STATE REPORT
11.22.2020
Issue 23

ALABAMA

SUMMARY

- Alabama 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. Alabama is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 25th highest rate in the country.
- Alabama is showing early signs of improvement and continuing to layer mitigation efforts will be critical to sustain and accelerate the small gains. Alabama has seen a decrease 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. Jefferson County, 2. Madison County, and 3. Shelby County. These counties represent 28.1% of new cases in Alabama.
- 96% of all counties in Alabama have moderate or high levels of community transmission (yellow, orange, or red zones), with 57% having high levels of community transmission (red zone).
- During the week of Nov 9 - Nov 15, 20% of nursing homes had at least one new resident COVID-19 case, 41% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death.
- New hospital admissions in Alabama are now stabilizing, especially in those over 70.
- Alabama had 229 new cases per 100,000 population, compared to a national average of 356 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 42 to support operations activities from FEMA and 1 to support operations activities from USCG.
- The federal government has supported surge testing in Birmingham, AL and Jefferson County.
- Between Nov 14 - Nov 20, on average, 191 patients with confirmed COVID-19 and 114 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Alabama. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household 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 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 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.
- 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 significant amount of virus circulating and the high rate of asymptomatic and undiagnosed infections among family and community members. Public spaces where masking is not possible must have a significant reduction in capacity or close.
- 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 universities returning in the winter move to mandatory weekly testing of all on and off campus students. Planning for that must begin now.
- There continue to be high levels of positive staff at LTCF, indicative of continued and unmitigated community spread in these geographic locations.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

ALABAMA

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	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	11,230 (229)	-19%	174,589 (261)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	12.3%	+0.2%*	9.5%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	93,648** (1,910**)	+1%**	1,329,742** (1,987**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	219 (4.5)	+20%	1,821 (2.7)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	20%	+5%*	20%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	41%	+4%*	39%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	+1%*	7%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	2,133 (15)	-4% (-4%)	24,027 (16)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

ALABAMA

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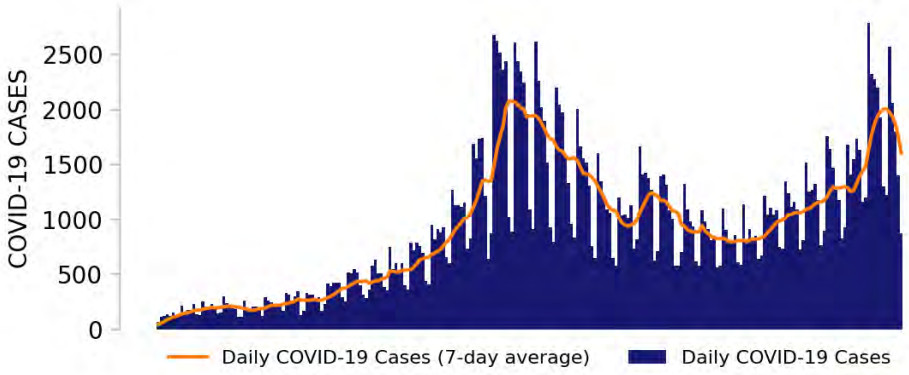
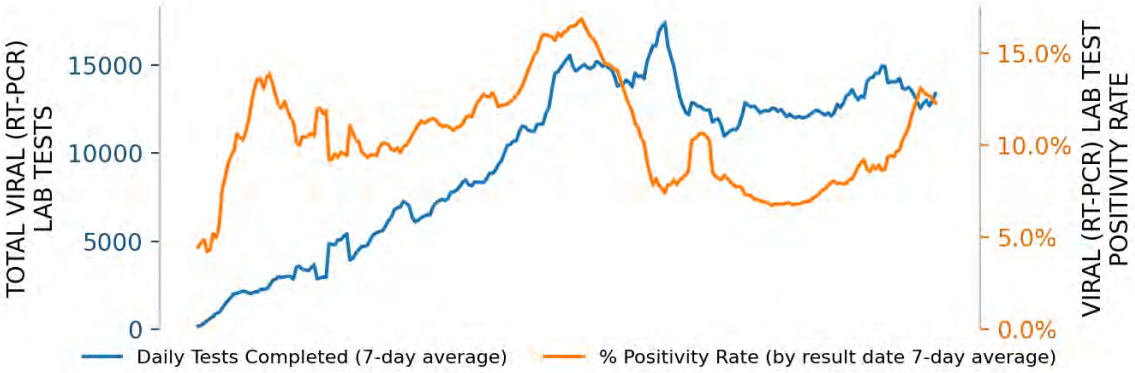
NEW CASES

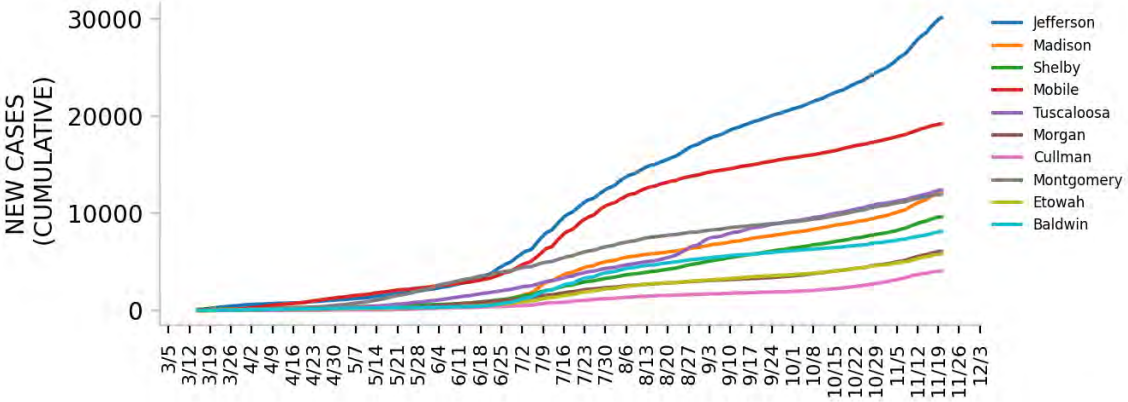


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

ALABAMA

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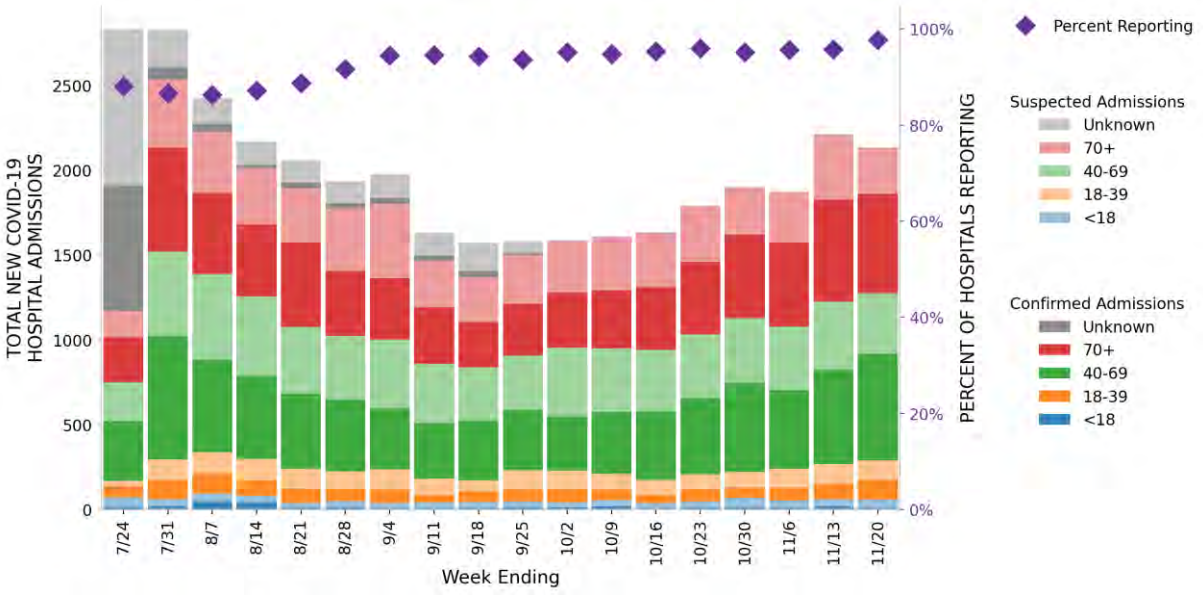
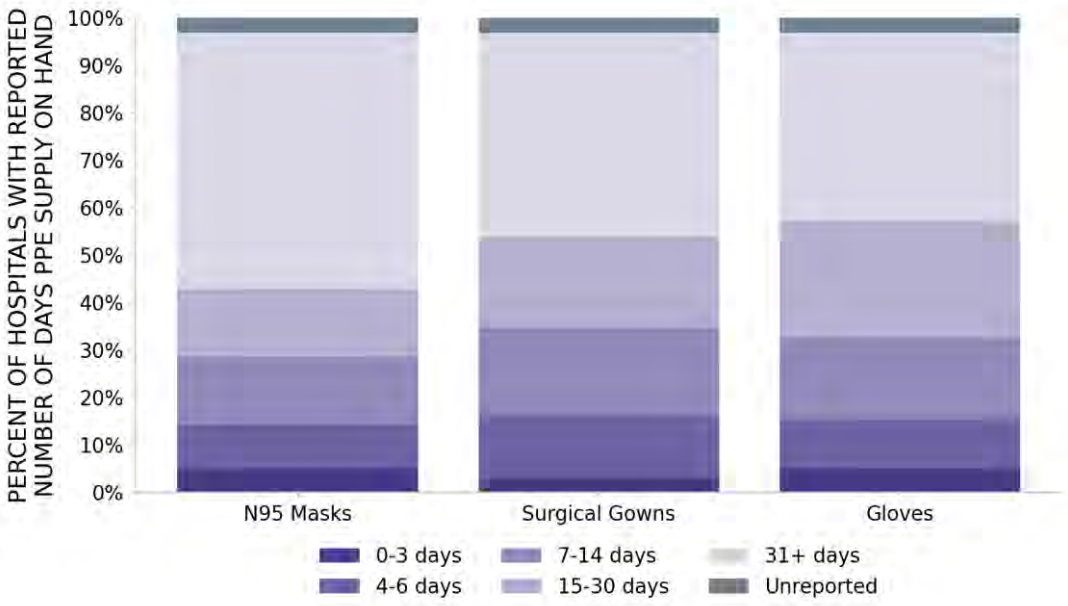
98 hospitals are expected to report in Alabama

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. 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. 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 11/18/2020.

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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	15 ▼ (-1)	Birmingham-Hoover Huntsville Montgomery Tuscaloosa Decatur Florence-Muscle Shoals Gadsden Daphne-Fairhope-Foley Albertville Anniston-Oxford Fort Payne Scottsboro	38 ▲ (+1)	Jefferson Madison Shelby Tuscaloosa Morgan Montgomery Etowah Baldwin Marshall Lauderdale Calhoun DeKalb
LOCALITIES IN ORANGE ZONE	7 ▲ (+2)	Cullman Auburn-Opelika Talladega-Sylacauga Jasper Ozark Atmore Eufaula	12 ▼ (-1)	Cullman Lee Talladega Walker Dale Winston Escambia Marengo Randolph Barbour Henry Crenshaw
LOCALITIES IN YELLOW ZONE	3 ▼ (-1)	Mobile Dothan Alexander City	14 ▲ (+1)	Mobile Houston Tallapoosa Covington Marion Geneva Clarke Russell Washington Clay Monroe Conecuh

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

All Red CBSAs: Birmingham-Hoover, Huntsville, Montgomery, Tuscaloosa, Decatur, Florence-Muscle Shoals, Gadsden, Daphne-Fairhope-Foley, Albertville, Anniston-Oxford, Fort Payne, Scottsboro, Enterprise, Selma, LaGrange

All Red Counties: Jefferson, Madison, Shelby, Tuscaloosa, Morgan, Montgomery, Etowah, Baldwin, Marshall, Lauderdale, Calhoun, DeKalb, Limestone, St. Clair, Colbert, Blount, Elmore, Jackson, Autauga, Coffee, Dallas, Chambers, Franklin, Lawrence, Chilton, Pickens, Fayette, Bibb, Cherokee, Butler, Macon, Cleburne, Hale, Lamar, Lowndes, Perry, Coosa, Greene

All Yellow Counties: Mobile, Houston, Tallapoosa, Covington, Marion, Geneva, Clarke, Russell, Washington, Clay, Monroe, Conecuh, Sumter, Wilcox

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

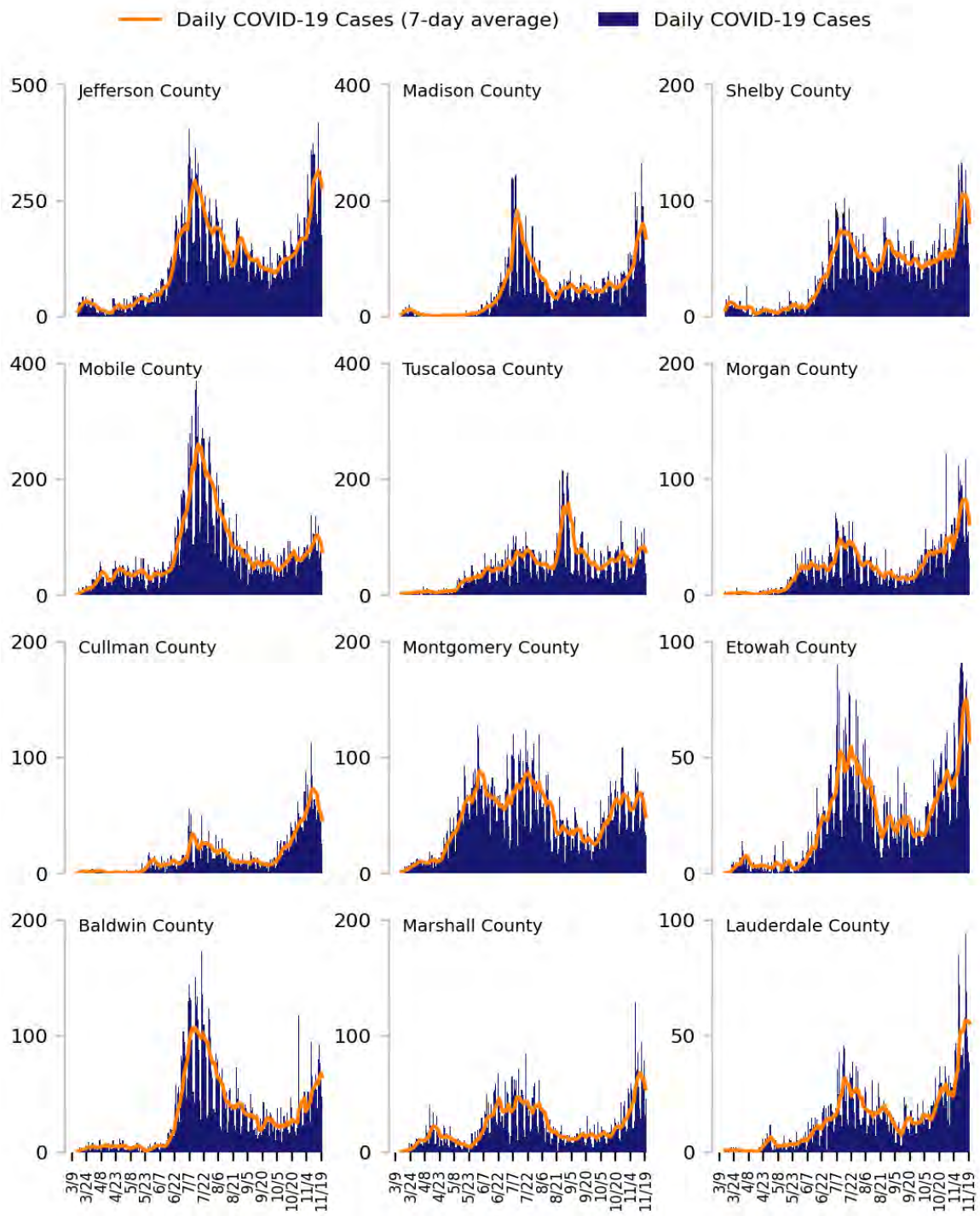
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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 11/20/2020. Last 3 weeks is 10/31 - 11/20.

ALABAMA

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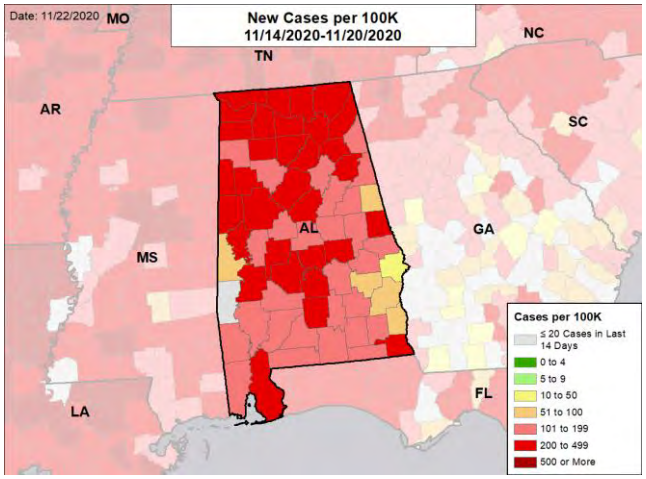
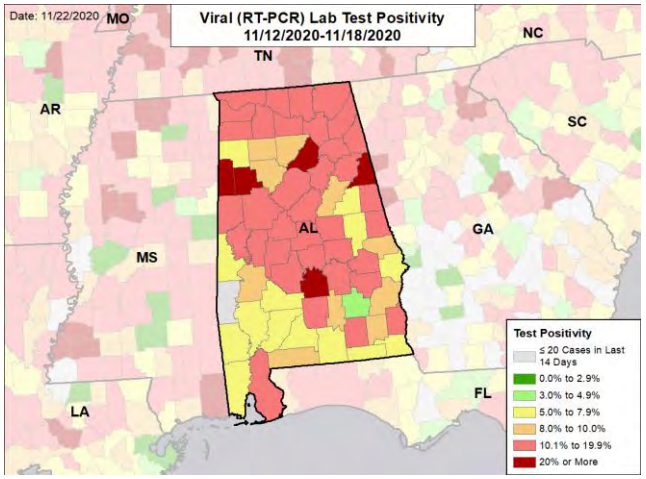
CASE RATES AND VIRAL LAB TEST POSITIVITY

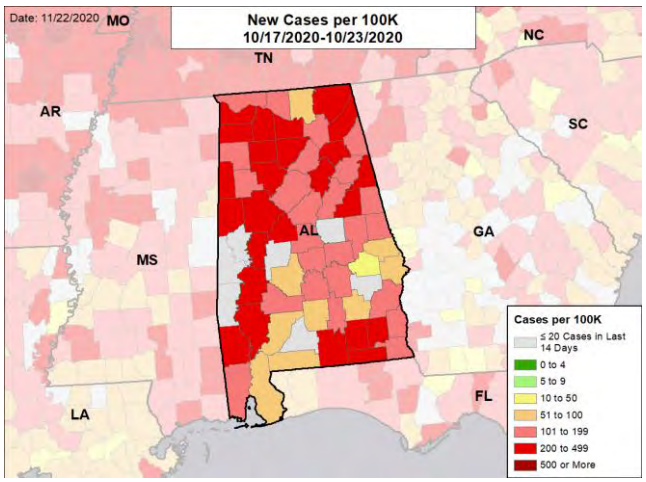
NEW CASES PER 100,000



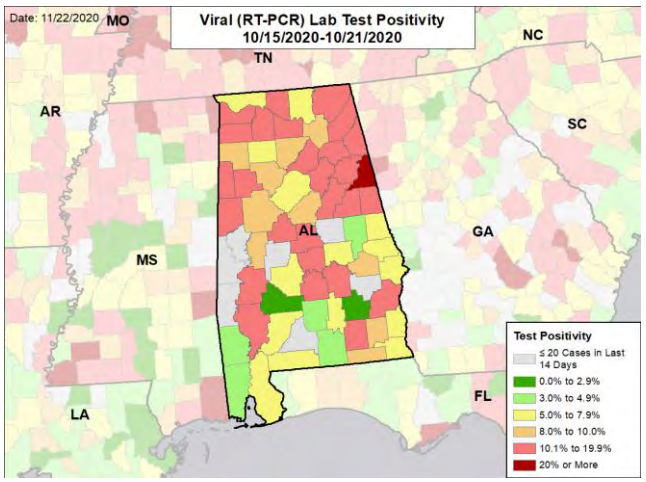
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

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11.22.2020
Issue 23

ALASKA

SUMMARY

- Alaska 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. Alaska 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.
- Alaska has seen an increase in new cases and a decrease 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 75.0% of new cases in Alaska.
- Test positivity and relative case rates increased the most in midsized and smaller communities, with the largest proportionate increases in Southeast Fairbanks, Kusilvak, and Bethel Census Areas, and Kodiak Island and Juneau City Boroughs.
- 38% 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).
- Bed utilization in Anchorage hospital service area exceeded 85% and ICU bed utilization exceeded 76%; at least one hospital system reported critical staffing shortages.
- During the week of Nov 9 - Nov 15, 11% of nursing homes had at least one new resident COVID-19 case, 22% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death.
- Alaska had 561 new cases per 100,000 population, compared to a national average of 356 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; 14 to support medical activities from ASPR; 7 to support operations activities from ASPR; 2 to support medical activities from CDC; and 23 to support operations activities from USCG.
- Between Nov 14 - Nov 20, on average, 18 patients with confirmed COVID-19 and 8 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Alaska. This is an increase of 9% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 boroughs. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all boroughs must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- In states, such as Alaska, where the epidemic is out of control, the focus should be on protecting those at highest risk for severe outcomes. This requires intensification of efforts to interrupt transmission and expanding availability of clinical services.
- Requirements for face coverings, especially in indoor public or commercial settings, have been shown to improve adherence and lower transmission.
- Strong and widely prevalent public health messages recommending avoidance of all indoor gatherings with people outside of the routine household are critically important in advance of the upcoming holidays and should be deployed as widely and urgently as possible.
- Use of clinical personnel from local facilities to convey local messages and pleas for adherence to face coverings and social distancing has been shown to be effective and should be expanded at the local level.
- Public health messages should appeal to community coherence and responsibility, using champions from different political and cultural belief systems to convey local messages about the importance of mitigation efforts on all media platforms.
- Expansion of surveillance and testing is critically important, as most people who are aware of their infection will isolate. **Education on isolation and quarantine should be given in verbal and written form at the time of testing.**
- Proactive weekly testing of groups representative of the community (teachers, community college students, borough and state 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.
- Ensure all hospitals and clinical sites in Alaska are as capacitated as possible, with updated training on use and timing of effective interventions, contingency staffing plans with appropriate task-shifting, and maximized access to medications and supplies. Ensure ongoing communication with state and federal partners and that hospital reporting on staffing, bed availability, and supplies is maintained to allow triage and assistance.
- Ensure that staff at all LTCFs are tested weekly with rapid testing and strict adherence to CMS guidance is maintained at all facilities.
- 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 | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	4,105 (561)	+12%	35,419 (247)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.3%	-2.6%*	11.2%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	42,926** (5,868**)	-29%**	343,034** (2,390**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	3 (0.4)	-77%	259 (1.8)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	11%	+11%*	14%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	22%	-6%*	32%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A*	3%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	177 (12)	+9% (+8%)	2,983 (13)	136,015 (19)

* 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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ALASKA

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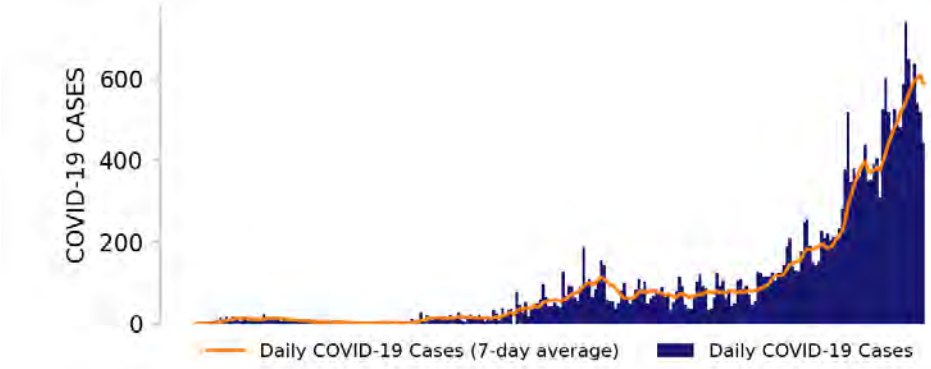
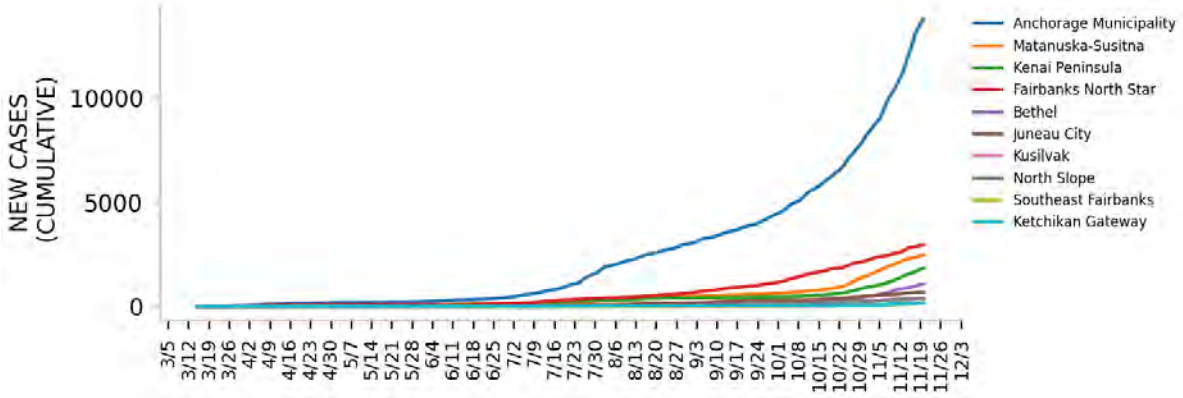
NEW CASES



TESTING

TOP BOROUGHS

Top boroughs based on greatest number of new cases in last three weeks (10/31 - 11/20)



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ALASKA

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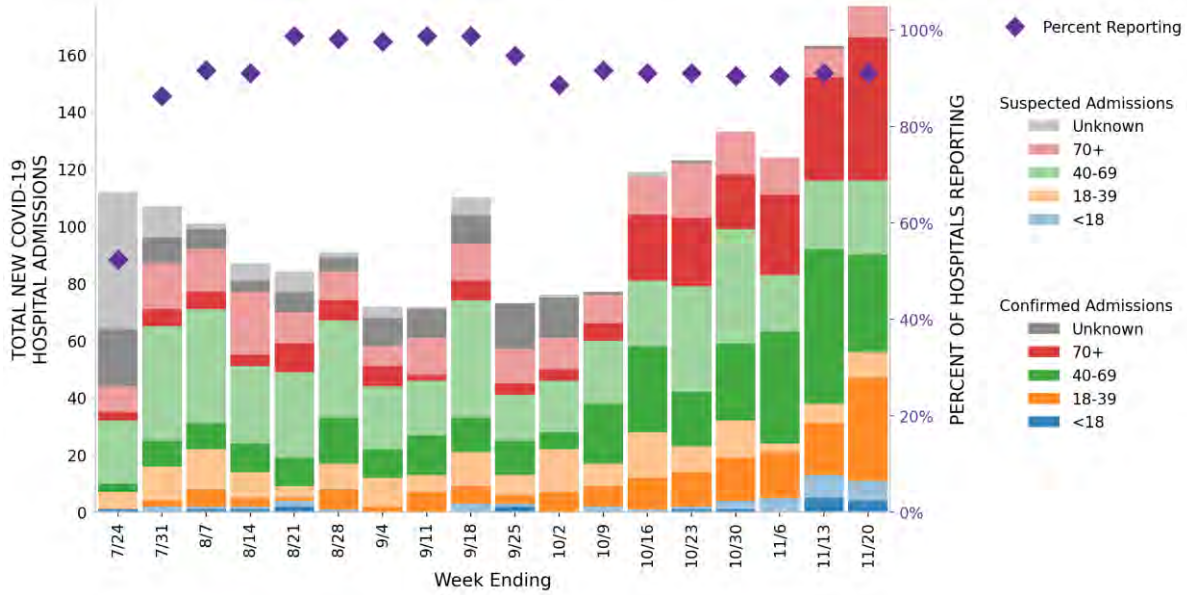
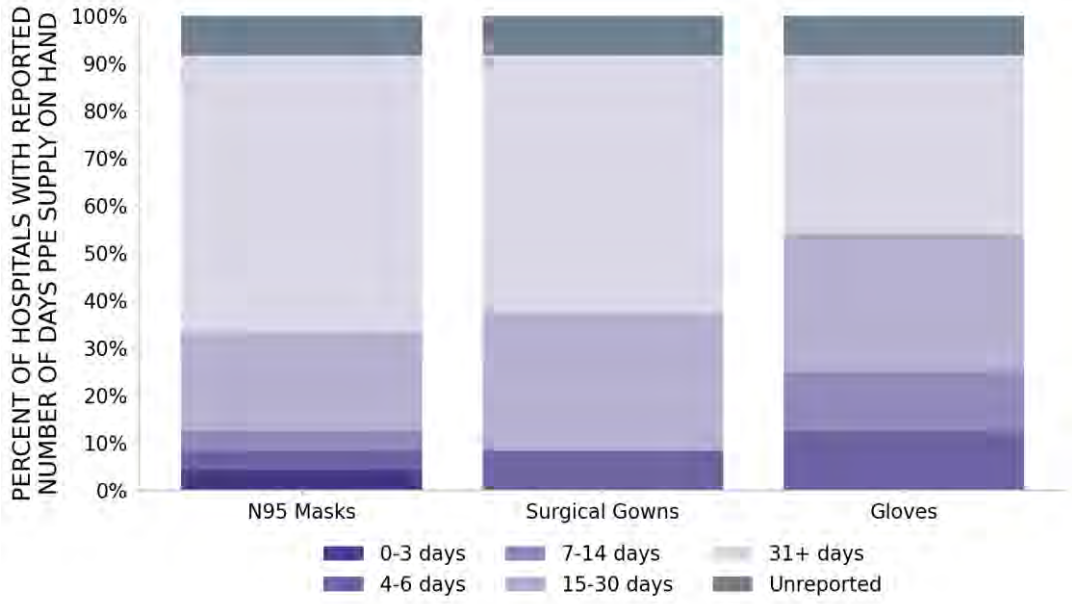
24 hospitals are expected to report in Alaska

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. 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. 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 11/18/2020.

ALASKA

STATE REPORT | 11.22.2020

COVID-19 BOROUGH AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		BOROUGHS	
LOCALITIES IN RED ZONE	**1** ▼ (-1)	Anchorage	**6** ■ (+0)	Anchorage Municipality Matanuska-Susitna Kenai Peninsula Bethel Census Area Kusilvak Census Area Southeast Fairbanks Census Area
LOCALITIES IN ORANGE ZONE	**1** ▲ (+1)	Fairbanks	**2** ▲ (+1)	Fairbanks North Star North Slope
LOCALITIES IN YELLOW ZONE	**1** ▲ (+1)	Juneau	**3** ▲ (+1)	Juneau City and Valdez-Cordova Census Area Dillingham 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.**

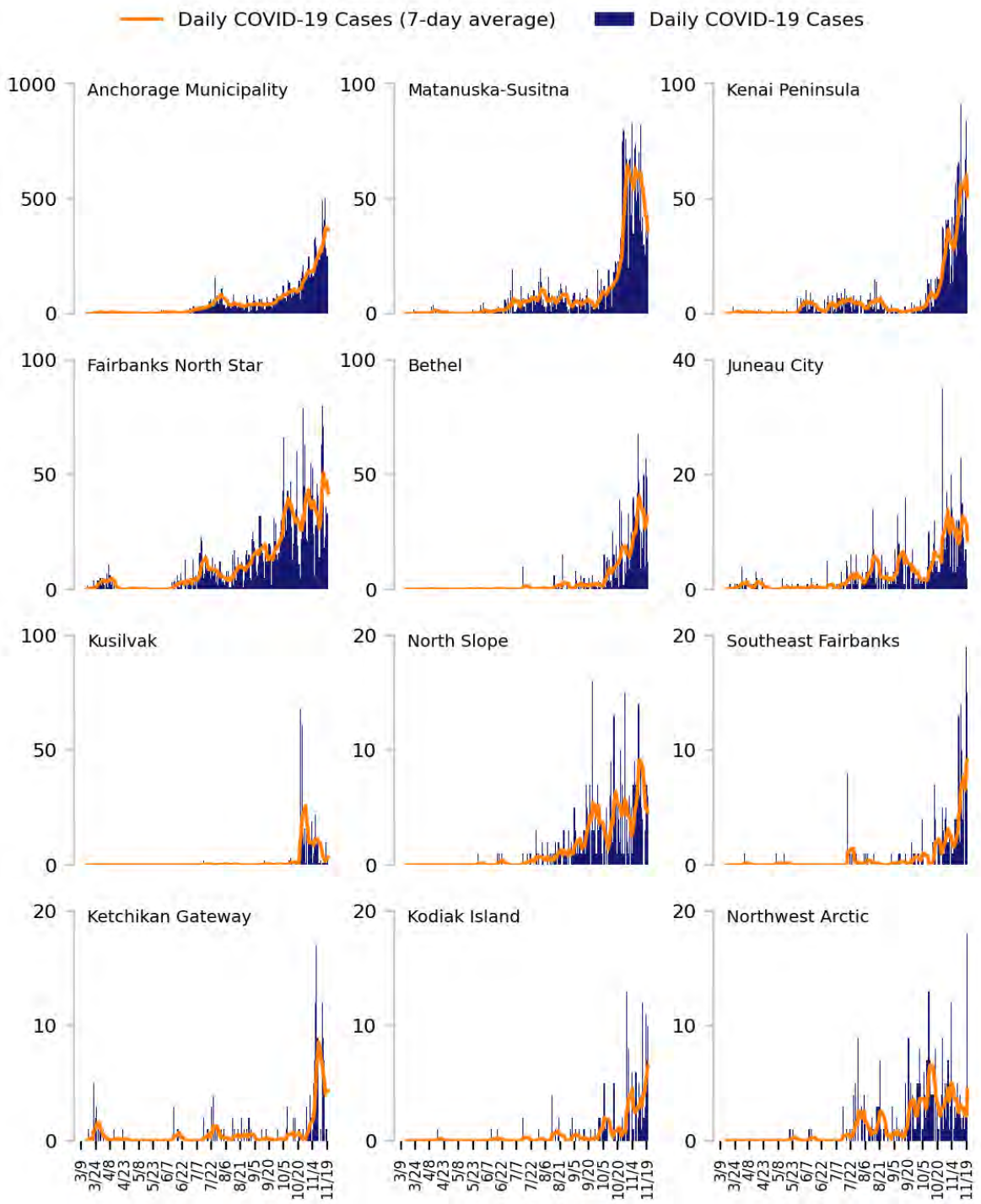
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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 11/20/2020. Last 3 weeks is 10/31 - 11/20.

ALASKA

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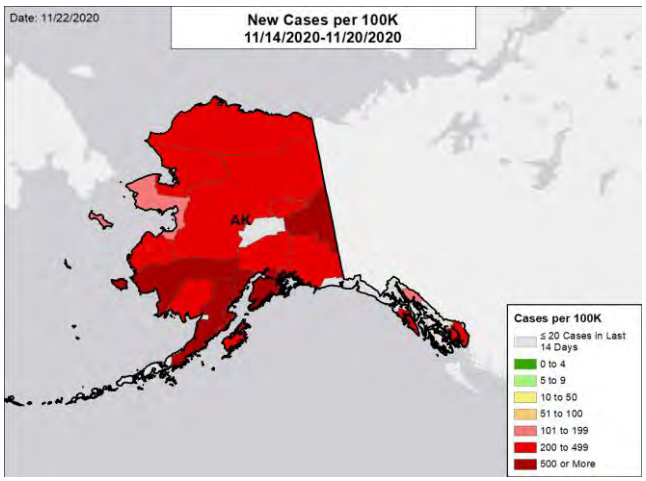
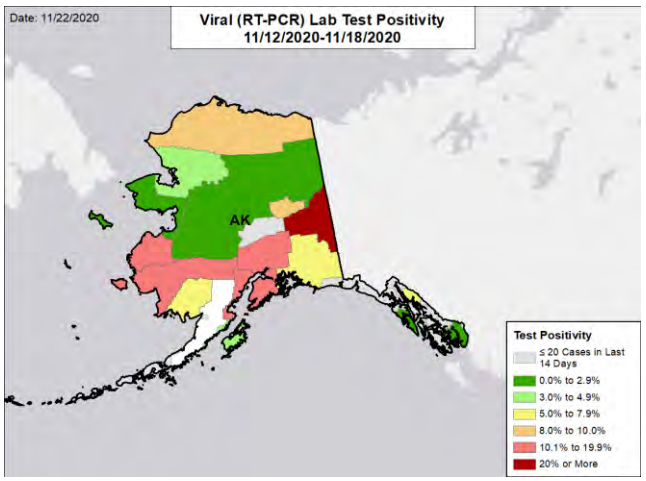
CASE RATES AND VIRAL LAB TEST POSITIVITY

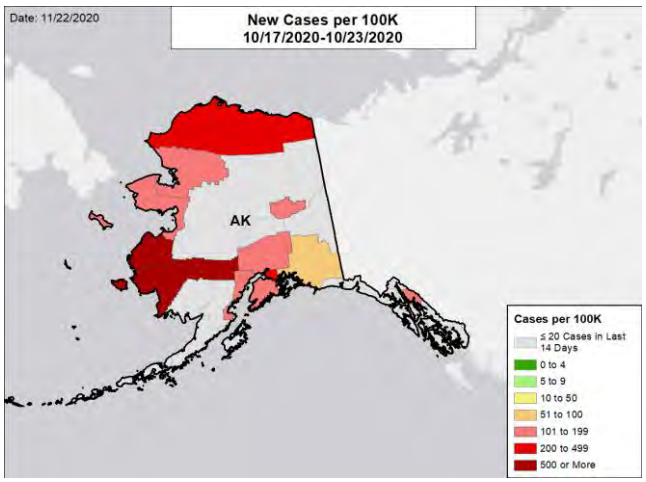
NEW CASES PER 100,000



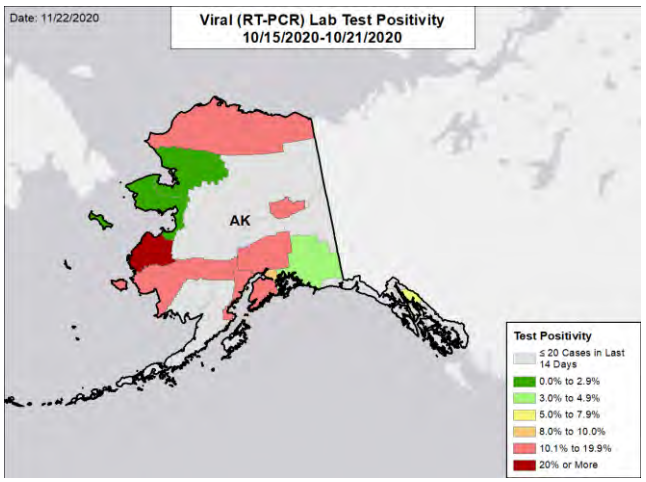
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 borough-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

ARIZONA

SUMMARY

- Arizona 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. Arizona is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 27th highest rate in the country.
- Arizona has seen an increase in new cases and an increase in test positivity.
- Arizona is in full resurgence and must increase mitigation back to the summer interventions. Hospitalizations are rising rapidly and Arizona must mitigate to flatten the curve.
- 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 78.6% of new cases in Arizona.
- 93% of all counties in Arizona have moderate or high levels of community transmission (yellow, orange, or red zones), with 87% having high levels of community transmission (red zone).
- During the week of Nov 9 - Nov 15, 17% of nursing homes had at least one new resident COVID-19 case, 34% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death.
- New hospital admissions in Arizona are dramatically increasing, especially in those over 70.
- Arizona had 304 new cases per 100,000 population, compared to a national average of 356 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 2 to support operations activities from CDC.
- Between Nov 14 - Nov 20, on average, 225 patients with confirmed COVID-19 and 237 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Arizona. This is an increase of 13% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- Aggressive weekly testing of all members staying on Tribal lands must occur to support ongoing mitigation efforts.
- 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 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.
- 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 significant amount of virus circulating and the high rate of asymptomatic and undiagnosed infections among family and community members. Public spaces where masking is not possible must have a significant reduction in capacity or close.
- 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 universities returning in the winter move to mandatory weekly testing of all on and off campus students. Planning for that must begin now.
- There continue to be high levels of positive staff at LTCF, indicative of continued and unmitigated community spread in these geographic locations.
- 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.

ARIZONA

STATE REPORT | 11.22.2020

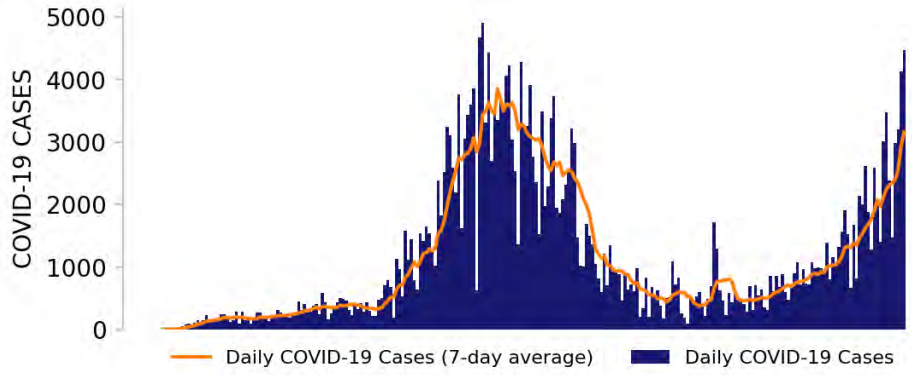
	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	22,119 (304)	+49%	112,388 (219)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	11.1%	+1.7%*	7.3%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	187,599** (2,577**)	+12%**	1,122,095** (2,188**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	170 (2.3)	+15%	618 (1.2)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	17%	+4%*	7%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	34%	+5%*	15%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	+0%*	2%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,235 (24)	+13% (+12%)	13,964 (16)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

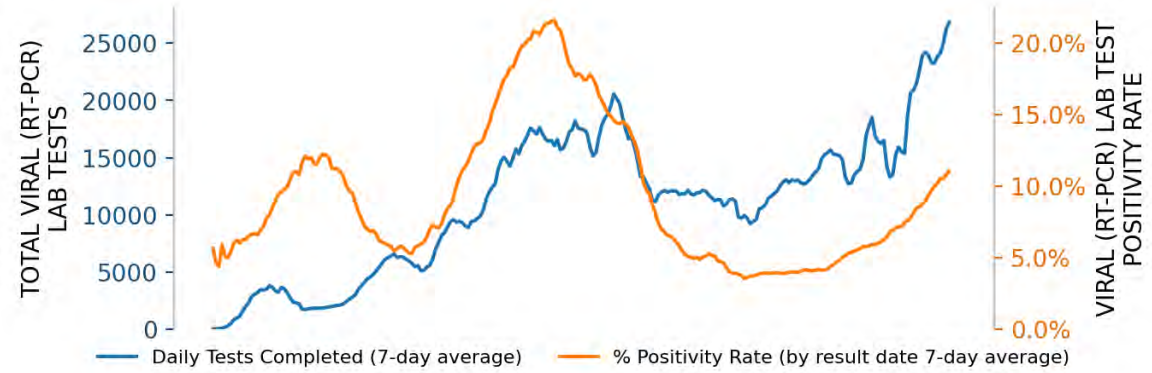
ARIZONA

STATE REPORT | 11.22.2020

NEW CASES

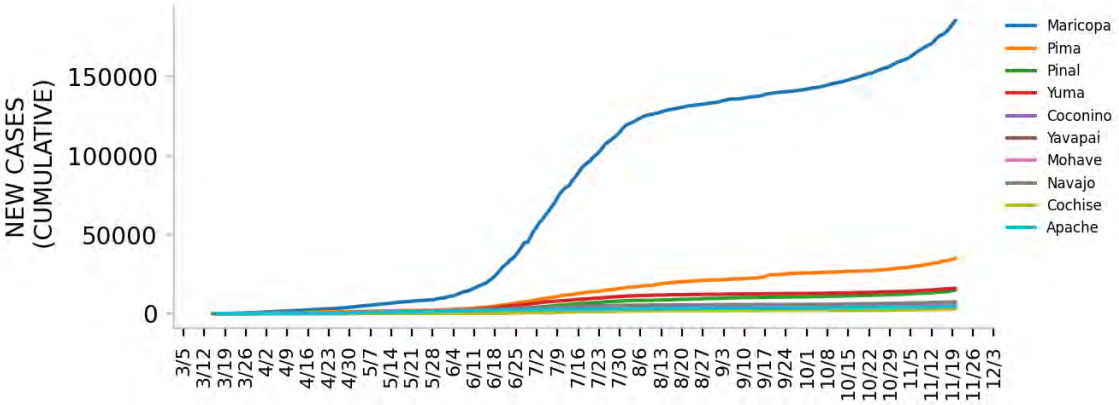


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/20/2020.

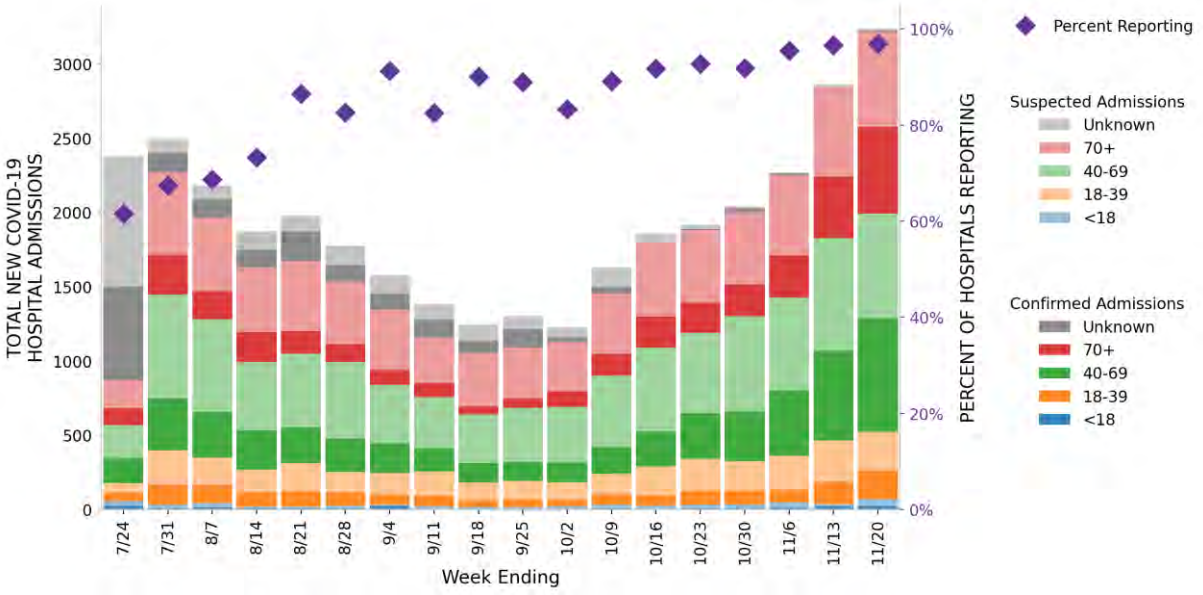
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

ARIZONA

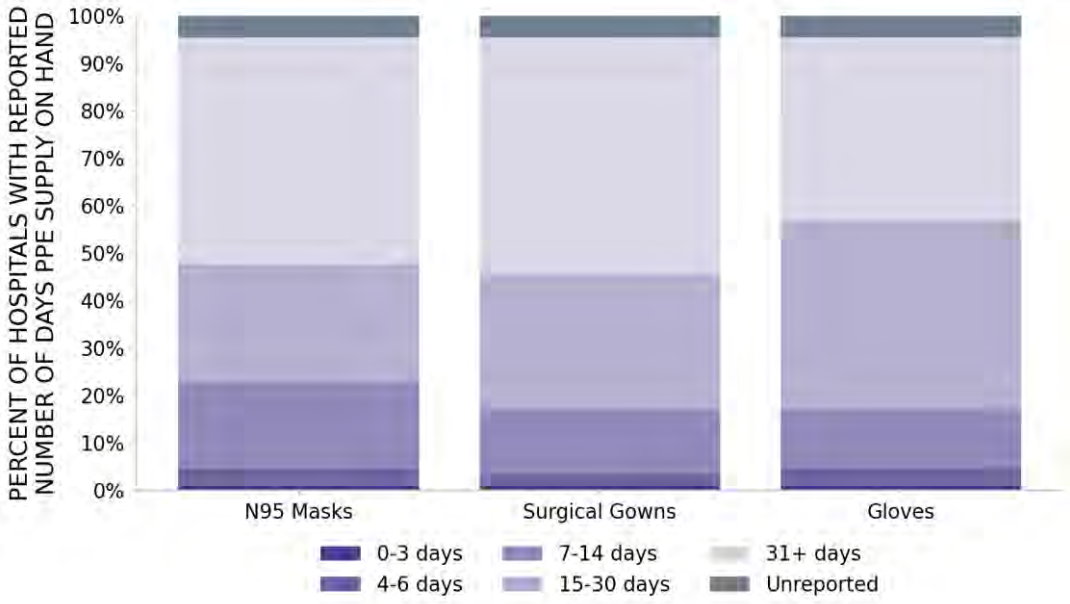
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

ARIZONA

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**10** ▲ (+3)	Phoenix-Mesa-Chandler Tucson Yuma Prescott Valley-Prescott Lake Havasu City-Kingman Show Low Sierra Vista-Douglas Safford Payson Nogales	**13** ▲ (+5)	Maricopa Pima Pinal Yuma Yavapai Mohave Navajo Cochise Apache Graham Gila Santa Cruz
LOCALITIES IN ORANGE ZONE	**0** ▼ (-4)	N/A	**0** ▼ (-6)	N/A
LOCALITIES IN YELLOW ZONE	**1** ▲ (+1)	Flagstaff	**1** ■ (+0)	Coconino

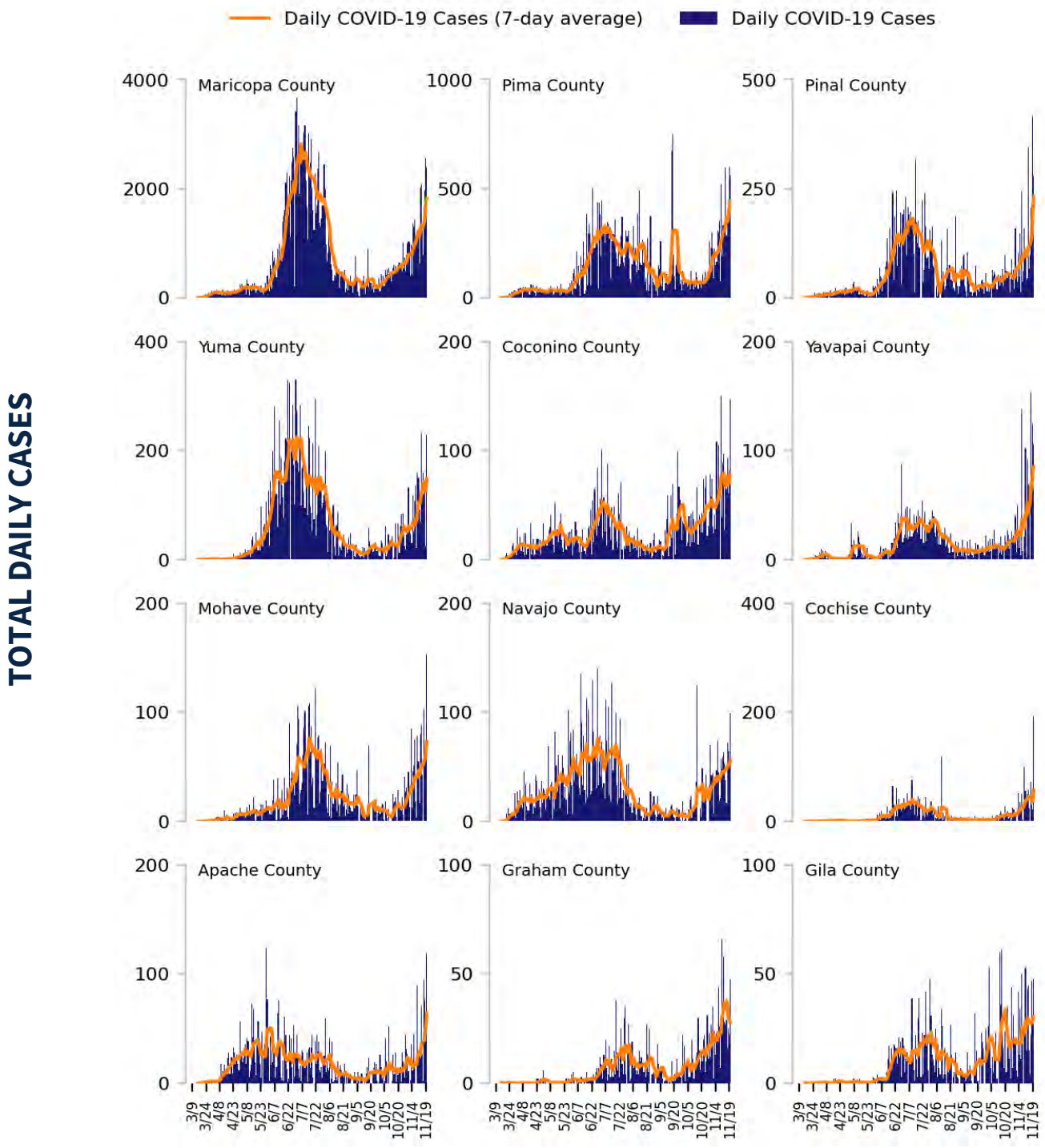
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red Counties: Maricopa, Pima, Pinal, Yuma, Yavapai, Mohave, Navajo, Cochise, Apache, Graham, Gila, Santa Cruz, Greenlee

*** 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 11/20/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

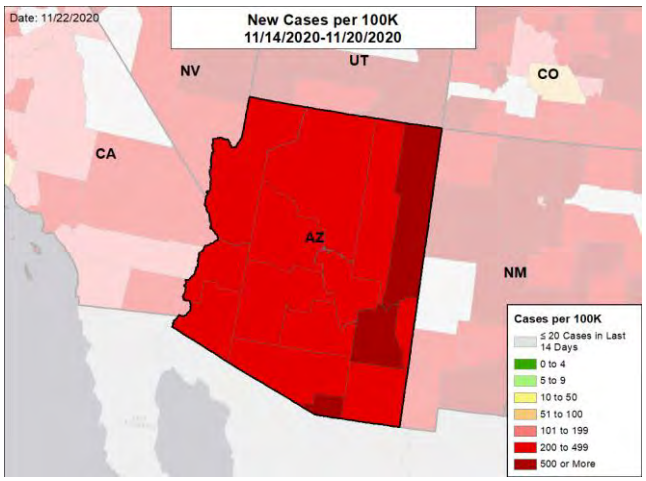
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

ARIZONA

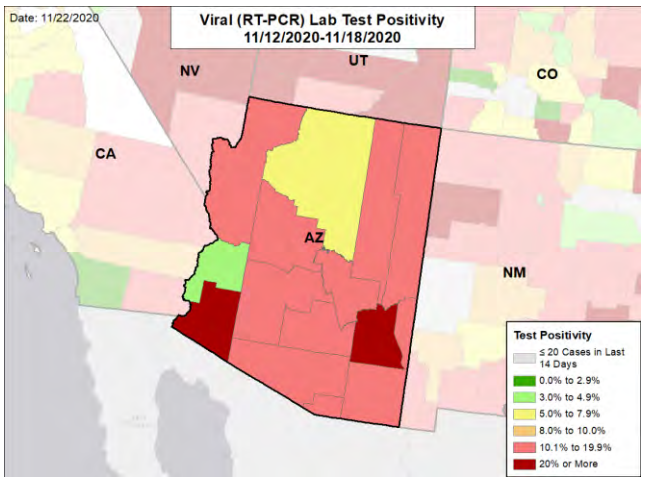
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

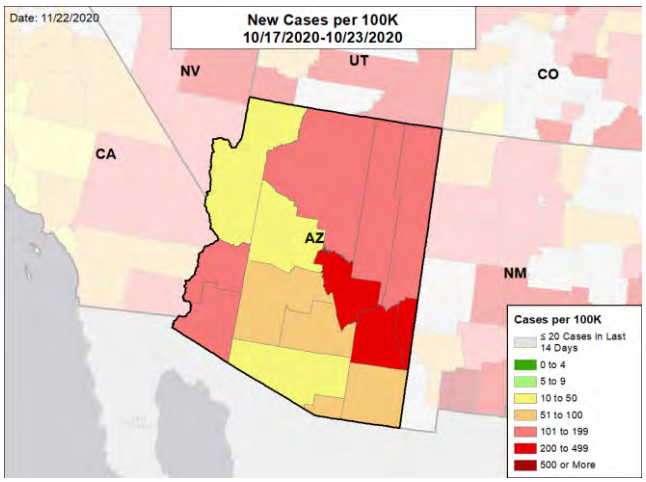
NEW CASES PER 100,000



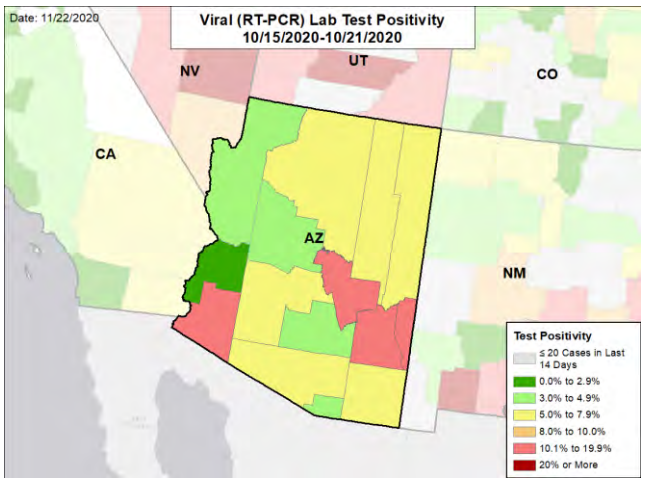
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

ARKANSAS

SUMMARY

- Arkansas 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. Arkansas 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.
- Arkansas 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. Pulaski County, 2. Washington County, and 3. Benton County. These counties represent 25.8% of new cases in Arkansas.
- 92% of all counties in Arkansas have moderate or high levels of community transmission (yellow, orange, or red zones), with 51% having high levels of community transmission (red zone).
- During the week of Nov 9 - Nov 15, 26% of nursing homes had at least one new resident COVID-19 case, 54% had at least one new staff COVID-19 case, and 14% had at least one new resident COVID-19 death.
- New hospital admissions in Arkansas are increasing, especially in those over 40.
- Arkansas had 384 new cases per 100,000 population, compared to a national average of 356 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 14 - Nov 20, on average, 126 patients with confirmed COVID-19 and 183 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Arkansas. This is an increase of 9% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- Continue with strong Thanksgiving messaging: 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.
- This is the first week where the rise in cases is less than previous weeks. COVID-related hospitalizations will continue in the coming weeks; however, with increased strong mitigation, cases could decline to the yellow zone within 4 to 5 weeks, like in states that strongly mitigated during the summer surge.
- With all counties in the red zone for new cases 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.
- Ensure compliance with public health orders, including wearing masks.
- Target antigen testing efforts to find the asymptomatic populations under 35 years. Incentivize testing to those populations.
- 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.
- Stay vigilant with nursing home staff and residents; over 50% of nursing homes have COVID positive staff and nearly 30% have COVID positive residents, 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 mid-level and rural, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all hospitals, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each.
- 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.

ARKANSAS

STATE REPORT | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	11,599 (384)	+5%	143,331 (336)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.0%	-0.3%*	12.7%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	77,129** (2,556**)	+73%**	836,438** (1,958**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	174 (5.8)	+89%	1,728 (4.0)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	26%	-3%*	21%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	54%	+9%*	42%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	14%	-1%*	7%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	2,163 (26)	+9% (+12%)	20,191 (21)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.

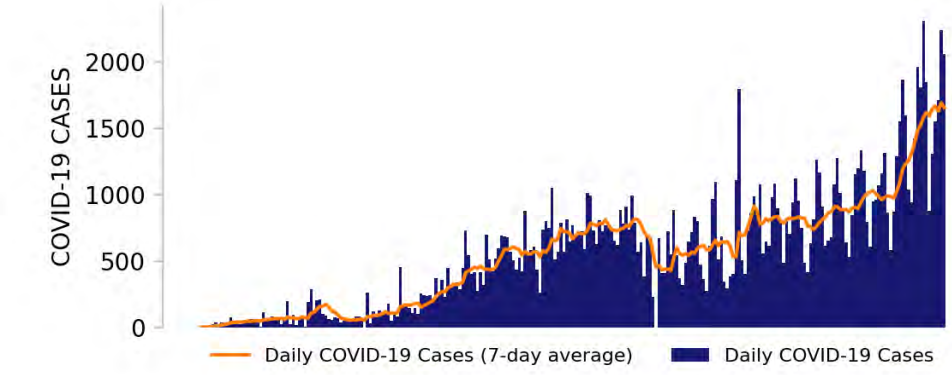
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

ARKANSAS

STATE REPORT | 11.22.2020

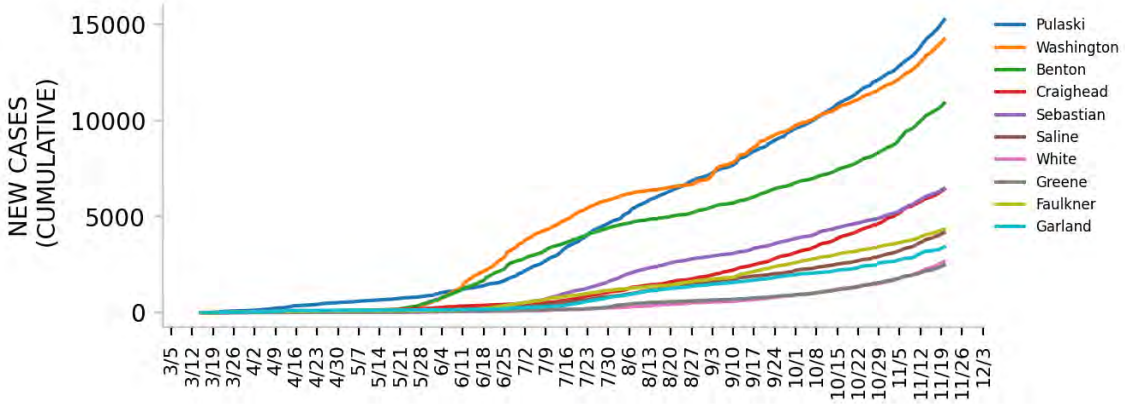
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



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 11/20/2020.

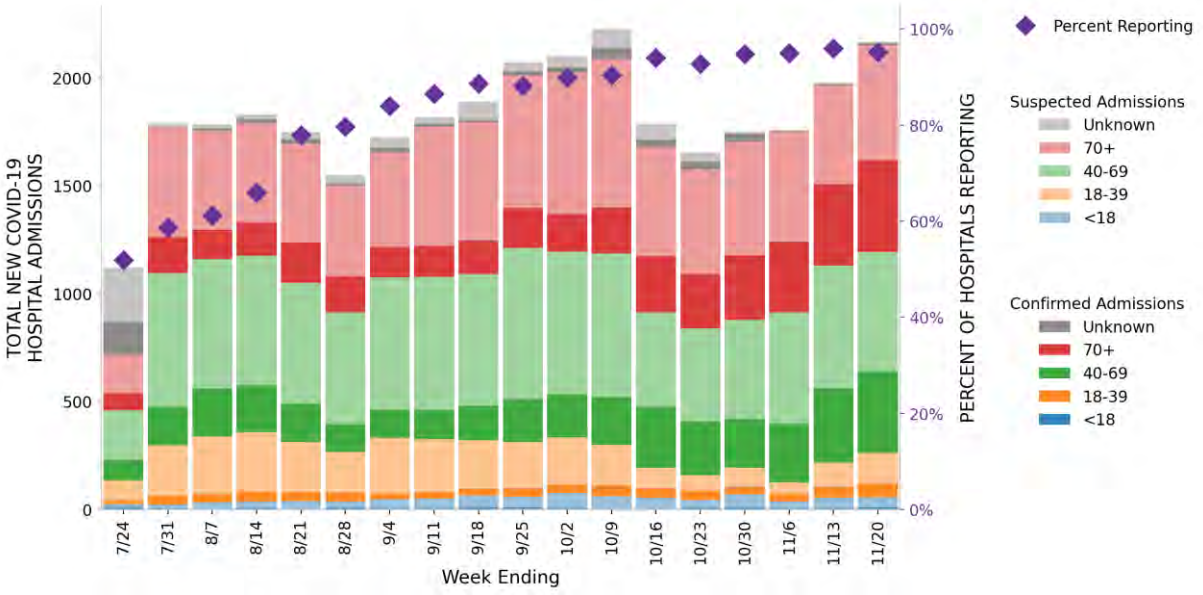
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

ARKANSAS

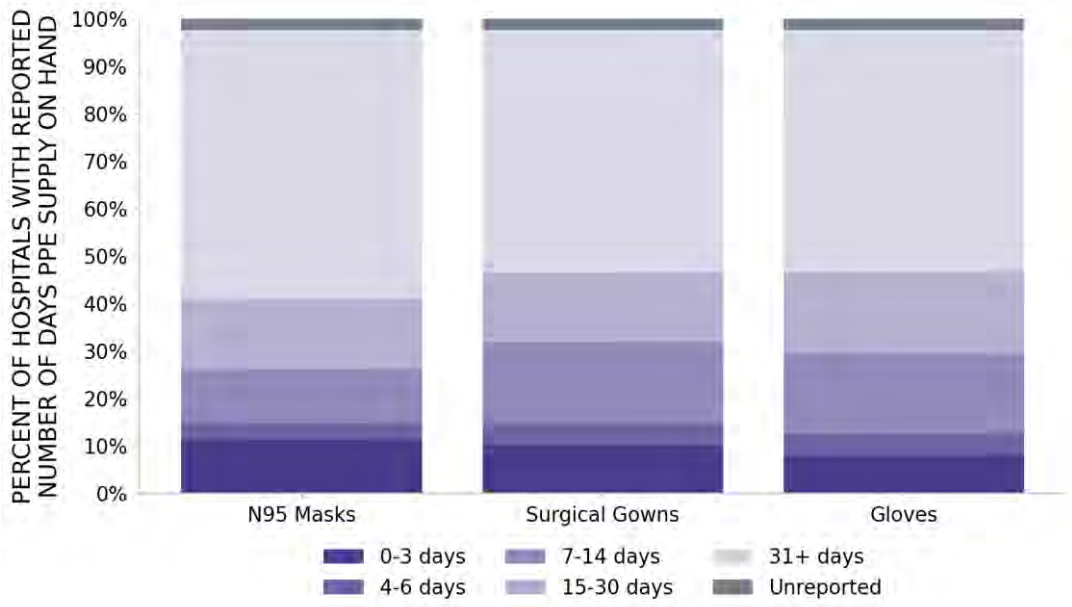
STATE REPORT | 11.22.2020

88 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. 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. 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 11/18/2020.

ARKANSAS

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	12 ▼ (-2)	Fort Smith Jonesboro Searcy Paragould Russellville Texarkana Blytheville Memphis Harrison Mountain Home Malvern Camden	38 ▼ (-3)	Benton Craighead Sebastian White Greene Crawford Jackson Pope Mississippi Crittenden Baxter Hot Spring
LOCALITIES IN ORANGE ZONE	5 ▲ (+2)	Fayetteville-Springdale-Rogers Pine Bluff El Dorado Arkadelphia Helena-West Helena	17 ▲ (+6)	Washington Saline Faulkner Jefferson Miller Izard Union Sharp Clark Lawrence Arkansas Franklin
LOCALITIES IN YELLOW ZONE	6 ▲ (+3)	Little Rock-North Little Rock-Conway Hot Springs Batesville Hope Magnolia Forrest City	14 ▲ (+5)	Pulaski Garland Lonoke Columbia Hempstead St. Francis Johnson Drew Madison Scott Perry Monroe

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

All Red Counties: Benton, Craighead, Sebastian, White, Greene, Crawford, Jackson, Pope, Mississippi, Crittenden, Baxter, Hot Spring, Boone, Poinsett, Polk, Clay, Sevier, Randolph, Carroll, Conway, Logan, Yell, Marion, Ouachita, Cleburne, Ashley, Fulton, Grant, Cross, Van Buren, Desha, Newton, Dallas, Calhoun, Chicot, Lafayette, Montgomery, Bradley

All Orange Counties: Washington, Saline, Faulkner, Jefferson, Miller, Izard, Union, Sharp, Clark, Lawrence, Arkansas, Howard, Franklin, Phillips, Prairie, Cleveland, Pike

All Yellow Counties: Pulaski, Garland, Lonoke, Columbia, Hempstead, St. Francis, Johnson, Drew, Madison, Scott, Perry, Monroe, Lee, Stone

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

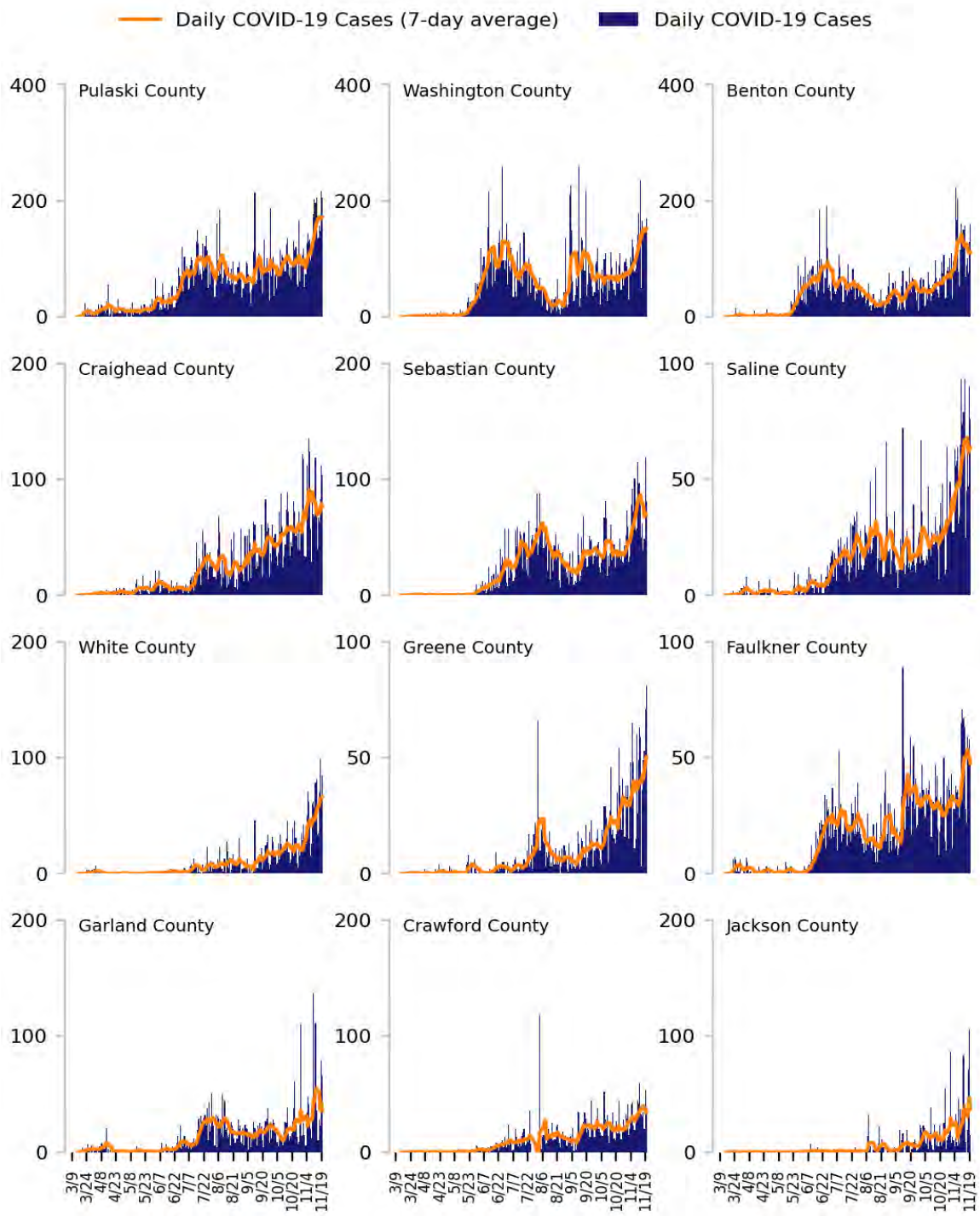
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

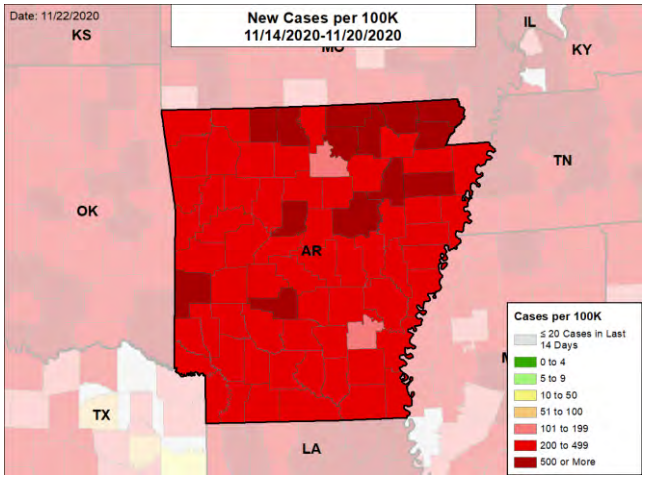
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

ARKANSAS

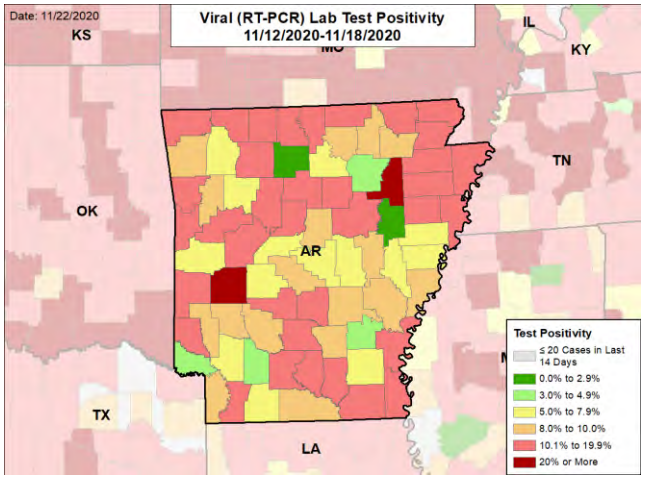
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

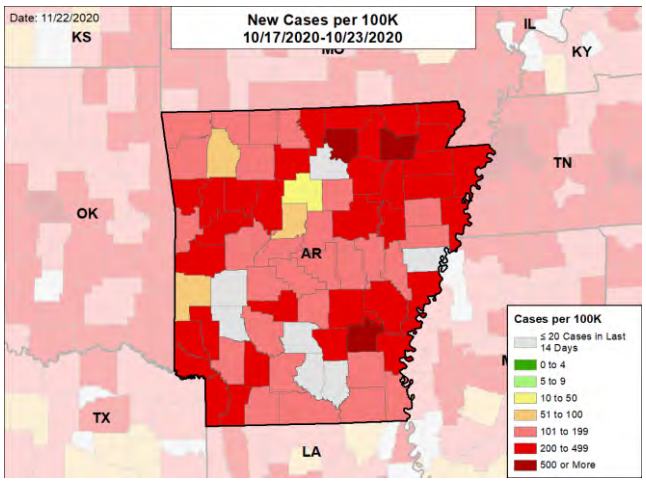
NEW CASES PER 100,000



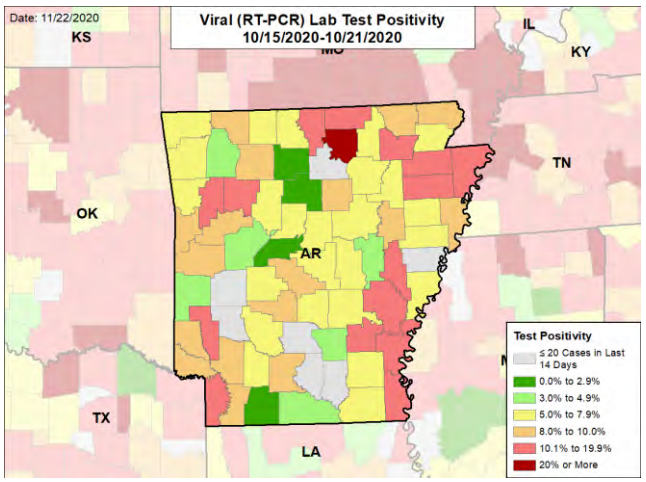
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

CALIFORNIA

SUMMARY

- California saw a dramatic increase in reported cases with a large increase in hospitalizations and deaths. California 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. California 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.
- California has seen an increase in new cases and an increase in test positivity.
- Test positivity is highest in inland counties with several reporting rates >10%. Last week's increases in cases were widely distributed around the state.
- 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 49.5% of new cases in California.
- Forty more counties were placed into highest risk state classification tier and mitigation measures were intensified as per the state response plan.
- 43% of all counties in California 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 9 - Nov 15, 5% of nursing homes had at least one new resident COVID-19 case, 11% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- California had 194 new cases per 100,000 population, compared to a national average of 356 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 129 to support operations activities from FEMA; 6 to support operations activities from ASPR; and 280 to support operations activities from USCG.
- The federal government has supported surge testing in and around Bakersfield, CA.
- Between Nov 14 - Nov 20, on average, 662 patients with confirmed COVID-19 and 573 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in California. This is an increase of 20% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- We share the concern of California leaders that enhanced observance of intensified mitigation measures is 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.
- Short term mitigation interventions, including restricting indoor dining and limiting or closing areas of congregation without masking, will be needed, as has been successful in the USA and is currently showing effectiveness in Europe. At this point, the rapid increases in cases, hospitalizations, and deaths in multiple counties support the importance of the recent intensification of mitigation in the affected counties. These measures help to control transmission in public settings but have had limited success in preventing spread at private gatherings. Additional measures should be taken, including augmented communications to reinforce messaging around social gatherings throughout the ongoing holiday season and a new asymptomatic surveillance approach to limit community spread.
- These increased mitigation measures are a short-term sacrifice to protect the vulnerable as the U.S. bridges to the rapid vaccination of vulnerable populations over the next few months. Maximizing control of transmission now will also 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 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.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings.
- 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 Californians to wear masks, physically distance, and avoid gatherings in both public and private spaces, especially indoors. Limiting exposure of additional households and vulnerable individuals at Thanksgiving and other holiday functions is critical. 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, and utilize the Abbot BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread.
- Ensure all clinical facilities, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each resource. ensure support for platforms for efficient intra- and inter-state patient transfers as needed.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

CALIFORNIA

STATE REPORT | 11.22.2020

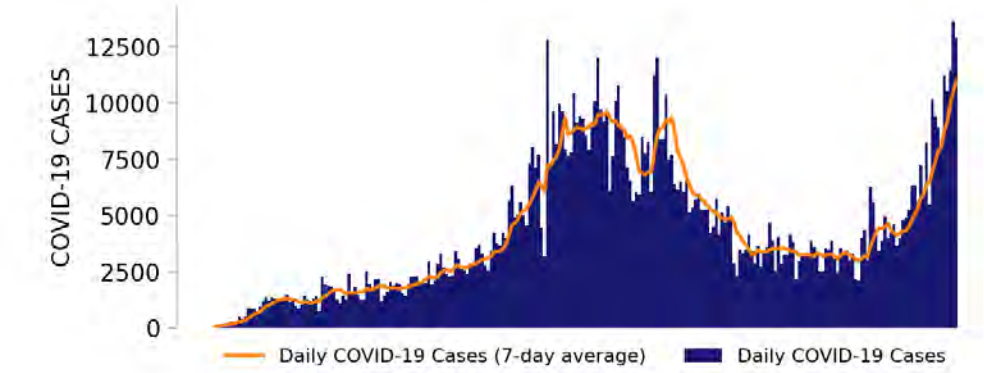
	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	76,738 (194)	+48%	112,388 (219)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.7%	+0.8%*	7.3%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	818,999** (2,073**)	-8%**	1,122,095** (2,188**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	356 (0.9)	+26%	618 (1.2)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	5%	-4%*	7%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	11%	-11%*	15%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	+0%*	2%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	8,649 (14)	+20% (+20%)	13,964 (16)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

CALIFORNIA

STATE REPORT | 11.22.2020

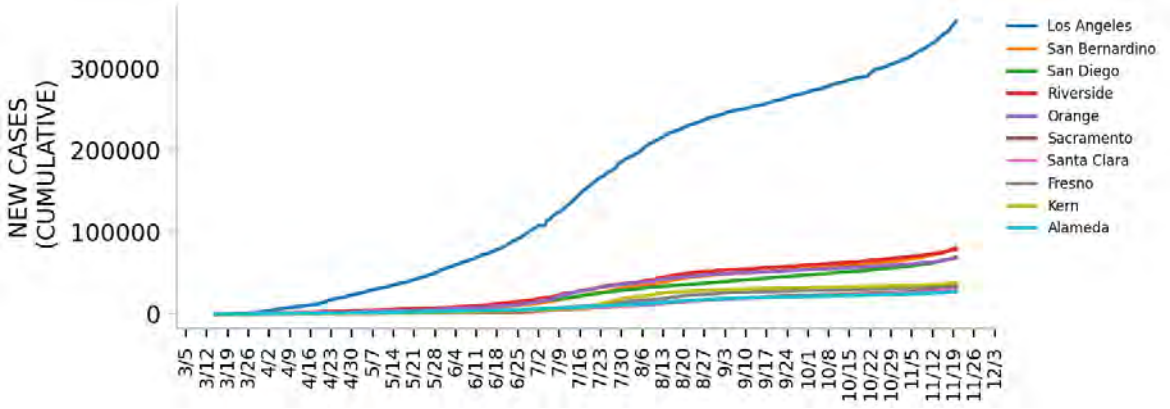
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/20/2020.

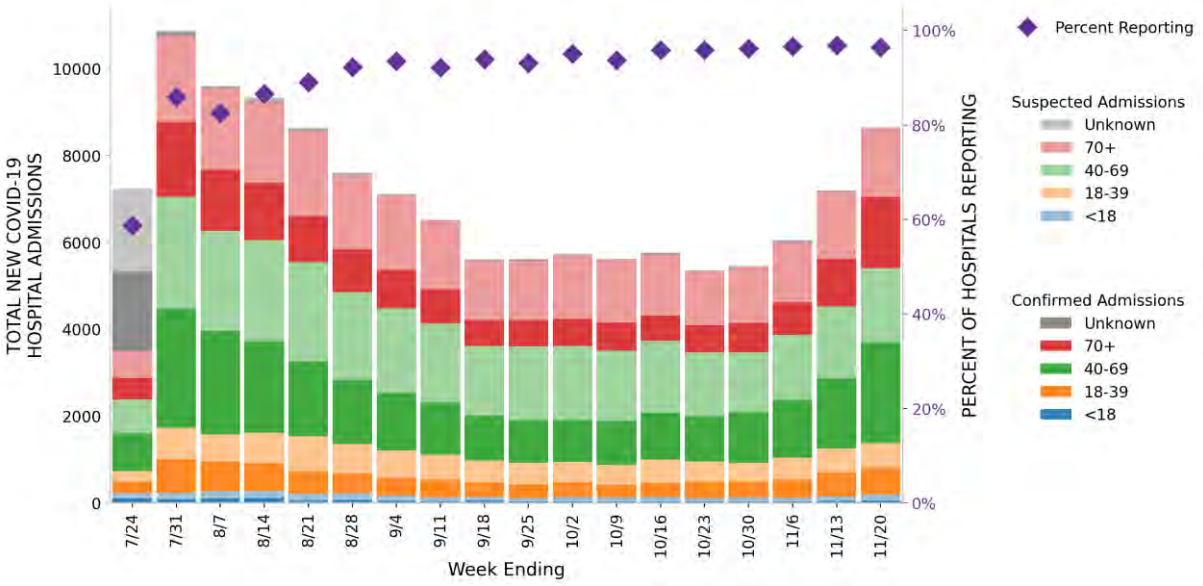
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

CALIFORNIA

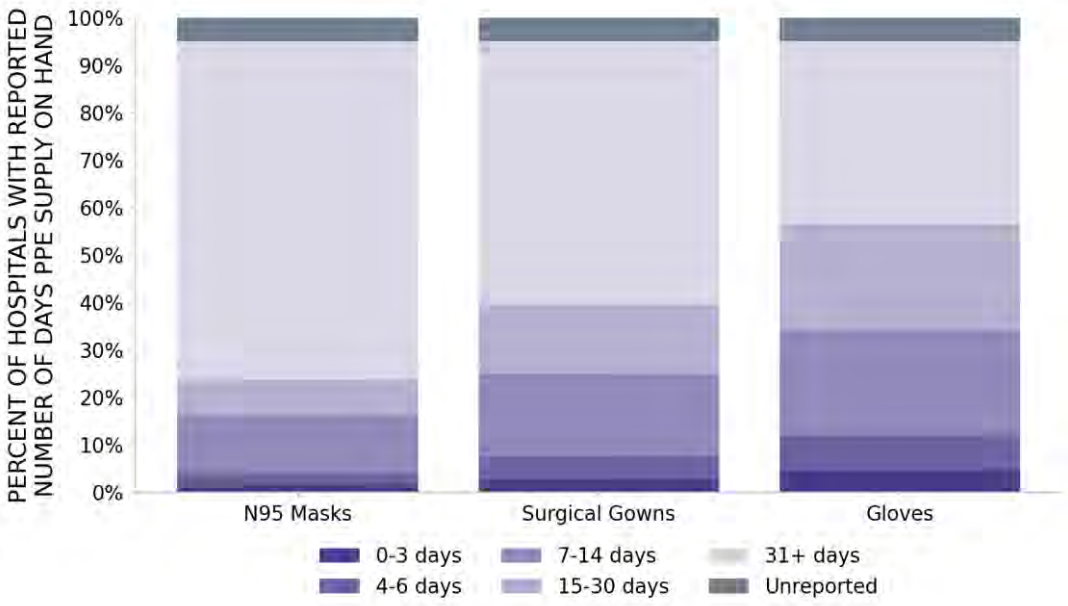
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

CALIFORNIA

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**5** ▲ (+4)	Riverside-San Bernardino-Ontario Visalia El Centro Yuba City Red Bluff	**6** ▲ (+4)	San Bernardino Tulare Imperial Sutter Tehama Yuba
LOCALITIES IN ORANGE ZONE	**5** ▲ (+2)	Bakersfield Modesto Redding Salinas Sonora	**6** ▲ (+2)	Riverside Kern Stanislaus Shasta Monterey Tuolumne
LOCALITIES IN YELLOW ZONE	**8** ▼ (-6)	Los Angeles-Long Beach-Anaheim Sacramento-Roseville-Folsom Fresno Oxnard-Thousand Oaks-Ventura Stockton Merced Madera Truckee-Grass Valley	**13** ▼ (-3)	Los Angeles Orange Sacramento Fresno Ventura San Joaquin Placer Merced Yolo Madera El Dorado Nevada

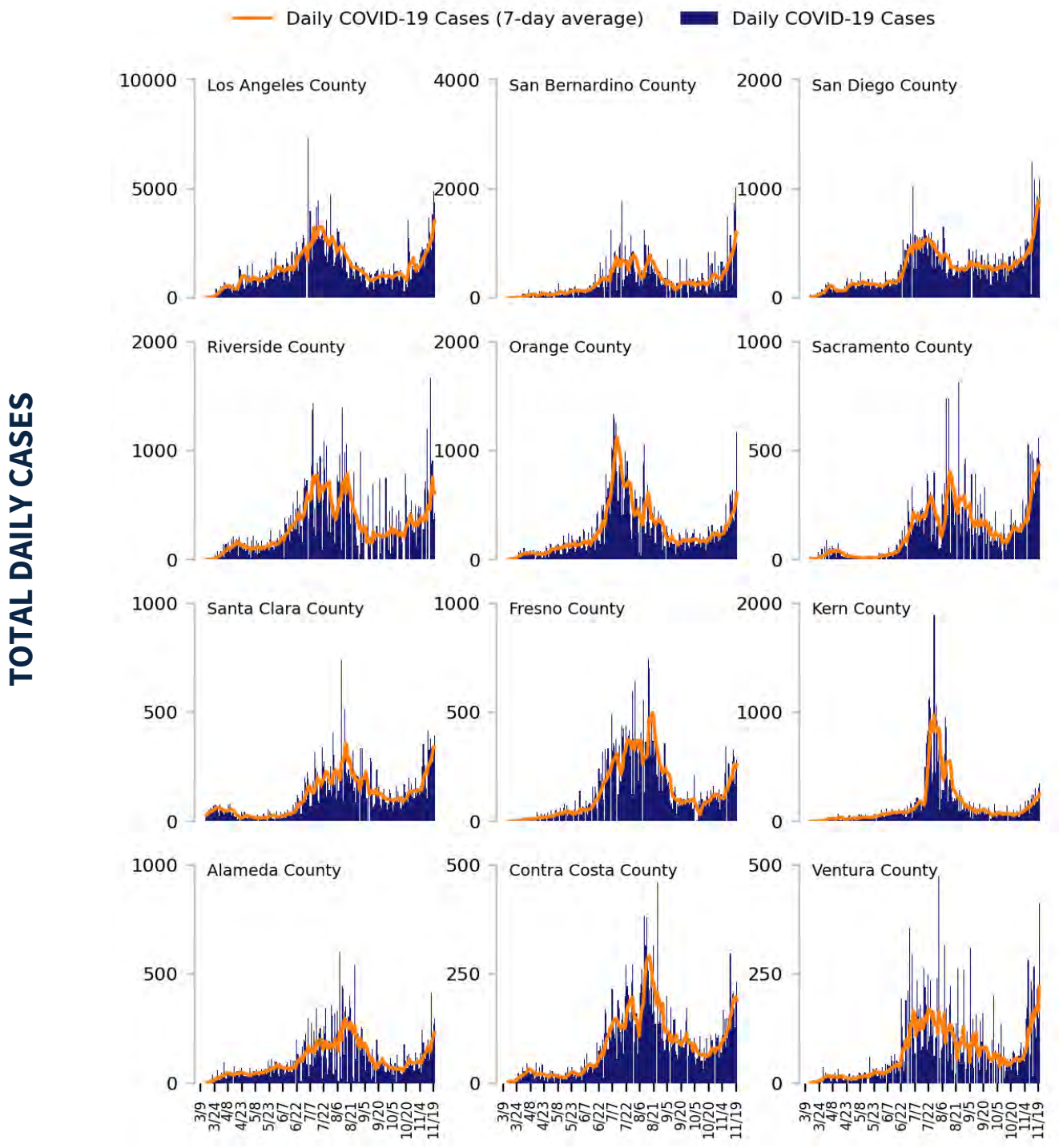
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Yellow Counties: Los Angeles, Orange, Sacramento, Fresno, Ventura, San Joaquin, Placer, Merced, Yolo, Madera, El Dorado, Nevada, San Benito

*** 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 11/20/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

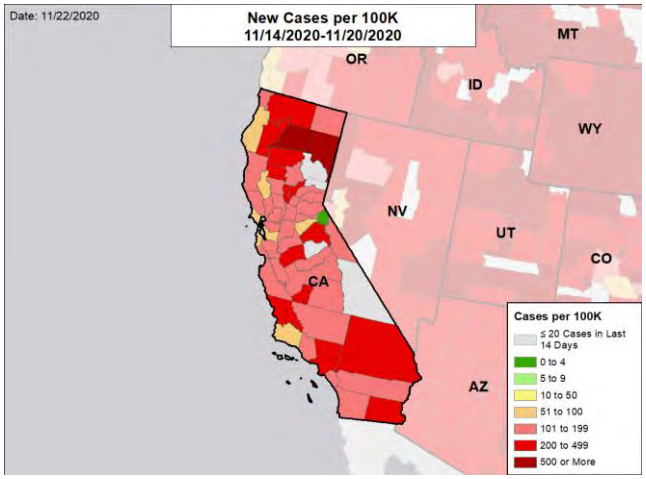
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

CALIFORNIA

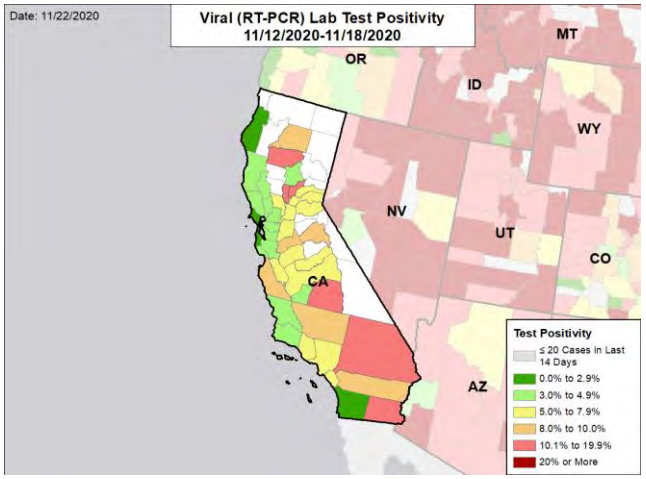
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

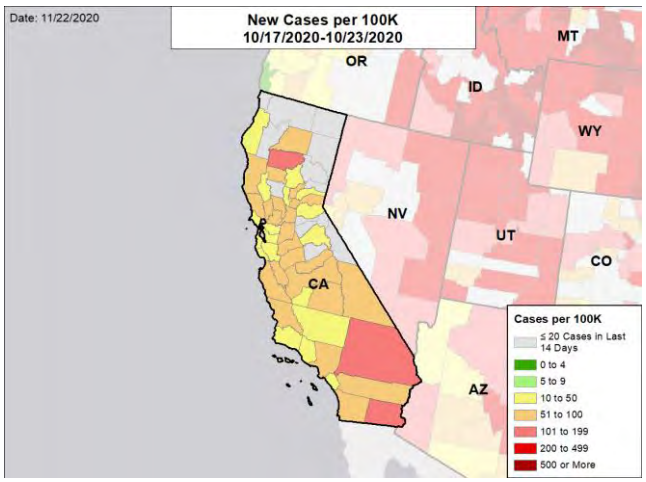
NEW CASES PER 100,000



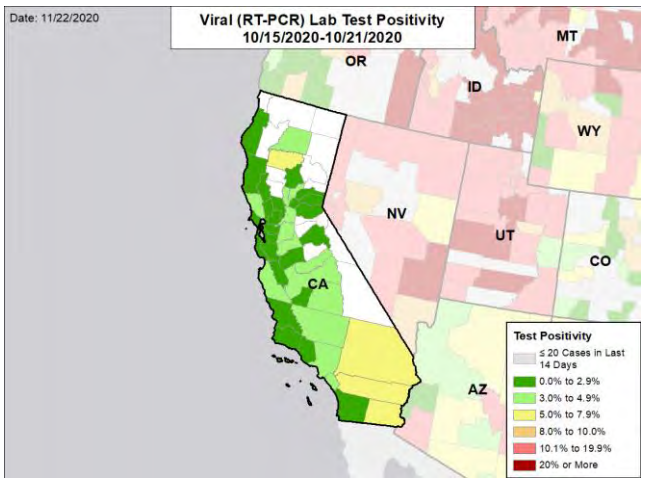
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

COLORADO

STATE REPORT
11.22.2020
Issue 23

SUMMARY

- Colorado continues to see a relentless increase in cases and hospitalizations. Cases and hospitalizations are at their highest levels since the beginning of the pandemic and continue to increase. Colorado 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. Colorado is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 22nd highest rate in the country.
- Colorado has seen an increase in new cases and an increase in test positivity.
- On Nov 18, Colorado reported 259 new outbreaks in the previous week, setting another record. The increase in cases involves counties throughout the state. The following three counties had the highest number of new cases over the last 3 weeks: 1. Denver County, 2. El Paso County, and 3. Adams County. These counties represent 39.3% of new cases in Colorado.
- Current hospitalizations and deaths continued to increase rapidly last week with approximately one third of hospitals reporting anticipating reaching staffing capacity limits. Weld and Mesa counties reported reaching full hospital capacity last week. Colorado reported an average of >30 deaths daily last week, approaching the highest level reported in spring.
- 72% of all counties in Colorado 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 9 - Nov 15, 23% of nursing homes had at least one new resident COVID-19 case, 53% had at least one new staff COVID-19 case, and 8% had at least one new resident COVID-19 death.
- Colorado had 600 new cases per 100,000 population, compared to a national average of 356 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 14 - Nov 20, on average, 254 patients with confirmed COVID-19 and 168 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Colorado. This is an increase of 18% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- We share the strong concern of Colorado leaders that the current situation is increasingly critical and that improved public observance of social distancing measures is urgently needed to limit overrunning of hospital capacity and additional preventable deaths. The Governor's continued personal guidance on these measures is critical and is commended.
- Short term mitigation interventions, including restricting indoor dining and limiting or closing areas of congregation without masking, will be needed, as has been successful in the USA and is currently showing effectiveness in Europe. At this point, the rapid increases in cases, hospitalizations, and deaths in multiple counties support the importance of the recent intensification of mitigation in the affected counties. Additional measures should be taken, including communications to reinforce messaging around social gatherings throughout the ongoing holiday season and a new asymptomatic surveillance approach to limit community spread.
- These increased mitigation measures are a short-term sacrifice to protect the vulnerable as the U.S. bridges to the rapid vaccination of vulnerable populations over the next few months. Maximizing control of transmission now will also 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 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.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings.
- Given increasing outbreaks and deaths in nursing homes, ensure increased frequency of LTCF testing and rapid implementation of vaccination into LTCFs as vaccine becomes available.
- 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. Limiting exposure of additional households and vulnerable individuals at Thanksgiving and other holiday functions is critical. 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, and utilize the Abbot BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread.
- Ensure all clinical facilities, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each resource. ensure support for platforms for efficient intra- and inter-state patient transfers as needed.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COLORADO

STATE REPORT | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	34,529 (600)	+17%	92,215 (752)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	13.0%	+0.6%*	15.7%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	286,413** (4,974**)	+16%**	534,526** (4,360**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	242 (4.2)	+89%	735 (6.0)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	23%	+2%*	31%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	53%	+9%*	59%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	8%	+2%*	13%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	2,954 (30)	+18% (+18%)	5,793 (24)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.

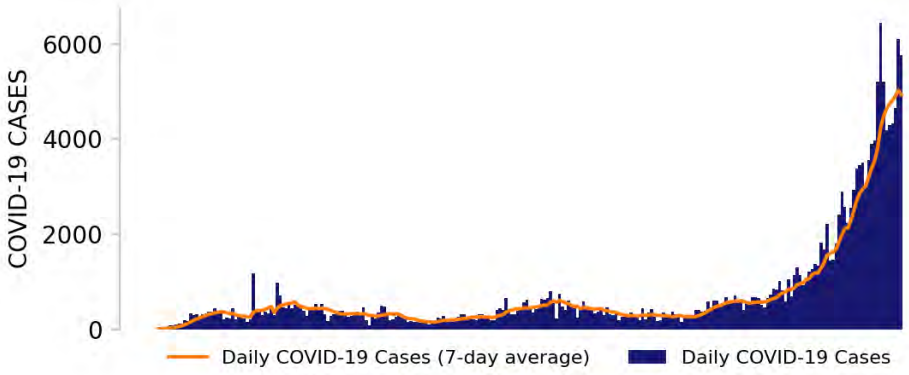
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

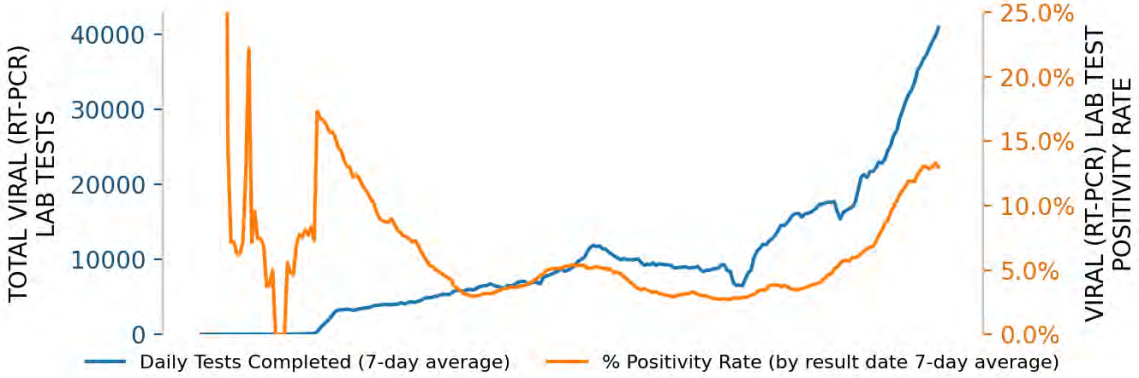
COLORADO

STATE REPORT | 11.22.2020

NEW CASES

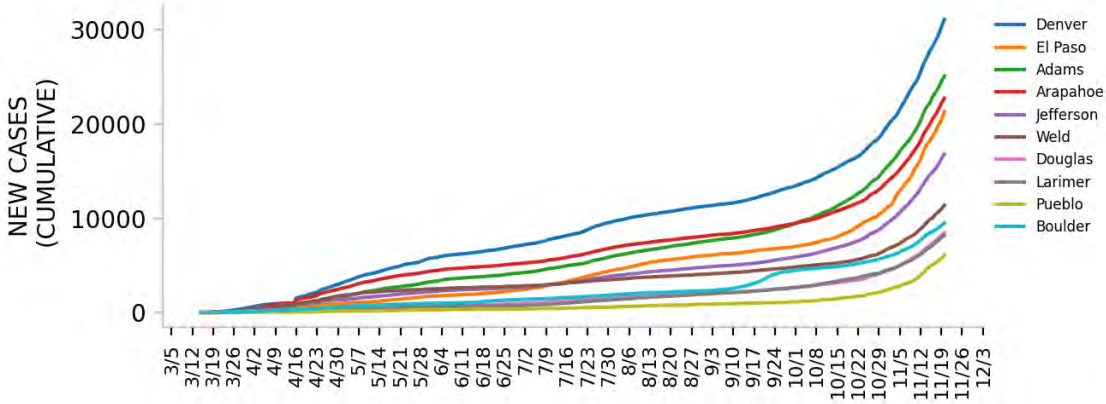


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/20/2020.

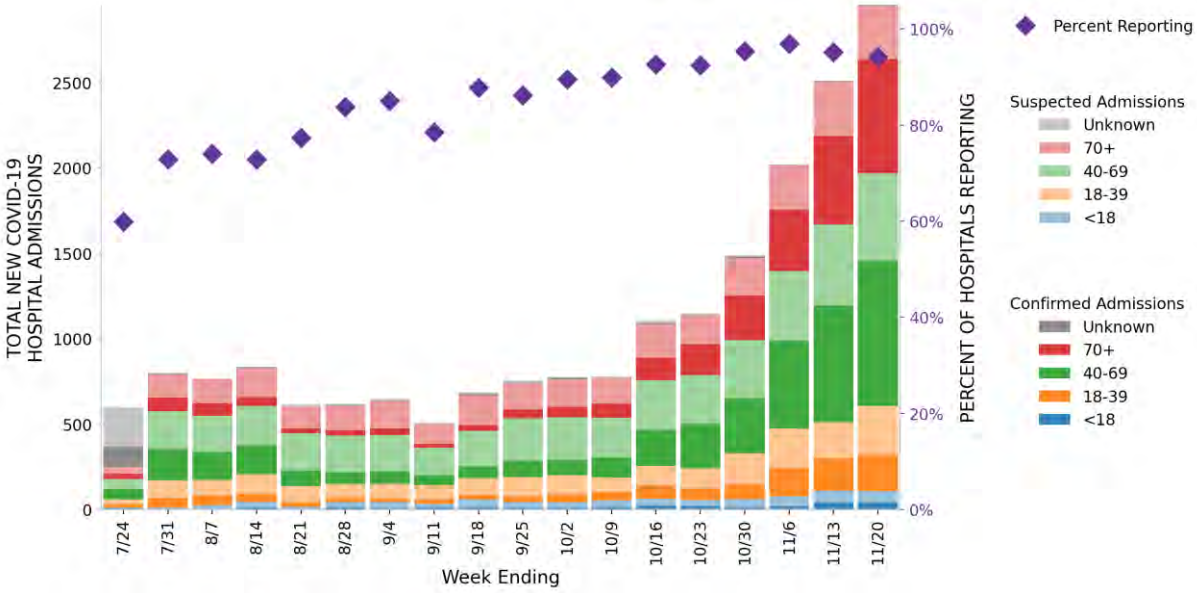
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

COLORADO

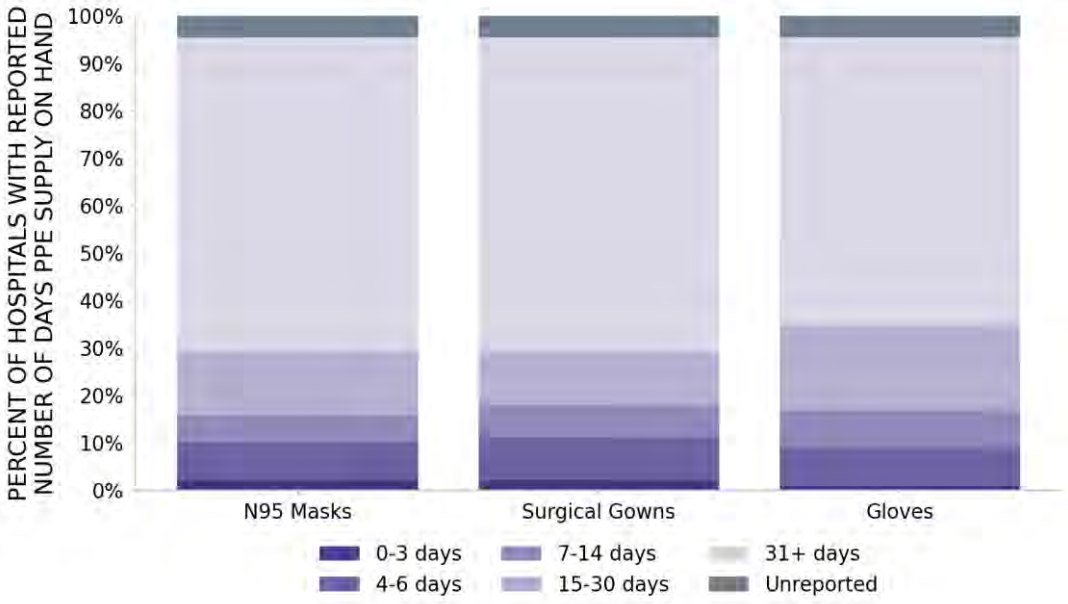
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

COLORADO

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**12** ▲ (+2)	Denver-Aurora-Lakewood Colorado Springs Greeley Fort Collins Pueblo Grand Junction Glenwood Springs Sterling Breckenridge Fort Morgan Montrose Craig	**34** ▲ (+1)	Denver El Paso Adams Arapahoe Jefferson Weld Douglas Larimer Pueblo Mesa Crowley Logan
LOCALITIES IN ORANGE ZONE	**3** ▼ (-2)	Cañon City Edwards Steamboat Springs	**7** ▼ (-3)	Fremont Broomfield Eagle Routt Gunnison Park Clear Creek
LOCALITIES IN YELLOW ZONE	**2** ■ (+0)	Boulder Durango	**5** ▼ (-1)	Boulder La Plata Ouray Archuleta Costilla

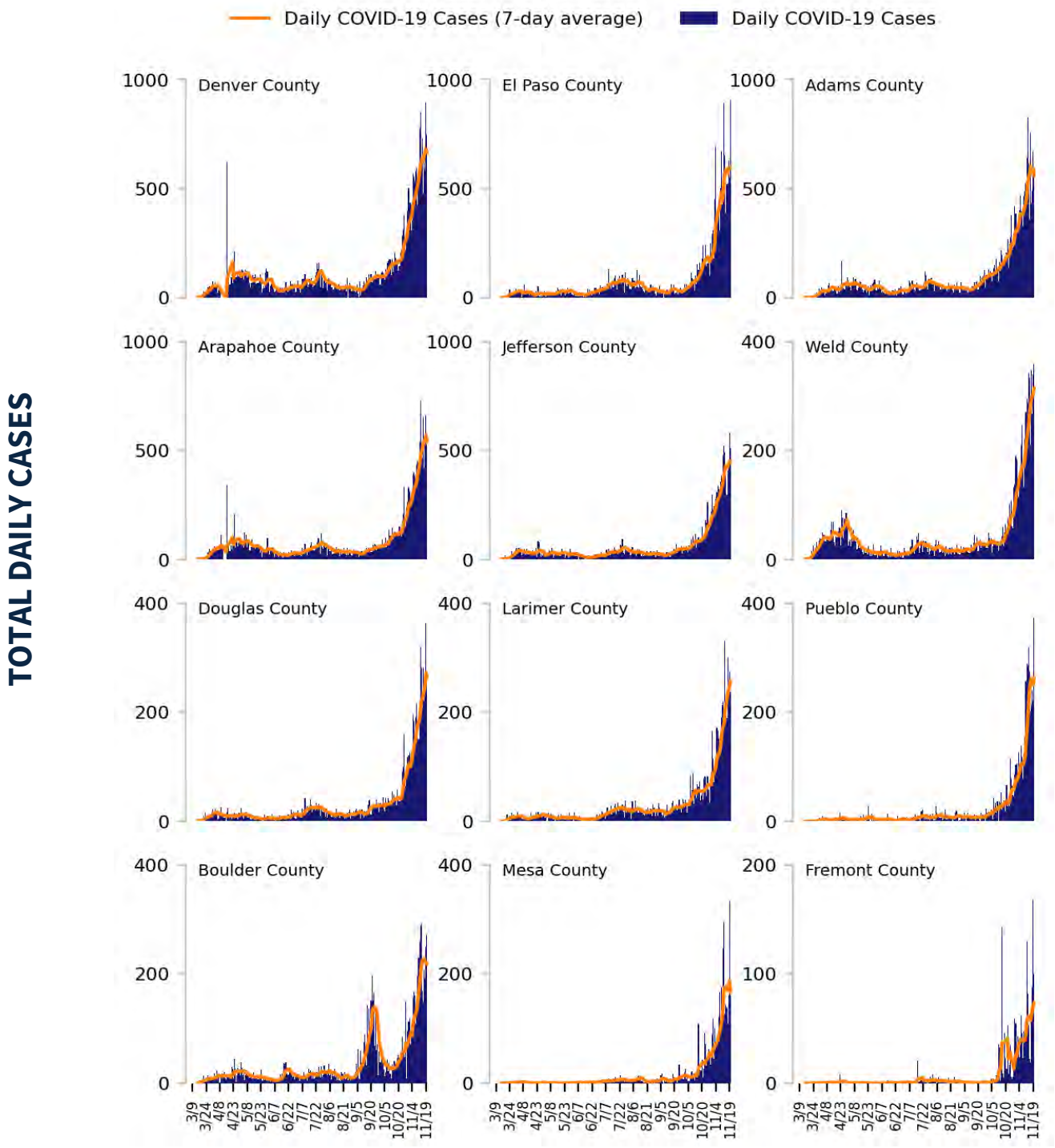
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red Counties: Denver, El Paso, Adams, Arapahoe, Jefferson, Weld, Douglas, Larimer, Pueblo, Mesa, Crowley, Logan, Garfield, Summit, Morgan, Montezuma, Teller, Montrose, Elbert, Prowers, Delta, Otero, Alamosa, Moffat, Kit Carson, Grand, Lake, Lincoln, Washington, Conejos, Rio Blanco, Sedgwick, Gilpin, Cheyenne

*** 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 11/20/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

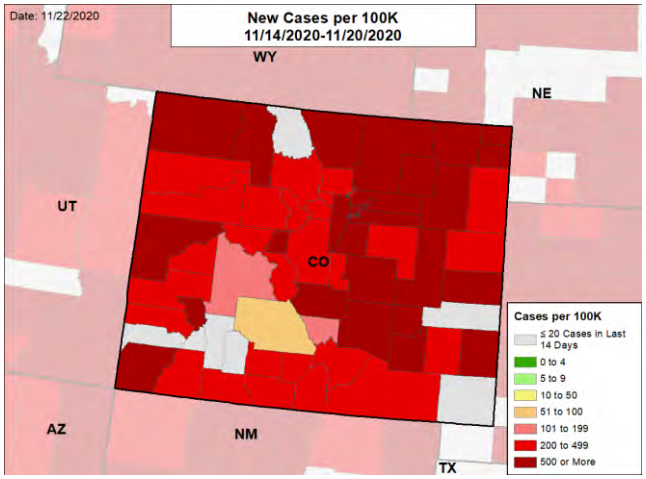
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

COLORADO

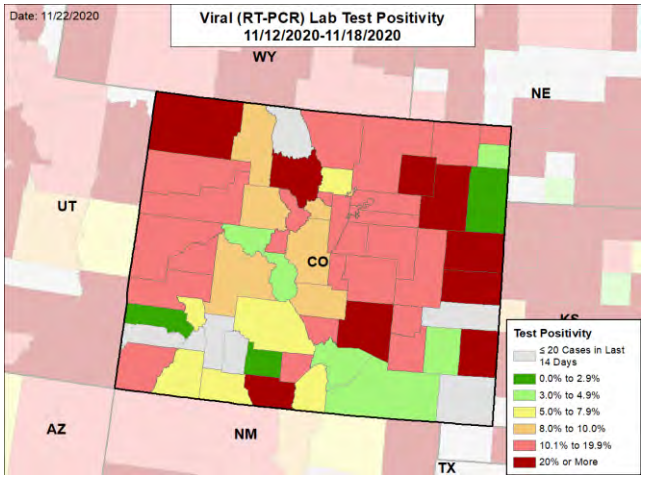
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

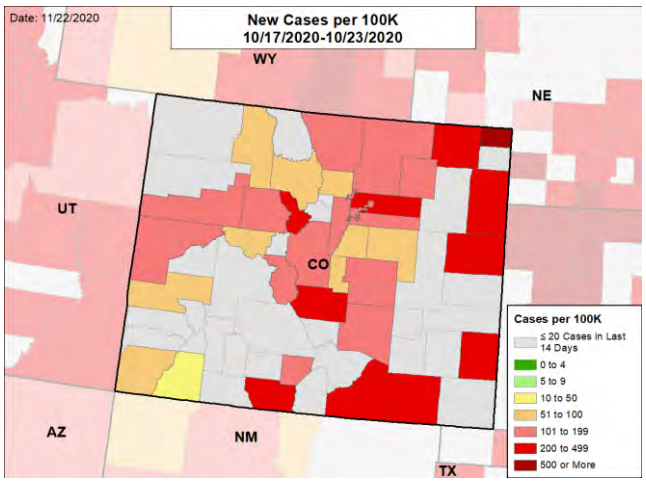
NEW CASES PER 100,000



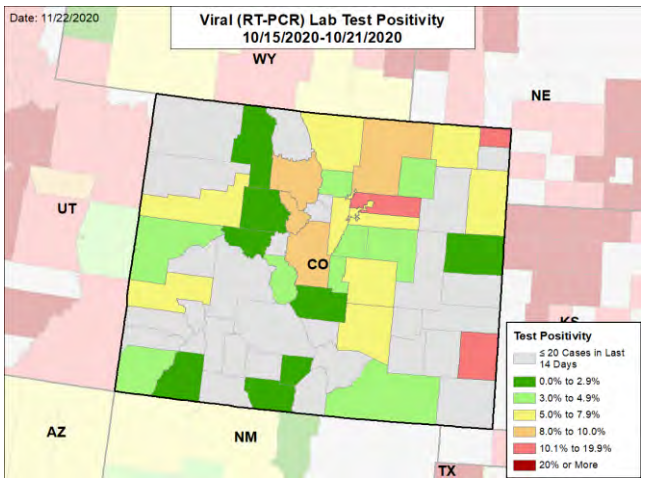
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

CONNECTICUT

STATE REPORT
11.22.2020
Issue 23

SUMMARY

- Connecticut continues to see rapid rises in cases, test positivity, and hospitalizations that will lead to increasing deaths. Connecticut 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. Connecticut 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.
- 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 despite increasing testing volume.
- Current hospitalizations continued to increase, as did mortality. Hospitalizations are expected to further double to approximately 1,600 in December according to state modeling.
- Effective Friday, Nov. 6th, the state pulled back as a whole to phase 2 of its economic recovery plan. Additional measures were announced for fitness centers and gyms last week.
- 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 80.6% of new cases in Connecticut.
- More than 150 towns are now considered "Red Alert" towns, up from 100 last week. The high alert localities comprise nearly the entire state.
- Institutions of higher education: Reported active cases increased at UC Storrs.
- 100% 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).
- During the week of Nov 9 - Nov 15, 18% 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.
- Connecticut had 360 new cases per 100,000 population, compared to a national average of 356 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 14 - Nov 20, on average, 106 patients with confirmed COVID-19 and 82 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Connecticut. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- We share the strong concern of Connecticut leaders that the current situation is critical and that improved public observance of social distancing measures is urgently needed to limit overrunning of hospital capacity and additional preventable deaths. The Governor's active measures are critical and are commended.
- Short term mitigation interventions, including restricting indoor dining and limiting or closing areas of congregation without masking, will be needed, as has been successful in the USA and is currently showing effectiveness in Europe. At this point, the rapid increases in cases, hospitalizations, and deaths in multiple counties support the importance of the recent intensification of mitigation in the affected counties. These measures help to control transmission in public settings but have had limited success in preventing spread at private gatherings. Additional measures should be taken, including augmented communications to reinforce messaging around social gatherings throughout the ongoing holiday season and a new asymptomatic surveillance approach to limit community spread.
- These increased mitigation measures are a short-term sacrifice to protect the vulnerable as the U.S. bridges to the rapid vaccination of vulnerable populations over the next few months. Maximizing control of transmission now will also 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 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.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings.
- Given increasing outbreaks and deaths in nursing homes, ensure increased frequency of LTCF testing and rapid implementation of vaccination into LTCFs as vaccine becomes available.
- 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 Connecticuters to wear masks, physically distance, and avoid gatherings in both public and private spaces, especially indoors. Limiting exposure of additional households and vulnerable individuals at Thanksgiving and other holiday functions is critical. In addition, local influencers are critical; hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally.
- 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.

CONNECTICUT

STATE REPORT | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	12,824 (360)	+22%	41,664 (281)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.7%	+0.9%*	4.4%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	75,312** (2,112**)	+4%**	839,030** (5,652**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	91 (2.6)	+36%	358 (2.4)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	18%	+7%*	12%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	39%	+9%*	29%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	+1%*	3%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,314 (16)	-3% (-3%)	4,018 (12)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.

