



# ALABAMA

## STATE REPORT

12.13.2020

Issue 26

### SUMMARY

- Alabama 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. Alabama is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 7th highest rate in the country.
- Alabama has seen stability in new cases and stability in test positivity. There is a mixed picture with the stabilization of cases but rising hospitalizations, expansion of red COVID counties, and increasing LTCF staff infections suggest continued community spread.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Jefferson County, 2. Madison County, and 3. Tuscaloosa County. These counties represent 28.8% of new cases in Alabama.
- 100% of all counties in Alabama have moderate or high levels of community transmission (yellow, orange, or red zones), with 81% having high levels of community transmission (red zone).
- During the week of Nov 30 - Dec 6, 29% of nursing homes had at least one new resident COVID-19 case, 59% had at least one new staff COVID-19 case, and 10% had at least one new resident COVID-19 death.
- Alabama had 496 new cases per 100,000 population, compared to a national average of 451 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 Dec 5 - Dec 11, on average, 299 patients with confirmed COVID-19 and 123 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Alabama. This is an increase of 10% in total new COVID-19 hospital admissions.
- Hospitals in rural areas reporting critical staffing shortages, but state is managing.

### RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- New hospital admissions in Alabama continue to increase. Aggressive impact testing of adults under 40 is needed to rapidly identify those who became infected through gatherings before they spread the virus to the more vulnerable individuals, driving another round of increasing hospitalizations and fatalities.
- Ensure all universities returning after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- 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

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	24,338 (496)	+8%	269,312 (403)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	17.2%	-0.4%*	11.7%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	107,116** (2,185**)	+22%**	1,627,814** (2,433**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	251 (5.1)	-3%	2,498 (3.7)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	29%	N/A*†	27%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	59%	N/A*†	48%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	10%	N/A*†	11%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	2,957 (21)	+10% (+10%)	29,232 (19)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	33 (34%)	+3% (+10%*)	163 (18%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	39 (40%)	+4% (+11%*)	215 (23%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

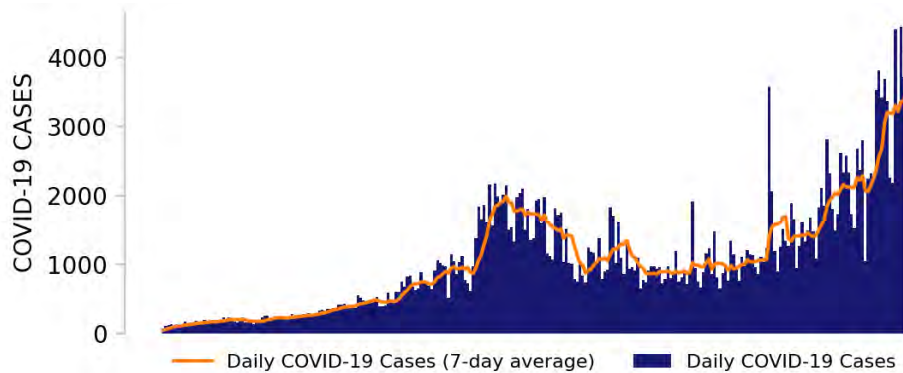
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



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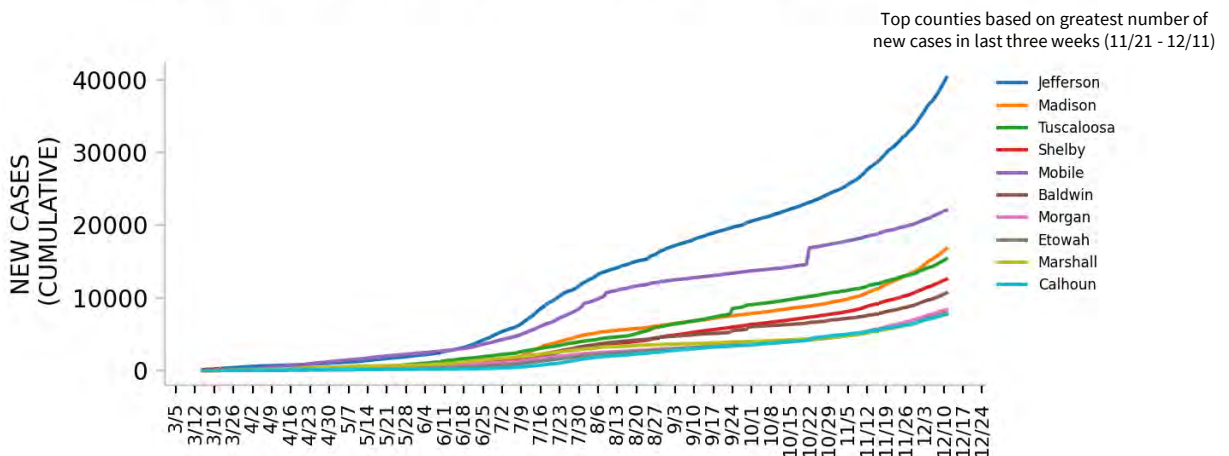
## NEW CASES



## TESTING



## TOP COUNTIES



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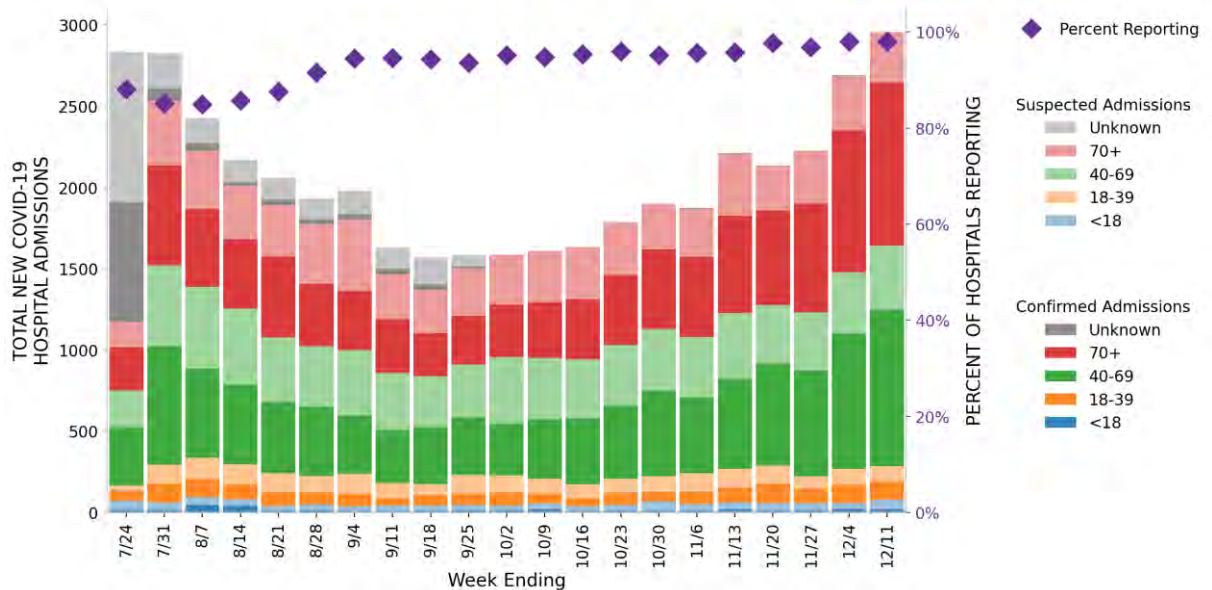


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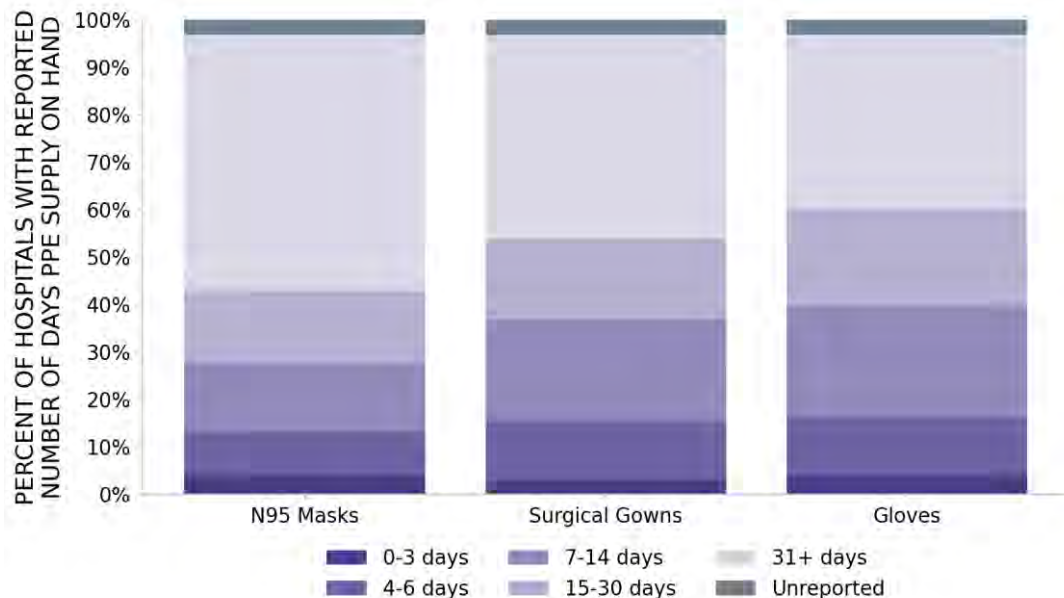
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98 hospitals are expected to report in Alabama

## 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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# ALABAMA

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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	24 ▲ (+3)	Birmingham-Hoover Huntsville Tuscaloosa Montgomery Decatur Daphne-Fairhope-Foley Florence-Muscle Shoals Gadsden Albertville Anniston-Oxford Cullman Scottsboro	54 ▲ (+5)	Jefferson Madison Tuscaloosa Shelby Baldwin Morgan Etowah Marshall Calhoun Montgomery Cullman Jackson
	1 ▼ (-2)	Mobile	8 ▲ (+2)	Mobile Russell Butler Henry Randolph Washington Clay Bullock
	2 ■ (+0)	Troy Eufaula	5 ▼ (-1)	Tallapoosa Pike Barbour Crenshaw Choctaw
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

**All Red CBSAs:** Birmingham-Hoover, Huntsville, Tuscaloosa, Montgomery, Decatur, Daphne-Fairhope-Foley, Florence-Muscle Shoals, Gadsden, Albertville, Anniston-Oxford, Cullman, Scottsboro, Dothan, Auburn-Opelika, Fort Payne, Talladega-Sylacauga, Jasper, Enterprise, Ozark, Alexander City, Selma, Atmore, LaGrange, Columbus

**All Red Counties:** Jefferson, Madison, Tuscaloosa, Shelby, Baldwin, Morgan, Etowah, Marshall, Calhoun, Montgomery, Cullman, Jackson, Lauderdale, St. Clair, Lee, DeKalb, Limestone, Elmore, Houston, Blount, Talladega, Walker, Colbert, Autauga, Coffee, Dale, Clarke, Winston, Franklin, Covington, Bibb, Chilton, Marion, Lawrence, Dallas, Escambia, Chambers, Fayette, Marengo, Pickens, Geneva, Lamar, Cherokee, Hale, Monroe, Wilcox, Greene, Macon, Cleburne, Conecuh, Sumter, Coosa, Perry, Lowndes

\* 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

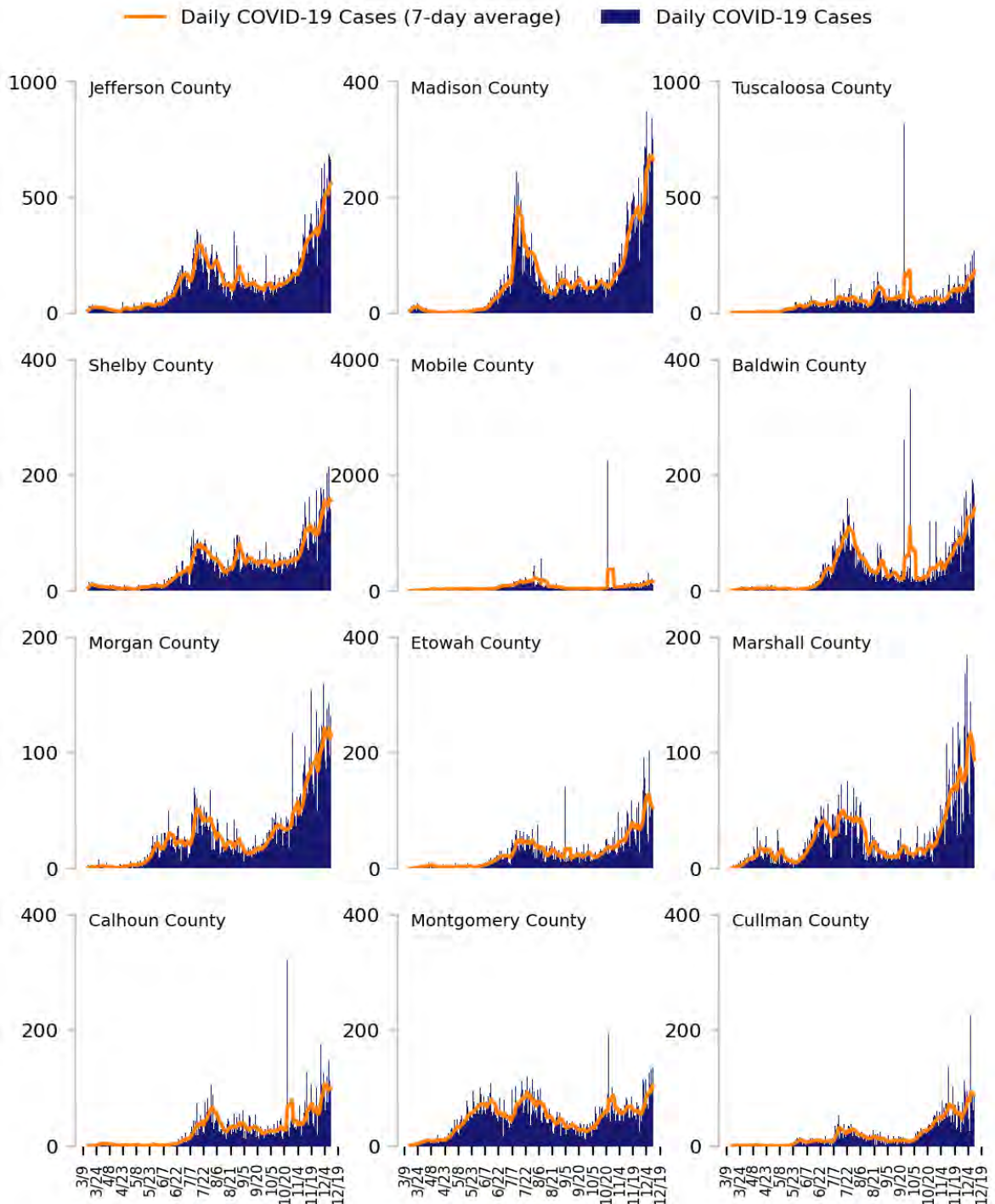
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

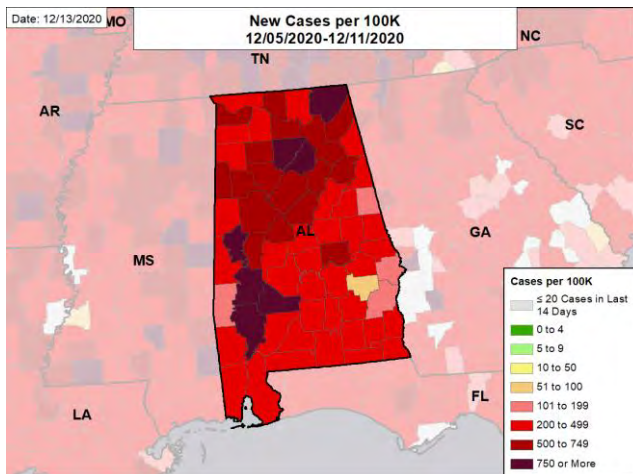
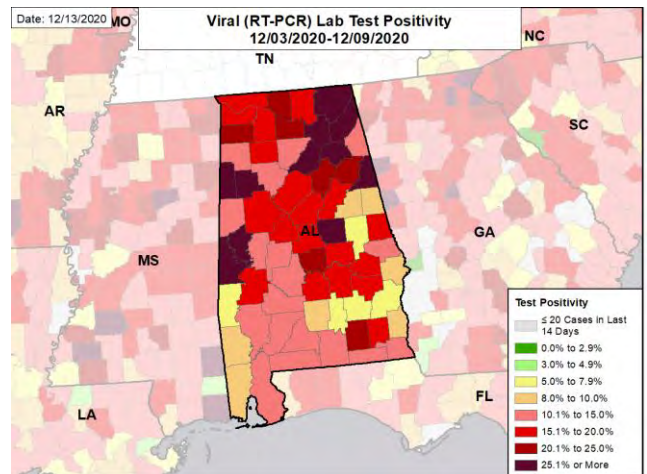
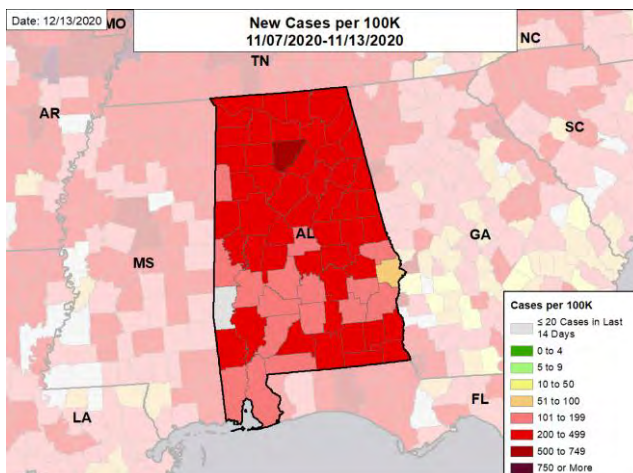
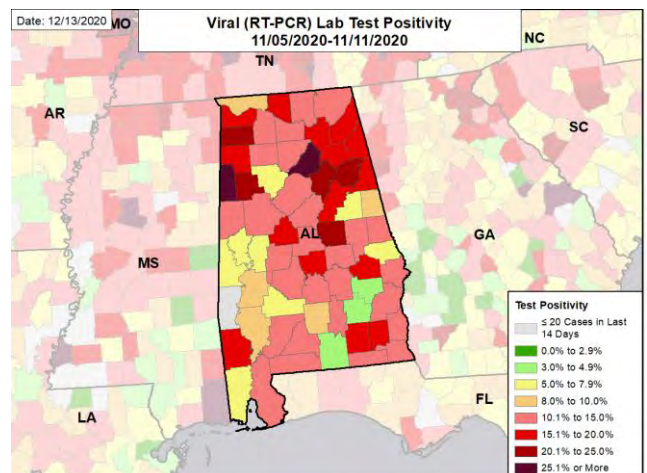
**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.



# ALABAMA

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## CASE RATES AND VIRAL LAB TEST POSITIVITY

**NEW CASES PER 100,000****VIRAL (RT-PCR) LABORATORY TEST POSITIVITY****NEW CASES PER 100,000 ONE MONTH BEFORE****VIRAL (RT-PCR) LABORATORY TEST POSITIVITY ONE MONTH BEFORE**

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

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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.



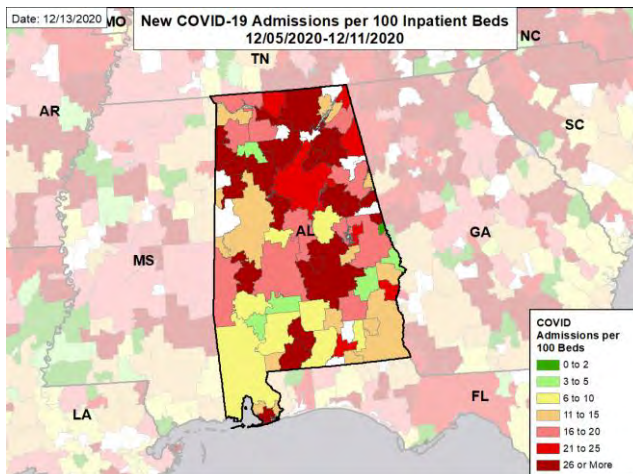


# ALABAMA

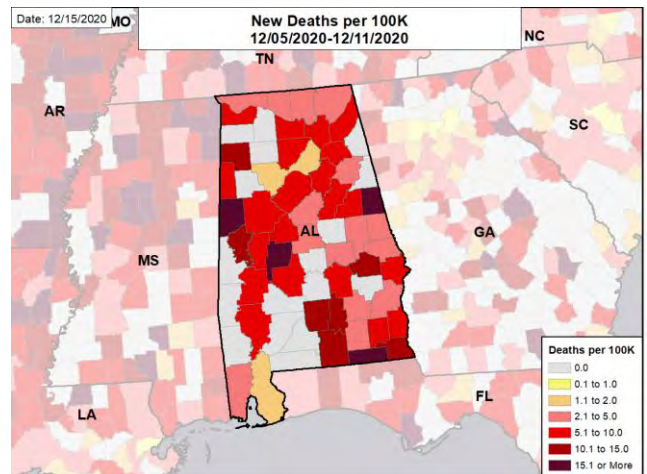
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## HOSPITAL ADMISSIONS AND DEATH RATES

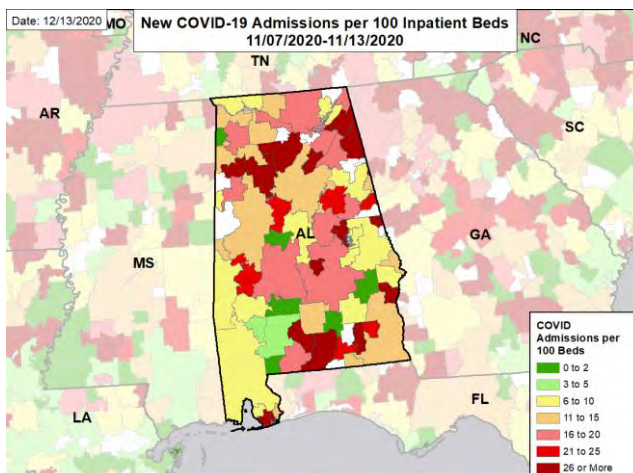
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



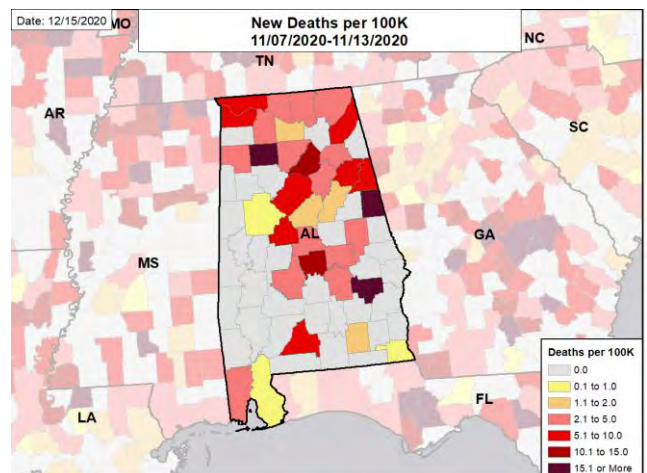
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 ONE MONTH BEFORE



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**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





# ALASKA

## STATE REPORT

12.13.2020

Issue 26

### SUMMARY

- Alaska 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. Alaska 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.
- Alaska has seen stability in new cases and a decrease in test positivity. Test positivity rates increased most in the Aleutians West, Kusilvak, Valdez-Cordova, and Dillingham Census Areas, and Denali and North Slope Boroughs. Anchorage Hospital Service Area had 84% inpatient and 92% ICU bed utilization.
- 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 71.9% of new cases in Alaska.
- 31% of all boroughs in Alaska have moderate or high levels of community transmission (yellow, orange, or red zones), with 17% having high levels of community transmission (red zone).
- During the week of Nov 30 - Dec 6, 18% of nursing homes had at least one new resident COVID-19 case, 29% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death. Cases among residents and staff were identified in 6 facilities.
- Alaska had 636 new cases per 100,000 population, compared to a national average of 451 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 15 to support operations activities from FEMA; 5 to support medical activities from ASPR; 1 to support operations activities from ASPR; 2 to support medical activities from CDC; and 24 to support operations activities from USCG.
- Between Dec 5 - Dec 11, on average, 16 patients with confirmed COVID-19 and 3 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Alaska. This is a decrease of 21% in total new COVID-19 hospital admissions.
- Hospitals are reporting critical staffing shortages, but the state is managing.

### RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
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**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, borough workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

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- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Encouraging signs as transmission and hospitalizations may be plateauing; however, there are extremely high levels of virus across the state. Intense mitigation to lower transmission is warranted and will save lives. Face masks should be used by everyone in all indoor settings outside of the home and be made widely available; warnings and fines should be imposed on all indoor businesses that aren't requiring masks, especially in all red and orange zones.
- Efforts to reduce turnaround times (< 48 hours) remain critical. Continue to explore rapid or saliva testing of households, congregate living, and crowded/commercial work environments. Ensure clinical site access to remote expert clinical consultation. Maintain outpatient infusion capacity in areas of highest transmission and communities with individuals at highest risk for disease progression.
- Ensure all native populations have immediate access to testing, are able to provide spaces/supplies for isolation/quarantine, and are receiving culturally relevant messages.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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



COVID-19



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VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	7.6%	-2.0%*	10.0%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	52,497** (7,176**)	-20%**	409,504** (2,853**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	16 (2.2)	-30%	363 (2.5)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	18%	N/A*†	21%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	29%	N/A*†	36%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	N/A*†	10%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	134 (9)	-21% (-21%)	3,277 (14)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	8 (33%)	+0% (+0%*)	51 (23%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	4 (17%)	-2% (-33%*)	30 (14%)	1,334 (26%)

\* Indicates absolute change in percentage points.

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

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**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.

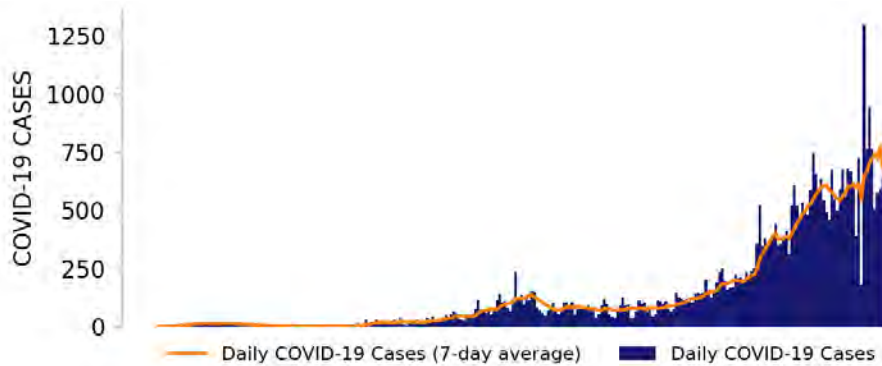
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



# ALASKA

STATE REPORT | 12.13.2020

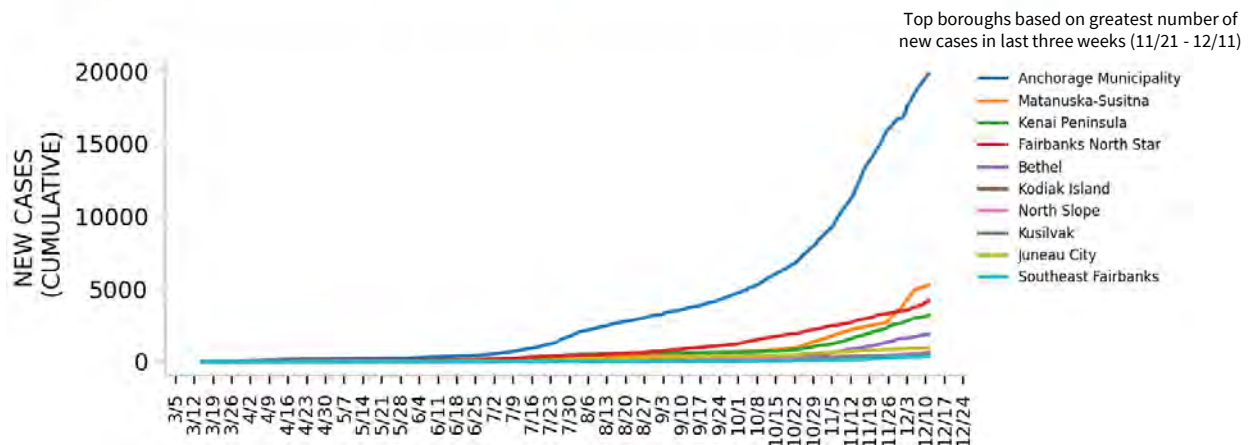
## NEW CASES



## TESTING



## TOP BOROUGHES



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

**Note:** Some dates may have incomplete data 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.

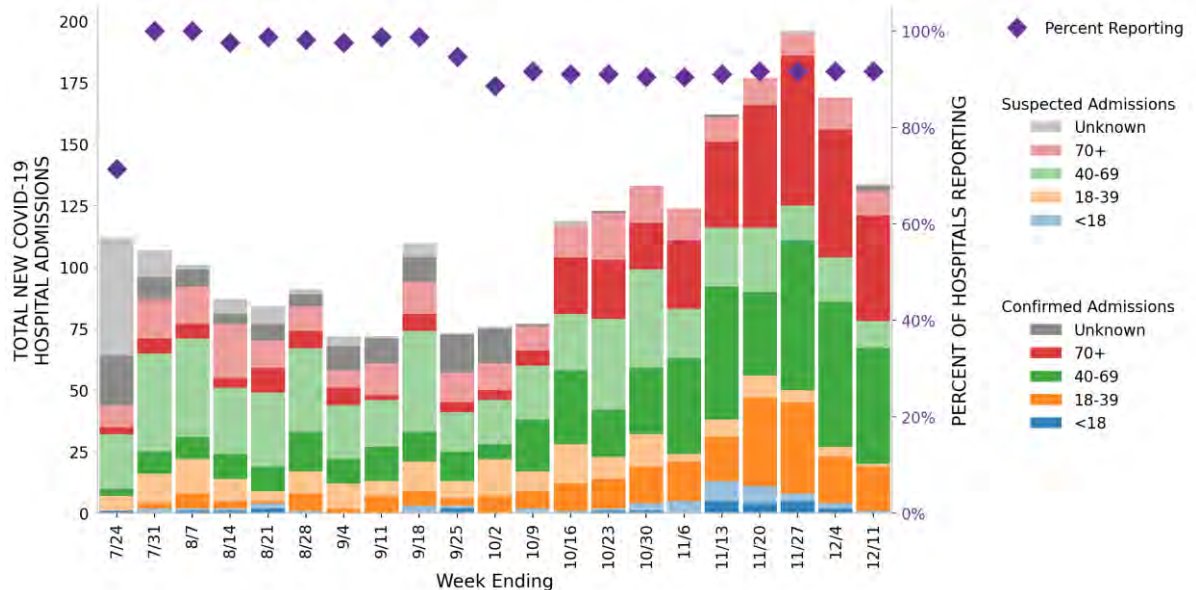


# ALASKA

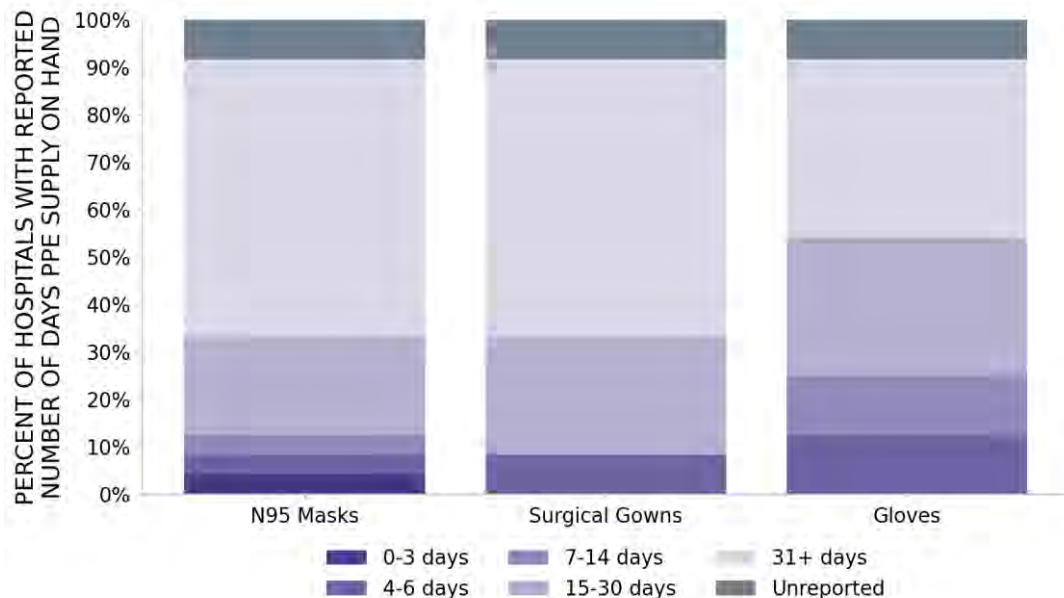
STATE REPORT | 12.13.2020

24 hospitals are expected to report in Alaska

## HOSPITAL ADMISSIONS



## HOSPITAL PPE SUPPLIES



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

**Hospitalizations:** Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. 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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# ALASKA

STATE REPORT | 12.13.2020

## COVID-19 BOROUGH AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA)

### BOROUGHES

LOCALITIES IN RED ZONE	0 ▼ (-1)	N/A	5 ▼ (-2)	Kenai Peninsula Kodiak Island North Slope Kusilvak Census Area Aleutians West Census Area
LOCALITIES IN ORANGE ZONE	1 ■ (+0)	Fairbanks	2 ▲ (+1)	Matanuska-Susitna Fairbanks North Star
LOCALITIES IN YELLOW ZONE	1 ▲ (+1)	Anchorage	2 ▲ (+1)	Anchorage Municipality Bethel 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

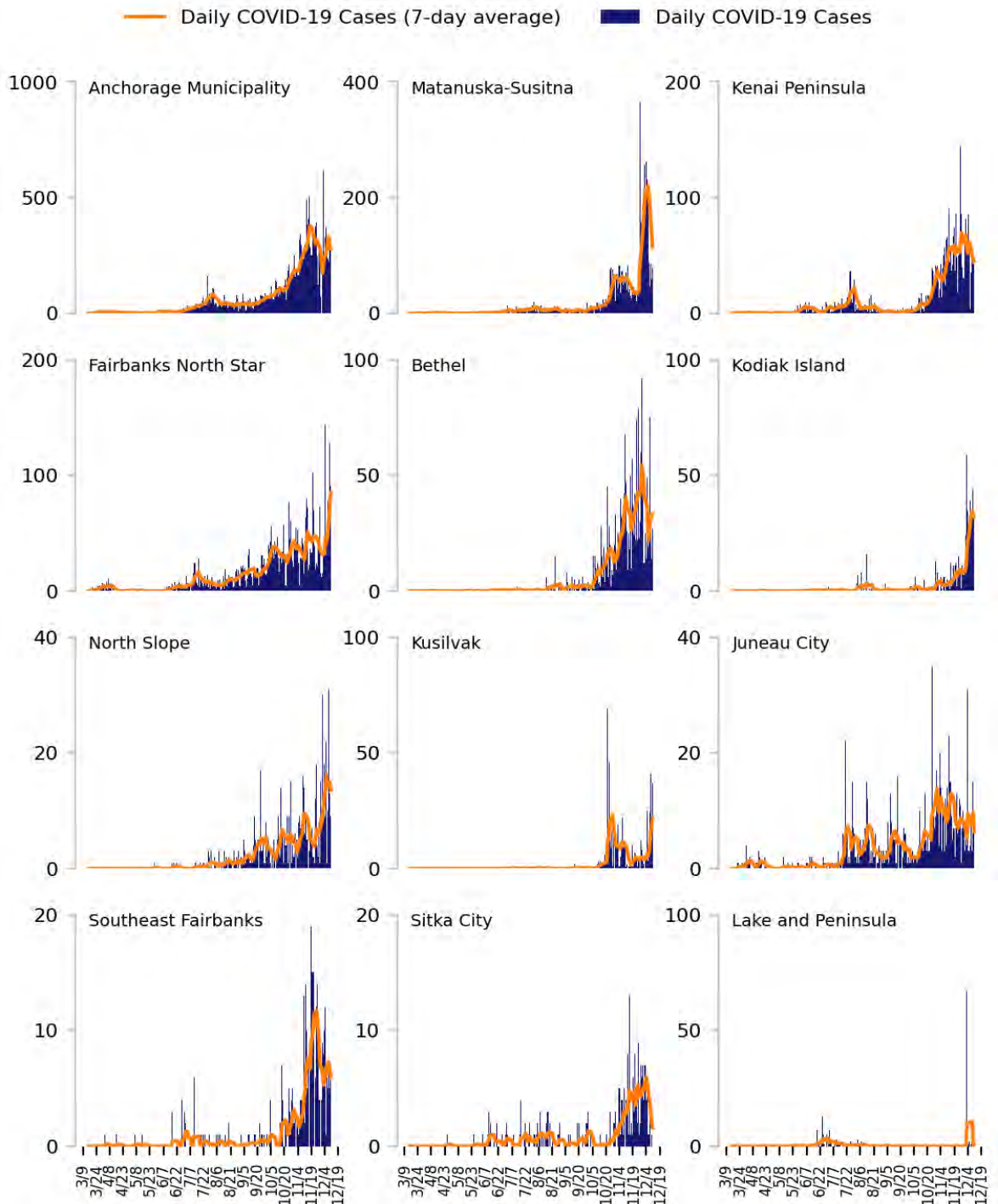
**Cases and Deaths:** State values are calculated by aggregating borough-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

**Cases:** State values are calculated by aggregating borough-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.

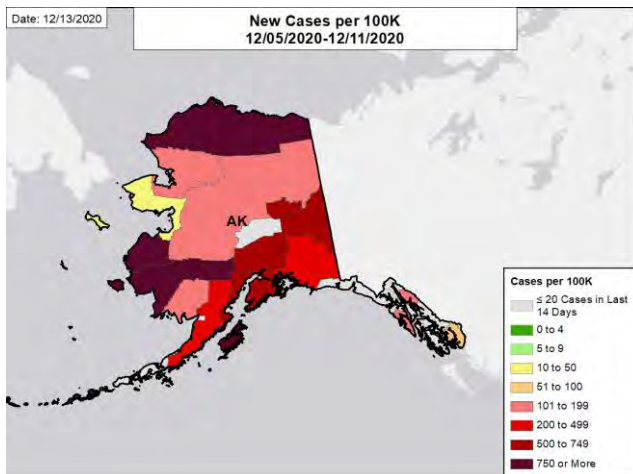


# ALASKA

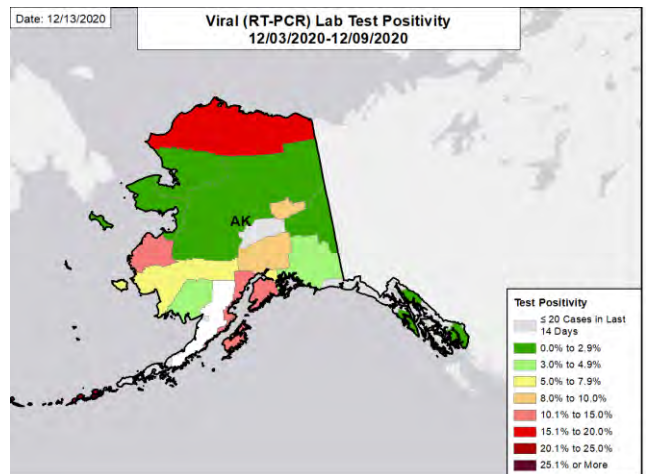
STATE REPORT | 12.13.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY

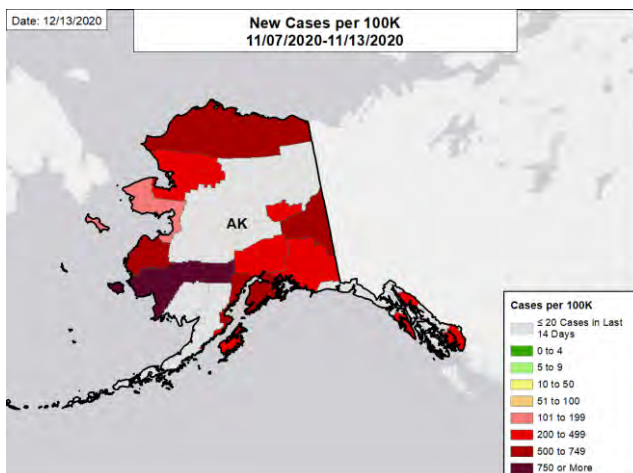
### NEW CASES PER 100,000



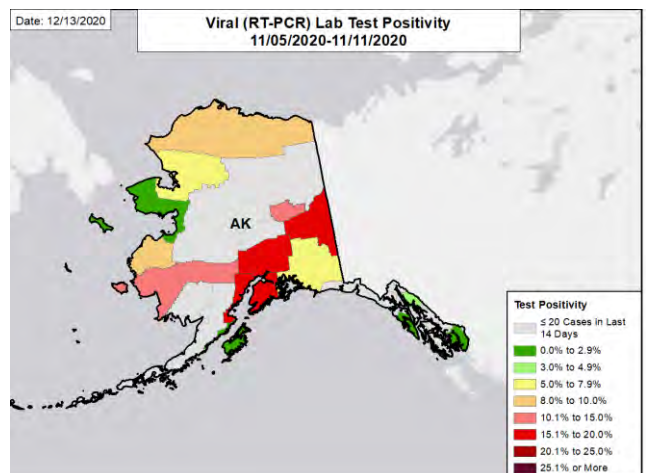
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### NEW CASES PER 100,000 ONE MONTH BEFORE



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



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

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

**Cases:** State values are calculated by aggregating borough-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.

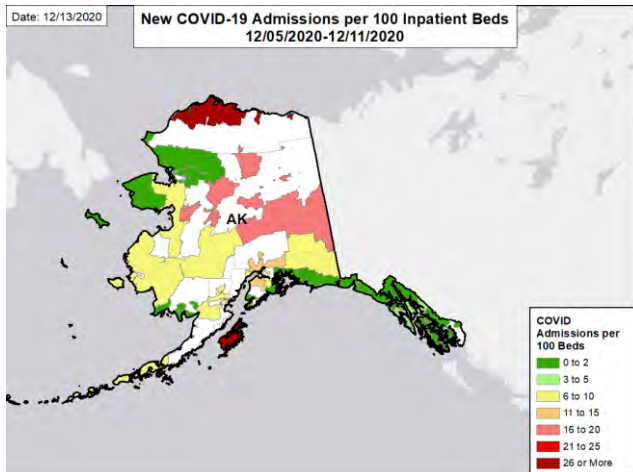


# ALASKA

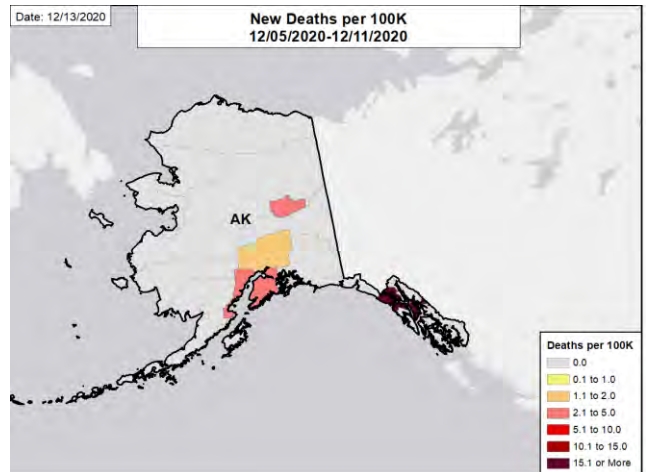
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

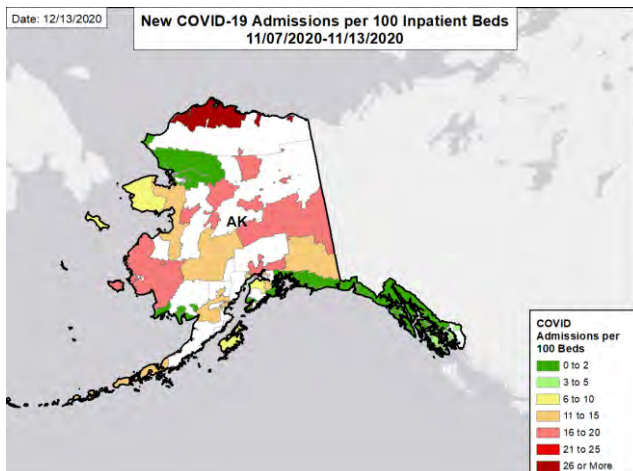
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



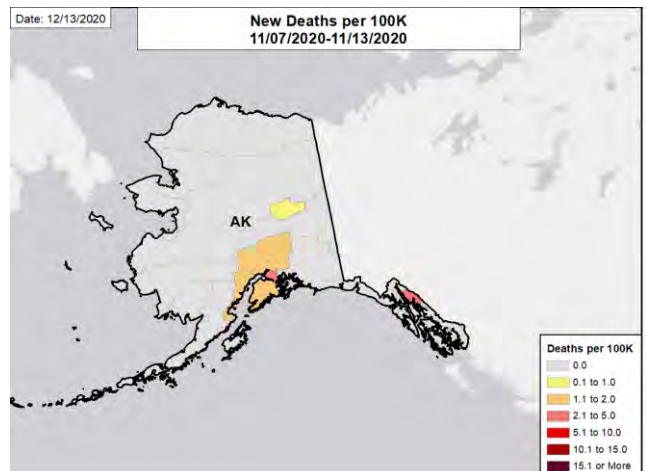
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating borough-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





# ARIZONA

## STATE REPORT

12.13.2020

Issue 26

### SUMMARY

- Arizona 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. Arizona is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 9th highest rate in the country.
- Arizona has seen an increase in new cases and an increase in test positivity. Arizona is experiencing a full resurgence of the pandemic with rising test positivity, cases, LTCF staff infections, hospitalizations, and deaths. Mitigation must increase.
- 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 78.2% of new cases in Arizona.
- 100% of all counties in Arizona have moderate or high levels of community transmission (yellow, orange, or red zones), with 87% having high levels of community transmission (red zone).
- During the week of Nov 30 - Dec 6, 45% of nursing homes had at least one new resident COVID-19 case, 65% had at least one new staff COVID-19 case, and 16% had at least one new resident COVID-19 death.
- Arizona had 583 new cases per 100,000 population, compared to a national average of 451 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 epidemiology activities from CDC.
- Between Dec 5 - Dec 11, on average, 437 patients with confirmed COVID-19 and 298 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Arizona. This is an increase of 19% in total new COVID-19 hospital admissions.
- Hospitals are reporting critical staffing shortages, and the state provided contracted staffing.

### RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- **Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- **For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- New hospital admissions in Arizona continue to increase. Aggressive impact testing of adults under 40 is needed to rapidly identify those who became infected through gatherings before they spread the virus to the more vulnerable individuals, driving another round of increasing hospitalizations and fatalities.
- Ensure all universities returning after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Increase support to Tribal Nations for COVID-19 vaccination, testing, and clinical support; this is essential as they represent the highest risk group after LTCF residents.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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



COVID-19



# ARIZONA

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	42,411 (583)	+27%	276,420 (539)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	16.8%	+1.6%*	11.5%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	253,245** (3,479**)	+19%**	1,621,379** (3,161**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	360 (4.9)	+21%	1,705 (3.3)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	45%	N/A*†	20%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	65%	N/A*†	35%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	16%	N/A*†	6%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	5,142 (36)	+19% (+17%)	22,941 (26)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	12 (14%)	-2% (-14%*)	112 (21%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	35 (40%)	+1% (+3%*)	176 (33%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

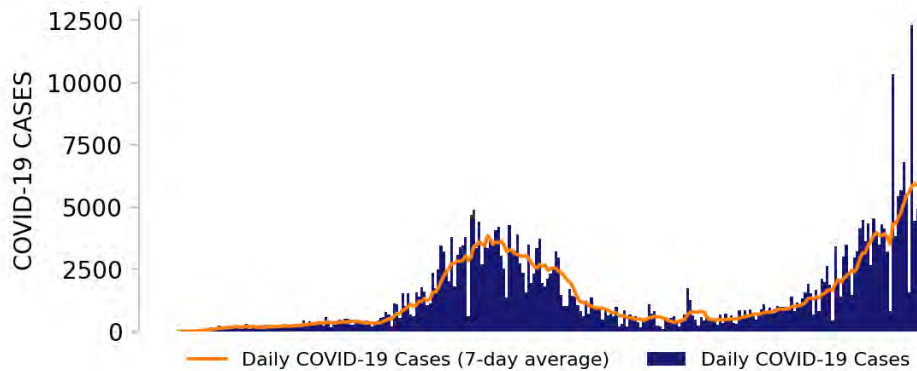
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



# ARIZONA

STATE REPORT | 12.13.2020

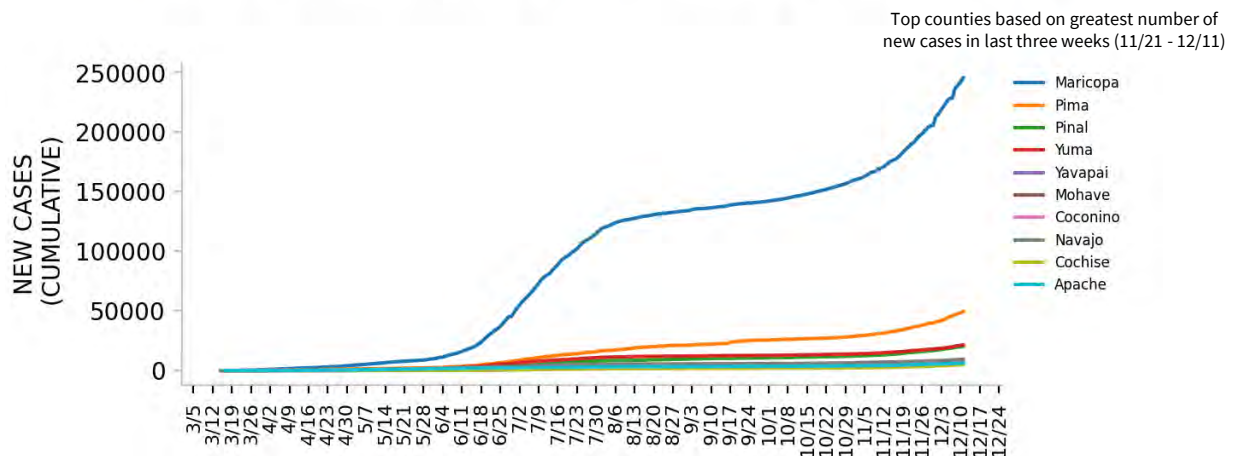
## NEW CASES



## TESTING



## TOP COUNTIES



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

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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.

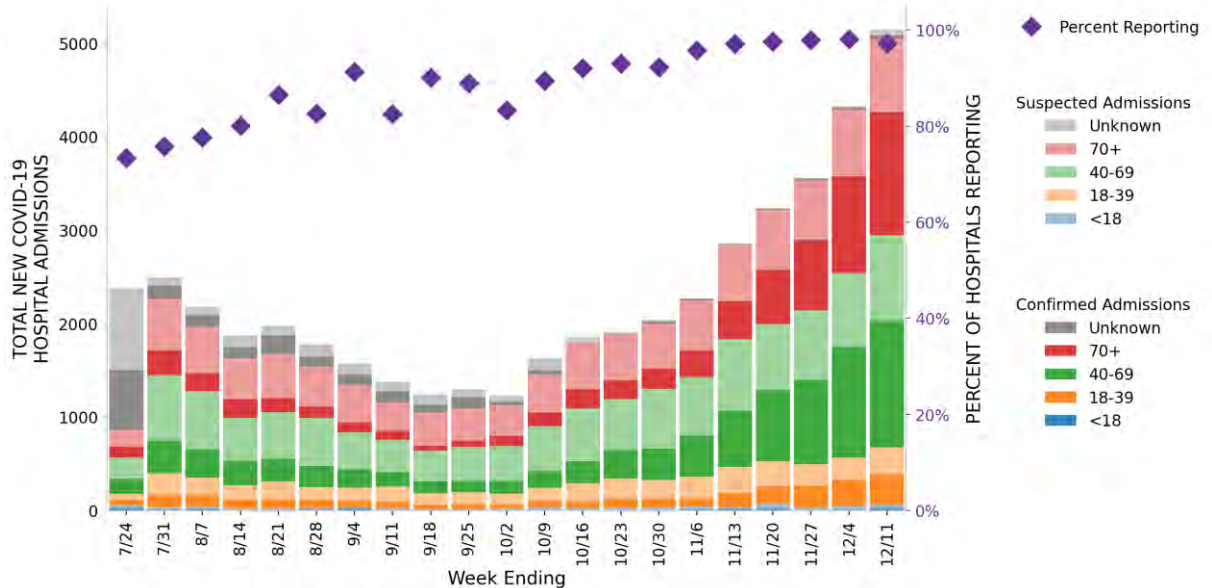


# ARIZONA

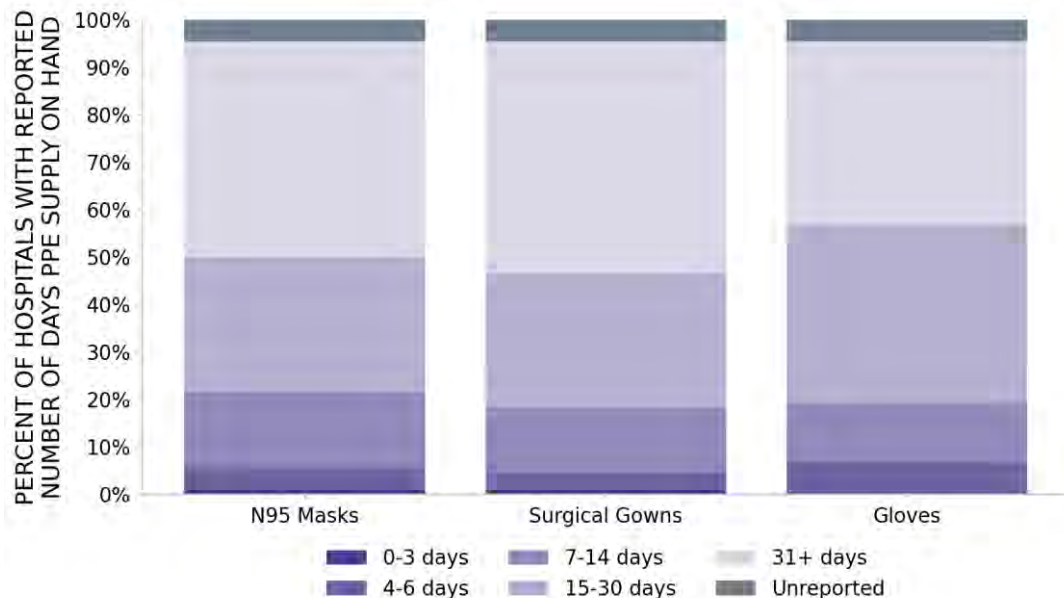
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# ARIZONA

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA)

### COUNTIES

LOCALITIES IN RED ZONE	11 ■ (+0)	Phoenix-Mesa-Chandler Tucson Yuma Prescott Valley-Prescott Lake Havasu City-Kingman Flagstaff Show Low Sierra Vista-Douglas Nogales Payson Safford	13 ■ (+0)	Maricopa Pima Pinal Yuma Yavapai Mohave Coconino Navajo Cochise Apache Santa Cruz Gila
	0 ■ (+0)	N/A	1 ■ (+0)	Greenlee
	0 ■ (+0)	N/A	1 ▲ (+1)	La Paz
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

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

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

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

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

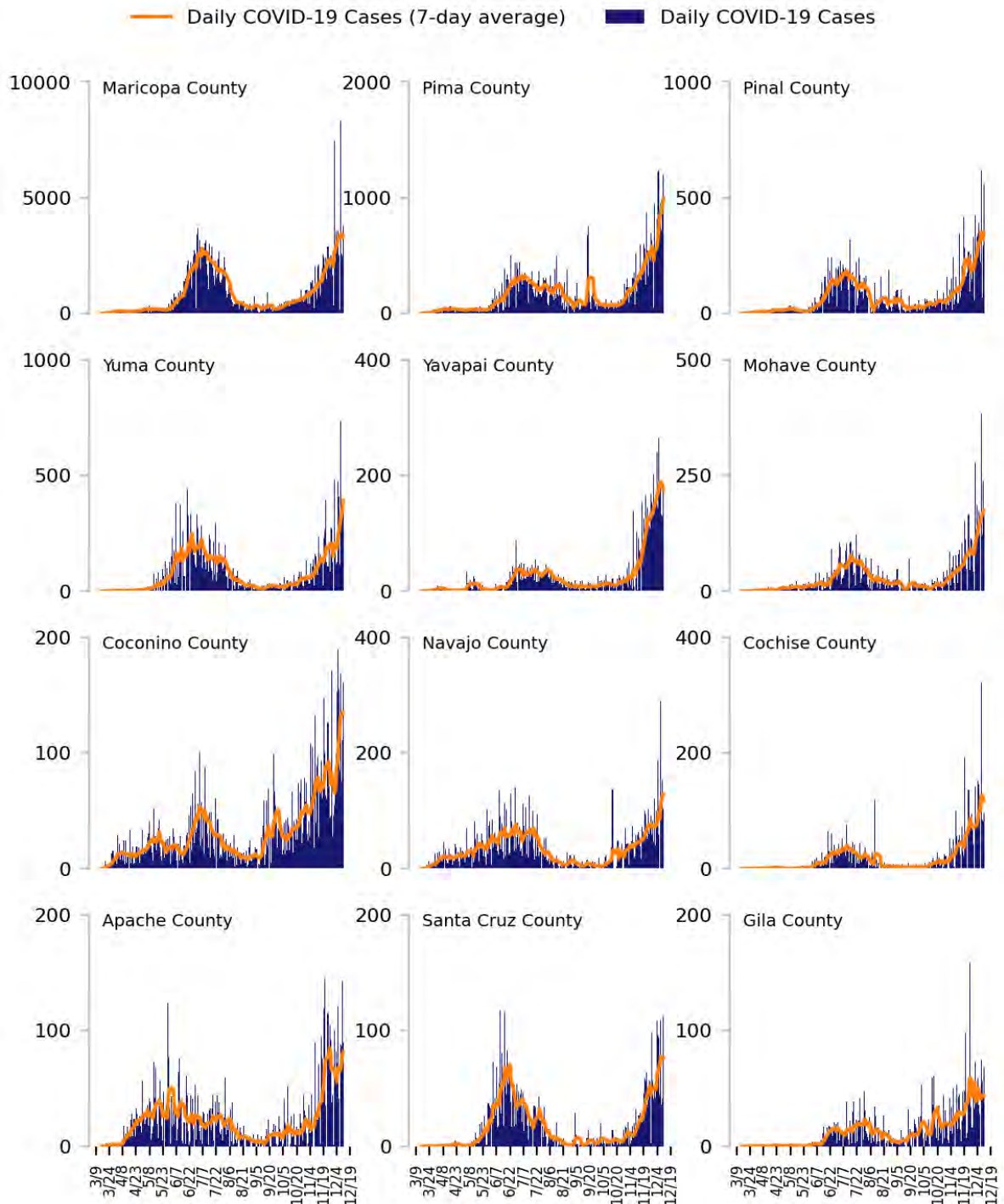
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.

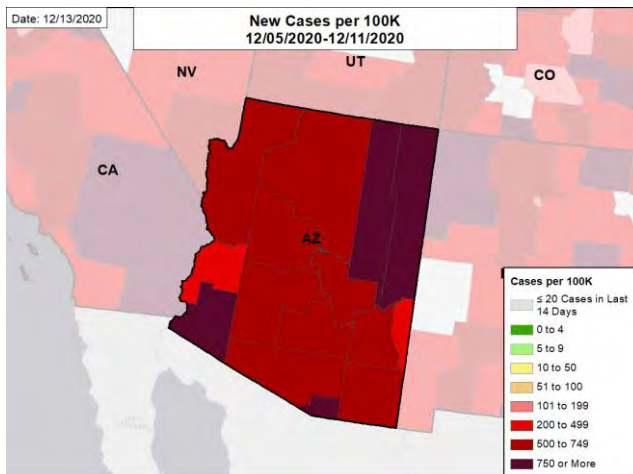


# ARIZONA

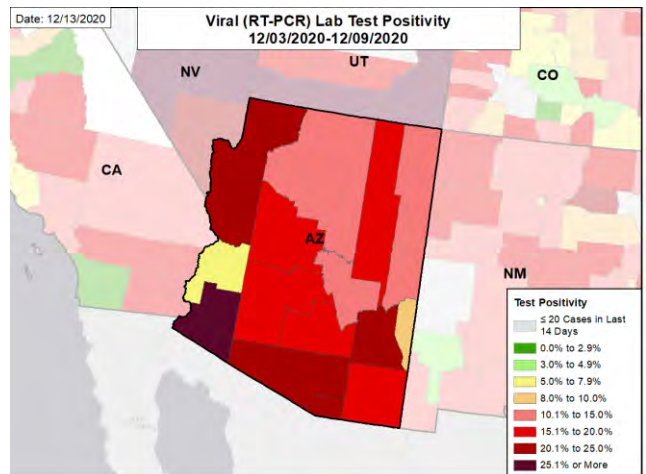
STATE REPORT | 12.13.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY

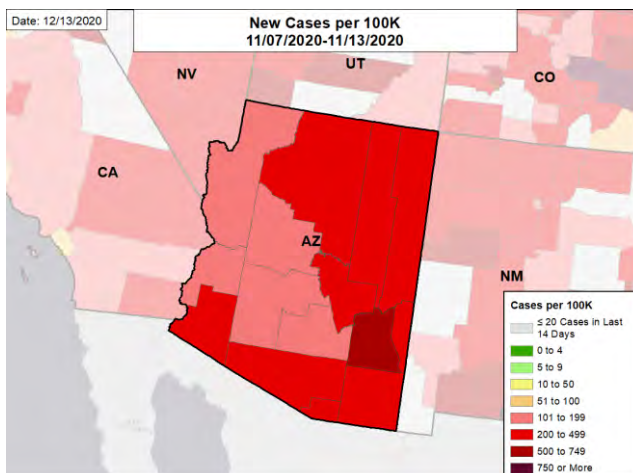
NEW CASES PER 100,000



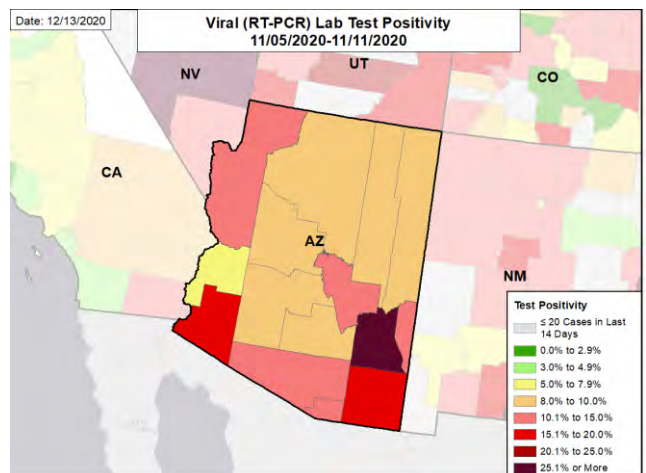
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.

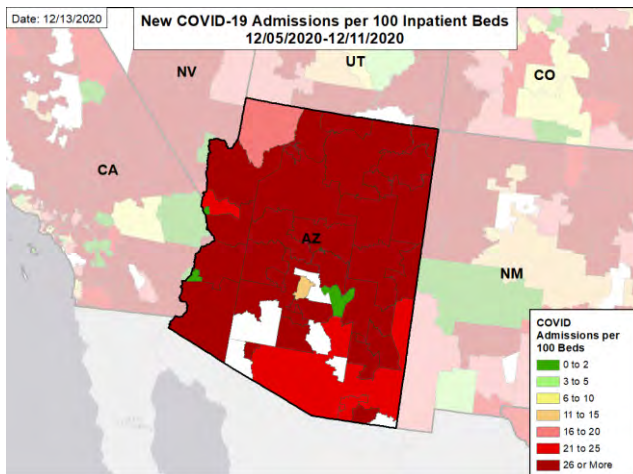


# ARIZONA

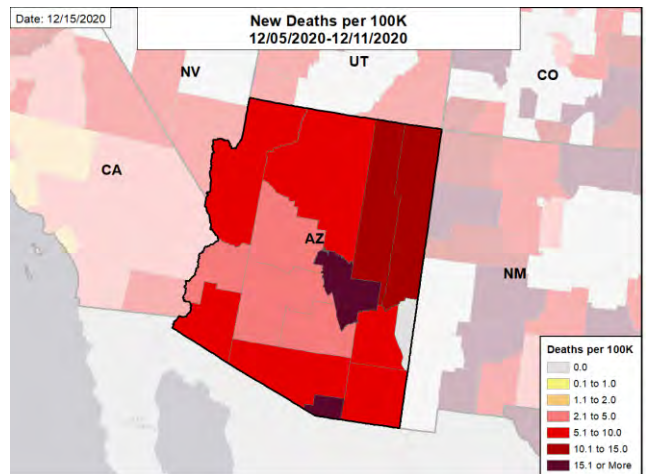
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

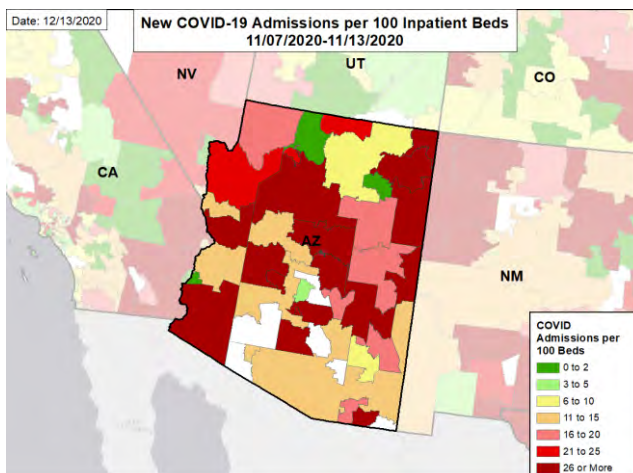
**TOTAL NEW COVID-19 ADMISSIONS  
PER 100 INPATIENT BEDS**



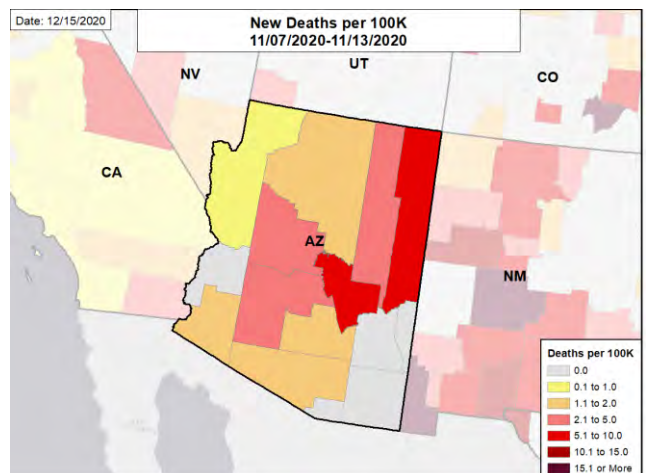
**NEW DEATHS PER 100,000**



**TOTAL NEW COVID-19 ADMISSIONS PER 100  
INPATIENT BEDS ONE MONTH BEFORE**



**NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





# ARKANSAS

## STATE REPORT

12.13.2020

Issue 26

### SUMMARY

- Arkansas 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. Arkansas is in the red zone for test positivity, indicating a rate at or above 10.1%, 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 26.6% of new cases in Arkansas.
- 99% of all counties in Arkansas have moderate or high levels of community transmission (yellow, orange, or red zones), with 59% having high levels of community transmission (red zone).
- During the week of Nov 30 - Dec 6, 31% of nursing homes had at least one new resident COVID-19 case, 50% had at least one new staff COVID-19 case, and 16% had at least one new resident COVID-19 death.
- Arkansas had 480 new cases per 100,000 population, compared to a national average of 451 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.
- Between Dec 5 - Dec 11, on average, 136 patients with confirmed COVID-19 and 226 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Arkansas. This is a decrease of 6% in total new COVID-19 hospital admissions.

