater testing and increased surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. Establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available this week. All antigen positive results must be reported with both the number of positive results and total tests conducted; these must be reported as COVID cases.
- Ask citizens and students to limit friend and family gatherings to prevent recreating spreading events in homes, resulting in new cases and infection of those with comorbidities.
- Continued new nursing home staff cases must be controlled by contact tracing in the communities where the staff reside and aggressive community testing and containment.
- Expanded nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

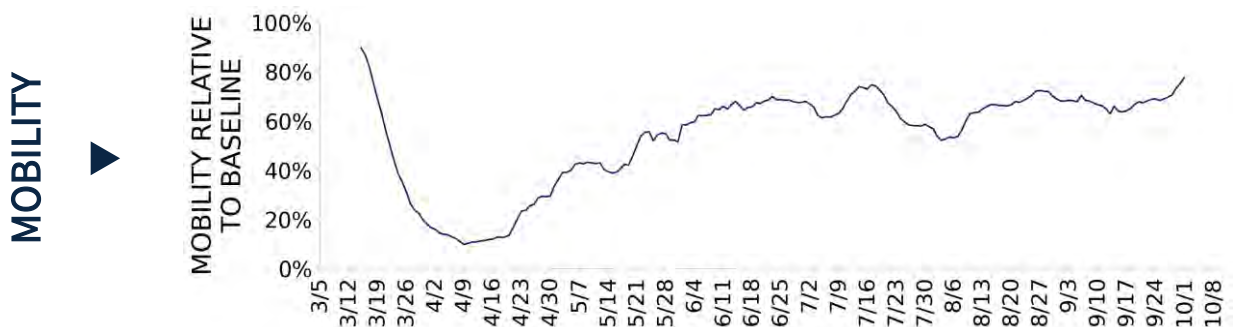




FLORIDA

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	15,919 (74)	-13%	63,742 (95)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.0%	-0.3%*	6.0%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	373,379** (1,738)	-4%**	1,004,096** (1,501)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	632 (2.9)	-8%	1,567 (2.3)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	16% (26%)	-5%* (-5%*)	15% (28%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	+0%*	6%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



FLORIDA

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK	COUNTY LAST WEEK
LOCALITIES IN RED ZONE	1 Okeechobee	5 Okeechobee Bradford Union Hamilton Glades
LOCALITIES IN ORANGE ZONE	3 Crestview-Fort Walton Beach-Destin Lake City Wauchula	5 Okaloosa Columbia Hardee Taylor Franklin
LOCALITIES IN YELLOW ZONE	10 Miami-Fort Lauderdale-Pompano Beach Jacksonville Tallahassee Gainesville Lakeland-Winter Haven Panama City Sebastian-Vero Beach Palatka Clewiston Arcadia	22 Miami-Dade Broward Hillsborough Alachua Polk Osceola Clay St. Lucie Bay Hernando Indian River Santa Rosa

All Yellow Counties: Miami-Dade, Broward, Hillsborough, Alachua, Polk, Osceola, Clay, St. Lucie, Bay, Hernando, Indian River, Santa Rosa, Gadsden, Putnam, Suwannee, Baker, Walton, Wakulla, Levy, Hendry, DeSoto, Calhoun

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

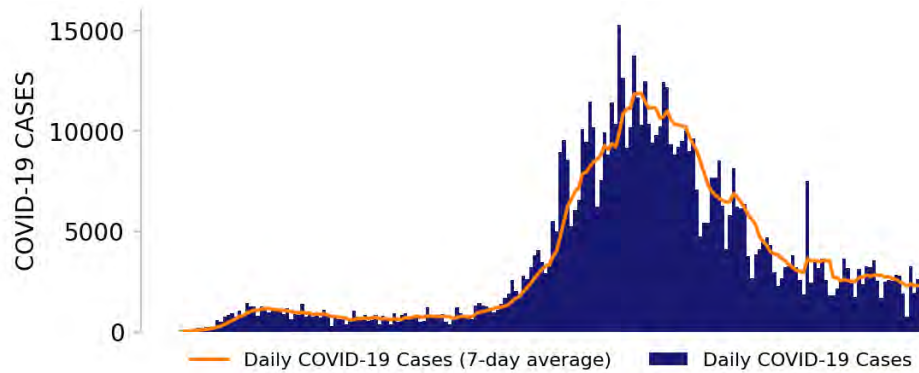
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



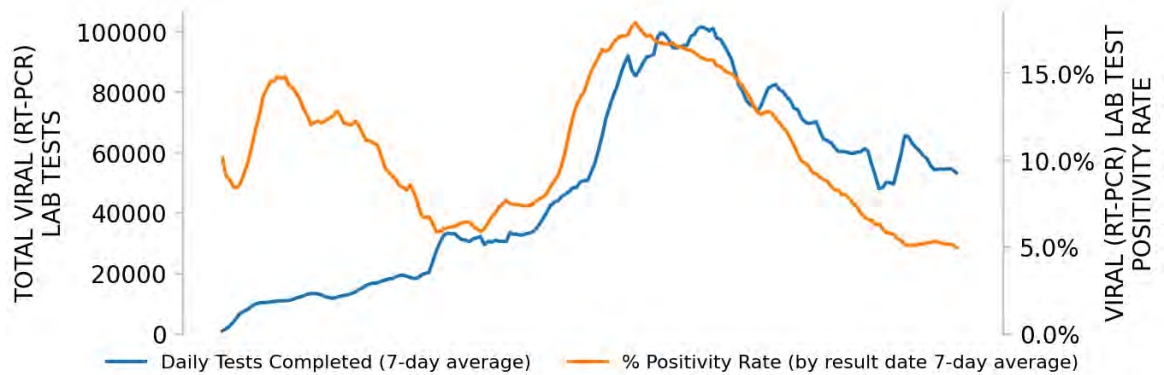
FLORIDA

STATE REPORT | 10.04.2020

NEW CASES

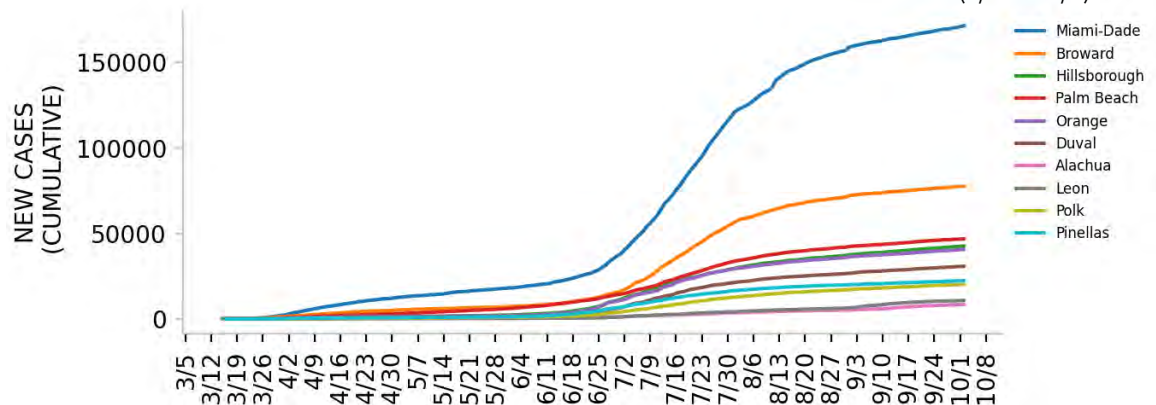


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

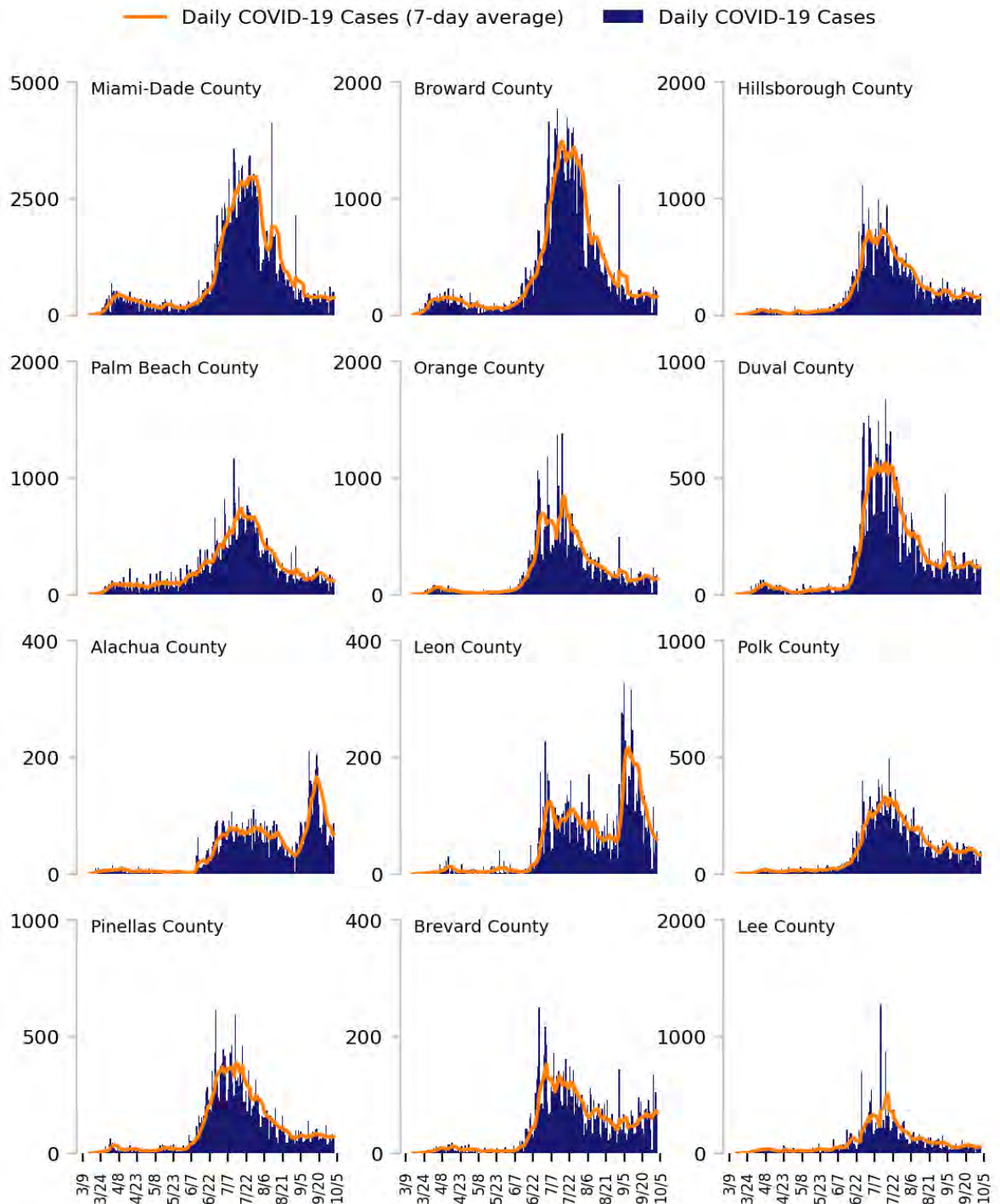
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

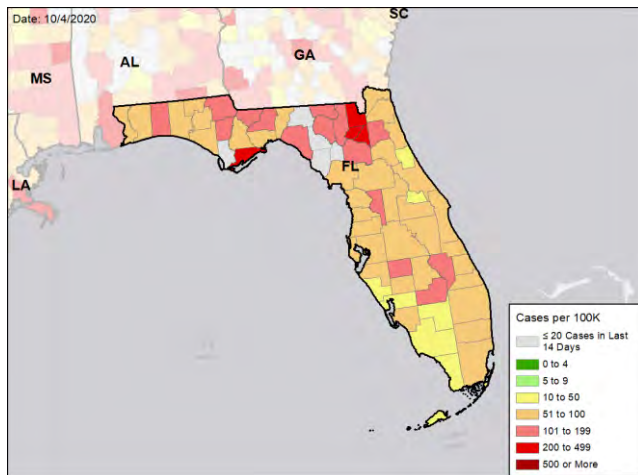


FLORIDA

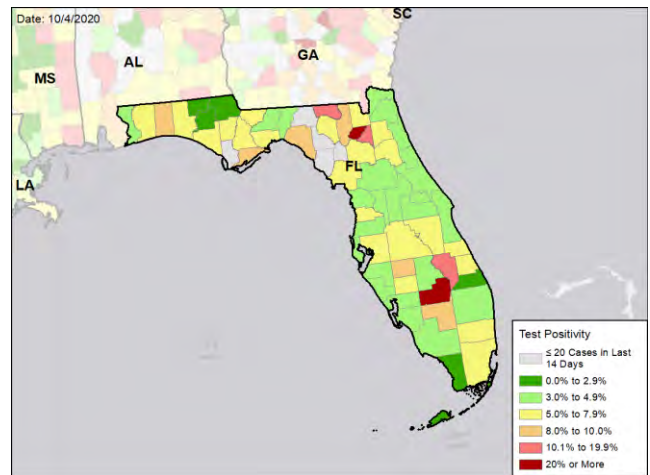
STATE REPORT | 10.04.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

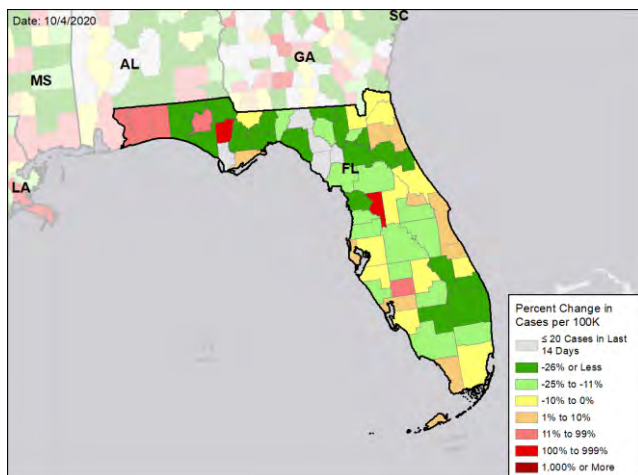
NEW CASES PER 100,000 DURING THE LAST WEEK



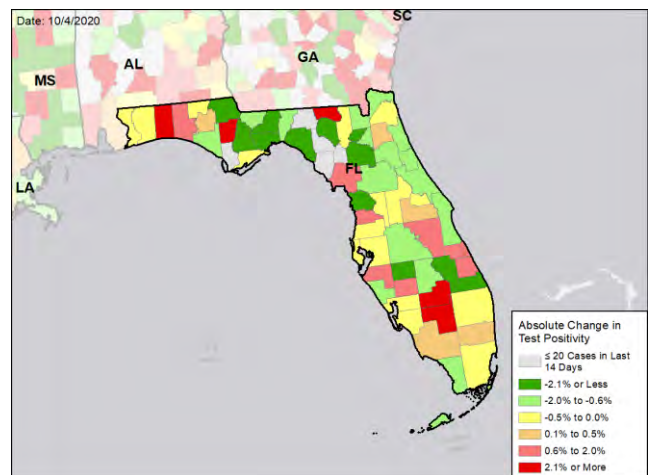
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



GEORGIA

SUMMARY

- Georgia is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 28th highest rate in the country. Georgia is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 21st highest rate in the country.
- Georgia has seen a decrease in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Gwinnett County, 2. Fulton County, and 3. DeKalb County. These counties represent 19.1% of new cases in Georgia.
- 63% of all counties in Georgia have moderate or high levels of community transmission (yellow, orange, or red zones), with 19% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 8% of nursing homes had at least one new resident COVID-19 case, 22% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death.
- Georgia had 77 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 41 to support operations activities from FEMA; 9 to support operations activities from ASPR; 2 to support testing activities from CDC; 27 to support epidemiology activities from CDC; 1 to support operations activities from CDC; 4 to support operations activities from USCG; and 1 to support operations activities from VA.
- Between Sep 26 - Oct 2, on average, 183 patients with confirmed COVID-19 and 240 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Georgia. An average of 94% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Georgia has made progress and to sustain the gains, should continue the strong mitigation efforts statewide and continue mitigation efforts in university towns to decrease spread from universities to the local community. Mitigation efforts must continue to include mask wearing, physical distancing, hand hygiene, and avoiding crowds.
- Must increase testing statewide.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies work best when used early in the course of infection.
- Ensure universities and colleges continue rapid testing and contact tracing of symptomatic students as well as routine surveillance testing of students to find asymptomatic students, with quick turnaround times for results, and the rapid isolation of cases and quarantine of contacts; residential cases and contacts should not be sent home to isolate or quarantine unless necessary. Increase percent of students screened each week to 10% if test positivity of asymptomatic students is greater than 5%.
- For universities, would immediately consider antibody surveillance testing of both off and on campus students to establish asymptomatic infection rate during the fall. It is possible, based on the current number of symptomatic students, that 15-20% of all university students have been infected. This would provide data for the spring semester. Modeling the current total infections, impact on R1 (disease rate among those exposed), and the potential for immunization of high-risk faculty and staff may allow for increased students in classroom in the spring with full mask use.
- Use focused wastewater surveillance to detect cases early and direct diagnostic testing and public health interventions to those dorms or student areas.
- Track increasing test positivity, new cases, and new daily hospitalizations in university towns or counties with more than 5,000 students and react to any week over week increases with increased mitigation in those counties; surge community level testing.
- Abbott BinaxNOW arrived at Historically Black Colleges and Universities, ensuring rapid diagnosis and isolation of both symptomatic and asymptomatic cases.
- In preparation for fall, continue to increase testing capacity by increasing the budget and capacity of public health labs and expanding flu immunizations.
- Implement the plan for increased surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. Establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. All antigen positive results must be reported with both the number of positive results and total tests conducted; these must be reported as COVID cases.
- Ask citizens and students to limit friend and family gatherings to prevent recreating spreading events in homes, resulting in new cases and infection of those with comorbidities.
- Continued new nursing home staff cases must be controlled by contact tracing in the communities where the staff reside and aggressive community testing and containment in those communities.
- Expanded nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).





GEORGIA

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	8,123 (77)	-17%	63,742 (95)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.0%	-0.1%*	6.0%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	114,179** (1,075)	-7%**	1,004,096** (1,501)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	235 (2.2)	-30%	1,567 (2.3)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	8% (22%)	-9%* (-9%*)	15% (28%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	-1%*	6%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



GEORGIA

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

METRO AREA (CBSA) LAST WEEK

COUNTY LAST WEEK

LOCALITIES IN RED ZONE	8	Rome Cornelia Vidalia Tifton Toccoa Summerville Fitzgerald Eufaula	30	Floyd Walker Habersham Union Emanuel Stephens Tift Elbert Toombs Chattooga Burke Haralson
LOCALITIES IN ORANGE ZONE	10	Augusta-Richmond County Savannah Gainesville Macon-Bibb County Valdosta Milledgeville Calhoun Jesup Thomaston Moultrie	29	Hall Chatham Richmond Columbia Carroll Bartow Douglas Lowndes Baldwin Gordon Effingham Walton
LOCALITIES IN YELLOW ZONE	14	Atlanta-Sandy Springs-Alpharetta Columbus Chattanooga Dalton Warner Robins Statesboro Jefferson Brunswick Hinesville St. Marys Waycross LaGrange	41	Gwinnett Cherokee Forsyth Henry Bibb Whitfield Houston Clayton Bulloch Jackson Barrow Paulding

All Yellow CBSAs: Atlanta-Sandy Springs-Alpharetta, Columbus, Chattanooga, Dalton, Warner Robins, Statesboro, Jefferson, Brunswick, Hinesville, St. Marys, Waycross, LaGrange, Bainbridge, Thomasville

All Red Counties: Floyd, Walker, Habersham, Union, Emanuel, Tift, Stephens, Elbert, Toombs, Chattooga, Haralson, Burke, Ben Hill, Appling, Towns, Jefferson, Mitchell, Candler, Jenkins, Rabun, Montgomery, Pike, Charlton, Wheeler, Evans, Wilkinson, Warren, Twiggs, Hancock, Calhoun

All Orange Counties: Hall, Chatham, Richmond, Columbia, Carroll, Bartow, Douglas, Lowndes, Baldwin, Gordon, Effingham, Walton, Fannin, Tattnall, Wayne, Upson, Screven, Monroe, Banks, Dodge, Butts, Jones, Pierce, Irwin, McDuffie, Hart, Colquitt, Berrien, Brooks

All Yellow Counties: Gwinnett, Cherokee, Forsyth, Henry, Bibb, Whitfield, Houston, Clayton, Bulloch, Jackson, Barrow, Paulding, Coweta, Glynn, Newton, Bryan, Coffee, Camden, Troup, Liberty, Decatur, Franklin, Oconee, Spalding, Ware, Madison, Murray, Dawson, Grady, Thomas, Peach, Gilmer, Early, Oglethorpe, Harris, Bleckley, Lamar, Greene, Telfair, Worth, Turner

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

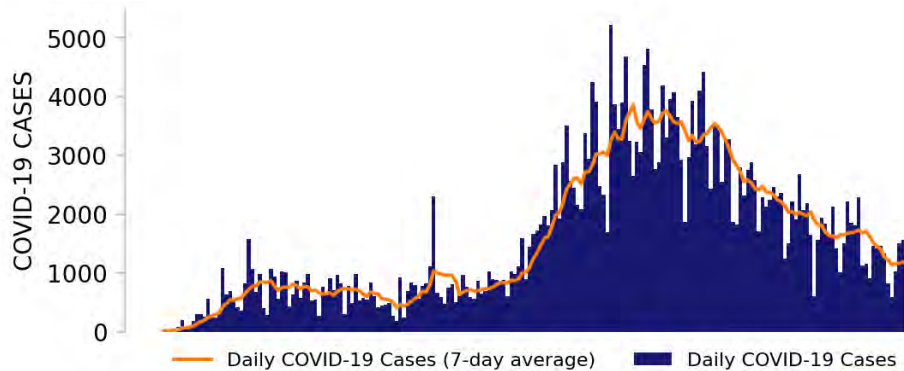
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



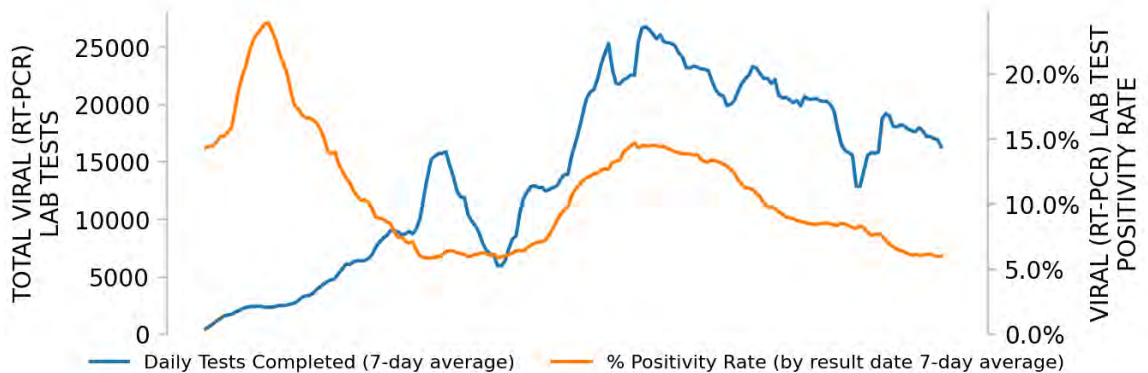
GEORGIA

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NEW CASES

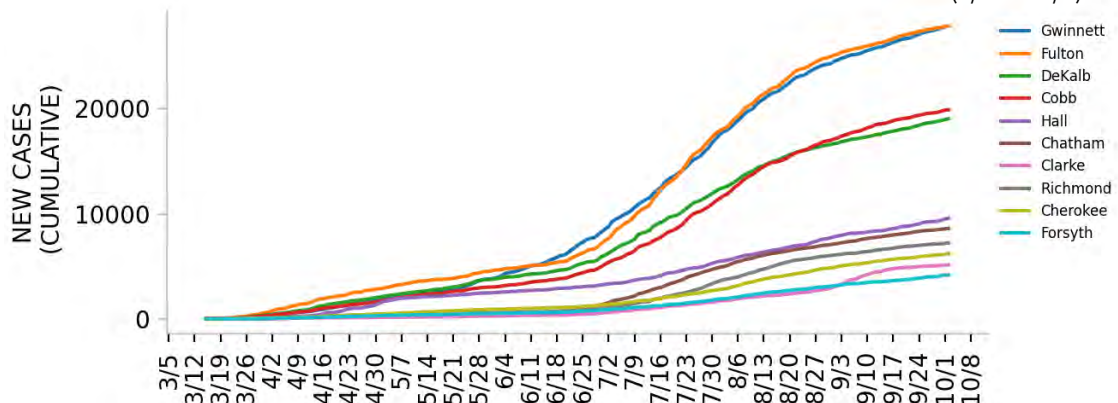


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

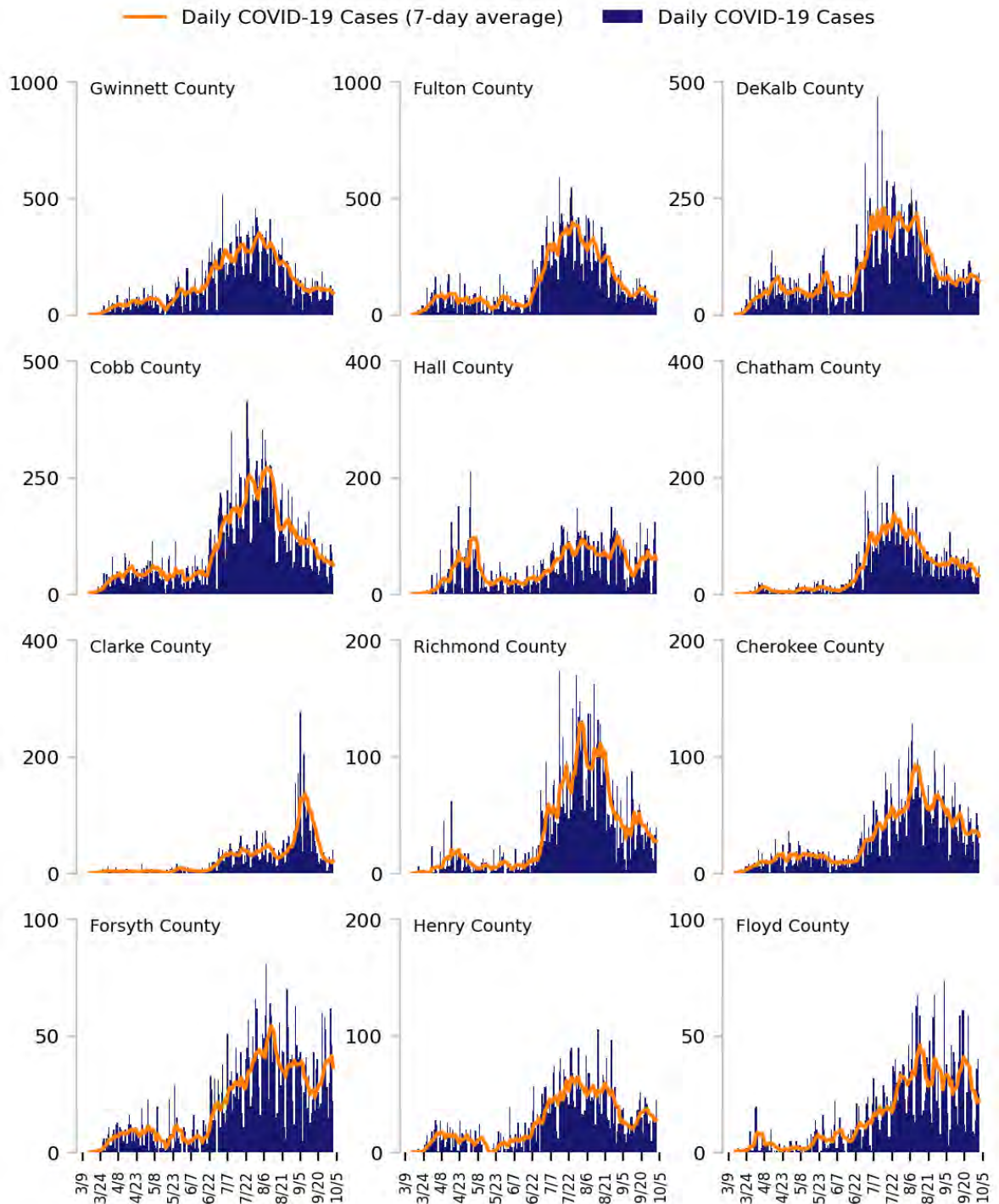
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

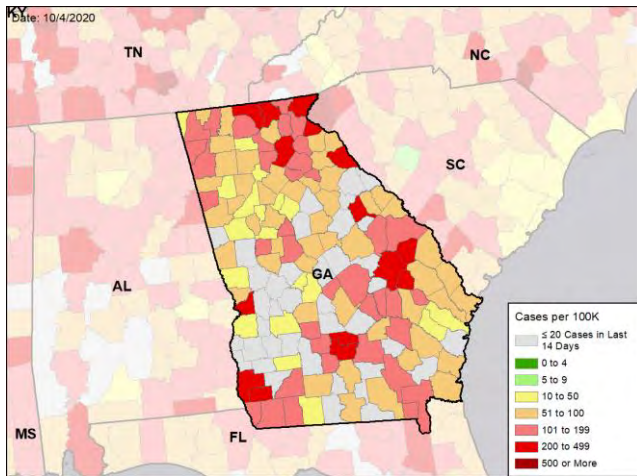


GEORGIA

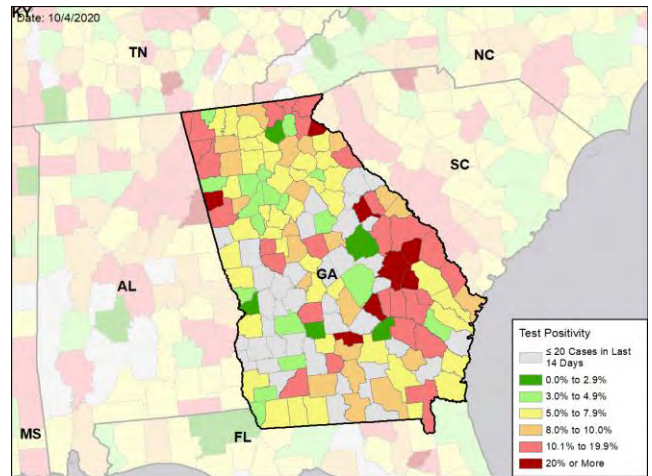
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CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

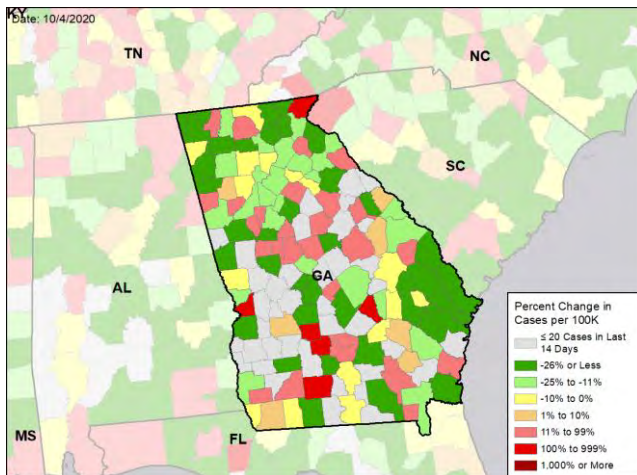
NEW CASES PER 100,000 DURING THE LAST WEEK



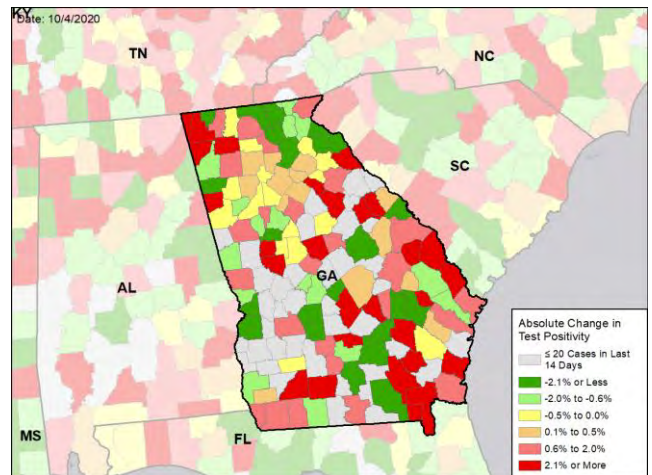
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



HAWAII

SUMMARY

- Hawaii is in the yellow zone for cases, indicating between 10 and 50 new cases per 100,000 population last week, with the 42nd highest rate in the country. Hawaii is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 35th highest rate in the country.
- Hawaii has seen stability in new cases and a decrease in test positivity over the last week, but it appears the volume of testing has decreased in Honolulu and Hawaii counties.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Honolulu County, 2. Hawaii County, and 3. Maui County. These counties represent 99.6% of new cases in Hawaii.
- No counties in Hawaii have moderate or high levels of community transmission (yellow, orange, or red zones).
- During the week of Sep 21 - Sep 27, 5% of nursing homes had at least one new resident COVID-19 case, 12% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- Hawaii had 50 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 19 to support operations activities from FEMA; 18 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 surge testing in Honolulu, HI.
- Between Sep 26 - Oct 2, on average, 30 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 89% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Decrease in testing is concerning given recent epidemic and persistently elevated incidence, recommend investigation to determine if decreased testing is due to diminished supply or decreasing demand. If supply is limited, recommend all previous efforts to expand testing; if demand is decreasing, recommend vigorous public health campaign to encourage testing of all persons with any symptoms or with possible exposure.
- Expand efforts to ensure all cases have contact tracing within 48 hours of diagnosis, recruiting and training university students and unemployed adults from the community.
- Ensure adequate housing and material support to ensure immediate 10-day isolation of all cases and 14-day quarantine of all contacts, especially in communities with high proportion of congregate living facilities, multigenerational or crowded households, and persons experiencing homelessness.
- Mitigation efforts in August were very successful, but persistently elevated incidence despite diminished testing is concerning; recommend continuation of all current mitigation efforts, enforcing use of face coverings in all public or commercial indoor settings and promoting outdoor dining, commercial, and recreational activity whenever possible.
- Continue to closely follow incidence and test positivity and intensify community mitigation efforts at any evidence of increasing transmission. Maintain aggressive public health messaging on the risks of family transmission and strategies to minimize; expand outreach to marginalized groups and those in congregate, crowded or multigenerational households.
- Consider addition of COVID-19 case numbers in schools to the public-facing dashboard. Transparent tracking and communication to the public will facilitate a return to full in-person schooling.
- Implement plan for regular surveillance to monitor transmission among critical staff, such as teachers, staff working at long-term care facilities and other congregate living settings, prisoners and prison staff, public transportation workers, and first responders as more tests become available.
- Investigate opportunities to implement focused wastewater surveillance to direct diagnostic testing and public health interventions.
- Continue to monitor hospital capacity and resources closely in all counties, if inpatient bed or ICU utilization increases, intensify community mitigation efforts. Ensure all hospital staff, especially those in rural areas, are trained on latest treatment protocols, including early use of antiviral and antibody therapy for hospitalized patients.
- Continue recommended surveillance and intensive mitigation efforts at all congregate facilities, including prisons and long-term care facilities; closely monitor incidence at all facilities and enact appropriate mitigation procedures.
- Maintain efforts to control transmission at all long-term care facilities by ensuring strict adherence to CMS guidance and complete facility-wide testing for any case among staff or residents. Any nursing homes with 3 or more cases of COVID-19 per week over any of the past 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.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

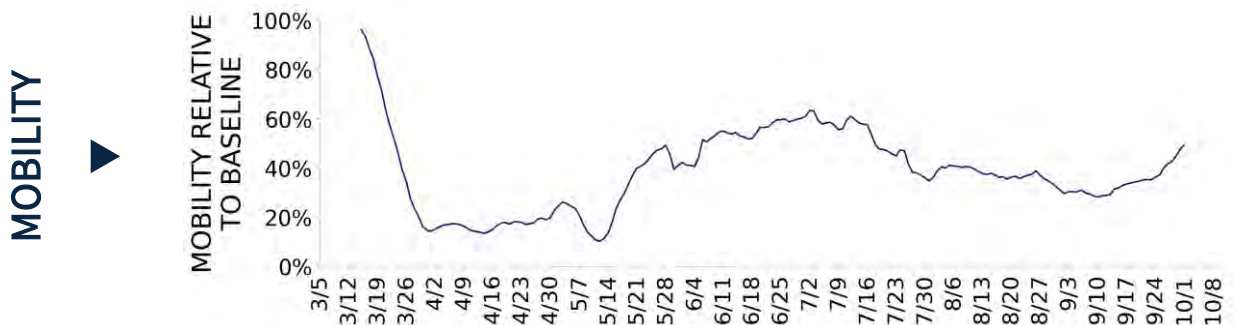




HAWAII

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	714 (50)	+5%	30,100 (59)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.8%	-0.7%*	3.5%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	21,235** (1,500)	-33%**	944,631** (1,842)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	15 (1.1)	+114%	728 (1.4)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	5% (12%)	+0%* (+0%*)	4% (8%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	+5%*	2%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



HAWAII

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

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

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

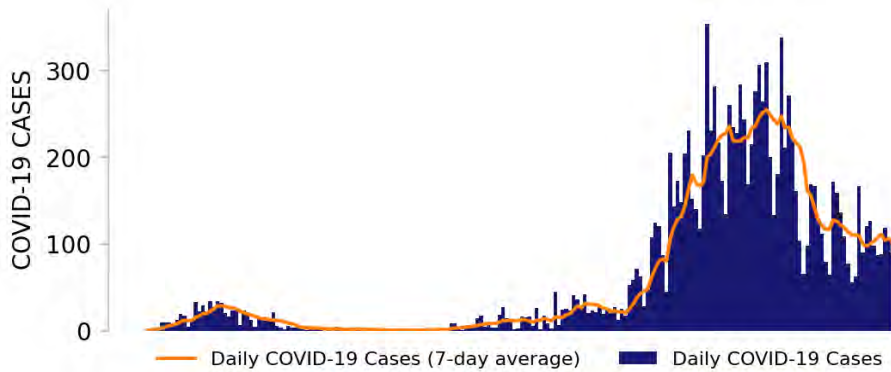
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



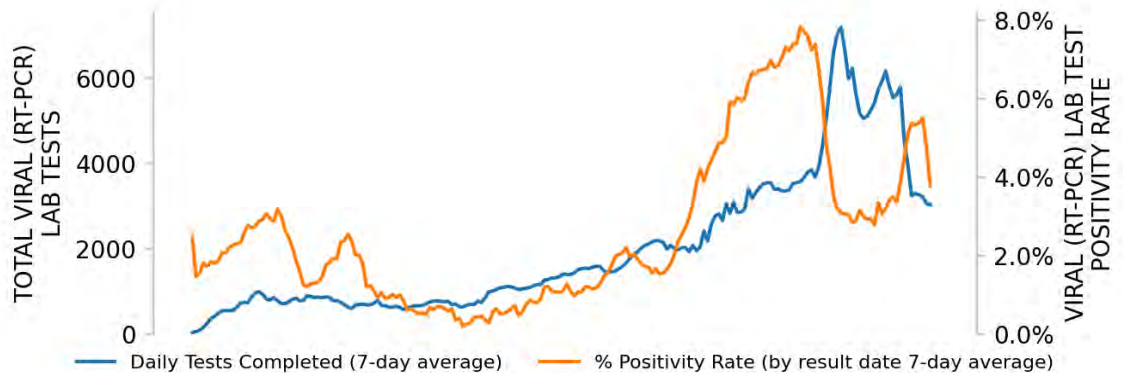
HAWAII

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NEW CASES

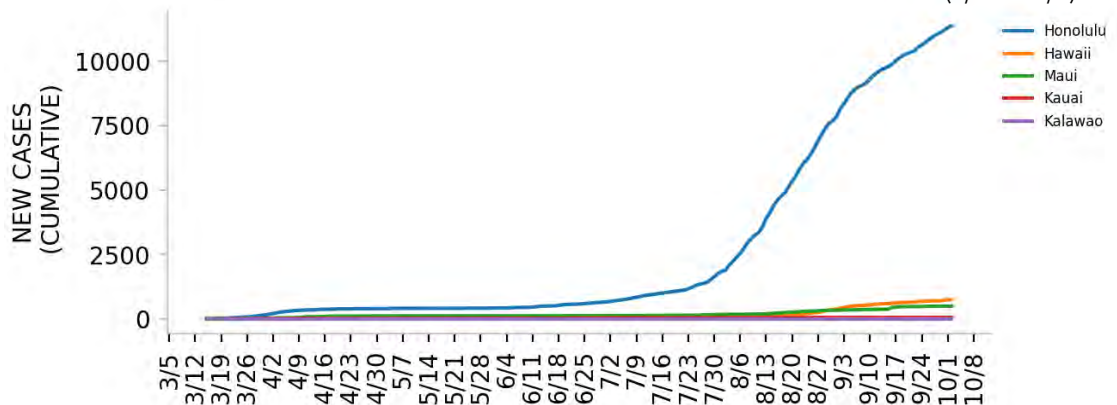


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



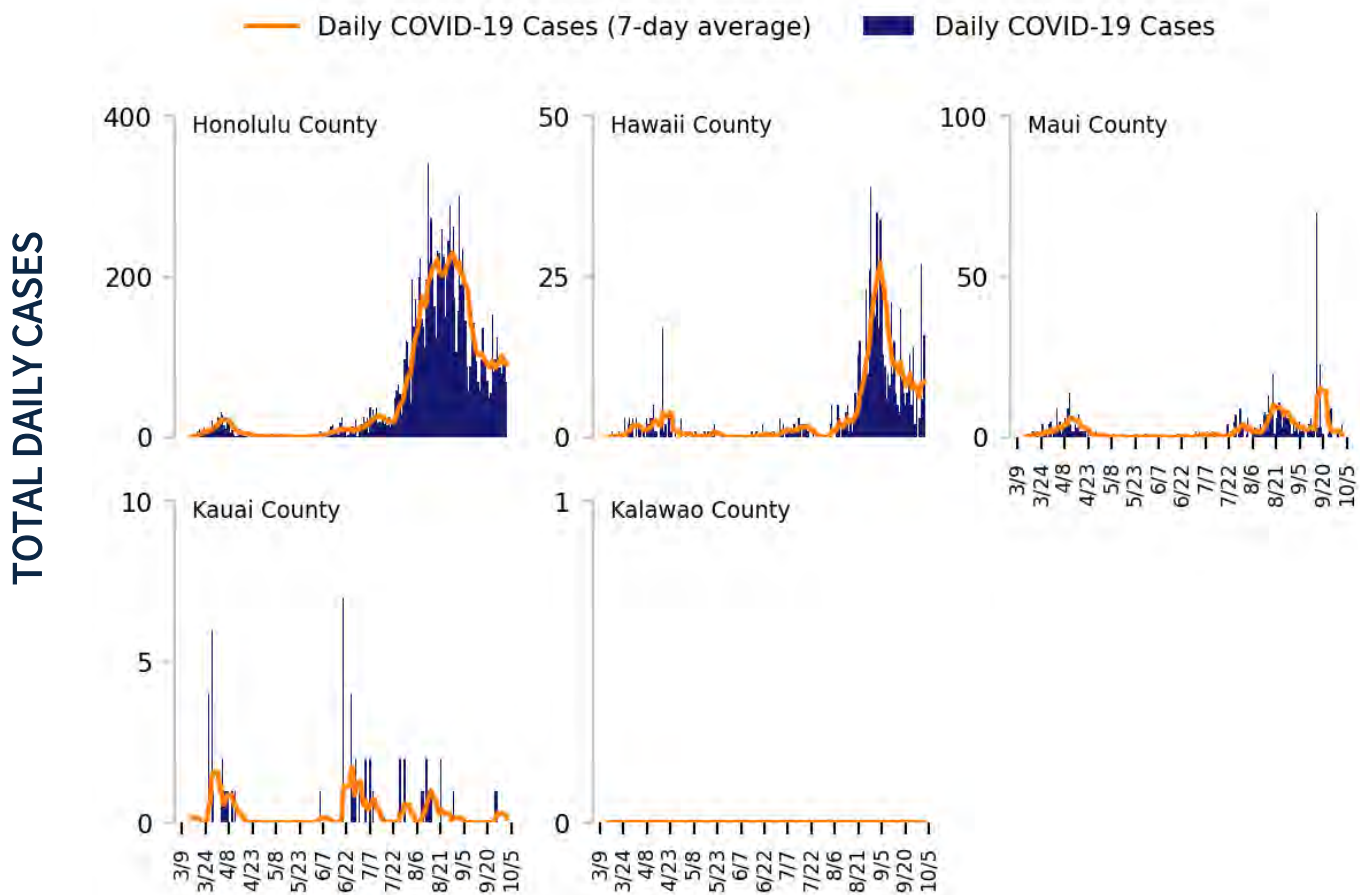
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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



DATA SOURCES – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

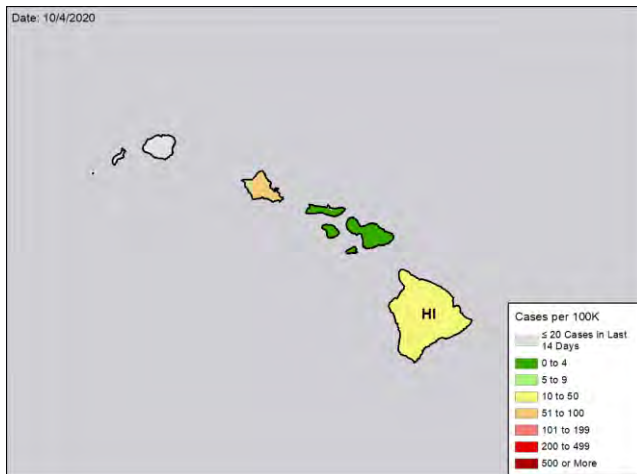


HAWAII

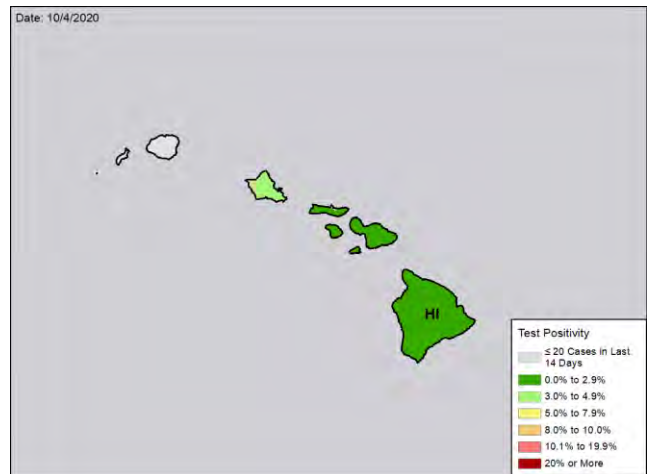
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CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

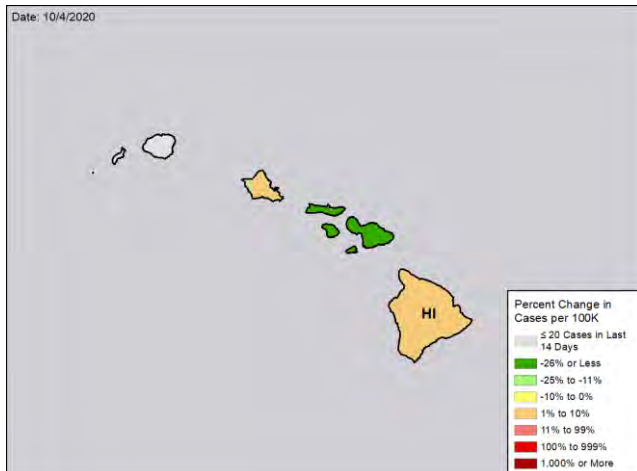
NEW CASES PER 100,000 DURING THE LAST WEEK



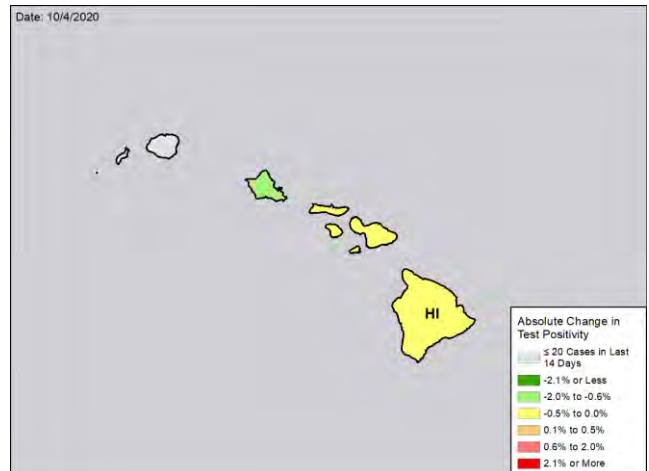
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



IDAHO

SUMMARY

- Idaho is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 8th highest rate in the country. Idaho is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 3rd highest rate in the country.
- Idaho has seen an increase in new cases and an increase in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Ada County, 2. Bonneville County, and 3. Canyon County. These counties represent 35.9% of new cases in Idaho.
- Rapidly increasing cases and test positivity among 12-17 year-olds in many counties (Bannock, Bingham, Blaine, Custer, Elmore, Franklin, Gem, Gooding, Twin Falls, and Washington counties) suggests outbreaks in those counties may be related to school openings.
- Test positivity in 18-24 year-olds is 80.7% in Latah County (University of Idaho), 22.9% in Madison County (Brigham Young University-Idaho), 15.6% in Ada County (Boise State University) and 10.3% in Bannock County (Idaho State University).
- There are apparent outbreaks in nursing homes in Emmet and Burley.
- 68% of all counties in Idaho have moderate or high levels of community transmission (yellow, orange, or red zones), with 52% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 6% of nursing homes had at least one new resident COVID-19 case, 29% had at least one new staff COVID-19 case, and 1% had at least one new resident COVID-19 death.
- Idaho had 195 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 9 to support operations activities from FEMA and 1 to support epidemiology activities from CDC.
- Between Sep 26 - Oct 2, on average, 20 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 greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Expanded testing is highly commendable and will position Idaho well as transmission potentially increases as weather turns colder and social and commercial activities move back indoors.
- Recommend change to online K-12 classes in counties and metro areas with elevated test positivity and incidence among school-age children and increasing hospital utilization, as well as a switch to online institutions of higher education (IHE) activities in counties with elevated incidence and test positivity among college age adults (Latah, Madison, and Ada counties).
- Even though response is localized, it would help to clarify public health stance through strong recommendations for social distancing and requirements for face coverings in all indoor settings outside of the home in all counties where 7 day average case rates exceed 50 per 100,000 population and test positivity exceeds 5%. Consider limiting hours or occupancy in non-seated indoor bars in highly targeted areas if cases continue to escalate.
- Consider posting hospitalization and ICU utilization and remaining capacity by service area and include reference to that in all educational efforts. Ensure hospital capacity remains sufficient and all staff are trained on current treatment protocols, including early (not delayed) use of antibody and antiviral treatment for hospitalized patients.
- Continue to closely follow test positivity and incidence by age band and ensure sufficient hospital capacity in areas where rates are elevated or increasing among older individuals (over 60) and those with other risk factors for severe disease.
- Reinforce the need for stringent mitigation efforts in all congregate settings and reach out to provide assistance to any facility with evidence of increasing transmission.
- Look for opportunities to implement use of focused wastewater surveillance to detect cases early and direct diagnostic testing and public health interventions.
- Implement regular surveillance to monitor transmission among critical staff, such as teachers, staff working at long-term care facilities and other congregate living settings, prisoners and prison staff, public transportation workers, and first responders.
- Identify contact tracing capacity for each county and expand as needed by recruiting college students and residents from communities where expansion is taking place.
- Expand culturally-specific outreach to Hispanic communities and other at-risk populations, educating on risks to elderly and those with risk factors, especially those who live in crowded or multi-generational households, and emphasizing need to refrain from large social gatherings and use of face coverings and social distancing when engaging people from outside the household.
- Tribal Nations: Continue to provide culturally-specific public health education as tribal social events resume. Provide housing, food, and supplies to support prompt quarantine of contacts and isolation of cases.
- Maintain efforts to control transmission at all long-term care facilities by ensuring strict adherence to CMS guidance and complete facility-wide testing for any case among staff or residents. Any nursing homes with 3 or more cases of COVID per week over any of the past 3 weeks (facilities in Emmett and Burley) 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.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

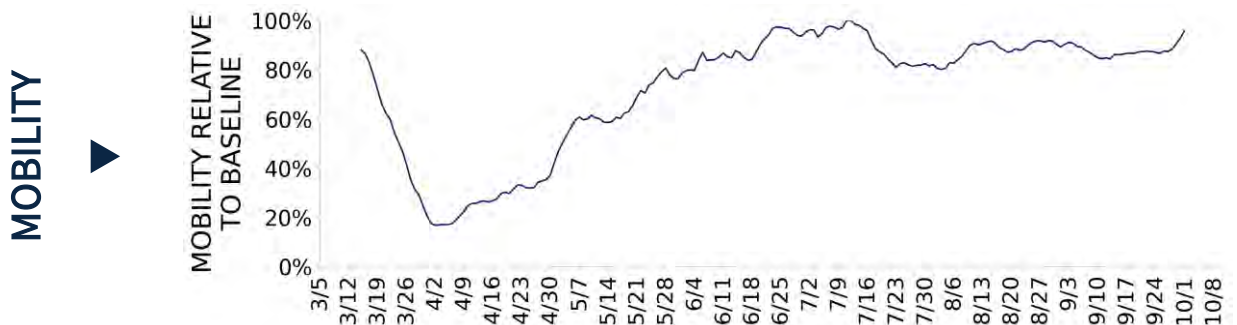




IDAHO

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	3,480 (195)	+24%	9,791 (68)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	12.8%	+1.7%*	5.4%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	24,458** (1,369)	-5%**	201,184** (1,402)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	16 (0.9)	-20%	93 (0.6)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	6% (29%)	+2%* (+15%*)	6% (16%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	+0%*	2%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



IDAHO

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK	COUNTY LAST WEEK
LOCALITIES IN RED ZONE	10 Idaho Falls Rexburg Twin Falls Pocatello Blackfoot Burley Moscow Ontario Hailey Logan	23 Bonneville Madison Twin Falls Bannock Bingham Latah Jefferson Cassia Payette Idaho Minidoka Power
LOCALITIES IN ORANGE ZONE	3 Boise Coeur d'Alene Jackson	4 Ada Canyon Kootenai Butte
LOCALITIES IN YELLOW ZONE	2 Sandpoint Mountain Home	3 Bonner Elmore Lewis

All Red Counties: Bonneville, Madison, Twin Falls, Bannock, Bingham, Latah, Jefferson, Cassia, Payette, Idaho, Minidoka, Power, Fremont, Jerome, Gem, Caribou, Franklin, Blaine, Gooding, Washington, Teton, Lemhi, Camas

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

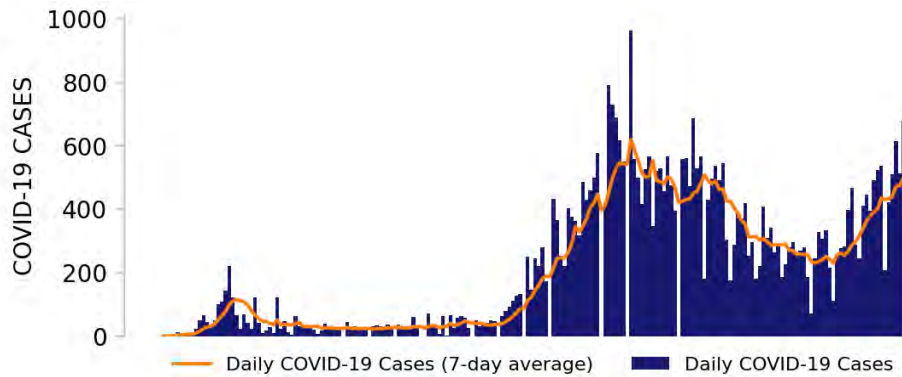
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



IDAHO

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NEW CASES

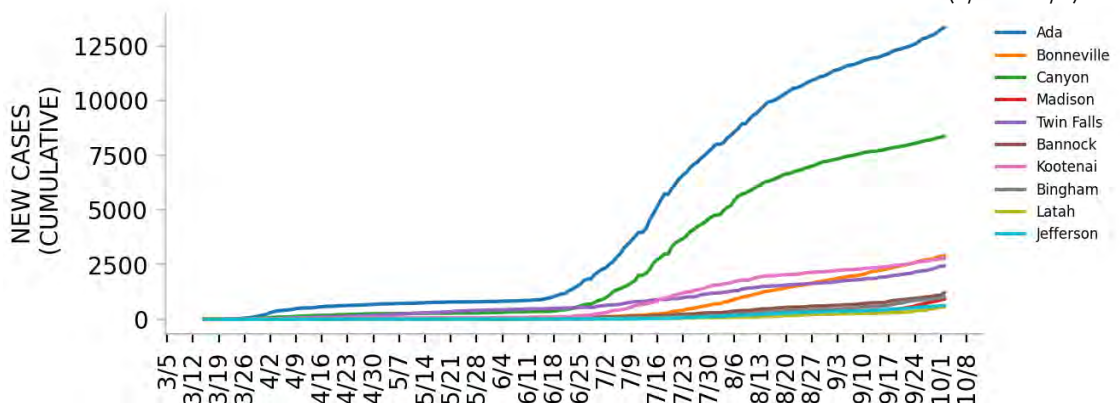


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES

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

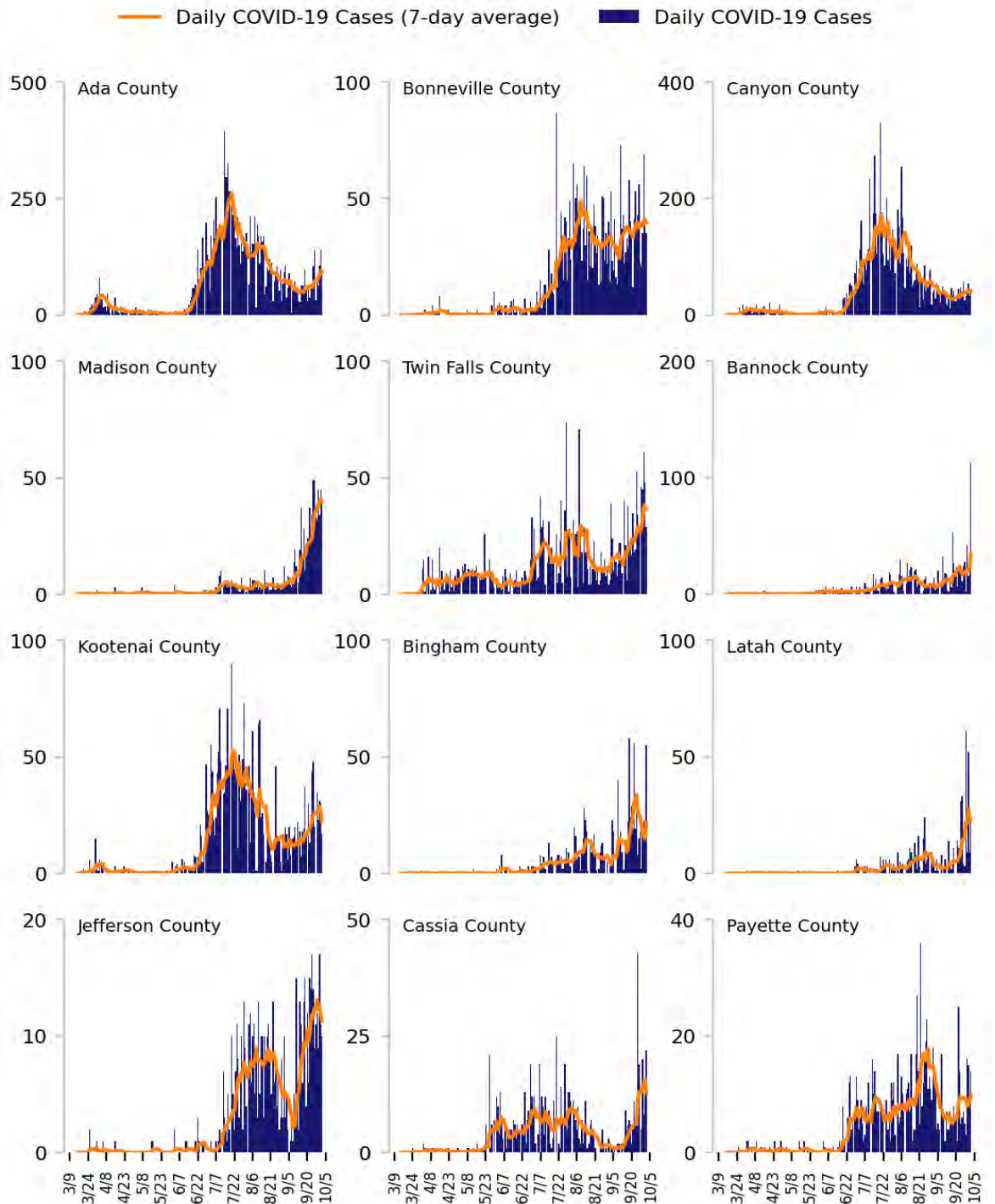
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

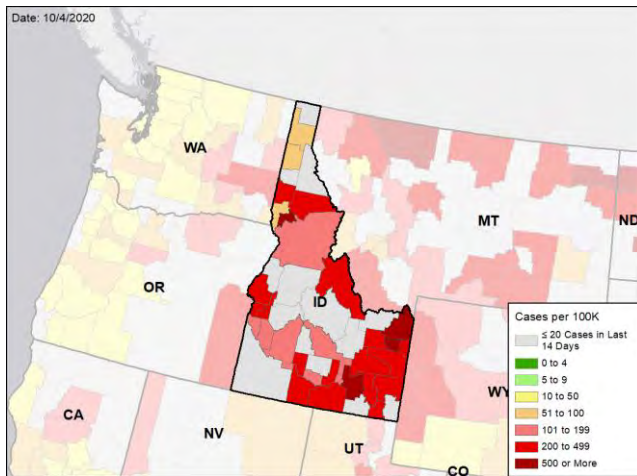


IDAHO

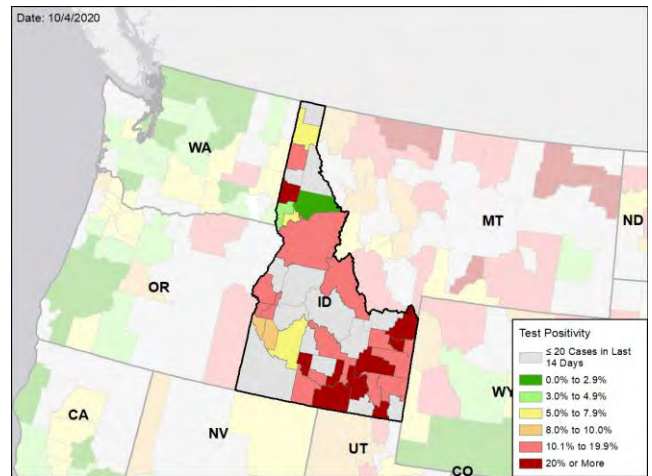
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CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

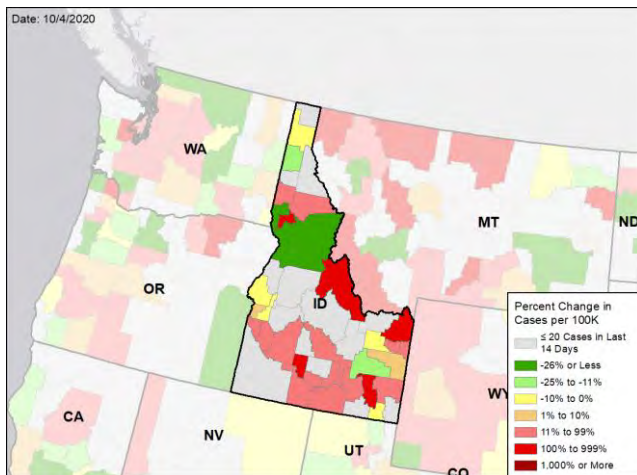
NEW CASES PER 100,000 DURING THE LAST WEEK



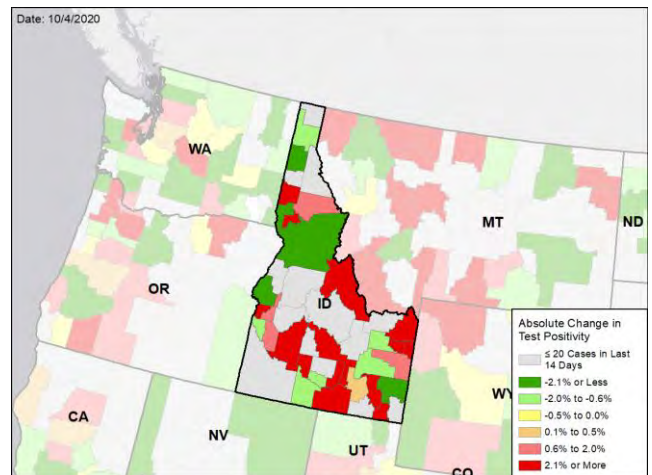
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



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

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



ILLINOIS

SUMMARY

- Illinois continues to have high level transmission especially outside of the Chicago CBSA. Illinois is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 21st highest rate in the country. Illinois is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 28th highest rate in the country. Illinois has seen stability in new cases and stability in test positivity over the last week.
- Moderate to high viral transmission is widely distributed in Illinois. The following three counties had the highest number of new cases over the last 3 weeks: 1. Cook County, 2. DuPage County, and 3. Winnebago County. These counties represent 43.4% of new cases in Illinois. Although the largest number of cases are reported by counties in the Chicago CBSA, most counties outside this CBSA have incidence of more than 100 per 100,000 population last week. Almost all of the counties identified by the state as having elevated risk (orange) are outside of the Chicago CBSA. 56% of all counties in Illinois have moderate or high levels of community transmission (yellow, orange, or red zones), with 15% having high levels of community transmission (red zone). Counties in Illinois health region 4 remain under increased restrictions and those in region 1 (north/northeast Illinois) will have restrictions increased due to increasing test positivity.
- An outbreak linked to a sports bar volleyball league in Lake County has already infected 14 individuals with approximately 200 more potentially exposed.
- Institutions of higher education (IHE): Illinois State University (McLean County) and University of Illinois at Urbana-Champaign (Champaign) continue to report very low rates of cases with the extensive testing at UIUC confirming low rates of transmission on campus despite high disease activity in surrounding counties.
- During the week of Sep 21 - Sep 27, 11% of nursing homes had at least one new resident COVID-19 case, 20% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- Illinois had 109 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 63 to support operations activities from FEMA; 5 to support operations activities from ASPR; and 7 to support operations activities from USCG.
- Between Sep 26 - Oct 2, on average, 117 patients with confirmed COVID-19 and 434 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Illinois. An average of 92% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Illinois has made progress through its plan for having tiered mitigation for the 11 regions in the state, with the potential for increasing mitigation measures based on local resurgences. Regions are currently in Tier 4 level with some having additional measures. Given the very high degree of disease activity in several neighboring states, recommend temporarily increasing measures in regions where at least 50% of counties have more than 100 cases per 100,000 population or test positivity above 8%. Recommend maintaining restrictions on indoor gathering sizes to help limit the superspreader events that disproportionately contribute to increased or maintained epidemic spread as illustrated by the Lake County outbreak. This may be especially important as outdoor temperatures cool.
- Community transmission is frequently occurring in smaller gatherings of family and friends where masking and social distancing recommendations are not followed. With weather conditions increasingly forcing activities indoors, recommend increased messaging regarding the need to take these measures, especially given the element of mitigation "fatigue."
- Implement a plan to increase surveillance using the Abbott BinaxNOW and other rapid tests as supplies arrive to protect the elderly and other vulnerable populations and to increase situational awareness of community spread. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. Elevated rates of infection among these front-line workers indicate significant transmission in their communities and those transmission settings must be identified and mitigated.
- Antiviral therapies for hospitalized COVID patients should be given early in their course while viral replication is high.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

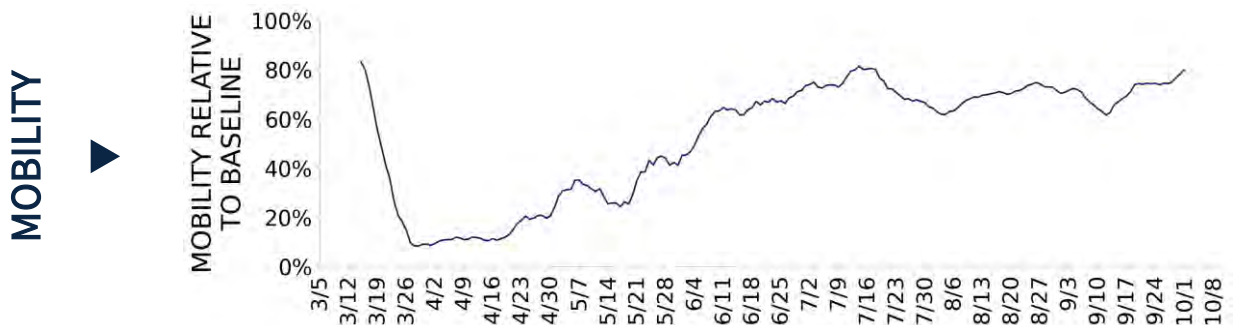




ILLINOIS

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	13,760 (109)	+2%	60,376 (115)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.5%	+0.0%*	5.3%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	334,853** (2,643)	+0%**	1,364,489** (2,597)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	180 (1.4)	+18%	671 (1.3)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	11% (20%)	+1%* (+0%*)	8% (19%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	+0%*	3%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



ILLINOIS

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

METRO AREA (CBSA) LAST WEEK

COUNTY LAST WEEK

LOCALITIES
IN RED
ZONE

3

Rockford
Taylorville
Cape Girardeau

15

Winnebago
Clinton
Christian
Crawford
Fayette
Saline
Richland
Shelby
Bond
Washington
Hancock
ClayLOCALITIES
IN ORANGE
ZONE

3

Danville
Sterling
Dixon

5

Vermilion
Whiteside
Lee
Mason
WabashLOCALITIES
IN YELLOW
ZONE

19

St. Louis
Davenport-Moline-Rock Island
Ottawa
Carbondale-Marion
Decatur
Charleston-Mattoon
Quincy
Kankakee
Galesburg
Rochelle
Centralia
Effingham

37

Will
Madison
St. Clair
Peoria
Rock Island
Macon
Adams
Kankakee
Coles
Williamson
Kendall
Knox

All Yellow CBSAs: St. Louis, Davenport-Moline-Rock Island, Ottawa, Carbondale-Marion, Decatur, Charleston-Mattoon, Quincy, Kankakee, Galesburg, Rochelle, Centralia, Effingham, Mount Vernon, Freeport, Jacksonville, Macomb, Fort Madison-Keokuk, Paducah, Burlington

All Red Counties: Winnebago, Clinton, Christian, Crawford, Fayette, Saline, Richland, Shelby, Bond, Washington, Hancock, Clay, Brown, Johnson, Pulaski

All Yellow Counties: Will, Madison, St. Clair, Peoria, Rock Island, Macon, Adams, Kankakee, Coles, Williamson, Kendall, Knox, Boone, Bureau, Ogle, Marion, Effingham, Macoupin, Franklin, Jefferson, Stephenson, Monroe, Montgomery, McDonough, Morgan, Jo Daviess, Douglas, Union, De Witt, Cass, Lawrence, Greene, Pike, Marshall, Perry, Massac, White

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

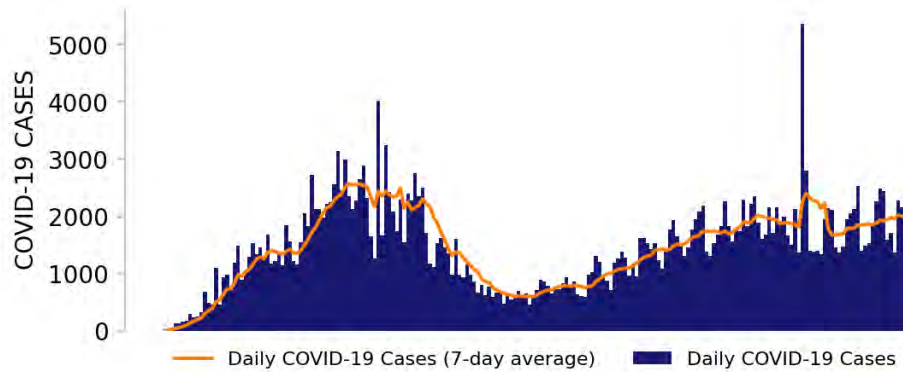
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



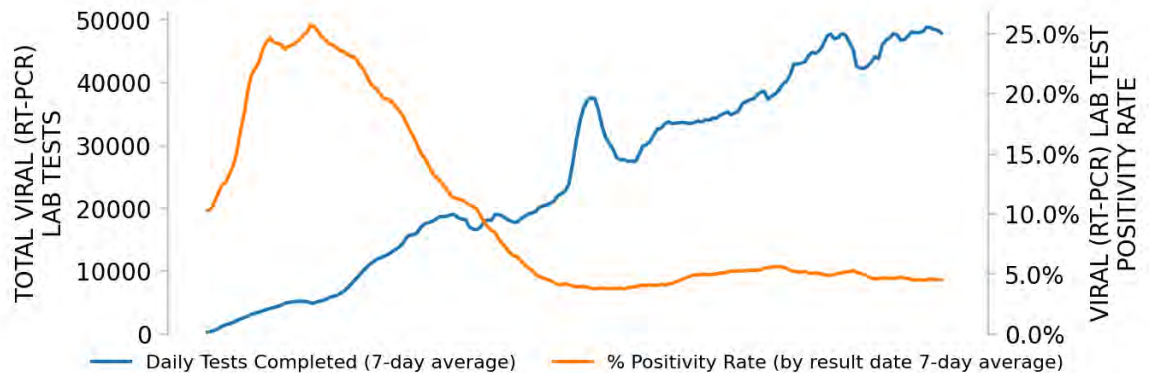
ILLINOIS

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NEW CASES

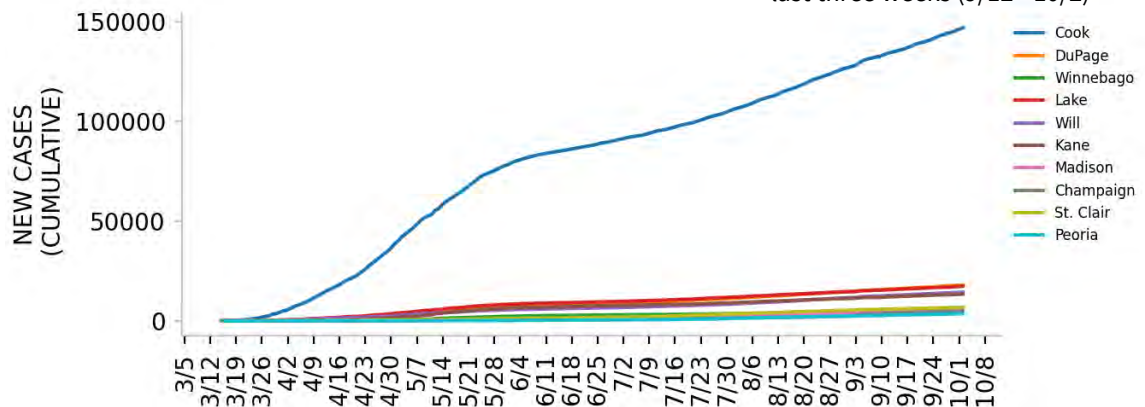


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

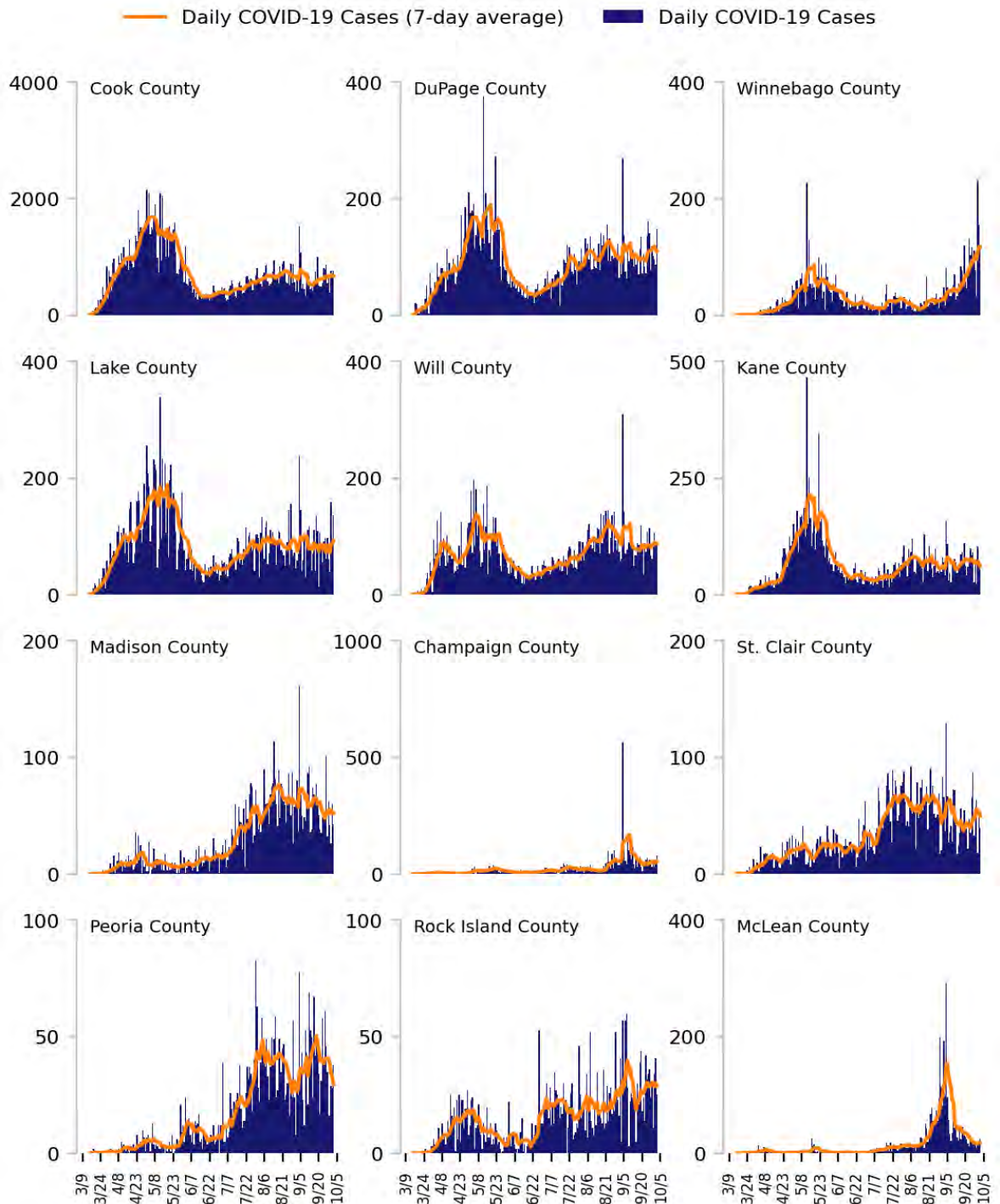
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

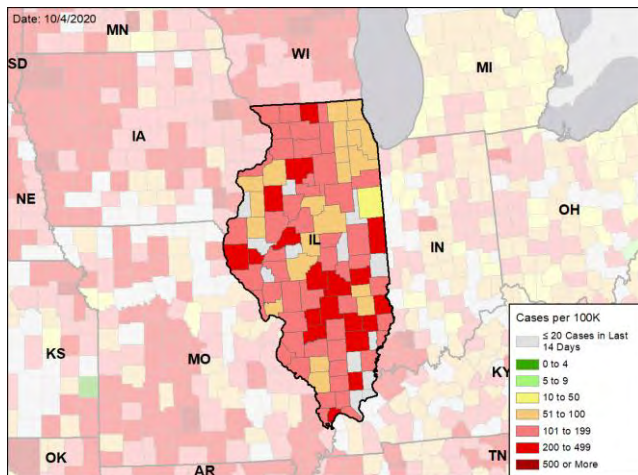


ILLINOIS

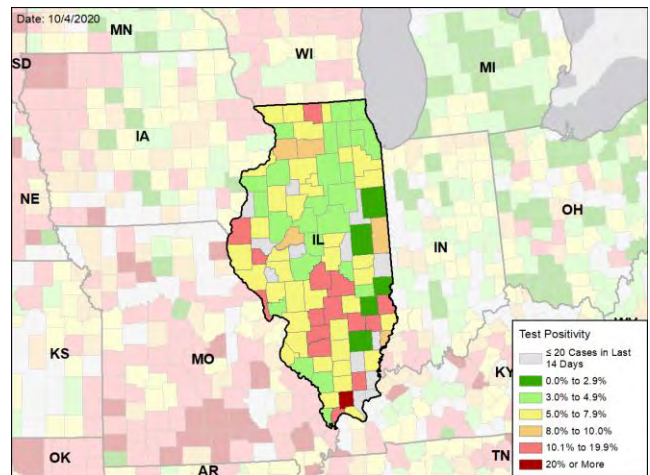
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CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

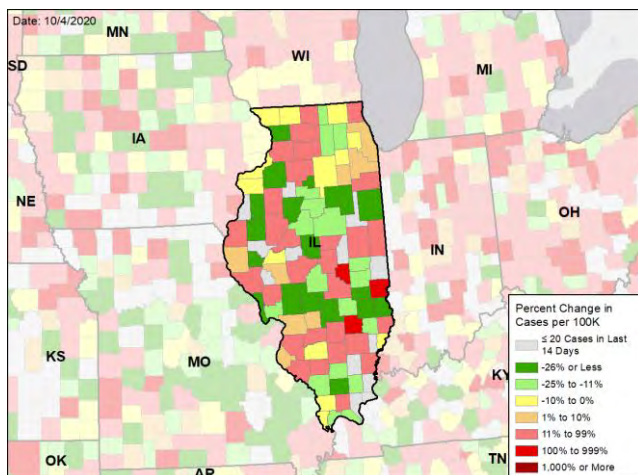
NEW CASES PER 100,000 DURING THE LAST WEEK



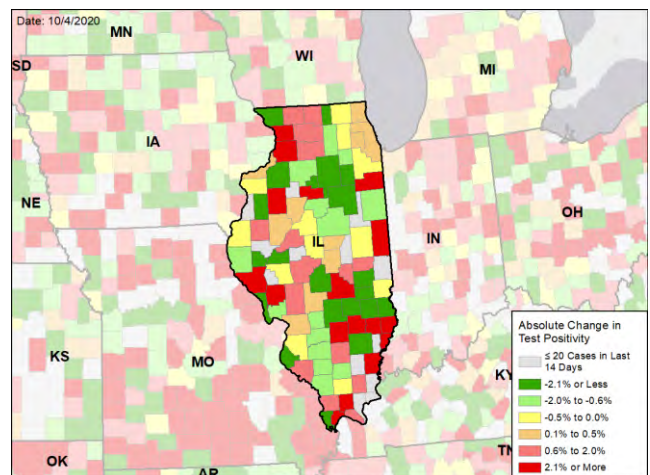
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



INDIANA

SUMMARY

- Indiana is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 22nd highest rate in the country. Indiana is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 23rd highest rate in the country.
- Indiana has seen an increase in new cases and an increase in test positivity over the last week. Hospitalizations and deaths have increased.
- On September 26, Indiana entered Phase 5 of the state's reopening plan, which has allowed businesses, including restaurants and gyms, to reopen to full capacity. Marion, Monroe, and Tippecanoe counties are maintaining stricter limits. The mask mandate has been extended to October 17.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Marion County, 2. St. Joseph County, and 3. Lake County. These counties represent 26.1% of new cases in Indiana. Multiple counties in northern and southern, especially southwestern Indiana meet state criteria for increased caution.
- 47% of all counties in Indiana have moderate or high levels of community transmission (yellow, orange, or red zones), with 4% having high levels of community transmission (red zone).
- Institutions of higher education (IHE): Approximately 60% of the recent cases in Tippecanoe County were linked to Purdue University.
- During the week of Sep 21 - Sep 27, 9% of nursing homes had at least one new resident COVID-19 case, 21% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Indiana had 108 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 6 to support operations activities from FEMA.
- Between Sep 26 - Oct 2, on average, 90 patients with confirmed COVID-19 and 179 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Indiana. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Indiana has previously had success in large part due to a well-developed, graduated set of social distancing measures for communities based on transmission indicators. The extension of the mask mandate is commended. With the lessening of mitigation measures and the increase in cases, including severe cases, jurisdictions must maintain a vigilant posture through continued active testing and case rate monitoring and be prepared to modify practices for increasing disease activity.
- Recommend restrictions on indoor gathering sizes in all highly affected counties to help limit the superspreader events that disproportionately contribute to maintaining epidemic spread. This may be especially important with weather conditions increasingly forcing activities indoors and with the increasing number of cases indicating more highly infectious individuals are in the community.
- Community transmission is frequently occurring in smaller gatherings of family and friends where masking and social distancing recommendations are not followed. With outdoor temperatures cooling, recommend increased targeted messages and recommendations on safety measures to follow to prevent spread of COVID-19 at home gatherings, especially given the element of mitigation "fatigue."
- Implement a plan to increase surveillance using the Abbott BinaxNOW and other rapid tests as supplies arrive to protect the elderly and other vulnerable populations and to increase situational awareness of community spread. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. Elevated rates of infection among these front-line workers indicate significant transmission in their communities and those transmission settings must be identified and mitigated.
- Antiviral therapies for hospitalized COVID patients should be given early in their course while viral replication is high.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