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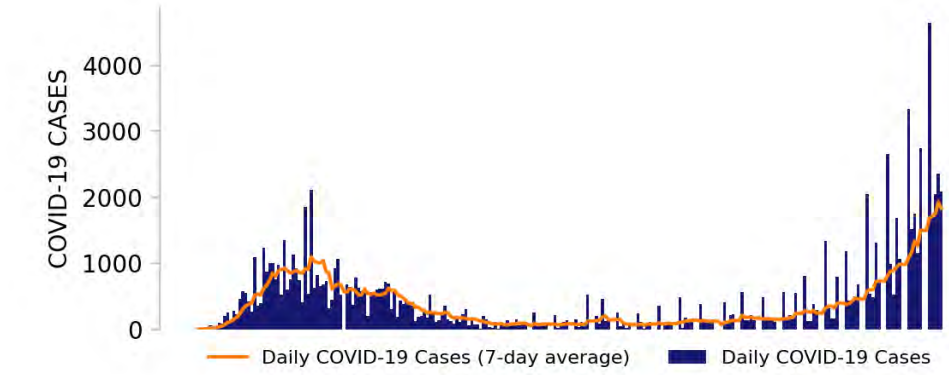
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

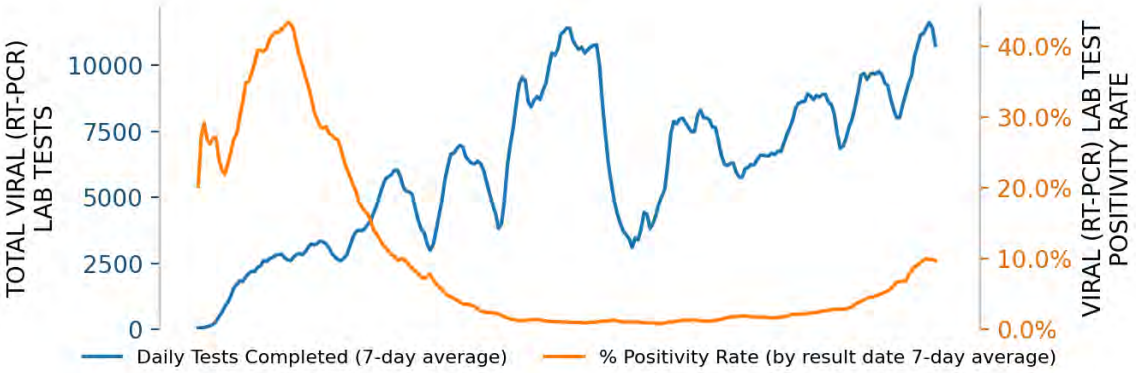
CONNECTICUT

STATE REPORT | 11.22.2020

NEW CASES

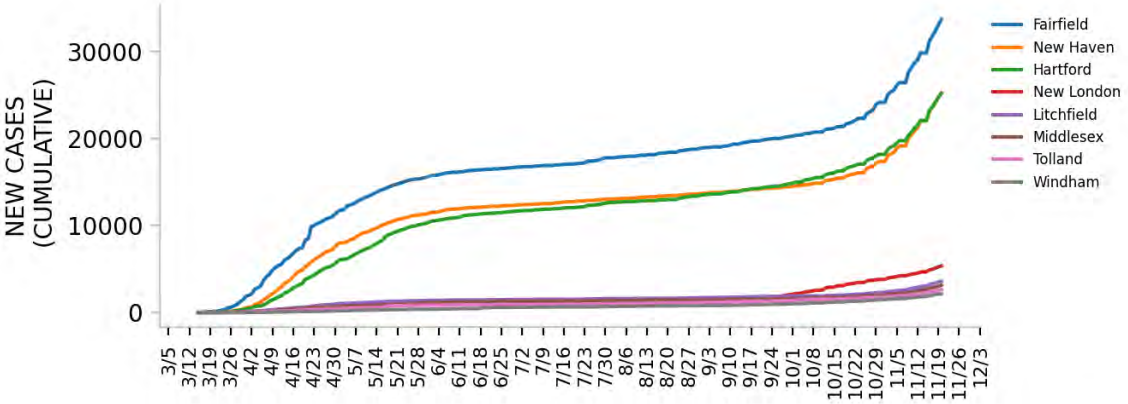


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



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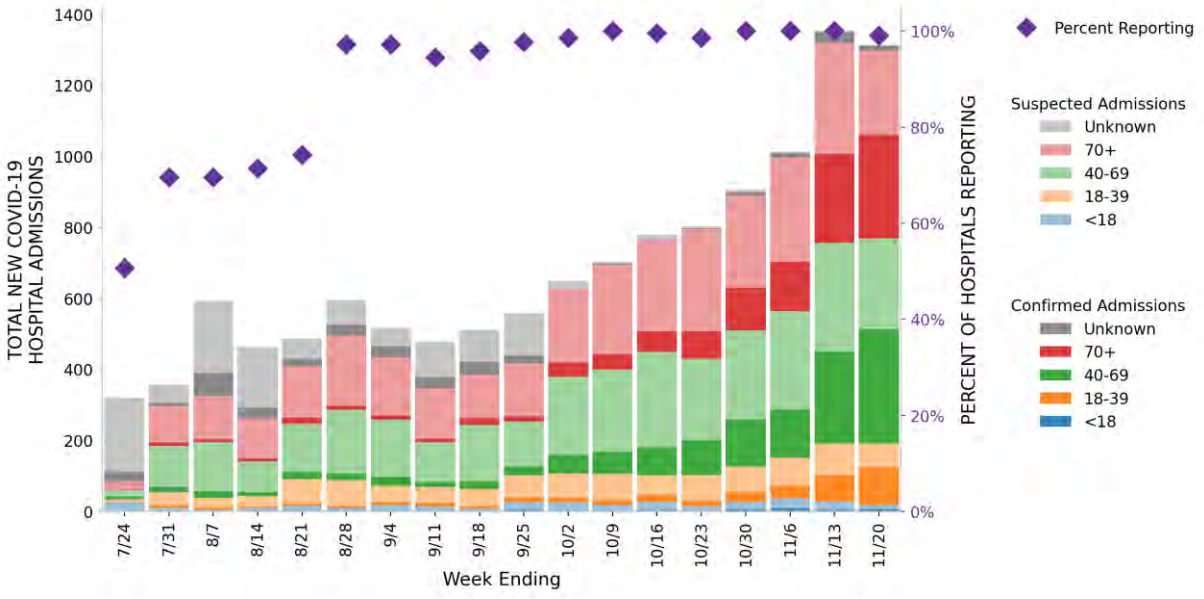
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

CONNECTICUT

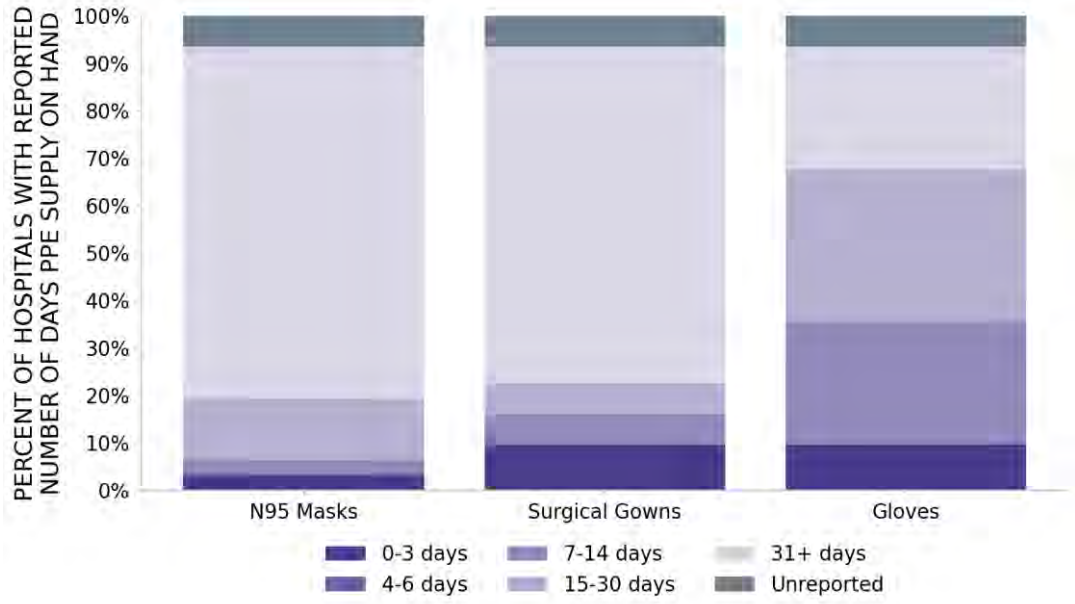
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

CONNECTICUT

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

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

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

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

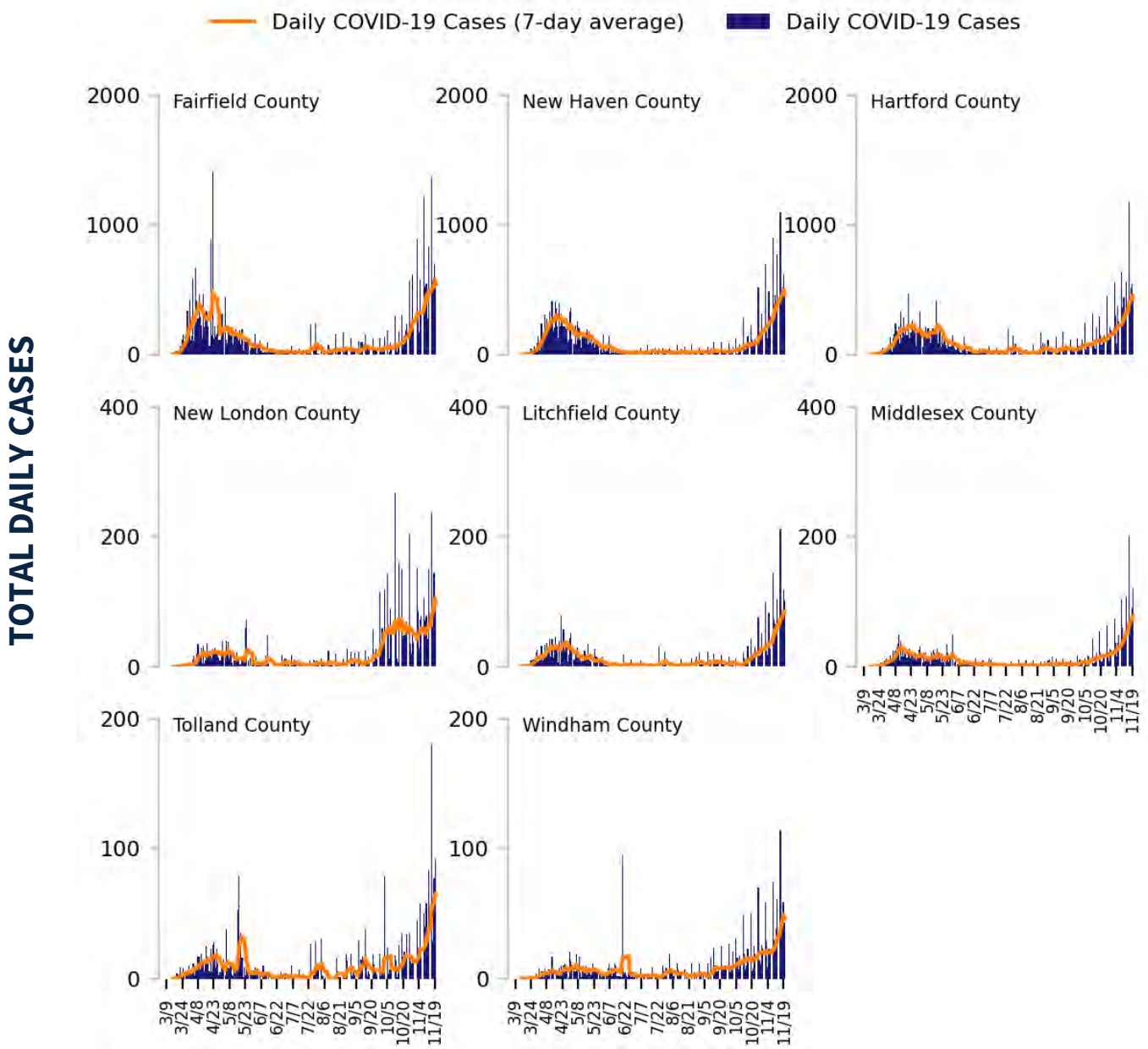
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

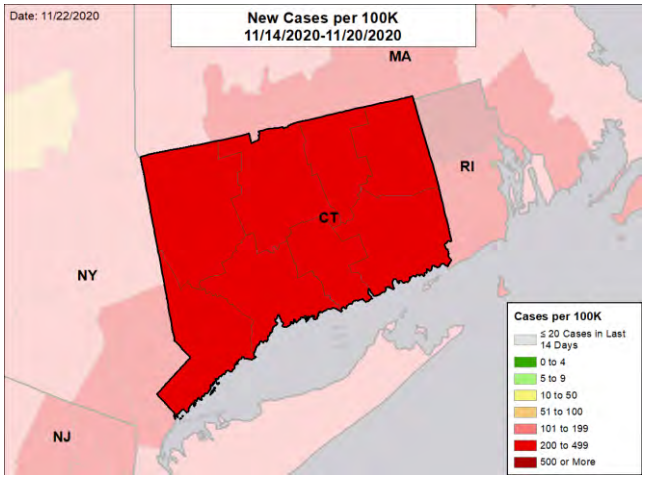
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

CONNECTICUT

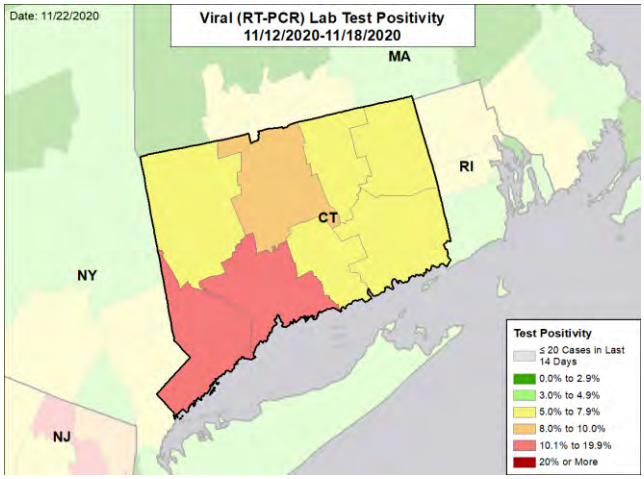
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

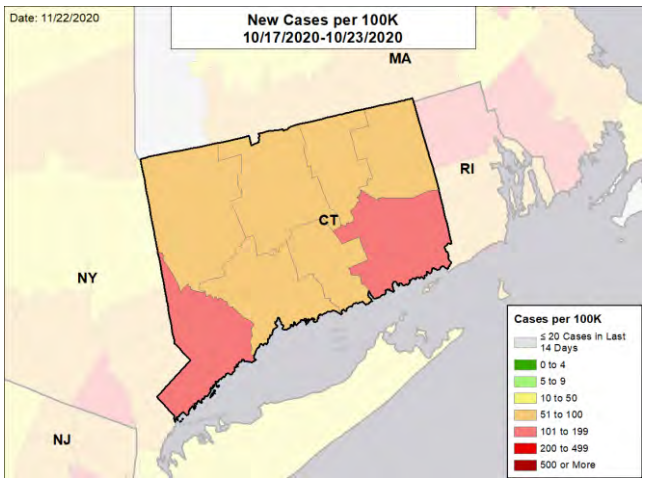
NEW CASES PER 100,000



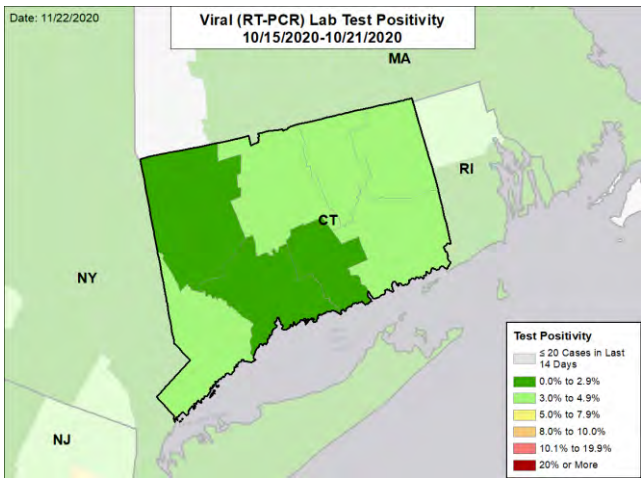
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

DELAWARE

STATE REPORT
11.22.2020
Issue 23

SUMMARY

- Delaware's epidemic continued to worsen last week. Delaware 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. Delaware 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.
- Delaware has seen an increase in new cases and an increase in test positivity.
- Cases continue to reach new all-time highs; COVID hospitalizations have continued to increase since mid-September and have now reached levels last seen in late May. The Delaware Division of Public Health advised against any social gatherings, citing small parties as the primary reason for the uptick in new cases.
- All three counties 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 9 - Nov 15, 13% of nursing homes had at least one new resident COVID-19 case, 38% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- Delaware had 288 new cases per 100,000 population, compared to a national average of 356 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 14 - Nov 20, on average, 22 patients with confirmed COVID-19 and 25 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Delaware. This is an increase of 12% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- We share the strong concern of Delaware's leaders that the current situation is critical and that improved observance of social distancing measures is urgently needed to limit overrunning of hospital capacity and additional preventable deaths. The Governor's active measures are critical and are commended.
- Short term mitigation interventions, including restricting indoor dining and limiting or closing areas of congregation without masking, will be needed, as has been successful in the USA and is currently showing effectiveness in Europe. Expeditious intensification of mitigation measures called for within the state plan should help to slow disease spread. These measures help to control transmission in public settings but have had limited success in preventing spread at private gatherings. Additional measures should be taken, including augmented communications to reinforce messaging around social gatherings throughout the ongoing holiday season and a new asymptomatic surveillance approach to limit community spread.
- These increased mitigation measures are a short-term sacrifice to protect the vulnerable as the U.S. bridges to the rapid vaccination of vulnerable populations over the next few months. Maximizing control of transmission now will also 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 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.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings.
- Given continuing outbreaks and deaths in nursing homes, ensure increased frequency of LTCF testing and rapid implementation of vaccination into LTCFs as vaccine becomes available.
- 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 Delawareans to wear masks, physically distance, and avoid gatherings in both public and private spaces, especially indoors. Limiting exposure of additional households and vulnerable individuals at Thanksgiving and other holiday functions is critical. 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, and utilize the Abbot BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread.
- Ensure all clinical facilities, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each resource. ensure support for platforms for efficient intra- and inter-state patient transfers as needed.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

DELAWARE

STATE REPORT | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	2,800 (288)	+41%	81,571 (264)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.2%	+1.1%*	9.6%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	52,814** (5,424**)	+15%**	962,175** (3,118**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	12 (1.2)	-33%	810 (2.6)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	13%	-12%*	18%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	38%	-5%*	39%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	+0%*	6%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	326 (13)	+12% (+11%)	14,160 (20)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.

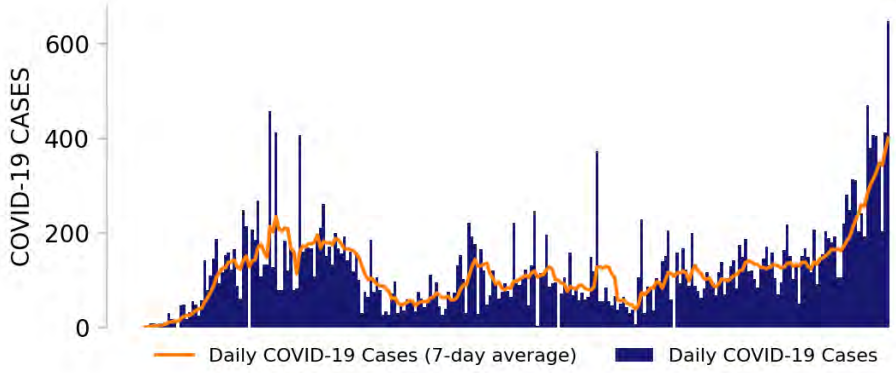
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

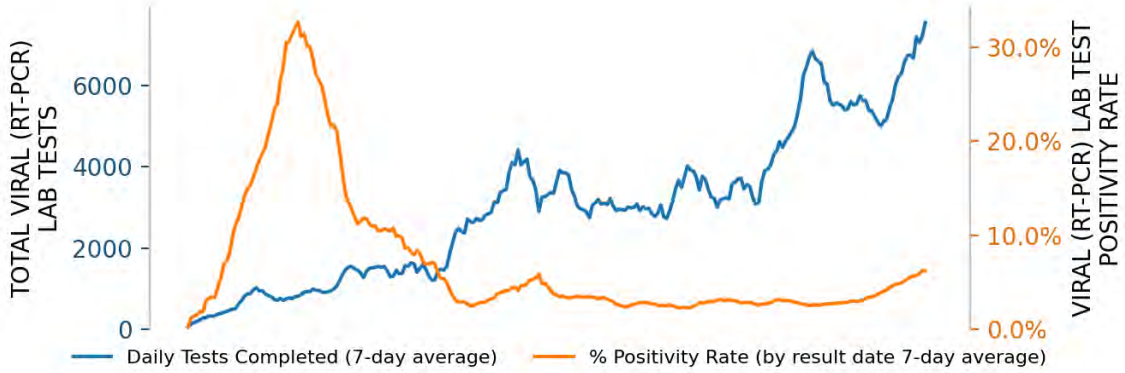
DELAWARE

STATE REPORT | 11.22.2020

NEW CASES

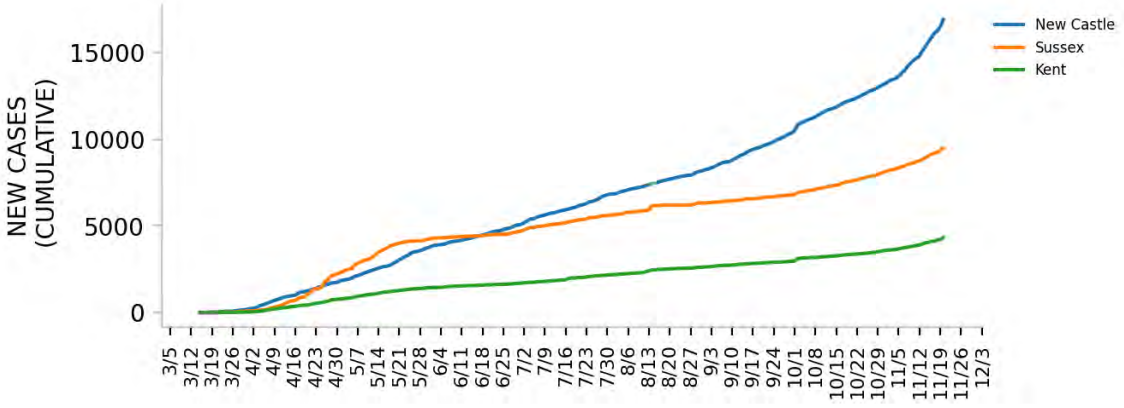


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



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 11/20/2020.

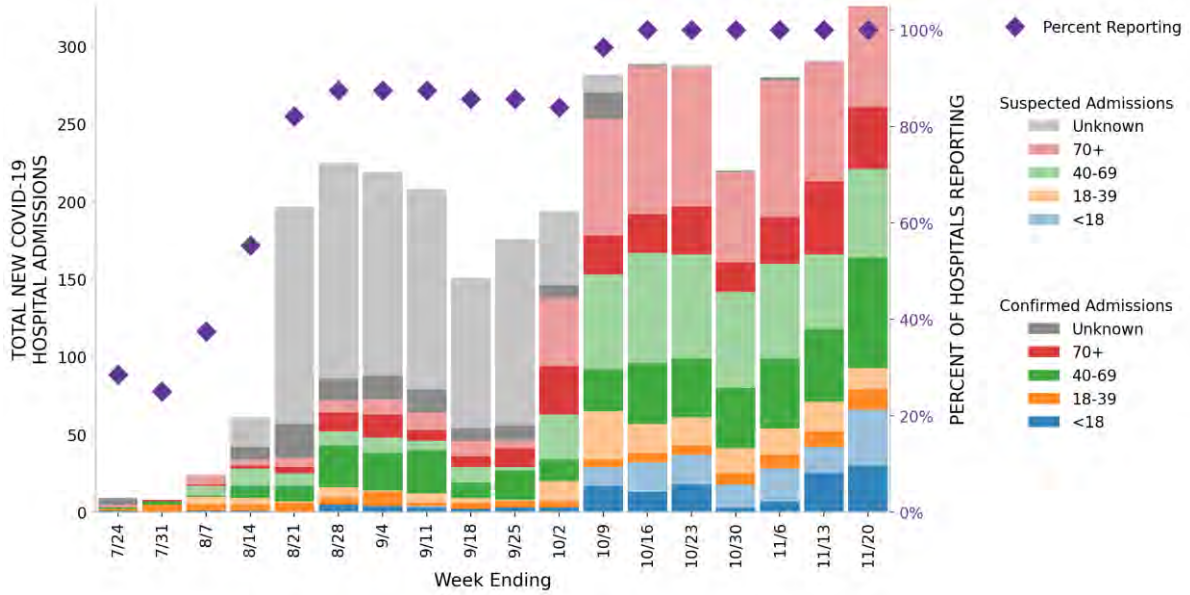
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

DELAWARE

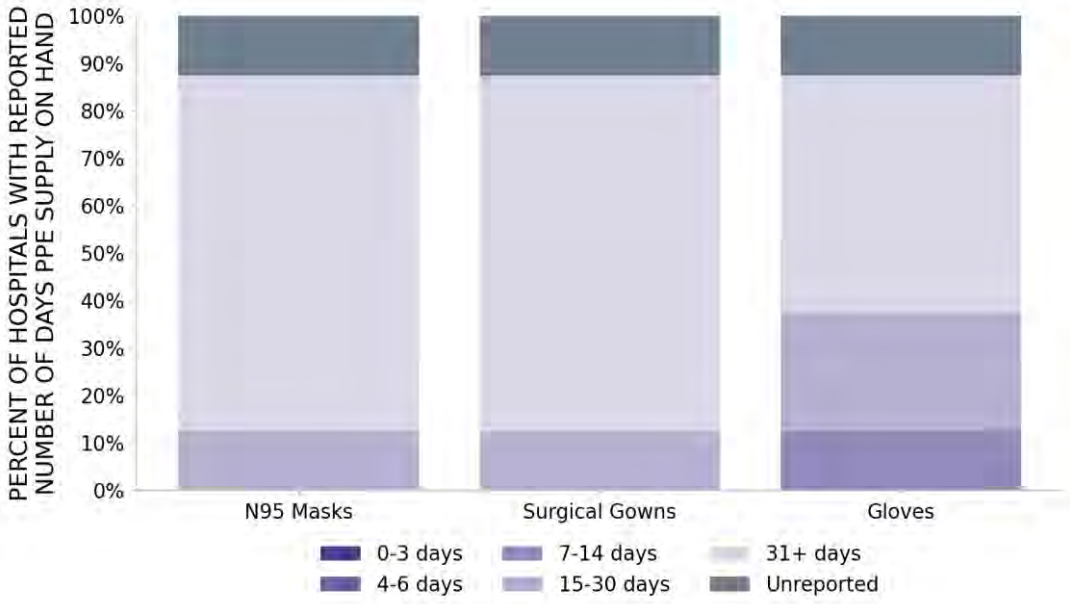
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

DELAWARE

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**1** ▲ (+1)	Philadelphia-Camden-Wilmington	**0** ■ (+0)	N/A
LOCALITIES IN ORANGE ZONE	**0** ▼ (-1)	N/A	**0** ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	**2** ▲ (+1)	Salisbury Dover	**3** ▲ (+1)	New Castle Sussex Kent

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

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

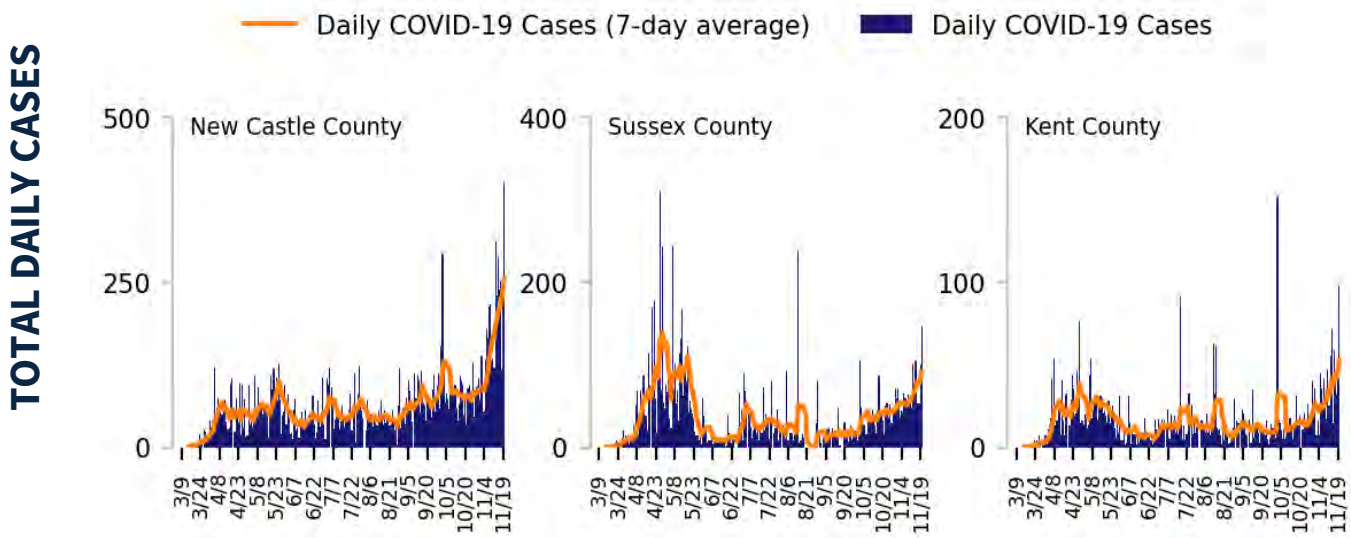
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

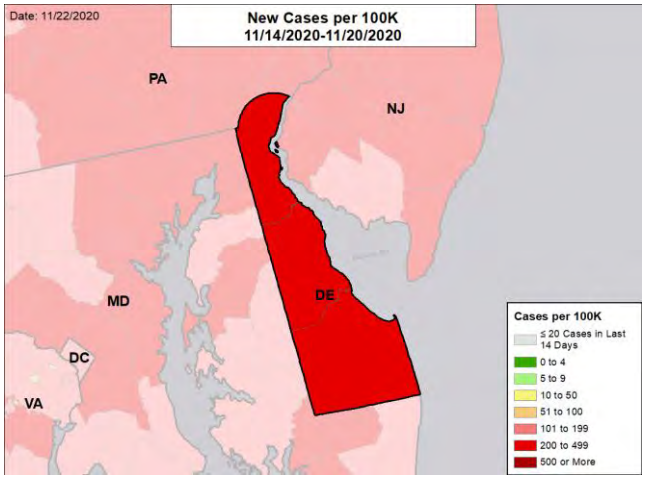
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

DELAWARE

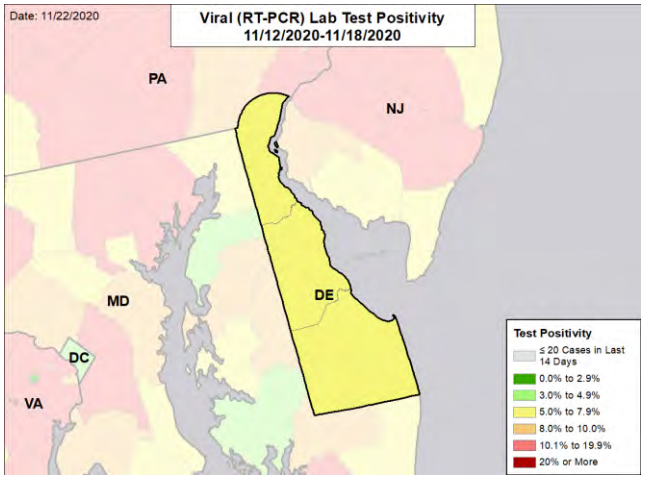
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

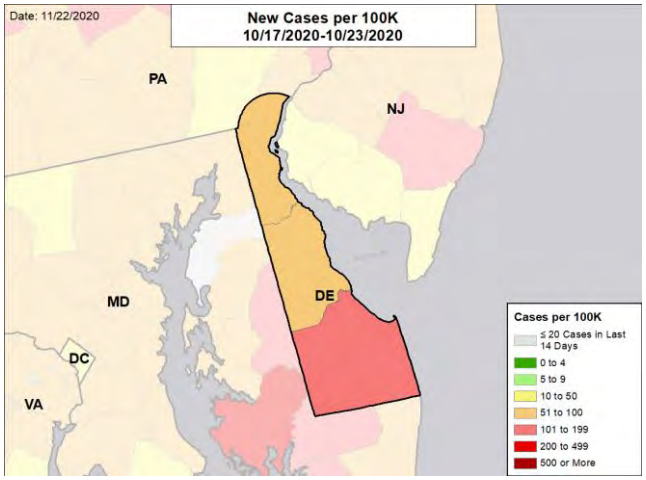
NEW CASES PER 100,000



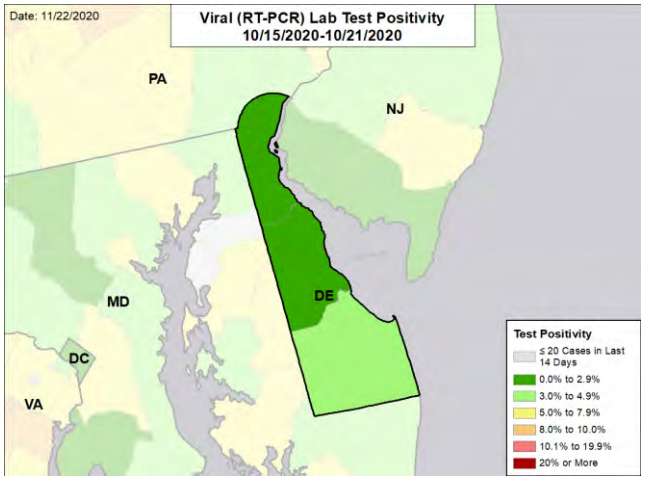
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

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 47th 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 stability in test positivity (+0.2%). Contact tracers reported that 42% of new positive cases were people who were not engaging in high exposure activities; most new cases came from exposure at small gatherings. Test positivity has gradually edged up over past four weeks despite continued strong increases in testing volume. National parks in DC have been added as testing sites.
- Hospitalizations continued to gradually increase. COVID-19 hospitalizations reached a 4-month high of 182 patients reported on 15 Nov. More than 90% of the city's hospital beds were full for the first time during the pandemic.
- The District of Columbia does not have moderate or high levels of community transmission (yellow, orange, or red zones).
- During the week of Nov 9 - Nov 15, 7% of nursing homes had at least one new resident COVID-19 case, 67% 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 162 new cases per 100,000 population, compared to a national average of 356 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 14 - Nov 20, on average, 17 patients with confirmed COVID-19 and 96 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in the District of Columbia. This is an increase of 15% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- We share the strong concern of the District's leaders that the current situation is gradually worsening and that improved public observance of social distancing measures is urgently needed to avoid a further rapid worsening. The Mayor's active measures are critical and are commended.
- Short term mitigation interventions, including restricting indoor dining and limiting or closing areas of congregation without masking, will be needed, as has been successful in the USA and is currently showing effectiveness in Europe. Expeditious intensification of mitigation measures called for within the District's plan should help to slow disease spread.
- These measures help to control transmission in public settings but have had limited success in preventing spread at private gatherings. Additional measures should be taken, including augmented communications to reinforce messaging around social gatherings throughout the ongoing holiday season and a new asymptomatic surveillance approach to limit community spread.
- These increased mitigation measures are a short-term sacrifice to protect the vulnerable as the U.S. bridges to the rapid vaccination of vulnerable populations over the next few months. Maximizing control of transmission now will also 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, 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; 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 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.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings.
- Given continuing outbreaks and deaths in nursing homes, ensure increased frequency of LTCF testing and rapid implementation of vaccination into LTCFs as vaccine becomes available.
- Mitigation measures to limit transmission in personal gatherings need continued strengthening. This needs augmented communication from 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. Limiting exposure of additional households and vulnerable individuals at Thanksgiving and other holiday functions is critical. 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, and utilize the Abbot BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread.
- Ensure all clinical facilities have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each resource. ensure support for platforms for efficient intra- and inter-state patient transfers as needed.
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COVID-19

THE DISTRICT OF COLUMBIA

STATE REPORT | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	1,142 (162)	+31%	81,571 (264)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.3%	+0.2%*	9.6%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	49,810** (7,058**)	+20%**	962,175** (3,118**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	12 (1.7)	+140%	810 (2.6)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	7%	+1%*	18%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	67%	+61%*	39%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A*	6%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	791 (26)	+15% (+15%)	14,160 (20)	136,015 (19)

* 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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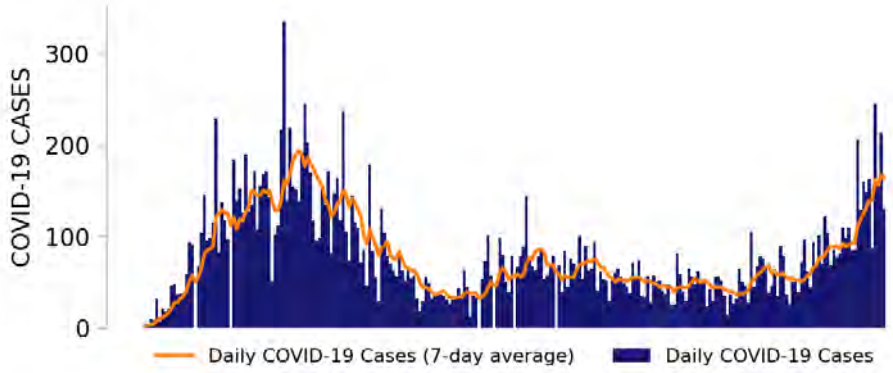
THE DISTRICT OF COLUMBIA

STATE REPORT | 11.22.2020

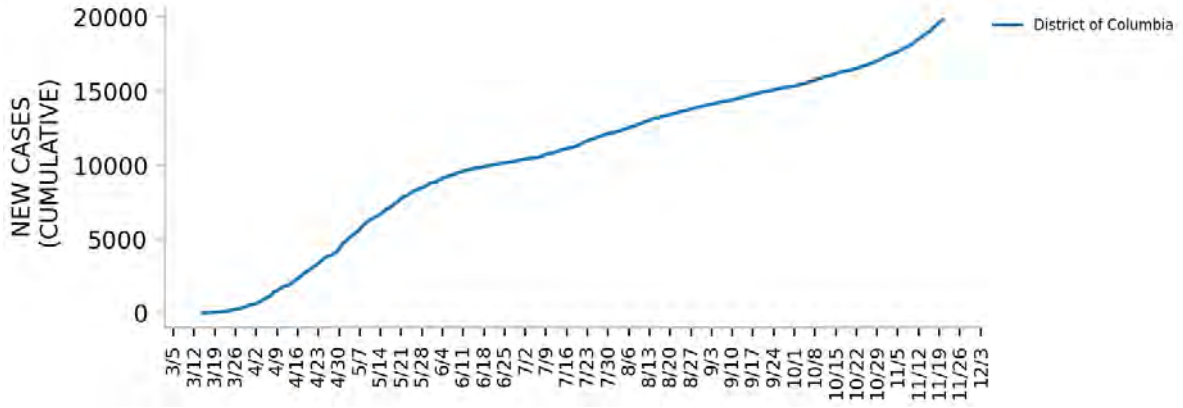
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



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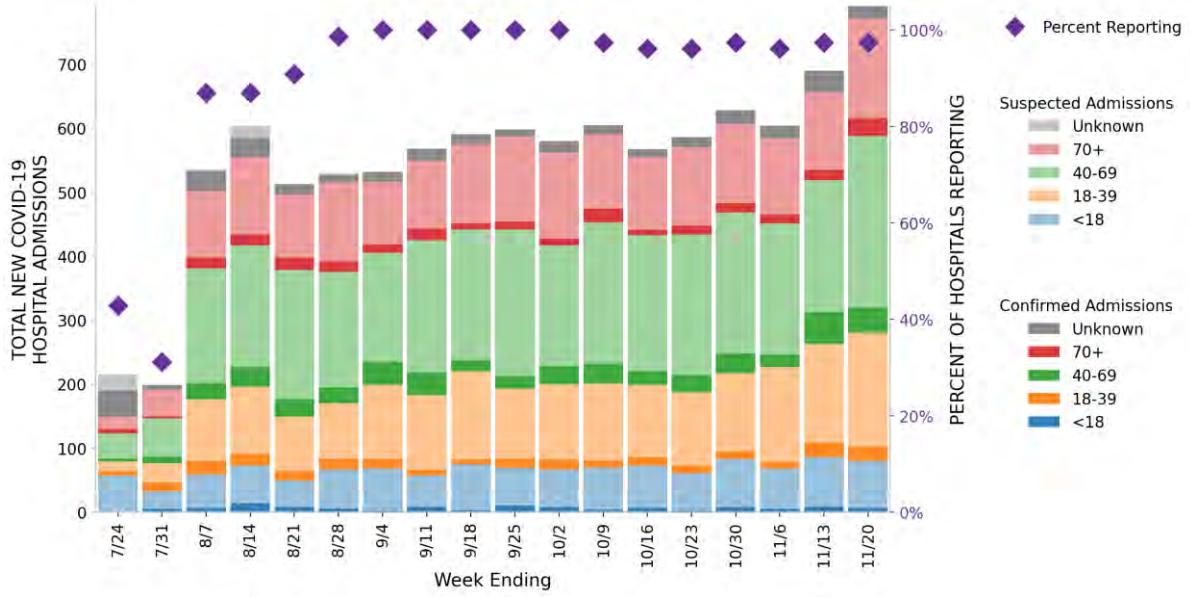
THE DISTRICT OF COLUMBIA

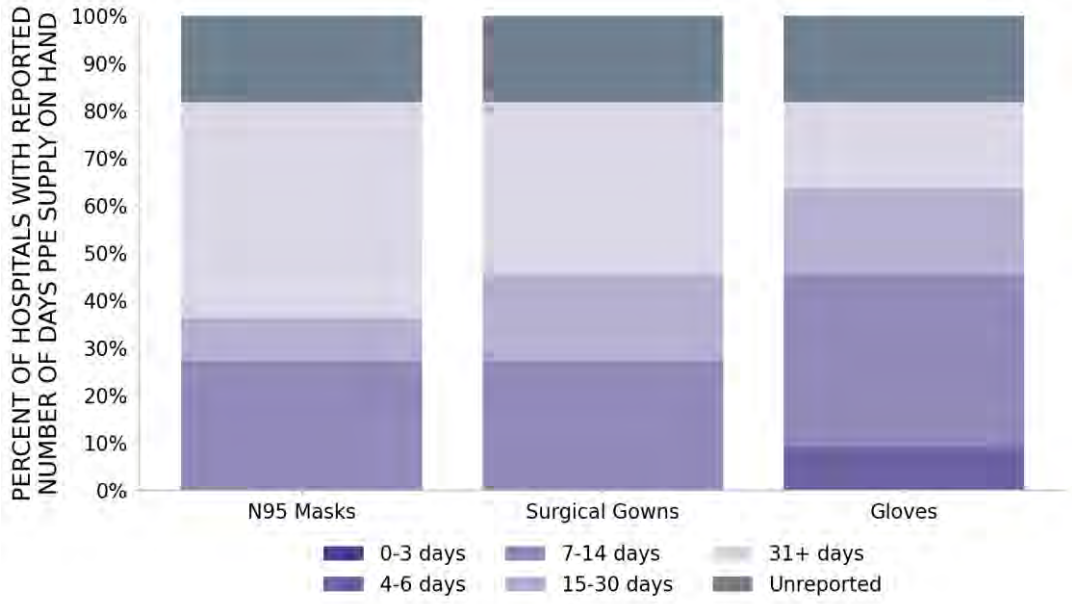
STATE REPORT | 11.22.2020

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. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

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THE DISTRICT OF COLUMBIA

STATE REPORT | 11.22.2020

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)	Washington-Arlington-Alexandria	0 ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	0 ▼ (-1)	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.

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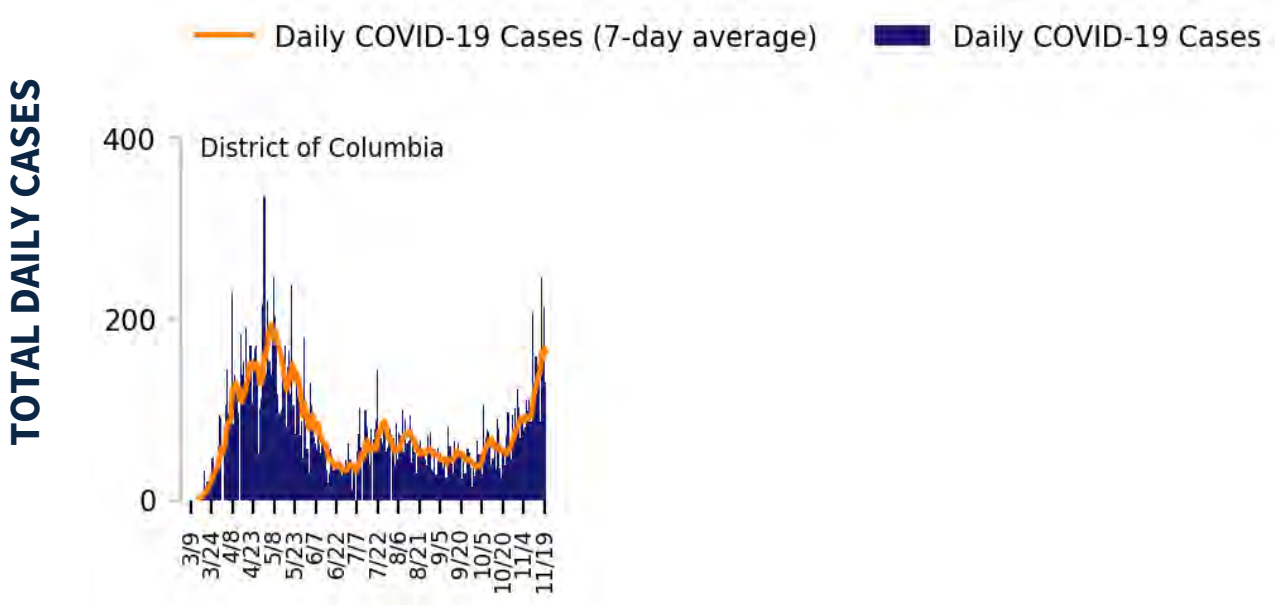
Top 12 counties based on number of new cases in the last 3 weeks



DATA SOURCES – Additional data details available under METHODS

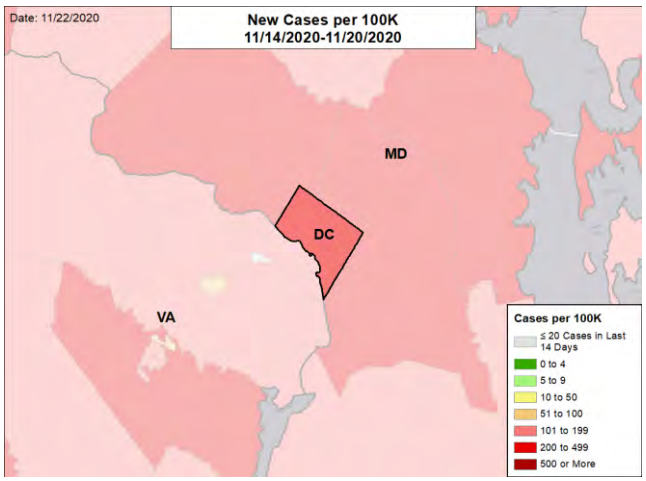
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

THE DISTRICT OF COLUMBIA

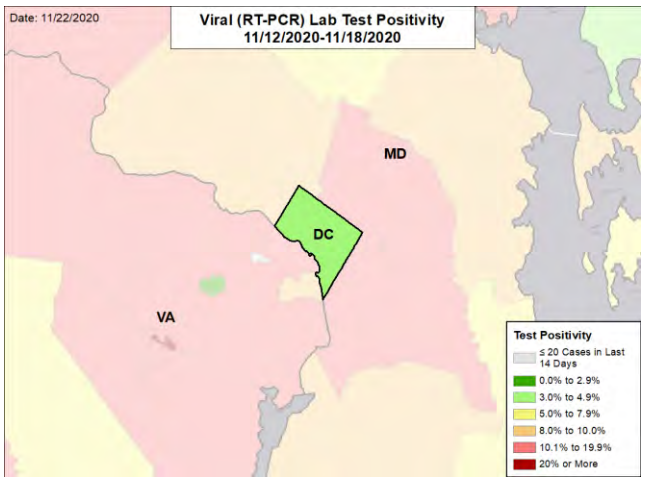
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

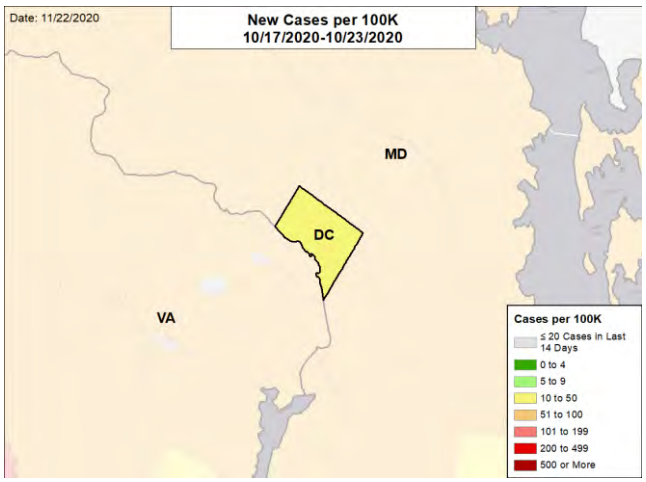
NEW CASES PER 100,000



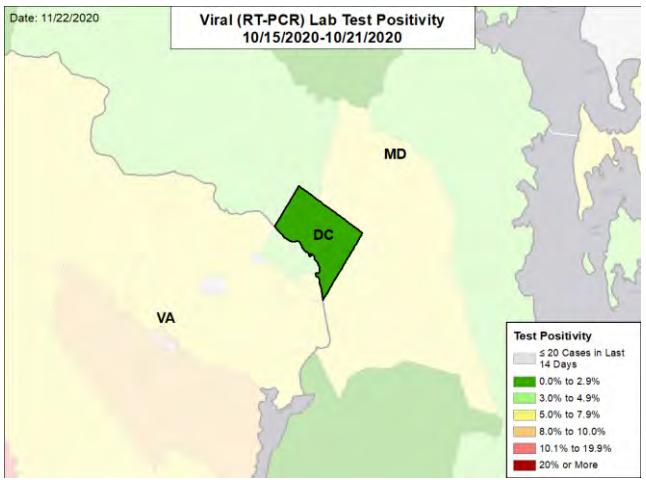
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

FLORIDA

SUMMARY

- 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 orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 37th highest rate in the country.
- Florida has seen an increase in new cases, elevated test positivity, and now week over week increasing hospitalizations. Florida must increase its mitigation as hospitalizations rise and LTCF are again under full threat.
- 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 38.5% 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 22% having high levels of community transmission (red zone).
- During the week of Nov 9 - Nov 15, 15% of nursing homes had at least one new resident COVID-19 case, 37% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Florida had 246 new cases per 100,000 population, compared to a national average of 356 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 14 - Nov 20, on average, 524 patients with confirmed COVID-19 and 359 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Florida. This is an increase of 8% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household 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 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 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.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, 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 significant amount of virus circulating and the high rate of asymptomatic and undiagnosed infections among family and community members. Public spaces where masking is not possible must have a significant reduction in capacity or close.
- 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 universities returning in the winter move to mandatory weekly testing of all on and off campus students. Planning for that must begin now.
- There continue to be high levels of positive staff at LTCF, indicative of continued and unmitigated community spread in these geographic locations.
- 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 | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	52,866 (246)	+39%	174,589 (261)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.5%	+0.5%*	9.5%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	544,324** (2,534**)	+14%**	1,329,742** (1,987**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	437 (2.0)	+2%	1,821 (2.7)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	15%	+3%*	20%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	37%	+6%*	39%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+1%*	7%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	6,180 (12)	+8% (+6%)	24,027 (16)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

FLORIDA

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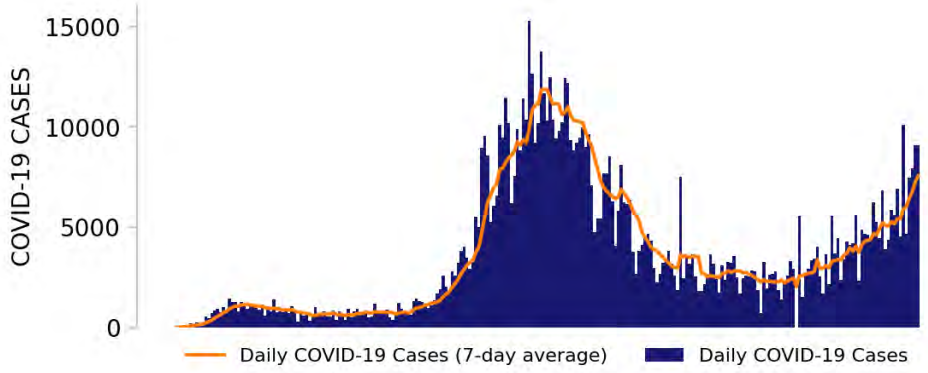
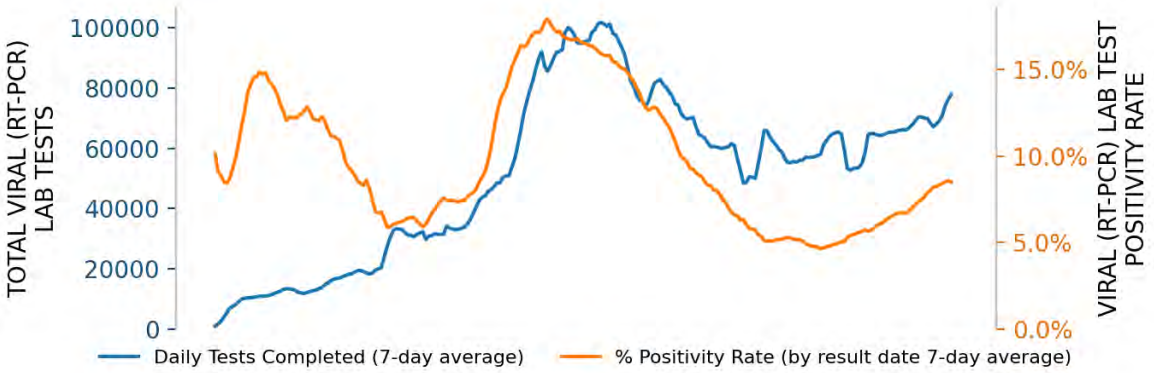
NEW CASES

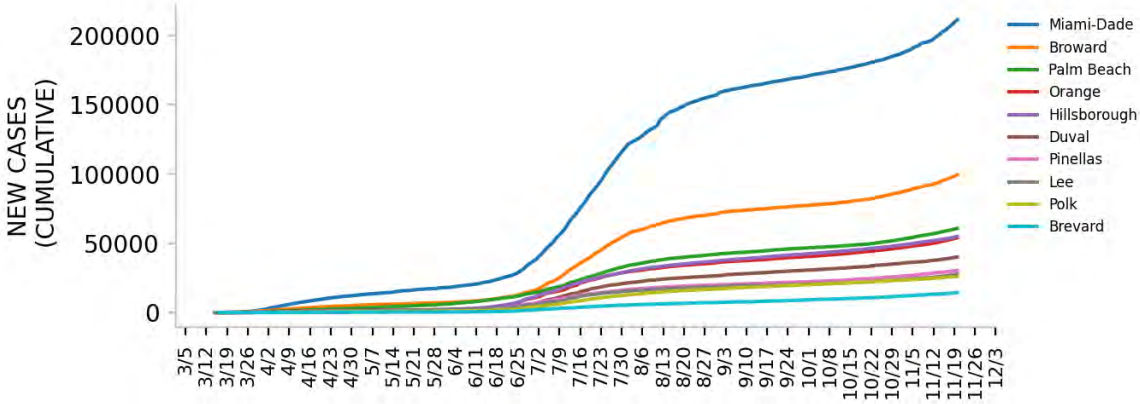


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

FLORIDA

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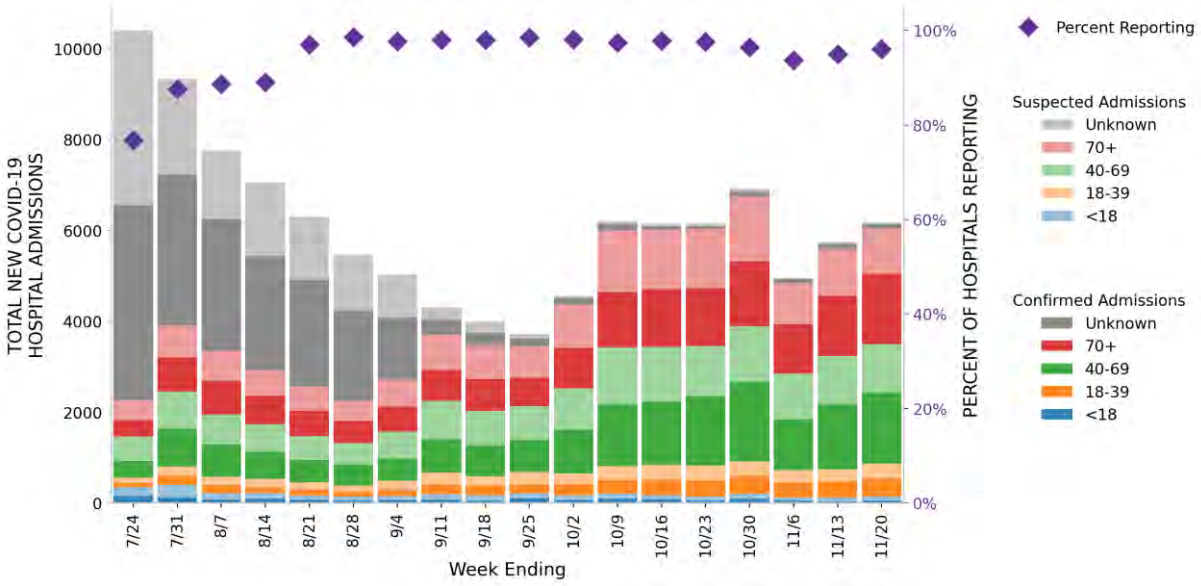
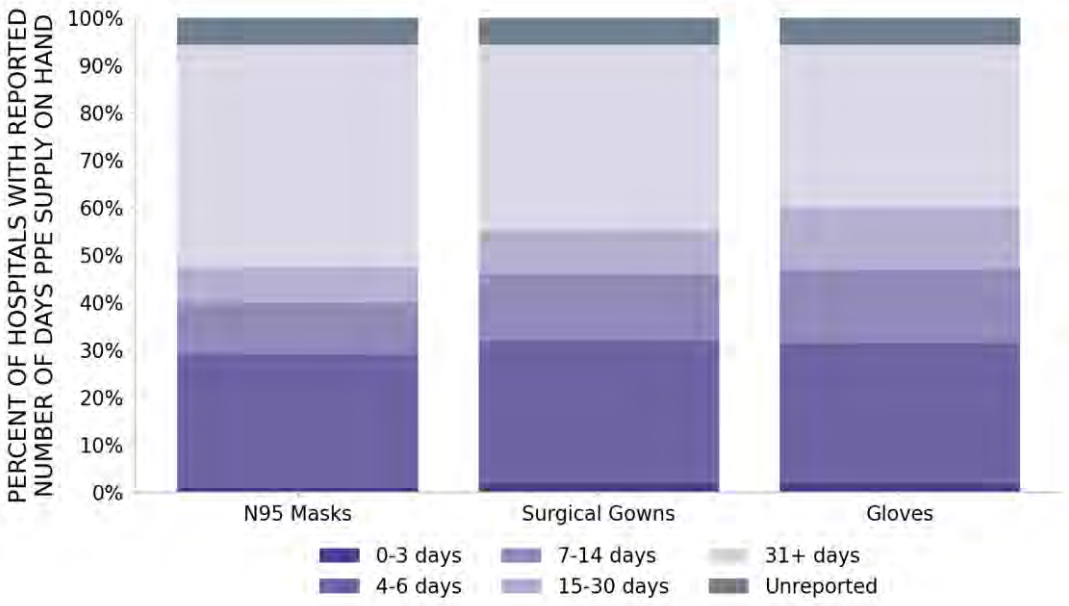
213 hospitals are expected to report in Florida

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. 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. 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 11/18/2020.

FLORIDA

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	7 ▲ (+2)	Miami-Fort Lauderdale-Pompano Beach Crestview-Fort Walton Beach-Destin Homosassa Springs Sebring-Avon Park Key West Arcadia Clewiston	15 ▲ (+5)	Miami-Dade Broward Okaloosa Citrus Santa Rosa Walton Highlands Monroe Hernando DeSoto Washington Hendry
LOCALITIES IN ORANGE ZONE	5 ▼ (-1)	Cape Coral-Fort Myers Pensacola-Ferry Pass-Brent Naples-Marco Island Panama City Wauchula	14 ▼ (-4)	Palm Beach Lee Osceola Pasco Escambia Collier Bay Clay Wakulla Holmes Baker Bradford
LOCALITIES IN YELLOW ZONE	13 ▼ (-3)	Tampa-St. Petersburg-Clearwater Orlando-Kissimmee-Sanford Jacksonville North Port-Sarasota-Bradenton Lakeland-Winter Haven Gainesville Port St. Lucie Ocala Punta Gorda Sebastian-Vero Beach Lake City Palatka	28 ▼ (-1)	Orange Hillsborough Duval Pinellas Polk Sarasota Manatee Alachua Seminole Marion St. Johns Lake

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, Gainesville, Port St. Lucie, Ocala, Punta Gorda, Sebastian-Vero Beach, Lake City, Palatka, Okeechobee

All Red Counties: Miami-Dade, Broward, Okaloosa, Citrus, Santa Rosa, Walton, Highlands, Monroe, Hernando, DeSoto, Washington, Hendry, Levy, Taylor, Hamilton

All Orange Counties: Palm Beach, Lee, Osceola, Pasco, Escambia, Collier, Bay, Clay, Wakulla, Holmes, Baker, Bradford, Hardee, Dixie

All Yellow Counties: Orange, Hillsborough, Duval, Pinellas, Polk, Sarasota, Manatee, Alachua, Seminole, Marion, St. Johns, Lake, St. Lucie, Charlotte, Indian River, Jackson, Martin, Nassau, Flagler, Columbia, Putnam, Okeechobee, Suwannee, Gadsden, Madison, Gilchrist, Calhoun, Gulf

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

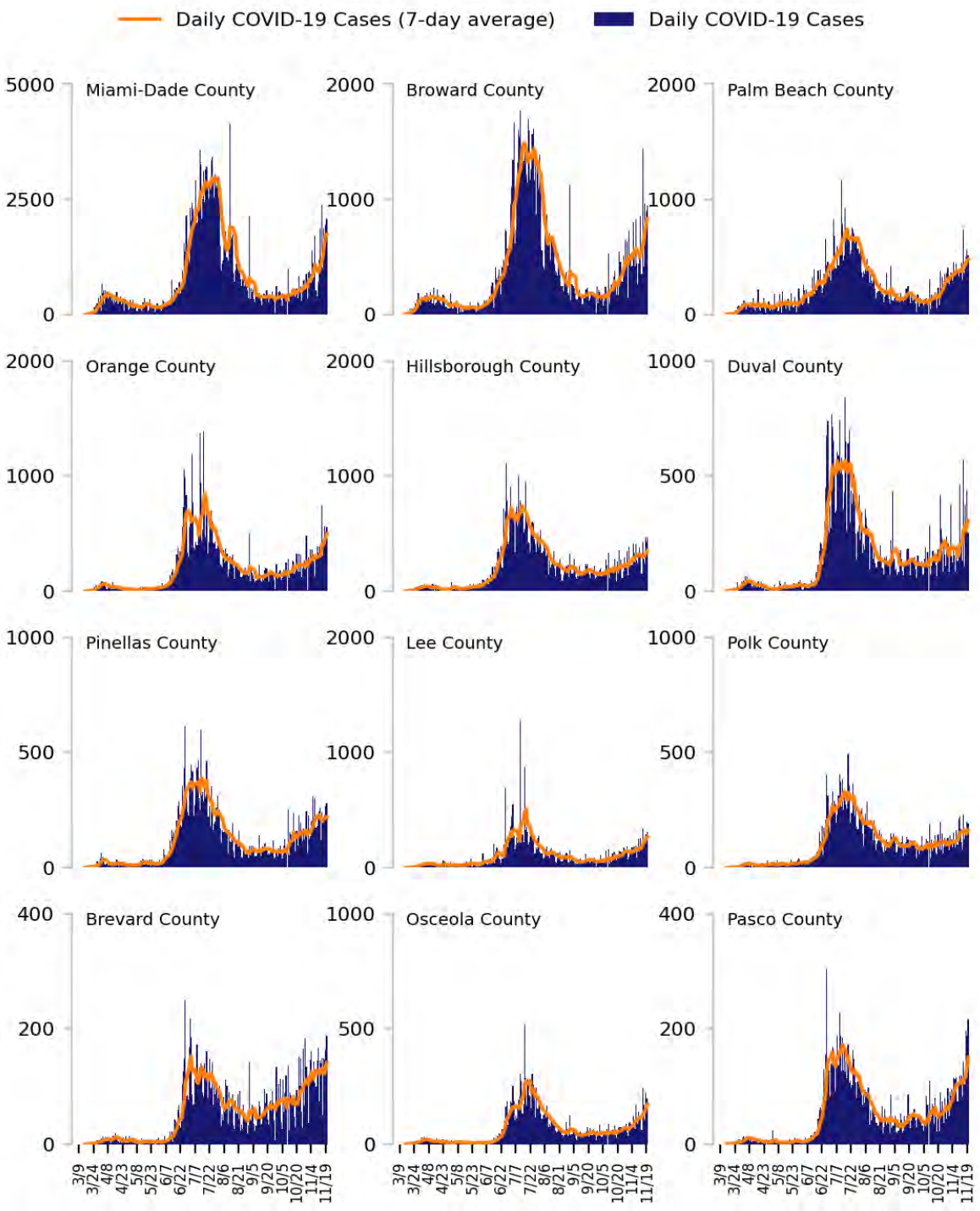
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

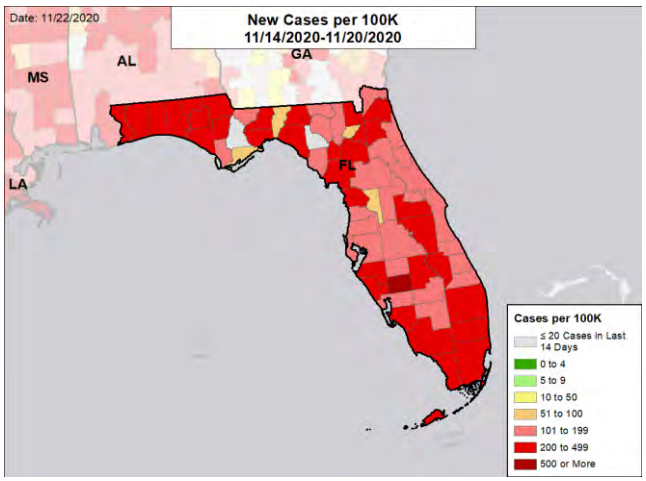
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

FLORIDA

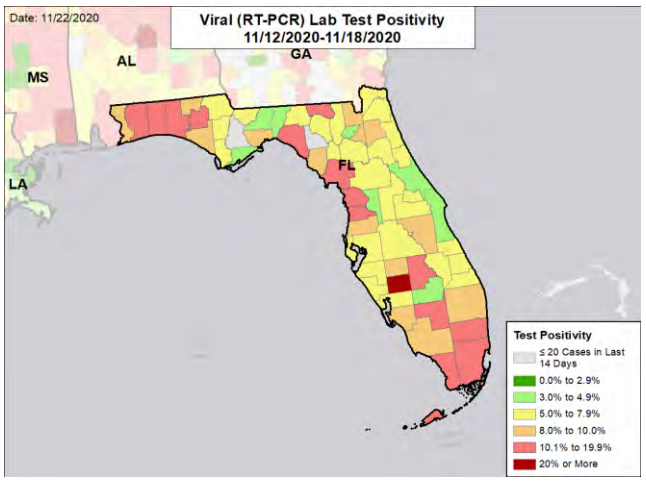
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

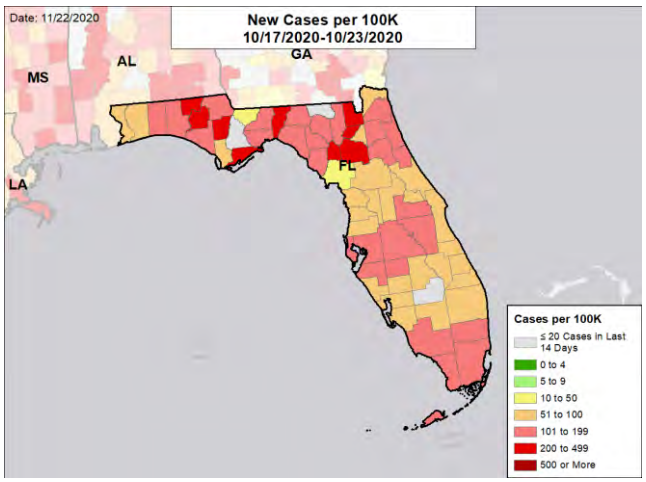
NEW CASES PER 100,000



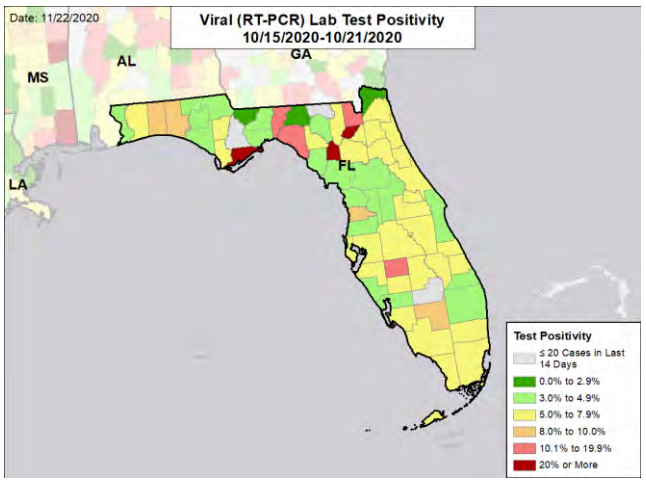
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

GEORGIA

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 39th highest rate in the country.
- Georgia has seen an increase in new cases and stability in test positivity and is in the early stages of full resurgence. This is the moment to dramatically increase mitigation.
- 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 26.2% of new cases in Georgia.
- 66% of all counties in Georgia have moderate or high levels of community transmission (yellow, orange, or red zones), with 32% having high levels of community transmission (red zone).
- During the week of Nov 9 - Nov 15, 12% of nursing homes had at least one new resident COVID-19 case, 25% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death.
- Georgia had 159 new cases per 100,000 population, compared to a national average of 356 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 26 to support operations activities from FEMA; 9 to support operations activities from ASPR; 4 to support medical activities from CDC; 1 to support testing activities from CDC; 11 to support epidemiology activities from CDC; 3 to support operations activities from CDC; and 4 to support operations activities from USCG.
- Between Nov 14 - Nov 20, on average, 331 patients with confirmed COVID-19 and 186 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Georgia. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household 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 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 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.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, 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 significant amount of virus circulating and the high rate of asymptomatic and undiagnosed infections among family and community members. Public spaces where masking is not possible must have a significant reduction in capacity or close.
- 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 universities returning in the winter move to mandatory weekly testing of all on and off campus students. Planning for that must begin now.
- There continue to be high levels of positive staff at LTCF, indicative of continued and unmitigated community spread in these geographic locations.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

GEORGIA

STATE REPORT | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	16,924 (159)	+36%	174,589 (261)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.0%	+0.0%*	9.5%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	181,243** (1,707**)	+12%**	1,329,742** (1,987**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	183 (1.7)	-29%	1,821 (2.7)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	12%	-1%*	20%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	25%	+4%*	39%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	+1%*	7%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,617 (19)	-1% (-1%)	24,027 (16)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

GEORGIA

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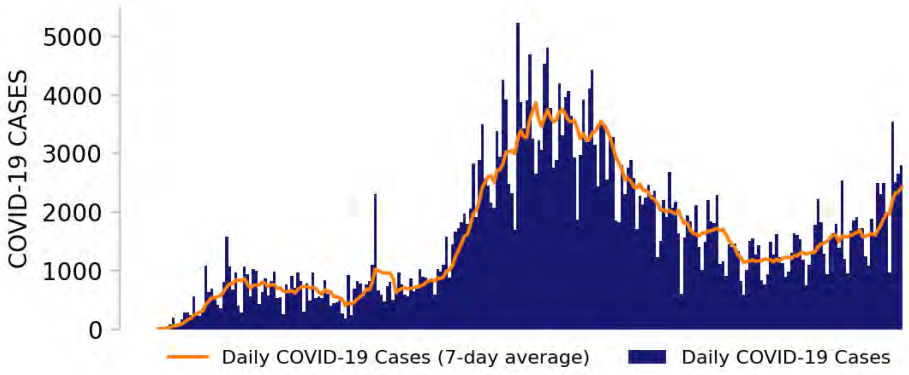
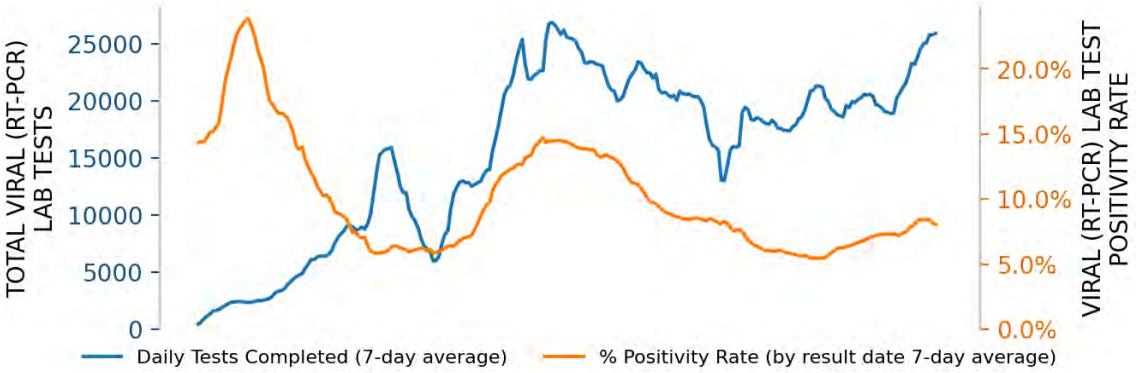
NEW CASES

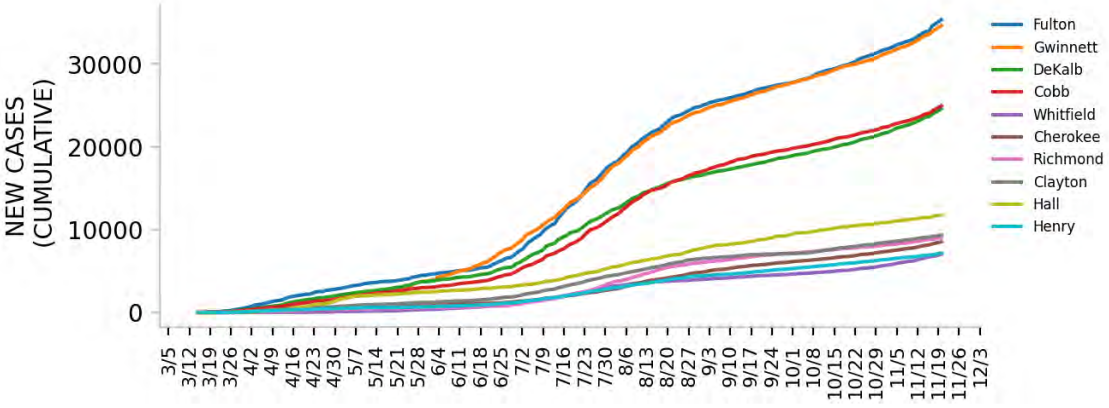


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

GEORGIA

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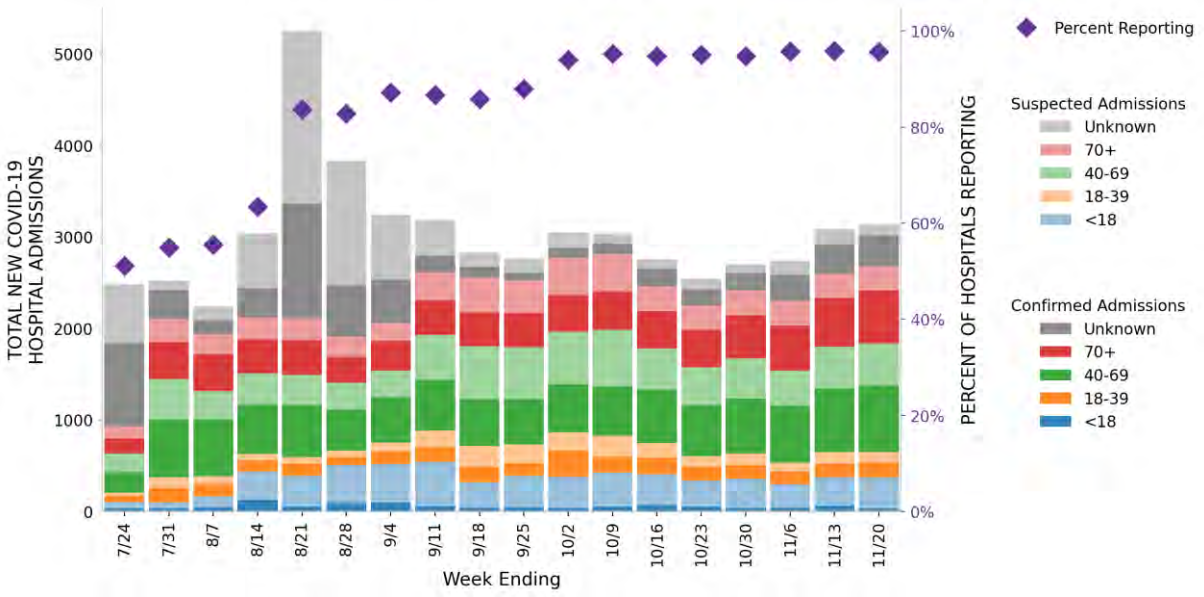
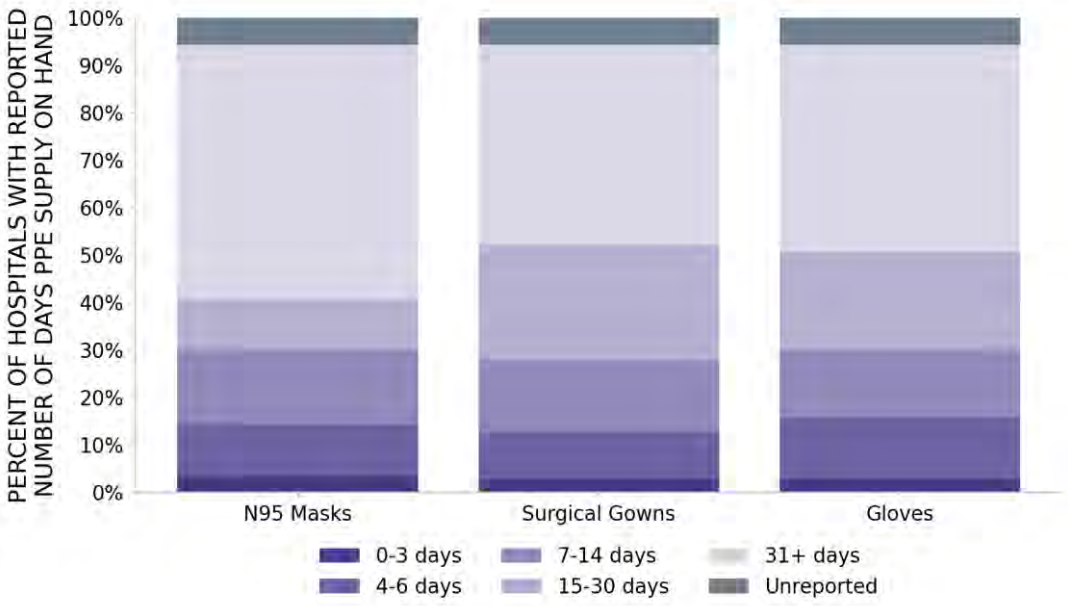
140 hospitals are expected to report in Georgia

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. 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. 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 11/18/2020.

GEORGIA

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	18 ▲ (+7)	Dalton Augusta-Richmond County Chattanooga Rome Macon-Bibb County Warner Robins Jefferson Valdosta Calhoun Cornelia Douglas Cedartown	51 ▲ (+17)	Henry Forsyth Floyd Columbia Paulding Bartow Carroll Jackson Gordon Lowndes Murray Houston
LOCALITIES IN ORANGE ZONE	7 ▼ (-5)	Gainesville Savannah Hinesville Statesboro Summerville Jesup Eufaula	32 ▼ (-8)	Gwinnett Whitfield Cherokee Richmond Clayton Hall Chatham Bibb Walker Coweta Catoosa Newton
LOCALITIES IN YELLOW ZONE	6 ▼ (-6)	Atlanta-Sandy Springs-Alpharetta Athens-Clarke County Brunswick Milledgeville Thomasville Moultrie	22 ▼ (-3)	Fulton DeKalb Cobb Douglas Fayette Glynn Baldwin Ware Union Gilmer Thomas Towns

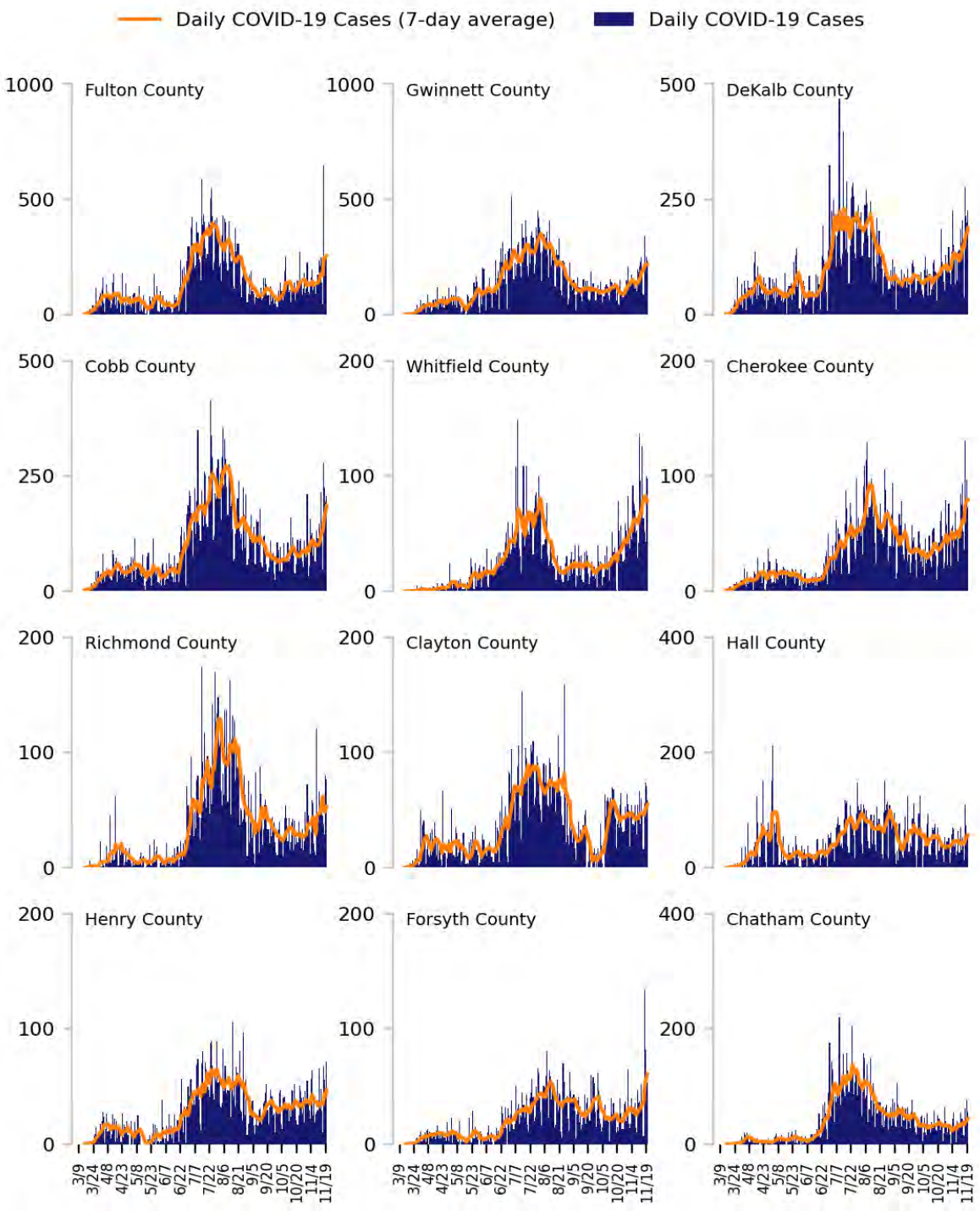
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red CBSAs: Dalton, Augusta-Richmond County, Chattanooga, Rome, Macon-Bibb County, Warner Robins, Jefferson, Valdosta, Calhoun, Douglas, Cornelia, St. Marys, Cedartown, Tifton, LaGrange, Toccoa, Vidalia, Thomaston
All Red Counties: Henry, Forsyth, Floyd, Columbia, Paulding, Bartow, Carroll, Jackson, Gordon, Murray, Lowndes, Houston, Barrow, Habersham, Coffee, Spalding, Camden, Polk, White, Tift, Troup, Haralson, Pickens, Franklin, Madison, Stephens, Banks, Dawson, Elbert, Fannin, Peach, Monroe, Butts, Rabun, Hart, Toombs, Burke, Lamar, Jefferson, Dodge, Upson, Seminole, Wilkes, Pike, Berrien, Hancock, Heard, McIntosh, Atkinson, Johnson, Warren
All Orange Counties: Gwinnett, Whitfield, Cherokee, Richmond, Clayton, Hall, Chatham, Bibb, Walker, Coweta, Catoosa, Newton, Walton, Rockdale, Effingham, Washington, Bulloch, Liberty, Chattooga, Cook, Dade, Wayne, McDuffie, Bryan, Jones, Brantley, Tattnall, Irwin, Early, Charlton, Macon, Crawford
All Yellow Counties: Fulton, DeKalb, Cobb, Douglas, Fayette, Glynn, Baldwin, Ware, Union, Gilmer, Thomas, Towns, Harris, Colquitt, Appling, Oglethorpe, Lee, Morgan, Dooly, Wilkinson, Pulaski, Bleckley

*** 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 11/20/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

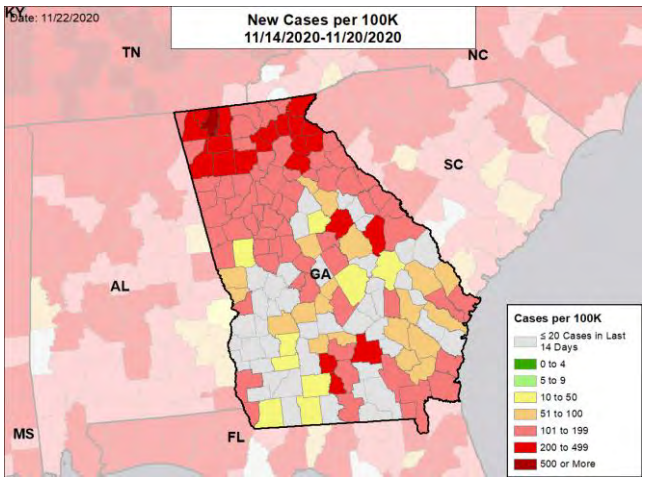
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

GEORGIA

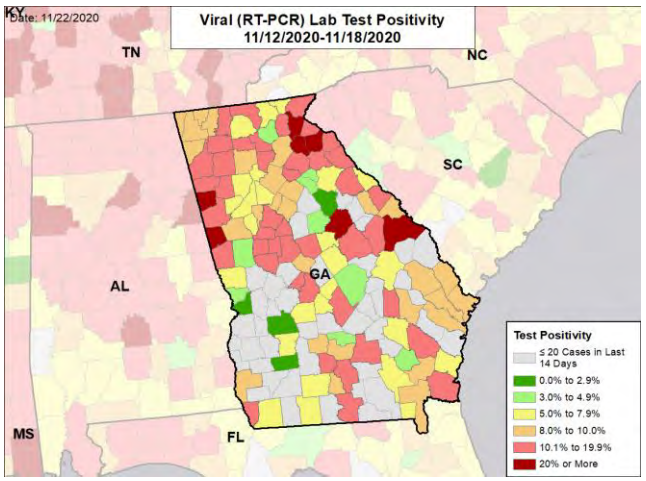
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

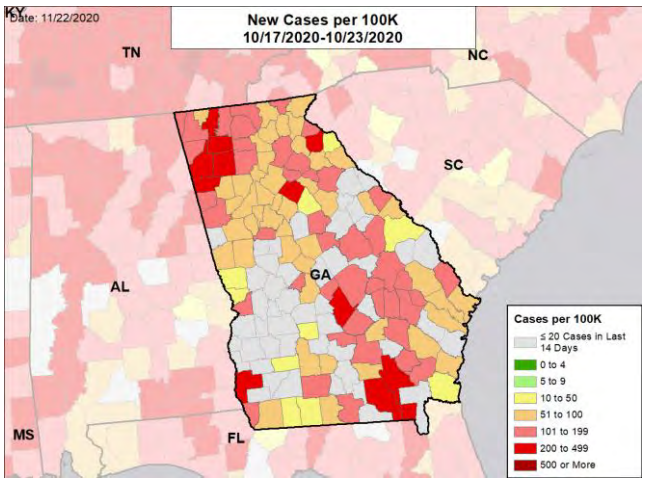
NEW CASES PER 100,000



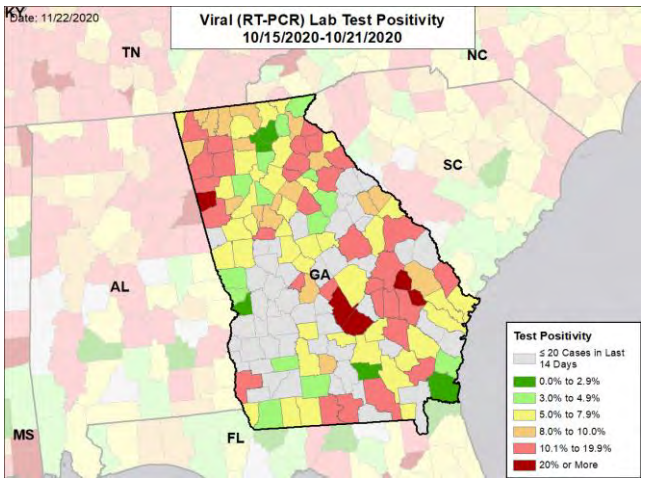
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

HAWAII

SUMMARY

- Hawaii is in the yellow zone for cases, indicating between 10 and 50 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 lowest rate in the country.
- Hawaii has seen a decrease 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. Honolulu County, 2. Hawaii County, and 3. Maui County. These counties represent 93.7% 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 9 - Nov 15, 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.
- Hawaii had 38 new cases per 100,000 population, compared to a national average of 356 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; 1 to support epidemiology activities from CDC; 1 to support operations activities from CDC; and 18 to support operations activities from USCG.
- The federal government has supported surge testing in Honolulu, Kauai, Maui, and Lanai.
- Between Nov 14 - Nov 20, on average, 9 patients with confirmed COVID-19 and 13 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Hawaii. This is a decrease of 7% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- Hawaii has had continued success controlling the epidemic but persistent case rates in Honolulu are concerning and could reignite. The prime directive is to protect the islands from the increasing transmission in CONUS; monitor infections closely and consider additional requirements/restrictions for all visitors or persons returning to Hawaii from higher transmission areas.
- In order to prevent rekindling of the local epidemic, prevention efforts and early identification and isolation of cases remain the key objectives to maintain control.
- Hawaii should saturate media with education on the epidemic and concerns for upcoming holidays; they should continually publicize and 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.
- 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 levels practical (including in single congregate living facilities, like shelters or skilled nursing facilities).
    - Testing should be at a high baseline level on every island (>2,000 tests per 100,000 population per week) and immediately intensified in areas where there are signals of increasing transmission.
- In addition to expansion of testing, decreasing turnaround times of results and immediate isolation and contact interviewing of cases should be a top priority. Contact tracing capacity should be expanded by limiting interview depth, scripting interviews and developing clear algorithms to allow task-shifting, hiring additional staff, using automated emails and texting with instructions to isolate and/or quarantine, and pulling remote support from lower-burden areas.
- Education on isolation and contact tracing should be given in verbal and written form to all at the time of testing.
- All hospitals and clinical sites should have expansion and contingency plans, with maximal access to medicines and supplies, and plans to expand early outpatient treatment if epidemic intensifies. All clinical staff should receive regular trainings and updates.
- 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; health authorities should monitor rehab and long-term care facilities to ensure strict adherence to 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.

HAWAII

STATE REPORT | 11.22.2020

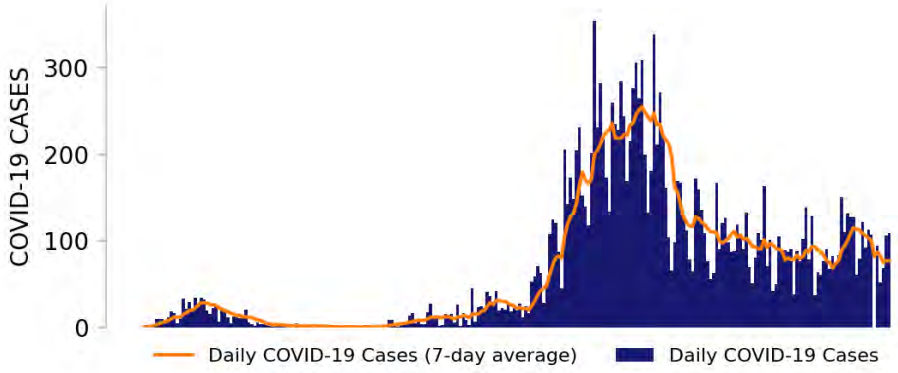
	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	537 (38)	-26%	112,388 (219)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	2.3%	-0.2%*	7.3%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	25,827** (1,824**)	-24%**	1,122,095** (2,188**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	2 (0.1)	-33%	618 (1.2)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	0%	N/A*	7%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	3%	+0%*	15%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A*	2%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	151 (6)	-7% (-7%)	13,964 (16)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

HAWAII

STATE REPORT | 11.22.2020

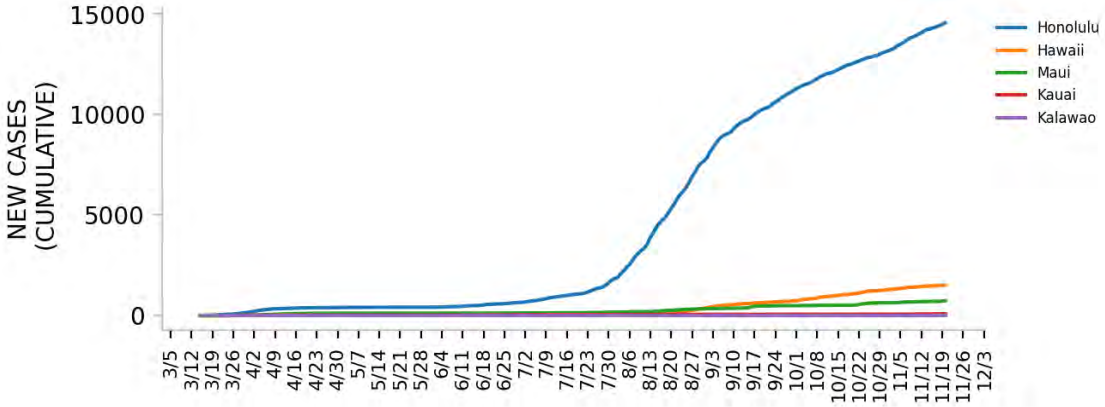
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/20/2020.

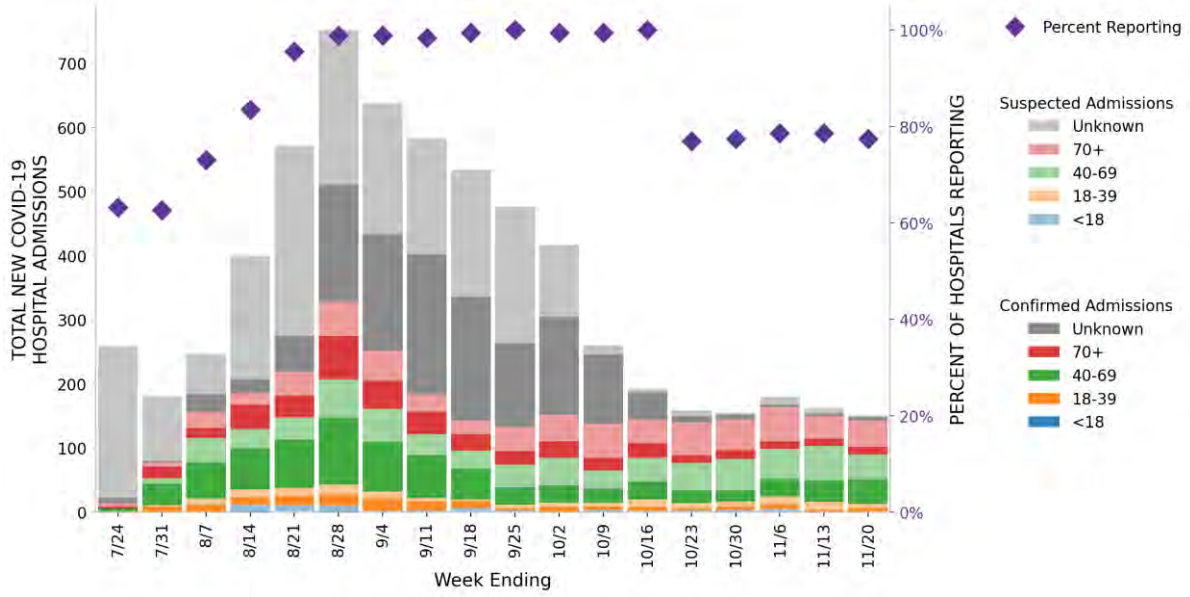
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

HAWAII

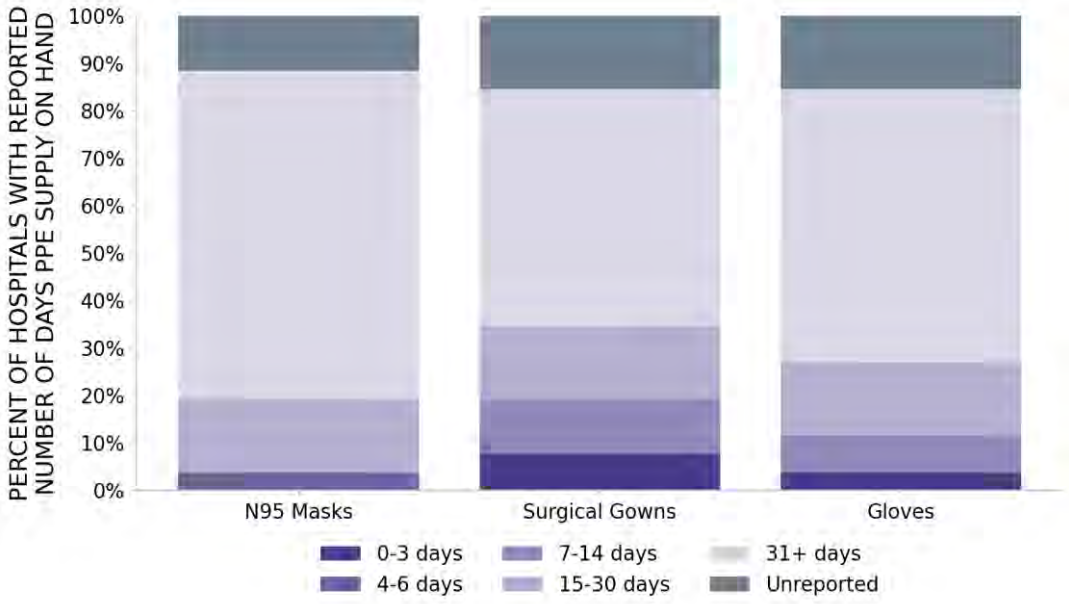
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

HAWAII

STATE REPORT | 11.22.2020

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.**

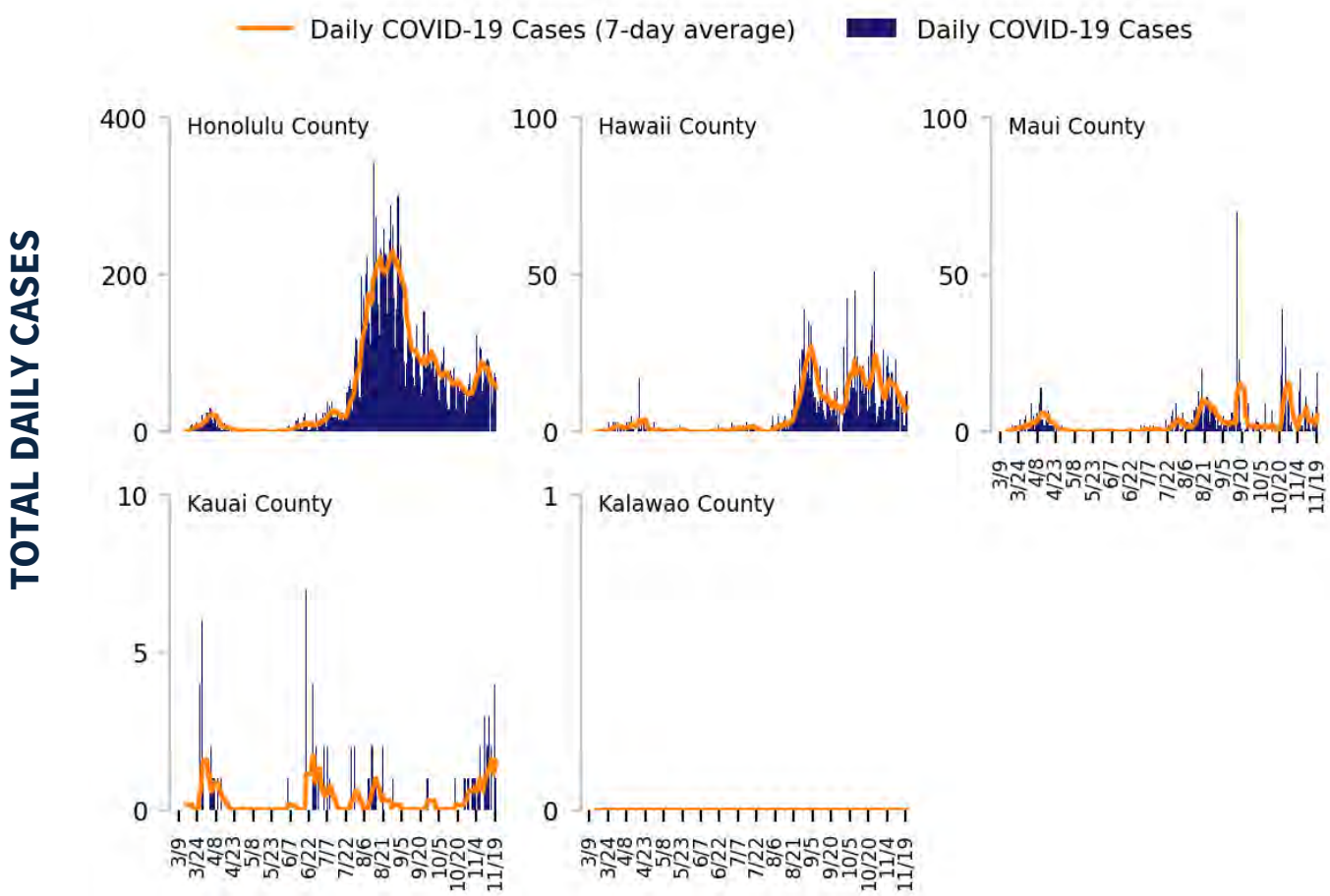
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

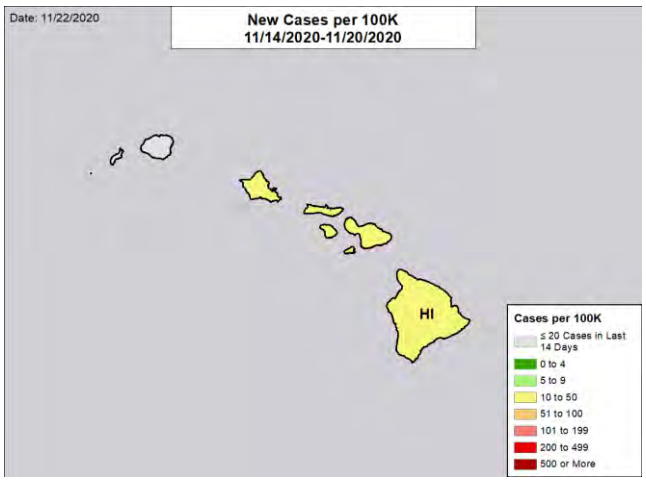
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

HAWAII

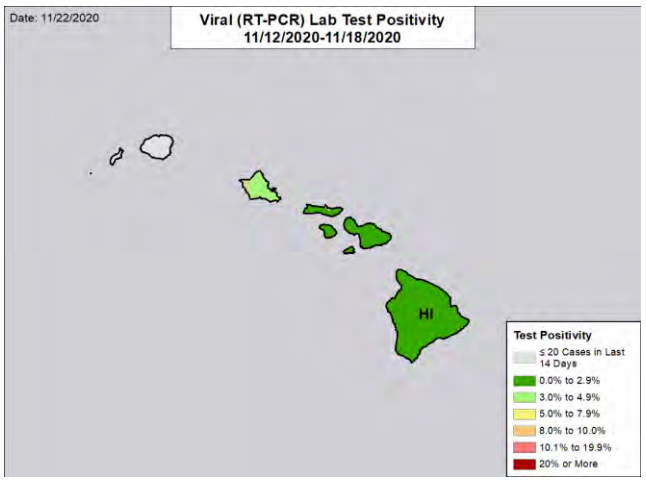
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

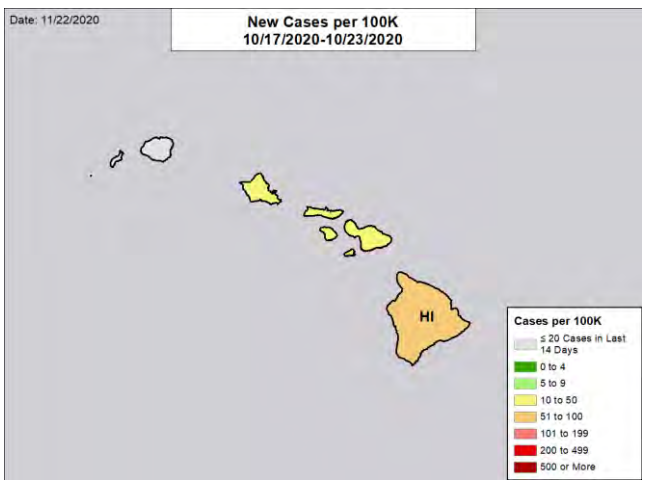
NEW CASES PER 100,000



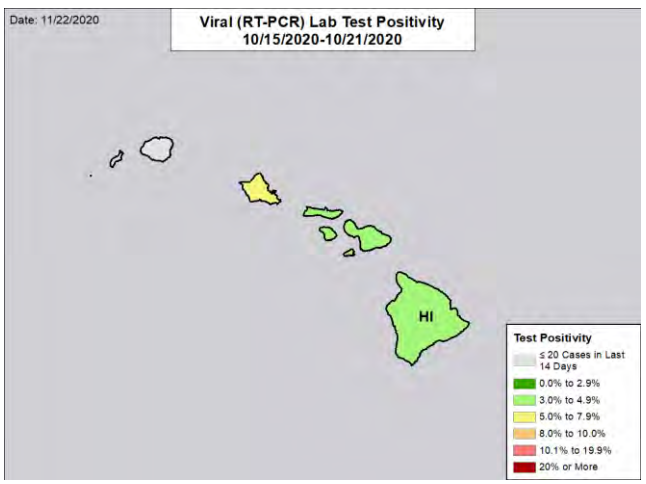
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

IDAHO

SUMMARY

- Idaho 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. 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 stability 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. Kootenai County. These counties represent 43.6% of new cases in Idaho.
- Test positivity is over 20% in 27 counties; compared to the week prior, case rates from this past week increased in 27 counties and test positivity increased in 20 counties.
- 89% 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 9 - Nov 15, 28% of nursing homes had at least one new resident COVID-19 case, 56% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death. There were at least 9 facilities with more than 5 cases among staff and residents in the past week.
- Idaho had 557 new cases per 100,000 population, compared to a national average of 356 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 6 to support medical activities from VA.
- Between Nov 14 - Nov 20, on average, 56 patients with confirmed COVID-19 and 9 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Idaho. This is an increase of 11% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- In states, such as Idaho, where the epidemic is out of control, the focus should be on protecting those at highest risk for severe outcomes. This requires intensification of efforts to interrupt transmission and expansion of available clinical services.
- Strong and widely prevalent public health messages recommending avoidance of all indoor gatherings with people outside of the routine household are critically important in advance of the upcoming holidays and should be deployed as widely and urgently as possible.
- Use of clinical personnel from local facilities to convey local messages and pleas for adherence to face coverings and social distancing has been shown to be effective and should be expanded at the local level.
- Public health messages should appeal to community coherence and responsibility, using champions from different political and cultural belief systems to convey local messages about the importance of mitigation efforts on all media platforms.
- Wide expansion of surveillance and testing, with shortening turnaround times for results, is critically important, as most people who are aware of their infection will isolate. Education on isolation and quarantine should be given in verbal and written form at the time of testing and all those who are testing should be exhorted to minimize risk of transmission by wearing masks and maintaining social distancing; if available, masks should be offered at the point of testing.
- 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.
- Ensure all hospitals and clinical sites in Idaho are as capacitated as possible, with updated training on use and timing of effective interventions, contingency staffing plans with appropriate task-shifting, and maximized access to medications and supplies. Ensure ongoing communication with state and federal partners and that hospital reporting on staffing, bed availability, and supplies is maintained to allow triage and assistance.
- Expansion of telehealth and remote clinical consultation capacity is an important achievement and should be established across Idaho.
- Use of exchange sites for resources and staffing is a critical advance and should be supported by the state.
- Ongoing outbreaks at LTCFs are preventable high-risk events; ensure that staff at all LTCFs are tested weekly with rapid testing and strict adherence to CMS guidance is maintained at all facilities.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

IDAHO

STATE REPORT | 11.22.2020

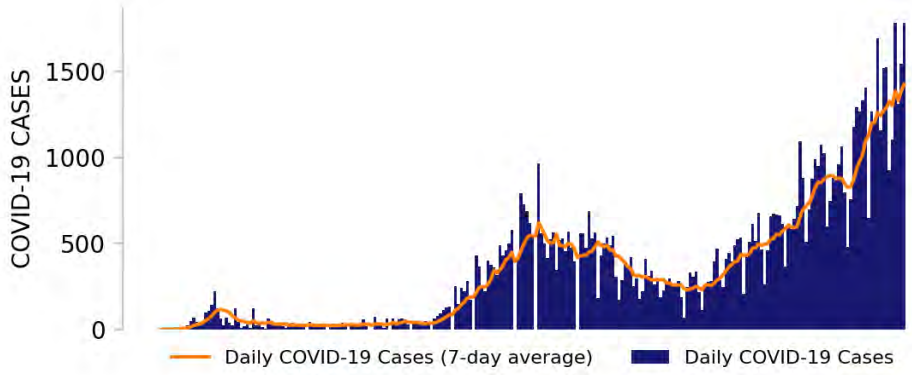
	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	9,962 (557)	+12%	35,419 (247)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	26.5%	+0.4%*	11.2%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	49,362** (2,762**)	+6%**	343,034** (2,390**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	95 (5.3)	+32%	259 (1.8)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	28%	+10%*	14%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	56%	+2%*	32%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	+2%*	3%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	454 (13)	+11% (+17%)	2,983 (13)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

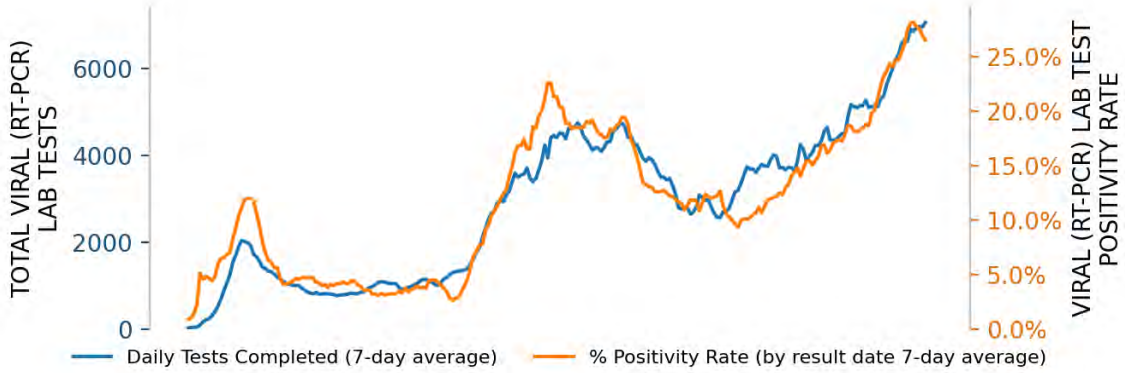
IDAHO

STATE REPORT | 11.22.2020

NEW CASES

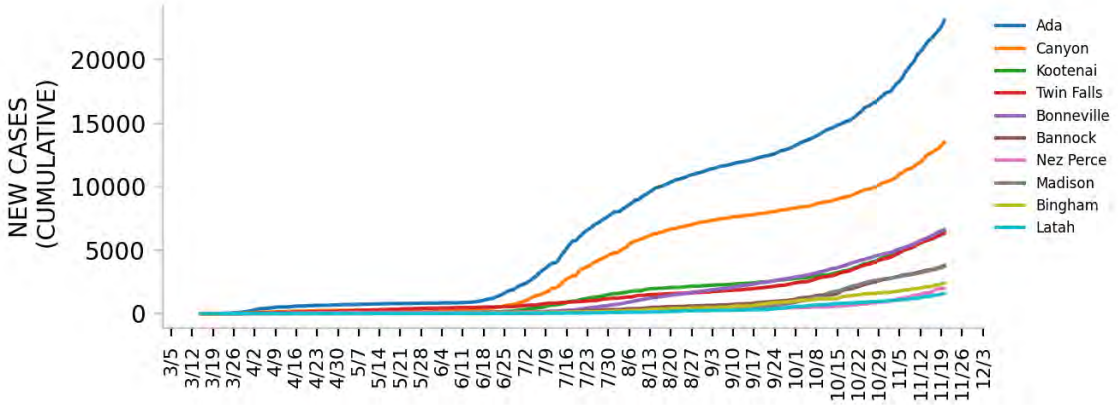


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/20/2020.

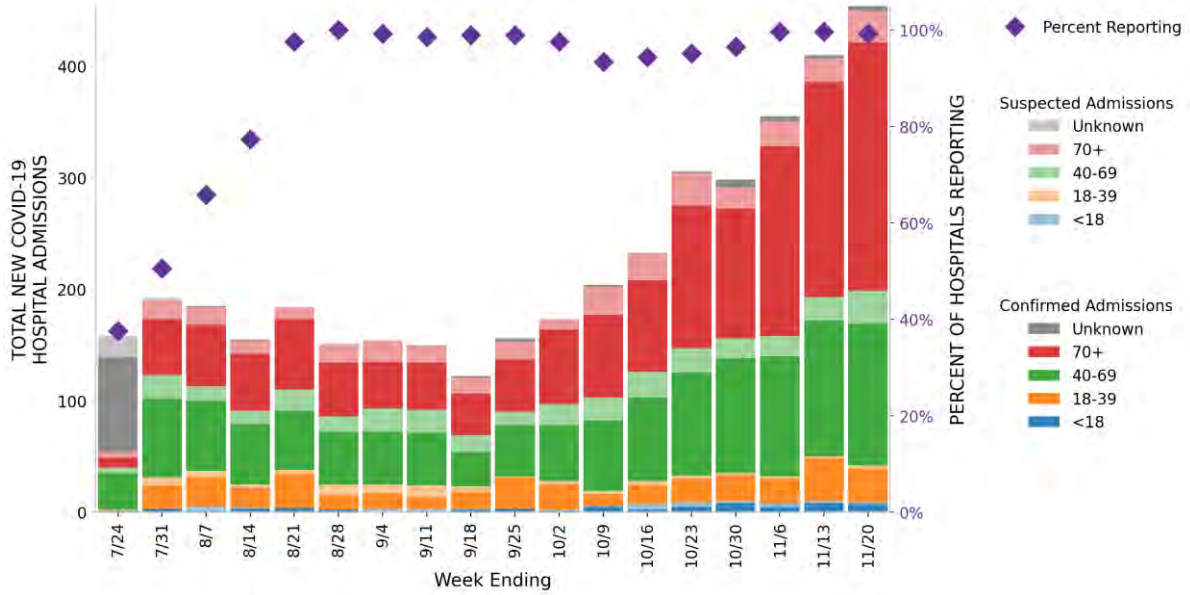
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

IDAHO

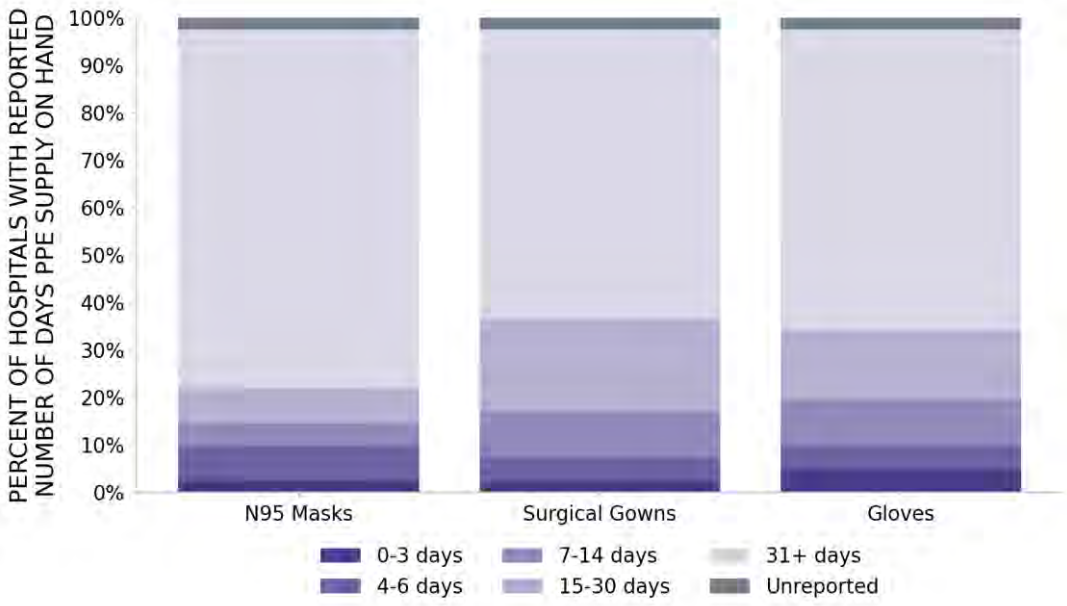
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

IDAHO

STATE REPORT | 11.22.2020

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 Ontario	**38** ■ (+0)	Ada Canyon Kootenai Twin Falls Bonneville Bannock Nez Perce Madison Bingham Latah Jerome Cassia
LOCALITIES IN ORANGE ZONE	**0** ■ (+0)	N/A	**1** ▼ (-2)	Teton
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, Ontario, Hailey, Mountain Home, Logan, Jackson

All Red Counties: Ada, Canyon, Kootenai, Twin Falls, Bonneville, Bannock, Nez Perce, Madison, Bingham, Latah, Jerome, Cassia, Minidoka, Jefferson, Bonner, Payette, Gem, Idaho, Blaine, Gooding, Elmore, Clearwater, Franklin, Washington, Shoshone, Fremont, Owyhee, Lemhi, Boundary, Caribou, Lincoln, Valley, Lewis, Bear Lake, Power, Benewah, 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. Ontario CBSA is comprised of Payette County, ID and Malheur County, OR. Hailey CBSA is comprised of Blaine County, ID and Camas County, ID. Mountain Home CBSA is comprised of Elmore County, ID. Logan CBSA is comprised of Franklin County, ID and Cache County, UT. Jackson CBSA is comprised of Teton County, ID and Teton County, WY.

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

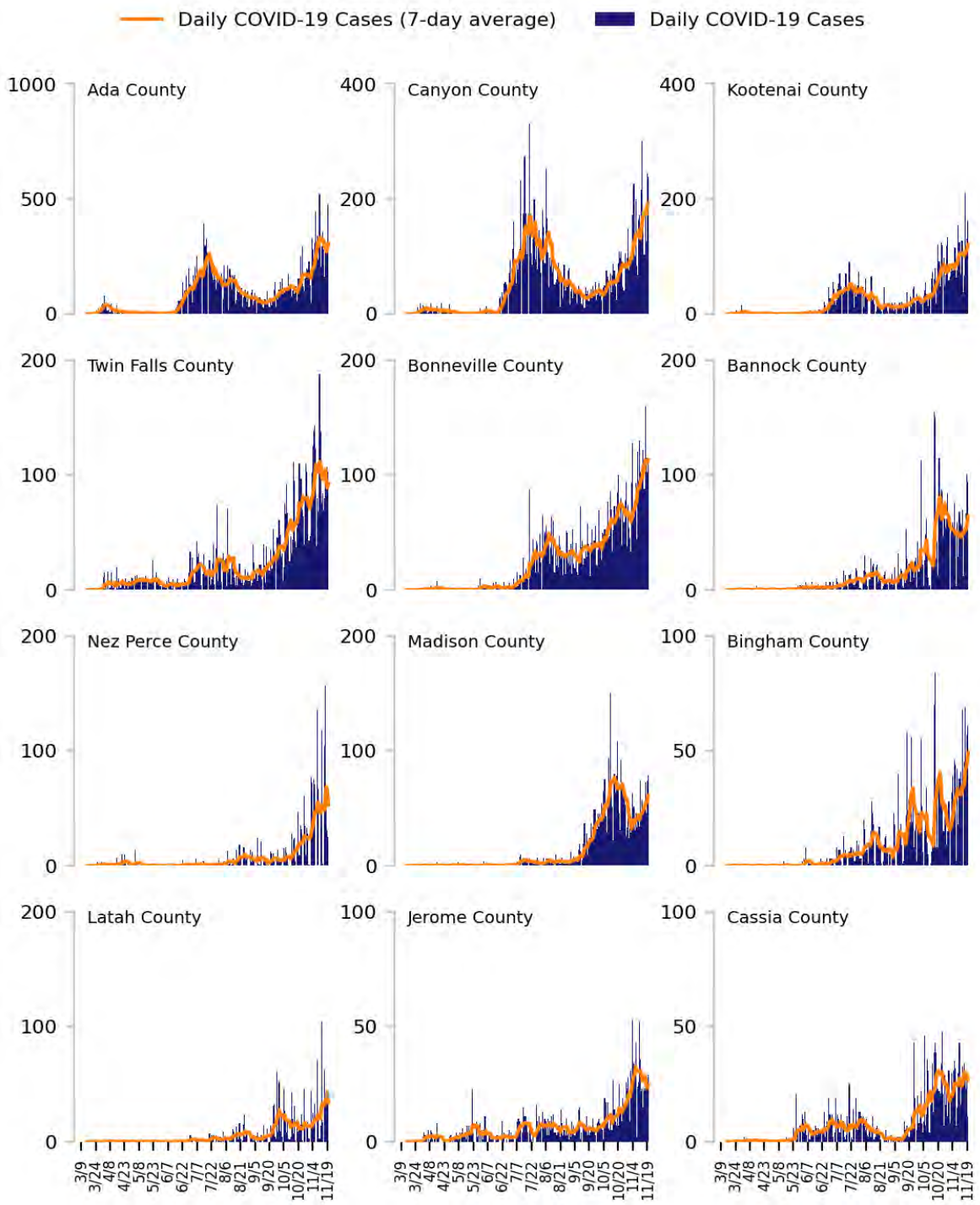
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

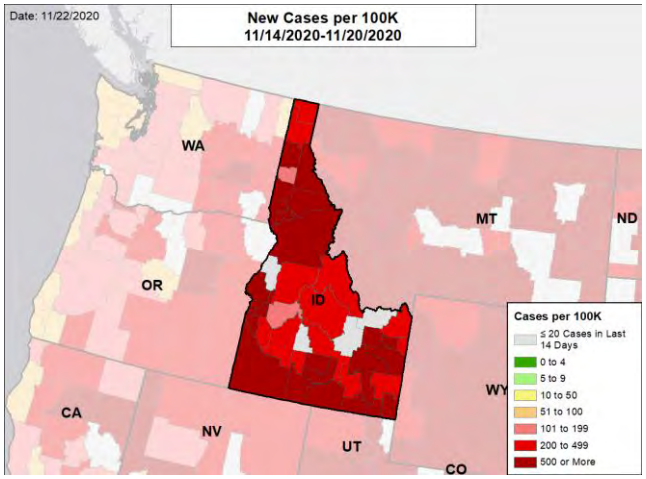
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

IDAHO

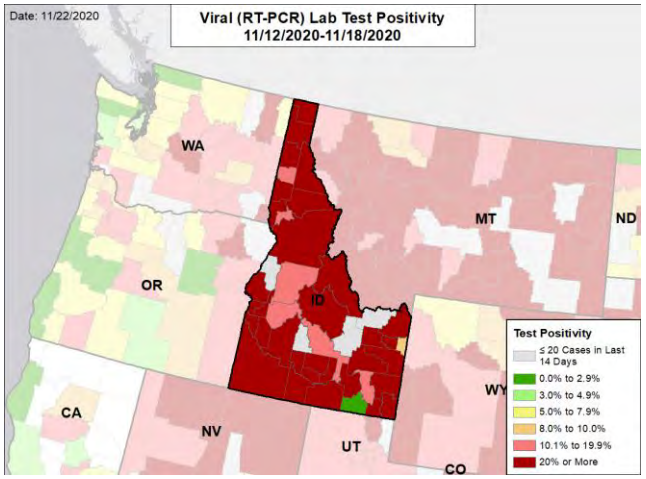
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

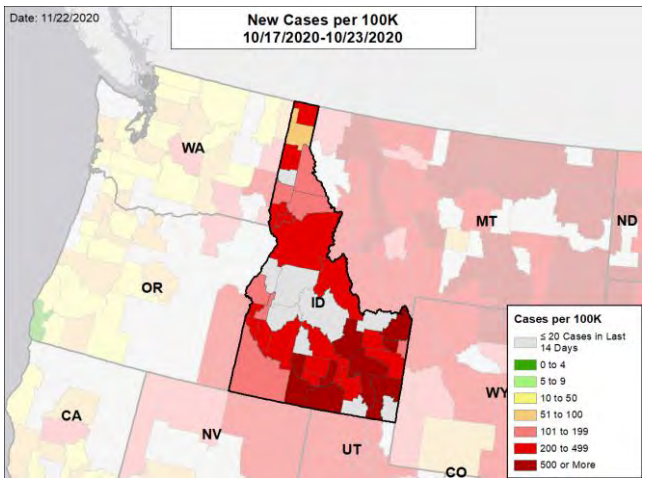
NEW CASES PER 100,000



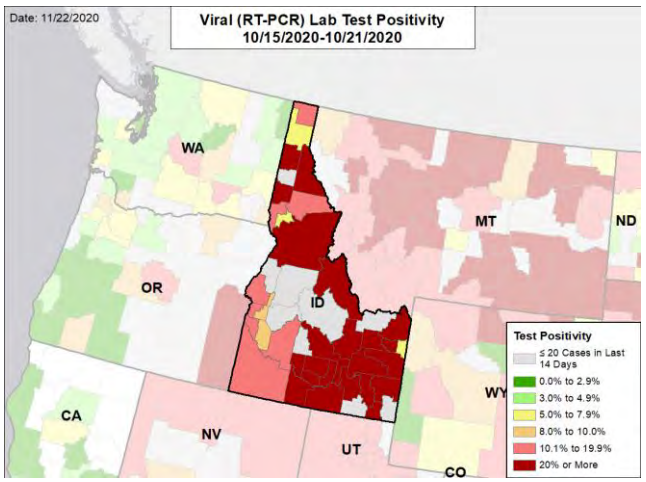
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

ILLINOIS

SUMMARY

- Illinois may be beginning to see early signs of stabilization after an explosive rise in cases and test positivity since September. Hospitalizations are now at the highest level of the pandemic and continue to increase rapidly, as do deaths. Illinois 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. Illinois is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 17th highest rate in the country.
- Illinois has seen stability in new cases and a decrease in test positivity last week while test volume remained stable.
- Hospitalizations continue to increase rapidly after surpassing the spring peak levels at the beginning of November. Hospitals are limiting visitors and elective procedures. Illinois reported 168 deaths on Nov 19, the highest daily total since mid-May.
- Extremely high viral transmission continues to involve 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 49.5% of new cases in Illinois.
- Education: UIUC's test positivity rate has stabilized with 0.33% in past 7 days. Other schools stopped in-person classes due to staff shortages from illness.
- Mitigation measures: Illinois moved to intensified stage 3 mitigation measures as of Nov 20.
- 97% of all counties in Illinois have moderate or high levels of community transmission (yellow, orange, or red zones), with 87% having high levels of community transmission (red zone).
- During the week of Nov 9 - Nov 15, 33% of nursing homes had at least one new resident COVID-19 case, 63% had at least one new staff COVID-19 case, and 10% had at least one new resident COVID-19 death.
- Illinois had 651 new cases per 100,000 population, compared to a national average of 356 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; 5 to support operations activities from ASPR; 1 to support epidemiology activities from CDC; and 7 to support operations activities from USCG.
- Between Nov 14 - Nov 20, on average, 635 patients with confirmed COVID-19 and 567 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Illinois. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- We share the strong concern of Illinois's leaders that the current situation is critical and that improved public observance of social distancing measures is urgently needed to limit overrunning of hospital capacity and additional preventable deaths. The Governor's active measures and the daily state briefings are critical and are commended.
- Short term mitigation interventions, including restricting indoor dining and limiting or closing areas of congregation without masking, will be needed, as has been successful in the USA and is currently showing effectiveness in Europe. Expeditious intensification of mitigation measures called for within the state plan should help to slow disease spread and the recent adjustments are commended.
- These increased mitigation measures are a short-term sacrifice to protect the vulnerable as the U.S. bridges to the rapid vaccination of vulnerable populations over the next few months. Maximizing control of transmission now will also 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 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.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings.
- Given increasing outbreaks and deaths in nursing homes, ensure increased frequency of LTCF testing and rapid implementation of vaccination into LTCFs as vaccine becomes available.
- 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 Illinoisans to wear masks, physically distance, and avoid gatherings in both public and private spaces, especially indoors. Limiting exposure of additional households and vulnerable individuals at Thanksgiving and other holiday functions is critical. 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, and utilize the Abbot BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread.
- Ensure all clinical facilities, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each resource. ensure support for platforms for efficient intra- and inter-state patient transfers as needed.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

ILLINOIS

STATE REPORT | 11.22.2020

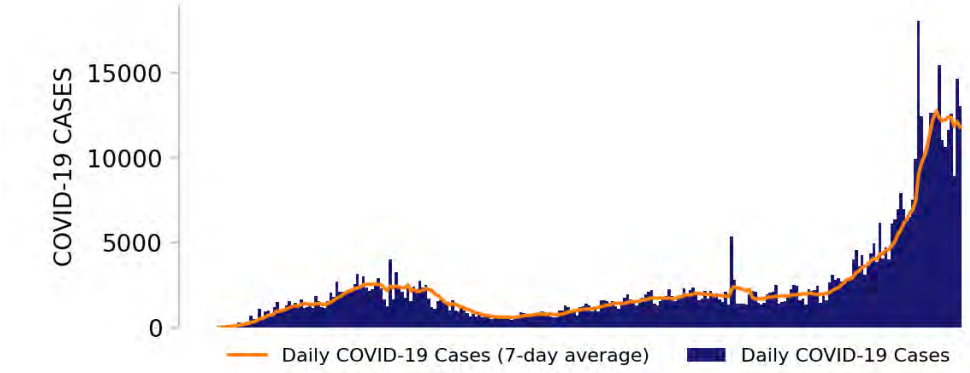
	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	82,438 (651)	-5%	330,352 (629)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	14.0%	-1.1%*	14.2%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	564,324** (4,453**)	+3%**	2,500,165** (4,758**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	801 (6.3)	+88%	2,561 (4.9)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	33%	+6%*	32%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	63%	+8%*	60%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	10%	+3%*	12%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	8,415 (29)	-1% (+1%)	31,487 (26)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

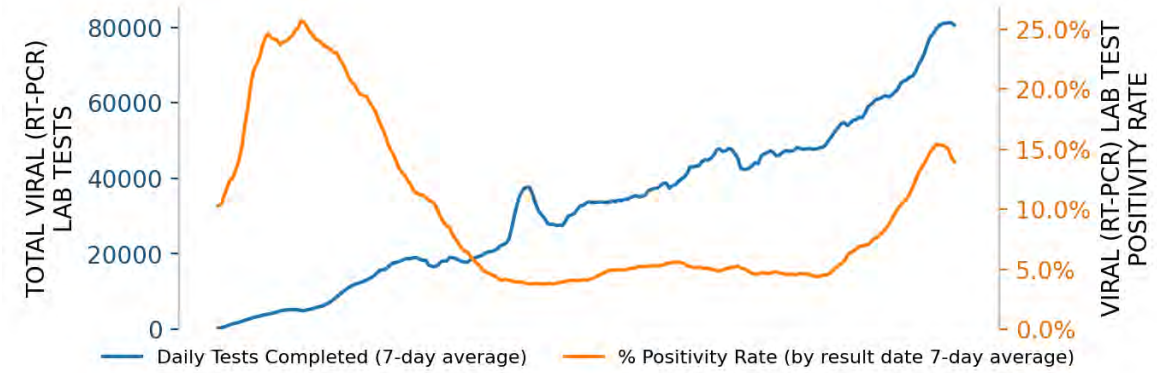
ILLINOIS

STATE REPORT | 11.22.2020

NEW CASES

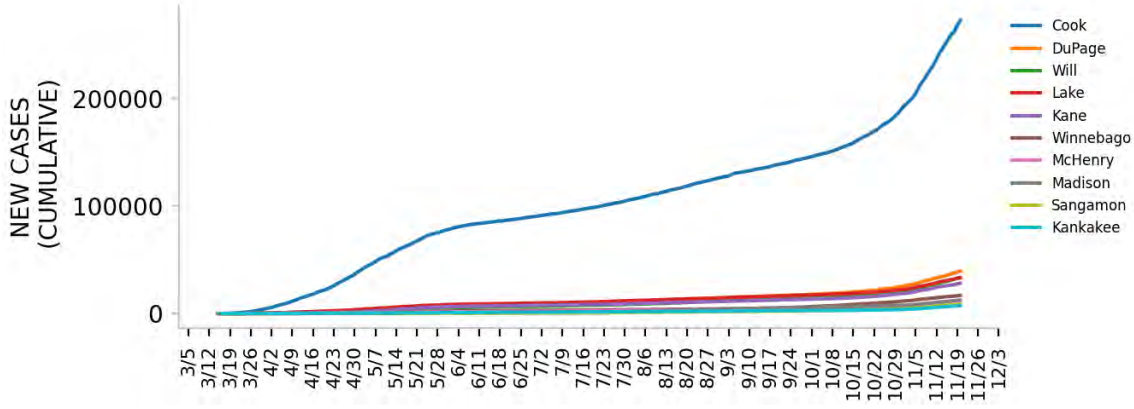


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



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 11/20/2020.