### RECOMMENDATIONS

**Treatment Alerts:** Early diagnosis and treatment is essential for those at risk for adverse outcomes.

- For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** FDA EUA Monoclonal antibodies (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- Patients who require hospitalization:** FDA approved Remdesivir: best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). Anticoagulation: given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- For late-stage inpatients:** Dexamethasone 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Virus levels in Arkansas remain at high levels, although rates are not increasing. Throughout the holiday season, all media platforms should remain saturated with messaging on the risks of indoor social gatherings without masks. Find ways to keep testing levels high through holiday season to remove asymptomatic transmission over the next 4 weeks.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Universities must have testing plans in place for spring semester, mandatorily testing all students weekly to prevent spread in the community.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. There continue to be high levels of positive staff members at LTCFs, indicating 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



# ARKANSAS

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	14,489 (480)	+8%	154,367 (361)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	11.5%	+0.3%*	12.8%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	76,520** (2,536**)	+39%**	956,742** (2,240**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	289 (9.6)	+80%	2,155 (5.0)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	31%	N/A*†	27%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	50%	N/A*†	46%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	16%	N/A*†	13%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	2,537 (33)	-6% (-6%)	18,999 (20)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	18 (20%)	+2% (+12%*)	235 (27%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	39 (44%)	+1% (+3%*)	304 (35%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

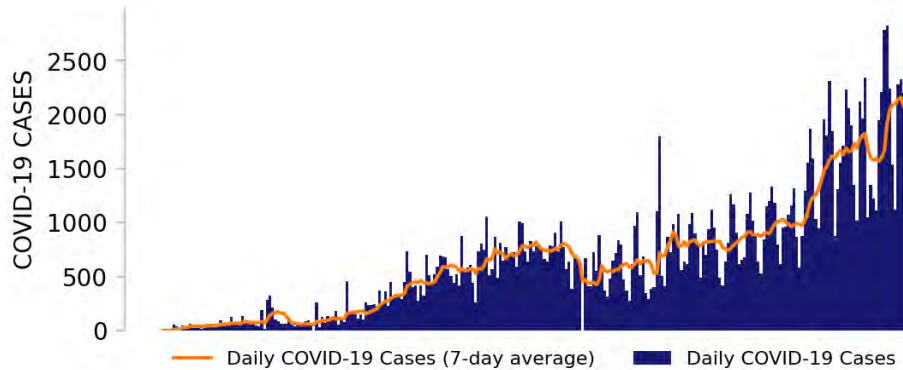
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



# ARKANSAS

STATE REPORT | 12.13.2020

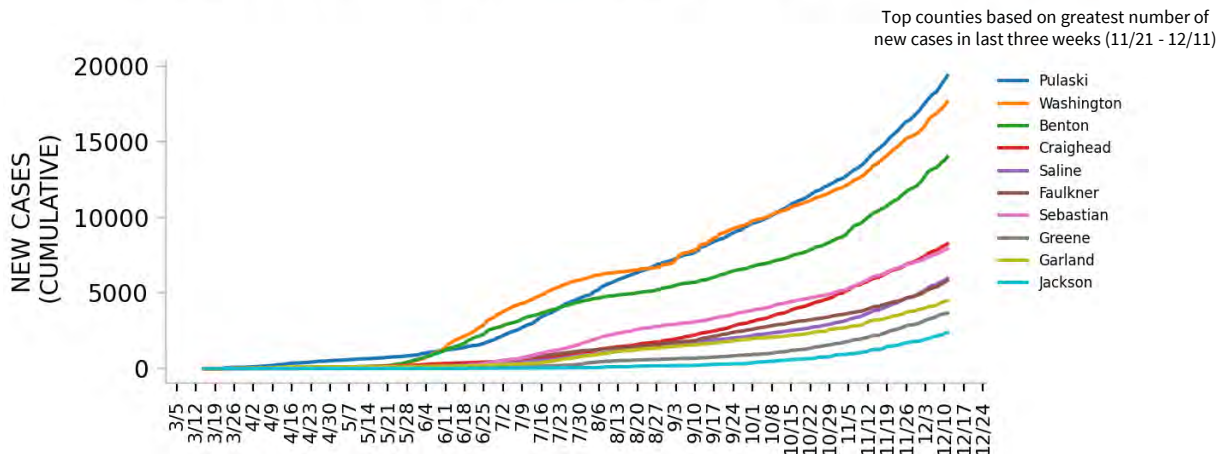
## NEW CASES



## TESTING



## TOP COUNTIES



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

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

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**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.

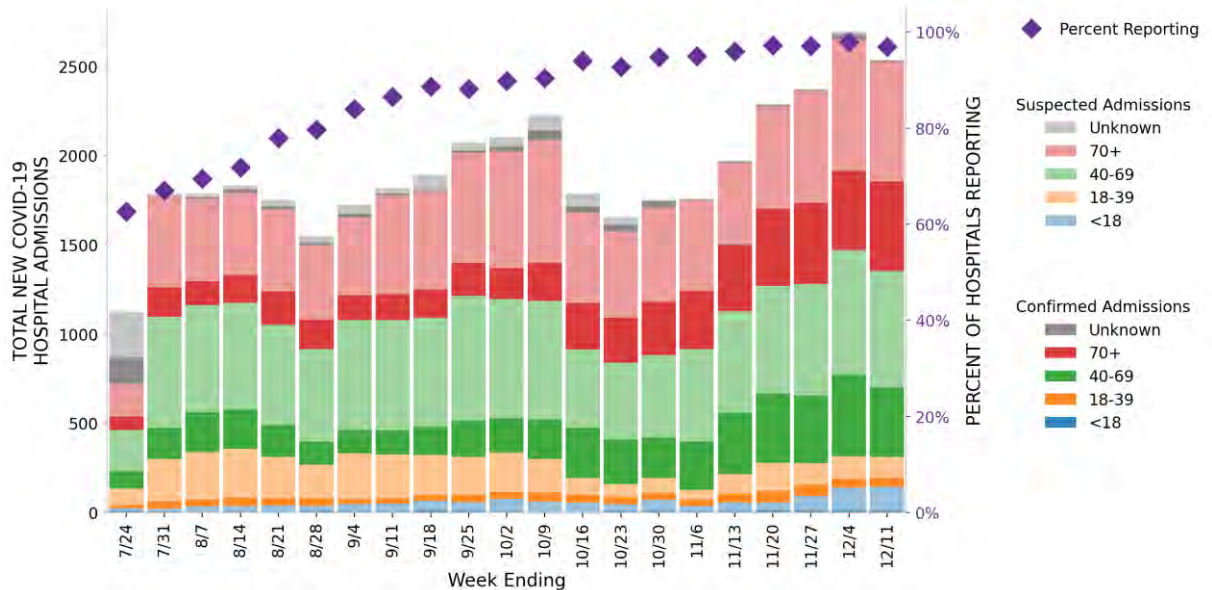


# ARKANSAS

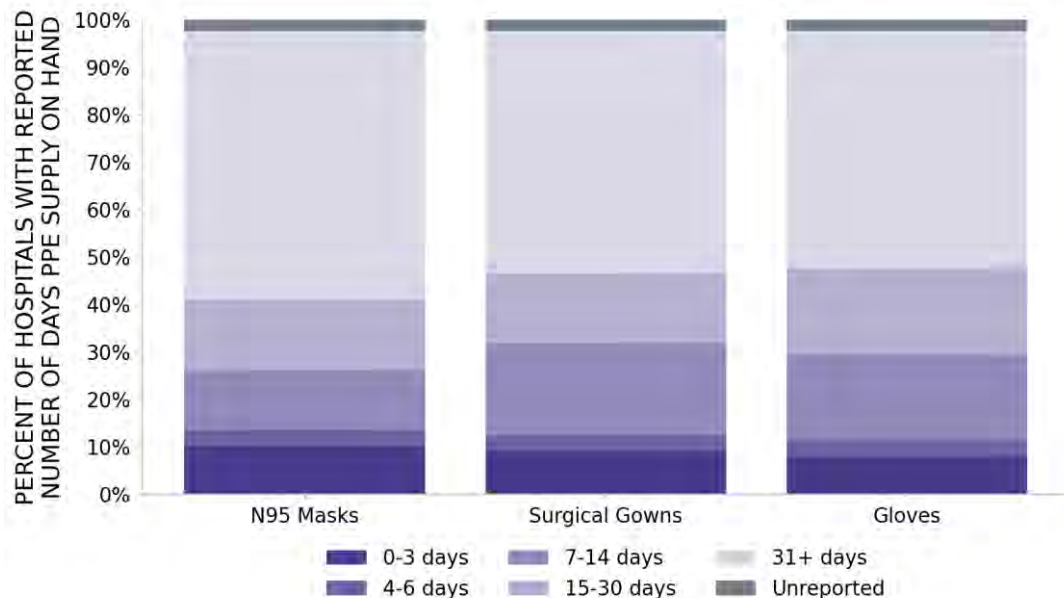
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# ARKANSAS

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA)

### COUNTIES

LOCALITIES IN RED ZONE	15 ▲ (+3)	Fayetteville-Springdale-Rogers Fort Smith Jonesboro Paragould Russellville Searcy Blytheville Harrison Memphis Camden Mountain Home Texarkana	44 ▲ (+6)	Washington Benton Craighead Saline Faulkner Sebastian Greene Jackson Pope White Crawford Mississippi
	7 ■ (+0)	Little Rock-North Little Rock-Conway Pine Bluff Hot Springs Batesville Malvern Forrest City Helena-West Helena	23 ▲ (+5)	Garland Lonoke Jefferson Crittenden Independence Hot Spring St. Francis Cross Miller Logan Madison Sharp
	1 ▼ (-3)	Hope	7 ▼ (-7)	Pulaski Howard Izard Nevada Monroe Woodruff Lafayette
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

**All Red CBSAs:** Fayetteville-Springdale-Rogers, Fort Smith, Jonesboro, Paragould, Russellville, Searcy, Blytheville, Harrison, Memphis, Camden, Mountain Home, Texarkana, El Dorado, Magnolia, Arkadelphia

**All Red Counties:** Washington, Benton, Craighead, Saline, Faulkner, Sebastian, Greene, Jackson, Pope, White, Crawford, Mississippi, Boone, Drew, Carroll, Ouachita, Baxter, Union, Poinsett, Columbia, Clay, Yell, Polk, Clark, Ashley, Conway, Randolph, Lincoln, Johnson, Cleburne, Bradley, Franklin, Van Buren, Desha, Lee, Montgomery, Stone, Scott, Fulton, Searcy, Dallas, Newton, Perry, Calhoun

**All Orange Counties:** Garland, Lonoke, Jefferson, Crittenden, Independence, Hot Spring, St. Francis, Cross, Miller, Logan, Madison, Sharp, Lawrence, Sevier, Grant, Hempstead, Arkansas, Chicot, Phillips, Marion, Pike, Cleveland, Prairie

\* 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

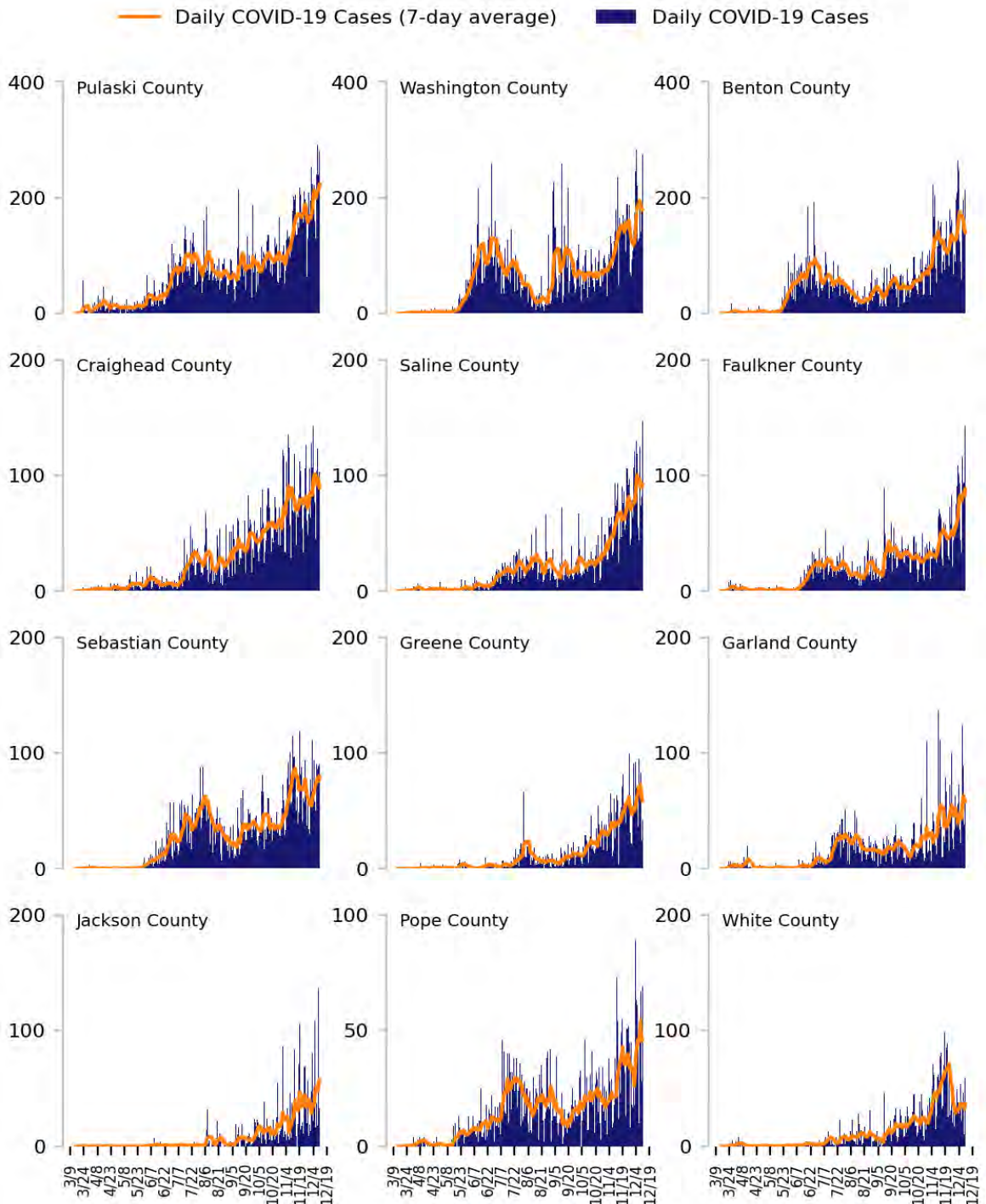
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

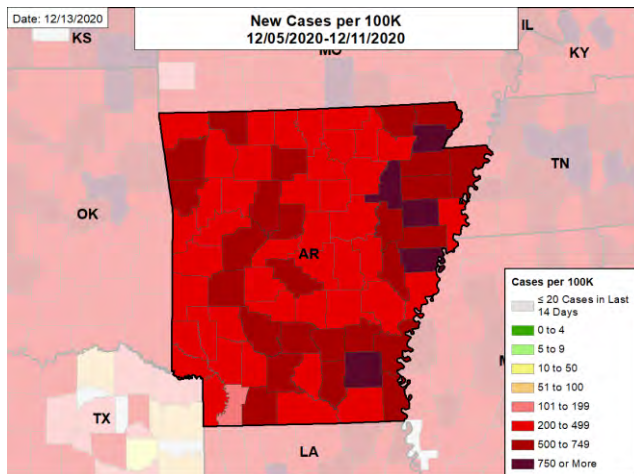
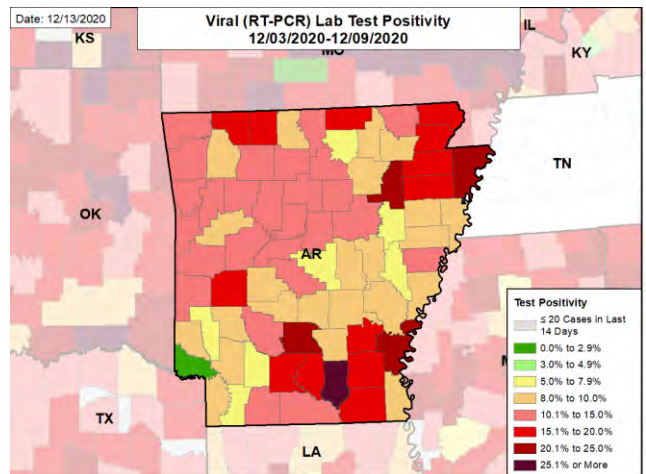
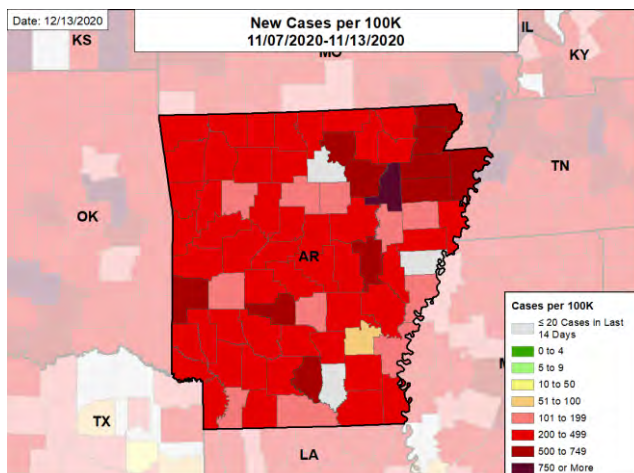
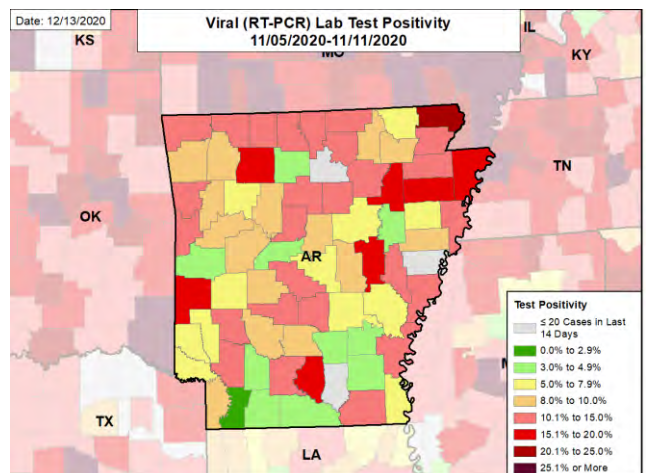
**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.



# ARKANSAS

STATE REPORT | 12.13.2020

## 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.



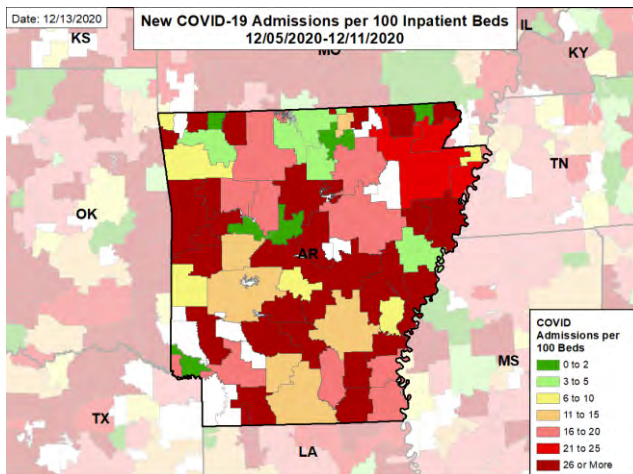


# ARKANSAS

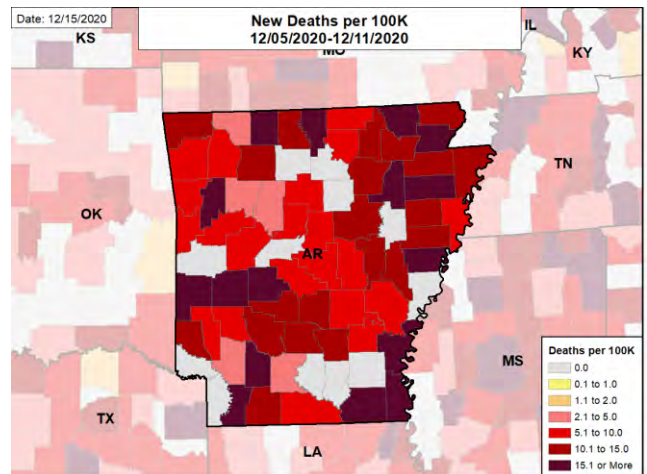
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

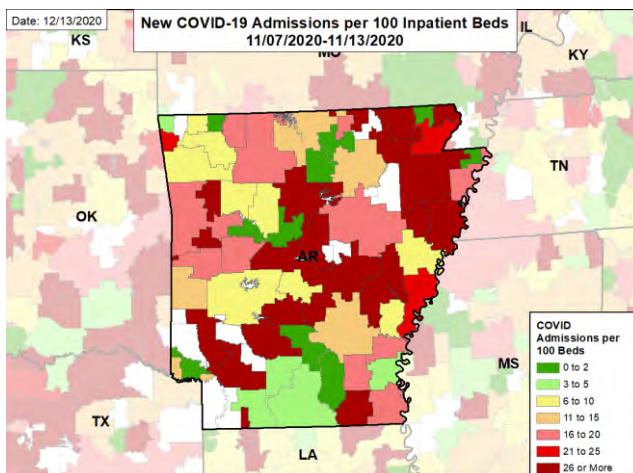
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



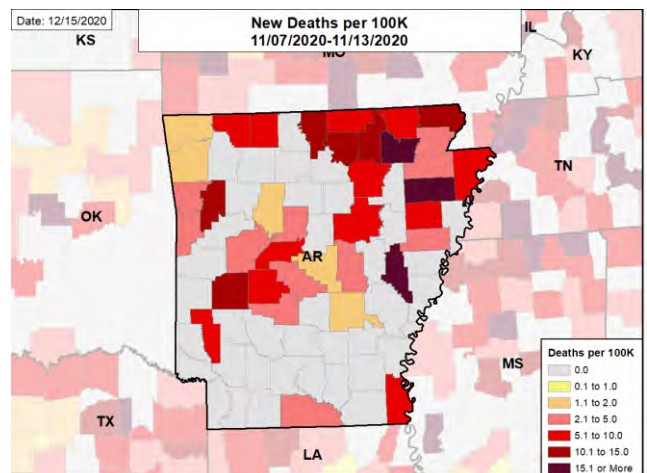
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





# CALIFORNIA

## STATE REPORT

12.13.2020

Issue 26

### SUMMARY

- California saw another dramatic increase in reported cases, with a large increase in hospitalizations and a continued increase in deaths. The state 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. California saw an increase in test positivity and is in the orange zone, indicating a rate between 8.0% and 10.0%, with the 35th highest rate in the country.
- The 12 county San Joaquin Valley region is experiencing severe strains on ICU availability with no beds available reported this last weekend.
- 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. Riverside County. These counties represent 50.1% of new cases in California.
- 62% of all counties in California have moderate or high levels of community transmission (yellow, orange, or red zones), with 33% having high levels of community transmission (red zone). The large majority of the state's residents live in counties under stay-at-home orders that came into effect last week.
- During the week of Nov 30 - Dec 6, 16% of nursing homes had at least one new resident COVID-19 case, 30% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- California had 543 new cases per 100,000 population, compared to a national average of 451 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 124 to support operations activities from FEMA; 25 to support medical activities from ASPR; 18 to support operations activities from ASPR; and 285 to support operations activities from USCG.
- Between Dec 5 - Dec 11, on average, 1585 patients with confirmed COVID-19 and 640 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in California. This is an increase of 23% in total new COVID-19 hospital admissions.
- Hospitals are reporting critical staffing shortages, and the state continues to explore contract options.

### RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
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- **For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Ensure all clinical facilities have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; maximal access to medications, supplies, and staffing; and are accurately reporting current status of each resource. Continue to support a platform for efficient patient transfers.
- Continue to prioritize efforts toward marginalized communities that are disproportionately being impacted by COVID-19, including a strategy that prioritizes the allocation of the monoclonal antibody preparations to outpatient centers that serve more marginalized populations with higher levels of risk factors.
- Increase frequency of LTCF testing and rapid implementation of vaccination in LTCFs as vaccine becomes available given continuing outbreaks and deaths.
- Ensure all K-12 schools are following CDC guidelines; use BINAX tests to routinely test all teachers as an indicator of community spread. Ensure IHEs returning after winter break move to mandatory weekly testing of all on and off campus students. Begin planning now.
- 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 | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	214,392 (543)	+72%	276,420 (539)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.9%	+1.3%*	11.5%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	1,240,865** (3,140**)	-6%**	1,621,379** (3,161**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	1,125 (2.8)	+75%	1,705 (3.3)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	16%	N/A*†	20%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	30%	N/A*†	35%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	N/A*†	6%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	15,578 (24)	+23% (+23%)	22,941 (26)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	86 (23%)	+1% (+1%*)	112 (21%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	124 (34%)	+22% (+22%*)	176 (33%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2. Testing data for California is complete through 12/8. Values shown may be inaccurate or incomplete.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

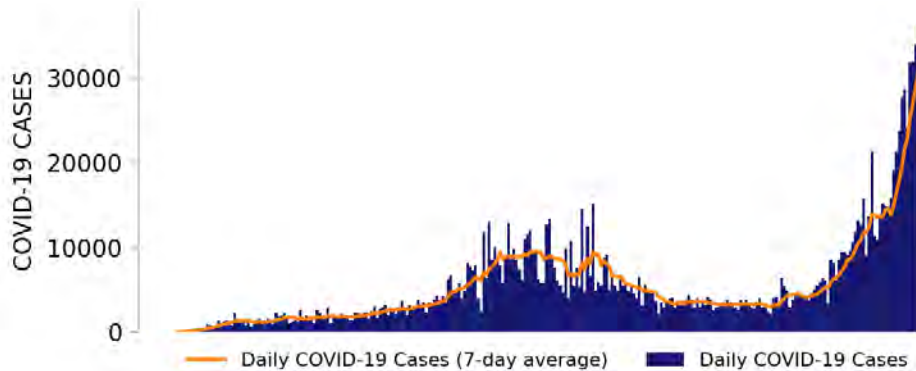
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# CALIFORNIA

STATE REPORT | 12.13.2020

## NEW CASES

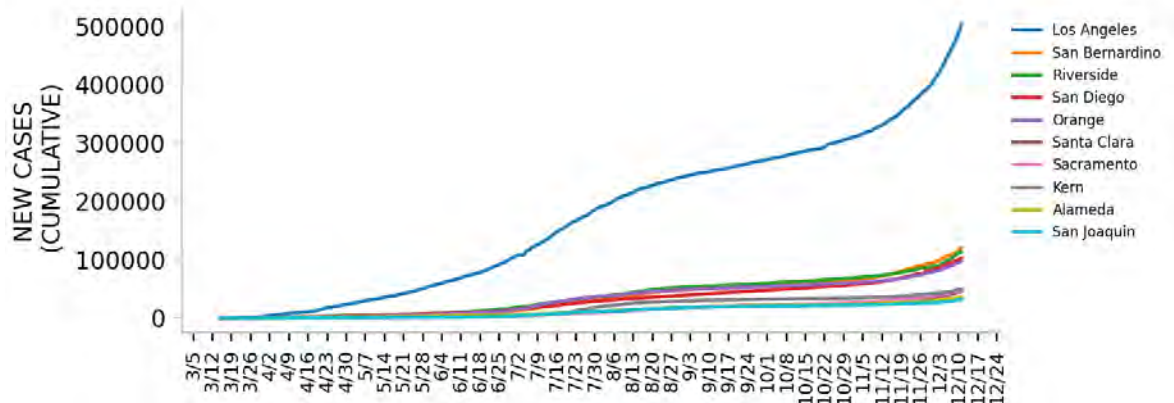


## TESTING



Top counties based on greatest number of new cases in last three weeks (11/21 - 12/11)

## TOP COUNTIES



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

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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Testing data for California is complete through 12/8. Values shown may be inaccurate or incomplete.

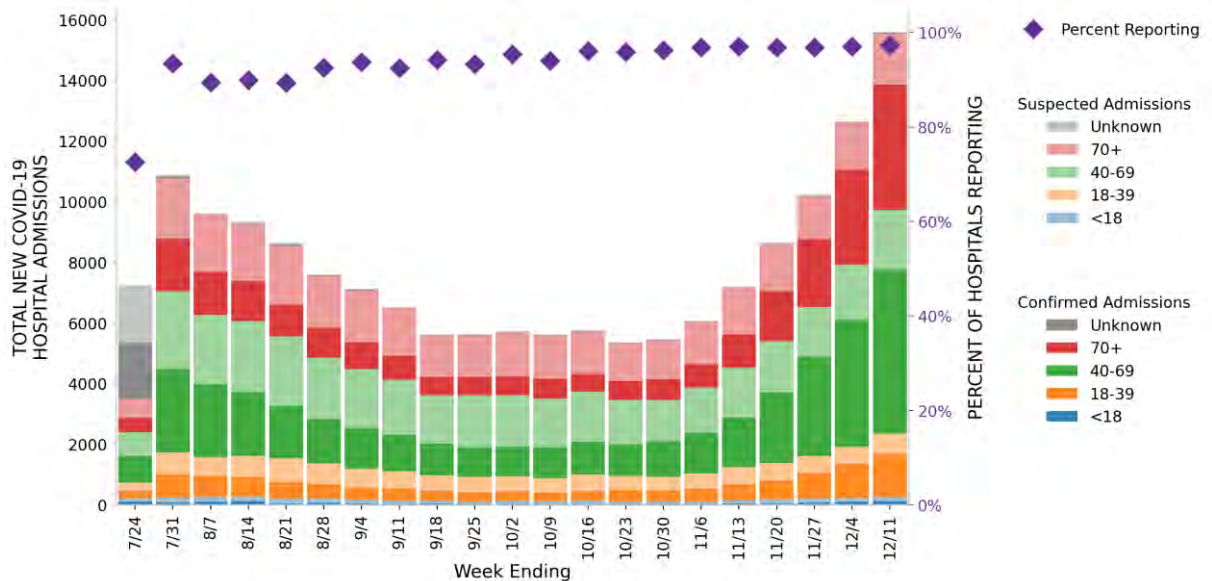


# CALIFORNIA

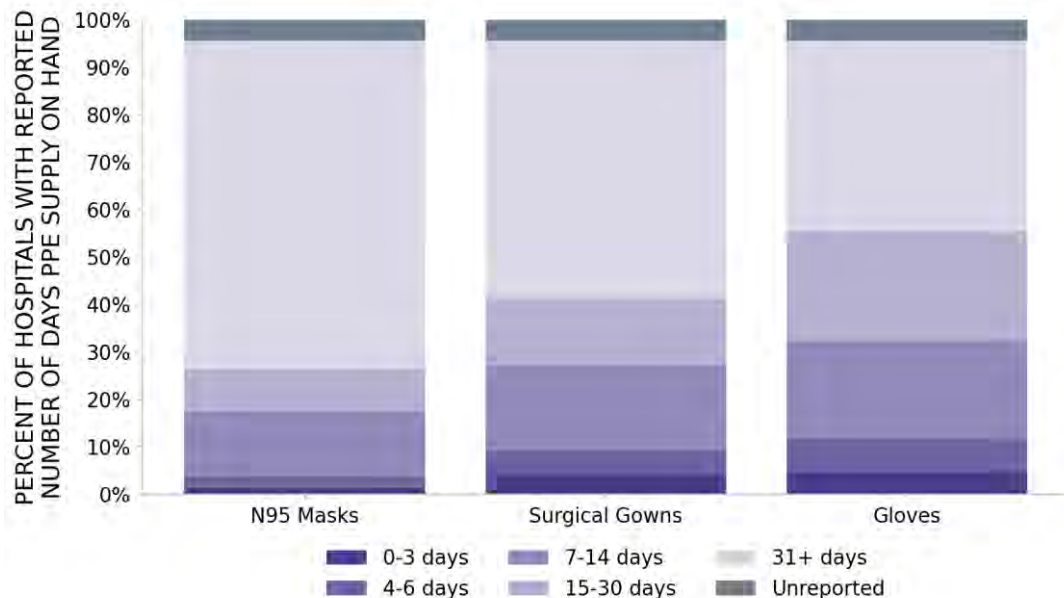
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# CALIFORNIA

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)	COUNTIES
LOCALITIES IN RED ZONE	<b>14</b> ▲ (+2) Los Angeles-Long Beach-Anaheim Riverside-San Bernardino-Ontario Sacramento-Roseville-Folsom Bakersfield Stockton Modesto Visalia El Centro Merced Hanford-Corcoran Yuba City Truckee-Grass Valley	<b>19</b> ▲ (+1) Los Angeles San Bernardino Riverside Orange Sacramento Kern San Joaquin Stanislaus Tulare Imperial Merced Kings
LOCALITIES IN ORANGE ZONE	<b>4</b> ▼ (-1) Salinas Redding Madera Sonora	<b>6</b> ▲ (+2) Monterey Placer Shasta Yolo Madera Tuolumne
LOCALITIES IN YELLOW ZONE	<b>10</b> ▲ (+1) San Francisco-Oakland-Berkeley San Jose-Sunnyvale-Santa Clara Oxnard-Thousand Oaks-Ventura Santa Rosa-Petaluma Santa Maria-Santa Barbara San Luis Obispo-Paso Robles Santa Cruz-Watsonville Napa Chico Ukiah	<b>11</b> ■ (+0) Santa Clara Alameda Contra Costa Ventura Sonoma Santa Barbara San Luis Obispo Santa Cruz Napa Butte Mendocino
Change from previous week's alerts:      ▲ Increase      ■ Stable      ▼ Decrease		

**All Red CBSAs:** Los Angeles-Long Beach-Anaheim, Riverside-San Bernardino-Ontario, Sacramento-Roseville-Folsom, Bakersfield, Stockton, Modesto, Visalia, El Centro, Merced, Hanford-Corcoran, Yuba City, Truckee-Grass Valley, Red Bluff, Clearlake

**All Red Counties:** Los Angeles, San Bernardino, Riverside, Orange, Sacramento, Kern, San Joaquin, Stanislaus, Tulare, Imperial, Merced, Kings, Sutter, El Dorado, Yuba, Nevada, Tehama, San Benito, Lake

\* 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

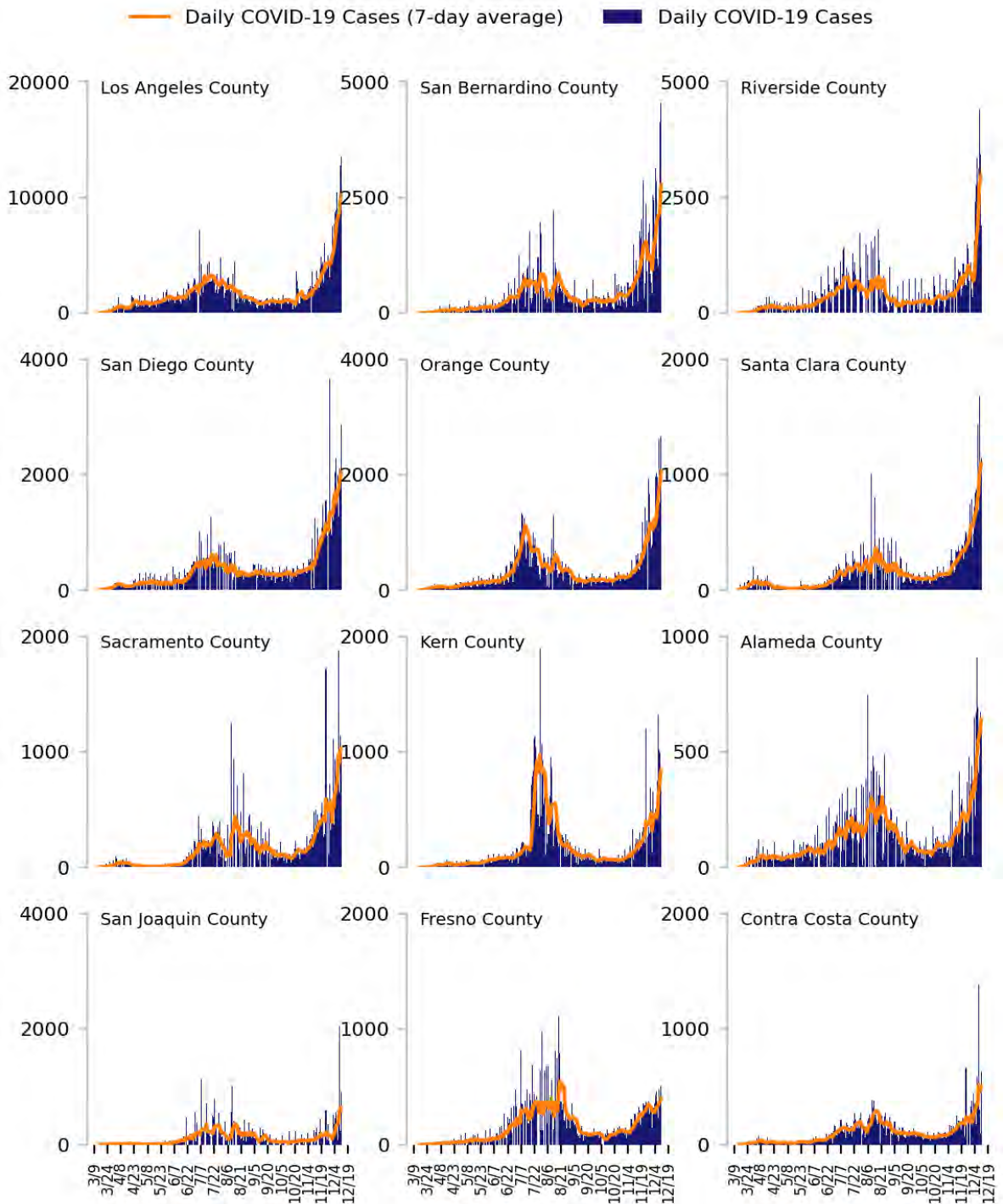
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Testing data for California is complete through 12/8. Values shown may be inaccurate or incomplete.



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

TOTAL DAILY CASES



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

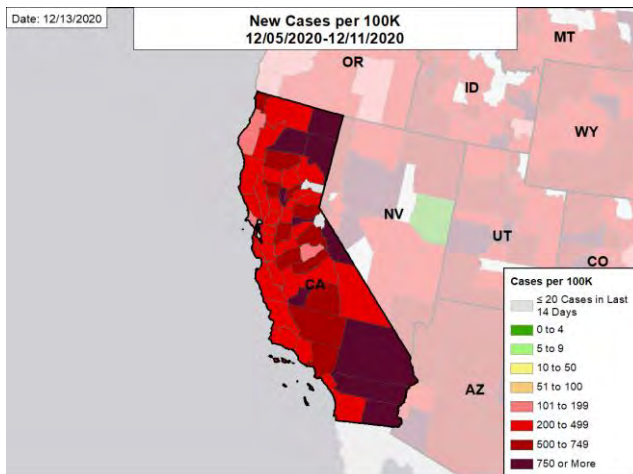
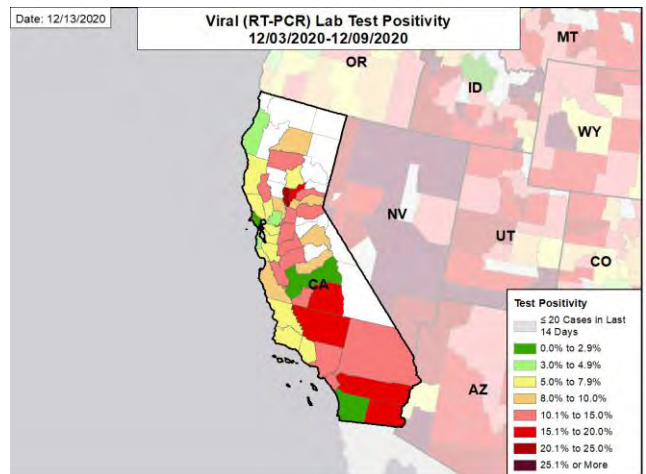
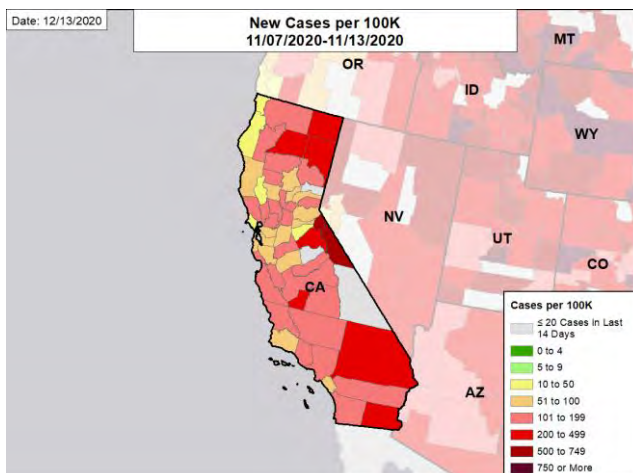
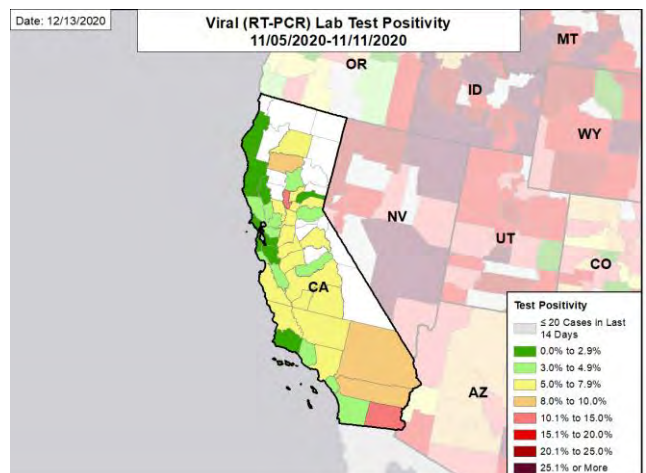
**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.



# CALIFORNIA

STATE REPORT | 12.13.2020

## 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11. Testing data for California is complete through 12/8. Values shown may be inaccurate or incomplete.

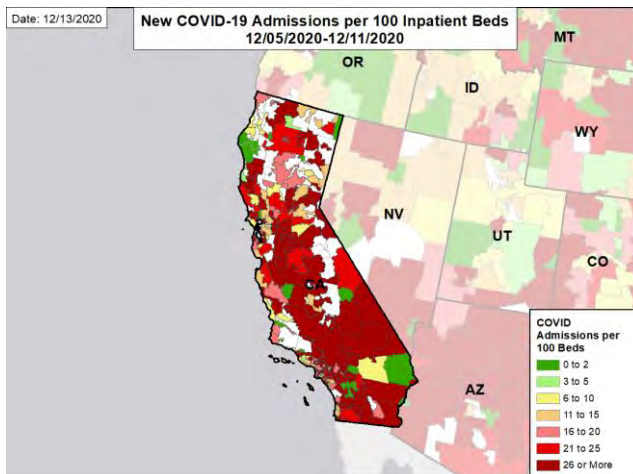


# CALIFORNIA

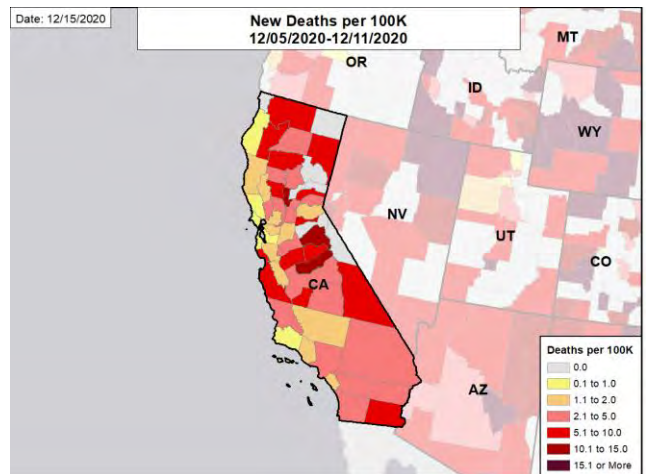
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

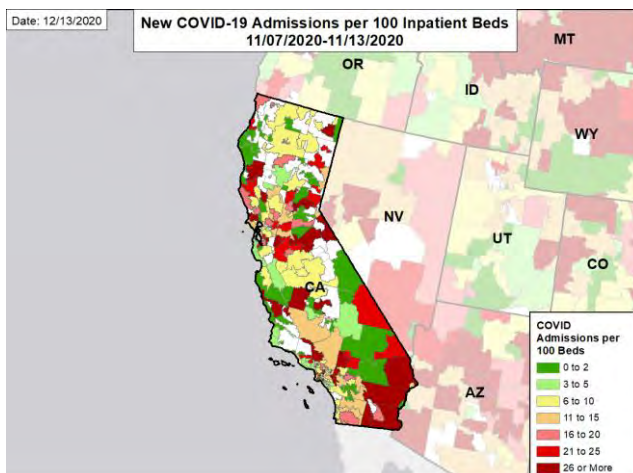
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



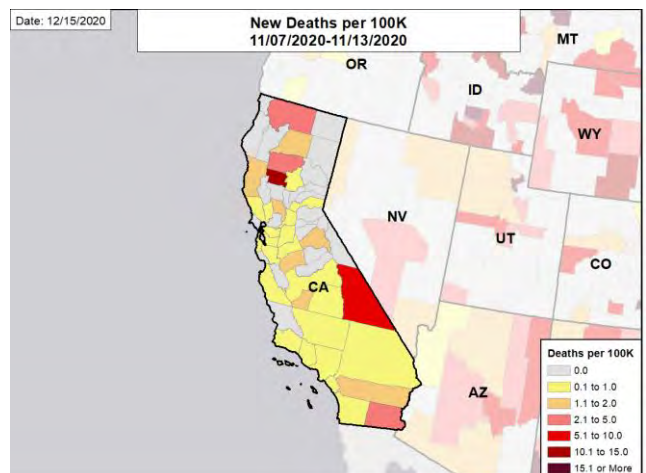
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.



# COLORADO

## STATE REPORT

12.13.2020

Issue 26

### SUMMARY

- Colorado is showing signs of stabilization. The state 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. Colorado is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 32nd highest rate in the country.
- Colorado has seen stability in new cases (-6%) and a decrease in test positivity last week. New hospitalizations were lower than in the previous week and the current hospitalizations has also fallen from a peak around Dec 1. Colorado is maintaining 3 of an initial 5 alternative care sites.
- High level transmission continues to involve counties throughout the state. The following three counties had the highest number of new cases over the last 3 weeks: 1. El Paso County, 2. Denver County, and 3. Arapahoe County. These counties represent 35.7% of new cases in Colorado.
- 83% 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 30 - Dec 6, 42% of nursing homes had at least one new resident COVID-19 case, 62% had at least one new staff COVID-19 case, and 22% had at least one new resident COVID-19 death.
- Colorado had 511 new cases per 100,000 population, compared to a national average of 451 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 70 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 Dec 5 - Dec 11, on average, 242 patients with confirmed COVID-19 and 92 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Colorado. This is a decrease of 14% in total new COVID-19 hospital admissions.

### RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- **Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- **For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Ensure all clinical facilities have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; maximal access to medications, supplies, and staffing; and are accurately reporting current status of each resource. Continue to support a platform for efficient patient transfers.
- Continue to prioritize efforts toward marginalized communities that are disproportionately being impacted by COVID-19, including a strategy that prioritizes the allocation of the monoclonal antibody preparations to outpatient centers that serve more marginalized populations with higher levels of risk factors.
- Increase frequency of LTCF testing and rapid implementation of vaccination in LTCFs as vaccine becomes available given continuing outbreaks and deaths.
- Ensure all K-12 schools are following CDC guidelines; use BINAX tests to routinely test all teachers as indicator of community spread. Ensure IHEs returning after winter break move to mandatory weekly testing of all on and off campus students. Begin planning now.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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



COVID-19



# COLORADO

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	29,448 (511)	-6%	67,460 (550)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	11.1%	-1.5%*	12.6%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	279,415** (4,852**)	-2%**	500,014** (4,079**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	508 (8.8)	+41%	1,025 (8.4)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	42%	N/A*†	39%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	62%	N/A*†	59%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	22%	N/A*†	20%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	2,340 (23)	-14% (-15%)	4,616 (19)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	10 (11%)	-1% (-9%*)	74 (22%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	14 (16%)	+2% (+17%*)	72 (22%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

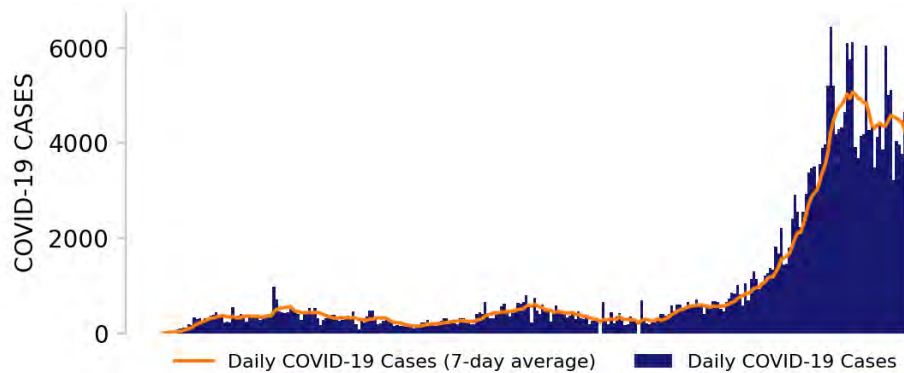
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



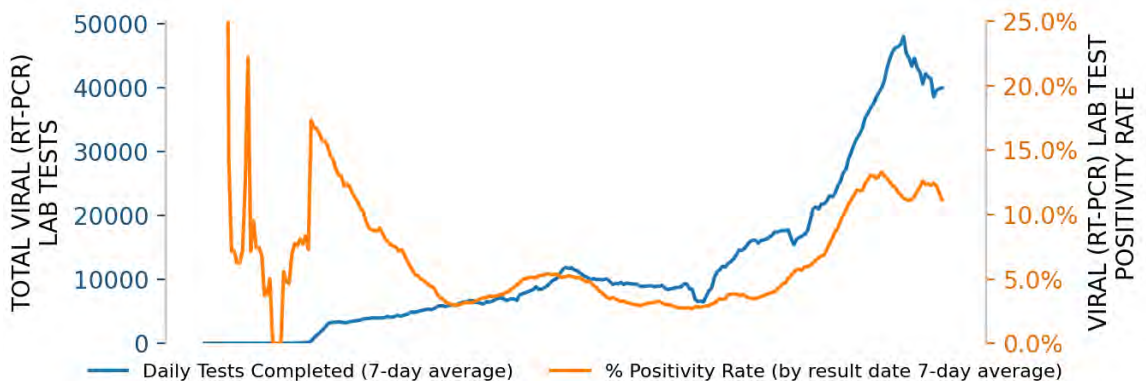
# COLORADO

STATE REPORT | 12.13.2020

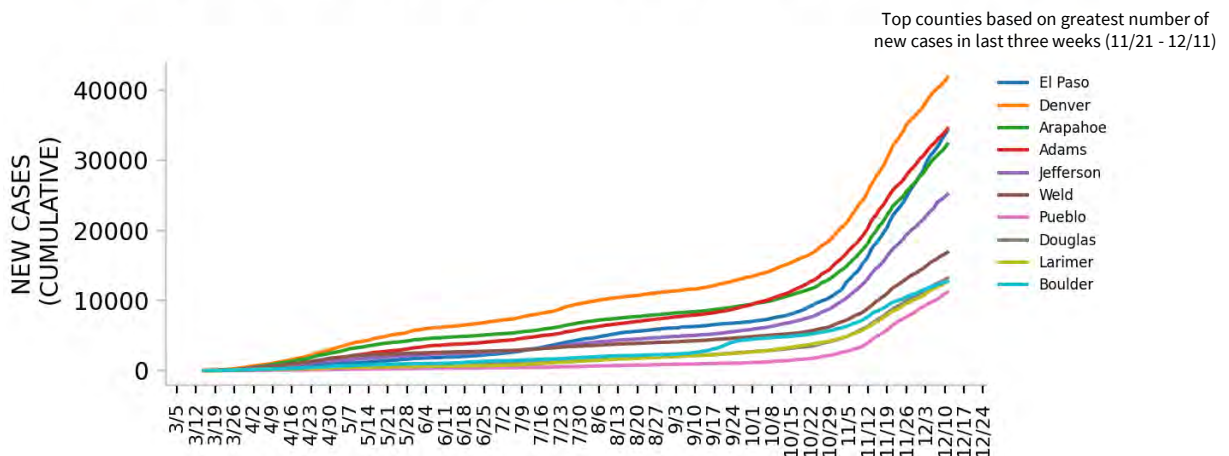
## NEW CASES



## TESTING



## TOP COUNTIES



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

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

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**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.

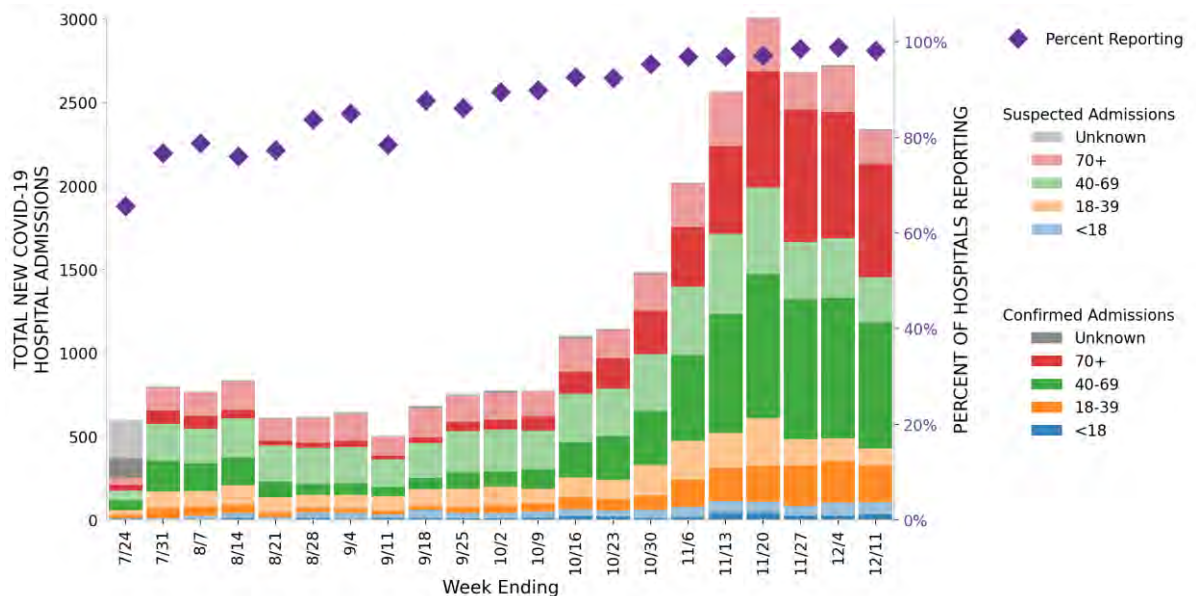


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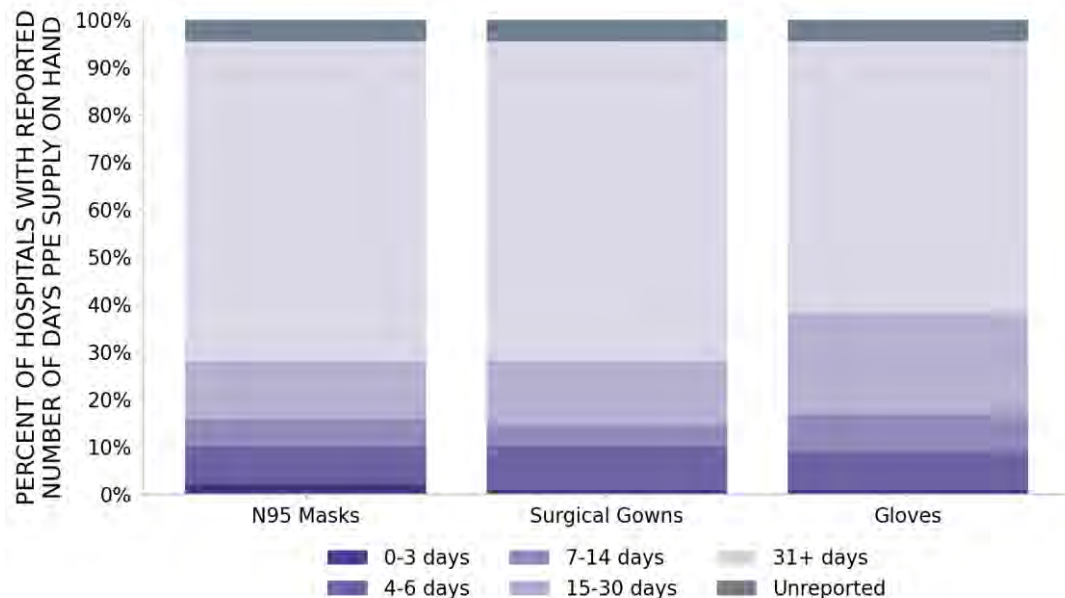
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# COLORADO

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA)

### COUNTIES

LOCALITIES IN RED ZONE	<b>11</b> ▼ (-2)	Denver-Aurora-Lakewood Colorado Springs Greeley Pueblo Fort Collins Glenwood Springs Montrose Edwards Sterling Fort Morgan Craig	<b>34</b> ▼ (-6)	El Paso Arapahoe Adams Jefferson Weld Pueblo Douglas Larimer Garfield Otero Montrose Eagle
	<b>5</b> ▲ (+3)	Grand Junction Cañon City Durango Breckenridge Steamboat Springs	<b>11</b> ▲ (+3)	Denver Mesa Fremont La Plata Broomfield Summit Routt Park Clear Creek Cheyenne Gilpin
	<b>1</b> ▼ (-1)	Boulder	<b>8</b> ▲ (+4)	Boulder Crowley Alamosa Chaffee Pitkin Las Animas Gunnison Baca
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

**All Red Counties:** El Paso, Arapahoe, Adams, Jefferson, Weld, Pueblo, Douglas, Larimer, Garfield, Otero, Montrose, Eagle, Logan, Delta, Lincoln, Bent, Morgan, Montezuma, Prowers, Teller, Elbert, Archuleta, Grand, Moffat, Yuma, Lake, Rio Blanco, Washington, Conejos, San Miguel, Custer, Costilla, Dolores, Kiowa

\* 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

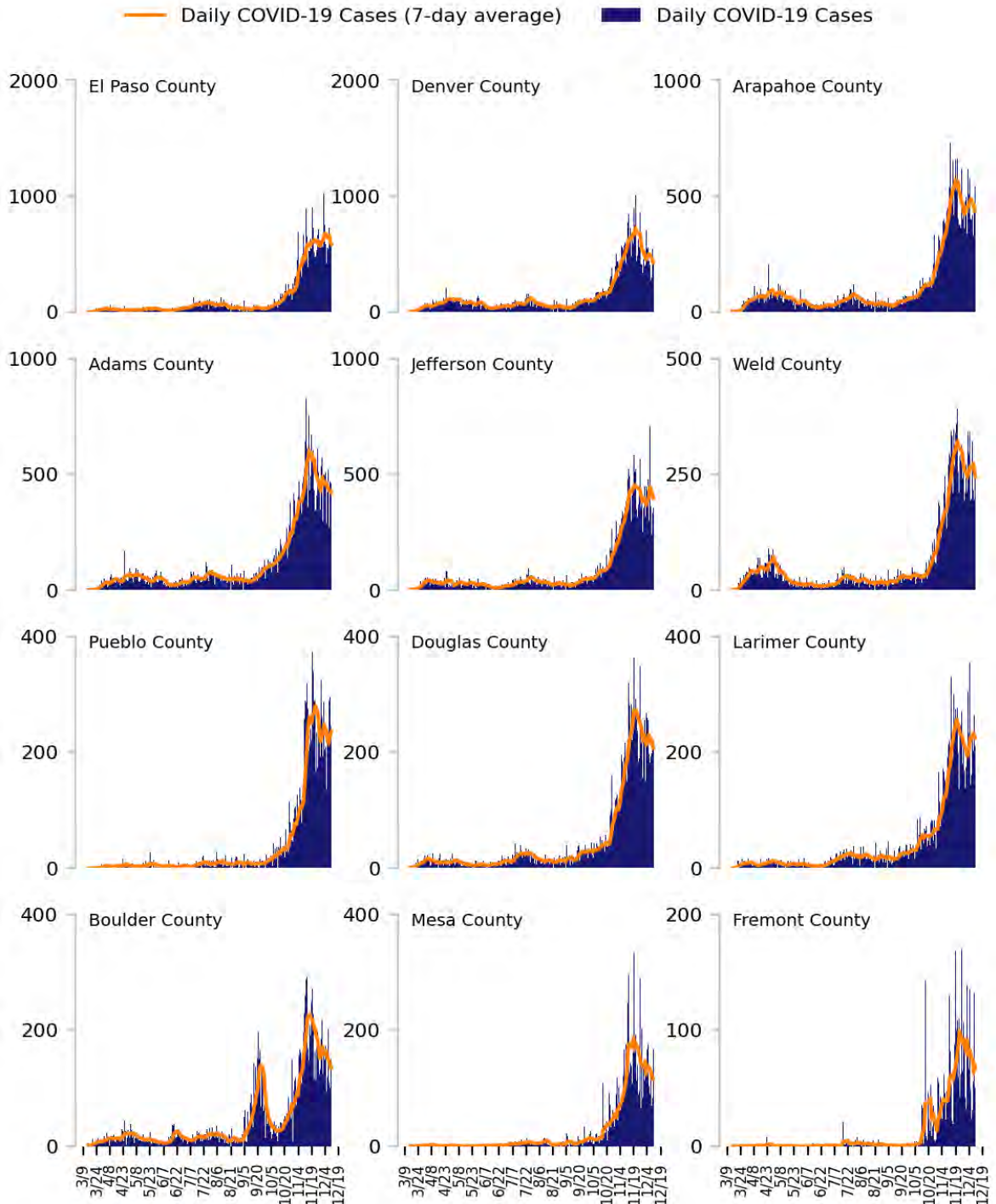
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.

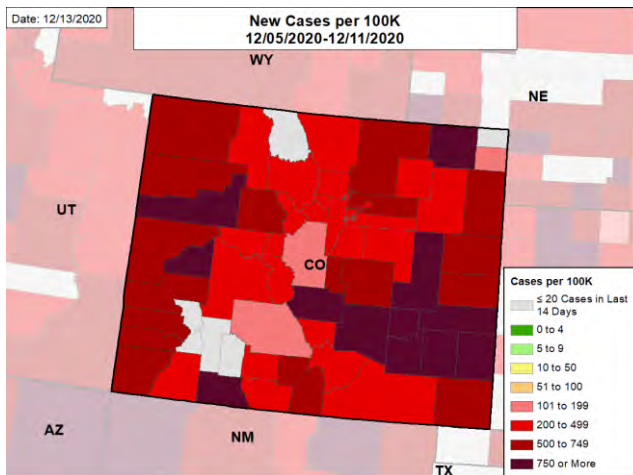


# COLORADO

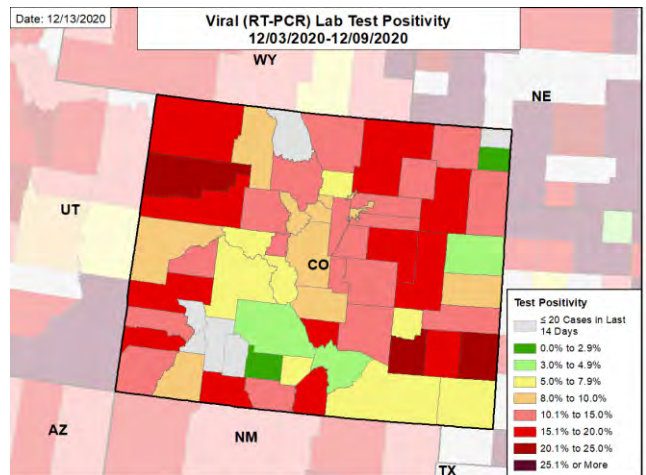
STATE REPORT | 12.13.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY

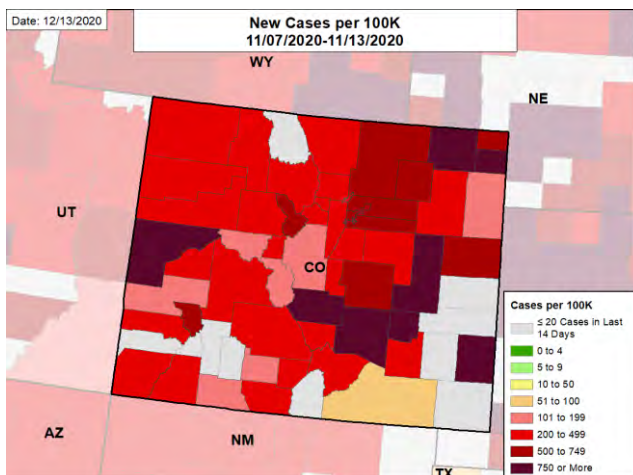
NEW CASES PER 100,000



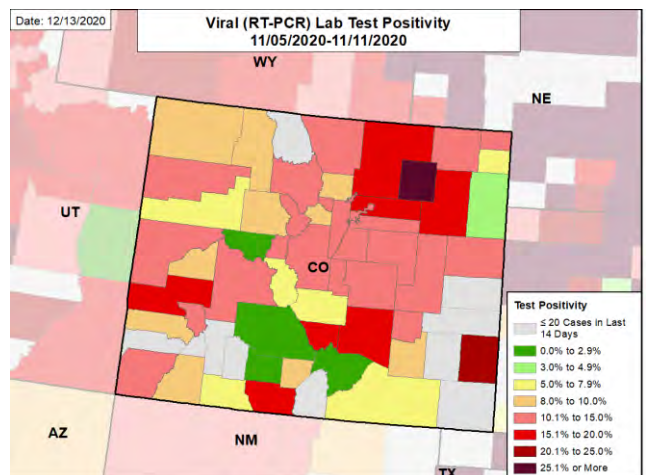
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.