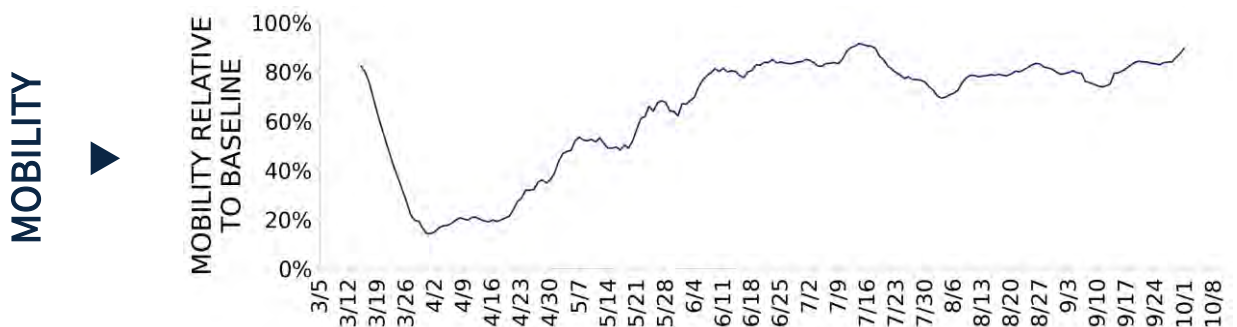




INDIANA

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	7,291 (108)	+27%	60,376 (115)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.8%	+0.6%*	5.3%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	138,881** (2,063)	-5%**	1,364,489** (2,597)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	92 (1.4)	+28%	671 (1.3)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	9% (21%)	+0%* (+2%*)	8% (19%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+1%*	3%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



INDIANA

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	2	Evansville Jasper	4	Warrick Posey Spencer Pike
LOCALITIES IN ORANGE ZONE	5	Elkhart-Goshen Louisville/Jefferson County Michigan City-La Porte Angola Frankfort	10	Vanderburgh Elkhart LaPorte Gibson Dubois Putnam Steuben Clinton LaGrange Parke
LOCALITIES IN YELLOW ZONE	13	Indianapolis-Carmel-Anderson South Bend-Mishawaka Fort Wayne Muncie Marion Warsaw Vincennes Washington Auburn Logansport Kendallville Scottsburg	29	Marion St. Joseph Lake Allen Delaware Porter Clark Madison Johnson Hendricks Floyd Grant

All Yellow CBSAs: Indianapolis-Carmel-Anderson, South Bend-Mishawaka, Fort Wayne, Muncie, Marion, Warsaw, Vincennes, Washington, Auburn, Logansport, Kendallville, Scottsburg, Bluffton

All Yellow Counties: Marion, St. Joseph, Lake, Allen, Delaware, Porter, Clark, Madison, Johnson, Hendricks, Floyd, Grant, Kosciusko, Knox, Daviess, DeKalb, Dearborn, Cass, Noble, Harrison, Shelby, Scott, Whitley, Starke, Jay, Wells, Blackford, Franklin, Tipton

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

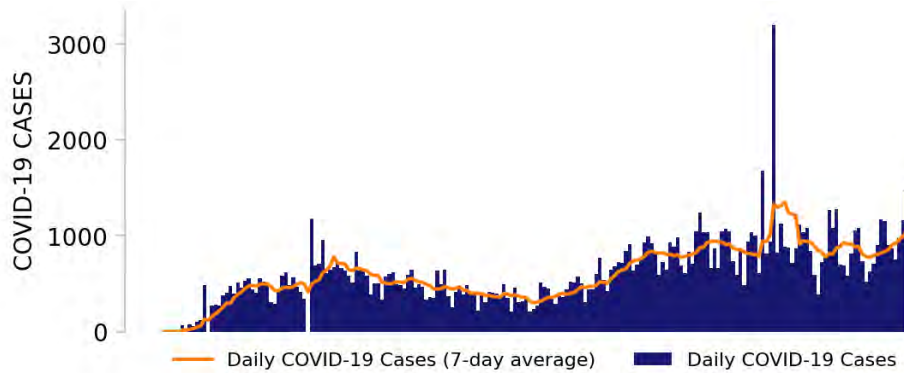
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



INDIANA

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NEW CASES

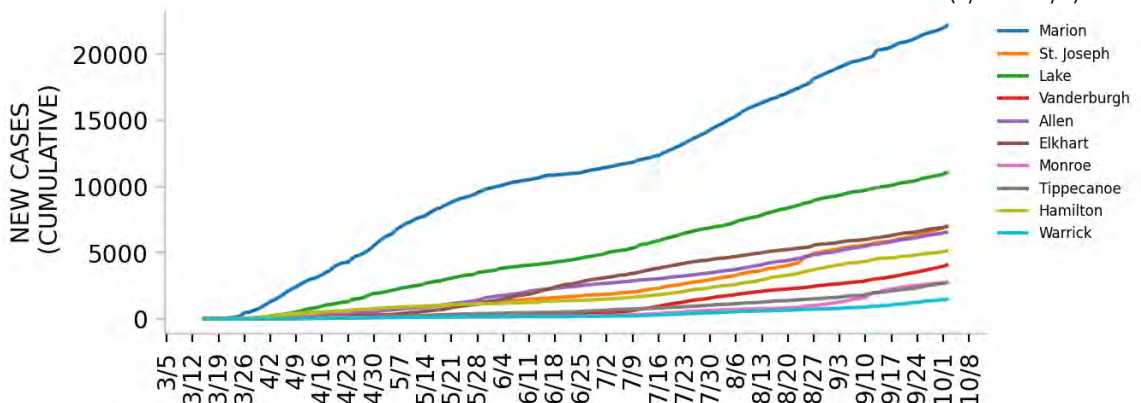


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

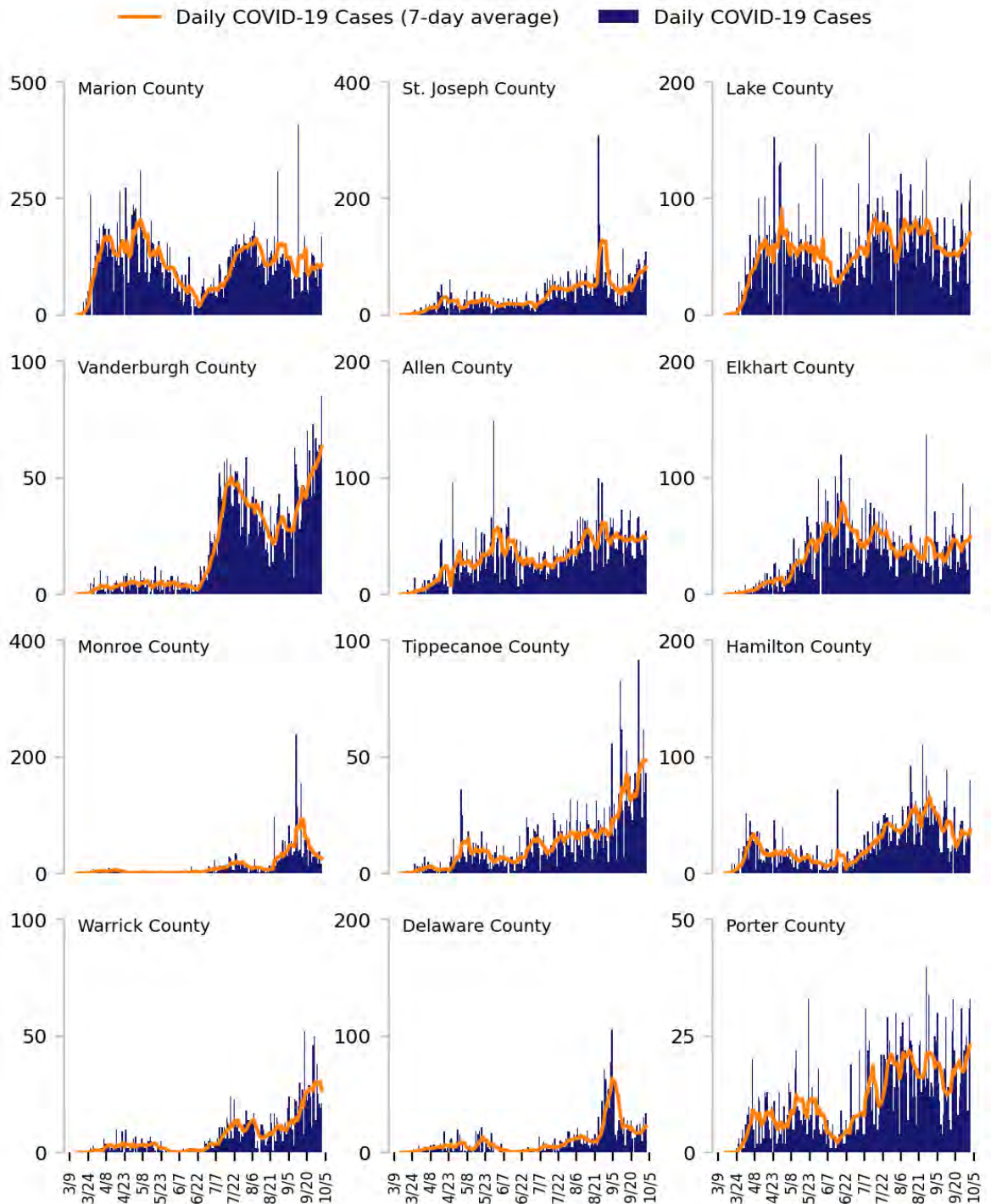
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

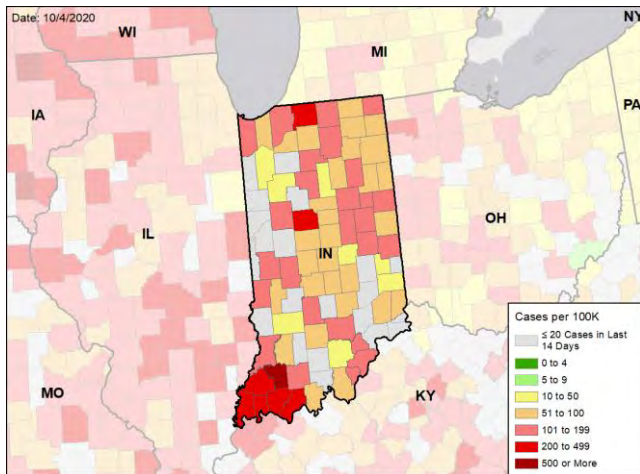


INDIANA

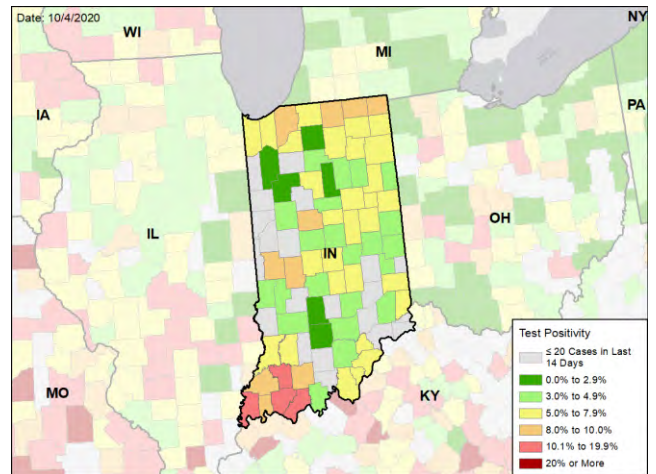
STATE REPORT | 10.04.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

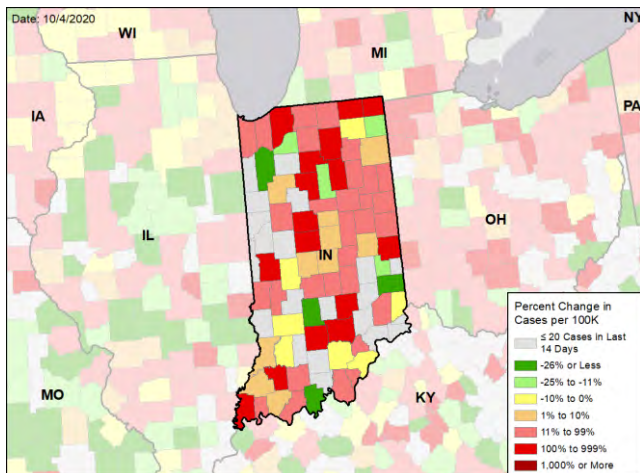
NEW CASES PER 100,000 DURING THE LAST WEEK



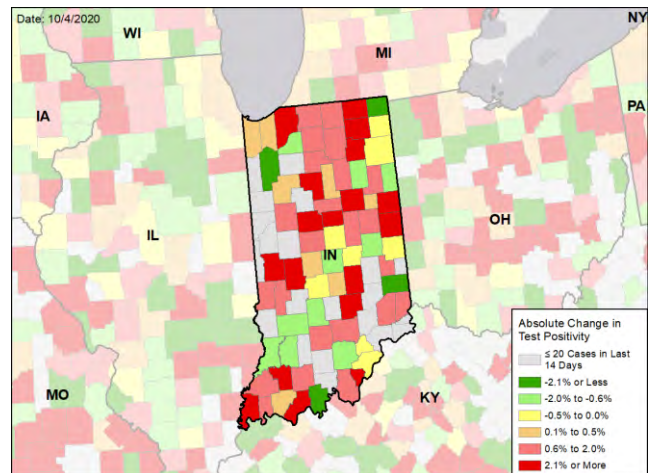
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



IOWA

SUMMARY

- Iowa is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 6th highest rate in the country. Iowa is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 12th highest rate in the country.
- Iowa remains at high levels of new cases and test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Polk County, 2. Woodbury County, and 3. Dubuque County. These counties represent 25.4% of new cases in Iowa.
- 70% of all counties in Iowa have moderate or high levels of community transmission (yellow, orange, or red zones), with 30% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 12% of nursing homes had at least one new resident COVID-19 case, 28% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- Iowa had 200 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Between Sep 26 - Oct 2, on average, 60 patients with confirmed COVID-19 and 37 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Iowa. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Community transmission has remained high across the state for the past month, with many preventable deaths.
- Continue testing at high levels to rapidly identify cases and support isolation.
- Messaging to communities about effectiveness of masks is critical as many outdoor activities will be moving indoors with colder weather approaching. Masks must be worn indoors in all public settings and group gathering sizes should be limited.
- Work with rural communities to message masks work and protect individuals from COVID-19. In high transmission zones, limit indoor dining, bar hours, and expand outdoor dining options.
- Nearly one-third of nursing homes have at least one positive staff member. Use these findings not only to prevent transmission in nursing homes but also as sentinel surveillance indicating spread in the community and work on local mitigation efforts.
- Antivirals and antibodies have the most impact when used early in hospital admissions (within 48 hours). Ensure hospitals are effectively administering these medications to prevent morbidity and mortality.
- Abbott BinaxNOW tests should be used in a sentinel surveillance capacity. Sentinel surveillance among specific populations across Iowa will help provide specific information to each community regarding local transmission and where mitigation efforts needed to be enhanced.
- Prioritize these populations for routine sentinel surveillance: K-12 teachers; staff working in nursing homes, assisted living, senior living facilities, and other congregate living settings including correctional facilities; and first responders.
- Conduct community testing in university towns to rapidly identify positives and isolate them. With cases decreasing in university settings, work with students to keep cases down particularly, with the goal to keep transmission low until Thanksgiving.
- Tribal Nations: Increase testing, continue to expand culturally-specific public health education, developed with community leaders, especially as tribal social events pick back up. Conduct prompt contact tracing on all cases and provide housing and supplies to support immediate quarantine of contacts and isolation of cases.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).





IOWA

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	6,320 (200)	+2%	24,114 (171)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.7%	-0.3%*	8.5%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	82,448** (2,613)	-1%**	238,314** (1,685)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	64 (2.0)	+42%	311 (2.2)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	12% (28%)	+4%* (-4%*)	14% (30%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	+3%*	5%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



IOWA

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

METRO AREA (CBSA) LAST WEEK

COUNTY LAST WEEK

LOCALITIES IN RED ZONE	6	Sioux City Dubuque Oskaloosa Storm Lake Spencer Spirit Lake	30	Woodbury Dubuque Sioux Henry Plymouth Crawford Lyon Delaware O'Brien Mahaska Kossuth Buena Vista
LOCALITIES IN ORANGE ZONE	3	Omaha-Council Bluffs Fort Dodge Carroll	13	Pottawattamie Webster Jasper Carroll Benton Tama Buchanan Bremer Guthrie Cass Union Shelby
LOCALITIES IN YELLOW ZONE	9	Des Moines-West Des Moines Cedar Rapids Davenport-Moline-Rock Island Waterloo-Cedar Falls Ottumwa Burlington Pella Fort Madison-Keokuk Muscatine	26	Polk Linn Scott Black Hawk Dallas Wapello Des Moines Marion Lee Boone Muscatine Poweshiek

All Red Counties: Woodbury, Dubuque, Sioux, Henry, Plymouth, Crawford, Lyon, Delaware, O'Brien, Mahaska, Kossuth, Buena Vista, Sac, Harrison, Jackson, Cherokee, Clay, Dickinson, Chickasaw, Jones, Page, Palo Alto, Osceola, Ida, Madison, Fremont, Monona, Audubon, Emmet, Taylor

All Orange Counties: Pottawattamie, Webster, Jasper, Carroll, Benton, Tama, Buchanan, Bremer, Guthrie, Cass, Union, Shelby, Appanoose

All Yellow Counties: Polk, Linn, Scott, Black Hawk, Dallas, Wapello, Des Moines, Marion, Lee, Boone, Muscatine, Poweshiek, Floyd, Winneshiek, Iowa, Cedar, Fayette, Wright, Grundy, Mills, Calhoun, Hardin, Allamakee, Butler, Keokuk, Pocahontas

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

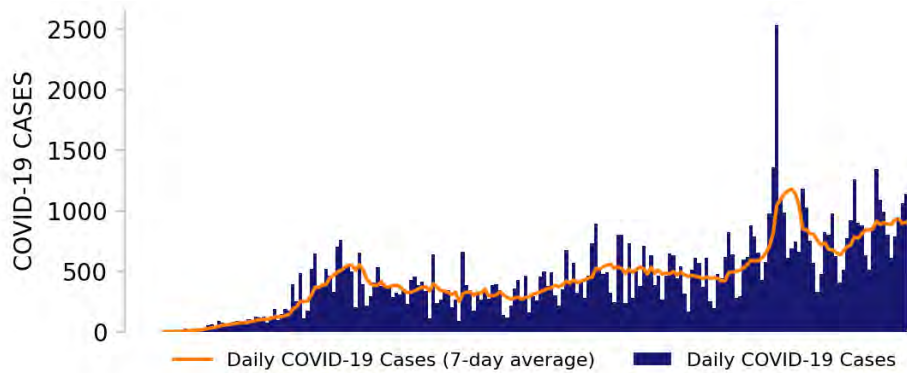
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



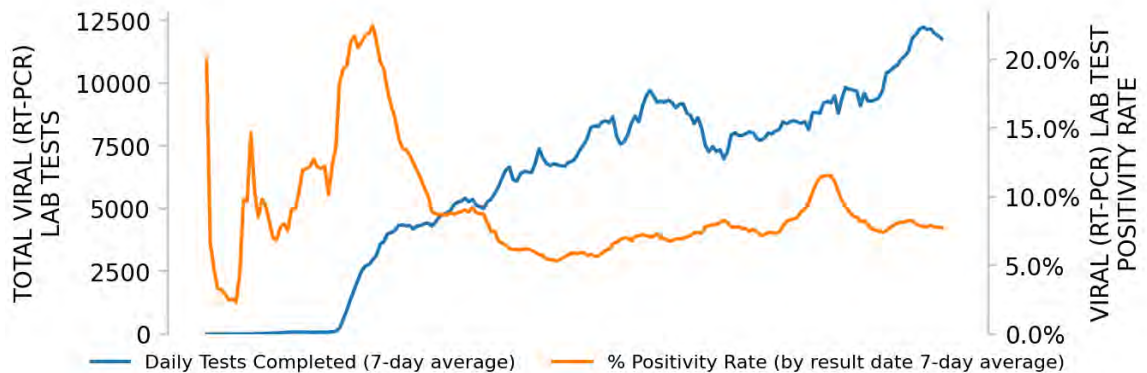
IOWA

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NEW CASES

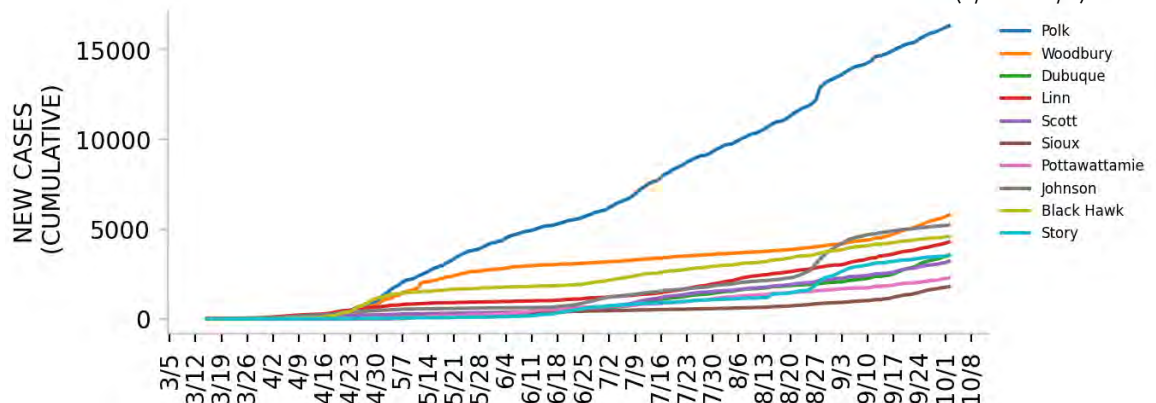


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

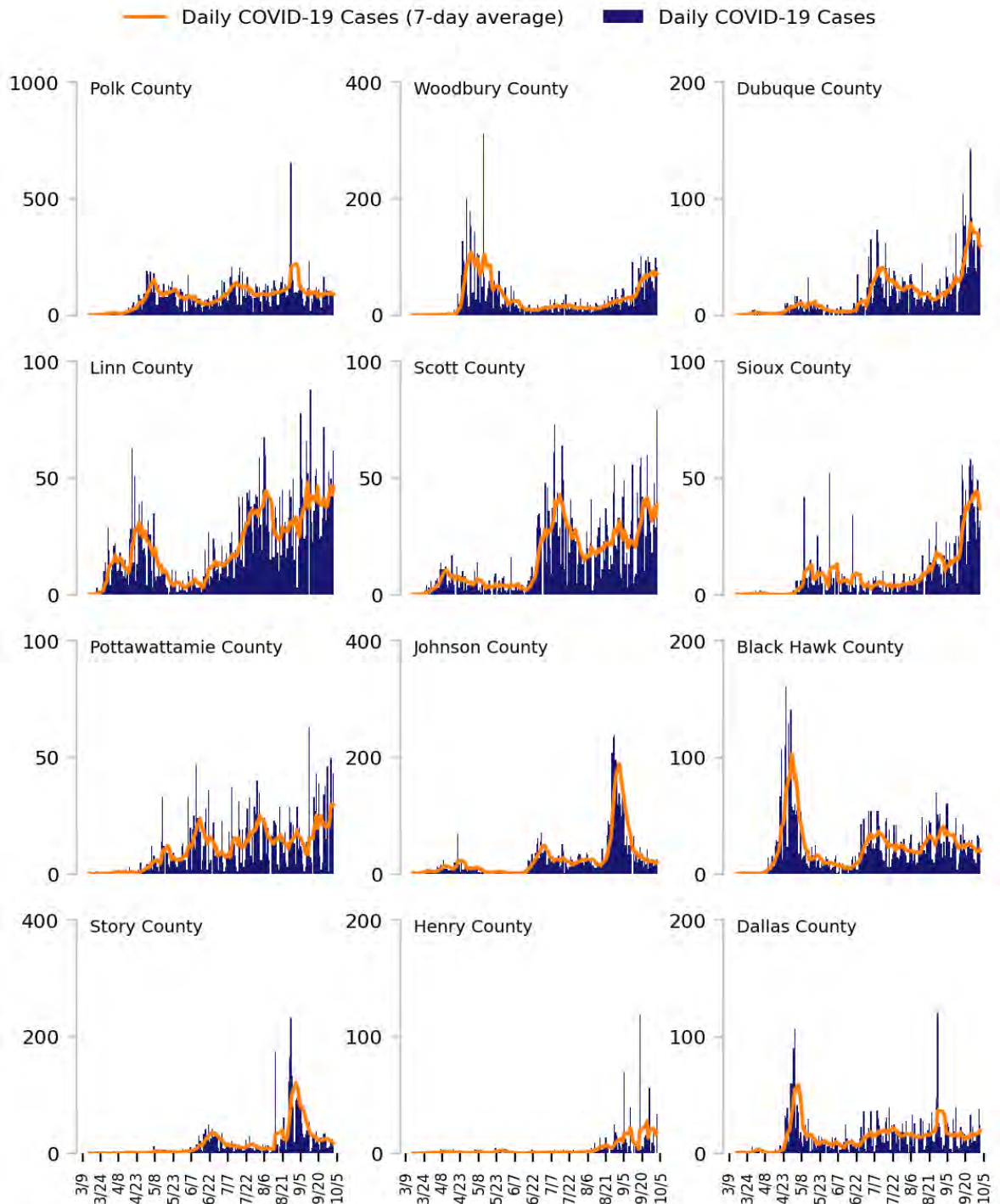
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

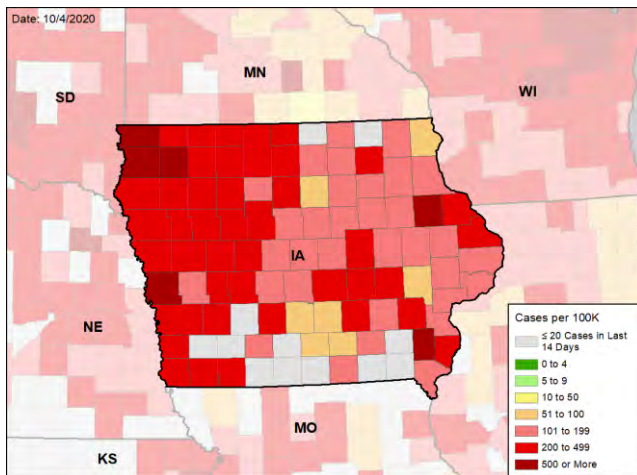


IOWA

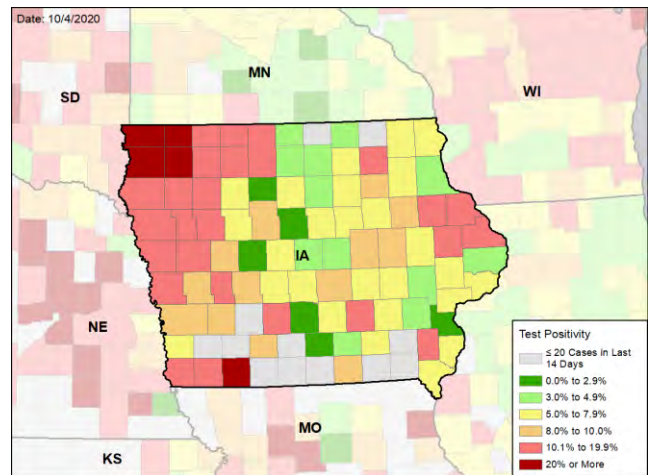
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CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

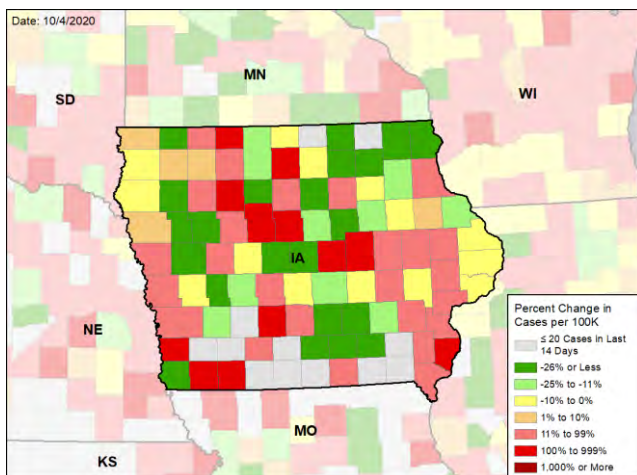
NEW CASES PER 100,000 DURING THE LAST WEEK



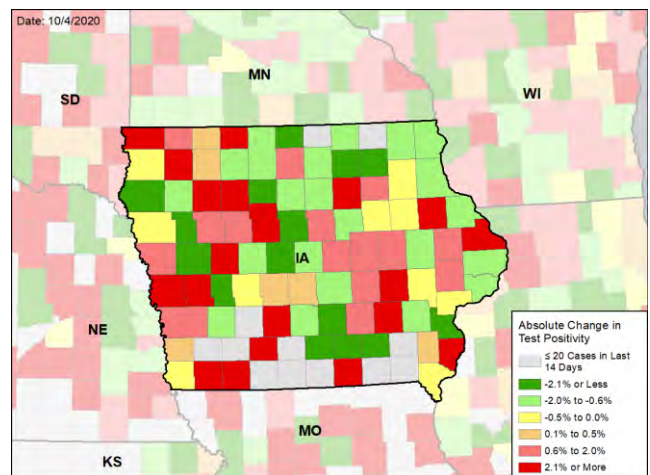
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



KANSAS

SUMMARY

- Kansas is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 12th highest rate in the country. Kansas is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 13th highest rate in the country.
- Kansas continues to experience high levels of new cases and saw a slight decrease in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Johnson County, 2. Sedgwick County, and 3. Wyandotte County. These counties represent 35.7% of new cases in Kansas.
- 50% of all counties in Kansas have moderate or high levels of community transmission (yellow, orange, or red zones), with 25% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 9% of nursing homes had at least one new resident COVID-19 case, 25% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Kansas had 154 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Between Sep 26 - Oct 2, on average, 43 patients with confirmed COVID-19 and 52 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Kansas. An average of 92% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Keep mitigation efforts in place; demonstrate to communities where their efforts are successful.
- Messaging to communities about effectiveness of masks is critical as many outdoor activities will be moving indoors with colder weather approaching. Masks must be worn indoors in all public settings and group gathering sizes should be limited.
- Work with rural communities to message how masks work and protect individuals from COVID-19. In high transmission zones, limit indoor dining, bar hours, and expand outdoor dining options.
- Make all antigen test results available on public dashboards.
- Antivirals and antibodies have the most impact when used early in hospital admissions (within 48 hours). Ensure hospitals are effectively administering these medications to prevent morbidity and mortality.
- Abbott BinaxNOW tests should be used in a sentinel surveillance capacity. Sentinel surveillance among specific populations across Kansas will help provide specific information to each community regarding local transmission and where mitigation efforts needed to be enhanced.
- Prioritize these populations for routine sentinel surveillance: K-12 teachers; staff working in nursing homes, assisted living, senior living facilities, and other congregate living settings including correctional facilities; and first responders.
- One quarter of nursing homes have at least one positive staff member and the trend among residents with COVID-19 is increasing. Use these findings not only to prevent transmission in nursing homes but also as sentinel surveillance indicating spread in the community and work on local mitigation efforts. Review specific nursing homes where community transmission is low, but staff have COVID-19.
- Conduct community testing in university towns to rapidly identify positives and isolate them. With cases potentially decreasing in university settings, work with students to keep cases down particularly, with the goal to keep transmission low until Thanksgiving.
- Tribal Nations: Increase testing, continue to expand culturally-specific public health education, developed with community leaders, especially as tribal social events pick back up. Conduct prompt contact tracing on all cases and provide housing and supplies to support immediate quarantine of contacts and isolation of cases.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).

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

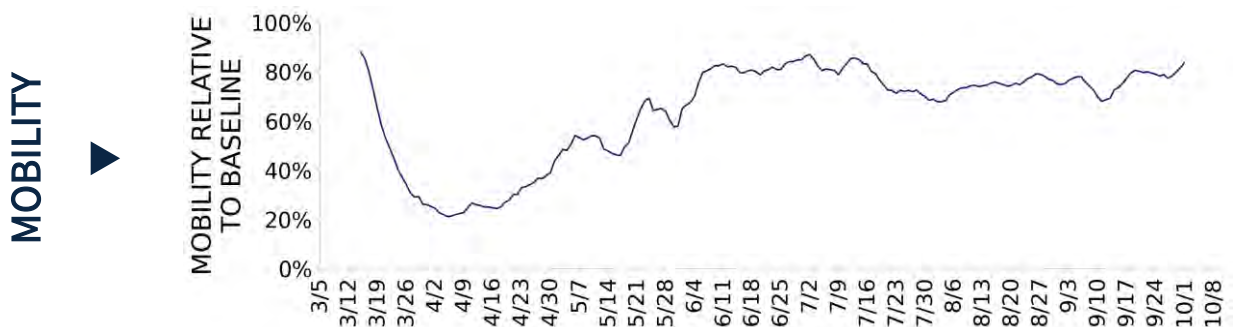




KANSAS

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	4,492 (154)	-7%	24,114 (171)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.5%	-0.6%*	8.5%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	58,872** (2,021)	+7%**	238,314** (1,685)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	66 (2.3)	+94%	311 (2.2)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	9% (25%)	+0%* (+3%*)	14% (30%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+1%*	5%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



KANSAS

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

METRO AREA (CBSA) LAST WEEK

COUNTY LAST WEEK

LOCALITIES IN RED ZONE	8	Dodge City Hays Garden City Pittsburg Liberal Great Bend Ottawa St. Joseph	26	Ford Ellis Finney Crawford Seward Barton Cherokee Dickinson Grant Franklin Pottawatomie Thomas
LOCALITIES IN ORANGE ZONE	2	Hutchinson Emporia	9	Wyandotte Leavenworth Reno Miami Lyon Meade Doniphan Linn Stanton
LOCALITIES IN YELLOW ZONE	9	Kansas City Wichita Manhattan Lawrence Topeka Salina Coffeyville Atchison Parsons	17	Johnson Sedgwick Douglas Shawnee Butler Saline Montgomery Atchison Pawnee Geary Brown Haskell

All Red Counties: Ford, Ellis, Finney, Crawford, Seward, Barton, Cherokee, Dickinson, Grant, Franklin, Pottawatomie, Thomas, Rooks, Stevens, Nemaha, Phillips, Cheyenne, Rawlins, Ness, Rush, Logan, Sherman, Sheridan, Gove, Marshall, Scott

All Yellow Counties: Johnson, Sedgwick, Douglas, Shawnee, Butler, Saline, Montgomery, Pawnee, Atchison, Geary, Brown, Haskell, Russell, Jefferson, Labette, Rice, Kearny

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

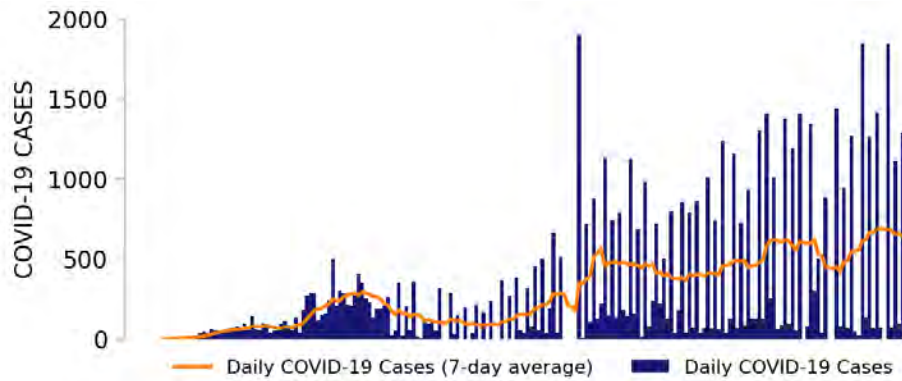
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



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NEW CASES

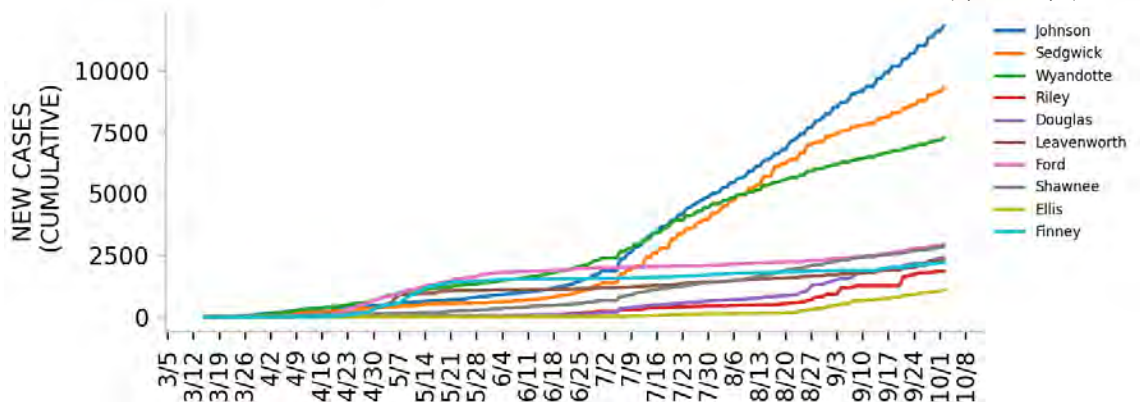


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

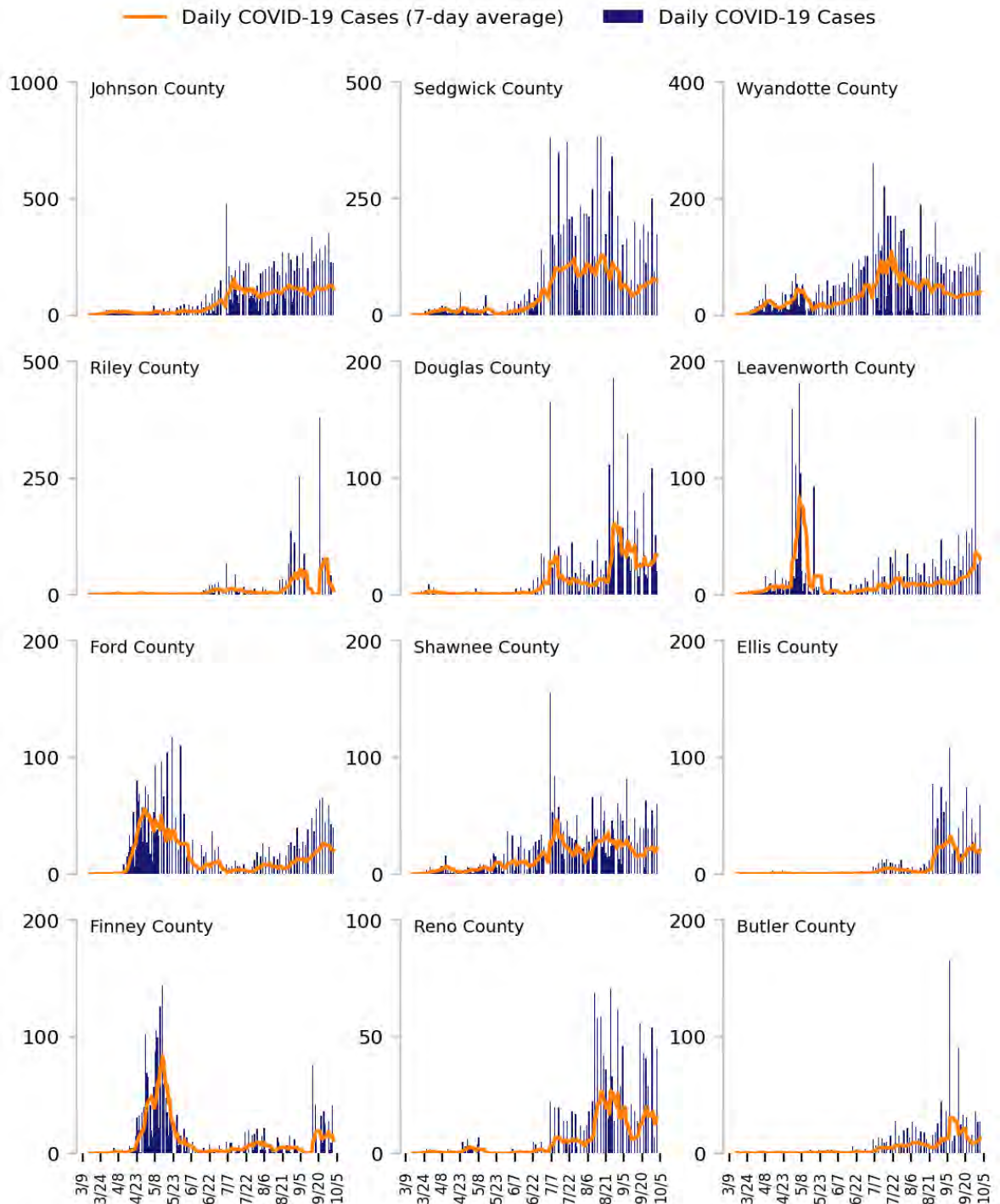
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

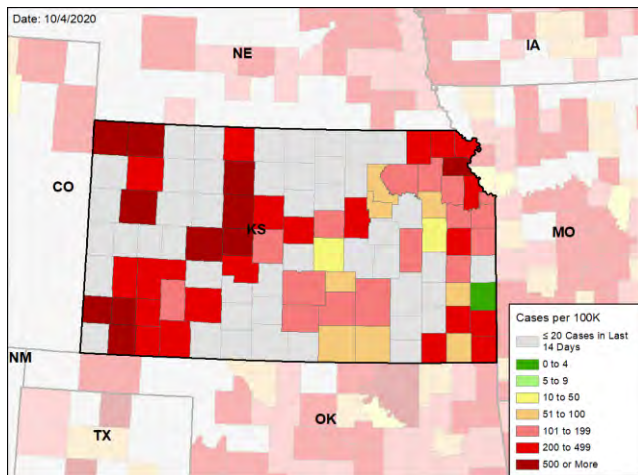


KANSAS

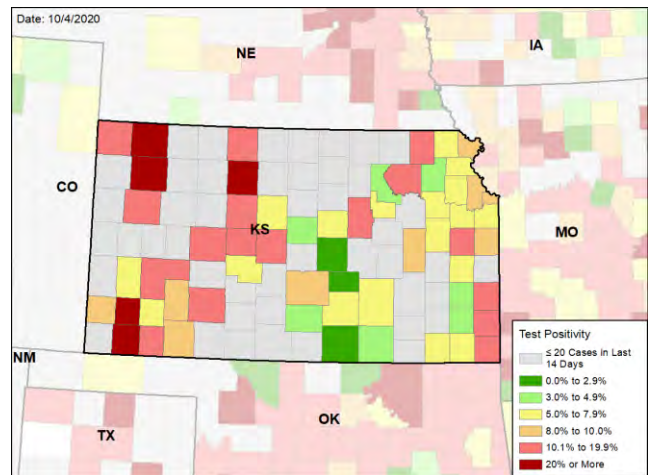
STATE REPORT | 10.04.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

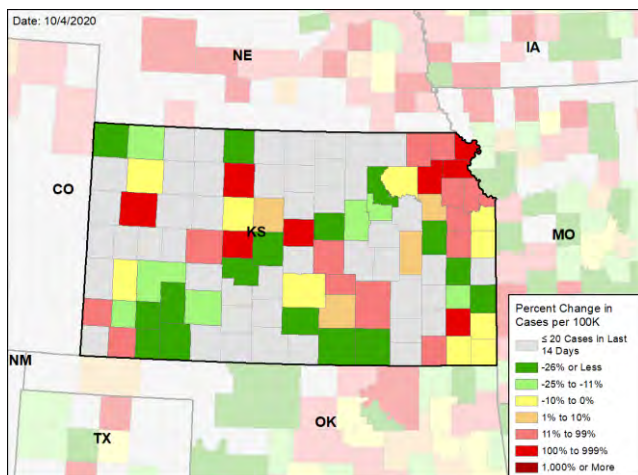
NEW CASES PER 100,000 DURING THE LAST WEEK



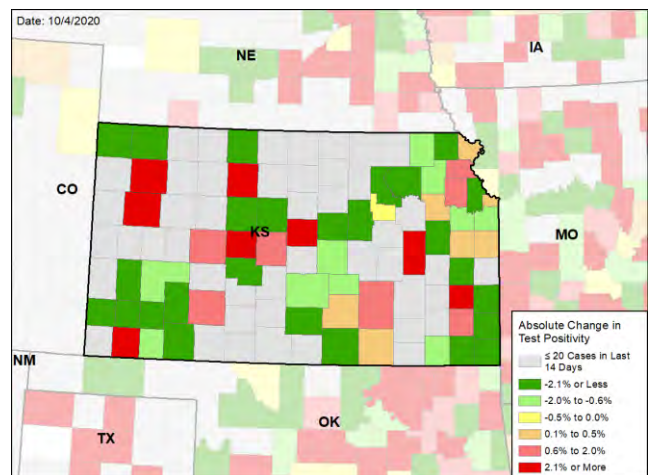
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



KENTUCKY

SUMMARY

- Kentucky is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 16th highest rate in the country. Kentucky is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 10th highest rate in the country.
- Kentucky has seen an increase in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Jefferson County, 2. Fayette County, and 3. Warren County. These counties represent 35.6% of new cases in Kentucky.
- 62% of all counties in Kentucky have moderate or high levels of community transmission (yellow, orange, or red zones), with 22% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 11% of nursing homes had at least one new resident COVID-19 case, 30% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Kentucky had 127 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 1 to support operations activities from FEMA.
- Between Sep 26 - Oct 2, on average, 132 patients with confirmed COVID-19 and 454 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Kentucky. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Keep mitigation efforts in place and demonstrate to communities where their efforts have been successful. Increase contact tracing capacity in school settings and rural communities.
- Messaging to communities about effectiveness of masks is critical as many outdoor activities will be moving indoors with colder weather approaching. Masks must be worn indoors in all public settings and group gathering sizes should be limited.
- Work with rural communities to message how masks work and protect individuals from COVID-19.
- Nearly one-third of nursing homes have at least one positive staff member and the trend among residents with COVID-19 is increasing. Use these findings not only to prevent transmission in nursing homes but also as sentinel surveillance indicating spread in the community and work on local mitigation efforts. Review specific nursing homes where community transmission is low, but staff have COVID-19.
- Abbott BinaxNOW tests should be used in a sentinel surveillance capacity. Sentinel surveillance among specific populations across Kentucky will help provide specific information to each community regarding local transmission and where mitigation efforts need to be enhanced.
- Prioritize these populations for routine sentinel surveillance: K-12 teachers; staff working in nursing homes, assisted living, senior living facilities, and other congregate living settings including correctional facilities; and first responders.
- Antivirals and antibodies have the most impact when used early in hospital admissions (within 48 hours). Ensure hospitals are effectively administering these medications to prevent morbidity and mortality.
- With cases potentially decreasing in university settings, work with students to keep cases down, particularly with the goal to keep transmission low until Thanksgiving.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

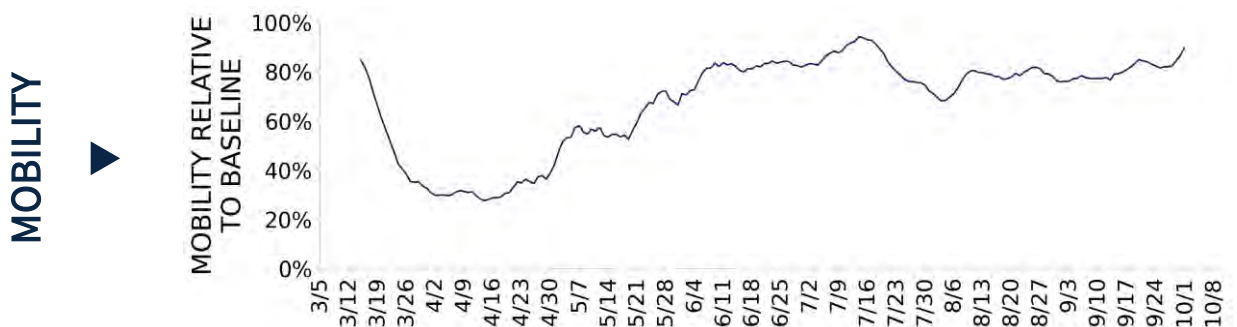




KENTUCKY

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	5,658 (127)	+14%	63,742 (95)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.9%	+0.3%*	6.0%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	51,782** (1,159)	-17%**	1,004,096** (1,501)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	50 (1.1)	+6%	1,567 (2.3)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	11% (30%)	-2%* (+5%*)	15% (28%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+0%*	6%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.

Mobility: Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



KENTUCKY

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

METRO AREA (CBSA) LAST WEEK

COUNTY LAST WEEK

LOCALITIES IN RED ZONE	6	London Bowling Green Elizabethtown-Fort Knox Evansville Murray Middlesborough	26	Warren Laurel Whitley Calloway Knott Pike Jessamine Allen Estill Mercer Clay Marshall
LOCALITIES IN ORANGE ZONE	5	Louisville/Jefferson County Owensboro Somerset Mount Sterling Mayfield	20	Jefferson Daviess Hardin Henderson Bullitt Union Pulaski Knox Shelby Logan Meade Graves
LOCALITIES IN YELLOW ZONE	8	Richmond-Berea Clarksville Glasgow Paducah Frankfort Campbellsville Central City Bardstown	29	Madison Christian Oldham Kenton Boone McCracken Franklin Greenup Scott Campbell Harlan Muhlenberg

All Red Counties: Warren, Laurel, Whitley, Calloway, Pike, Knott, Jessamine, Allen, Estill, Mercer, Clay, Marshall, Webster, Bell, Rowan, McCreary, Bourbon, Jackson, Wayne, Leslie, Larue, Fulton, Monroe, Lyon, Hancock, Menifee

All Orange Counties: Jefferson, Daviess, Hardin, Henderson, Bullitt, Union, Pulaski, Knox, Shelby, Logan, Meade, Graves, Carter, Anderson, Marion, Russell, Garrard, Henry, Hart, Todd

All Yellow Counties: Madison, Christian, Oldham, Kenton, Boone, McCracken, Franklin, Greenup, Scott, Campbell, Harlan, Muhlenberg, Letcher, Nelson, Taylor, Montgomery, Trigg, Green, Adair, Perry, Spencer, Clinton, Metcalfe, Grant, Johnson, McLean, Morgan, Casey, Wolfe

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

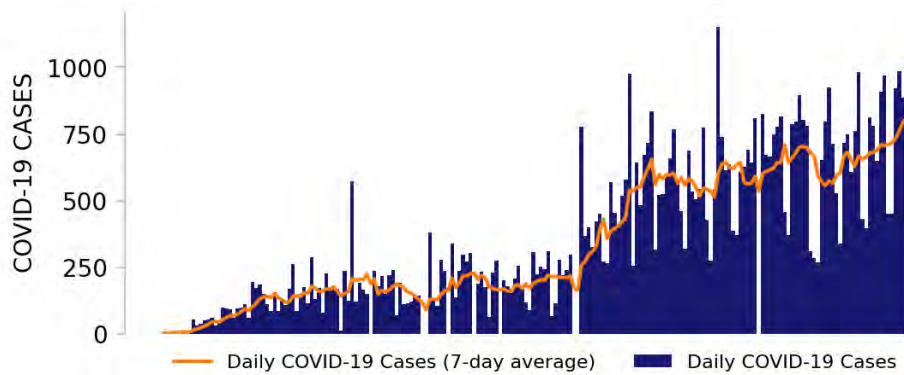
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



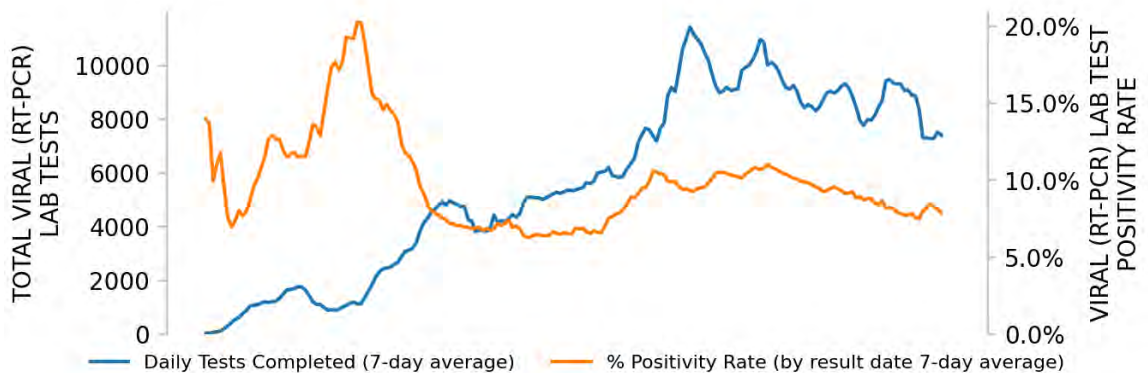
KENTUCKY

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NEW CASES

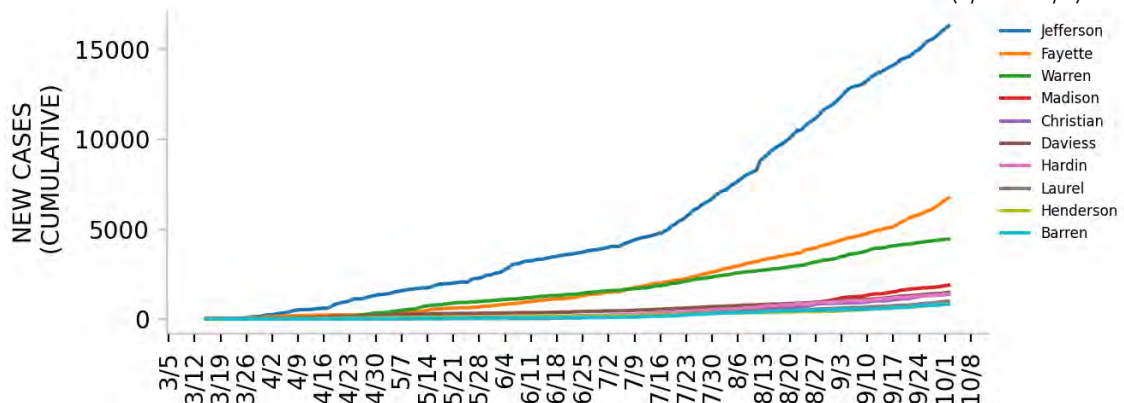


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

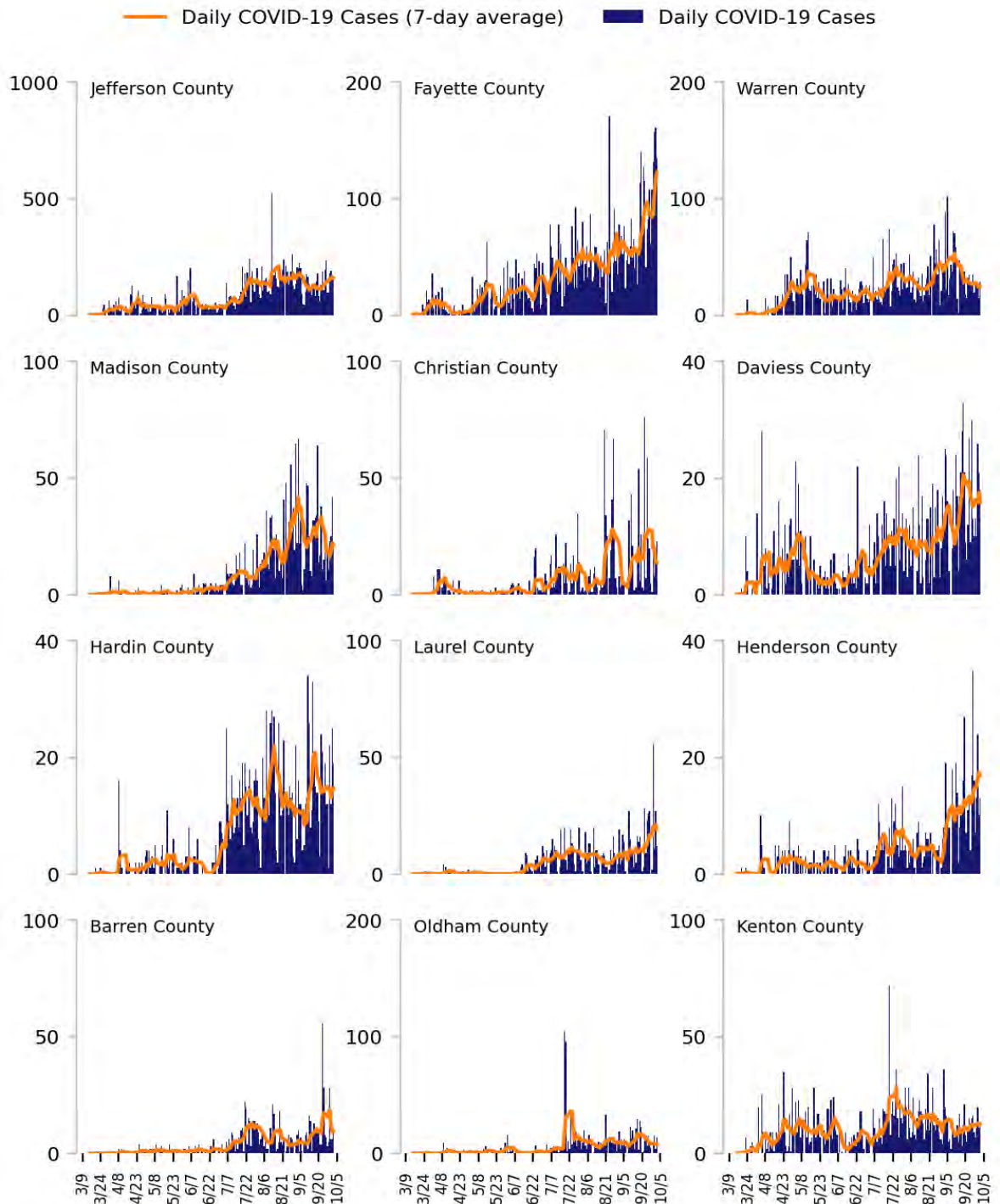
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

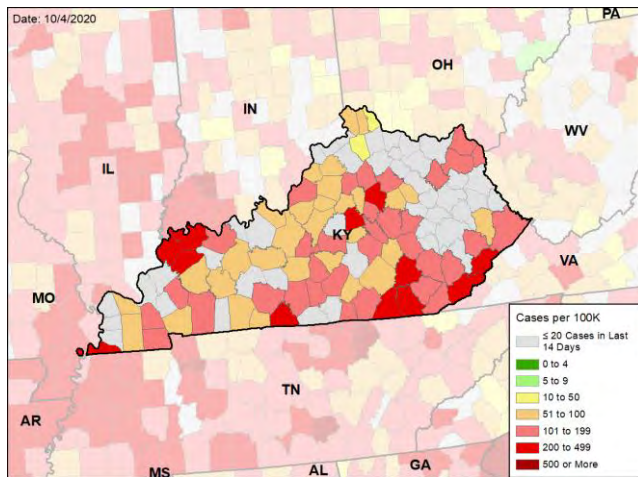


KENTUCKY

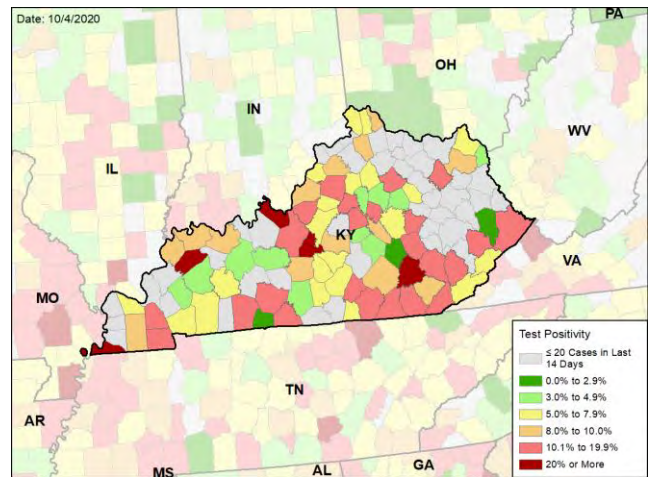
STATE REPORT | 10.04.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

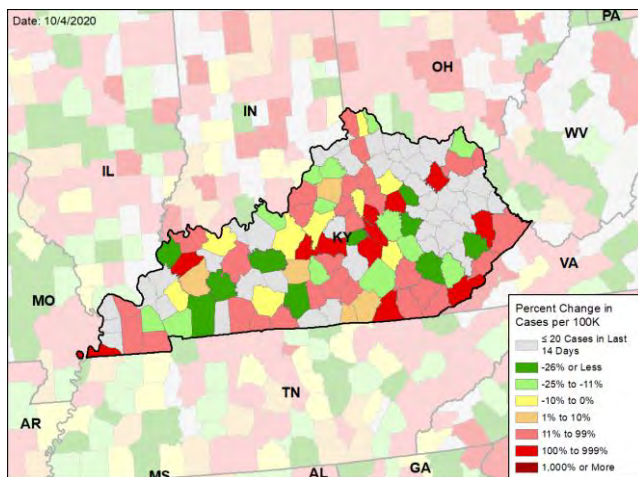
NEW CASES PER 100,000 DURING THE LAST WEEK



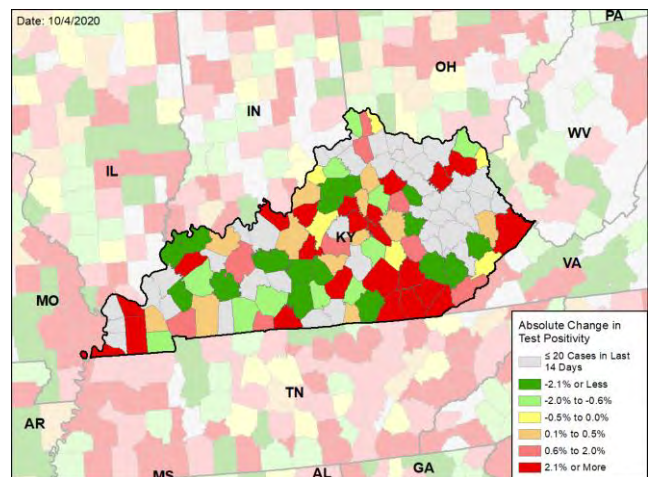
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



LOUISIANA

SUMMARY

- Louisiana is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 29th highest rate in the country. Louisiana is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 29th highest rate in the country.
- Louisiana has seen stability in new cases and stability in test positivity over the last week.
- The following three parishes had the highest number of new cases over the last 3 weeks: 1. Caddo Parish, 2. East Baton Rouge Parish, and 3. Jefferson Parish. These parishes represent 21.1% of new cases in Louisiana.
- 42% of all parishes in Louisiana have moderate or high levels of community transmission (yellow, orange, or red zones), with 3% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 14% of nursing homes had at least one new resident COVID-19 case, 20% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Louisiana had 75 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 2 to support epidemiology activities from CDC and 40 to support operations activities from USCG.
- The federal government has supported surge testing in Baton Rouge, LA and New Orleans, LA.
- Between Sep 26 - Oct 2, on average, 63 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 93% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Louisiana has made excellent progress and is sustaining the gains with continued strong mitigation efforts statewide. Ensure increased mitigation efforts in university towns to decrease spread from universities to the local community. If cases begin to increase again in 18-24 year-olds in college towns, consider potentially limiting hours or occupancy of non-seated indoor bars.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies work best when used early in the course of infection.
- For universities, would immediately consider antibody surveillance testing of both off and on campus students to establish asymptomatic infection rate during the fall. It is possible, based on the current number of symptomatic students, that 15-20% of all university students have been infected. This would provide data for the spring semester. Modeling the current total infections, impact on R1 (disease rate among those exposed), and the potential for immunization of high-risk faculty and staff may allow for increased students in classroom in the spring with full mask use.
- Mitigation efforts must continue, including mask wearing, physical distancing, hand hygiene, and avoiding crowds. Continue to expand restaurant capacity as parishes achieve green zone status and continue to evaluate bar reopenings until after restaurants are open and cases remain in the green zones.
- Continue to expand testing, including wastewater testing as used in Baton Rouge, throughout the state for early detection of silent spread with aggressive mitigation in order to prevent a surge similar to the one experienced during the summer months.
- Increase surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. Establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available this week. All antigen positive results must be reported with both the number of positive results and total tests conducted; these must be reported as COVID cases.
- Ensure all universities and colleges fully execute rapid testing and contact tracing of symptomatic students, as well as ensuring routine surveillance testing of students to find asymptomatic cases, with quick turnaround times for results, and the rapid isolation of cases and quarantine of contacts.
- Abbott BinaxNOW arrived at Historically Black Colleges and Universities to ensure rapid diagnosis and isolation of both symptomatic and asymptomatic cases.
- In preparation for fall, increase testing capacity by increasing the budget and capacity of public health labs and increase flu vaccinations.
- Ask citizens and students to limit friend and family gatherings to prevent recreating spreading events in homes, resulting in new cases and the infection of those with co-morbidities.
- Continued new nursing home staff cases must be controlled by contact tracing in the communities where the staff reside and aggressive community testing and containment in those communities.
- Expanded nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

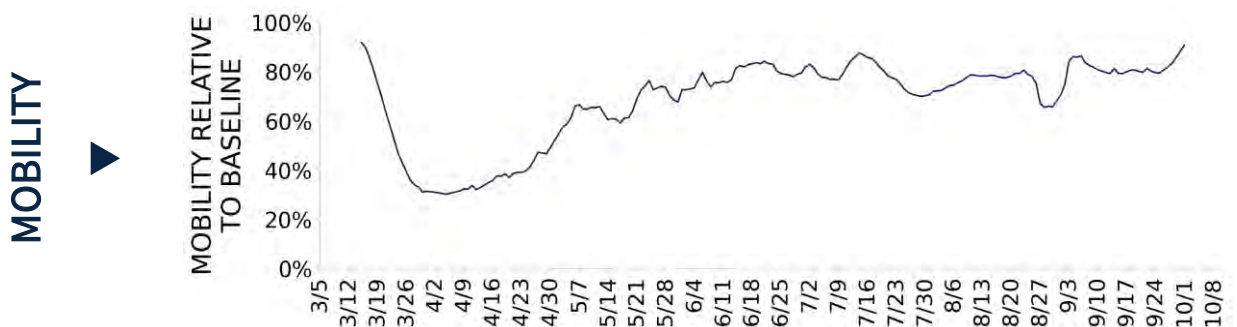




LOUISIANA

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	3,493 (75)	-4%	48,301 (113)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.4%	+0.1%*	6.0%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	95,310** (2,050)	-10%**	487,416** (1,141)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	94 (2.0)	+6%	869 (2.0)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	14% (20%)	+3%* (-2%*)	13% (23%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	-2%*	4%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a parish. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the parish level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



LOUISIANA

STATE REPORT | 10.04.2020

COVID-19 PARISH AND METRO ALERTS*

Top 12 shown in table (full lists below)

METRO AREA (CBSA) LAST WEEK

PARISH LAST WEEK

LOCALITIES IN RED ZONE	1	Ruston	2	Lincoln Allen
LOCALITIES IN ORANGE ZONE	2	Minden DeRidder	6	Ouachita Webster Claiborne De Soto Richland Beauregard
LOCALITIES IN YELLOW ZONE	9	Shreveport-Bossier City Monroe Lake Charles Hammond Natchitoches Opelousas Morgan City Bogalusa Natchez	19	Caddo Bossier Calcasieu Livingston Tangipahoa Ascension Natchitoches St. Landry Iberia St. Mary Jackson Morehouse

All Yellow Parishes: Caddo, Bossier, Calcasieu, Livingston, Tangipahoa, Ascension, Natchitoches, St. Landry, Iberia, St. Mary, Morehouse, Jackson, Washington, Union, Franklin, Evangeline, Sabine, Plaquemines, West Baton Rouge

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

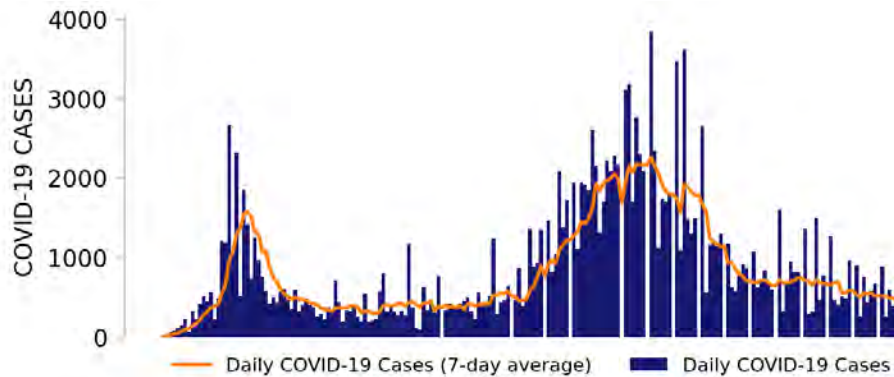
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



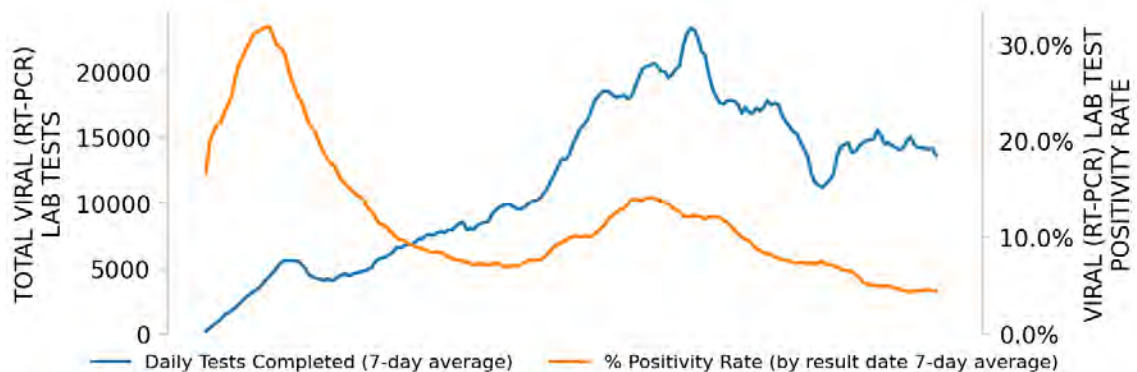
LOUISIANA

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NEW CASES

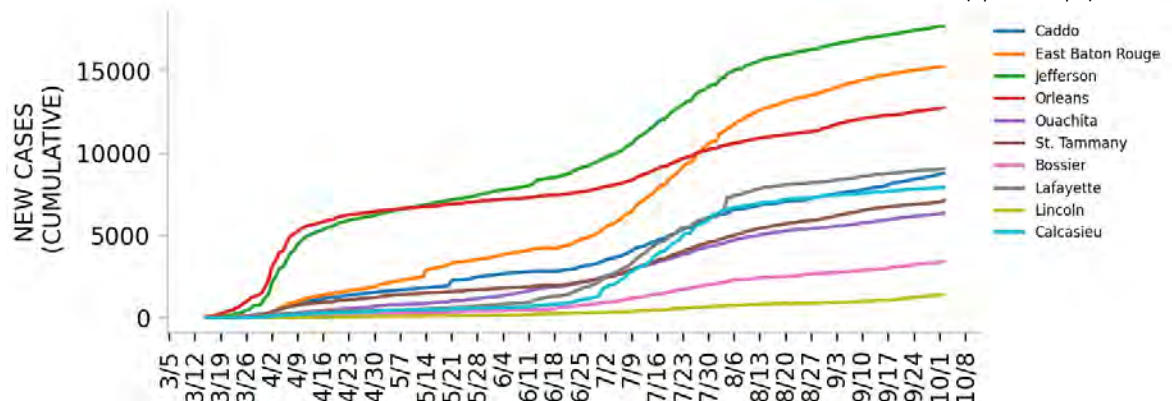


TESTING



Top parishes based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP PARISHES



DATA SOURCES – Additional data details available under METHODS

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

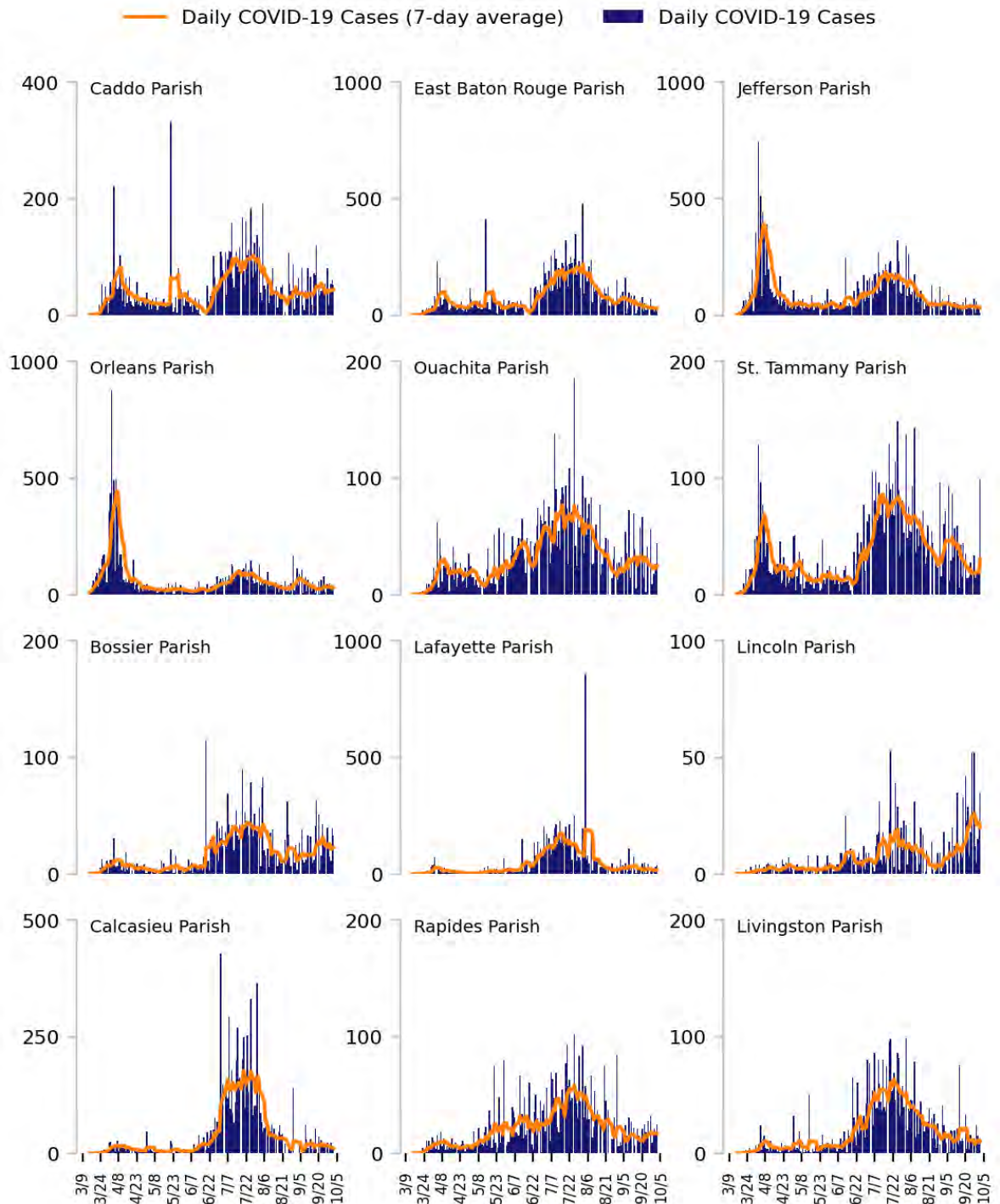
Cases: State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

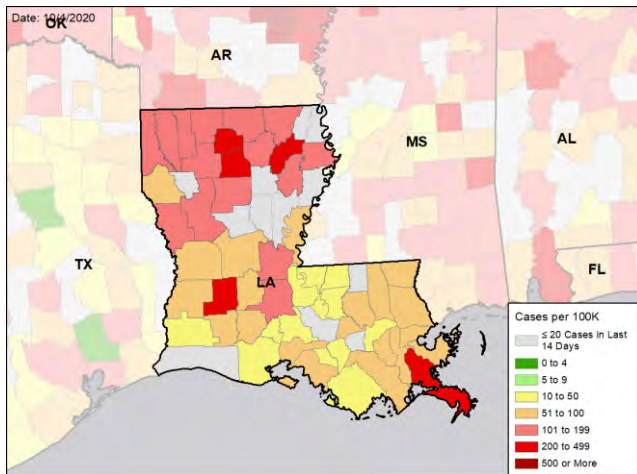


LOUISIANA

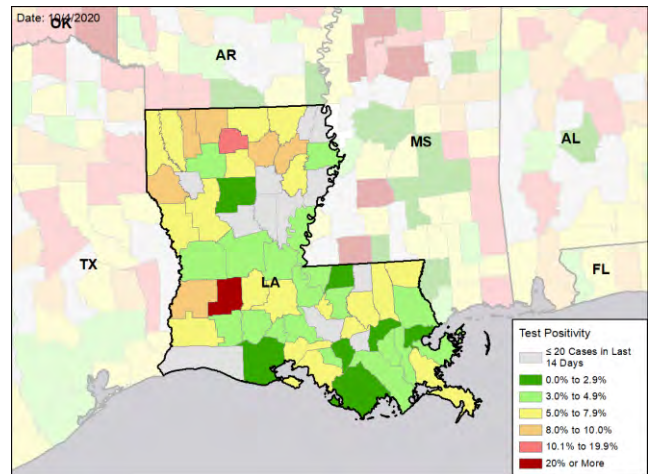
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CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

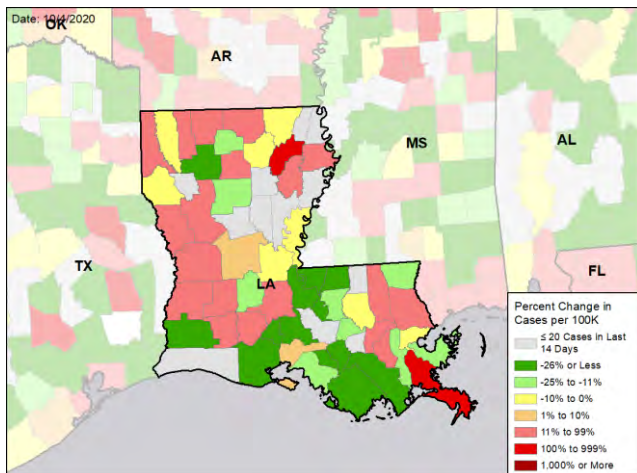
NEW CASES PER 100,000 DURING THE LAST WEEK



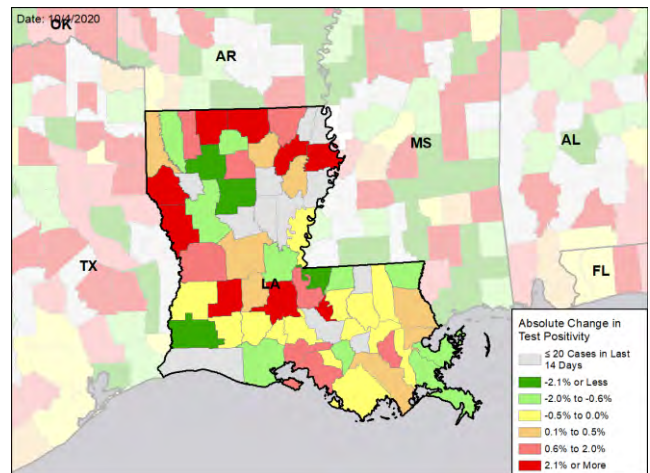
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



MAINE

STATE REPORT

10.04.2020

SUMMARY

- Maine is in the yellow zone for cases, indicating between 10 and 50 new cases per 100,000 population last week, with the 50th highest rate in the country. Maine is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 50th highest rate in the country.
- Maine has seen an increase in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. York County, 2. Androscoggin County, and 3. Cumberland County. These counties represent 73.3% of new cases in Maine.
- Lewiston-Auburn has had an increase in both case incidence and test positivity.
- No counties in Maine have moderate or high levels of community transmission (yellow, orange, or red zones).
- During the week of Sep 21 - Sep 27, 2% of nursing homes had at least one new resident COVID-19 case, 6% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death.
- Maine had 17 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 2 to support operations activities from FEMA.
- Between Sep 26 - Oct 2, on average, 1 patient with confirmed COVID-19 and 26 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Maine. An average of 89% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Maine continues to perform exceedingly well; high volume testing and sensitive surveillance is critical for maintenance of epidemic control and this will be especially important as social and retail activities move back indoors and “mitigation fatigue” sets in.
- Explore use of wastewater surveillance to enhance efficiency and reach of surveillance.
- Recent expansion of testing is likely driving statewide increase in cases. Follow test positivity for evidence of increasing transmission; for example, the increase in cases in Lewiston-Auburn is associated with increased test positivity and merits investigation.
- Continue contact tracing efforts for all cases within 48 hours of diagnosis and ensure isolation or quarantine for every case.
- Ensure all institutions of higher education (IHE) maintain adequate testing volumes and capacity to rapidly and comfortably isolate or quarantine students on campus or coordinate release of students to safe family quarantine.
- Ensure effective educational outreach to marginalized communities and those that are not compliant with community mitigation efforts, emphasizing need for renewed vigilance as activities move back indoors and risk levels increase.
- Ensure all hospital staff, especially those in rural areas, are trained on latest treatment protocols, including early use of antiviral and antibody therapy for hospitalized patients.
- Maintain efforts to control transmission at all long-term care facilities by ensuring strict adherence to CMS guidance and complete facility-wide testing for any case among staff or residents. Any nursing homes with 3 or more cases of COVID-19 per week over any of the past 3 weeks (facilities in Emmett and Burley) should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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



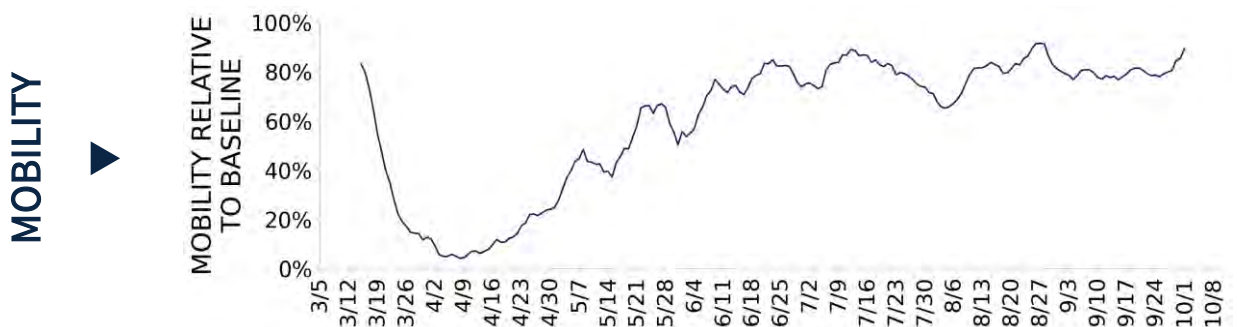
COVID-19



MAINE

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	233 (17)	+16%	7,502 (51)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	0.7%	-0.1%*	1.2%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	26,111** (1,942)	+12%**	577,782** (3,892)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	2 (0.1)	+0%	146 (1.0)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	2% (6%)	+2%* (+4%*)	3% (8%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	-1%*	1%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



MAINE

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

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

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

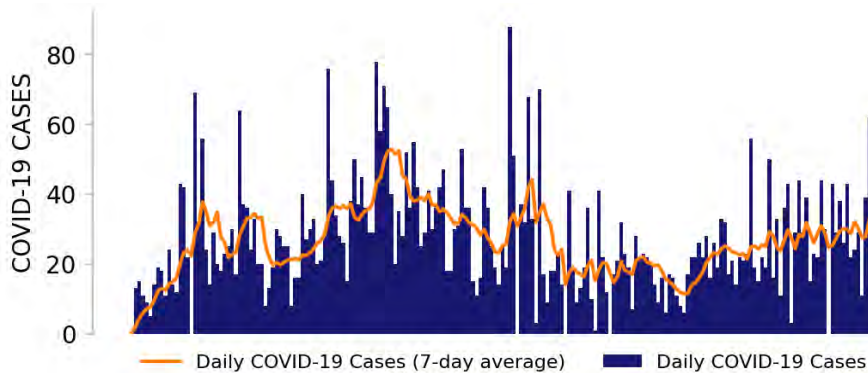
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/30/2020. Last week is 9/24 - 9/30.