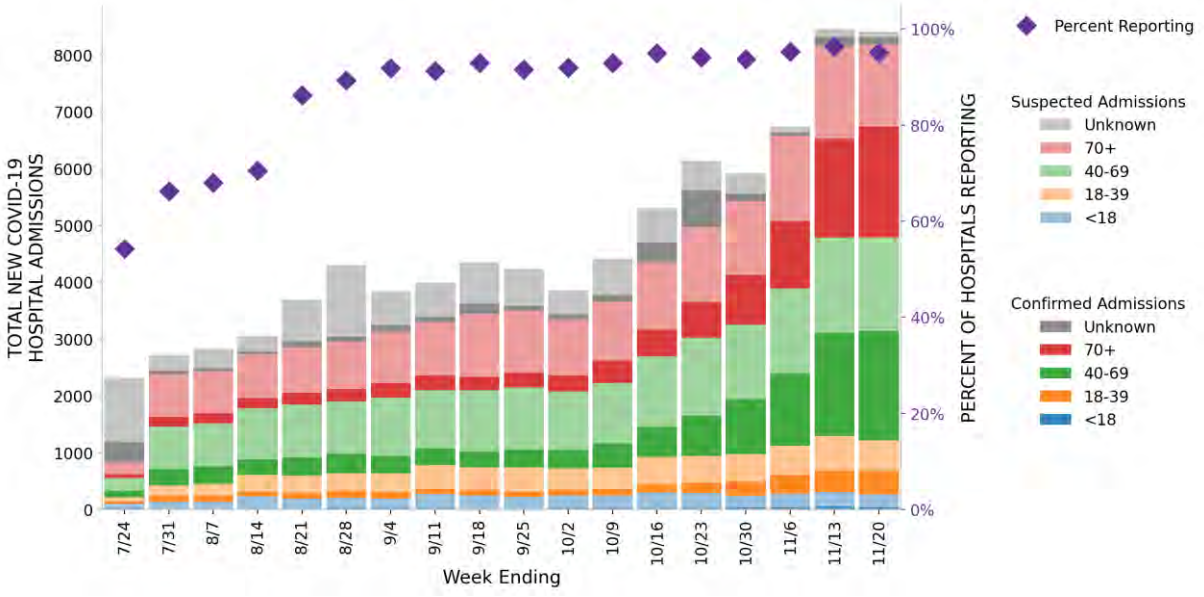
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

ILLINOIS

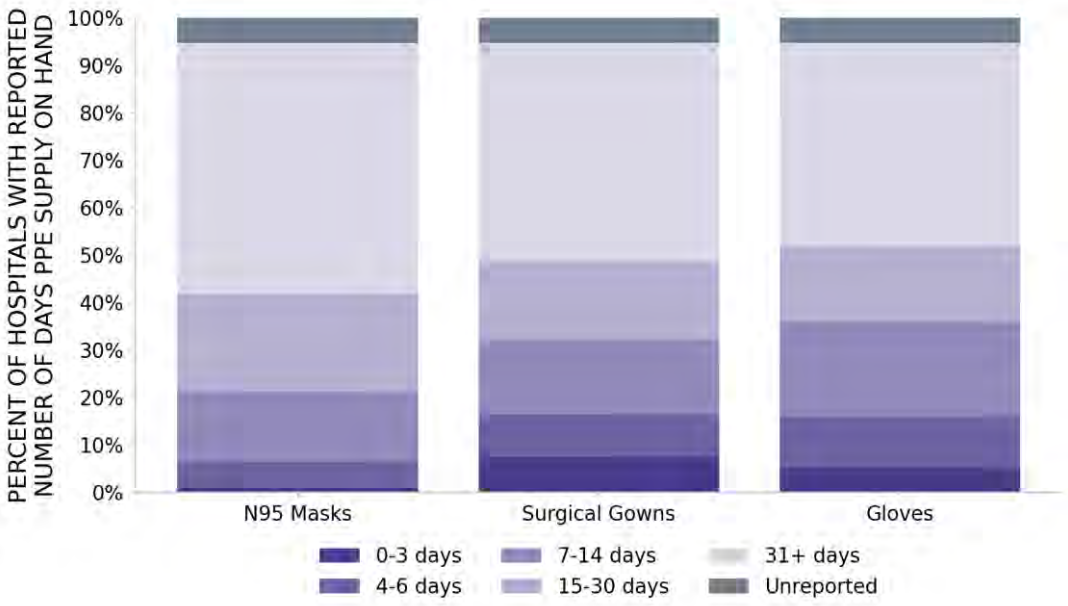
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

ILLINOIS

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	29 ▼ (-2)	Chicago-Naperville-Elgin St. Louis Rockford Peoria Davenport-Moline-Rock Island Springfield Kankakee Ottawa Decatur Quincy Sterling Danville	89 ▼ (-2)	Cook DuPage Will Lake Kane Winnebago McHenry Madison Sangamon Kankakee Rock Island St. Clair
LOCALITIES IN ORANGE ZONE	2 ▲ (+2)	Bloomington Carbondale-Marion	6 ▲ (+2)	McLean Williamson Woodford Fulton Moultrie Hardin
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	4 ▼ (-1)	Montgomery Union Wabash Schuyler

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

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

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

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

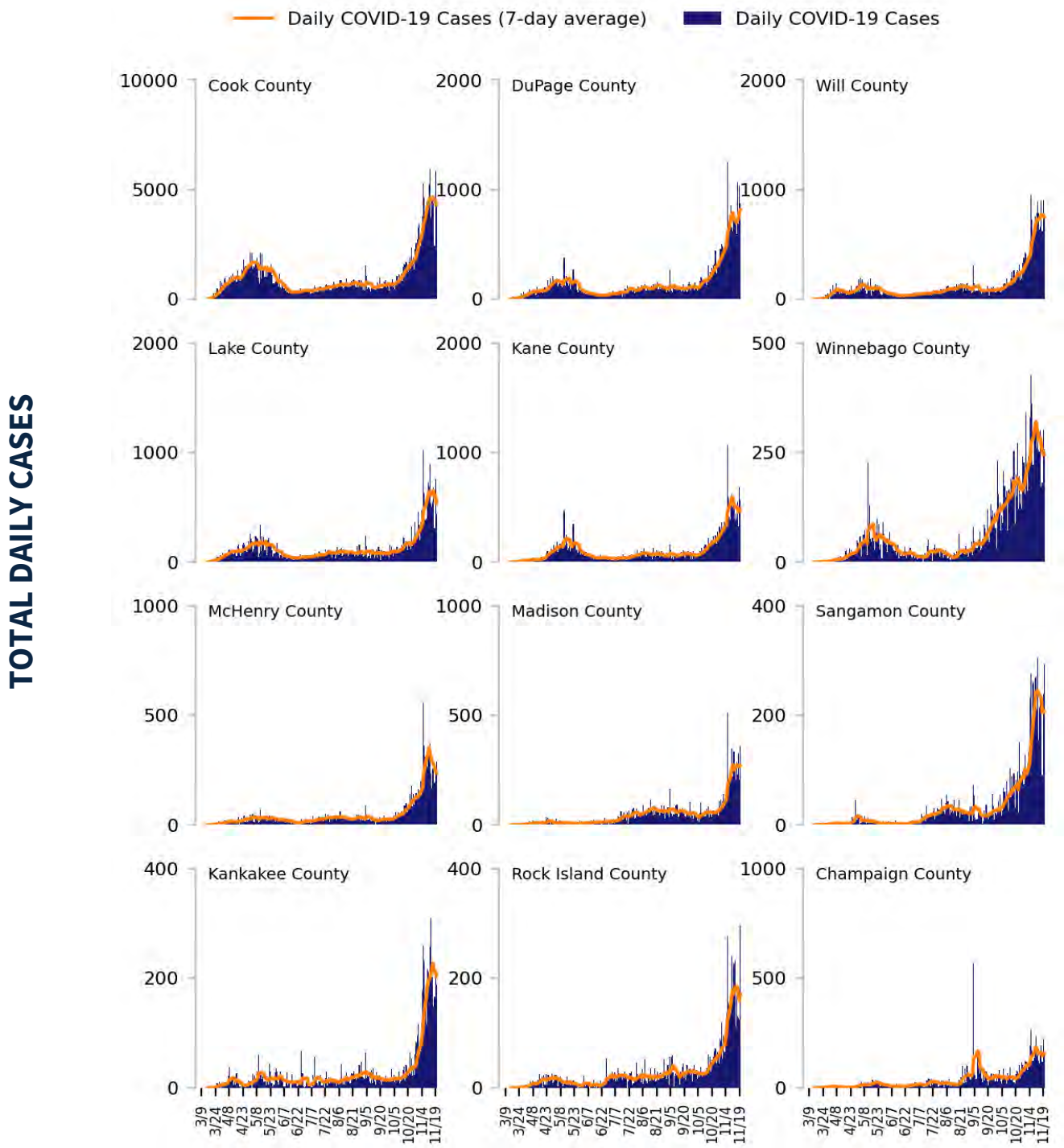
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

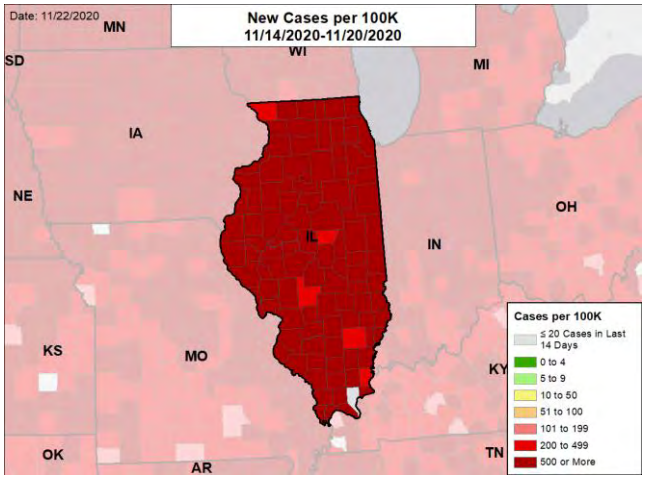
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

ILLINOIS

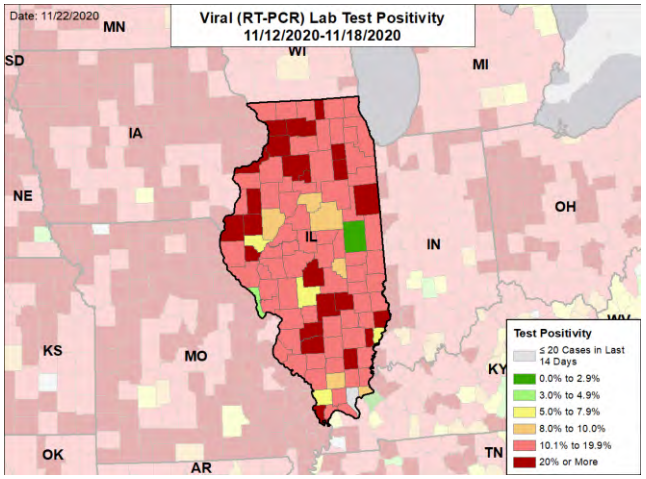
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

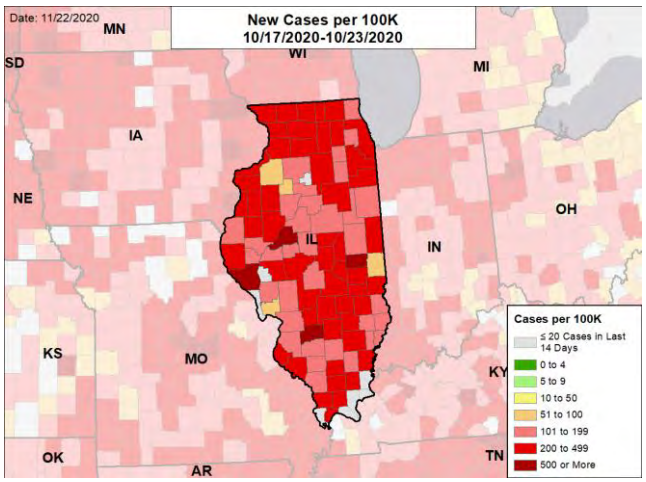
NEW CASES PER 100,000



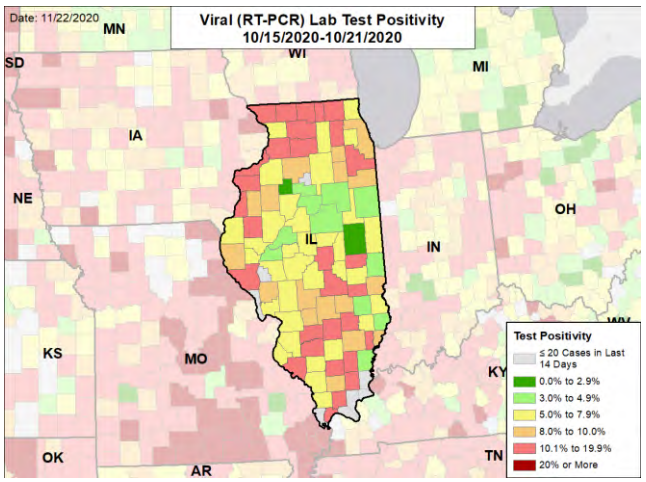
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

INDIANA

STATE REPORT
11.22.2020
Issue 23

SUMMARY

- Indiana 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. Indiana is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 11th highest rate in the country.
- Indiana has seen an increase in new cases and an increase in test positivity despite continued increase in test volume (+8%). Daily deaths continued to rise and exceeded the previous peak set in spring. Hospitalizations are continuously increasing after exceeding the spring peak in 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 26.9% of new cases in Indiana.
- Mitigation measures: On Nov 11, the state introduced restrictions on social gathering sizes depending on county case load; businesses did not have additional restrictions placed. The mask mandate continues.
- 99% of all counties in Indiana have moderate or high levels of community transmission (yellow, orange, or red zones), with 92% having high levels of community transmission (red zone).
- During the week of Nov 9 - Nov 15, 33% of nursing homes had at least one new resident COVID-19 case, 54% had at least one new staff COVID-19 case, and 14% had at least one new resident COVID-19 death.
- Indiana had 681 new cases per 100,000 population, compared to a national average of 356 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 14 - Nov 20, on average, 349 patients with confirmed COVID-19 and 261 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Indiana. This is an increase of 11% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- We share the strong concern of Indiana's leaders that the current situation is critical and that improved public observance of social distancing measures is urgently needed to limit overrunning of hospital capacity and additional preventable deaths. The Governor's active engagement and support of mitigation measures are critical.
- Short term mitigation interventions, including restricting indoor dining and limiting or closing areas of congregation without masking, will be needed, as has been successful in the USA and is currently showing effectiveness in Europe. Expeditious intensification of mitigation measures should help to slow disease spread and the recent adjustments are commended. At this point, the continued rapid increases in cases, test positivity, hospitalizations, and deaths throughout the state support that further measures will be needed to avoid falling behind; other states have found control of spread to be much more difficult if measures are delayed.
- These increased mitigation measures are a short-term sacrifice to protect the vulnerable as the U.S. bridges to the rapid vaccination of vulnerable populations over the next few months. Maximizing control of transmission now will also 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 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.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings.
- Given increasing outbreaks and deaths in nursing homes, ensure increased frequency of LTCF testing and rapid implementation of vaccination into LTCFs as vaccine becomes available.
- 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 Hoosiers to wear masks, physically distance, and avoid gatherings in both public and private spaces, especially indoors. Limiting exposure of additional households and vulnerable individuals at Thanksgiving and other holiday functions is critical. 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, and utilize the Abbot BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread.
- Ensure all clinical facilities, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each resource. ensure support for platforms for efficient intra- and inter-state patient transfers as needed.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

INDIANA

STATE REPORT | 11.22.2020

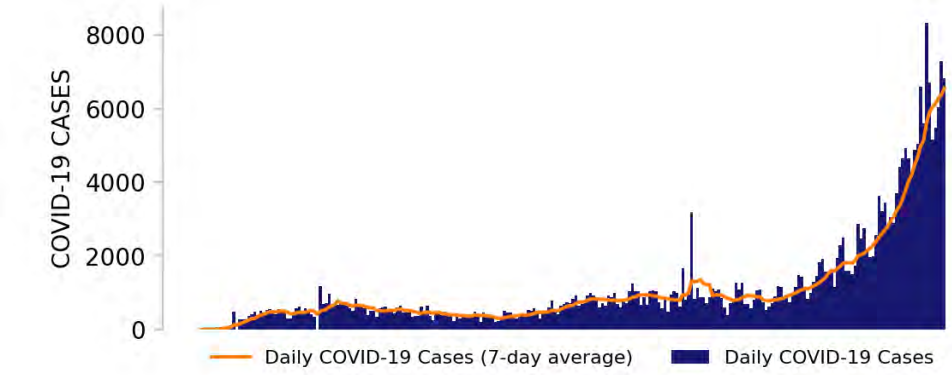
	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	45,821 (681)	+28%	330,352 (629)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	16.3%	+1.4%*	14.2%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	290,921** (4,321**)	+8%**	2,500,165** (4,758**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	343 (5.1)	+8%	2,561 (4.9)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	33%	+9%*	32%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	54%	+11%*	60%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	14%	+5%*	12%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	4,271 (26)	+11% (+11%)	31,487 (26)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

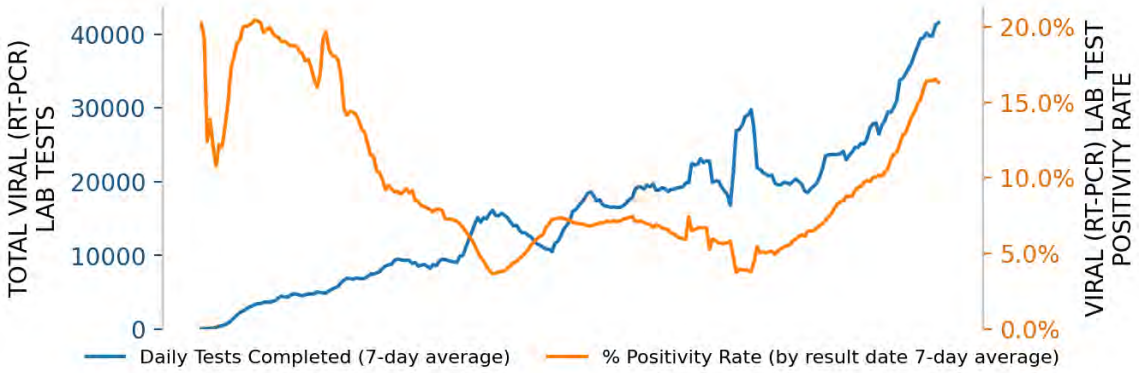
INDIANA

STATE REPORT | 11.22.2020

NEW CASES

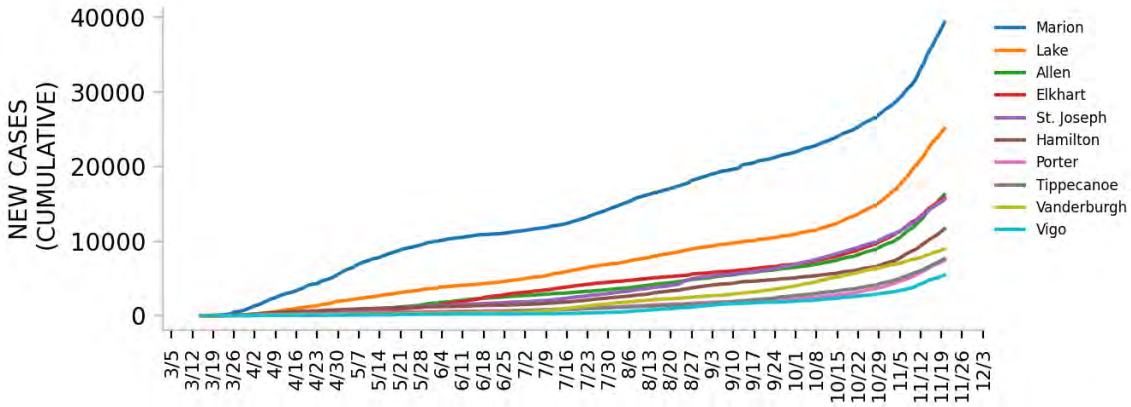


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

INDIANA

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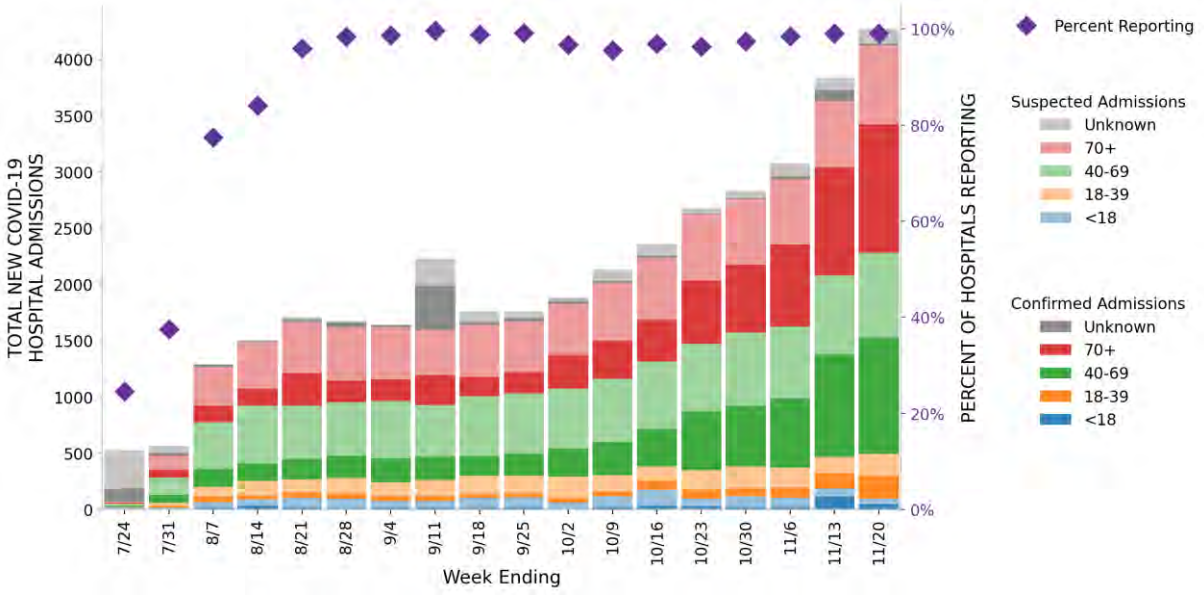
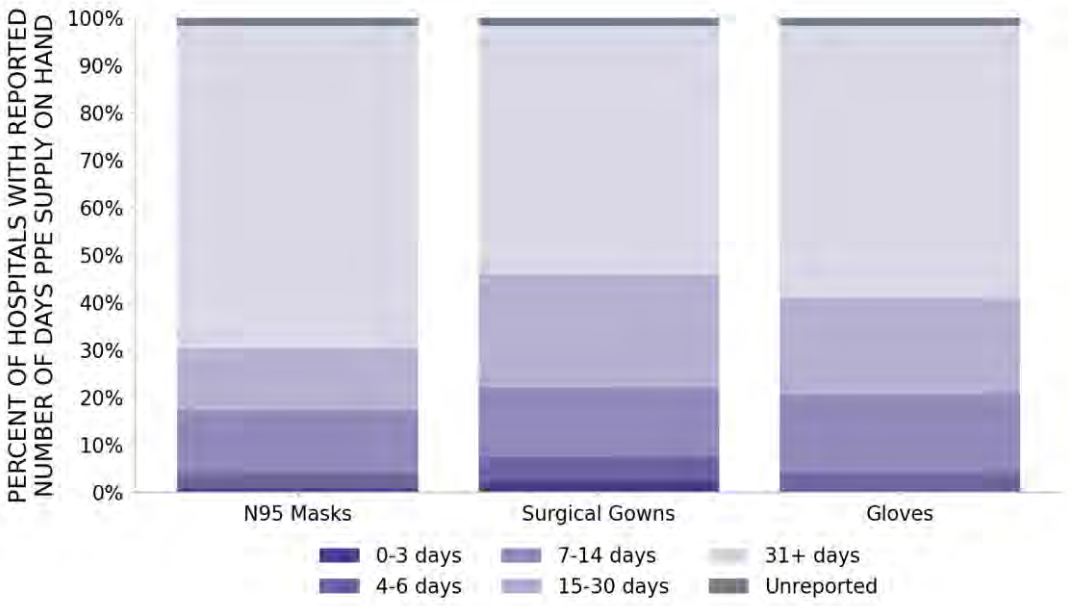
122 hospitals are expected to report in Indiana

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. 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. 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 11/18/2020.

INDIANA

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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	40 ▲ (+5)	Indianapolis-Carmel-Anderson Chicago-Naperville-Elgin Fort Wayne Elkhart-Goshen South Bend-Mishawaka Lafayette-West Lafayette Terre Haute Evansville Louisville/Jefferson County Warsaw Michigan City-La Porte Muncie	85 ▲ (+1)	Marion Lake Allen Elkhart St. Joseph Hamilton Porter Tippecanoe Vanderburgh Vigo Johnson Kosciusko
LOCALITIES IN ORANGE ZONE	0 ▼ (-4)	N/A	4 ▼ (-2)	Perry Rush Pike Crawford
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	2 ▲ (+1)	Owen Brown

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, Lafayette-West Lafayette, Terre Haute, Evansville, Louisville/Jefferson County, Warsaw, Michigan City-La Porte, Muncie, Columbus, Kokomo, Cincinnati, Plymouth, Richmond, Kendallville, Marion, Decatur, Wabash, New Castle, Auburn, Jasper, Vincennes, Peru, Seymour, Frankfort, Madison, Angola, Greensburg, Bluffton, Bedford, Huntington, Crawfordsville, Connersville, Logansport, Washington, North Vernon, Scottsburg

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

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

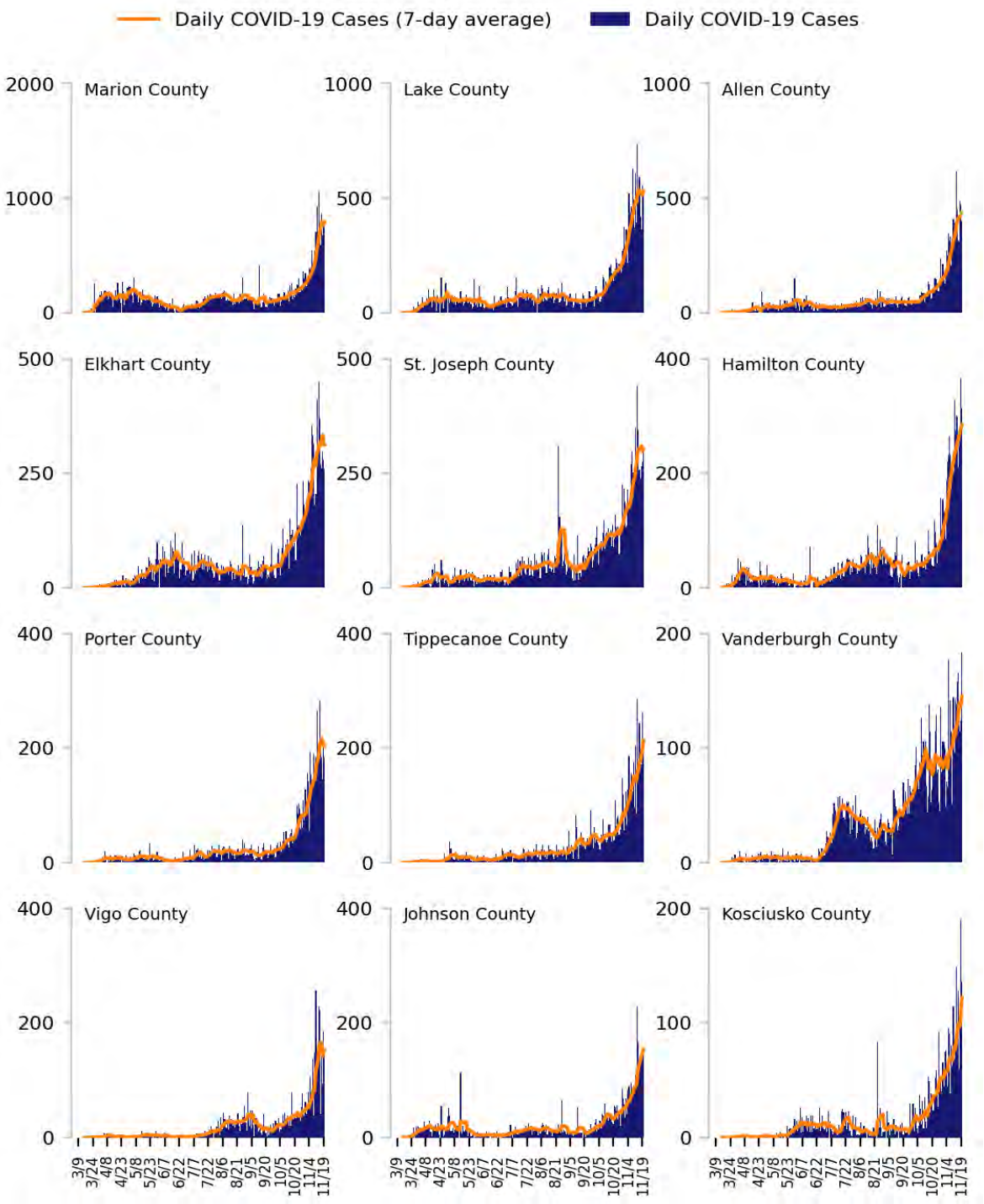
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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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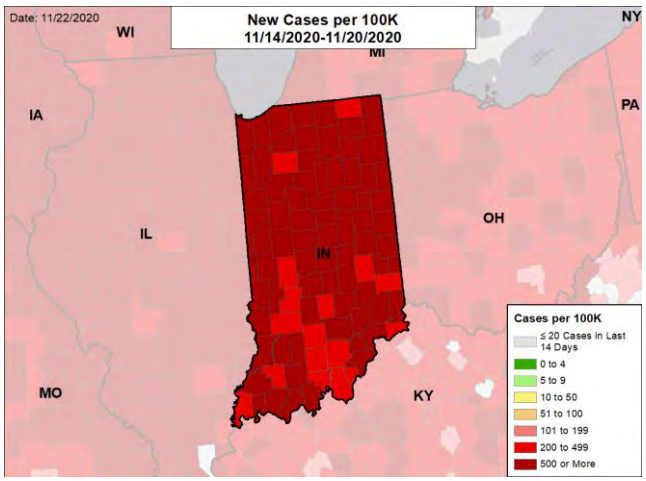
INDIANA

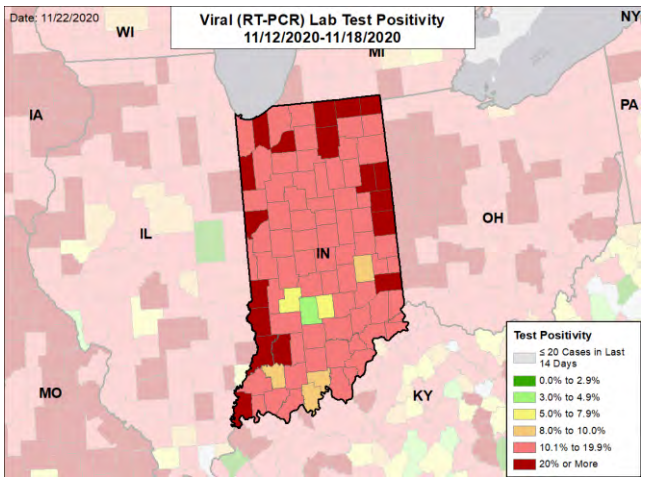
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

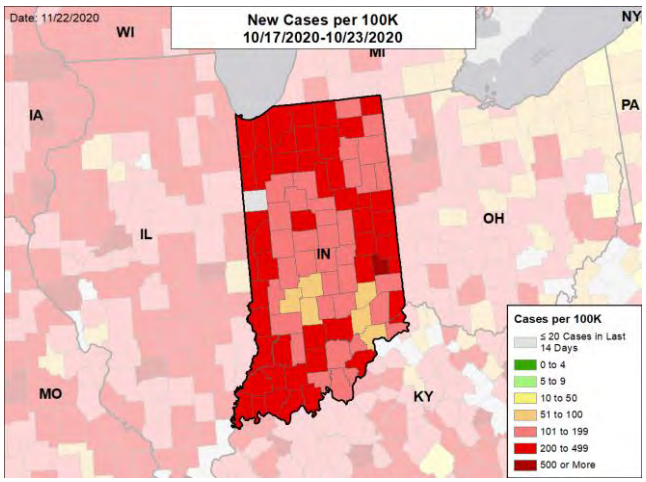
NEW CASES PER 100,000



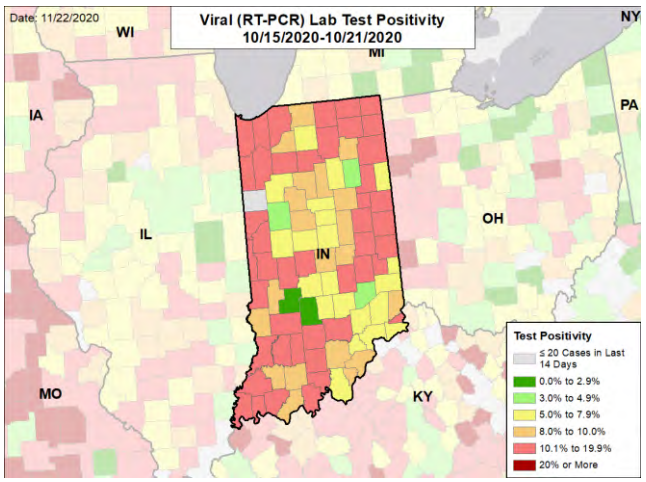
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

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Issue 23

IOWA

SUMMARY

- Iowa 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. 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 has seen a decrease in new cases and a decrease in 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 26.8% of new cases in Iowa.
- 100% of all counties in Iowa 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 9 - Nov 15, 30% of nursing homes had at least one new resident COVID-19 case, 66% had at least one new staff COVID-19 case, and 10% had at least one new resident COVID-19 death.
- Iowa had 875 new cases per 100,000 population, compared to a national average of 356 per 100,000.
- Between Nov 14 - Nov 20, on average, 224 patients with confirmed COVID-19 and 41 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Iowa. This is an increase of 10% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- Continue with strong Thanksgiving messaging: 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.
- Encouraged by the steps the Governor is taking to decrease transmission; this is the first week where the rise in cases is less than previous weeks. COVID-related hospitalizations will continue in the coming weeks; however, with increased strong mitigation, cases could decline to the yellow zone within 4 to 5 weeks, like in states that strongly mitigated during the summer surge.
- Target testing and antigen testing to the asymptomatic populations under 35 years. Incentivize testing to those populations.
- With all counties in the red zone for new cases and nearly 70% 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.
- Ensure compliance with public health orders, including wearing masks.
- 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.
- Stay vigilant with nursing home staff and residents; nearly 70% of nursing homes have COVID positive staff and 30% have COVID positive residents, 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.
- New hospital admissions in Iowa are increasing across all age groups; investigate the rise in new admissions in those under 18 years old.
- Ensure all hospitals are capacitated with updated training on use and timing of effective interventions, contingency staffing plans with appropriate task-shifting, and maximized access to medications and supplies. Ensure ongoing communication with state and federal partners and that hospital reporting on staffing, bed availability, and supplies is maintained to allow triage and assistance. Expansion of telehealth and remote clinical consultation capacity is an important achievement and should be established across Iowa.
- Ensure full flu immunizations across the state.
- Tribal Nations: Provide Abbot BinaxNOW tests to Tribal Nations to conduct weekly testing among all of those who live or work on the reservation. Weekly testing will immediately identify positives (asymptomatic and symptomatic), who will isolate and prevent further transmission to the 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.

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	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	27,610 (875)	-12%	97,425 (689)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	22.1%	-1.9%*	20.9%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	123,796** (3,924**)	+4%**	327,060** (2,313**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	180 (5.7)	+36%	638 (4.5)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	30%	+10%*	32%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	66%	+10%*	60%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	10%	+2%*	10%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,858 (24)	+10% (+9%)	9,294 (25)	136,015 (19)

* 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 11/18/2020. Previous week is 11/5 - 11/11.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

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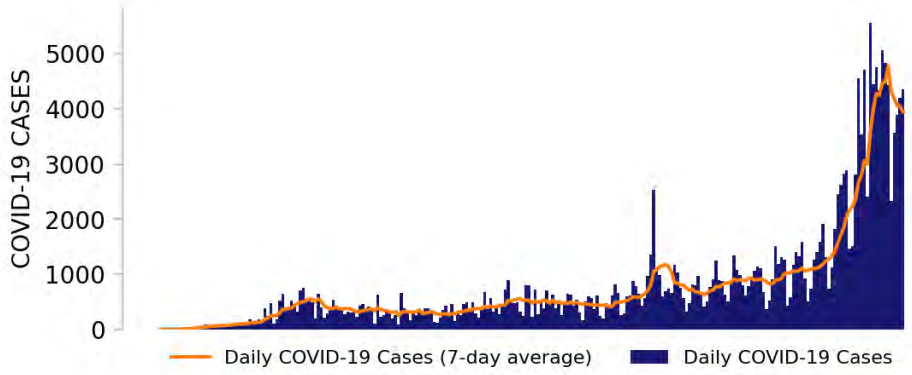
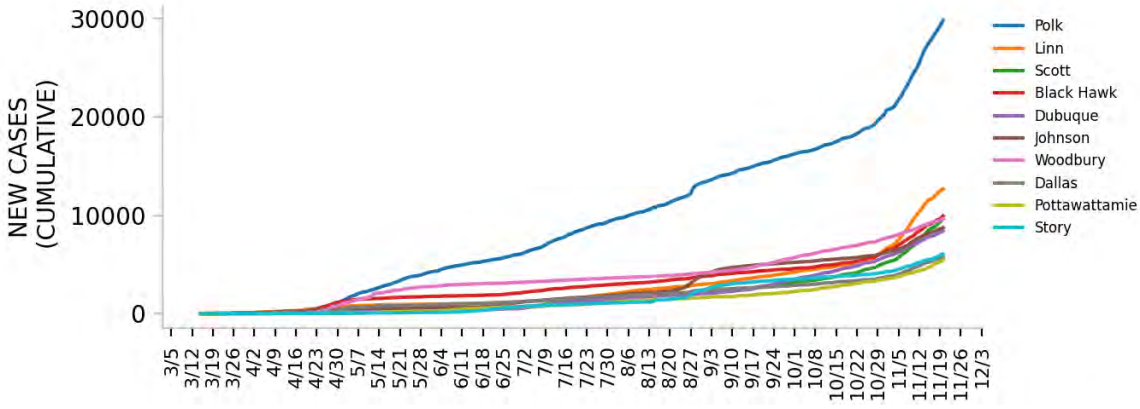
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



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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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

IOWA

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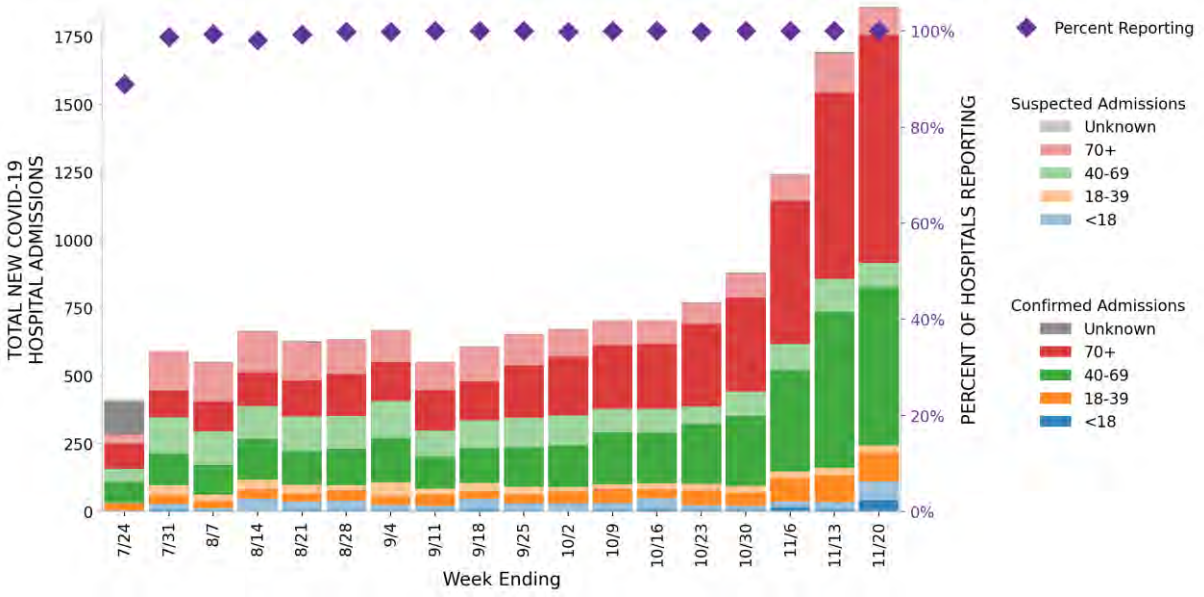
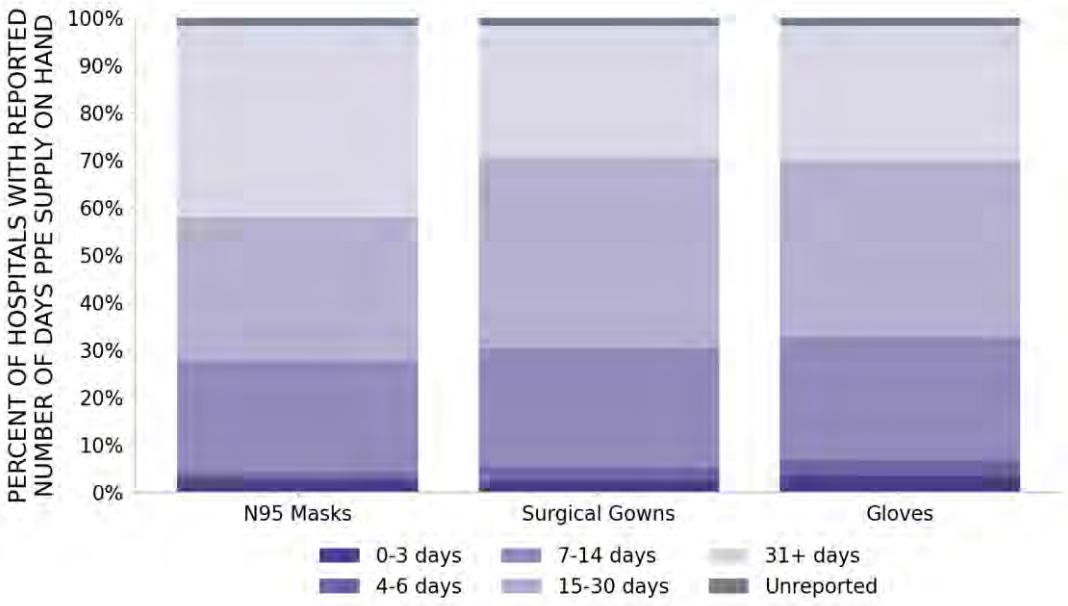
119 hospitals are expected to report in Iowa

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



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PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. 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 11/18/2020.

IOWA

STATE REPORT | 11.22.2020

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 Ames Sioux City Mason City Clinton Fort Dodge	**98** ▼ (-1)	Polk Linn Scott Black Hawk Dubuque Johnson Woodbury Dallas Pottawattamie Story Jones Cerro Gordo
LOCALITIES IN ORANGE ZONE	**0** ■ (+0)	N/A	**0** ■ (+0)	N/A
LOCALITIES IN YELLOW ZONE	**0** ■ (+0)	N/A	**1** ▲ (+1)	Lucas

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, Ames, Sioux City, Mason City, Clinton, Fort Dodge, Burlington, Marshalltown, Muscatine, Fort Madison-Keokuk, Pella, Ottumwa, Carroll, Storm Lake, Spencer, Spirit Lake, Oskaloosa, Fairfield

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

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

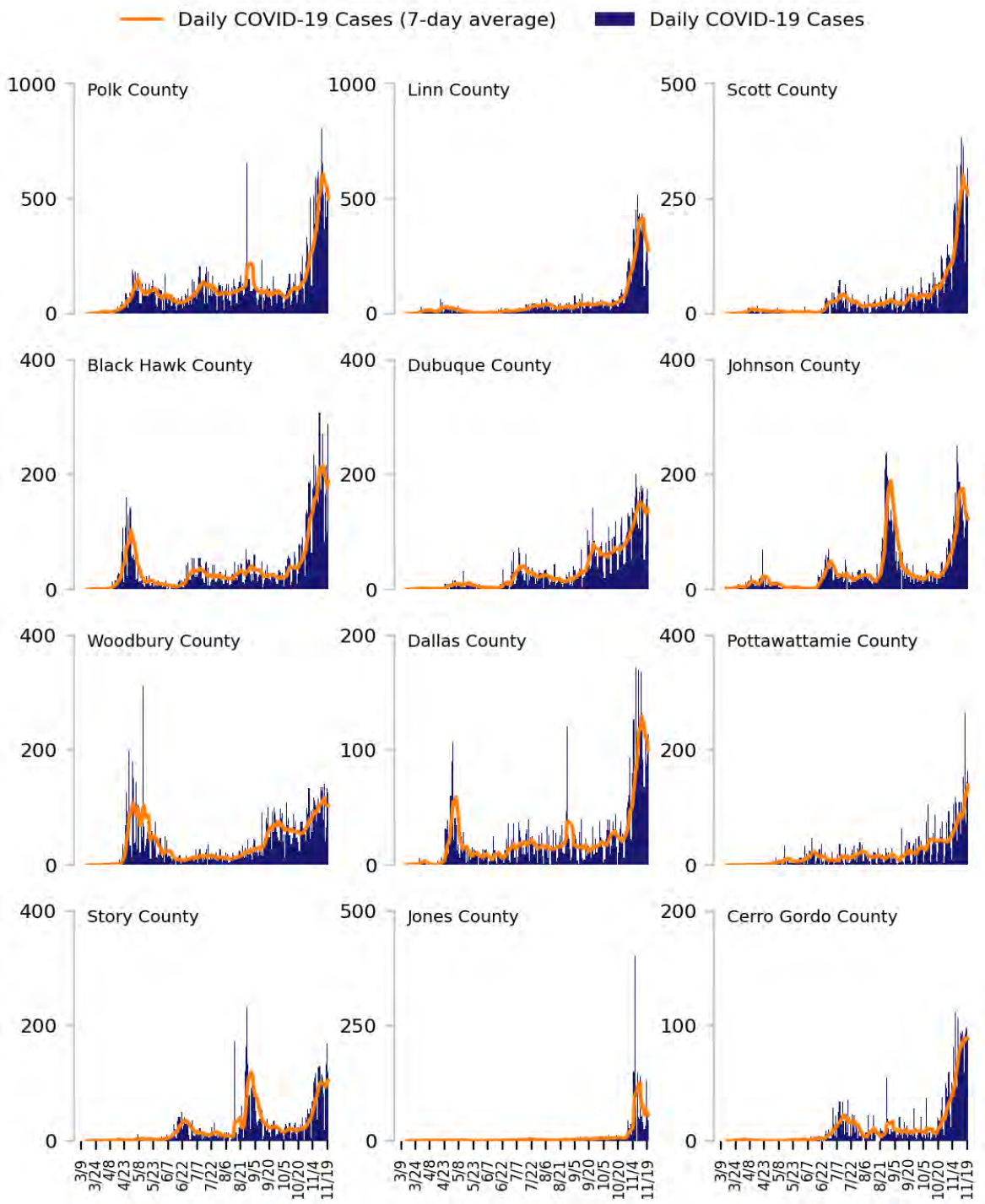
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

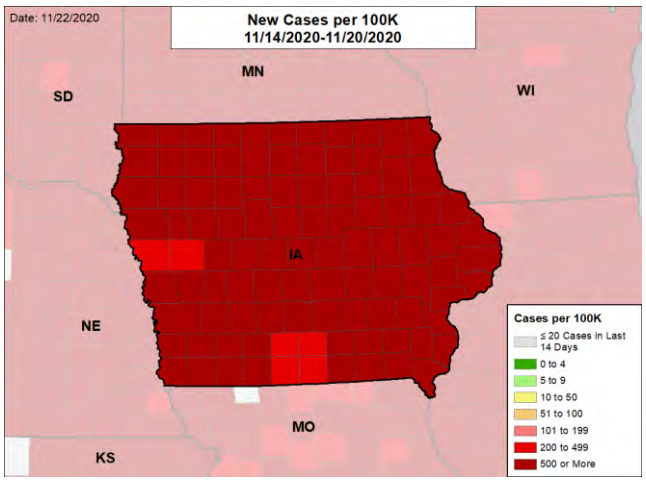
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

IOWA

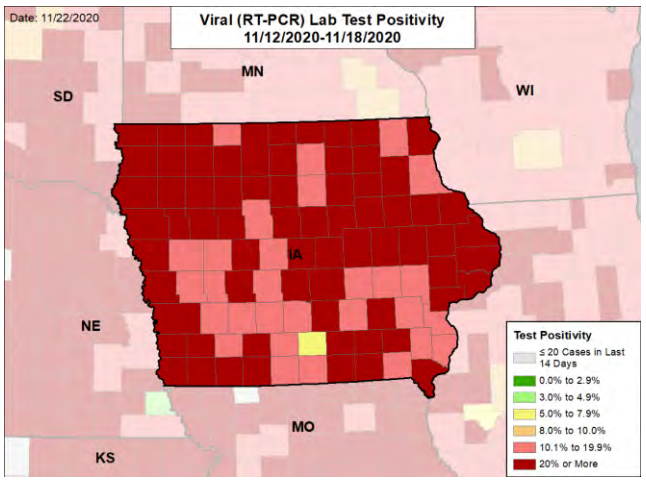
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

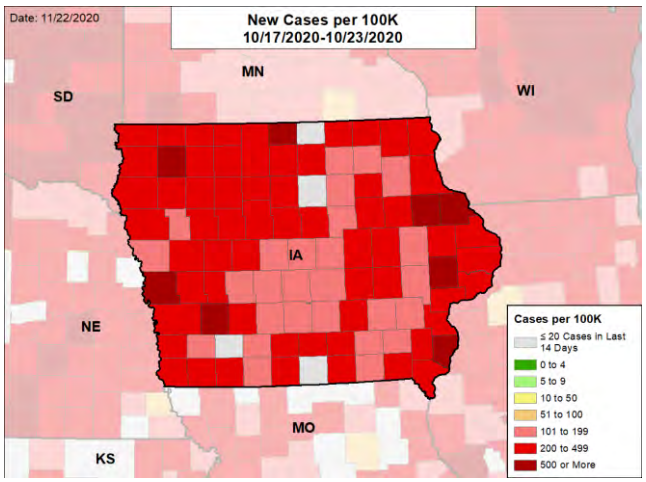
NEW CASES PER 100,000



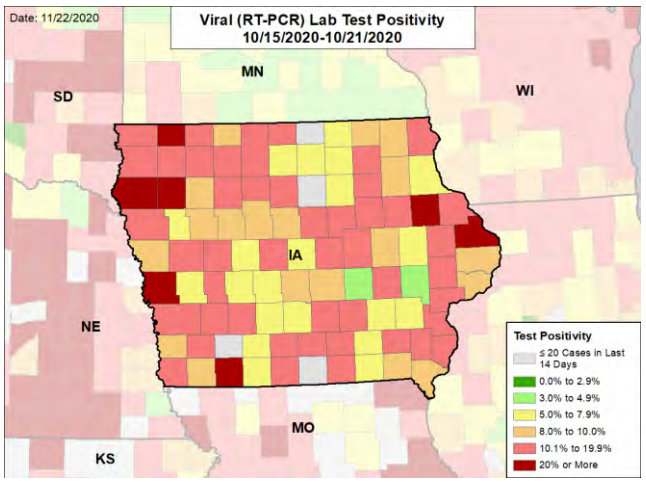
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

KANSAS

SUMMARY

- Kansas 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. Kansas is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 4th highest rate in the country.
- Kansas has seen stability in new cases and a decrease 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 42.0% of new cases in Kansas.
- 92% of all counties in Kansas 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 9 - Nov 15, 34% of nursing homes had at least one new resident COVID-19 case, 57% had at least one new staff COVID-19 case, and 9% had at least one new resident COVID-19 death.
- Kansas had 669 new cases per 100,000 population, compared to a national average of 356 per 100,000.
- Between Nov 14 - Nov 20, on average, 167 patients with confirmed COVID-19 and 123 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Kansas. This is an increase of 32% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- Continue with strong Thanksgiving messaging: 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.
- This is the first week where the rise in cases is less than previous weeks. COVID-related hospitalizations will continue in the coming weeks; however, with increased strong mitigation cases could decline to the yellow zone within 4 to 5 weeks, like in states that strongly mitigated during the summer surge.
- 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.
- Target antigen testing efforts to find the asymptomatic populations under 35 years. Incentivize testing to those populations.
- With nearly all counties in the red zone and nearly 60% 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.
- Ensure compliance with public health orders, including wearing masks.
- 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.
- Stay vigilant with nursing home staff and residents; nearly 60% of nursing homes have COVID positive staff and over 30% have COVID positive residents, 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.
- New hospital admissions in Kansas are increasing across all age groups; investigate the rise in new admissions in those under 18 years old.
- Ensure all hospitals, including mid-level and rural, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all hospitals, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each.
- Tribal Nations: Provide Abbot BinaxNOW tests to Tribal Nations to conduct weekly testing among all of those who live or work on the reservation. Weekly testing will immediately identify positives (asymptomatic and symptomatic), who will isolate and prevent further transmission to the 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.

KANSAS

STATE REPORT | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	19,495 (669)	+8%	97,425 (689)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	21.7%	-1.0%*	20.9%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	35,113** (1,205**)	-8%**	327,060** (2,313**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	156 (5.4)	+77%	638 (4.5)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	34%	+10%*	32%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	57%	+9%*	60%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	9%	+0%*	10%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	2,031 (27)	+32% (+25%)	9,294 (25)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

KANSAS

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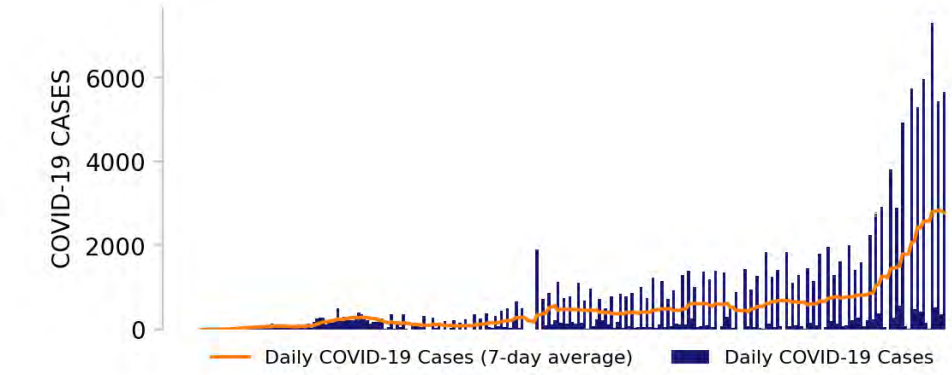
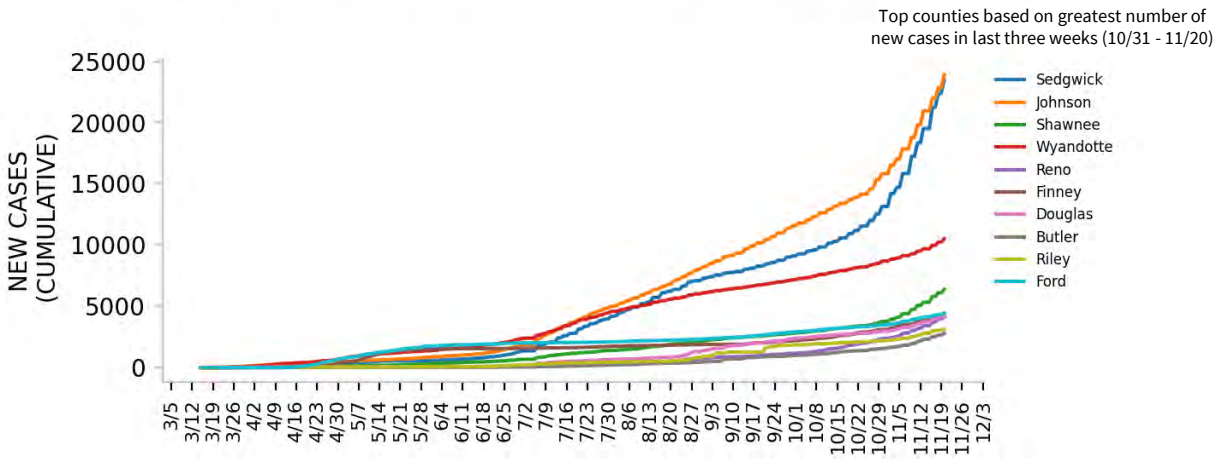
NEW CASES



TESTING

TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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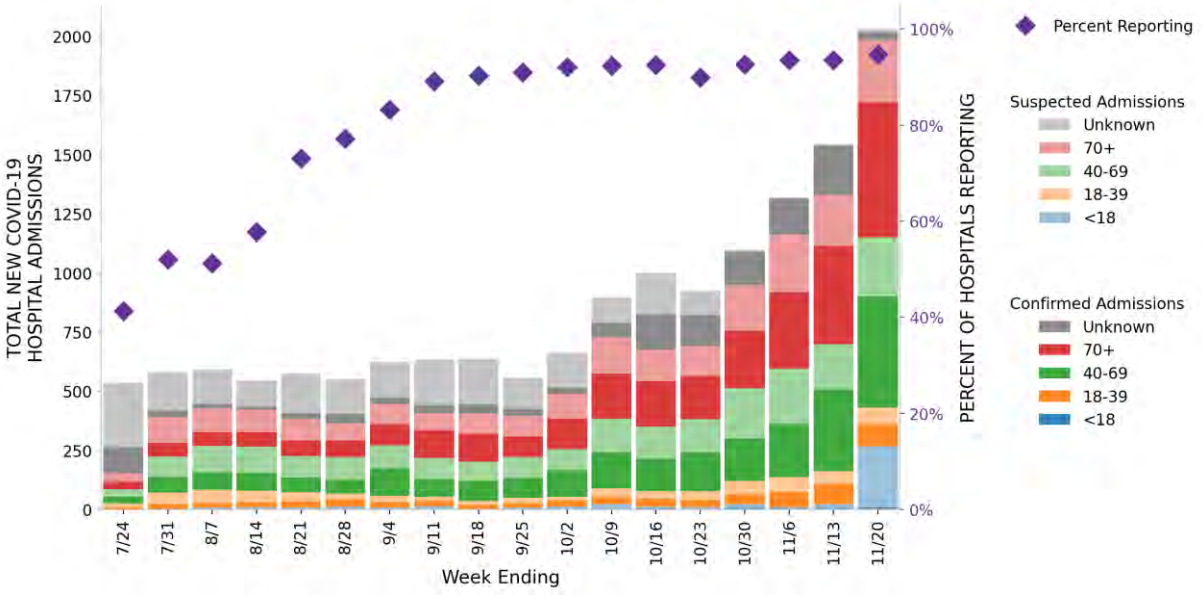
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

KANSAS

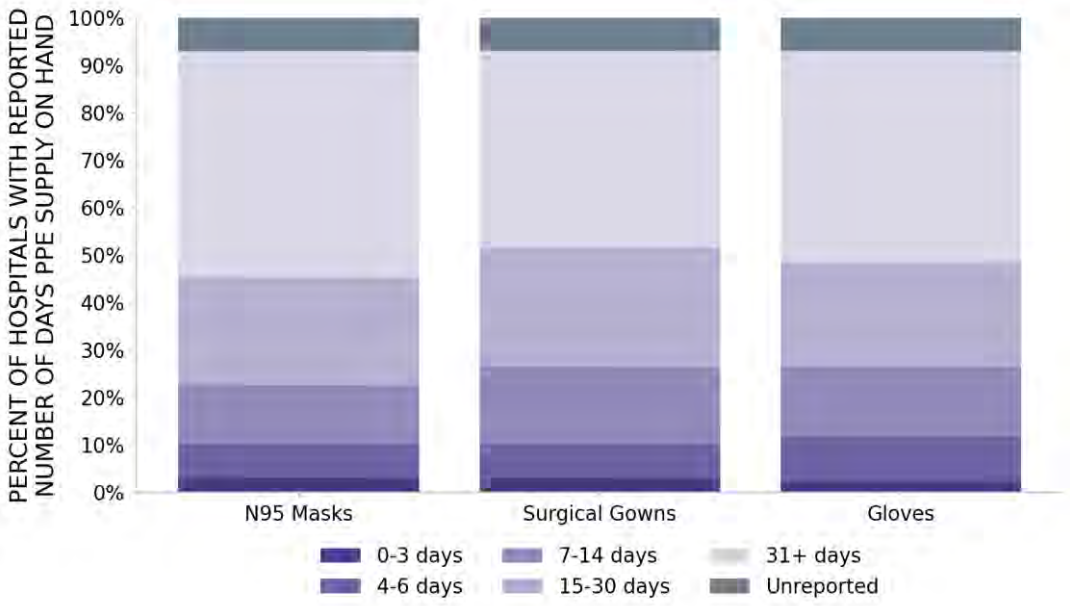
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

KANSAS

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	21 ■ (+0)	Wichita Kansas City Topeka Hutchinson Garden City Manhattan Lawrence Emporia Dodge City Salina McPherson Winfield	94 ▲ (+10)	Sedgwick Johnson Shawnee Wyandotte Reno Finney Douglas Butler Riley Ford Lyon Harvey
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	2 ▼ (-1)	Ottawa Chase
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	1 ▼ (-2)	Rooks

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

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

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

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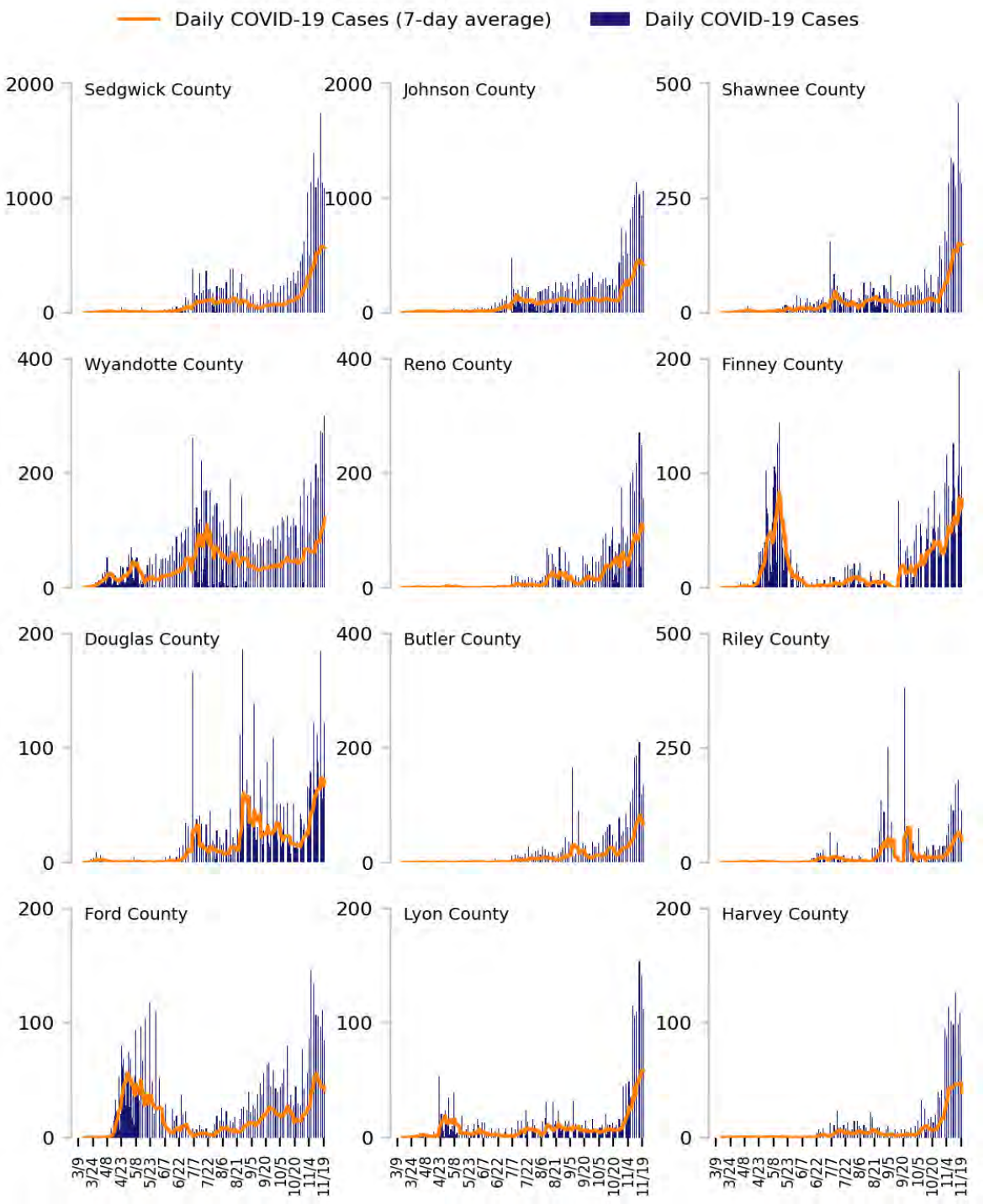
Top 12 counties based on number of new cases in the last 3 weeks



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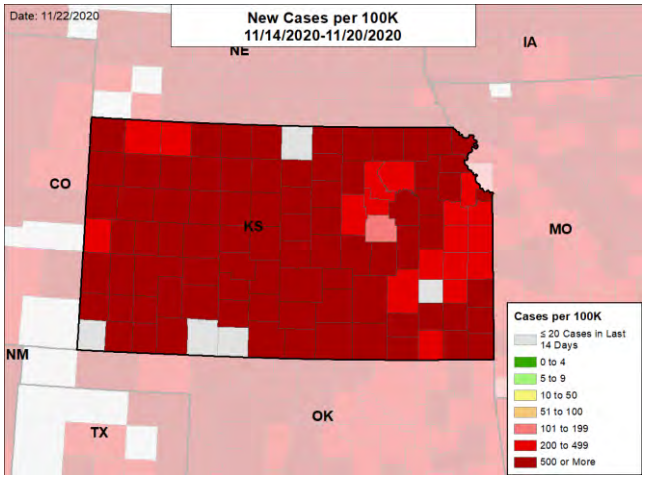
KANSAS

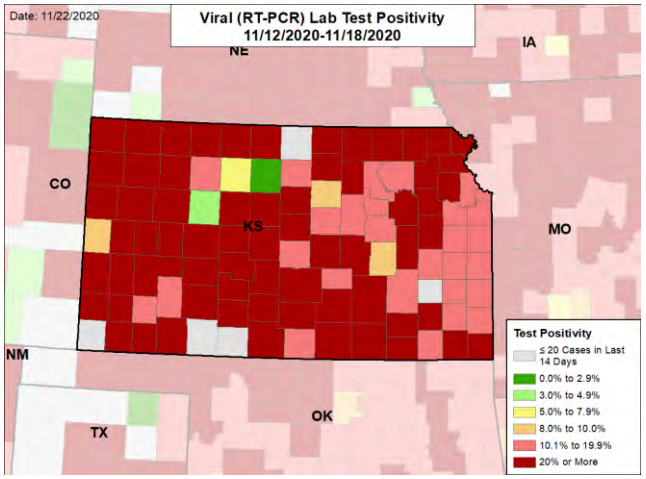
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

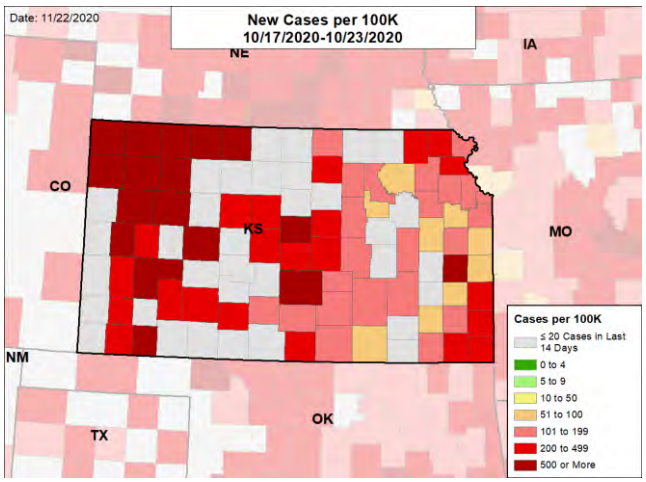
NEW CASES PER 100,000



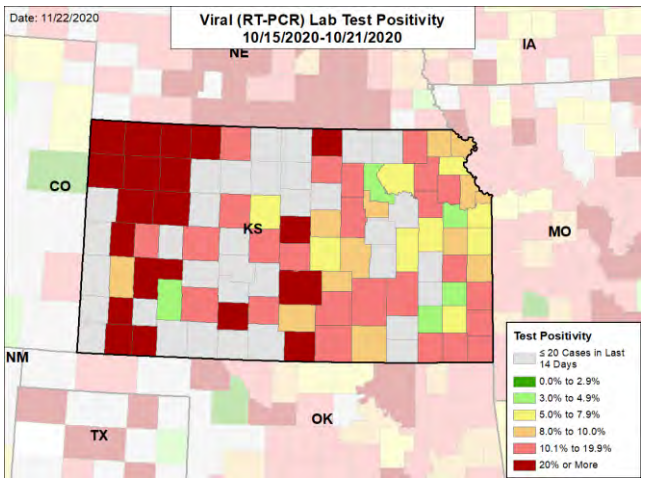
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



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



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STATE REPORT
11.22.2020
Issue 23

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 stability 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 30.8% of new cases in Kentucky.
- 92% of all counties in Kentucky 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 9 - Nov 15, 30% of nursing homes had at least one new resident COVID-19 case, 53% had at least one new staff COVID-19 case, and 11% had at least one new resident COVID-19 death.
- Kentucky had 433 new cases per 100,000 population, compared to a national average of 356 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.
- The federal government has supported surge testing in Louisville, KY and Lexington, KY.
- Between Nov 14 - Nov 20, on average, 362 patients with confirmed COVID-19 and 132 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Kentucky. This is an increase of 15% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- Continue with strong Thanksgiving messaging: 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.
- 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.
- Target antigen testing efforts to find asymptomatic populations under 35. Incentivize testing to those populations.
- With all counties in the red zone for new cases 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.
- 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.
- Stay vigilant with nursing home staff and residents; over 50% of nursing homes have COVID positive staff and 30% have COVID positive residents, 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 mid-level and rural, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all hospitals, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each.
- 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 | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	19,362 (433)	+26%	174,589 (261)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	13.0%	-0.1%*	9.5%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	84,333** (1,888**)	-26%**	1,329,742** (1,987**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	117 (2.6)	+14%	1,821 (2.7)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	30%	+5%*	20%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	53%	+5%*	39%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	11%	+3%*	7%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,461 (29)	+15% (+15%)	24,027 (16)	136,015 (19)

* Indicates absolute change in percentage points.

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

DATA SOURCES – Additional data details available under METHODS

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Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020; previous week is 11/7 - 11/13.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.

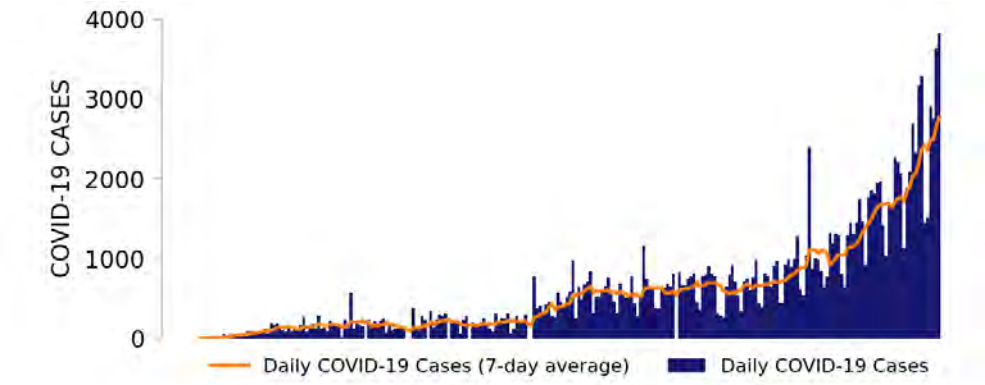
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

KENTUCKY

STATE REPORT | 11.22.2020

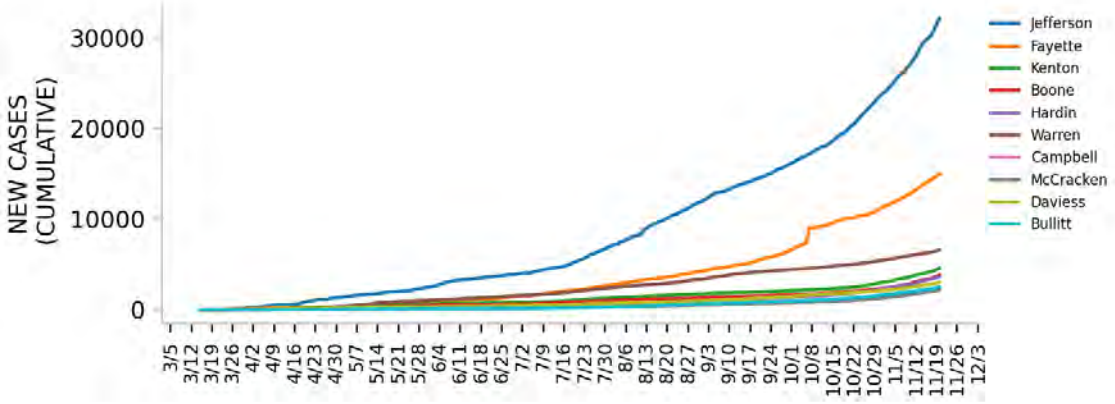
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/20/2020.

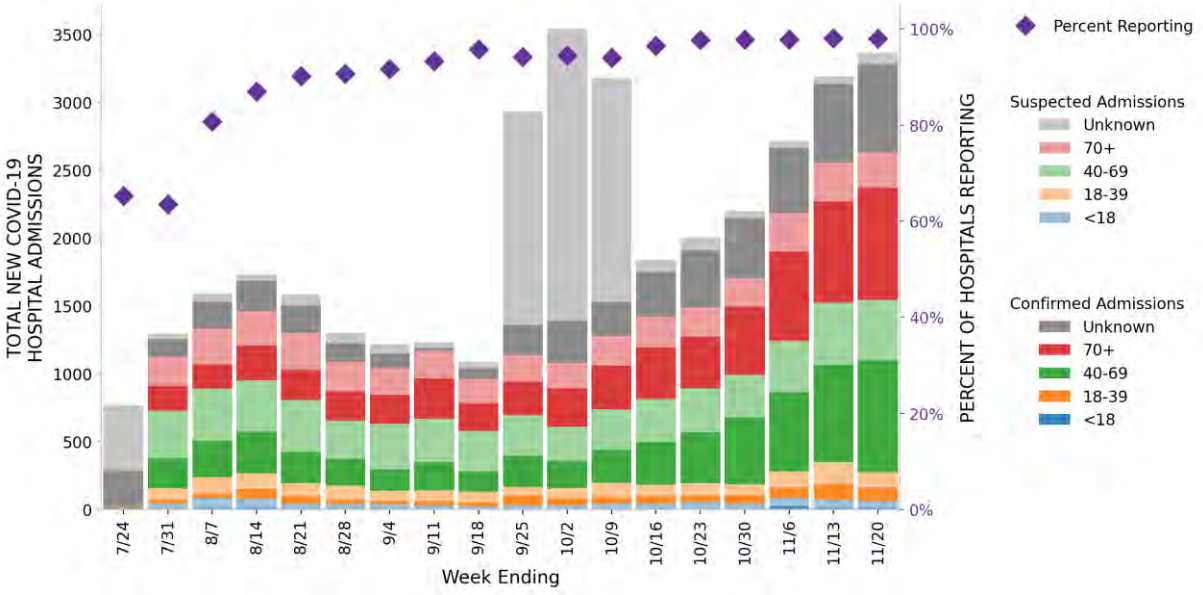
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

KENTUCKY

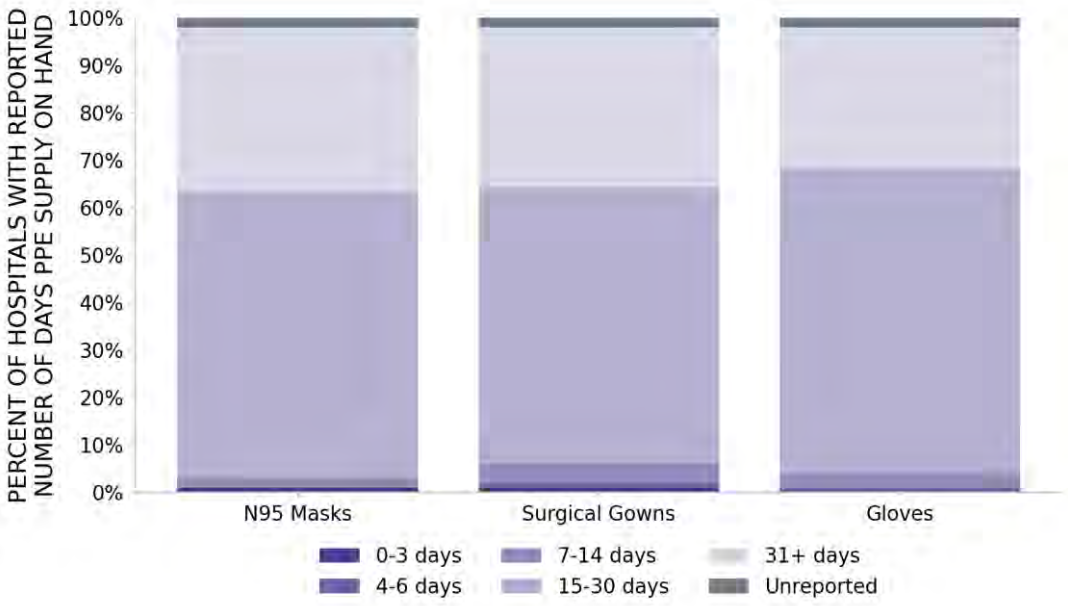
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

KENTUCKY

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	21 ▲ (+4)	Louisville/Jefferson County Lexington-Fayette Cincinnati Elizabethtown-Fort Knox London Bowling Green Owensboro Paducah Richmond-Berea Bardstown Clarksville Glasgow	84 ▲ (+18)	Jefferson Fayette Kenton Boone Hardin Warren Campbell McCracken Daviess Bullitt Madison Nelson
LOCALITIES IN ORANGE ZONE	1 ▼ (-4)	Mount Sterling	13 ▼ (-11)	Greenup Monroe Montgomery Carter Harlan Washington Anderson Letcher Harrison Allen Green Todd
LOCALITIES IN YELLOW ZONE	3 ▲ (+1)	Huntington-Ashland Frankfort Somerset	14 ▼ (-3)	Whitley Pulaski Scott Franklin Hart Mercer Adair Simpson Breathitt Lewis Estill Wolfe

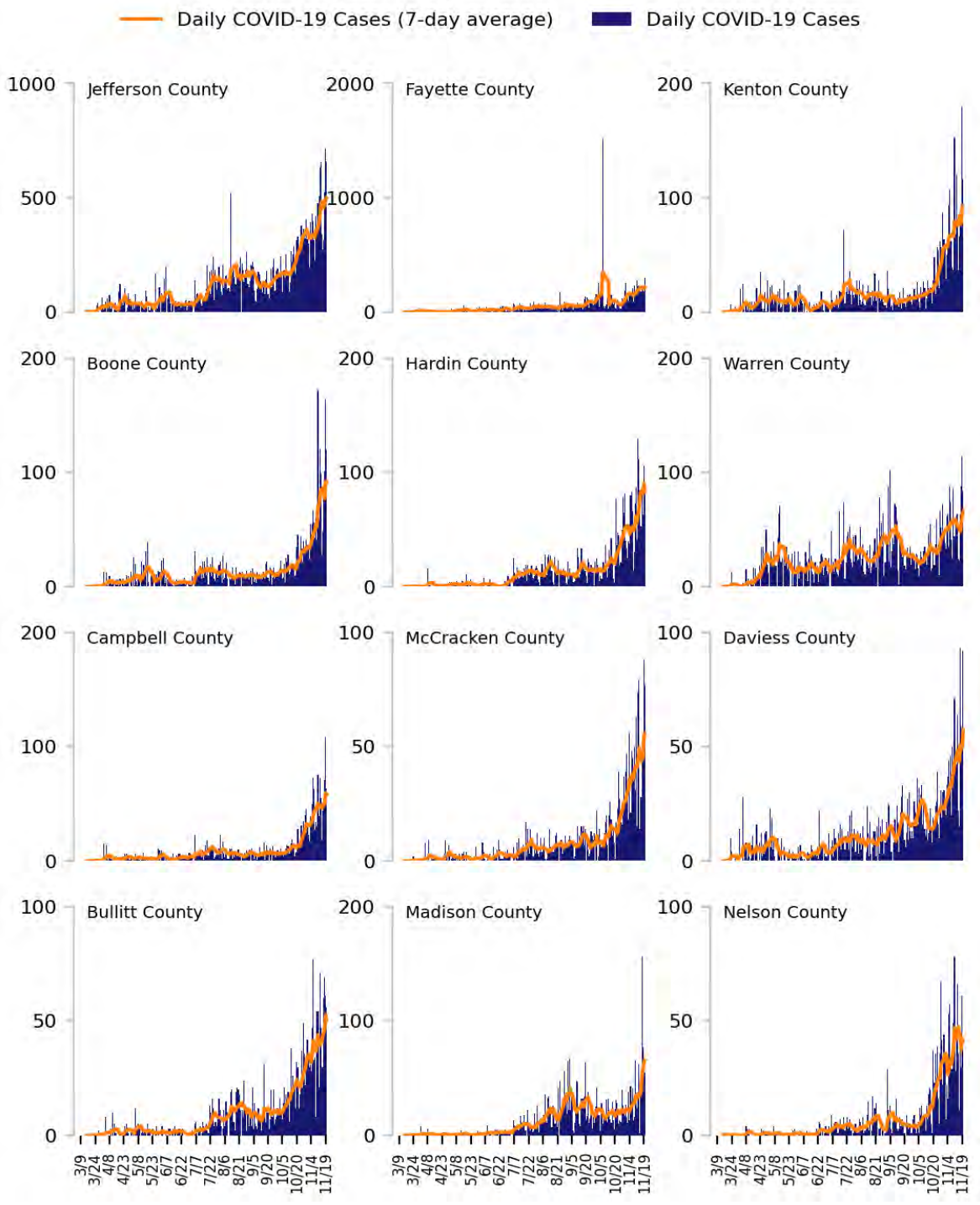
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red CBSAs: Louisville/Jefferson County, Lexington-Fayette, Cincinnati, Elizabethtown-Fort Knox, London, Bowling Green, Owensboro, Paducah, Richmond-Berea, Bardstown, Clarksville, Glasgow, Mayfield, Madisonville, Danville, Evansville, Murray, Middlesborough, Campbellsville, Central City, Maysville
All Red Counties: Jefferson, Fayette, Kenton, Boone, Hardin, Warren, Campbell, McCracken, Daviess, Bullitt, Madison, Nelson, Laurel, Christian, Graves, Boyd, Lee, Pike, Floyd, Hopkins, Barren, Jessamine, Oldham, Henderson, Shelby, Calloway, Bell, Marion, Clay, Johnson, Boyle, Marshall, Perry, Grayson, Rowan, Taylor, Muhlenberg, Logan, Grant, Powell, Woodford, Elliott, Knox, Spencer, Ohio, Breckinridge, Lincoln, Meade, Caldwell, Webster, Larue, Lawrence, Magoffin, Bourbon, Wayne, Union, Pendleton, Martin, Mason, Henry, Knott, Metcalfe, Garrard, Edmonson, Jackson, McLean, Morgan, Hancock, Livingston, Clinton, Trigg, Bath, Fleming, Owsley, Carlisle, Carroll, Butler, Gallatin, Cumberland, Bracken, Owen, Fulton, Nicholas, Hickman
All Orange Counties: Greenup, Monroe, Montgomery, Carter, Harlan, Washington, Anderson, Letcher, Harrison, Allen, Green, Todd, Trimble
All Yellow Counties: Whitley, Pulaski, Scott, Franklin, Hart, Mercer, Adair, Simpson, Breathitt, Lewis, Estill, Wolfe, Lyon, Ballard

*** 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 11/20/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

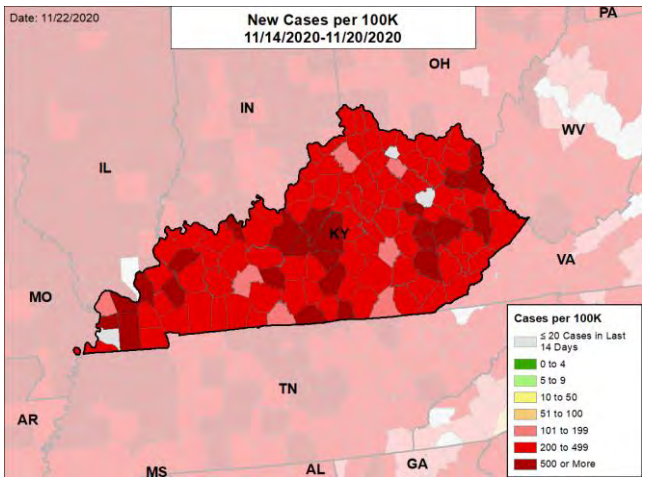
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

KENTUCKY

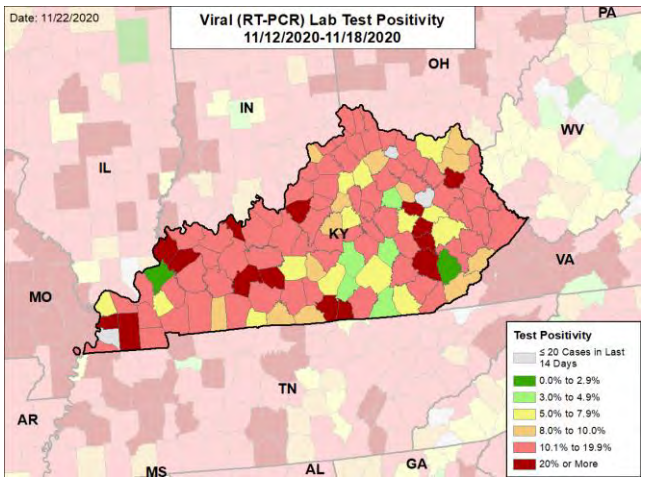
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

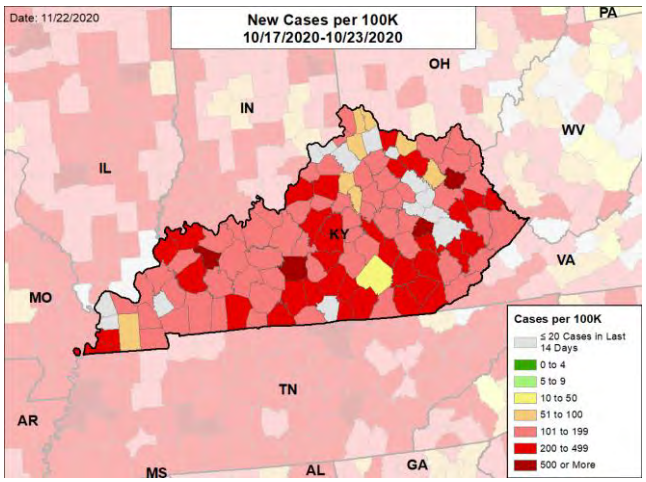
NEW CASES PER 100,000



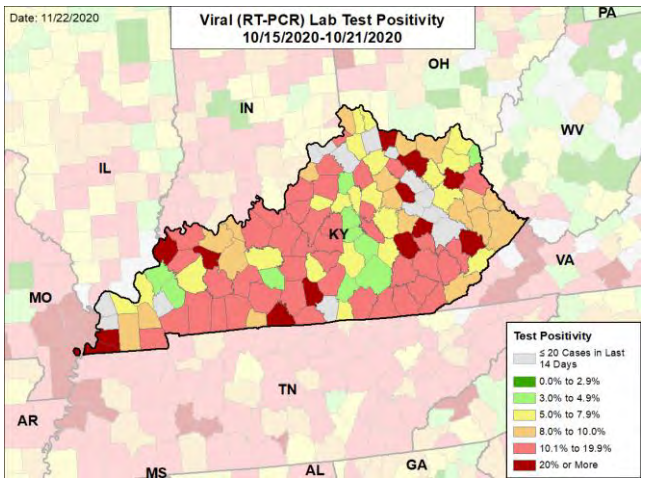
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

LOUISIANA

SUMMARY

- Louisiana 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. Louisiana is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 38th highest rate in the country.
- Louisiana has seen an increase in new cases and an increase in test positivity despite the spike due to adding probable cases. Hospitalizations are also beginning to tick up, especially in those over 70.
- The following three parishes had the highest number of new cases over the last 3 weeks: 1. East Baton Rouge Parish, 2. Ouachita Parish, and 3. Jefferson Parish. These parishes represent 20.0% of new cases in Louisiana.
- 92% of all parishes in Louisiana 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 9 - Nov 15, 17% of nursing homes had at least one new resident COVID-19 case, 36% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- Louisiana had 474 new cases per 100,000 population, compared to a national average of 356 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.
- Between Nov 14 - Nov 20, on average, 125 patients with confirmed COVID-19 and 26 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Louisiana. This is an increase of 27% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 parishes. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all parishes must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors 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 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.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, 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 significant amount of virus circulating and the high rate of asymptomatic and undiagnosed infections among family and community members. Public spaces where masking is not possible must have a significant reduction in capacity or close.
- 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 universities returning in the winter move to mandatory weekly testing of all on and off campus students. Planning for that must begin now.
- There continue to be high levels of positive staff at LTCFs, indicative of continued and unmitigated community spread in these geographic locations.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

LOUISIANA

STATE REPORT | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	22,025 (474)	+175%	143,331 (336)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.3%	+1.1%*	12.7%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	106,702** (2,295**)	+13%**	836,438** (1,958**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	348 (7.5)	+255%	1,728 (4.0)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	17%	+4%*	21%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	36%	+10%*	42%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	+0%*	7%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,057 (8)	+27% (+26%)	20,191 (21)	136,015 (19)

* 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.

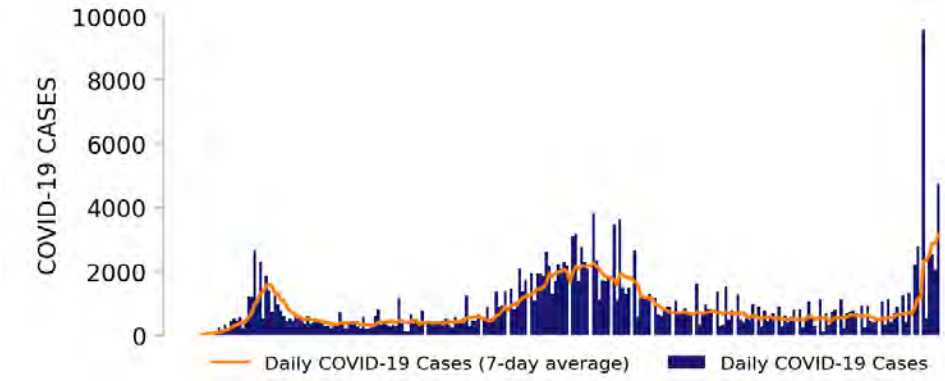
DATA SOURCES – Additional data details available under METHODS

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 11/20/2020; previous week is 11/7 - 11/13. USAFacts began reporting probable cases on 11/15.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

LOUISIANA

STATE REPORT | 11.22.2020

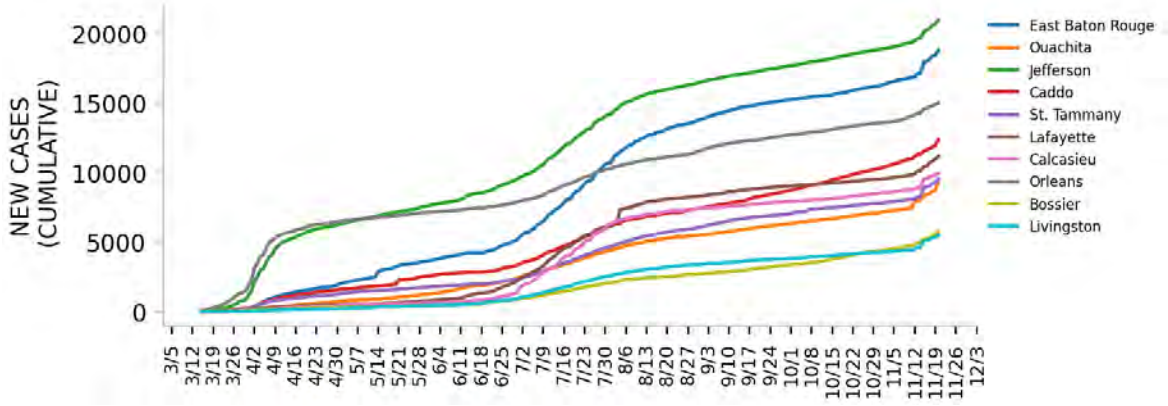
NEW CASES



TESTING

TOP PARISHES

Top parishes based on greatest number of new cases in last three weeks (10/31 - 11/20)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/20/2020. USAFacts began reporting probable cases on 11/15.

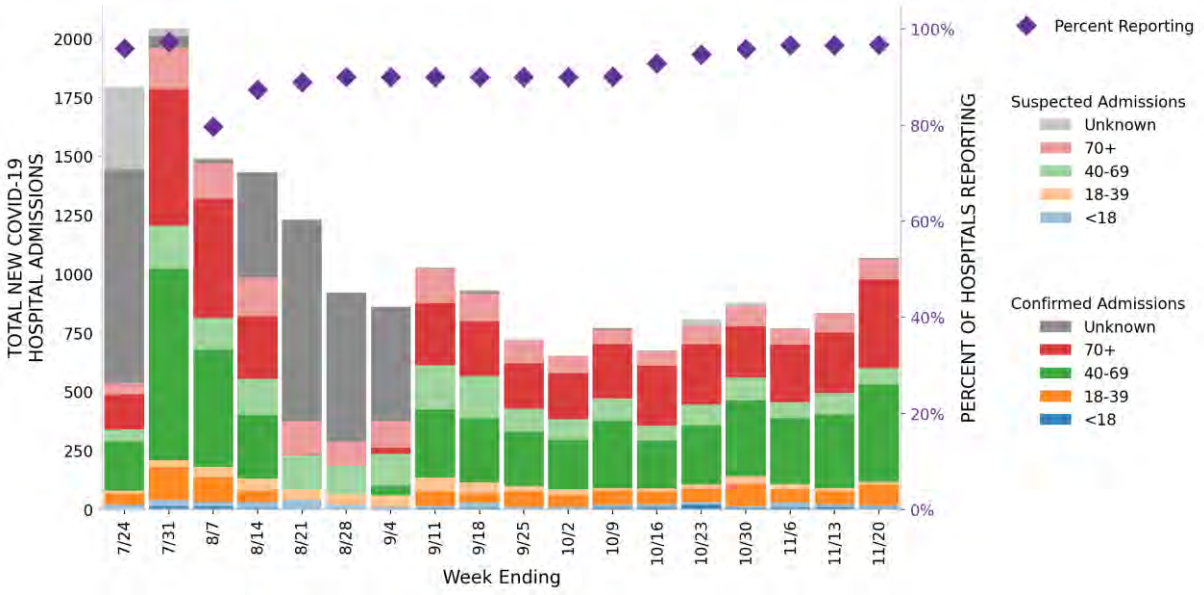
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

LOUISIANA

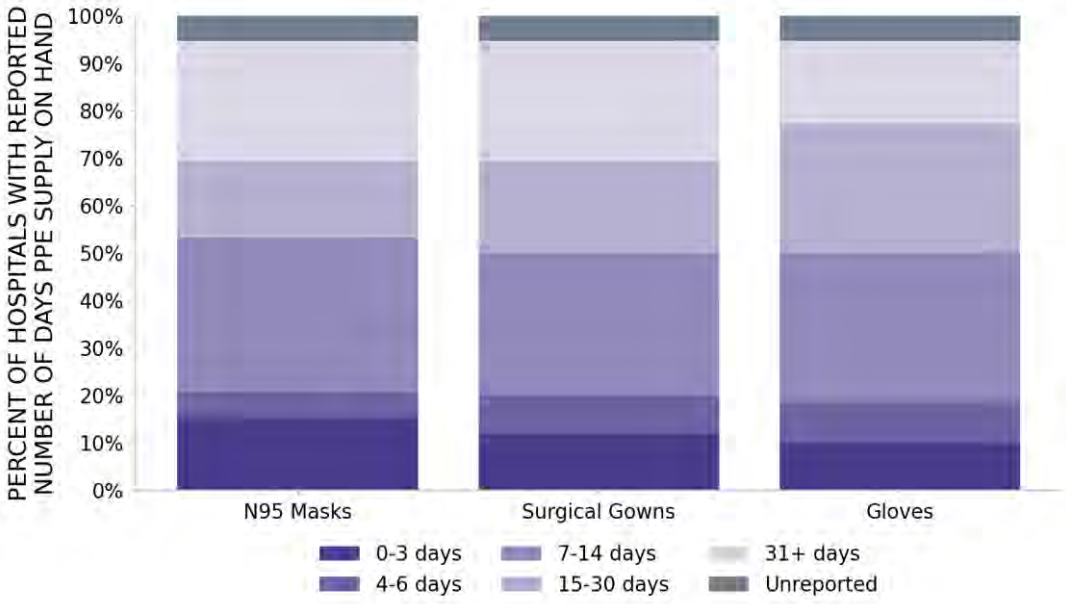
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

LOUISIANA

STATE REPORT | 11.22.2020

COVID-19 PARISH AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		PARISHES	
LOCALITIES IN RED ZONE	12 ▲ (+5)	Lafayette Monroe Lake Charles Hammond Opelousas Ruston Natchitoches Minden Natchez Jennings Fort Polk South DeRidder	33 ▲ (+9)	Ouachita Lafayette Calcasieu Bossier Livingston Tangipahoa Ascension St. Landry Lincoln Acadia Richland Natchitoches
LOCALITIES IN ORANGE ZONE	2 ▼ (-3)	Baton Rouge Shreveport-Bossier City	14 ▲ (+4)	Caddo St. Tammany St. Charles Iberia Franklin Vermilion Jackson Winn Allen Pointe Coupee De Soto Catahoula
LOCALITIES IN YELLOW ZONE	4 ▼ (-1)	Alexandria Houma-Thibodaux Bogalusa Morgan City	12 ▼ (-5)	East Baton Rouge Jefferson Rapides Lafourche Terrebonne Washington St. Mary Avoyelles St. John the Baptist Assumption Grant Bienville

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

All Red Parishes: Ouachita, Lafayette, Calcasieu, Bossier, Livingston, Tangipahoa, Ascension, St. Landry, Lincoln, Acadia, Richland, Natchitoches, Webster, Evangeline, Sabine, Iberville, St. Martin, LaSalle, Morehouse, Concordia, West Baton Rouge, Jefferson Davis, Caldwell, Union, Vernon, Beauregard, West Carroll, Madison, Claiborne, Red River, East Carroll, Cameron, Tensas

All Orange Parishes: Caddo, St. Tammany, St. Charles, Iberia, Franklin, Vermilion, Jackson, Winn, Allen, Pointe Coupee, De Soto, Catahoula, St. James, St. Helena

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

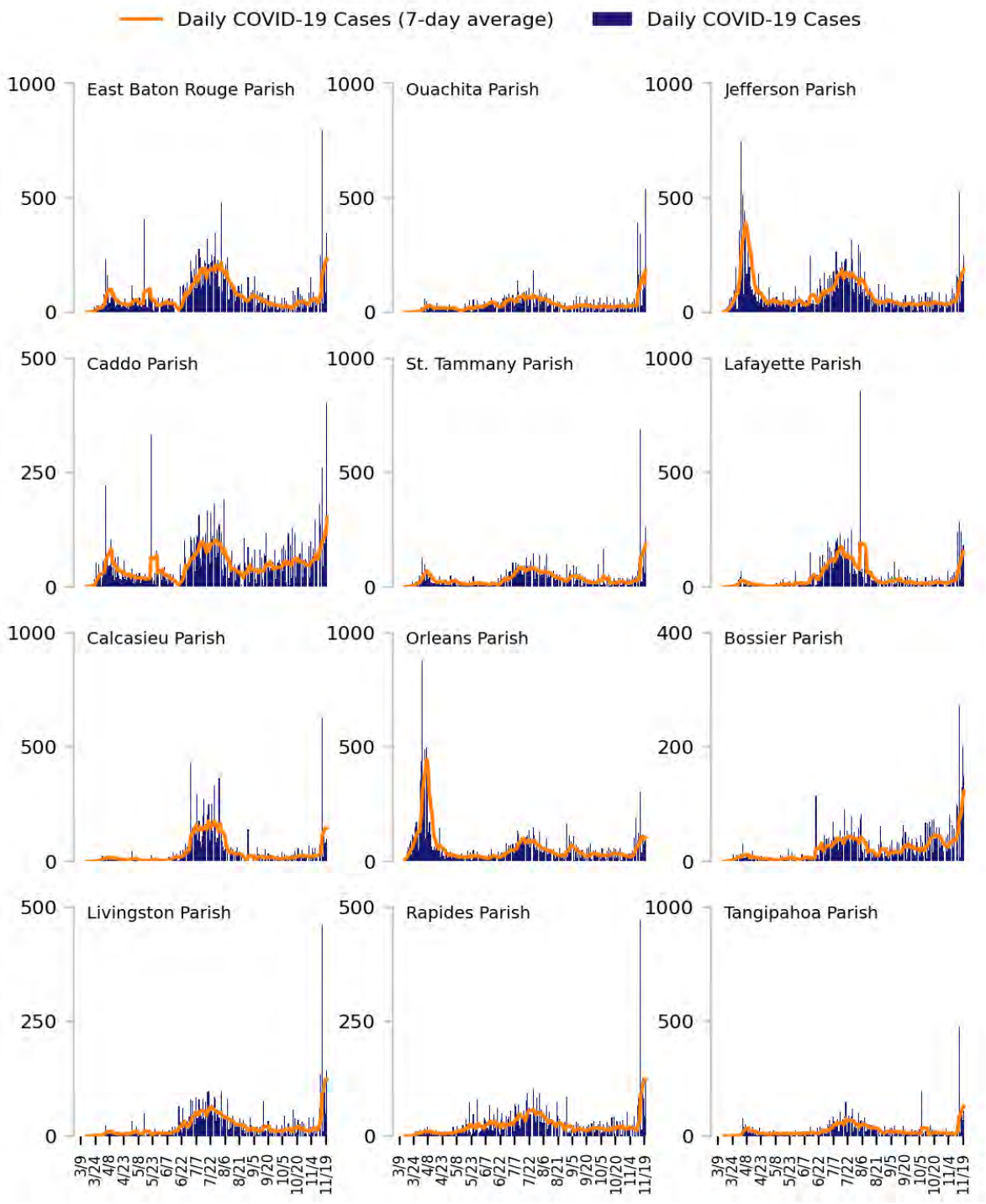
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/20/2020. USAFacts began reporting probable cases on 11/15.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

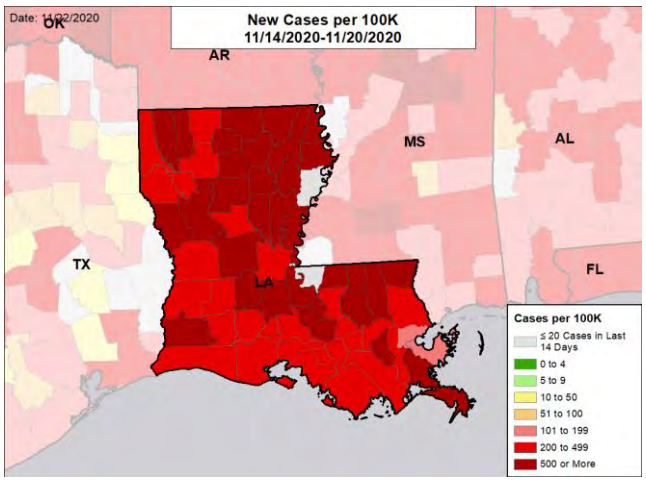
Cases: State values are calculated by aggregating parish-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20. USAFacts began reporting probable cases on 11/15.

LOUISIANA

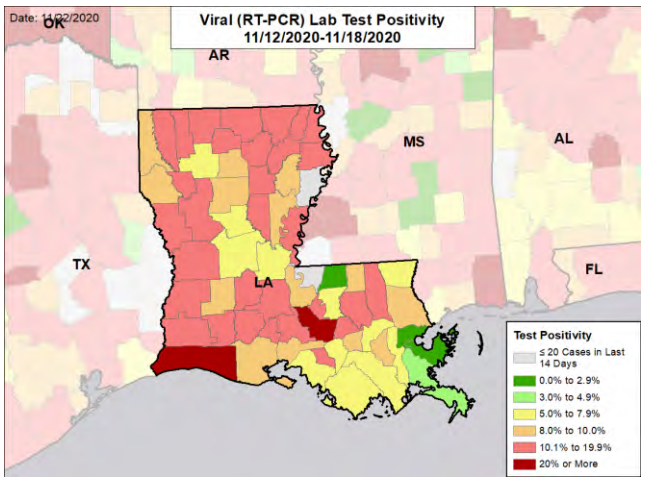
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

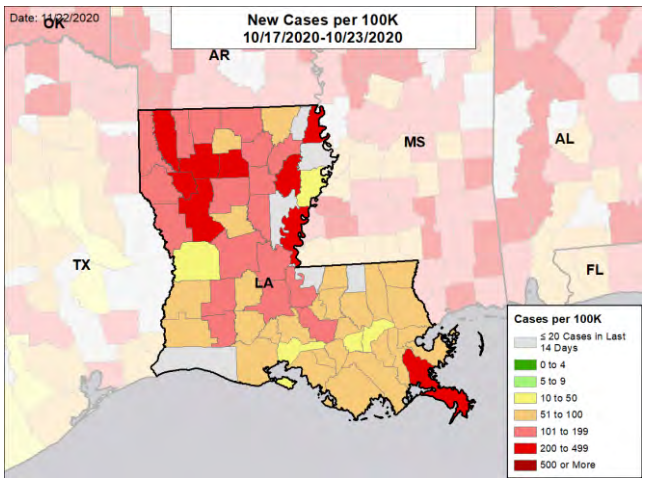
NEW CASES PER 100,000



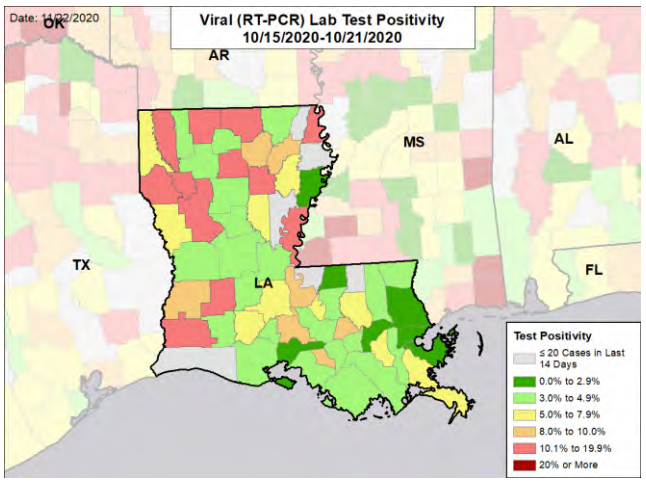
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23. USAFacts began reporting probable cases on 11/15.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

MAINE

STATE REPORT
11.22.2020
Issue 23

SUMMARY

- Maine 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. Maine is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 48th highest rate in the country.
- Maine 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. Cumberland County, 2. York County, and 3. Androscoggin County. These counties represent 54.7% of new cases in Maine.
- 11 counties had an increase in case rates and 8 counties had an increase in test positivity; test positivity was highest in Somerset and Androscoggin, both over 5%.
- 12% 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).
- Inpatient bed utilization is reportedly over 88% in the Bangor hospital service area and ICU bed utilization is over 94% statewide; 8 facilities are reporting critical staffing shortages.
- During the week of Nov 9 - Nov 15, 1% of nursing homes had at least one new resident COVID-19 case, 11% had at least one new staff COVID-19 case, and 1% had at least one new resident COVID-19 death.
- Maine had 98 new cases per 100,000 population, compared to a national average of 356 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 14 - Nov 20, on average, 14 patients with confirmed COVID-19 and 27 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Maine. This is an increase of 5% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- Maine still has an opportunity, and should make all efforts, to prevent the critical numbers and clinical shortages that we are seeing in many parts of the country.
- The most important prophylactic measures are widespread testing and surveillance, contact tracing of identified cases, and full compliance with recommended community mitigation efforts.
- Testing and surveillance should be expanded as fully as possible, with a focus on returning results as quickly as possible (within 48 hours).
    - 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 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.
    - 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 >2,000 tests per 100,000 population per week in all counties) and further intensified in areas where there are signals of increasing transmission.
    - At time of testing, all persons should be given written and verbal instruction to isolate until results are returned and to isolate for a total of 10 days if results are positive.
- All media platforms (conventional and social) should be saturated with public health messaging to avoid social and familial gatherings, and reminders about the absolute need for face coverings and social distancing at all times.
- Use of clinical personnel from local facilities to convey local messages and pleas for adherence to face covering and social distancing has been shown to be effective and should be expanded at the local level.
- Public health messages should appeal to community coherence and responsibility, using champions from different political and cultural belief systems to convey local messages about the importance of mitigation efforts on all media platforms.
- Maine should continue to minimize the chance of super-spreader events by limiting the size of gatherings and working with community and religious leaders to ensure adherence to limits.
- Ensure all mid-level and local clinical facilities are fully capacitated with up-to-date trainings, outpatient treatment protocols, and maximal access to medications and supplies; ensure all facilities are reporting on staff and resource issues to facilitate state and federal triage and assistance. Ensure all clinical facilities, public and private, have expansion and contingency plans and develop intra- and inter-state platforms for notification and exchange of supplies and staffing.
- Deploy aggressive flu vaccine campaigns to ensure widespread coverage.
- 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 | 11.22.2020

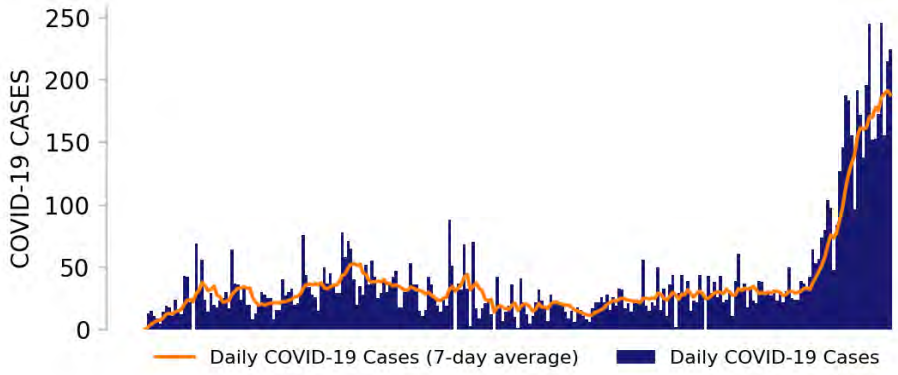
	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	1,320 (98)	+10%	41,664 (281)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.4%	+0.1%*	4.4%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	37,722** (2,806**)	+6%**	839,030** (5,652**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	11 (0.8)	-8%	358 (2.4)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	1%	-2%*	12%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	11%	+3%*	29%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	1%	+1%*	3%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	287 (10)	+5% (+5%)	4,018 (12)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

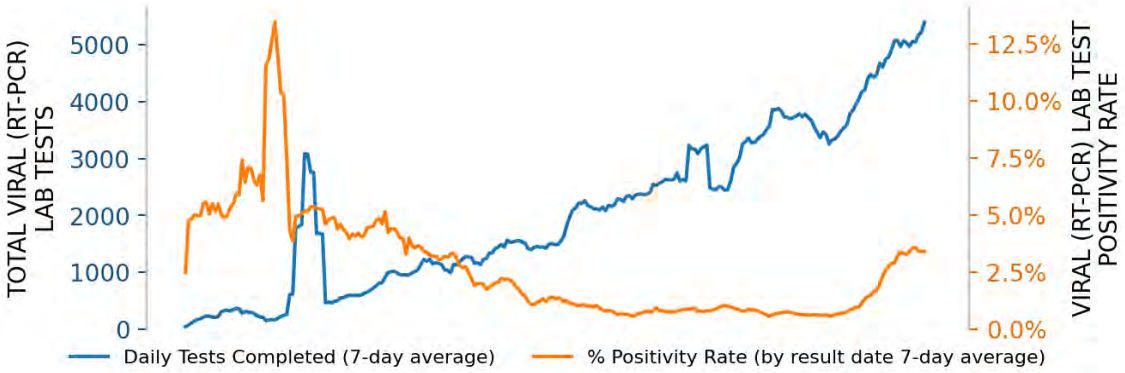
MAINE

STATE REPORT | 11.22.2020

NEW CASES

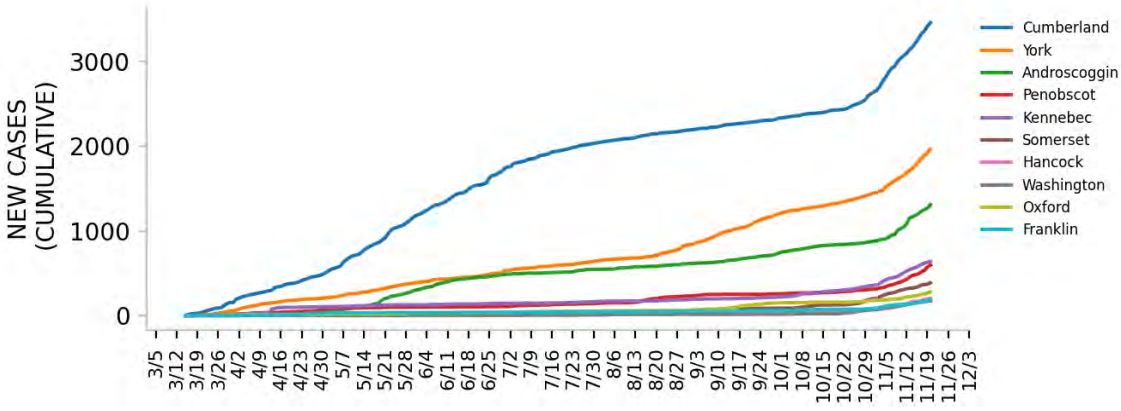


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/20/2020.

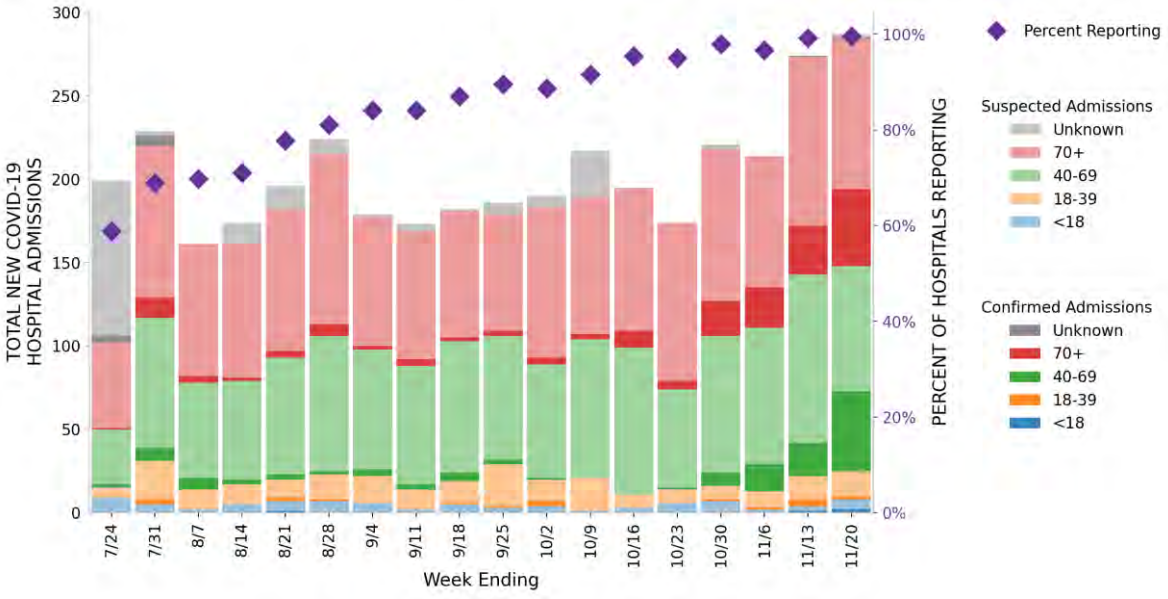
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/18/2020.

MAINE

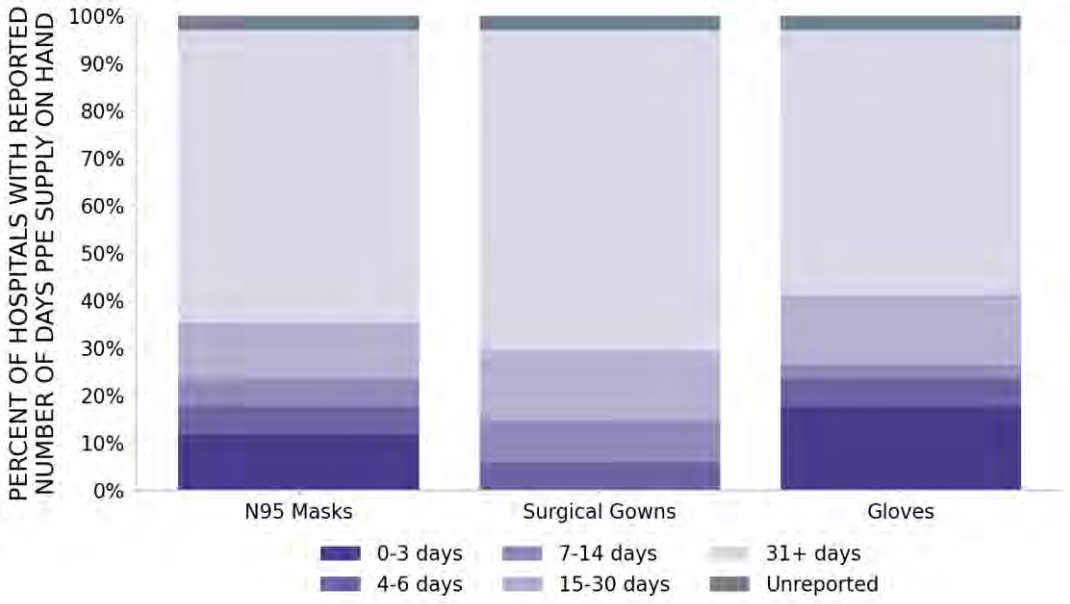
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

MAINE

STATE REPORT | 11.22.2020

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** ▼ (-1)	N/A	**0** ▼ (-1)	N/A
LOCALITIES IN YELLOW ZONE	**1** ▲ (+1)	Lewiston-Auburn	**2** ▼ (-1)	Androscoggin Somerset

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

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

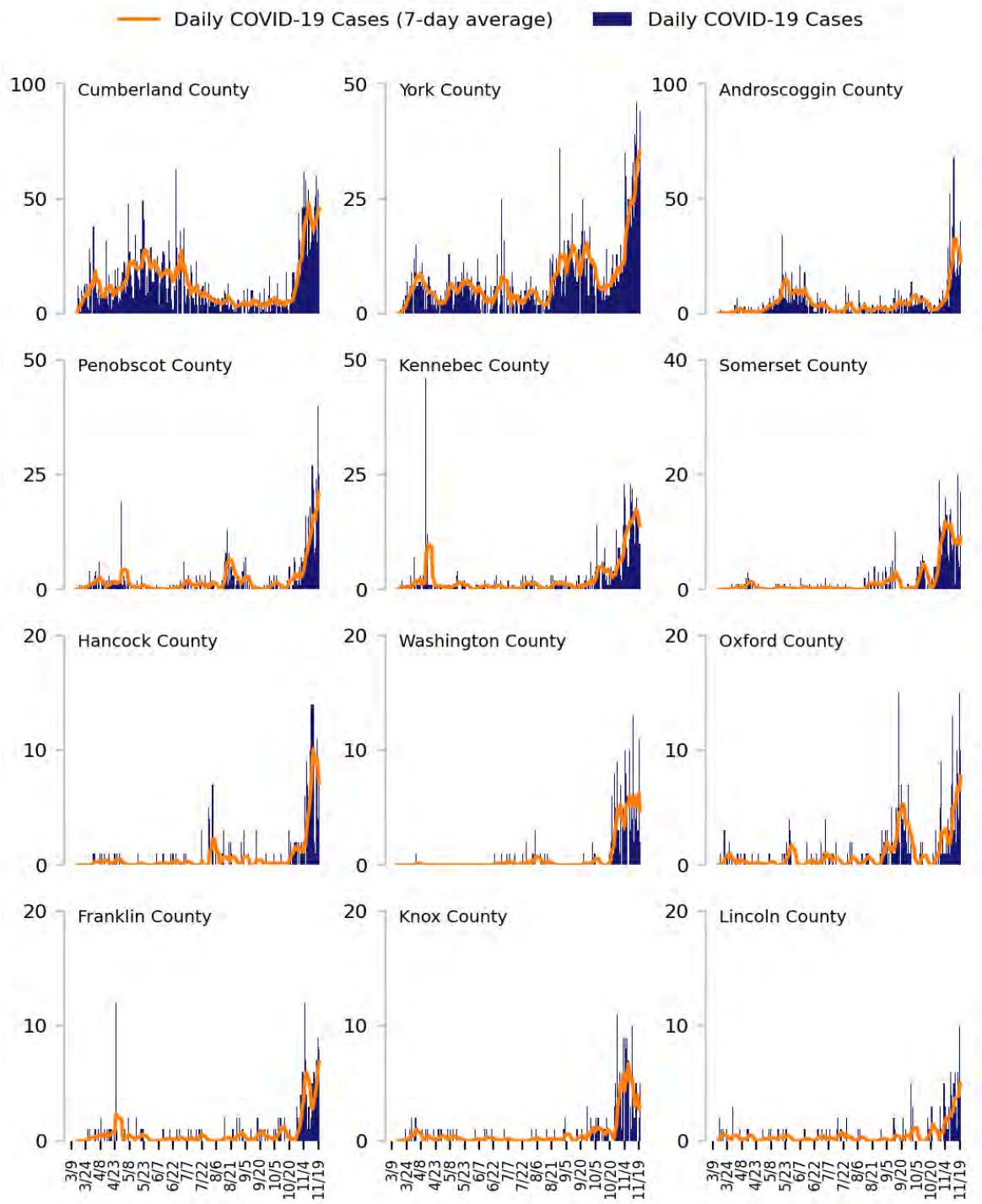
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/20/2020.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/18/2020.