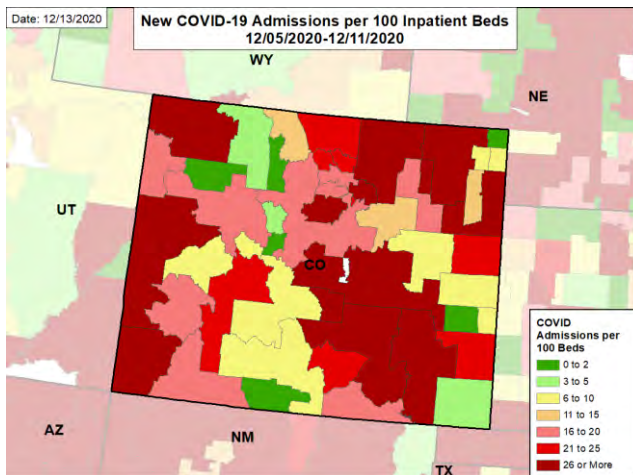


# COLORADO

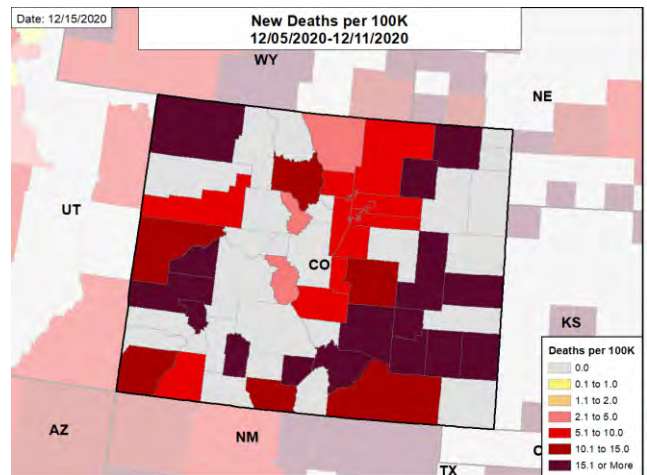
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

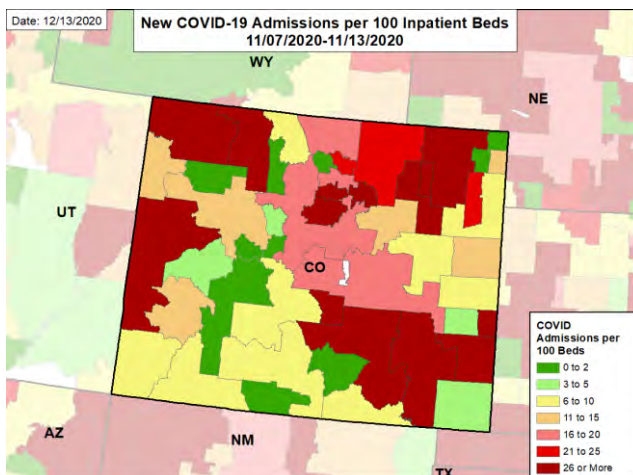
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



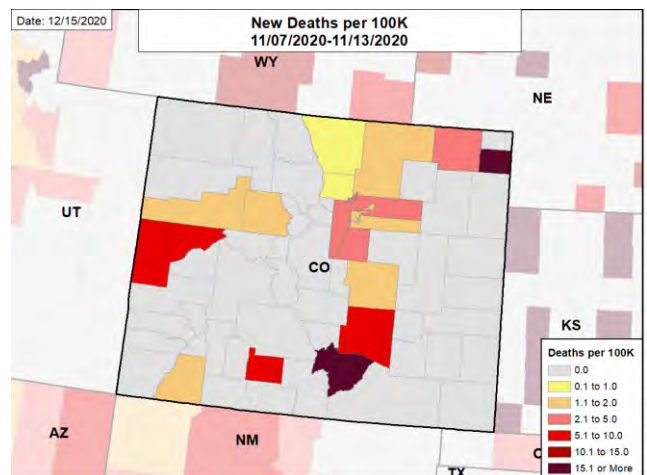
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





# CONNECTICUT

STATE REPORT

12.13.2020

Issue 26

## SUMMARY

- Connecticut 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. Test positivity is unavailable this week due to incomplete data.
- Connecticut has seen a continued increase in new cases. Cases have been at historic highs; multiple cases within families have been reported following Thanksgiving gatherings. Reported new hospitalizations stabilized; current hospitalizations continued to increase through midweek before stabilizing at over 1,200. Hospitals are stretched with staffing shortages adding to the burden from increased COVID cases. Mortality continued to increase; Connecticut reported an average of >30 deaths daily 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 80.0% of new cases in Connecticut.
- Almost all communities continue to be considered "Red Alert" towns by state criteria.
- During the week of Nov 30 - Dec 6, 36% of nursing homes had at least one new resident COVID-19 case, 60% had at least one new staff COVID-19 case, and 14% had at least one new resident COVID-19 death.
- Connecticut had 534 new cases per 100,000 population, compared to a national average of 451 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 Dec 5 - Dec 11, on average, 144 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 new COVID-19 hospital admissions.

## RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- **Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- **For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Ensure all clinical facilities have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; maximal access to medications, supplies, and staffing; and are accurately reporting current status of each resource. Continue to support a platform for efficient patient transfers.
- Continue to prioritize efforts toward marginalized communities that are disproportionately being impacted by COVID-19, including a strategy that prioritizes the allocation of the monoclonal antibody preparations to outpatient centers that serve more marginalized populations with higher levels of risk factors.
- Increase frequency of LTCF testing and rapid implementation of vaccination in LTCFs as vaccine becomes available given continuing outbreaks and deaths.
- Ensure all K-12 schools are following CDC guidelines; use BINAX tests to routinely test all teachers as indicator of community spread. Ensure IHEs returning after winter break move to mandatory weekly testing of all on and off campus students. Begin planning now.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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



COVID-19



# CONNECTICUT

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	19,046 (534)	+26%	70,722 (476)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	N/A	N/A*	6.6%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	0** (0**)	-100%**	786,372** (5,297**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	217 (6.1)	+17%	745 (5.0)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	36%	N/A*†	24%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	60%	N/A*†	48%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	14%	N/A*†	9%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,583 (19)	-4% (-3%)	5,119 (15)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	6 (19%)	+0% (+0%*)	51 (28%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	3 (10%)	+0% (+0%*)	26 (14%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2. Testing data were incomplete for this time period and percent positivity cannot be calculated.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

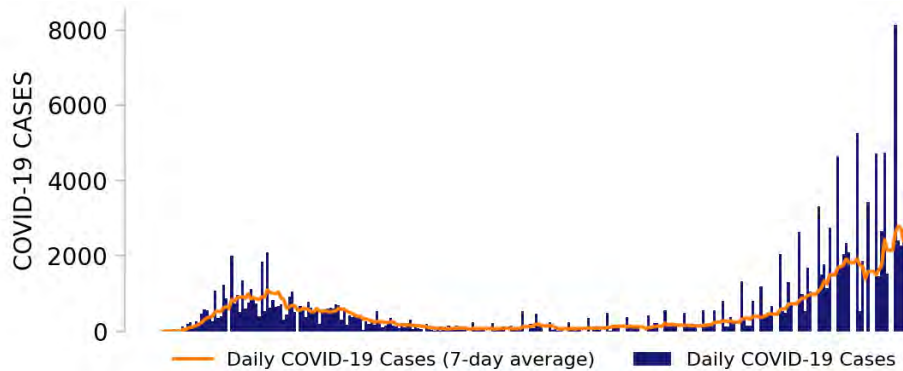
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



# CONNECTICUT

STATE REPORT | 12.13.2020

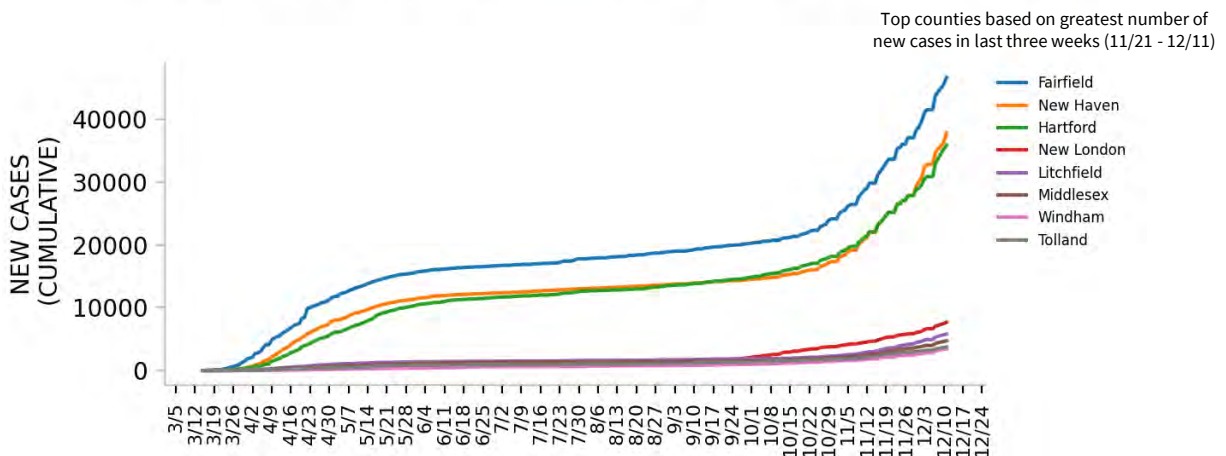
## NEW CASES



## TESTING



## TOP COUNTIES



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

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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Testing data were incomplete for this time period and percent positivity cannot be calculated.

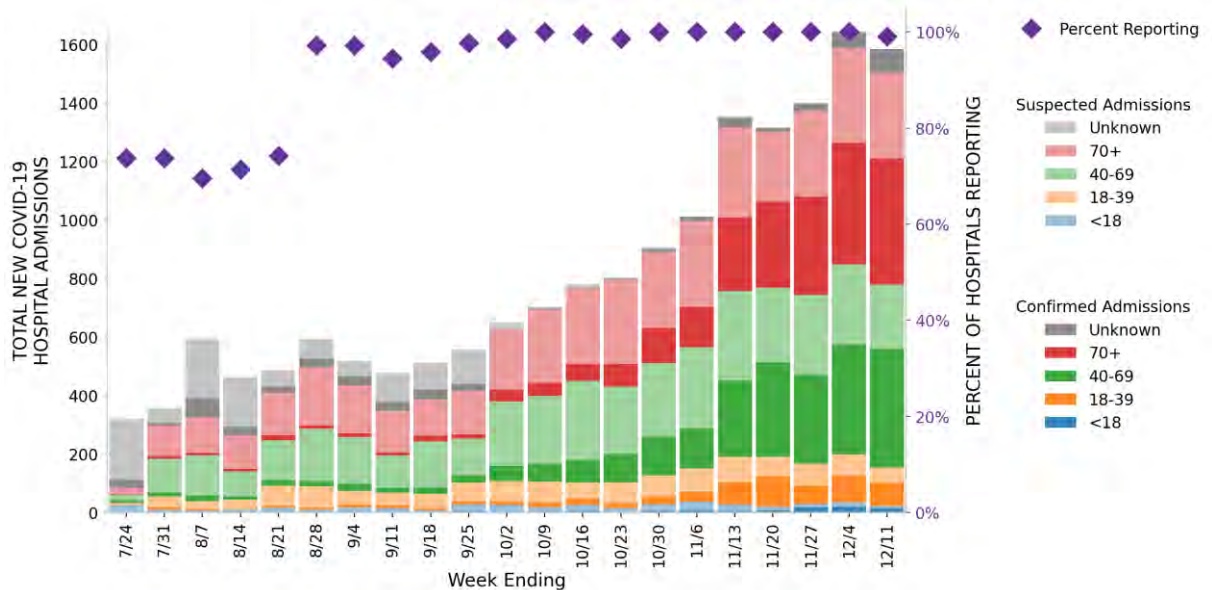


# CONNECTICUT

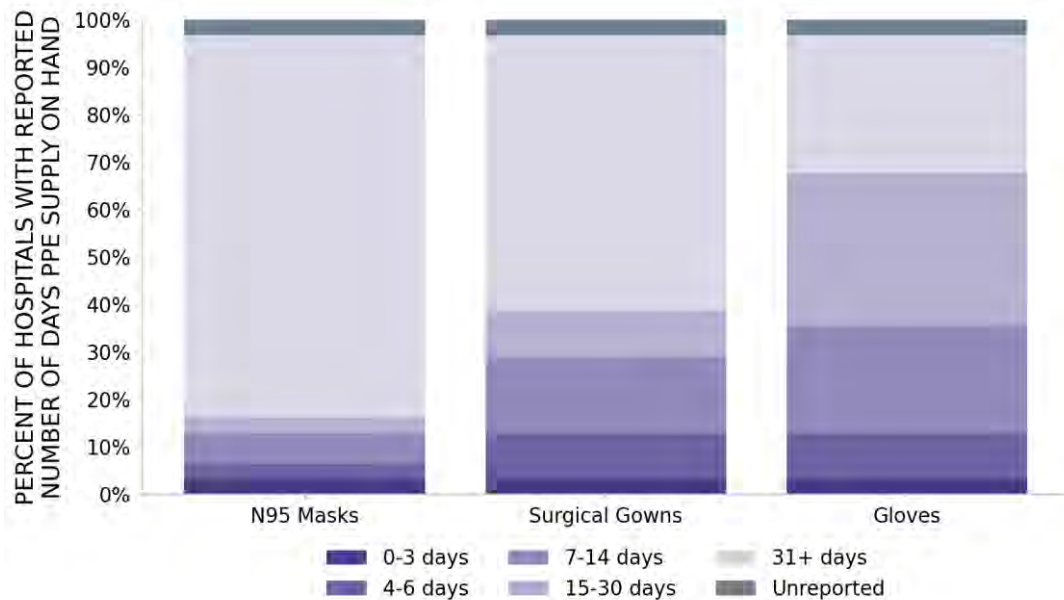
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# CONNECTICUT

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	0 ▼ (-3)	N/A	0 ▼ (-3)	N/A
LOCALITIES IN ORANGE ZONE	0 ▼ (-1)	N/A	0 ▼ (-3)	N/A
LOCALITIES IN YELLOW ZONE	1 ▼ (-1)	Worcester	0 ▼ (-2)	N/A
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

Alerts in this table may be incorrect or incomplete due to incomplete testing data for this time period.

\* 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.

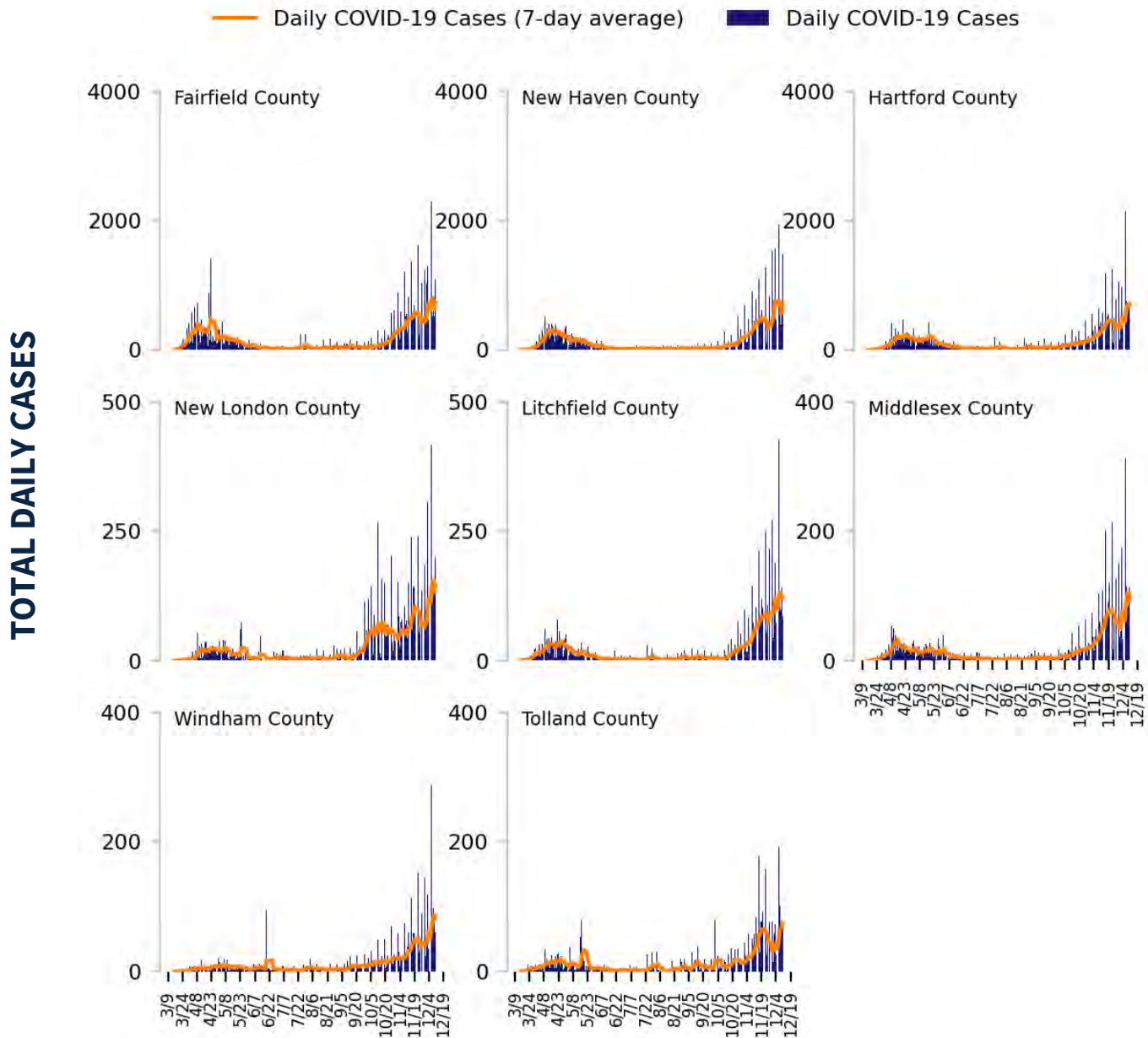
**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Testing data were incomplete for this time period and percent positivity cannot be calculated.



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



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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.

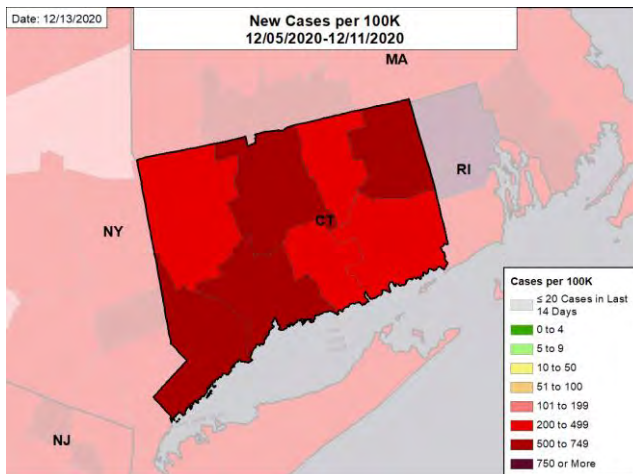


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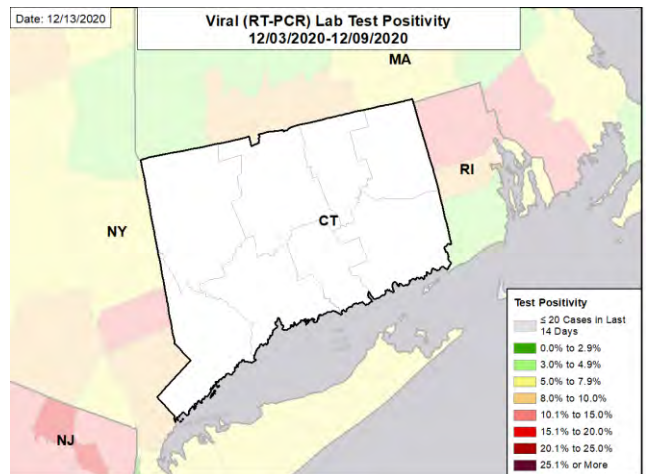
STATE REPORT | 12.13.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY

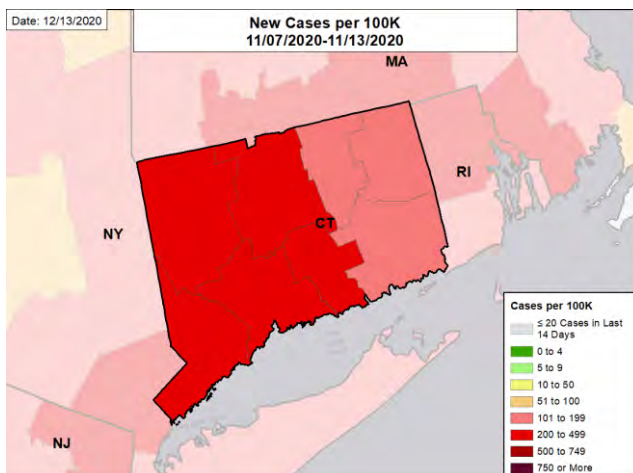
### NEW CASES PER 100,000



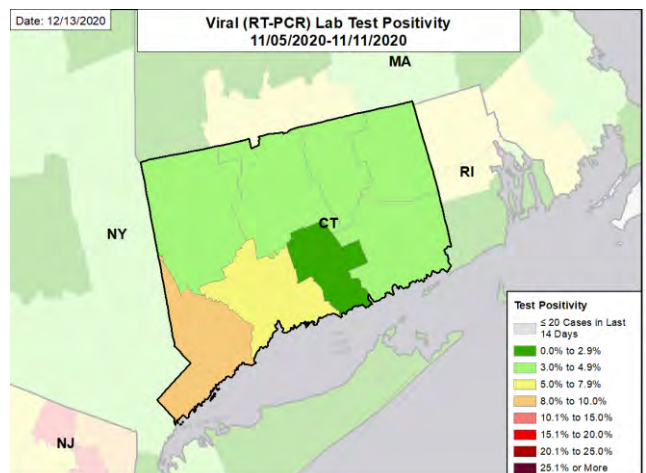
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11. Testing data were incomplete for this time period and percent positivity cannot be calculated.

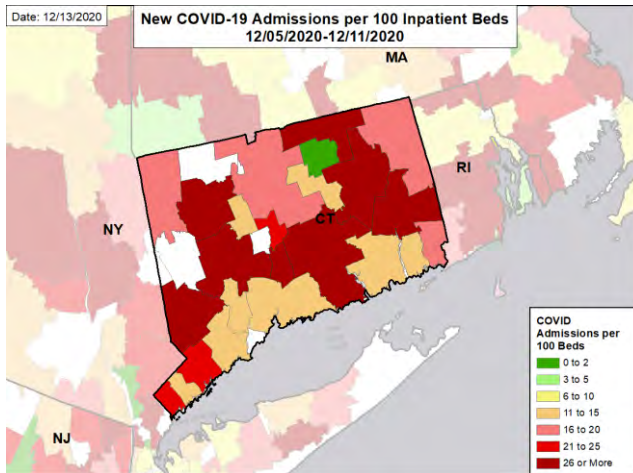


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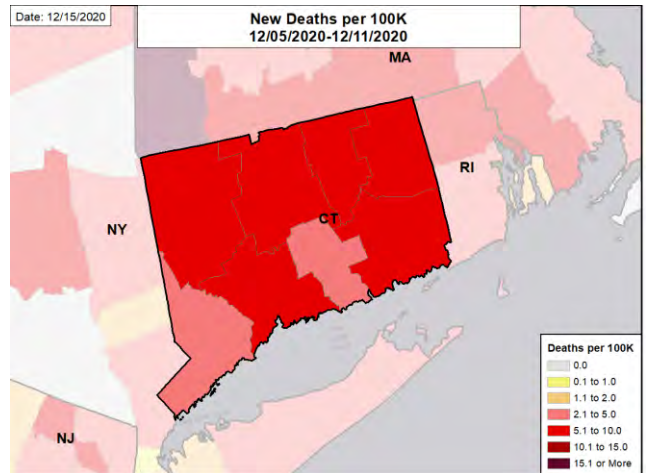
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

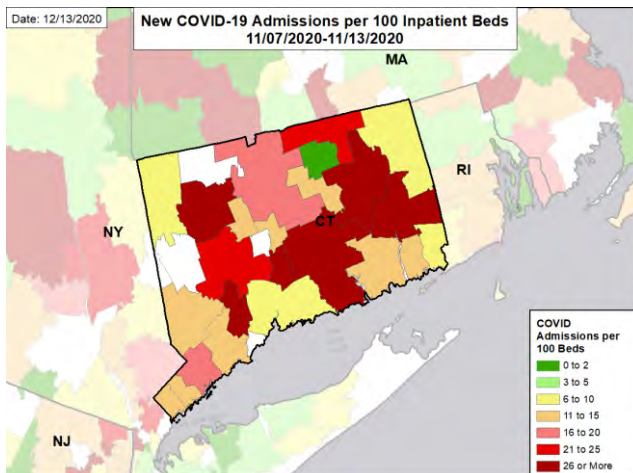
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



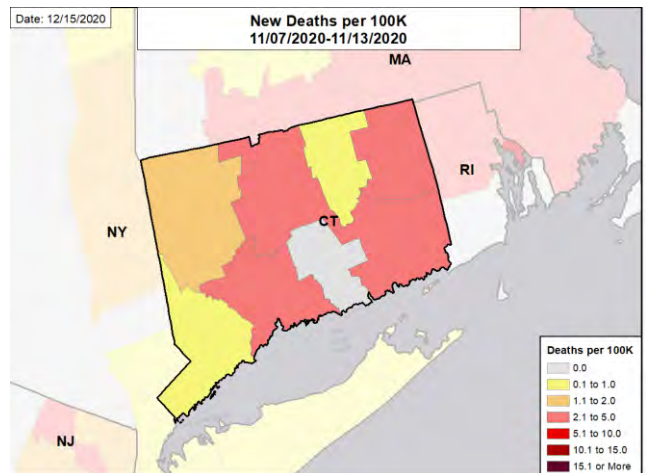
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





# DELAWARE

## STATE REPORT

12.13.2020

Issue 26

### SUMMARY

- Delaware's epidemic worsened rapidly last week. The state 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. Delaware 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.
- Delaware has seen an increase in new cases and an increase in test positivity. Cases continue to break records; COVID hospitalizations continued to increase and have exceeded peak levels seen in late April. Intensified mitigation measures, including increased business occupancy restrictions, a stay-at-home advisory, and an indoor mask mandate will begin on Dec 14.
- 100% of all counties in Delaware 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 30 - Dec 6, 23% of nursing homes had at least one new resident COVID-19 case, 51% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death.
- Delaware had 557 new cases per 100,000 population, compared to a national average of 451 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 and 5 to support medical activities from VA.
- Between Dec 5 - Dec 11, on average, 55 patients with confirmed COVID-19 and 23 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Delaware. This is an increase of 7% in total new COVID-19 hospital admissions.

### RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
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- Ensure all K-12 schools are following CDC guidelines; use BINAX tests to routinely test all teachers as indicator of community spread. Ensure IHEs returning after winter break move to mandatory weekly testing of all on and off campus students. Begin planning now.
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COVID-19



# DELAWARE

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	5,420 (557)	+28%	133,351 (432)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.5%	+1.0%*	13.4%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	63,109** (6,481**)	+9%**	1,139,493** (3,693**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	25 (2.6)	+32%	1,798 (5.8)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	23%	N/A*†	33%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	51%	N/A*†	57%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	N/A*†	15%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	545 (21)	+7% (+6%)	18,662 (26)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	0 (0%)	+0% (N/A*)	79 (20%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	1 (12%)	+0% (+0%*)	101 (26%)	1,334 (26%)

\* Indicates absolute change in percentage points.

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**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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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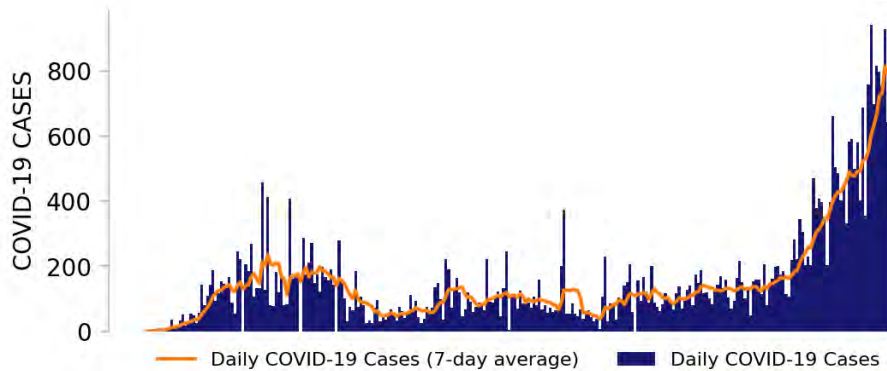
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# DELAWARE

STATE REPORT | 12.13.2020

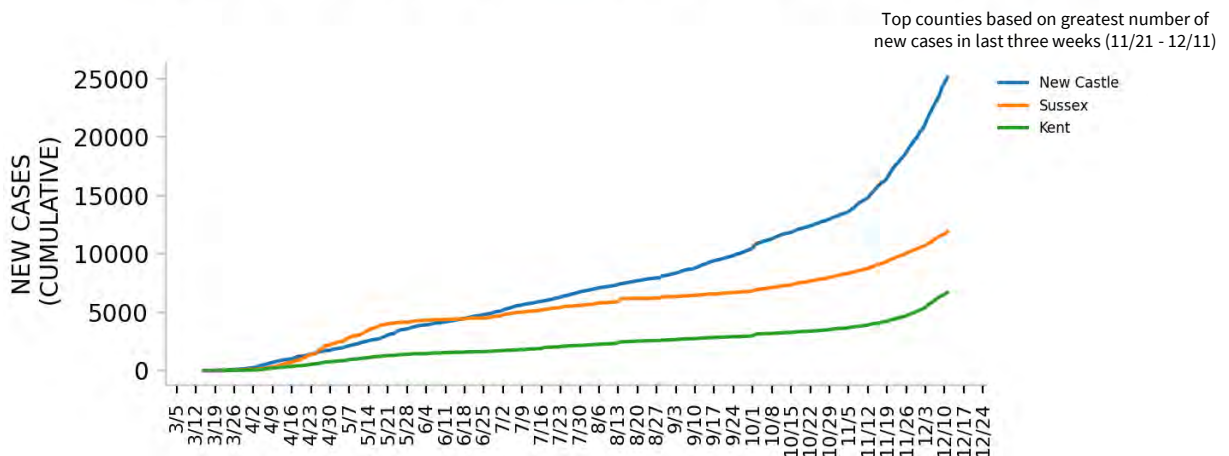
## NEW CASES



## TESTING



## TOP COUNTIES



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**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.

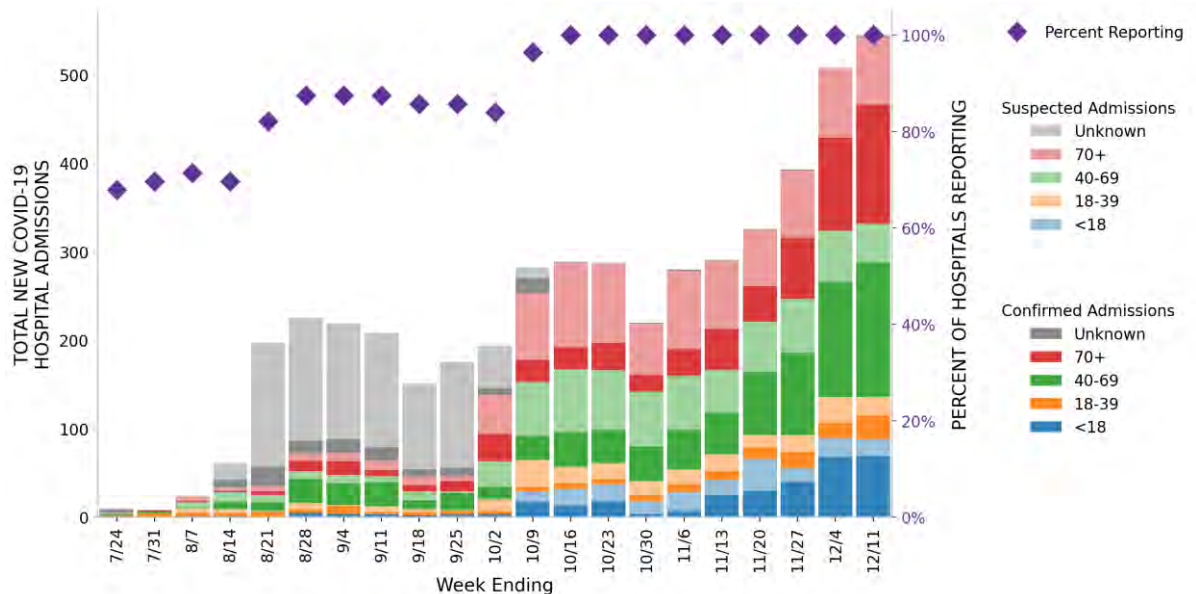


# DELAWARE

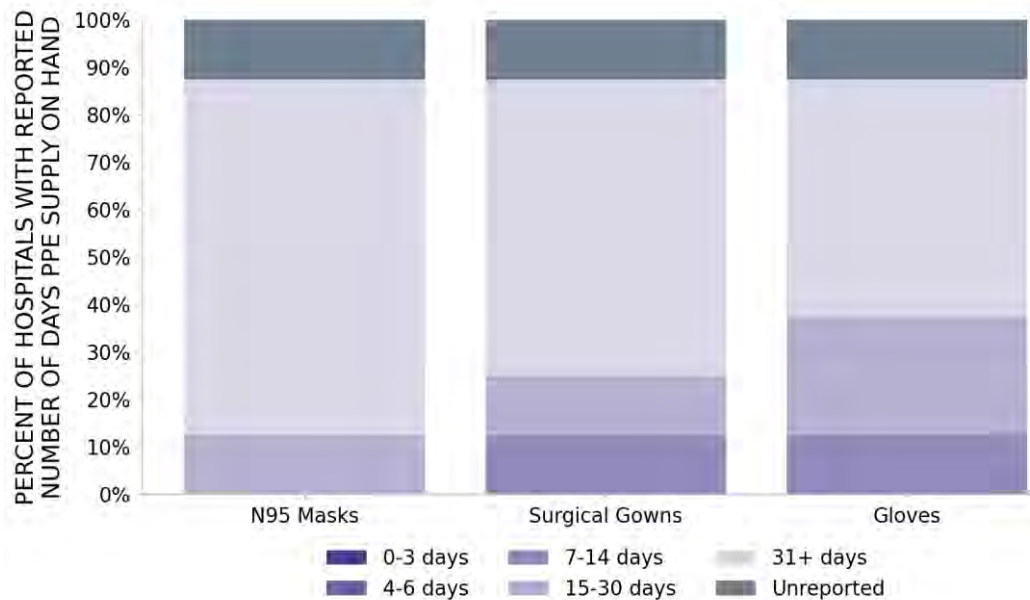
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# DELAWARE

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

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

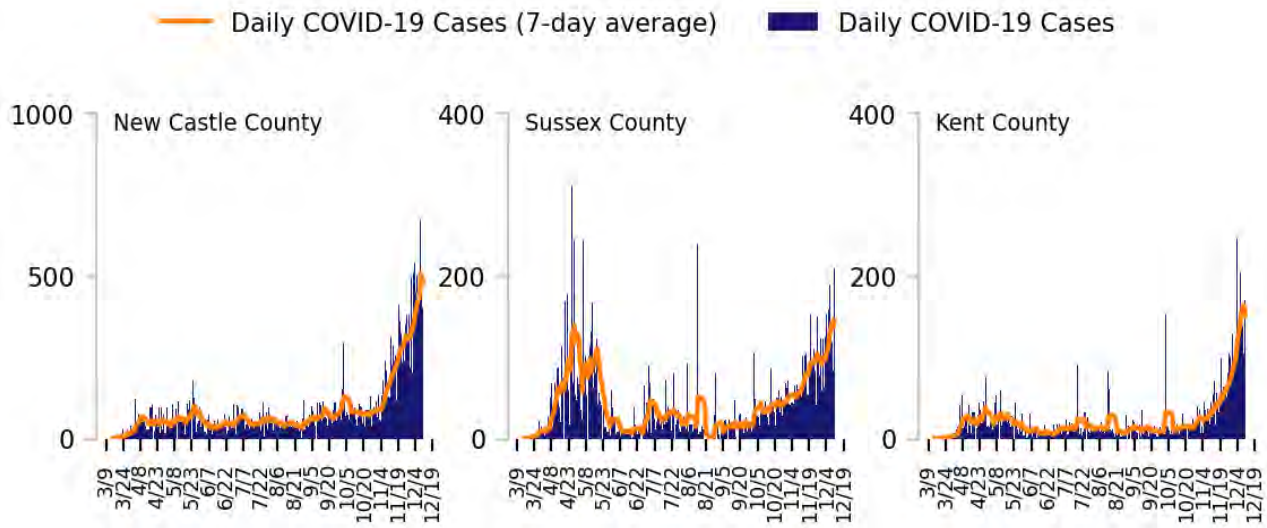
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.

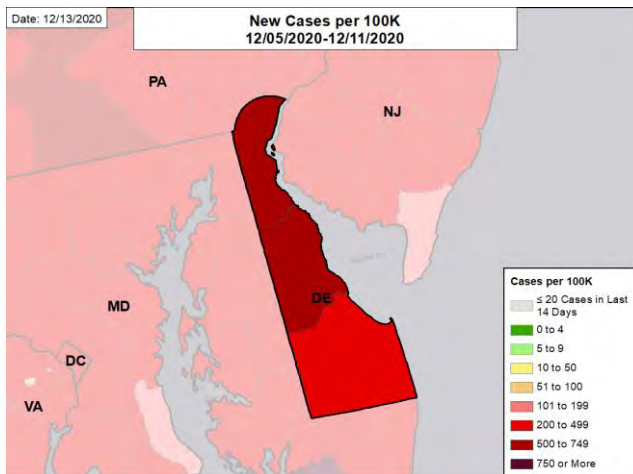


# DELAWARE

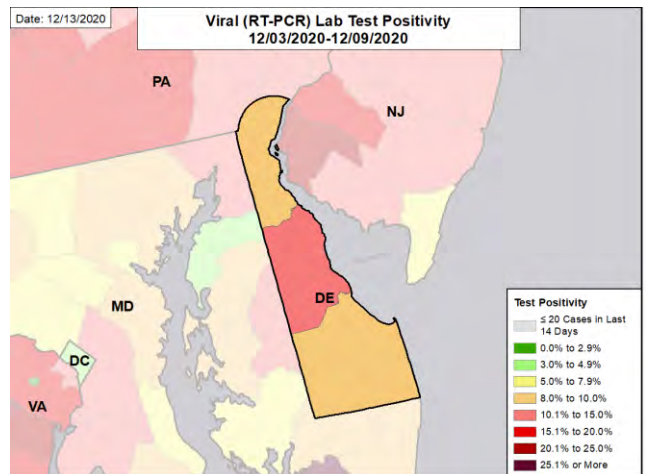
STATE REPORT | 12.13.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY

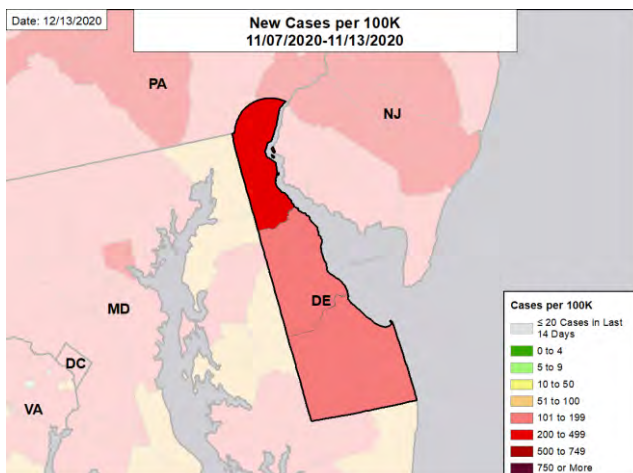
### NEW CASES PER 100,000



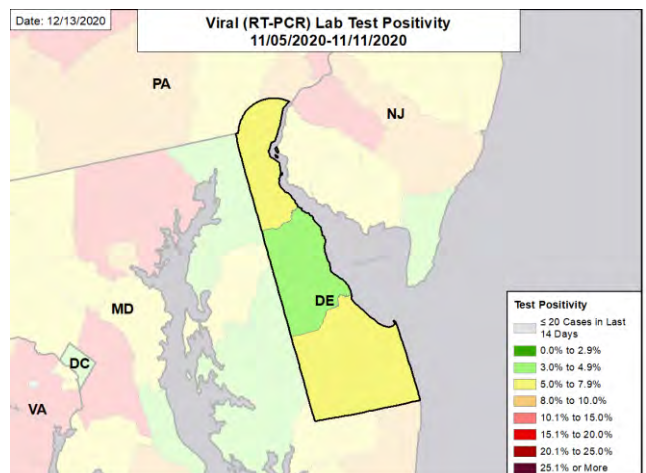
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.

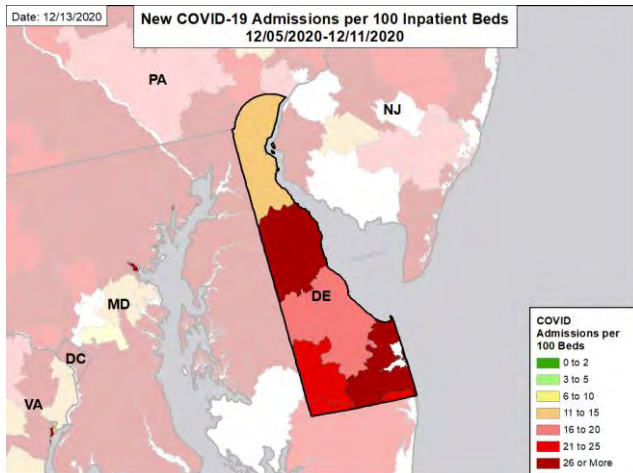


# DELAWARE

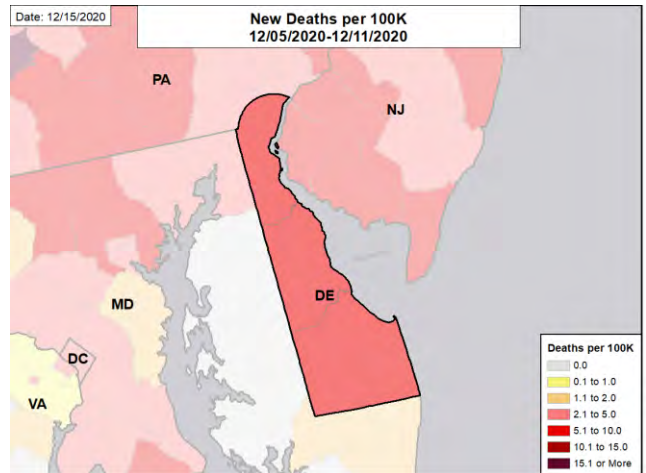
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

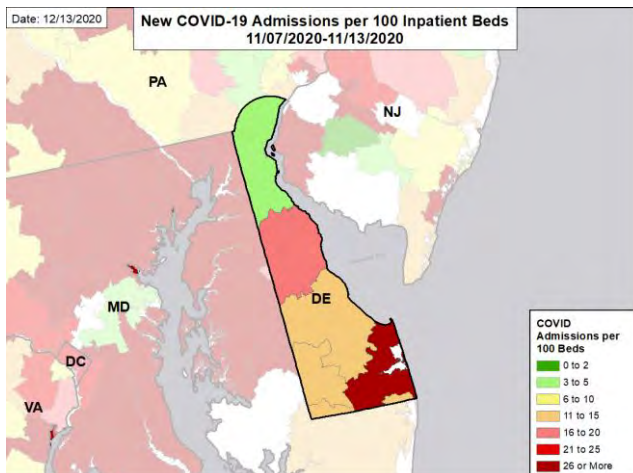
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



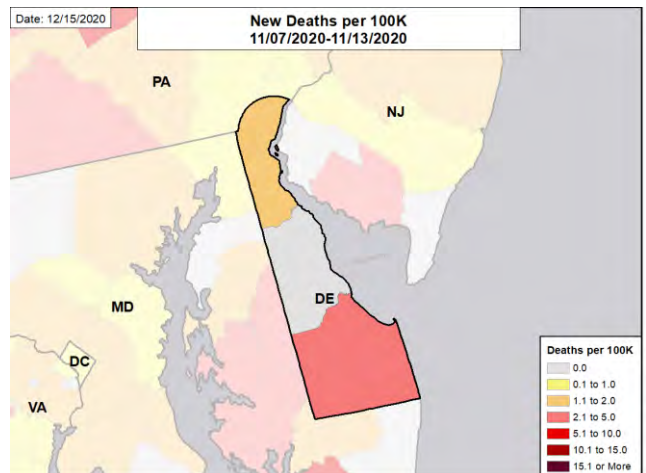
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





# THE DISTRICT OF COLUMBIA

## SUMMARY

- The District of Columbia's COVID-19 burden continued to increase for a 7th week. 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 47th highest rate in the country.
- The District of Columbia has seen an increase in new cases and stability in test positivity. Case investigation data identify prior patronization of restaurants as a common potential risk factor. Current hospitalizations continued to increase, reaching levels last seen in early June.
- Mitigation: Phase 2 adjustments went into place on Nov 25, including limiting indoor gatherings to 10 people, prohibiting alcohol sales at restaurants past 10pm, suspending all indoor exercise classes, and encouraging telework when possible. New restrictions on contact sports for high school and local teams were implemented last week.
- During the week of Nov 30 - Dec 6, 18% of nursing homes had at least one new resident COVID-19 case, 59% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death.
- The District of Columbia had 266 new cases per 100,000 population, compared to a national average of 451 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 Dec 5 - Dec 11, on average, 29 patients with confirmed COVID-19 and 90 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in the District of Columbia. This is a minimal change in total new COVID-19 hospital admissions.
- Hospitals are reporting critical staffing shortages, but the city is managing.

## RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- **Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- **For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, city workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Ensure all clinical facilities have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; maximal access to medications, supplies, and staffing; and are accurately reporting current status of each resource. Continue to support a platform for efficient patient transfers.
- Continue to prioritize efforts toward marginalized communities that are disproportionately being impacted by COVID-19, including a strategy that prioritizes the allocation of the monoclonal antibody preparations to outpatient centers that serve more marginalized populations with higher levels of risk factors.
- Increase frequency of LTCF testing and rapid implementation of vaccination in LTCFs as vaccine becomes available given continuing outbreaks and deaths.
- Ensure all K-12 schools are following CDC guidelines; use BINAX tests to routinely test all teachers as indicator of community spread. Ensure IHEs returning after winter break move to mandatory weekly testing of all on and off campus students. Begin planning now.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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





# THE DISTRICT OF COLUMBIA

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	1,877 (266)	+22%	133,351 (432)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.9%	-0.2%*	13.4%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	1,786** (253**)	-96%**	1,139,493** (3,693**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	16 (2.3)	+0%	1,798 (5.8)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	18%	N/A*†	33%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	59%	N/A*†	57%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	N/A*†	15%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	829 (27)	+1% (+0%)	18,662 (26)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	2 (18%)	+1% (+100%*)	79 (20%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	0 (0%)	+0% (N/A*)	101 (26%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2. Testing data for DC is complete through 12/3. Values shown may be inaccurate or incomplete.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

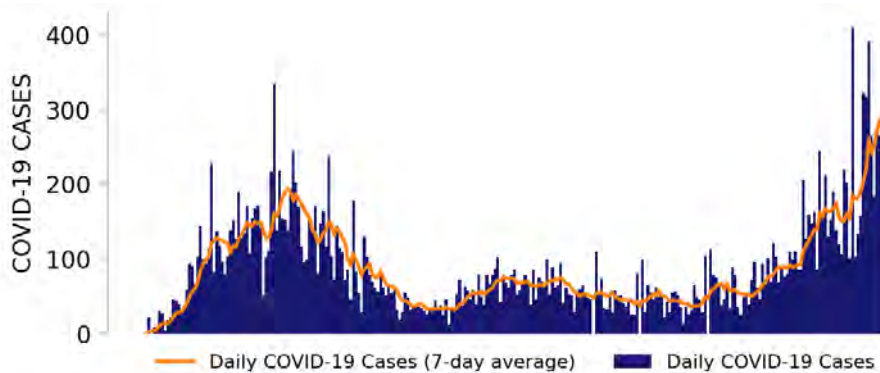
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



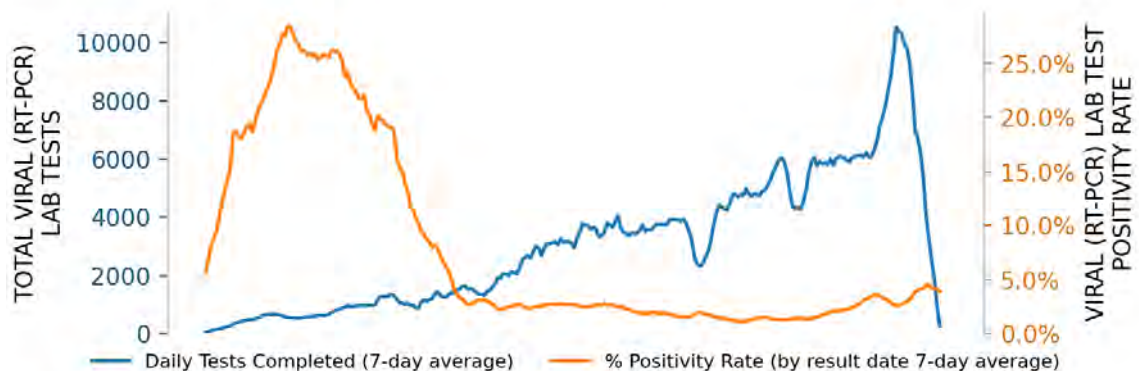
# THE DISTRICT OF COLUMBIA

STATE REPORT | 12.13.2020

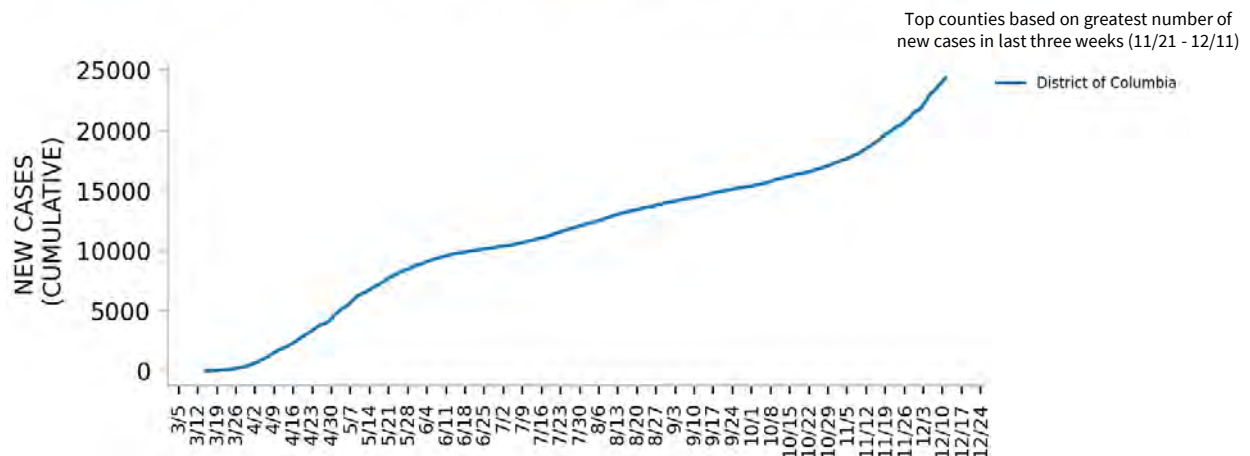
## NEW CASES



## TESTING



## TOP COUNTIES



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

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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Testing data for DC is complete through 12/3. Values shown may be inaccurate or incomplete.

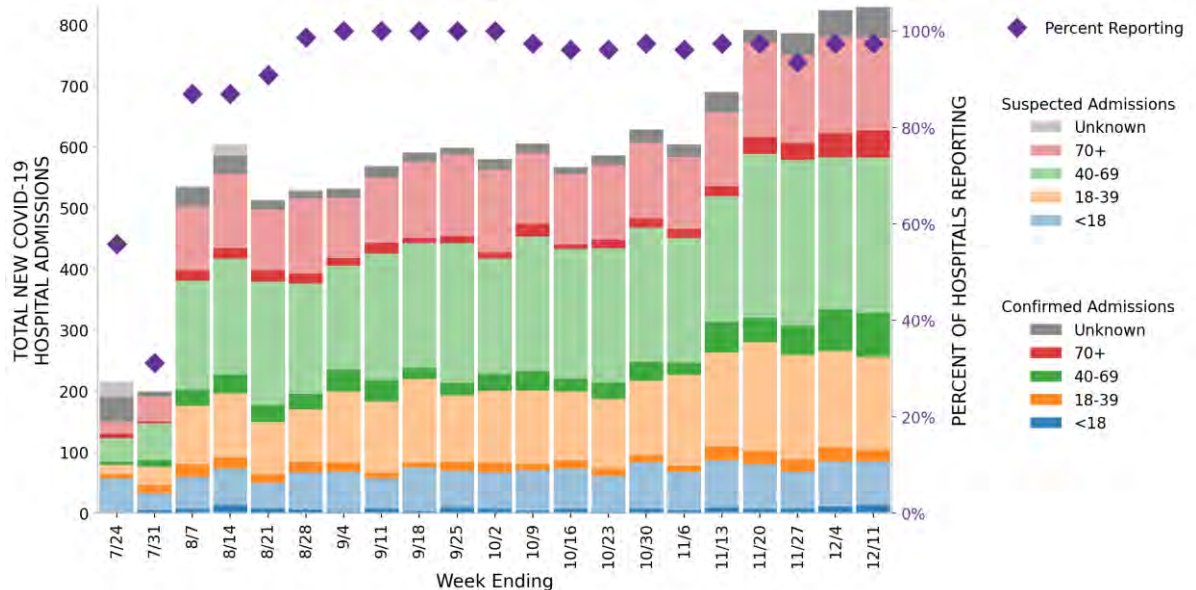


# THE DISTRICT OF COLUMBIA

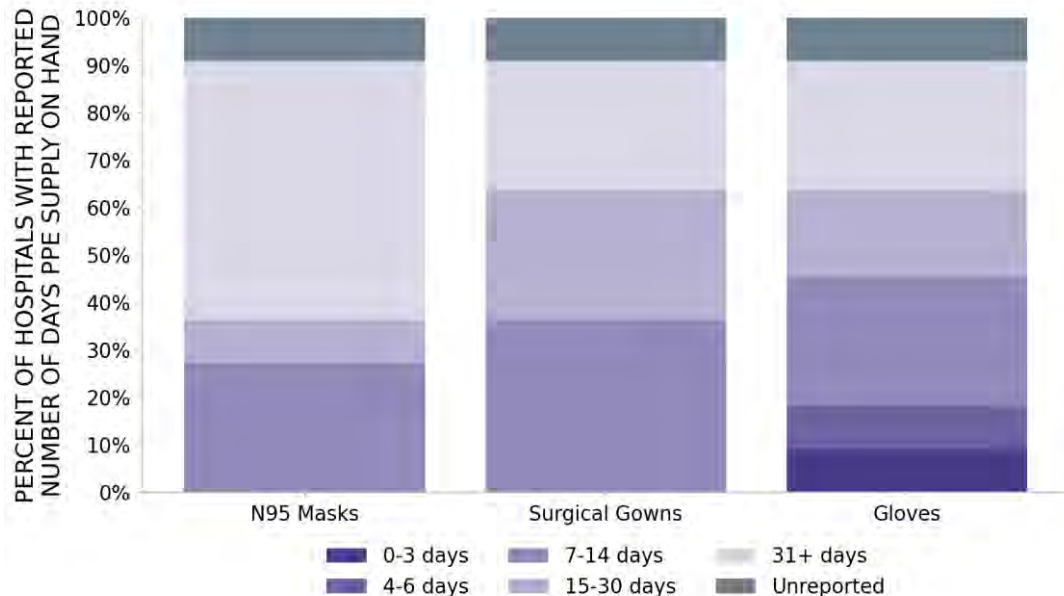
STATE REPORT | 12.13.2020

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.

**PPE:** Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# THE DISTRICT OF COLUMBIA

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)		COUNTIES	
LOCALITIES IN RED ZONE	<div>1</div> <div>▲ (+1)</div>	Washington-Arlington-Alexandria	<div>0</div> <div>■ (+0)</div>	N/A
LOCALITIES IN ORANGE ZONE	<div>0</div> <div>■ (+0)</div>	N/A	<div>0</div> <div>■ (+0)</div>	N/A
LOCALITIES IN YELLOW ZONE	<div>0</div> <div>▼ (-1)</div>	N/A	<div>0</div> <div>■ (+0)</div>	N/A
Change from previous week's alerts:      ▲ Increase      ■ Stable      ▼ Decrease				

Alerts in this table may be incorrect or incomplete due to incomplete testing data for this time period.

\* 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

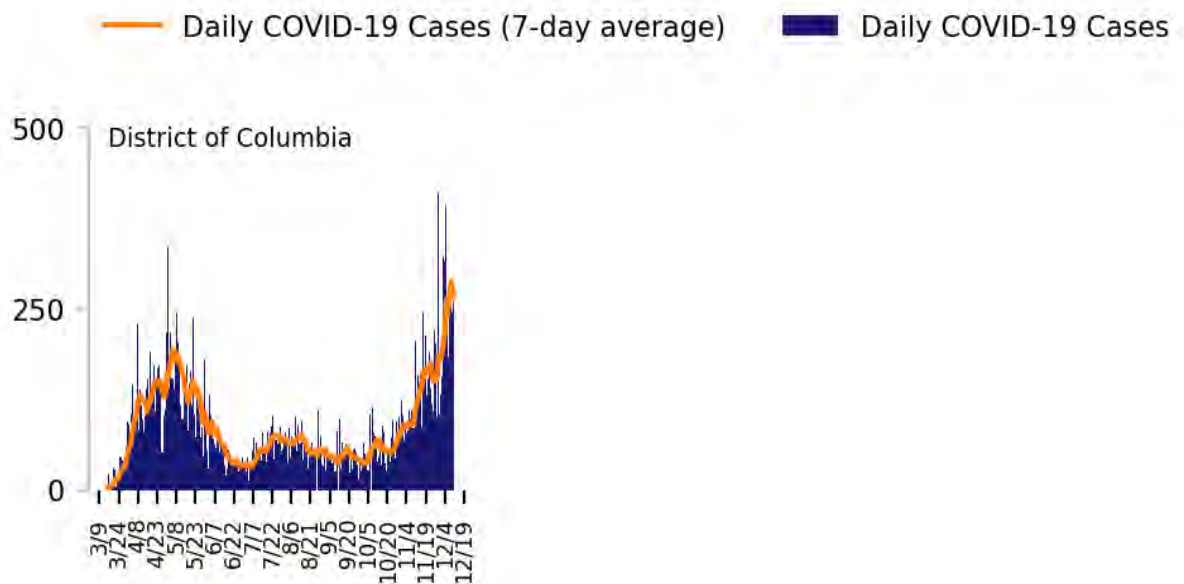
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Testing data for DC is complete through 12/3. Values shown may be inaccurate or incomplete.



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

TOTAL DAILY CASES



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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.

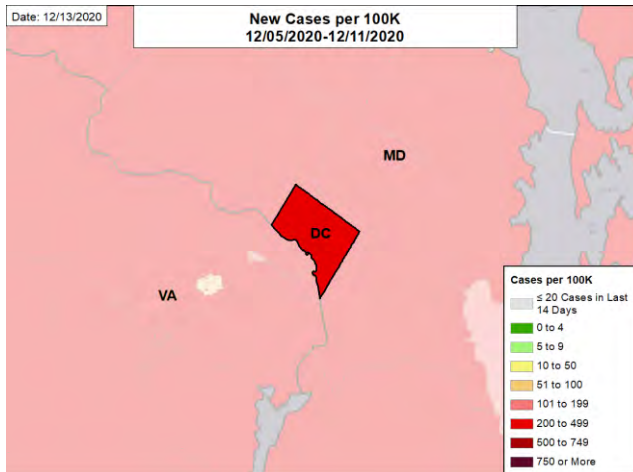


# THE DISTRICT OF COLUMBIA

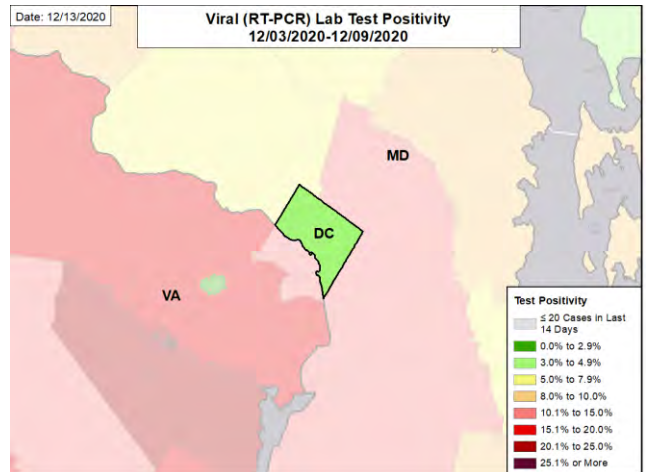
STATE REPORT | 12.13.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY

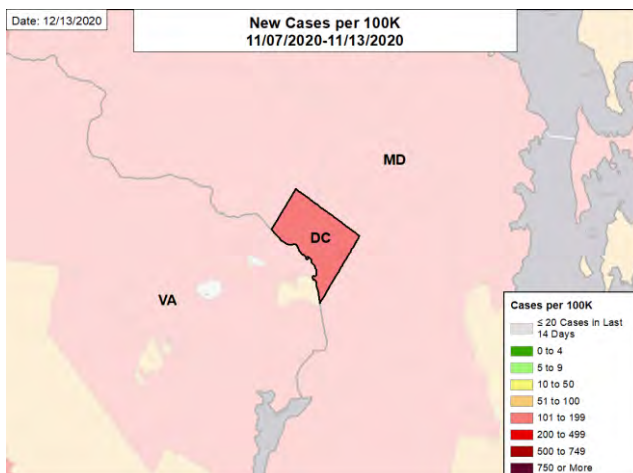
### NEW CASES PER 100,000



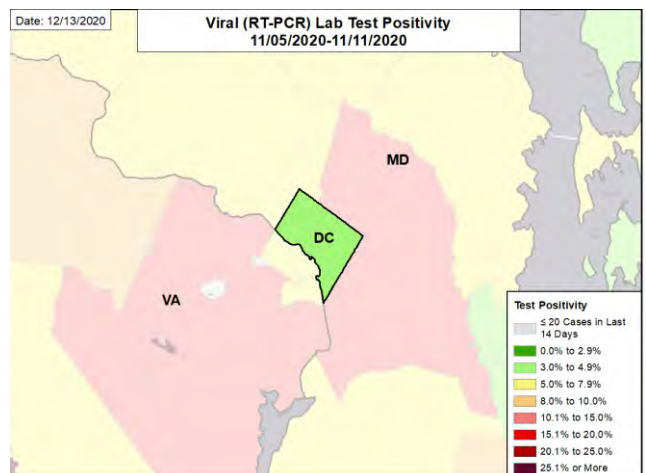
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11. Testing data for DC is complete through 12/3. Values shown may be inaccurate or incomplete.

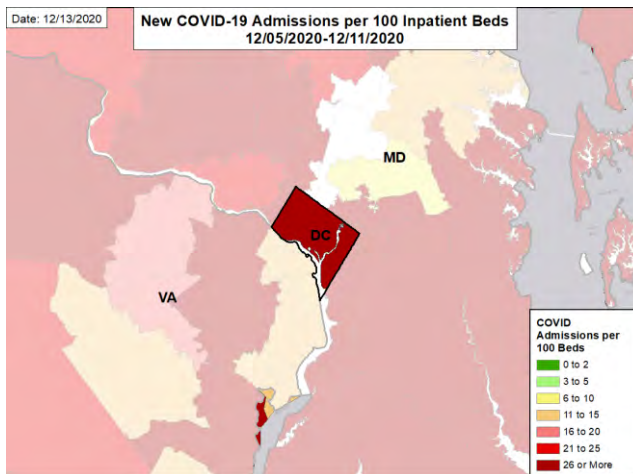


# THE DISTRICT OF COLUMBIA

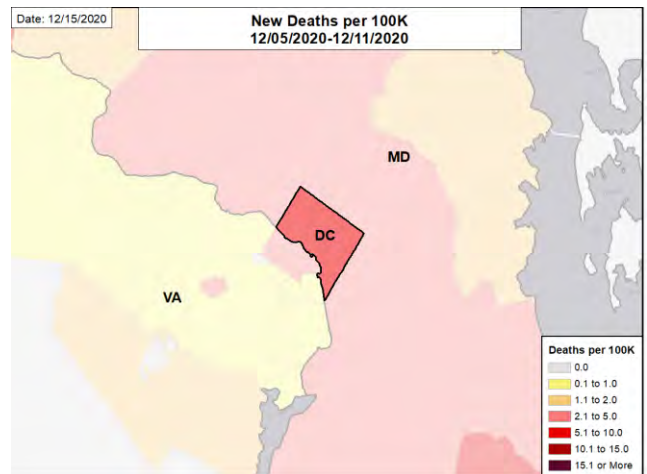
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

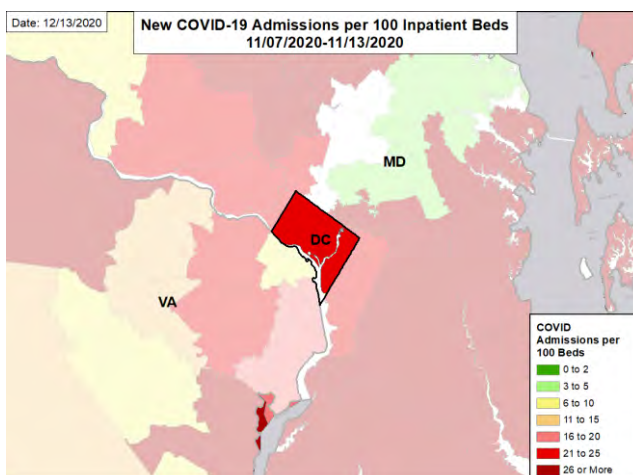
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



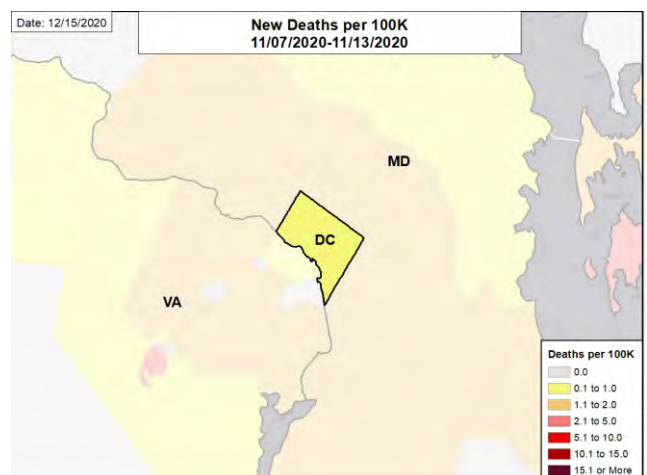
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





# FLORIDA

## STATE REPORT

12.13.2020

Issue 26

### SUMMARY

- Florida 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. Florida 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.
- Florida has seen an continued increase in new cases and fatalities, as well as rising cases among LTCF staff and residents, consistent with a full resurgence.
- 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 39.5% of new cases in Florida.
- 99% of all counties in Florida have moderate or high levels of community transmission (yellow, orange, or red zones), with 40% having high levels of community transmission (red zone).
- During the week of Nov 30 - Dec 6, 21% of nursing homes had at least one new resident COVID-19 case, 41% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- Florida had 313 new cases per 100,000 population, compared to a national average of 451 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 1 to support operations activities from ASPR; 1 to support testing activities from CDC; 4 to support epidemiology activities from CDC; 1 to support operations activities from CDC; and 56 to support operations activities from USCG.
- Between Dec 5 - Dec 11, on average, 683 patients with confirmed COVID-19 and 365 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Florida. This is a minimal change in total new COVID-19 hospital admissions.

### RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- **Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- **For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- New hospital admissions in Florida continue at a high level. Aggressive impact testing of adults under 40 is needed to rapidly identify those who became infected through gatherings before they spread the virus to the more vulnerable individuals, driving another round of increasing hospitalizations and fatalities.
- Contact all hospitals reporting <1 week's supply to confirm data; contact the regional FEMA office for support if supplies are an issue.
- Ensure all universities returning after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Ongoing high levels of positive staff at LTCFs indicate 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



# FLORIDA

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	67,290 (313)	+12%	269,312 (403)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.0%	-0.4%*	11.7%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	647,316** (3,014**)	+12%**	1,627,814** (2,433**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	732 (3.4)	+18%	2,498 (3.7)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	21%	N/A*†	27%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	41%	N/A*†	48%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	N/A*†	11%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	7,332 (14)	-1% (-1%)	29,232 (19)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	16 (8%)	-1% (-6%*)	163 (18%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	24 (11%)	+2% (+9%*)	215 (23%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

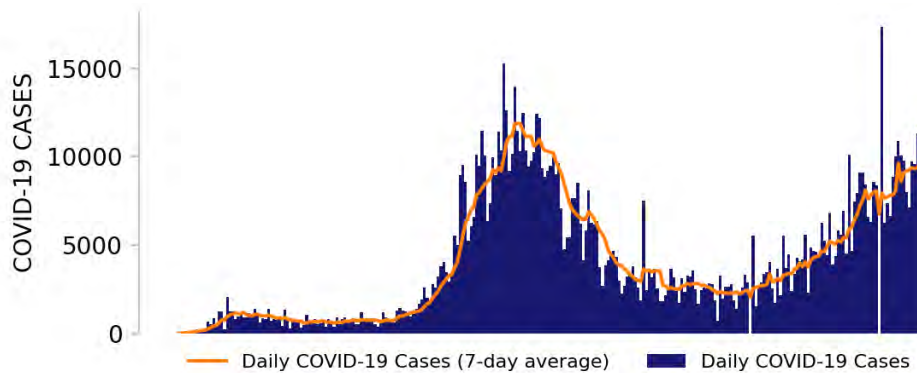
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



# FLORIDA

## STATE REPORT | 12.13.2020

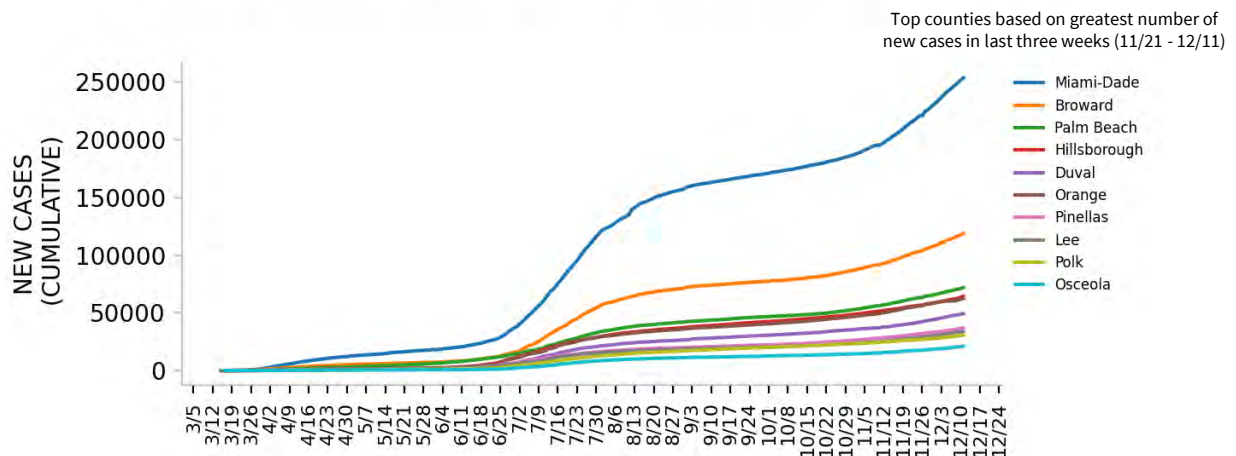
### NEW CASES



### TESTING



### TOP COUNTIES



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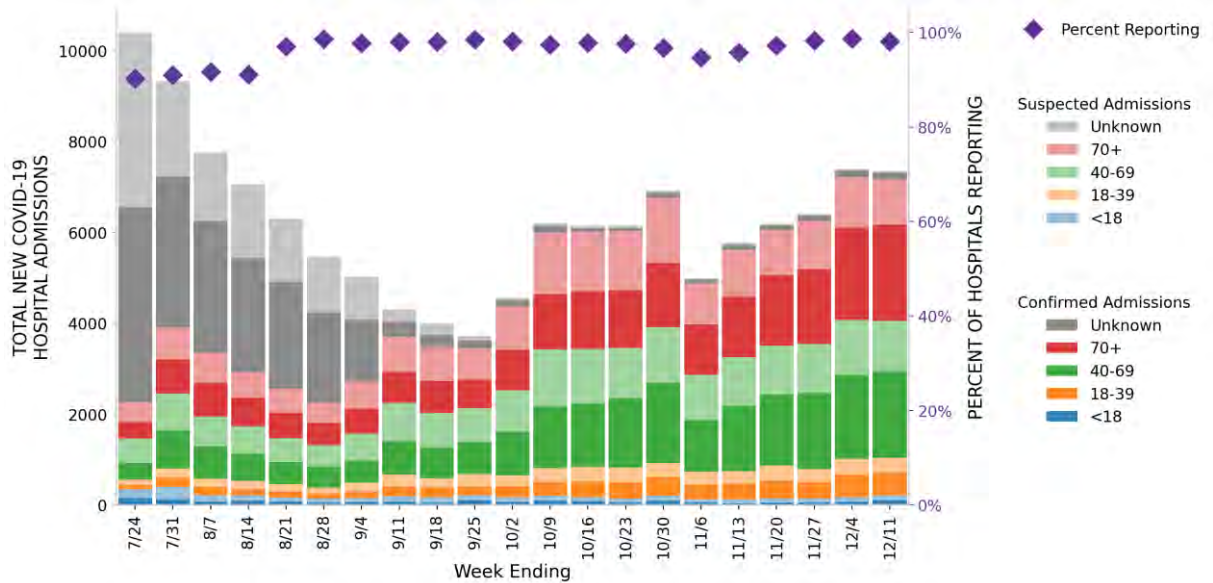


# FLORIDA

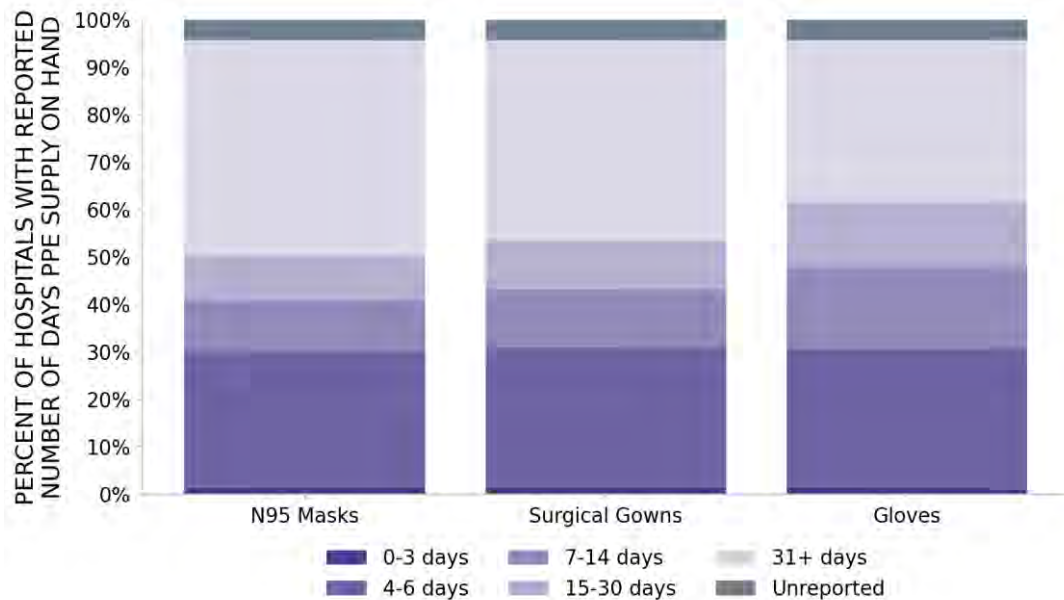
STATE REPORT | 12.13.2020

213 hospitals are expected to report in Florida

## HOSPITAL ADMISSIONS



## HOSPITAL PPE SUPPLIES



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

**Hospitalizations:** Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. 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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# FLORIDA

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA)

### COUNTIES

LOCALITIES IN RED ZONE	9 ▼ (-4)	Miami-Fort Lauderdale-Pompano Beach Pensacola-Ferry Pass-Brent Crestview-Fort Walton Beach-Destin Panama City Homosassa Springs Palatka Arcadia Clewiston Wauchula	27 ▼ (-7)	Miami-Dade Broward Osceola Pasco Okaloosa Santa Rosa Bay Hernando Citrus Walton Putnam DeSoto
	14 ▲ (+4)	Tampa-St. Petersburg-Clearwater Orlando-Kissimmee-Sanford Jacksonville Cape Coral-Fort Myers Lakeland-Winter Haven Tallahassee Naples-Marco Island Port St. Lucie Ocala Punta Gorda Sebring-Avon Park Key West	23 ▲ (+5)	Palm Beach Hillsborough Duval Orange Lee Polk Collier Escambia Leon Marion St. Johns St. Lucie
	6 ■ (+0)	North Port-Sarasota-Bradenton Deltona-Daytona Beach-Ormond Beach Palm Bay-Melbourne-Titusville Gainesville Sebastian-Vero Beach Okeechobee	16 ▲ (+2)	Pinellas Volusia Sarasota Brevard Manatee Seminole Lake Alachua Martin Indian River Nassau Flagler
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

**All Orange CBSAs:** Tampa-St. Petersburg-Clearwater, Orlando-Kissimmee-Sanford, Jacksonville, Cape Coral-Fort Myers, Lakeland-Winter Haven, Tallahassee, Naples-Marco Island, Port St. Lucie, Ocala, Punta Gorda, Sebring-Avon Park, Key West, The Villages, Lake City

**All Red Counties:** Miami-Dade, Broward, Osceola, Pasco, Okaloosa, Santa Rosa, Bay, Hernando, Citrus, Walton, Putnam, DeSoto, Suwannee, Hendry, Gadsden, Levy, Holmes, Madison, Bradford, Calhoun, Taylor, Hardee, Hamilton, Union, Lafayette, Liberty, Glades

**All Orange Counties:** Palm Beach, Hillsborough, Duval, Orange, Lee, Polk, Collier, Escambia, Leon, Marion, St. Johns, St. Lucie, Clay, Charlotte, Highlands, Monroe, Sumter, Columbia, Wakulla, Baker, Gilchrist, Jefferson, Gulf

**All Yellow Counties:** Pinellas, Volusia, Sarasota, Brevard, Manatee, Seminole, Lake, Alachua, Martin, Indian River, Nassau, Flagler, Jackson, Okeechobee, Washington, Dixie

\* 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

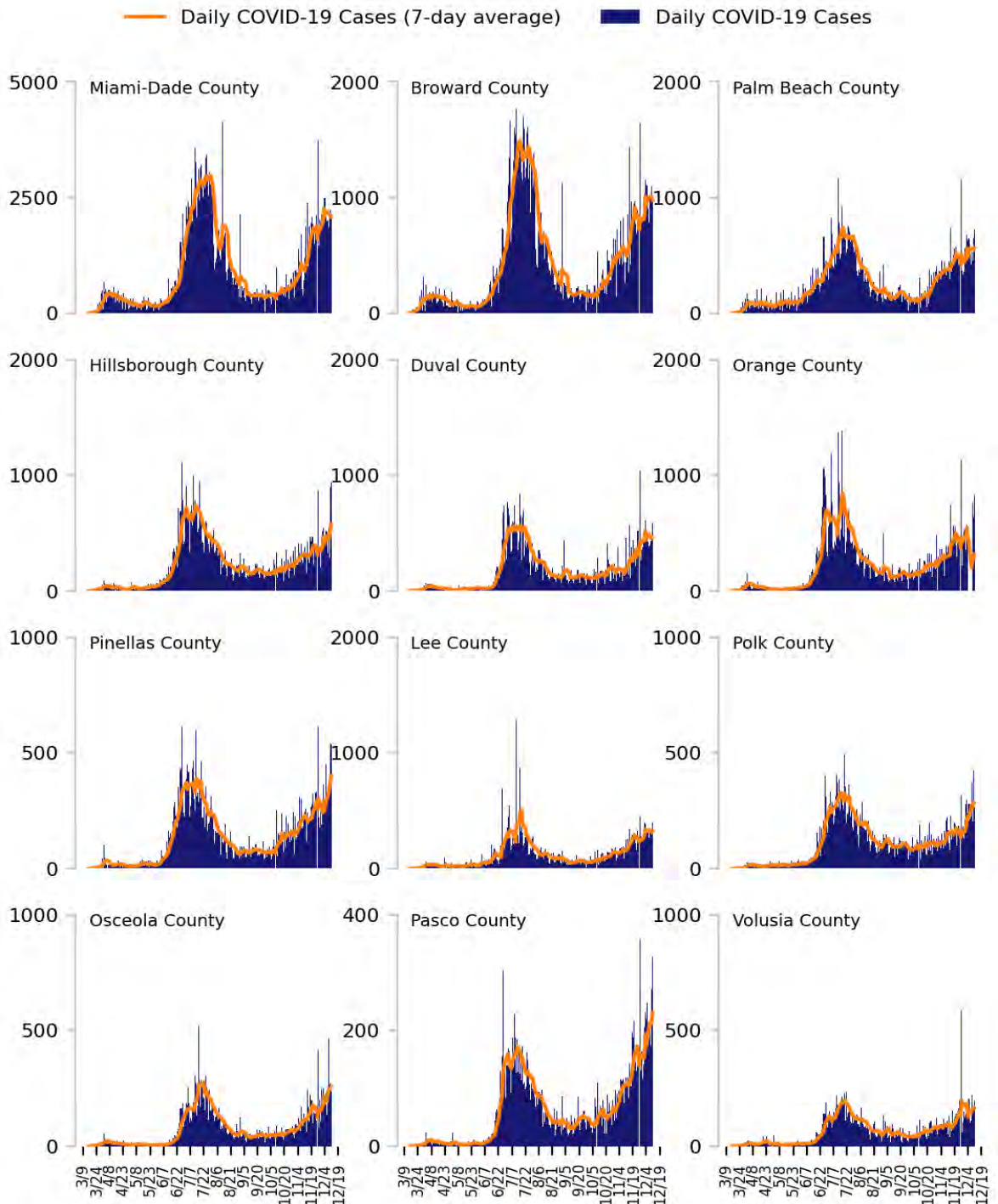
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

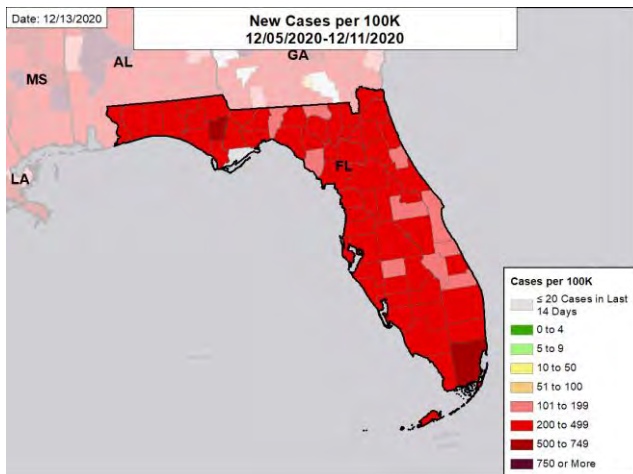
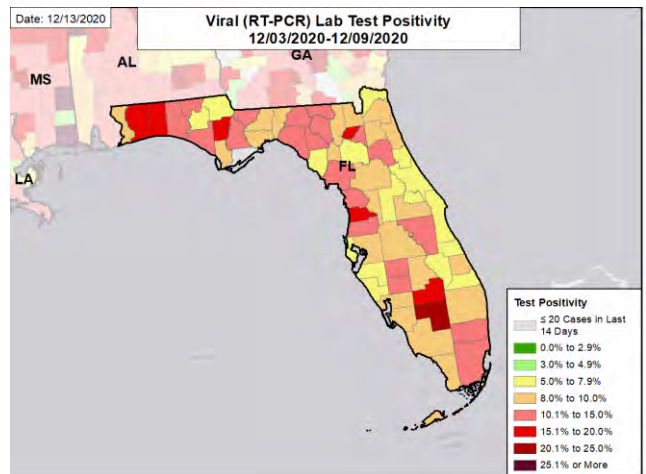
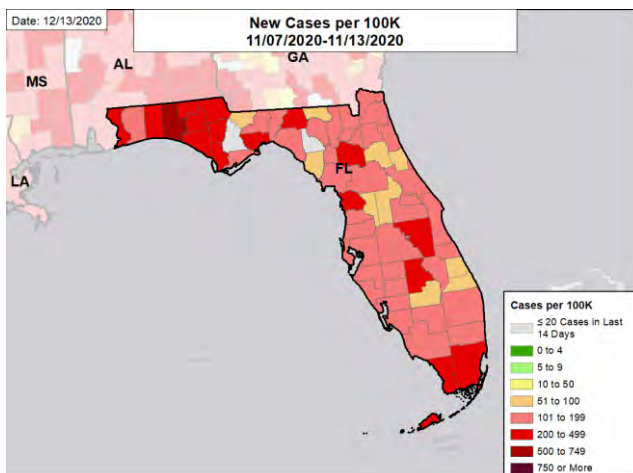
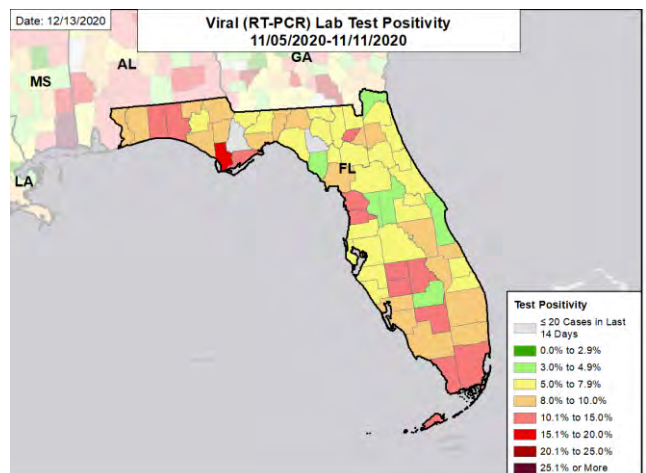
**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.



# FLORIDA

STATE REPORT | 12.13.2020

## 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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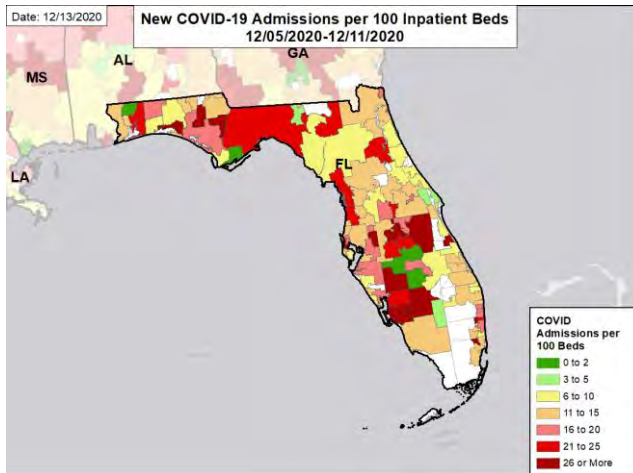


# FLORIDA

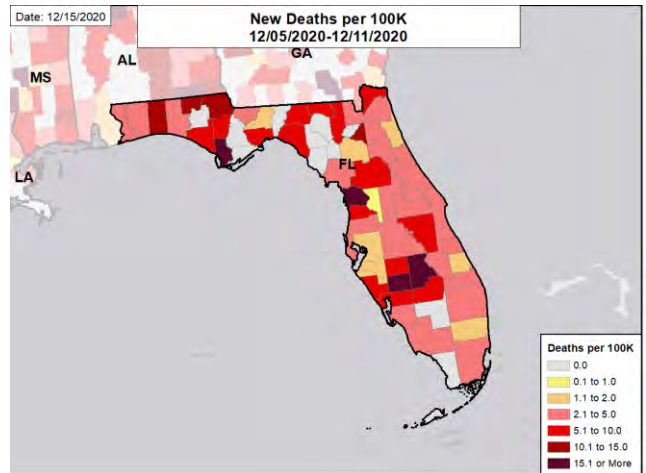
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

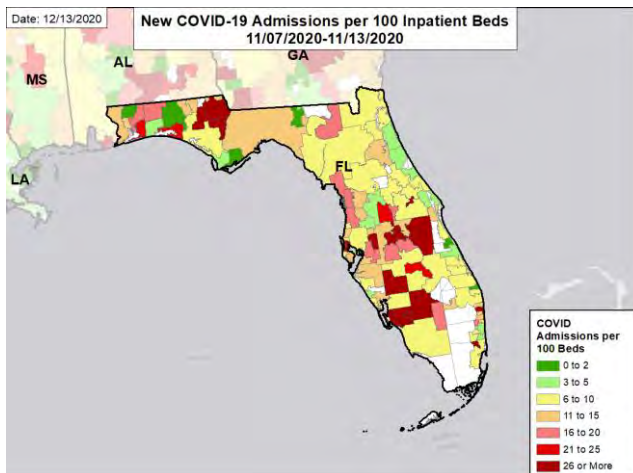
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



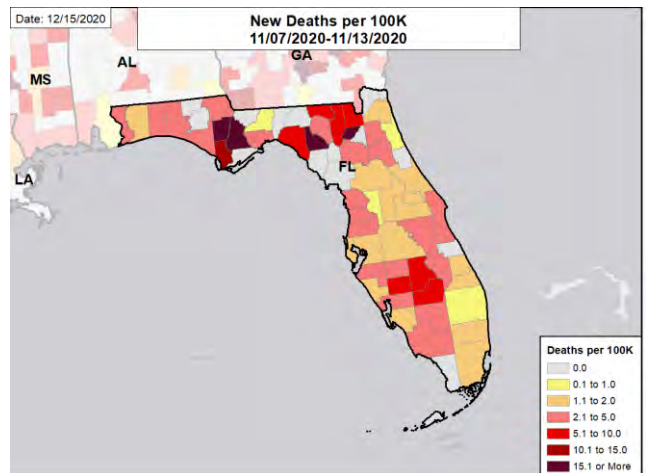
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 ONE MONTH BEFORE



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# GEORGIA

## STATE REPORT

12.13.2020

Issue 26

### SUMMARY

- Georgia 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. Georgia is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 24th highest rate in the country.
- Georgia has seen an increase in new cases and hospitalizations, as well as a high rate of fatalities. Mitigation must increase.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Gwinnett County, 2. Fulton County, and 3. Cobb County. These counties represent 24.7% of new cases in Georgia.
- 88% of all counties in Georgia have moderate or high levels of community transmission (yellow, orange, or red zones), with 71% having high levels of community transmission (red zone).
- During the week of Nov 30 - Dec 6, 17% of nursing homes had at least one new resident COVID-19 case, 29% had at least one new staff COVID-19 case, and 8% had at least one new resident COVID-19 death.
- Georgia had 351 new cases per 100,000 population, compared to a national average of 451 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 24 to support operations activities from FEMA; 9 to support operations activities from ASPR; 1 to support testing activities from CDC; 10 to support epidemiology activities from CDC; 2 to support operations activities from CDC; and 4 to support operations activities from USCG.
- Between Dec 5 - Dec 11, on average, 466 patients with confirmed COVID-19 and 201 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Georgia. This is an increase of 9% in total new COVID-19 hospital admissions.

### RECOMMENDATIONS

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COVID-19



# GEORGIA

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TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	204,247** (1,924**)	+29%**	1,627,814** (2,433**)	10,785,634** (3,286**)
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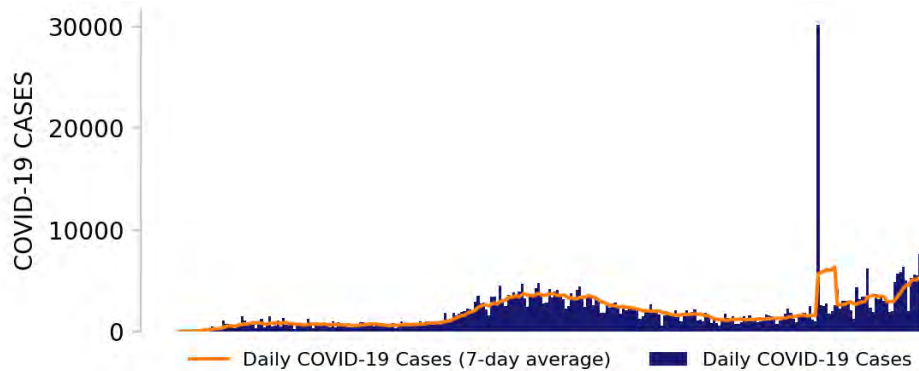
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# GEORGIA

STATE REPORT | 12.13.2020

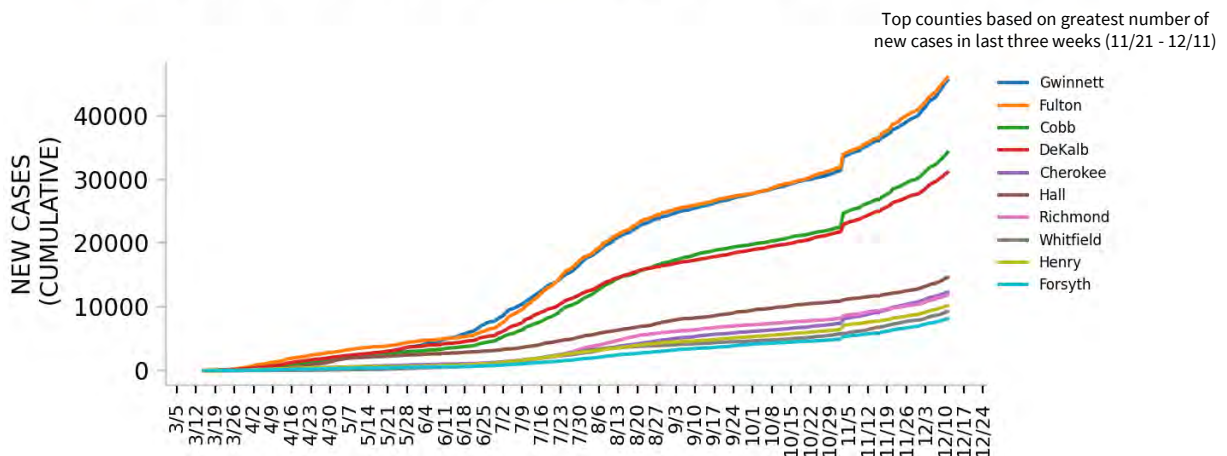
## NEW CASES



## TESTING



## TOP COUNTIES



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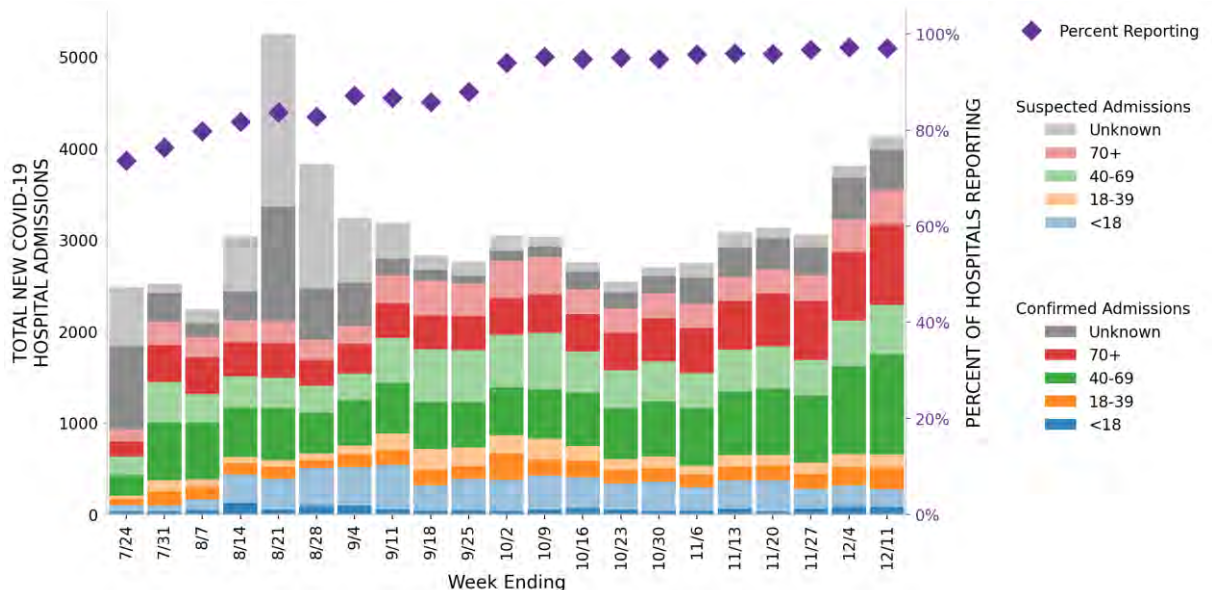


# GEORGIA

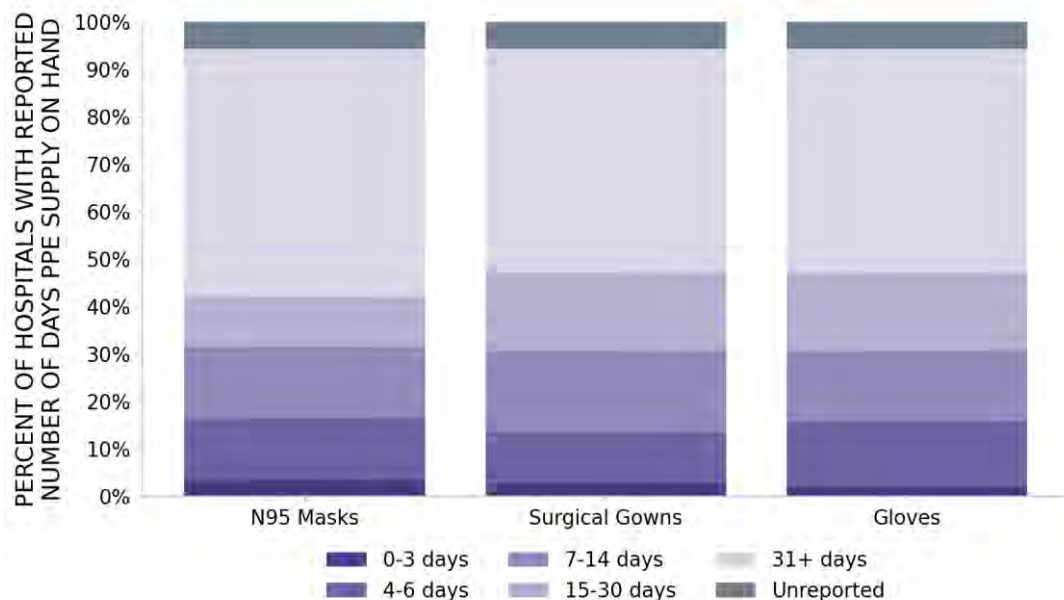
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# GEORGIA

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA)

### COUNTIES

LOCALITIES IN RED ZONE	29 ▲ (+3)	Atlanta-Sandy Springs-Alpharetta Augusta-Richmond County Dalton Gainesville Athens-Clarke County Savannah Macon-Bibb County Chattanooga Warner Robins Columbus Rome Jefferson	113 ▲ (+17)	Gwinnett Fulton DeKalb Cherokee Hall Richmond Whitfield Henry Forsyth Clayton Coweta Paulding
	4 ▼ (-2)	Valdosta Albany St. Marys Americus	16 ▼ (-5)	Cobb Clarke Lowndes Fayette Camden Sumter Effingham Fannin Jefferson Pierce Charlton Dodge
	5 ▼ (-1)	Brunswick Dublin Milledgeville Statesboro Eufaula	11 ▲ (+2)	Dougherty Glynn Laurens Bullock Baldwin Dade Hancock Bleckley Lincoln Calhoun Telfair
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

**All Red CBSAs:** Atlanta-Sandy Springs-Alpharetta, Augusta-Richmond County, Dalton, Gainesville, Athens-Clarke County, Savannah, Macon-Bibb County, Chattanooga, Warner Robins, Columbus, Rome, Jefferson, Calhoun, Douglas, Cornelia, Tifton, Cedartown, LaGrange, Toccoa, Thomasville, Summerville, Hinesville, Moultrie, Jesup, Thomaston, Fitzgerald, Vidalia, Bainbridge, Cordele

**All Red Counties:** Gwinnett, Fulton, DeKalb, Cherokee, Hall, Richmond, Whitfield, Henry, Forsyth, Clayton, Coweta, Paulding, Columbia, Douglas, Bartow, Carroll, Chatham, Floyd, Houston, Bibb, Jackson, Muscogee, Walton, Newton, Barrow, Gordon, Walker, Murray, Catoosa, Rockdale, Habersham, Tift, Coffee, Polk, Spalding, Troup, White, Madison, Stephens, Thomas, Haralson, Oconee, Hart, Pickens, Dawson, Butts, Chattooga, Lumpkin, Franklin, Elbert, Lee, Gilmer, Banks, Rabun, Colquitt, Wayne, Peach, Upson, Monroe, Liberty, Ben Hill, Lamar, Pike, Brooks, Tattnall, Cook, Union, Bryan, McDuffie, Decatur, Jasper, Crisp, Berrien, Burke, Washington, Worth, Toombs, Harris, Mitchell, Heard, Jones, Brantley, Grady, Meriwether, Putnam, Morgan, Greene, Oglethorpe, Taylor, Towns, Emanuel, Jeff Davis, Terrell, Wilkes, Dooley, Wilcox, Early, Turner, Wilkinson, Irwin, McIntosh, Atkinson, Macon, Bacon, Crawford, Long, Echols, Twiggs, Johnson, Montgomery, Talbot, Warren, Baker

**All Orange Counties:** Cobb, Clarke, Lowndes, Fayette, Camden, Sumter, Effingham, Fannin, Jefferson, Pierce, Charlton, Dodge, Appling, Pulaski, Evans, Schley

\* 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

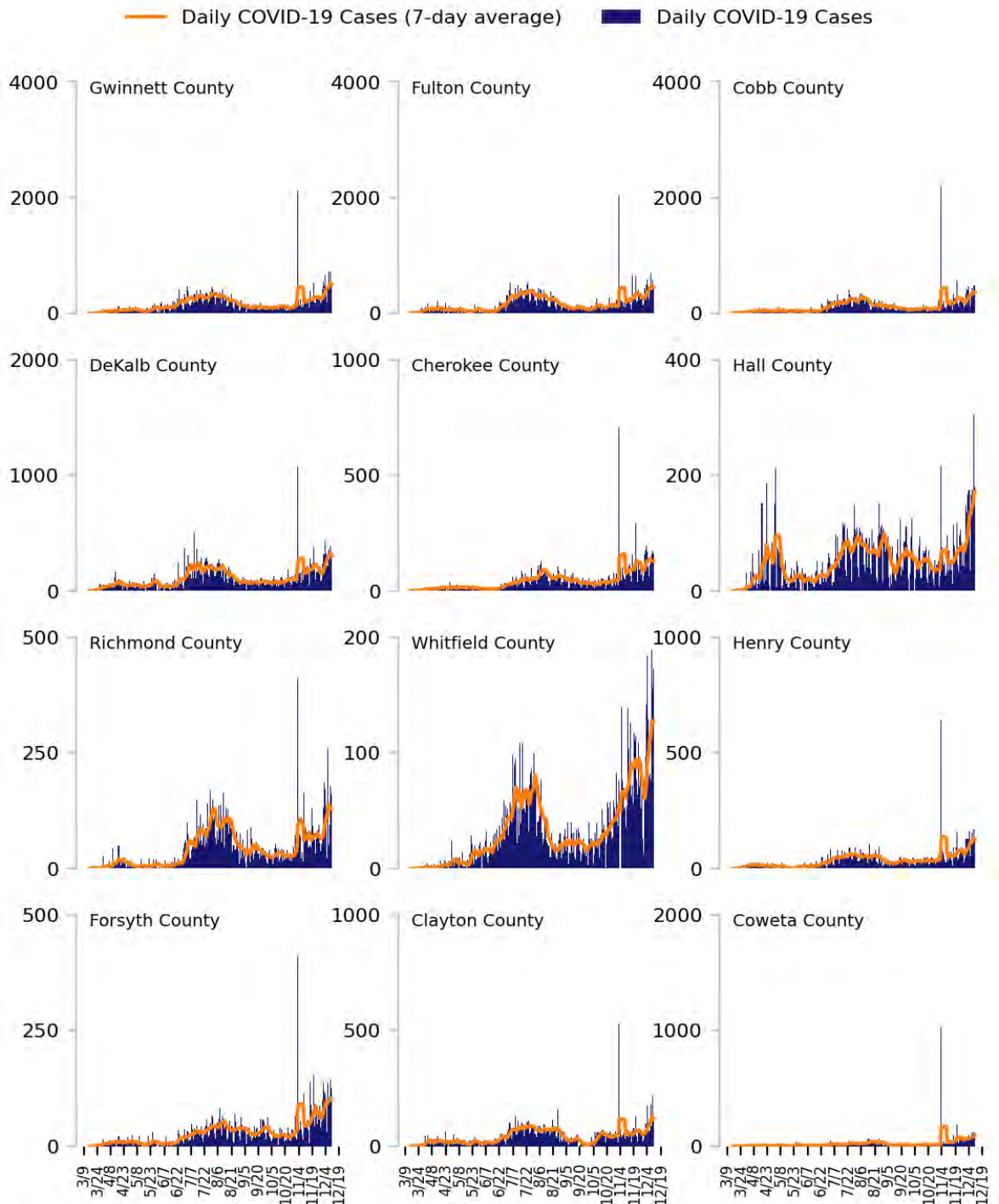
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Georgia began reporting probable cases and deaths on 11/3.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

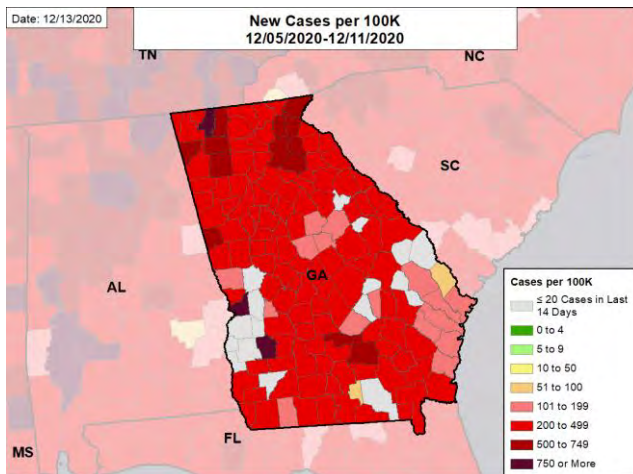
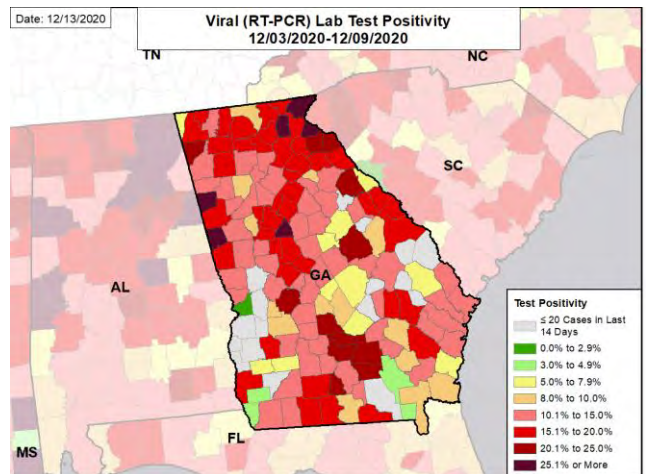
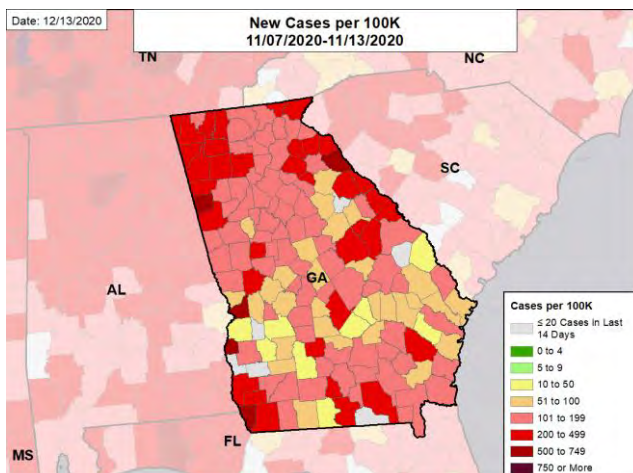
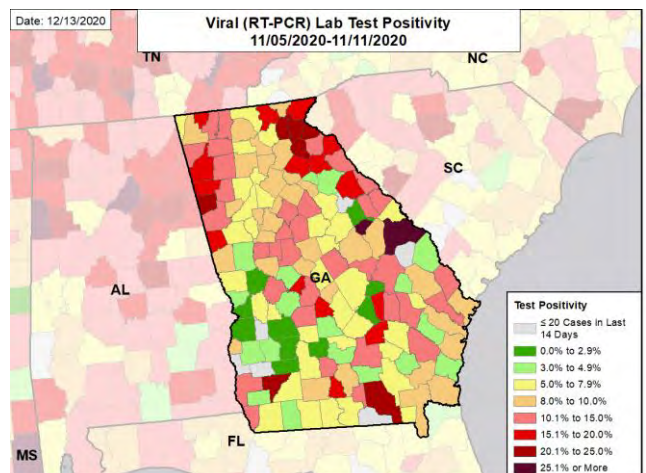
**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11. Georgia began reporting probable cases and deaths on 11/3.



# GEORGIA

STATE REPORT | 12.13.2020

## 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13. Georgia began reporting probable cases and deaths on 11/3.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.



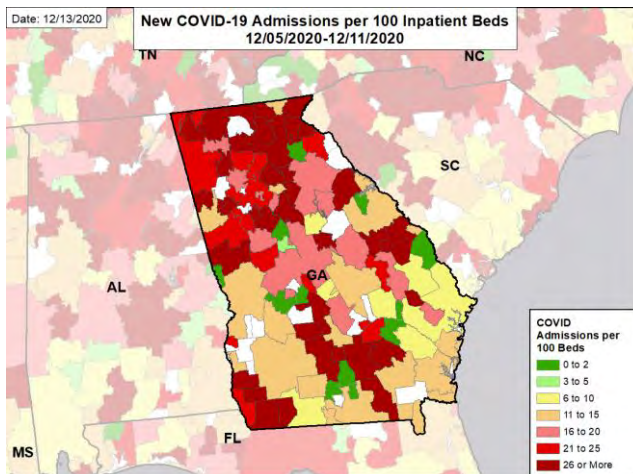


# GEORGIA

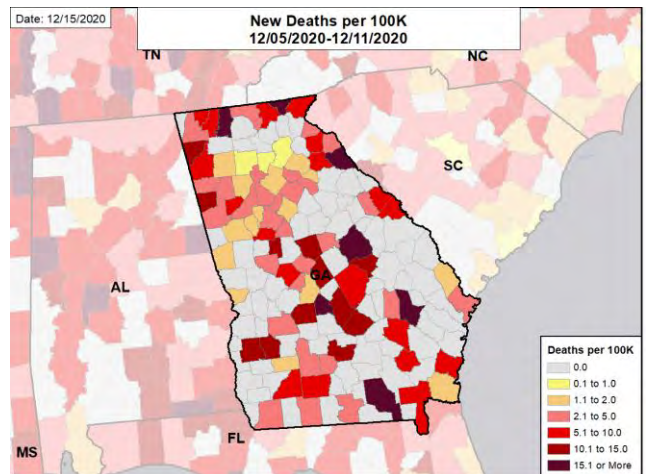
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

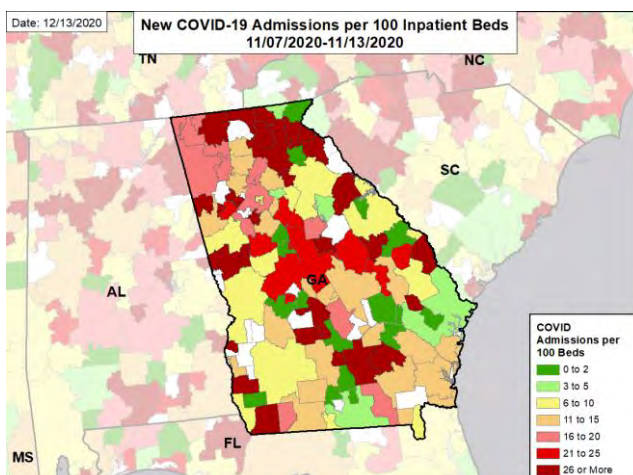
**TOTAL NEW COVID-19 ADMISSIONS  
PER 100 INPATIENT BEDS**



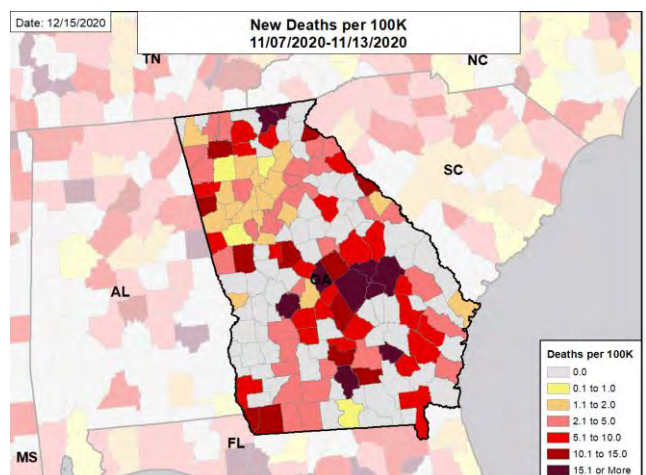
**NEW DEATHS PER 100,000**



**TOTAL NEW COVID-19 ADMISSIONS PER 100  
INPATIENT BEDS ONE MONTH BEFORE**



**NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13. Georgia began reporting probable cases and deaths on 11/3.

**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. Totals include confirmed and suspected COVID-19 admissions.





# HAWAII

STATE REPORT

12.13.2020

Issue 26

## 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 49th highest rate in the country.
- Hawaii 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. Honolulu County, 2. Maui County, and 3. Hawaii County. These counties represent 92.7% 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 30 - Dec 6, no nursing homes had at least one new resident COVID-19 case, 5% had at least one new staff COVID-19 case, and none had at least one new resident COVID-19 death.
- Hawaii had 50 new cases per 100,000 population, compared to a national average of 451 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; 1 to support epidemiology activities from CDC; and 19 to support operations activities from USCG.
- The federal government has supported surge testing in Kauai, Maui, and Lanai.
- Between Dec 5 - Dec 11, on average, 7 patients with confirmed COVID-19 and 18 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Hawaii. This is an increase of 6% in total new COVID-19 hospital admissions.

## RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Hawaii has been largely successful at maintaining low transmission, but is at increasing risk as the number of tourists increases.
- Testing volumes appear inadequate to detect outbreaks sufficiently early, as recent outbreak at Halawa Correctional Facility suggests. Strongly encourage regular wastewater surveillance of large residential centers (correctional facilities, city blocks) to detect outbreaks early and direct testing campaigns.
- Continue to aggressively promote and enforce requirements for face masks and social distancing throughout the holiday season; education and masks should be made available at all airports. Local health authorities should have procedures for enforcing community mitigation policies in the community and among service industry and tourists. Contact tracing capacity should be expanded using automated systems for notification, education, contact elicitation, and logging of isolation and quarantine.
- Document that all clinical sites on all the islands have received updated treatment protocols and have full access to telehealth and remote expert clinical support. Develop outpatient infusion capacity for monoclonal antibodies in areas of highest transmission and equitable distribution to communities with the most individuals at highest risk for disease progression.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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



COVID-19



## HAWAII

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	710 (50)	+19%	276,420 (539)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	2.0%	-0.1%*	11.5%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	32,120** (2,269**)	-5%**	1,621,379** (3,161**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	13 (0.9)	-19%	1,705 (3.3)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	0%	N/A*†	20%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	5%	N/A*†	35%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%	N/A*†	6%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	172 (6)	+6% (+7%)	22,941 (26)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	6 (23%)	-1% (-14%*)	112 (21%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	2 (8%)	-1% (-33%*)	176 (33%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

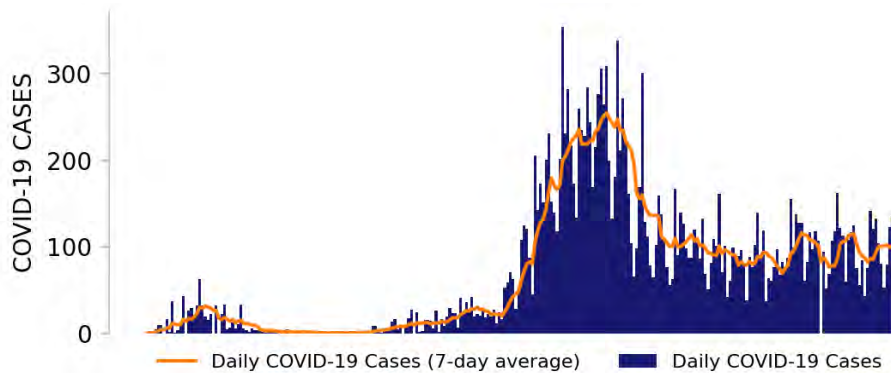
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



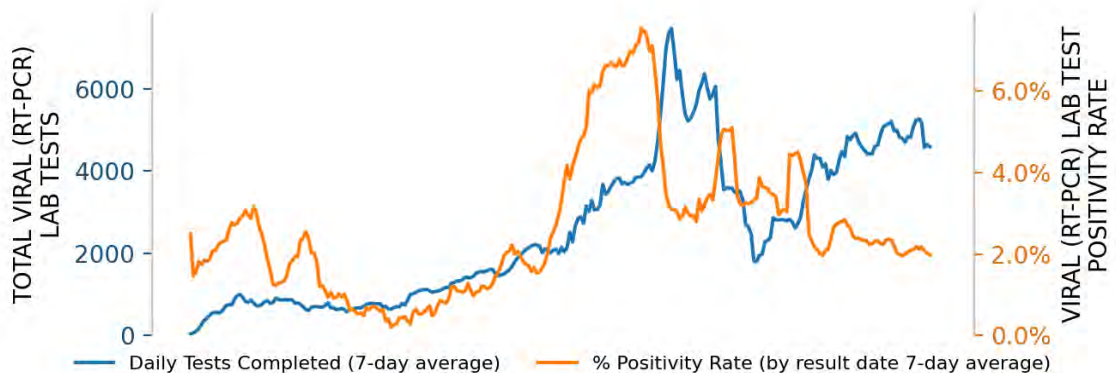
# HAWAII

STATE REPORT | 12.13.2020

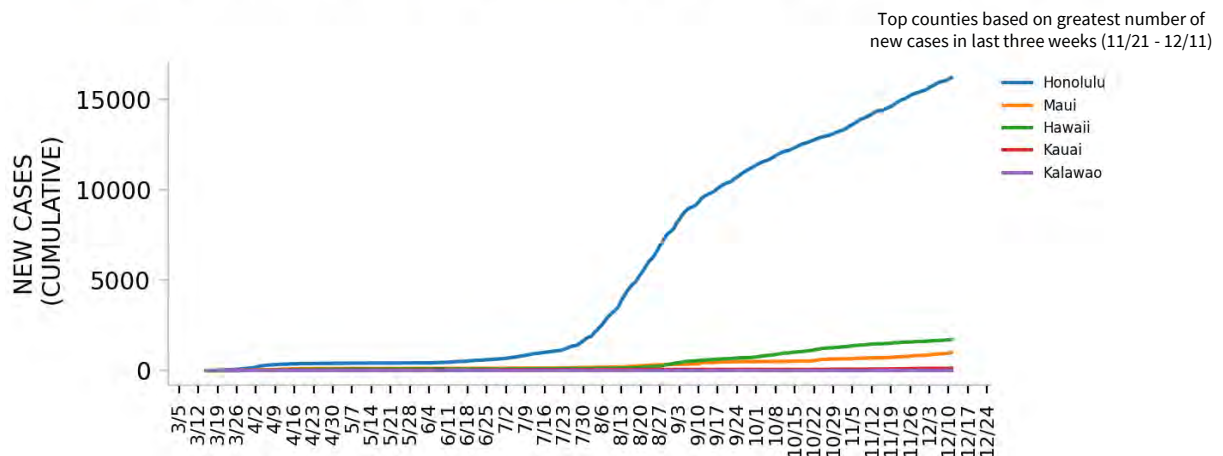
## NEW CASES



## TESTING



## TOP COUNTIES



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

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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.

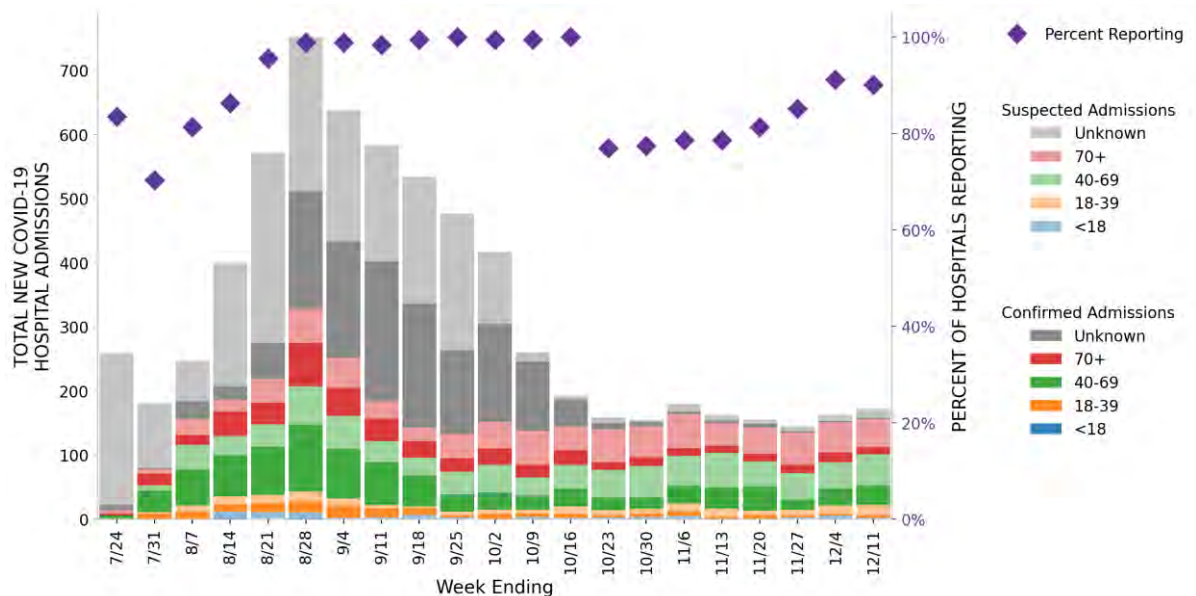


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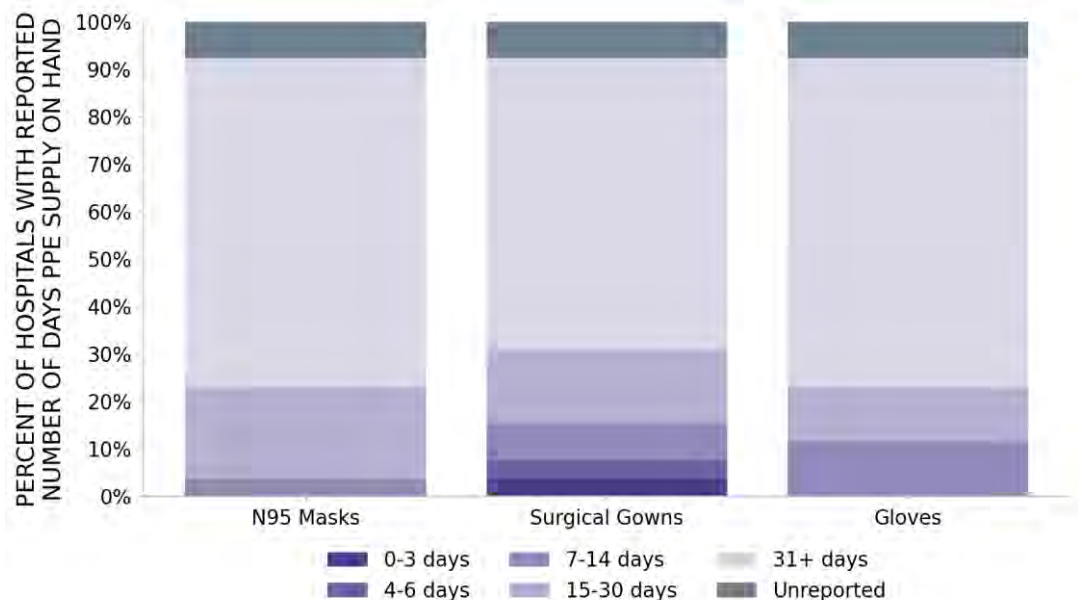
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# HAWAII

STATE REPORT | 12.13.2020

## 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.

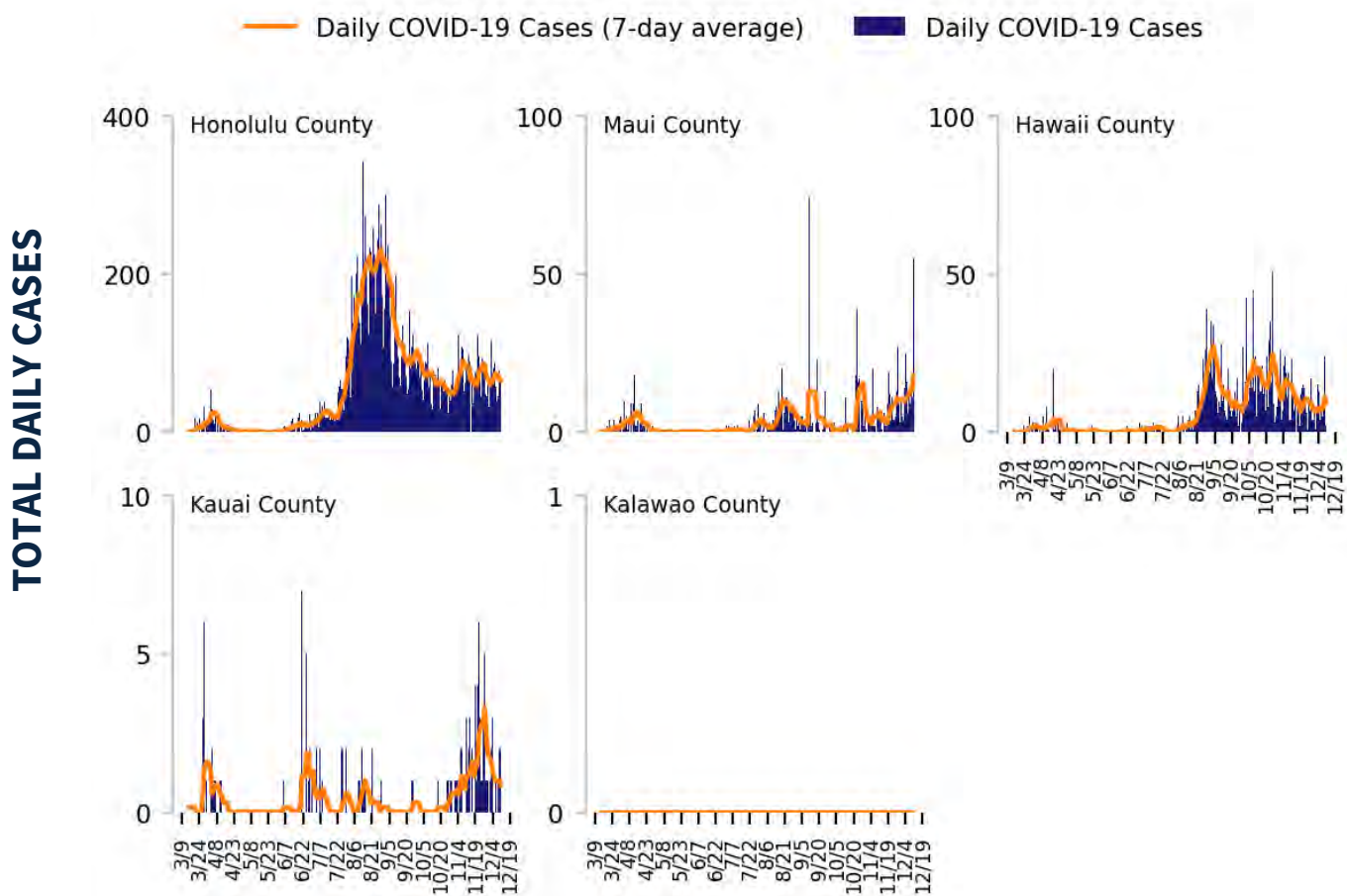
**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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



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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.

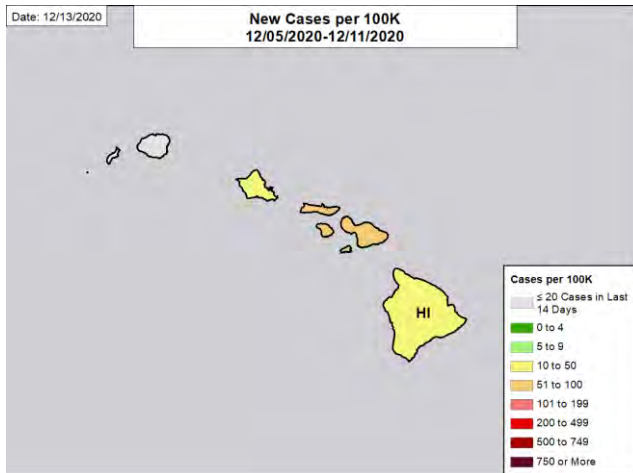


# HAWAII

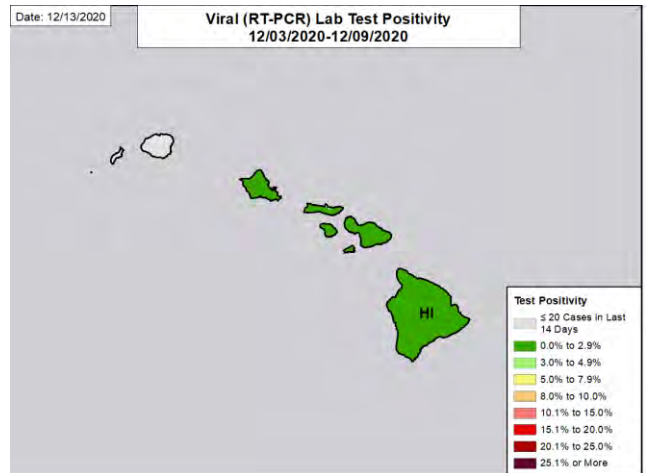
STATE REPORT | 12.13.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY

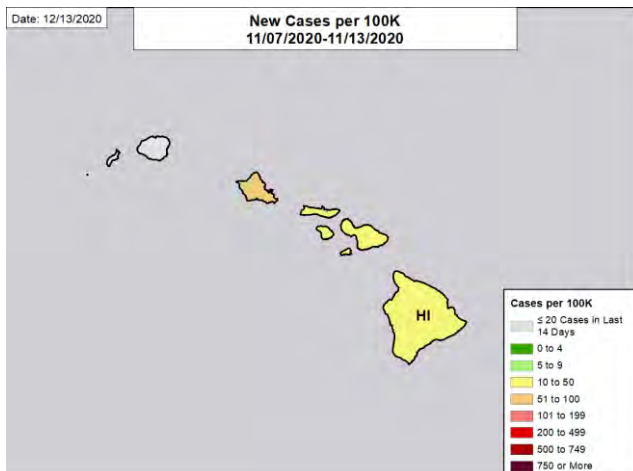
### NEW CASES PER 100,000



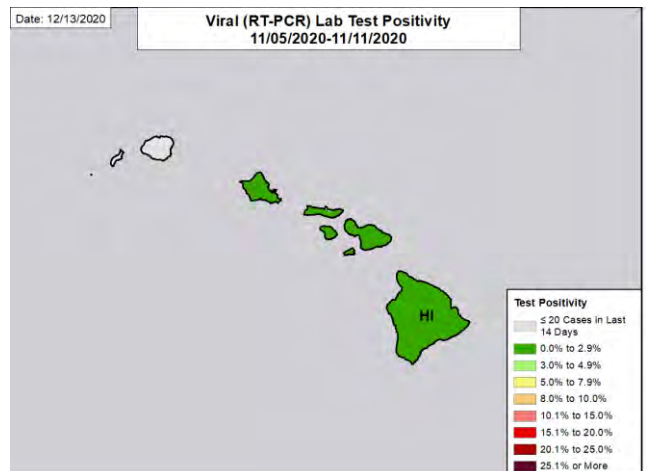
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.