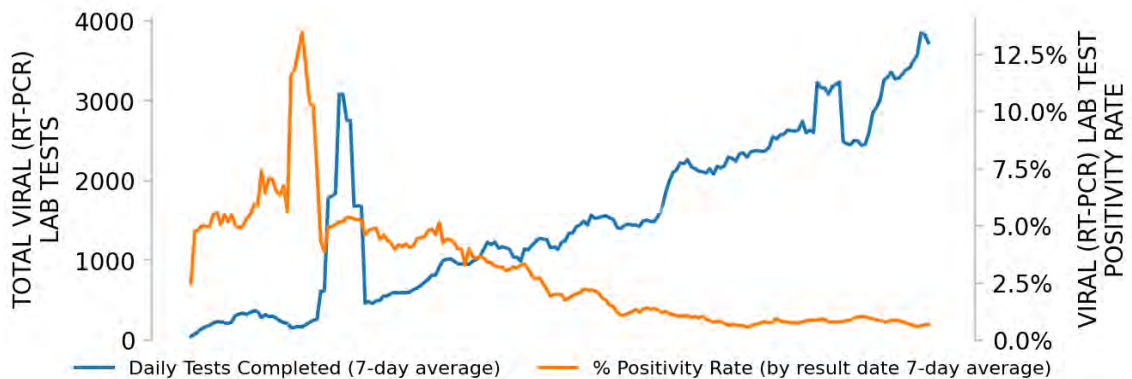
MAINE

STATE REPORT | 10.04.2020

NEW CASES

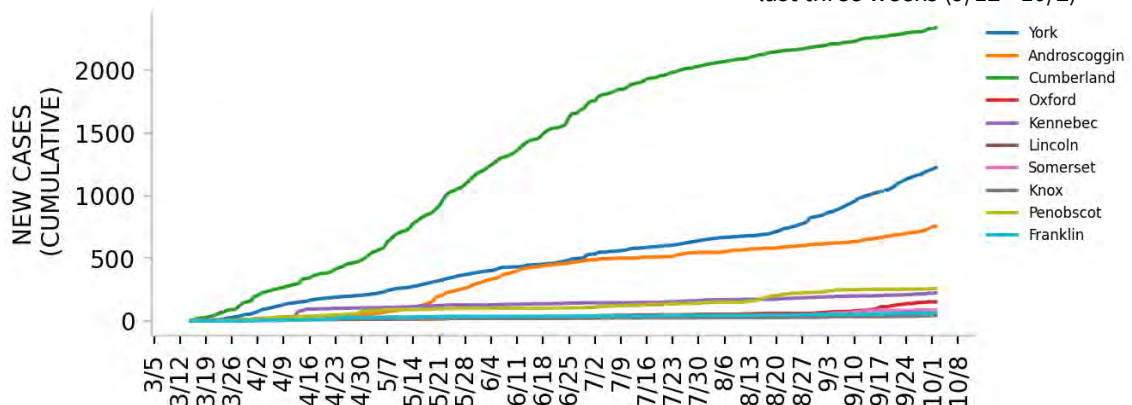


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

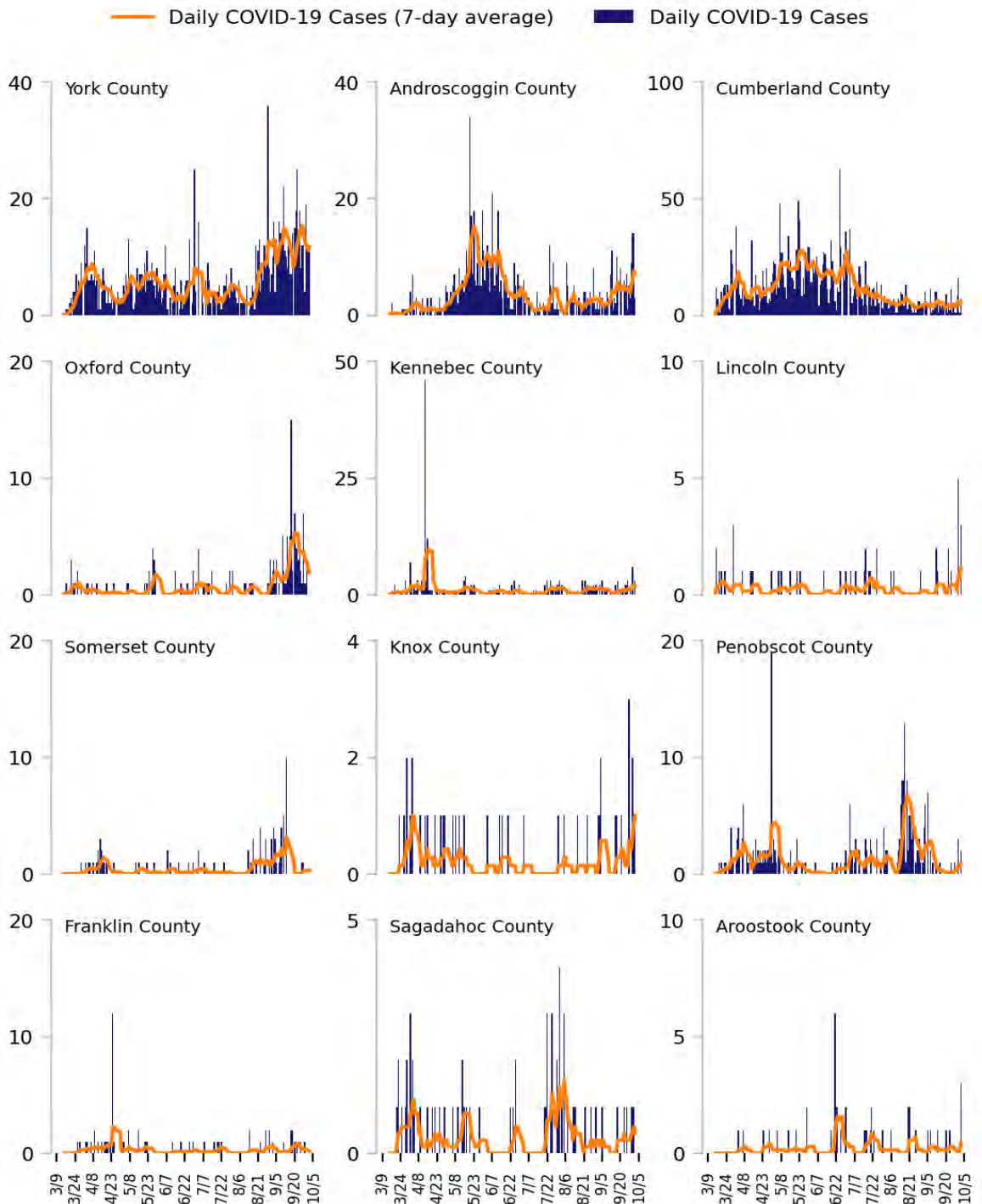
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

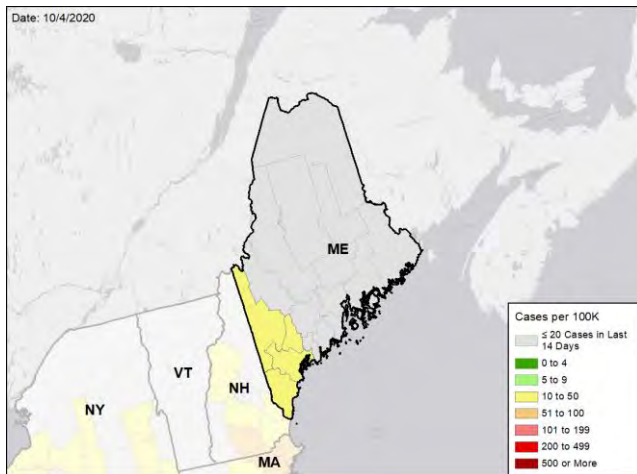


MAINE

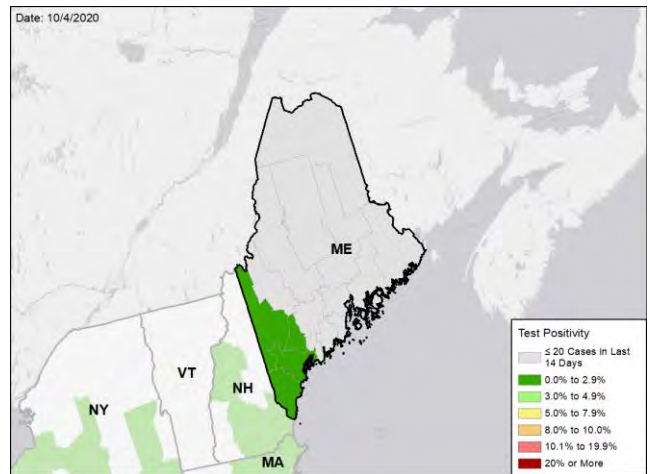
STATE REPORT | 10.04.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

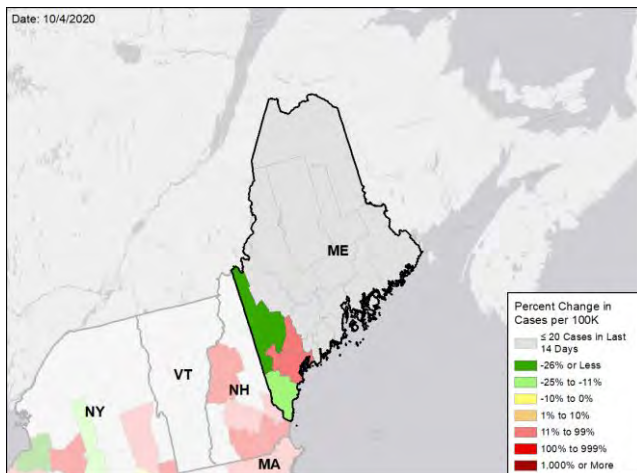
NEW CASES PER 100,000 DURING THE LAST WEEK



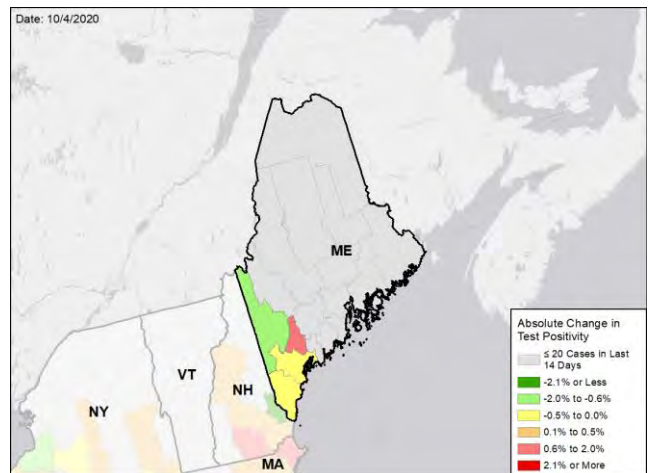
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



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

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



MARYLAND

SUMMARY

- Maryland is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 36th highest rate in the country. Maryland is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 37th highest rate in the country.
- Maryland has seen an increase in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Prince George's County, 2. Montgomery County, and 3. Baltimore County. These counties represent 50.6% of new cases in Maryland.
- Institutions of higher education (IHE): University of Maryland reported approximately 130 new cases among students and staff from testing on and off campus this week, about 20% fewer than last week.
- 4% of all counties in Maryland have moderate or high levels of community transmission (yellow, orange, or red zones), with none having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 5% of nursing homes had at least one new resident COVID-19 case, 12% had at least one new staff COVID-19 case, and 1% had at least one new resident COVID-19 death.
- Maryland had 64 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 17 to support operations activities from FEMA; 19 to support operations activities from ASPR; and 14 to support operations activities from USCG.
- Between Sep 26 - Oct 2, on average, 52 patients with confirmed COVID-19 and 272 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Maryland. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Maryland has had success in large part due to a well-developed, graduated set of social distancing measures. With the recent increase in allowed indoor retail indoor occupancy including dining, jurisdictions must maintain a vigilant posture through continued active testing and case rate monitoring and be prepared to modify practices for increasing disease activity. Case investigations must quickly establish whether venues were involved to allow more extensive testing of contacts; if multiple cases are identified, other patrons at these venues should be encouraged to be tested.
- Consider limiting hours or occupancy in non-seated indoor bars in highly targeted areas if cases continue to escalate. This may be especially important with weather conditions increasingly forcing activities indoors.
- Community transmission is frequently occurring in smaller gatherings of family and friends where masking and social distancing recommendations are not followed. With outdoor temperatures cooling, recommend increased targeted messages and recommendations on safety measures to follow to prevent spread of COVID-19 at home gatherings, especially given the element of mitigation "fatigue."
- Implement a plan to increase surveillance using the Abbott BinaxNOW and other rapid tests as supplies arrive to protect the elderly and other vulnerable populations and to increase situational awareness of community spread. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. Elevated rates of infection among these front-line workers indicate significant transmission in their communities and those transmission settings must be identified and mitigated.
- The intense transmission among young adults at IHEs requires intensified local measures to prevent spread of transmission to the broader community. Encourage jurisdictions with IHEs to more strictly limit bar and restaurant alcohol sales and indoor dining, beyond the current state level, especially in localized areas where students gather.
- Antiviral therapies for hospitalized COVID patients should be given early in their course while viral replication is high.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov/covid19/).

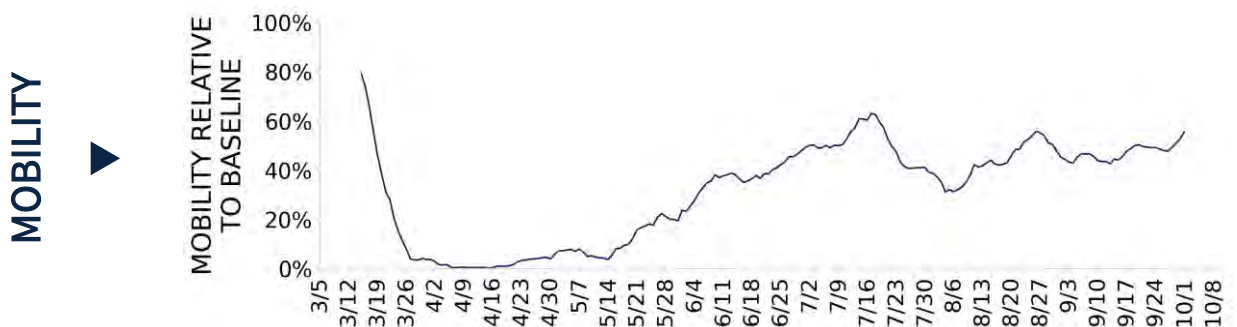




MARYLAND

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	3,863 (64)	+17%	18,655 (60)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.7%	+0.5%*	4.2%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	163,676** (2,707)	-11%**	565,403** (1,832)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	37 (0.6)	-21%	292 (0.9)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	5% (12%)	-4%* (-2%*)	8% (14%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	+0%*	3%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.

Mobility: Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



MARYLAND

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

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

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

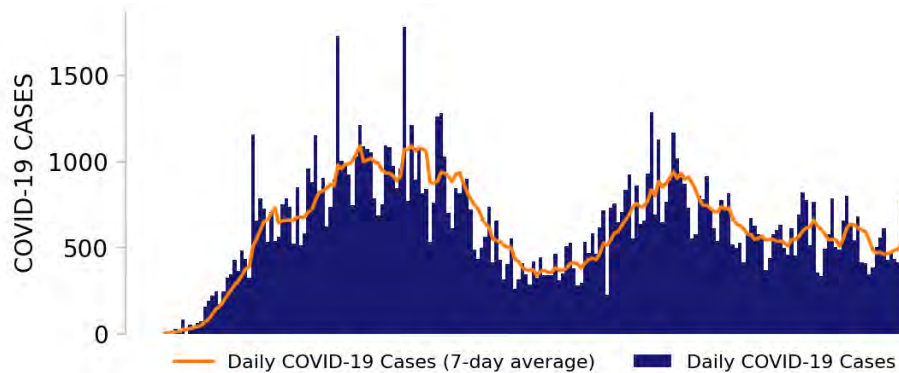
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



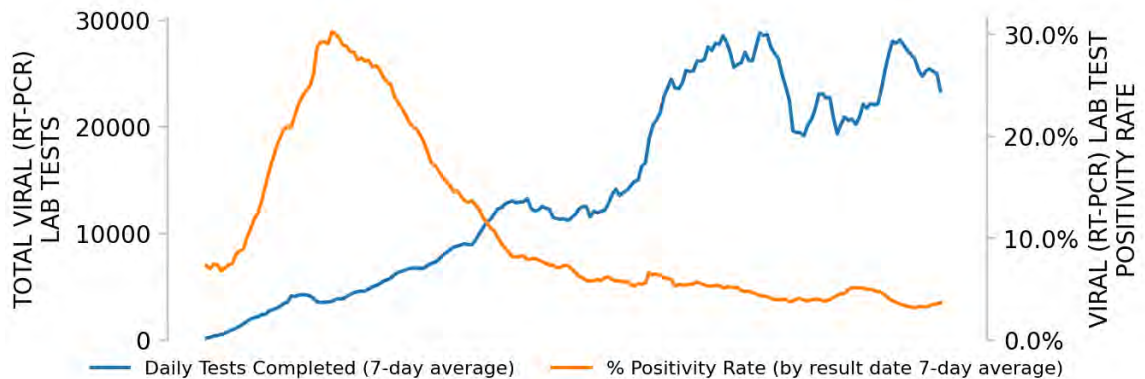
MARYLAND

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NEW CASES

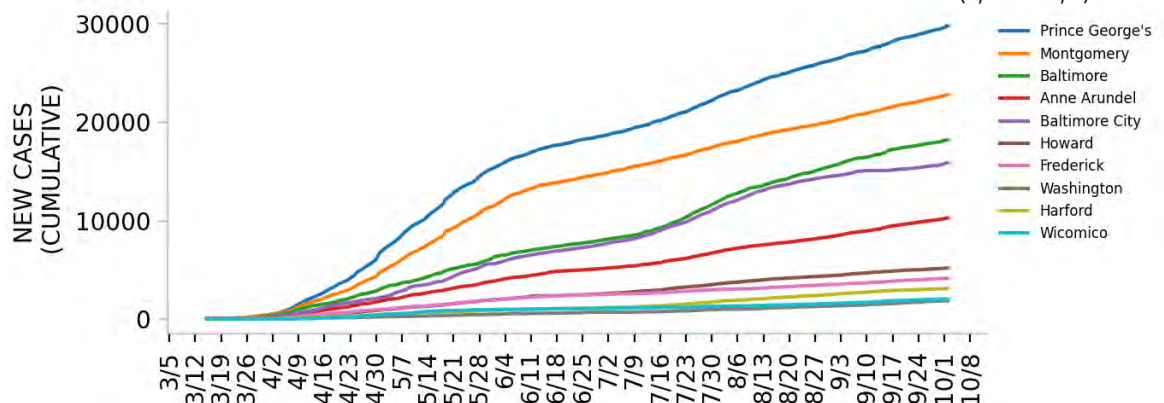


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

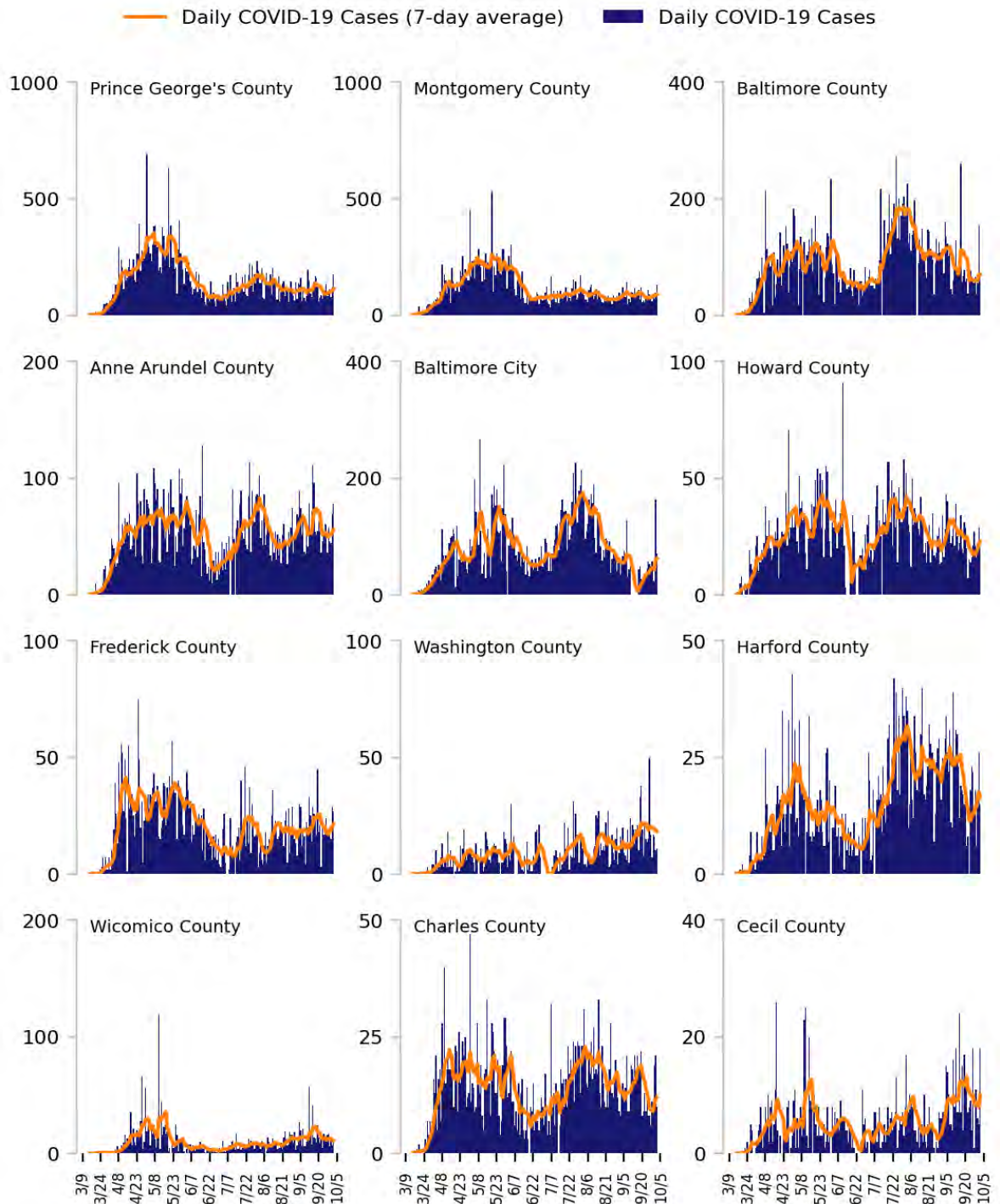
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

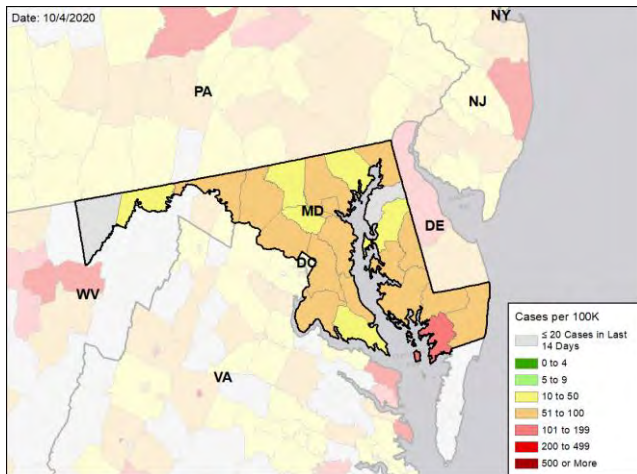


MARYLAND

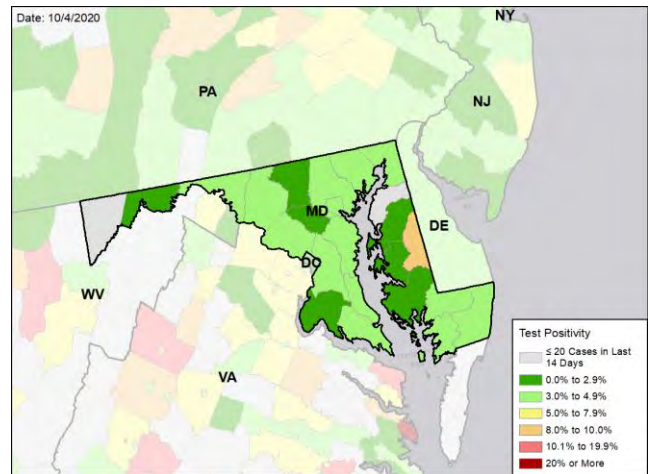
STATE REPORT | 10.04.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

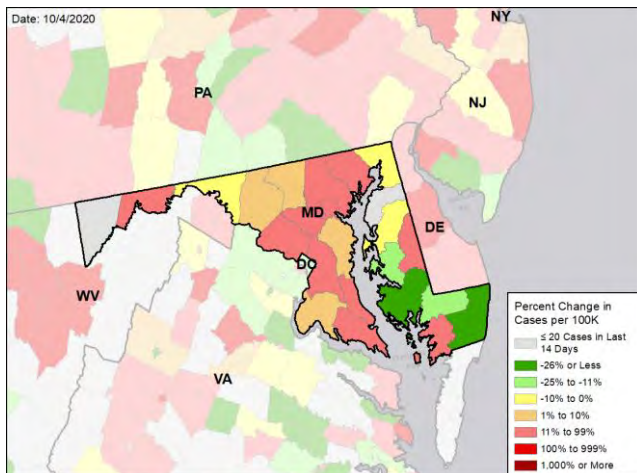
NEW CASES PER 100,000 DURING THE LAST WEEK



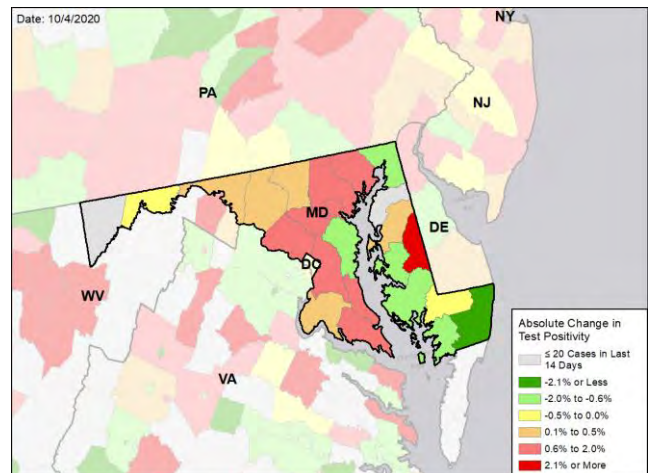
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



MASSACHUSETTS

SUMMARY

- Massachusetts is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 38th highest rate in the country. Massachusetts is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 48th highest rate in the country.
- Massachusetts has seen an increase in new cases and slight increase in test positivity over the last week in the context of stable or slightly decreased testing (as of most recent report).
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Middlesex County, 2. Suffolk County, and 3. Essex County. These counties represent 55.1% of new cases in Massachusetts.
- Essex, Plymouth, Barnstable, and Nantucket counties had the highest overall increases in test positivity this past week; but majority of counties had very slight increases.
- 7% of all counties in Massachusetts have moderate or high levels of community transmission (yellow, orange, or red zones), with none having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 3% of nursing homes had at least one new resident COVID-19 case, 6% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death.
- Massachusetts had 60 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 109 to support operations activities from FEMA; 3 to support operations activities from ASPR; 19 to support operations activities from USCG; and 1 to support operations activities from VA.
- Between Sep 26 - Oct 2, on average, 34 patients with confirmed COVID-19 and 132 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Massachusetts. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Colder weather and family gatherings are likely driving the most recent increases in transmission; maintaining high level testing will be critical, especially as the majority of activities move indoors and more people are exposed.
- Continue to follow incidence and test positivity closely at the local level and intensify community mitigation efforts, or enforcement of them, as needed to stem transmission; monitor and enforce adherence to face coverings and social distancing, especially in Boston-Cambridge area. Investigate recent increase in incidence and test positivity in Nantucket County.
- Continue to closely monitor hospital utilization, resources, and capacity at the local level and put data on state website as part of educational campaigns. Ensure all hospital staff, especially those in rural areas, are trained on latest treatment protocols, including early use of antiviral and antibody therapy for hospitalized patients.
- Ensure all institutions of higher education (IHEs) are conducting vigorous testing and have sufficient capacity for ongoing surveillance; require all IHEs to post testing and result data online and to describe specific activities they will take in the event of an increase in transmission. Ensure all IHEs have sufficient capacity to rapidly and comfortably isolate or quarantine students on campus or coordinate release of students to safe family quarantine; in-person IHEs should plan for possible increase in cases.
- Intensify public health messaging to reinvigorate commitment to community mitigation efforts as weather turns colder; continue regular outreach to retail, restaurant, and bar owners in college communities regarding enforcement of mitigation efforts and limitations on occupancy.
- Explore opportunities to implement and expand wastewater surveillance to enhance efficiency and reach of surveillance.
- Using antigen tests or other rapid testing, expand regular surveillance of critical staff who are at-risk for infection, such as teachers, clinic staff and staff working at long-term care facilities (LTCFs) and other congregate living settings, prisoners and prison staff, public transportation workers, and first responders.
- Ensure testing is widely accessible to marginalized populations, including those experiencing homelessness and those living in congregate settings, and ensure positive cases have prompt contact tracing.
- Maintain strict adherence to CMS guidance for testing and mitigation at LTCFs, ensure facility-wide testing for any newly diagnosed resident or staff.
- Any nursing homes with 3 or more cases of COVID among staff and/or residents per week over any of the past 3 weeks (facilities in Wrentham and New Bedford) should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

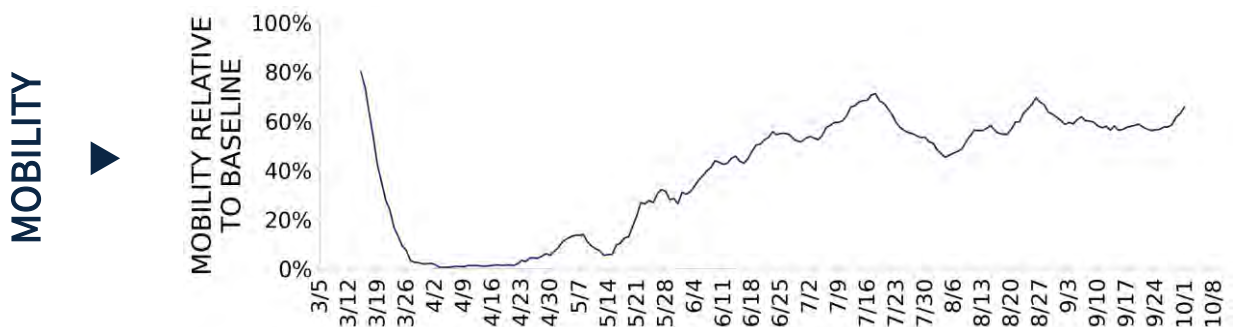




MASSACHUSETTS

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	4,138 (60)	+40%	7,502 (51)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.1%	+0.4%*	1.2%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	395,829** (5,743)	-22%**	577,782** (3,892)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	118 (1.7)	+15%	146 (1.0)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	3% (6%)	+0%* (-4%*)	3% (8%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	-1%*	1%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



MASSACHUSETTS

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

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

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

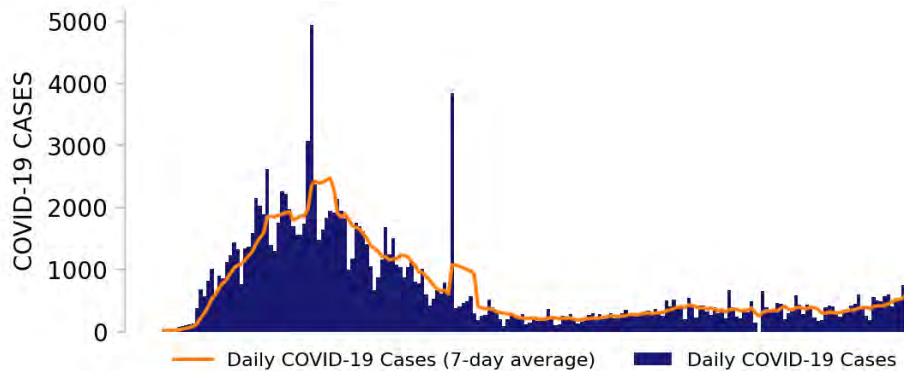
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



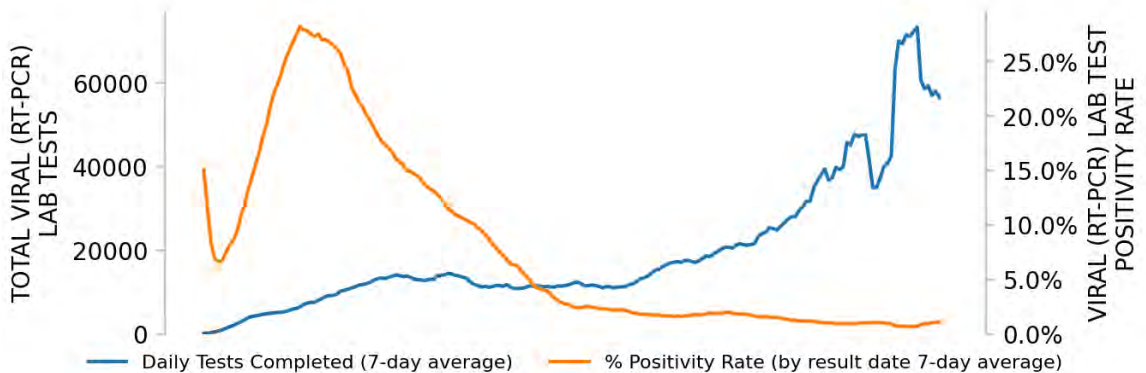
MASSACHUSETTS

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NEW CASES

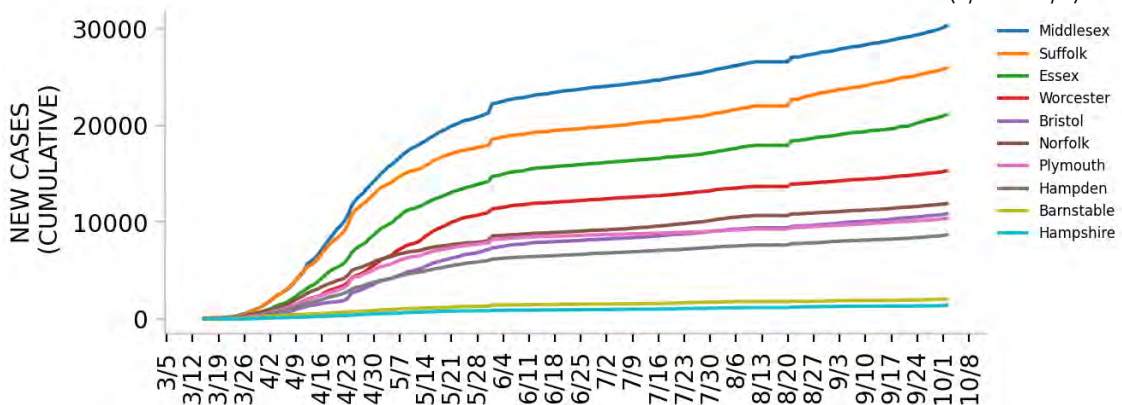


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

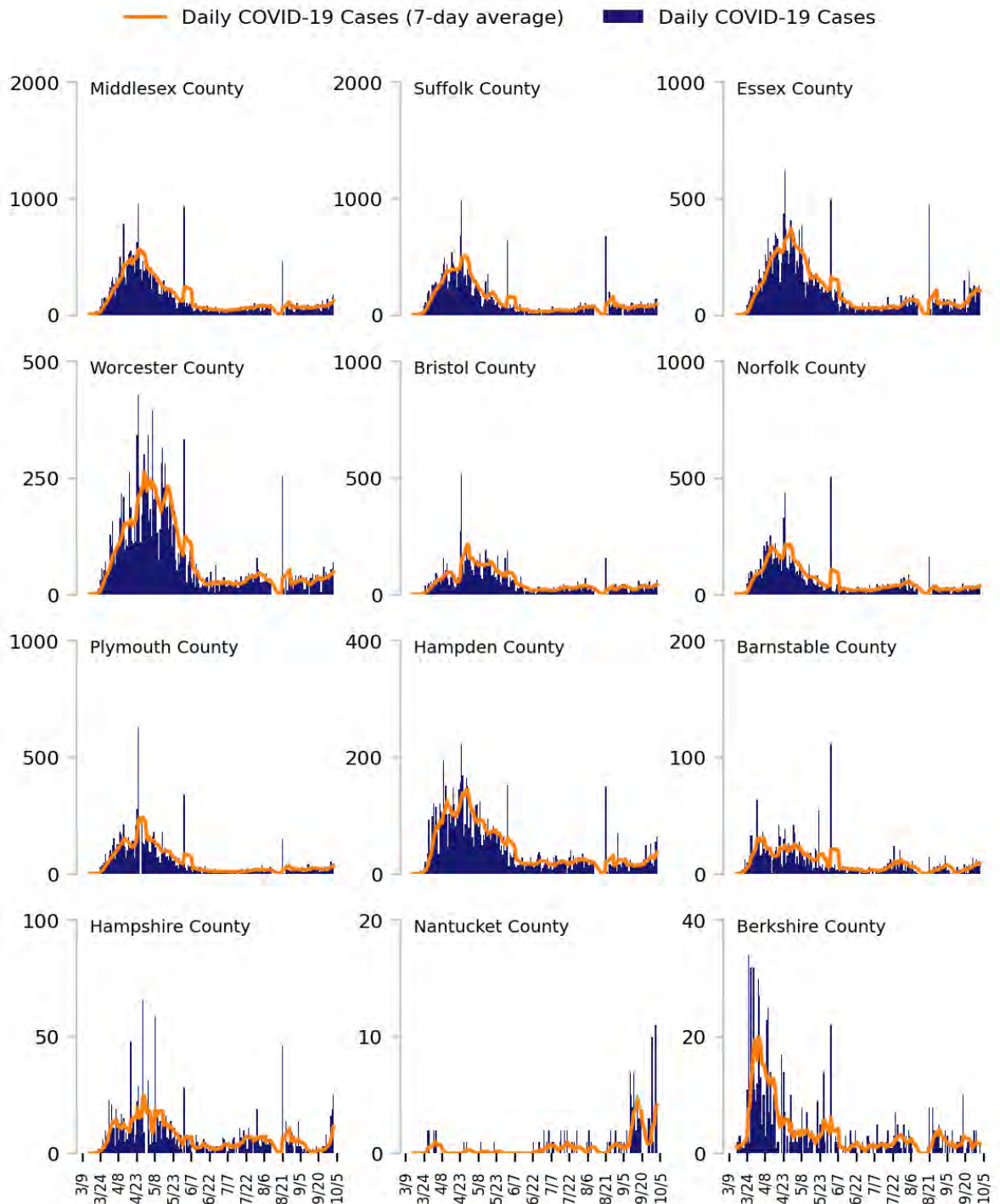
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

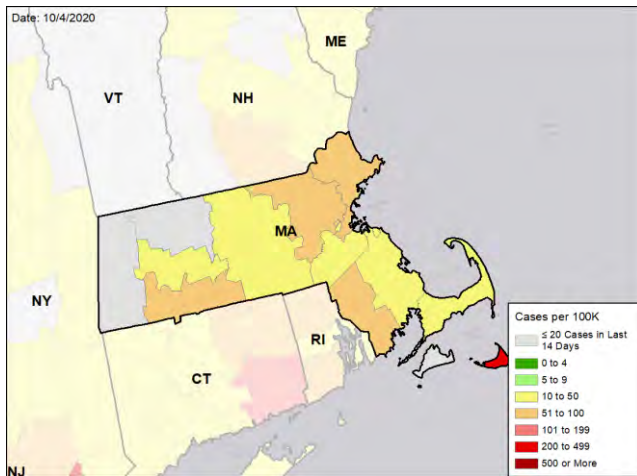


MASSACHUSETTS

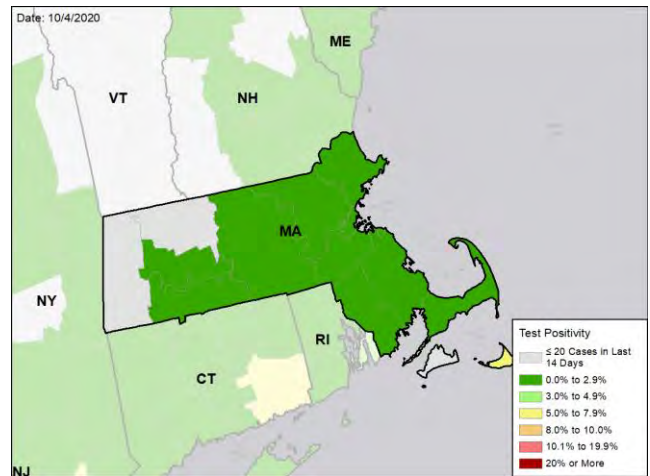
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CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

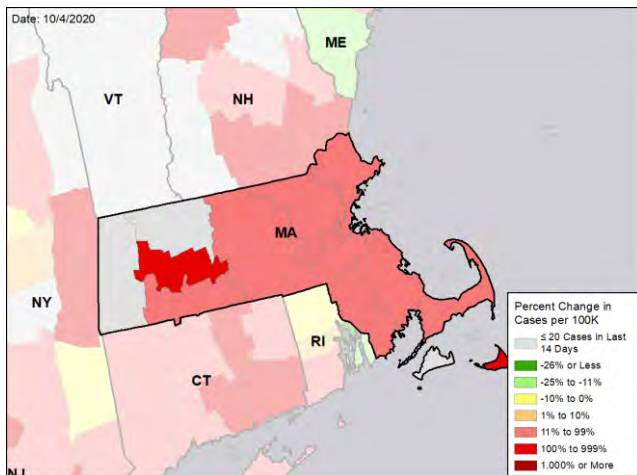
NEW CASES PER 100,000 DURING THE LAST WEEK



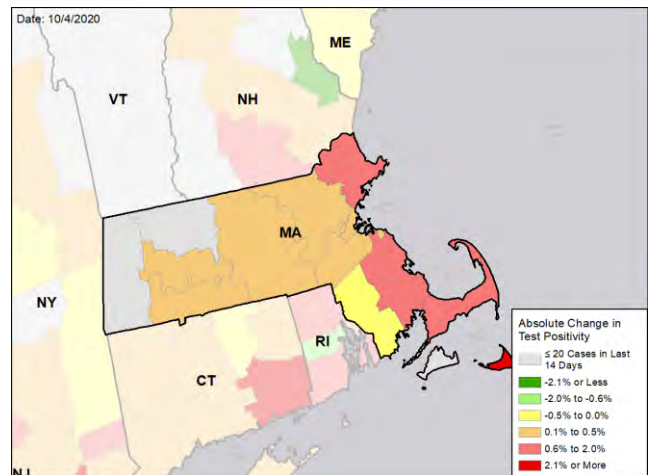
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



MICHIGAN

SUMMARY

- Michigan continues to have success in controlling COVID-19 despite large increases in cases in the upper Midwest but is seeing sustained outbreaks in the Upper Peninsula. Michigan is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 35th highest rate in the country. Michigan is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 36th highest rate in the country.
- Michigan has seen an increase in new cases and stability in test positivity over the last week. Hospitalizations have increased.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Wayne County, 2. Oakland County, and 3. Kent County. These counties represent 32.2% of new cases in Michigan. Multiple counties in the western Upper Peninsula report high and increasing cases in outbreaks that followed the upsurge of cases in a neighboring state; additional UP counties extending to the Mackinac Bridge are now reporting increased cases.
- 17% of all counties in Michigan have moderate or high levels of community transmission (yellow, orange, or red zones), with 2% having high levels of community transmission (red zone).
- Mitigation: Governor Whitmer extended the State of Emergency until October 27. However, the State Supreme Court this week ruled the underlying statute invalid.
- During the week of Sep 21 - Sep 27, 5% of nursing homes had at least one new resident COVID-19 case, 19% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- Michigan had 66 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 12 to support operations activities from FEMA; 7 to support operations activities from USCG; and 1 to support operations activities from VA.
- Between Sep 26 - Oct 2, on average, 64 patients with confirmed COVID-19 and 113 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Michigan. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Michigan has been very successful with limiting transmission and disease due to a well-designed set of graded mitigation measures and enhanced disease control capacity including expanded testing. The Upper Peninsula outbreaks are concerning given the limited healthcare resources in the region and evidence for continuing spread into the state. Recommend continuing to surge additional testing capacity and applying localized increased mitigation measures to control transmission as quickly as possible.
- Recommend maintaining restrictions on indoor gathering sizes to help limit transmission events that disproportionately contribute to maintaining epidemic spread. This may be especially important with weather conditions increasingly forcing activities indoors and with the increasing number of cases indicating more highly infectious individuals are in the community.
- The intense transmission among young adults at institutions of higher education (IHE) requires intensified local measures to prevent spread of transmission to the broader community. Encourage jurisdictions with IHEs to more strictly limit bar and restaurant alcohol sales and indoor dining, beyond the current state level, especially in localized areas where students gather.
- Recruit college and university students to expand public health messaging and contact tracing capacity and ensure protection of local communities by strict mask wearing and social distancing especially when off campus.
- Community transmission is frequently occurring in smaller gatherings of family and friends where masking and social distancing recommendations are not followed. With outdoor temperatures cooling, recommend increased targeted messages and recommendations on safety measures to follow to prevent spread of COVID-19 at home gatherings, especially given the element of mitigation "fatigue."
- Implement a plan to increase surveillance using the Abbott BinaxNOW and other rapid tests as supplies arrive to protect the elderly and other vulnerable populations and to increase situational awareness of community spread. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. Elevated rates of infection among these front-line workers indicate significant transmission in their communities and those transmission settings must be identified and mitigated.
- Antiviral therapies for hospitalized COVID-19 patients should be given early in their course while viral replication is high.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).

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

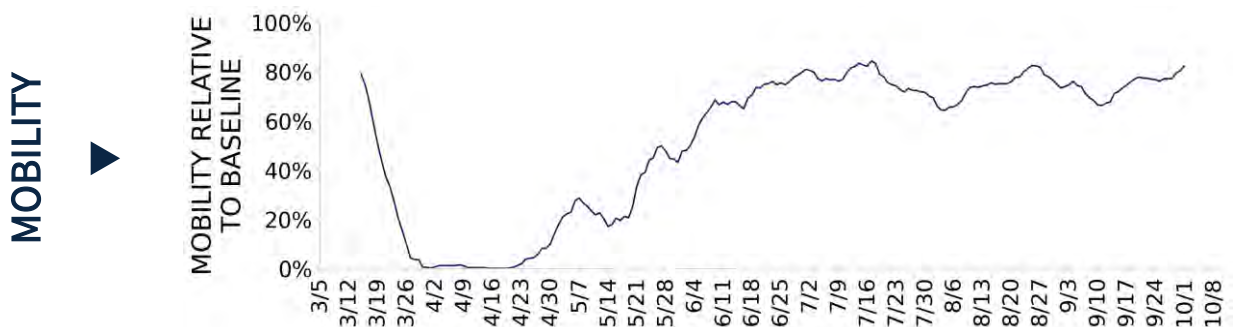




MICHIGAN

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	6,618 (66)	+12%	60,376 (115)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.7%	+0.5%*	5.3%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	233,173** (2,335)	+9%**	1,364,489** (2,597)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	82 (0.8)	+15%	671 (1.3)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	5% (19%)	+0%* (+6%*)	8% (19%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	+1%*	3%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



MICHIGAN

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	2	Escanaba Marinette	1	Delta
LOCALITIES IN ORANGE ZONE	0	N/A	1	Iron
LOCALITIES IN YELLOW ZONE	7	Kalamazoo-Portage Flint Houghton Battle Creek South Bend-Mishawaka Sturgis Iron Mountain	12	Macomb Kalamazoo Genesee Calhoun Houghton Menominee Cass St. Joseph Dickinson St. Clair Iosco Mackinac

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

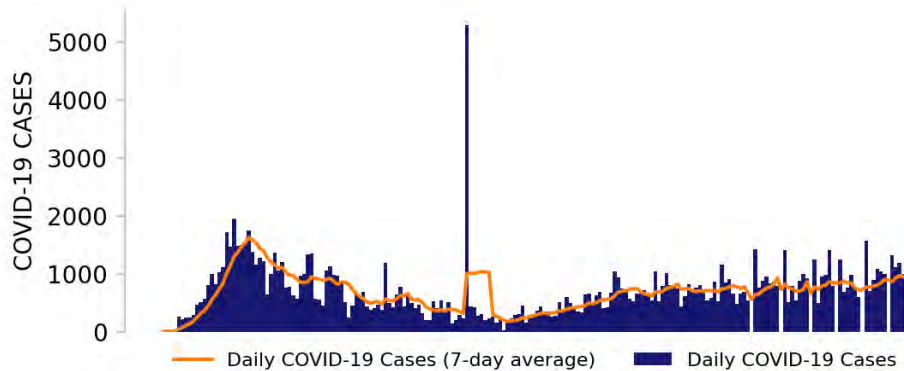
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



MICHIGAN

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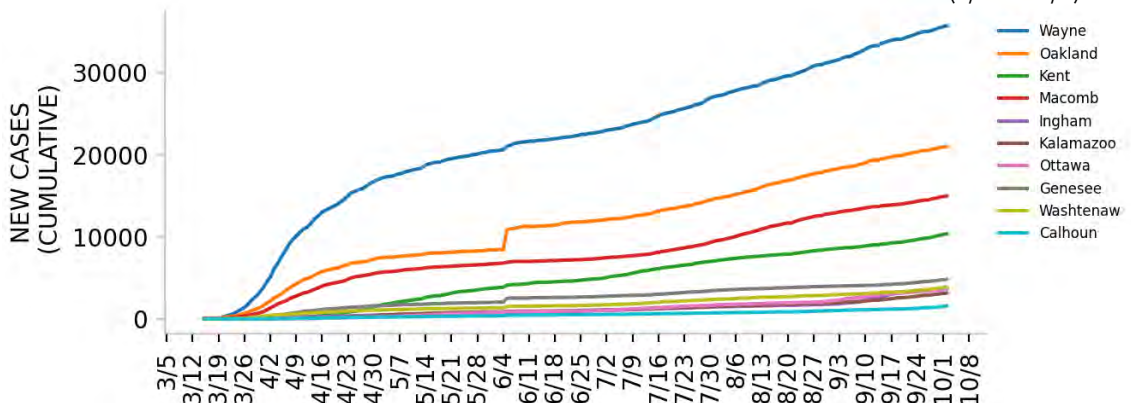
NEW CASES



TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)



DATA SOURCES – Additional data details available under METHODS

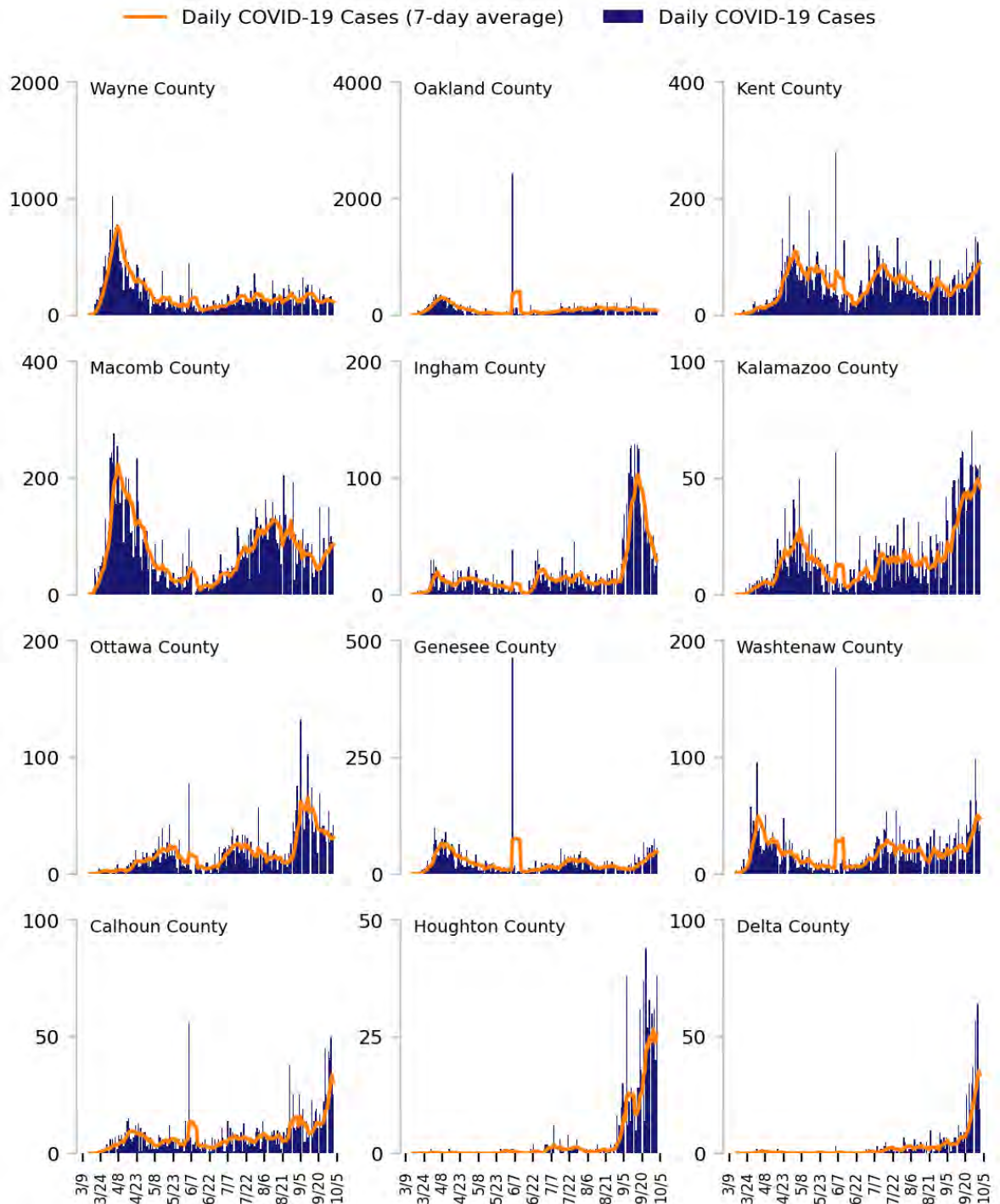
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

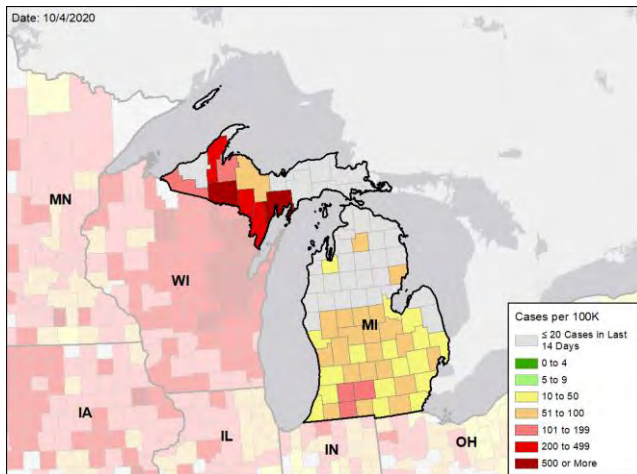


MICHIGAN

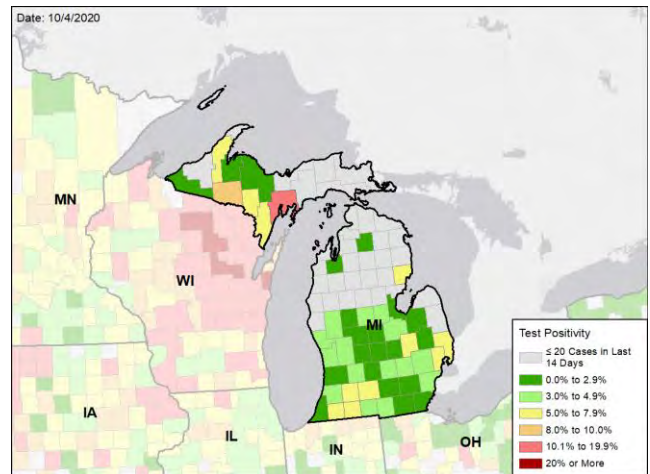
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CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

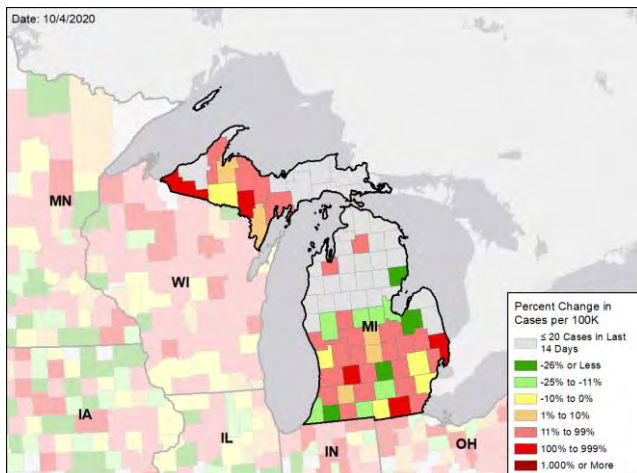
NEW CASES PER 100,000 DURING THE LAST WEEK



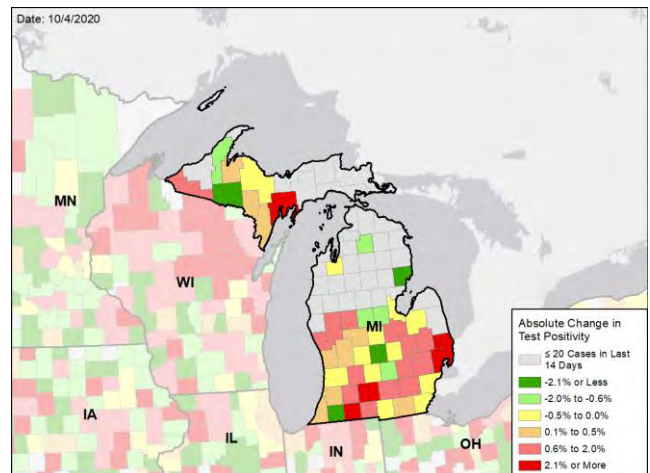
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



MINNESOTA

SUMMARY

- Minnesota is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 15th highest rate in the country. Minnesota is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 25th highest rate in the country.
- Minnesota has seen an increase in new cases and stability in test positivity over the last week.
- Viral transmission continues at high levels across the state. The following three counties had the highest number of new cases over the last 3 weeks: 1. Hennepin County, 2. Ramsey County, and 3. Anoka County. These counties represent 34.8% of new cases in Minnesota. The large majority of counties throughout the state have incidence rates of greater than 100 cases per 100,000 population. Much of the transmission has been found to be in small gatherings among family and friends.
- 54% of all counties in Minnesota have moderate or high levels of community transmission (yellow, orange, or red zone), with 6% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 8% of nursing homes had at least one new resident COVID-19 case, 26% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death.
- Minnesota had 127 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 8 to support operations activities from FEMA and 1 to support operations activities from USCG.
- Between Sep 26 - Oct 2, on average, 55 patients with confirmed COVID-19 and 80 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Minnesota. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Minnesota has had success previously with limiting transmission and disease with graduated mitigation measures and enhanced disease control capacity including expanded testing and contact tracing. The current surge will require efforts to enhance observation of mitigation measures among the community as well as targeted enhanced mitigation.
- Recommend maintaining restrictions on indoor gathering sizes to help limit transmission events that disproportionately contribute to maintaining epidemic spread. This will be especially important with weather conditions increasingly forcing activities indoors and with the increasing number of cases indicating more highly infectious individuals are in the community.
- Community transmission is frequently occurring in smaller gatherings of family and friends where masking and social distancing recommendations are not followed. With outdoor temperatures cooling, recommend increased targeted messages and recommendations on safety measures to follow to prevent spread of COVID-19 at home gatherings, especially given the element of mitigation “fatigue.”
- The potential for intense transmission among young adults at institutions of higher education (IHE) requires intensified local measures to prevent spread of transmission to the broader community. Encourage jurisdictions with IHEs to more strictly limit bar and restaurant alcohol sales and indoor dining beyond the current state level, especially in localized areas where students gather.
- Recruit college and university students to expand public health messaging and contact tracing capacity and ensure protection of local communities by strict mask wearing and social distancing especially when off campus.
- Implement a plan to increase surveillance using the Abbott BinaxNOW and other rapid tests as supplies arrive to protect the elderly and other vulnerable populations and to increase situational awareness of community spread. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. Elevated rates of infection among these front-line workers indicate significant transmission in their communities and those transmission settings must be identified and mitigated.
- Antiviral therapies for hospitalized COVID patients should be given early in their course while viral replication is high.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

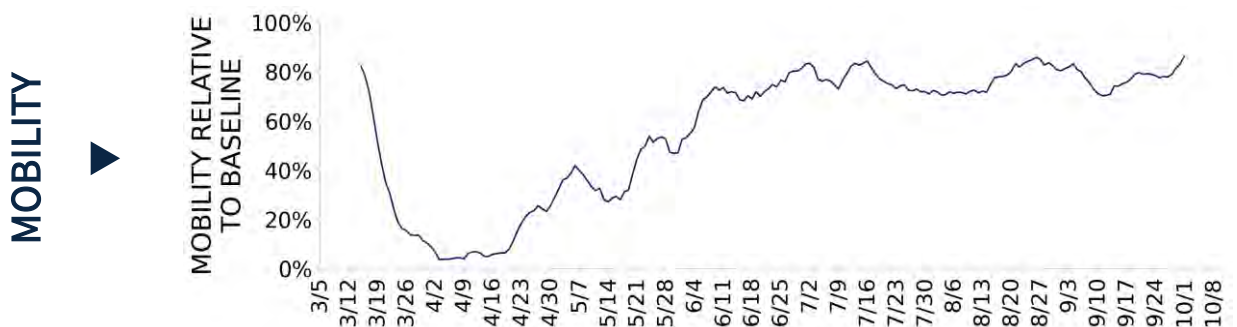




MINNESOTA

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	7,174 (127)	+12%	60,376 (115)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.7%	-0.4%*	5.3%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	197,769** (3,507)	+13%**	1,364,489** (2,597)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	66 (1.2)	+50%	671 (1.3)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	8% (26%)	+0%* (+0%*)	8% (19%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	+0%*	3%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



MINNESOTA

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

METRO AREA (CBSA) LAST WEEK

COUNTY LAST WEEK

LOCALITIES IN RED ZONE	1	Fairmont	5	Martin Kanabec Pipestone Wilkin Norman
LOCALITIES IN ORANGE ZONE	4	Brainerd Willmar Alexandria Marshall	11	Anoka Clay Crow Wing Kandiyohi Douglas Lyon Morrison Isanti Redwood Hubbard Murray
LOCALITIES IN YELLOW ZONE	12	Minneapolis-St. Paul-Bloomington Duluth St. Cloud Rochester Fargo Winona Bemidji Grand Forks Hutchinson Worthington La Crosse-Onalaska Wahpeton	31	Hennepin Ramsey Dakota St. Louis Stearns Washington Scott Wright Winona Carver Pine Chisago

All Yellow Counties: Hennepin, Ramsey, Dakota, St. Louis, Stearns, Washington, Scott, Wright, Winona, Carver, Pine, Chisago, Beltrami, Benton, Dodge, McLeod, Nicollet, Cass, Nobles, Yellow Medicine, Chippewa, Wabasha, Renville, Fillmore, Jackson, Mille Lacs, Todd, Lac qui Parle, Sibley, Stevens, Aitkin

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

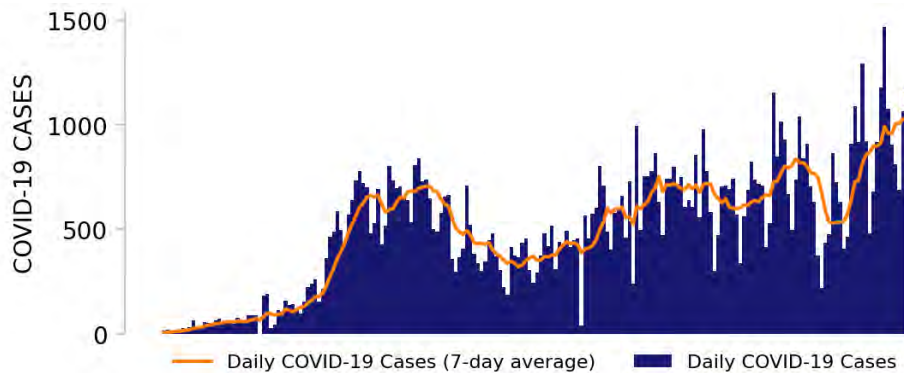
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



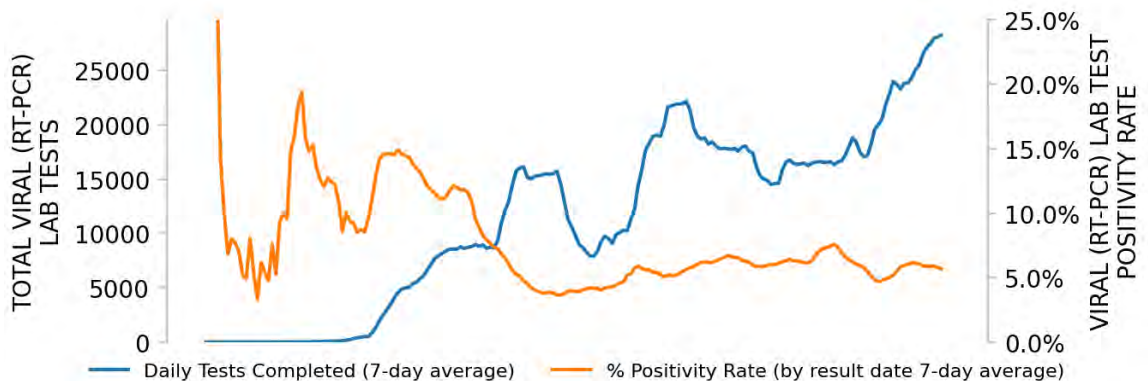
MINNESOTA

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NEW CASES

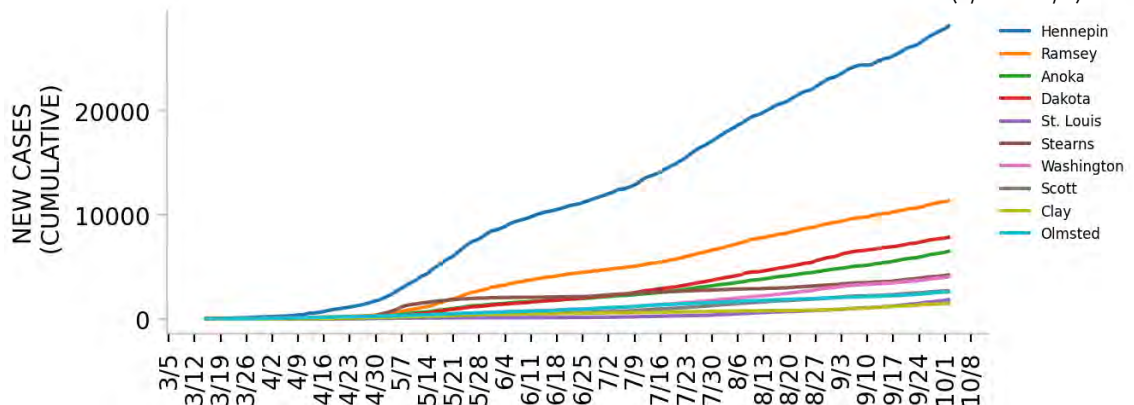


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

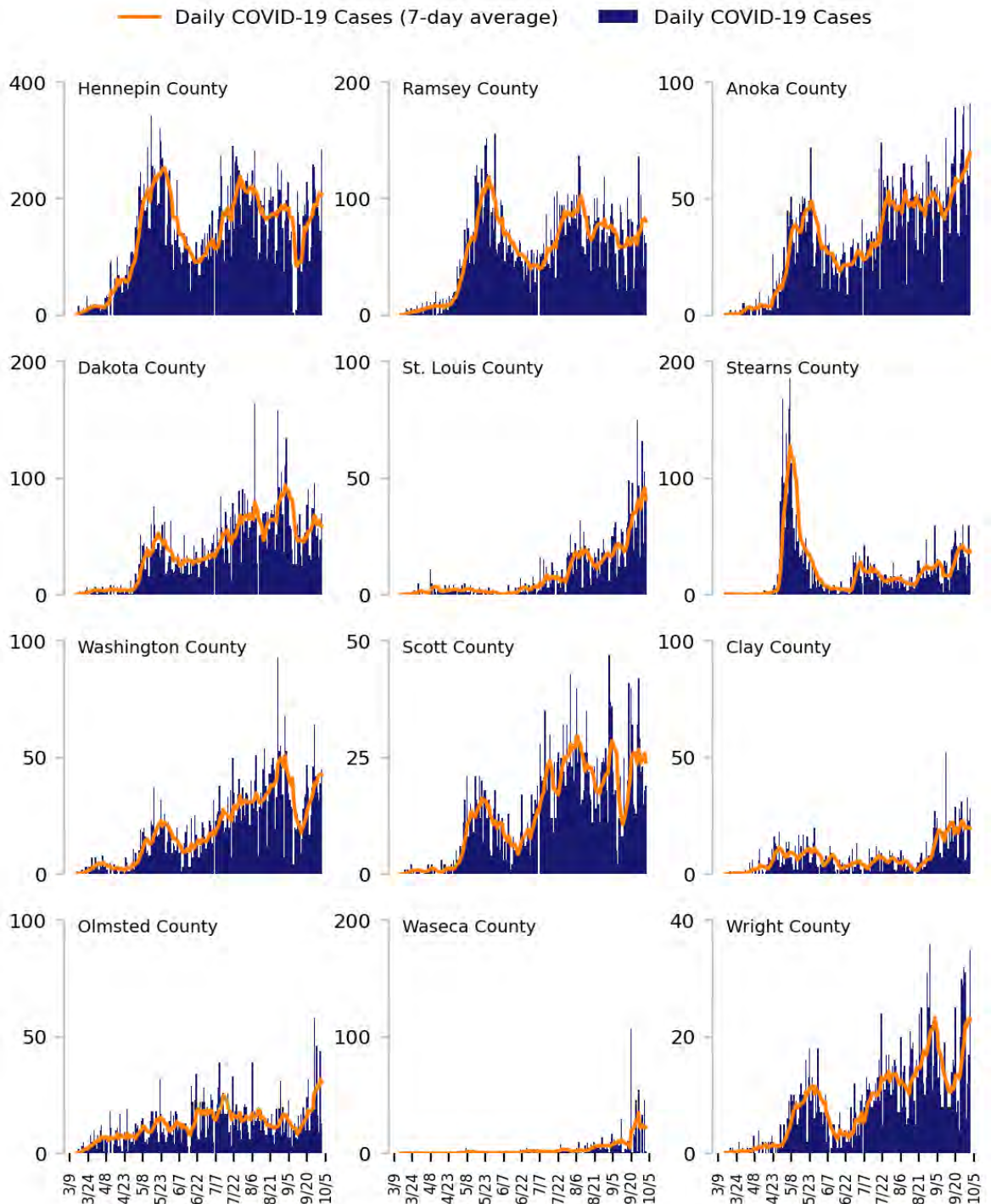
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

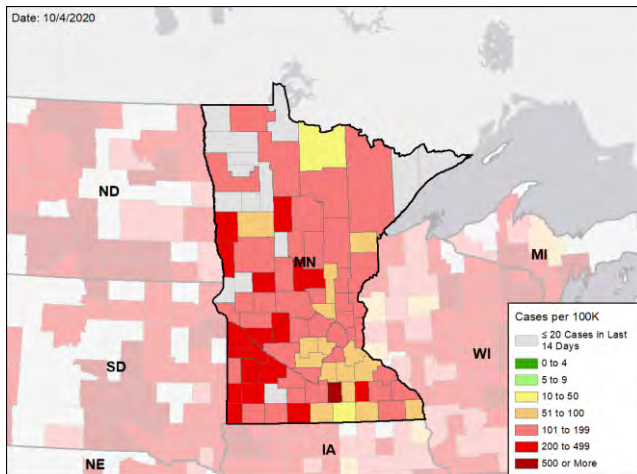


MINNESOTA

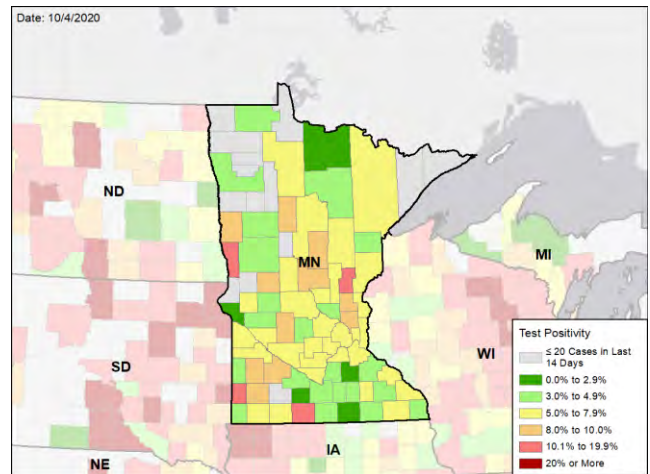
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CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

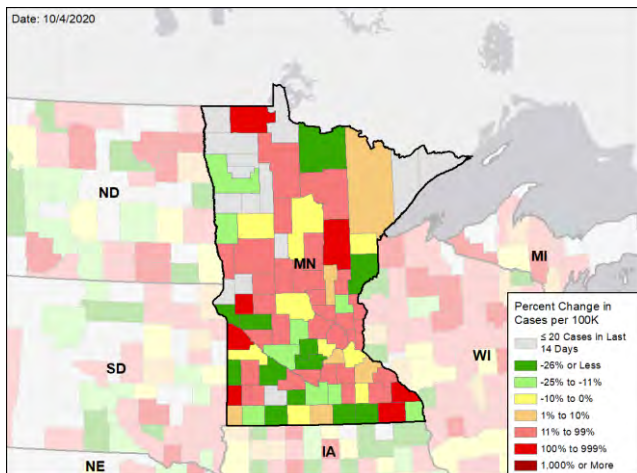
NEW CASES PER 100,000 DURING THE LAST WEEK



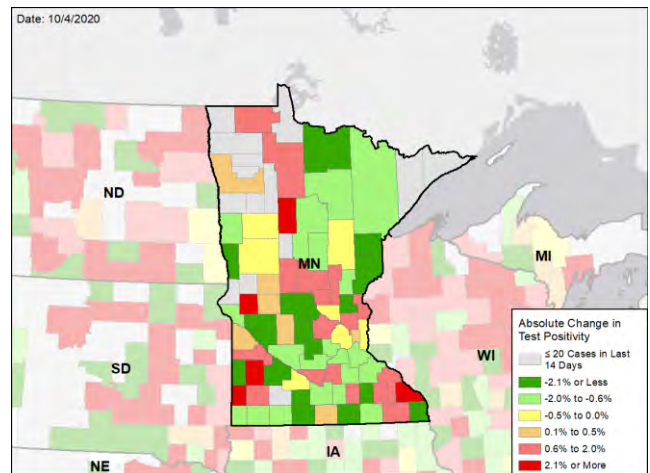
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



MISSISSIPPI

SUMMARY

- Mississippi is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 18th highest rate in the country. Mississippi is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 16th highest rate in the country.
- Mississippi has seen stability in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. DeSoto County, 2. Lee County, and 3. Hinds County. These counties represent 16.4% of new cases in Mississippi.
- 60% of all counties in Mississippi have moderate or high levels of community transmission (yellow, orange, or red zones), with 24% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 17% of nursing homes had at least one new resident COVID-19 case, 22% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- Mississippi had 118 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Between Sep 26 - Oct 2, on average, 54 patients with confirmed COVID-19 and 56 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Mississippi. An average of 86% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Mississippi has made progress through continuing the strong mitigation efforts statewide.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies work best when used early in the course of infection.
- Ensuring university students continue their mitigation behaviors is key as symptomatic cases decline and as cases identified through surveillance testing are stable to ensure no further outbreaks.
- University of Mississippi and Mississippi State have developed strong plans for the testing of symptomatic students, staff, and faculty, along with contact tracing and isolation. They need to further strengthen the detection of silent spread on campuses through routine saliva testing of students on university research platforms or through the Jackson Medical Center campus. Screening should increase to 1,000 individuals per week at each campus over the next 4 weeks, carefully following trends in test positivity in asymptomatic students to ensure mitigation and containment of asymptomatic spread. If test positivity on campus is over 10% after 2 weeks, would increase screening to 1,600 individuals per week, or 10% of the student body, in both on and off campus housing.
- For universities, would immediately consider antibody surveillance testing of both off and on campus students to establish asymptomatic infection rate during the fall. It is possible, based on the current number of symptomatic students, that 15-20% of all university students have been infected. This would provide data for the spring semester. Modeling the current total infections, impact on R1 (disease rate among those exposed), and the potential for immunization of high-risk faculty and staff may allow for increased students in classroom in the spring with full mask use.
- Use focused wastewater surveillance to detect cases early and direct diagnostic testing and public health interventions to those dorms or student areas.
- The federal government will support surge testing in the Oxford community and at the university to further strengthen detection of asymptomatic students if asked.
- Abbott BinaxNOW arrived at Historically Black Colleges and Universities to ensure rapid diagnosis and isolation of both symptomatic and asymptomatic cases.
- In preparation for fall, increase testing capacity by increasing the budget and capacity of public health labs and expand flu vaccination messages.
- Execute the plan for increased surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. Establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders. All antigen positive results must be reported with both the number of positive results and total tests conducted; these must be reported as COVID cases.
- Ask citizens and students to limit friend and family gatherings to prevent recreating spreading events in homes, resulting in new cases and the infection of those with comorbidities.
- Continued new nursing home staff cases must be controlled by contact tracing in the communities where the staff reside and aggressive community testing and containment in those communities.
- Expanded nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).





MISSISSIPPI

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	3,509 (118)	-3%	63,742 (95)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.9%	-0.4%*	6.0%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	14,933** (502)	-27%**	1,004,096** (1,501)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	105 (3.5)	+2%	1,567 (2.3)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	17% (22%)	-2%* (-7%*)	15% (28%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	-5%*	6%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.

Mobility: Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

METRO AREA (CBSA) LAST WEEK

COUNTY LAST WEEK

LOCALITIES IN RED ZONE	4	Indianola Greenwood Corinth Grenada	20	Lee Jackson Panola Sunflower Alcorn Leflore Tate Clarke Grenada Tishomingo Tallahatchie Copiah
LOCALITIES IN ORANGE ZONE	2	Tupelo West Point	9	Prentiss Pontotoc Monroe Neshoba Clay Attala Newton Winston Noxubee
LOCALITIES IN YELLOW ZONE	11	Jackson Gulfport-Biloxi Memphis Hattiesburg Laurel Oxford Meridian Greenville Cleveland Brookhaven Natchez	20	DeSoto Hinds Harrison Rankin Lafayette Forrest Jones Lamar Washington Bolivar Lauderdale Lincoln

All Red Counties: Lee, Jackson, Sunflower, Panola, Alcorn, Leflore, Tate, Clarke, Grenada, Tishomingo, Tallahatchie, Copiah, Greene, Wayne, Amite, Montgomery, Quitman, Benton, Calhoun, Carroll

All Yellow Counties: DeSoto, Hinds, Harrison, Rankin, Lafayette, Forrest, Jones, Lamar, Washington, Bolivar, Lauderdale, Lincoln, Adams, George, Chickasaw, Marshall, Covington, Marion, Leake, Stone

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

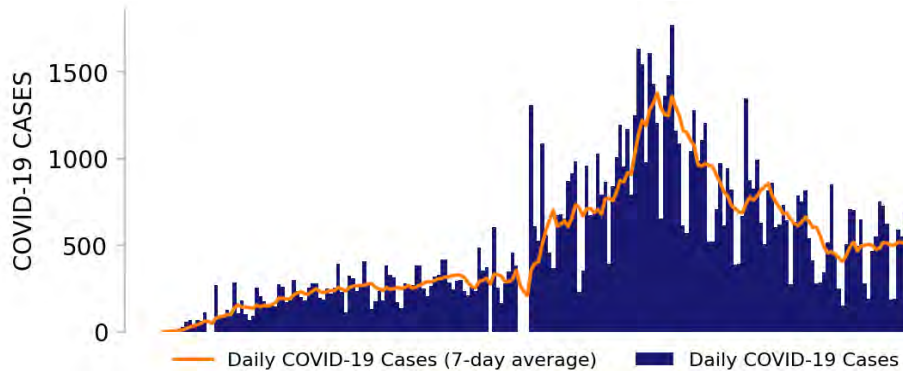
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/30/2020. Last week is 9/24 - 9/30.



