STATE REPORT
11.15.2020
Issue 22

ALABAMA

SUMMARY

- Alabama continues to show signs of increasing deterioration with more counties entering the red zone. Alabama is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 32nd highest rate in the country. Alabama is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 24th highest rate in the country.
- Alabama has seen rising new cases and an increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Jefferson County, 2. Madison County, and 3. Shelby County. These counties represent 25.9% of new cases in Alabama.
- 94% of all counties in Alabama have moderate or high levels of community transmission (yellow, orange, or red zones), with 55% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 16% of nursing homes had at least one new resident COVID-19 case, 34% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death.
- Alabama had 223 new cases per 100,000 population, compared to a national average of 294 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 and 1 to support operations activities from USCG.
- The federal government has supported surge testing in Birmingham, AL.
- Between Nov 7 - Nov 13, on average, 179 patients with confirmed COVID-19 and 128 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Alabama. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for the identification of both asymptomatic and pre-symptomatic individuals and significant behavior change of all Americans. Ensure masks at all times in public, increase physical distancing through significant reduction in capacity in public and private indoor spaces, and ensure every American understands the clear risks of ANY indoor interactions outside of their immediate household without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expanded, strategic use of point-of-care antigen tests with immediate results will be critical to expanding this model into the community; these tests should be used among all individuals independent of symptoms in orange and red counties in Alabama.
- Antigen tests perform well in the highly infectious window and will be effective in identification of asymptomatic and pre-symptomatic infectious cases.
    - Antigen tests do not perform well after 8-10 days post infection when nucleic acid cycle times are greater than 30.
    - All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Proactive testing must be part of the mitigation efforts inclusive of mask wearing, physical distancing, and hand hygiene.
- We need to protect those we are thankful for in our families and communities. Ensure indoor masking around vulnerable family members during any gatherings due to the significant amount of virus circulating and the high rate of asymptomatic and undiagnosed infections among family and community members.
- New hospital admissions in Alabama are increasing, especially in those over 70.
- There are early signs of reduced N95, gown, and glove supply in specific hospitals' reporting. Please contact all hospitals reporting less than one week's supply to confirm data; contact the regional FEMA office for support if this supply issue is confirmed.
- Ensure university students continue their mitigation behaviors to prevent further outbreaks on or off campus. Ensure appropriate testing and behavior change in the 10 days prior to departure to hometowns for the holiday season.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. There continue to be high levels of positive LTCF staff members, indicating continued and unmitigated community spread in these geographic locations.
- Ensure full flu immunizations across the state.
- 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.

ALABAMA

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	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	10,944 (223)	+16%	137,205 (205)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	11.2%	+4.5%*	9.2%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	90,682** (1,849**)	-5%**	1,192,343** (1,782**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	183 (3.7)	+56%	1,629 (2.4)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	16%	+1%*	17%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	34%	+1%*	33%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	+2%*	5%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

ALABAMA

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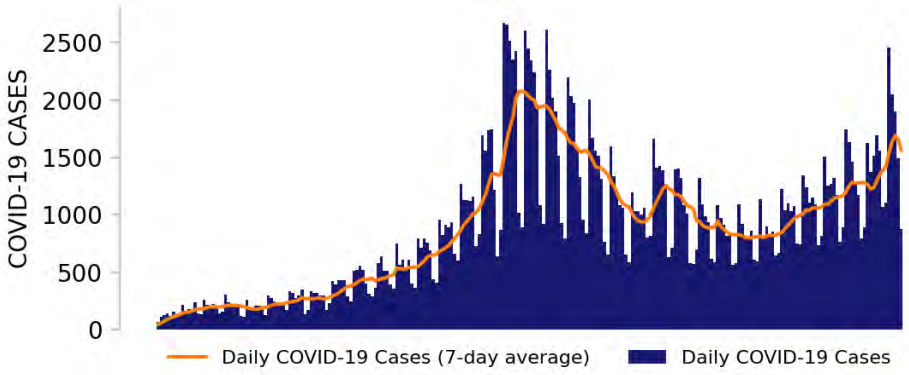
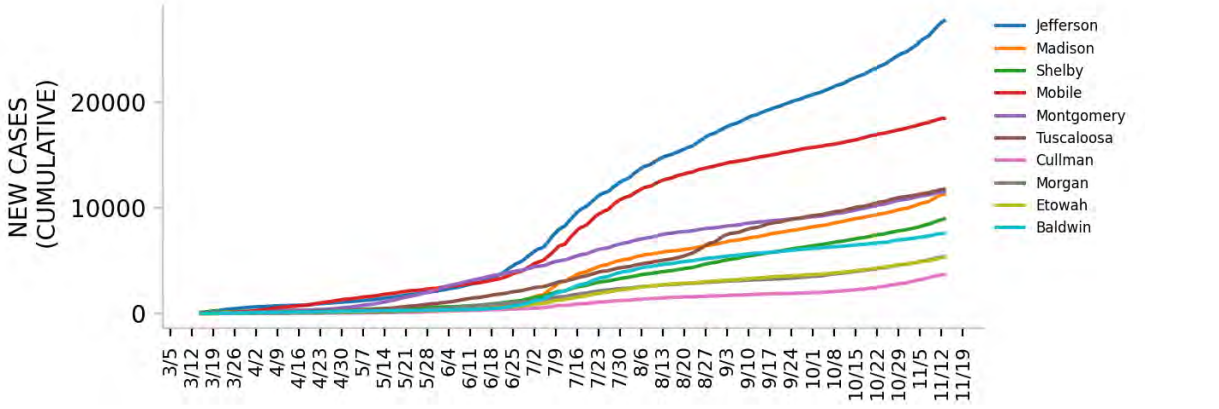
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



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 11/13/2020.

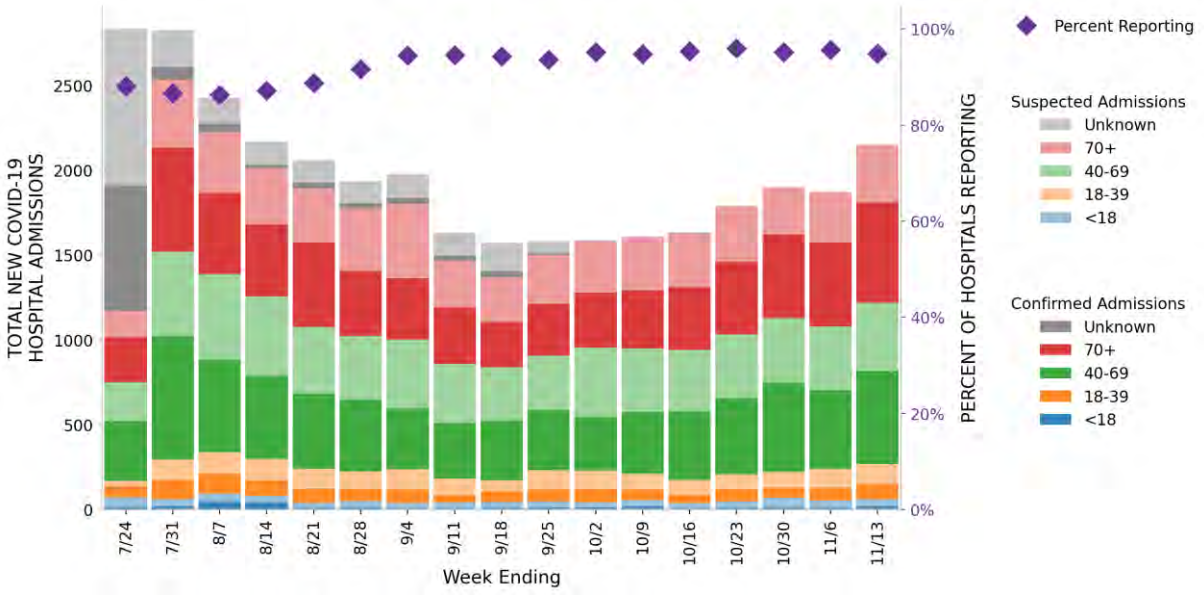
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

ALABAMA

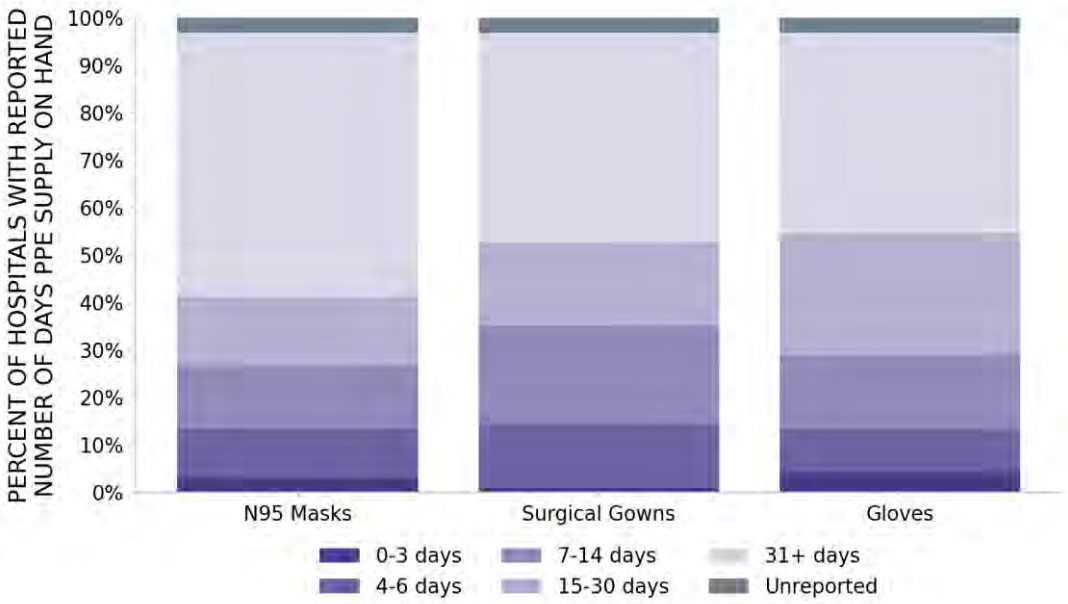
STATE REPORT | 11.15.2020

97 hospitals are expected to report in Alabama

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	16 ▲ (+4)	Birmingham-Hoover Huntsville Montgomery Decatur Florence-Muscle Shoals Cullman Gadsden Albertville Anniston-Oxford Fort Payne Scottsboro Talladega-Sylacauga	37 ▲ (+8)	Madison Shelby Montgomery Cullman Morgan Etowah Marshall Calhoun St. Clair Limestone DeKalb Blount
LOCALITIES IN ORANGE ZONE	5 ▼ (-3)	Tuscaloosa Daphne-Fairhope-Foley Dothan Atmore Eufaula	13 ▼ (-4)	Jefferson Tuscaloosa Baldwin Lauderdale Houston Elmore Lawrence Clarke Escambia Henry Barbour Monroe
LOCALITIES IN YELLOW ZONE	4 ▼ (-2)	Mobile Auburn-Opelika Jasper LaGrange	13 ■ (+0)	Mobile Lee Walker Chambers Marengo Clay Randolph Hale Russell Butler Sumter Wilcox

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red CBSAs: Birmingham-Hoover, Huntsville, Montgomery, Decatur, Florence-Muscle Shoals, Cullman, Gadsden, Albertville, Anniston-Oxford, Fort Payne, Scottsboro, Talladega-Sylacauga, Enterprise, Ozark, Alexander City, Selma

All Red Counties: Madison, Shelby, Montgomery, Cullman, Morgan, Etowah, Marshall, Calhoun, St. Clair, Limestone, DeKalb, Blount, Jackson, Colbert, Talladega, Coffee, Dale, Autauga, Tallapoosa, Franklin, Pickens, Winston, Chilton, Geneva, Dallas, Marion, Cherokee, Bibb, Fayette, Washington, Macon, Lamar, Conecuh, Cleburne, Crenshaw, Coosa, Lowndes

All Orange Counties: Jefferson, Tuscaloosa, Baldwin, Lauderdale, Houston, Elmore, Lawrence, Clarke, Escambia, Henry, Barbour, Monroe, Perry

All Yellow Counties: Mobile, Lee, Walker, Chambers, Marengo, Clay, Randolph, Hale, Russell, Butler, Sumter, Wilcox, Greene

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

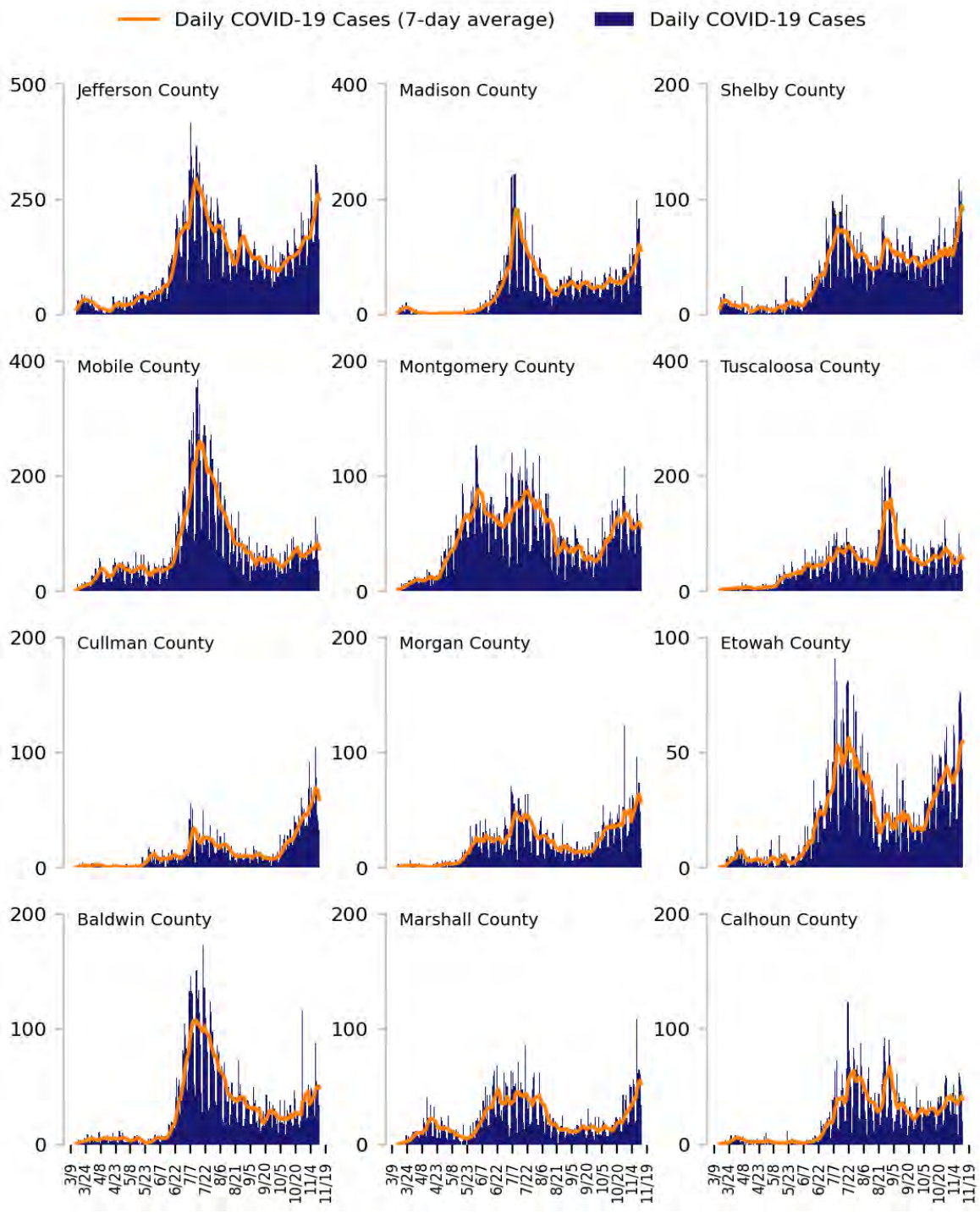
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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 11/13/2020. Last 3 weeks is 10/24 - 11/13.

ALABAMA

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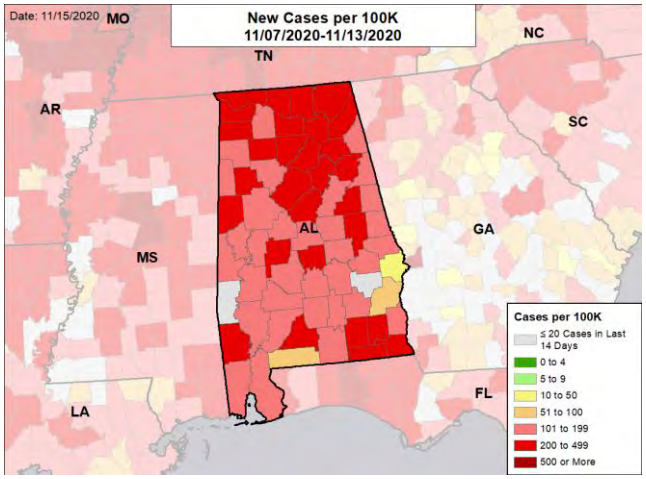
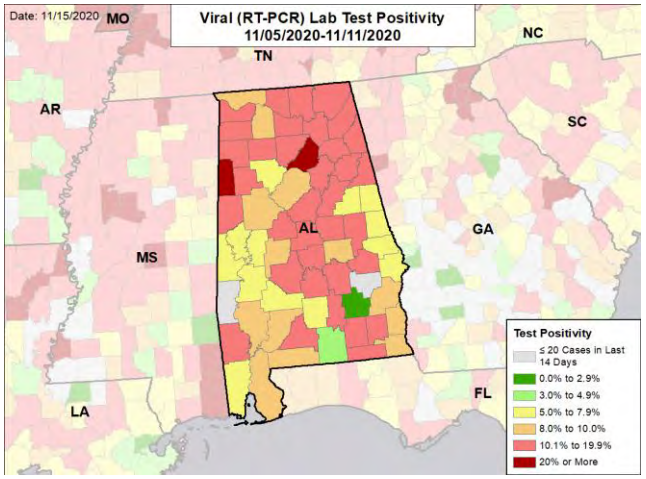
CASE RATES AND VIRAL LAB TEST POSITIVITY

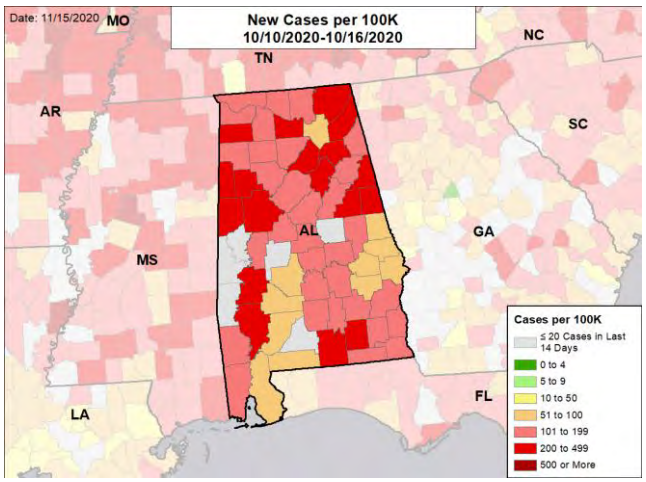
NEW CASES PER 100,000



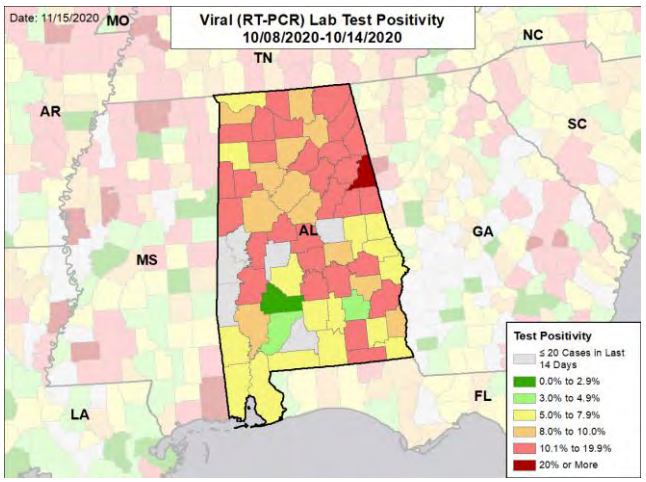
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

STATE REPORT
11.15.2020
Issue 22

ALASKA

SUMMARY

- Alaska is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 14th highest rate in the country. Alaska is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 25th highest rate in the country.
- Alaska has seen an increase in new cases and stability in test positivity.
- The following three boroughs had the highest number of new cases over the last 3 weeks: 1. Anchorage Municipality, 2. Matanuska-Susitna Borough, and 3. Kenai Peninsula Borough. These boroughs represent 72.7% of new cases in Alaska. However, the largest increases in both new cases and test positivity are occurring in smaller boroughs outside of Anchorage, Matanuska, and Fairbanks.
- 31% of all boroughs in Alaska 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 Nov 2 - Nov 8, no nursing homes had at least one new resident COVID-19 case, 28% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death.
- Alaska had 503 new cases per 100,000 population, compared to a national average of 294 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; and 23 to support operations activities from USCG.
- Between Nov 7 - Nov 13, on average, 16 patients with confirmed COVID-19 and 7 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Alaska. 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

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most boroughs, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- Rapid identification and isolation of cases and interruption of transmission remain the key objectives.
- Identifying and isolating cases requires effective surveillance in all areas and maximum testing, especially in areas where transmission is increasing (smaller, more remote settings).
    - Health departments should surveil workers who are at risk of infection and transmission, regardless of symptoms, using rapid antigen tests.
    - Wastewater surveillance should be scaled up at the most local level practical (including in single congregate living facilities, like shelters or skilled nursing facilities).
    - Testing should be easily accessible and at a high baseline level throughout the state and should be immediately intensified in areas where there are signals of increasing transmission.
- The specific strategies to prevent infection are universal face covering and social distancing.
    - Alaska has an excellent explanation of the benefits of wearing face coverings, but currently does not require face coverings; a statewide recommendation will demonstrate the critical importance of face covering and has been shown to increase use/adherence and lower transmission.
    - The upcoming holidays could amplify transmission considerably. Alaska should vigorously expand public health messaging across all media platforms, including SMS auto-texting, to warn citizens about the risks of social gatherings, advise people to avoid them, and reinvigorate the practice of face covering and social distancing.
- All staff who work with patients or residents in any congregate setting should be tested weekly with rapid tests and should not be permitted to work without a recent negative test or clearance from isolation.
- Ensure all congregate and crowded work settings (e.g., clinics, prisons, shelters, canneries, etc.) have adequate screening and surveillance of asymptomatic persons to limit possibility of super-spreader events.
- Local data on test positivity by age band is critically important and evidence of increasing transmission in more vulnerable populations will provide an opportunity to expand clinical capacity before it's too late. All service areas and clinical facilities should have facility/staffing expansion and contingency plans.
- Local data on hospital utilization is also critically important, both as an indicator of transmission in the most vulnerable and as a threshold marker for implementing expansion and contingency plans.
- Recent efforts to reduce turnaround times for test results are commendable and should be expanded; sufficient testing capacity should be available in all areas to allow return of results to patients within 48 hours.
- Efforts to capacitate mid-level hospitals in more remote areas are commendable and should be expanded; ensure updated clinical training has been provided and ensure access to appropriate medications (antiviral, glucocorticoids and, if possible, monoclonal antibodies for those most at risk).
- Continue to monitor testing and contact tracing in all boroughs to ensure that results are returned within 48 hours, all cases immediately isolate and are given education package (facilitated by text or email), and contact tracing is conducted within 72 hours of testing; expand contact tracing capacity by limiting interview depth, expanding staff, scripting interviews, and developing clear algorithms to allow task-shifting.
- Intensify messaging on escalating risks of transmission among small gatherings of family and friends; provide strategies for families to effectively protect vulnerable persons by avoiding close contacts, even within households.
- In person K-12 schools have been associated with increasing community transmission; continue to reevaluate school status in all boroughs with early evidence of increasing transmission.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

ALASKA

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	3,678 (503)	+33%	30,413 (212)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	11.1%	+0.5%*	10.8%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	56,106** (7,670**)	+8%**	303,361** (2,114**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	13 (1.8)	+333%	206 (1.4)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	0%	N/A*	10%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	28%	+0%*	29%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A*	3%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

ALASKA

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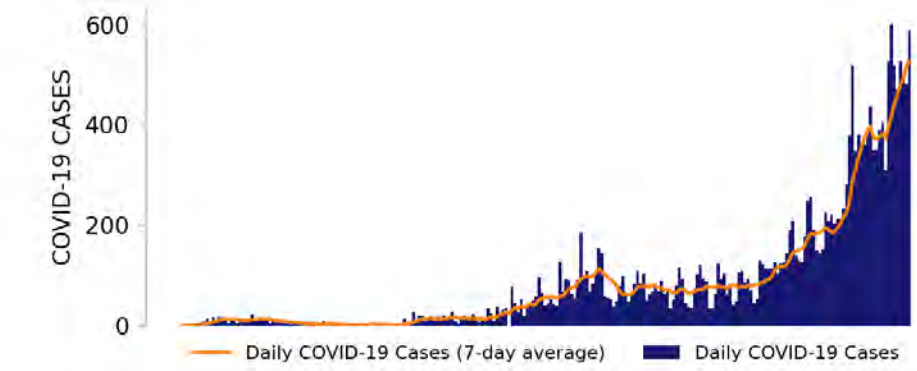
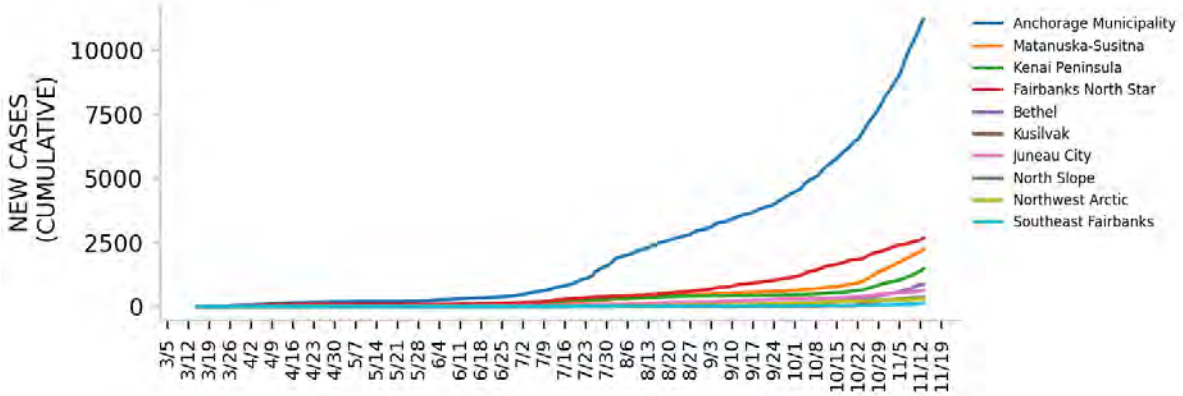
NEW CASES



TESTING

TOP BOROUGHS

Top boroughs based on greatest number of new cases in last three weeks (10/24 - 11/13)



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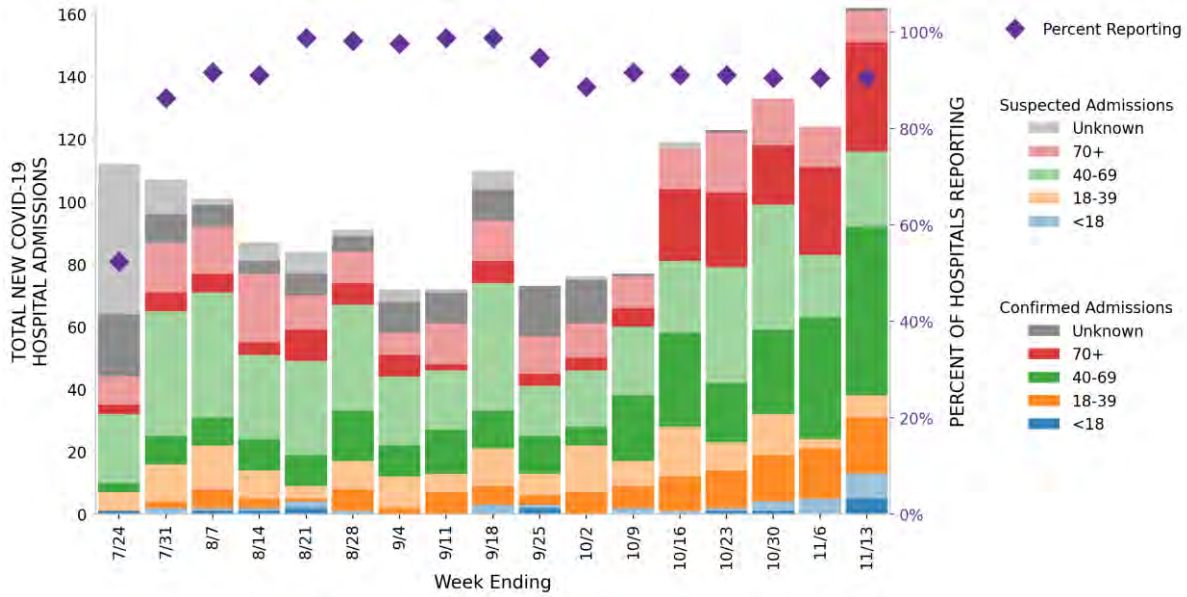
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

ALASKA

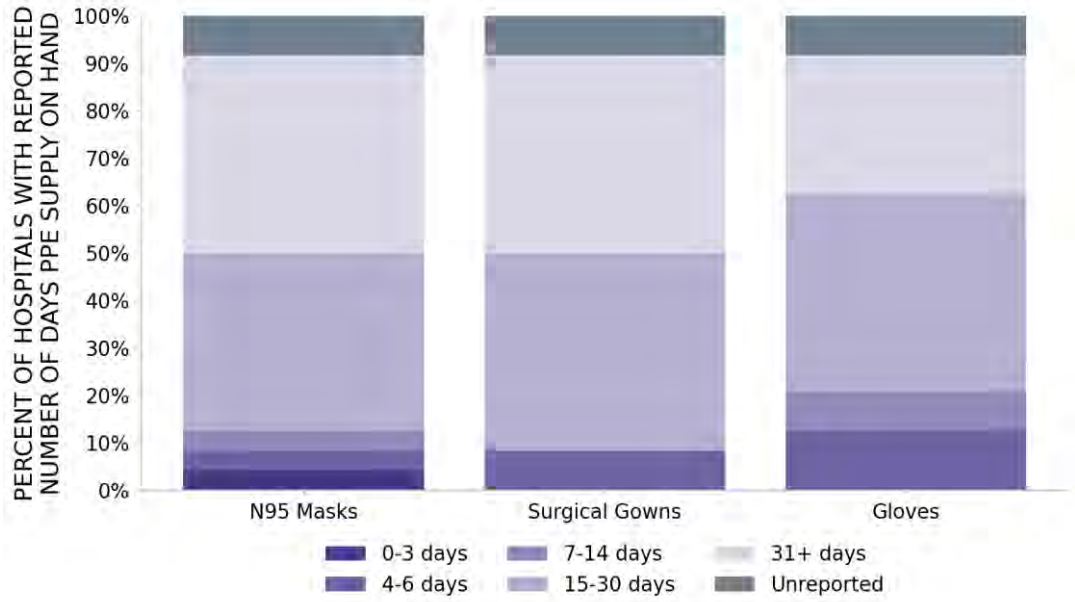
STATE REPORT | 11.15.2020

24 hospitals are expected to report in Alaska

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

ALASKA

STATE REPORT | 11.15.2020

COVID-19 BOROUGH AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		BOROUGHS	
LOCALITIES IN RED ZONE	2 ▲ (+2)	Anchorage Fairbanks	6 ▲ (+1)	Anchorage Municipality Matanuska-Susitna Kenai Peninsula Fairbanks North Star Bethel Census Area Southeast Fairbanks Census Area
LOCALITIES IN ORANGE ZONE	0 ▼ (-2)	N/A	1 ▼ (-1)	Kusilvak Census Area
LOCALITIES IN YELLOW ZONE	0 ▼ (-1)	N/A	2 ■ (+0)	North Slope Valdez-Cordova Census Area

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

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

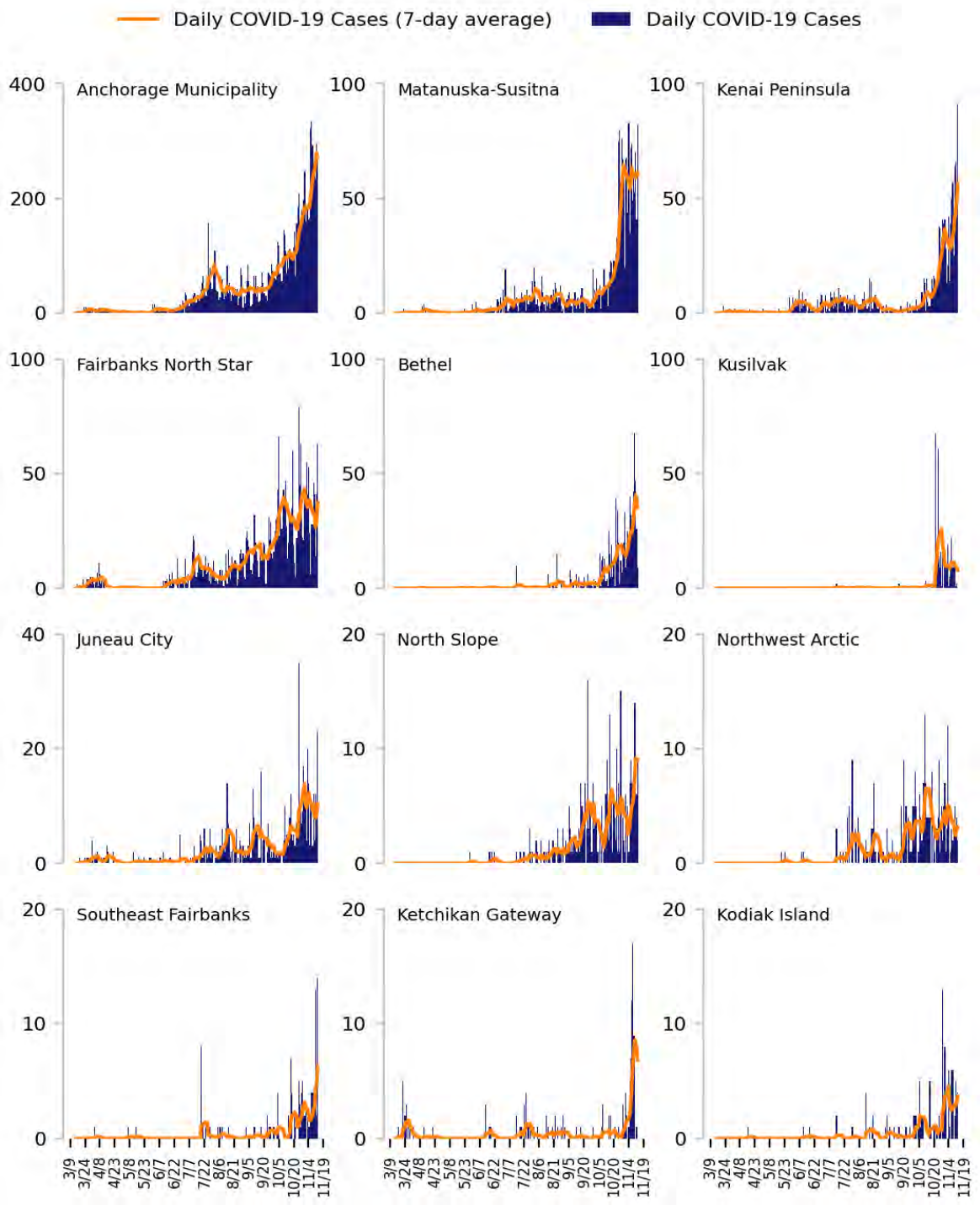
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating borough-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020.

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

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



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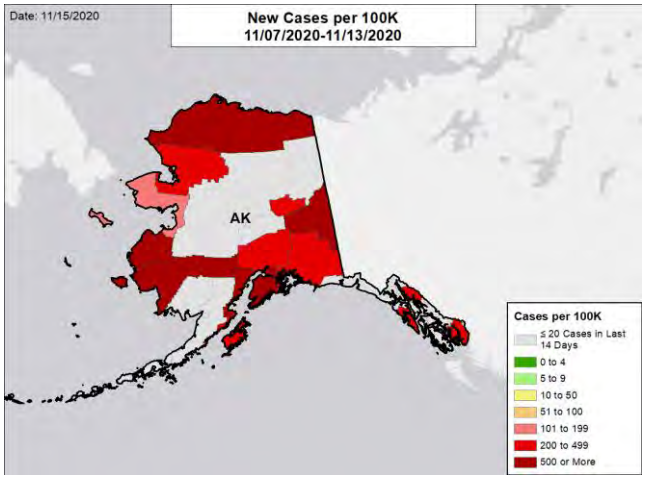
Cases: State values are calculated by aggregating borough-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

ALASKA

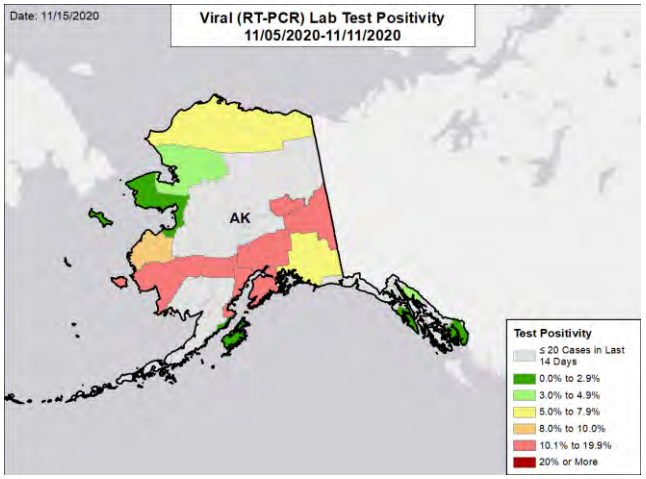
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

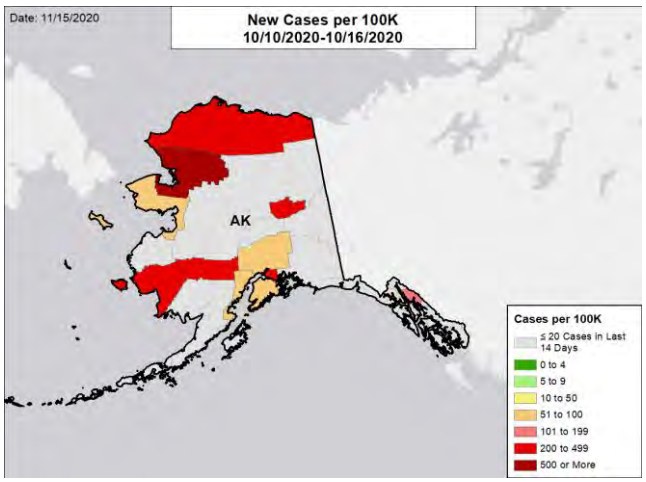
NEW CASES PER 100,000



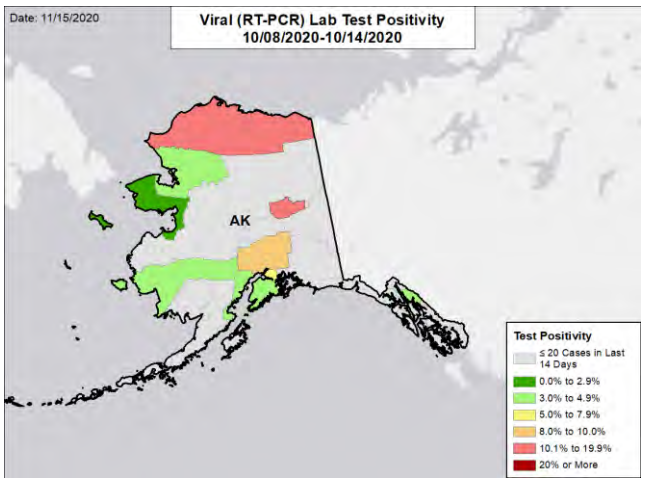
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

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

Cases: State values are calculated by aggregating borough-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

ARIZONA

STATE REPORT
11.15.2020
Issue 22

SUMMARY

- Arizona is experiencing a significant resurgence of COVID with rising test positivity, cases, and hospitalizations, especially in those over 40. There is a significant increase in the counties in the red zone.
- Arizona is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 34th highest rate in the country. Arizona is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 30th highest rate in the country.
- Arizona has seen an increase in new cases and an increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Maricopa County, 2. Pima County, and 3. Pinal County. These counties represent 78.1% of new cases in Arizona.
- 100% of all counties in Arizona have moderate or high levels of community transmission (yellow, orange, or red zones), with 53% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 13% of nursing homes had at least one new resident COVID-19 case, 29% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death.
- Arizona had 204 new cases per 100,000 population, compared to a national average of 294 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; 4 to support testing activities from CDC; 8 to support epidemiology activities from CDC; and 1 to support operations activities from CDC.
- Between Nov 7 - Nov 13, on average, 168 patients with confirmed COVID-19 and 240 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Arizona. An average of 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- Arizona must now increase mitigation efforts as it did in the summer to flatten the curve.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for the identification of both asymptomatic and pre-symptomatic individuals and significant behavior change of all Americans. Ensure masks at all times in public, increase physical distancing through significant reduction in capacity in public and private indoor spaces, and ensure every American understands the clear risks of ANY indoor interactions outside of their immediate household without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expanded, strategic use of point-of-care antigen tests with immediate results will be critical to expanding this model into the community; these tests should be used among all individuals independent of symptoms in orange and red counties in Arizona.
- Antigen tests perform well in the highly infectious window and will be effective in identification of asymptomatic and pre-symptomatic infectious cases.
    - Antigen tests do not perform well after 8-10 days post infection when nucleic acid cycle times are greater than 30.
    - All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Proactive testing must be part of the mitigation efforts inclusive of mask wearing, physical distancing, and hand hygiene.
- We need to protect those we are thankful for in our families and communities. Ensure indoor masking around vulnerable family members during any gatherings due to the significant amount of virus circulating and the high rate of asymptomatic and undiagnosed infections among family and community members.
- New hospital admissions in Arizona are increasing rapidly, especially in those over 70.
- There are early signs of reduced N95, gown, and glove supply in specific hospitals' reporting. Please contact all hospitals reporting less than one week's supply to confirm data; contact the regional FEMA office for support if this supply issue is confirmed.
- Ensure university students continue their mitigation behaviors to prevent further outbreaks on or off campus. Ensure appropriate testing and behavior change in the 10 days prior to departure to hometowns for the holiday season.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. There continue to be high levels of positive LTCF staff members, indicating continued and unmitigated community spread in these geographic locations.
- Ensure full flu immunizations across the state.
- Weekly testing of all Tribal members residing on reservations should be implemented immediately, providing accommodations for COVID-19 positive individuals to isolate immediately.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

ARIZONA

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	14,813 (204)	+38%	77,288 (151)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.3%	+1.8%*	6.5%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	165,779** (2,278**)	+28%**	975,719** (1,902**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	148 (2.0)	-15%	483 (0.9)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	13%	+6%*	5%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	29%	+3%*	10%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	+1%*	1%	6%

* 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.

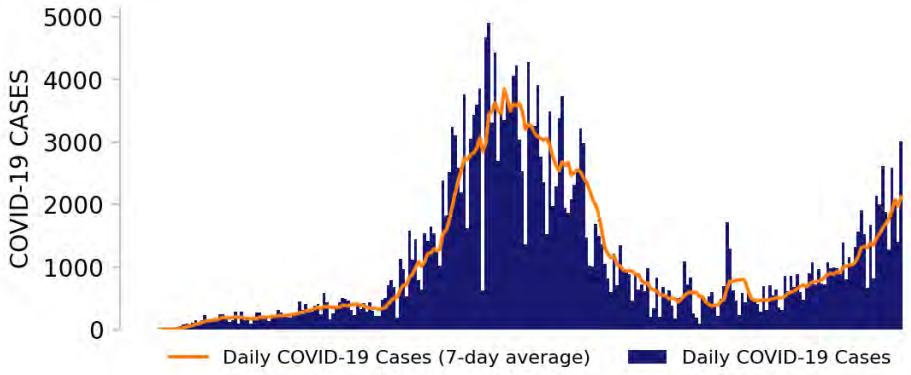
DATA SOURCES – Additional data details available under METHODS

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 11/13/2020; previous week is 10/31 - 11/6.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

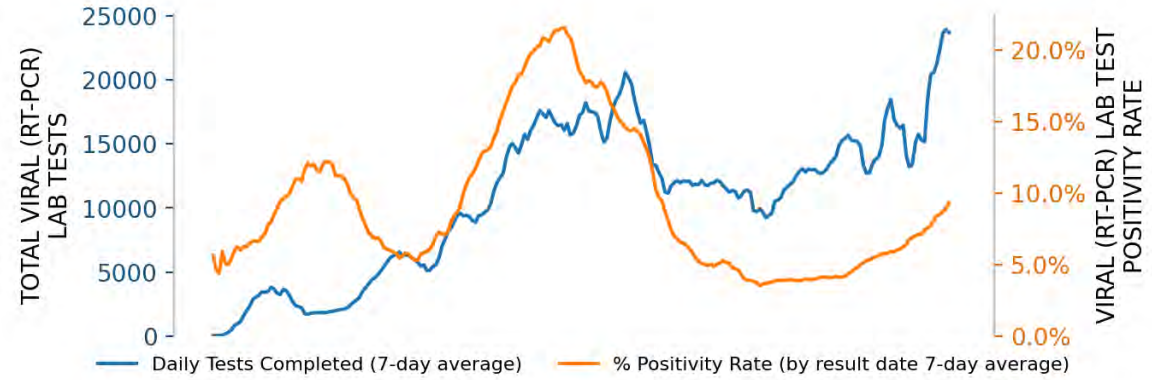
ARIZONA

STATE REPORT | 11.15.2020

NEW CASES

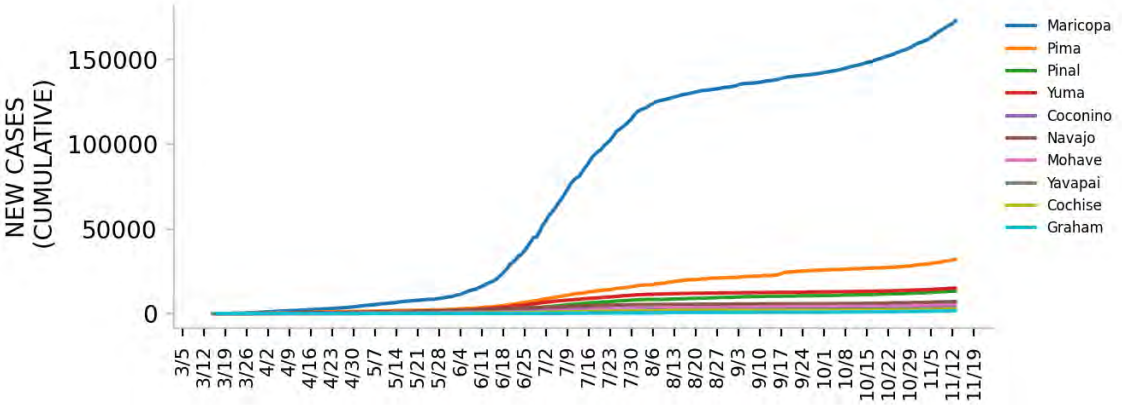


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020.

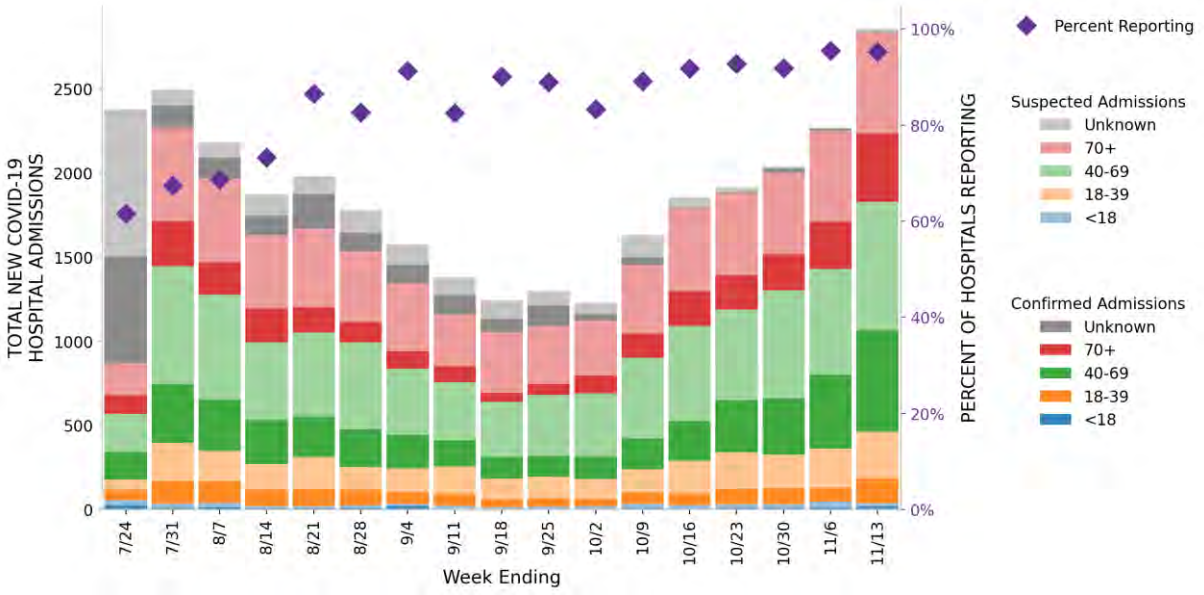
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

ARIZONA

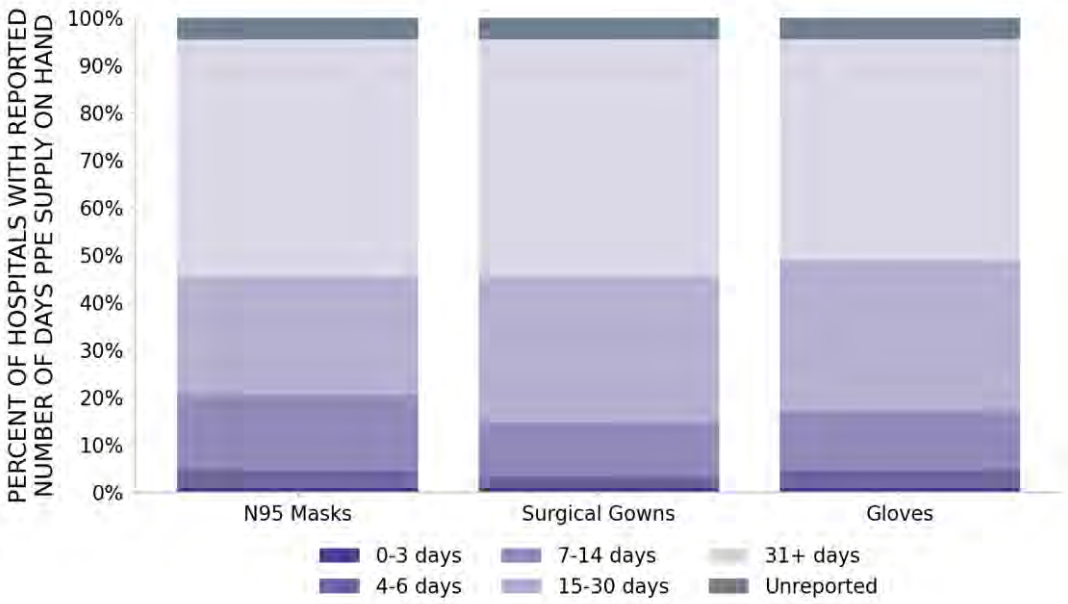
STATE REPORT | 11.15.2020

88 hospitals are expected to report in Arizona

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

ARIZONA

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	7 ▲ (+3)	Tucson Yuma Lake Havasu City-Kingman Sierra Vista-Douglas Safford Payson Nogales	8 ▲ (+4)	Pima Yuma Mohave Cochise Graham Gila Santa Cruz Greenlee
LOCALITIES IN ORANGE ZONE	4 ■ (+0)	Phoenix-Mesa-Chandler Flagstaff Show Low Prescott Valley-Prescott	6 ▲ (+2)	Maricopa Pinal Coconino Navajo Yavapai Apache
LOCALITIES IN YELLOW ZONE	0 ▼ (-3)	N/A	1 ▼ (-4)	La Paz

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

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

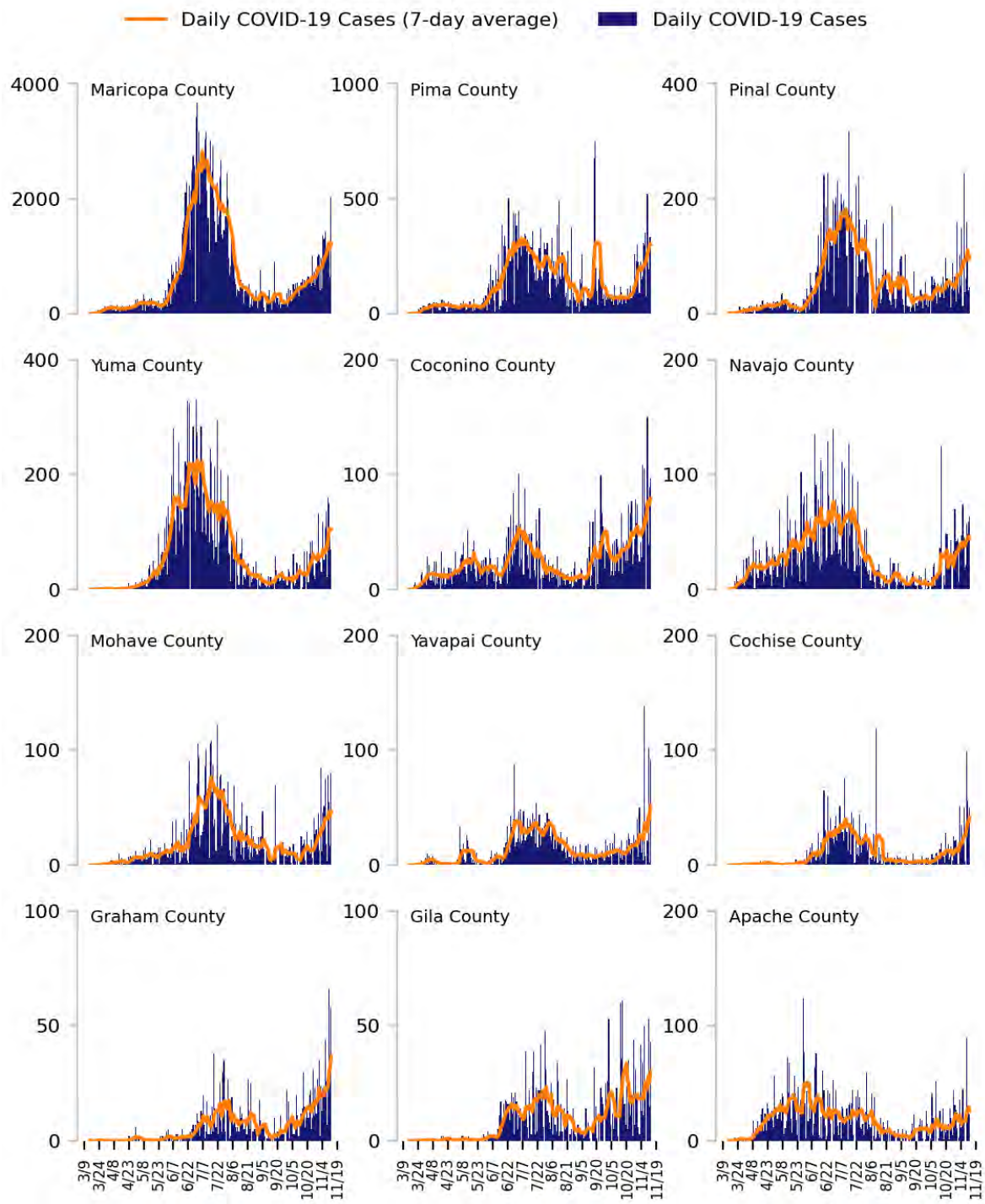
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

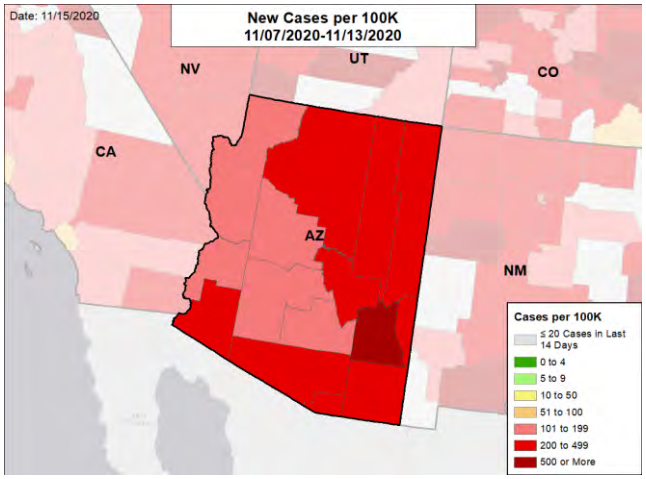
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

ARIZONA

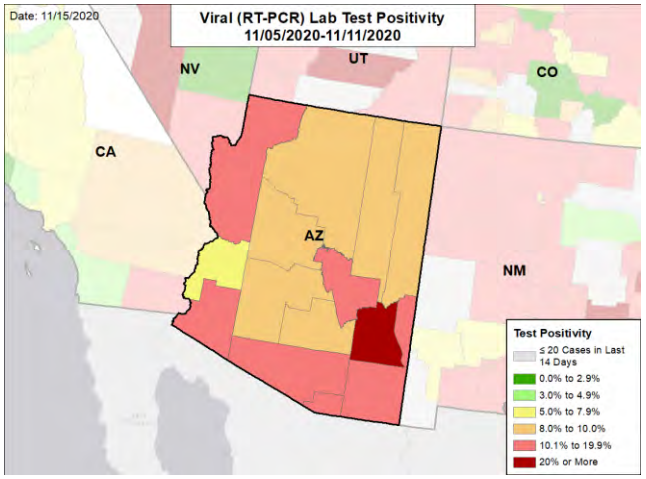
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

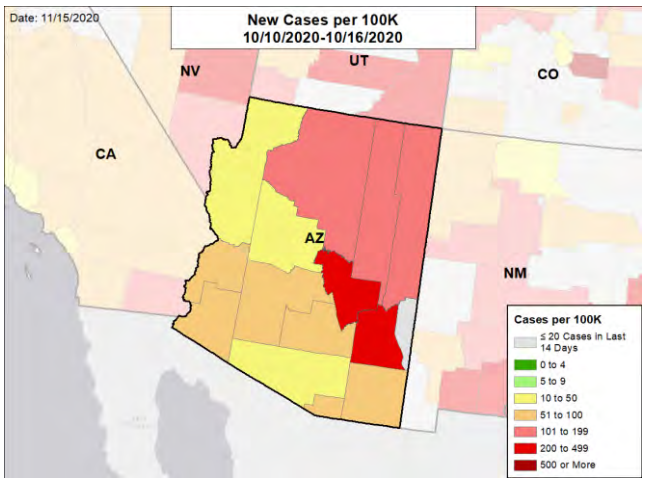
NEW CASES PER 100,000



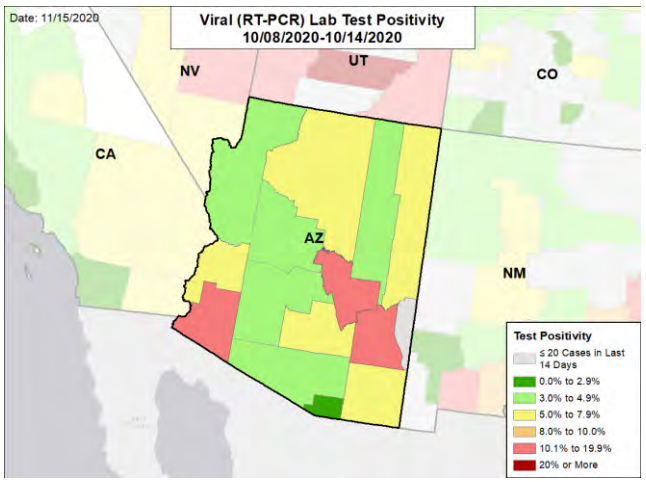
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

ARKANSAS

STATE REPORT
11.15.2020
Issue 22

SUMMARY

- Arkansas is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 22nd highest rate in the country. Arkansas is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 27th highest rate in the country.
- Arkansas has seen an increase in new cases and an increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Pulaski County, 2. Benton County, and 3. Washington County. These counties represent 25.4% of new cases in Arkansas.
- 81% of all counties in Arkansas have moderate or high levels of community transmission (yellow, orange, or red zones), with 55% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 42% had at least one new staff COVID-19 case, 26% of nursing homes had at least one new resident COVID-19 case, and 11% had at least one new resident COVID-19 death.
- Arkansas had 367 new cases per 100,000 population, compared to a national average of 294 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 Nov 7 - Nov 13, on average, 109 patients with confirmed COVID-19 and 169 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Arkansas. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- We share the strong concern of Arkansas leaders that the current situation is worsening and that there is a limited time window to limit further cases and avoid increases in hospitalizations and deaths. The Governor's active measures are commended.
- Given the change in the slope in the last two weeks post Halloween, Arkansas is on the precipice of a rapid, accelerating increase in cases which will be followed with new hospital admissions. Ensure compliance with public health orders including wearing masks.
- We have updated the new hospital admissions graphs to include breakdown by age group. Increases in new admissions and changing proportions of age groups will be important to triangulate with cases and percent positivity to increase proactive mitigation efforts.
- Conduct active testing in school for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- In red and orange counties, effective practices to decrease transmission in public spaces include limiting restaurant indoor capacity to less than 25% and limiting bar hours until cases and test positivity decrease to the yellow zone.
- Recruit local influencers to message to rural and urban communities basic actions to take now:
    - Do not gather without a mask with individuals living outside of your household.
    - Always wear a mask in public places.
    - Stop gatherings beyond immediate household until cases and test positivity are in the yellow zone.
    - Get your flu shot.
- On university campuses, students are letting their guards down with Thanksgiving break less than a week away. Message to students to continue their mitigation actions on and off campus to protect others and themselves. If they are going home, they should follow CDC holiday guidelines for protective behaviors.
- Continuously monitor testing and contact tracing capacity in all counties to ensure rapid turnaround of test results (within 48 hours) and that all cases are immediately isolated and full contact tracing is conducted (within 72 hours of testing).
- Stay vigilant with nursing home staff and residents; over 40% of nursing homes have COVID positive staff, indicating unmitigated community spread. Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents.
- Ensure all hospitals, including rural hospitals, have access to antivirals, antibodies, PPE, and ventilators. Work through FEMA to secure supplies when stocks of less than a week's supply is confirmed.
- 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.

ARKANSAS

STATE REPORT | 11.15.2020

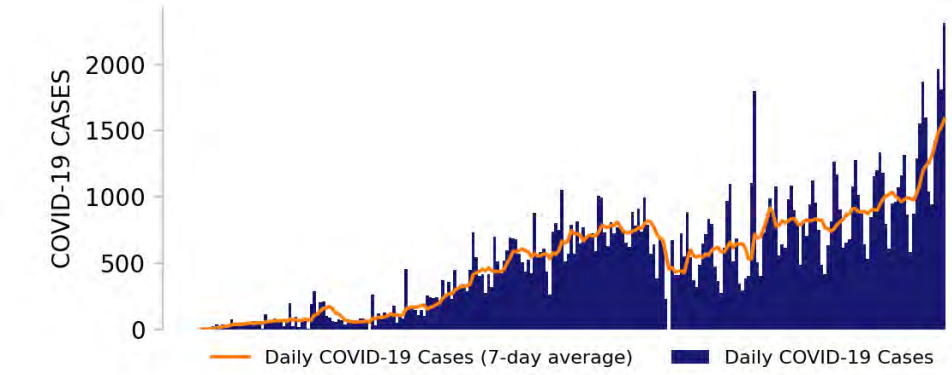
	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	11,088 (367)	+33%	109,012 (255)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.2%	+2.0%*	12.0%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	43,180** (1,431**)	+10%**	584,718** (1,369**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	92 (3.0)	-42%	1,126 (2.6)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	26%	-5%*	18%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	42%	-6%*	34%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	11%	-3%*	6%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

ARKANSAS

STATE REPORT | 11.15.2020

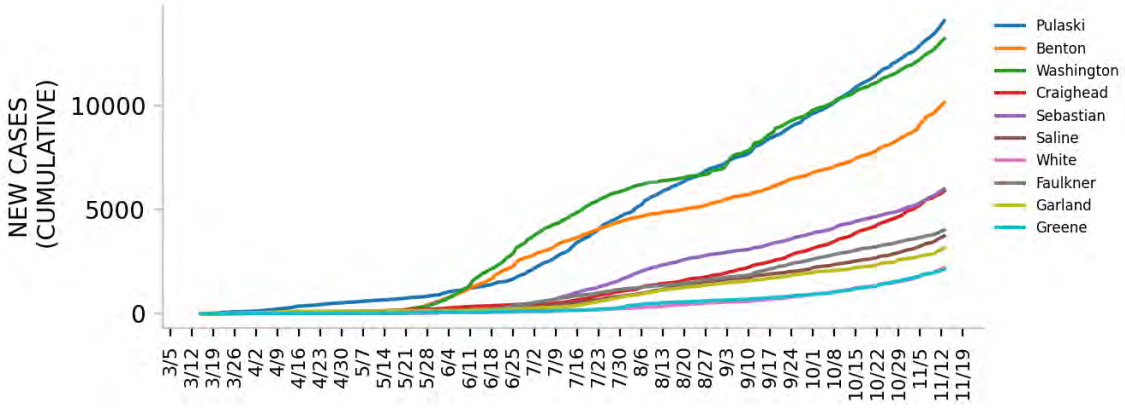
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



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 11/13/2020.

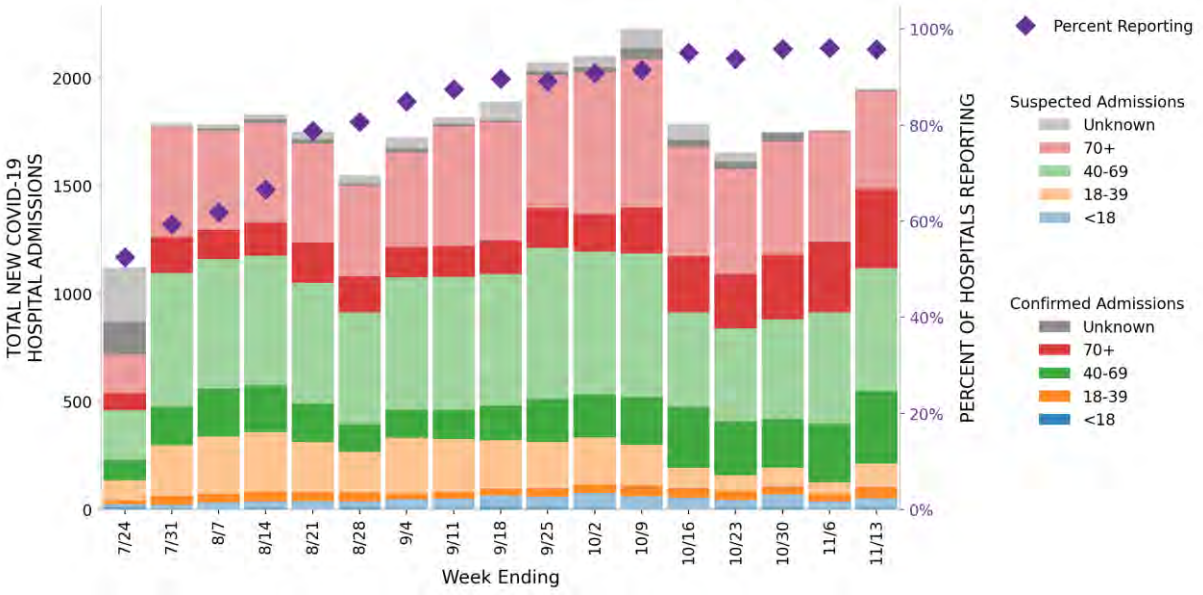
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

ARKANSAS

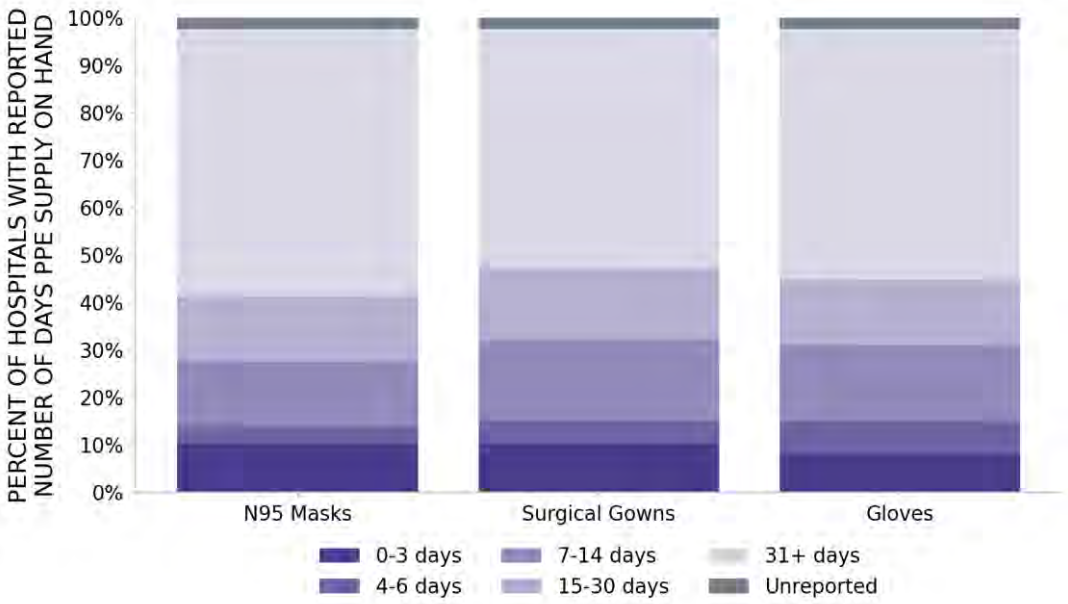
STATE REPORT | 11.15.2020

87 hospitals are expected to report in Arkansas

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

ARKANSAS

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	14 ▲ (+7)	Fort Smith Jonesboro Paragould Texarkana Blytheville Batesville Memphis Mountain Home Harrison Malvern Forrest City Arkadelphia	41 ▲ (+18)	Benton Craighead Sebastian Saline Greene Crawford Mississippi Lonoke Jackson Miller Crittenden Poinsett
LOCALITIES IN ORANGE ZONE	3 ▲ (+1)	Little Rock-North Little Rock-Conway Fayetteville-Springdale-Rogers Hot Springs	11 ▼ (-1)	Washington Faulkner Garland Jefferson Sevier Yell Franklin Logan Johnson Conway Cleveland
LOCALITIES IN YELLOW ZONE	3 ▼ (-11)	Pine Bluff Russellville Hope	9 ▼ (-13)	Pulaski Pope Lawrence Randolph Little River Scott Madison Dallas Stone

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red CBSAs: Fort Smith, Jonesboro, Paragould, Texarkana, Blytheville, Batesville, Memphis, Mountain Home, Harrison, Malvern, Forrest City, Arkadelphia, Camden, Helena-West Helena

All Red Counties: Benton, Craighead, Sebastian, Saline, Greene, Crawford, Mississippi, Lonoke, Jackson, Miller, Crittenden, Poinsett, Baxter, Independence, Hot Spring, Boone, Izard, St. Francis, Polk, Clay, Clark, Hempstead, Carroll, Sharp, Ashley, Howard, Cleburne, Ouachita, Marion, Fulton, Phillips, Prairie, Cross, Grant, Desha, Newton, Van Buren, Monroe, Calhoun, Pike, Montgomery

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

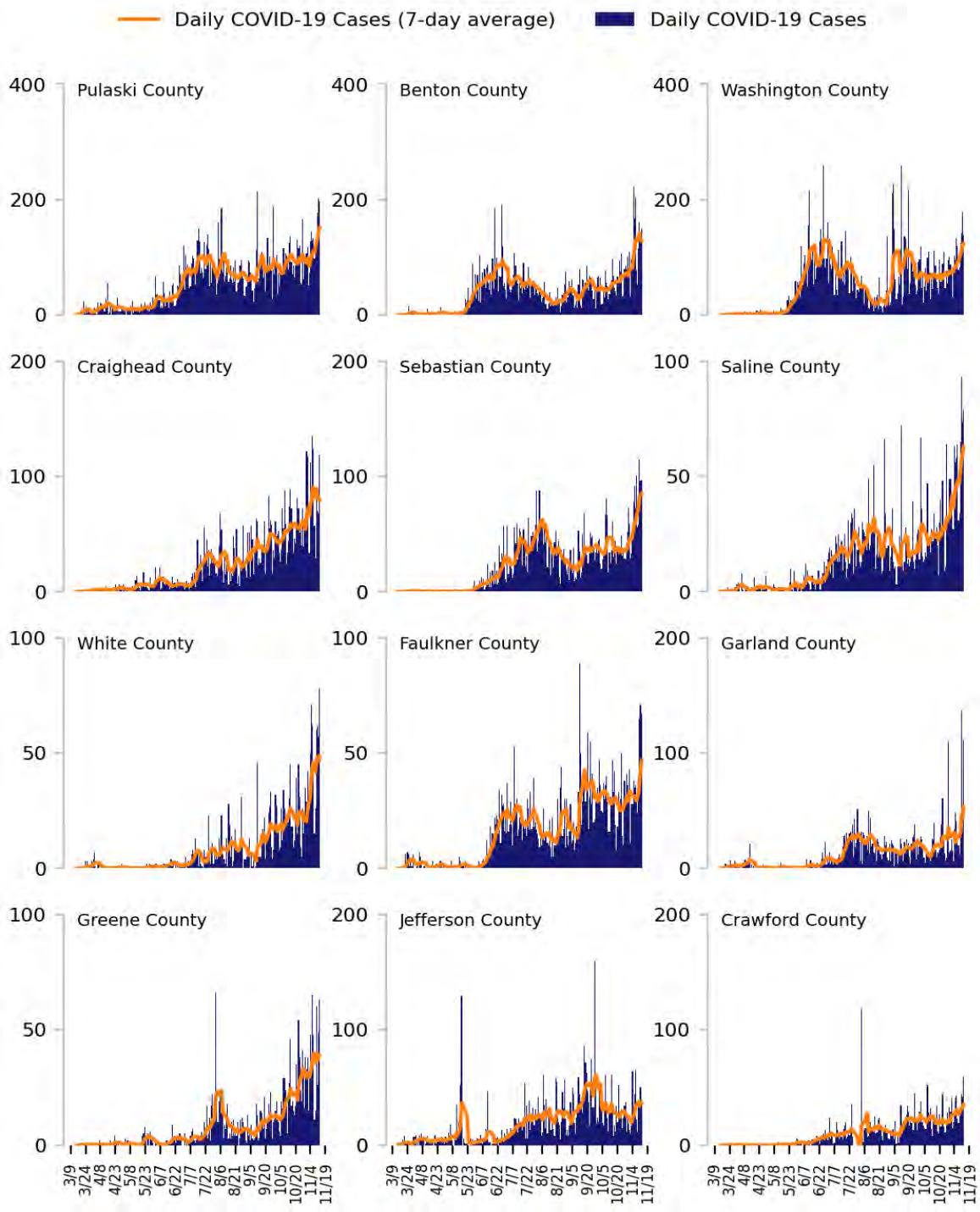
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

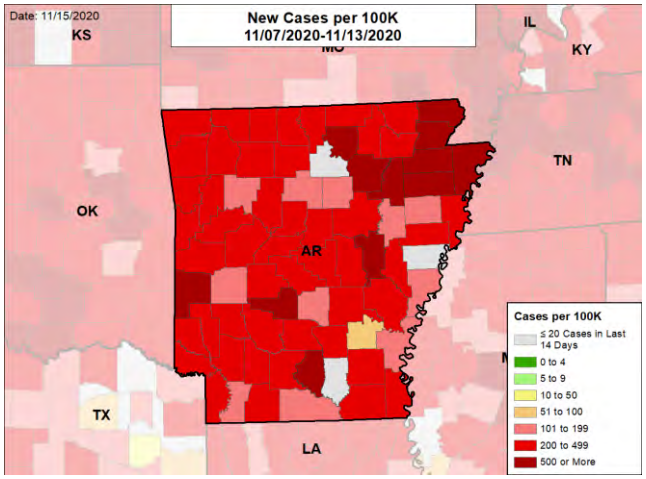
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

ARKANSAS

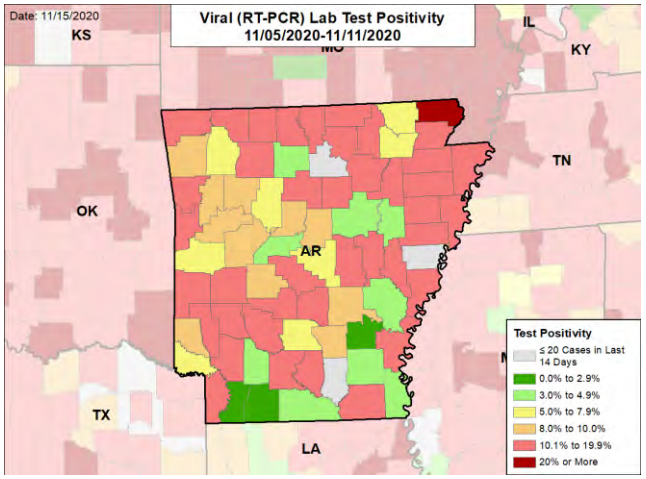
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

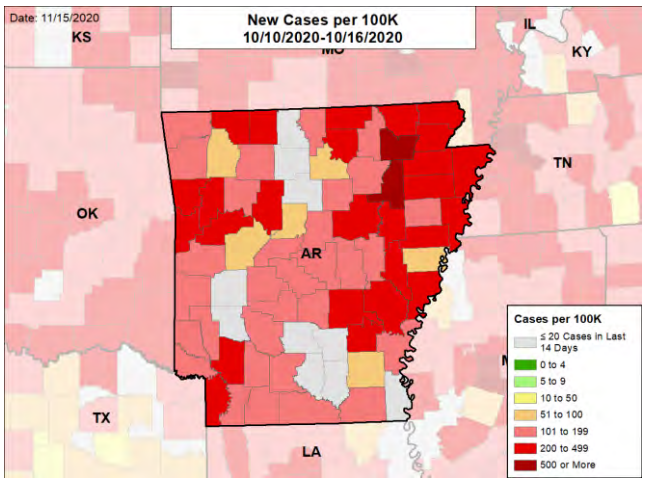
NEW CASES PER 100,000



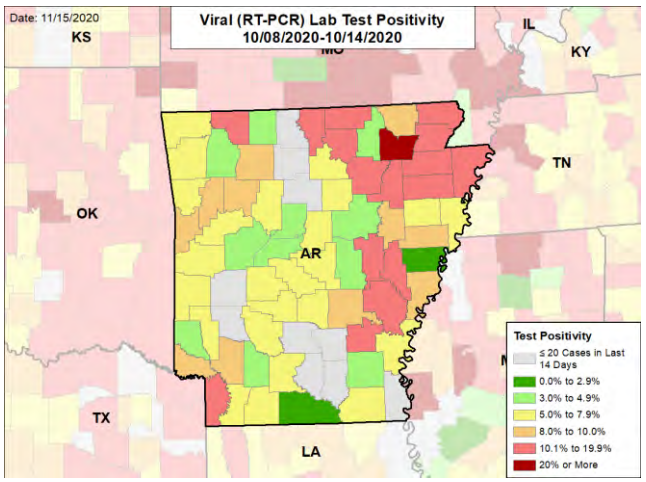
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

CALIFORNIA

STATE REPORT
11.15.2020
Issue 22

SUMMARY

- California continues to see increased disease activity, with a sharp rise in reported cases. California is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 45th highest rate in the country. California is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 44th highest rate in the country.
- California has seen an increase in new cases and an increase in test positivity. Daily reported cases have doubled in 23 days and last week's increases in cases were widely distributed around the state. Hospitalizations continue to gradually increase from the low levels observed in the fall.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Los Angeles County, 2. San Bernardino County, and 3. San Diego County. These counties represent 48.3% of new cases in California.
- Eleven counties were placed into worse state classification tiers owing to worsening case or test positivity.
- The governors of California, Oregon, and Washington issued a joint coronavirus travel advisory urging visitors to their states to self-quarantine for 14 days.
- 38% of all counties in California 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 Nov 2 - Nov 8, 4% of nursing homes had at least one new resident COVID-19 case, 8% had at least one new staff COVID-19 case, and 1% had at least one new resident COVID-19 death.
- California had 131 new cases per 100,000 population, compared to a national average of 294 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 132 to support operations activities from FEMA; 6 to support operations activities from ASPR; and 279 to support operations activities from USCG.
- The federal government has supported surge testing in Bakersfield, CA.
- Between Nov 7 - Nov 13, on average, 471 patients with confirmed COVID-19 and 557 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in California. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- We share the concern of California leaders that enhanced disease control measures are needed to avoid an increase in preventable hospitalizations and deaths. The Governor's continued efforts and communication to the public on these measures is crucial and is commended.
- Expeditious intensification of mitigation measures within the state plan is needed to slow disease spread in light of the experience in other states where delayed measures led to difficulties in disease control. Maximizing control of transmission will allow for greater and earlier resumption of business activity in addition to limiting cases, hospitalizations, and deaths.
- The upcoming holidays can amplify transmission considerably. California should continue to expand public health messaging across all media platforms, including SMS auto-texting, to warn citizens about the risks of social gatherings, advise people to avoid them, and reemphasize face coverings and social distancing. Specifically, recommend holding an event only with individuals within one's household and emphasize the risk of exposing an elderly person or someone with an underlying condition (diabetes, obesity, hypertension, chemotherapy, etc.) if gathering indoors without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expanded strategic use of point-of-care antigen tests with immediate results will be critical to proactive testing in communities; these tests should be used among all individuals independent of symptoms in orange and red counties.
    - Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases.
    - Antigen tests do not perform well after 8-10 days post infection when nucleic acid cycle times are >30.
    - All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Expand contact tracing as needed by focusing the interview, developing scripts and clear algorithms to allow task-shifting, and coordinating remote surge capacity from counties with lower case rates. At the time of testing, give detailed instructions and materials describing what to do if the individual tests positive. Contact tracing may need to be prioritized under conditions of rapidly increasing cases.
- Testing should be at a high baseline level throughout the state (aiming for at least 2,000 tests per 100,000 population per week in all counties) and should be immediately intensified in areas where there are signals of increasing transmission from clinical or wastewater testing. California's efforts to increase testing access, including the collaboration with Perkins-Elmer are commended; further augmentation is needed in preparing for the potential demand over the next few months.
- Ensure all K-12 schools are following CDC guidelines, including mask wearing. Utilize the Abbot BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure university students continue their mitigation behaviors to ensure no further outbreaks on or off campus. Encourage IHE to test their student body before they leave campus for Thanksgiving break to mitigate exposure to family and community.
- Ensure that all hospitals, including rural and mid-level hospitals, have conducted updated clinical training and have access to appropriate medicines and supplies. All service areas and clinical facilities should have expansion and contingency plans.
- Following local data on test positivity by age will be important to detect early evidence of increasing transmission in more vulnerable populations; expanding local clinical capacity at an earlier stage will avoid compromises in clinical care when hospitalizations increase rapidly.
- 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.

CALIFORNIA

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	51,939 (131)	+47%	77,288 (151)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.1%	+1.4%*	6.5%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	698,226** (1,767**)	-14%**	975,719** (1,902**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	284 (0.7)	-8%	483 (0.9)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	4%	-2%*	5%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	8%	-8%*	10%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	-2%*	1%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.

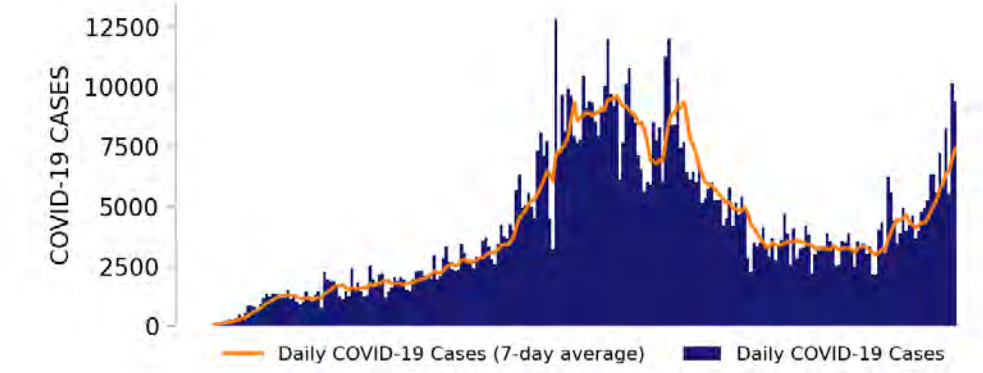
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

CALIFORNIA

STATE REPORT | 11.15.2020

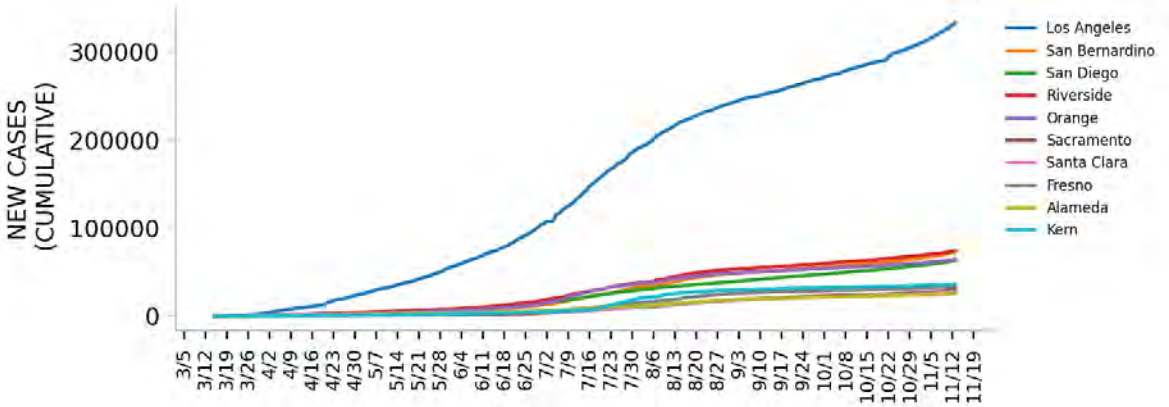
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020.

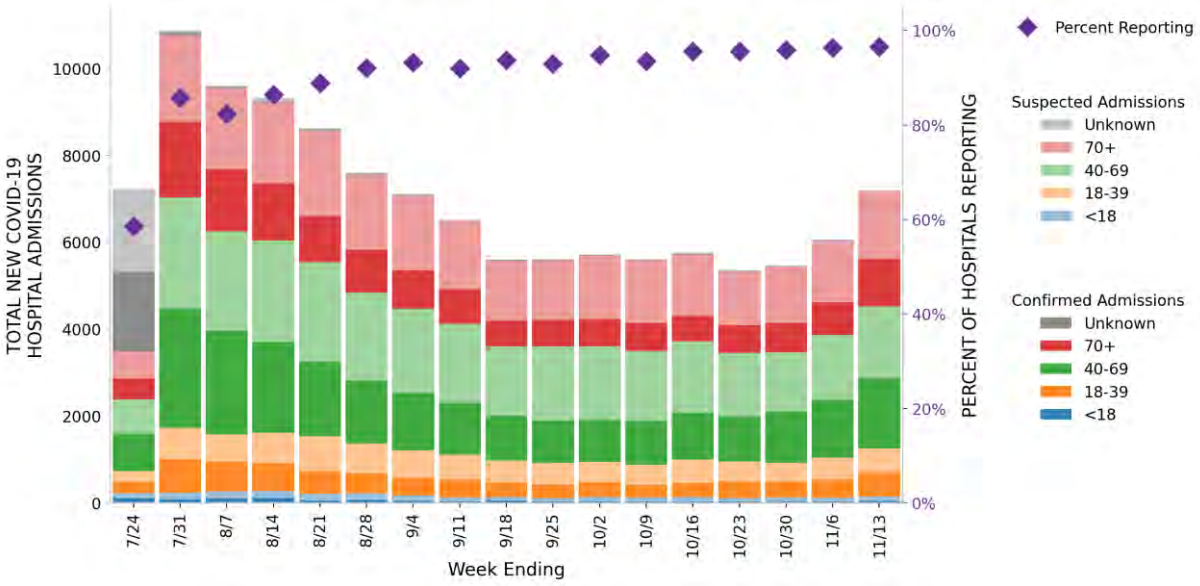
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

CALIFORNIA

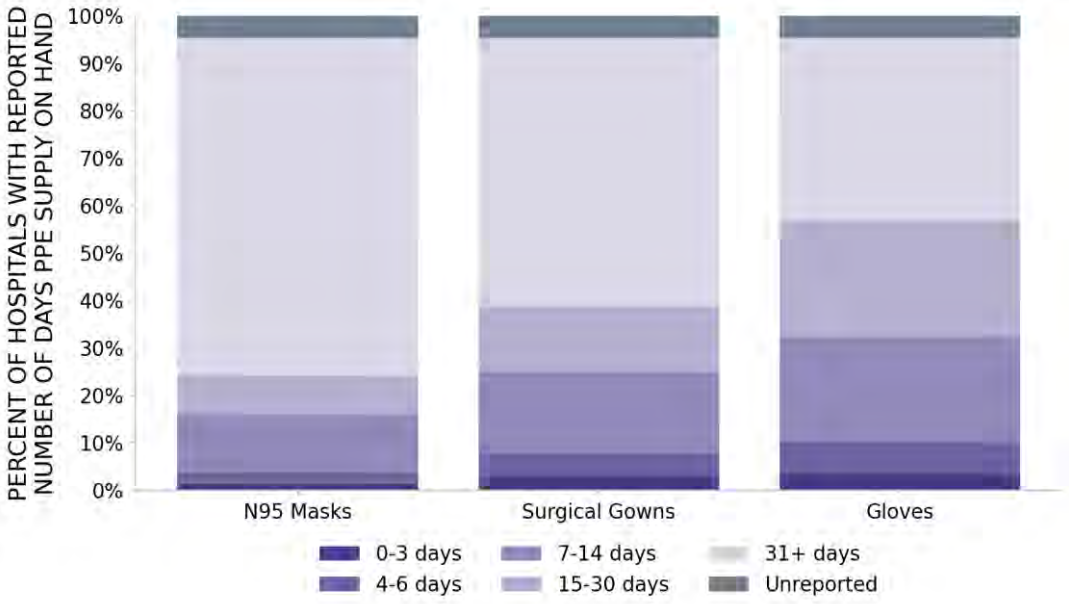
STATE REPORT | 11.15.2020

368 hospitals are expected to report in California

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

CALIFORNIA

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	1 ▲ (+1)	El Centro	2 ▲ (+2)	Imperial Sutter
LOCALITIES IN ORANGE ZONE	3 ▲ (+3)	Riverside-San Bernardino-Ontario Yuba City Red Bluff	4 ▲ (+4)	San Bernardino Riverside Tehama Yuba
LOCALITIES IN YELLOW ZONE	14 ▲ (+14)	Los Angeles-Long Beach-Anaheim Sacramento-Roseville-Folsom Fresno Bakersfield Stockton Modesto Vallejo Visalia Salinas Hanford-Corcoran Redding Merced	16 ▲ (+16)	Los Angeles Sacramento Fresno Kern San Joaquin Stanislaus Solano Tulare Monterey Kings Shasta Placer

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Yellow CBSAs: Los Angeles-Long Beach-Anaheim, Sacramento-Roseville-Folsom, Fresno, Bakersfield, Stockton, Modesto, Vallejo, Visalia, Salinas, Hanford-Corcoran, Redding, Merced, San Luis Obispo-Paso Robles, Sonora

All Yellow Counties: Los Angeles, Sacramento, Fresno, Kern, San Joaquin, Stanislaus, Solano, Tulare, Monterey, Kings, Shasta, Placer, Merced, San Luis Obispo, Yolo, Tuolumne

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

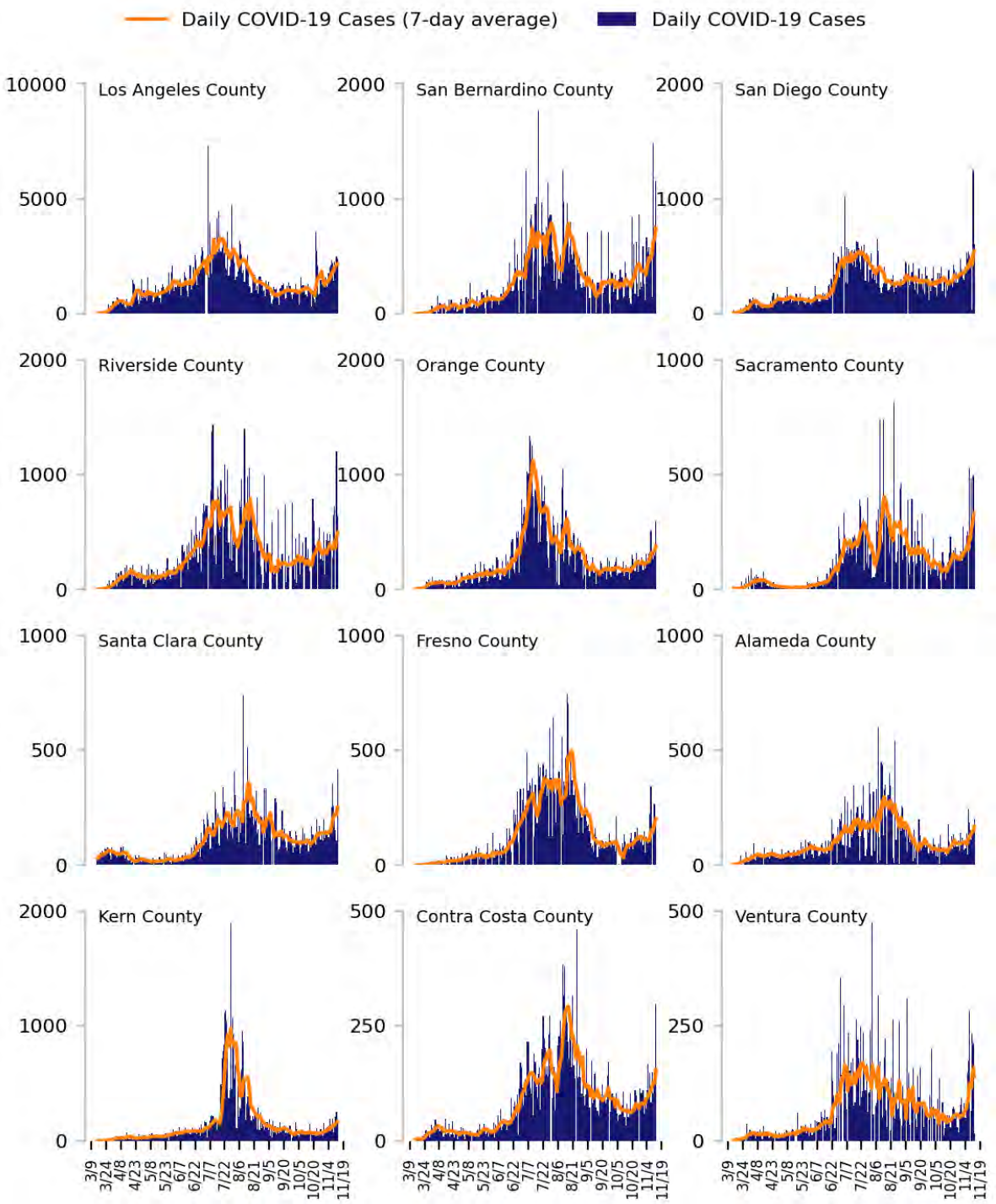
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

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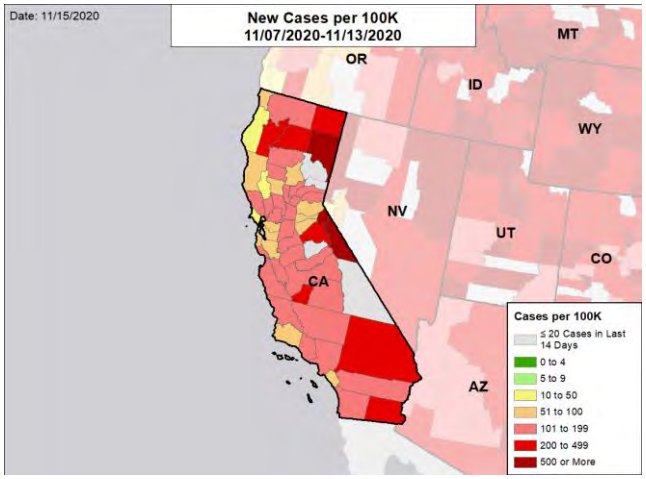
CALIFORNIA

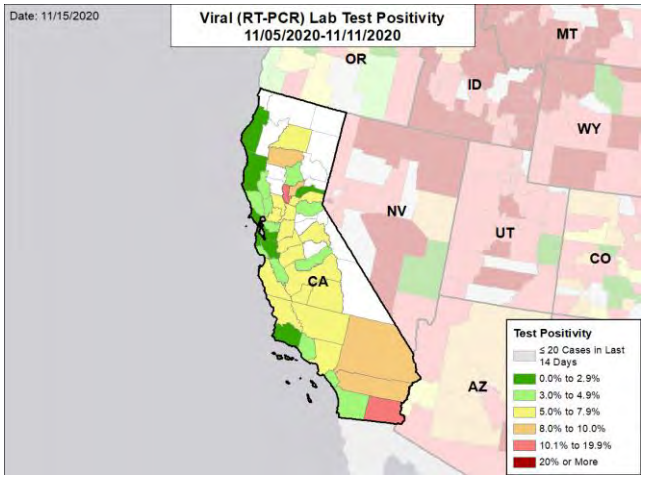
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

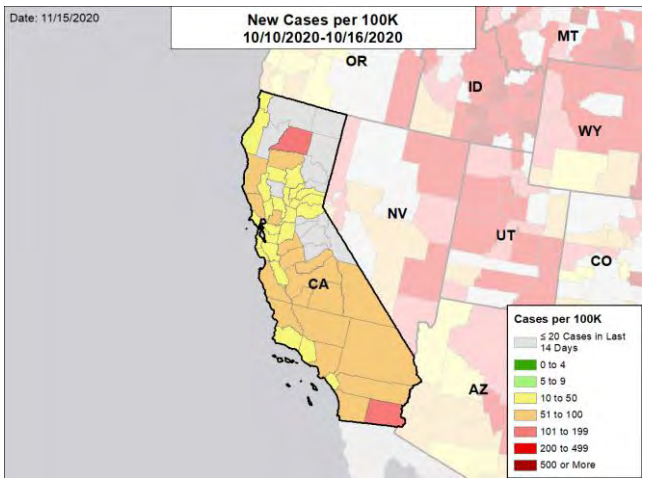
NEW CASES PER 100,000



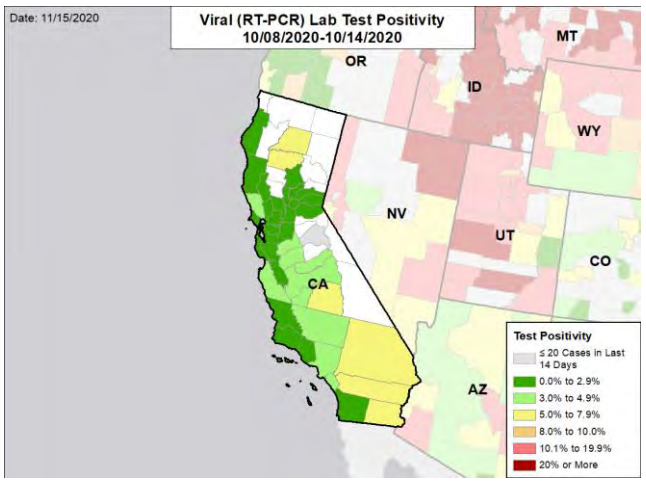
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

COLORADO

STATE REPORT
11.15.2020
Issue 22

SUMMARY

- Colorado has seen a relentless increase in cases and hospitalization over the past two months; cases and hospitalizations are at their highest levels since the beginning of the pandemic and continue to increase. Further urgent mitigation steps are needed. Colorado is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 13th highest rate in the country. Colorado is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 21st highest rate in the country.
- Colorado has seen an increase in new cases and an increase in test positivity. Daily cases are doubling every 12 days and daily deaths are six-fold higher than in September. Test positivity is increasing despite large increases in test volume.
- On Nov 11, Colorado reported a record-breaking 214 new outbreaks in the previous week. The increase in cases involves counties throughout the state with high incidence rates in multiple counties; twelve more counties were added to the state caution list that could lead to a stay-at-home order if cases do not stabilize over the next two weeks. The following three counties had the highest number of new cases over the last 3 weeks: 1. Denver County, 2. Adams County, and 3. El Paso County. These counties represent 41.2% of new cases in Colorado.
- Current hospitalizations and deaths continue to increase rapidly. Staffing concerns, especially due to healthcare workers getting infected in the community, are increasing. Three alternative care sites are being readied. The EOC has been returned to the highest level of readiness.
- Institutions of higher education (IHE): CU shifts to remote learning this week.
- 77% of all counties in Colorado 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 Nov 2 - Nov 8, 19% of nursing homes had at least one new resident COVID-19 case, 39% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death.
- Colorado had 514 new cases per 100,000 population, compared to a national average of 294 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 68 to support operations activities from FEMA; 4 to support operations activities from ASPR; 2 to support epidemiology activities from CDC; and 1 to support operations activities from USCG.
- Between Nov 7 - Nov 13, on average, 205 patients with confirmed COVID-19 and 153 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Colorado. An average of 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- We share the strong concern of Colorado leaders that the current situation is critical and that improved public observance of social distancing measures is urgently needed to limit preventable increases in hospitalizations and deaths. The Governor's continued personal guidance on these measures is critical and is commended.
- Expeditious intensification of mitigation measures called for within the state plan should help to slow disease spread. Additional measures should be taken, including augmented communications to reinforce messaging around social gatherings and a new asymptomatic surveillance approach to limit community spread. Maximizing control of transmission now will allow for greater and earlier resumption of business activity in addition to limiting cases, hospitalizations, and deaths.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expanded strategic use of point-of-care antigen tests with immediate results will be critical to proactive testing in communities; these tests should be used among all individuals independent of symptoms in orange and red counties.
    - Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases.
    - Antigen tests do not perform well after 8-10 days post infection when nucleic acid cycle times are >30.
    - All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Expand contact tracing as needed by focusing the interview, developing scripts and clear algorithms to allow task-shifting, and coordinating remote surge capacity from counties with lower case rates. At the time of testing, give detailed instructions and materials describing what to do if the individual tests positive. Contact tracing may need to be prioritized under conditions of rapidly increasing cases.
- Mitigation measures to limit transmission in personal gatherings need continued strengthening. This needs augmented communication from state and community leaders of a clear and shared message asking Coloradans to wear masks, physically distance and avoid gatherings in both public and private spaces, especially indoors. The Governor's direct messages on this are commended. In addition, local influencers are critical; hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally.
- Ensure all K-12 schools are following CDC guidelines, including mask wearing. Utilize the Abbot BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure university students continue their mitigation behaviors to ensure no further outbreaks on or off campus. Encourage IHE to test their student body before they leave campus for Thanksgiving break to mitigate exposure to family and community.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COLORADO

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	29,572 (514)	+48%	78,335 (639)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	12.4%	+2.1%*	15.4%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	246,029** (4,272**)	+29%**	492,536** (4,018**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	129 (2.2)	+30%	417 (3.4)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	19%	+4%*	26%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	39%	+4%*	53%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	+1%*	10%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.

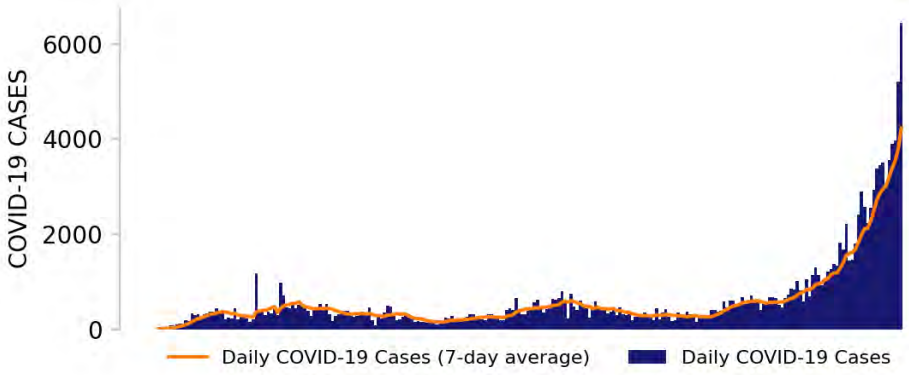
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

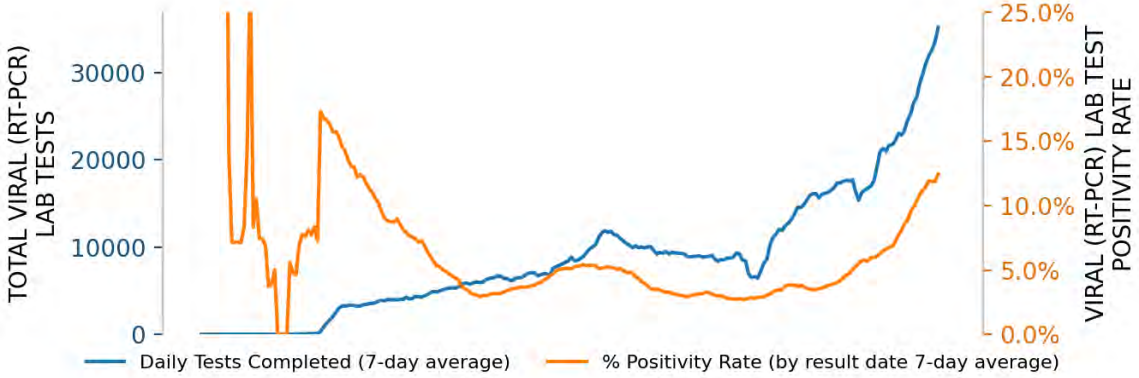
COLORADO

STATE REPORT | 11.15.2020

NEW CASES

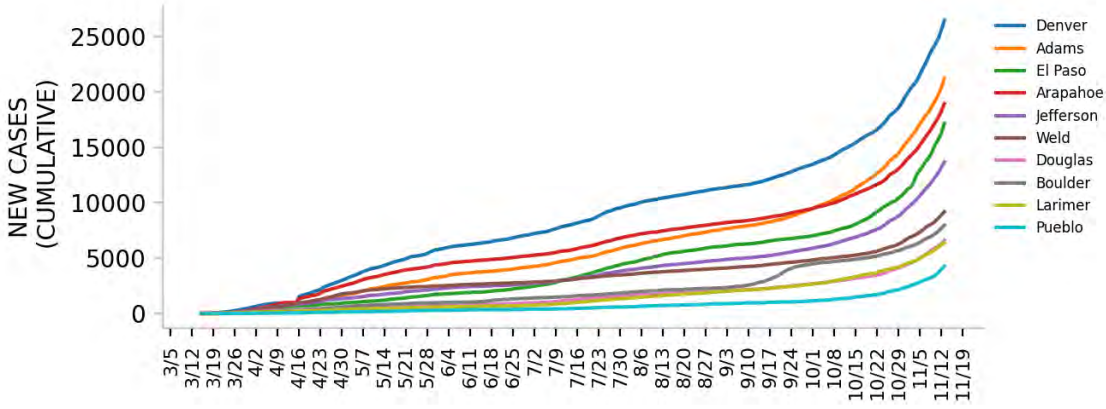


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



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 11/13/2020.

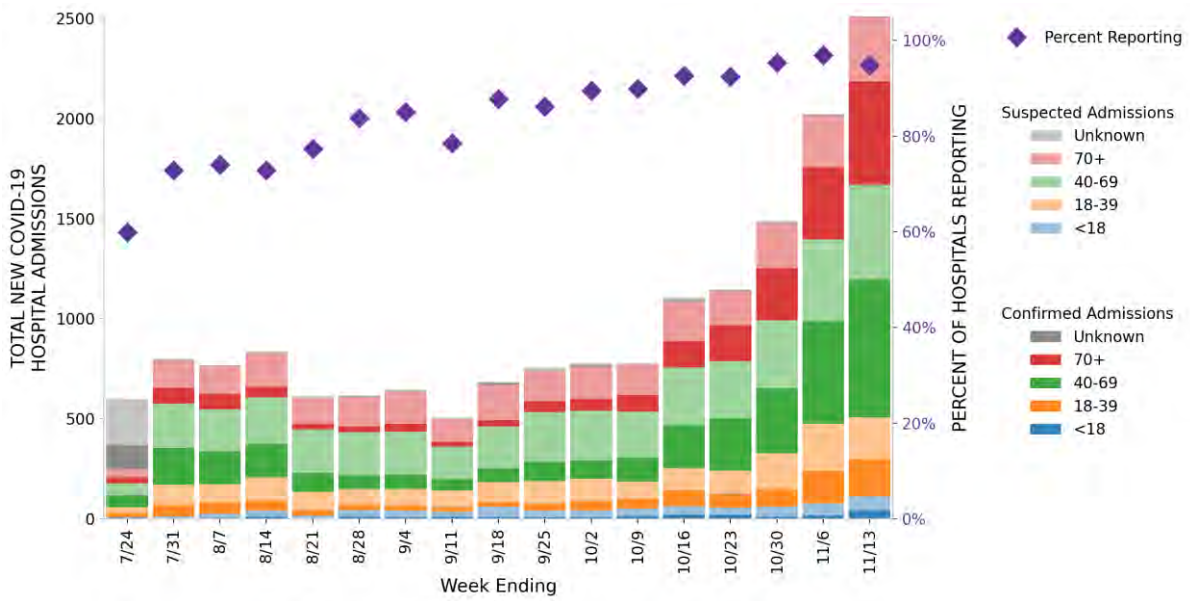
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

COLORADO

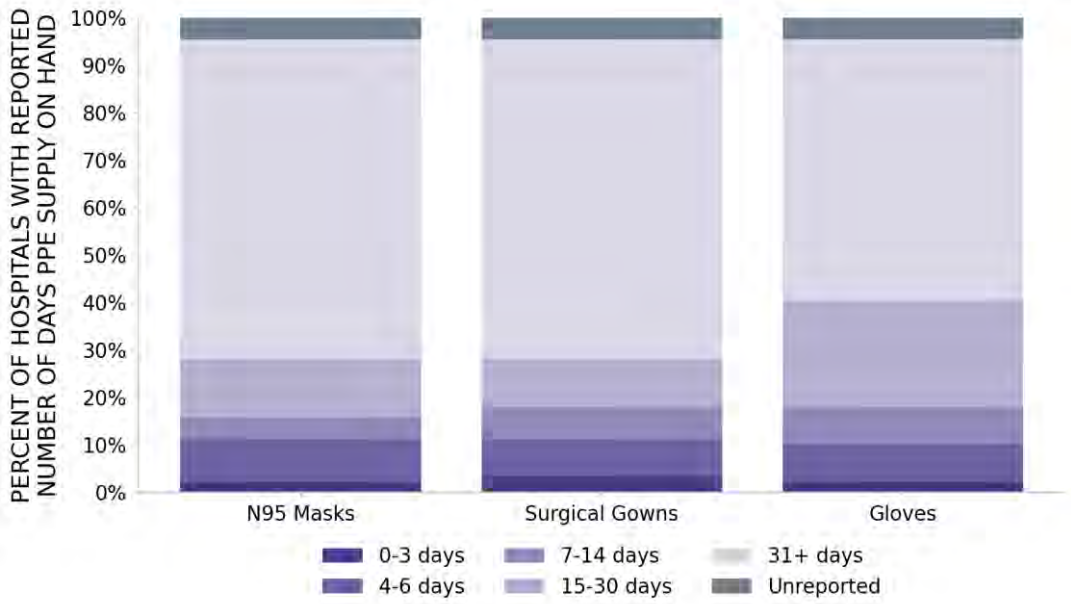
STATE REPORT | 11.15.2020

89 hospitals are expected to report in Colorado

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

COLORADO

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	10 ▲ (+3)	Denver-Aurora-Lakewood Colorado Springs Greeley Fort Collins Pueblo Grand Junction Sterling Breckenridge Fort Morgan Montrose	33 ▲ (+16)	Denver Adams El Paso Arapahoe Jefferson Weld Douglas Larimer Pueblo Mesa Broomfield Logan
LOCALITIES IN ORANGE ZONE	5 ▲ (+1)	Boulder Edwards Durango Steamboat Springs Craig	10 ▲ (+2)	Boulder Eagle La Plata Routt Alamosa Otero Delta Clear Creek Moffat San Miguel
LOCALITIES IN YELLOW ZONE	2 ▼ (-1)	Cañon City Glenwood Springs	6 ▼ (-5)	Fremont Garfield Chaffee Phillips Las Animas Archuleta

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red Counties: Denver, Adams, El Paso, Arapahoe, Jefferson, Weld, Douglas, Larimer, Pueblo, Mesa, Broomfield, Logan, Summit, Crowley, Morgan, Prowers, Montezuma, Teller, Elbert, Montrose, Kit Carson, Gunnison, Park, Washington, Grand, Lake, Lincoln, Conejos, Ouray, Sedgwick, Gilpin, Rio Blanco, Custer

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

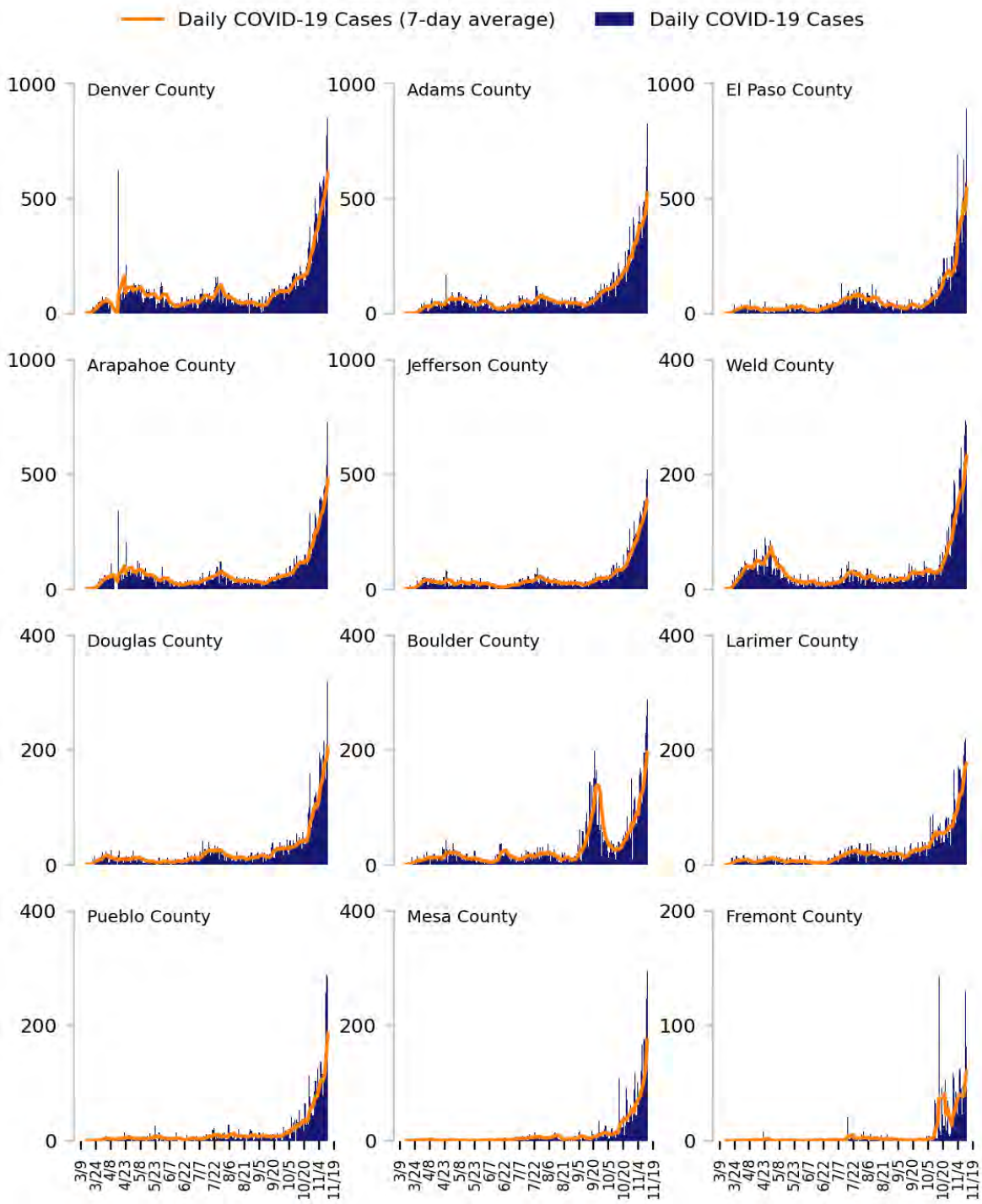
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

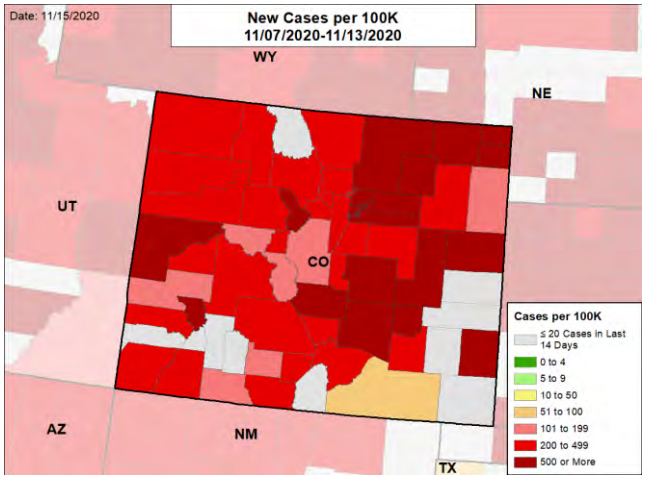
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

COLORADO

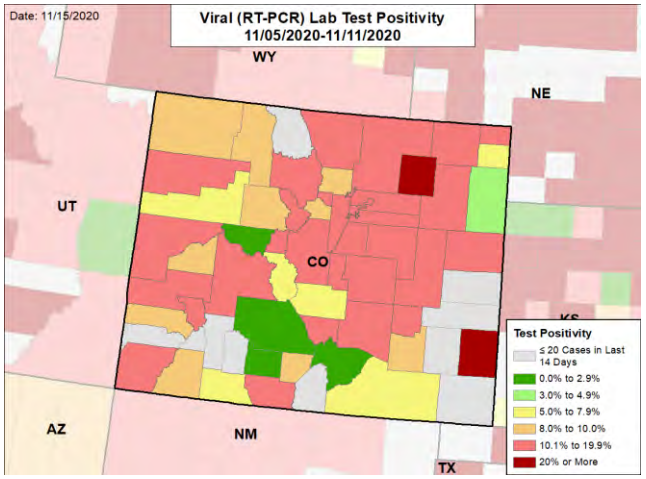
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

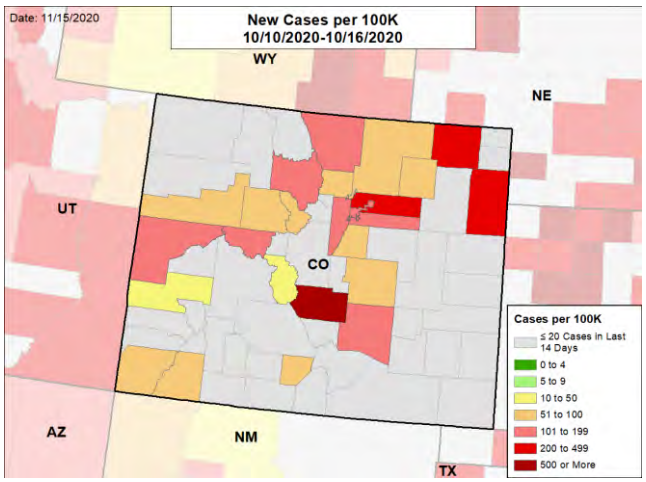
NEW CASES PER 100,000



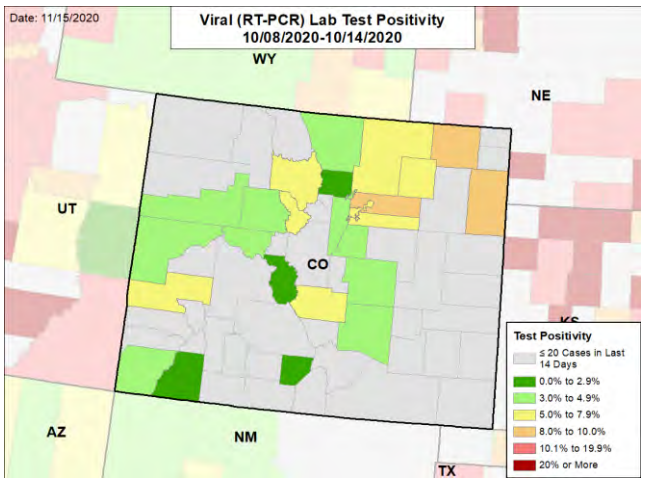
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

CONNECTICUT

STATE REPORT
11.15.2020
Issue 22

SUMMARY

- Connecticut continues to see rapid rises in cases, test positivity, and hospitalizations that will lead to increasing deaths; augmented mitigation strategies are needed. Connecticut is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 26th highest rate in the country. Connecticut is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 34th highest rate in the country.
- Connecticut has seen an increase in new cases and an increase in test positivity. Seven-day average daily reported cases have a doubling time of 12 days. Test positivity continues to rise sharply, nearing 8% despite increasing testing volume.
- Current hospitalizations continued to increase, as did mortality. Hospitalizations have reached levels last seen in May.
- Effective Friday, Nov. 6th, the state pulled back as a whole to phase 2 (termed “2.1” given some modifications) of its economic recovery plan.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Fairfield County, 2. New Haven County, and 3. Hartford County. These counties represent 81.8% of new cases in Connecticut.
- Institutions of higher education (IHE): Reported active cases increased at several IHEs, especially Sacred Heart and Quinnipiac.
- Sharp increases in virus concentration in wastewater from Stamford, Bridgeport, Hartford, and New Haven were reported last week.
- 88% of all counties in Connecticut have moderate or high levels of community transmission (yellow, orange, or red zones), with 25% having high levels of community transmission (red zone). 100 towns are now considered "Red Alert" towns, up from 68 last week and 30 the previous week. The high alert localities are widely spread across the state.
- During the week of Nov 2 - Nov 8, 12% of nursing homes had at least one new resident COVID-19 case, 28% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death.
- Connecticut had 295 new cases per 100,000 population, compared to a national average of 294 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 9 to support operations activities from USCG.
- Between Nov 7 - Nov 13, on average, 89 patients with confirmed COVID-19 and 105 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

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- We share the strong concern of Connecticut leaders that the current situation is worsening and that there is a limited time window to limit further cases and avoid increases in hospitalizations and deaths. The Governor’s active measures are commended. The continued rapid increase in cases and test positivity throughout the state supports the need for the additional statewide measures that were taken.
- More rapid intensification of mitigation measures within the state plan is needed to slow disease spread. The state should continue working with county and town authorities to ensure parallel intensification in counties with similar disease trends. Maximizing control of transmission now will allow for greater and earlier resumption of business activity in addition to limiting cases, hospitalizations, and deaths.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expanded strategic use of point-of-care antigen tests with immediate results will be critical to proactive testing in communities; these tests should be used among all individuals independent of symptoms in orange and red counties.
    - Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases.
    - Antigen tests do not perform well after 8-10 days post infection when nucleic acid cycle times are >30.
    - All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Expand contact tracing as needed by focusing the interview, developing scripts and clear algorithms to allow task-shifting, and coordinating remote surge capacity from counties with lower case rates. At the time of testing, give detailed instructions and materials describing what to do if the individual tests positive. Contact tracing may need to be prioritized under conditions of rapidly increasing cases.
- Testing should be at a high baseline level throughout the state (aiming for at least 2,000 tests per 100,000 population per week in all counties) and should be immediately intensified in areas where there are signals of increasing transmission, such as the increases in wastewater signals reported.
- Mitigation measures to limit transmission in personal gatherings need continued strengthening. This needs communication from state and community leaders of a clear and shared message asking Connecticuters to wear masks, physically distance, and avoid gatherings in both public and private spaces, especially indoors. Hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally. The upcoming holidays can amplify transmission considerably. Connecticut should continue to expand public health messaging across all media platforms, including SMS auto-texting, to warn citizens about the risks of social gatherings, advise people to avoid them, and reemphasize face coverings and social distancing.
- Ensure all K-12 schools are following CDC guidelines, including mask wearing. Utilize the Abbot BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure university students continue their mitigation behaviors to ensure no further outbreaks on or off campus. Encourage IHE to test their student body before they leave campus for Thanksgiving break to mitigate exposure to family and community.
- Ensure that all hospitals, including rural and mid-level hospitals, have conducted updated clinical training and have access to appropriate medicines and supplies. All service areas and clinical facilities should have expansion and contingency plans.
- Following local data on test positivity by age will be important to detect early evidence of increasing transmission in more vulnerable populations; expanding local clinical capacity at an earlier stage will avoid compromises in clinical care when hospitalizations increase rapidly.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

CONNECTICUT

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	10,520 (295)	+52%	35,015 (236)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.8%	+2.6%*	3.9%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	72,411** (2,031**)	+25%**	801,841** (5,401**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	67 (1.9)	+22%	279 (1.9)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	12%	+2%*	8%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	28%	+5%*	20%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	+4%*	3%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.

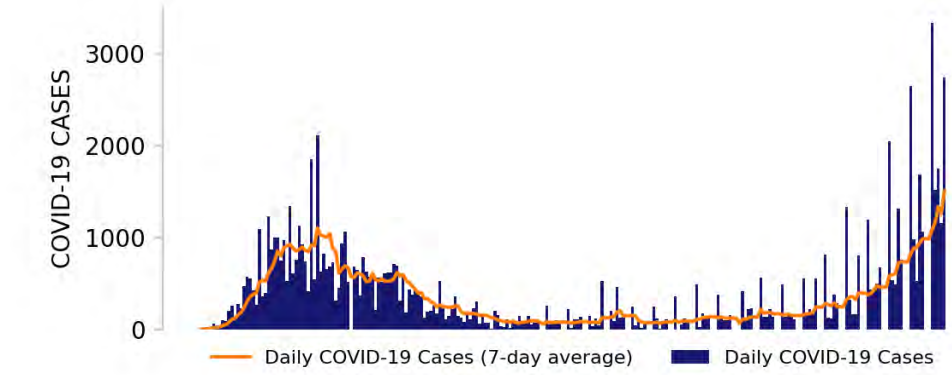
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

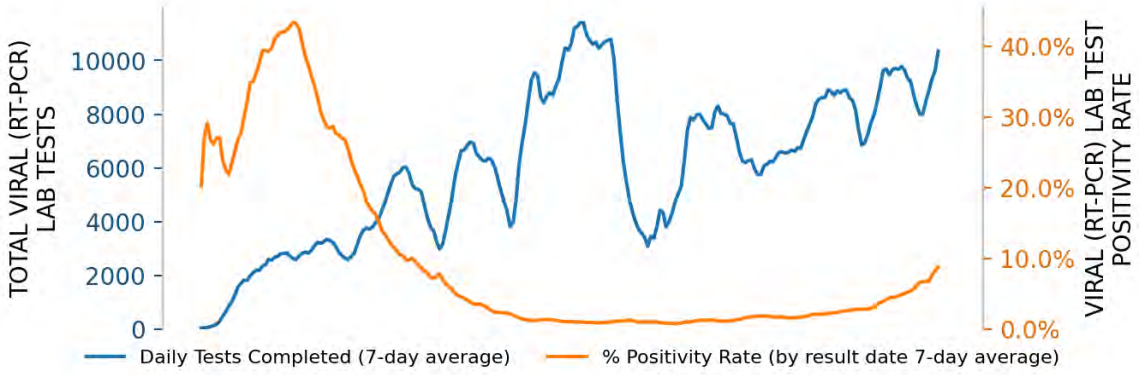
CONNECTICUT

STATE REPORT | 11.15.2020

NEW CASES

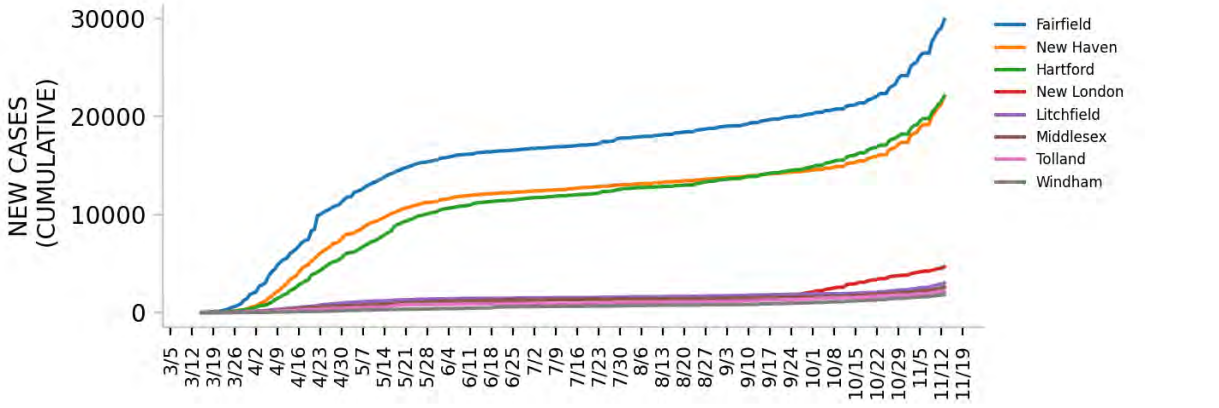


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020.