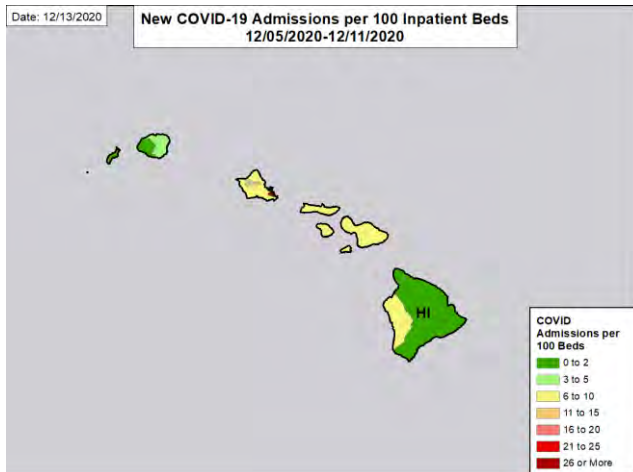


# HAWAII

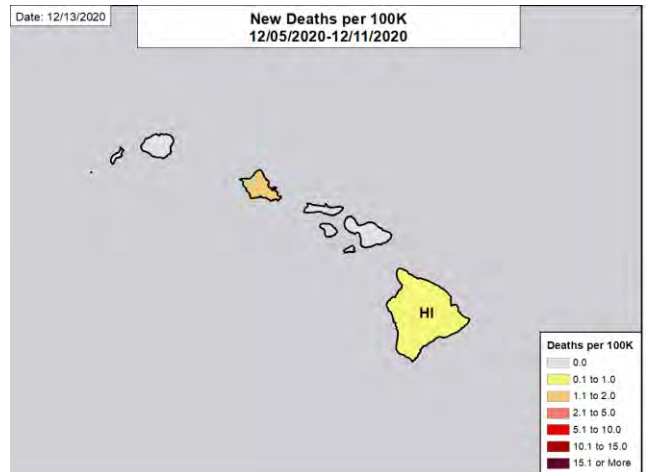
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

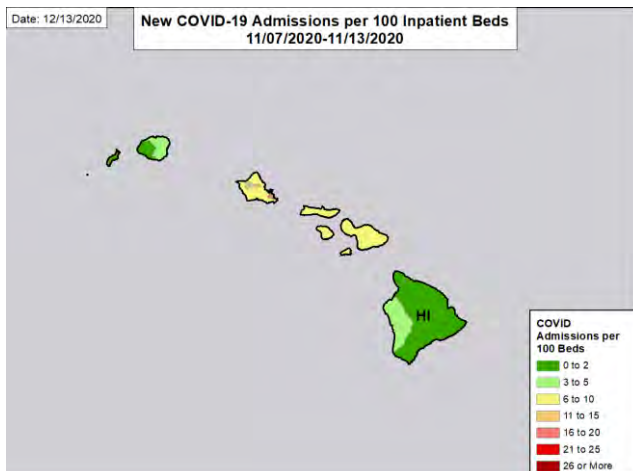
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



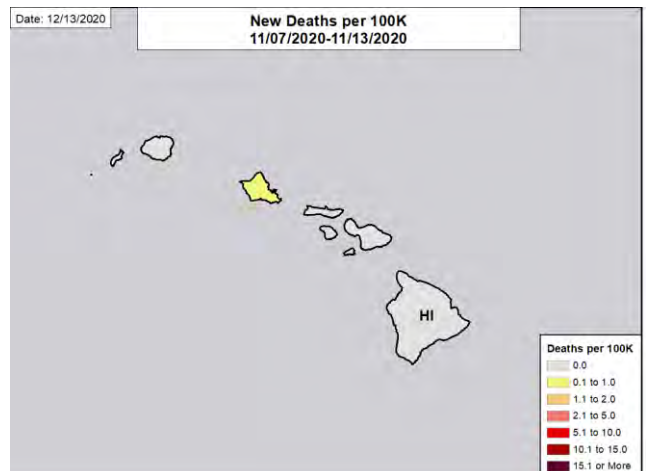
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





# IDAHO

## STATE REPORT

12.13.2020

Issue 26

### SUMMARY

- Idaho 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. 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 a decrease in test positivity. Test positivity is still increasing in 13 counties and is over 20% in 18 counties; cases rates continued to increase in 26 counties. 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 51.1% of new cases in Idaho.
- 91% of all counties in Idaho have moderate or high levels of community transmission (yellow, orange, or red zones), with 77% having high levels of community transmission (red zone).
- During the week of Nov 30 - Dec 6, 34% of nursing homes had at least one new resident COVID-19 case, 58% had at least one new staff COVID-19 case, and 11% had at least one new resident COVID-19 death. New cases were noted in staff and residents in dozens of facilities, with wider outbreaks (at least 5 new cases among residents/staff) in nearly 10 facilities.
- Idaho had 629 new cases per 100,000 population, compared to a national average of 451 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 epidemiology activities from CDC.
- The federal government has supported surge testing across Idaho.
- Between Dec 5 - Dec 11, on average, 60 patients with confirmed COVID-19 and 7 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Idaho. This is a decrease of 8% in total new COVID-19 hospital admissions.

### RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Given the extremely high levels of virus circulating in Idaho, further community mitigation efforts and clinical enhancements are urgently needed. Holding the state in a modified Stage 2 is appropriate, but if transmission doesn't fall and hospitalizations continue to increase, consider additional restrictions on venues known to foster transmission (especially restaurants, bars, coffee houses, etc.).
- Requirements for face masks have been shown to be effective in lowering community transmission, especially when enforced. Maintain saturation of all media platforms, including SMS, with messaging on hospital shortages and appealing to civic responsibility and social cohesion.
- Testing volume appears to have dropped over the past few weeks and needs to be fully maximized over the holiday period, with results returned <48 hours.
- Maintain outpatient infusion capacity and protocols to deliver outpatient intravenous therapy, such as monoclonal antibodies and even remdesivir, for patients who should be admitted but are triaged to outpatient care. Ensure equitable distribution of limited supplies to communities most in need.
- Hispanic populations are often at higher risk for infection and may be at higher risk for disease progression; ensure all counties with large Hispanic populations have appropriate messaging (in Spanish) and easy access to testing and space and supplies to isolate/quarantine.
- 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 | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	11,246 (629)	+14%	47,204 (329)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	21.7%	-4.5%*	10.0%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	44,974** (2,517**)	+18%**	409,504** (2,853**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	120 (6.7)	-2%	363 (2.5)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	34%	N/A*†	21%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	58%	N/A*†	36%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	11%	N/A*†	10%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	467 (15)	-8% (-8%)	3,277 (14)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	4 (10%)	+0% (+0%*)	51 (23%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	5 (12%)	+0% (+0%*)	30 (14%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

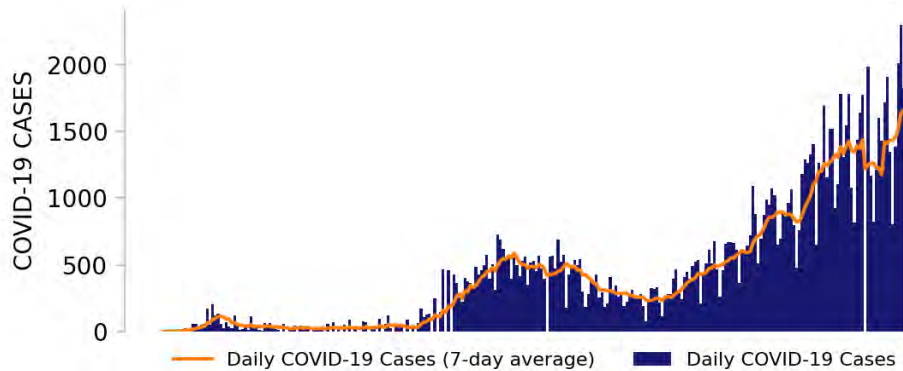
**DATA SOURCES** – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



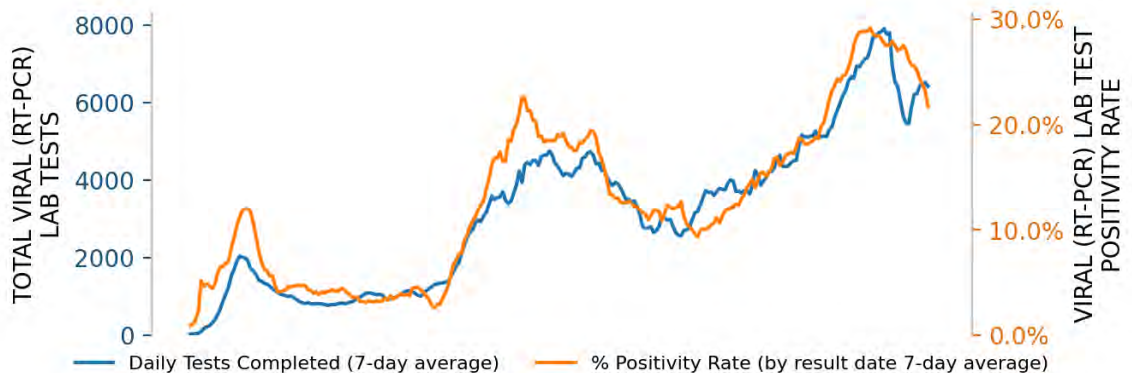
# IDAHO

STATE REPORT | 12.13.2020

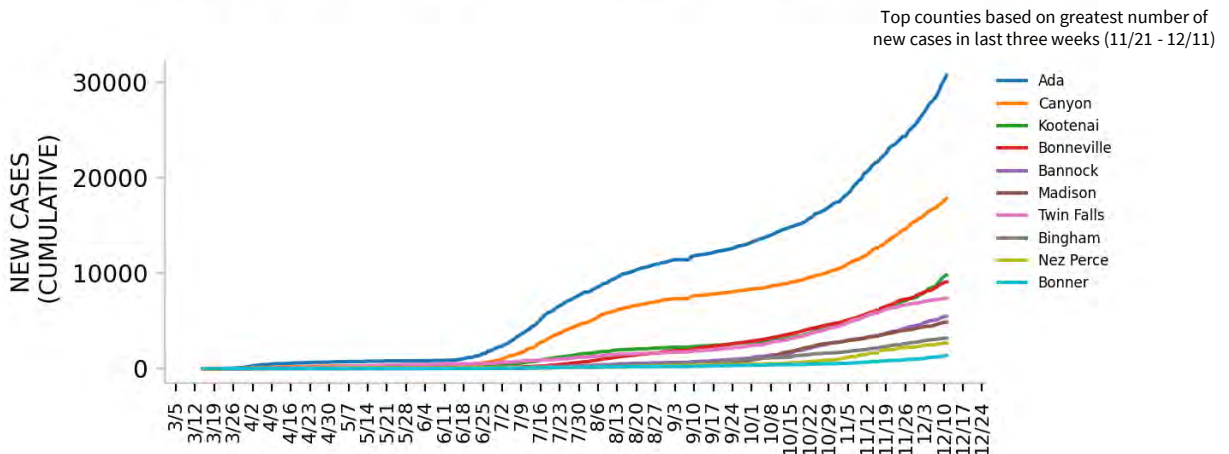
## NEW CASES



## TESTING



## TOP COUNTIES



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

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

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**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.

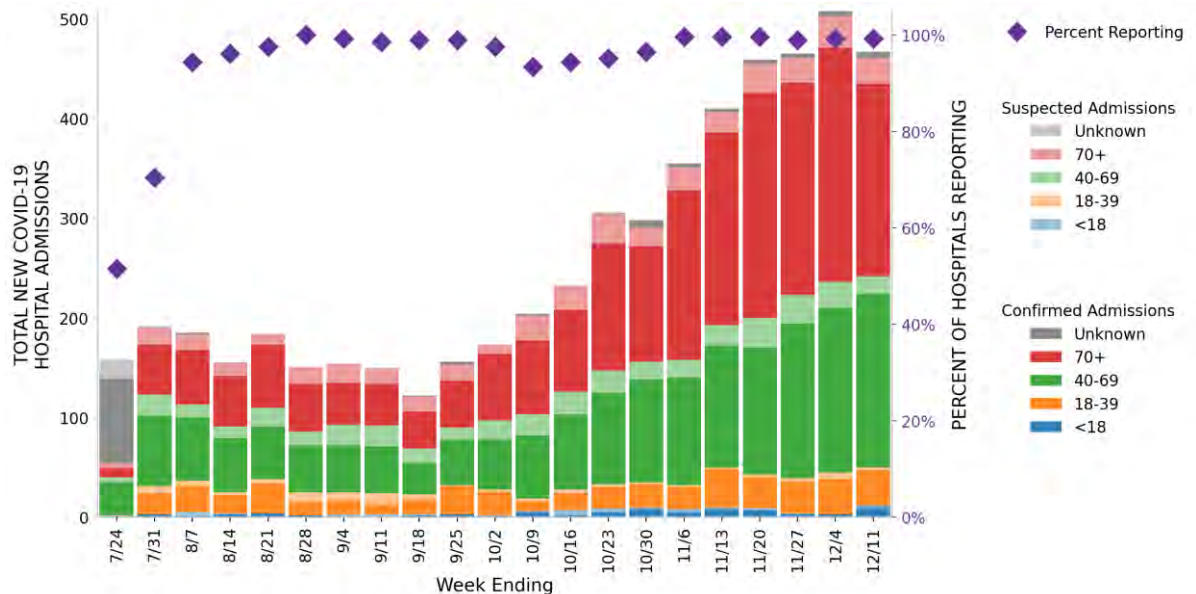


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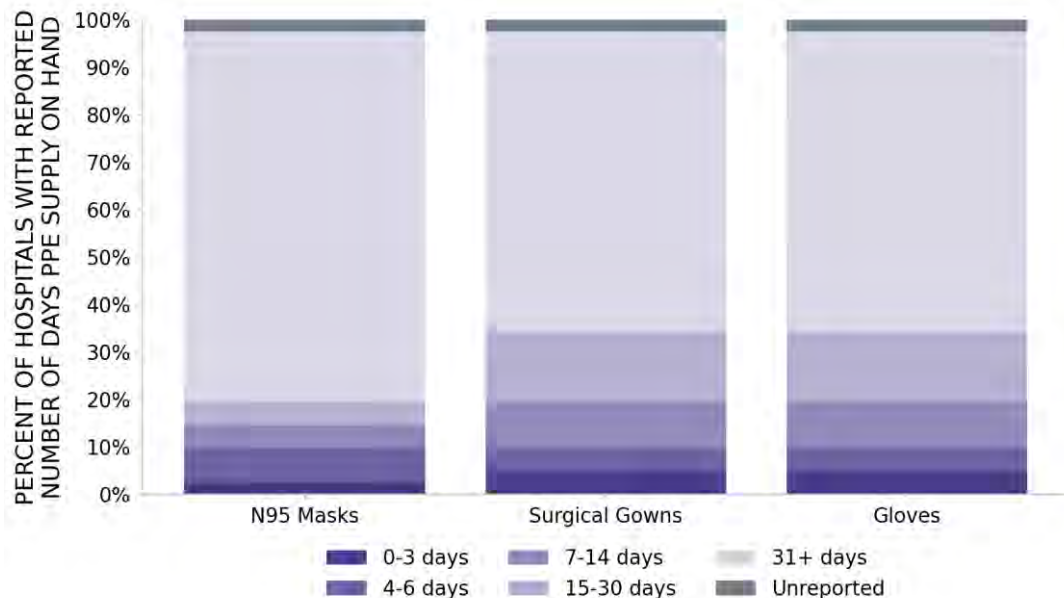
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





## IDAHO

STATE REPORT | 12.13.2020

## 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 Coeur d'Alene Idaho Falls Pocatello Twin Falls Rexburg Blackfoot Lewiston Burley Sandpoint Moscow Ontario	34 ▼ (-2)	Ada Canyon Kootenai Bonneville Bannock Madison Twin Falls Bingham Nez Perce Bonner Gem Jefferson
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	3 ▲ (+1)	Teton Valley Caribou
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	3 ▲ (+2)	Bear Lake Adams Lemhi
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

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

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

**Red CBSAs:** Boise CBSA is comprised of Ada County, ID; Boise County, ID; Canyon County, ID; Gem County, ID; and Owyhee County, ID. Coeur d'Alene CBSA is comprised of Kootenai County, ID. Idaho Falls CBSA is comprised of Bonneville County, ID; Butte County, ID; and Jefferson County, ID. Pocatello CBSA is comprised of Bannock County, ID and Power County, ID. Twin Falls CBSA is comprised of Jerome County, ID and Twin Falls County, ID. Rexburg CBSA is comprised of Fremont County, ID and Madison County, ID. Blackfoot CBSA is comprised of Bingham 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. Sandpoint CBSA is comprised of Bonner County, ID. Moscow CBSA is comprised of Latah 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

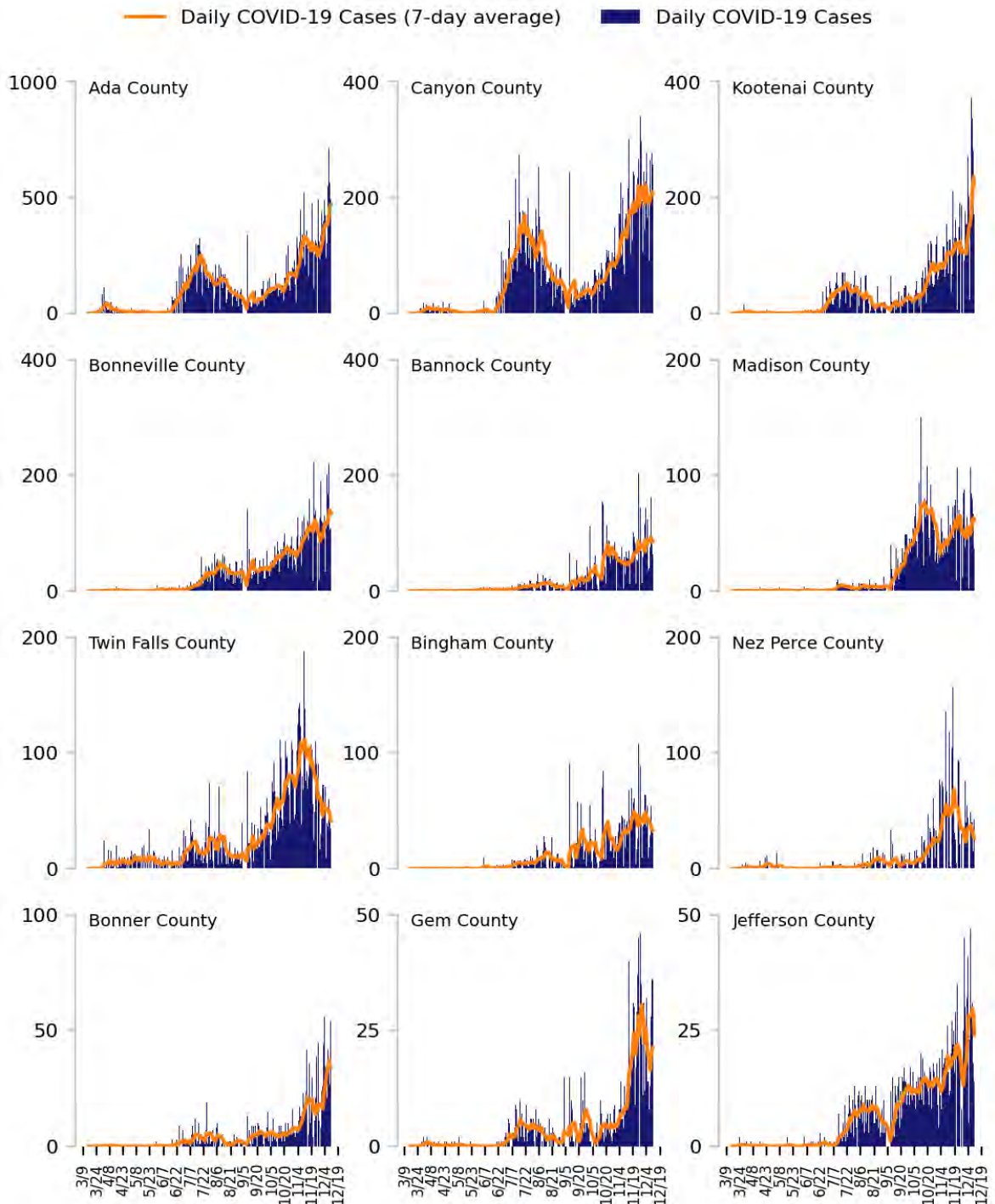
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.

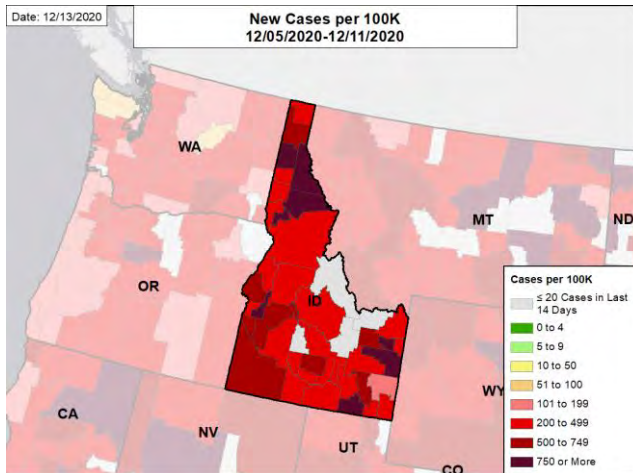


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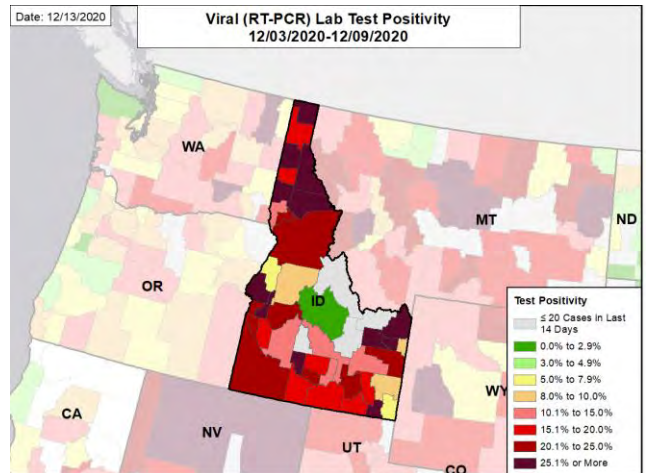
STATE REPORT | 12.13.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY

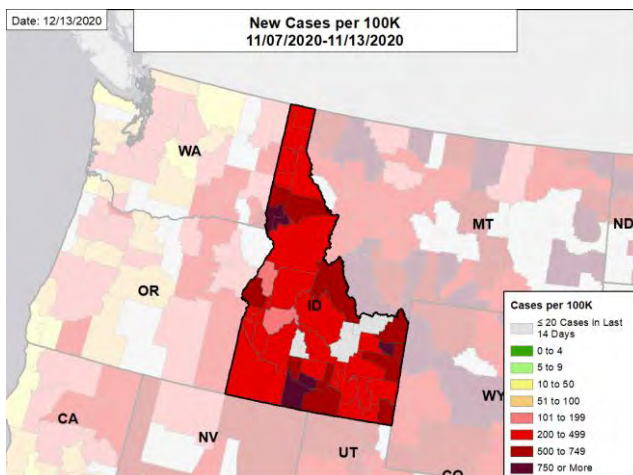
### NEW CASES PER 100,000



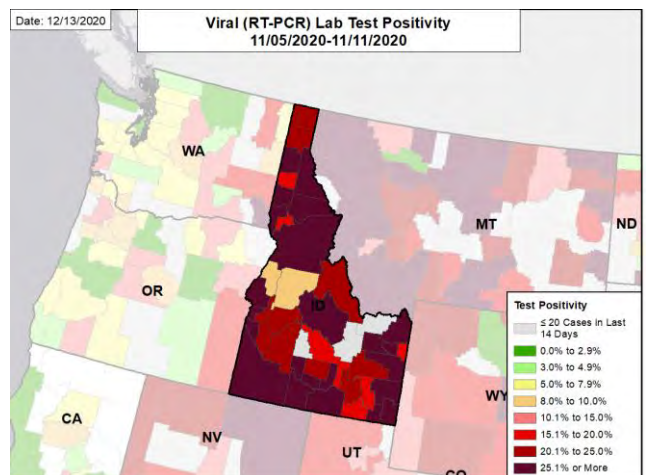
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.



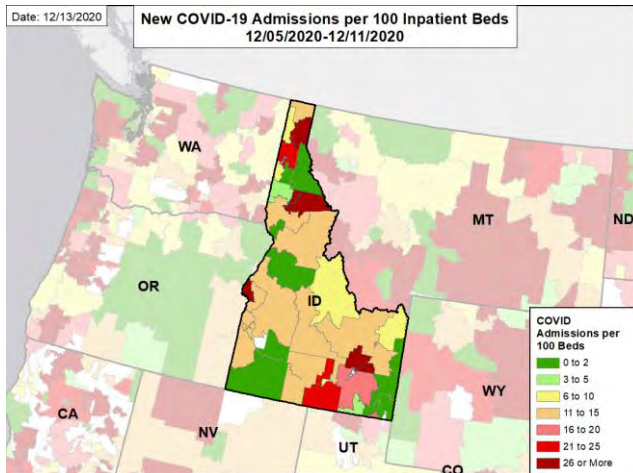


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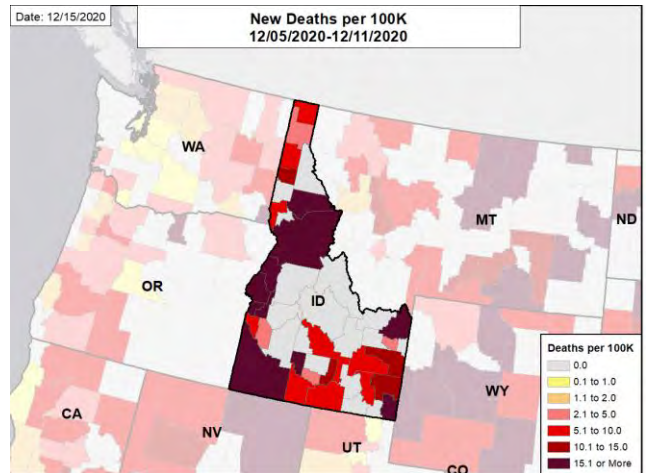
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

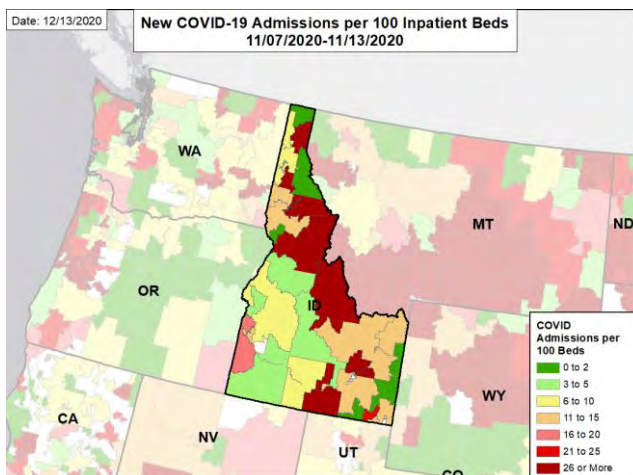
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



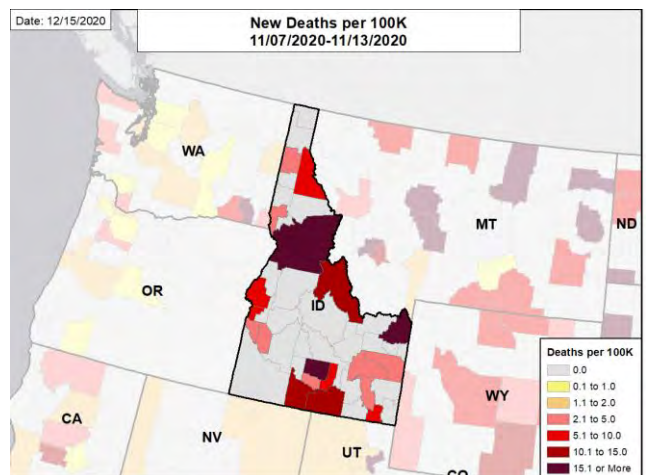
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





# ILLINOIS

## STATE REPORT

12.13.2020

Issue 26

### SUMMARY

- Illinois saw a 3rd week of improvement although remains at extremely high levels of disease transmission, hospitalizations, and deaths. The state 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. Illinois is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 26th highest rate in the country.
- Illinois has seen stability in new cases and a decrease in test positivity. Testing volume has stabilized. Mitigation measures and population observance of warnings appears to have prevented a major Thanksgiving surge. Hospitalizations decreased slightly for a 3rd week but remain high. Deaths continued to increase with an average of >180 deaths/day last week. An outbreak at a veterans' home has claimed more than 30 lives over the last several weeks.
- 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 49.8% of new cases in Illinois.
- 96% of all counties in Illinois have moderate or high levels of community transmission (yellow, orange, or red zones), with 75% having high levels of community transmission (red zone).
- During the week of Nov 30 - Dec 6, 39% of nursing homes had at least one new resident COVID-19 case, 56% had at least one new staff COVID-19 case, and 22% had at least one new resident COVID-19 death.
- Illinois had 496 new cases per 100,000 population, compared to a national average of 451 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 72 to support operations activities from FEMA; 5 to support operations activities from ASPR; 2 to support epidemiology activities from CDC; and 7 to support operations activities from USCG.
- Between Dec 5 - Dec 11, on average, 544 patients with confirmed COVID-19 and 485 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Illinois. This is a decrease of 8% in total new COVID-19 hospital admissions.
- Hospitals are reporting critical staffing shortages, but the state is managing.

### RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- **Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- **For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Ensure all clinical facilities have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; maximal access to medications, supplies, and staffing; and are accurately reporting current status of each resource. Continue to support a platform for efficient patient transfers.
- Increase frequency of LTCF testing and rapid implementation of vaccination in LTCFs as vaccine becomes available given continuing outbreaks and deaths.
- Ensure all K-12 schools are following CDC guidelines; use BINAX tests to routinely test all teachers as indicator of community spread. Ensure IHEs returning after winter break move to mandatory weekly testing of all on and off campus students. Begin planning now.
- 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 | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	62,863 (496)	-3%	294,147 (560)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	12.1%	-1.4%*	13.4%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	477,467** (3,768**)	+11%**	2,108,921** (4,014**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	1,287 (10.2)	+18%	4,106 (7.8)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	39%	N/A*†	40%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	56%	N/A*†	60%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	22%	N/A*†	21%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	7,208 (24)	-8% (-8%)	28,394 (24)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	45 (24%)	-1% (-2%*)	208 (23%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	42 (22%)	+0% (+0%*)	240 (27%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

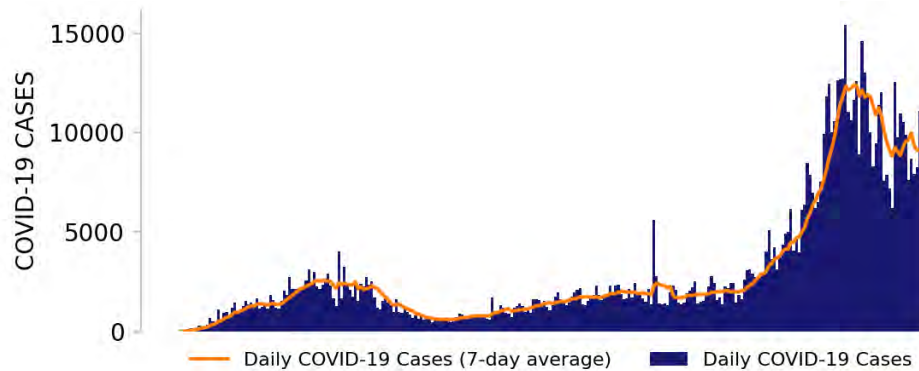
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



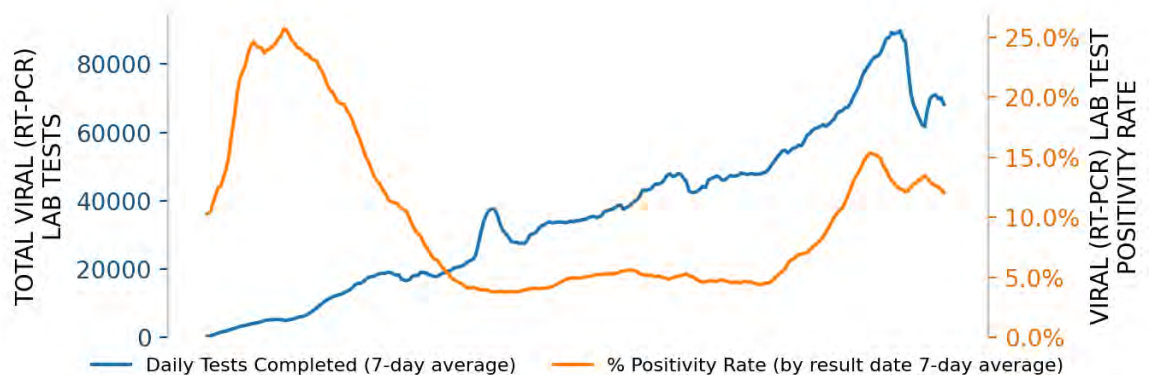
# ILLINOIS

## STATE REPORT | 12.13.2020

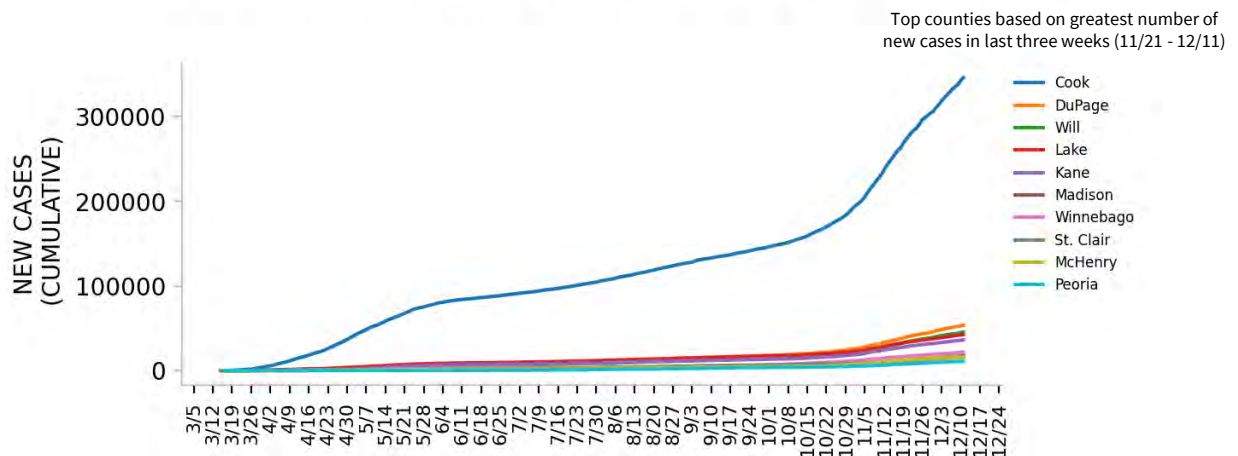
### NEW CASES



### TESTING



### TOP COUNTIES



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

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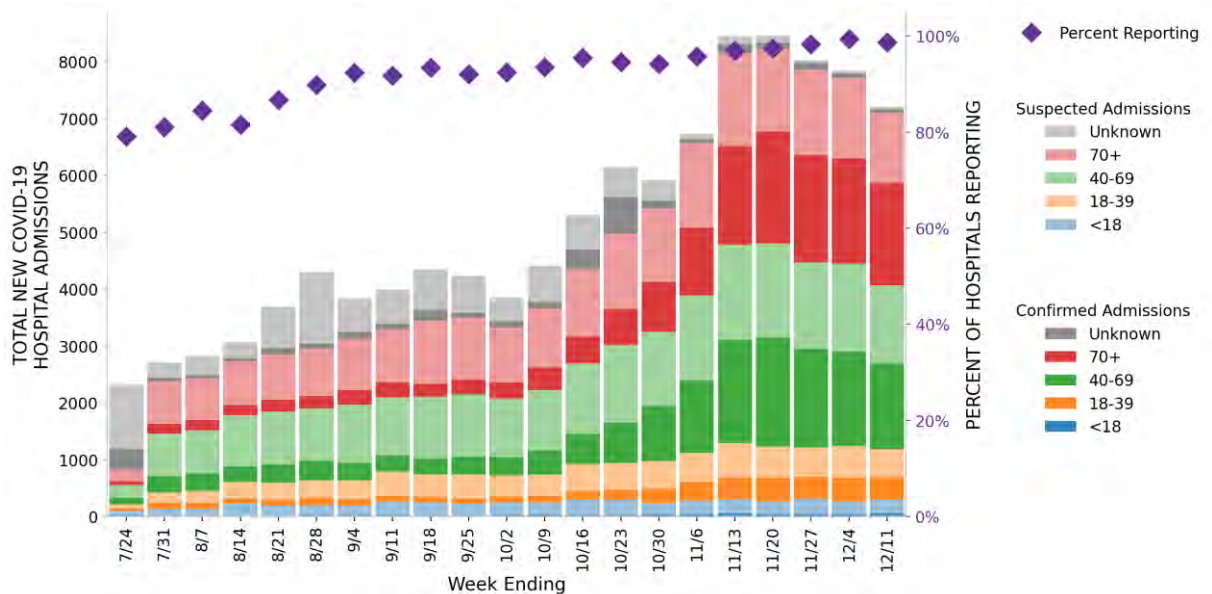


# ILLINOIS

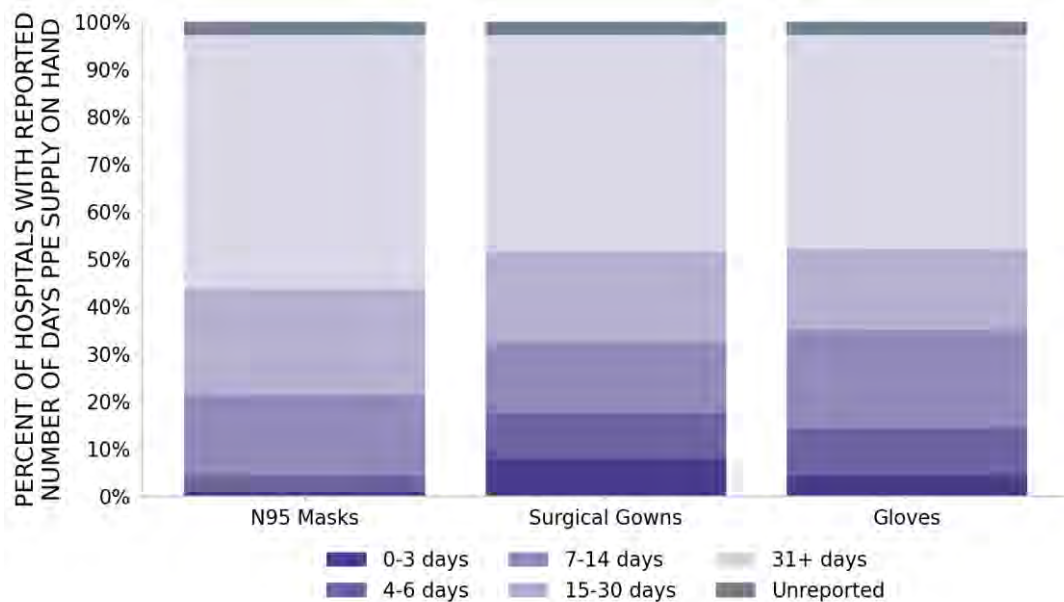
STATE REPORT | 12.13.2020

188 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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# ILLINOIS

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA)

### COUNTIES

LOCALITIES IN RED ZONE	24 ▼ (-6)	Chicago-Naperville-Elgin St. Louis Peoria Rockford Davenport-Moline-Rock Island Ottawa Kankakee Carbondale-Marion Danville Effingham Galesburg Charleston-Mattoon	77 ▼ (-10)	Cook DuPage Will Lake Kane Madison Winnebago St. Clair McHenry Peoria Tazewell Kankakee
	5 ▲ (+5)	Springfield Bloomington Centralia Pontiac Freeport	15 ▲ (+10)	Sangamon McLean Williamson Marion Livingston Coles Stephenson Jersey Bond Saline Union Jo Daviess
	1 ▲ (+1)	Decatur	6 ▼ (-2)	Macon Greene Piatt De Witt Brown Scott
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease				

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

**All Red Counties:** Cook, DuPage, Will, Lake, Kane, Madison, Winnebago, St. Clair, McHenry, Peoria, Tazewell, Kankakee, Rock Island, LaSalle, Kendall, Vermilion, DeKalb, Henry, Grundy, Effingham, Boone, Clinton, Knox, Ogle, Logan, Whiteside, Macoupin, Fayette, Randolph, Woodford, Monroe, Jackson, Franklin, Jefferson, Morgan, Lee, Fulton, Iroquois, Bureau, Lawrence, Christian, Perry, Cass, Shelby, Richland, Montgomery, Edgar, Washington, Warren, Wabash, Clay, Douglas, Ford, Massac, McDonough, Wayne, White, Moultrie, Hancock, Mercer, Clark, Pike, Carroll, Schuyler, Cumberland, Jasper, Johnson, Stark, Marshall, Pulaski, Hamilton, Henderson, Edwards, Putnam, Pope, Gallatin, Alexander

**All Orange Counties:** Sangamon, McLean, Williamson, Marion, Livingston, Coles, Stephenson, Jersey, Bond, Saline, Union, Jo Daviess, Mason, Menard, 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

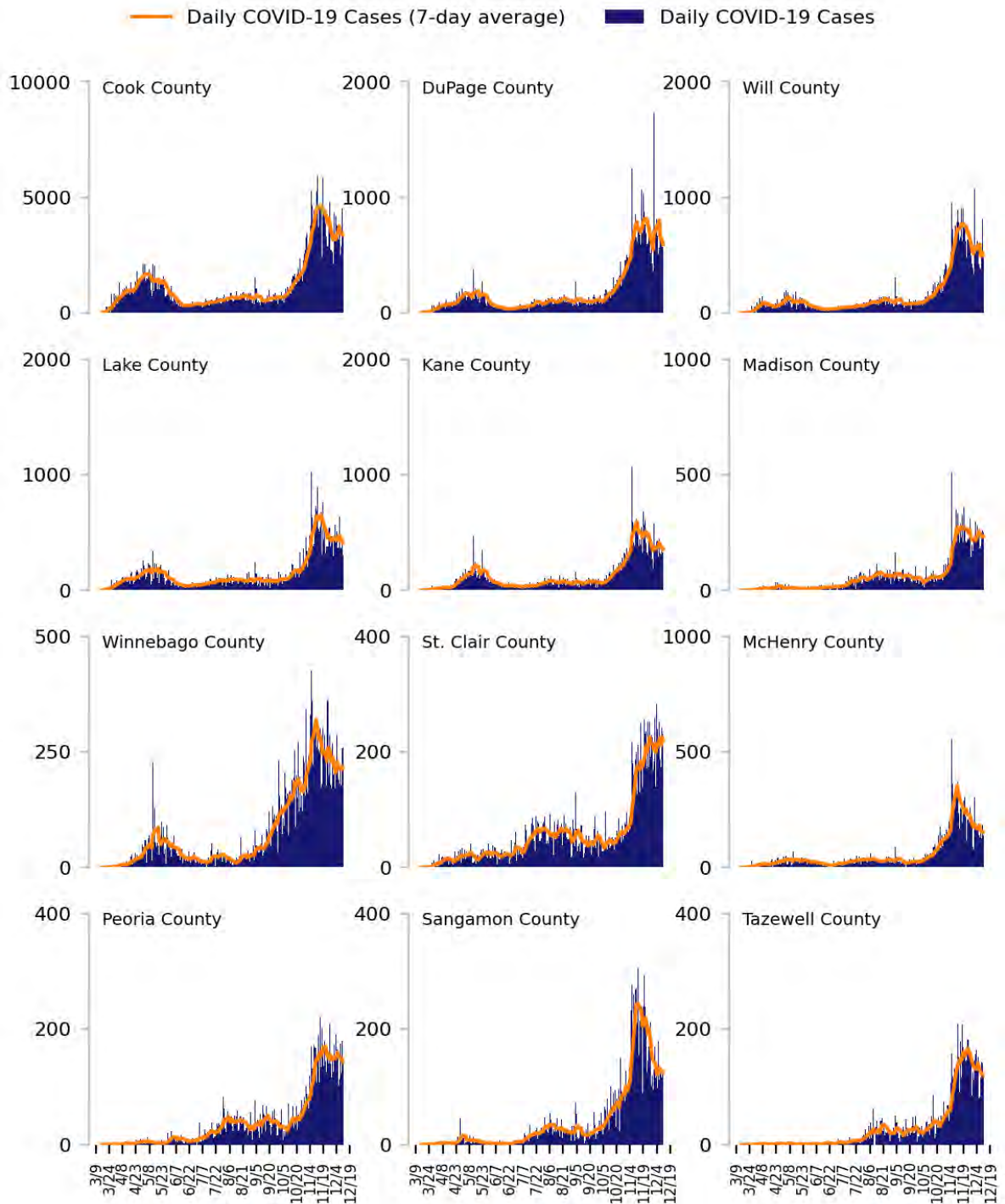
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**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

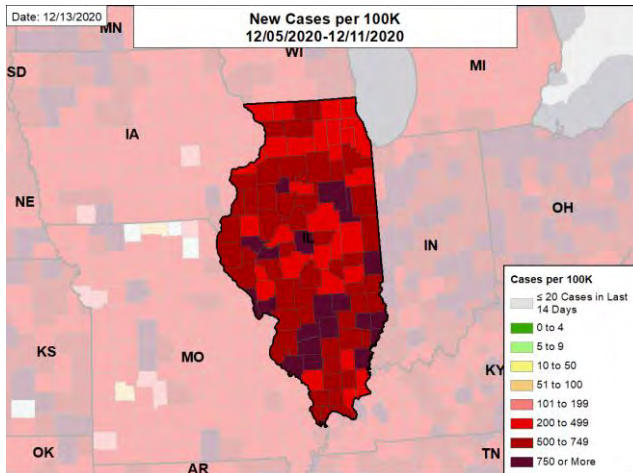
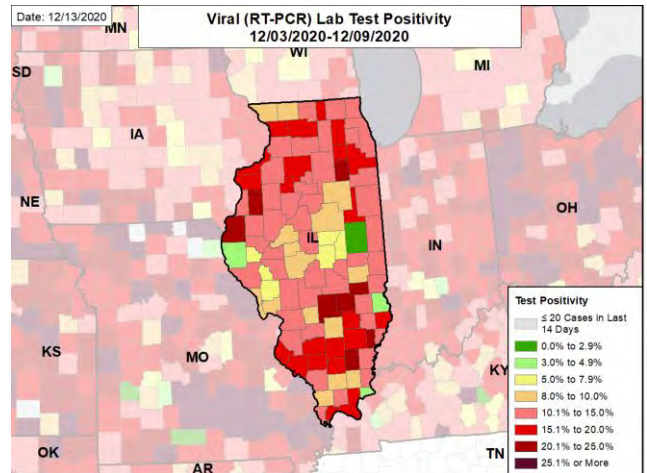
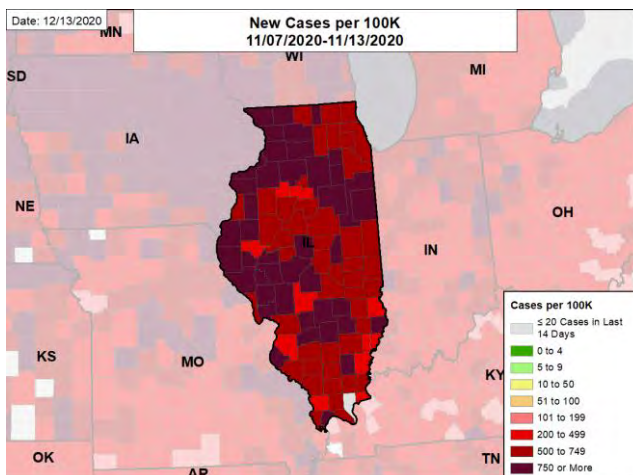
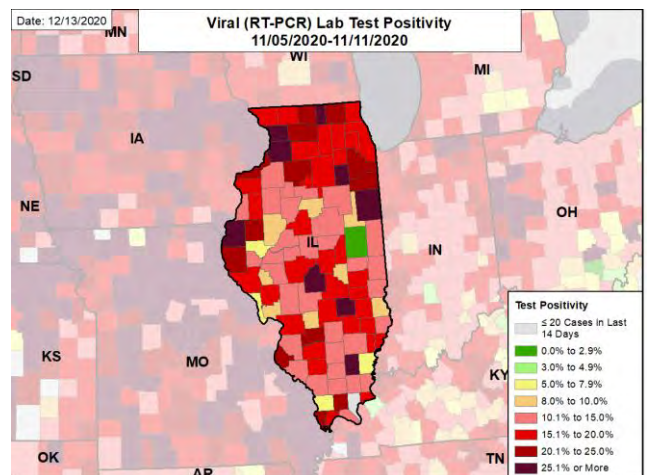
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# ILLINOIS

STATE REPORT | 12.13.2020

## 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.



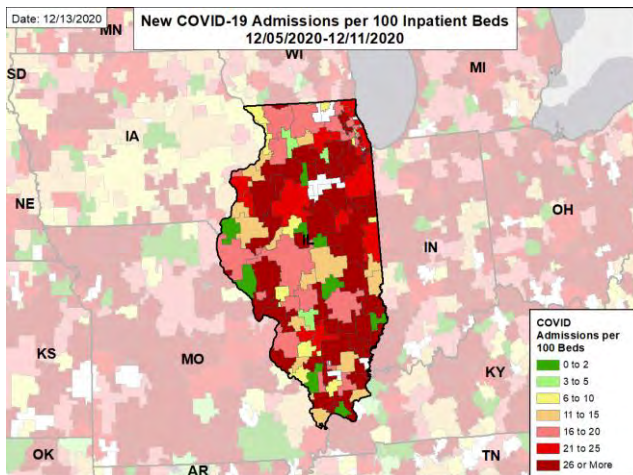


# ILLINOIS

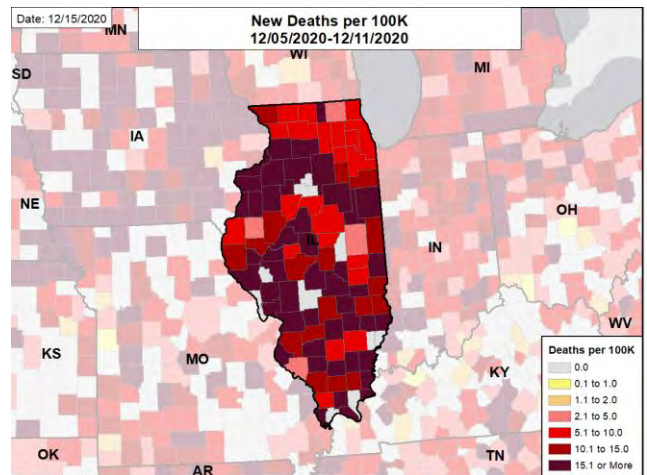
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

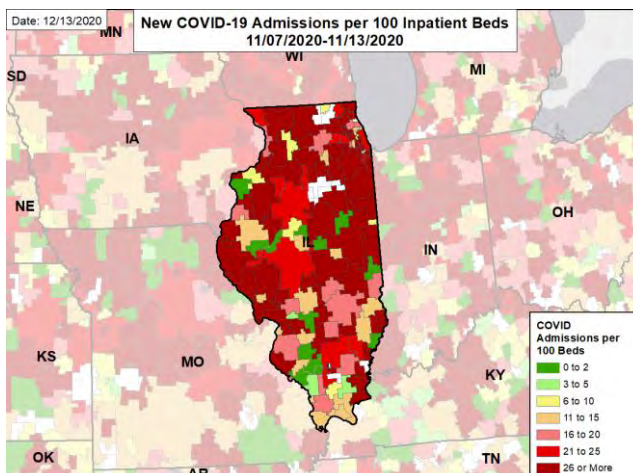
**TOTAL NEW COVID-19 ADMISSIONS  
PER 100 INPATIENT BEDS**



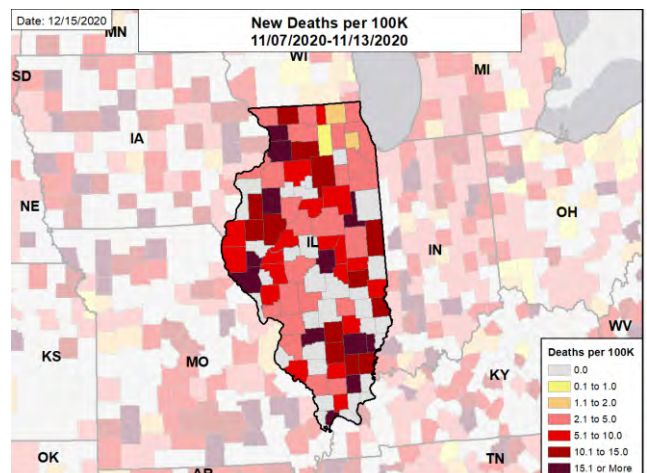
**NEW DEATHS PER 100,000**



**TOTAL NEW COVID-19 ADMISSIONS PER 100  
INPATIENT BEDS ONE MONTH BEFORE**



**NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





# INDIANA

## STATE REPORT

12.13.2020

Issue 26

### SUMMARY

- Indiana continues to experience extremely high levels of viral transmission along with reported cases, hospitalizations, and deaths. The state 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. 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 stability in new cases and a decrease in test positivity although both indicators remain extremely high. New and current hospitalizations eased slightly last week but remain extremely high. Hospitalization rates per capita are among the highest in the nation. Hospitals continue to report capacity and staffing constraints due to COVID-19 patients. Daily deaths rose slightly with an average of nearly 80 per day, far above the peak set in spring.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Marion County, 2. Lake County, and 3. Allen County. These counties represent 25.5% of new cases in Indiana.
- 99% of all counties in Indiana have moderate or high levels of community transmission (yellow, orange, or red zones), with 96% having high levels of community transmission (red zone). Additional mitigation measures take effect Dec 16 with decreased gathering size for higher case load counties and postponement of nonemergent medical procedures.
- During the week of Nov 30 - Dec 6, 43% of nursing homes had at least one new resident COVID-19 case, 56% had at least one new staff COVID-19 case, and 23% had at least one new resident COVID-19 death.
- Indiana had 666 new cases per 100,000 population, compared to a national average of 451 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 Dec 5 - Dec 11, on average, 363 patients with confirmed COVID-19 and 196 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Indiana. This is a decrease of 10% in total new COVID-19 hospital admissions.

### RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- **Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- **For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Ensure all clinical facilities have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; maximal access to medications, supplies, and staffing; and are accurately reporting current status of each resource. Continue to support a platform for efficient patient transfers.
- Increase frequency of LTCF testing and rapid implementation of vaccination in LTCFs as vaccine becomes available given continuing outbreaks and deaths.
- Ensure all K-12 schools are following CDC guidelines; use BINAX tests to routinely test all teachers as indicator of community spread. Ensure IHEs returning after winter break move to mandatory weekly testing of all on and off campus students. Begin planning now.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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



COVID-19



## INDIANA

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	44,806 (666)	+5%	294,147 (560)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	16.6%	-1.5%*	13.4%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	298,602** (4,435**)	+18%**	2,108,921** (4,014**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	551 (8.2)	+4%	4,106 (7.8)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	43%	N/A*†	40%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	56%	N/A*†	60%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	23%	N/A*†	21%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,916 (23)	-10% (-10%)	28,394 (24)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	18 (15%)	+0% (+0%*)	208 (23%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	29 (24%)	-2% (-6%*)	240 (27%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

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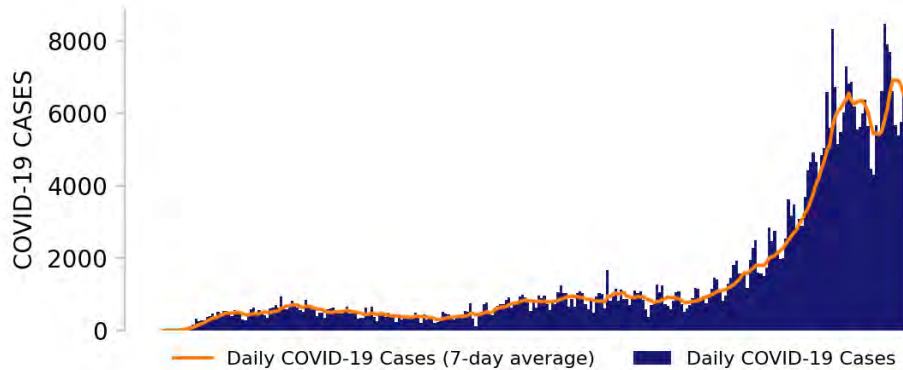
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# INDIANA

STATE REPORT | 12.13.2020

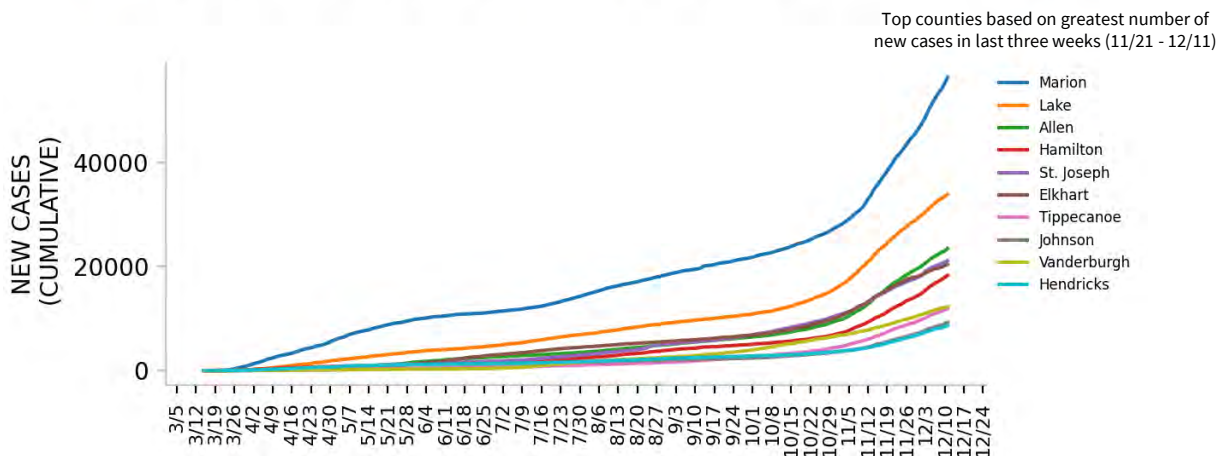
## NEW CASES



## TESTING



## TOP COUNTIES



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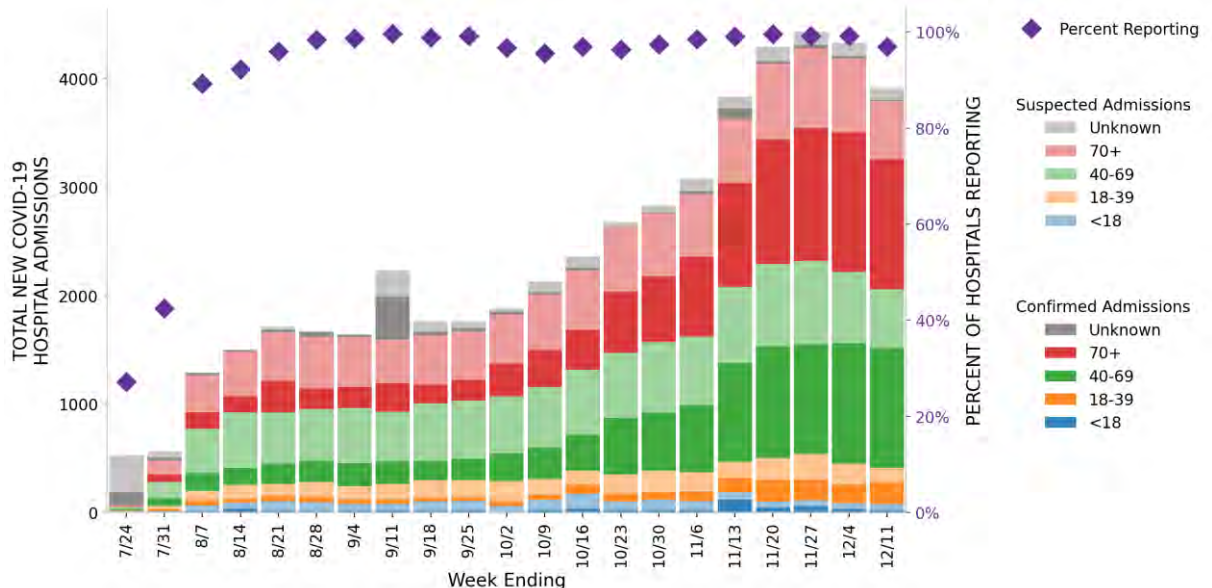


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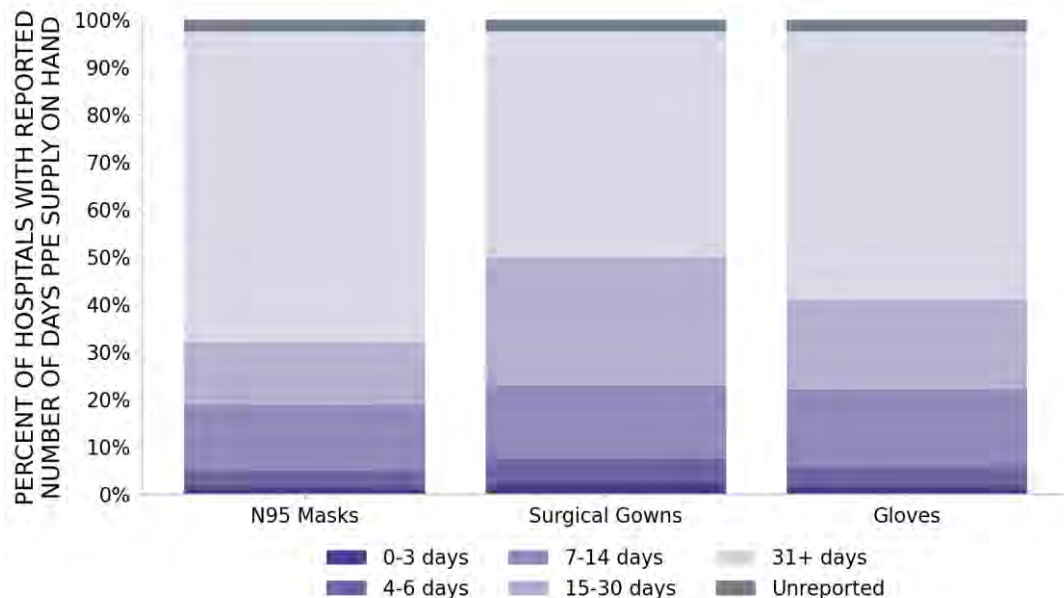
STATE REPORT | 12.13.2020

122 hospitals are expected to report in Indiana

## HOSPITAL ADMISSIONS



## HOSPITAL PPE SUPPLIES



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

**Hospitalizations:** Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. 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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# INDIANA

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA)

### COUNTIES

LOCALITIES IN RED ZONE	40 ▲ (+1)	Indianapolis-Carmel-Anderson Chicago-Naperville-Elgin Fort Wayne South Bend-Mishawaka Lafayette-West Lafayette Evansville Elkhart-Goshen Louisville/Jefferson County Terre Haute Kokomo Michigan City-La Porte Muncie	88 ■ (+0)	Marion Lake Allen Hamilton St. Joseph Elkhart Tippecanoe Johnson Vanderburgh Hendricks Porter Madison
	0 ▼ (-1)	N/A	1 ▼ (-2)	Perry
	1 ▲ (+1)	Bloomington	2 ▲ (+1)	Monroe Owen
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease				

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

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

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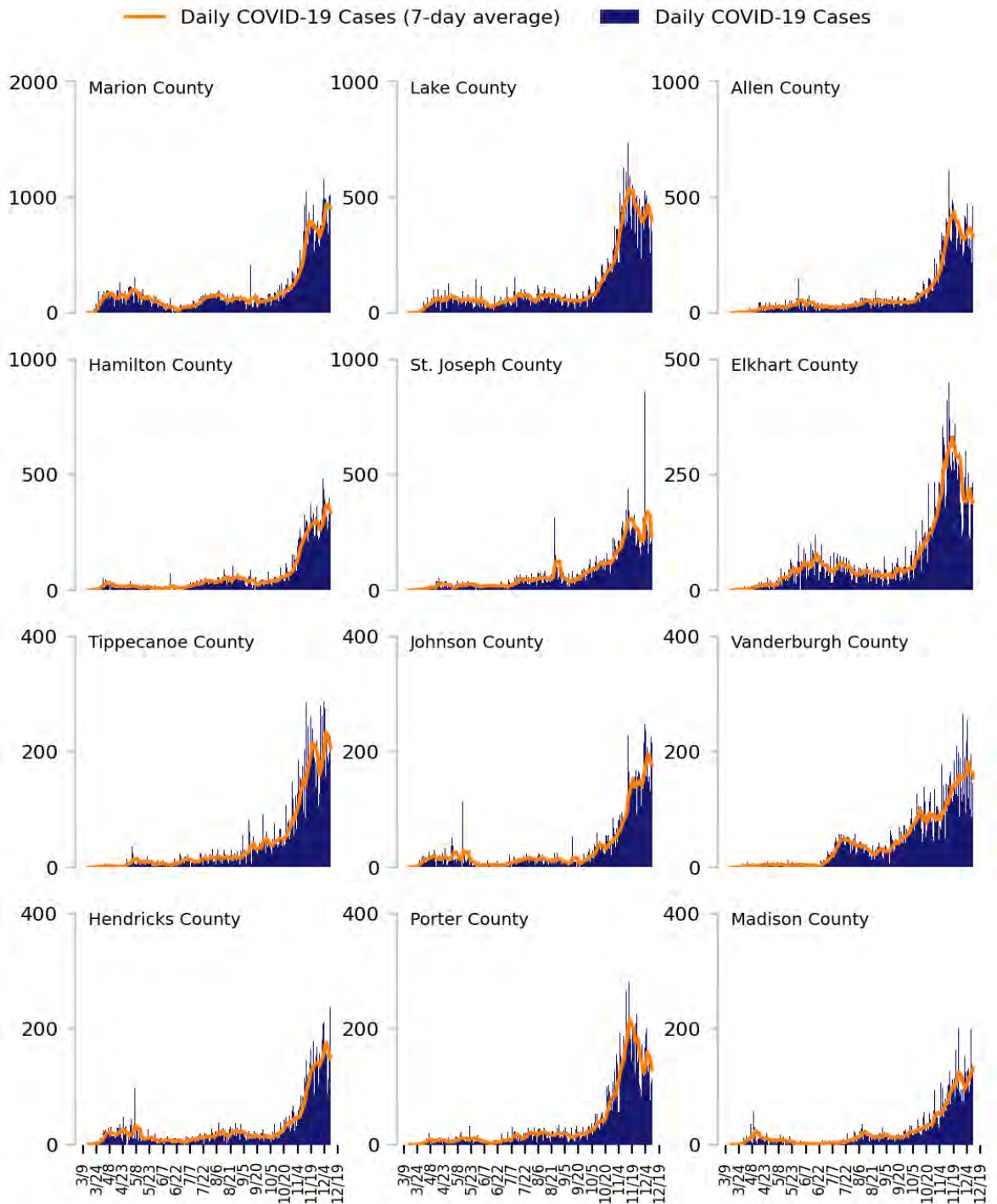
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**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

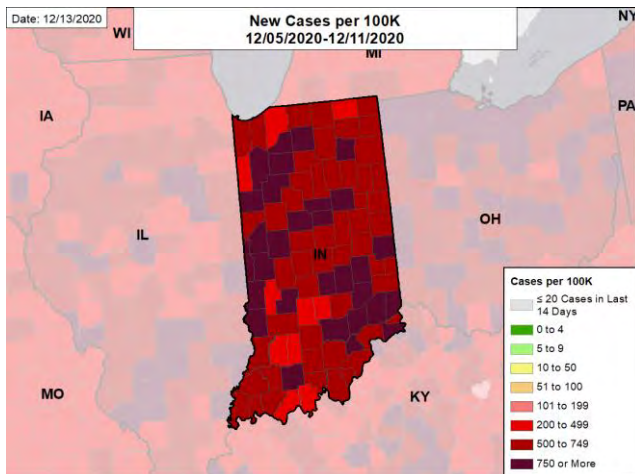
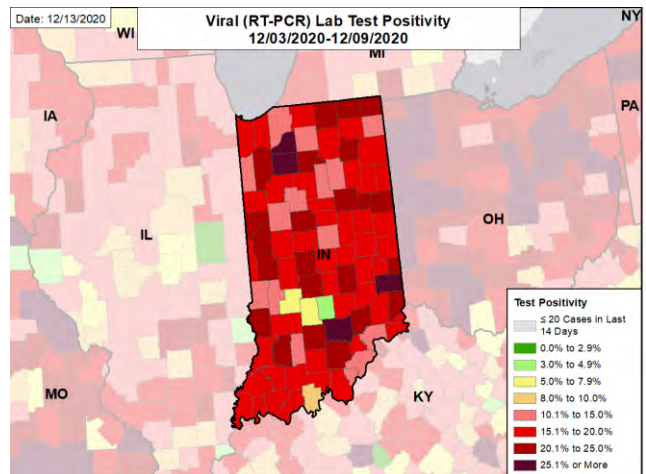
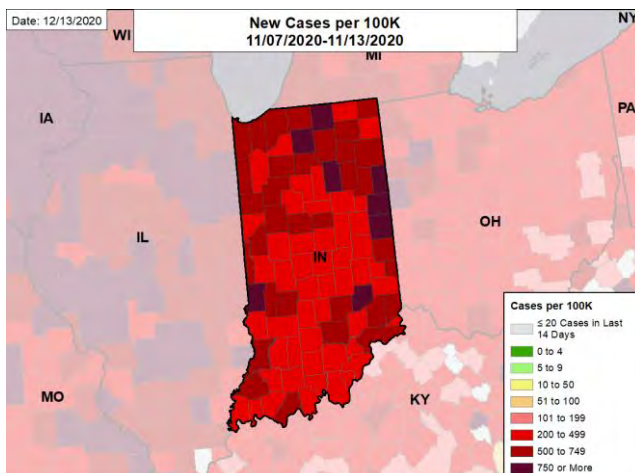
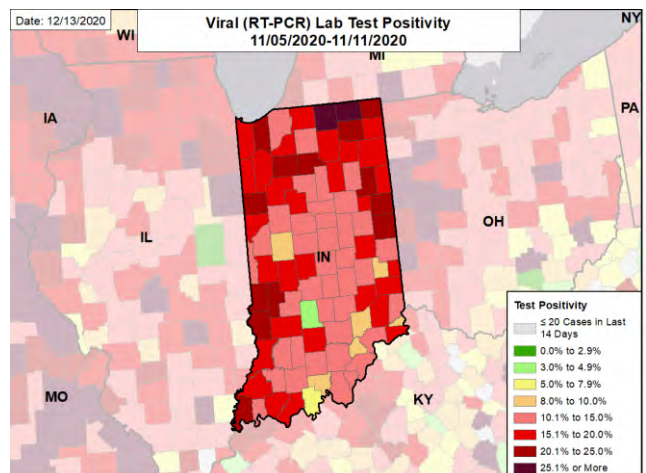
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# INDIANA

STATE REPORT | 12.13.2020

## 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.



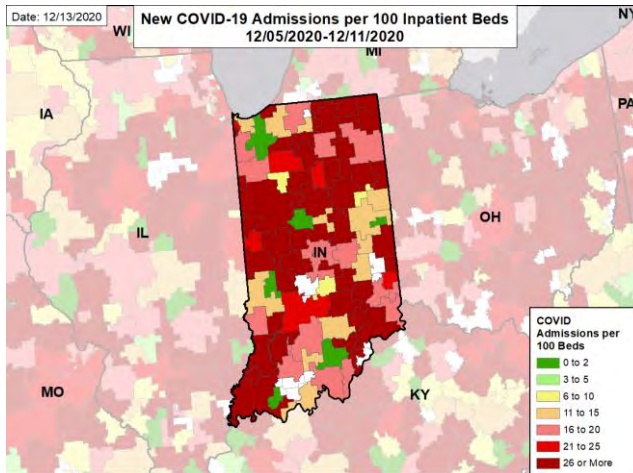


# INDIANA

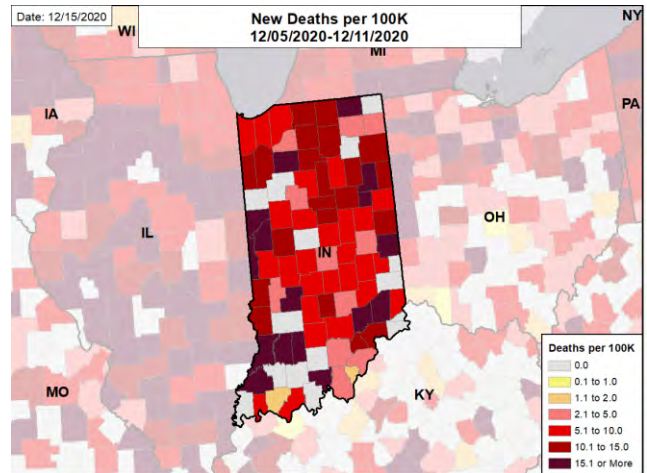
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

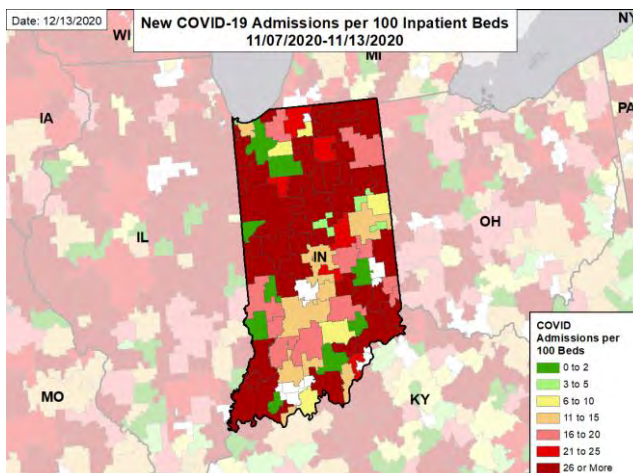
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



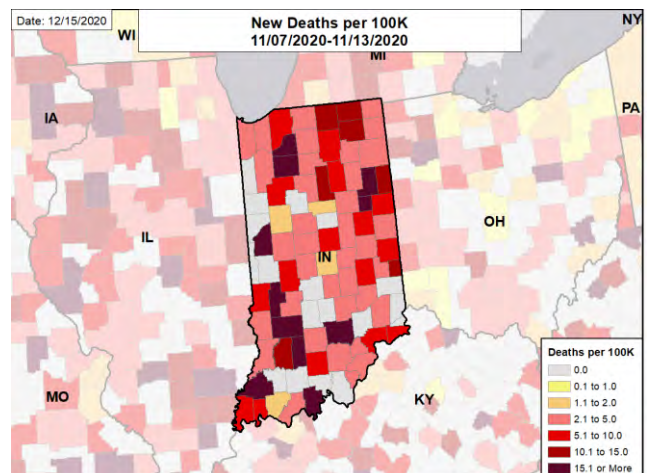
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





## STATE REPORT

12.13.2020

Issue 26

# IOWA

## SUMMARY

- Iowa 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. Iowa is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 18th 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. Scott County, and 3. Linn County. These counties represent 25.6% of new cases in Iowa.
- 99% of all counties in Iowa 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 30 - Dec 6, 31% of nursing homes had at least one new resident COVID-19 case, 51% had at least one new staff COVID-19 case, and 20% had at least one new resident COVID-19 death.
- Iowa had 383 new cases per 100,000 population, compared to a national average of 451 per 100,000.
- Between Dec 5 - Dec 11, on average, 122 patients with confirmed COVID-19 and 25 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Iowa. This is a decrease of 13% in total new COVID-19 hospital admissions.

## RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Virus levels are decreasing in Iowa but are still at high levels. Throughout the holiday season, all media platforms should remain saturated with messaging on the risks of indoor social gatherings without masks. Keep all mitigation efforts in place. Find ways to keep testing levels high through holiday season to remove asymptomatic transmission over the next 4 weeks.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Universities must have testing plans in place for spring semester, mandatorily testing all students weekly to prevent spread in the community.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. There continue to be high levels of positive staff members at LTCFs, indicating continued and unmitigated community spread in these geographic locations.
- In Tribal Nations, conduct weekly testing of Tribal communities living on and off the reservation. Test results should be rapid, and isolation and contact tracing conducted immediately. Ensure sufficient facilities for isolation/quarantine with support 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



## IOWA

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	12,080 (383)	-27%	64,662 (457)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	14.3%	-2.9%*	16.8%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	85,312** (2,704**)	+2%**	276,492** (1,955**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	567 (18.0)	+103%	1,340 (9.5)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	31%	N/A*†	32%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	51%	N/A*†	54%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	20%	N/A*†	19%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,026 (13)	-13% (-14%)	7,228 (20)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	28 (24%)	+3% (+12%*)	134 (30%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	3 (3%)	-3% (-50%*)	132 (29%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

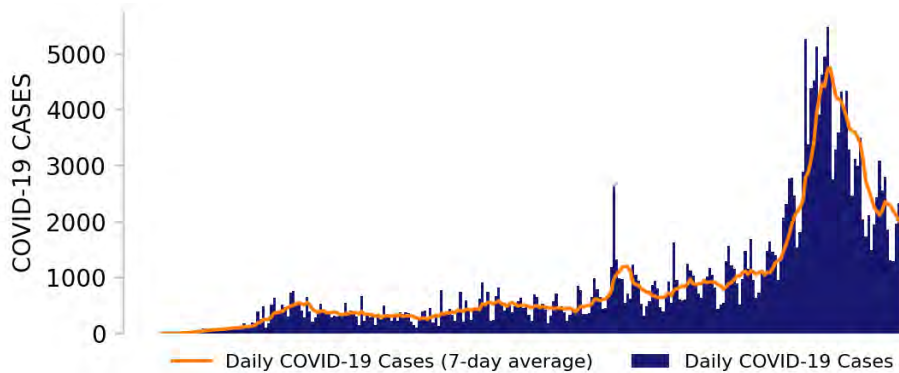
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



# IOWA

STATE REPORT | 12.13.2020

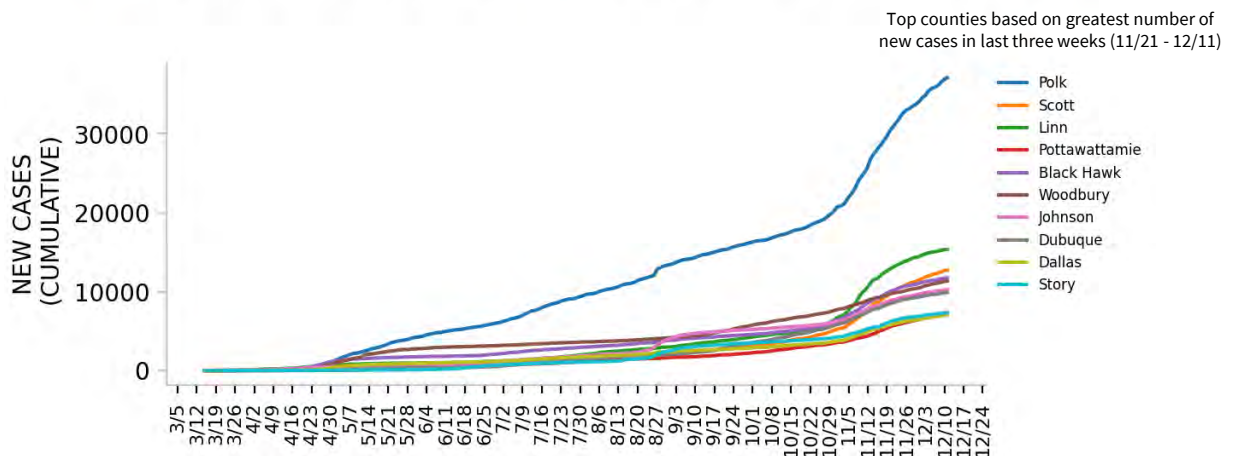
## NEW CASES



## 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 12/9/2020.

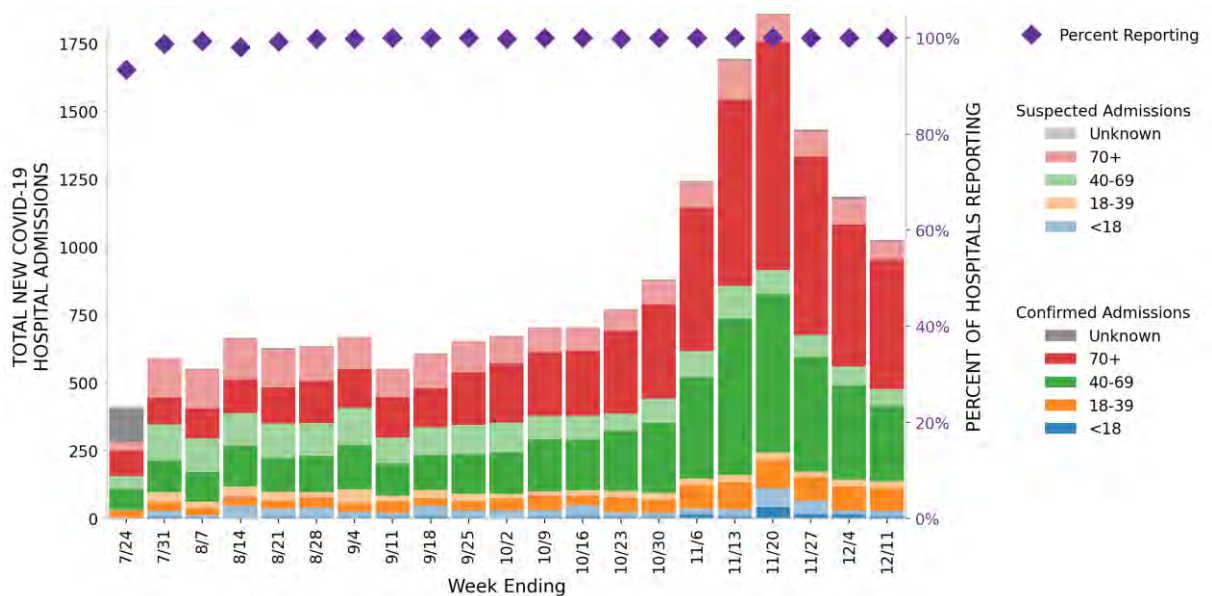


# IOWA

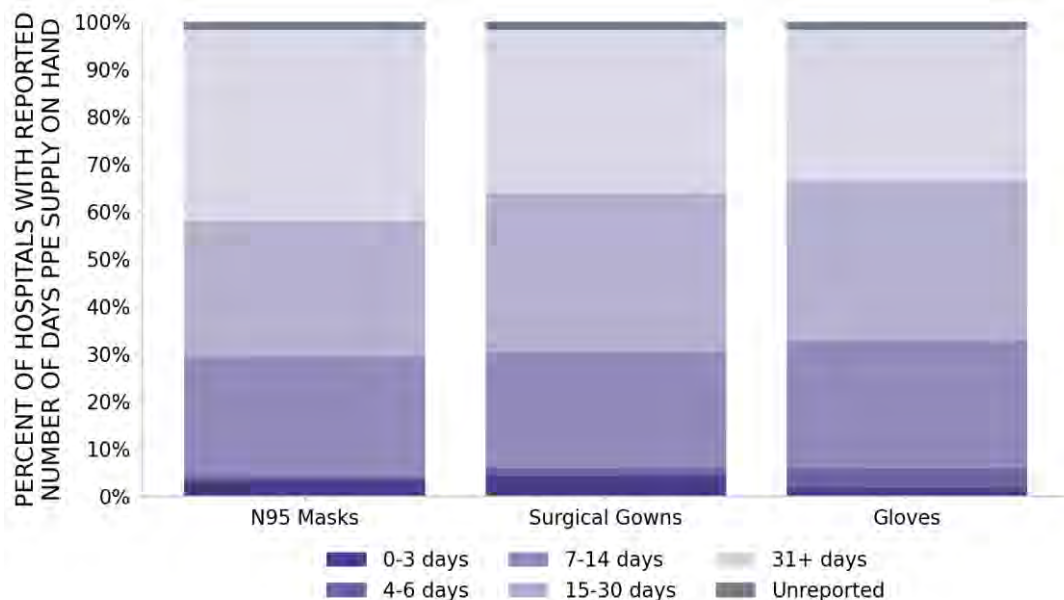
STATE REPORT | 12.13.2020

119 hospitals are expected to report in Iowa

## HOSPITAL ADMISSIONS



## HOSPITAL PPE SUPPLIES



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

**Hospitalizations:** Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. 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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





## IOWA

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

## METRO AREA (CBSA)

## COUNTIES

LOCALITIES IN RED ZONE	22 ▼ (-2)	Des Moines-West Des Moines Cedar Rapids Davenport-Moline-Rock Island Waterloo-Cedar Falls Omaha-Council Bluffs Sioux City Ames Dubuque Fort Dodge Clinton Fort Madison-Keokuk Muscatine	82 ▼ (-12)	Polk Scott Linn Pottawattamie Black Hawk Woodbury Dubuque Dallas Story Webster Warren Clinton
	2 ▲ (+2)	Iowa City Mason City	12 ▲ (+9)	Johnson Cerro Gordo Washington Mills Humboldt Chickasaw Iowa Grundy Calhoun Shelby Pocahontas Worth
	0 ■ (+0)	N/A	4 ▲ (+2)	Poweshiek Tama Greene Van Buren
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease				

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

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

\* 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

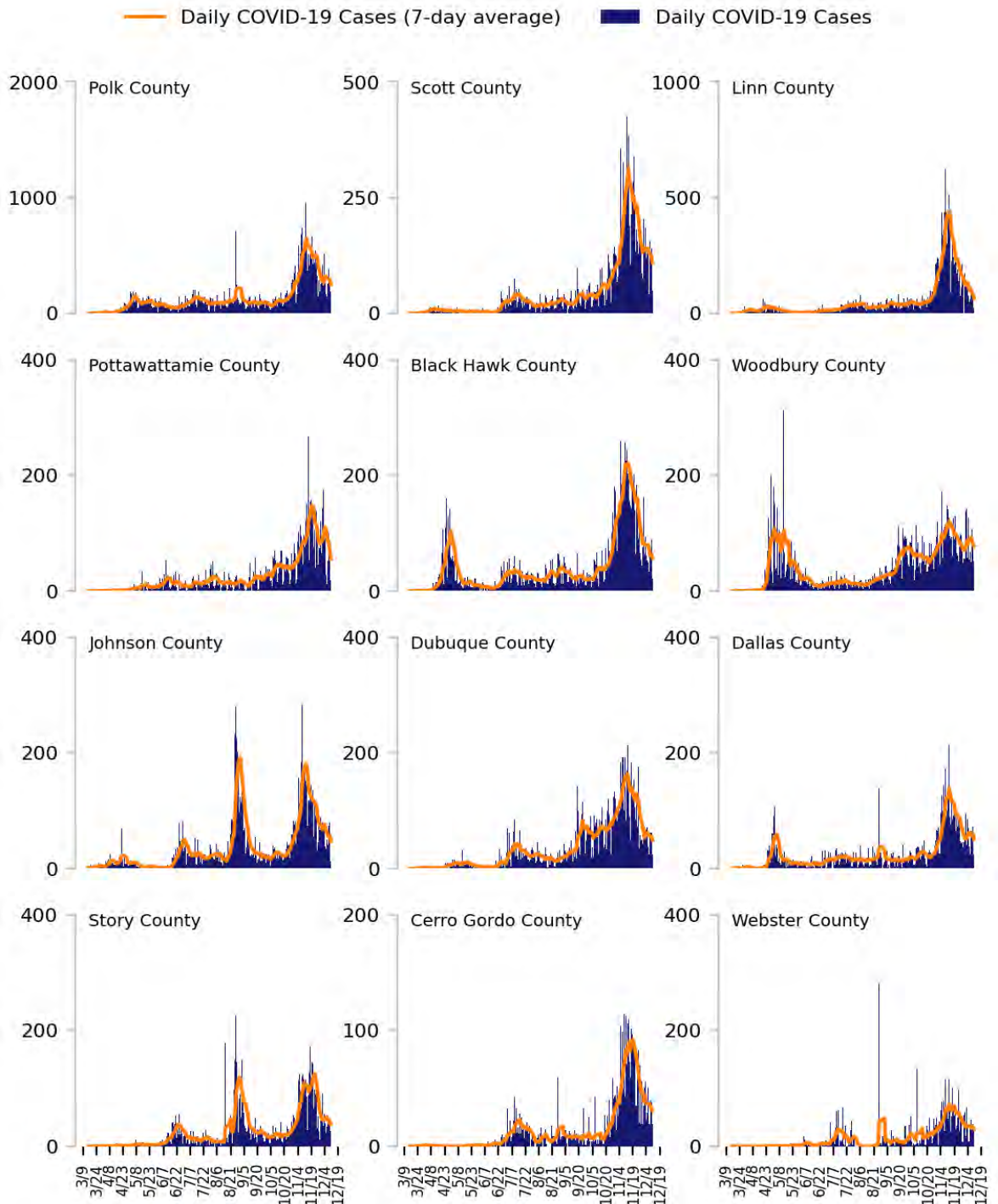
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.

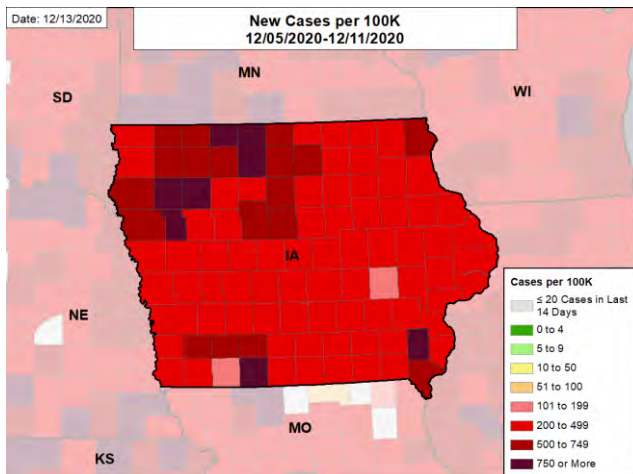


# IOWA

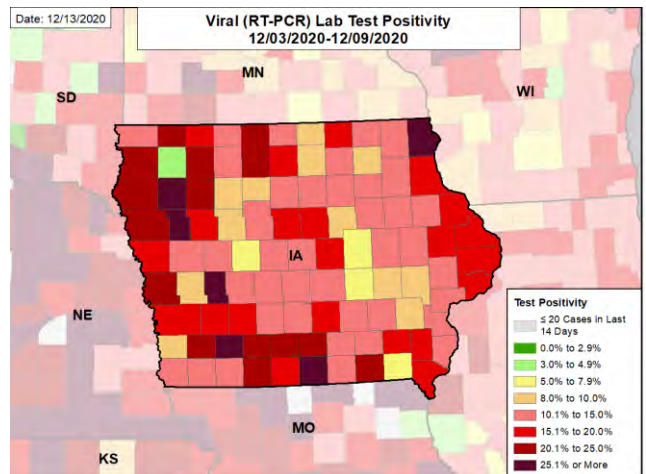
STATE REPORT | 12.13.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY

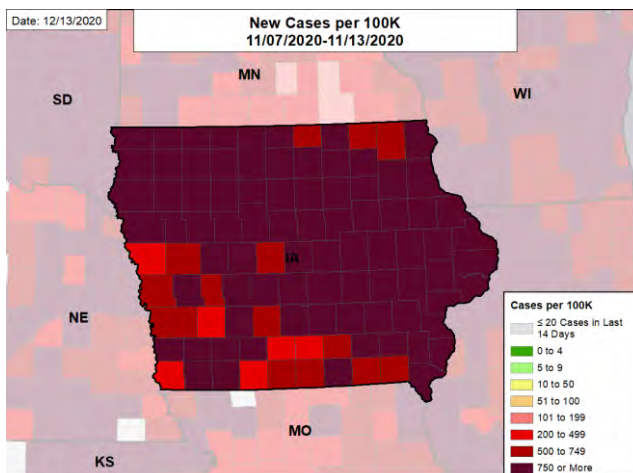
### NEW CASES PER 100,000



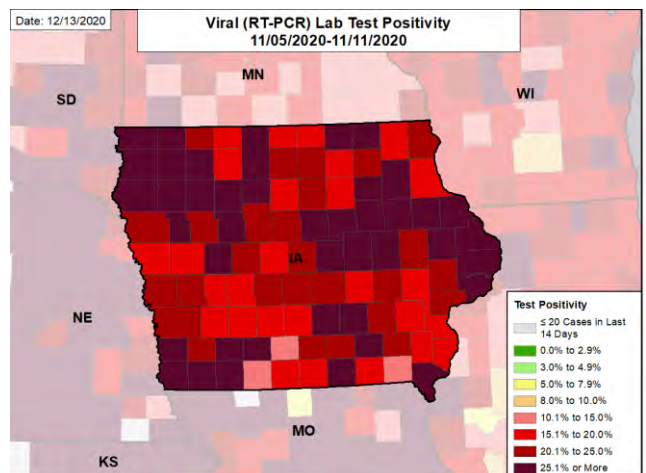
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

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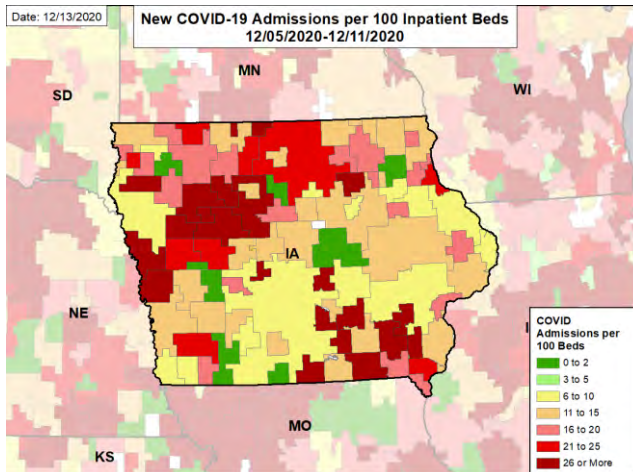


# IOWA

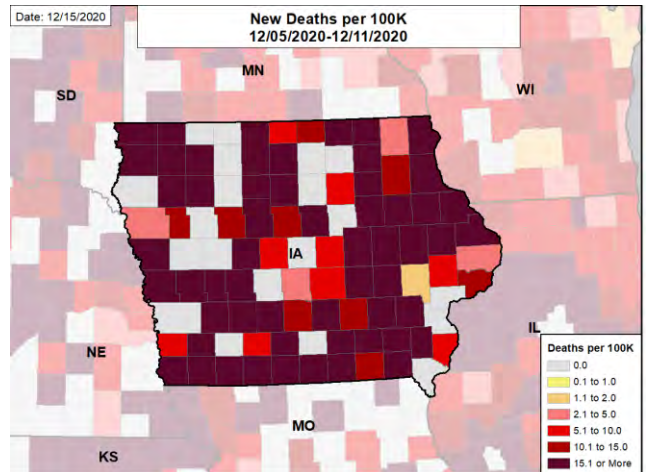
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

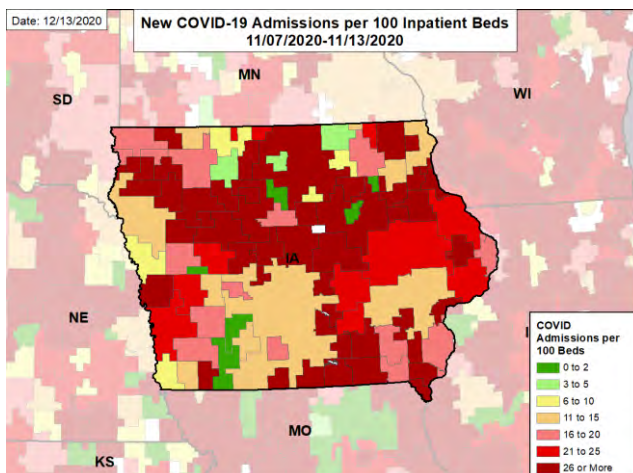
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



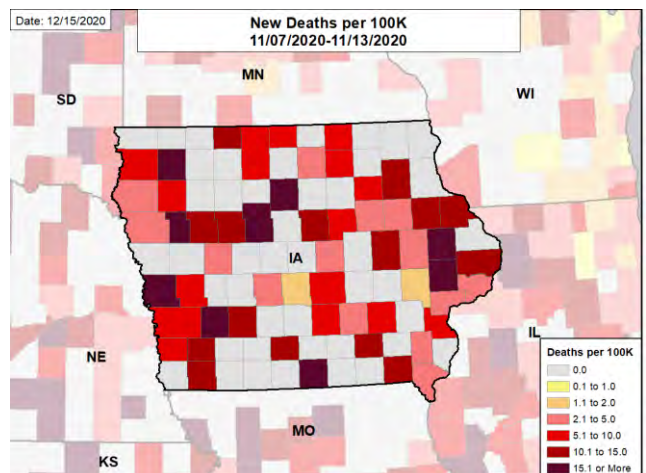
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 ONE MONTH BEFORE



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# KANSAS

## SUMMARY

- Kansas 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. 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 40.3% of new cases in Kansas.
- 86% of all counties in Kansas have moderate or high levels of community transmission (yellow, orange, or red zones), with 77% having high levels of community transmission (red zone).
- During the week of Nov 30 - Dec 6, 34% of nursing homes had at least one new resident COVID-19 case, 60% had at least one new staff COVID-19 case, and 19% had at least one new resident COVID-19 death.
- Kansas had 591 new cases per 100,000 population, compared to a national average of 451 per 100,000.
- Between Dec 5 - Dec 11, on average, 165 patients with confirmed COVID-19 and 72 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Kansas. This is a minimal change in total new COVID-19 hospital admissions.
- Hospitals are reporting PPE shortages, but the state has resources and systems in place for facilities to request assistance through the county emergency management agency and the state emergency operations center.
- Hospitals are reporting critical staffing shortages, but the state is managing. The state emergency operations center is working on a staffing contract.

## RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
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VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	18.8%	-2.4%*	16.8%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	50,166** (1,722**)	-23%**	276,492** (1,955**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	286 (9.8)	+11%	1,340 (9.5)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	34%	N/A*†	32%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	60%	N/A*†	54%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	19%	N/A*†	19%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,661 (21)	-3% (-5%)	7,228 (20)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	42 (33%)	-2% (-5%*)	134 (30%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	49 (38%)	-3% (-6%*)	132 (29%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

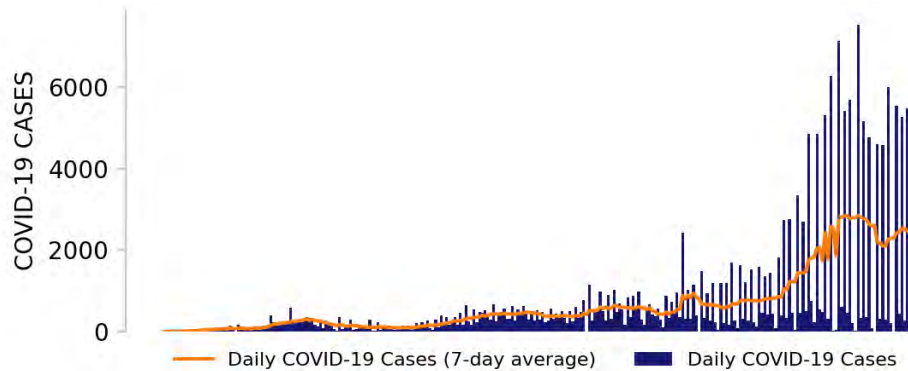
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



# KANSAS

STATE REPORT | 12.13.2020

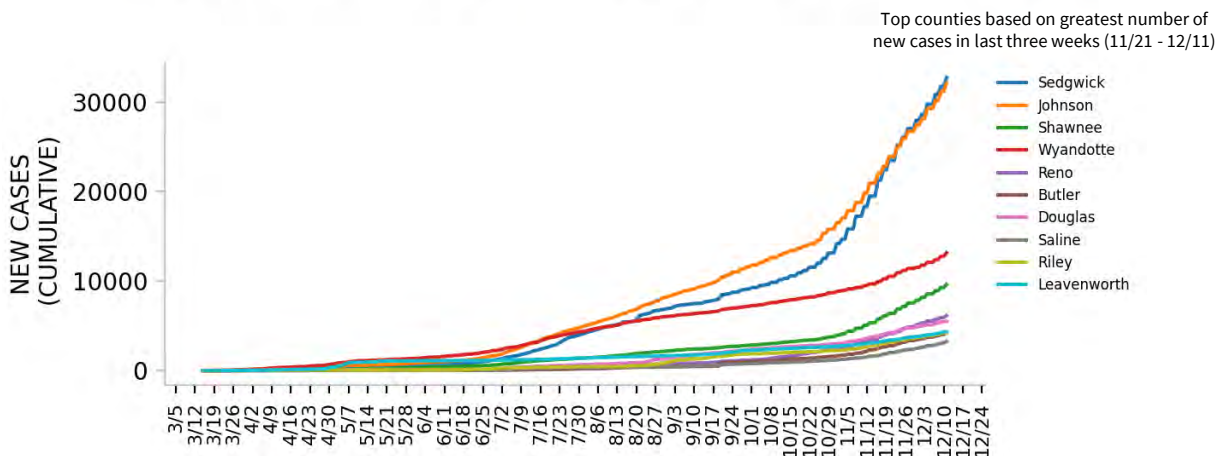
## NEW CASES



## TESTING



## TOP COUNTIES



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

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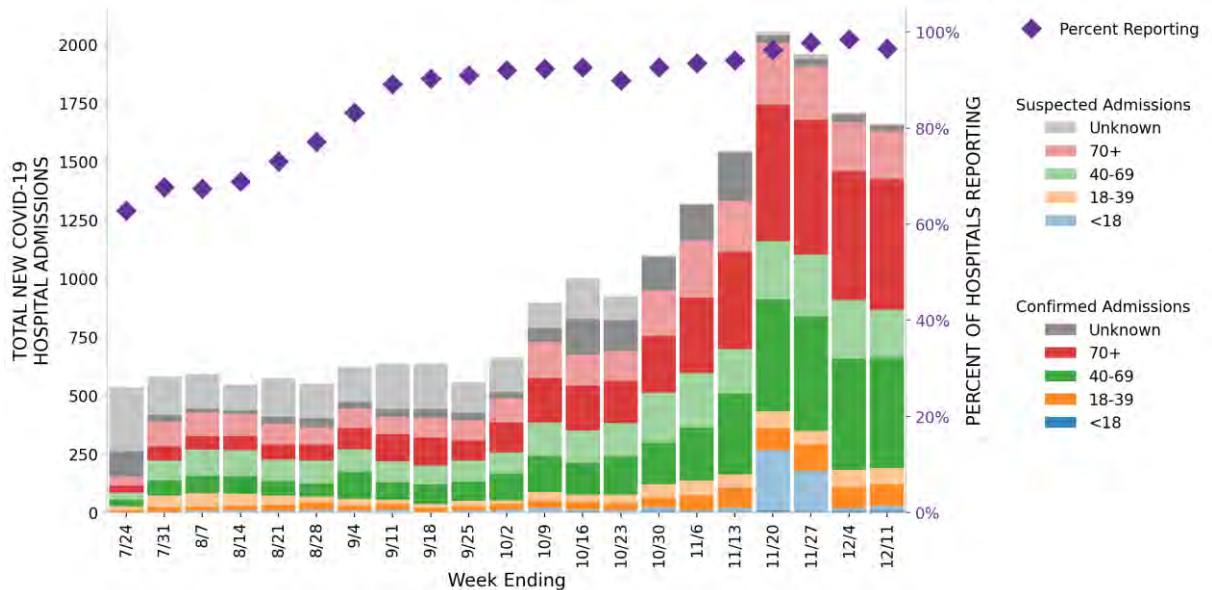


# KANSAS

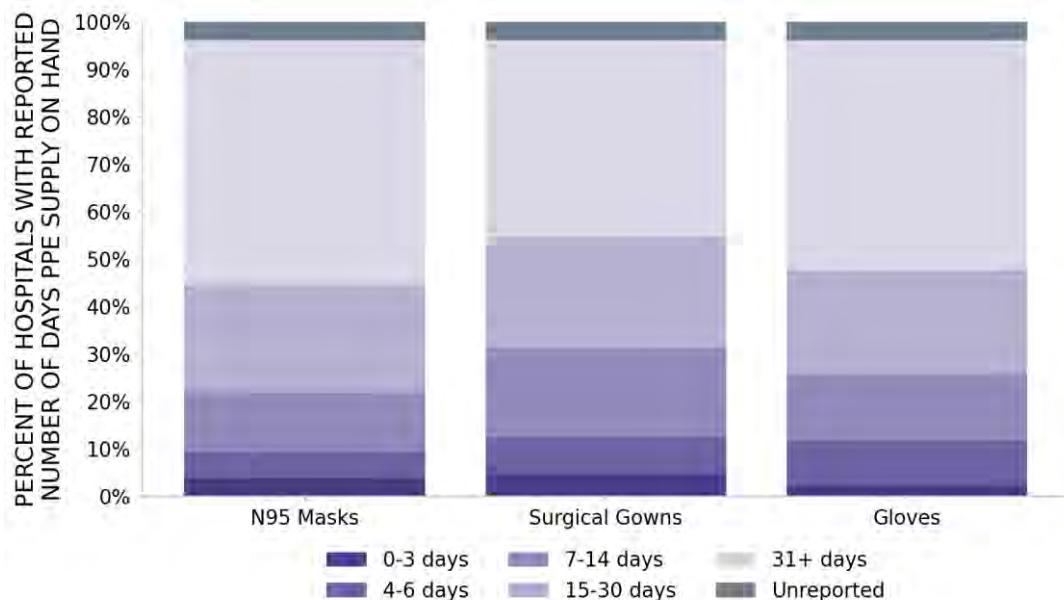
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# KANSAS

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA)

### COUNTIES

LOCALITIES IN RED ZONE	19 ■ (+0)	Kansas City Wichita Topeka Hutchinson Manhattan Salina Garden City Emporia Winfield Hays Pittsburg Liberal	81 ▼ (-10)	Sedgwick Johnson Shawnee Wyandotte Reno Butler Saline Riley Leavenworth Lyon Finney Cowley
	2 ■ (+0)	Lawrence Coffeyville	7 ▲ (+4)	Douglas Harvey Montgomery Marshall Kearny Clay Edwards
	0 ■ (+0)	N/A	2 ▲ (+1)	Haskell Logan
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

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

**All Red Counties:** Sedgwick, Johnson, Shawnee, Wyandotte, Reno, Butler, Saline, Riley, Leavenworth, Lyon, Finney, Cowley, Ellis, Crawford, Seward, McPherson, Geary, Labette, Miami, Ford, Barton, Franklin, Sumner, Cherokee, Ellsworth, Nemaha, Jefferson, Brown, Neosho, Dickinson, Jackson, Rice, Atchison, Bourbon, Pawnee, Cloud, Osage, Thomas, Republic, Grant, Wilson, Russell, Doniphan, Scott, Greenwood, Pottawatomie, Allen, Kingman, Phillips, Pratt, Marion, Linn, Mitchell, Ottawa, Rooks, Rush, Morris, Coffey, Sherman, Rawlins, Washington, Anderson, Lincoln, Harper, Stevens, Comanche, Smith, Meade, Jewell, Wabaunsee, Trego, Clark, Stafford, Graham, Barber, Sheridan, Osborne, Chautauqua, Chase, Lane, Decatur

\* 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

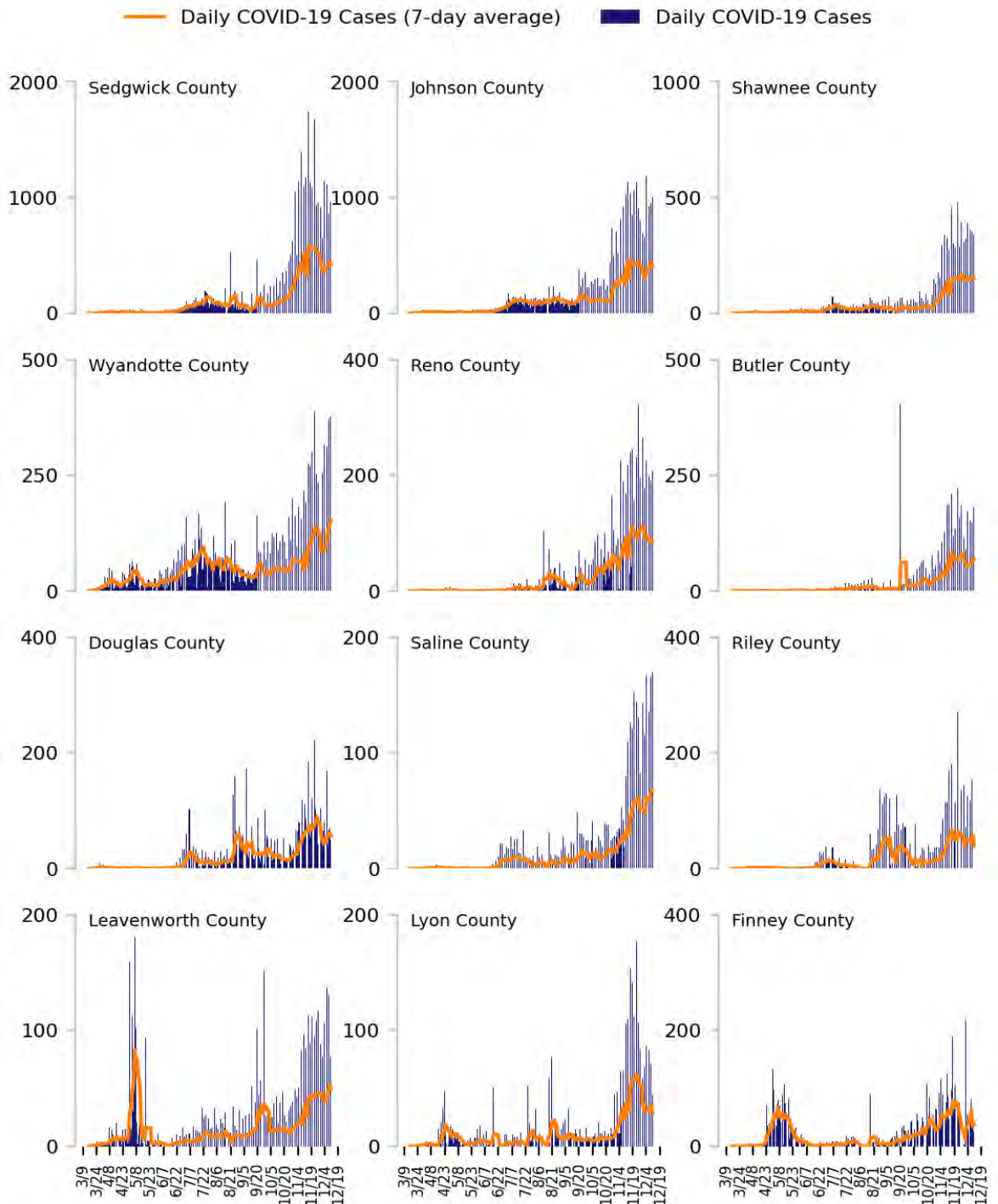
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

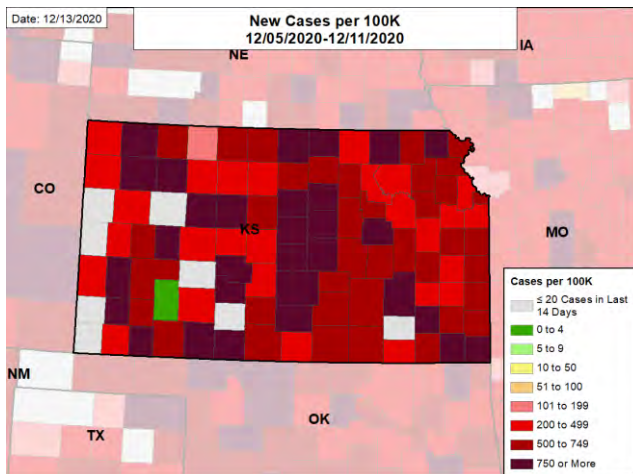
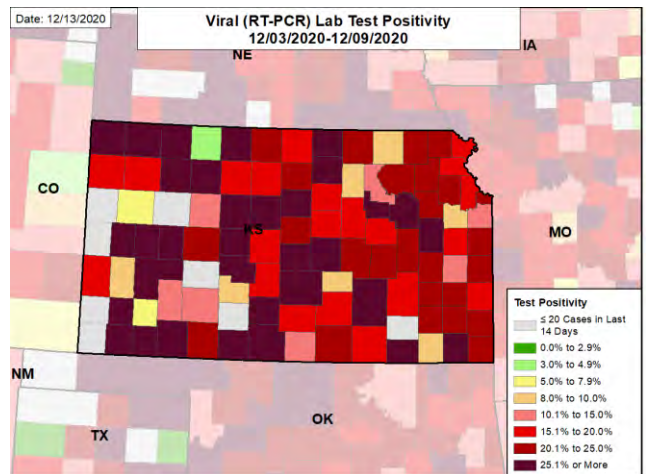
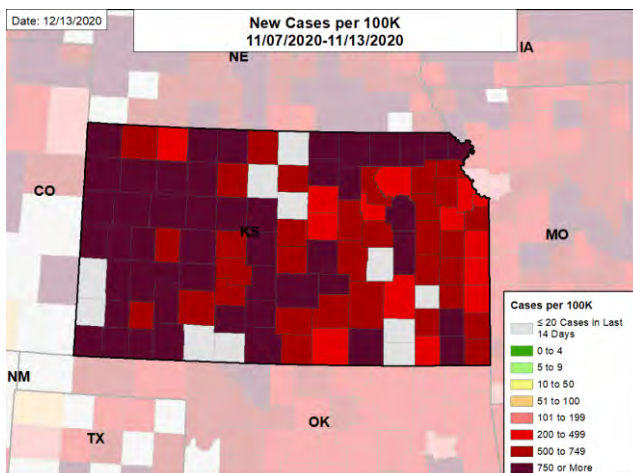
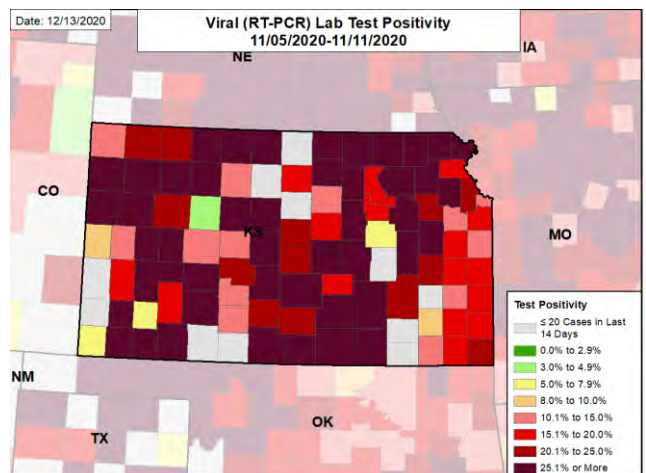
**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.



# KANSAS

STATE REPORT | 12.13.2020

## 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.



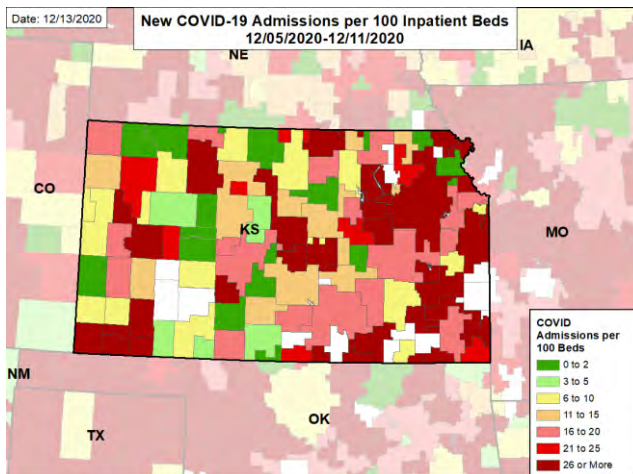


# KANSAS

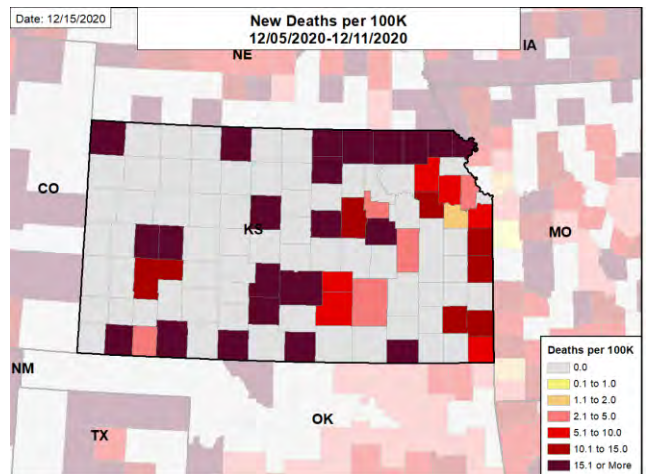
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

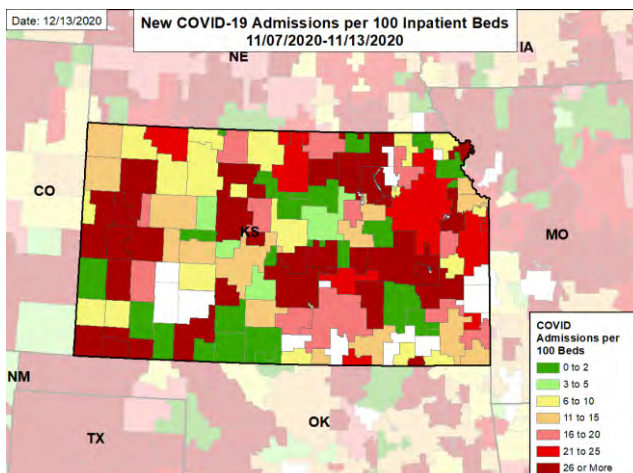
**TOTAL NEW COVID-19 ADMISSIONS  
PER 100 INPATIENT BEDS**



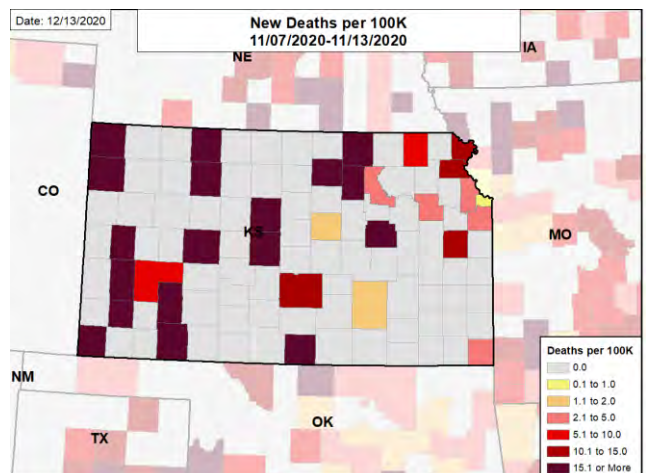
**NEW DEATHS PER 100,000**



**TOTAL NEW COVID-19 ADMISSIONS PER 100  
INPATIENT BEDS ONE MONTH BEFORE**



**NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





## STATE REPORT

12.13.2020

Issue 26

# KENTUCKY

## SUMMARY

- Kentucky 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. Kentucky is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 22nd highest rate in the country.
- Kentucky 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. Jefferson County, 2. Fayette County, and 3. Kenton County. These counties represent 29.3% of new cases in Kentucky.
- 97% of all counties in Kentucky have moderate or high levels of community transmission (yellow, orange, or red zones), with 78% having high levels of community transmission (red zone).
- During the week of Nov 30 - Dec 6, 42% of nursing homes had at least one new resident COVID-19 case, 65% had at least one new staff COVID-19 case, and 24% had at least one new resident COVID-19 death.
- Kentucky had 513 new cases per 100,000 population, compared to a national average of 451 per 100,000.
- The federal government has supported surge testing in Louisville, KY and Lexington, KY.
- Between Dec 5 - Dec 11, on average, 423 patients with confirmed COVID-19 and 115 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Kentucky. This is a minimal change in total new COVID-19 hospital admissions.
- Hospitals are reporting critical staffing shortages, but the state is managing.

## RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- **Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- **For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Virus levels remain high and may be plateauing. Throughout the holiday season, all media platforms should remain saturated with messaging on the risks of indoor social gatherings without masks. Find ways to keep testing levels high through holiday season to remove asymptomatic transmission over the next 4 weeks.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Universities must have testing plans in place for spring semester, mandatorily testing all students weekly to prevent spread in the community.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. There continue to be high levels of positive staff members at LTCFs, indicating 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



# KENTUCKY

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	22,935 (513)	+2%	269,312 (403)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	12.9%	-3.5%*	11.7%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	145,112** (3,248**)	+2%**	1,627,814** (2,433**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	130 (2.9)	-23%	2,498 (3.7)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	42%	N/A*†	27%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	65%	N/A*†	48%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	24%	N/A*†	11%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,768 (31)	+3% (+3%)	29,232 (19)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	3 (3%)	+0% (+0%*)	163 (18%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	3 (3%)	-2% (-40%*)	215 (23%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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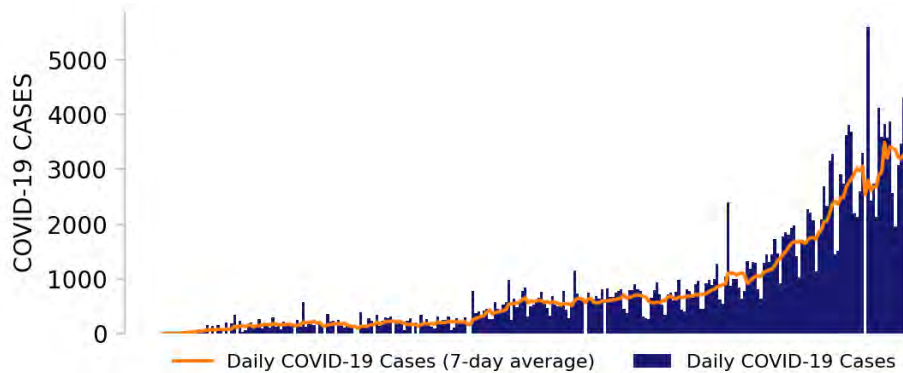
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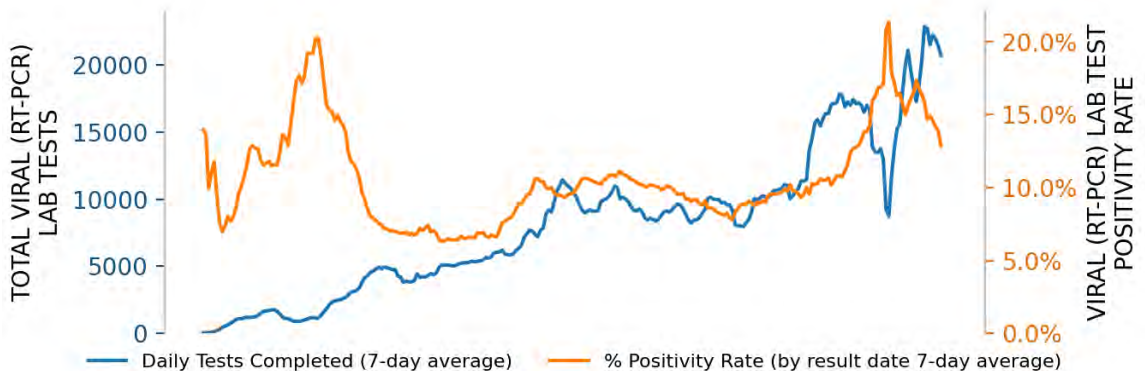
# KENTUCKY

STATE REPORT | 12.13.2020

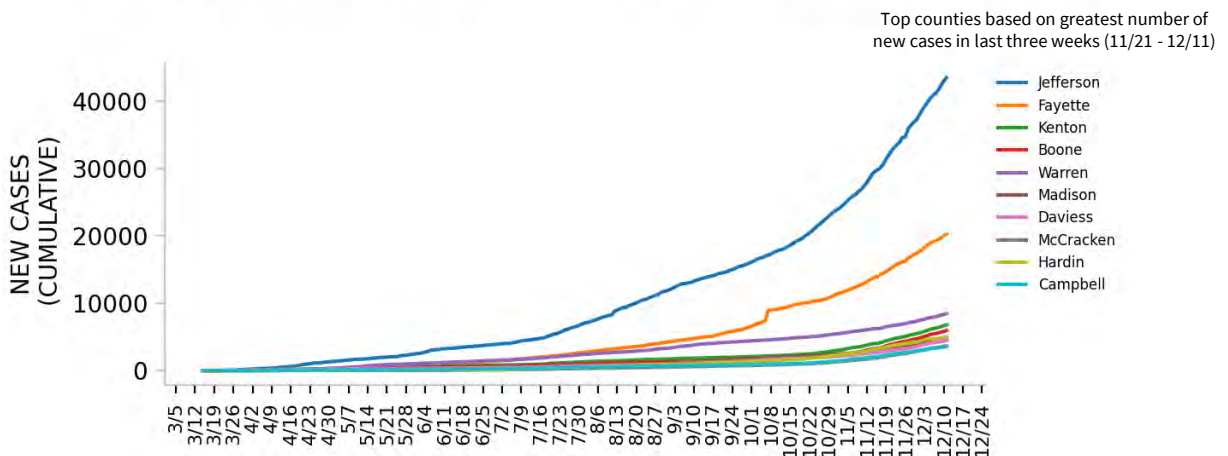
## NEW CASES



## TESTING



## TOP COUNTIES



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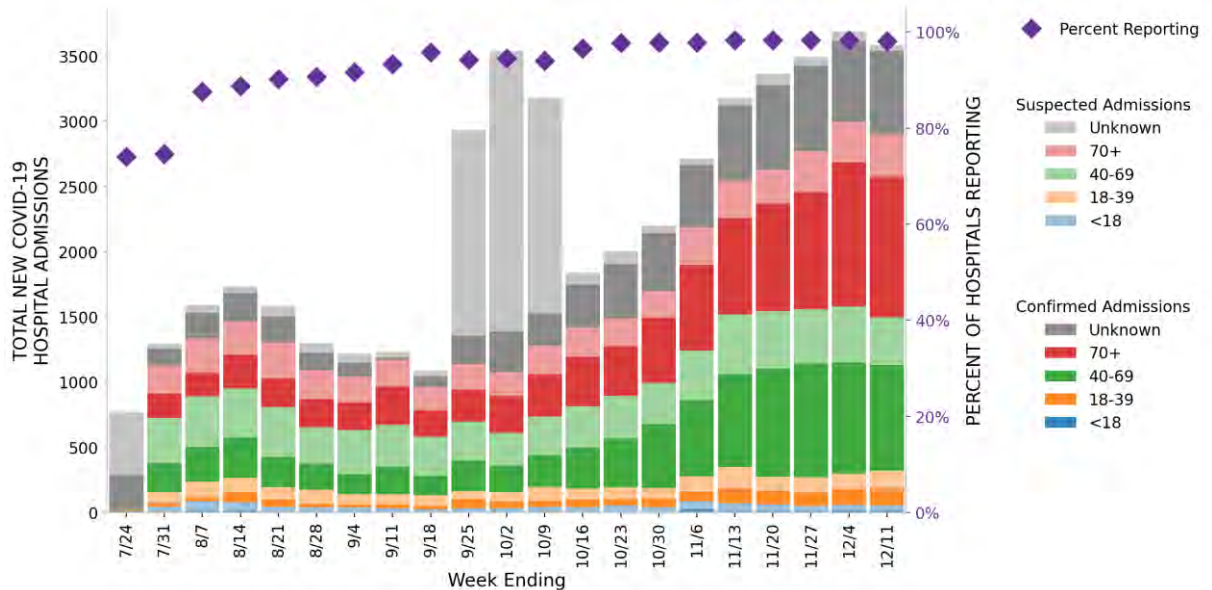


# KENTUCKY

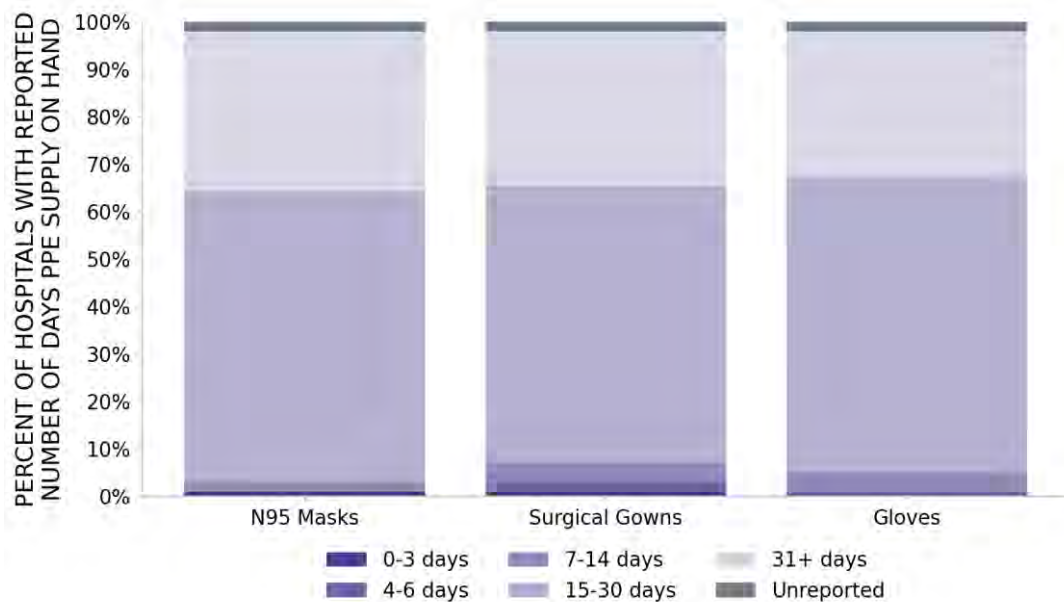
STATE REPORT | 12.13.2020

98 hospitals are expected to report in Kentucky

## HOSPITAL ADMISSIONS



## HOSPITAL PPE SUPPLIES



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

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# KENTUCKY

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA)

### COUNTIES

LOCALITIES IN RED ZONE	21 ■ (+0)	Louisville/Jefferson County Lexington-Fayette Cincinnati Bowling Green Huntington-Ashland London Elizabethtown-Fort Knox Paducah Owensboro Richmond-Berea Danville Clarksville	94 ▲ (+10)	Jefferson Fayette Kenton Boone Warren Madison Daviess McCracken Hardin Campbell Boyd Oldham
	2 ■ (+0)	Bardstown Madisonville	15 ▼ (-6)	Whitley Nelson Hopkins Woodford Rowan Caldwell Spencer Grayson McCreary Harrison Estill Todd
	2 ■ (+0)	Somerset Glasgow	7 ▼ (-4)	Pulaski Barren Adair Lewis Breathitt Cumberland Nicholas
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

**All Red CBSAs:** Louisville/Jefferson County, Lexington-Fayette, Cincinnati, Bowling Green, Huntington-Ashland, London, Elizabethtown-Fort Knox, Paducah, Owensboro, Richmond-Berea, Danville, Clarksville, Frankfort, Mayfield, Campbellsville, Evansville, Mount Sterling, Murray, Maysville, Central City, Middlesborough

**All Red Counties:** Jefferson, Fayette, Kenton, Boone, Warren, Madison, Daviess, McCracken, Hardin, Campbell, Boyd, Oldham, Bullitt, Christian, Greenup, Jessamine, Laurel, Graves, Boyle, Henderson, Pike, Shelby, Calloway, Scott, Franklin, Lincoln, Taylor, Floyd, Perry, Marion, Ohio, Grant, Clark, Hart, Simpson, Montgomery, Mason, Marshall, Carter, Harlan, Mercer, Muhlenberg, Knox, Bell, Johnson, Clay, Logan, Garrard, Washington, Meade, Magoffin, Wayne, Anderson, Pendleton, Rockcastle, Letcher, Russell, Allen, Lee, Fleming, Lawrence, Bourbon, Henry, Larue, Powell, Gallatin, Martin, Leslie, Casey, Butler, Monroe, Clinton, Bath, Elliott, Metcalfe, Livingston, Morgan, Edmonson, Knott, Union, Trigg, Trimble, Carroll, Owen, Webster, McLean, Bracken, Owsley, Hancock, Crittenden, Carlisle, Ballard, Hickman, Robertson

**All Orange Counties:** Whitley, Nelson, Hopkins, Woodford, Rowan, Caldwell, Spencer, Grayson, McCreary, Harrison, Estill, Todd, Jackson, Breckinridge, Fulton

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

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

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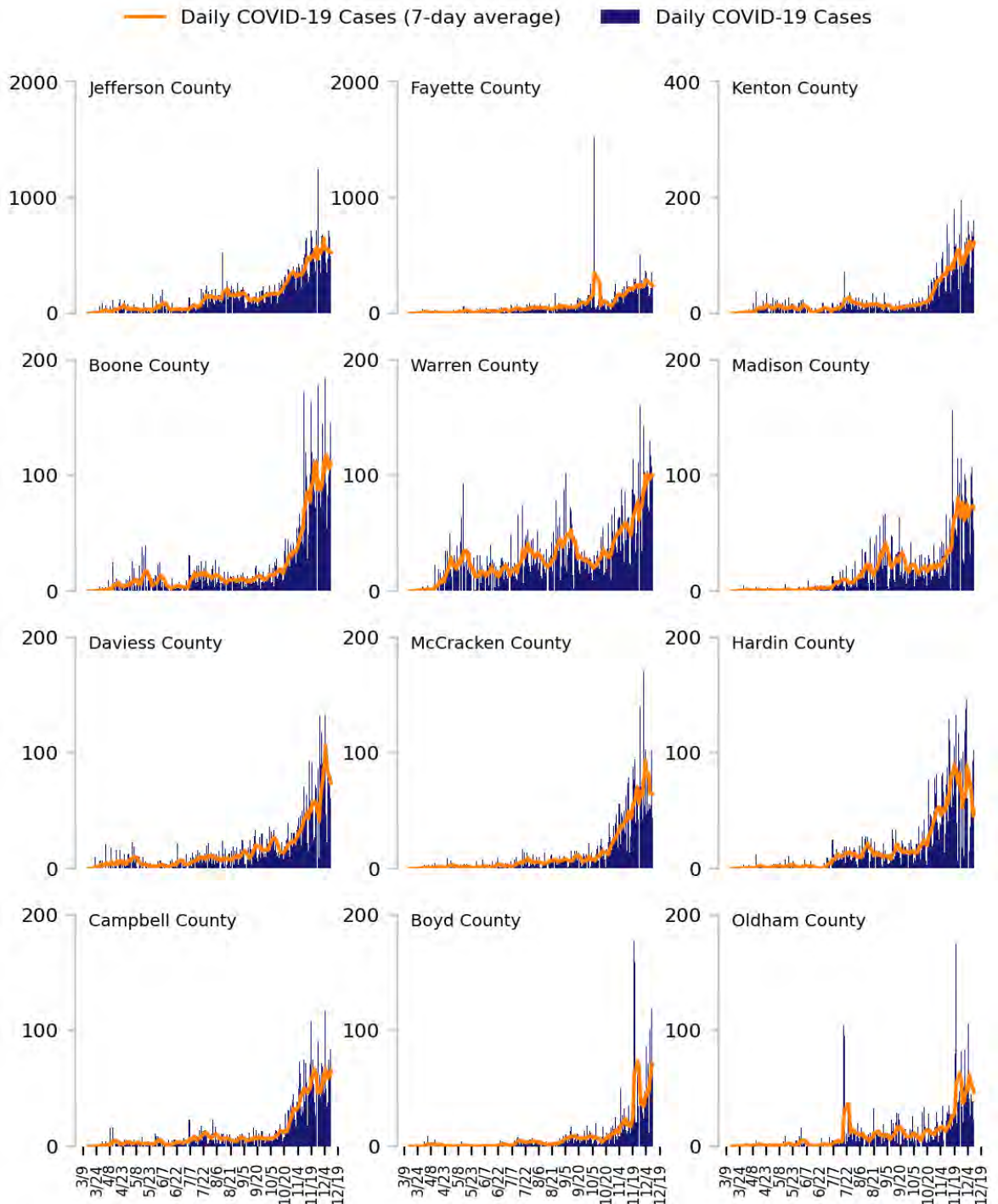
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**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

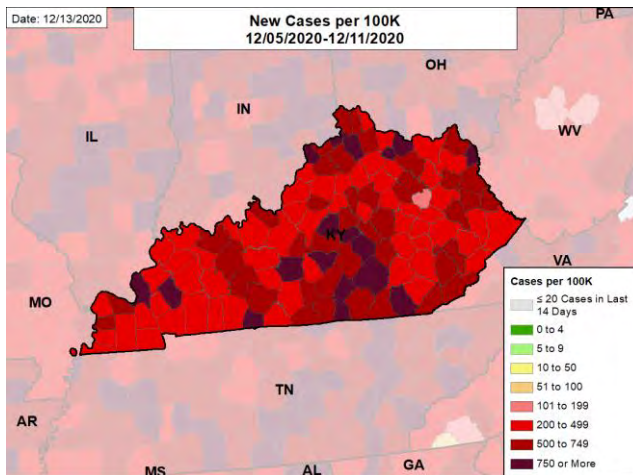
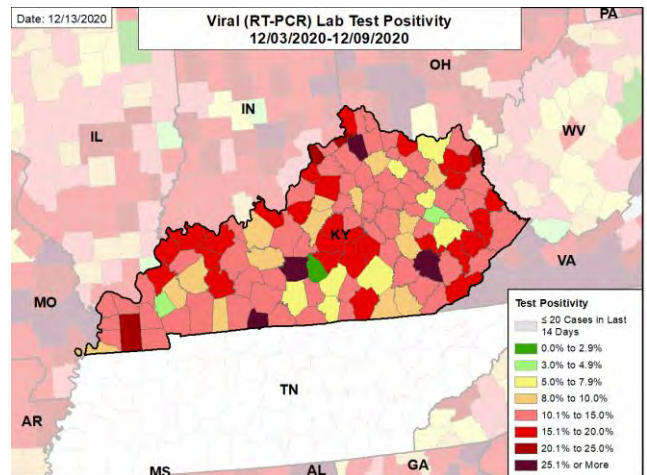
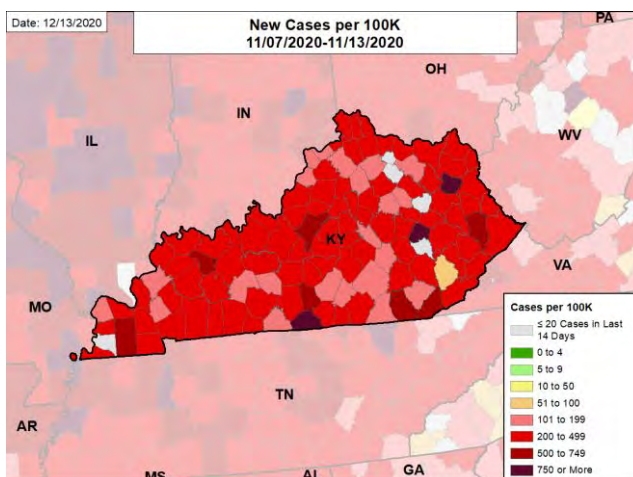
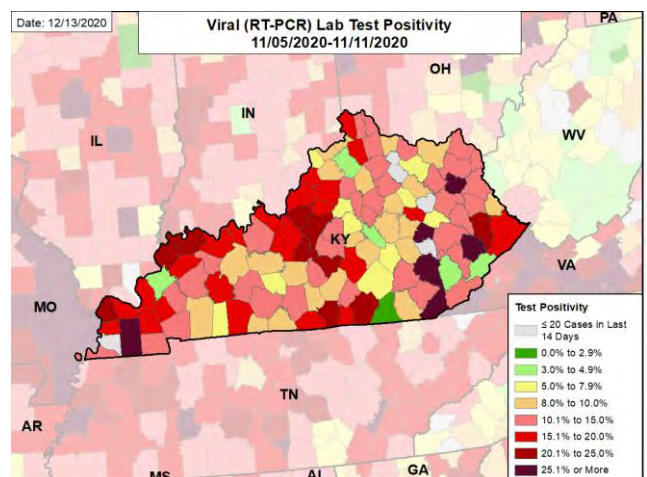
**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.