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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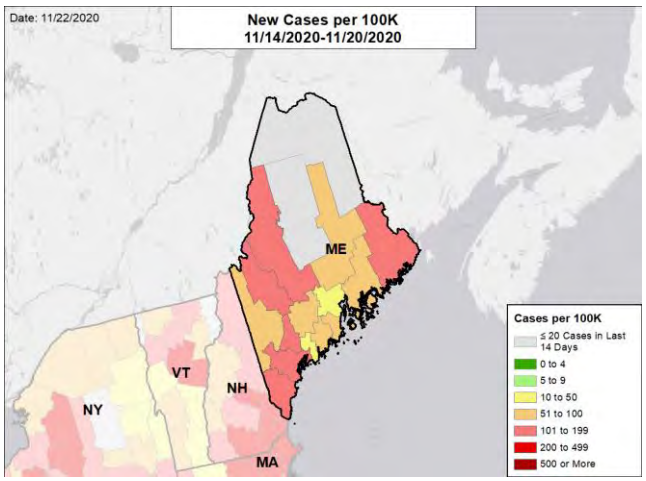
MAINE

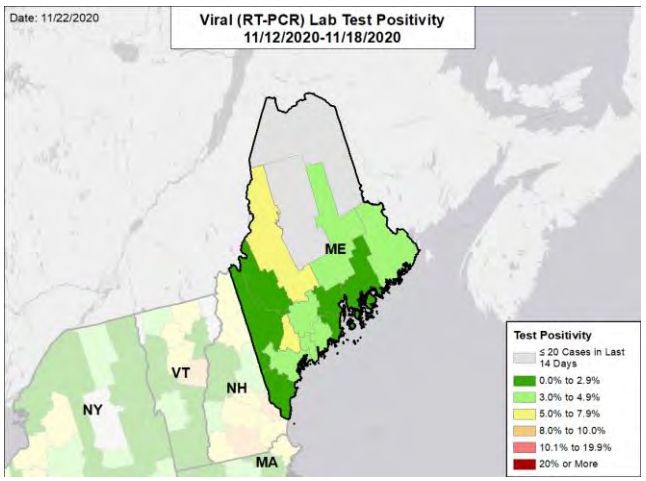
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

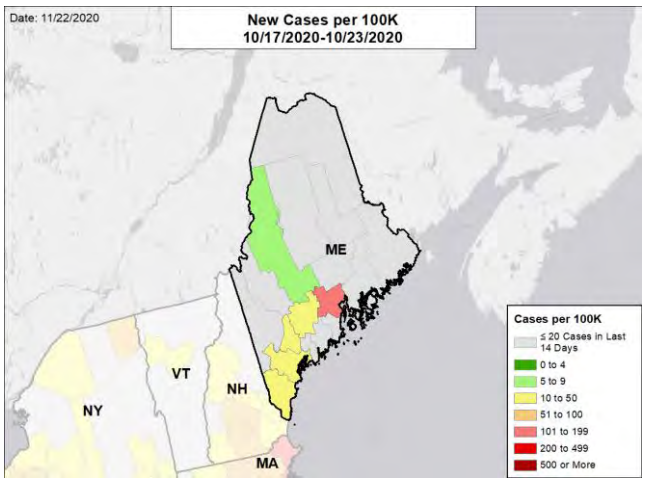
NEW CASES PER 100,000



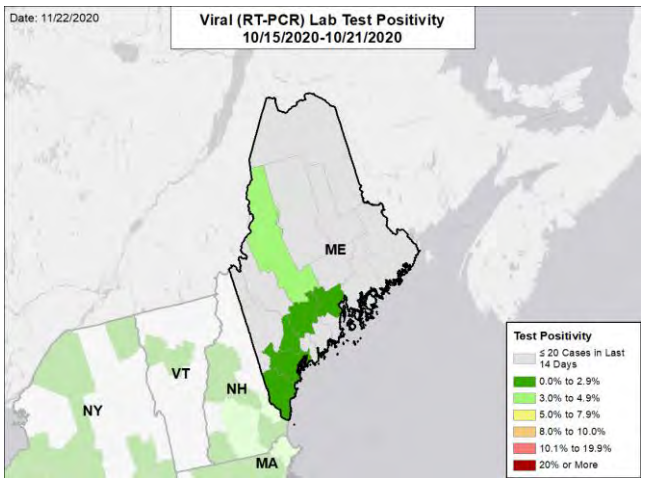
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

MARYLAND

SUMMARY

- Maryland is showing alarming signs of a viral surge. The daily number of cases exceeded 2,000 for most days last week. Maryland 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. Maryland 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.
- Maryland has seen an increase in new cases and an increase in test positivity.
- Test positivity has increased more than 3 percentage points over the last three weeks despite increasing test volume.
- Hospitalizations continued to increase rapidly and are more than four-fold the peak reached 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 46.0% of new cases in Maryland.
- Mitigation measures: New coronavirus restrictions on a variety of businesses and institutions took effect on Nov 20.
- 92% of all counties in Maryland 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 9 - Nov 15, 21% of nursing homes had at least one new resident COVID-19 case, 41% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death.
- Maryland had 253 new cases per 100,000 population, compared to a national average of 356 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; 13 to support operations activities from ASPR; and 14 to support operations activities from USCG.
- Between Nov 14 - Nov 20, on average, 175 patients with confirmed COVID-19 and 292 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Maryland. This is an increase of 10% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- We share the strong concern of Maryland's leaders that the current situation is critical and that improved observance of social distancing measures is urgently needed to limit overrunning of hospital capacity and additional preventable deaths. The Governor's active measures are critical and are commended.
- Short term mitigation interventions, including restricting indoor dining and limiting or closing areas of congregation without masking, will be needed as has been successful in the USA and is currently showing effectiveness in Europe. The rapid increases in cases, hospitalizations, and deaths throughout the state support the additional steps taken last week; further measures may 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.
- These increased mitigation measures are a short-term sacrifice to protect the vulnerable as the U.S. bridges to the rapid vaccination of vulnerable populations over the next few months. Maximizing control of transmission now will also 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 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.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings.
- Given increasing outbreaks and deaths in nursing homes, ensure increased frequency of LTCF testing and rapid implementation of vaccination into LTCFs as vaccine becomes available.
- 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 Marylanders to wear masks, physically distance, and avoid gatherings in both public and private spaces, especially indoors. Limiting exposure of additional households and vulnerable individuals at Thanksgiving and other holiday functions is critical. 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, and utilize the Abbot BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread.
- Ensure all clinical facilities, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each resource. ensure support for platforms for efficient intra- and inter-state patient transfers as needed.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

MARYLAND

STATE REPORT | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	15,317 (253)	+49%	81,571 (264)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.4%	+1.7%*	9.6%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	242,525** (4,012**)	+22%**	962,175** (3,118**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	116 (1.9)	+53%	810 (2.6)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	21%	+6%*	18%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	41%	+12%*	39%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	+0%*	6%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,264 (32)	+10% (+10%)	14,160 (20)	136,015 (19)

* 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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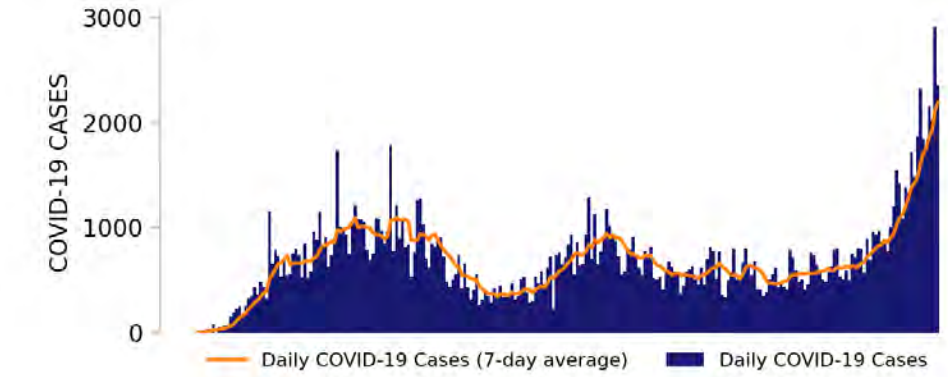
MARYLAND

STATE REPORT | 11.22.2020

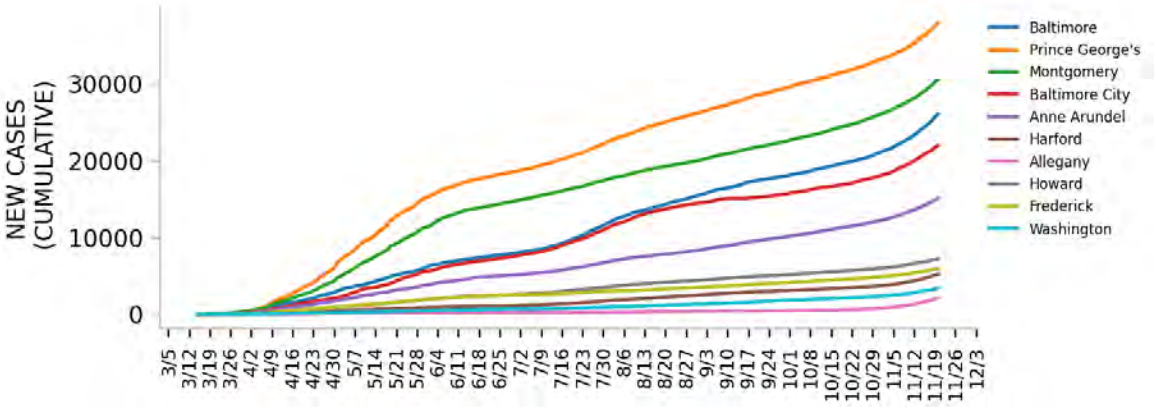
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



DATA SOURCES – Additional data details available under METHODS

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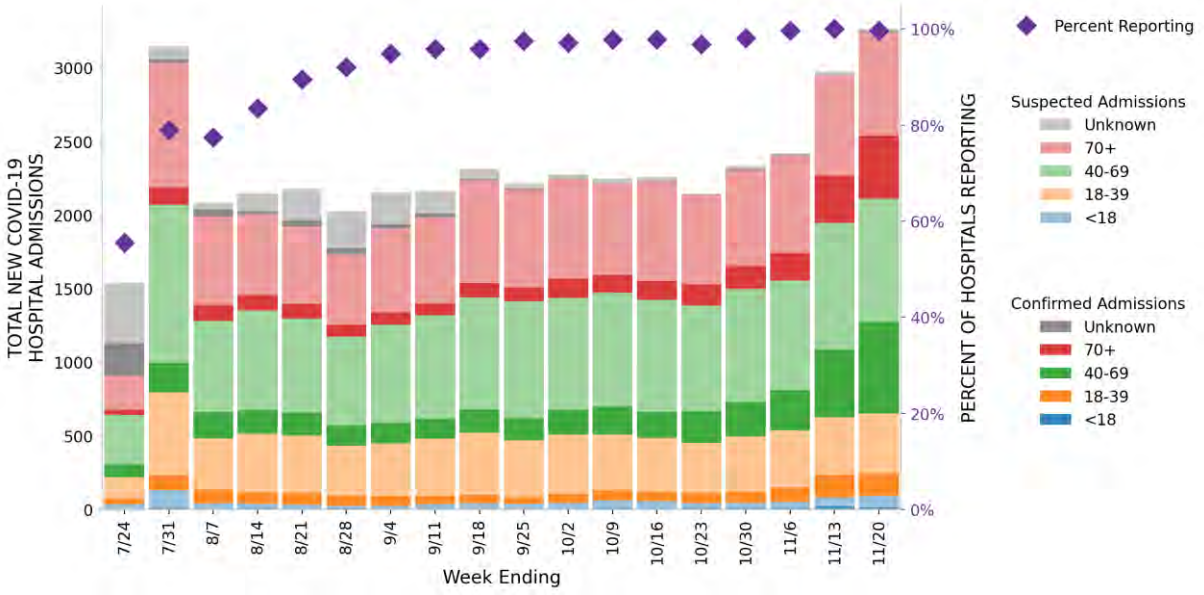
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

MARYLAND

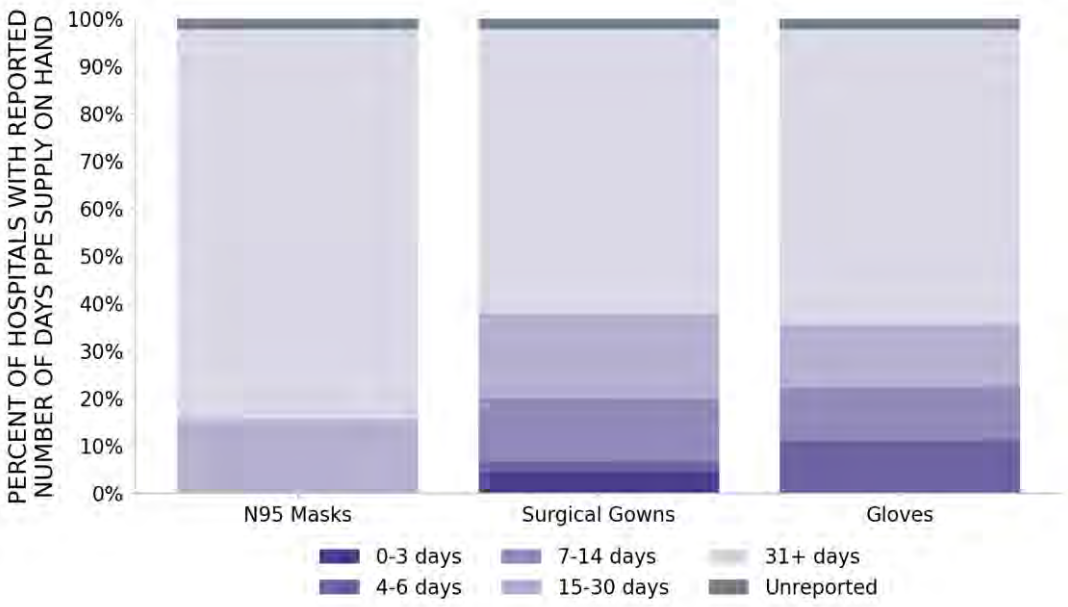
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

MARYLAND

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**3** ▲ (+2)	Cumberland Hagerstown-Martinsburg Philadelphia-Camden-Wilmington	**8** ▲ (+5)	Baltimore Prince George's Harford Allegany Frederick Washington Garrett Somerset
LOCALITIES IN ORANGE ZONE	**2** ▲ (+1)	Baltimore-Columbia-Towson Washington-Arlington-Alexandria	**6** ▲ (+4)	Montgomery Anne Arundel Charles Wicomico Queen Anne's Caroline
LOCALITIES IN YELLOW ZONE	**3** ▼ (-2)	Salisbury California-Lexington Park Easton	**8** ▼ (-3)	Baltimore City Howard Carroll Cecil St. Mary's Calvert Worcester Talbot

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.

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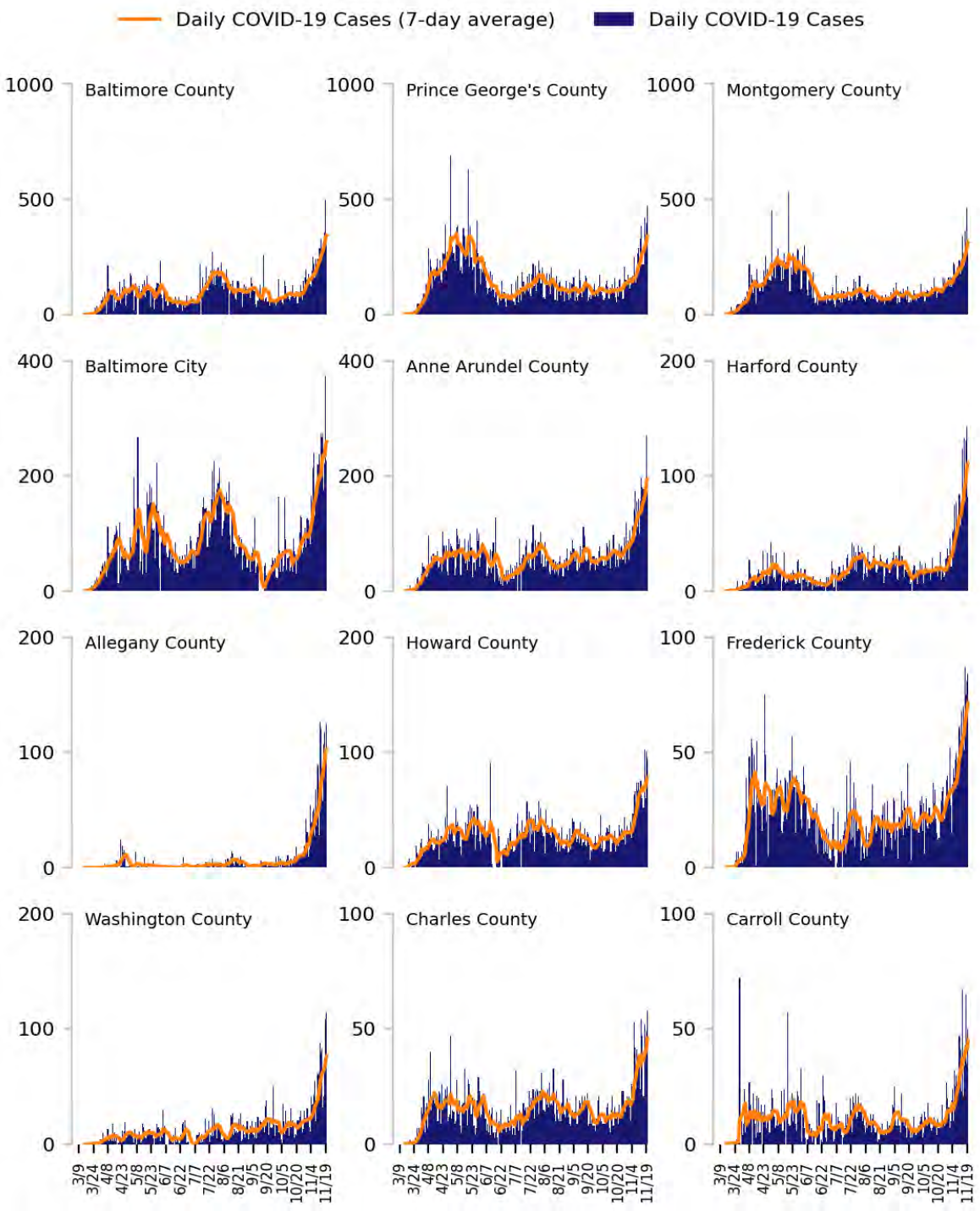
Top 12 counties based on number of new cases in the last 3 weeks



DATA SOURCES – Additional data details available under METHODS

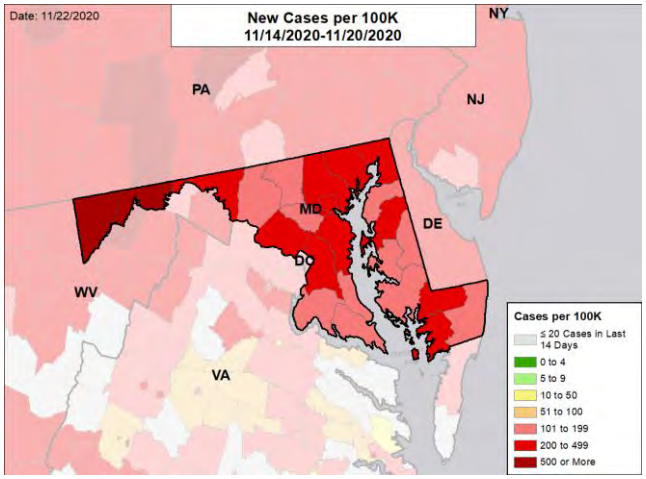
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

MARYLAND

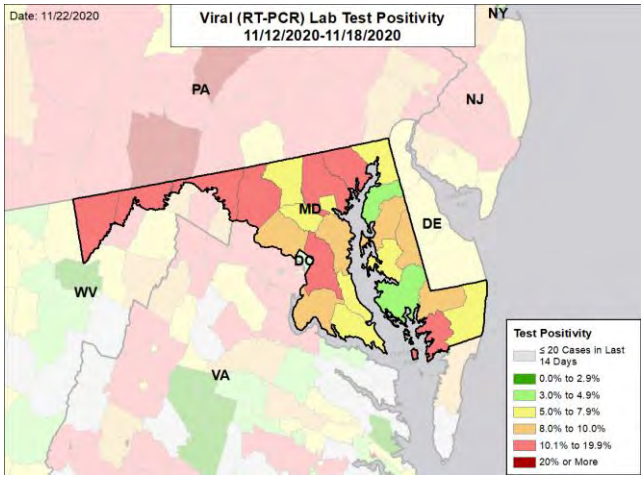
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

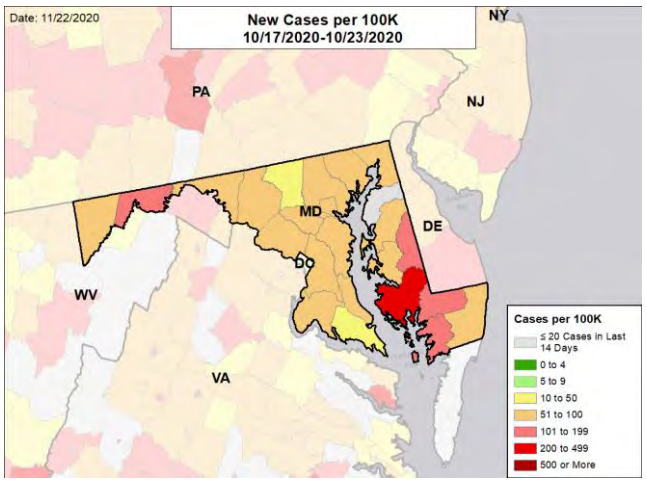
NEW CASES PER 100,000



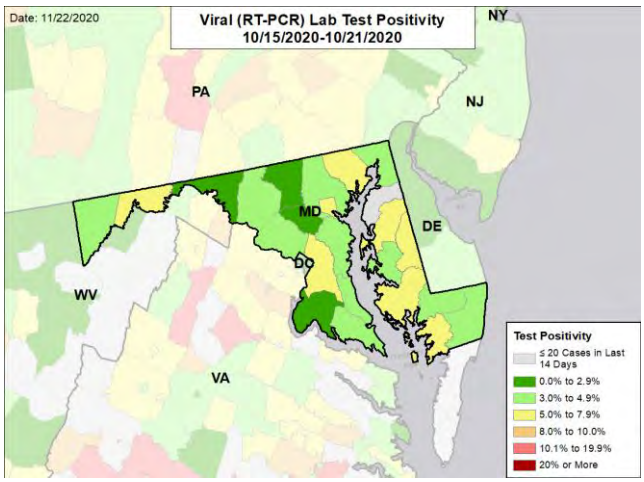
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

MASSACHUSETTS

SUMMARY

- Massachusetts 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. Massachusetts is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 47th highest rate in the country.
- Massachusetts has seen an increase in new cases across all counties and stability in test positivity, with increases seen in 11 counties.
- The largest proportionate increases in case rates were in Barnstable, Middlesex, and Dukes counties and the largest proportionate increases in test positivity were seen in Nantucket, Barnstable, Bristol, and Plymouth 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 46.7% of new cases in Massachusetts.
- 29% 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 9 - Nov 15, 9% of nursing homes had at least one new resident COVID-19 case, 24% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death. Outbreaks among residents and staff were reported at multiple facilities, the largest at a facility in Marion.
- Massachusetts had 253 new cases per 100,000 population, compared to a national average of 356 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 117 to support operations activities from FEMA; 3 to support operations activities from ASPR; and 19 to support operations activities from USCG.
- Between Nov 14 - Nov 20, on average, 118 patients with confirmed COVID-19 and 162 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Massachusetts. This is an increase of 12% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- Recent intensification of requirement for face coverings should help curb transmission.
- Consider rolling back a step in the state's reopening plan as a whole, not just in high-risk areas. Restricting certain activities in some areas may encourage movement and potential spread to surrounding "non high-risk" communities.
- There is still an opportunity to prevent a potential increase in transmission around the holidays; all media platforms (conventional and social) should be saturated with public health messaging on the risks of social gatherings, the clear recommendation to avoid such gatherings, the critical need for face coverings and social distancing, and instructions on how to report non-compliance of local businesses.
- Recruit clinical personnel from local facilities to convey local messages and pleas for adherence to face coverings and social distancing; appeal to community coherence and responsibility, using champions from different political and cultural belief systems to convey local messages about the importance of mitigation efforts.
- Continue regular outreach to retail service providers regarding distancing and limitations on occupancy while enforcing penalties where violations are encountered.
- 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.
- Ensure all clinical facilities throughout the state, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including for outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each.
- Ensure platforms for efficient intra- and inter-state notification of shortages and opportunities for exchanges of supplies and staffing between all facilities, public and private.
- Ensure all congregate and crowded residential and 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 full adherence to local guidance.
- Expand capacity as needed by focusing the interview, developing scripts and clear algorithms to allow task-shifting to lower cadre staff, **using automated emails and texting with instructions to isolate and/or quarantine**, and coordinating remote surge capacity from counties with lower case rates.
- Provide written and verbal education **at the time of testing** with instruction to isolate (and how to isolate) until results are returned and to continue isolation if results are positive.
- Deploy vigorous flu vaccines campaigns 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.

COVID-19

MASSACHUSETTS

STATE REPORT | 11.22.2020

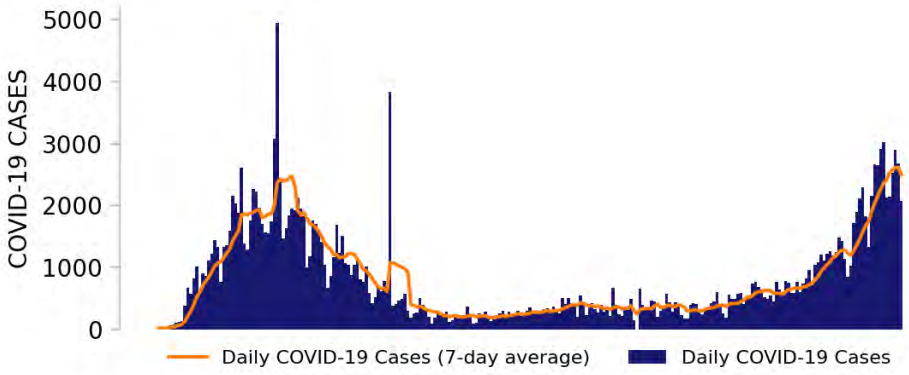
	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	17,471 (253)	+11%	41,664 (281)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.5%	+0.4%*	4.4%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	566,697** (8,222**)	+4%**	839,030** (5,652**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	204 (3.0)	+28%	358 (2.4)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	9%	+5%*	12%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	24%	+5%*	29%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	-1%*	3%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,960 (11)	+12% (+12%)	4,018 (12)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

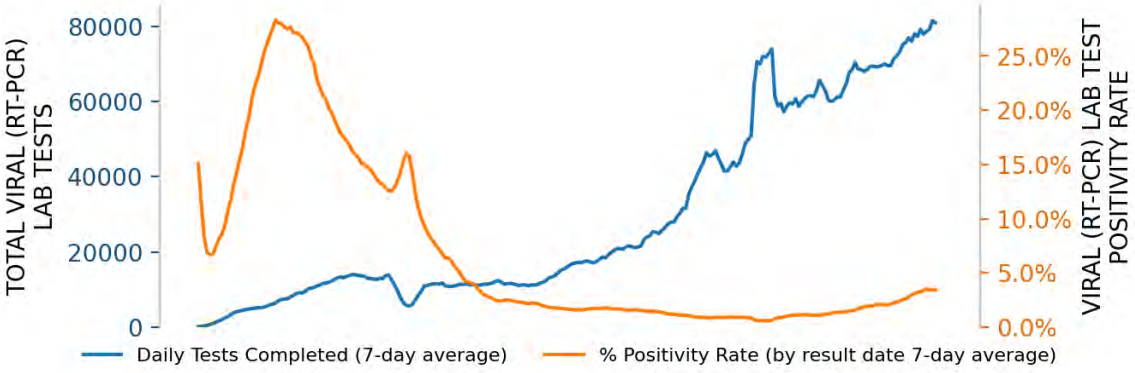
MASSACHUSETTS

STATE REPORT | 11.22.2020

NEW CASES

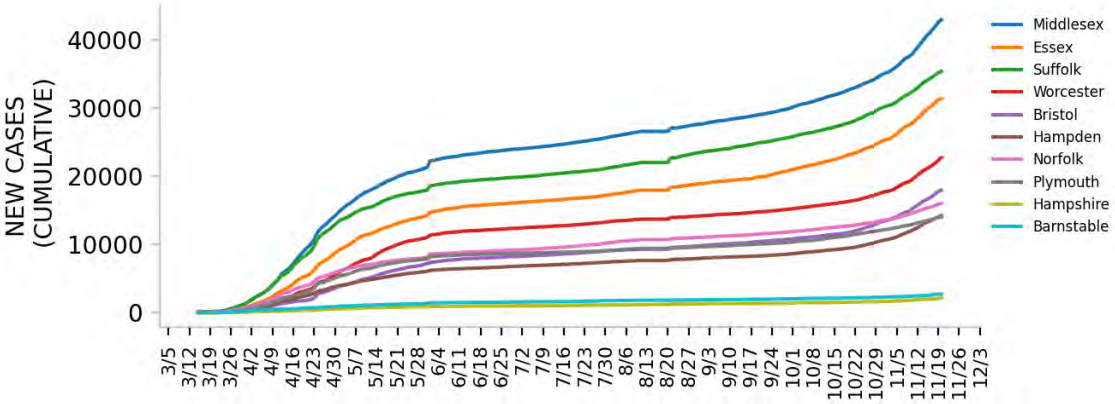


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/20/2020.

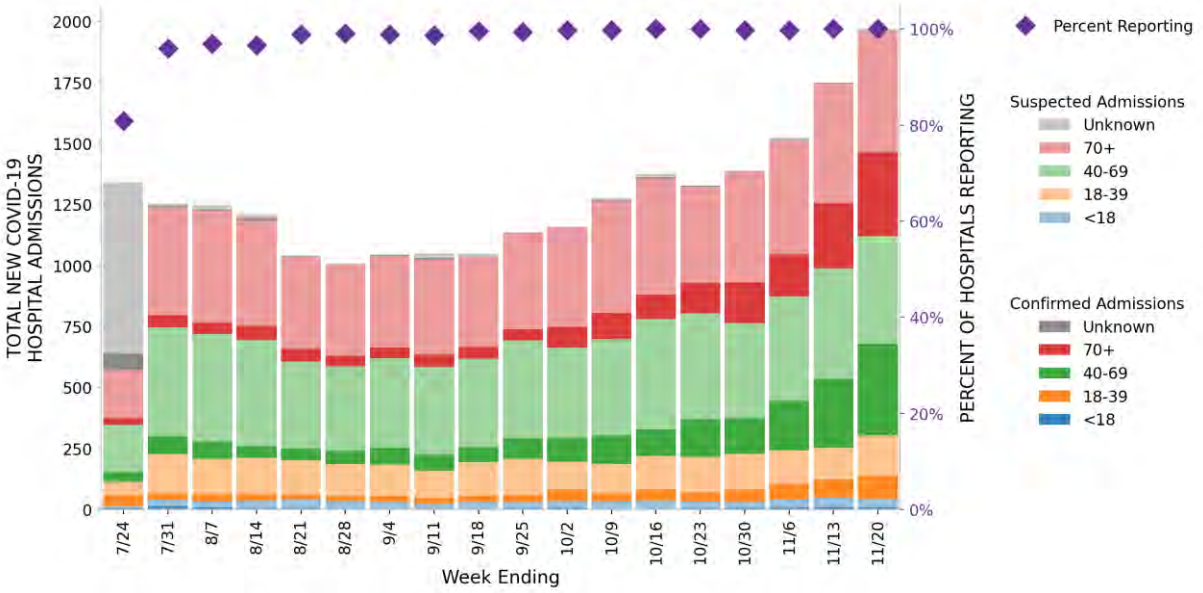
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

MASSACHUSETTS

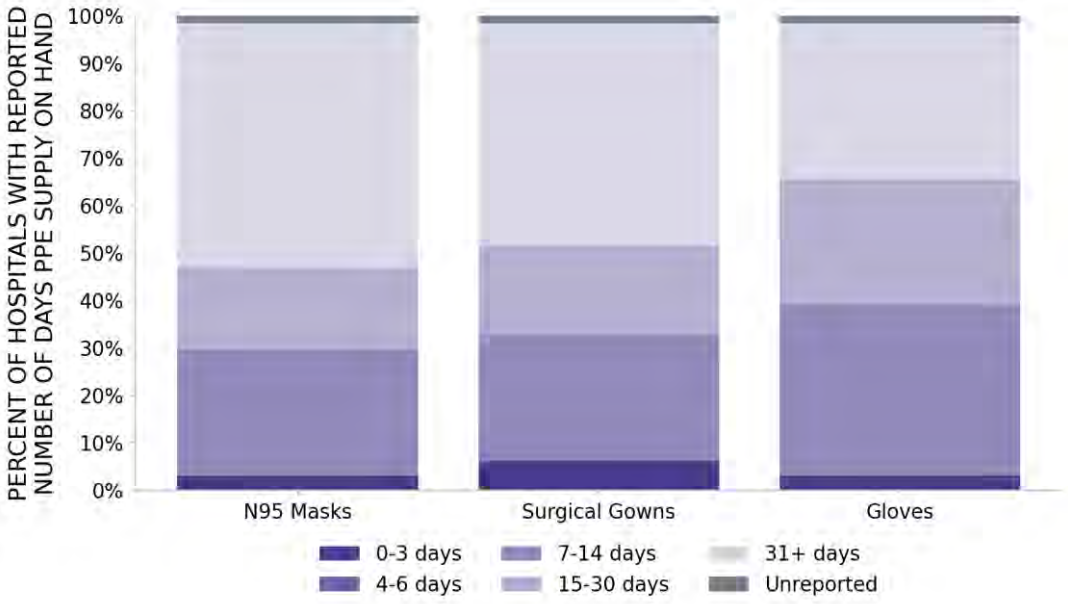
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

MASSACHUSETTS

STATE REPORT | 11.22.2020

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)	Providence-Warwick	**4** ▲ (+1)	Essex Bristol Hampden Nantucket

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

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

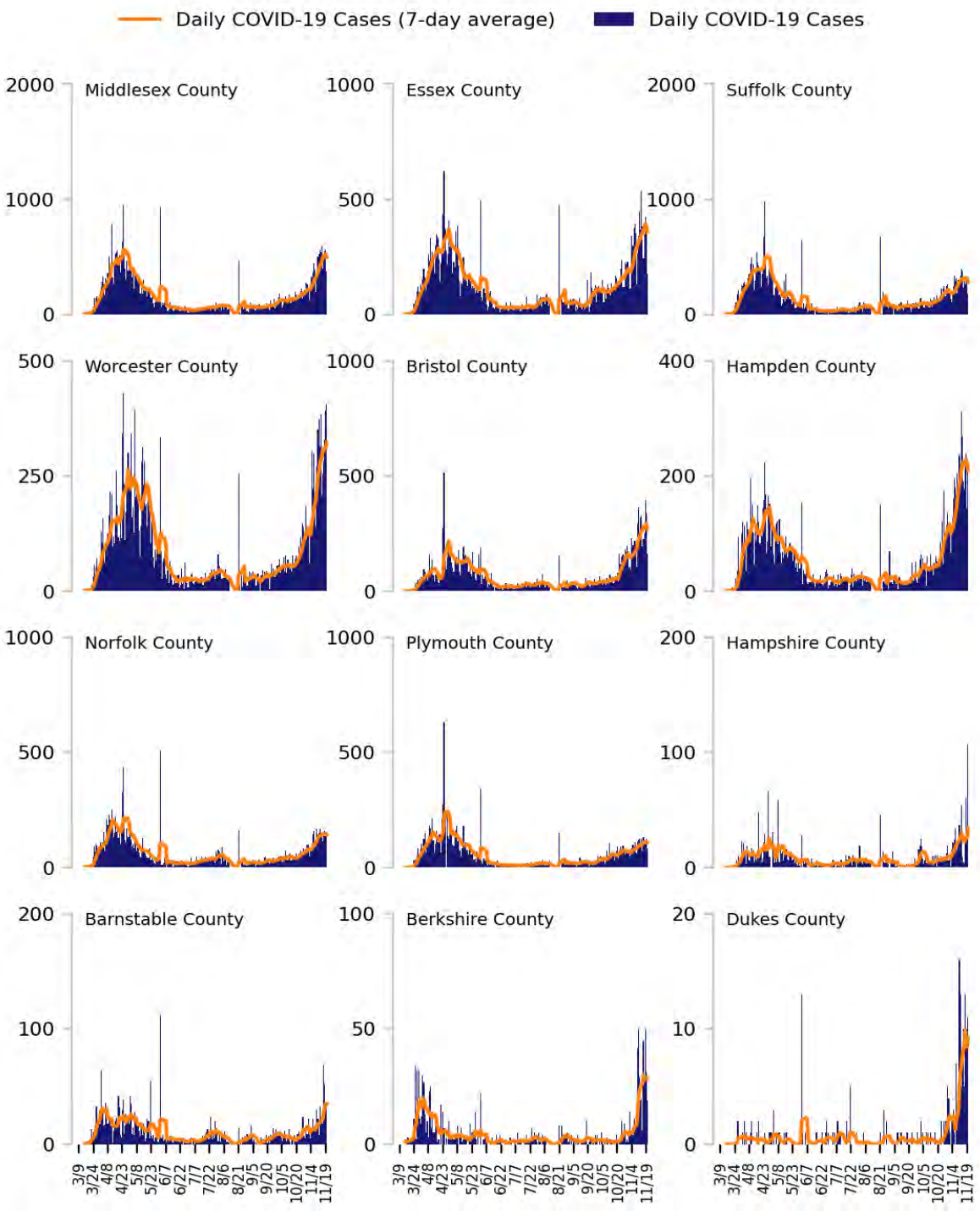
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

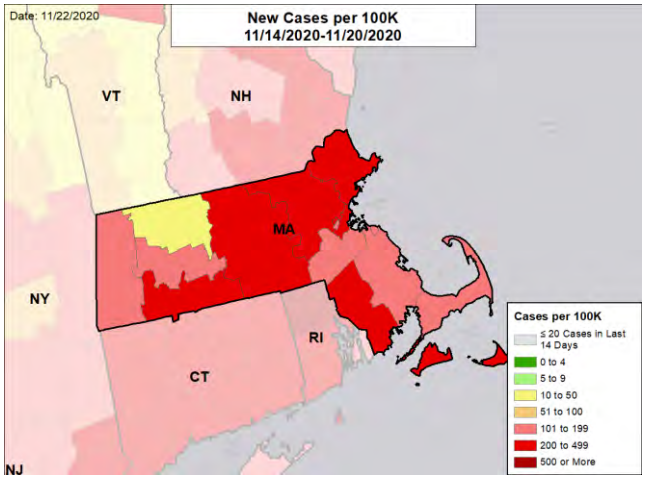
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

MASSACHUSETTS

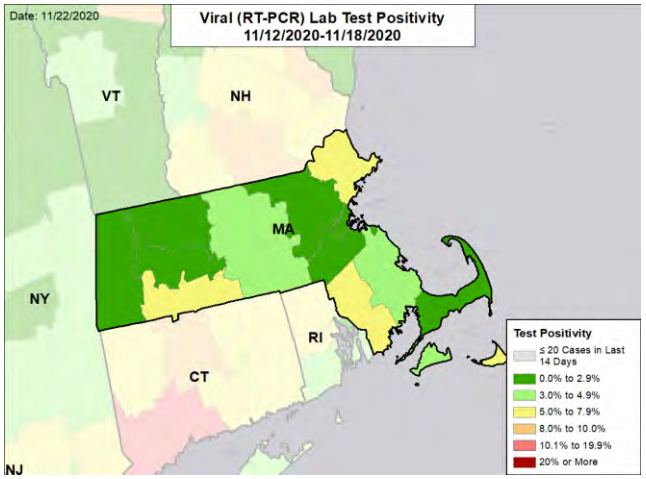
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

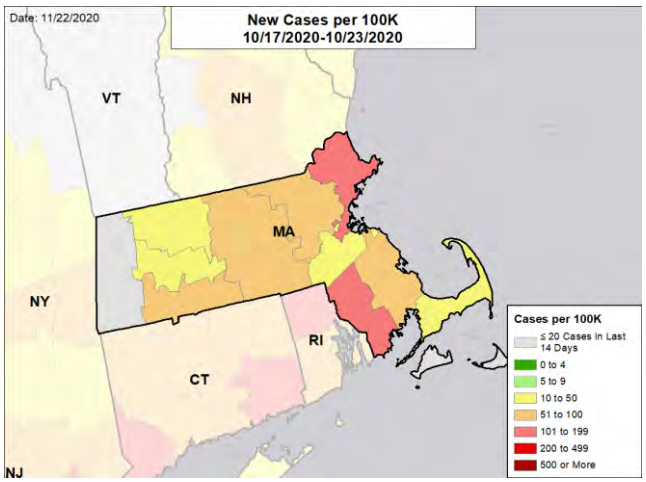
NEW CASES PER 100,000



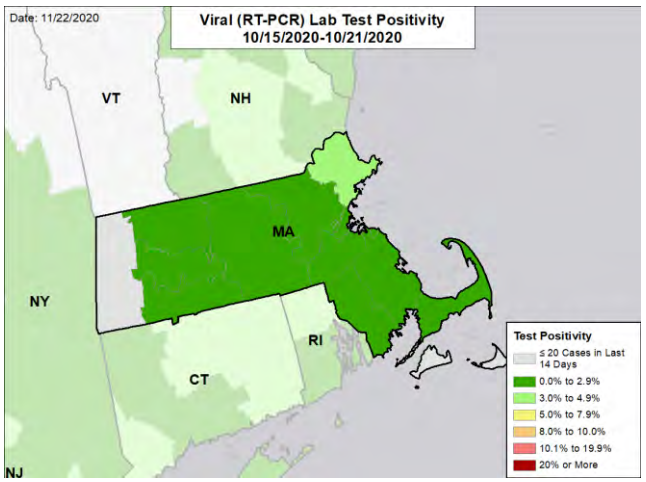
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

MICHIGAN

STATE REPORT
11.22.2020
Issue 23

SUMMARY

- Michigan is seeing continued increases in cases and hospitalizations; testing positivity stabilized as testing increased. Cases are multiple-folds 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 19th 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 stability in test positivity. Hospitalizations and deaths increased again last week. At present trend, hospitalizations will exceed the spring peak in the coming week. Hospital systems in Western Michigan have collectively worked to open a closed hospital to treat patients in the Grand Rapids area as hospitals reached capacity. Staffing shortages continue to be a pressing concern.
- 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 31.3% of new cases in Michigan.
- The epidemic situation worsened in most counties throughout the state. 94% of all counties in Michigan have moderate or high levels of community transmission (yellow, orange, or red zones), with 67% having high levels of community transmission (red zone).
- During the week of Nov 9 - Nov 15, 28% of nursing homes had at least one new resident COVID-19 case, 55% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death.
- Michigan had 527 new cases per 100,000 population, compared to a national average of 356 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 14 - Nov 20, on average, 440 patients with confirmed COVID-19 and 218 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Michigan. This is an increase of 19% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- We share the judgement of Michigan leaders that the current situation is critical and that improved public observance of social distancing measures is urgently needed to limit overrunning of hospital capacity and additional preventable deaths. The Governor's continued personal guidance on these measures is crucial and is commended.
- Short term mitigation interventions, including restricting indoor dining and limiting or closing areas of congregation without masking, will be needed, as has been successful in the USA and is currently showing effectiveness in Europe. Expeditious intensification of mitigation measures called for within the state plan should help to slow disease spread and the recent adjustments are commended. Additional measures should be taken, including augmented communications to reinforce messaging around social gatherings throughout the ongoing holiday season and a new asymptomatic surveillance approach to limit community spread.
- These increased mitigation measures are a short-term sacrifice to protect the vulnerable as the U.S. bridges to the rapid vaccination of vulnerable populations over the next few months. Maximizing control of transmission now will also 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.
- 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 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.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings.
- Given increasing outbreaks and deaths in nursing homes, ensure increased frequency of LTCF testing and rapid implementation of vaccination into LTCFs as vaccine becomes available.
- 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. Limiting exposure of additional households and vulnerable individuals at Thanksgiving and other holiday functions is critical. 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, and utilize the Abbot BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread.
- Ensure all clinical facilities, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each resource. ensure support for platforms for efficient intra- and inter-state patient transfers as needed.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

MICHIGAN

STATE REPORT | 11.22.2020

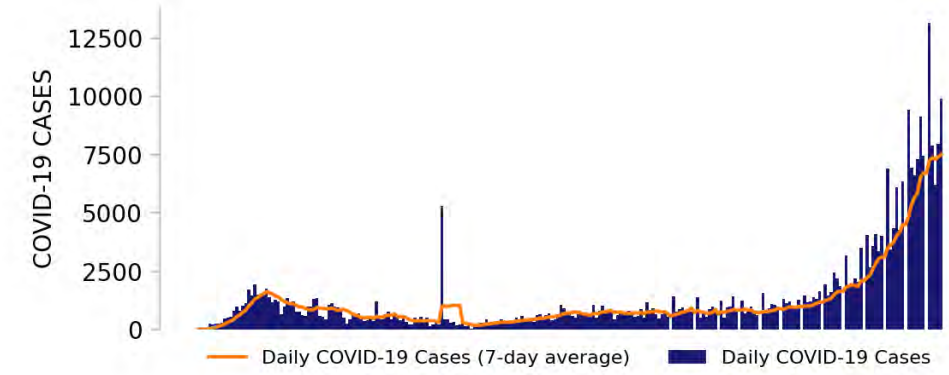
	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	52,594 (527)	+15%	330,352 (629)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	13.4%	-0.1%*	14.2%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	442,863** (4,434**)	+21%**	2,500,165** (4,758**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	471 (4.7)	+11%	2,561 (4.9)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	28%	+8%*	32%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	55%	+11%*	60%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	+3%*	12%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	4,607 (21)	+19% (+17%)	31,487 (26)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

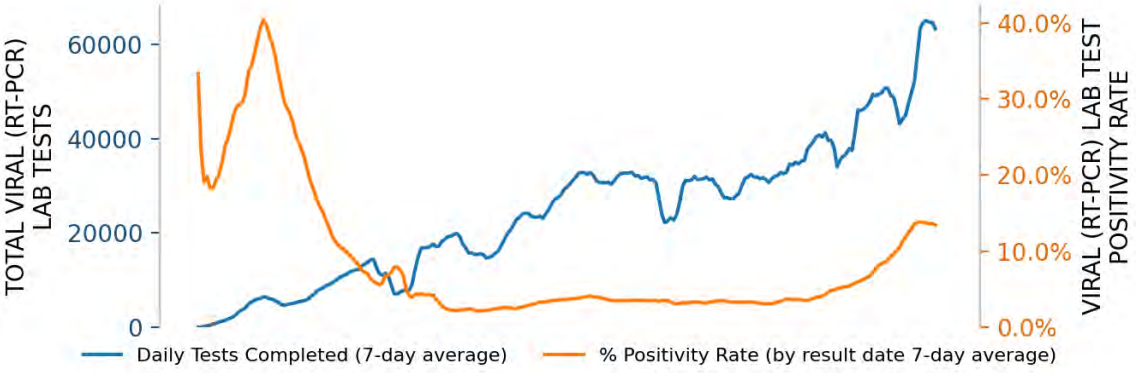
MICHIGAN

STATE REPORT | 11.22.2020

NEW CASES

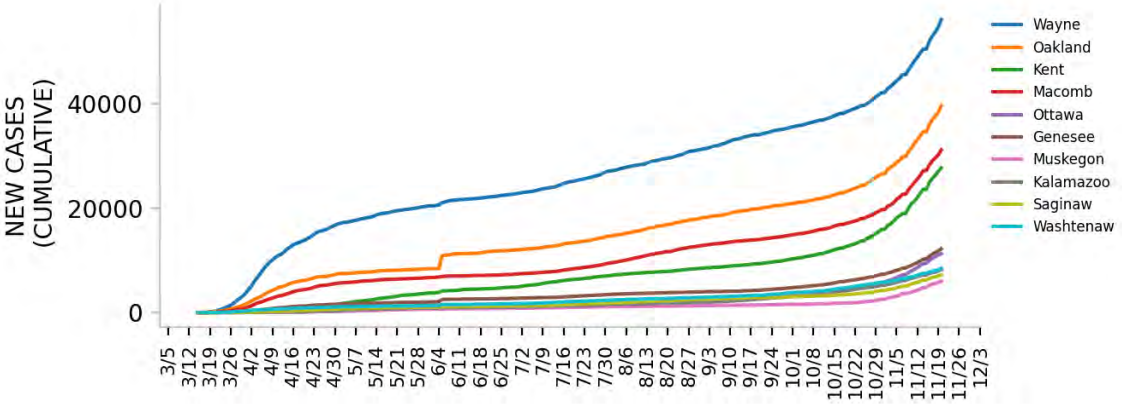


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



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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 11/20/2020.

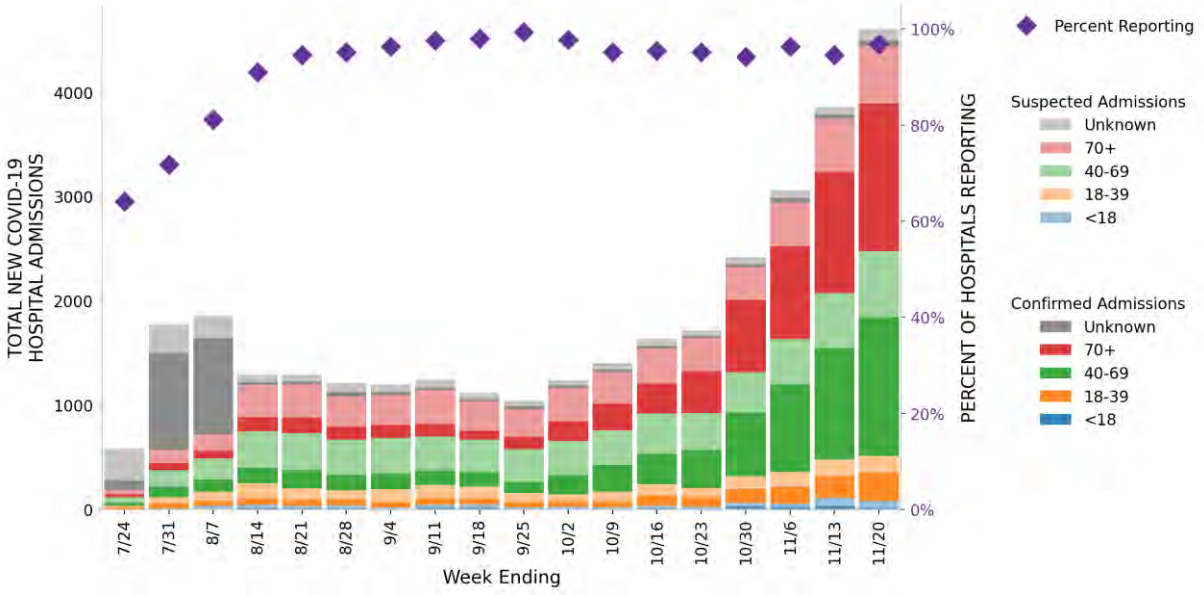
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

MICHIGAN

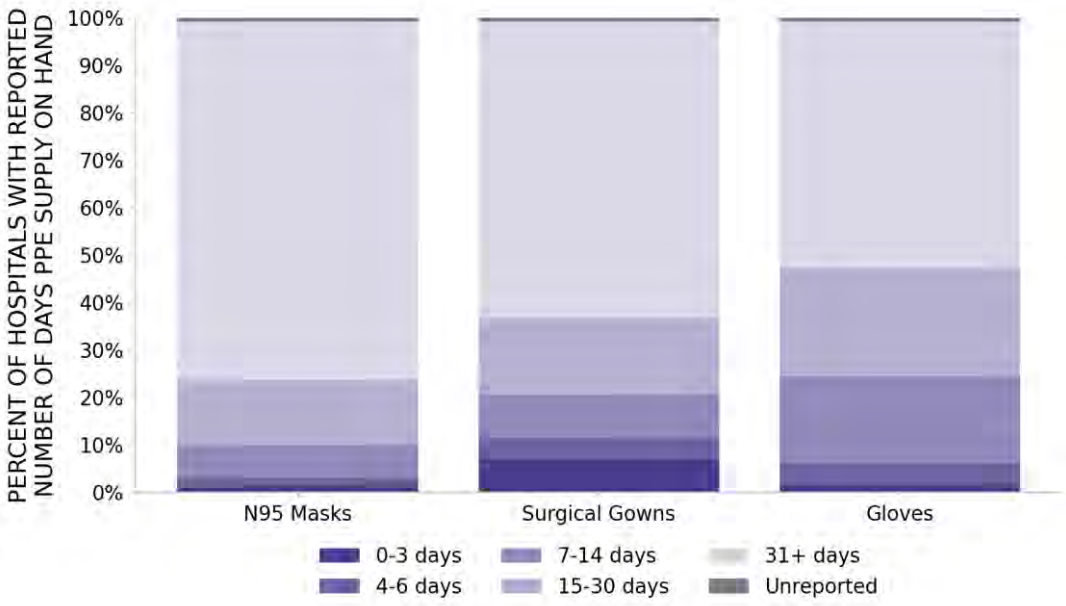
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

MICHIGAN

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**28** ▲ (+4)	Detroit-Warren-Dearborn Grand Rapids-Kentwood Lansing-East Lansing Flint Muskegon Kalamazoo-Portage Saginaw Niles Battle Creek Monroe Bay City Holland	**56** ▲ (+2)	Wayne Oakland Kent Macomb Ottawa Genesee Muskegon Kalamazoo Saginaw Ingham Berrien Calhoun
LOCALITIES IN ORANGE ZONE	**2** ■ (+0)	Jackson Traverse City	**7** ▼ (-5)	Jackson Grand Traverse Otsego Charlevoix Iron Benzie Montmorency
LOCALITIES IN YELLOW ZONE	**3** ▼ (-1)	Ann Arbor Houghton Alpena	**15** ▲ (+8)	Washtenaw Montcalm Emmet Houghton Gladwin Clare Sanilac Huron Alpena Cheboygan Antrim Kalkaska

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, Niles, Battle Creek, Monroe, Bay City, Holland, Midland, Marquette, Coldwater, Mount Pleasant, Escanaba, Sturgis, Adrian, South Bend-Mishawaka, Alma, Iron Mountain, Hillsdale, Sault Ste. Marie, Big Rapids, Cadillac, Marinette, Ludington

All Red Counties: Wayne, Oakland, Kent, Macomb, Ottawa, Genesee, Muskegon, Saginaw, Kalamazoo, Ingham, Berrien, Calhoun, Monroe, Livingston, Bay, St. Clair, Allegan, Midland, Marquette, Eaton, Van Buren, Clinton, Ionia, Branch, Isabella, Delta, St. Joseph, Lapeer, Barry, Lenawee, Cass, Shiawassee, Gratiot, Dickinson, Hillsdale, Tuscola, Newaygo, Chippewa, Mecosta, Menominee, Oceana, Wexford, Iosco, Ogemaw, Roscommon, Gogebic, Mason, Osceola, Arenac, Ontonagon, Missaukee, Crawford, Lake, Luce, Alcona, Oscoda

All Yellow Counties: Washtenaw, Montcalm, Emmet, Houghton, Gladwin, Clare, Sanilac, Huron, Alpena, Cheboygan, Antrim, Kalkaska, Leelanau, Alger, Mackinac

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

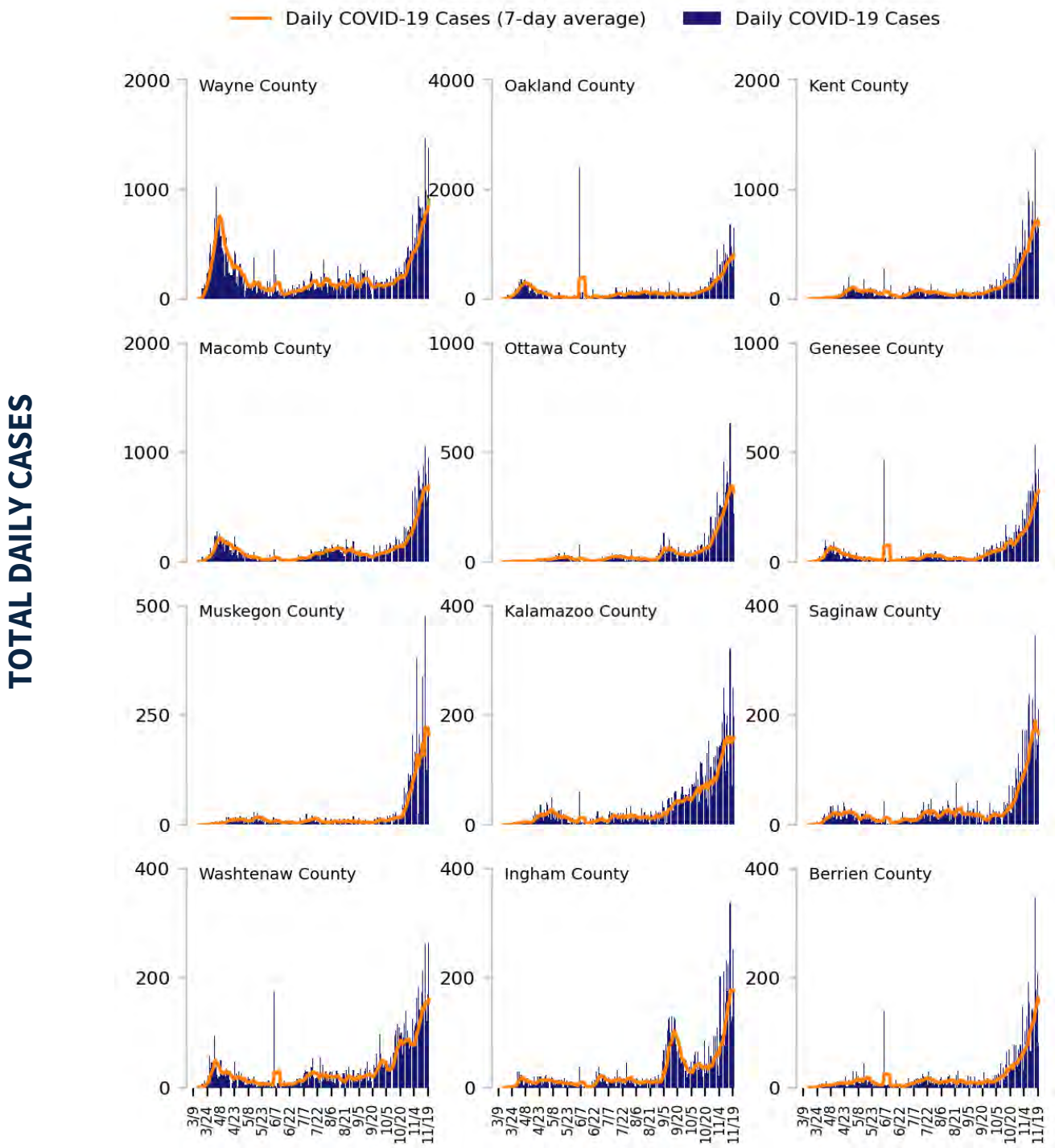
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

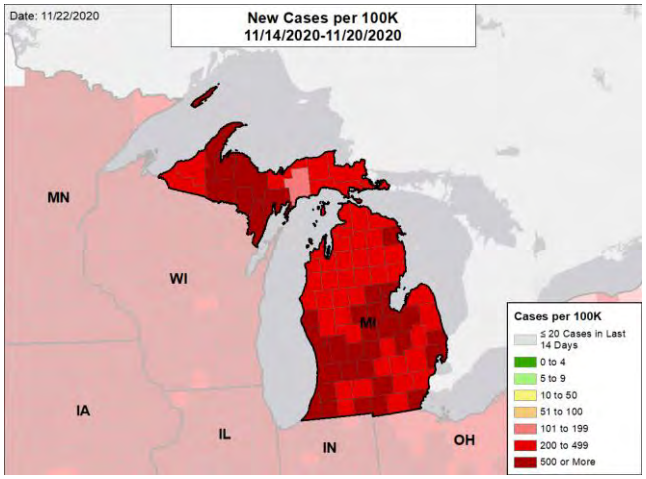
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

MICHIGAN

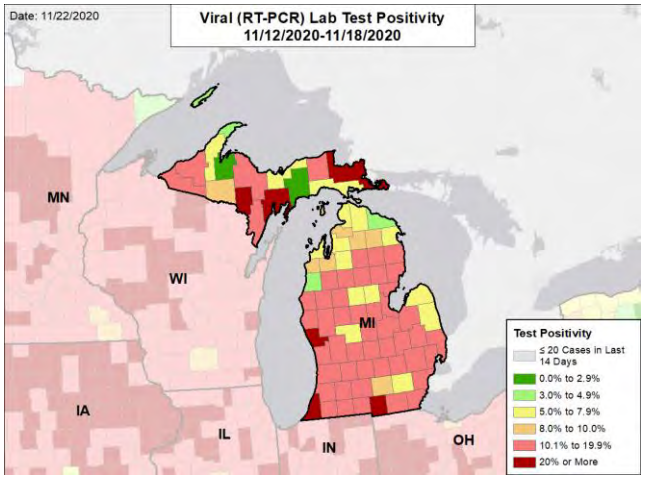
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

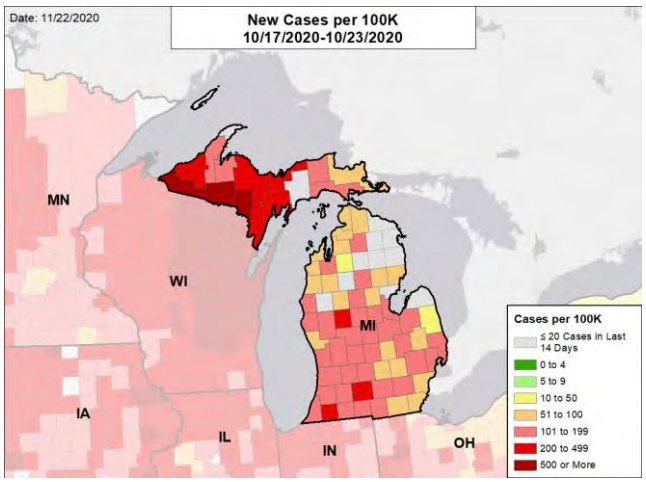
NEW CASES PER 100,000



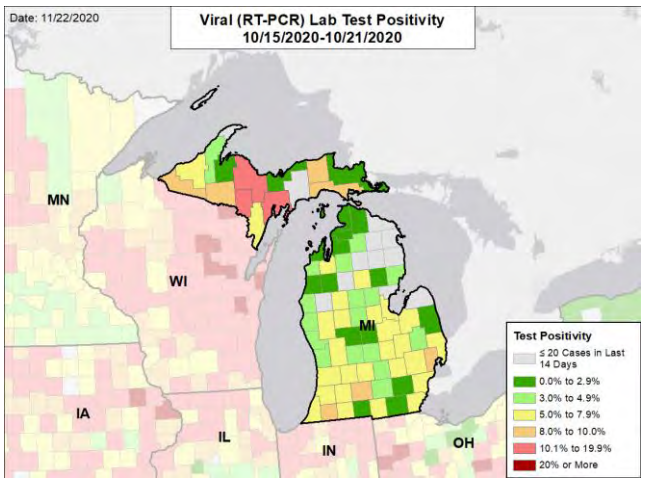
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

MINNESOTA

STATE REPORT
11.22.2020
Issue 23

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, deaths, and test positivity requires observance of intensified mitigation measures. Minnesota 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. Minnesota is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 14th highest rate in the country.
- Minnesota has seen an increase in new cases and a decrease in test positivity.
- Hospitalizations continued to increase sharply, with the seven-day new admissions trend hitting a record. Large numbers of health care workers are unable to work due to infection with or exposure to SARS-CoV-2. Deaths also continued to increase rapidly.
- 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 33.2% of new cases in Minnesota but the greatest growth in cases has been in central and northern Minnesota.
- Mitigation measures: Intensified mitigation measures took effect Nov 20.
- 99% of all counties in Minnesota have moderate or high levels of community transmission (yellow, orange, or red zones), with 93% having high levels of community transmission (red zone).
- During the week of Nov 9 - Nov 15, 38% of nursing homes had at least one new resident COVID-19 case, 70% had at least one new staff COVID-19 case, and 13% had at least one new resident COVID-19 death.
- Minnesota had 877 new cases per 100,000 population, compared to a national average of 356 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; 36 to support medical activities from ASPR; 3 to support operations activities from ASPR; and 1 to support operations activities from USCG.
- Between Nov 14 - Nov 20, on average, 242 patients with confirmed COVID-19 and 111 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Minnesota. This is an increase of 15% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- We share the judgement of Minnesota's leaders that the current situation is critical and that improved public observance of social distancing measures is urgently needed to limit overrunning of hospital capacity and additional preventable deaths. The Governor's continued personal guidance on these measures is crucial and is commended.
- Short term mitigation interventions, including restricting indoor dining and limiting or closing areas of congregation without masking, will be needed, as has been successful in the USA and is currently showing effectiveness in Europe. At this point, the rapid increases in cases, hospitalizations, and deaths throughout the state support the importance of the additional steps taken last week. Additional measures should be taken, including augmented communications to reinforce messaging around social gatherings throughout the ongoing holiday season and a new asymptomatic surveillance approach to limit community spread.
- These increased mitigation measures are a short-term sacrifice to protect the vulnerable as the U.S. bridges to the rapid vaccination of vulnerable populations over the next few months. Maximizing control of transmission now will also 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 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.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings.
- Given increasing outbreaks and deaths in nursing homes, ensure increased frequency of LTCF testing and rapid implementation of vaccination into LTCFs as vaccine becomes available.
- 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. Limiting exposure of additional households and vulnerable individuals at Thanksgiving and other holiday functions is critical. 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, and utilize the Abbot BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread.
- Ensure all clinical facilities, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each resource. ensure support for platforms for efficient intra- and inter-state patient transfers as needed.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

MINNESOTA

STATE REPORT | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	49,438 (877)	+34%	330,352 (629)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	14.8%	-2.6%*	14.2%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	466,986** (8,280**)	+25%**	2,500,165** (4,758**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	310 (5.5)	+24%	2,561 (4.9)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	38%	+12%*	32%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	70%	+11%*	60%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	13%	+5%*	12%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	2,473 (23)	+15% (+19%)	31,487 (26)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.

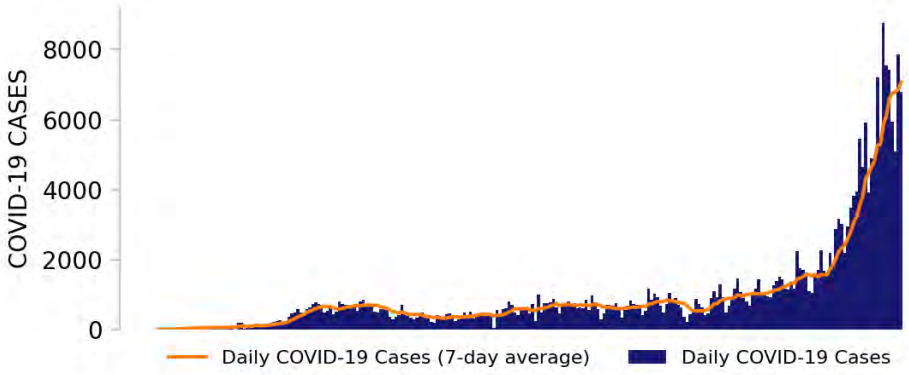
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

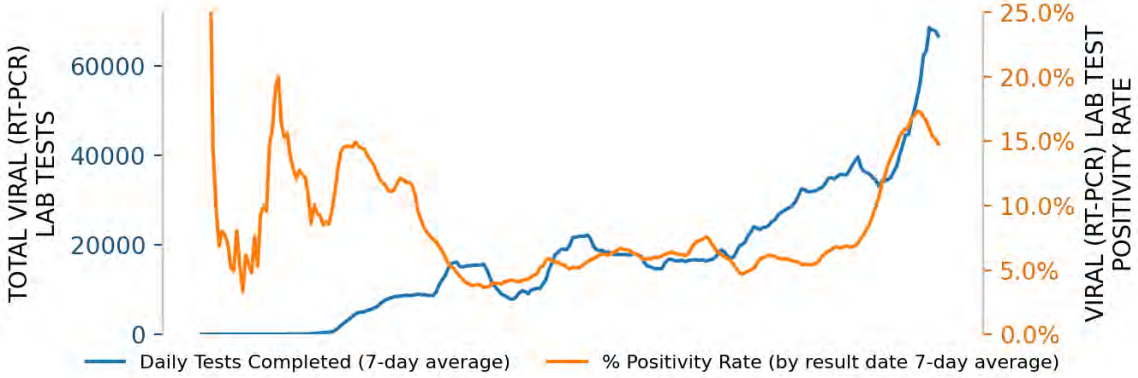
MINNESOTA

STATE REPORT | 11.22.2020

NEW CASES

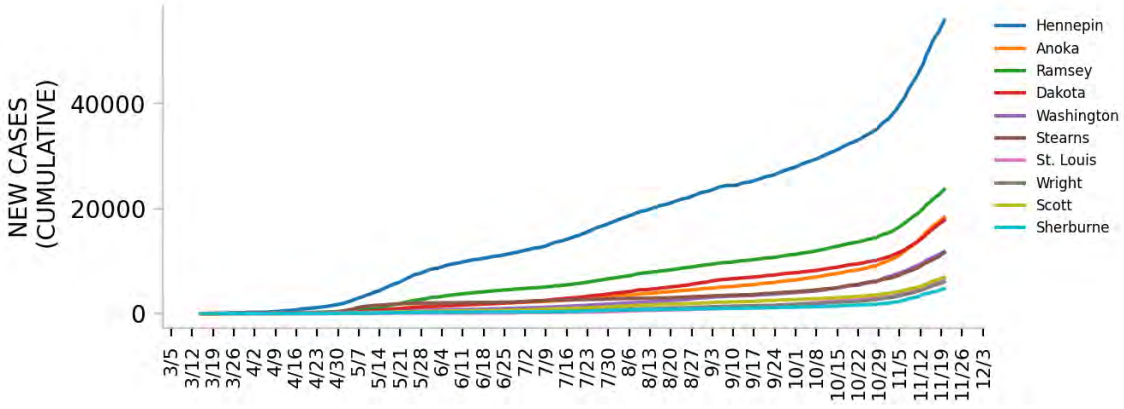


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/20/2020.

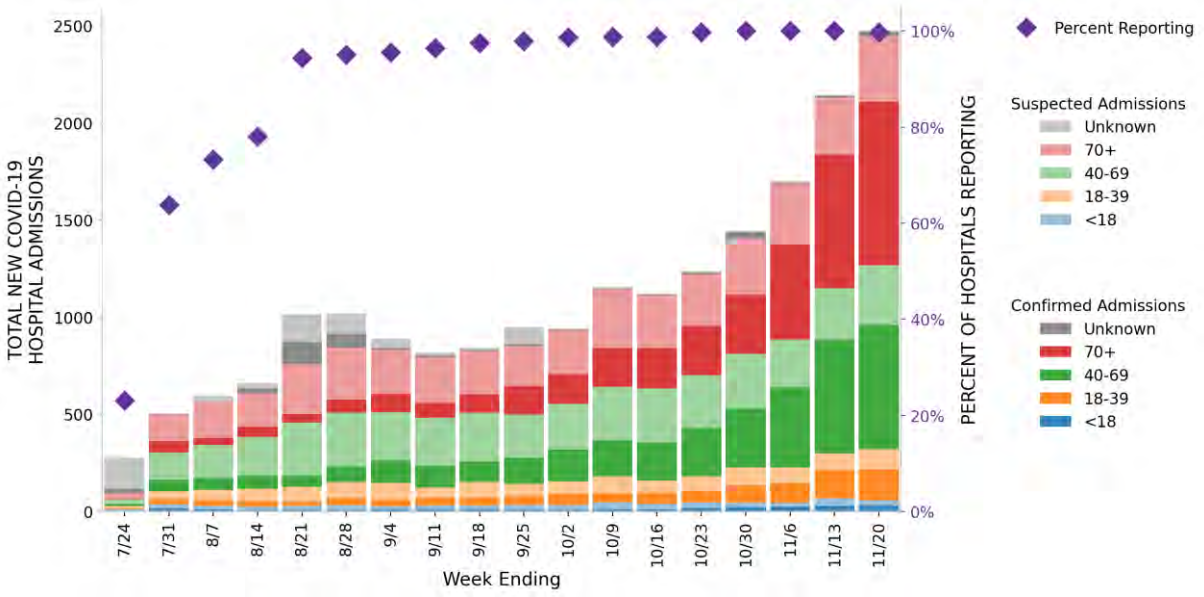
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

MINNESOTA

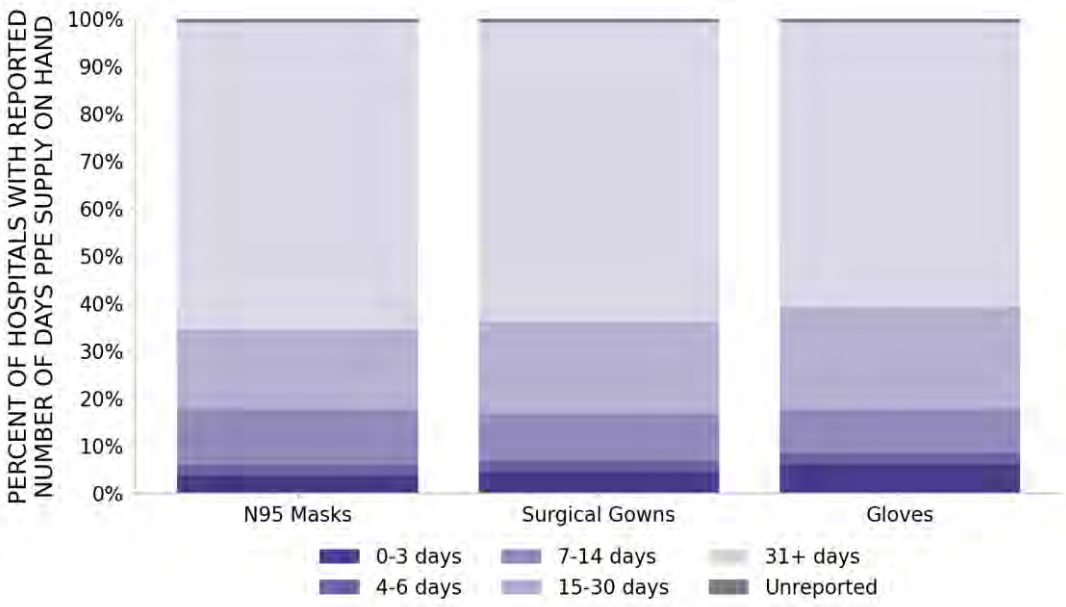
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

MINNESOTA

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**26** ■ (+0)	Minneapolis-St. Paul-Bloomington St. Cloud Duluth Rochester Brainerd Mankato Faribault-Northfield Fargo Fergus Falls Willmar Alexandria Grand Forks	**81** ▼ (-3)	Hennepin Anoka Ramsey Dakota Washington Stearns St. Louis Wright Scott Sherburne Carver Crow Wing
LOCALITIES IN ORANGE ZONE	**0** ■ (+0)	N/A	**4** ▲ (+3)	Olmsted Fillmore Chippewa Stevens
LOCALITIES IN YELLOW ZONE	**0** ■ (+0)	N/A	**1** ▲ (+1)	Lake of the Woods

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

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

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

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

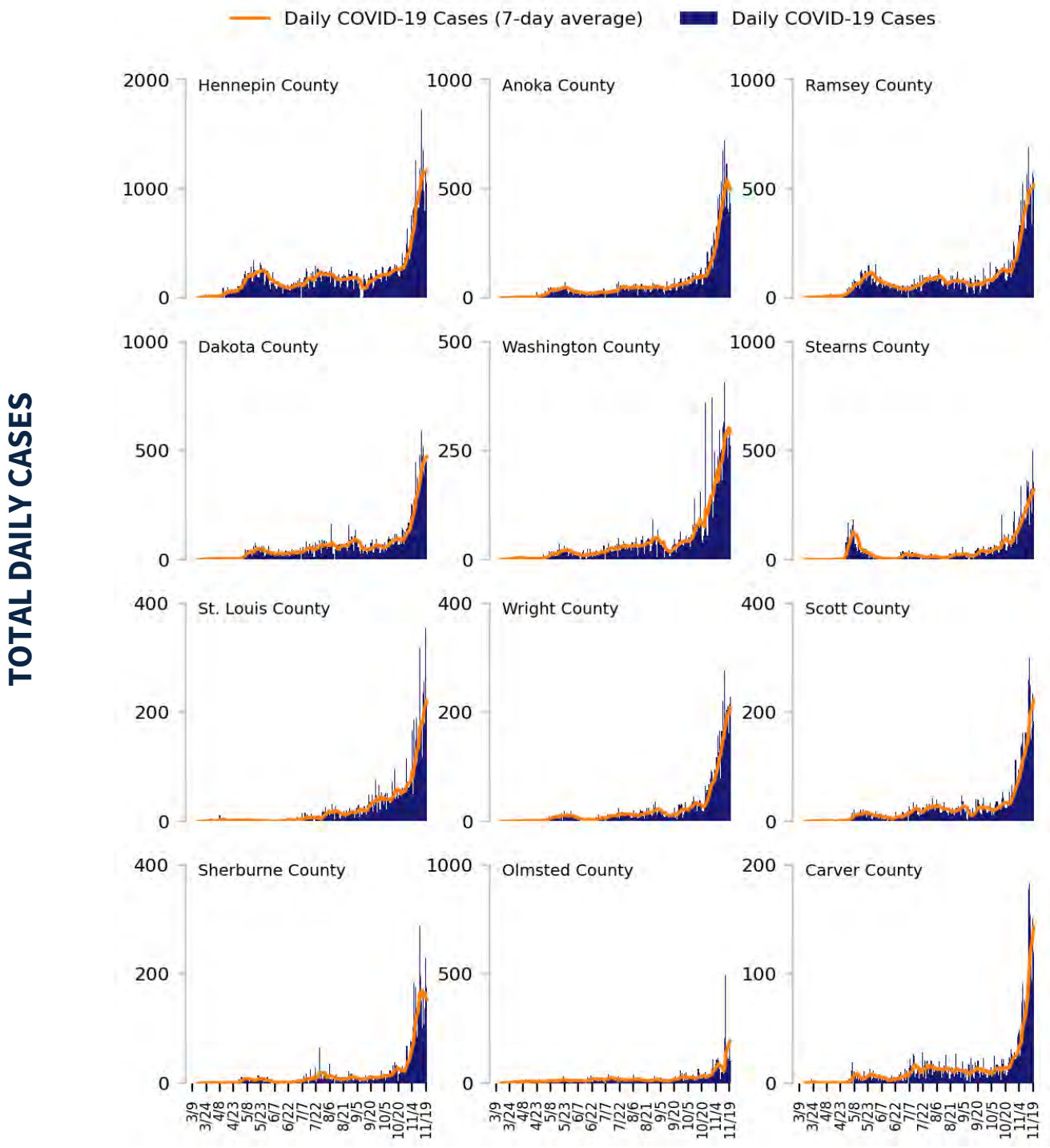
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



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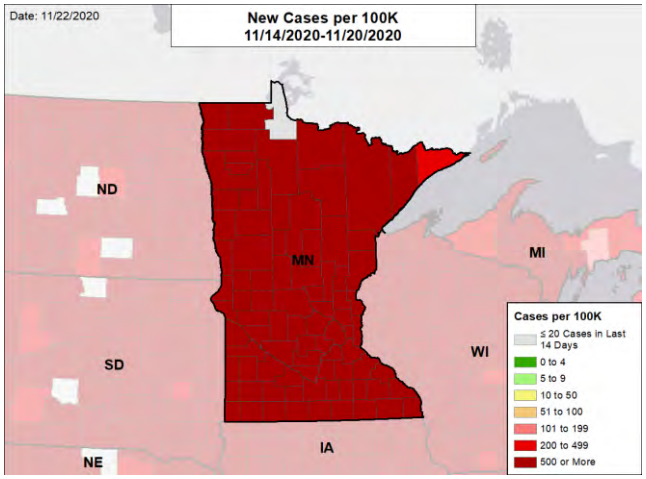
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

MINNESOTA

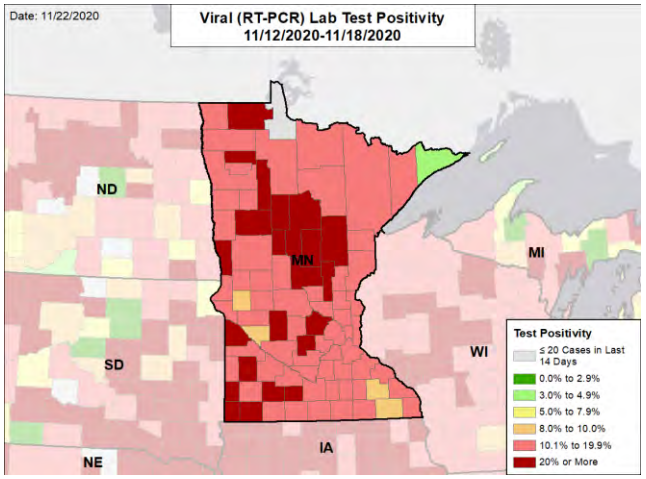
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

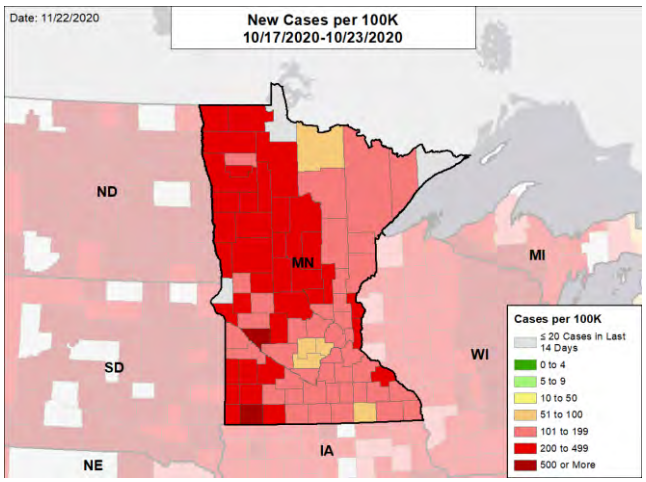
NEW CASES PER 100,000



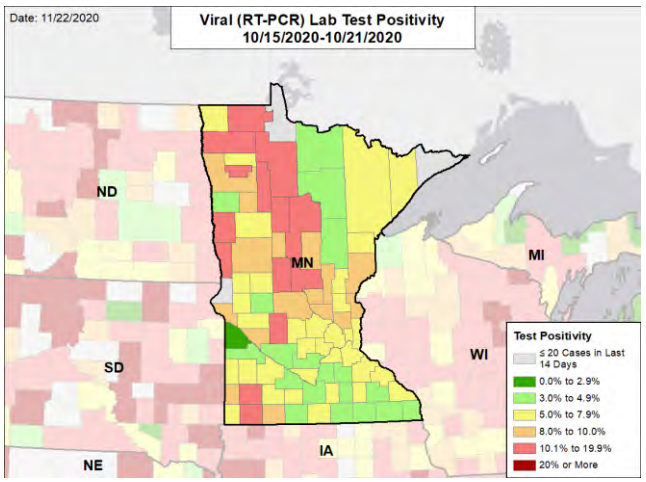
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

MISSISSIPPI

SUMMARY

- Mississippi is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 33rd highest rate in the country. Mississippi is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 24th highest rate in the country.
- Mississippi has seen a significant increase in new cases, high test positivity, and rising hospitalizations. Mitigation must be increased now to ensure hospital staff capacity.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. DeSoto County, 2. Hinds County, and 3. Harrison County. These counties represent 20.1% of new cases in Mississippi.
- 87% of all counties in Mississippi have moderate or high levels of community transmission (yellow, orange, or red zones), with 63% having high levels of community transmission (red zone).
- During the week of Nov 9 - Nov 15, 18% 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.
- New hospital admissions in Mississippi are increasing, especially in those over 70.
- Mississippi had 284 new cases per 100,000 population, compared to a national average of 356 per 100,000.
- Between Nov 14 - Nov 20, on average, 111 patients with confirmed COVID-19 and 42 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Mississippi. This is an increase of 18% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household 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 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 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.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, 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 significant amount of virus circulating and the high rate of asymptomatic and undiagnosed infections among family and community members. Public spaces where masking is not possible must have a significant reduction in capacity or close.
- 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 universities returning in the winter move to mandatory weekly testing of all on and off campus students. Planning for that must begin now.
- There continue to be high levels of positive staff at LTCFs, indicative of continued and unmitigated community spread in these geographic locations.
- 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 | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	8,459 (284)	+19%	174,589 (261)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	12.3%	-0.1%*	9.5%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	25,832** (868**)	+11%**	1,329,742** (1,987**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	124 (4.2)	+23%	1,821 (2.7)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	18%	-4%*	20%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	39%	+9%*	39%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	+2%*	7%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,071 (13)	+18% (+17%)	24,027 (16)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.

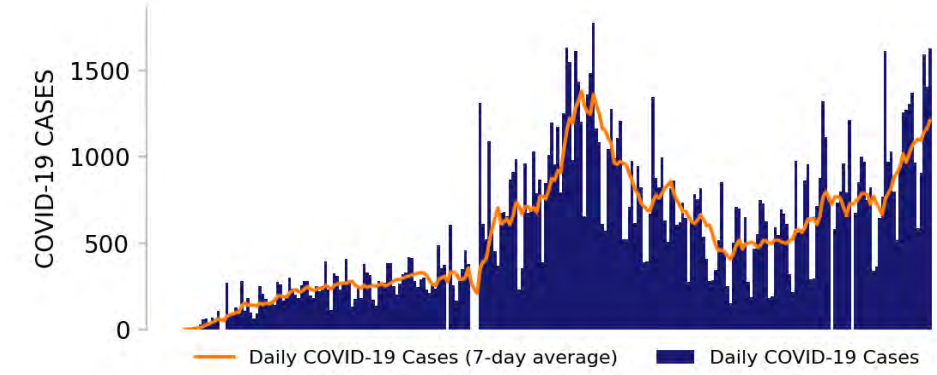
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

MISSISSIPPI

STATE REPORT | 11.22.2020

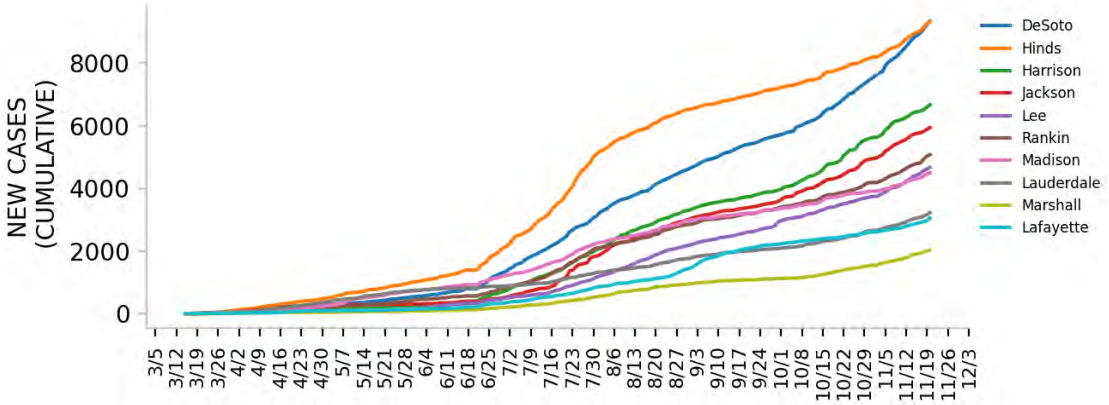
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/20/2020.

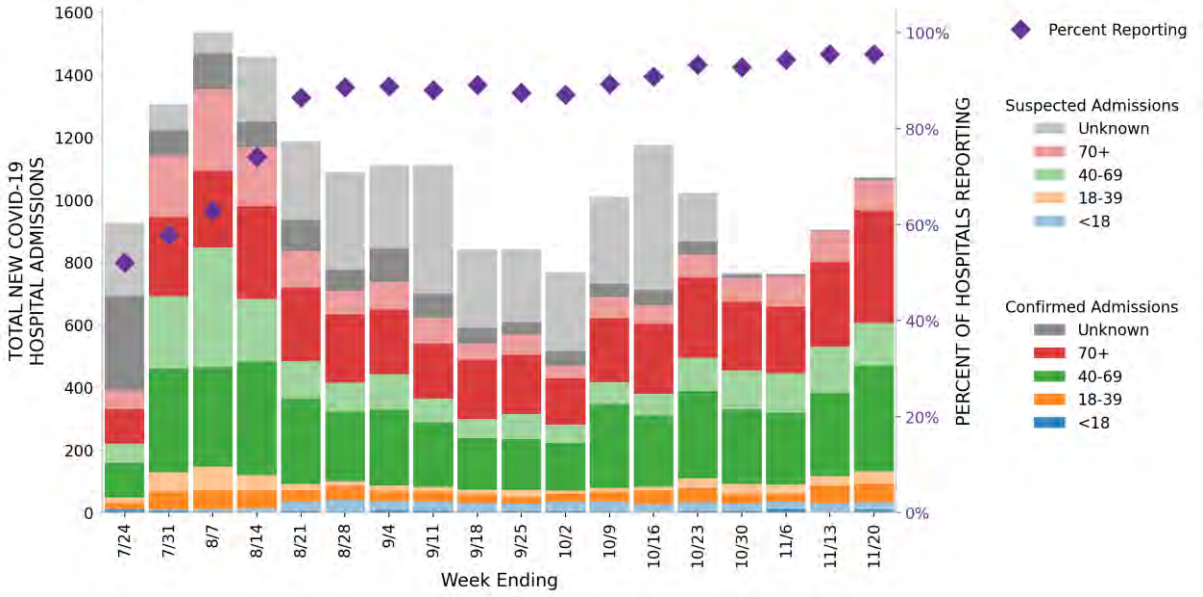
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

MISSISSIPPI

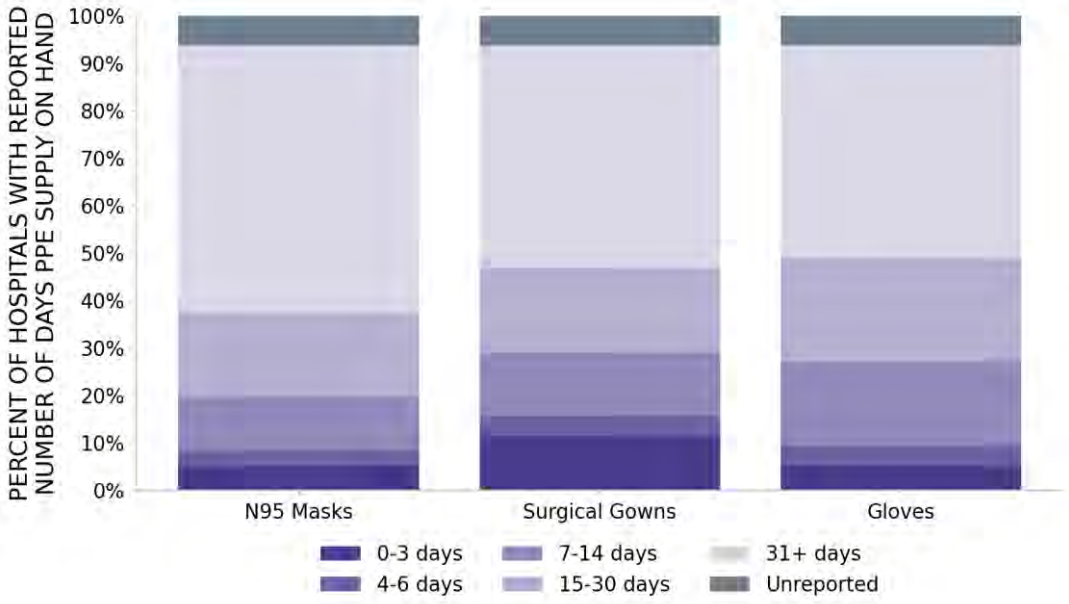
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

MISSISSIPPI

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**14** ■ (+0)	Jackson Memphis Gulfport-Biloxi Tupelo Meridian Greenwood Corinth Natchez Picayune Indianola Clarksdale McComb	**52** ▲ (+3)	DeSoto Hinds Jackson Lee Rankin Lauderdale Marshall Forrest Alcorn Pontotoc Tate Panola
LOCALITIES IN ORANGE ZONE	**4** ▲ (+1)	Hattiesburg Greenville Brookhaven Vicksburg	**11** ▲ (+2)	Harrison Madison Washington Lamar Lincoln Tishomingo Chickasaw Lawrence Warren Leake Kemper
LOCALITIES IN YELLOW ZONE	**4** ▼ (-1)	Oxford Laurel Columbus Cleveland	**8** ▼ (-3)	Lafayette Lowndes Jones Bolivar Hancock Marion Yalobusha Calhoun

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

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

All Red Counties: DeSoto, Hinds, Jackson, Lee, Rankin, Lauderdale, Marshall, Forrest, Alcorn, Pontotoc, Tate, Panola, Monroe, Prentiss, Neshoba, Winston, Leflore, Attala, Itawamba, Tippah, Adams, Pearl River, Sunflower, Stone, Coahoma, Pike, Carroll, Copiah, Scott, George, Simpson, Montgomery, Newton, Clay, Benton, Wayne, Grenada, Perry, Greene, Choctaw, Jasper, Walthall, Clarke, Tallahatchie, Holmes, Franklin, Amite, Tunica, Jefferson, Humphreys, Quitman, Claiborne

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

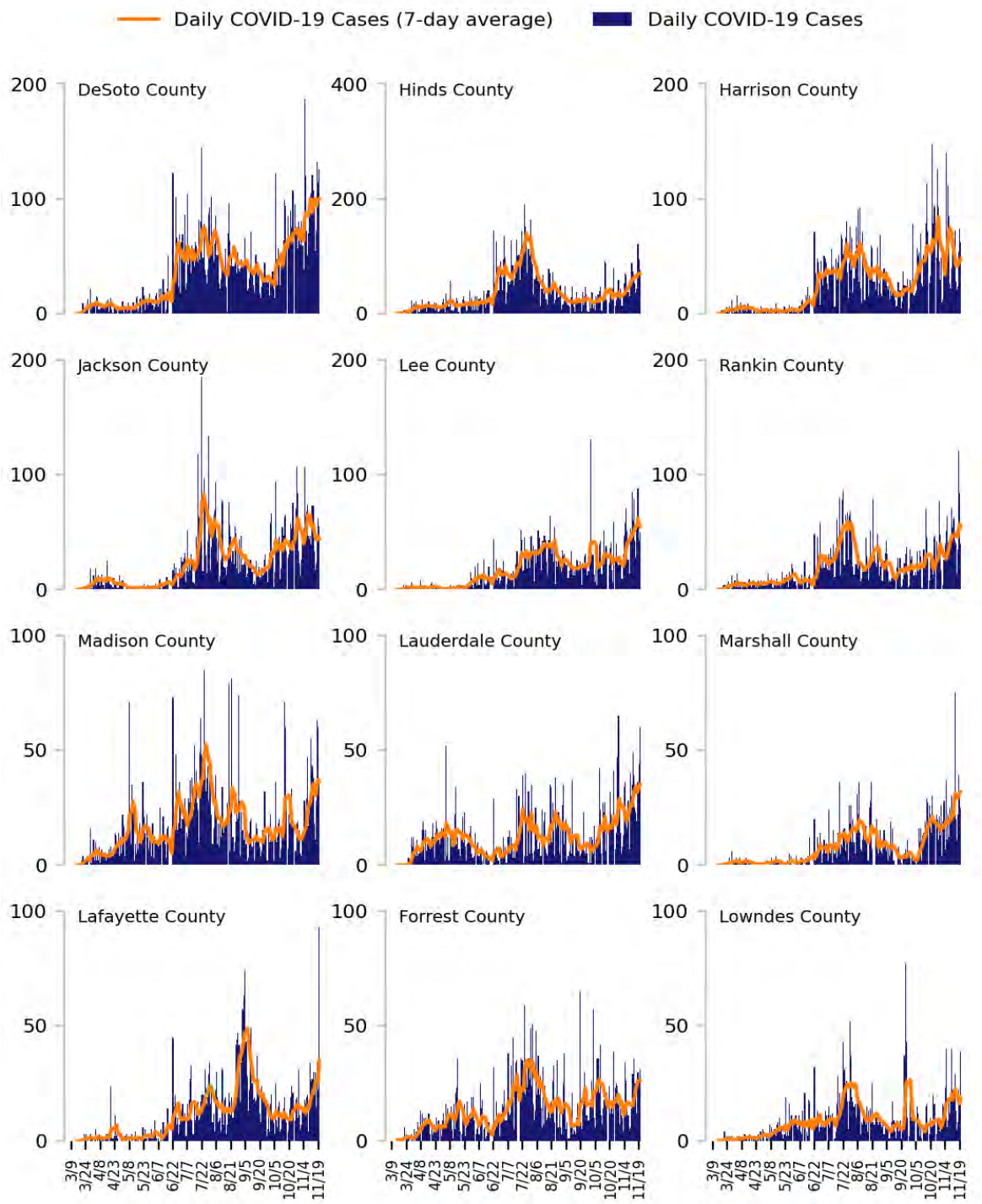
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

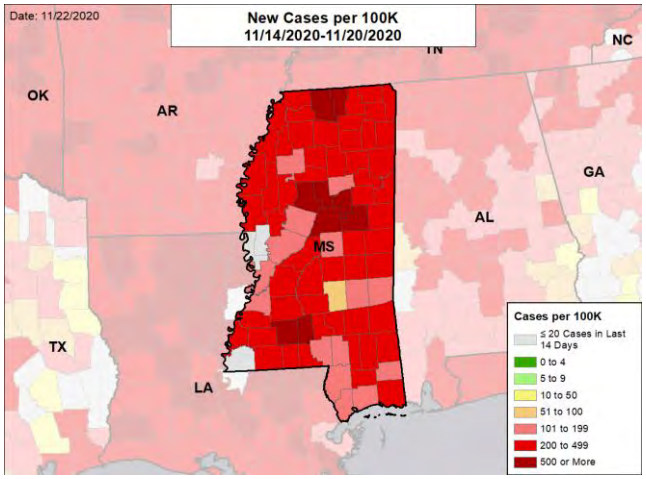
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

MISSISSIPPI

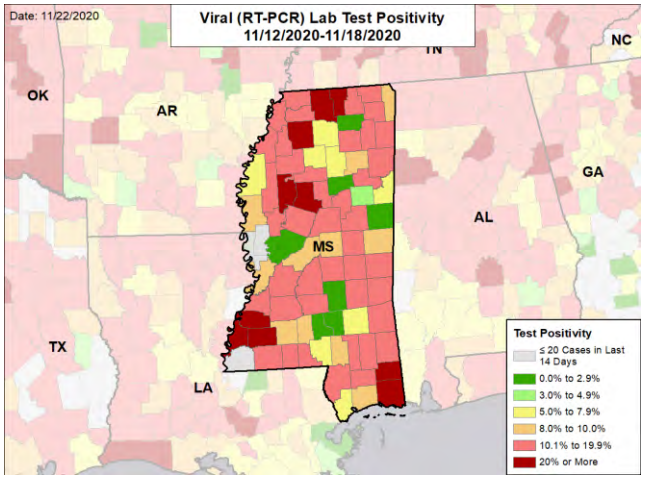
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

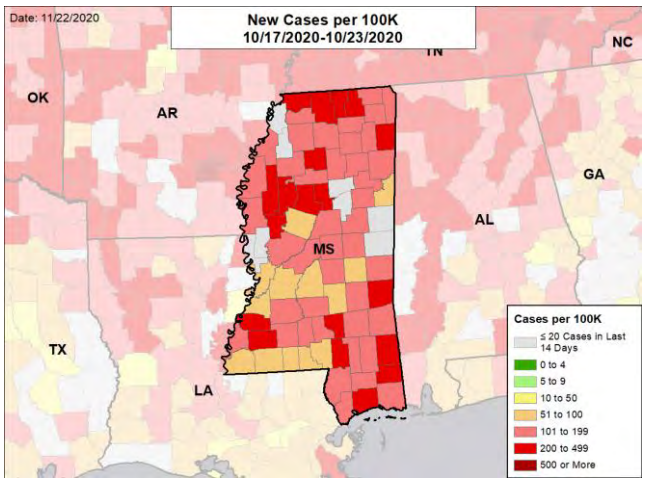
NEW CASES PER 100,000



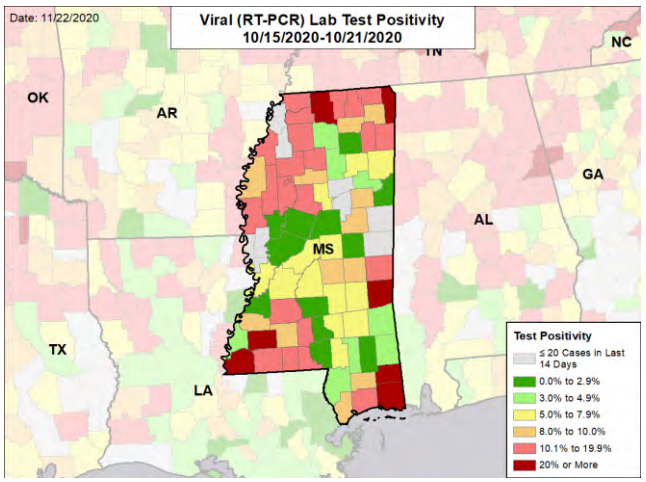
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

MISSOURI

STATE REPORT
11.22.2020
Issue 23

SUMMARY

- Missouri 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. Missouri is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 5th highest rate in the country.
- Missouri has seen an increase in new cases and a decrease 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 35.4% of new cases in Missouri.
- 100% 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 9 - Nov 15, 31% of nursing homes had at least one new resident COVID-19 case, 54% had at least one new staff COVID-19 case, and 10% had at least one new resident COVID-19 death.
- Missouri had 547 new cases per 100,000 population, compared to a national average of 356 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 83 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, Lee's Summit, and St. Louis.
- Between Nov 14 - Nov 20, on average, 342 patients with confirmed COVID-19 and 244 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Missouri. This is an increase of 7% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- Expand strong Thanksgiving messaging: 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 is extensive and unyielding spread with hospitalizations increasing week over week; mitigation and messaging needs to be further strengthened as other states have done. Effective practices to decrease transmission in public spaces include requiring masks, limiting restaurant indoor capacity to less than 25%, and closing bars until cases and test positivity decrease to the yellow zone. Strong mitigation efforts by neighboring states are showing early impact.
- Ensure compliance with public health orders, including wearing masks.
- Target antigen testing to the asymptomatic populations under 35 years old. Incentivize testing to those populations.
- 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.
- Stay vigilant with nursing home staff and residents; over 50% of nursing homes have COVID positive staff and over 30% have COVID positive residents, 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.
- New hospital admissions in Missouri are increasing across all age groups.
- Ensure all hospitals are capacitated with updated training on use and timing of effective interventions, contingency staffing plans with appropriate task-shifting, and maximized access to medications and supplies. Ensure ongoing communication with state and federal partners and that hospital reporting on staffing, bed availability, and supplies is maintained to allow triage and assistance. Expansion of telehealth and remote clinical consultation capacity is an important achievement and should be established across Missouri.
- 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.

COVID-19

MISSOURI

STATE REPORT | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	33,579 (547)	+13%	97,425 (689)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	20.0%	-1.3%*	20.9%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	93,761** (1,528**)	+5%**	327,060** (2,313**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	181 (2.9)	-21%	638 (4.5)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	31%	+5%*	32%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	54%	+7%*	60%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	10%	+1%*	10%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	4,106 (24)	+7% (+11%)	9,294 (25)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.

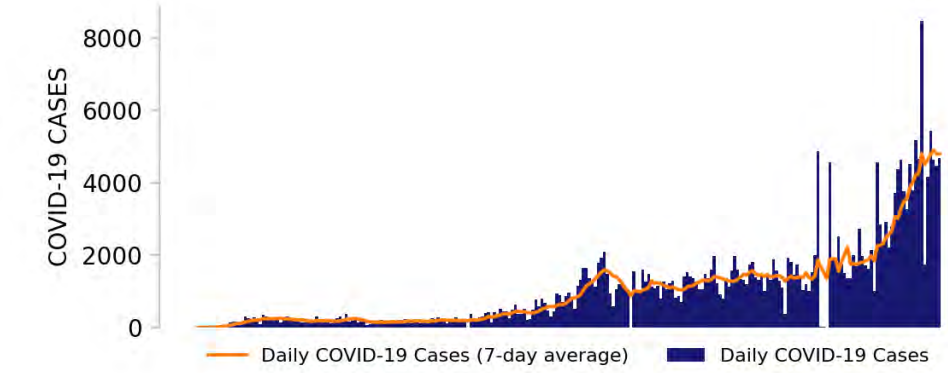
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

MISSOURI

STATE REPORT | 11.22.2020

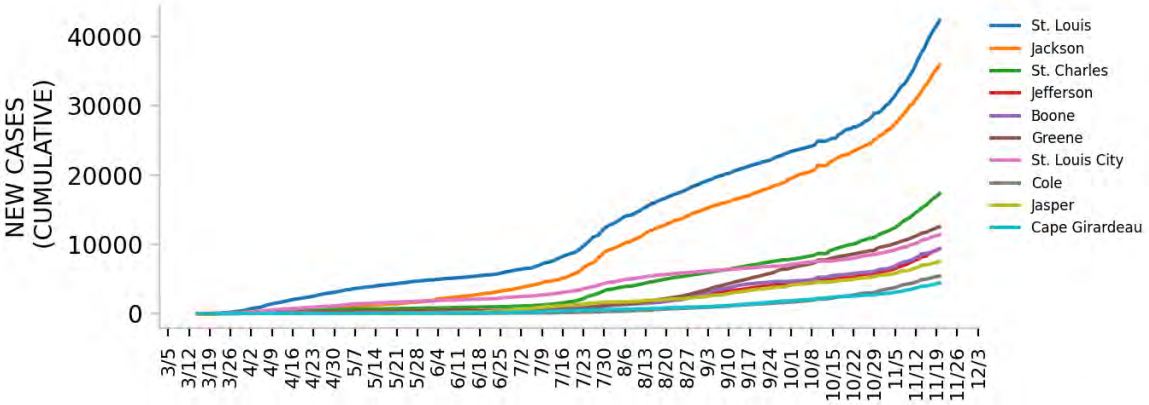
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/20/2020.

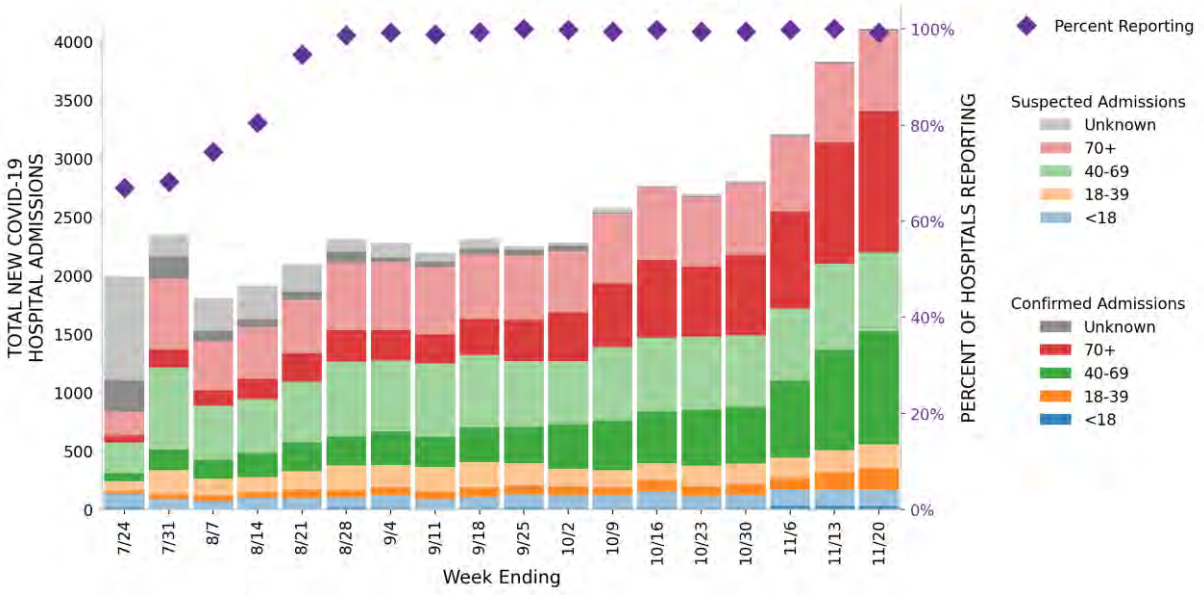
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/18/2020.

MISSOURI

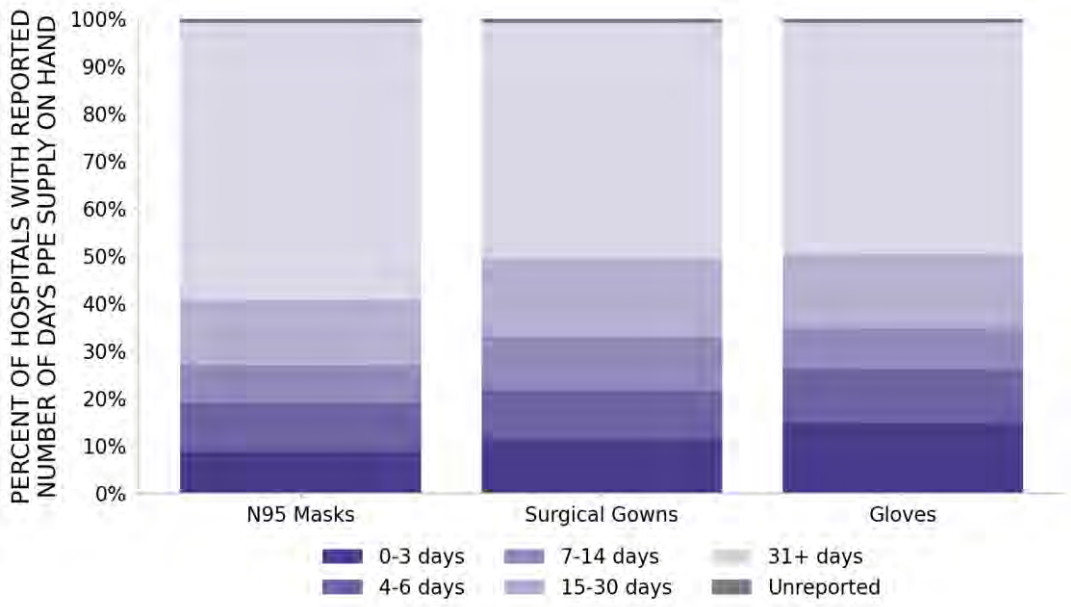
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

MISSOURI

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**27** ▲ (+1)	St. Louis Kansas City Springfield Jefferson City Columbia Joplin Cape Girardeau Farmington St. Joseph Sikeston Sedalia Poplar Bluff	**111** ■ (+0)	St. Louis Jackson St. Charles Jefferson Boone Greene St. Louis City Cole Jasper Cape Girardeau St. Francois Clay
LOCALITIES IN ORANGE ZONE	**0** ▼ (-1)	N/A	**2** ▲ (+1)	Dallas Ozark
LOCALITIES IN YELLOW ZONE	**0** ■ (+0)	N/A	**2** ▲ (+1)	Polk Shannon

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, Sikeston, Sedalia, Poplar Bluff, Hannibal, Warrensburg, Branson, Rolla, Kirksville, Maryville, Marshall, Moberly, Lebanon, Kennett, Fort Leonard Wood, Mexico, West Plains, Quincy, Fort Madison-Keokuk

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

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

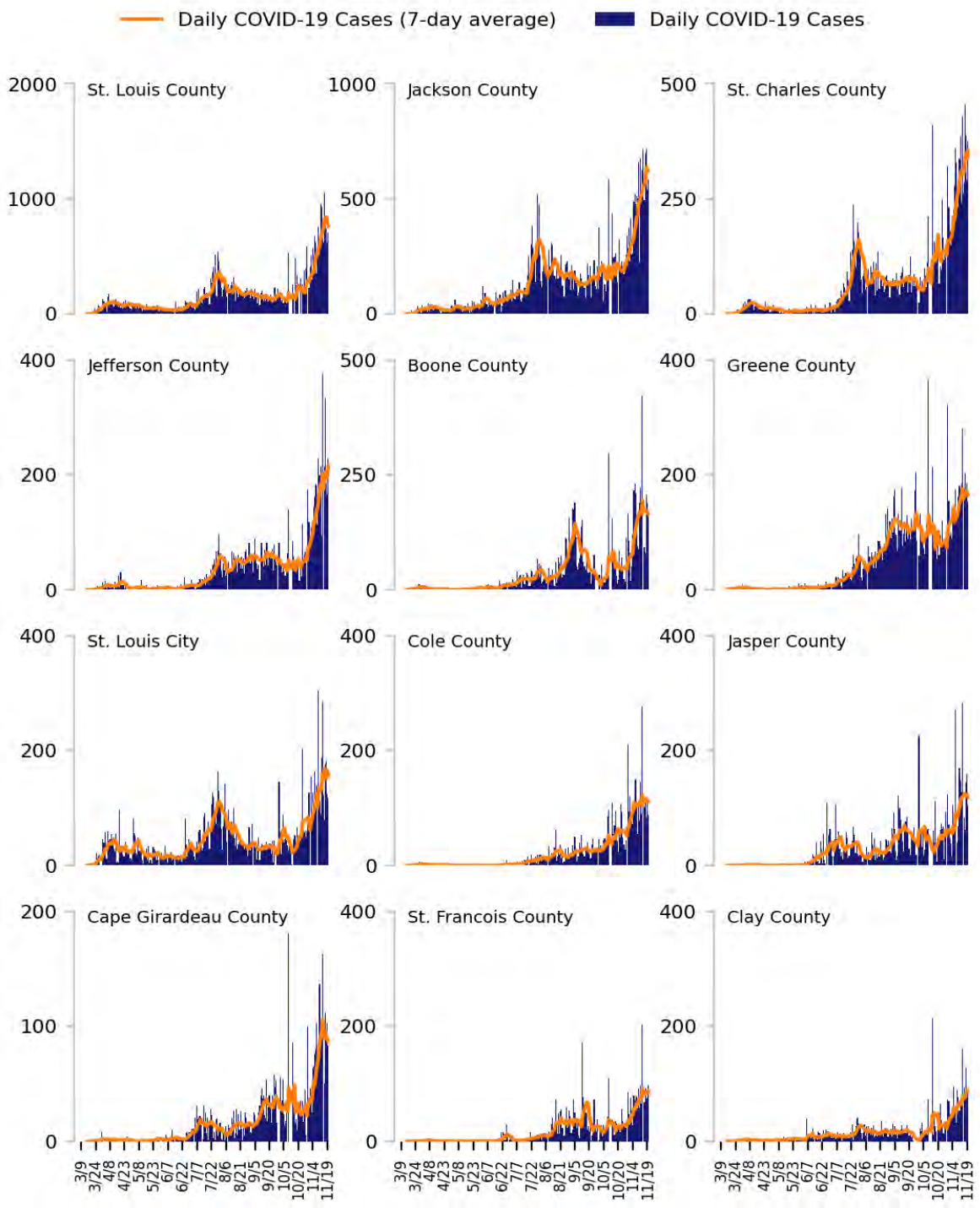
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/20/2020.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

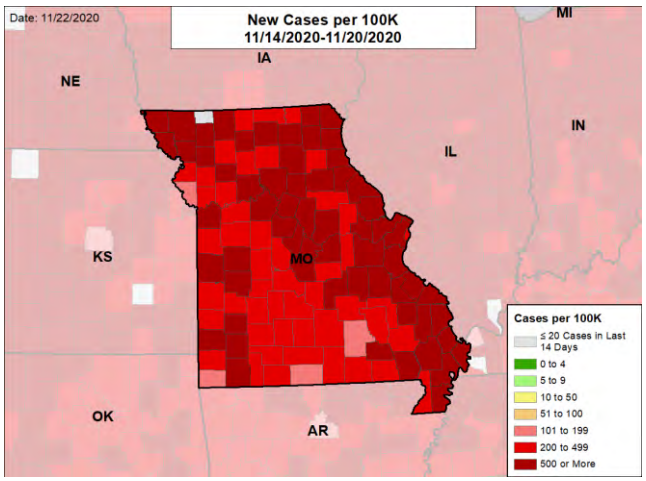
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

MISSOURI

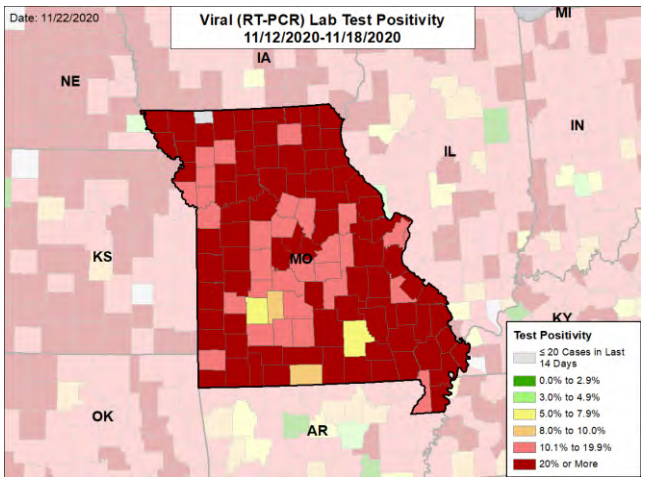
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

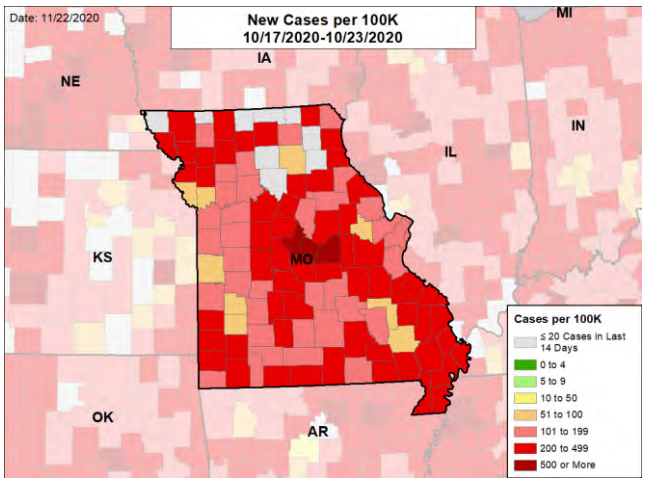
NEW CASES PER 100,000



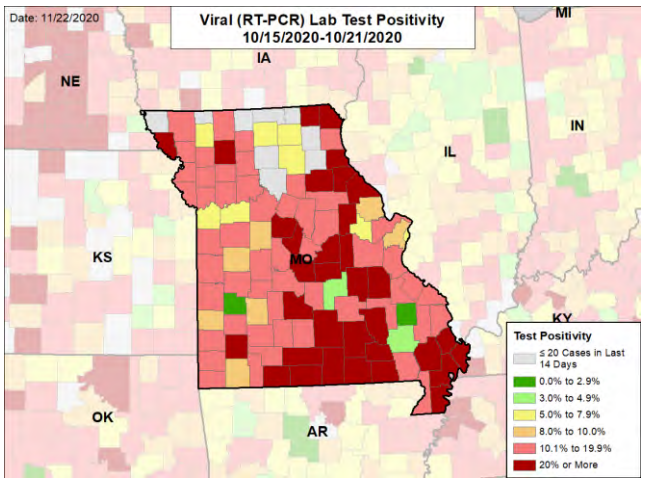
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

MONTANA

SUMMARY

- Montana 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. Montana is in the red zone for test positivity, indicating a rate at or above 10.1%, with the highest rate in the country.
- Montana has seen an increase in new cases and an increase in test positivity. Compared to the week before, case rates increased in 43 counties and test positivity increased in 25 counties in the past week. Test positivity exceeded 20% in 43 counties.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Gallatin County, 2. Yellowstone County, and 3. Cascade County. These counties represent 39.2% of new cases in Montana.
- 89% of all counties in Montana have moderate or high levels of community transmission (yellow, orange, or red zones), with 86% having high levels of community transmission (red zone).
- In the Billings hospital service area, inpatient bed utilization is reportedly over 88% and ICU bed utilization is over 90%.
- During the week of Nov 9 - Nov 15, 34% of nursing homes had at least one new resident COVID-19 case, 64% had at least one new staff COVID-19 case, and 16% had at least one new resident COVID-19 death. Multiple outbreaks in nursing homes and care facilities were reported, the largest in Kalispell, Hamilton, and Butte.
- Montana had 858 new cases per 100,000 population, compared to a national average of 356 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; 31 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 4 to support operations activities from CDC.
- Between Nov 14 - Nov 20, on average, 88 patients with confirmed COVID-19 and 27 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Montana. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- Recent requirement for facial coverings is a critically important advance and highly commendable. Given intensity of transmission throughout the state, a consideration for further mitigation may be needed.
- At a test positivity rate of almost 30%, testing is inadequate throughout the state. Interrupting transmission is greatly facilitated through identification and isolation of cases, which will require greater access to testing.
- At the time of testing, provide written and verbal education with instruction to isolate (and how to isolate) until results are returned and to continue isolation if results are positive.
- As much as is feasible, maintain contact tracing efforts by making the process more efficient (focusing the interview and providing instructions on isolation and quarantine by text or email), expanding staff through task-shifting, and using clear scripts and protocols.
- There is still an opportunity to prevent a further increase in transmission around the holidays; all media platforms (conventional and social) should be saturated with public health messaging on the risks of social gatherings, the clear recommendation to avoid such gatherings, the critical need for face coverings and social distancing, and instructions on how to report non-compliance of local businesses.
- Recruit clinical personnel from local facilities to convey local messages and pleas for adherence to face covering and social distancing and appeal to community coherence and responsibility, using champions from different political and cultural belief systems to convey local messages about the importance of mitigation efforts.
- Wastewater surveillance has proven valuable as an early signal and should be scaled up at the most local level practical.
- Staff who work with any 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. Monitor and ensure all long-term care facilities are completely adherent to CMS guidelines.
- Ensure all clinical facilities throughout the state, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including for outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies and staffing, and are accurately reporting current status of each. Ensure platforms for efficient intra- and inter-state notification of shortages and opportunities for exchanges of supplies and staffing between all facilities, public and private.
- Aggressively deploy flu vaccine campaigns.
- Continue to promote weekly testing of all Tribal communities, regardless of symptoms. Test results should be rapid, 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.

COVID-19

MONTANA

STATE REPORT | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	9,172 (858)	+45%	92,215 (752)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	28.9%	+0.7%*	15.7%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	36,185** (3,386**)	+2%**	534,526** (4,360**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	87 (8.1)	+47%	735 (6.0)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	34%	+13%*	31%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	64%	+12%*	59%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	16%	+7%*	13%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	804 (28)	+4% (+1%)	5,793 (24)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.

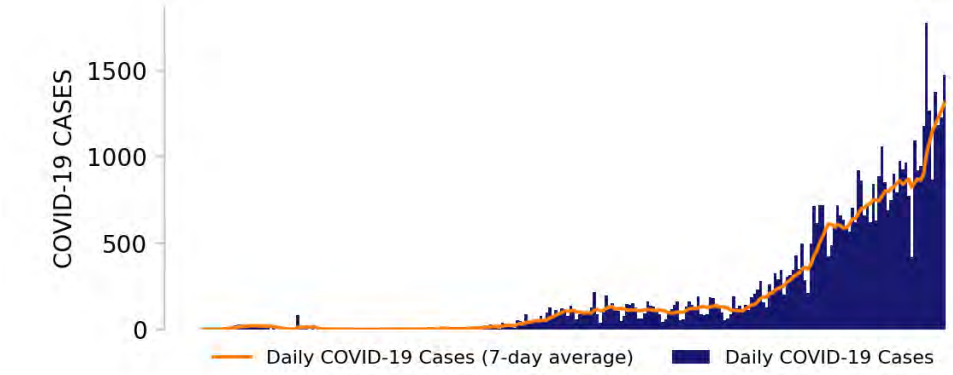
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

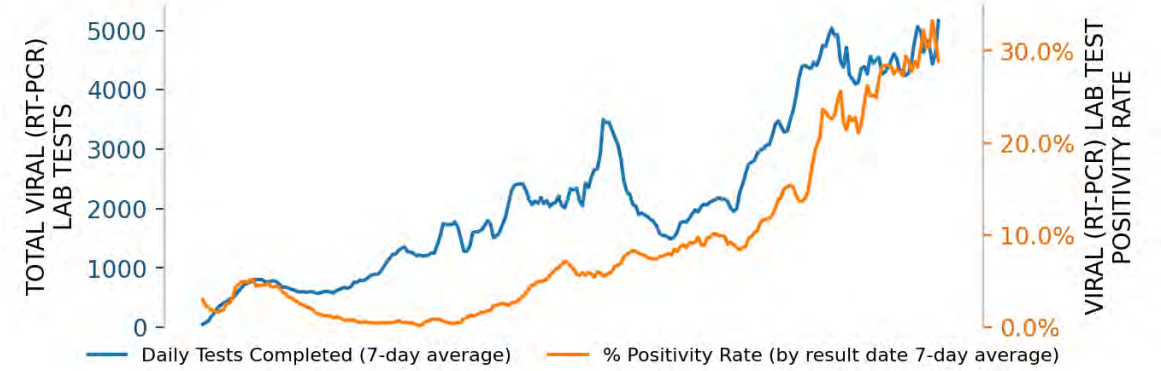
MONTANA

STATE REPORT | 11.22.2020

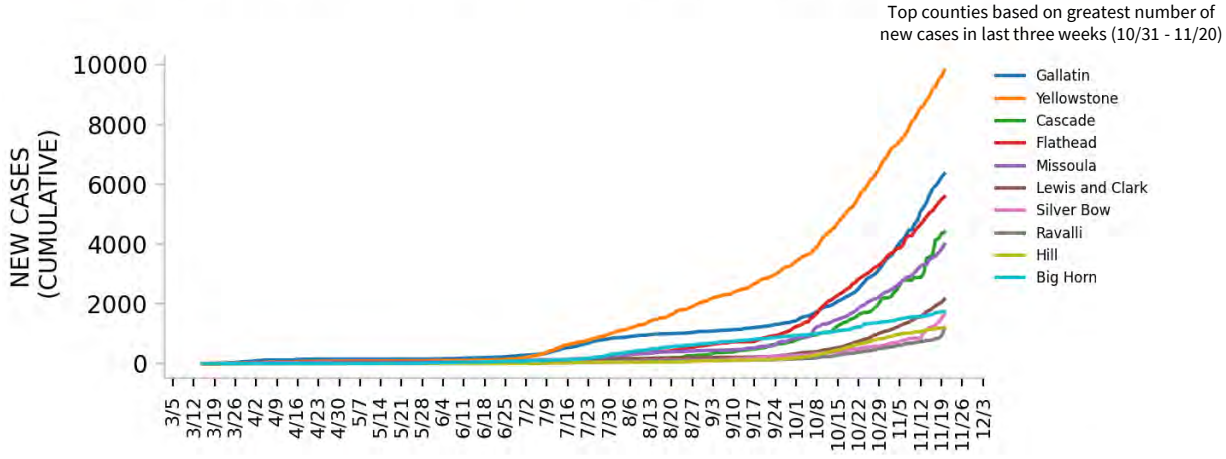
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020.