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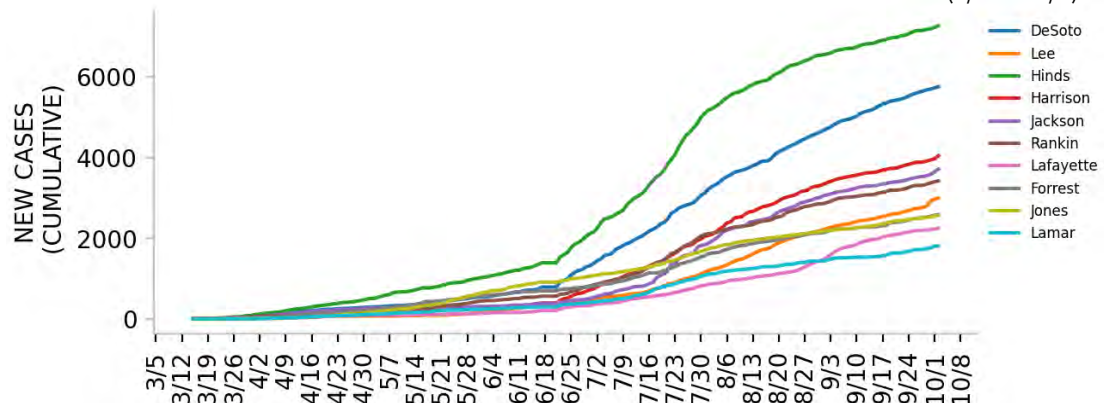
NEW CASES



TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)



DATA SOURCES – Additional data details available under METHODS

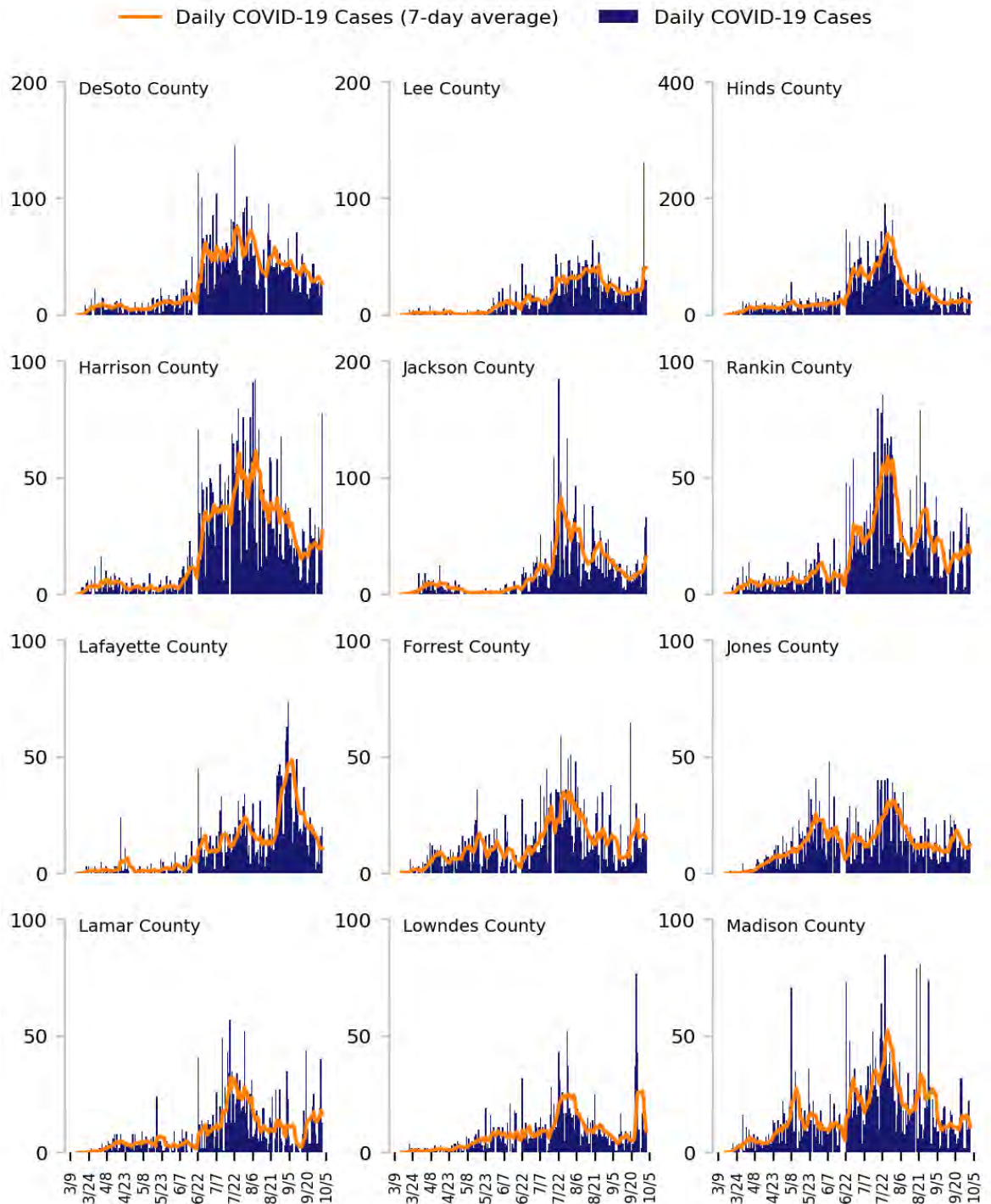
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

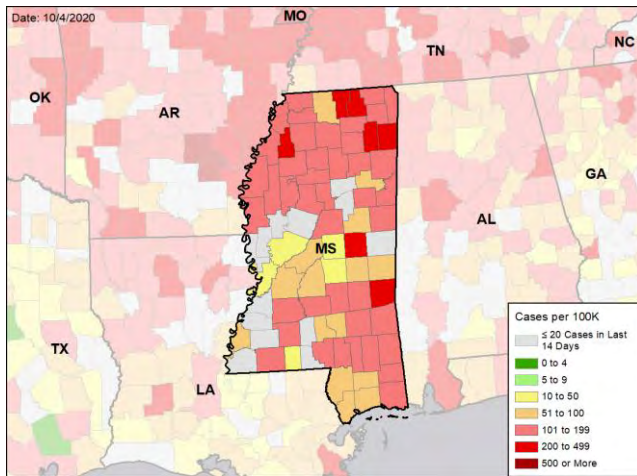


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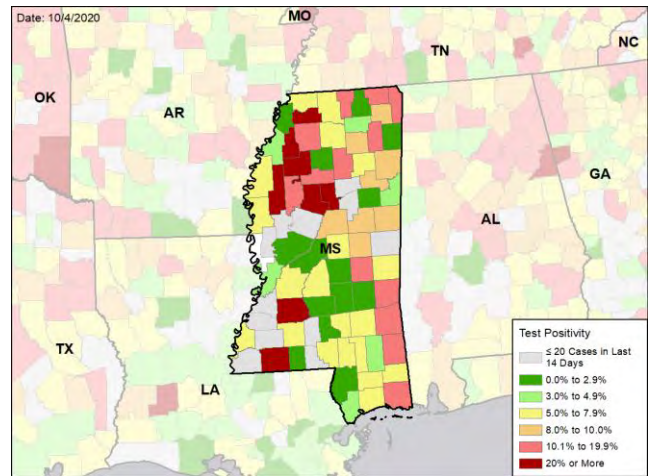
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CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

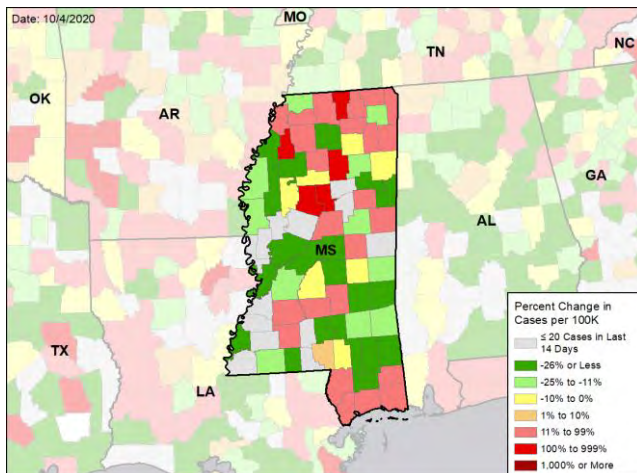
NEW CASES PER 100,000 DURING THE LAST WEEK



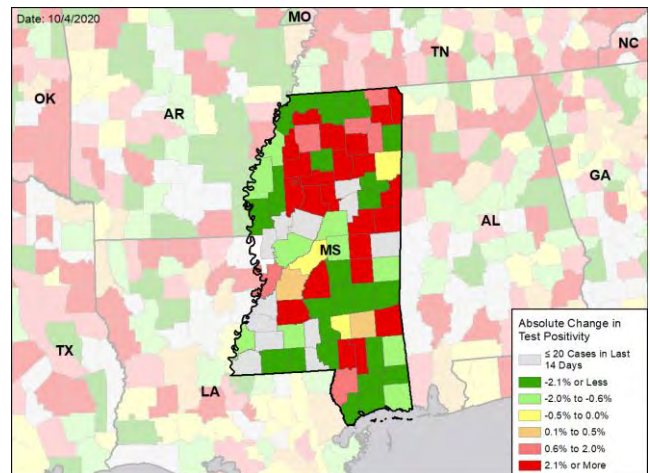
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



MISSOURI

SUMMARY

- Missouri is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 11th highest rate in the country. Missouri is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 8th highest rate in the country.
- Missouri continues to see high levels of new cases and high test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Jackson County, 2. St. Louis County, and 3. Greene County. These counties represent 29.0% of new cases in Missouri.
- 74% of all counties in Missouri have moderate or high levels of community transmission (yellow, orange, or red zones), with 44% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 19% of nursing homes had at least one new resident COVID-19 case, 36% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death.
- Missouri had 155 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 74 to support operations activities from FEMA; 5 to support operations activities from ASPR; 2 to support epidemiology activities from CDC; 1 to support operations activities from CDC; 33 to support medical activities from VA; and 1 to support operations activities from VA.
- Between Sep 26 - Oct 2, on average, 132 patients with confirmed COVID-19 and 194 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Missouri. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Cases, test positivity, and new hospital admissions continue to stay at high levels statewide, with transmission in rural and urban areas. Keep testing rates high to rapidly find and isolate COVID-19 cases.
- Messaging to communities about effectiveness of masks is critical as many outdoor activities will be moving indoors with colder weather approaching. Masks must be worn indoors in all public settings and group gathering sizes should be limited.
- Work with rural communities to message how masks work and protect individuals from COVID-19.
- Over one-third of nursing homes have at least one positive staff member and the trend among residents with COVID-19 is increasing. Use these findings not only to prevent transmission in nursing homes but also as sentinel surveillance indicating spread in the community and work on local mitigation efforts. Review specific nursing homes where community transmission is low, but staff have COVID-19.
- Abbott BinaxNOW tests should be used in a sentinel surveillance capacity. Sentinel surveillance among specific populations across Missouri will help provide specific information to each community regarding local transmission and where mitigation efforts needed to be enhanced.
- Prioritize these populations for routine sentinel surveillance: K-12 teachers; staff working in nursing homes, assisted living, senior living facilities, and other congregate living settings including correctional facilities; and first responders.
- Antivirals and antibodies have the most impact when used early in hospital admissions (within 48 hours). Ensure hospitals are effectively administering these medications to prevent morbidity and mortality.
- Conduct community testing in university towns to rapidly identify positives and isolate them. With cases potentially decreasing in university settings, work with students to keep cases down, particularly with the goal to keep transmission low until Thanksgiving.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov/covid19/community-mitigation/).



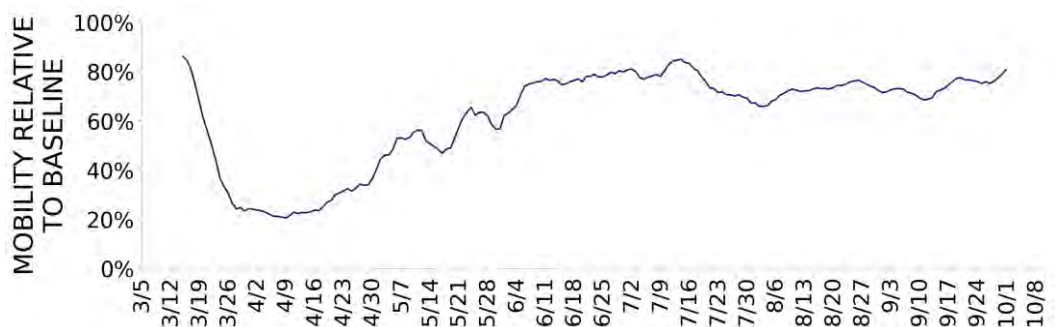


MISSOURI

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	9,488 (155)	-4%	24,114 (171)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.2%	-0.1%*	8.5%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	61,558** (1,003)	-13%**	238,314** (1,685)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	156 (2.5)	-26%	311 (2.2)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	19% (36%)	+2%* (+0%*)	14% (30%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	+1%*	5%	3%

MOBILITY



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.

Mobility: Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



MISSOURI

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

METRO AREA (CBSA) LAST WEEK

COUNTY LAST WEEK

LOCALITIES IN RED ZONE	13	Springfield Joplin Jefferson City St. Joseph Cape Girardeau Lebanon West Plains Branson Fort Leonard Wood Poplar Bluff Sikeston Marshall	51	Greene Jasper Cape Girardeau Buchanan Christian Franklin Cole Camden Webster Laclede Howell Taney
LOCALITIES IN ORANGE ZONE	7	Columbia Sedalia Rolla Hannibal Mexico Kirksville Maryville	17	St. Charles Jefferson Pettis Newton Phelps Marion Bollinger Andrew Audrain Grundy Clinton Pike
LOCALITIES IN YELLOW ZONE	7	St. Louis Kansas City Farmington Kennett Warrensburg Quincy Fort Madison-Keokuk	17	Jackson St. Louis Boone St. Francois Cass Polk Dunklin Clay Callaway Johnson Lincoln Platte

All Red CBSAs: Springfield, Joplin, Jefferson City, St. Joseph, Cape Girardeau, Lebanon, West Plains, Branson, Fort Leonard Wood, Poplar Bluff, Sikeston, Marshall, Moberly

All Red Counties: Greene, Jasper, Cape Girardeau, Buchanan, Christian, Franklin, Cole, Camden, Webster, Laclede, Howell, Taney, Lafayette, Lawrence, Wright, Pulaski, Butler, Morgan, Scott, Stoddard, Miller, Benton, Crawford, Texas, Stone, Perry, Saline, Washington, Cooper, Pemiscot, Randolph, Moniteau, Barry, Wayne, Henry, Douglas, Vernon, Barton, Livingston, Daviess, Osage, Ste. Genevieve, Shannon, Cedar, Oregon, Bates, Caldwell, Mississippi, Lewis, Harrison, Gentry

All Orange Counties: St. Charles, Jefferson, Pettis, Newton, Phelps, Marion, Bollinger, Andrew, Audrain, Grundy, Clinton, Pike, DeKalb, Macon, Nodaway, Ozark, Dade

All Yellow Counties: Jackson, St. Louis, Boone, St. Francois, Cass, Polk, Dunklin, Clay, Callaway, Johnson, Lincoln, Platte, Warren, New Madrid, Adair, Dallas, Hickory

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

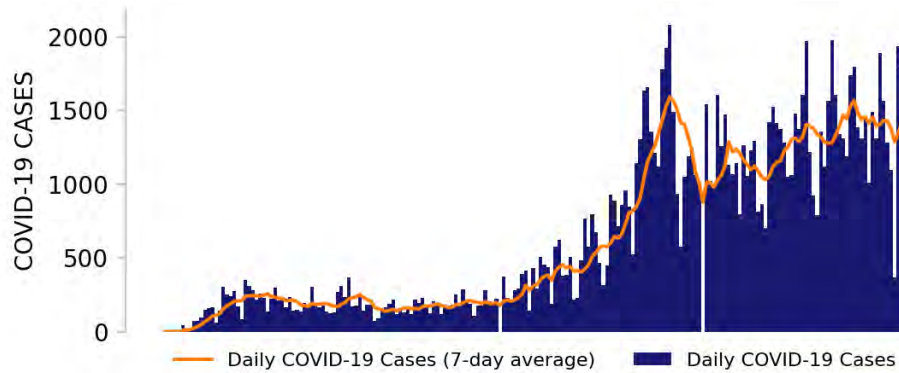
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/30/2020. Last week is 9/24 - 9/30.



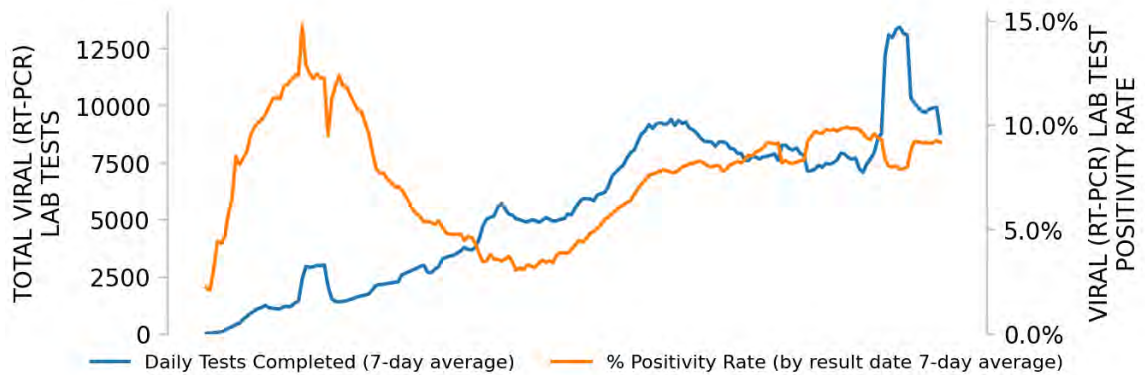
MISSOURI

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NEW CASES

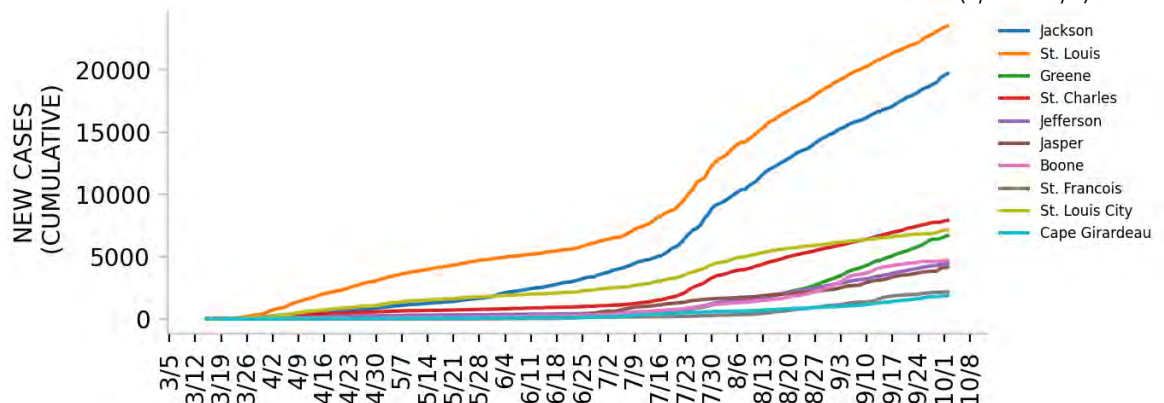


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

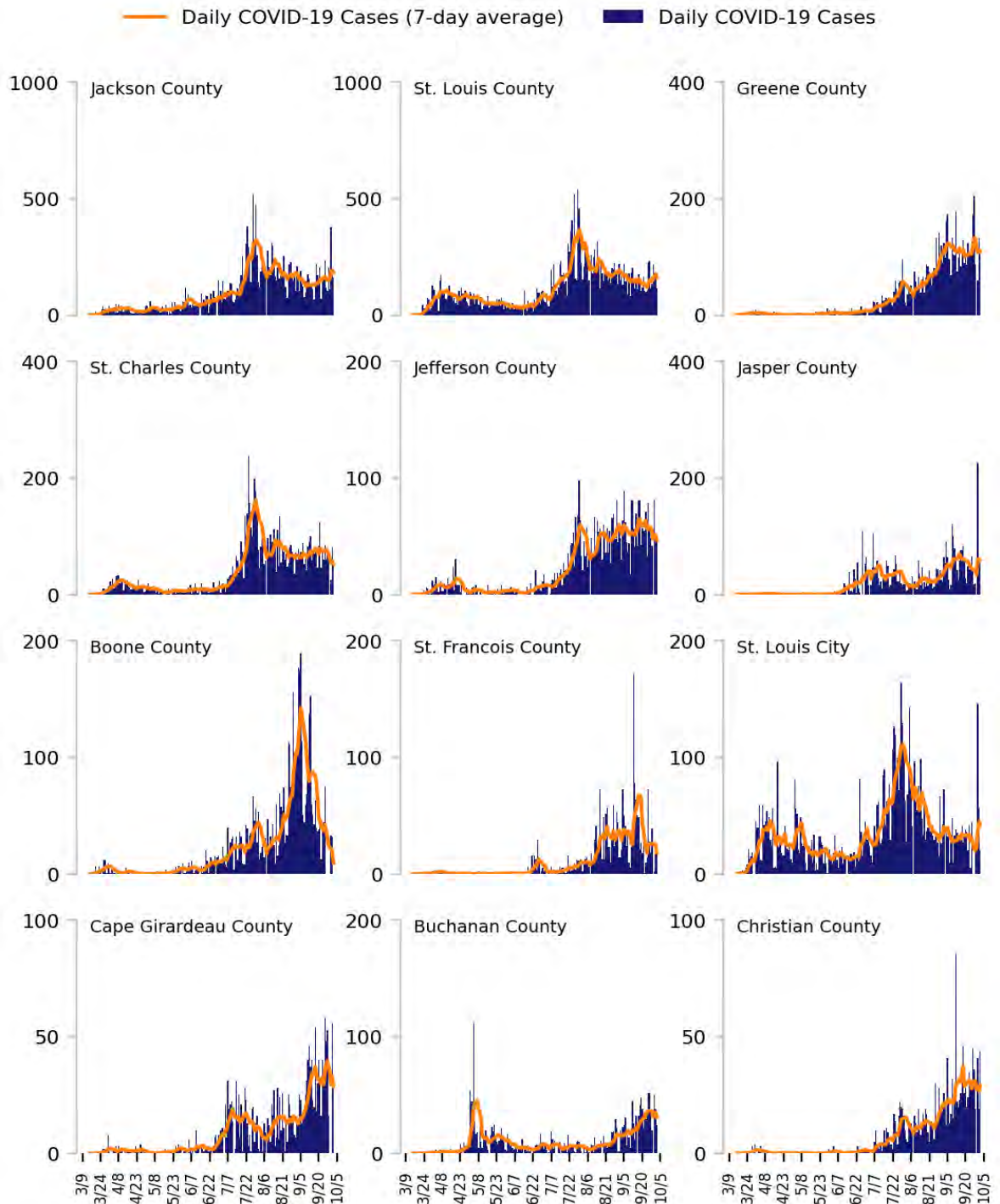
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

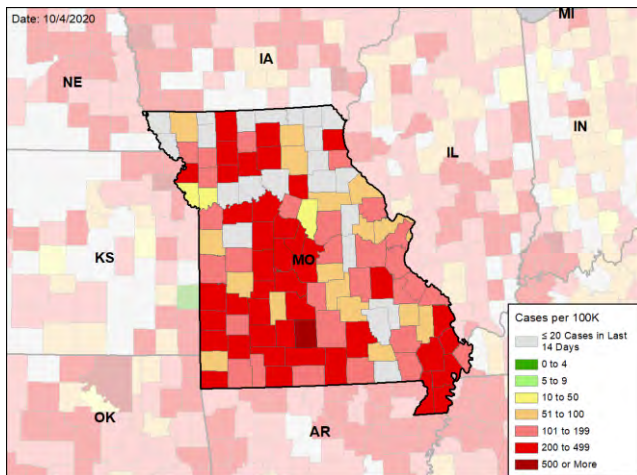


MISSOURI

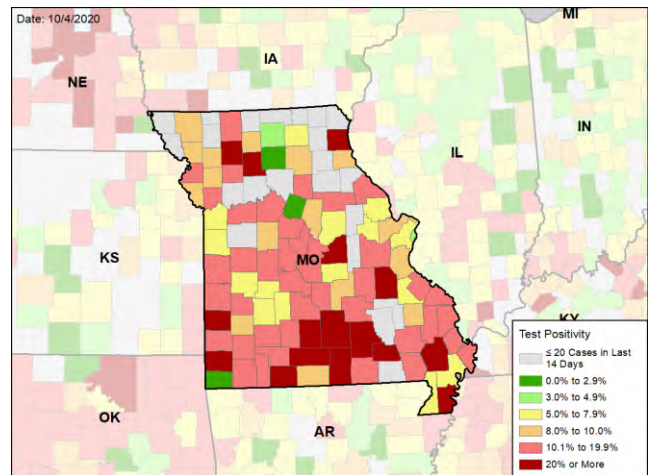
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CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

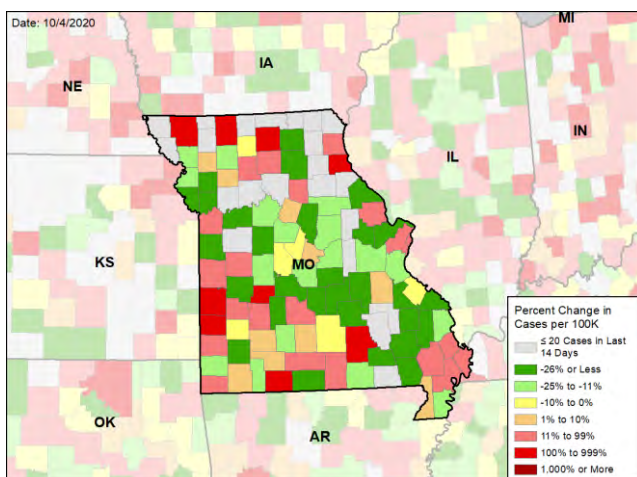
NEW CASES PER 100,000 DURING THE LAST WEEK



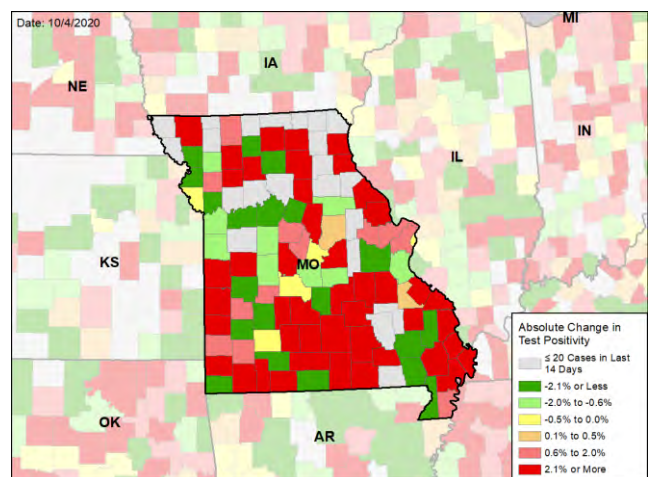
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



MONTANA

SUMMARY

- Montana is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 4th highest rate in the country. Montana is in the red zone for test positivity, indicating a rate at or above 10.1%, with the highest rate in the country.
- Montana has seen an increase in new cases and an increase in test positivity over the last week; the majority of counties posted substantial increases in both incidence and test positivity and this is likely related to colder weather and moving social and commercial activities indoors.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Yellowstone County, 2. Flathead County, and 3. Missoula County. These counties represent 39.8% of new cases in Montana.
- Many counties with increasing test positivity among 12-17 year-olds (Roosevelt, Stillwater, Glacier, Phillips, Gallatin, Lewis and Clark, and Cascade counties); increased transmission in these counties may be driven by school openings.
- Increase in transmission likely driven by the move back indoors with colder weather and from smaller social and familiar gatherings where use of face coverings and social distancing are not maintained.
- 48% of all counties in Montana have moderate or high levels of community transmission (yellow, orange, or red zones), with 30% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 3% of nursing homes had at least one new resident COVID-19 case, 15% had at least one new staff COVID-19 case, and 1% had at least one new resident COVID-19 death.
- Montana had 214 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 3 to support operations activities from FEMA; 4 to support epidemiology activities from CDC; and 6 to support operations activities from CDC.
- Between Sep 26 - Oct 2, on average, 46 patients with confirmed COVID-19 and 25 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Montana. An average of 87% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Efforts to expand testing are highly commendable and will be critical to achieving control of this epidemic, especially as weather turns colder, activities move indoors, diligence with face covering and social distancing wanes, and transmission intensifies.
- Monitor and enforce social distancing and use of face coverings. Consider limiting hours or occupancy in non-seated indoor bars in highly targeted areas if cases continue to escalate.
- Intensify public health messaging to reinvigorate commitment to community mitigation efforts as weather turns colder, include messaging on risks of small social and familial gatherings, strengthen and make more prominent the recommendations for community mitigation on state website. Recommend showing trend in incidence and test positivity by county on state website and include reference to that in educational campaigns.
- Continue to closely monitor hospital utilization, resources, and capacity at the local level; put data on state website and include as part of educational campaigns. Work with regional and state emergency agencies to ensure hospital capacity remains sufficient and all staff are trained on current treatment protocols, including early (not delayed) use of antibody and antiviral treatment for hospitalized patients.
- Ensure timely contact tracing of all cases, especially in counties with the highest or increasing transmission, and provide housing, material support, and counseling to facilitate isolation or quarantine, especially in communities with congregate living facilities or high numbers of crowded or multigenerational households.
- Continue efforts to aggressively expand testing in all counties; work with institutions of higher education (IHE), particularly Montana State University and Montana Tech, to establish use of focused wastewater testing to expand efficiency and reach of surveillance.
- Using antigen or other rapid tests, implement regular surveillance among critical staff, such as teachers, clinic staff and staff working at long-term care facilities (LTCFs) and other congregate living settings, prisoners and prison staff, public transportation workers, and first responders.
- Tribal Nations: Continue to expand culturally-specific public health education especially as tribal social events pick back up and diligence to mitigation practices wanes. Conduct prompt (within 48 hours of diagnosis) contact tracing and provide housing, food, and supplies to support immediate quarantine of contacts and isolation of cases.
- Maintain strict adherence to CMS guidance for testing and mitigation at long-term care facilities (LTCFs), ensure facility wide testing for any newly diagnosed resident or staff. Any nursing homes with 3 or more cases of COVID-19 among staff and/or residents per week over any of the past 3 weeks (notable outbreak in facility in Billings) should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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

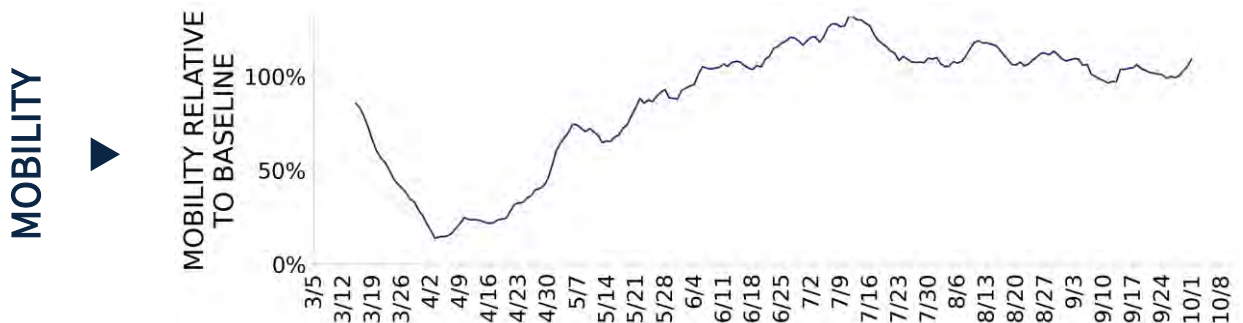




MONTANA

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	2,291 (214)	+38%	19,493 (159)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	13.2%	+1.5%*	8.1%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	24,944** (2,334)	+11%**	283,433** (2,312)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	16 (1.5)	-33%	140 (1.1)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	3% (15%)	-3%* (-1%*)	8% (23%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	-3%*	3%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



MONTANA

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

METRO AREA (CBSA) LAST WEEK

COUNTY LAST WEEK

LOCALITIES IN RED ZONE

4

Billings
Kalispell
Great Falls
Bozeman

17

Yellowstone
Flathead
Cascade
Roosevelt
Gallatin
Rosebud
Glacier
Big Horn
Hill
Toole
Valley
Beaverhead

LOCALITIES IN ORANGE ZONE

2

Missoula
Helena

5

Missoula
Lewis and Clark
Jefferson
Lincoln
Madison

LOCALITIES IN YELLOW ZONE

1

Butte-Silver Bow

5

Silver Bow
Lake
Ravalli
Park
Carbon

All Red Counties: Yellowstone, Flathead, Cascade, Roosevelt, Gallatin, Rosebud, Glacier, Big Horn, Hill, Toole, Valley, Beaverhead, Richland, Pondera, Stillwater, Blaine, Powder River

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

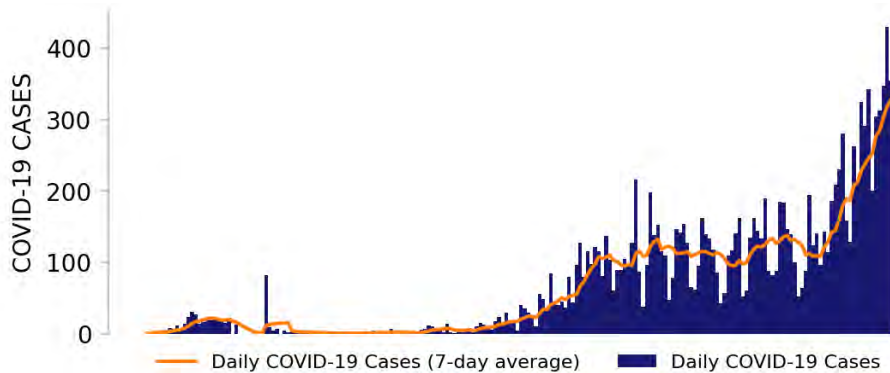
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



MONTANA

STATE REPORT | 10.04.2020

NEW CASES

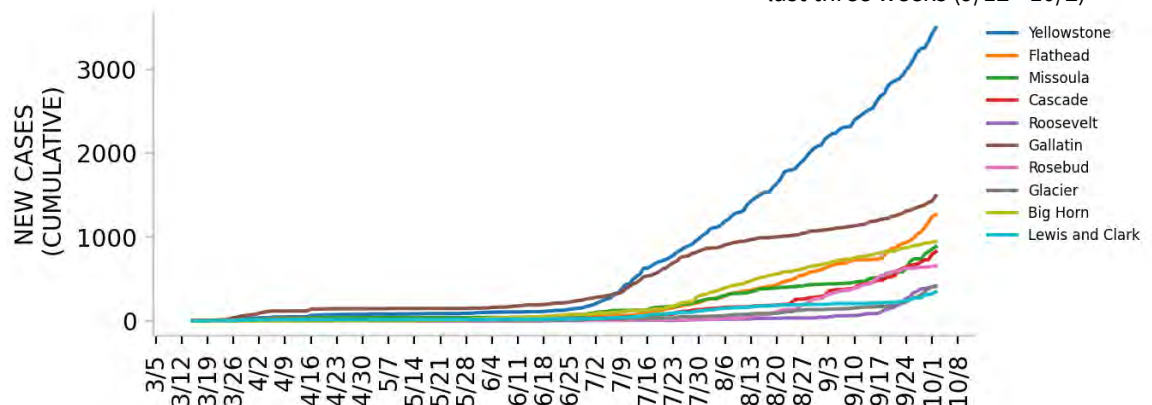


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

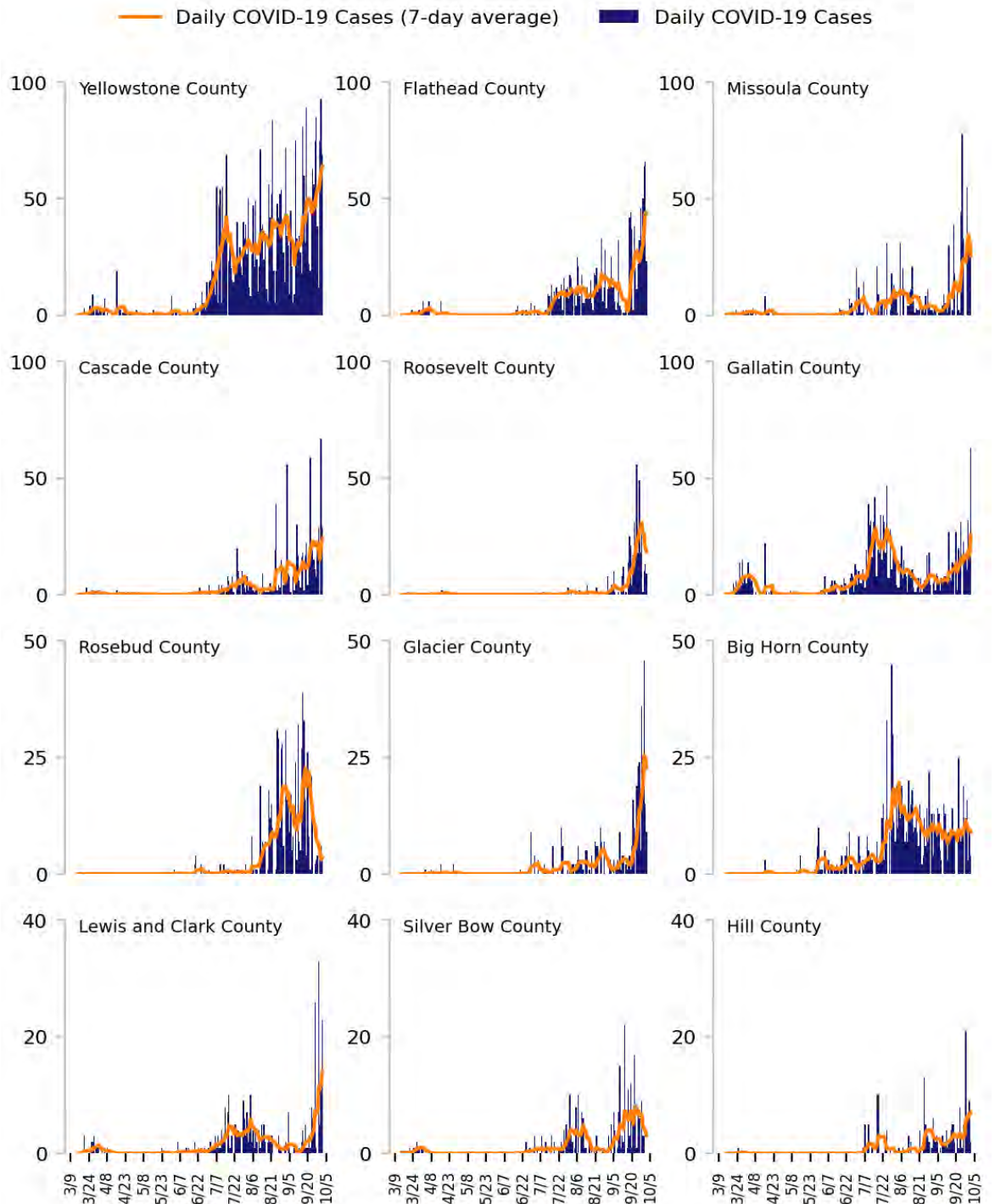
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

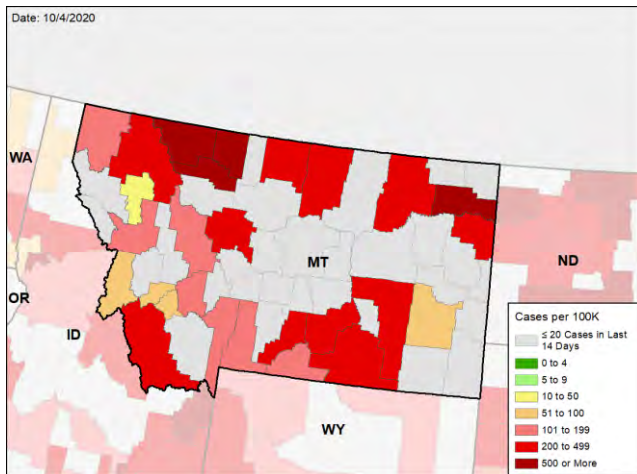


MONTANA

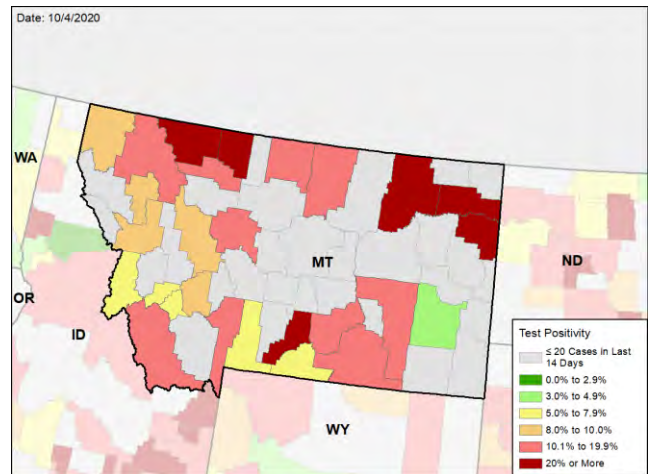
STATE REPORT | 10.04.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

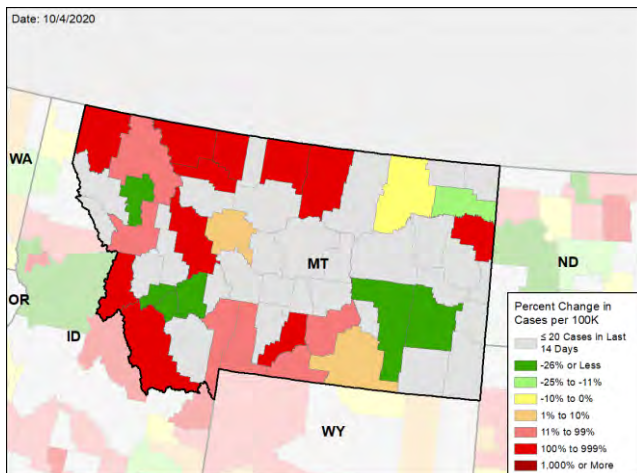
NEW CASES PER 100,000 DURING THE LAST WEEK



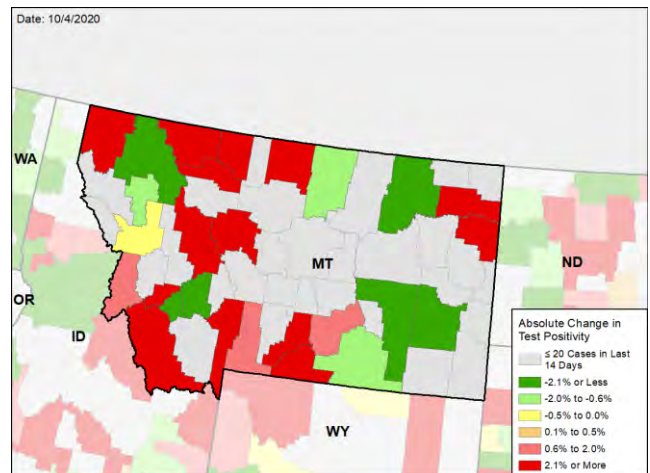
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



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

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



NEBRASKA

SUMMARY

- Nebraska is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 7th highest rate in the country. Nebraska is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 6th highest rate in the country.
- Nebraska has seen an increase in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Douglas County, 2. Lancaster County, and 3. Sarpy County. These counties represent 54.4% of new cases in Nebraska.
- 45% of all counties in Nebraska have moderate or high levels of community transmission (yellow, orange, or red zones), with 35% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 10% of nursing homes had at least one new resident COVID-19 case, 31% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death.
- Nebraska had 197 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 2 to support operations activities from FEMA and 1 to support operations activities from VA.
- Between Sep 26 - Oct 2, on average, 24 patients with confirmed COVID-19 and 20 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Nebraska. An average of 76% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Cases, test positivity, and new hospital admissions continue to stay at high levels statewide, with transmission in both rural and urban areas. Keep testing rates high to rapidly find and isolate COVID-19 cases.
- Messaging to communities about effectiveness of masks is critical as many outdoor activities will be moving indoors with colder weather approaching. Masks must be worn indoors in all public settings and group gathering sizes should be limited.
- Work with rural communities to message how masks work and protect individuals from COVID-19.
- Nearly one-third of nursing homes have at least one positive staff member and the trend among residents with COVID-19 is increasing. Use these findings not only to prevent transmission in nursing homes but also as sentinel surveillance indicating spread in the community and work on local mitigation efforts. Review specific nursing homes where community transmission is low, but staff have COVID-19.
- Abbott BinaxNOW tests should be used in a sentinel surveillance capacity. Sentinel surveillance among specific populations across Nebraska will help provide specific information to each community regarding local transmission and where mitigation efforts needed to be enhanced.
- Prioritize these populations for routine sentinel surveillance: K-12 teachers; staff working in nursing homes, assisted living, senior living facilities, and other congregate living settings including correctional facilities; and first responders.
- Antivirals and antibodies have the most impact when used early in hospital admissions (within 48 hours). Ensure hospitals are effectively administering these medications to prevent morbidity and mortality.
- Conduct community testing in university towns to rapidly identify positives and isolate them. With cases potentially decreasing in university settings, work with students to keep cases down, particularly with the goal to keep transmission low until Thanksgiving.
- Tribal Nations: Increase testing, continue to expand culturally-specific public health education, developed with community leaders, especially as tribal social events pick back up. Conduct prompt contact tracing on all cases and provide housing and supplies to support immediate quarantine of contacts and isolation of cases.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).





NEBRASKA

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	3,814 (197)	+37%	24,114 (171)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.6%	-0.3%*	8.5%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	35,436** (1,832)	+14%**	238,314** (1,685)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	25 (1.3)	+14%	311 (2.2)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	10% (31%)	+3%* (+8%*)	14% (30%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	+0%*	5%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



NEBRASKA

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

METRO AREA (CBSA) LAST WEEK

COUNTY LAST WEEK

LOCALITIES IN RED ZONE	9	Lincoln Kearney Fremont Sioux City Columbus Norfolk Hastings Beatrice Lexington	33	Lancaster Buffalo Dodge Platte Saunders Dakota Madison Hall Adams Gage Wayne Washington
LOCALITIES IN ORANGE ZONE	2	Omaha-Council Bluffs Grand Island	4	Sarpy Knox Cass Dawson
LOCALITIES IN YELLOW ZONE	2	North Platte Scottsbluff	5	Douglas Lincoln Scotts Bluff Cedar Custer

All Red Counties: Lancaster, Buffalo, Dodge, Platte, Saunders, Dakota, Madison, Hall, Adams, Gage, Wayne, Washington, Saline, Holt, York, Seward, Antelope, Cuming, Box Butte, Colfax, Boone, Butler, Otoe, Brown, Phelps, Johnson, Hamilton, Polk, Kearney, Dawes, Dixon, Valley, Clay

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

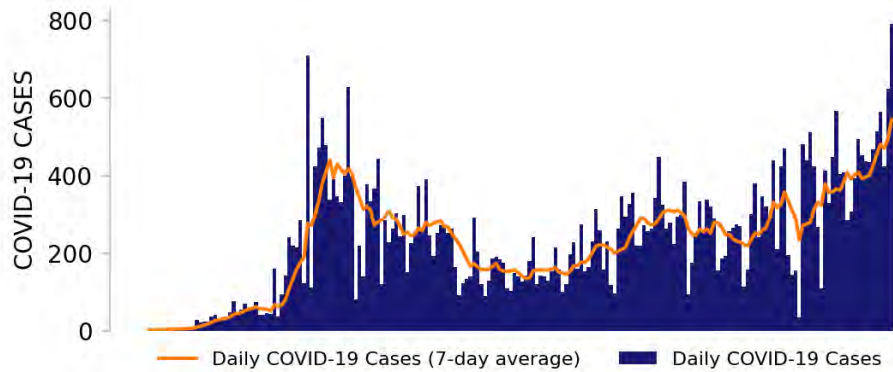
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



NEBRASKA

STATE REPORT | 10.04.2020

NEW CASES

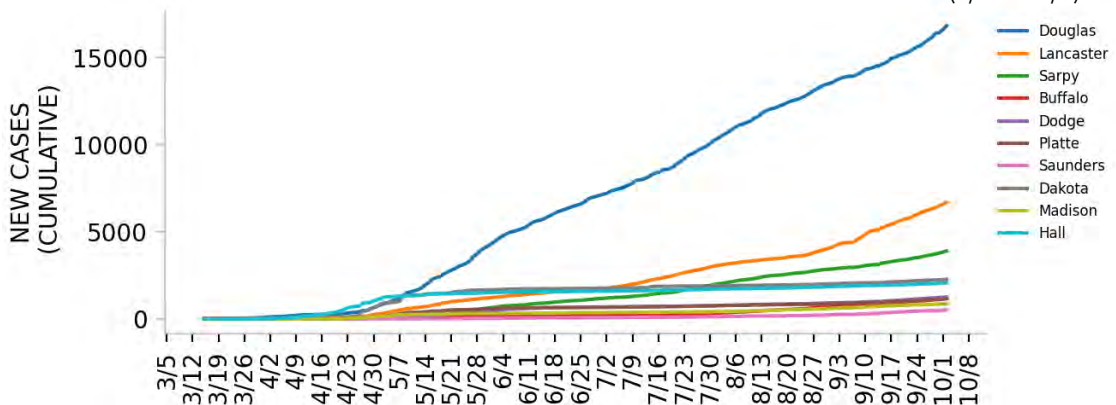


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

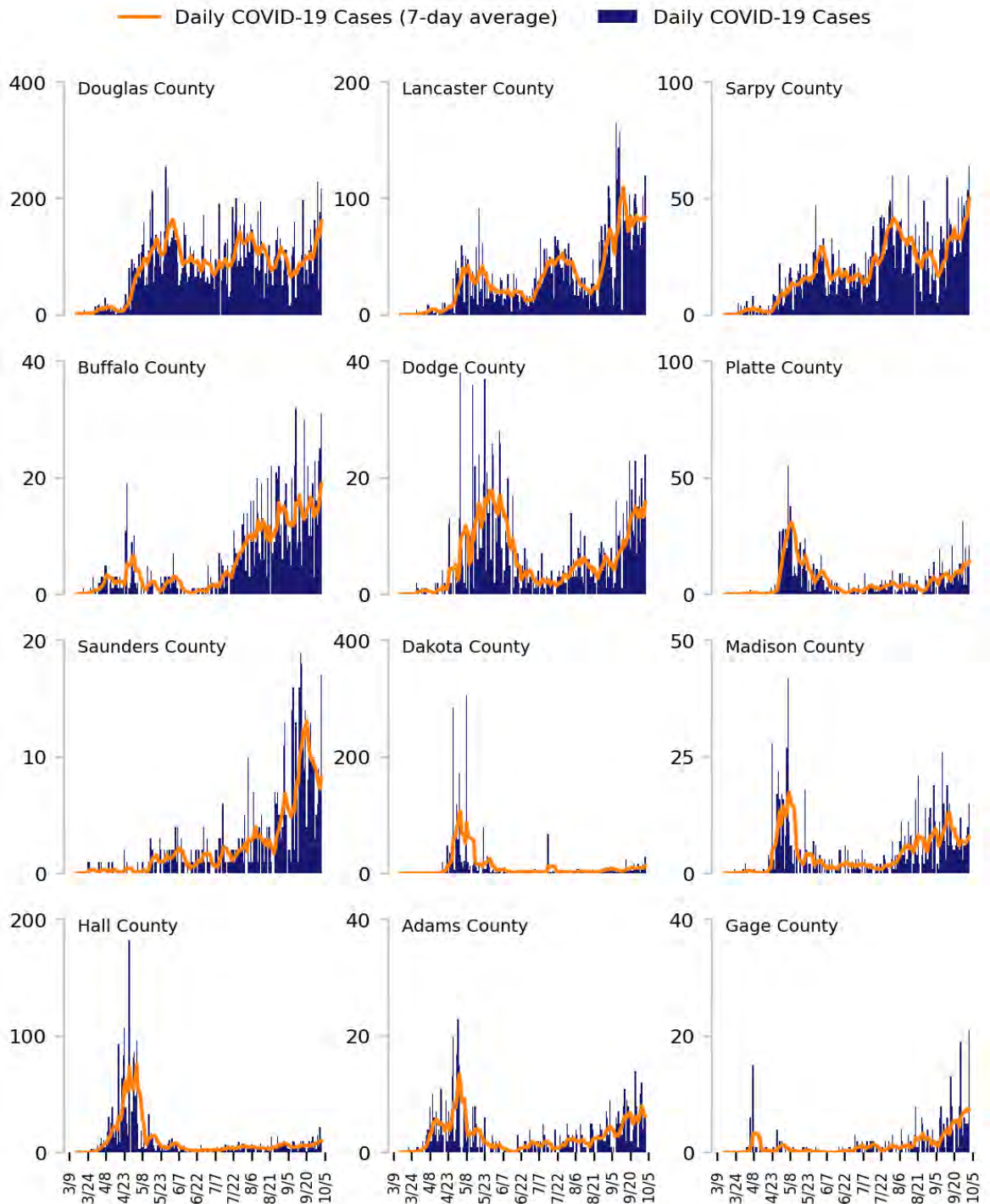
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

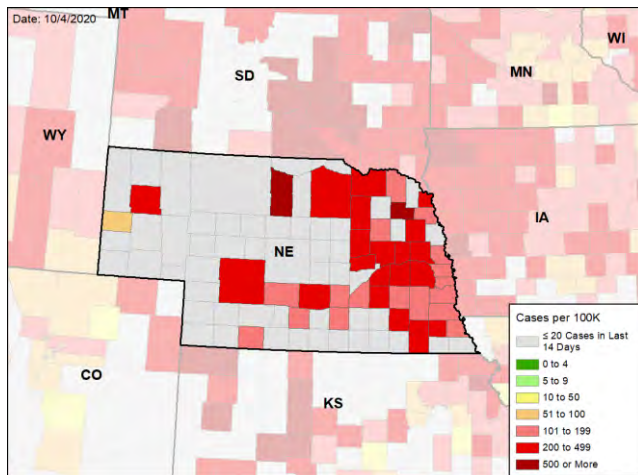


NEBRASKA

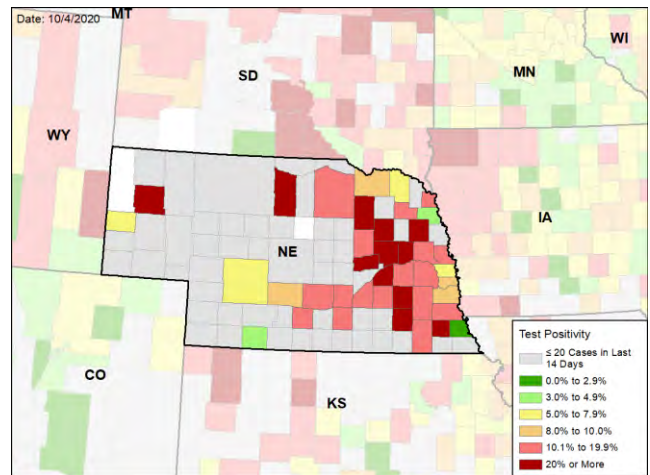
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CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

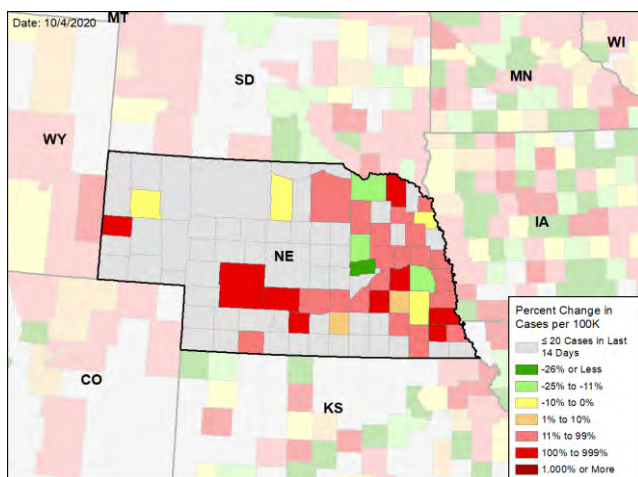
NEW CASES PER 100,000 DURING THE LAST WEEK



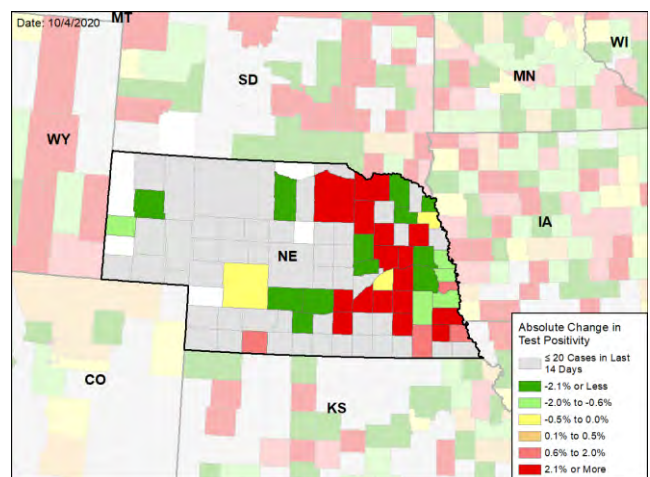
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



NEVADA

SUMMARY

- Nevada is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 20th highest rate in the country. Nevada is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 9th highest rate in the country.
- Nevada has seen an increase in new cases and an increase in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Clark County, 2. Washoe County, and 3. Carson City. These counties represent 95.7% of new cases in Nevada.
- 35% of all counties in Nevada have moderate or high levels of community transmission (yellow, orange, or red zones), with none having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 13% of nursing homes had at least one new resident COVID-19 case, 20% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death.
- Nevada had 111 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 10 to support operations activities from FEMA.
- Between Sep 26 - Oct 2, on average, 35 patients with confirmed COVID-19 and 70 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Nevada. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Nevadans have demonstrated they can collectively decrease COVID-19 transmission. Reinforce efforts to secure fragile gains. Maintain mask requirements in all public indoor settings.
- As mitigation efforts are relaxed, keep testing levels high in order to quickly identify positive cases with support for isolation. Increase contact tracing capacity to prevent community wide transmission.
- Review specific nursing homes where community transmission is low, but staff have COVID-19. Use nursing home testing as sentinel surveillance indicating degree of community spread.
- Abbott BinaxNOW tests should be used in a sentinel surveillance capacity. Sentinel surveillance among specific populations across Nevada will help provide specific information to each community regarding local transmission and where mitigation efforts needed to be enhanced.
- Prioritize these populations for routine sentinel surveillance: K-12 teachers; staff working in nursing homes, assisted living, senior living facilities, and other congregate living settings including correctional facilities; and first responders.
- Antivirals and antibodies have the most impact when used early in hospital admissions (within 48 hours). Ensure hospitals are effectively administering these medications to prevent morbidity and mortality.
- Tribal Nations: Increase testing, continue to expand culturally-specific public health education, developed with community leaders, especially as tribal social events pick back up. Conduct prompt contact tracing on all cases and provide housing and supplies to support immediate quarantine of contacts and isolation of cases.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

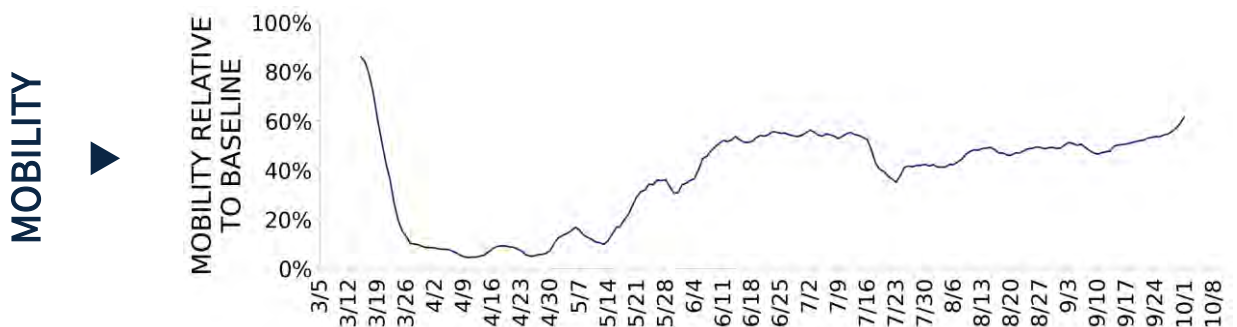




NEVADA

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	3,429 (111)	+29%	30,100 (59)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.0%	+1.2%*	3.5%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	48,842** (1,586)	-7%**	944,631** (1,842)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	36 (1.2)	-27%	728 (1.4)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	13% (20%)	+8%* (+3%*)	4% (8%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	-8%*	2%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



NEVADA

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	0	N/A	0	N/A
LOCALITIES IN ORANGE ZONE	2	Las Vegas-Henderson-Paradise Reno	2	Clark Washoe
LOCALITIES IN YELLOW ZONE	4	Elko Gardnerville Ranchos Fallon Pahrump	4	Elko Douglas Churchill Nye

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

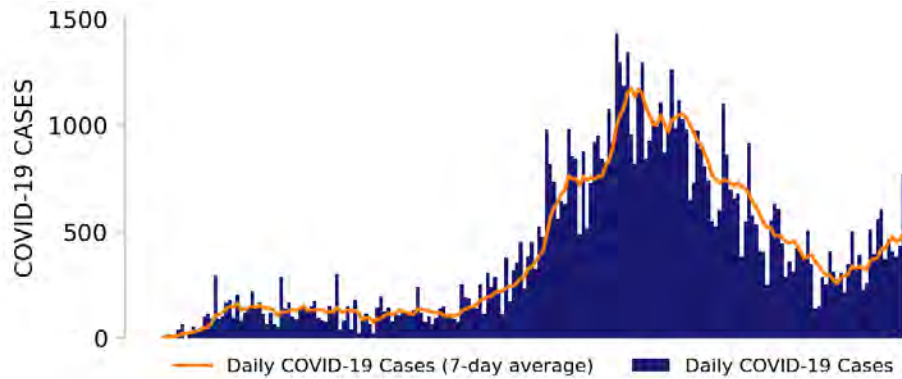
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



NEVADA

STATE REPORT | 10.04.2020

NEW CASES

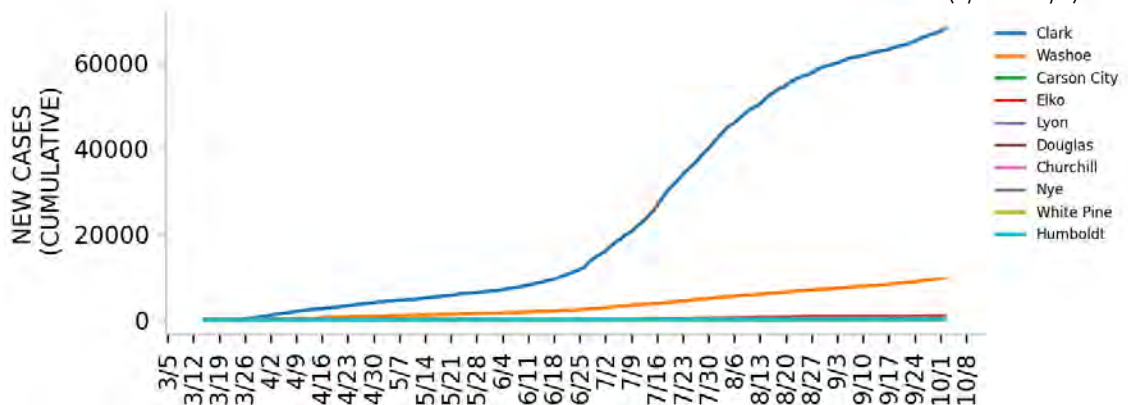


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

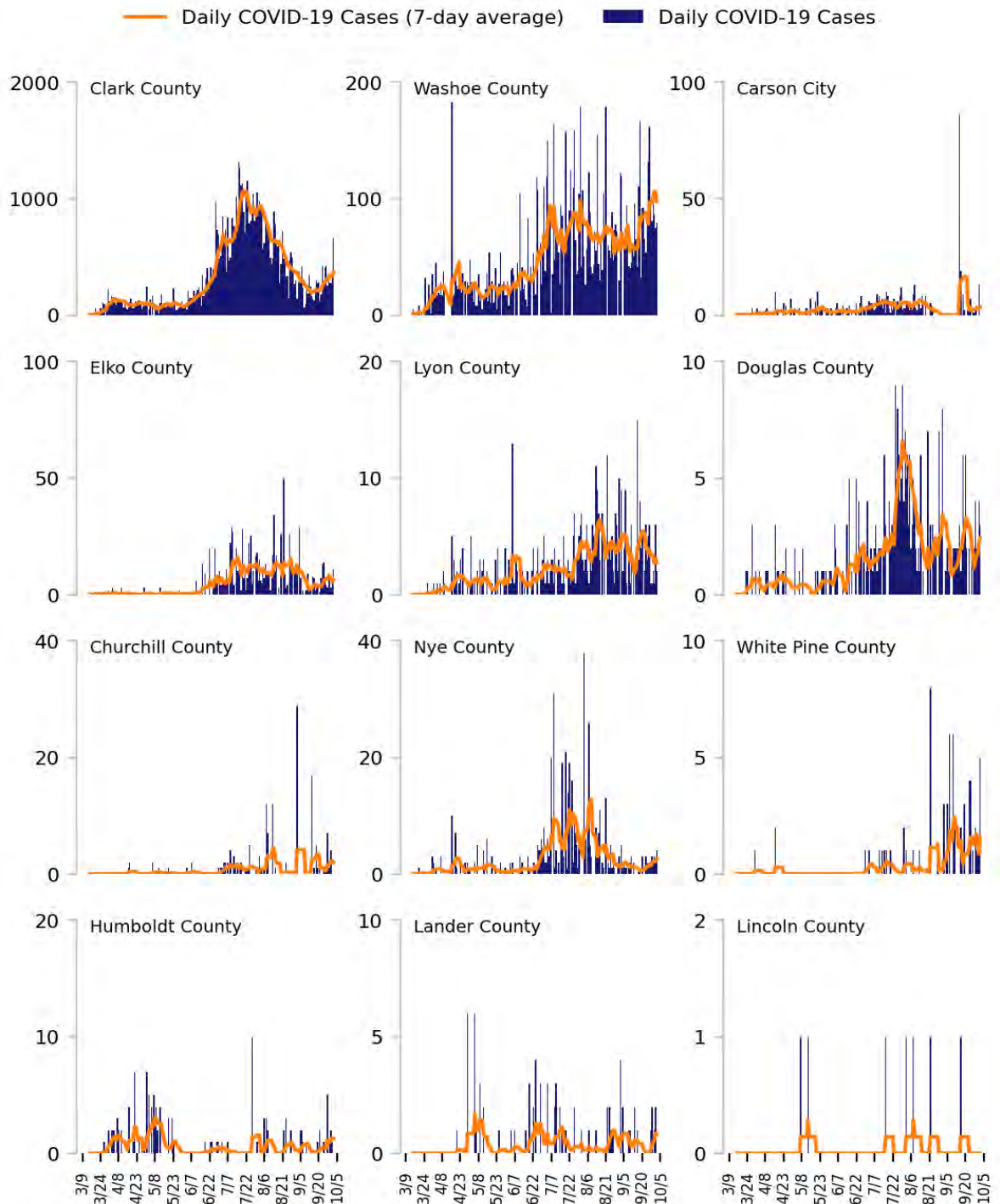
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

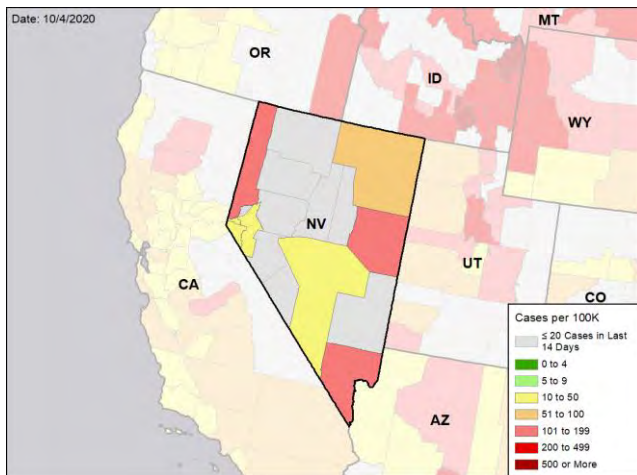


NEVADA

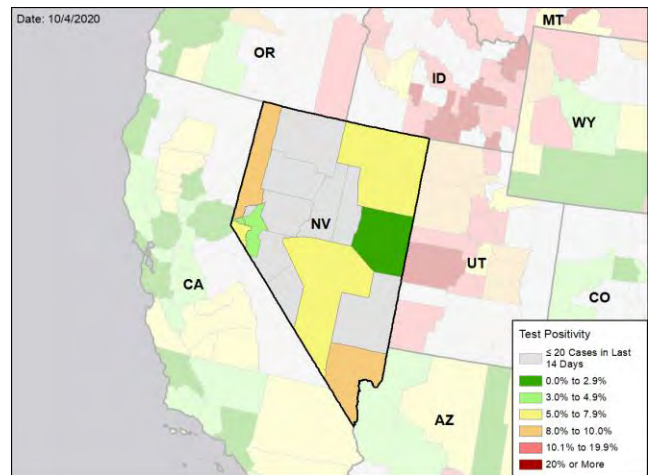
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CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

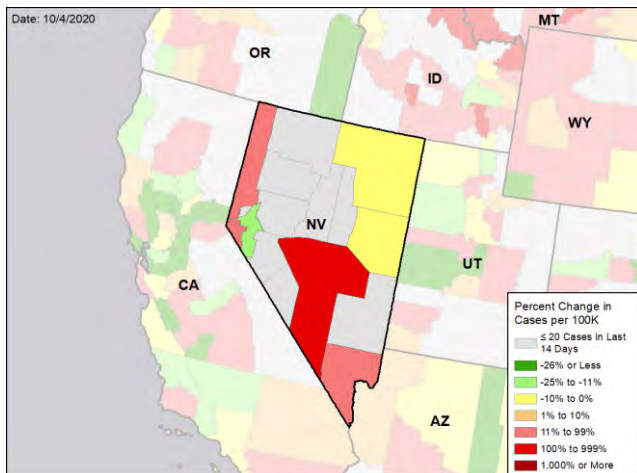
NEW CASES PER 100,000 DURING THE LAST WEEK



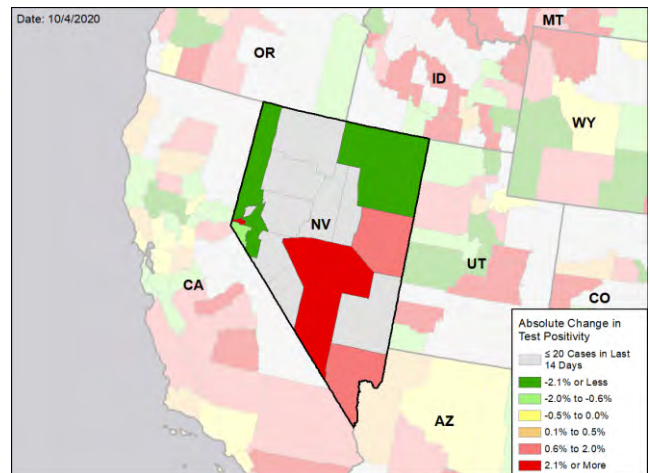
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



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

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



NEW HAMPSHIRE

SUMMARY

- New Hampshire is in the yellow zone for cases, indicating between 10 and 50 new cases per 100,000 population last week, with the 49th highest rate in the country. New Hampshire is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 45th highest rate in the country.
- New Hampshire has seen an increase in new cases and stability in test positivity over the last week. However, last week New Hampshire also began reporting cases confirmed by antigen tests, as well as reporting a batch of older cases from one laboratory.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Hillsborough County, 2. Rockingham County, and 3. Strafford County. These counties represent 82.4% of new cases in New Hampshire.
- Institutions of higher education (IHE): no new outbreaks reported this week.
- No counties in New Hampshire have moderate or high levels of community transmission (yellow, orange, or red zones).
- During the week of Sep 21 - Sep 27, no nursing homes had at least one new resident COVID-19 case, 9% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death.
- New Hampshire had 36 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 4 to support operations activities from FEMA.
- Between Sep 26 - Oct 2, on average, 2 patients with confirmed COVID-19 and 20 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Hampshire. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- New Hampshire has been very successful with limiting transmission due to a well-designed set of graduated mitigation measures and enhanced disease control capacity, including expanded testing and contact tracing capacity.
- Recommend maintaining high vigilance for transmission events after restrictions were recently eased for inside dining.
- Community transmission in many states, including New Hampshire, is frequently occurring in smaller gatherings of family and friends where masking and social distancing recommendations are not followed. With weather conditions increasingly forcing activities indoors, recommend increased messaging regarding the need to take these measures, especially given the element of mitigation “fatigue.”
- Implement a plan to increase surveillance using the Abbott BinaxNOW and other rapid tests as supplies arrive to protect the elderly and other vulnerable populations and to increase situational awareness of community spread. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. Elevated rates of infection among these front-line workers indicate significant transmission in their communities and those transmission settings must be identified and mitigated.
- Antiviral therapies for hospitalized COVID patients should be given early in their course while viral replication is high.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

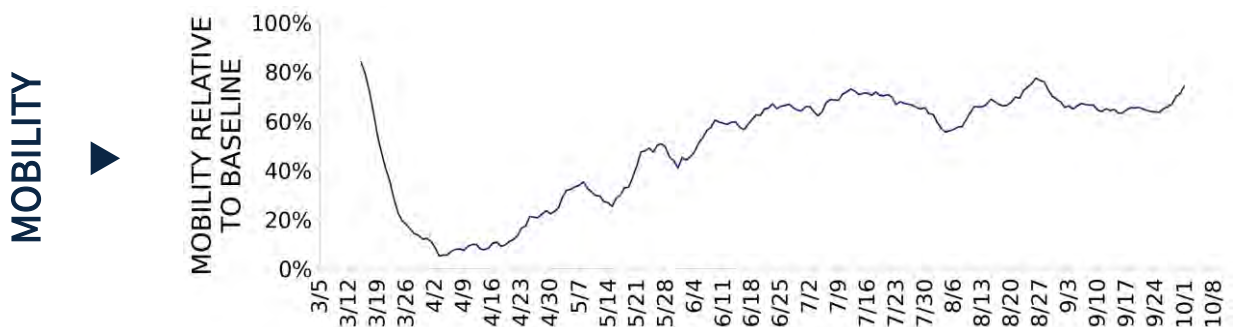




NEW HAMPSHIRE

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	489 (36)	+167%	7,502 (51)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.8%	+0.1%*	1.2%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	20,253** (1,490)	+4%**	577,782** (3,892)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	3 (0.2)	N/A	146 (1.0)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	0% (9%)	-3%* (-1%*)	3% (8%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A	1%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25. New Hampshire began including antigen positive tests as cases on 10/2.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



NEW HAMPSHIRE

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

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

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2. New Hampshire began including antigen positive tests as cases on 10/2.

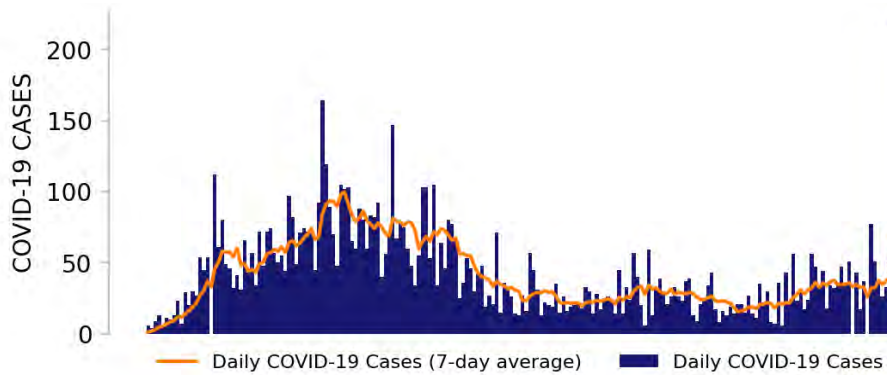
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



NEW HAMPSHIRE

STATE REPORT | 10.04.2020

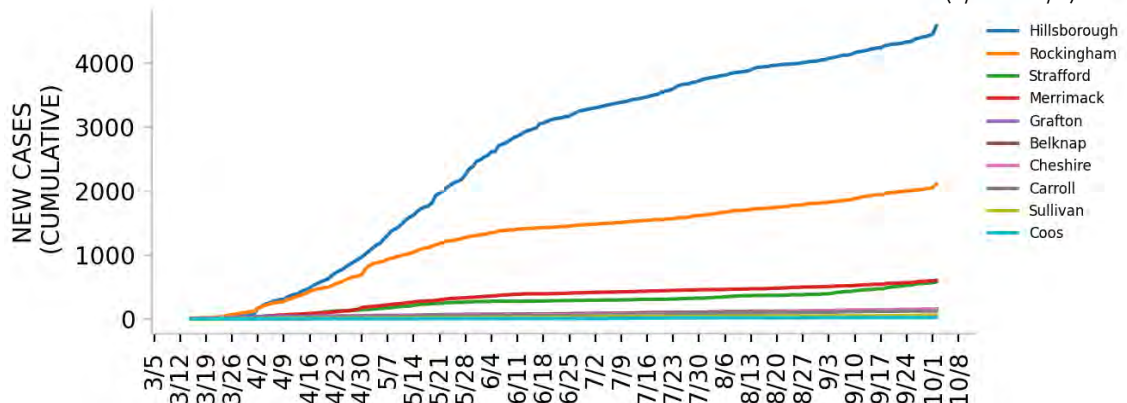
NEW CASES



TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)



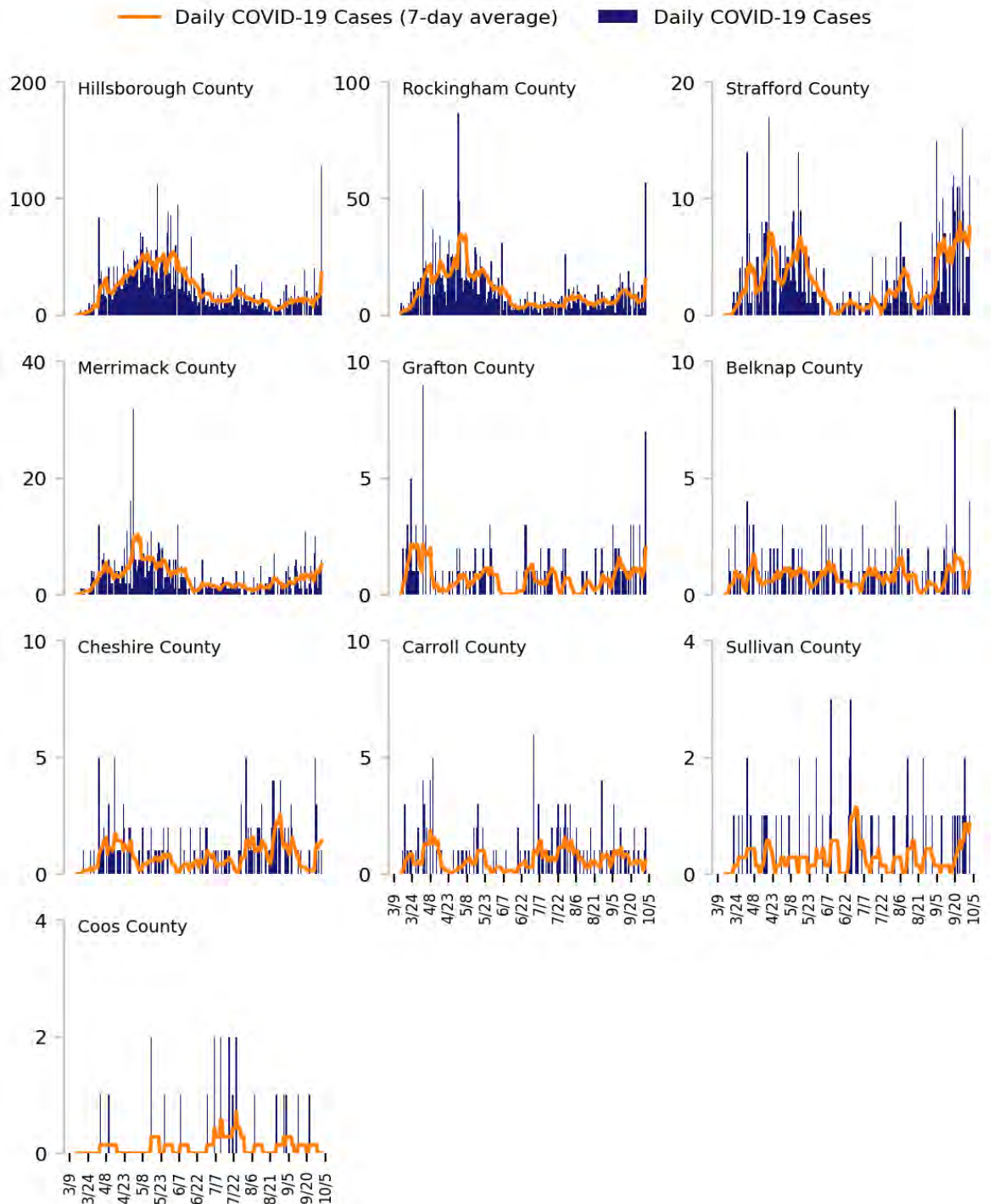
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. New Hampshire began including antigen positive tests as cases on 10/2.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2. New Hampshire began including antigen positive tests as cases on 10/2.

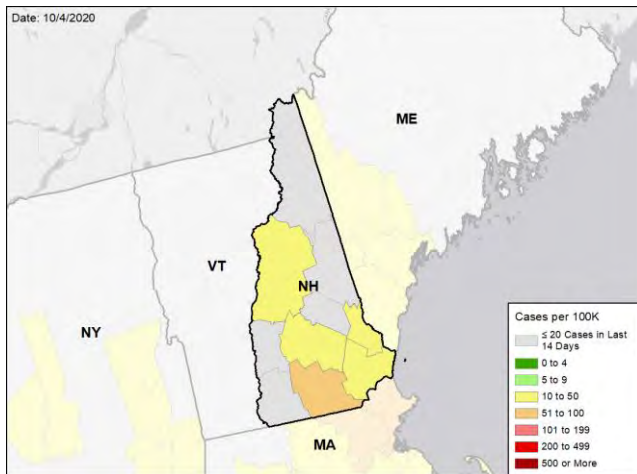


NEW HAMPSHIRE

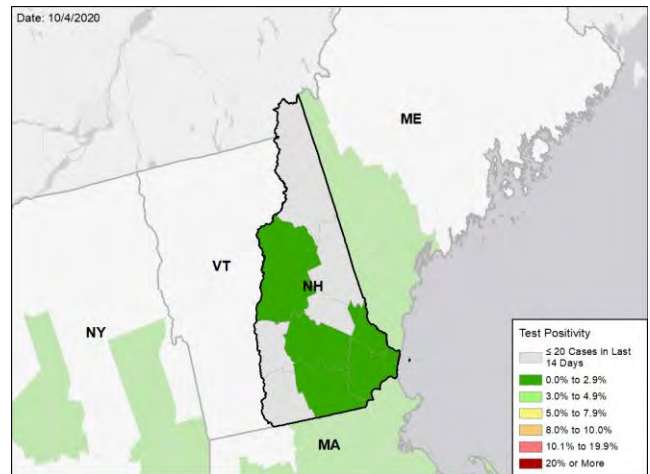
STATE REPORT | 10.04.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

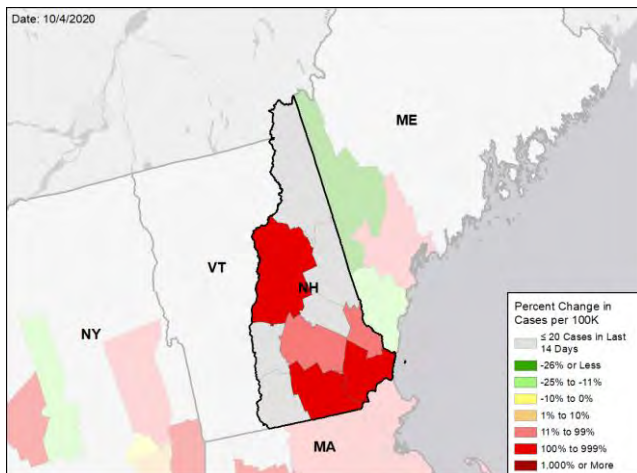
NEW CASES PER 100,000 DURING THE LAST WEEK



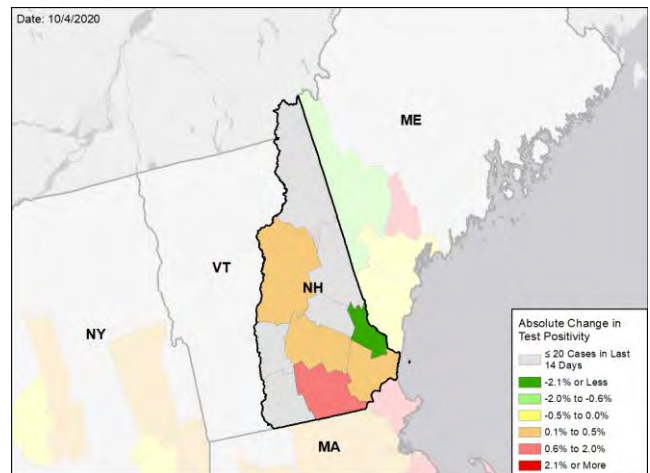
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25. New Hampshire began including antigen positive tests as cases on 10/2.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



STATE REPORT
10.04.2020

NEW JERSEY

SUMMARY

- New Jersey is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 41st highest rate in the country. New Jersey is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 43rd highest rate in the country.
- New Jersey has seen an increase in new cases and an increase in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Ocean County, 2. Middlesex County, and 3. Monmouth County. These counties represent 39.4% of new cases in New Jersey.
- 5% of all counties in New Jersey have moderate or high levels of community transmission (yellow, orange, or red zones), with none having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 5% of nursing homes had at least one new resident COVID-19 case, 13% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death.
- New Jersey had 51 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 58 to support operations activities from FEMA; 17 to support operations activities from USCG; and 1 to support operations activities from VA.
- Between Sep 26 - Oct 2, on average, 34 patients with confirmed COVID-19 and 174 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Jersey. An average of 92% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Be specific about where the virus is and where it is spreading so people can be alerted to step up their vigilance.
- Focusing testing in towns and communities is critical to prevent further spread.
- Maintain high testing levels in order to quickly identify positive cases with support for isolation. Increase contact tracing capacity to support schools and prevent community-wide transmission.
- Immediately review specific nursing home where staff have COVID-19. Use nursing home testing as sentinel surveillance indicating degree of community spread.
- Abbott BinaxNOW tests should be used in a sentinel surveillance capacity. Sentinel surveillance among specific populations across New Jersey will help provide specific information to each community regarding local transmission and where mitigation efforts needed to be enhanced.
- Prioritize these populations for routine sentinel surveillance: K-12 teachers; staff working in nursing homes, assisted living, senior living facilities, and other congregate living settings including correctional facilities; and first responders.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).