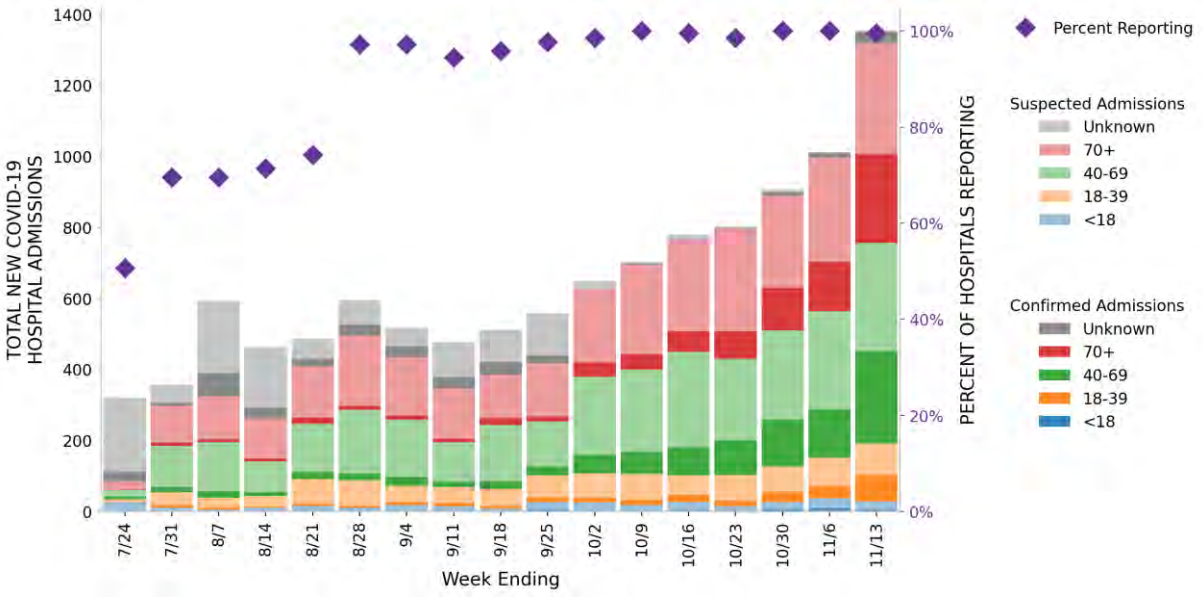
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

CONNECTICUT

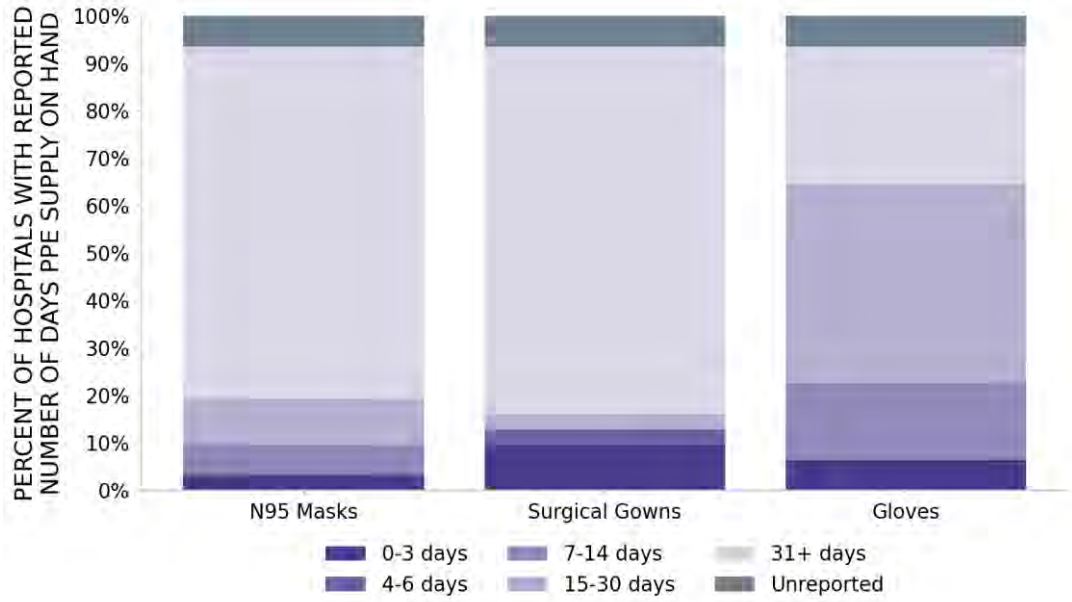
STATE REPORT | 11.15.2020

31 hospitals are expected to report in Connecticut

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

CONNECTICUT

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	2 ▲ (+2)	Bridgeport-Stamford-Norwalk New Haven-Milford	2 ▲ (+2)	Fairfield New Haven
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	3 ▲ (+1)	Hartford-East Hartford-Middletown Norwich-New London Torrington	5 ▲ (+2)	Hartford New London Litchfield Middlesex Windham

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

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

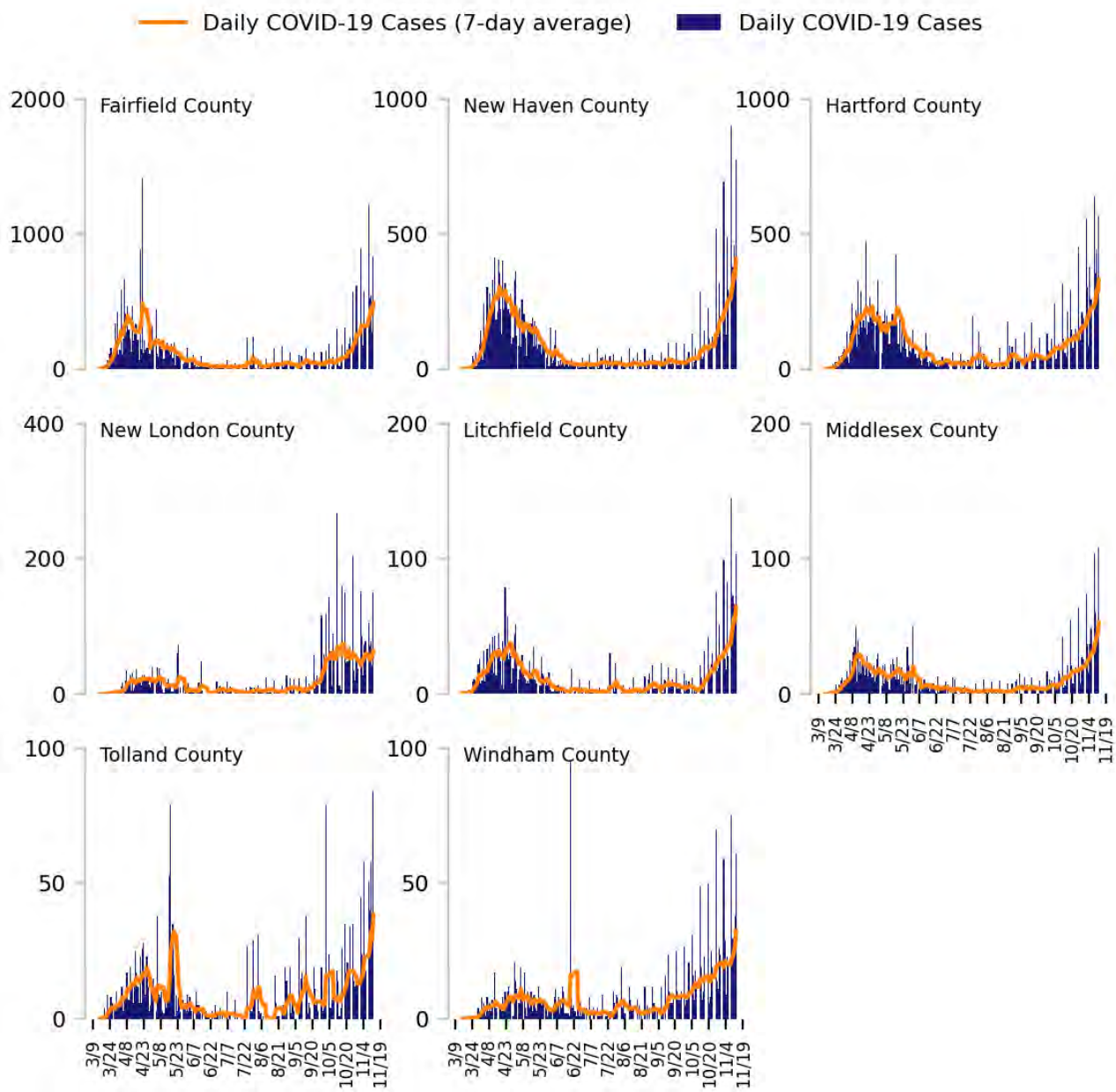
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

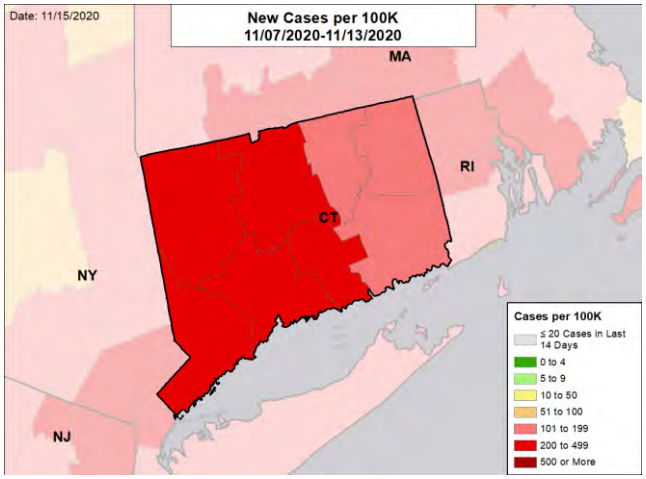
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

CONNECTICUT

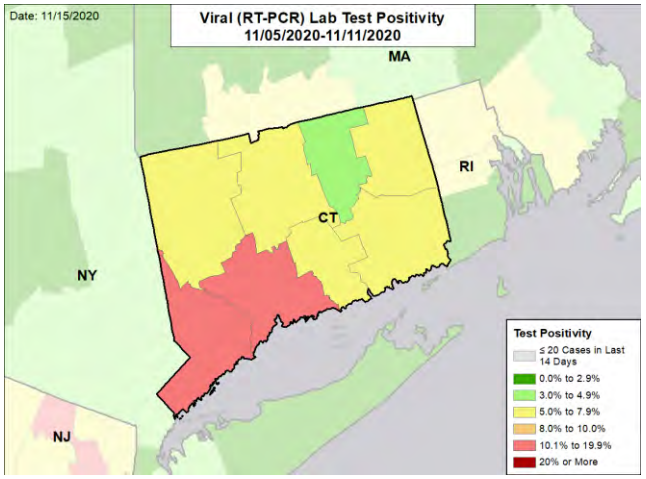
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

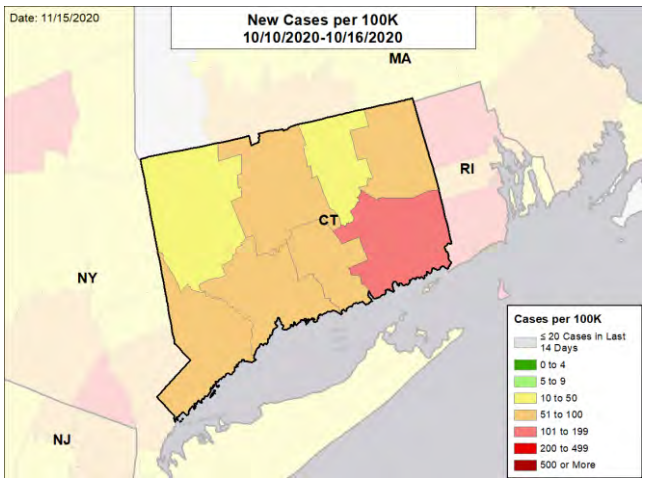
NEW CASES PER 100,000



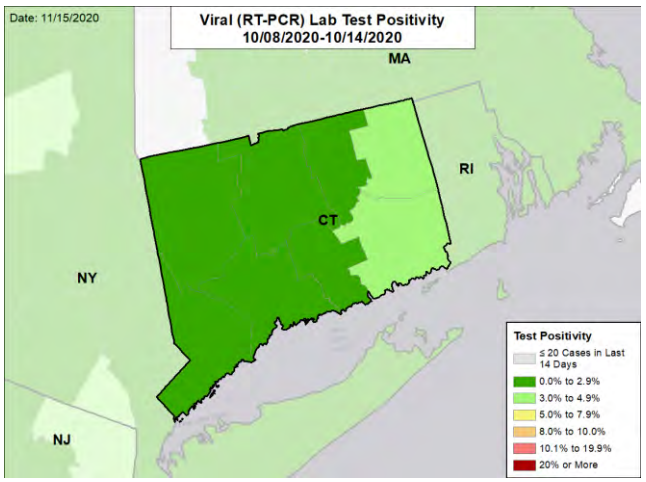
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

DELAWARE

STATE REPORT
11.15.2020
Issue 22

SUMMARY

- Delaware's epidemic worsened last week; the window of time to intensify mitigation efforts to limit further increases in hospitalizations and deaths is shortening. Delaware is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 35th highest rate in the country. Delaware is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 43rd highest rate in the country.
- Delaware has seen an increase in new cases and an increase in test positivity. Cases have reached an all-time high; hospitalizations have continued to increase since mid-September.
- 67% of all counties (two of three) in Delaware 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 Nov 2 - Nov 8, 27% of nursing homes had at least one new resident COVID-19 case, 43% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- Delaware had 203 new cases per 100,000 population, compared to a national average of 294 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 7 to support operations activities from FEMA and 5 to support medical activities from VA.
- Between Nov 7 - Nov 13, on average, 18 patients with confirmed COVID-19 and 23 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Delaware. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- We share the assessment of Delaware leaders that the COVID epidemic is likely to worsen. There is still a limited time window to limit further cases and avoid increases in hospitalizations and deaths. The Governor's continued monitoring of the pandemic situation and personal guidance on these measures is critical and is commended.
- The continued increase in cases and test positivity throughout the state supports the need for mitigation measures that are being considered, as other states have found control of spread to be much more difficult if measures are delayed until hospitalizations sharply increase.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expanded strategic use of point-of-care antigen tests with immediate results will be critical to proactive testing in communities; these tests should be used among all individuals independent of symptoms. Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases.
    - Antigen tests do not perform well after 8-10 days post infection when nucleic acid cycle times are >30.
    - All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Expand contact tracing as needed by focusing the interview, developing scripts and clear algorithms to allow task-shifting, and coordinating remote surge capacity from counties with lower case rates. At the time of testing, give detailed instructions and materials describing what to do if the individual tests positive. Contact tracing may need to be prioritized under conditions of rapidly increasing cases.
- Testing should be at a high baseline level throughout the state (aiming for at least 2,000 tests per 100,000 population per week in all counties) and should be immediately intensified in areas where there are signals of increasing transmission from clinical or wastewater testing.
- Mitigation measures to limit transmission in personal gatherings need continued strengthening. This needs clear communication from state and community leaders asking Delawareans to wear masks, physically distance, and avoid gatherings in both public and private spaces, especially indoors. Hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally. The upcoming holidays can amplify transmission considerably and Delaware should continue to expand public health messaging across all media platforms, including SMS auto-texting, to warn citizens about the risks of social gatherings, advise people to avoid them, and reemphasize face coverings and social distancing.
- Ensure all K-12 schools are following CDC guidelines, including mask wearing. Utilize the Abbot BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure university students continue their mitigation behaviors to ensure no further outbreaks on or off campus. Encourage IHE to test their student body before they leave campus for Thanksgiving break to mitigate exposure to family and community.
- Ensure that all hospitals, including rural and mid-level hospitals, have conducted updated clinical training and have access to appropriate medicines and supplies. All service areas and clinical facilities should have expansion and contingency plans.
- Following local data on test positivity by age will be important to detect early evidence of increasing transmission in more vulnerable populations; expanding local clinical capacity at an earlier stage will avoid compromises in clinical care when hospitalizations increase rapidly.
- 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.

DELAWARE

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	1,981 (203)	+55%	58,598 (190)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.2%	+1.2%*	7.9%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	44,591** (4,579**)	+25%**	818,159** (2,652**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	18 (1.8)	+38%	587 (1.9)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	27%	+3%*	16%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	43%	+16%*	31%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	-5%*	6%	6%

* 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.

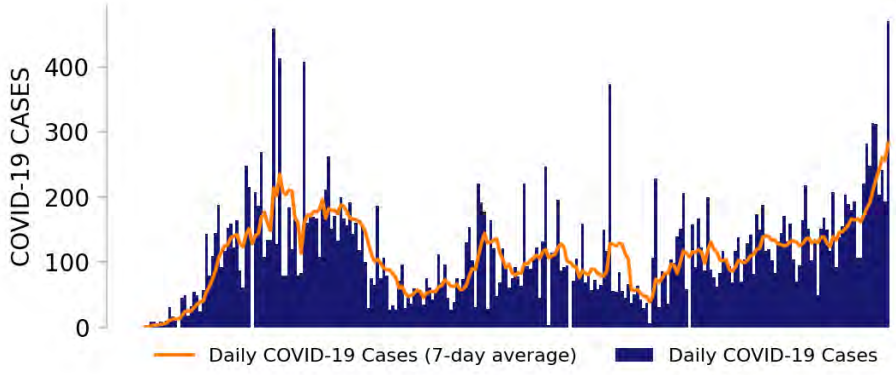
DATA SOURCES – Additional data details available under METHODS

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 11/13/2020; previous week is 10/31 - 11/6.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

DELAWARE

STATE REPORT | 11.15.2020

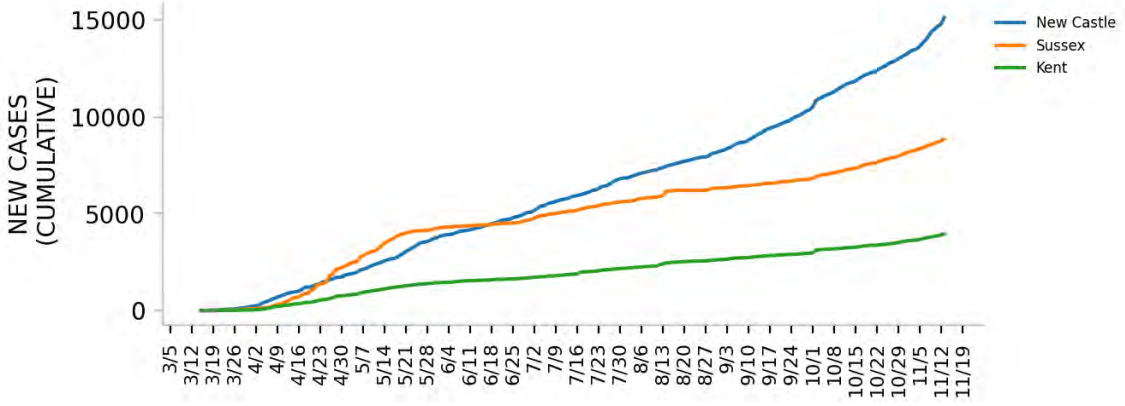
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020.

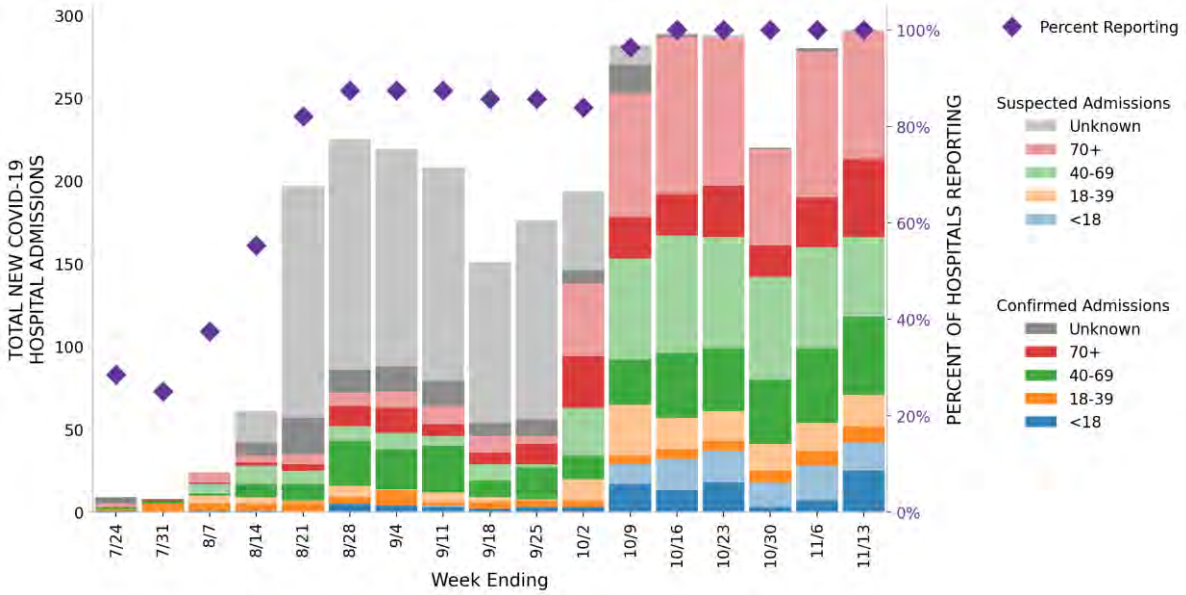
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

DELAWARE

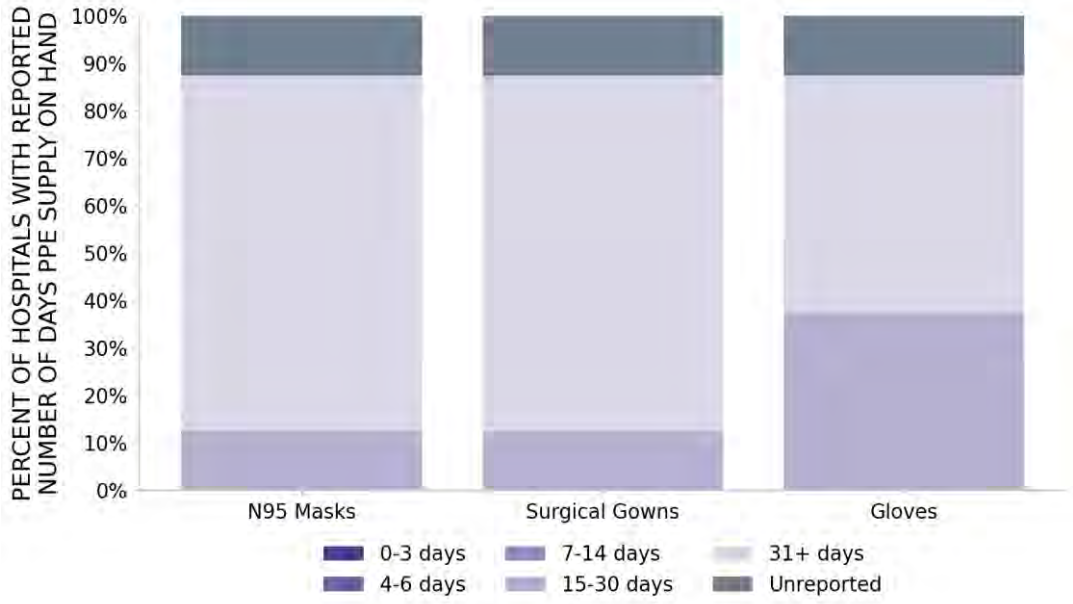
STATE REPORT | 11.15.2020

8 hospitals are expected to report in Delaware

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

DELAWARE

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN ORANGE ZONE	1 ▲ (+1)	Philadelphia-Camden-Wilmington	0 ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	1 ▼ (-1)	Salisbury	2 ▲ (+1)	New Castle Sussex

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

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

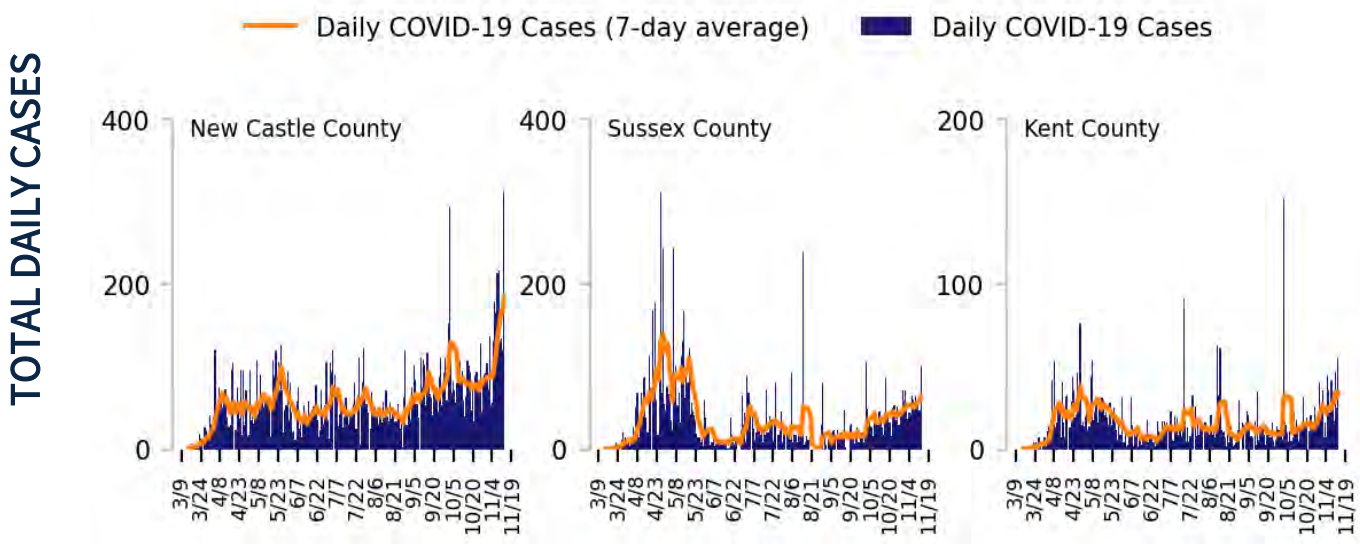
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

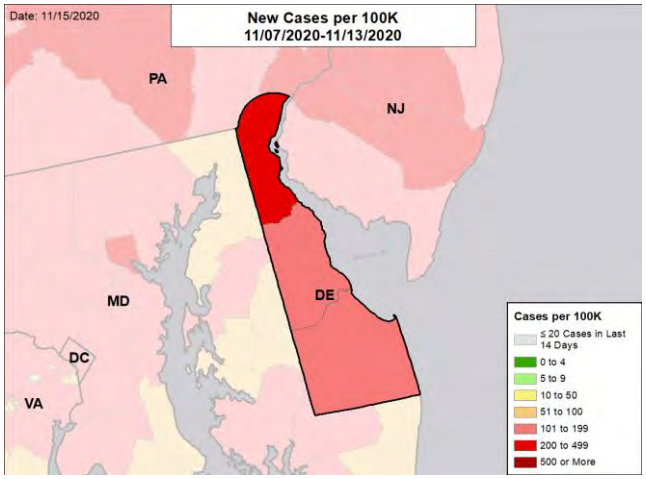
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

DELAWARE

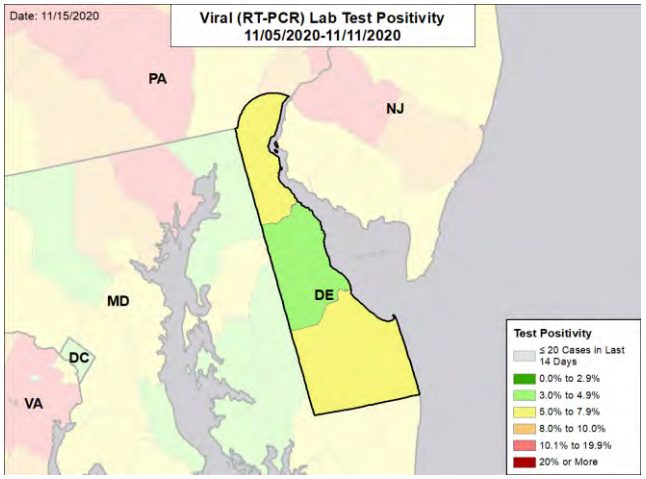
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

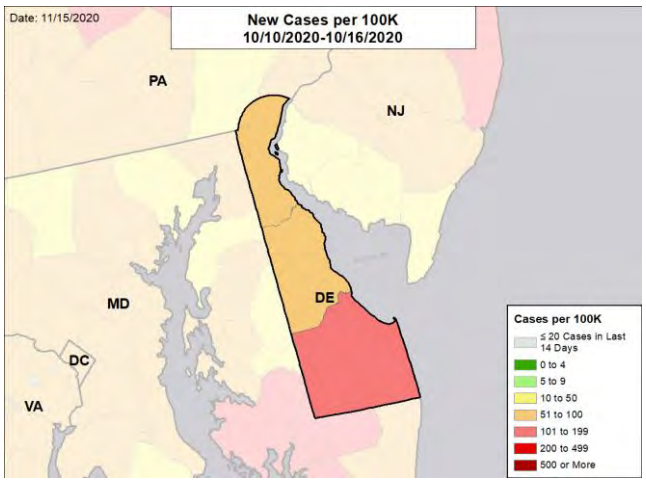
NEW CASES PER 100,000



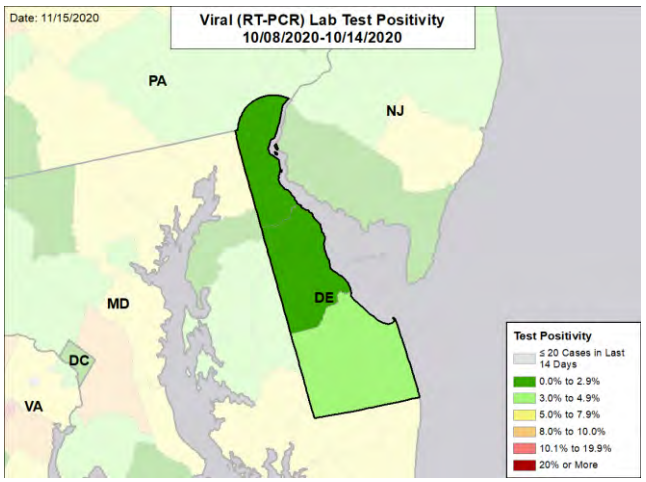
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

STATE REPORT
11.15.2020
Issue 22

THE DISTRICT OF COLUMBIA

SUMMARY

- The District of Columbia is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 46th 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 an increase in new cases and an increase in test positivity.
- 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 Nov 2 - Nov 8, 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.
- The District of Columbia had 124 new cases per 100,000 population, compared to a national average of 294 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 Nov 7 - Nov 13, on average, 19 patients with confirmed COVID-19 and 79 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

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- We share the concern of the District's leaders that the COVID epidemic is likely to worsen if increased observance of mitigation measures does not occur. There is still a limited time window to limit further cases and avoid increases in hospitalizations and deaths. The Mayor's continued monitoring of the pandemic situation and personal guidance on these measures is critical and is commended.
- The upcoming holidays can amplify transmission considerably. The District should continue to expand public health messaging across all media platforms, including SMS auto-texting, to warn residents about the risks of social gatherings, advise people to avoid them, and reemphasize face coverings and social distancing. Specifically, recommend holding an event only with individuals within one's household and emphasize the risk of exposing an elderly person or someone with an underlying condition (diabetes, obesity, hypertension, chemotherapy, etc.) if gathering indoors without masks.
- The gradual increase in test positivity and cases is consistent with slowly increasing silent community spread. The District has had considerable success in limiting morbidity and mortality using the adaptive adjustment of mitigation measures in response to changes in incidence.
- Proactive weekly testing of groups representative of the community (teachers, community college students, city workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expanded strategic use of point-of-care antigen tests with immediate results will be critical to proactive testing in communities.
    - Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases.
    - Antigen tests do not perform well after 8-10 days post infection when nucleic acid cycle times are >30.
    - All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Expand contact tracing as needed by focusing the interview and developing scripts and clear algorithms to allow task-shifting. At the time of testing, give detailed instructions and materials describing what to do if the individual tests positive. Contact tracing may need to be prioritized under conditions of rapidly increasing cases.
- Testing should be at a high baseline level throughout the state (aiming for at least 2,000 tests per 100,000 population per week) and should be immediately intensified in areas where there are signals of increasing transmission from clinical or wastewater testing. The District's testing at >5,000 tests per 100,000 population is commended.
- Mitigation measures to limit transmission in personal gatherings need continued strengthening. This needs augmented communication from city and community leaders of a clear and shared message asking District residents to wear masks, physically distance, and avoid gatherings in both public and private spaces, especially indoors. Hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally.
- Ensure all K-12 schools are following CDC guidelines, including mask wearing. Utilize the Abbot BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread.
- Ensure that all hospitals have conducted updated clinical training and have access to appropriate medicines and supplies. All clinical facilities should have expansion and contingency plans.
- Following local data on test positivity by age will be important to detect early evidence of increasing transmission in more vulnerable populations; expanding local clinical capacity at an earlier stage will avoid compromises in clinical care when hospitalizations increase rapidly.
- 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.

THE DISTRICT OF COLUMBIA

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	874 (124)	+35%	58,598 (190)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.0%	+0.8%*	7.9%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	40,691** (5,766**)	-3%**	818,159** (2,652**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	5 (0.7)	-17%	587 (1.9)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	6%	-6%*	16%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	6%	-18%*	31%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A*	6%	6%

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

DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
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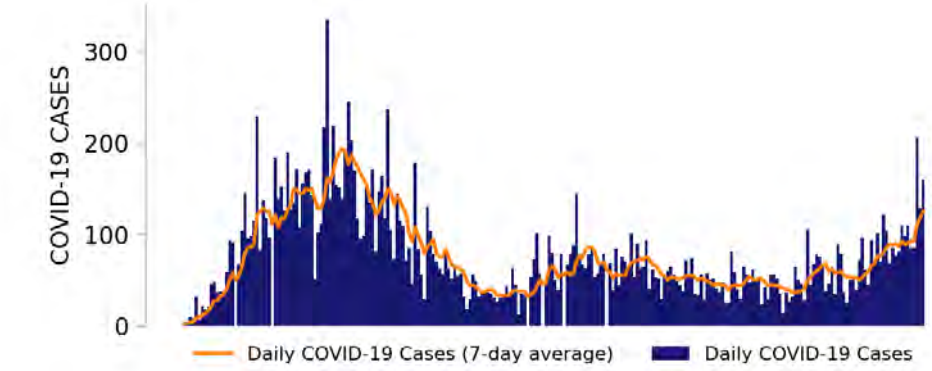
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

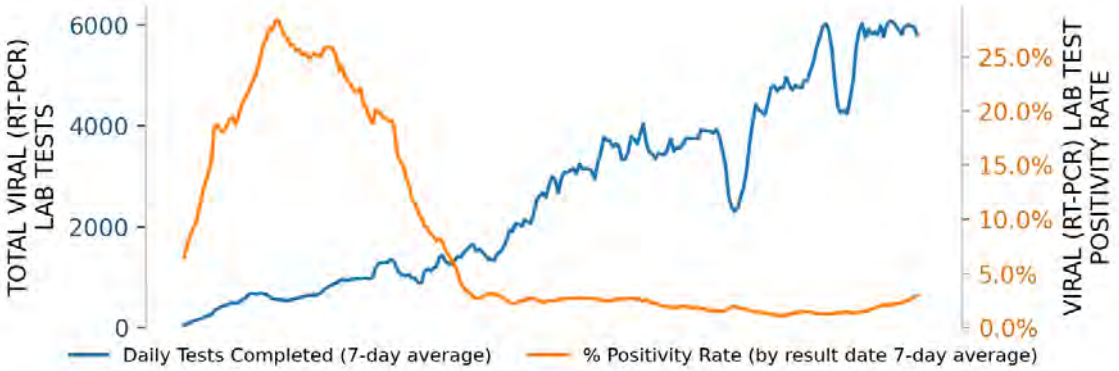
THE DISTRICT OF COLUMBIA

STATE REPORT | 11.15.2020

NEW CASES

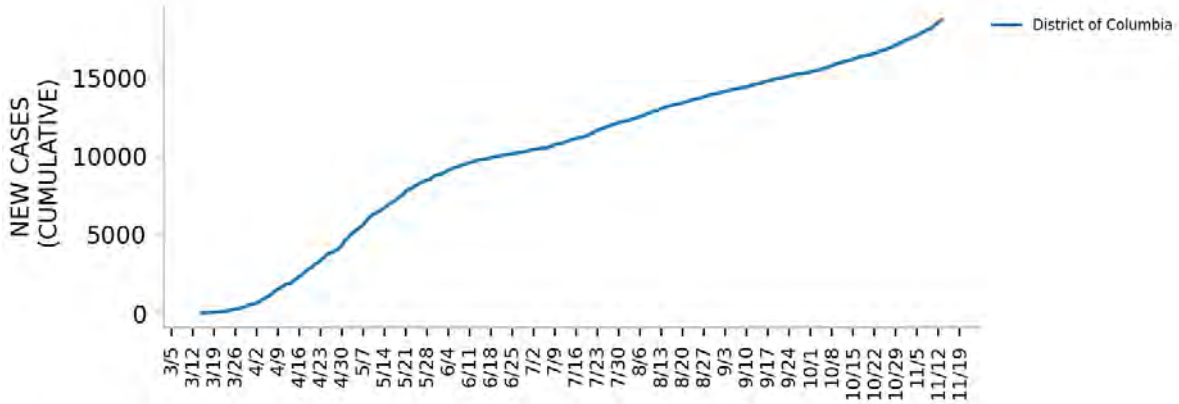


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



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 11/13/2020.

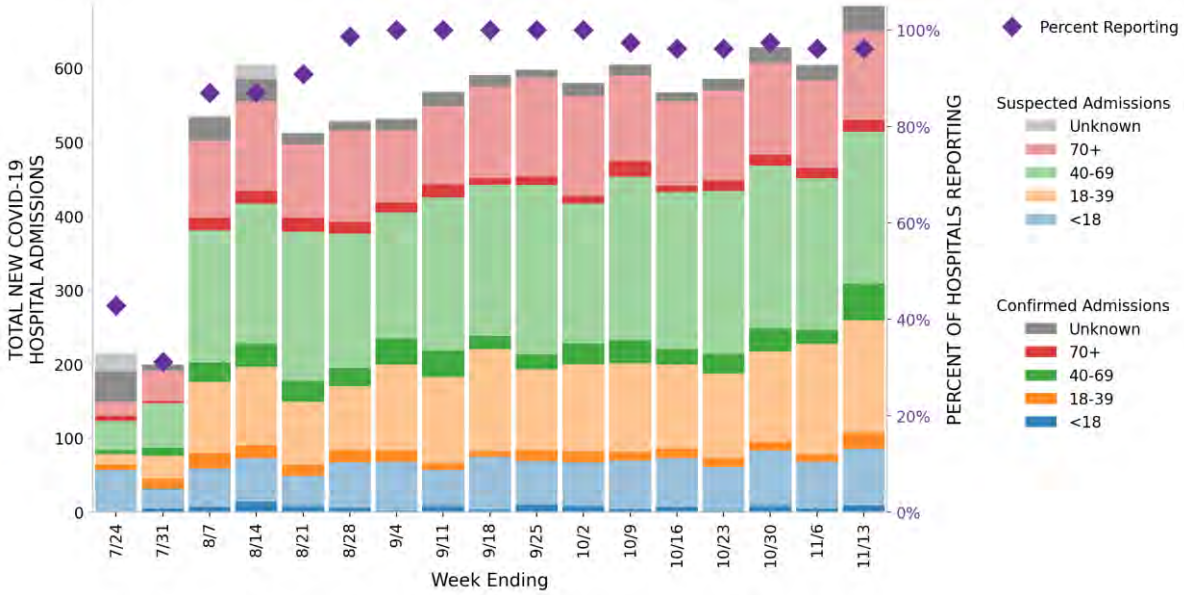
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

THE DISTRICT OF COLUMBIA

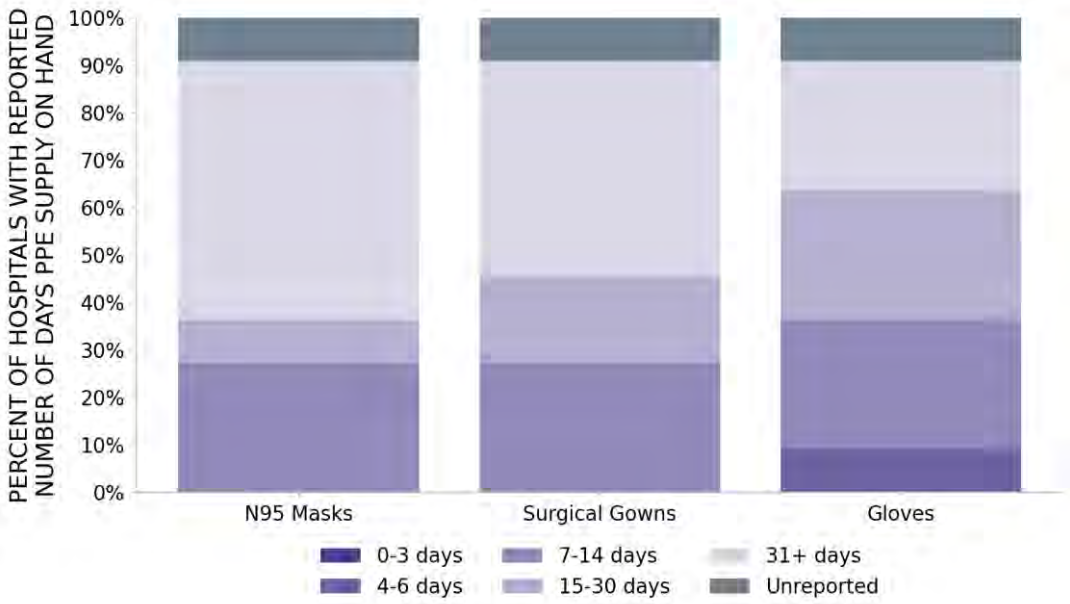
STATE REPORT | 11.15.2020

11 hospitals are expected to report in the District of Columbia

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

THE DISTRICT OF COLUMBIA

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	1 ■ (+0)	Washington-Arlington-Alexandria	0 ■ (+0)	N/A

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

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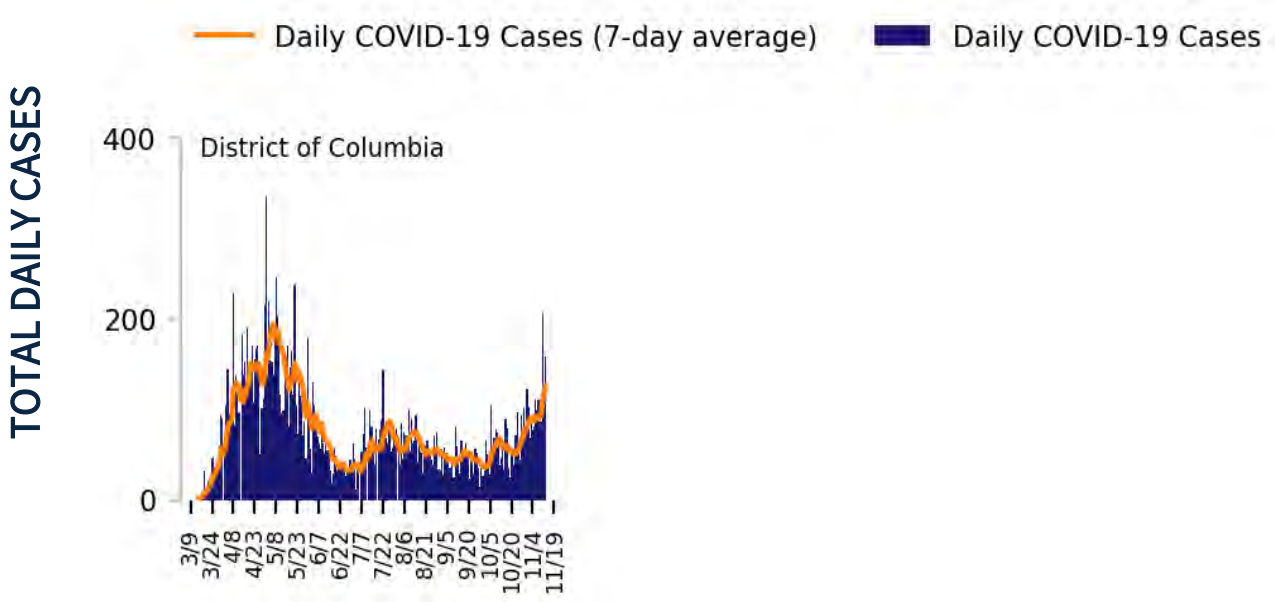
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

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



DATA SOURCES – Additional data details available under METHODS

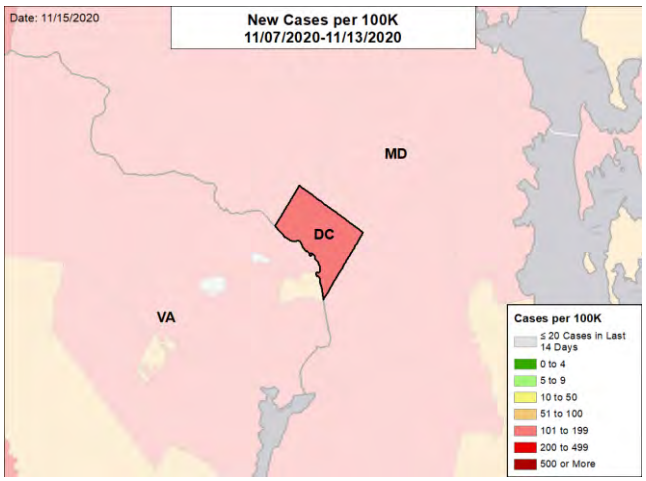
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

THE DISTRICT OF COLUMBIA

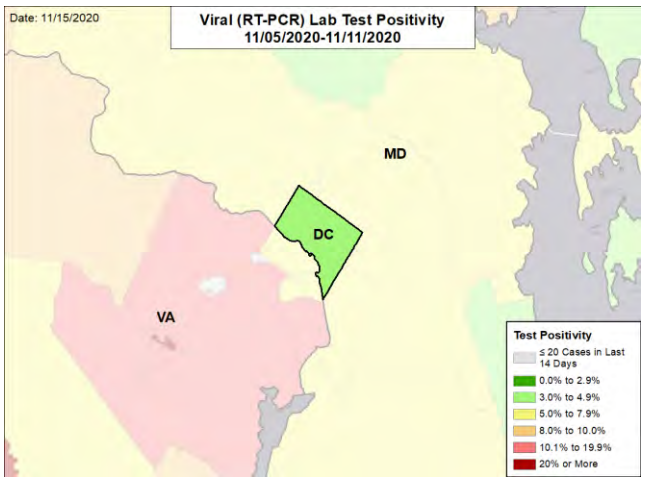
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

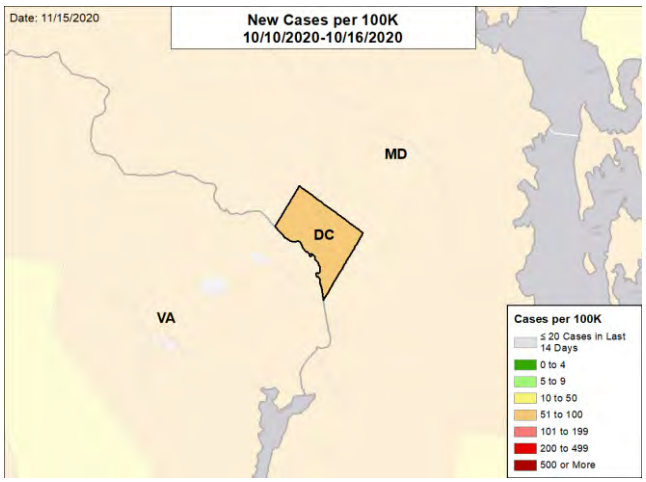
NEW CASES PER 100,000



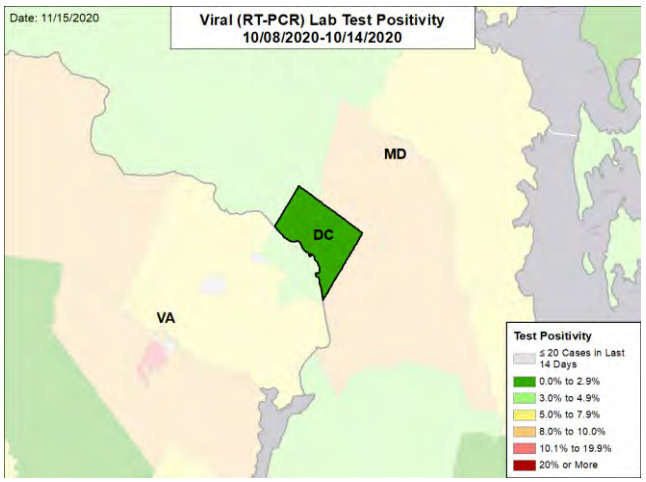
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



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 11/11/2020. The week one month before is 10/8 - 10/14.

STATE REPORT
11.15.2020
Issue 22

FLORIDA

SUMMARY

- Florida is in the midst of a viral resurgence and with aggressive action now, can contain this surge. The number of counties in the red zone has doubled in the last week and also concerning is the rise in the number of long-term care facilities (LTCF) with positive staff.
- Florida is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 37th 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 36th highest rate in the country.
- Florida has seen an increase in new cases and an increase in test positivity. The hospitalization rates are difficult to interpret due to a decrease in reporting.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Miami-Dade County, 2. Broward County, and 3. Palm Beach County. These counties represent 36.7% of new cases in Florida.
- 85% of all counties in Florida have moderate or high levels of community transmission (yellow, orange, or red zones), with 15% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 12% of nursing homes had at least one new resident COVID-19 case, 30% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death.
- Florida had 177 new cases per 100,000 population, compared to a national average of 294 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 Nov 7 - Nov 13, on average, 459 patients with confirmed COVID-19 and 357 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Florida. An average of 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for the identification of both asymptomatic and pre-symptomatic individuals and significant behavior change of all Americans. Ensure masks at all times in public, increase physical distancing through significant reduction in capacity in public and private indoor spaces, and ensure every American understands the clear risks of ANY indoor interactions outside of their immediate household without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expanded, strategic use of point-of-care antigen tests with immediate results will be critical to expanding this model into the community; these tests should be used among all individuals independent of symptoms in orange and red counties in Florida.
- Antigen tests perform well in the highly infectious window and will be effective in identification of asymptomatic and pre-symptomatic infectious cases.
    - Antigen tests do not perform well after 8-10 days post infection when nucleic acid cycle times are greater than 30.
    - All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Proactive testing must be part of the mitigation efforts inclusive of mask wearing, physical distancing, and hand hygiene.
- We need to protect those we are thankful for in our families and communities. Ensure indoor masking around vulnerable family members during any gatherings due to the significant amount of virus circulating and the high rate of asymptomatic and undiagnosed infections among family and community members.
- There are early signs of reduced N95, gown, and glove supply in specific hospitals' reporting. Please contact all hospitals reporting less than one week's supply to confirm data; contact the regional FEMA office for support if this supply issue is confirmed.
- Ensure university students continue their mitigation behaviors to prevent further outbreaks on or off campus. Ensure appropriate testing and behavior change in the 10 days prior to departure to hometowns for the holiday season.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. There continue to be high levels of positive LTCF staff members, indicating continued and unmitigated community spread in these geographic locations.
- Ensure full flu immunizations across the state.
- 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.

FLORIDA

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	37,927 (177)	+17%	137,205 (205)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.7%	+0.8%*	9.2%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	407,728** (1,898**)	-13%**	1,192,343** (1,782**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	428 (2.0)	+42%	1,629 (2.4)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	12%	+1%*	17%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	30%	+5%*	33%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	+0%*	5%	6%

* 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.

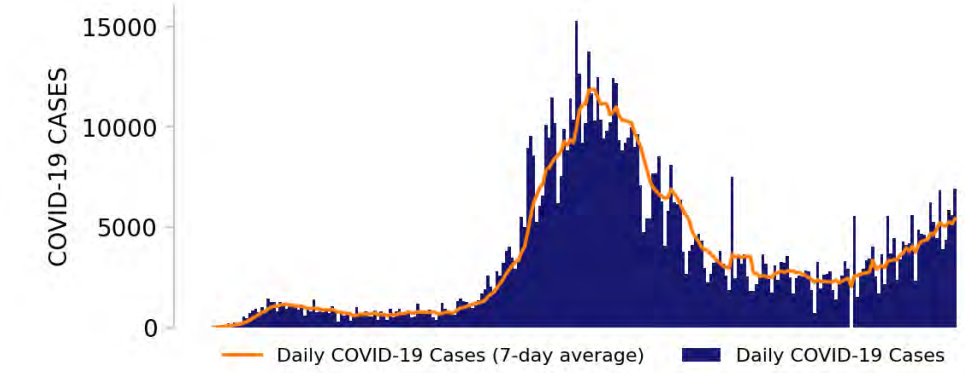
DATA SOURCES – Additional data details available under METHODS

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 11/13/2020; previous week is 10/31 - 11/6.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

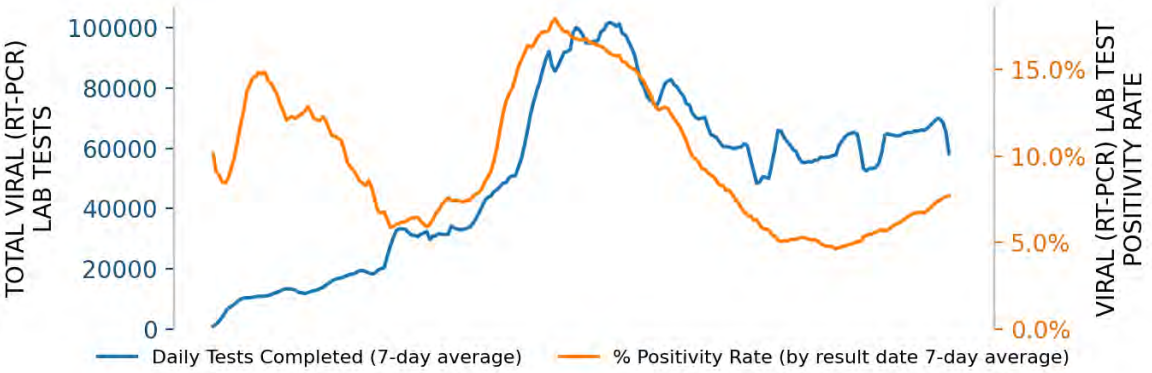
FLORIDA

STATE REPORT | 11.15.2020

NEW CASES

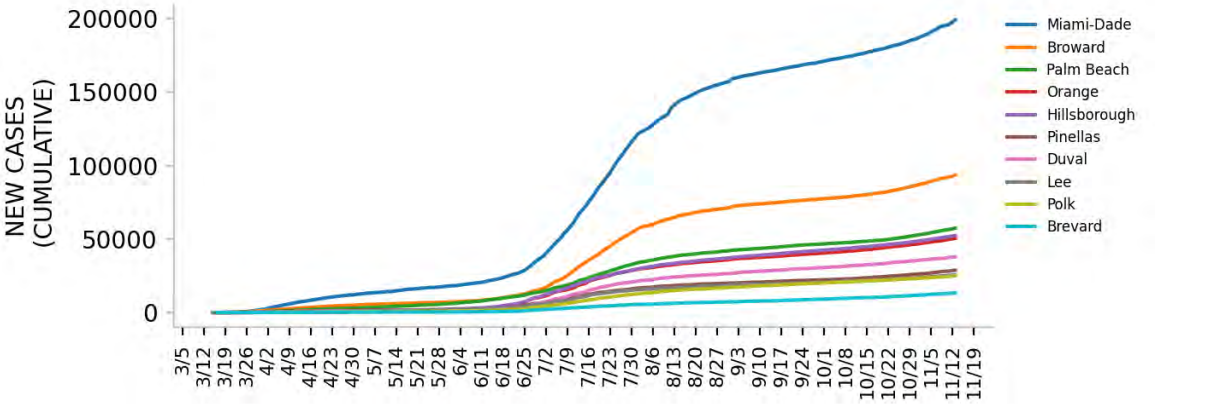


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



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 11/13/2020.

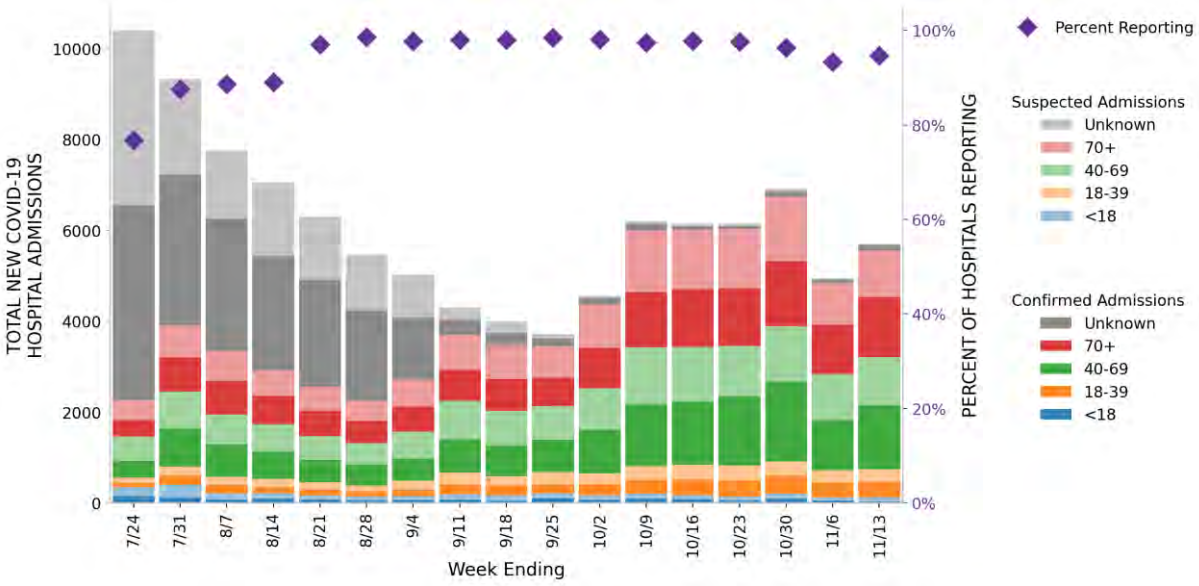
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

FLORIDA

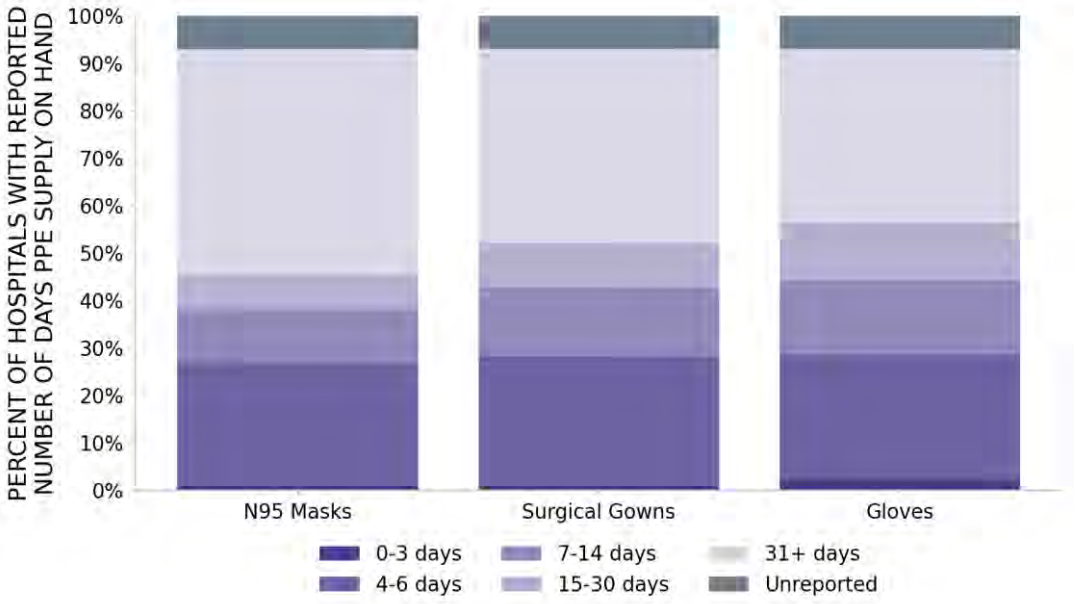
STATE REPORT | 11.15.2020

213 hospitals are expected to report in Florida

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

FLORIDA

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	5 ▲ (+4)	Crestview-Fort Walton Beach-Destin Homosassa Springs Sebring-Avon Park Arcadia Wauchula	10 ▲ (+5)	Walton Citrus Hernando Highlands DeSoto Hardee Gulf Union Jefferson Franklin
LOCALITIES IN ORANGE ZONE	6 ▲ (+2)	Miami-Fort Lauderdale-Pompano Beach Cape Coral-Fort Myers Pensacola-Ferry Pass-Brent Naples-Marco Island Key West Clewiston	18 ▲ (+7)	Miami-Dade Broward Palm Beach Lee Osceola Collier Escambia Okaloosa Clay Santa Rosa Monroe Jackson
LOCALITIES IN YELLOW ZONE	16 ▼ (-5)	Tampa-St. Petersburg-Clearwater Orlando-Kissimmee-Sanford Jacksonville North Port-Sarasota-Bradenton Lakeland-Winter Haven Deltona-Daytona Beach-Ormond Beach Gainesville Tallahassee Port St. Lucie Ocala Panama City Punta Gorda	29 ▼ (-7)	Orange Hillsborough Pinellas Duval Polk Pasco Alachua Manatee Sarasota Seminole St. Johns Marion

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Yellow CBSAs: Tampa-St. Petersburg-Clearwater, Orlando-Kissimmee-Sanford, Jacksonville, North Port-Sarasota-Bradenton, Lakeland-Winter Haven, Deltona-Daytona Beach-Ormond Beach, Gainesville, Tallahassee, Port St. Lucie, Ocala, Panama City, Punta Gorda, Sebastian-Vero Beach, Lake City, Palatka, Okeechobee

All Orange Counties: Miami-Dade, Broward, Palm Beach, Lee, Osceola, Collier, Escambia, Okaloosa, Clay, Santa Rosa, Monroe, Jackson, Wakulla, Hendry, Madison, Calhoun, Bradford, Gilchrist

All Yellow Counties: Orange, Hillsborough, Pinellas, Duval, Polk, Pasco, Alachua, Manatee, Sarasota, Seminole, St. Johns, Marion, St. Lucie, Bay, Charlotte, Indian River, Martin, Columbia, Flagler, Putnam, Okeechobee, Holmes, Suwannee, Baker, Washington, Levy, Taylor, Gadsden, Hamilton

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

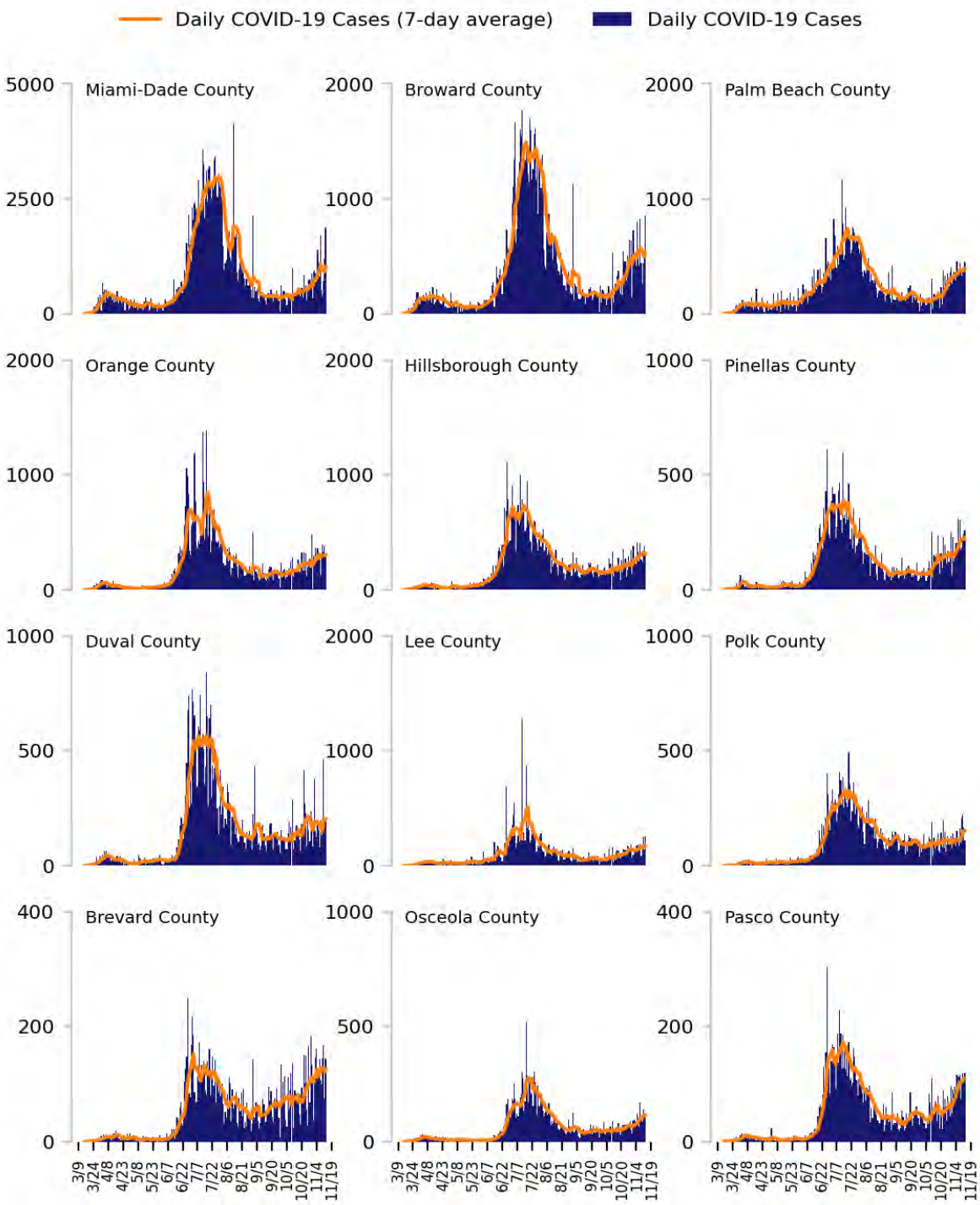
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

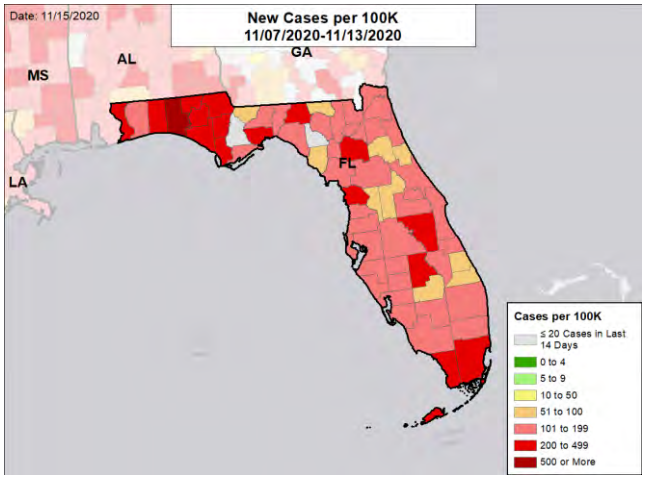
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

FLORIDA

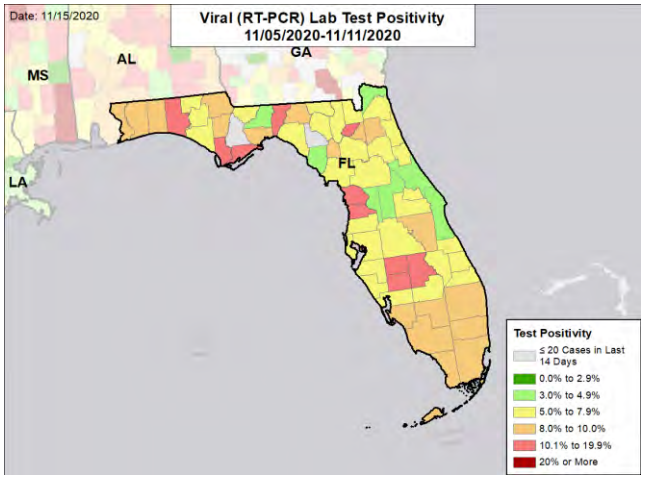
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

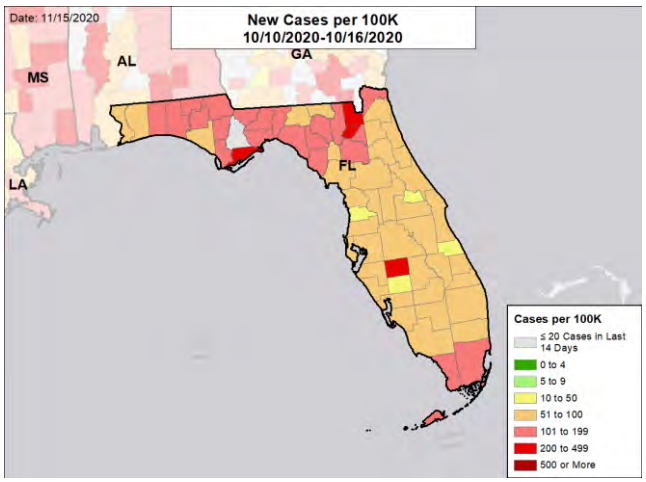
NEW CASES PER 100,000



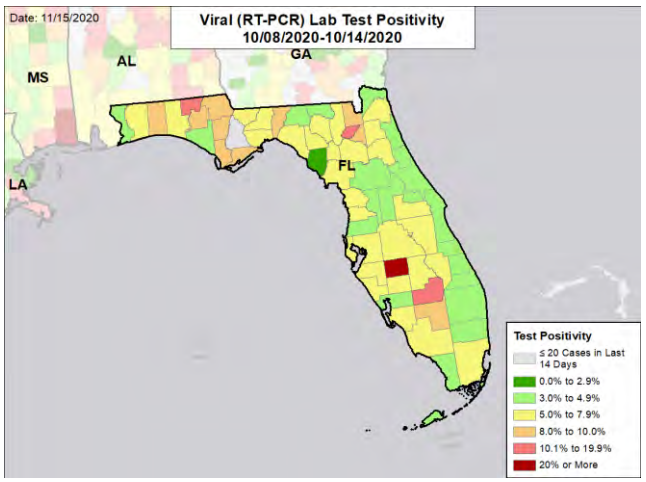
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

GEORGIA

STATE REPORT
11.15.2020
Issue 22

SUMMARY

- Georgia is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 48th highest rate in the country. Georgia is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 35th highest rate in the country.
- Georgia has seen stability in new cases and an increase in test positivity, an early sign of future deterioration.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Fulton County, 2. Gwinnett County, and 3. DeKalb County. These counties represent 24.4% of new cases in Georgia.
- 62% of all counties in Georgia have moderate or high levels of community transmission (yellow, orange, or red zones), with 21% having high levels of community transmission (red zone). This percentage has been increasing week over week.
- During the week of Nov 2 - Nov 8, 13% 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.
- Georgia had 117 new cases per 100,000 population, compared to a national average of 294 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 27 to support operations activities from FEMA; 9 to support operations activities from ASPR; 3 to support medical activities from CDC; 3 to support testing activities from CDC; 18 to support epidemiology activities from CDC; 2 to support operations activities from CDC; and 4 to support operations activities from USCG.
- Between Nov 7 - Nov 13, on average, 331 patients with confirmed COVID-19 and 190 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Georgia. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for the identification of both asymptomatic and pre-symptomatic individuals and significant behavior change of all Americans. Ensure masks at all times in public, increase physical distancing through significant reduction in capacity in public and private indoor spaces, and ensure every American understands the clear risks of ANY indoor interactions outside of their immediate household without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expanded, strategic use of point-of-care antigen tests with immediate results will be critical to expanding this model into the community; these tests should be used among all individuals independent of symptoms in orange and red counties in Georgia.
- Antigen tests perform well in the highly infectious window and will be effective in identification of asymptomatic and pre-symptomatic infectious cases.
    - Antigen tests do not perform well after 8-10 days post infection when nucleic acid cycle times are greater than 30.
    - All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Proactive testing must be part of the mitigation efforts inclusive of mask wearing, physical distancing, and hand hygiene.
- We need to protect those we are thankful for in our families and communities. Ensure indoor masking around vulnerable family members during any gatherings due to the significant amount of virus circulating and the high rate of asymptomatic and undiagnosed infections among family and community members.
- New COVID hospital admissions in Georgia are difficult to interpret but appear to be increasing again.
- There are early signs of reduced N95, gown, and glove supply in specific hospitals' reporting. Please contact all hospitals reporting less than one week's supply to confirm data; contact the regional FEMA office for support if this supply issue is confirmed.
- Ensure university students continue their mitigation behaviors to prevent further outbreaks on or off campus. Ensure appropriate testing and behavior change in the 10 days prior to departure to hometowns for the holiday season.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. There continue to be high levels of positive LTCF staff members, indicating continued and unmitigated community spread in these geographic locations.
- Ensure full flu immunizations across the state.
- 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.

GEORGIA

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	12,410 (117)	+4%	137,205 (205)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.2%	+0.8%*	9.2%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	136,630** (1,287**)	+4%**	1,192,343** (1,782**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	262 (2.5)	+27%	1,629 (2.4)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	13%	+2%*	17%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	21%	+1%*	33%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+0%*	5%	6%

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
DATA SOURCES – Additional data details available under METHODS
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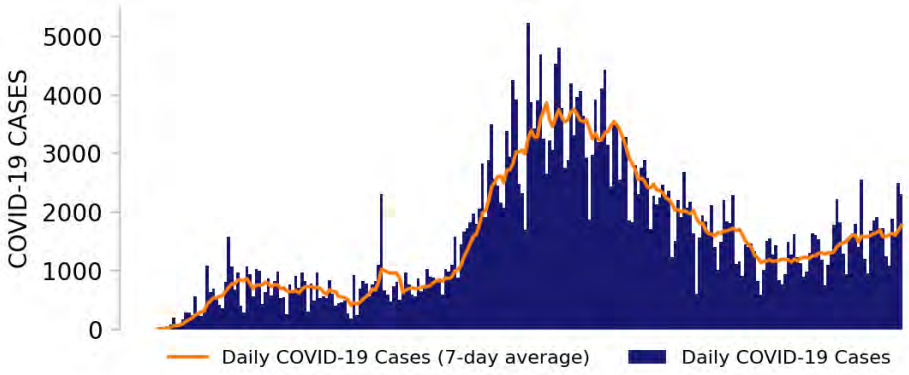
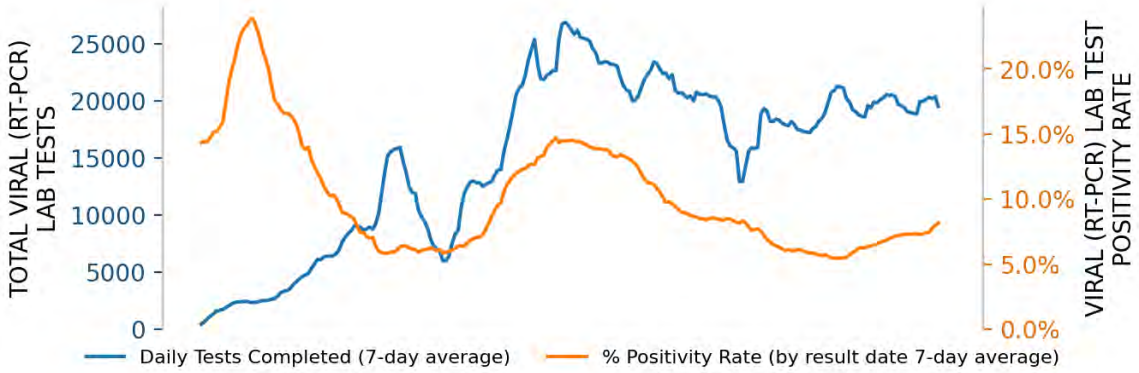
GEORGIA

STATE REPORT | 11.15.2020

NEW CASES

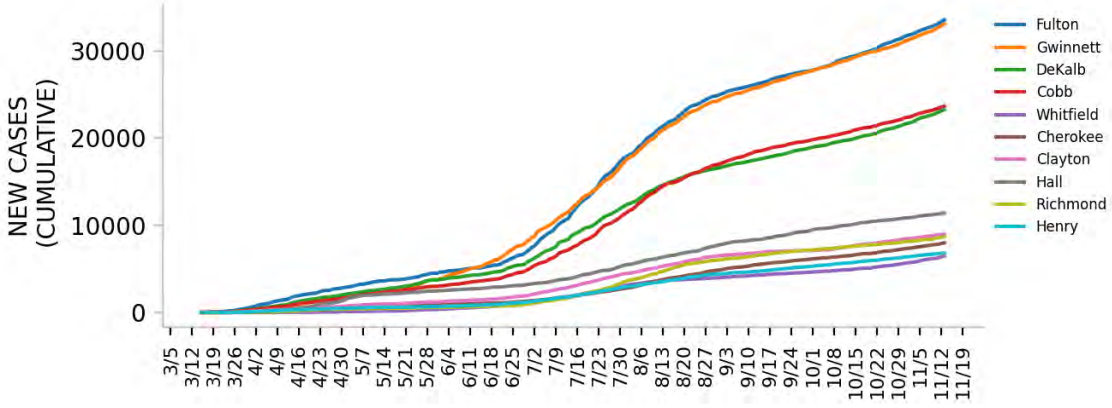


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



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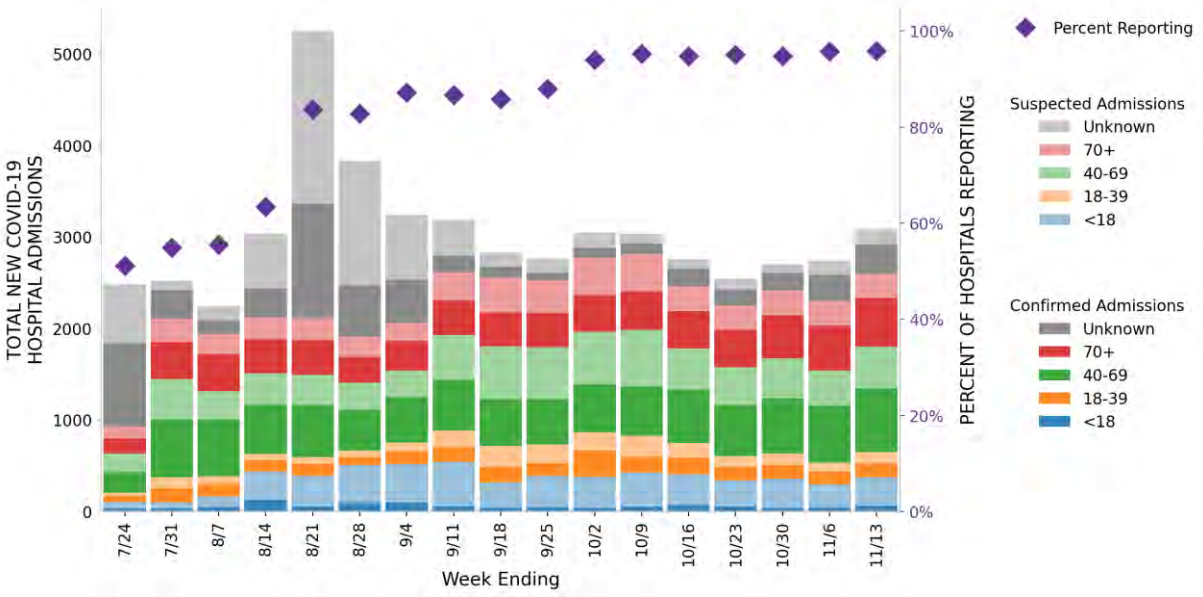
GEORGIA

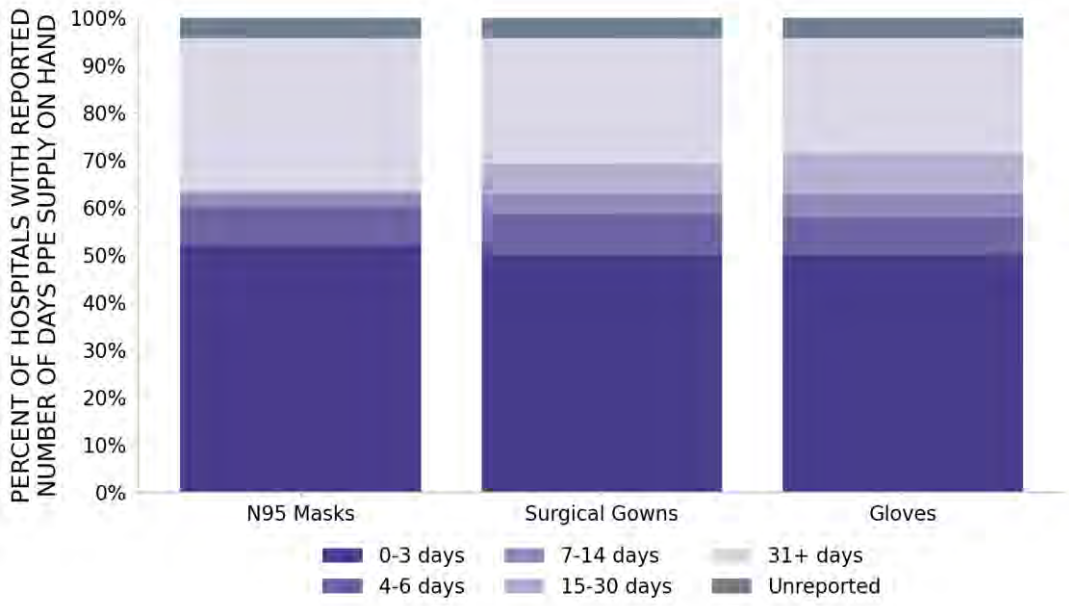
STATE REPORT | 11.15.2020

140 hospitals are expected to report in Georgia

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



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GEORGIA

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	11 ▲ (+3)	Augusta-Richmond County Dalton Chattanooga Rome Calhoun Jefferson Douglas Cedartown Summerville Jesup Toccoa	34 ▼ (-5)	Whitfield Clayton Floyd Columbia Bartow Gordon Jackson Carroll Murray Catoosa Coffee Polk
LOCALITIES IN ORANGE ZONE	12 ■ (+0)	Savannah Gainesville Macon-Bibb County Warner Robins St. Marys Statesboro Tifton Cornelia Vidalia Moultrie Thomaston Eufaula	40 ▲ (+12)	Gwinnett Cherokee Hall Richmond Henry Chatham Douglas Paulding Bibb Houston Walker Barrow
LOCALITIES IN YELLOW ZONE	12 ▼ (-3)	Atlanta-Sandy Springs-Alpharetta Athens-Clarke County Valdosta Brunswick Dublin Hinesville Waycross Milledgeville LaGrange Bainbridge Thomasville Cordele	25 ▼ (-15)	Fulton DeKalb Cobb Forsyth Lowndes Coweta Fayette Laurens Pickens Washington Baldwin Gilmer

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red Counties: Whitfield, Clayton, Floyd, Columbia, Bartow, Gordon, Jackson, Carroll, Murray, Catoosa, Coffee, Polk, Franklin, Chattooga, Haralson, Madison, Wayne, Stephens, Peach, White, Cook, Banks, Elbert, Hart, Lamar, Butts, Rabun, Burke, Jefferson, Seminole, Wilkes, Clinch, Early, Lincoln

All Orange Counties: Gwinnett, Cherokee, Hall, Richmond, Henry, Chatham, Douglas, Paulding, Bibb, Houston, Walker, Barrow, Newton, Walton, Rockdale, Effingham, Spalding, Liberty, Camden, Bulloch, Troup, Tift, Habersham, Toombs, Dade, Colquitt, Oconee, Towns, Brantley, Emanuel, McDuffie, Monroe, Appling, Upson, Pike, Dooly, Wilkinson, Pulaski, Charlton, Bleckley

All Yellow Counties: Fulton, DeKalb, Cobb, Forsyth, Lowndes, Coweta, Fayette, Laurens, Pickens, Washington, Baldwin, Gilmer, Union, Ware, Lumpkin, Decatur, Thomas, Putnam, Bryan, Dawson, Crisp, Jones, Harris, Meriwether, Mitchell

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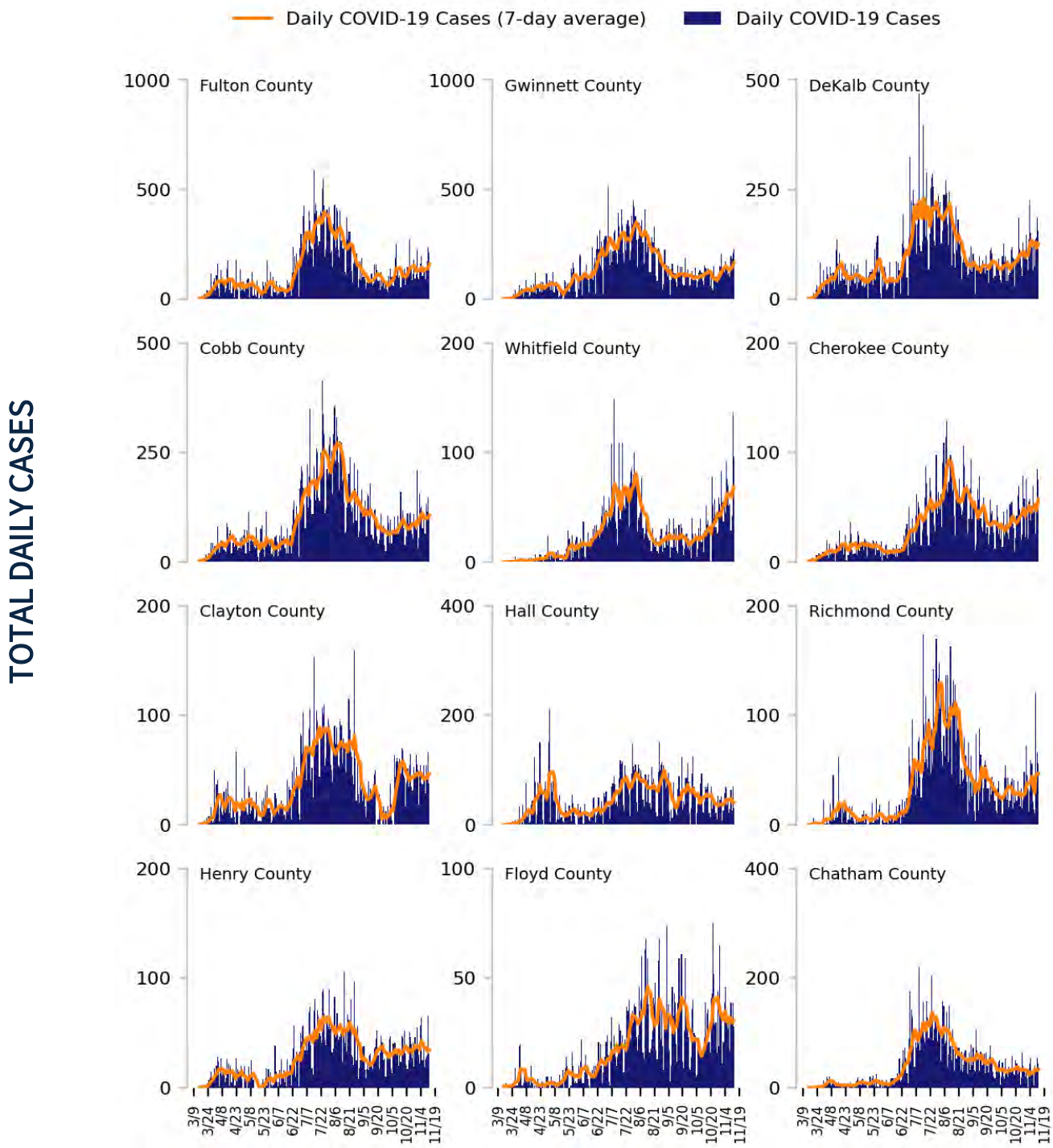
Top 12 counties based on number of new cases in the last 3 weeks



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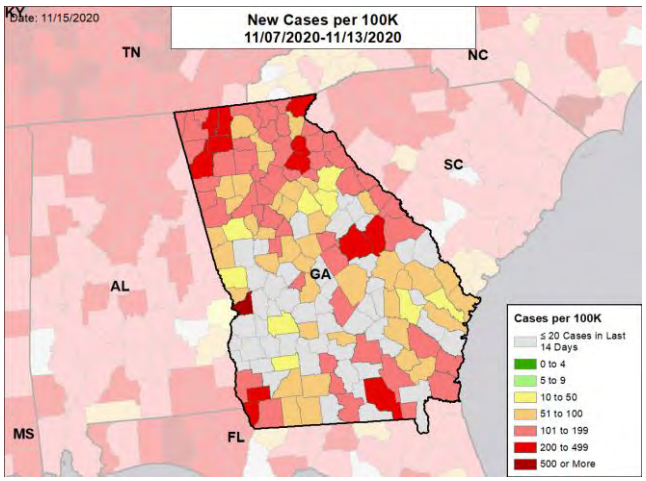
GEORGIA

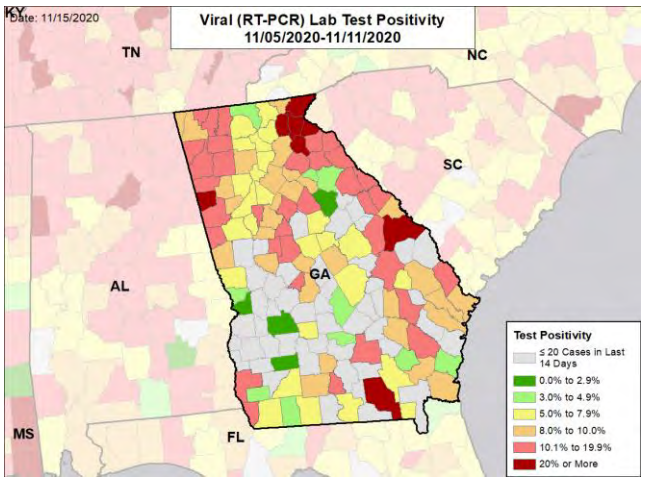
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

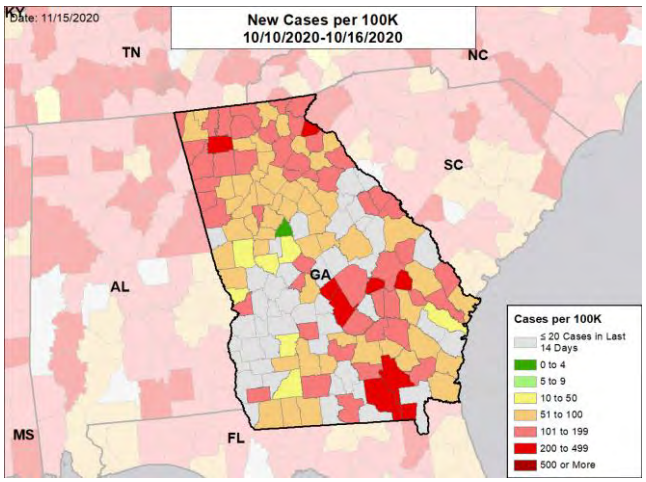
NEW CASES PER 100,000



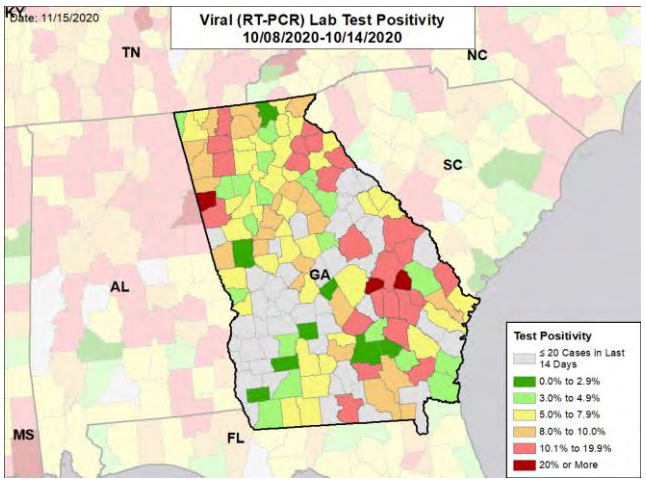
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



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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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

HAWAII

STATE REPORT
11.15.2020
Issue 22

SUMMARY

- Hawaii is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population, with the lowest rate in the country. Hawaii is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 50th highest rate in the country.
- Hawaii has seen stability in new cases and a stability in test positivity.
- 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 94.8% 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 Nov 2 - Nov 8, 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.
- Hawaii had 51 new cases per 100,000 population, compared to a national average of 294 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 18 to support operations activities from FEMA; 2 to support epidemiology activities from CDC; and 18 to support operations activities from USCG.
- The federal government has supported surge testing in Honolulu, Kauai, Maui, Lanai, and Moloka'i.
- Between Nov 7 - Nov 13, on average, 7 patients with confirmed COVID-19 and 16 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Hawaii. An average of 79% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- Hawaii has been among the most successful states at controlling the epidemic. It is critically important that Hawaii consolidate those recent gains and protect itself from the increasing transmission in CONUS; consider additional requirements/restrictions for all visitors or persons returning to Hawaii from higher transmission areas.
- Early identification and isolation of cases and prevention of infection remain the key objectives to maintain control of the epidemic in Hawaii.
- Efficient identification and isolation of cases requires an effective surveillance platform and maximum testing, especially in areas where transmission begins to increase.
    - Health departments should regularly surveil workers who are at risk of infection and transmission, regardless of symptoms, using rapid antigen tests.
    - Wastewater surveillance should be scaled up at the most local level practical (including in single congregate living facilities, like shelters or skilled nursing facilities).
    - Testing should be at a high baseline level on every island and immediately intensify in areas where there are signals of increasing transmission.
- The most effective strategies to prevent infection are universal face covering and social distancing; Hawaii should enforce the requirements for face covering and social distancing, especially in indoor areas and commercial settings; health authorities should pay close attention to adherence in Honolulu, which is at risk for rapid acceleration as we are seeing on the mainland.
- As was very effective in limiting the outbreak on Lanai, any increase in transmission detected by surveillance should prompt more intensive restrictions.
- All staff who work with patients or residents in any congregate setting should be tested weekly with rapid tests and should not be permitted to work without a recent negative test or clearance from isolation.
- Ensure all congregate and crowded work settings (e.g., clinics, prisons, shelters, etc.) have adequate screening and surveillance of asymptomatic persons to limit possibility of super-spreader events.
- The upcoming holidays and expanded tourism could amplify transmission considerably. Hawaii should vigorously expand public health messaging across all media platforms, including SMS auto-texting, to warn citizens and tourists about the risks of social gatherings, advise people to avoid them, and reinvigorate (and enforce) the practice of face covering and social distancing.
- Local data on test positivity by age band is critically important; evidence of increasing transmission in more vulnerable populations will provide an opportunity to expand clinical capacity before it's too late. All service areas and clinical facilities should have facility/staffing expansion and contingency plans.
- Local data on hospital utilization is also critically important, both as an indicator of transmission in the most vulnerable and as a threshold marker for implementing expansion and contingency plans.
- Monitor testing and contact tracing in all counties to ensure that results are returned within 48 hours and all cases are immediately isolated and given education package within 72 hours of testing; expand contact tracing capacity by limiting interview depth, scripting interviews, developing clear algorithms to allow task-shifting, and pulling remote support from lower-burden areas.
- 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.

HAWAII

STATE REPORT | 11.15.2020

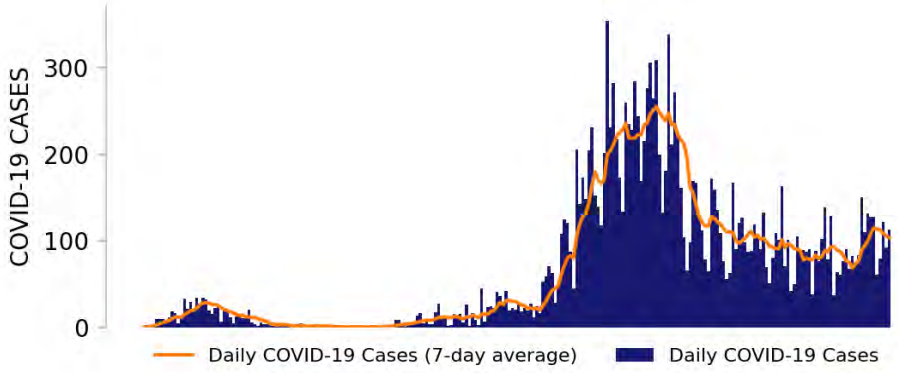
	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	724 (51)	+3%	77,288 (151)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	2.4%	-0.2%*	6.5%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	34,083** (2,407**)	+25%**	975,719** (1,902**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	3 (0.2)	+50%	483 (0.9)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	0%	N/A*	5%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	0%	-3%*	10%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A*	1%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

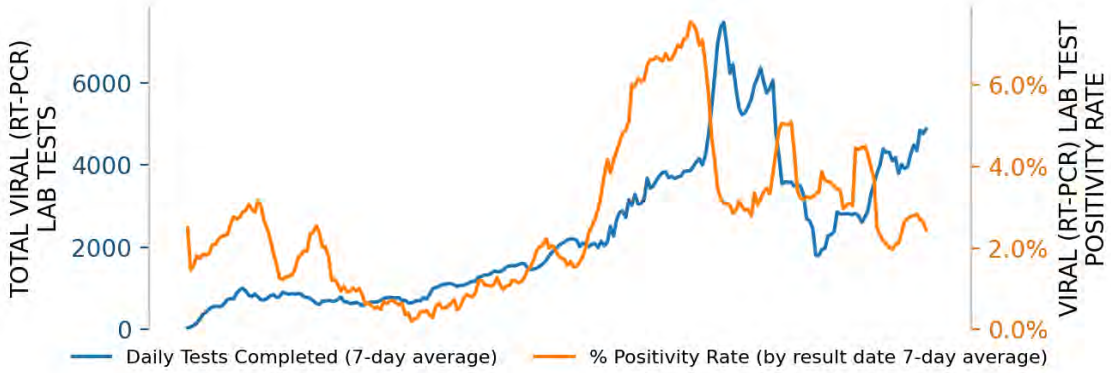
HAWAII

STATE REPORT | 11.15.2020

NEW CASES

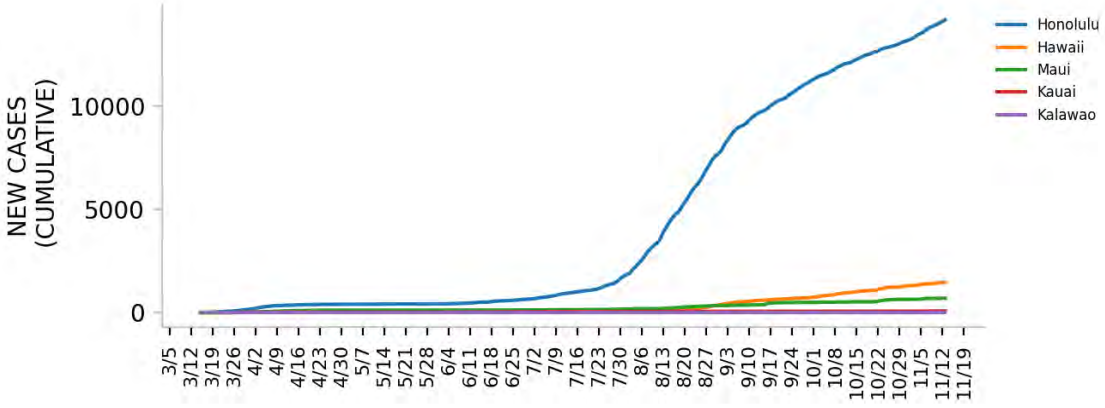


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020.

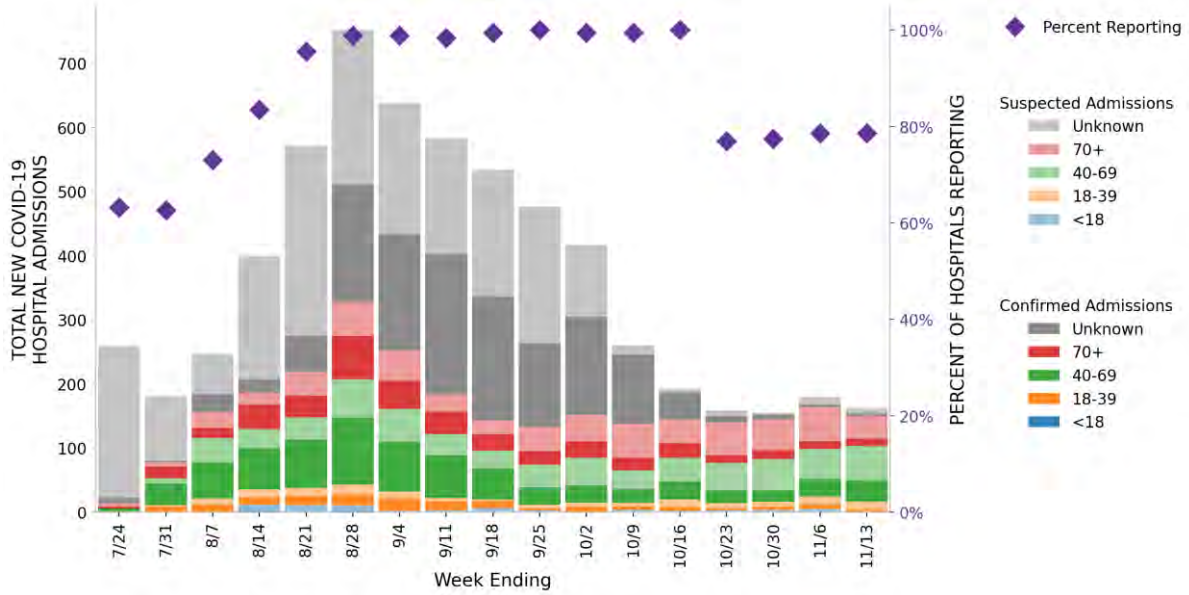
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

HAWAII

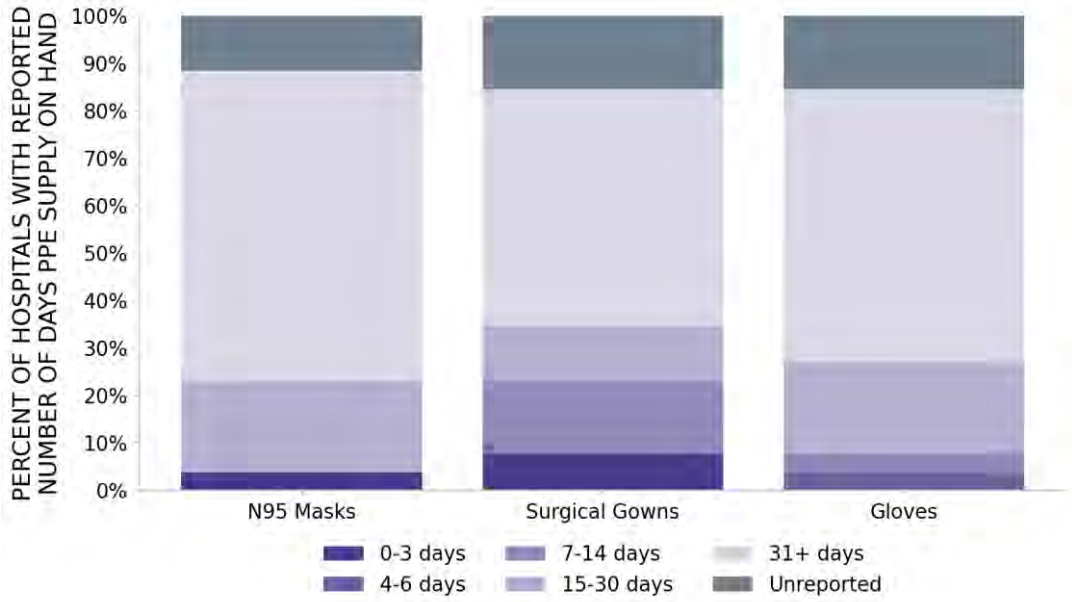
STATE REPORT | 11.15.2020

26 hospitals are expected to report in Hawaii

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

HAWAII

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

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

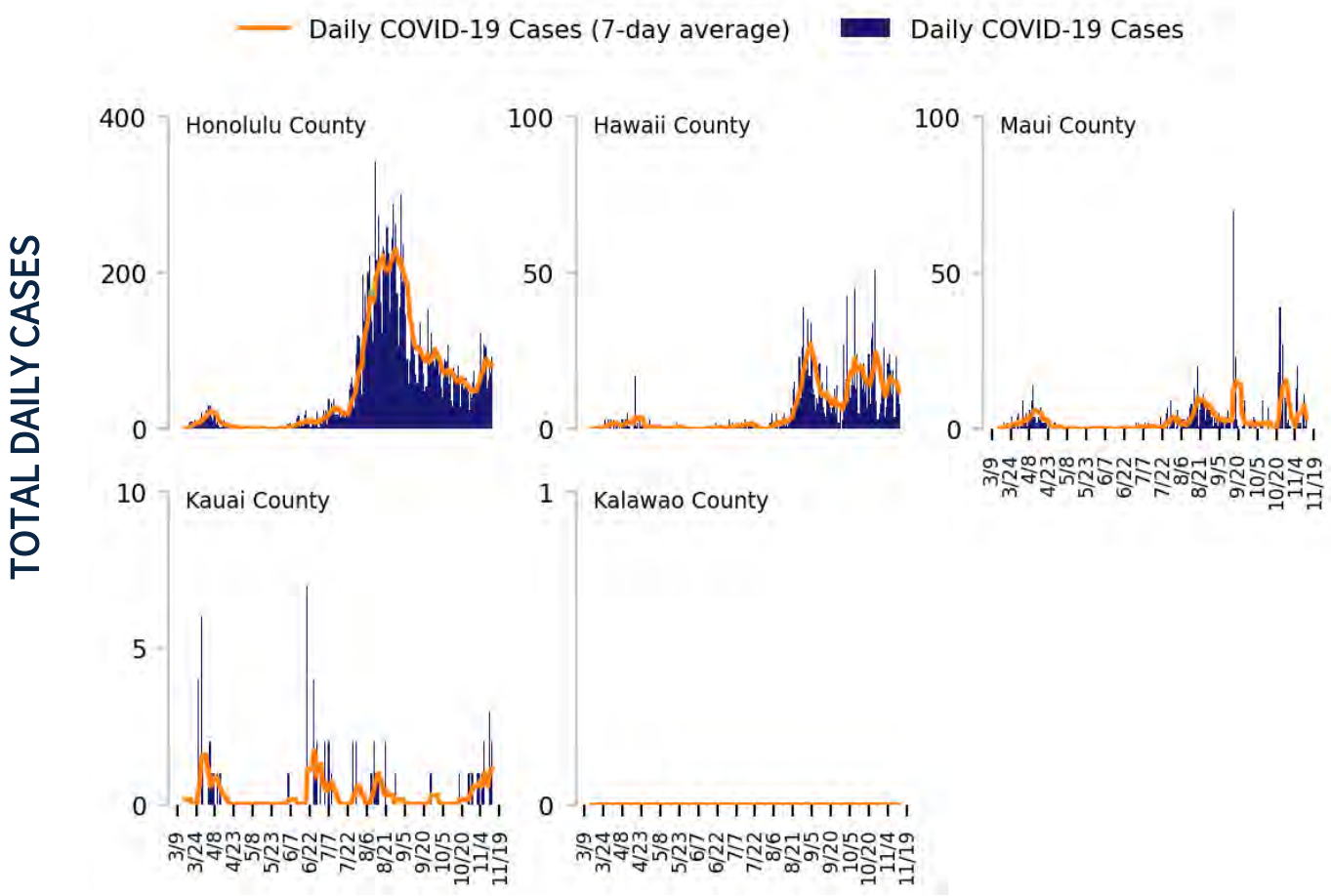
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

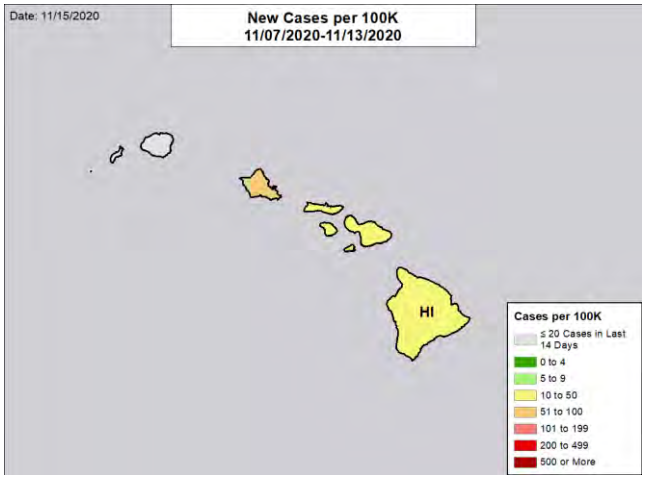
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

HAWAII

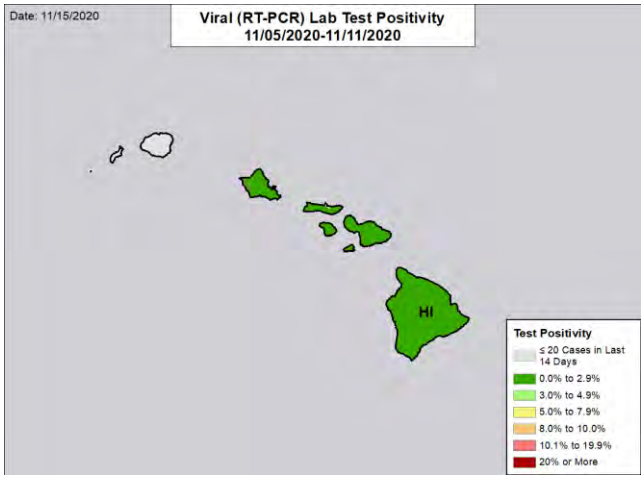
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

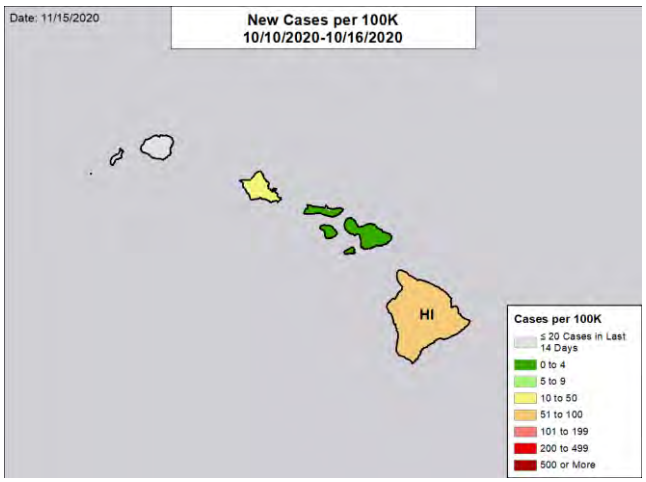
NEW CASES PER 100,000



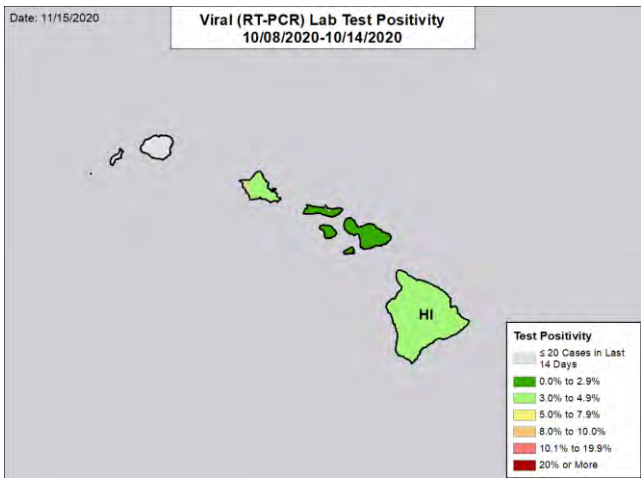
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS
Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

IDAHO

STATE REPORT
11.15.2020
Issue 22

SUMMARY

- Idaho is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 15th highest rate in the country. Idaho is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 2nd highest rate in the country.
- Idaho has seen an increase in new cases and an increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Ada County, 2. Canyon County, and 3. Twin Falls County. These counties represent 42.8% of new cases in Idaho.
- Case rates increased in 34 counties and test positivity increased in 32 counties, indicating continued acceleration of the epidemic across the entire state.
- 93% of all counties in Idaho have moderate or high levels of community transmission (yellow, orange, or red zones), with 86% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 17% of nursing homes had at least one new resident COVID-19 case, 49% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death. There were apparent outbreaks at facilities in Boise, Weiser, Soda Springs, Lewiston, and Shoshone.
- Idaho had 497 new cases per 100,000 population, compared to a national average of 294 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 8 to support medical activities from VA.
- Between Nov 7 - Nov 13, on average, 52 patients with confirmed COVID-19 and 7 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Idaho. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- Given increasing transmission, the return to Stage 2 is necessary and commendable; consider ways to monitor and enforce.
- Identifying and isolating cases and preventing infection remain the key objectives for control of the epidemic.
- Efficient identification and isolation of cases requires a sensitive surveillance platform and maximum testing, with further enhanced testing in areas where transmission is elevated or increasing.
    - Health departments should regularly surveil workers who are at risk of infection and transmission, regardless of symptoms, using rapid antigen tests.
    - Wastewater surveillance should be scaled up at the most local level practical (including in single congregate living facilities, like shelters, apartment buildings, or skilled nursing facilities).
    - Testing should be at a high baseline level throughout the state and immediately intensify in areas where there are signals of increasing transmission.
- The specific strategies to prevent infection are universal face covering and social distancing.
    - Issuing a statewide recommendation will demonstrate the critical importance of face covering.
    - Local health authorities where mask requirements are already in place should explore ways to encourage adherence.
- All staff who work with patients or residents in any congregate setting should be tested weekly with rapid tests and should not be permitted to work without a recent negative test or clearance from isolation.
- Ensure all congregate and crowded work settings (e.g., clinics, prisons, shelters, etc.) have adequate screening and surveillance of asymptomatic persons to limit possibility of super-spreader events.
- The upcoming holidays could amplify transmission considerably and Idaho should vigorously expand public health messaging across all media platforms, including SMS auto-texting, to warn citizens about the risks of social gatherings, advise people to avoid them, and reinvigorate the practice of face covering and social distancing.
- Local data on test positivity by age band is critically important; early evidence of increasing transmission in more vulnerable populations will provide an opportunity to expand local clinical capacity before it's too late. All service areas and clinical facilities should have facility/staffing expansion and contingency plans.
- Local data on hospital utilization is also critically important, both as a firm indicator of transmission in the most vulnerable and as a threshold marker for implementing expansion and contingency plans.
- Greatly expand use of local hospital or clinical staff as part of strong public advocacy for community mitigation behaviors in all communities; taped messages posted to social media platforms can be compelling and persuasive, especially when they come from within communities that are resistant.
- Actively monitor testing and contact tracing capacity in all counties to ensure test results are returned within 48 hours and all cases are immediately isolated and interviewed within 72 hours of testing; expand contact tracing capacity by focusing the interview, developing scripts and clear algorithms to allow task-shifting, and coordinating remote surge capacity from districts with lower case rates. At the time of testing, give detailed instructions and materials describing what to do if they test positive.
- Monitor and ensure strict adherence to CDC school policy guidance to curb transmission, including use of face coverings for all K-12 students and teachers; given the association between community transmission and in-person schooling, continue to reevaluate school status in all counties with early evidence of elevated or increasing transmission.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

IDAHO

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	8,889 (497)	+25%	30,413 (212)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	24.8%	+1.7%*	10.8%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	41,223** (2,307**)	+10%**	303,361** (2,114**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	73 (4.1)	+38%	206 (1.4)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	17%	+7%*	10%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	49%	+1%*	29%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	-1%*	3%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.

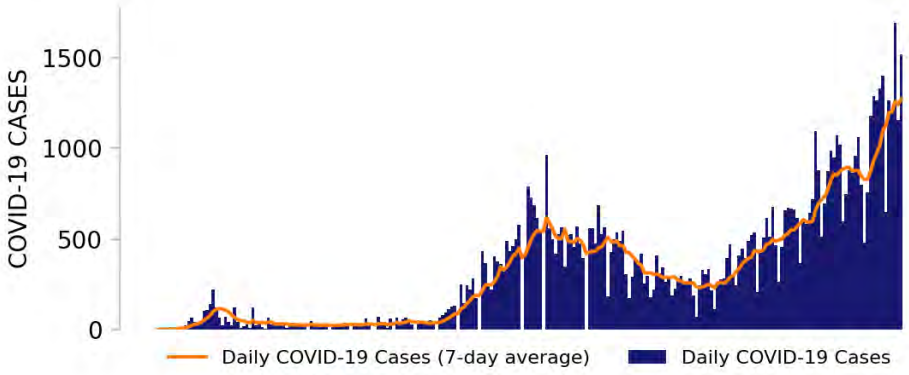
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

IDAHO

STATE REPORT | 11.15.2020

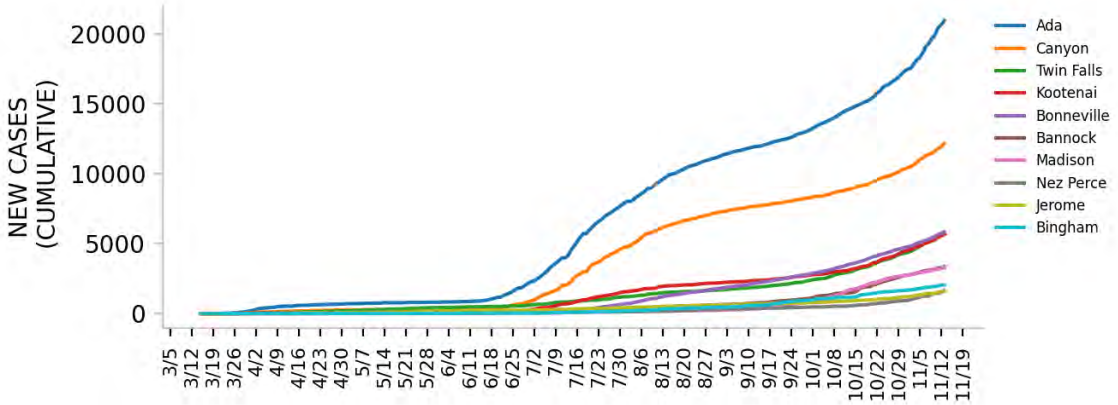
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



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 11/13/2020.

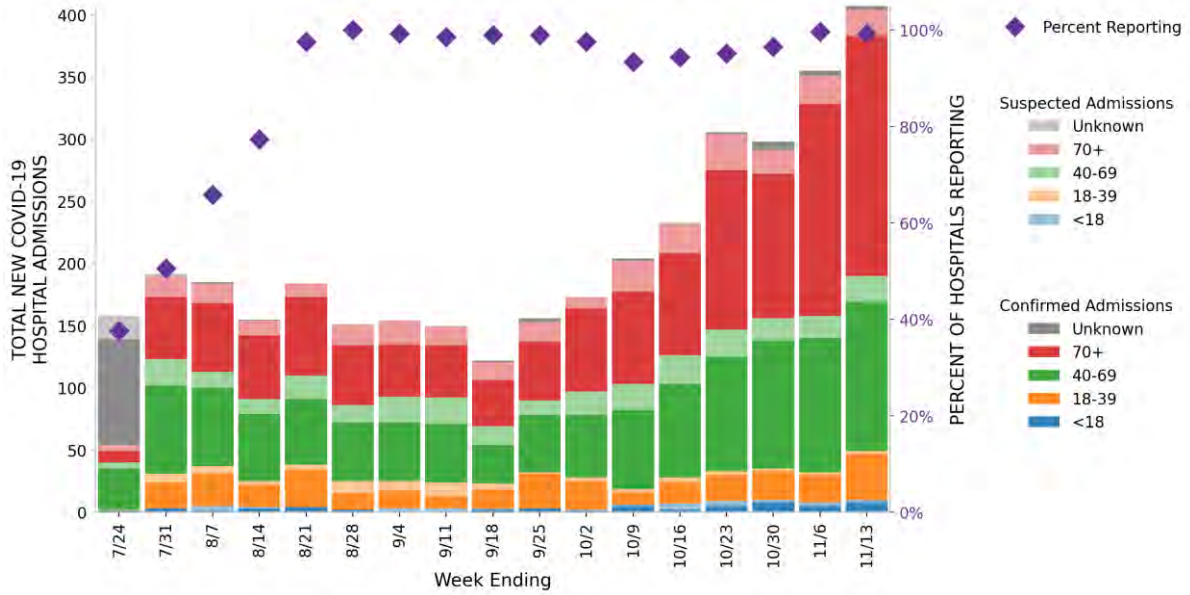
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

IDAHO

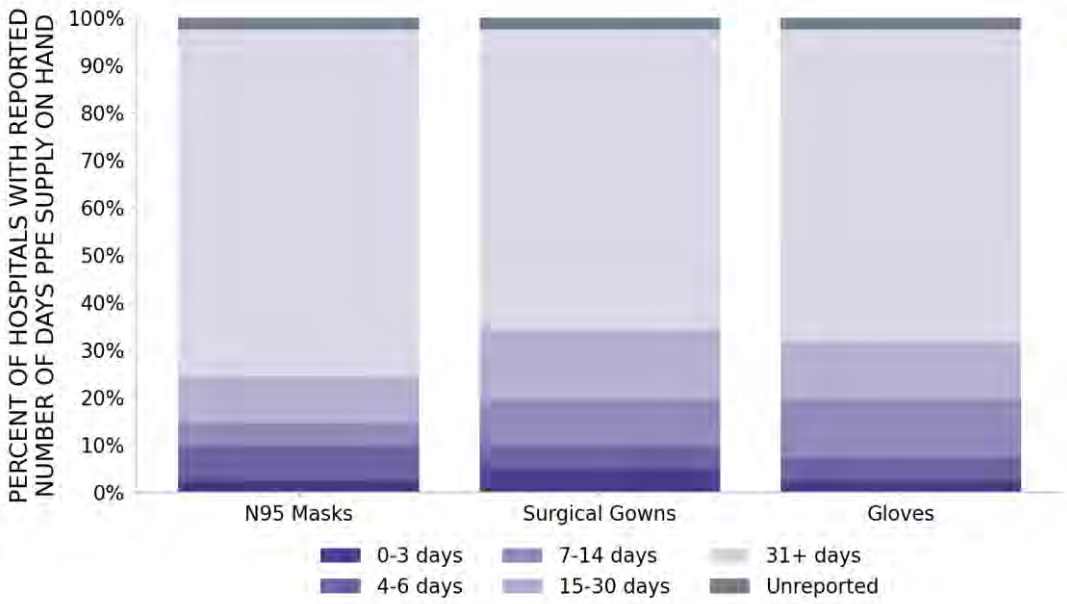
STATE REPORT | 11.15.2020

41 hospitals are expected to report in Idaho

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

IDAHO

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	16 ■ (+0)	Boise Twin Falls Idaho Falls Coeur d'Alene Pocatello Rexburg Lewiston Burley Blackfoot Moscow Sandpoint Hailey	38 ■ (+0)	Ada Canyon Twin Falls Kootenai Bonneville Bannock Madison Nez Perce Jerome Bingham Cassia Latah
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	3 ▲ (+2)	Valley Lewis Adams
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red CBSAs: Boise, Twin Falls, Idaho Falls, Coeur d'Alene, Pocatello, Rexburg, Lewiston, Burley, Blackfoot, Moscow, Sandpoint, Hailey, Mountain Home, Ontario, Jackson, Logan

All Red Counties: Ada, Canyon, Twin Falls, Kootenai, Bonneville, Bannock, Madison, Nez Perce, Jerome, Bingham, Cassia, Latah, Minidoka, Jefferson, Gooding, Bonner, Elmore, Blaine, Payette, Idaho, Lemhi, Fremont, Boundary, Teton, Gem, Lincoln, Washington, Franklin, Caribou, Shoshone, Clearwater, Owyhee, Bear Lake, Power, Benewah, Oneida, Boise, Custer

Red CBSAs: Boise CBSA is comprised of Ada County, ID; Boise County, ID; Canyon County, ID; Gem County, ID; and Owyhee County, ID. Twin Falls CBSA is comprised of Jerome County, ID and Twin Falls County, ID. Idaho Falls CBSA is comprised of Bonneville County, ID; Butte County, ID; and Jefferson County, ID. Coeur d'Alene CBSA is comprised of Kootenai County, ID. Pocatello CBSA is comprised of Bannock County, ID and Power County, ID. Rexburg CBSA is comprised of Fremont County, ID and Madison County, ID. Lewiston CBSA is comprised of Nez Perce County, ID and Asotin County, WA. Burley CBSA is comprised of Cassia County, ID and Minidoka County, ID. Blackfoot CBSA is comprised of Bingham County, ID. Moscow CBSA is comprised of Latah County, ID. Sandpoint CBSA is comprised of Bonner County, ID. Hailey CBSA is comprised of Blaine County, ID and Camas County, ID. Mountain Home CBSA is comprised of Elmore County, ID. Ontario CBSA is comprised of Payette County, ID and Malheur County, OR. Jackson CBSA is comprised of Teton County, ID and Teton County, WY. Logan CBSA is comprised of Franklin County, ID and Cache County, UT.

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

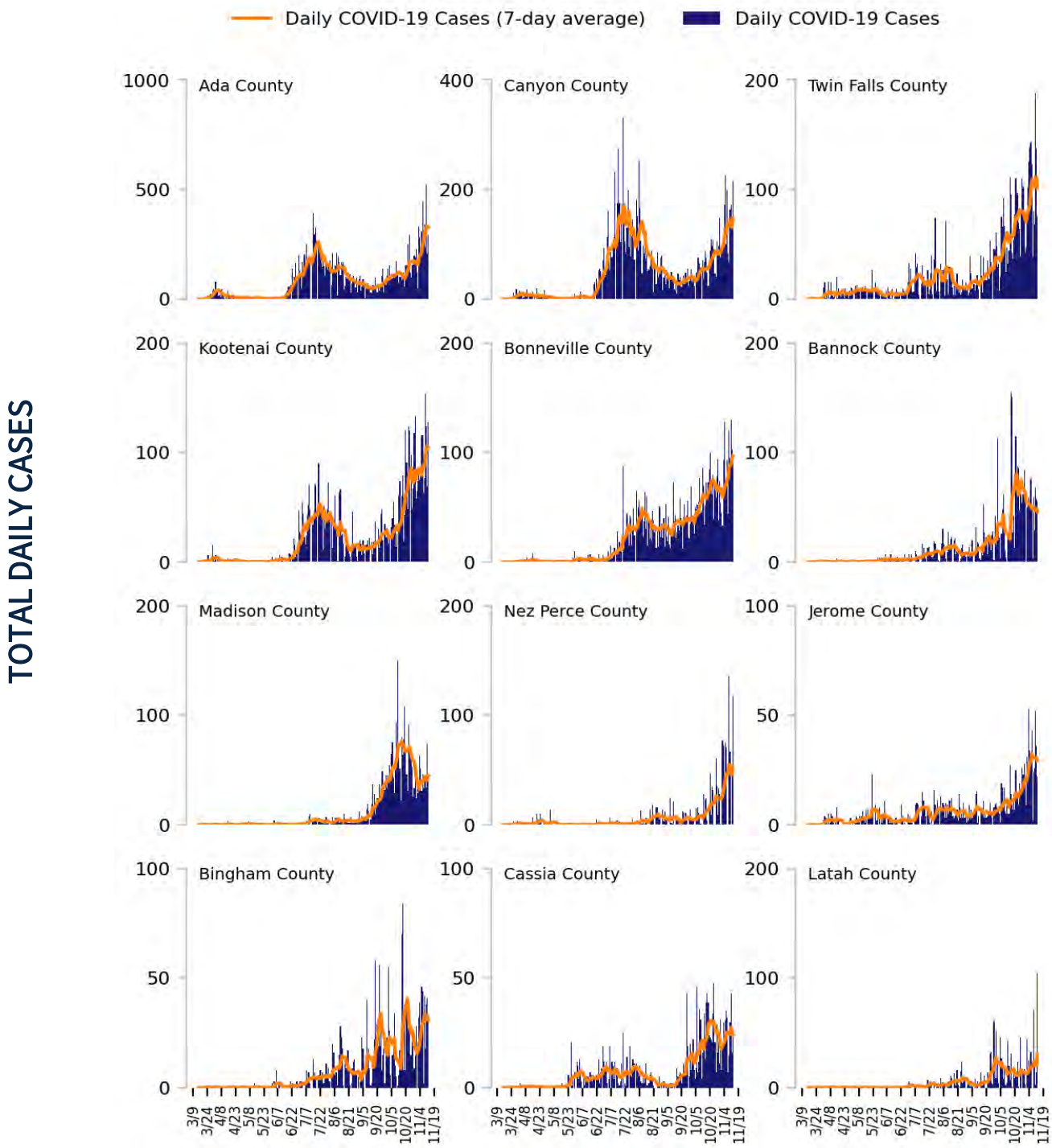
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

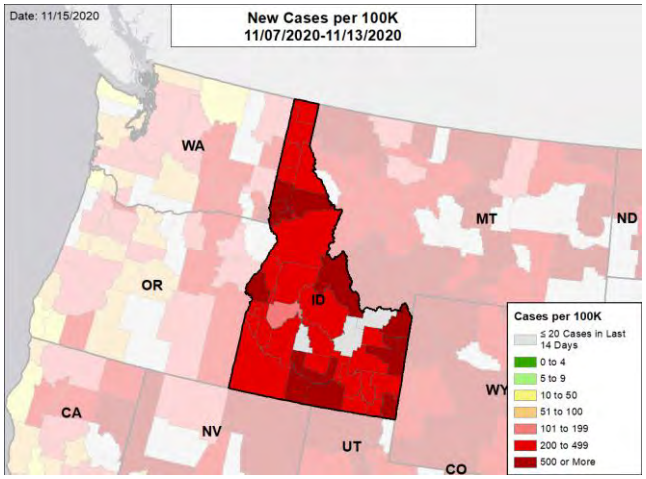
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

IDAHO

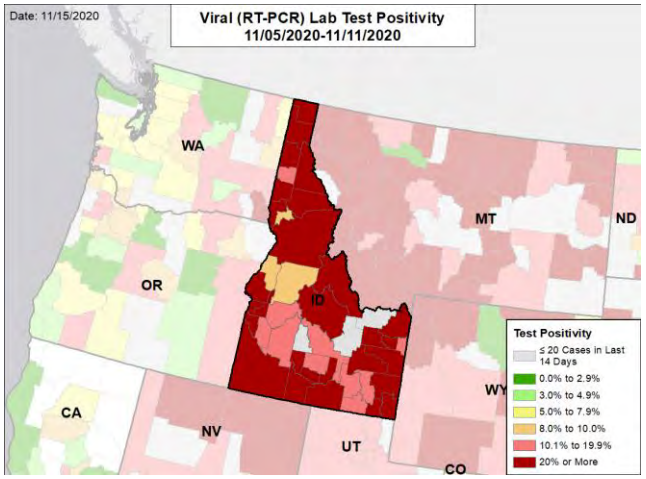
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

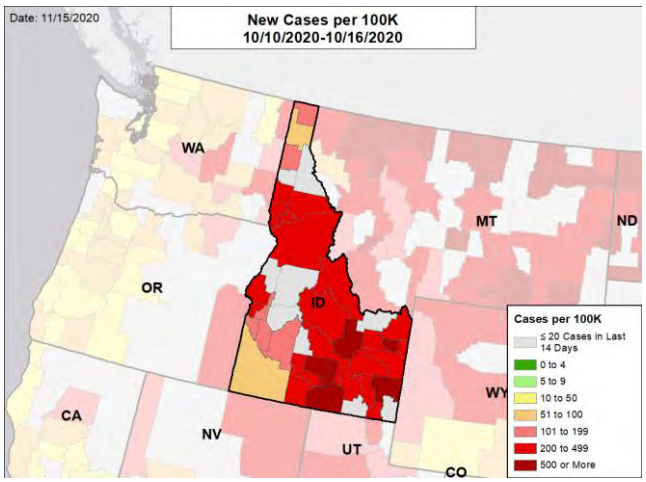
NEW CASES PER 100,000



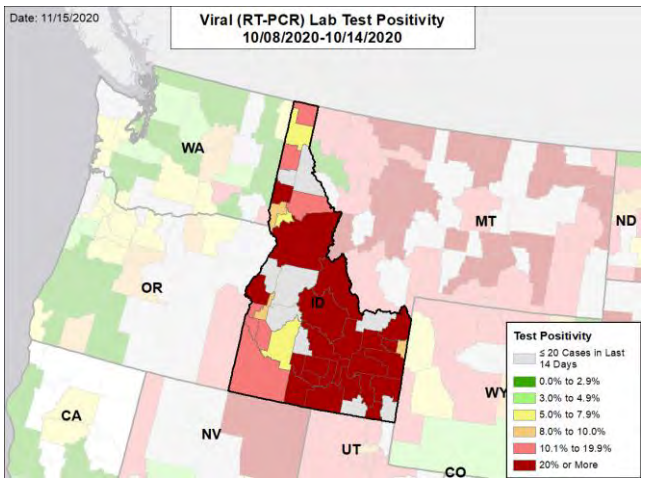
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

ILLINOIS

STATE REPORT
11.15.2020
Issue 22

SUMMARY

- Illinois has seen an explosive rise in cases and test positivity over the last six weeks. Hospitalizations are now at the highest level of the pandemic and continue to increase rapidly, as do deaths. Additional mitigation measures are needed. Illinois is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 7th highest rate in the country. Illinois is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 14th highest rate in the country.
- Illinois has seen an increase in new cases; seven-day average daily reported cases are doubling every 15 days. Test positivity also increased despite increasing testing volume.
- Hospitalizations continue to increase rapidly exceeding the spring peak level. Hospitals are limiting visitors and elective procedures.
- High viral transmission involves the entire state. The following three counties had the highest number of new cases over the last 3 weeks: 1. Cook County, 2. DuPage County, and 3. Will County. These counties represent 49.7% of new cases in Illinois.
- 98% of all counties in Illinois have moderate or high levels of community transmission (yellow, orange, or red zones), with 89% having high levels of community transmission (red zone). More than 15 counties reported >1,000 cases per 100,000 population last week.
- Institutions of higher education (IHE): UIUC had reported a sharp increase in cases the previous week due to Halloween and football parties; this rate declined last week, suggesting the comprehensive testing and isolation may be able to control such outbreaks.
- During the week of Nov 2 - Nov 8, 27% of nursing homes had at least one new resident COVID-19 case, 51% had at least one new staff COVID-19 case, and 8% had at least one new resident COVID-19 death.
- Illinois had 682 new cases per 100,000 population, compared to a national average of 294 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 68 to support operations activities from FEMA; 5 to support operations activities from ASPR; 2 to support epidemiology activities from CDC; and 7 to support operations activities from USCG.
- Between Nov 7 - Nov 13, on average, 591 patients with confirmed COVID-19 and 617 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Illinois. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- We share the strong concern of Illinois leaders that the current situation is critical and that additional measures are needed to limit increases in hospitalizations and deaths. The Governor's continued personal guidance on these measures is critical and is commended.
- The upcoming holidays can amplify transmission considerably. Illinois should continue to expand public health messaging across all media platforms, including SMS auto-texting, to warn citizens about the risks of social gatherings, advise people to avoid them, and reemphasize face coverings and social distancing. Specifically, recommend holding an event only with individuals within one's household and emphasize the risk of exposing an elderly person or someone with an underlying condition (diabetes, obesity, hypertension, chemotherapy, etc.) if gathering indoors without masks.
- The continued hyper-intense increase in cases and test positivity throughout the state supports the need for additional mitigation measures to be taken, as other states have found control of spread to be much more difficult if measures are delayed until hospitalizations sharply increase. The currently recommended mitigation measures help to control transmission in public settings but have not kept ahead of increasing viral activity recently and have had limited success in preventing spread at private gatherings. Maximizing control of transmission now will allow for greater and earlier resumption of business activity in addition to limiting cases, hospitalizations, and deaths.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expanded strategic use of point-of-care antigen tests with immediate results will be critical to proactive testing in communities; these tests should be used among all individuals independent of symptoms in orange and red counties.
    - Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases.
    - Antigen tests do not perform well after 8-10 days post infection when nucleic acid cycle times are >30.
    - All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Expand contact tracing as needed by focusing the interview, developing scripts and clear algorithms to allow task-shifting, and coordinating remote surge capacity from counties with lower case rates. At the time of testing, give detailed instructions and materials describing what to do if the individual tests positive. Contact tracing may need to be prioritized under conditions of rapidly increasing cases.
- Proactive testing must be part of the mitigation efforts inclusive of mask wearing, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings. Hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally.
- Testing should be at a high baseline level throughout the state (aiming for at least 2,000 tests per 100,000 population per week in all counties) and should be immediately intensified in areas where there are signals of increasing transmission from clinical or wastewater testing. Illinois's testing level of >4,000 per 100,000 population is commended but needs further expansion during the current viral surge.
- Ensure all K-12 schools are following CDC guidelines, including mask wearing. Utilize the Abbot BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure university students continue their mitigation behaviors to ensure no further outbreaks on or off campus. Encourage IHE to test their student body before they leave campus for Thanksgiving break to mitigate exposure to family and community.
- Ensure that all hospitals, including rural and mid-level hospitals, have conducted updated clinical training and have access to appropriate medicines and supplies. All service areas and clinical facilities should have expansion and contingency plans.
- Following local data on test positivity by age will be important to detect early evidence of increasing transmission in more vulnerable populations; expanding local clinical capacity at an earlier stage will avoid compromises in clinical care when hospitalizations increase rapidly.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

ILLINOIS

STATE REPORT | 11.15.2020

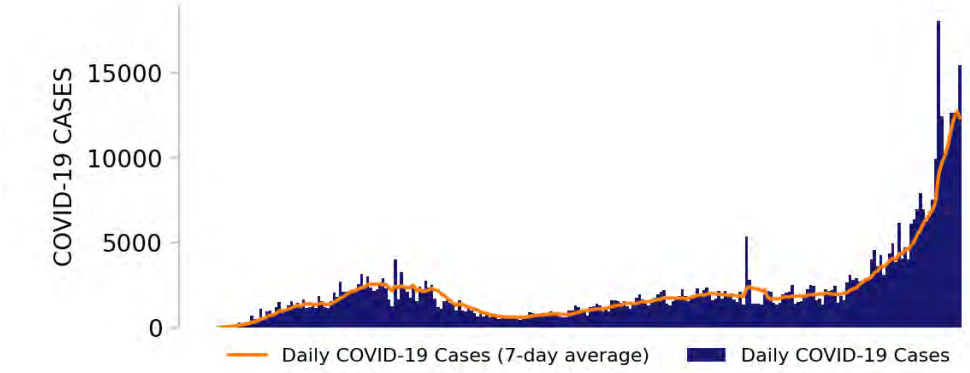
	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	86,412 (682)	+37%	295,768 (563)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	15.2%	+3.2%*	14.7%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	534,870** (4,221**)	+15%**	2,173,404** (4,137**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	426 (3.4)	+15%	1,889 (3.6)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	27%	+6%*	24%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	51%	+4%*	48%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	8%	+1%*	8%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

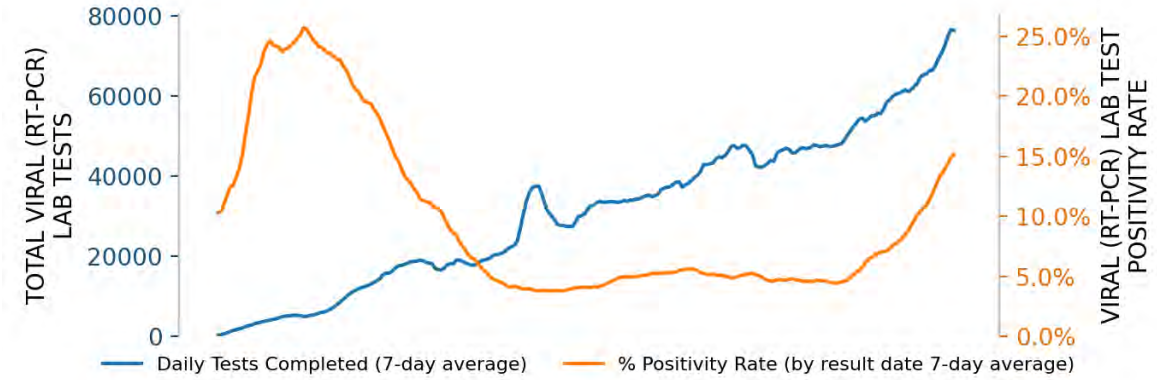
ILLINOIS

STATE REPORT | 11.15.2020

NEW CASES

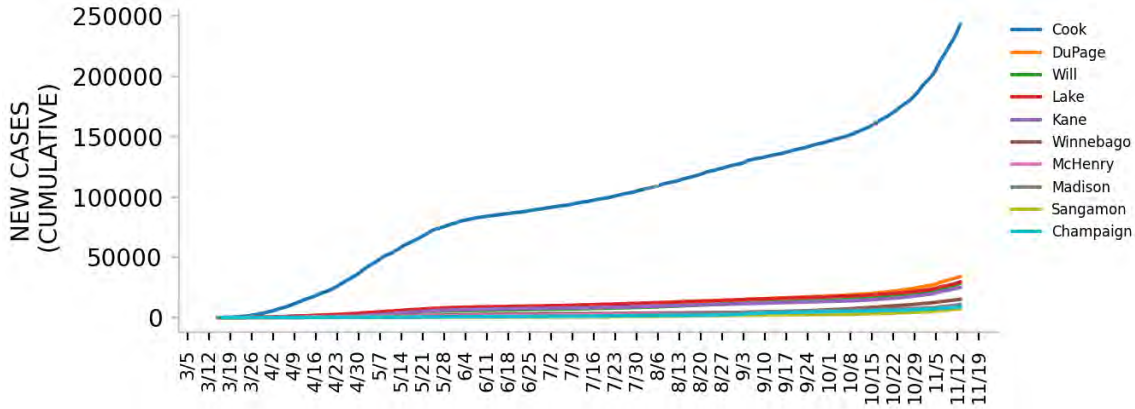


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



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 11/13/2020.