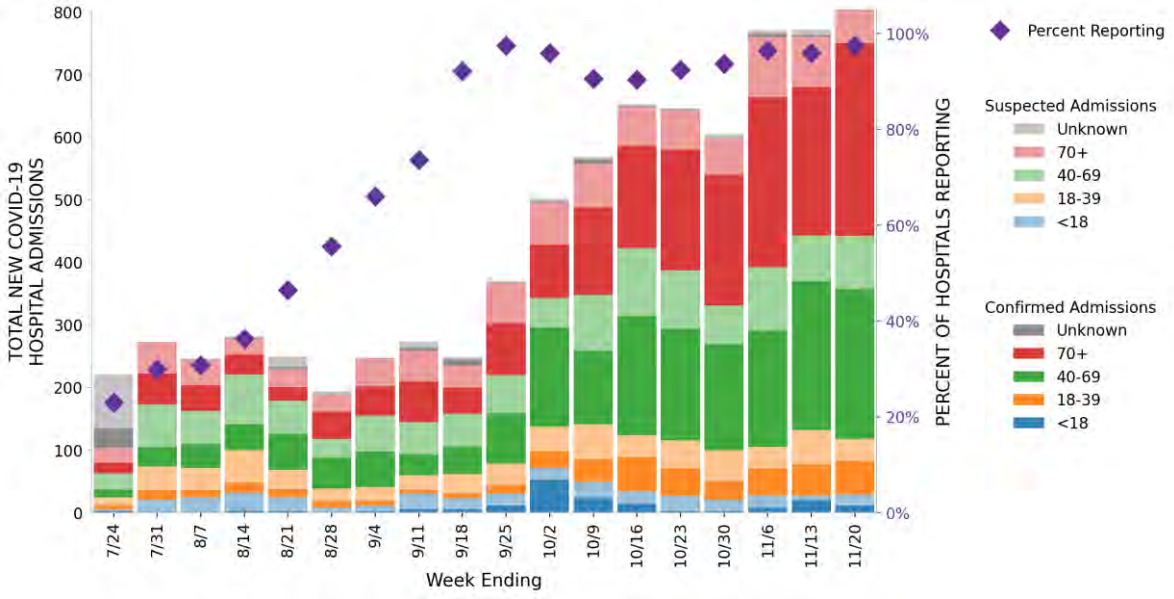
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

MONTANA

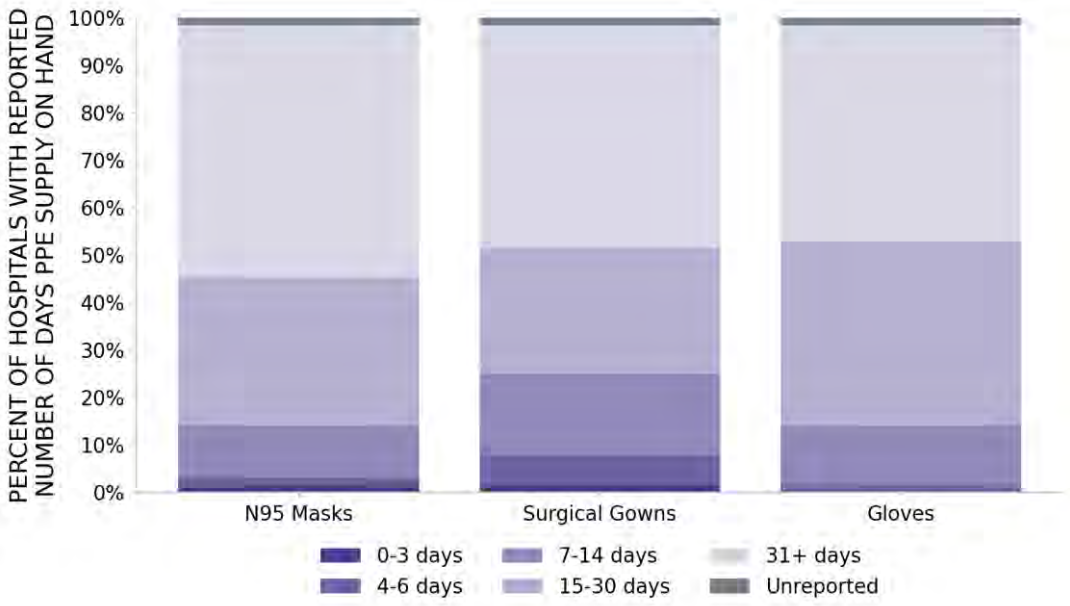
STATE REPORT | 11.22.2020

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. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

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MONTANA

STATE REPORT | 11.22.2020

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 Great Falls Kalispell Missoula Helena Butte-Silver Bow	**48** ▲ (+7)	Gallatin Yellowstone Cascade Flathead Missoula Lewis and Clark Silver Bow Ravalli Hill Big Horn Lincoln Custer
LOCALITIES IN ORANGE ZONE	**0** ■ (+0)	N/A	**2** ▲ (+2)	Glacier Pondera
LOCALITIES IN YELLOW ZONE	**0** ■ (+0)	N/A	**0** ■ (+0)	N/A

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

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

*** 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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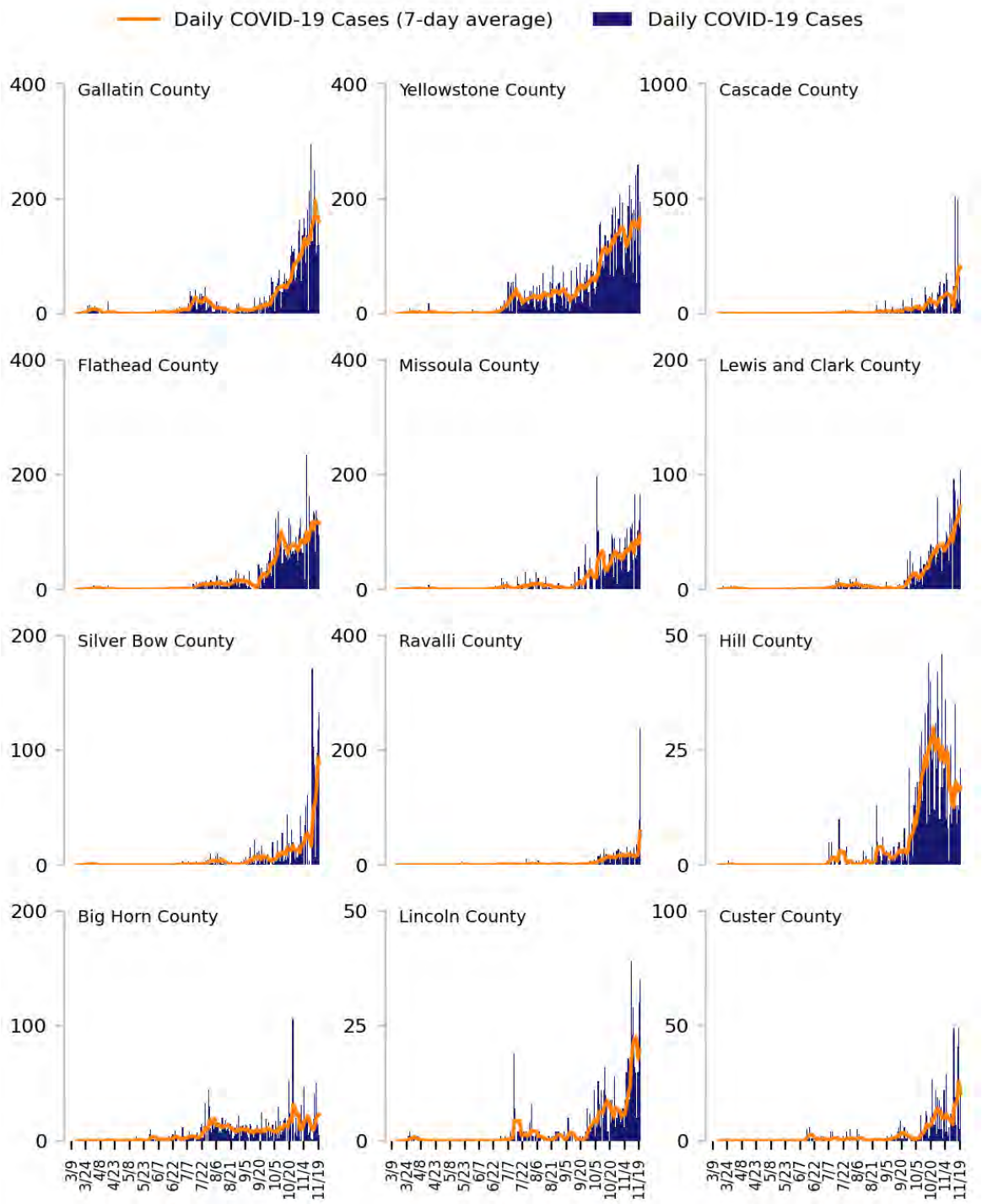
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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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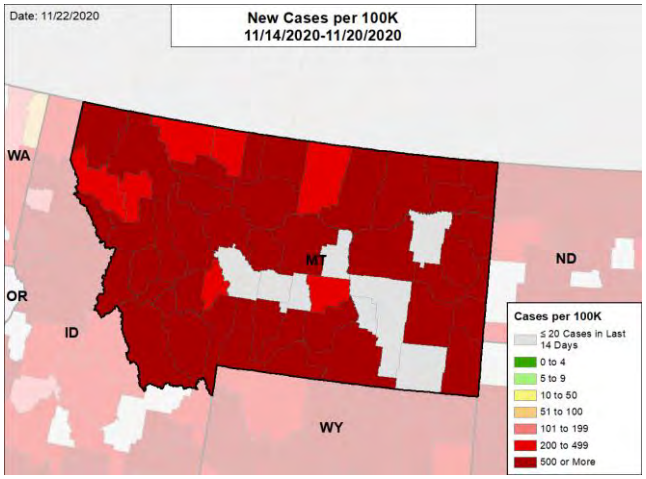
MONTANA

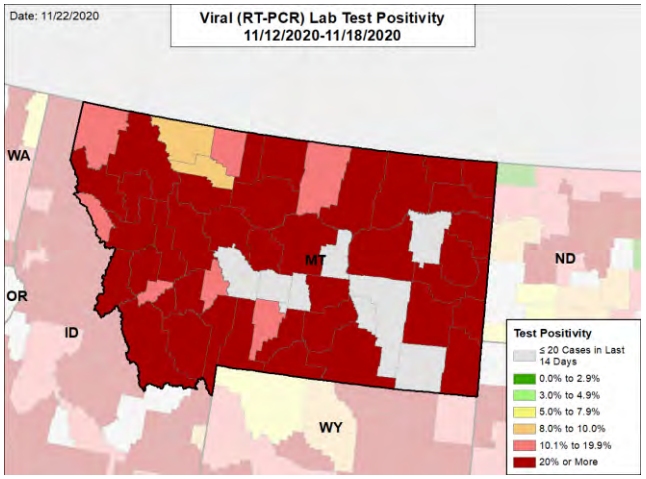
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

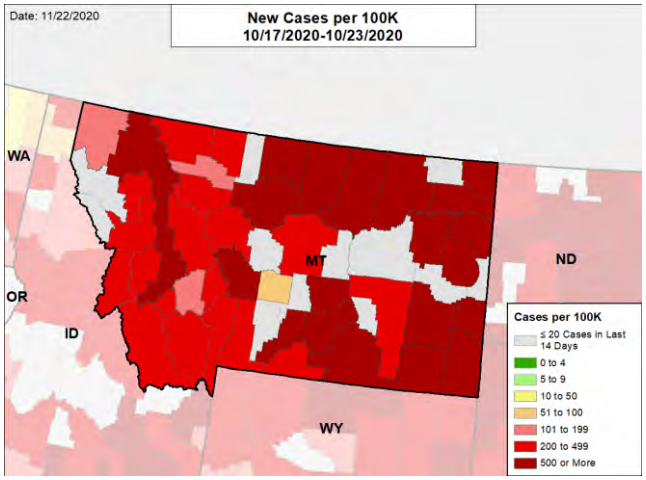
NEW CASES PER 100,000



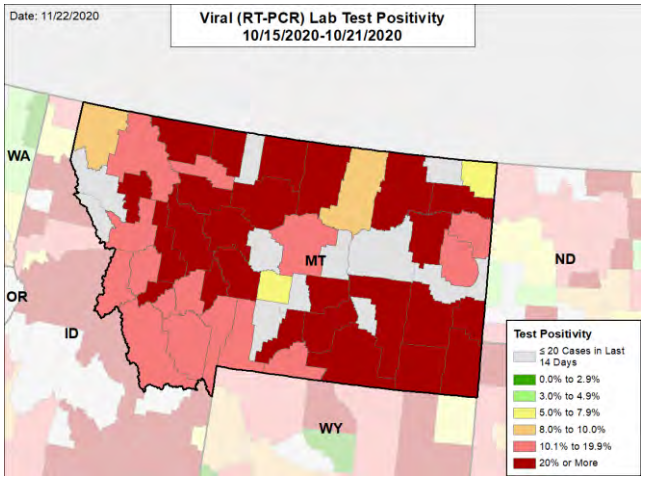
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

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 6th highest rate in the country.
- Nebraska has seen an increase in new cases and a decrease 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 49.7% of new cases in Nebraska.
- 82% of all counties in Nebraska 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 9 - Nov 15, 35% of nursing homes had at least one new resident COVID-19 case, 69% had at least one new staff COVID-19 case, and 9% had at least one new resident COVID-19 death.
- Nebraska had 865 new cases per 100,000 population, compared to a national average of 356 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 14 - Nov 20, on average, 136 patients with confirmed COVID-19 and 50 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Nebraska. This is an increase of 14% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- Need strong Thanksgiving messaging: 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.
- Nearly all counties are in the red zone with extensive and unyielding spread; hospitalizations are increasing week over week; mitigation and messaging needs to be further strengthened as other states have done. Effective practices to decrease transmission in public spaces include requiring masks, limiting restaurant indoor capacity to less than 25%, and closing bars until cases and test positivity decrease to the yellow zone. Strong mitigation efforts by neighboring states are showing early impact.
- Ensure compliance with public health orders, including wearing masks.
- Target antigen testing to the asymptomatic populations under 35 years old. Incentivize testing to those populations.
- 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.
- Stay vigilant with nursing home staff and residents; over 60% of nursing homes have COVID positive staff and over 30% have COVID positive residents, 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.
- New hospital admissions in Nebraska are increasing across all age groups.
- Ensure all hospitals are capacitated with updated training on use and timing of effective interventions, contingency staffing plans with appropriate task-shifting, and maximized access to medications and supplies. Ensure ongoing communication with state and federal partners and that hospital reporting on staffing, bed availability, and supplies is maintained to allow triage and assistance. Expansion of telehealth and remote clinical consultation capacity is an important achievement and should be established across Nebraska.
- Ensure full flu immunizations across the state.
- Tribal Nations: Provide Abbot BinaxNOW tests to Tribal Nations to conduct weekly testing among all of those who live or work on the reservation. Weekly testing will immediately identify positives (asymptomatic and symptomatic), who will isolate and prevent further transmission to the 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.

COVID-19

NEBRASKA

STATE REPORT | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	16,741 (865)	+18%	97,425 (689)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	19.5%	-4.6%*	20.9%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	74,390** (3,846**)	+26%**	327,060** (2,313**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	121 (6.3)	+61%	638 (4.5)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	35%	+9%*	32%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	69%	+5%*	60%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	9%	+0%*	10%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,299 (28)	+14% (+21%)	9,294 (25)	136,015 (19)

* 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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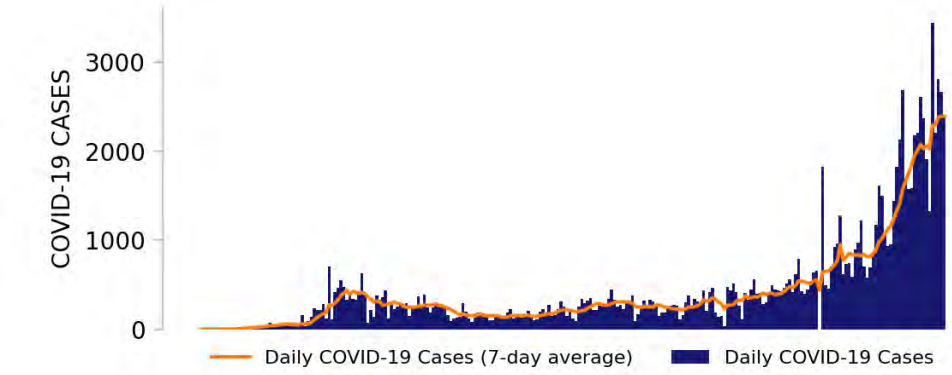
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

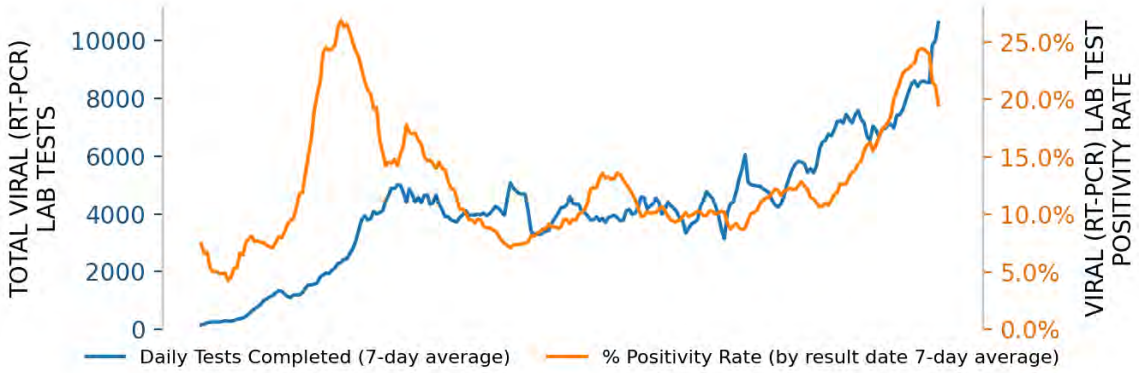
NEBRASKA

STATE REPORT | 11.22.2020

NEW CASES

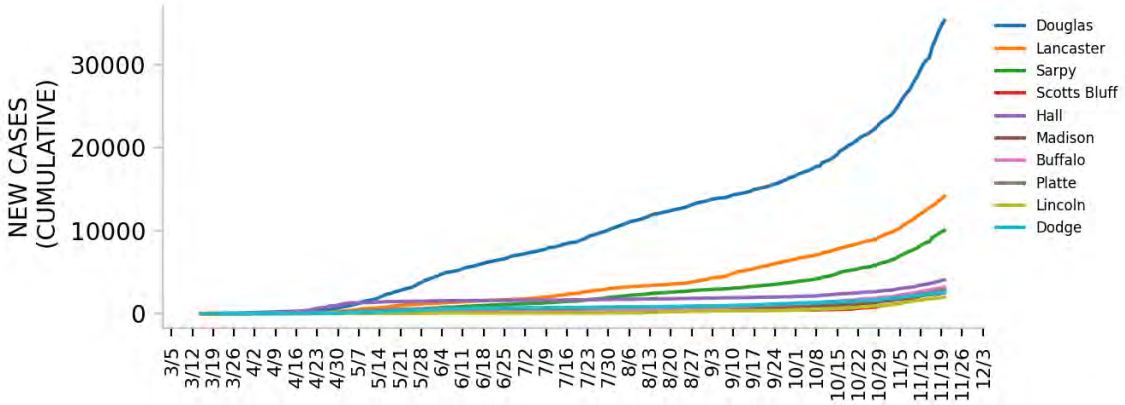


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



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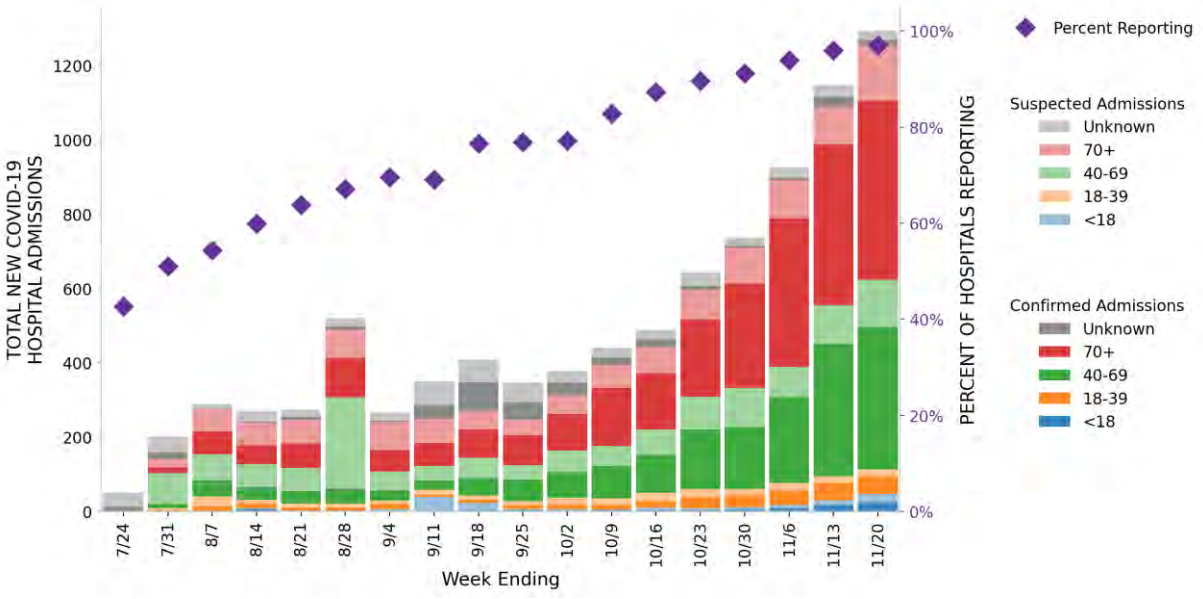
NEBRASKA

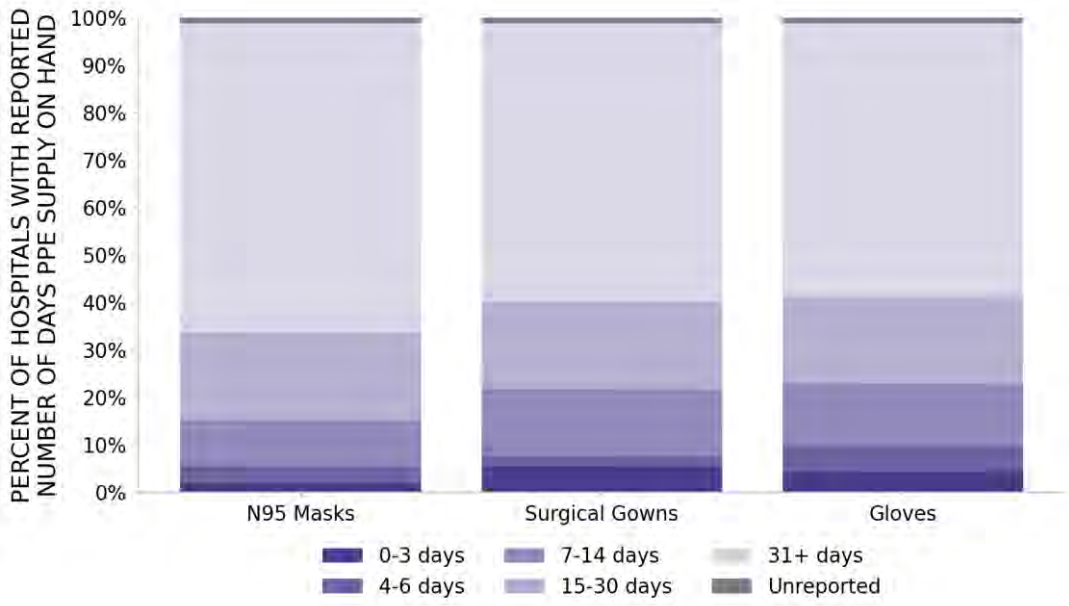
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

NEBRASKA

STATE REPORT | 11.22.2020

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 Grand Island Norfolk Scottsbluff Kearney Columbus North Platte Fremont Sioux City Beatrice Lexington	**76** ▼ (-1)	Douglas Lancaster Sarpy Scotts Bluff Hall Madison Buffalo 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, Grand Island, Norfolk, Scottsbluff, Kearney, Columbus, North Platte, Fremont, Sioux City, Beatrice, Lexington, Hastings

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

*** 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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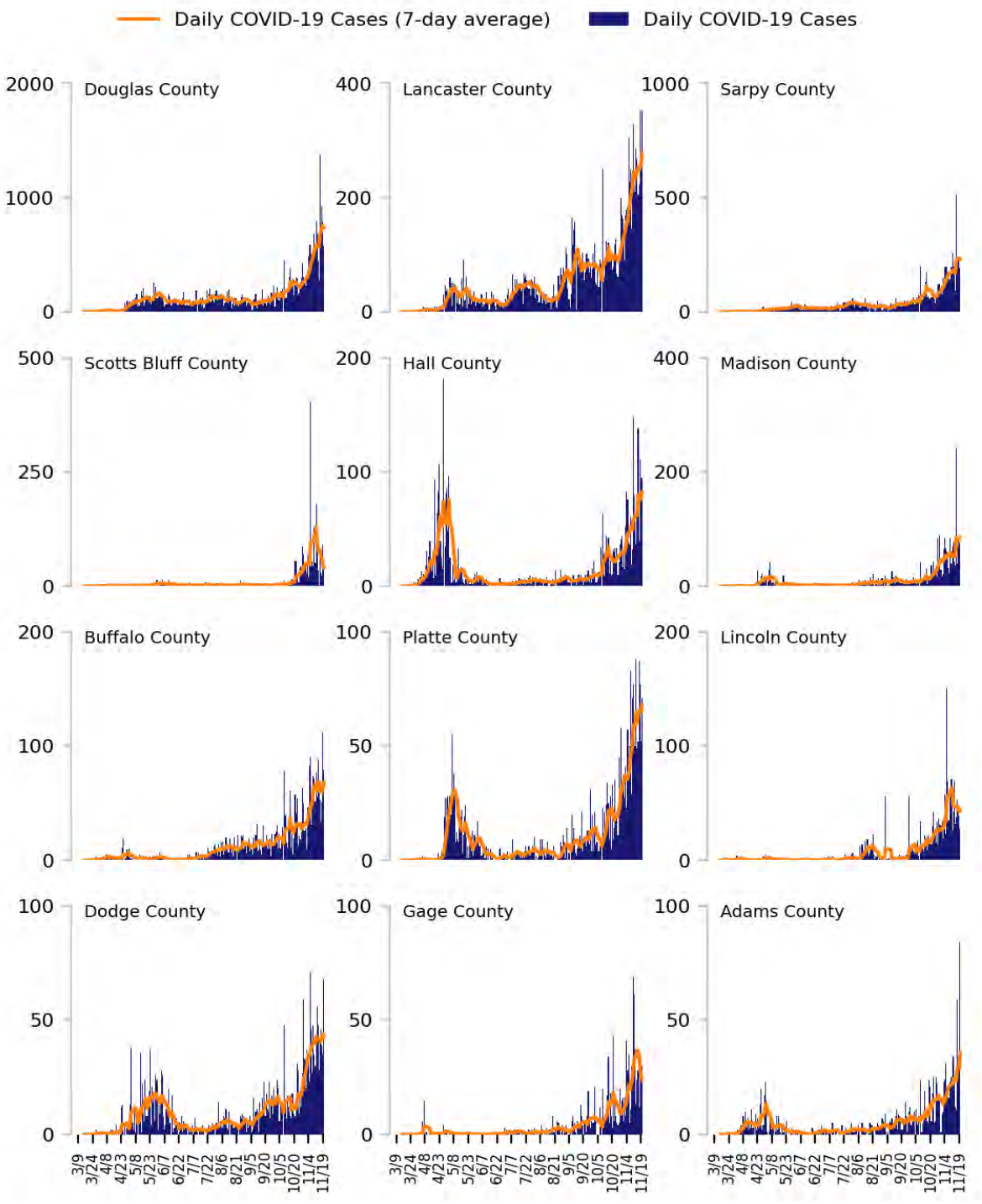
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



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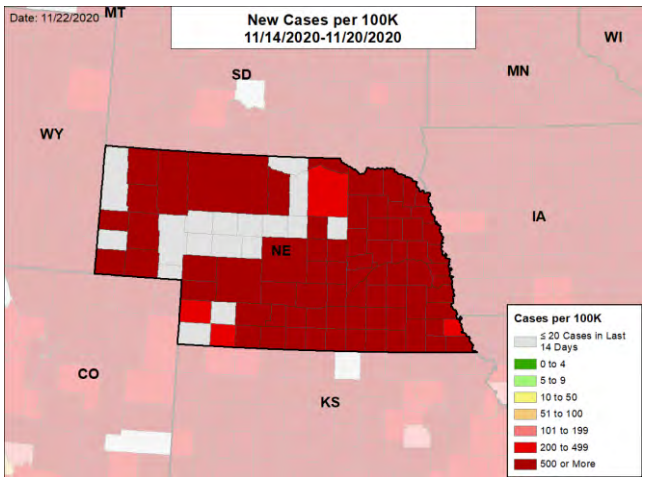
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

NEBRASKA

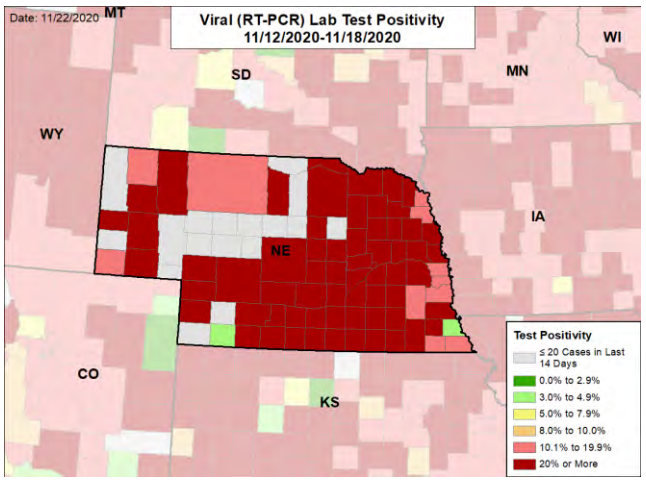
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

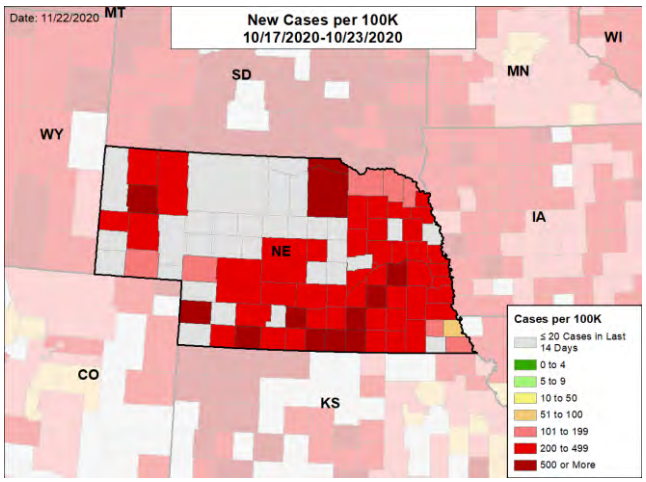
NEW CASES PER 100,000



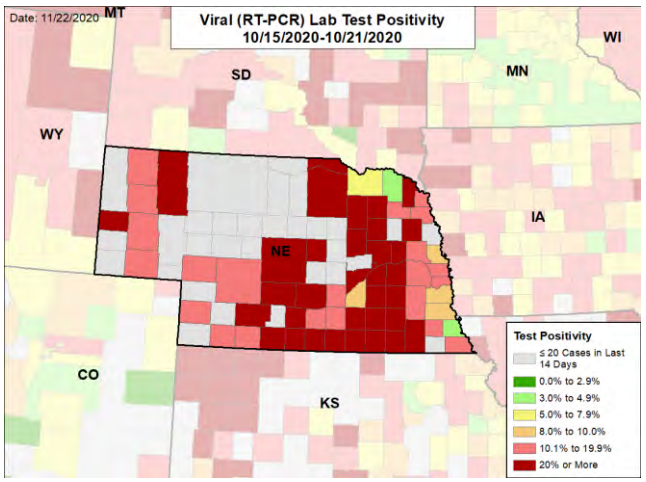
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

NEVADA

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 12th highest rate in the country.
- Nevada 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. Clark County, 2. Washoe County, and 3. Carson City. These counties represent 92.6% of new cases in Nevada.
- 76% of all counties in Nevada 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 9 - Nov 15, 28% of nursing homes had at least one new resident COVID-19 case, 44% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- Nevada had 422 new cases per 100,000 population, compared to a national average of 356 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 14 - Nov 20, on average, 141 patients with confirmed COVID-19 and 121 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Nevada. This is an increase of 13% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- Continue with strong Thanksgiving messaging: 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.
- 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.
- Target antigen testing efforts to find the asymptomatic populations under 35 years old. Incentivize testing to those populations.
- With most counties in the red zone for new cases and over 40% of nursing homes with at least one positive staff member, mitigation and messaging needs to be further strengthened as other states have done.
- 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.
- Stay vigilant with nursing home staff and residents; over 40% of nursing homes have COVID positive staff and nearly 30% have COVID positive residents, 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 mid-level and rural, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all hospitals, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each.
- Tribal Nations: Provide Abbot BinaxNOW tests to Tribal Nations to conduct weekly testing among all of those who live or work on the reservation. Weekly testing will immediately identify positives (asymptomatic and symptomatic), who will isolate and prevent further transmission to the 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.

NEVADA

STATE REPORT | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	12,994 (422)	+32%	112,388 (219)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	15.8%	-0.1%*	7.3%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	89,670** (2,911**)	+15%**	1,122,095** (2,188**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	90 (2.9)	+88%	618 (1.2)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	28%	+0%*	7%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	44%	+11%*	15%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	+2%*	2%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,833 (25)	+13% (+12%)	13,964 (16)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

NEVADA

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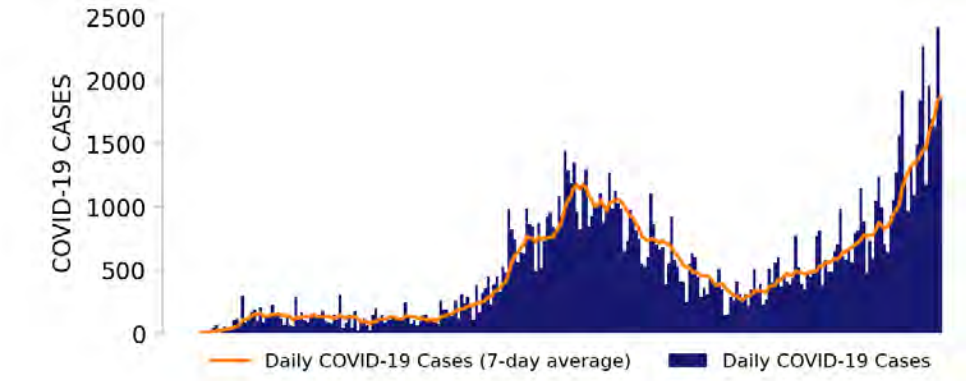
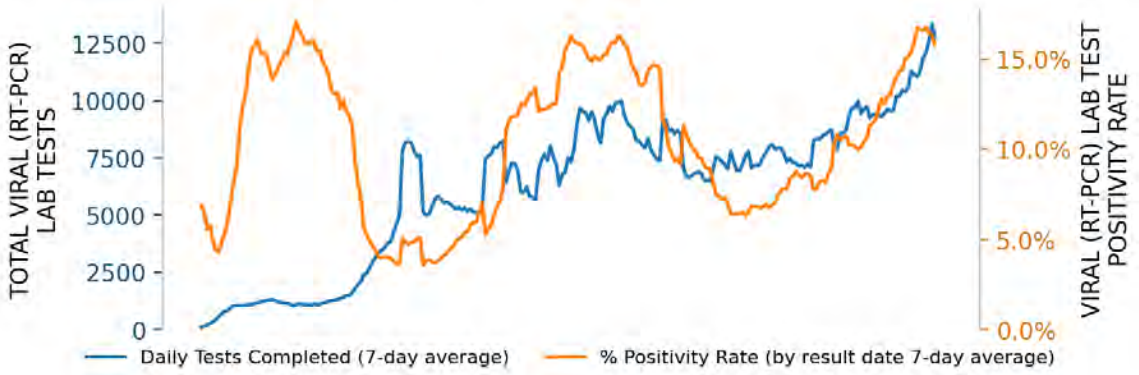
NEW CASES

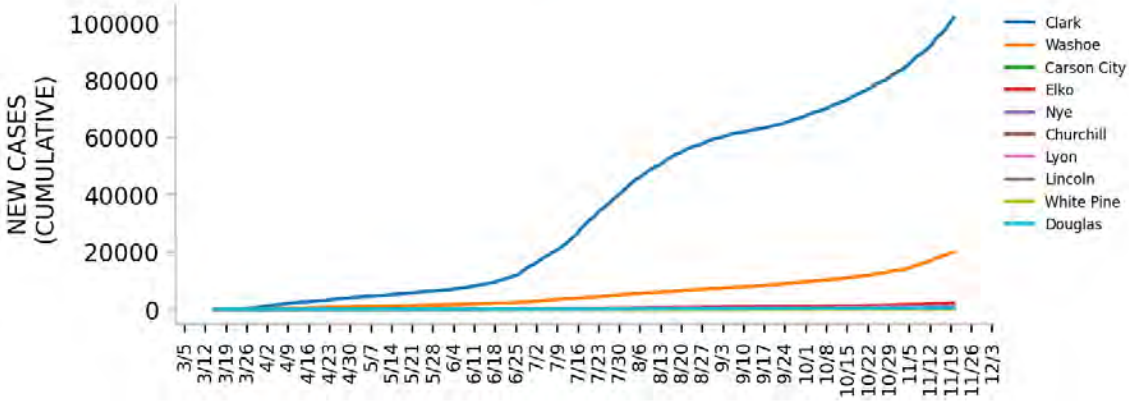


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

NEVADA

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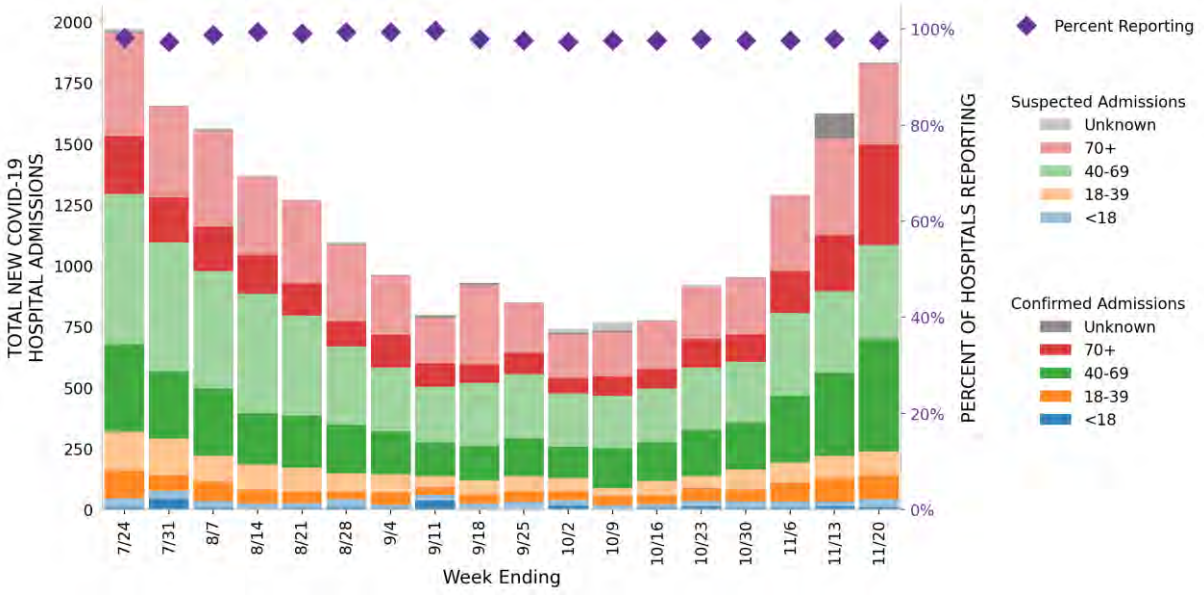
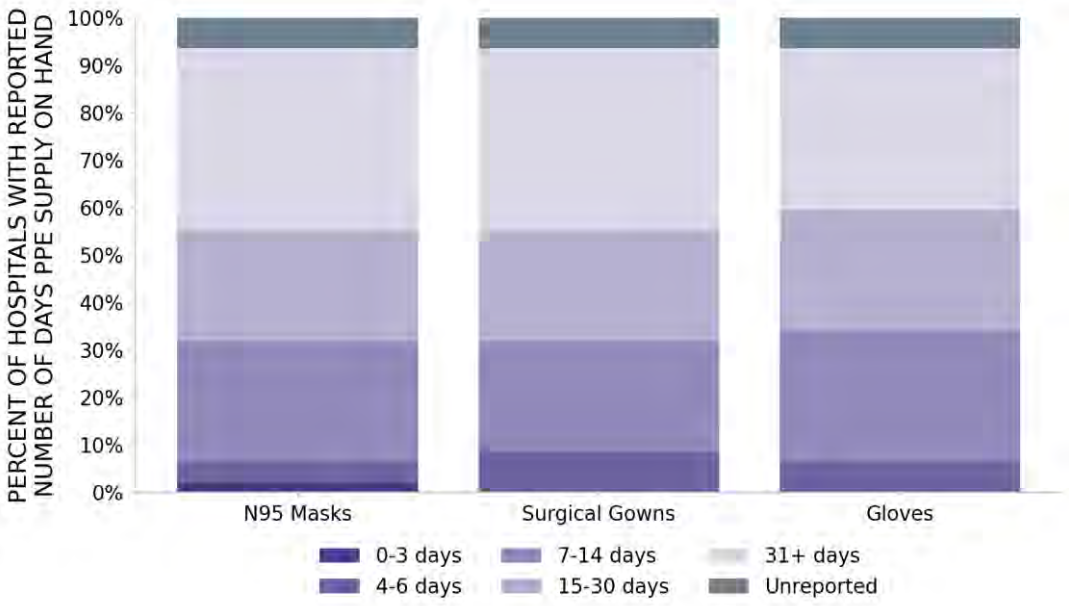
47 hospitals are expected to report in Nevada

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. 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. 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 11/18/2020.

NEVADA

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**8** ▲ (+1)	Las Vegas-Henderson-Paradise Reno Carson City Elko Pahrump Fallon Gardnerville Ranchos Winnemucca	**11** ▲ (+3)	Clark Washoe Carson City Elko Nye Churchill Lincoln Douglas Humboldt Lander Pershing
LOCALITIES IN ORANGE ZONE	**1** ■ (+0)	Fernley	**1** ▼ (-1)	Lyon
LOCALITIES IN YELLOW ZONE	**0** ▼ (-1)	N/A	**1** ■ (+0)	White Pine

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

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

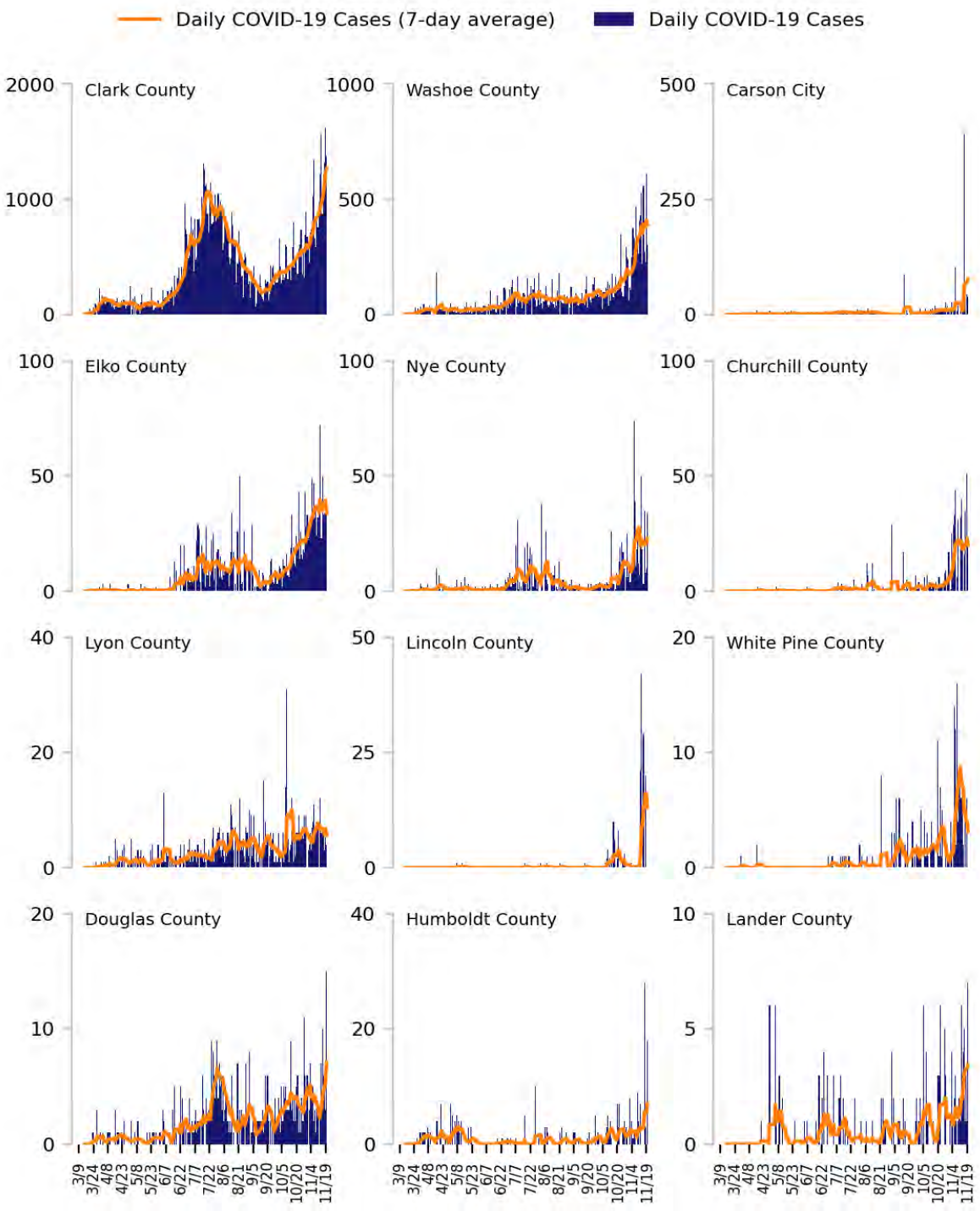
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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 11/20/2020. Last 3 weeks is 10/31 - 11/20.

NEVADA

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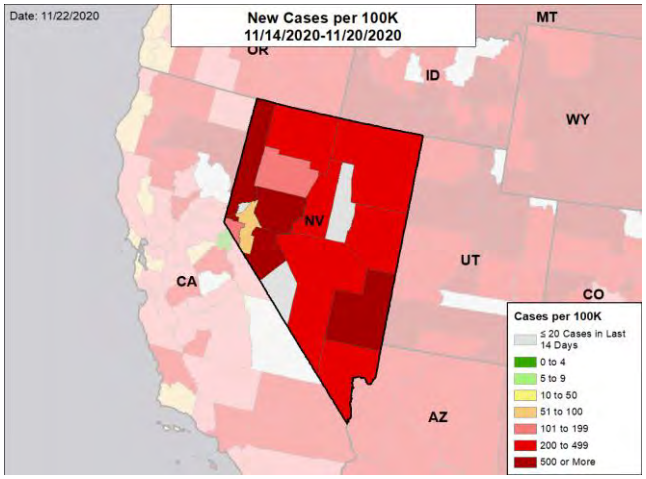
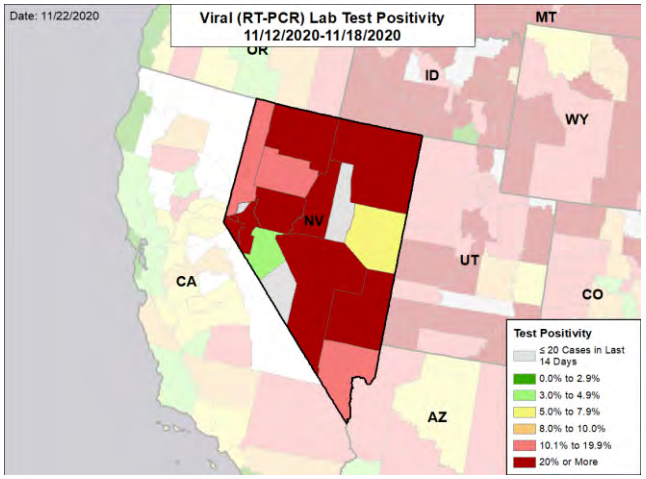
CASE RATES AND VIRAL LAB TEST POSITIVITY

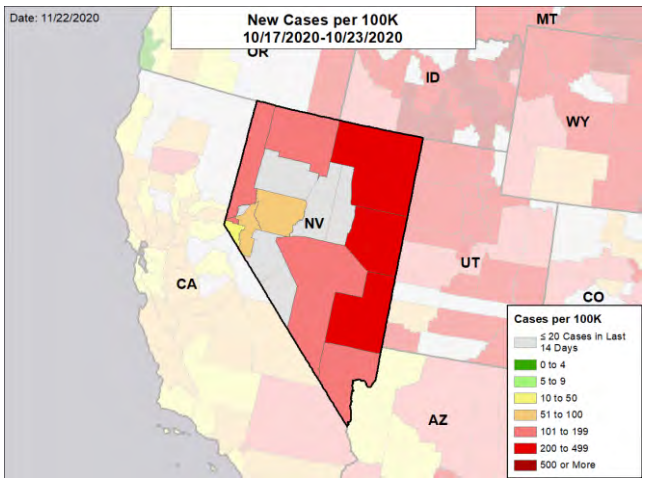
NEW CASES PER 100,000



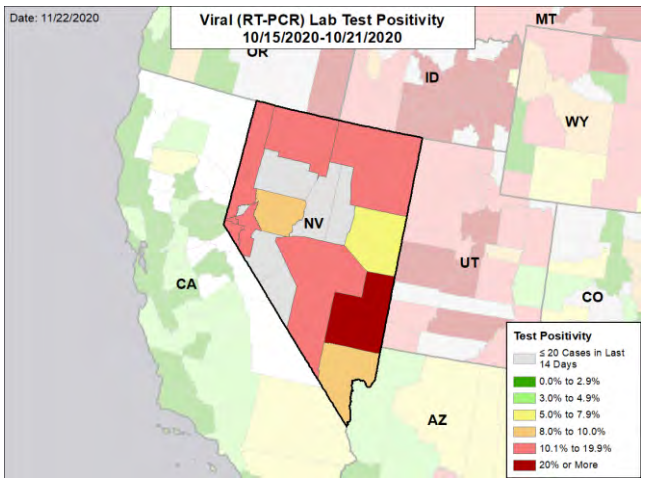
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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

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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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
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Issue 23

NEW HAMPSHIRE

SUMMARY

- New Hampshire saw exponential growth in coronavirus cases last week. New Hampshire 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. New Hampshire 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.
- New Hampshire has seen a continued sharp increase in new cases and an increase in test positivity despite increased test volume. Daily cases have continued to set records for the highest levels reported in the pandemic. Hospitalizations have continued to increase with current hospitalizations reaching levels last seen in mid-May.
- Contact tracing has been refocused on individuals at highest risk 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 68.2% 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 none having high levels of community transmission (red zone).
- During the week of Nov 9 - Nov 15, 3% of nursing homes had at least one new resident COVID-19 case, 23% had at least one new staff COVID-19 case, and 2% had at least one new resident COVID-19 death.
- New Hampshire had 210 new cases per 100,000 population, compared to a national average of 356 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 6 to support operations activities from FEMA.
- Between Nov 14 - Nov 20, on average, 12 patients with confirmed COVID-19 and 24 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Hampshire. This is an increase of 9% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- 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 to limit overrunning of hospital capacity and additional preventable deaths. The Governor's continued communication with the public is crucial.
- Short term mitigation interventions, including restricting indoor dining and limiting or closing areas of congregation without masking, will be needed, as has been successful in the USA and is currently showing effectiveness in Europe. At this point, the rapid increases in cases and hospitalizations support the need for additional measures. These measures help to control transmission in public settings but have had limited success in preventing spread at private gatherings. Additional measures should be taken, including augmented communications to reinforce messaging around social gatherings throughout the ongoing holiday season and a new asymptomatic surveillance approach to limit community spread.
- These increased mitigation measures are a short-term sacrifice to protect the vulnerable as the U.S. bridges to the rapid vaccination of vulnerable populations over the next few months. Maximizing control of transmission now will also 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 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.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings.
- Given increasing outbreaks and deaths in nursing homes, ensure increased frequency of LTCF testing and rapid implementation of vaccination into LTCFs as vaccine becomes available.
- Mitigation measures to limit transmission in personal gatherings need continued strengthening. This needs augmented communication asking Granite Staters to wear masks, physically distance, and avoid gatherings in both public and private spaces, especially indoors. Limiting exposure of additional households and vulnerable individuals at Thanksgiving and other holiday functions is critical. 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, and utilize the Abbot BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread.
- Ensure all clinical facilities, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each resource. ensure support for platforms for efficient intra- and inter-state patient transfers as needed.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

NEW HAMPSHIRE

STATE REPORT | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	2,860 (210)	+49%	41,664 (281)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.0%	+0.7%*	4.4%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	27,820** (2,046**)	+10%**	839,030** (5,652**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	9 (0.7)	-10%	358 (2.4)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	3%	+0%*	12%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	23%	+12%*	29%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%	+0%*	3%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	254 (9)	+9% (+12%)	4,018 (12)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

NEW HAMPSHIRE

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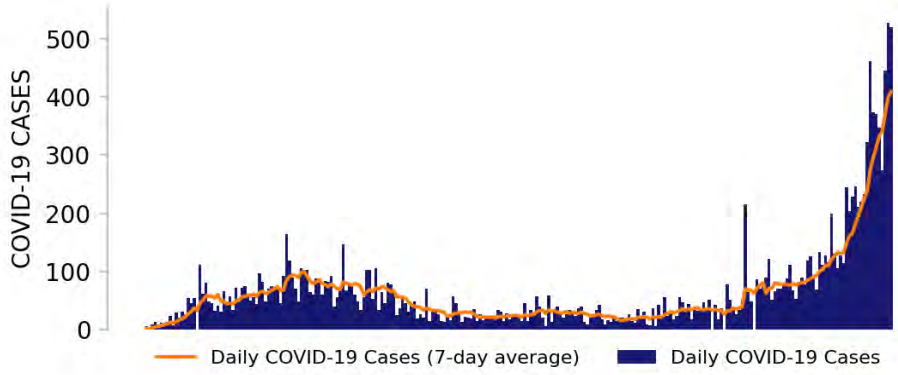
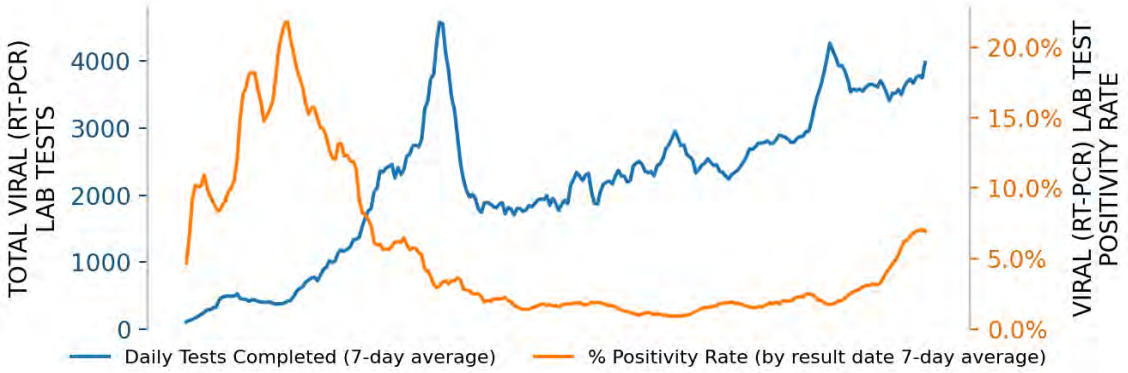
NEW CASES

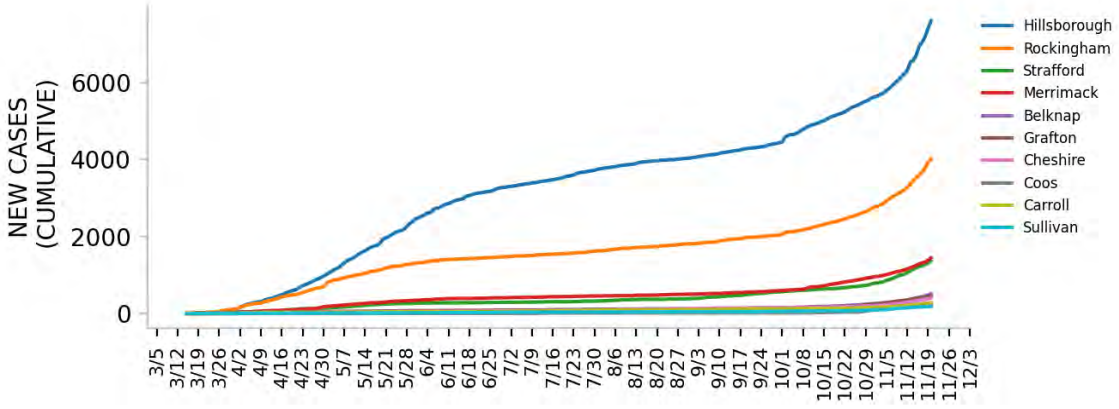


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



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 11/20/2020.

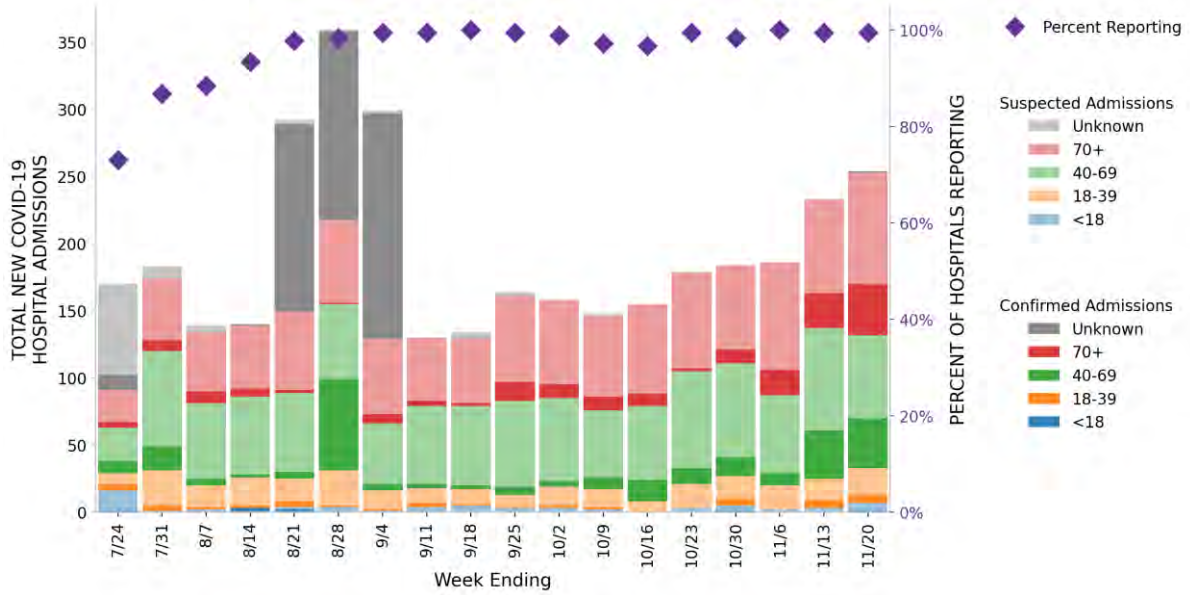
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

NEW HAMPSHIRE

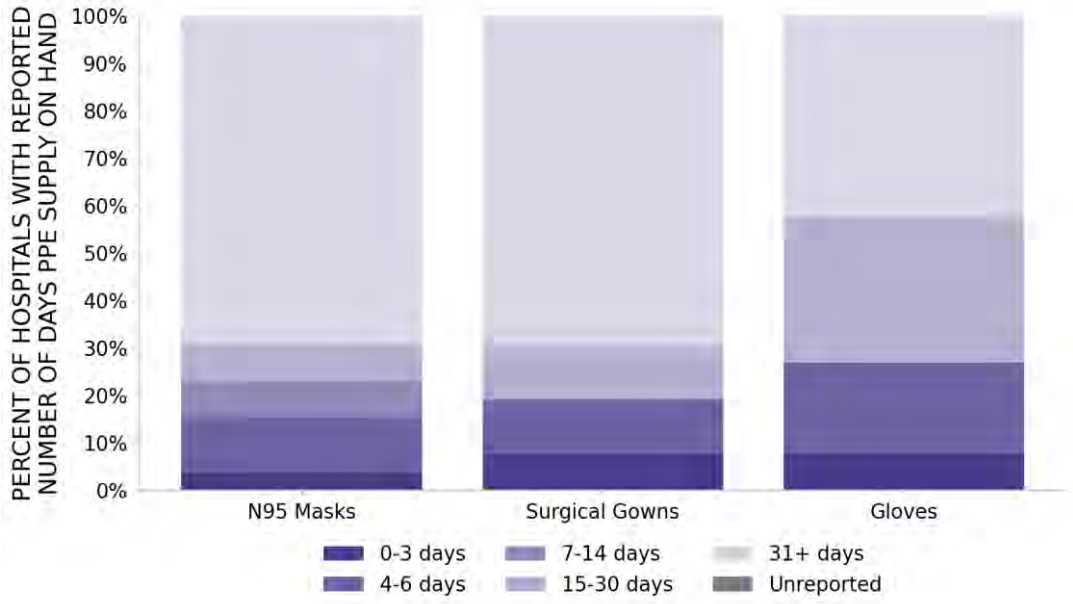
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

NEW HAMPSHIRE

STATE REPORT | 11.22.2020

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** ▼ (-1)	N/A
LOCALITIES IN ORANGE ZONE	**1** ▲ (+1)	Manchester-Nashua	**2** ▲ (+2)	Hillsborough Strafford
LOCALITIES IN YELLOW ZONE	**4** ▲ (+1)	Concord Laconia Keene Berlin	**5** ▼ (-1)	Rockingham Merrimack Belknap Cheshire Coos

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

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

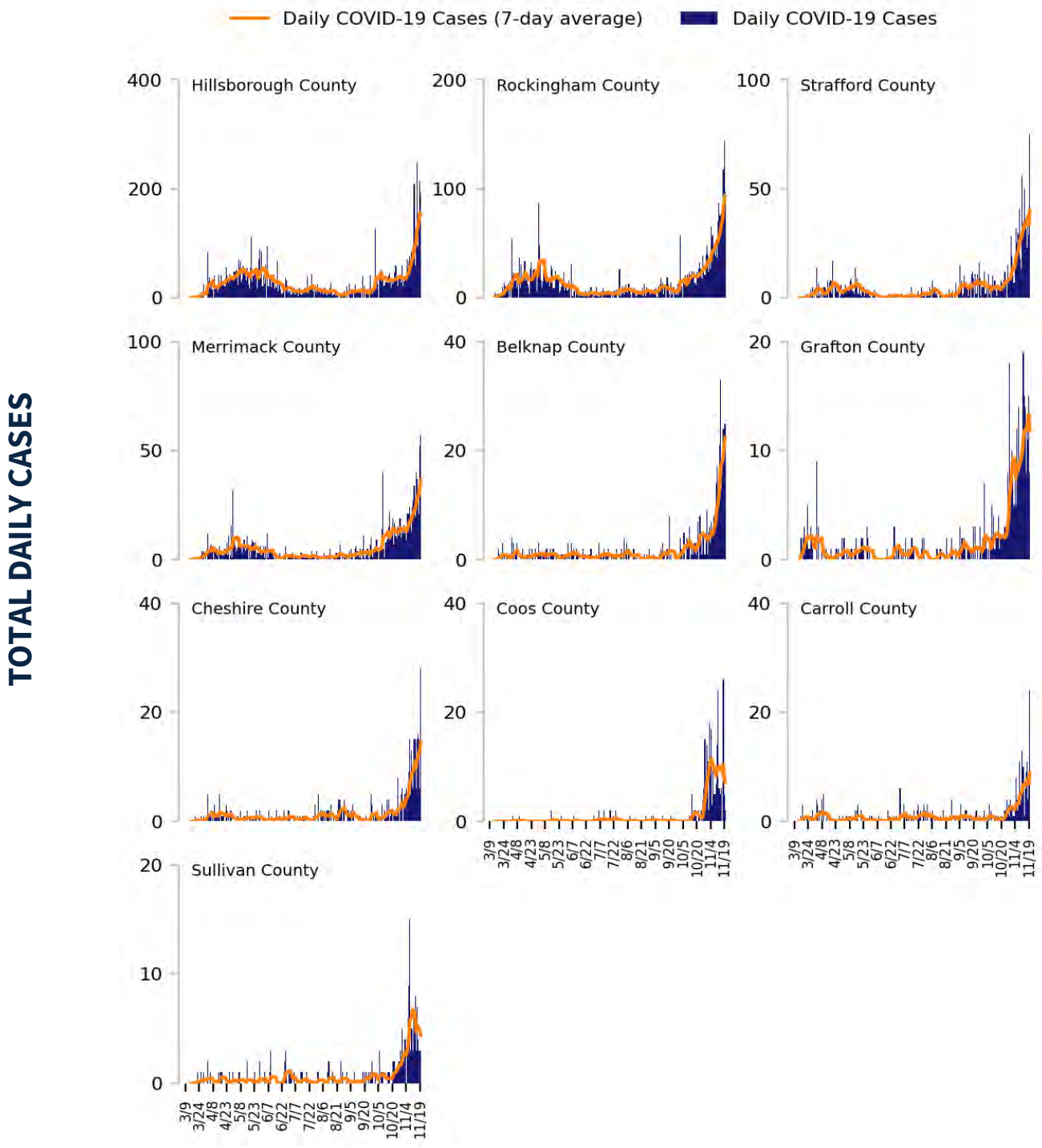
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

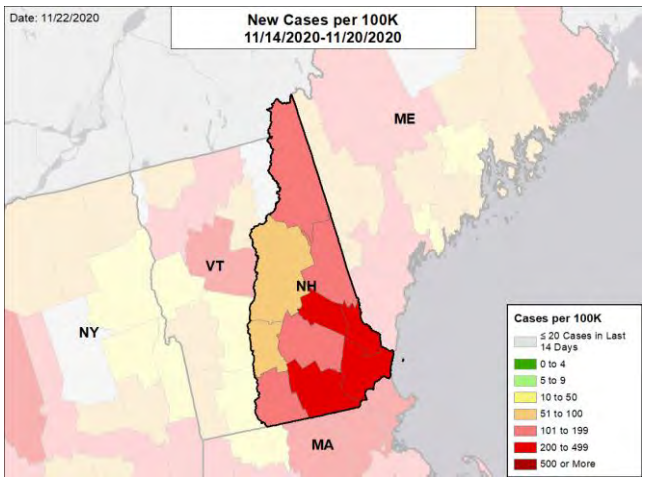
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

NEW HAMPSHIRE

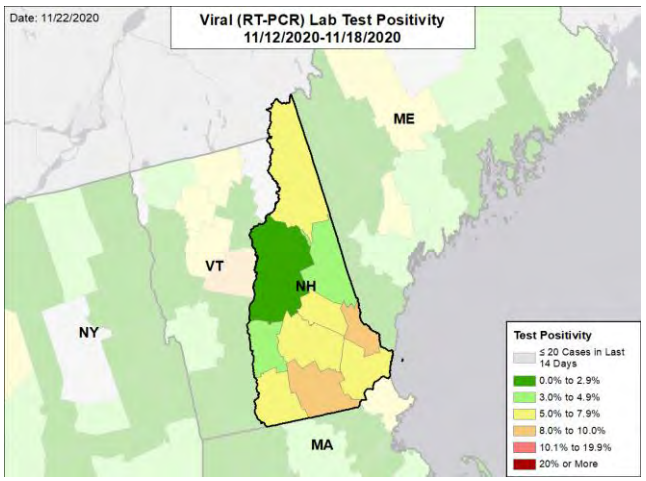
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

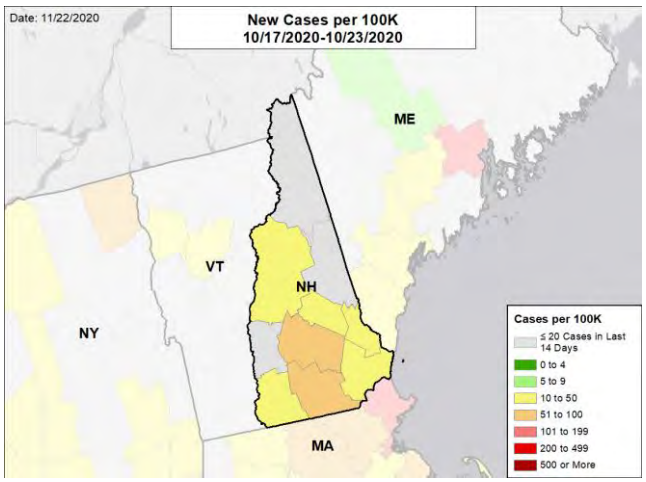
NEW CASES PER 100,000



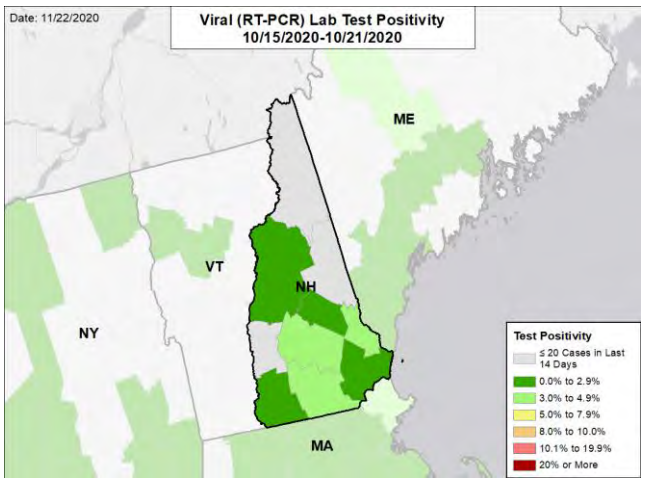
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

NEW JERSEY

SUMMARY

- New Jersey 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. New Jersey 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.
- New Jersey 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. Essex County, 2. Bergen County, and 3. Passaic County. These counties represent 29.7% 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 43% having high levels of community transmission (red zone).
- During the week of Nov 9 - Nov 15, 20% of nursing homes had at least one new resident COVID-19 case, 36% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death.
- New Jersey had 304 new cases per 100,000 population, compared to a national average of 356 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 62 to support operations activities from FEMA; 20 to support operations activities from USCG; and 5 to support medical activities from VA.
- Between Nov 14 - Nov 20, on average, 304 patients with confirmed COVID-19 and 213 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Jersey. This is an increase of 23% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- Continue with strong Thanksgiving messaging: 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.
- Use antigen tests to find asymptomatic individuals where percent positivity is increasing; quickly finding and isolating asymptomatic individuals can prevent widespread transmission but testing must happen now while there is a window of opportunity. In more densely populated areas, spread will jump quickly.
- New Jerseyans have shown that they can fight the virus; we are confident that they will rise to the occasion again.
- 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.
- Stay vigilant with nursing home staff and residents; nearly 40% of nursing homes have COVID positive staff and over 20% have COVID positive residents, 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.
- New hospital admissions in New Jersey are increasing, especially in those over 40 years old.
- Ensure all hospitals have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all hospitals, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each.
- 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.

COVID-19

NEW JERSEY

STATE REPORT | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	26,974 (304)	+28%	60,661 (214)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.6%	+0.4%*	5.2%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	283,500** (3,192**)	-3%**	1,238,412** (4,370**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	191 (2.2)	+80%	453 (1.6)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	20%	+8%*	16%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	36%	+6%*	34%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	-2%*	3%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,619 (19)	+23% (+24%)	10,098 (12)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.

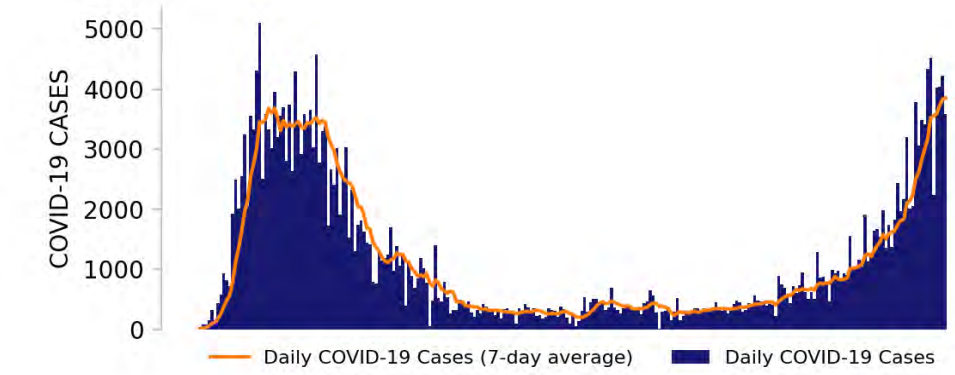
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

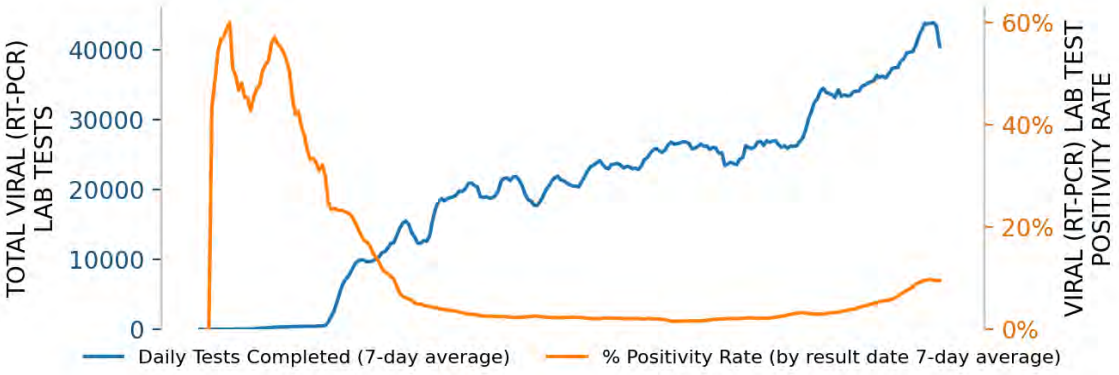
NEW JERSEY

STATE REPORT | 11.22.2020

NEW CASES

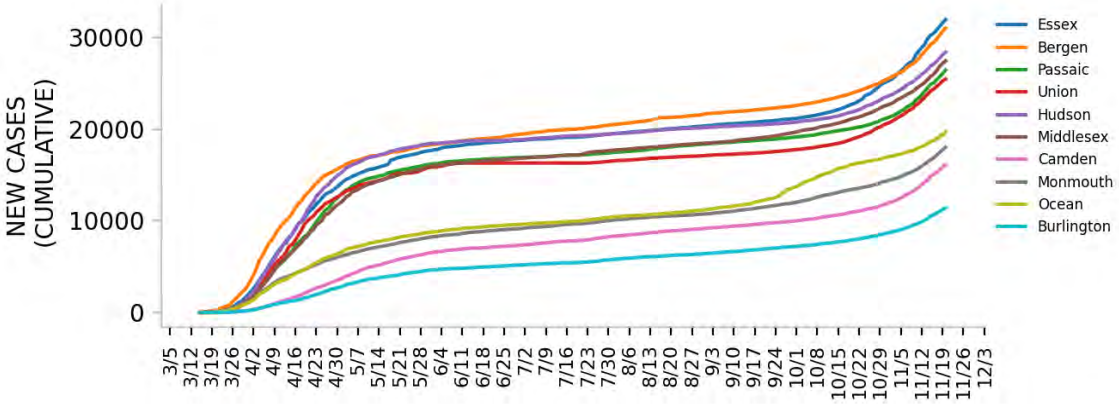


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

NEW JERSEY

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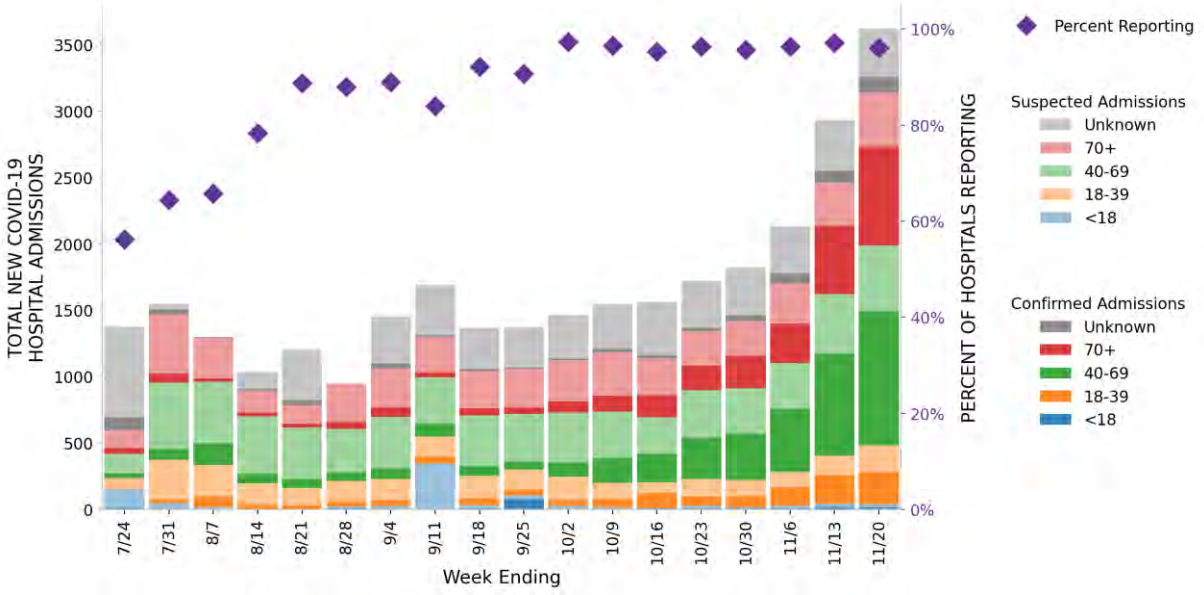
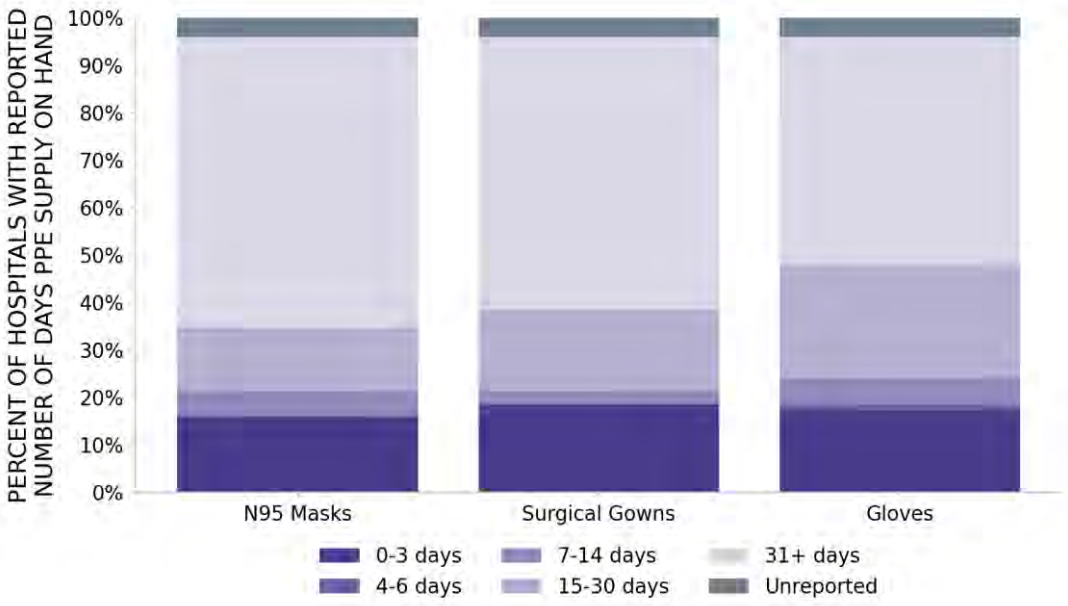
75 hospitals are expected to report in New Jersey

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. 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. 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 11/18/2020.

NEW JERSEY

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**3** ▲ (+3)	Philadelphia-Camden-Wilmington Trenton-Princeton Atlantic City-Hammonton	**9** ▲ (+2)	Essex Passaic Union Hudson Camden Burlington Mercer Gloucester Atlantic
LOCALITIES IN ORANGE ZONE	**1** ▼ (-3)	Allentown-Bethlehem-Easton	**4** ▲ (+1)	Bergen Middlesex Warren Salem
LOCALITIES IN YELLOW ZONE	**3** ▲ (+1)	New York-Newark-Jersey City Vineland-Bridgeton Ocean City	**8** ▼ (-3)	Monmouth Ocean Morris Somerset Cumberland Hunterdon Sussex Cape May

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

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

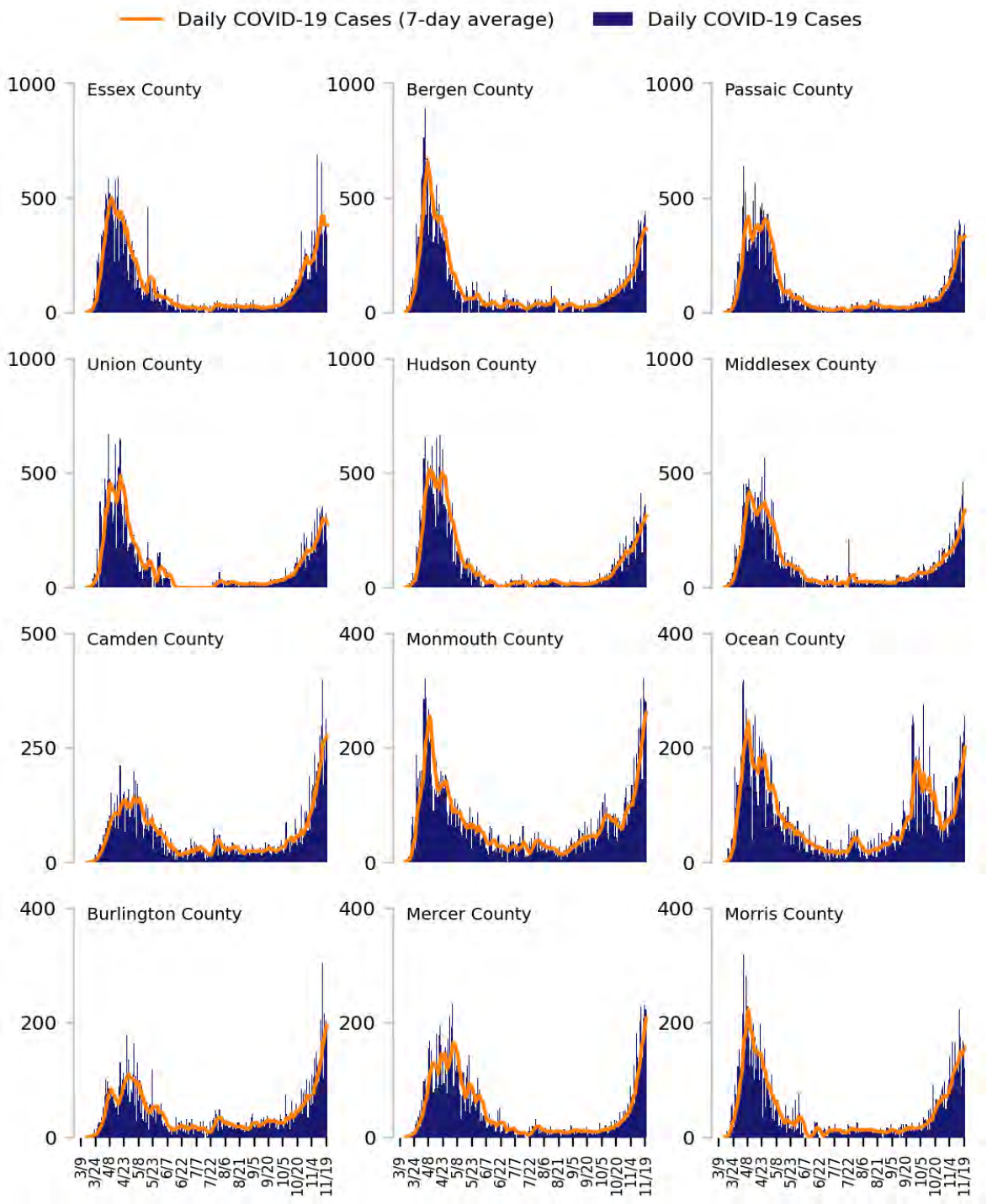
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

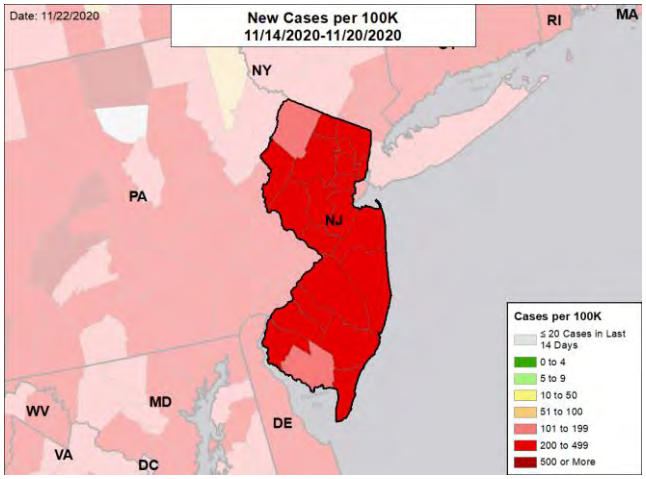
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

NEW JERSEY

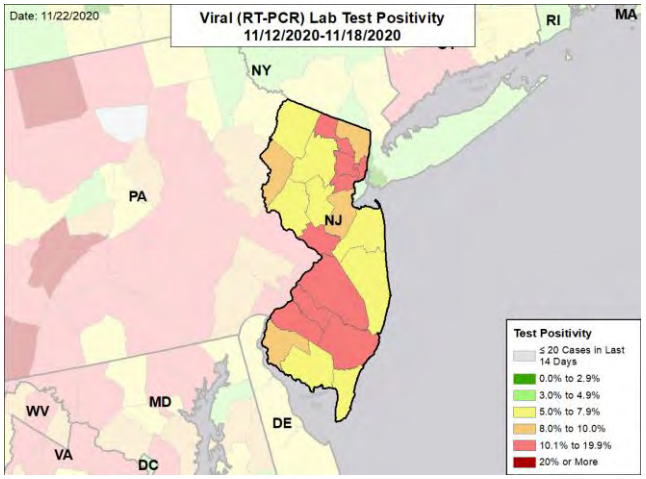
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

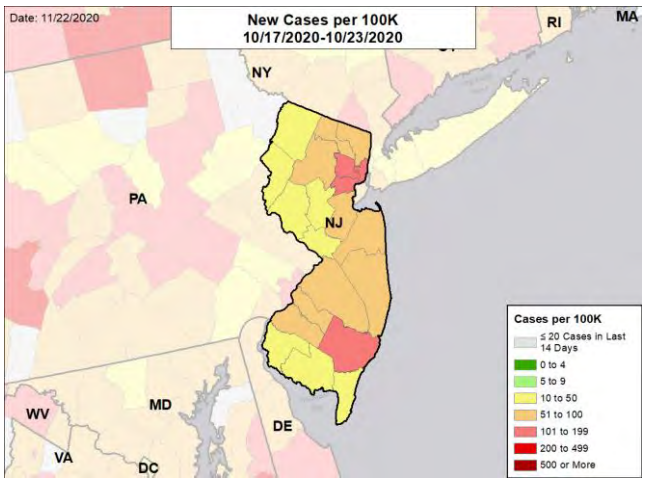
NEW CASES PER 100,000



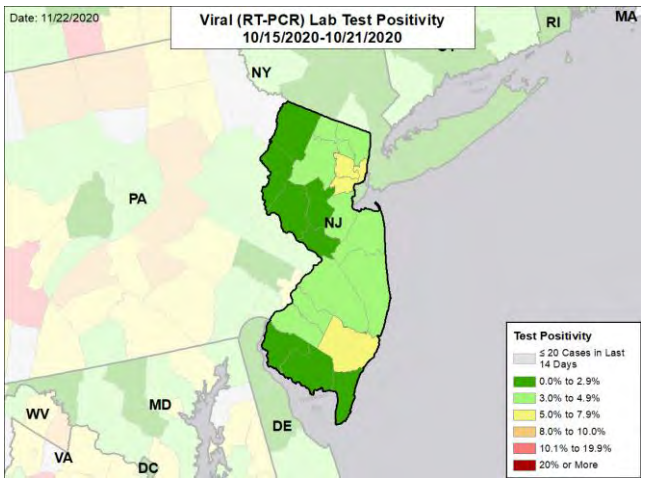
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

NEW MEXICO

SUMMARY

- New Mexico is seeing a continued, accelerating viral surge and 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. New Mexico is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 10th highest rate in the country.
- New Mexico has seen an increase in new cases, increase in test positivity, significant increases in hospitalizations in those over 40 years old, and the majority of long-term care facilities (LTCFs) with positive staff members. 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 52.0% of new cases in New Mexico.
- 88% 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 9 - Nov 15, 36% of nursing homes had at least one new resident COVID-19 case, 66% had at least one new staff COVID-19 case, and 8% had at least one new resident COVID-19 death.
- New hospital admissions in New Mexico are rising at an unsustainable rate.
- New Mexico had 720 new cases per 100,000 population, compared to a national average of 356 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 Albuquerque, Santa Fe, Las Cruses, Sunland Park, and Socorro.
- Between Nov 14 - Nov 20, on average, 116 patients with confirmed COVID-19 and 24 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Mexico. This is an increase of 12% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- Aggressive weekly testing of all members staying on Tribal lands must occur to support ongoing mitigation efforts.
- 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.
- 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.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, 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 significant amount of virus circulating and the high rate of asymptomatic and undiagnosed infections among family and community members. Public spaces where masking is not possible must have a significant reduction in capacity or close.
- 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 universities returning in the winter move to mandatory weekly testing of all on and off campus students. Planning for that must begin now.
- There continue to be high levels of positive staff at LTCFs, indicative of continued and unmitigated community spread in these geographic locations.
- 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 | 11.22.2020

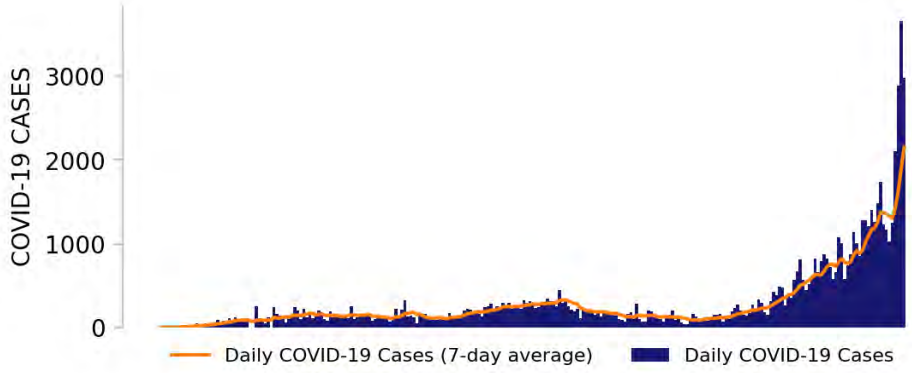
	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	15,092 (720)	+57%	143,331 (336)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	16.6%	+1.5%*	12.7%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	57,519** (2,743**)	+25%**	836,438** (1,958**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	127 (6.1)	+15%	1,728 (4.0)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	36%	-5%*	21%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	66%	+9%*	42%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	8%	-3%*	7%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	980 (25)	+12% (+0%)	20,191 (21)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

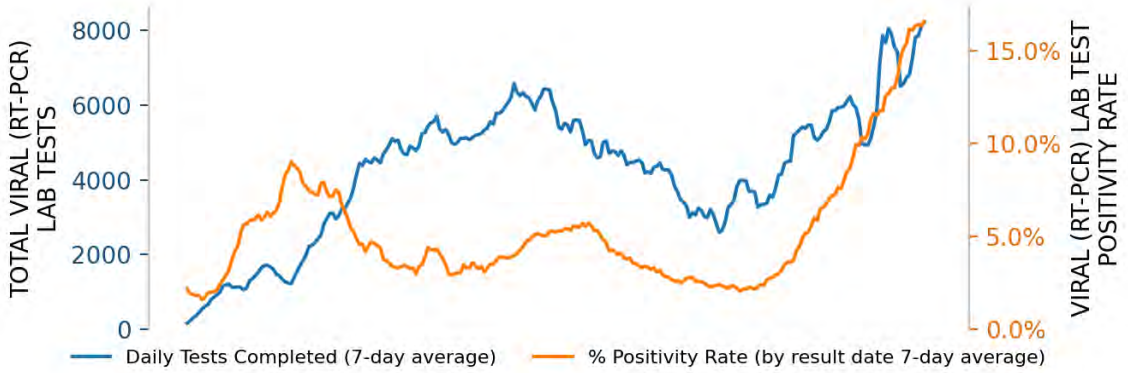
NEW MEXICO

STATE REPORT | 11.22.2020

NEW CASES

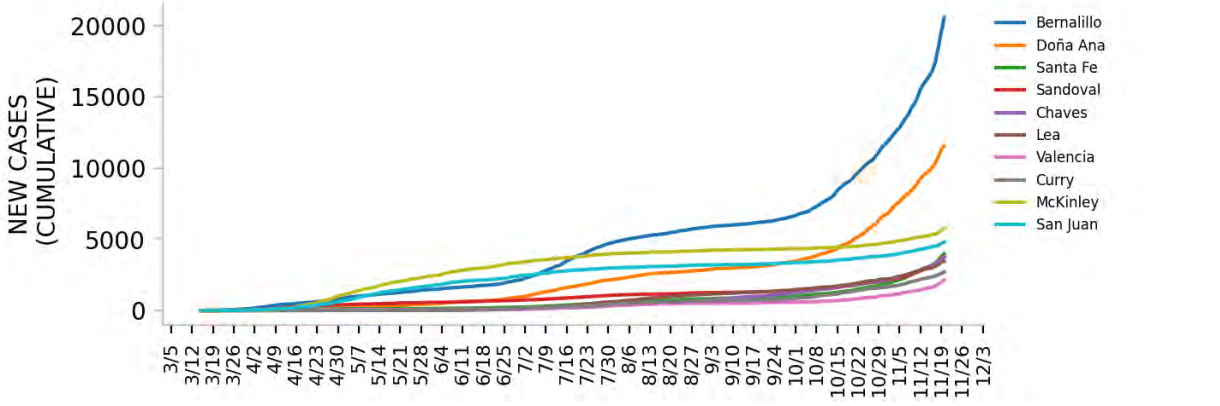


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/20/2020.

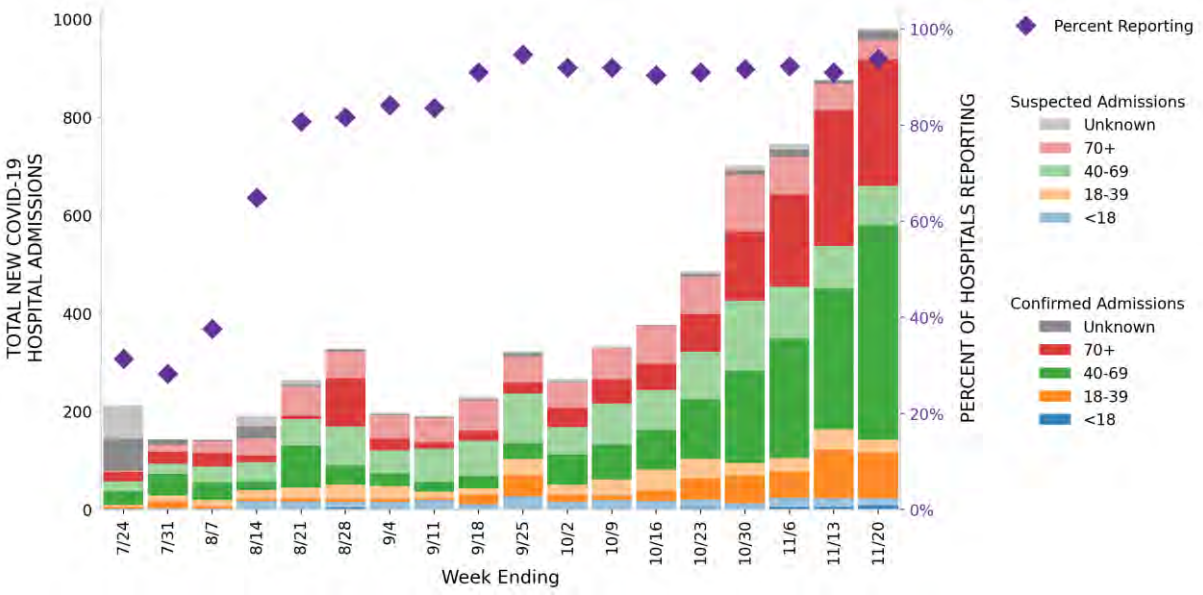
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

NEW MEXICO

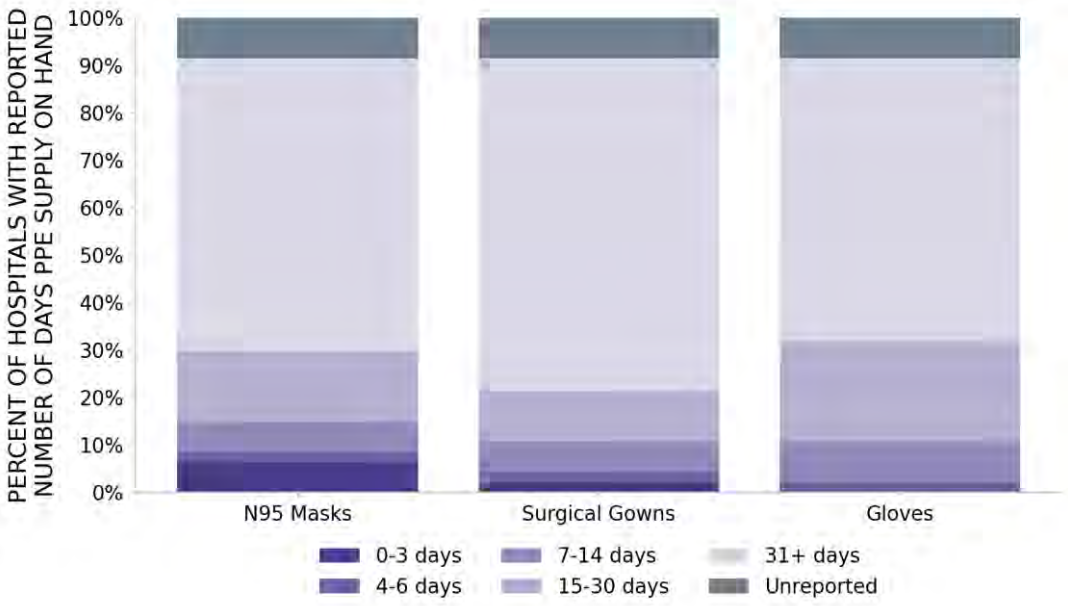
STATE REPORT | 11.22.2020

46 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. 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. 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 11/18/2020.

NEW MEXICO

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**14** ▼ (-2)	Albuquerque Las Cruces Santa Fe Roswell Hobbs Clovis Gallup Farmington Carlsbad-Artesia Grants Deming Española	**23** ■ (+0)	Bernalillo Doña Ana Santa Fe Sandoval Chaves Lea Valencia Curry McKinley San Juan Eddy Cibola
LOCALITIES IN ORANGE ZONE	**3** ▲ (+3)	Alamogordo Taos Silver City	**4** ▲ (+3)	Otero Taos Socorro Grant
LOCALITIES IN YELLOW ZONE	**0** ▼ (-2)	N/A	**2** ▼ (-1)	Sierra Colfax

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

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

All Red Counties: Bernalillo, Doña Ana, Santa Fe, Sandoval, Chaves, Lea, Valencia, Curry, McKinley, San Juan, Eddy, Cibola, Luna, Rio Arriba, Roosevelt, Lincoln, Torrance, Quay, Union, Guadalupe, Hidalgo, Catron, Mora

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

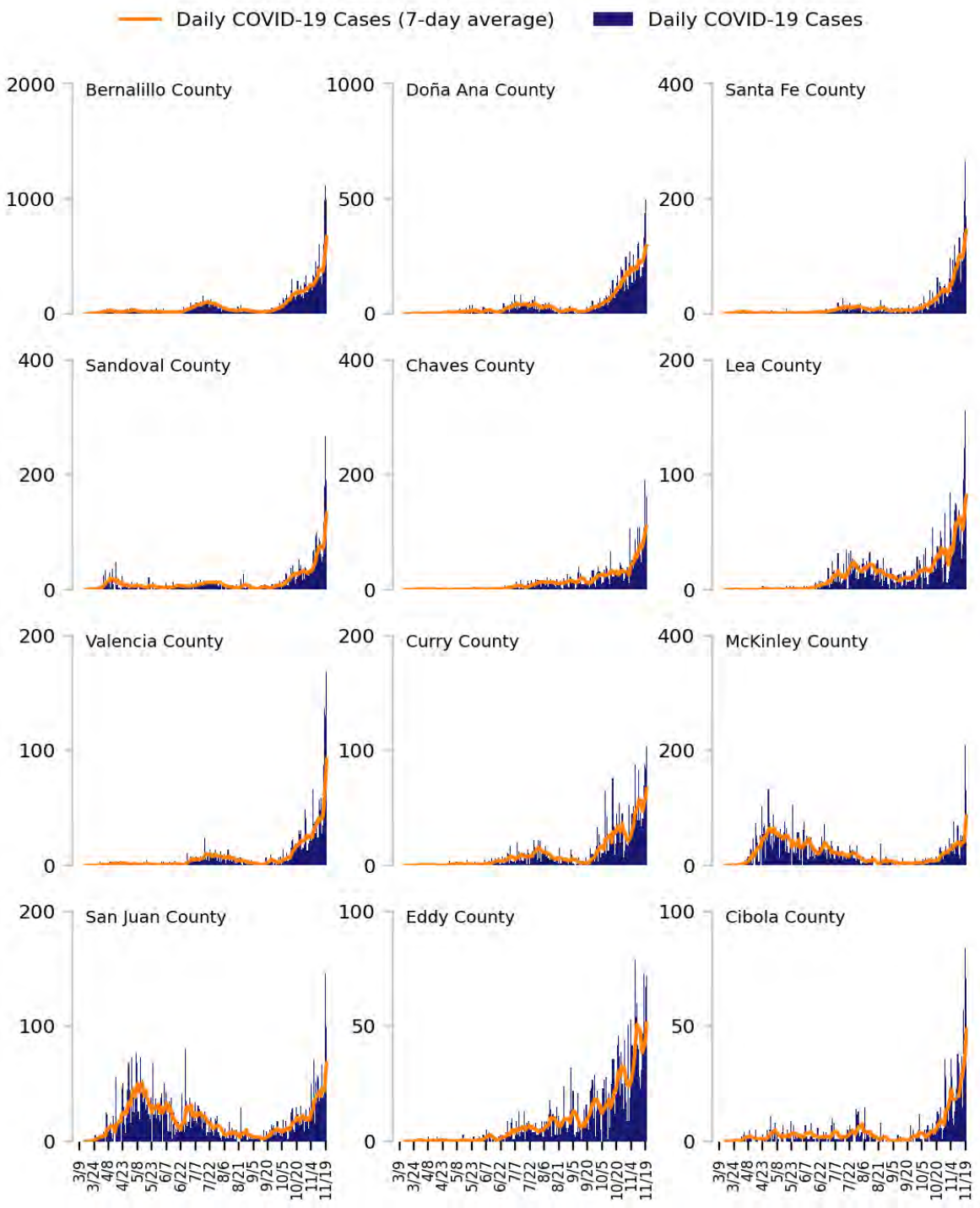
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

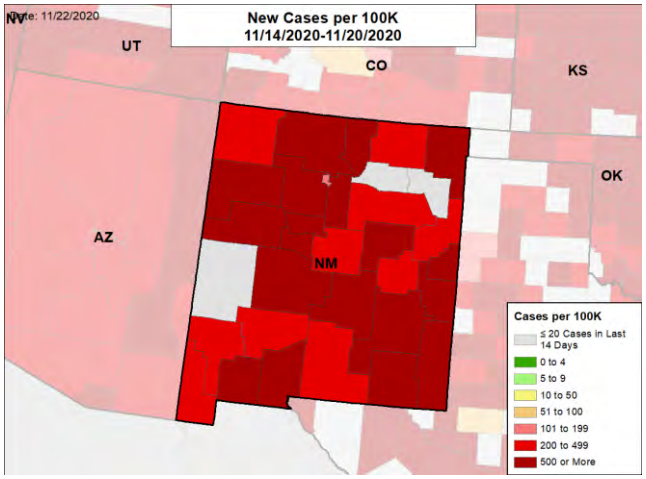
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

NEW MEXICO

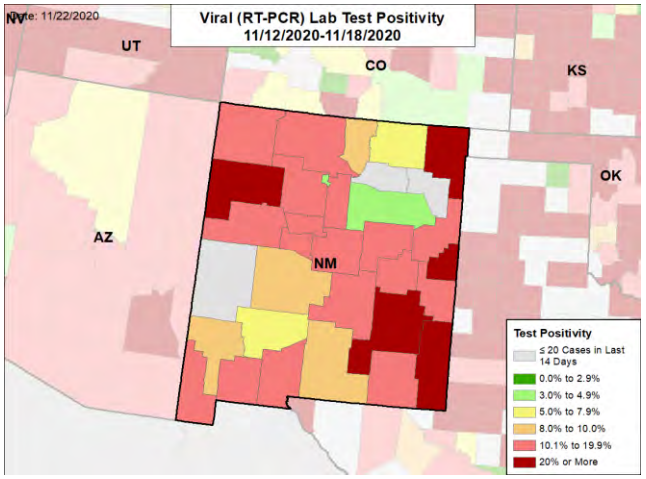
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

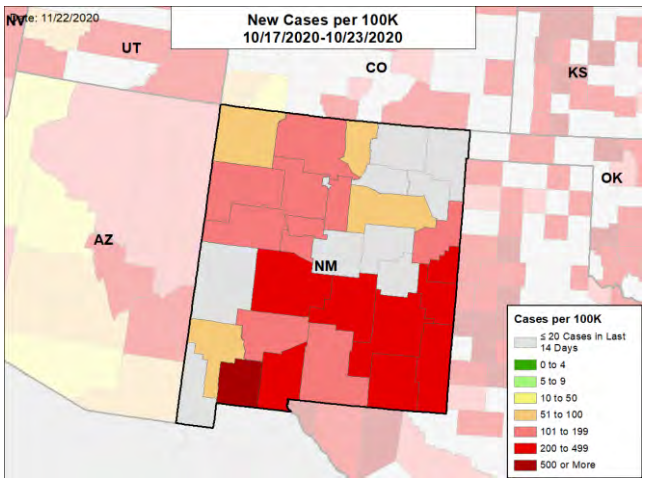
NEW CASES PER 100,000



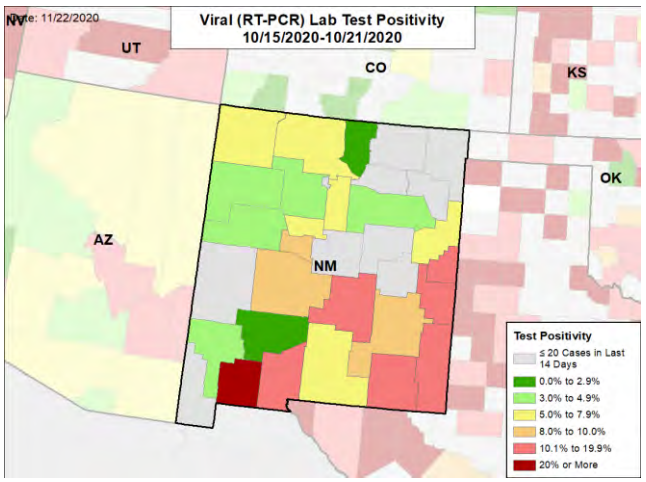
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

NEW YORK

SUMMARY

- New York 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 York is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 46th highest rate in the country.
- New York has seen an increase in new cases and an increase in test positivity. Cases increased in 40 counties and test positivity increased in 50 counties; 20 counties had test positivity above 5%.
- 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 28.1% of new cases in New York.
- 32% 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).
- During the week of Nov 9 - Nov 15, 14% of nursing homes had at least one new resident COVID-19 case, 34% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death.
- Multiple outbreaks among residents and staff of long-term care facilities (LTCFs) have been reported, the largest in Staten Island, Niagara Falls, Lancaster, Yonkers, Buffalo, Malone, and Painted Post.
- New York had 173 new cases per 100,000 population, compared to a national average of 356 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 21 to support operations activities from USCG.
- Between Nov 14 - Nov 20, on average, 442 patients with confirmed COVID-19 and 373 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New York. This is an increase of 14% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- Recent intensification of restrictions is warranted and commendable.
- There is still an opportunity to prevent a potential increase in transmission around the holidays; all media platforms (conventional and social) should be saturated with public health messaging on the risks of social gatherings, the clear recommendation to avoid such gatherings, the critical need for face coverings and social distancing, and instructions on how to report non-compliance of local businesses and social or religious organizations.
- Use of clinical personnel/first responders from local facilities to convey local messages and plead for adherence to face covering and social distancing has been shown to be effective and should be expanded at the local level.
- Public health messages should appeal to community coherence and responsibility, using champions from different political and cultural belief systems to convey local messages about the importance of mitigation efforts on all media platforms.
- Although New York tests at very high levels, further expansion of surveillance and testing will help prevent resurgence, as most people who are aware of their infection will isolate.
- At the time of testing, provide written and verbal education with instruction to isolate (and how to isolate) until results are returned and to continue isolation if results are positive.
- All testing and contact tracing should be monitored and made more efficient if reporting of results requires longer than 48 hours and contact tracing longer than 72 hours after testing; consider collecting contact information at time of testing (or at first contact of a case) and use of automated emails giving instructions on isolation or quarantine to identified cases and contacts.
- Ensure all clinical facilities throughout the state, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including for outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each.
- Ensure platforms for efficient intra- and inter-state notification of shortages and opportunities for exchanges of supplies and staffing between all facilities, public and private.
- Ensure aggressive flu vaccine campaigns are underway.
- Review all residential facilities and LTCFs ensure regular screening, testing, and absolute adherence to CMS guidance; failure of proper protocols in these environments could lead to super-spreader events and increased mortality.
- 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; continue to reevaluate school status in all counties with evidence of elevated or increasing transmission, especially if hospital capacity is limited.
- 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 | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	33,687 (173)	+16%	60,661 (214)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.9%	+0.6%*	5.2%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	954,912** (4,909**)	+9%**	1,238,412** (4,370**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	262 (1.3)	+40%	453 (1.6)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	14%	+2%*	16%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	34%	+4%*	34%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	+2%*	3%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	5,704 (11)	+14% (+14%)	10,098 (12)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.

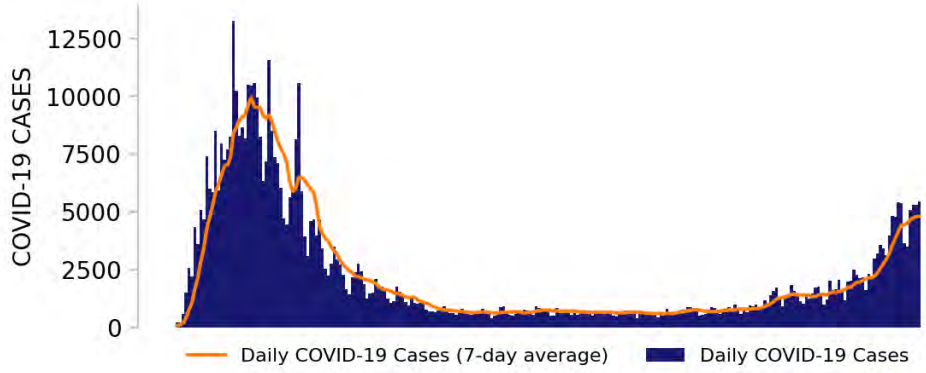
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

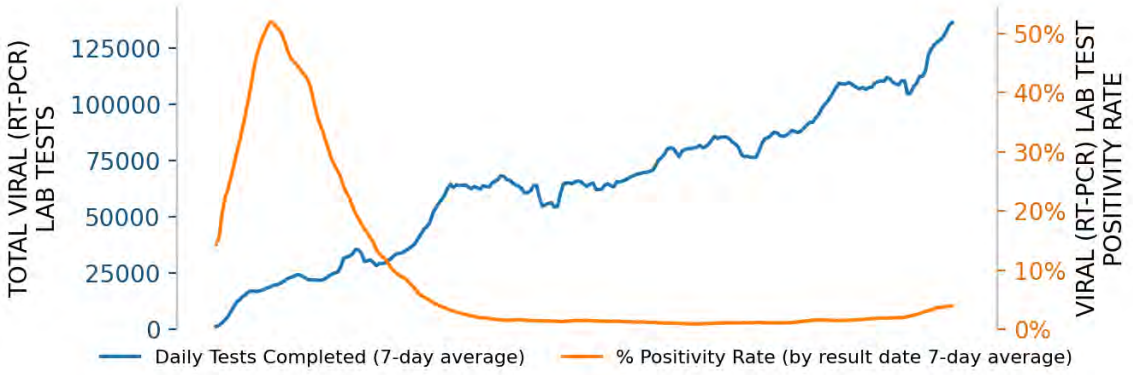
NEW YORK

STATE REPORT | 11.22.2020

NEW CASES

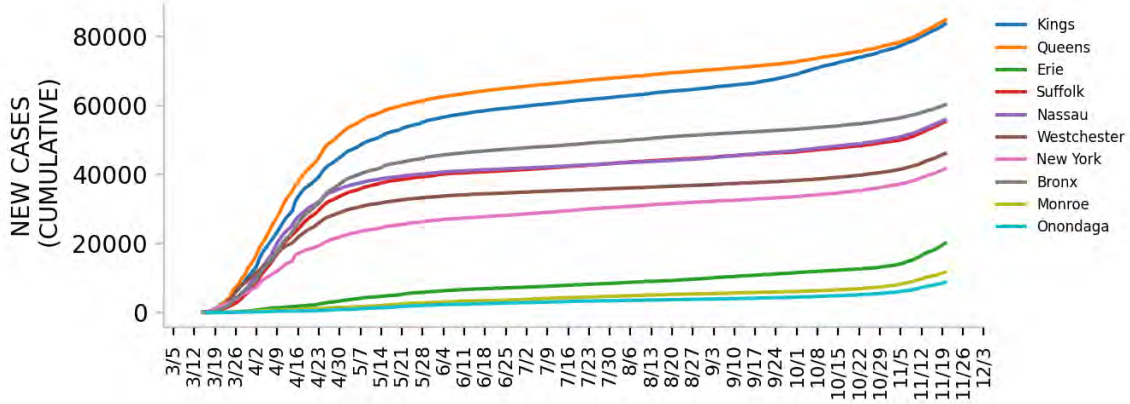


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/20/2020.

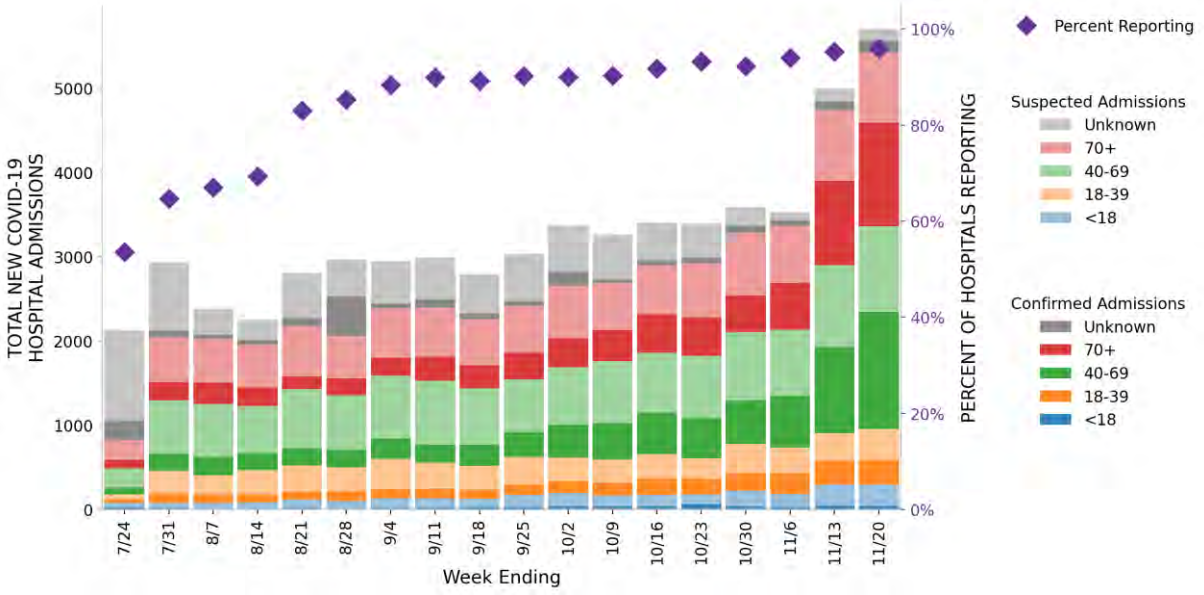
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

NEW YORK

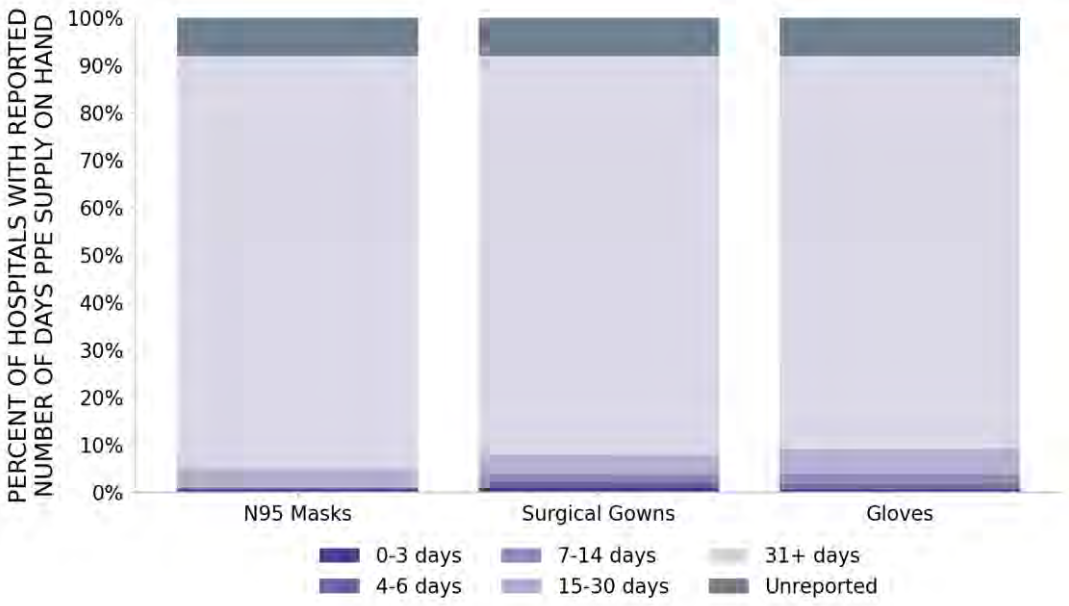
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

NEW YORK

STATE REPORT | 11.22.2020

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 ■ (+0)	Allegany
LOCALITIES IN ORANGE ZONE	1 ▲ (+1)	Buffalo-Cheektowaga	1 ■ (+0)	Erie
LOCALITIES IN YELLOW ZONE	7 ▲ (+4)	New York-Newark-Jersey City Rochester Syracuse Binghamton Elmira Batavia Cortland	18 ▲ (+10)	Westchester Monroe Onondaga Orange Broome Niagara Chemung Putnam Oswego Wayne Tioga Genesee

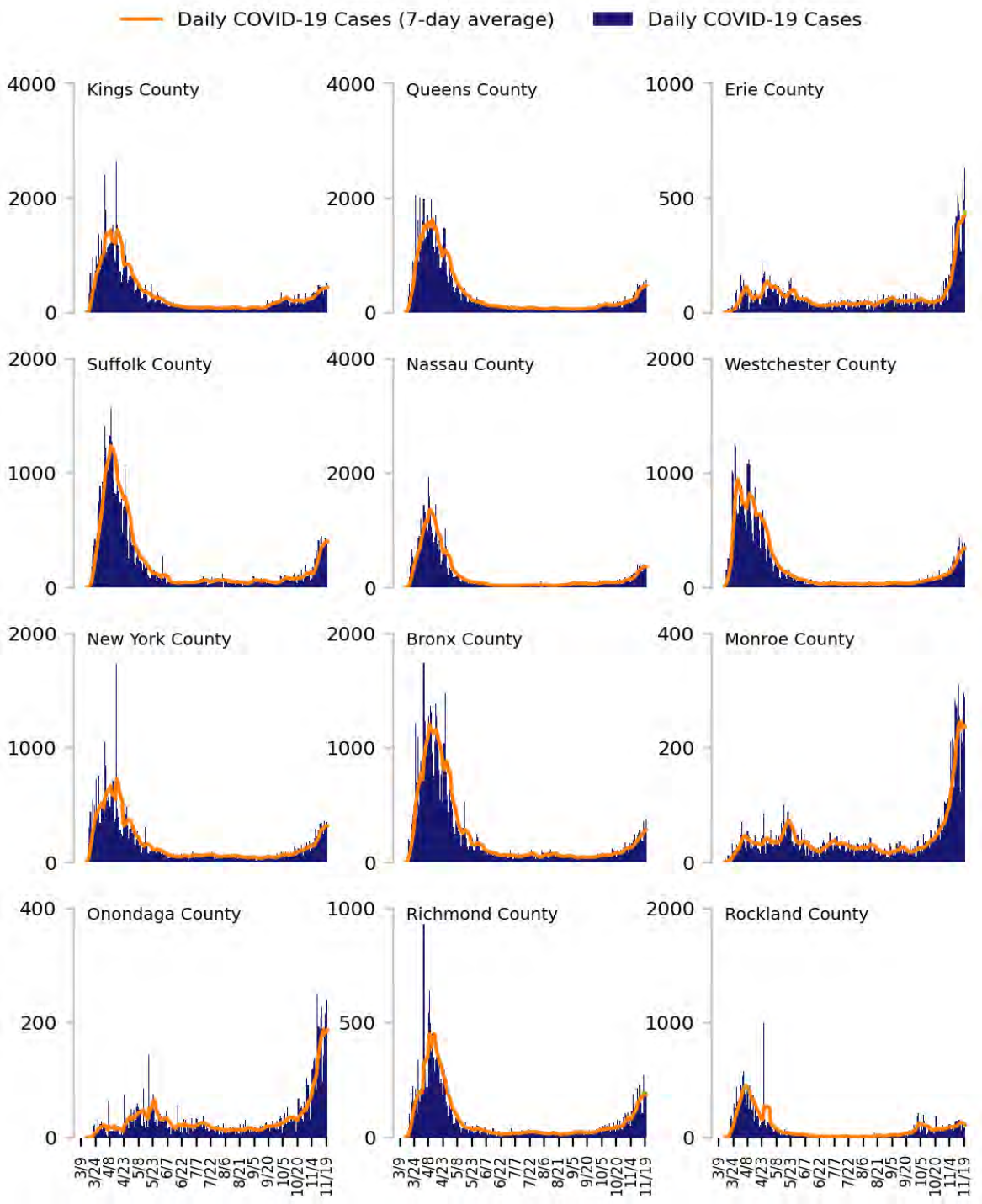
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Yellow Counties: Westchester, Monroe, Onondaga, Orange, Broome, Niagara, Chemung, Putnam, Oswego, Wayne, Tioga, Genesee, Cortland, Livingston, Wyoming, Lewis, Orleans, Schuyler

*** 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 11/20/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

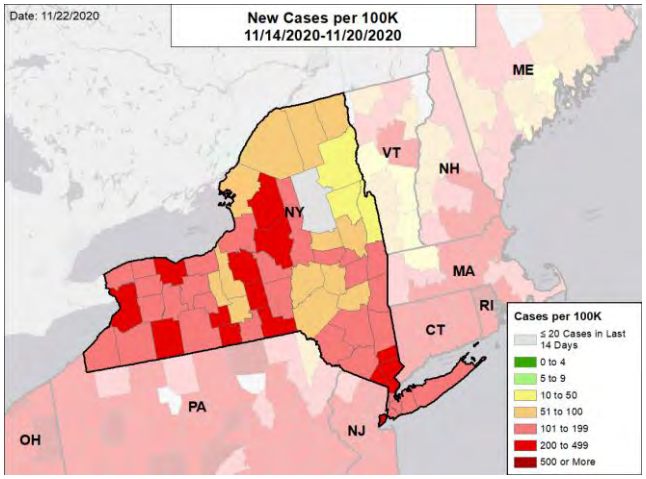
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

NEW YORK

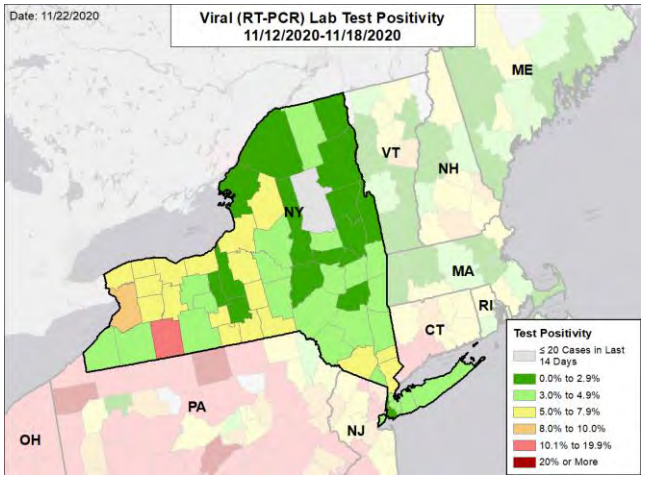
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

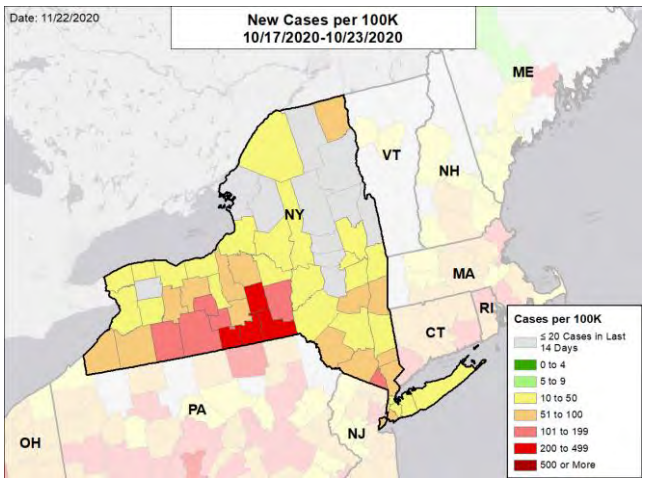
NEW CASES PER 100,000



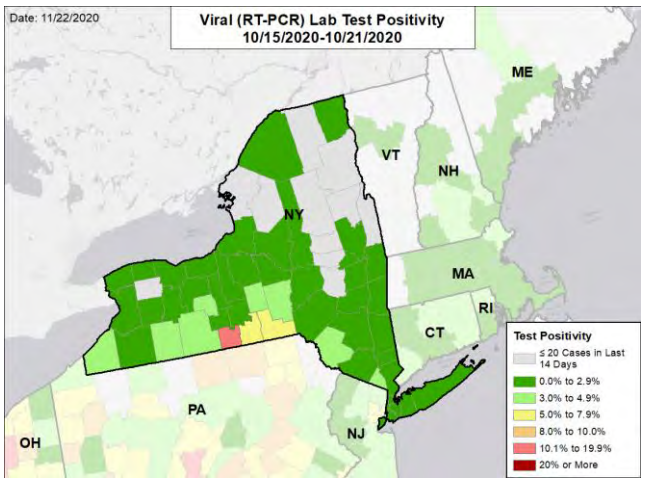
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

NORTH CAROLINA

SUMMARY

- North Carolina 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. North Carolina is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 36th highest rate in the country.
- North Carolina has seen an increase in new cases and an increase in test positivity. North Carolina has seen an increase in case rates in 97 counties and an increase in test positivity in 66 counties; the increase in test positivity appears to be accelerating in most counties, most noticeably in the more rural and less populous counties.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Mecklenburg County, 2. Wake County, and 3. Guilford County. These counties represent 23.4% of new cases in North Carolina.
- 90% of all counties in North Carolina have moderate or high levels of community transmission (yellow, orange, or red zones), with 35% having high levels of community transmission (red zone).
- During the week of Nov 9 - Nov 15, 19% of nursing homes had at least one new resident COVID-19 case, 37% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death. Multiple outbreaks in facilities seen across the state; the largest in facilities in Greenville, Salisbury, Windsor, Henderson, Winston-Salem, Conover, Kinston, Spruce Pine, and Clinton.
- North Carolina had 225 new cases per 100,000 population, compared to a national average of 356 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 3 to support operations activities from FEMA; 7 to support operations activities from USCG; and 1 to support operations activities from VA.
- The federal government has supported surge testing in in New Hanover, Guilford, Mecklenburg, Pitt, and Harnett counties.
- Between Nov 14 - Nov 20, on average, 205 patients with confirmed COVID-19 and 308 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in North Carolina. This is an increase of 5% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- The most important measures to prevent the extreme transmission we are seeing elsewhere in the country are widespread testing and surveillance, rapid contact tracing of identified cases, and full compliance with recommended community mitigation efforts.
- Testing and surveillance should be expanded as widely as possible, especially in rural areas where recent growth is most rapid, with a focus on returning results as quickly as possible (within 48 hours). All corporate, university, and private research partners should be involved in expanding testing and surveillance efforts.
- Proactive weekly testing of groups representative of the community 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 local testing campaigns.
- Wastewater surveillance should be scaled up at the most local level practical.
- Testing should be at a high baseline level throughout the state (aiming for >2,000 tests per 100,000 population per week in all counties) and further intensified in areas where there are signals of increasing transmission.
- **At time of testing**, all persons should be given written and verbal instruction to isolate until results are returned and to isolate for a total of 10 days if results are positive.
- Contact tracing should be expanded as needed by focusing the interview, developing scripts and clear algorithms to allow task-shifting, **using automated emails and texting with instructions to isolate and/or quarantine**, and coordinating remote surge capacity from counties with lower case rates.
- There is still an opportunity to limit the anticipated increase in transmission over the holidays; all media platforms (conventional and social) should be saturated with public health messaging to avoid social and familial gatherings, and reminders about the absolute need for face coverings and social distancing at all times.
- Provide processes and opportunity for citizens to report businesses that are not compliant with state and local ordinances and develop and deploy protocols for enforcement.
- Ensure all clinical facilities throughout the state, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including for outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each to allow for triage and federal assistance if needed. Ensure platforms for efficient intra- and inter-state notification of shortages and opportunities for exchanges of supplies and staffing between all facilities, public and private.
- Ensure aggressive flu vaccine campaigns are underway in all counties.
- 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; continue to reevaluate school status in all counties with early evidence of elevated or increasing transmission, especially if hospital capacity is limited.
- Continued outbreaks among the most vulnerable are a grave concern; ensure all CMS guidance is followed and regular testing of all staff with rapid tests is being conducted at all long-term and rehab care facilities. Facilities that are not fully adherent should be fined and/or made public.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

NORTH CAROLINA

STATE REPORT | 11.22.2020

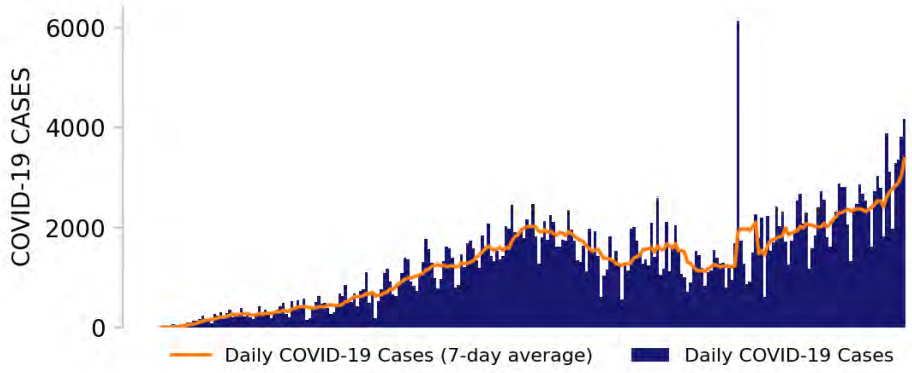
	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	23,613 (225)	+40%	174,589 (261)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.7%	+1.0%*	9.5%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	261,503** (2,493**)	+6%**	1,329,742** (1,987**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	260 (2.5)	+82%	1,821 (2.7)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	19%	+4%*	20%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	37%	+4%*	39%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	+1%*	7%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,588 (17)	+5% (+4%)	24,027 (16)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

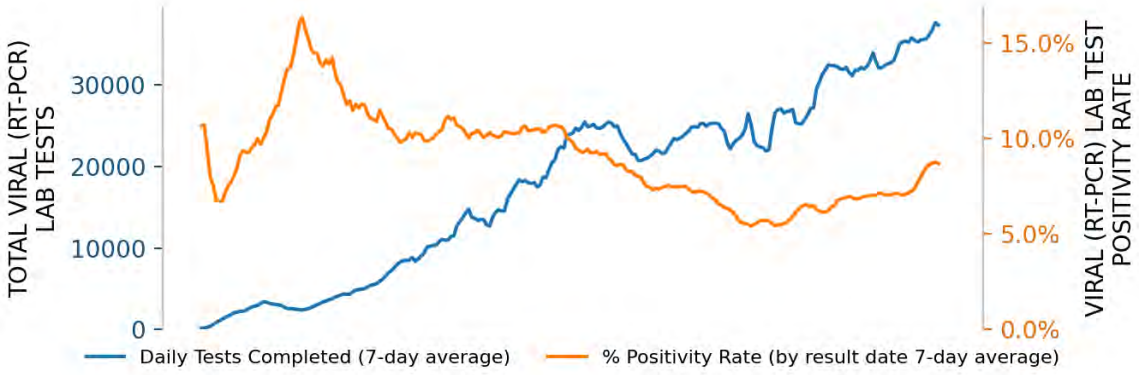
NORTH CAROLINA

STATE REPORT | 11.22.2020

NEW CASES

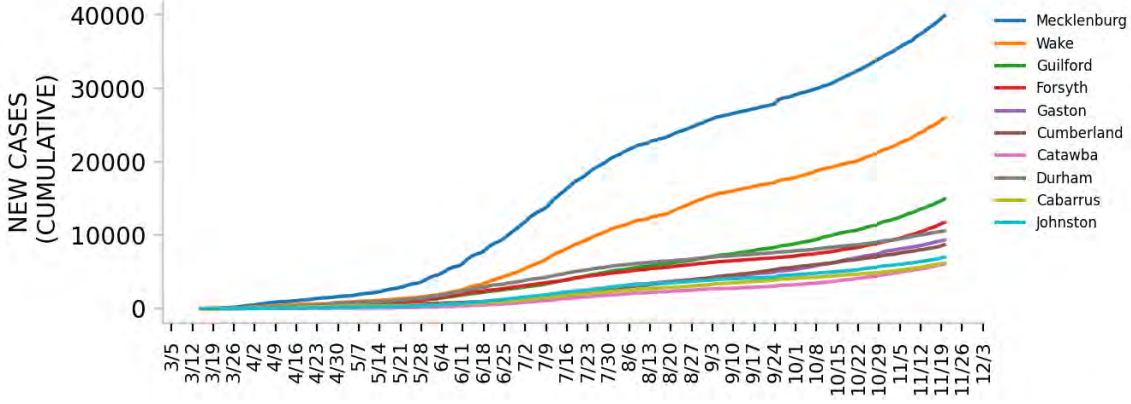


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/20/2020.