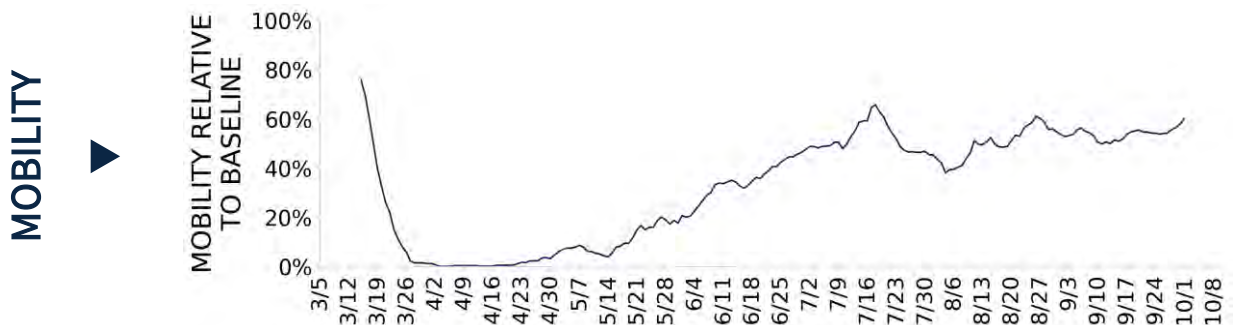




NEW JERSEY

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	4,529 (51)	+39%	12,403 (44)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	2.9%	+0.6%*	1.7%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	167,874** (1,890)	-8%**	769,637** (2,716)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	38 (0.4)	+3%	118 (0.4)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	5% (13%)	-1%* (+4%*)	4% (13%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	+1%*	1%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



NEW JERSEY

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

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

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

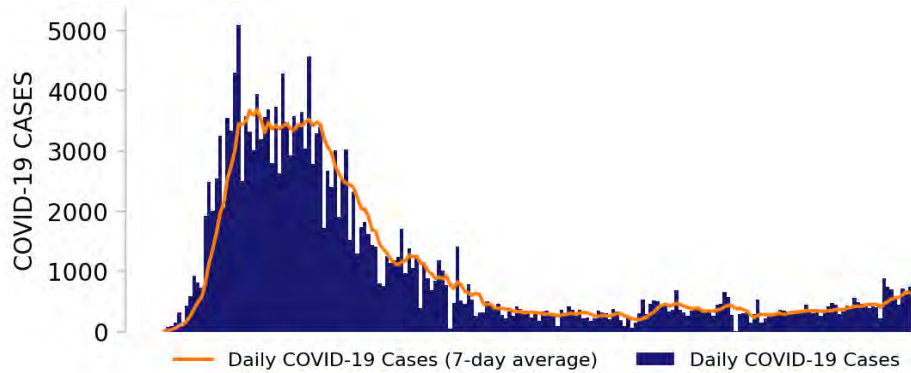
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



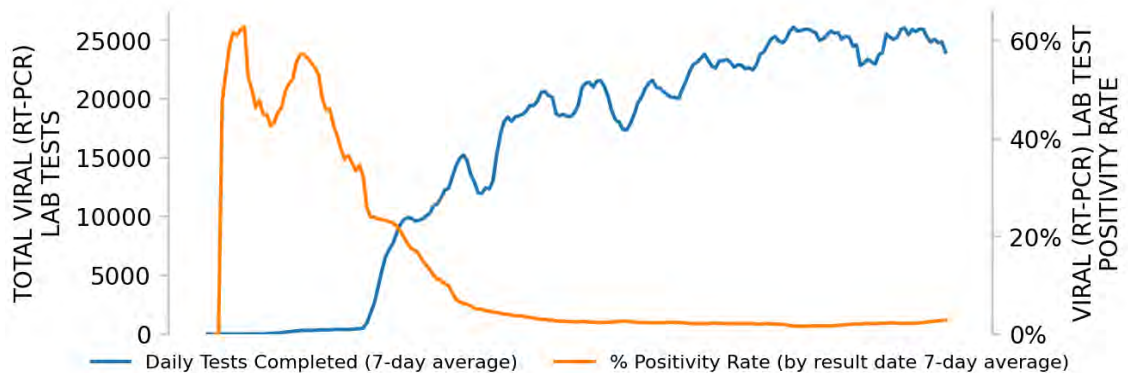
NEW JERSEY

STATE REPORT | 10.04.2020

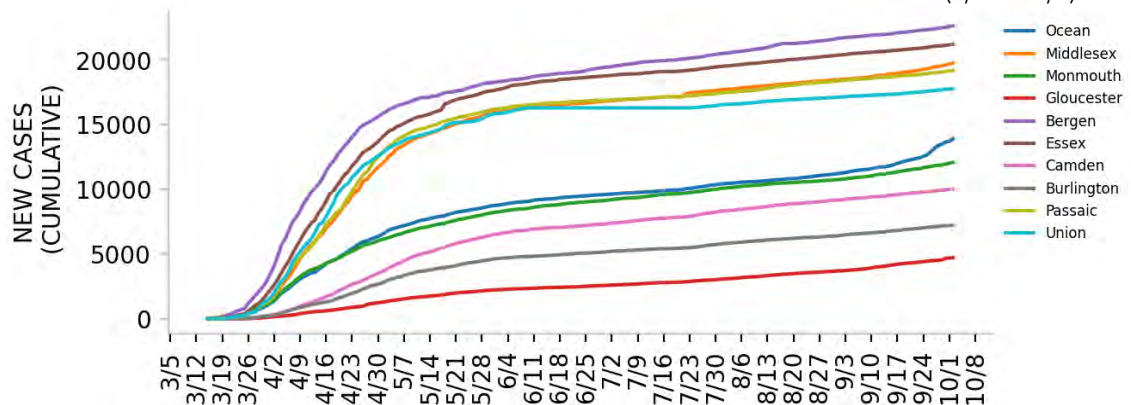
NEW CASES



TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)



DATA SOURCES – Additional data details available under METHODS

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

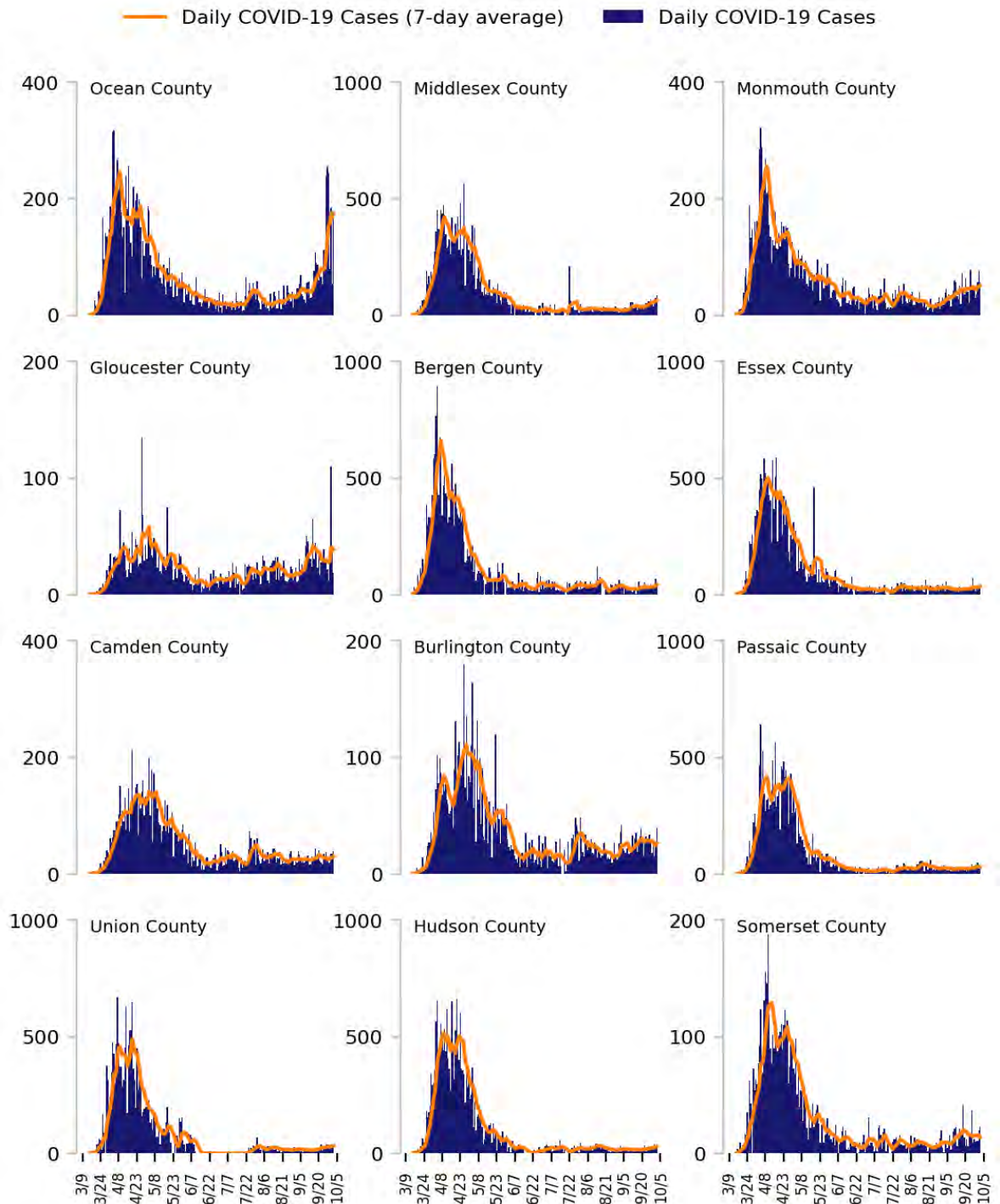
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

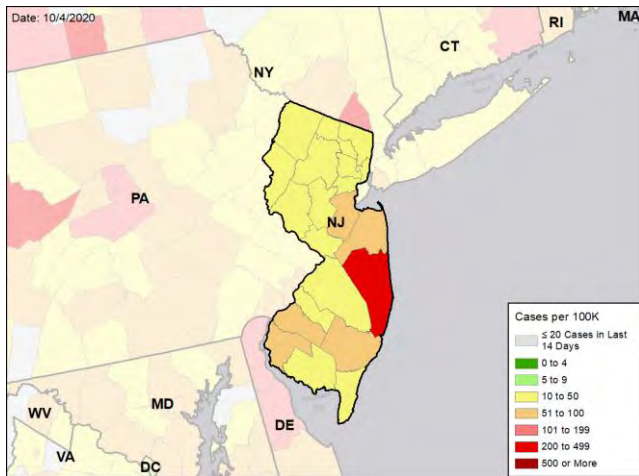


NEW JERSEY

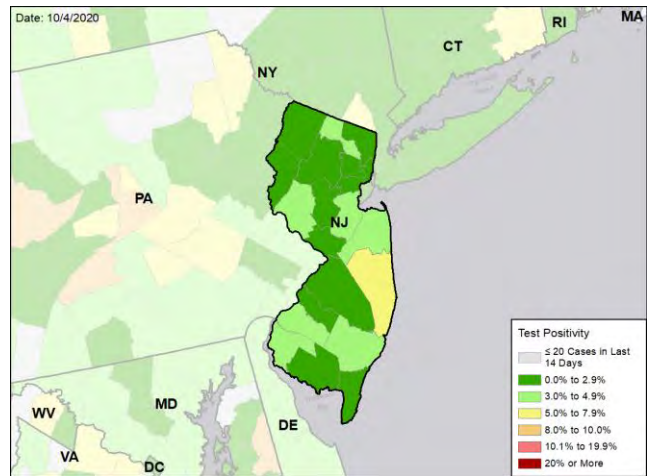
STATE REPORT | 10.04.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

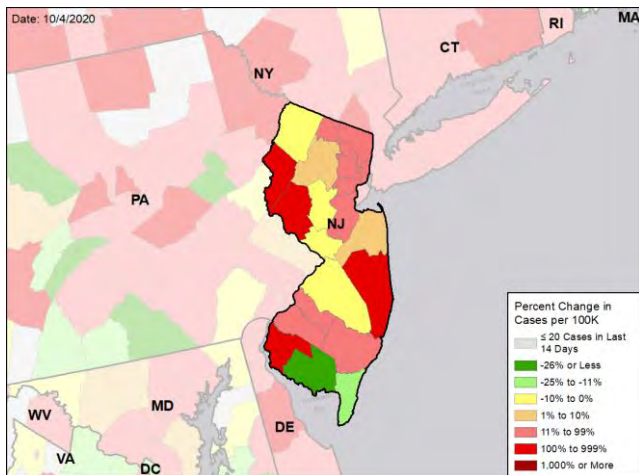
NEW CASES PER 100,000 DURING THE LAST WEEK



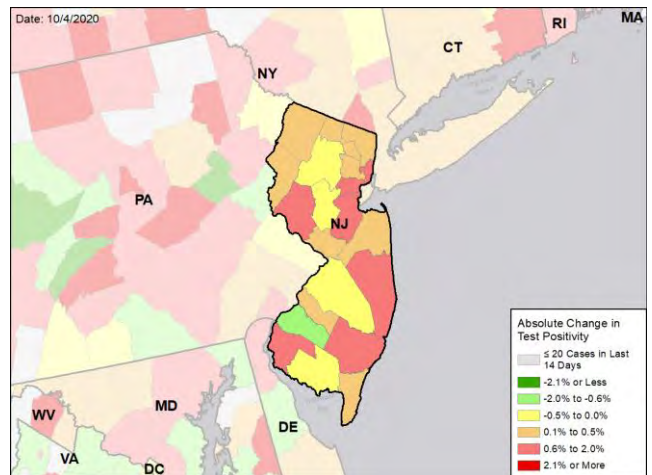
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



NEW MEXICO

SUMMARY

- New Mexico is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 32nd highest rate in the country. New Mexico is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 41st highest rate in the country.
- New Mexico has seen an increase in new cases and an increase in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Bernalillo County, 2. Doña Ana County, and 3. Chaves County. These counties represent 47.6% of new cases in New Mexico.
- 12% of all counties in New Mexico have moderate or high levels of community transmission (yellow, orange, or red zones), with 3% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 6% of nursing homes had at least one new resident COVID-19 case, 9% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death.
- New Mexico had 72 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 6 to support operations activities from FEMA; 1 to support epidemiology activities from CDC; and 1 to support operations activities from VA.
- Between Sep 26 - Oct 2, on average, 17 patients with confirmed COVID-19 and 21 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Mexico. An average of 92% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- New Mexico needs to continue to increase testing and continue the strong mitigation efforts statewide. There need to be strong mitigation efforts in Lea and Curry counties and among Tribal Nations.
- Mitigation efforts must continue, including mask wearing, physical distancing, hand hygiene, and avoiding crowds.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies work best when used early in the course of infection.
- Ensure all universities and colleges plan for rapid testing and contact tracing of symptomatic students, as well as ensure routine surveillance testing of students to find asymptomatic cases, with quick turnaround times for results, and the rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent home to isolate or quarantine unless necessary.
- For universities, would immediately consider antibody surveillance testing of both off and on campus students to establish asymptomatic infection rate during the fall. It is possible, based on the current number of symptomatic students, that 15-20% of all university students have been infected. This would provide data for the spring semester. Modeling the current total infections, impact on R1 (disease rate among those exposed), and the potential for immunization of high-risk faculty and staff may allow for increased students in classroom in the spring with full mask use.
- Use focused wastewater surveillance to detect cases early and direct diagnostic testing and public health interventions to those dorms or student areas.
- In preparation for fall, increase testing capacity by increasing the budget and capacity of public health labs. Ensure access to flu vaccinations across the state and Tribal Nations.
- Increase community surveillance through expanded wastewater testing and implement increased surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. Establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. All antigen positive results must be reported with both the number of positive results and total tests conducted; these must be reported as COVID cases.
- Consider limiting hours or occupancy in non-seated indoor bars in highly targeted areas if cases continue to escalate.
- Continued new nursing home staff cases must be controlled by contact tracing in the communities where the staff reside and aggressive community testing and containment in those communities.
- Expanded nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- Continued comprehensive support to Native Americans is key for preventing both COVID-19 and flu infections. Abbott BinaxNOW testing supplies are being made available to Tribal Nation colleges.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

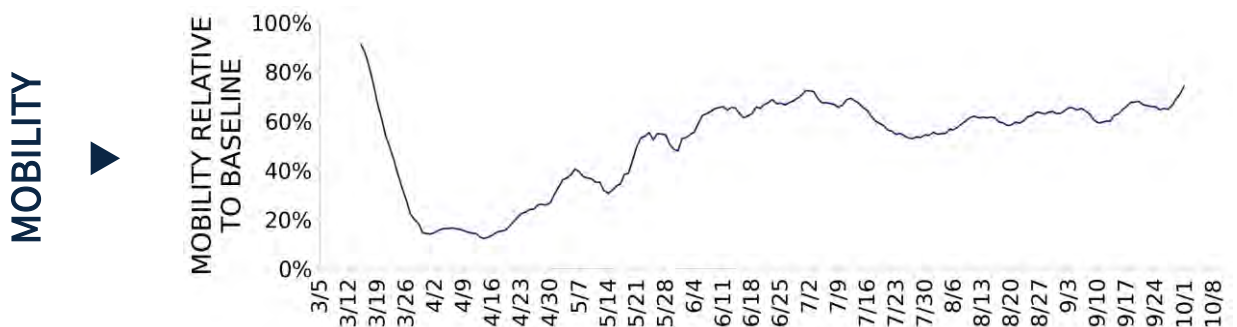




NEW MEXICO

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	1,514 (72)	+33%	48,301 (113)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.0%	+0.7%*	6.0%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	28,086** (1,339)	+23%**	487,416** (1,141)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	22 (1.0)	-8%	869 (2.0)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	6% (9%)	+3%* (+6%*)	13% (23%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	-2%*	4%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



NEW MEXICO

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	1	Hobbs	1	Lea
LOCALITIES IN ORANGE ZONE	1	Clovis	1	Curry
LOCALITIES IN YELLOW ZONE	2	Roswell Carlsbad-Artesia	2	Chaves Eddy

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

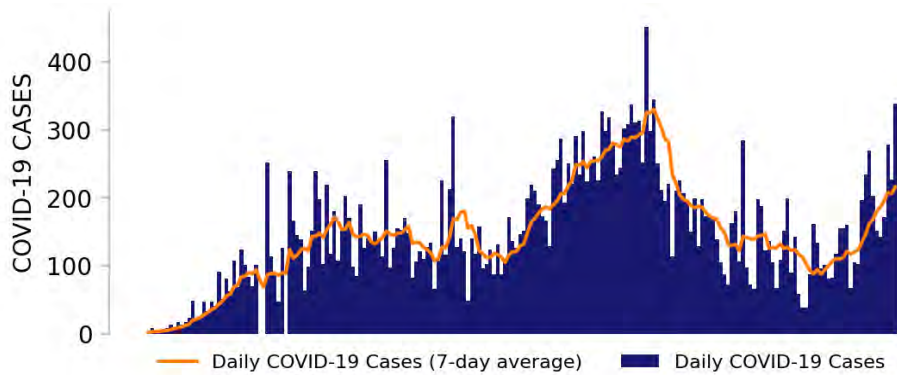
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



NEW MEXICO

STATE REPORT | 10.04.2020

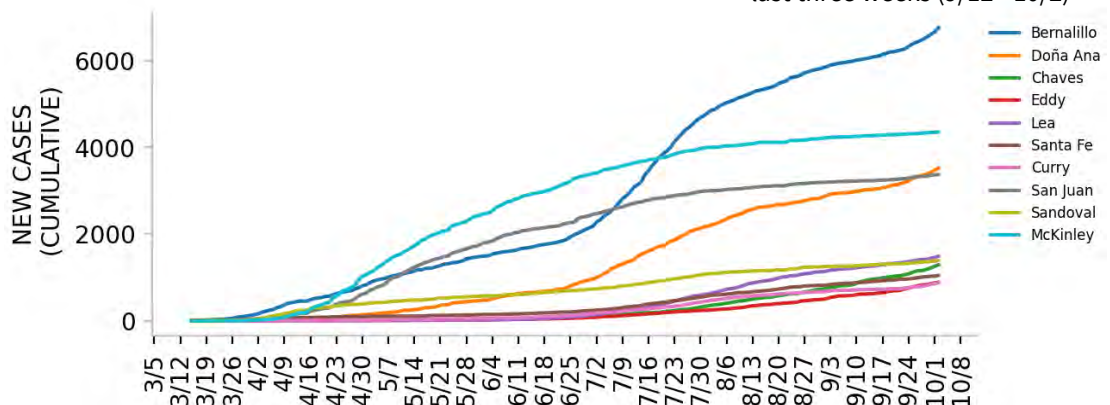
NEW CASES



TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)



DATA SOURCES – Additional data details available under METHODS

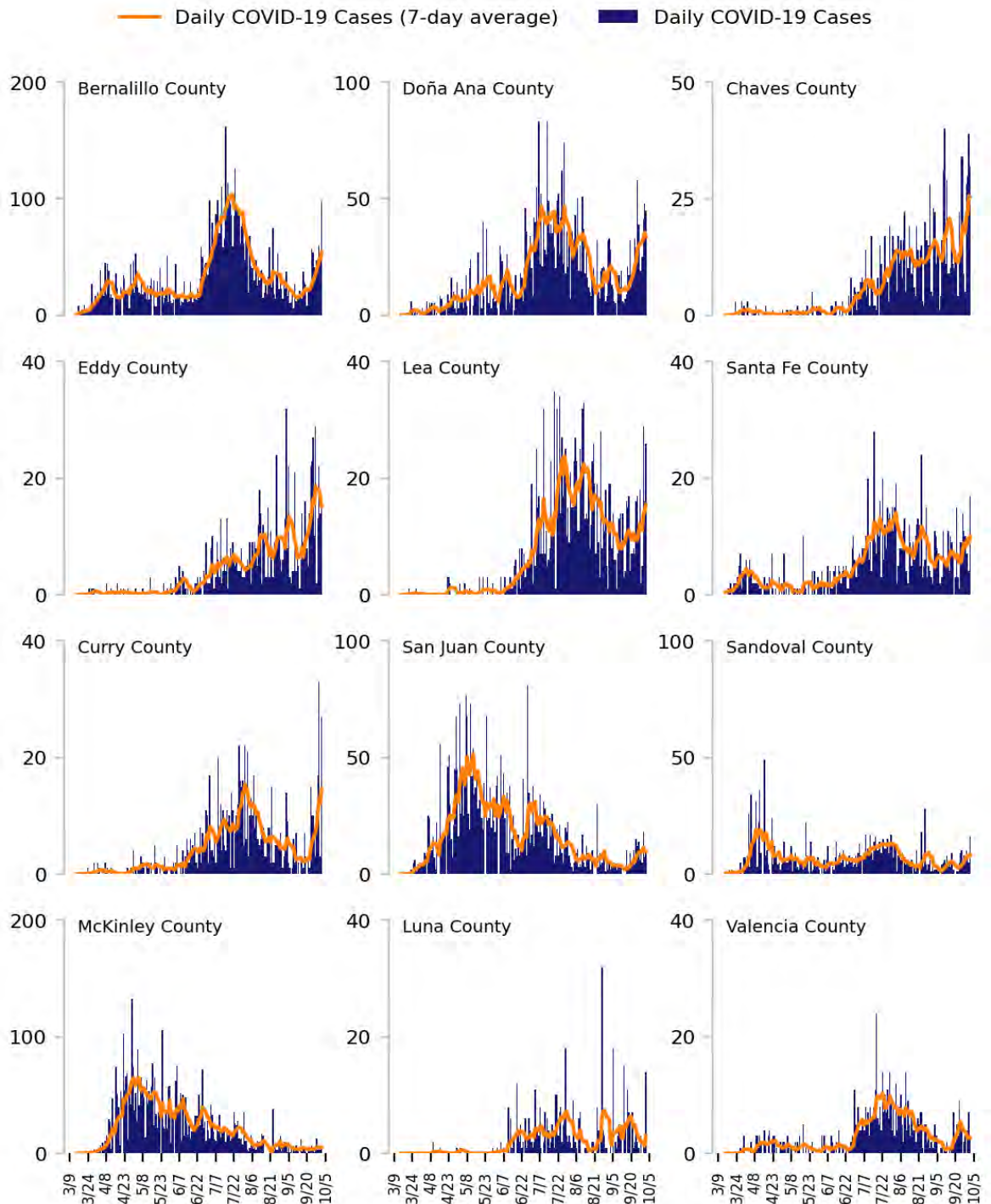
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

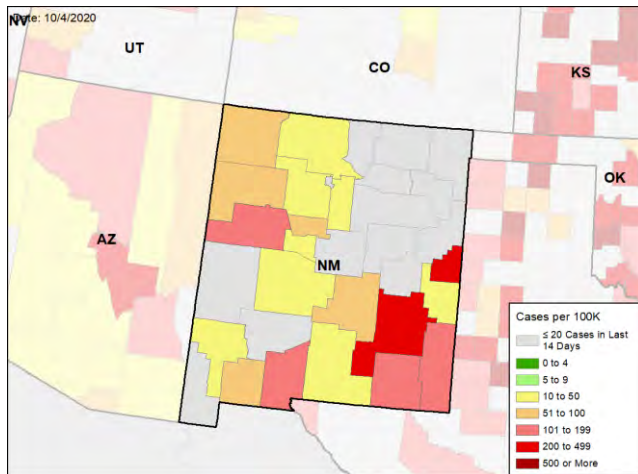


NEW MEXICO

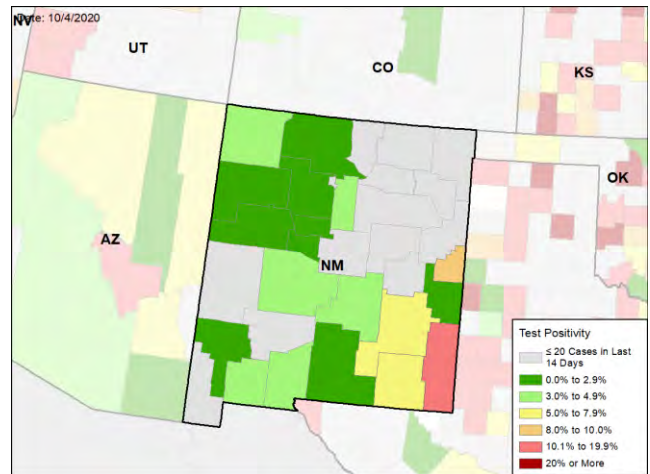
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CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

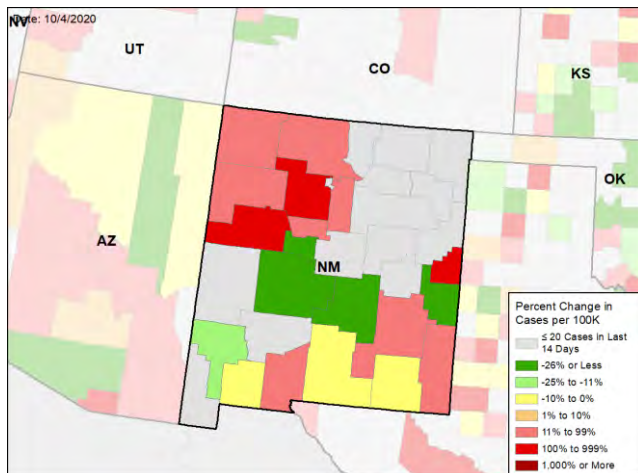
NEW CASES PER 100,000 DURING THE LAST WEEK



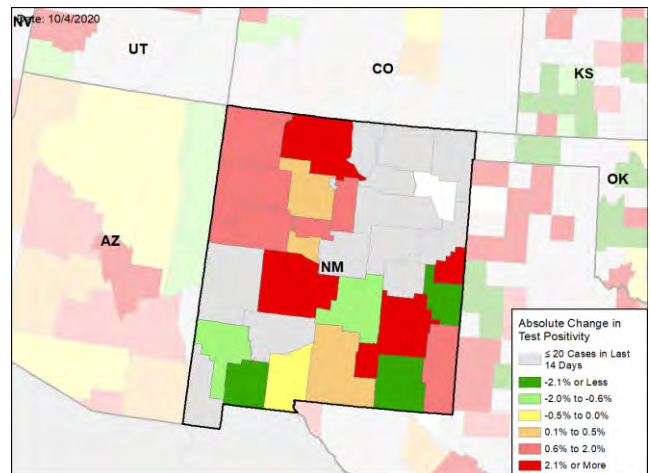
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



NEW YORK

SUMMARY

- New York is in the yellow zone for cases, indicating between 10 and 50 new cases per 100,000 population last week, with the 47th highest rate in the country. New York is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 47th highest rate in the country.
- New York has seen an increase in new cases and slight increase in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Kings County, 2. Queens County, and 3. Nassau County. These counties represent 35.5% of new cases in New York.
- Notable increases in test positivity occurred in Broome (Binghamton), Chemung (Elmira), and Steuben (Corning) counties, as well as Putnam, Tioga, and Schoharie counties.
- 3% of all counties in New York have moderate or high levels of community transmission (yellow, orange, or red zones), with none having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 4% of nursing homes had at least one new resident COVID-19 case, 12% had at least one new staff COVID-19 case, and 1% had at least one new resident COVID-19 death; apparent outbreak among residents and staff at a facility in Corning.
- New York had 40 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 67 to support operations activities from FEMA; 4 to support operations activities from ASPR; 2 to support testing activities from CDC; and 20 to support operations activities from USCG.
- Between Sep 26 - Oct 2, on average, 154 patients with confirmed COVID-19 and 329 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New York. An average of 90% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Colder weather and the movement of activities indoors, including smaller social and family gatherings, are likely driving the most recent increases in transmission; maintaining high level testing will be critical, especially as the majority of activities move indoors and more people are exposed.
- Continue to follow incidence and test positivity closely at the local level by age band and intensify community mitigation efforts, or enforcement of them, as needed. Monitor and enforce adherence to face coverings and social distancing, especially in Binghamton, Elmira, and Corning.
- Continue to closely monitor hospital utilization, resources, and capacity at the local level and make data available as part of educational efforts. Ensure all hospital staff, especially those in rural areas, are trained on latest treatment protocols, including early use of antiviral and antibody therapy for hospitalized patients.
- Ensure all institutions of higher education (IHEs) are conducting vigorous testing and have sufficient capacity for ongoing surveillance; require all IHEs to post testing and result data online and to describe specific activities they will take in the event of an increase in transmission. Ensure all IHEs have sufficient capacity to rapidly and comfortably isolate or quarantine students on campus or coordinate release of students to safe family quarantine; in-person IHEs should plan for possible increase in cases as activities move primarily indoors.
- Explore opportunities to implement and expand wastewater surveillance to enhance efficiency and reach of surveillance.
- Intensify public health messaging to reinvigorate commitment to community mitigation efforts as weather turns colder; continue regular outreach to retail, restaurant, and bar owners in college communities regarding enforcement of mitigation efforts and limitations on occupancy.
- Ensure appropriately targeted public health messaging to marginalized and at-risk groups, especially those who live in crowded or multigenerational settings, including immigrant communities and native communities. Ensure testing is widely accessible to marginalized populations, including those experiencing homelessness and those living in congregate settings, and ensure positive cases have prompt contact tracing.
- Using antigen tests or other rapid testing, expand regular surveillance of critical staff who are at-risk for infection, such as teachers, clinic staff and staff working at LTCFs and other congregate living settings, prisoners and prison staff, public transportation workers, and first responders.
- Maintain strict adherence to CMS guidance for testing and mitigation at long-term care facilities (LTCFs), ensure facility wide testing for any newly diagnosed resident or staff. Any nursing homes with 3 or more cases of COVID-19 among staff and/or residents per week over any of the past 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; this includes facilities in Corning, Brooklyn, New York City, Kingston, Goshen, Orchard Park, Williamsville, Troy, Dunkirk, and Montrose. Preventing further spread in these areas is critical to protect the vulnerable nursing home population.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

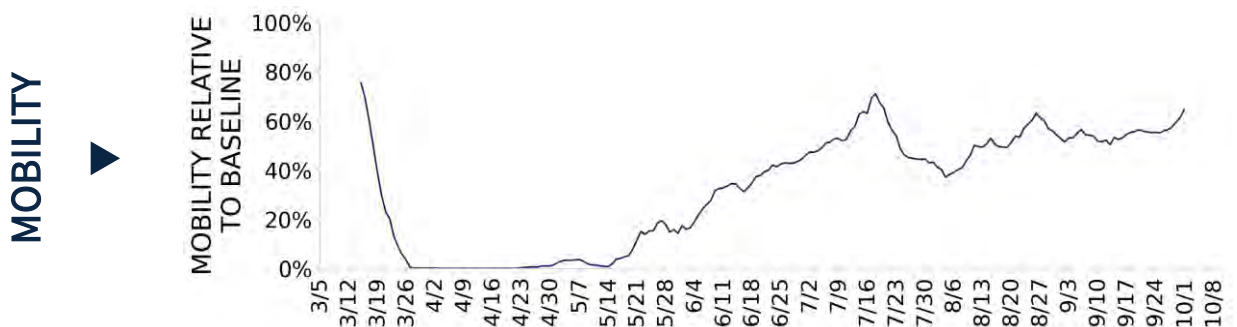




NEW YORK

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	7,874 (40)	+38%	12,403 (44)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.4%	+0.3%*	1.7%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	601,763** (3,093)	+1%**	769,637** (2,716)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	80 (0.4)	+158%	118 (0.4)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	4% (12%)	+1%* (-3%*)	4% (13%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	+0%*	1%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.

Mobility: Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



NEW YORK

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	0	N/A	0	N/A
LOCALITIES IN ORANGE ZONE	0	N/A	0	N/A
LOCALITIES IN YELLOW ZONE	1	Elmira	2	Rockland Chemung

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

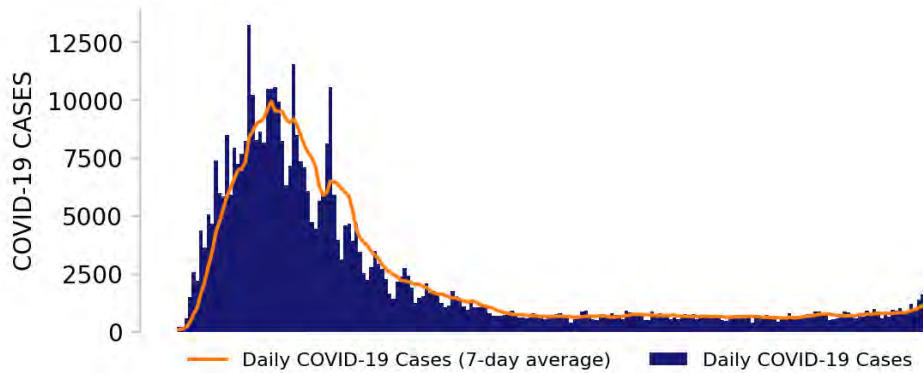
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



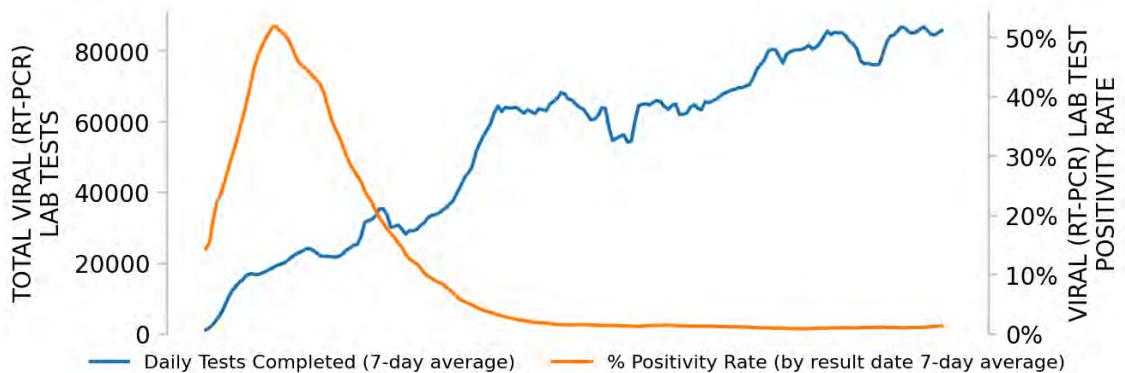
NEW YORK

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NEW CASES

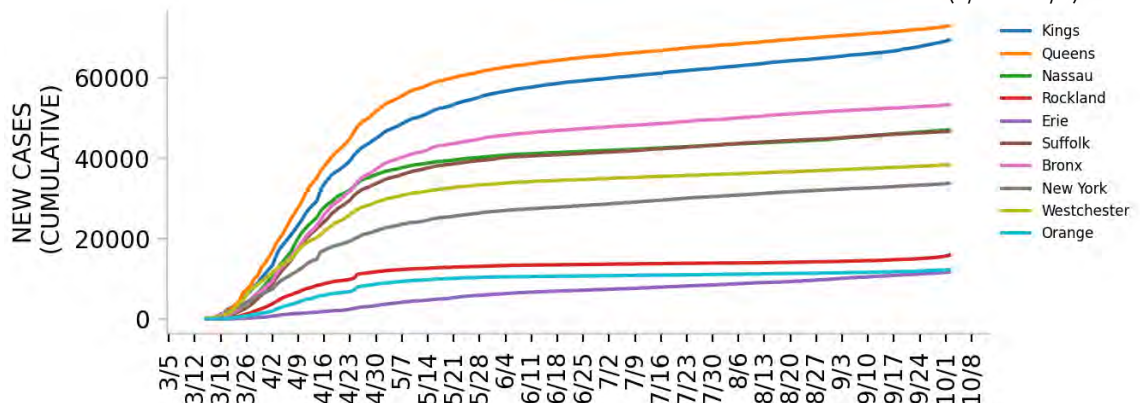


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

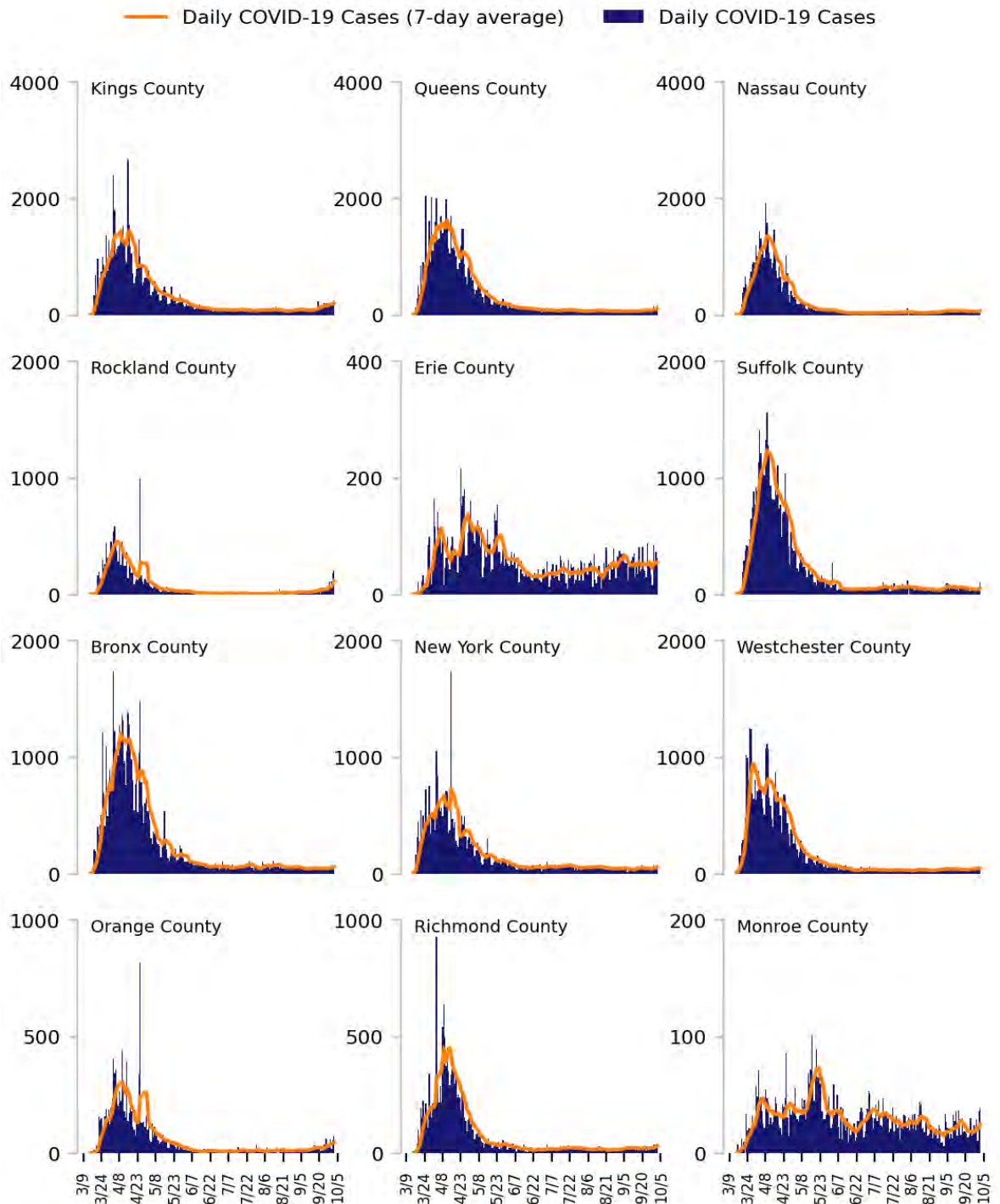
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

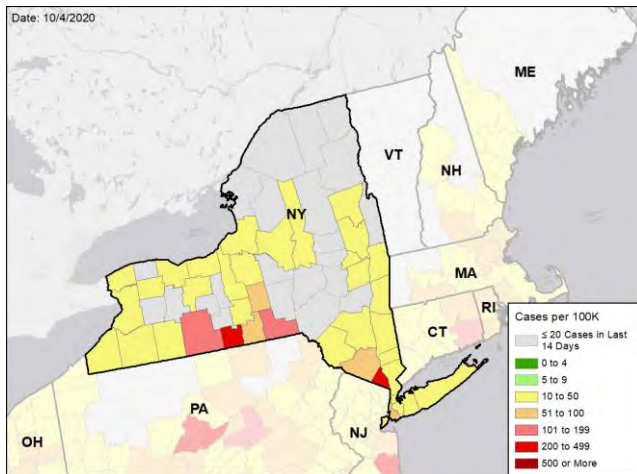


NEW YORK

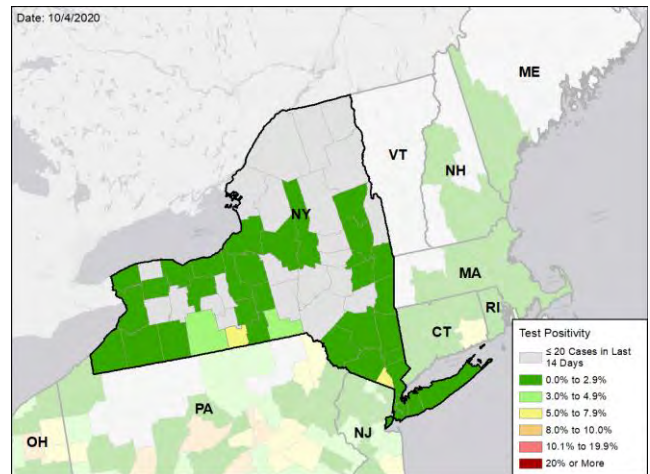
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CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

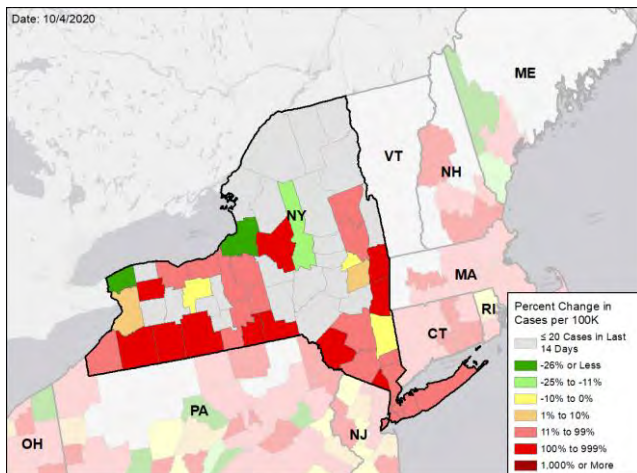
NEW CASES PER 100,000 DURING THE LAST WEEK



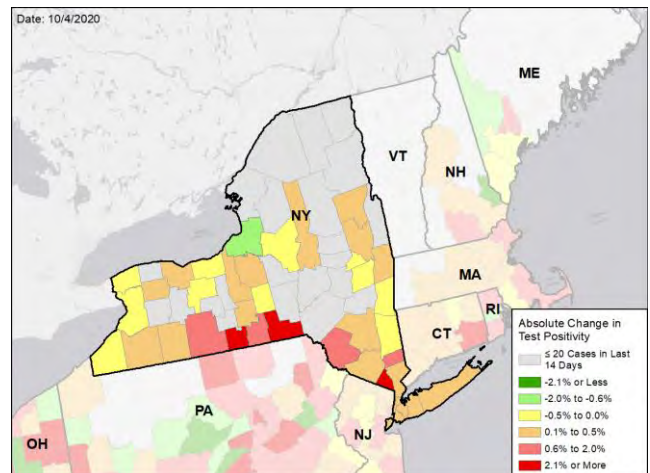
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



NORTH CAROLINA

SUMMARY

- North Carolina is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 25th highest rate in the country. North Carolina is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 24th highest rate in the country.
- North Carolina has seen a decrease in new cases and stability in test positivity over the last week in the context of expansion in testing volume suggests diminishing transmission at the state level.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Mecklenburg County, 2. Wake County, and 3. Guilford County. These counties represent 18.0% of new cases in North Carolina.
- Increase in test positivity and incidence is notable in at least 15 counties, most notably Swain, Graham, Hoke, Caswell, Macon, Madison, Rockingham, and Stoke counties; persistent elevation in Robeson County likely reflects ongoing transmission among the Lumbee tribe.
- 63% of all counties in North Carolina have moderate or high levels of community transmission (yellow, orange, or red zones), with 13% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 17% of nursing homes had at least one new resident COVID-19 case, 27% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death; this is a notable increase from weeks prior.
- North Carolina had 99 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 2 to support operations activities from FEMA; 7 to support operations activities from USCG; and 4 to support operations activities from VA.
- Between Sep 26 - Oct 2, on average, 99 patients with confirmed COVID-19 and 330 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in North Carolina. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Efforts to expand testing are highly commendable and will be critical to achieve control of this epidemic; this will be particularly important as weather turns colder, activities move indoors, diligence with face covering and social distancing wanes, and transmission intensifies.
- Monitor and enforce social distancing and use of face coverings. Consider limiting hours or occupancy in non-seated indoor bars in highly targeted areas if cases continue to escalate.
- Intensify public health messaging to reinvigorate commitment to mitigation behaviors as weather turns colder; include messaging on risks of smaller social and familial gatherings and make clear recommendations for vulnerable people (older individuals and those with comorbidities) to refrain from participating in them or to participate safely.
- Continue to closely monitor hospital utilization, resources, and capacity at the local level; put data on state website and include as part of educational campaigns. Ensure hospital capacity remains sufficient in all counties and all staff are trained on current treatment protocols, including early (not delayed) use of antibody and antiviral treatment for hospitalized patients.
- Ensure timely contact tracing of all cases, especially in counties with the highest or increasing transmission, and provide housing, material support, and counseling to facilitate isolation or quarantine, especially in communities with congregate living facilities or high numbers of crowded or multigenerational households.
- Continue efforts to aggressively expand testing in all counties; work with institutions of higher education (IHEs) and private research partners in the Triangle to establish use of focused wastewater testing to expand efficiency and reach of surveillance.
- Surveillance testing appears insufficient at many IHEs; ensure all IHEs with any campus activity are conducting sufficiently intense surveillance; in college communities where incidence or test positivity are elevated or increasing (such as Appalachian State, UNC-Pembroke), ensure cases are swiftly and comfortably isolated and contacts swiftly quarantined and review plans to address problems.
- Using antigen or other rapid tests, implement regular surveillance among critical staff, such as teachers, clinic staff and staff working at long-term care facilities (LTCFs) and other congregate living settings, prisoners and prison staff, public transportation workers, and first responders.
- Robeson County: continue to expand culturally-specific public health education especially as tribal social events pick back up and diligence to mitigation practices wanes. Conduct prompt contact tracing (within 48 hours of diagnosis) and provide housing, food, and supplies to support immediate quarantine of contacts and isolation of cases.
- Ensure strict adherence to CMS guidance for testing and mitigation at long-term care facilities (LTCFs) by conducting testing of all new residents at admission, periodic testing of staff, and immediate facility-wide testing for any newly diagnosed resident or staff; enforce adherence to guidance with fines. If recurrent cases are identified among staff, increase frequency of staff testing, regardless of symptoms.
- All nursing homes with 3 or more cases of COVID-19 among staff and/or residents per week over any of the past 3 weeks (there are dozens) need mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

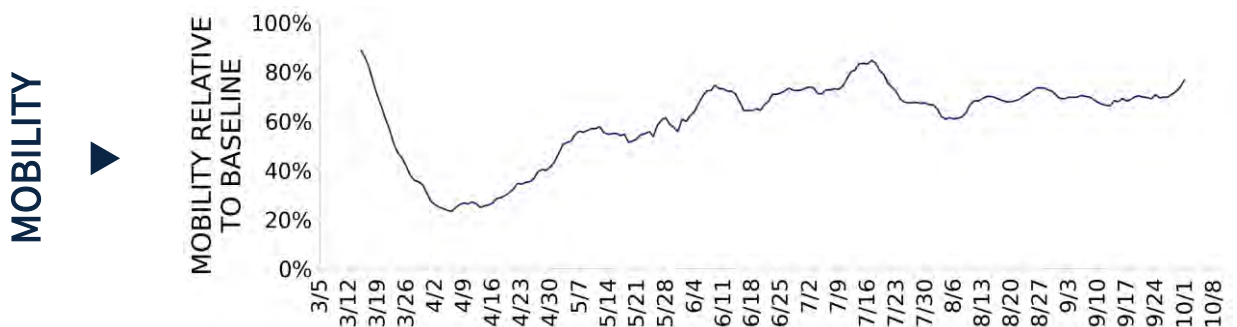




NORTH CAROLINA

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	10,356 (99)	-22%	63,742 (95)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.8%	+0.3%*	6.0%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	187,537** (1,788)	+9%**	1,004,096** (1,501)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	201 (1.9)	+0%	1,567 (2.3)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	17% (27%)	+5%* (-3%*)	15% (28%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	-1%*	6%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



NORTH CAROLINA

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

METRO AREA (CBSA) LAST WEEK

COUNTY LAST WEEK

LOCALITIES IN RED ZONE	3	Fayetteville Lumberton Laurinburg	13	Robeson Craven Nash Scotland Lincoln Hoke Hertford Caswell Halifax Cherokee Bertie Mitchell
LOCALITIES IN ORANGE ZONE	8	Rocky Mount New Bern Shelby Albemarle Pinehurst-Southern Pines Washington Roanoke Rapids Forest City	16	Cumberland Gaston Cleveland Stanly Moore Rockingham Edgecombe Beaufort Rutherford Greene Avery Anson
LOCALITIES IN YELLOW ZONE	17	Charlotte-Concord-Gastonia Greensboro-High Point Hickory-Lenoir-Morganton Wilmington Greenville Jacksonville Goldsboro Boone Wilson Rockingham Myrtle Beach-Conway-North Myrtle Beach North Wilkesboro	34	Guilford New Hanover Pitt Union Onslow Cabarrus Johnston Davidson Harnett Catawba Rowan Wayne

All Yellow CBSAs: Charlotte-Concord-Gastonia, Greensboro-High Point, Hickory-Lenoir-Morganton, Wilmington, Greenville, Jacksonville, Goldsboro, Boone, Wilson, Rockingham, Myrtle Beach-Conway-North Myrtle Beach, North Wilkesboro, Sanford, Morehead City, Mount Airy, Virginia Beach-Norfolk-Newport News, Henderson

All Red Counties: Robeson, Craven, Nash, Scotland, Lincoln, Hoke, Hertford, Caswell, Halifax, Cherokee, Bertie, Mitchell, Swain

All Orange Counties: Cumberland, Gaston, Cleveland, Stanly, Moore, Rockingham, Edgecombe, Beaufort, Rutherford, Greene, Avery, Anson, Chowan, Martin, Montgomery, Graham

All Yellow Counties: Guilford, New Hanover, Pitt, Union, Onslow, Cabarrus, Johnston, Davidson, Harnett, Rowan, Catawba, Wayne, Watauga, Wilson, Randolph, Richmond, Caldwell, Wilkes, Lee, Carteret, Pender, Columbus, Surry, Bladen, Vance, Pasquotank, Northampton, Stokes, Yadkin, Alexander, Macon, Warren, Madison, Alleghany

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

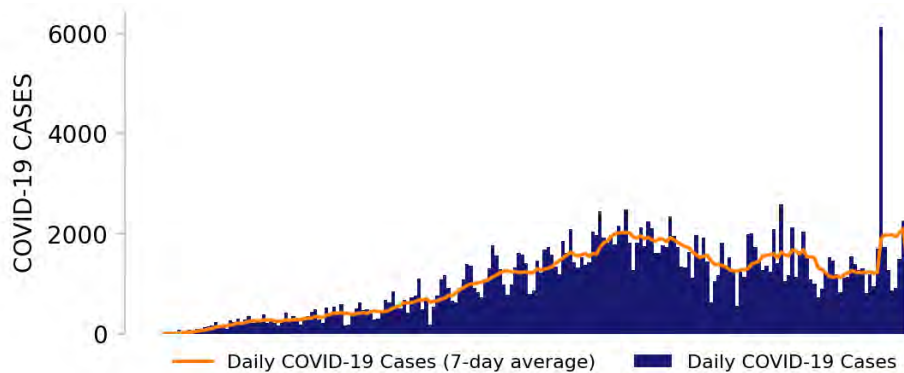
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



NORTH CAROLINA

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NEW CASES

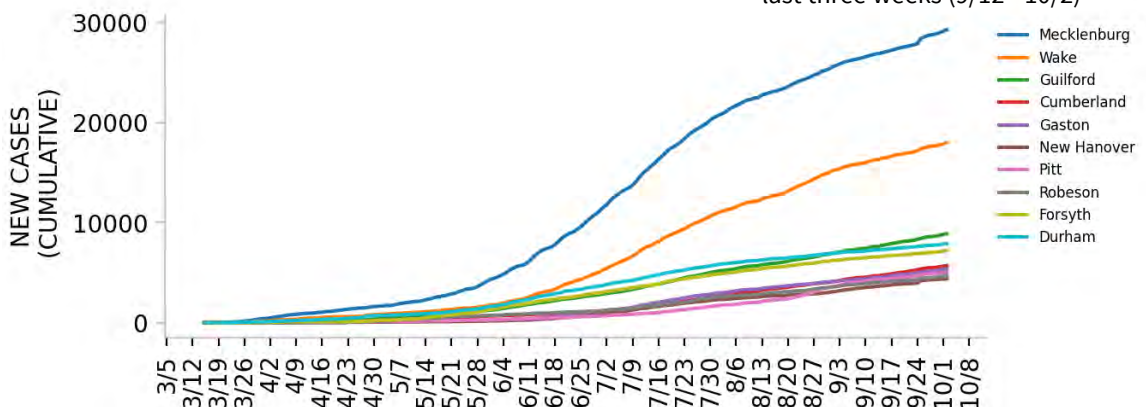


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

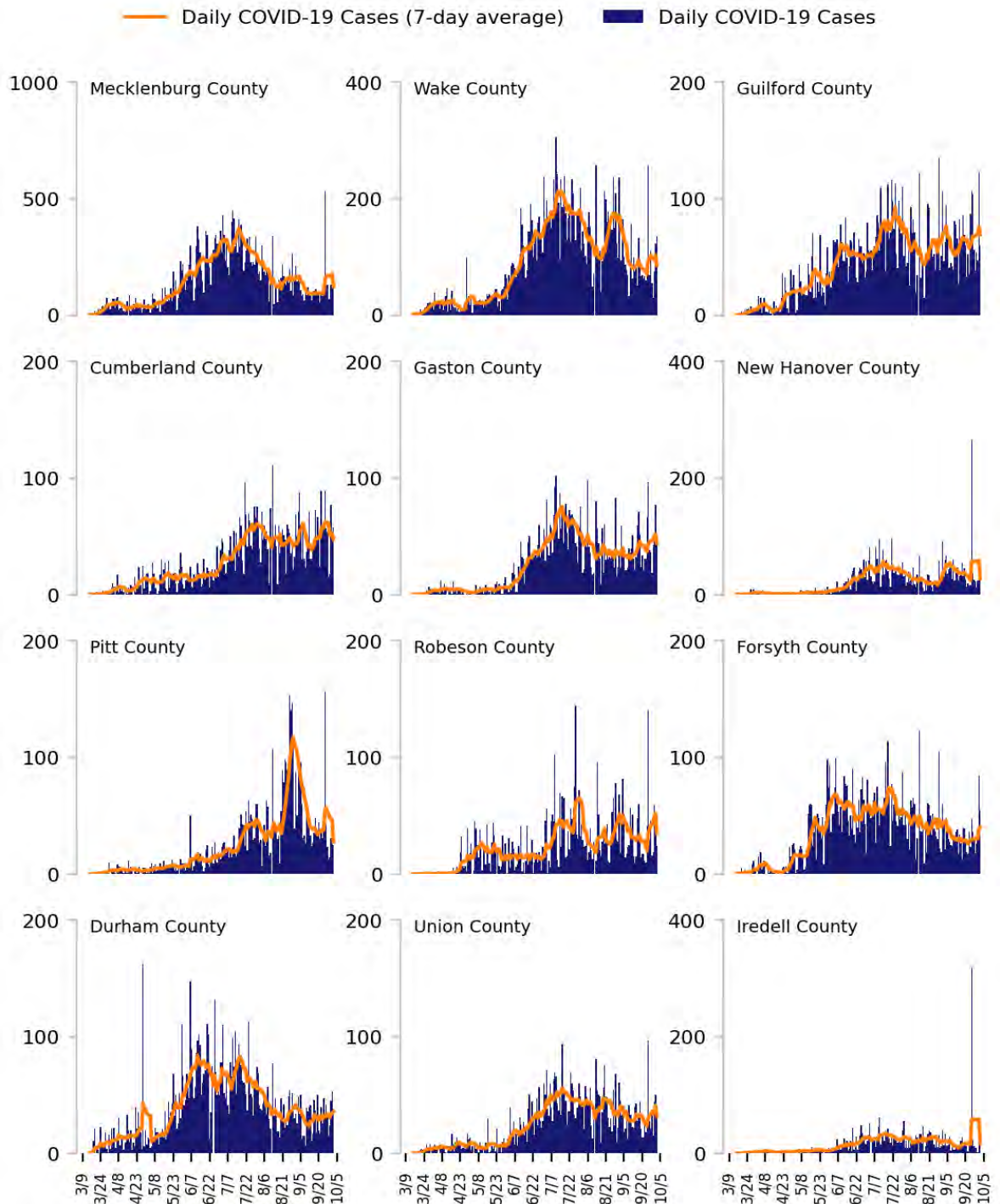
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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

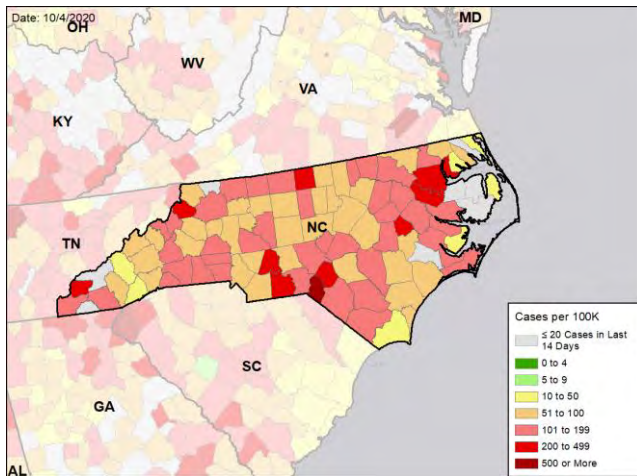


NORTH CAROLINA

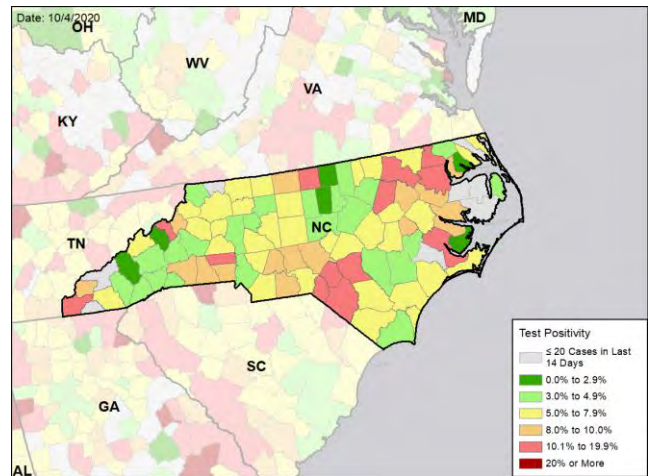
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CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

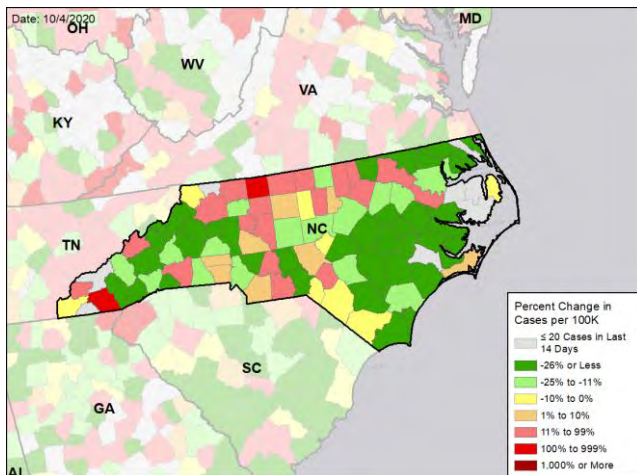
NEW CASES PER 100,000 DURING THE LAST WEEK



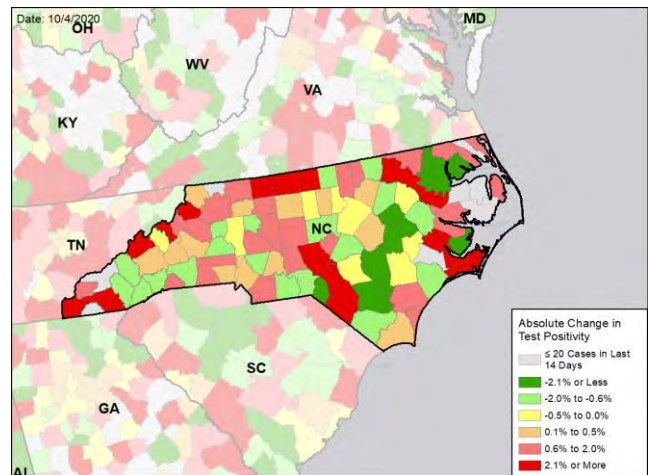
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



NORTH DAKOTA

SUMMARY

- North Dakota is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the highest rate in the country. North Dakota is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 15th highest rate in the country.
- North Dakota has seen stability in new cases and stability in test positivity over the last week. Early data suggests North Dakota is close to peaking and should begin to see improvement in new cases.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Cass County, 2. Burleigh County, and 3. Stark County. These counties represent 44.5% of new cases in North Dakota.
- 58% of all counties in North Dakota have moderate or high levels of community transmission (yellow, orange, or red zones), with 28% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 19% of nursing homes had at least one new resident COVID-19 case, 44% had at least one new staff COVID-19 case, and 8% had at least one new resident COVID-19 death.
- North Dakota had 369 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 1 to support epidemiology activities from CDC and 1 to support operations activities from CDC.
- Between Sep 26 - Oct 2, on average, 17 patients with confirmed COVID-19 and 6 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in North Dakota. An average of 89% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- North Dakota should continue the strong mitigation efforts statewide and continue strong testing rates.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies work best when used early in the course of infection.
- Continue to strengthen mitigation efforts in university towns to decrease spread from universities to the local community. Consider limiting hours or occupancy in non-seated indoor bars in highly targeted areas if cases continue to escalate. Progress continues in Grand Forks with the new mitigation efforts put in place by the Mayor.
- For universities, would immediately consider antibody surveillance testing of both off and on campus students to establish asymptomatic infection rate during the fall. It is possible, based on the current number of symptomatic students, that 15-20% of all university students have been infected. This would provide data for the spring semester. Modeling the current total infections, impact on R1 (disease rate among those exposed), and the potential for immunization of high-risk faculty and staff may allow for increased students in classroom in the spring with full mask use.
- Continue strong mask messaging and ensure all retail outlets are requiring masks for entry. Ensure all residents physically distance, wash hands, and restrict group and crowded indoor activities.
- Ensure all universities and colleges are rapid testing and contact tracing symptomatic students, as well as conducting critical, routine surveillance testing of students to find asymptomatic cases, with quick turnaround times for results, and the rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent home to isolate or quarantine unless necessary for the student and then precautions must be taken at home.
- Utilize focused wastewater surveillance to detect cases early and direct diagnostic testing and public health interventions.
- In preparation for fall, increase testing capacity by increasing the budget and capacity of public health labs and promote flu vaccination.
- Increase surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. Establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders. All antigen positive results must be reported with both the number of positive results and total tests conducted; these must be reported as COVID cases.
- Ask citizens and students to limit friend and family gatherings to prevent recreating spreading events in homes, resulting in new cases and the infection of those with comorbidities.
- Continue your excellent proactive protection plan for nursing homes, assisted living, and elderly care sites with your full testing capacity and continue to increase the frequency of staff testing to stop staff any staff to resident transmission.
- All new nursing home staff cases must be controlled by contact tracing in the communities where the staff reside and aggressive community testing and containment in those communities.
- Continued comprehensive support to Native Americans is key for preventing both COVID-19 and flu infections. Abbott BinaxNOW testing supplies are being made available to Tribal Nation colleges.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

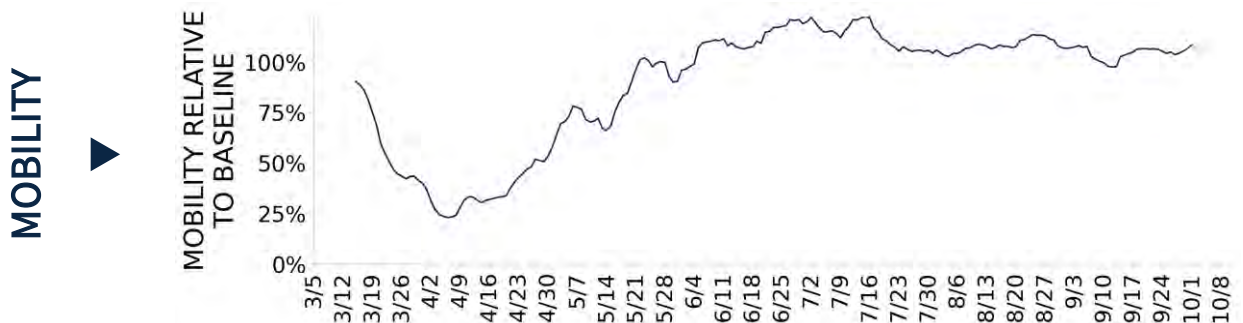




NORTH DAKOTA

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	2,809 (369)	+6%	19,493 (159)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.3%	+0.3%*	8.1%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	41,140** (5,399)	-8%**	283,433** (2,312)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	53 (7.0)	+96%	140 (1.1)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	19% (44%)	+1%* (+3%*)	8% (23%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	8%	+3%*	3%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.

Mobility: Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



NORTH DAKOTA

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	1	Williston	15	Morton Williams Emmons McLean Mercer Dickey Mountrail Dunn Pembina LaMoure Nelson McHenry
LOCALITIES IN ORANGE ZONE	3	Bismarck Dickinson Minot	6	Burleigh Stark Benson Logan Eddy McIntosh
LOCALITIES IN YELLOW ZONE	3	Fargo Grand Forks Wahpeton	10	Cass Ward Grand Forks McKenzie Ramsey Walsh Bottineau Renville Sargent Bowman

All Red Counties: Morton, Williams, Emmons, McLean, Mercer, Dickey, Mountrail, Dunn, Pembina, LaMoure, Nelson, McHenry, Grant, Kidder, Golden Valley

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

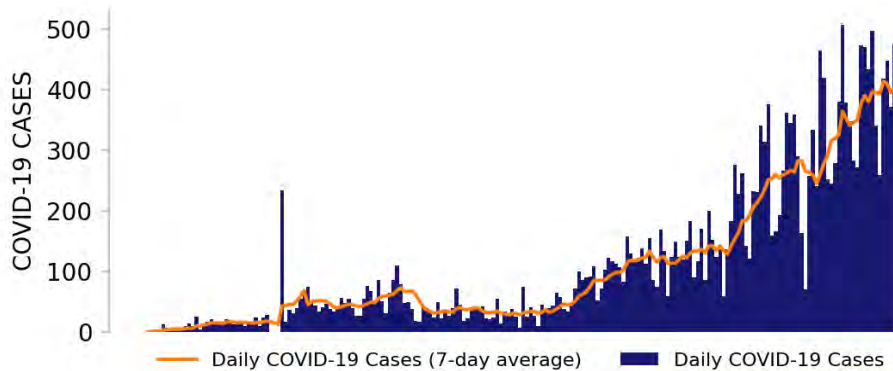
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



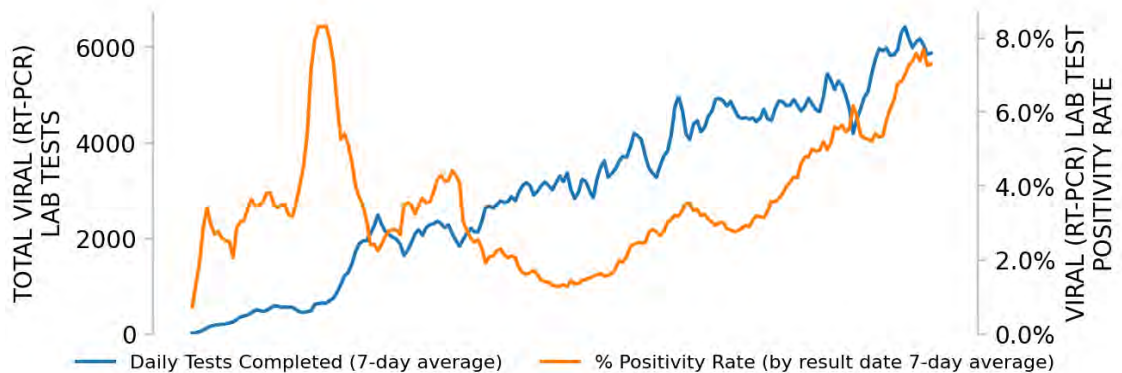
NORTH DAKOTA

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NEW CASES

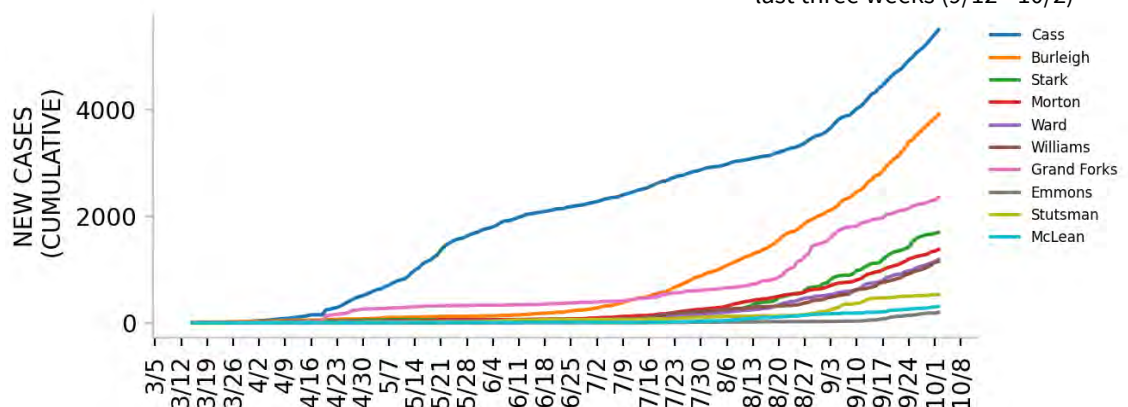


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

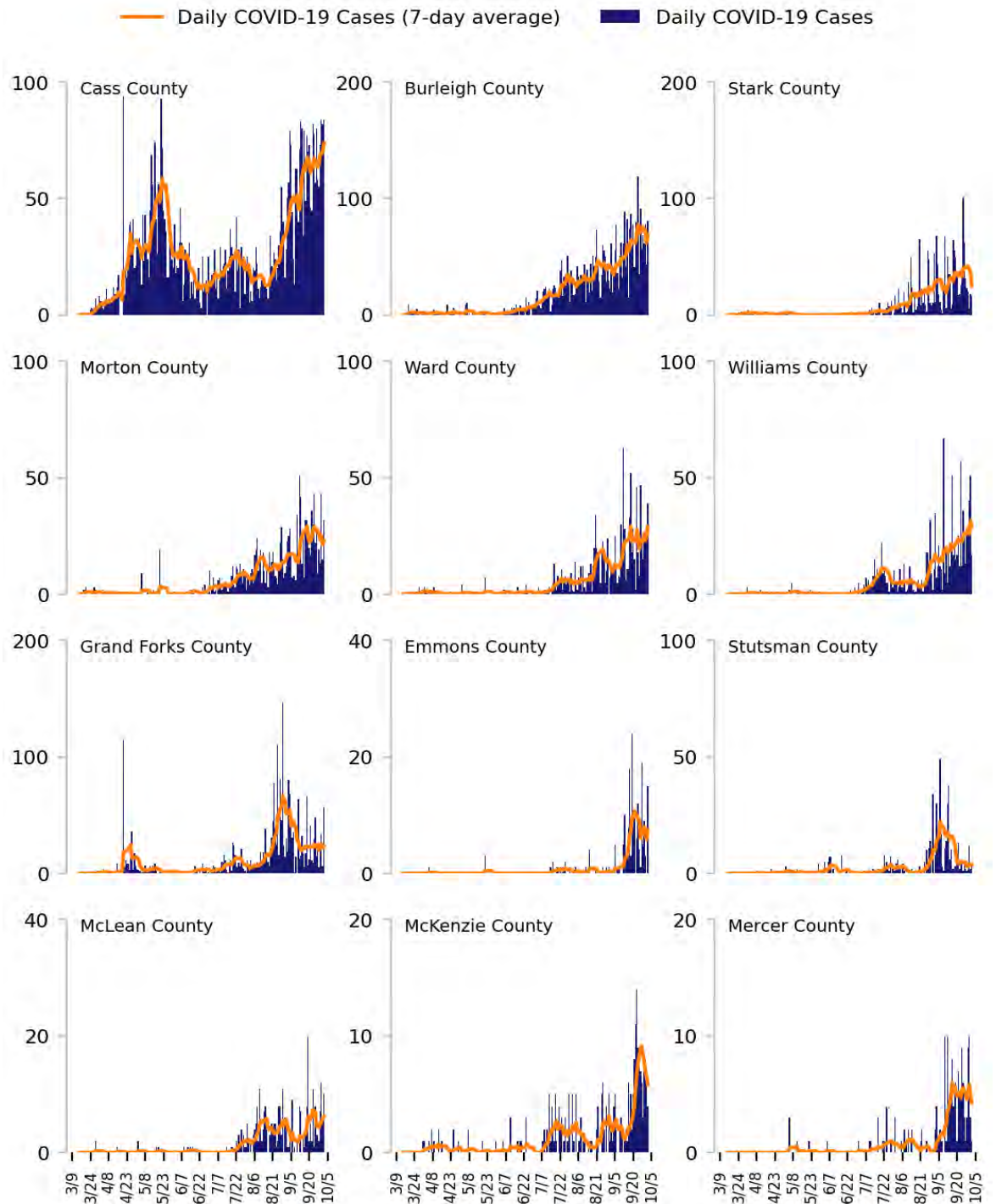
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

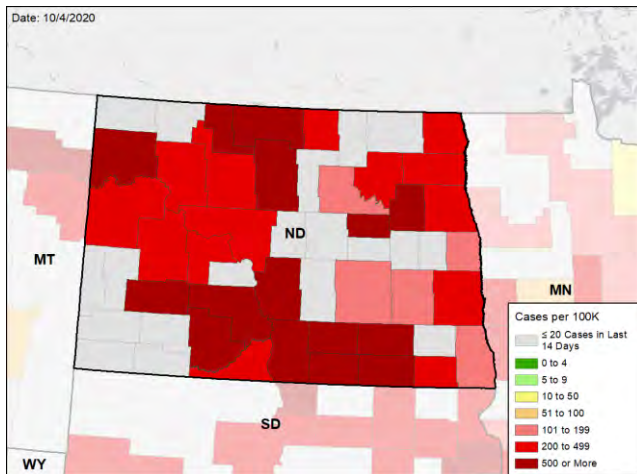


NORTH DAKOTA

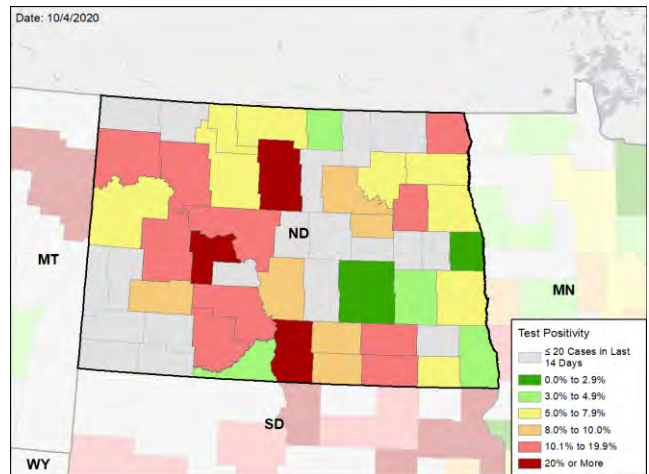
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CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

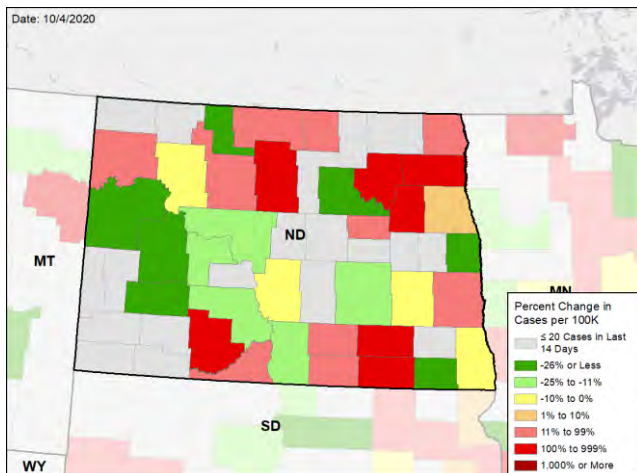
NEW CASES PER 100,000 DURING THE LAST WEEK



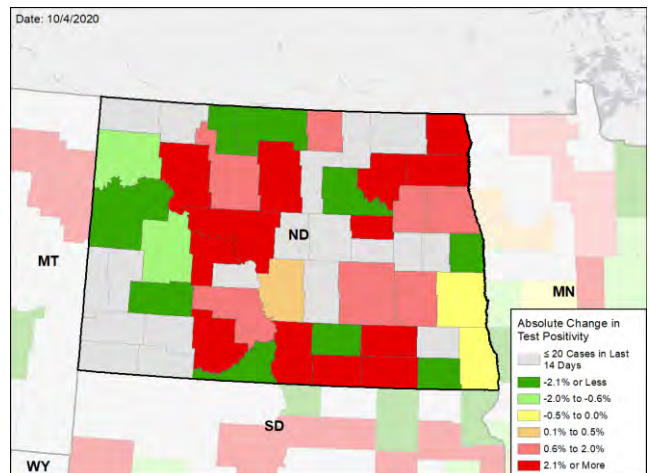
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



OHIO

SUMMARY

- Ohio is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 34th highest rate in the country. Ohio is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 42nd highest rate in the country.
- Ohio has seen an increase in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Franklin County, 2. Hamilton County, and 3. Butler County. These counties represent 30.2% of new cases in Ohio.
- 34% of all counties in Ohio have moderate or high levels of community transmission (yellow, orange, or red zones), with 7% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 8% of nursing homes had at least one new resident COVID-19 case, 12% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Ohio had 68 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 11 to support operations activities from FEMA and 4 to support operations activities from USCG.
- Between Sep 26 - Oct 2, on average, 99 patients with confirmed COVID-19 and 330 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Ohio. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Ohio needs to ensure progress with further expansion of testing and expanding wastewater testing. Continue the strong mitigation efforts statewide and mitigation efforts in university towns to decrease spread from universities to the local community. Cases continue to decline at Ohio State University but would increase surveillance testing and consider university-wide antibody testing to define the total number infected to date.
- Continue strong mask messaging and ensure all retail outlets are requiring masks for entry. Ensure all residents physically distance, wash hands, and restrict group and crowded indoor activities.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies work best when used early in the course of infection.
- Ensure all university and college plans include rapid testing and contact tracing of symptomatic students, as well as active surveillance testing of students to find asymptomatic students, with quick turnaround times for results, and the rapid isolation of cases and quarantine of contacts. Active surveillance for asymptomatic cases must be expanded.
- For universities, would immediately consider antibody surveillance testing of both off and on campus students to establish asymptomatic infection rate during the fall. It is possible, based on the current number of symptomatic students, that 15-20% of all university students have been infected. This would provide data for the spring semester. Modeling the current total infections, impact on R1 (disease rate among those exposed), and the potential for immunization of high-risk faculty and staff may allow for increased students in classroom in the spring with full mask use.
- In preparation for fall, increase testing capacity by increasing the budget and capacity of public health labs and encourage flu immunizations.
- Increase surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. Establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders. All antigen positive results must be reported with both the number of positive results and total tests conducted; these must be reported as COVID cases.
- Nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- New nursing home staff cases must be controlled by contact tracing in the communities where the staff reside and aggressive community testing and containment in those communities.
- Ask citizens and students to limit friend and family gatherings to prevent recreating spreading events in homes, resulting in new cases and the infection of those with comorbidities.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).

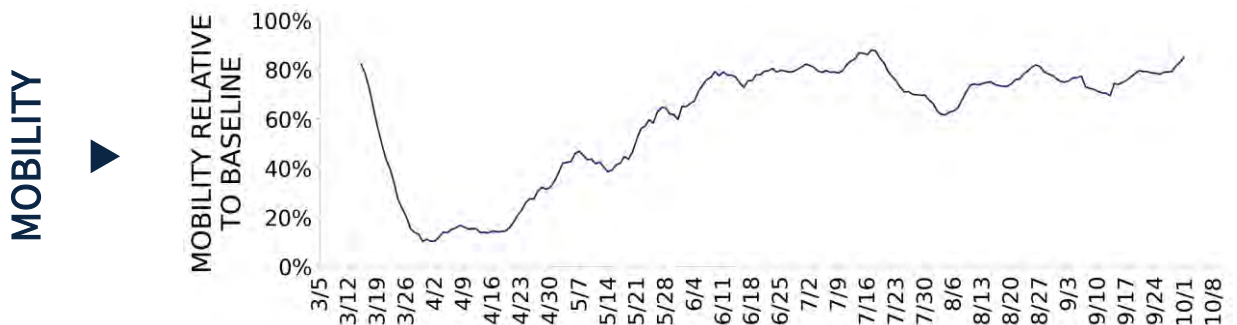




OHIO

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	7,914 (68)	+26%	60,376 (115)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	2.9%	+0.1%*	5.3%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	234,747** (2,008)	+2%**	1,364,489** (2,597)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	172 (1.5)	+35%	671 (1.3)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	8% (12%)	+1%* (-4%*)	8% (19%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+1%*	3%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



OHIO

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

METRO AREA (CBSA) LAST WEEK

COUNTY LAST WEEK

LOCALITIES IN RED ZONE	2	Athens Mansfield	6	Greene Miami Athens Richland Putnam Madison
LOCALITIES IN ORANGE ZONE	2	Greenville Washington Court House	8	Delaware Portage Darke Union Fulton Henry Holmes Fayette
LOCALITIES IN YELLOW ZONE	7	Lima Findlay Zanesville Portsmouth Marion Ashland Bucyrus-Galion	16	Butler Wood Fairfield Mahoning Allen Hancock Muskingum Pickaway Trumbull Scioto Marion Pike

All Yellow Counties: Butler, Wood, Fairfield, Mahoning, Allen, Hancock, Muskingum, Pickaway, Trumbull, Scioto, Marion, Pike, Ashland, Preble, Crawford, Noble

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

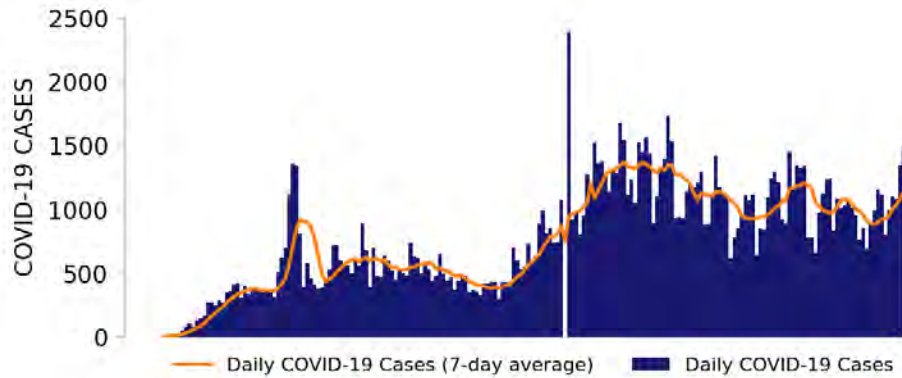
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/30/2020. Last week is 9/24 - 9/30.