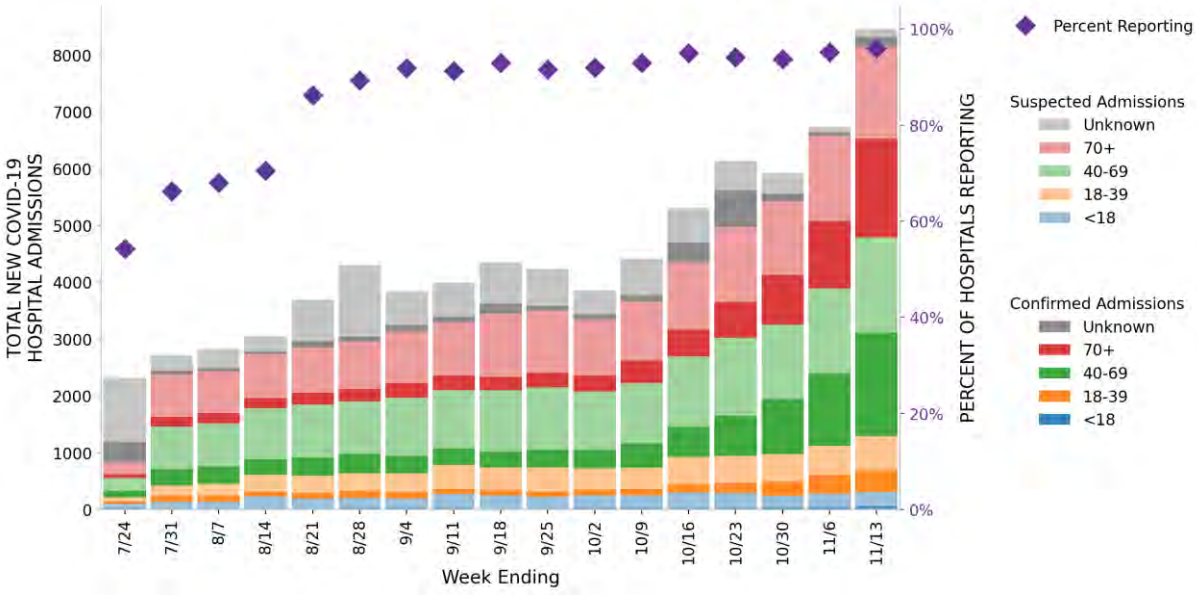
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

ILLINOIS

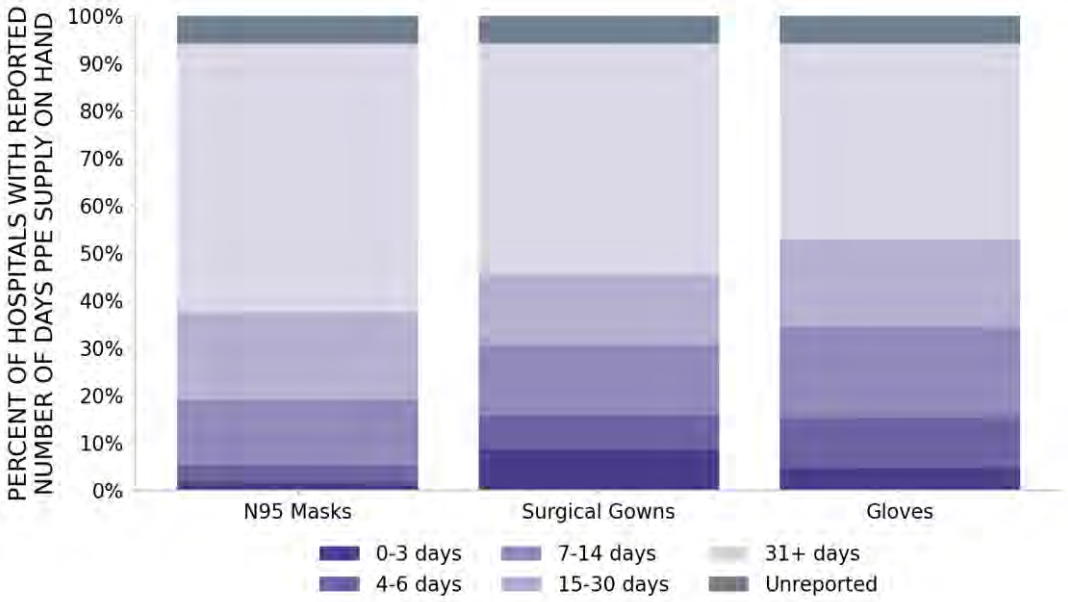
STATE REPORT | 11.15.2020

189 hospitals are expected to report in Illinois

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

ILLINOIS

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	31 ▲ (+4)	Chicago-Naperville-Elgin St. Louis Rockford Peoria Davenport-Moline-Rock Island Springfield Ottawa Kankakee Bloomington Decatur Carbondale-Marion Quincy	91 ▲ (+16)	Cook DuPage Will Lake Kane Winnebago McHenry Madison Sangamon Kankakee Rock Island St. Clair
LOCALITIES IN ORANGE ZONE	0 ▼ (-2)	N/A	4 ▼ (-5)	Jersey Ford Crawford Schuyler
LOCALITIES IN YELLOW ZONE	0 ▼ (-2)	N/A	5 ▼ (-9)	Bond Moultrie Union White Calhoun

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

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

All Red Counties: Cook, DuPage, Will, Lake, Kane, Winnebago, McHenry, Madison, Sangamon, Kankakee, Rock Island, St. Clair, McLean, Peoria, Macon, LaSalle, Kendall, Tazewell, Adams, DeKalb, Whiteside, Boone, Vermilion, Stephenson, Ogle, Grundy, Williamson, Livingston, Coles, Henry, Effingham, Knox, Clinton, Marion, Lee, Morgan, Bureau, Iroquois, Macoupin, Christian, Woodford, Franklin, Jackson, Monroe, Logan, McDonough, Fulton, Jefferson, Fayette, Douglas, Randolph, Carroll, Pike, Hancock, Edgar, Jo Daviess, Shelby, Piatt, Warren, Greene, Saline, Mercer, Montgomery, Perry, Clark, Lawrence, Wayne, De Witt, Cass, Clay, Jasper, Johnson, Cumberland, Washington, Mason, Richland, Wabash, Hamilton, Massac, Menard, Brown, Marshall, Alexander, Henderson, Pulaski, Scott, Putnam, Stark, Gallatin, Edwards, Hardin

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

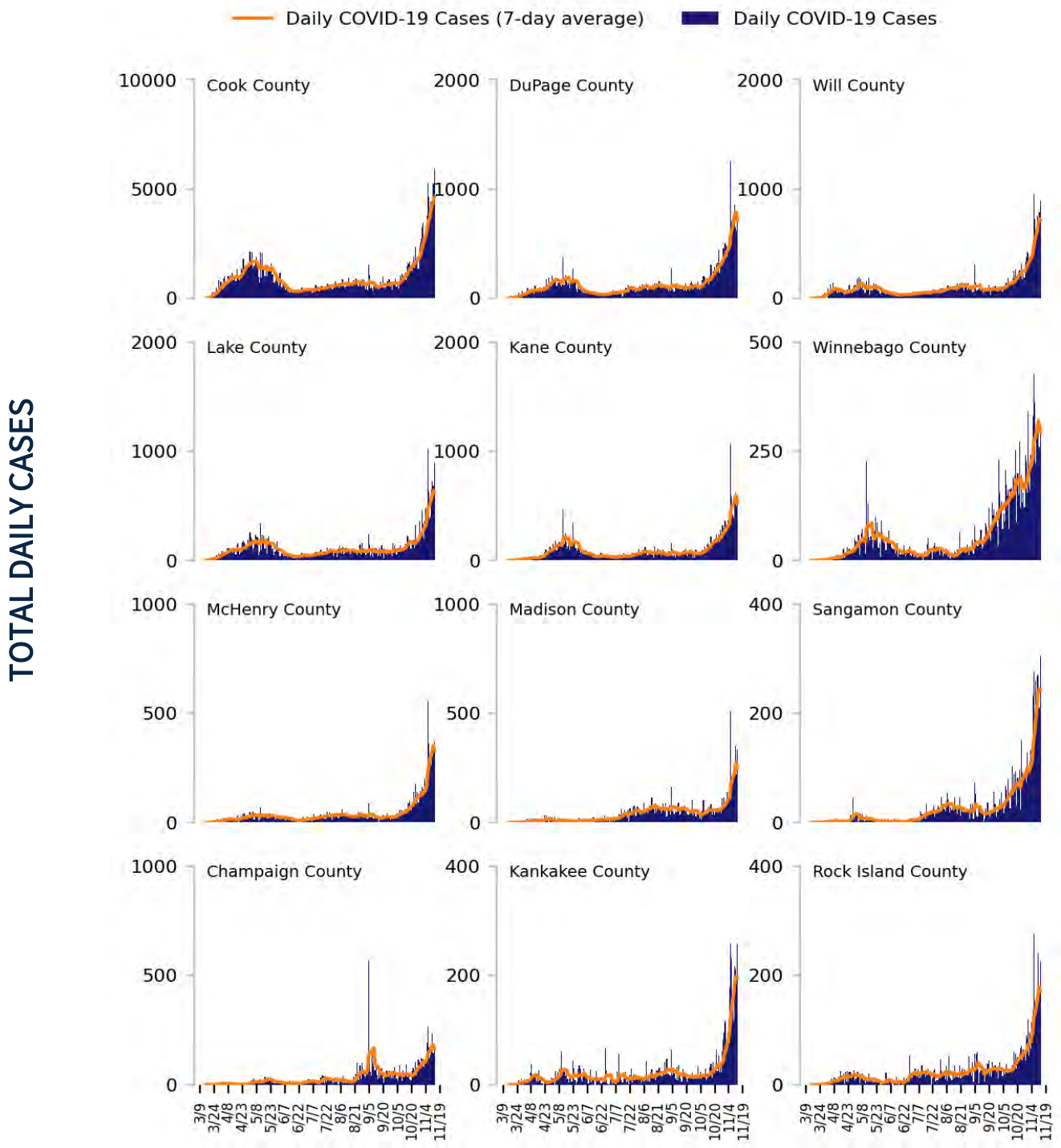
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

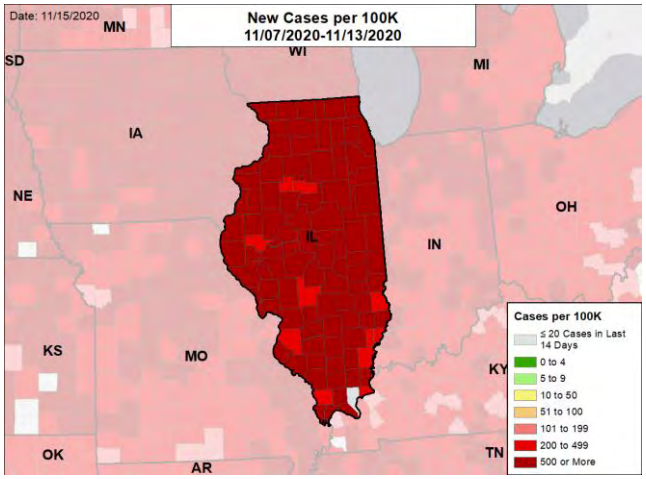
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

ILLINOIS

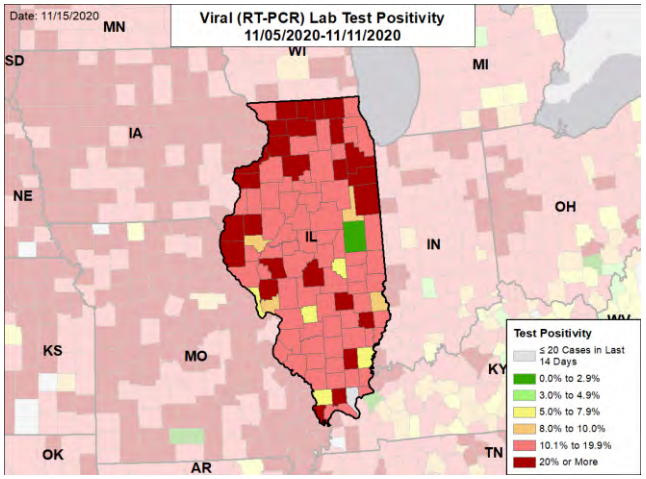
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

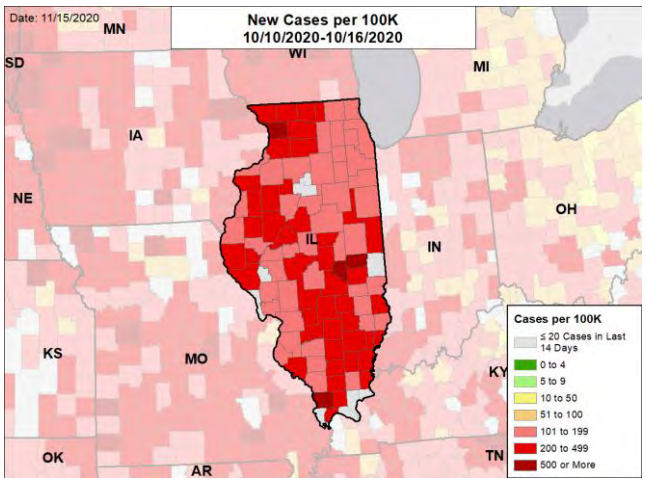
NEW CASES PER 100,000



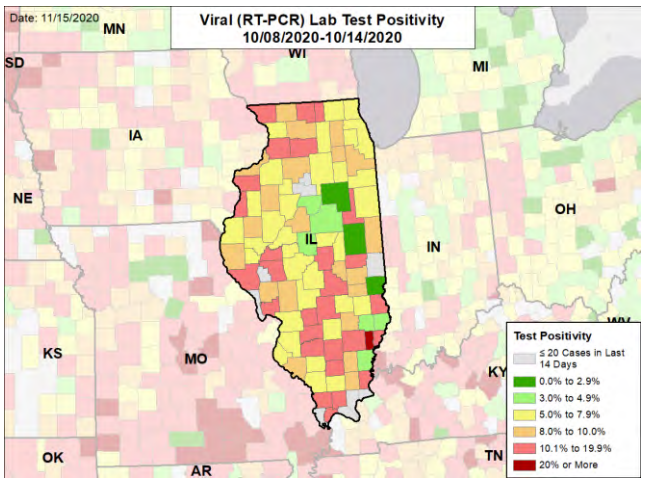
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



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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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

INDIANA

STATE REPORT
11.15.2020
Issue 22

SUMMARY

- The epidemic control situation in Indiana has continued to rapidly deteriorate. Indiana is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 12th highest rate in the country. Indiana is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 16th highest rate in the country.
- Indiana has seen steep continued increases in new cases and deaths; test positivity continues to increase despite increasing test volume. Daily cases are doubling every 16 days and daily deaths are four-fold higher than in September. Hospitalizations are continuously increasing after exceeding the spring peak by the beginning of November.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Marion County, 2. Lake County, and 3. Allen County. These counties represent 25.9% of new cases in Indiana.
- Institutions of higher education (IHE): Purdue University continued to report increased cases although the 7-day positivity rate began to decline again. A fraternity at IU closed due to COVID guidance violation.
- Mitigation measures: On Sept 26, Indiana entered Phase 5 of the state's reopening plan, with businesses, including restaurants and gyms open to full capacity. Last week, the state introduced business restrictions for counties with rapid increases in cases. The mask mandate continues.
- 99% of all counties in Indiana have moderate or high levels of community transmission (yellow, orange, or red zones), with 91% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 24% of nursing homes had at least one new resident COVID-19 case, 42% had at least one new staff COVID-19 case, and 9% had at least one new resident COVID-19 death.
- Indiana had 536 new cases per 100,000 population, compared to a national average of 294 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 Nov 7 - Nov 13, on average, 315 patients with confirmed COVID-19 and 232 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

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- We share the concern of Indiana leaders on the critical level of the epidemic currently and the need to limit further cases and avoid increases in hospitalizations and deaths. At this point, the rapid increase in cases, hospitalizations, and deaths throughout the state supports the additional steps taken last week; further measures will be needed to avoid falling behind the rapid spread as other states have found control of spread to be much more difficult if measures are delayed. The Governor's continued personal guidance on these measures is critical and commended. Maximizing control of transmission now will allow for greater and earlier resumption of business activity in addition to limiting hospitalizations and deaths.
- The upcoming holidays can amplify transmission considerably. Indiana should continue to expand public health messaging across all media platforms, including SMS auto-texting, to warn citizens about the risks of social gatherings, advise people to avoid them, and reemphasize face coverings and social distancing. Specifically, recommend holding an event only with individuals within one's household and emphasize the risk of exposing an elderly person or someone with an underlying condition (diabetes, obesity, hypertension, chemotherapy, etc.) if gathering indoors without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expanded strategic use of point-of-care antigen tests with immediate results will be critical to proactive testing in communities; these tests should be used among all individuals independent of symptoms in orange and red counties.
    - Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases.
    - Antigen tests do not perform well after 8-10 days post infection when nucleic acid cycle times are >30.
    - All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Expand contact tracing as needed by focusing the interview, developing scripts and clear algorithms to allow task-shifting, and coordinating remote surge capacity from counties with lower case rates. At the time of testing, give detailed instructions and materials describing what to do if the individual tests positive. Contact tracing may need to be prioritized under conditions of rapidly increasing cases.
- Proactive testing must be part of the mitigation efforts inclusive of mask wearing, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings. Hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally.
- Testing should be at a high baseline level throughout the state (aiming for at least 2,000 tests per 100,000 population per week in all counties) and should be immediately intensified in areas where there are signals of increasing transmission from clinical or wastewater testing. Indiana's testing level of nearly 4,000 per 100,000 population is commended but needs further expansion during the current viral surge.
- Ensure all K-12 schools are following CDC guidelines, including mask wearing. Utilize the Abbot BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure university students continue their mitigation behaviors to ensure no further outbreaks on or off campus. Encourage IHE to test their student body before they leave campus for Thanksgiving break to mitigate exposure to family and community.
- Ensure that all hospitals, including rural and mid-level hospitals, have conducted updated clinical training and have access to appropriate medicines and supplies. All service areas and clinical facilities should have expansion and contingency plans.
- Following local data on test positivity by age will be important to detect early evidence of increasing transmission in more vulnerable populations; expanding local clinical capacity at an earlier stage will avoid compromises in clinical care when hospitalizations increase rapidly.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

INDIANA

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	36,106 (536)	+45%	295,768 (563)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	14.9%	+3.3%*	14.7%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	266,561** (3,959**)	+23%**	2,173,404** (4,137**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	318 (4.7)	+22%	1,889 (3.6)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	24%	+5%*	24%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	42%	+8%*	48%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	9%	+0%*	8%	6%

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.
DATA SOURCES – Additional data details available under METHODS
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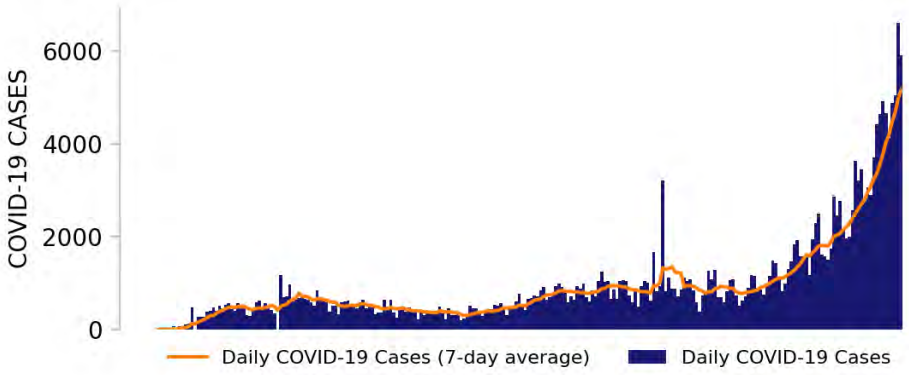
INDIANA

STATE REPORT | 11.15.2020

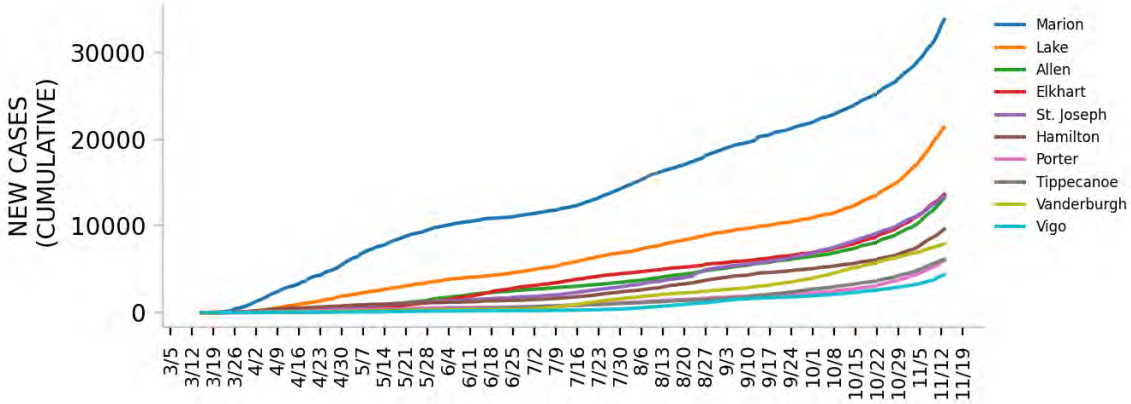
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020.

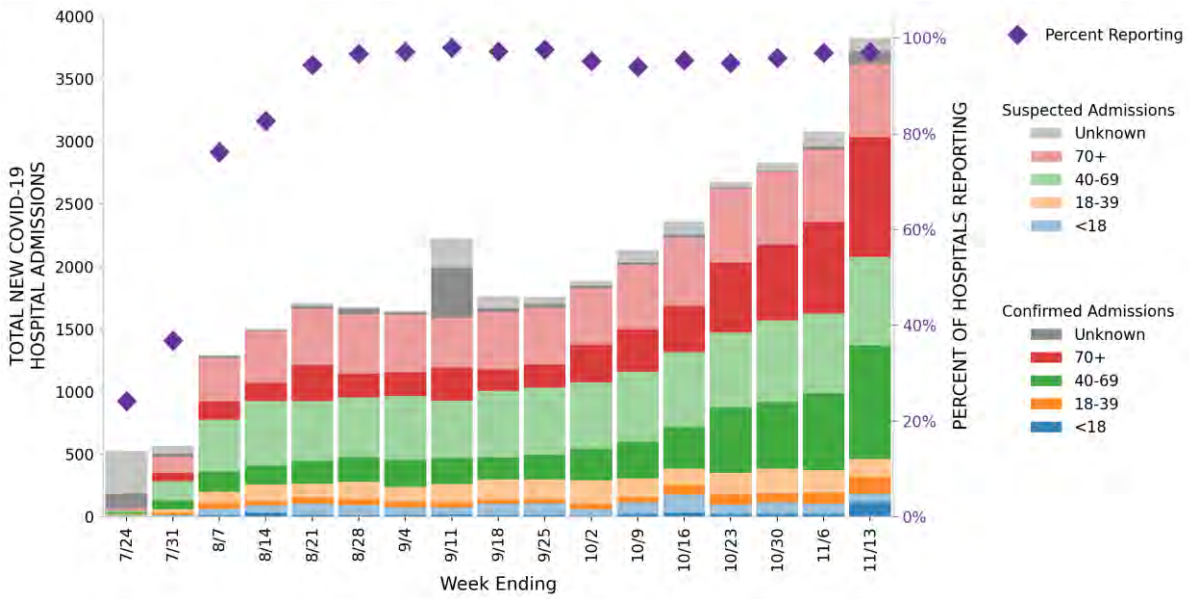
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

INDIANA

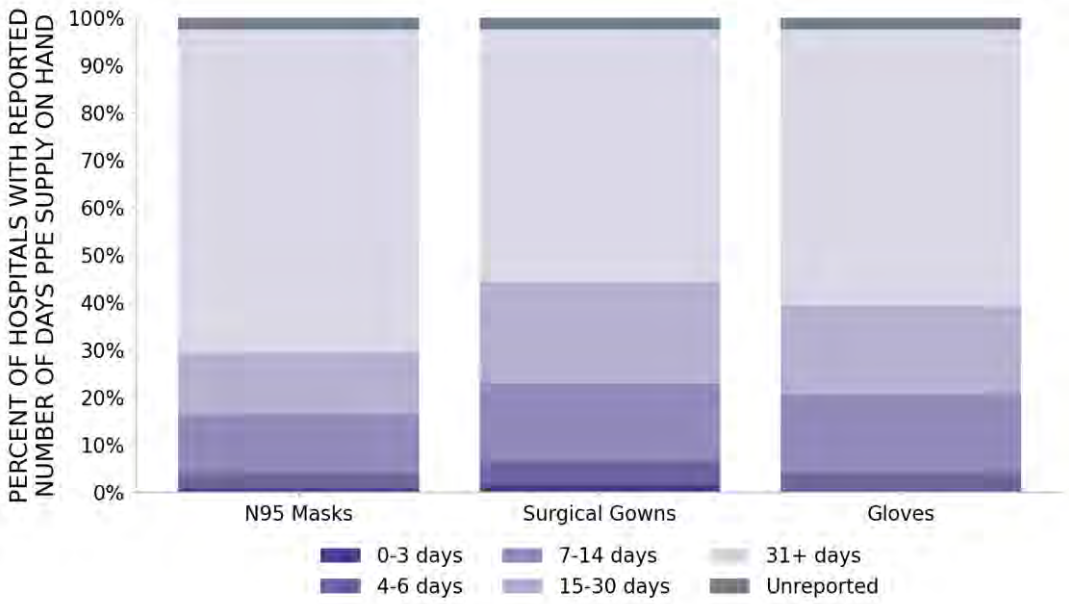
STATE REPORT | 11.15.2020

122 hospitals are expected to report in Indiana

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

INDIANA

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	36 ▲ (+10)	Indianapolis-Carmel-Anderson Chicago-Naperville-Elgin Fort Wayne Elkhart-Goshen South Bend-Mishawaka Evansville Lafayette-West Lafayette Terre Haute Louisville/Jefferson County Warsaw Michigan City-La Porte Muncie	84 ▲ (+22)	Marion Lake Allen Elkhart St. Joseph Hamilton Porter Tippecanoe Vanderburgh Vigo Johnson Kosciusko
LOCALITIES IN ORANGE ZONE	4 ▼ (-7)	Connersville Crawfordsville North Vernon Scottsburg	6 ▼ (-14)	Fayette Montgomery Jennings Scott Crawford Ohio
LOCALITIES IN YELLOW ZONE	0 ▼ (-2)	N/A	1 ▼ (-8)	Perry

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red CBSAs: Indianapolis-Carmel-Anderson, Chicago-Naperville-Elgin, Fort Wayne, Elkhart-Goshen, South Bend-Mishawaka, Evansville, Lafayette-West Lafayette, Terre Haute, Louisville/Jefferson County, Warsaw, Michigan City-La Porte, Muncie, Richmond, Decatur, Plymouth, Cincinnati, Columbus, Jasper, Kendallville, Kokomo, Marion, New Castle, Wabash, Vincennes, Auburn, Bedford, Frankfort, Seymour, Greensburg, Peru, Huntington, Logansport, Bluffton, Angola, Madison, Washington

All Red Counties: Marion, Lake, Allen, Elkhart, St. Joseph, Hamilton, Porter, Tippecanoe, Vanderburgh, Vigo, Johnson, Kosciusko, LaPorte, Madison, Hendricks, Clark, Delaware, Wayne, Adams, Marshall, Bartholomew, Floyd, Warrick, Noble, Howard, Grant, Hancock, Henry, Dubois, Shelby, Boone, Dearborn, Wabash, Morgan, Knox, DeKalb, Lawrence, Clinton, Randolph, Jackson, Decatur, Gibson, Jasper, Whitley, Miami, Huntington, Cass, Wells, Ripley, Steuben, Jefferson, Jay, LaGrange, White, Clay, Harrison, Starke, Daviess, Posey, Fulton, Greene, Fountain, Spencer, Putnam, Owen, Rush, Carroll, Newton, Sullivan, Vermillion, Washington, Parke, Blackford, Pulaski, Tipton, Orange, Franklin, Pike, Union, Switzerland, Brown, Benton, Warren, Martin

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

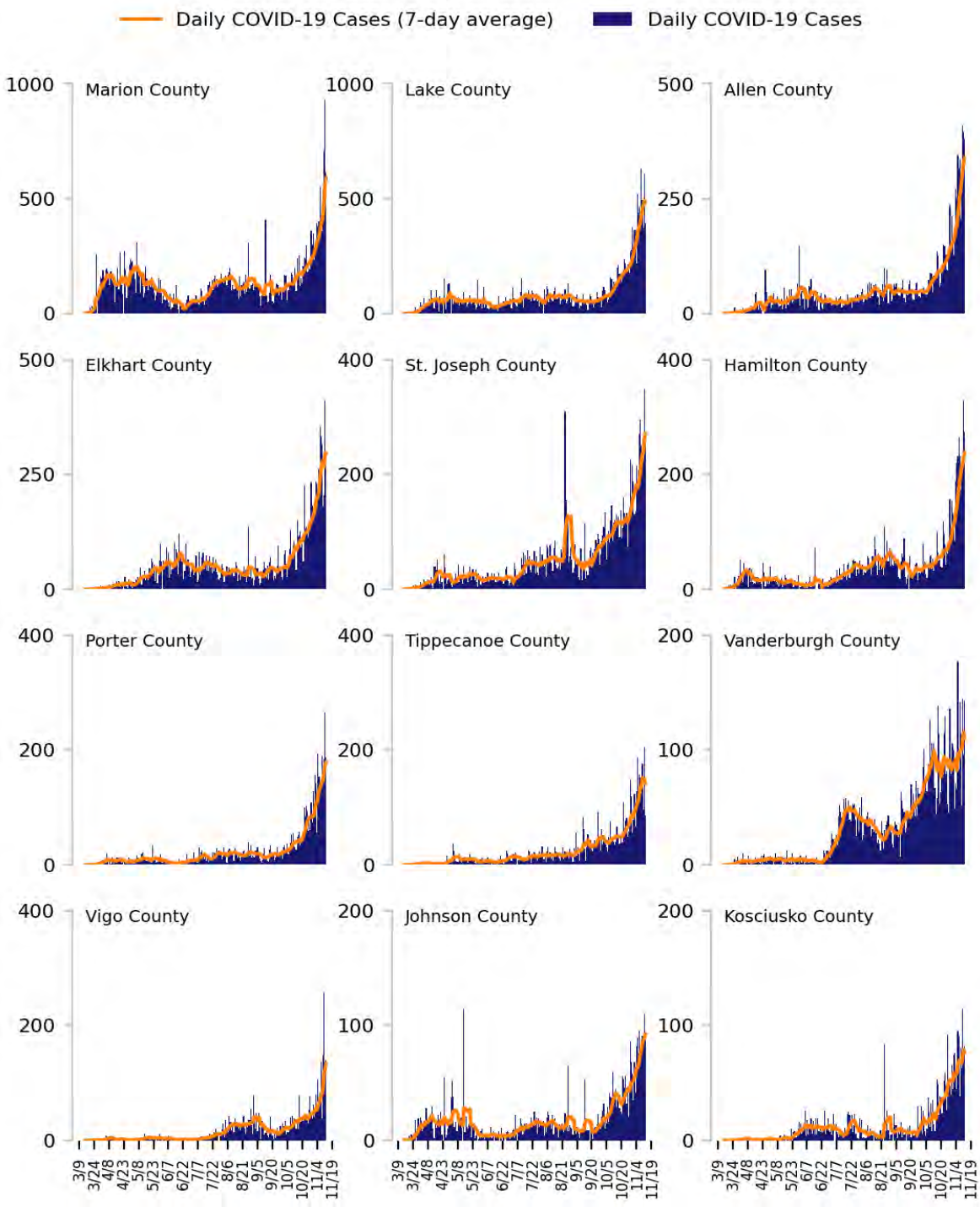
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

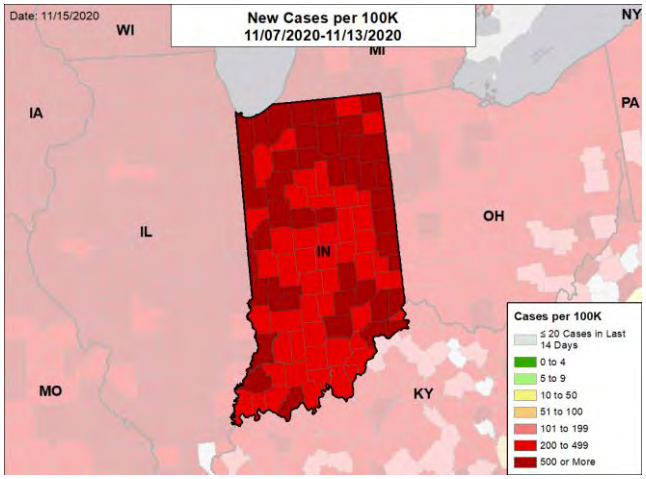
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

INDIANA

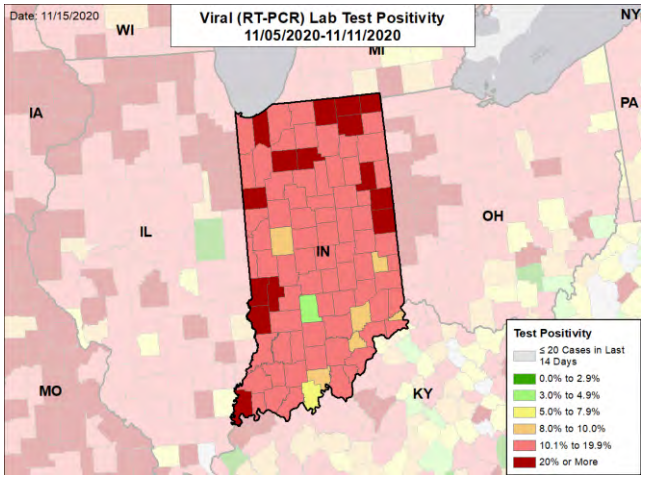
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

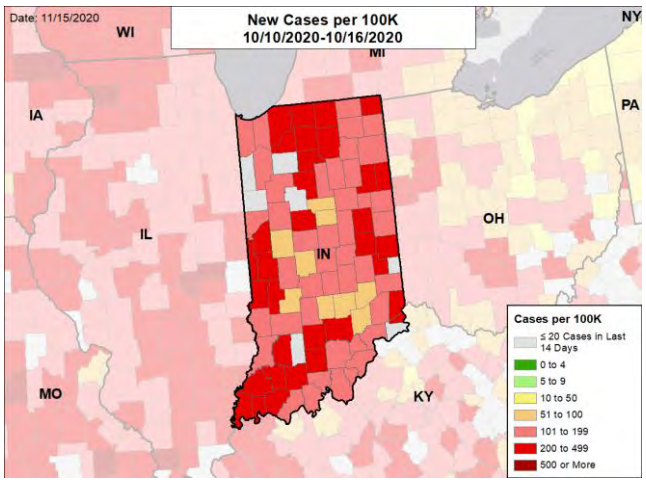
NEW CASES PER 100,000



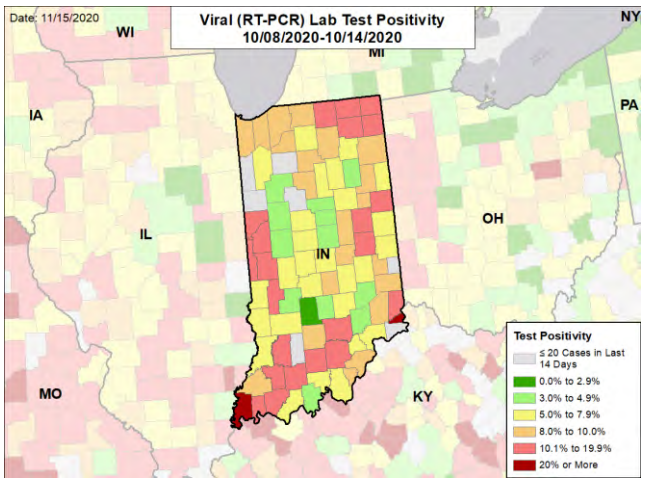
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

STATE REPORT
11.15.2020
Issue 22

IOWA

SUMMARY

- Iowa is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 3rd highest rate in the country. Iowa is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 3rd highest rate in the country.
- Iowa continues to see increases in new cases and test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Polk County, 2. Linn County, and 3. Scott County. These counties represent 26.7% of new cases in Iowa.
- 100% of counties in Iowa have high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 54% had at least one new staff COVID-19 case, 20% of nursing homes had at least one new resident COVID-19 case, and 8% had at least one new resident COVID-19 death.
- Iowa had 991 new cases per 100,000 population, compared to a national average of 294 per 100,000.
- Between Nov 7 - Nov 13, on average, 196 patients with confirmed COVID-19 and 45 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

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- The spread in Iowa is exponential and unyielding. The mask requirements in limited settings are a good start for Iowa to slow the spread; however, this recommendation needs to be expanded to all public settings.
- With all counties in the red zone and over 50% of nursing homes with at least one positive staff member, mitigation and messaging needs to be further strengthened. Effective practices to decrease transmission in public spaces include limiting restaurant indoor capacity to less than 25% and limiting bar hours until cases and test positivity decrease to the yellow zone.
- Conduct active testing in school for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- We have updated the new hospital admissions graphs to include breakdown by age group. Within the past week, there has been an over 30% increase in new admissions, with most of these in among people over 70 years but across all age groups. Increases in new admissions and changing proportions of age groups will be important to triangulate with cases and percent positivity to increase proactive mitigation efforts.
- Recruit local influencers to message to rural and urban communities basic actions to take now:
    - Do not gather without a mask with individuals living outside of your household.
    - Always wear a mask in public places.
    - Stop gatherings beyond immediate household until cases and test positivity are in the yellow zone.
    - Get your flu shot.
- Target test Iowa in asymptomatic populations where residents are carrying the virus, feel fine, but are unknowingly spreading it to others. Starting testing challenges for under 40 year-olds in communities with the widest spread, incentivizing them to get tested to protect their community.
- On university campuses, students are letting their guards down with Thanksgiving break less than a week away. Message to students to continue their mitigation actions on and off campus to protect others and themselves. If they are going home, they should follow CDC holiday guidelines for protective behaviors.
- Continuously monitor testing and contact tracing capacity in all counties to ensure rapid turnaround of test results (within 48 hours) and that all cases are immediately isolated and full contact tracing is conducted (within 72 hours of testing).
- Stay vigilant with regard to spread among nursing home staff and residents. Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents.
- Ensure all hospitals, including rural hospitals, have access to antivirals, antibodies, PPE, and ventilators. Work through FEMA to secure supplies when stocks of less than a week's supply is confirmed.
- 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.

IOWA

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	31,281 (991)	+60%	93,313 (660)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	24.1%	+4.0%*	23.1%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	118,881** (3,768**)	+19%**	301,021** (2,129**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	132 (4.2)	+20%	527 (3.7)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	20%	+4%*	24%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	54%	+12%*	51%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	8%	+3%*	8%	6%

* 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.

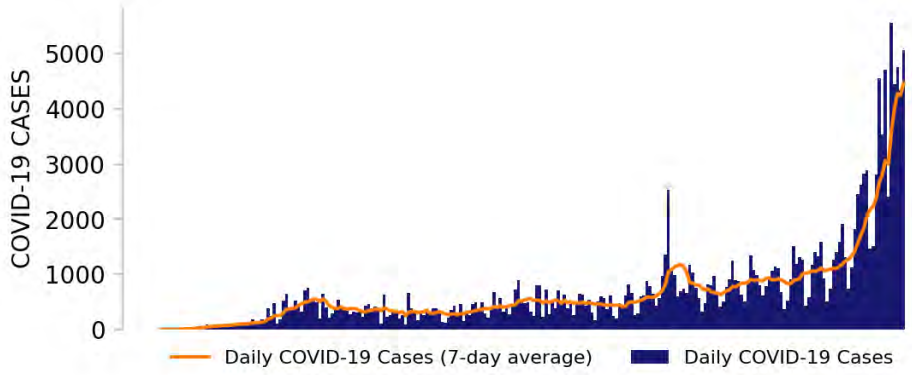
DATA SOURCES – Additional data details available under METHODS

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 11/13/2020; previous week is 10/31 - 11/6.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

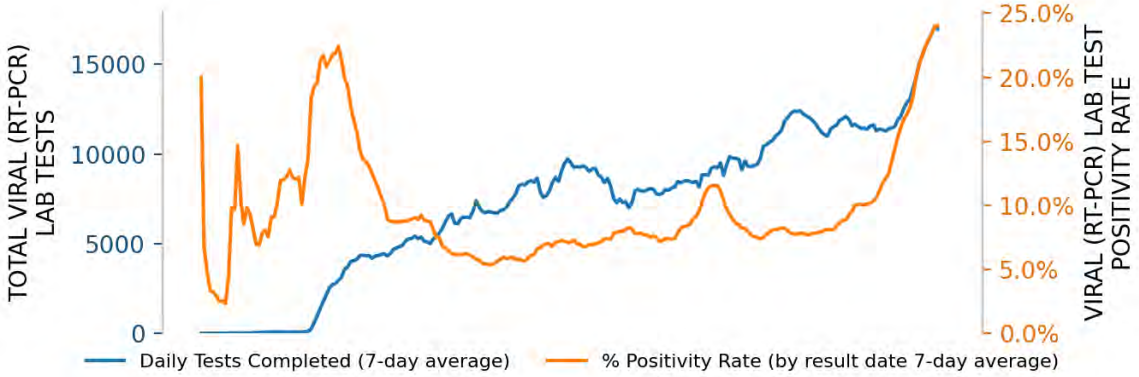
IOWA

STATE REPORT | 11.15.2020

NEW CASES

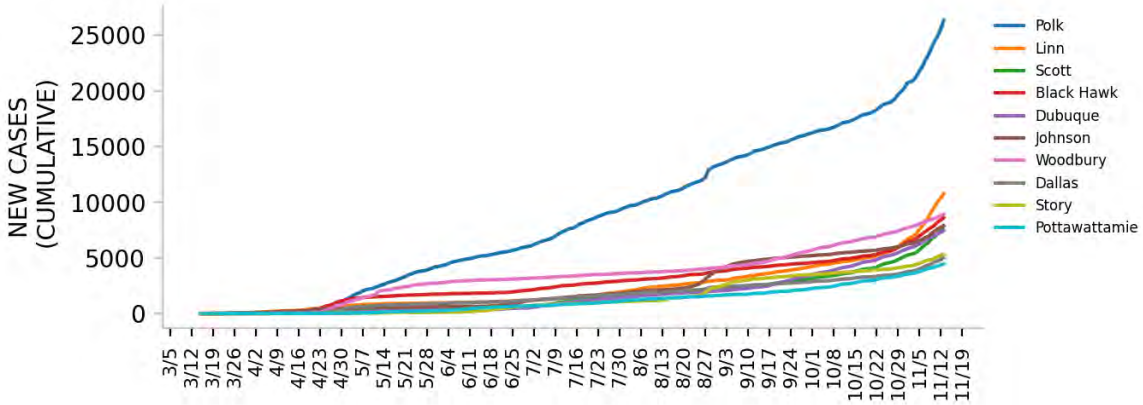


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020.

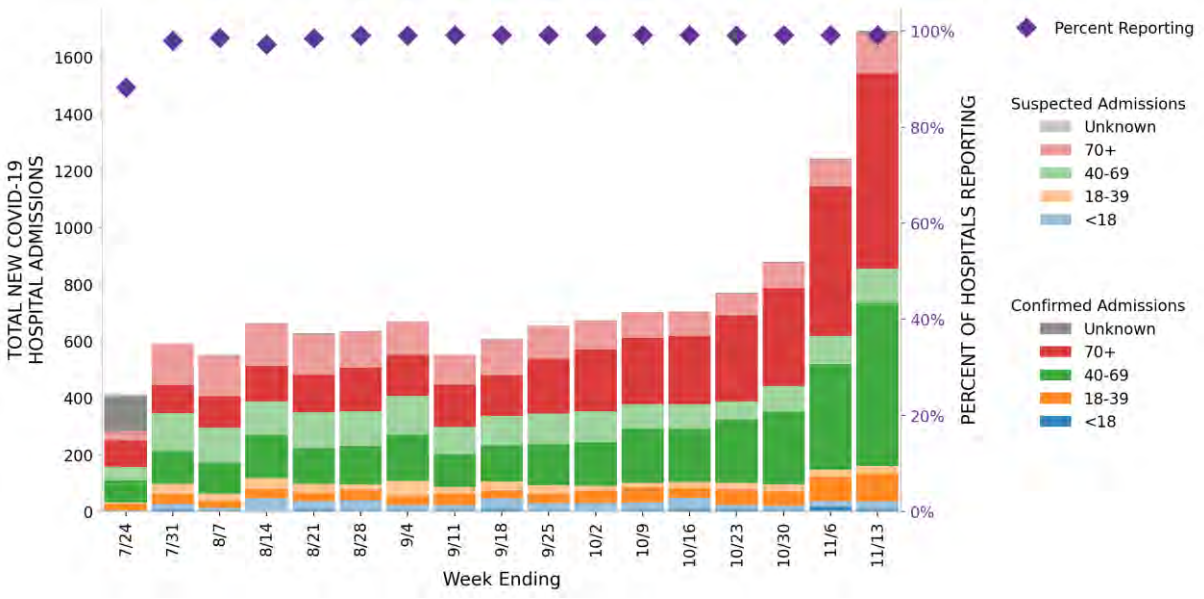
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

IOWA

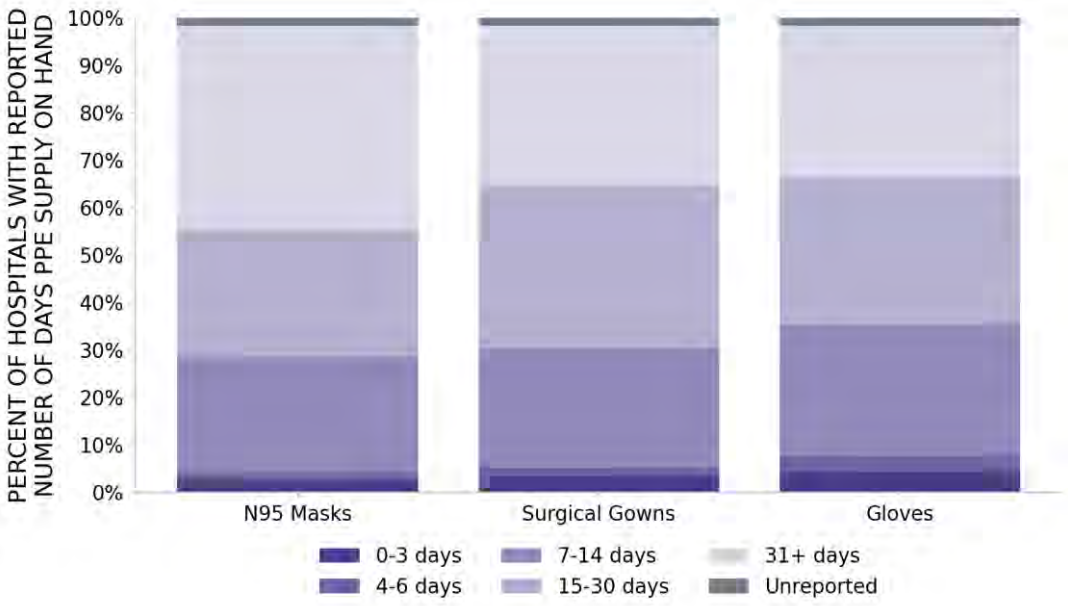
STATE REPORT | 11.15.2020

119 hospitals are expected to report in Iowa

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

IOWA

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	24 ■ (+0)	Des Moines-West Des Moines Cedar Rapids Waterloo-Cedar Falls Davenport-Moline-Rock Island Iowa City Dubuque Omaha-Council Bluffs Sioux City Ames Mason City Clinton Fort Dodge	99 ▲ (+4)	Polk Linn Scott Black Hawk Dubuque Johnson Woodbury Dallas Story Pottawattamie Jones Cerro Gordo
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	0 ▼ (-3)	N/A
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red CBSAs: Des Moines-West Des Moines, Cedar Rapids, Waterloo-Cedar Falls, Davenport-Moline-Rock Island, Iowa City, Dubuque, Omaha-Council Bluffs, Sioux City, Ames, Mason City, Clinton, Fort Dodge, Burlington, Marshalltown, Muscatine, Fort Madison-Keokuk, Pella, Carroll, Ottumwa, Storm Lake, Oskaloosa, Spirit Lake, Spencer, Fairfield

All Red Counties: Polk, Linn, Scott, Black Hawk, Dubuque, Johnson, Woodbury, Dallas, Story, Pottawattamie, Jones, Cerro Gordo, Clinton, Webster, Des Moines, Marshall, Warren, Muscatine, Sioux, Benton, Bremer, Jasper, Plymouth, Lee, Marion, Jackson, Carroll, Wapello, Page, Calhoun, Henry, O'Brien, Delaware, Buchanan, Clayton, Washington, Buena Vista, Fayette, Hardin, Tama, Mahaska, Cedar, Mills, Butler, Appanoose, Dickinson, Poweshiek, Boone, Clay, Hancock, Iowa, Grundy, Mitchell, Kossuth, Wright, Floyd, Union, Cass, Keokuk, Hamilton, Winneshiek, Sac, Shelby, Jefferson, Crawford, Chickasaw, Humboldt, Harrison, Winnebago, Allamakee, Lyon, Cherokee, Pocahontas, Guthrie, Greene, Louisa, Palo Alto, Ida, Franklin, Adair, Madison, Emmet, Montgomery, Osceola, Davis, Wayne, Taylor, Howard, Van Buren, Decatur, Audubon, Worth, Monroe, Monona, Fremont, Clarke, Lucas, Adams, Ringgold

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

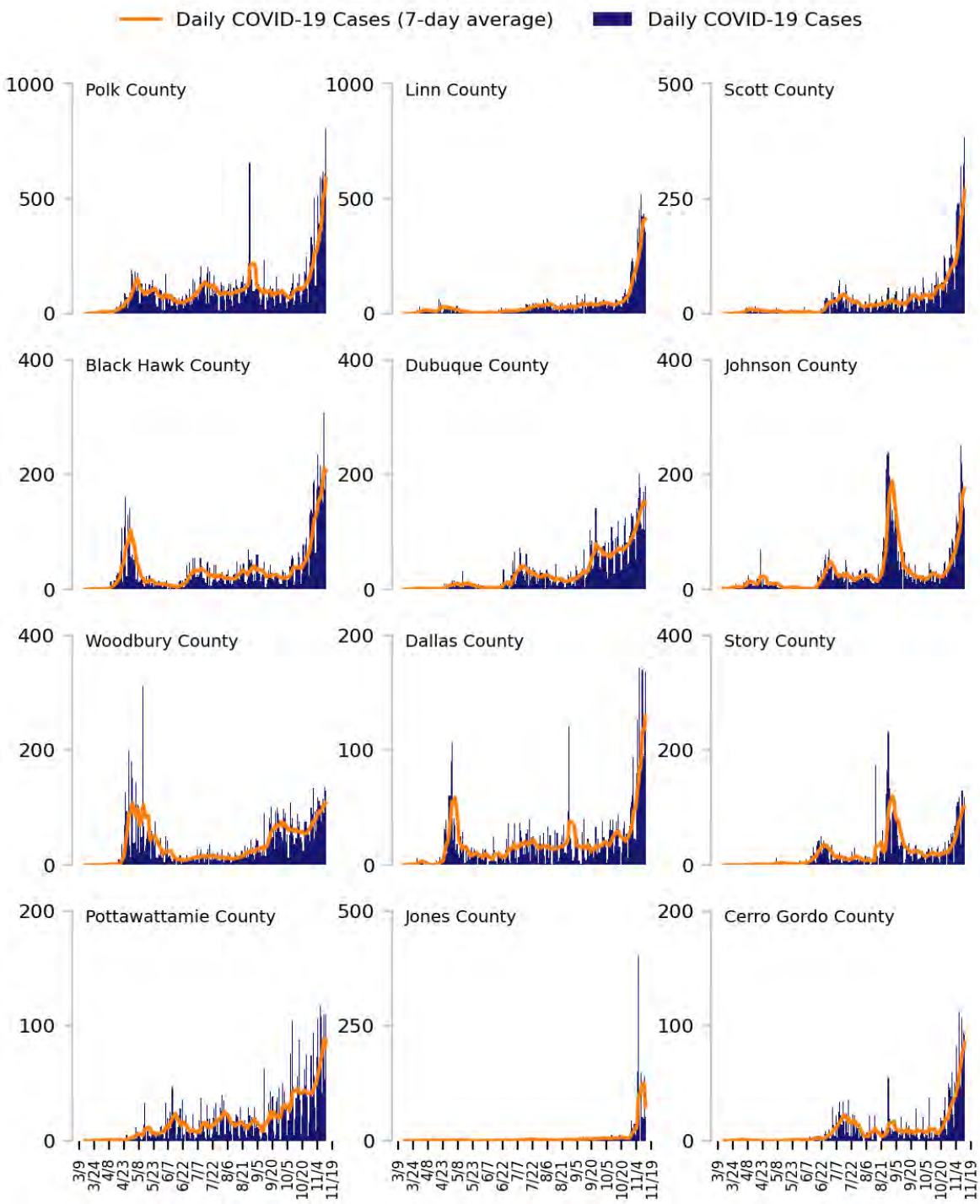
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

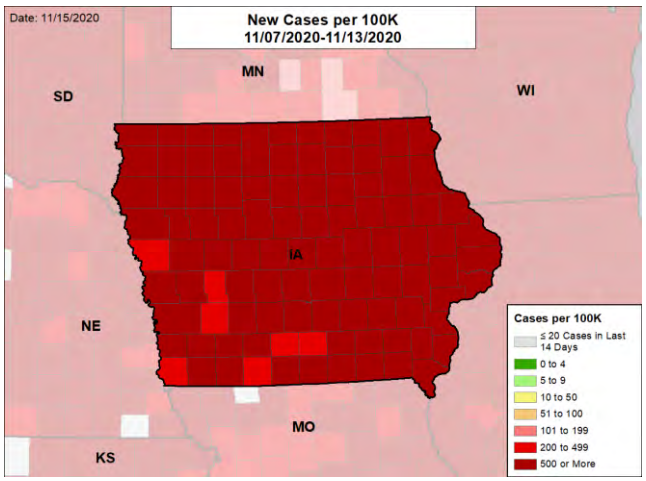
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

IOWA

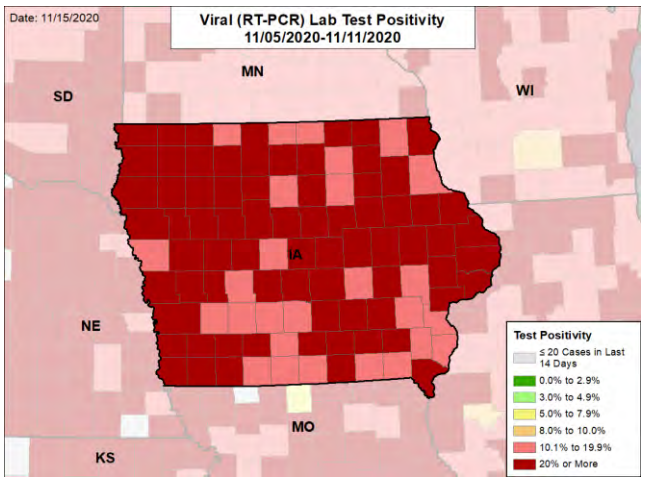
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

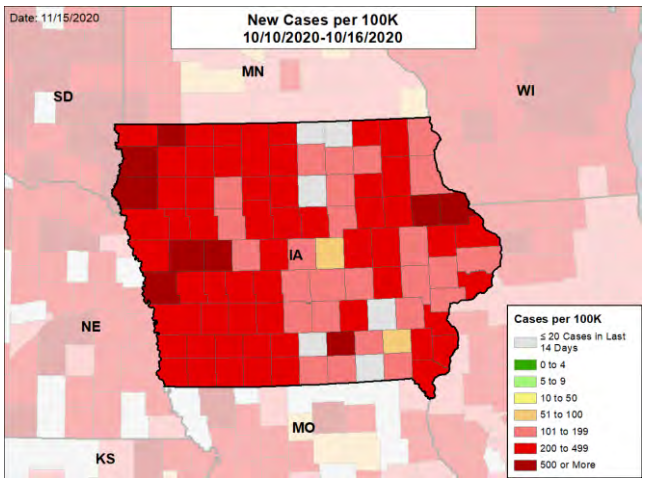
NEW CASES PER 100,000



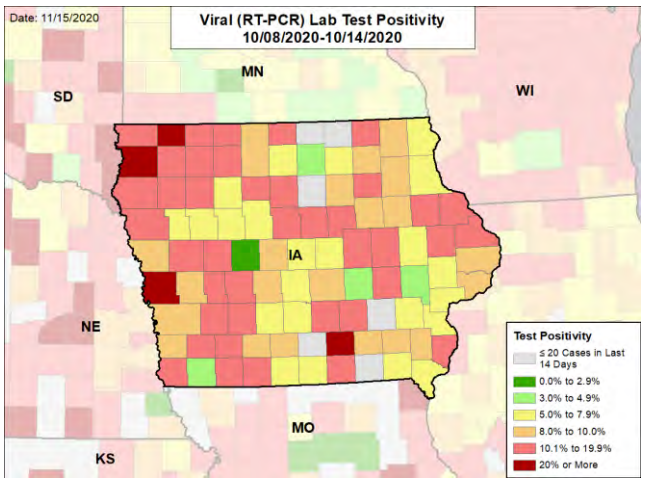
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

STATE REPORT
11.15.2020
Issue 22

KANSAS

SUMMARY

- Kansas is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 9th highest rate in the country. Kansas is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 5th highest rate in the country.
- Kansas has seen an increase in new cases and an increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Sedgwick County, 2. Johnson County, and 3. Shawnee County. These counties represent 42.2% of new cases in Kansas.
- 86% of all counties in Kansas have moderate or high levels of community transmission (yellow, orange, or red zones), with 80% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 24% of nursing homes had at least one new resident COVID-19 case, 48% had at least one new staff COVID-19 case, and 9% had at least one new resident COVID-19 death.
- Kansas had 619 new cases per 100,000 population, compared to a national average of 294 per 100,000.
- Between Nov 7 - Nov 13, on average, 149 patients with confirmed COVID-19 and 70 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

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- There is exponential and unyielding spread across the state. We are encouraged by the bold steps Kansas is taking to find the asymptomatic individuals to slow the spread. Incentivize the under 40 year-olds to get tested.
- With nearly all counties in the red zone and nearly 50% of nursing homes having at least one positive staff member, mitigation and messaging efforts need to be further strengthened. Effective practices to decrease transmission in public spaces include limiting restaurant indoor capacity to less than 25% and limiting bar hours until cases and test positivity decrease to the yellow zone.
- Ensure compliance with public health orders including wearing masks. Similarly, consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- We have updated the new hospital admissions graphs to include breakdown by age group. Within the past weeks, overall hospitalizations are increasing. Work with hospitals to improve reporting of all data. Increases in new admissions and changing proportions of age groups will be important to triangulate with cases and percent positivity to increase proactive mitigation efforts.
- On university campuses, students are letting their guards down with Thanksgiving break less than a week away. Message to students to continue their mitigation actions on and off campus to protect others and themselves. If they are going home, they should follow CDC holiday guidelines for protective behaviors.
- Recruit local influencers to message to rural and urban communities basic actions to take now:
    - Do not gather without a mask with individuals living outside of your household.
    - Always wear a mask in public places.
    - Stop gatherings beyond immediate household until cases and test positivity are in the yellow zone.
    - Get your flu shot.
- Continuously monitor testing and contact tracing capacity in all counties to ensure rapid turnaround of test results (within 48 hours) and that all cases are immediately isolated and full contact tracing is conducted (within 72 hours of testing).
- Stay vigilant with regard to spread among nursing home staff and residents. Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents.
- Ensure all hospitals, including rural hospitals, have access to antivirals, antibodies, PPE, and ventilators. Work through FEMA to secure supplies when stocks of less than a week's supply is confirmed.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

KANSAS

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	18,039 (619)	+43%	93,313 (660)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	22.9%	+3.5%*	23.1%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	36,454** (1,251**)	-33%**	301,021** (2,129**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	90 (3.1)	-34%	527 (3.7)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	24%	+5%*	24%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	48%	+9%*	51%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	9%	+5%*	8%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.

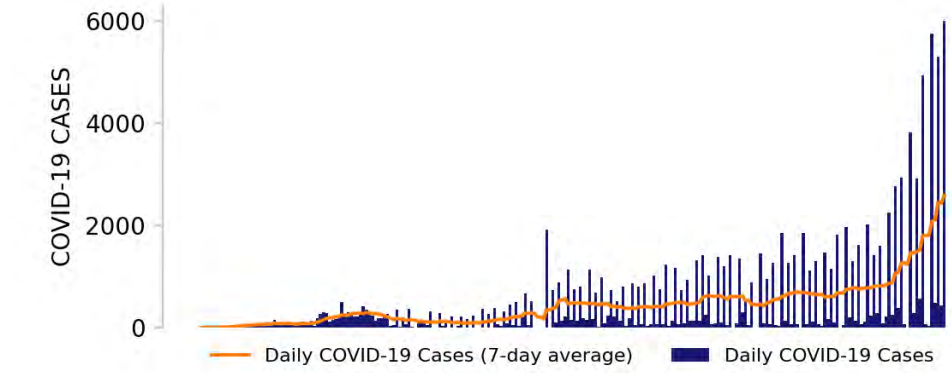
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

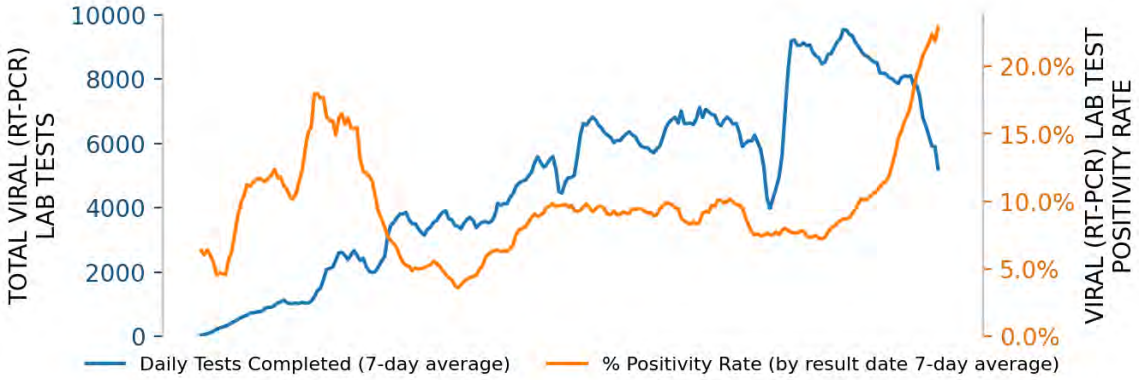
KANSAS

STATE REPORT | 11.15.2020

NEW CASES

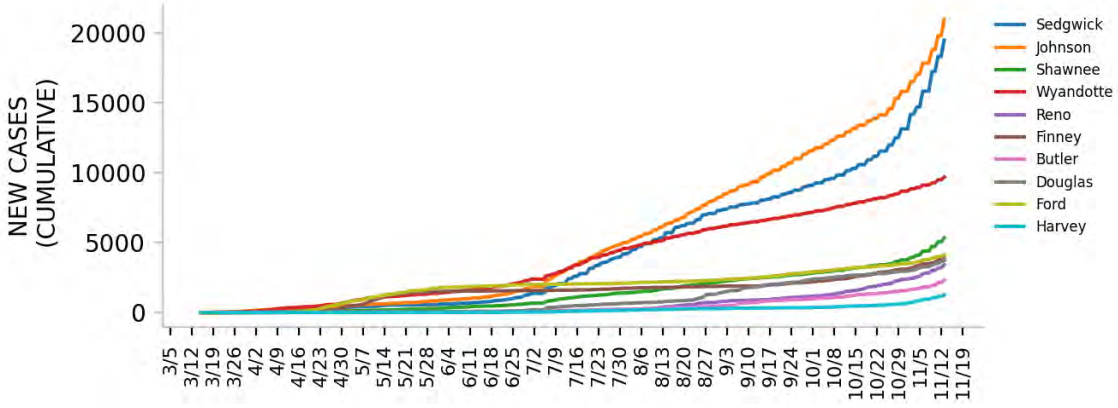


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020.

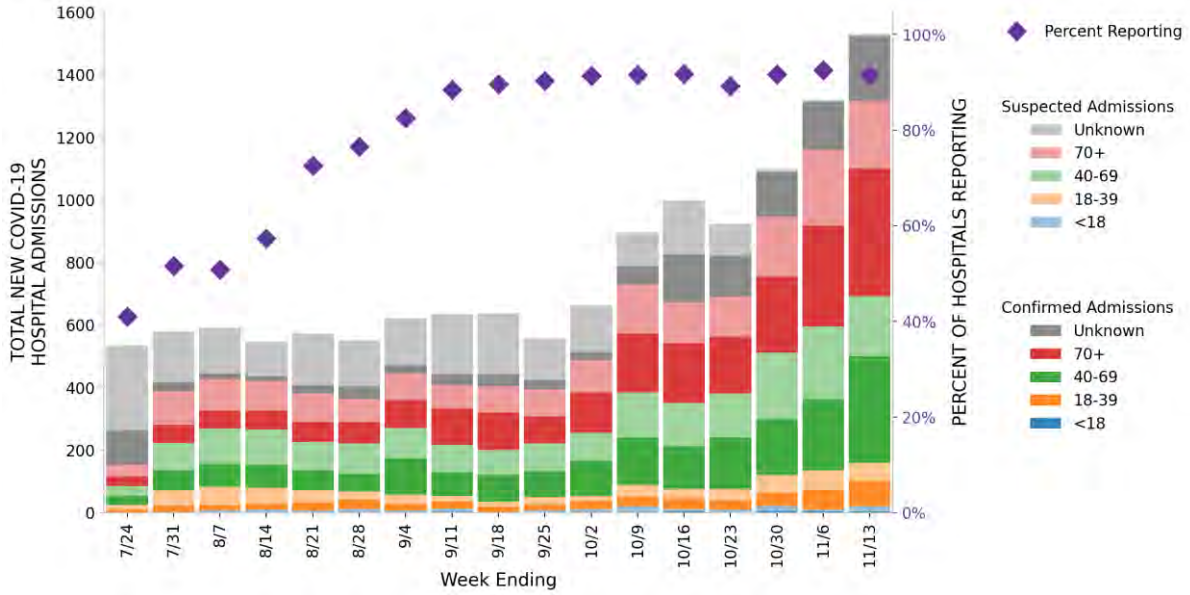
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

KANSAS

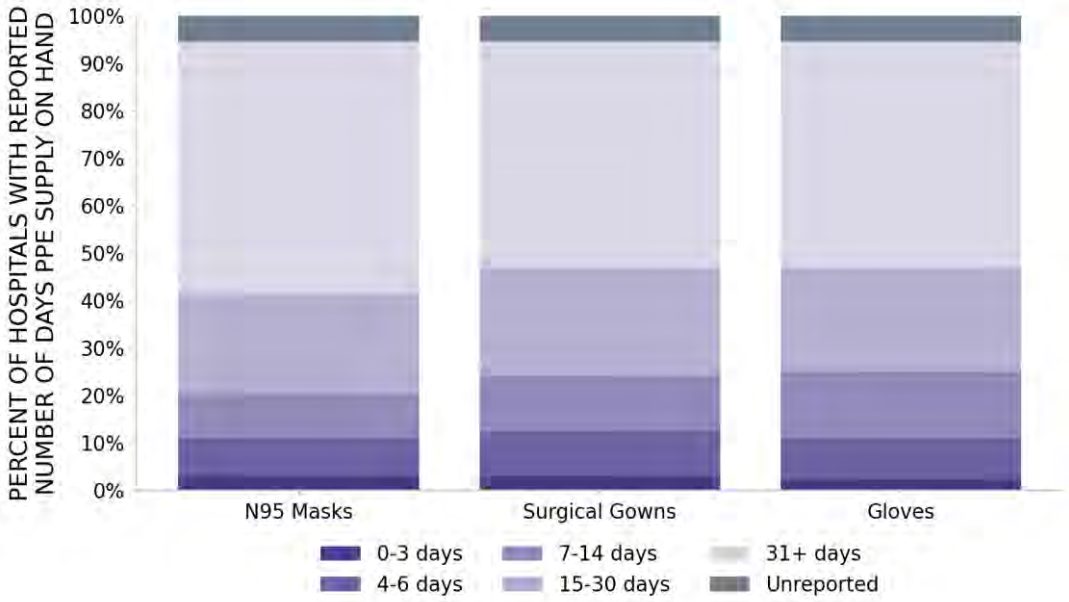
STATE REPORT | 11.15.2020

128 hospitals are expected to report in Kansas

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

KANSAS

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	21 ▲ (+1)	Wichita Kansas City Topeka Hutchinson Garden City Manhattan Lawrence Dodge City Emporia Salina McPherson Winfield	84 ■ (+0)	Sedgwick Johnson Shawnee Wyandotte Reno Finney Butler Douglas Ford Harvey Riley Lyon
LOCALITIES IN ORANGE ZONE	0 ▼ (-1)	N/A	3 ▲ (+1)	Allen Haskell Ness
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	3 ■ (+0)	Morris Morton Ottawa

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red CBSAs: Wichita, Kansas City, Topeka, Hutchinson, Garden City, Manhattan, Lawrence, Dodge City, Emporia, Salina, McPherson, Winfield, Hays, Pittsburg, Great Bend, Liberal, Ottawa, Parsons, Coffeyville, Atchison, St. Joseph

All Red Counties: Sedgwick, Johnson, Shawnee, Wyandotte, Reno, Finney, Butler, Douglas, Ford, Harvey, Riley, Lyon, Saline, Norton, Leavenworth, McPherson, Cowley, Ellis, Crawford, Barton, Nemaha, Seward, Franklin, Dickinson, Cloud, Thomas, Ellsworth, Neosho, Sumner, Cherokee, Pratt, Brown, Labette, Miami, Jefferson, Montgomery, Clay, Marshall, Jackson, Atchison, Marion, Grant, Pottawatomie, Washington, Geary, Sherman, Russell, Osage, Anderson, Doniphan, Phillips, Gray, Wabaunsee, Stevens, Sheridan, Rice, Barber, Logan, Scott, Kingman, Decatur, Coffey, Greenwood, Wilson, Gove, Linn, Republic, Wallace, Bourbon, Pawnee, Kearny, Rooks, Hodgeman, Stafford, Harper, Greeley, Meade, Mitchell, Wichita, Smith, Graham, Edwards, Rush, Hamilton

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

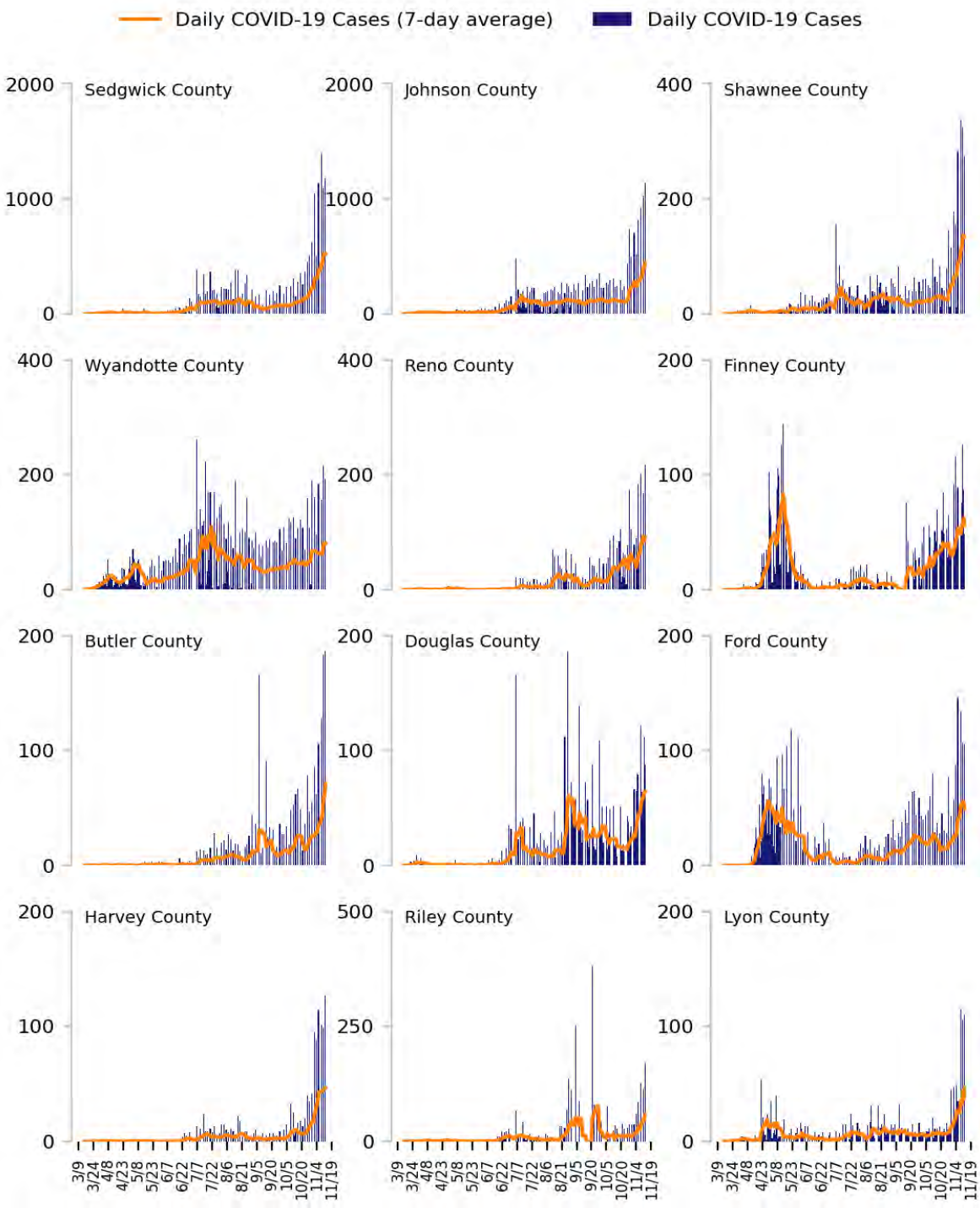
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

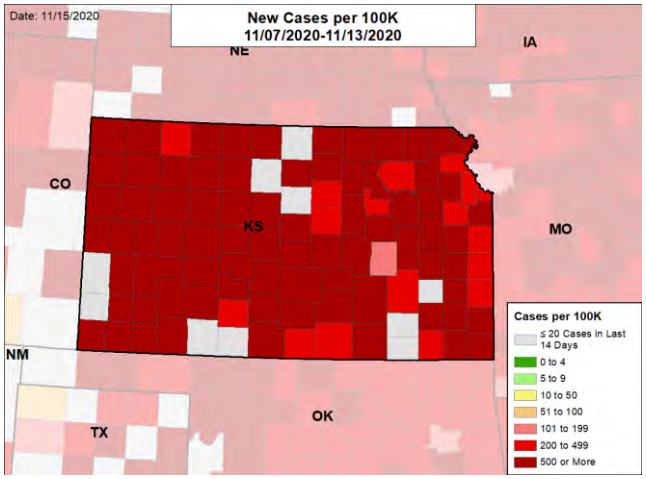
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

KANSAS

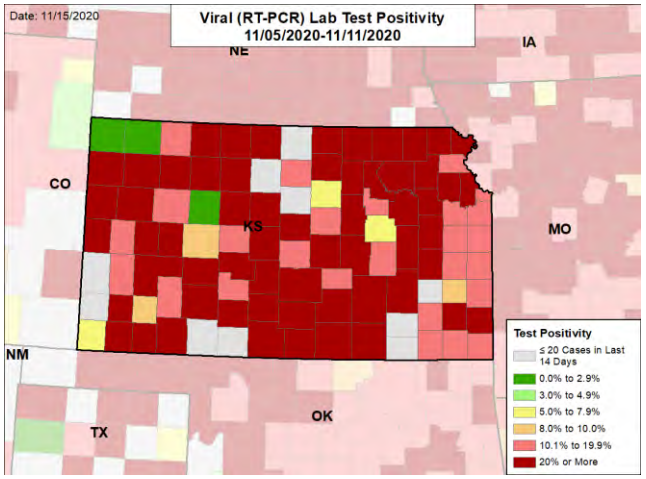
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

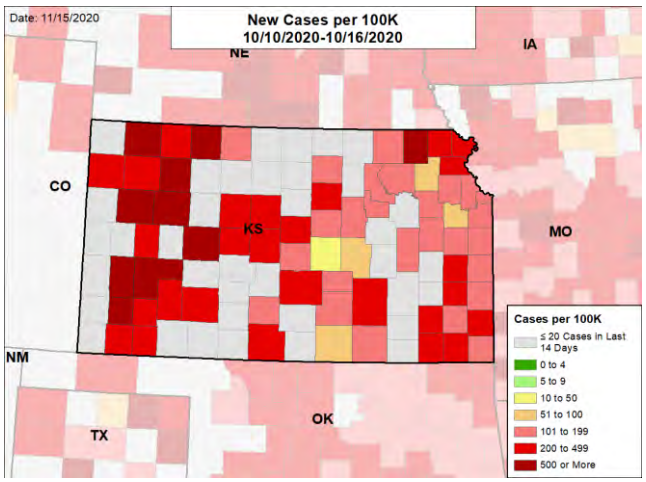
NEW CASES PER 100,000



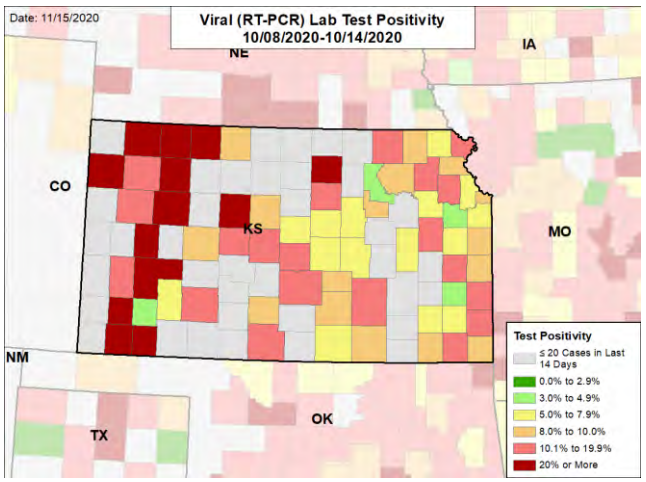
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

STATE REPORT
11.15.2020
Issue 22

KENTUCKY

SUMMARY

- Kentucky is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 24th highest rate in the country. Kentucky is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 20th highest rate in the country.
- Kentucky has seen an increase in new cases and an increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Jefferson County, 2. Fayette County, and 3. Kenton County. These counties represent 31.8% of new cases in Kentucky.
- 89% of all counties in Kentucky have moderate or high levels of community transmission (yellow, orange, or red zones), with 55% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 26% of nursing homes had at least one new resident COVID-19 case, 47% had at least one new staff COVID-19 case, and 9% had at least one new resident COVID-19 death.
- Kentucky had 344 new cases per 100,000 population, compared to a national average of 294 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 7 to support medical activities from VA.
- The federal government has supported surge testing in Louisville, KY.
- Between Nov 7 - Nov 13, on average, 307 patients with confirmed COVID-19 and 122 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

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- We share the strong concern of Kentucky leaders that the current situation is worsening and that all Kentuckians need to do their part to stop the spread. The Governor's active measures are commended.
- With nearly all counties in the red zone, even more incident cases than one month before, and nearly 50% of nursing homes with at least one positive staff member, mitigation efforts need to be increased. Effective practices to decrease transmission in public spaces include limiting restaurant indoor capacity to less than 25% and limiting bar hours until cases and test positivity decrease to the yellow zone.
- Recruit local influencers to message to rural and urban communities basic actions to take now:
    - Do not gather without a mask with individuals living outside of your household.
    - Always wear a mask in public places.
    - Stop gatherings beyond immediate household until cases and test positivity are in the yellow zone.
    - Get your flu shot.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- We have updated the new hospital admissions graphs to include breakdown by age group. Within the two past weeks, hospitalizations continued to increase. Work with hospitals to improve reporting of all data. Increases in new admissions and changing proportions of age groups will be important to triangulate with cases and percent positivity to increase proactive mitigation efforts.
- On university campuses, students are letting their guards down with Thanksgiving break less than a week away. Message to students to continue their mitigation actions on and off campus to protect others and themselves. If they are going home, they should follow CDC holiday guidelines for protective behaviors.
- Continuously monitor testing and contact tracing capacity in all counties to ensure rapid turnaround of test results (within 48 hours) and that all cases are immediately isolated and full contact tracing is conducted (within 72 hours of testing).
- Stay vigilant with regard to spread among nursing home staff and residents. Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents.
- Ensure all hospitals, including rural hospitals, have access to antivirals, antibodies, PPE, and ventilators. Work through FEMA to secure supplies when stocks of less than a week's supply is confirmed.
- 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.

KENTUCKY

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	15,369 (344)	+26%	137,205 (205)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	12.5%	+1.7%*	9.2%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	113,011** (2,530**)	-4%**	1,192,343** (1,782**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	104 (2.3)	+53%	1,629 (2.4)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	26%	+0%*	17%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	47%	+5%*	33%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	9%	+1%*	5%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.

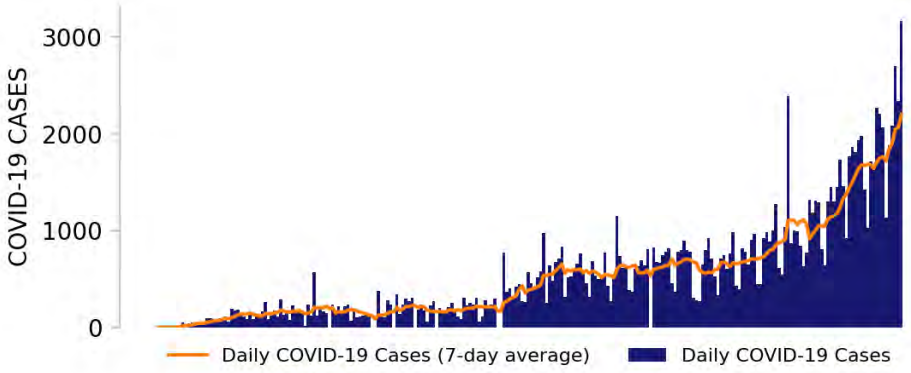
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

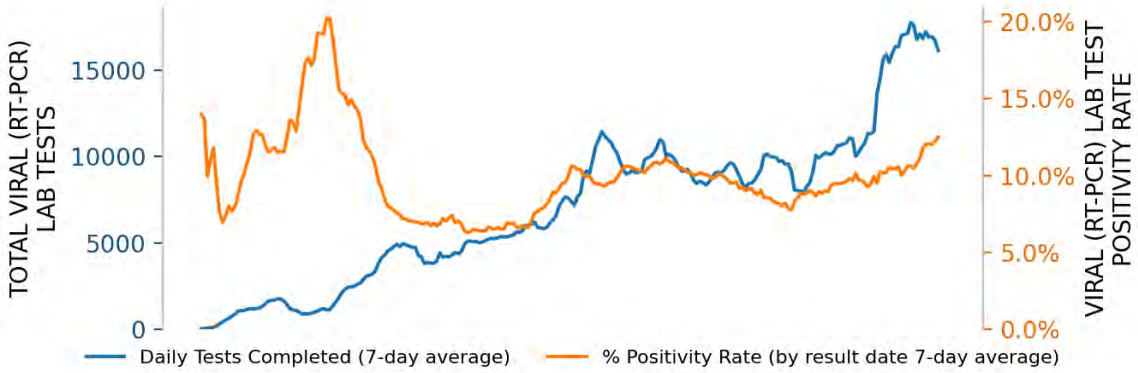
KENTUCKY

STATE REPORT | 11.15.2020

NEW CASES

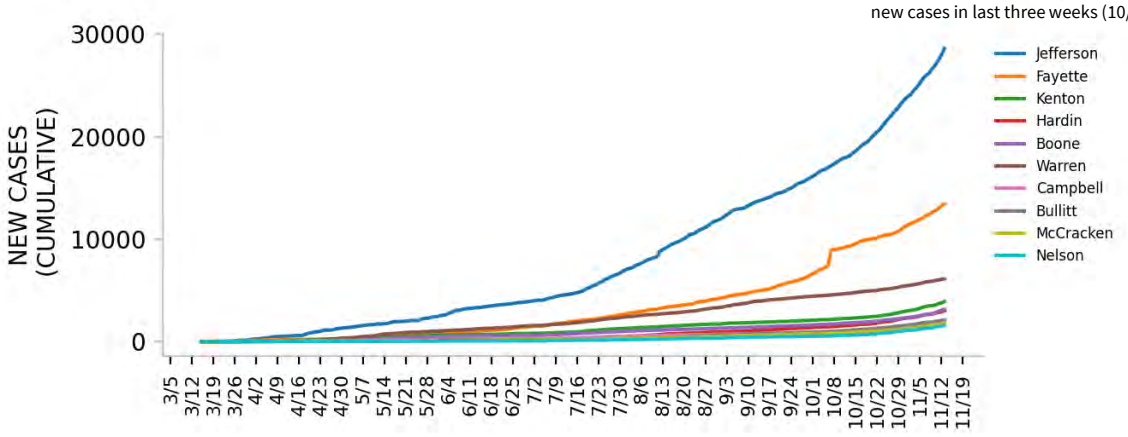


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



DATA SOURCES – Additional data details available under METHODS

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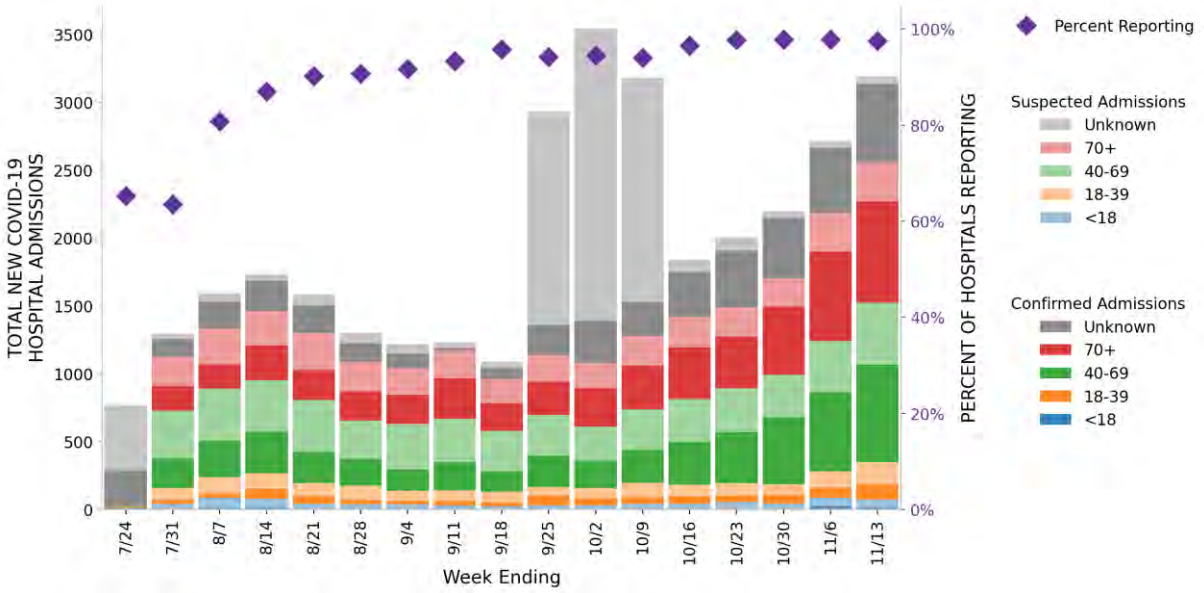
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

KENTUCKY

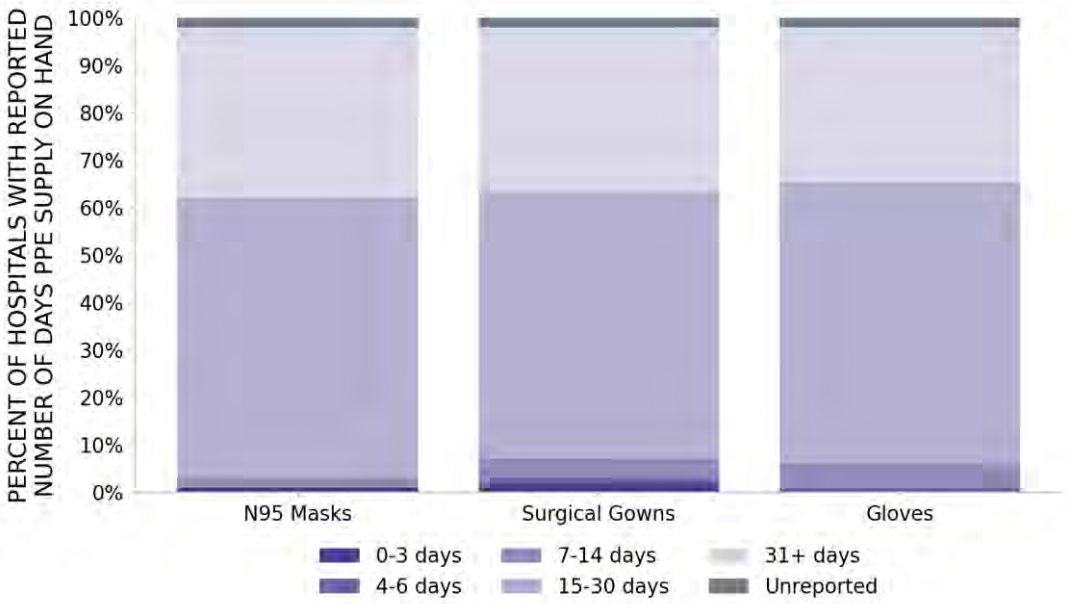
STATE REPORT | 11.15.2020

98 hospitals are expected to report in Kentucky

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

KENTUCKY

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	17 ▲ (+10)	Louisville/Jefferson County Lexington-Fayette Cincinnati London Elizabethtown-Fort Knox Bowling Green Owensboro Paducah Bardstown Clarksville Evansville Murray	66 ▲ (+27)	Jefferson Fayette Kenton Hardin Boone Warren Campbell Bullitt McCracken Nelson Daviess Pike
LOCALITIES IN ORANGE ZONE	5 ▼ (-1)	Richmond-Berea Glasgow Madisonville Frankfort Danville	24 ▲ (+1)	Christian Madison Barren Hopkins Whitley Hart Grayson Boyle Clark Ohio Woodford Caldwell
LOCALITIES IN YELLOW ZONE	2 ▼ (-7)	Huntington-Ashland Mount Sterling	17 ▼ (-15)	Scott Montgomery Lincoln Lewis Jackson Anderson Rockcastle Allen Adair Breathitt Bath Fleming

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red CBSAs: Louisville/Jefferson County, Lexington-Fayette, Cincinnati, London, Elizabethtown-Fort Knox, Bowling Green, Owensboro, Paducah, Bardstown, Clarksville, Evansville, Murray, Middlesborough, Mayfield, Campbellsville, Central City, Maysville

All Red Counties: Jefferson, Fayette, Kenton, Hardin, Boone, Warren, Campbell, Bullitt, McCracken, Nelson, Daviess, Pike, Laurel, Floyd, Shelby, Henderson, Calloway, Bell, Graves, Jessamine, Elliott, Oldham, Boyd, Monroe, Clay, Greenup, Marion, Johnson, Franklin, Lee, Perry, Knox, Marshall, Logan, Rowan, Grant, Taylor, Carter, Larue, Meade, Muhlenberg, Spencer, Magoffin, Webster, Washington, Breckinridge, McLean, Knott, Bourbon, Lawrence, Wayne, Union, Powell, Pendleton, Mason, Hancock, Morgan, Clinton, Butler, Trigg, Livingston, Green, Lyon, Carlisle, Ballard, Fulton

All Orange Counties: Christian, Madison, Barren, Hopkins, Whitley, Hart, Grayson, Boyle, Clark, Ohio, Woodford, Caldwell, Harlan, Martin, Simpson, Henry, Metcalfe, Estill, Russell, Harrison, Casey, Carroll, Cumberland, Bracken

All Yellow Counties: Scott, Montgomery, Lincoln, Lewis, Jackson, Anderson, Rockcastle, Allen, Adair, Breathitt, Bath, Fleming, Todd, Wolfe, Edmonson, Trimble, Gallatin

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

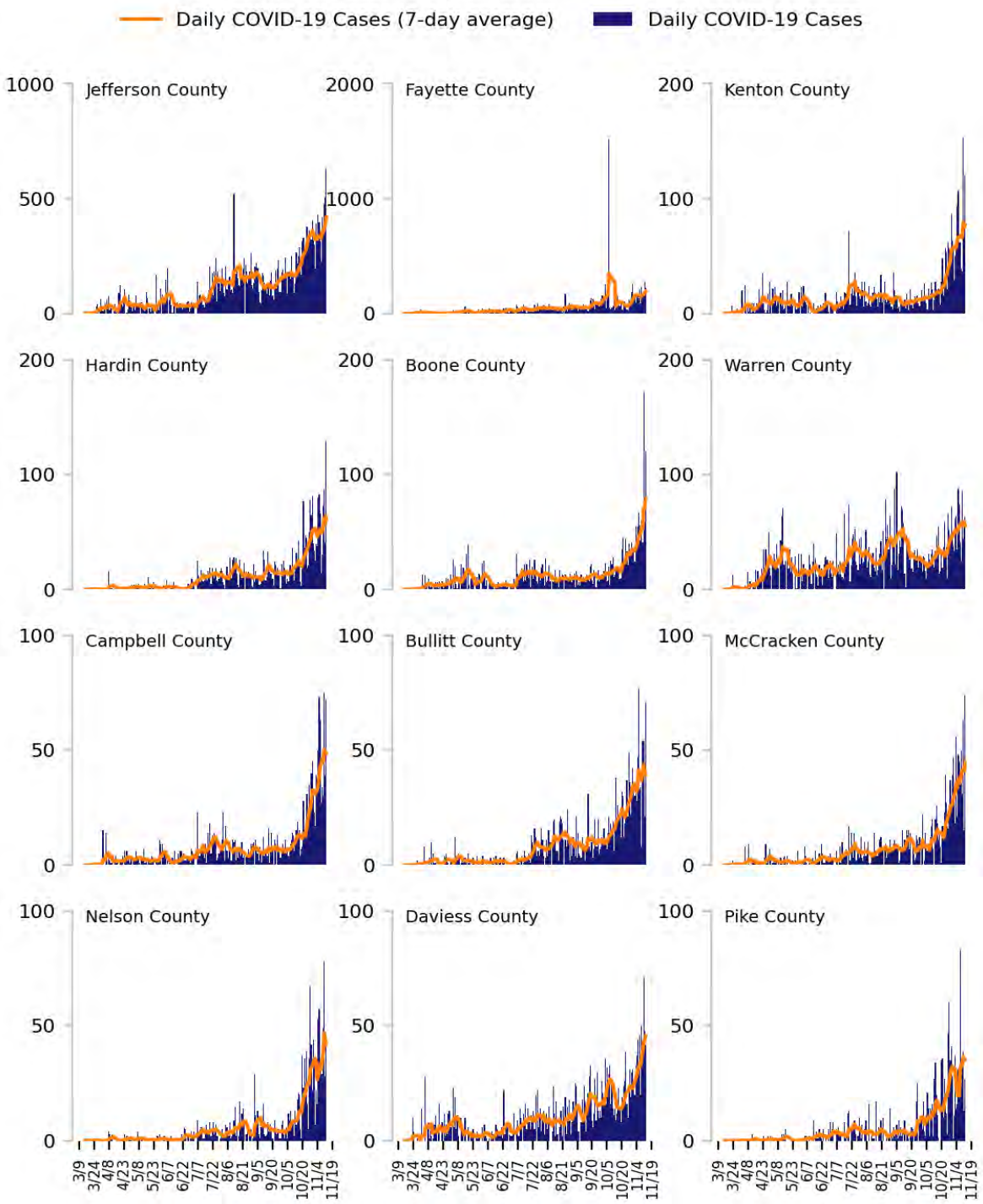
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

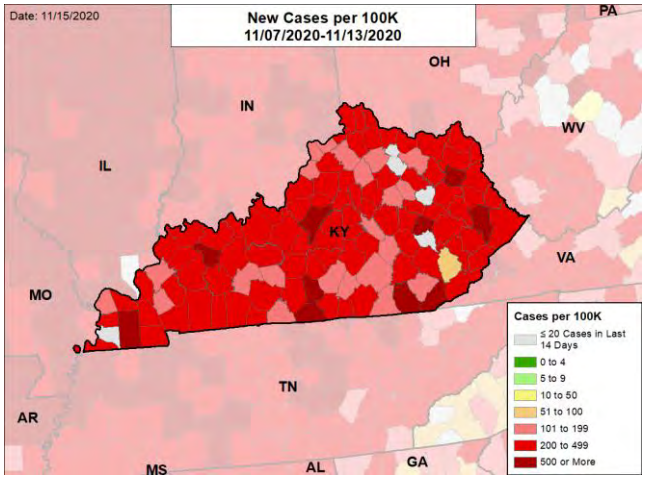
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

KENTUCKY

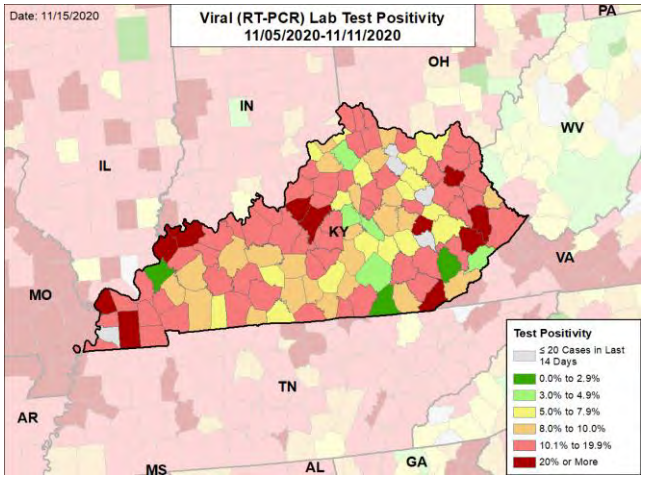
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

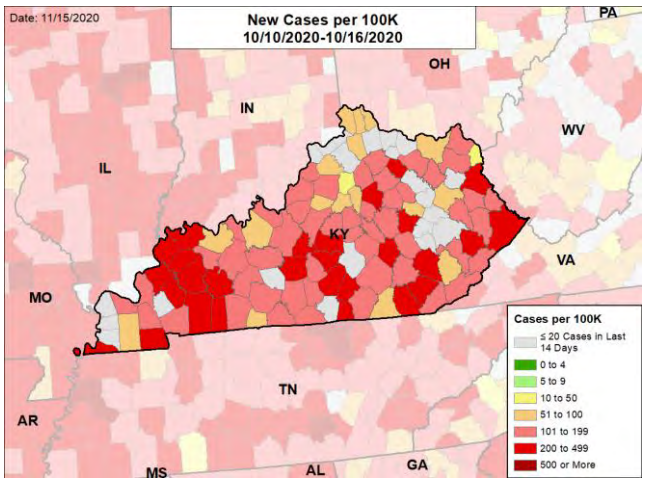
NEW CASES PER 100,000



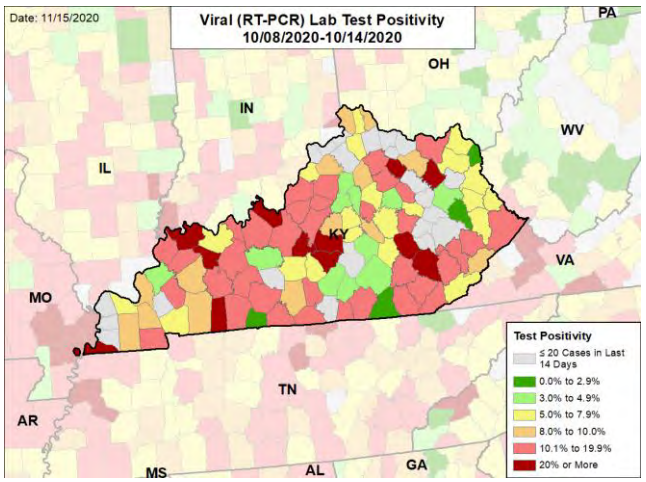
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

LOUISIANA

STATE REPORT
11.15.2020
Issue 22

SUMMARY

- Louisiana is experiencing a resurgence in COVID-19 with rising test positivity, cases, and hospitalizations. Louisiana is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 38th highest rate in the country. Louisiana is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 38th highest rate in the country.
- Louisiana has seen an increase in new cases and an increase in test positivity.
- 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. Ouachita Parish. These parishes represent 22.8% of new cases in Louisiana.
- 80% of all parishes in Louisiana have moderate or high levels of community transmission (yellow, orange, or red zones), with 38% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 13% of nursing homes had at least one new resident COVID-19 case, 28% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Louisiana had 172 new cases per 100,000 population, compared to a national average of 294 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 45 to support operations activities from USCG.
- The federal government has supported surge testing in Baton Rouge, LA and New Orleans, LA.
- Between Nov 7 - Nov 13, on average, 92 patients with confirmed COVID-19 and 59 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Louisiana. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most parishes, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for the identification of both asymptomatic and pre-symptomatic individuals and significant behavior change of all Americans. Ensure masks at all times in public, increase physical distancing through significant reduction in capacity in public and private indoor spaces, and ensure every American understands the clear risks of ANY indoor interactions outside of their immediate household without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, parish workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expanded, strategic use of point-of-care antigen tests with immediate results will be critical to expanding this model into the community; these tests should be used among all individuals independent of symptoms in orange and red parishes in Louisiana.
- Antigen tests perform well in the highly infectious window and will be effective in identification of asymptomatic and pre-symptomatic infectious cases.
    - Antigen tests do not perform well after 8-10 days post infection when nucleic acid cycle times are greater than 30.
    - All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Proactive testing must be part of the mitigation efforts inclusive of mask wearing, physical distancing, and hand hygiene.
- We need to protect those we are thankful for in our families and communities. Ensure indoor masking around vulnerable family members during any gatherings due to the significant amount of virus circulating and the high rate of asymptomatic and undiagnosed infections among family and community members.
- New hospital admissions in Louisiana are increasing, especially in those over 40.
- There are early signs of reduced N95, gown, and glove supply in specific hospitals' reporting. Please contact all hospitals reporting less than one week's supply to confirm data; contact the regional FEMA office for support if this supply issue is confirmed.
- Ensure university students continue their mitigation behaviors to prevent further outbreaks on or off campus. Ensure appropriate testing and behavior change in the 10 days prior to departure to hometowns for the holiday season.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. There continue to be high levels of positive LTCF staff members, indicating continued and unmitigated community spread in these geographic locations.
- Ensure full flu immunizations across the state.
- 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.

LOUISIANA

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	7,998 (172)	+80%	109,012 (255)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.1%	+1.8%*	12.0%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	83,363** (1,793**)	-9%**	584,718** (1,369**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	98 (2.1)	+20%	1,126 (2.6)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	13%	+5%*	18%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	28%	+11%*	34%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+1%*	6%	6%

* 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.

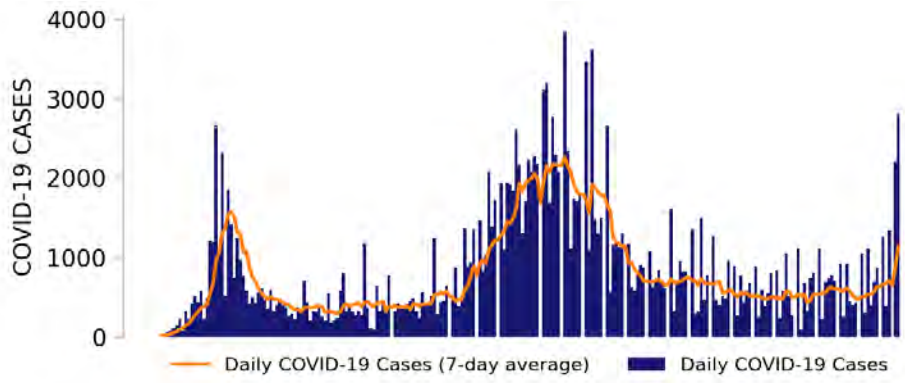
DATA SOURCES – Additional data details available under METHODS

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 11/13/2020; previous week is 10/31 - 11/6.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

LOUISIANA

STATE REPORT | 11.15.2020

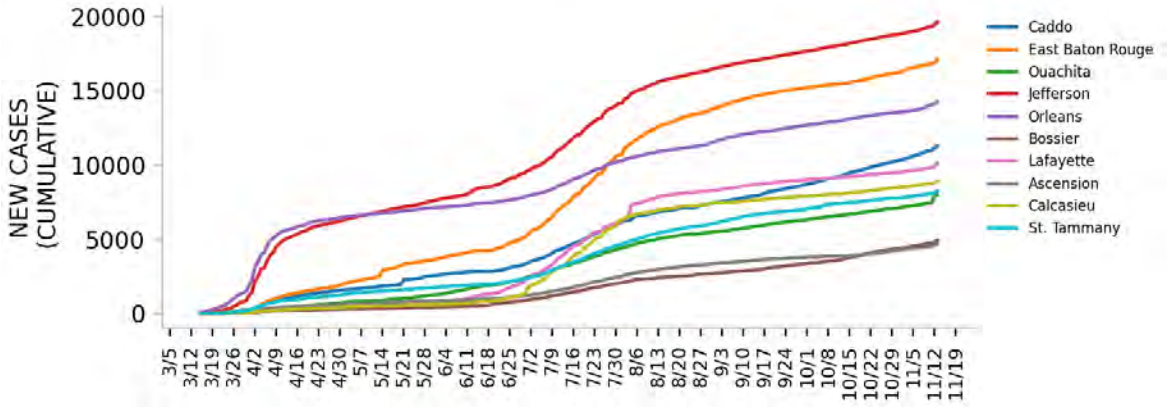
NEW CASES



TESTING

TOP PARISHES

Top parishes based on greatest number of new cases in last three weeks (10/24 - 11/13)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020.

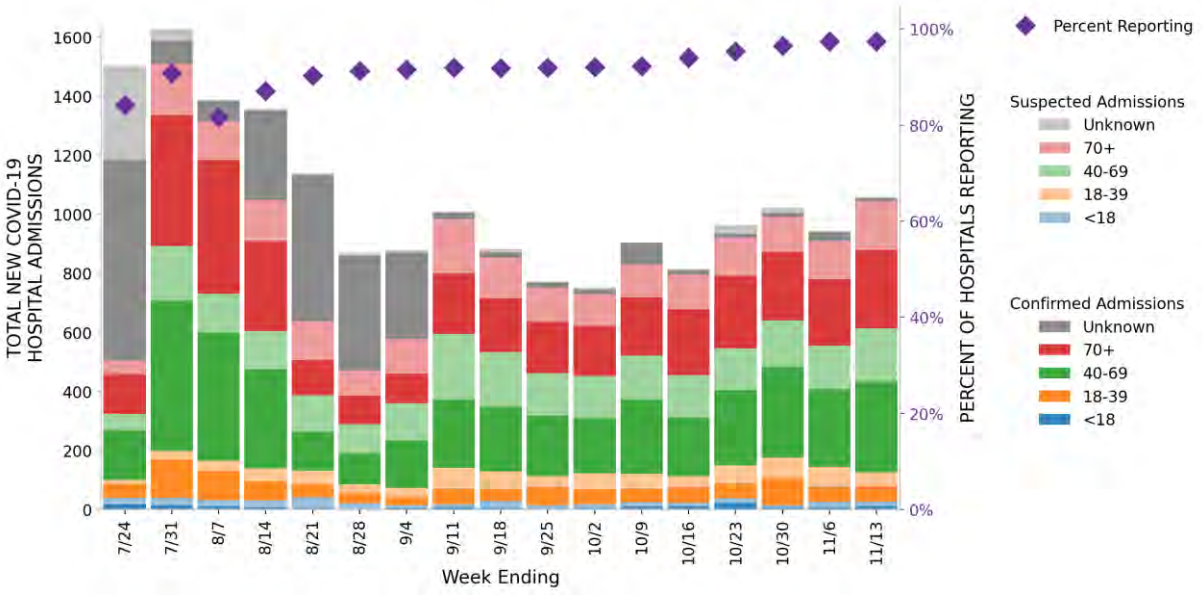
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

LOUISIANA

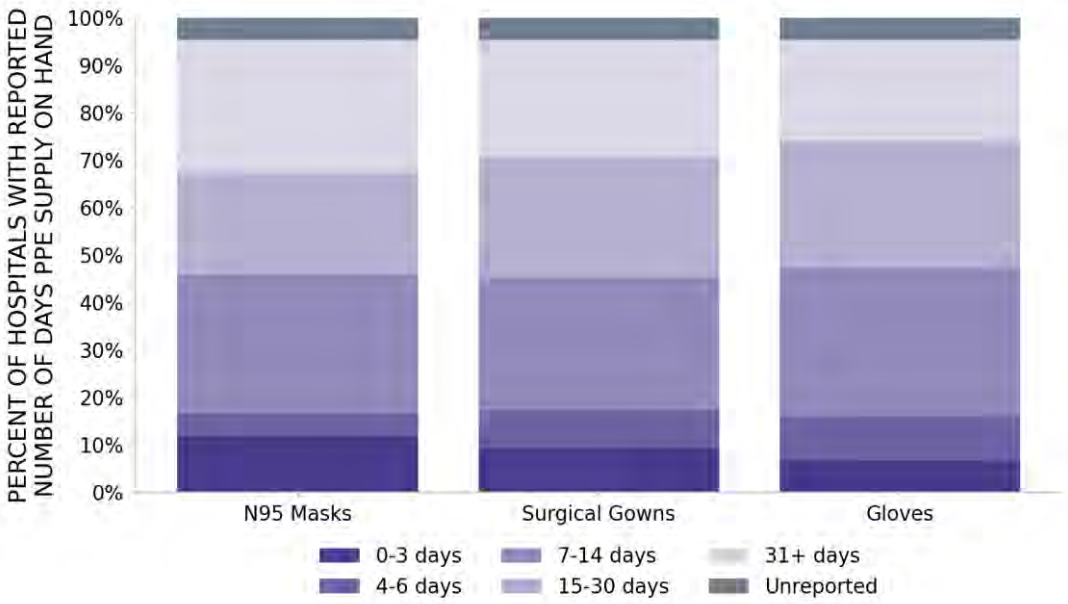
STATE REPORT | 11.15.2020

150 hospitals are expected to report in Louisiana

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

LOUISIANA

STATE REPORT | 11.15.2020

COVID-19 PARISH AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		PARISHES	
LOCALITIES IN RED ZONE	7 ▲ (+7)	Monroe Lake Charles Opelousas Hammond Ruston DeRidder Natchez	24 ▲ (+14)	Ouachita Ascension Calcasieu St. Landry Livingston Acadia Tangipahoa Lincoln St. Martin Franklin Sabine Iberville
LOCALITIES IN ORANGE ZONE	5 ■ (+0)	Baton Rouge Shreveport-Bossier City Lafayette Natchitoches Fort Polk South	10 ▼ (-2)	Caddo Bossier Natchitoches Iberia Evangeline West Baton Rouge Jackson Vernon Claiborne Pointe Coupee
LOCALITIES IN YELLOW ZONE	5 ▼ (-3)	Alexandria Houma-Thibodaux Jennings Morgan City Bogalusa	17 ▲ (+1)	East Baton Rouge Lafayette St. Tammany Rapides Terrebonne Lafourche Vermilion St. John the Baptist Jefferson Davis De Soto St. Mary LaSalle

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red Parishes: Ouachita, Ascension, Calcasieu, St. Landry, Livingston, Acadia, Tangipahoa, Lincoln, St. Martin, Franklin, Sabine, Iberville, Richland, Morehouse, Red River, Concordia, Beauregard, Union, Caldwell, Winn, Assumption, West Carroll, East Carroll, Madison

All Yellow Parishes: East Baton Rouge, Lafayette, St. Tammany, Rapides, Terrebonne, Lafourche, Vermilion, St. John the Baptist, Jefferson Davis, St. Mary, De Soto, LaSalle, Allen, Washington, St. James, Grant, Catahoula

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

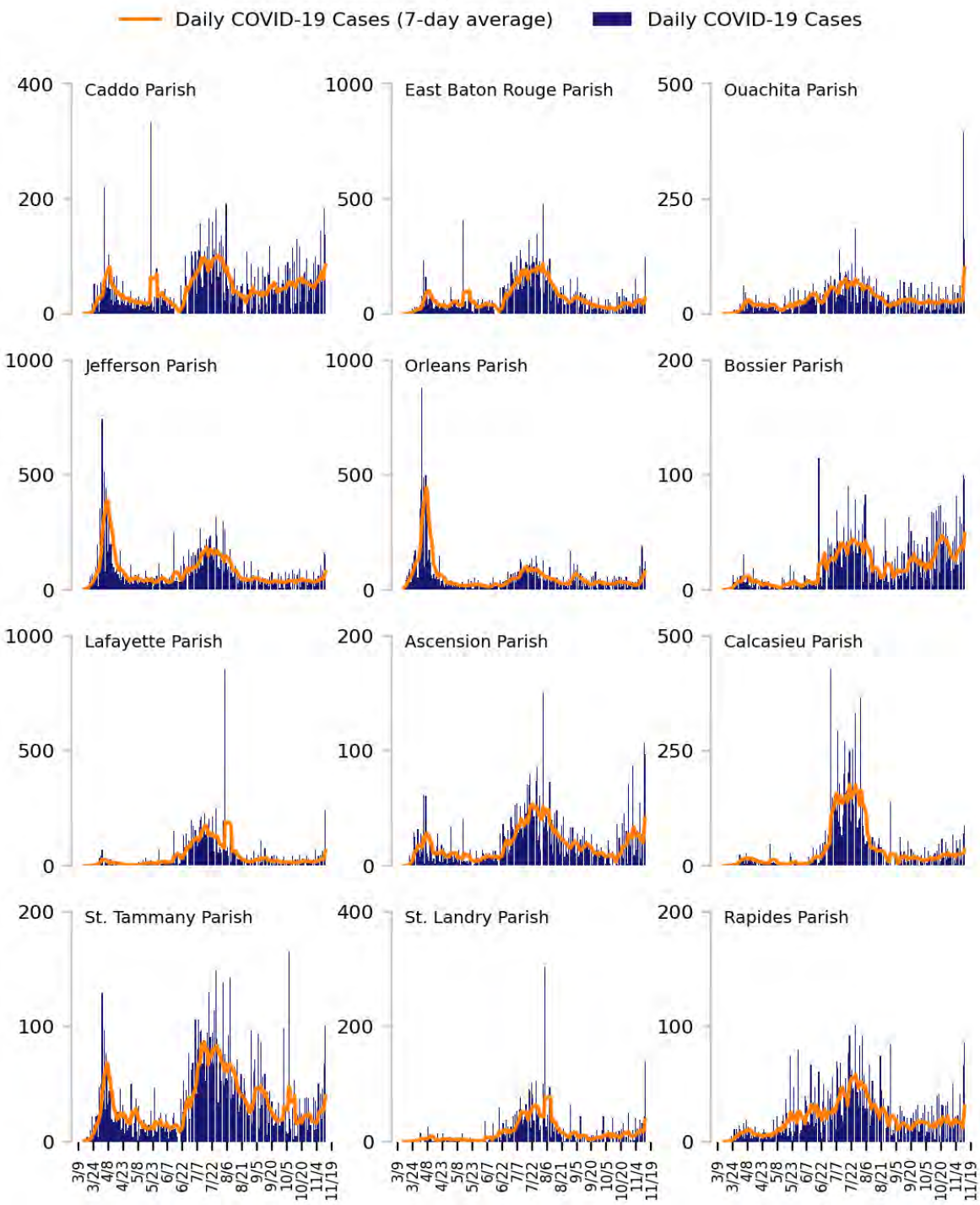
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

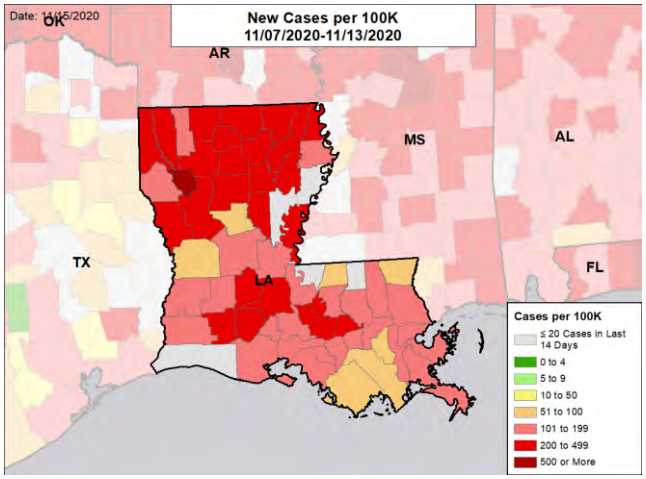
Cases: State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

LOUISIANA

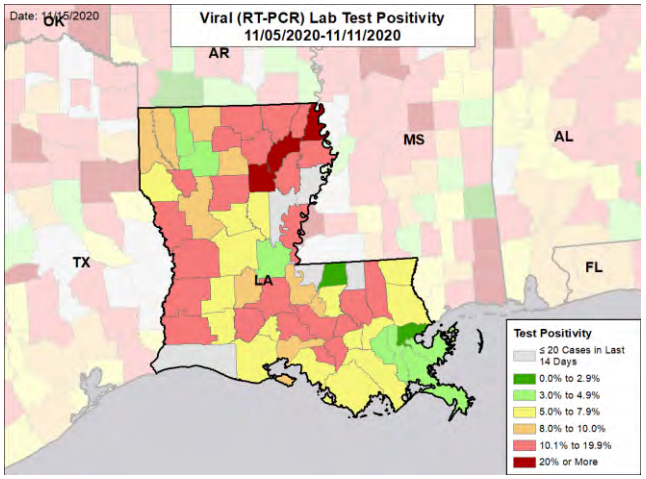
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

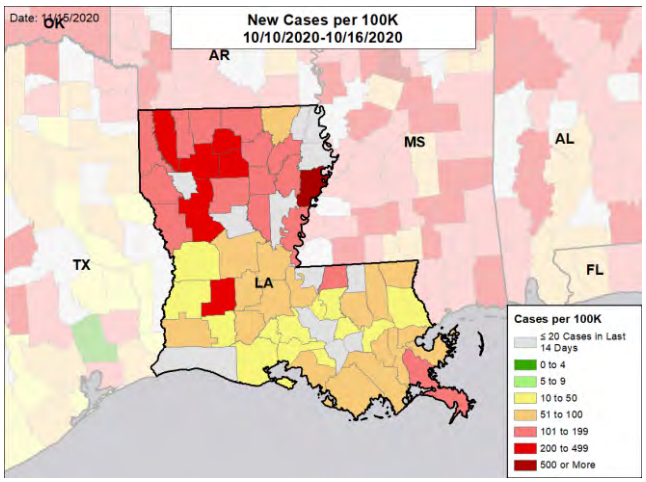
NEW CASES PER 100,000



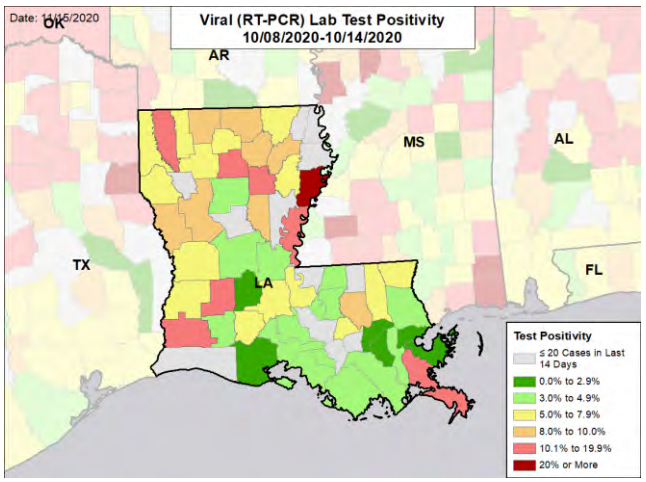
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

MAINE

STATE REPORT
11.15.2020
Issue 22

SUMMARY

- Maine is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population, with the 49th highest rate in the country. Maine is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 46th highest rate in the country.
- Maine has seen an increase in new cases and an increase in test positivity. Test positivity and incidence increased in 14 counties, demonstrating continued acceleration of the epidemic.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Cumberland County, 2. York County, and 3. Androscoggin County. These counties represent 53.5% of new cases in Maine. Case rates were above 100 per 100,000 persons in Androscoggin, Somerset, and Washington counties and above 90 per 100,000 in Knox, Hancock, and Cumberland counties.
- 25% of all counties in Maine have moderate or high levels of community transmission (yellow, orange, or red zones), with none having high levels of community transmission (red zone).
- At the state level, inpatient hospital bed and ICU utilization were at 68% and 72%, respectively; Portland has over 78% ICU utilization and Bangor has over 90% ICU utilization.
- During the week of Nov 2 - Nov 8, 7% 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. Apparent outbreaks in facilities in Kittery, Farmington, and Lewiston.
- Maine had 89 new cases per 100,000 population, compared to a national average of 294 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 Nov 7 - Nov 13, on average, 8 patients with confirmed COVID-19 and 31 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Maine. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- Given the steadily increasing transmission, increasing restrictions are warranted; consider ways to enforce social distancing.
- Interrupting the recent increase in transmission will require an expansion of case-finding and intensification of prevention efforts.
- Efficient identification and isolation of cases requires a sensitive surveillance platform and maximum testing, with further enhanced testing in areas where transmission is elevated or increasing.
    - Health departments should regularly surveil workers who are at risk of infection and transmission, regardless of symptoms, using rapid antigen tests.
    - Wastewater surveillance should be scaled up at the most local level practical (including in single congregate living facilities, like shelters, apartment buildings, or skilled nursing facilities).
    - Testing should be at a high baseline level throughout the state (aiming for at least 2,000 tests per 100,000 population in all counties) and immediately intensify in areas where there are signals of increasing transmission.
- The specific proven strategies to curtail transmission are universal face covering and social distancing; local authorities should explore ways to encourage/enforce adherence.
- All staff who work with patients or residents in any congregate setting should be tested weekly with rapid tests and should not be permitted to work without a recent negative test or clearance from isolation.
- Ensure all congregate and crowded work settings (e.g., clinics, prisons, shelters, etc.) have adequate screening and surveillance of asymptomatic persons to limit possibility of super-spreader events.
- The upcoming holidays could amplify transmission considerably. Maine should vigorously expand public health messaging across all media platforms, including SMS auto-texting, to warn citizens about the risks of social gatherings, advise people to avoid them, and reinvigorate the practice of face covering and social distancing.
- All service areas and clinical facilities should have facility/staffing expansion and contingency plans.
- Local data on test positivity by age band is critically important; early evidence of increasing transmission in more vulnerable populations will provide an opportunity to expand local clinical capacity before it's too late.
- Local data on hospital utilization is also critically important, both as a firm indicator of transmission in the most vulnerable and as a threshold marker for implementing expansion and contingency plans.
- Detecting and aggressively tracing contacts from super-spreader events has proven particularly valuable in Maine; monitor and ensure test results are returned within 48 hours and isolation and contact tracing is immediate. Expand contact tracing as needed by focusing the interview, developing scripts and clear algorithms to allow task-shifting, and coordinating remote surge capacity from counties with lower case rates. At the time of testing, give detailed instructions and materials describing what to do if they test positive.
- Reach out to all organizations that are meeting in-person to review previous outbreaks, communicate risks in an increasing epidemic, and ensure strict compliance with state recommendations.
- Monitor and ensure strict adherence to CDC school policy guidance to curb transmission, including use of face coverings for all K-12 students and teachers.
- 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.

MAINE

STATE REPORT | 11.15.2020

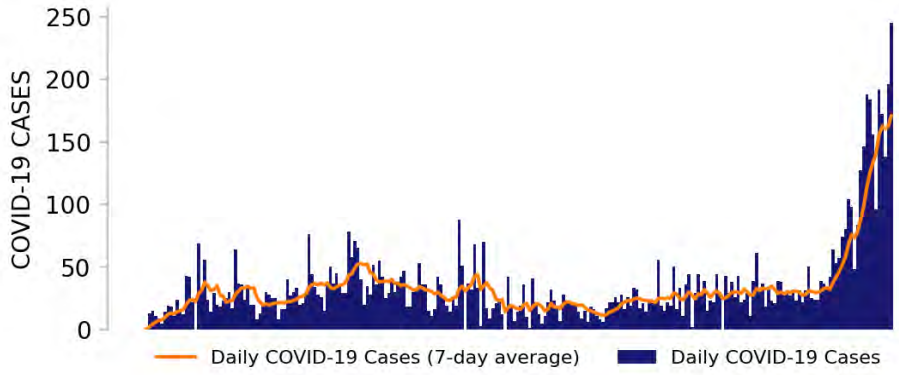
	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	1,195 (89)	+37%	35,015 (236)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.3%	+1.0%*	3.9%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	35,445** (2,637**)	+10%**	801,841** (5,401**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	12 (0.9)	+200%	279 (1.9)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	7%	+1%*	8%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	10%	+4%*	20%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	+1%*	3%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

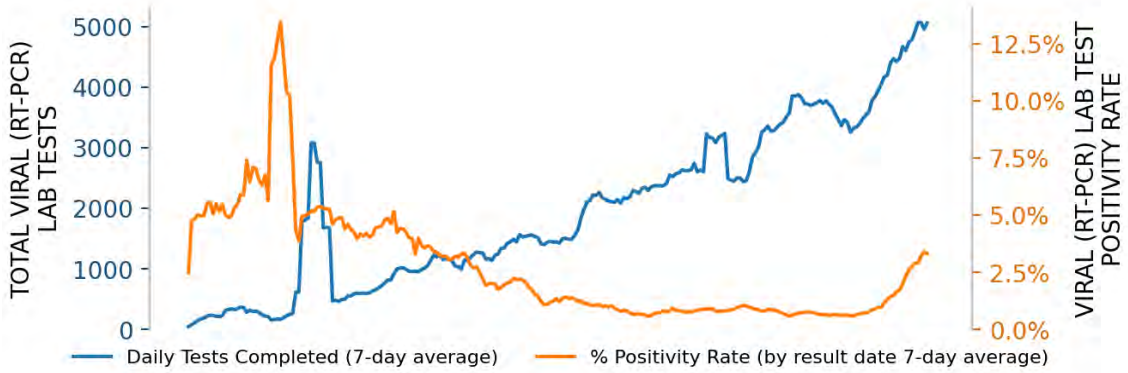
MAINE

STATE REPORT | 11.15.2020

NEW CASES

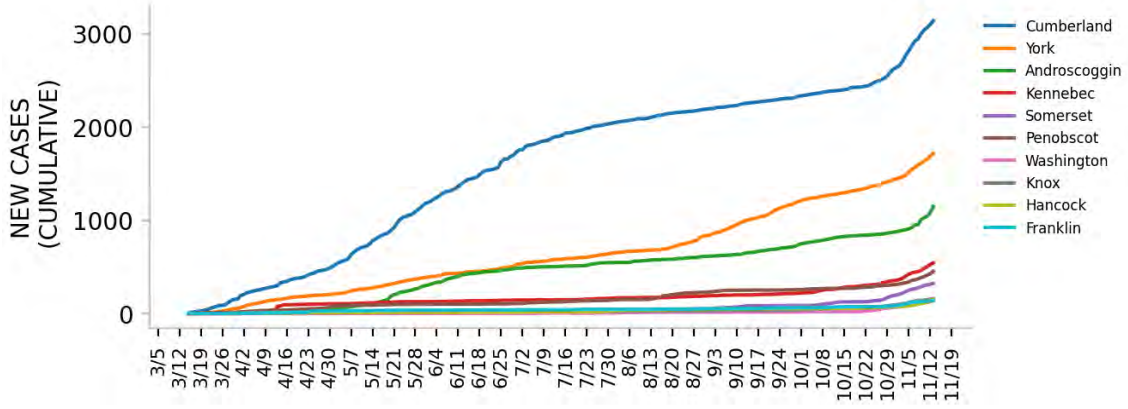


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



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 11/13/2020.

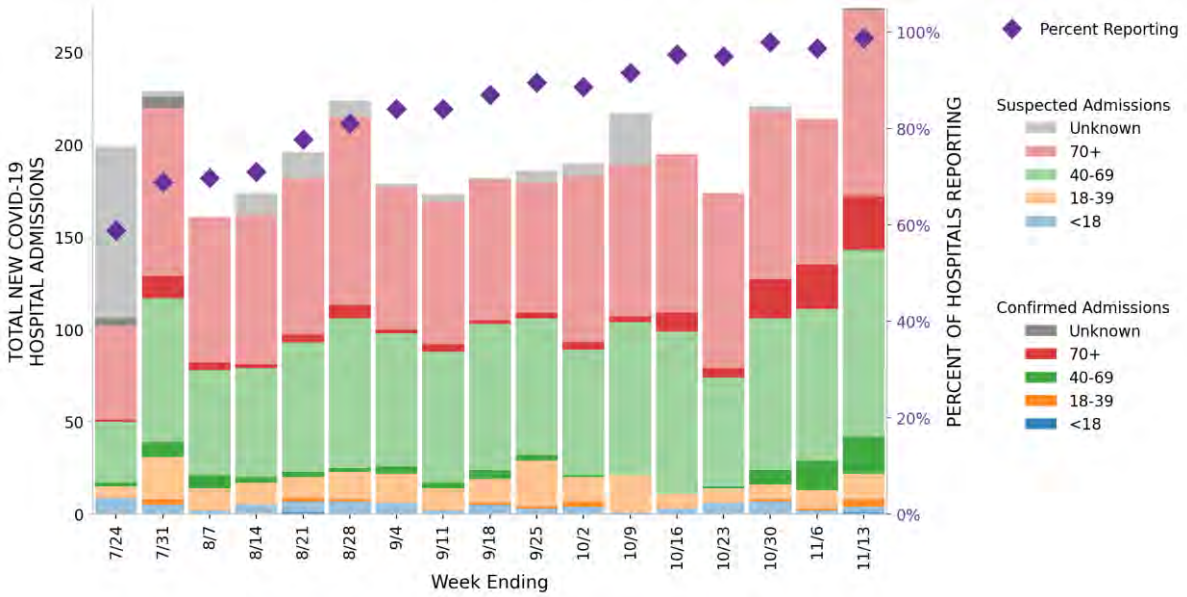
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/11/2020.