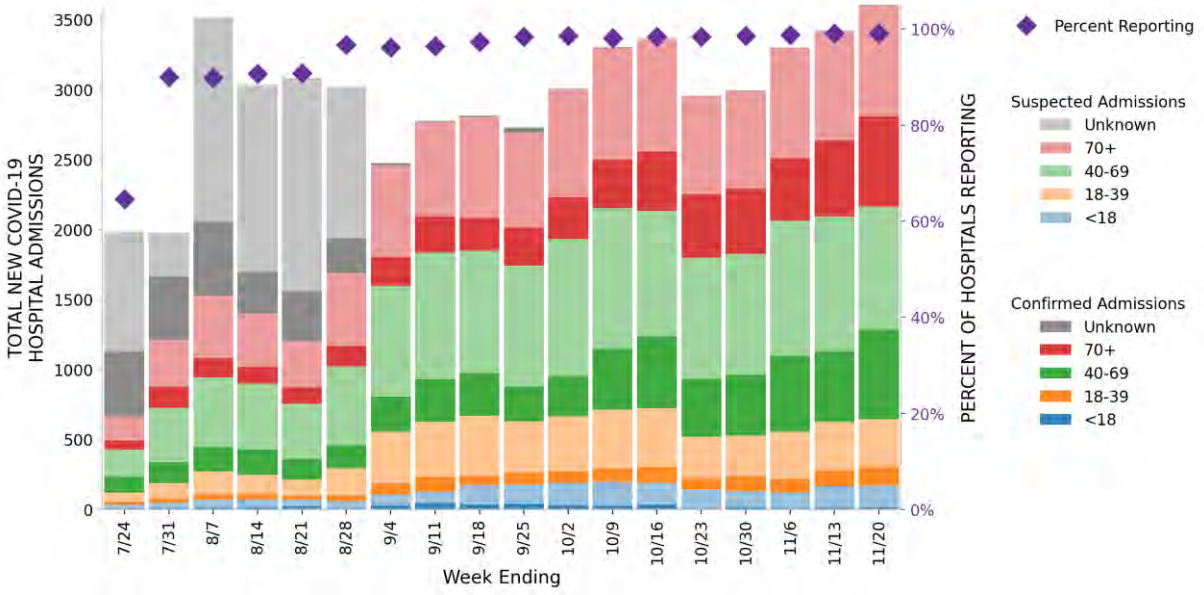
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

NORTH CAROLINA

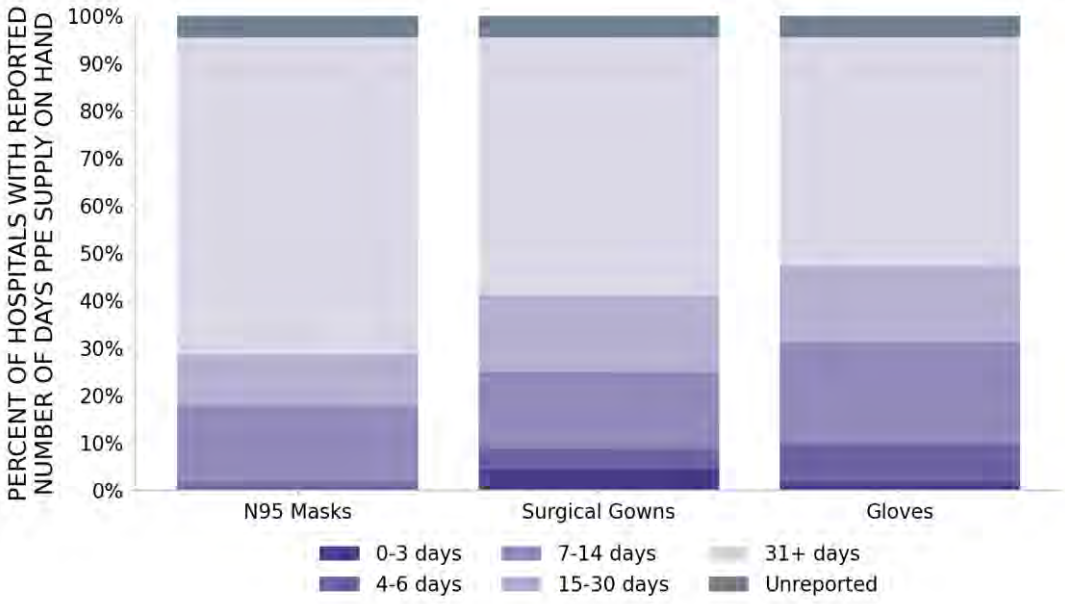
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

NORTH CAROLINA

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	12 ▲ (+7)	Greensboro-High Point Winston-Salem Hickory-Lenoir-Morganton Fayetteville Jacksonville Lumberton North Wilkesboro Mount Airy Roanoke Rapids Forest City Laurinburg Elizabeth City	35 ▲ (+17)	Forsyth Gaston Cumberland Catawba Cabarrus Onslow Randolph Davidson Rowan Robeson Columbus Nash
LOCALITIES IN ORANGE ZONE	11 ▼ (-2)	Charlotte-Concord-Gastonia Wilmington Burlington Rocky Mount Goldsboro Shelby Wilson Myrtle Beach-Conway-North Myrtle Beach Henderson Rockingham Sanford	22 ▼ (-3)	Mecklenburg Guilford Johnston Union Alamance Wayne Cleveland Rockingham Harnett Wilson Caldwell Edgecombe
LOCALITIES IN YELLOW ZONE	15 ▼ (-5)	Raleigh-Cary Durham-Chapel Hill Asheville Greenville New Bern Kinston Pinehurst-Southern Pines Morehead City Albemarle Marion Cullowhee Kill Devil Hills	33 ▼ (-12)	Wake Durham New Hanover Pitt Iredell Buncombe Burke Brunswick Craven Lenoir Moore Carteret

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

All Yellow CBSAs: Raleigh-Cary, Durham-Chapel Hill, Asheville, Greenville, New Bern, Kinston, Pinehurst-Southern Pines, Morehead City, Albemarle, Marion, Cullowhee, Kill Devil Hills, Washington, Virginia Beach-Norfolk-Newport News, Brevard

All Red Counties: Forsyth, Gaston, Cumberland, Catawba, Cabarrus, Onslow, Randolph, Davidson, Rowan, Robeson, Columbus, Nash, Lincoln, Wilkes, Surry, Sampson, Alexander, Halifax, Rutherford, Davie, Pender, Hoke, Yadkin, Mitchell, Avery, Scotland, Madison, Yancey, Northampton, Caswell, Montgomery, Bertie, Swain, Perquimans, Camden

All Orange Counties: Mecklenburg, Guilford, Johnston, Union, Alamance, Wayne, Cleveland, Rockingham, Harnett, Wilson, Caldwell, Edgecombe, Vance, Stokes, Richmond, Ashe, Lee, Haywood, Bladen, Pasquotank, Cherokee, Hertford

All Yellow Counties: Wake, Durham, New Hanover, Pitt, Iredell, Buncombe, Burke, Brunswick, Craven, Lenoir, Moore, Carteret, Henderson, Duplin, Granville, Stanly, Franklin, McDowell, Chatham, Jackson, Dare, Beaufort, Person, Greene, Macon, Anson, Warren, Currituck, Transylvania, Polk, Washington, Pamlico, Jones

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

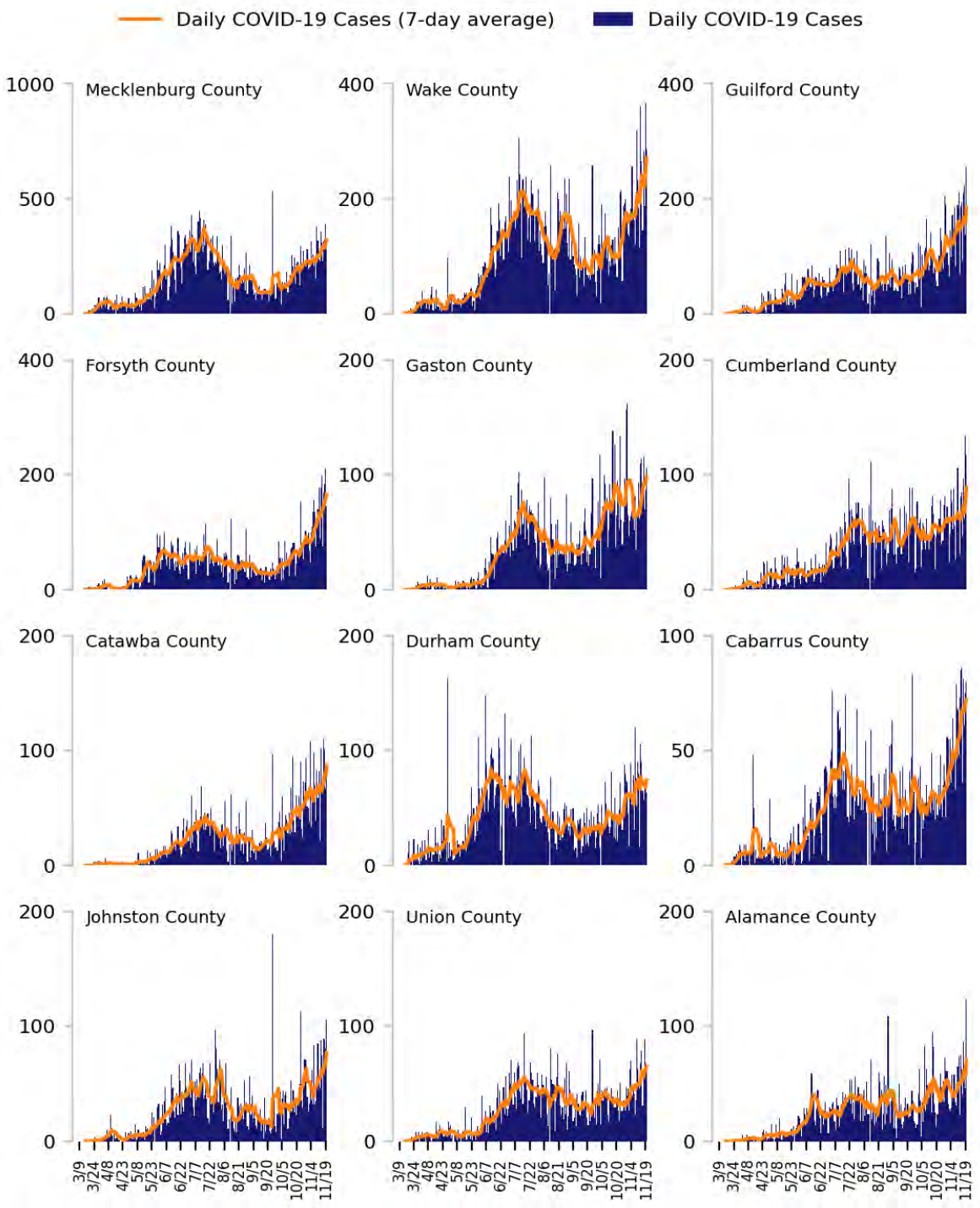
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

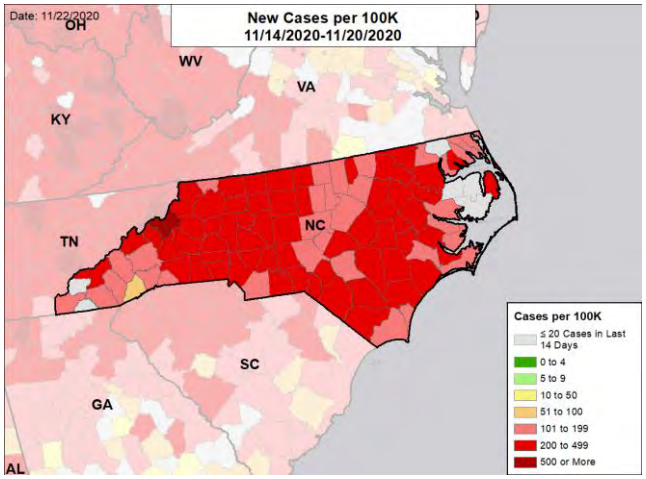
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

NORTH CAROLINA

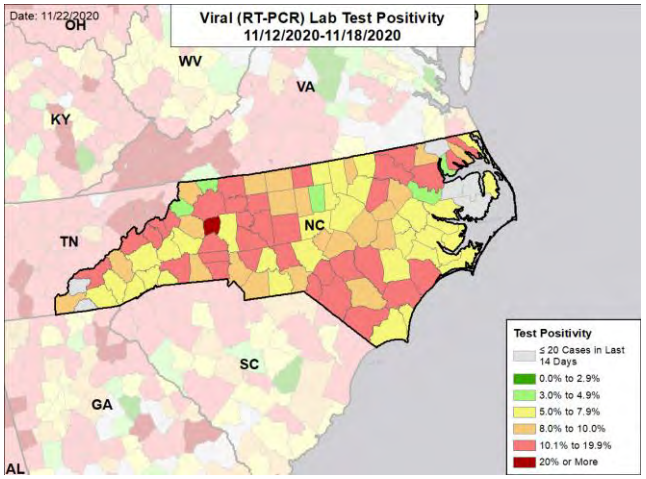
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

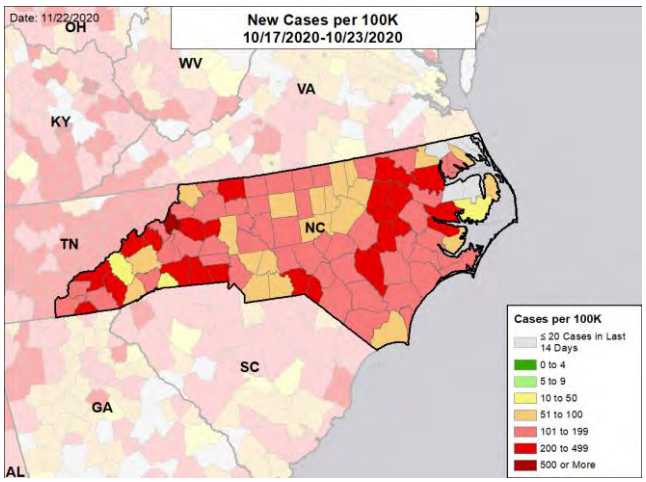
NEW CASES PER 100,000



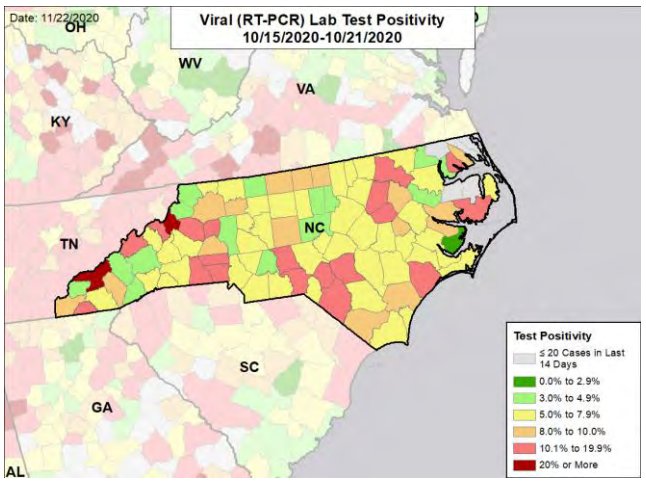
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

NORTH DAKOTA

SUMMARY

- North Dakota is showing signs of early stabilization with a plateauing of cases and stabilization of hospitalizations at a high level. This is the moment to further accelerate mitigation requirements to drive down the pandemic. 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 19th highest rate in the country.
- North Dakota has seen stability in new cases and a decrease 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 44.5% 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 58% having high levels of community transmission (red zone).
- During the week of Nov 9 - Nov 15, 52% of nursing homes had at least one new resident COVID-19 case, 72% had at least one new staff COVID-19 case, and 20% had at least one new resident COVID-19 death. Although shockingly high, this is a week over week improvement.
- New hospital admissions in North Dakota are now stabilizing, especially in those over 70.
- North Dakota had 1,235 new cases per 100,000 population, compared to a national average of 356 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 1 to support epidemiology activities from CDC and 1 to support operations activities from CDC.
- Between Nov 14 - Nov 20, on average, 47 patients with confirmed COVID-19 and 6 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in North Dakota. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- Aggressive weekly testing of all members staying on Tribal lands must occur to support ongoing mitigation efforts.
- 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.
- 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.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, 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 significant amount of virus circulating and the high rate of asymptomatic and undiagnosed infections among family and community members. Public spaces where masking is not possible must have a significant reduction in capacity or close.
- 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 universities returning in the winter move to mandatory weekly testing of all on and off campus students. Planning for that must begin now.
- There continue to be high levels of positive staff at LTCF, indicative of continued and unmitigated community spread in these geographic locations.
- 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 | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	9,415 (1,235)	+5%	92,215 (752)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	13.1%	-4.0%*	15.7%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	37,904** (4,974**)	+0%**	534,526** (4,360**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	116 (15.2)	+23%	735 (6.0)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	52%	+9%*	31%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	72%	-12%*	59%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	20%	+1%*	13%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	369 (18)	+2% (+2%)	5,793 (24)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

NORTH DAKOTA

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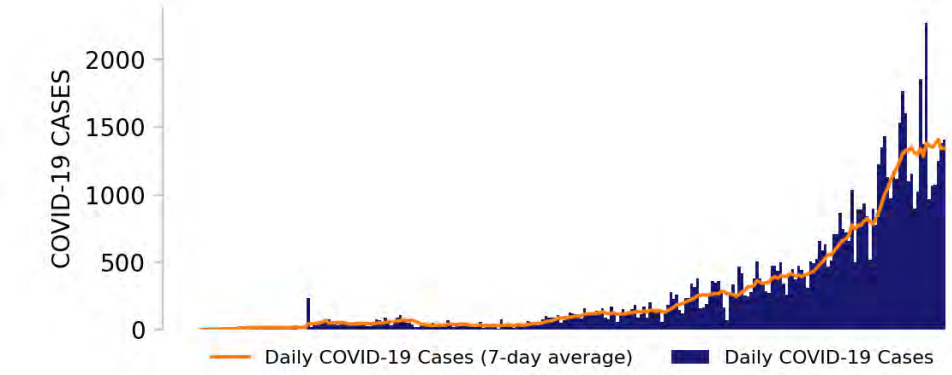
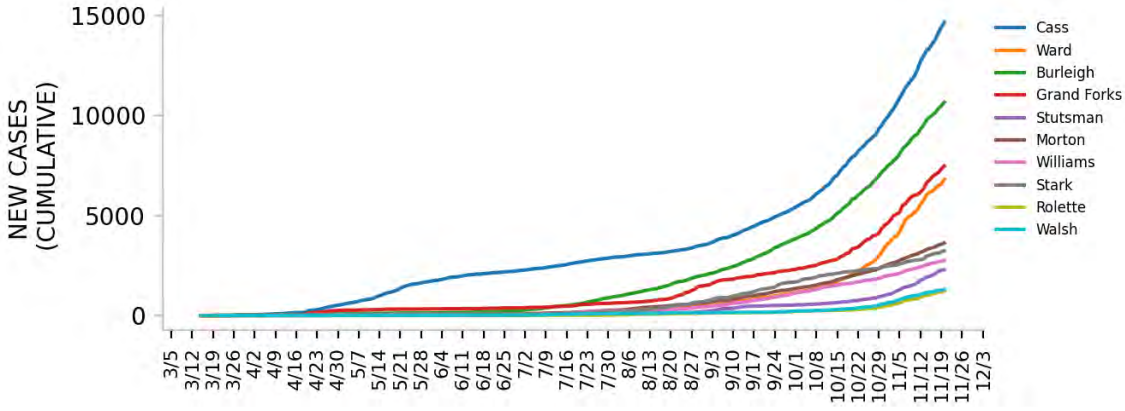
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



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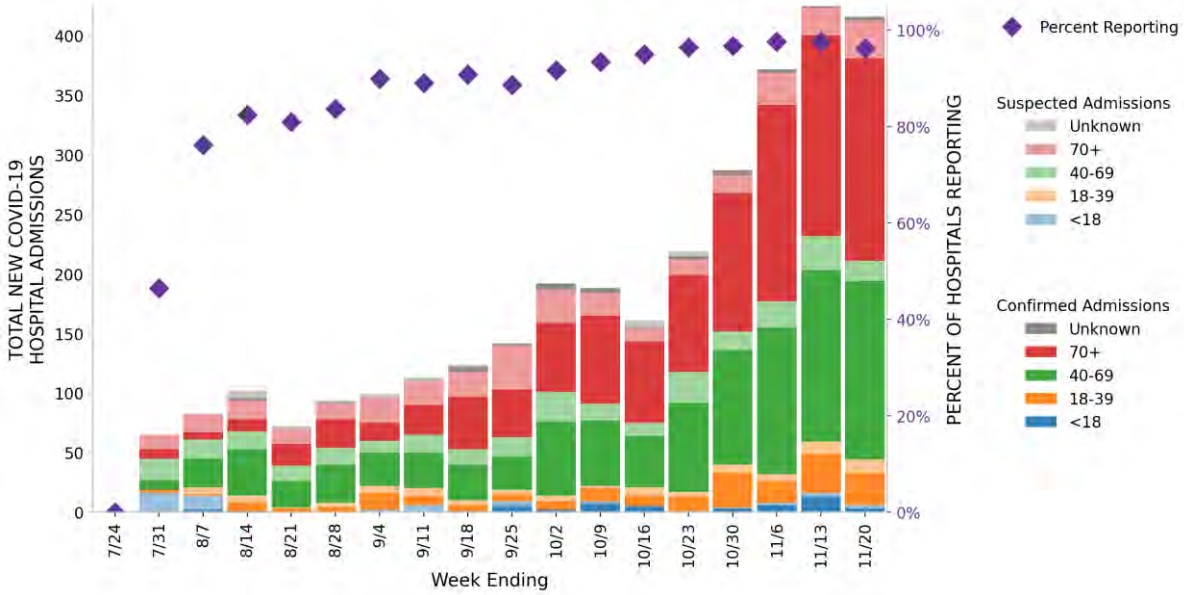
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

NORTH DAKOTA

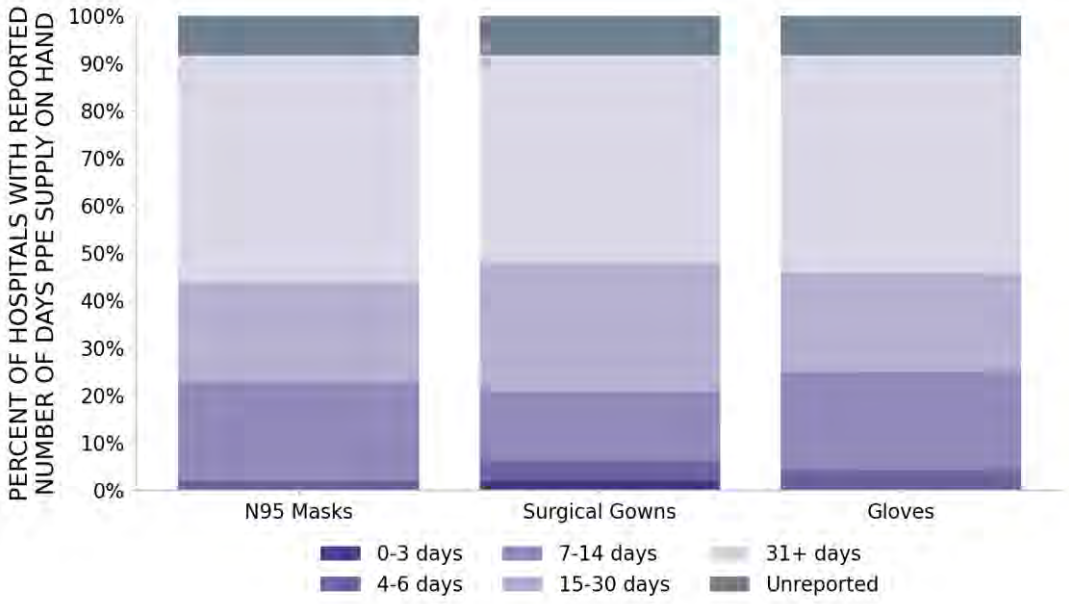
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

NORTH DAKOTA

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**6** ■ (+0)	Fargo Minot Grand Forks Jamestown Williston Wahpeton	**31** ▼ (-6)	Cass Ward Grand Forks Stutsman Williams Rolette Walsh Richland Ramsey Mountrail Pembina Mercer
LOCALITIES IN ORANGE ZONE	**1** ▼ (-1)	Bismarck	**7** ▲ (+2)	Burleigh Morton Barnes McKenzie Eddy Adams Grant
LOCALITIES IN YELLOW ZONE	**1** ▲ (+1)	Dickinson	**6** ▲ (+4)	Stark Traill Ransom Hettinger McIntosh Bowman

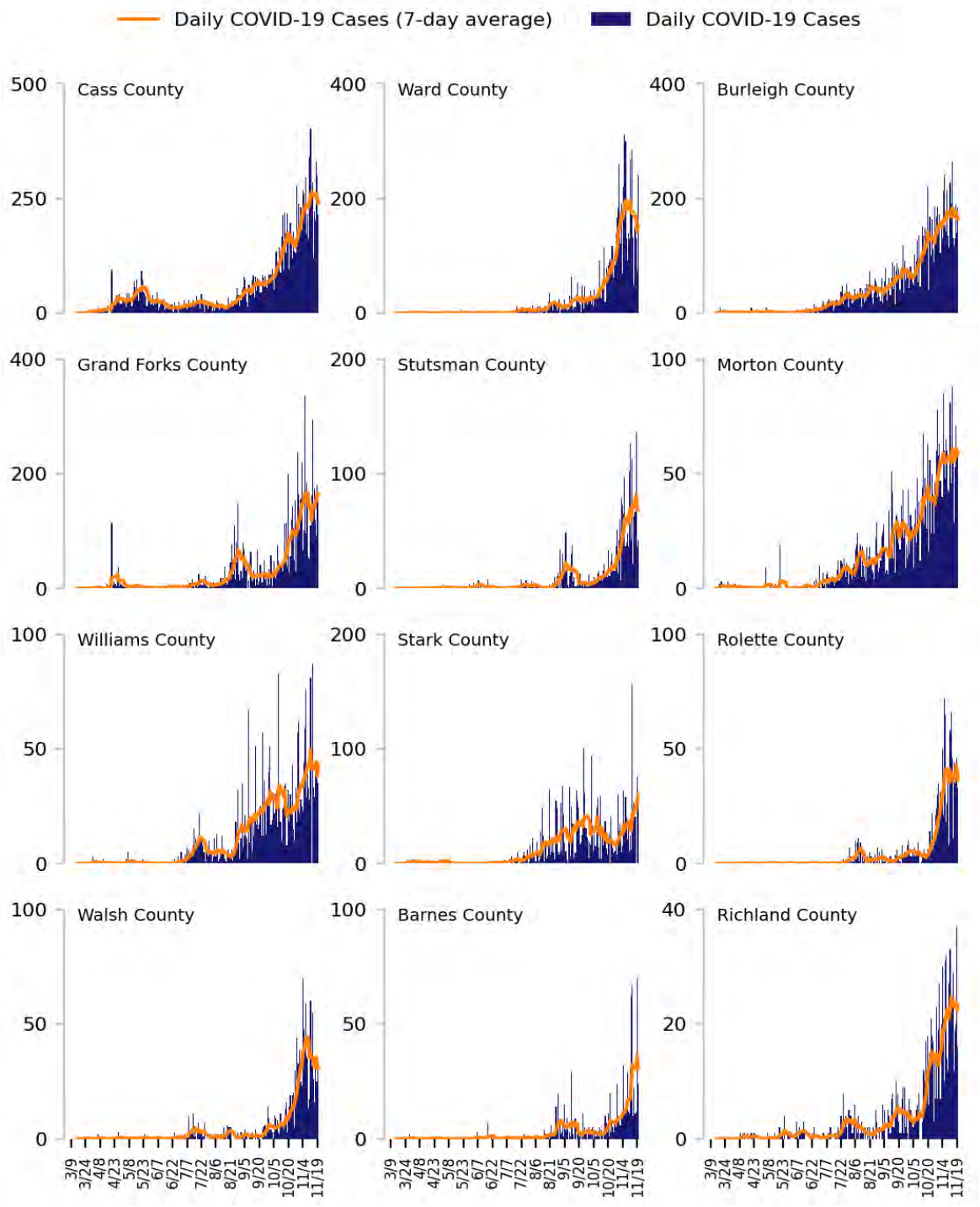
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red Counties: Cass, Ward, Grand Forks, Stutsman, Williams, Rolette, Walsh, Richland, Ramsey, Mountrail, Pembina, Mercer, McLean, Pierce, Foster, Cavalier, McHenry, Dickey, Benson, Bottineau, Nelson, Sargent, LaMoure, Griggs, Burke, Towner, Renville, Dunn, Kidder, Steele, Golden Valley

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

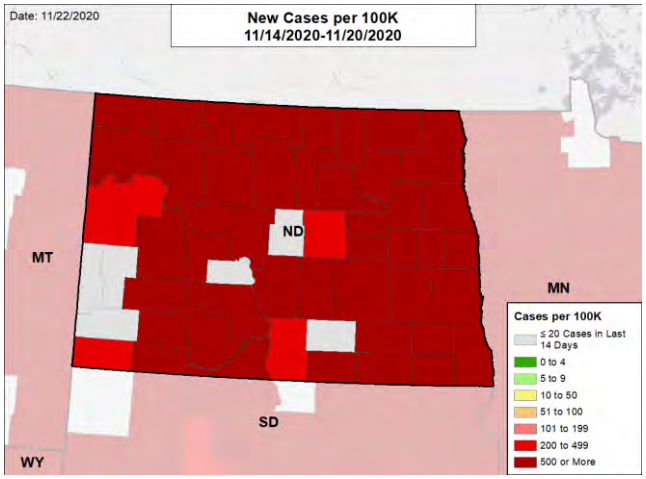
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

NORTH DAKOTA

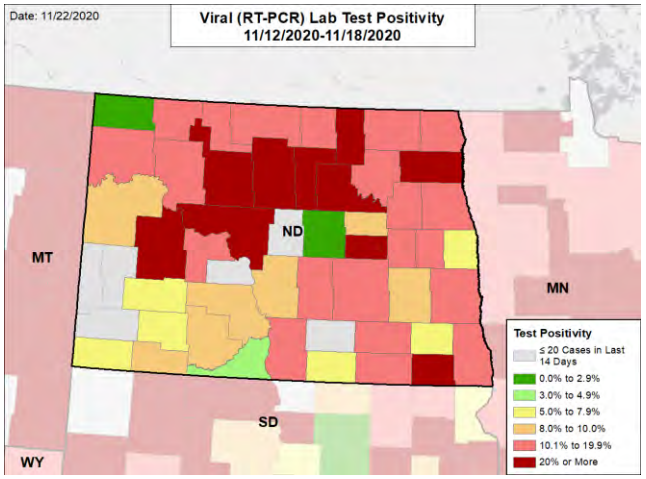
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

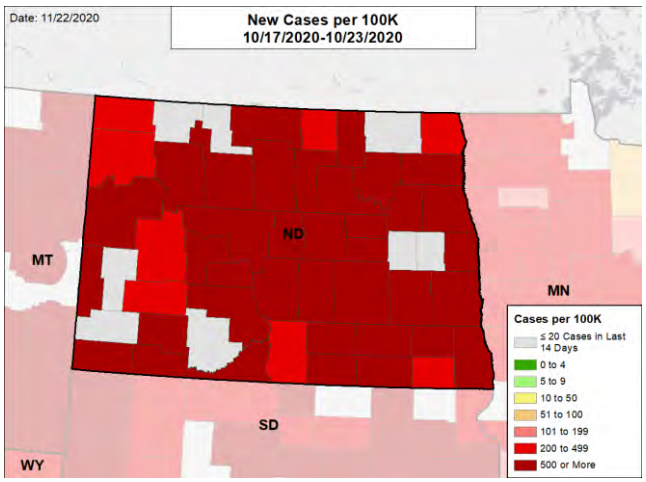
NEW CASES PER 100,000



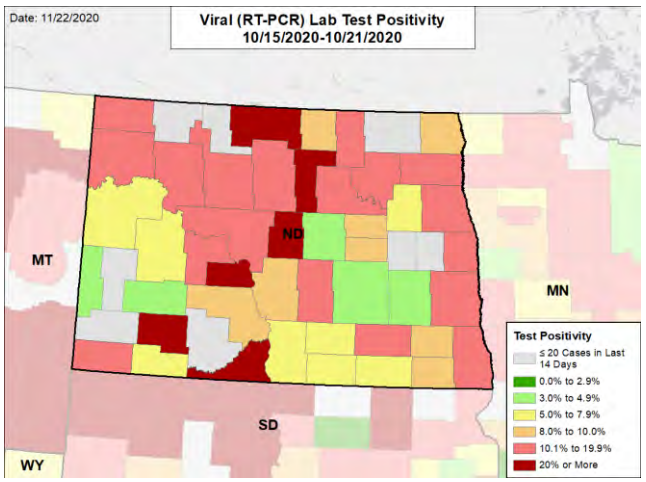
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

OHIO

SUMMARY

- Ohio needs to continue its aggressive mitigation efforts and potentially expand the depth and breadth of interventions to further drive down this surge. Ohio has not plateaued and 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 23rd highest rate in the country.
- Ohio has seen an increase in new cases and an increase in test positivity. New hospital admissions in Ohio continue to surge upward.
- 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 26.8% of new cases in Ohio.
- 100% of all counties in Ohio have moderate or high levels of community transmission (yellow, orange, or red zones), with 98% having high levels of community transmission (red zone).
- During the week of Nov 9 - Nov 15, 26% of nursing homes had at least one new resident COVID-19 case, 55% had at least one new staff COVID-19 case, and 10% had at least one new resident COVID-19 death.
- Ohio had 453 new cases per 100,000 population, compared to a national average of 356 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 14 - Nov 20, on average, 577 patients with confirmed COVID-19 and 470 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Ohio. This is an increase of 20% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household 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 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 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.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, 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 significant amount of virus circulating and the high rate of asymptomatic and undiagnosed infections among family and community members. Public spaces where masking is not possible must have a significant reduction in capacity or close.
- 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 universities returning in the winter move to mandatory weekly testing of all on and off campus students. Planning for that must begin now.
- There continue to be high levels of positive staff at LTCF, indicative of continued and unmitigated community spread in these geographic locations.
- 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 | 11.22.2020

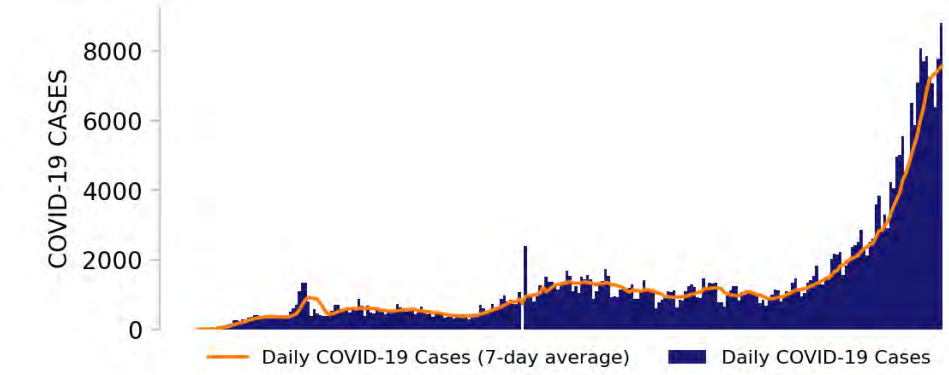
	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	52,894 (453)	+25%	330,352 (629)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	13.0%	+2.9%*	14.2%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	399,736** (3,420**)	+10%**	2,500,165** (4,758**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	255 (2.2)	+24%	2,561 (4.9)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	26%	+6%*	32%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	55%	+13%*	60%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	10%	+2%*	12%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	7,330 (25)	+20% (+19%)	31,487 (26)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

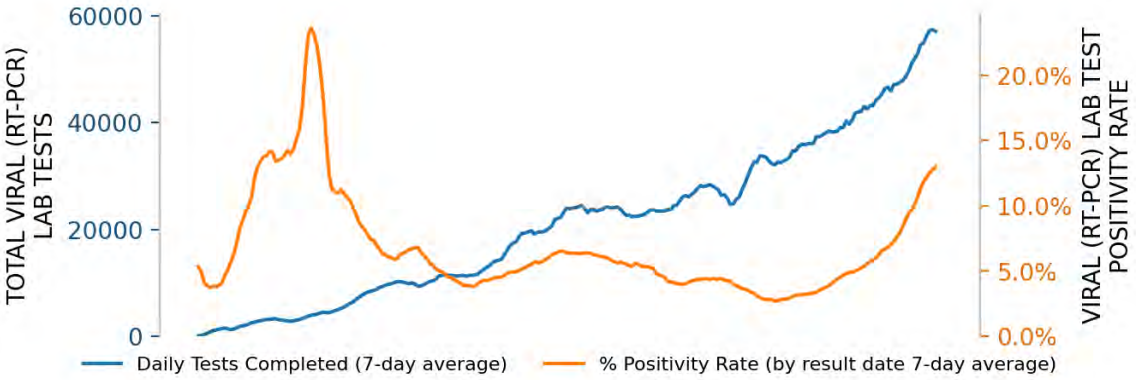
OHIO

STATE REPORT | 11.22.2020

NEW CASES

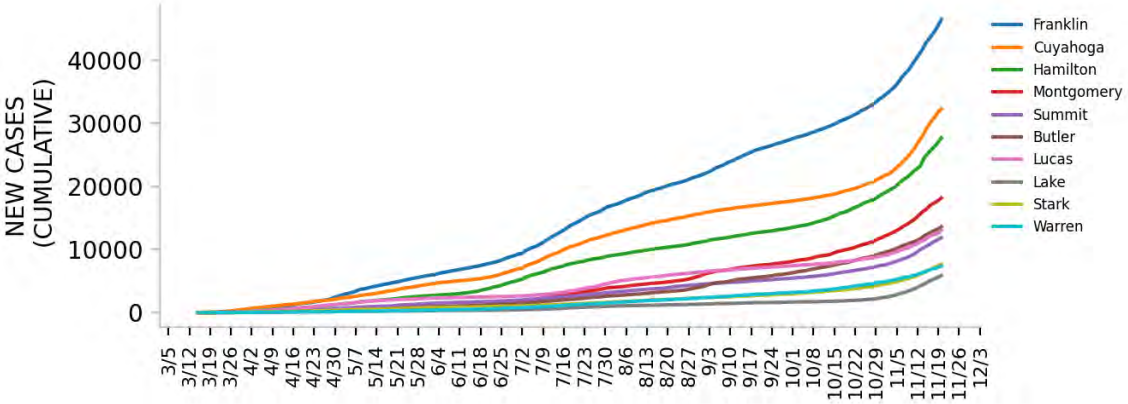


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/20/2020.

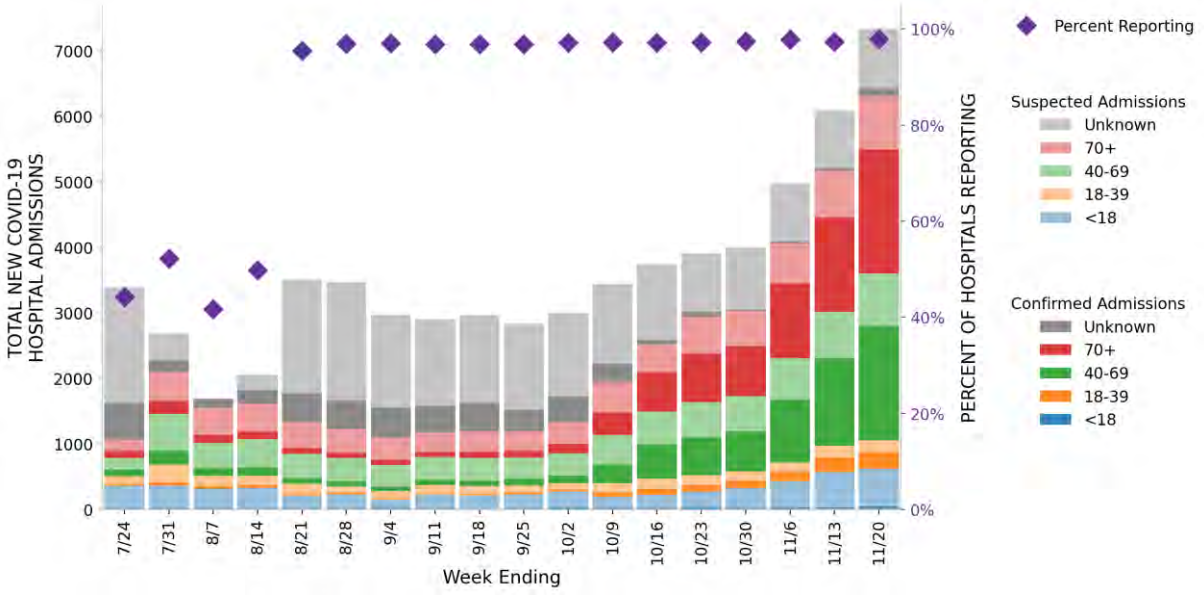
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

OHIO

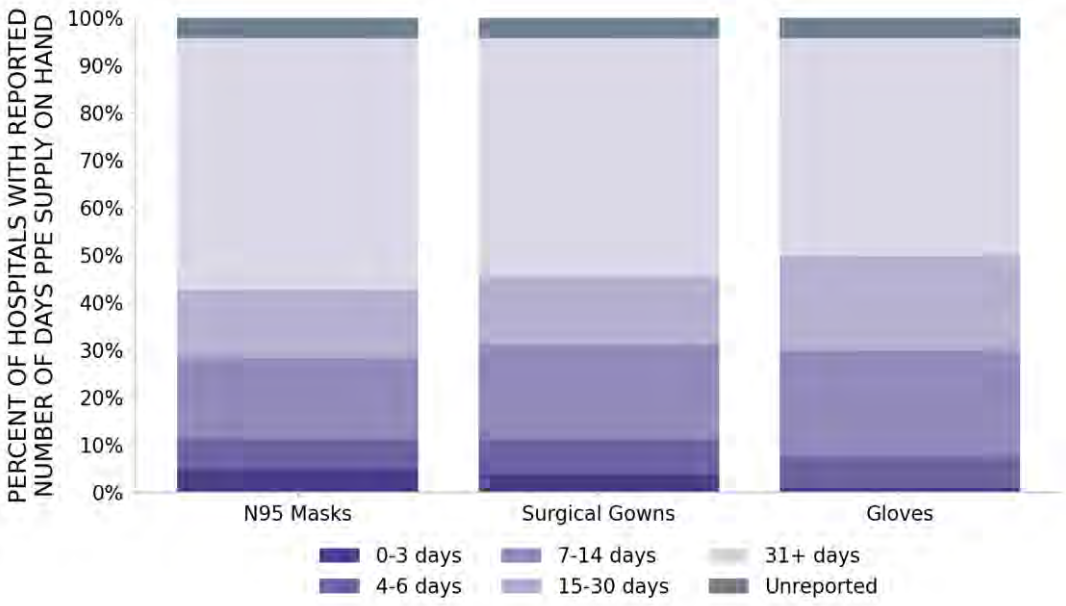
STATE REPORT | 11.22.2020

187 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. 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. 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 11/18/2020.

OHIO

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	44 ▲ (+7)	Columbus Cleveland-Elyria Cincinnati Dayton-Kettering Toledo Akron Youngstown-Warren-Boardman Canton-Massillon Lima Springfield New Philadelphia-Dover Wooster	86 ▲ (+13)	Franklin Cuyahoga Hamilton Montgomery Summit Butler Lucas Lake Stark Warren Lorain Mahoning
LOCALITIES IN ORANGE ZONE	1 ▼ (-4)	Sandusky	2 ▼ (-4)	Erie Lawrence
LOCALITIES IN YELLOW ZONE	1 ▼ (-3)	Huntington-Ashland	0 ▼ (-6)	N/A

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

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

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

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

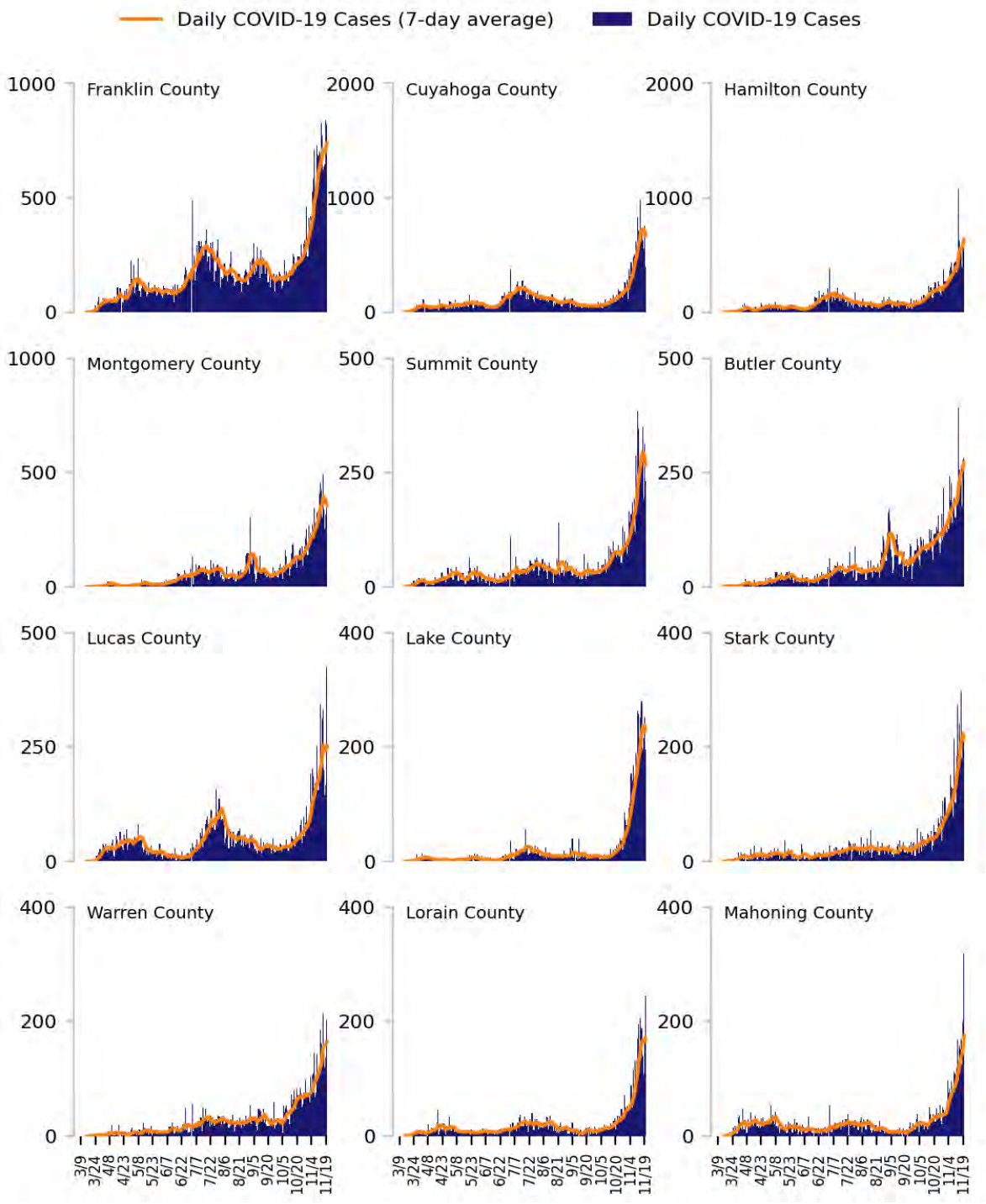
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/20/2020.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/18/2020.

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



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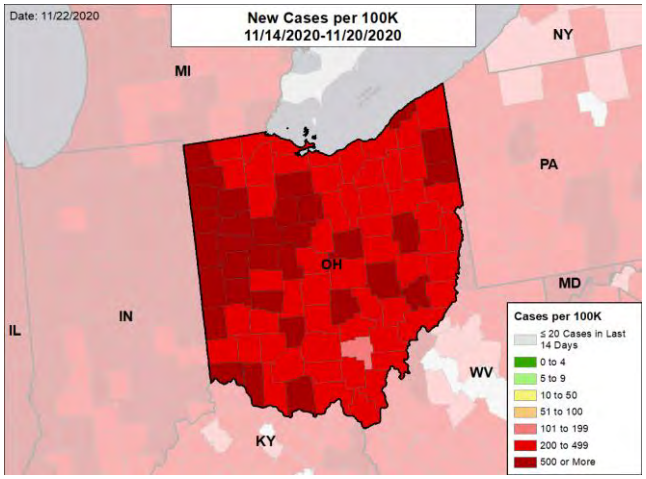
OHIO

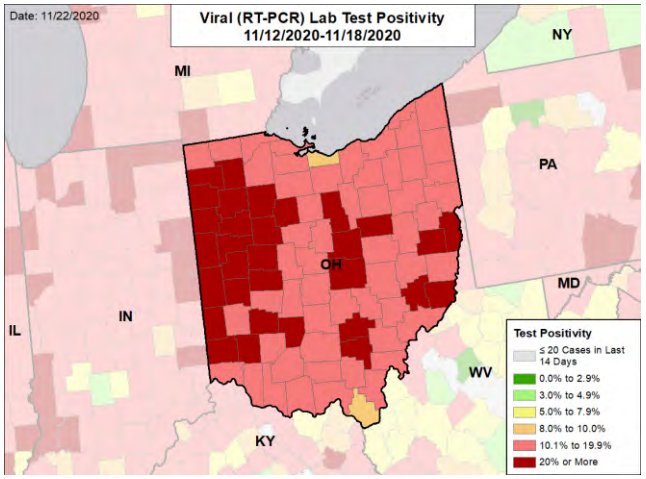
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

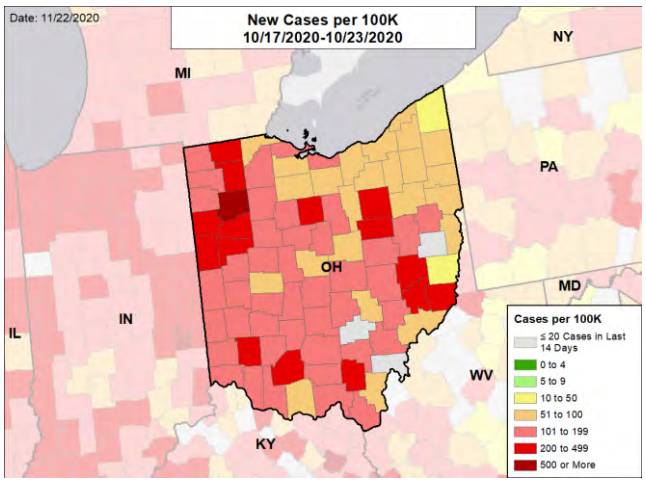
NEW CASES PER 100,000



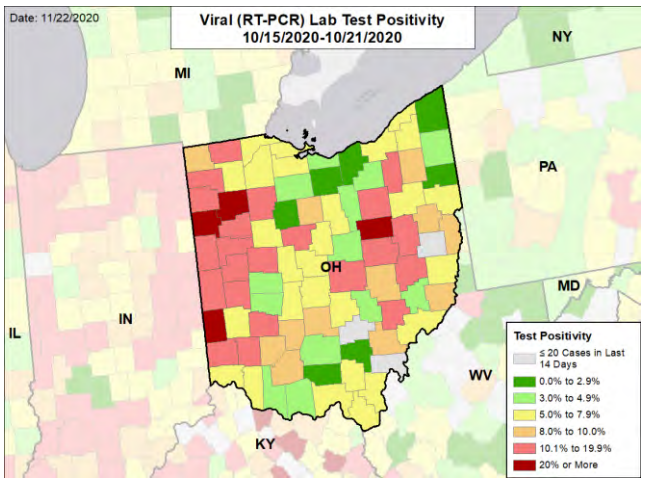
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

OKLAHOMA

SUMMARY

- Oklahoma 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. Oklahoma is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 7th 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 40.7% of new cases in Oklahoma.
- 99% of all counties in Oklahoma have moderate or high levels of community transmission (yellow, orange, or red zones), with 95% having high levels of community transmission (red zone).
- During the week of Nov 9 - Nov 15, 26% of nursing homes had at least one new resident COVID-19 case, 47% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death.
- Oklahoma had 503 new cases per 100,000 population, compared to a national average of 356 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 14 - Nov 20, on average, 285 patients with confirmed COVID-19 and 97 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oklahoma. This is an increase of 28% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- Need strong Thanksgiving messaging: 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.
- Nearly all counties are in the red zone with extensive and unyielding spread. Hospitalizations are increasing week over week; mitigation and messaging needs to be further strengthened as other states have done. Effective practices to decrease transmission in public spaces include requiring masks, limiting restaurant indoor capacity to less than 25%, and closing bars until cases and test positivity decrease to the yellow zone. Strong mitigation efforts by neighboring states are showing early impact.
- Ensure compliance with public health orders, including wearing masks.
- Target antigen testing to the asymptomatic populations under 35 years old. Incentivize testing to those populations.
- 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.
- Stay vigilant with nursing home staff and residents; nearly 50% of nursing homes have COVID positive staff and nearly 30% have COVID positive residents, 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.
- New hospital admissions in Oklahoma are increasing across all age groups.
- Ensure all hospitals are capacitated with updated training on use and timing of effective interventions, contingency staffing plans with appropriate task-shifting, and maximized access to medications and supplies. Ensure ongoing communication with state and federal partners and that hospital reporting on staffing, bed availability, and supplies is maintained to allow triage and assistance.
- Expansion of telehealth and remote clinical consultation capacity is an important achievement and should be established across Oklahoma.
- Ensure full flu immunizations across the state.
- Tribal Nations: Provide Abbot BinaxNOW tests to Tribal Nations to conduct weekly testing among all of those who live or work on the reservation. Weekly testing will immediately identify positives (asymptomatic and symptomatic), who will isolate and prevent further transmission to the 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.

COVID-19

OKLAHOMA

STATE REPORT | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	19,903 (503)	+28%	143,331 (336)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	19.0%	+1.4%*	12.7%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	50,314** (1,272**)	+20%**	836,438** (1,958**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	110 (2.8)	+72%	1,728 (4.0)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	26%	+7%*	21%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	47%	+1%*	42%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	+1%*	7%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	2,669 (27)	+28% (+31%)	20,191 (21)	136,015 (19)

* 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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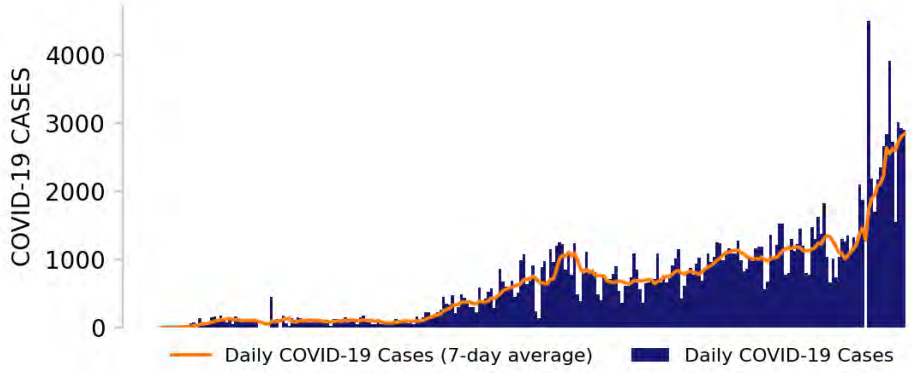
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

OKLAHOMA

STATE REPORT | 11.22.2020

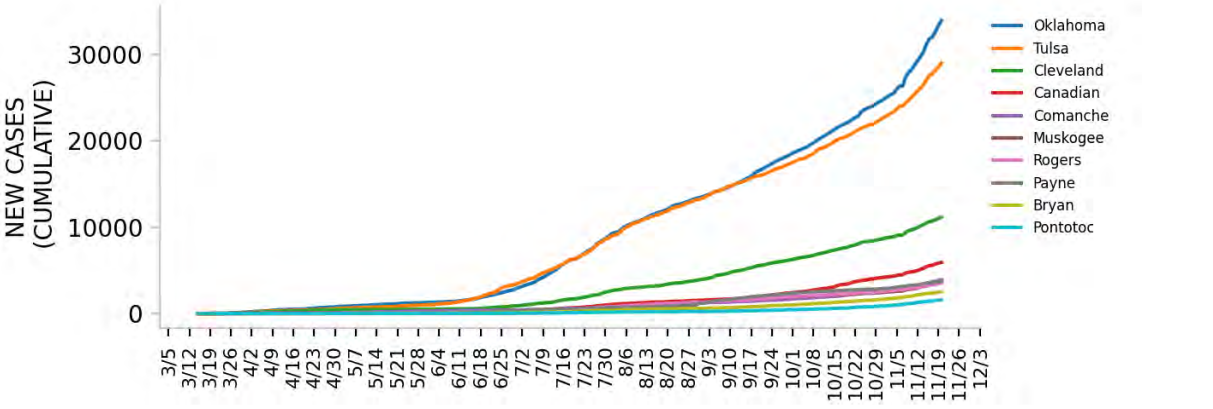
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



DATA SOURCES – Additional data details available under METHODS

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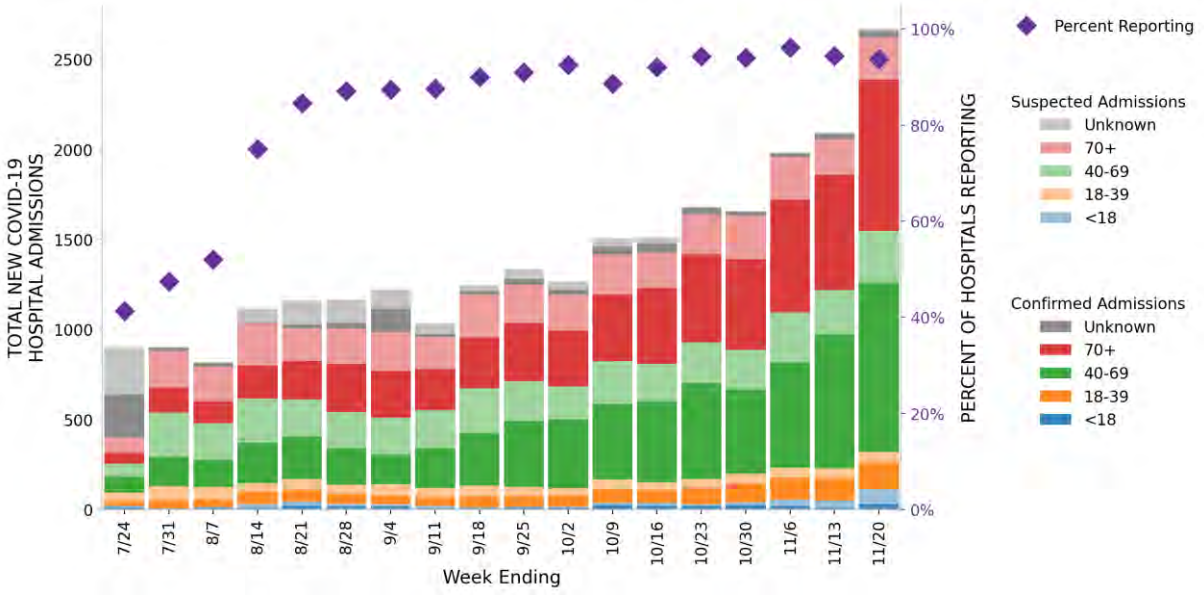
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/18/2020.

OKLAHOMA

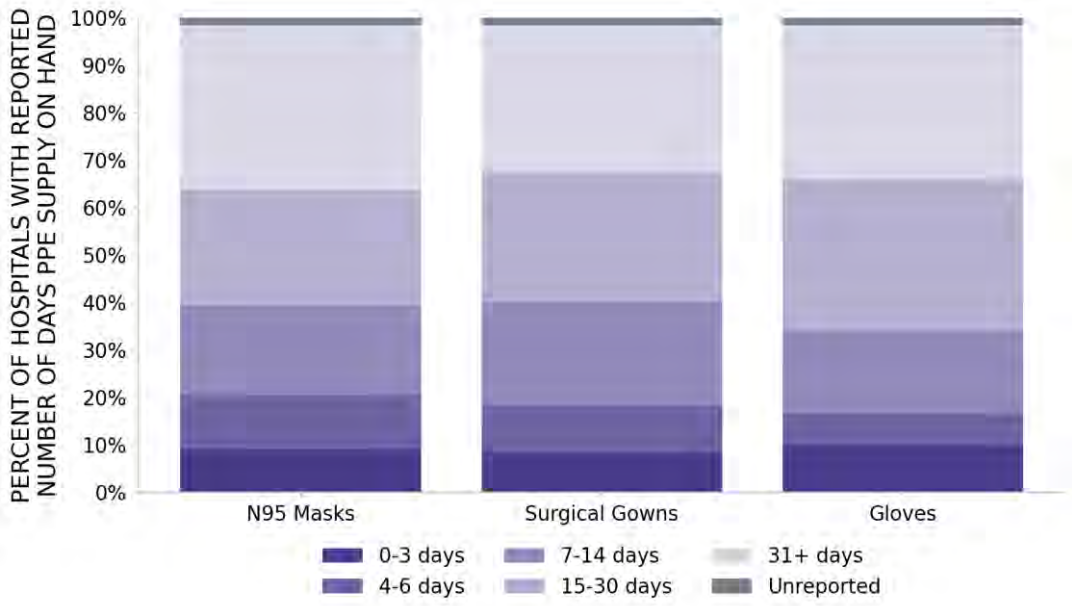
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

OKLAHOMA

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**21** ▲ (+1)	Oklahoma City Tulsa Lawton Muskogee Stillwater Durant Ada Enid Shawnee Ardmore Ponca City Duncan	**73** ▲ (+4)	Oklahoma Tulsa Cleveland Canadian Comanche Muskogee Rogers Payne Bryan Pontotoc McClain Garfield
LOCALITIES IN ORANGE ZONE	**1** ■ (+0)	Elk City	**3** ■ (+0)	Beckham Noble Coal
LOCALITIES IN YELLOW ZONE	**0** ■ (+0)	N/A	**0** ▼ (-1)	N/A

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

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

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

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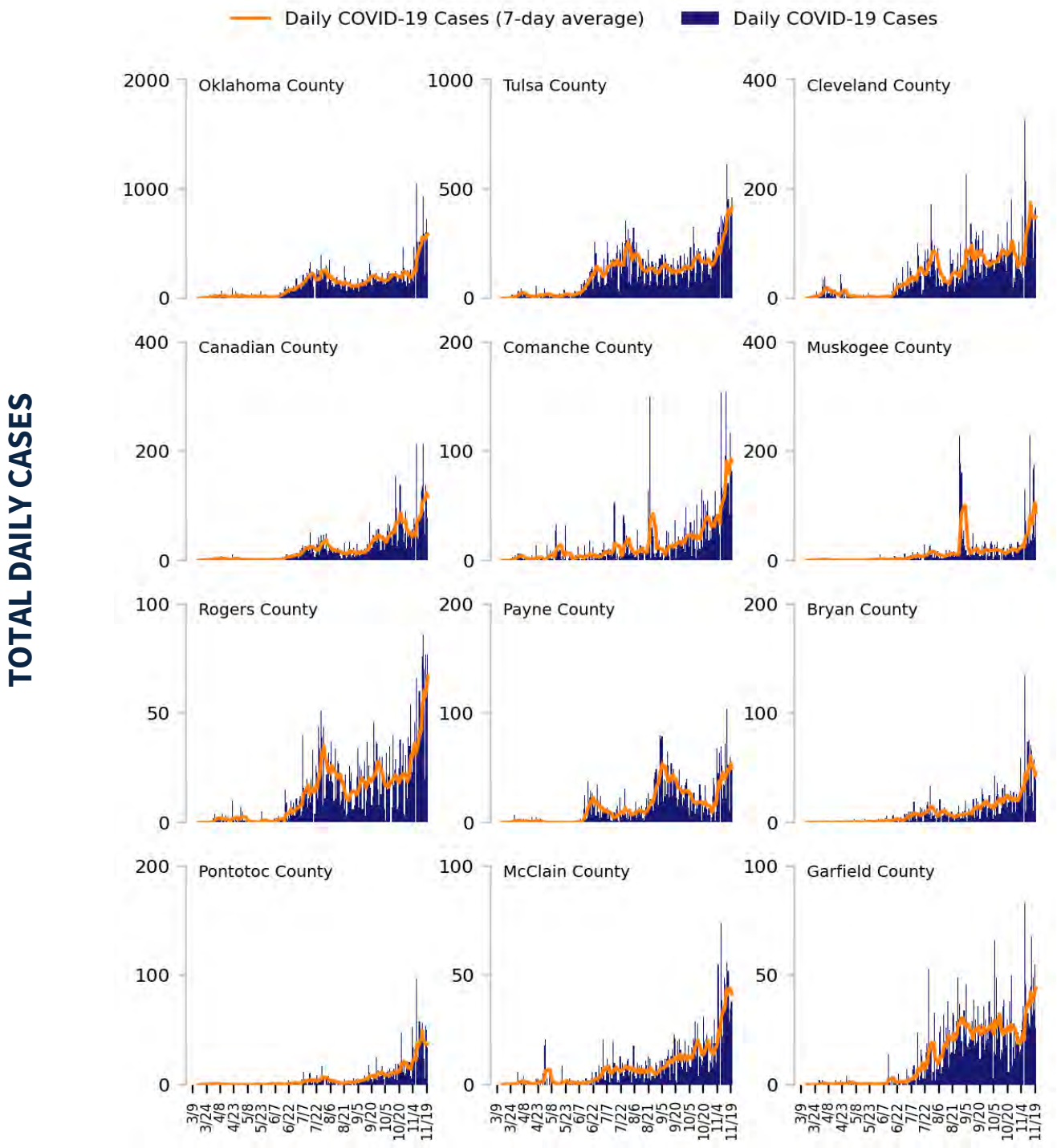
Top 12 counties based on number of new cases in the last 3 weeks



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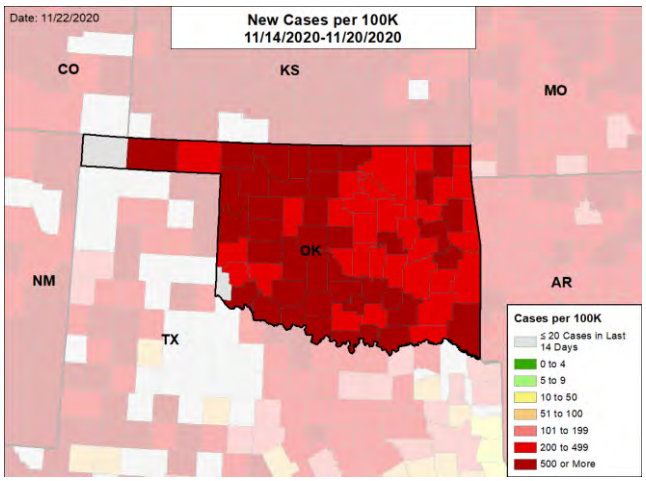
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

OKLAHOMA

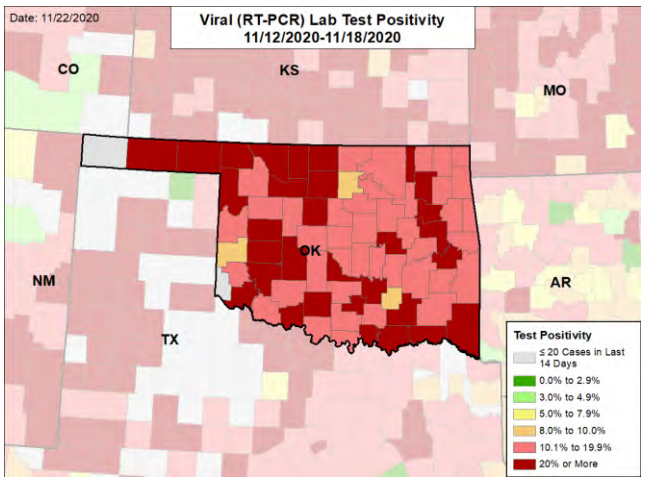
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

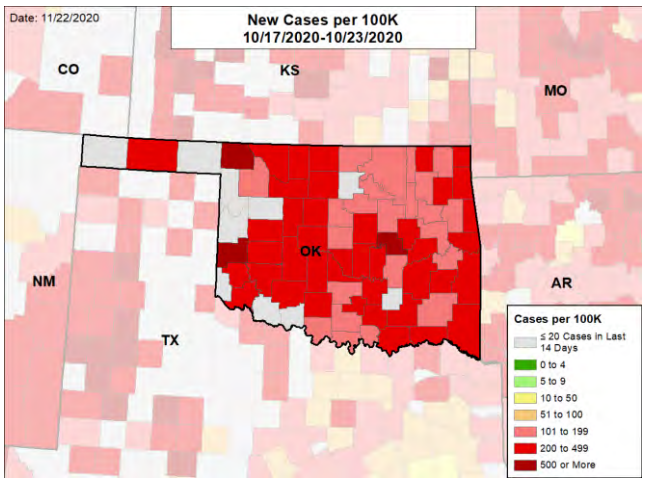
NEW CASES PER 100,000



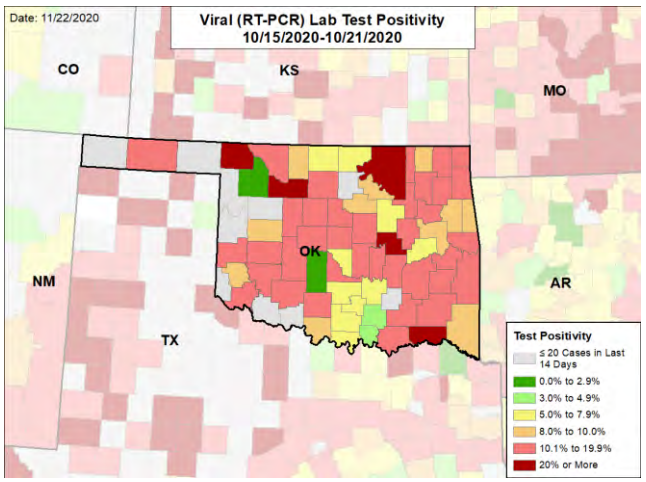
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

OREGON

SUMMARY

- Oregon 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. Oregon 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.
- Oregon has seen an increase in new cases and stability in test positivity. 29 counties had an increase in case rate and 20 counties had an increase in test positivity; 9 counties had test positivity rates over 10%.
- 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 49.2% of new cases in Oregon.
- 69% of all counties in Oregon have moderate or high levels of community transmission (yellow, orange, or red zones), with 25% having high levels of community transmission (red zone).
- Hospital capacity in Bend and Richmond are exceedingly limited and at least 4 facilities have reported critical staffing shortages.
- During the week of Nov 9 - Nov 15, 4% of nursing homes had at least one new resident COVID-19 case, 25% had at least one new staff COVID-19 case, and 3% had at least one new resident COVID-19 death. Two facilities in Medford, run by the same company, reported outbreaks among staff and residents.
- Oregon had 172 new cases per 100,000 population, compared to a national average of 356 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 20 to support operations activities from FEMA and 8 to support operations activities from USCG.
- The federal government is currently supporting surge testing in Clackamas, Marion, Linn, and Malheur counties.
- Between Nov 14 - Nov 20, on average, 49 patients with confirmed COVID-19 and 107 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oregon. This is an increase of 5% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- Recent intensification of restrictions is necessary to prevent the rapid acceleration experienced by neighboring states and is commendable.
- There is still an opportunity to prevent a potential increase in transmission around the holidays; all media platforms (conventional and social) should be saturated with public health messaging on the risks of social gatherings, the clear recommendation to avoid such gatherings, the critical need for face coverings and social distancing, and instructions on how to report non-compliance of local businesses.
- Recruit clinical personnel from local facilities to convey local messages and plead for adherence to face covering and social distancing; public health messaging should appeal to community coherence and responsibility, using champions from different political and cultural belief systems to convey local messages about the importance of mitigation efforts.
- Continue regular outreach to retail service providers regarding distancing and limitations on occupancy while enforcing penalties where violations are encountered; ensure that there are processes to report businesses that violate state and local ordinances and protocols to address the issue with alleged violators.
- Proactive weekly testing of groups representative of the community 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 local testing campaigns.
- Quantitative wastewater surveillance has proven valuable for early detection and should be scaled up at the most local level practical; surveillance signals should direct local testing campaigns.
- Ensure all clinical facilities throughout the state, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including for outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each. Ensure platforms for efficient intra- and inter-state notification of shortages and opportunities for exchanges of supplies and staffing between all facilities, public and private.
- Ensure all congregate and crowded residential and 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 full adherence to local guidance.
- 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.
- Contact tracing should be expanded as needed by focusing the interview, developing scripts and clear algorithms to allow task-shifting, **using automated emails and texting with instructions to isolate and/or quarantine**, 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; continue to reevaluate school status in all counties with early evidence of elevated or increasing transmission, especially if hospital capacity is limited.
- 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.

OREGON

STATE REPORT | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	7,238 (172)	+14%	35,419 (247)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.2%	+0.3%*	11.2%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	126,226** (2,993**)	+28%**	343,034** (2,390**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	59 (1.4)	+59%	259 (1.8)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	4%	-5%*	14%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	25%	+2%*	32%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	-2%*	3%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,091 (16)	+5% (+2%)	2,983 (13)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

OREGON

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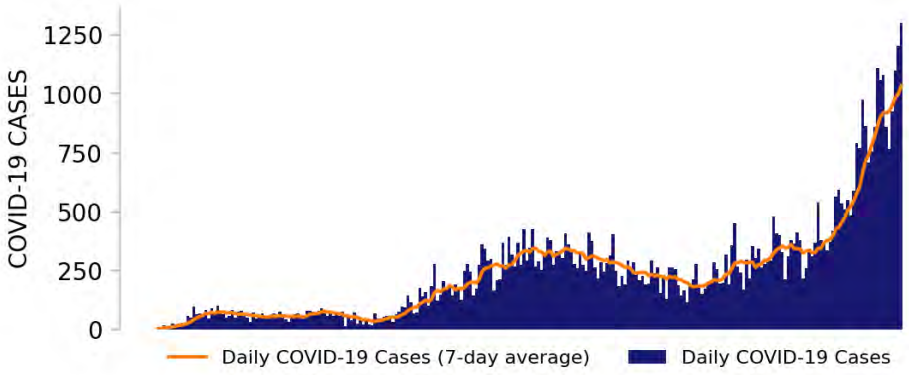
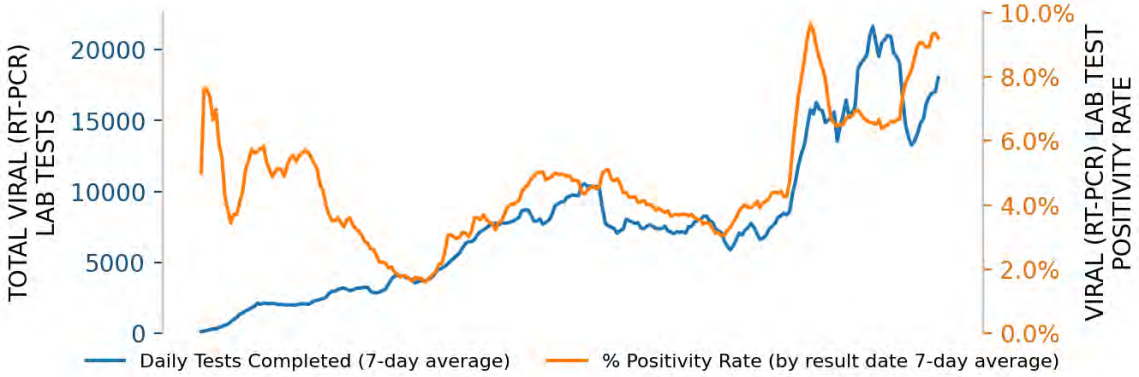
NEW CASES

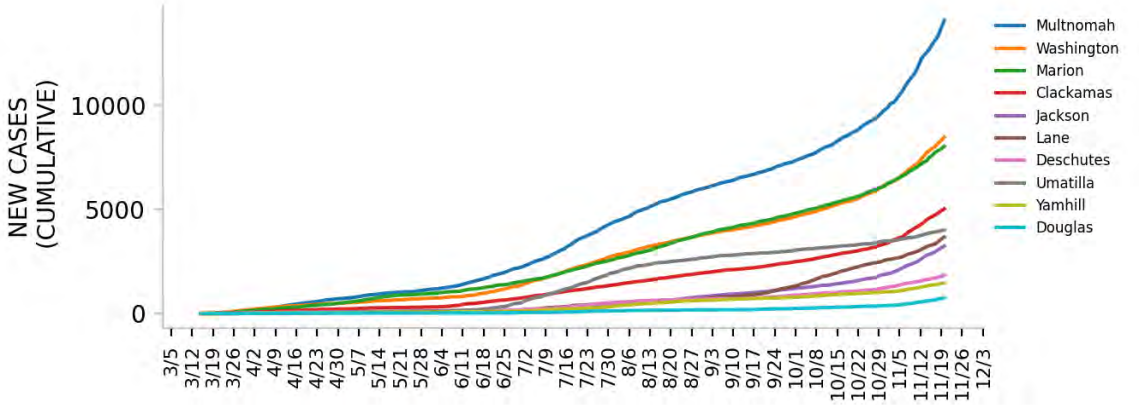


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/20/2020.

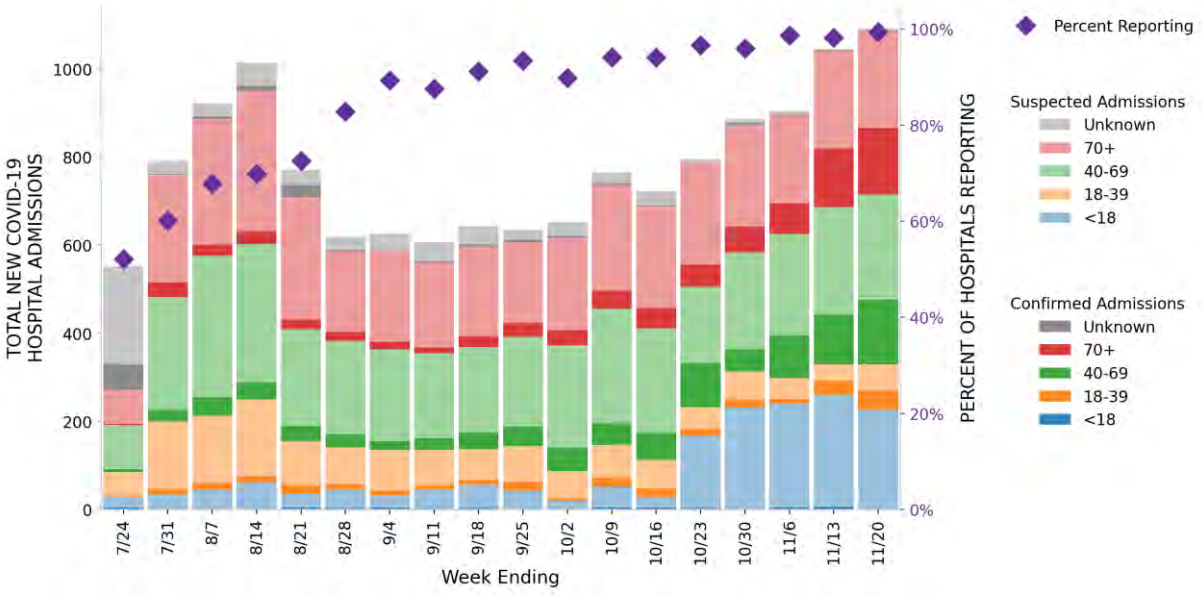
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

OREGON

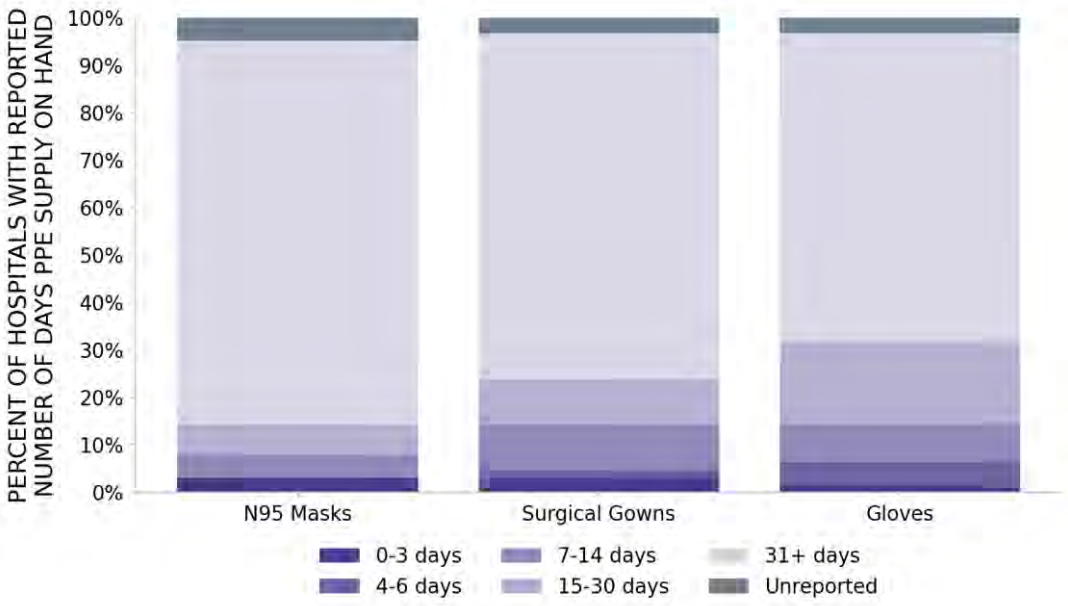
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

OREGON

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**6** ▲ (+2)	Portland-Vancouver-Hillsboro Medford Bend Hermiston-Pendleton Ontario La Grande	**9** ▲ (+2)	Washington Marion Clackamas Jackson Deschutes Umatilla Malheur Union Baker
LOCALITIES IN ORANGE ZONE	**3** ▼ (-1)	Salem Astoria Prineville	**7** ▲ (+1)	Multnomah Yamhill Jefferson Columbia Clatsop Crook Harney
LOCALITIES IN YELLOW ZONE	**6** ▲ (+2)	Roseburg Albany-Lebanon Klamath Falls Grants Pass The Dalles Hood River	**9** ▲ (+2)	Douglas Linn Polk Klamath Josephine Wasco Hood River Morrow Tillamook

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

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

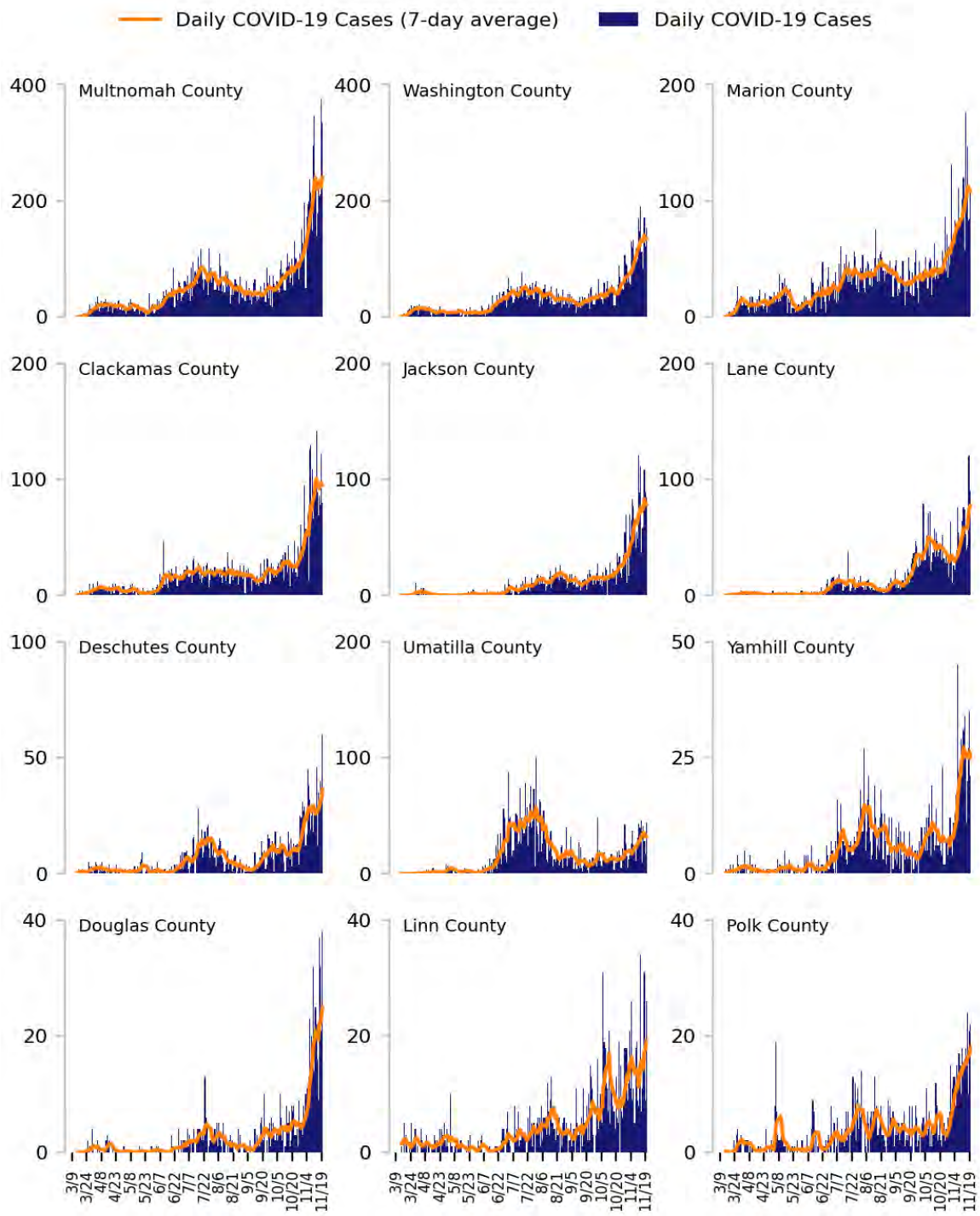
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



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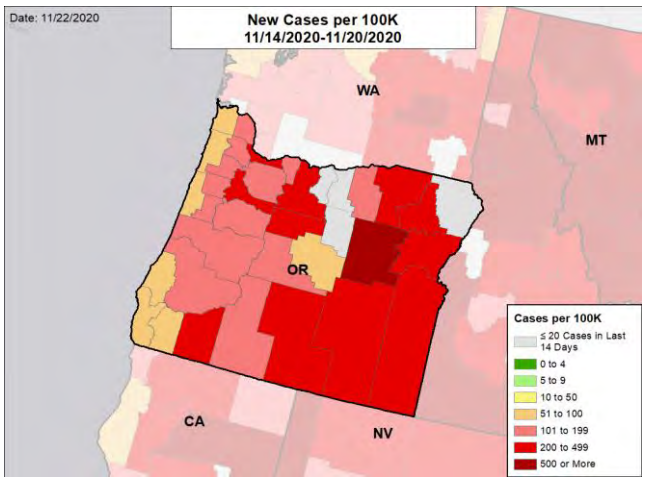
OREGON

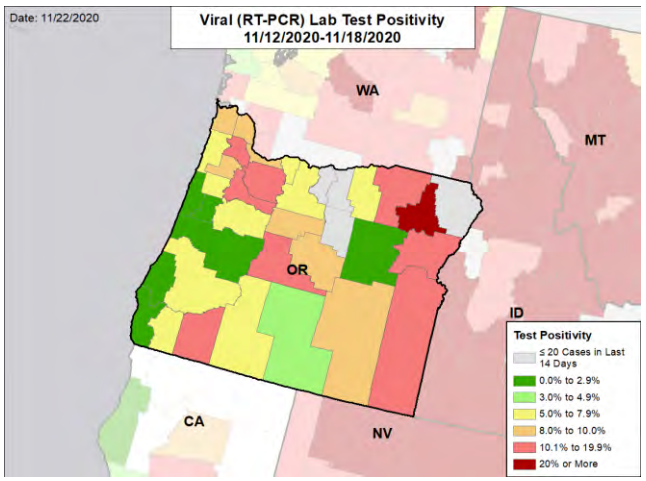
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

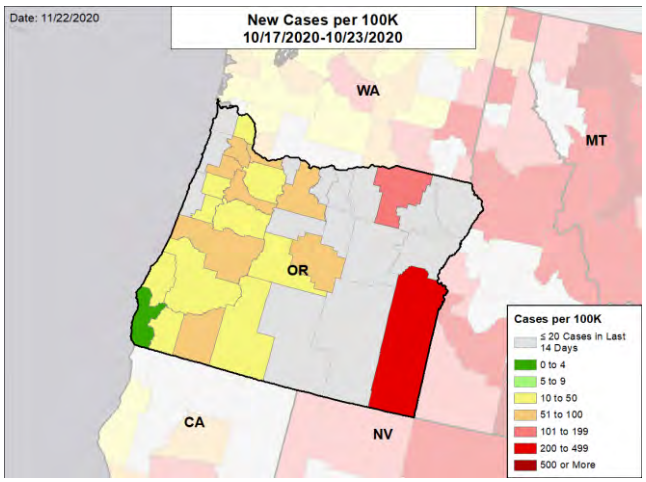
NEW CASES PER 100,000



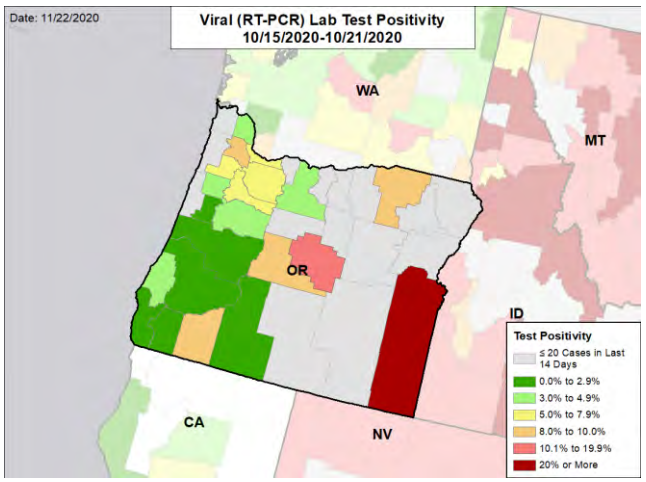
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

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 red zone for test positivity, indicating a rate at or above 10.1%, with the 26th highest rate in the country.
- Pennsylvania has seen an increase in new cases and an increase in test positivity. All but three counties reported an increase in case rate and 56 counties reported an increase in test positivity. 46 counties reported test positivity rates over 10%.
- 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 28.4% of new cases in Pennsylvania.
- 94% of all counties in Pennsylvania have moderate or high levels of community transmission (yellow, orange, or red zones), with 67% having high levels of community transmission (red zone).
- Statewide, inpatient bed utilization is above 74% and ICU bed utilization is almost 82%, with local variance (e.g., in Danville hospital service area, those numbers are 82% and 91%). 26 facilities are reporting critical staffing shortages.
- During the week of Nov 9 - Nov 15, 20% of nursing homes had at least one new resident COVID-19 case, 44% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death. Dozens of outbreaks among residents and staff at long-term care facilities (LTCF) have been reported across the state.
- Pennsylvania had 323 new cases per 100,000 population, compared to a national average of 356 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; 7 to support epidemiology activities from CDC; and 4 to support operations activities from USCG.
- Between Nov 14 - Nov 20, on average, 436 patients with confirmed COVID-19 and 505 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Pennsylvania. This is an increase of 21% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- The continued increase in transmission remains concerning, especially given local hospital shortages and further increases anticipated over the upcoming holidays. Recent restrictions are warranted and commendable.
- Continue regular outreach to retail service providers regarding distancing and limitations on occupancy while enforcing penalties where violations are encountered; ensure that there are processes to report businesses that violate state and local ordinances and protocols to address the issue with alleged violators.
- There is still an opportunity to prevent a potential increase in transmission around the holidays; all media platforms (conventional and social) should be saturated with public health messaging on the risks of social gatherings, the clear recommendation to avoid such gatherings, the critical need for face coverings and social distancing, and instructions on how to report non-compliance of local businesses.
- Recruit clinical personnel from local facilities to convey local messages and plead for adherence to face covering and restrictions on gatherings; public health messaging should appeal to community coherence and responsibility, using champions from different political and cultural belief systems to convey local messages about the importance of mitigation efforts.
- With a statewide test positivity of over 10%, testing and surveillance is inadequate in many areas and should be expanded; all corporate, private, public, and university partners should be involved in efforts to expand surveillance and testing.
- Proactive weekly testing of groups representative of the community 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 local testing campaigns.
- Quantitative wastewater surveillance should be scaled up at the most local level practical; surveillance signals should direct focused testing campaigns.
- Ensure all clinical facilities throughout the state, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including for outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each. Ensure platforms for efficient intra- and inter-state notification of shortages and opportunities for exchanges of supplies and staffing between all facilities, public and private.
- Ensure aggressive flu vaccine campaigns are underway in all counties.
- Ensure all institutions of higher education have plans to test students before they return home for the holidays.
- Continue outreach to all organizations that are meeting in-person (such as religious or community/social organizations) 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; continue to reevaluate school status in all counties with early evidence of elevated or increasing transmission, especially if hospital capacity is limited.
- Continued and increasing outbreaks among the most vulnerable are a grave concern; ensure all CMS guidance is followed and regular testing of all staff with rapid tests is being conducted at all long-term and rehab care facilities. Facilities that are not fully adherent should be fined and/or made public.
- 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.

PENNSYLVANIA

STATE REPORT | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	41,400 (323)	+36%	81,571 (264)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	11.4%	+1.9%*	9.6%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	379,750** (2,966**)	+14%**	962,175** (3,118**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	462 (3.6)	+83%	810 (2.6)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	20%	+5%*	18%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	44%	+11%*	39%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	+0%*	6%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	6,590 (21)	+21% (+20%)	14,160 (20)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

PENNSYLVANIA

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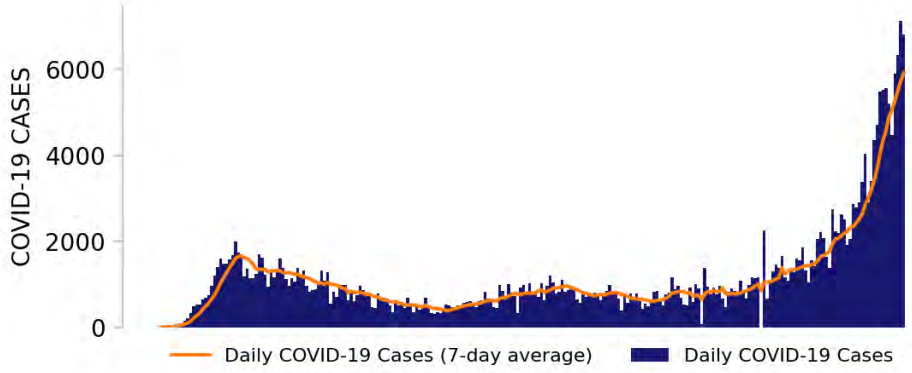
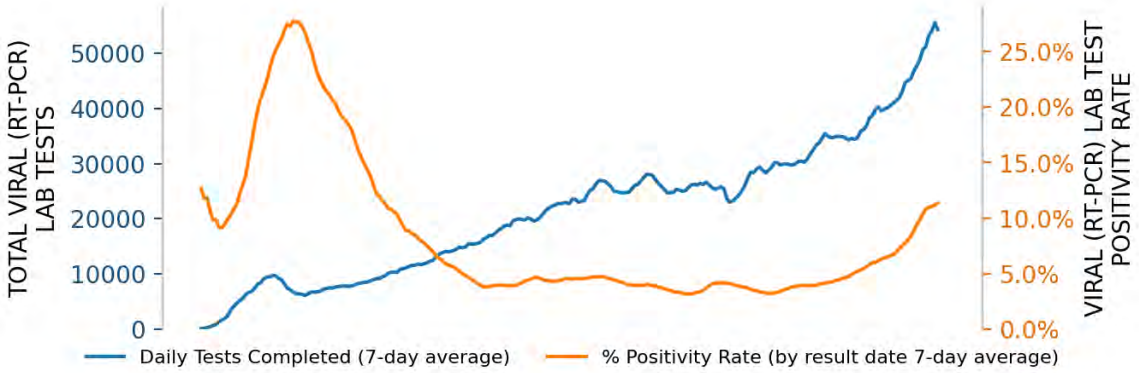
NEW CASES

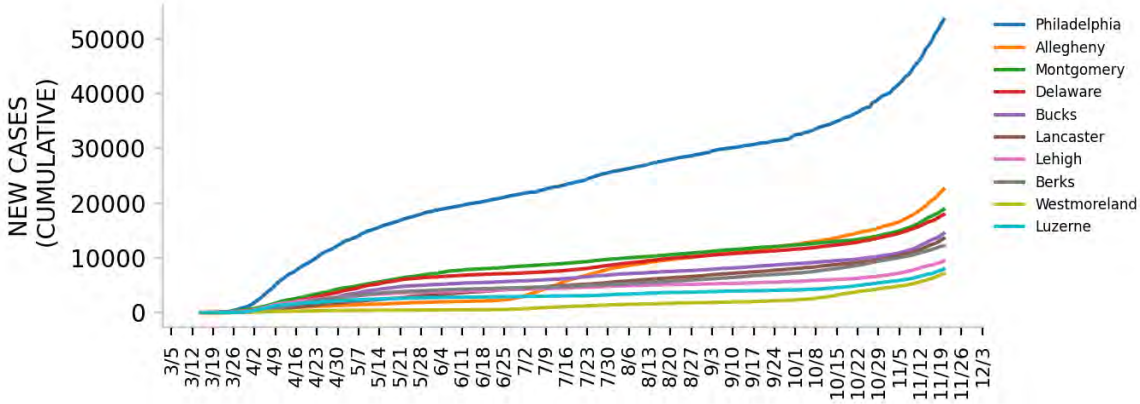


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



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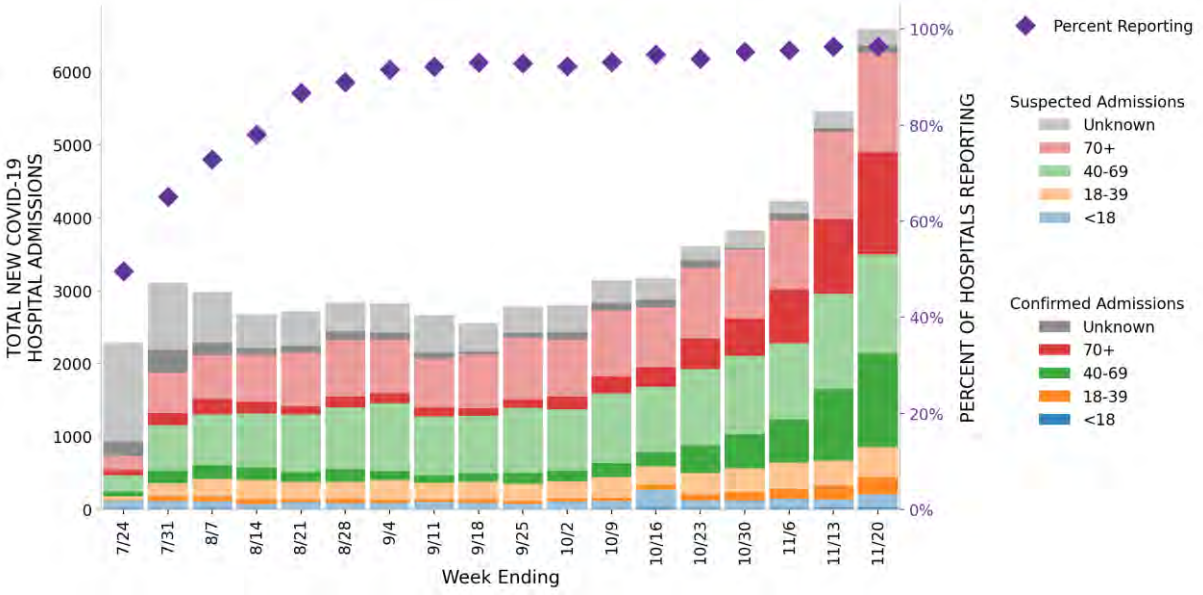
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

PENNSYLVANIA

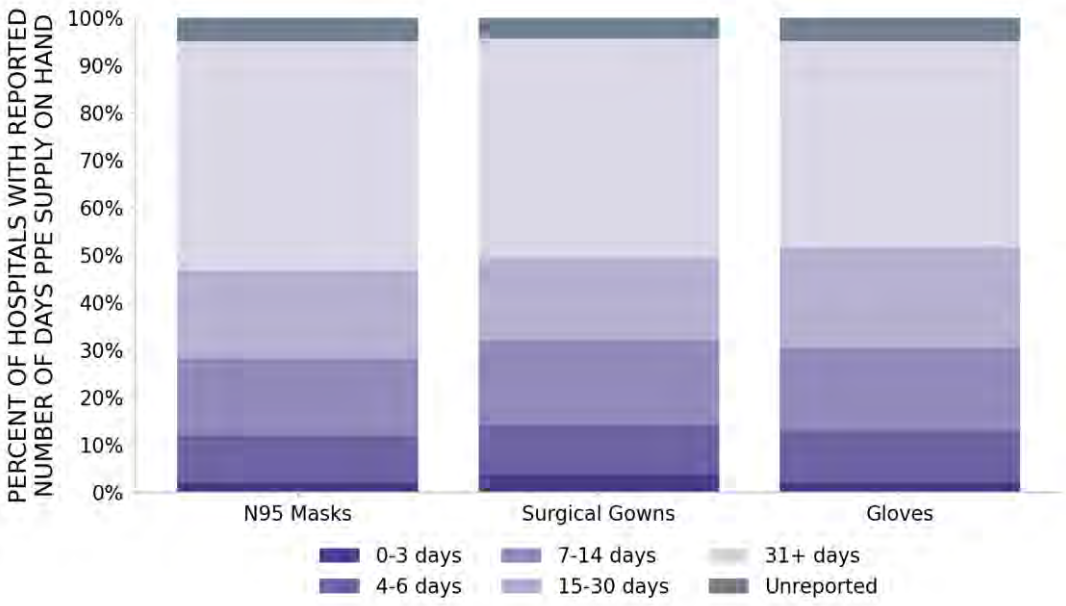
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

PENNSYLVANIA

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**26** ▲ (+12)	Philadelphia-Camden-Wilmington Pittsburgh Lancaster Scranton--Wilkes-Barre Harrisburg-Carlisle Reading York-Hanover Erie Altoona Johnstown Chambersburg-Waynesboro Lebanon	**45** ▲ (+16)	Philadelphia Delaware Bucks Lancaster Lehigh Berks Westmoreland Luzerne York Erie Blair Dauphin
LOCALITIES IN ORANGE ZONE	**5** ▼ (-10)	Allentown-Bethlehem-Easton East Stroudsburg Bloomsburg-Berwick Selinsgrove St. Marys	**9** ▼ (-8)	Allegheny Montgomery Chester Northampton Butler Monroe Snyder Columbia Elk
LOCALITIES IN YELLOW ZONE	**5** ■ (+0)	State College Sunbury Gettysburg Oil City New York-Newark-Jersey City	**9** ▼ (-5)	Centre Lackawanna Northumberland Adams Venango Pike Susquehanna Montour Sullivan

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

All Red CBSAs: Philadelphia-Camden-Wilmington, Pittsburgh, Lancaster, Scranton--Wilkes-Barre, Harrisburg-Carlisle, Reading, York-Hanover, Erie, Altoona, Johnstown, Chambersburg-Waynesboro, Lebanon, Pottsville, Youngstown-Warren-Boardman, Indiana, New Castle, Meadville, Lewistown, Sayre, Somerset, Williamsport, DuBois, Huntingdon, Lock Haven, Bradford, Warren

All Red Counties: Philadelphia, Delaware, Bucks, Lancaster, Lehigh, Berks, Westmoreland, Luzerne, York, Erie, Blair, Dauphin, Cambria, Washington, Cumberland, Franklin, Lebanon, Schuylkill, Mercer, Indiana, Lawrence, Beaver, Crawford, Mifflin, Bradford, Somerset, Armstrong, Bedford, Lycoming, Clearfield, Fayette, Huntingdon, Tioga, Clarion, Carbon, Jefferson, Greene, Juniata, Wyoming, Clinton, Perry, McKean, Fulton, Warren, Potter

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

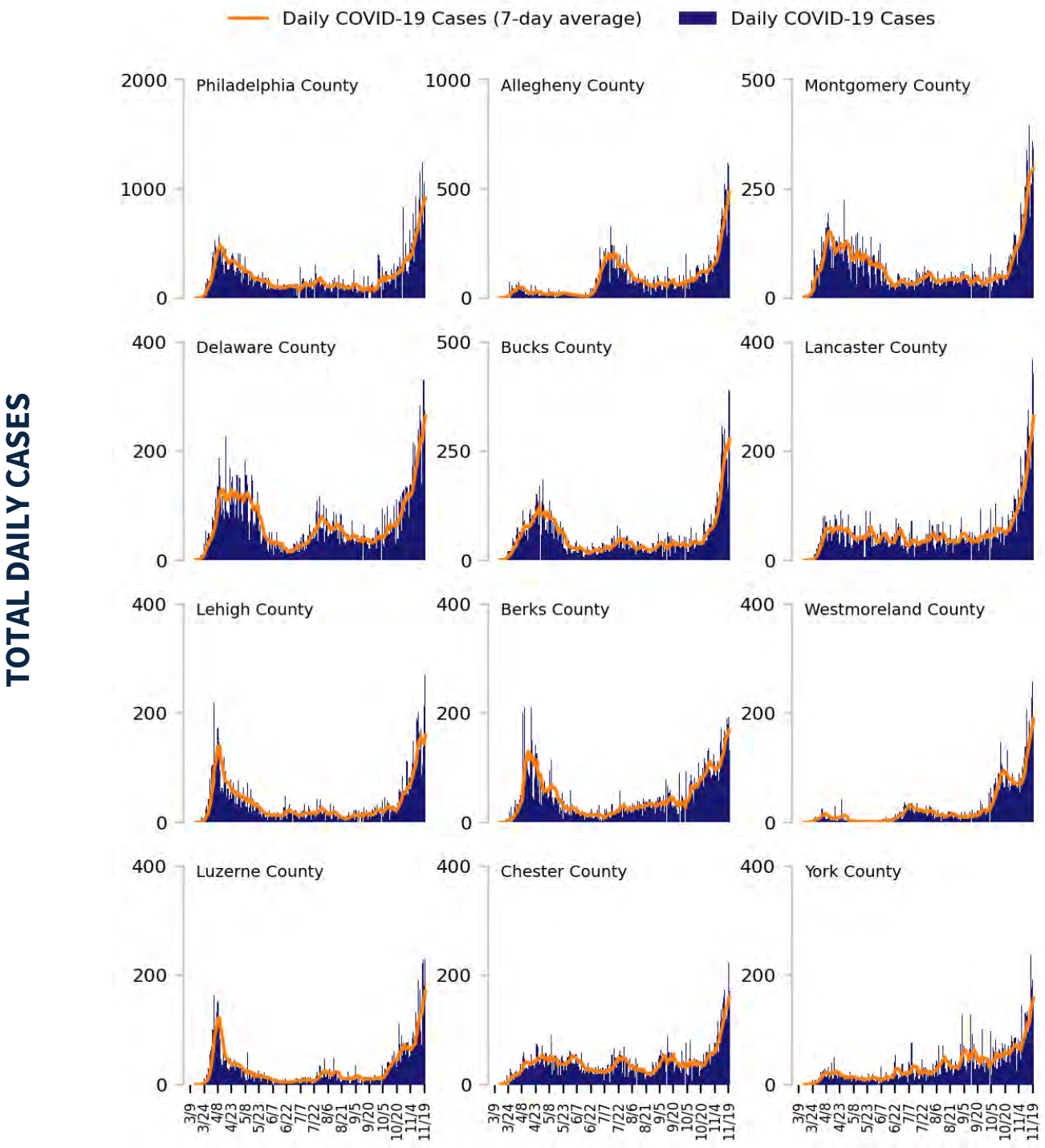
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

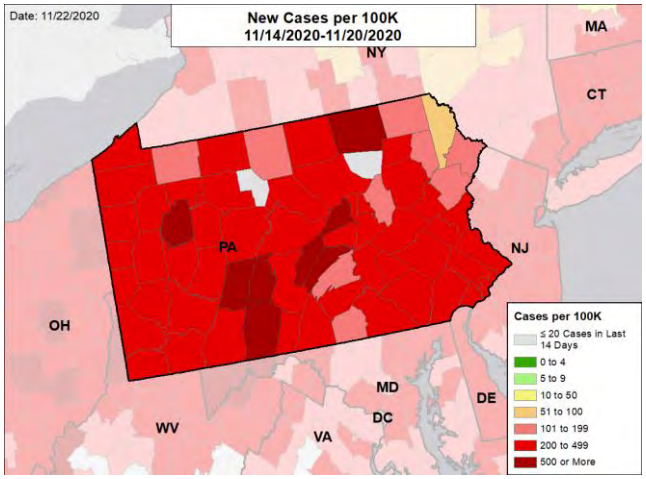
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

PENNSYLVANIA

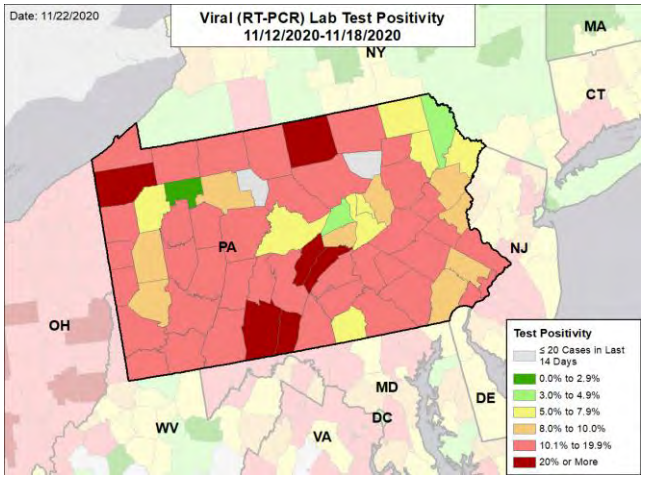
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

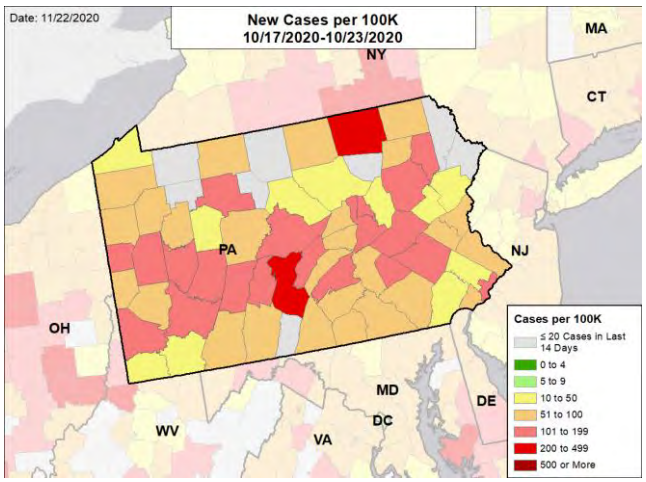
NEW CASES PER 100,000



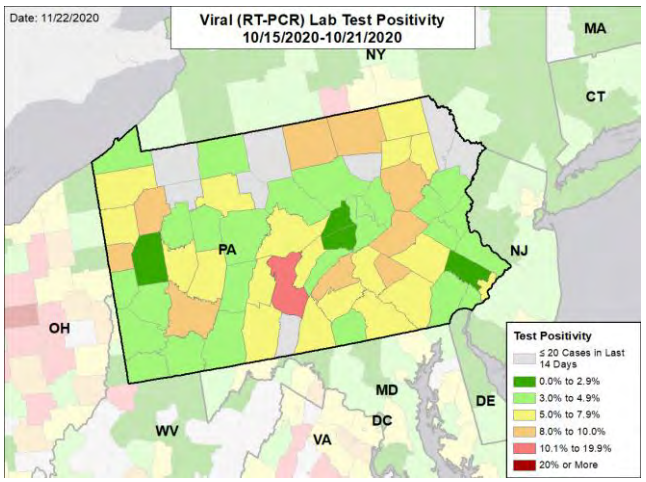
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

RHODE ISLAND

SUMMARY

- Rhode Island 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. Rhode Island 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.
- Rhode Island has seen an increase in new cases and an increase in test positivity. Transmission appears to be accelerating in all counties except Bristol.
- 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 68.3% 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).
- Inpatient bed utilization and ICU bed utilization in Providence are at 92% and 88%, respectively.
- During the week of Nov 9 - Nov 15, 31% of nursing homes had at least one new resident COVID-19 case, 63% had at least one new staff COVID-19 case, and 8% had at least one new resident COVID-19 death. Continued and increasing number of outbreaks in long-term care facilities (LTCF) have been reported, the largest in facilities in Central Falls, Warwick, North Kingstown, and North Smithfield.
- Rhode Island had 611 new cases per 100,000 population, compared to a national average of 356 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 14 - Nov 20, on average, 23 patients with confirmed COVID-19 and 2 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Rhode Island. This is an increase of 35% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- Given the continued increase in transmission and critical hospital shortages, the proposed Pause is warranted; consider moving the timeline up to prevent additional cases this week.
- There is still an opportunity to prevent a potential increase in transmission around the holidays; all media platforms (conventional and social) should be saturated with public health messaging on the risks of social gatherings, the clear recommendation to avoid such gatherings, the critical need for face coverings and social distancing, and instructions on how to report non-compliance of local businesses.
- Continue regular outreach to retail service providers regarding distancing and limitations on occupancy while enforcing penalties where violations are encountered; ensure that there are processes for citizens to report businesses that violate state and local ordinances and protocols to address the issue with alleged violators.
- 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 or where adherence is waning.
- Proactive weekly testing of groups representative of the community 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 local testing campaigns.
- Quantitative wastewater surveillance has proven valuable for early detection and should be scaled up at the most local level practical; surveillance signals should direct focused testing campaigns.
- **At time of testing**, all persons should be given written and verbal instruction to isolate until results are returned and to isolate for a total of 10 days if results are positive.
- Ensure all clinical facilities throughout the state have expansion and contingency plans and up-to-date treatment protocols, including for outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each.
- Ensure platforms for efficient intra- and inter-state notification of shortages and opportunities for exchanges of supplies and staffing between all facilities, public and private.
- Contact tracing should be expanded as needed by focusing the interview, developing scripts and clear algorithms to allow task-shifting, **using automated emails and texting with instructions to isolate and/or quarantine**, 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; continue to reevaluate school status in all counties with early evidence of elevated or increasing transmission, especially if hospital capacity is limited.
- Continued and increasing outbreaks among the most vulnerable are a grave concern; ensure all CMS guidance is followed at all LTCFs and congregate settings and regular testing of all staff with rapid tests is being conducted. Facilities that are not fully adherent should be fined and/or made public.
- 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 | 11.22.2020

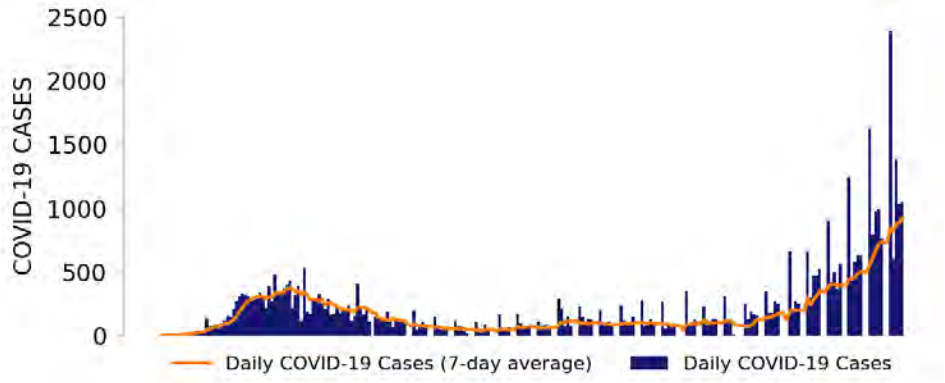
	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	6,472 (611)	+26%	41,664 (281)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.4%	+1.2%*	4.4%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	93,351** (8,812**)	-4%**	839,030** (5,652**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	40 (3.8)	+33%	358 (2.4)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	31%	+12%*	12%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	63%	+14%*	29%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	8%	+4%*	3%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	171 (8)	+35% (+32%)	4,018 (12)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

RHODE ISLAND

STATE REPORT | 11.22.2020

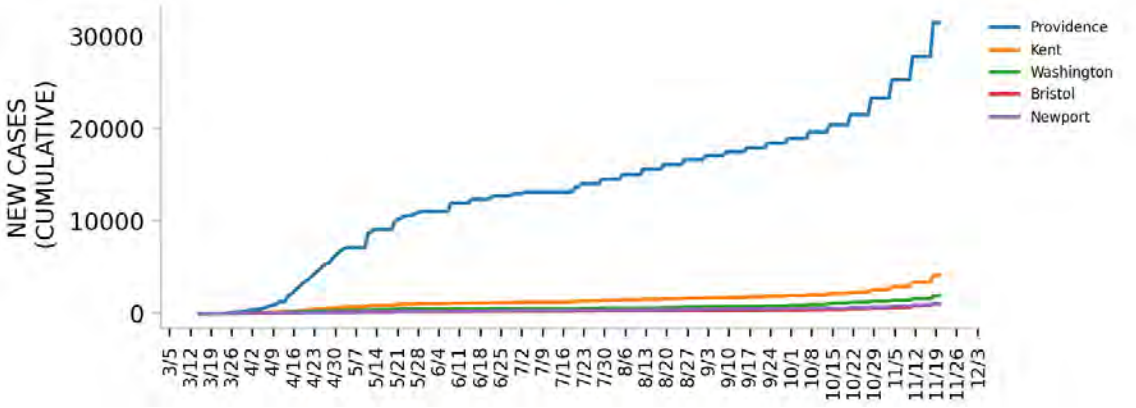
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/20/2020.