OHIO

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NEW CASES

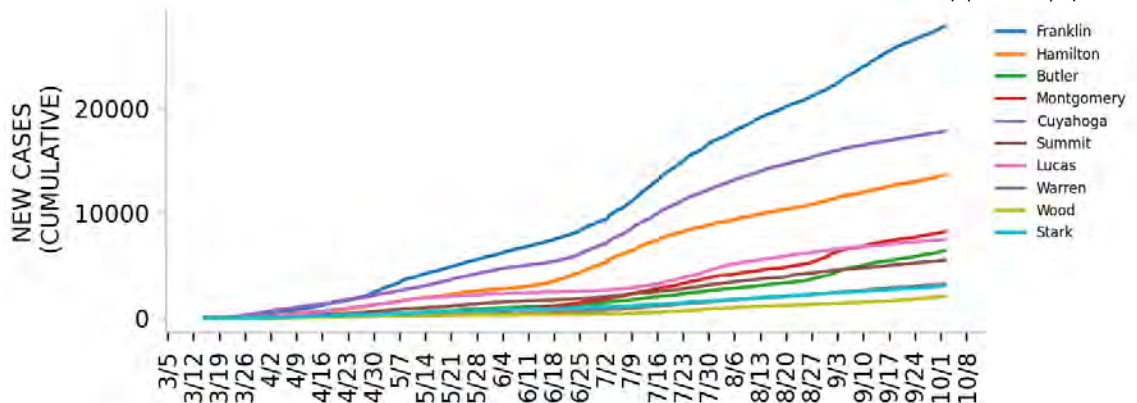


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

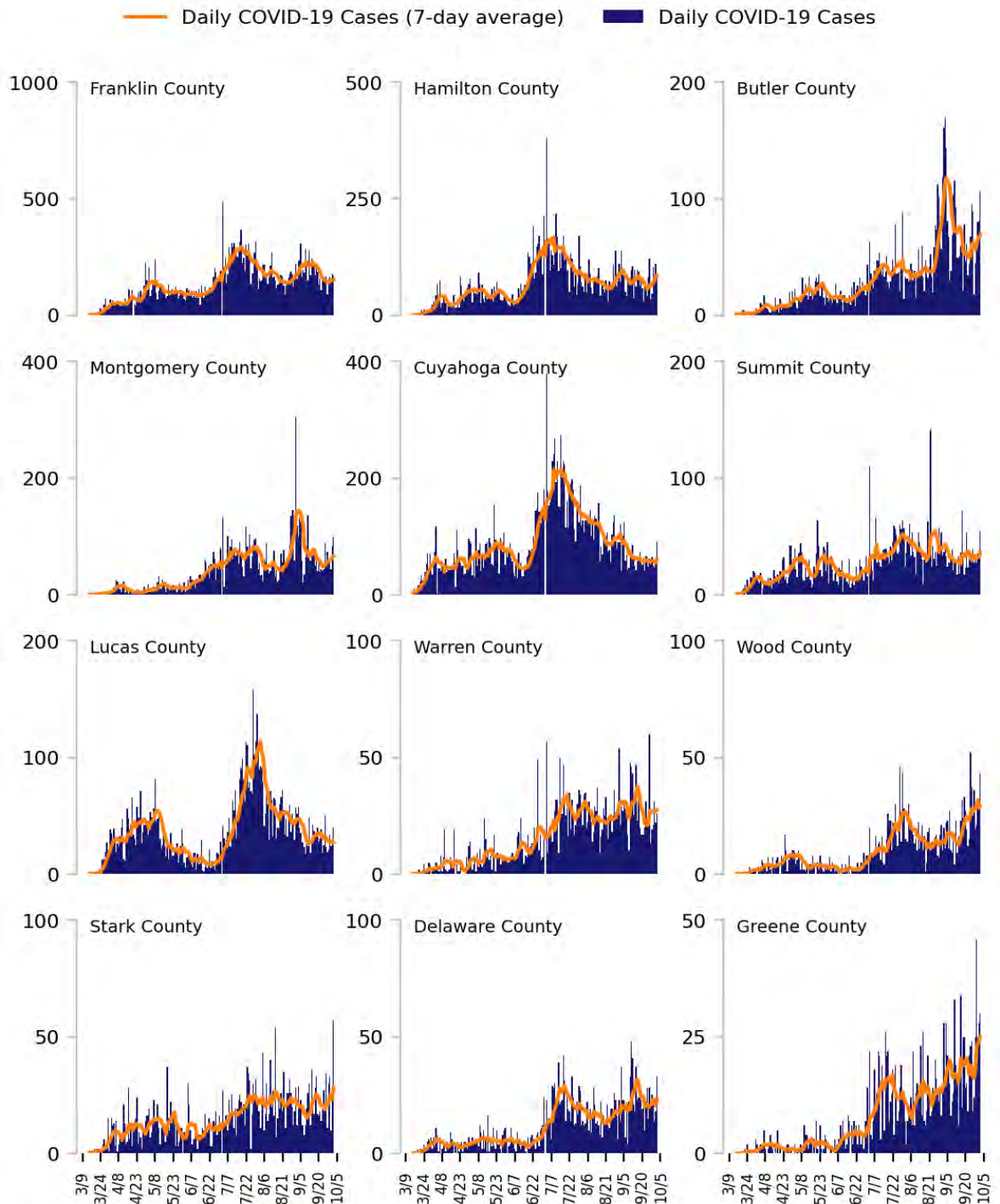
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

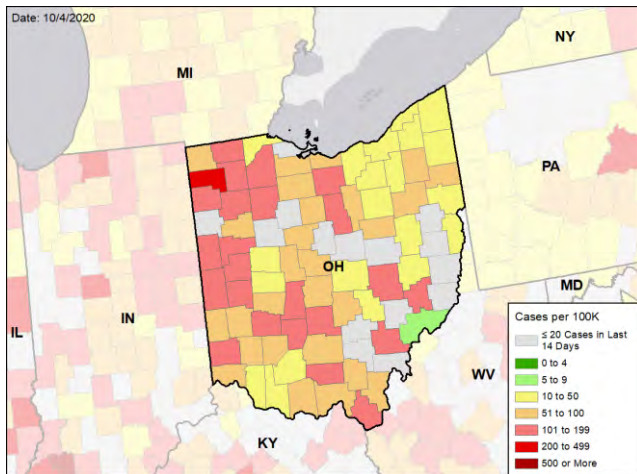


OHIO

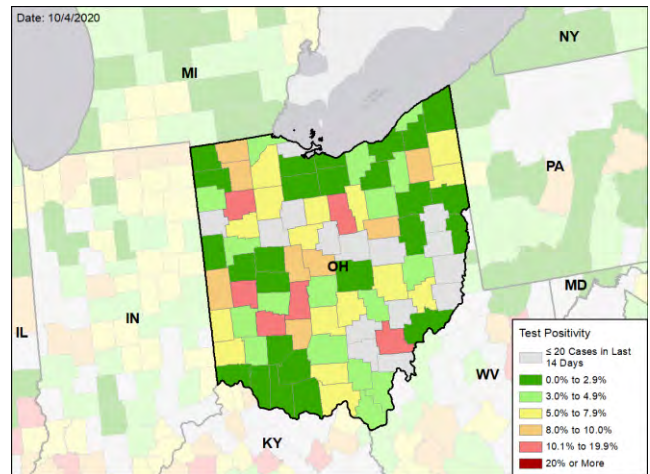
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CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

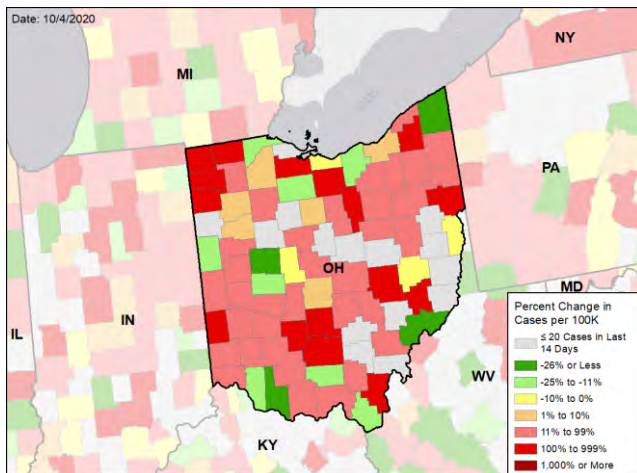
NEW CASES PER 100,000 DURING THE LAST WEEK



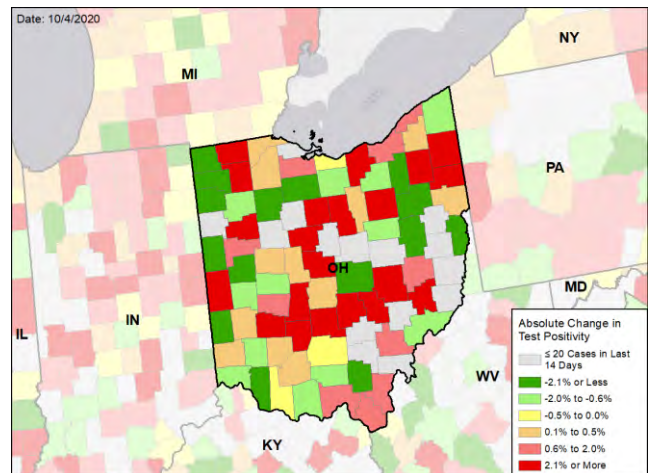
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



OKLAHOMA

SUMMARY

- Oklahoma is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 10th highest rate in the country. Oklahoma is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 5th highest rate in the country.
- Oklahoma has seen a decrease in new cases and a decrease in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Oklahoma County, 2. Tulsa County, and 3. Cleveland County. These counties represent 36.8% of new cases in Oklahoma.
- 70% of all counties in Oklahoma have moderate or high levels of community transmission (yellow, orange, or red zones), with 47% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 11% of nursing homes had at least one new resident COVID-19 case, 26% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death.
- Oklahoma had 178 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 3 to support operations activities from FEMA.
- Between Sep 26 - Oct 2, on average, 116 patients with confirmed COVID-19 and 69 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oklahoma. An average of 90% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Community transmission has remained high across the state for the past month, with many preventable deaths.
- Messaging to communities about effectiveness of masks is critical as many outdoor activities will be moving indoors with colder weather approaching. Masks must be worn indoors in all public settings and group gathering sizes should be limited.
- Work with communities to message how masks work and protect individuals from COVID-19. In high transmission zones, limit indoor dining, bar hours, and expand outdoor dining options.
- Increase contact tracing efforts on college campuses, schools, and other locations where people are beginning to congregate again. Conduct community testing in university towns to rapidly identify positives and isolate them. With cases decreasing in university settings, work with students to keep cases down, particularly with the goal to keep transmission low until Thanksgiving.
- Provide increased outreach and services to Native communities that have been identified as hotspots, including Osage and Mayes counties.
- Keep testing at high levels to rapidly identify cases and support isolation.
- Use findings from nursing homes where staff are positive to as sentinel surveillance indicating spread in the community and work on local mitigation efforts.
- Antivirals and antibodies have the most impact when used early in hospital admissions (within 48 hours). Ensure hospitals are effectively administering these medications to prevent morbidity and mortality.
- Abbott BinaxNOW tests should be used in a sentinel surveillance capacity. Sentinel surveillance among specific populations across Oklahoma will help provide specific information to each community regarding local transmission and where mitigation efforts needed to be enhanced.
- Prioritize these populations for routine sentinel surveillance: K-12 teachers; staff working in nursing homes, assisted living, senior living facilities, and other congregate living settings including correctional facilities; and first responders.
- Tribal Nations: Increase testing; continue to expand culturally-specific public health education, developed with community leaders, especially as tribal social events pick back up. Conduct prompt contact tracing on all cases and provide housing and supplies to support immediate quarantine of contacts and isolation of cases.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).





OKLAHOMA

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	7,040 (178)	-11%	48,301 (113)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	11.0%	-0.8%*	6.0%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	27,195** (687)	-16%**	487,416** (1,141)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	51 (1.3)	-6%	869 (2.0)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	11% (26%)	-1%* (-2%*)	13% (23%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	-2%*	4%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



OKLAHOMA

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

METRO AREA (CBSA) LAST WEEK

COUNTY LAST WEEK

LOCALITIES IN RED ZONE	10	Tulsa Woodward Stillwater Enid Elk City Muskogee Weatherford Durant Miami Altus	36	Tulsa Woodward Canadian Payne Garfield Grady Rogers Beckham Muskogee Osage Le Flore Custer
LOCALITIES IN ORANGE ZONE	6	Oklahoma City Shawnee Lawton Fort Smith Duncan Bartlesville	12	Oklahoma Cleveland Pottawatomie Comanche Wagoner Stephens Atoka Washington Garvin Washita Noble Nowata
LOCALITIES IN YELLOW ZONE	5	Tahlequah McAlester Guymon Ardmore Ada	6	Cherokee Pittsburg Texas Pontotoc Marshall Kiowa

All Red Counties: Tulsa, Woodward, Canadian, Payne, Garfield, Grady, Rogers, Beckham, Muskogee, Osage, Le Flore, Custer, Bryan, Craig, Creek, Sequoyah, McClain, Ottawa, Mayes, Caddo, McCurtain, Delaware, Logan, Lincoln, Jackson, Adair, Seminole, Haskell, Kingfisher, Johnston, Choctaw, Love, Alfalfa, Roger Mills, Blaine, Pushmataha

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

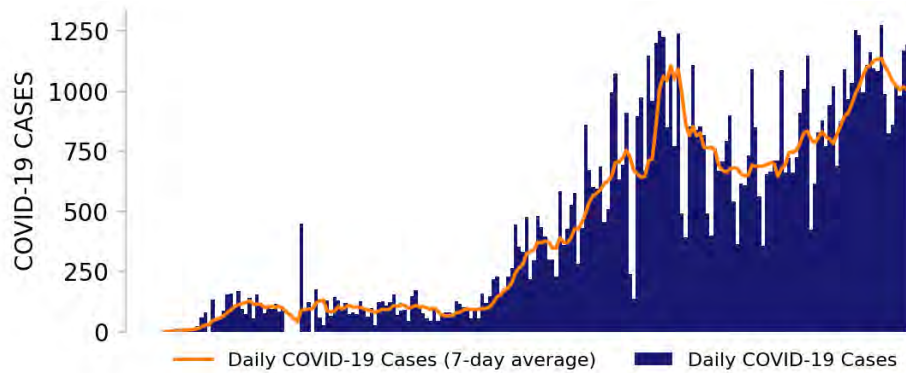
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/30/2020. Last week is 9/24 - 9/30.



OKLAHOMA

STATE REPORT | 10.04.2020

NEW CASES

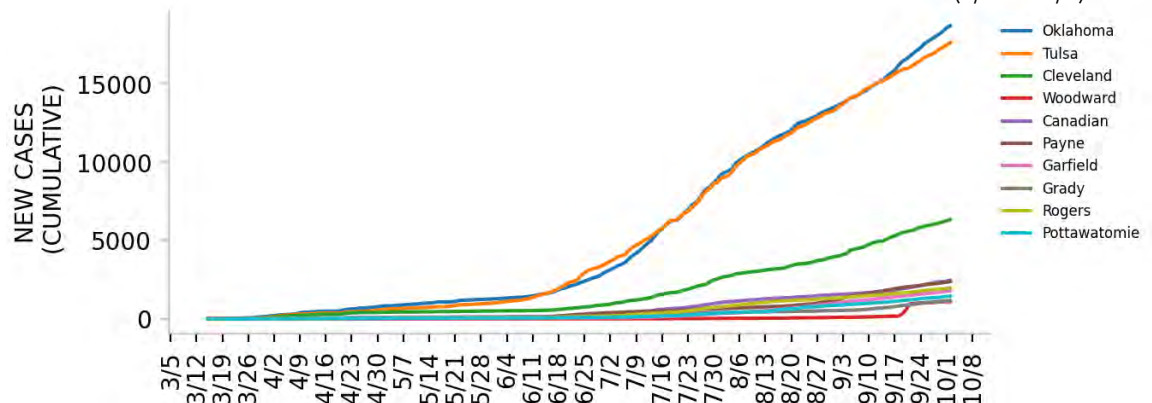


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

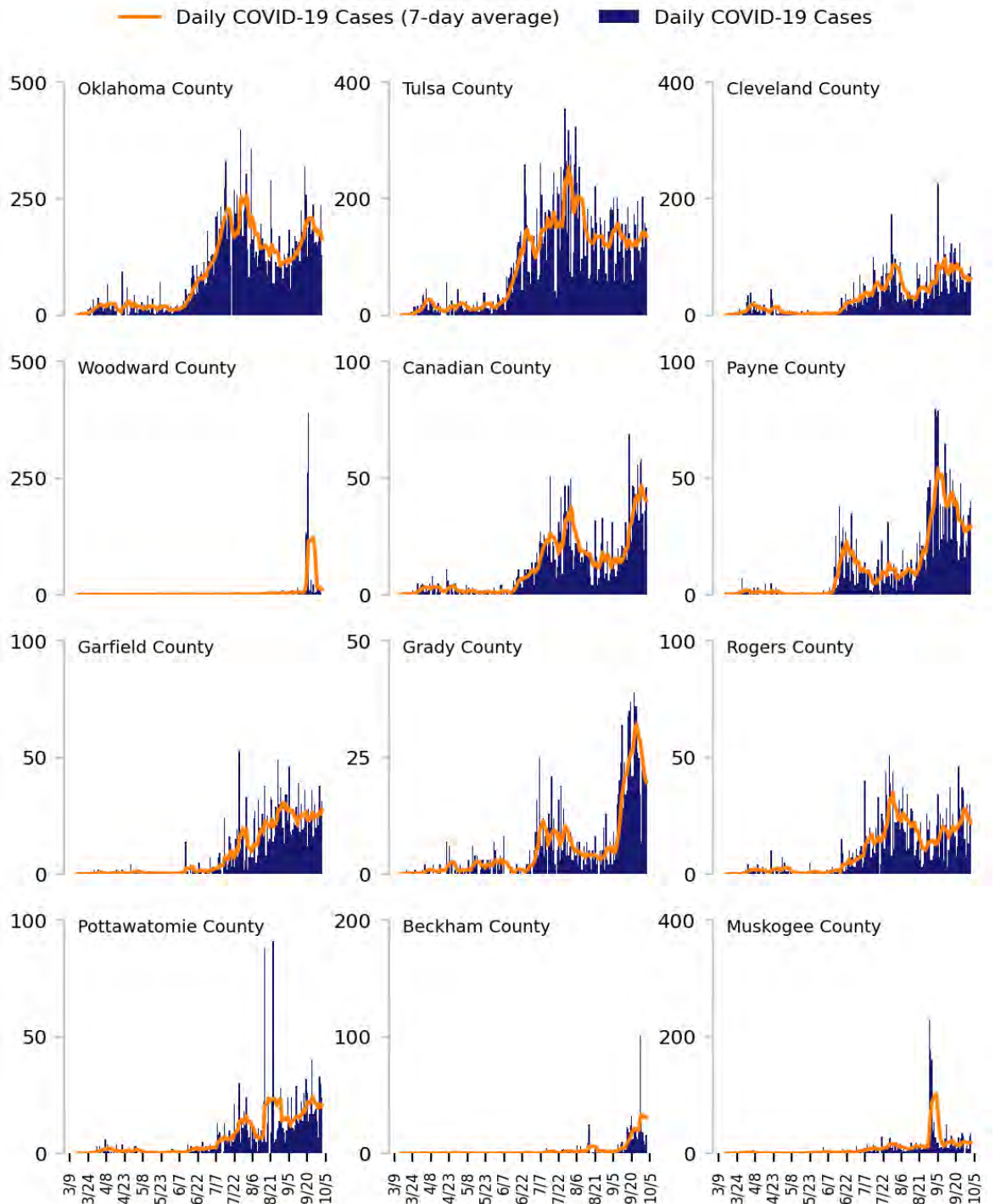
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

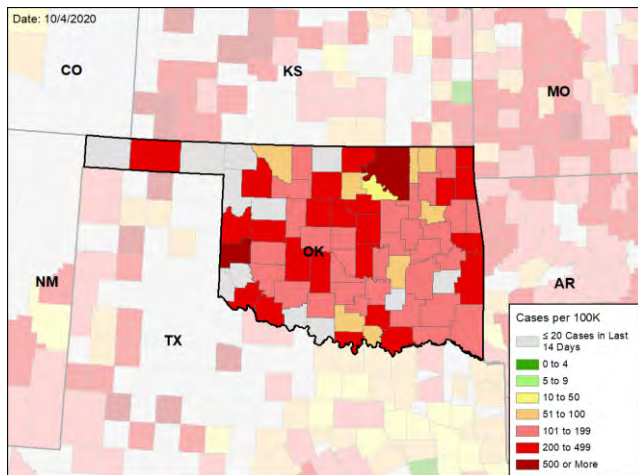


OKLAHOMA

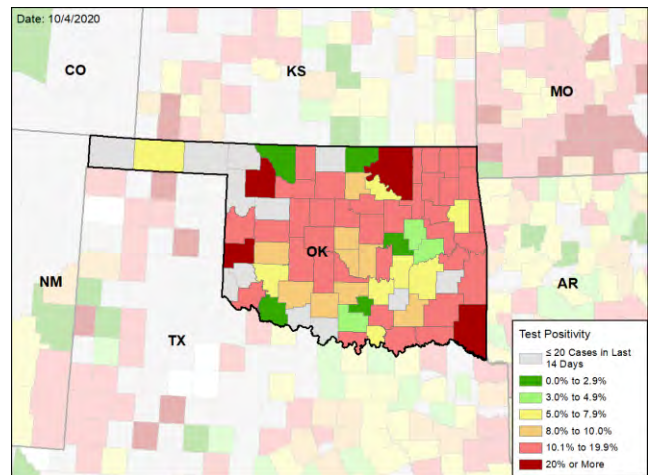
STATE REPORT | 10.04.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

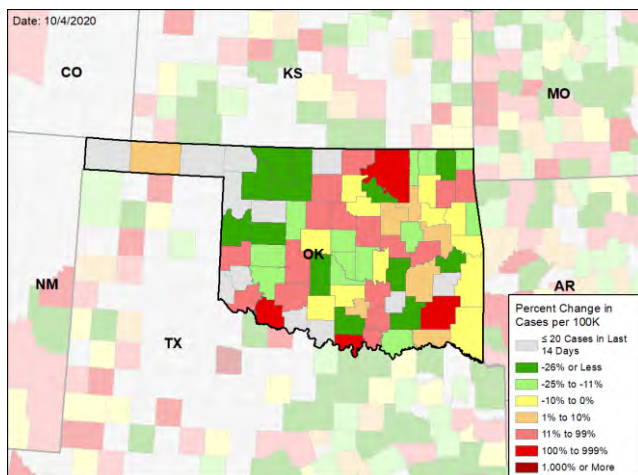
NEW CASES PER 100,000 DURING THE LAST WEEK



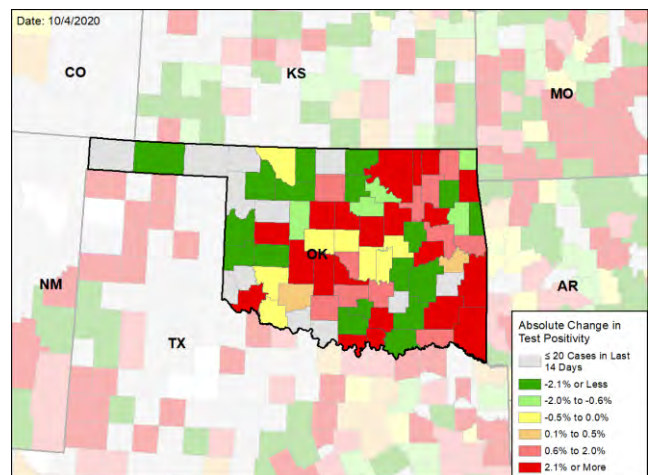
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



OREGON

SUMMARY

- Oregon is in the yellow zone for cases, indicating between 10 and 50 new cases per 100,000 population last week, with the 46th highest rate in the country. Oregon is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 22nd highest rate in the country.
- Oregon has seen stability in new cases and an increase in test positivity over the last week in the context of an overall increase in testing volume.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Multnomah County, 2. Marion County, and 3. Washington County. These counties represent 43.1% of new cases in Oregon.
- Portland, Medford, and Hood River had the largest increase in CBSA test positivity.
- 33% of all counties in Oregon have moderate or high levels of community transmission (yellow, orange, or red zones), with 8% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 4% of nursing homes had at least one new resident COVID-19 case, 11% had at least one new staff COVID-19 case, and 1% had at least one new resident COVID-19 death.
- Oregon had 44 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 22 to support operations activities from FEMA; 6 to support operations activities from USCG; and 1 to support operations activities from VA.
- Between Sep 26 - Oct 2, on average, 14 patients with confirmed COVID-19 and 80 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oregon. An average of 90% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Increase in testing is an important success and will be critical to achieve and maintain epidemic control, especially as the majority of activities move indoors, diligence to mitigation behaviors wanes, and more people are potentially exposed.
- Continue to follow incidence and test positivity closely at the local level and intensify community mitigation efforts, or enforcement of them, as needed to stem transmission; monitor and enforce adherence to face coverings and social distancing, especially in areas with elevated or increasing transmission, such as Umatilla, Columbia, and Lane counties.
- Continue to closely monitor hospital utilization, resources, and capacity at the local level and put data on state and local websites as part of educational campaigns. Ensure all hospital staff, especially those in rural areas, are trained on latest treatment protocols, including not delaying use of antiviral and antibody therapy for hospitalized patients.
- In counties with elevated incidence and test positivity among 12-17 year-olds, continue to monitor level of community transmission.
- Ensure all institutions of higher education (IHEs) are conducting vigorous testing and have sufficient capacity for ongoing surveillance of students and staff on campus; require all IHEs to post testing and result data online and to describe specific activities they will take in the event of an increase in transmission. With IHEs and private partners, explore opportunities to implement and expand wastewater surveillance to enhance efficiency and reach of surveillance.
- Ensure all IHEs have sufficient capacity to rapidly and comfortably isolate or quarantine students on campus or coordinate release of students to safe family quarantine; in-person IHEs should plan for possible increase in cases as cooler weather approaches.
- Intensify public health messaging to reinvigorate commitment to community mitigation efforts; continue regular outreach to retail, restaurant, and bar owners regarding enforcement of mitigation efforts and limitations on occupancy.
- Using antigen tests or other rapid testing, expand regular surveillance of critical staff who are at-risk for infection, such as teachers, clinic staff and staff working at LTCFs and other congregate living settings, prisoners and prison staff, public transportation workers, and first responders.
- Ensure testing is widely accessible to marginalized populations, including those experiencing homelessness and those living in congregate settings, and ensure positive cases have prompt contact tracing.
- Maintain strict adherence to CMS guidance for testing and mitigation at long-term care facilities (LTCFs); ensure facility-wide testing for any newly diagnosed resident or staff. Any nursing homes with 3 or more cases of COVID among staff and/or residents per week over any of the past 3 weeks (facilities in Portland, Beaverton, Keizer) should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

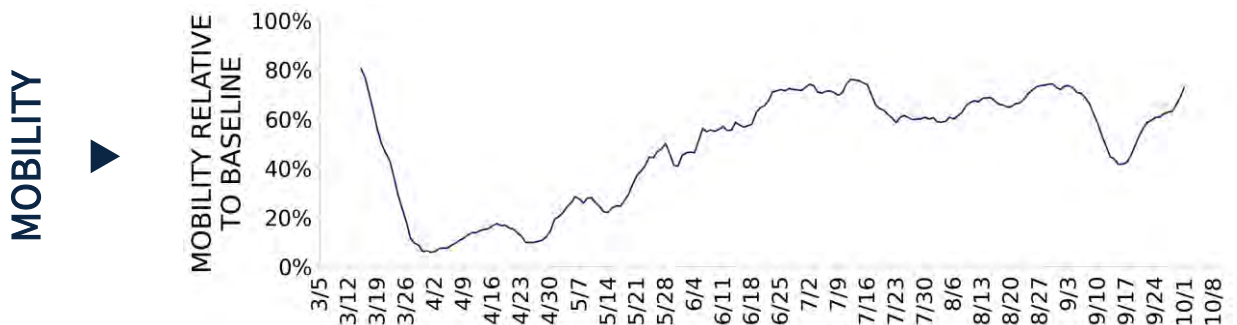




OREGON

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	1,849 (44)	-6%	9,791 (68)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.8%	+1.4%*	5.4%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	68,490** (1,624)	+31%**	201,184** (1,402)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	21 (0.5)	-5%	93 (0.6)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	4% (11%)	+0%* (+0%*)	6% (16%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	-1%*	2%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



OREGON

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	2	Ontario Hermiston-Pendleton	3	Malheur Umatilla Morrow
LOCALITIES IN ORANGE ZONE	0	N/A	0	N/A
LOCALITIES IN YELLOW ZONE	5	Portland-Vancouver-Hillsboro Salem Medford Bend Astoria	9	Multnomah Marion Washington Clackamas Jackson Deschutes Clatsop Yamhill Columbia

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

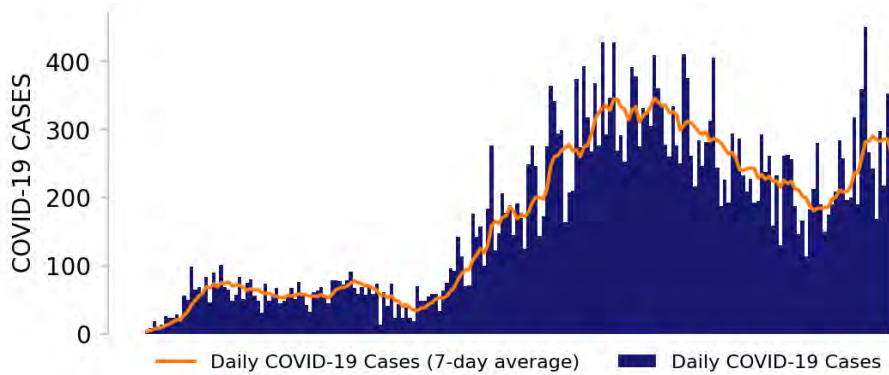
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



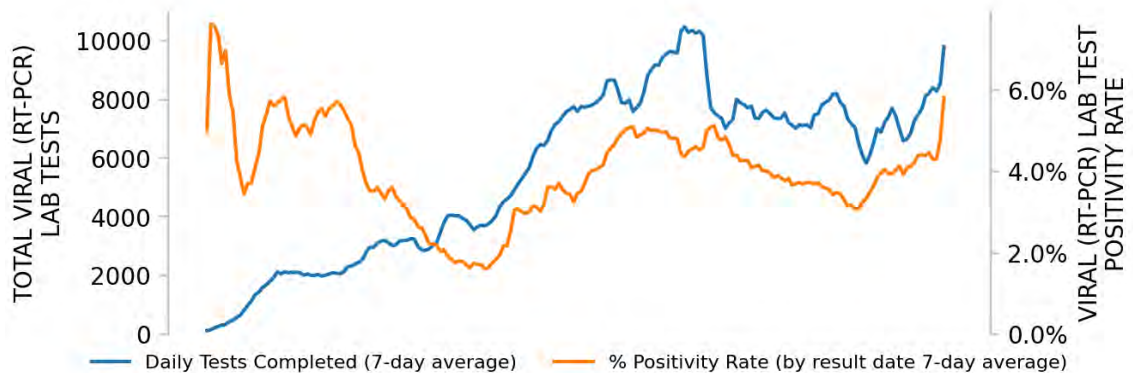
OREGON

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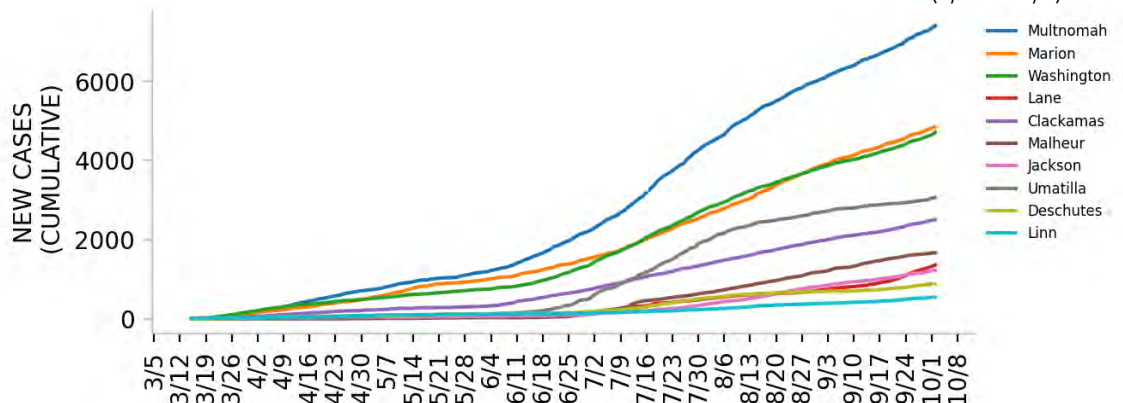
NEW CASES



TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)



DATA SOURCES – Additional data details available under METHODS

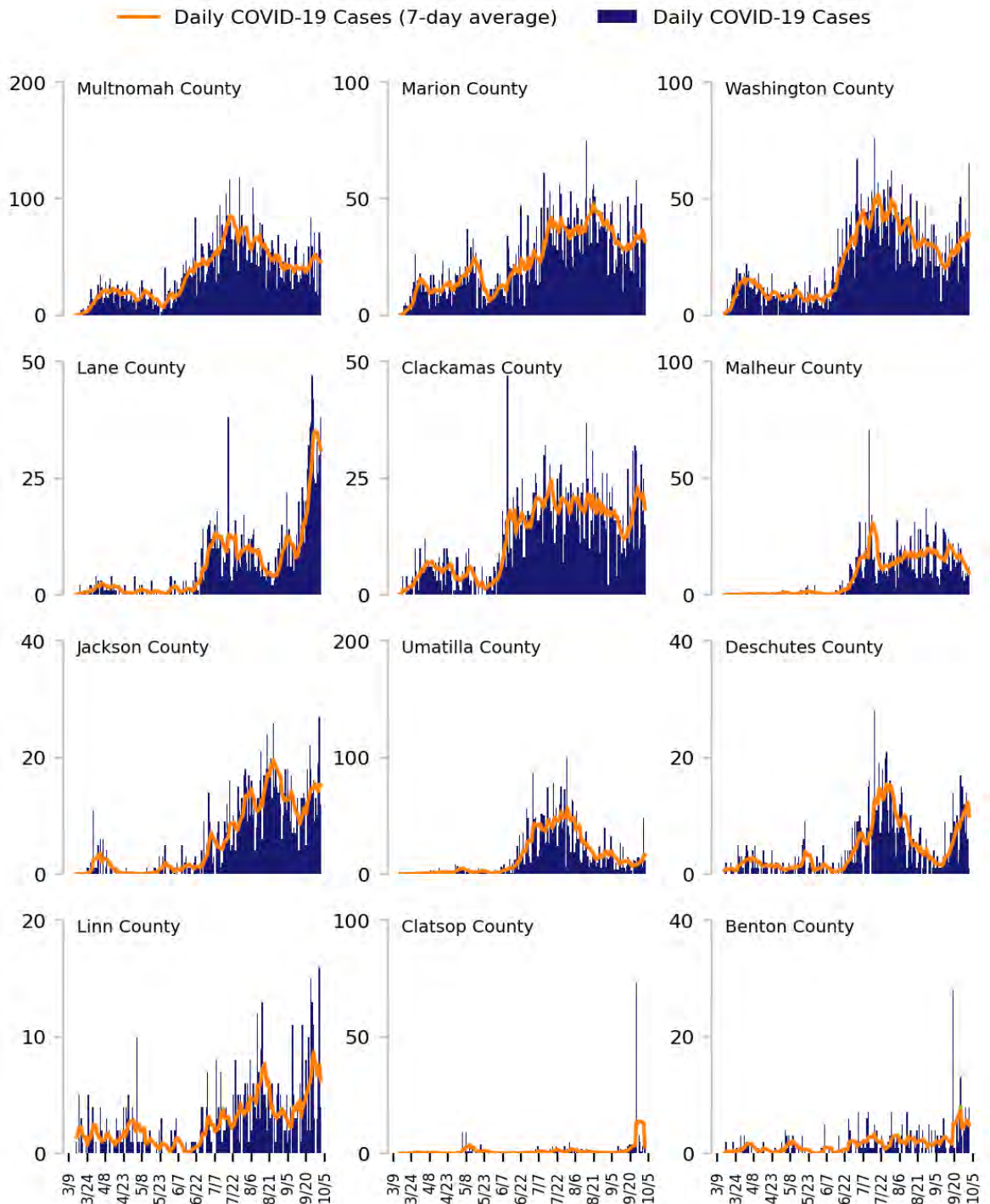
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

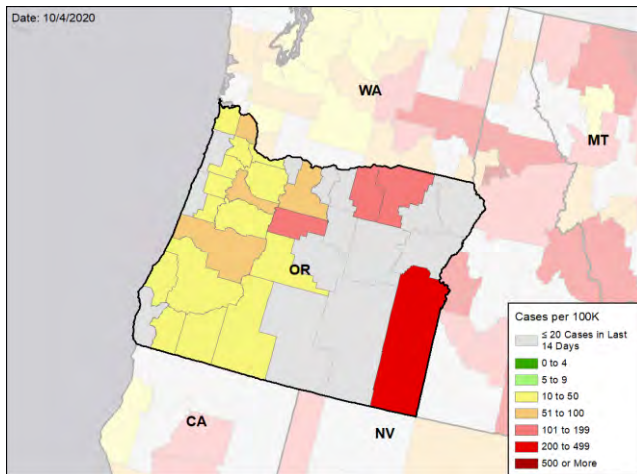


OREGON

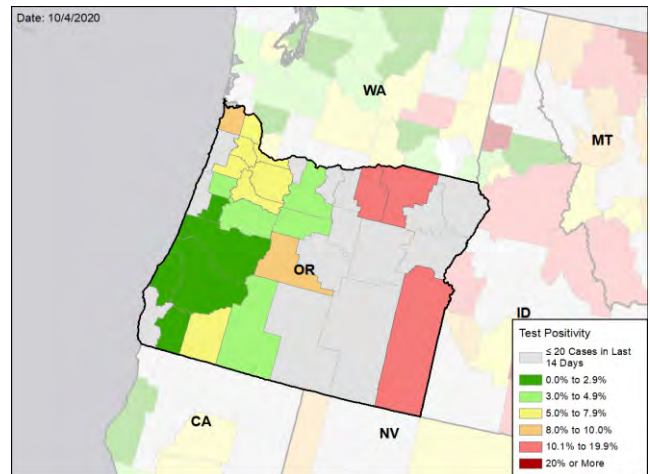
STATE REPORT | 10.04.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

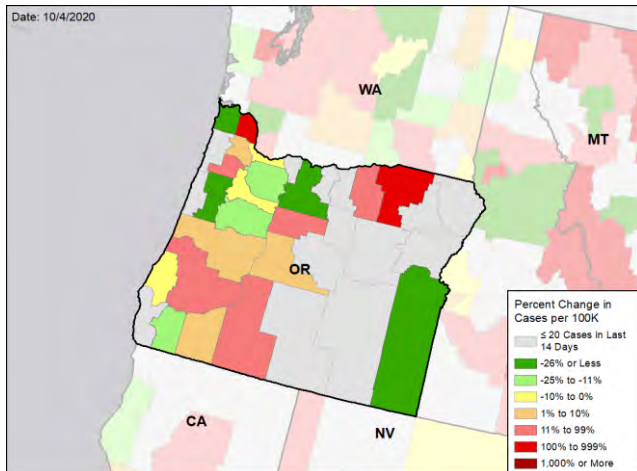
NEW CASES PER 100,000 DURING THE LAST WEEK



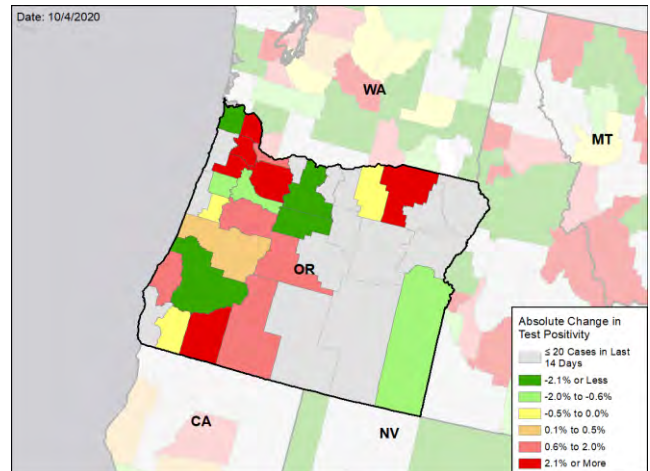
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



PENNSYLVANIA

SUMMARY

- Pennsylvania is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 40th highest rate in the country. Pennsylvania is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 34th highest rate in the country.
- Pennsylvania has seen an increase in new cases and stability in test positivity over the last week in the context of a slight increase in testing volume.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Philadelphia County, 2. Centre County, and 3. Allegheny County. These counties represent 30.6% of new cases in Pennsylvania.
- There are many counties with substantial increases in both incidence and test positivity, which indicates increasing transmission and need for additional mitigation efforts.
- 18% of all counties in Pennsylvania have moderate or high levels of community transmission (yellow, orange, or red zones), with none having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 7% of nursing homes had at least one new resident COVID-19 case, 9% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death.
- Pennsylvania had 55 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 56 to support operations activities from FEMA; 8 to support operations activities from ASPR; and 1 to support operations activities from USCG.
- Between Sep 26 - Oct 2, on average, 66 patients with confirmed COVID-19 and 331 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Pennsylvania. An average of 91% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Expansion of testing and surveillance is laudable and will be increasingly important as weather cools, activities move indoors, adherence to recommended mitigation behaviors wanes, and exposure risks increase.
- Reinvigorate communities with new public health messaging on the potential increased risk and the critical importance of staying the course and maintaining social distancing and face coverings.
- Continue to closely monitor case rates and test positivity by age band at town and county level.
- Maintain focus on institutions of higher education (IHEs) and ensure all are conducting vigorous testing and have sufficient capacity for ongoing surveillance of students and staff on campus; require all IHEs to post testing and result data online and to describe specific activities they will take in the event of an increase in transmission.
- Continue to closely monitor hospital utilization, resources, and capacity at the local level and put data on all websites as part of educational campaigns; ensure hospital capacity remains sufficient and all staff are trained on current treatment protocols, including early use of antiviral and antibody therapies, especially in rural areas and counties with high test positivity among the elderly.
- Using antigen or other rapid tests, implement regular surveillance among critical staff, such as teachers, clinic staff and staff working at long-term care facilities (LTCFs) and other congregate living settings, prisoners and prison staff, public transportation workers, and first responders as more tests become available.
- Maintain strict adherence to CMS guidance for testing and mitigation at long-term care facilities (LTCFs), ensure facility wide testing for any newly diagnosed resident or staff.
- Any nursing homes with 3 or more cases of COVID among staff and/or residents per week over any of the past 3 weeks (facilities in Coal Township, Greensburg, Pottsville, Selinsgrove, Pittsburgh, New Castle, Muncy, Hollidaysburg) should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

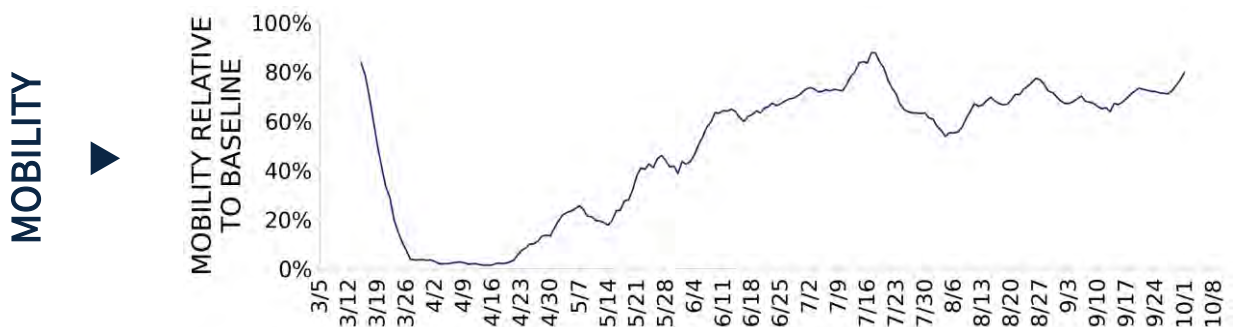




PENNSYLVANIA

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	7,082 (55)	+28%	18,655 (60)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.8%	+0.4%*	4.2%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	200,111** (1,563)	+3%**	565,403** (1,832)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	99 (0.8)	-31%	292 (0.9)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	7% (9%)	+0%* (-4%*)	8% (14%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	+0%*	3%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



PENNSYLVANIA

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	0	N/A	0	N/A
LOCALITIES IN ORANGE ZONE	3	State College Sunbury Indiana	3	Centre Northumberland Indiana
LOCALITIES IN YELLOW ZONE	6	Reading Lebanon Pottsville Selinsgrove Bloomsburg-Berwick New Castle	9	Berks Lackawanna Lebanon Schuylkill Snyder Lawrence Perry Wayne Montour

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

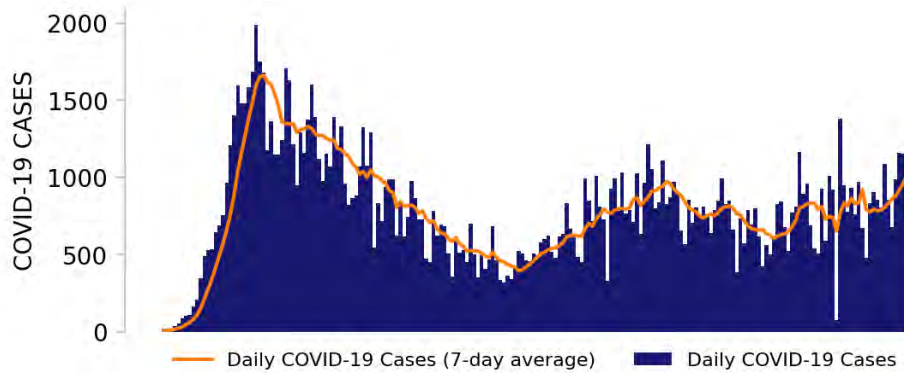
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



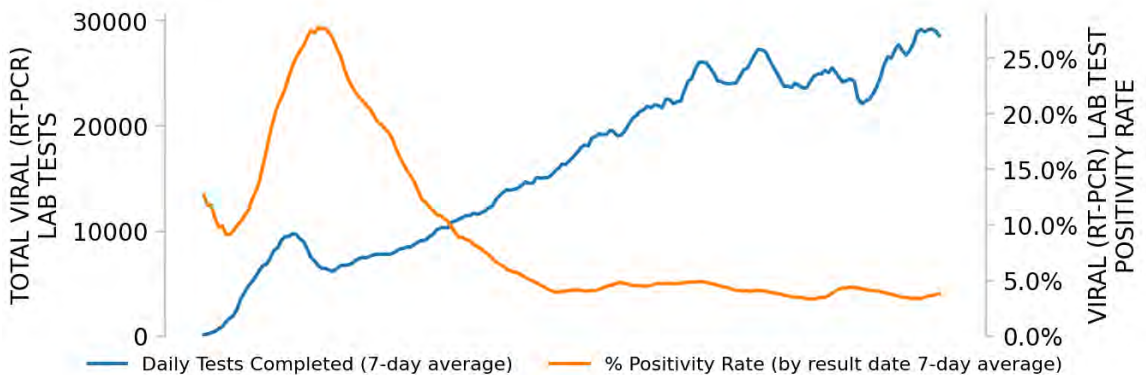
PENNSYLVANIA

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NEW CASES

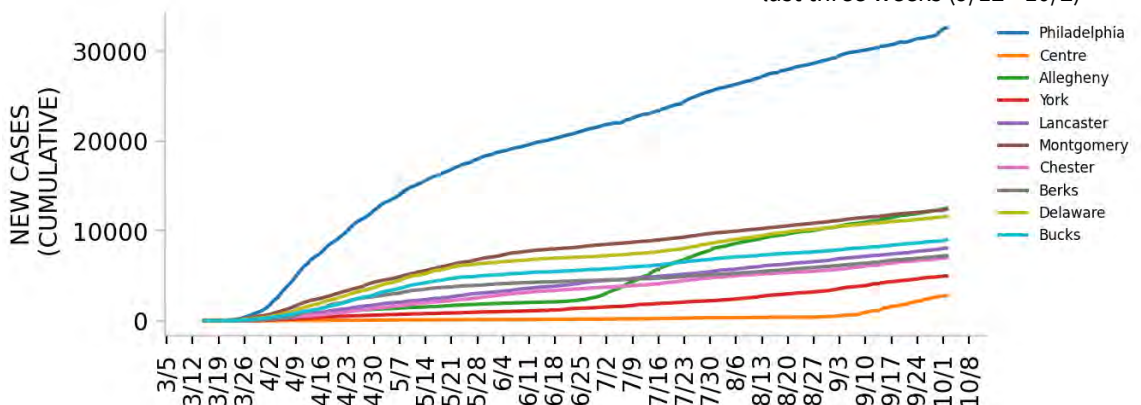


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

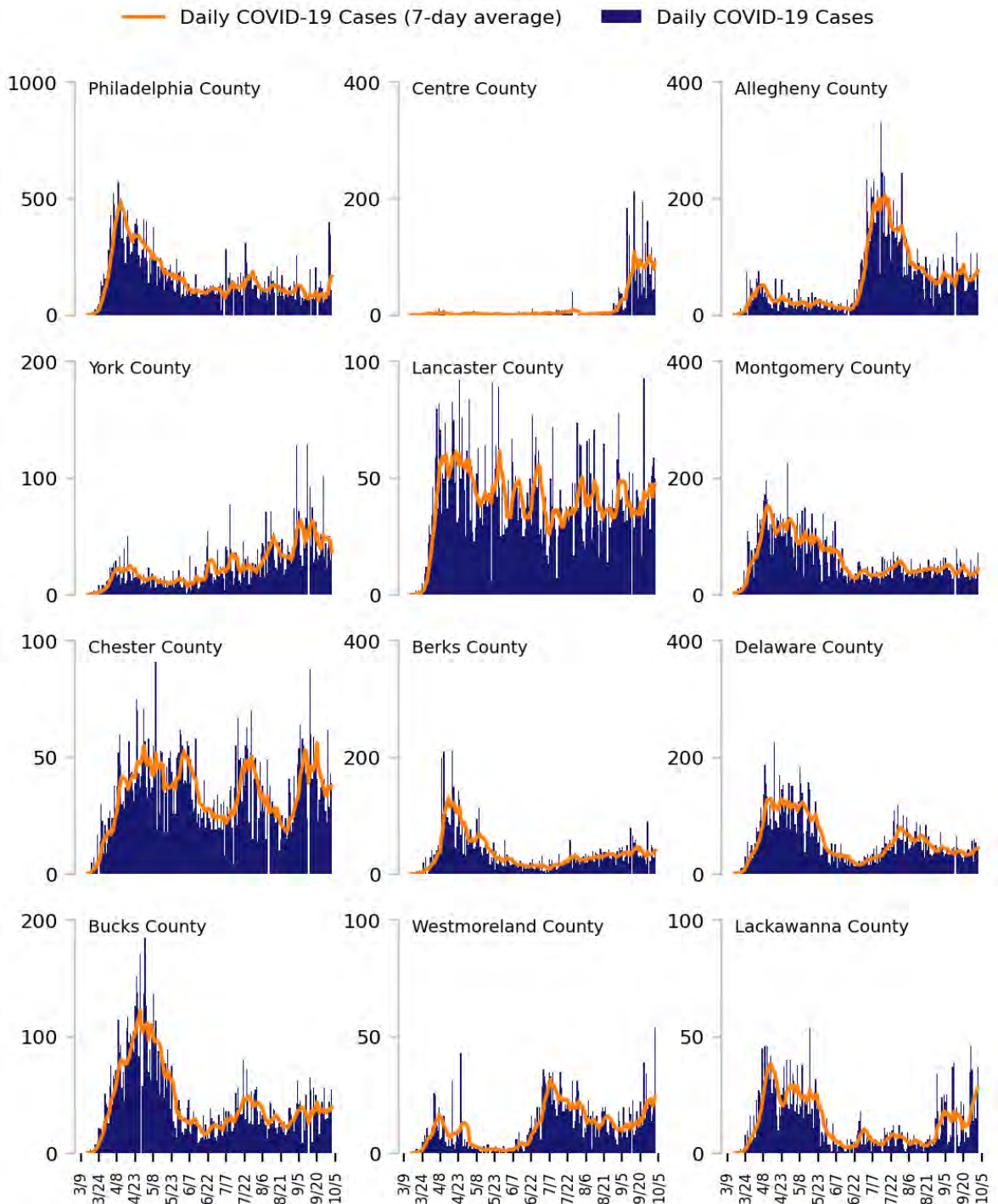
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

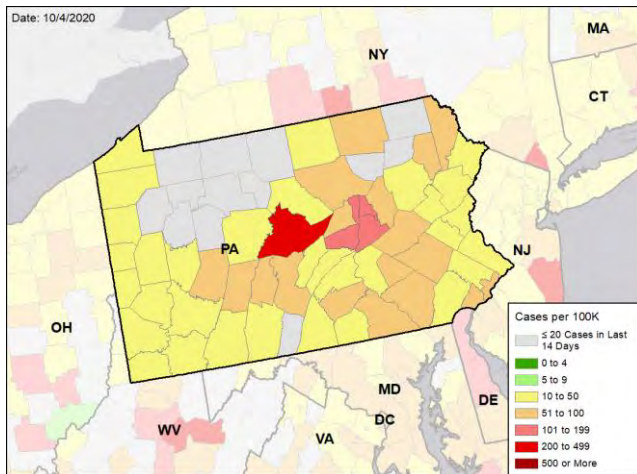


PENNSYLVANIA

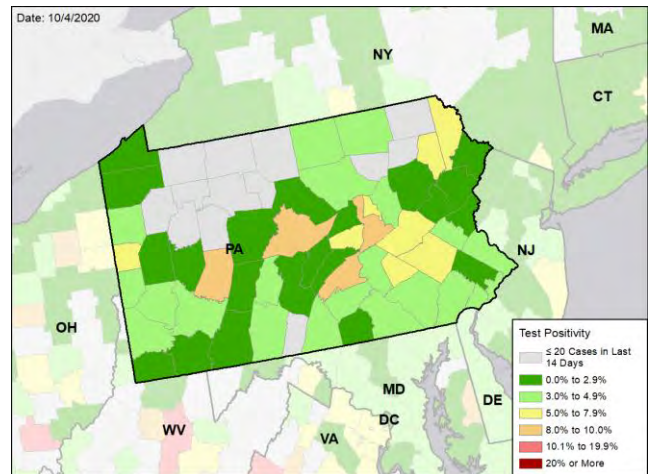
STATE REPORT | 10.04.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

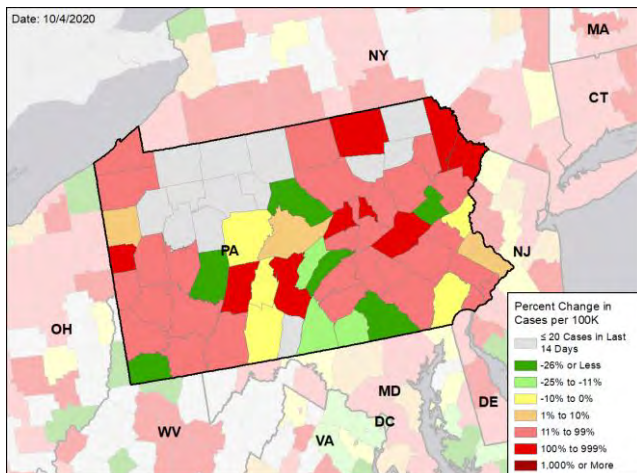
NEW CASES PER 100,000 DURING THE LAST WEEK



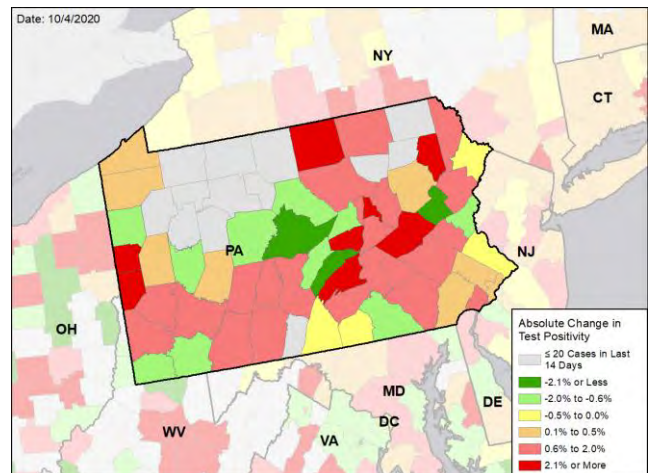
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



STATE REPORT
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RHODE ISLAND

SUMMARY

- Rhode Island is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 27th highest rate in the country. Rhode Island is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 46th highest rate in the country.
- Rhode Island has seen an increase in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Providence County, 2. Kent County, and 3. Washington County. These counties represent 81.5% of new cases in Rhode Island.
- Washington County (home of University of Rhode Island) had an increase in both new cases and test positivity, with the largest test positivity among 18-24 year-olds.
- No counties in Rhode Island have moderate or high levels of community transmission (yellow, orange, or red zones).
- During the week of Sep 21 - Sep 27, 9% of nursing homes had at least one new resident COVID-19 case, 16% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death.
- Rhode Island had 84 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 2 to support operations activities from FEMA.
- Between Sep 26 - Oct 2, on average, 4 patients with confirmed COVID-19 and 1 patient with suspected COVID-19 were reported as newly admitted each day to hospitals in Rhode Island. An average of 83% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- High volume testing and sensitive surveillance is critical for maintenance of epidemic control; this will be especially important as social and retail activities move back indoors and mitigation behaviors wane.
- With institutions of higher education (IHE) and private partners, explore opportunities to use wastewater testing to enhance efficiency and reach of surveillance.
- Continue contact tracing efforts for all cases within 48 hours of diagnosis and ensure prompt isolation or quarantine for every case.
- Ensure all IHEs maintain adequately intense surveillance and the capacity to rapidly and comfortably isolate or quarantine students on campus or coordinate release of students to safe family quarantine; work with University of Rhode Island to address recent cases and develop acceptable plan to prevent continued or recurrent outbreaks. Maintain high-level surveillance in surrounding Washington County.
- Intensify mitigation efforts in Washington and Providence counties. Continue to closely monitor case rates and test positivity by age band at town and county level.
- Ensure effective educational outreach to marginalized communities and those that are not compliant with community mitigation efforts, emphasizing need for renewed vigilance as activities move back indoors and risk levels increase.
- Ensure all hospital staff, especially those in rural areas, are trained on latest treatment protocols, including early use of antiviral and antibody therapy for hospitalized patients.
- Maintain efforts to control transmission at all long-term care facilities by ensuring strict adherence to CMS guidance and complete facility-wide testing for any case among staff or residents.
- Any nursing homes with 3 or more cases of COVID per week over any of the past 3 weeks (facilities in Cumberland, Cranston, Warren, Coventry, Pawtucket) should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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



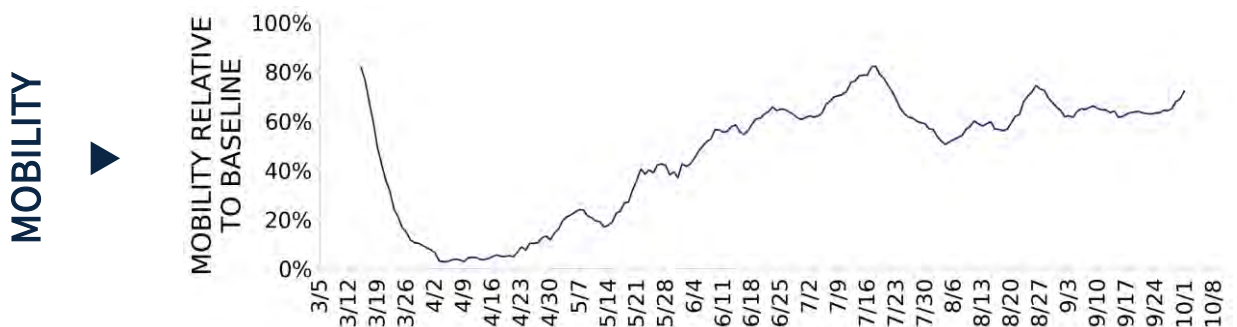
COVID-19



RHODE ISLAND

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	895 (84)	+60%	7,502 (51)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.6%	+0.2%*	1.2%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	62,832** (5,931)	+5%**	577,782** (3,892)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	11 (1.0)	-27%	146 (1.0)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	9% (16%)	+0%* (-6%*)	3% (8%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	+3%*	1%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



RHODE ISLAND

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

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

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

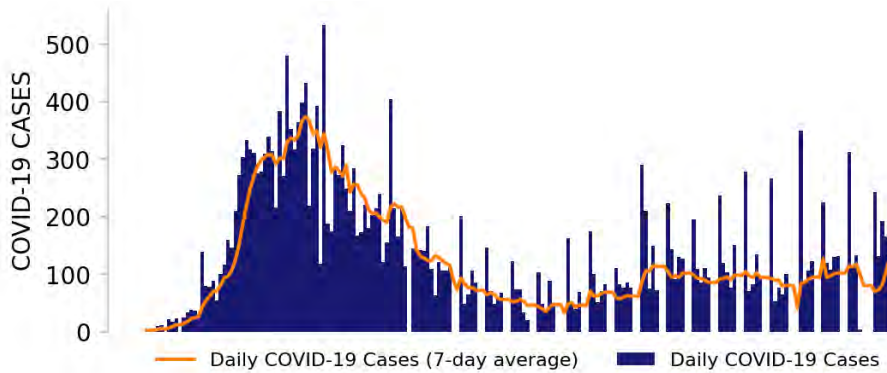
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/30/2020. Last week is 9/24 - 9/30.



RHODE ISLAND

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NEW CASES

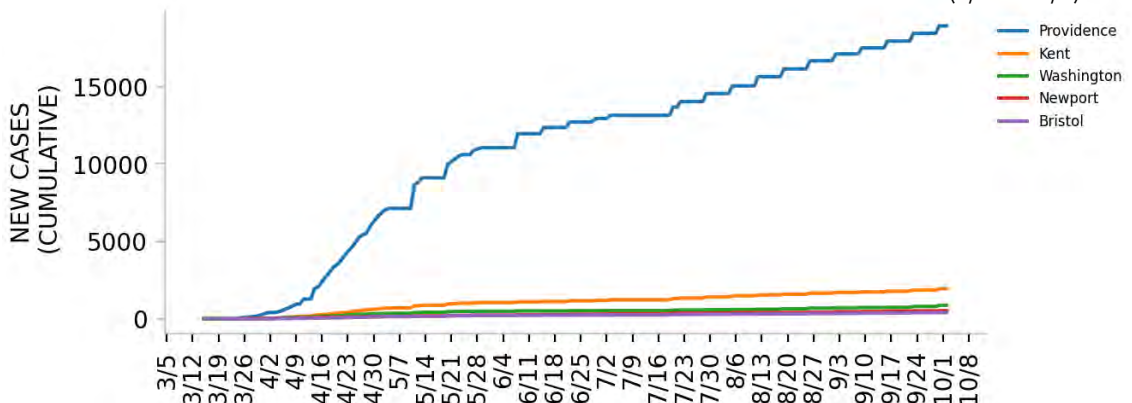


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



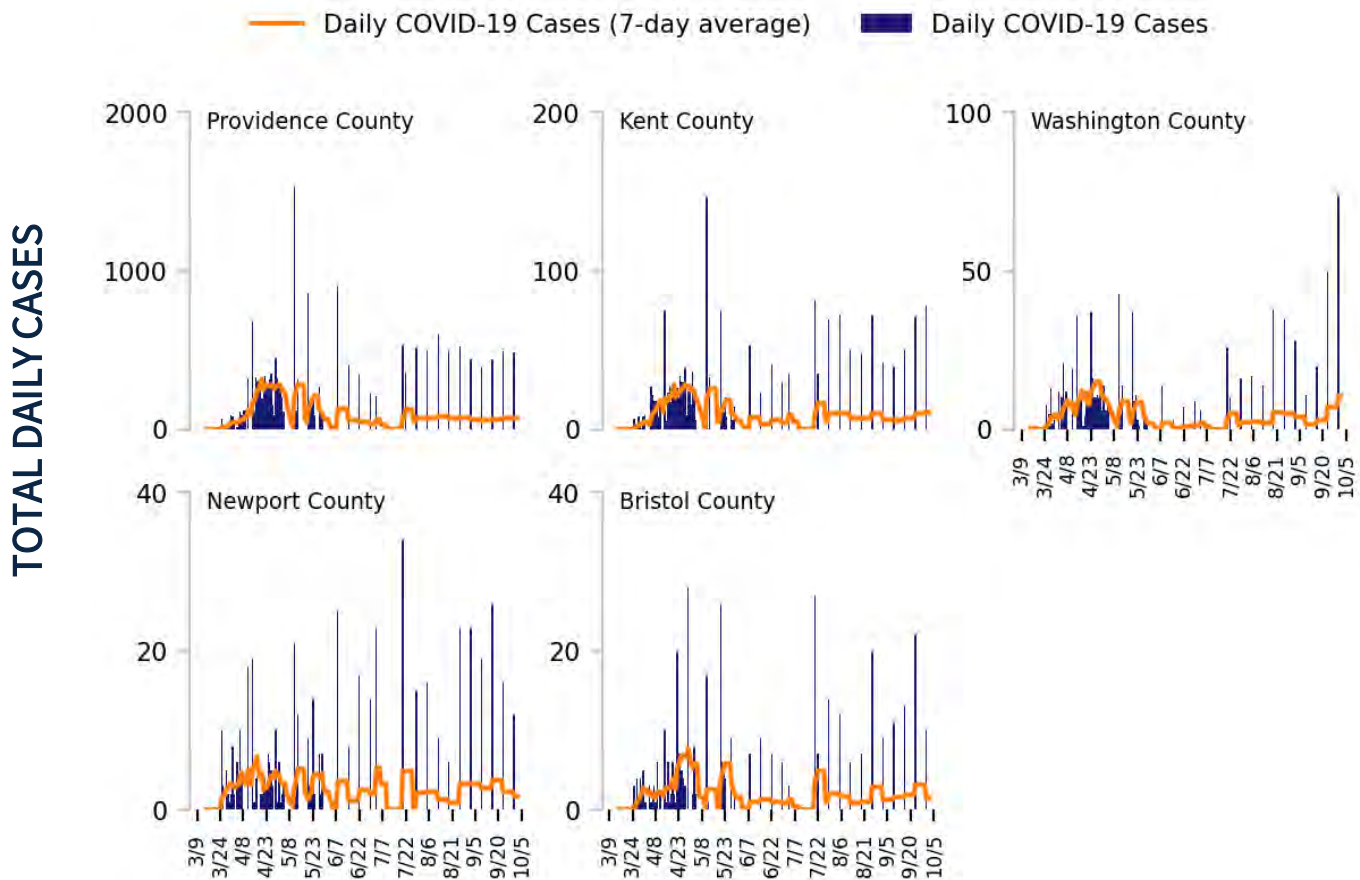
DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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



DATA SOURCES – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

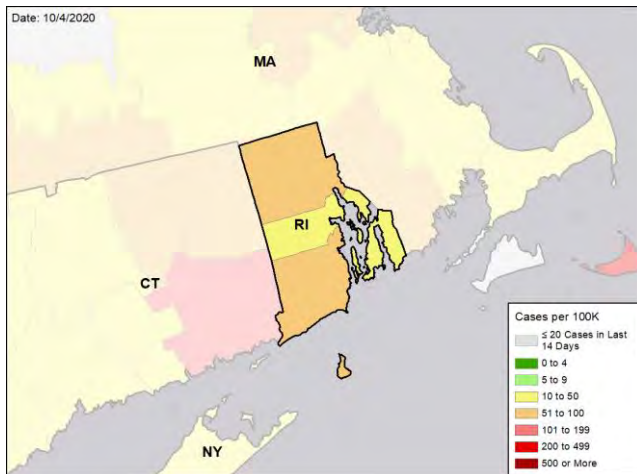


RHODE ISLAND

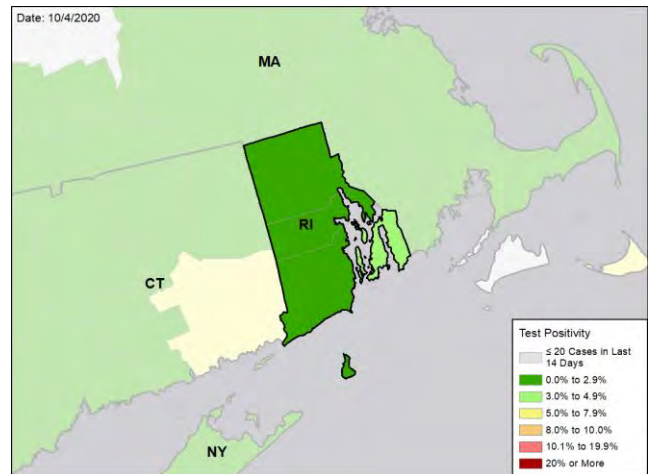
STATE REPORT | 10.04.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

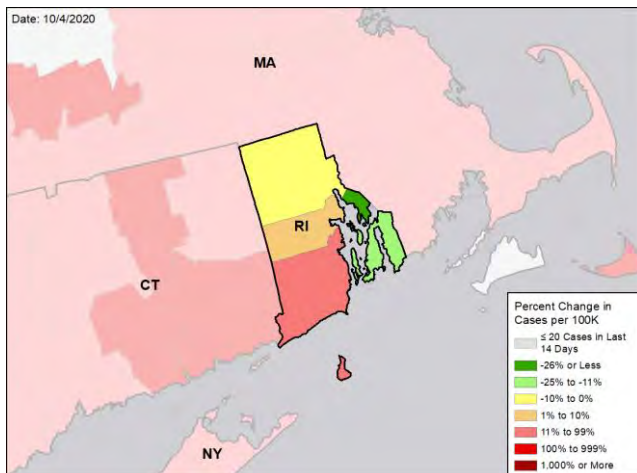
NEW CASES PER 100,000 DURING THE LAST WEEK



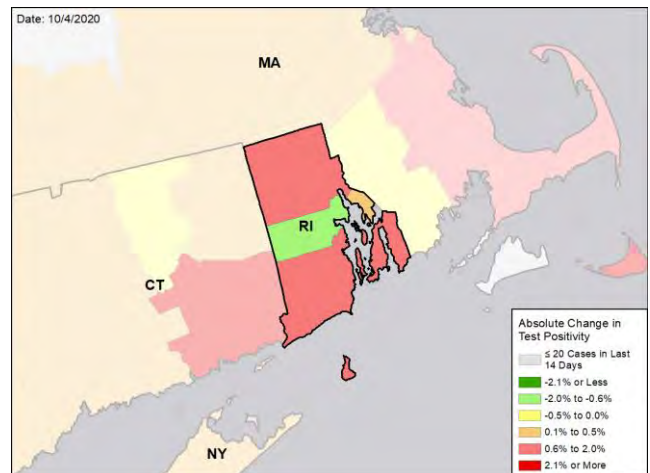
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



SOUTH CAROLINA

SUMMARY

- South Carolina is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 24th highest rate in the country. South Carolina is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 14th highest rate in the country.
- South Carolina has seen a decrease in new cases and a slight increase in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Richland County, 2. Aiken County, and 3. Greenville County. These counties represent 28.6% of new cases in South Carolina.
- 83% of all counties in South Carolina have moderate or high levels of community transmission (yellow, orange, or red zones), with 20% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 15% of nursing homes had at least one new resident COVID-19 case, 22% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- South Carolina had 103 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 9 to support operations activities from USCG.
- The federal government has supported surge testing in Columbia, SC.
- Between Sep 26 - Oct 2, on average, 56 patients with confirmed COVID-19 and 72 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in South Carolina. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- South Carolina is showing improvement week over week with continued decline in the number of red counties. Both the University of South Carolina and Clemson are role models for their continued COVID response.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies work best when used early in the course of infection.
- The University of South Carolina has one of the best plans for mitigating COVID in the United States and the team continues to evolve the plan based on data. The plan includes both symptomatic and asymptomatic testing of students, faculty, and staff. The University has an excellent student health program with state-of-the-art facilities including negative pressure exam rooms. There is a strong plan for the care of students and, critically, strong support for students in quarantine. There is strong student engagement supporting the mitigation efforts required to contain and mitigate spread.
- Clemson has the best required surveillance testing of students of any of the universities visited and an excellent physical distancing set-up from concessions to bathrooms at the stadium. The work to increase testing through both saliva and focused wastewater testing is very well done and should be implemented and expanded to provide dorm by dorm alerts. Clemson is utilizing its research capacity to expand testing, as requested of many universities, but few responded like Clemson. Like at USC, there is an excellent partnership between students, staff, faculty, the administration, and town and county leaders.
- For universities, would immediately consider antibody surveillance testing of both off and on campus students to establish asymptomatic infection rate during the fall. It is possible, based on the current number of symptomatic students, that 15-20% of all university students have been infected. This would provide data for the spring semester. Modeling the current total infections, impact on R1 (disease rate among those exposed), and the potential for immunization of high-risk faculty and staff may allow for increased students in classroom in the spring with full mask use.
- Abbott BinaxNOW arrived at Historically Black Colleges and Universities to ensure rapid diagnosis and isolation of both symptomatic and asymptomatic cases.
- In preparation for the fall, increase testing capacity by increasing the budget and capacity of public health labs and ensure flu immunizations of the public.
- Increase silent community spread surveillance by using wastewater and the Abbott BinaxNOW or antigen tests. Establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders. All antigen positive results must be reported with both the number of positive results and total tests conducted; these must be reported as COVID cases.
- Expanded nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents. New nursing home staff cases must be controlled by contact tracing in the communities where the staff reside and aggressive community testing and containment in those communities.
- Ask citizens and students to limit friend and family gatherings to prevent recreating spreading events in homes, resulting in new cases and the infection of those with comorbidities.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).





SOUTH CAROLINA

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	5,284 (103)	-30%	63,742 (95)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.5%	+0.4%*	6.0%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	65,612** (1,274)	-17%**	1,004,096** (1,501)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	113 (2.2)	-8%	1,567 (2.3)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	15% (22%)	+3%* (-7%*)	15% (28%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	-4%*	6%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



SOUTH CAROLINA

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK	COUNTY LAST WEEK
LOCALITIES IN RED ZONE	1 Greenville-Anderson	9 Aiken Anderson Pickens Kershaw Dillon Barnwell Abbeville Hampton Allendale
LOCALITIES IN ORANGE ZONE	4 Augusta-Richmond County Seneca Gaffney Greenwood	10 Greenville Lexington York Oconee Edgefield Cherokee Greenwood Marion Colleton Jasper
LOCALITIES IN YELLOW ZONE	11 Columbia Charlotte-Concord-Gastonia Spartanburg Hilton Head Island-Bluffton Myrtle Beach-Conway-North Myrtle Beach Florence Sumter Newberry Orangeburg Bennettsville Georgetown	19 Richland Spartanburg Horry Beaufort Dorchester Florence Lancaster Darlington Sumter Newberry Orangeburg Chesterfield

All Yellow Counties: Richland, Spartanburg, Horry, Beaufort, Dorchester, Florence, Lancaster, Darlington, Sumter, Newberry, Orangeburg, Chesterfield, Laurens, Marlboro, Georgetown, Chester, Fairfield, McCormick, Calhoun

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

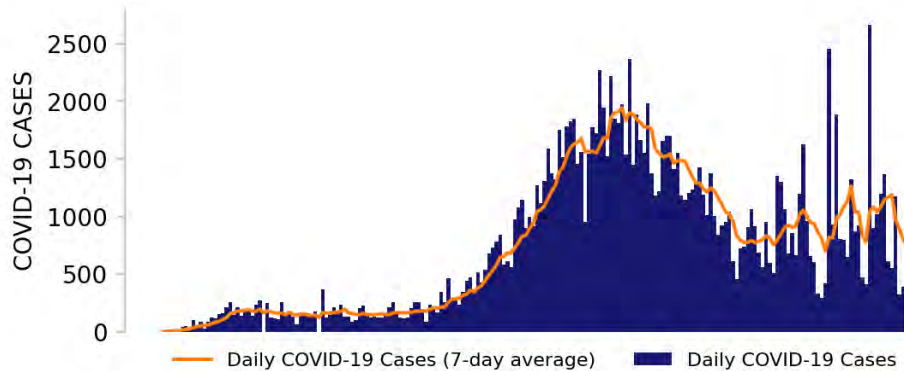
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



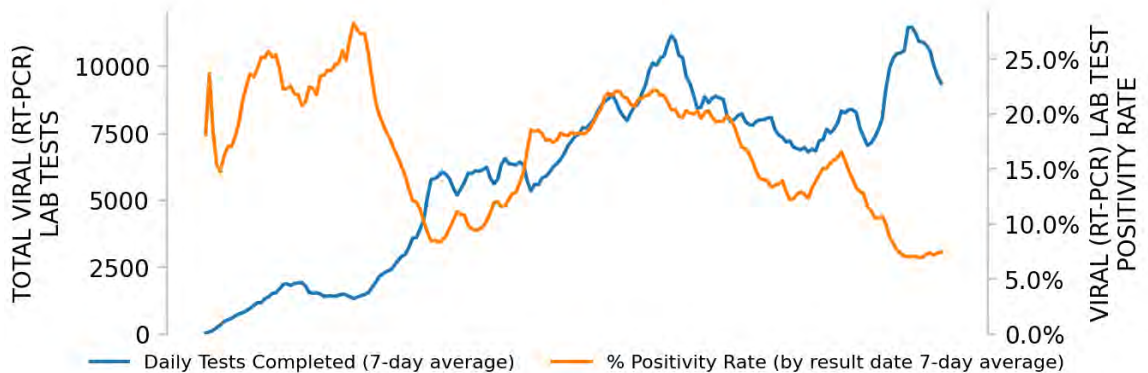
SOUTH CAROLINA

STATE REPORT | 10.04.2020

NEW CASES

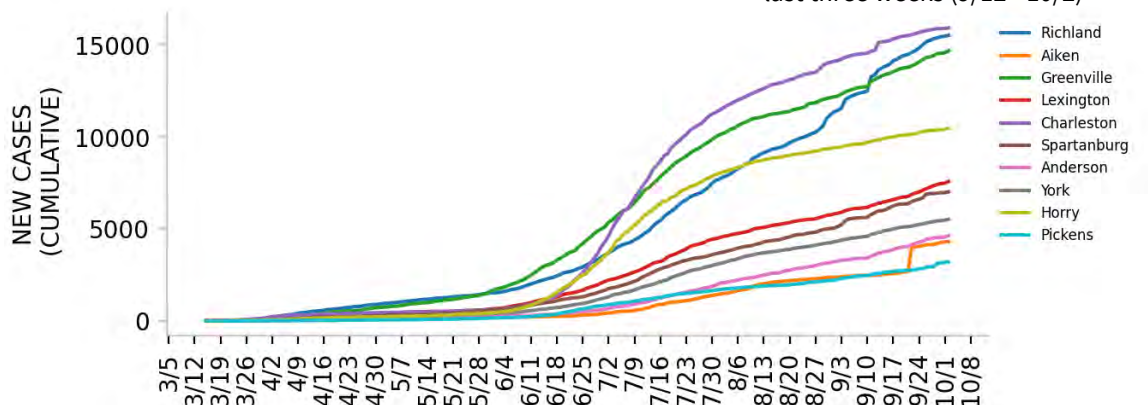


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

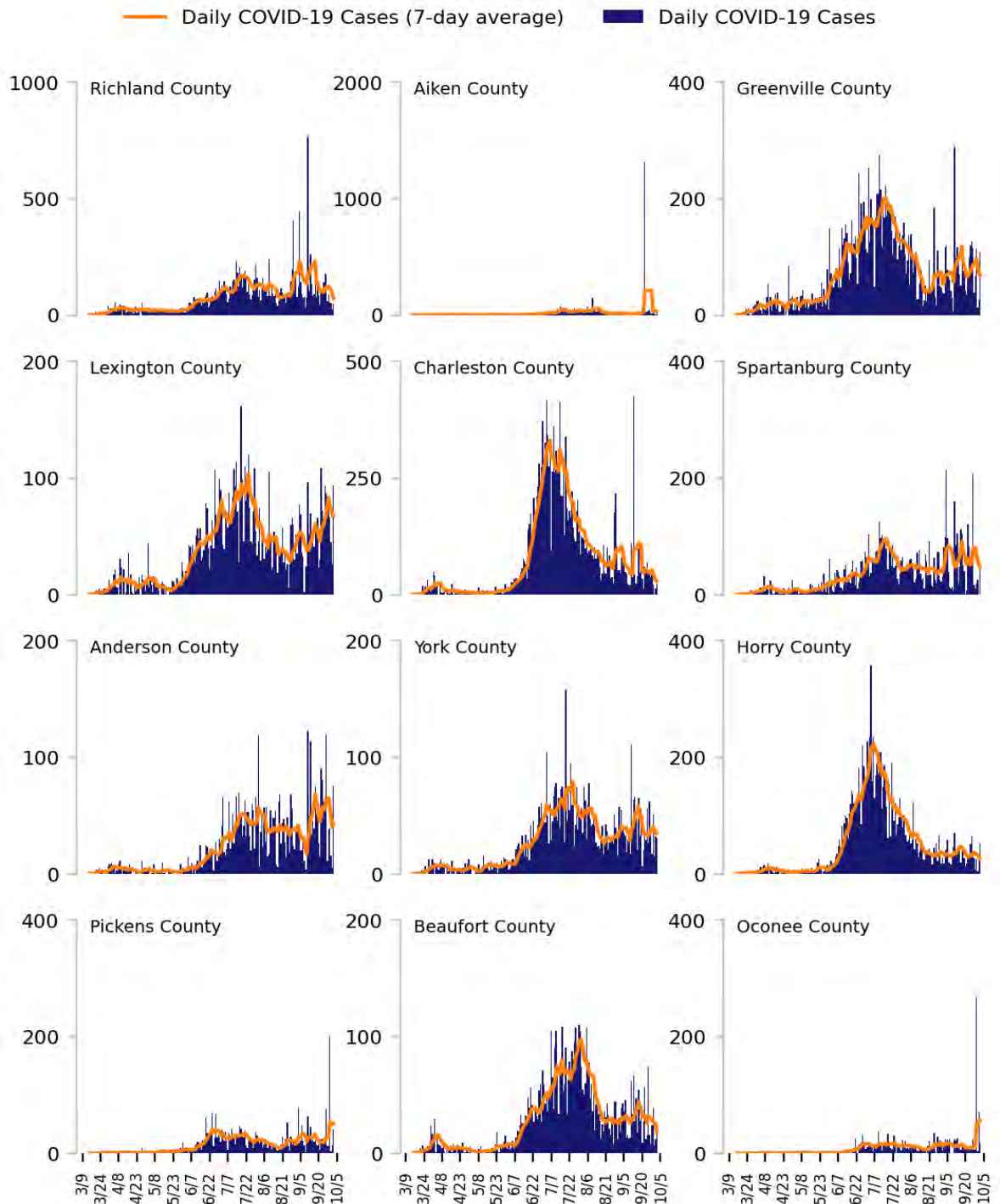
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

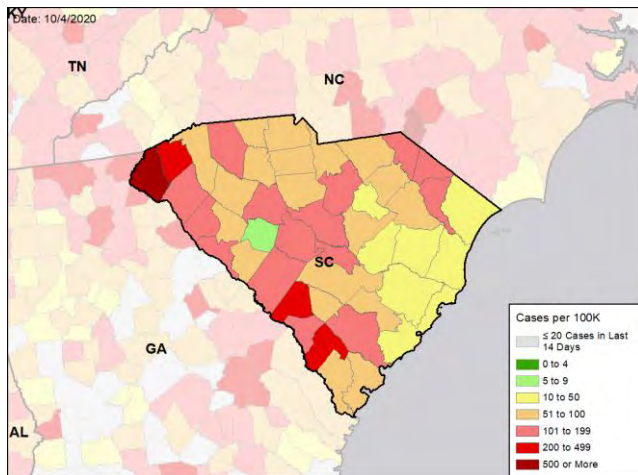


SOUTH CAROLINA

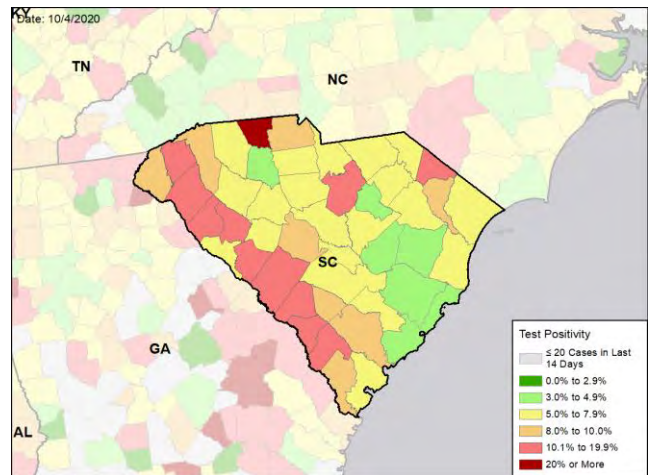
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CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

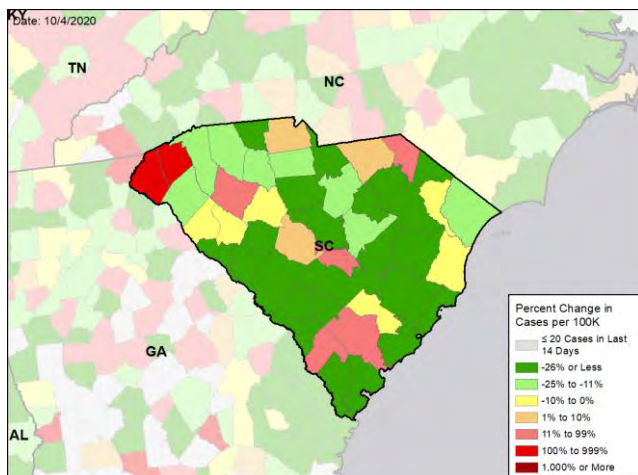
NEW CASES PER 100,000 DURING THE LAST WEEK



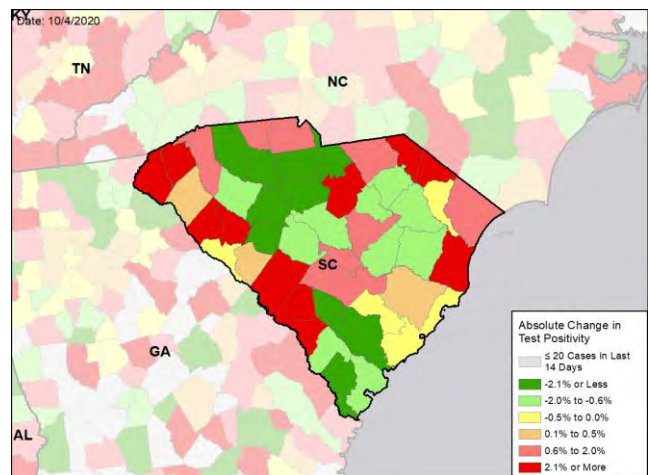
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



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

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



SOUTH DAKOTA

SUMMARY

- South Dakota is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 2nd highest rate in the country. South Dakota is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 4th highest rate in the country.
- South Dakota has seen an increase in new cases and an increase in test positivity over the last week; testing volume remained high across the state.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Minnehaha County, 2. Pennington County, and 3. Lincoln County. These counties represent 33.5% of new cases in South Dakota.
- Many counties have both marked increases in cases and test positivity, indicating accelerating transmission.
- 62% of all counties in South Dakota have moderate or high levels of community transmission (yellow, orange, or red zones), with 48% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 14% of nursing homes had at least one new resident COVID-19 case, 36% had at least one new staff COVID-19 case, and 8% had at least one new resident COVID-19 death.
- South Dakota had 336 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 3 to support operations activities from FEMA.
- Between Sep 26 - Oct 2, on average, 38 patients with confirmed COVID-19 and 13 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in South Dakota. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Testing is critical to achieving epidemic control and gains over the past weeks are laudable. As testing volume continues to be high, test positivity is the more reliable indicator of transmission dynamics.
- Closely monitor case rates and test positivity, stratified by county and age band. Consider limiting hours or occupancy in non-seated indoor bars in highly targeted areas if cases continue to escalate.
- Continue to closely monitor hospital utilization, resources, and capacity at the local level and put data on all websites as part of educational campaigns to emphasize critical needs. Work with state and federal emergency partners, as needed, to ensure hospital capacity and resources remain sufficient and all staff are trained on current treatment protocols, including early use of antiviral and antibody therapy for hospitalized patients.
- As weather gets colder and activities move indoors, transmission is likely to increase further; intensify public health messaging, making clear recommendations for mitigation behaviors and emphasizing personal and civic responsibility.
- Ensure all universities maintain adequately intense surveillance and the capacity to rapidly and comfortably isolate or quarantine students on campus or coordinate release of students to safe family quarantine; work with universities to report reliable laboratory confirmation and not self-reported data.
- Continue culturally-specific outreach to Native American and Hispanic communities and other at-risk populations, educating on risks of household transmission to elderly and those with risk factors and emphasizing critical need for face covering and social distancing.
- Use antigen and other rapid tests for regular surveillance to monitor transmission among critical staff, such as teachers, clinic staff and staff working at long-term care facilities (LTCFs) and other congregate living settings, prisoners and prison staff, public transportation workers, and first responders.
- Maintain efforts to control transmission at all long-term care facilities by ensuring strict adherence to CMS guidance and complete facility-wide testing for any case among staff or resident.
- Any nursing homes with 3 or more cases of COVID per week over any of the past 3 weeks (facilities in Wessington Springs, Lennox, Mitchell, Selby, Yankton, Vermillion, Watertown, Rapid City, Tea, Gregory, Beadle, Beresford) should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