MAINE

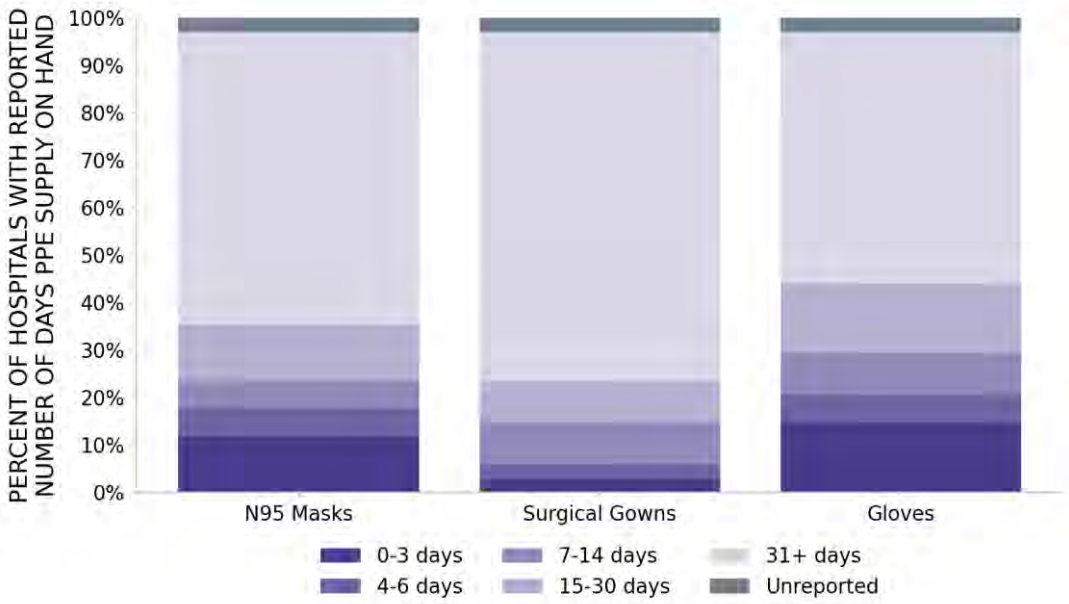
STATE REPORT | 11.15.2020

34 hospitals are expected to report in Maine

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

MAINE

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN ORANGE ZONE	1 ▲ (+1)	Lewiston-Auburn	1 ▲ (+1)	Androscoggin
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	3 ▲ (+2)	Washington Hancock Lincoln

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

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

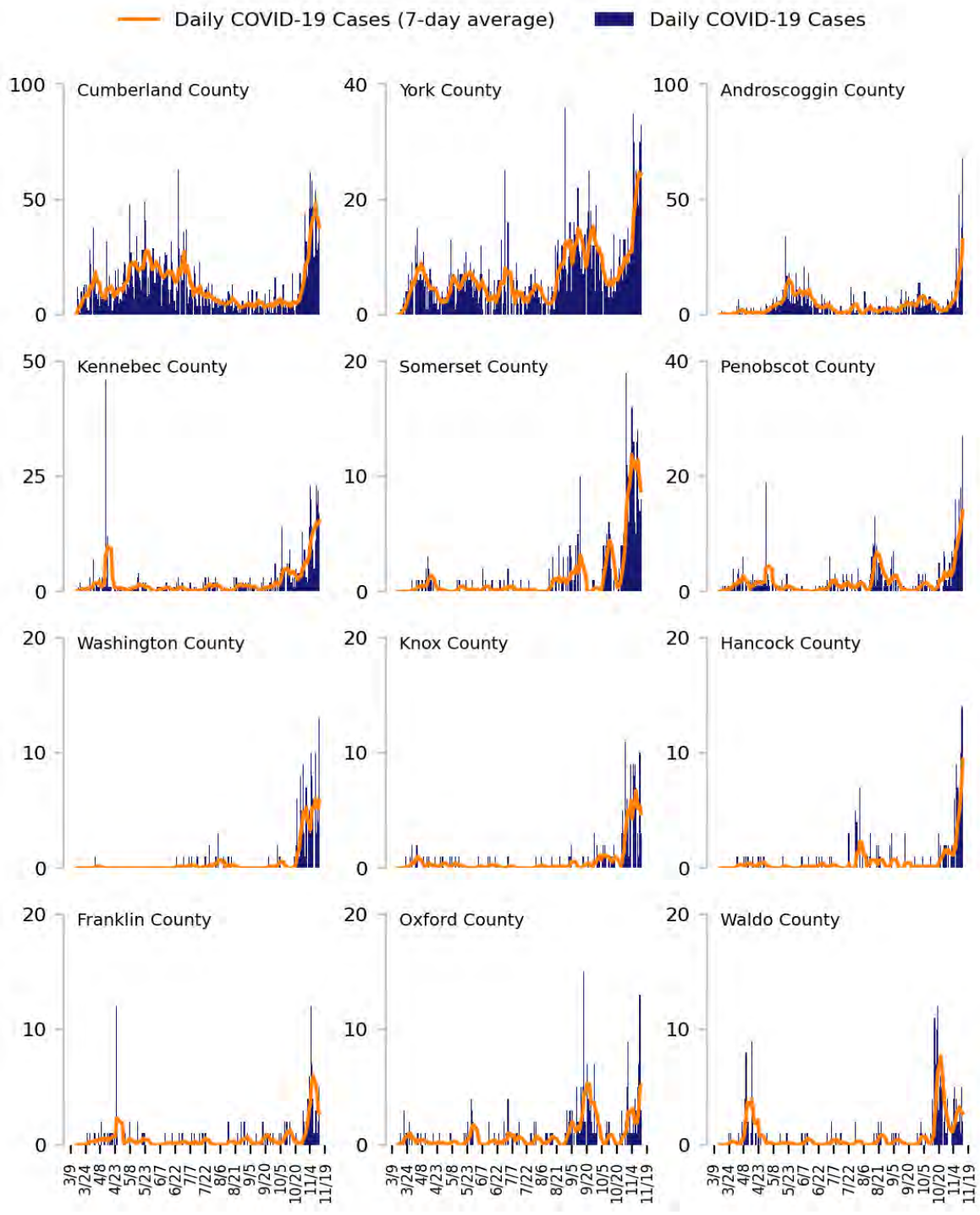
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

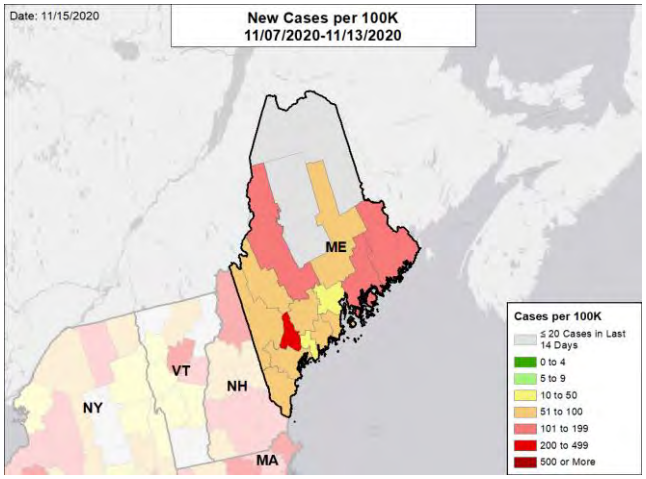
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

MAINE

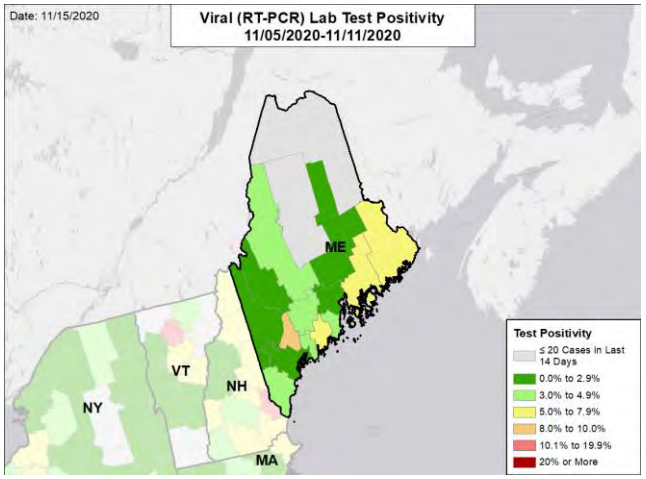
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

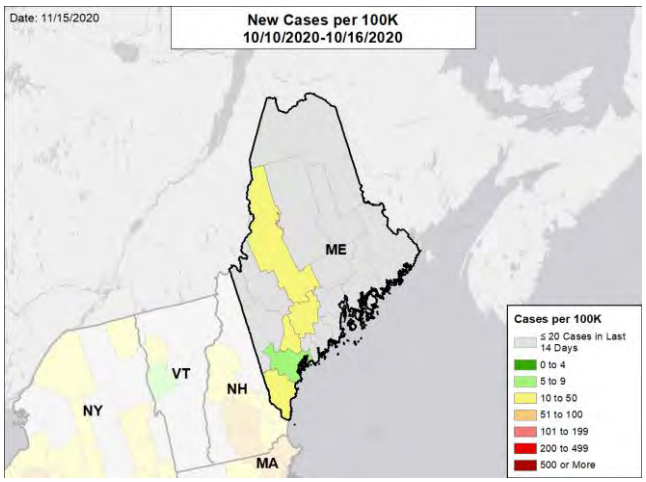
NEW CASES PER 100,000



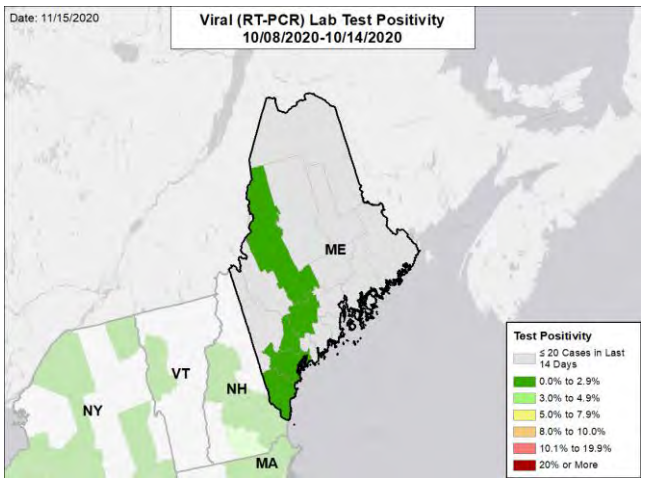
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/11/2020. The week one month before is 10/8 - 10/14.

STATE REPORT
11.15.2020
Issue 22

MARYLAND

SUMMARY

- Maryland is showing signs of an accelerating surge in cases. The highest daily number of cases in the pandemic was reported last week. Maryland is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 39th highest rate in the country. Maryland is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 39th highest rate in the country.
- Maryland has seen an increase in new cases and an increase in test positivity. Test positivity has increased >2 percentage points over the last three weeks.
- Daily cases are doubling every 20 days and daily deaths are four-fold higher than in September. Hospitalizations have begun to increase more rapidly, rising 120% in the past month, and have now reached the level last seen in early-June. Average daily deaths are 2.5 times higher than in September.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Baltimore County, 2. Prince George's County, and 3. Montgomery County. These counties represent 47.1% of new cases in Maryland.
- Institutions of higher education (IHE): Additional IHEs announced moves to distance learning last week.
- 67% of all counties in Maryland 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 Nov 2 - Nov 8, 14% of nursing homes had at least one new resident COVID-19 case, 28% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Maryland had 170 new cases per 100,000 population, compared to a national average of 294 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 14 to support operations activities from FEMA; 12 to support operations activities from ASPR; and 14 to support operations activities from USCG.
- Between Nov 7 - Nov 13, on average, 136 patients with confirmed COVID-19 and 288 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

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- We share the judgement of Maryland leaders on the need to intervene now to limit further cases and avoid increases in hospitalizations and deaths. At this point, the rapid increase in cases and hospitalizations supports the additional steps taken last week; further measures will be needed to avoid falling behind as other states have found control of spread to be much more difficult if measures are delayed. The Governor's continued personal guidance on these measures is critical and commended. Maximizing control of transmission now will allow for greater and earlier resumption of business activity in addition to limiting hospitalizations and deaths.
- The upcoming holidays can amplify transmission considerably. Maryland should continue to expand public health messaging across all media platforms, including SMS auto-texting, to warn citizens about the risks of social gatherings, advise people to avoid them, and reemphasize face coverings and social distancing. Specifically, recommend holding an event only with individuals within one's household and emphasize the risk of exposing an elderly person or someone with an underlying condition (diabetes, obesity, hypertension, etc.) if gathering indoors without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expanded strategic use of point-of-care antigen tests with immediate results will be critical to proactive testing in communities; these tests should be used among all individuals independent of symptoms in orange and red counties.
    - Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases.
    - Antigen tests do not perform well after 8-10 days post infection when nucleic acid cycle times are >30.
    - All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Expand contact tracing as needed by focusing the interview, developing scripts and clear algorithms to allow task-shifting, and coordinating remote surge capacity from counties with lower case rates. At the time of testing, give detailed instructions and materials describing what to do if the individual tests positive. Contact tracing may need to be prioritized under conditions of rapidly increasing cases.
- Testing should be at a high baseline level throughout the state (aiming for at least 2,000 tests per 100,000 population per week in all counties) and should be immediately intensified in areas where there are signals of increasing transmission from clinical or wastewater testing. Maryland's testing level of 3,000 per 100,000 population is commended but needs further expansion during the current viral surge.
- Mitigation measures to limit transmission in personal gatherings need continued strengthening. This needs communication of a clear and shared message asking Marylanders to wear masks, physically distance, and avoid gatherings in both public and private spaces, especially indoors. Hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally.
- Ensure all K-12 schools are following CDC guidelines, including mask wearing. Utilize the Abbot BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure university students continue their mitigation behaviors to ensure no further outbreaks on or off campus. Encourage IHE to test their student body before they leave campus for Thanksgiving break to mitigate exposure to family and community.
- Ensure that all hospitals, including rural and mid-level hospitals, have conducted updated clinical training and have access to appropriate medicines and supplies. All service areas and clinical facilities should have expansion and contingency plans.
- Following local data on test positivity by age will be important to detect early evidence of increasing transmission in more vulnerable populations; expanding local clinical capacity at an earlier stage will avoid compromises in clinical care when hospitalizations increase rapidly.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

MARYLAND

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	10,264 (170)	+43%	58,598 (190)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.9%	+1.1%*	7.9%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	194,595** (3,219**)	-5%**	818,159** (2,652**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	76 (1.3)	+36%	587 (1.9)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	14%	+2%*	16%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	28%	+7%*	31%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+2%*	6%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.

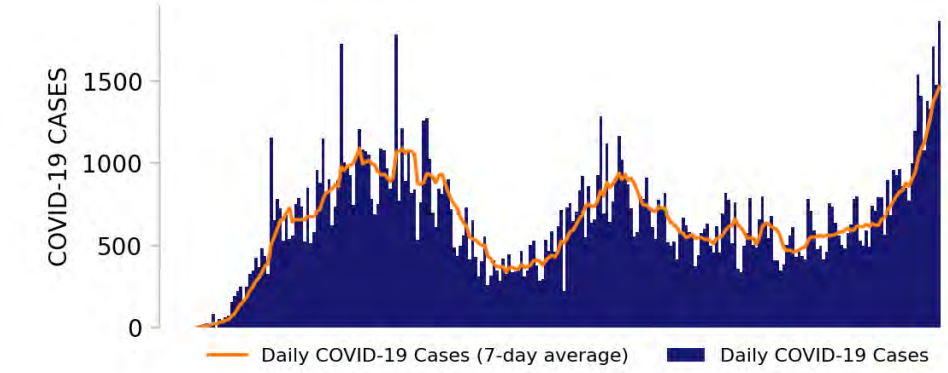
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

MARYLAND

STATE REPORT | 11.15.2020

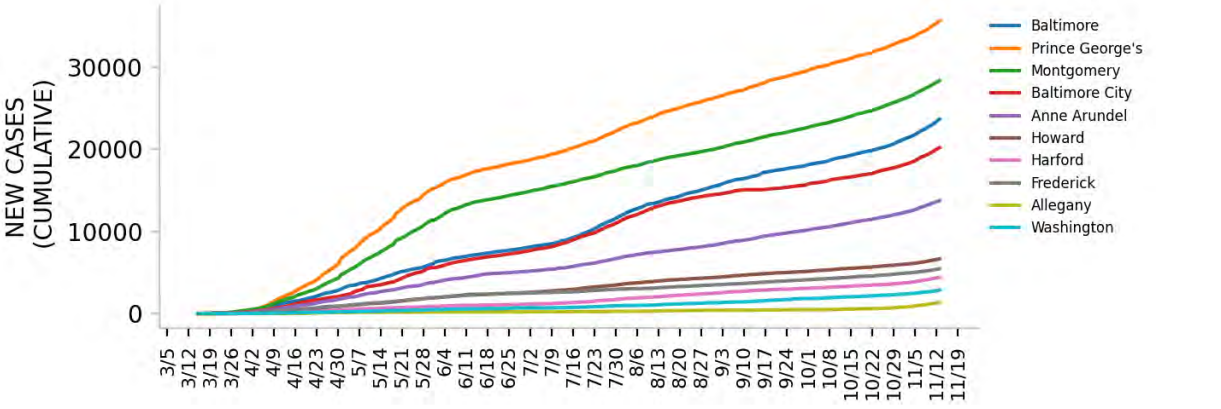
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020.

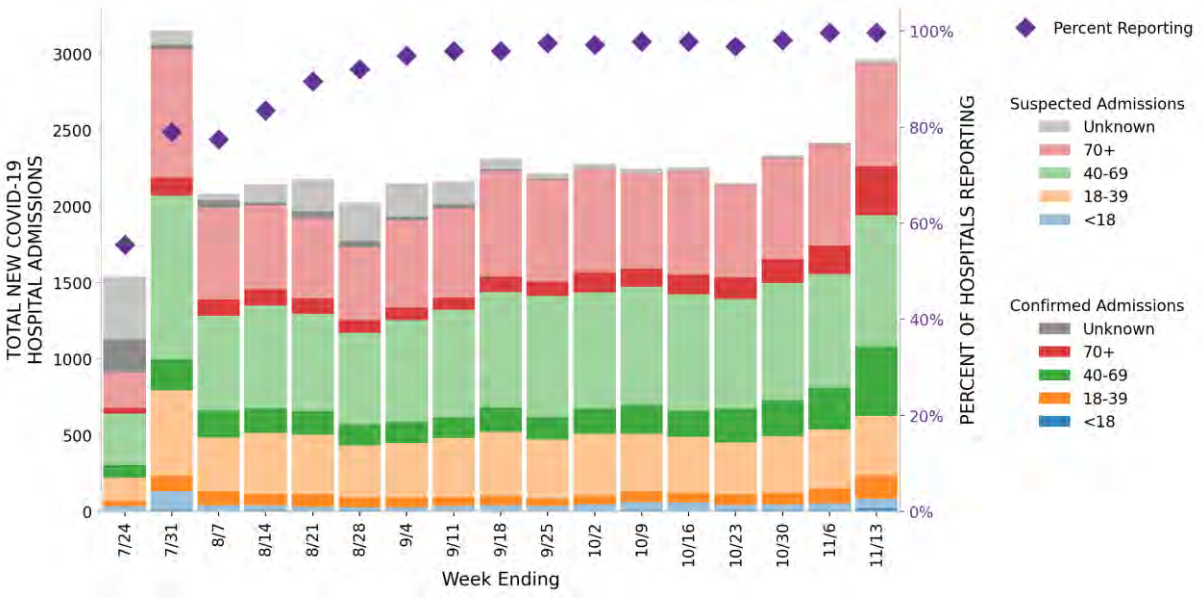
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

MARYLAND

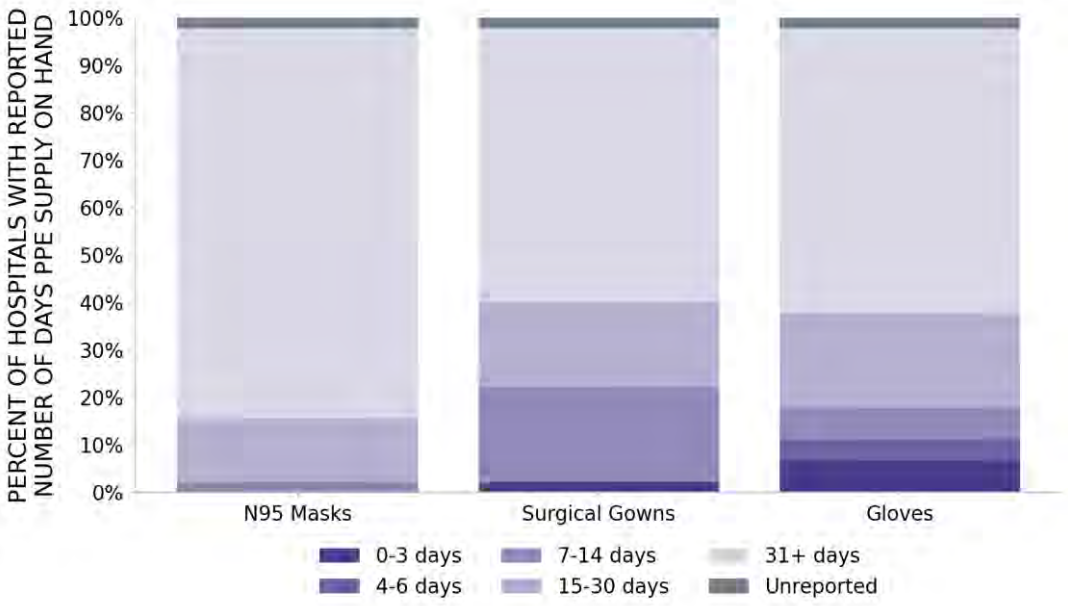
STATE REPORT | 11.15.2020

45 hospitals are expected to report in Maryland

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

MARYLAND

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	1 ▲ (+1)	Cumberland	3 ▲ (+3)	Harford Allegany Garrett
LOCALITIES IN ORANGE ZONE	1 ■ (+0)	Philadelphia-Camden-Wilmington	2 ■ (+0)	Baltimore Washington
LOCALITIES IN YELLOW ZONE	5 ■ (+0)	Baltimore-Columbia-Towson Washington-Arlington-Alexandria Hagerstown-Martinsburg Salisbury California-Lexington Park	11 ▲ (+1)	Prince George's Montgomery Baltimore City Anne Arundel Frederick Charles Wicomico St. Mary's Worcester Queen Anne's Somerset

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

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

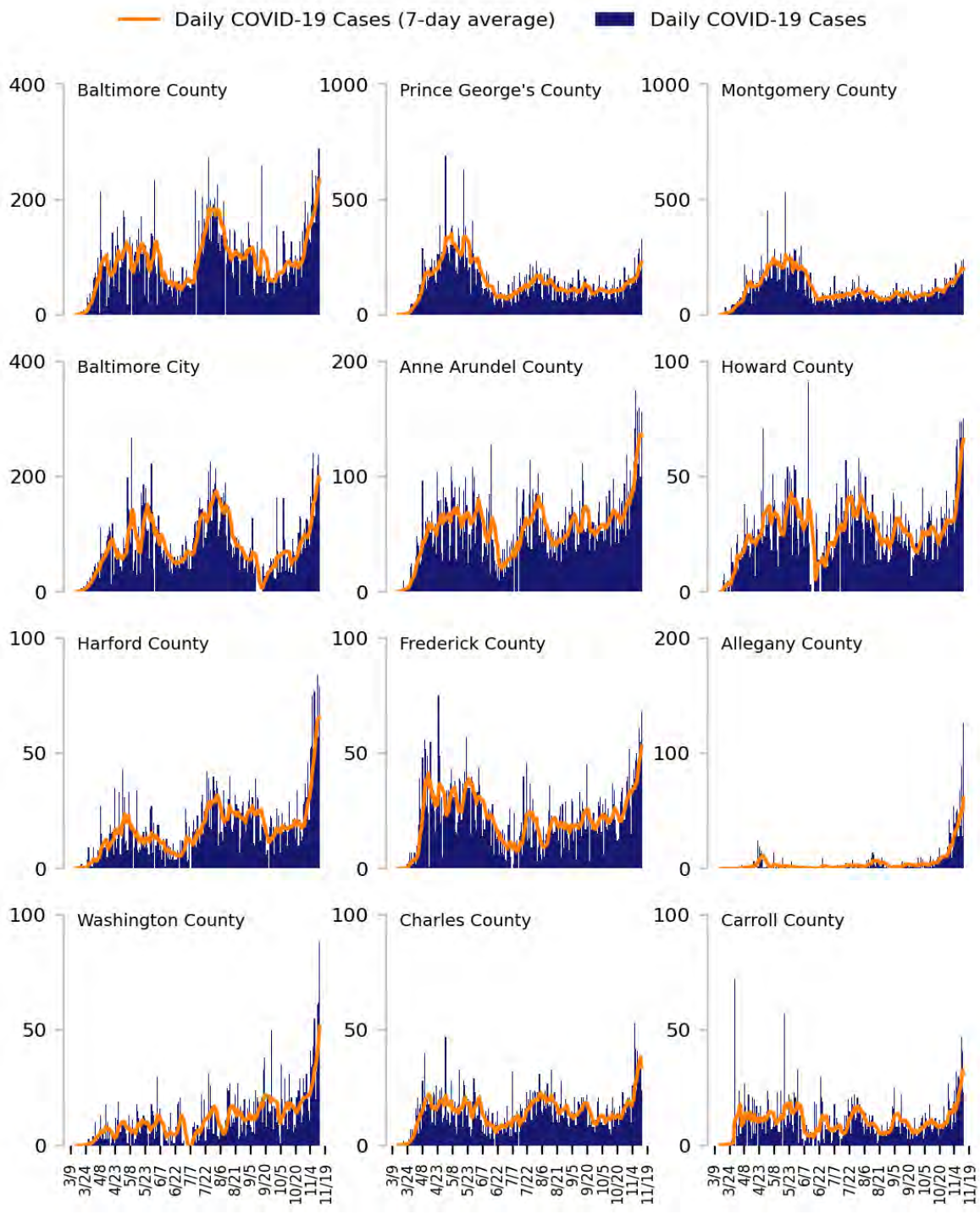
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

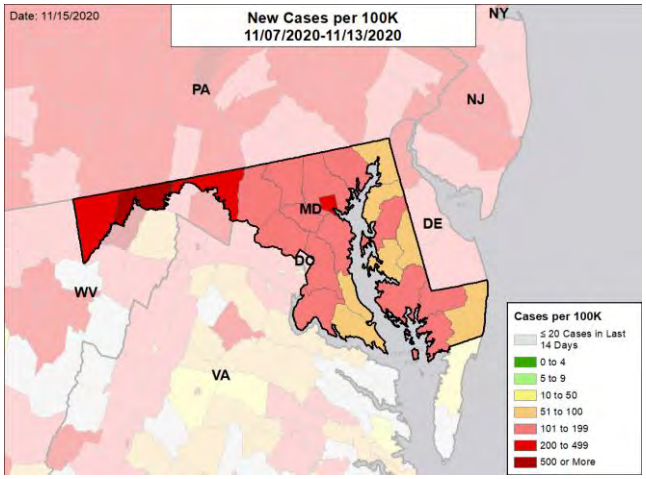
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

MARYLAND

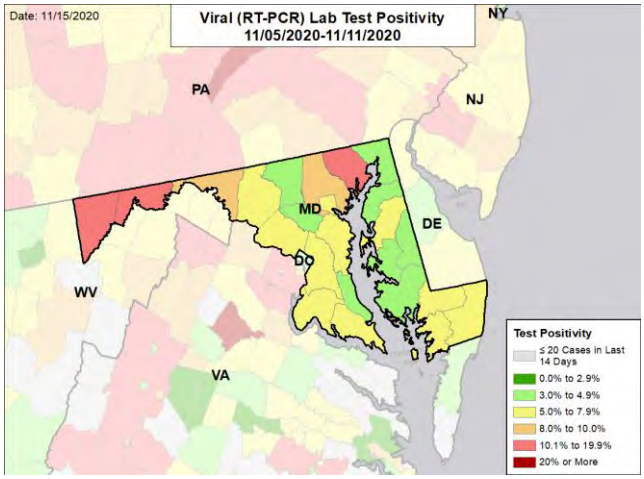
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

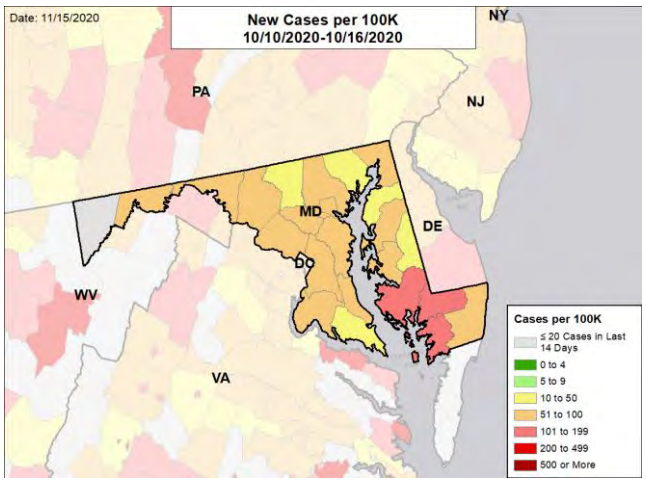
NEW CASES PER 100,000



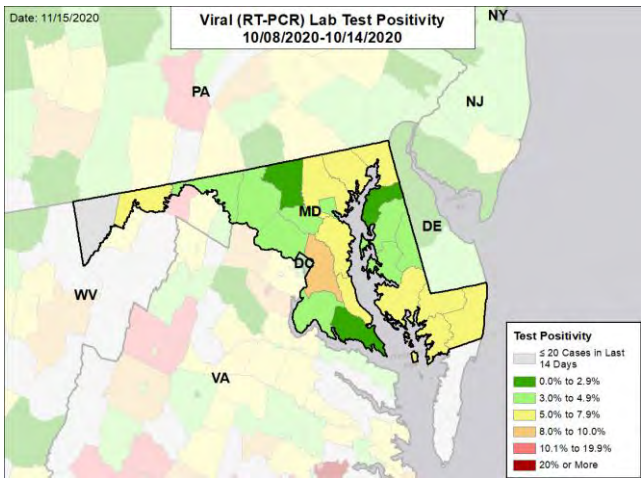
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

STATE REPORT
11.15.2020
Issue 22

MASSACHUSETTS

SUMMARY

- Massachusetts is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 31st 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 an increase in test positivity. Case rates and test positivity increased in all 15 counties; the biggest increases were in Berkshire, Dukes, and Hampshire counties.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Middlesex County, 2. Essex County, and 3. Suffolk County. These counties represent 47.8% of new cases in Massachusetts.
- 21% 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 Nov 2 - Nov 8, 4% of nursing homes had at least one new resident COVID-19 case, 17% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death. There are now apparent outbreaks at facilities in Leominster, Uxbridge, Fall River, West Springfield, and Marion.
- Massachusetts had 229 new cases per 100,000 population, compared to a national average of 294 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 116 to support operations activities from FEMA; 3 to support operations activities from ASPR; and 19 to support operations activities from USCG.
- Between Nov 7 - Nov 13, on average, 91 patients with confirmed COVID-19 and 159 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

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- Given the continued increase in transmission across all counties, consider reevaluating steps and stages of reopening across the state. Different levels of restrictions in adjacent counties may encourage movement and transmission.
- The upcoming holidays could quickly amplify transmission. Massachusetts should vigorously expand public health messaging across all media platforms, including their use and frequency of SMS auto-texting, to warn citizens about the risks of social gatherings, advise people to avoid them, and reinvigorate the practice of face covering and social distancing.
- Utilize recent surveys to help craft and direct messaging to groups who are waning in their community mitigation efforts; work with corporate and advertising partners to refine and target messaging.
- Greatly expand use of local hospital or clinical staff as part of strong public advocacy for community mitigation behaviors in all communities; taped messages posted to social media platforms can be compelling and persuasive, especially when they come from within communities that are resistant.
- Health departments should regularly surveil workers who are at risk of infection and transmission, regardless of symptoms, using rapid antigen tests.
- Wastewater surveillance should be scaled up at the most local level practical, including in single congregate living facilities, like shelters, apartment buildings, or skilled nursing facilities.
- Testing should continue at a high baseline level throughout the state and immediately intensify in areas where there are signals of increasing transmission.
- Local health authorities should monitor businesses and explore ways to encourage/enforce adherence to restrictions.
- All staff who work with patients or residents in any congregate setting should be tested weekly with rapid tests and should not be permitted to work without a recent negative test or clearance from isolation.
- Ensure all congregate and crowded work settings (e.g., clinics, prisons, shelters, etc.) have adequate screening and surveillance of asymptomatic persons to limit possibility of super-spreader events; expand collaboration with religious leaders to encourage online services and that any in-person gathering implements all recommendations to reduce transmission.
- Local data on test positivity by age band will provide an early signal on transmission and an opportunity to expand local clinical capacity before it's too late. All service areas and clinical facilities should have facility/staffing expansion and contingency plans.
- Local data on hospital utilization is also critically important, both as a firm indicator of transmission in the most vulnerable and as a threshold marker for implementing expansion and contingency plans.
- Continuously evaluate testing and contact tracing capacity in all counties to ensure test results are received within 48 hours, all cases are immediately isolated, and full contact tracing is conducted within 72 hours of testing; expand capacity as needed to meet these benchmarks by focusing the interview, developing scripts and clear algorithms to allow task-shifting, and coordinating remote surge capacity from counties with lower case rates.
- Ensure institutions of higher education are planning to test students before they return home for the holidays.
- Monitor and ensure strict adherence to CDC school policy guidance to curb transmission, including use of face coverings for all K-12 students and teachers.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

MASSACHUSETTS

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	15,809 (229)	+55%	35,015 (236)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.1%	+0.8%*	3.9%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	542,996** (7,878**)	+9%**	801,841** (5,401**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	159 (2.3)	+21%	279 (1.9)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	4%	-1%*	8%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	17%	+0%*	20%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	+0%*	3%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.

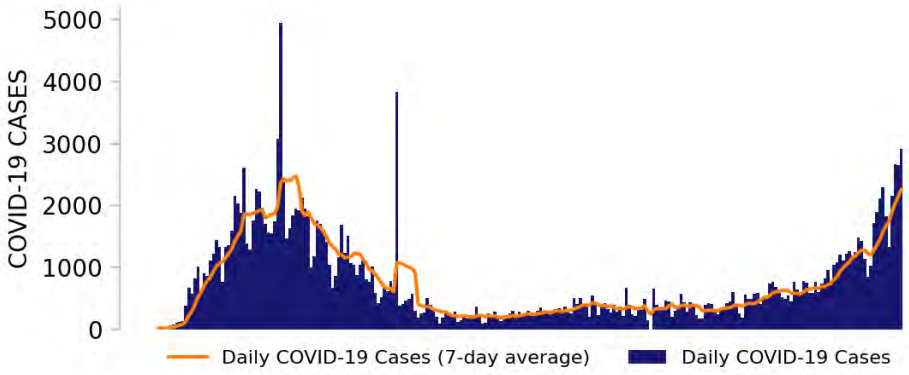
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

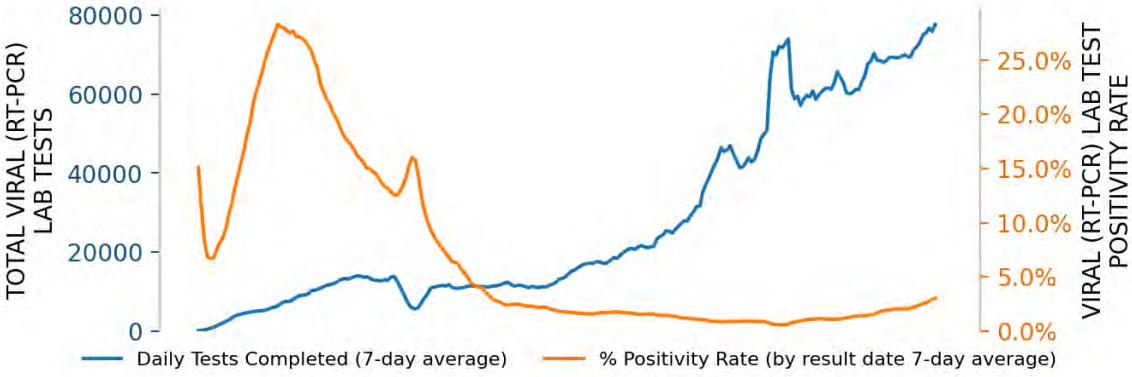
MASSACHUSETTS

STATE REPORT | 11.15.2020

NEW CASES

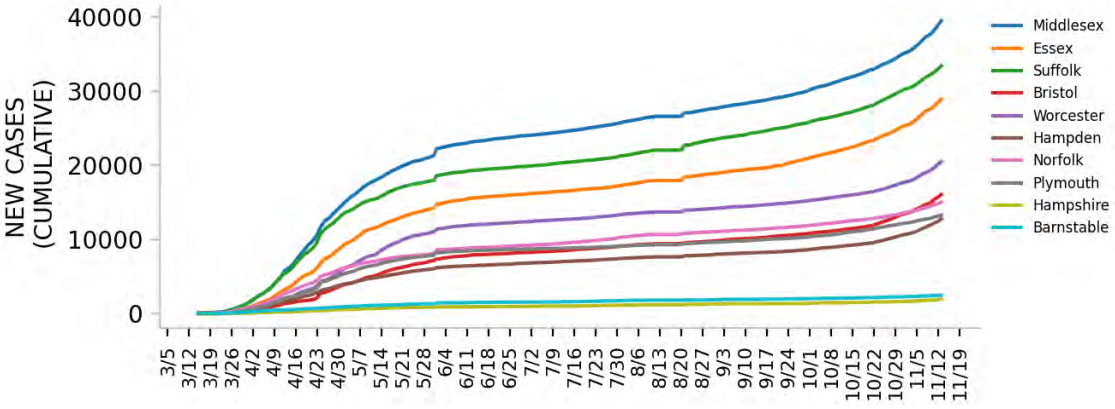


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



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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 11/13/2020.

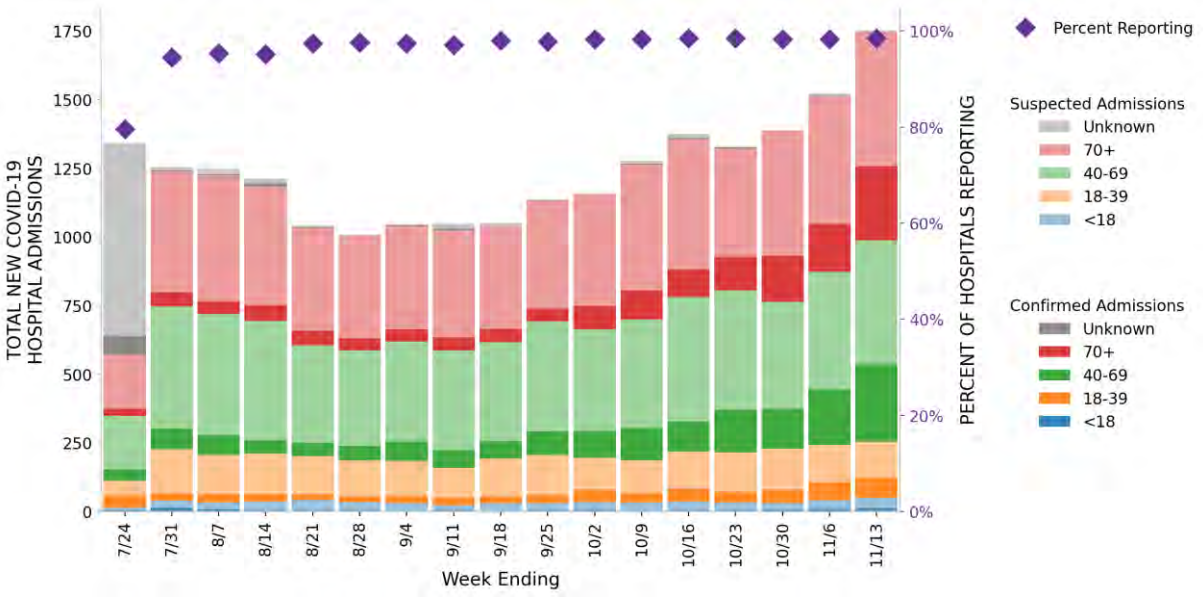
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

MASSACHUSETTS

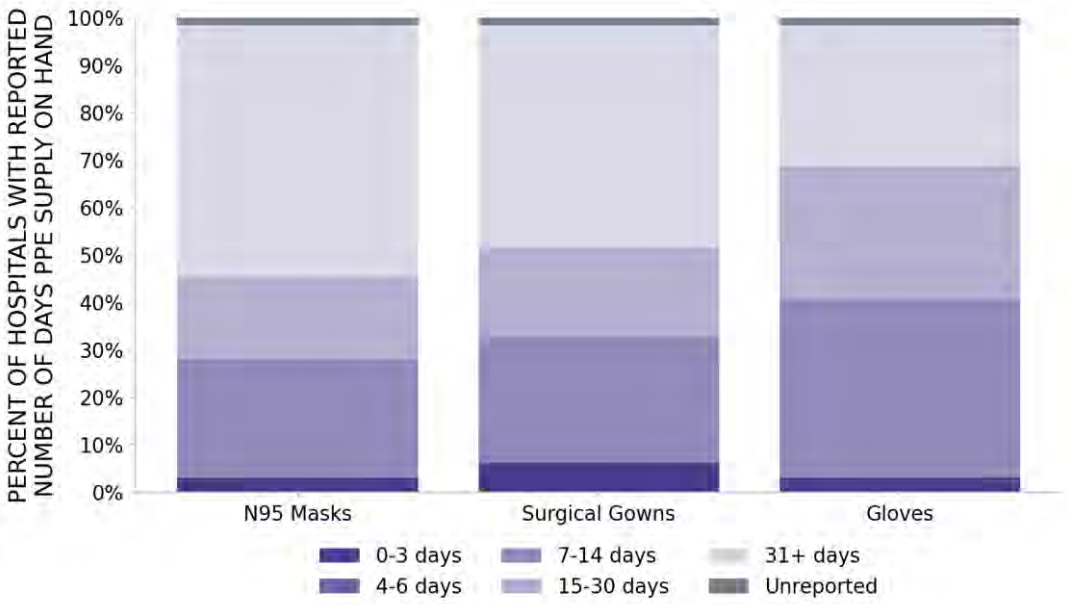
STATE REPORT | 11.15.2020

64 hospitals are expected to report in Massachusetts

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

MASSACHUSETTS

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	1 ▲ (+1)	Providence-Warwick	3 ▲ (+3)	Essex Bristol Hampden

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

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

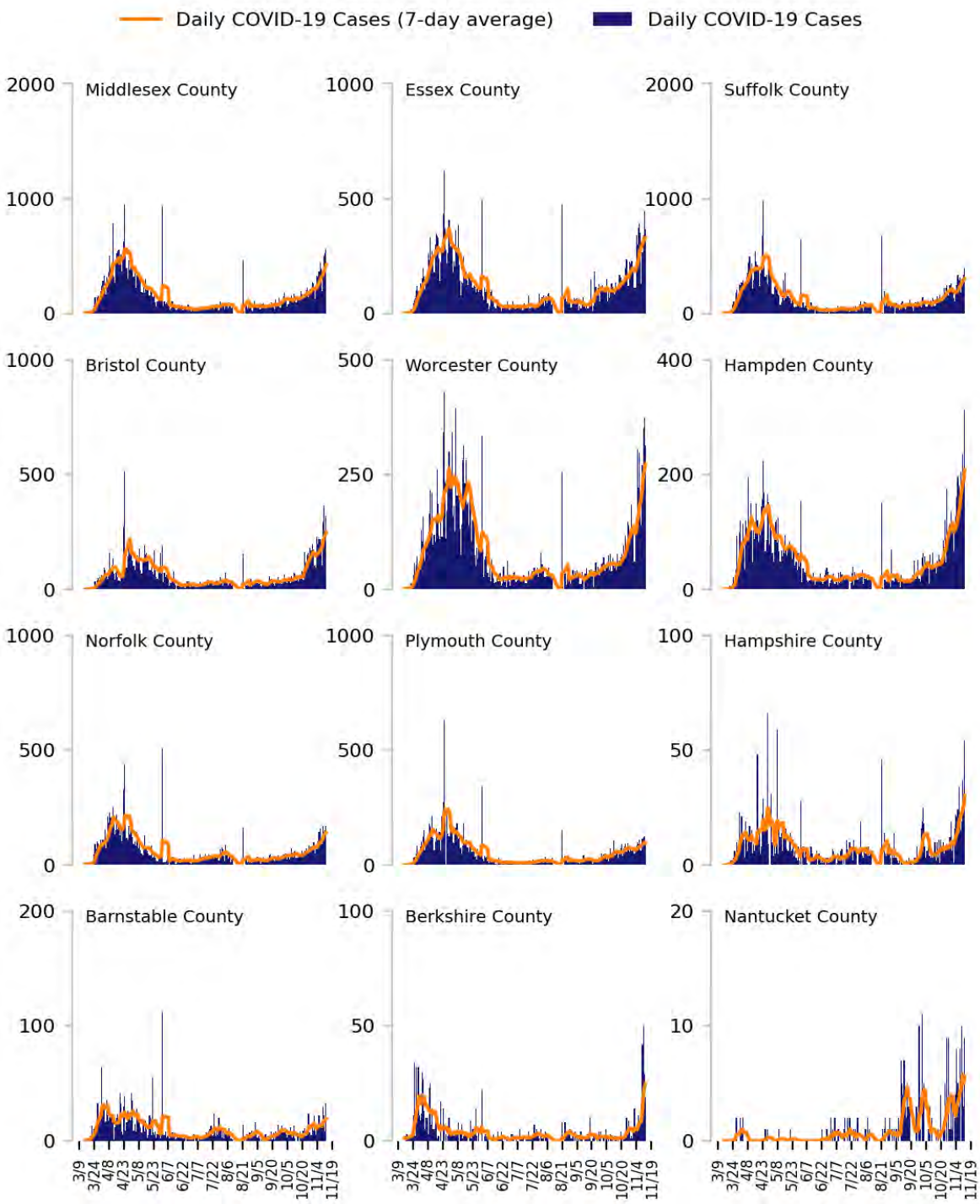
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

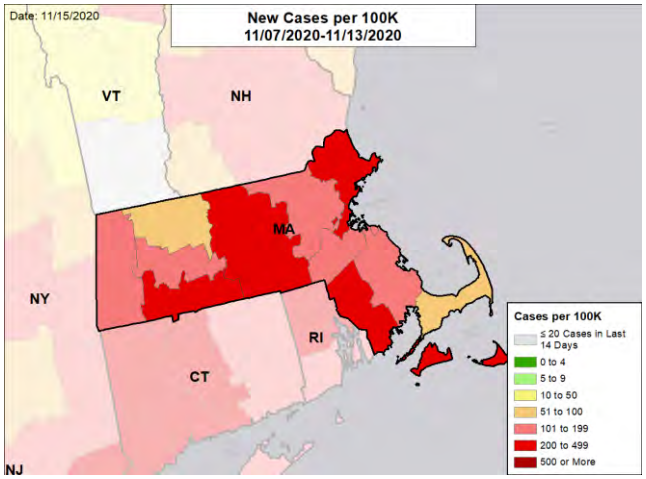
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

MASSACHUSETTS

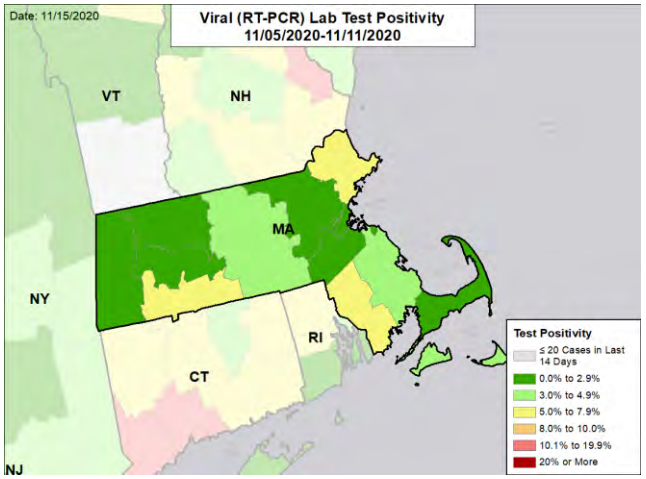
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

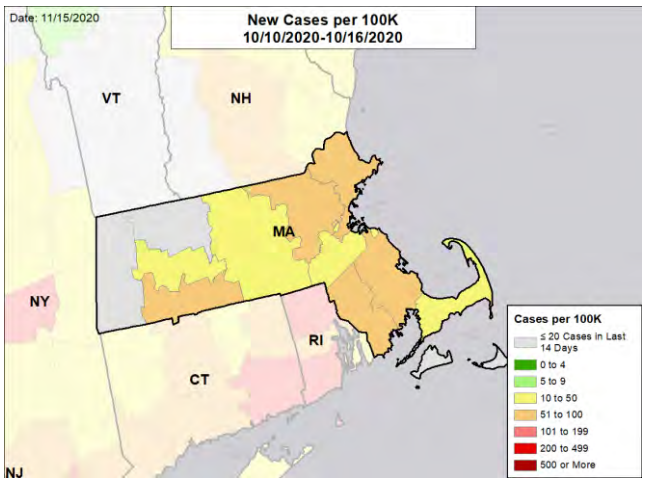
NEW CASES PER 100,000



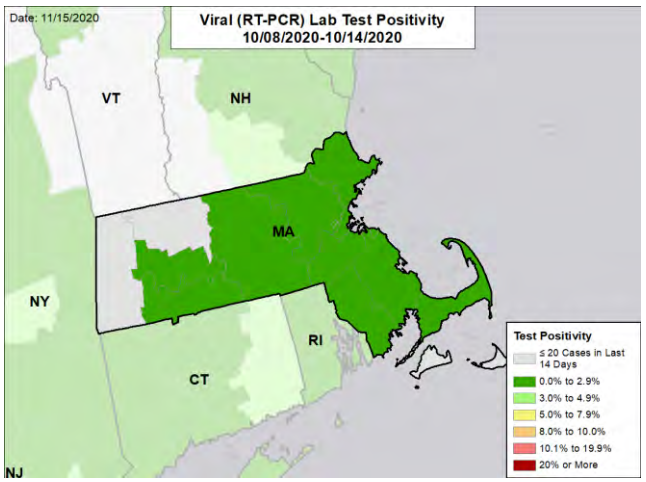
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

MICHIGAN

STATE REPORT
11.15.2020
Issue 22

SUMMARY

- Michigan is seeing an unrelenting exponential acceleration in cases and hospitalizations with rising test positivity. Cases are several-fold higher than in the spring peak. Michigan is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 18th highest rate in the country. Michigan is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 18th highest rate in the country.
- Michigan has seen an increase in new cases and an increase in test positivity. Daily cases are doubling every 14 days. Hospitalizations and deaths continued to increase last week. Hospitalizations are nearing the April peak and are doubling approximately every two weeks and daily deaths are more than three-fold higher than in September. Staffing shortages are a major concern. Some health care systems are limiting elective procedures.
- 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 31.1% of new cases in Michigan.
- Incidence is higher outside the Detroit CBSA, especially in the Upper Peninsula. The epidemic situation worsened throughout the state.
- 88% of all counties in Michigan have moderate or high levels of community transmission (yellow, orange, or red zones), with 65% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 21% of nursing homes had at least one new resident COVID-19 case, 44% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Michigan had 459 new cases per 100,000 population, compared to a national average of 294 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 and 7 to support operations activities from USCG.
- Between Nov 7 - Nov 13, on average, 359 patients with confirmed COVID-19 and 192 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Michigan. An average of 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- We share the strong judgement of Michigan leaders that the current situation is critical and that additional measures are needed to limit further cases and avoid increases in hospitalizations and deaths. The Governor's continued personal guidance on these measures is crucial and is commended.
- At this point, the rapid increase in cases and hospitalizations supports that further measures will be needed to avoid falling behind as other states have found control of spread to be much more difficult if measures are delayed. Maximizing control of transmission now will allow for greater and earlier resumption of business activity in addition to limiting hospitalizations and deaths.
- The upcoming holidays can amplify transmission considerably. Michigan should continue to expand public health messaging across all media platforms, including SMS auto-texting, to warn citizens about the risks of social gatherings, advise people to avoid them, and reemphasize face coverings and social distancing. Specifically, recommend holding an event only with individuals within one's household, and emphasize the risk of exposing an elderly person or someone with an underlying condition (diabetes, obesity, hypertension, chemotherapy, etc.) if gathering indoors without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expanded strategic use of point-of-care antigen tests with immediate results will be critical to proactive testing in communities; these tests should be used among all individuals independent of symptoms in orange and red counties.
    - Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases.
    - Antigen tests do not perform well after 8-10 days post infection when nucleic acid cycle times are >30.
    - All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Expand contact tracing as needed by focusing the interview, developing scripts and clear algorithms to allow task-shifting, and coordinating remote surge capacity from counties with lower case rates. At the time of testing, give detailed instructions and materials describing what to do if the individual tests positive. Contact tracing may need to be prioritized under conditions of rapidly increasing cases.
- Testing should be at a high baseline level throughout the state (aiming for at least 2,000 tests per 100,000 population per week in all counties) and should be immediately intensified in areas where there are signals of increasing transmission from clinical or wastewater testing. Michigan's testing level of >3,000 tests per 100,000 population is commended but needs further expansion during the current viral surge.
- Mitigation measures to limit transmission in personal gatherings need continued strengthening. This needs augmented communication from state and community leaders of a clear and shared message asking Michiganders to wear masks, physically distance, and avoid gatherings in both public and private spaces, especially indoors. Hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally.
- Ensure all K-12 schools are following CDC guidelines, including mask wearing. Utilize the Abbot BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure university students continue their mitigation behaviors to ensure no further outbreaks on or off campus. Encourage institutions of higher education to test their student body before they leave campus for Thanksgiving break to mitigate exposure to family and community.
- Ensure that all hospitals, including rural and mid-level hospitals, have conducted updated clinical training and have access to appropriate medicines and supplies. All service areas and clinical facilities should have expansion and contingency plans.
- Following local data on test positivity by age will be important to detect early evidence of increasing transmission in more vulnerable populations; expanding local clinical capacity at an earlier stage will avoid compromises in clinical care when hospitalizations increase rapidly.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

MICHIGAN

STATE REPORT | 11.15.2020

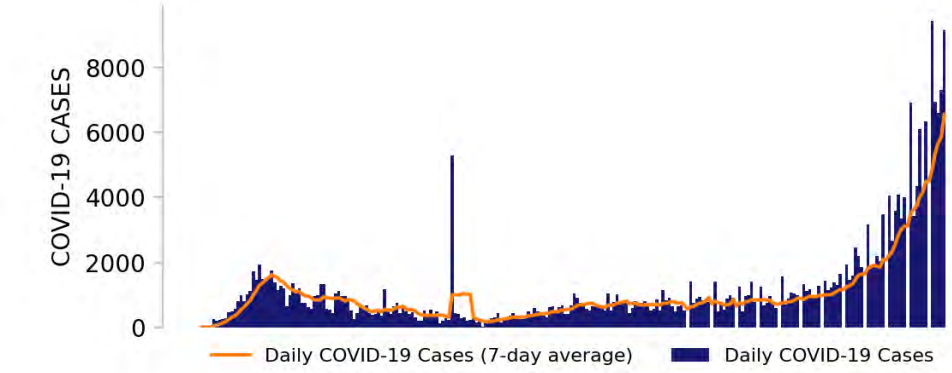
	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	45,827 (459)	+57%	295,768 (563)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	13.5%	+3.9%*	14.7%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	330,217** (3,307**)	-3%**	2,173,404** (4,137**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	428 (4.3)	+98%	1,889 (3.6)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	21%	+8%*	24%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	44%	+9%*	48%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+0%*	8%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

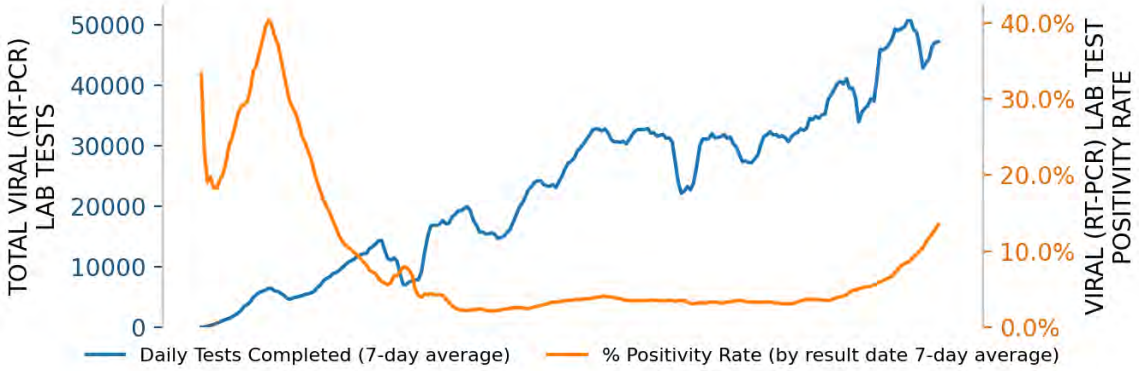
MICHIGAN

STATE REPORT | 11.15.2020

NEW CASES

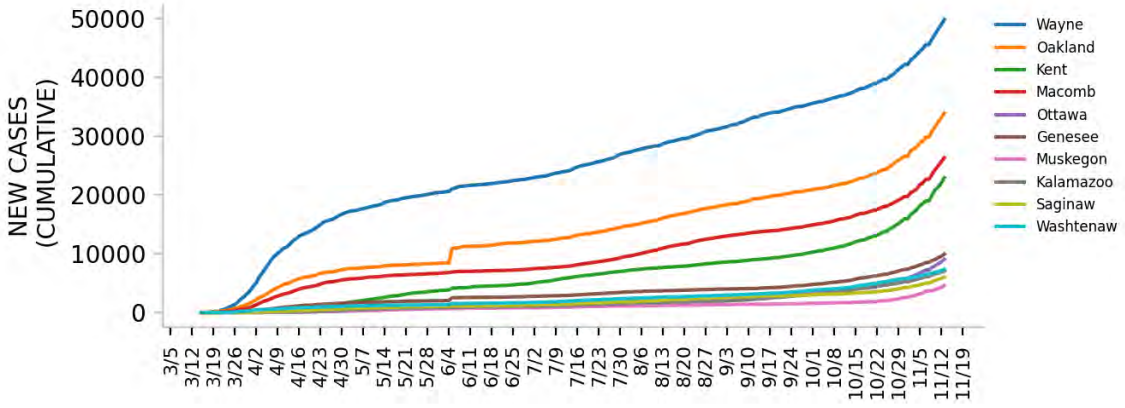


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020.

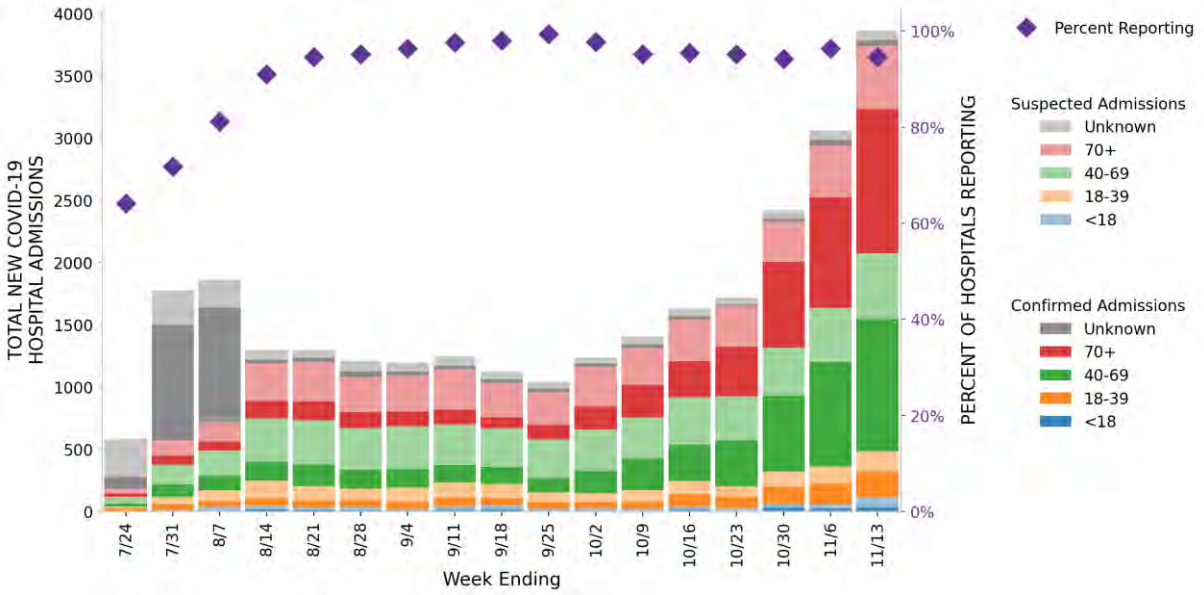
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

MICHIGAN

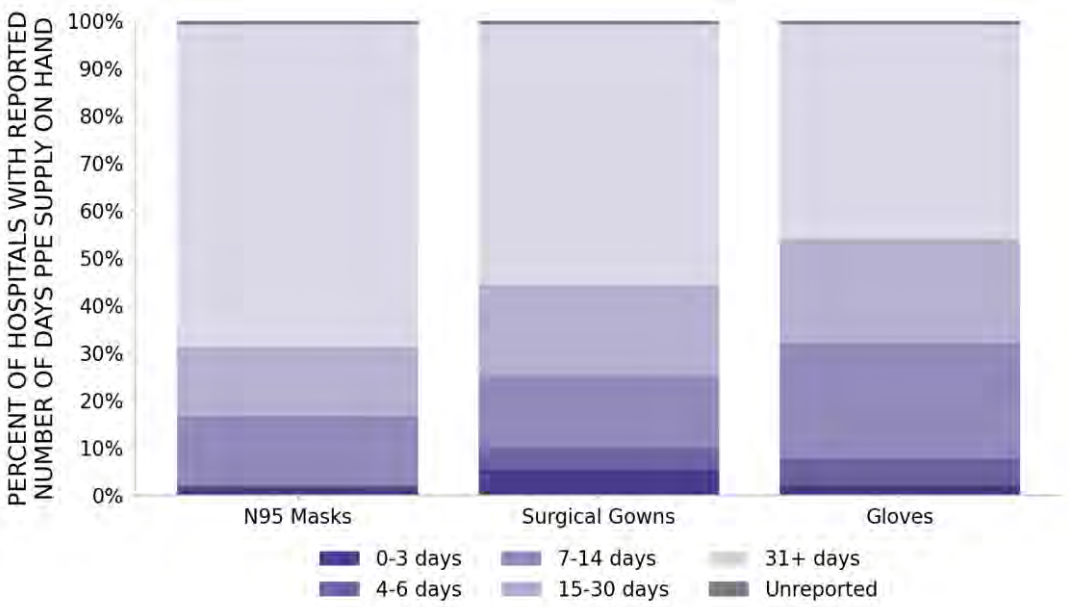
STATE REPORT | 11.15.2020

131 hospitals are expected to report in Michigan

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

MICHIGAN

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	24 ▲ (+6)	Detroit-Warren-Dearborn Grand Rapids-Kentwood Lansing-East Lansing Flint Muskegon Kalamazoo-Portage Saginaw Battle Creek Niles Monroe Bay City Holland	54 ▲ (+17)	Wayne Oakland Kent Macomb Ottawa Genesee Muskegon Kalamazoo Saginaw Calhoun Ingham Berrien
LOCALITIES IN ORANGE ZONE	2 ▼ (-5)	Coldwater Adrian	12 ▼ (-9)	Montcalm Branch Lenawee Grand Traverse Charlevoix Iron Huron Ogemaw Antrim Leelanau Luce Alcona
LOCALITIES IN YELLOW ZONE	4 ▲ (+1)	Ann Arbor Jackson Ludington Alpena	7 ▼ (-3)	Washtenaw Jackson Clare Sanilac Mason Alpena Alger

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red CBSAs: Detroit-Warren-Dearborn, Grand Rapids-Kentwood, Lansing-East Lansing, Flint, Muskegon, Kalamazoo-Portage, Saginaw, Battle Creek, Niles, Monroe, Bay City, Holland, Marquette, Midland, Escanaba, Traverse City, Sturgis, Mount Pleasant, Iron Mountain, South Bend-Mishawaka, Hillsdale, Big Rapids, Marinette, Cadillac

All Red Counties: Wayne, Oakland, Kent, Macomb, Ottawa, Genesee, Muskegon, Kalamazoo, Saginaw, Calhoun, Ingham, Berrien, Livingston, Monroe, Bay, Allegan, St. Clair, Marquette, Midland, Clinton, Eaton, Delta, Van Buren, St. Joseph, Ionia, Barry, Isabella, Dickinson, Lapeer, Cass, Shiawassee, Tuscola, Newaygo, Emmet, Hillsdale, Mecosta, Menominee, Oceana, Gogebic, Otsego, Baraga, Roscommon, Osceola, Iosco, Cheboygan, Wexford, Ontonagon, Kalkaska, Arenac, Benzie, Missaukee, Crawford, Lake, Montmorency

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

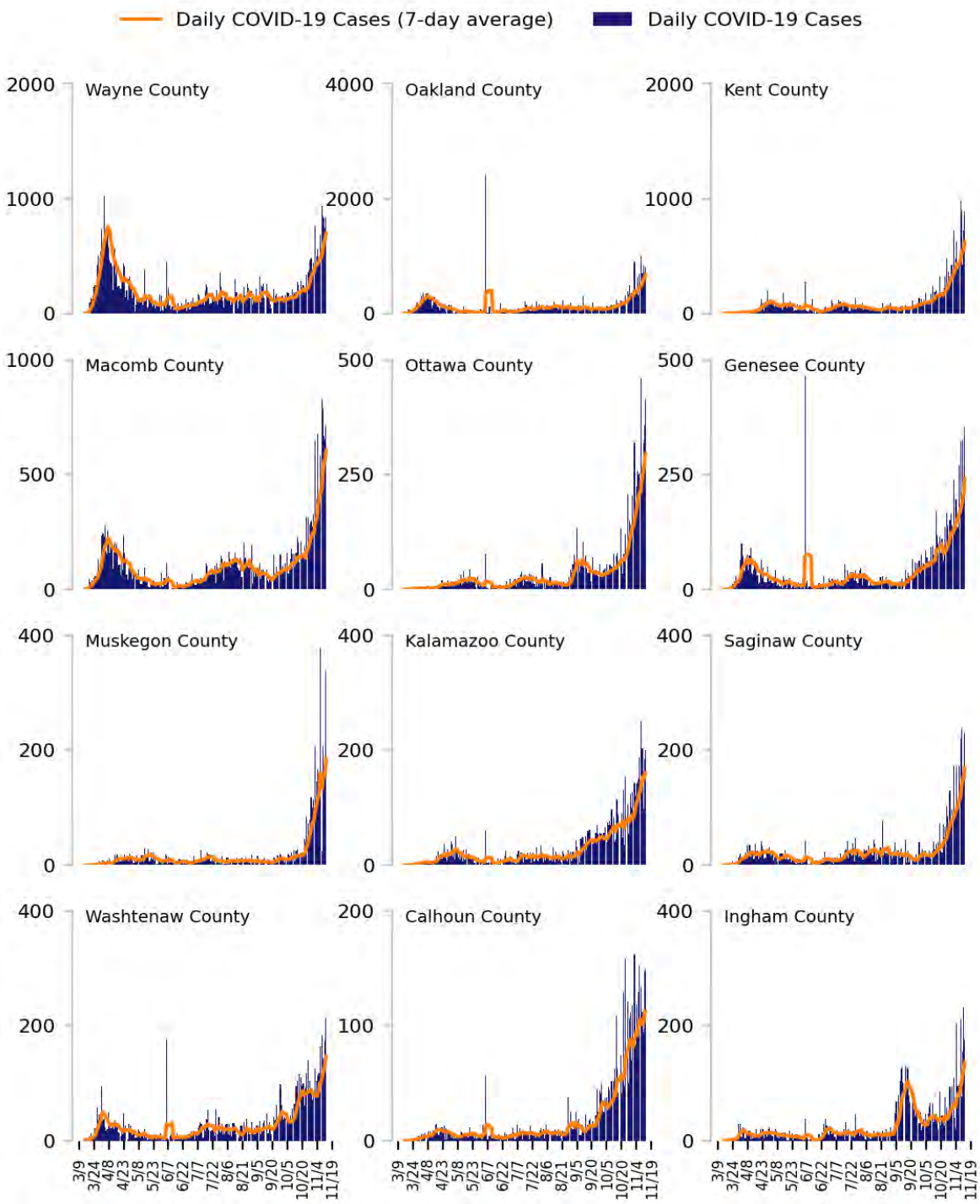
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

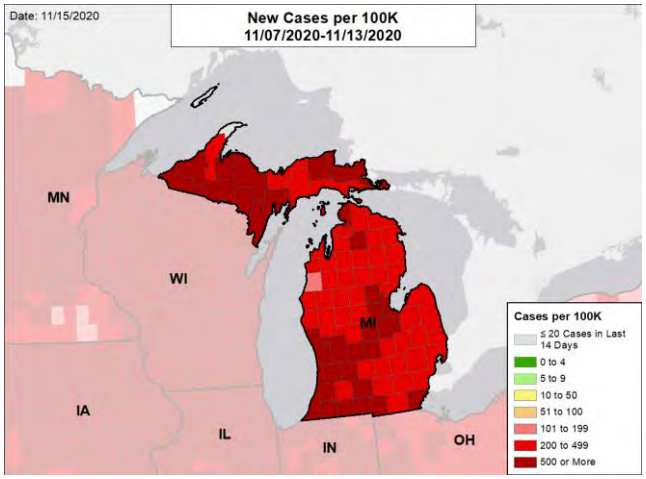
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

MICHIGAN

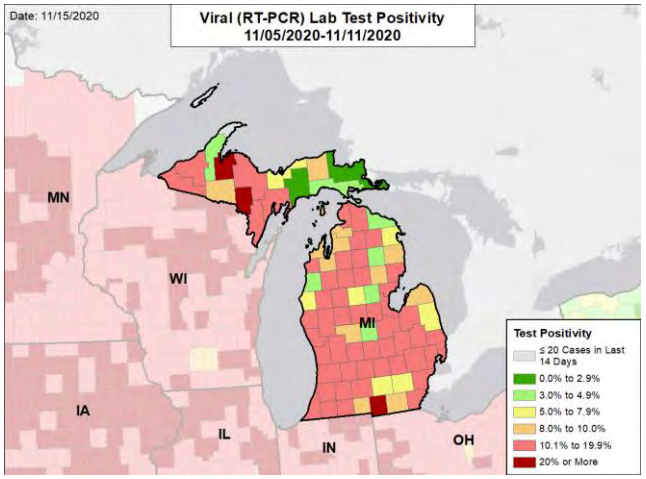
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

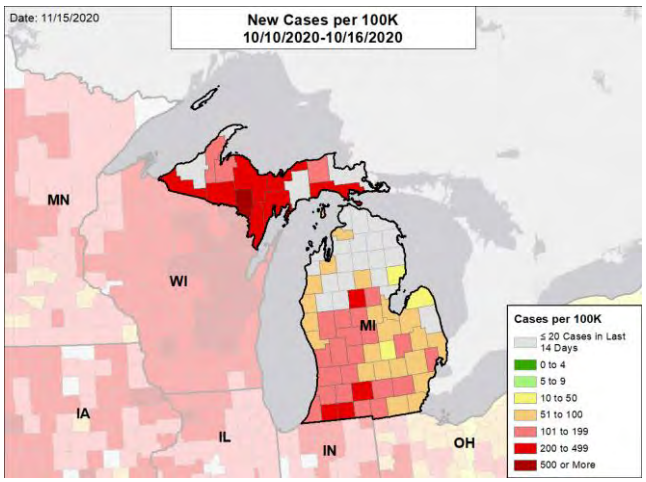
NEW CASES PER 100,000



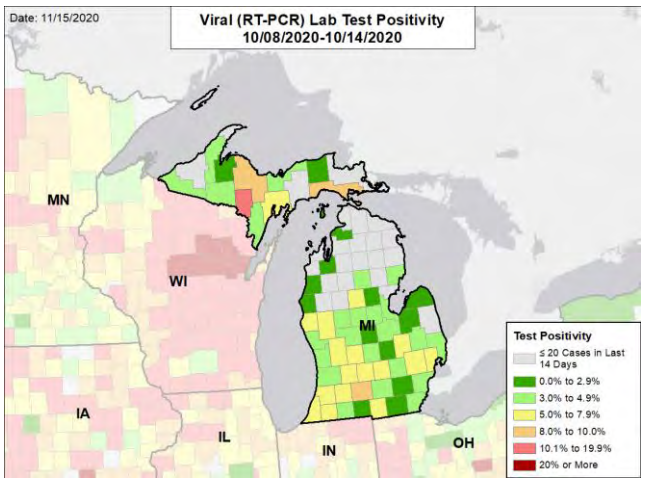
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

MINNESOTA

STATE REPORT
11.15.2020
Issue 22

SUMMARY

- Minnesota is seeing a continued dramatic rise in cases, hospitalizations, and deaths, all of which are at their highest points ever in the pandemic. Limiting further increases in hospitalizations and deaths and test positivity will require additional mitigation steps. Minnesota is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 8th highest rate in the country. Minnesota is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 12th highest rate in the country.
- Minnesota saw an alarming increase in new cases and test positivity last week. Daily cases are doubling every 14 days. Hospitalizations and deaths increased rapidly last week; daily deaths are more than four-fold higher than in September. Some health systems are limiting elective procedures.
- Viral transmission is intense throughout the state. The following three counties had the highest number of new cases over the last 3 weeks: 1. Hennepin County, 2. Anoka County, and 3. Ramsey County. These counties in the Minneapolis CBSA represent 34.7% of new cases in Minnesota, but the greatest growth in cases is outside of the Twin Cities area.
- 98% of all counties in Minnesota have moderate or high levels of community transmission (yellow, orange, or red zones), with 97% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 24% of nursing homes had at least one new resident COVID-19 case, 59% had at least one new staff COVID-19 case, and 8% had at least one new resident COVID-19 death.
- Minnesota had 657 new cases per 100,000 population, compared to a national average of 294 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; 21 to support medical activities from ASPR; 2 to support operations activities from ASPR; and 1 to support operations activities from USCG.
- Between Nov 7 - Nov 13, on average, 207 patients with confirmed COVID-19 and 99 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

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- We share the strong judgement of Minnesota leaders that the current situation is critical and that additional measures are needed to limit further cases and avoid increases in hospitalizations and deaths. The Governor's continued personal guidance on these measures is crucial and is commended.
- At this point, the rapid increase in cases and hospitalizations supports that further measures will be needed to avoid falling behind as other states have found control of spread to be much more difficult if measures are delayed. Maximizing control of transmission now will allow for greater and earlier resumption of business activity in addition to limiting hospitalizations and deaths.
- The upcoming holidays can amplify transmission considerably. Minnesota should continue to expand public health messaging across all media platforms, including SMS auto-texting, to warn citizens about the risks of social gatherings, advise people to avoid them, and reemphasize face coverings and social distancing. Specifically, recommend holding an event only with individuals within one's household and emphasize the risk of exposing an elderly person or someone with an underlying condition (diabetes, obesity, hypertension, etc.) if gathering indoors without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expanded strategic use of point-of-care antigen tests with immediate results will be critical to proactive testing in communities; these tests should be used among all individuals independent of symptoms in orange and red counties.
    - Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases.
    - Antigen tests do not perform well after 8-10 days post infection when nucleic acid cycle times are >30.
    - All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Expand contact tracing as needed by focusing the interview, developing scripts and clear algorithms to allow task-shifting, and coordinating remote surge capacity from counties with lower case rates. At the time of testing, give detailed instructions and materials describing what to do if the individual tests positive. Contact tracing may need to be prioritized under conditions of rapidly increasing cases.
- Testing should be at a high baseline level throughout the state (aiming for at least 2,000 tests per 100,000 population per week in all counties) and should be immediately intensified in areas where there are signals of increasing transmission from clinical or wastewater testing. Minnesota's testing level of >4,000 tests per 100,000 population is commended but needs further expansion during the current viral surge.
- Mitigation measures to limit transmission in personal gatherings need continued strengthening. This needs augmented communication from state and community leaders of a clear and shared message asking Minnesotans to wear masks, physically distance, and avoid gatherings in both public and private spaces, especially indoors. Hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally.
- Ensure all K-12 schools are following CDC guidelines, including mask wearing. Utilize the Abbot BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure university students continue their mitigation behaviors to ensure no further outbreaks on or off campus. Encourage institutions of higher education to test their student body before they leave campus for Thanksgiving break to mitigate exposure to family and community.
- Ensure that all hospitals, including rural and mid-level hospitals, have conducted updated clinical training and have access to appropriate medicines and supplies. All service areas and clinical facilities should have expansion and contingency plans.
- Following local data on test positivity by age will be important to detect early evidence of increasing transmission in more vulnerable populations; expanding local clinical capacity at an earlier stage will avoid compromises in clinical care when hospitalizations increase rapidly.
- 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.

MINNESOTA

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	37,032 (657)	+49%	295,768 (563)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	17.2%	+2.5%*	14.7%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	368,412** (6,533**)	+40%**	2,173,404** (4,137**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	194 (3.4)	+26%	1,889 (3.6)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	24%	+4%*	24%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	59%	+12%*	48%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	8%	+2%*	8%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.

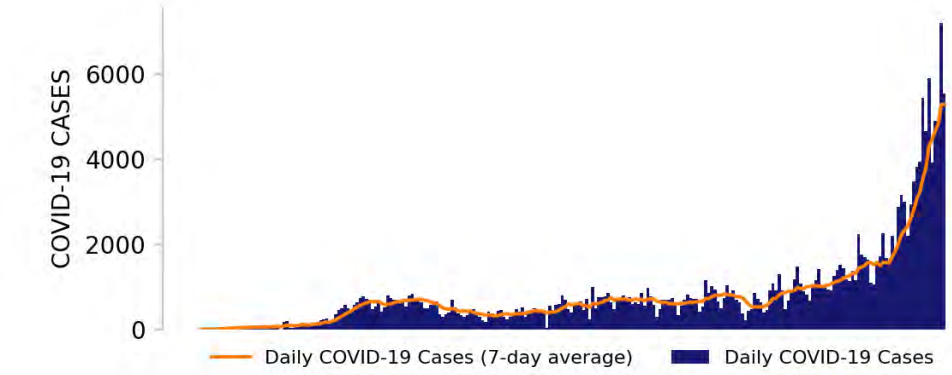
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

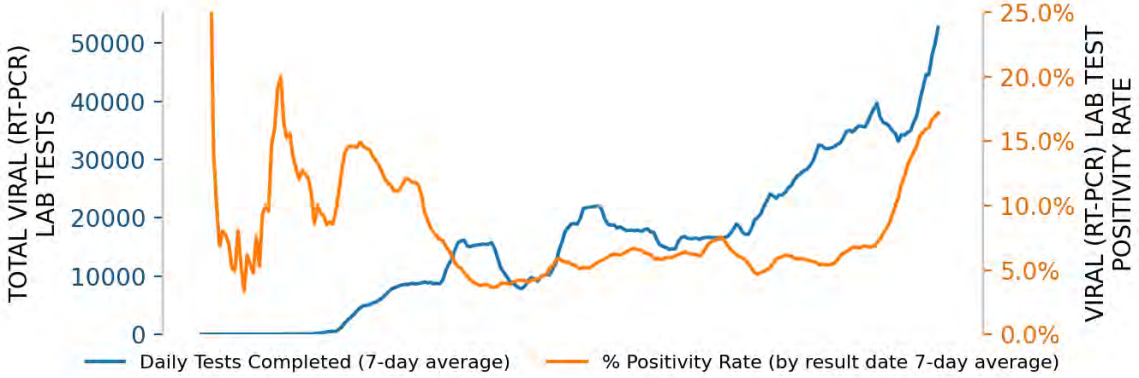
MINNESOTA

STATE REPORT | 11.15.2020

NEW CASES

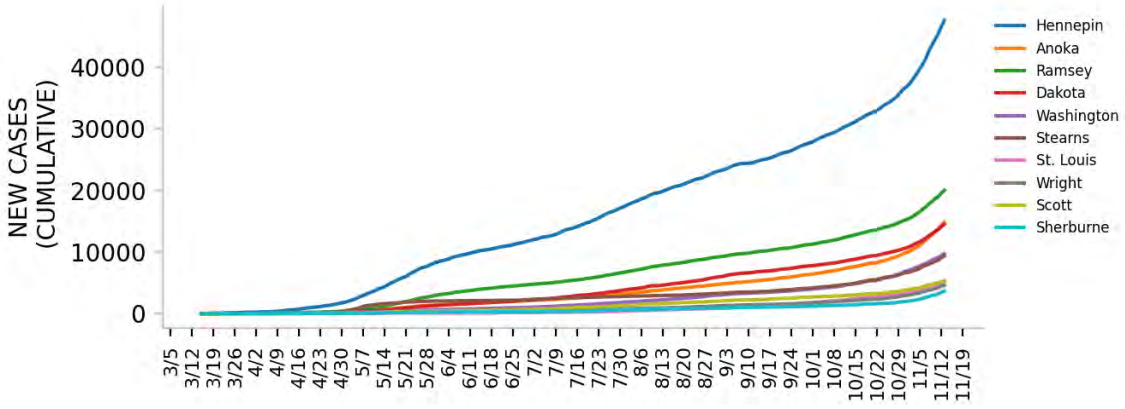


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020.

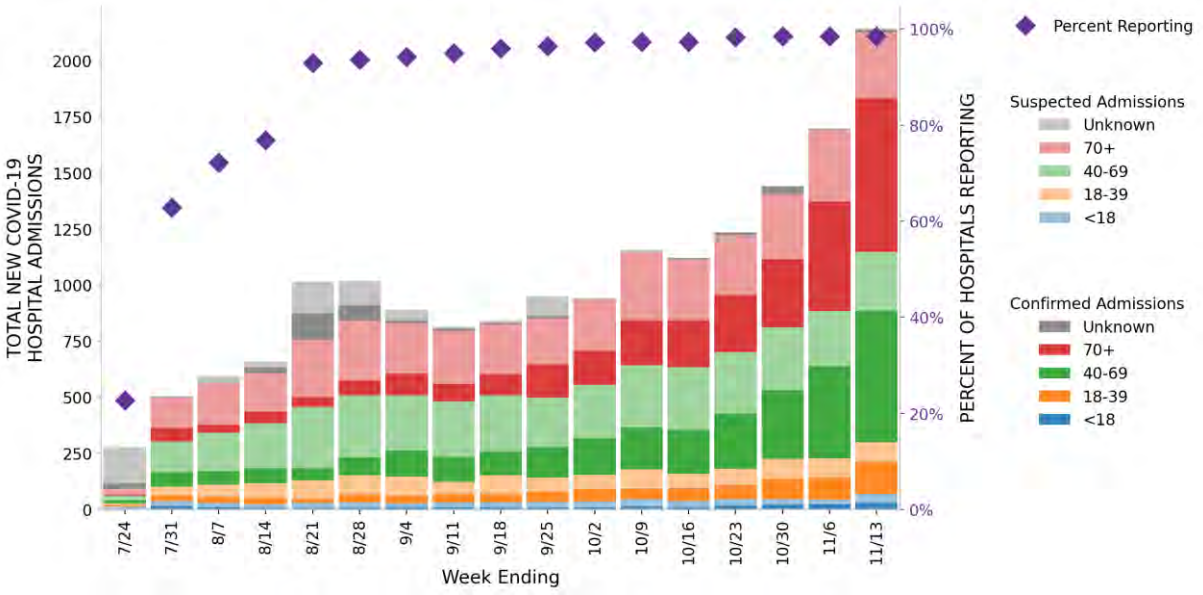
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

MINNESOTA

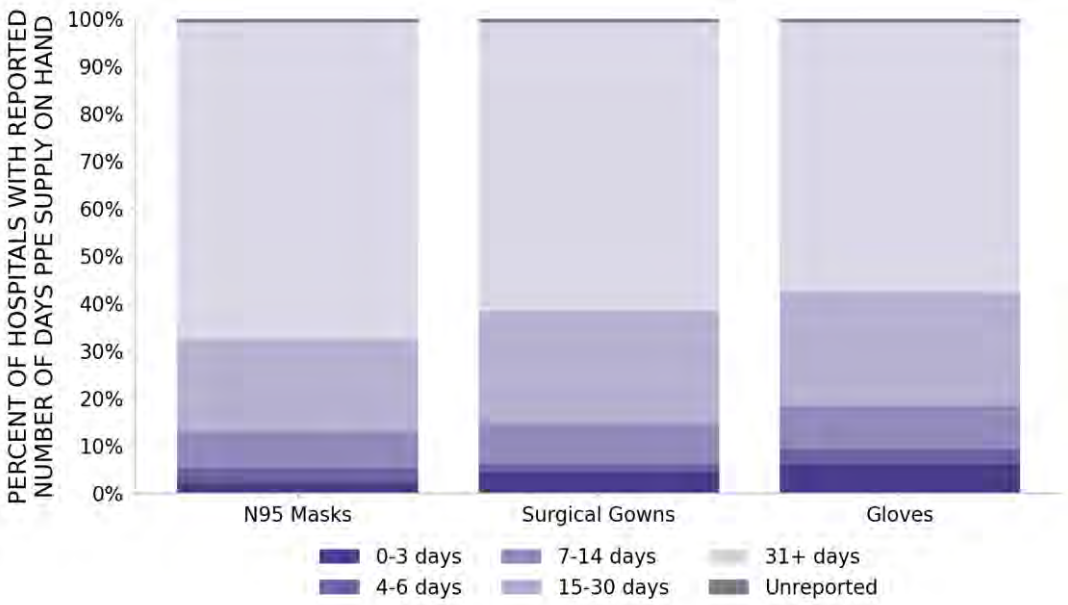
STATE REPORT | 11.15.2020

130 hospitals are expected to report in Minnesota

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

MINNESOTA

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	26 ▲ (+1)	Minneapolis-St. Paul-Bloomington St. Cloud Duluth Rochester Brainerd Fargo Mankato Grand Forks Faribault-Northfield Fergus Falls Alexandria Willmar	84 ▲ (+8)	Hennepin Anoka Ramsey Dakota Washington Stearns St. Louis Wright Scott Sherburne Clay Olmsted
LOCALITIES IN ORANGE ZONE	0 ▼ (-1)	N/A	1 ▼ (-7)	Big Stone
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	0 ▼ (-3)	N/A

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red CBSAs: Minneapolis-St. Paul-Bloomington, St. Cloud, Duluth, Rochester, Brainerd, Fargo, Mankato, Grand Forks, Faribault-Northfield, Fergus Falls, Alexandria, Willmar, Winona, Bemidji, Grand Rapids, Hutchinson, Red Wing, Worthington, Marshall, New Ulm, Owatonna, Albert Lea, La Crosse-Onalaska, Austin, Fairmont, Wahpeton

All Red Counties: Hennepin, Anoka, Ramsey, Dakota, Washington, Stearns, St. Louis, Wright, Scott, Sherburne, Clay, Olmsted, Crow Wing, Chisago, Benton, Polk, Carver, Rice, Otter Tail, Douglas, Kandiyohi, Blue Earth, Winona, Carlton, Becker, Isanti, Morrison, Mille Lacs, Todd, Beltrami, Itasca, McLeod, Goodhue, Nobles, Lyon, Cass, Roseau, Brown, Hubbard, Pine, Steele, Nicollet, Meeker, Le Sueur, Freeborn, Wadena, Aitkin, Houston, Wabasha, Mower, Renville, Redwood, Chippewa, Kanabec, Marshall, Pennington, Clearwater, Cottonwood, Sibley, Swift, Pope, Rock, Yellow Medicine, Martin, Fillmore, Pipestone, Dodge, Murray, Norman, Faribault, Stevens, Waseca, Lake, Wilkin, Jackson, Lac qui Parle, Kittson, Koochiching, Lincoln, Watonwan, Grant, Red Lake, Mahnomen, Traverse

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

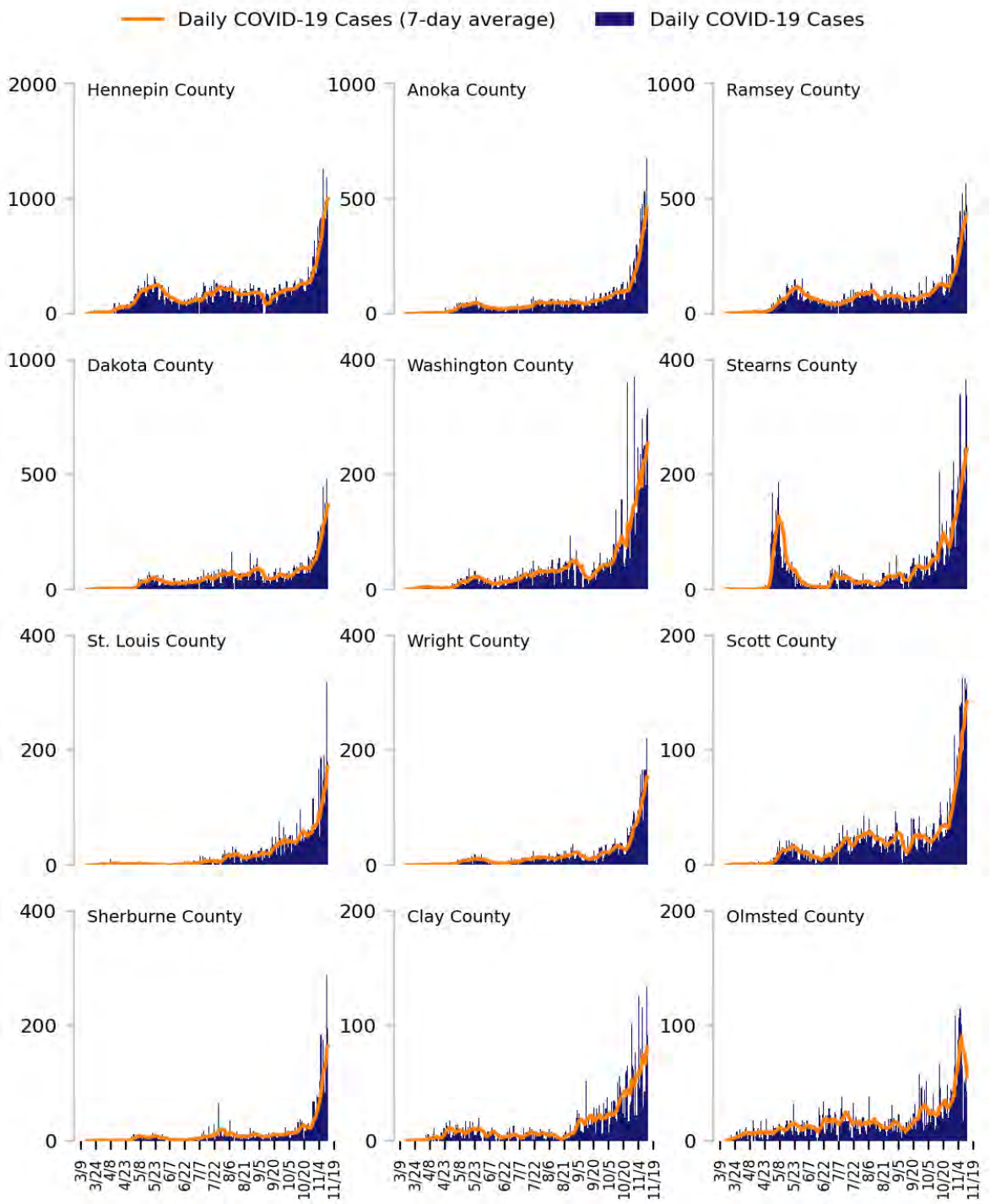
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

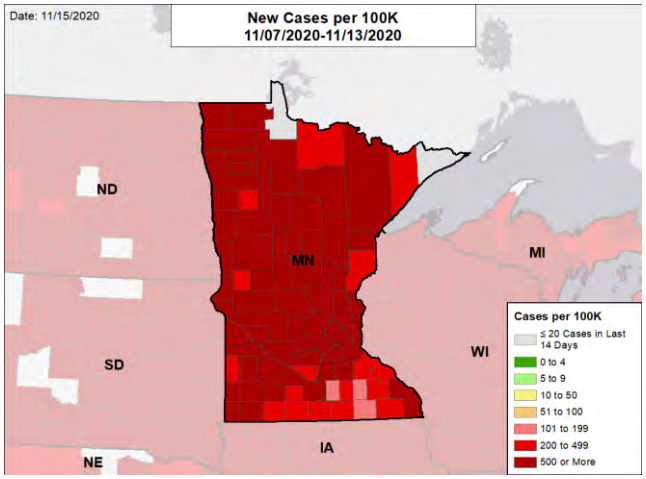
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

MINNESOTA

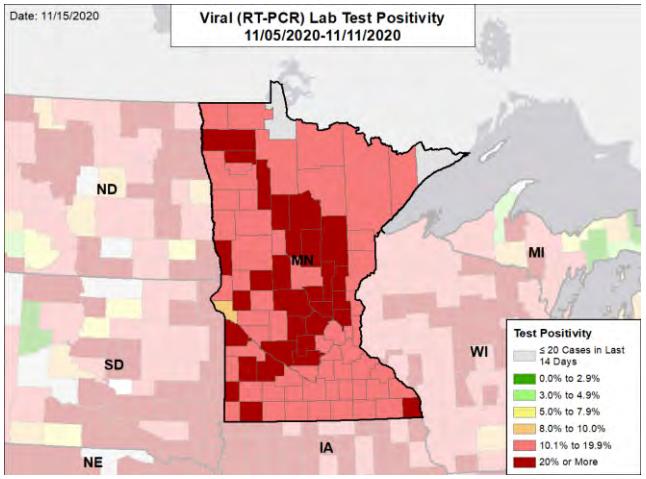
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

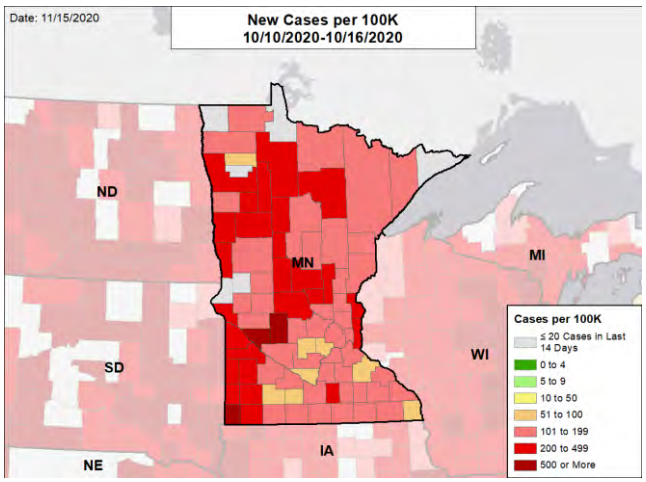
NEW CASES PER 100,000



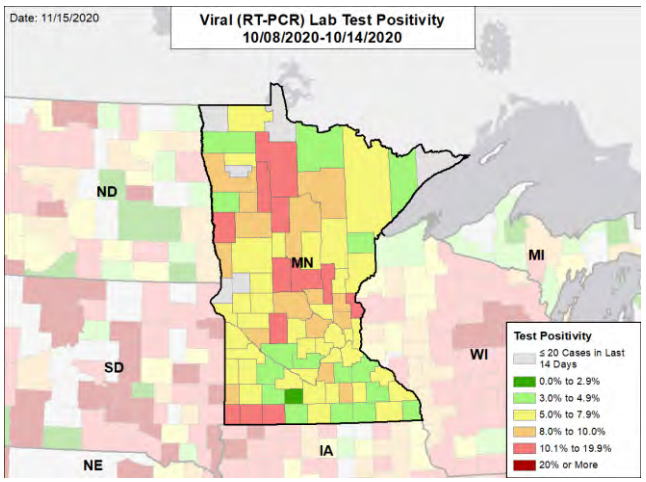
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

STATE REPORT
11.15.2020
Issue 22

MISSISSIPPI

SUMMARY

- Mississippi is experiencing a COVID-19 resurgence with rising test positivity, cases, and hospitalizations among those over 40. There is a significant increase in the number of counties in the red zone. Aggressive action now will blunt the rate of rise ensure protection of your health systems.
- Mississippi is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 28th highest rate in the country. Mississippi is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 19th highest rate in the country.
- Mississippi has seen an increase in new cases and an increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. DeSoto County, 2. Harrison County, and 3. Jackson County. These counties represent 22.5% of new cases in Mississippi.
- 84% of all counties in Mississippi have moderate or high levels of community transmission (yellow, orange, or red zones), with 60% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 20% of nursing homes had at least one new resident COVID-19 case, 27% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- Mississippi had 239 new cases per 100,000 population, compared to a national average of 294 per 100,000.
- Between Nov 7 - Nov 13, on average, 85 patients with confirmed COVID-19 and 44 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Mississippi. An average of 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for the identification of both asymptomatic and pre-symptomatic individuals and significant behavior change of all Americans. Ensure masks at all times in public, increase physical distancing through significant reduction in capacity in public and private indoor spaces, and ensure every American understands the clear risks of ANY indoor interactions outside of their immediate household without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expanded, strategic use of point-of-care antigen tests with immediate results will be critical to expanding this model into the community; these tests should be used among all individuals independent of symptoms in orange and red counties in Mississippi.
- Antigen tests perform well in the highly infectious window and will be effective in identification of asymptomatic and pre-symptomatic infectious cases.
    - Antigen tests do not perform well after 8-10 days post infection when nucleic acid cycle times are greater than 30.
    - All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Proactive testing must be part of the mitigation efforts inclusive of mask wearing, physical distancing, and hand hygiene.
- We need to protect those we are thankful for in our families and communities. Ensure indoor masking around vulnerable family members during any gatherings due to the significant amount of virus circulating and the high rate of asymptomatic and undiagnosed infections among family and community members.
- New hospital admissions in Mississippi are increasing, especially in those over 40.
- There are early signs of reduced N95, gown, and glove supply in specific hospitals' reporting. Please contact all hospitals reporting less than one week's supply to confirm data; contact the regional FEMA office for support if this supply issue is confirmed.
- Ensure university students continue their mitigation behaviors to prevent further outbreaks on or off campus. Ensure appropriate testing and behavior change in the 10 days prior to departure to hometowns for the holiday season.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. There continue to be high levels of positive LTCF staff members, indicating continued and unmitigated community spread in these geographic locations.
- Ensure full flu immunizations across the state.
- 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.

MISSISSIPPI

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	7,112 (239)	+29%	137,205 (205)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	12.6%	+2.3%*	9.2%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	20,603** (692**)	-12%**	1,192,343** (1,782**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	100 (3.4)	+11%	1,629 (2.4)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	20%	+4%*	17%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	27%	-4%*	33%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	-1%*	5%	6%

* 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.

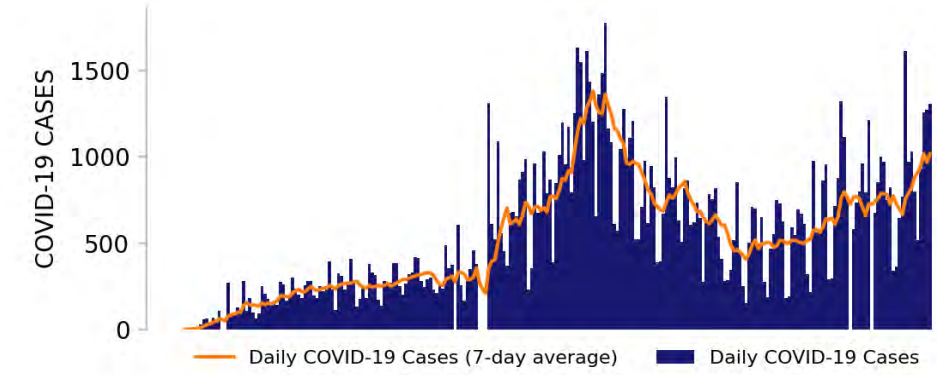
DATA SOURCES – Additional data details available under METHODS

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 11/13/2020; previous week is 10/31 - 11/6.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

MISSISSIPPI

STATE REPORT | 11.15.2020

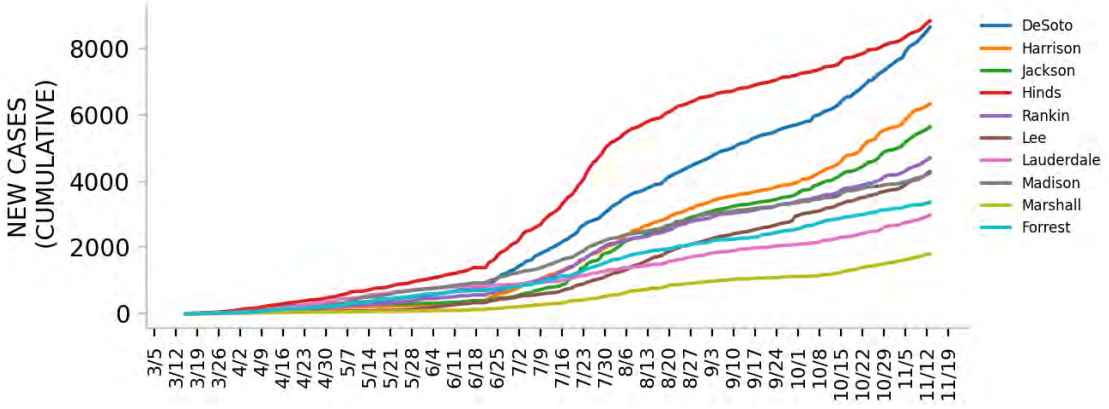
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020.

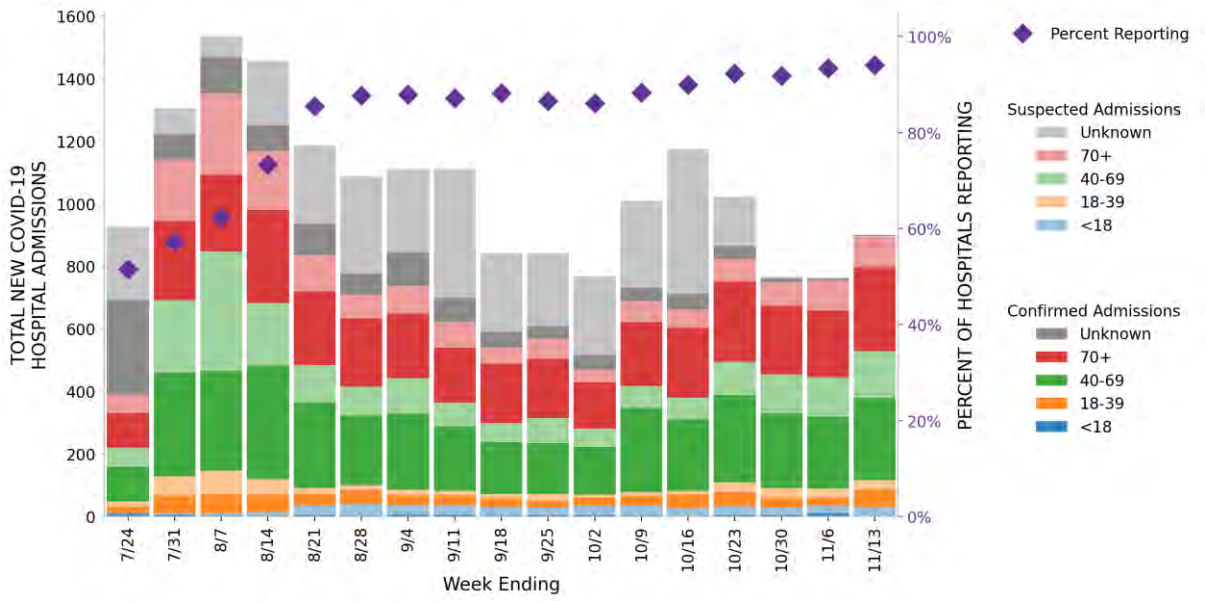
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

MISSISSIPPI

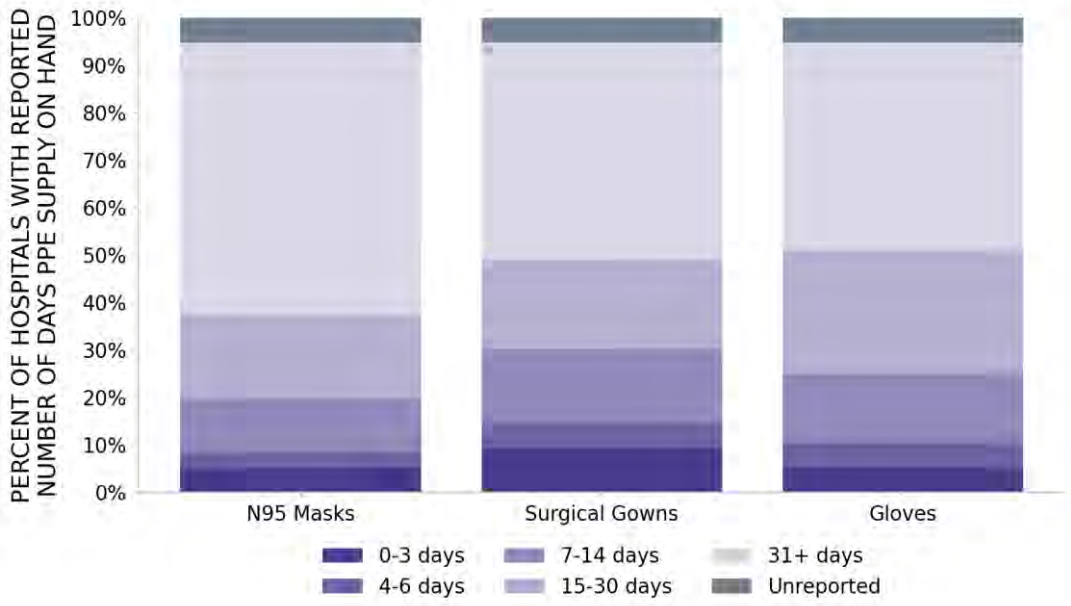
STATE REPORT | 11.15.2020

96 hospitals are expected to report in Mississippi

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

MISSISSIPPI

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	14 ▲ (+5)	Gulfport-Biloxi Jackson Memphis Tupelo Meridian Greenwood Corinth Greenville Cleveland Indianola Natchez West Point	49 ▲ (+20)	DeSoto Harrison Jackson Hinds Rankin Lee Lauderdale Madison Marshall Lamar Tate Pontotoc
LOCALITIES IN ORANGE ZONE	3 ▼ (-2)	Columbus Starkville McComb	9 ▼ (-6)	Lowndes Monroe Stone Simpson Pike Newton Jefferson Davis Smith Calhoun
LOCALITIES IN YELLOW ZONE	5 ■ (+0)	Hattiesburg Laurel Oxford Brookhaven Picayune	11 ▼ (-5)	Forrest Lafayette Jones Union Hancock Oktibbeha Lincoln Pearl River Winston Noxubee Amite

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red CBSAs: Gulfport-Biloxi, Jackson, Memphis, Tupelo, Meridian, Greenwood, Corinth, Greenville, Cleveland, Indianola, Natchez, West Point, Clarksdale, Grenada

All Red Counties: DeSoto, Harrison, Jackson, Hinds, Rankin, Lee, Lauderdale, Madison, Marshall, Lamar, Tate, Pontotoc, Alcorn, Washington, Panola, Leflore, Bolivar, Prentiss, Itawamba, Tippah, Yazoo, Neshoba, Sunflower, George, Tishomingo, Attala, Carroll, Adams, Copiah, Scott, Chickasaw, Clay, Montgomery, Lawrence, Leake, Benton, Coahoma, Clarke, Perry, Grenada, Tallahatchie, Greene, Humphreys, Walthall, Choctaw, Holmes, Tunica, Franklin, Quitman

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

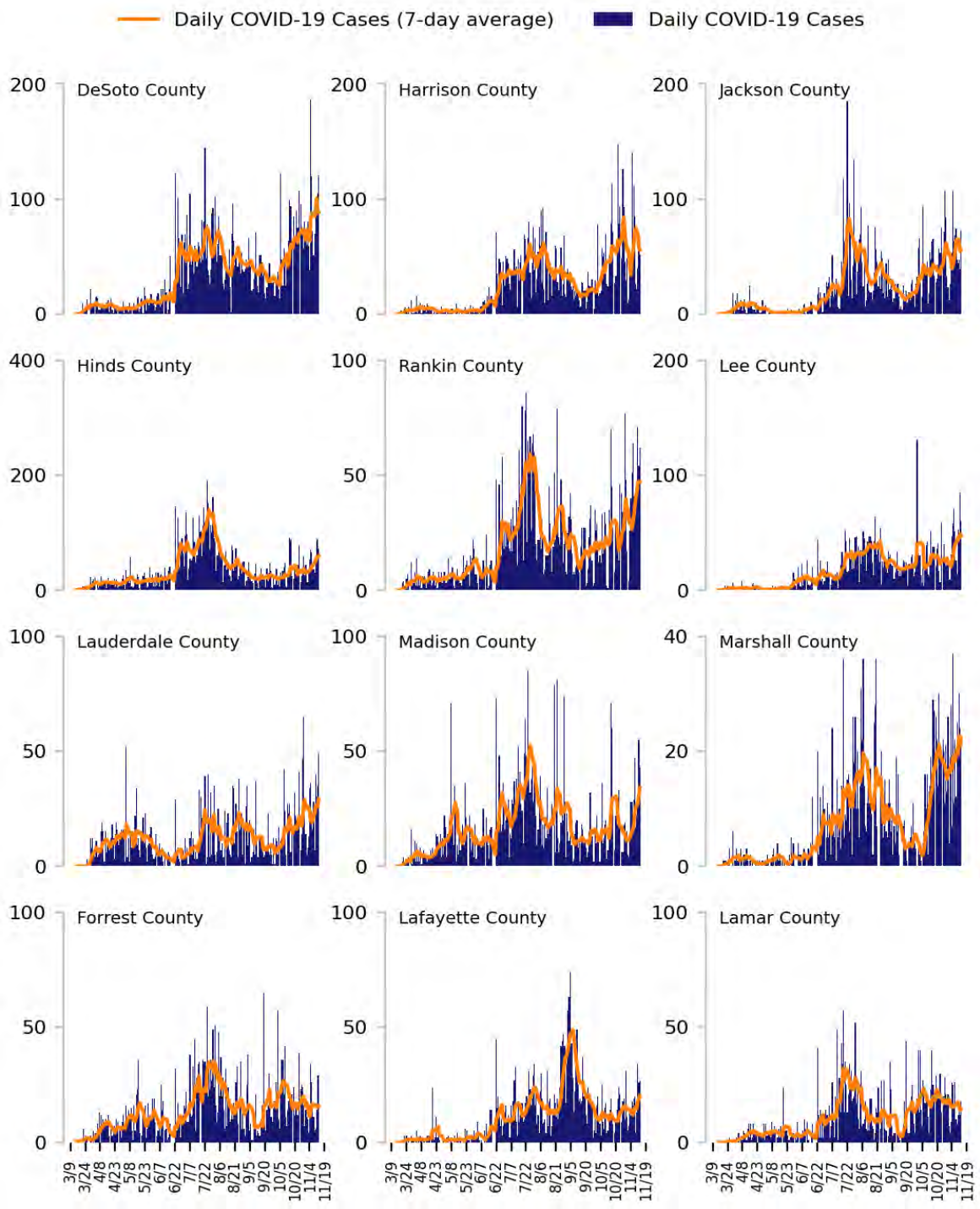
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

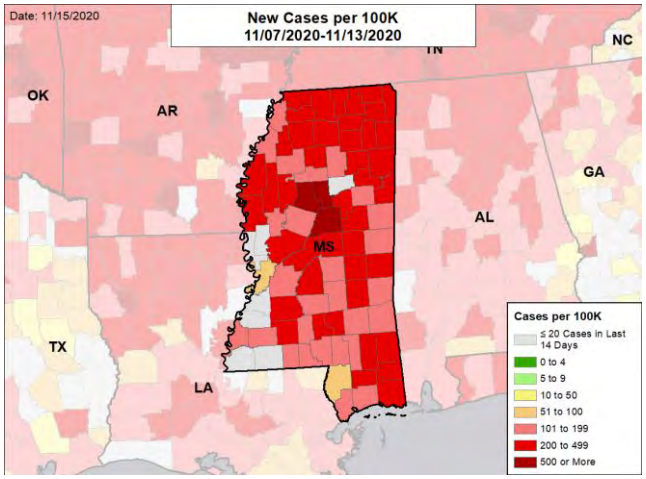
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

MISSISSIPPI

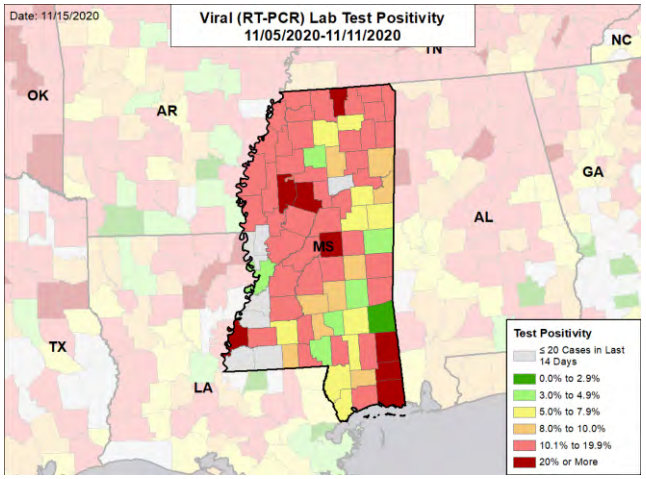
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

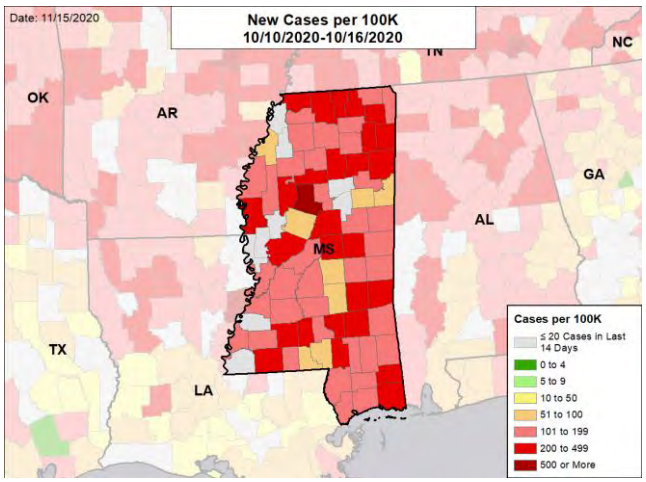
NEW CASES PER 100,000



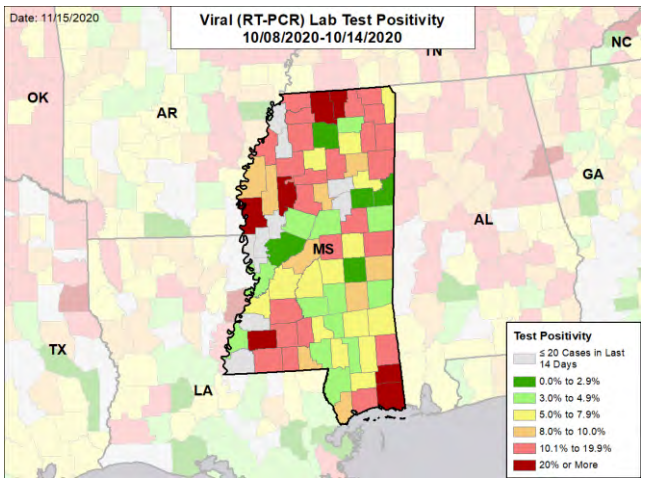
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

MISSOURI

STATE REPORT
11.15.2020
Issue 22

SUMMARY

- Missouri is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 17th highest rate in the country. Missouri is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 7th highest rate in the country.
- Missouri has seen an increase in new cases and an increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. St. Louis County, 2. Jackson County, and 3. St. Charles County. These counties represent 33.8% of new cases in Missouri.
- 98% of all counties in Missouri have moderate or high levels of community transmission (yellow, orange, or red zones), with 97% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 45% had at least one new staff COVID-19 case, 27% of nursing homes had at least one new resident COVID-19 case, and 8% had at least one new resident COVID-19 death.
- Missouri had 485 new cases per 100,000 population, compared to a national average of 294 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 78 to support operations activities from FEMA and 5 to support operations activities from ASPR.
- The federal government has supported surge testing in Columbia, Cape Giradeau, Branson, and Lee's Summit.
- Between Nov 7 - Nov 13, on average, 296 patients with confirmed COVID-19 and 250 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

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- The spread in Missouri is exponential and unyielding with hospitalizations increasing week over week. Increases from the past two weeks correlate with Halloween and related activities. With Thanksgiving and upcoming holidays, Missourians must understand the COVID-19 situation statewide.
- Serious messaging and action are needed from the state leadership; recommending Missourians wear masks in public settings communicates the current risk level.
- With all counties in the red zone and over 50% of nursing homes with at least one positive staff member, mitigation and messaging needs to be further strengthened as other states have done. Effective practices to decrease transmission in public spaces include limiting restaurant indoor capacity to less than 25% and limiting bar hours until cases and test positivity decrease to the yellow zone.
- As previously noted, proactive testing must be part of the mitigation efforts inclusive of mask wearing, physical distancing, hand hygiene, and immediate isolation, contact tracing, and quarantine. Start testing to identify and isolate asymptomatic silent spreaders-- those who are have the virus, feel fine, and are unknowingly spreading it. Incentivize people under 40 years to get tested.
- Conduct active testing in school for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- We have updated the new hospital admissions graphs to include breakdown by age group. Within the past week, there has been an over 30% increase in new admissions, with most of these in among people over 40 years but across all age groups. Increases in new admissions and changing proportions of age groups will be important to triangulate with cases and percent positivity to increase proactive mitigation efforts.
- On university campuses, students are letting their guards down with Thanksgiving break less than a week away. Message to students to continue their mitigation actions on and off campus to protect others and themselves. If they are going home, they should follow CDC holiday guidelines for protective behaviors.
- Continuously monitor testing and contact tracing capacity in all counties to ensure rapid turnaround of test results (within 48 hours) and that all cases are immediately isolated and full contact tracing is conducted (within 72 hours of testing).
- Stay vigilant with regard to spread among nursing home staff and residents. Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents.
- Ensure all hospitals, including rural hospitals, have access to antivirals, antibodies, PPE, and ventilators. Work through FEMA to secure supplies when stocks of less than a week's supply is confirmed.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

MISSOURI

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	29,767 (485)	+41%	93,313 (660)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	21.4%	+4.5%*	23.1%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	87,130** (1,420**)	+13%**	301,021** (2,129**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	230 (3.7)	+11%	527 (3.7)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	27%	+7%*	24%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	45%	+4%*	51%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	8%	-2%*	8%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.

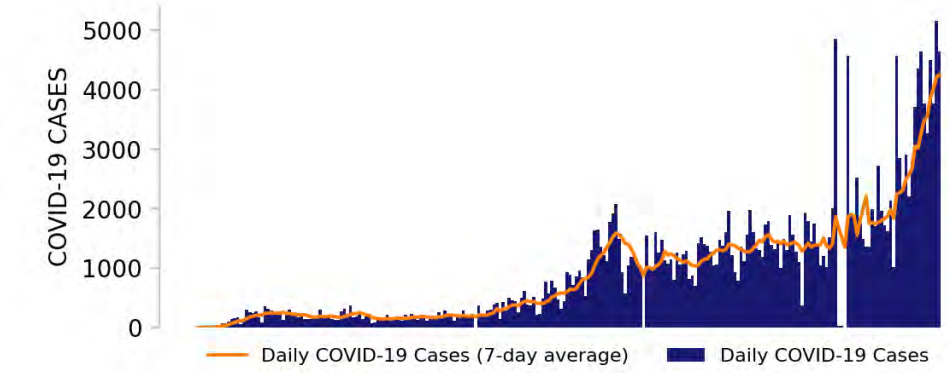
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

MISSOURI

STATE REPORT | 11.15.2020

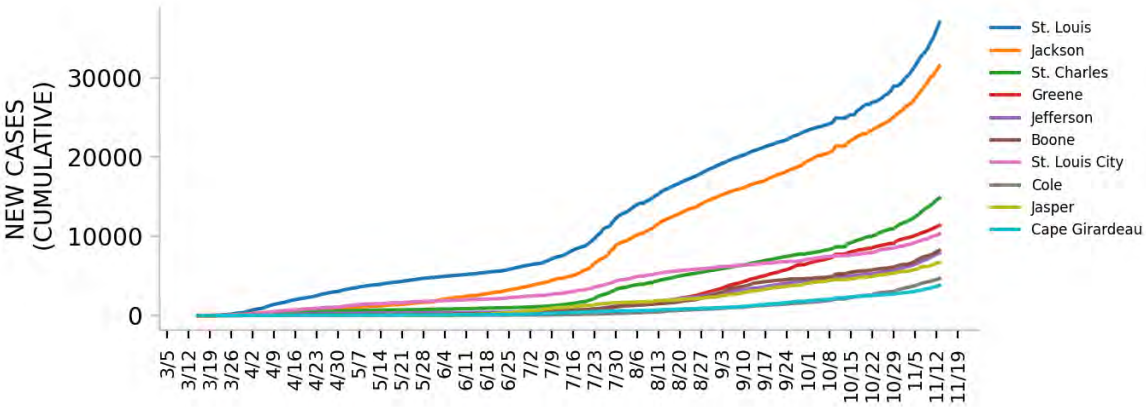
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020.

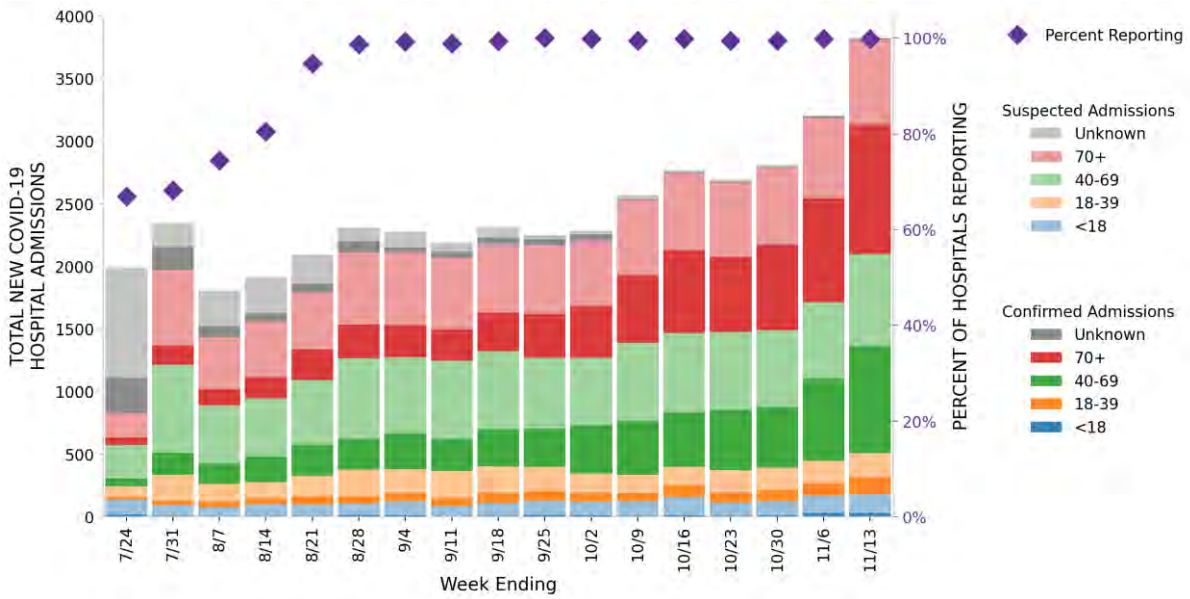
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/11/2020.

MISSOURI

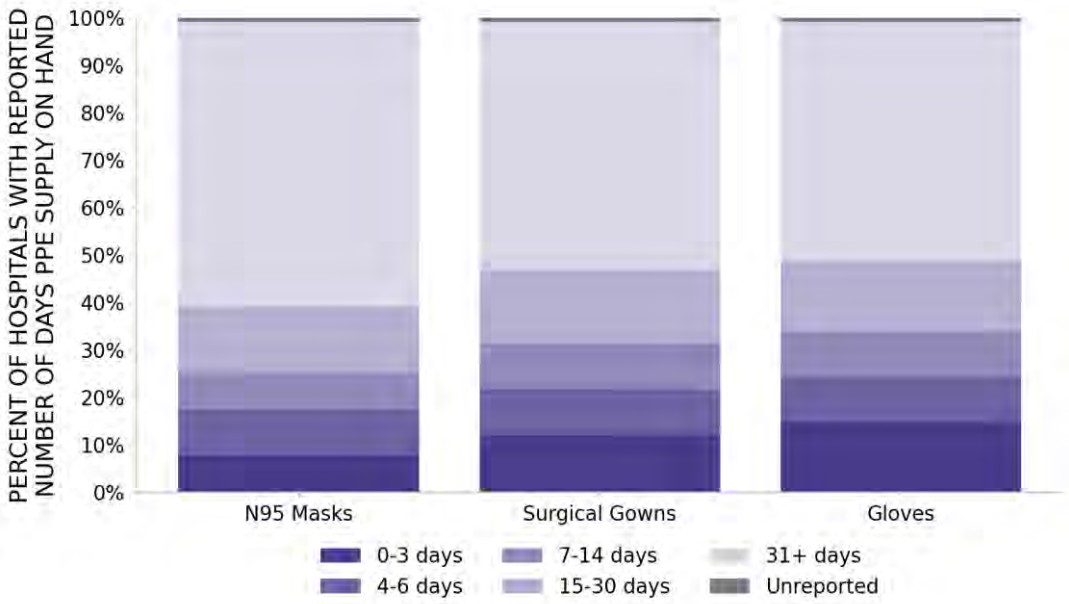
STATE REPORT | 11.15.2020

115 hospitals are expected to report in Missouri

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

MISSOURI

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	26 ■ (+0)	St. Louis Kansas City Springfield Jefferson City Columbia Joplin Cape Girardeau Farmington St. Joseph Sedalia Poplar Bluff Branson	111 ▲ (+12)	St. Louis Jackson St. Charles Greene Jefferson Boone St. Louis City Cole Jasper Cape Girardeau Franklin St. Francois
LOCALITIES IN ORANGE ZONE	1 ■ (+0)	Mexico	1 ▼ (-6)	Audrain
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	1 ▼ (-3)	Mercer

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red CBSAs: St. Louis, Kansas City, Springfield, Jefferson City, Columbia, Joplin, Cape Girardeau, Farmington, St. Joseph, Sedalia, Poplar Bluff, Branson, Sikeston, Warrensburg, Hannibal, Rolla, Kirksville, Maryville, Lebanon, Marshall, Kennett, Fort Leonard Wood, West Plains, Moberly, Quincy, Fort Madison-Keokuk

All Red Counties: St. Louis, Jackson, St. Charles, Greene, Jefferson, Boone, St. Louis City, Cole, Jasper, Cape Girardeau, Franklin, St. Francois, Clay, Callaway, Pettis, Christian, Buchanan, Cass, Lincoln, Taney, Scott, Johnson, Butler, Newton, Camden, Lawrence, Marion, Phelps, Ste. Genevieve, Miller, Washington, Lafayette, Barry, Nodaway, Henry, Moniteau, Laclede, Webster, Saline, Perry, Cooper, Dunklin, Adair, Pulaski, Howell, Randolph, Stoddard, Platte, Crawford, New Madrid, Polk, Osage, Stone, Pike, Warren, Morgan, Texas, Ray, Clinton, Bollinger, Pemiscot, Vernon, Macon, Madison, Sullivan, Benton, Dallas, DeKalb, Andrew, Lewis, Ripley, Mississippi, Monroe, Cedar, Gasconade, Barton, Hickory, Montgomery, Maries, Howard, Bates, Gentry, Carroll, Ralls, Dent, McDonald, Grundy, Clark, Wright, Chariton, Caldwell, Wayne, Livingston, Shannon, Dade, St. Clair, Harrison, Oregon, Linn, Holt, Daviess, Schuyler, Iron, Reynolds, Atchison, Carter, Ozark, Shelby, Scotland, Putnam, Knox

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

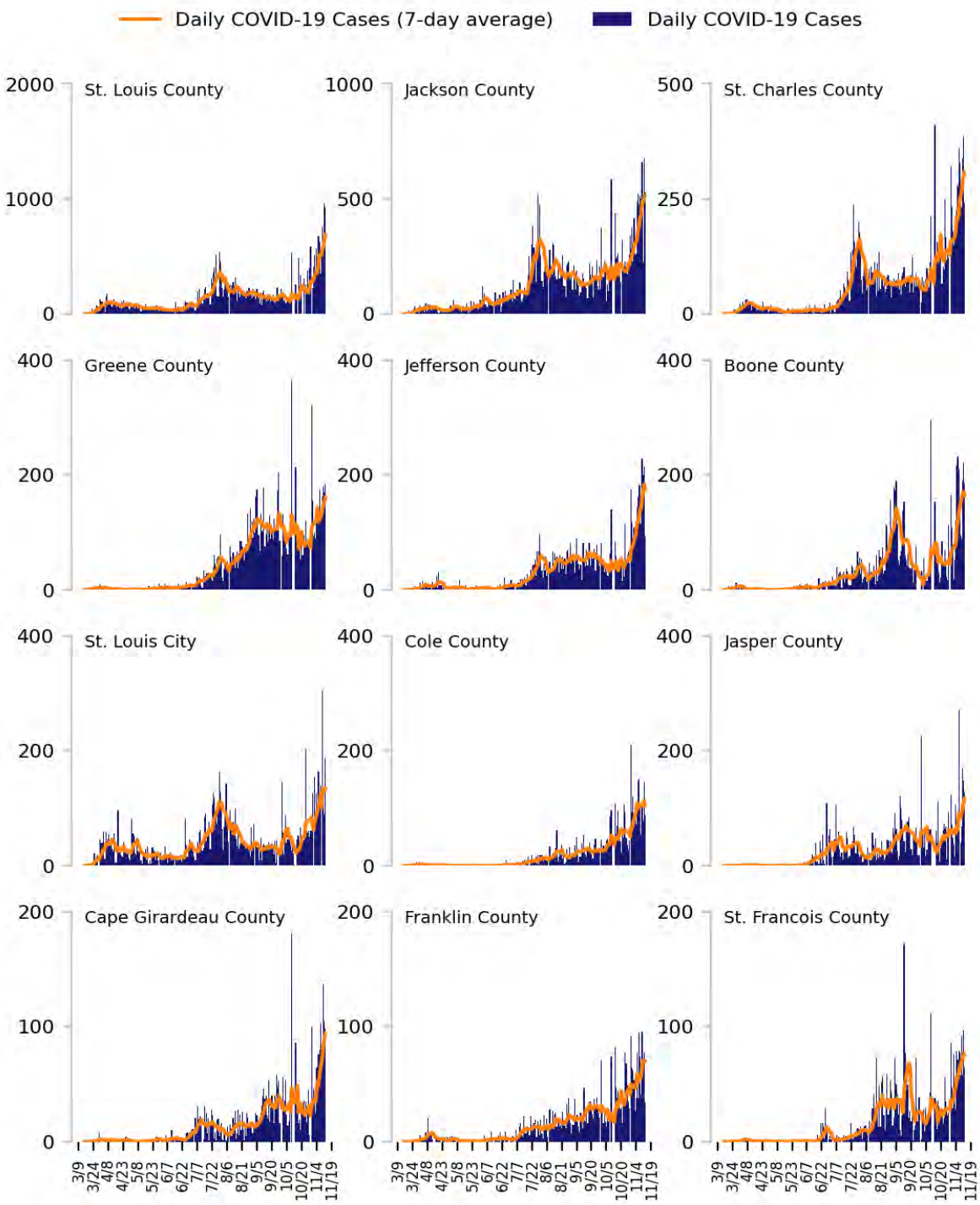
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

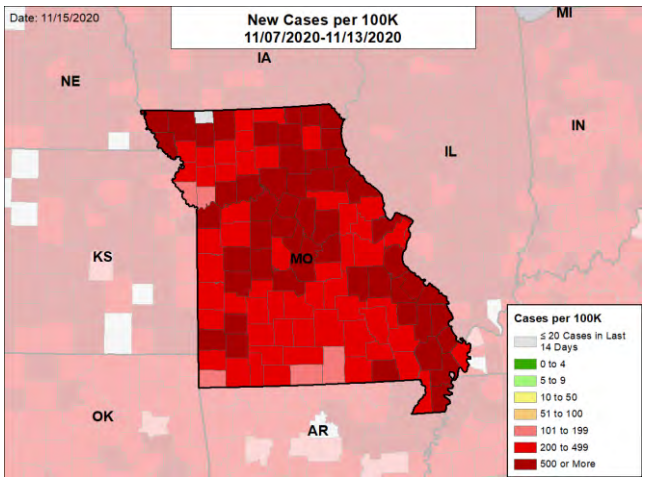
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

MISSOURI

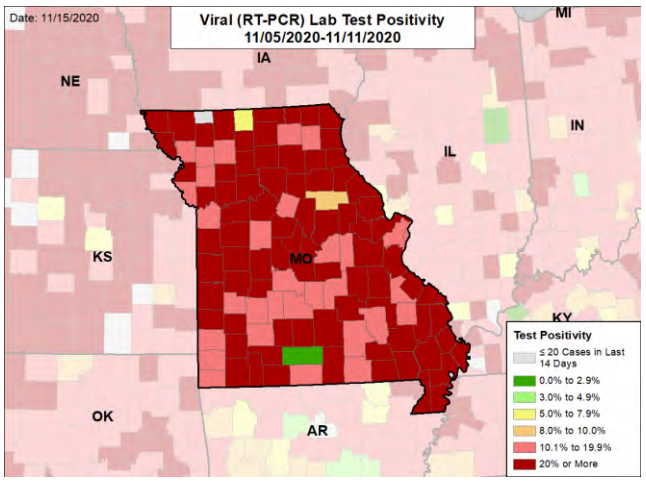
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

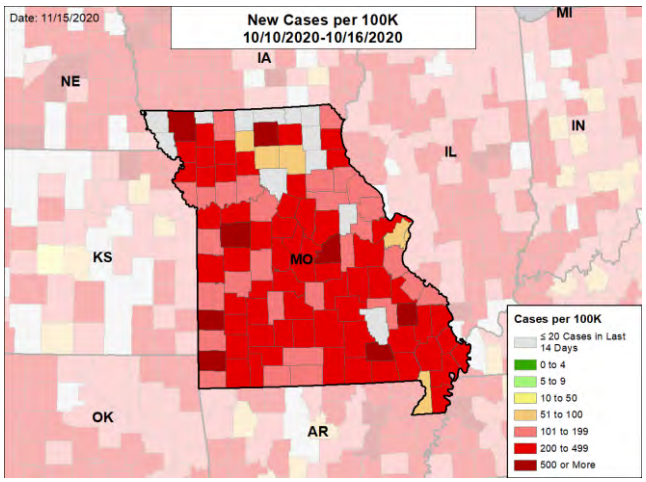
NEW CASES PER 100,000



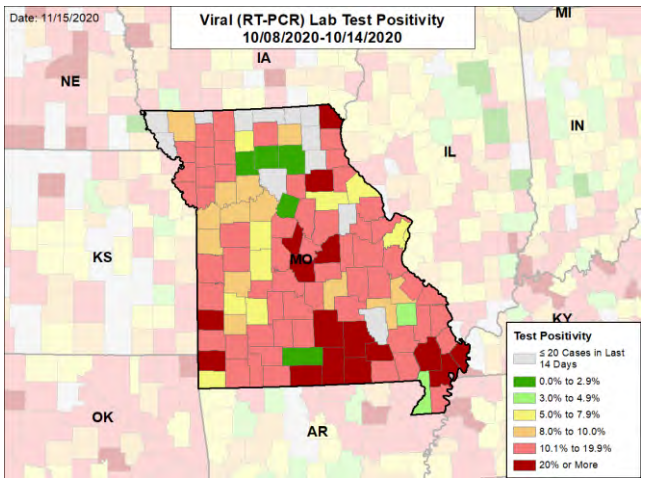
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/11/2020. The week one month before is 10/8 - 10/14.