# KENTUCKY

STATE REPORT | 12.13.2020

## 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.



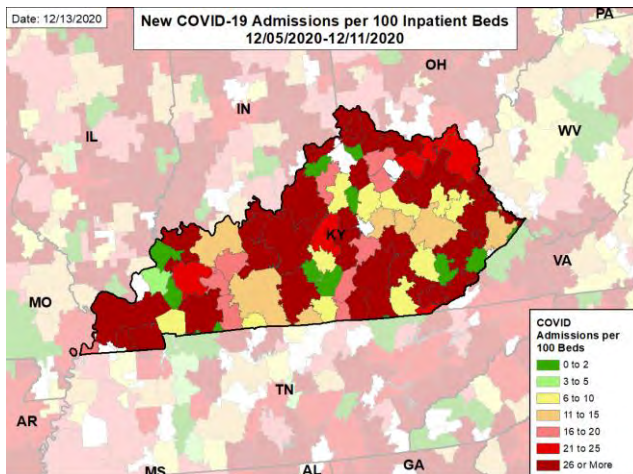


# KENTUCKY

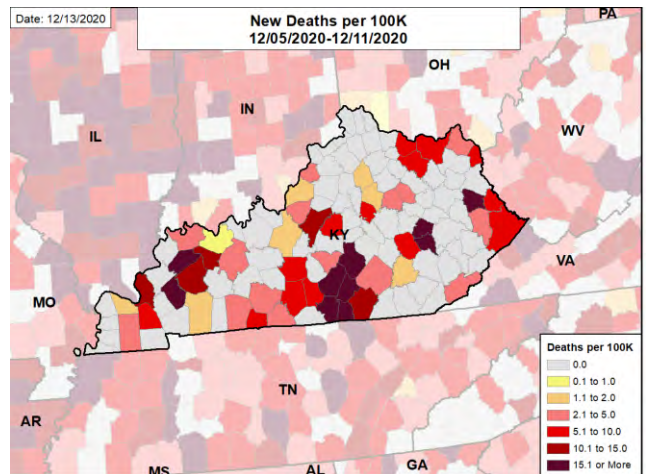
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

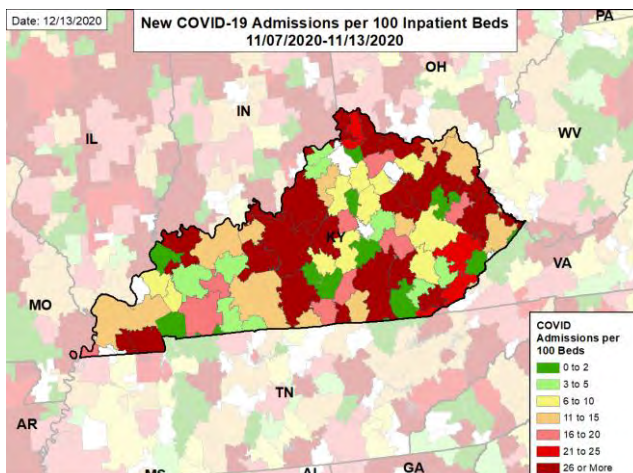
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



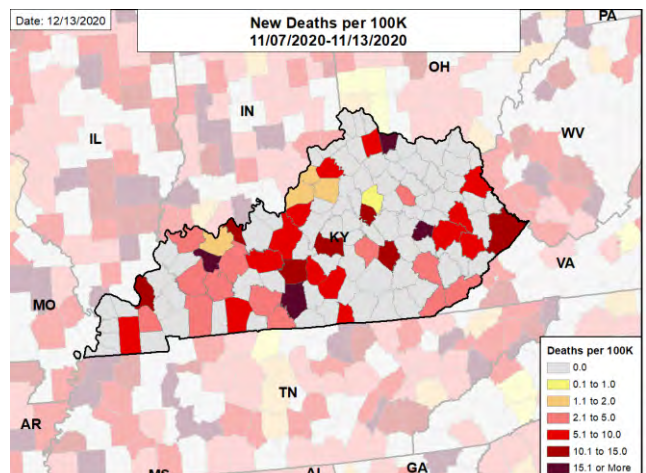
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





# LOUISIANA

## STATE REPORT

12.13.2020

Issue 26

### SUMMARY

- Louisiana 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. Louisiana 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.
- Louisiana has seen stability in new cases and a decrease in test positivity. Continue aggressive mitigation.
- The following three parishes had the highest number of new cases over the last 3 weeks: 1. Jefferson Parish, 2. East Baton Rouge Parish, and 3. Caddo Parish. These parishes represent 24.0% of new cases in Louisiana.
- 97% of all parishes in Louisiana have moderate or high levels of community transmission (yellow, orange, or red zones), with 61% having high levels of community transmission (red zone).
- During the week of Nov 30 - Dec 6, 26% of nursing homes had at least one new resident COVID-19 case, 52% had at least one new staff COVID-19 case, and 8% had at least one new resident COVID-19 death.
- Louisiana had 366 new cases per 100,000 population, compared to a national average of 451 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 47 to support operations activities from USCG.
- Between Dec 5 - Dec 11, on average, 197 patients with confirmed COVID-19 and 30 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Louisiana. This is an increase of 10% in total new COVID-19 hospital admissions.

### RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- **Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- **For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, parish workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 parishes in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- New hospital admissions in Louisiana continue to increase. Strategically conducted aggressive impact testing of adults under 40 is needed to rapidly identify those who became infected through gatherings before they spread the virus to the more vulnerable individuals, driving another round of increasing hospitalizations and fatalities. Increase testing levels.
- Ensure all universities returning after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Ongoing high levels of positive staff at LTCFs indicate 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 | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	17,022 (366)	+3%	154,367 (361)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.9%	-0.6%*	12.8%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	152,932** (3,290**)	+23%**	956,742** (2,240**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	221 (4.8)	+42%	2,155 (5.0)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	26%	N/A*†	27%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	52%	N/A*†	46%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	8%	N/A*†	13%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,583 (12)	+10% (+10%)	18,999 (20)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	70 (47%)	+1% (+1%*)	235 (27%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	37 (25%)	+2% (+6%*)	304 (35%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

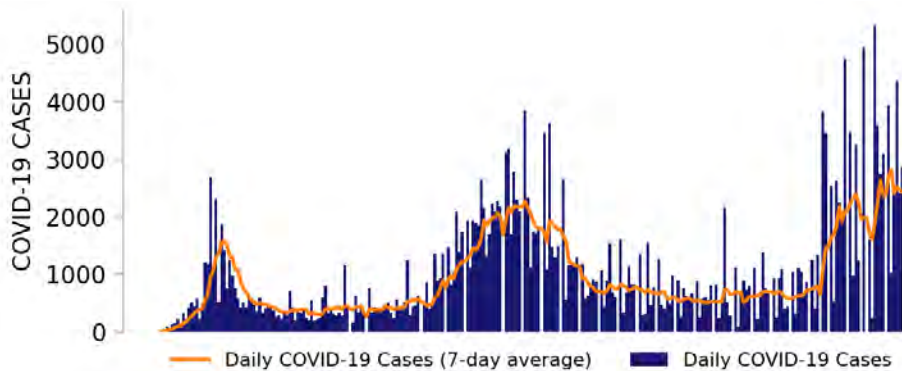
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



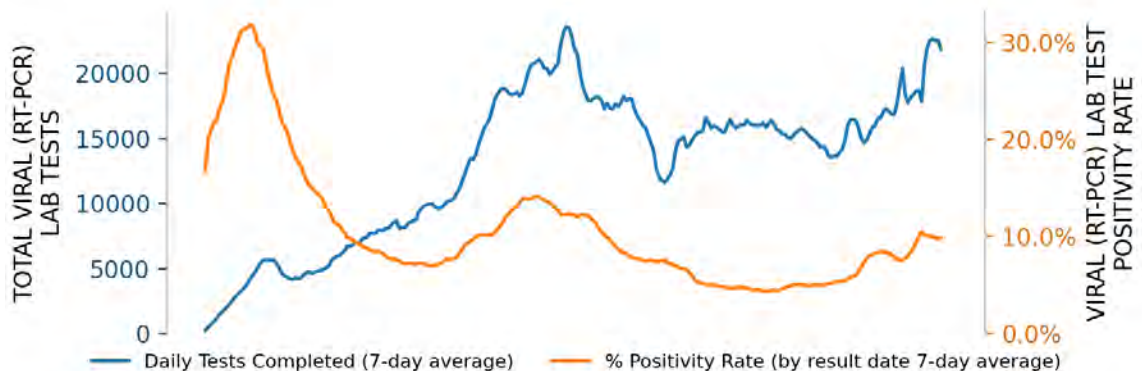
# LOUISIANA

STATE REPORT | 12.13.2020

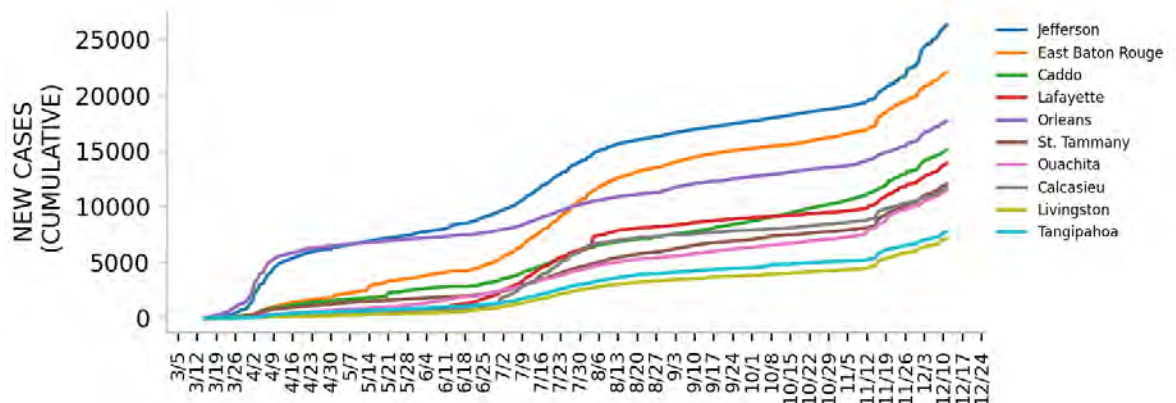
## NEW CASES



## TESTING



Top parishes based on greatest number of new cases in last three weeks (11/21 - 12/11)



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

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

**Cases:** State values are calculated by aggregating parish-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.

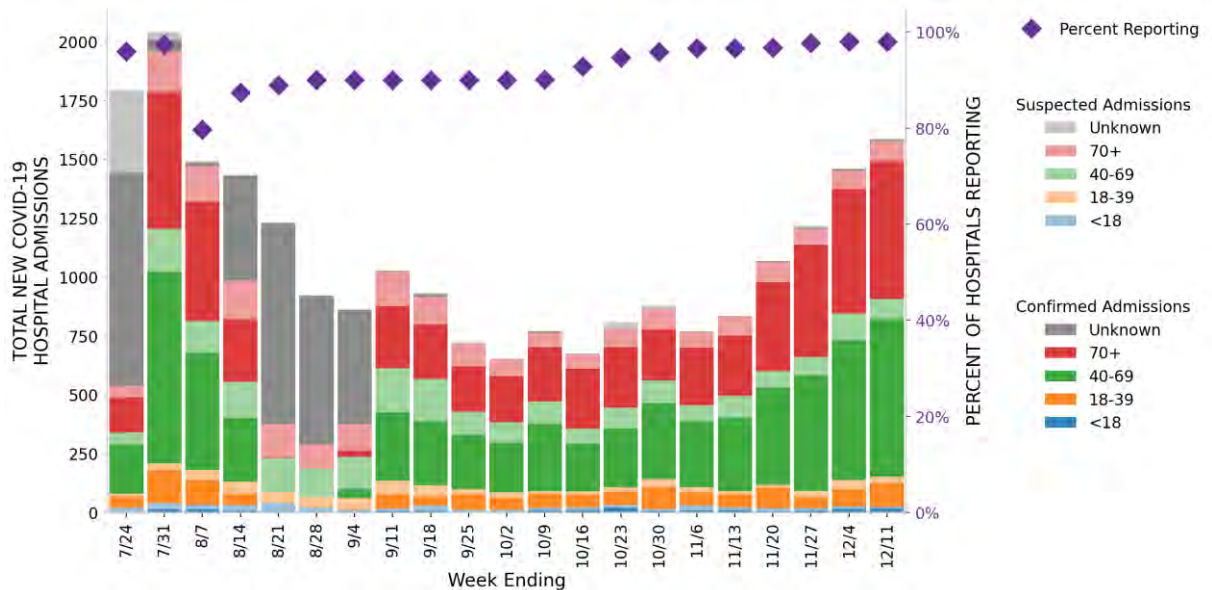


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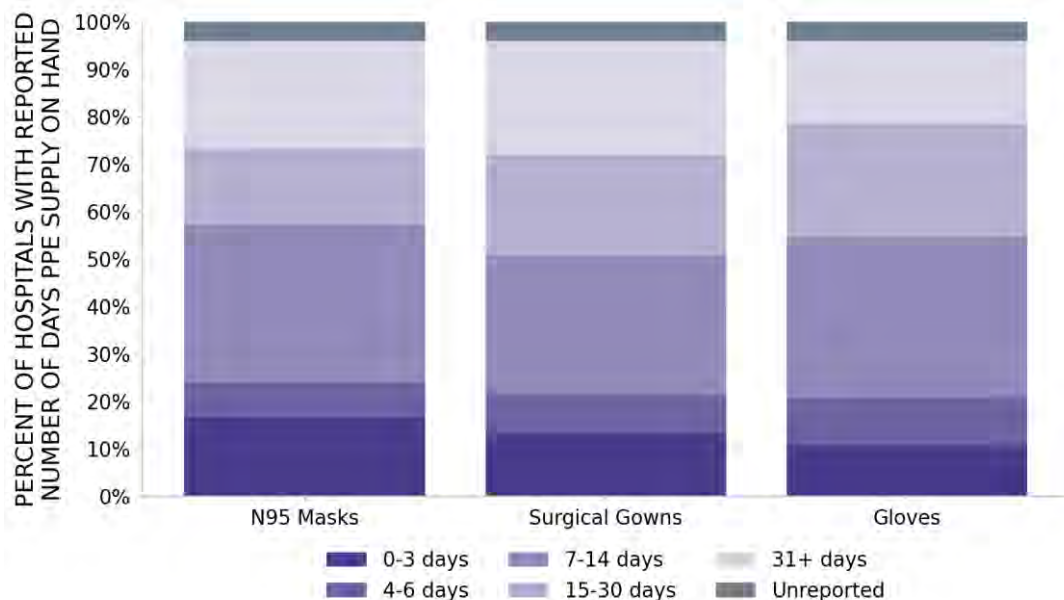
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# LOUISIANA

STATE REPORT | 12.13.2020

## COVID-19 PARISH AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA)

### PARISHES

LOCALITIES IN RED ZONE	11 ▼ (-3)	Baton Rouge Lafayette Monroe Lake Charles Hammond Minden Bogalusa Jennings Fort Polk South DeRidder Natchez	39 ▼ (-5)	Jefferson St. Tammany Ouachita Calcasieu Livingston Tangipahoa Bossier Ascension Acadia Iberia St. Martin Vermilion
	5 ▲ (+3)	Shreveport-Bossier City Houma-Thibodaux Opelousas Ruston Natchitoches	14 ▲ (+9)	East Baton Rouge Caddo Lafayette St. Landry Lafourche Terrebonne St. Charles Lincoln Natchitoches Evangeline East Carroll Union
	3 ■ (+0)	New Orleans-Metairie Alexandria Morgan City	9 ▼ (-3)	Rapides Avoyelles St. John the Baptist St. Bernard St. Mary Winn Assumption Allen Jackson
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

**All Red Parishes:** Jefferson, St. Tammany, Ouachita, Calcasieu, Livingston, Tangipahoa, Bossier, Ascension, Acadia, Iberia, St. Martin, Vermilion, Grant, Iberville, Morehouse, Webster, Sabine, Washington, Jefferson Davis, Plaquemines, Vernon, Pointe Coupee, West Baton Rouge, De Soto, Beauregard, Bienville, Concordia, West Carroll, Franklin, Richland, St. James, Caldwell, Catahoula, Claiborne, St. Helena, West Feliciana, Cameron, Red River, Tensas

**All Orange Parishes:** East Baton Rouge, Caddo, Lafayette, St. Landry, Lafourche, Terrebonne, St. Charles, Lincoln, Natchitoches, Evangeline, East Carroll, Union, LaSalle, Madison

\* 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

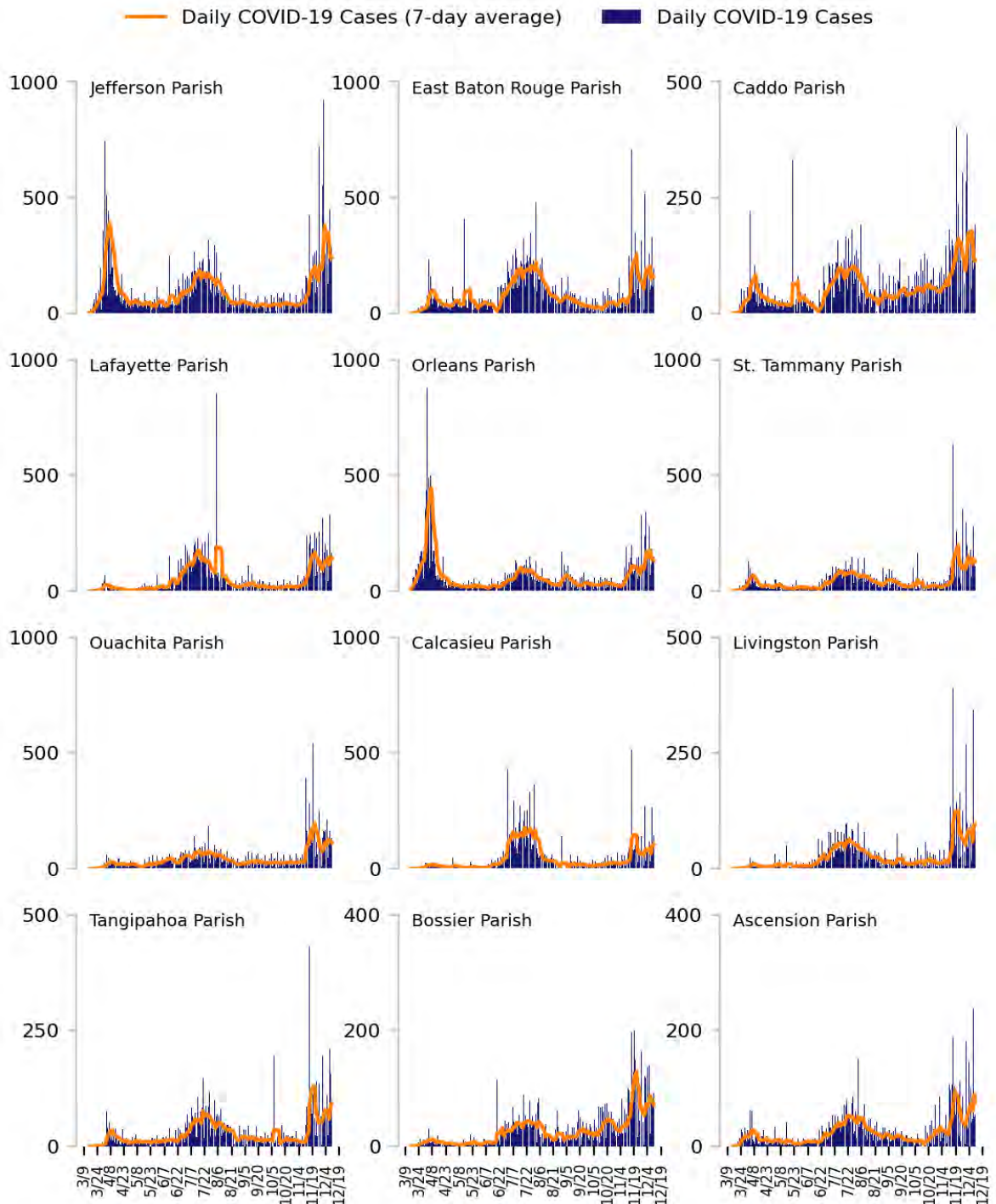
**Cases and Deaths:** State values are calculated by aggregating parish-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

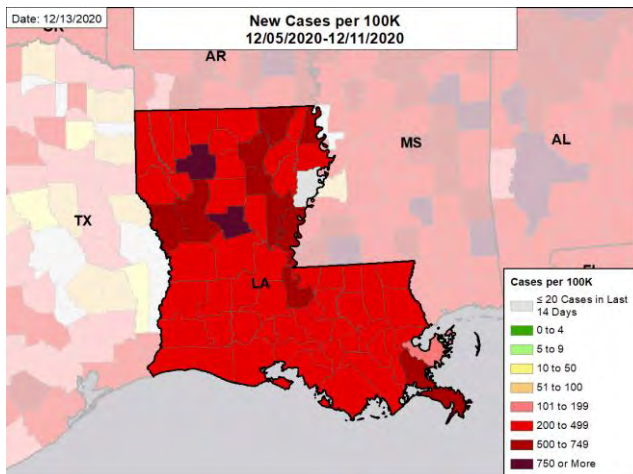
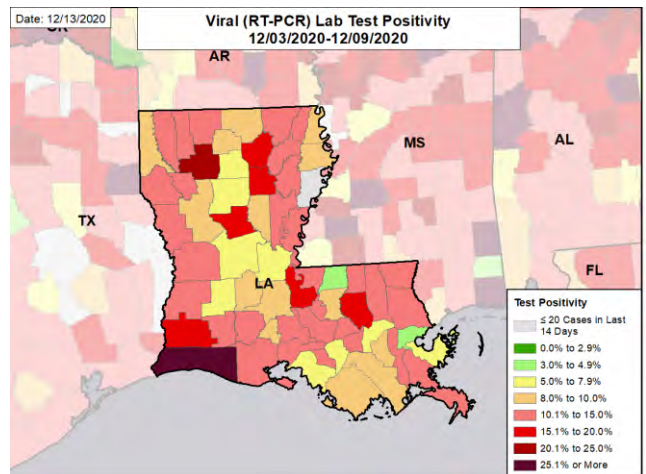
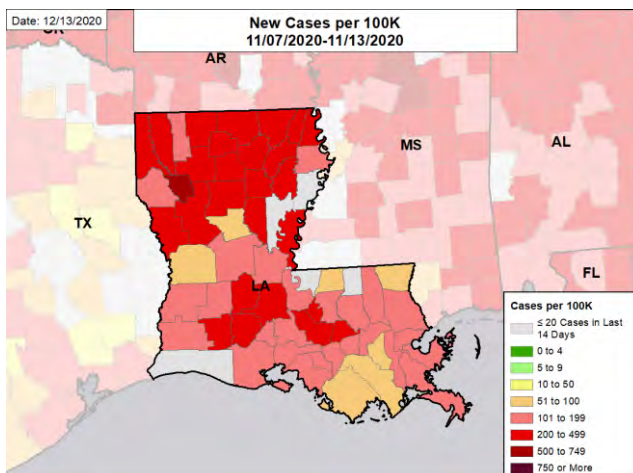
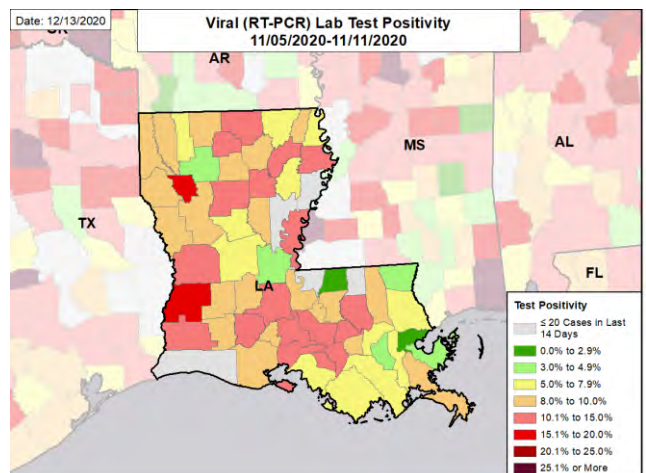
**Cases:** State values are calculated by aggregating parish-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.



# LOUISIANA

STATE REPORT | 12.13.2020

## 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.



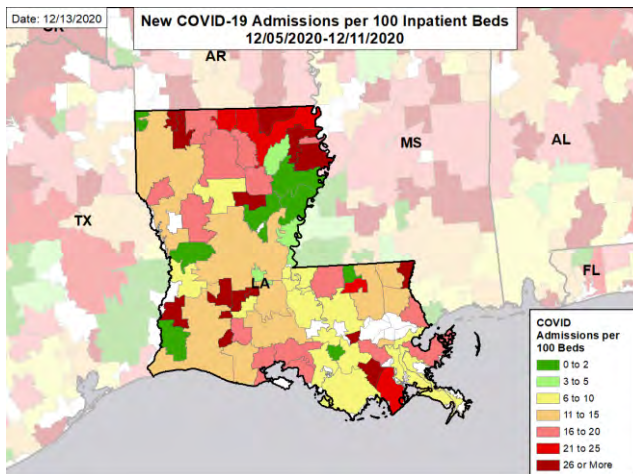


# LOUISIANA

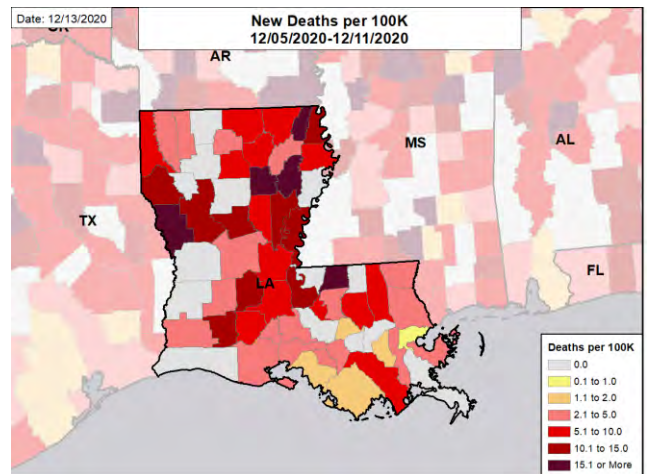
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

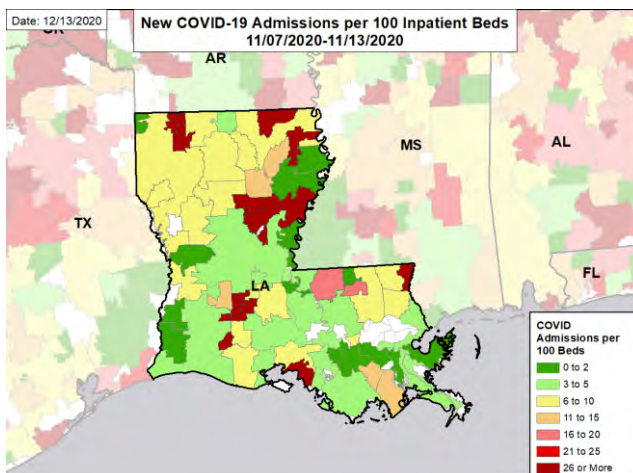
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



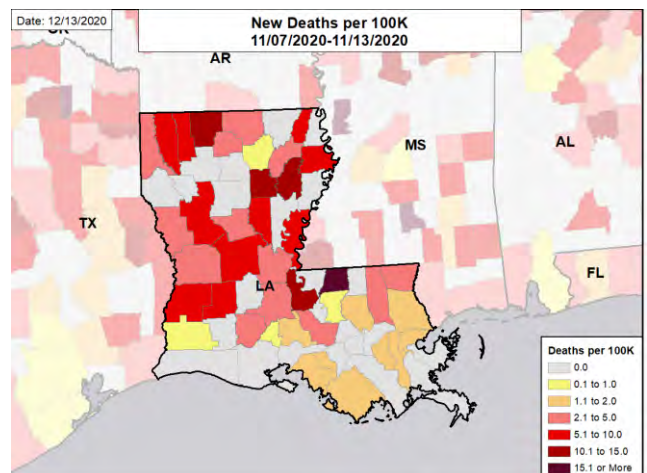
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating parish-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





# MAINE

## STATE REPORT

12.13.2020

Issue 26

### SUMMARY

- Maine 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. Maine is in the yellow zone for test positivity, indicating a rate between 5.0% and 7.9%, with the 46th highest rate in the country.
- Maine has seen an increase in new cases and stability in test positivity. All but 3 counties had an increase in case rates; test positivity increased in 6 counties, most notably Hancock County, which increased to >10% 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. Penobscot County. These counties represent 55.9% of new cases in Maine.
- 31% of all counties in Maine have moderate or high levels of community transmission (yellow, orange, or red zones), with 6% having high levels of community transmission (red zone).
- During the week of Nov 30 - Dec 6, 10% of nursing homes had at least one new resident COVID-19 case, 25% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.
- Maine had 186 new cases per 100,000 population, compared to a national average of 451 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 Dec 5 - Dec 11, on average, 19 patients with confirmed COVID-19 and 26 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Maine. This is a decrease of 9% in total new COVID-19 hospital admissions.
- Hospitals are reporting critical staffing shortages, and the state is exploring contracting and local partnerships sourcing solution.

### RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- **Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- **For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available): Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Mainers should be encouraged to report businesses that are not compliant with requirements for face masks and social distancing; there should be clear protocols across the state for health authorities to intervene and enforce these requirements. Maintain contact tracing capacity by automating and focusing the process as much as possible. Obtain contact information at the time of testing along with the likelihood that person being tested has contact with at-risk persons; consider automated emails/texts for education, contact elicitation, and logging of isolation and quarantine by cases and contacts.
- Throughout the holidays, saturate all media platforms with messaging on hospital shortages and appeals to civic responsibility and social cohesion; provide instructions to report non-compliance of local businesses. Messages should be culturally and community relevant.
- Ensure all hospitals and clinical sites have remote expert clinical consultation; establish outpatient infusion centers ensuring equitable distribution of monoclonal antibodies to communities with the highest concentration of individuals at high risk for disease progression. Develop contingency triage protocols for hospital resources that anticipate worsening epidemic now (and not reactively).
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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



COVID-19



## MAINE

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	2,494 (186)	+36%	70,722 (476)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.1%	-0.2%*	6.6%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	41,449** (3,084**)	+13%**	786,372** (5,297**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	31 (2.3)	-11%	745 (5.0)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	10%	N/A*†	24%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	25%	N/A*†	48%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	5%	N/A*†	9%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	312 (11)	-9% (-9%)	5,119 (15)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	10 (29%)	+0% (+0%*)	51 (28%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	8 (24%)	+2% (+33%*)	26 (14%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

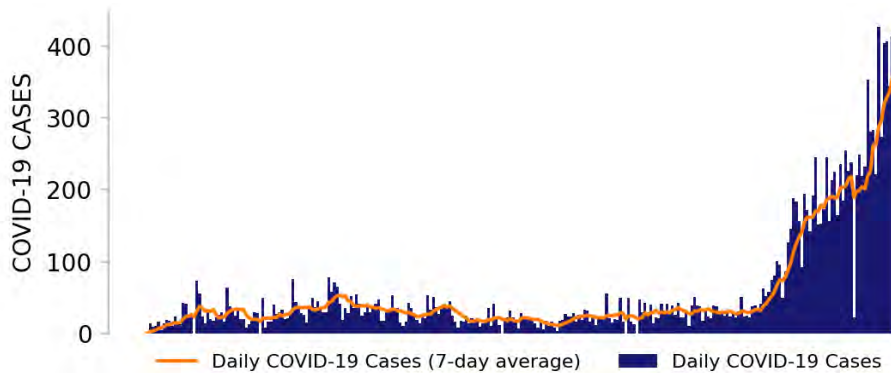
**DATA SOURCES** – Additional data details available under METHODS**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



# MAINE

STATE REPORT | 12.13.2020

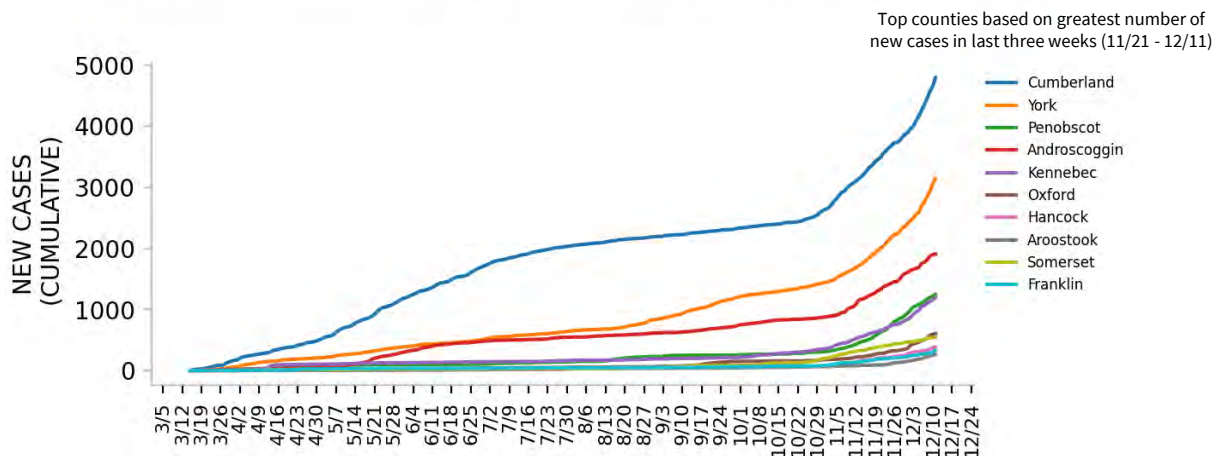
## NEW CASES



## TESTING



## TOP COUNTIES



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

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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 12/9/2020.

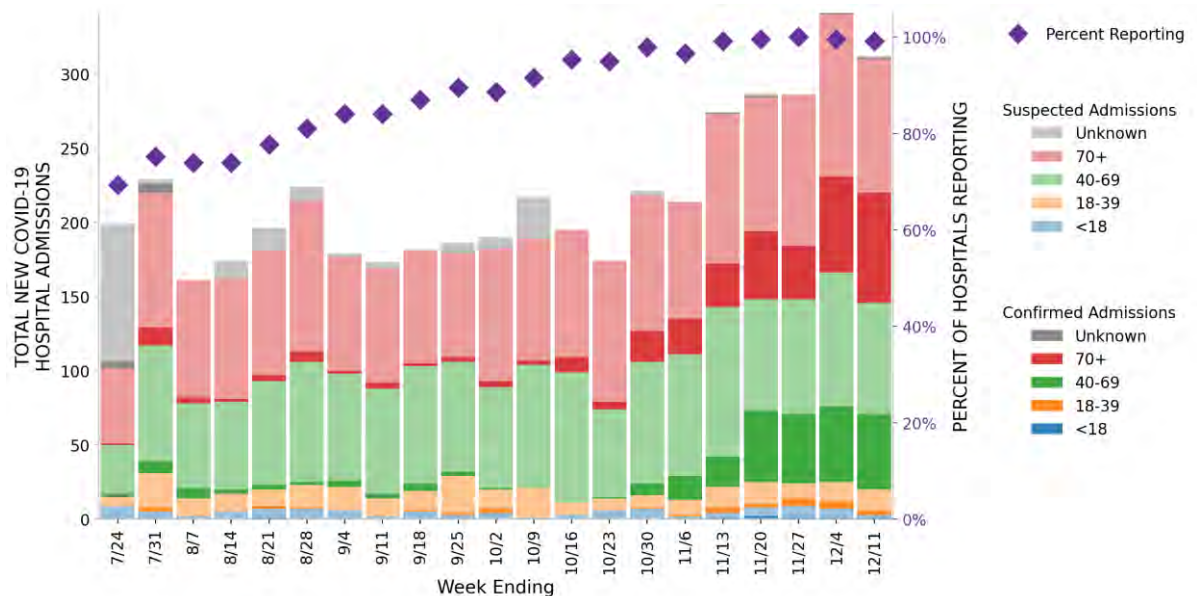


# MAINE

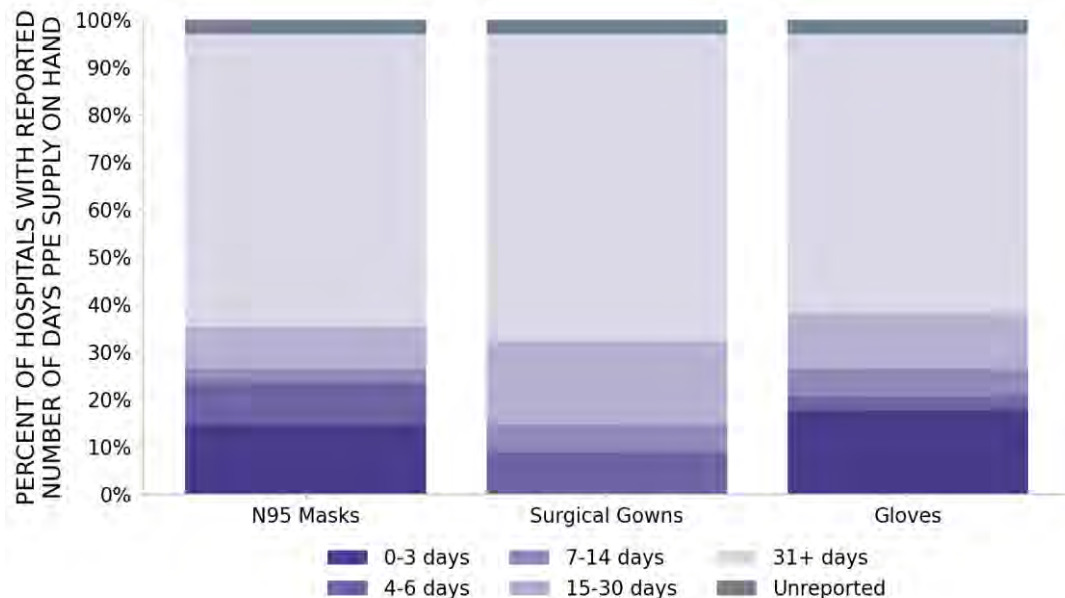
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# MAINE

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)	COUNTIES
LOCALITIES IN RED ZONE	0 ■ (+0)	1 ▲ (+1)
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	0 ■ (+0)
LOCALITIES IN YELLOW ZONE	3 ▼ (-1)	4 ■ (+0)
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

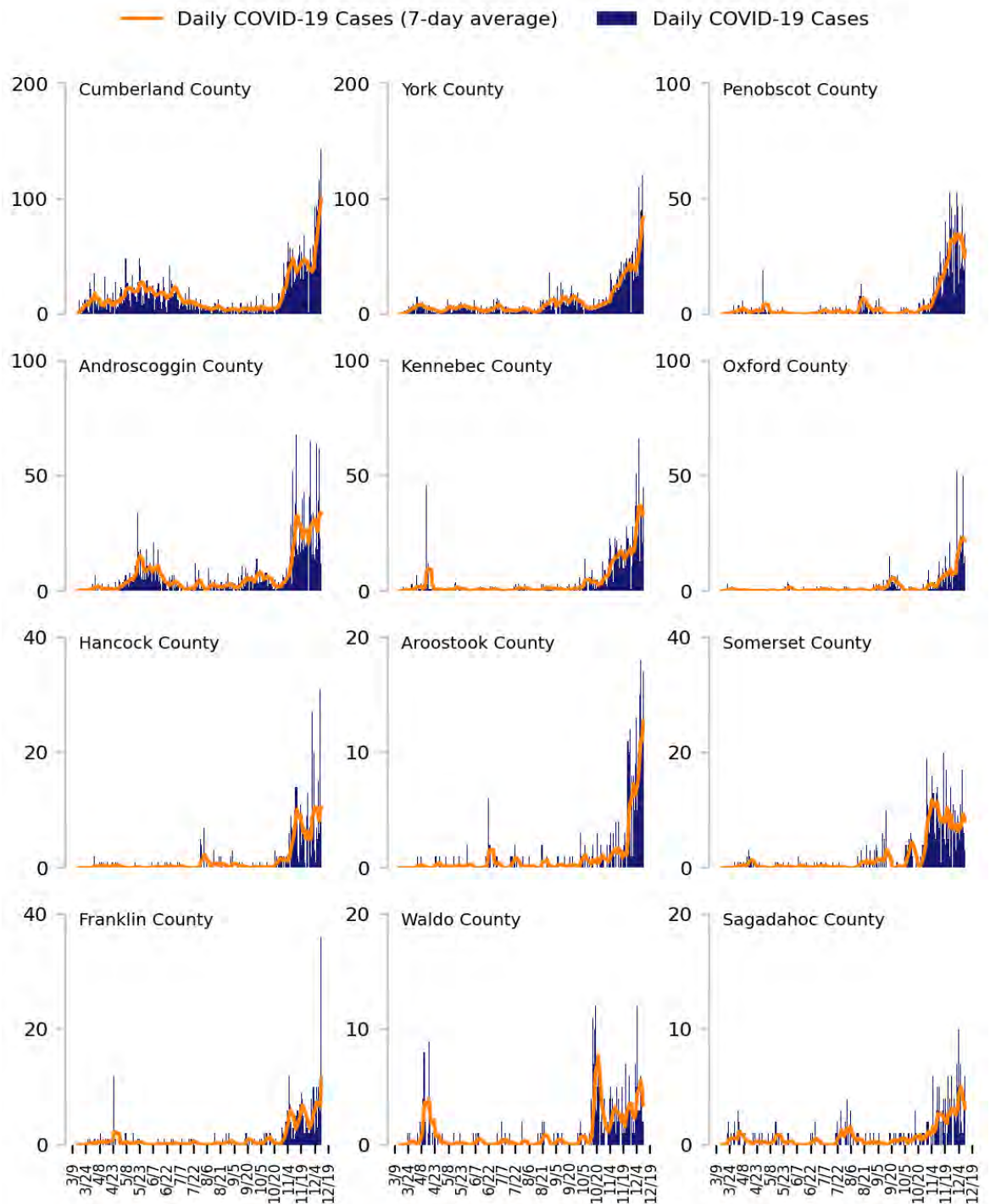
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 12/9/2020.



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

TOTAL DAILY CASES



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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.

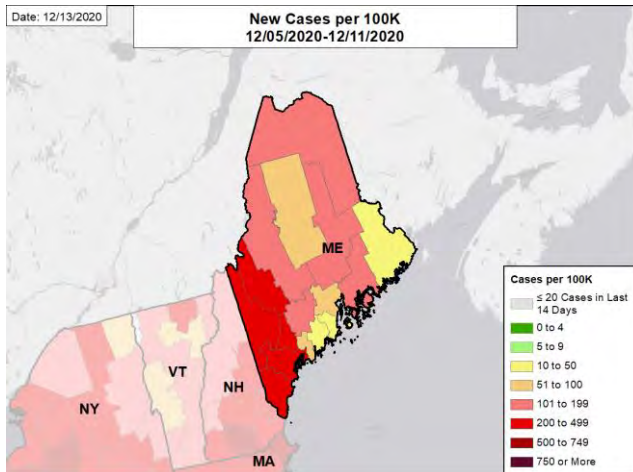


# MAINE

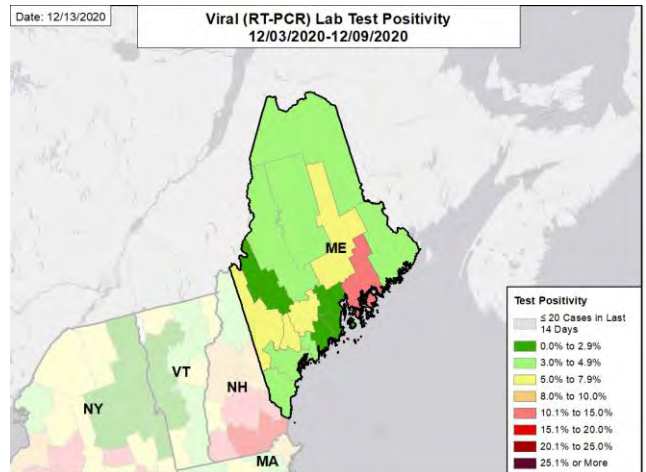
STATE REPORT | 12.13.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY

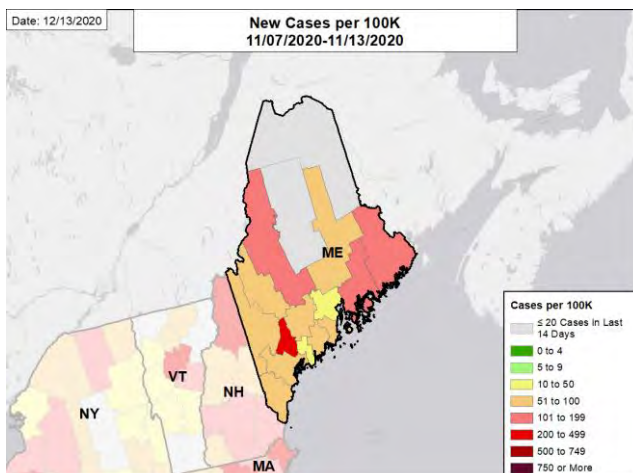
### NEW CASES PER 100,000



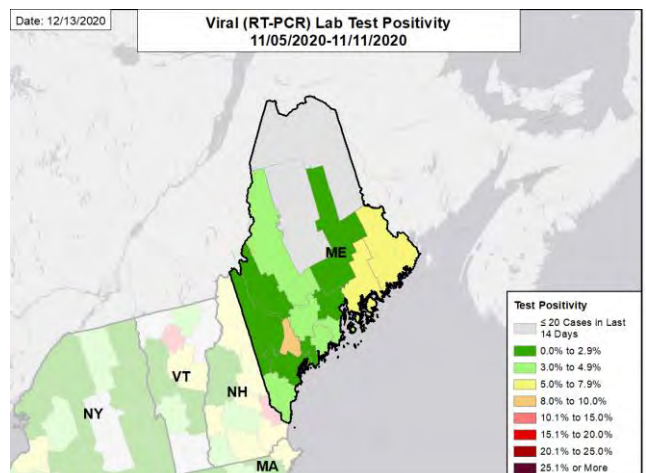
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 12/9/2020. The week one month before is 11/5 - 11/11.

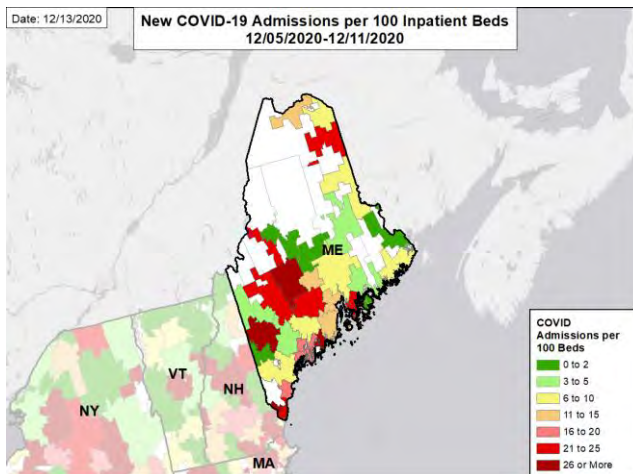


# MAINE

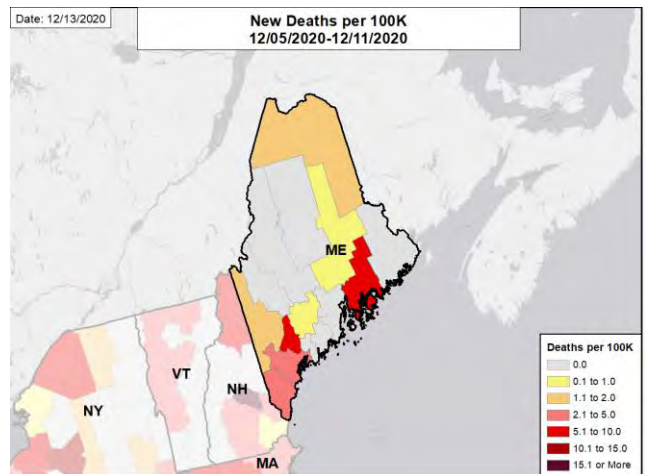
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

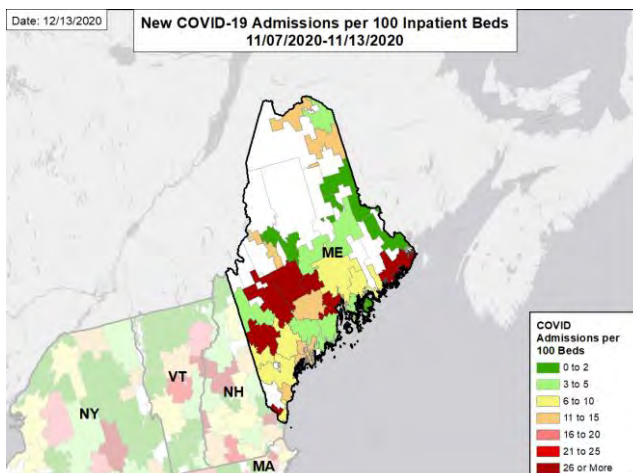
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



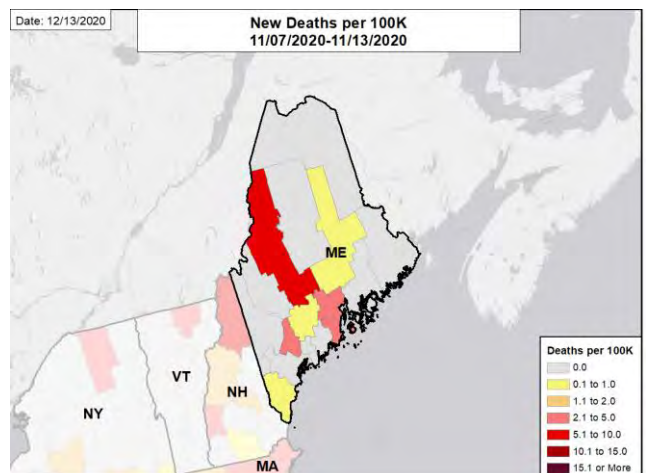
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





## MARYLAND

## SUMMARY

- Maryland is showing signs of a sustained viral surge over the last 6 weeks. The average daily number of cases exceeded 2,700 last week. The state 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. Maryland 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.
- Maryland has seen an increase in new cases and a decrease in test positivity. Hospitalizations decreased slightly after several weeks of rapid increase. Maryland launched a centralized system that will find available hospital beds. Deaths continued to increase.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Prince George's County, 2. Montgomery County, and 3. Baltimore County. These counties represent 44.6% of new cases in Maryland.
- 96% 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 30 - Dec 6, 19% of nursing homes had at least one new resident COVID-19 case, 38% had at least one new staff COVID-19 case, and 16% had at least one new resident COVID-19 death.
- Maryland had 319 new cases per 100,000 population, compared to a national average of 451 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 15 to support operations activities from FEMA; 13 to support operations activities from ASPR; and 14 to support operations activities from USCG.
- Between Dec 5 - Dec 11, on average, 221 patients with confirmed COVID-19 and 299 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Maryland. This is a minimal change in total new COVID-19 hospital admissions.

## RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- **Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- **For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Ensure all clinical facilities have contingency plans and up-to-date treatment protocols, including outpatient management; maximal access to medications, supplies, and staffing; and are accurately reporting current status of each resource. Continue to support a platform for efficient patient transfers.
- Continue to prioritize efforts toward marginalized communities that are disproportionately being impacted by COVID-19, including a strategy that prioritizes the allocation of the monoclonal antibody preparations to outpatient centers that serve more marginalized populations with higher levels of risk factors.
- Increase frequency of LTCF testing and rapid implementation of vaccination in LTCFs as vaccine becomes available given continuing outbreaks and deaths.
- Ensure all K-12 schools are following CDC guidelines; use BINAX tests to routinely test all teachers as indicator of community spread. Ensure IHEs returning after winter break move to mandatory weekly testing of all on and off campus students. Begin planning now.
- 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.*





# MARYLAND

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	19,280 (319)	+18%	133,351 (432)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.0%	-1.3%*	13.4%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	304,937** (5,044**)	+14%**	1,139,493** (3,693**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	273 (4.5)	+22%	1,798 (5.8)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	19%	N/A*†	33%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	38%	N/A*†	57%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	16%	N/A*†	15%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,642 (35)	-4% (-4%)	18,662 (26)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	5 (11%)	-2% (-29%*)	79 (20%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	10 (22%)	+2% (+25%*)	101 (26%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

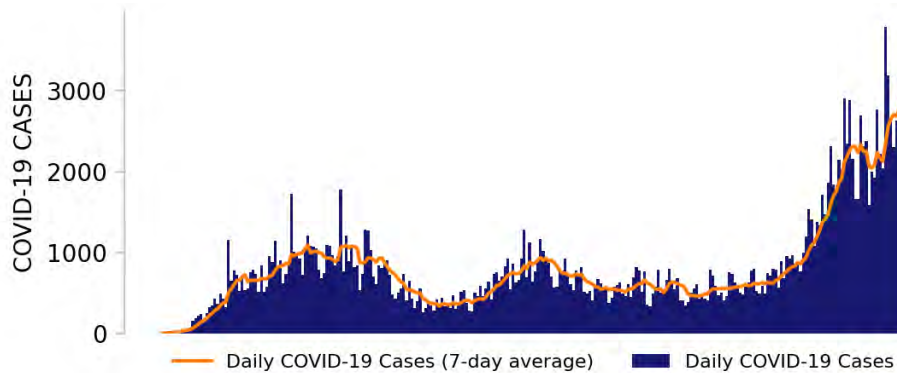
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



# MARYLAND

STATE REPORT | 12.13.2020

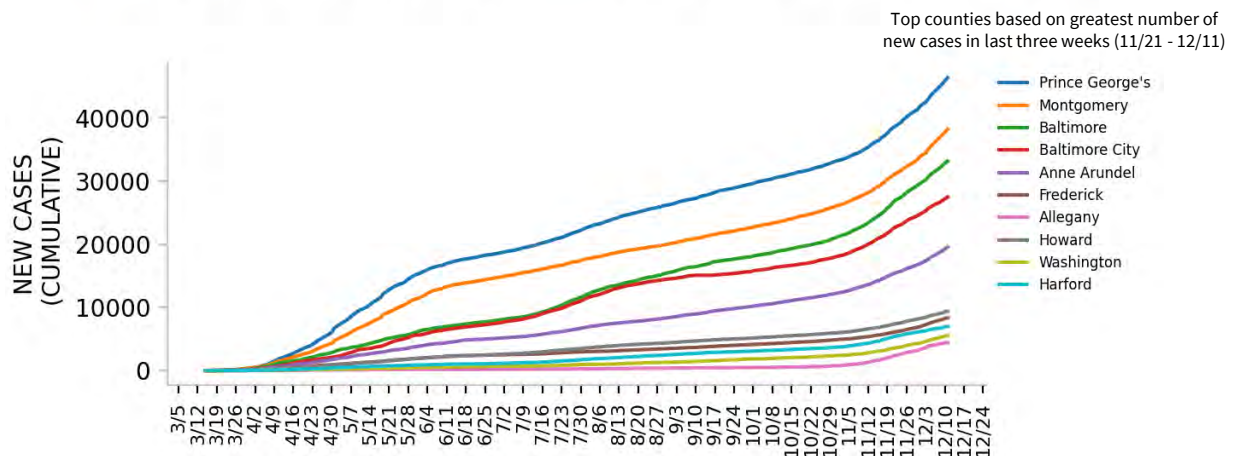
## NEW CASES



## TESTING



## TOP COUNTIES



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

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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.