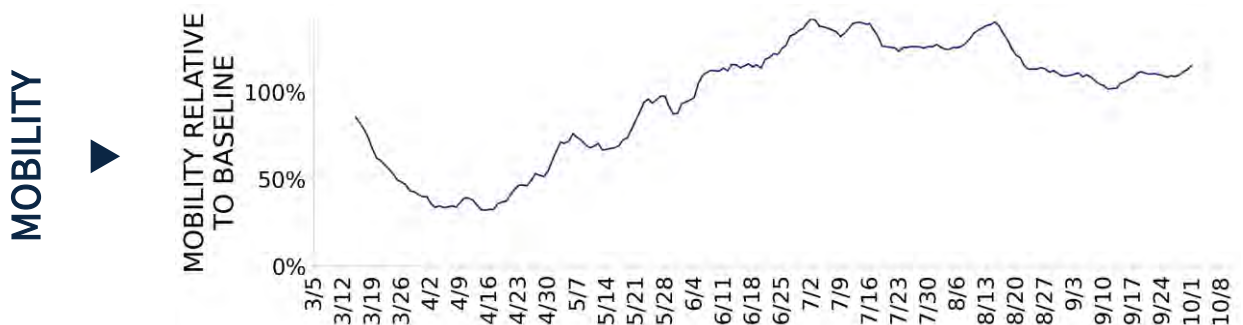




SOUTH DAKOTA

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	2,970 (336)	+20%	19,493 (159)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	11.4%	+1.1%*	8.1%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	20,208** (2,284)	+0%**	283,433** (2,312)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	21 (2.4)	+17%	140 (1.1)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	14% (36%)	+0%* (+1%*)	8% (23%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	8%	+3%*	3%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



SOUTH DAKOTA

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

METRO AREA (CBSA) LAST WEEK

COUNTY LAST WEEK

LOCALITIES IN RED ZONE	7	Sioux Falls Aberdeen Pierre Brookings Mitchell Huron Sioux City	32	Lincoln Brown Hughes Brookings Meade Davison Beadle Tripp Union Roberts Grant Gregory
LOCALITIES IN ORANGE ZONE	4	Rapid City Watertown Spearfish Vermillion	8	Minnehaha Pennington Codington Lawrence Clay Turner Hutchinson Kingsbury
LOCALITIES IN YELLOW ZONE	1	Yankton	1	Yankton

All Red Counties: Lincoln, Brown, Hughes, Brookings, Meade, Davison, Beadle, Tripp, Union, Roberts, Grant, Gregory, Walworth, Lyman, Spink, Lake, Dewey, Brule, Butte, Douglas, Jerauld, McCook, Day, Custer, Moody, Hand, Bon Homme, Campbell, Hamlin, Faulk, Aurora, Hanson

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

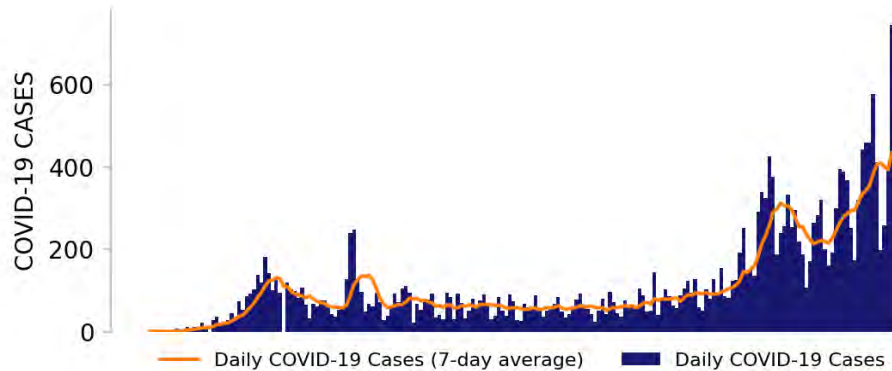
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



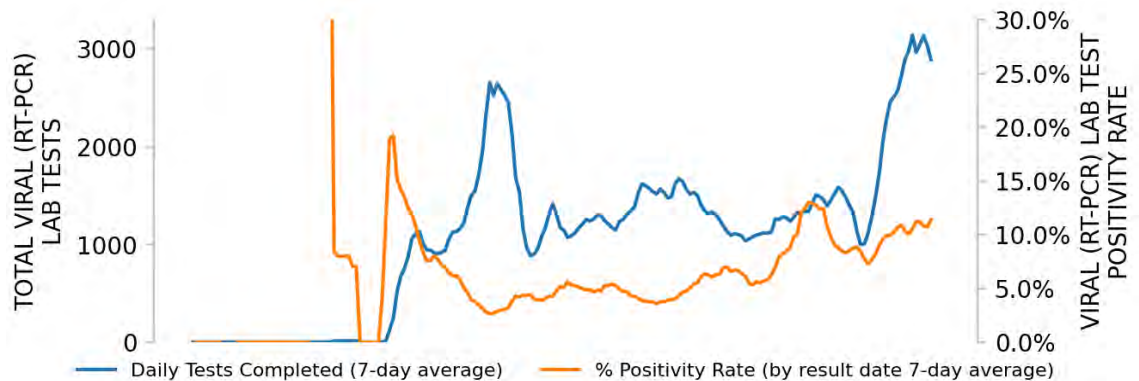
SOUTH DAKOTA

STATE REPORT | 10.04.2020

NEW CASES

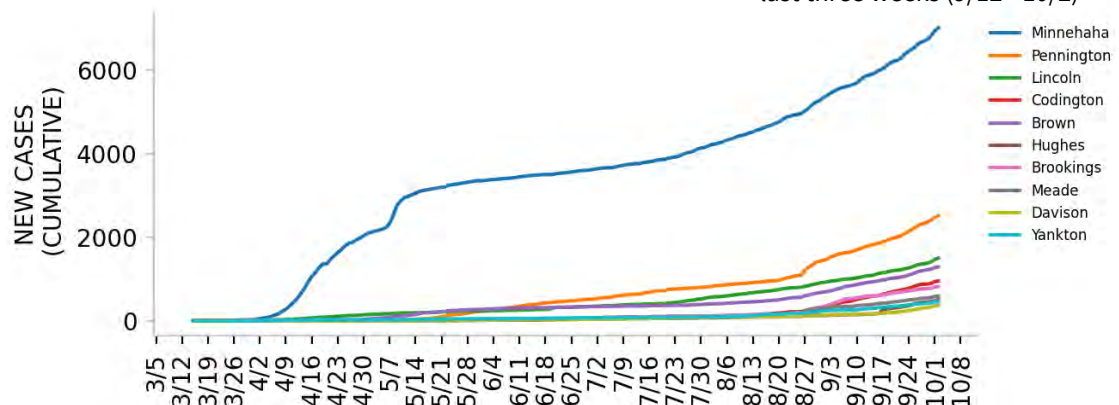


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

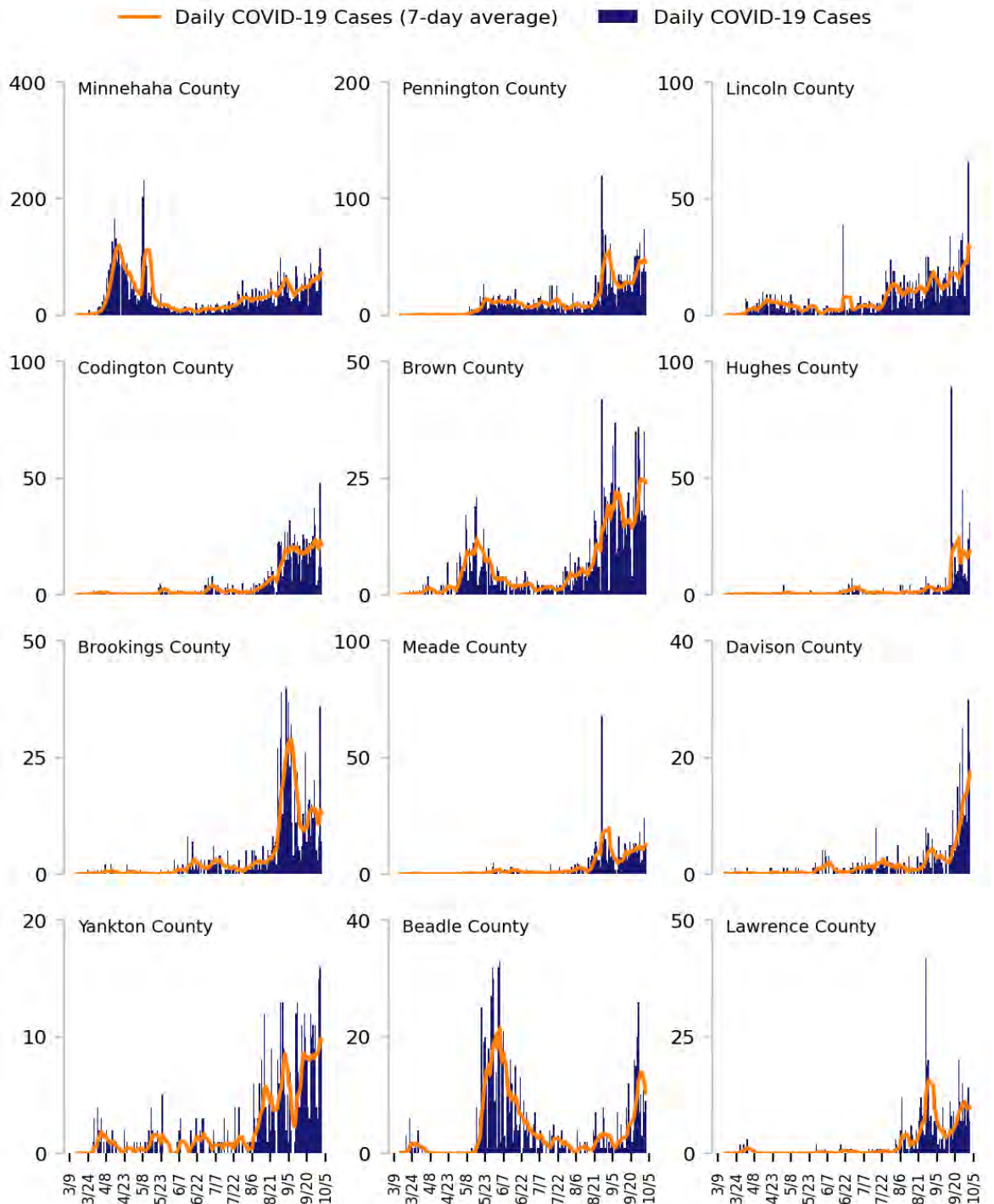
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

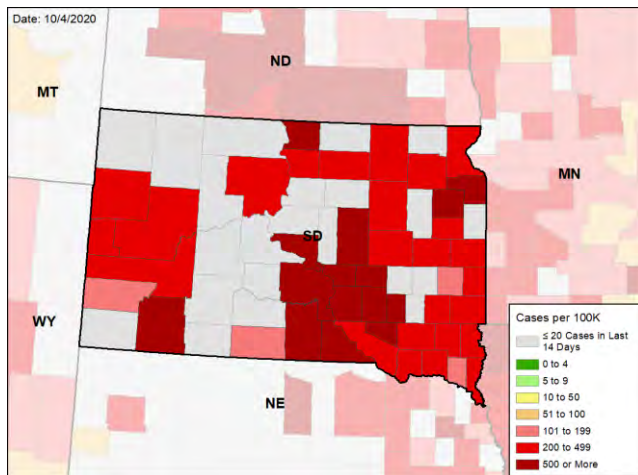


SOUTH DAKOTA

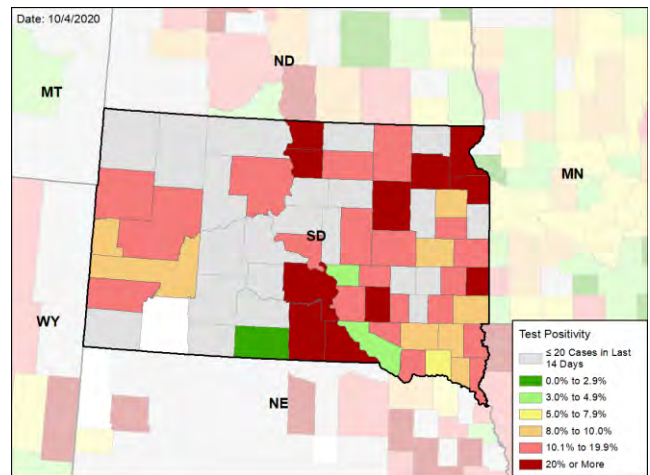
STATE REPORT | 10.04.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

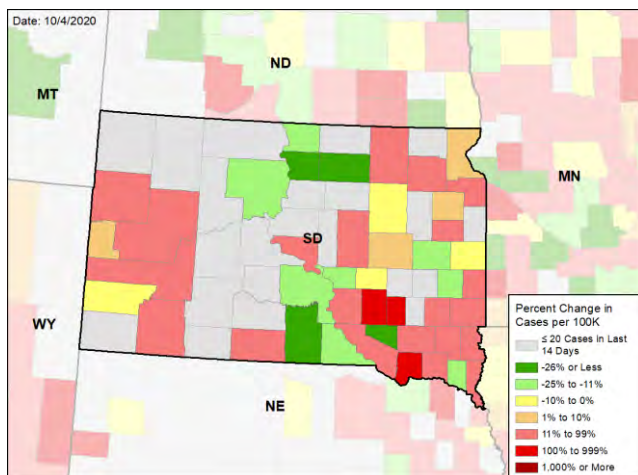
NEW CASES PER 100,000 DURING THE LAST WEEK



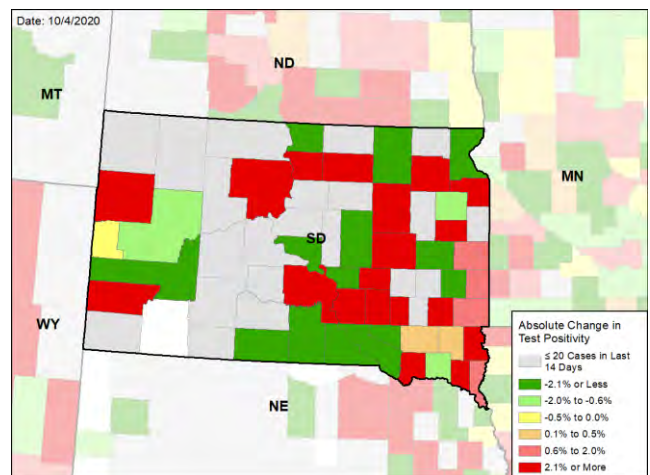
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



TENNESSEE

SUMMARY

- Tennessee is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 14th highest rate in the country. Tennessee is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 17th highest rate in the country.
- Tennessee has seen stability in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Shelby County, 2. Knox County, and 3. Davidson County. These counties represent 23.5% of new cases in Tennessee.
- 82% of all counties in Tennessee have moderate or high levels of community transmission (yellow, orange, or red zones), with 32% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 19% of nursing homes had at least one new resident COVID-19 case, 37% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death.
- Tennessee had 131 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 2 to support operations activities from FEMA.
- Between Sep 26 - Oct 2, on average, 126 patients with confirmed COVID-19 and 104 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Tennessee. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Messaging to communities about effectiveness of masks is critical as many outdoor activities will be moving indoors with colder weather approaching. Masks must be worn indoors in all public settings and group gathering sizes should be limited.
- Work with rural communities to message about how masks work and protect individuals from COVID-19. In high transmission zones, limit indoor dining, bar hours, and expand outdoor dining options.
- Increase contact tracing efforts on college campuses, schools, and other locations where people are beginning to congregate again.
- Over one-third of nursing homes have at least one positive staff member. Use these findings not only to prevent transmission in nursing homes but also as sentinel surveillance indicating spread in the community and work on local mitigation efforts.
- Abbott BinaxNOW tests should be used in a sentinel surveillance capacity. Sentinel surveillance among specific populations across Tennessee will help provide specific information to each community regarding local transmission and where mitigation efforts needed to be enhanced.
- Prioritize these populations for routine sentinel surveillance: K-12 teachers; staff working in nursing homes, assisted living, senior living facilities, and other congregate living settings including correctional facilities; and first responders.
- Conduct community testing in university towns to rapidly identify positives and isolate them. With cases decreasing in university settings, work with students to keep cases down, particularly with the goal to keep transmission low until Thanksgiving.
- Antivirals and antibodies have the most impact when used early in hospital admissions (within 48 hours). Ensure hospitals are effectively administering these medications to prevent morbidity and mortality.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

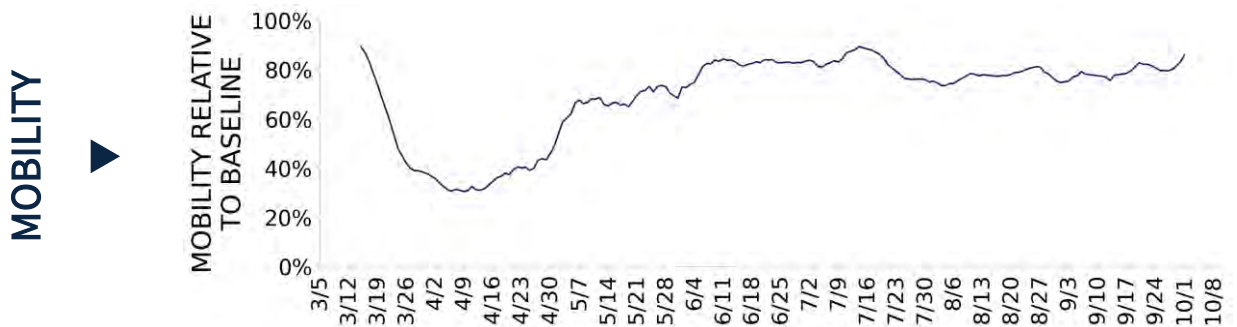




TENNESSEE

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	8,949 (131)	+0%	63,742 (95)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.6%	+0.5%*	6.0%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	125,404** (1,836)	-14%**	1,004,096** (1,501)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	167 (2.4)	+5%	1,567 (2.3)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	19% (37%)	-1%* (+2%*)	15% (28%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	-3%*	6%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.

Mobility: Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



TENNESSEE

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

METRO AREA (CBSA) LAST WEEK

COUNTY LAST WEEK

LOCALITIES IN RED ZONE	6	Cookeville Dyersburg Sevierville Union City Brownsville Dayton	30	Putnam Gibson Sullivan Dyer Sevier Obion Fentress McNairy Hardin Johnson Overton Loudon
LOCALITIES IN ORANGE ZONE	6	Jackson Kingsport-Bristol Cleveland Martin Shelbyville McMinnville	15	Wilson Bradley Weakley Carroll Fayette Henderson Bedford Hickman Hardeman Lauderdale Warren Grainger
LOCALITIES IN YELLOW ZONE	15	Nashville-Davidson--Murfreesboro--Franklin Memphis Knoxville Chattanooga Tullahoma-Manchester Johnson City Morristown Clarksville Lawrenceburg Athens Greeneville Crossville	33	Shelby Knox Rutherford Hamilton Madison Williamson Sumner Washington Maury Coffee Blount Lawrence

All Yellow CBSAs: Nashville-Davidson--Murfreesboro--Franklin, Memphis, Knoxville, Chattanooga, Tullahoma-Manchester, Johnson City, Morristown, Clarksville, Lawrenceburg, Athens, Greeneville, Crossville, Lewisburg, Paris, Newport

All Red Counties: Putnam, Gibson, Sullivan, Dyer, Sevier, Obion, Fentress, McNairy, Hardin, Johnson, Overton, Loudon, Haywood, Grundy, Chester, Giles, Decatur, Rhea, Smith, Houston, Hawkins, Marion, Union, Crockett, Stewart, Jackson, Cannon, Lewis, Moore, Pickett

All Orange Counties: Wilson, Bradley, Weakley, Carroll, Fayette, Henderson, Bedford, Hickman, Hardeman, Lauderdale, Warren, Grainger, Lake, Polk, Trousdale

All Yellow Counties: Shelby, Knox, Rutherford, Hamilton, Madison, Williamson, Sumner, Washington, Maury, Coffee, Blount, Lawrence, Tipton, McMinn, Hamblen, Anderson, Greene, White, Robertson, Jefferson, Dickson, Cumberland, Roane, Marshall, Monroe, Carter, Macon, Clay, Henry, Campbell, Cheatham, Cocke, Scott

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

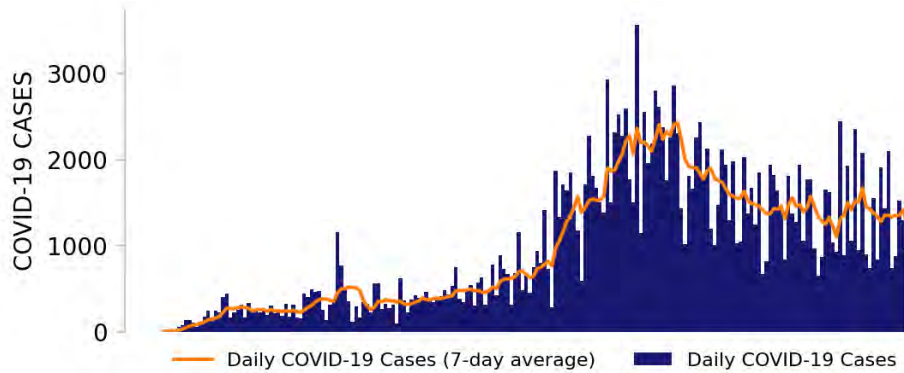
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



TENNESSEE

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NEW CASES

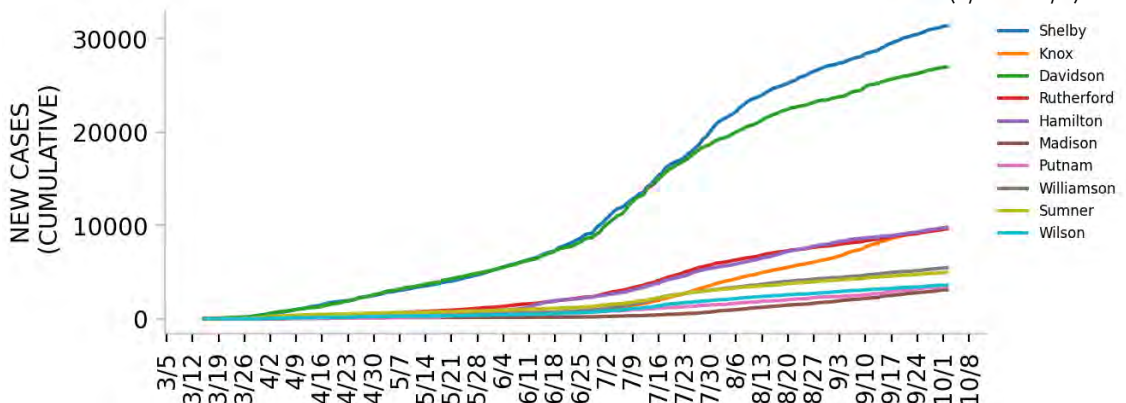


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

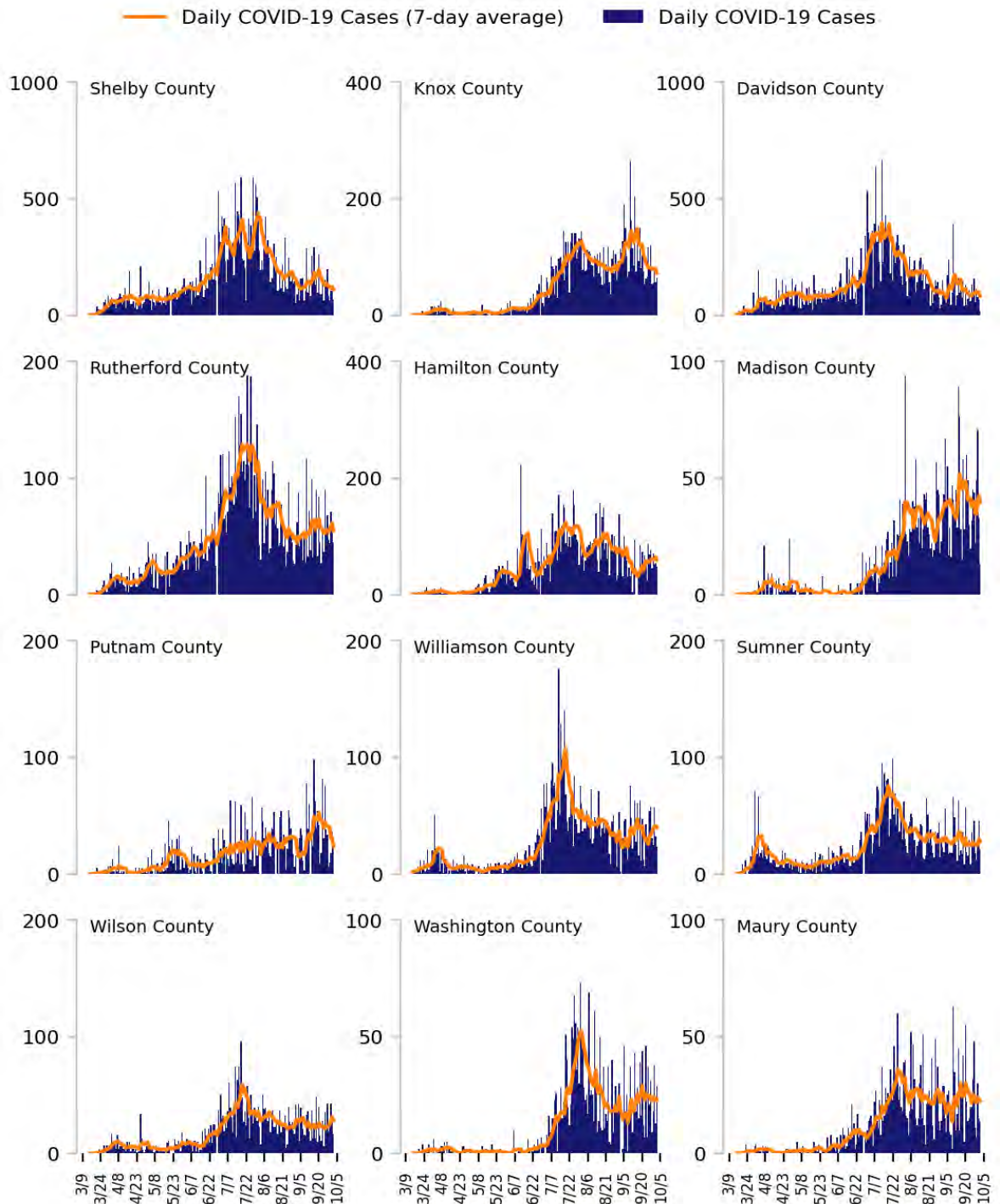
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

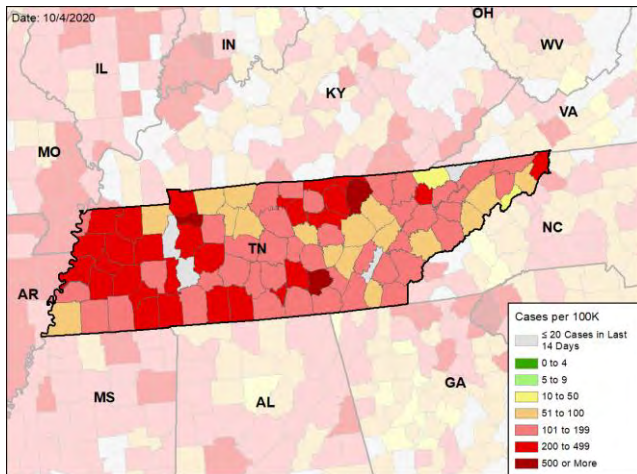


TENNESSEE

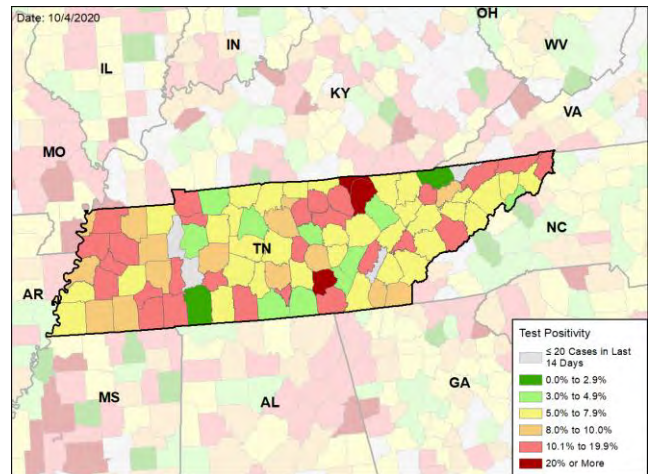
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CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

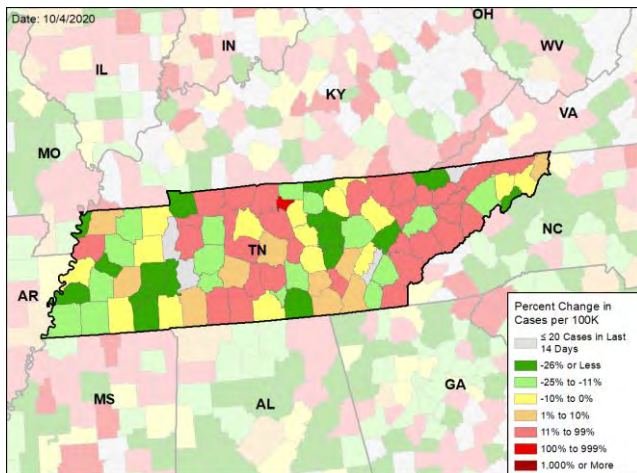
NEW CASES PER 100,000 DURING THE LAST WEEK



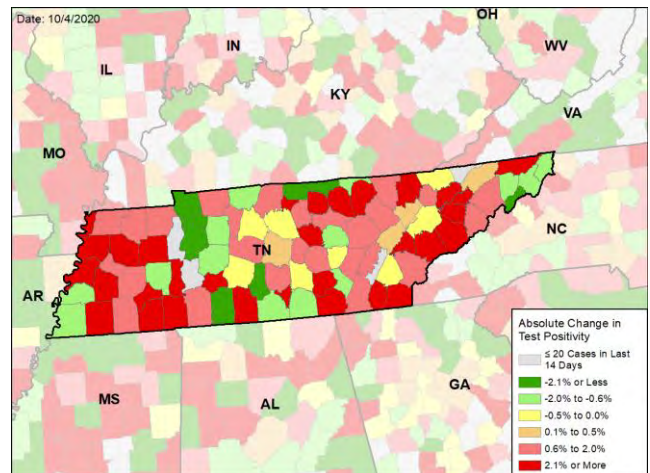
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



TEXAS

SUMMARY

- Texas is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 23rd highest rate in the country. Texas is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 18th highest rate in the country.
- Texas has seen a decrease in new cases and stability in test positivity over the last week. Continue to improve data reporting from laboratories and ensure all antigen tests are fully reported with numerators and denominators.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Harris County, 2. Bexar County, and 3. Dallas County. These counties represent 45.2% of new cases in Texas.
- 41% of all counties in Texas have moderate or high levels of community transmission (yellow, orange, or red zones), with 12% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 12% of nursing homes had at least one new resident COVID-19 case, 22% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Texas had 105 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 42 to support operations activities from FEMA; 12 to support operations activities from ASPR; 1 to support epidemiology activities from CDC; 15 to support operations activities from USCG; and 1 to support operations activities from VA.
- The federal government has supported surge testing in Houston, TX.
- Between Sep 26 - Oct 2, on average, 398 patients with confirmed COVID-19 and 496 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Texas. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Texas continues to make progress but to sustain the gains, continue the strong mitigation efforts statewide and strengthen mitigation efforts in university towns to decrease spread from universities to the local community. If cases begin to increase again in 18-24 year-olds in college towns, consider potentially limiting hours or occupancy of non-seated indoor bars.
- Continue to improve quality and timeliness of data reporting.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies work best when used early in the course of infection.
- Texas A&M has an excellent plan and the best student compliance with mitigation efforts seen to date. Baylor University has strong buy-in from students, community, staff, and faculty. All the universities are seeing improvements with excellent dashboards; however, Texan universities need a further strengthening of detecting asymptomatic silent spread on campuses and routine surveillance saliva testing of students on university research platforms will be important.
- Deploy and expand focused wastewater surveillance to detect cases early and direct diagnostic testing and public health interventions targeting those dorms and communal areas.
- For universities, would immediately consider antibody surveillance testing of both off and on campus students to establish asymptomatic infection rate during the fall. It is possible, based on the current number of symptomatic students, that 15-20% of all university students have been infected. This would provide data for the spring semester. Modeling the current total infections, impact on R1 (disease rate among those exposed), and the potential for immunization of high-risk faculty and staff may allow for increased students in classroom in the spring with full mask use.
- Abbott BinaxNOW arrived at Historically Black Colleges and Universities to ensure rapid diagnosis and isolation of both symptomatic and asymptomatic cases.
- In preparation for fall, increase testing capacity by increasing the budget and capacity of public health labs and ensure strong flu vaccination messaging.
- Increase community surveillance through wastewater testing. Increase surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. Establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders. All antigen positive results must be reported with both the number of positive results and total tests conducted; these must be reported as COVID cases.
- Ensure all nursing homes, assisted living and elderly care sites have full testing capacity in all towns with university students so staff can be aggressively tested weekly to prevent spread from students to residents through staff. Expanded nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents.
- New nursing home staff cases must be controlled by contact tracing in the communities where the staff reside and aggressive community testing and containment in those communities.
- Ask citizens and students to limit friend and family gatherings to prevent recreating spreading events in homes, resulting in new cases and the infection of those with comorbidities.
- Continued comprehensive support to Native Americans is key for preventing both COVID-19 and flu infections.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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





TEXAS

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	30,423 (105)	-36%	48,301 (113)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.3%	+0.3%*	6.0%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	267,127** (921)	-20%**	487,416** (1,141)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	577 (2.0)	-11%	869 (2.0)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	12% (22%)	+0%* (-2%*)	13% (23%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	-1%*	4%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



TEXAS

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

METRO AREA (CBSA) LAST WEEK

COUNTY LAST WEEK

LOCALITIES IN RED ZONE	16	El Paso Lubbock Amarillo Laredo Odessa Big Spring Paris Texarkana Eagle Pass Plainview Lamesa Snyder	30	El Paso Lubbock Potter Webb Randall Ector Howard Lavaca Lamar Maverick Hale Dawson
	14	McAllen-Edinburg-Mission Brownsville-Harlingen Huntsville Longview Rio Grande City-Roma San Angelo Alice Stephenville Mineral Wells Granbury Borger Hereford	28	Tarrant Hidalgo Cameron Walker Johnson Gregg Bowie Starr Tom Green Jim Wells Erath Palo Pinto
	20	Dallas-Fort Worth-Arlington San Antonio-New Braunfels Waco Beaumont-Port Arthur Midland Wichita Falls Tyler Port Lavaca Nacogdoches Victoria Corsicana Athens	45	Bexar Dallas Collin Montgomery Denton McLennan Jefferson Atascosa Midland Ellis Wichita Smith

All Red CBSAs: El Paso, Lubbock, Amarillo, Laredo, Odessa, Big Spring, Paris, Texarkana, Eagle Pass, Plainview, Lamesa, Snyder, Del Rio, Vernon, Pampa, Andrews

All Orange CBSAs: McAllen-Edinburg-Mission, Brownsville-Harlingen, Huntsville, Longview, Rio Grande City-Roma, San Angelo, Alice, Stephenville, Mineral Wells, Granbury, Borger, Hereford, Uvalde, Dumas

All Yellow CBSAs: Dallas-Fort Worth-Arlington, San Antonio-New Braunfels, Waco, Beaumont-Port Arthur, Midland, Wichita Falls, Tyler, Port Lavaca, Nacogdoches, Victoria, Corsicana, Athens, El Campo, Lufkin, Jacksonville, Gainesville, Sulphur Springs, Bay City, Kingsville, Bonham

All Red Counties: El Paso, Lubbock, Potter, Webb, Randall, Ector, Howard, Lavaca, Lamar, Maverick, Hale, Dawson, Scurry, Val Verde, Falls, Zavala, Gaines, Wilbarger, Yoakum, Terry, Runnels, Andrews, Duval, Dallam, McCulloch, Hansford, Knox, Bailey, Lynn, Hudspeth

All Orange Counties: Tarrant, Hidalgo, Cameron, Walker, Johnson, Gregg, Bowie, Starr, Tom Green, Jim Wells, Erath, Palo Pinto, Cass, Hood, Bosque, Harrison, Burnet, Hutchinson, Deaf Smith, Gray, Uvalde, Moore, Panola, Robertson, Leon, Eastland, Tyler, Ward

All Yellow Counties: Bexar, Dallas, Collin, Montgomery, Denton, McLennan, Jefferson, Atascosa, Midland, Ellis, Wichita, Smith, Hays, Parker, Kaufman, Calhoun, Caldwell, Nacogdoches, Orange, Rusk, Chambers, Victoria, Navarro, Henderson, Wharton, Angelina, Cherokee, Cooke, Hopkins, Fayette, Young, Medina, Matagorda, Limestone, Jasper, Comanche, Polk, Kleberg, Van Zandt, Lampasas, Fannin, Upshur, Pecos, Burleson, Houston

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

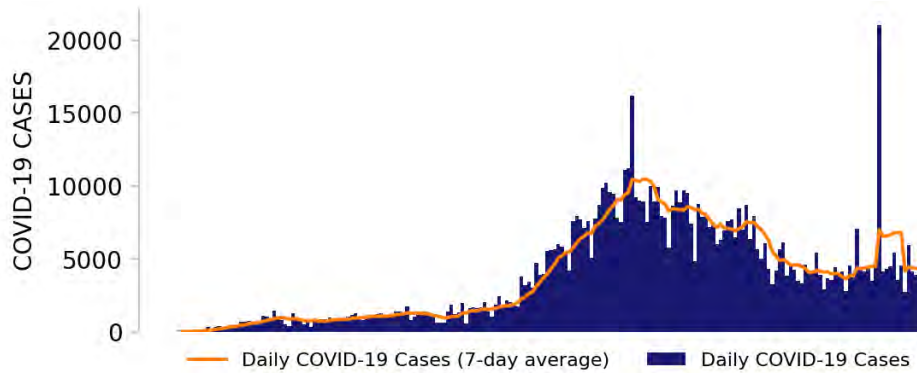
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



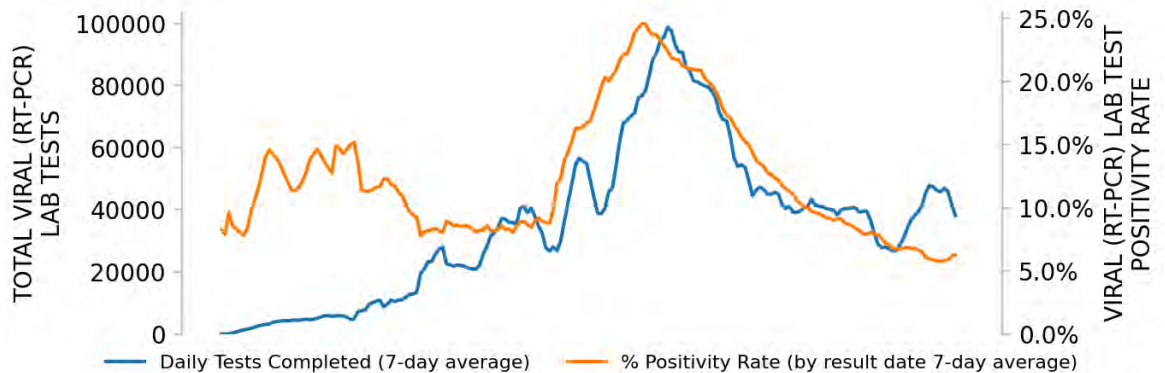
TEXAS

STATE REPORT | 10.04.2020

NEW CASES

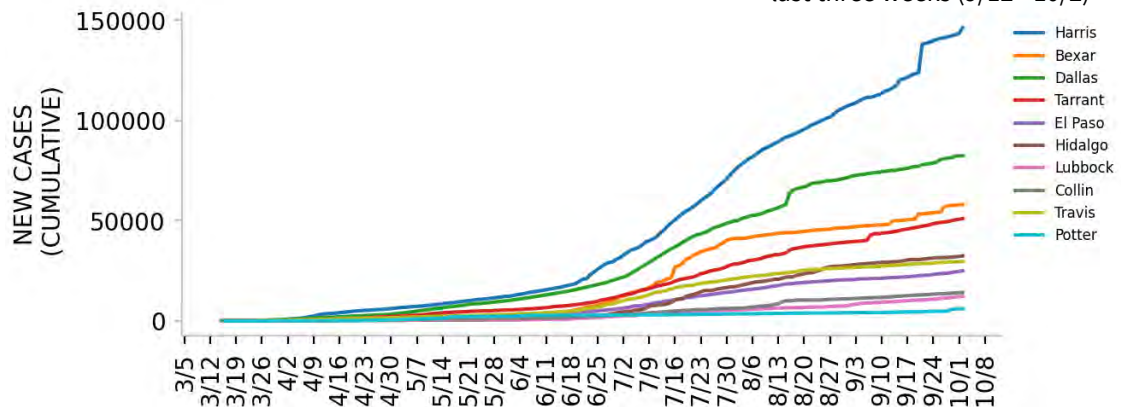


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

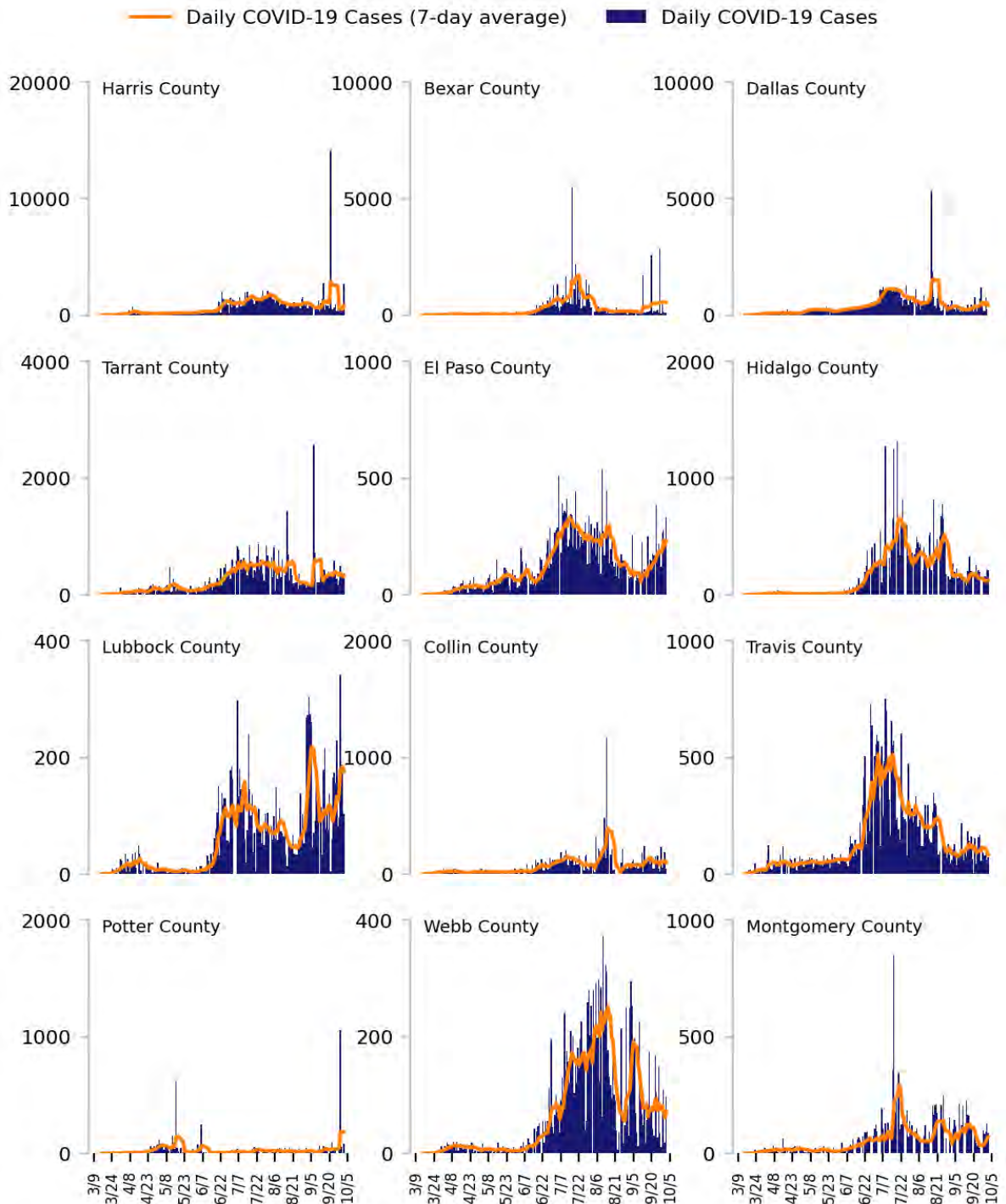
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

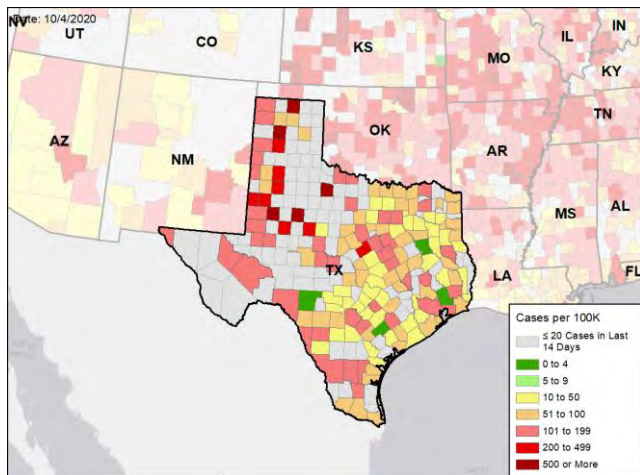


TEXAS

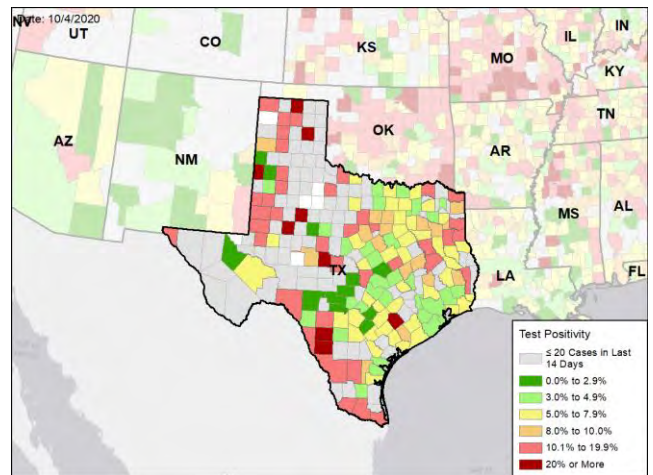
STATE REPORT | 10.04.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

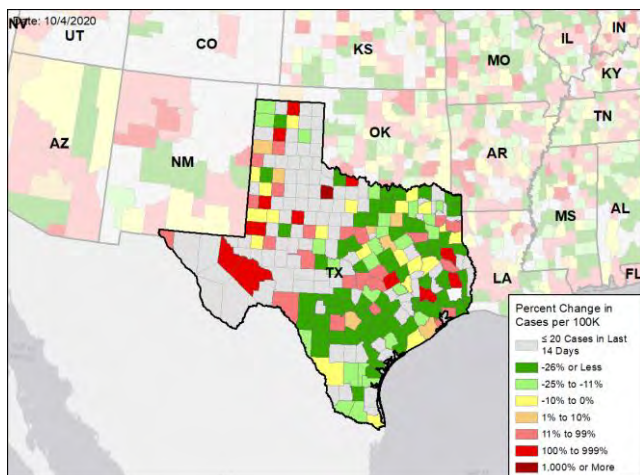
NEW CASES PER 100,000 DURING THE LAST WEEK



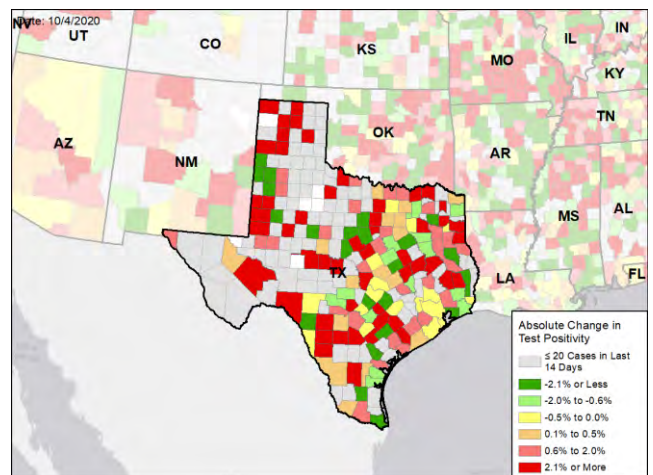
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



UTAH

SUMMARY

- Utah is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 5th highest rate in the country. Utah is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 2nd highest rate in the country.
- Utah has seen stability in new cases and a decrease in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Utah County, 2. Salt Lake County, and 3. Davis County. These counties represent 84.3% of new cases in Utah.
- 66% of all counties in Utah have moderate or high levels of community transmission (yellow, orange, or red zones), with 24% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 7% of nursing homes had at least one new resident COVID-19 case, 31% had at least one new staff COVID-19 case, and 1% had at least one new resident COVID-19 death.
- Utah had 208 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 1 to support operations activities from FEMA and 6 to support epidemiology activities from CDC.
- Between Sep 26 - Oct 2, on average, 26 patients with confirmed COVID-19 and 23 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Utah. An average of 88% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Continue successful efforts to aggressively expand testing in all counties; follow test positivity as marker for transmission dynamics. Follow case rates and test positivity closely by county and by age band.
- With university and private partners, explore opportunities to implement wastewater testing to enhance efficiency and reach of surveillance.
- Intensify mitigation efforts statewide or in counties where case rates are elevated and test positivity is increasing; harmonize school policies and community mitigation recommendations to bring population centers into sync and to protect those at risk of severe disease and hospitalization.
- Continue to closely monitor hospital utilization, resources, and capacity at the local level and put data on all websites as part of educational campaigns; work with regional and state emergency agencies, as needed, to ensure hospital capacity remains sufficient and all staff are trained on current treatment protocols, including early use of antiviral and antibody therapies for hospitalized patients.
- As weather gets cooler and all social and commercial activities move back indoors, transmission is likely to further increase; intensify public health messaging, emphasizing potential risks, strategies to avoid these risks, and personal and civic responsibility. Expand contact tracing capacity by recruiting from universities and affected communities.
- Enhance culturally-specific outreach to Hispanic and other minority and at-risk populations, educating on the risks of transmission to vulnerable persons (elderly and those with risk factors) during social and familial gatherings.
- Maintain focus on institutions of higher education (IHEs) and ensure all are conducting vigorous testing and have sufficient capacity for ongoing surveillance of students and staff on campus; require all IHEs to post testing and result data online and to describe specific activities they will take in the event of an increase in transmission.
- Testing is critical, but it is impactful only insofar as it translates into action; ensure timely contact tracing of all cases and provide housing, material support, and counseling to facilitate isolation or quarantine, especially in communities with congregate living facilities or high numbers of crowded or multigenerational households.
- Using antigen or other rapid tests, implement regular surveillance to monitor transmission among critical staff, such as teachers, clinic staff and staff working at long-term care facilities (LTCFs) and other congregate living settings, prisoners and prison staff, public transportation workers, and first responders.
- Maintain efforts to control transmission at all long-term care facilities by ensuring strict adherence to CMS guidance and complete facility-wide testing for any case among staff or resident. Any nursing homes with 3 or more cases of COVID per week over any of the past 3 weeks (facilities in Logan, Heber, Draper, American Fork, St. George) should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

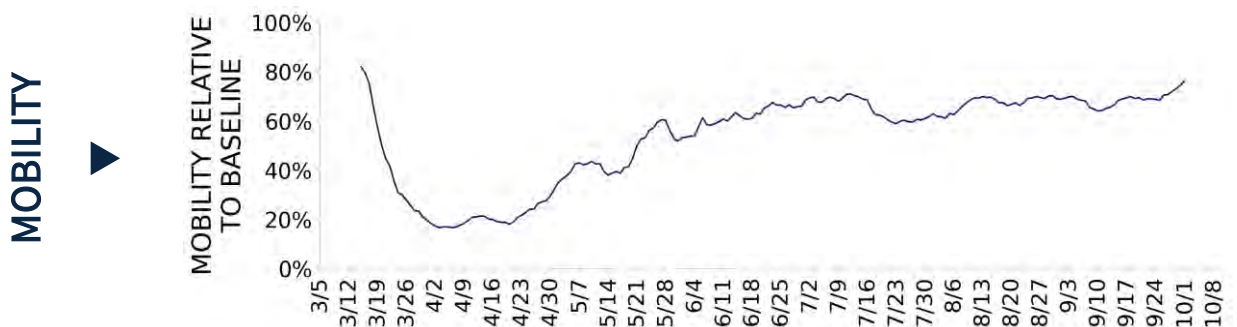




UTAH

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	6,653 (208)	-1%	19,493 (159)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	13.0%	-0.8%*	8.1%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	77,573** (2,420)	-5%**	283,433** (2,312)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	26 (0.8)	+136%	140 (1.1)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	7% (31%)	+4%* (+7%*)	8% (23%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	+0%*	3%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



UTAH

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	4	Provo-Orem Salt Lake City Logan St. George	7	Utah Salt Lake Cache Washington Wasatch Juab Kane
LOCALITIES IN ORANGE ZONE	4	Ogden-Clearfield Heber Cedar City Price	10	Davis Weber Tooele Box Elder Iron Millard Carbon Morgan Emery Sevier
LOCALITIES IN YELLOW ZONE	0	N/A	2	Summit Sanpete

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

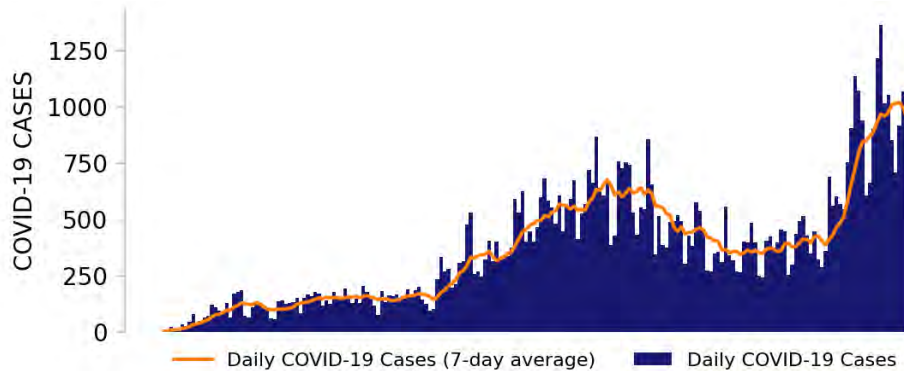
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



UTAH

STATE REPORT | 10.04.2020

NEW CASES

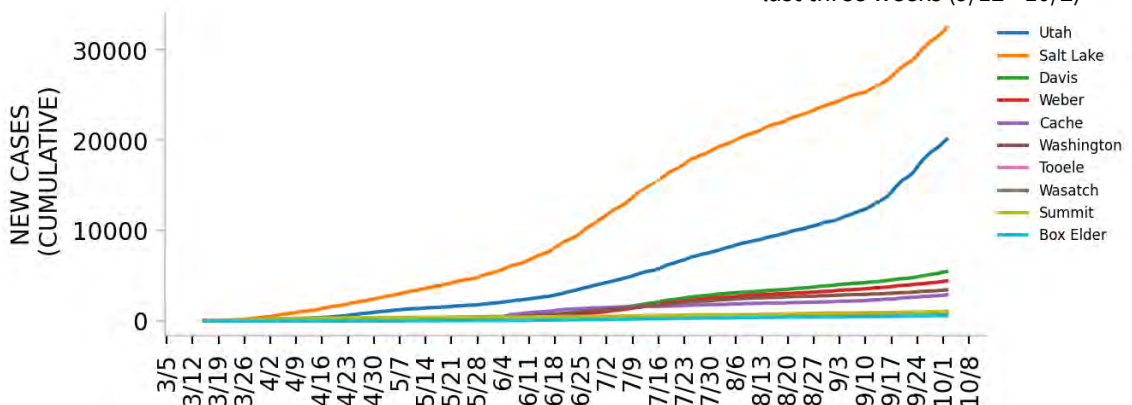


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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

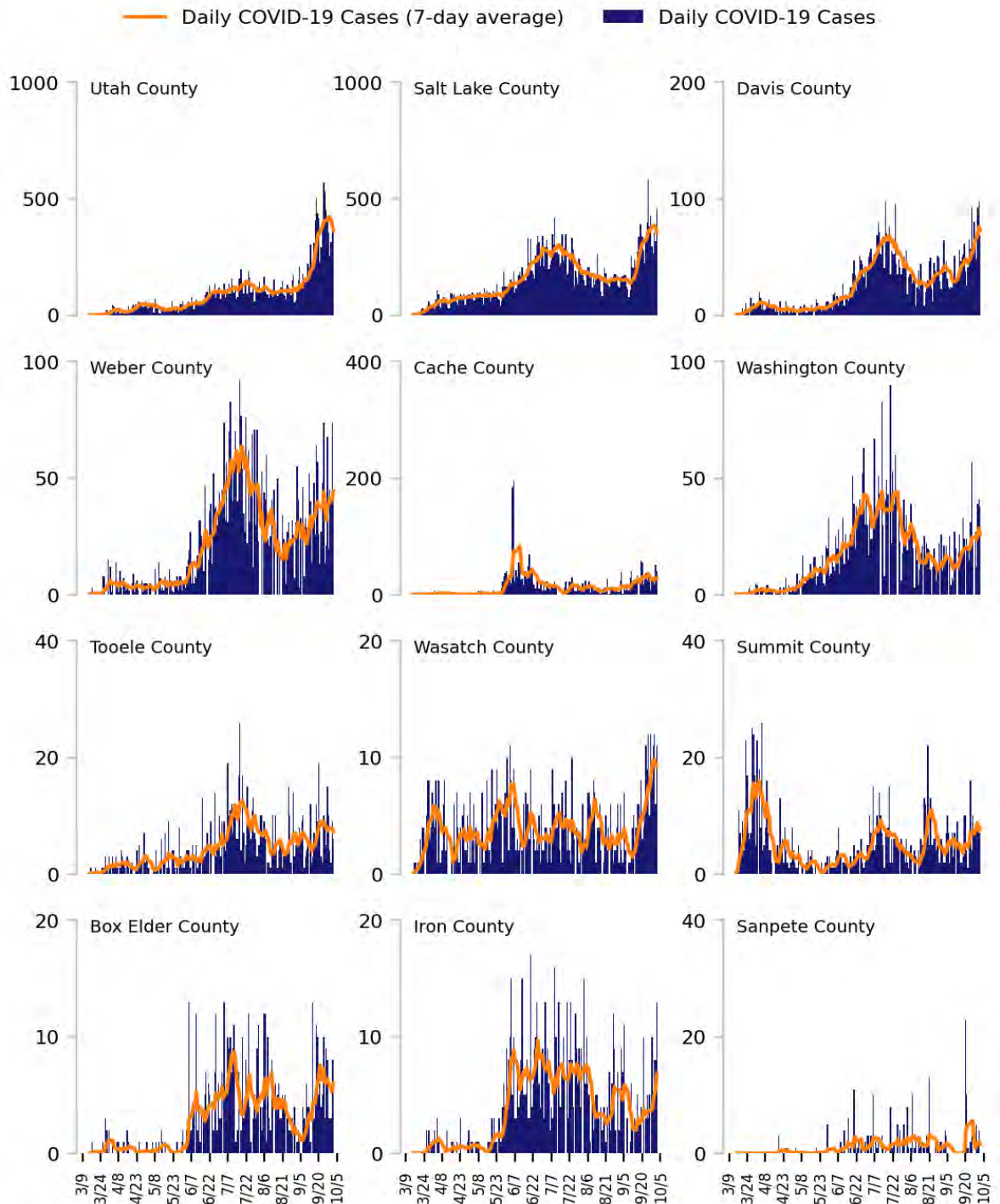
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

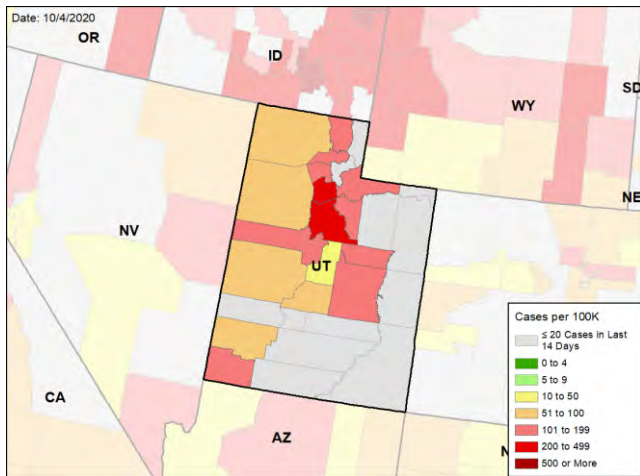


UTAH

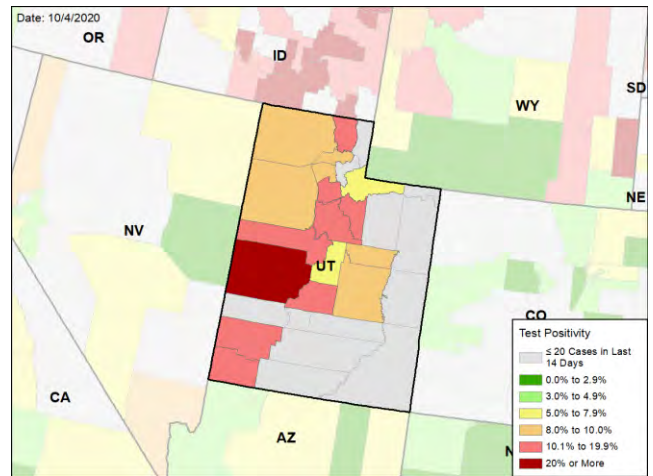
STATE REPORT | 10.04.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

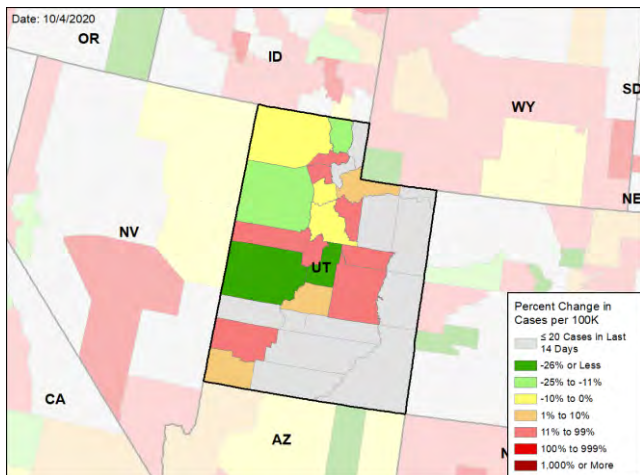
NEW CASES PER 100,000 DURING THE LAST WEEK



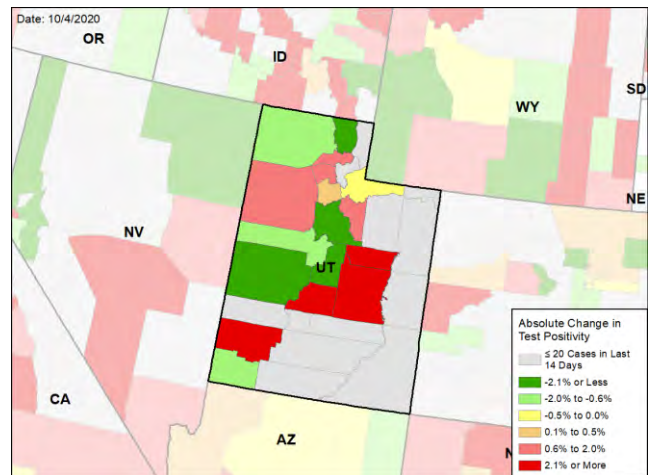
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



VERMONT

SUMMARY

- Vermont is in the green zone for cases, indicating 9 or fewer new cases per 100,000 population last week, with the lowest rate in the country. Vermont is in the green zone for test positivity, indicating a rate at or below 4.9%, with the lowest rate in the country.
- Vermont has seen an increase in new cases and stability in test positivity over the last week. Five cases, including three among Vermonters, were linked to a recent golf tournament.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Chittenden County, 2. Bennington County, and 3. Lamoille County. These counties represent 60.4% of new cases in Vermont.
- Institutions of higher education (IHE): no new outbreaks reported.
- No counties in Vermont have moderate or high levels of community transmission (yellow, orange, or red zones).
- During the week of Sep 21 - Sep 27, no nursing homes had at least one new resident COVID-19 case, none had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death.
- Vermont had 6 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 1 to support operations activities from FEMA and 1 to support operations activities from USCG.
- Between Sep 26 - Oct 2, on average, 0 patients with confirmed COVID-19 and 6 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Vermont. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Vermont has been very successful with limiting transmission due to a well-designed set of graduated mitigation measures and enhanced disease control capacity, including expanded testing and contact tracing capacity.
- Community transmission in many states, including Vermont, is frequently occurring in smaller gatherings of family and friends where masking and social distancing recommendations are not followed. With outdoor temperatures cooling, recommend increased targeted messages and recommendations on safety measures to follow to prevent spread of COVID-19 at home gatherings, especially given the element of mitigation “fatigue.”
- Implement a plan to increase surveillance using the Abbott BinaxNOW and other rapid tests as supplies arrive to protect the elderly and other vulnerable populations and to increase situational awareness of community spread. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. Elevated rates of infection among these front-line workers indicate significant transmission in their communities and those transmission settings must be identified and mitigated.
- Antiviral therapies for hospitalized COVID patients should be given early in their course while viral replication is high.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).

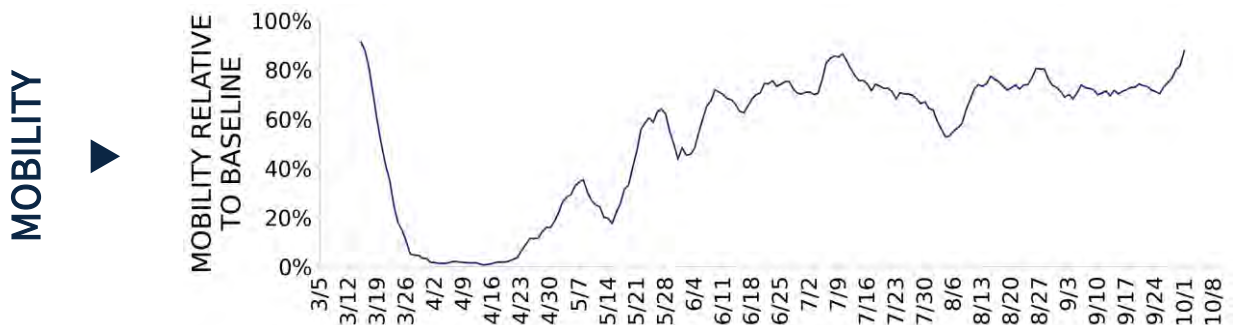




VERMONT

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	37 (6)	+48%	7,502 (51)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	0.2%	+0.1%*	1.2%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	26,582** (4,260)	+1%**	577,782** (3,892)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	0 (0.0)	N/A	146 (1.0)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	0% (0%)	N/A (N/A)	3% (8%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A	1%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.

Mobility: Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



VERMONT

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

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

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

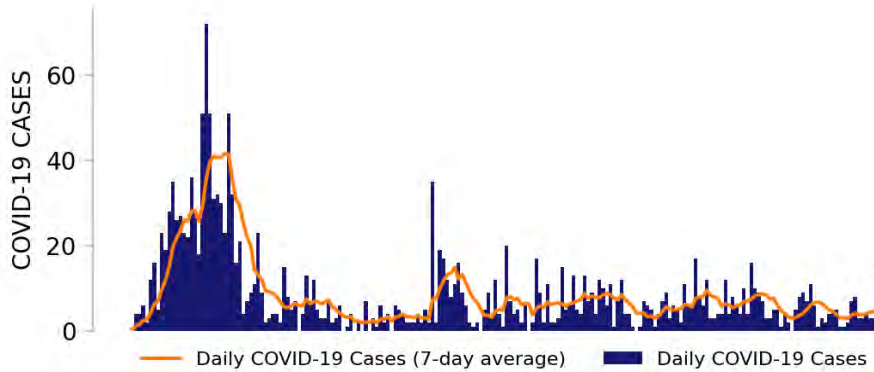
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



VERMONT

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NEW CASES

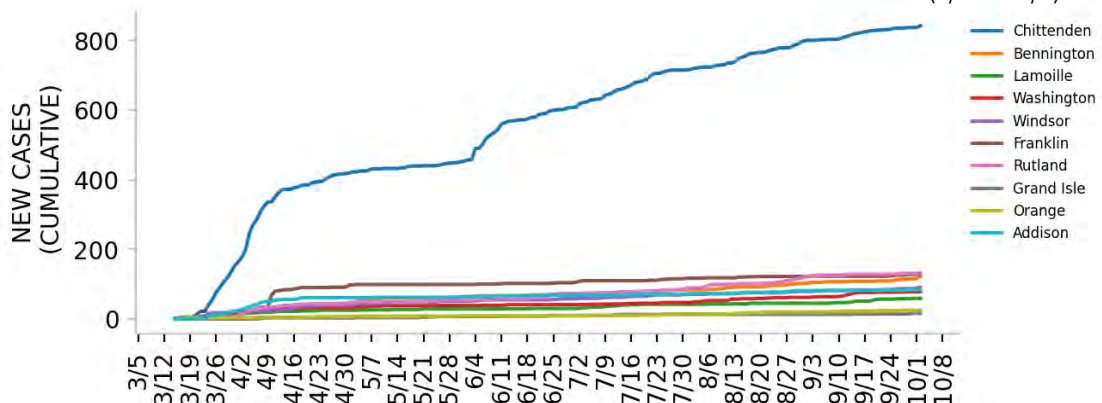


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

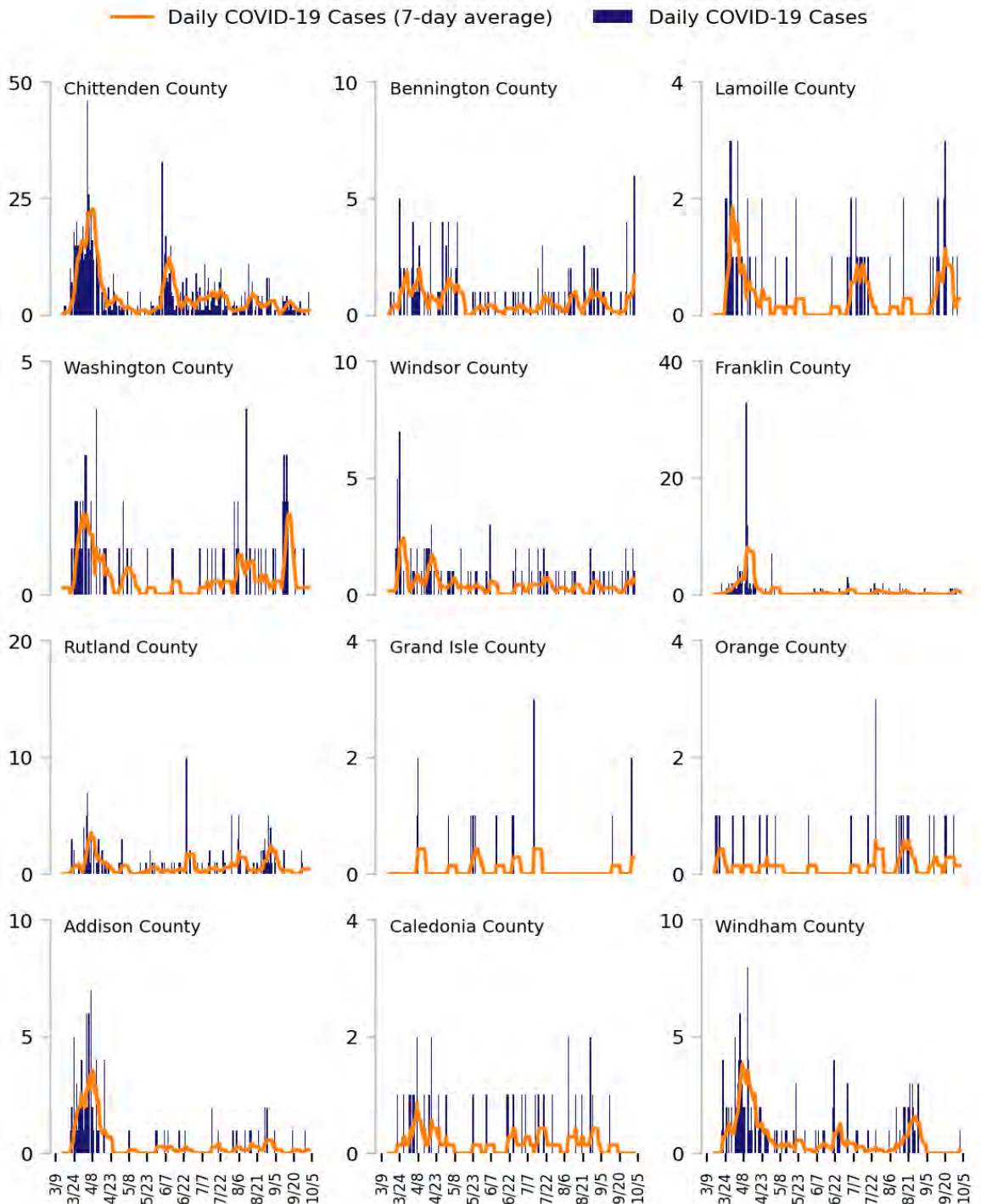
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

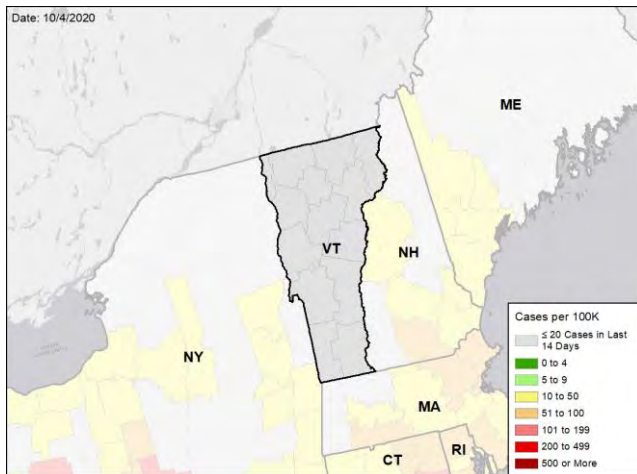


VERMONT

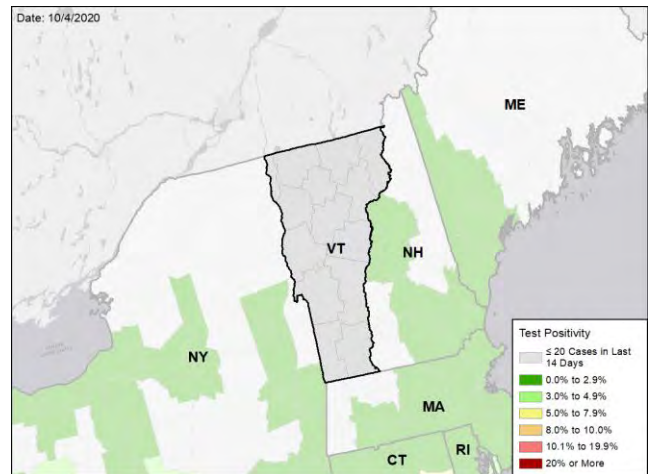
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CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

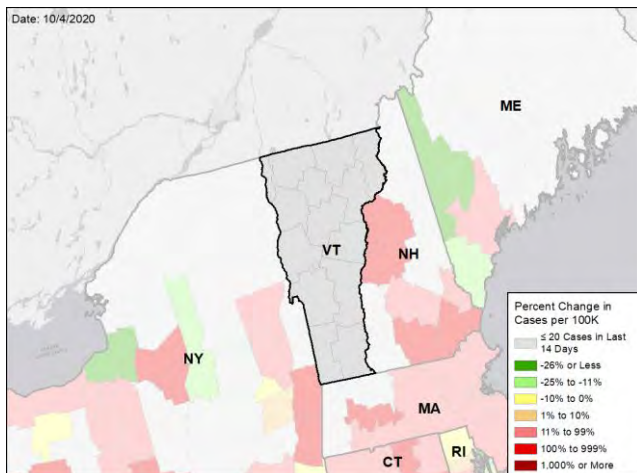
NEW CASES PER 100,000 DURING THE LAST WEEK



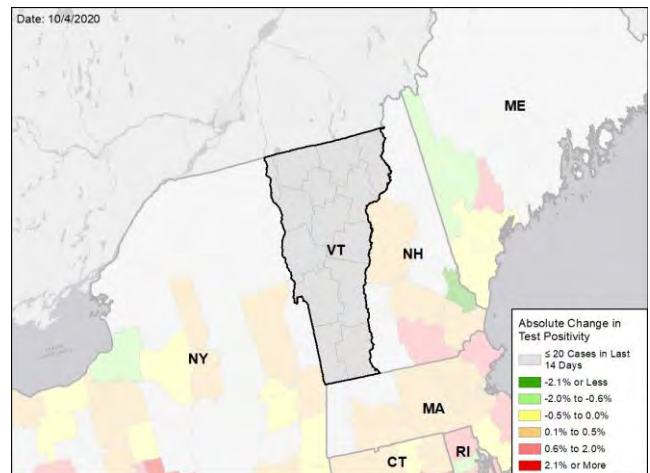
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



VIRGINIA

SUMMARY

- Virginia is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 37th highest rate in the country. Virginia is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 20th highest rate in the country.
- Virginia has seen stability in new cases and a decrease in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Fairfax County, 2. Prince William County, and 3. Montgomery County. These counties represent 20.3% of new cases in Virginia.
- 50% of all counties in Virginia have moderate or high levels of community transmission (yellow, orange, or red zones), with 8% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 13% of nursing homes had at least one new resident COVID-19 case, 24% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- Virginia had 62 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 33 to support operations activities from FEMA and 100 to support operations activities from USCG.
- Between Sep 26 - Oct 2, on average, 57 patients with confirmed COVID-19 and 306 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Virginia. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Virginia has made steady, week over week progress in decreasing the number of red counties. To sustain the gains and decrease community spread, continue the strong mitigation efforts statewide and strengthen mitigation efforts in university towns to decrease spread from universities to the local community. If cases begin to increase again in 18-24 year-olds in college towns, consider potentially limiting hours or occupancy of non-seated indoor bars.
- Ensure all hospitals are aware that COVID-19 antivirals and antibodies work best when used early in the course of infection.
- Continued and steady progress is seen at Virginia Tech. Ensuring university students continue their mitigation behaviors is key as symptomatic cases decline, as well as the cases identified through surveillance testing, to ensure no further outbreaks.
- Universities that have opened must continue to provide services to students particularly off campus students if the university decides to go "online," especially testing services. Universities need to increase testing and isolation to prevent spread to communities; thus, there is a critical need to focus on universities and decreasing community spread from students to local communities and hometowns. A further strengthening of detecting silent spread on campuses through routine saliva testing of students on university research platforms is key. Utilize focused wastewater surveillance to detect cases early and direct diagnostic testing and public health interventions to those dorms and common areas at all colleges and universities.
- Ensure all university and college plans include rapid testing and contact tracing of symptomatic students, as well as routine surveillance testing of students to find asymptomatic students with quick turnaround times for results, and the rapid isolation of cases and quarantine of contacts. Residential cases and contacts should not be sent home to isolate or quarantine.
- For universities, would immediately consider antibody surveillance testing of both off and on campus students to establish asymptomatic infection rate during the fall. It is possible, based on the current number of symptomatic students, that 15-20% of all university students have been infected. This would provide data for the spring semester. Modeling the current total infections, impact on R1 (disease rate among those exposed), and the potential for immunization of high-risk faculty and staff may allow for increased students in classroom in the spring with full mask use.
- Abbott BinaxNOW arrived at Historically Black Colleges and Universities to ensure rapid diagnosis and isolation of both symptomatic and asymptomatic cases.
- In preparation for the fall, increase testing capacity by increasing the budget and capacity of public health labs.
- Increase county level surveillance through a combination of wastewater sampling and increased surveillance for silent community spread by using the Abbott BinaxNOW or antigen tests. Establish weekly surveillance in critical populations to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. All antigen positive results must be reported with both the number of positive results and total tests conducted; these must be reported as COVID cases.
- Expanded nursing home cases must be controlled with aggressive testing of all staff and isolation of positive residents. New nursing home staff cases must be controlled by contact tracing in the communities where the staff reside and aggressive community testing and containment in those communities.
- Ask citizens and students to limit friend and family gatherings to prevent recreating spreading events in homes, resulting in new cases and infection of those with comorbidities.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).