STATE REPORT
11.15.2020
Issue 22

MONTANA

SUMMARY

- Montana is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 10th 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 stability in new cases and stability in test positivity; nonetheless, test positivity increased in 29 counties and exceeded 20% in 37 counties and exceeded 10% in 54 counties, reflecting extreme levels of transmission and comparatively inadequate testing (for the level of transmission). Incidence increased in 27 counties.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Yellowstone County, 2. Gallatin County, and 3. Flathead County. These counties represent 41.8% of new cases in Montana.
- 73% of all counties in Montana have moderate or high levels of community transmission (yellow, orange, or red zones), with 73% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 18% of nursing homes had at least one new resident COVID-19 case, 50% had at least one new staff COVID-19 case, and 10% had at least one new resident COVID-19 death.
- Montana had 592 new cases per 100,000 population, compared to a national average of 294 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; 49 to support medical activities from ASPR; 17 to support operations activities from ASPR; 2 to support medical activities from CDC; 5 to support testing activities from CDC; 8 to support epidemiology activities from CDC; and 2 to support operations activities from CDC.
- Between Nov 7 - Nov 13, on average, 78 patients with confirmed COVID-19 and 32 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Montana. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- Transmission can be greatly diminished through vigilant use of face coverings, limitations on gatherings and the size of gatherings, and proper social distancing at all times; these recommendations are critical to limit additional transmission and should be monitored and actively enforced by local authorities.
- The upcoming holidays could quickly amplify transmission. Montana should vigorously expand public health messaging across all media platforms, including SMS auto-texting, to warn citizens about the risks of social or familial gatherings, advise people to avoid them, and reinvigorate the practices of face covering and social distancing.
- Greatly expand use of local hospital or clinical staff as part of urgent public advocacy for community mitigation behaviors in all communities; taped messages posted to social media platforms can be compelling and persuasive, especially when they come from within communities that have been resistant.
- Testing should be expanded, especially in counties with test positivity over 10% and testing volumes under 2,000 per 100,000 population.
- Surveillance systems using wastewater surveillance at the most local level practical (including single building surveillance of congregate settings) and regular antigen testing, regardless of symptoms, for all workers at increased risk of infection and transmission (e.g., clinicians, workers in congregate or crowded indoor settings, drivers, etc.) should be established and scaled as soon as possible.
- All staff who work with any patients or residents should be tested weekly with rapid tests and should not be permitted to work without a recent negative test or clearance from isolation.
- Local data on test positivity and hospitalization rates/utilization, stratified by age bands, are extremely important to provide an early indication of accelerating transmission among the most vulnerable who are more likely to need hospitalization.
- Continue to work with regional and federal partners to expand hospital capacity. All facilities and hospital service areas should have an expansion plan and the threshold for implementation should be established.
- Ensure lower-level hospitals in more remote areas are fully capacitated with updated clinical training and access to appropriate resources and medications (antivirals, glucocorticoids and, if possible, monoclonal antibodies for those most at risk).
- Continue to monitor contact tracing capacity in all counties to ensure all cases are immediately isolated and interviewed within 48 hours of diagnosis; where necessary, expand contact tracing capacity by focusing the interview, developing scripts and clear algorithms to allow task-shifting, and coordinating remote surge capacity from districts with lower case rates.
- Ensure weekly testing of all Tribal communities, regardless of symptoms. Test results should be rapidly communicated and isolation and contact tracing conducted immediately. Ensure sufficient facilities for isolation and quarantine and adequate delivery of food, water, and laundry services.
- 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

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	6,332 (592)	+6%	78,335 (639)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	27.3%	-0.4%*	15.4%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	35,023** (3,277**)	+11%**	492,536** (4,018**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	60 (5.6)	+7%	417 (3.4)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	18%	-1%*	26%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	50%	+5%*	53%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	10%	-2%*	10%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.

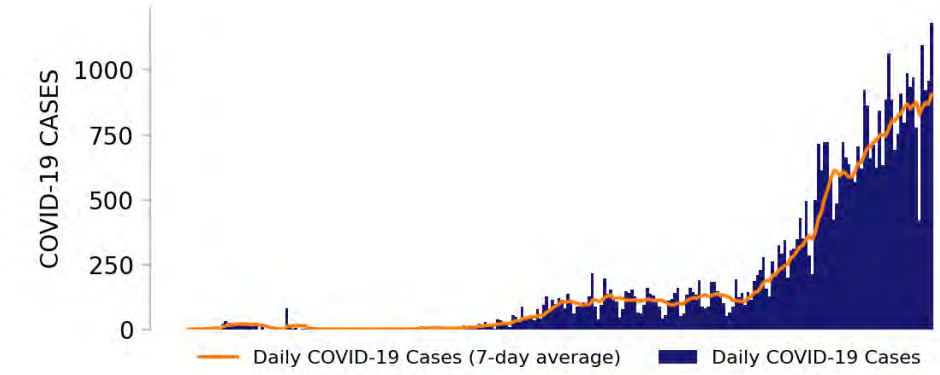
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

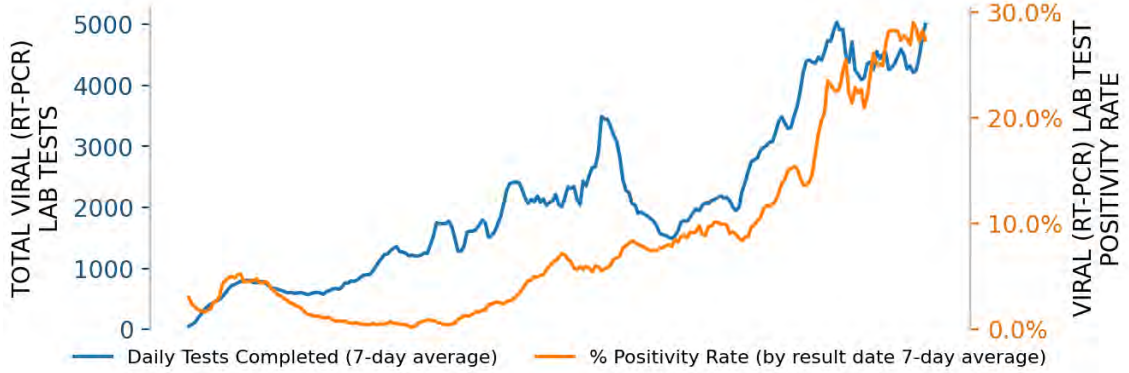
MONTANA

STATE REPORT | 11.15.2020

NEW CASES

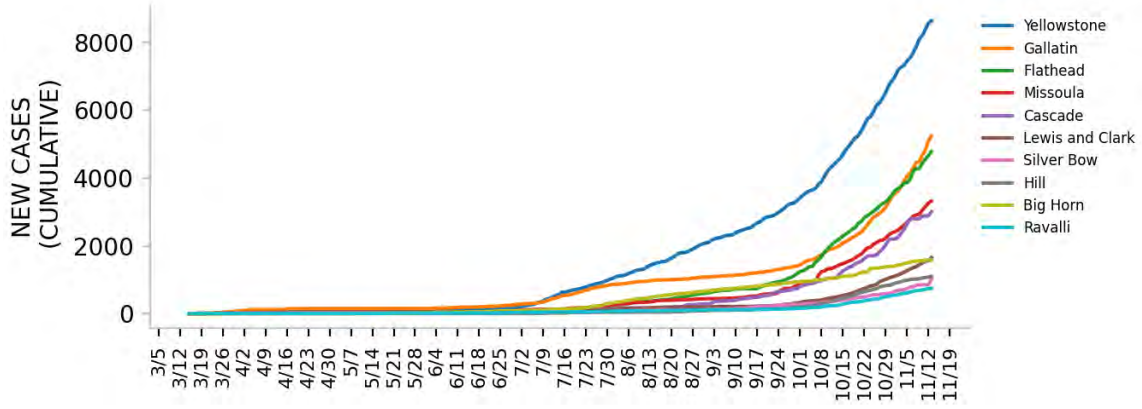


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020.

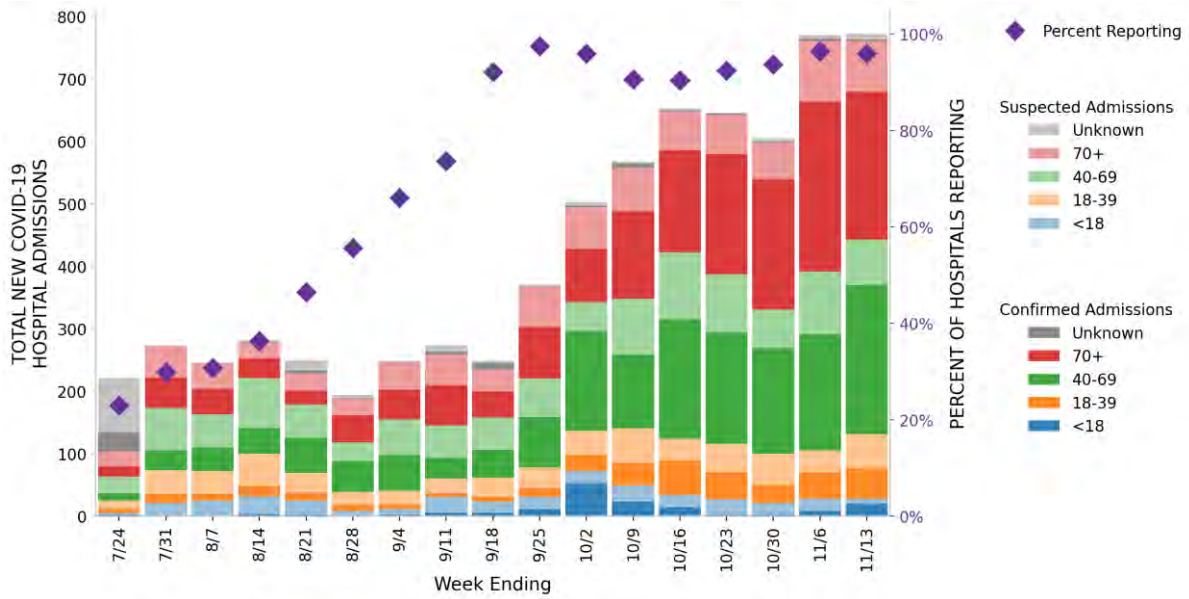
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

MONTANA

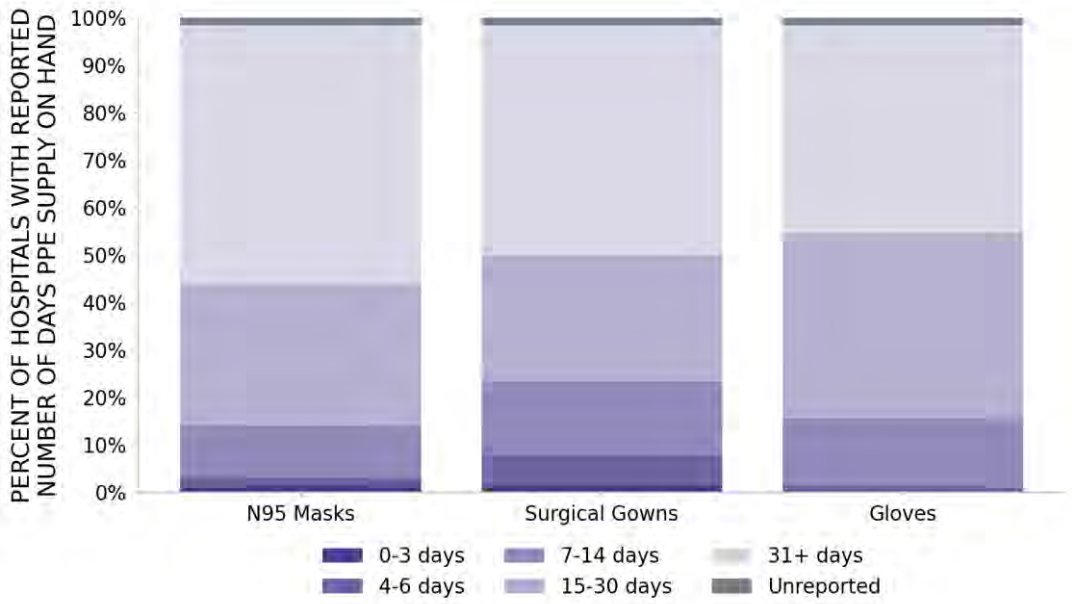
STATE REPORT | 11.15.2020

64 hospitals are expected to report in Montana

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

MONTANA

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	7 ■ (+0)	Billings Bozeman Kalispell Missoula Great Falls Helena Butte-Silver Bow	41 ▼ (-1)	Yellowstone Gallatin Flathead Missoula Cascade Lewis and Clark Silver Bow Hill Big Horn Ravalli Lake Toole
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	0 ▼ (-1)	N/A
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red Counties: Yellowstone, Gallatin, Flathead, Missoula, Cascade, Lewis and Clark, Silver Bow, Hill, Ravalli, Big Horn, Lake, Toole, Glacier, Custer, Lincoln, Powell, Roosevelt, Dawson, Carbon, Deer Lodge, Blaine, Park, Fergus, Richland, Rosebud, Beaverhead, Valley, Madison, Jefferson, Sheridan, Stillwater, Fallon, Sweet Grass, Chouteau, Musselshell, Broadwater, Sanders, Daniels, Teton, Garfield, Judith Basin

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

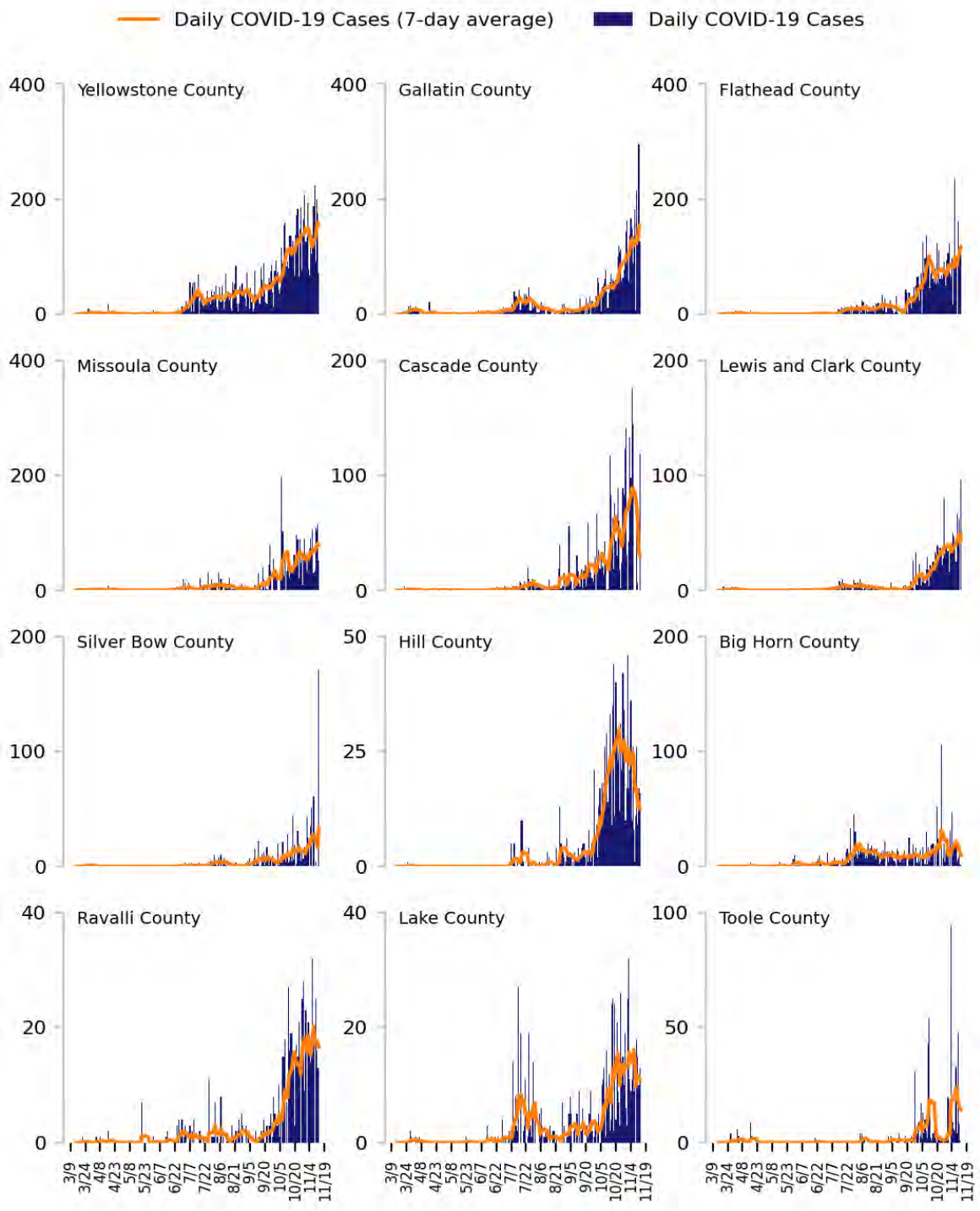
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

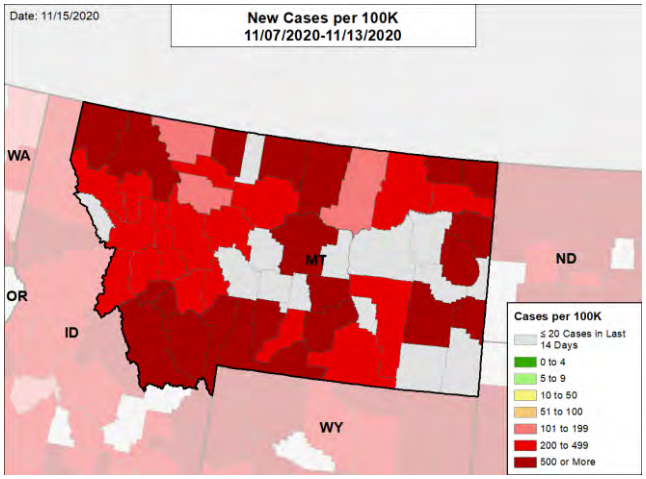
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

MONTANA

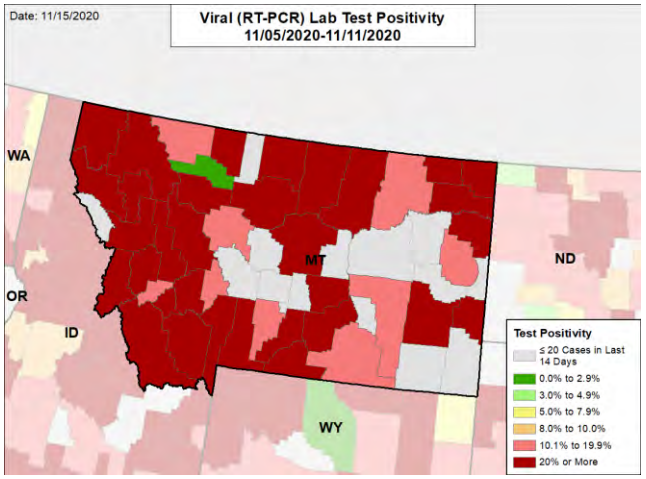
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

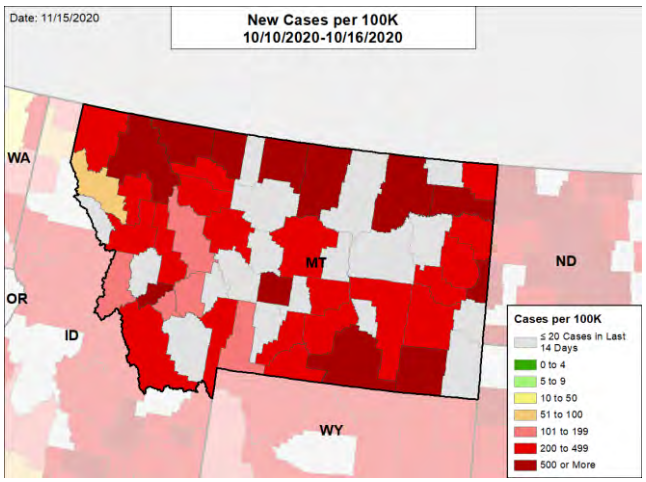
NEW CASES PER 100,000



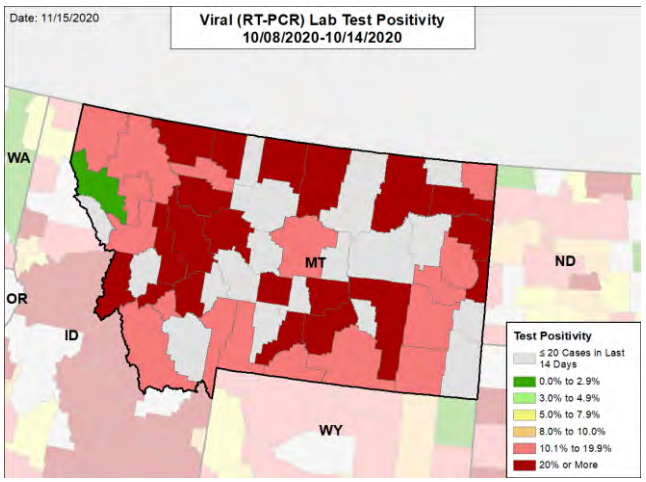
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

STATE REPORT
11.15.2020
Issue 22

NEBRASKA

SUMMARY

- Nebraska is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 6th highest rate in the country. Nebraska is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 4th highest rate in the country.
- Nebraska has seen an increase in new cases and an increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Douglas County, 2. Lancaster County, and 3. Sarpy County. These counties represent 47.5% of new cases in Nebraska.
- 83% of all counties in Nebraska have moderate or high levels of community transmission (yellow, orange, or red zones), with 83% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 25% of nursing homes had at least one new resident COVID-19 case, 64% had at least one new staff COVID-19 case, and 9% had at least one new resident COVID-19 death.
- Nebraska had 735 new cases per 100,000 population, compared to a national average of 294 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 Nov 7 - Nov 13, on average, 124 patients with confirmed COVID-19 and 38 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Nebraska. An average of 94% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- COVID-19 spread in Nebraska is exponential and unyielding, with hospitalizations increasing week over week and reported limited bed availability. Increases from the past two weeks correlate with Halloween and related activities. With Thanksgiving and upcoming holidays, Nebraskans must understand the COVID-19 situation statewide.
- Serious messaging and action are needed from state leadership; recommending Nebraskans wear masks in public settings communicates the current risk level and an action all Nebraskans need to take.
- Substantial increases in cases over the last month and increasing number of nursing homes, now nearly two-thirds, with at least one positive staff member indicate mitigation and messaging efforts need to be further strengthened as other states have recently done. Effective practices to decrease transmission in public spaces include limiting restaurant indoor capacity to less than 25% and limiting bar hours until cases and test positivity decrease to the yellow zone.
- We have updated the new hospital admissions graphs to include breakdown by age group. Within the past several weeks, hospitalizations are increasing across all age groups. We will continue to work with hospitals to improve quality information for action.
- Recruit local influencers to message to rural and urban communities basic actions to take now:
    - Do not gather without a mask with individuals living outside of your household.
    - Always wear a mask in public places.
    - Stop gatherings beyond immediate household until cases and test positivity are in the yellow zone.
    - Get your flu shot.
- As previously noted, proactive testing must be part of the mitigation efforts inclusive of mask wearing, physical distancing, hand hygiene, and immediate isolation, contact tracing, and quarantine. Start testing to identify and isolate asymptomatic silent spreaders-- those who are have the virus, feel fine, and are unknowingly spreading it. Incentivize people under 40 years to get tested.
- Conduct active testing in school for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- On university campuses, students are letting their guards down with Thanksgiving break less than a week away. Message to students to continue their mitigation actions on and off campus to protect others and themselves. If they are going home, they should follow CDC holiday guidelines for protective behaviors.
- Continuously monitor testing and contact tracing capacity in all counties to ensure rapid turnaround of test results (within 48 hours) and that all cases are immediately isolated and full contact tracing is conducted (within 72 hours of testing).
- Stay vigilant with regard to spread among nursing home staff and residents. Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents.
- Ensure all hospitals, including rural hospitals, have access to antivirals, antibodies, PPE, and ventilators. Work through FEMA to secure supplies when stocks of less than a week's supply is confirmed.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

NEBRASKA

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	14,226 (735)	+29%	93,313 (660)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	23.8%	+3.3%*	23.1%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	58,556** (3,027**)	+13%**	301,021** (2,129**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	75 (3.9)	+36%	527 (3.7)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	25%	-1%*	24%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	64%	+14%*	51%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	9%	+2%*	8%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.

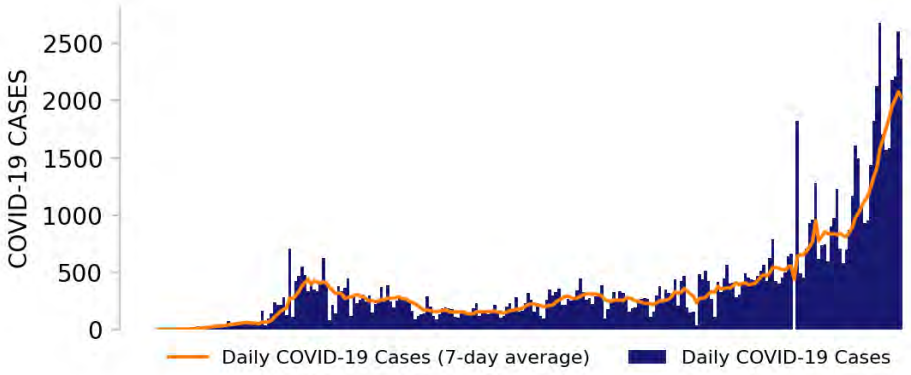
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

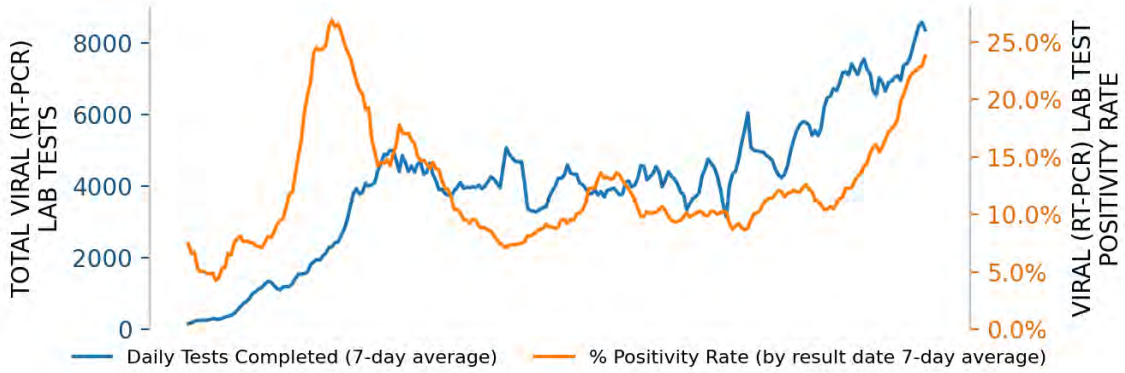
NEBRASKA

STATE REPORT | 11.15.2020

NEW CASES

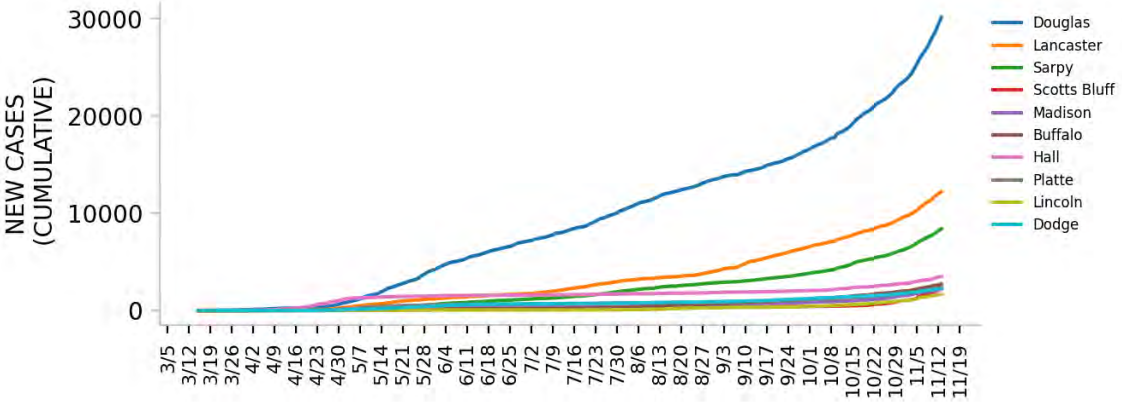


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020.

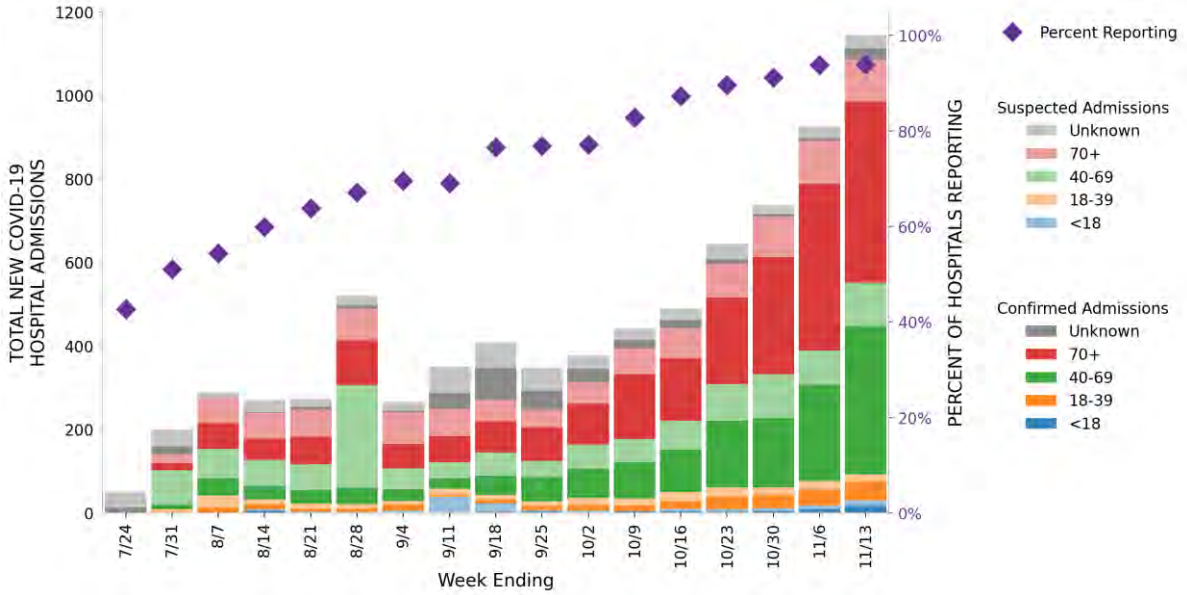
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

NEBRASKA

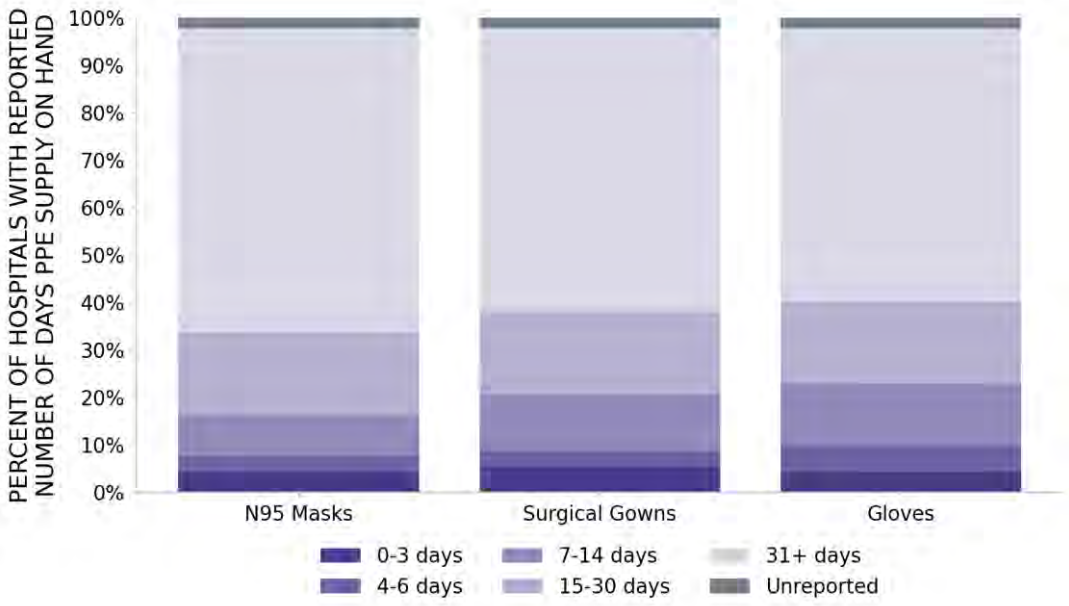
STATE REPORT | 11.15.2020

92 hospitals are expected to report in Nebraska

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

NEBRASKA

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	13 ■ (+0)	Omaha-Council Bluffs Lincoln Scottsbluff Norfolk Grand Island Kearney Columbus North Platte Fremont Beatrice Lexington Sioux City	77 ▲ (+8)	Douglas Lancaster Sarpy Scotts Bluff Madison Buffalo Hall Platte Lincoln Dodge Gage Adams
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red CBSAs: Omaha-Council Bluffs, Lincoln, Scottsbluff, Norfolk, Grand Island, Kearney, Columbus, North Platte, Fremont, Beatrice, Sioux City, Lexington, Hastings

All Red Counties: Douglas, Lancaster, Sarpy, Scotts Bluff, Madison, Buffalo, Hall, Platte, Lincoln, Dodge, Gage, Adams, Dawson, Washington, York, Dakota, Cass, Saline, Saunders, Seward, Wayne, Colfax, Otoe, Cheyenne, Red Willow, Holt, Box Butte, Burt, Merrick, Dawes, Cuming, Pierce, Fillmore, Jefferson, Butler, Johnson, Hamilton, Thurston, Phelps, Custer, Richardson, Keith, Clay, Kearney, Howard, Dixon, Nance, Morrill, Knox, Boone, Furnas, Antelope, Cedar, Chase, Sheridan, Nemaha, Thayer, Polk, Stanton, Nuckolls, Kimball, Perkins, Cherry, Sherman, Valley, Brown, Franklin, Garden, Harlan, Garfield, Webster, Hitchcock, Frontier, Greeley, Gosper, Pawnee, Hooker

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

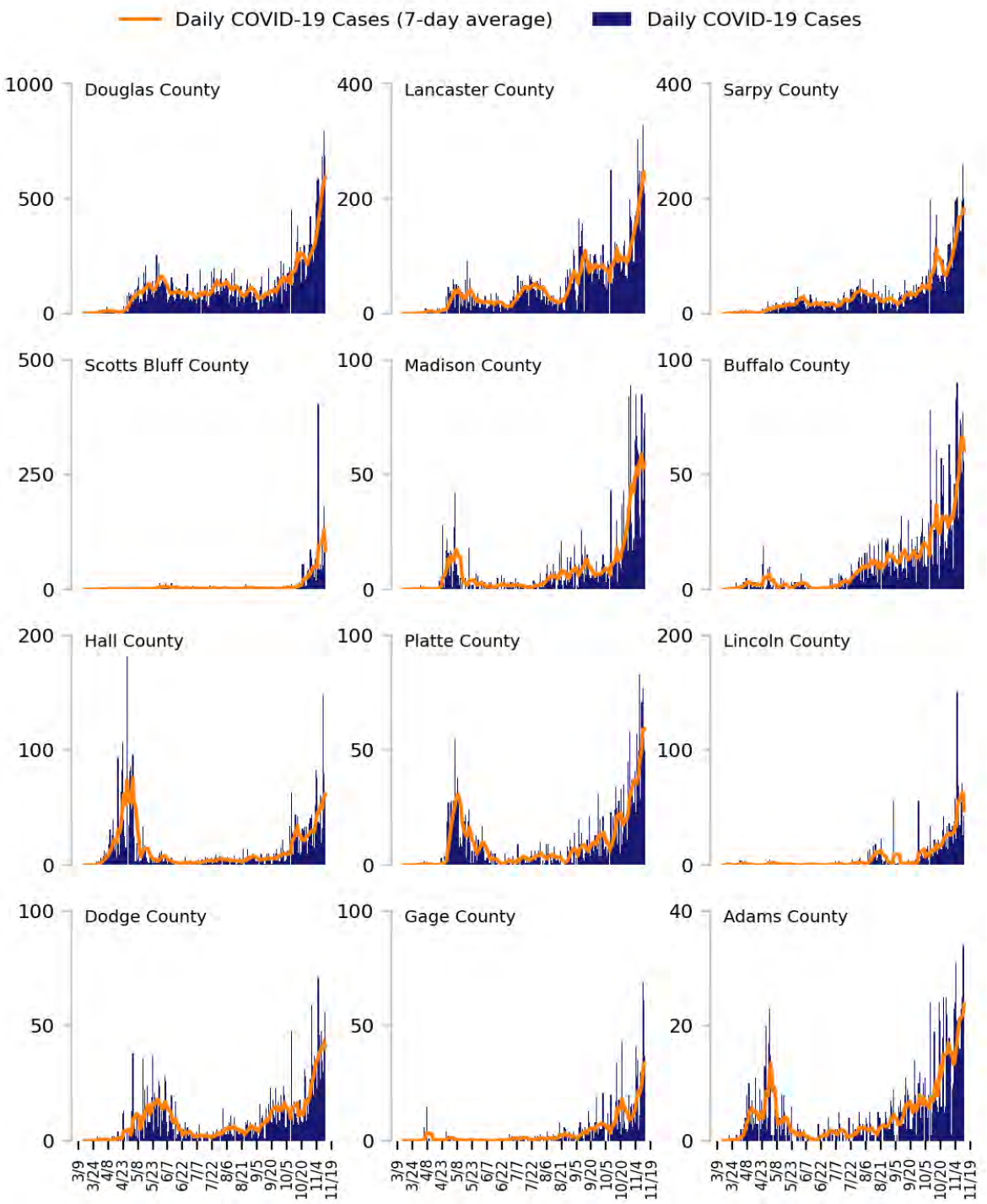
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

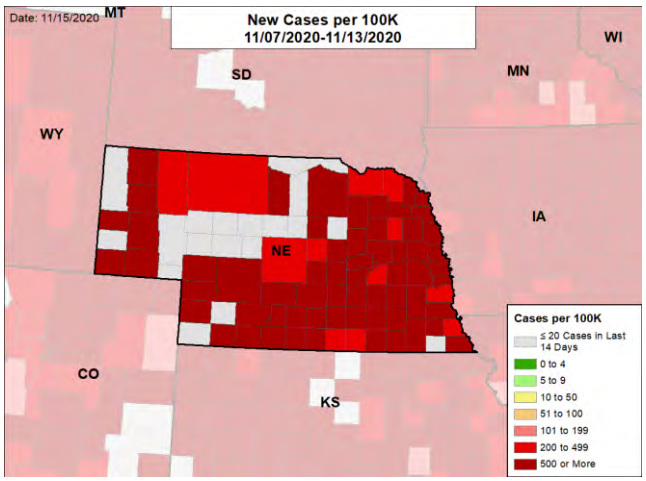
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

NEBRASKA

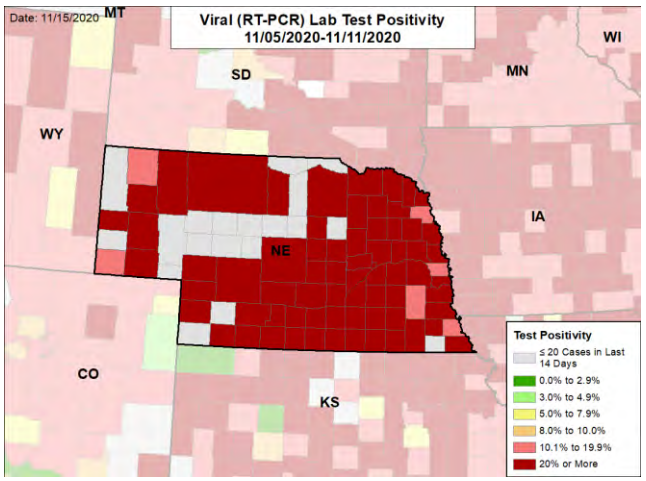
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

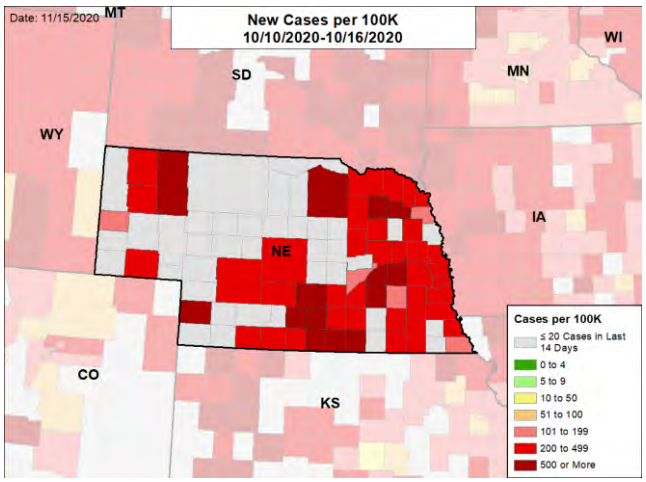
NEW CASES PER 100,000



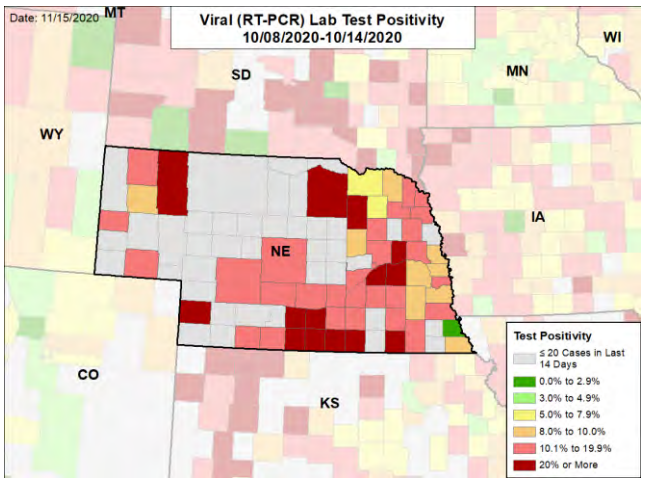
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

NEVADA

STATE REPORT
11.15.2020
Issue 22

SUMMARY

- Nevada is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 25th highest rate in the country. Nevada is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 13th highest rate in the country.
- Nevada has seen an increase in new cases and an increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Clark County, 2. Washoe County, and 3. Elko County. These counties represent 94.0% of new cases in Nevada.
- 65% of all counties in Nevada 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 Nov 2 - Nov 8, 23% of nursing homes had at least one new resident COVID-19 case, 32% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- Nevada had 319 new cases per 100,000 population, compared to a national average of 294 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.
- Between Nov 7 - Nov 13, on average, 112 patients with confirmed COVID-19 and 120 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

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- Most recent increases in cases across the state and region are linked with Halloween and fall activities. With Thanksgiving and upcoming holidays, Nevadans, rural and urban, must understand the COVID-19 situation statewide and locally. Serious messaging and action are needed from state and local leadership.
- Target testing to find and isolate the asymptomatic individuals who are unknowingly spreading the virus.
- Use Abbott BinaxNOW to test correctional officers, teachers, community college students, and staff at long-term care facilities weekly.
- With the increasing number of nursing homes with COVID positive staff, as well as correctional facility outbreaks, trace back every positive staff case; communicate to all staff about personal COVID risks to raise awareness about personal behaviors.
- Conduct active testing in school for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- Recruit local influencers to message to rural and urban communities basic actions to take now:
    - Do not gather without a mask with individuals living outside of your household.
    - Always wear a mask in public places.
    - Stop gatherings beyond immediate household until cases and test positivity are in the yellow zone.
    - Get your flu shot.
- On university campuses, students are letting their guards down with Thanksgiving break less than a week away. Message to students to continue their mitigation actions on and off campus to protect others and themselves. If they are going home, they should follow CDC holiday guidelines for protective behaviors.
- Continuously monitor testing and contact tracing capacity in all counties to ensure rapid turnaround of test results (within 48 hours) and that all cases are immediately isolated and full contact tracing is conducted (within 72 hours of testing).
- Stay vigilant with regard to spread among nursing home staff and residents. Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents.
- We have updated the new hospital admissions graphs to include breakdown by age group. Within the past several weeks, hospitalizations are increasing across all age groups. We will continue to work with hospitals to improve quality information for action.
- Ensure all hospitals, including rural hospitals, have access to antivirals, antibodies, PPE, and ventilators. Work through FEMA to secure supplies when stocks of less than a week's supply is confirmed.
- 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.

NEVADA

STATE REPORT | 11.15.2020

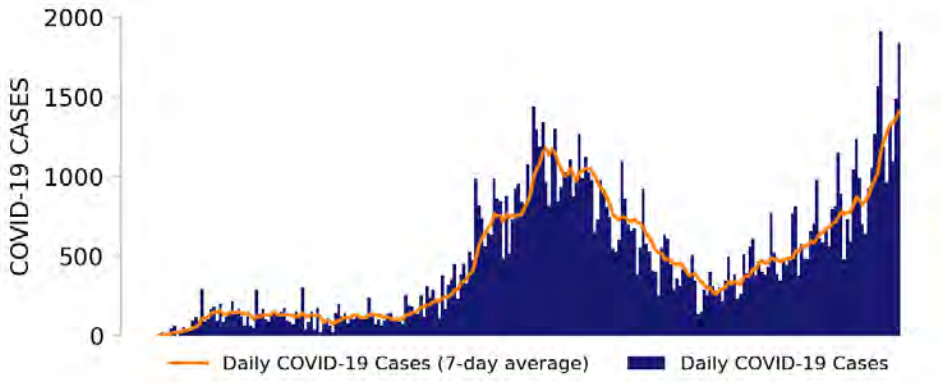
	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	9,812 (319)	+37%	77,288 (151)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	15.6%	+2.2%*	6.5%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	77,631** (2,520**)	+16%**	975,719** (1,902**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	48 (1.6)	-29%	483 (0.9)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	23%	+16%*	5%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	32%	+7%*	10%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	-1%*	1%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

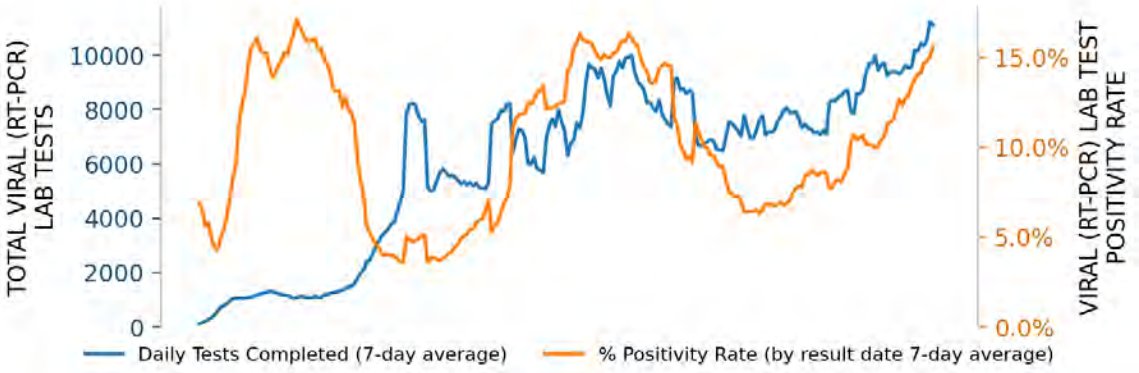
NEVADA

STATE REPORT | 11.15.2020

NEW CASES

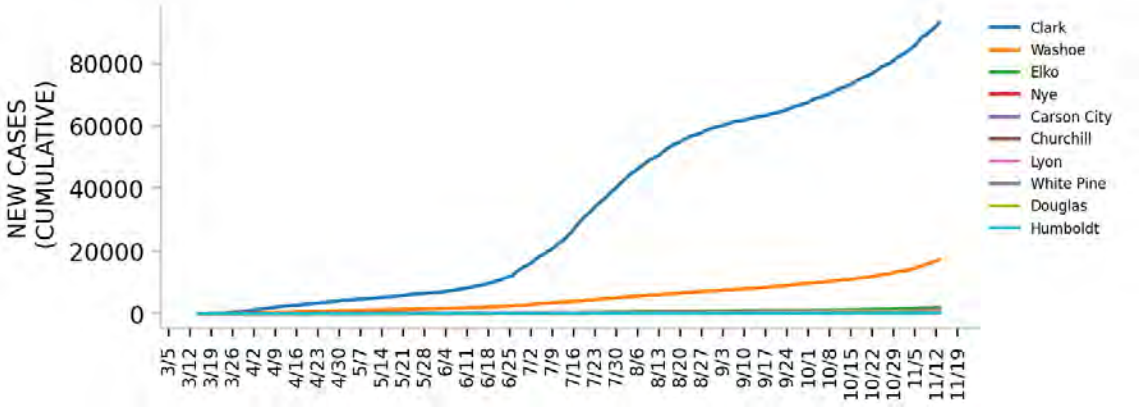


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



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 11/13/2020.

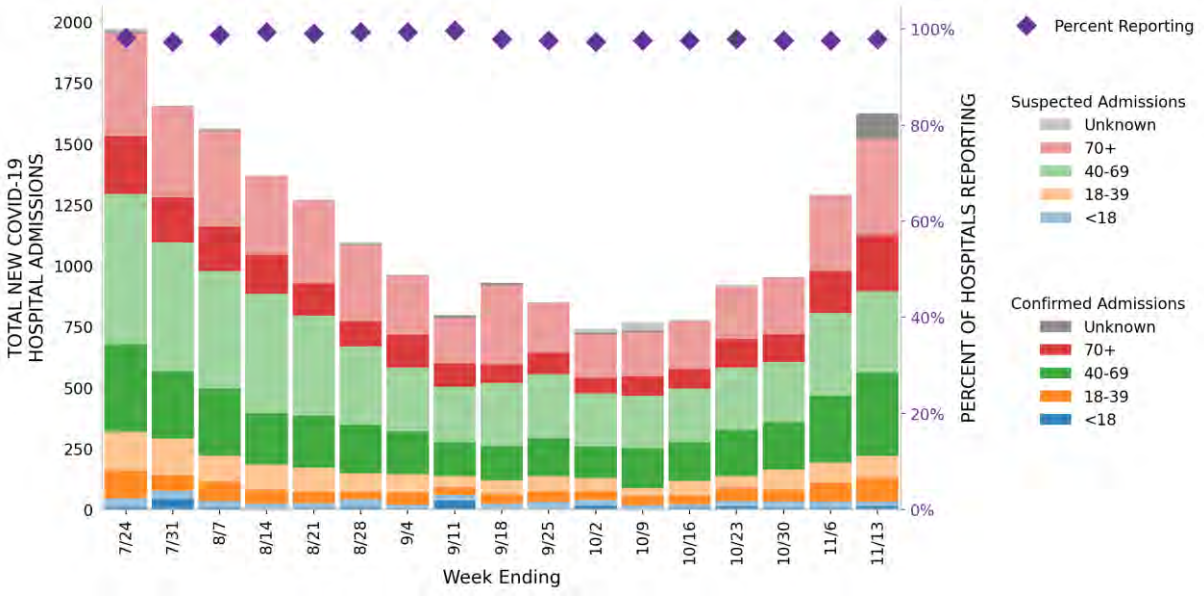
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

NEVADA

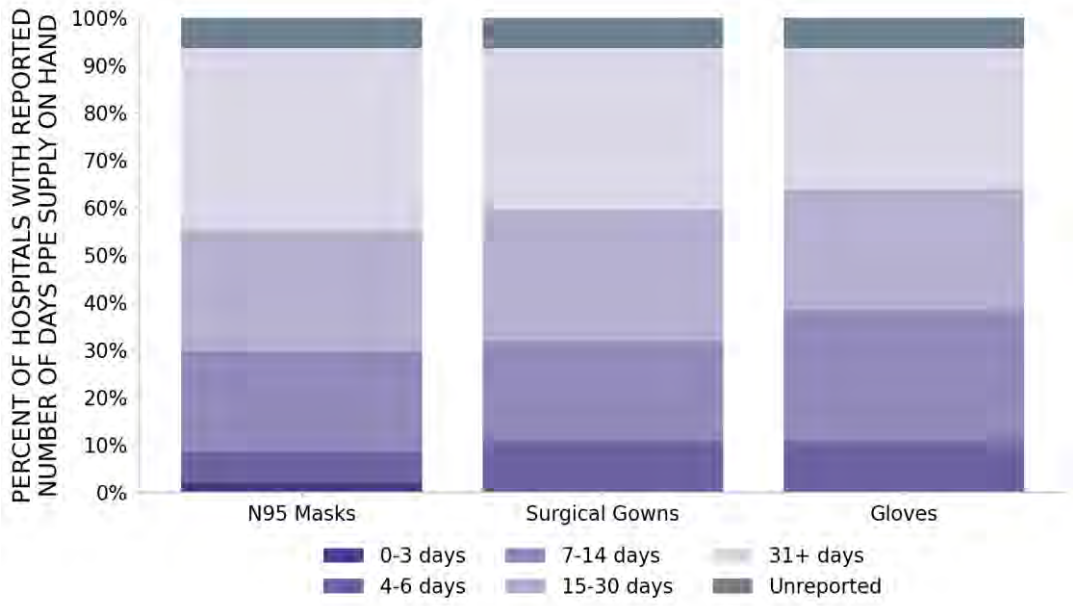
STATE REPORT | 11.15.2020

47 hospitals are expected to report in Nevada

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

NEVADA

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	7 ▲ (+1)	Las Vegas-Henderson-Paradise Reno Elko Pahrump Carson City Fallon Winnemucca	8 ▲ (+2)	Clark Washoe Elko Nye Carson City Churchill Humboldt Lander
LOCALITIES IN ORANGE ZONE	1 ▼ (-2)	Fernley	2 ▼ (-1)	Lyon White Pine
LOCALITIES IN YELLOW ZONE	1 ▲ (+1)	Gardnerville Ranchos	1 ▲ (+1)	Douglas

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

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

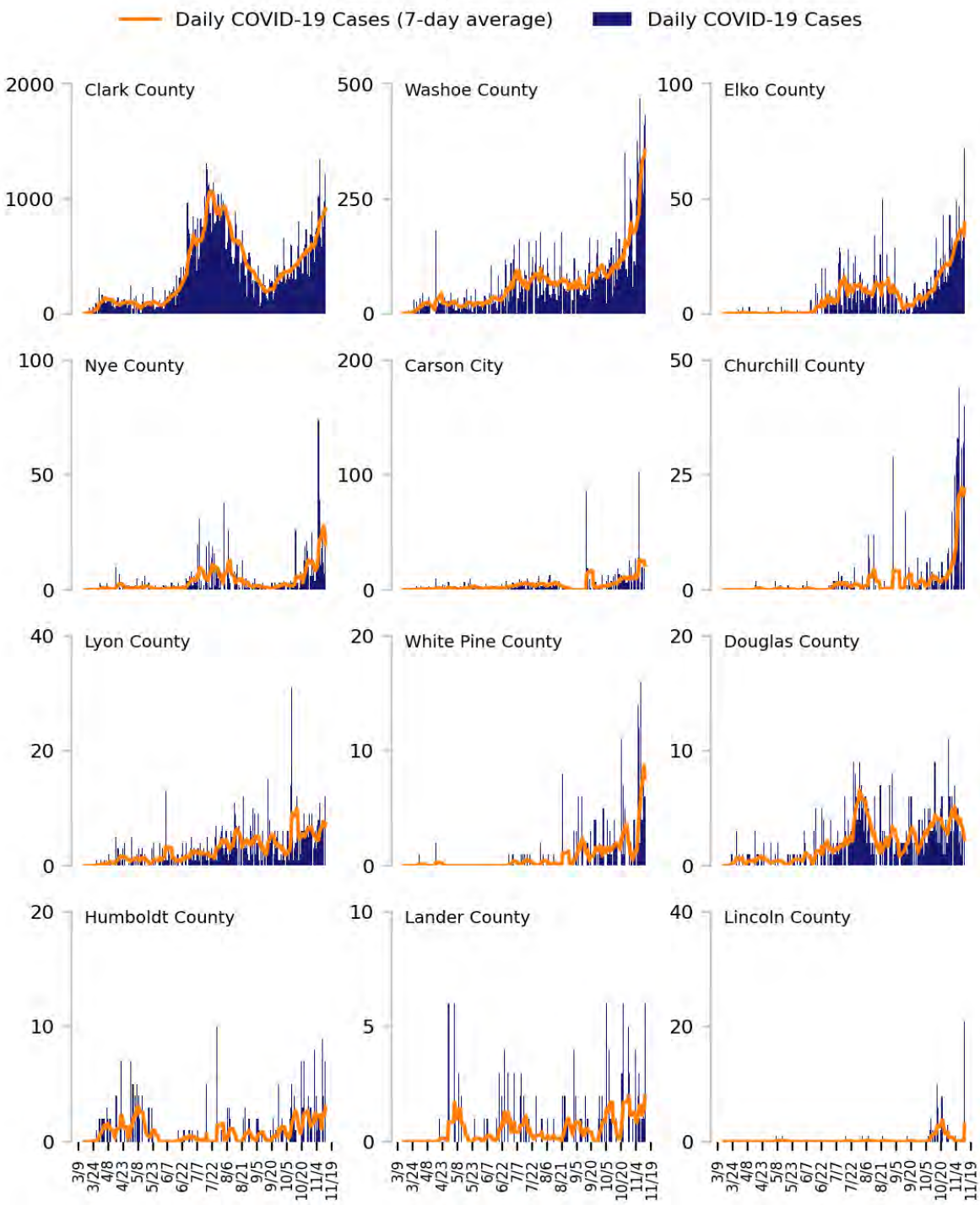
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

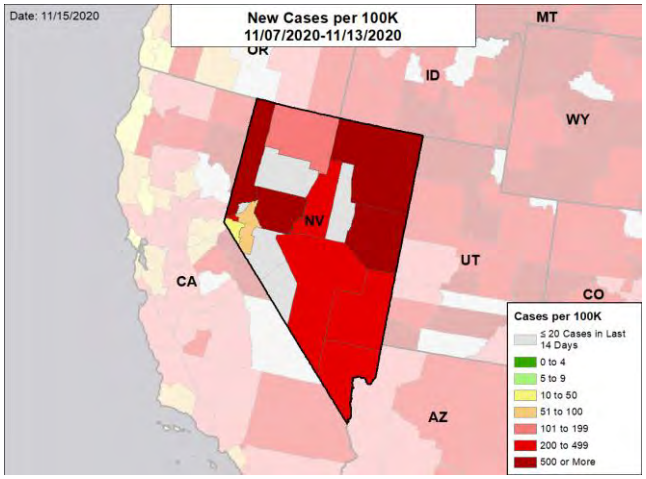
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

NEVADA

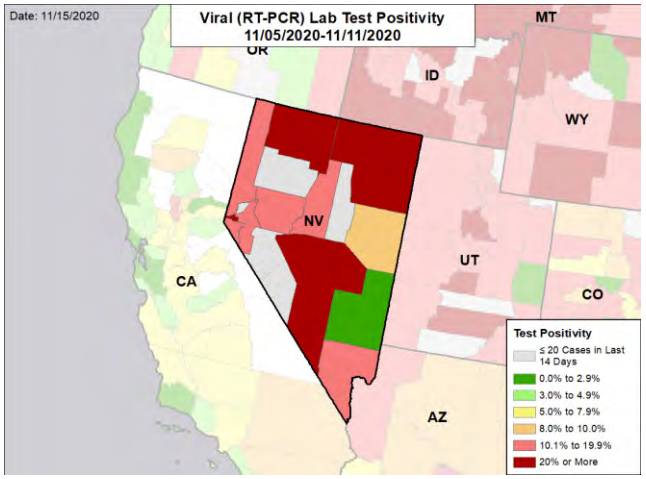
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

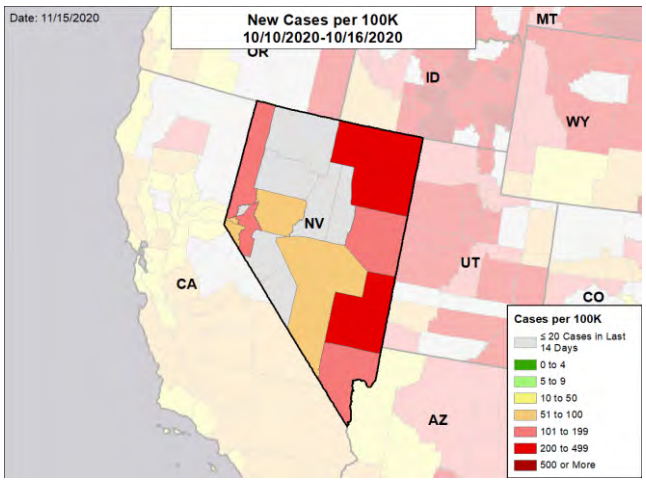
NEW CASES PER 100,000



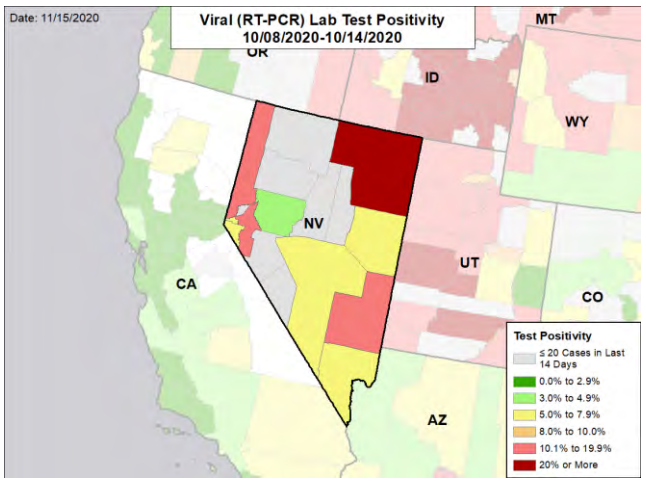
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

NEW HAMPSHIRE

STATE REPORT
11.15.2020
Issue 22

SUMMARY

- New Hampshire is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 44th highest rate in the country. New Hampshire is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 41st highest rate in the country.
- New Hampshire has seen a sharp increase in new cases and an increase in test positivity. Daily cases have reached the highest levels reported in the pandemic. The increase in cases and in test positivity is worrisome for a further acceleration of a viral surge. Daily cases are doubling every 15 days. Hospitalizations have continued to gradually increase with current hospitalizations reaching levels last seen in mid-June.
- Contact tracing is being scaled back due to the record-setting numbers of cases being detected.
- 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 66.2% of new cases in New Hampshire.
- 70% of all counties in New Hampshire have moderate or high levels of community transmission (yellow, orange, or red zones), with 10% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 3% of nursing homes had at least one new resident COVID-19 case, 8% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- New Hampshire had 142 new cases per 100,000 population, compared to a national average of 294 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 Nov 7 - Nov 13, on average, 10 patients with confirmed COVID-19 and 23 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

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- We share the concern of New Hampshire leaders that the state will face increasing numbers of cases, hospitalizations, and deaths and that increased observance of mitigation measures is needed. The Governor's continued communication with the public is crucial.
- At this point, the rapid increase in cases and hospitalizations supports that further mitigation measures will be needed to avoid falling behind as other states have found control of spread to be much more difficult if measures are delayed. Maximizing control of transmission now will allow for greater and earlier resumption of business activity in addition to limiting hospitalizations and deaths. The currently recommended mitigation measures help to control transmission in public settings but have not kept ahead of increasing viral activity recently and have had limited success in preventing spread at private gatherings.
- The upcoming holidays can amplify transmission considerably. New Hampshire should continue to expand public health messaging across all media platforms, including SMS auto-texting, to warn citizens about the risks of social gatherings, advise people to avoid them, and reemphasize face coverings and social distancing. Specifically, recommend holding an event only with individuals within one's household and emphasize the risk of exposing an elderly person or someone with an underlying condition (diabetes, obesity, hypertension, chemotherapy, etc.) if gathering indoors without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expanded strategic use of point-of-care antigen tests with immediate results will be critical to proactive testing in communities; these tests should be used among all individuals independent of symptoms in orange and red counties.
    - Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases.
    - Antigen tests do not perform well after 8-10 days post infection when nucleic acid cycle times are >30.
    - All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Contact tracing may need to be prioritized under conditions of rapidly increasing cases. Expand contact tracing as needed by focusing the interview, developing scripts and clear algorithms to allow task-shifting, and coordinating remote surge capacity from counties with lower case rates. At the time of testing, give detailed instructions and materials describing what to do if the individual tests positive.
- Testing should be at a high baseline level throughout the state (aiming for at least 2,000 tests per 100,000 population per week in all counties) and should be immediately intensified in areas where there are signals of increasing transmission from clinical or wastewater testing. New Hampshire's testing level of >1,800 tests per 100,000 population needs further expansion especially during the current viral surge.
- Mitigation measures to limit transmission in personal gatherings need continued strengthening. This needs augmented communication from state and community leaders of a clear and shared message asking residents to wear masks, physically distance, and avoid gatherings in both public and private spaces, especially indoors. Hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally.
- Ensure all K-12 schools are following CDC guidelines, including mask wearing. Utilize the Abbot BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure university students continue their mitigation behaviors to ensure no further outbreaks on or off campus. Encourage IHE to test their student body before they leave campus for Thanksgiving break to mitigate exposure to family and community.
- Ensure that all hospitals, including rural and mid-level hospitals, have conducted updated clinical training and have access to appropriate medicines and supplies. All service areas and clinical facilities should have expansion and contingency plans.
- Following local data on test positivity by age will be important to detect early evidence of increasing transmission in more vulnerable populations; expanding local clinical capacity at an earlier stage will avoid compromises in clinical care when hospitalizations increase rapidly.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

NEW HAMPSHIRE

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	1,925 (142)	+71%	35,015 (236)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.1%	+2.4%*	3.9%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	25,231** (1,856**)	-1%**	801,841** (5,401**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	10 (0.7)	+67%	279 (1.9)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	3%	-2%*	8%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	8%	+2%*	20%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	+0%*	3%	6%

* 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.

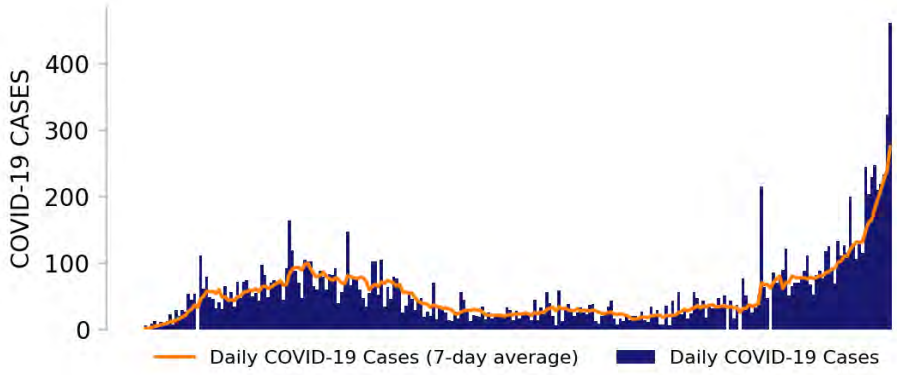
DATA SOURCES – Additional data details available under METHODS

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 11/13/2020; previous week is 10/31 - 11/6.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

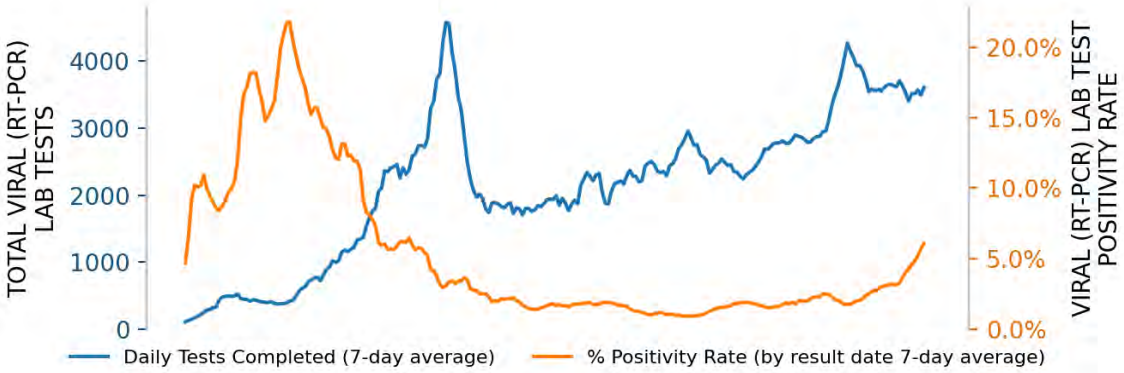
NEW HAMPSHIRE

STATE REPORT | 11.15.2020

NEW CASES

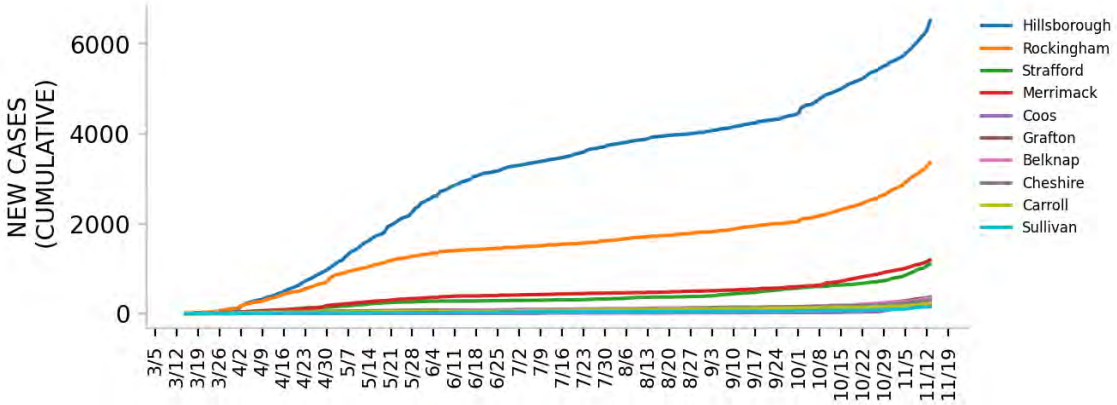


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020.

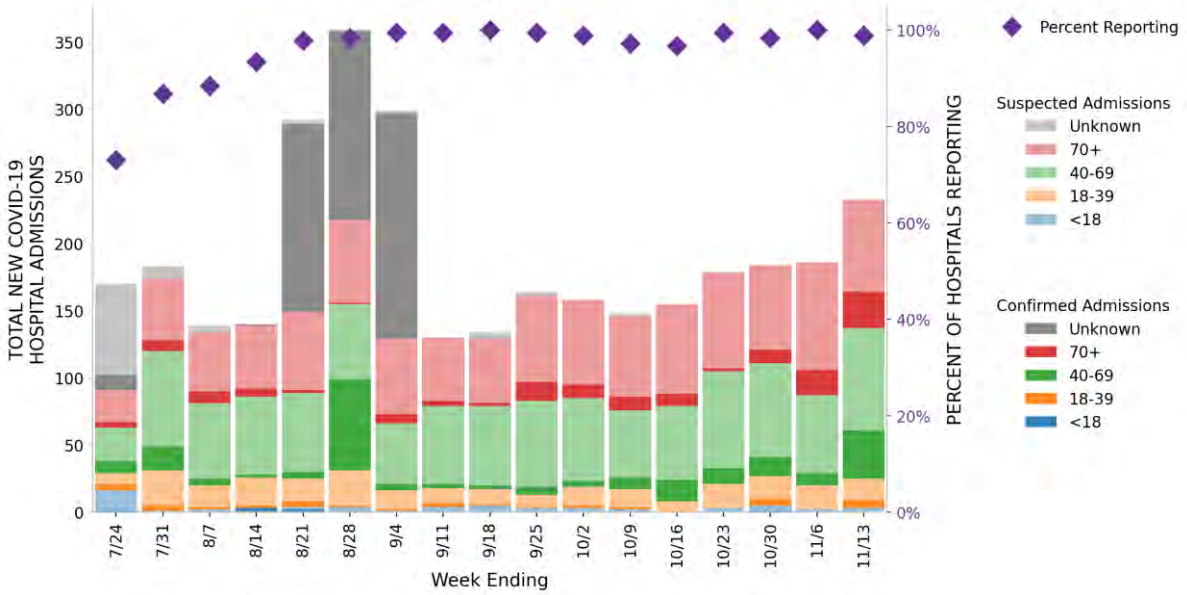
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

NEW HAMPSHIRE

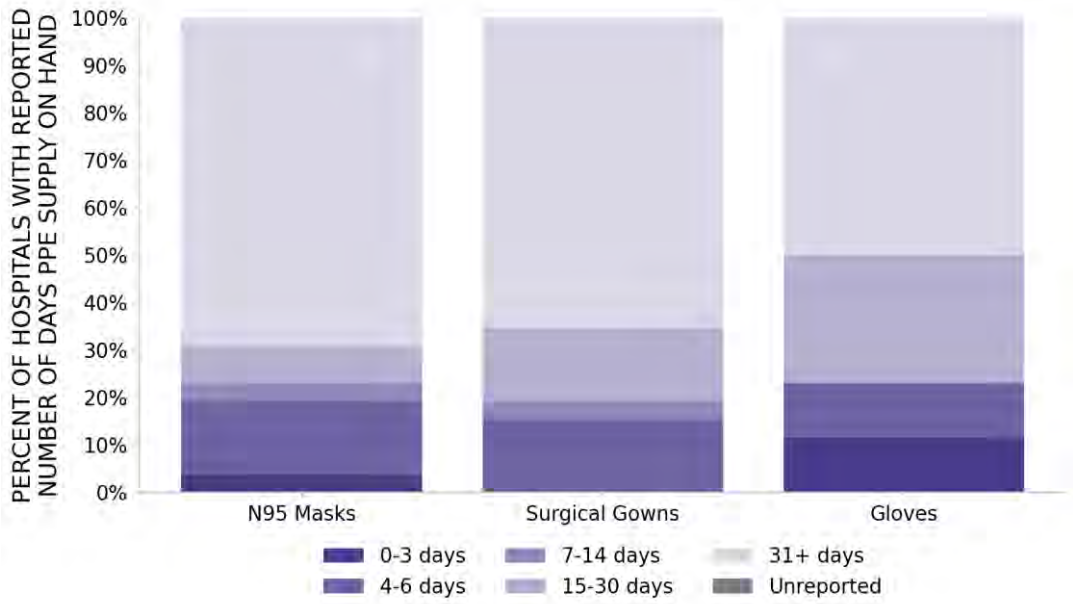
STATE REPORT | 11.15.2020

26 hospitals are expected to report in New Hampshire

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

NEW HAMPSHIRE

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	0 ■ (+0)	N/A	1 ▲ (+1)	Strafford
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	3 ▲ (+3)	Manchester-Nashua Berlin Laconia	6 ▲ (+5)	Hillsborough Rockingham Coos Belknap Carroll Sullivan

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

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

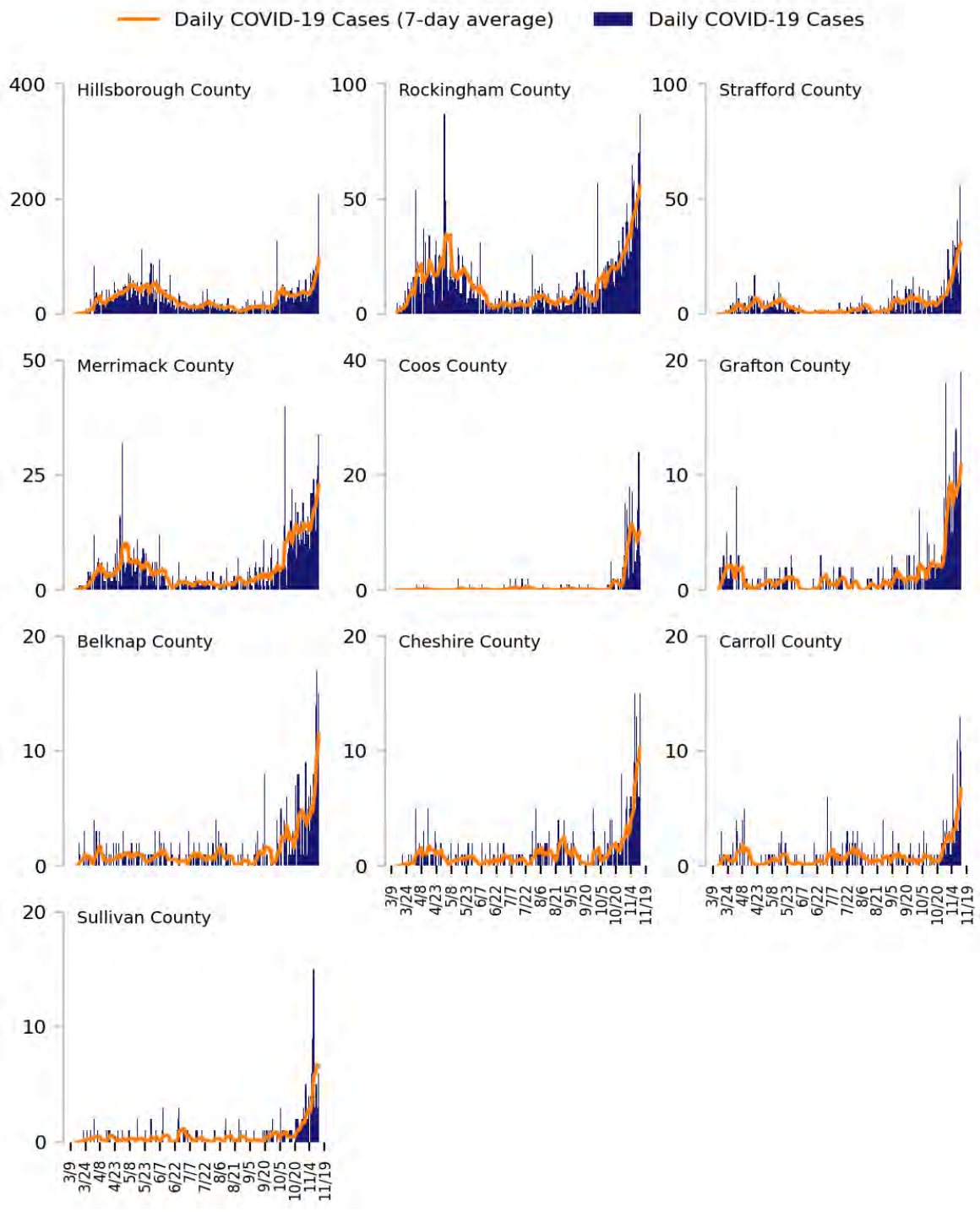
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

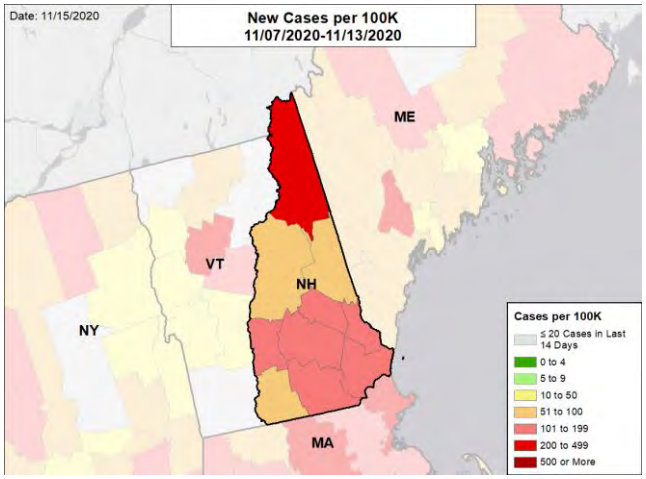
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

NEW HAMPSHIRE

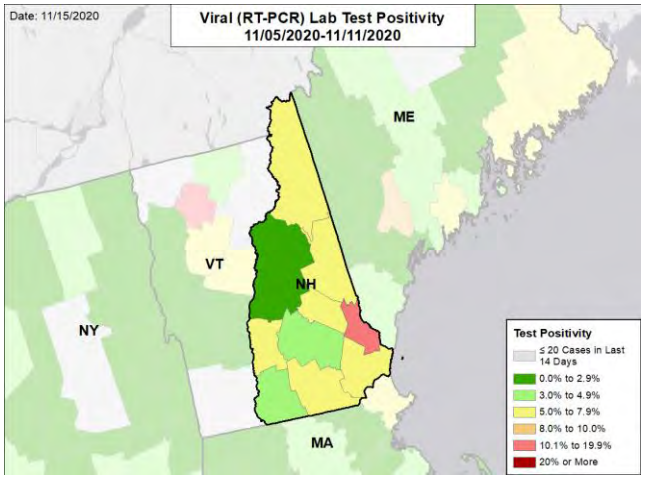
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

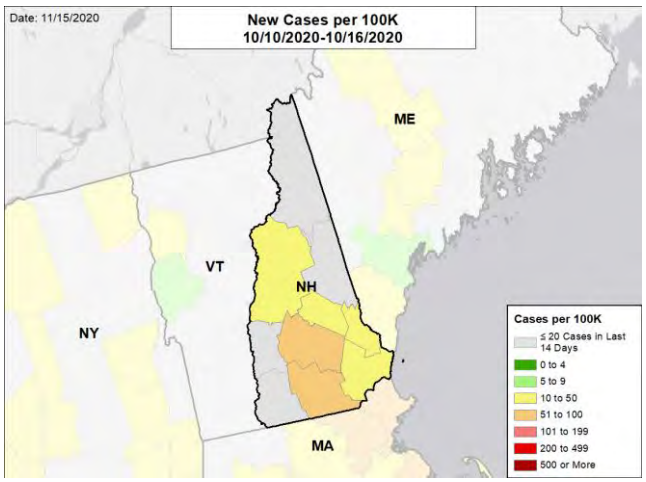
NEW CASES PER 100,000



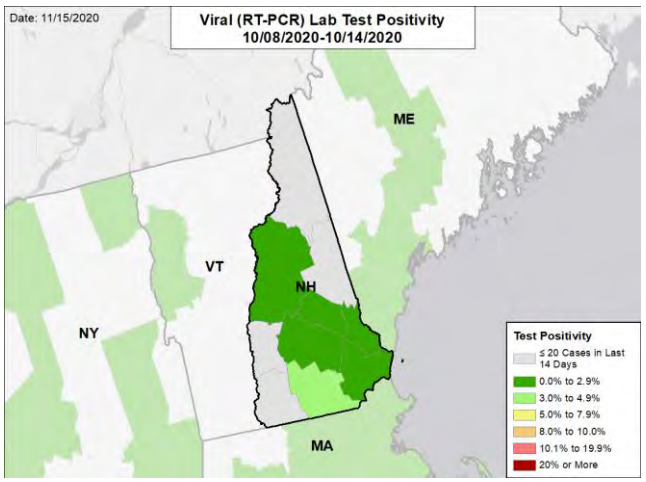
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

STATE REPORT
11.15.2020
Issue 22

NEW JERSEY

SUMMARY

- New Jersey is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 30th highest rate in the country. New Jersey is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 33rd highest rate in the country.
- New Jersey has seen an increase in new cases and an increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Essex County, 2. Union County, and 3. Bergen County. These counties represent 31.9% of new cases in New Jersey.
- 100% of all counties in New Jersey have moderate or high levels of community transmission (yellow, orange, or red zones), with 33% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 11% of nursing homes had at least one new resident COVID-19 case, 28% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- New Jersey had 237 new cases per 100,000 population, compared to a national average of 294 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; 19 to support operations activities from USCG; 5 to support medical activities from VA; and 2 to support operations activities from VA.
- Between Nov 7 - Nov 13, on average, 230 patients with confirmed COVID-19 and 190 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Jersey. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- We share the strong concern of New Jersey leaders that the current situation is worsening and everyone needs to do their part to stop the spread. The most recent increases in cases across the state and region are linked with Halloween and fall activities. With Thanksgiving and upcoming holidays, all New Jerseyans must understand the COVID-19 situation statewide and locally.
- Recruit local influencers to message to communities basic actions to take now:
  - Do not gather without a mask with individuals living outside of your household.
  - Always wear a mask in public places.
  - Stop gatherings beyond immediate household until cases and test positivity are in the yellow zone.
  - Get your flu shot.
- Target testing to find and isolate the asymptomatic individuals who are unknowingly spreading the virus.
- Use Abbott BinaxNOW to test correctional officers, teachers, community college students, and staff at long-term care facilities weekly.
- Continue to trace every positive staff case at LTCF to understand and prevent risk of COVID in congregate settings.
- Conduct active testing in school for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- On university campuses, students are letting their guards down with Thanksgiving break less than a week away. Message to students to continue their mitigation actions on and off campus to protect others and themselves. If they are going home, they should follow CDC holiday guidelines for protective behaviors.
- Continuously monitor testing and contact tracing capacity in all counties to ensure rapid turnaround of test results (within 48 hours) and that all cases are immediately isolated and full contact tracing is conducted (within 72 hours of testing).
- Stay vigilant with regard to spread among nursing home staff and residents. Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents.
- We have updated the new admissions graphs to include breakdown by age group. Within the past several weeks, hospitalizations are increasing across all age groups. We will continue to work with hospitals to improve quality information for action.
- Ensure all hospitals have access to antivirals, antibodies, PPE, and ventilators. Work through FEMA to secure supplies when stocks of less than a week's supply is confirmed.
- 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.

NEW JERSEY

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	21,016 (237)	+63%	50,158 (177)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.9%	+2.4%*	4.6%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	274,537** (3,091**)	+7%**	1,139,251** (4,021**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	106 (1.2)	+38%	465 (1.6)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	11%	-1%*	11%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	28%	+0%*	29%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+1%*	2%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.

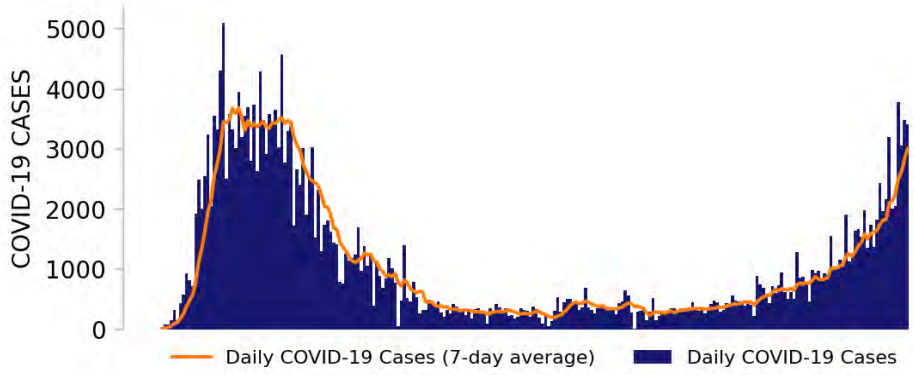
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

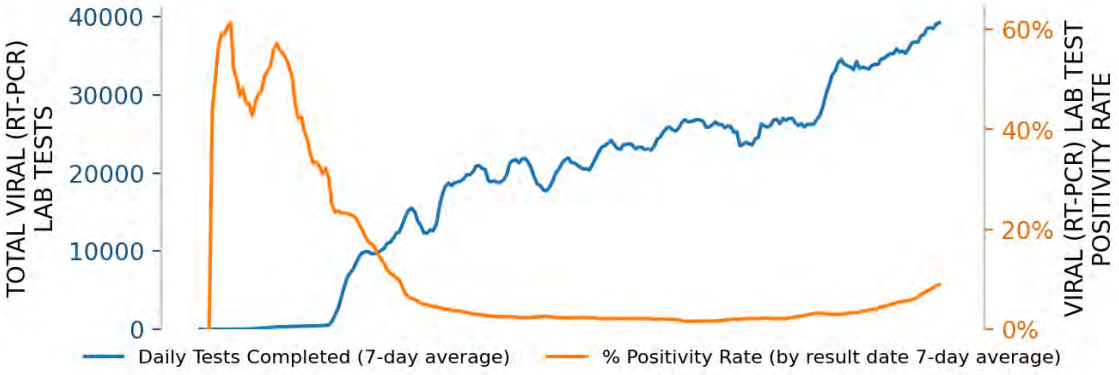
NEW JERSEY

STATE REPORT | 11.15.2020

NEW CASES

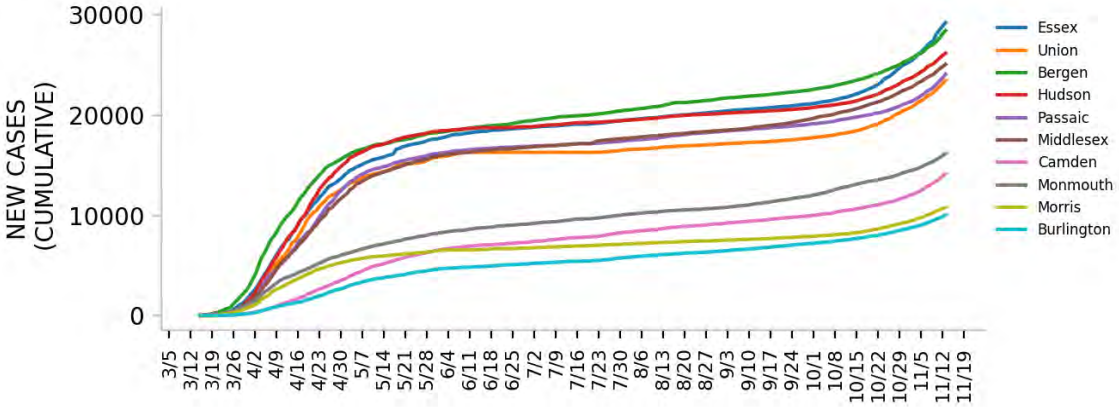


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



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 11/13/2020.

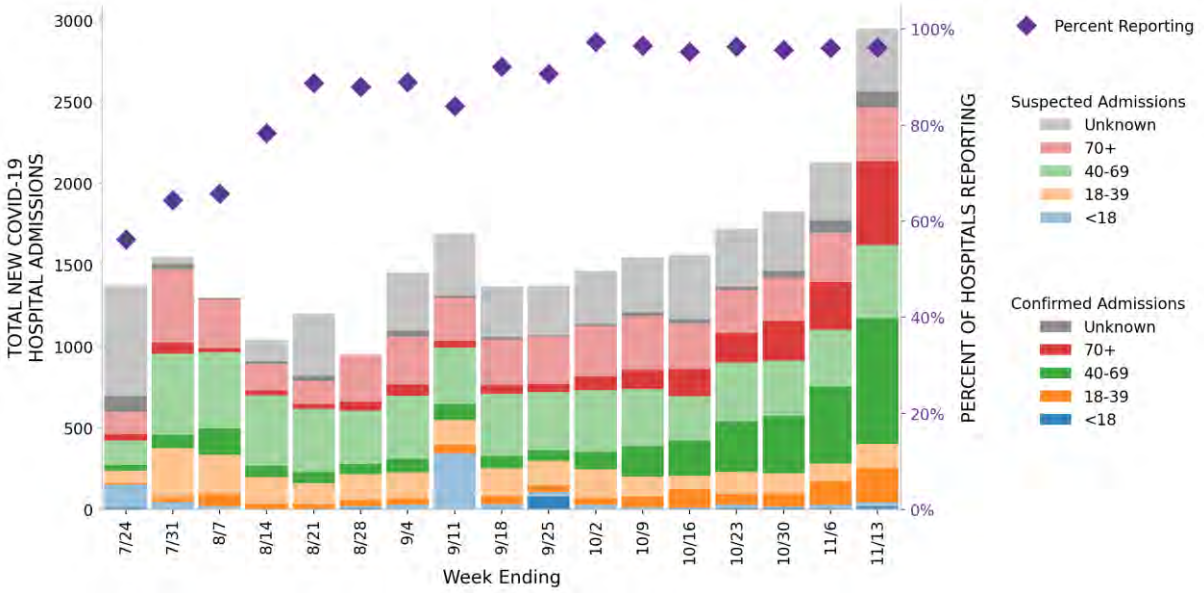
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

NEW JERSEY

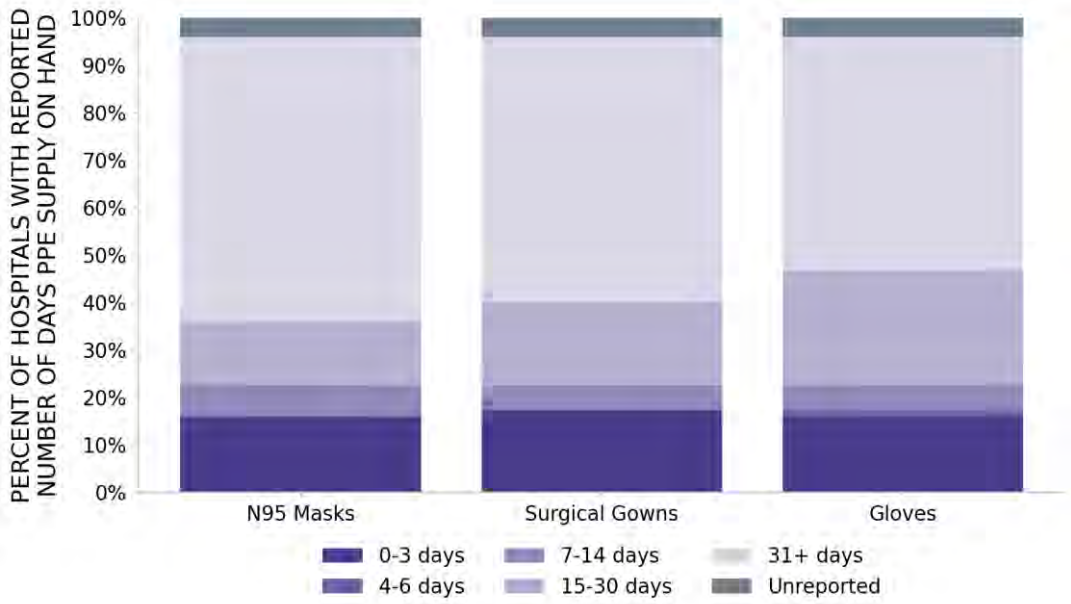
STATE REPORT | 11.15.2020

75 hospitals are expected to report in New Jersey

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

NEW JERSEY

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	0 ■ (+0)	N/A	7 ▲ (+7)	Essex Union Hudson Passaic Camden Gloucester Warren
LOCALITIES IN ORANGE ZONE	4 ▲ (+3)	Philadelphia-Camden-Wilmington Trenton-Princeton Atlantic City-Hammonton Allentown-Bethlehem-Easton	3 ▼ (-1)	Middlesex Mercer Atlantic
LOCALITIES IN YELLOW ZONE	2 ■ (+0)	Vineland-Bridgeton Ocean City	11 ▲ (+1)	Bergen Monmouth Morris Burlington Ocean Somerset Cumberland Hunterdon Sussex Cape May Salem

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

*** 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 11/13/2020.

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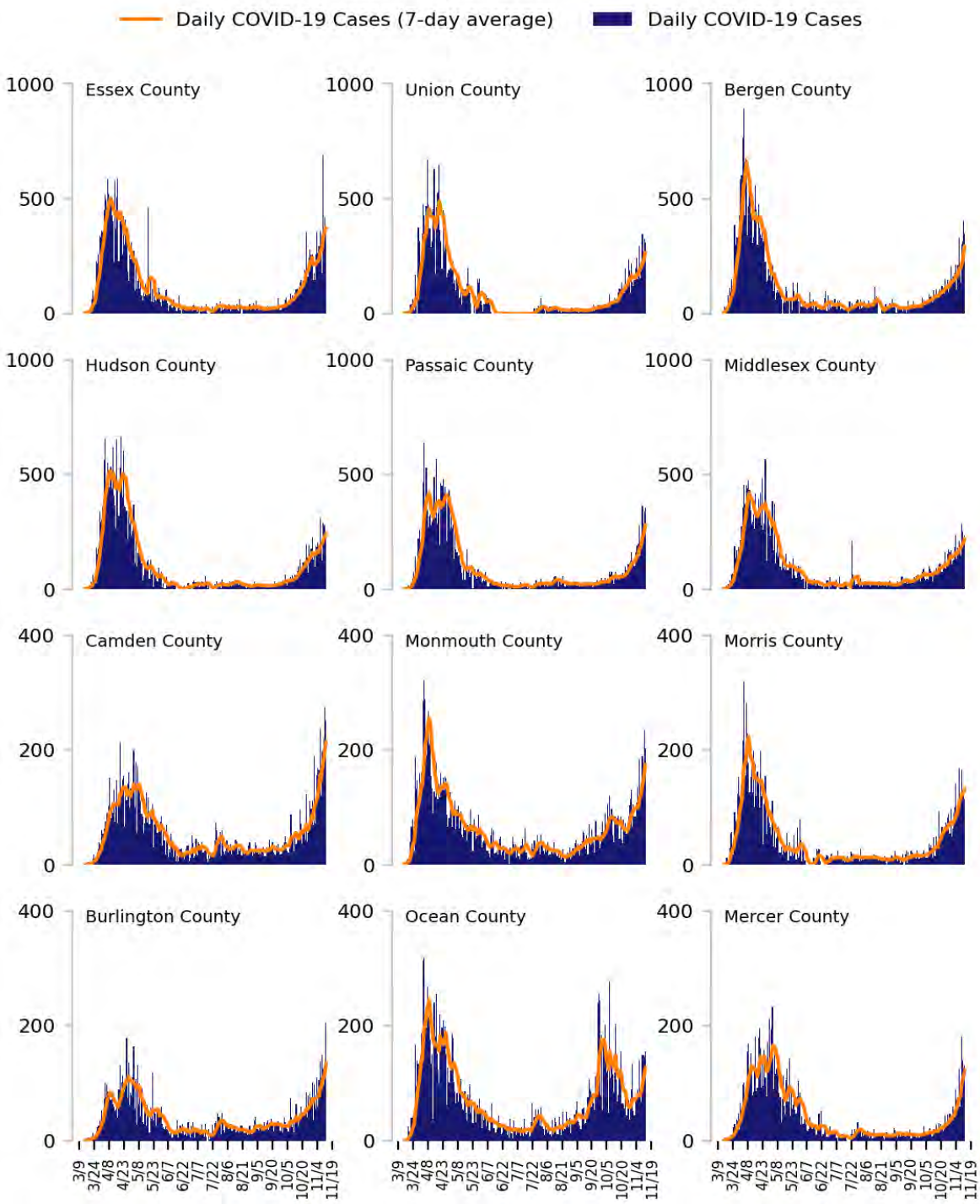
Top 12 counties based on number of new cases in the last 3 weeks



DATA SOURCES – Additional data details available under METHODS

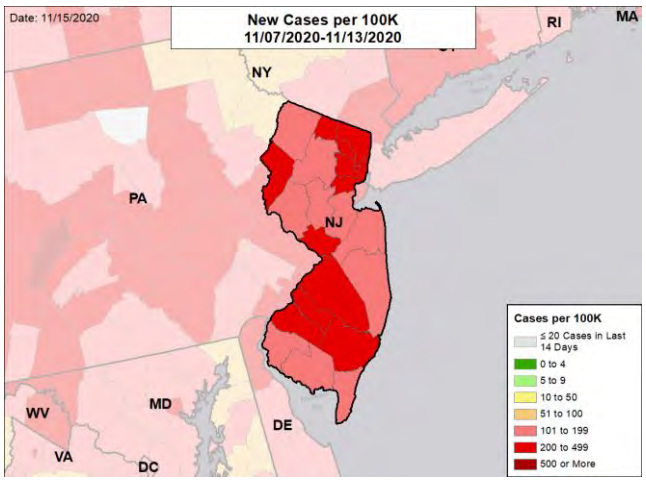
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

NEW JERSEY

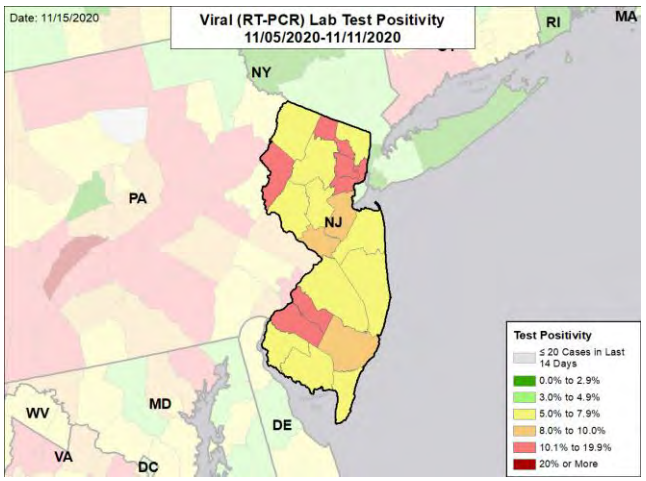
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

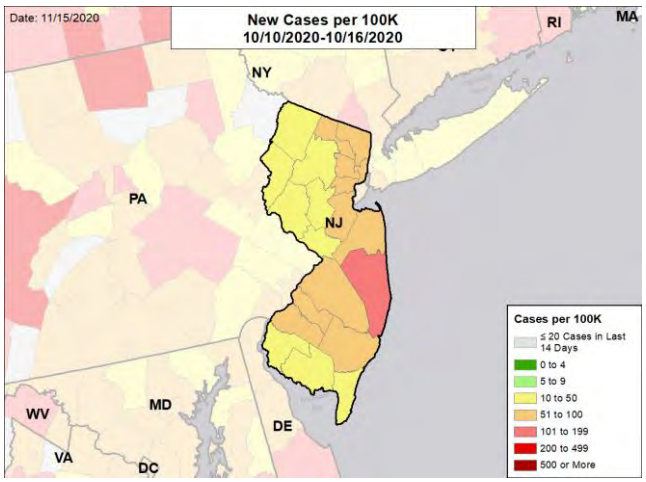
NEW CASES PER 100,000



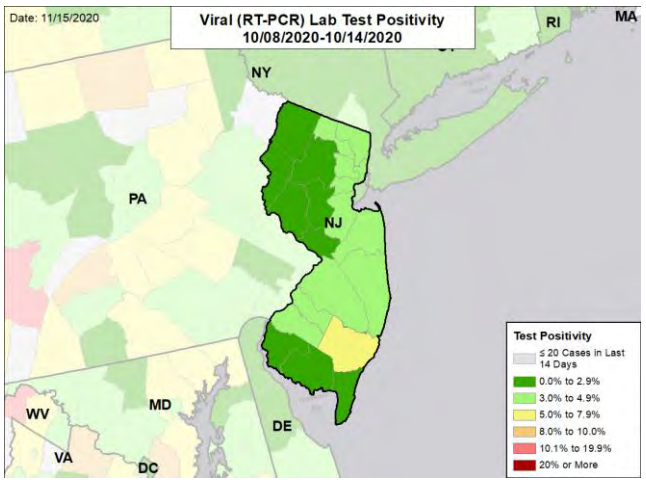
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

STATE REPORT
11.15.2020
Issue 22

NEW MEXICO

SUMMARY

- There is continued deterioration and expanding community spread despite mitigation efforts. To reverse the depth and breadth of community spread that is now threatening the health system, New Mexico must increase citizens' buy-in and significant behavioral change.
- New Mexico is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 19th highest rate in the country. New Mexico is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 15th highest rate in the country.
- New Mexico has seen an increase in new cases, an increase in test positivity, and increasing counties in the red zone.
- 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. Santa Fe County. These counties represent 53.1% of new cases in New Mexico.
- 82% of all counties in New Mexico have moderate or high levels of community transmission (yellow, orange, or red zones), with 70% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 43% of nursing homes had at least one new resident COVID-19 case, 56% had at least one new staff COVID-19 case, and 13% had at least one new resident COVID-19 death.
- New Mexico had 458 new cases per 100,000 population, compared to a national average of 294 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; 1 to support operations activities from ASPR; and 1 to support epidemiology activities from CDC.
- The federal government has supported surge testing in several cities.
- Between Nov 7 - Nov 13, on average, 96 patients with confirmed COVID-19 and 29 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Mexico. 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

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- The doubling of hospitalizations in the past 4 weeks is deeply concerning and not sustainable. Appreciating the strong mitigation efforts that have been implemented, it comes down to ensuring compliance of citizens both in public and private spaces and dramatically increasing testing.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for the identification of both asymptomatic and pre-symptomatic individuals and significant behavior change of all Americans. Ensure masks at all times in public, increase physical distancing through significant reduction in capacity in public and private indoor spaces, and ensure every American understands the clear risks of ANY indoor interactions outside of their immediate household without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expanded, strategic use of point-of-care antigen tests with immediate results will be critical to expanding this model into the community; these tests should be used among all individuals independent of symptoms in orange and red counties in New Mexico.
- Antigen tests perform well in the highly infectious window and will be effective in identification of asymptomatic and pre-symptomatic infectious cases.
    - Antigen tests do not perform well after 8-10 days post infection when nucleic acid cycle times are greater than 30.
    - All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Proactive testing must be part of the mitigation efforts inclusive of mask wearing, physical distancing, and hand hygiene.
- We need to protect those we are thankful for in our families and communities. Ensure indoor masking around vulnerable family members during any gatherings due to the significant amount of virus circulating and the high rate of asymptomatic and undiagnosed infections among family and community members.
- There are early signs of reduced N95, gown, and glove supply in specific hospitals' reporting. Please contact all hospitals reporting less than one week's supply to confirm data; contact the regional FEMA office for support if this supply issue is confirmed.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. There continue to be very high levels of positive LTCF staff members, indicating continued and unmitigated community spread in these geographic locations.
- Ensure full flu immunizations across the state.
- Weekly testing of all Tribal members residing on reservations should be implemented immediately, providing accommodations for COVID-19 positive individuals to isolate immediately.
- 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.

NEW MEXICO

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	9,612 (458)	+48%	109,012 (255)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	15.1%	+3.3%*	12.0%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	45,866** (2,187**)	-17%**	584,718** (1,369**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	110 (5.2)	+36%	1,126 (2.6)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	43%	+12%*	18%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	56%	+8%*	34%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	13%	+11%*	6%	6%

* 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.

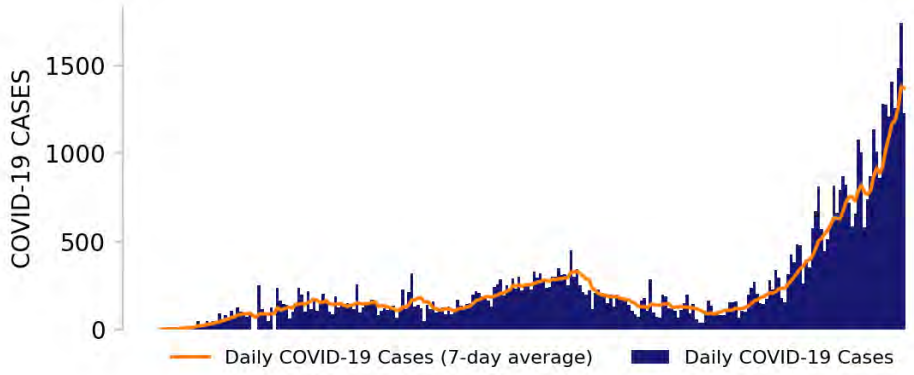
DATA SOURCES – Additional data details available under METHODS

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 11/13/2020; previous week is 10/31 - 11/6.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

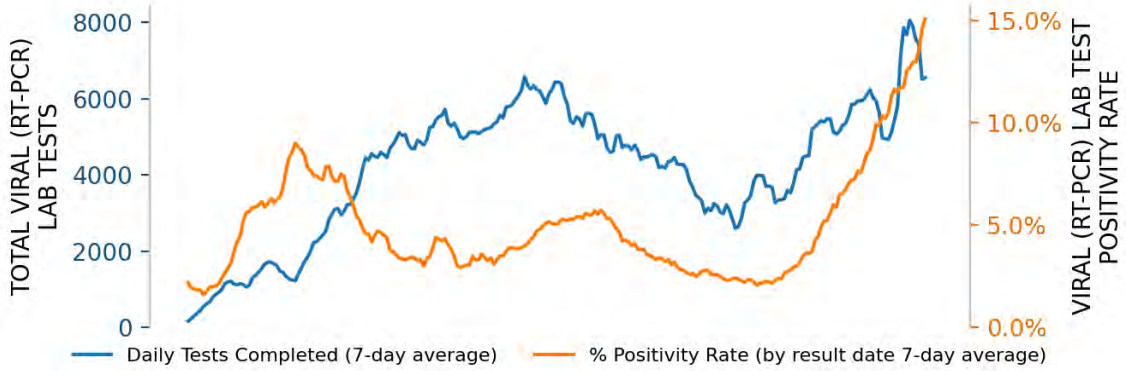
NEW MEXICO

STATE REPORT | 11.15.2020

NEW CASES

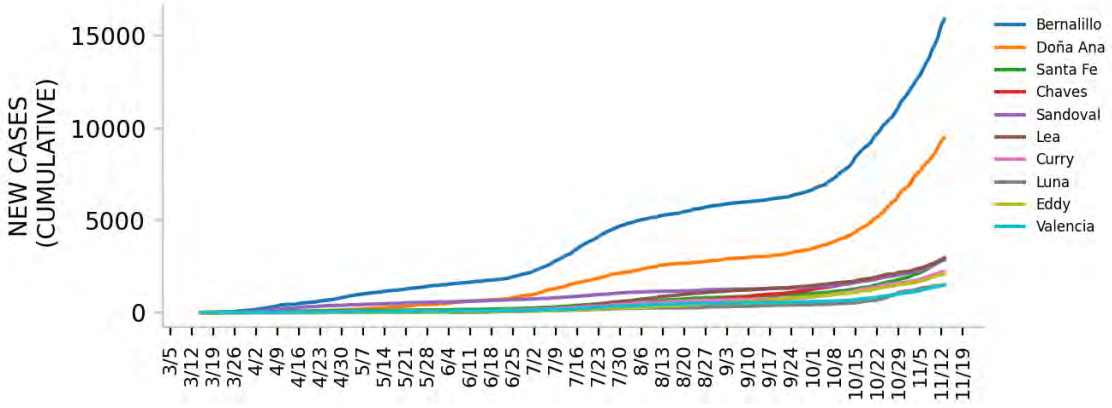


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020.

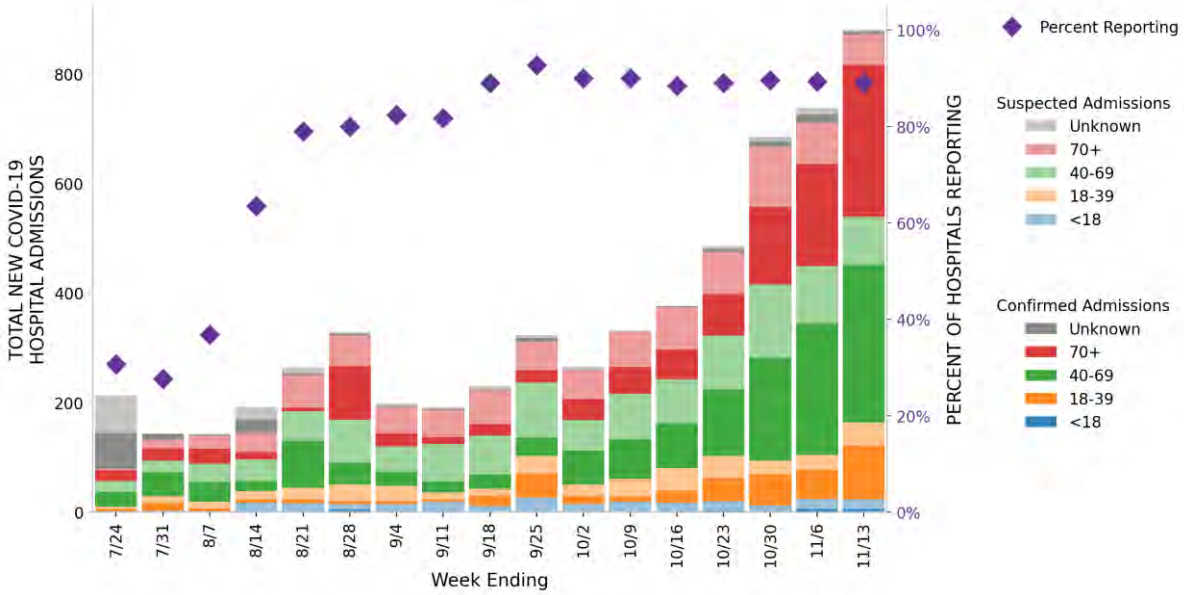
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

NEW MEXICO

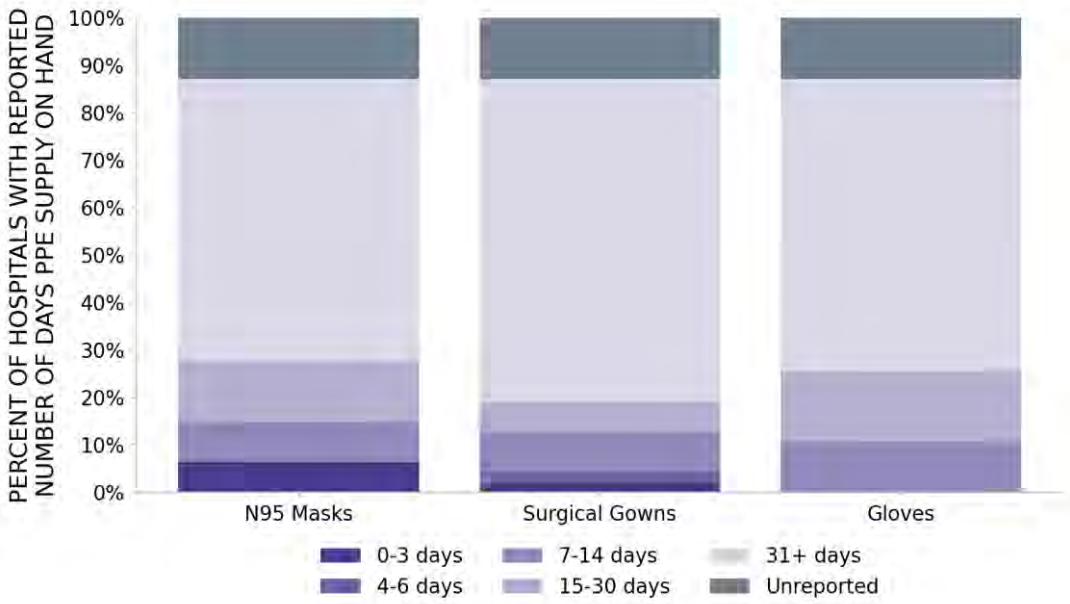
STATE REPORT | 11.15.2020

47 hospitals are expected to report in New Mexico

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

NEW MEXICO

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	16 ▲ (+5)	Albuquerque Las Cruces Santa Fe Roswell Hobbs Clovis Deming Carlsbad-Artesia Farmington Gallup Grants Alamogordo	23 ▲ (+7)	Bernalillo Doña Ana Santa Fe Chaves Sandoval Lea Curry Luna Eddy Valencia San Juan McKinley
LOCALITIES IN ORANGE ZONE	0 ▼ (-4)	N/A	1 ▼ (-3)	Hidalgo
LOCALITIES IN YELLOW ZONE	2 ▲ (+1)	Silver City Los Alamos	3 ▲ (+1)	Grant Sierra Los Alamos

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red CBSAs: Albuquerque, Las Cruces, Santa Fe, Roswell, Hobbs, Clovis, Deming, Carlsbad-Artesia, Farmington, Gallup, Grants, Alamogordo, Portales, Española, Taos, Ruidoso

All Red Counties: Bernalillo, Doña Ana, Santa Fe, Chaves, Sandoval, Lea, Curry, Luna, Eddy, Valencia, San Juan, McKinley, Cibola, Otero, Roosevelt, Rio Arriba, Taos, Socorro, Lincoln, Torrance, Quay, Colfax, De Baca

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

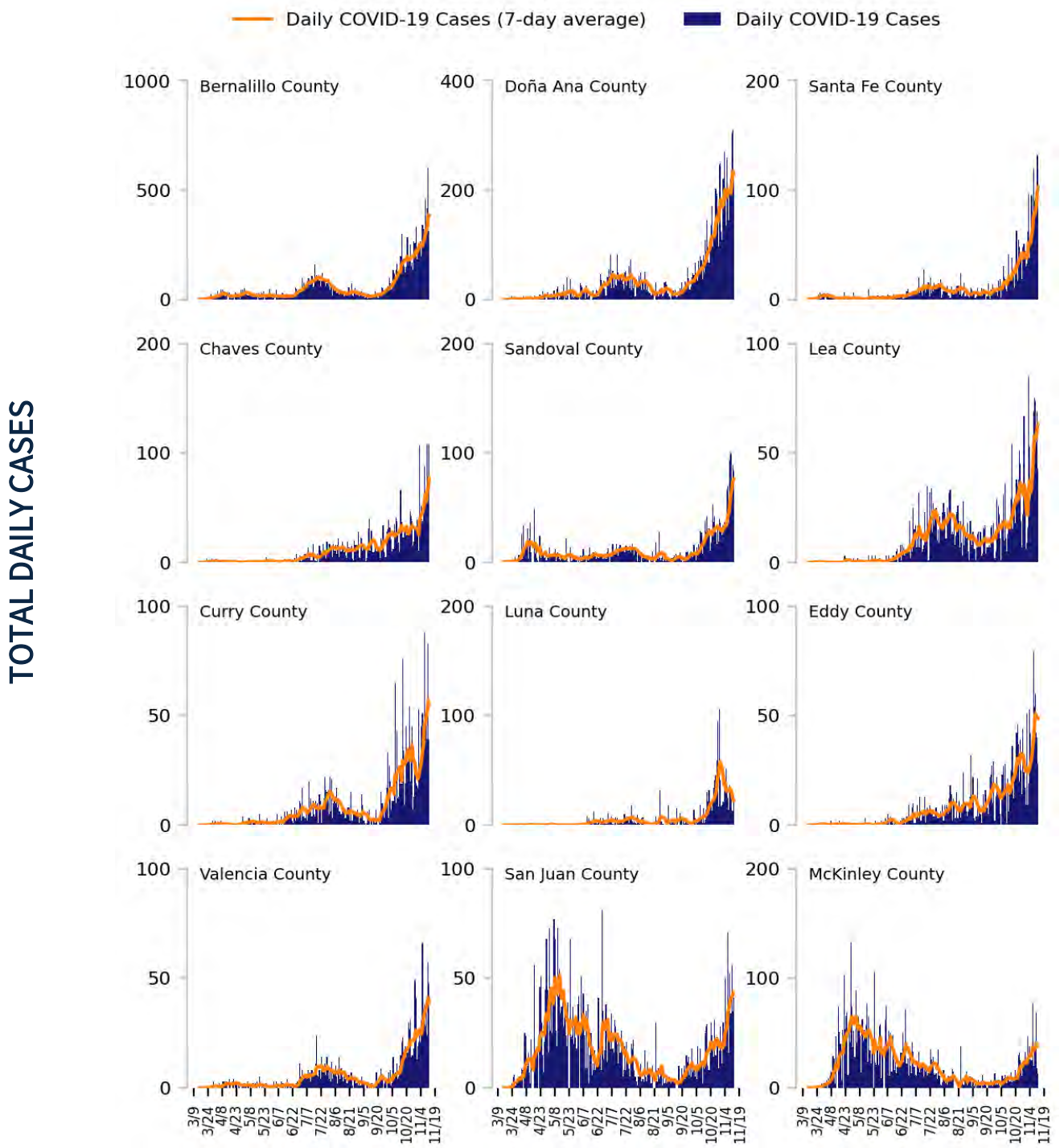
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

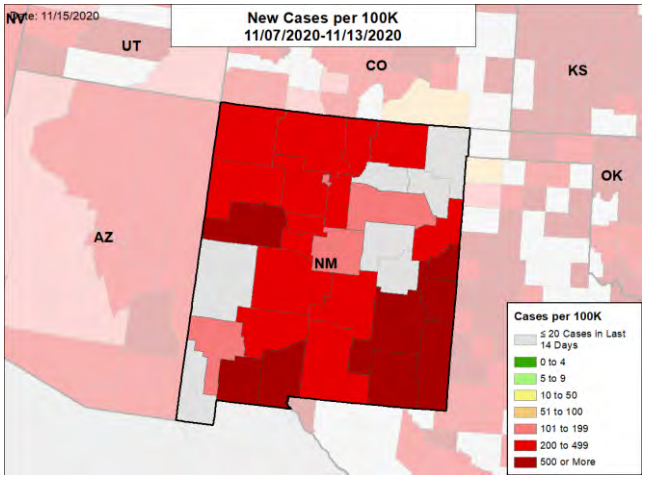
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

NEW MEXICO

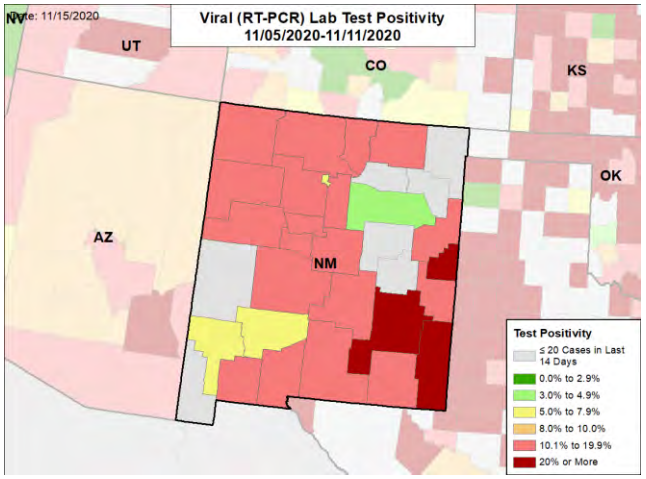
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

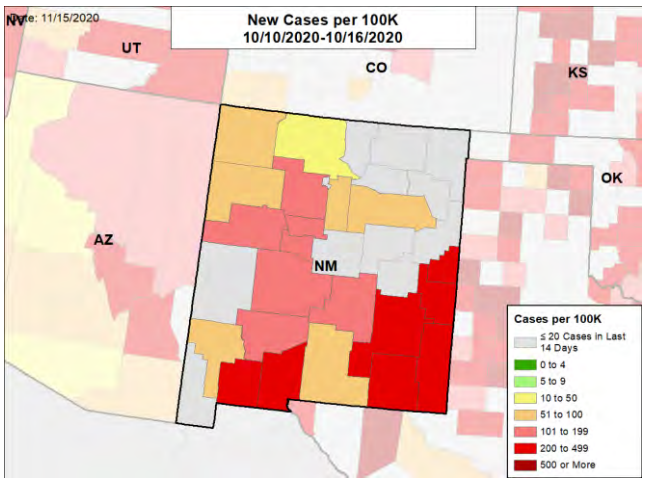
NEW CASES PER 100,000



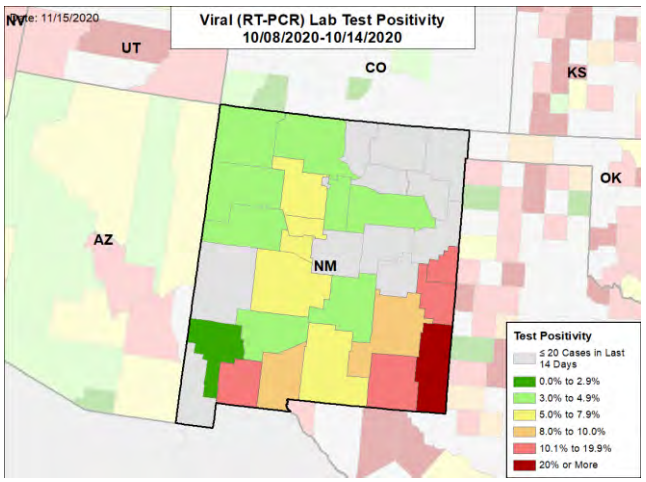
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

STATE REPORT
11.15.2020
Issue 22

NEW YORK

SUMMARY

- New York is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 43rd 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 an increase in test positivity. There is persistently elevated (>100 per 100,000 population) incidence in 41 counties and test positivity increased in 48 counties.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Kings County, 2. Queens County, and 3. Erie County. These counties represent 27.5% of new cases in New York.
- 16% of all counties in New York have moderate or high levels of community transmission (yellow, orange, or red zones), with 2% having high levels of community transmission (red zone).
- Inpatient hospital bed utilization is at 73% and ICU utilization is at 62%, with wide variability by county and CBSA.
- During the week of Nov 2 - Nov 8, 10% 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. Apparent outbreaks in facilities in Utica, Beacon, Buffalo, Newburgh, Uniondale, and Woodmere.
- New York had 150 new cases per 100,000 population, compared to a national average of 294 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 65 to support operations activities from FEMA; 4 to support operations activities from ASPR; 1 to support testing activities from CDC; and 20 to support operations activities from USCG.
- Between Nov 7 - Nov 13, on average, 351 patients with confirmed COVID-19 and 363 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New York. An average of 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- Recent intensification of restrictions is necessary and commendable. New York has demonstrated excellent use of local data and has been highly responsive to signals of increasing transmission; this will help curtail transmission throughout the winter.
- Sensitive local surveillance is critical to detect early signals and focus efforts and interventions.
    - Regular quantitative wastewater testing should be scaled at the most local level practical, including focused surveillance of large crowded buildings that house those at highest risk.
    - Regular testing of workers at highest risk for infection, such as transportation drivers and those who work in crowded or congregate settings, regardless of symptoms, using rapid antigen tests should be conducted and reported.
- The playbook remains the same: universal face covering in all public or commercial spaces, limitations on gatherings (and the size of gatherings), and proper social distancing at all times. These efforts are critical and should be monitored and actively enforced by local authorities.
- Expand work with advertising agencies/partners that have been successful in local markets to reach populations that are not adhering to recommended measures.
- The upcoming holidays are likely to quickly amplify transmission. New York should vigorously expand public health messaging across all media platforms, including SMS auto-texting, to warn citizens about the risks of social or familial gatherings, advise people to avoid them, and reinvigorate the practices of face covering and social distancing.
- Increase messaging to strongly encourage testing of all who attended rallies/protests or celebrations.
- Greatly expand use of local hospital or clinical staff as part of urgent public advocacy for community mitigation behaviors in all communities; taped messages posted to social media platforms can be compelling and persuasive, especially when they come from within communities that have been resistant.
- All staff who work with any patients or residents should be tested weekly with rapid tests and should not be permitted to work without a recent negative test or clearance from isolation.
- Ensure that all mid-level hospitals in more remote areas are capacitated, updated clinical training has been provided, and access to appropriate medications (antiviral, glucocorticoids and, if possible, monoclonal antibodies for those most at risk) is established. All hospital service areas should have expansion and contingency plans in place and thresholds to implement should be defined.
- Continuously evaluate testing and contact tracing capacity in all counties to ensure test results are received within 48 hours, all cases are immediately isolated, and full contact tracing is conducted within 72 hours of testing; expand capacity as needed to meet these benchmarks by focusing the interview, developing scripts and clear algorithms to allow task-shifting, and coordinating remote surge capacity from counties with lower case rates.
- Ensure institutions of higher education are planning to test students before they return home for the holidays.
- Monitor and ensure strict adherence to CDC school policy guidance to curb transmission, including use of face coverings for all K-12 students and teachers.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

NEW YORK

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	29,142 (150)	+76%	50,158 (177)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.3%	+1.0%*	4.6%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	864,714** (4,445**)	+18%**	1,139,251** (4,021**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	359 (1.8)	+166%	465 (1.6)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	10%	-1%*	11%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	29%	+3%*	29%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	+0%*	2%	6%

* 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.