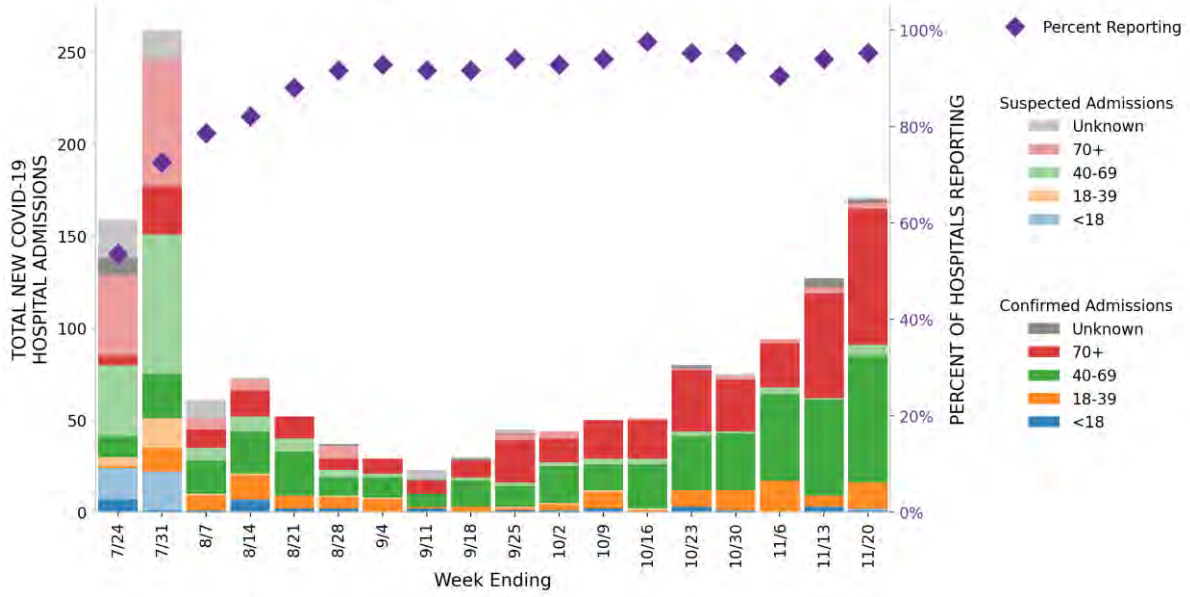
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

RHODE ISLAND

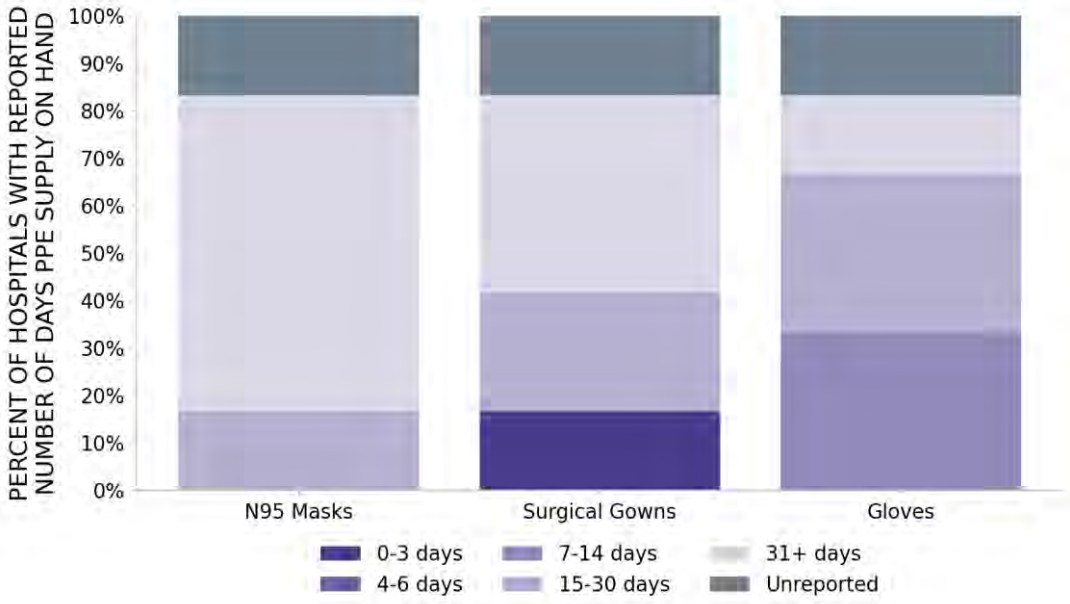
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

RHODE ISLAND

STATE REPORT | 11.22.2020

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)	Providence-Warwick	**2** ■ (+0)	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.**

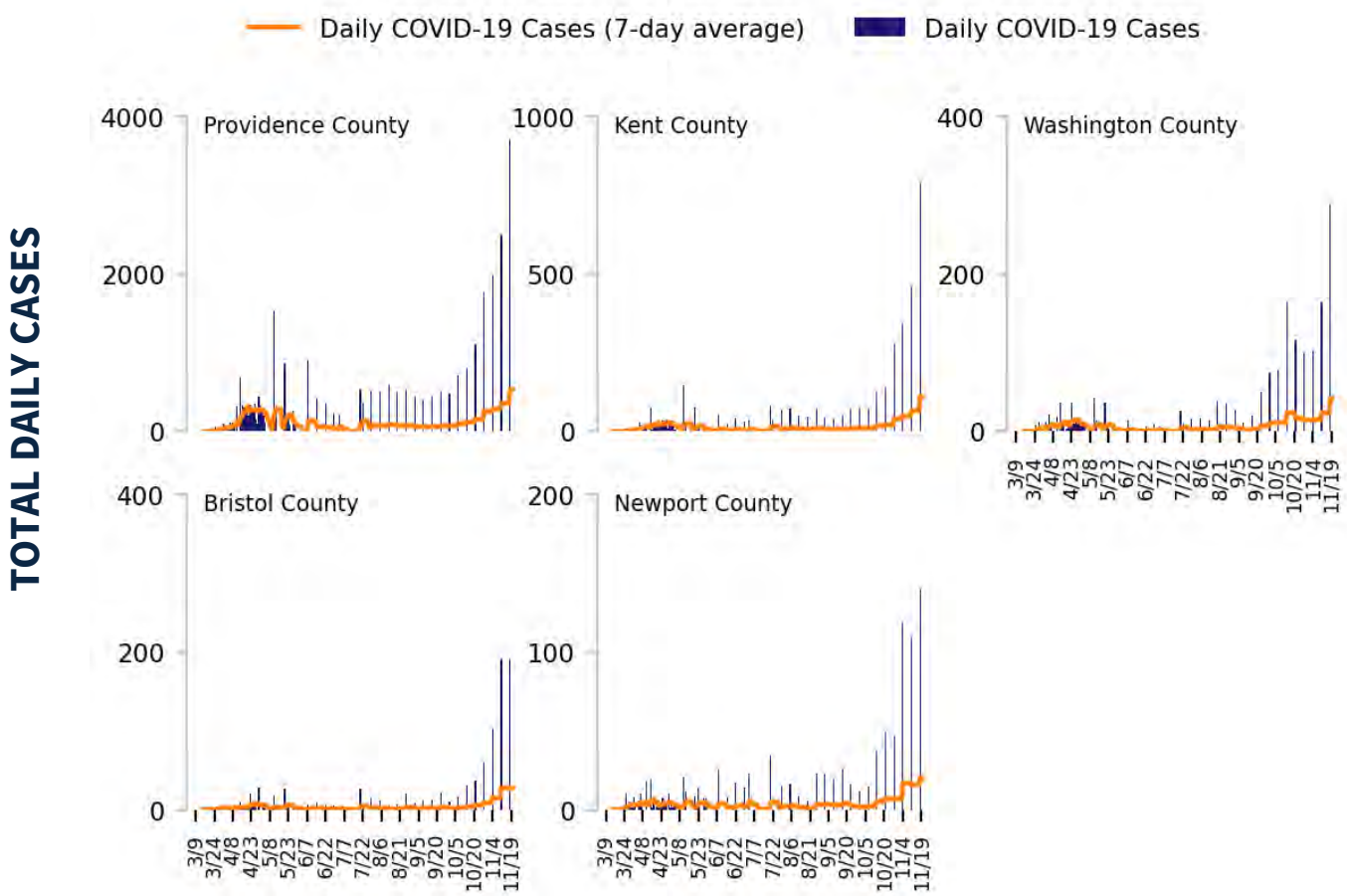
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

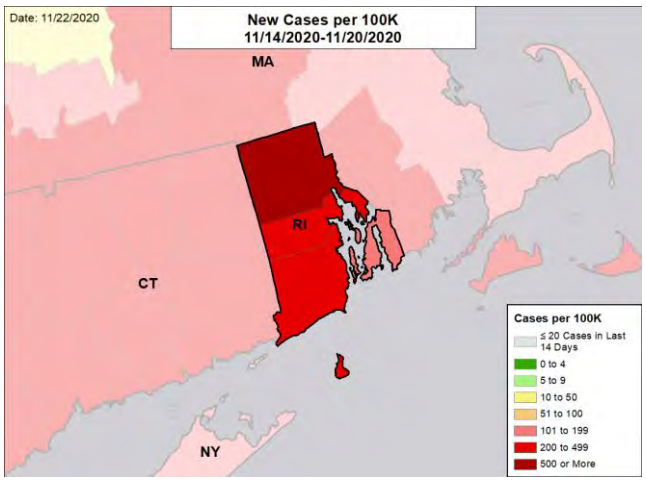
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

RHODE ISLAND

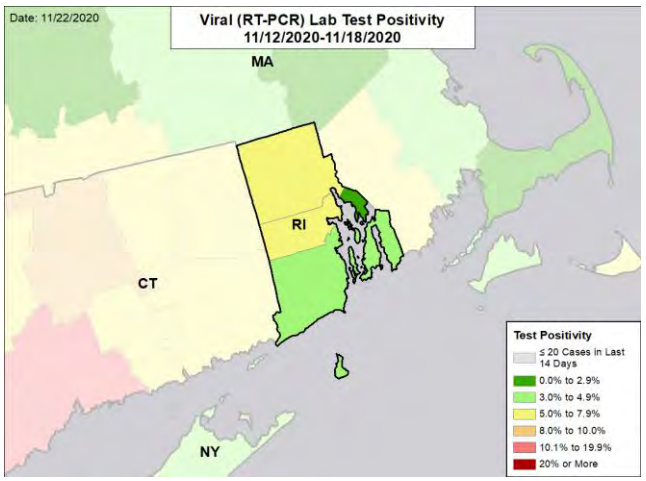
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

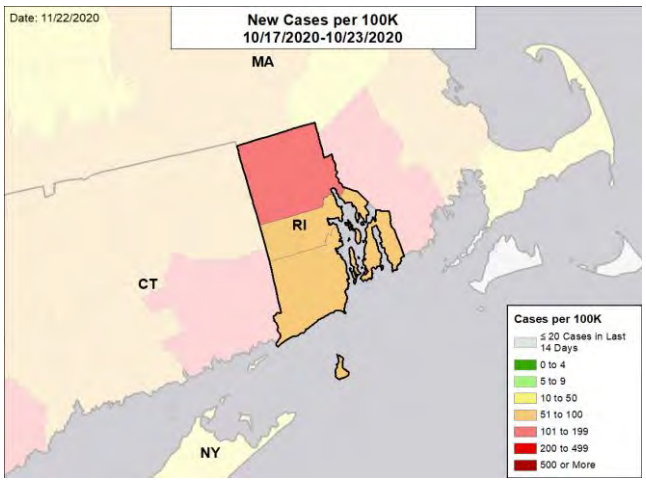
NEW CASES PER 100,000



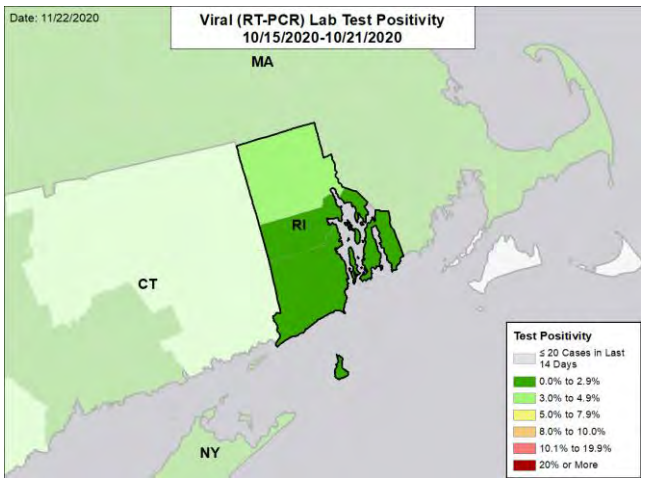
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

SOUTH CAROLINA

SUMMARY

- South 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. South Carolina is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 28th highest rate in the country.
- Week over week, South Carolina has seen increasing new cases and stability in test positivity but at a high level. Hospitalizations will begin to rise. Aggressive mitigation efforts must occur.
- 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 29.4% of new cases in South Carolina.
- 87% 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 9 - Nov 15, 15% of nursing homes had at least one new resident COVID-19 case, 34% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- South Carolina had 215 new cases per 100,000 population, compared to a national average of 356 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 14 - Nov 20, on average, 82 patients with confirmed COVID-19 and 116 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in South Carolina. This is an increase of 25% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household 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 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 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.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, 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 significant amount of virus circulating and the high rate of asymptomatic and undiagnosed infections among family and community members. Public spaces where masking is not possible must have a significant reduction in capacity or close.
- 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 universities returning in the winter move to mandatory weekly testing of all on and off campus students. Planning for that must begin now.
- There continue to be high levels of positive staff at LTCF, indicative of continued and unmitigated community spread in these geographic locations.
- 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 | 11.22.2020

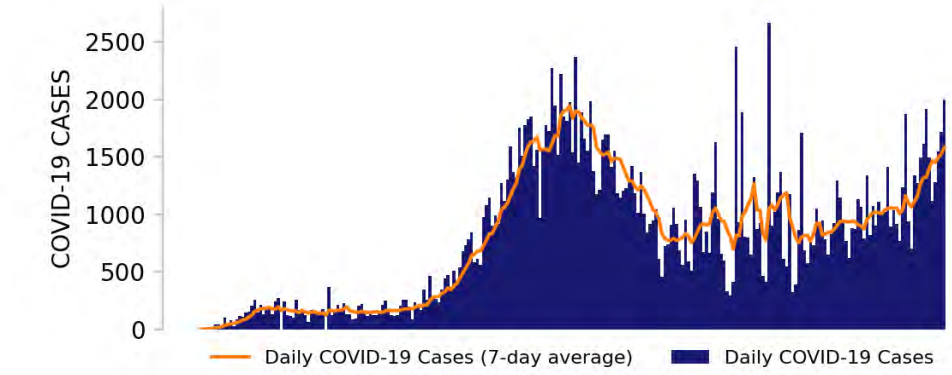
	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	11,061 (215)	+20%	174,589 (261)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.6%	+0.1%*	9.5%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	72,805** (1,414**)	-2%**	1,329,742** (1,987**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	130 (2.5)	+34%	1,821 (2.7)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	15%	-2%*	20%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	34%	+7%*	39%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	-1%*	7%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,386 (14)	+25% (+27%)	24,027 (16)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

SOUTH CAROLINA

STATE REPORT | 11.22.2020

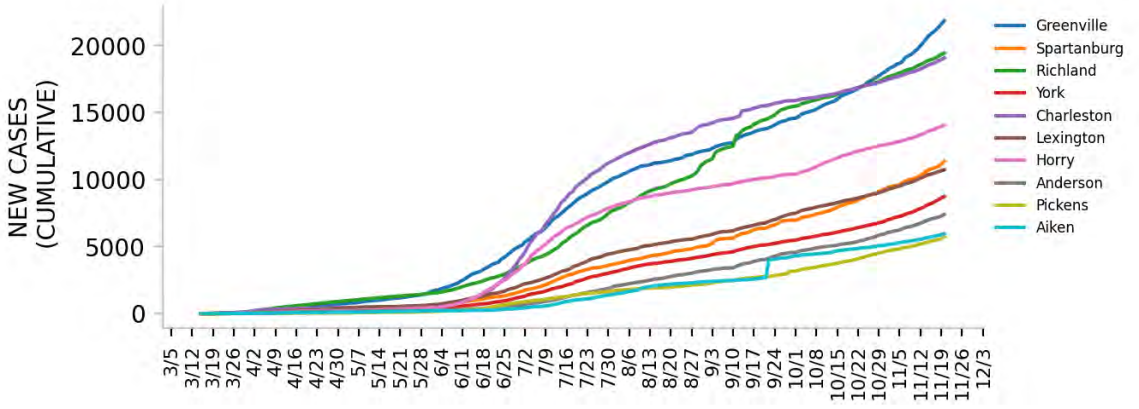
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/20/2020.

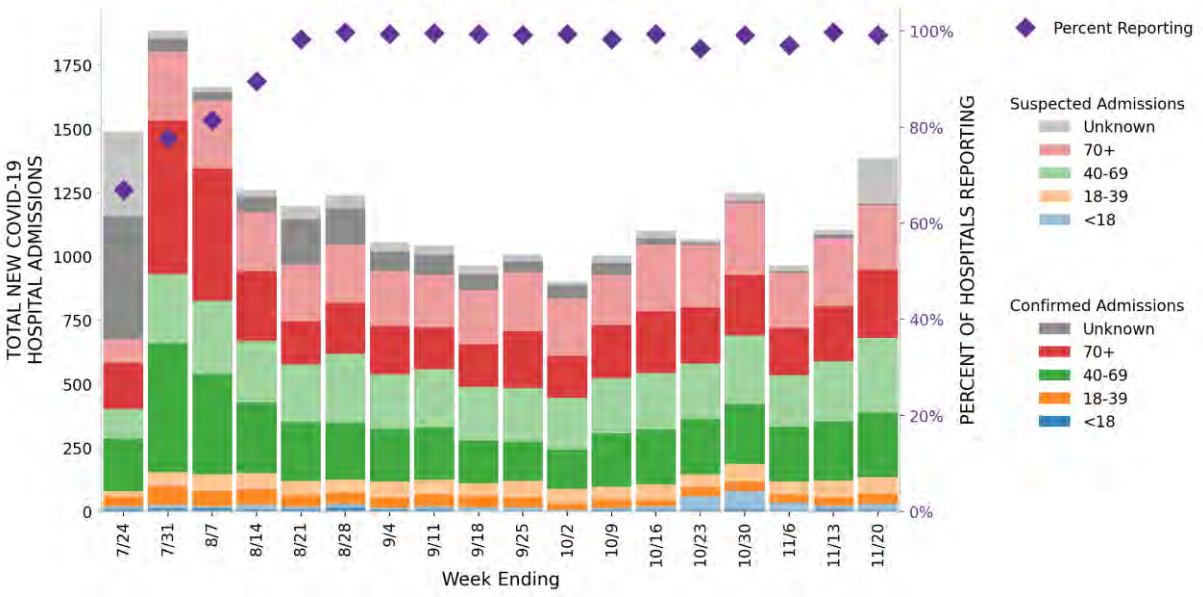
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

SOUTH CAROLINA

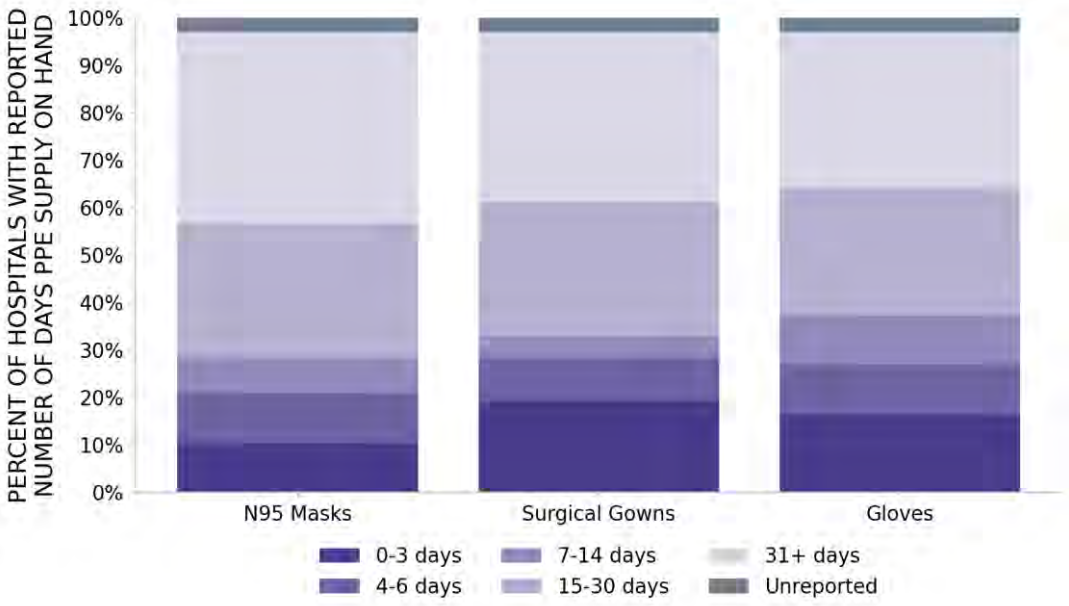
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

SOUTH CAROLINA

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**7** ▼ (-1)	Greenville-Anderson Spartanburg Florence Augusta-Richmond County Seneca Gaffney Georgetown	**20** ■ (+0)	Greenville Spartanburg York Horry Anderson Pickens Aiken Florence Lancaster Dorchester Oconee Cherokee
LOCALITIES IN ORANGE ZONE	**6** ▲ (+1)	Charleston-North Charleston Charlotte-Concord-Gastonia Myrtle Beach-Conway-North Myrtle Beach Hilton Head Island-Bluffton Newberry Bennettsville	**8** ■ (+0)	Lexington Berkeley Beaufort Newberry Chesterfield Marlboro Williamsburg Hampton
LOCALITIES IN YELLOW ZONE	**5** ■ (+0)	Columbia Sumter Greenwood Orangeburg Union	**12** ▼ (-4)	Charleston Sumter Greenwood Kershaw Orangeburg Union Colleton Marion Jasper Barnwell Lee Saluda

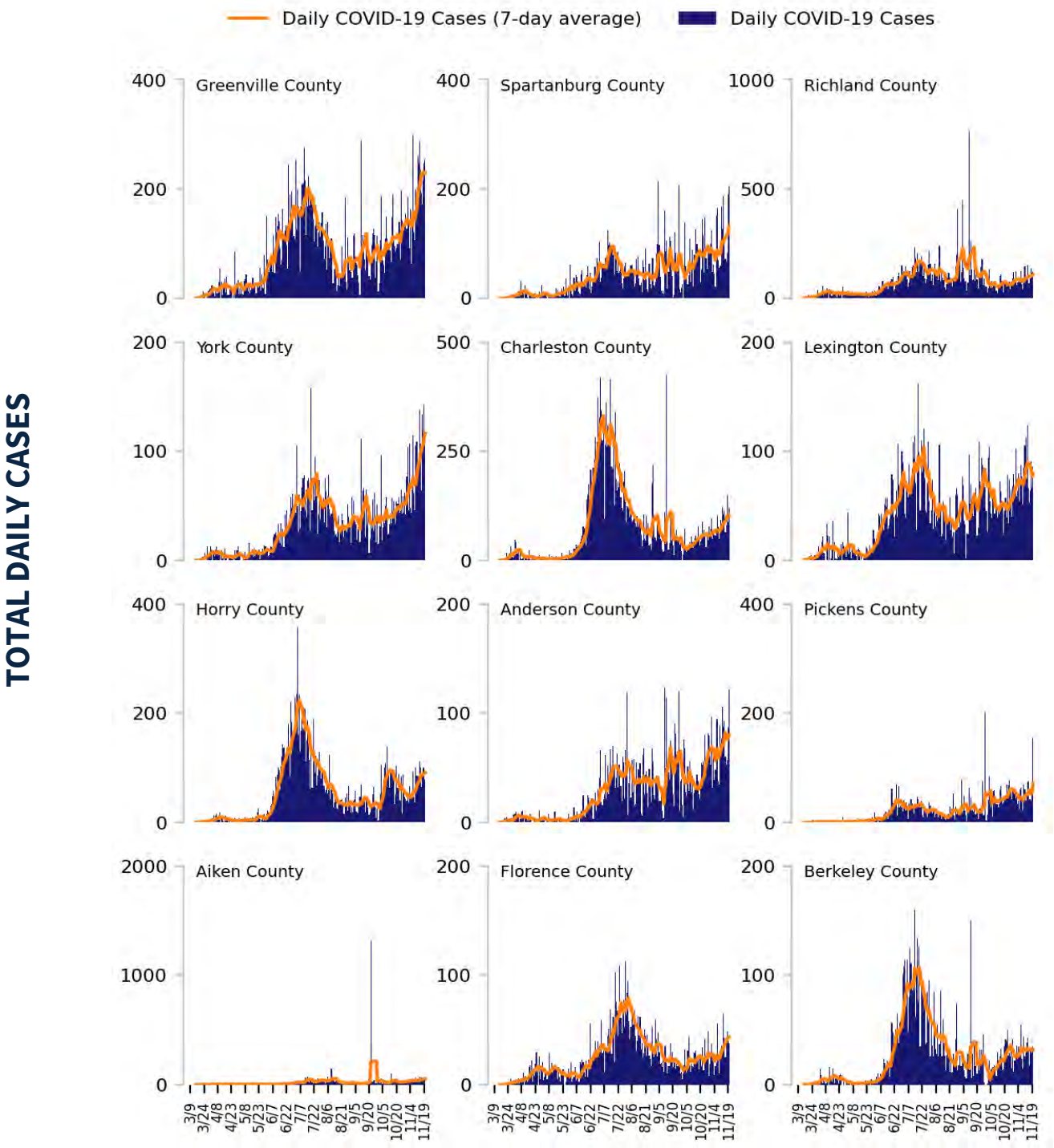
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red Counties: Greenville, Spartanburg, York, Horry, Anderson, Pickens, Aiken, Florence, Lancaster, Dorchester, Oconee, Cherokee, Laurens, Darlington, Georgetown, Chester, Edgefield, Dillon, Fairfield, Calhoun

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

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
DATA SOURCES – Additional data details available under METHODS
Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

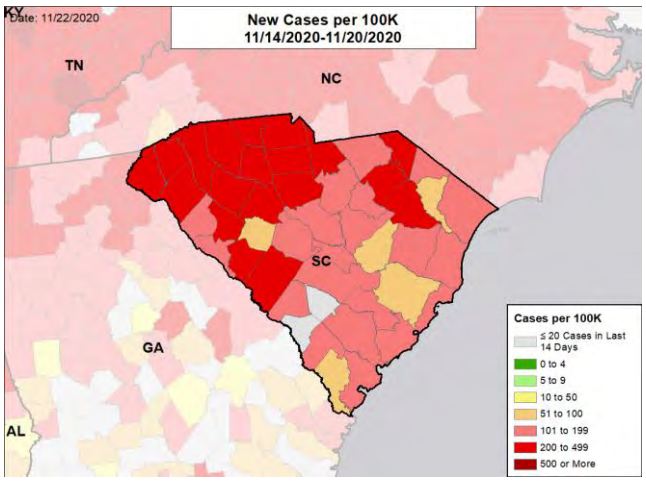
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

SOUTH CAROLINA

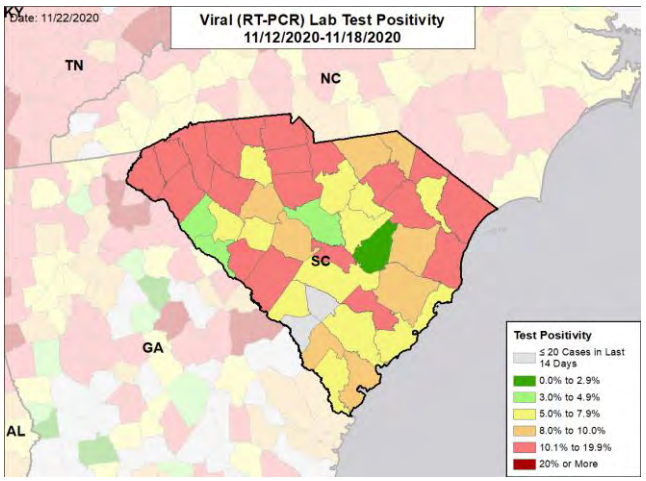
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

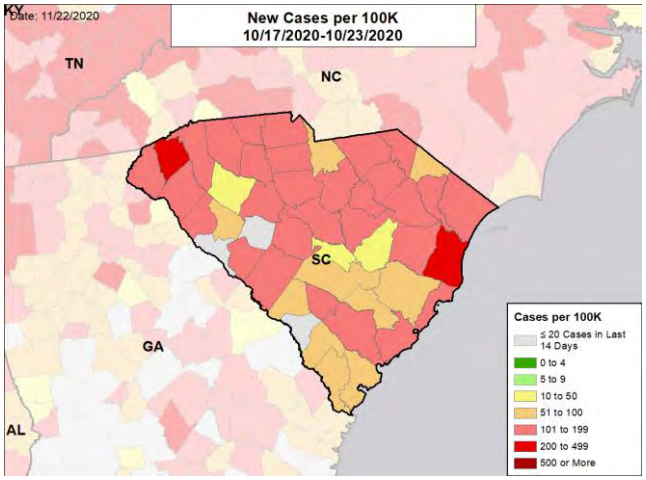
NEW CASES PER 100,000



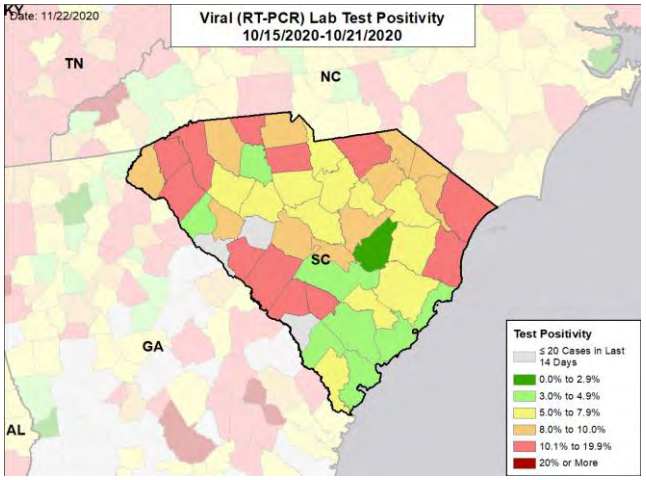
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

SOUTH DAKOTA

SUMMARY

- South Dakota 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. South Dakota is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 9th highest rate in the country.
- South Dakota has seen stability in new cases and a decrease in test positivity. Test positivity was above 20% in 34 counties and continued to increase in 29 counties; incidence was above 500 per 100,000 population per week in 61 counties and increased in 32 counties.
- 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 42.2% of new cases in South Dakota.
- 88% of all counties in South Dakota have moderate or high levels of community transmission (yellow, orange, or red zones), with 74% having high levels of community transmission (red zone).
- During the week of Nov 9 - Nov 15, 45% of nursing homes had at least one new resident COVID-19 case, 71% had at least one new staff COVID-19 case, and 21% had at least one new resident COVID-19 death. Outbreaks were recorded in multiple facilities across the state, the largest in facilities in Pierre, Salem, Arlington, Menno, Milbank, Platte, Redfield, and Watertown.
- South Dakota had 988 new cases per 100,000 population, compared to a national average of 356 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 3 to support operations activities from FEMA and 1 to support epidemiology activities from CDC.
- The federal government has supported surge testing in Mobridge, Aberdeen, Watertown, Madison, Yankton, Oacoma, Pierre, Custer, Spearfish, and Rapid City.
- Between Nov 14 - Nov 20, on average, 68 patients with confirmed COVID-19 and 16 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in South Dakota. This is a decrease of 6% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- Given the extraordinarily high test positivity and incidence, among the highest in the world, aggressive measures to limit additional hospital overruns and preventable mortality are warranted and strongly recommended. Interrupting transmission has been demonstrated in many states and countries and will require intensification of mitigation efforts and expansion of testing. Recent efforts to expand testing are highly commendable and should be maximized. All testing results, positive and negative, should be reported, including those conducted outside of the laboratory.
- **At time of testing**, all persons should be given written and verbal instruction to isolate until results are returned and to isolate for a total of 10 days if results are positive.
- Requirements for face coverings, especially in indoor public or commercial settings, have been shown to improve adherence and lower transmission.
- There is still an opportunity to prevent a potential increase in transmission around the holidays; all media platforms (conventional and social) should be saturated with public health messaging on the risks of social gatherings, the clear recommendation to avoid such gatherings, the critical need for face coverings and social distancing. Recruit clinical personnel from local facilities to convey local messages and plead for adherence to face covering and social distancing; public health messaging should appeal to community coherence and responsibility, using champions from different political and cultural belief systems to convey local messages about the importance of mitigation efforts.
- Continue regular outreach to retail service providers regarding distancing, limitations on occupancy, and need for face covering of staff and clientele.
- Proactive weekly testing of groups representative of the community will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger local testing campaigns.
- Ensure all clinical facilities throughout the state, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including for outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each. Ensure platforms for efficient intra- and inter-state notification of shortages and opportunities for exchanges of supplies and staffing between all facilities, public and private.
- Ensure all congregate and crowded residential and 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 full adherence to local guidance.
- Expand contact tracing capacity by limiting interview depth, expanding staff, scripting interviews and developing clear algorithms to allow task-shifting, **using automated emails and texting with instructions to isolate and/or quarantine**, and pulling remote staff from outside the state.
- Continue to reevaluate school status in all counties with early evidence of increasing transmission, especially where hospital capacity is critically limited.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

SOUTH DAKOTA

STATE REPORT | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	8,743 (988)	-10%	92,215 (752)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	18.7%	-2.9%*	15.7%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	16,715** (1,889**)	-25%**	534,526** (4,360**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	173 (19.6)	+198%	735 (6.0)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	45%	+9%*	31%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	71%	+3%*	59%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	21%	+7%*	13%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	589 (24)	-6% (-7%)	5,793 (24)	136,015 (19)

* 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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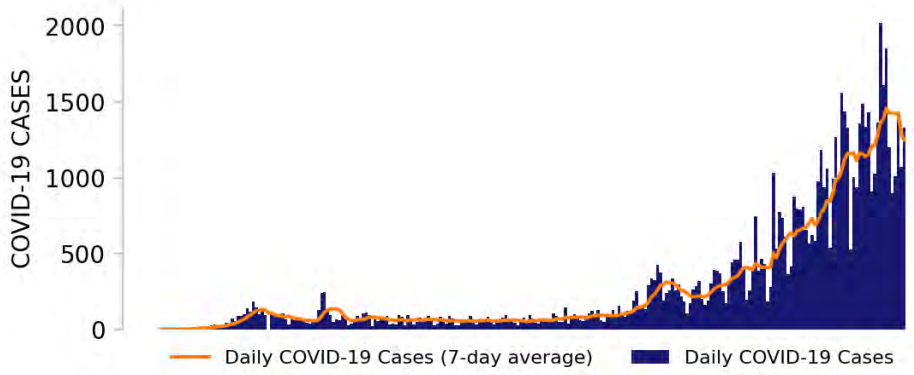
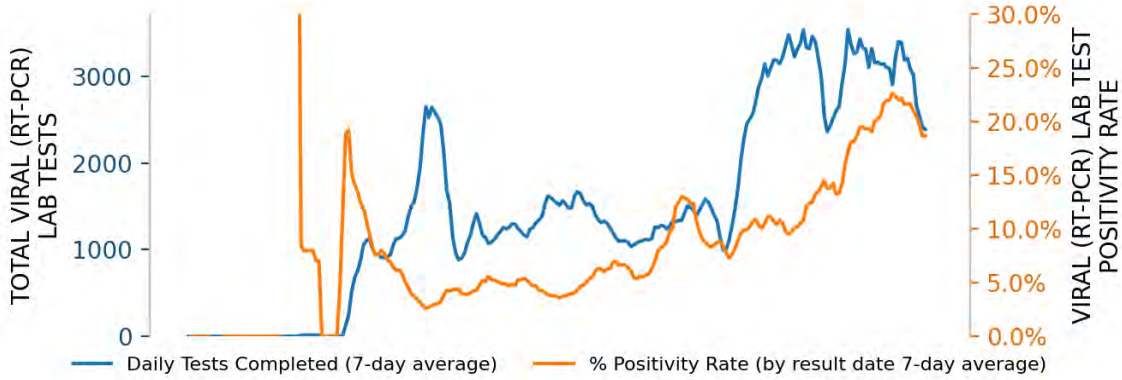
SOUTH DAKOTA

STATE REPORT | 11.22.2020

NEW CASES

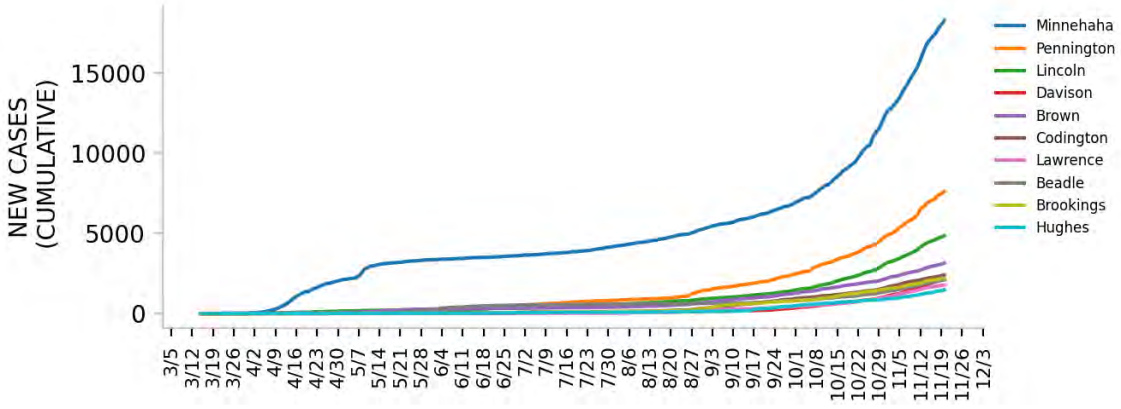


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



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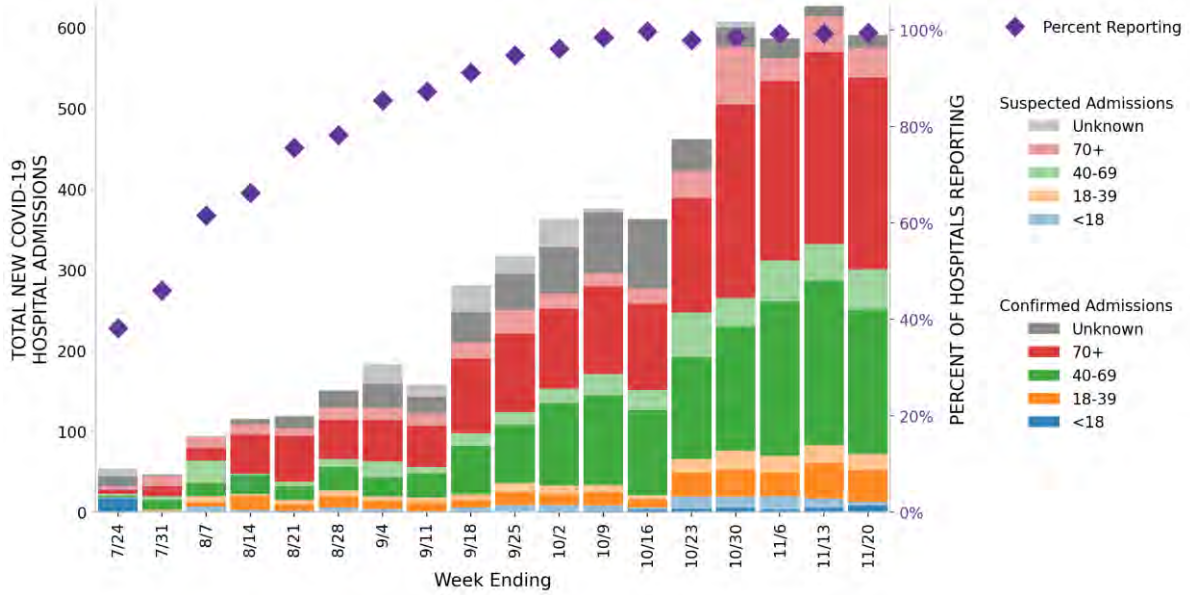
SOUTH DAKOTA

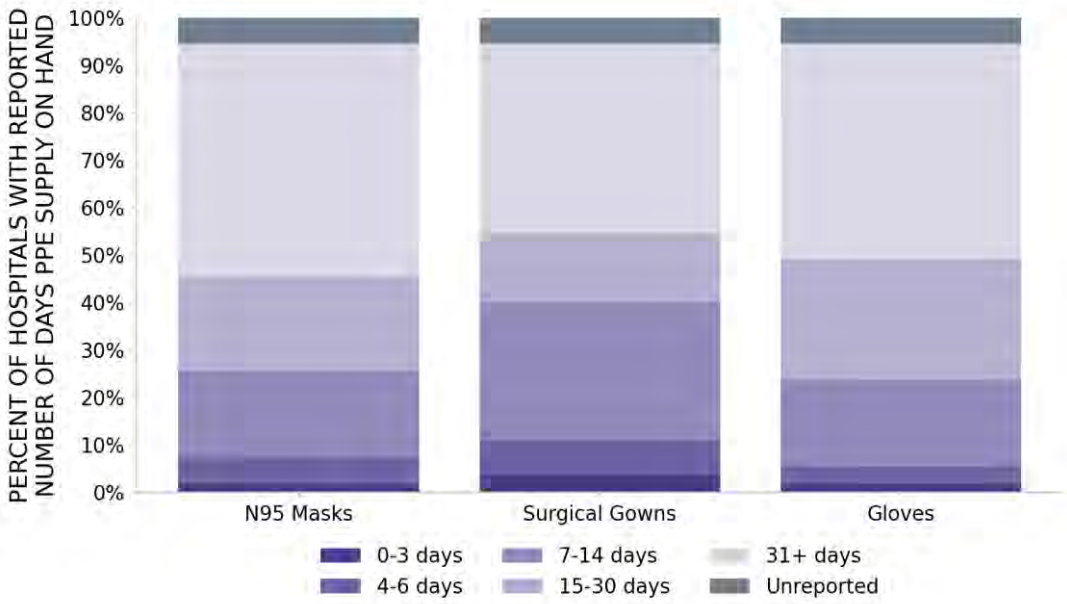
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

SOUTH DAKOTA

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**11** ▼ (-1)	Sioux Falls Rapid City Mitchell Aberdeen Watertown Huron Spearfish Brookings Yankton Sioux City Vermillion	**49** ▼ (-5)	Minnehaha Pennington Lincoln Davison Brown Codington Lawrence Brookings Meade Yankton Union Lake
LOCALITIES IN ORANGE ZONE	**1** ▲ (+1)	Pierre	**5** ▲ (+3)	Beadle Hughes Dewey Clark McPherson
LOCALITIES IN YELLOW ZONE	**0** ■ (+0)	N/A	**4** ▲ (+1)	Oglala Lakota Roberts Potter Haakon

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

All Red Counties: Minnehaha, Pennington, Lincoln, Davison, Brown, Codington, Lawrence, Brookings, Meade, Yankton, Union, Lake, Clay, Bon Homme, Todd, Charles Mix, McCook, Butte, Hutchinson, Turner, Spink, Brule, Grant, Hamlin, Kingsbury, Tripp, Gregory, Custer, Moody, Walworth, Aurora, Day, Lyman, Hand, Sanborn, Fall River, Corson, Hanson, Stanley, Douglas, Buffalo, Deuel, Marshall, Mellette, Hyde, Jerauld, Perkins, Jackson, Miner

*** 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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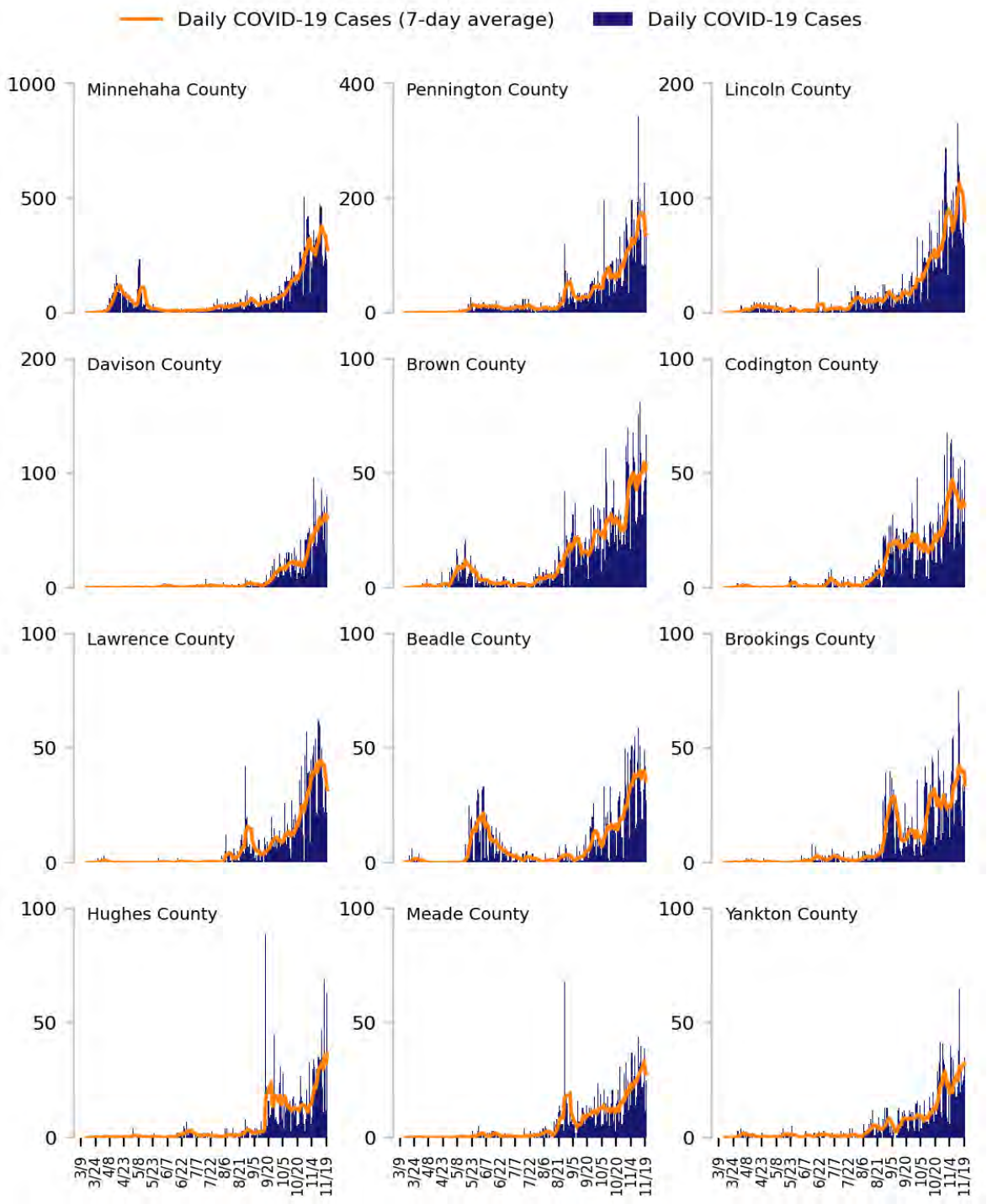
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

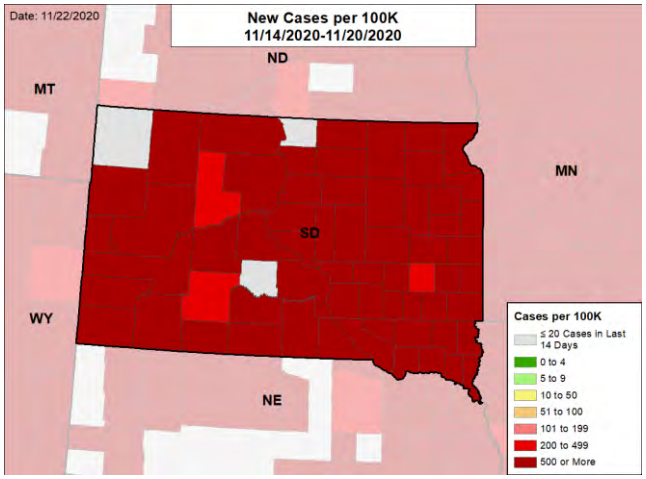
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

SOUTH DAKOTA

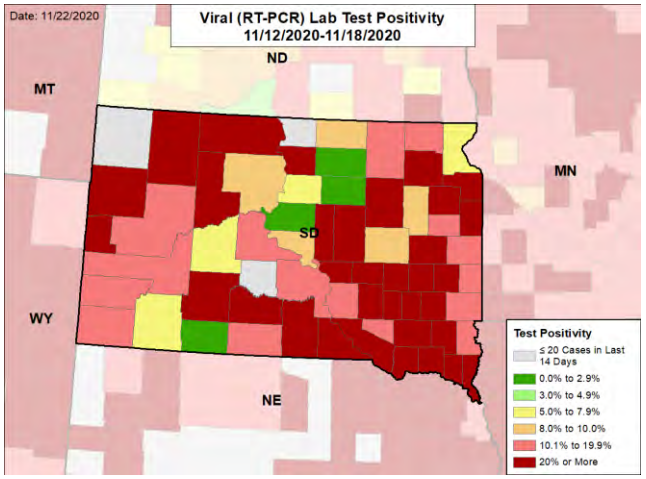
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

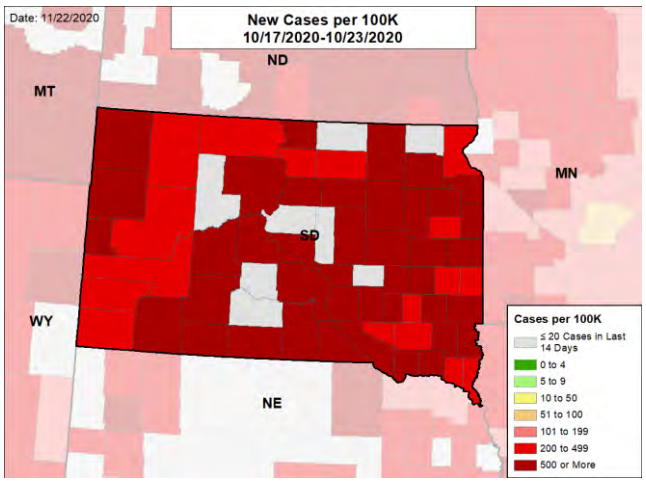
NEW CASES PER 100,000



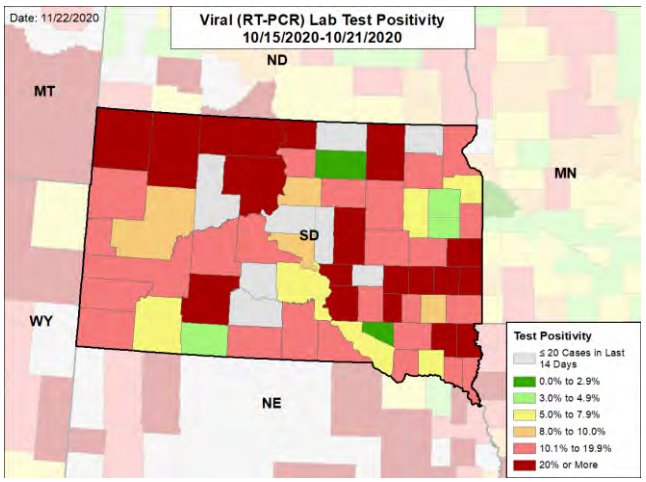
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

TENNESSEE

SUMMARY

- Tennessee 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. Tennessee is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 13th 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. Shelby County, 2. Davidson County, and 3. Rutherford County. These counties represent 24.5% 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 9 - Nov 15, 33% of nursing homes had at least one new resident COVID-19 case, 53% had at least one new staff COVID-19 case, and 12% had at least one new resident COVID-19 death.
- Tennessee had 455 new cases per 100,000 population, compared to a national average of 356 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; 2 to support epidemiology activities from CDC; and 1 to support operations activities from CDC.
- Between Nov 14 - Nov 20, on average, 249 patients with confirmed COVID-19 and 121 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Tennessee. This is an increase of 8% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- Need strong Thanksgiving messaging: 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.
- With 99% of all counties in the red zone for new cases with extensive and unyielding spread and hospitalizations increasing week over week, mitigation and messaging needs to be further strengthened as other states have done. Effective practices to decrease transmission in public spaces include requiring masks, limiting restaurant indoor capacity to less than 25%, and closing bars until cases and test positivity decrease to the yellow zone. Strong mitigation efforts by neighboring states are showing early impact.
- Ensure compliance with public health orders, including wearing masks.
- Target antigen testing to the asymptomatic populations under 35 years old. Incentivize testing to those populations.
- 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.
- Stay vigilant with nursing home staff and residents; over 50% of nursing homes have COVID positive staff and over 30% have COVID positive residents, 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.
- New hospital admissions in Tennessee are increasing across all age groups.
- Ensure all hospitals are capacitated with updated training on use and timing of effective interventions, contingency staffing plans with appropriate task-shifting, and maximized access to medications and supplies. Ensure ongoing communication with state and federal partners and that hospital reporting on staffing, bed availability, and supplies is maintained to allow triage and assistance.
- Expansion of telehealth and remote clinical consultation capacity is an important achievement and should be established across Tennessee.
- 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.

COVID-19

TENNESSEE

STATE REPORT | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	31,074 (455)	+14%	174,589 (261)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	15.0%	+1.4%*	9.5%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	66,054** (967**)	-50%**	1,329,742** (1,987**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	351 (5.1)	+13%	1,821 (2.7)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	33%	+9%*	20%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	53%	+2%*	39%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	12%	+1%*	7%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	2,591 (16)	+8% (+8%)	24,027 (16)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

TENNESSEE

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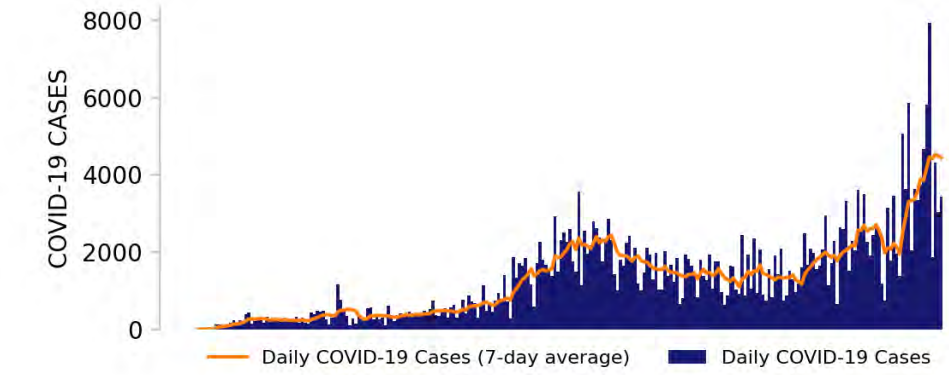
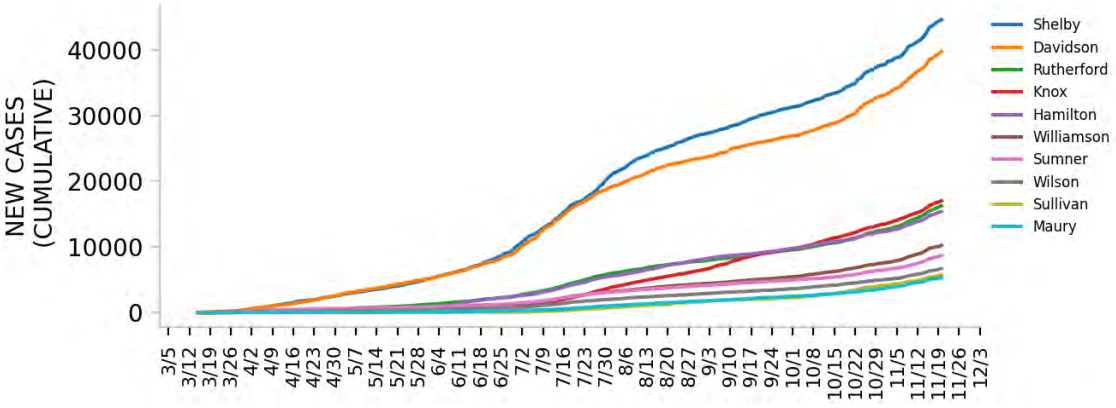
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

TENNESSEE

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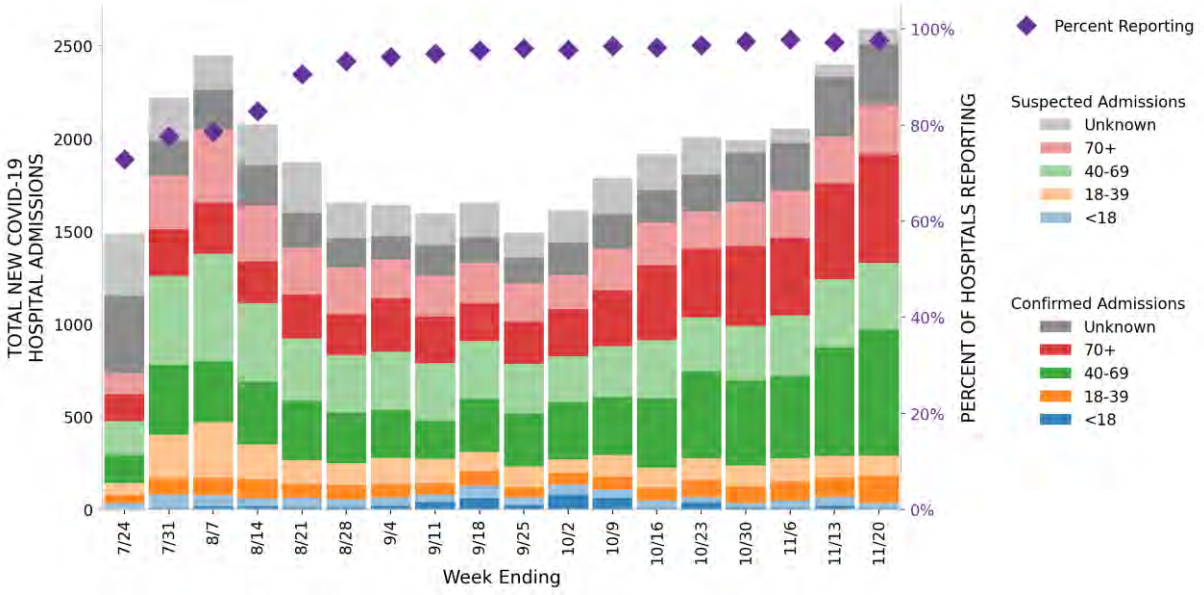
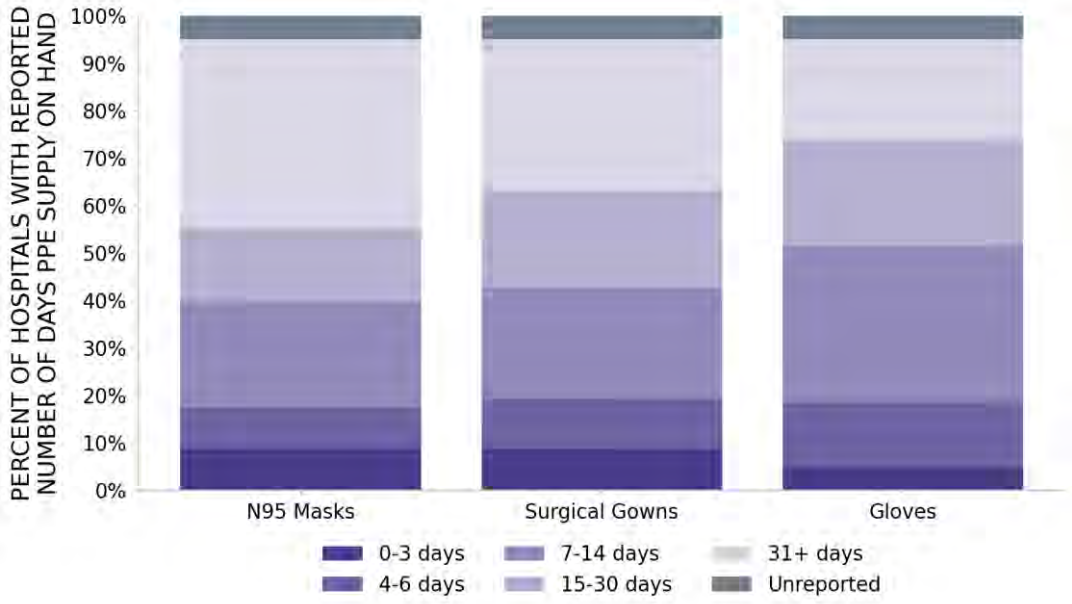
103 hospitals are expected to report in Tennessee

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. 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. 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 11/18/2020.

TENNESSEE

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	25 ▼ (-2)	Nashville-Davidson--Murfreesboro--Franklin Memphis Knoxville Chattanooga Johnson City Kingsport-Bristol Jackson Clarksville Cookeville Morristown Cleveland Sevierville	81 ■ (+0)	Shelby Davidson Rutherford Knox Hamilton Williamson Sumner Wilson Sullivan Maury Montgomery Washington
LOCALITIES IN ORANGE ZONE	2 ▲ (+2)	Tullahoma-Manchester McMinnville	7 ▼ (-4)	Warren Coffee Franklin Jefferson White Fayette McNairy
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	6 ▲ (+4)	DeKalb Lake Sequatchie Van Buren Pickett Hancock

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, Cleveland, Sevierville, Greeneville, Lawrenceburg, Dyersburg, Crossville, Shelbyville, Union City, Athens, Paris, Martin, Lewisburg, Dayton, Newport, Brownsville

All Red Counties: Shelby, Davidson, Rutherford, Knox, Hamilton, Williamson, Sumner, Wilson, Sullivan, Maury, Montgomery, Washington, Blount, Madison, Putnam, Bradley, Sevier, Dickson, Tipton, Greene, Anderson, Carter, Robertson, Lawrence, Roane, Gibson, Dyer, Cumberland, Bedford, Hamblen, Obion, McMinn, Henry, Scott, Lauderdale, Hawkins, Lincoln, Weakley, Loudon, Carroll, Monroe, Marshall, Rhea, Macon, Cocke, Cheatham, Smith, Henderson, Giles, Benton, Campbell, Unicoi, Hickman, Hardeman, Hardin, Lewis, Cannon, Grainger, Haywood, Overton, Chester, Decatur, Marion, Fentress, Crockett, Stewart, Jackson, Claiborne, Humphreys, Morgan, Wayne, Johnson, Grundy, Union, Meigs, Perry, Clay, Bledsoe, Trousdale, Polk, Moore

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

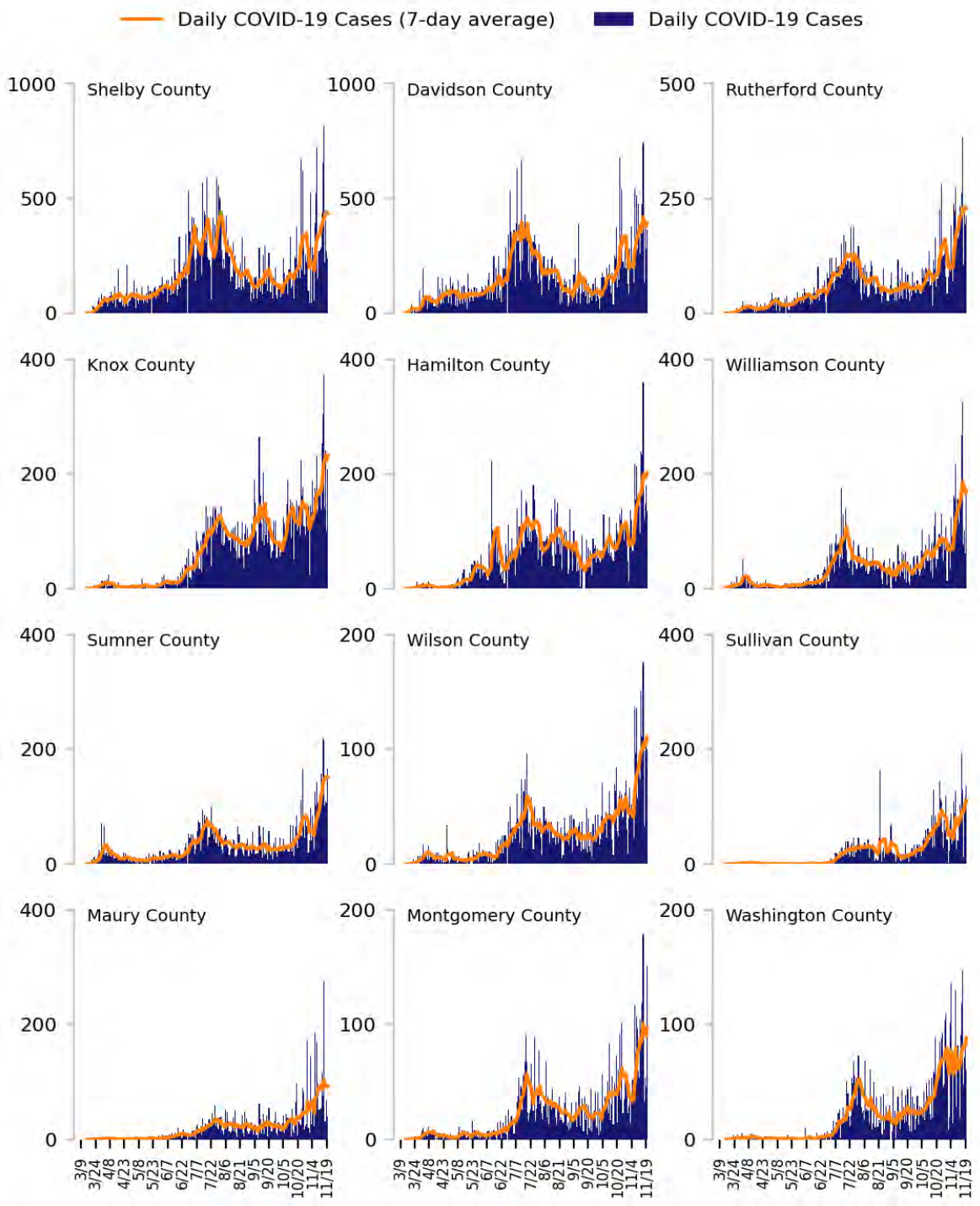
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

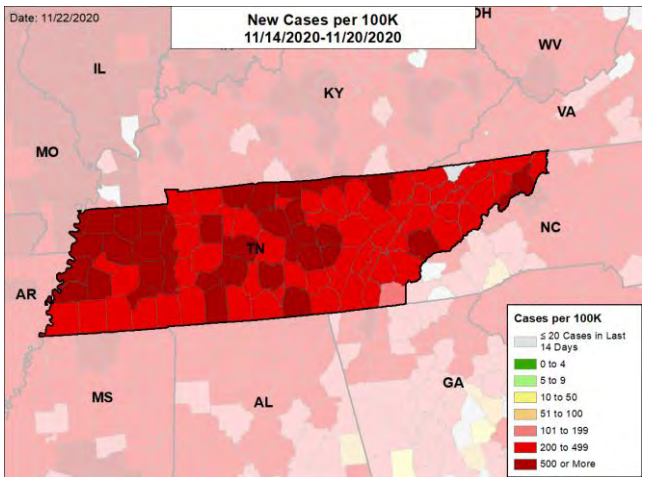
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

TENNESSEE

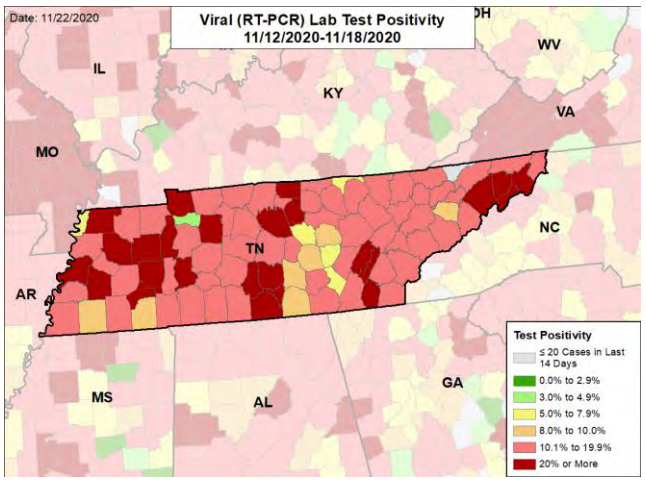
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

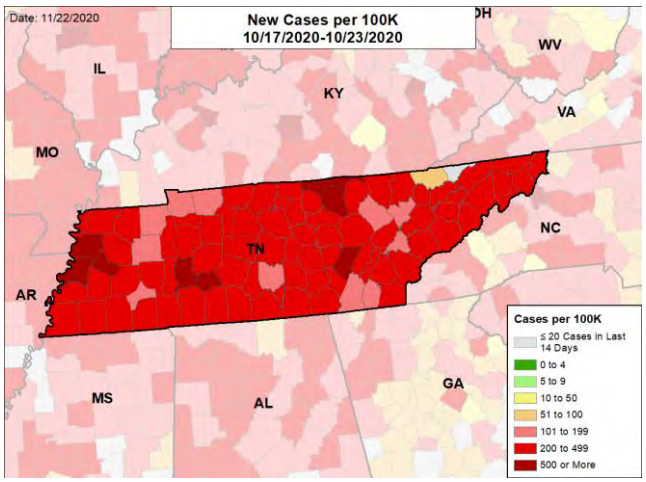
NEW CASES PER 100,000



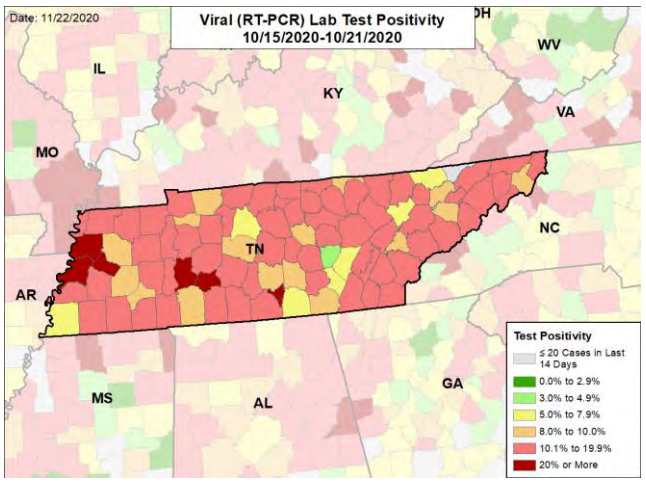
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

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11.22.2020
Issue 23

TEXAS

SUMMARY

- Texas continues to be in a full resurgence and mitigation efforts **must** intensify. Texas 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. Texas is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 21st highest rate in the country.
- Texas has seen an increase in new cases, stability in test positivity at a high level, and an ever rising, unsustainable increase in hospitalizations.
- 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. Dallas County. These counties represent 38.6% of new cases in Texas.
- 77% of all counties in Texas 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 9 - Nov 15, 19% of nursing homes had at least one new resident COVID-19 case, 38% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death.
- Texas had 258 new cases per 100,000 population, compared to a national average of 356 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 62 to support medical activities from DoD; 48 to support operations activities from FEMA; 4 to support medical activities from ASPR; 10 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 14 - Nov 20, on average, 1108 patients with confirmed COVID-19 and 796 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Texas. This is an increase of 16% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- Aggressive weekly testing of all members staying on Tribal lands must occur to support ongoing mitigation efforts.
- 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 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.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, 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 significant amount of virus circulating and the high rate of asymptomatic and undiagnosed infections among family and community members. Public spaces where masking is not possible must have a significant reduction in capacity or close.
- New hospital admissions in Texas continue to surge to unsustainable levels and statewide mitigation must 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 all universities returning in the winter move to mandatory weekly testing of all on and off campus students. Planning for that must begin now.
- There continue to be high levels of positive staff at LTCF, indicative of continued and unmitigated community spread in these geographic locations.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

TEXAS

STATE REPORT | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	74,712 (258)	+16%	143,331 (336)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	13.0%	-0.8%*	12.7%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	544,774** (1,879**)	+5%**	836,438** (1,958**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	969 (3.3)	+27%	1,728 (4.0)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	19%	+3%*	21%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	38%	+9%*	42%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	+1%*	7%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	13,322 (22)	+16% (+10%)	20,191 (21)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.
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SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

TEXAS

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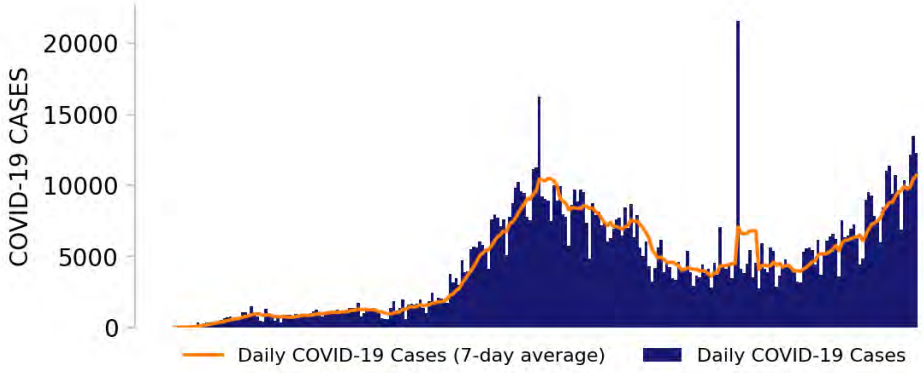
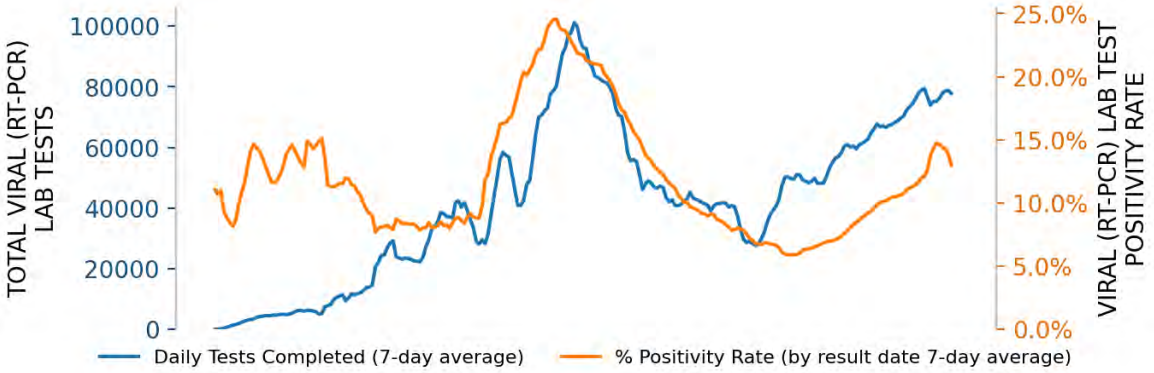
NEW CASES

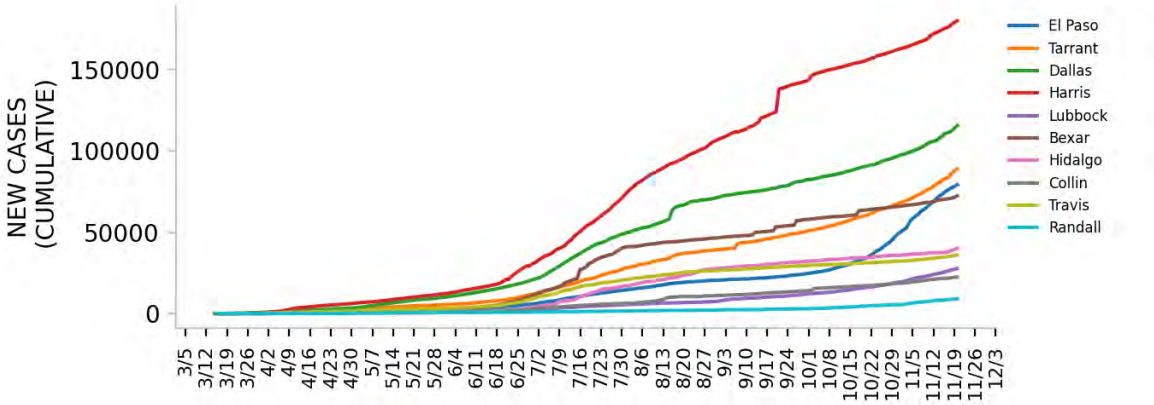


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



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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 11/20/2020.

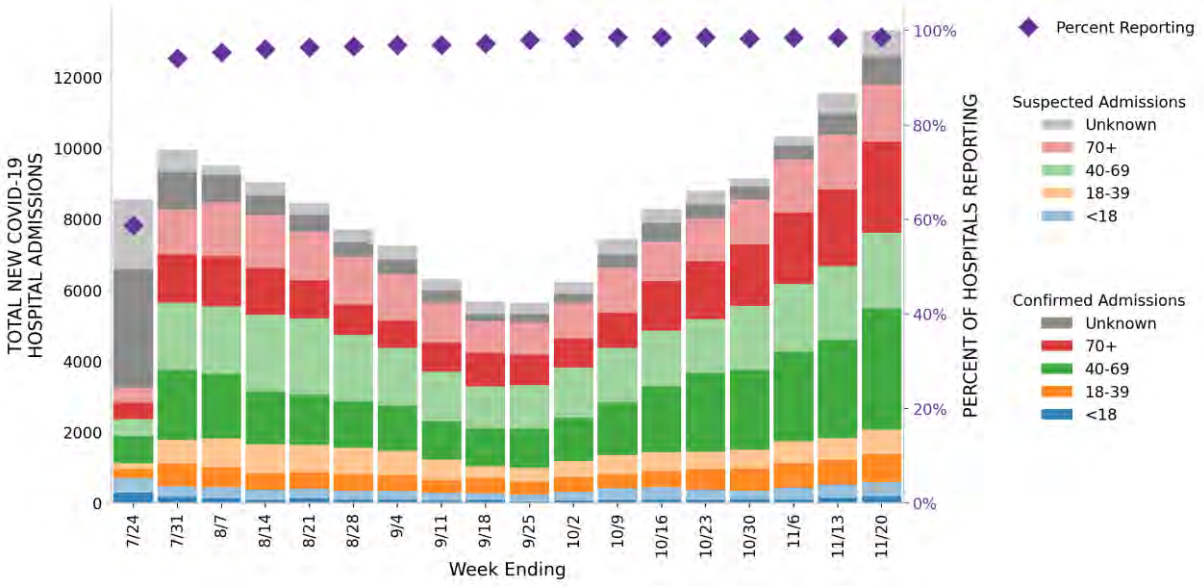
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

TEXAS

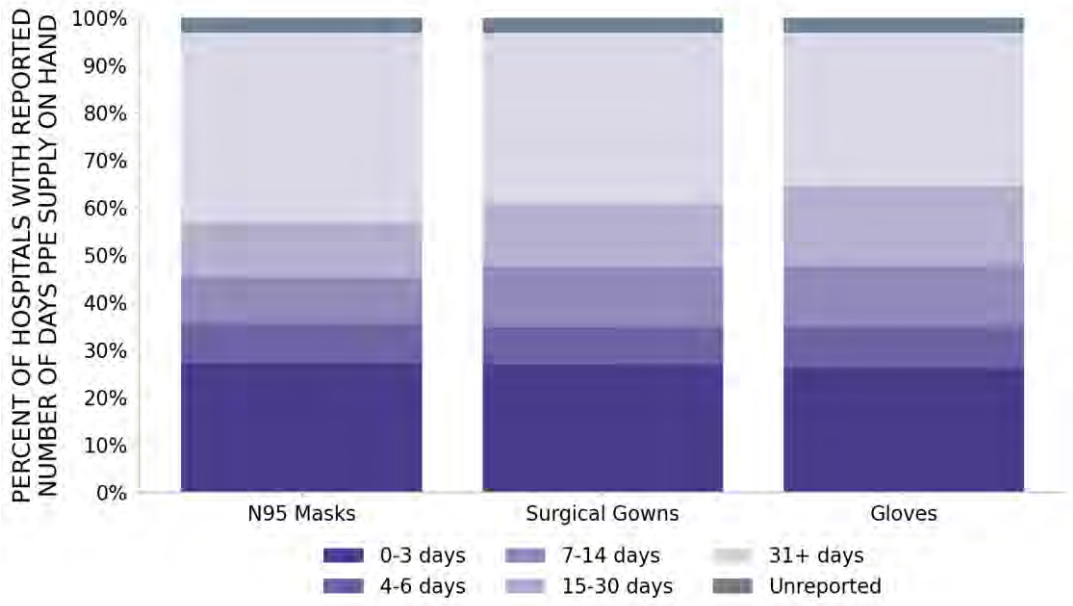
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

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STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	50 ▲ (+4)	Dallas-Fort Worth-Arlington El Paso Lubbock San Antonio-New Braunfels Amarillo McAllen-Edinburg-Mission Waco Laredo Wichita Falls Abilene Corpus Christi Brownsville-Harlingen	135 ▲ (+21)	El Paso Tarrant Dallas Lubbock Bexar Hidalgo Collin Randall Denton Potter McLennan Webb
LOCALITIES IN ORANGE ZONE	17 ▲ (+2)	Houston-The Woodlands-Sugar Land Beaumont-Port Arthur Killeen-Temple Odessa Huntsville Del Rio Brenham Pecos Mount Pleasant Uvalde Palestine Sulphur Springs	40 ▼ (-2)	Harris Ector Galveston Fort Bend Bell Midland Jones Comal Guadalupe Walker Val Verde Washington
LOCALITIES IN YELLOW ZONE	3 ▼ (-5)	Austin-Round Rock-Georgetown College Station-Bryan Kingsville	21 ▼ (-5)	Travis Williamson Jefferson Brazos Hays Young Bastrop Harrison Kleberg Liberty Crane Polk

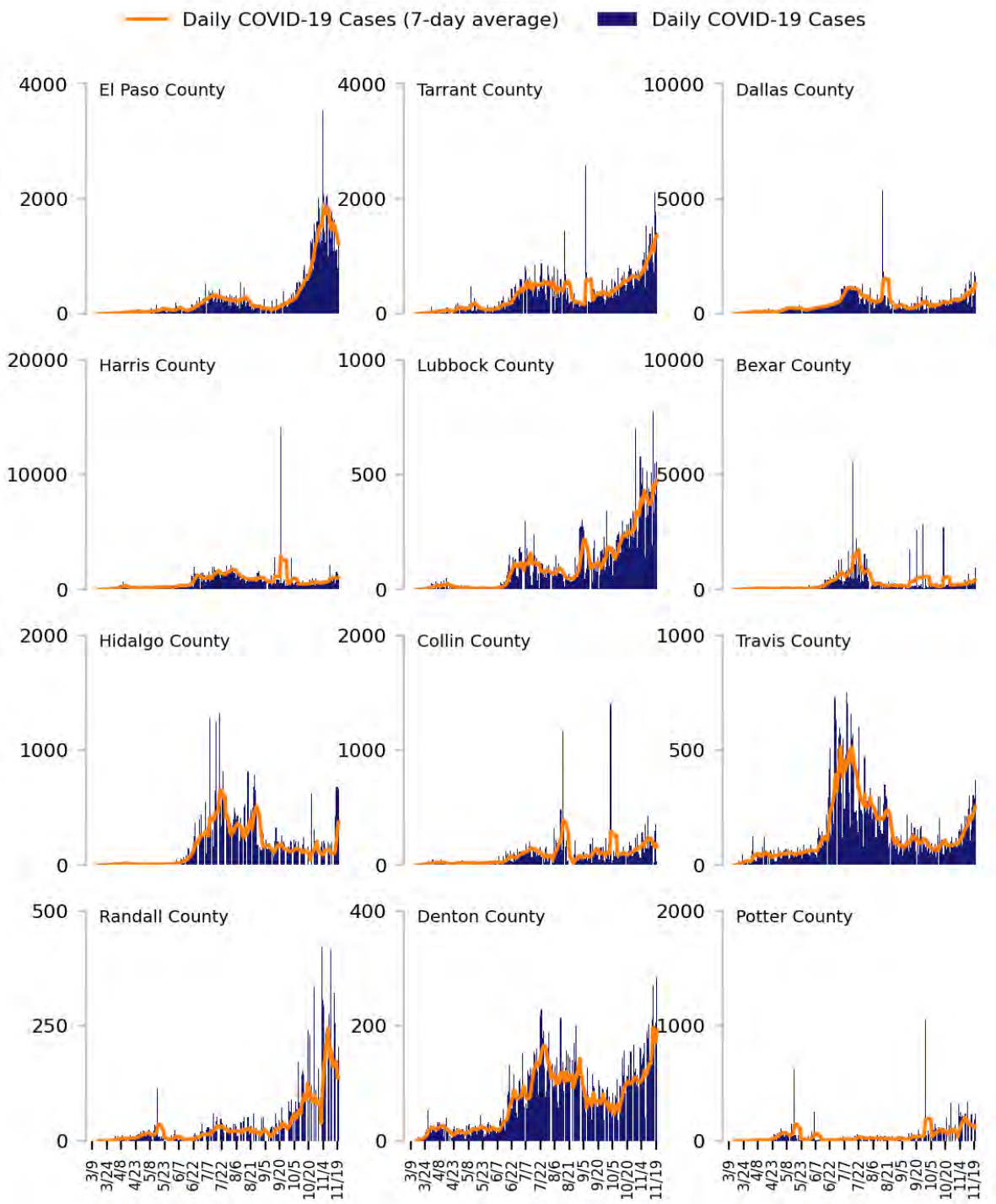
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red CBSAs: Dallas-Fort Worth-Arlington, El Paso, Lubbock, San Antonio-New Braunfels, Amarillo, McAllen-Edinburg-Mission, Waco, Laredo, Wichita Falls, Abilene, Corpus Christi, Brownsville-Harlingen, Sherman-Denison, Midland, Plainview, Tyler, Longview, Pampa, Granbury, Paris, San Angelo, Levelland, Brownwood, Victoria, Eagle Pass, Texarkana, Big Spring, Stephenville, Athens, Snyder, Andrews, Rio Grande City-Roma, Alice, Borger, Lamesa, Corsicana, Vernon, Dumas, Lufkin, Sweetwater, Hereford, Mineral Wells, Gainesville, Kerrville, Bonham, El Campo, Bay City, Raymondville, Fredericksburg, Pearsall
All Orange CBSAs: Houston-The Woodlands-Sugar Land, Beaumont-Port Arthur, Killeen-Temple, Odessa, Huntsville, Del Rio, Brenham, Pecos, Mount Pleasant, Uvalde, Palestine, Sulphur Springs, Nacogdoches, Beeville, Jacksonville, Zapata, Port Lavaca
All Red Counties: El Paso, Tarrant, Dallas, Lubbock, Bexar, Hidalgo, Collin, Randall, Denton, Potter, McLennan, Webb, Wichita, Montgomery, Nueces, Ellis, Brazoria, Cameron, Grayson, Hale, Smith, Johnson, Parker, Taylor, Gray, Childress, Kaufman, Rockwall, Hood, Lamar, Hunt, Tom Green, Hockley, Brown, Gregg, Victoria, Wise, Maverick, Bowie, Howard, Erath, Henderson, Lamb, Scurry, Andrews, Van Zandt, Starr, Coryell, Terry, Gaines, Chambers, Orange, Hardin, Hutchinson, Dawson, Yoakum, Hill, Navarro, San Patricio, Burnet, Jim Wells, Montague, Wilbarger, Moore, Angelina, Nolan, Wood, Deaf Smith, Brewster, San Saba, Pecos, Lavaca, Palo Pinto, Cooke, Burleson, Kerr, Ward, Fannin, Atascosa, Bailey, Rusk, Wheeler, Wharton, Clay, Castro, Winkler, Lynn, Jackson, Presidio, Parmer, Bosque, Hemphill, Matagorda, Zavala, Madison, DeWitt, Mitchell, Swisher, Martin, Houston, Grimes, Coleman, Eastland, Willacy, Gonzales, Hamilton, Limestone, Duval, Sutton, Archer, Somervell, Reagan, Gillespie, Falls, Frio, Jack, Stephens, Callahan, McCulloch, Rains, Colorado, Floyd, Schleicher, Culberson, Kimble, Dimmit, Lipscomb, Concho, Camp, Hall, Coke, Carson, Menard, Refugio, Collingsworth
All Orange Counties: Harris, Ector, Galveston, Fort Bend, Bell, Midland, Jones, Comal, Guadalupe, Walker, Val Verde, Washington, Reeves, Cass, Uvalde, Titus, Anderson, Wilson, Hopkins, Nacogdoches, Caldwell, Kendall, Upshur, Waller, Medina, Llano, Bee, Zapata, Cherokee, Calhoun, Fayette, Lampasas, Comanche, Live Oak, Bandera, Morris, Lee, Karnes, Tyler, Jeff Davis
All Yellow Counties: Travis, Williamson, Jefferson, Brazos, Hays, Young, Bastrop, Harrison, Kleberg, Liberty, Crane, Polk, Milam, Mason, Mills, Austin, Robertson, Runnels, Trinity, Upton, La Salle

*** 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 11/20/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

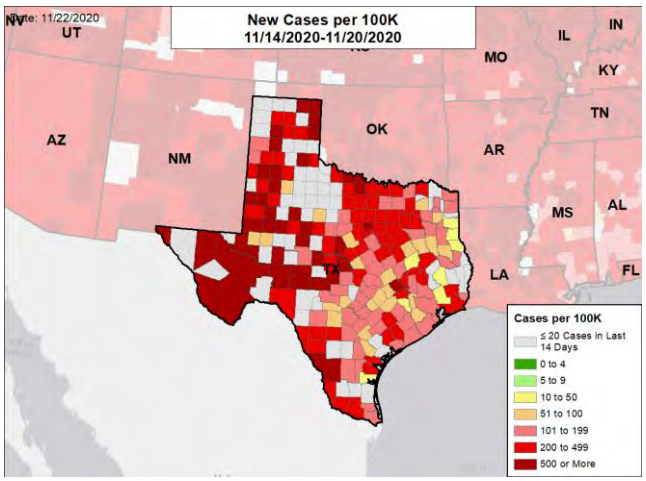
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

TEXAS

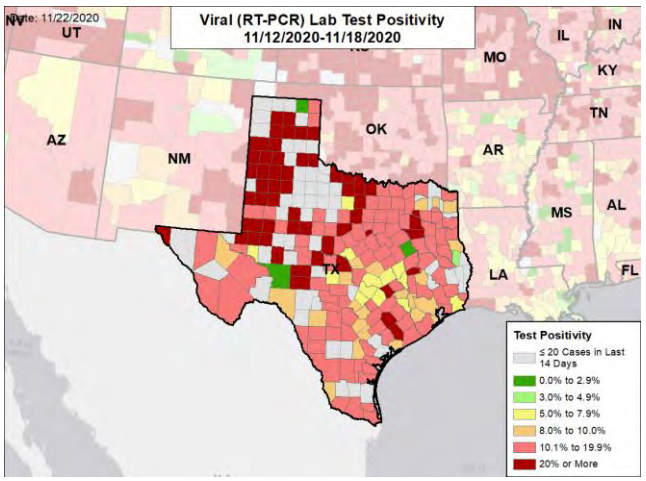
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

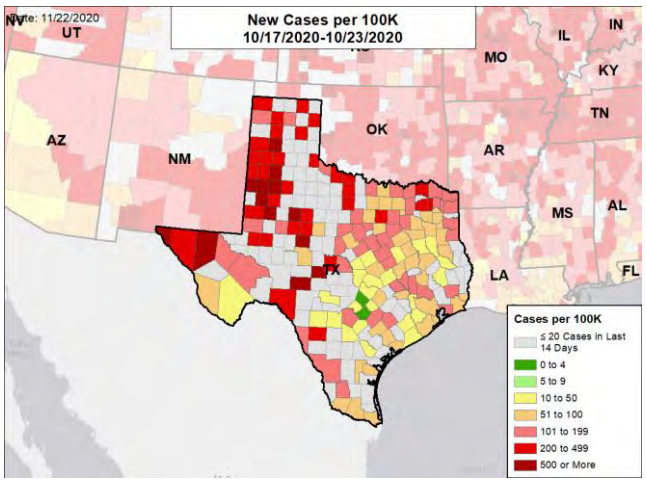
NEW CASES PER 100,000



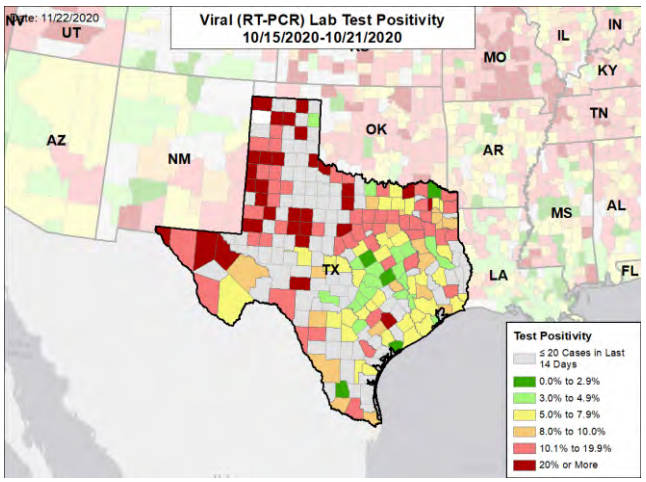
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

UTAH

STATE REPORT
11.22.2020
Issue 23

SUMMARY

- Utah 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. Utah is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 8th highest rate in the country.
- Utah has seen an increase in new cases and an increase in test positivity. Incidence increased in 24 counties and test positivity increased in 23 counties. Test positivity was above 20% in 14 counties.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Salt Lake County, 2. Utah County, and 3. Davis County. These counties represent 72.3% of new cases in Utah.
- 90% of all counties in Utah 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 9 - Nov 15, 21% of nursing homes had at least one new resident COVID-19 case, 53% had at least one new staff COVID-19 case, and 8% had at least one new resident COVID-19 death. Multiple outbreaks across the state, the largest in Salt Lake City.
- Utah had 766 new cases per 100,000 population, compared to a national average of 356 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 14 - Nov 20, on average, 89 patients with confirmed COVID-19 and 9 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Utah. This is an increase of 18% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- The continued acceleration in transmission remains concerning, especially given the exceedingly high incidence and test positivity and the upcoming holidays. Reversing this trend will require strict adherence to the more intensive restrictions that have recently been put into place.
- Continue regular outreach to retail service providers regarding distancing and limitations on occupancy while enforcing penalties where violations are encountered; ensure that there are processes for citizens to report businesses that violate state and local ordinances and protocols to address the issue with alleged violators.
- There is still an opportunity to prevent a potential increase in transmission around the holidays; all media platforms (conventional and social) should be saturated with public health messaging on the risks of social gatherings, the clear recommendation to avoid such gatherings, the critical need for face coverings and social distancing, and instructions on how to report non-compliance of local businesses and social or religious organizations. Ensure aggressive flu vaccine campaigns are underway in all counties.
- Use of clinical personnel/first responders from local facilities to convey local messages and plead for adherence to face covering and social distancing has been shown to be effective and should be expanded at the local level. Public health messages should appeal to community coherence and responsibility, using champions from different political and cultural belief systems to convey local messages about the importance of mitigation efforts on all media platforms.
- Proactive weekly testing of groups representative of the community will help identify the depth and breadth of community infection. These cases should be triangulated with cases among long-term care facility staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger local testing campaigns.
- **At the time of testing**, provide written and verbal education with instruction to isolate (and how to isolate) until results are returned and to continue isolation if results are positive.
- Expand contact tracing capacity by focusing the interview, developing scripts and clear algorithms to allow task-shifting, **using automated emails and texting with instructions to isolate and/or quarantine**, and coordinating remote surge capacity from districts with lower case rates.
- Ensure all clinical facilities throughout the state, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including for outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies and staffing, and are accurately reporting current status of each to allow for triage and federal assistance if needed. Ensure platforms for efficient intra- and inter-state notification of shortages and opportunities for exchanges of supplies and staffing between all facilities, public and private.
- Ensure all institutions of higher education have plans to test students before they return home for the holidays. Document and enforce 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

UTAH

STATE REPORT | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	24,561 (766)	+31%	92,215 (752)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	18.9%	+1.4%*	15.7%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	122,067** (3,808**)	+6%**	534,526** (4,360**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	73 (2.3)	+38%	735 (6.0)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	21%	+0%*	31%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	53%	+5%*	59%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	8%	+1%*	13%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	685 (13)	+18% (+18%)	5,793 (24)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.

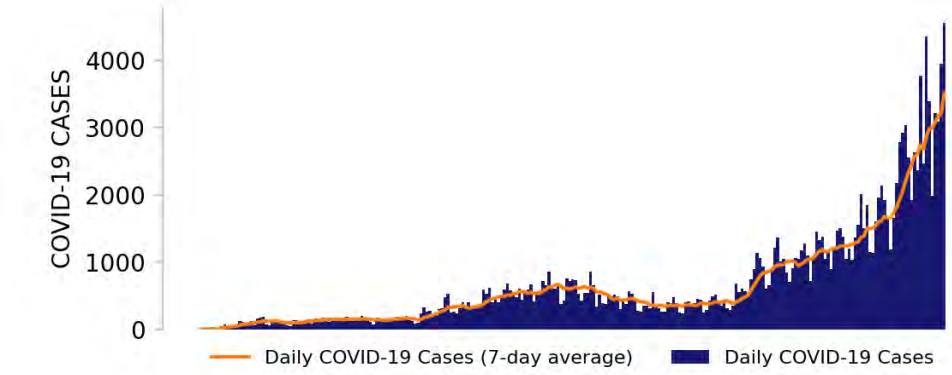
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

UTAH

STATE REPORT | 11.22.2020

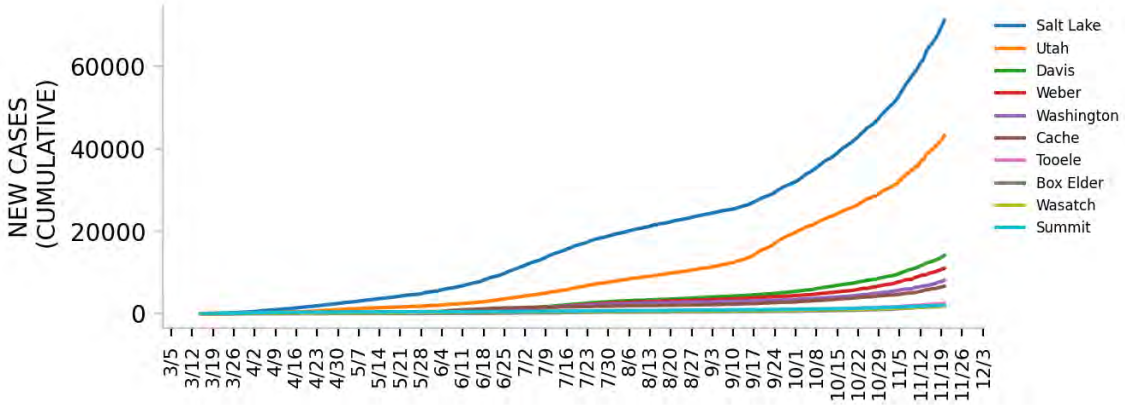
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/20/2020.

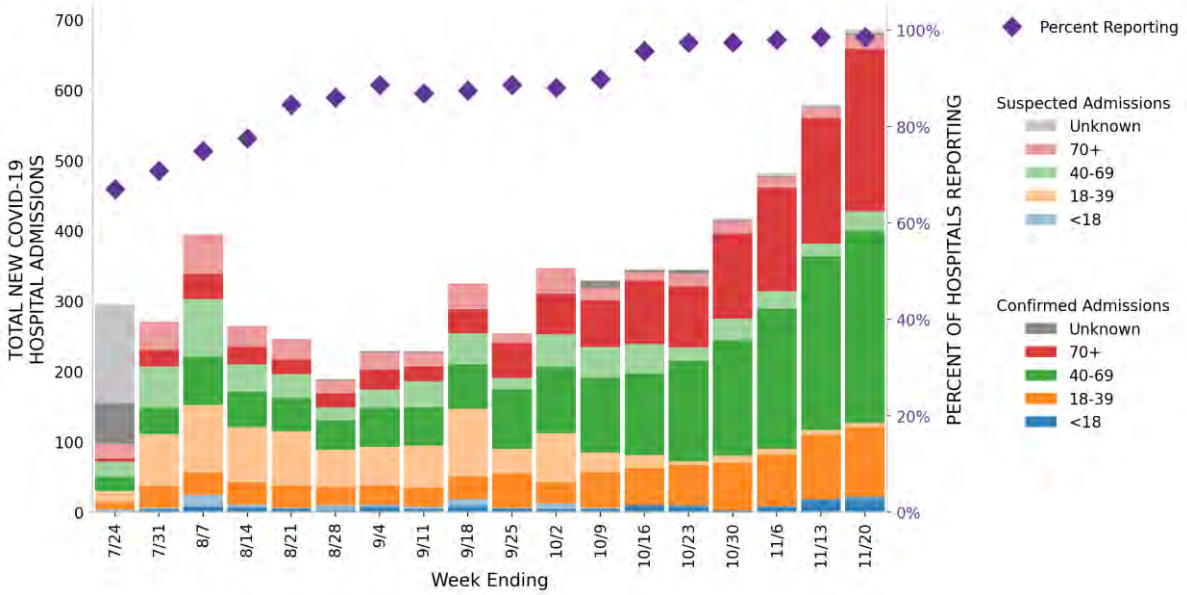
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

UTAH

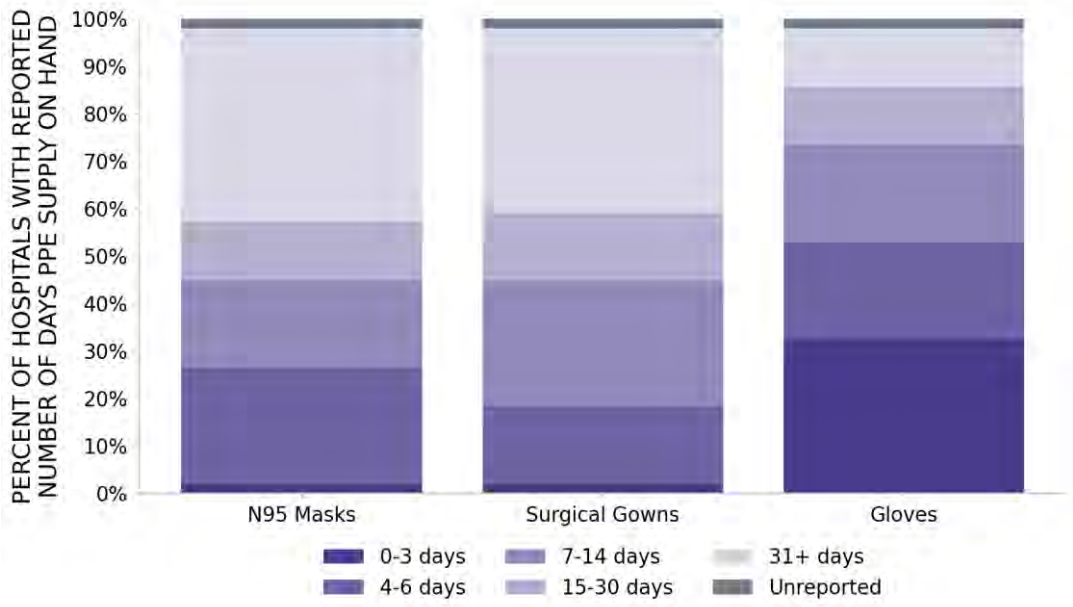
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

UTAH

STATE REPORT | 11.22.2020

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	**24** ▲ (+1)	Salt Lake Utah Davis Weber Washington Cache Tooele Box Elder Wasatch Summit Iron Sevier
LOCALITIES IN ORANGE ZONE	**0** ■ (+0)	N/A	**1** ▲ (+1)	Emery
LOCALITIES IN YELLOW ZONE	**0** ■ (+0)	N/A	**1** ▲ (+1)	Grand

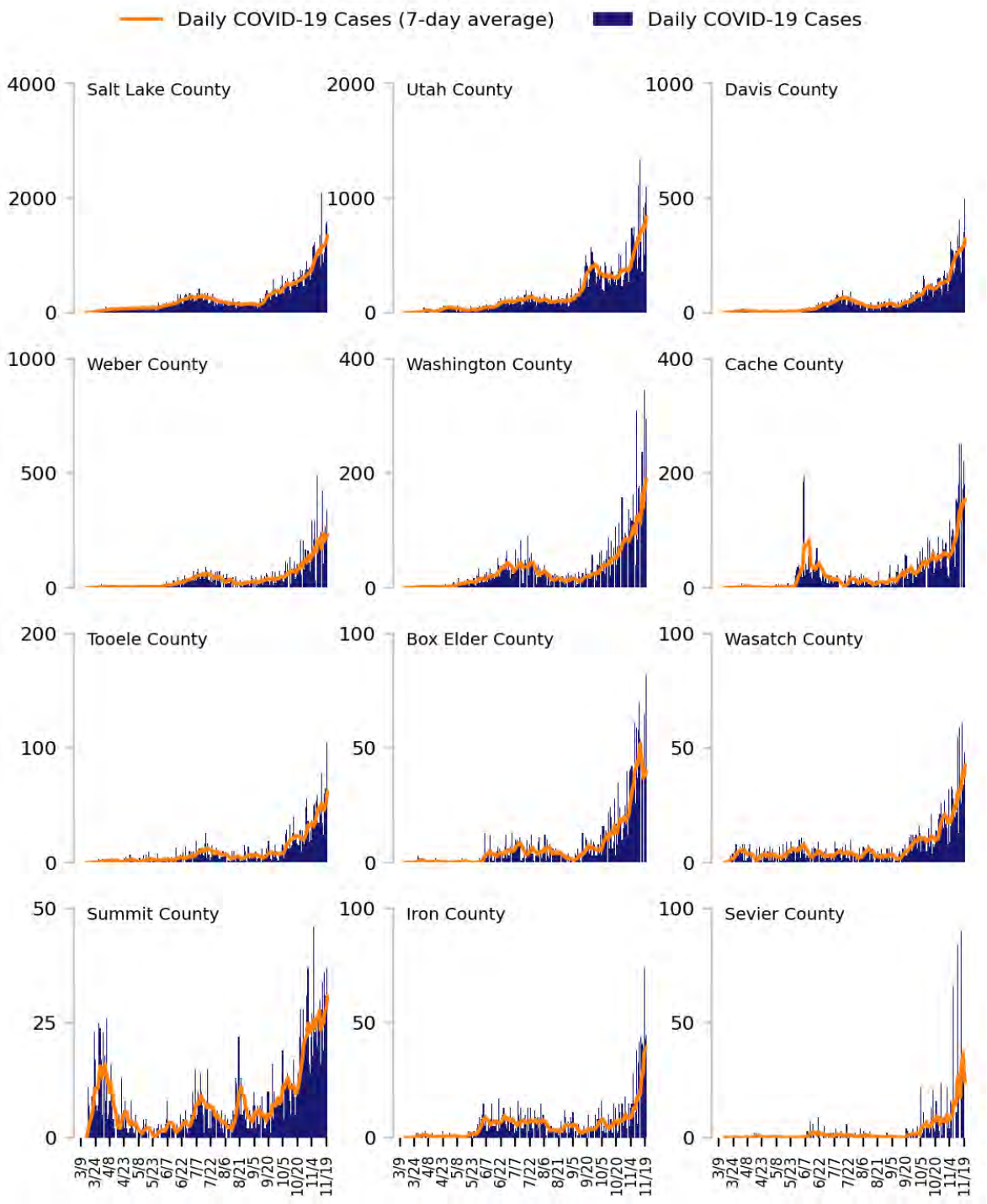
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease

All Red Counties: Salt Lake, Utah, Davis, Weber, Washington, Cache, Tooele, Box Elder, Wasatch, Summit, Iron, Sevier, Sanpete, Uintah, Carbon, Duchesne, Morgan, San Juan, Juab, Garfield, Millard, Beaver, Kane, Wayne

*** 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 11/20/2020.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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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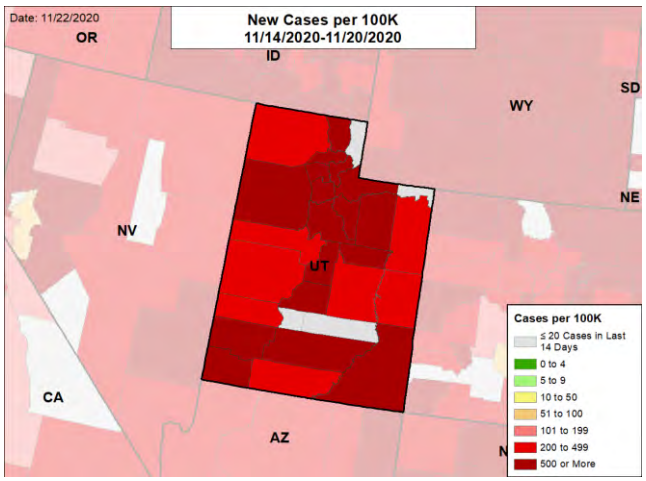
UTAH

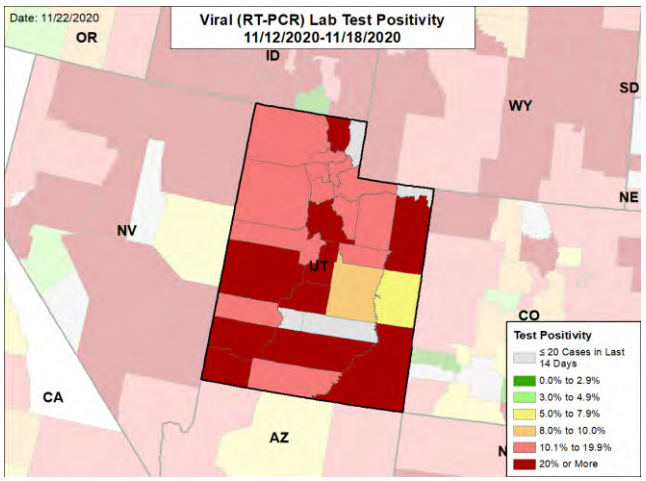
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

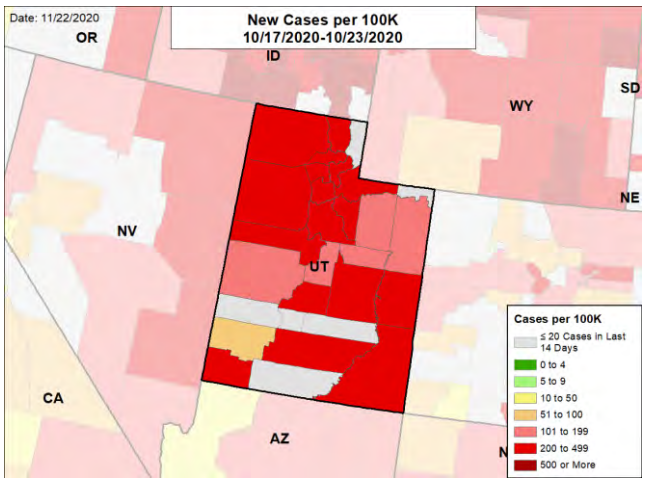
NEW CASES PER 100,000



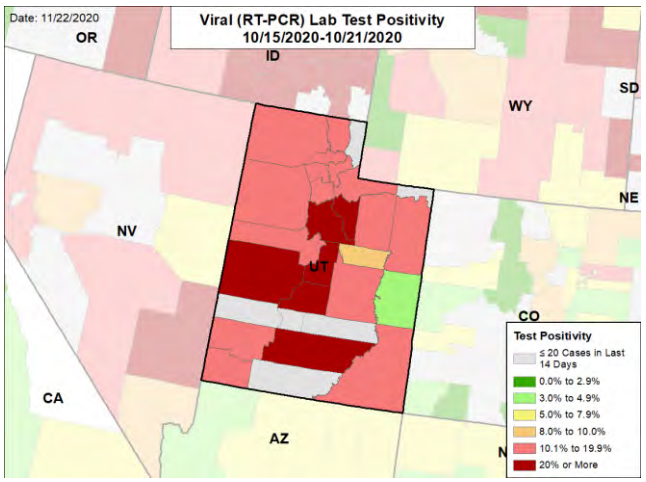
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

VERMONT

STATE REPORT
11.22.2020
Issue 23

SUMMARY

- Vermont is addressing an alarming viral surge. Vermont is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 49th highest rate in the country. Vermont is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 50th highest rate in the country.
- Vermont has seen another sharp increase in new cases and an increase in test positivity despite strongly increasing test volumes.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Washington County, 2. Chittenden County, and 3. Orange County. These counties represent 63.6% of new cases in Vermont.
- Mitigation measures: On Nov 14, intensified mitigation measures went into effect.
- 29% of all counties in Vermont 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 9 - Nov 15, 3% of nursing homes had at least one new resident COVID-19 case, 9% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death.
- Vermont had 115 new cases per 100,000 population, compared to a national average of 356 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 14 - Nov 20, on average, 3 patients with confirmed COVID-19 and 2 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Vermont. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- We share the judgement of Vermont leaders that the situation has reached a critical stage with a change in trajectory needed to limit increased numbers of cases, hospitalizations, and deaths. Increased observance of intensified mitigation measures is temporarily needed to limit overrunning of hospital capacity and additional preventable deaths. The Governor's continued communication with the public is crucial and commended.
- Vermont has been extraordinarily successful with limiting transmission due to a well-designed set of gradated mitigation measures and enhanced disease control capacity including greatly expanded testing and contact tracing capacity. Short term mitigation interventions, including restricting indoor dining and limiting or closing areas of congregation without masking, will continue to be needed, as has been successful in the USA and is currently showing effectiveness in Europe. At this point, the rapid increases in cases and hospitalizations support the need for additional measures. These measures help to control transmission in public settings but have had limited success in preventing spread at private gatherings. Additional measures should be taken, including augmented communications to reinforce messaging around social gatherings throughout the ongoing holiday season and a new asymptomatic surveillance approach to limit community spread.
- These increased mitigation measures are a short-term sacrifice to protect the vulnerable as the U.S. bridges to the rapid vaccination of vulnerable populations over the next few months. Maximizing control of transmission now will also 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 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.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings.
- Given increasing outbreaks and deaths in nursing homes, ensure increased frequency of LTCF testing and rapid implementation of vaccination into LTCFs as vaccine becomes available.
- 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. Limiting exposure of additional households and vulnerable individuals at Thanksgiving and other holiday functions is critical. 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, and utilize the Abbot BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread.
- Ensure all clinical facilities, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each resource. ensure support for platforms for efficient intra- and inter-state patient transfers as needed.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

VERMONT

STATE REPORT | 11.22.2020

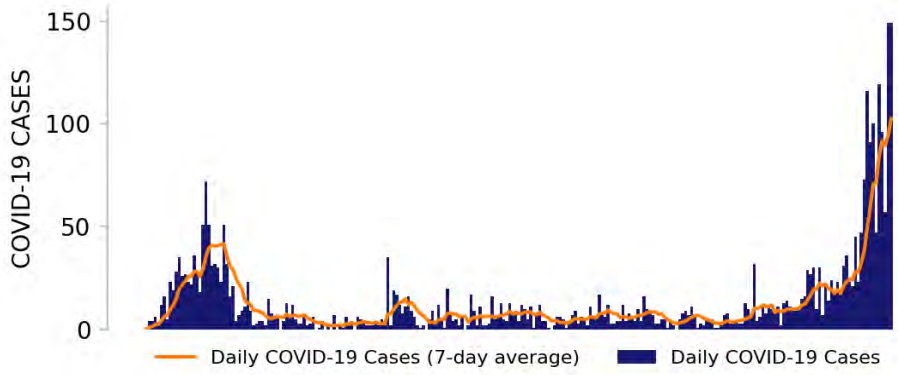
	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	717 (115)	+72%	41,664 (281)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	2.4%	+0.7%*	4.4%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	38,128** (6,110**)	+25%**	839,030** (5,652**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	3 (0.5)	+200%	358 (2.4)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	3%	+3%*	12%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	9%	+6%*	29%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A*	3%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	32 (4)	+0% (-1%)	4,018 (12)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

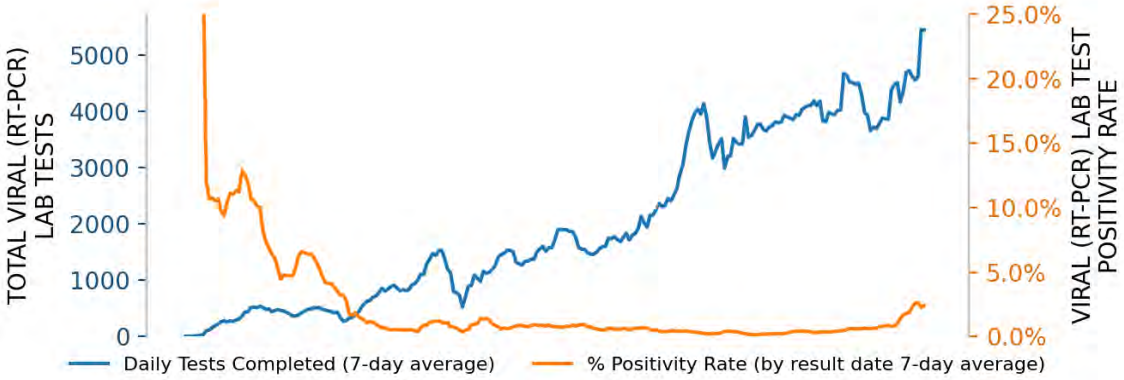
VERMONT

STATE REPORT | 11.22.2020

NEW CASES

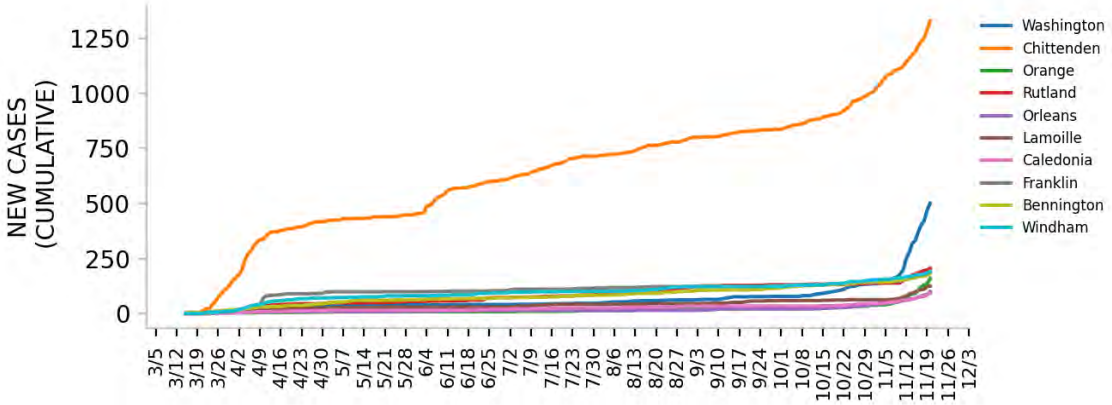


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



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Note: 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 11/20/2020.

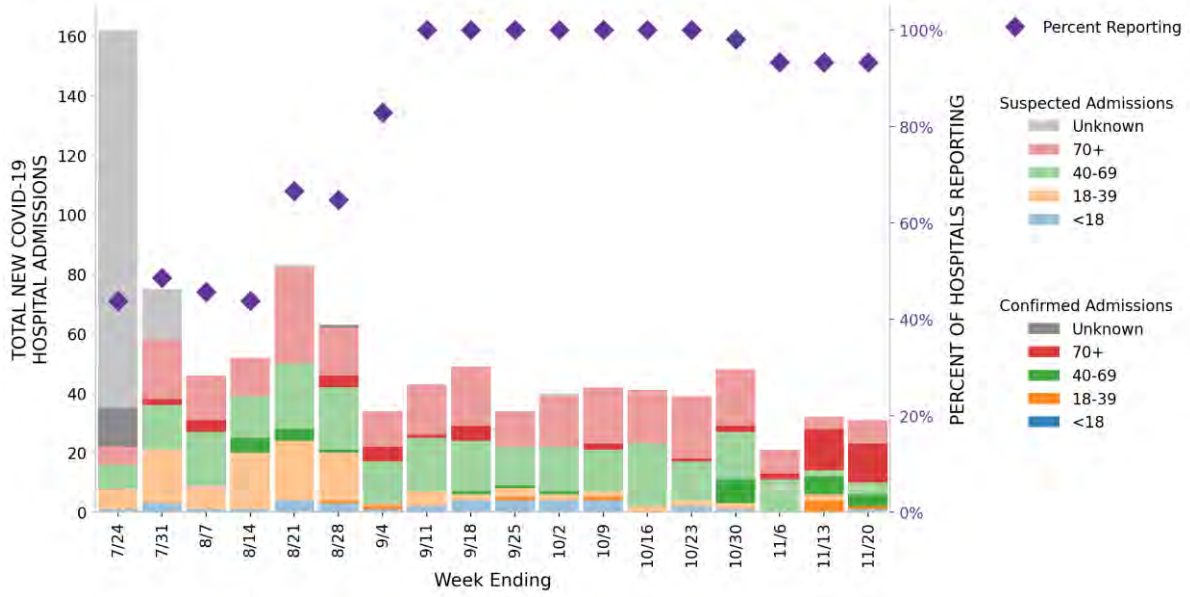
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

VERMONT

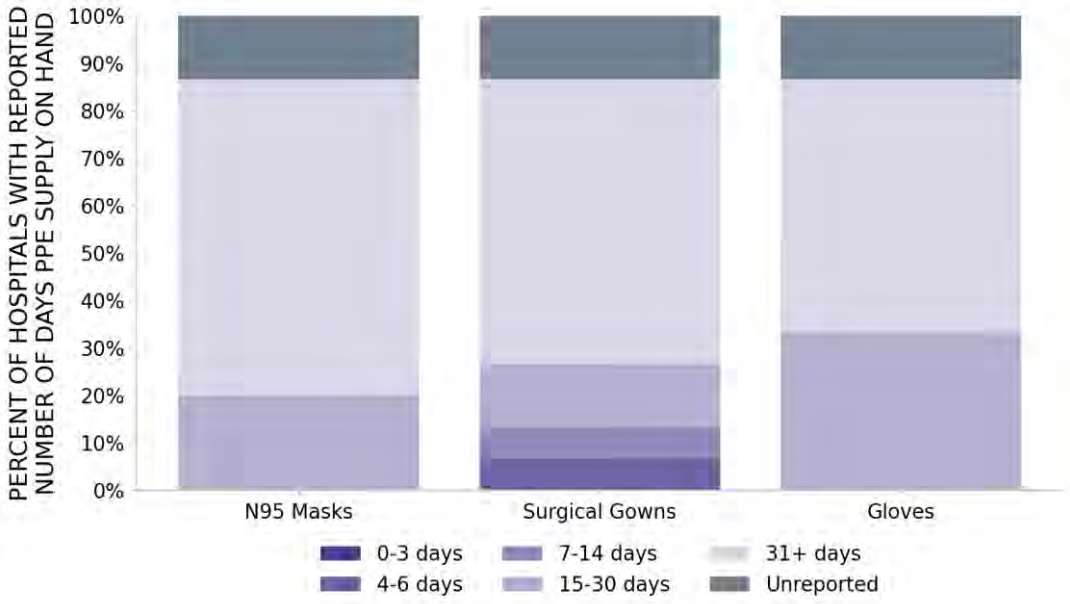
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

VERMONT

STATE REPORT | 11.22.2020

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 ▼ (-1)	N/A
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	1 ■ (+0)	Orange
LOCALITIES IN YELLOW ZONE	1 ■ (+0)	Barre	3 ▲ (+1)	Washington Orleans Lamoille

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

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

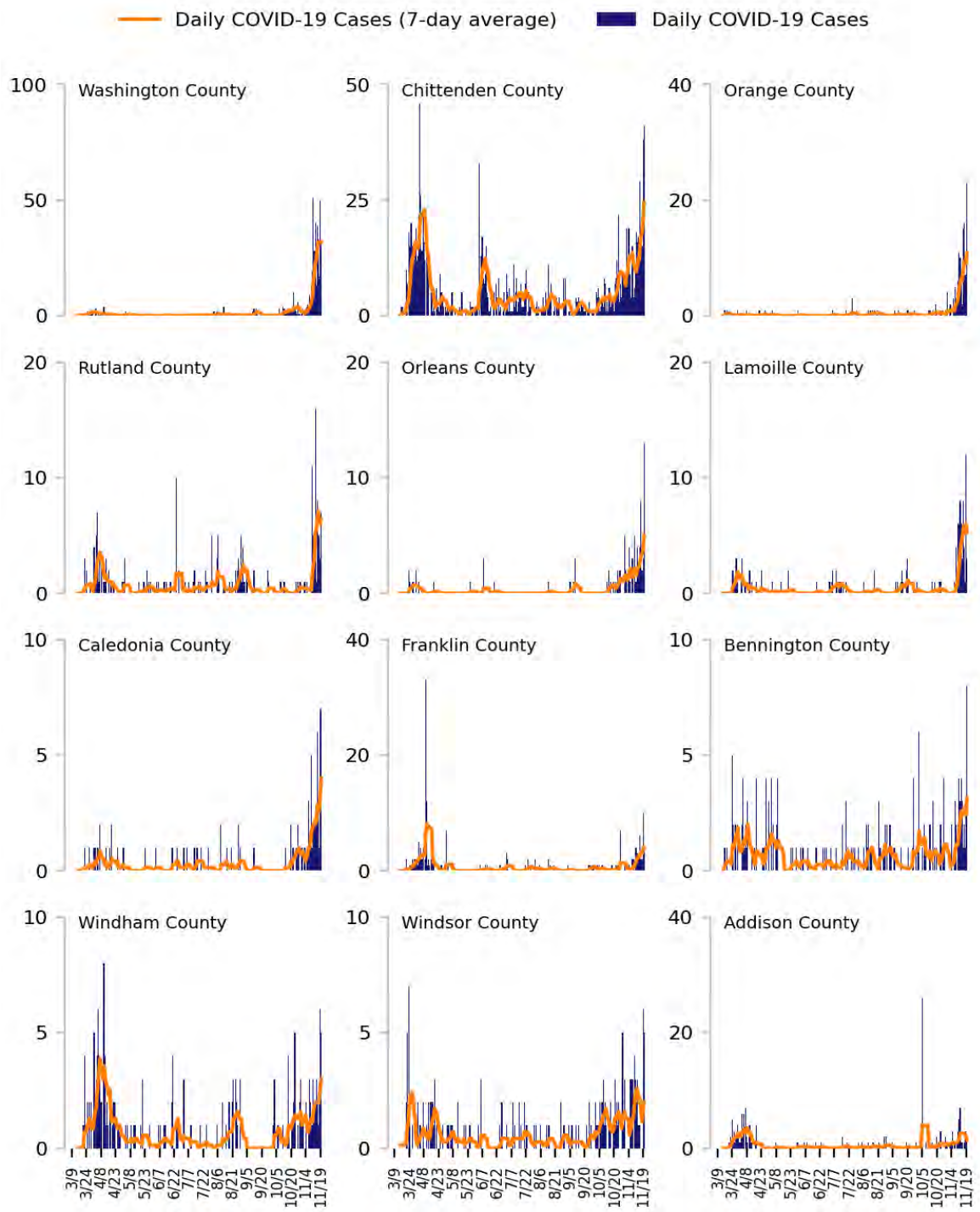
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

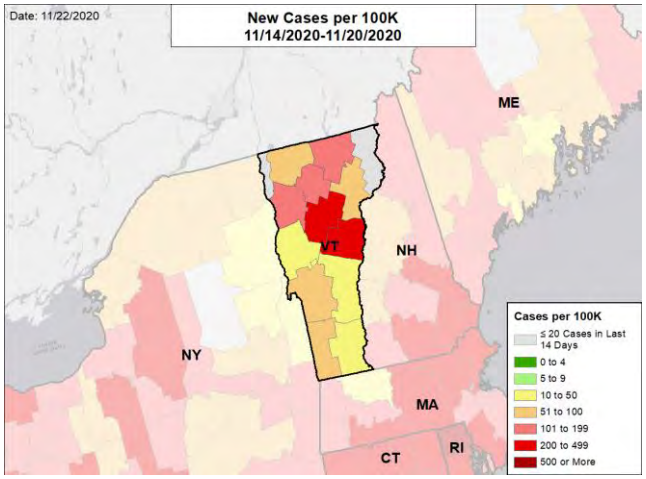
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

VERMONT

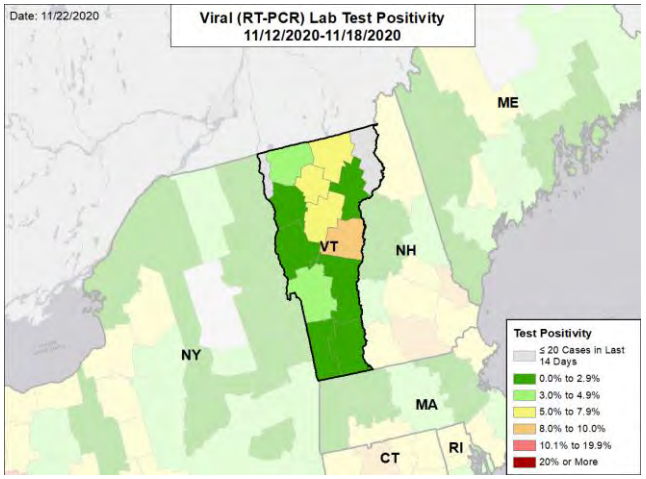
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

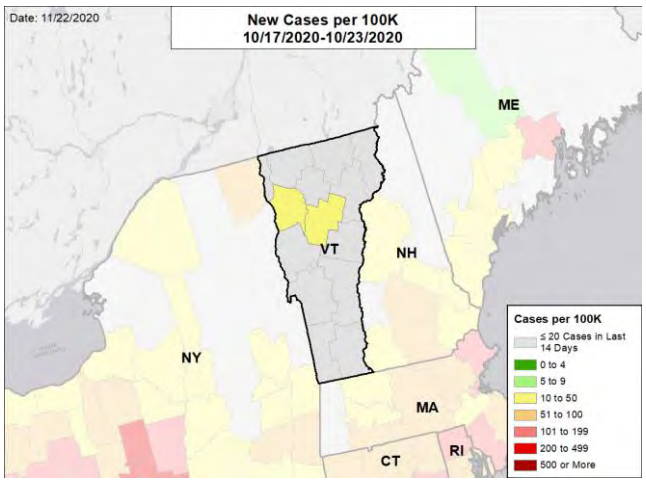
NEW CASES PER 100,000



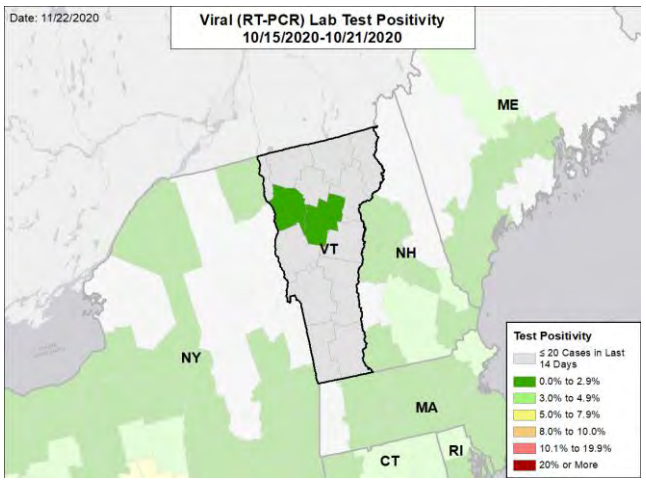
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

VIRGINIA

SUMMARY

- Virginia is in the midst of a full resurgence and 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. 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, high test positivity, and rising hospitalizations. Significant additional mitigation efforts must occur.
- 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 22.5% of new cases in Virginia.
- 71% of all counties in Virginia have moderate or high levels of community transmission (yellow, orange, or red zones), with 44% having high levels of community transmission (red zone).
- During the week of Nov 9 - Nov 15, 16% of nursing homes had at least one new resident COVID-19 case, 27% had at least one new staff COVID-19 case, and 4% had at least one new resident COVID-19 death.
- New hospital admissions in Virginia are rising, especially in those over 40 and 70 years of age.
- Virginia had 165 new cases per 100,000 population, compared to a national average of 356 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; 105 to support operations activities from USCG; and 20 to support medical activities from VA.
- The federal government has supported surge testing in Harrisonburg, Lexington, and Saunton.
- Between Nov 14 - Nov 20, on average, 127 patients with confirmed COVID-19 and 230 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Virginia. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household 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 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 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.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, 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 significant amount of virus circulating and the high rate of asymptomatic and undiagnosed infections among family and community members. Public spaces where masking is not possible must have a significant reduction in capacity or close.
- 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 universities returning in the winter move to mandatory weekly testing of all on and off campus students. Planning for that must begin now.
- There continue to be high levels of positive staff at LTCF, indicative of continued and unmitigated community spread in these geographic locations.
- 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 | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	14,071 (165)	+34%	81,571 (264)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.7%	+0.5%*	9.6%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	145,423** (1,704**)	-9%**	962,175** (3,118**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	135 (1.6)	+38%	810 (2.6)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	16%	+1%*	18%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	27%	-4%*	39%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	4%	-1%*	6%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	2,501 (14)	+4% (+5%)	14,160 (20)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.