VIRGINIA

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	5,255 (62)	-9%	18,655 (60)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.0%	-0.9%*	4.2%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	121,886** (1,428)	-4%**	565,403** (1,832)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	114 (1.3)	-40%	292 (0.9)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	13% (24%)	+1%* (-1%*)	8% (14%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	-2%*	3%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



VIRGINIA

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

METRO AREA (CBSA) LAST WEEK

COUNTY LAST WEEK

LOCALITIES IN RED ZONE	1	Harrisonburg	10	Southampton Bedford Prince George Pittsylvania Franklin Northumberland Greensville Mathews Buchanan Charlotte
LOCALITIES IN ORANGE ZONE	5	Lynchburg Danville Kingsport-Bristol Martinsville Big Stone Gap	22	Montgomery Harrisonburg City Lynchburg City Rockingham Portsmouth City Roanoke Smyth Washington Henry Campbell Amherst Caroline
LOCALITIES IN YELLOW ZONE	6	Virginia Beach-Norfolk-Newport News Richmond Blacksburg-Christiansburg Roanoke Charlottesville Staunton	34	Fairfax Prince William Chesterfield Virginia Beach City Loudoun Roanoke City Charlottesville City Chesapeake City Alexandria City Hanover Norfolk City Stafford

All Orange Counties: Montgomery, Harrisonburg City, Lynchburg City, Rockingham, Portsmouth City, Roanoke, Smyth, Washington, Henry, Campbell, Amherst, Caroline, Dinwiddie, Prince Edward, Russell, Wise, Grayson, Lee, Page, Buckingham, Williamsburg City, Scott

All Yellow Counties: Fairfax, Prince William, Chesterfield, Virginia Beach City, Loudoun, Roanoke City, Charlottesville City, Chesapeake City, Alexandria City, Norfolk City, Hanover, Stafford, Albemarle, Suffolk City, Sussex, Danville City, Spotsylvania, Isle of Wight, Tazewell, Augusta, Manassas City, Culpeper, Lancaster, Franklin City, Carroll, Wythe, Hopewell City, Warren, Brunswick, Powhatan, Rockbridge, Colonial Heights City, Greene, Nelson

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

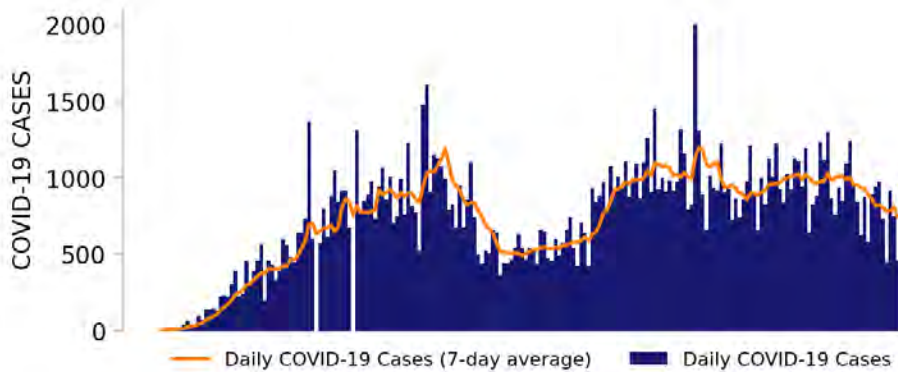
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



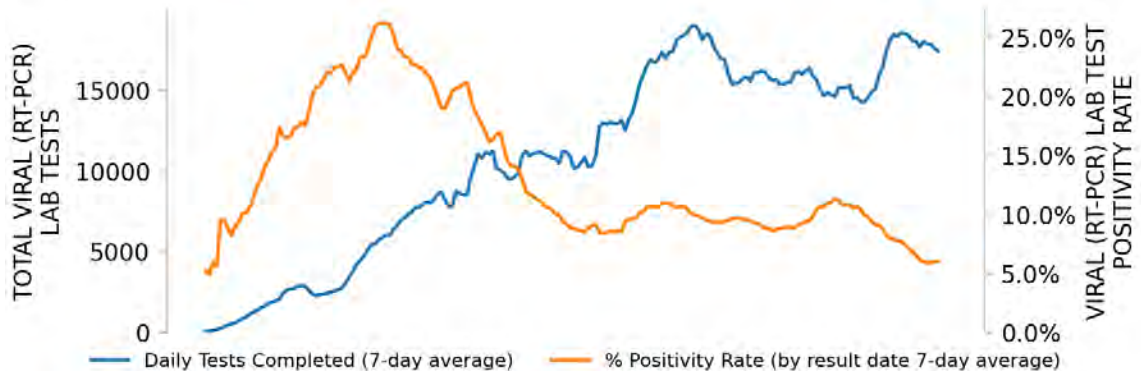
VIRGINIA

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NEW CASES

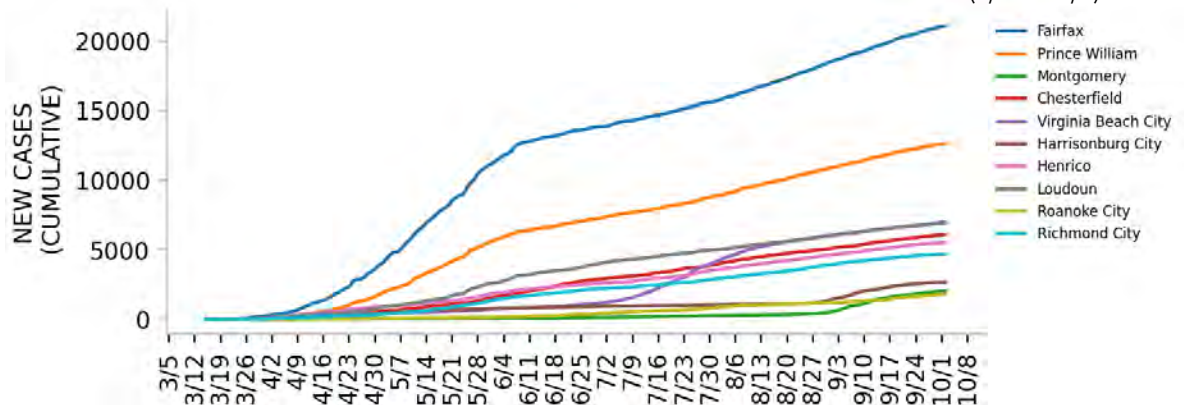


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



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

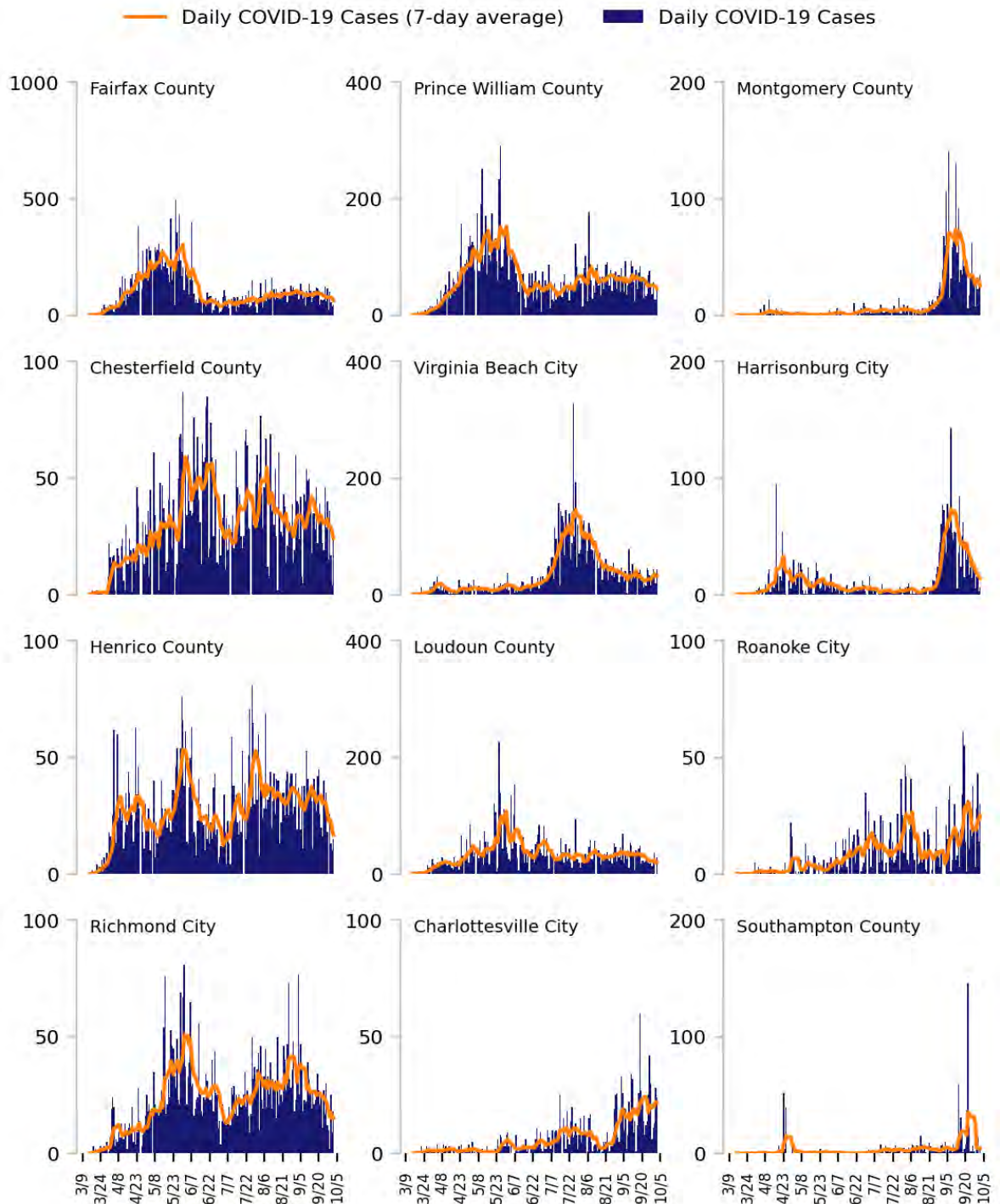
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

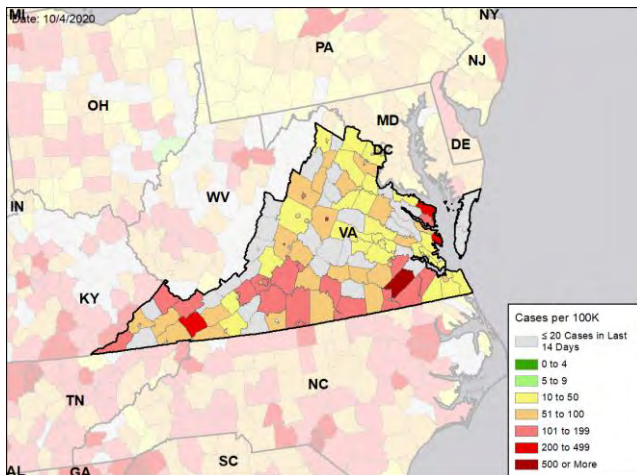


VIRGINIA

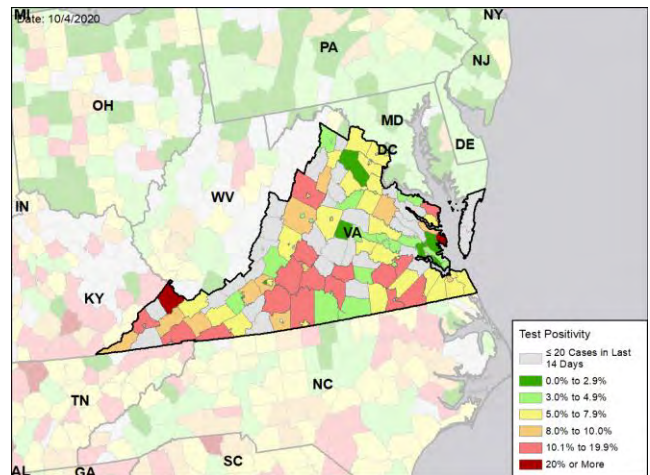
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CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

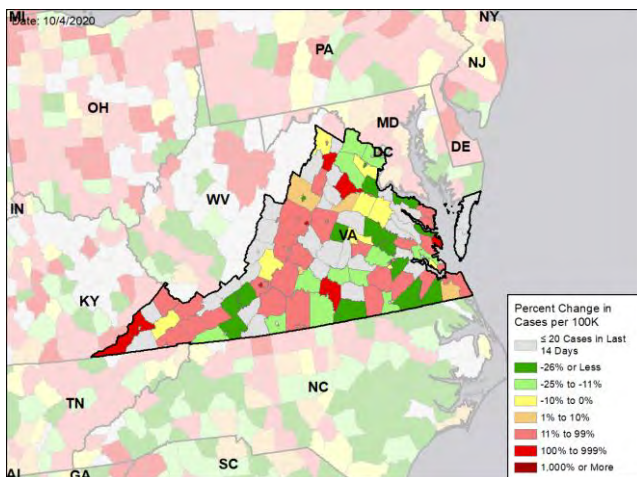
NEW CASES PER 100,000 DURING THE LAST WEEK



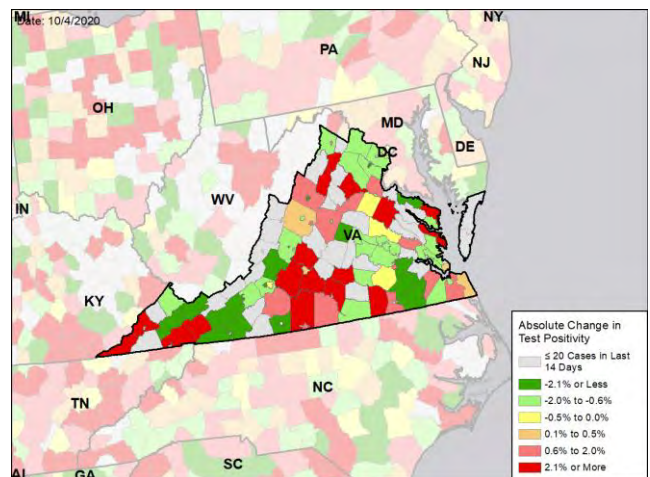
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



WASHINGTON

SUMMARY

- Washington is in the yellow zone for cases, indicating between 10 and 50 new cases per 100,000 population last week, with the 44th highest rate in the country. Washington is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 40th highest rate in the country.
- Washington has seen an increase in new cases and stability in test positivity over the last week.
- Cases increased in a number of central Washington counties, although the highest incidences continued to be in counties in eastern Washington. The following three counties had the highest number of new cases over the last 3 weeks: 1. King County, 2. Spokane County, and 3. Pierce County. These counties represent 47.3% of new cases in Washington.
- Institutions of higher education (IHE): Whitman County, the home of Washington State University, reported stable case counts last week with an incidence still exceeding 200 cases per 100,000 population. The University of Washington in Seattle (King County) reported an outbreak involving fraternities.
- 26% of all counties in Washington have moderate or high levels of community transmission (yellow, orange, or red zones), with 5% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 6% of nursing homes had at least one new resident COVID-19 case, 15% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death.
- Washington had 48 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 60 to support operations activities from FEMA; 3 to support operations activities from ASPR; 3 to support epidemiology activities from CDC; 1 to support operations activities from CDC; and 21 to support operations activities from USCG.
- Between Sep 26 - Oct 2, on average, 20 patients with confirmed COVID-19 and 90 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Washington. An average of 89% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Washington has been successful in limiting transmission with graduated mitigation measures and enhanced disease control capacity including expanded testing. Recent increases in cases in southern and central Washington over the past few weeks, as well as slowly dropping cases in eastern Washington, indicate mitigation measures need to continue. Jurisdictions choosing to suspend or relax mitigation measures should demonstrate increased active testing and case rate monitoring.
- Community transmission is frequently occurring in smaller gatherings of family and friends where masking and social distancing recommendations are not followed. With outdoor temperatures cooling, recommend increased targeted messages and recommendations on safety measures to follow to prevent spread of COVID-19 at home gatherings, especially given the element of mitigation “fatigue.”
- Recommend maintaining restrictions on indoor gathering sizes to help limit transmission events that disproportionately contribute to maintaining epidemic spread. This may be especially important with weather conditions increasingly forcing activities indoors.
- The intense transmission among young adults at IHEs requires intensified local measures to prevent spread of transmission to the broader community. Encourage jurisdictions with IHEs to more strictly limit bar and restaurant alcohol sales and indoor dining, beyond the current state level, especially in localized areas where students gather.
- Implement a plan to increase surveillance using the Abbott BinaxNOW and other rapid tests as supplies arrive to protect the elderly and other vulnerable populations and to increase situational awareness of community spread. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. Elevated rates of infection among these front-line workers indicate significant transmission in their communities and those transmission settings must be identified and mitigated.
- Antiviral therapies for hospitalized COVID patients should be given early in their course while viral replication is high.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

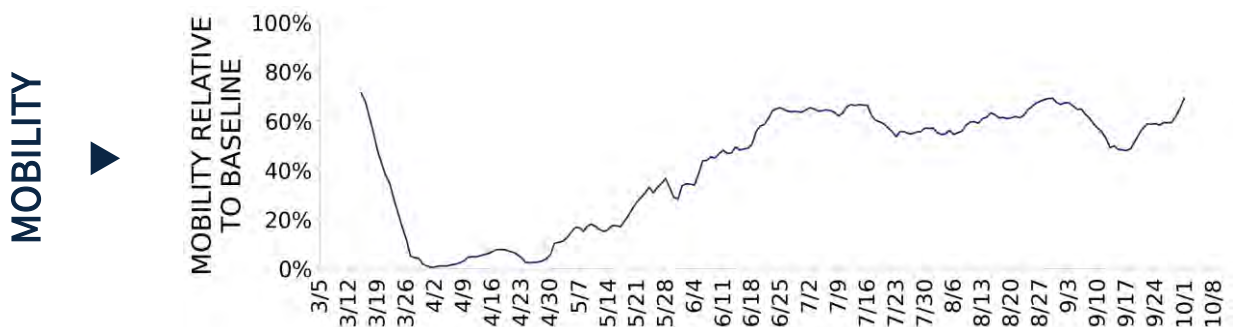




WASHINGTON

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	3,643 (48)	+14%	9,791 (68)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.2%	+0.2%*	5.4%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	75,853** (996)	+13%**	201,184** (1,402)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	51 (0.7)	-7%	93 (0.6)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	6% (15%)	-1%* (+3%*)	6% (16%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	-1%*	2%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



WASHINGTON

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	1	Othello	2	Adams Lincoln
LOCALITIES IN ORANGE ZONE	0	N/A	1	Pend Oreille
LOCALITIES IN YELLOW ZONE	7	Spokane-Spokane Valley Portland-Vancouver-Hillsboro Kennewick-Richland Moses Lake Pullman Yakima Shelton	7	Spokane Clark Grant Whitman Yakima Benton Mason

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

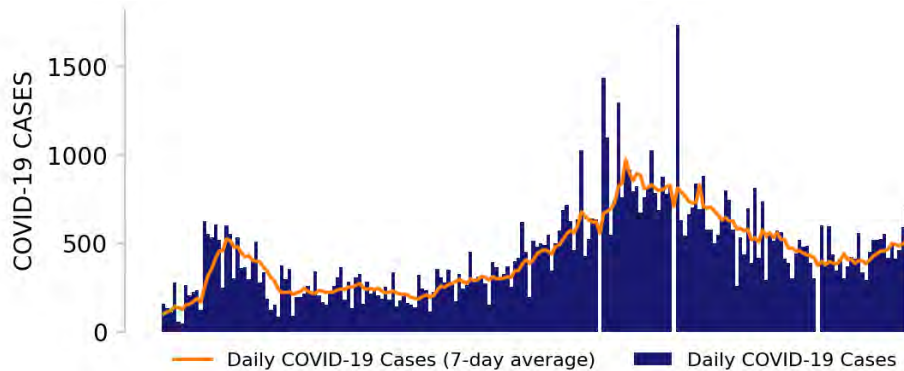
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/30/2020. Last week is 9/24 - 9/30.



WASHINGTON

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NEW CASES

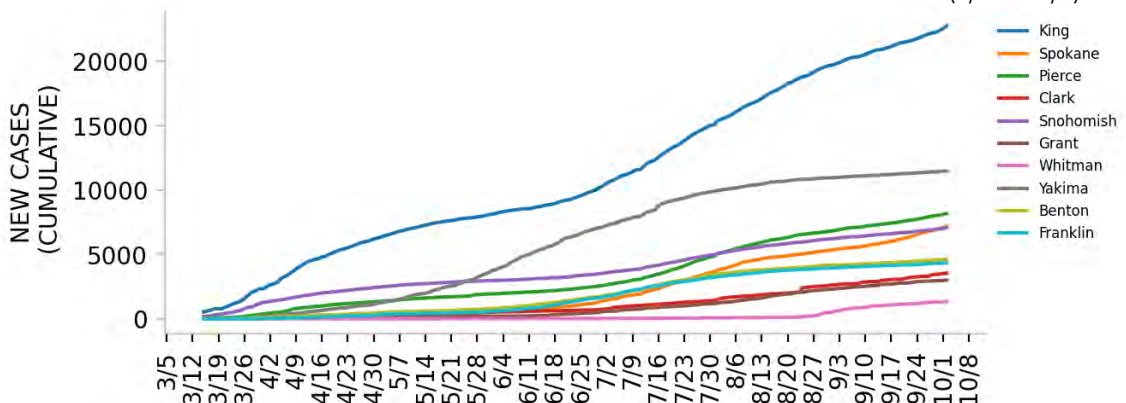


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

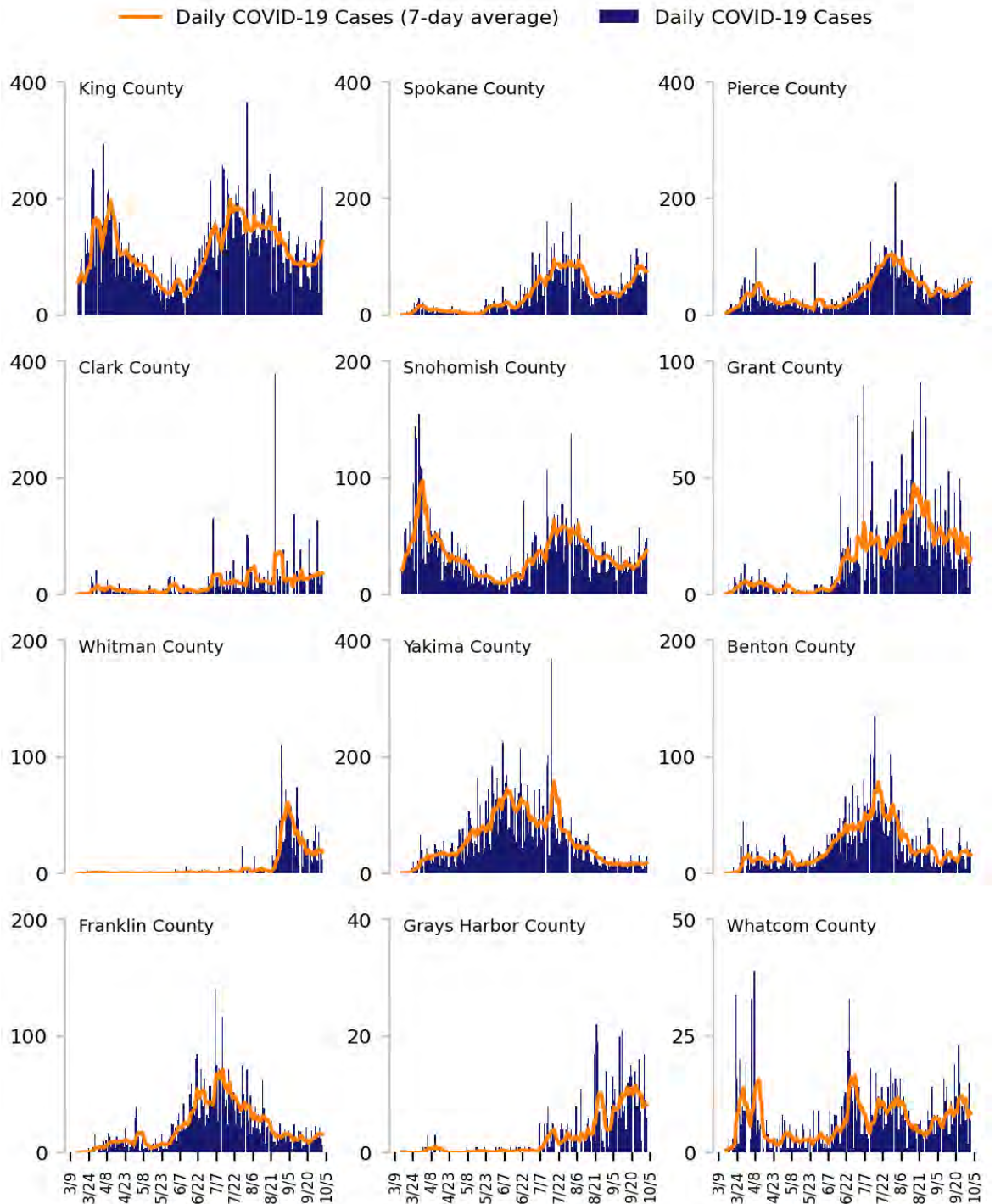
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

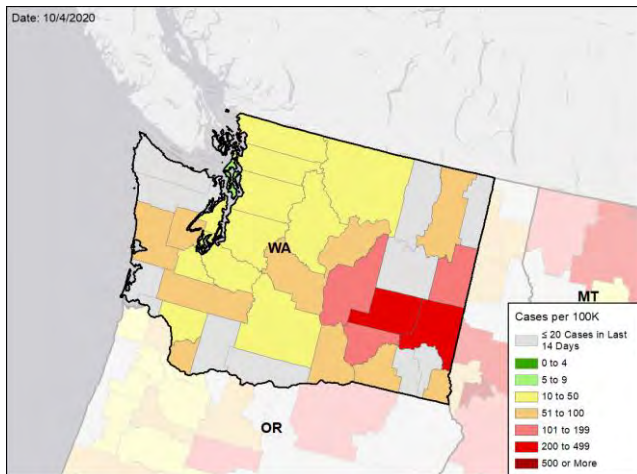


WASHINGTON

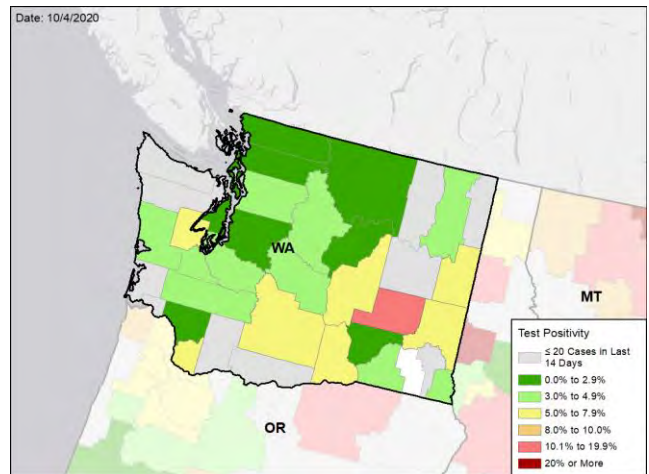
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CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

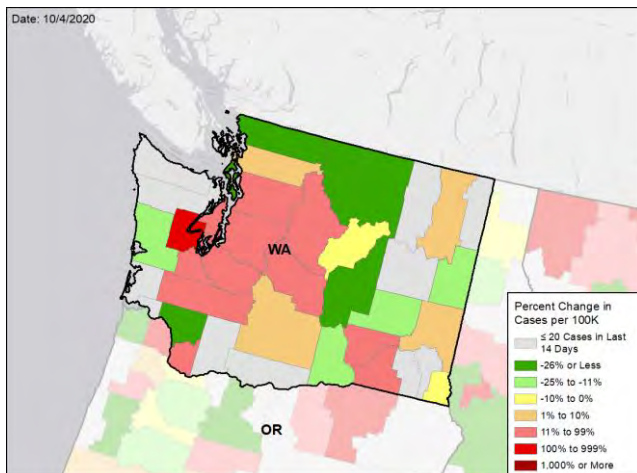
NEW CASES PER 100,000 DURING THE LAST WEEK



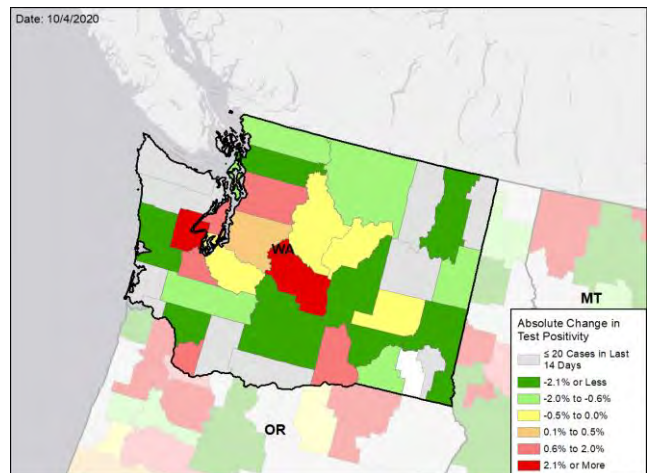
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



WEST VIRGINIA

SUMMARY

- West Virginia is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population last week, with the 30th highest rate in the country. West Virginia is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 31st highest rate in the country.
- West Virginia has seen stability in new cases and stability in test positivity over the last week.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Kanawha County, 2. Monongalia County, and 3. Cabell County. These counties represent 41.6% of new cases in West Virginia.
- 25% of all counties in West Virginia have moderate or high levels of community transmission (yellow, orange, or red zones), with 7% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 6% of nursing homes had at least one new resident COVID-19 case, 10% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- West Virginia had 75 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 7 to support operations activities from FEMA; 6 to support epidemiology activities from CDC; and 29 to support operations activities from USCG.
- Between Sep 26 - Oct 2, on average, 15 patients with confirmed COVID-19 and 34 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in West Virginia. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- West Virginia continues to be an innovative leader in learning about and adapting to prevent community transmission. As more is learned about local transmission and effective mitigation efforts, pilot new approaches as you scale new ways of mitigation linked with school metrics.
- Applaud efforts taken to decrease cases among nursing home staff and residents.
- Maintain high testing levels in order to quickly identifying positive cases with support for isolation. Increase contact tracing capacity to support schools and prevent community wide transmission.
- Abbott BinaxNOW tests should be used in a sentinel surveillance capacity. Sentinel surveillance among specific populations across West Virginia will help provide specific information to each community regarding local transmission and where mitigation efforts needed to be enhanced.
- Prioritize these populations for routine sentinel surveillance: K-12 teachers; staff working in nursing homes, assisted living, senior living facilities, and other congregate living settings including correctional facilities; and first responders.
- Conduct community testing in university towns to rapidly identify positives and isolate them. With cases decreasing in university settings, work with students to keep cases down, particularly with the goal to keep transmission low until Thanksgiving.
- Antivirals and antibodies have the most impact when used early in hospital admissions (within 48 hours). Ensure hospitals are effectively administering these medications to prevent morbidity and mortality.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).





WEST VIRGINIA

STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	1,343 (75)	+5%	18,655 (60)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.3%	-0.4%*	4.2%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	43,007** (2,400)	+21%**	565,403** (1,832)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	25 (1.4)	-24%	292 (0.9)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	6% (10%)	-3%* (-8%*)	8% (14%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	+0%*	3%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.**Mobility:** Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



WEST VIRGINIA

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	1	Clarksburg	4	Barbour Upshur Taylor Doddridge
LOCALITIES IN ORANGE ZONE	0	N/A	3	Kanawha Harrison Boone
LOCALITIES IN YELLOW ZONE	3	Charleston Mount Gay-Shamrock Elkins	7	Berkeley Mingo Logan Wyoming Nicholas Lincoln Randolph

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

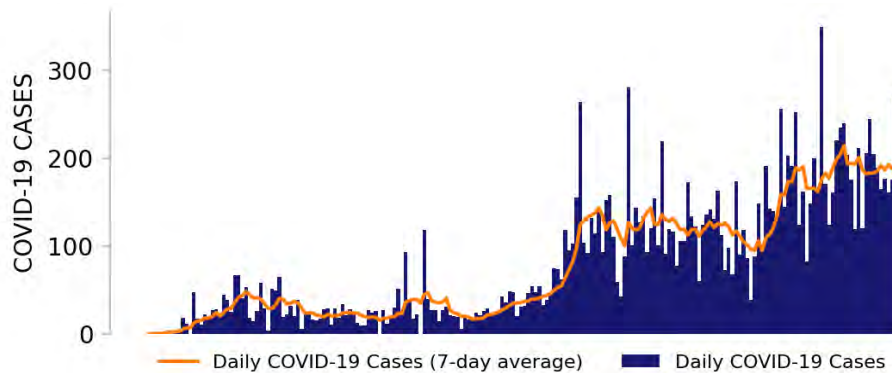
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



WEST VIRGINIA

STATE REPORT | 10.04.2020

NEW CASES

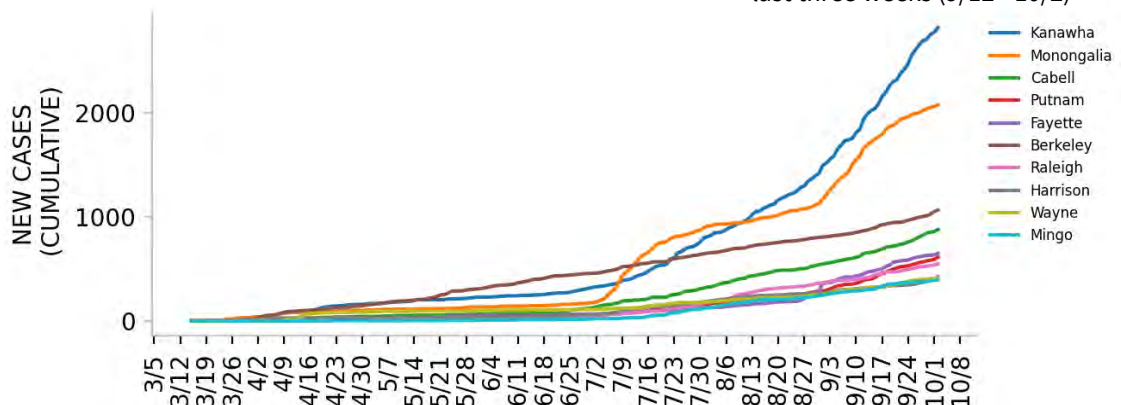


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

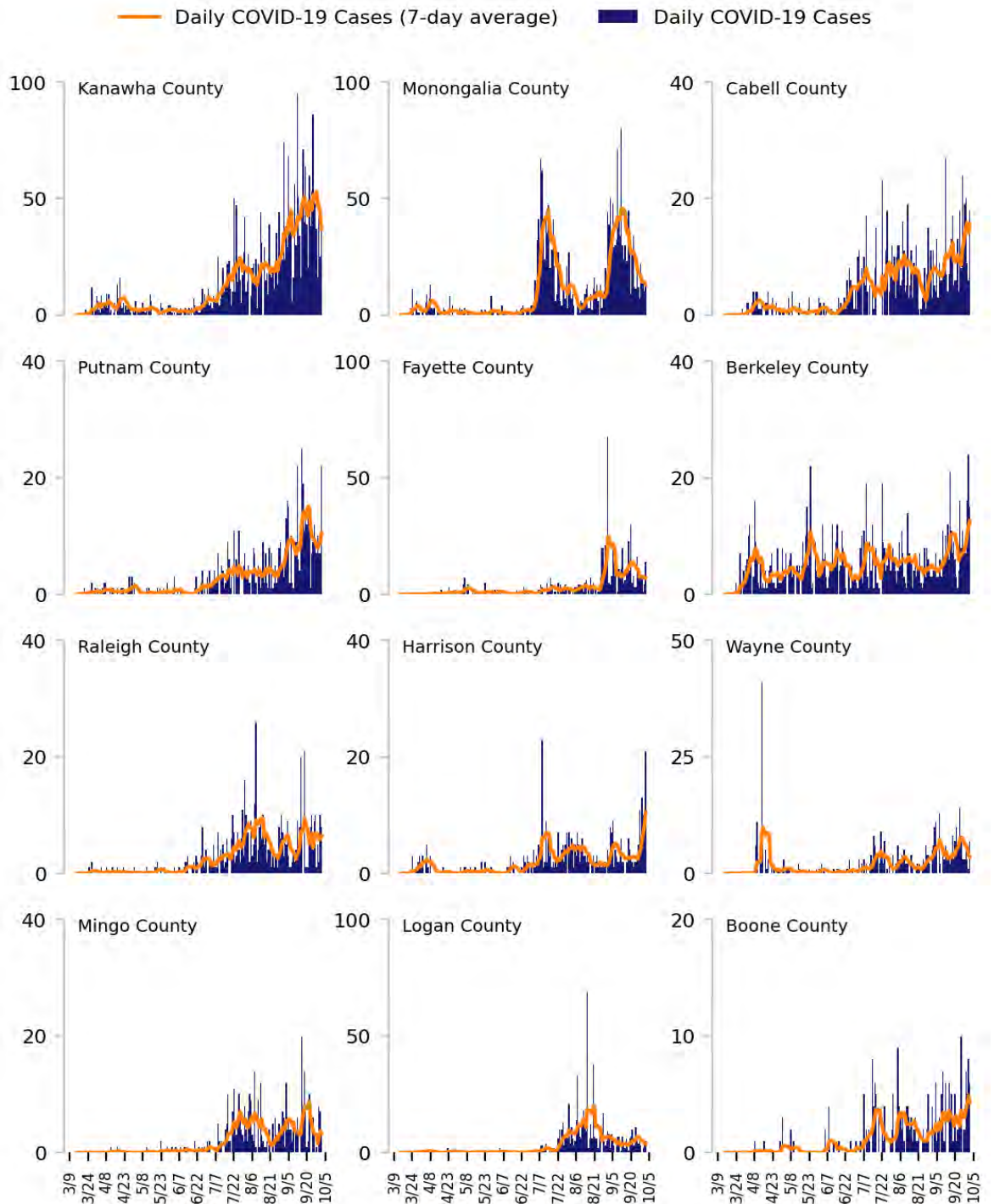
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

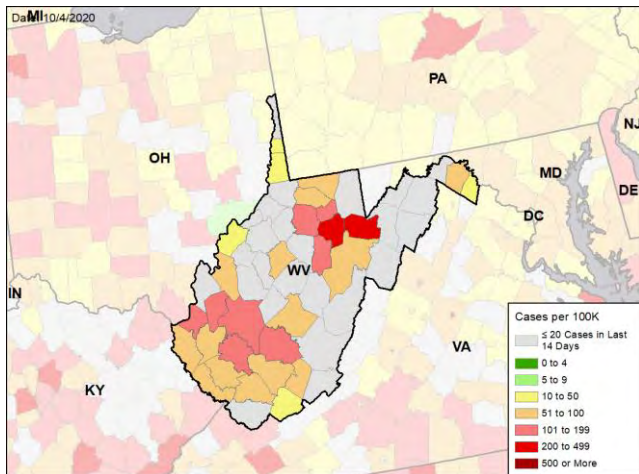


WEST VIRGINIA

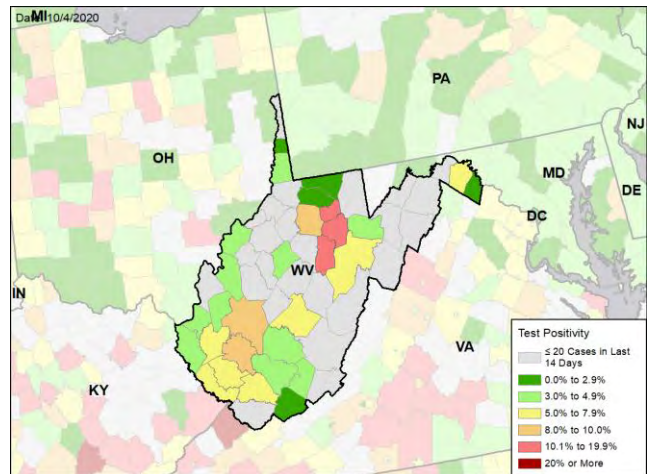
STATE REPORT | 10.04.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

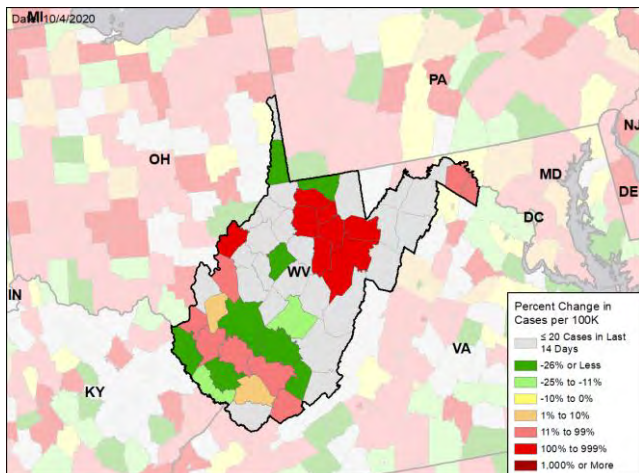
NEW CASES PER 100,000 DURING THE LAST WEEK



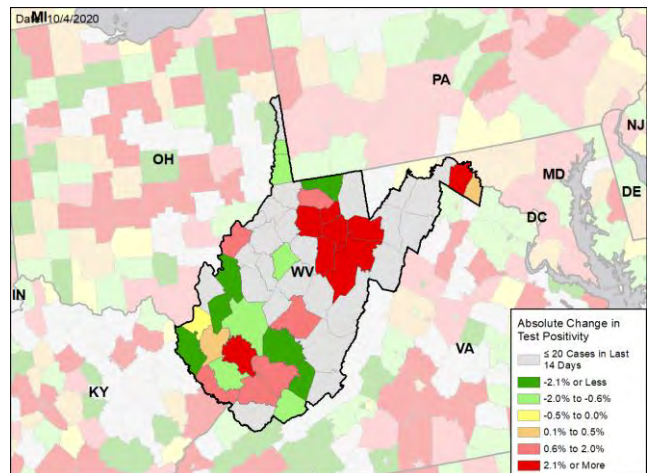
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



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

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



WISCONSIN

SUMMARY

- Wisconsin has seen a continued worsening of the epidemic in the last week with an ongoing health emergency. Wisconsin is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 3rd highest rate in the country. Wisconsin is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 7th highest rate in the country.
- Wisconsin has seen an increase in new cases and an increase in test positivity over the last week. Cases, test positivity, and deaths all continued to increase last week. The state averaged 2,500 cases a day and hospitalizations have doubled over the past two weeks. Low adherence to mitigation measures has been reported. Concerns are being raised about hospital capacity if cases continue to increase.
- Intense community virus transmission is seen throughout the state with only three of 72 counties reporting less than 100 cases per 100,000 population; several counties exceeded incidence rates of 700 per 100,000. The following three counties had the highest number of new cases over the last 3 weeks: 1. Milwaukee County, 2. Brown County, and 3. Dane County. These counties represent 28.2% of new cases in Wisconsin.
- 88% of all counties in Wisconsin have moderate or high levels of community transmission (yellow, orange, or red zones), with 51% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 5% of nursing homes had at least one new resident COVID-19 case, 27% had at least one new staff COVID-19 case, and 1% had at least one new resident COVID-19 death.
- Wisconsin had 303 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 6 to support operations activities from FEMA; 1 to support testing activities from CDC; 7 to support epidemiology activities from CDC; and 1 to support operations activities from USCG.
- Between Sep 26 - Oct 2, on average, 137 patients with confirmed COVID-19 and 107 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Wisconsin. An average of 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- With the recent and sustained increase in cases, Wisconsin will see further increases in hospitalizations and deaths. Increasing social distancing mitigation measures until cases decline remains the best chance for limiting these increases, including through supporting local authorities to pass and enforce mitigation measures.
- During the intense period of viral surge, large numbers of acutely infected individuals increase the potential for large scale transmission events that lead to continued growth in infections. Recommend increasing restrictions on indoor gathering sizes to help limit high number transmission events that disproportionately contribute to maintaining epidemic spread. This may be especially important with weather conditions increasingly forcing activities indoors.
- Community transmission is frequently occurring in smaller gatherings of family and friends where masking and social distancing recommendations are not followed. With outdoor temperatures cooling, recommend increased targeted messages and recommendations on safety measures to follow to prevent spread of COVID-19 at home gatherings, especially given the element of mitigation "fatigue."
- Implement a plan to increase surveillance using the Abbott BinaxNOW and other rapid tests as supplies arrive to protect the elderly and other vulnerable populations and to increase situational awareness of community spread. Establish weekly surveillance to monitor degree of community spread among K-12 teachers; staff working at nursing homes, assisted living, and other congregate living settings; prison staff; and first responders as tests become available. Elevated rates of infection among these front-line workers indicate significant transmission in their communities and those transmission settings must be identified and mitigated.
- Antiviral therapies for hospitalized COVID patients should be given early in their course while viral replication is high.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

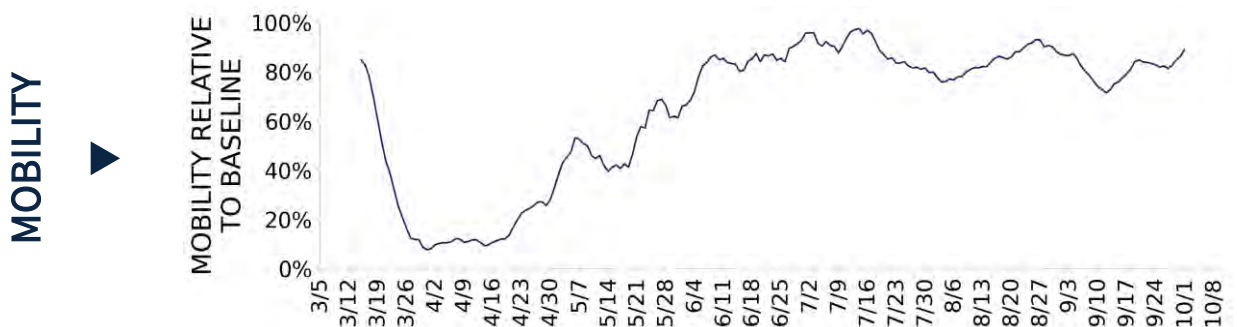




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STATE REPORT | 10.04.2020

	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	17,619 (303)	+24%	60,376 (115)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.2%	+0.8%*	5.3%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	225,066** (3,865)	+14%**	1,364,489** (2,597)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	79 (1.4)	+114%	671 (1.3)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	5% (27%)	+0%* (+2%*)	8% (19%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	+1%*	3%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.

Mobility: Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



WISCONSIN

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

METRO AREA (CBSA) LAST WEEK

COUNTY LAST WEEK

LOCALITIES IN RED ZONE	14	Green Bay Appleton Oshkosh-Neenah Racine Wausau-Weston Fond du Lac Sheboygan Shawano Stevens Point Manitowoc Platteville Watertown-Fort Atkinson	37	Brown Outagamie Winnebago Waukesha Racine Fond du Lac Marathon Sheboygan Calumet Shawano Portage Manitowoc
LOCALITIES IN ORANGE ZONE	3	Milwaukee-Waukesha Janesville-Beloit Wisconsin Rapids-Marshfield	12	La Crosse Washington Eau Claire Rock Wood Trempealeau Door Clark Adams Ashland Taylor Washburn
LOCALITIES IN YELLOW ZONE	8	La Crosse-Onalaska Eau Claire Whitewater Beaver Dam Minneapolis-St. Paul-Bloomington Baraboo Duluth Iron Mountain	14	Milwaukee Kenosha Walworth Dodge Ozaukee Columbia St. Croix Sauk Green Chippewa Douglas Jackson

All Red CBSAs: Green Bay, Appleton, Oshkosh-Neenah, Racine, Wausau-Weston, Fond du Lac, Sheboygan, Shawano, Stevens Point, Manitowoc, Platteville, Watertown-Fort Atkinson, Menomonie, Marinette

All Red Counties: Brown, Outagamie, Winnebago, Waukesha, Racine, Fond du Lac, Marathon, Sheboygan, Calumet, Shawano, Portage, Manitowoc, Grant, Jefferson, Oconto, Waupaca, Dunn, Marinette, Kewaunee, Monroe, Oneida, Green Lake, Marquette, Waushara, Forest, Lincoln, Juneau, Langlade, Lafayette, Burnett, Vernon, Richland, Vilas, Price, Menominee, Florence, Bayfield

All Yellow Counties: Milwaukee, Kenosha, Walworth, Dodge, Ozaukee, Columbia, St. Croix, Sauk, Green, Chippewa, Douglas, Jackson, Polk, Sawyer

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

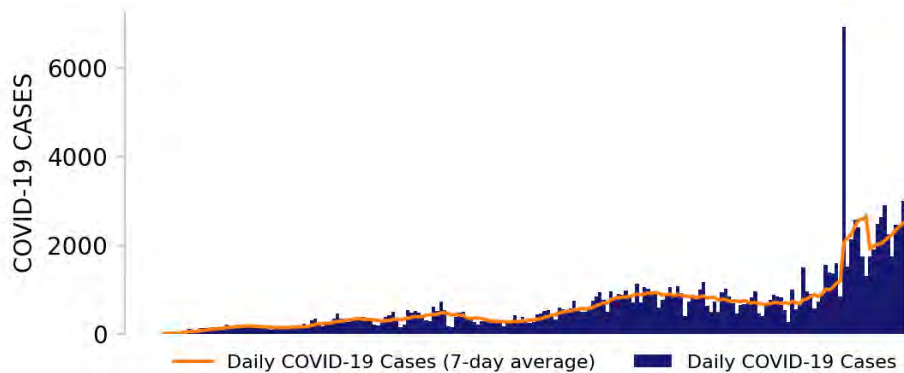
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30.



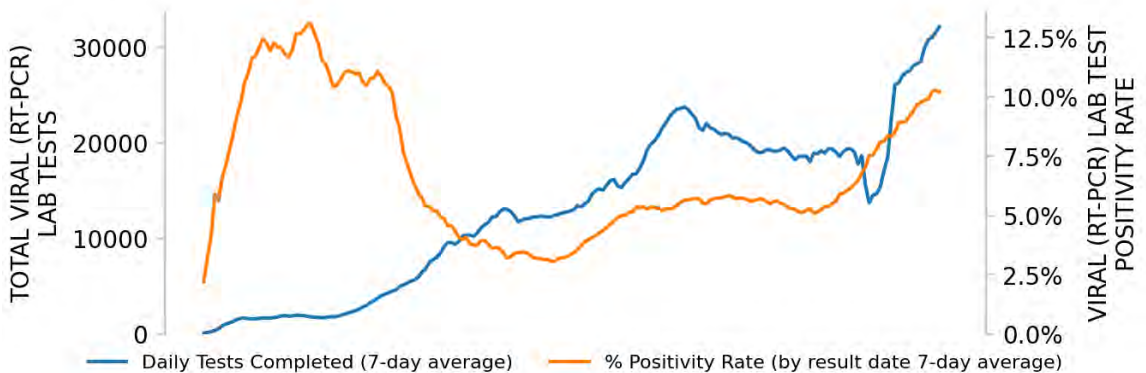
WISCONSIN

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NEW CASES

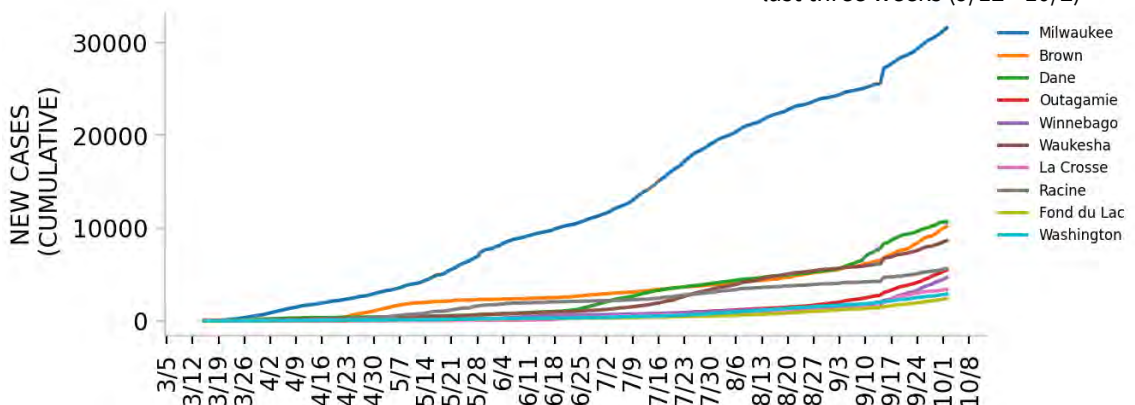


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

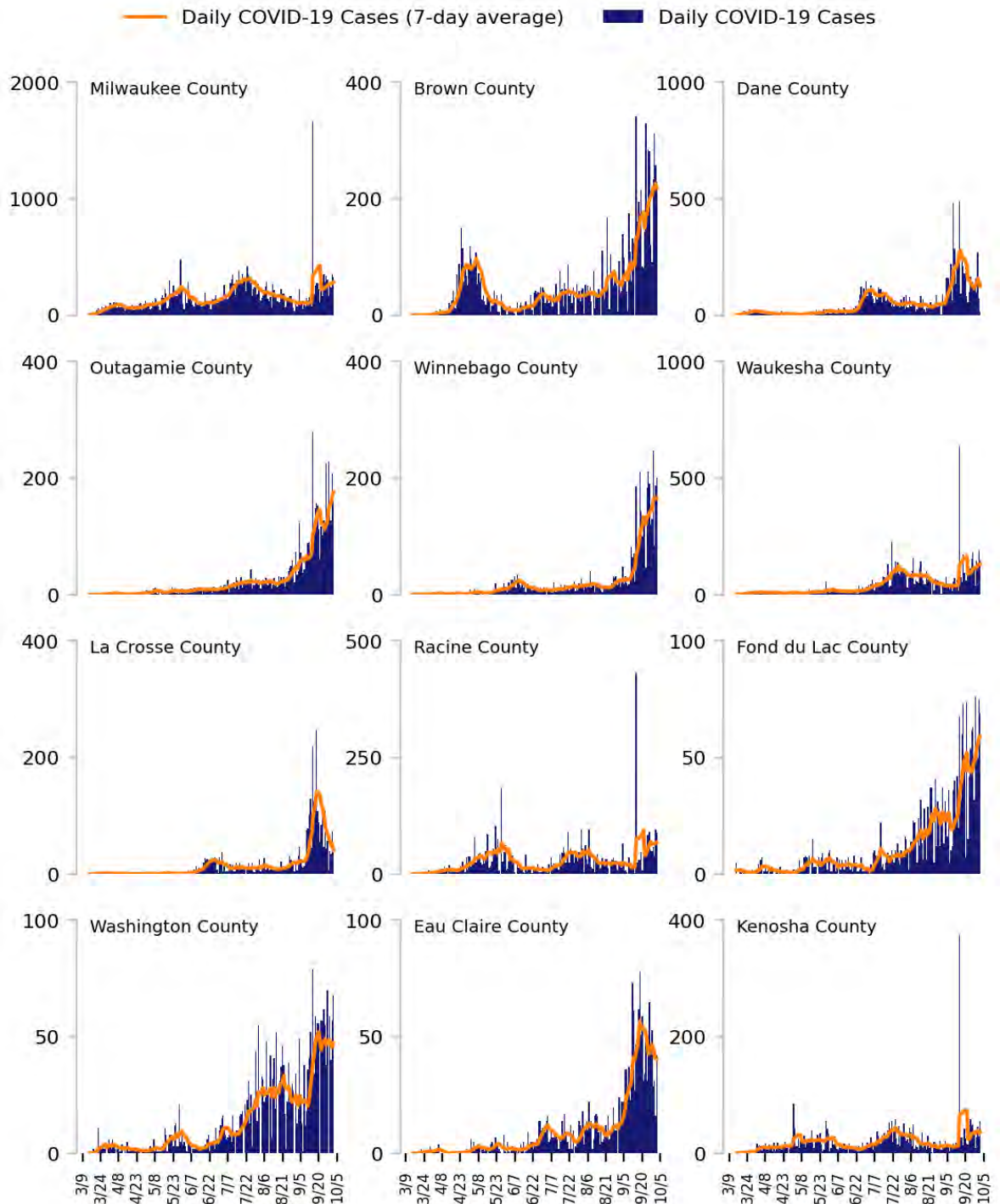
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

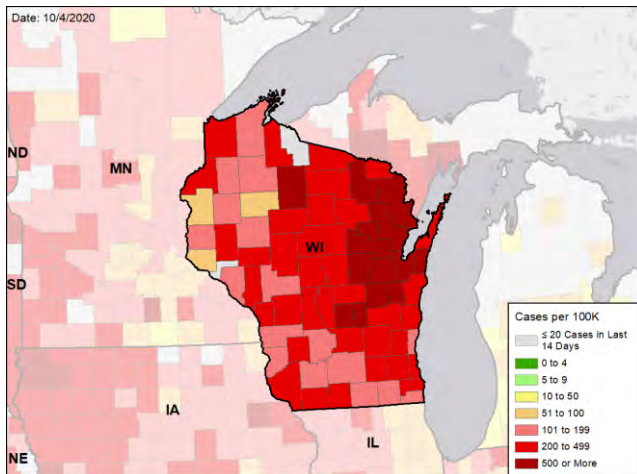


WISCONSIN

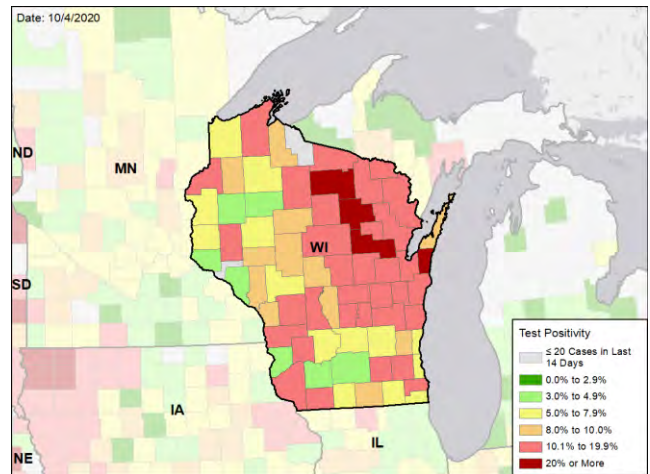
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CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

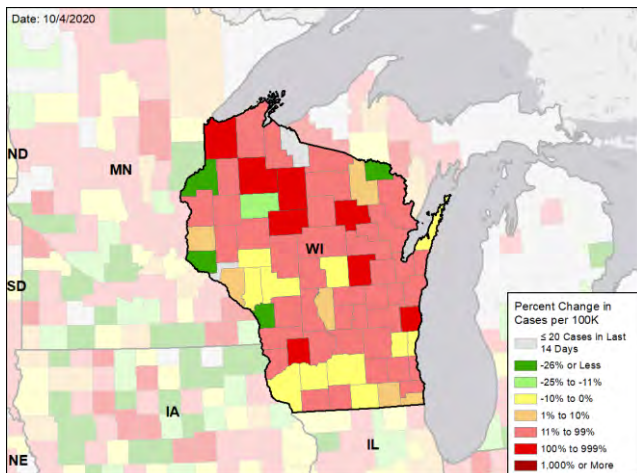
NEW CASES PER 100,000 DURING THE LAST WEEK



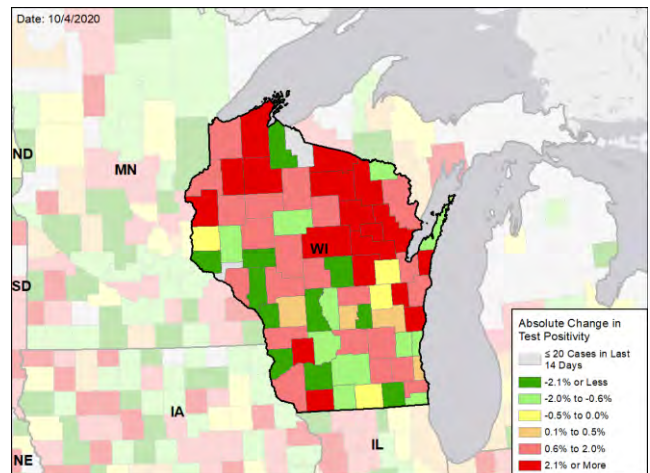
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



WYOMING

SUMMARY

- Wyoming is in the red zone for cases, indicating 101 or more new cases per 100,000 population last week, with the 13th highest rate in the country. Wyoming is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 26th highest rate in the country.
- Wyoming has seen an increase in new cases and an increase in test positivity over the last week in the context of a decrease in reported volume of testing.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Albany County, 2. Natrona County, and 3. Fremont County. These counties represent 42.7% of new cases in Wyoming.
- At least 9 counties have an increase in both case rate and test positivity, indicating increasing transmission.
- 52% of all counties in Wyoming have moderate or high levels of community transmission (yellow, orange, or red zones), with 30% having high levels of community transmission (red zone).
- During the week of Sep 21 - Sep 27, 3% of nursing homes had at least one new resident COVID-19 case, 20% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death.
- Wyoming had 137 new cases per 100,000 population in the last week, compared to a national average of 90 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 3 to support operations activities from FEMA.
- Between Sep 26 - Oct 2, on average, 11 patients with confirmed COVID-19 and 27 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Wyoming. An average of 84% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Expansion of testing and surveillance is necessary to achieve and maintain epidemic control and this will be more critical now as weather cools and all social and commercial activities move back indoors; work with university and private partners to expand use of focused wastewater testing to extend efficiency and reach of surveillance.
- Using antigen or other rapid tests, implement regular surveillance to monitor transmission among critical staff, such as teachers, clinic staff and staff working at long-term care facilities (LTCFs) and other congregate living settings, prisoners and prison staff, public transportation workers, and first responders.
- Testing is critical to achieving epidemic control, but it is only impactful insofar as it leads to appropriate adjustment of mitigation efforts as well as isolation and quarantine; expand contact tracing capacity as needed by recruiting from universities and affected communities.
- Monitor and enforce social distancing and use of face coverings. Consider limiting hours or occupancy in non-seated indoor bars in highly targeted areas if cases continue to escalate.
- Given decreased volume of testing and continued increase in test positivity in Laramie, opening University of Wyoming should proceed with utmost caution and only if extensive surveillance can be maintained and isolation and quarantine spaces can be assured; if transmission increases further as students return, consider reverting to online classes.
- Continue to closely monitor hospital utilization, resources, and capacity at the local, county, and state level and put data on all websites as part of educational campaigns; ensure hospital capacity remains sufficient and all staff are trained on current treatment protocols, including early use of antiviral and antibody therapy for hospitalized patients.
- Maintain efforts to control transmission at all long-term care facilities by ensuring strict adherence to CMS guidance and complete facility-wide testing for any case among staff or resident.
- Any nursing homes with 3 or more cases of COVID per week over any of the past 3 weeks (facility in Torrington) should have mandatory inspection surveys conducted and immediate support for corrective action to ensure COVID-19 safety guidance and considerations are being implemented. Preventing further spread in these areas is critical to protect the vulnerable nursing home population.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](https://www.cdc.gov).

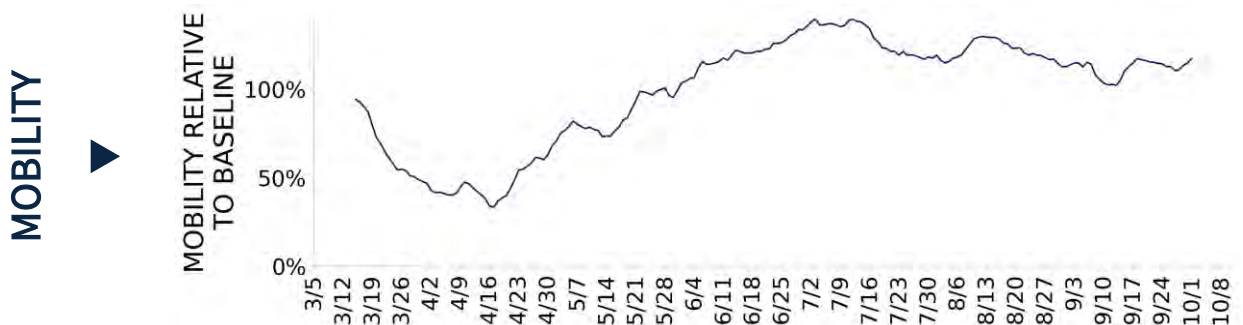




WYOMING

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	STATE, LAST WEEK	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION, LAST WEEK	UNITED STATES, LAST WEEK
NEW COVID-19 CASES (RATE PER 100,000)	794 (137)	+18%	19,493 (159)	294,477 (90)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.5%	+1.6%*	8.1%	4.6%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	8,624** (1,490)	-41%**	283,433** (2,312)	6,436,385** (1,961)
COVID-19 DEATHS (RATE PER 100,000)	3 (0.5)	+200%	140 (1.1)	4,935 (1.5)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE (≥1 NEW STAFF CASE)	3% (20%)	+3%* (+3%*)	8% (23%)	9% (20%)
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A	3%	3%



* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS

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

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.

Mobility: Descartes Labs. This data depicts the median distance moved across a collection of mobile devices to estimate the level of human mobility within a county. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the county level. Data through 10/1/2020.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Last week is 9/21-9/27, previous week is 9/14-9/20.



WYOMING

STATE REPORT | 10.04.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA) LAST WEEK		COUNTY LAST WEEK	
LOCALITIES IN RED ZONE	1	Laramie	7	Albany Campbell Converse Park Sublette Goshen Big Horn
LOCALITIES IN ORANGE ZONE	3	Gillette Jackson Sheridan	2	Teton Sheridan
LOCALITIES IN YELLOW ZONE	1	Casper	3	Natrona Lincoln Platte

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

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

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020; last week is 9/26 - 10/2, three weeks is 9/12 - 10/2.

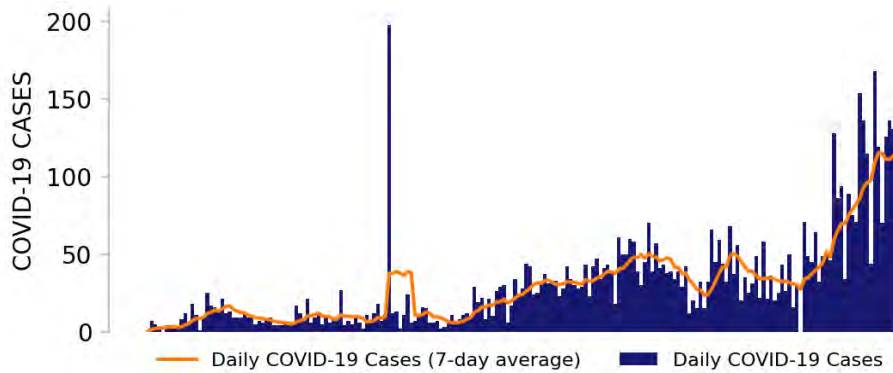
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/30/2020. Last week is 9/24 - 9/30.



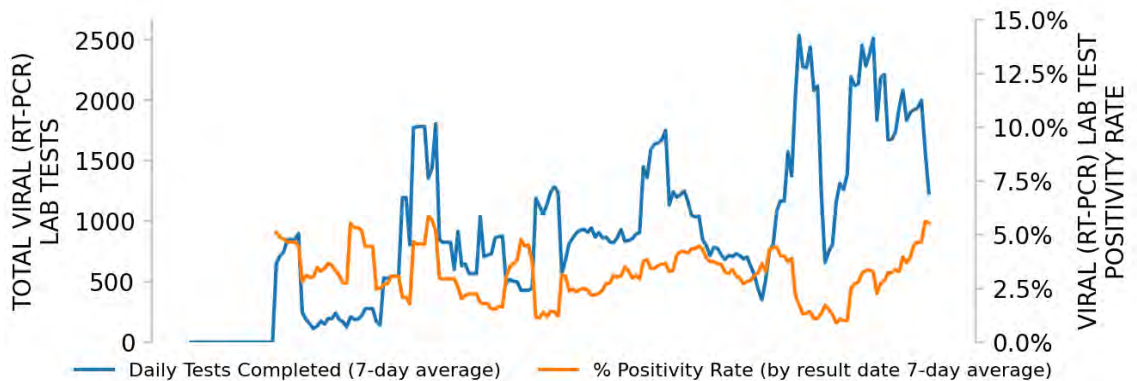
WYOMING

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NEW CASES

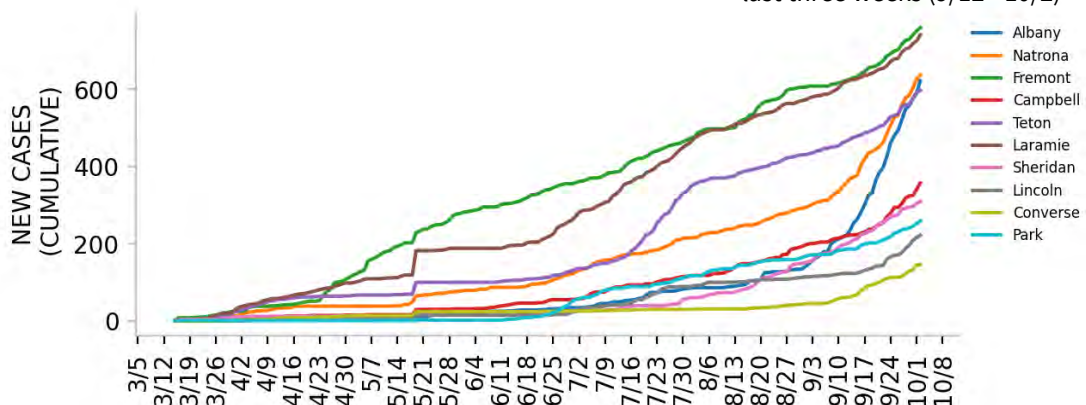


TESTING



Top counties based on greatest number of new cases in last three weeks (9/12 - 10/2)

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

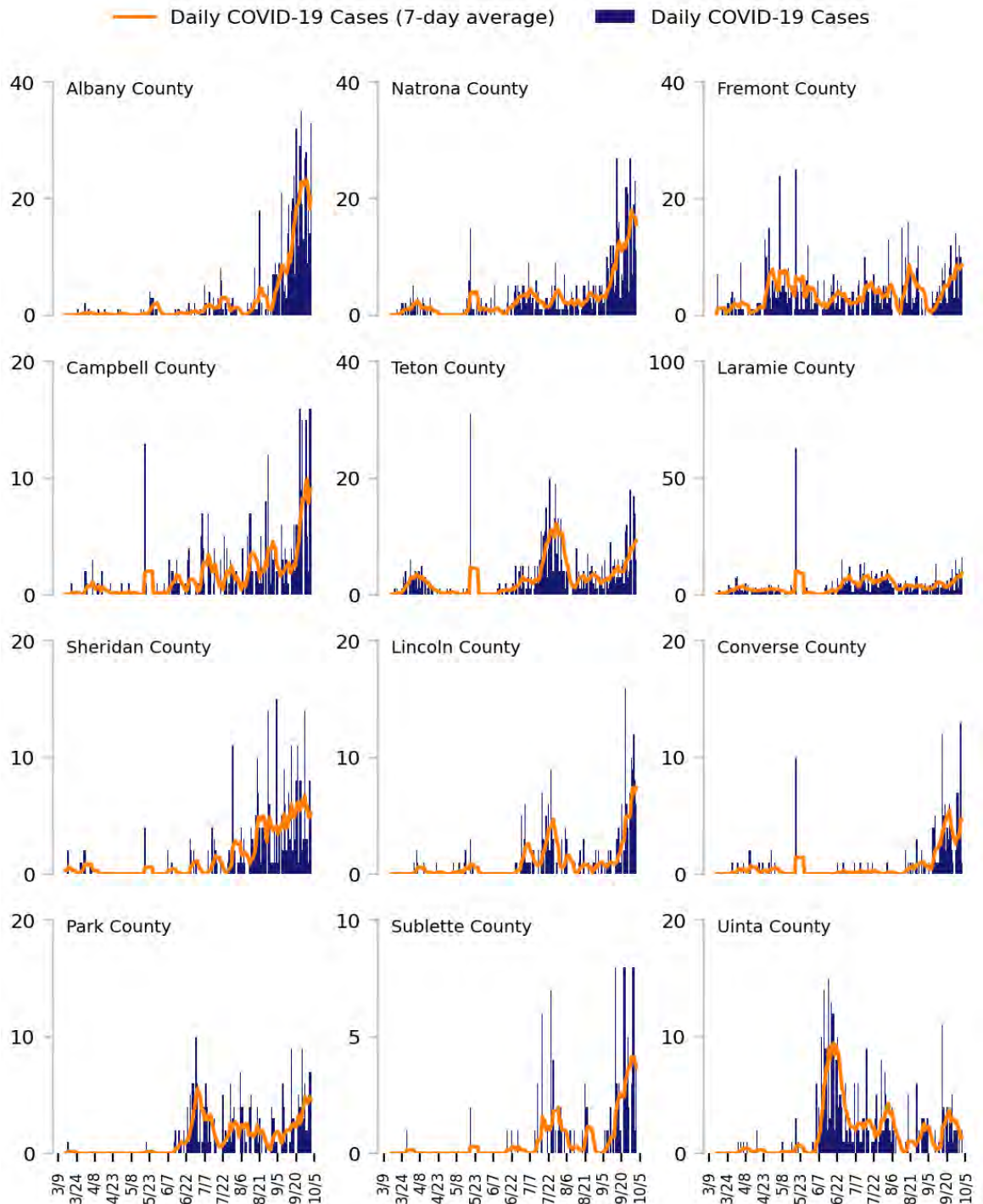
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 9/30/2020.



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

TOTAL DAILY CASES



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

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last 3 weeks is 9/12 - 10/2.

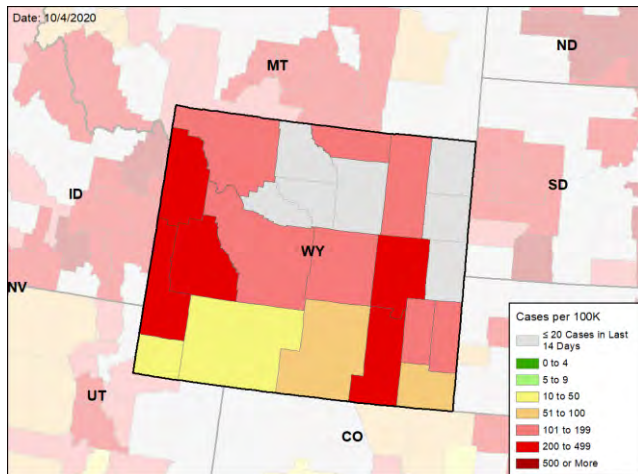


WYOMING

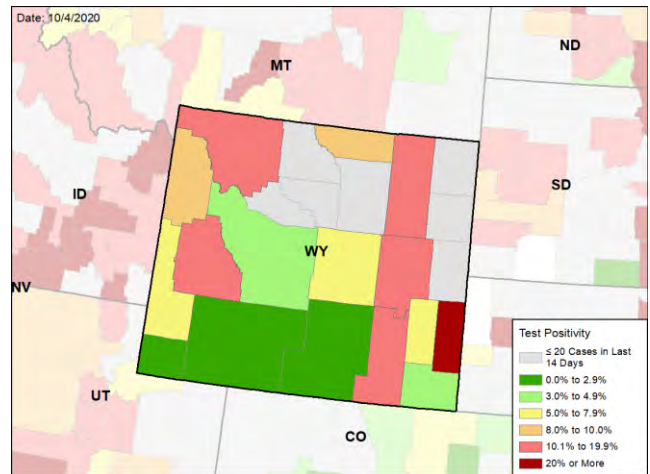
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CASE RATES AND VIRAL LAB TEST POSITIVITY DURING THE LAST WEEK

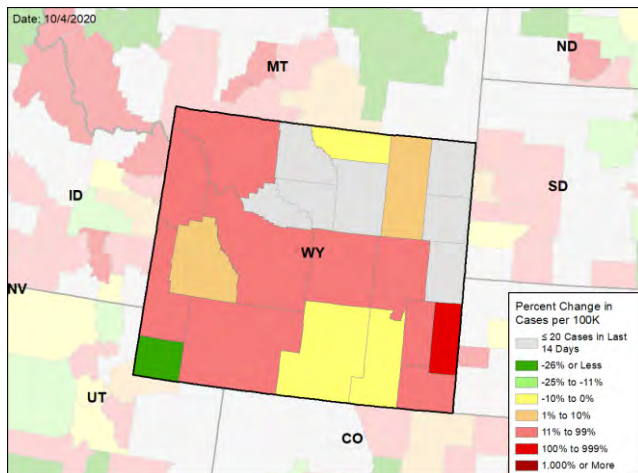
NEW CASES PER 100,000 DURING THE LAST WEEK



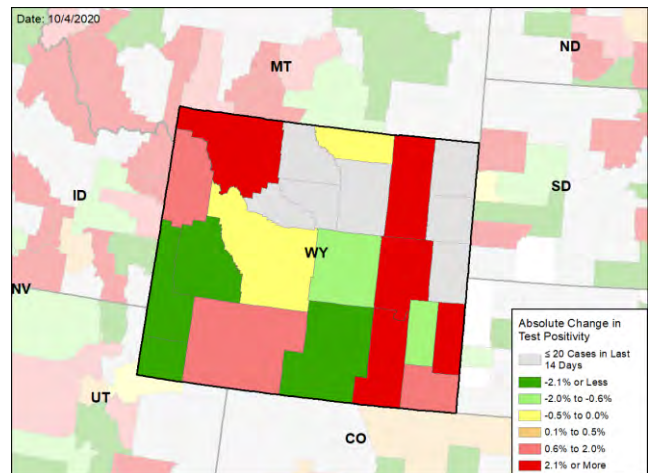
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY DURING THE LAST WEEK



WEEKLY CHANGE IN NEW CASES PER 100,000



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



DATA SOURCES – Additional data details available under METHODS

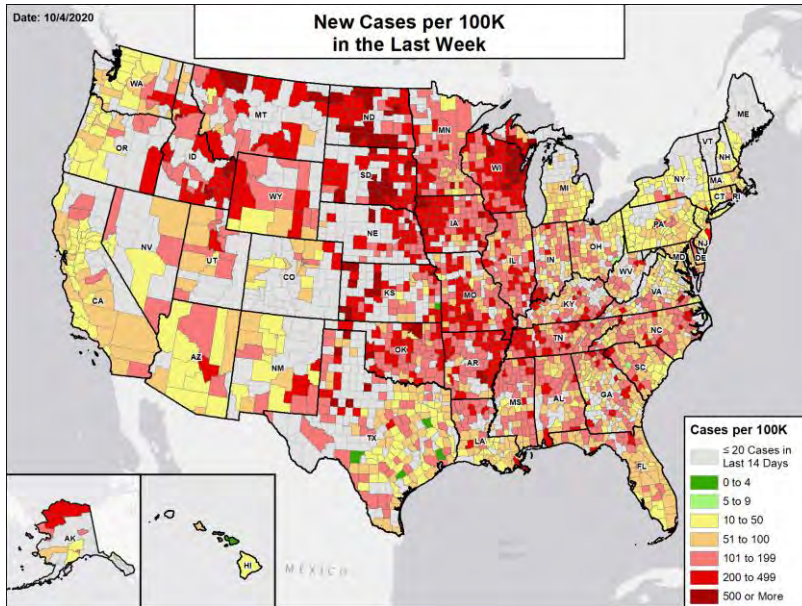
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/2/2020. Last week is 9/26 - 10/2, previous week is 9/19 - 9/25.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/30/2020. Last week is 9/24 - 9/30, previous week is 9/17 - 9/23.



National Picture

NEW CASES PER 100,000 LAST WEEK

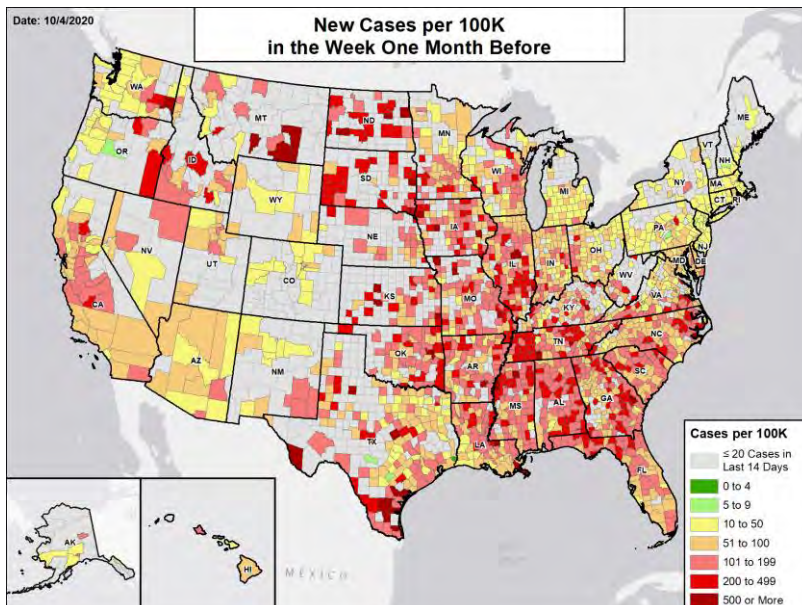


NATIONAL RANKING OF NEW CASES PER 100,000 LAST WEEK

National Rank State

1	ND
2	SD
3	WI
4	MT
5	UT
6	IA
7	NE
8	ID
9	AR
10	OK
11	MO
12	KS
13	WY
14	TN
15	MN
16	KY
17	AL
18	MS
19	AK
20	NV
21	IL
22	IN
23	TX
24	SC
25	NC
26	DE
27	RI
28	GA
29	LA
30	WV
31	FL
32	NM
33	CO
34	OH
35	MI
36	MD
37	VA
38	MA
39	CA
40	PA
41	NJ
42	HI
43	CT
44	WA
45	AZ
46	OR
47	NY
48	DC
49	NH
50	ME
51	VT

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



DATA SOURCES

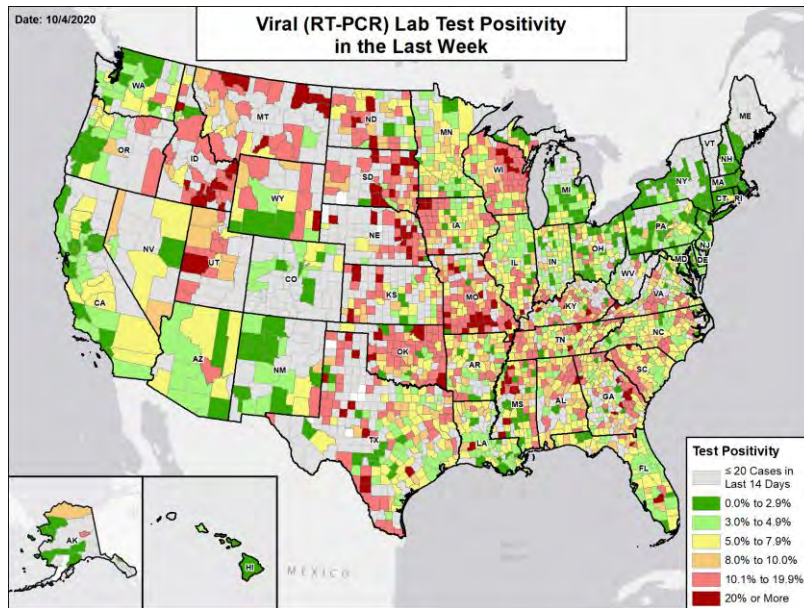
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Cases: County-level data from USAFacts through 10/2/2020. Last week is 9/26 - 10/2; the week one month before is 8/29 - 9/4.



National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY LAST WEEK

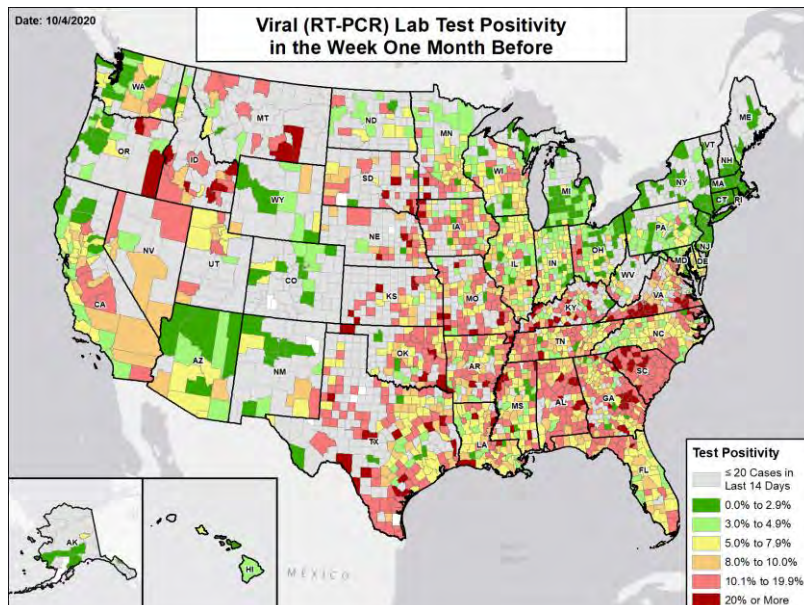


NATIONAL RANKING OF TEST POSITIVITY LAST WEEK

National Rank State

1	MT
2	UT
3	ID
4	SD
5	OK
6	NE
7	WI
8	MO
9	NV
10	KY
11	AL
12	IA
13	KS
14	SC
15	ND
16	MS
17	TN
18	TX
19	AR
20	VA
21	GA
22	OR
23	IN
24	NC
25	MN
26	WY
27	FL
28	IL
29	LA
30	DE
31	WV
32	AZ
33	AK
34	PA
35	HI
36	MI
37	MD
38	CO
39	CA
40	WA
41	NM
42	OH
43	NJ
44	CT
45	NH
46	RI
47	NY
48	MA
49	DC
50	ME
51	VT

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



DATA SOURCES

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

Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 9/30/2020. Last week is 9/24 - 9/30; the week one month before is 8/27 - 9/2.



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). Values are rounded before color classification.

Metric	Dark Green	Light Green	Yellow	Orange	Red
New cases per 100,000 population per week	≤4	5 – 9	10 – 50	51 – 100	≥101
Percent change in new cases per 100,000 population	≤-26%	-25% – -11%	-10% – 0%	1% – 10%	≥11%
Diagnostic test result positivity rate	≤2.9%	3.0% – 4.9%	5.0% – 7.9%	8.0% – 10.0%	≥10.1%
Change in test positivity	≤-2.1%	-2.0% – -0.6%	-0.5% – 0.0%	0.1% – 0.5%	≥0.6%
Total diagnostic tests resulted per 100,000 population per week	≥2001	1001 – 2000	750 – 1000	500 – 749	≤499
Percent change in tests per 100,000 population	≥26%	11% – 25%	1% – 10%	-10% – 0%	≤-11%
COVID-19 deaths per 100,000 population per week	≤0.1	0.2 – 0.4	0.5 – 1.0	1.1 – 2.0	≥2.1
Percent change in deaths per 100,000 population	≤-26%	-25% – -11%	-10% – 0%	1% – 10%	≥11%
Skilled Nursing Facilities with at least one resident COVID-19 case, death	0%		1% – 5%		≥6%
Change in SNFs with at least one resident COVID-19 case, death	≤-2%		-1% – 1%		≥2%

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 16:36 EDT on 10/04/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 9/26 to 10/2; previous week data are from 9/19 to 9/25; the week one month before data are from 8/29 to 9/4.
- Testing:** The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests, unless stated otherwise. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients' county of residence or healthcare providers' practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 9/24 to 9/30; previous week data are from 9/17 to 9/23; the week one month before data are from 8/27 to 9/2. HHS Protect data is recent as of 11:17 EDT on 10/04/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 10/03/2020.
- Mobility:** Descartes Labs. These data depict the median distance moved across a collection of mobile devices to estimate the level of human mobility within a locality. The 100% represents the baseline mobility level prior to the pandemic; lower percent mobility indicates less population movement. Data is anonymized and provided at the locality level. Data is recent as of 16:31 EDT on 10/04/2020 and is through 10/1/2020.
- 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 18:09 EDT on 10/04/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 9/21-9/27, previous week is 9/14-9/20.
- County and Metro Area Color Categorizations**
 - Red Zone:** Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases at or above 101 per 100,000 population, and a lab test positivity result at or above 10.1%.
 - Orange Zone:** Those CBSAs and counties that during the last week reported both new cases between 51–100 per 100,000 population, and a lab test positivity result between 8.0–10.0%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”
 - Yellow Zone:** Those CBSAs and counties that during the last week reported both new cases between 10–50 per 100,000 population, and a lab test positivity result between 5.0–7.9%, or one of those two conditions and one condition qualifying as being in the “Orange Zone” or “Red Zone.”