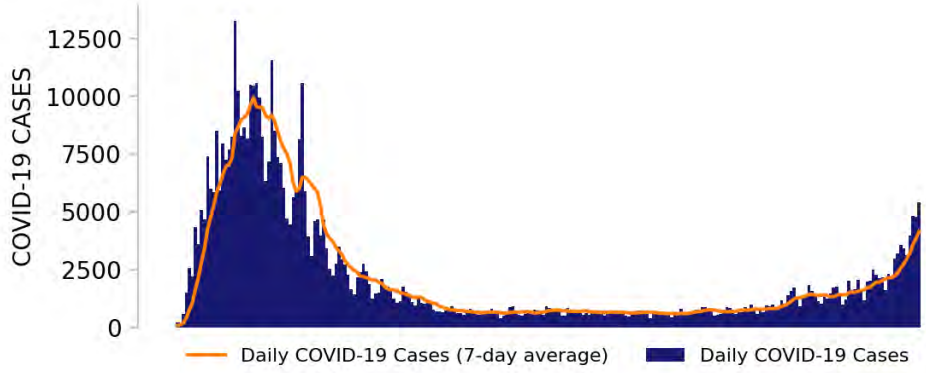
DATA SOURCES – Additional data details available under METHODS

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 11/13/2020; previous week is 10/31 - 11/6.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

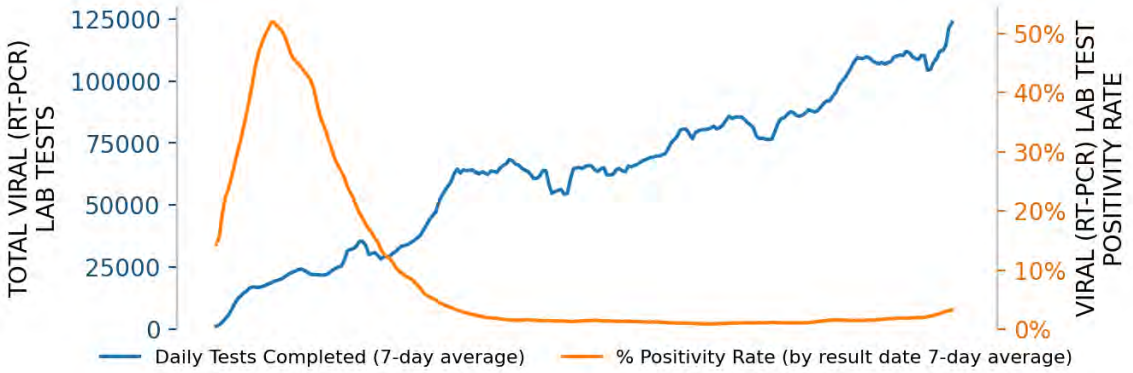
NEW YORK

STATE REPORT | 11.15.2020

NEW CASES

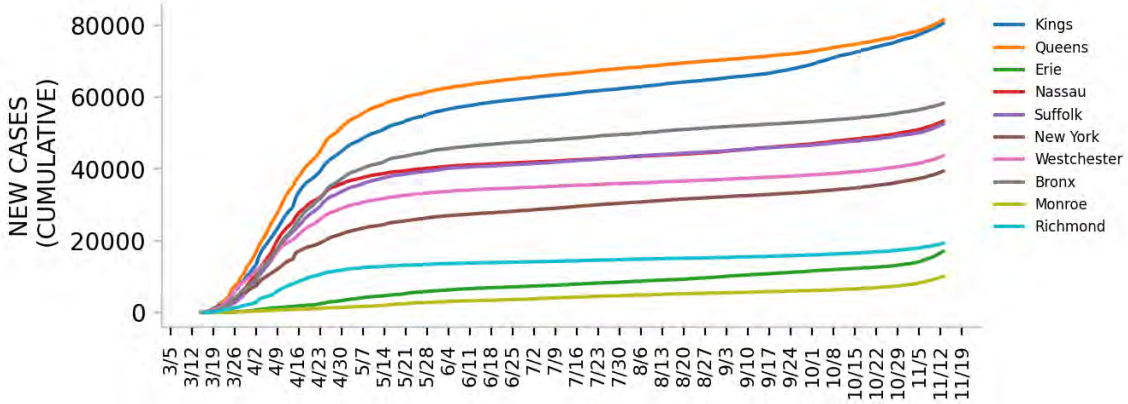


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



DATA SOURCES – Additional data details available under METHODS

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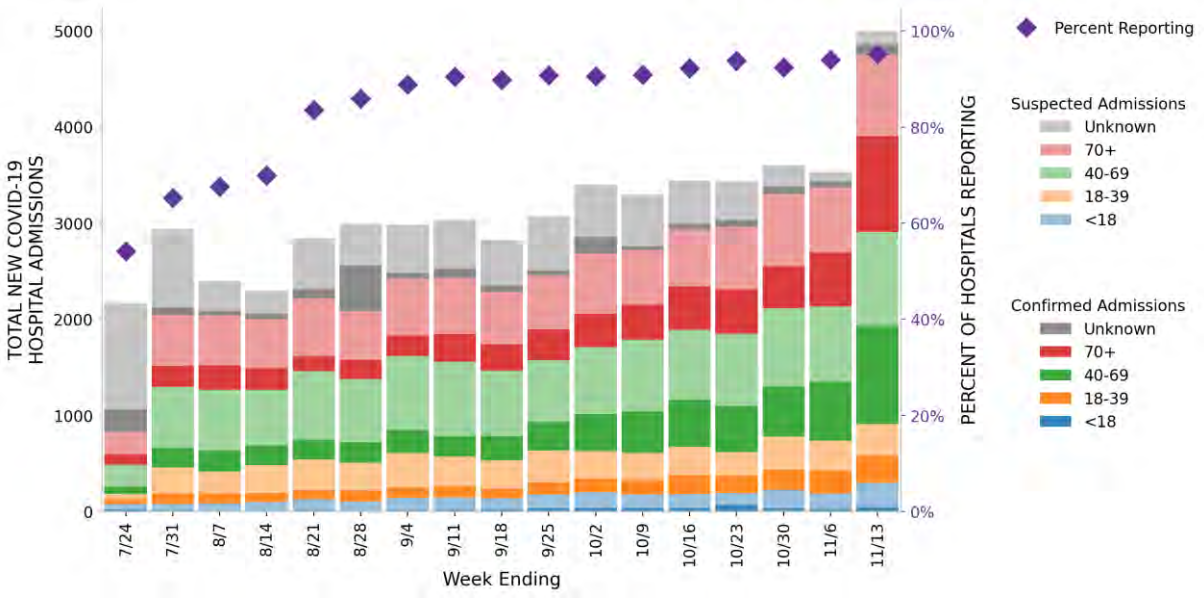
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

NEW YORK

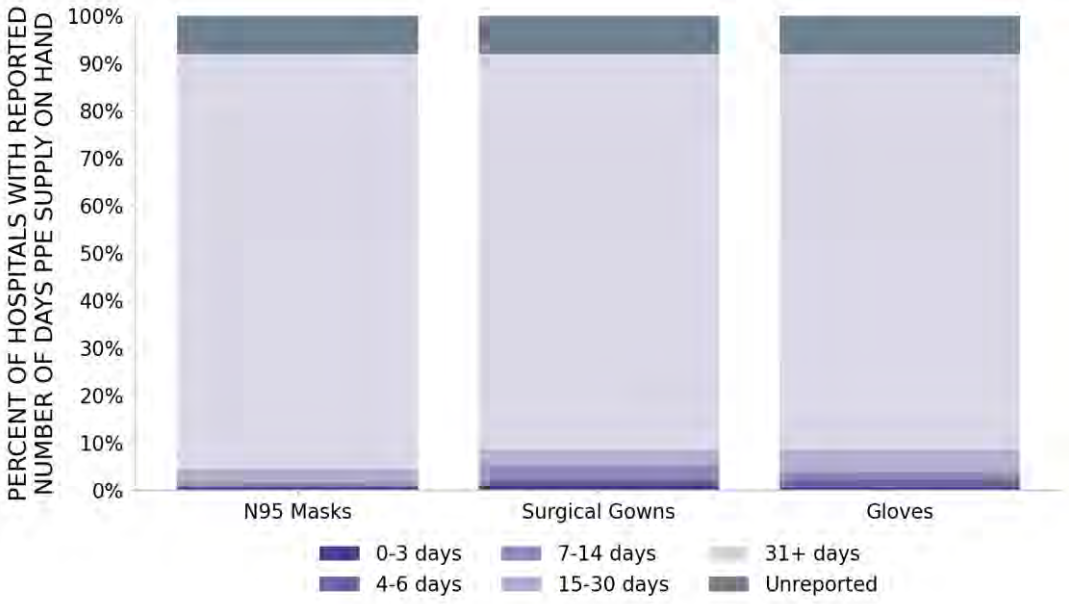
STATE REPORT | 11.15.2020

176 hospitals are expected to report in New York

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

NEW YORK

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	0 ■ (+0)	N/A	1 ▲ (+1)	Allegany
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	1 ■ (+0)	Tioga
LOCALITIES IN YELLOW ZONE	3 ▲ (+1)	Buffalo-Cheektowaga Binghamton Elmira	8 ▲ (+6)	Erie Monroe Onondaga Broome Chemung Oswego Wyoming Orleans

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

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

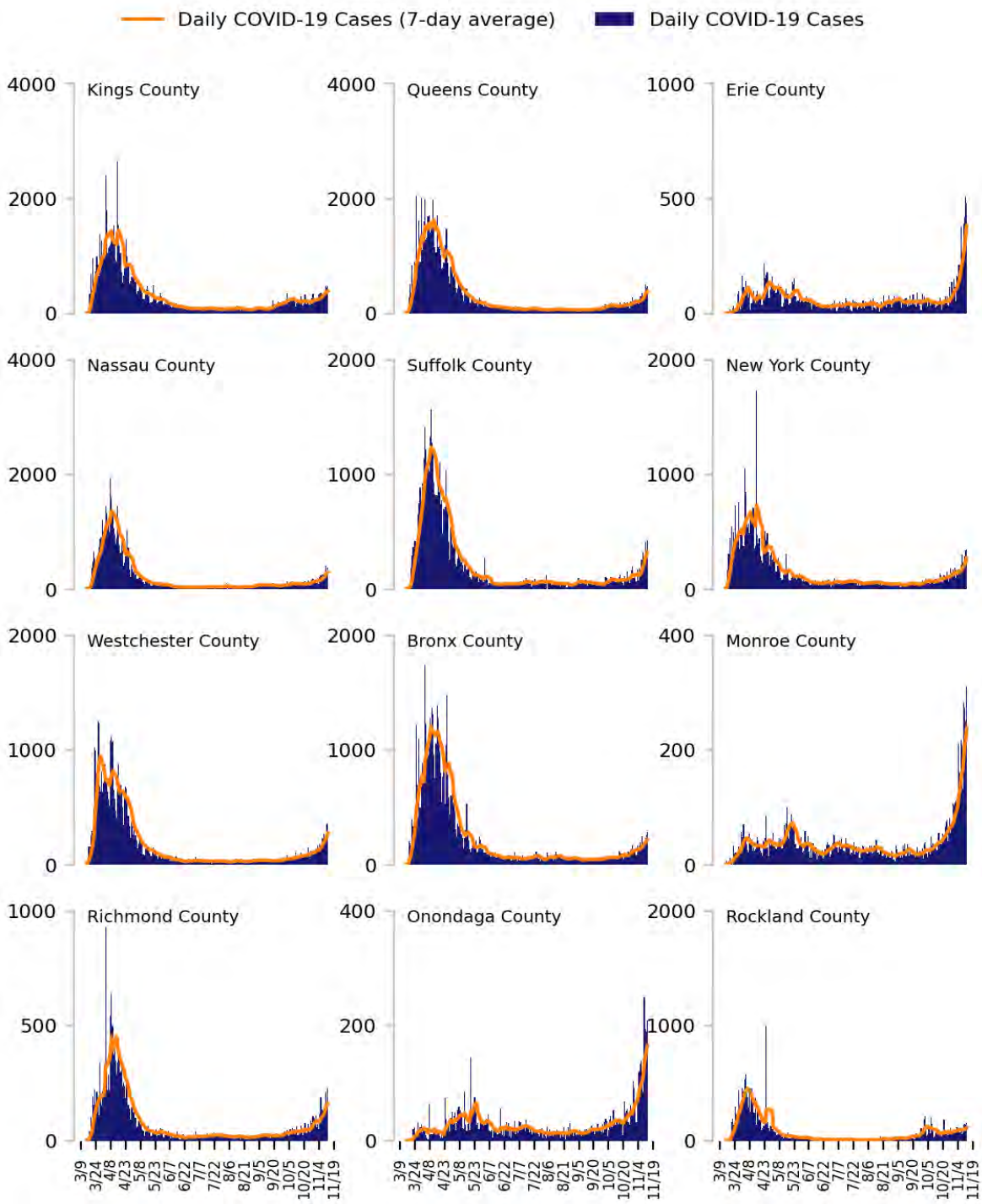
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

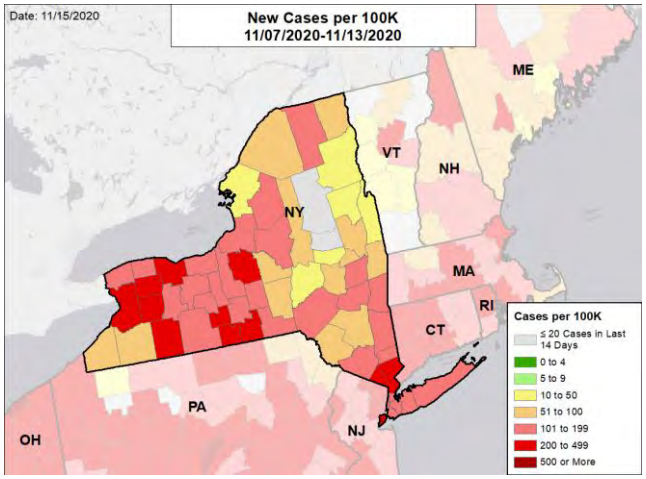
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

NEW YORK

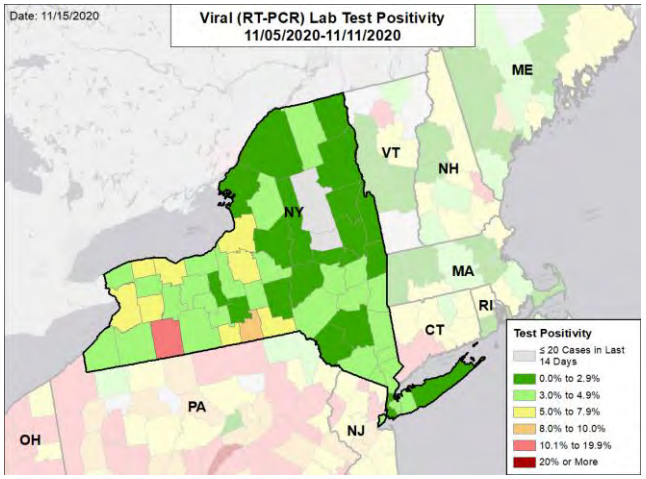
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

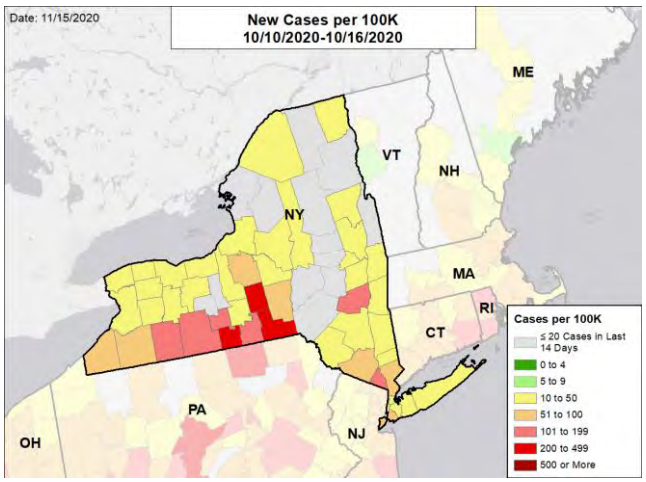
NEW CASES PER 100,000



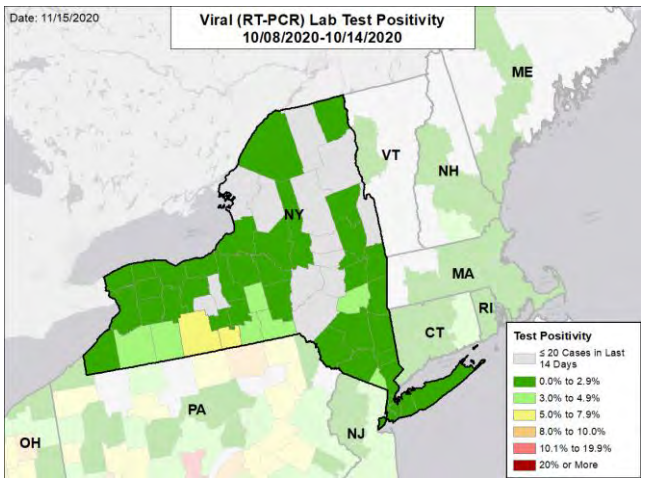
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

STATE REPORT
11.15.2020
Issue 22

NORTH CAROLINA

SUMMARY

- North Carolina is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 40th 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 37th highest rate in the country.
- North Carolina has seen stability in new cases and stability in test positivity.
- 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 23.5% of new cases in North Carolina.
- There were 22 counties with at least 200 cases per 100,000 population in the previous 7 days and test positivity increased in 54 counties; test positivity continues to increase most quickly in the more rural counties.
- 88% of all counties in North Carolina have moderate or high levels of community transmission (yellow, orange, or red zones), with 18% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 16% of nursing homes had at least one new resident COVID-19 case, 33% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- North Carolina had 161 new cases per 100,000 population, compared to a national average of 294 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 3 to support operations activities from FEMA and 7 to support operations activities from USCG.
- The federal government has supported surge testing in New Hanover, Guilford, Mecklenburg, and Pitt counties.
- Between Nov 7 - Nov 13, on average, 168 patients with confirmed COVID-19 and 320 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

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- Interrupting the recent increase in community transmission in rural counties will require an expansion of case-finding and intensification of prevention efforts in those areas.
- Efficient identification and isolation of cases requires a sensitive surveillance network and maximum testing, with further enhanced testing in areas where transmission is elevated or increasing.
    - Health departments should regularly surveil workers who are at risk of infection and transmission, regardless of symptoms, using rapid antigen tests.
    - Wastewater surveillance should be scaled up at the most local level practical (including in single congregate living facilities, like shelters, apartment buildings, or skilled nursing facilities).
    - Testing should be at a high baseline level throughout the state (aiming for at least 2,000 tests per 100,000 population in all counties) and immediately intensify in areas where there are signals of increasing transmission.
- The playbook is the same: the specific proven strategies to curtail transmission are universal face covering and social distancing; work with private advertising partners to develop more effective messages and with local authorities to explore ways to enforce adherence.
- All staff who work with patients or residents in any congregate setting should be tested weekly with rapid tests and should not be permitted to work without a recent negative test or clearance from isolation.
- Ensure all congregate and crowded work settings (e.g., clinics, prisons, shelters, etc.) have adequate screening and surveillance of asymptomatic persons to limit possibility of super-spreader events.
- The upcoming holidays could amplify transmission considerably. North Carolina should vigorously expand public health messaging across all media platforms, including SMS auto-texting, to warn citizens about the risks of social gatherings, advise people to avoid them, and reinvigorate the practice of face covering and social distancing.
- Ensure that all rural and mid-level hospitals have conducted updated clinical training and have access to appropriate medicines and supplies. All service areas and clinical facilities should have facility/staffing expansion and contingency plans.
- Following local data on test positivity by age band is critically important; early evidence of increasing transmission in more vulnerable populations will provide an opportunity to expand local clinical capacity before it's too late.
- Local data on hospital utilization is also critically important, both as a firm indicator of transmission in the most vulnerable and as a threshold marker for implementing expansion and contingency plans.
- Expand contact tracing as needed by focusing the interview, developing scripts and clear algorithms to allow task-shifting, and coordinating remote surge capacity from counties with lower case rates. At the time of testing, give detailed instructions and materials describing what to do if they test positive.
- Reach out to all organizations that are meeting in-person (such as religious or community organizations) to review previous outbreaks, communicate risks in an increasing epidemic, and ensure strict compliance with state recommendations.
- Ensure institutions of higher education are planning to test students before they return home for the holidays.
- Monitor and ensure strict adherence to CDC school policy guidance to curb transmission, including use of face coverings for all K-12 students and teachers.
- Ensure all CMS guidance is followed at all long-term and rehab care facilities; all outbreaks should be immediately and vigorously investigated, and all staff should be regularly tested with antigen tests.
- 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.

NORTH CAROLINA

STATE REPORT | 11.15.2020

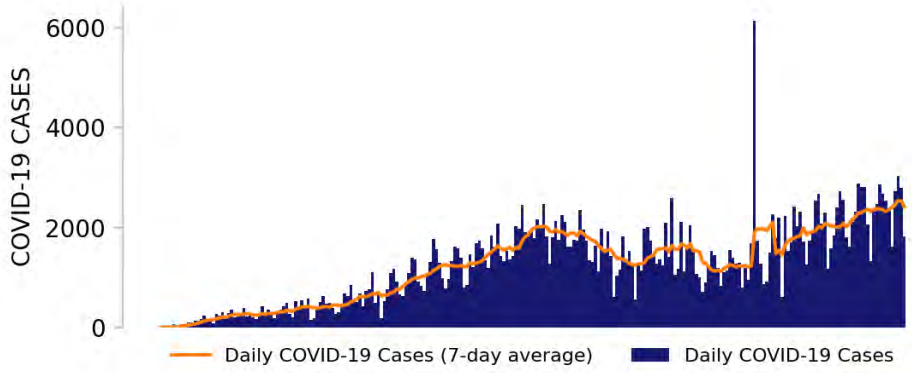
	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	16,900 (161)	+2%	137,205 (205)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.6%	+0.5%*	9.2%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	246,235** (2,348**)	+4%**	1,192,343** (1,782**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	143 (1.4)	-42%	1,629 (2.4)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	16%	+2%*	17%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	33%	+5%*	33%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	+0%*	5%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

NORTH CAROLINA

STATE REPORT | 11.15.2020

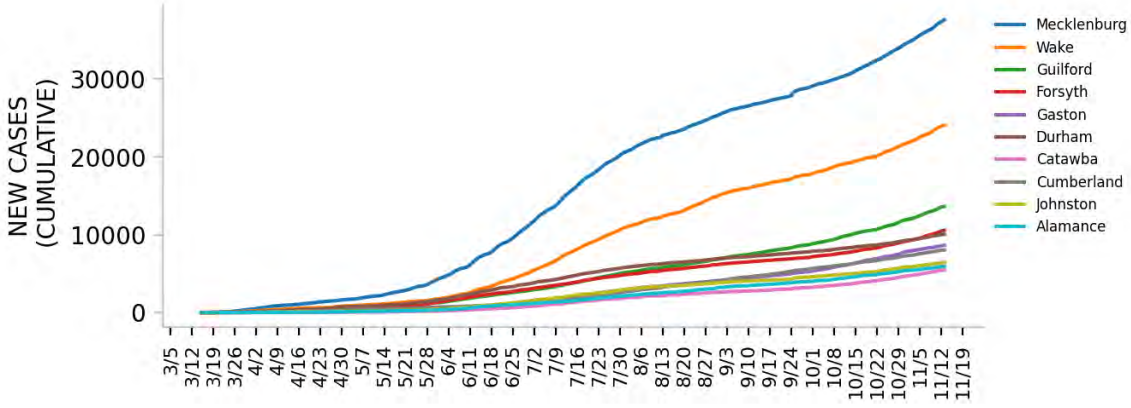
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



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 11/13/2020.

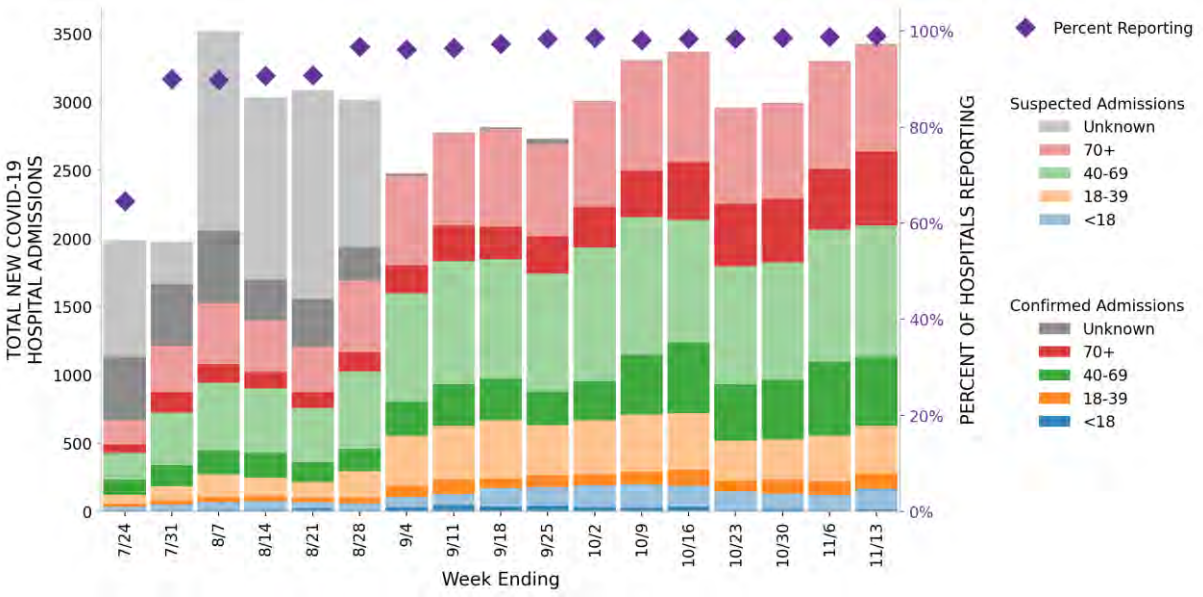
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

NORTH CAROLINA

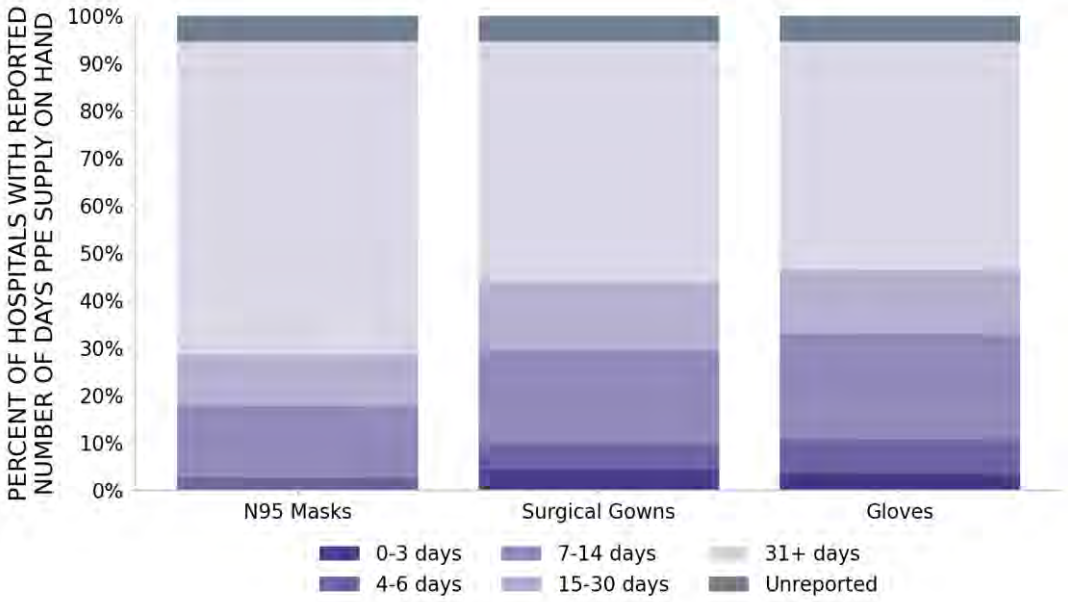
STATE REPORT | 11.15.2020

112 hospitals are expected to report in North Carolina

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

NORTH CAROLINA

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	5 ▼ (-1)	Fayetteville Rocky Mount Jacksonville North Wilkesboro Myrtle Beach-Conway-North Myrtle Beach	18 ▲ (+2)	Cumberland Onslow Randolph Rowan Nash Wilkes Sampson Columbus Alexander Hoke Davie Greene
LOCALITIES IN ORANGE ZONE	13 ▲ (+6)	Charlotte-Concord-Gastonia Greensboro-High Point Winston-Salem Hickory-Lenoir-Morganton Lumberton Shelby Wilson Mount Airy Roanoke Rapids Rockingham Elizabeth City Kill Devil Hills	25 ▲ (+4)	Forsyth Gaston Catawba Cabarrus Robeson Davidson Cleveland Rockingham Wilson Lincoln Surry Edgecombe
LOCALITIES IN YELLOW ZONE	20 ▼ (-1)	Raleigh-Cary Durham-Chapel Hill Asheville Wilmington Burlington Greenville Goldsboro New Bern Kinston Cullowhee Morehead City Pinehurst-Southern Pines	45 ▲ (+2)	Mecklenburg Wake Guilford Durham Johnston Alamance Union New Hanover Pitt Iredell Wayne Caldwell

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Orange CBSAs: Charlotte-Concord-Gastonia, Greensboro-High Point, Winston-Salem, Hickory-Lenoir-Morganton, Lumberton, Shelby, Wilson, Mount Airy, Roanoke Rapids, Rockingham, Elizabeth City, Kill Devil Hills, Brevard

All Yellow CBSAs: Raleigh-Cary, Durham-Chapel Hill, Asheville, Wilmington, Burlington, Greenville, Goldsboro, New Bern, Kinston, Cullowhee, Morehead City, Pinehurst-Southern Pines, Marion, Forest City, Sanford, Albemarle, Washington, Henderson, Laurinburg, Virginia Beach-Norfolk-Newport News

All Red Counties: Cumberland, Onslow, Randolph, Rowan, Nash, Wilkes, Sampson, Columbus, Alexander, Hoke, Davie, Greene, Mitchell, Pasquotank, Avery, Yancey, Bertie, Camden

All Orange Counties: Forsyth, Gaston, Catawba, Cabarrus, Robeson, Davidson, Cleveland, Rockingham, Wilson, Lincoln, Surry, Edgecombe, Halifax, Yadkin, Richmond, Ashe, Madison, Dare, Bladen, Transylvania, Swain, Hertford, Currituck, Perquimans, Gates

All Yellow Counties: Mecklenburg, Wake, Guilford, Durham, Johnston, Alamance, Union, New Hanover, Pitt, Iredell, Wayne, Caldwell, Burke, Harnett, Craven, Lenoir, Brunswick, Pender, Carteret, Granville, Henderson, Moore, Duplin, Jackson, Franklin, McDowell, Rutherford, Lee, Stanly, Beaufort, Chatham, Stokes, Vance, Person, Scotland, Haywood, Warren, Caswell, Northampton, Montgomery, Macon, Anson, Cherokee, Alleghany, Chowan

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

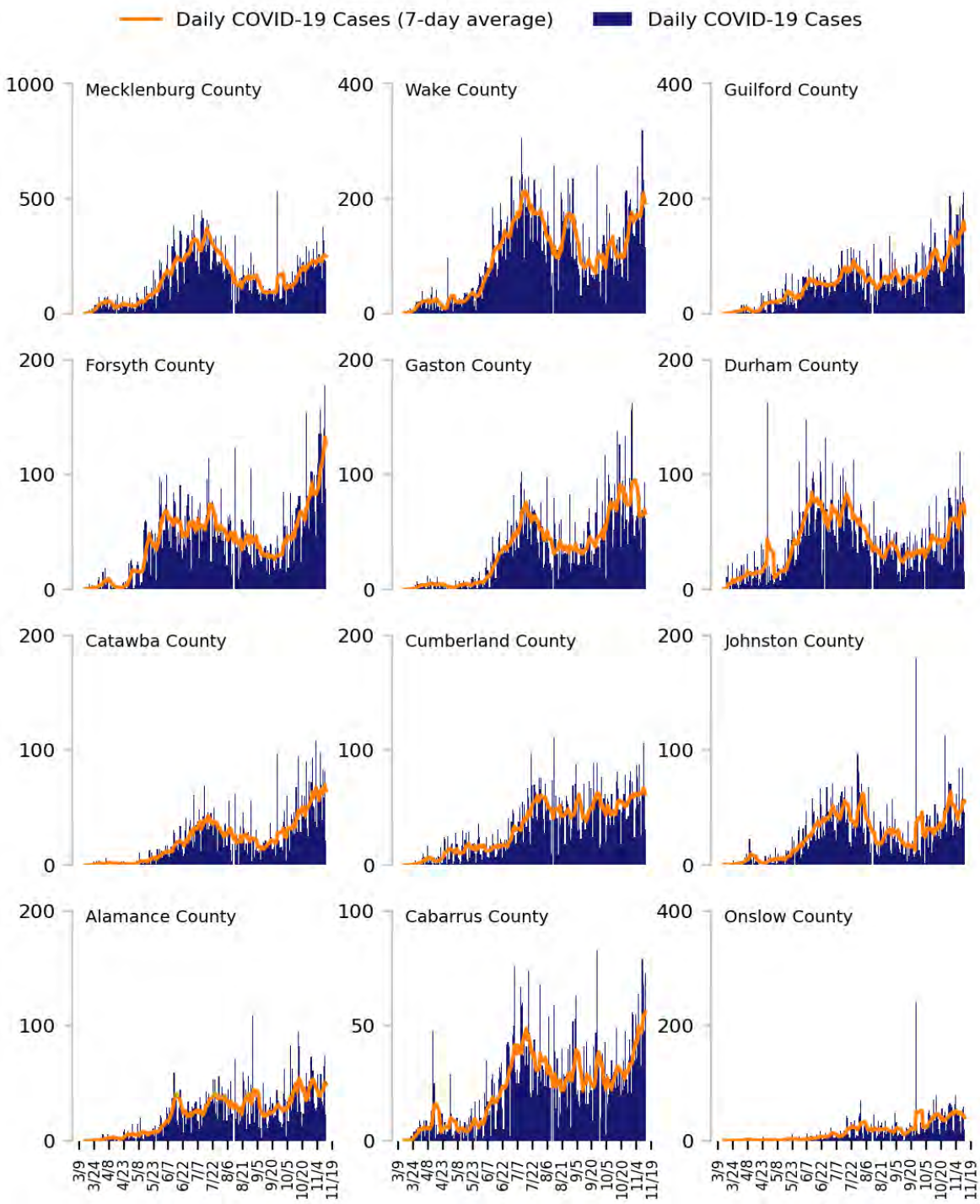
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



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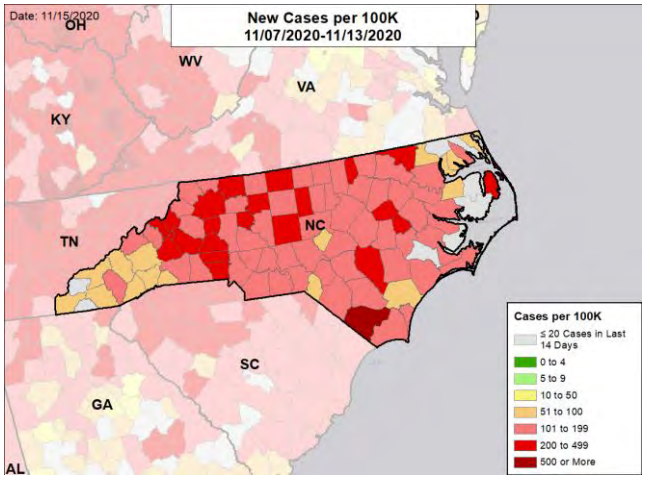
NORTH CAROLINA

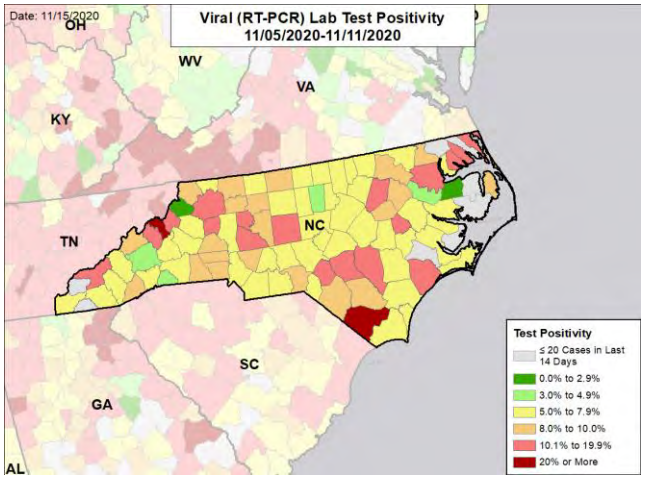
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

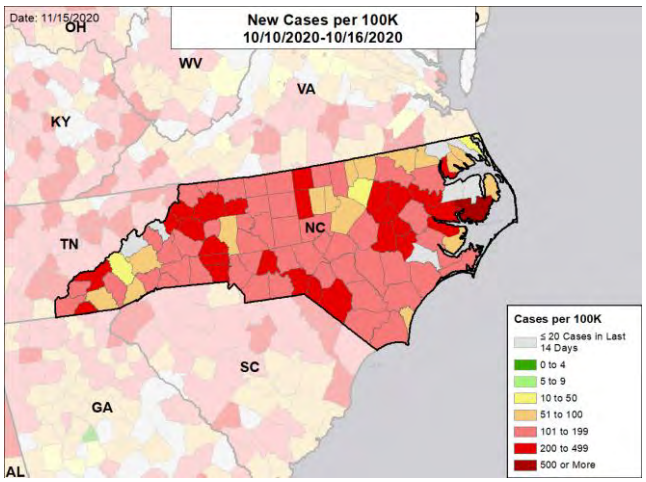
NEW CASES PER 100,000



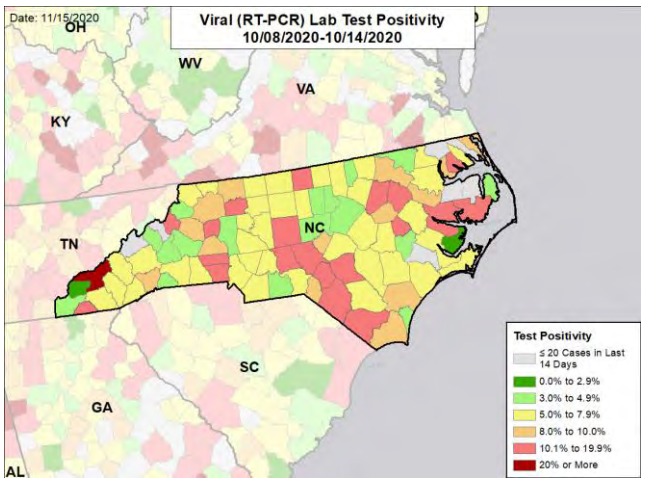
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



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Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

STATE REPORT
11.15.2020
Issue 22

NORTH DAKOTA

SUMMARY

- There are finally early glimmers of stabilization - some of that may have been driven by the improved weather over the past 10 days. With the new mitigation efforts, this is the opportunity to flatten the curve and drive down the other side.
- North Dakota is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the highest rate in the country. North Dakota is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 11th highest rate in the country.
- North Dakota has seen stability in new cases and stability in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Cass County, 2. Ward County, and 3. Burleigh County. These counties represent 46.3% of new cases in North Dakota.
- 83% of all counties in North Dakota have moderate or high levels of community transmission (yellow, orange, or red zones), with 70% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 43% of nursing homes had at least one new resident COVID-19 case, 81% had at least one new staff COVID-19 case, and 16% had at least one new resident COVID-19 death.
- North Dakota had 1,181 new cases per 100,000 population, compared to a national average of 294 per 100,000.
- Between Nov 7 - Nov 13, on average, 46 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 greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for the identification of both asymptomatic and pre-symptomatic individuals and significant behavior change of all Americans. Ensure masks at all times in public, increase physical distancing through significant reduction in capacity in public and private indoor spaces, and ensure every American understands the clear risks of ANY indoor interactions outside of their immediate household without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expanded, strategic use of point-of-care antigen tests with immediate results will be critical to expanding this model into the community; these tests should be used among all individuals independent of symptoms in orange and red counties in North Dakota.
- Antigen tests perform well in the highly infectious window and will be effective in identification of asymptomatic and pre-symptomatic infectious cases.
    - Antigen tests do not perform well after 8-10 days post infection when nucleic acid cycle times are greater than 30.
    - All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Proactive testing must be part of the mitigation efforts inclusive of mask wearing, physical distancing, and hand hygiene.
- We need to protect those we are thankful for in our families and communities. Ensure indoor masking around vulnerable family members during any gatherings due to the significant amount of virus circulating and the high rate of asymptomatic and undiagnosed infections among family and community members.
- New hospital admissions in North Dakota have been increasing rapidly, especially in those over 70, and LTCF cases continue to increase.
- There are early signs of reduced N95, gown, and glove supply in specific hospitals' reporting. Please contact all hospitals reporting less than one week's supply to confirm data; contact the regional FEMA office for support if this supply issue is confirmed.
- Ensure university students continue their mitigation behaviors to prevent further outbreaks on or off campus. Ensure appropriate testing and behavior change in the 10 days prior to departure to hometowns for the holiday season.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. There continue to be high levels of positive LTCF staff members, indicating continued and unmitigated community spread in these geographic locations.
- Ensure full flu immunizations across the state.
- Weekly testing of all Tribal members residing on reservations should be implemented immediately, providing accommodations for COVID-19 positive individuals to isolate immediately.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

NORTH DAKOTA

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	9,000 (1,181)	-1%	78,335 (639)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	17.2%	+0.1%*	15.4%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	37,871** (4,970**)	-7%**	492,536** (4,018**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	94 (12.3)	-7%	417 (3.4)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	43%	+15%*	26%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	81%	+4%*	53%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	16%	-2%*	10%	6%

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

DATA SOURCES – Additional data details available under METHODS

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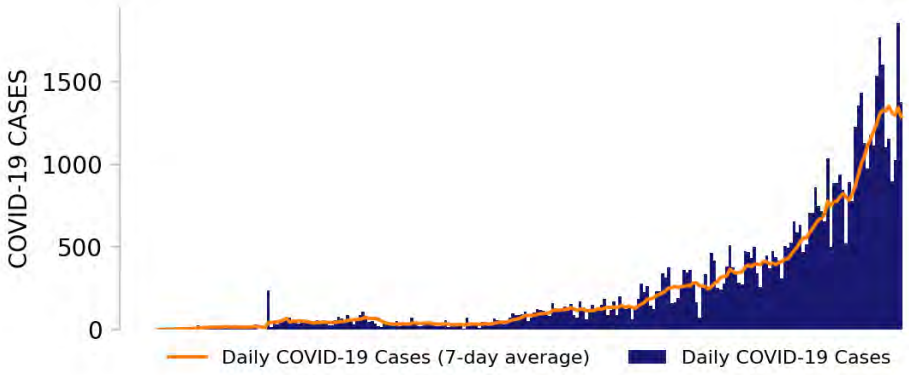
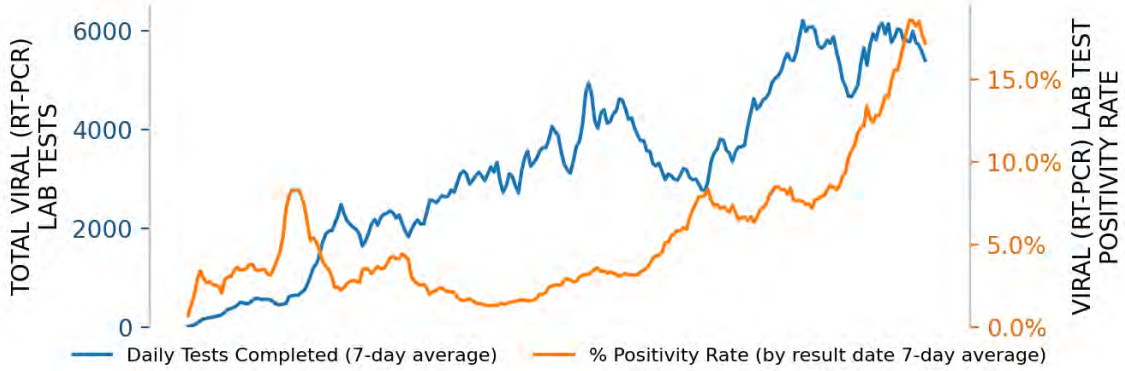
NORTH DAKOTA

STATE REPORT | 11.15.2020

NEW CASES

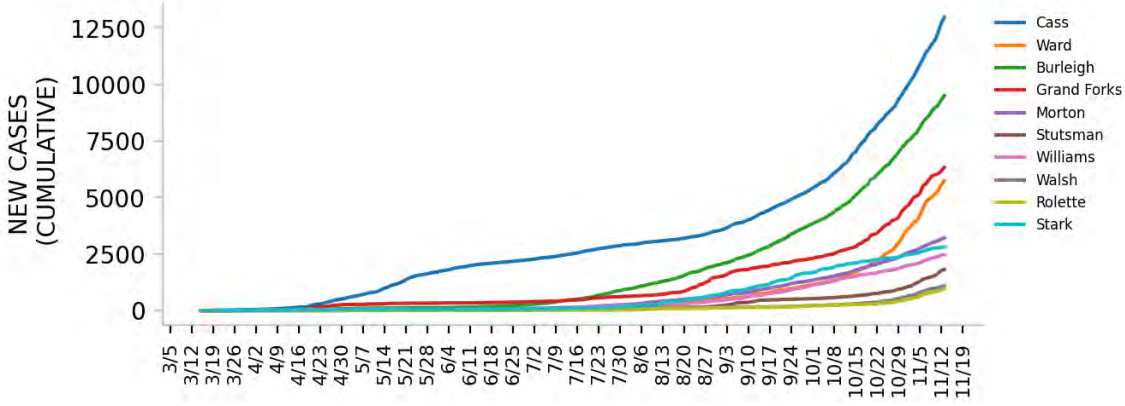


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



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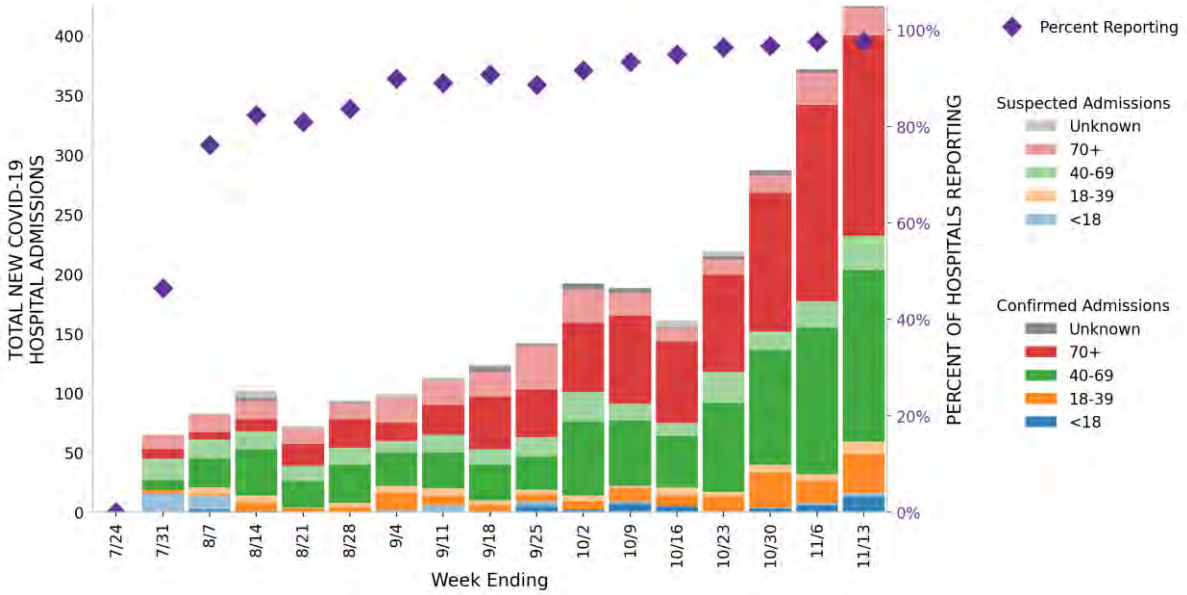
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

NORTH DAKOTA

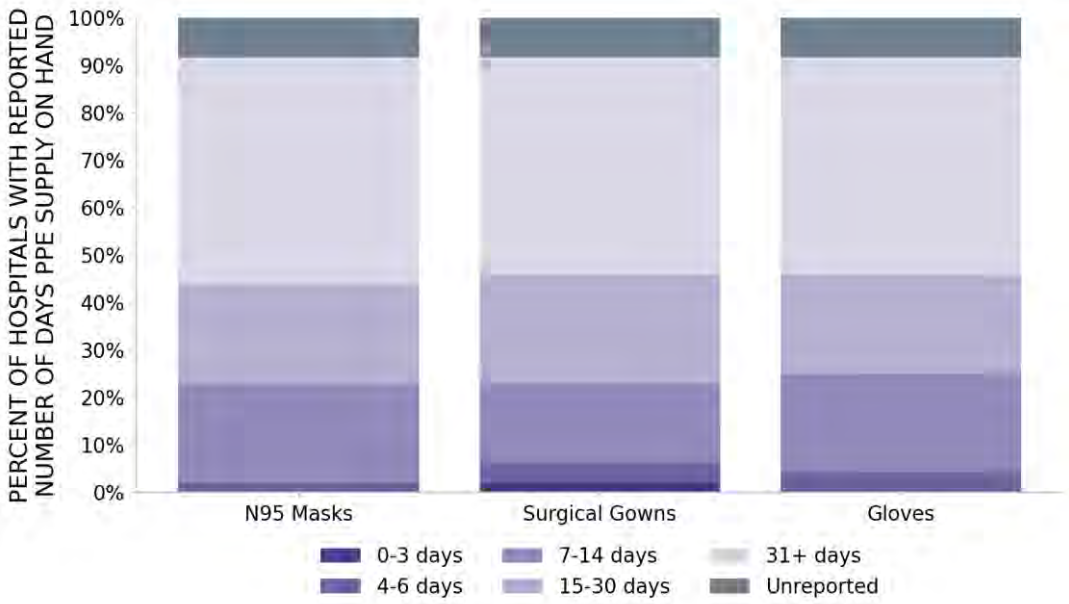
STATE REPORT | 11.15.2020

48 hospitals are expected to report in North Dakota

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

NORTH DAKOTA

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	6 ▼ (-1)	Fargo Minot Grand Forks Jamestown Williston Wahpeton	37 ■ (+0)	Cass Ward Grand Forks Morton Stutsman Williams Walsh Rolette Richland Ramsey Barnes Mountrail
LOCALITIES IN ORANGE ZONE	2 ▲ (+2)	Bismarck Dickinson	5 ▲ (+1)	Burleigh Stark Traill Wells Renville
LOCALITIES IN YELLOW ZONE	0 ▼ (-1)	N/A	2 ▼ (-2)	Ransom Grant

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red Counties: Cass, Ward, Grand Forks, Morton, Stutsman, Williams, Walsh, Rolette, Richland, Ramsey, Barnes, Mountrail, McLean, Pembina, McKenzie, Dickey, Mercer, Pierce, Cavalier, Bottineau, McHenry, Benson, Foster, Sioux, Eddy, Nelson, LaMoure, Griggs, Towner, Sargent, Burke, Kidder, Adams, Steele, Dunn, Emmons, McIntosh

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

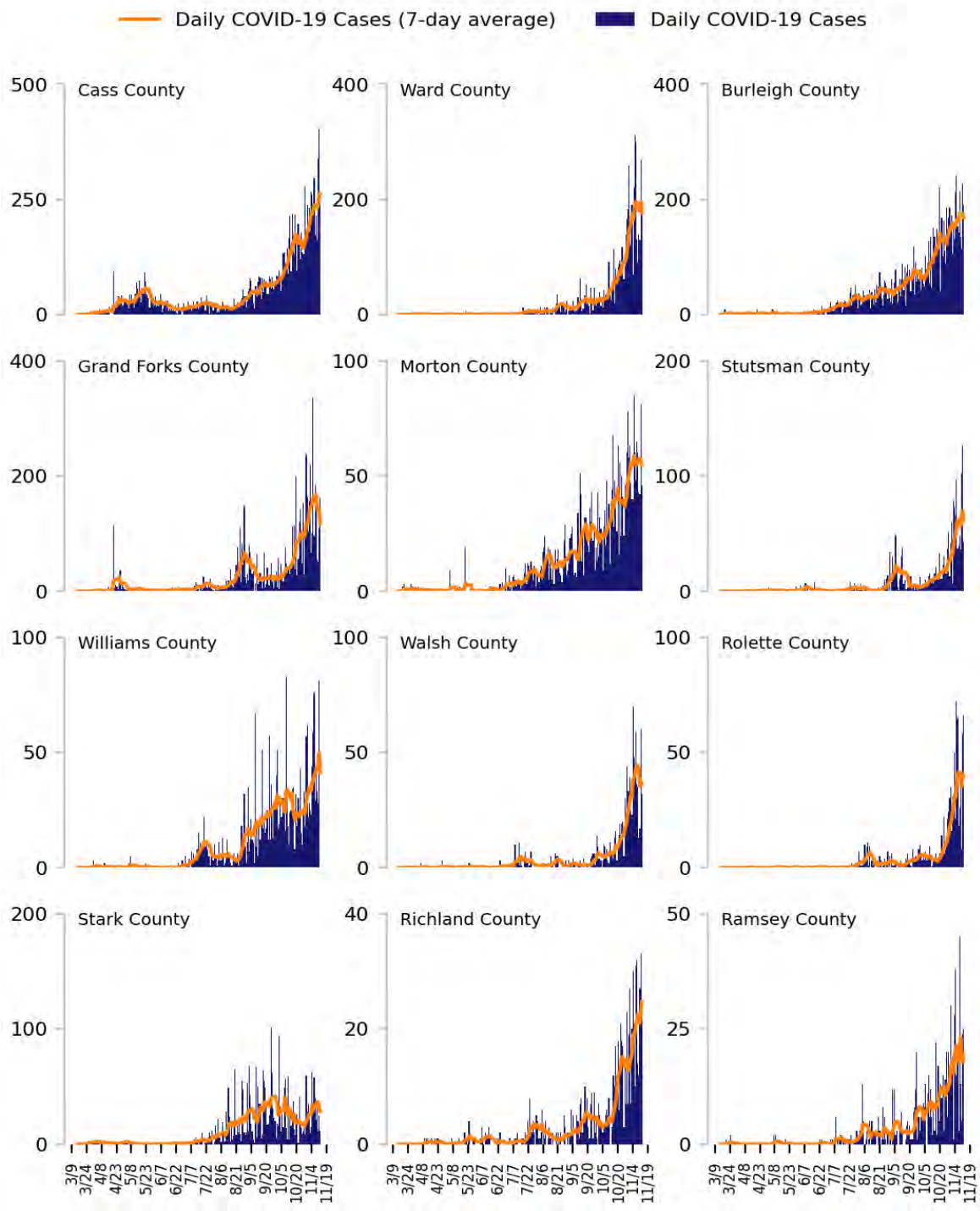
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

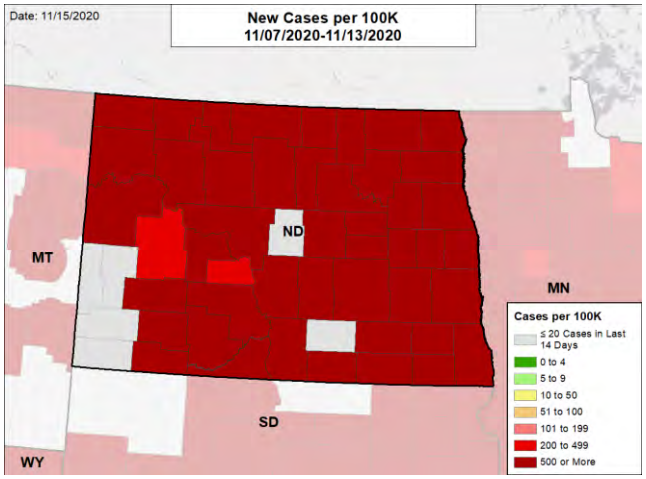
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

NORTH DAKOTA

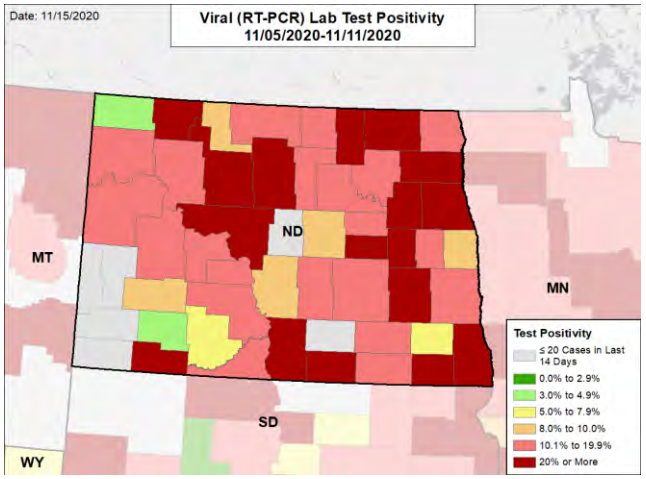
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

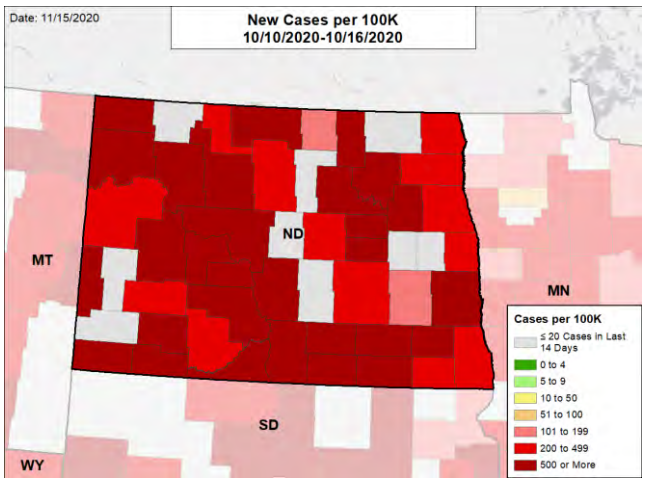
NEW CASES PER 100,000



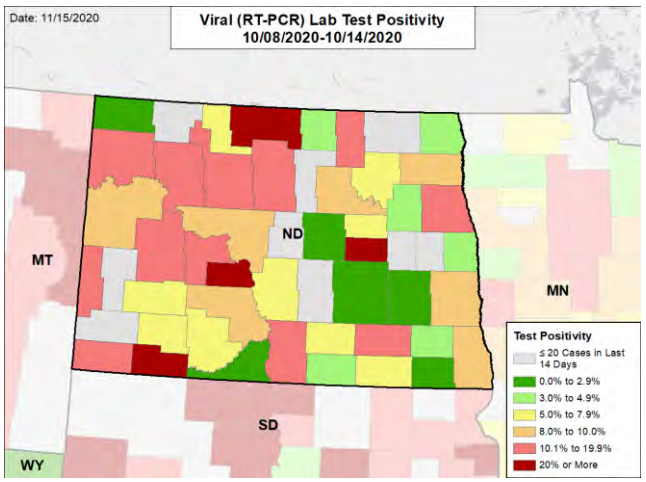
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

OHIO

STATE REPORT
11.15.2020
Issue 22

SUMMARY

- Ohio is experiencing a full resurgence with a continued, accelerating rise in cases, mirrored by an extremely rapid rise in hospitalizations in over 40 and over 70 year-olds. There continues to be a rapid increase in red zone counties and metros, up nearly 35% from last week. This rate of increase is not sustainable. All mitigation efforts must be utilized to preserve health systems to not completely overwhelm health personnel.
- Ohio is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 23rd highest rate in the country. Ohio is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 28th highest rate in the country.
- Ohio has seen an increase in new cases and an increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Franklin County, 2. Cuyahoga County, and 3. Hamilton County. These counties represent 26.4% of new cases in Ohio.
- 97% of all counties in Ohio have moderate or high levels of community transmission (yellow, orange, or red zones), with 83% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 20% of nursing homes had at least one new resident COVID-19 case, 39% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death.
- Ohio had 362 new cases per 100,000 population, compared to a national average of 294 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 4 to support operations activities from USCG.
- Between Nov 7 - Nov 13, on average, 437 patients with confirmed COVID-19 and 432 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

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for the identification of both asymptomatic and pre-symptomatic individuals and significant behavior change of all Americans. Ensure masks at all times in public, increase physical distancing through significant reduction in capacity in public and private indoor spaces, and ensure every American understands the clear risks of ANY indoor interactions outside of their immediate household without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expanded, strategic use of point-of-care antigen tests with immediate results will be critical to expanding this model into the community; these tests should be used among all individuals independent of symptoms in orange and red counties in Ohio.
- Antigen tests perform well in the highly infectious window and will be effective in identification of asymptomatic and pre-symptomatic infectious cases.
    - Antigen tests do not perform well after 8-10 days post infection when nucleic acid cycle times are greater than 30.
    - All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Proactive testing must be part of the mitigation efforts inclusive of mask wearing, physical distancing, and hand hygiene.
- We need to protect those we are thankful for in our families and communities. Ensure indoor masking around vulnerable family members during any gatherings due to the significant amount of virus circulating and the high rate of asymptomatic and undiagnosed infections among family and community members.
- New hospital admissions in Ohio are increasing rapidly, especially in those over 40.
- There are early signs of reduced N95, gown, and glove supply in specific hospitals' reporting. Please contact all hospitals reporting less than one week's supply to confirm data; contact the regional FEMA office for support if this supply issue is confirmed.
- Ensure university students continue their mitigation behaviors to prevent further outbreaks on or off campus. Ensure appropriate testing and behavior change in the 10 days prior to departure to hometowns for the holiday season.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. There continue to be very high levels of positive LTCF staff members, indicating continued and unmitigated community spread in these geographic locations.
- Ensure full flu immunizations across the state.
- 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.

OHIO

STATE REPORT | 11.15.2020

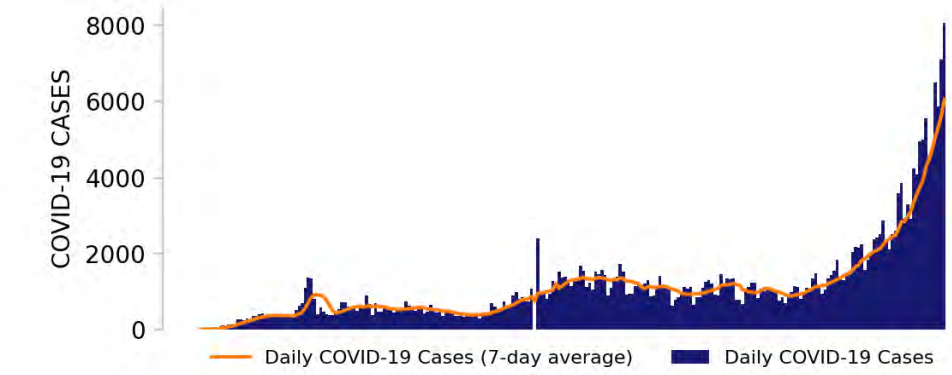
	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	42,350 (362)	+55%	295,768 (563)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.1%	+2.8%*	14.7%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	363,851** (3,113**)	+10%**	2,173,404** (4,137**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	206 (1.8)	+1%	1,889 (3.6)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	20%	+5%*	24%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	39%	+6%*	48%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	+3%*	8%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

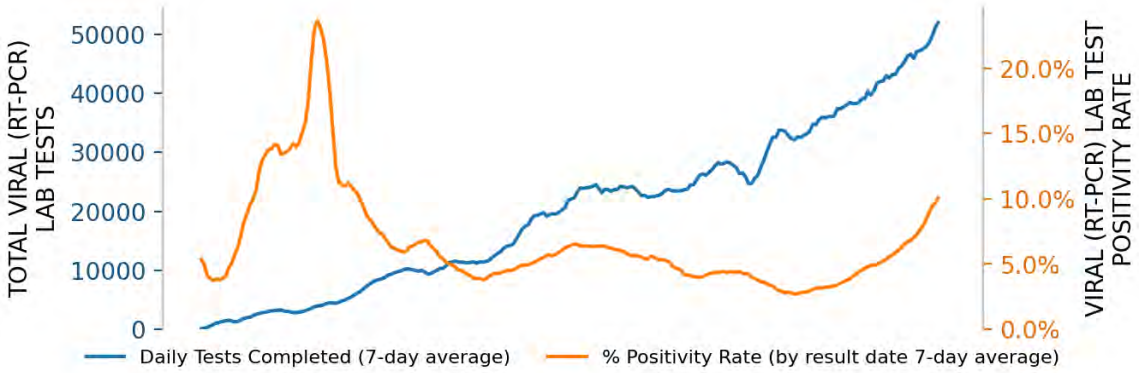
OHIO

STATE REPORT | 11.15.2020

NEW CASES

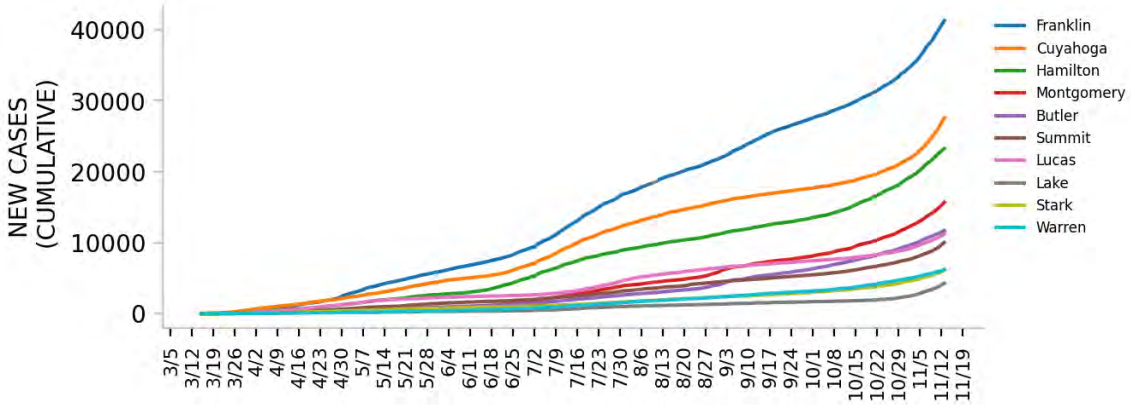


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



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 11/13/2020.

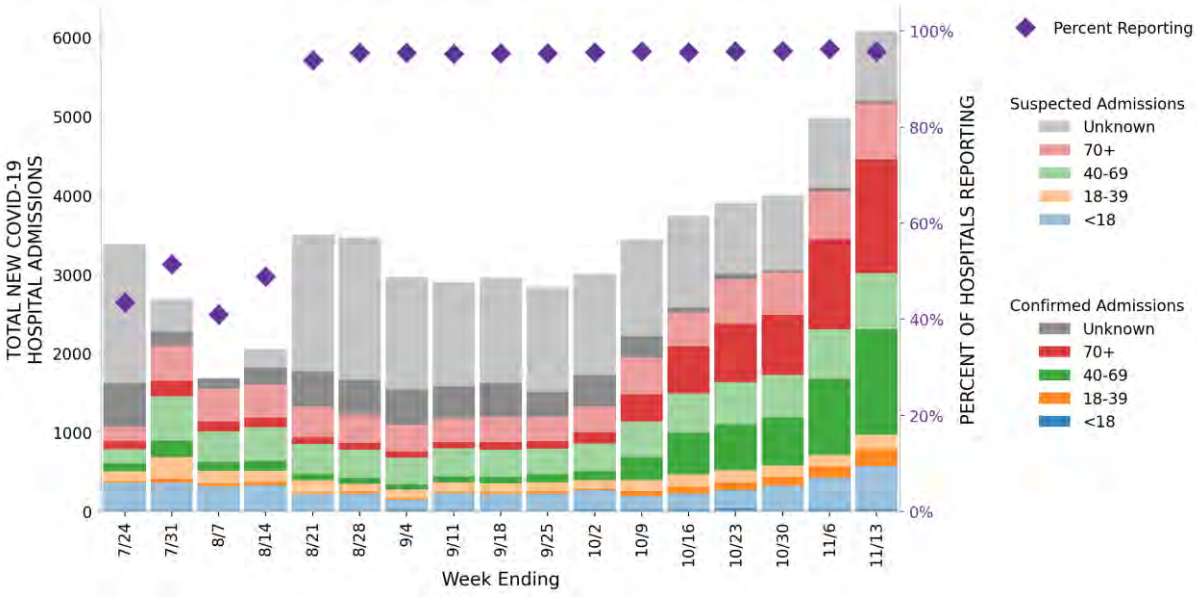
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

OHIO

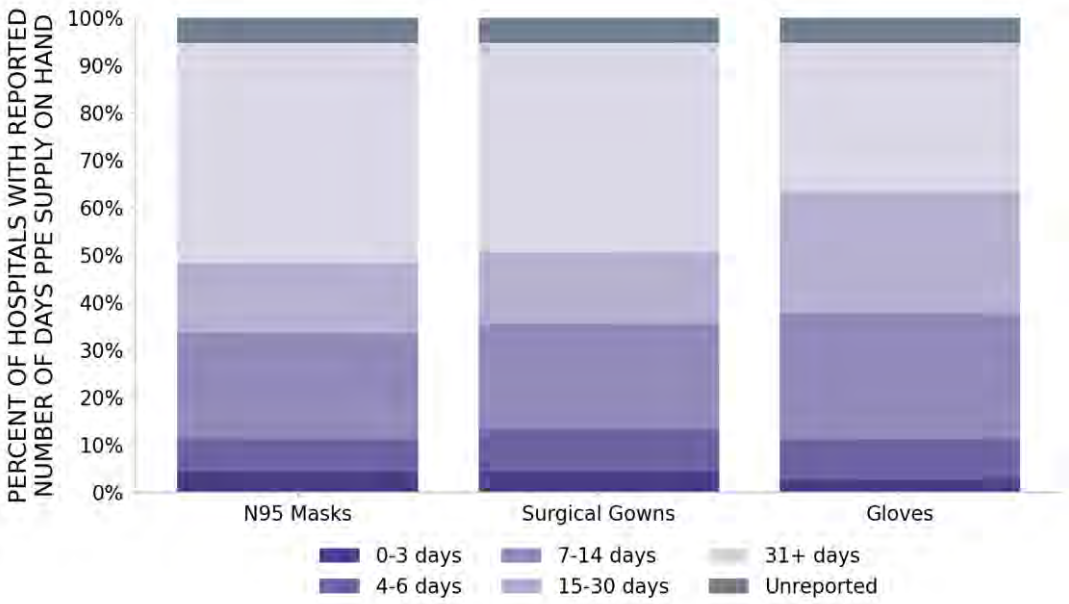
STATE REPORT | 11.15.2020

188 hospitals are expected to report in Ohio

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

OHIO

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	37 ▲ (+16)	Columbus Cincinnati Cleveland-Elyria Dayton-Kettering Toledo Akron Youngstown-Warren-Boardman Canton-Massillon Lima Springfield Wooster New Philadelphia-Dover	73 ▲ (+24)	Franklin Cuyahoga Hamilton Montgomery Butler Summit Lucas Lake Stark Warren Lorain Greene
LOCALITIES IN ORANGE ZONE	5 ▼ (-5)	Chillicothe Athens Ashland Weirton-Steubenville Point Pleasant	6 ▼ (-12)	Ross Lawrence Athens Ashland Adams Morgan
LOCALITIES IN YELLOW ZONE	4 ▼ (-9)	Ashtabula Zanesville Huntington-Ashland Jackson	6 ▼ (-9)	Mahoning Fairfield Ashtabula Muskingum Jackson Pike

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red CBSAs: Columbus, Cincinnati, Cleveland-Elyria, Dayton-Kettering, Toledo, Akron, Youngstown-Warren-Boardman, Canton-Massillon, Lima, Springfield, Wooster, New Philadelphia-Dover, Mansfield, Celina, Wapakoneta, Findlay, Marion, Tiffin, Portsmouth, Salem, Sidney, Defiance, Greenville, Sandusky, Fremont, Wheeling, Bellefontaine, Bucyrus-Galion, Mount Vernon, Marietta, Van Wert, Wilmington, Norwalk, Coshocton, Cambridge, Urbana, Washington Court House

All Red Counties: Franklin, Cuyahoga, Hamilton, Montgomery, Butler, Summit, Lucas, Lake, Stark, Warren, Lorain, Greene, Clermont, Allen, Clark, Licking, Medina, Trumbull, Miami, Delaware, Wayne, Wood, Tuscarawas, Portage, Putnam, Richland, Mercer, Auglaize, Hancock, Marion, Seneca, Holmes, Union, Pickaway, Scioto, Columbiana, Geauga, Shelby, Defiance, Darke, Erie, Preble, Sandusky, Belmont, Williams, Logan, Crawford, Knox, Washington, Fulton, Van Wert, Clinton, Highland, Huron, Ottawa, Coshocton, Jefferson, Guernsey, Brown, Morrow, Henry, Hardin, Champaign, Noble, Hocking, Fayette, Paulding, Madison, Gallia, Wyandot, Perry, Carroll, Harrison

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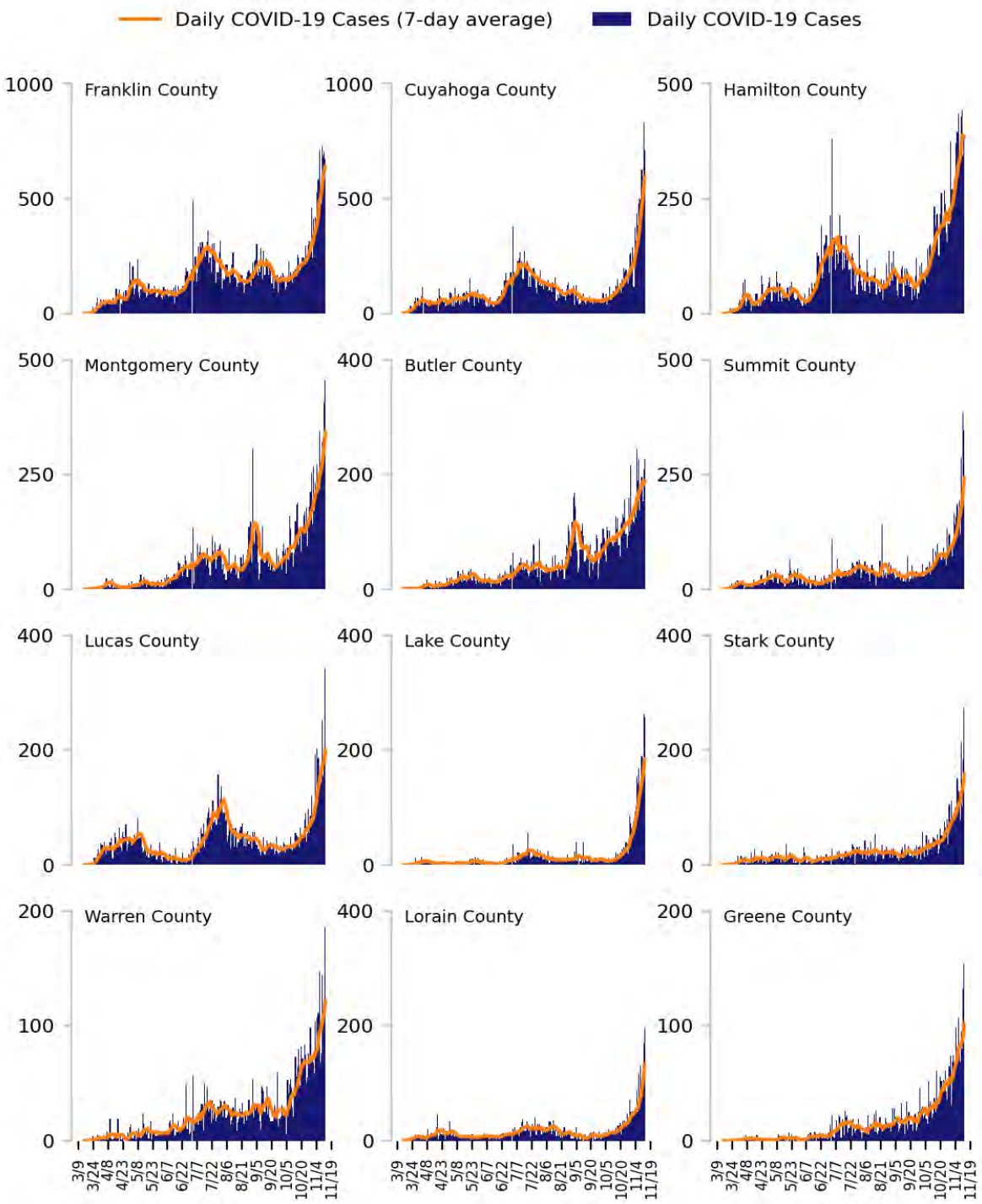
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/11/2020.

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



DATA SOURCES – Additional data details available under METHODS

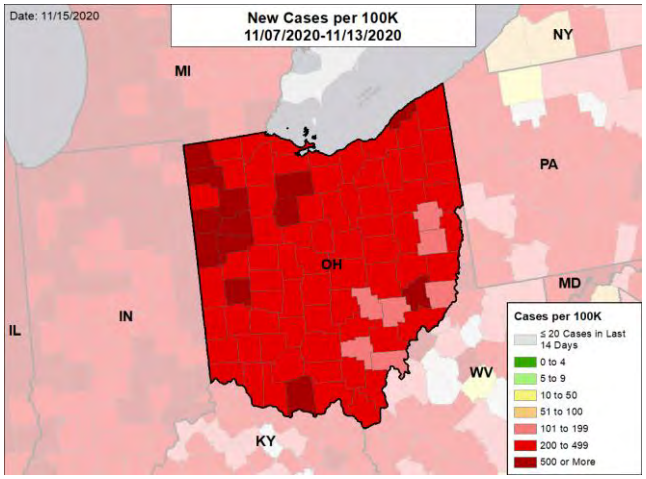
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

OHIO

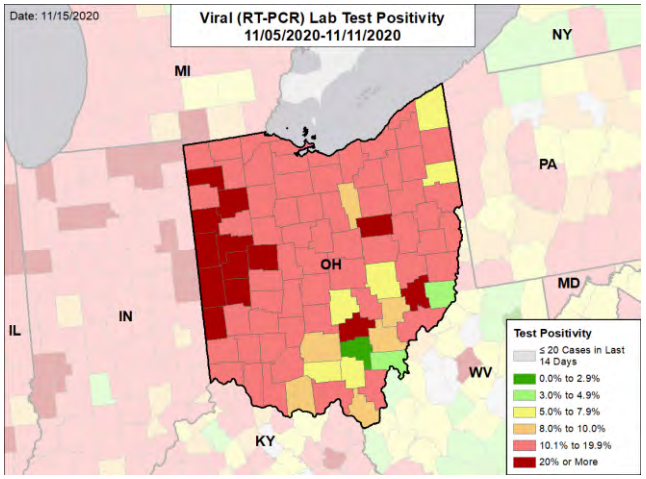
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

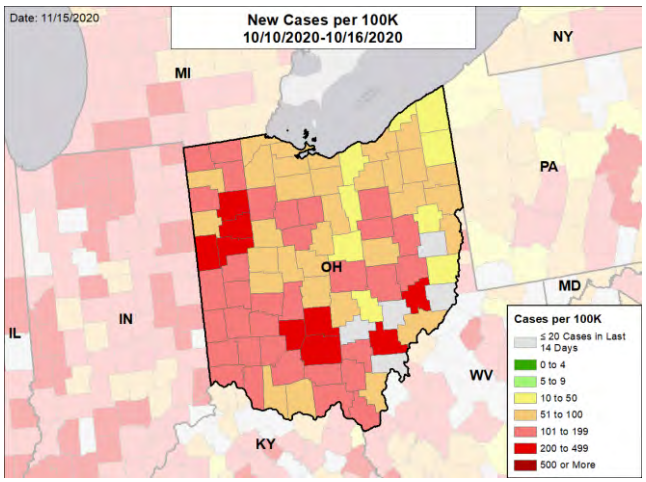
NEW CASES PER 100,000



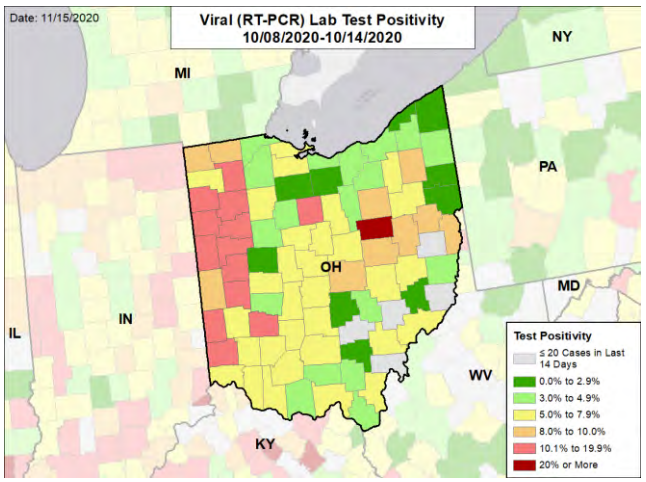
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



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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 11/13/2020. The week one month before is 10/10 - 10/16.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/11/2020. The week one month before is 10/8 - 10/14.

STATE REPORT
11.15.2020
Issue 22

OKLAHOMA

SUMMARY

- Oklahoma is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 21st highest rate in the country. Oklahoma is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 9th highest rate in the country.
- Oklahoma has seen an increase in new cases and an increase in test positivity.
- 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 41.3% of new cases in Oklahoma.
- 95% of all counties in Oklahoma have moderate or high levels of community transmission (yellow, orange, or red zones), with 90% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 21% of nursing homes had at least one new resident COVID-19 case, 46% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death.
- Oklahoma had 394 new cases per 100,000 population, compared to a national average of 294 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 Nov 7 - Nov 13, on average, 220 patients with confirmed COVID-19 and 79 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oklahoma. An average of 94% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- The spread in Oklahoma is exponential and unyielding, with hospitalizations increasing week over week and reported limited bed availability. Increases from the past two weeks correlate with Halloween and related activities. With Thanksgiving and upcoming holidays, Oklahomans must understand the COVID-19 situation statewide. Serious messaging and action are needed from state leadership; recommending Oklahomans wear masks in public settings communicates the current risk level and actions all Oklahomans need to take.
- With nearly all counties in the red zone and an increasing number of nursing homes, now nearly 50%, with at least one positive staff member, mitigation and messaging efforts need to be further strengthened as other states have recently done. Effective practices to decrease transmission in public spaces include limiting restaurant indoor capacity to less than 25% and limiting bar hours until cases and test positivity decrease to the yellow zone.
- We have updated the new hospital admissions graphs to include breakdown by age group. Within the past several weeks, hospitalizations are increasing across all age groups. We will continue to work with hospitals to improve quality information for action.
- As previously noted, proactive testing must be part of the mitigation efforts inclusive of mask wearing, physical distancing, hand hygiene, and immediate isolation, contact tracing, and quarantine. Start testing to identify and isolate asymptomatic silent spreaders-- those who are have the virus, feel fine, and are unknowingly spreading it. Incentivize people under 40 years to get tested.
- Conduct active testing in school for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- On university campuses, students are letting their guards down with Thanksgiving break less than a week away. Message to students to continue their mitigation actions on and off campus to protect others and themselves. If they are going home, they should follow CDC holiday guidelines for protective behaviors.
- Continuously monitor testing and contact tracing capacity in all counties to ensure rapid turnaround of test results (within 48 hours) and that all cases are immediately isolated and full contact tracing is conducted (within 72 hours of testing).
- Stay vigilant with regard to spread among nursing home staff and residents. Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents.
- Ensure all hospitals, including rural hospitals, have access to antivirals, antibodies, PPE, and ventilators. Work through FEMA to secure supplies when stocks of less than a week's supply is confirmed.
- 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.

OKLAHOMA

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	15,607 (394)	+52%	109,012 (255)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	17.7%	+2.7%*	12.0%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	41,432** (1,047**)	+33%**	584,718** (1,369**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	64 (1.6)	-38%	1,126 (2.6)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	21%	+5%*	18%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	46%	+17%*	34%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	+0%*	6%	6%

* 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.

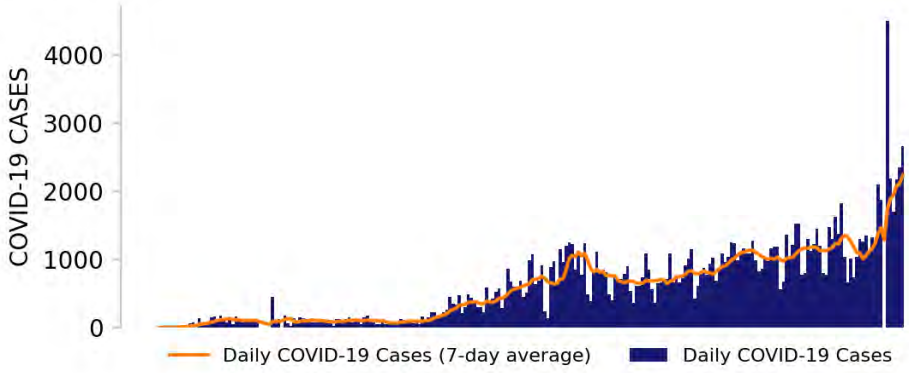
DATA SOURCES – Additional data details available under METHODS

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 11/13/2020; previous week is 10/31 - 11/6.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

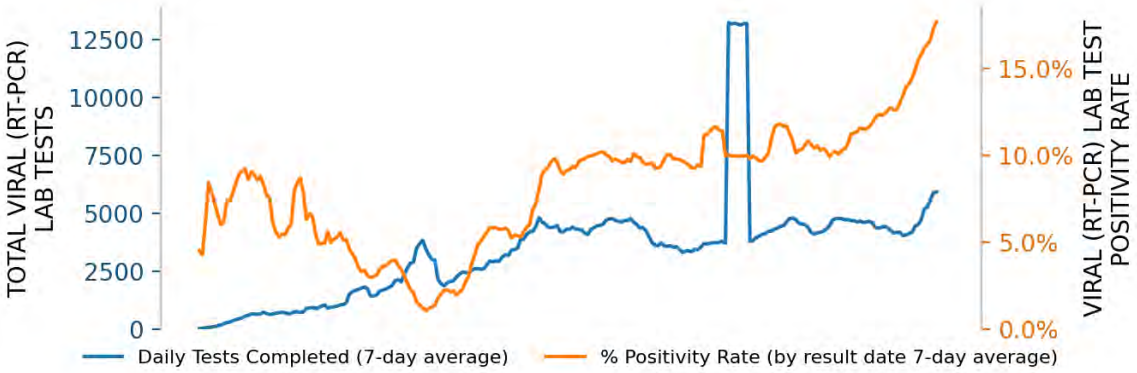
OKLAHOMA

STATE REPORT | 11.15.2020

NEW CASES

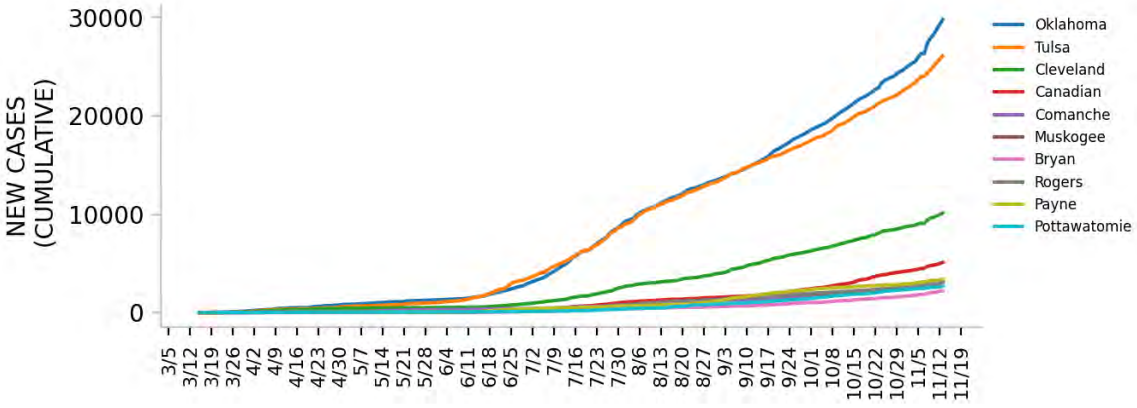


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020.

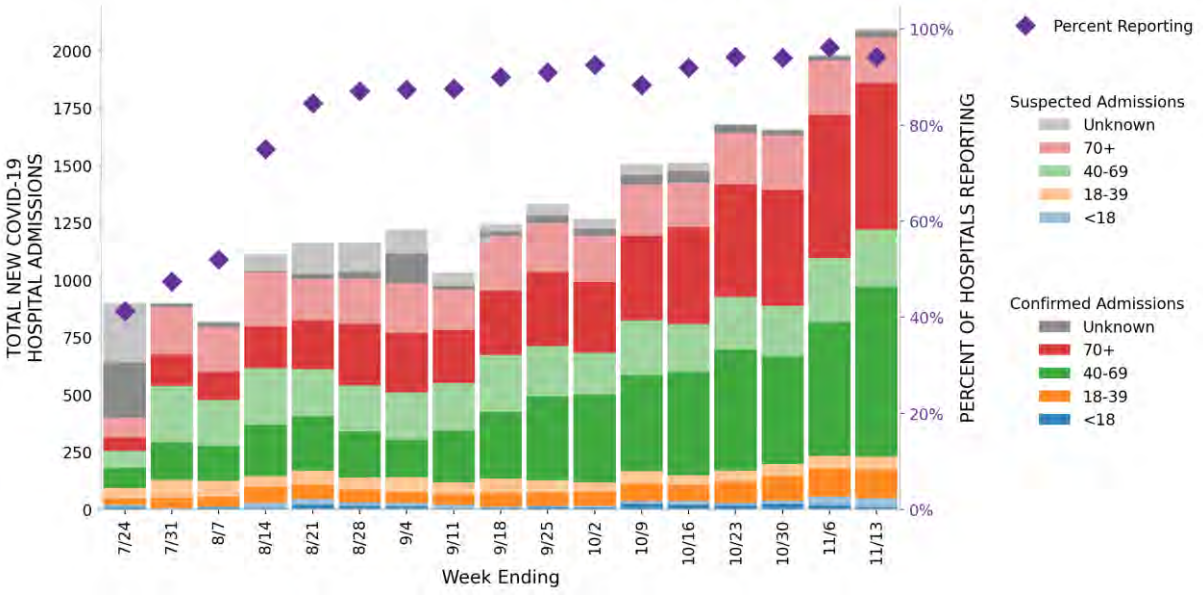
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/11/2020.

OKLAHOMA

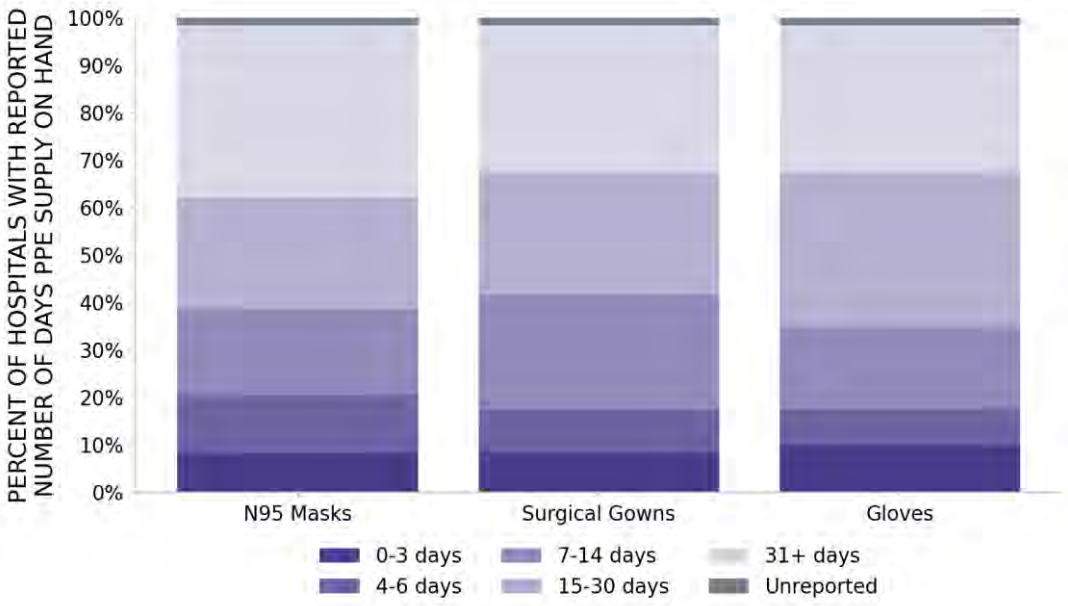
STATE REPORT | 11.15.2020

132 hospitals are expected to report in Oklahoma

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

OKLAHOMA

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	20 ■ (+0)	Oklahoma City Tulsa Lawton Muskogee Durant Stillwater Shawnee Enid Ada Ardmore Duncan Tahlequah	69 ▲ (+5)	Oklahoma Tulsa Cleveland Canadian Comanche Muskogee Bryan Rogers Payne Pottawatomie Garfield Pontotoc
LOCALITIES IN ORANGE ZONE	1 ■ (+0)	Ponca City	3 ▲ (+2)	Kay Love Greer
LOCALITIES IN YELLOW ZONE	0 ▼ (-1)	N/A	1 ▼ (-3)	Cotton

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red CBSAs: Oklahoma City, Tulsa, Lawton, Muskogee, Durant, Stillwater, Shawnee, Enid, Ada, Ardmore, Duncan, Tahlequah, Fort Smith, Weatherford, McAlester, Altus, Bartlesville, Guymon, Woodward, Miami

All Red Counties: Oklahoma, Tulsa, Cleveland, Canadian, Comanche, Muskogee, Bryan, Rogers, Payne, Pottawatomie, Garfield, Pontotoc, McClain, Garvin, Grady, Creek, Stephens, Wagoner, Le Flore, Cherokee, Carter, Delaware, Sequoyah, McCurtain, Custer, Okmulgee, Pittsburg, Jackson, Washington, Texas, Seminole, Osage, Adair, Caddo, Lincoln, Ottawa, Woodward, Mayes, Logan, Marshall, Okfuskee, Atoka, Haskell, McIntosh, Kingfisher, Murray, Craig, Major, Choctaw, Noble, Johnston, Woods, Coal, Hughes, Pawnee, Pushmataha, Nowata, Tillman, Blaine, Kiowa, Grant, Washita, Latimer, Alfalfa, Beaver, Harper, Ellis, Jefferson, Dewey

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

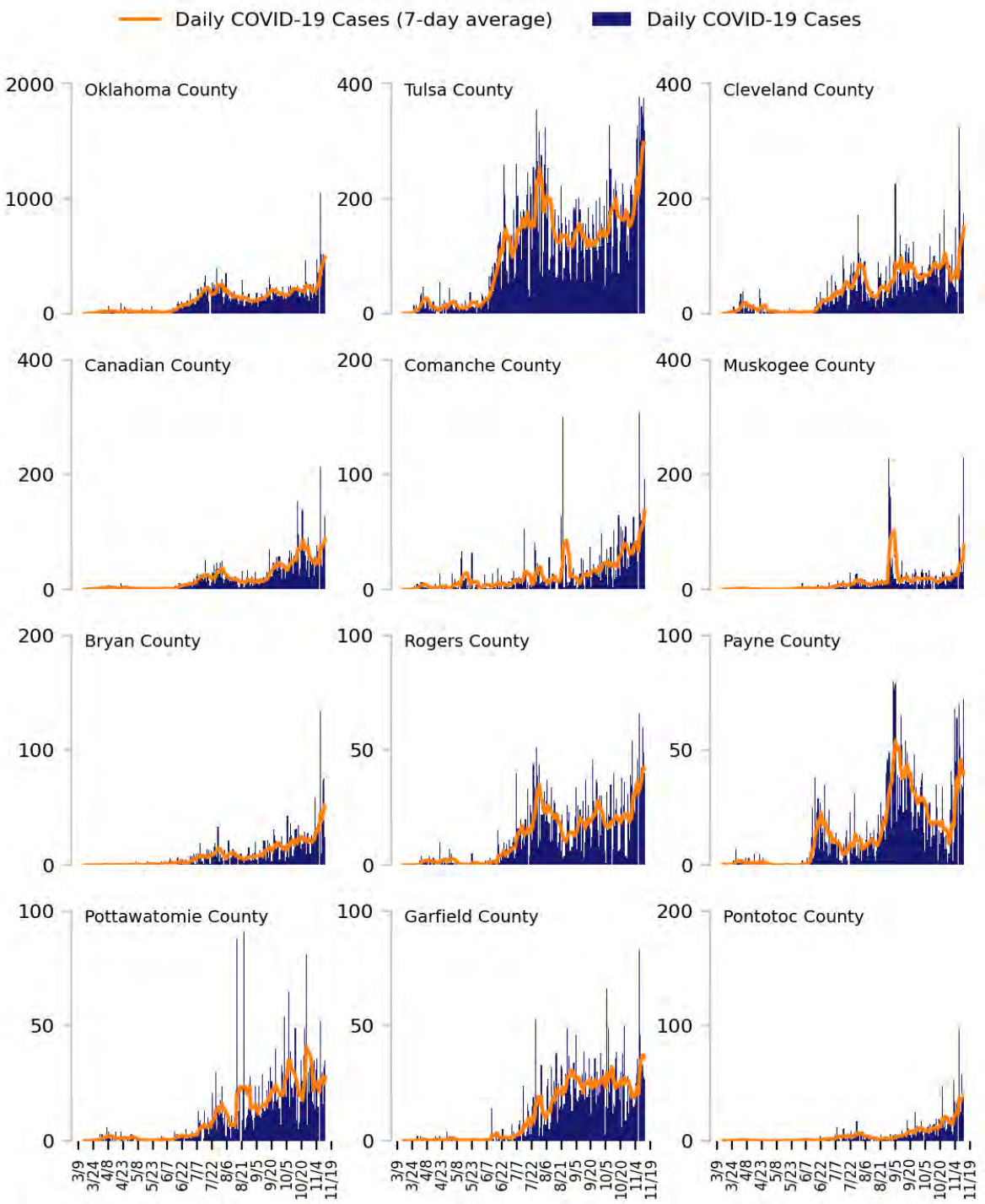
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

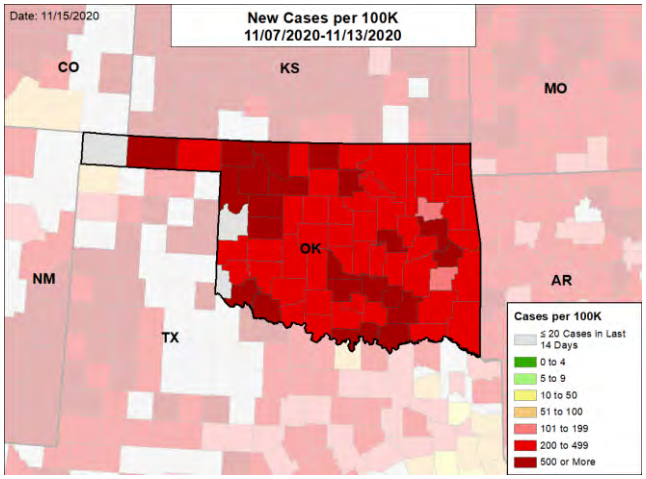
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

OKLAHOMA

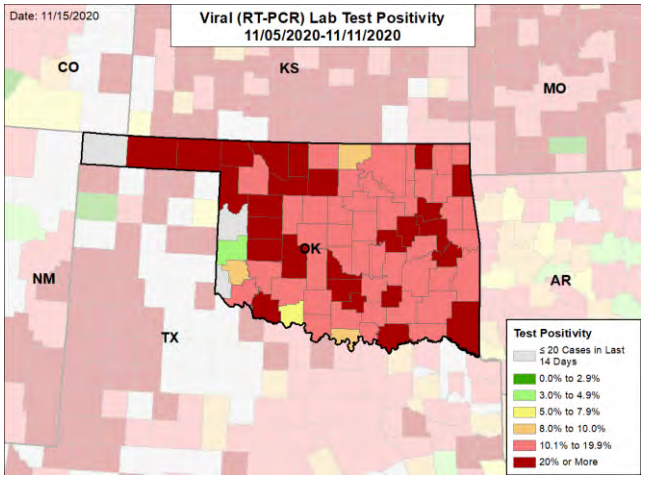
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

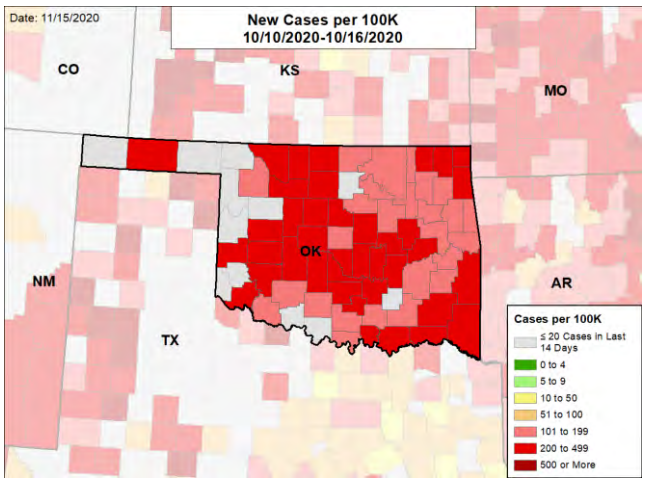
NEW CASES PER 100,000



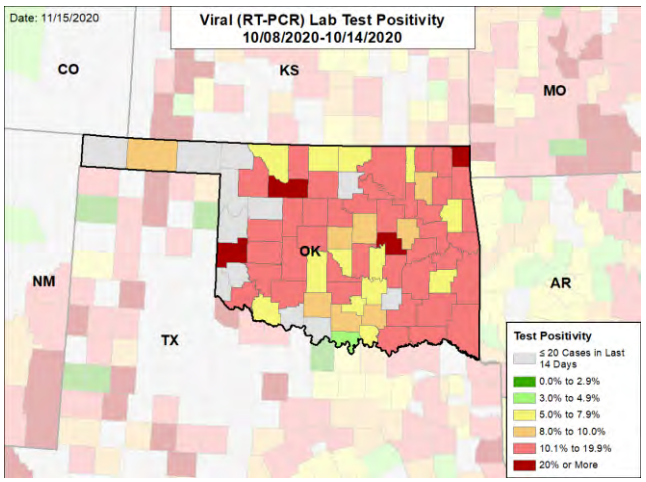
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/11/2020. The week one month before is 10/8 - 10/14.

STATE REPORT
11.15.2020
Issue 22

OREGON

SUMMARY

- Oregon is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 42nd highest rate in the country. Oregon is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 32nd highest rate in the country.
- Oregon has seen an increase in new cases and an increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Multnomah County, 2. Washington County, and 3. Marion County. These counties represent 50.9% of new cases in Oregon.
- 25 counties had an increase in new cases and 24 counties had an increase in test positivity.
- 56% of all counties in Oregon 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 Nov 2 - Nov 8, 8% 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.
- Oregon had 150 new cases per 100,000 population, compared to a national average of 294 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 and 8 to support operations activities from USCG.
- Between Nov 7 - Nov 13, on average, 41 patients with confirmed COVID-19 and 108 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oregon. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- Recent intensification of restrictions is necessary and commendable. Oregon has demonstrated excellent use of local data and has been highly responsive to early signals of increasing transmission; this should help curtail transmission before it's too late.
- The emergent issue in many states is the diminishing adherence to recommended interventions and the quick spread in indoor environments. Expand work with advertising agencies/partners that have been successful in local markets to develop new messages and campaigns and to reach populations that are not adhering to recommended measures.
- The upcoming holidays are likely to quickly amplify transmission. Oregon should vigorously expand public health messaging across all media platforms, including SMS auto-texting, to warn citizens about the risks of social or familial gatherings, advise people to avoid or limit them, and reinvigorate the practices of face covering and social distancing.
- Greatly expand use of local hospital or clinical staff as part of urgent public advocacy for community mitigation behaviors in all communities; taped messages posted to social media platforms can be compelling and persuasive, especially when they come from within communities that have been resistant.
- Sensitive local surveillance is critical to detect early signals and focus efforts and interventions.
    - Regular quantitative wastewater testing should be scaled at the most local level practical, including focused surveillance of large crowded buildings that house those at highest risk.
    - Regular testing of workers at highest risk for infection using rapid antigen tests, regardless of symptoms should be established; this includes transportation drivers and anyone who works in crowded or congregate settings.
- Recommendations are crucial and should be monitored and actively enforced by local authorities.
- Increase messaging to strongly encourage testing of all who attended rallies/protests or celebrations.
- All staff who work with any patients or residents should be tested weekly with rapid tests and should not be permitted to work without a recent negative test or clearance from isolation.
- Ensure that all mid-level hospitals in more remote areas are capacitated, updated clinical training has been provided, and access to appropriate medications (antiviral, glucocorticoids and, if possible, monoclonal antibodies for those most at risk) is established. All hospital service areas should have expansion and contingency plans in place and thresholds to implement these plans should be defined.
- Continuously evaluate testing and contact tracing capacity in all counties to ensure test results are received within 48 hours, all cases are immediately isolated, and full contact tracing is conducted within 72 hours of testing; expand capacity as needed to meet these benchmarks by focusing the interview, developing scripts and clear algorithms to allow task-shifting, and coordinating remote surge capacity from counties with lower case rates.
- Monitor and ensure strict adherence to CDC school policy guidance to curb transmission, including use of face coverings for all K-12 students and teachers.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

OREGON

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	6,329 (150)	+50%	30,413 (212)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.0%	+2.4%*	10.8%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	97,733** (2,317**)	-28%**	303,361** (2,114**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	37 (0.9)	-10%	206 (1.4)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	8%	+1%*	10%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	22%	+5%*	29%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	+3%*	3%	6%

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

DATA SOURCES – Additional data details available under METHODS

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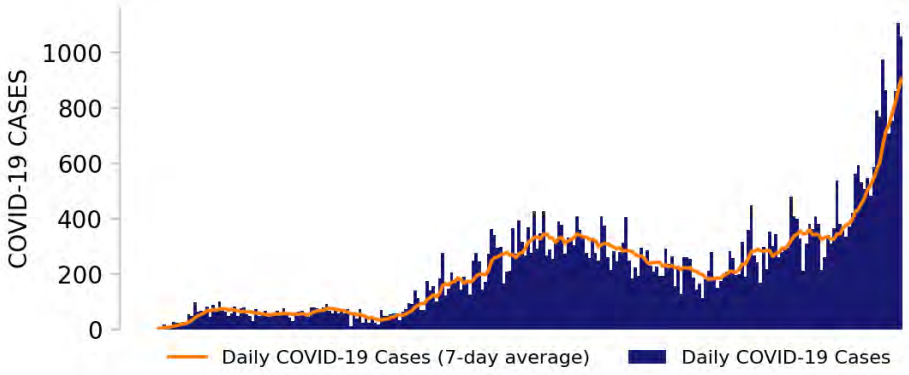
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

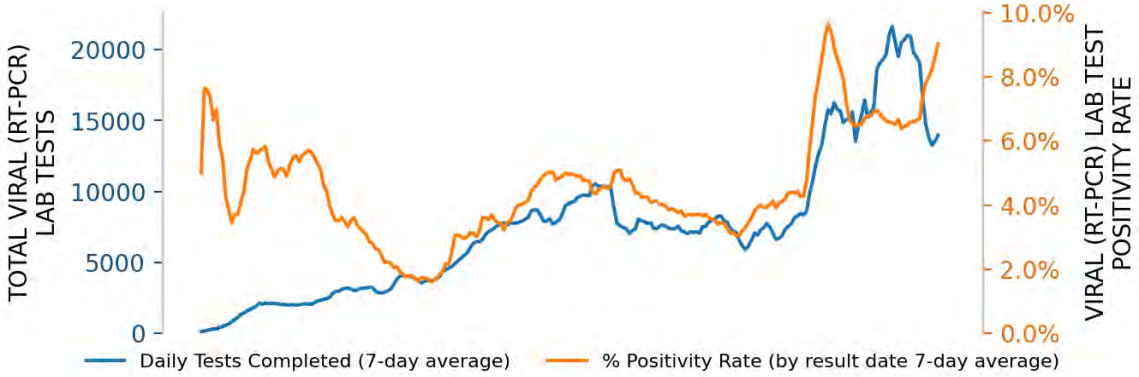
OREGON

STATE REPORT | 11.15.2020

NEW CASES

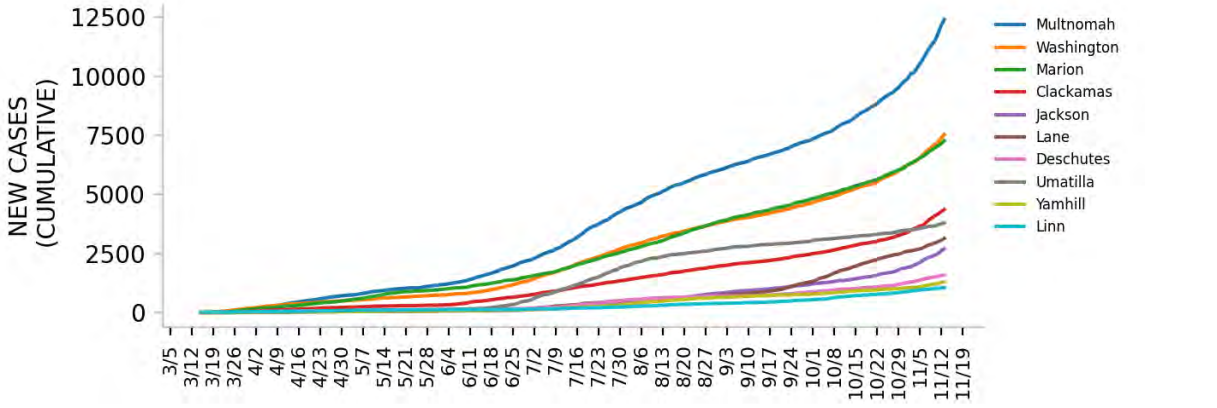


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



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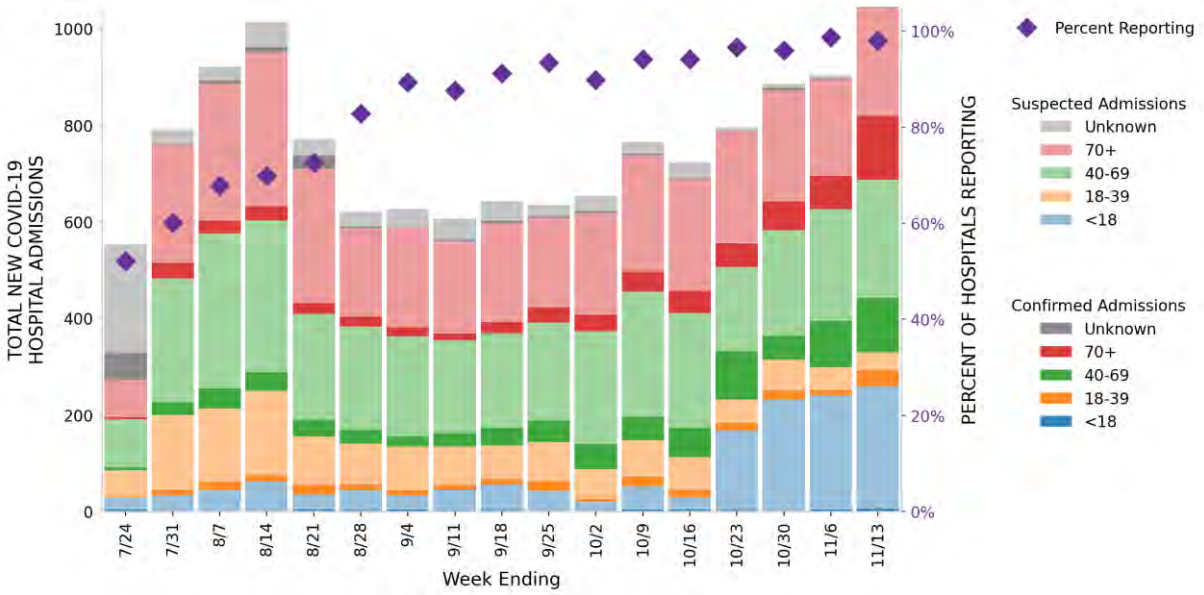
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

OREGON

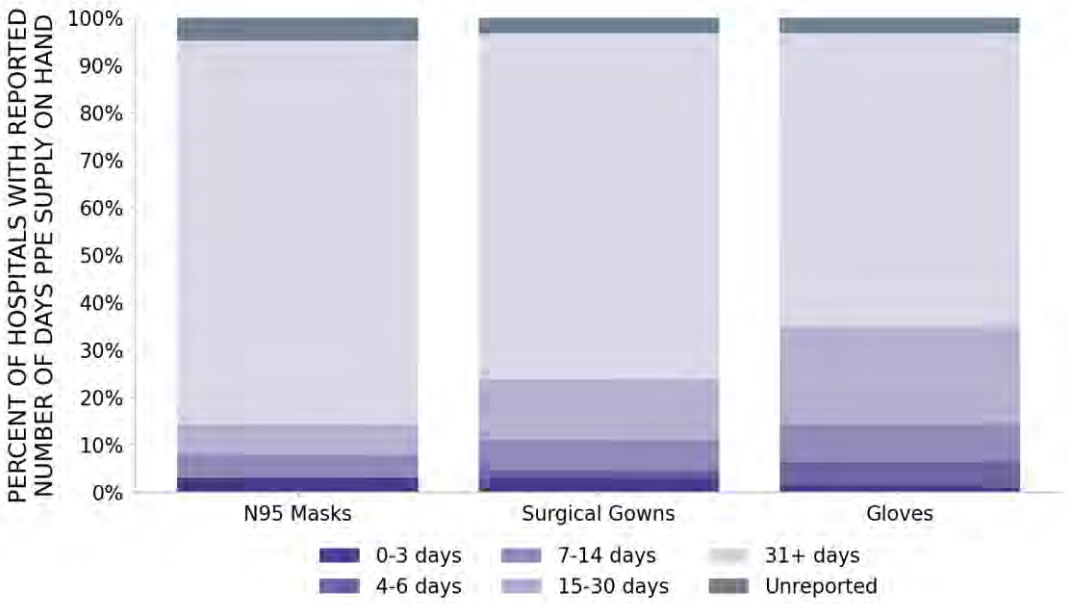
STATE REPORT | 11.15.2020

63 hospitals are expected to report in Oregon

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

OREGON

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	4 ▲ (+2)	Portland-Vancouver-Hillsboro Medford Hermiston-Pendleton Ontario	7 ▲ (+4)	Washington Jackson Umatilla Yamhill Malheur Baker Jefferson
LOCALITIES IN ORANGE ZONE	4 ▲ (+1)	Salem Bend La Grande Prineville	6 ▲ (+3)	Multnomah Marion Clackamas Deschutes Union Crook
LOCALITIES IN YELLOW ZONE	4 ■ (+0)	Roseburg Klamath Falls Astoria Hood River	7 ▼ (-4)	Douglas Polk Klamath Columbia Clatsop Morrow Hood River

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

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

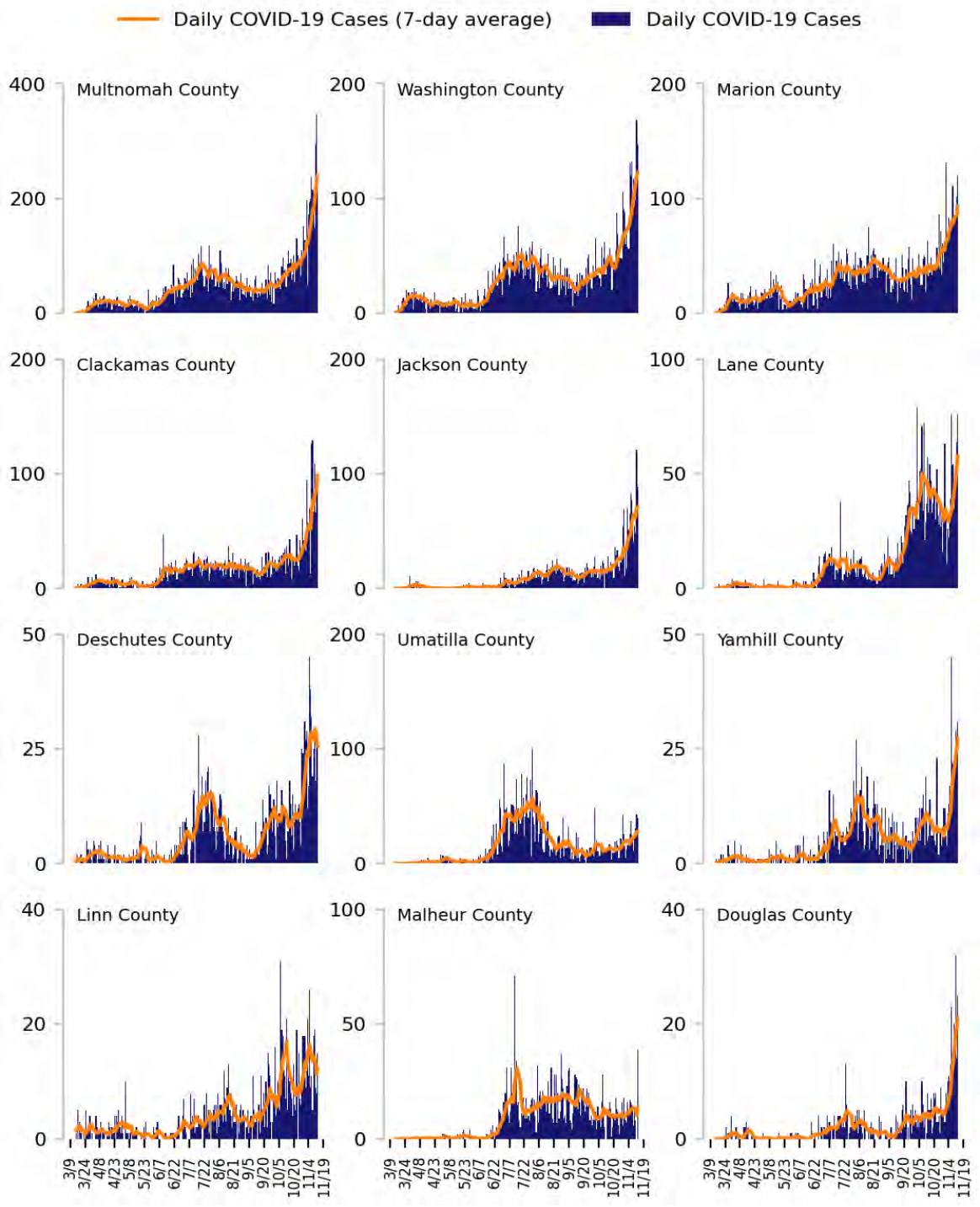
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

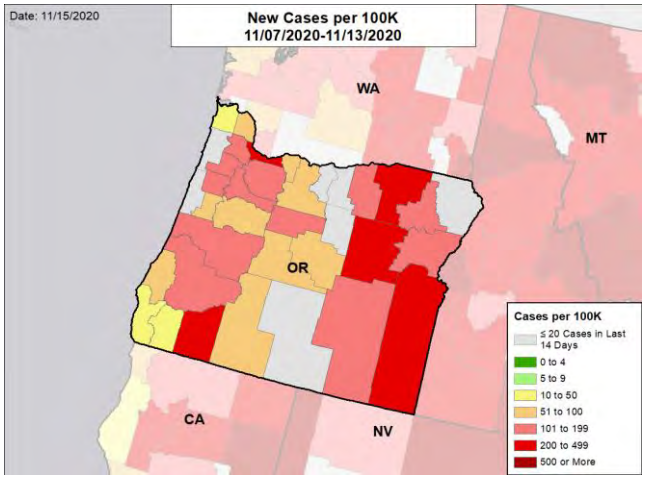
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

OREGON

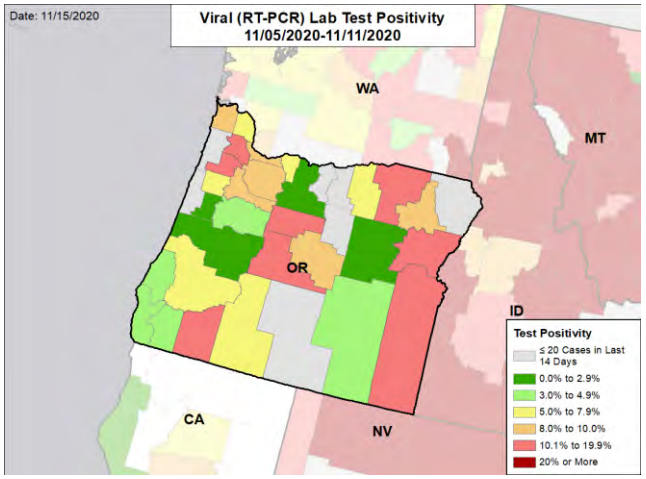
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

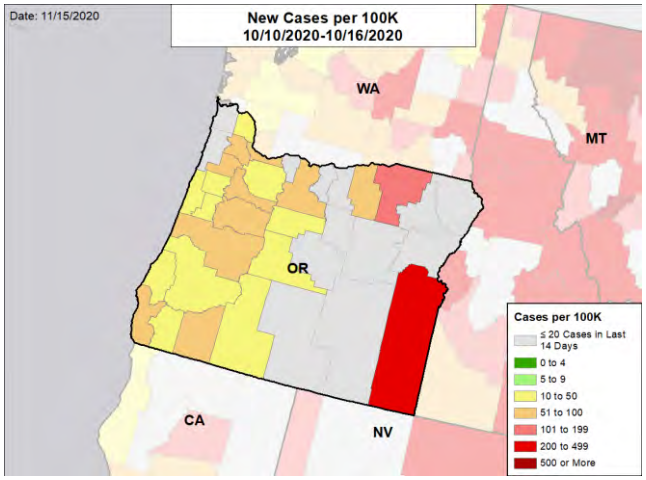
NEW CASES PER 100,000



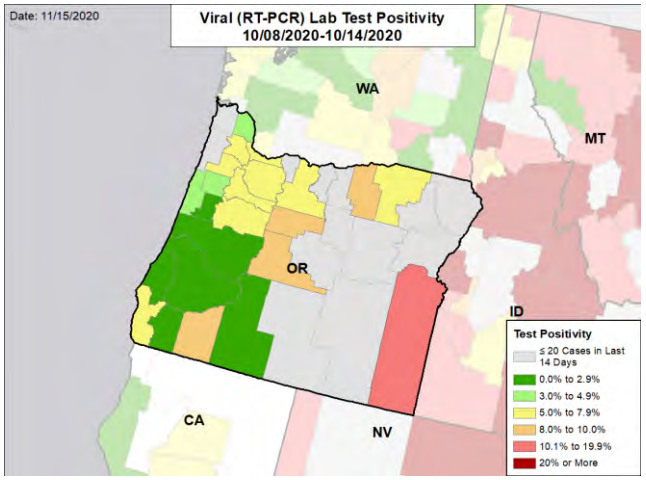
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

STATE REPORT
11.15.2020
Issue 22

PENNSYLVANIA

SUMMARY

- Pennsylvania is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 29th highest rate in the country. Pennsylvania is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 29th highest rate in the country.
- Pennsylvania has seen an increase in new cases and an increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Philadelphia County, 2. Allegheny County, and 3. Montgomery County. These counties represent 28.1% of new cases in Pennsylvania.
- There are 61 counties with case rates over 100 per 100,000 population and 43 with case rates over 200 per 100,000 population. Test positivity increased in 58 counties compared to the week before, indicating rapid and continued acceleration.
- 90% of all counties in Pennsylvania have moderate or high levels of community transmission (yellow, orange, or red zones), with 43% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 16% of nursing homes had at least one new resident COVID-19 case, 33% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death. There is evidence of ongoing transmission (>5 cases) in dozens of facilities across the state.
- Pennsylvania had 238 new cases per 100,000 population, compared to a national average of 294 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 50 to support operations activities from FEMA; 8 to support operations activities from ASPR; 6 to support epidemiology activities from CDC; and 2 to support operations activities from USCG.
- Between Nov 7 - Nov 13, on average, 325 patients with confirmed COVID-19 and 455 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Pennsylvania. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- The increasing acceleration in cases over the past two weeks is deeply concerning and should prompt further restrictions to curb transmission before hospital systems become overwhelmed.
- The emergent issue in many states is the diminishing adherence to recommended interventions and the quick spread in indoor environments. Expand work with advertising agencies/partners that have been successful in local markets to develop new messages and campaigns and to reach populations that are not adhering to recommended measures.
- The upcoming holidays are likely to further amplify transmission. Pennsylvania should vigorously expand public health messaging across all media platforms, including SMS auto-texting, to warn citizens about the risks of social or familial gatherings, advise people to avoid or limit them, and reinvigorate the practices of face covering and social distancing.
- Greatly expand use of local hospital or clinical staff as part of urgent public advocacy for community mitigation behaviors in all communities; taped messages posted to social media platforms can be compelling and persuasive, especially when they come from within communities that have been resistant.
- Recommendations are crucial and should be monitored and actively enforced by local authorities.
- Sensitive local surveillance is critical to detect early signals and focus efforts and interventions.
    - Regular quantitative wastewater testing should be made efficient and scaled at the most local level practical, including focused surveillance of large crowded buildings that house those at highest risk.
    - Regular testing of workers at highest risk for infection using rapid antigen tests, regardless of symptoms should be established; this includes transportation drivers and anyone who works in crowded or congregate settings.
- Increase messaging to strongly encourage testing of all who attended rallies, protests, or celebrations.
- All staff who work with any patients or residents should be tested weekly with rapid tests and should not be permitted to work without a recent negative test or clearance from isolation; visitation should be limited.
- Ensure that all mid-level hospitals in more remote areas are capacitated, updated clinical training has been provided, and access to necessary medications (antiviral, glucocorticoids and, if possible, monoclonal antibodies for those most at risk) is established. All hospital service areas should have expansion and contingency plans in place and thresholds to implement these plans should be defined.
- Continuously evaluate testing and contact tracing capacity in all counties to ensure test results are received within 48 hours, all cases are immediately isolated, and full contact tracing is conducted within 72 hours of testing; expand capacity as needed to meet these benchmarks by focusing the interview, expanding staff, developing scripts and clear algorithms to allow task-shifting, and coordinating remote surge capacity from counties with lower case rates. Ensure verbal and written instructions on how to isolate if the test is positive is given at the time of testing.
- Ensure all institutions of higher education have plans to test students before they return home for the holidays.
- Monitor and ensure strict adherence to CDC school policy guidance to curb transmission, including use of face coverings for all K-12 students and teachers.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

PENNSYLVANIA

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	30,436 (238)	+65%	58,598 (190)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.6%	+2.6%*	7.9%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	320,014** (2,500**)	+11%**	818,159** (2,652**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	305 (2.4)	+60%	587 (1.9)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	16%	+2%*	16%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	33%	+8%*	31%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	+2%*	6%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.

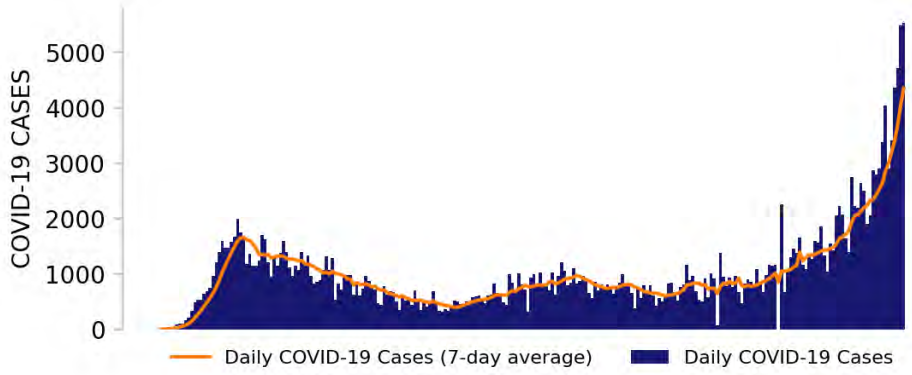
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

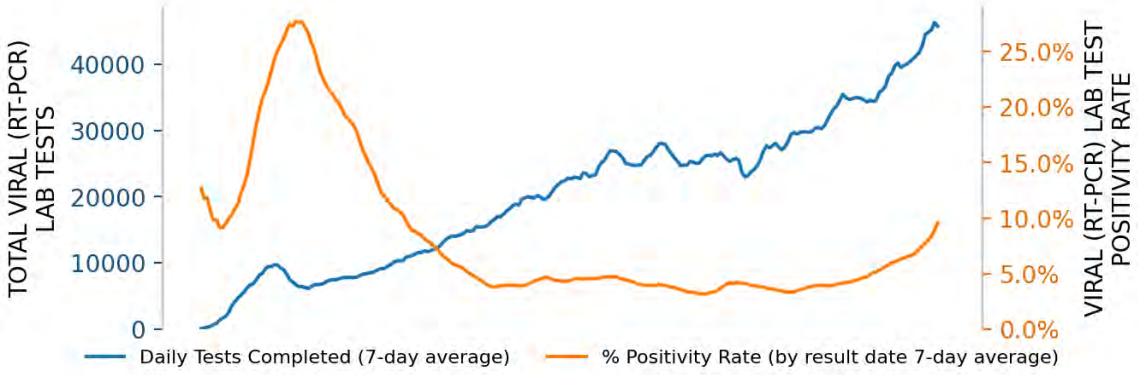
PENNSYLVANIA

STATE REPORT | 11.15.2020

NEW CASES

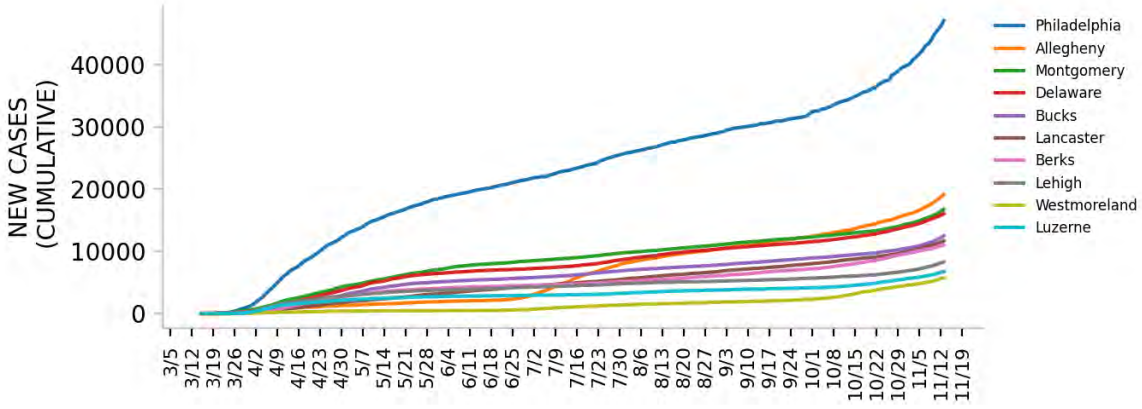


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020.

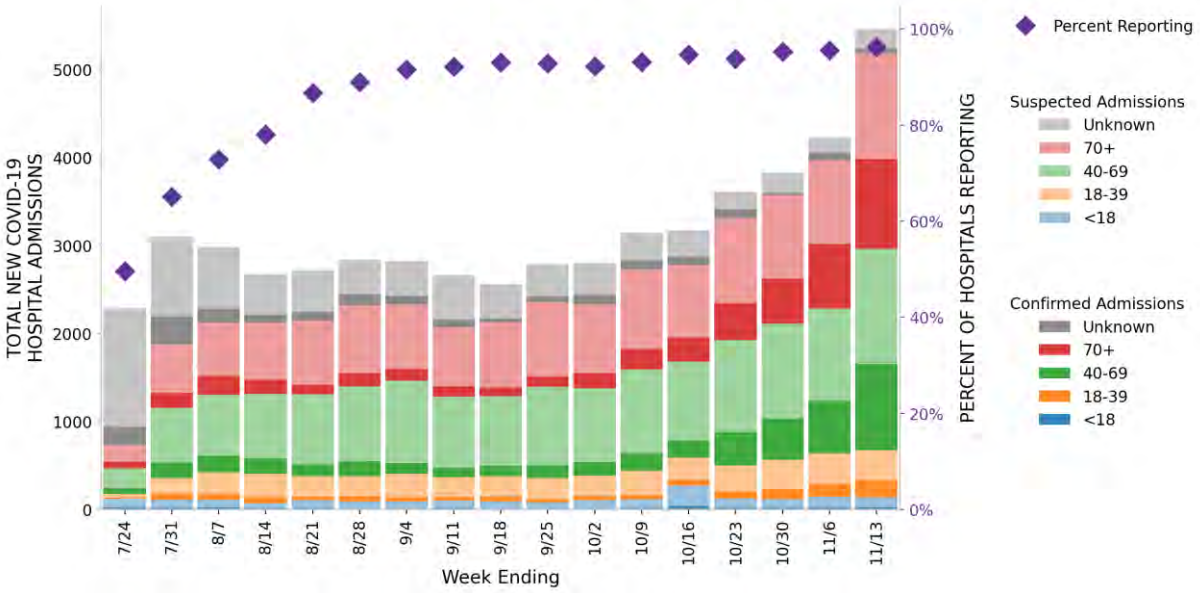
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

PENNSYLVANIA

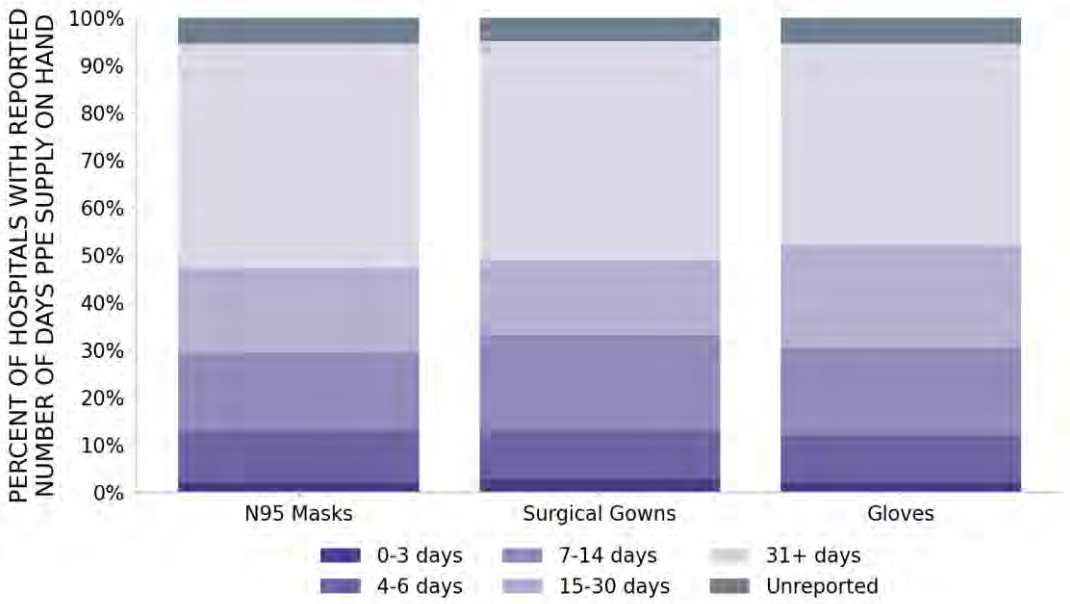
STATE REPORT | 11.15.2020

184 hospitals are expected to report in Pennsylvania

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

PENNSYLVANIA

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	14 ▲ (+9)	Lancaster Lebanon Erie Pottsville Chambersburg-Waynesboro Youngstown-Warren-Boardman New Castle Sayre Indiana Meadville East Stroudsburg Somerset	29 ▲ (+20)	Philadelphia Lancaster Lehigh Luzerne Dauphin Lebanon Erie Schuylkill Franklin Mercer Lawrence Bradford
LOCALITIES IN ORANGE ZONE	15 ▲ (+9)	Philadelphia-Camden-Wilmington Pittsburgh Allentown-Bethlehem-Easton Scranton--Wilkes-Barre Harrisburg-Carlisle Reading York-Hanover Altoona Johnstown Sunbury Oil City Bloomsburg-Berwick	17 ▲ (+6)	Delaware Bucks Berks Westmoreland York Blair Butler Washington Cambria Cumberland Northumberland Venango
LOCALITIES IN YELLOW ZONE	5 ▼ (-15)	State College Gettysburg Williamsport DuBois Bradford	14 ▼ (-19)	Allegheny Montgomery Chester Northampton Centre Lackawanna Adams Lycoming Clearfield Fayette Jefferson McKean

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red CBSAs: Lancaster, Lebanon, Erie, Pottsville, Chambersburg-Waynesboro, Youngstown-Warren-Boardman, New Castle, Sayre, Indiana, Meadville, East Stroudsburg, Somerset, Huntingdon, Lewistown

All Orange CBSAs: Philadelphia-Camden-Wilmington, Pittsburgh, Allentown-Bethlehem-Easton, Scranton--Wilkes-Barre, Harrisburg-Carlisle, Reading, York-Hanover, Altoona, Johnstown, Sunbury, Oil City, Bloomsburg-Berwick, Selinsgrove, St. Marys, Lock Haven

All Red Counties: Philadelphia, Lancaster, Lehigh, Luzerne, Dauphin, Lebanon, Erie, Schuylkill, Franklin, Mercer, Lawrence, Bradford, Indiana, Beaver, Crawford, Armstrong, Monroe, Somerset, Huntingdon, Mifflin, Bedford, Tioga, Carbon, Clarion, Greene, Wyoming, Juniata, Perry, Fulton

All Orange Counties: Delaware, Bucks, Berks, Westmoreland, York, Blair, Butler, Washington, Cambria, Cumberland, Northumberland, Venango, Snyder, Elk, Columbia, Clinton, Potter

All Yellow Counties: Allegheny, Montgomery, Chester, Northampton, Centre, Lackawanna, Adams, Lycoming, Clearfield, Fayette, Jefferson, McKean, Pike, Montour

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

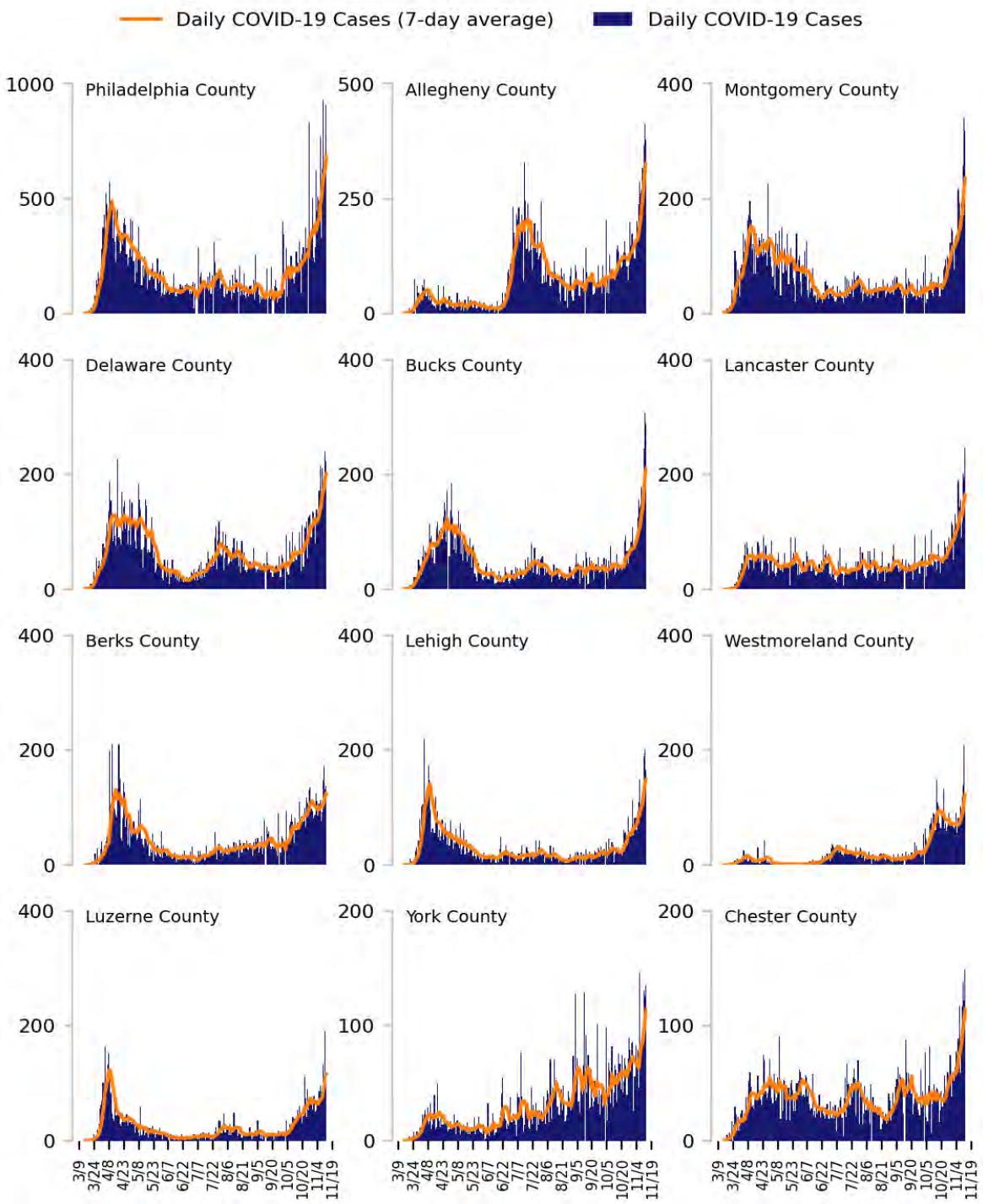
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

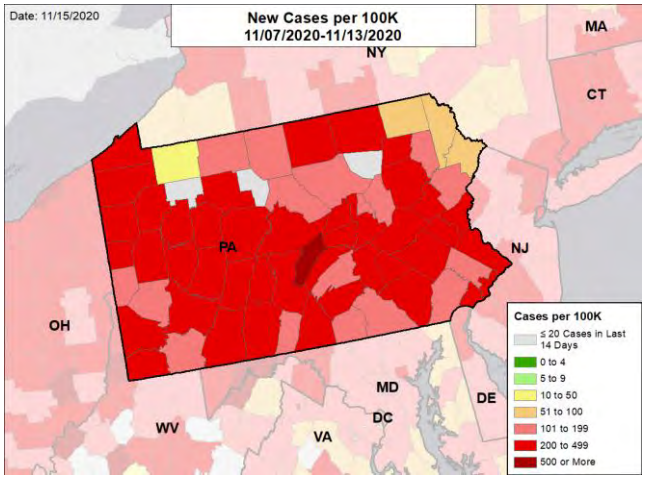
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

PENNSYLVANIA

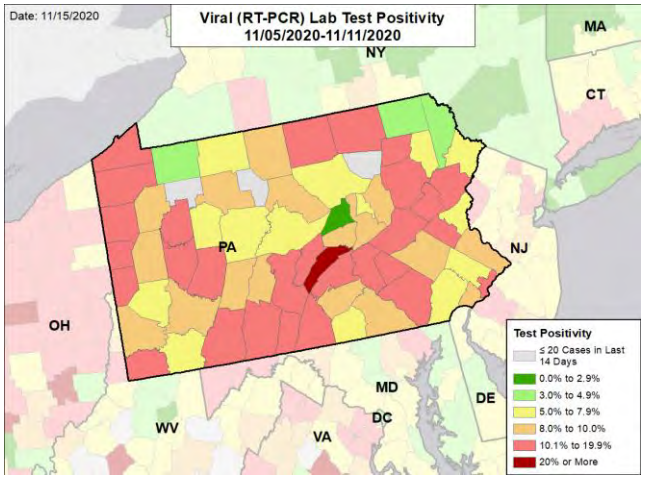
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

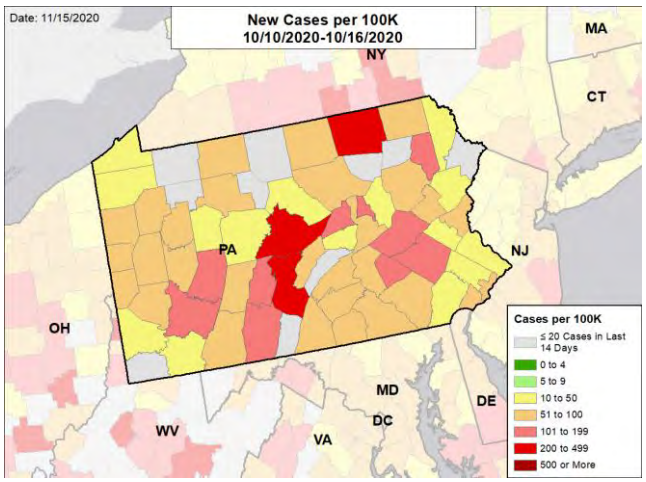
NEW CASES PER 100,000



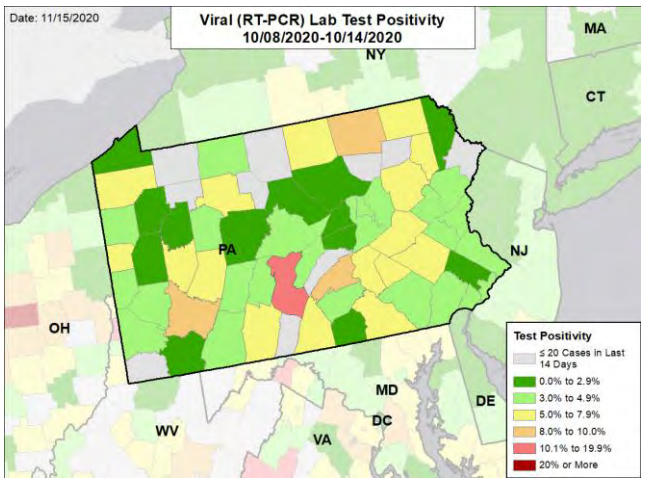
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

STATE REPORT
11.15.2020
Issue 22

RHODE ISLAND

SUMMARY

- Rhode Island is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 16th highest rate in the country. Rhode Island is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 45th highest rate in the country.
- Rhode Island has seen an increase in new cases and an increase in test positivity. Increases were seen in all parts of the state except Newport County.
- 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 67.6% of new cases in Rhode Island.
- 40% of all counties in Rhode Island have moderate or high levels of community transmission (yellow, orange, or red zones), with none having high levels of community transmission (red zone).
- At the state level, 85% of inpatient beds and 79% of ICU beds are occupied.
- During the week of Nov 2 - Nov 8, 20% of nursing homes had at least one new resident COVID-19 case, 48% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death. There is evidence of a couple of large outbreaks at skilled nursing facilities.
- Rhode Island had 486 new cases per 100,000 population, compared to a national average of 294 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 Nov 7 - Nov 13, on average, 17 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 85% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- The increase in cases over the past 3-4 weeks appears to be accelerating and should prompt further restrictions to curb transmission before hospital systems become overwhelmed.
- The emergent issue in many states is the diminishing adherence to recommended interventions and the quick spread in indoor environments. Expand work with advertising agencies/partners that have been successful in local markets to develop new messages and campaigns and to reach populations that are not adhering to recommended measures.
- The upcoming holidays are likely to further amplify transmission. Rhode Island should vigorously expand public health messaging across all media platforms, including SMS auto-texting, to warn citizens about the risks of social or familial gatherings, advise people to avoid or limit them, and reinvigorate the practices of face covering and social distancing.
- Greatly expand use of local hospital or clinical staff as part of urgent public advocacy for community mitigation behaviors in all communities; taped messages posted to social media platforms can be compelling and persuasive, especially when they come from within communities that have been resistant.
- Recommendations are crucial and should be monitored and actively enforced by local authorities.
- Sensitive local surveillance is critical to detect early signals and focus efforts and interventions.
    - Regular quantitative wastewater testing should be made efficient and scaled at the most local level practical, including focused surveillance of large crowded buildings that house those at highest risk.
    - Regular testing of workers at increased risk for infection using rapid antigen tests, regardless of symptoms, should be established; this includes transportation drivers, police officers, fire fighters, and anyone who works in crowded or congregate settings.
- Increase messaging to strongly encourage testing of all who attended rallies, protests, or celebrations and promote messaging to quarantine.
- All staff who work with any patients or residents should be tested weekly with rapid tests and should not be permitted to work without a recent negative test or clearance from isolation; visitation should be limited.
- Ensure that all mid-level hospitals are capacitated, updated clinical training has been provided, and access to necessary medications is established (including antivirals, glucocorticoids and, if possible, monoclonal antibodies for those most at risk). All hospital service areas should have expansion and contingency plans in place and thresholds to implement these plans should be defined.
- Continuously evaluate testing and contact tracing capacity in all counties to ensure test results are received within 48 hours, all cases are immediately isolated, and full contact tracing is conducted within 72 hours of testing; expand capacity as needed to meet these benchmarks by focusing the interview, expanding staff, developing scripts and clear algorithms to allow task-shifting, and coordinating remote surge capacity from counties with lower case rates. Ensure verbal and written instructions on how to isolate if the test is positive is given at the time of testing.
- Monitor and ensure strict adherence to CDC school policy guidance to curb transmission, including use of face coverings for all K-12 students and teachers.
- Intensify efforts at nursing homes to ensure that all facilities with recent cases have had facility wide testing and all facilities are regularly (weekly) testing staff using rapid tests; ensure restrictions on visitations and ensure all facilities throughout the state are strictly adhering to all CMS guidance.
- 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 | 11.15.2020

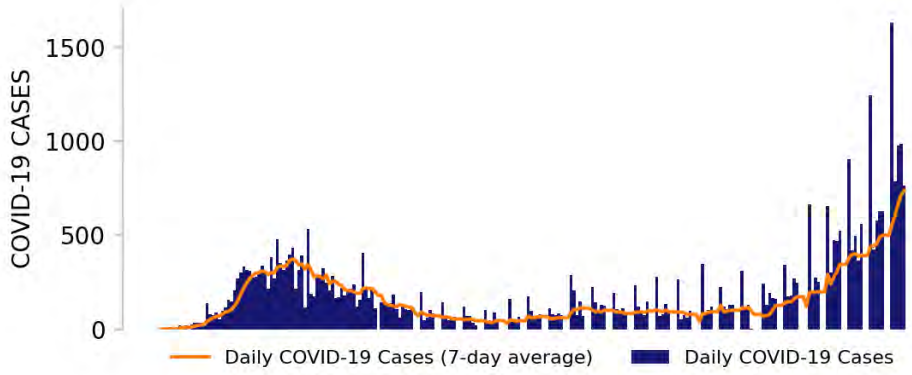
	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	5,149 (486)	+47%	35,015 (236)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.0%	+1.1%*	3.9%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	95,213** (8,988**)	+17%**	801,841** (5,401**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	30 (2.8)	+30%	279 (1.9)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	20%	+4%*	8%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	48%	+14%*	20%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	+1%*	3%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

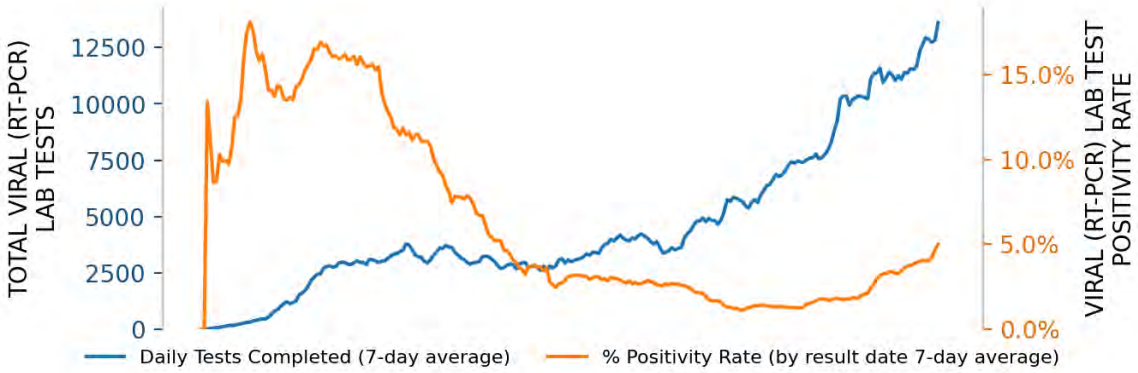
RHODE ISLAND

STATE REPORT | 11.15.2020

NEW CASES

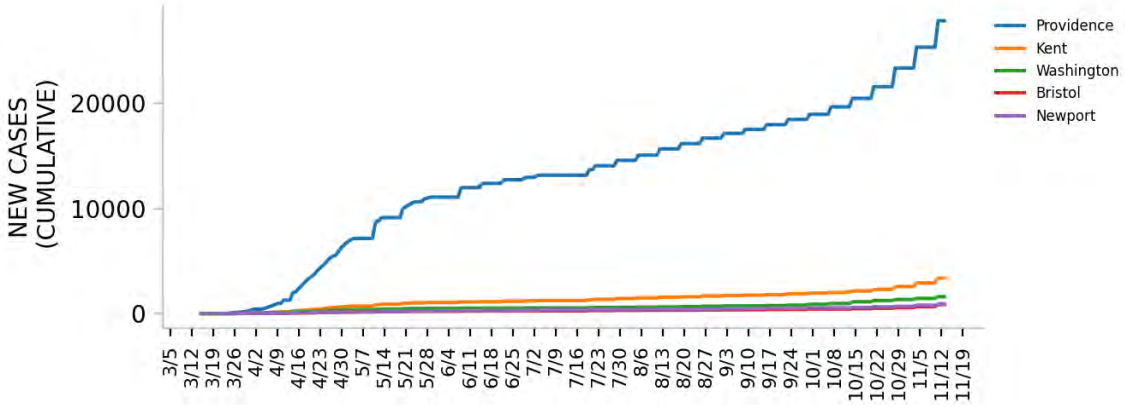


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



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 11/13/2020.