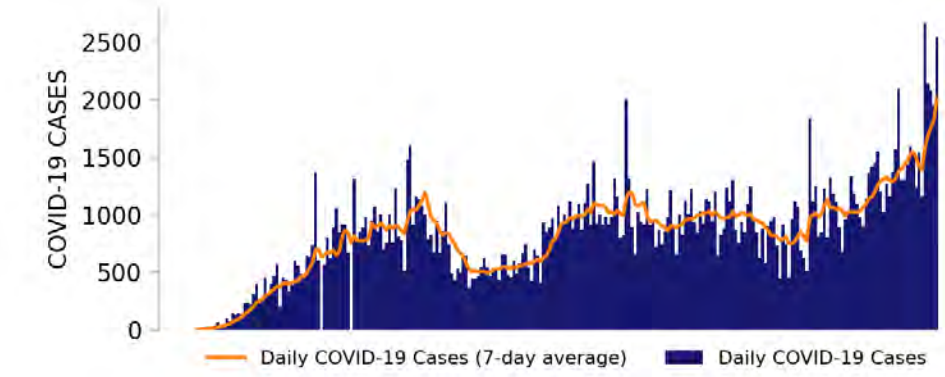
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

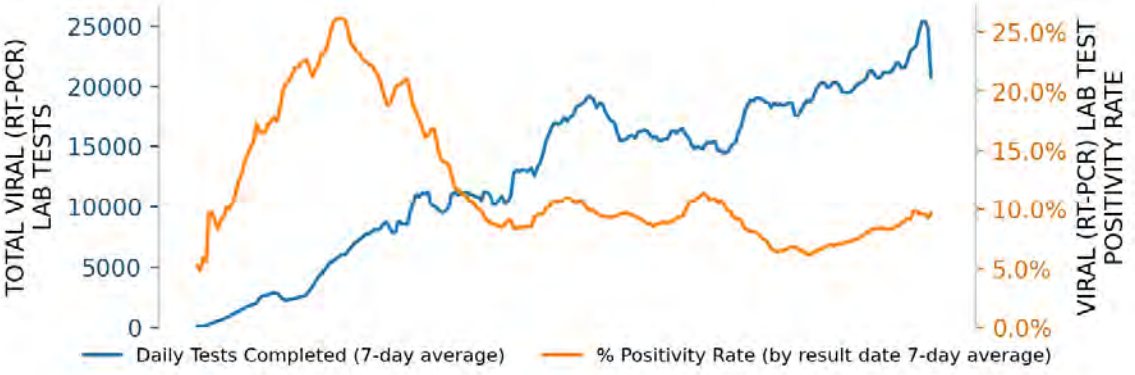
VIRGINIA

STATE REPORT | 11.22.2020

NEW CASES

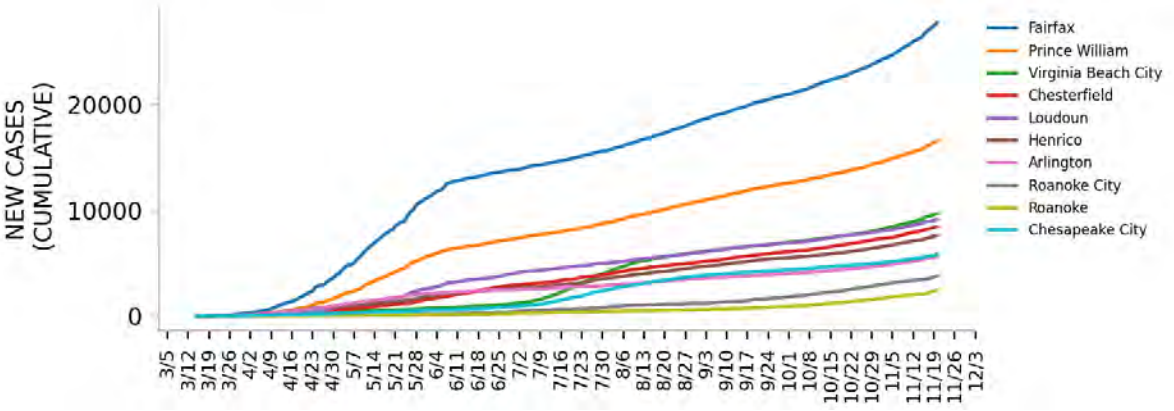


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



DATA SOURCES – Additional data details available under METHODS

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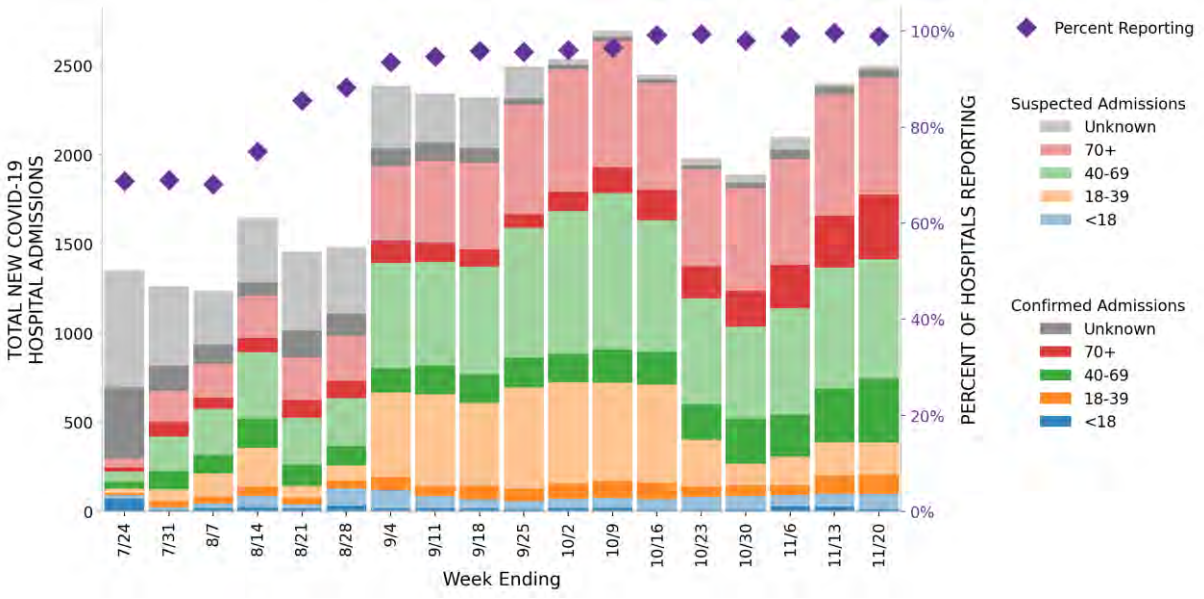
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

VIRGINIA

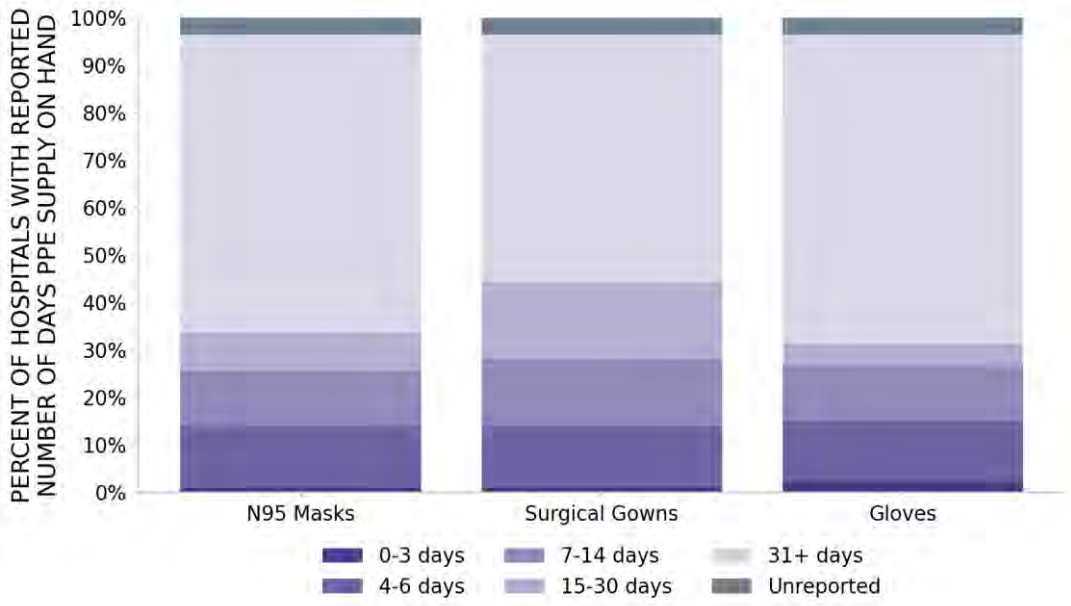
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

VIRGINIA

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**8** ▲ (+3)	Roanoke Lynchburg Kingsport-Bristol Winchester Staunton Danville Big Stone Gap Martinsville	**59** ▲ (+20)	Fairfax Prince William Chesterfield Loudoun Arlington Roanoke City Roanoke Chesapeake City Frederick Washington Stafford Culpeper
LOCALITIES IN ORANGE ZONE	**3** ■ (+0)	Washington-Arlington-Alexandria Blacksburg-Christiansburg Bluefield	**13** ▼ (-6)	Virginia Beach City Norfolk City Alexandria City Hanover Spotsylvania Shenandoah Danville City Nottoway Orange Dinwiddie Accomack Rockbridge
LOCALITIES IN YELLOW ZONE	**3** ▼ (-3)	Virginia Beach-Norfolk-Newport News Richmond Harrisonburg	**23** ▼ (-7)	Henrico Montgomery Hampton City Suffolk City Fauquier Harrisonburg City Portsmouth City York Staunton City Isle of Wight Lexington City Page

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

All Red Counties: Fairfax, Prince William, Chesterfield, Loudoun, Arlington, Roanoke City, Roanoke, Chesapeake City, Frederick, Washington, Stafford, Culpeper, Franklin, Wise, Lynchburg City, Bedford, Tazewell, Henry, Rockingham, Augusta, Lee, Botetourt, Smyth, Scott, Campbell, Prince George, Russell, Pittsylvania, Winchester City, Halifax, Pulaski, Carroll, Salem City, Wythe, Bristol City, Alleghany, Warren, Radford City, Manassas City, Martinsville City, Waynesboro City, Amherst, Patrick, Dickenson, Buchanan, Buena Vista City, Giles, Powhatan, Covington City, King George, Appomattox, Galax City, Clarke, Williamsburg City, Floyd, Charlotte, Bland, Craig, Bath

All Orange Counties: Virginia Beach City, Norfolk City, Alexandria City, Hanover, Spotsylvania, Shenandoah, Danville City, Nottoway, Orange, Dinwiddie, Accomack, Rockbridge, Manassas Park City

All Yellow Counties: Henrico, Montgomery, Hampton City, Suffolk City, Fauquier, Harrisonburg City, Portsmouth City, York, Staunton City, Isle of Wight, Lexington City, Page, Mecklenburg, Colonial Heights City, New Kent, King William, Fredericksburg City, Hopewell City, Greene, Charles City, Essex, Lancaster, Nelson

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

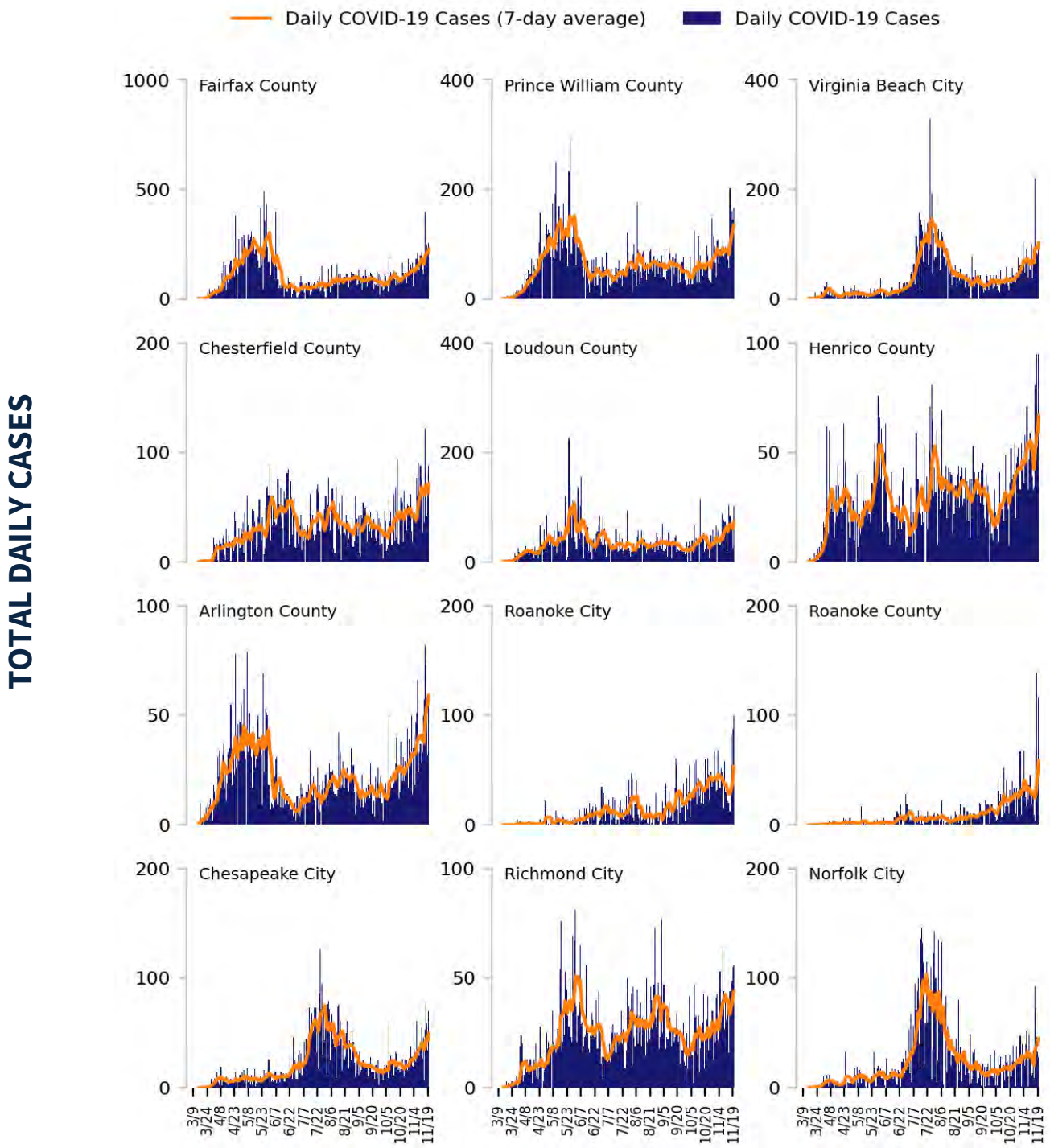
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

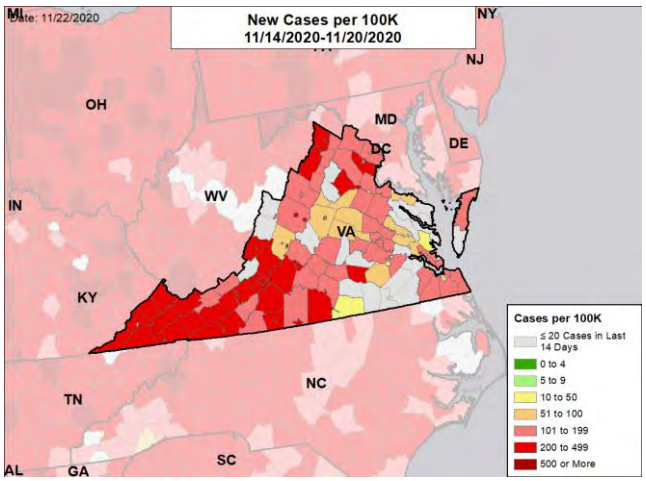
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

VIRGINIA

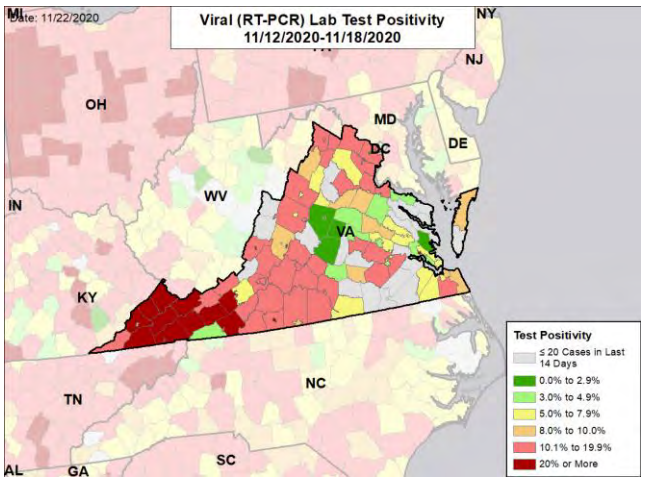
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

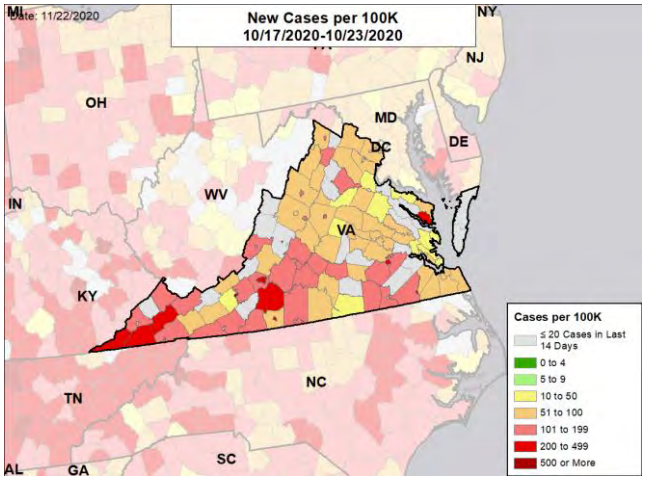
NEW CASES PER 100,000



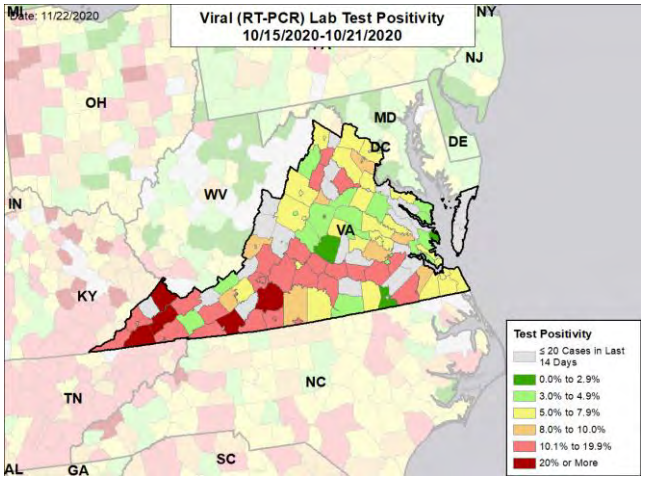
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

WASHINGTON

SUMMARY

- Washington continued to set records for new daily cases. Washington 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. Washington 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.
- Washington has seen an increase in new cases and an increase in test positivity. Cases increased in multiple counties throughout the state. The highest incidences continued to be in a large number of counties in eastern and southeastern Washington. Current hospitalizations are rapidly increasing and, as of Nov. 21, exceeded spring peak levels. Hospitals are making or implementing surge capacity plans.
- 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 51.9% of new cases in Washington.
- 69% of all counties in Washington 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 9 - Nov 15, 14% 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. Outbreaks at 2 long-term care facilities in Snohomish County have resulted in a total of more 230 cases and more than 20 deaths since mid-October.
- Washington had 185 new cases per 100,000 population, compared to a national average of 356 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 49 to support operations activities from FEMA; 3 to support operations activities from ASPR; and 21 to support operations activities from USCG.
- Between Nov 14 - Nov 20, on average, 82 patients with confirmed COVID-19 and 98 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Washington. This is an increase of 37% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- We share the judgement of Washington leaders that the current situation is critical and that greater observance of social distancing and other mitigation measures is needed to limit further increases in cases, hospitalizations, and deaths. The Governor's continued personal communication to the public is crucial and is commended.
- Short term mitigation interventions, including restricting indoor dining and limiting or closing areas of congregation without masking, will be needed, as has been successful in the USA and is currently showing effectiveness in Europe. At this point, the rapid increases in cases and hospitalizations support the need for additional measures. These measures help to control transmission in public settings but have had limited success in preventing spread at private gatherings. Additional measures should be taken, including augmented communications to reinforce messaging around social gatherings throughout the ongoing holiday season and a new asymptomatic surveillance approach to limit community spread.
- These increased mitigation measures are a short-term sacrifice to protect the vulnerable as the U.S. bridges to the rapid vaccination of vulnerable populations over the next few months. Maximizing control of transmission now will also 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 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.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings.
- Given increasing outbreaks and deaths in nursing homes, ensure increased frequency of LTCF testing and rapid implementation of vaccination into LTCFs as vaccine becomes available.
- 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 Washingtonians to wear masks, physically distance, and avoid gatherings in both public and private spaces, especially indoors. Limiting exposure of additional households and vulnerable individuals at Thanksgiving and other holiday functions is critical. 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, and utilize the Abbot BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread.
- Ensure all clinical facilities, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each resource. ensure support for platforms for efficient intra- and inter-state patient transfers as needed.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

WASHINGTON

STATE REPORT | 11.22.2020

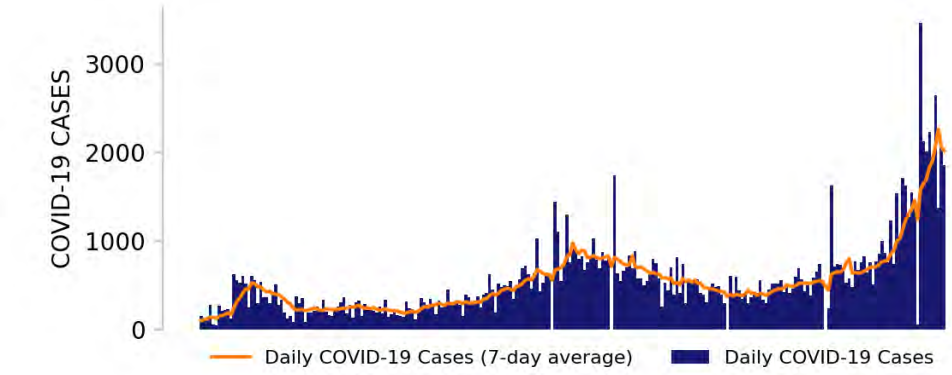
	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	14,114 (185)	+23%	35,419 (247)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.8%	+0.9%*	11.2%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	124,520** (1,635**)	+15%**	343,034** (2,390**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	102 (1.3)	+26%	259 (1.8)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	14%	+4%*	14%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	29%	+4%*	32%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	3%	-1%*	3%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,261 (11)	+37% (+27%)	2,983 (13)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

WASHINGTON

STATE REPORT | 11.22.2020

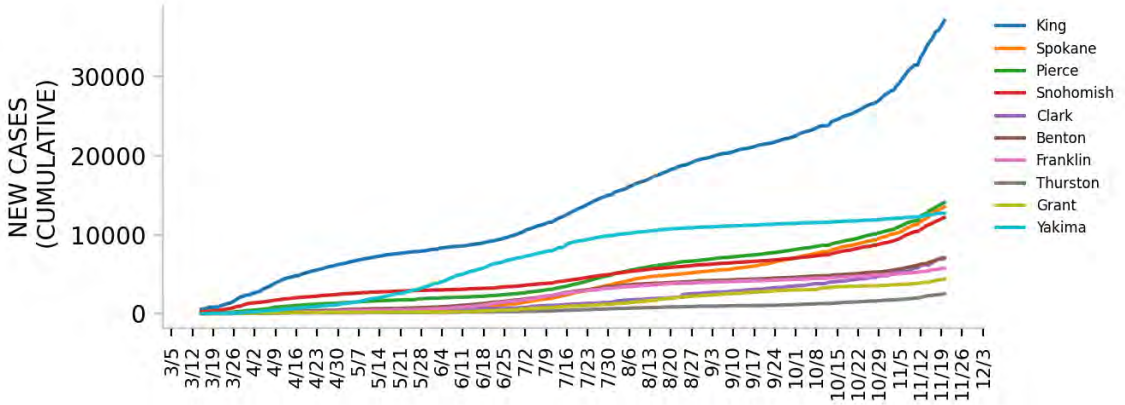
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/20/2020.

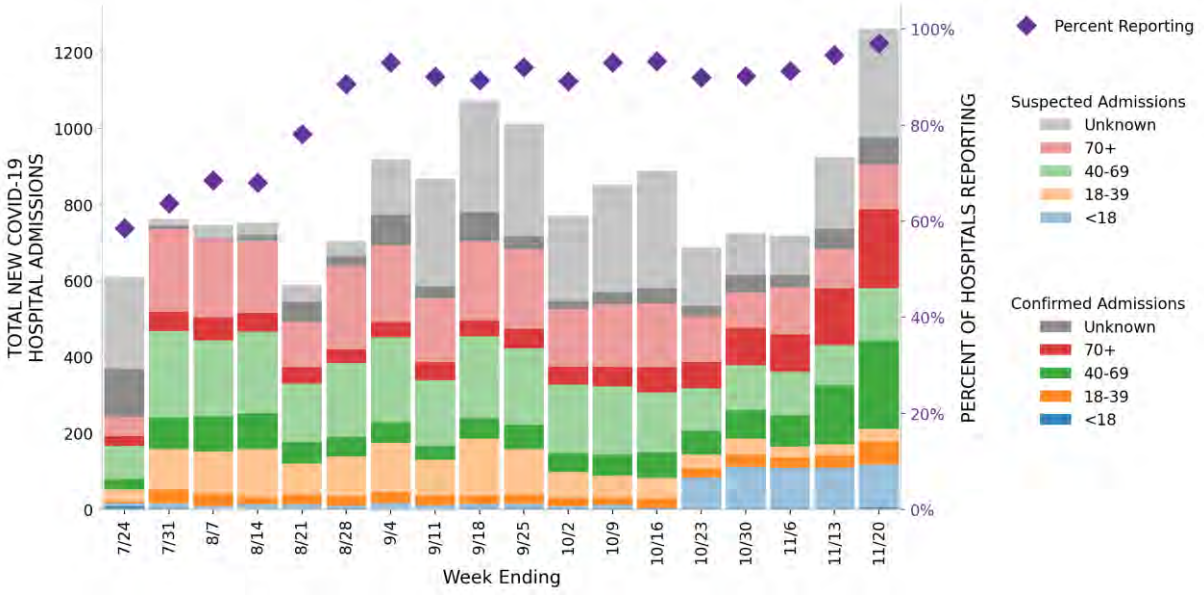
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/18/2020.

WASHINGTON

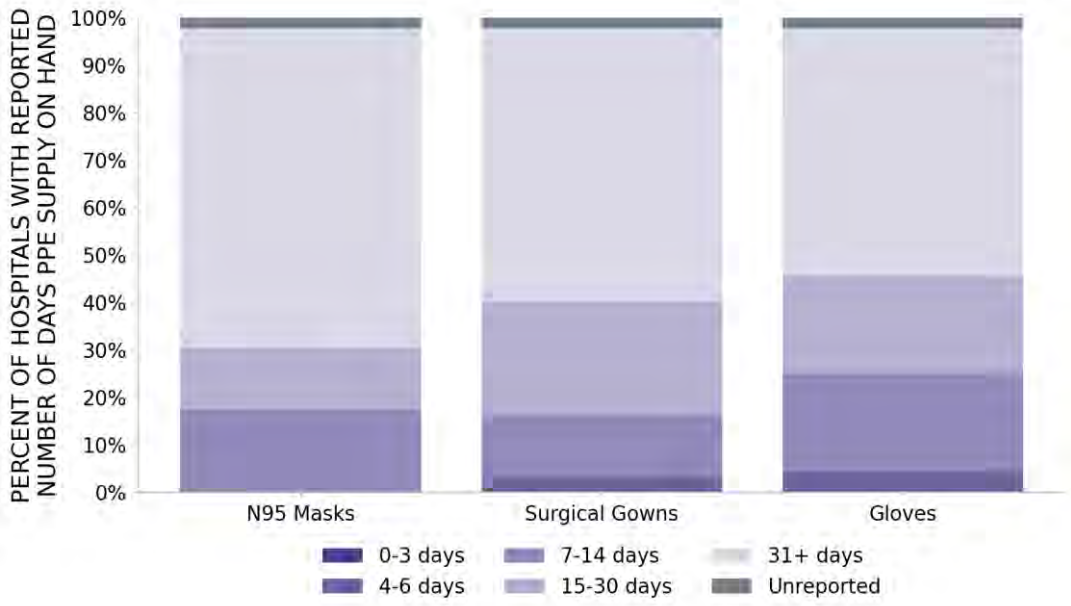
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

WASHINGTON

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**11** ▲ (+3)	Spokane-Spokane Valley Kennewick-Richland Portland-Vancouver-Hillsboro Moses Lake Yakima Walla Walla Wenatchee Pullman Longview Lewiston Ellensburg	**15** ▲ (+6)	Spokane Clark Benton Franklin Grant Yakima Walla Walla Douglas Whitman Cowlitz Asotin Stevens
LOCALITIES IN ORANGE ZONE	**1** ▼ (-1)	Othello	**3** ■ (+0)	Pierce Adams Chelan
LOCALITIES IN YELLOW ZONE	**6** ▼ (-1)	Seattle-Tacoma-Bellevue Olympia-Lacey-Tumwater Mount Vernon-Anacortes Centralia Shelton Port Angeles	**9** ▼ (-2)	King Snohomish Thurston Skagit Lewis Mason Okanogan Clallam Pend Oreille

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

All Red Counties: Spokane, Clark, Benton, Franklin, Grant, Yakima, Walla Walla, Douglas, Whitman, Cowlitz, Asotin, Stevens, Kittitas, Pacific, Lincoln

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

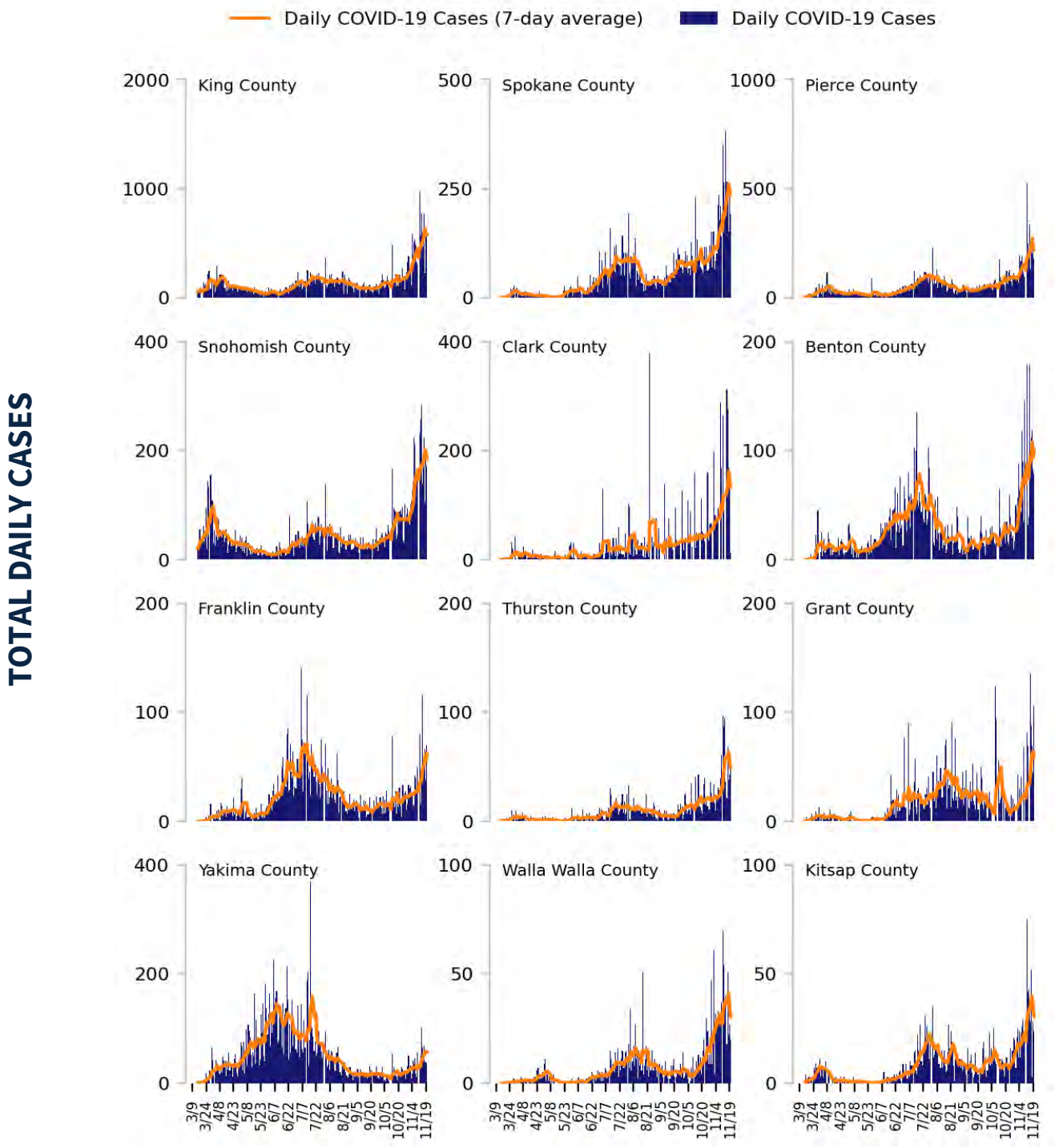
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/20/2020.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

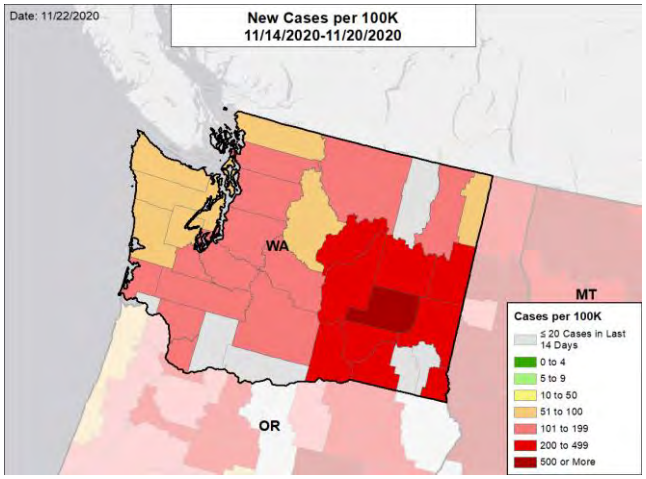
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

WASHINGTON

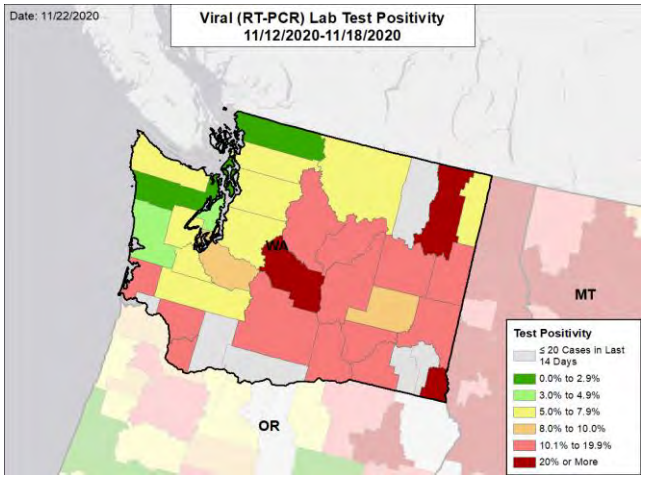
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

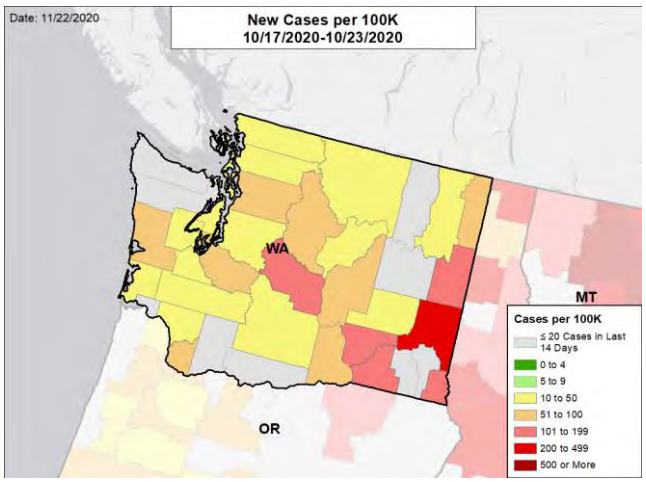
NEW CASES PER 100,000



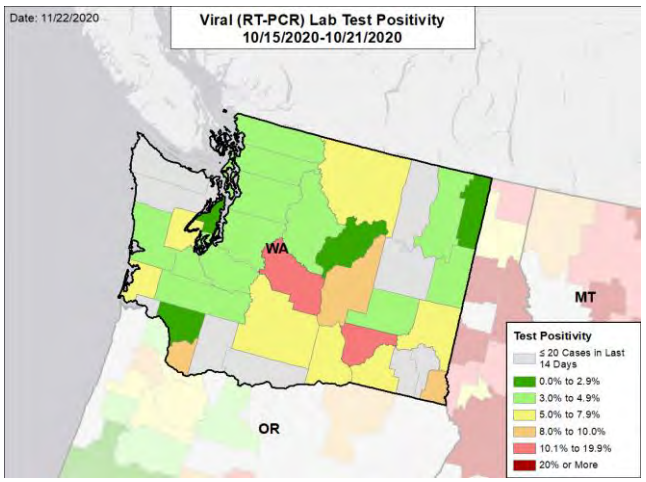
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/18/2020. The week one month before is 10/15 - 10/21.

STATE REPORT
11.22.2020
Issue 23

WEST VIRGINIA

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 orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 40th highest rate in the country.
- West 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. Wood County, 2. Kanawha County, and 3. Cabell County. These counties represent 24.3% of new cases in West Virginia.
- 80% of all counties in West Virginia have moderate or high levels of community transmission (yellow, orange, or red zones), with 25% having high levels of community transmission (red zone).
- During the week of Nov 9 - Nov 15, 14% of nursing homes had at least one new resident COVID-19 case, 29% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- West Virginia had 382 new cases per 100,000 population, compared to a national average of 356 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 7 to support operations activities from FEMA; 6 to support epidemiology activities from CDC; and 29 to support operations activities from USCG.
- Between Nov 14 - Nov 20, on average, 51 patients with confirmed COVID-19 and 47 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in West Virginia. This is an increase of 9% in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- Continue with strong Thanksgiving messaging: 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.
- West Virginians have shown that they can fight the virus; we are confident that they will rise to the occasion again.
- With nearly all counties in the red zone, recent mitigation efforts implemented by the Governor are applauded. Ensure compliance with public health orders, including wearing masks.
- Target antigen testing efforts to find the asymptomatic populations under 35 years old. Incentivize testing to those populations.
- 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.
- Stay vigilant with nursing home staff and residents; nearly 30% of nursing homes have COVID positive staff and over 10% have COVID positive residents, 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.
- New hospital admissions in West Virginia are increasing, especially in those over 40.
- Ensure all hospitals, including mid-level and rural, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all hospitals, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each.
- 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.

COVID-19

WEST VIRGINIA

STATE REPORT | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	6,841 (382)	+50%	81,571 (264)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.0%	+2.0%*	9.6%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	91,853** (5,125**)	+17%**	962,175** (3,118**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	73 (4.1)	-10%	810 (2.6)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	14%	+0%*	18%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	29%	-1%*	39%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	-1%*	6%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	688 (13)	+9% (+9%)	14,160 (20)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.

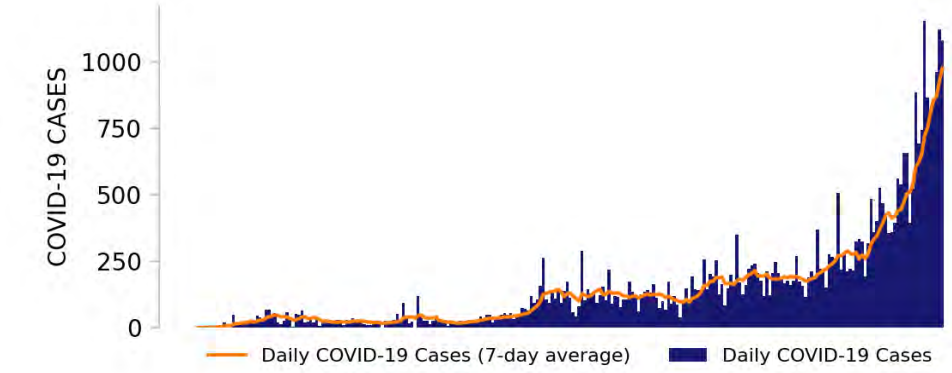
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

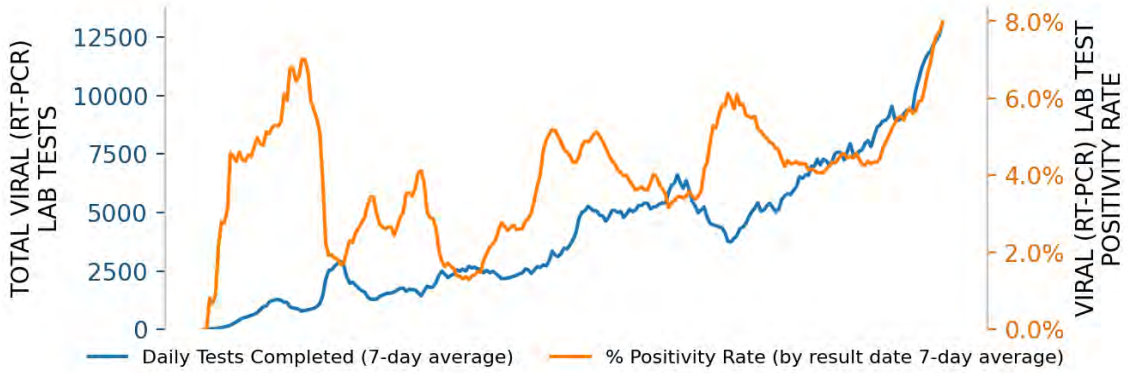
WEST VIRGINIA

STATE REPORT | 11.22.2020

NEW CASES

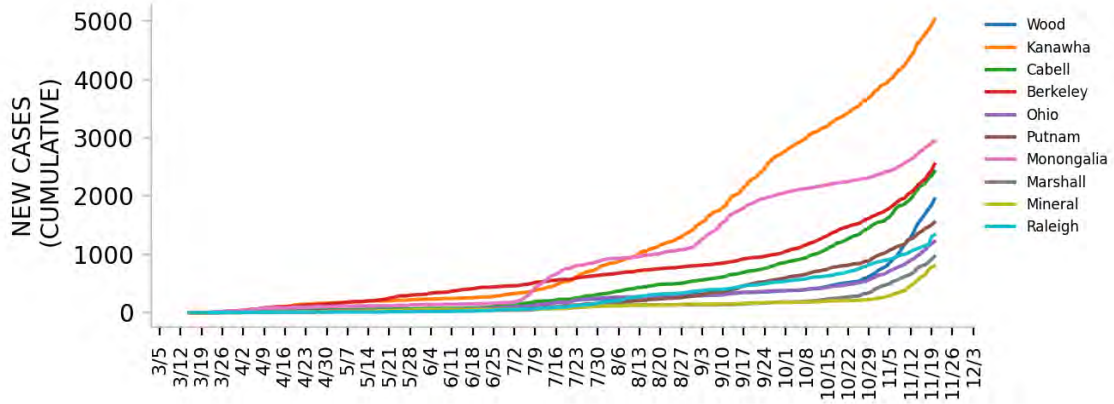


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



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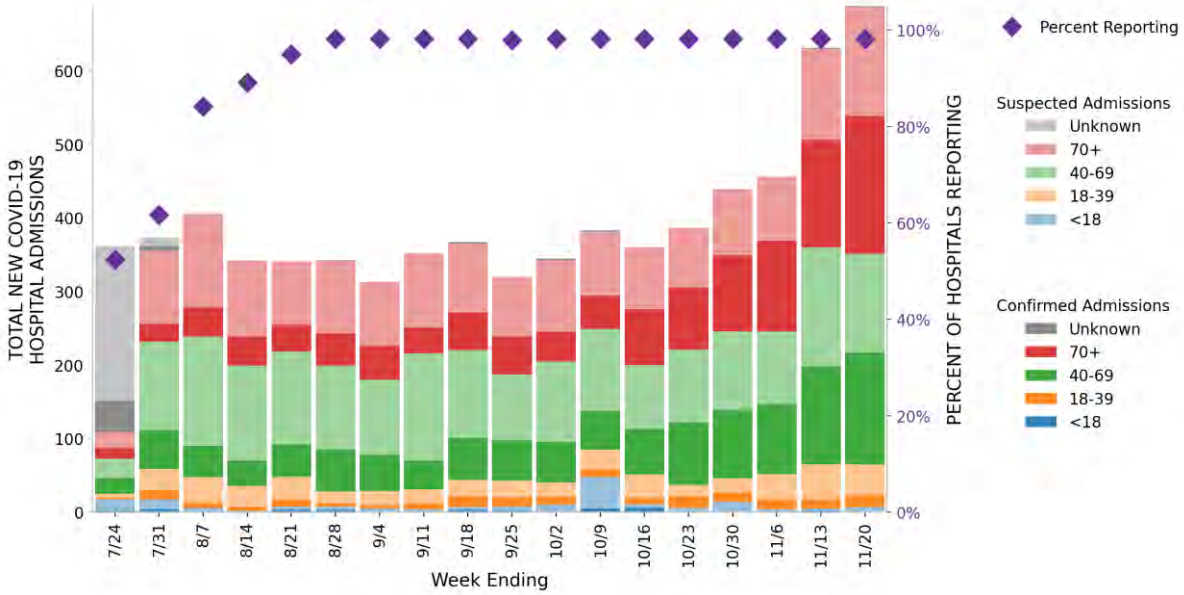
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

WEST VIRGINIA

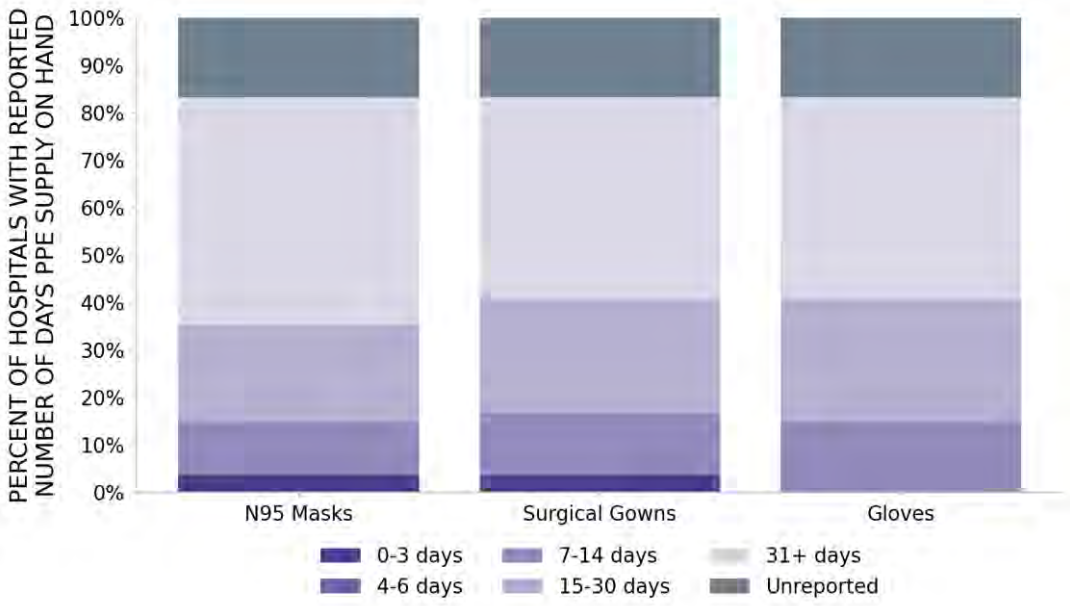
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

WEST VIRGINIA

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**8** ▲ (+4)	Parkersburg-Vienna Wheeling Hagerstown-Martinsburg Cumberland Weirton-Steubenville Mount Gay-Shamrock Point Pleasant Winchester	**14** ▲ (+10)	Wood Berkeley Ohio Marshall Mineral McDowell Mingo Brooke Hancock Jackson Logan Boone
LOCALITIES IN ORANGE ZONE	**2** ▼ (-2)	Washington-Arlington-Alexandria Bluefield	**7** ▲ (+3)	Raleigh Jefferson Wetzel Hardy Morgan Pleasants Pocahontas
LOCALITIES IN YELLOW ZONE	**6** ▲ (+1)	Charleston Huntington-Ashland Morgantown Beckley Clarksburg Fairmont	**23** ▼ (-2)	Kanawha Cabell Putnam Mercer Harrison Wayne Wyoming Marion Fayette Preston Upshur Mason

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

All Red Counties: Wood, Berkeley, Ohio, Marshall, Mineral, McDowell, Mingo, Brooke, Hancock, Jackson, Logan, Boone, Ritchie, Clay

All Yellow Counties: Kanawha, Cabell, Putnam, Mercer, Harrison, Wayne, Wyoming, Marion, Fayette, Preston, Upshur, Mason, Lincoln, Lewis, Summers, Hampshire, Nicholas, Taylor, Tyler, Grant, Monroe, Doddridge, Calhoun

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

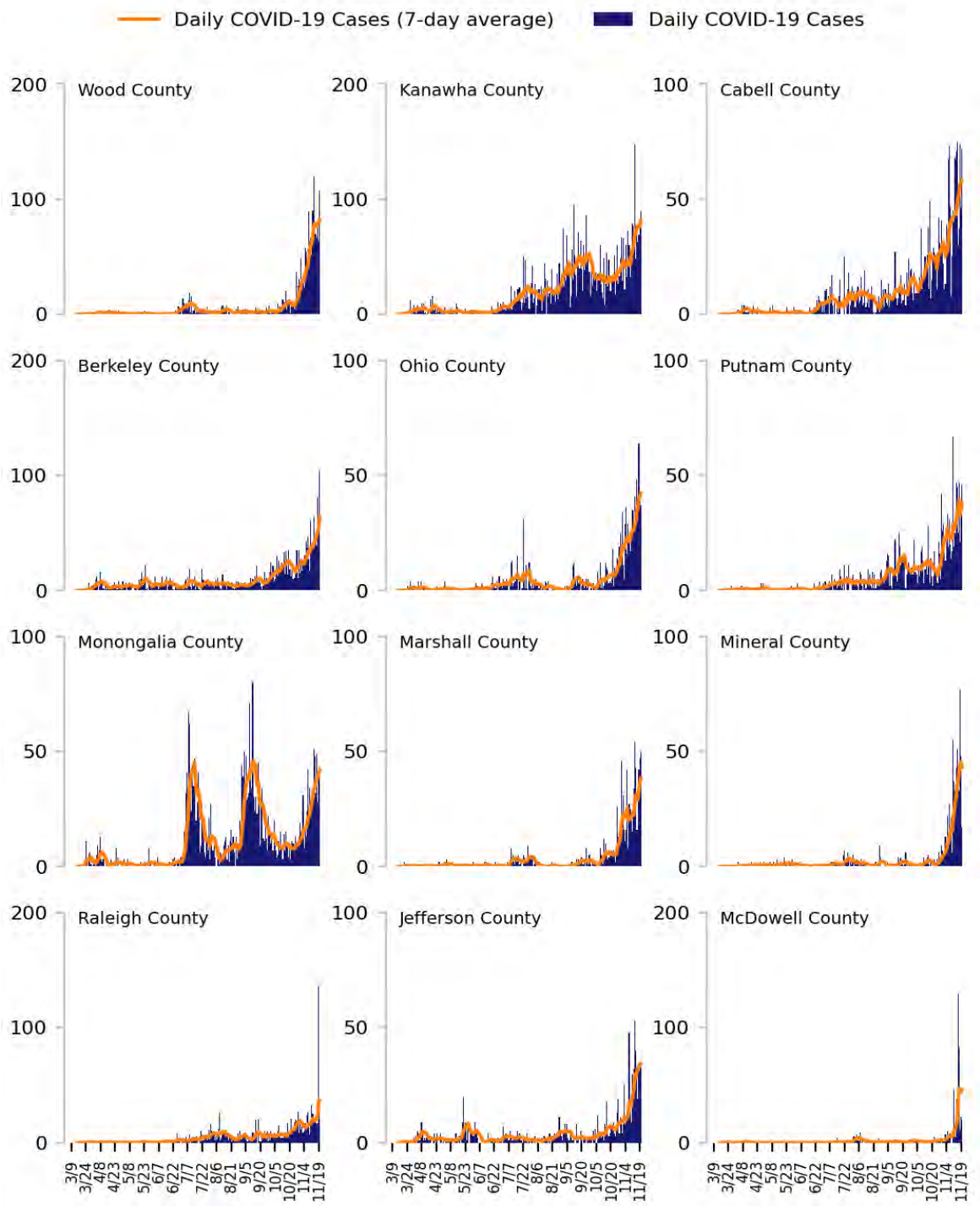
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

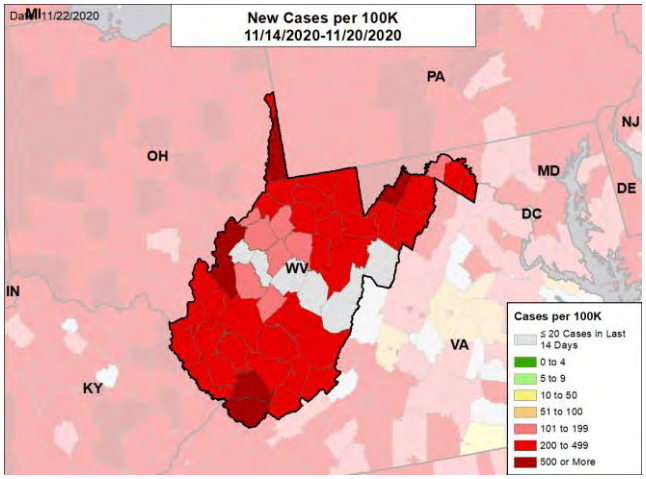
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

WEST VIRGINIA

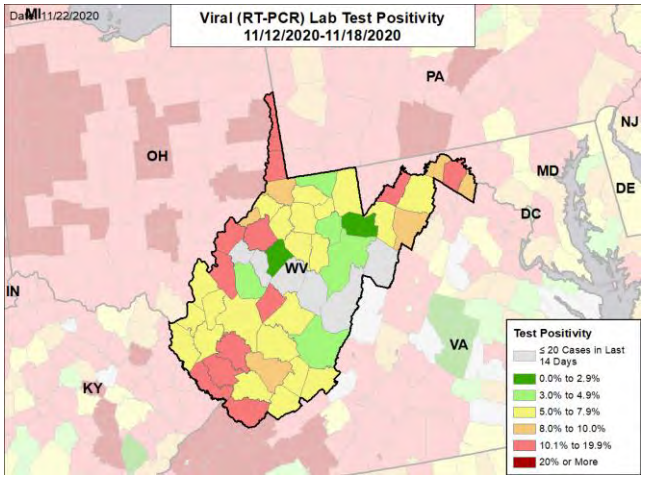
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

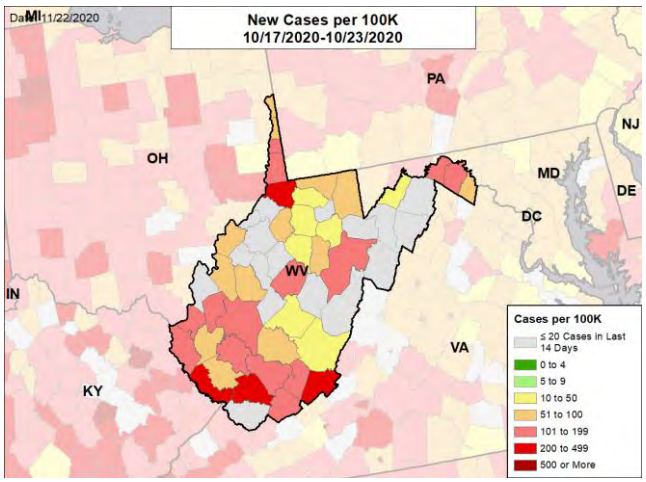
NEW CASES PER 100,000



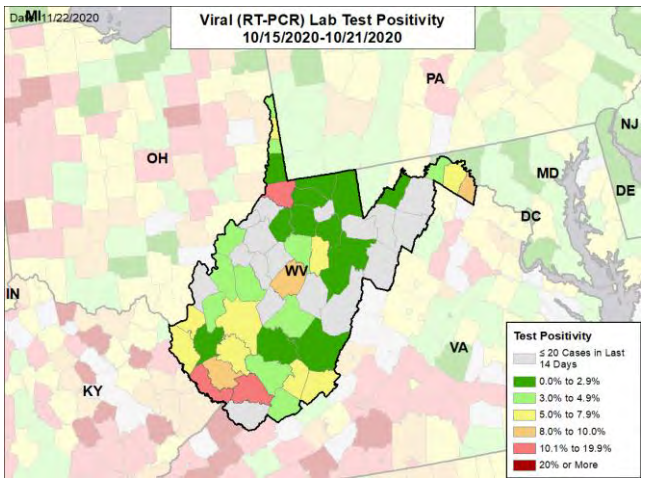
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

WISCONSIN

STATE REPORT
11.22.2020
Issue 23

SUMMARY

- Wisconsin continues to see extraordinarily high rates of cases and test positivity in 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 8th highest rate in the country. Wisconsin is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 15th highest rate in the country.
- Wisconsin has seen stability in new cases and a decrease in test positivity although remaining at high levels with very high testing volumes. The state reported more than 6,700 cases per day last week on average. New hospitalizations stabilized at extremely high levels and deaths continued to increase. Thousands of UW health workers wrote an open letter to Wisconsinites imploring them to adhere to mitigation measures.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Milwaukee County, 2. Waukesha County, and 3. Dane County. These counties represent 29.6% of new cases in Wisconsin.
- The Governor extended the mask mandate until January 2021.
- Intense community virus transmission is seen throughout the state with none of 72 counties reporting less than 100 cases per 100,000 population. Seventeen counties reported more than 1,000 cases per 100,000 population last week, down from twenty the previous week. 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 9 - Nov 15, 38% of nursing homes had at least one new resident COVID-19 case, 72% had at least one new staff COVID-19 case, and 20% had at least one new resident COVID-19 death.
- Wisconsin had 810 new cases per 100,000 population, compared to a national average of 356 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; 59 to support medical activities from ASPR; 8 to support operations activities from ASPR; 4 to support testing activities from CDC; 9 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, in Neenah, WI, and in surrounding towns.
- Between Nov 14 - Nov 20, on average, 483 patients with confirmed COVID-19 and 144 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Wisconsin. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- 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.
- Short term mitigation interventions, including restricting indoor dining and limiting or closing areas of congregation without masking, will be needed, as has been successful in the USA and is currently showing effectiveness in Europe. At this point, the rapid increases in cases, hospitalizations, and deaths throughout the state support the importance of taking additional steps. These increased mitigation measures are a short-term sacrifice to protect the vulnerable as the U.S. bridges to the rapid vaccination of vulnerable populations over the next few months. Maximizing control of transmission now will also 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, 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 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.
- Proactive testing must be part of the mitigation efforts inclusive of universal masking, physical distancing, hand hygiene, and the active promotion of activities in outdoor settings.
- Given increasing outbreaks and deaths in nursing homes, ensure increased frequency of LTCF testing and rapid implementation of vaccination into LTCFs as vaccine becomes available.
- Mitigation measures to limit transmission in personal gatherings need continued strengthening. This needs communication of a clear and shared message asking Wisconsinites to wear masks, physically distance, and avoid gatherings in both public and private spaces, especially indoors. Limiting exposure of additional households and vulnerable individuals at Thanksgiving and other holiday functions is critical. 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, and utilize the Abbot BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread.
- Ensure all clinical facilities, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies, and staffing and are accurately reporting current status of each resource. ensure support for platforms for efficient intra- and inter-state patient transfers as needed.
- Specific, detailed guidance on community mitigation measures can be found on the CDC website.

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

COVID-19

WISCONSIN

STATE REPORT | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	47,167 (810)	-2%	330,352 (629)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	14.7%	-2.9%*	14.2%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	335,335** (5,759**)	+5%**	2,500,165** (4,758**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	381 (6.5)	+20%	2,561 (4.9)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	38%	+4%*	32%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	72%	+1%*	60%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	20%	+6%*	12%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	4,391 (36)	+1% (+0%)	31,487 (26)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.

SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.

Admissions: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions.

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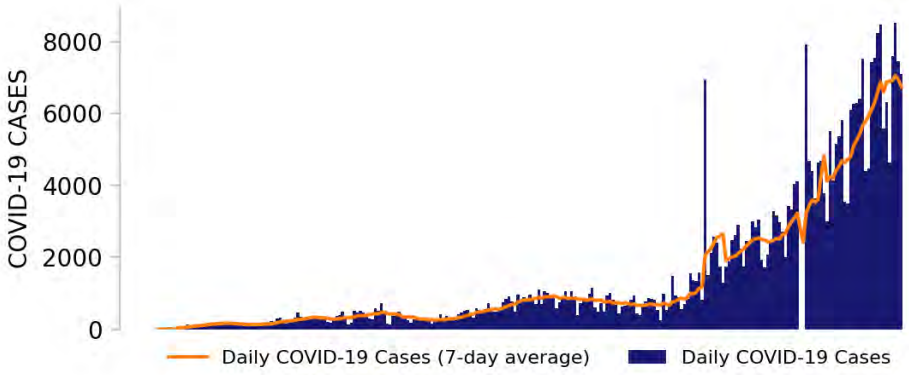
STATE REPORT | 11.22.2020

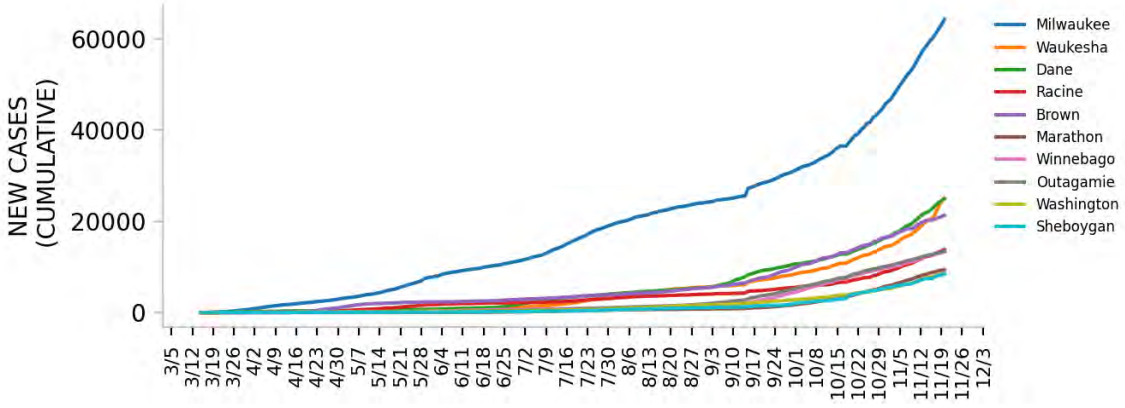
NEW CASES



TESTING

TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



DATA SOURCES – Additional data details available under METHODS

Note: 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 11/20/2020.

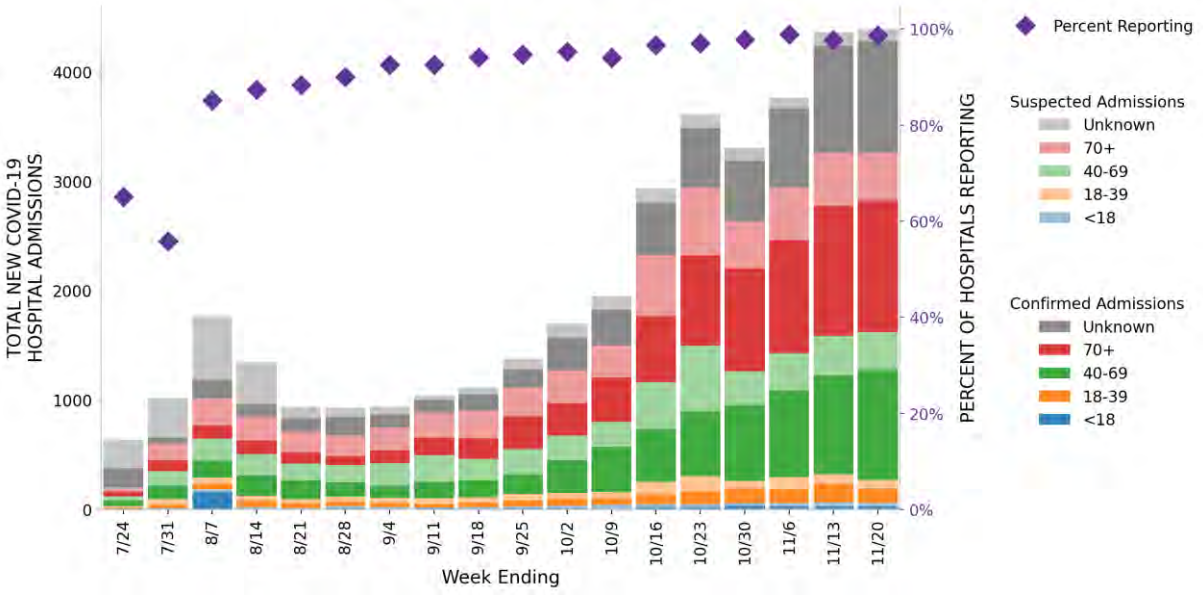
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

WISCONSIN

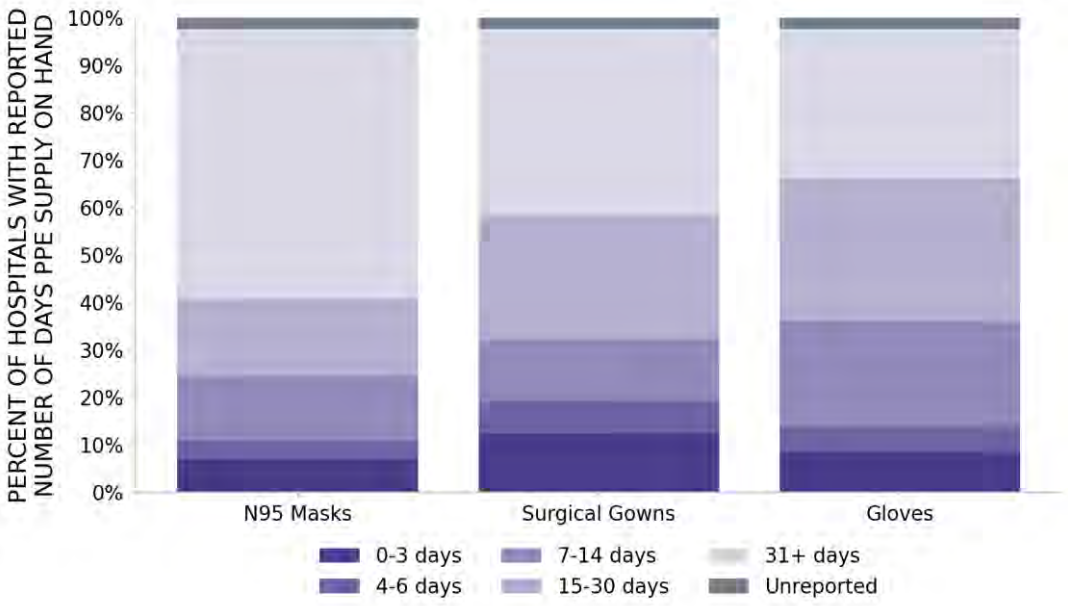
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

WISCONSIN

STATE REPORT | 11.22.2020

COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	**26** ▼ (-1)	Milwaukee-Waukesha Green Bay Eau Claire Racine Wausau-Weston Appleton Oshkosh-Neenah Sheboygan Chicago-Naperville-Elgin Beaver Dam Fond du Lac Minneapolis-St. Paul-Bloomington	**71** ■ (+0)	Milwaukee Waukesha Racine Brown Marathon Winnebago Outagamie Washington Sheboygan Kenosha Eau Claire Dodge
LOCALITIES IN ORANGE ZONE	**1** ▲ (+1)	Madison	**1** ■ (+0)	Dane
LOCALITIES IN YELLOW ZONE	**0** ■ (+0)	N/A	**0** ■ (+0)	N/A

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

All Red CBSAs: Milwaukee-Waukesha, Green Bay, Eau Claire, Racine, Wausau-Weston, Appleton, Oshkosh-Neenah, Sheboygan, Chicago-Naperville-Elgin, Beaver Dam, Fond du Lac, Minneapolis-St. Paul-Bloomington, Janesville-Beloit, La Crosse-Onalaska, Whitewater, Watertown-Fort Atkinson, Wisconsin Rapids-Marshfield, Manitowoc, Stevens Point, Baraboo, Platteville, Shawano, Menomonie, Marinette, Duluth, Iron Mountain

All Red Counties: Milwaukee, Waukesha, Racine, Brown, Marathon, Winnebago, Outagamie, Washington, Sheboygan, Kenosha, Eau Claire, Dodge, Fond du Lac, Rock, La Crosse, Walworth, Chippewa, Jefferson, Ozaukee, Wood, Barron, St. Croix, Manitowoc, Portage, Sauk, Grant, Dunn, Columbia, Polk, Pierce, Calumet, Waupaca, Shawano, Monroe, Clark, Trempealeau, Marinette, Juneau, Jackson, Lincoln, Oconto, Douglas, Oneida, Waushara, Door, Iowa, Taylor, Green, Rusk, Vilas, Lafayette, Crawford, Langlade, Kewaunee, Vernon, Green Lake, Adams, Buffalo, Marquette, Sawyer, Burnett, Bayfield, Washburn, Ashland, Richland, Price, Pepin, Forest, Menominee, Iron, Florence

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

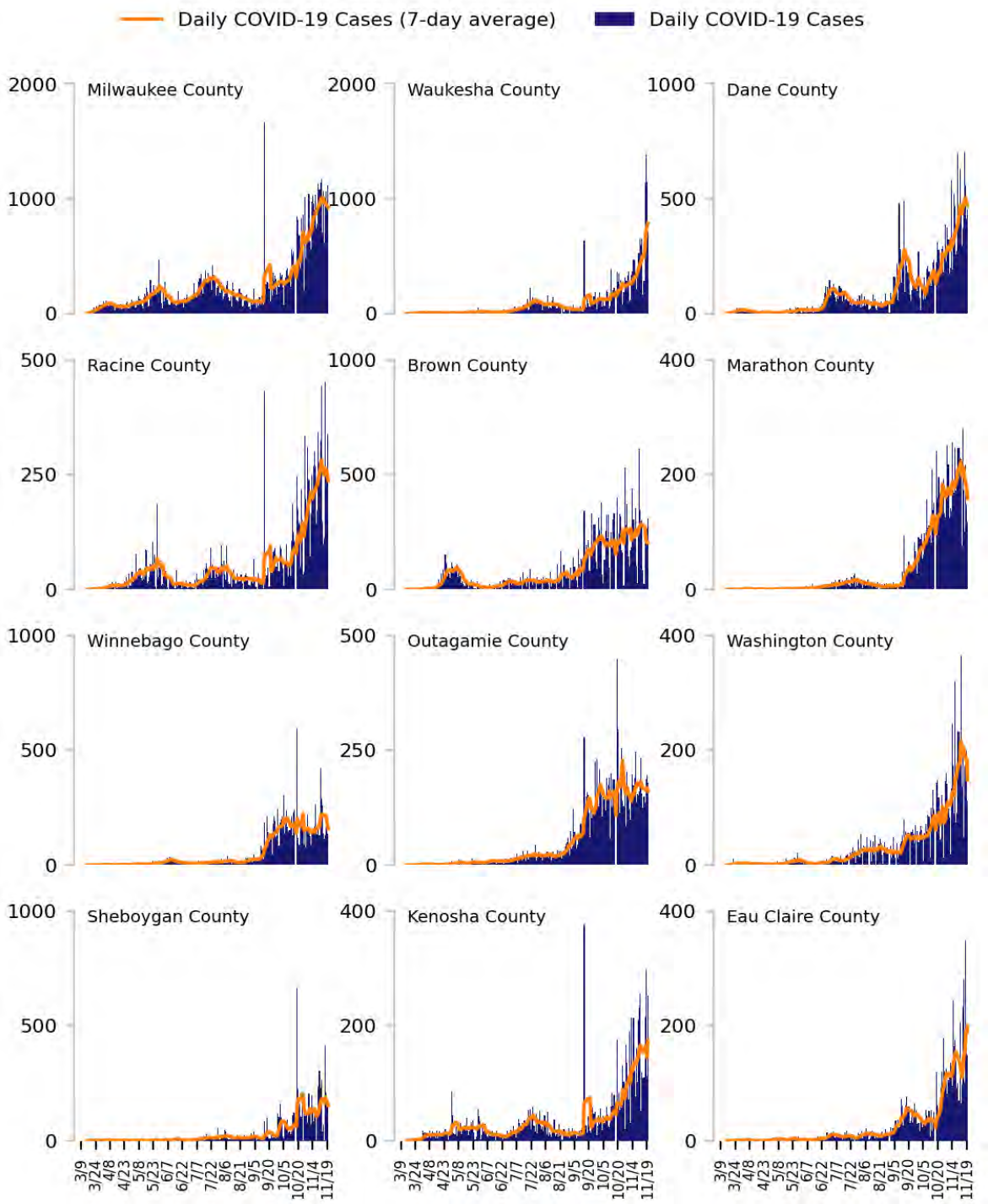
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/20/2020.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

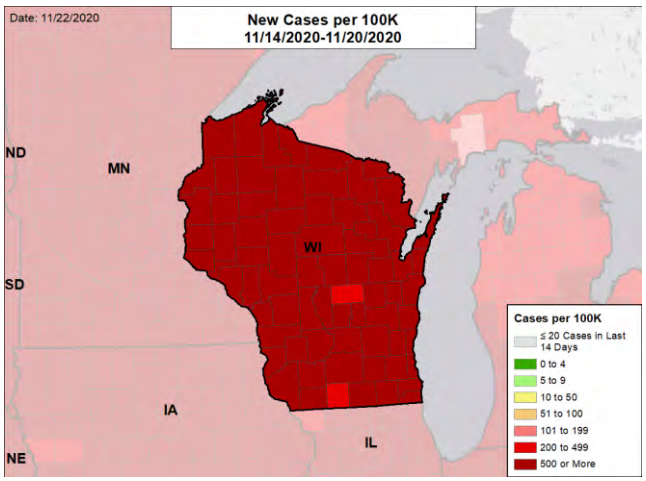
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

WISCONSIN

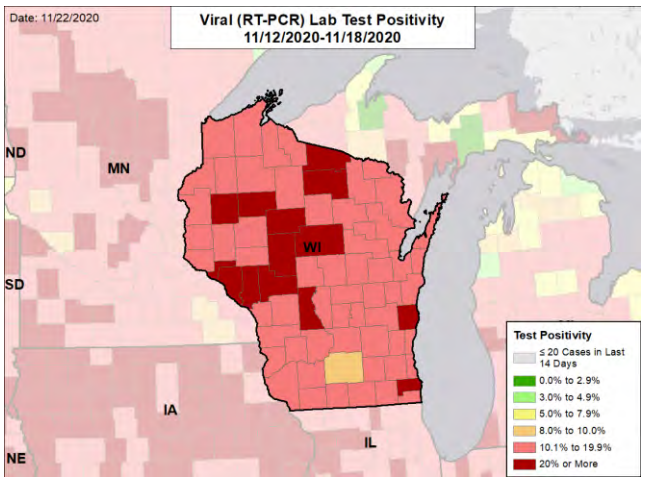
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

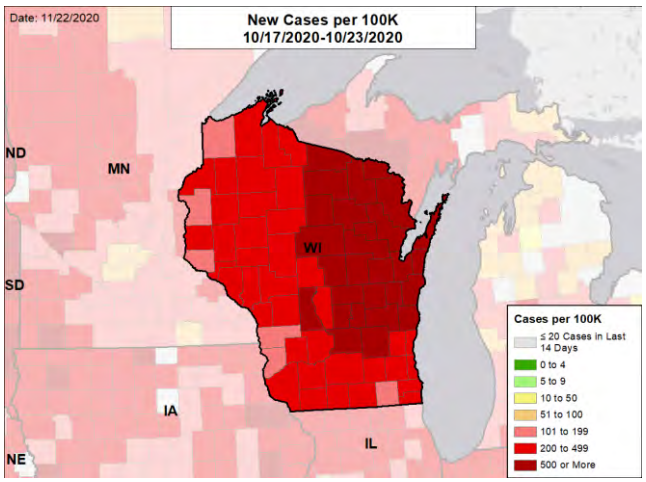
NEW CASES PER 100,000



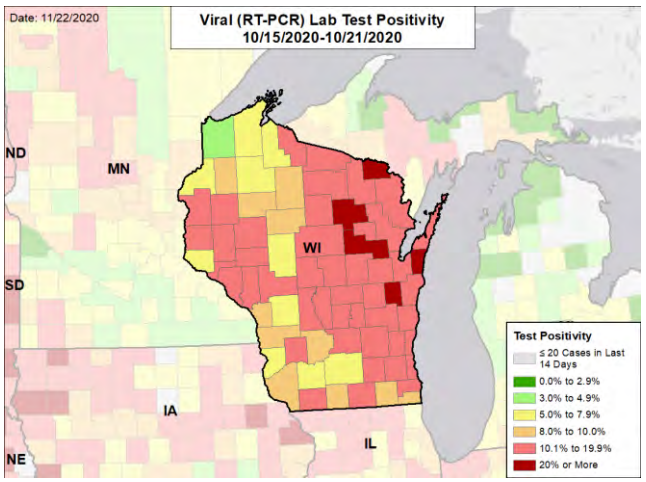
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 11/20/2020. The week one month before is 10/17 - 10/23.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. The week one month before is 10/15 - 10/21.

WYOMING

STATE REPORT
11.22.2020
Issue 23

SUMMARY

- Wyoming 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. Wyoming is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 16th highest rate in the country.
- Wyoming has seen an increase in new cases and an increase in test positivity. Incidence and test positivity increased in 18 counties.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Natrona County, 2. Laramie County, and 3. Fremont County. These counties represent 44.1% of new cases in Wyoming.
- 100% of all counties in Wyoming have moderate or high levels of community transmission (yellow, orange, or red zones), with 87% having high levels of community transmission (red zone).
- During the week of Nov 9 - Nov 15, 22% of nursing homes had at least one new resident COVID-19 case, 53% had at least one new staff COVID-19 case, and 16% had at least one new resident COVID-19 death.
- Wyoming had 1,001 new cases per 100,000 population, compared to a national average of 356 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; 24 to support medical activities from ASPR; and 10 to support operations activities from ASPR.
- Between Nov 14 - Nov 20, on average, 33 patients with confirmed COVID-19 and 23 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Wyoming. This is a minimal change in total COVID-19 hospital admissions.

RECOMMENDATIONS

- Referring to the national profiles in the back of the packet, there is aggressive, rapid, and expanding community spread across the country, reaching over 2,000 counties. In states with aggressive mitigation, we are beginning to see the impact of that mitigation despite the cooling weather. We are also seeing stabilization in many European countries that implemented strong public and private mitigation, but preserved schooling. However, in many areas of the country, mitigation efforts are inadequate or too recently implemented to see a significant impact. All states and all counties must 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 both the identification of asymptomatic and pre-symptomatic individuals. This must be combined with 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 family or friend interactions outside of their immediate household indoors without masks.
- The continued increase in transmission and preventable deaths in Wyoming is deeply concerning, especially given the exceedingly high current incidence and test positivity and anticipated further intensification over the holidays. New gathering restrictions are warranted and commendable but reversing this trend will likely require more intensive restrictions, such as temporary closures of public and retail spaces where transmission is most likely (e.g., bars, restaurants, and gyms).
- There is still an opportunity to prevent a potential increase in transmission around the holidays; all media platforms (conventional and social) should be saturated with public health messaging on the risks of social gatherings, the clear recommendation to avoid such gatherings, the critical need for face coverings and social distancing, and instructions on how to report non-compliance of local businesses and social or religious organizations.
- Use of clinical personnel/first responders from local facilities to convey local messages and plead for adherence to face covering and social distancing has been shown to be effective and should be expanded at the local level.
- Public health messages should appeal to community coherence and responsibility, using champions from different political and cultural belief systems to convey local messages about the importance of mitigation efforts on all media platforms.
- The recent increases in testing are highly commendable, but given the extreme test positivity, further expansion of surveillance and testing is urgently needed and will help curb transmission, as most people who are aware of their infection will isolate.
- All partners, private, public and universities, should be involved in expanding test and surveillance capacity and quantitative wastewater surveillance should be implemented at the most local level feasible to help direct and focus testing campaigns.
- **At the time of testing**, provide written and verbal education with instruction to isolate (and how to isolate) until results are returned and to continue isolation if results are positive.
- Reducing turnaround time of results and timing of contact tracing is critical to interrupt chains of transmission; all testing and contact tracing should be monitored and made more efficient if reporting of results require longer than 48 hours and contact tracing longer than 72 hours after testing.
- Expand contact tracing capacity by focusing the interview, developing scripts and clear algorithms to allow task-shifting to other staff and volunteers, **using automated emails and texting with instructions to isolate and/or quarantine**, and coordinating remote surge capacity from districts or states with lower case rates.
- Ensure all clinical facilities throughout the state, including mid-level and rural facilities, have expansion and contingency plans and up-to-date treatment protocols, including for outpatient management; ensure all facilities, public and private, have maximal access to medications, supplies and staffing, and are accurately reporting current status of each.
- Ensure platforms for efficient intra- and inter-state notification of shortages and opportunities for exchanges of supplies and staffing between all facilities, public and private.
- Ensure aggressive flu vaccine campaigns are underway.
- Document diligent adherence to CDC recommendations for schools with in-person activities, including use of face coverings for all students and teachers.
- Continued transmission and consequent deaths in nursing homes are a preventable tragedy; ensure that all facilities are testing all staff at least weekly with rapid tests and staff are not permitted to work without a recent negative test or clearance from isolation. Restrict visitation and ensure that all facilities are fully adherent to 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

WYOMING

STATE REPORT | 11.22.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	5,795 (1,001)	+17%	92,215 (752)	1,169,615 (356)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	14.4%	+2.4%*	15.7%	10.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	35,242** (6,089**)	-5%**	534,526** (4,360**)	10,032,677** (3,057**)
COVID-19 DEATHS (RATE PER 100,000)	44 (7.6)	+91%	735 (6.0)	9,981 (3.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	22%	-7%*	31%	22%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	53%	-6%*	59%	43%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	16%	-2%*	13%	7%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	392 (30)	+0% (+4%)	5,793 (24)	136,015 (19)

* 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 11/20/2020; previous week is 11/7 - 11/13.
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020. Previous week is 11/5 - 11/11.
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/15/2020, previous week is 11/2-11/8. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
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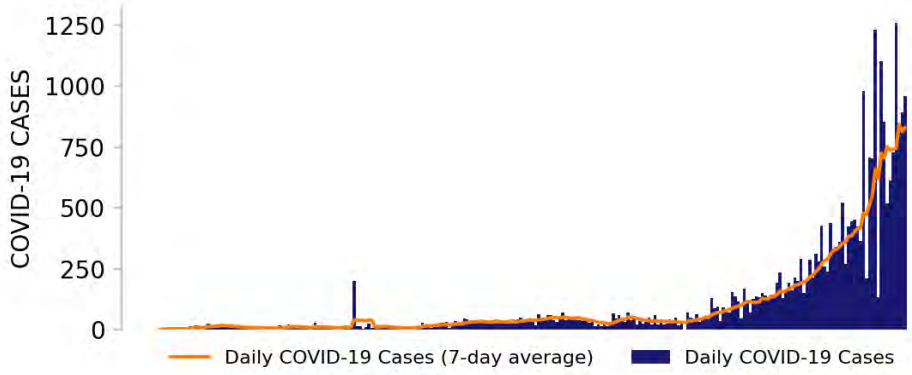
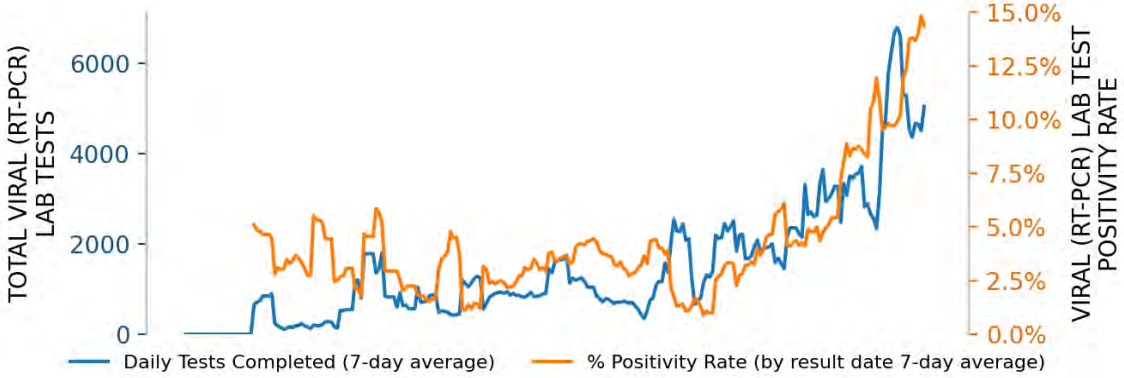
WYOMING

STATE REPORT | 11.22.2020

NEW CASES

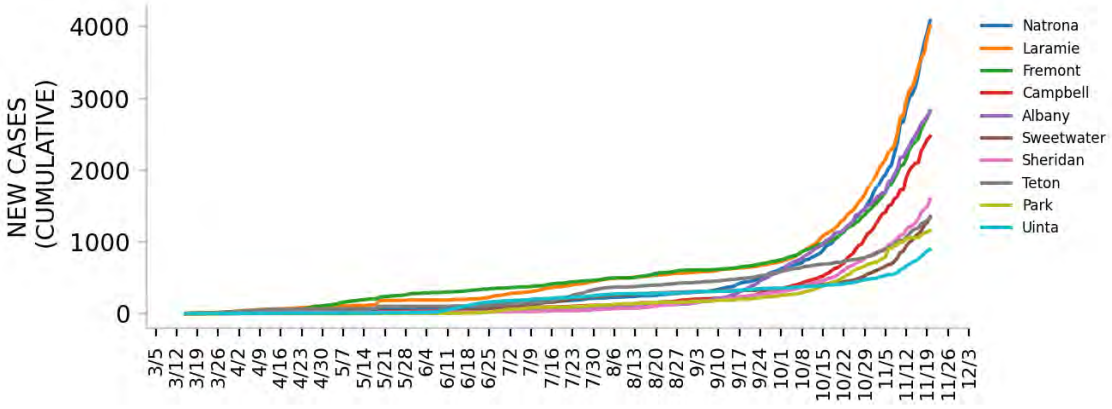


TESTING



TOP COUNTIES

Top counties based on greatest number of new cases in last three weeks (10/31 - 11/20)



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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 11/20/2020.

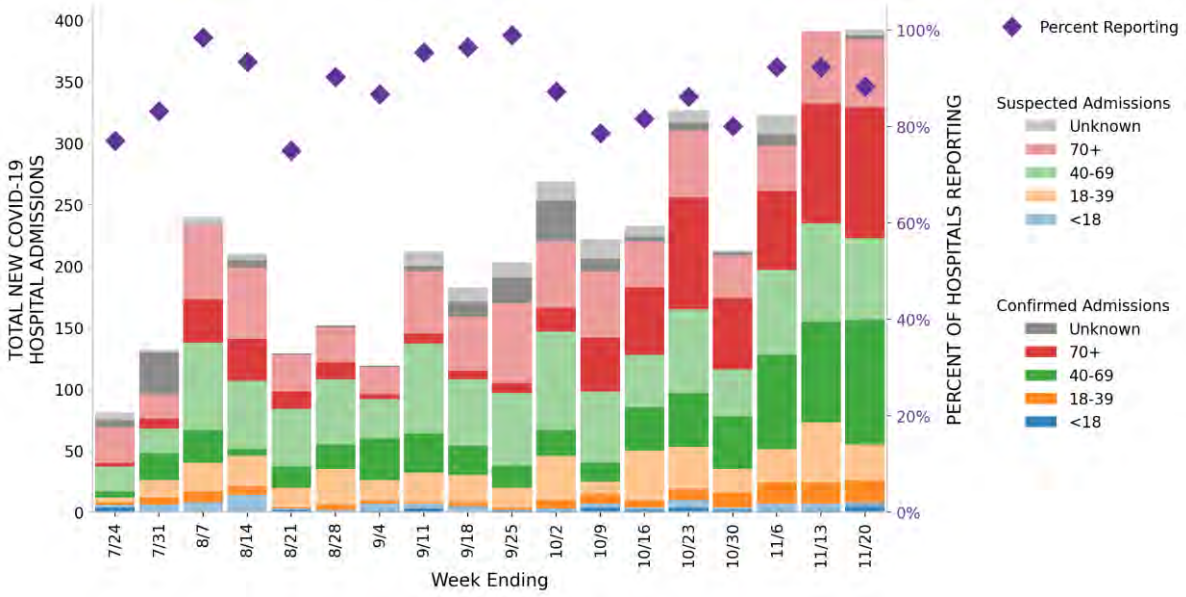
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/18/2020.

WYOMING

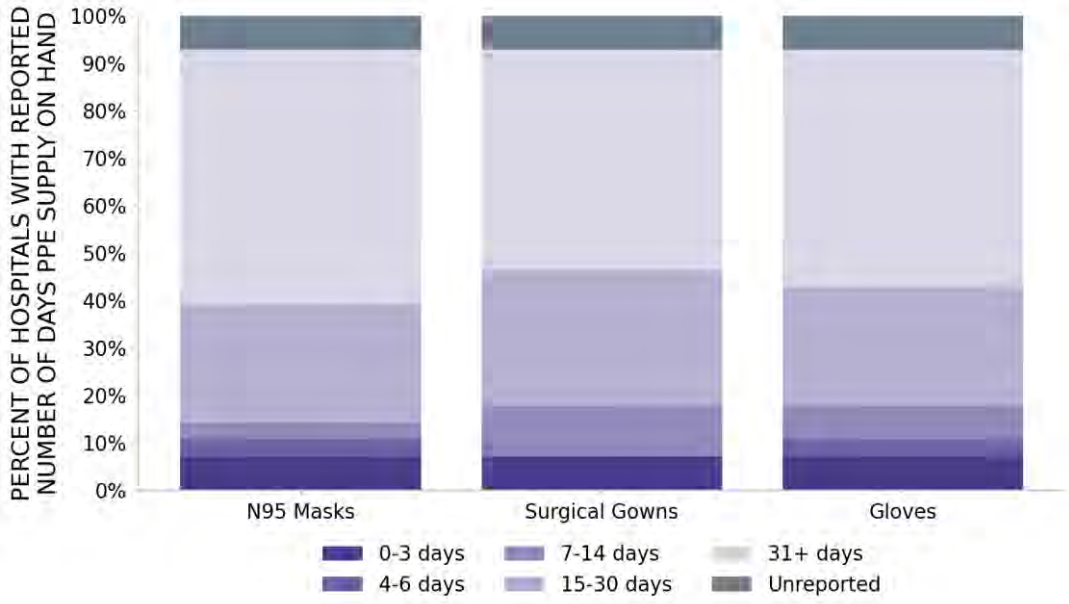
STATE REPORT | 11.22.2020

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. 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. 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 11/18/2020.

WYOMING

STATE REPORT | 11.22.2020

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 Riverton Laramie Rock Springs Sheridan Jackson Evanston	**20** ▲ (+1)	Natrona Laramie Fremont Campbell Albany Sweetwater Sheridan Teton Uinta Goshen Carbon Lincoln
LOCALITIES IN ORANGE ZONE	**0** ■ (+0)	N/A	**2** ▲ (+2)	Big Horn Washakie
LOCALITIES IN YELLOW ZONE	**0** ■ (+0)	N/A	**1** ▼ (-1)	Park

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

All Red Counties: Natrona, Laramie, Fremont, Campbell, Albany, Sweetwater, Sheridan, Teton, Uinta, Goshen, Carbon, Lincoln, Converse, Weston, Sublette, Crook, Platte, Johnson, Niobrara, Hot Springs

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

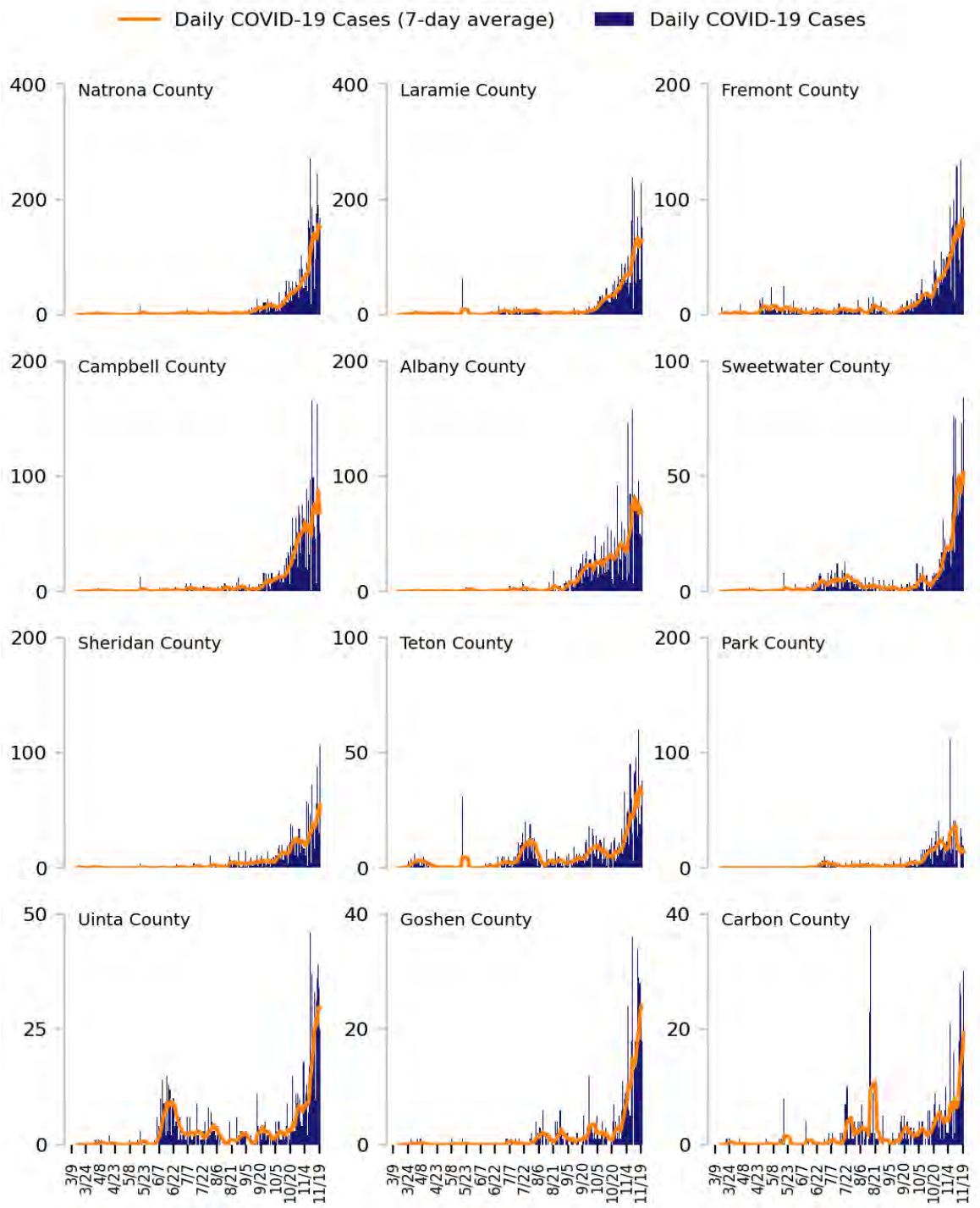
Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

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 11/20/2020.

Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/18/2020.

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



DATA SOURCES – Additional data details available under METHODS

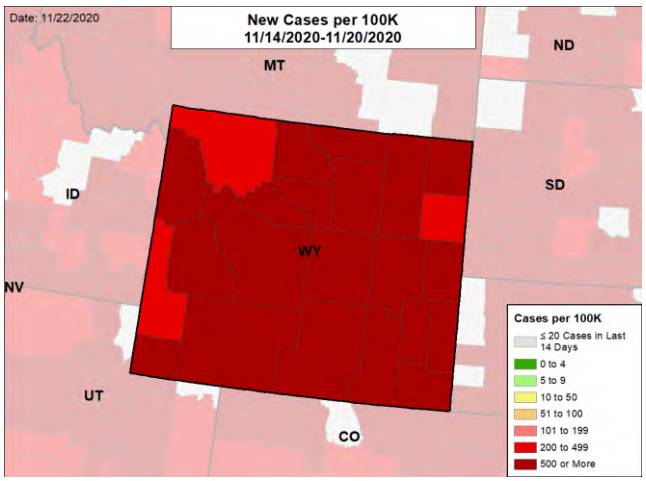
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/20/2020. Last 3 weeks is 10/31 - 11/20.

WYOMING

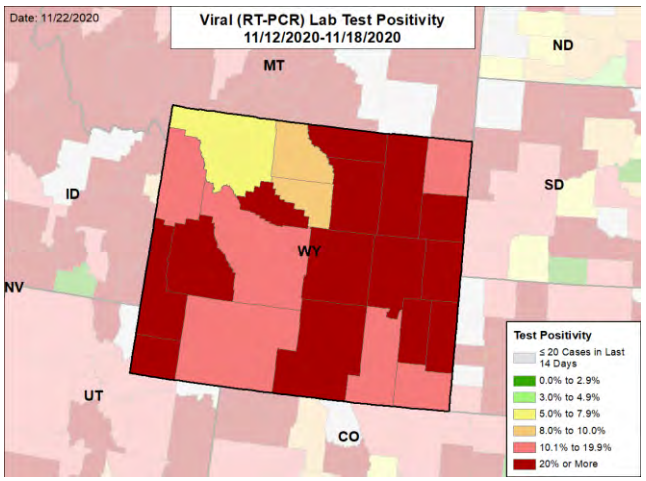
STATE REPORT | 11.22.2020

CASE RATES AND VIRAL LAB TEST POSITIVITY

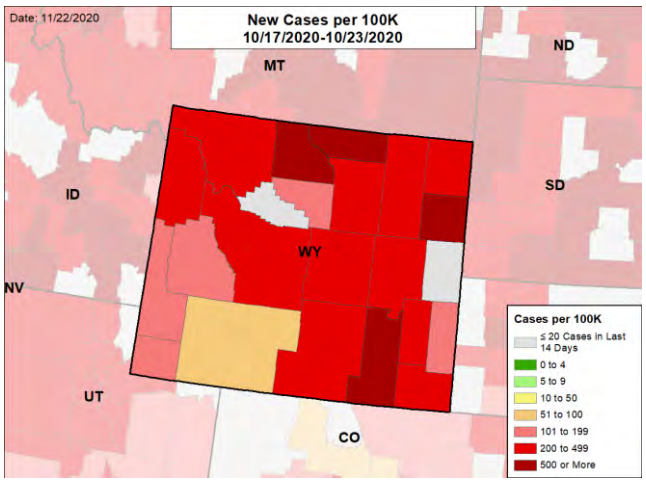
NEW CASES PER 100,000



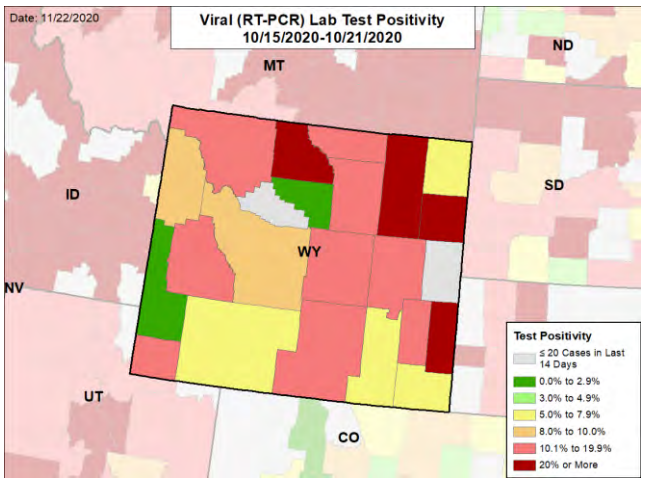
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



NEW CASES PER 100,000 ONE MONTH BEFORE



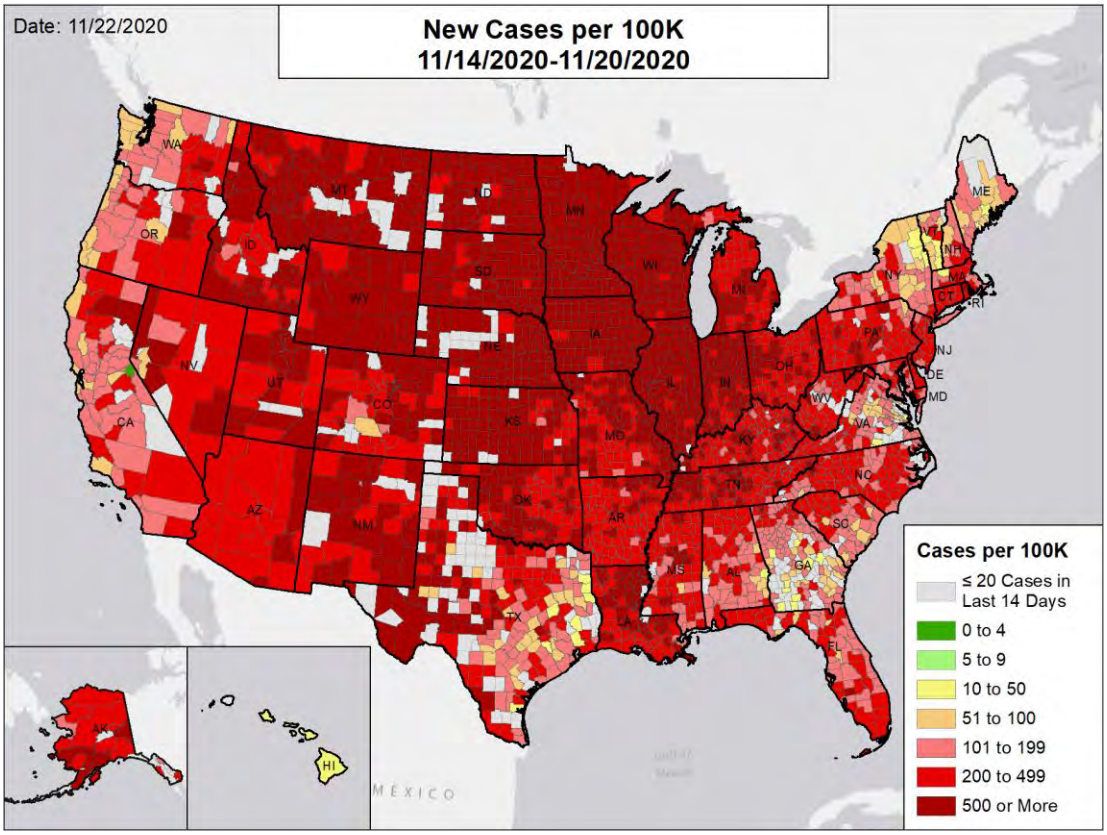
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE



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 11/20/2020. The week one month before is 10/17 - 10/23.
Testing: HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 11/18/2020. The week one month before is 10/15 - 10/21.

National Picture

NEW CASES PER 100,000



NATIONAL RANKING OF NEW CASES PER 100,000

National Rank	State
1	ND
2	WY
3	SD
4	MN
5	IA
6	NE
7	MT
8	WI
9	UT
10	NM
11	IN
12	KS
13	IL
14	RI
15	CO
16	AK
17	ID
18	MO
19	MI
20	OK
21	LA
22	TN
23	OH
24	KY
25	NV
26	AR
27	WV
28	CT
29	PA
30	AZ
31	NJ
32	DE
33	MS
34	TX
35	MA
36	MD
37	FL
38	AL
39	NC
40	SC
41	NH
42	CA
43	WA
44	NY
45	OR
46	VA
47	DC
48	GA
49	VT
50	ME
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

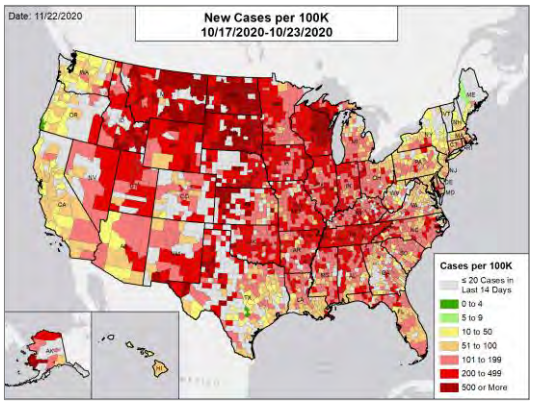
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Cases: County-level data from USAFacts through 11/20/2020.
European community mitigation information sourced from European CDC — Situation Update Worldwide.

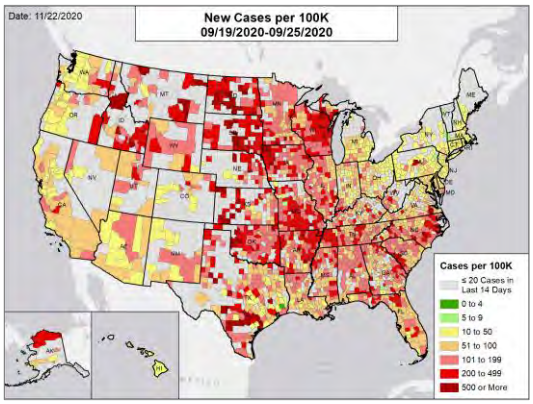
National Picture

NEW CASES PER 100,000 IN THE WEEK:

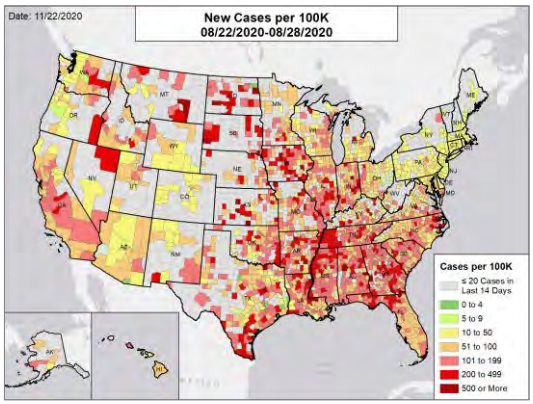
ONE MONTH BEFORE



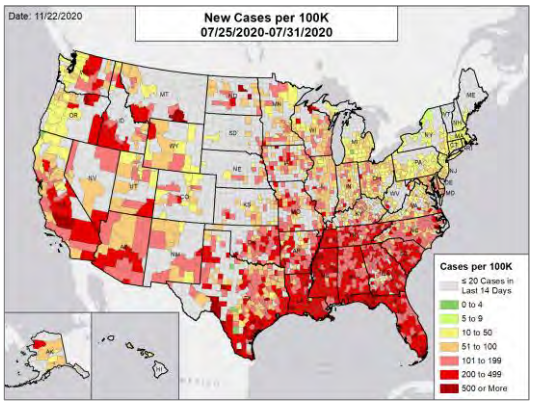
TWO MONTHS BEFORE



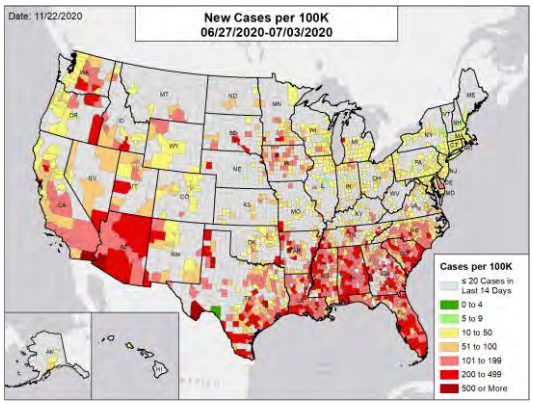
THREE MONTHS BEFORE



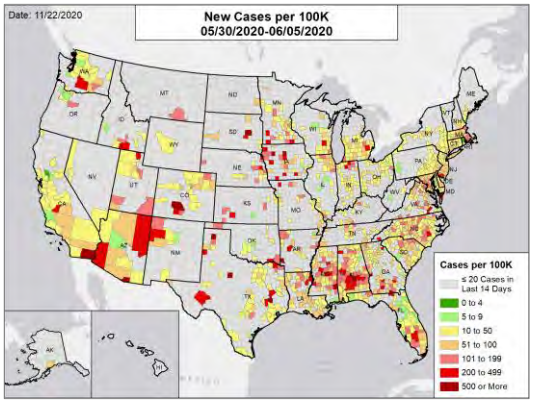
FOUR MONTHS BEFORE



FIVE MONTHS BEFORE



SIX MONTHS BEFORE



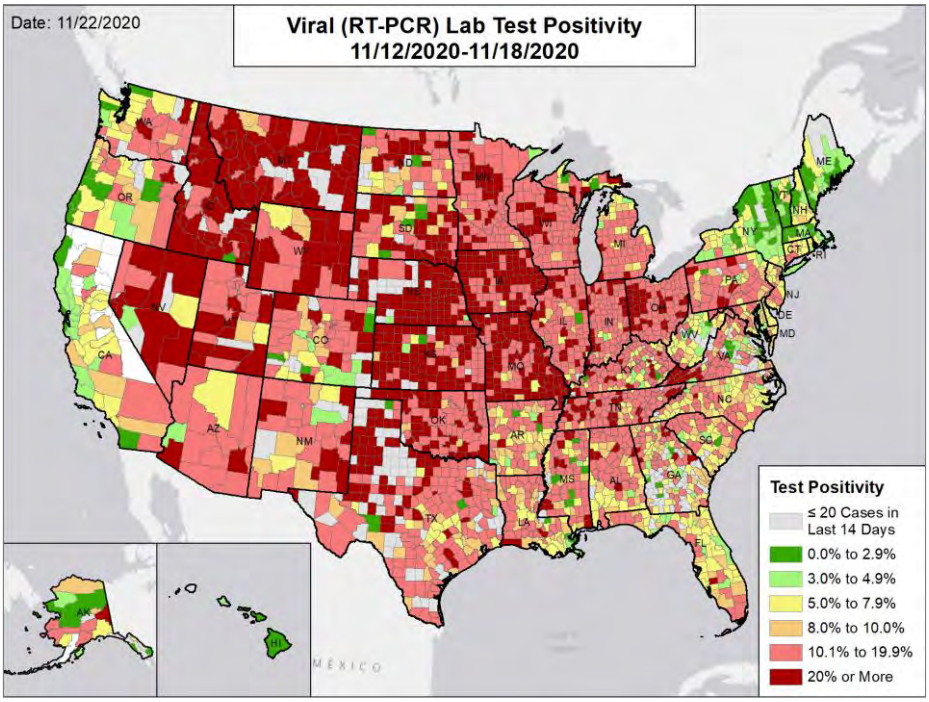
DATA SOURCES

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 11/20/2020. The week one month before is 10/17 - 10/23; the week two months before is 9/19 - 9/25; the week three months before is 8/22 - 8/28; the week four months before is 7/25 - 7/31; the week five months before is 6/27 - 7/3; the week six months before is 5/30 - 6/5.

National Picture

VIRAL (RT-PCR) LAB TEST POSITIVITY



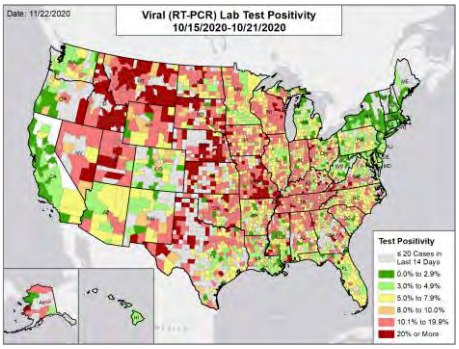
NATIONAL RANKING OF TEST POSITIVITY

National Rank	State
1	MT
2	ID
3	IA
4	KS
5	MO
6	NE
7	OK
8	UT
9	SD
10	NM
11	IN
12	NV
13	TN
14	MN
15	WI
16	WY
17	IL
18	MI
19	ND
20	KY
21	TX
22	CO
23	OH
24	MS
25	AL
26	PA

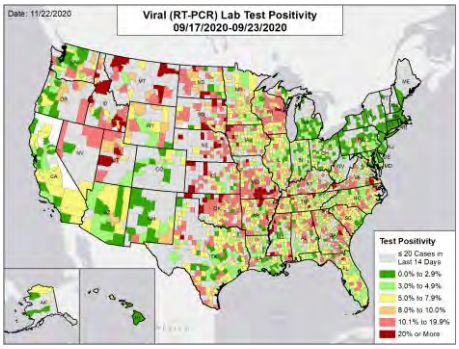
National Rank	State
27	AZ
28	SC
29	AR
30	CT
31	VA
32	NJ
33	MD
34	AK
35	OR
36	NC
37	FL
38	LA
39	GA
40	WV
41	WA
42	NH
43	RI
44	DE
45	CA
46	NY
47	MA
48	ME
49	DC
50	VT
51	HI

VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK:

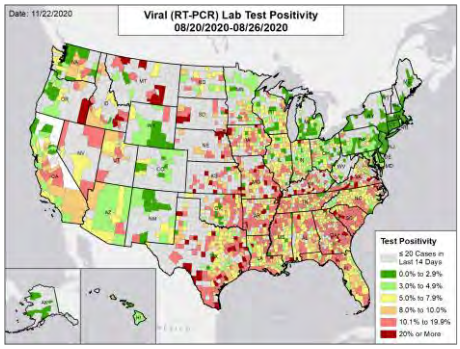
ONE MONTH BEFORE



TWO MONTHS BEFORE



THREE MONTHS BEFORE



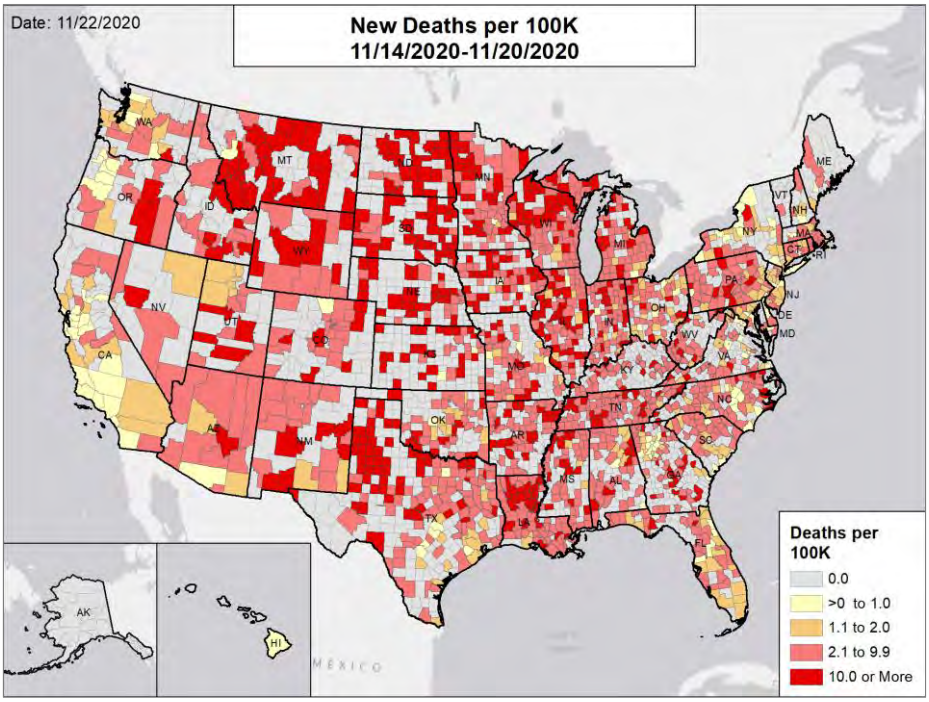
DATA SOURCES

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 11/18/2020. Tthe week one month before is 10/15 - 10/21; the week two months before is 9/17 - 9/23; the week three months before is 8/20 - 8/26.

National Picture

NEW DEATHS PER 100,000



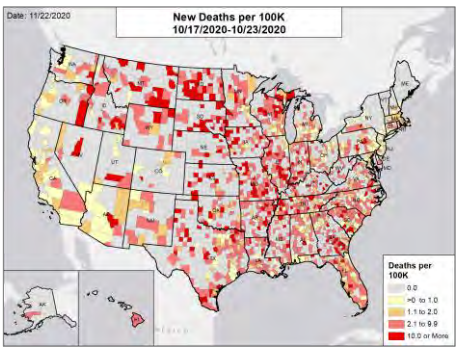
NATIONAL RANKING OF NEW DEATHS PER 100,000

National Rank	State
1	SD
2	ND
3	MT
4	WY
5	LA
6	WI
7	IL
8	NE
9	NM
10	AR
11	IA
12	MN
13	KS
14	ID
15	TN
16	IN
17	MI
18	AL
19	CO
20	MS
21	WV
22	RI
23	PA
24	TX
25	MA
26	MO

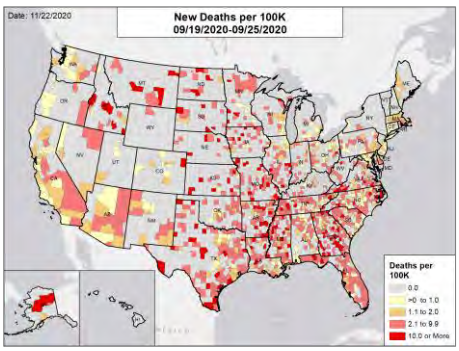
National Rank	State
27	NV
28	OK
29	KY
30	CT
31	SC
32	NC
33	AZ
34	UT
35	OH
36	NJ
37	FL
38	MD
39	GA
40	DC
41	VA
42	OR
43	NY
44	WA
45	DE
46	CA
47	ME
48	NH
49	VT
50	AK
51	HI

NEW DEATHS PER 100,000 IN THE WEEK:

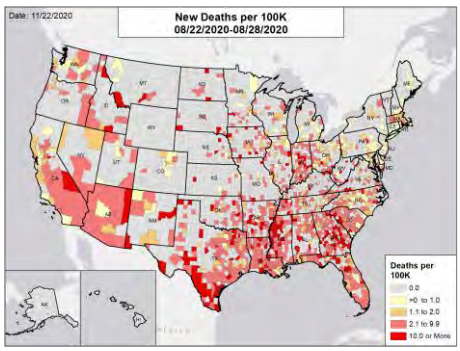
ONE MONTH BEFORE



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 11/20/2020. The week one month before is 10/17 - 10/23; the week two months before is 9/19 - 9/25; the week three months before is 8/22 - 8/28.

METHODS

STATE REPORT | 11.22.2020

Metric	Dark Green	Light Green	Yellow	Orange	Light Red	Red	Dark Red
New cases per 100,000 population per week	≤4	5 – 9	10 – 50	51 – 100	101 – 199	200 – 499	≥500
Percent change in new cases per 100,000 population	≤-26%	-25% – -11%	-10% – 0%	1% – 10%	11% – 99%	100% – 999%	≥1000%
Diagnostic test result positivity rate	≤2.9%	3.0% – 4.9%	5.0% – 7.9%	8.0% – 10.0%	10.1% – 19.9%		≥20.0%
Change in test positivity	≤-2.1%	-2.0% – -0.6%	-0.5% – 0.0%	0.1% – 0.5%	0.6% – 2.0%		≥2.1%
Total diagnostic tests resulted per 100,000 population per week	≥2001	1001 – 2000	750 – 1000	500 – 749	250 – 499		≤249
Percent change in tests per 100,000 population	≥26%	11% – 25%	1% – 10%	-10% – 0%	-25% – -11%		≤-26%
COVID-19 deaths per 100,000 population per week	0.0		0.1 – 1.0	1.1 – 2.0	2.1 – 3.0		≥3.1
Percent change in deaths per 100,000 population	≤-26%	-25% – -11%	-10% – 0%	1% – 10%	11% – 25%		≥26%
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%		
Total new COVID-19 hospital admissions per 100 beds	≤2	3 – 5	6 – 10	11 – 20	21 – 30		≥31
Change in total new COVID-19 hospital admissions per 100 beds	≤-26%	-25% – -11%	-10% – 0%	1% – 10%	11% – 25%		≥26%

- Some dates may have incomplete data due to delays and/or differences in state 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. Figures and values may also differ from state reports due to differing methodologies.
- Color threshold values are rounded before color classification.
- **Cases and deaths:** County-level data from USAFacts as of 19:25 EST on 11/22/2020. State values are calculated by aggregating county-level data from USAFacts. 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 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. Because the data are deidentified, total RT-PCR tests are the number of tests performed, not the number of individuals tested. RT-PCR test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Last week data are from 11/12 to 11/18; previous week data are from 11/5 to 11/11; the week one month before data are from 10/15 to 10/21. HHS Protect data is recent as of 12:03 EST on 11/22/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EST on 11/21/2020.
- **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. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 18:06 EST on 11/22/2020.
- **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. 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 18:25 EST on 11/21/2020.
- **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 11/9-11/15, previous week is 11/2-11/8. 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."