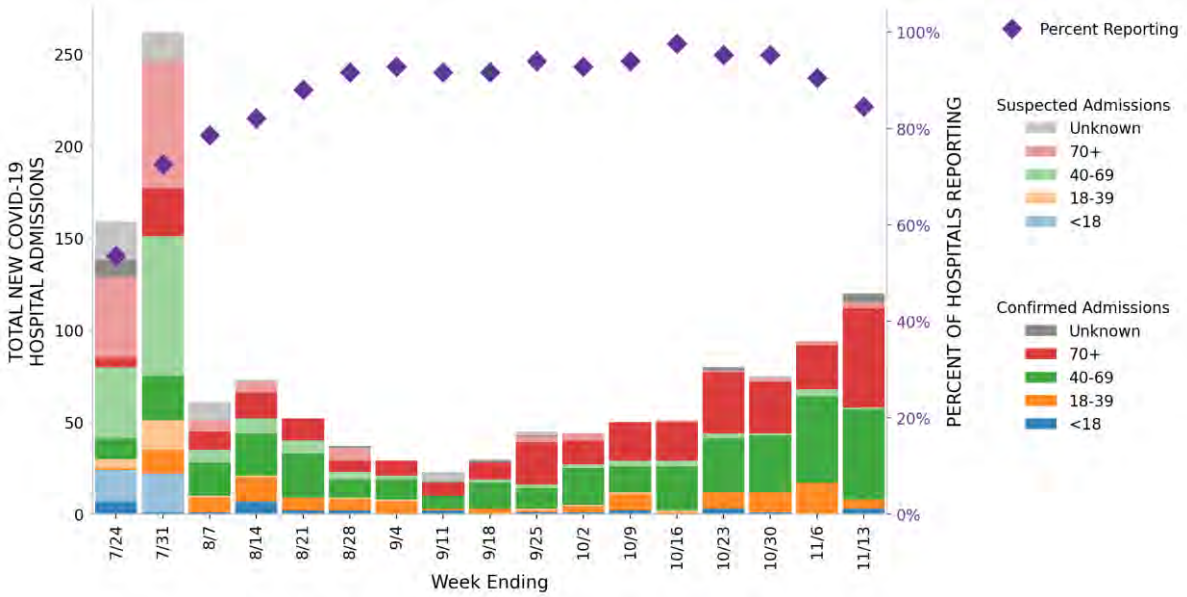
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

RHODE ISLAND

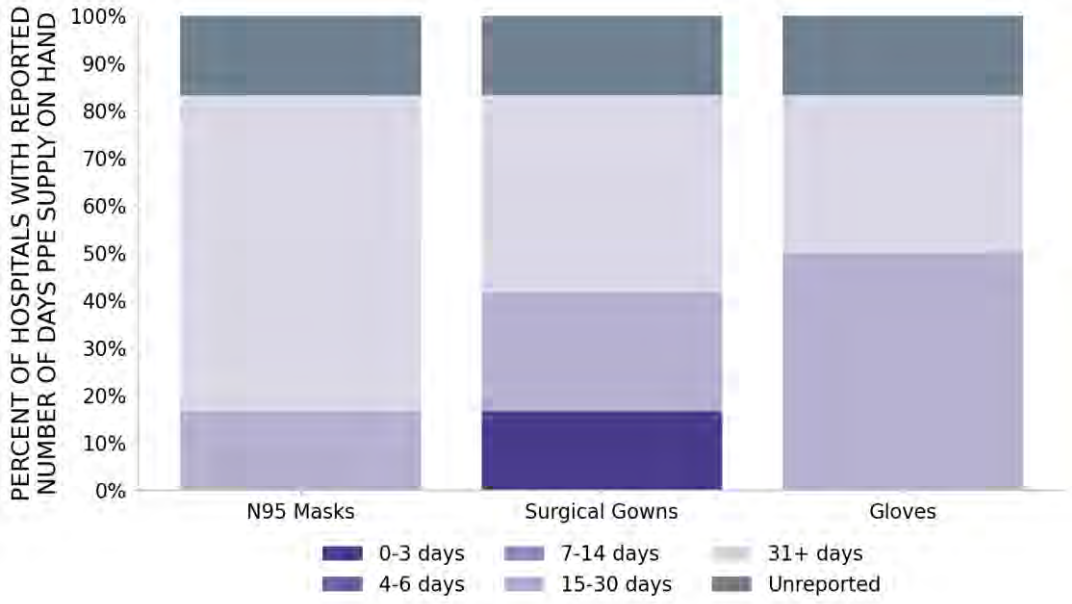
STATE REPORT | 11.15.2020

12 hospitals are expected to report in Rhode Island

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

RHODE ISLAND

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	1 ▲ (+1)	Providence-Warwick	2 ▲ (+2)	Providence Kent

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

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

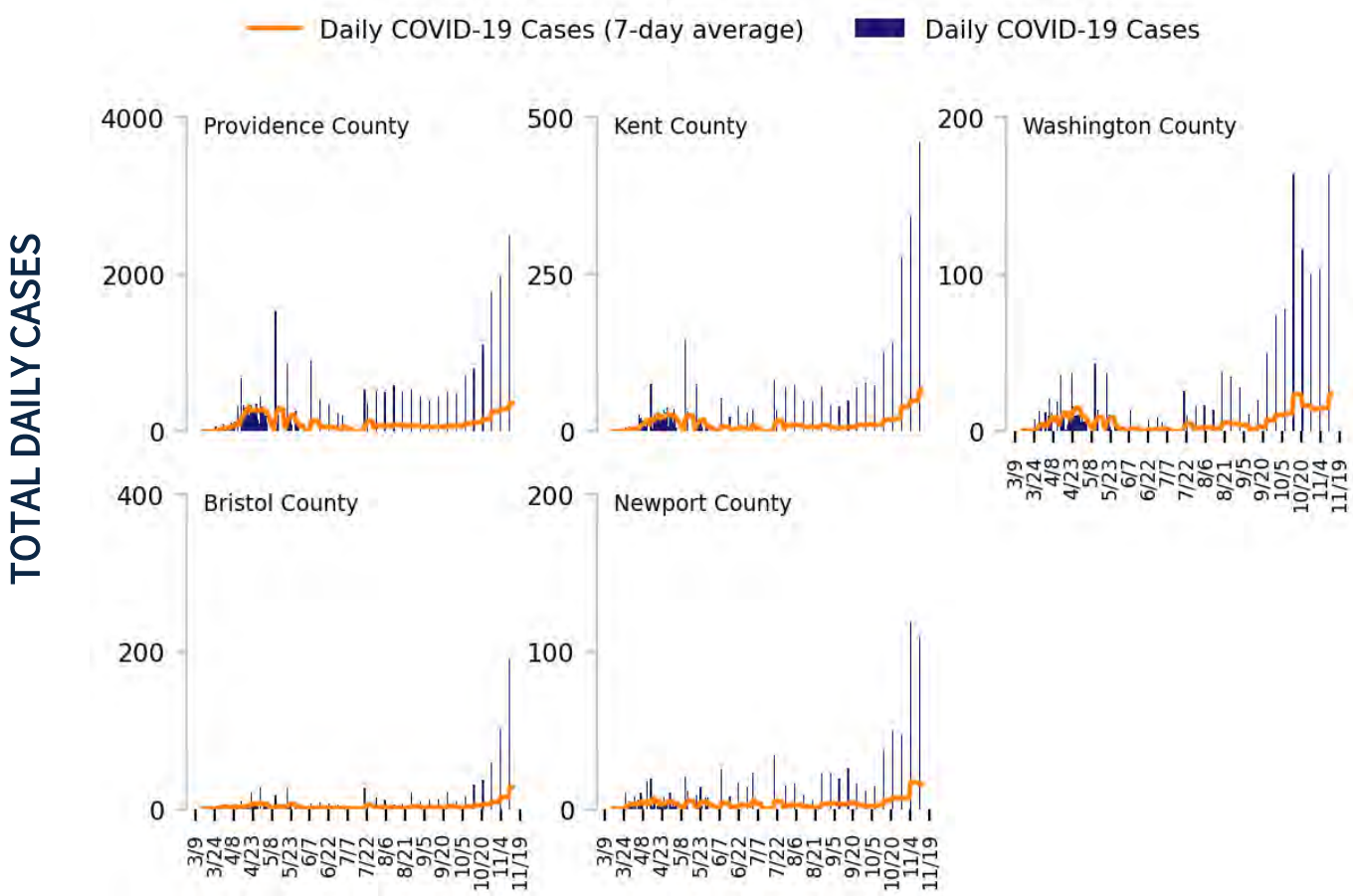
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

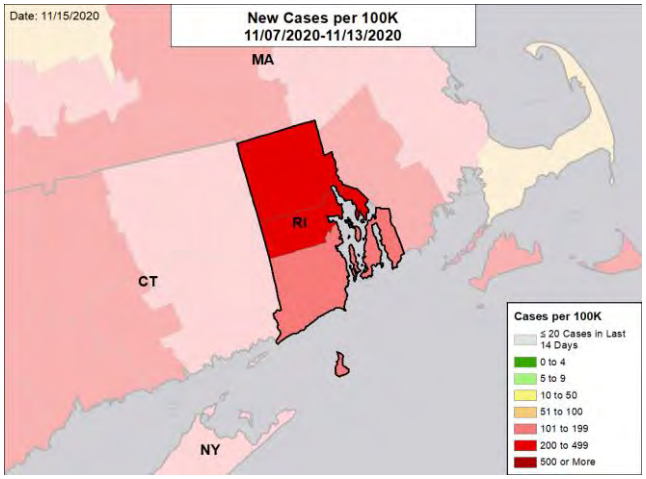
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

RHODE ISLAND

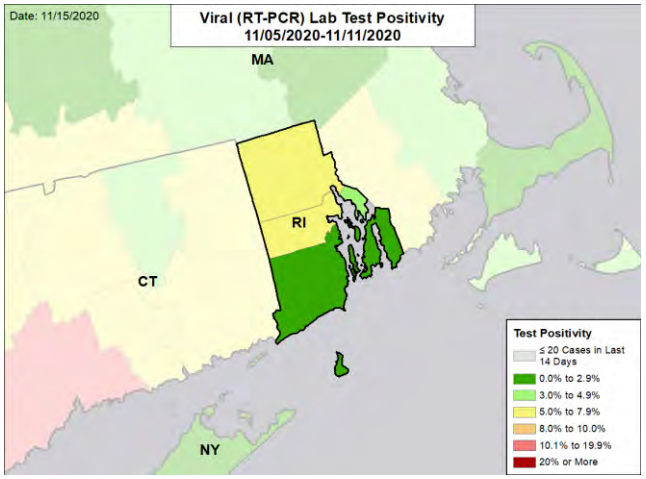
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

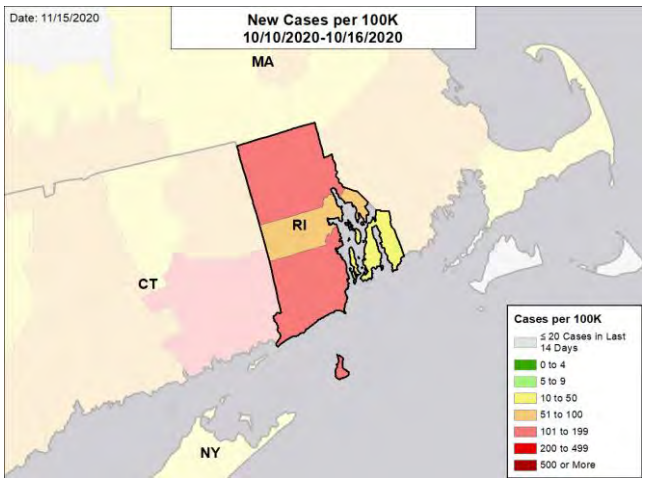
NEW CASES PER 100,000



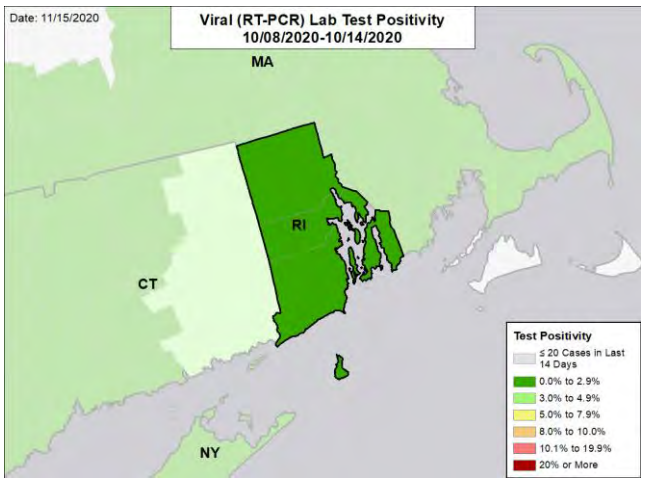
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

STATE REPORT
11.15.2020
Issue 22

SOUTH CAROLINA

SUMMARY

- South Carolina is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 36th highest rate in the country. South Carolina is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 26th highest rate in the country.
- South Carolina has seen an increase in new cases and an increase in test positivity. Aggressive mitigation now could prevent a significant increase in hospitalizations.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Greenville County, 2. Spartanburg County, and 3. Richland County. These counties represent 29.3% of new cases in South Carolina.
- 96% of all counties in South Carolina have moderate or high levels of community transmission (yellow, orange, or red zones), with 43% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 17% of nursing homes had at least one new resident COVID-19 case, 26% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death.
- South Carolina had 179 new cases per 100,000 population, compared to a national average of 294 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 11 to support operations activities from USCG.
- Between Nov 7 - Nov 13, on average, 72 patients with confirmed COVID-19 and 87 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

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for the identification of both asymptomatic and pre-symptomatic individuals and significant behavior change of all Americans. Ensure masks at all times in public, increase physical distancing through significant reduction in capacity in public and private indoor spaces, and ensure every American understands the clear risks of ANY indoor interactions outside of their immediate household without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expanded, strategic use of point-of-care antigen tests with immediate results will be critical to expanding this model into the community; these tests should be used among all individuals independent of symptoms in orange and red counties in South Carolina.
- Antigen tests perform well in the highly infectious window and will be effective in identification of asymptomatic and pre-symptomatic infectious cases.
    - Antigen tests do not perform well after 8-10 days post infection when nucleic acid cycle times are greater than 30.
    - All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Proactive testing must be part of the mitigation efforts inclusive of mask wearing, physical distancing, and hand hygiene.
- We need to protect those we are thankful for in our families and communities. Ensure indoor masking around vulnerable family members during any gatherings due to the significant amount of virus circulating and the high rate of asymptomatic and undiagnosed infections among family and community members.
- There are early signs of reduced N95, gown, and glove supply in specific hospitals' reporting. Please contact all hospitals reporting less than one week's supply to confirm data; contact the regional FEMA office for support if this supply issue is confirmed.
- Ensure university students continue their mitigation behaviors to prevent further outbreaks on or off campus. Ensure appropriate testing and behavior change in the 10 days prior to departure to hometowns for the holiday season.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. There continue to be high levels of positive LTCF staff members, indicating continued and unmitigated community spread in these geographic locations.
- Ensure full flu immunizations across the state.
- 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.

SOUTH CAROLINA

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	9,228 (179)	+27%	137,205 (205)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.3%	+2.0%*	9.2%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	71,073** (1,380**)	-2%**	1,192,343** (1,782**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	97 (1.9)	-11%	1,629 (2.4)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	17%	+3%*	17%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	26%	+0%*	33%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	-2%*	5%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.

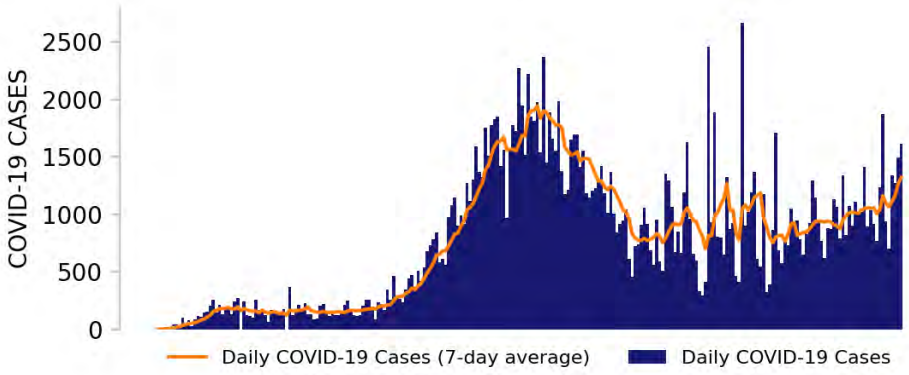
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

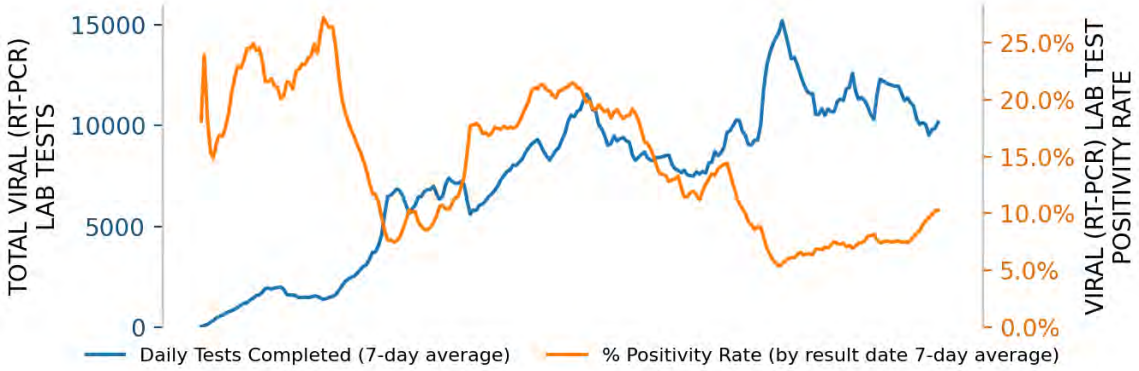
SOUTH CAROLINA

STATE REPORT | 11.15.2020

NEW CASES

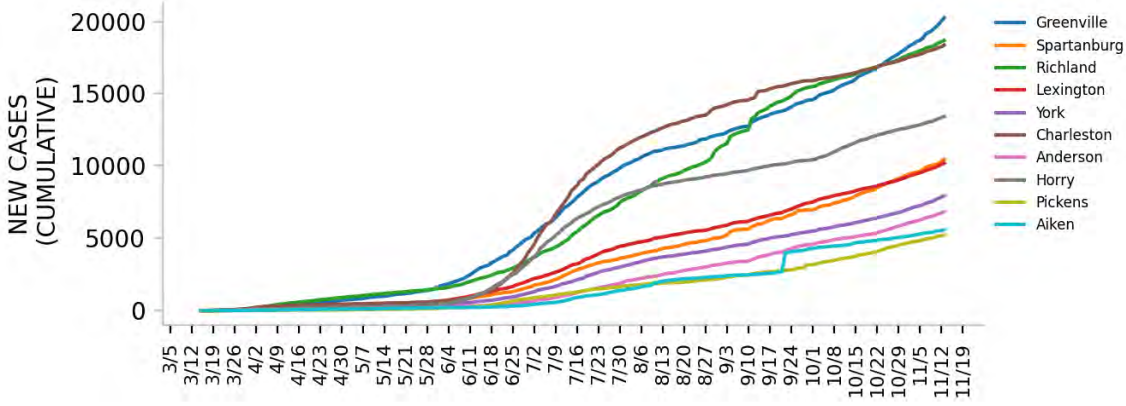


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020.

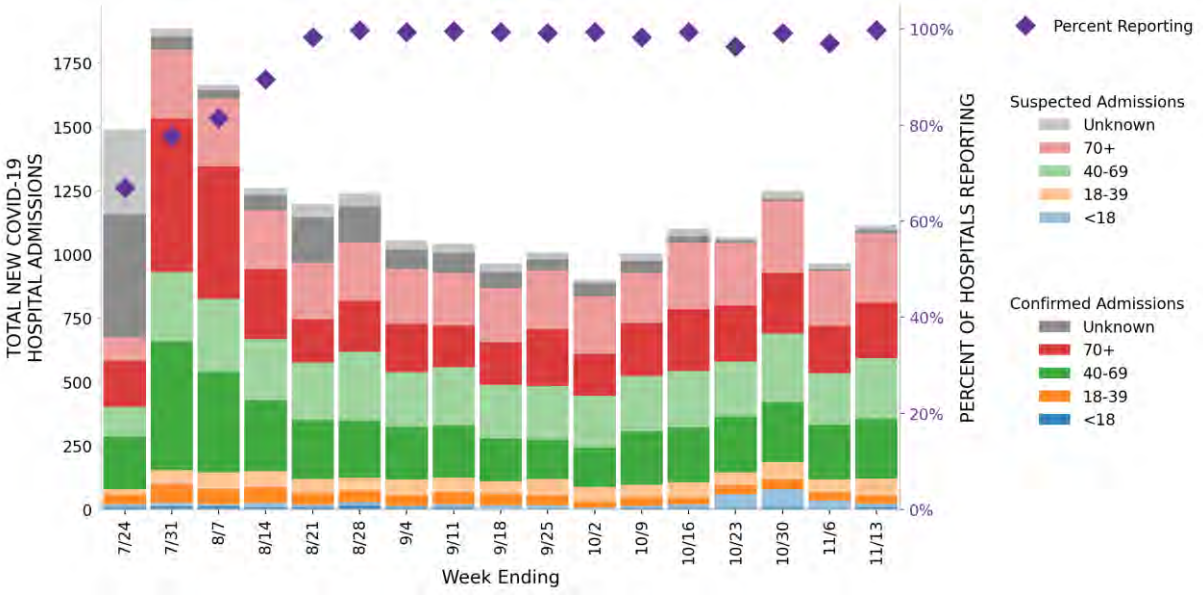
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

SOUTH CAROLINA

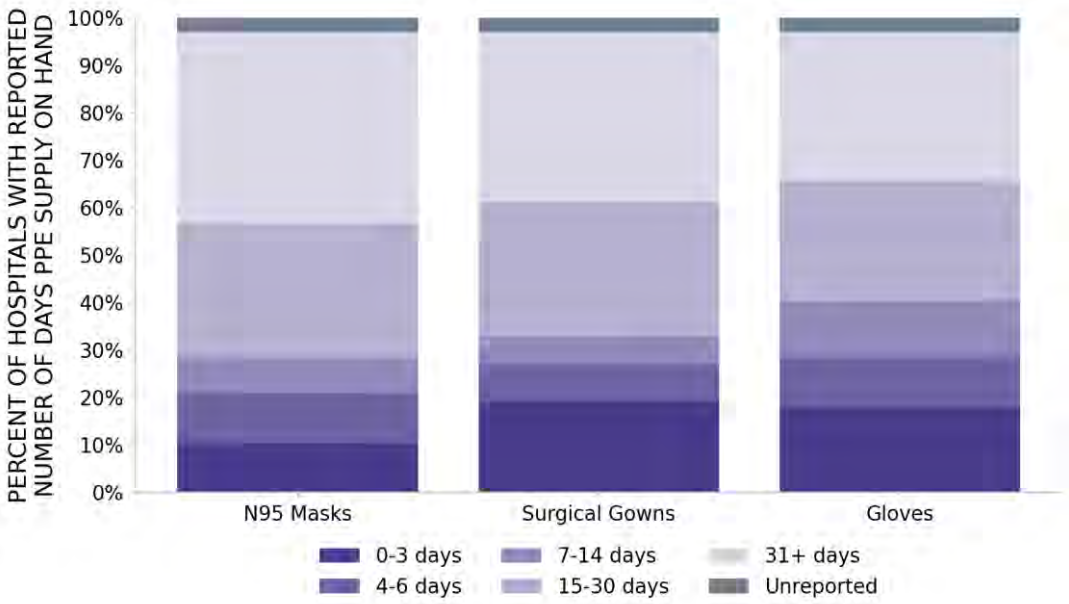
STATE REPORT | 11.15.2020

67 hospitals are expected to report in South Carolina

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

SOUTH CAROLINA

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	8 ▲ (+6)	Greenville-Anderson Spartanburg Myrtle Beach-Conway-North Myrtle Beach Augusta-Richmond County Gaffney Newberry Georgetown Bennettsville	20 ▲ (+12)	Greenville Spartanburg Lexington York Anderson Horry Pickens Aiken Berkeley Lancaster Cherokee Newberry
LOCALITIES IN ORANGE ZONE	5 ▲ (+1)	Charleston-North Charleston Charlotte-Concord-Gastonia Florence Sumter Seneca	8 ▼ (-5)	Florence Dorchester Oconee Darlington Sumter Chesterfield Dillon Saluda
LOCALITIES IN YELLOW ZONE	5 ▼ (-4)	Columbia Hilton Head Island-Bluffton Greenwood Orangeburg Union	16 ▲ (+1)	Richland Charleston Beaufort Kershaw Greenwood Orangeburg Union Colleton Marion Abbeville Clarendon Williamsburg

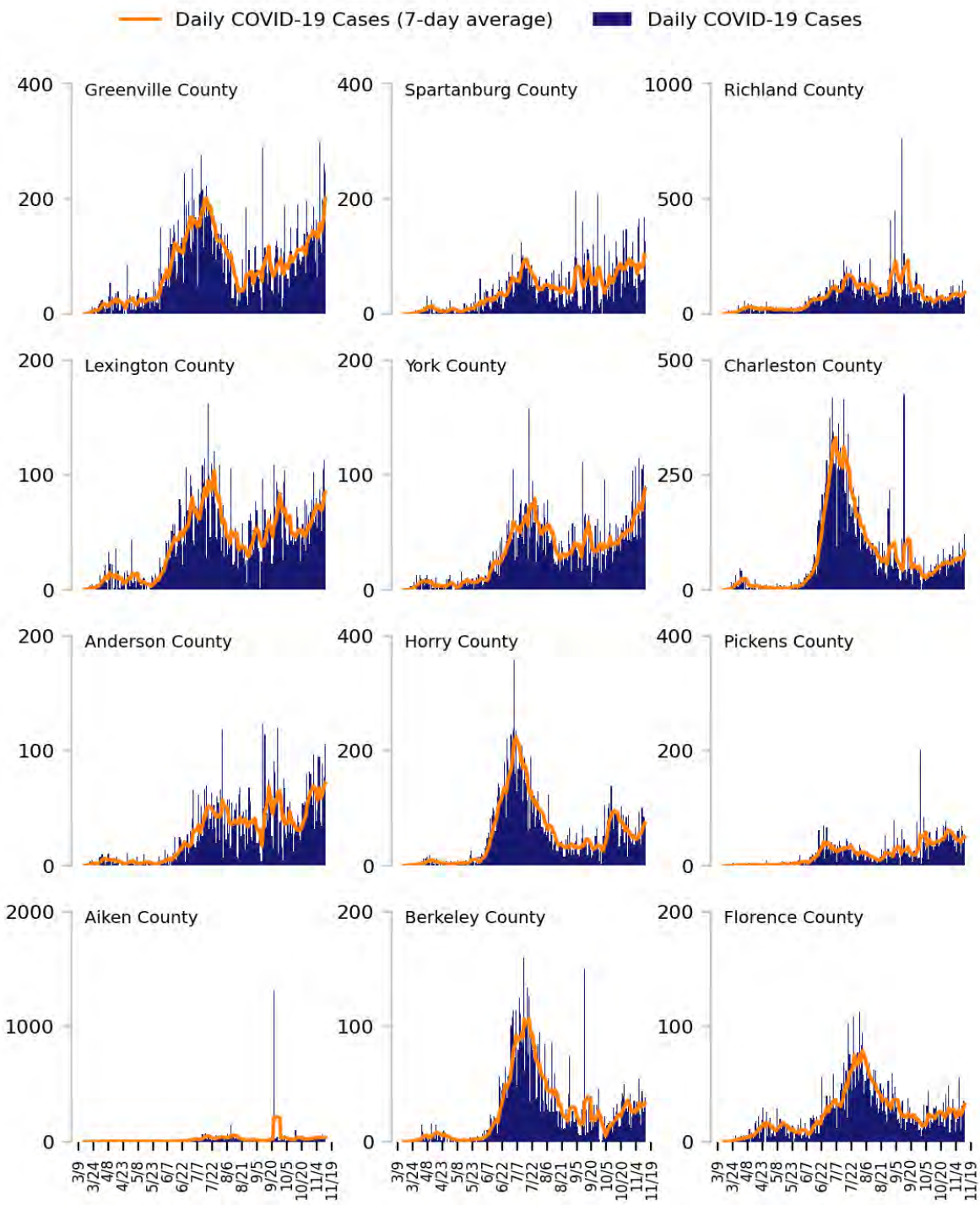
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red Counties: Greenville, Spartanburg, Lexington, York, Anderson, Horry, Pickens, Aiken, Berkeley, Lancaster, Cherokee, Newberry, Georgetown, Laurens, Chester, Marlboro, Edgefield, Fairfield, Hampton, Lee
All Yellow Counties: Richland, Charleston, Beaufort, Kershaw, Greenwood, Orangeburg, Union, Colleton, Marion, Abbeville, Clarendon, Williamsburg, Jasper, Barnwell, McCormick, Bamberg

*** 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 11/13/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

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



DATA SOURCES – Additional data details available under METHODS

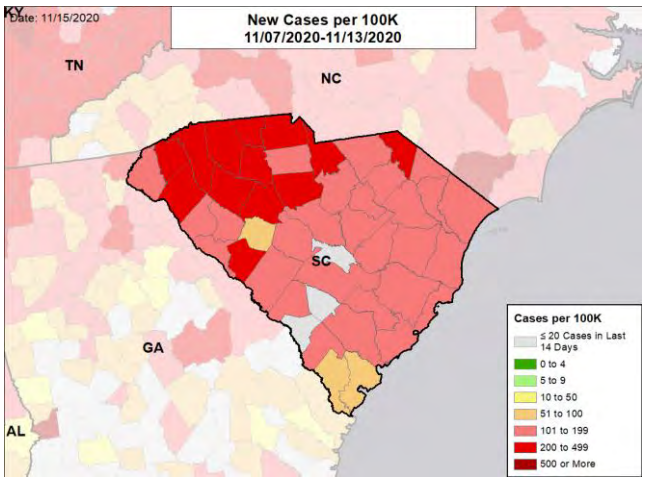
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

SOUTH CAROLINA

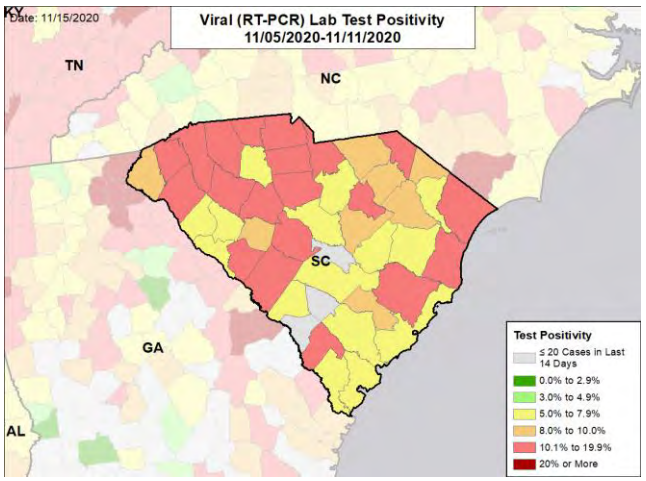
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

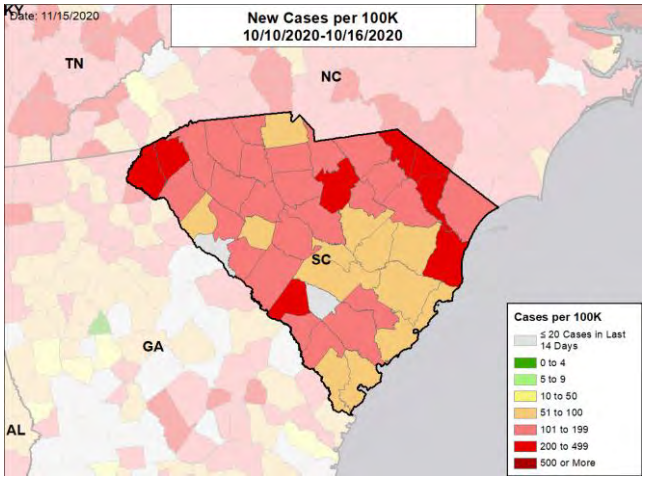
NEW CASES PER 100,000



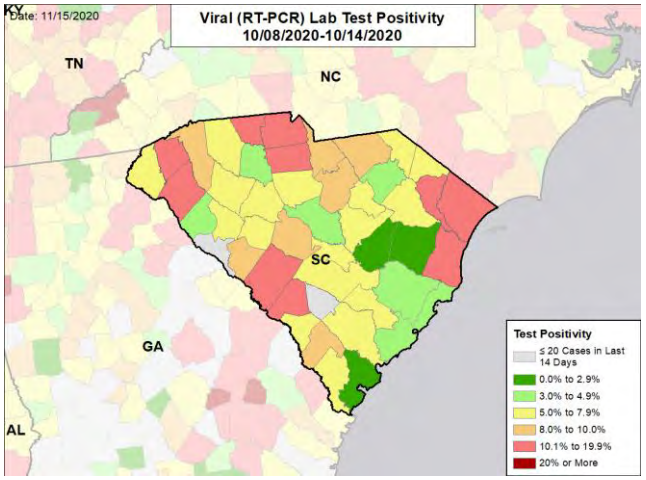
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

STATE REPORT
11.15.2020
Issue 22

SOUTH DAKOTA

SUMMARY

- South Dakota is in the red zone for cases, indicating 101 or more new cases per 100,000 population, 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 6th highest rate in the country.
- South Dakota has seen an increase in new cases and stability in test positivity. Overall testing volumes appear to have diminished from a high in early October.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Minnehaha County, 2. Pennington County, and 3. Lincoln County. These counties represent 43.4% of new cases in South Dakota.
- 89% of all counties in South Dakota have moderate or high levels of community transmission (yellow, orange, or red zones), with 82% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 36% of nursing homes had at least one new resident COVID-19 case, 67% had at least one new staff COVID-19 case, and 13% had at least one new resident COVID-19 death. There are many facilities across the state with more than five cases among staff and residents, suggesting poor screening/testing protocols.
- South Dakota had 1,095 new cases per 100,000 population, compared to a national average of 294 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 3 to support operations activities from FEMA and 2 to support epidemiology activities from CDC.
- The federal government has supported surge testing in Mobridge, Aberdeen, Watertown, Madison, Chamberlain, Pierre, Martin, Custer, and Spearfish.
- Between Nov 7 - Nov 13, on average, 72 patients with confirmed COVID-19 and 18 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

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- Given the extraordinarily high test positivity and incidence, containment will require aggressive public health measures and adherence to recommendations.
- Health departments should surveil workers who are at risk of infection and transmission, regardless of symptoms, using rapid antigen tests.
- Wastewater surveillance should be scaled up at the most local level practical (including in single congregate living facilities, like shelters or skilled nursing facilities).
- Testing should be easily accessible and at a high baseline level throughout the state and should be immediately intensified in areas where there are signals of increasing transmission.
- South Dakota currently does not require face coverings; a statewide recommendation will demonstrate the critical importance of face covering.
- The upcoming holidays are likely to further amplify transmission. South Dakota should vigorously expand public health messaging across all media platforms, including SMS auto-texting, to warn citizens about the risks of social gatherings, advise people to avoid or limit them, and reinvigorate the practice of face covering and social distancing.
- Work with advertising agencies to develop and deploy new public health campaigns.
- Greatly expand use of local hospital or clinical staff as part of urgent public advocacy for community mitigation behaviors in all communities; taped messages posted to social media platforms can be compelling and persuasive, especially when they come from within communities that have been resistant.
- All staff who work with patients or residents in any congregate setting should be tested weekly with rapid tests and should not be permitted to work without a recent negative test or clearance from isolation.
- Ensure all congregate and crowded work settings (e.g., clinics, prisons, shelters, canneries, etc.) have adequate screening and surveillance of asymptomatic persons to limit possibility of super-spreader events.
- Ensure that all mid-level hospitals are capacitated, have received updated clinical training, and access to necessary medications (including antivirals, glucocorticoids and, if possible, monoclonal antibodies for those most at risk). All hospital service areas should have expansion and contingency plans in place and thresholds to implement these plans should be defined.
- Closely follow local data on test positivity by age band to track evidence of increasing transmission in more vulnerable populations and trigger clinical expansion plans in time.
- Continue to monitor testing and contact tracing in all counties to ensure that results are returned within 48 hours, all cases are immediately isolated and given an education package (facilitated by text or email), and contact tracing is conducted within 72 hours of testing; expand contact tracing capacity by limiting interview depth, expanding staff, scripting interviews, developing clear algorithms to allow task-shifting, and pulling remote staff from outside the state.
- Monitor and ensure strict adherence to CDC school policy guidance to curb transmission, including use of face coverings for all K-12 students and teachers.
- 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.

SOUTH DAKOTA

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	9,691 (1,095)	+20%	78,335 (639)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	21.8%	+0.1%*	15.4%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	21,920** (2,478**)	+0%**	492,536** (4,018**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	58 (6.6)	-39%	417 (3.4)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	36%	+9%*	26%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	67%	+3%*	53%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	13%	+1%*	10%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.

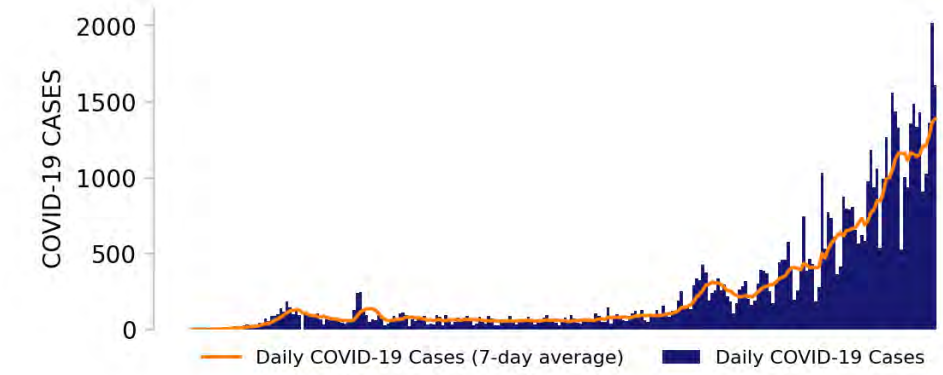
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

SOUTH DAKOTA

STATE REPORT | 11.15.2020

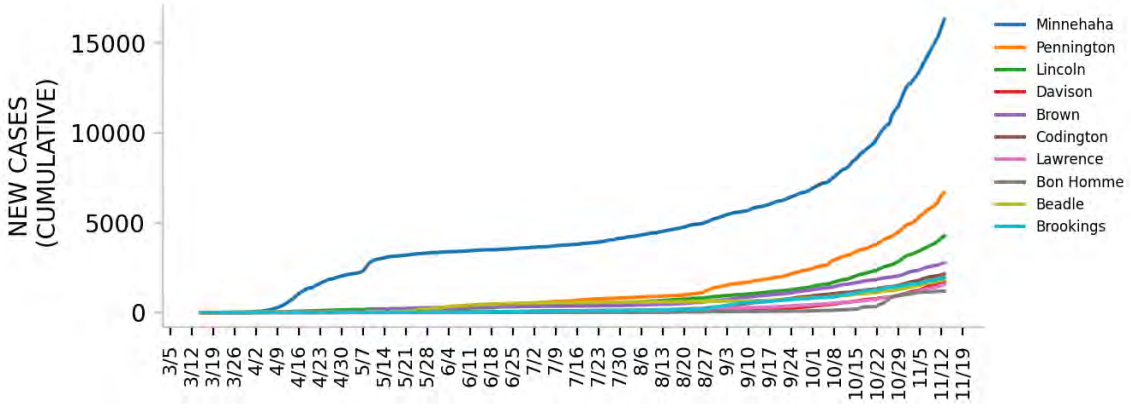
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



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 11/13/2020.

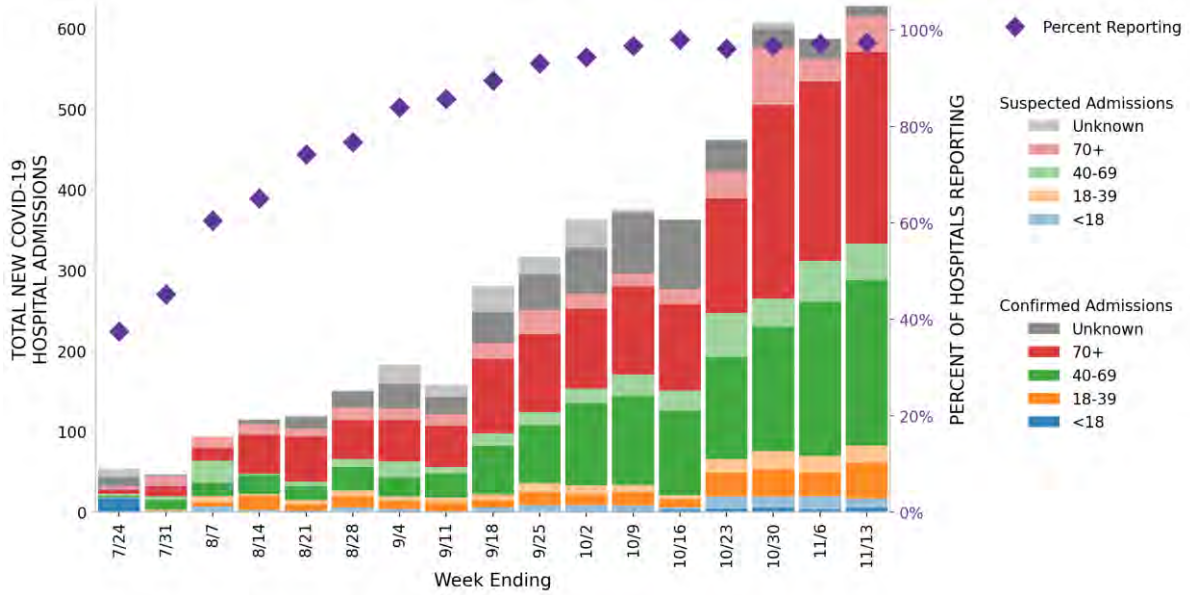
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

SOUTH DAKOTA

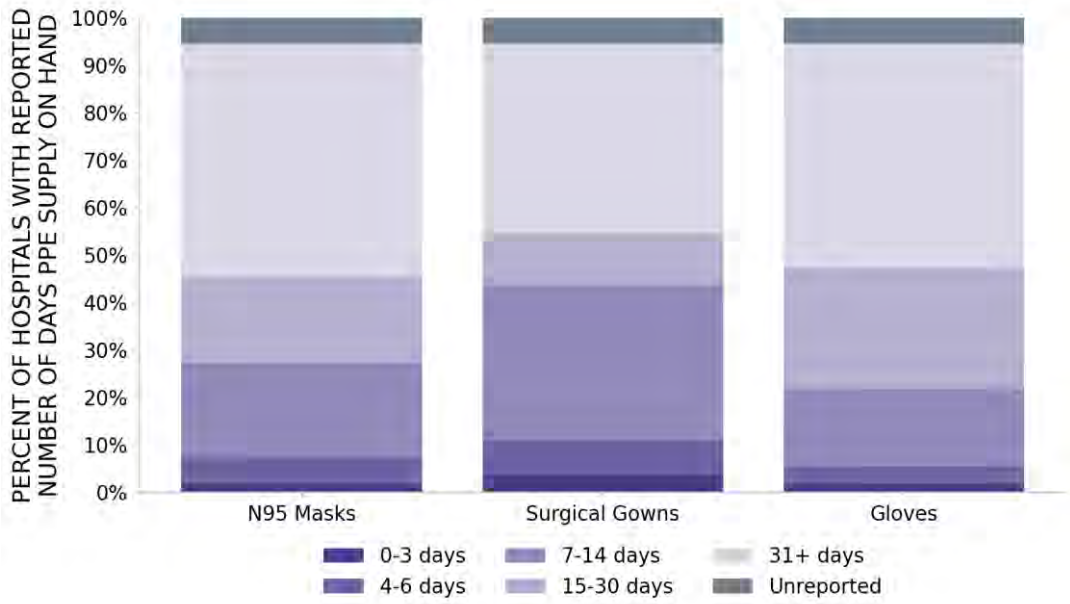
STATE REPORT | 11.15.2020

55 hospitals are expected to report in South Dakota

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

SOUTH DAKOTA

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	12 ▲ (+1)	Sioux Falls Rapid City Mitchell Aberdeen Watertown Spearfish Huron Brookings Yankton Pierre Vermillion Sioux City	54 ▼ (-1)	Minnehaha Pennington Lincoln Davison Brown Codington Lawrence Bon Homme Beadle Brookings Oglala Lakota Yankton
LOCALITIES IN ORANGE ZONE	0 ▼ (-1)	N/A	2 ■ (+0)	Bennett Stanley
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	3 ▲ (+2)	Todd Potter Edmunds

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red Counties: Minnehaha, Pennington, Lincoln, Davison, Brown, Codington, Lawrence, Bon Homme, Beadle, Brookings, Oglala Lakota, Yankton, Meade, Hughes, Dewey, Clay, Lake, Butte, Union, Turner, Charles Mix, McCook, Roberts, Spink, Brule, Grant, Hutchinson, Kingsbury, Corson, Gregory, Moody, Tripp, Hamlin, Custer, Lyman, Hand, Fall River, Aurora, Walworth, Day, Sanborn, Hanson, Douglas, Clark, Deuel, Jackson, Faulk, Mellette, Hyde, Jerauld, Marshall, Miner, Perkins, Sully

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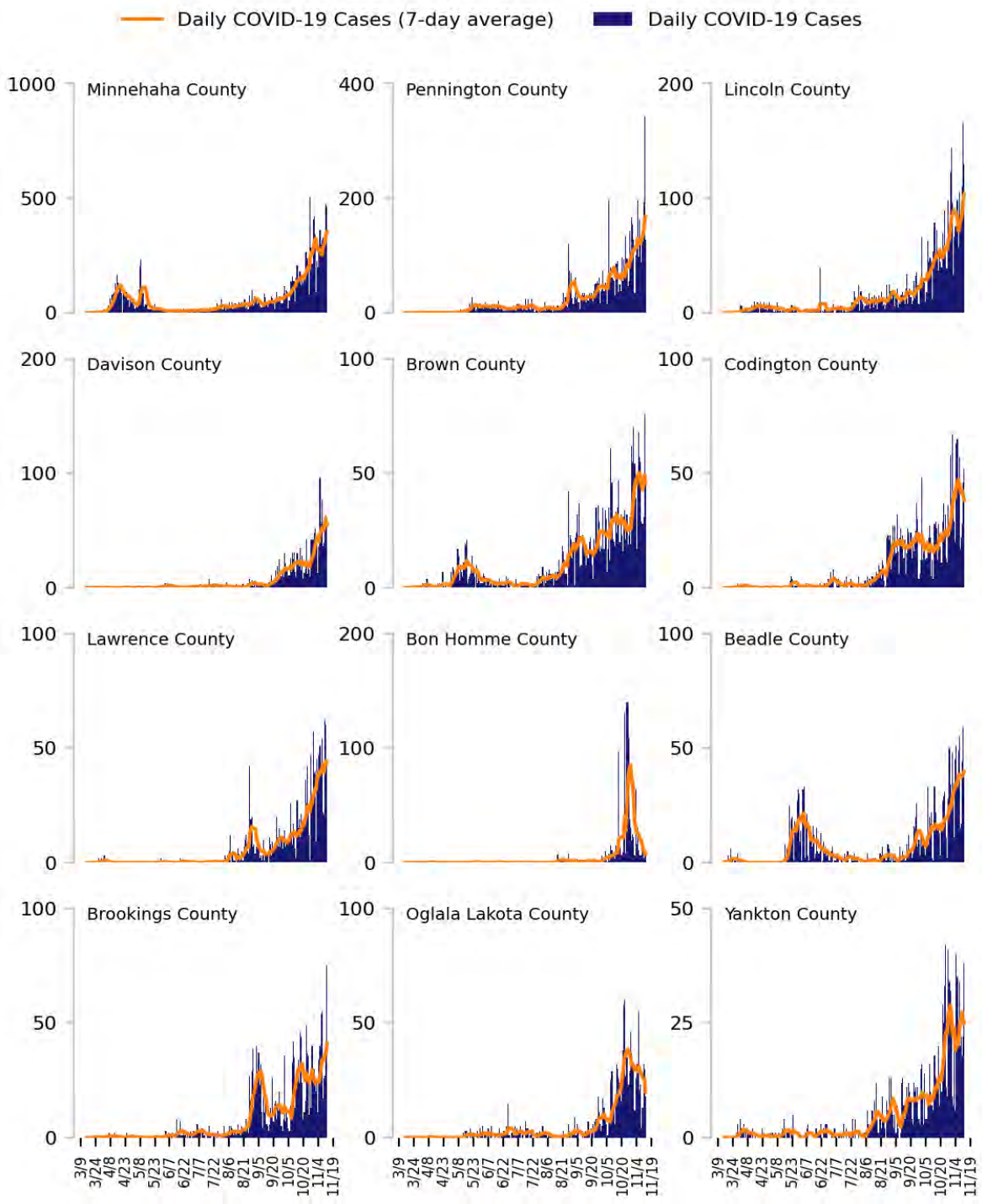
Top 12 counties based on number of new cases in the last 3 weeks



DATA SOURCES – Additional data details available under METHODS

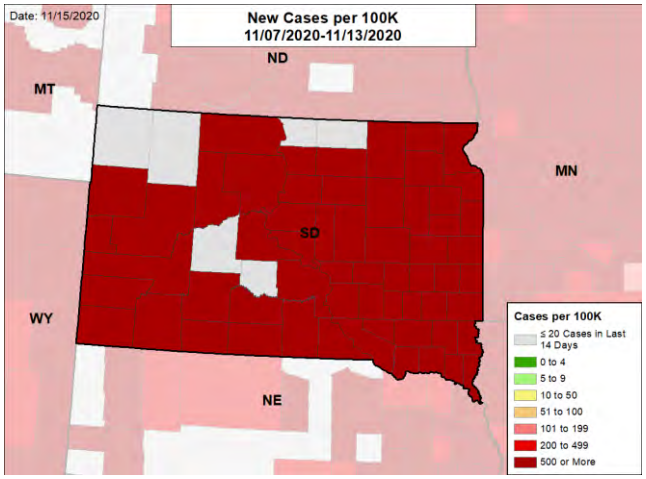
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

SOUTH DAKOTA

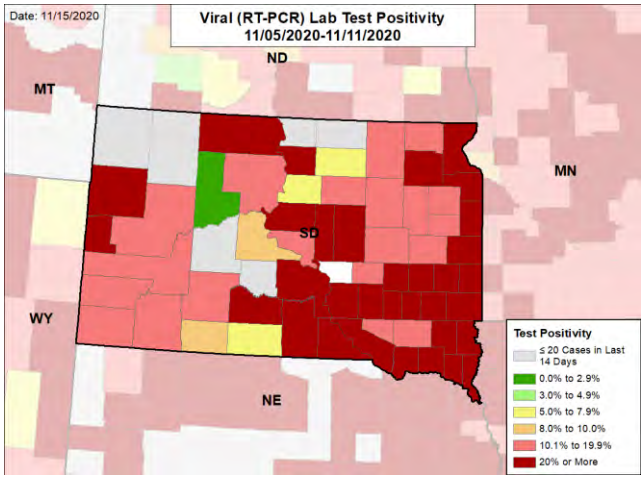
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

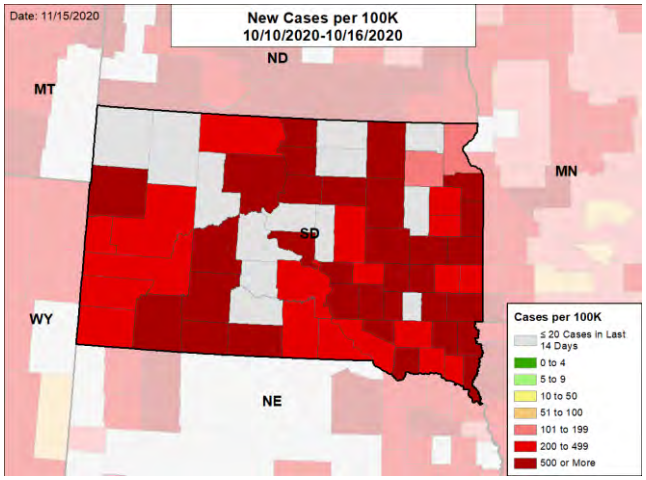
NEW CASES PER 100,000



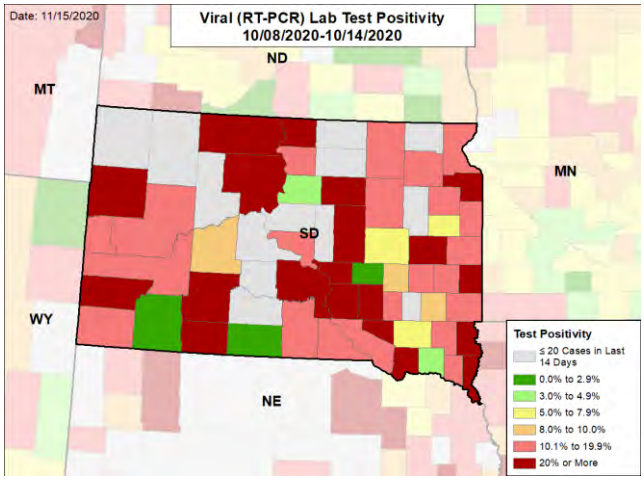
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

STATE REPORT
11.15.2020
Issue 22

TENNESSEE

SUMMARY

- Tennessee is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 20th highest rate in the country. Tennessee is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 17th highest rate in the country.
- Tennessee has seen an increase in new cases and an increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Davidson County, 2. Shelby County, and 3. Rutherford County. These counties represent 25.8% of new cases in Tennessee.
- 99% of all counties in Tennessee have moderate or high levels of community transmission (yellow, orange, or red zones), with 85% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 24% of nursing homes had at least one new resident COVID-19 case, 50% had at least one new staff COVID-19 case, and 9% had at least one new resident COVID-19 death.
- Tennessee had 400 new cases per 100,000 population, compared to a national average of 294 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 2 to support operations activities from FEMA; 1 to support epidemiology activities from CDC; and 1 to support operations activities from CDC.
- Between Nov 7 - Nov 13, on average, 221 patients with confirmed COVID-19 and 121 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

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- Over the past month, the spread in Tennessee has become deeper and unyielding. Week over week increases in hospitalizations, reported limited bed availability, and increasing deaths correlate with Halloween and related activities. With Thanksgiving and upcoming holidays, Tennesseans must understand the COVID-19 situation statewide. Serious messaging and action is needed from state leadership; recommending Tennesseans wear masks in public settings communicates the current risk level and identify actions all Tennesseans need to take.
- With almost all counties in the red zone and an increasing number of nursing homes, now 50%, with at least one positive staff member, mitigation and messaging efforts need to be further strengthened as other states have recently done. Effective practices to decrease transmission in public spaces include limiting restaurant indoor capacity to less than 25% and limiting bar hours until cases and test positivity decrease to the yellow zone.
- As previously noted, proactive testing must be part of the mitigation efforts inclusive of mask wearing, physical distancing, hand hygiene, and immediate isolation, contact tracing, and quarantine. Start testing to identify and isolate asymptomatic silent spreaders-- those who are have the virus, feel fine, and are unknowingly spreading it. Incentivize people under 40 years to get tested.
- Conduct active testing in school for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- On university campuses, students are letting their guards down with Thanksgiving break less than a week away. Message to students to continue their mitigation actions on and off campus to protect others and themselves. If they are going home, they should follow CDC holiday guidelines for protective behaviors.
- Continuously monitor testing and contact tracing capacity in all counties to ensure rapid turnaround of test results (within 48 hours) and that all cases are immediately isolated and full contact tracing is conducted (within 72 hours of testing).
- Stay vigilant with regard to spread among nursing home staff and residents. Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents.
- Ensure all hospitals, including rural hospitals, have access to antivirals, antibodies, PPE, and ventilators. Work through FEMA to secure supplies when stocks of less than a week's supply is confirmed.
- We have updated the new admissions graphs to include breakdown by age group. Within the past several weeks, hospitalizations have increased across all age groups. We will continue to work with hospitals to improve quality information for action.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

TENNESSEE

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	27,315 (400)	+100%	137,205 (205)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	13.9%	+3.3%*	9.2%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	106,381** (1,558**)	-26%**	1,192,343** (1,782**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	312 (4.6)	+54%	1,629 (2.4)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	24%	+2%*	17%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	50%	+7%*	33%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	9%	-2%*	5%	6%

* 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.

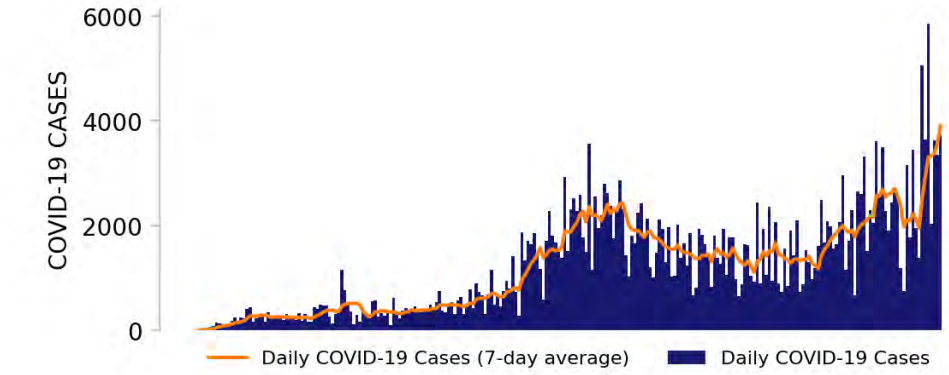
DATA SOURCES – Additional data details available under METHODS

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 11/13/2020; previous week is 10/31 - 11/6.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

TENNESSEE

STATE REPORT | 11.15.2020

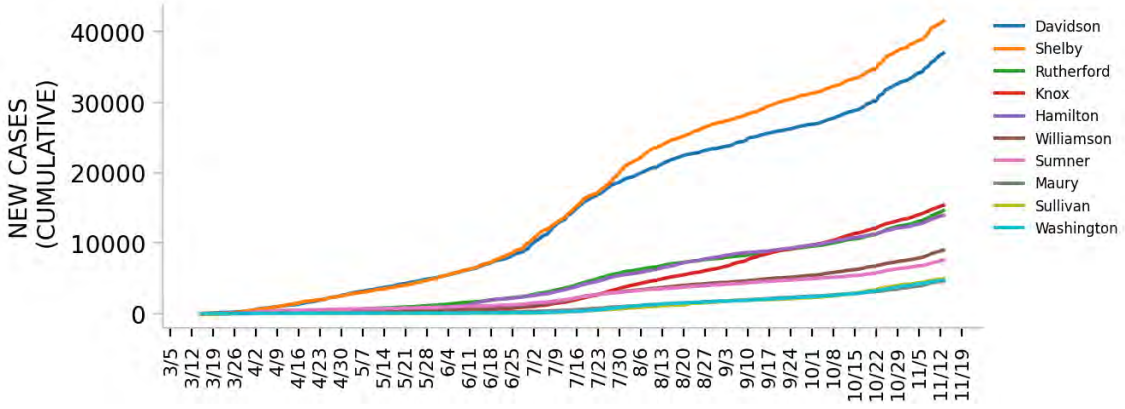
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020.

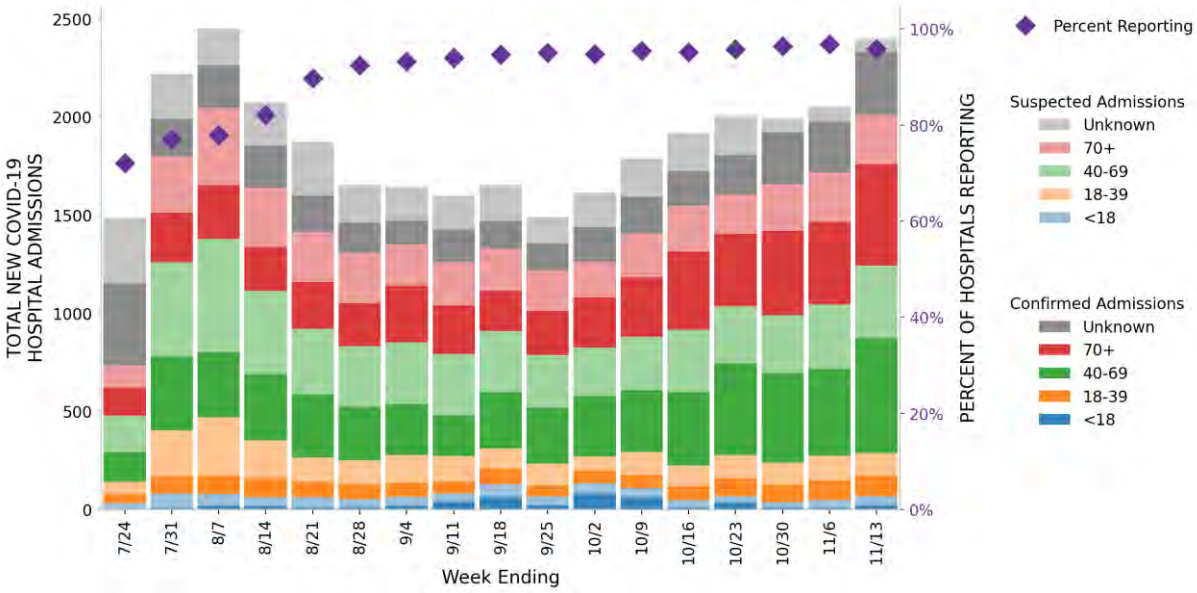
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

TENNESSEE

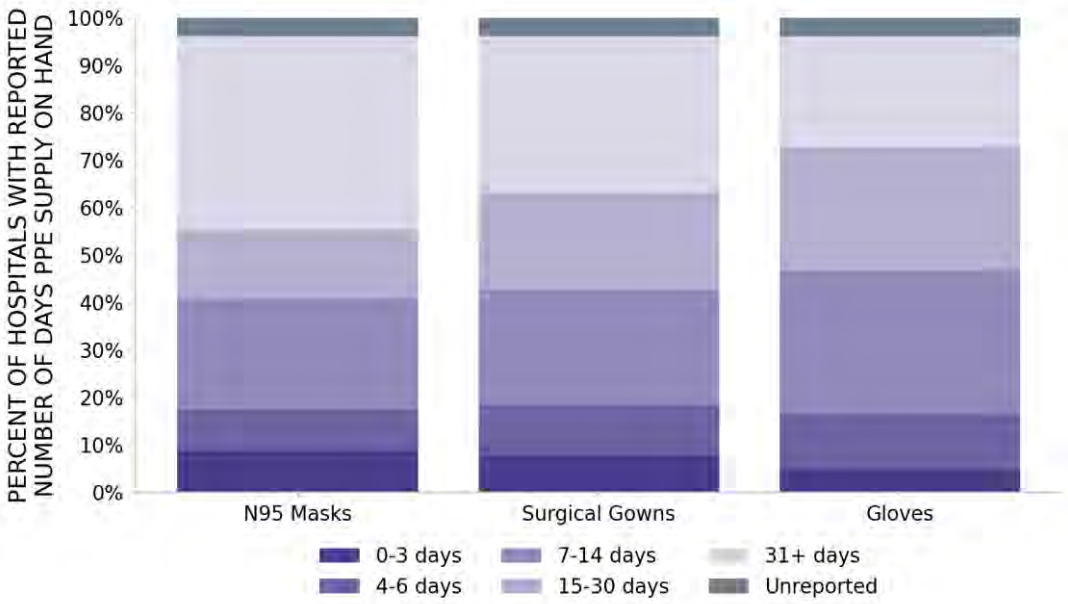
STATE REPORT | 11.15.2020

103 hospitals are expected to report in Tennessee

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

TENNESSEE

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	27 ▲ (+3)	Nashville-Davidson--Murfreesboro--Franklin Memphis Knoxville Chattanooga Johnson City Kingsport-Bristol Jackson Clarksville Cookeville Morristown Tullahoma-Manchester Cleveland	81 ▲ (+12)	Rutherford Knox Hamilton Williamson Sumner Maury Sullivan Washington Wilson Montgomery Blount Putnam
LOCALITIES IN ORANGE ZONE	0 ▼ (-2)	N/A	11 ▲ (+1)	Davidson Shelby Franklin Fayette Lewis DeKalb Grundy Sequatchie Trousdale Bledsoe Van Buren
LOCALITIES IN YELLOW ZONE	0 ▼ (-1)	N/A	2 ▼ (-11)	Campbell Marion

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

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

All Red Counties: Rutherford, Knox, Hamilton, Williamson, Sumner, Maury, Sullivan, Washington, Wilson, Montgomery, Blount, Putnam, Madison, Greene, Sevier, Bradley, Carter, Anderson, Dyer, Lawrence, Tipton, Roane, Dickson, Warren, Bedford, Cumberland, Hamblen, Coffee, Robertson, Gibson, Obion, McMinn, Lauderdale, Hawkins, Henry, Lincoln, Cocke, Loudon, White, Marshall, Jefferson, Monroe, Scott, Weakley, Macon, Cheatham, Rhea, Giles, Carroll, Hardeman, Smith, Unicoi, Grainger, Benton, Crockett, Haywood, Overton, Hardin, Henderson, Hickman, Johnson, McNairy, Cannon, Fentress, Stewart, Jackson, Perry, Decatur, Humphreys, Houston, Chester, Claiborne, Morgan, Lake, Wayne, Meigs, Polk, Union, Clay, Pickett, Moore

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

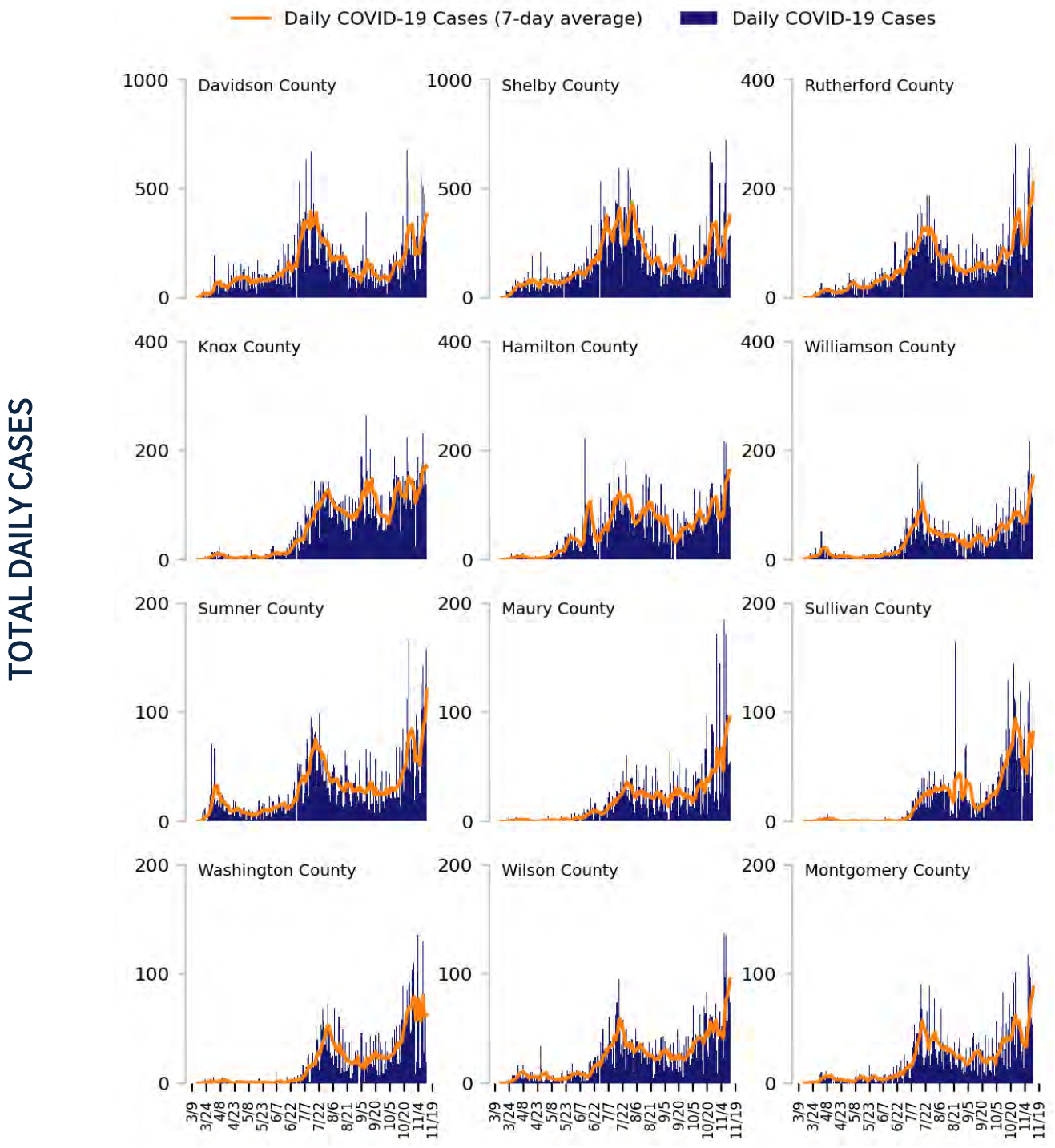
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

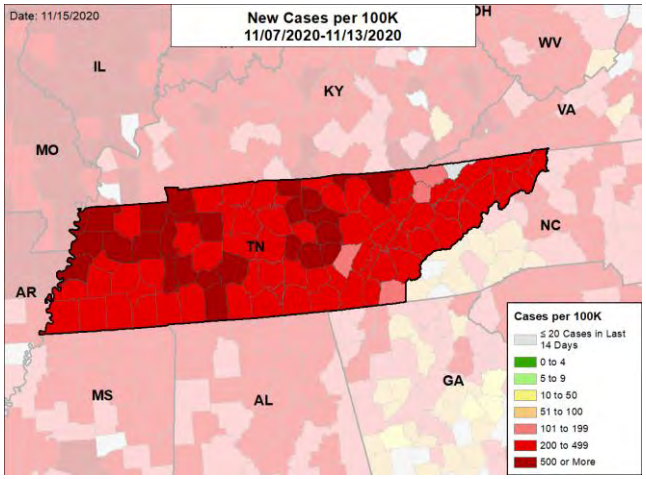
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

TENNESSEE

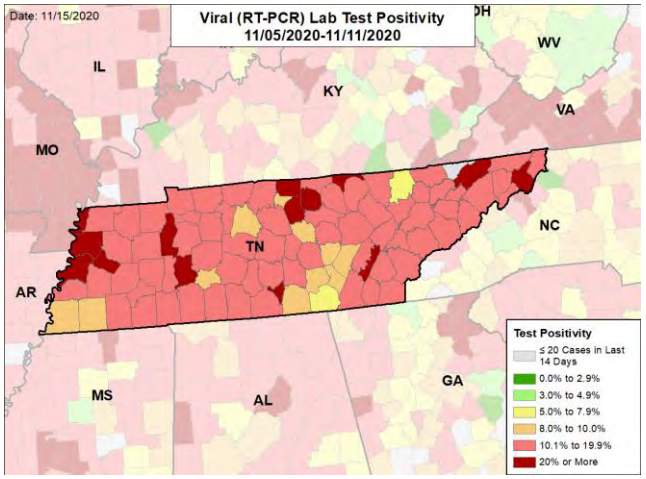
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

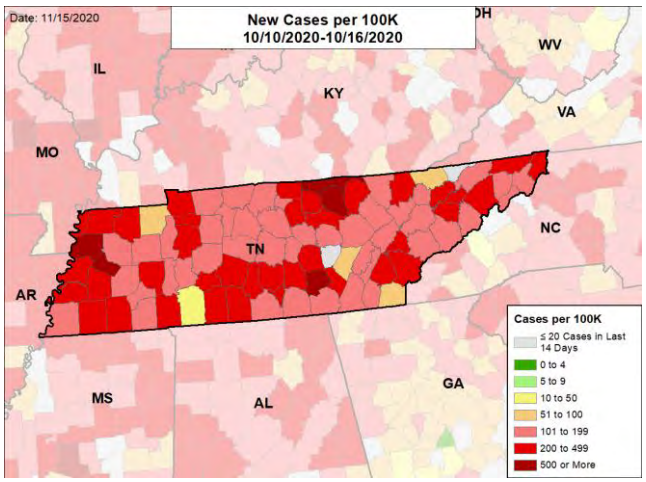
NEW CASES PER 100,000



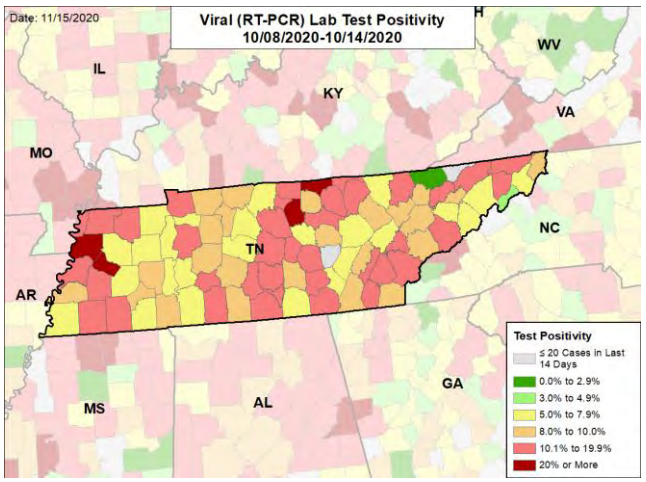
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

STATE REPORT
11.15.2020
Issue 22

TEXAS

SUMMARY

- For the first time in weeks, we are seeing evidence of the impact of the restrictions implemented 2 weeks ago with some evidence of stable peak. These mitigation efforts need to be considered for any county or metro with similar profiles, especially Tarrant, Lubbock, and Dallas counties.
- Texas is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 32nd highest rate in the country. Texas is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 22nd highest rate in the country.
- Texas has seen an increase in new cases and an increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. El Paso County, 2. Tarrant County, and 3. Harris County. These counties represent 41.0% of new cases in Texas.
- 72% of all counties in Texas have moderate or high levels of community transmission (yellow, orange, or red zones), with 45% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 16% of nursing homes had at least one new resident COVID-19 case, 30% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- Texas had 223 new cases per 100,000 population, compared to a national average of 294 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 57 to support medical activities from DoD; 46 to support operations activities from FEMA; 17 to support operations activities from ASPR; 1 to support epidemiology activities from CDC; and 16 to support operations activities from USCG.
- The federal government has supported surge testing in Houston, TX and Waco, TX.
- Between Nov 7 - Nov 13, on average, 819 patients with confirmed COVID-19 and 676 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Texas. 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

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for the identification of both asymptomatic and pre-symptomatic individuals and significant behavior change of all Americans. Ensure masks at all times in public, increase physical distancing through significant reduction in capacity in public and private indoor spaces, and ensure every American understands the clear risks of ANY indoor interactions outside of their immediate household without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expanded, strategic use of point-of-care antigen tests with immediate results will be critical to expanding this model into the community; these tests should be used among all individuals independent of symptoms in orange and red counties in Texas.
- Antigen tests perform well in the highly infectious window and will be effective in identification of asymptomatic and pre-symptomatic infectious cases.
    - Antigen tests do not perform well after 8-10 days post infection when nucleic acid cycle times are greater than 30.
    - All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Proactive testing must be part of the mitigation efforts inclusive of mask wearing, physical distancing, and hand hygiene.
- We need to protect those we are thankful for in our families and communities. Ensure indoor masking around vulnerable family members during any gatherings due to the significant amount of virus circulating and the high rate of asymptomatic and undiagnosed infections among family and community members.
- New hospital admissions in Texas have been increasing rapidly, especially in those over 40. There appears to be early stability at a high plateau and with aggressive mitigation, could prevent increasing stress on the hospital system. LTCF cases continue to deteriorate.
- There are early signs of reduced N95, gown, and glove supply in specific hospitals' reporting. Please contact all hospitals reporting less than one week's supply to confirm data; contact the regional FEMA office for support if this supply issue is confirmed.
- Ensure university students continue their mitigation behaviors to prevent further outbreaks on or off campus. Ensure appropriate testing and behavior change in the 10 days prior to departure to hometowns for the holiday season.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. There continue to be high levels of positive LTCF staff members, indicating continued and unmitigated community spread in these geographic locations.
- Ensure full flu immunizations across the state.
- Weekly testing of all Tribal members residing on reservations should be implemented immediately, providing accommodations for COVID-19 positive individuals to isolate immediately.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

TEXAS

STATE REPORT | 11.15.2020

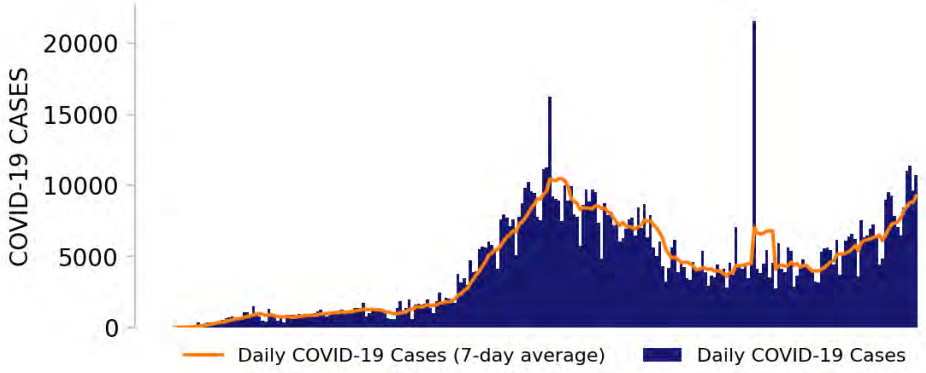
	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	64,707 (223)	+26%	109,012 (255)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	12.3%	+1.1%*	12.0%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	370,877** (1,279**)	-27%**	584,718** (1,369**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	762 (2.6)	+15%	1,126 (2.6)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	16%	+1%*	18%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	30%	+4%*	34%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	+0%*	6%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

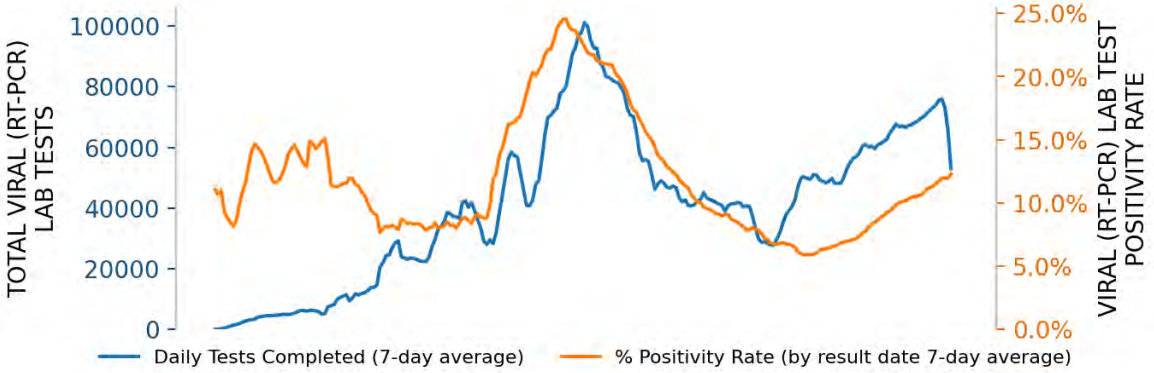
TEXAS

STATE REPORT | 11.15.2020

NEW CASES

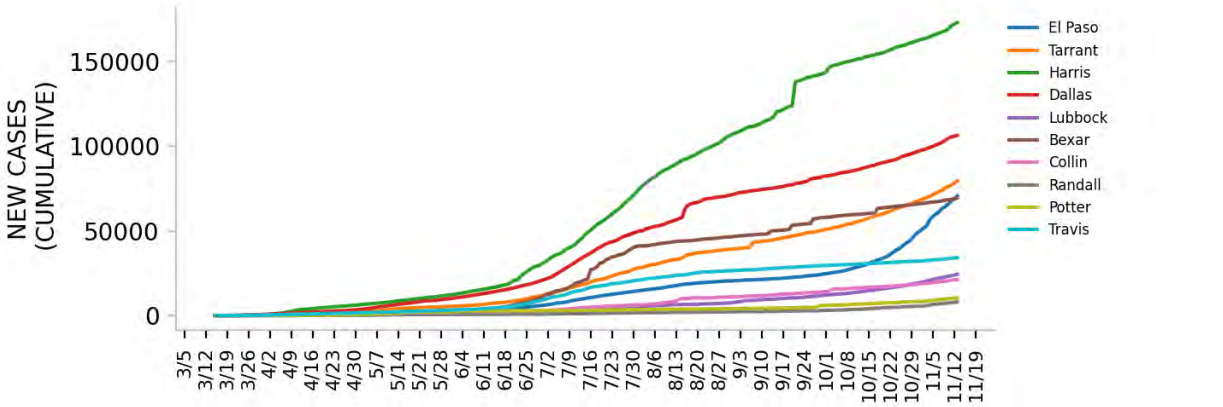


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020.

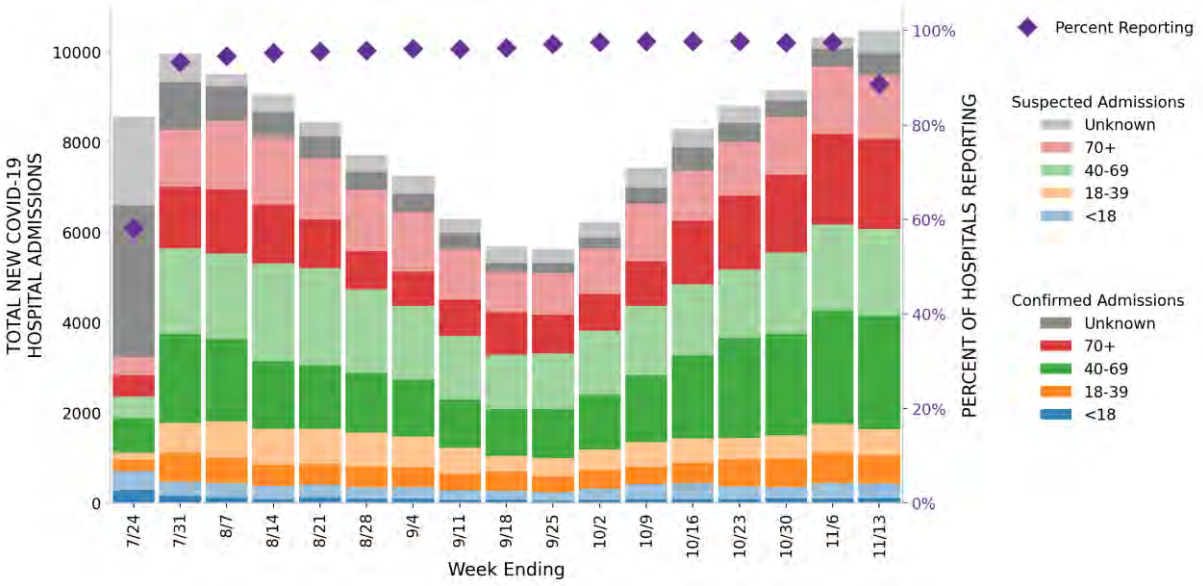
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

TEXAS

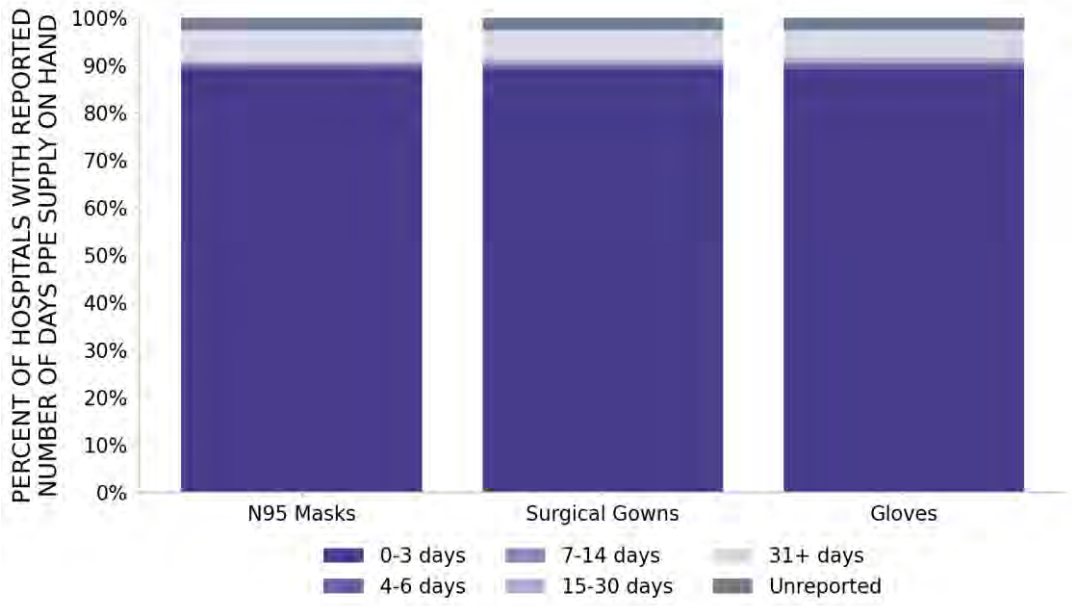
STATE REPORT | 11.15.2020

457 hospitals are expected to report in Texas

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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. Anomalous confirmed admissions for the 18-19 year-old age group in TX on 8/15 have been corrected. We look forward to working to improve data quality.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

TEXAS

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	46 ▲ (+15)	Dallas-Fort Worth-Arlington El Paso Lubbock Amarillo Waco Odessa Wichita Falls Laredo Midland Beaumont-Port Arthur Corpus Christi Sherman-Denison	114 ▲ (+39)	El Paso Tarrant Dallas Lubbock Collin Randall Potter Denton McLennan Ector Wichita Webb
LOCALITIES IN ORANGE ZONE	15 ▼ (-1)	Houston-The Woodlands-Sugar Land San Antonio-New Braunfels McAllen-Edinburg-Mission Abilene College Station-Bryan Brownsville-Harlingen Longview Del Rio Sulphur Springs Bonham Uvalde Palestine	42 ▲ (+8)	Harris Bexar Hidalgo Brazoria Jones Cameron Brazos Taylor Guadalupe Val Verde Coryell Young
LOCALITIES IN YELLOW ZONE	8 ▼ (-3)	Austin-Round Rock-Georgetown Killeen-Temple Lufkin Nacogdoches Kerrville Raymondville Bay City Port Lavaca	26 ▼ (-10)	Travis Williamson Galveston Fort Bend Bell Hays Comal Orange Chambers Angelina Waller Caldwell

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red CBSAs: Dallas-Fort Worth-Arlington, El Paso, Lubbock, Amarillo, Waco, Odessa, Wichita Falls, Laredo, Midland, Beaumont-Port Arthur, Corpus Christi, Sherman-Denison, Tyler, Plainview, Pampa, Texarkana, Levelland, Eagle Pass, Paris, San Angelo, Granbury, Brownwood, Alice, Victoria, Athens, Snyder, Stephenville, Big Spring, Andrews, Lamesa, Borger, Huntsville, Vernon, Rio Grande City-Roma, Hereford, Dumas, Corsicana, Sweetwater, Mount Pleasant, Mineral Wells, Brenham, Kingsville, Pecos, Beeville, Fredericksburg, Zapata

All Orange CBSAs: Houston-The Woodlands-Sugar Land, San Antonio-New Braunfels, McAllen-Edinburg-Mission, Abilene, College Station-Bryan, Brownsville-Harlingen, Longview, Del Rio, Sulphur Springs, Bonham, Uvalde, Palestine, Gainesville, El Campo, Rockport

All Red Counties: El Paso, Tarrant, Dallas, Lubbock, Collin, Randall, Potter, Denton, McLennan, Ector, Wichita, Webb, Midland, Montgomery, Ellis, Nueces, Jefferson, Grayson, Smith, Hale, Johnson, Gray, Childress, Parker, Kaufman, Bowie, Hockley, Maverick, Lamar, Rockwall, Hunt, Tom Green, Gregg, Hood, Brown, Burnet, Henderson, Victoria, Wise, Scurry, Jim Wells, Erath, Lamb, Howard, Andrews, Terry, Gaines, Dawson, Hutchinson, Hardin, Van Zandt, Walker, Hill, Wilbarger, Yoakum, Starr, Deaf Smith, Cass, Moore, Navarro, Montague, San Saba, Nolan, Lavaca, Wood, Bailey, Palo Pinto, Washington, Lynn, Kleberg, Wheeler, Castro, Titus, Reeves, Parmer, Presidio, Ward, Mitchell, Ochiltree, Eastland, Jackson, Bee, Clay, Callahan, Coleman, Swisher, Hamilton, Stephens, Comanche, Gillespie, Archer, Brewster, Somervell, Winkler, Martin, Crosby, Zapata, Zavala, Cochran, Floyd, Fisher, Coke, Mills, Jack, Hudspeth, Sutton, Garza, Reagan, Hansford, Kimble, Carson, Schleicher, Hall, Briscoe

All Orange Counties: Harris, Bexar, Hidalgo, Brazoria, Jones, Cameron, Brazos, Taylor, Guadalupe, Val Verde, Coryell, Young, Hopkins, Pecos, Bastrop, Harrison, Fannin, Uvalde, Anderson, Rusk, Cooke, Atascosa, San Patricio, Burleson, Wharton, Bosque, Polk, Wilson, Llano, Medina, Falls, Madison, Gonzales, DeWitt, Panola, Rains, Brooks, Camp, Aransas, Dimmit, Colorado, Lee

All Yellow Counties: Travis, Williamson, Galveston, Fort Bend, Bell, Hays, Comal, Orange, Chambers, Angelina, Waller, Caldwell, Nacogdoches, Liberty, Hemphill, Kerr, Upshur, Willacy, Kendall, Duval, Matagorda, Calhoun, Milam, Shelby, Houston, Austin

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

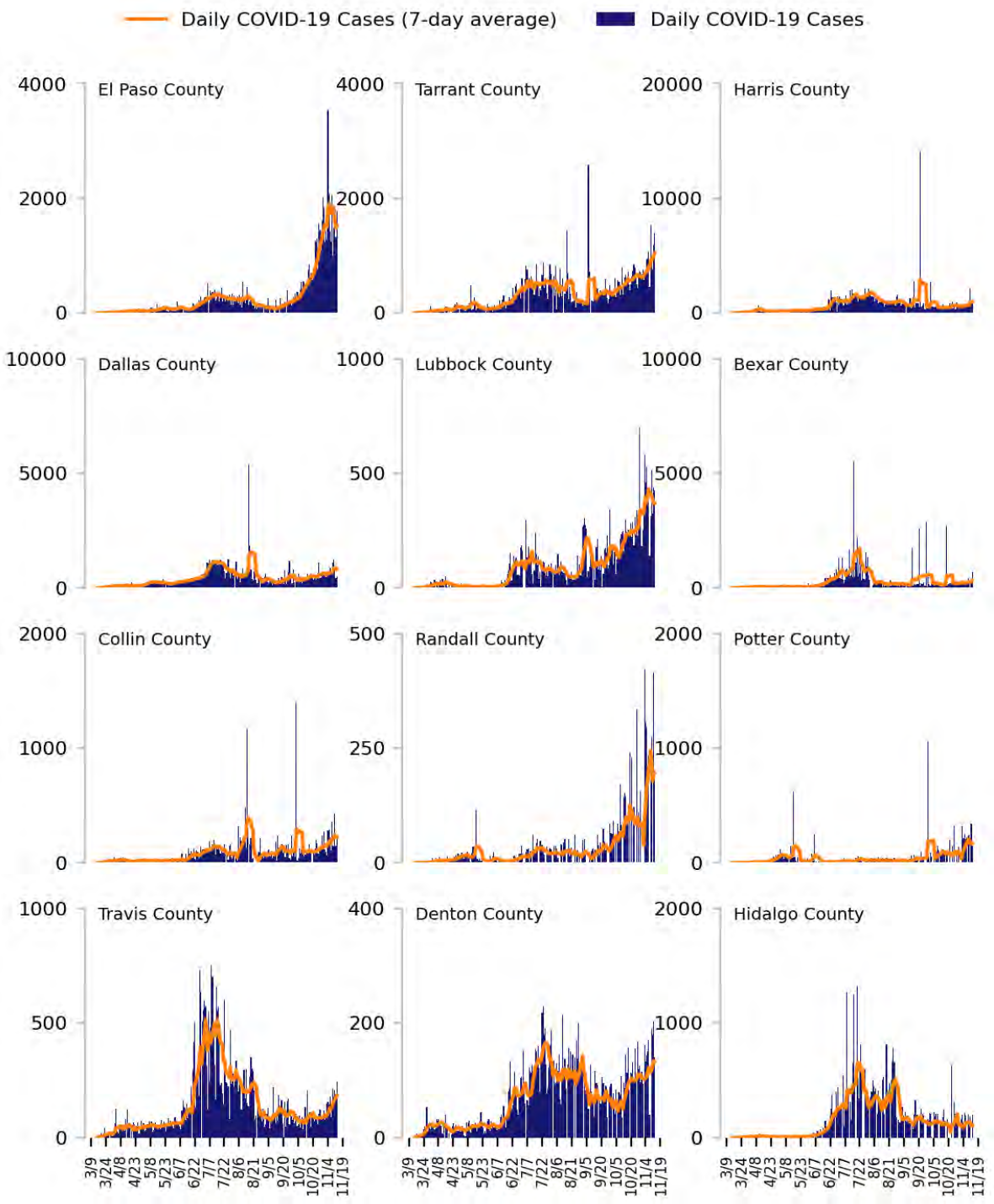
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

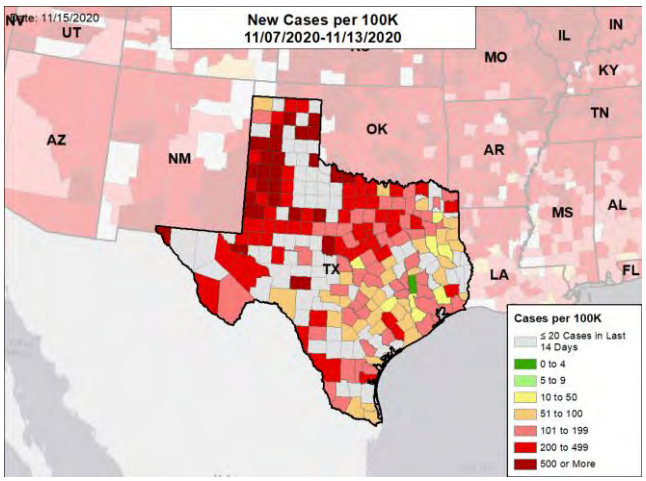
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

TEXAS

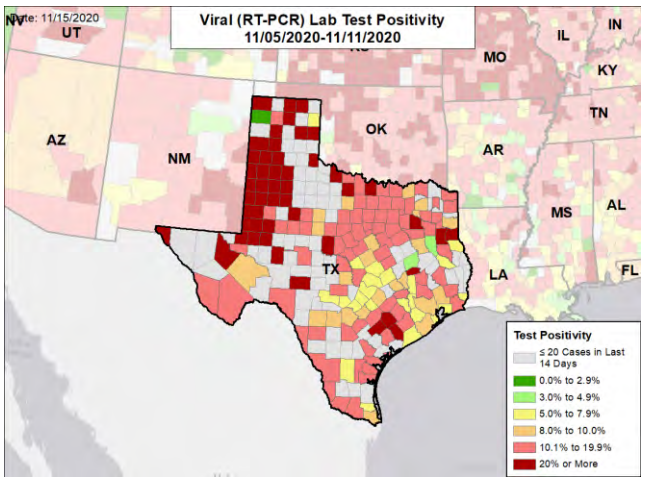
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

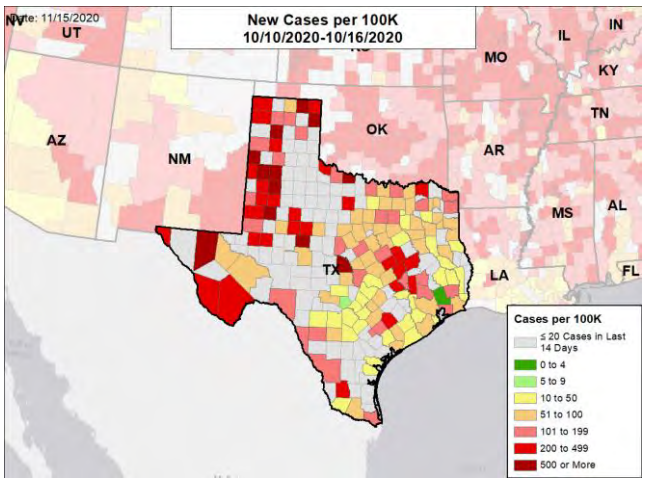
NEW CASES PER 100,000



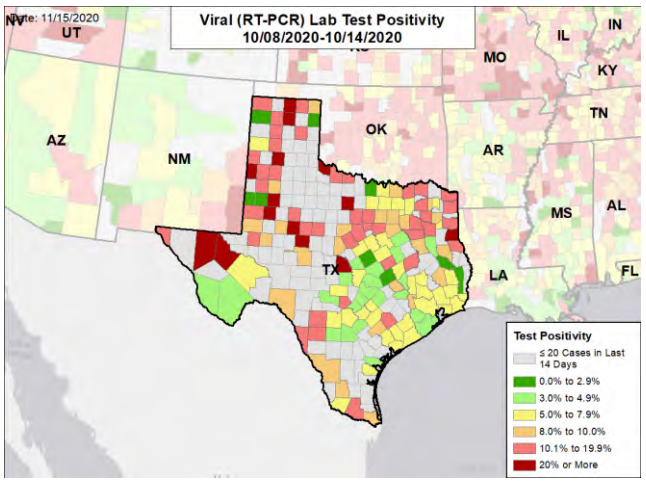
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

UTAH

STATE REPORT
11.15.2020
Issue 22

SUMMARY

- Utah is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 11th highest rate in the country. Utah is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 10th highest rate in the country.
- Utah has seen an increase in new cases and an increase in test positivity. Compared to the previous week, incidence increased in 23 counties and test positivity increased in 22 counties by wider margins than before, suggesting acceleration of the epidemic.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Salt Lake County, 2. Utah County, and 3. Davis County. These counties represent 73.1% of new cases in Utah.
- 79% of all counties in Utah have moderate or high levels of community transmission (yellow, orange, or red zones), with 79% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 21% of nursing homes had at least one new resident COVID-19 case, 46% had at least one new staff COVID-19 case, and 8% had at least one new resident COVID-19 death.
- Utah had 586 new cases per 100,000 population, compared to a national average of 294 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 2 to support epidemiology activities from CDC.
- Between Nov 7 - Nov 13, on average, 76 patients with confirmed COVID-19 and 6 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Utah. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- The apparent acceleration in transmission is deeply concerning, especially given the exceedingly high current incidence and test positivity. Containment will require adherence to the more intensive restrictions that have recently been put into place.
- The upcoming holidays are likely to further amplify transmission. Utah should vigorously expand public health messaging across all media platforms, including SMS auto-texting, to warn citizens about the risks of social gatherings, advise people to avoid or limit them, and reinvigorate the practice of universal face covering and social distancing.
- Work with advertising agencies to develop and deploy new public health campaigns; consider using neighboring states with worse epidemics as a cautionary tale.
- Greatly expand use of local hospital or clinical staff as part of urgent public advocacy for community mitigation behaviors in all communities; taped messages posted to varied social media platforms can be compelling and persuasive, especially when they come from within communities that have been resistant to interventions like face coverings; look for champions from within those communities to carry the message.
- Consider marketing new restrictions as a “care for your neighbor” holiday campaign and develop ways to enforce them. Work with religious and community organization leaders to ensure they understand the need for these interventions.
- All staff who work with patients or residents in any congregate setting should be tested weekly with rapid tests and should not be permitted to work without a recent negative test or clearance from isolation.
- Surveillance systems using wastewater surveillance at the most local level practical (including single building surveillance of congregate settings) and regular antigen testing, regardless of symptoms, for all workers at increased risk of infection and transmission (e.g., clinicians, workers in congregate or crowded indoor settings, drivers, etc.) should be established and scaled as soon as possible.
- Local data on test positivity and hospitalization rates/utilization, stratified by age bands, are extremely important to provide an early indication of accelerating transmission among the most vulnerable who are more likely to need hospitalization.
- Continue to work with regional and federal partners to expand hospital capacity. All facilities and hospital service areas should have an expansion plans, and the threshold for implementation should be established.
- Ensure lower-level hospitals in more remote areas are fully capacitated with updated clinical training and access to appropriate resources and medications (antivirals, glucocorticoids and, if possible, monoclonal antibodies for those most at risk).
- Continue to monitor contact tracing capacity in all counties to ensure all cases are immediately isolated and interviewed within 48 hours of diagnosis; where necessary, expand contact tracing capacity by focusing the interview, developing scripts and clear algorithms to allow task-shifting, and coordinating remote surge capacity from districts with lower case rates.
- Document diligent adherence to CDC recommendations for schools with in-person activities, including use of face coverings for all students and teachers; given the association between K-12 schooling and community transmission, reevaluate the status of school systems, especially in communities with limited hospital capacity.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

UTAH

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	18,788 (586)	+31%	78,335 (639)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	17.6%	+0.7%*	15.4%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	114,623** (3,575**)	+22%**	492,536** (4,018**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	53 (1.7)	+10%	417 (3.4)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	21%	+4%*	26%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	46%	+0%*	53%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	8%	+1%*	10%	6%

* 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.

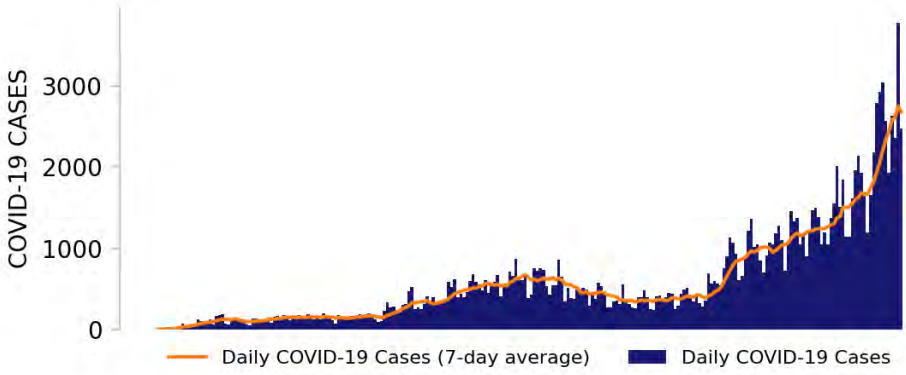
DATA SOURCES – Additional data details available under METHODS

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 11/13/2020; previous week is 10/31 - 11/6.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

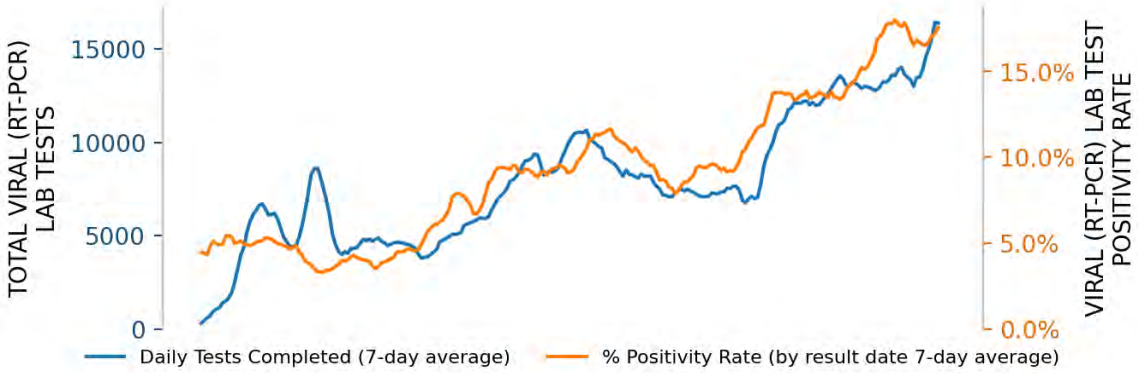
UTAH

STATE REPORT | 11.15.2020

NEW CASES

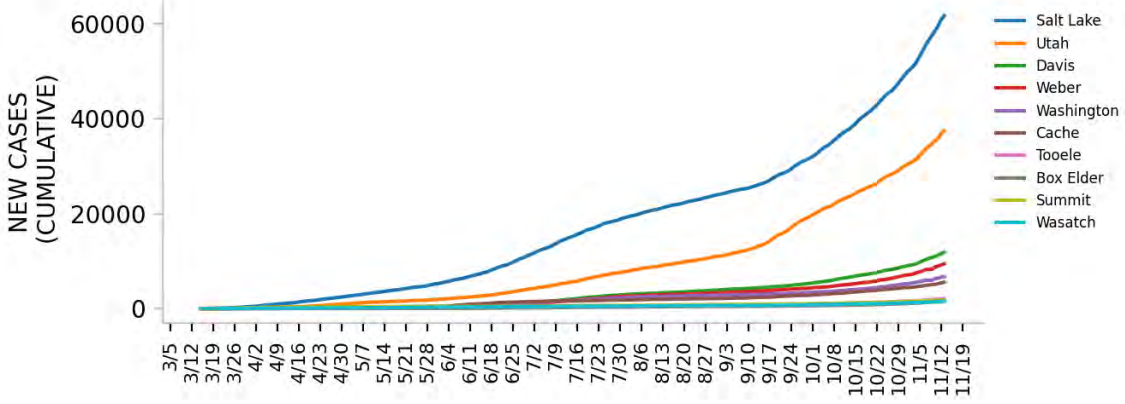


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020.

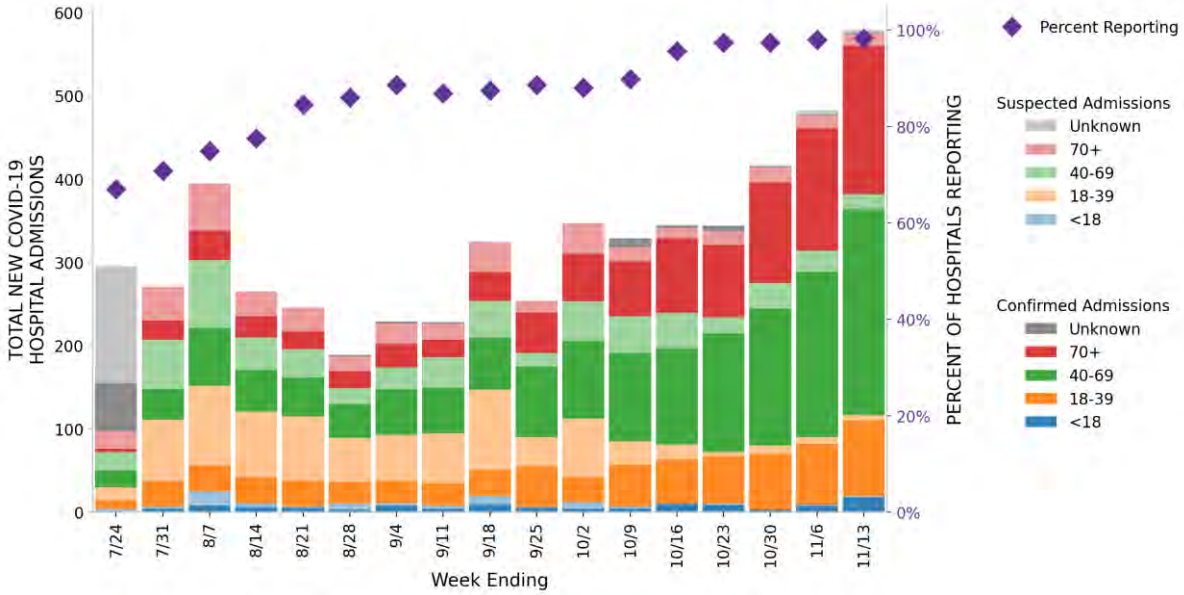
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

UTAH

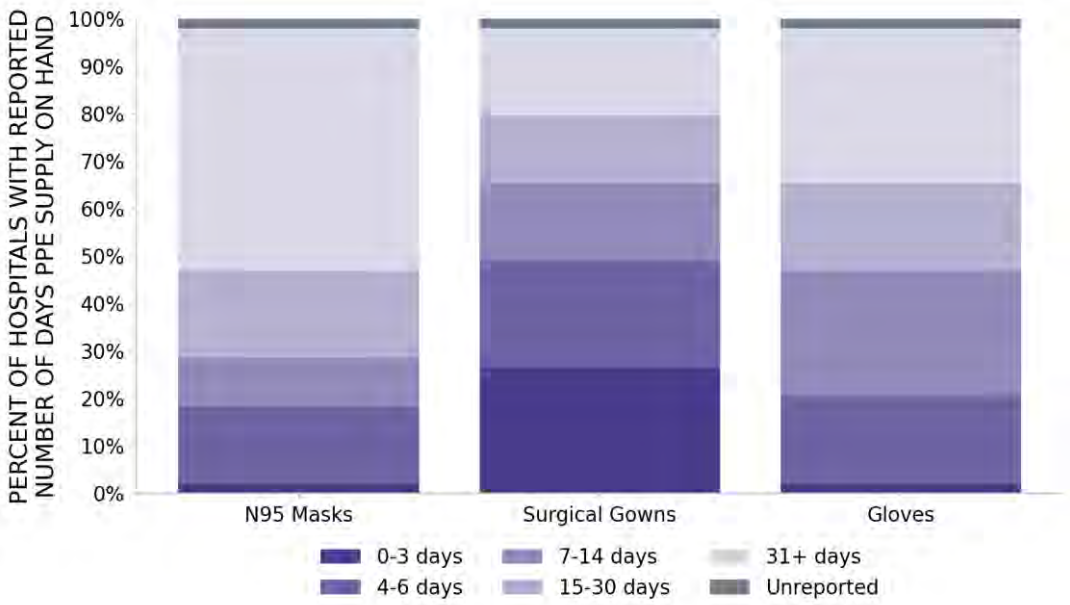
STATE REPORT | 11.15.2020

49 hospitals are expected to report in Utah

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

UTAH

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	9 ■ (+0)	Salt Lake City Provo-Orem Ogden-Clearfield St. George Logan Heber Cedar City Vernal Price	23 ▲ (+1)	Salt Lake Utah Davis Weber Washington Cache Tooele Box Elder Summit Wasatch Sanpete Sevier
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	0 ▼ (-1)	N/A

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red Counties: Salt Lake, Utah, Davis, Weber, Washington, Cache, Tooele, Box Elder, Summit, Wasatch, Sanpete, Sevier, Iron, Uintah, Carbon, Duchesne, Morgan, Juab, San Juan, Emery, Millard, Garfield, Beaver

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

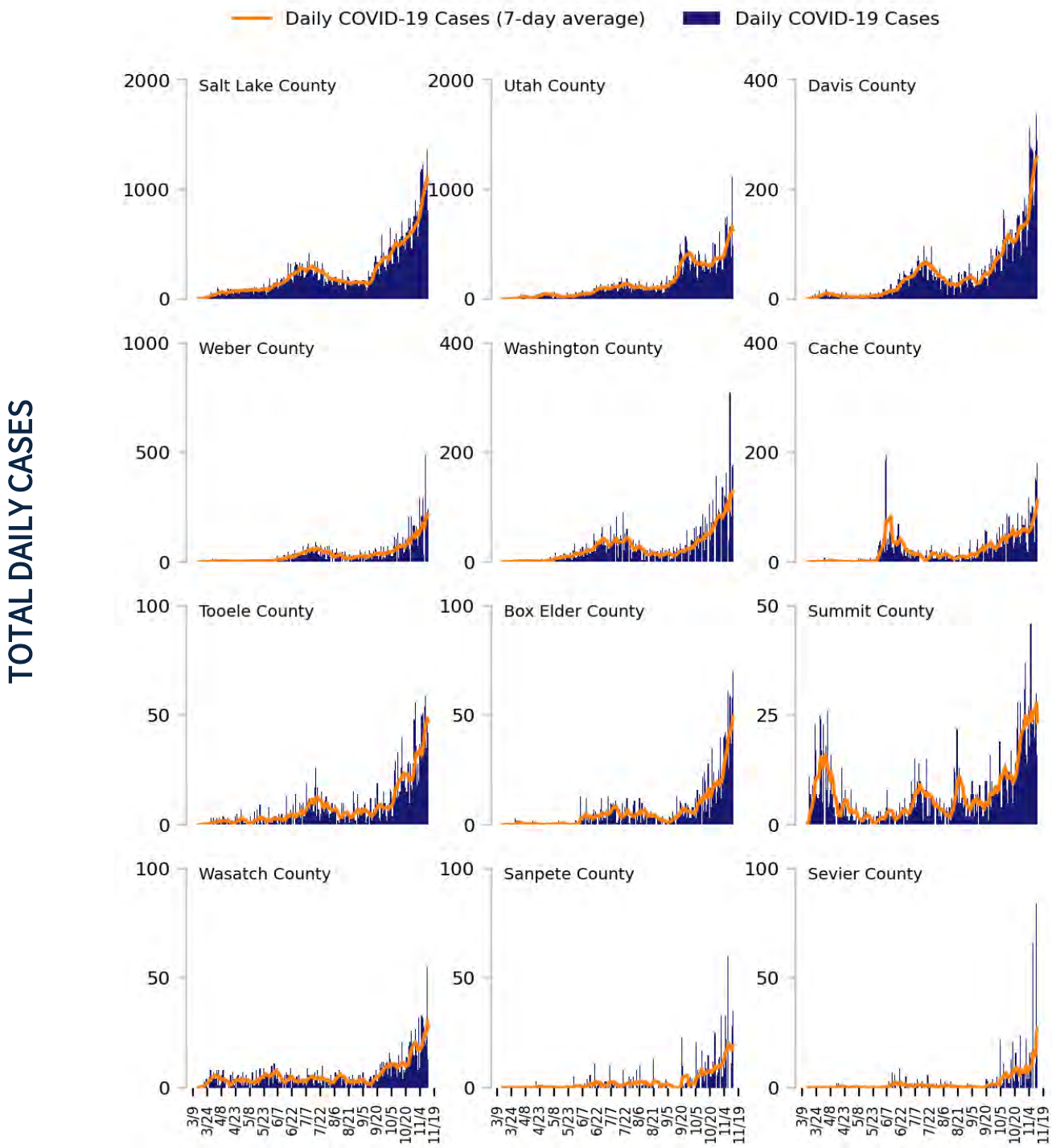
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

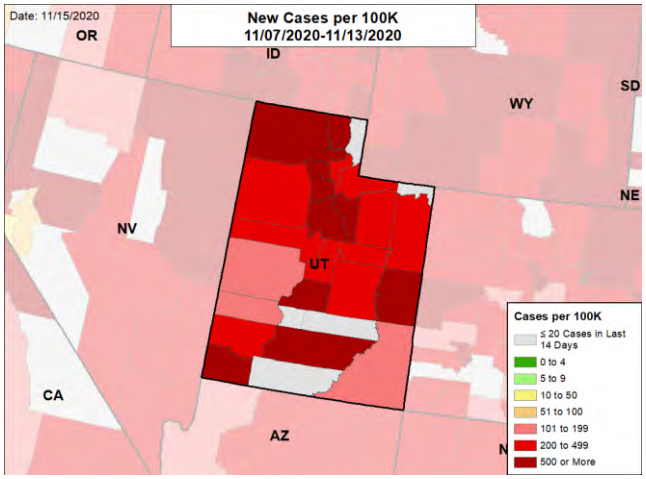
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

UTAH

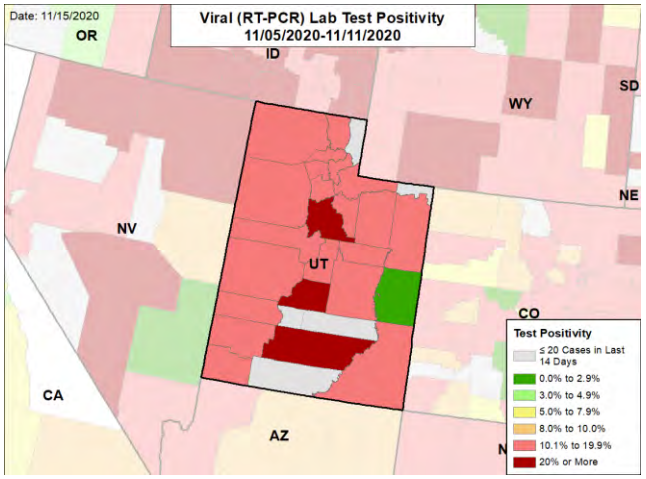
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

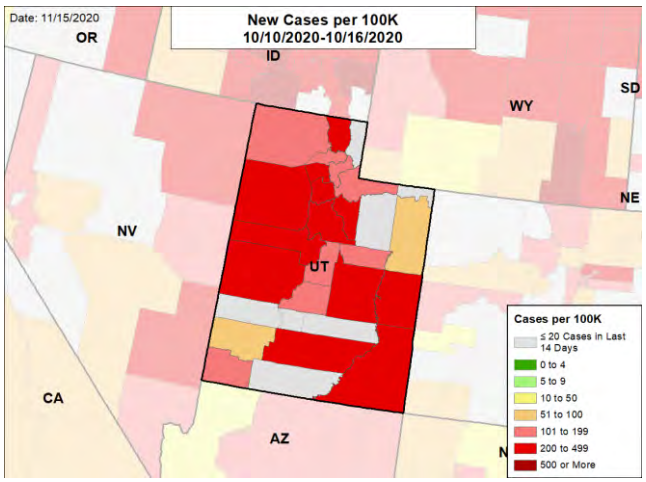
NEW CASES PER 100,000



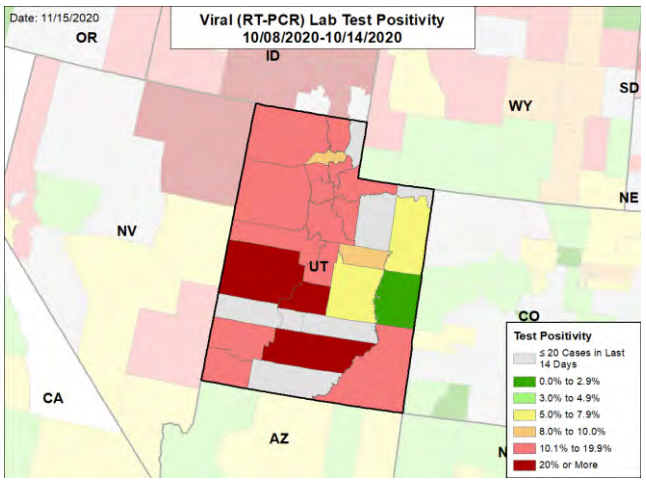
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

VERMONT

STATE REPORT
11.15.2020
Issue 22

SUMMARY

- Vermont is facing a severe challenge to its good control of the epidemic. Vermont is in the orange zone for cases, indicating between 51 and 100 new cases per 100,000 population, with the 50th highest 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 a sharp increase in new cases and an increase in test positivity. Vermont reported the first COVID-19 death since July on 7 Nov.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Chittenden County, 2. Washington County, and 3. Orange County. These counties represent 60.1% of new cases in Vermont. Increased disease activity was spread throughout the state.
- Heightened levels of SARS-CoV-2 were detected through the wastewater surveillance program in Burlington.
- 29% of all counties in Vermont 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 Nov 2 - Nov 8, no nursing homes had at least one new resident COVID-19 case, 3% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death.
- Vermont had 67 new cases per 100,000 population, compared to a national average of 294 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 USCG.
- Between Nov 7 - Nov 13, on average, 3 patients with confirmed COVID-19 and 1 patient with suspected COVID-19 were reported as newly admitted each day to hospitals in Vermont. 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

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- We share the judgement of Vermont leaders that the time of very low risk has ended given the increase in cases in Vermont and more markedly throughout the country. The communication and actions of the Governor are crucial and commended.
- At this point, the rapid increase in cases supports the increased mitigation measures taken in the past week; further measures will likely be needed to avoid falling behind as other states have found control of spread to be much more difficult if measures are delayed. Maximizing control of transmission now will allow for greater and earlier resumption of business activity in addition to limiting hospitalizations and deaths.
- The upcoming holidays can amplify transmission considerably. Vermont should continue to expand public health messaging across all media platforms, including SMS auto-texting, to warn citizens about the risks of social gatherings, advise people to avoid them, and reemphasize face coverings and social distancing. Specifically, recommend holding an event only with individuals within one's household and emphasize the risk of exposing an elderly person or someone with an underlying condition (diabetes, obesity, hypertension, chemotherapy, etc.) if gathering indoors without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expanded strategic use of point-of-care antigen tests with immediate results will be critical to proactive testing in communities; these tests should be used among all individuals independent of symptoms in orange and red counties.
    - Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases.
    - Antigen tests do not perform well after 8-10 days post infection when nucleic acid cycle times are >30.
    - All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Expand contact tracing as needed by focusing the interview, developing scripts and clear algorithms to allow task-shifting, and coordinating remote surge capacity from counties with lower case rates. At the time of testing, give detailed instructions and materials describing what to do if the individual tests positive. Contact tracing may need to be prioritized under conditions of rapidly increasing cases.
- Testing should be at a high baseline level throughout the state (aiming for at least 2,000 tests per 100,000 population per week in all counties) and should be immediately intensified in areas where there are signals of increasing transmission from clinical or wastewater testing. Vermont's testing level of nearly 5,000 tests per 100,000 population is commended but may need further expansion, especially during the current viral surge.
- Mitigation measures to limit transmission in personal gatherings need continued strengthening. This needs augmented communication from state and community leaders of a clear and shared message asking Vermonters to wear masks, physically distance, and avoid gatherings in both public and private spaces, especially indoors. Hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally.
- Ensure all K-12 schools are following CDC guidelines, including mask wearing. Utilize the Abbot BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure university students continue their mitigation behaviors to ensure no further outbreaks on or off campus. Encourage IHE to test their student body before they leave campus for Thanksgiving break to mitigate exposure to family and community.
- Ensure that all hospitals, including rural and mid-level hospitals, have conducted updated clinical training and have access to appropriate medicines and supplies. All service areas and clinical facilities should have expansion and contingency plans.
- Following local data on test positivity by age will be important to detect early evidence of increasing transmission in more vulnerable populations; expanding local clinical capacity at an earlier stage will avoid compromises in clinical care when hospitalizations increase rapidly.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

VERMONT

STATE REPORT | 11.15.2020

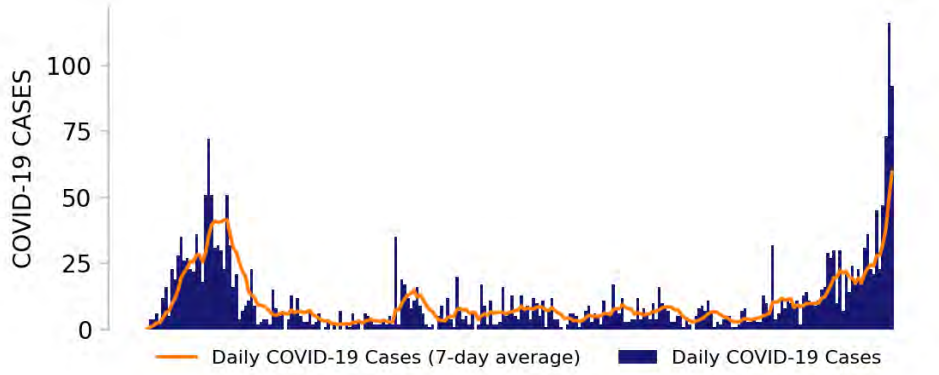
	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	417 (67)	+144%	35,015 (236)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	1.6%	+0.8%*	3.9%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	30,545** (4,895**)	+12%**	801,841** (5,401**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	1 (0.2)	N/A	279 (1.9)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	0%	N/A*	8%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	3%	+3%*	20%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A*	3%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

VERMONT

STATE REPORT | 11.15.2020

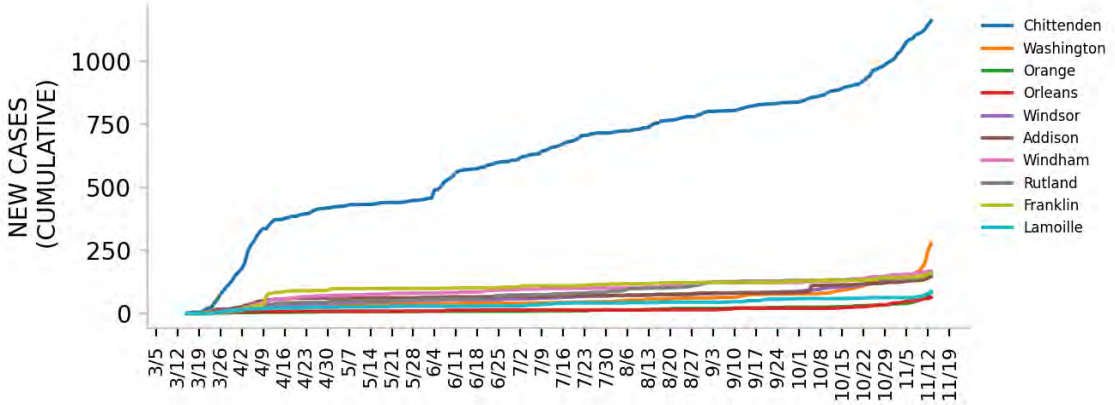
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020.

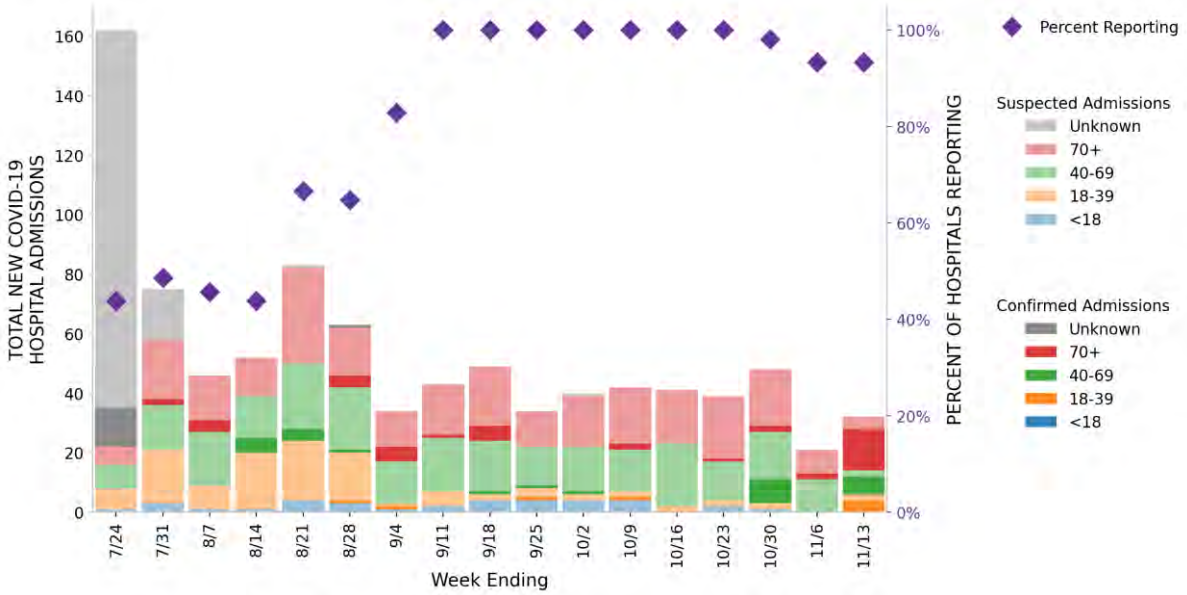
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

VERMONT

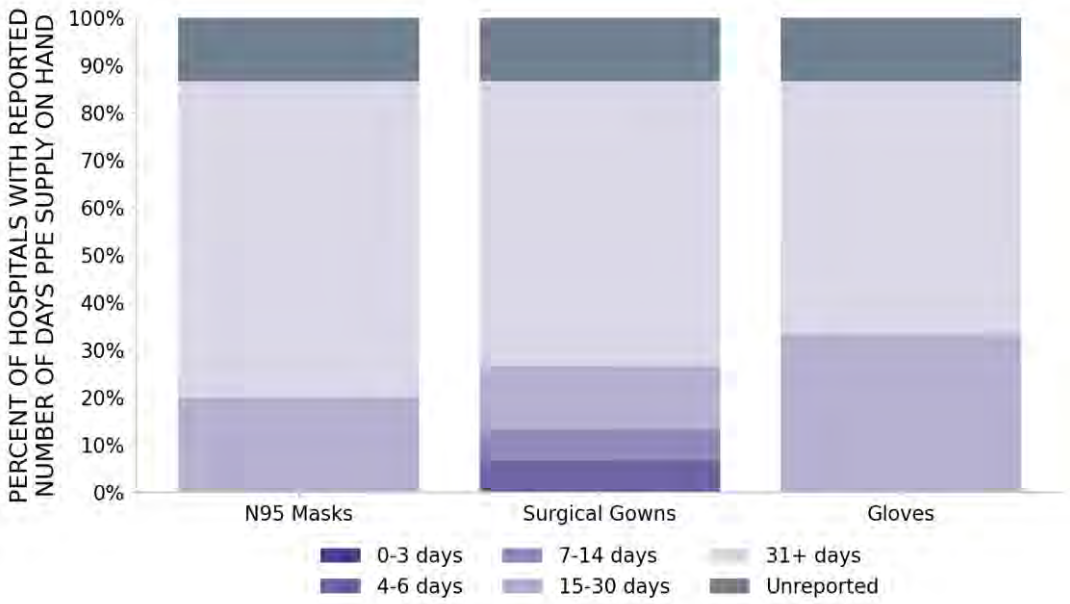
STATE REPORT | 11.15.2020

15 hospitals are expected to report in Vermont

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

VERMONT

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	0 ■ (+0)	N/A	1 ▲ (+1)	Grand Isle
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	1 ▲ (+1)	Lamoille
LOCALITIES IN YELLOW ZONE	1 ▲ (+1)	Barre	2 ▲ (+2)	Washington Orange

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

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

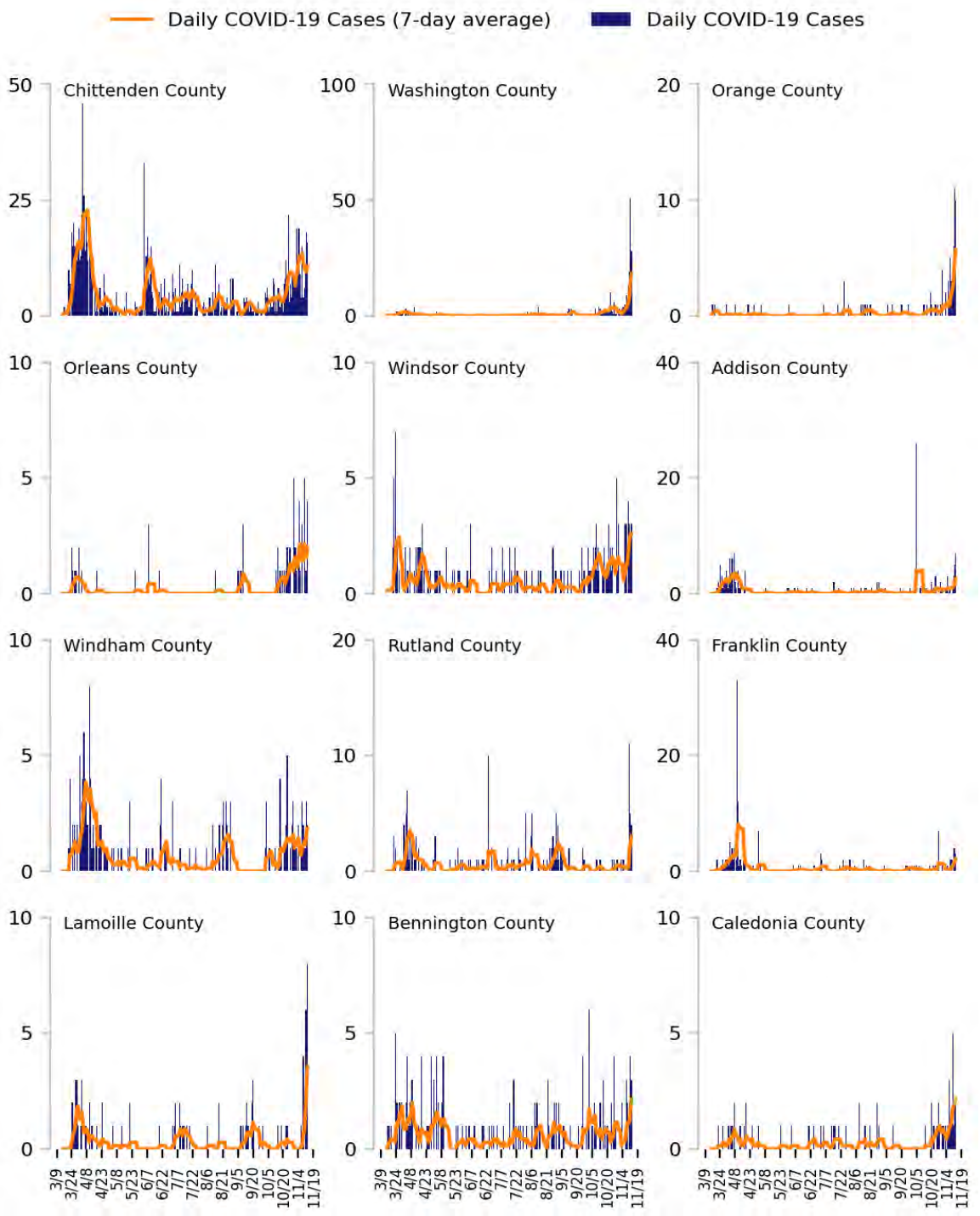
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

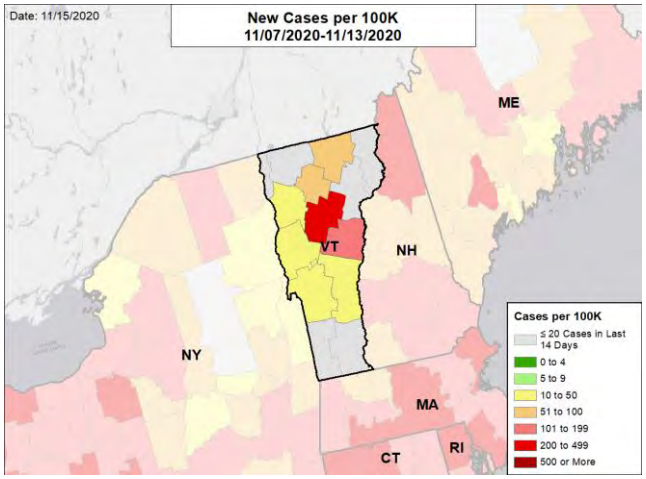
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

VERMONT

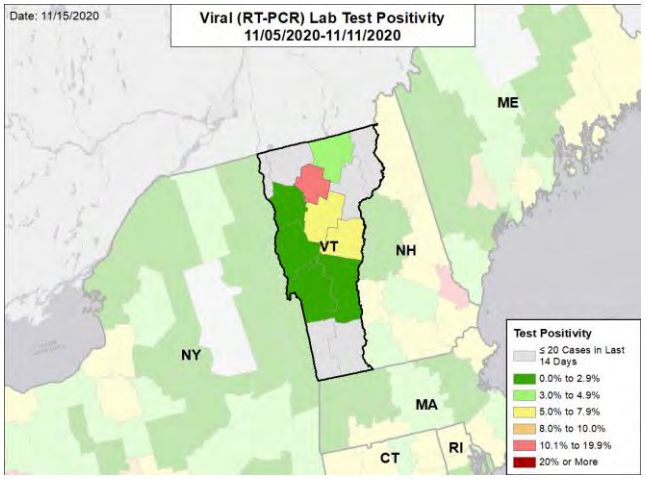
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

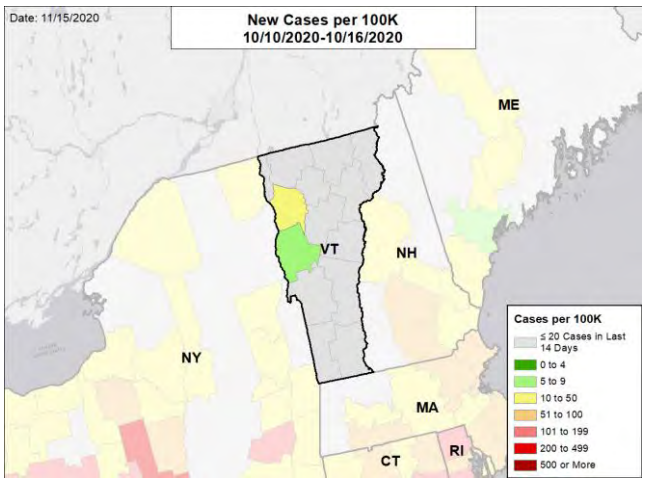
NEW CASES PER 100,000



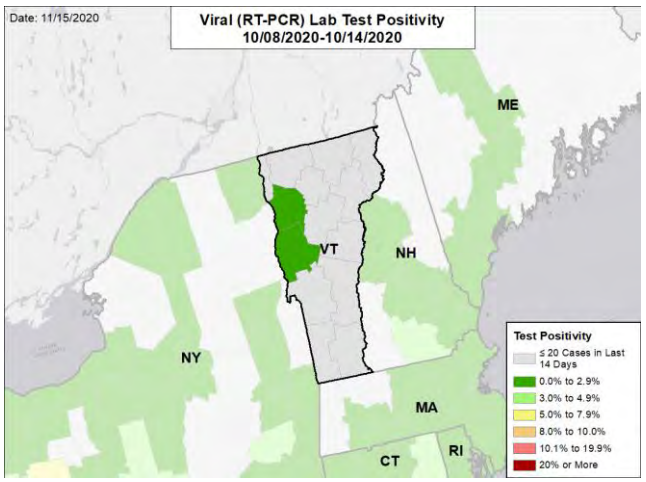
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

STATE REPORT
11.15.2020
Issue 22

VIRGINIA

SUMMARY

- There is broad community spread occurring in Virginia and mitigation must increase now to ensure the state does not enter a period of accelerating spread again.
- Virginia is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 47th highest rate in the country. Virginia is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 31st highest rate in the country.
- Virginia has seen an increase in new cases and an increase in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Fairfax County, 2. Prince William County, and 3. Virginia Beach City. These counties represent 21.5% of new cases in Virginia.
- 66% of all counties in Virginia have moderate or high levels of community transmission (yellow, orange, or red zones), with 29% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 15% of nursing homes had at least one new resident COVID-19 case, 30% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death.
- Virginia had 123 new cases per 100,000 population, compared to a national average of 294 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 31 to support operations activities from FEMA; 4 to support epidemiology activities from CDC; 104 to support operations activities from USCG; and 27 to support medical activities from VA.
- The federal government has supported surge testing in Harrisonburg, VA.
- Between Nov 7 - Nov 13, on average, 108 patients with confirmed COVID-19 and 235 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

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- The silent community spread that precedes and continues to drive these surges can only be identified and interrupted through proactive, focused testing for the identification of both asymptomatic and pre-symptomatic individuals and significant behavior change of all Americans. Ensure masks at all times in public, increase physical distancing through significant reduction in capacity in public and private indoor spaces, and ensure every American understands the clear risks of ANY indoor interactions outside of their immediate household without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expanded, strategic use of point-of-care antigen tests with immediate results will be critical to expanding this model into the community; these tests should be used among all individuals independent of symptoms in orange and red counties in Virginia.
- Antigen tests perform well in the highly infectious window and will be effective in identification of asymptomatic and pre-symptomatic infectious cases.
    - Antigen tests do not perform well after 8-10 days post infection when nucleic acid cycle times are greater than 30.
    - All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Proactive testing must be part of the mitigation efforts inclusive of mask wearing, physical distancing, and hand hygiene.
- We need to protect those we are thankful for in our families and communities. Ensure indoor masking around vulnerable family members during any gatherings due to the significant amount of virus circulating and the high rate of asymptomatic and undiagnosed infections among family and community members.
- New hospital admissions in Virginia are again increasing, especially in those over 40.
- There are early signs of reduced N95, gown, and glove supply in specific hospitals' reporting. Please contact all hospitals reporting less than one week's supply to confirm data; contact the regional FEMA office for support if this supply issue is confirmed.
- Ensure university students continue their mitigation behaviors to prevent further outbreaks on or off campus. Ensure appropriate testing and behavior change in the 10 days prior to departure to hometowns for the holiday season.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. There continue to be high levels of positive LTCF staff members, indicating continued and unmitigated community spread in these geographic locations.
- Ensure full flu immunizations across the state.
- 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.

VIRGINIA

STATE REPORT | 11.15.2020

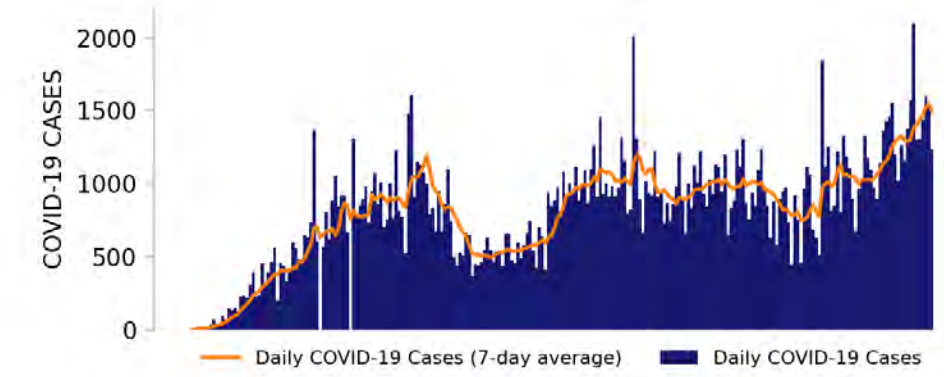
	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	10,490 (123)	+15%	58,598 (190)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.1%	+0.8%*	7.9%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	140,304** (1,644**)	-5%**	818,159** (2,652**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	102 (1.2)	+85%	587 (1.9)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	15%	+1%*	16%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	30%	+8%*	31%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	+3%*	6%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

VIRGINIA

STATE REPORT | 11.15.2020

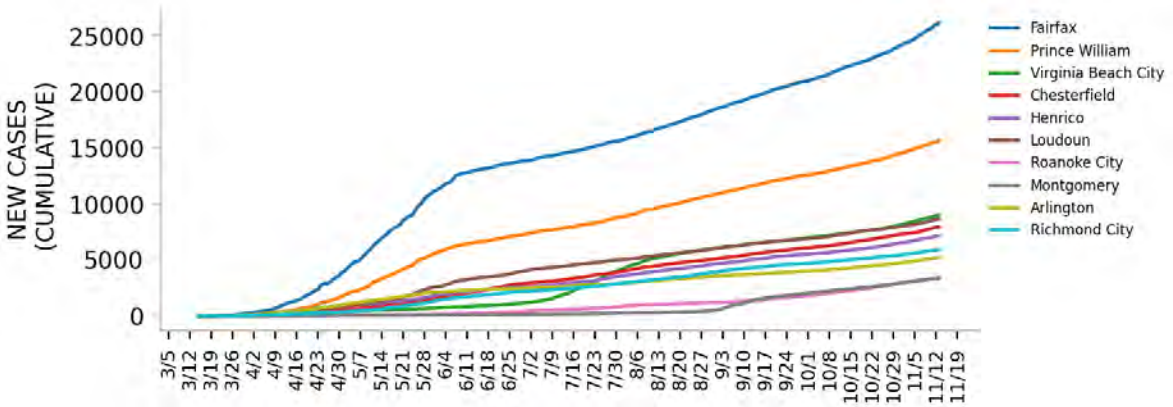
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



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 11/13/2020.

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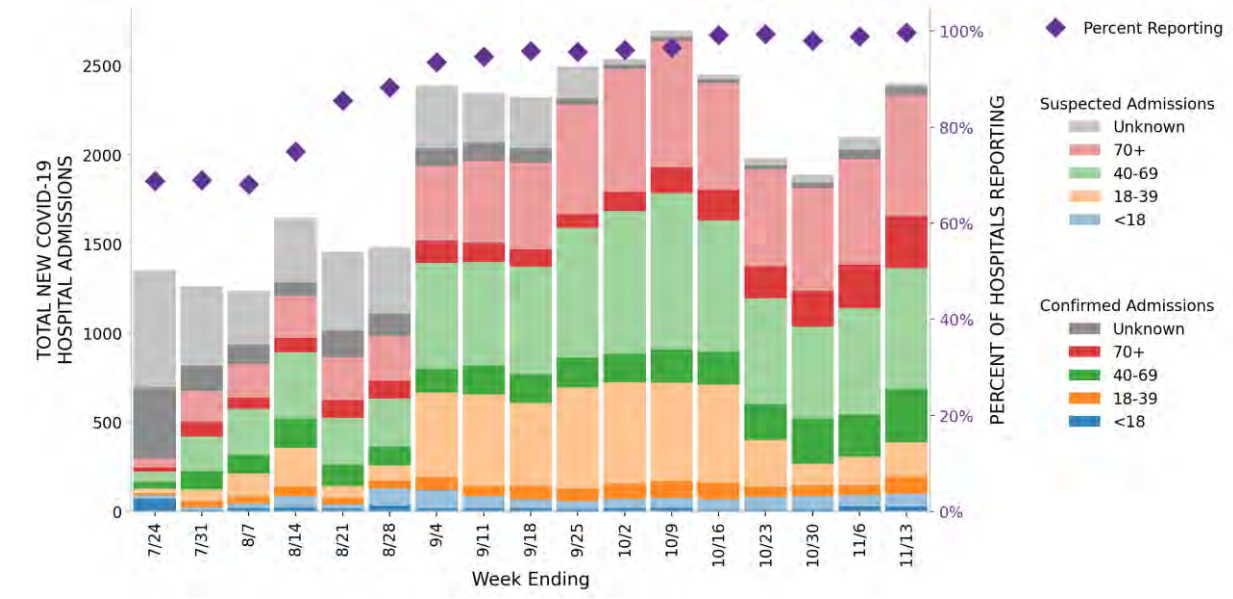
VIRGINIA

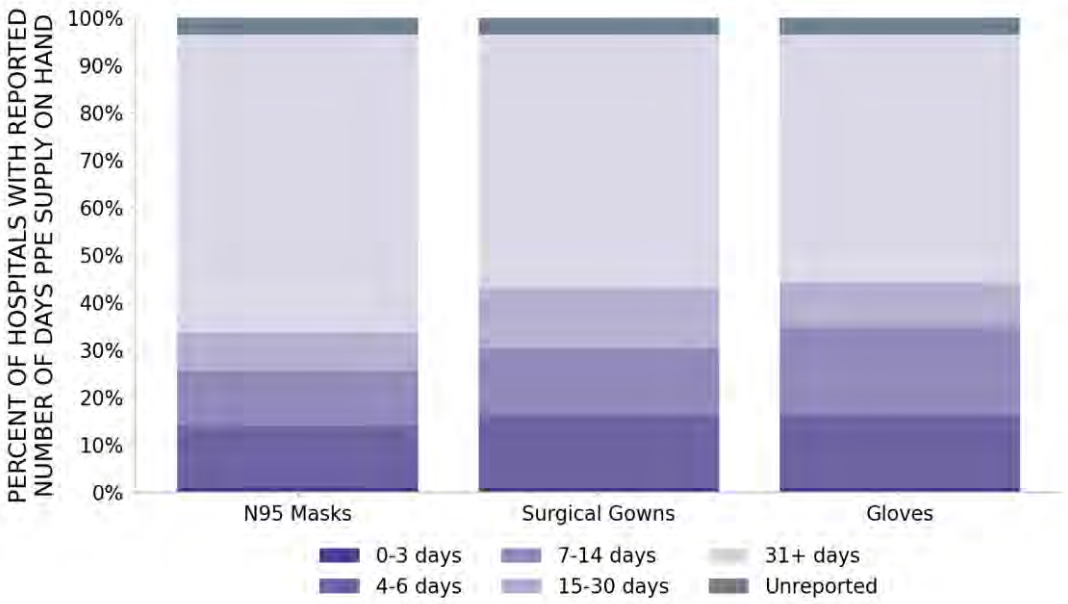
STATE REPORT | 11.15.2020

86 hospitals are expected to report in Virginia

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

VIRGINIA

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	5 ■ (+0)	Roanoke Kingsport-Bristol Winchester Big Stone Gap Martinsville	39 ▲ (+6)	Fairfax Prince William Chesterfield Roanoke City Washington Franklin Wise Culpeper Bedford Frederick Henry Lee
LOCALITIES IN ORANGE ZONE	3 ▲ (+1)	Lynchburg Blacksburg-Christiansburg Danville	19 ▼ (-3)	Virginia Beach City Loudoun Montgomery Roanoke Chesapeake City Stafford Danville City Pittsylvania Shenandoah Warren Amherst York
LOCALITIES IN YELLOW ZONE	6 ▼ (-1)	Washington-Arlington-Alexandria Richmond Virginia Beach-Norfolk-Newport News Harrisonburg Staunton Bluefield	30 ▲ (+2)	Henrico Arlington Richmond City Norfolk City Alexandria City Lynchburg City Hanover Spotsylvania Hampton City Suffolk City Portsmouth City Fauquier

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red Counties: Fairfax, Prince William, Chesterfield, Roanoke City, Washington, Franklin, Wise, Culpeper, Bedford, Frederick, Lee, Henry, Scott, Tazewell, Campbell, Rockingham, Russell, Prince George, Augusta, Salem City, Botetourt, Smyth, Halifax, Bristol City, Winchester City, Carroll, Pulaski, Alleghany, Wythe, Martinsville City, Dickenson, Grayson, Giles, Patrick, Buchanan, Galax City, Covington City, Rockbridge, Clarke

All Orange Counties: Virginia Beach City, Loudoun, Montgomery, Roanoke, Chesapeake City, Stafford, Danville City, Pittsylvania, Shenandoah, Warren, Amherst, York, Manassas City, Dinwiddie, Page, Greene, Floyd, Manassas Park City, Williamsburg City

All Yellow Counties: Henrico, Arlington, Richmond City, Norfolk City, Alexandria City, Lynchburg City, Hanover, Spotsylvania, Hampton City, Suffolk City, Portsmouth City, Fauquier, Nottoway, Orange, Mecklenburg, Isle of Wight, Lexington City, Waynesboro City, Hopewell City, Appomattox, Powhatan, King George, Colonial Heights City, New Kent, King William, Charlotte, Fredericksburg City, Fluvanna, Bland, Buena Vista City

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

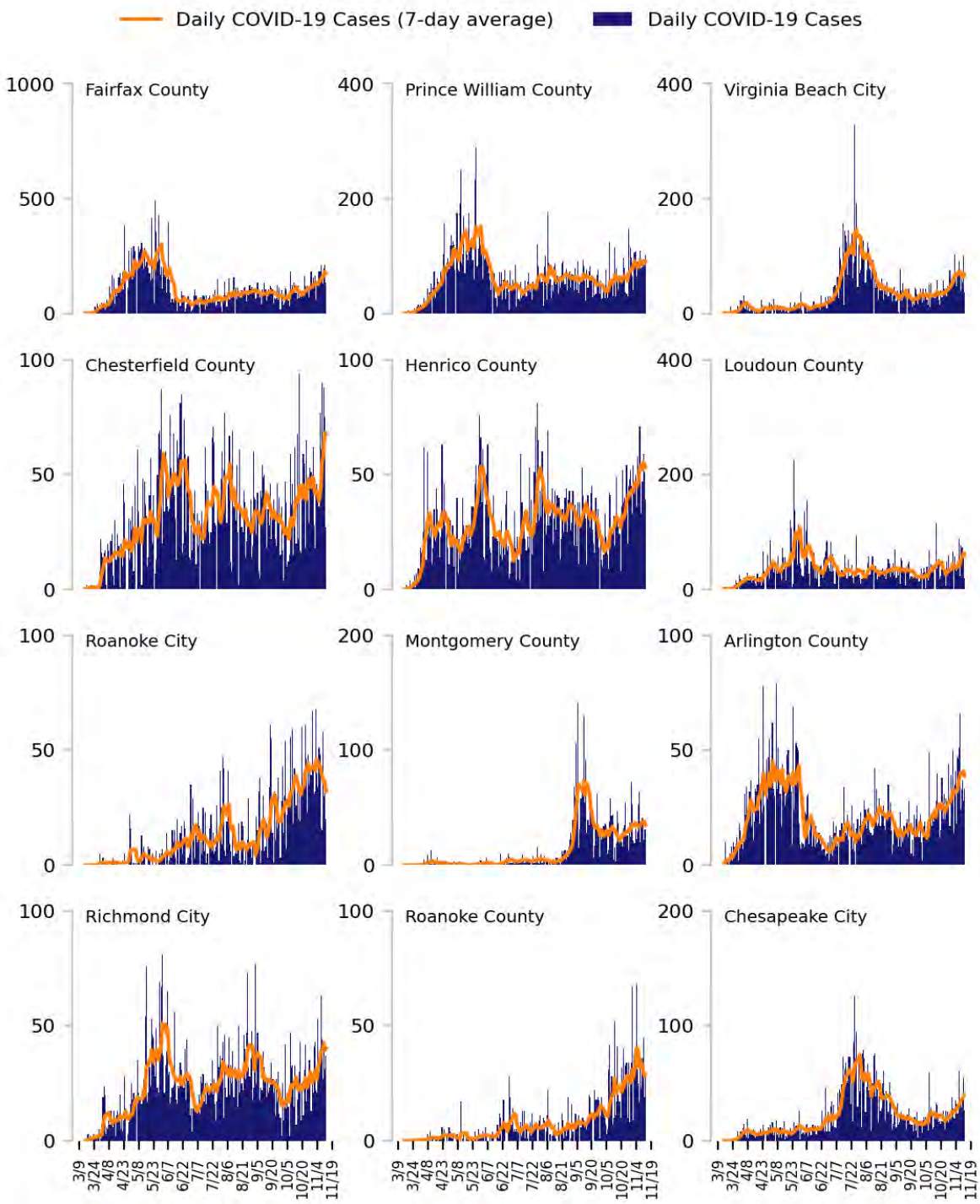
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

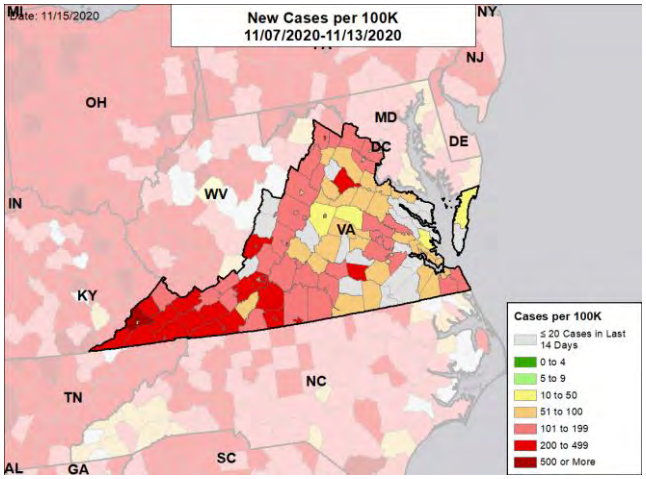
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

VIRGINIA

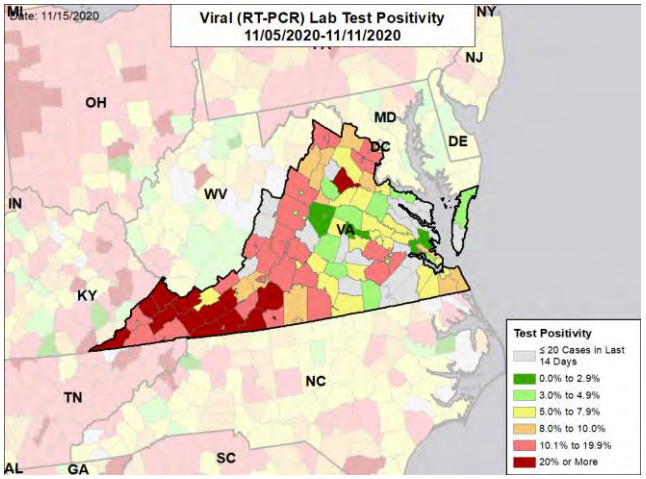
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

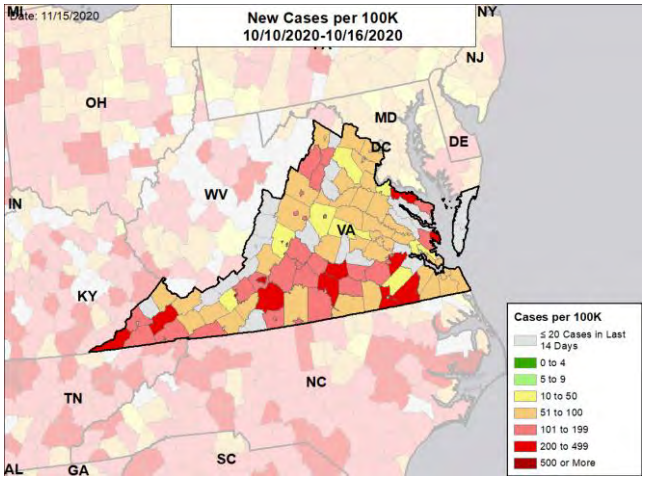
NEW CASES PER 100,000



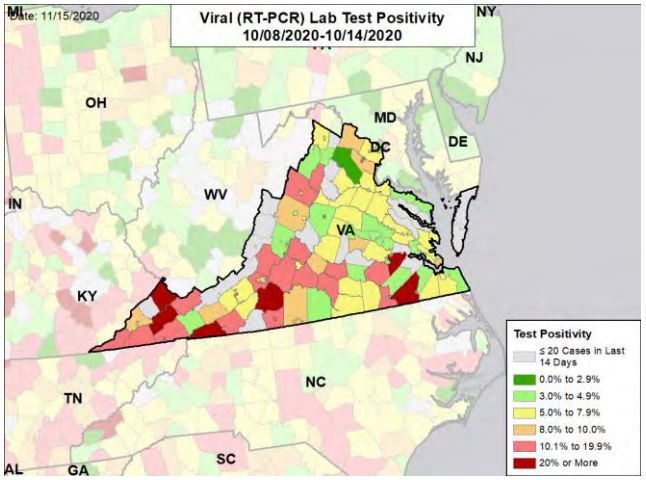
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

STATE REPORT
11.15.2020
Issue 22

WASHINGTON

SUMMARY

- Washington continued to break records for new daily cases over the past two weeks. Washington is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 41st highest rate in the country. Washington is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 40th highest rate in the country.
- Washington has seen an increase in new cases and an increase in test positivity. Daily cases are doubling every 11 days. Cases increased in multiple counties in both eastern Washington and, especially, in the Puget Sound area. The highest incidences continued to be in counties in eastern Washington. Small personal gatherings are responsible for a large proportion of cases. Current hospitalizations are rapidly increasing, have exceeded the summer peak, and are approaching the spring peak.
- 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 52.4% of new cases in Washington.
- 59% of all counties in Washington have moderate or high levels of community transmission (yellow, orange, or red zones), with 23% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 10% of nursing homes had at least one new resident COVID-19 case, 25% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- Washington had 151 new cases per 100,000 population, compared to a national average of 294 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 54 to support operations activities from FEMA; 3 to support operations activities from ASPR; and 21 to support operations activities from USCG.
- Between Nov 7 - Nov 13, on average, 56 patients with confirmed COVID-19 and 76 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Washington. An average of 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- We share the strong judgement of Washington leaders that the current situation is critical and that greater observance of social distancing and other mitigation measures are needed to limit further increases in cases, hospitalizations, and deaths. The Governor's continued personal communication to the public is crucial and is commended.
- The upcoming holidays can amplify transmission considerably. Washington should continue to expand public health messaging across all media platforms, including SMS auto-texting, to warn citizens about the risks of social gatherings, advise people to avoid them, and reemphasize face coverings and social distancing. Specifically, recommend holding an event only with individuals within one's household and emphasize the risk of exposing an elderly person or someone with an underlying condition (diabetes, obesity, hypertension, chemotherapy, etc.) if gathering indoors without masks.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expanded strategic use of point-of-care antigen tests with immediate results will be critical to proactive testing in communities; these tests should be used among all individuals independent of symptoms in orange and red counties.
    - Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases.
    - Antigen tests do not perform well after 8-10 days post infection when nucleic acid cycle times are >30.
    - All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Expand contact tracing as needed by focusing the interview, developing scripts and clear algorithms to allow task-shifting, and coordinating remote surge capacity from counties with lower case rates. At the time of testing, give detailed instructions and materials describing what to do if the individual tests positive. Contact tracing may need to be prioritized under conditions of rapidly increasing cases.
- Testing should be at a high baseline level throughout the state (aiming for at least 2,000 tests per 100,000 population per week in all counties) and should be immediately intensified in areas where there are signals of increasing transmission from clinical or wastewater testing. Washington's testing level needs further expansion, particularly during the current viral surge.
- Mitigation measures to limit transmission in personal gatherings need continued strengthening. This needs augmented communication from state and community leaders of a clear and shared message asking residents to wear masks, physically distance, and avoid gatherings in both public and private spaces, especially indoors. Hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally.
- Ensure all K-12 schools are following CDC guidelines, including mask wearing. Utilize the Abbot BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure university students continue their mitigation behaviors to ensure no further outbreaks on or off campus. Encourage IHE to test their student body before they leave campus for Thanksgiving break to mitigate exposure to family and community.
- Ensure that all hospitals, including rural and mid-level hospitals, have conducted updated clinical training and have access to appropriate medicines and supplies. All service areas and clinical facilities should have expansion and contingency plans.
- Following local data on test positivity by age will be important to detect early evidence of increasing transmission in more vulnerable populations; expanding local clinical capacity at an earlier stage will avoid compromises in clinical care when hospitalizations increase rapidly.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

WASHINGTON

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	11,517 (151)	+46%	30,413 (212)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.9%	+1.8%*	10.8%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	108,299** (1,422**)	+12%**	303,361** (2,114**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	83 (1.1)	+15%	206 (1.4)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	10%	+3%*	10%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	25%	+7%*	29%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	-2%*	3%	6%

* 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.

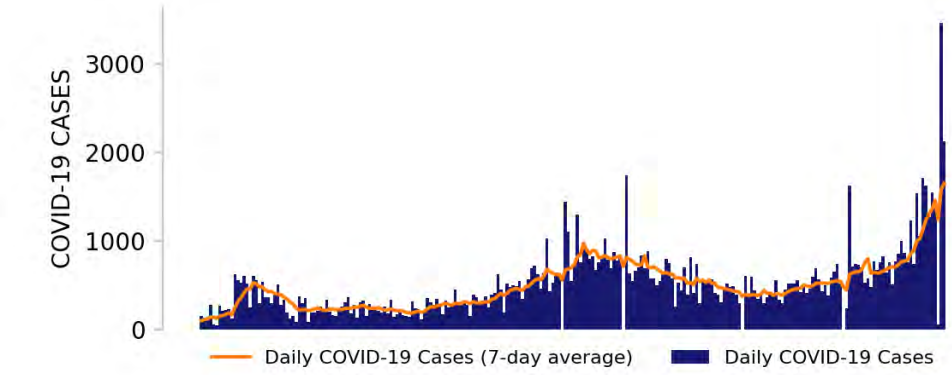
DATA SOURCES – Additional data details available under METHODS

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 11/13/2020; previous week is 10/31 - 11/6.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

WASHINGTON

STATE REPORT | 11.15.2020

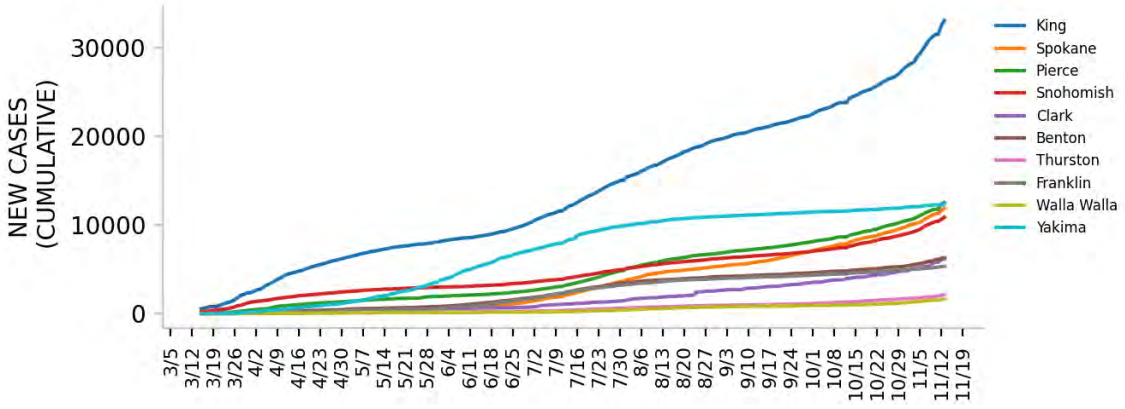
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020.

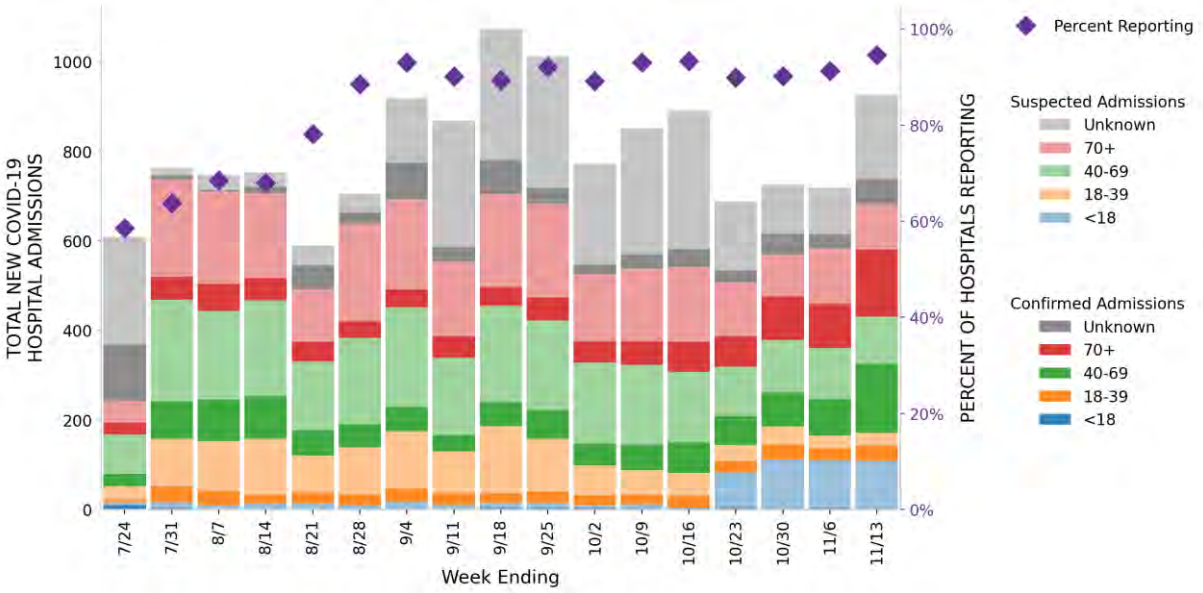
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/11/2020.

WASHINGTON

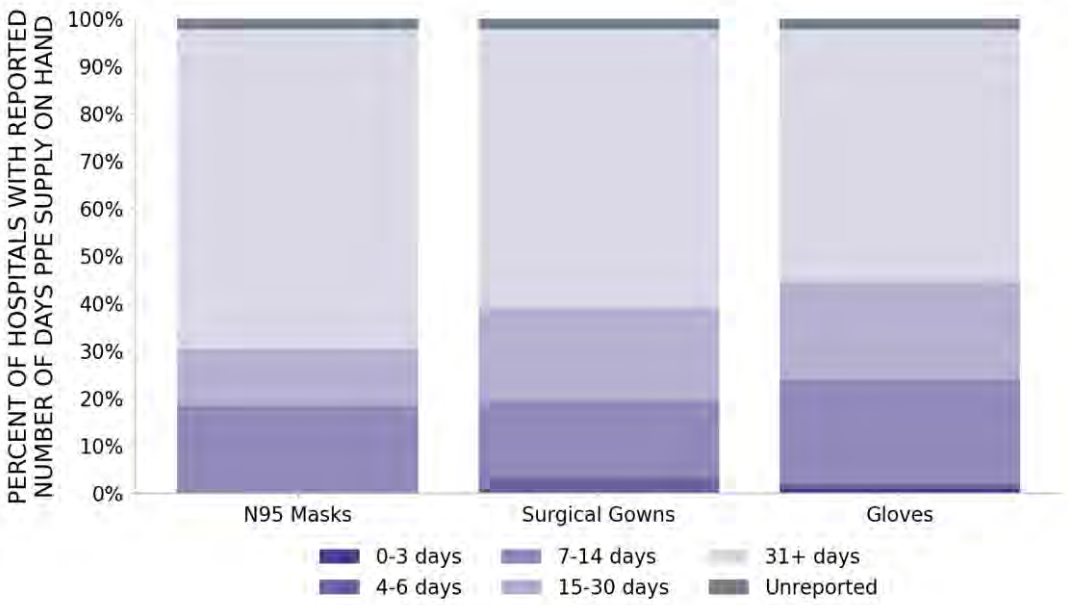
STATE REPORT | 11.15.2020

92 hospitals are expected to report in Washington

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

WASHINGTON

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	8 ▲ (+6)	Kennewick-Richland Portland-Vancouver-Hillsboro Walla Walla Moses Lake Wenatchee Lewiston Pullman Othello	9 ▲ (+6)	Benton Walla Walla Grant Asotin Whitman Chelan Adams Stevens Pacific
LOCALITIES IN ORANGE ZONE	2 ■ (+0)	Spokane-Spokane Valley Ellensburg	3 ■ (+0)	Spokane Clark Kittitas
LOCALITIES IN YELLOW ZONE	7 ▼ (-1)	Seattle-Tacoma-Bellevue Olympia-Lacey-Tumwater Yakima Mount Vernon-Anacortes Longview Aberdeen Shelton	11 ▲ (+2)	King Pierce Snohomish Thurston Yakima Skagit Cowlitz Grays Harbor Mason Pend Oreille Klickitat

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

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

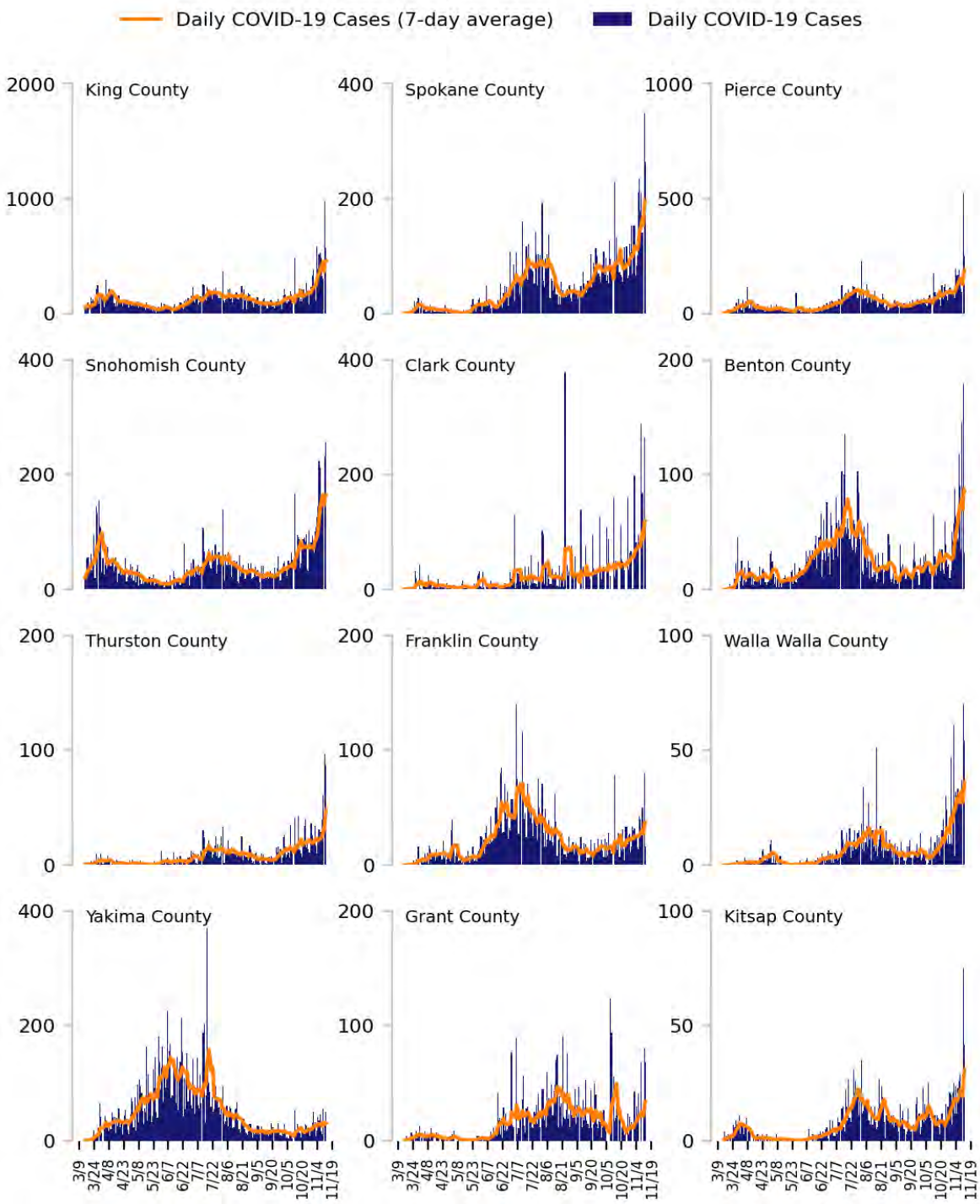
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

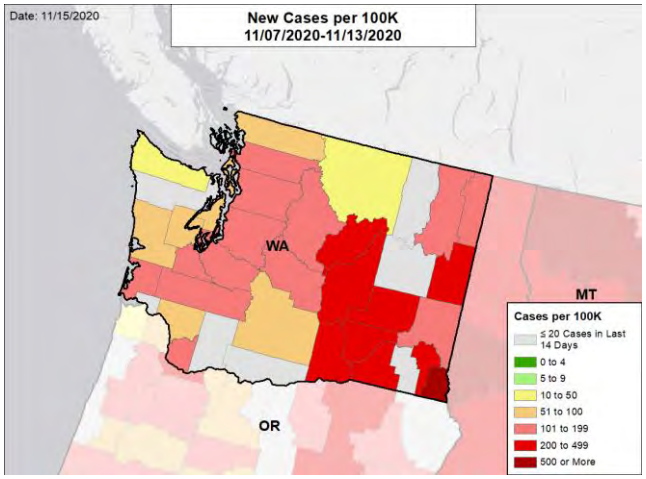
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

WASHINGTON

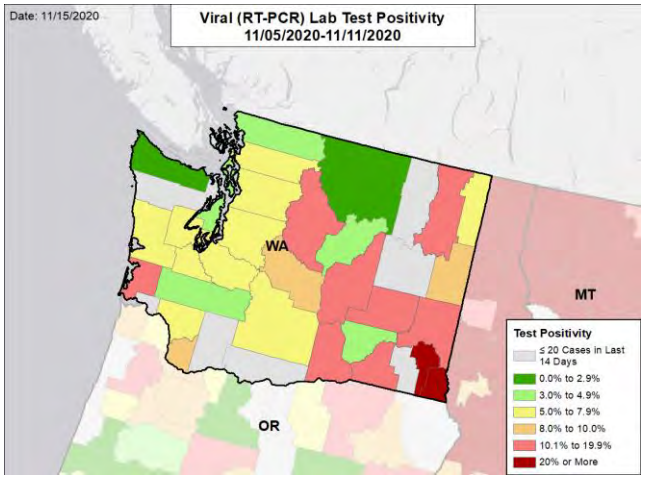
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

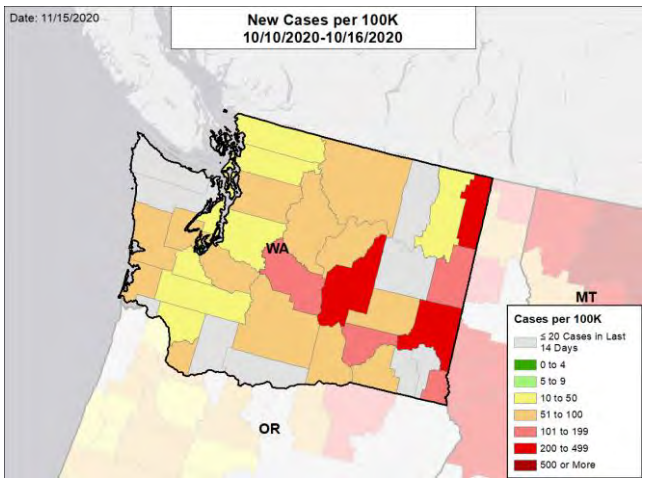
NEW CASES PER 100,000



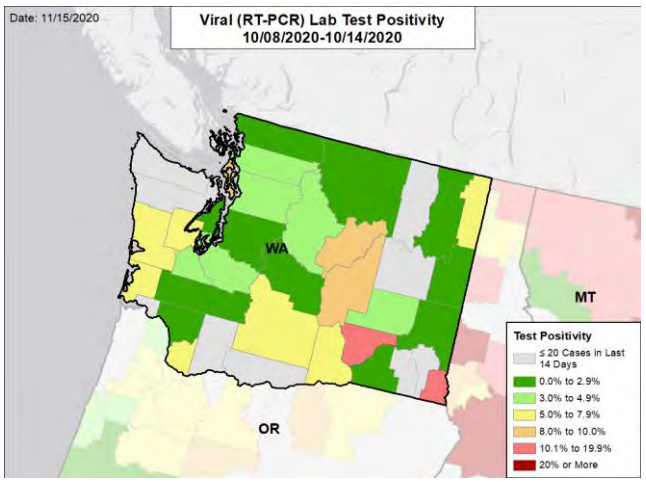
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/11/2020. The week one month before is 10/8 - 10/14.

WEST VIRGINIA

STATE REPORT
11.15.2020
Issue 22

SUMMARY

- West Virginia is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 27th highest rate in the country. West Virginia is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 42nd highest rate in the country.
- West Virginia has seen an increase in new cases and stability in test positivity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Kanawha County, 2. Wood County, and 3. Cabell County. These counties represent 25.1% of new cases in West Virginia.
- 60% 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 Nov 2 - Nov 8, 14% of nursing homes had at least one new resident COVID-19 case, 29% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death.
- West Virginia had 254 new cases per 100,000 population, compared to a national average of 294 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; 8 to support epidemiology activities from CDC; 1 to support operations activities from CDC; and 29 to support operations activities from USCG.
- Between Nov 7 - Nov 13, on average, 42 patients with confirmed COVID-19 and 48 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

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- We share the strong concern of West Virginia leaders that the current situation is worsening and everyone needs to do their part to stop the spread. Most recent increases in cases across the state and region are linked with Halloween and fall activities. With Thanksgiving and upcoming holidays, all West Virginians must understand the COVID-19 situation statewide and locally.
- Hospitalizations have dramatically increased over the past several weeks across most age groups.
- Recruit local influencers to message to rural and urban communities basic actions to take now:
    - Do not gather without a mask with individuals living outside of your household.
    - Always wear a mask in public places.
    - Stop gatherings beyond immediate household until cases and test positivity are in the yellow zone.
    - Get your flu shot.
- Target testing to find and isolate the asymptomatic individuals who are unknowingly spreading the virus.
- Use Abbot BinaxNOW to test correctional officers, teachers, students in community colleges, and staff at long-term care facilities (LTCF) weekly.
- Continue to trace every positive staff case at LTCF to understand and prevent risk of COVID in congregate settings.
- Conduct active testing in school for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Consider pausing extracurricular school activities, even though athletics are not transmission risks, as the surrounding activities are where transmission is occurring.
- On university campuses, students are letting their guards down with Thanksgiving break less than a week away. Message to students to continue their mitigation actions on and off campus to protect others and themselves. If they are going home, they should follow CDC holiday guidelines for protective behaviors.
- Continuously monitor testing and contact tracing capacity in all counties to ensure rapid turnaround of test results (within 48 hours) and that all cases are immediately isolated and full contact tracing is conducted (within 72 hours of testing).
- Stay vigilant with regard to spread among nursing home staff and residents. Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents.
- We have updated the new hospital admissions graphs to include breakdown by age group. Within the past several weeks, hospitalizations have increased across all age groups. We will continue to work with hospitals to improve quality information for action.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

WEST VIRGINIA

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	4,553 (254)	+47%	58,598 (190)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.9%	+0.4%*	7.9%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	77,964** (4,350**)	+24%**	818,159** (2,652**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	81 (4.5)	+102%	587 (1.9)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	14%	+3%*	16%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	29%	+6%*	31%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	+1%*	6%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.

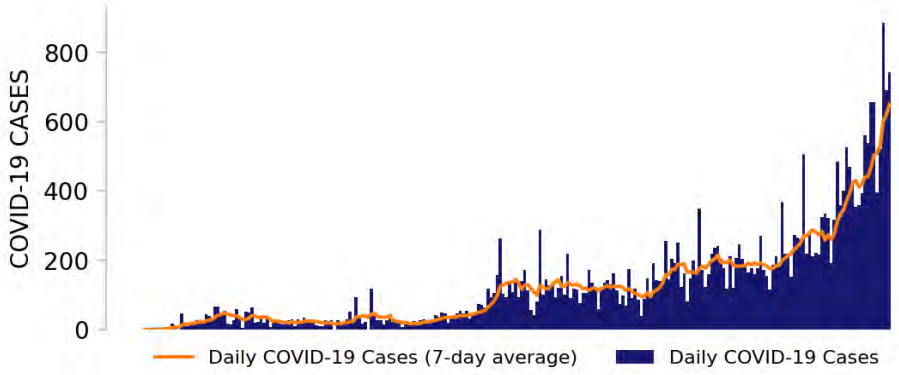
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

WEST VIRGINIA

STATE REPORT | 11.15.2020

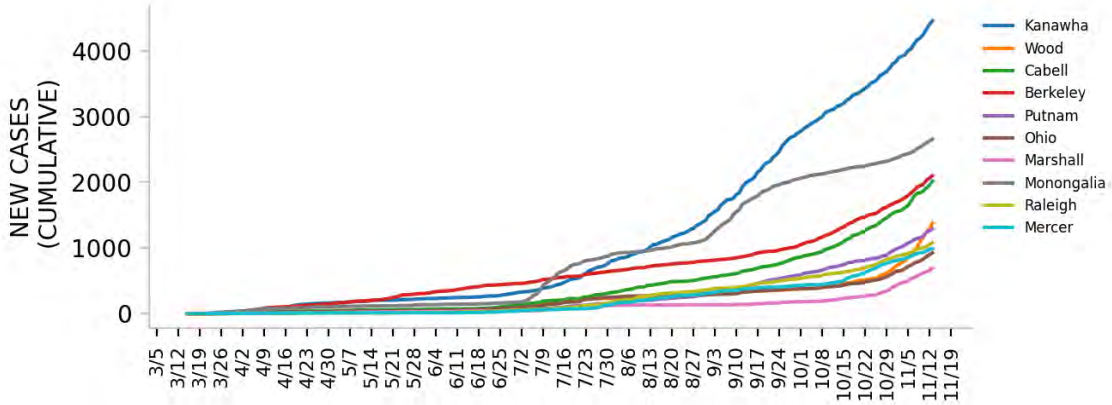
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



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 11/13/2020.

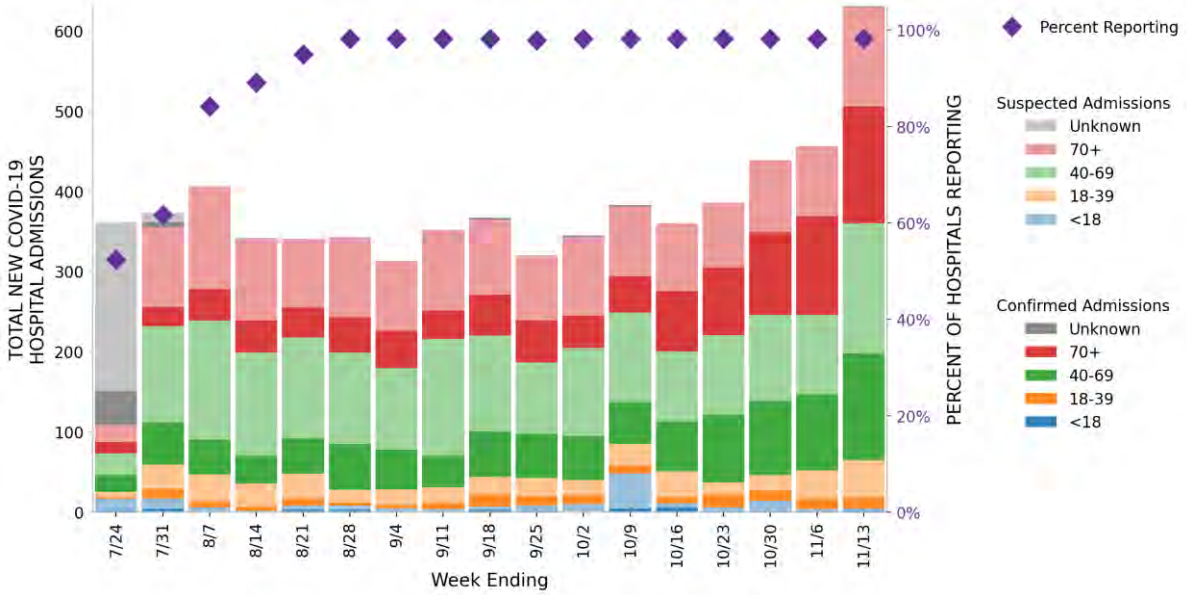
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

WEST VIRGINIA

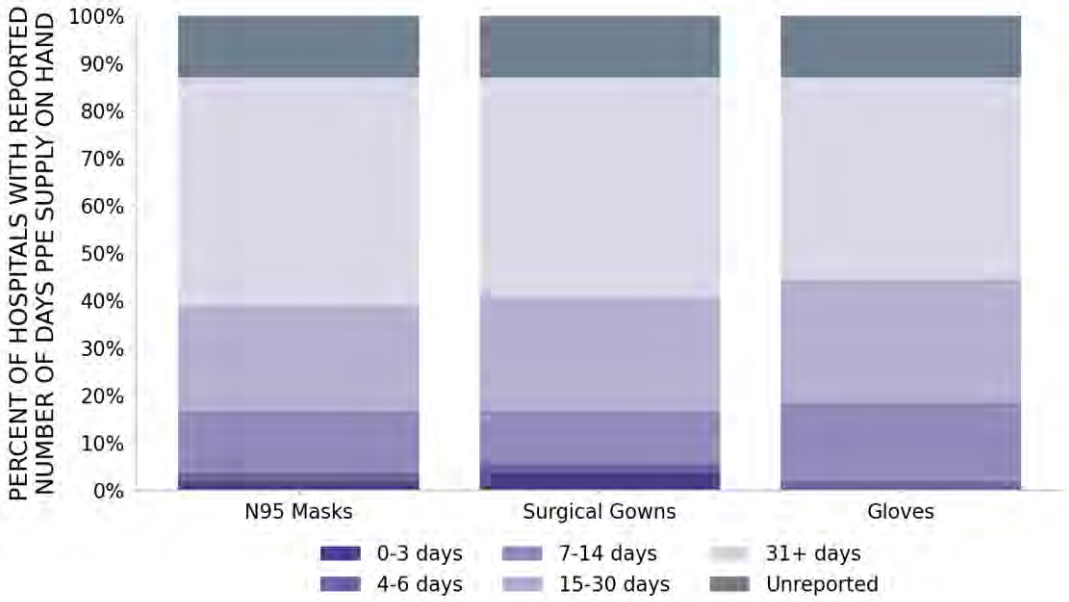
STATE REPORT | 11.15.2020

54 hospitals are expected to report in West Virginia

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

WEST VIRGINIA

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	4 ▲ (+4)	Wheeling Cumberland Mount Gay-Shamrock Winchester	4 ▲ (+2)	Marshall Mingo Logan Gilmer
LOCALITIES IN ORANGE ZONE	4 ■ (+0)	Parkersburg-Vienna Weirton-Steubenville Elkins Point Pleasant	4 ▼ (-2)	Wood Ohio Randolph Hardy
LOCALITIES IN YELLOW ZONE	5 ▼ (-4)	Charleston Huntington-Ashland Hagerstown-Martinsburg Bluefield Washington-Arlington-Alexandria	25 ▲ (+6)	Kanawha Cabell Berkeley Putnam Jefferson Mineral Wyoming Wetzel Boone Brooke Hancock McDowell

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Yellow Counties: Kanawha, Cabell, Berkeley, Putnam, Jefferson, Mineral, Wyoming, Wetzel, Boone, Brooke, Hancock, McDowell, Lewis, Jackson, Upshur, Preston, Lincoln, Barbour, Hampshire, Morgan, Tyler, Nicholas, Ritchie, Grant, Pleasants

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

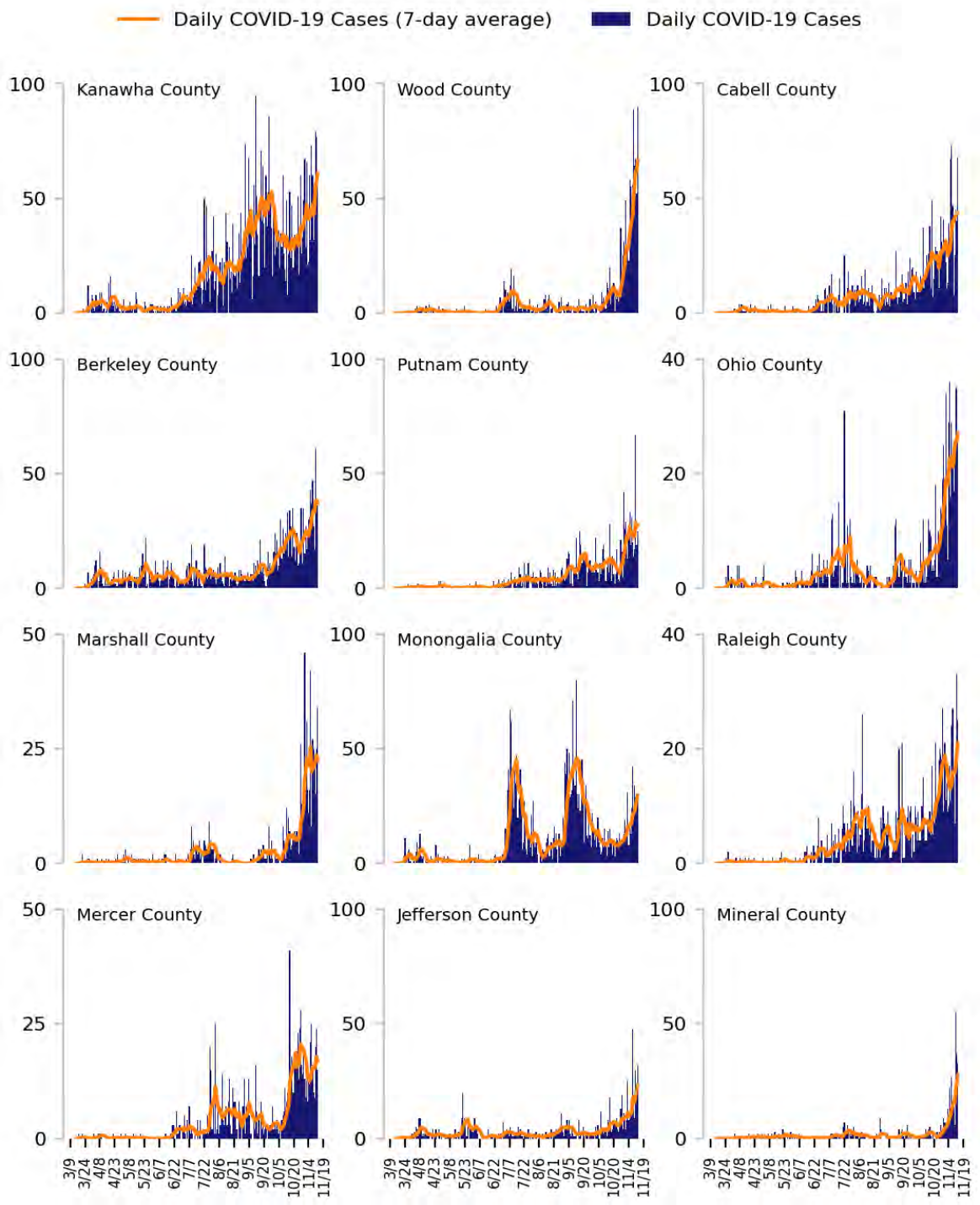
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

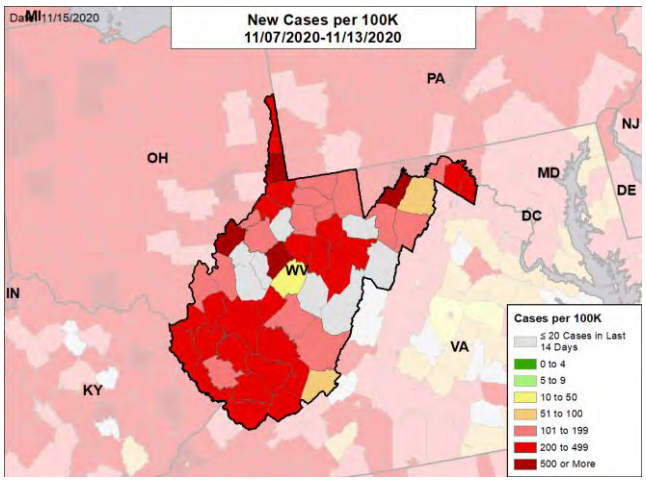
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

WEST VIRGINIA

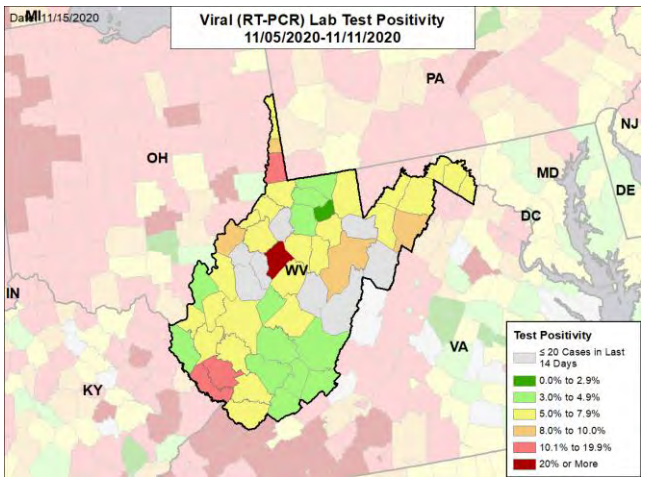
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

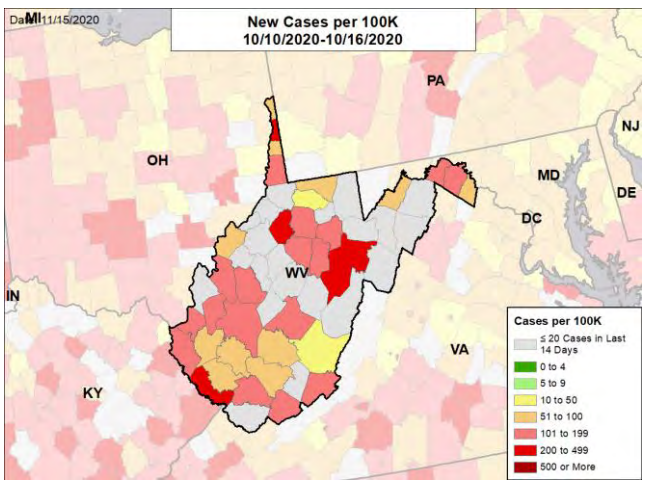
NEW CASES PER 100,000



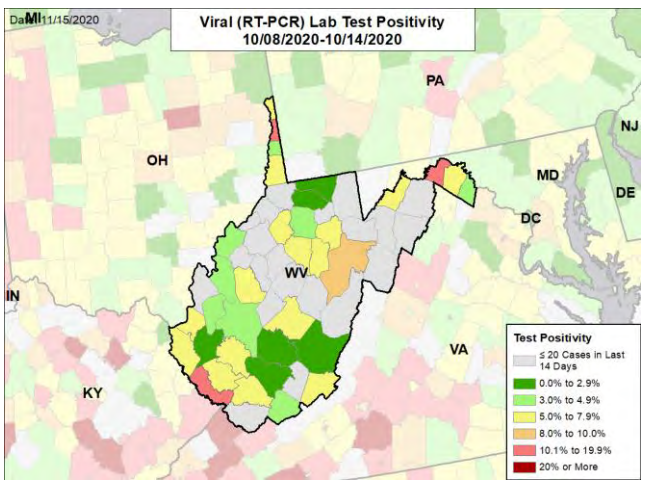
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

WISCONSIN

STATE REPORT
11.15.2020
Issue 22

SUMMARY

- Wisconsin continued to see an unrelenting rise in cases and test positivity over the last two months with an ongoing health emergency. Hospitalizations and deaths are several-fold greater than the spring or summer peaks. Wisconsin is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 5th highest rate in the country. Wisconsin is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 8th highest rate in the country.
- Wisconsin has seen an increase in new cases and an increase in test positivity despite strong increases in testing volume. The state reported nearly 7,000 cases a day last week on average and cases continue to double every 20 days. Hospitalizations and deaths continued to increase setting new records every week; average daily deaths are seven-fold higher than in September.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Milwaukee County, 2. Dane County, and 3. Waukesha County. These counties represent 27.6% of new cases in Wisconsin. Intense community virus transmission is seen throughout the state with no counties reporting less than 100 cases per 100,000 population. 20 counties reported >1,000 cases per 100,000 last week, up from 8 the previous week.
- The Wisconsin Court of Appeals recently blocked a state emergency order to limit public gatherings and business occupancy.
- 100% of all counties in Wisconsin have moderate or high levels of community transmission (yellow, orange, or red zones), with 99% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 34% of nursing homes had at least one new resident COVID-19 case, 70% had at least one new staff COVID-19 case, and 14% had at least one new resident COVID-19 death.
- Wisconsin had 825 new cases per 100,000 population, compared to a national average of 294 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; 66 to support medical activities from ASPR; 11 to support operations activities from ASPR; 2 to support testing activities from CDC; 10 to support epidemiology activities from CDC; 1 to support operations activities from CDC; 1 to support operations activities from USCG; 4 to support medical activities from VA; and 2 to support operations activities from VA.
- The federal government has supported surge testing at the University of Wisconsin System and in Neenah, WI.
- Between Nov 7 - Nov 13, on average, 466 patients with confirmed COVID-19 and 157 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Wisconsin. An average of greater than 95% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- We share the strong judgement of Wisconsin leaders that the current situation is critical and that additional measures can limit further cases, hospitalizations, and deaths. The Governor's continued efforts and communication to the public on these measures is crucial and is commended.
- The critical and continuing increases in cases, hospitalizations, and deaths support that further mitigation measures are needed. Maximizing control of transmission now will allow for greater and earlier resumption of business activity in addition to limiting hospitalizations and deaths.
- The upcoming holidays can amplify transmission considerably. Wisconsin should continue to expand public health messaging across all media platforms to warn citizens about the risks of social gatherings, advise people to avoid them, and reemphasize face coverings and social distancing. Specifically, recommend holding an event only with individuals within one's household and emphasize the risk of exposing an elderly person or someone with an underlying condition if gathering indoors without masks. The Governor's messaging on this is commended.
- Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expanded strategic use of point-of-care antigen tests with immediate results will be critical to proactive testing in communities; these tests should be used among all individuals independent of symptoms in orange and red counties.
    - Antigen tests perform well in the highly infectious window and will be effective in identification of the asymptomatic and pre-symptomatic infectious cases.
    - Antigen tests do not perform well after 8-10 days post infection when nucleic acid cycle times are >30.
    - All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Expand contact tracing as needed by focusing the interview, developing scripts and clear algorithms to allow task-shifting, and coordinating remote surge capacity from counties with lower case rates. At the time of testing, give detailed instructions and materials describing what to do if the individual tests positive. Contact tracing may need to be prioritized under conditions of rapidly increasing cases.
- Testing should be at a high baseline level throughout the state (aiming for at least 2,000 tests per 100,000 population per week in all counties) and should be immediately intensified in areas where there are signals of increasing transmission. Wisconsin's testing level of >5,000 tests per 100,000 population is commended but needs further expansion during the current viral surge.
- Mitigation measures to limit transmission in personal gatherings need continued strengthening. This needs clear communication from state and community leaders asking Wisconsinites to wear masks, physically distance and avoid gatherings in both public and private spaces, especially indoors. Hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally.
- Ensure all K-12 schools are following CDC guidelines, including mask wearing. Utilize the Abbot BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread. Ensure university students continue their mitigation behaviors to ensure no further outbreaks. Encourage IHE to test their student body before they leave campus for Thanksgiving break to mitigate exposure to family and community.
- Ensure that all hospitals, including rural and mid-level hospitals, have conducted updated clinical training and have access to appropriate medicines and supplies. All service areas and clinical facilities should have expansion and contingency plans.
- Following local data on test positivity by age will be important to detect early evidence of increasing transmission in more vulnerable populations; expanding local clinical capacity at an earlier stage will avoid compromises in clinical care when hospitalizations increase rapidly.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

WISCONSIN

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	48,041 (825)	+27%	295,768 (563)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	17.7%	+2.1%*	14.7%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	309,493** (5,316**)	+7%**	2,173,404** (4,137**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	317 (5.4)	+11%	1,889 (3.6)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	34%	+4%*	24%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	70%	+6%*	48%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	14%	+1%*	8%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.

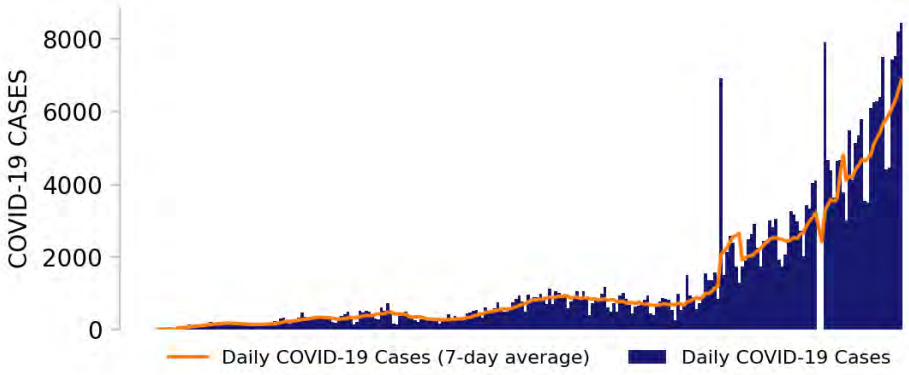
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

WISCONSIN

STATE REPORT | 11.15.2020

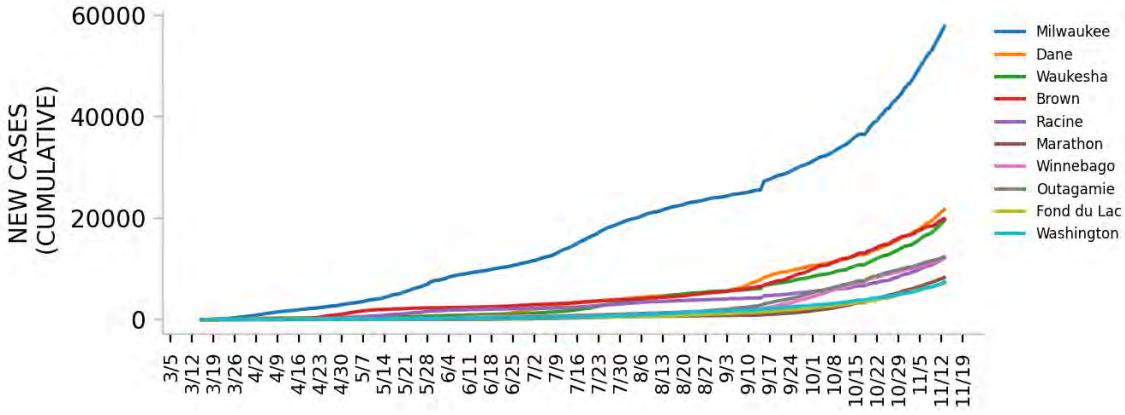
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020.

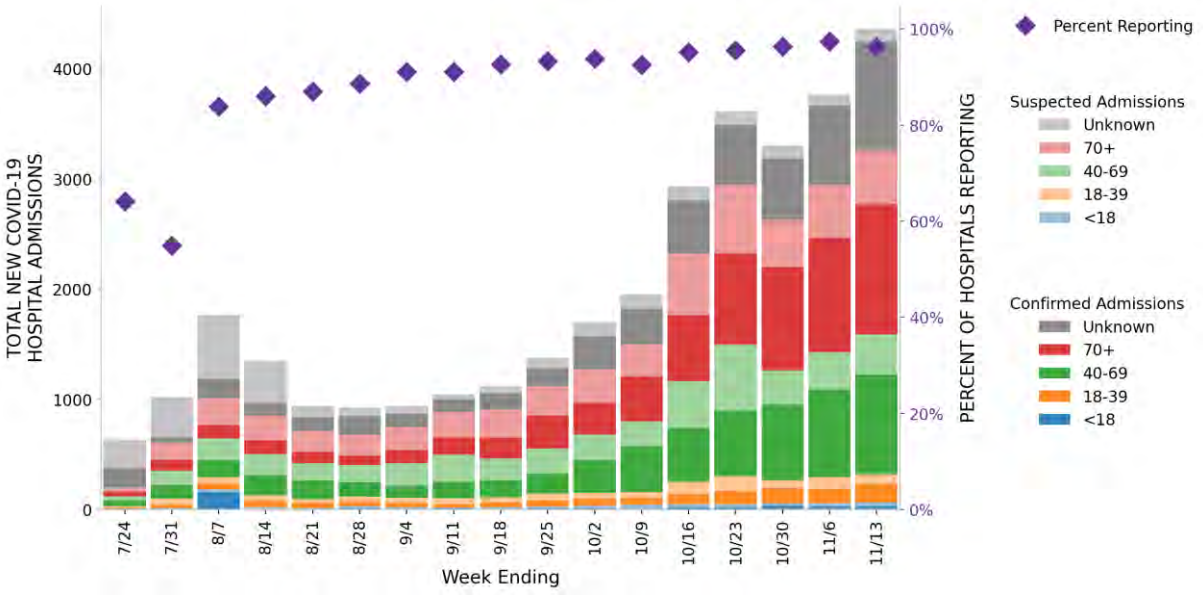
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

WISCONSIN

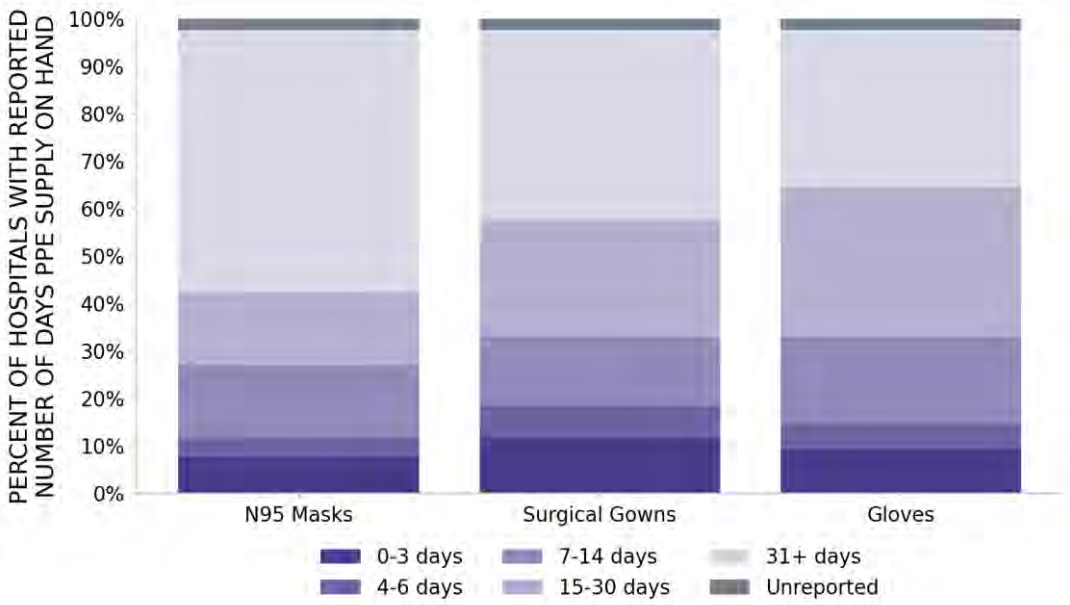
STATE REPORT | 11.15.2020

130 hospitals are expected to report in Wisconsin

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

WISCONSIN

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	27 ▲ (+1)	Milwaukee-Waukesha Madison Green Bay Wausau-Weston Eau Claire Racine Appleton Oshkosh-Neenah Fond du Lac Beaver Dam Sheboygan Janesville-Beloit	71 ▲ (+2)	Milwaukee Waukesha Brown Racine Marathon Winnebago Outagamie Fond du Lac Washington Dodge Sheboygan Rock
LOCALITIES IN ORANGE ZONE	0 ▼ (-1)	N/A	1 ▼ (-1)	Dane
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	0 ▼ (-1)	N/A

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red CBSAs: Milwaukee-Waukesha, Madison, Green Bay, Wausau-Weston, Eau Claire, Racine, Appleton, Oshkosh-Neenah, Fond du Lac, Beaver Dam, Sheboygan, Janesville-Beloit, Chicago-Naperville-Elgin, Minneapolis-St. Paul-Bloomington, La Crosse-Onalaska, Whitewater, Manitowoc, Watertown-Fort Atkinson, Wisconsin Rapids-Marshfield, Stevens Point, Baraboo, Shawano, Platteville, Marinette, Menomonie, Duluth, Iron Mountain

All Red Counties: Milwaukee, Waukesha, Brown, Racine, Marathon, Winnebago, Outagamie, Fond du Lac, Washington, Dodge, Sheboygan, Rock, Kenosha, Eau Claire, La Crosse, Chippewa, Ozaukee, Walworth, Manitowoc, Jefferson, St. Croix, Wood, Portage, Barron, Sauk, Waupaca, Grant, Columbia, Shawano, Calumet, Marinette, Polk, Dunn, Clark, Oconto, Lincoln, Jackson, Monroe, Pierce, Juneau, Trempealeau, Waushara, Door, Oneida, Langlade, Douglas, Iowa, Green, Adams, Green Lake, Vilas, Taylor, Kewaunee, Marquette, Rusk, Lafayette, Vernon, Buffalo, Crawford, Bayfield, Richland, Sawyer, Ashland, Forest, Price, Burnett, Pepin, Washburn, Menominee, Iron, Florence

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

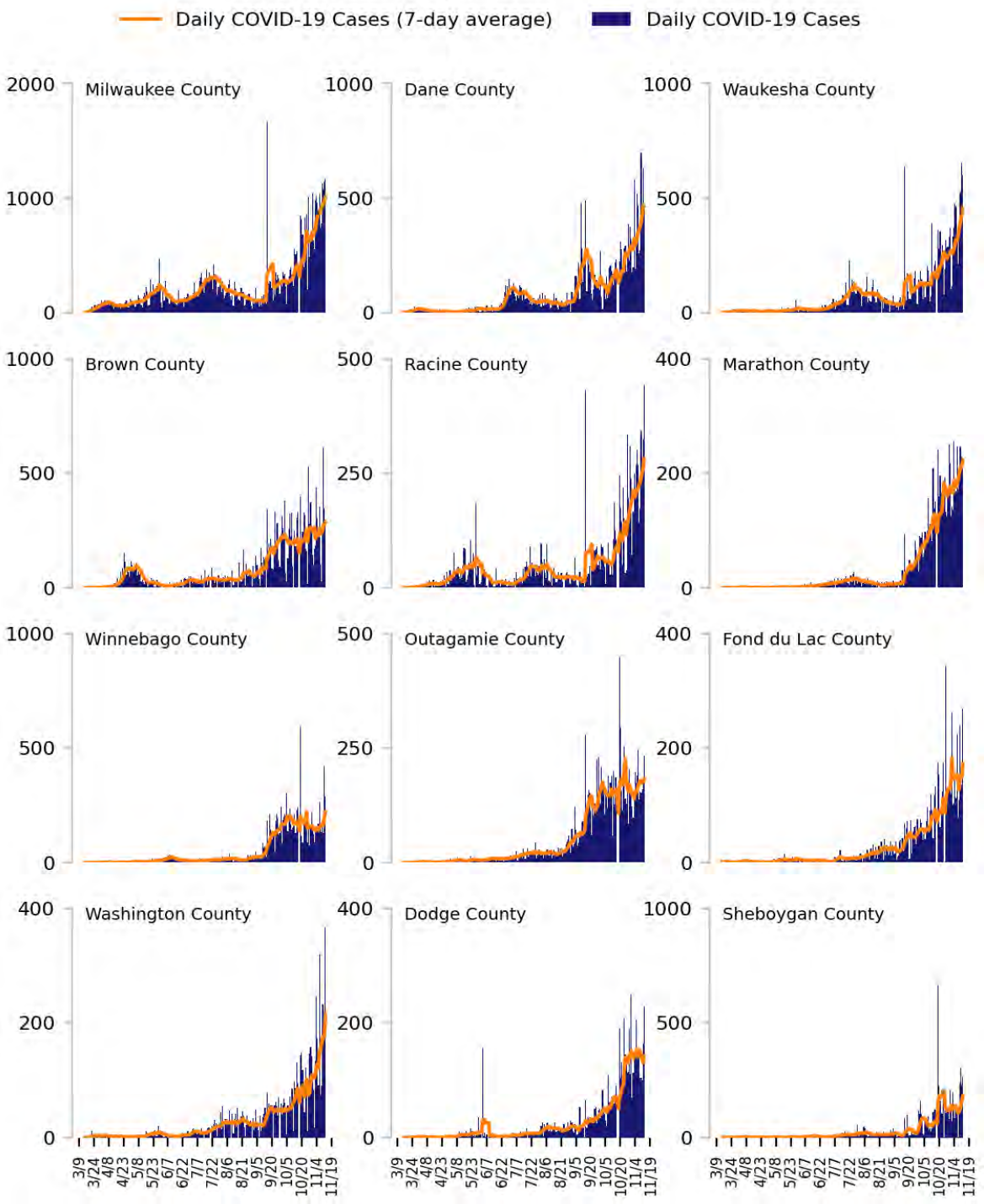
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

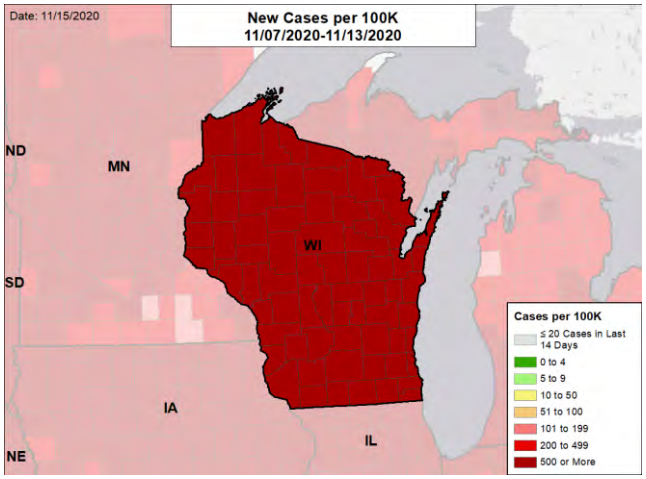
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

WISCONSIN

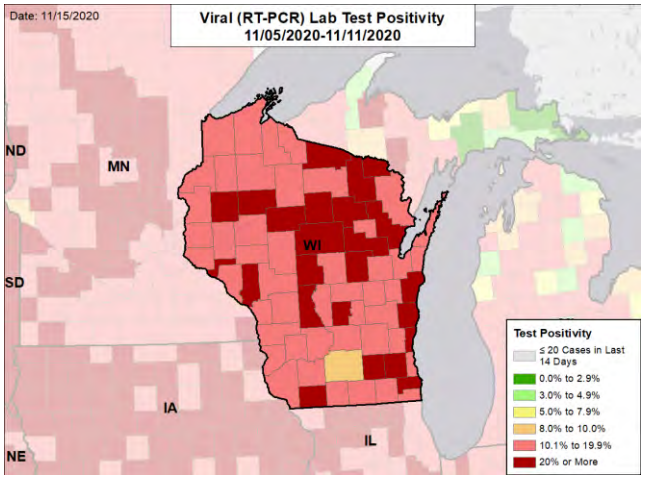
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

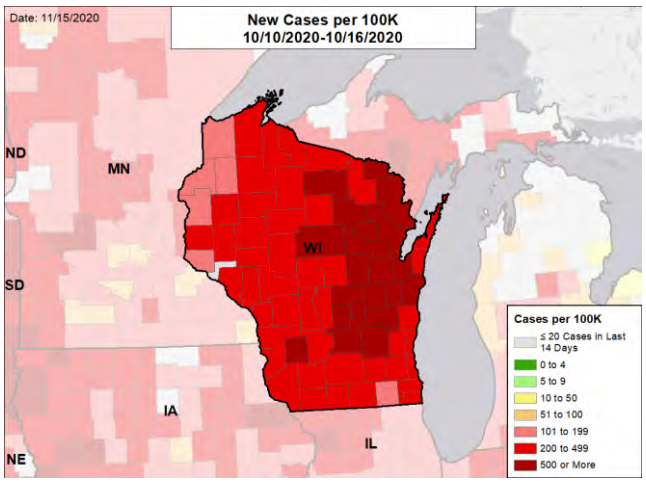
NEW CASES PER 100,000



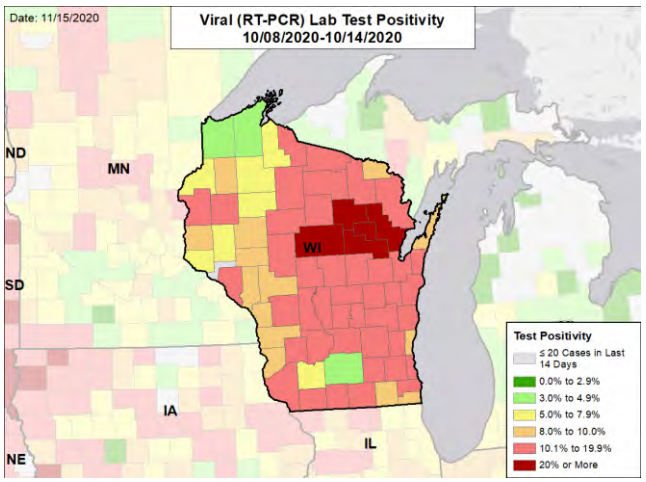
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. The week one month before is 10/8 - 10/14.

WYOMING

STATE REPORT
11.15.2020
Issue 22

SUMMARY

- Wyoming is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 4th highest rate in the country. Wyoming is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 23rd highest rate in the country.
- Wyoming has seen an increase in new cases and an increase in test positivity; 17 counties had an increase in case rates and test positivity and the margin of increase was greater than was seen previously, suggesting an acceleration of the epidemic.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Natrona County, 2. Laramie County, and 3. Campbell County. These counties represent 44.3% of new cases in Wyoming.
- 91% of all counties in Wyoming have moderate or high levels of community transmission (yellow, orange, or red zones), with 83% having high levels of community transmission (red zone).
- During the week of Nov 2 - Nov 8, 33% of nursing homes had at least one new resident COVID-19 case, 58% had at least one new staff COVID-19 case, and 22% had at least one new resident COVID-19 death.
- Wyoming had 856 new cases per 100,000 population, compared to a national average of 294 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 Nov 7 - Nov 13, on average, 28 patients with confirmed COVID-19 and 28 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Wyoming. 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

- Referring to the national profiles in the back of the packet, there is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
- The apparent acceleration in transmission is deeply concerning, especially given the exceedingly high current incidence and test positivity. Containment will require more intensive restrictions, such as temporary closures of bars and restaurants, and methods to promote/enforce adherence to them.
- The issuance of a statewide recommendation for facial covering communicates urgency. This is strongly advised.
- The upcoming holidays are likely to further amplify transmission. Wyoming should vigorously expand public health messaging across all media platforms, including SMS auto-texting, to warn citizens about the risks of social gatherings, advise people to avoid or limit them, and reinvigorate the practice of universal face covering and social distancing.
- Work with advertising agencies to develop and deploy new public health campaigns; consider using neighboring states with worse epidemics as a cautionary tale.
- Greatly expand use of local hospital or clinical staff as part of urgent public advocacy for community mitigation behaviors in all communities; taped messages posted to varied social media platforms can be compelling and persuasive, especially when they come from within communities that have been resistant to interventions like face coverings; look for champions from within those communities to carry the message.
- Consider marketing new restrictions as a “care for your neighbor” holiday campaign and develop ways to enforce them. Work with religious and community organization leaders to ensure they understand the need for these interventions and help promote them.
- All staff who work with patients or residents in any congregate setting should be tested weekly with rapid tests and should not be permitted to work without a recent negative test or clearance from isolation.
- Surveillance systems using wastewater surveillance at the most local level practical (including single building surveillance of congregate settings) and regular antigen testing, regardless of symptoms, for all workers at increased risk of infection and transmission (e.g., clinicians, workers in congregate or crowded indoor settings, drivers, etc.) should be established and scaled as soon as possible.
- Ensure lower-level hospitals in more remote areas are fully capacitated with updated clinical training and access to appropriate resources and medications (antivirals, glucocorticoids and, if possible, monoclonal antibodies for those most at risk). All facilities and hospital service areas should have an expansion plans and the threshold for implementation should be established.
- Local data on test positivity and hospitalization rates/utilization, stratified by age bands, are extremely important to provide an early indication of accelerating transmission among the most vulnerable who are more likely to need hospitalization.
- Continue to monitor contact tracing capacity in all counties to ensure all cases are immediately isolated and interviewed within 48 hours of diagnosis; expand contact tracing capacity by focusing the interview, developing scripts and clear algorithms to allow task-shifting to other staff and volunteers, and coordinating remote surge capacity from districts or states with lower case rates.
- Document diligent adherence to CDC recommendations for schools with in-person activities, including use of face coverings for all students and teachers.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

WYOMING

STATE REPORT | 11.15.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	4,952 (856)	+47%	78,335 (639)	965,105 (294)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	12.0%	+2.5%*	15.4%	10.1%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	37,070** (6,405**)	+17%**	492,536** (4,018**)	8,782,353** (2,676**)
COVID-19 DEATHS (RATE PER 100,000)	23 (4.0)	+35%	417 (3.4)	7,608 (2.3)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	33%	+13%*	26%	17%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	58%	+12%*	53%	36%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	22%	+11%*	10%	6%

* 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 11/13/2020; previous week is 10/31 - 11/6.

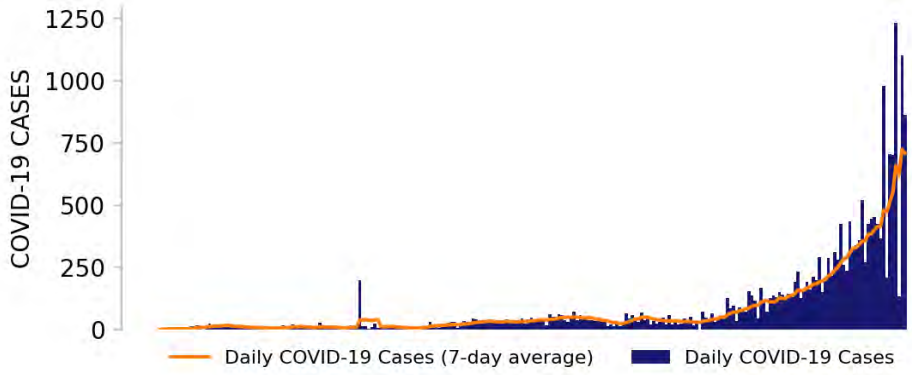
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020. Previous week is 10/29 - 11/4.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/8/2020, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

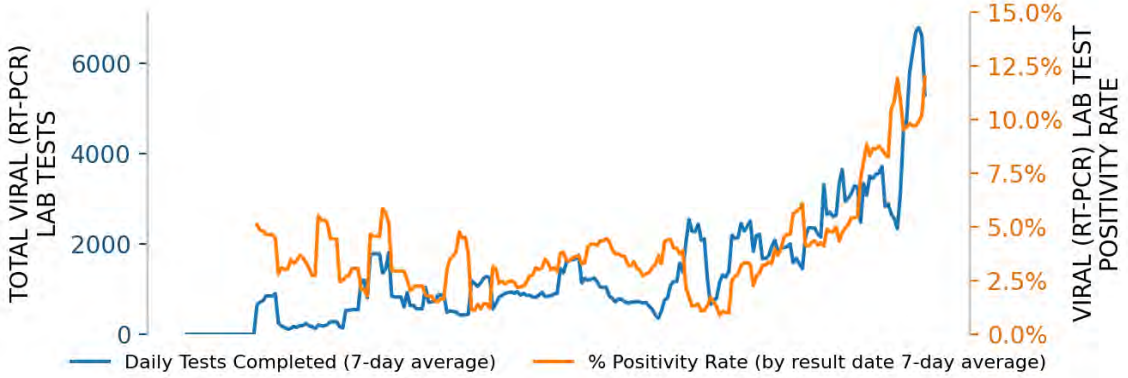
WYOMING

STATE REPORT | 11.15.2020

NEW CASES

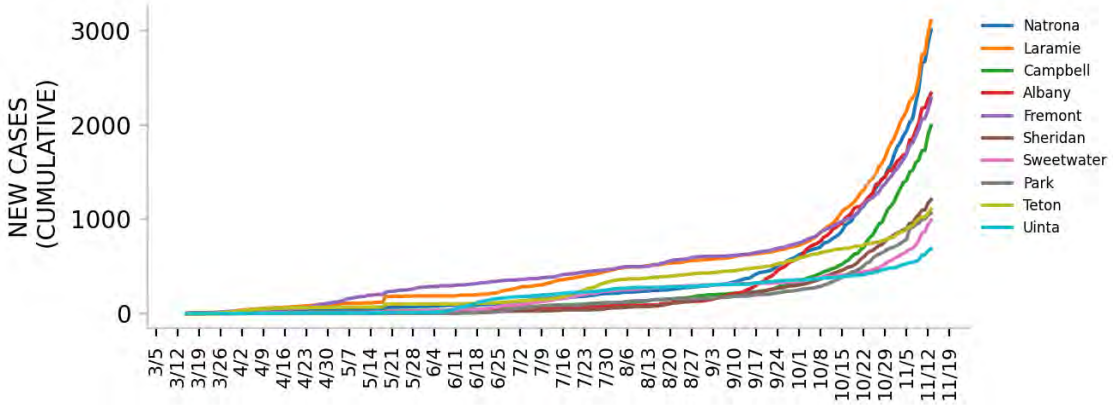


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/24 - 11/13)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/13/2020.

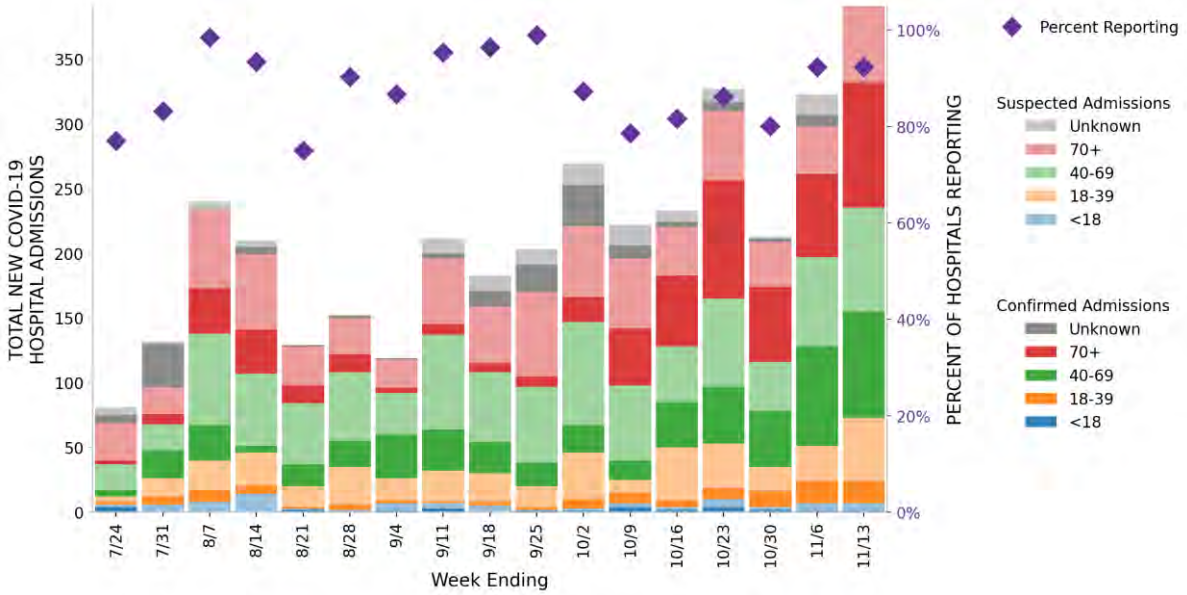
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/11/2020.

WYOMING

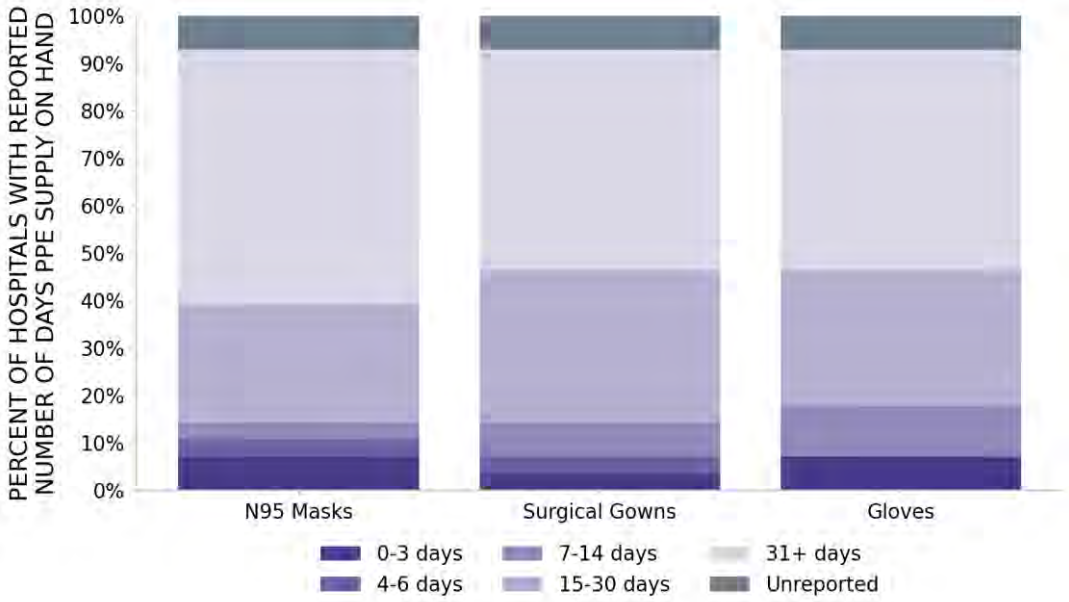
STATE REPORT | 11.15.2020

28 hospitals are expected to report in Wyoming

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. 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.

PPE: Unified hospitalization dataset in HHS Protect. 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. Values presented show the latest reports from hospitals in the week ending 11/11/2020.

WYOMING

STATE REPORT | 11.15.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	9 ■ (+0)	Casper Cheyenne Gillette Laramie Riverton Sheridan Rock Springs Jackson Evanston	19 ▲ (+1)	Natrona Laramie Campbell Albany Fremont Sheridan Sweetwater Park Teton Uinta Weston Goshen
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	0 ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	2 ■ (+0)	Platte Crook

Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red Counties: Natrona, Laramie, Campbell, Albany, Fremont, Sheridan, Sweetwater, Park, Teton, Uinta, Weston, Goshen, Converse, Lincoln, Carbon, Sublette, Johnson, Niobrara, Hot Springs

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

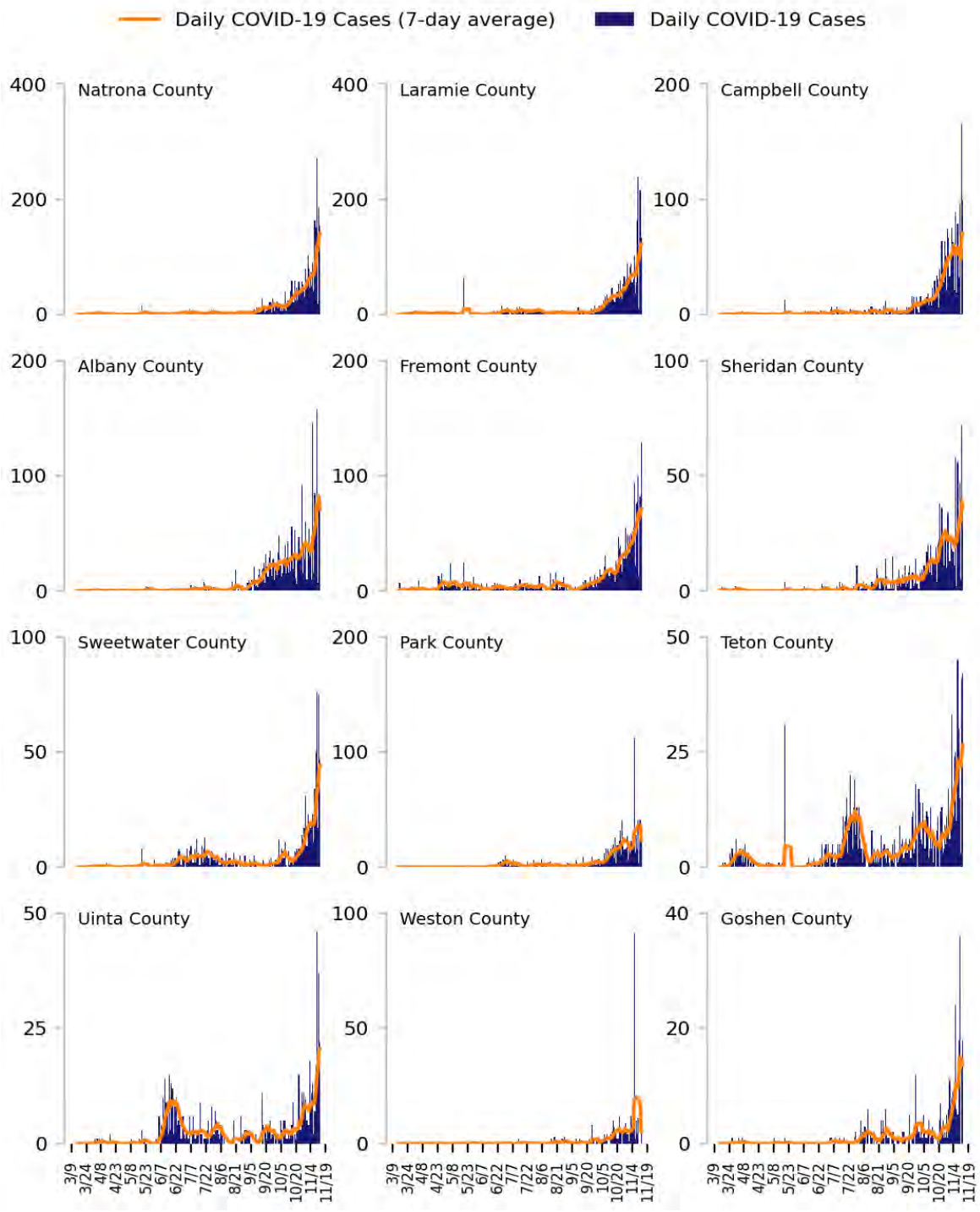
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020.

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

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



DATA SOURCES – Additional data details available under METHODS

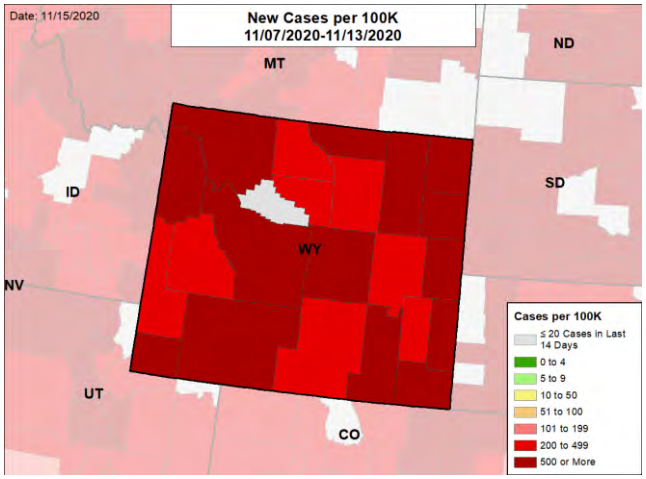
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/13/2020. Last 3 weeks is 10/24 - 11/13.

WYOMING

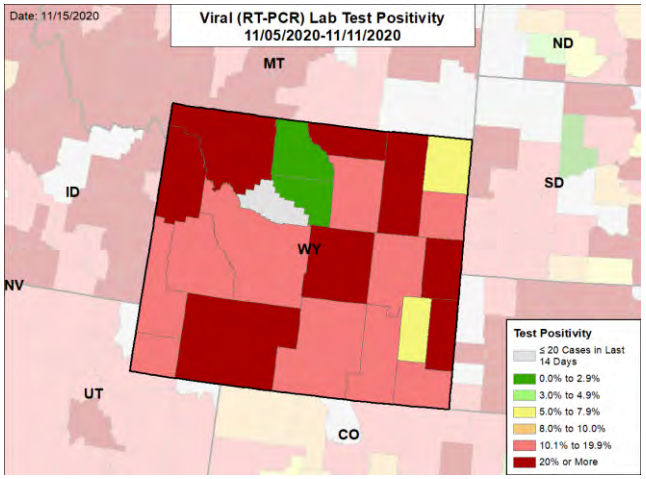
STATE REPORT | 11.15.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

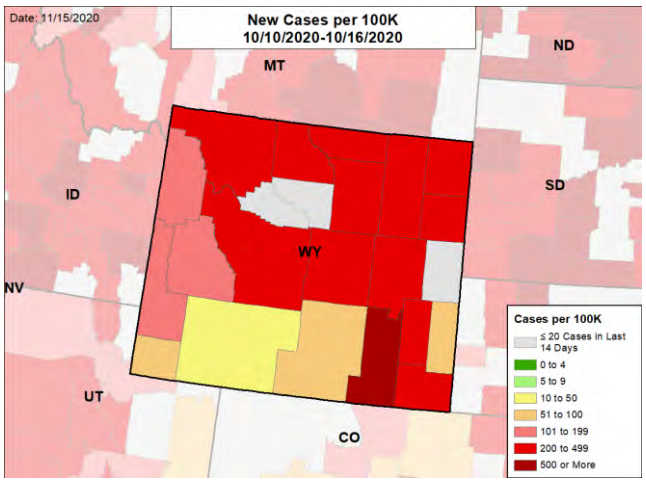
NEW CASES PER 100,000



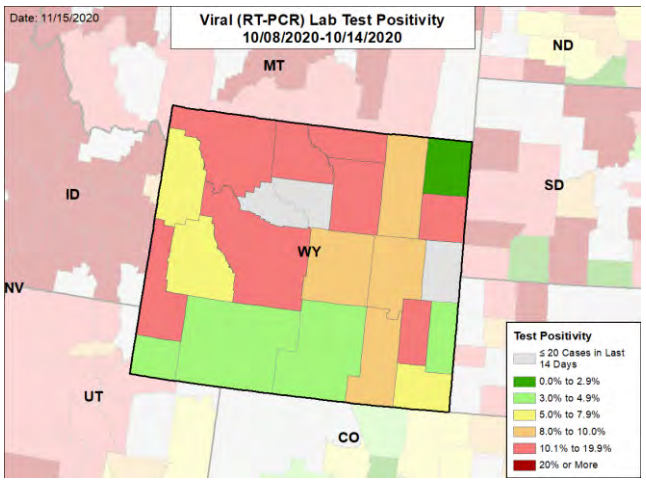
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



DATA SOURCES – Additional data details available under METHODS

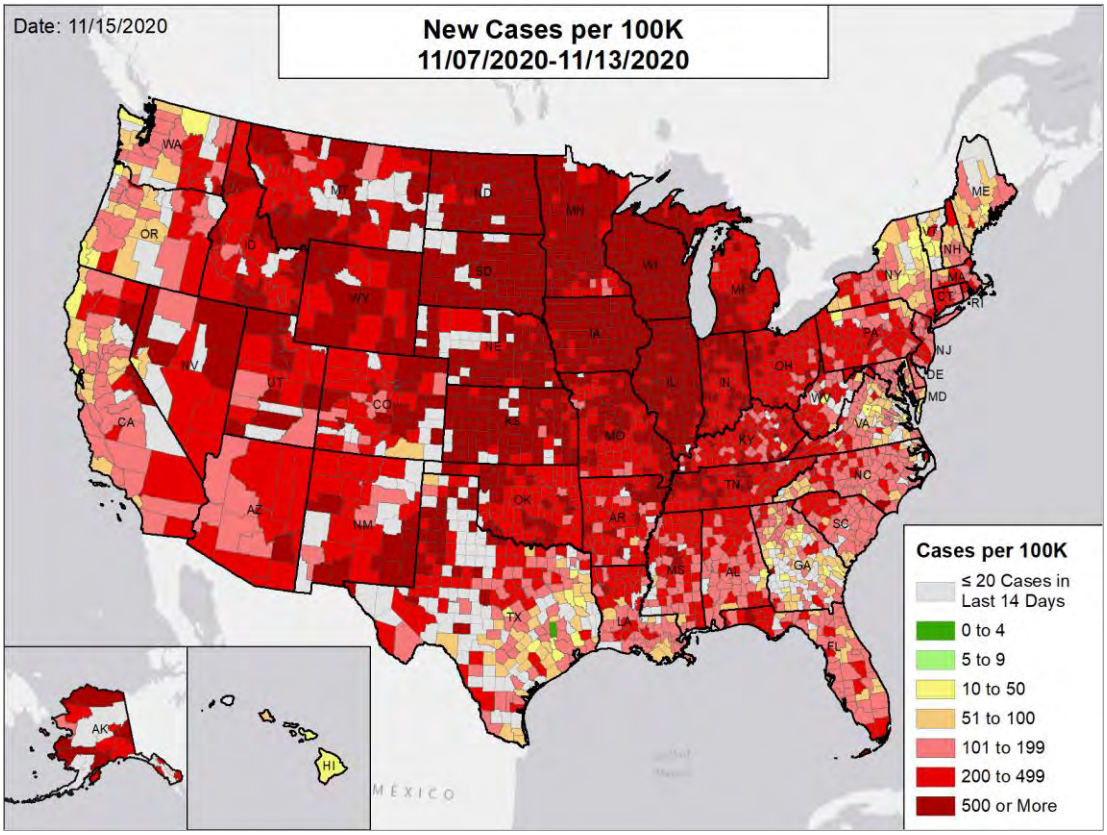
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/13/2020. The week one month before is 10/10 - 10/16.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/11/2020. The week one month before is 10/8 - 10/14.

National Picture

NEW CASES PER 100,000



NATIONAL RANKING OF NEW CASES PER 100,000

National Rank	State
1	ND
2	SD
3	IA
4	WY
5	WI
6	NE
7	IL
8	MN
9	KS
10	MT
11	UT
12	IN
13	CO
14	AK
15	ID
16	RI
17	MO
18	MI
19	NM
20	TN
21	OK
22	AR
23	OH
24	KY
25	NV
26	CT
27	WV
28	MS
29	PA
30	NJ
31	MA
32	AL
33	TX
34	AZ
35	DE
36	SC
37	FL
38	LA
39	MD
40	NC
41	WA
42	OR
43	NY
44	NH
45	CA
46	DC
47	VA
48	GA
49	ME
50	VT
51	HI

Europe is experiencing a fall surge similar to the USA and is showing early signs of improvement through country-specific mitigation efforts.

- 80% (48/60 countries) require wearing masks in all public settings
  - Most countries have imposed fines for non-compliance
- 93% (56/60) have significant restrictions on gathering size
- 63% (38/60) have some form of nonessential business closures, initially focused on bars and reducing restaurant capacity
- 60% (37/60) have some form of entertainment or public space restriction
- 65% (39/60) have deployed a contact tracing app

DATA SOURCES

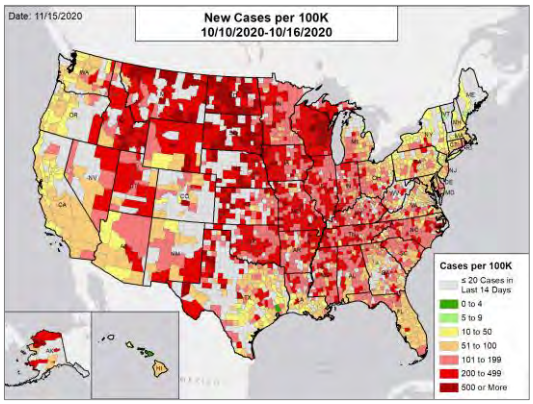
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Cases: County-level data from USAFacts through 11/13/2020.
European community mitigation information sourced from European CDC — Situation Update Worldwide.

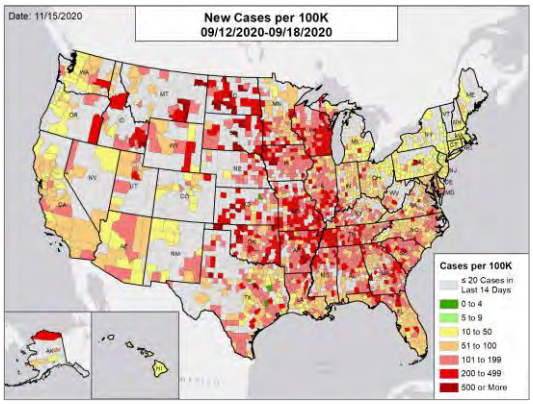
National Picture

NEW CASES PER 100,000 IN THE WEEK:

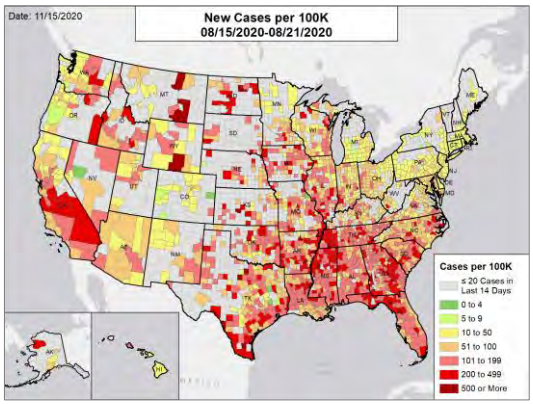
ONE MONTH BEFORE



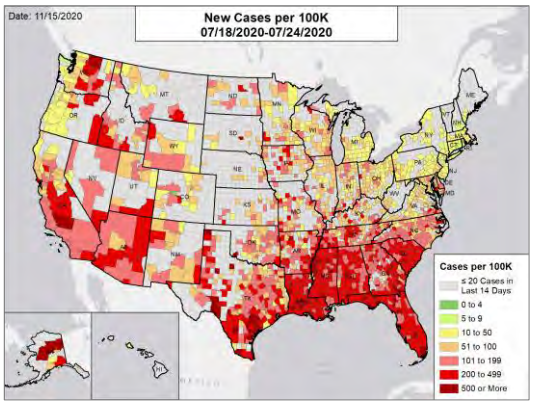
TWO MONTHS BEFORE



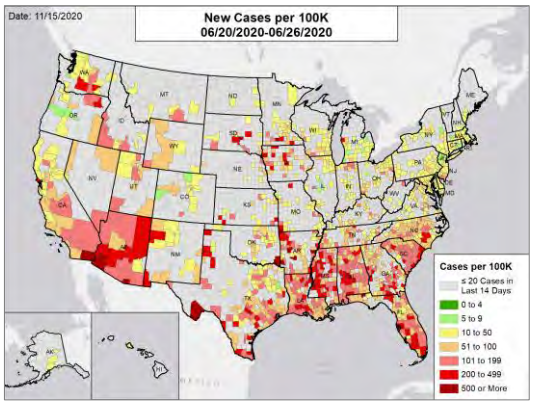
THREE MONTHS BEFORE



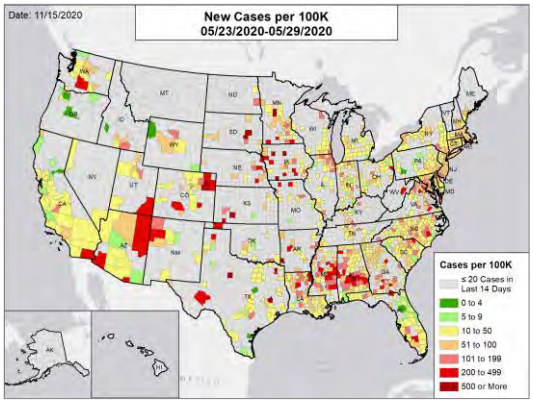
FOUR MONTHS BEFORE



FIVE MONTHS BEFORE



SIX MONTHS BEFORE



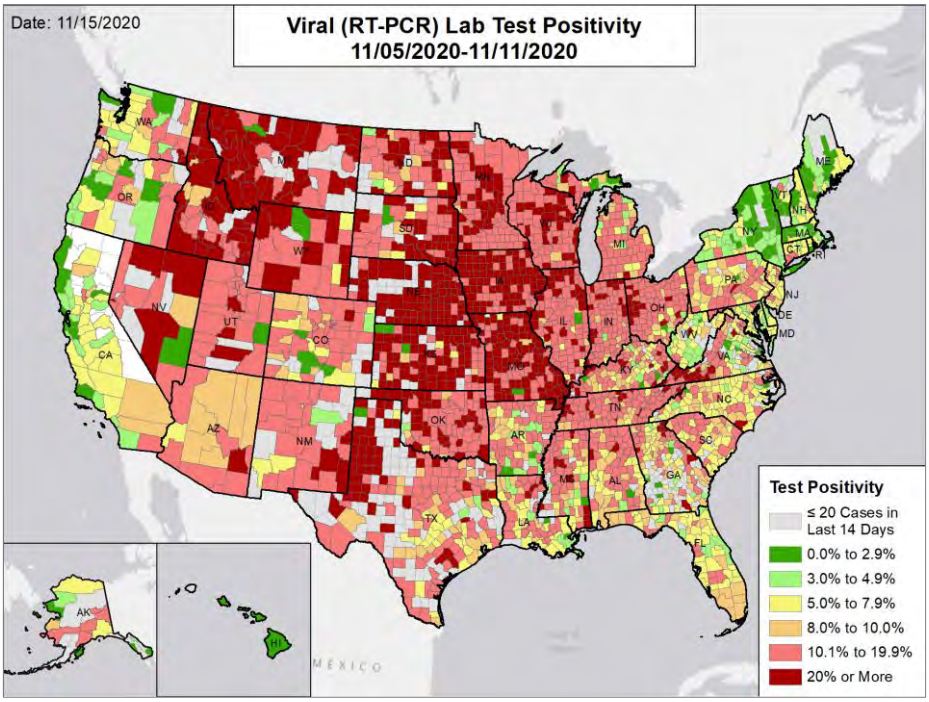
DATA SOURCES

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 11/13/2020. The week one month before is 10/10 - 10/16; the week two months before is 9/12 - 9/18; the week three months before is 8/15 - 8/21; the week four months before is 7/18 - 7/24; the week five months before is 6/20 - 6/26; the week six months before is 5/23 - 5/29.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY

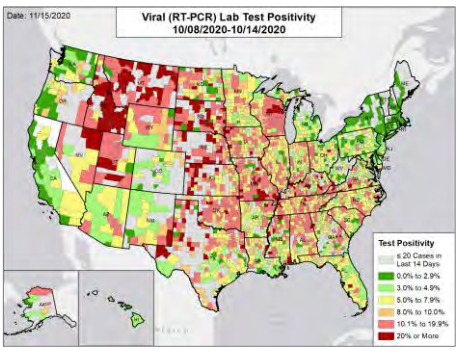


NATIONAL RANKING OF TEST POSITIVITY

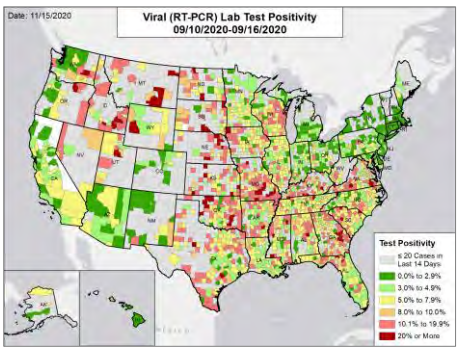
National Rank	State	National Rank	State
1	MT	27	AR
2	ID	28	OH
3	IA	29	PA
4	NE	30	AZ
5	KS	31	VA
6	SD	32	OR
7	MO	33	NJ
8	WI	34	CT
9	OK	35	GA
10	UT	36	FL
11	ND	37	NC
12	MN	38	LA
13	NV	39	MD
14	IL	40	WA
15	NM	41	NH
16	IN	42	WV
17	TN	43	DE
18	MI	44	CA
19	MS	45	RI
20	KY	46	ME
21	CO	47	NY
22	TX	48	MA
23	WY	49	DC
24	AL	50	HI
25	AK	51	VT
26	SC		

VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK:

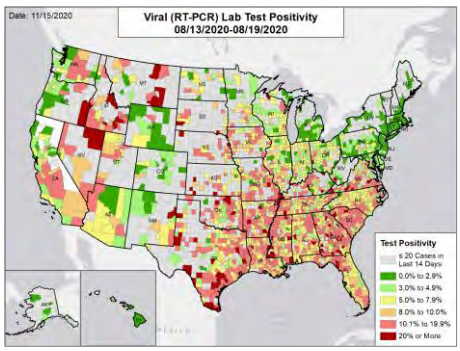
ONE MONTH BEFORE



TWO MONTHS BEFORE



THREE MONTHS BEFORE



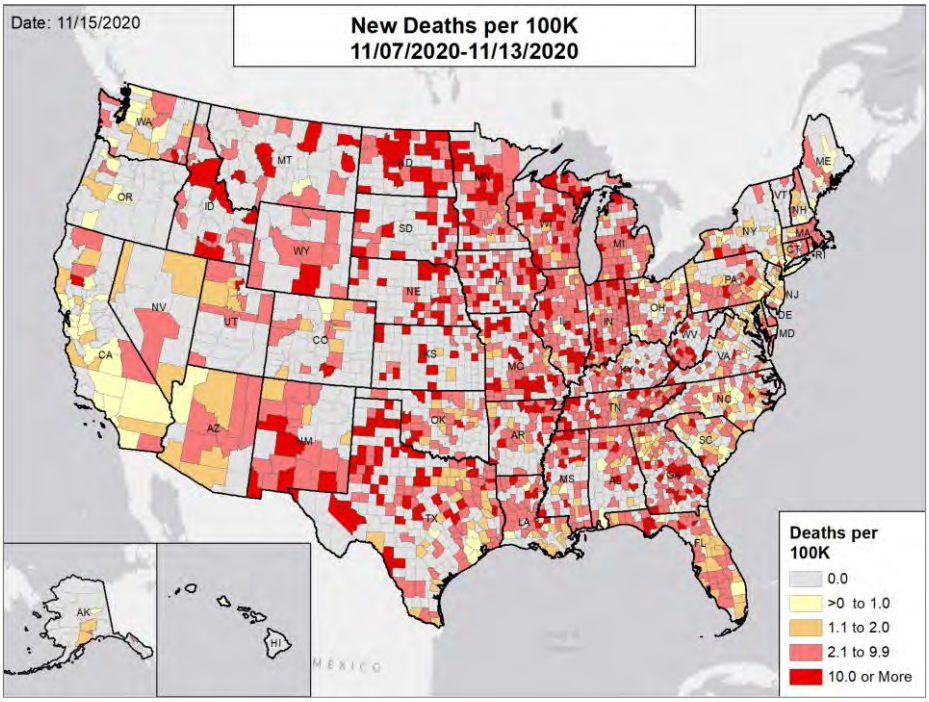
DATA SOURCES

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 11/11/2020. Tthe week one month before is 10/8 - 10/14; the week two months before is 9/10 - 9/16; the week three months before is 8/13 - 8/19.

National Picture

NEW DEATHS PER 100,000



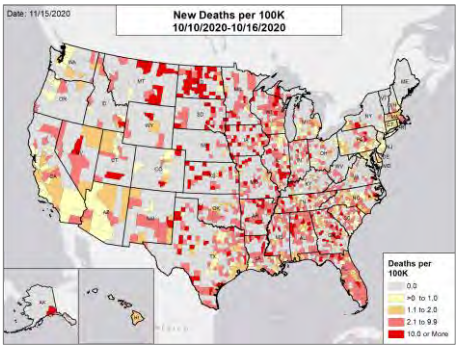
NATIONAL RANKING OF NEW DEATHS PER 100,000

National Rank	State
1	ND
2	SD
3	MT
4	WI
5	NM
6	IN
7	TN
8	WV
9	MI
10	IA
11	ID
12	WY
13	NE
14	MO
15	AL
16	MN
17	IL
18	MS
19	KS
20	AR
21	RI
22	TX
23	GA
24	PA
25	KY
26	MA

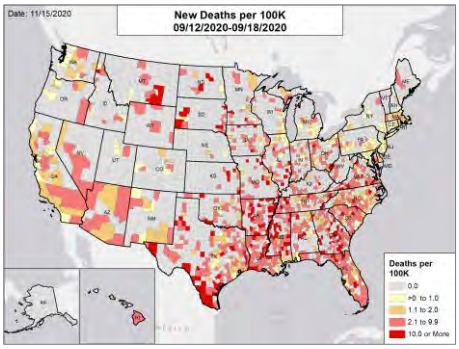
National Rank	State
27	CO
28	LA
29	AZ
30	FL
31	SC
32	CT
33	DE
34	NY
35	AK
36	OH
37	UT
38	OK
39	NV
40	NC
41	MD
42	VA
43	NJ
44	WA
45	ME
46	OR
47	NH
48	CA
49	DC
50	HI
51	VT

NEW DEATHS PER 100,000 IN THE WEEK:

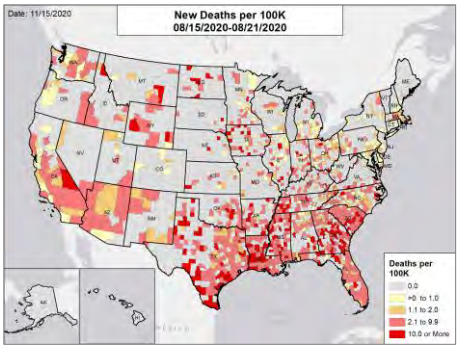
ONE MONTH BEFORE



TWO MONTHS BEFORE



THREE MONTHS 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.

Deaths: County-level data from USAFacts through 11/13/2020. The week one month before is 10/10 - 10/16; the week two months before is 9/12 - 9/18; the week three months before is 8/15 - 8/21.

METHODS

STATE REPORT | 11.15.2020

COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume). 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	0.0		0.1 – 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 18:35 EST on 11/15/2020. 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.
- **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 11/5 to 11/11; previous week data are from 10/29 to 11/4; the week one month before data are from 10/8 to 10/14. HHS Protect data is recent as of 17:58 EST on 11/15/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EST on 11/14/2020.
- **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 19:14 EST on 11/15/2020.
- **Hospital PPE:** Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Data is recent as of 16:19 EST on 11/14/2020.
- **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 11/2-11/8, previous week is 10/26-11/1. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
- **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."