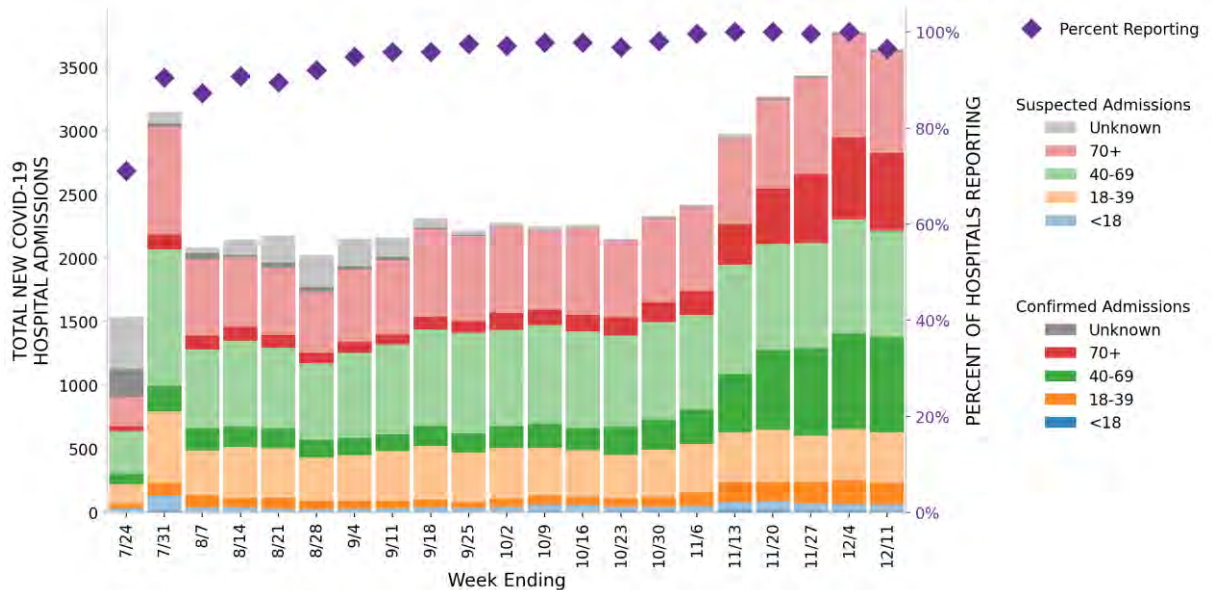


# MARYLAND

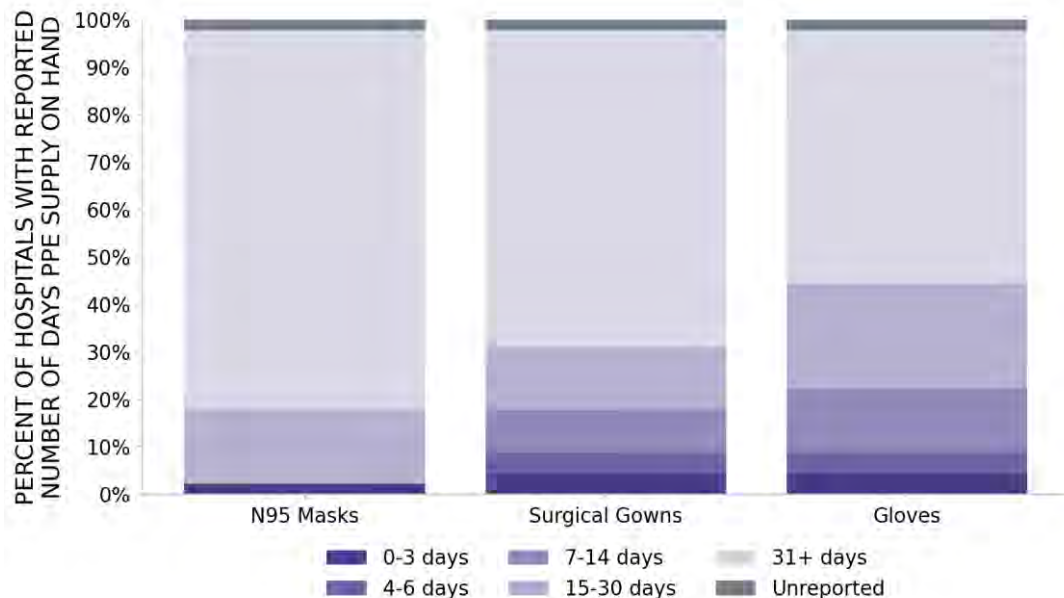
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# MARYLAND

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)	COUNTIES
LOCALITIES IN RED ZONE	<b>5</b> ▲ (+1) Washington-Arlington-Alexandria Cumberland Hagerstown-Martinsburg Salisbury Philadelphia-Camden-Wilmington	<b>8</b> ▲ (+2) Prince George's Allegany Washington Charles Cecil Somerset Garrett Caroline
LOCALITIES IN ORANGE ZONE	<b>3</b> ▲ (+2) Baltimore-Columbia-Towson California-Lexington Park Easton	<b>9</b> ▼ (-1) Baltimore Anne Arundel Frederick Harford St. Mary's Wicomico Queen Anne's Worcester Talbot
LOCALITIES IN YELLOW ZONE	<b>1</b> ▼ (-3) Cambridge	<b>6</b> ▼ (-2) Montgomery Baltimore City Howard Carroll Calvert Dorchester
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

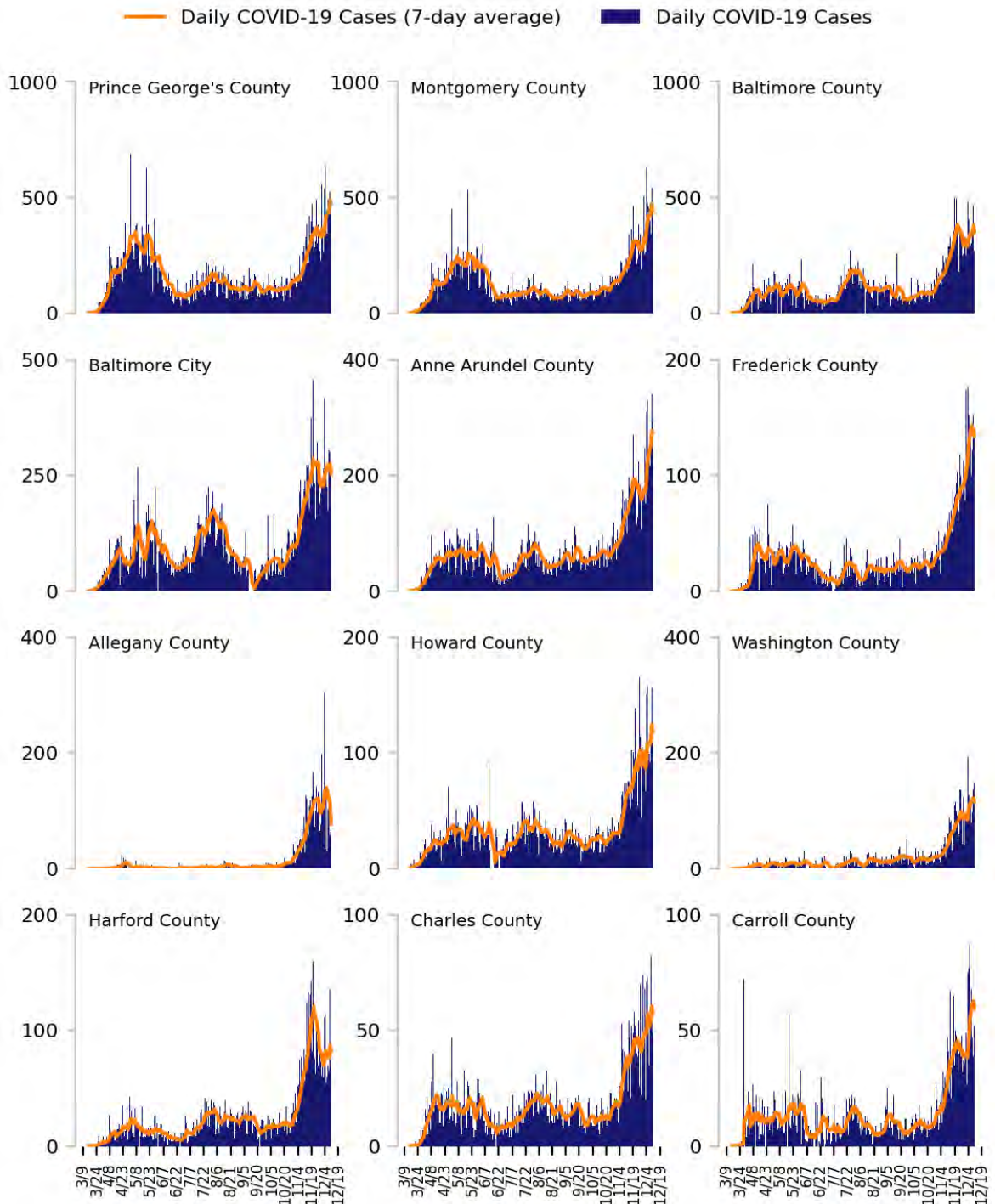
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.

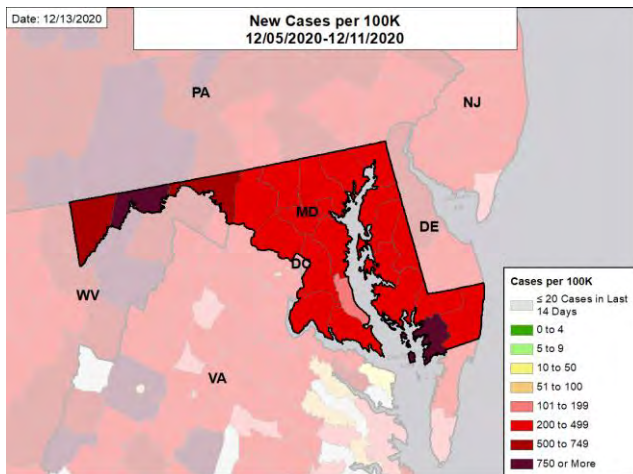


# MARYLAND

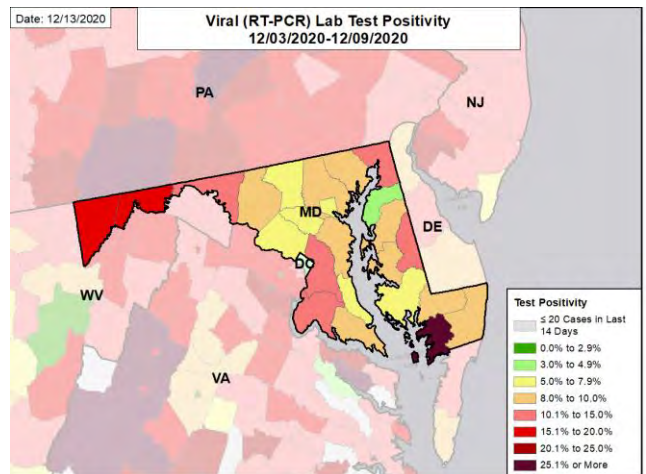
STATE REPORT | 12.13.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY

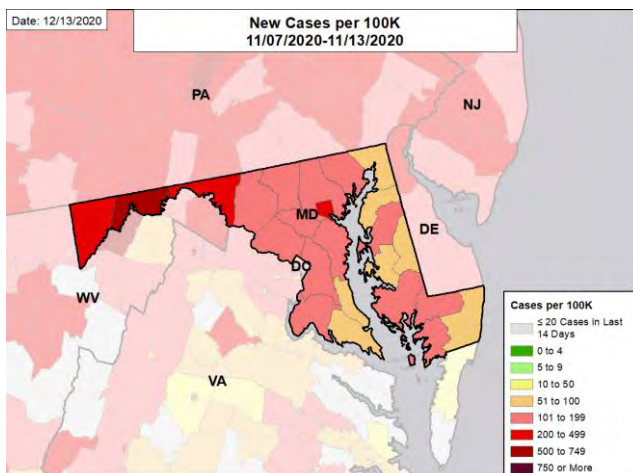
### NEW CASES PER 100,000



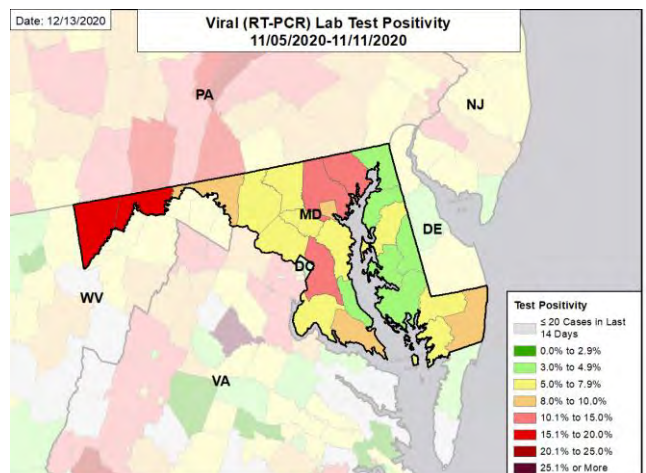
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.



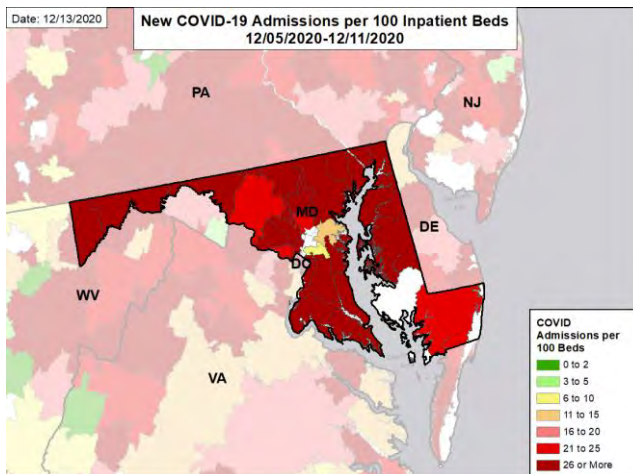


# MARYLAND

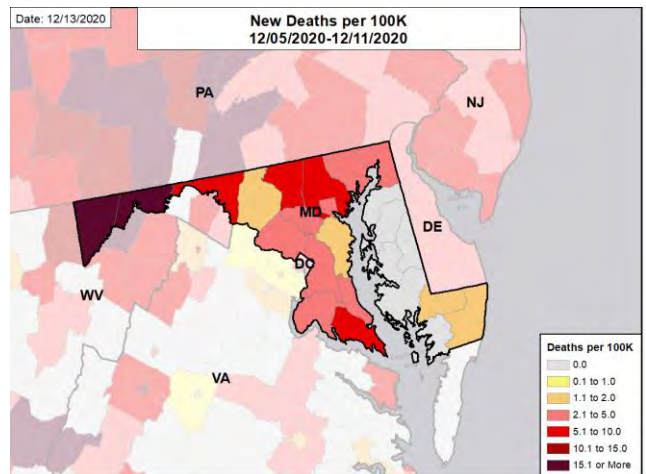
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

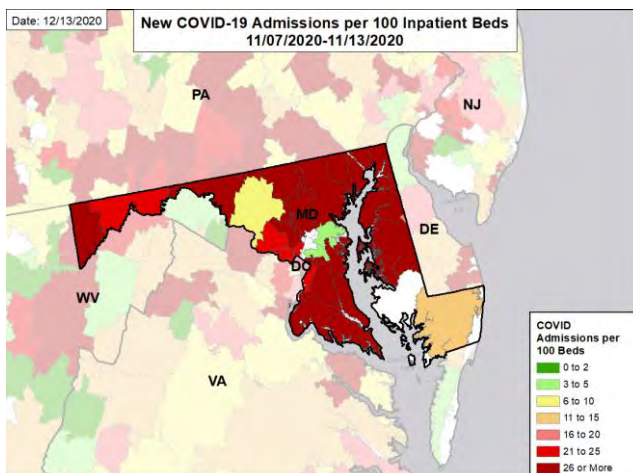
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



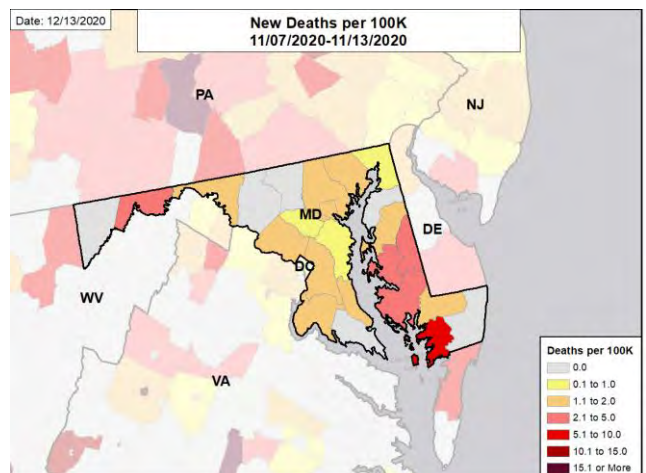
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





## STATE REPORT

12.13.2020

Issue 26

# MASSACHUSETTS

## SUMMARY

- Massachusetts 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. Massachusetts 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.
- Massachusetts has seen an increase in new cases and stability in test positivity. Case rates increased in all counties and are now above 300 per 100,000 population per week in 11 counties. Test positivity increased in 11 counties and is now above 10% in 3 (Nantucket, Essex, Bristol).
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Middlesex County, 2. Essex County, and 3. Worcester County. These counties represent 48.5% of new cases in Massachusetts. Nantucket County has had the most explosive growth.
- 50% of all counties in Massachusetts have moderate or high levels of community transmission (yellow, orange, or red zones), with 14% having high levels of community transmission (red zone).
- During the week of Nov 30 - Dec 6, 21% of nursing homes had at least one new resident COVID-19 case, 46% had at least one new staff COVID-19 case, and 7% had at least one new resident COVID-19 death.
- Massachusetts had 494 new cases per 100,000 population, compared to a national average of 451 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 146 to support operations activities from FEMA; 4 to support operations activities from ASPR; and 19 to support operations activities from USCG.
- Between Dec 5 - Dec 11, on average, 212 patients with confirmed COVID-19 and 132 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Massachusetts. This is an increase of 10% in total new COVID-19 hospital admissions.

## RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available): Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Expansion in testing capacity is a critical development; aim to return results <48 hours. Consider automating contact tracing by obtaining contact information at the time of testing with triggered emails/texts for education, automated contact elicitation and tracing, and logging of isolation/quarantine.
- Ensure appropriate focus of resources to coastal counties, especially Nantucket, Essex, and Bristol, which appear to have extremely high transmission; consider intensifying restrictions and closing indoor spaces where people spend time (restaurants, bars, coffee shops, etc.).
- Maintain saturation of all media platforms to report local hospital capacity, promote continued mitigation efforts and civic responsibilities, and encourage reporting of businesses that are not compliant. Monitor compliance of community and religious organizations throughout the holidays.
- Ensure all hospitals and clinical sites have remote expert clinical consultation; establish outpatient infusion centers ensuring equitable distribution of monoclonal antibodies to communities with the highest concentration of individuals at high risk for disease progression. Develop contingency triage protocols now for hospital resources that anticipate worsening epidemic.
- 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 | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	34,038 (494)	+25%	70,722 (476)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.1%	+0.5%*	6.6%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	587,715** (8,527**)	+19%**	786,372** (5,297**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	347 (5.0)	+26%	745 (5.0)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	21%	N/A*†	24%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	46%	N/A*†	48%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	7%	N/A*†	9%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	2,412 (15)	+10% (+20%)	5,119 (15)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	6 (9%)	+0% (+0%*)	51 (28%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	5 (8%)	+1% (+25%*)	26 (14%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

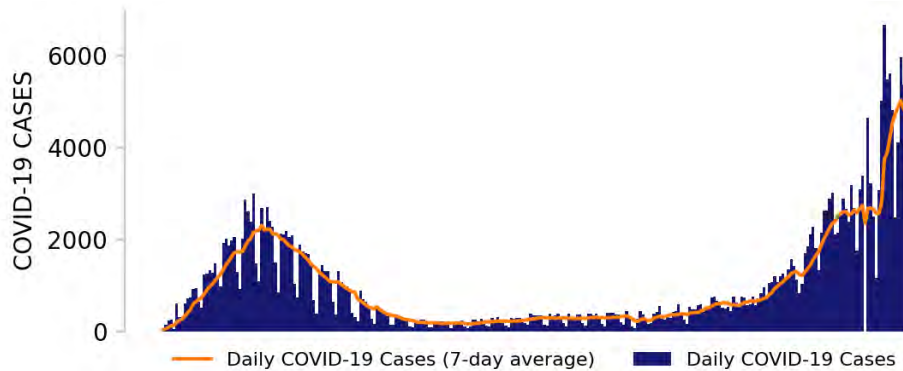
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



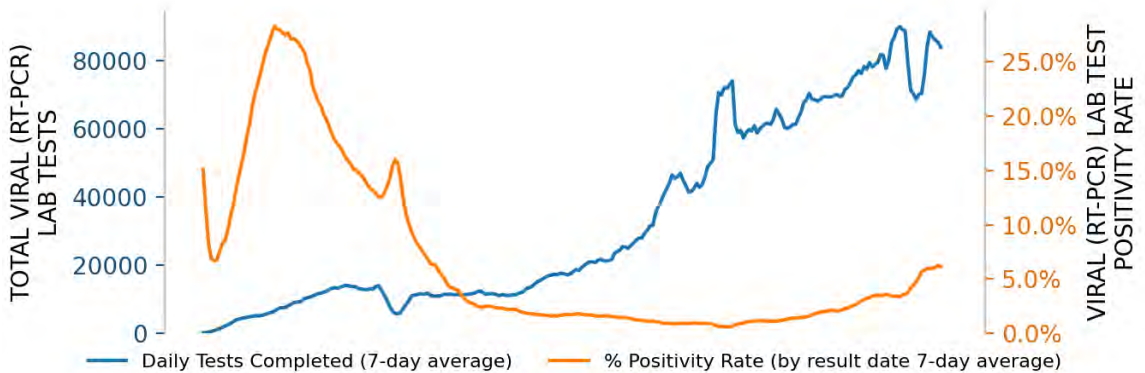
# MASSACHUSETTS

STATE REPORT | 12.13.2020

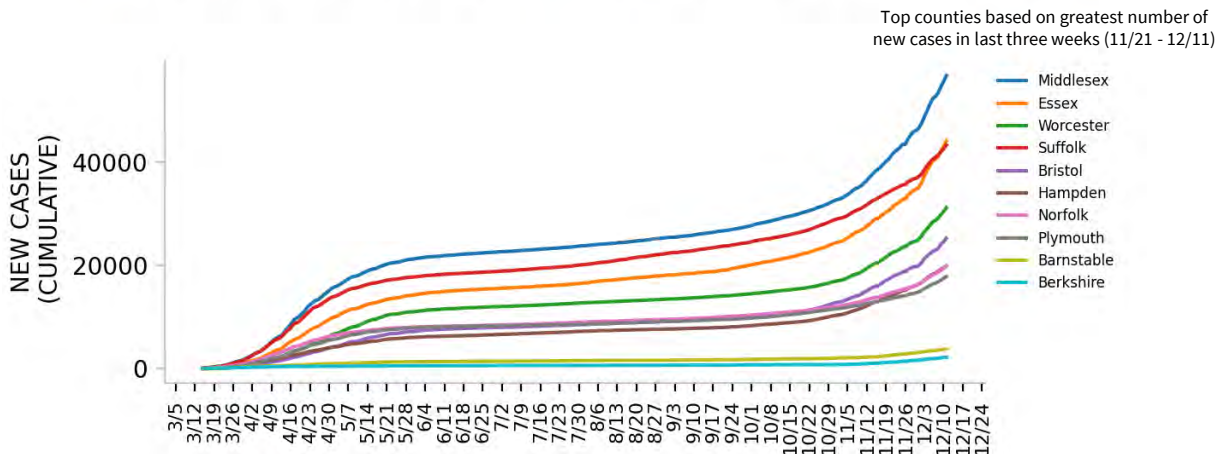
## NEW CASES



## TESTING



## TOP COUNTIES



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

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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.

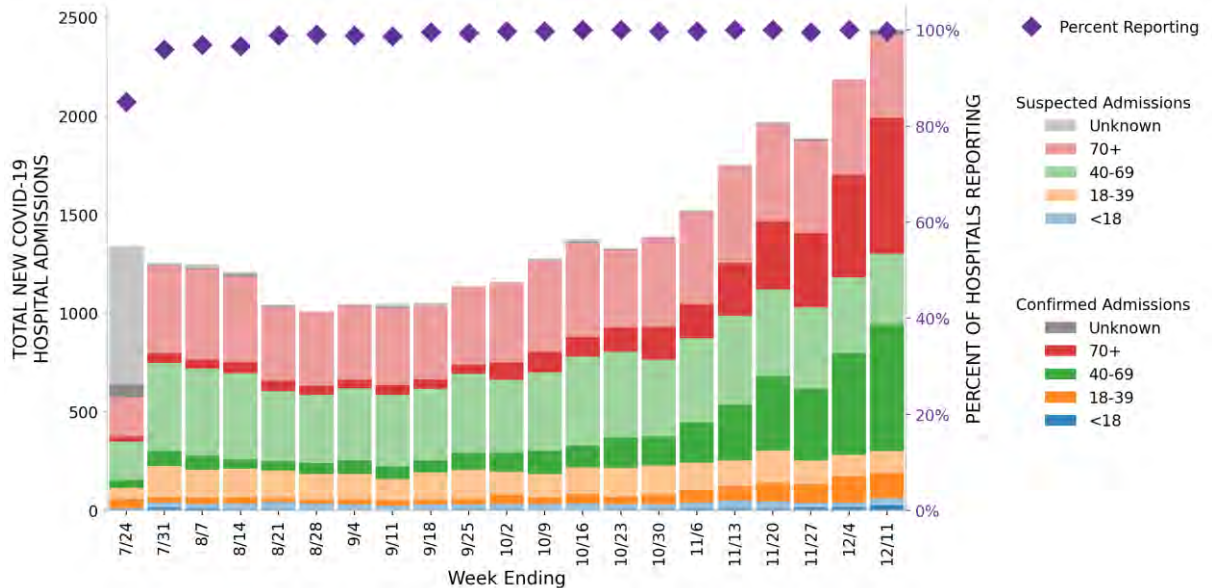


# MASSACHUSETTS

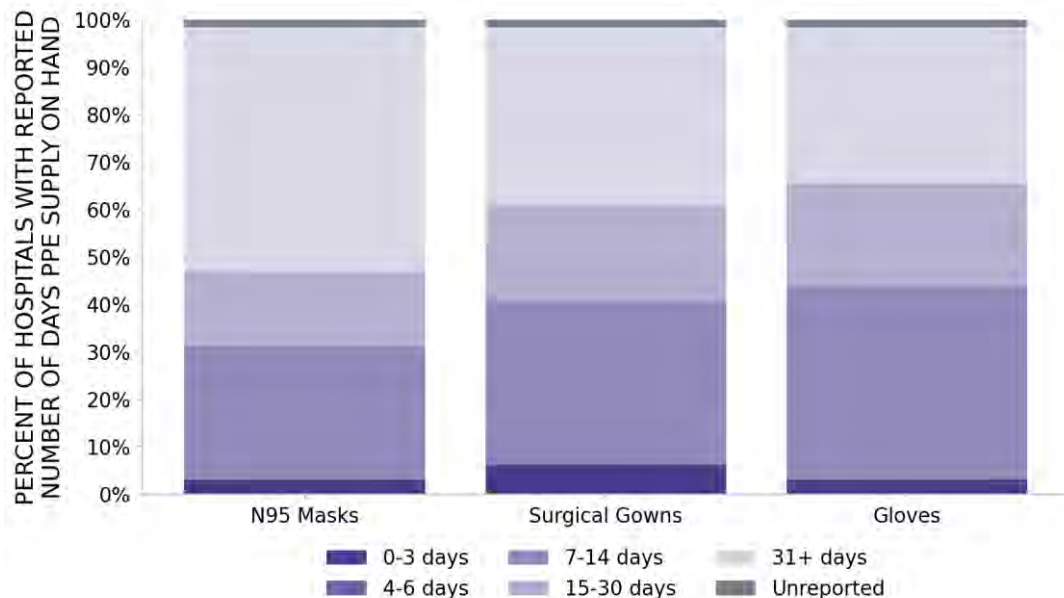
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# MASSACHUSETTS

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)	COUNTIES
<b>LOCALITIES IN RED ZONE</b>	<b>0</b> ■ (+0)	<b>2</b> ▲ (+2)
<b>LOCALITIES IN ORANGE ZONE</b>	<b>1</b> ■ (+0)	<b>2</b> ▼ (-2)
<b>LOCALITIES IN YELLOW ZONE</b>	<b>4</b> ■ (+0)	<b>3</b> ■ (+0)
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

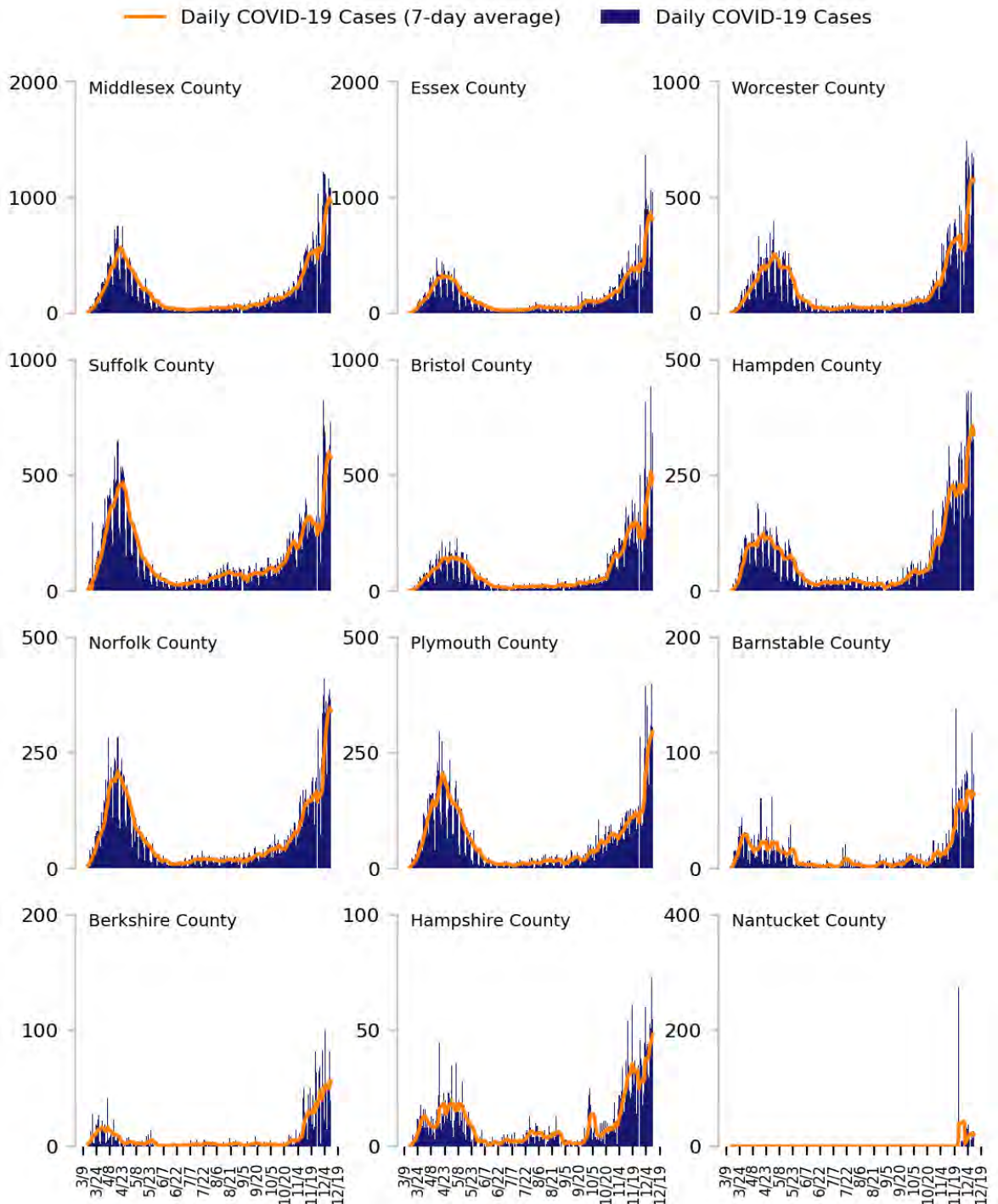
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.

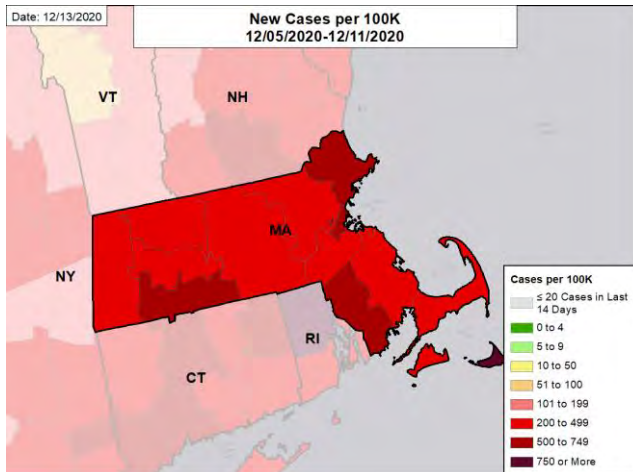


# MASSACHUSETTS

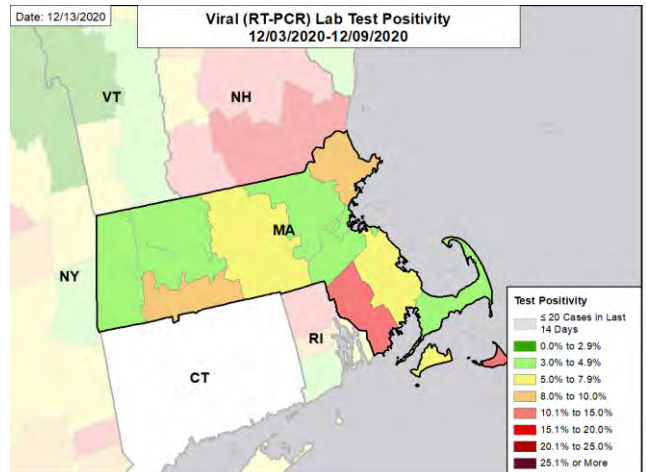
STATE REPORT | 12.13.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY

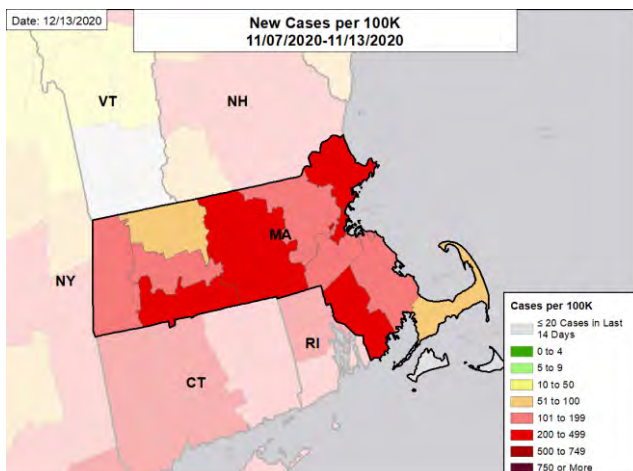
### NEW CASES PER 100,000



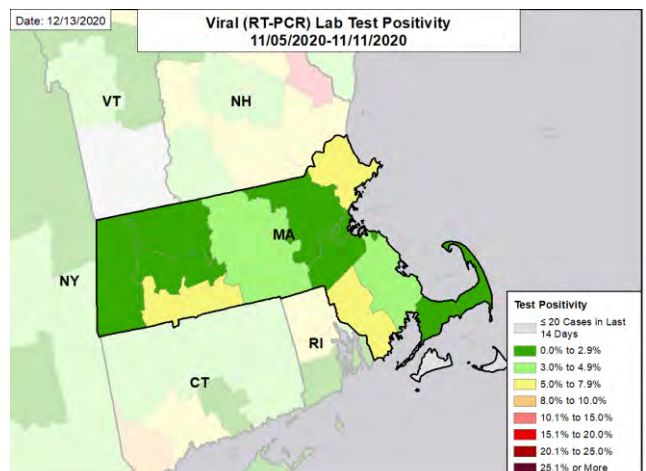
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.

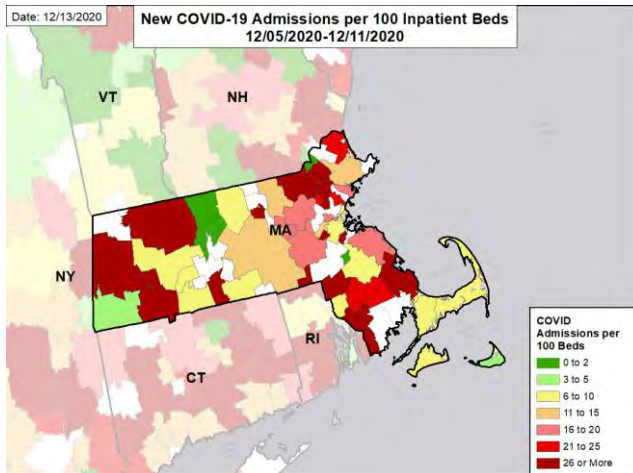


# MASSACHUSETTS

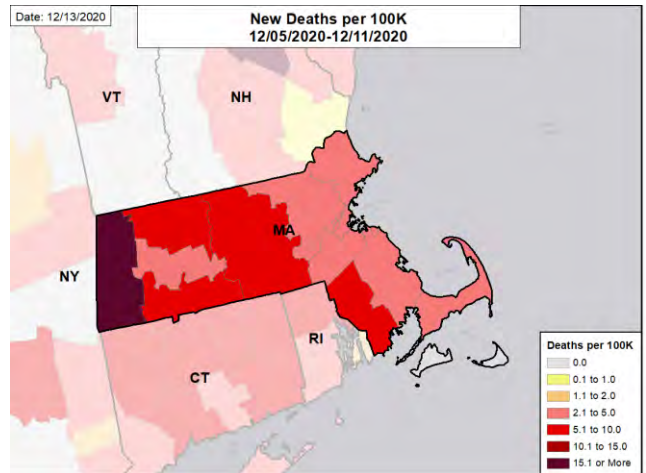
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

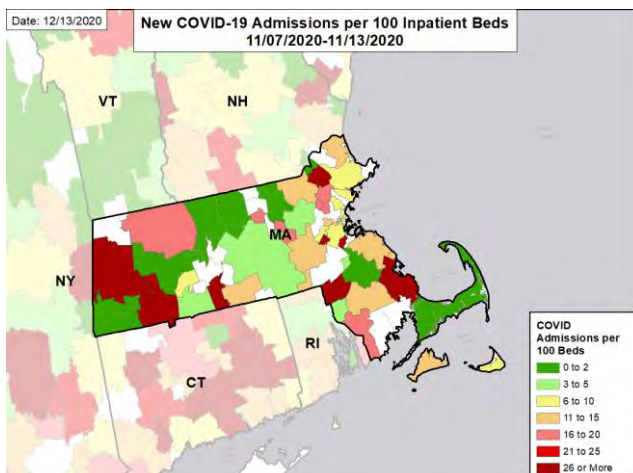
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



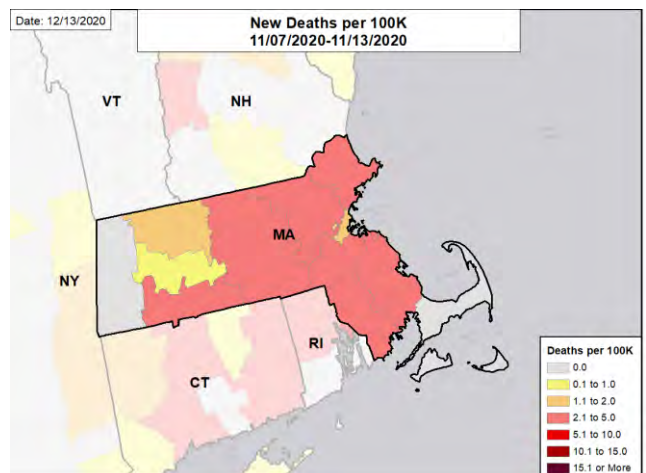
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 ONE MONTH BEFORE



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

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**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





# MICHIGAN

## STATE REPORT

12.13.2020

Issue 26

### SUMMARY

- Michigan is seeing stabilization of its viral surge although cases and deaths remain extremely high. The state 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. Michigan is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 23rd highest rate in the country.
- Michigan has seen a decrease in new cases and a decrease in test positivity. State health officials recently reported that surveillance data indicated schools, congregate care facilities, and manufacturing settings were the most common sites of recognized outbreaks. New and current hospitalizations declined last week; deaths continued to increase.
- The state intensified mitigation measures from Nov 18 - Dec 8, now extended through Dec 20. The following three counties had the highest number of new cases over the last 3 weeks: 1. Wayne County, 2. Oakland County, and 3. Macomb County. These counties represent 33.3% of new cases in Michigan.
- 92% 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 30 - Dec 6, 35% of nursing homes had at least one new resident COVID-19 case, 54% had at least one new staff COVID-19 case, and 16% had at least one new resident COVID-19 death.
- Michigan had 401 new cases per 100,000 population, compared to a national average of 451 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 Dec 5 - Dec 11, on average, 451 patients with confirmed COVID-19 and 171 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Michigan. This is a decrease of 10% in total new COVID-19 hospital admissions.

### RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- **Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- **For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Ensure all clinical facilities have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; maximal access to medications, supplies, and staffing; and are accurately reporting current status of each resource. Continue to support a platform for efficient patient transfers.
- Continue to prioritize efforts toward marginalized communities that are disproportionately being impacted by COVID-19, including a strategy that prioritizes the allocation of the monoclonal antibody preparations to outpatient centers that serve more marginalized populations with higher levels of risk factors.
- Increase frequency of LTCF testing and rapid implementation of vaccination in LTCFs as vaccine becomes available given continuing outbreaks and deaths.
- Ensure all K-12 schools are following CDC guidelines; use BINAX tests to routinely test all teachers as indicator of community spread. Ensure IHEs returning after winter break move to mandatory weekly testing of all on and off campus students. Begin planning now.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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



COVID-19



# MICHIGAN

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	40,077 (401)	-21%	294,147 (560)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	12.7%	-1.5%*	13.4%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	373,798** (3,743**)	+1%**	2,108,921** (4,014**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	852 (8.5)	+12%	4,106 (7.8)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	35%	N/A*†	40%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	54%	N/A*†	60%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	16%	N/A*†	21%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	4,354 (20)	-10% (-10%)	28,394 (24)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	36 (27%)	-1% (-3%*)	208 (23%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	31 (24%)	+0% (+0%*)	240 (27%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

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

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**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

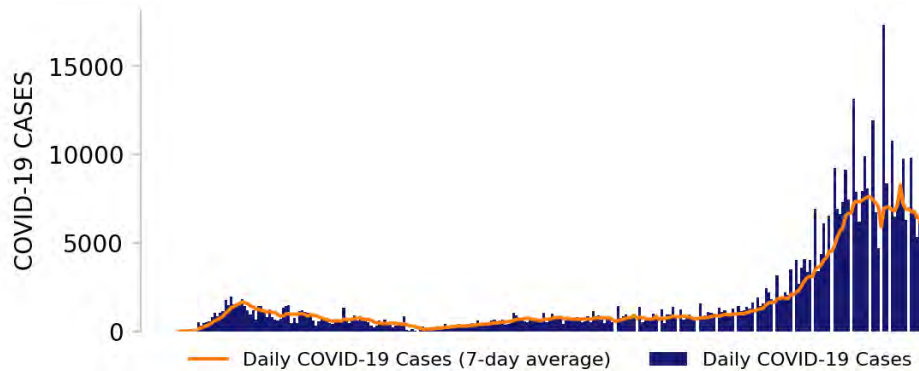
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



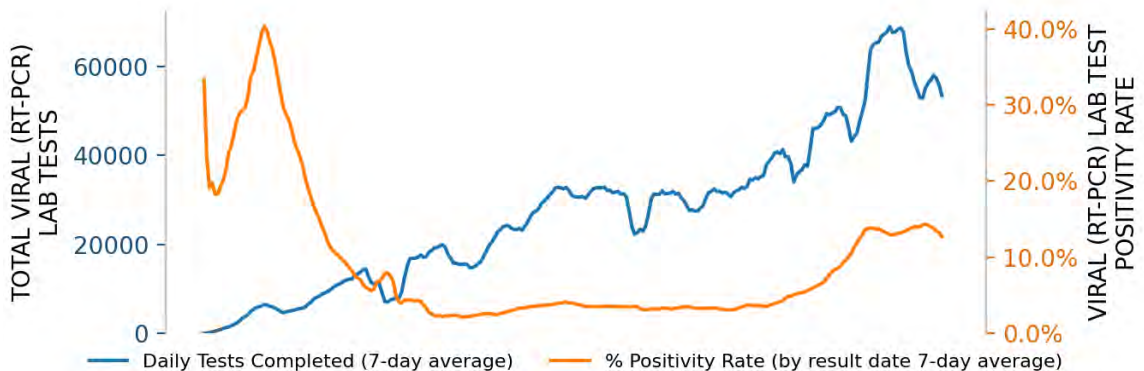
# MICHIGAN

STATE REPORT | 12.13.2020

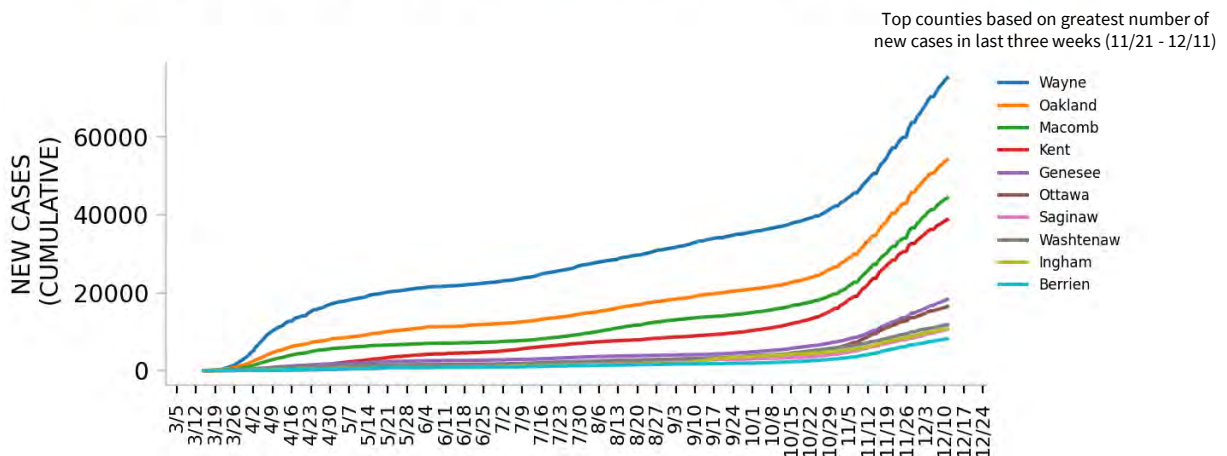
## NEW CASES



## TESTING



## TOP COUNTIES



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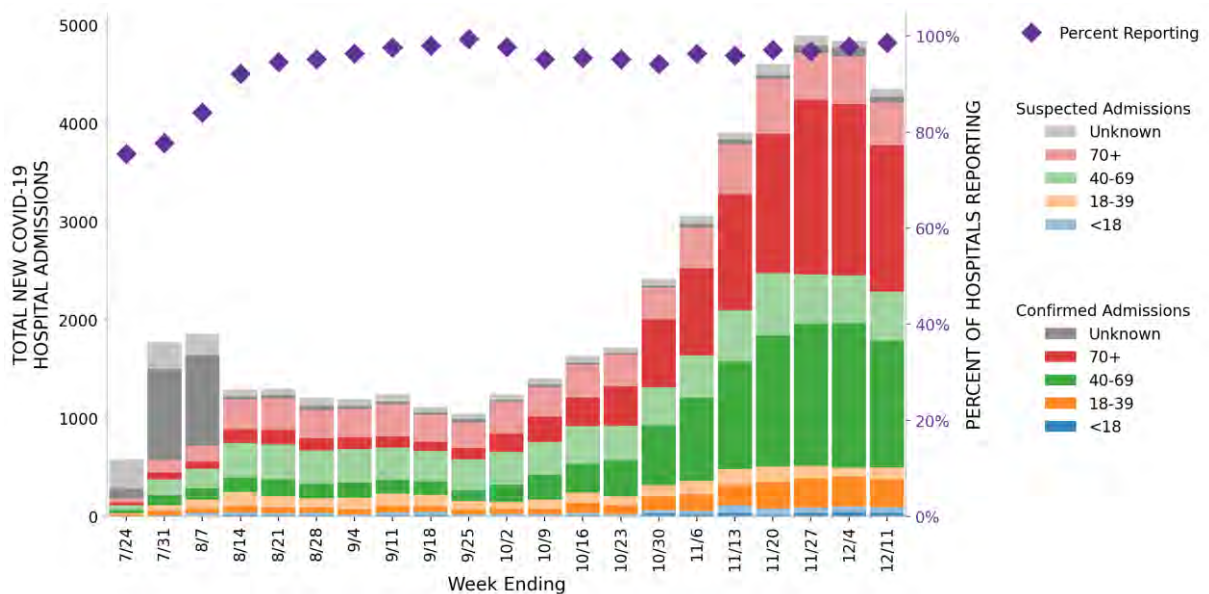


# MICHIGAN

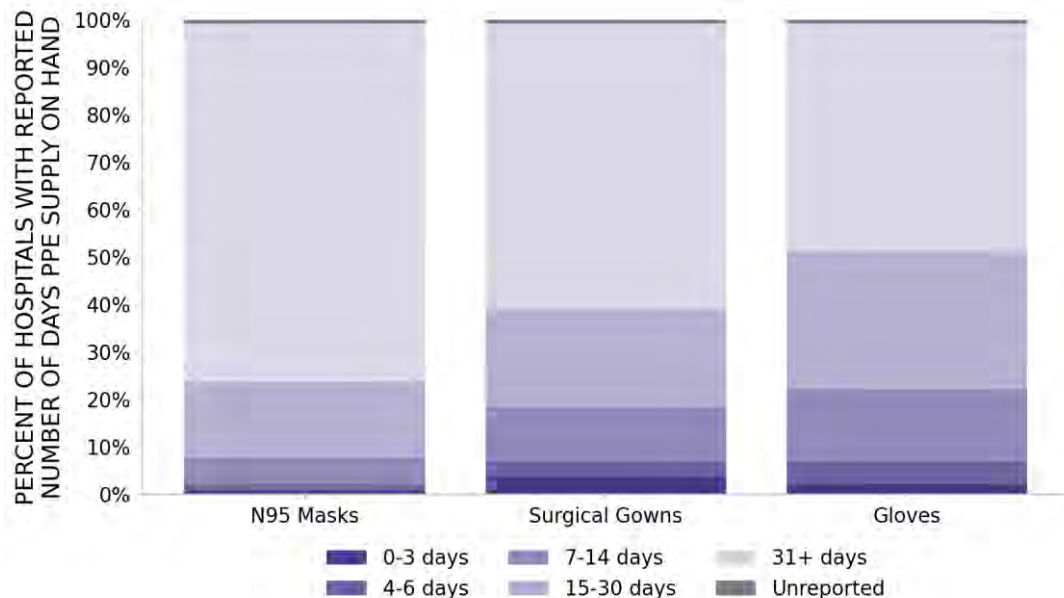
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# MICHIGAN

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA)

### COUNTIES

LOCALITIES IN RED ZONE	25 ▼ (-4)	Detroit-Warren-Dearborn Grand Rapids-Kentwood Lansing-East Lansing Flint Saginaw Niles Kalamazoo-Portage Jackson Muskegon Monroe Bay City Battle Creek	56 ▼ (-11)	Wayne Oakland Macomb Kent Genesee Ottawa Saginaw Ingham Berrien Kalamazoo Jackson Livingston
	3 ▲ (+1)	Adrian Mount Pleasant Coldwater	10 ▲ (+5)	Lenawee Isabella Branch Clare Ogemaw Menominee Charlevoix Cheboygan Oscoda Mackinac
	4 ▲ (+2)	Ann Arbor Midland Marquette Sault Ste. Marie	10 ▲ (+2)	Washtenaw Ionia Midland Clinton Marquette Chippewa Emmet Otsego Antrim Schoolcraft
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

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

**All Red Counties:** Wayne, Oakland, Macomb, Kent, Genesee, Ottawa, Saginaw, Ingham, Berrien, Kalamazoo, Jackson, Livingston, Muskegon, St. Clair, Monroe, Bay, Calhoun, Allegan, Eaton, Lapeer, Van Buren, Montcalm, Barry, Shiawassee, Grand Traverse, St. Joseph, Cass, Hillsdale, Tuscola, Sanilac, Newaygo, Gratiot, Huron, Alpena, Dickinson, Delta, Mecosta, Oceana, Gladwin, Wexford, Iosco, Roscommon, Osceola, Benzie, Mason, Gogebic, Arenac, Presque Isle, Leelanau, Alcona, Baraga, Kalkaska, Crawford, Missaukee, Montmorency, Lake

\* 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

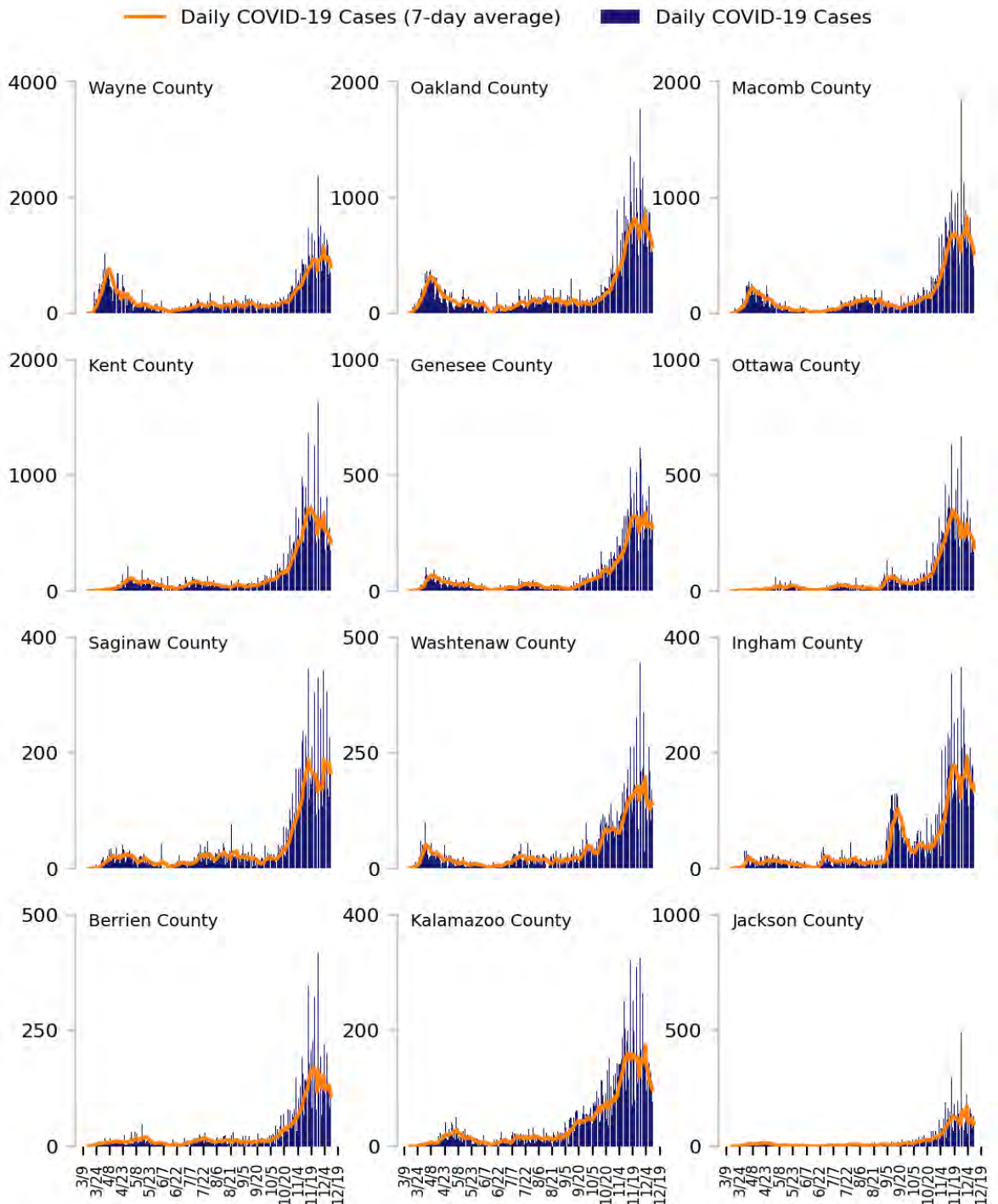
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.

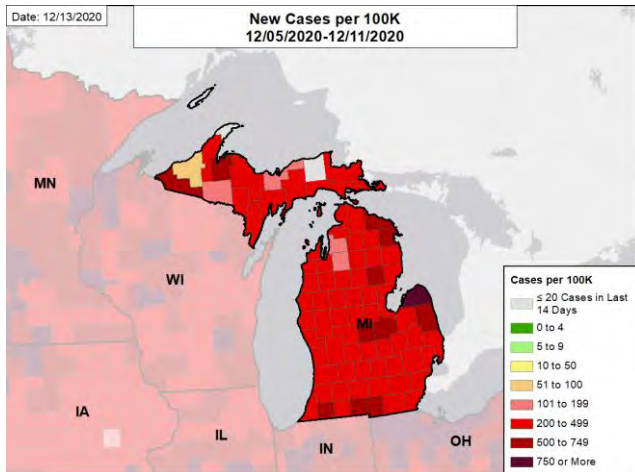


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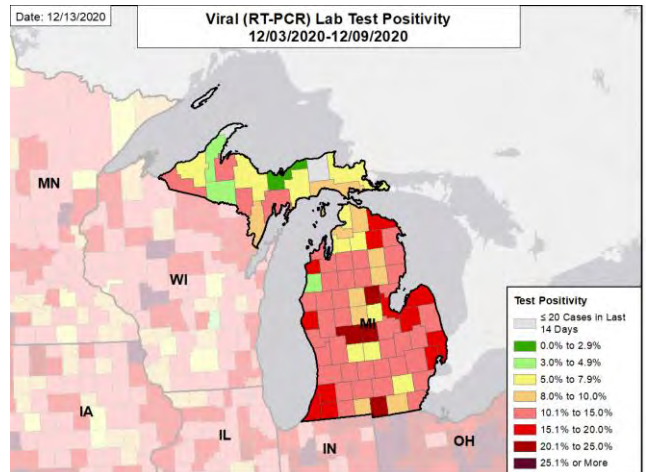
STATE REPORT | 12.13.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY

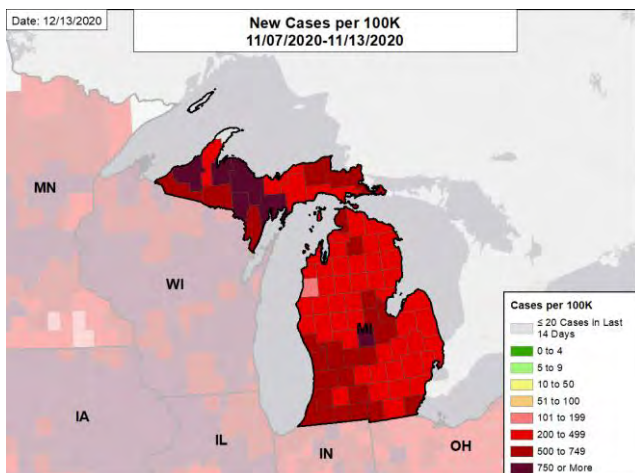
### NEW CASES PER 100,000



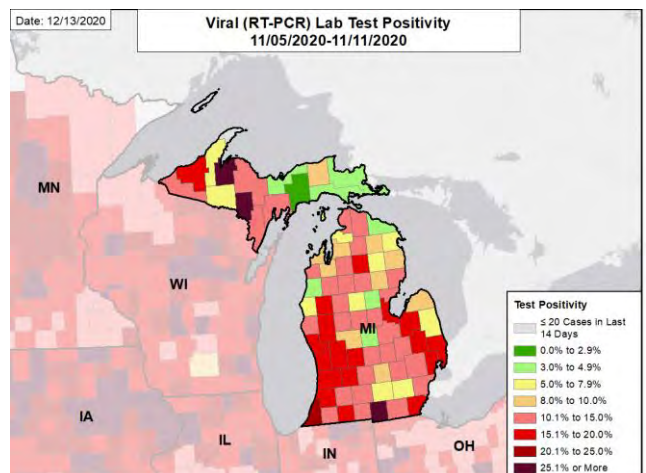
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.



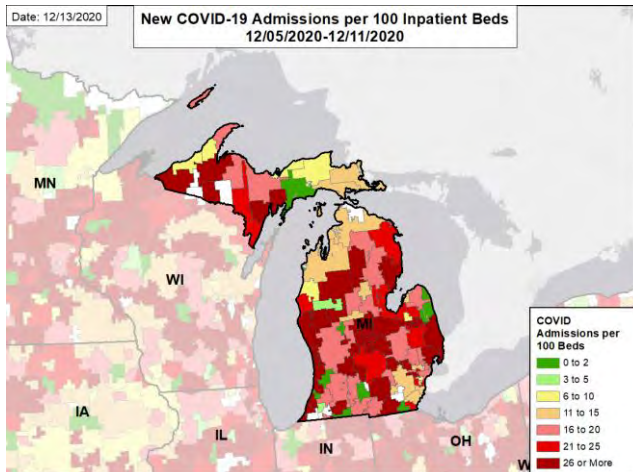


# MICHIGAN

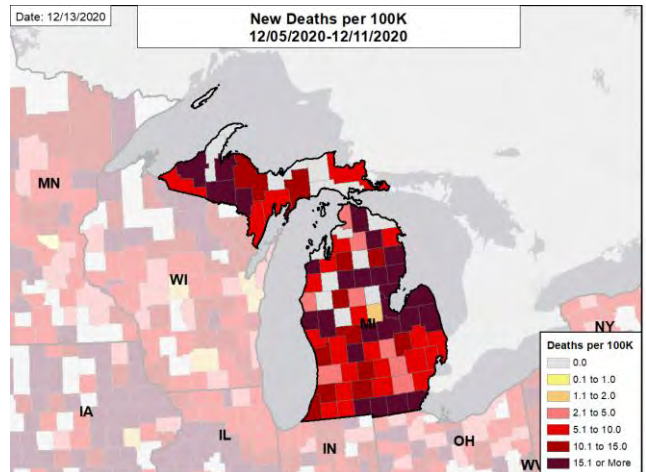
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

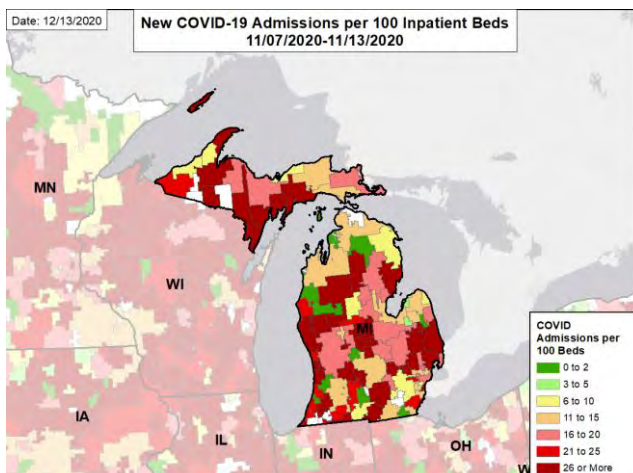
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



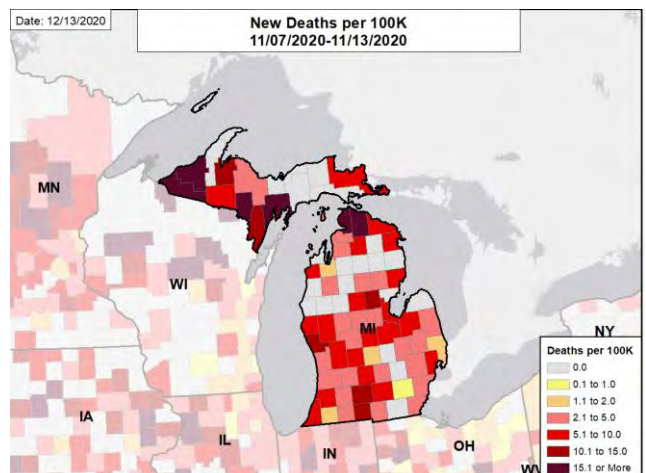
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

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# MINNESOTA

STATE REPORT

12.13.2020

Issue 26

## SUMMARY

- Minnesota is seeing significant drops in cases and hospitalizations although cases, hospitalizations, and deaths remain at extremely high levels. The state 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. Minnesota is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 30th highest rate in the country.
- Minnesota has seen a decrease in new cases and a significant decrease in test positivity. Current hospitalizations (7-day average) fell last week but remain very high. Deaths continued to increase; roughly 1/3 of all recent deaths in Minnesota are tied to COVID-19.
- Viral transmission remains intense throughout the state. The following three counties had the highest number of new cases over the last 3 weeks: 1. Hennepin County, 2. Ramsey County, and 3. Dakota County. These counties represent 34.9% of new cases in Minnesota. Central and Western Minnesota had the most intense increases in recent weeks; currently all regions of the state are seeing cases plateau or fall.
- 99% of all counties in Minnesota have moderate or high levels of community transmission (yellow, orange, or red zones), with 69% having high levels of community transmission (red zone).
- During the week of Nov 30 - Dec 6, 36% of nursing homes had at least one new resident COVID-19 case, 67% had at least one new staff COVID-19 case, and 23% had at least one new resident COVID-19 death.
- Minnesota had 567 new cases per 100,000 population, compared to a national average of 451 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; 33 to support medical activities from ASPR; 6 to support operations activities from ASPR; and 1 to support operations activities from USCG.
- Between Dec 5 - Dec 11, on average, 183 patients with confirmed COVID-19 and 95 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Minnesota. This is a decrease of 11% in total new COVID-19 hospital admissions.
- Hospitals are reporting PPE shortages, but the state has resources and systems in place for facilities to request assistance.
- Hospitals are reporting critical staffing shortages, and the state is sourcing contracting solutions.

## RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- **Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- **For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Ensure all clinical facilities have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; maximal access to medications, supplies, and staffing; and are accurately reporting current status of each resource. Continue to support a platform for efficient patient transfers.
- Continue to prioritize efforts toward marginalized communities that are disproportionately being impacted by COVID-19, including a strategy that prioritizes the allocation of the monoclonal antibody preparations to outpatient centers that serve more marginalized populations with higher levels of risk factors.
- Increase frequency of LTCF testing and rapid implementation of vaccination in LTCFs as vaccine becomes available given continuing outbreaks and deaths.
- Ensure all K-12 schools are following CDC guidelines; use BINAX tests to routinely test all teachers as indicator of community spread. Ensure IHEs returning after winter break move to mandatory weekly testing of all on and off campus students. Begin planning now.
- 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



# MINNESOTA

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
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SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	23%	N/A*†	21%	14%
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\* Indicates absolute change in percentage points.

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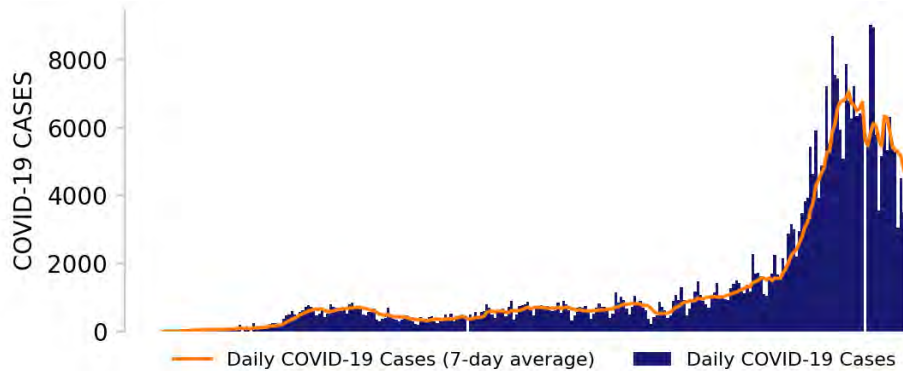
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# MINNESOTA

STATE REPORT | 12.13.2020

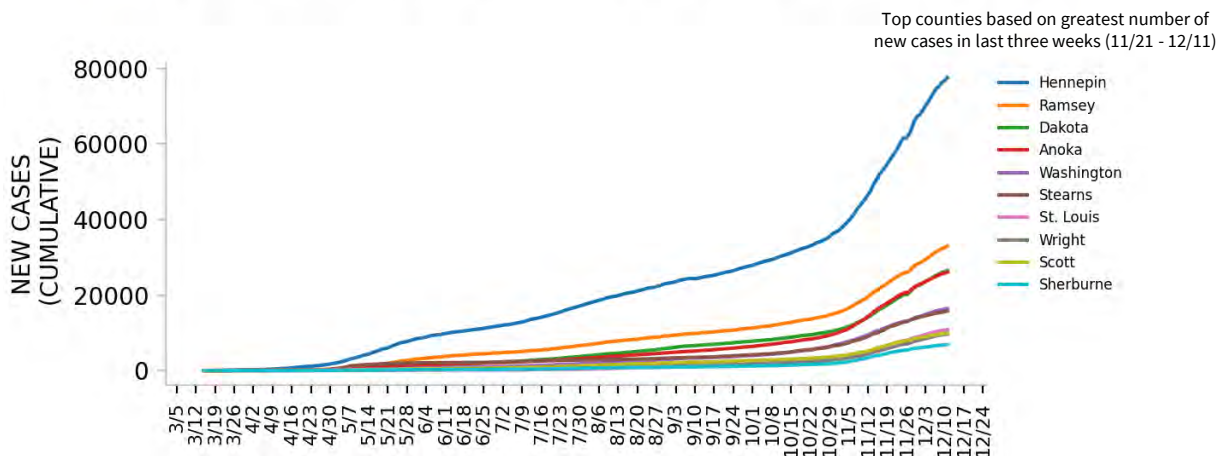
## NEW CASES



## TESTING



## TOP COUNTIES



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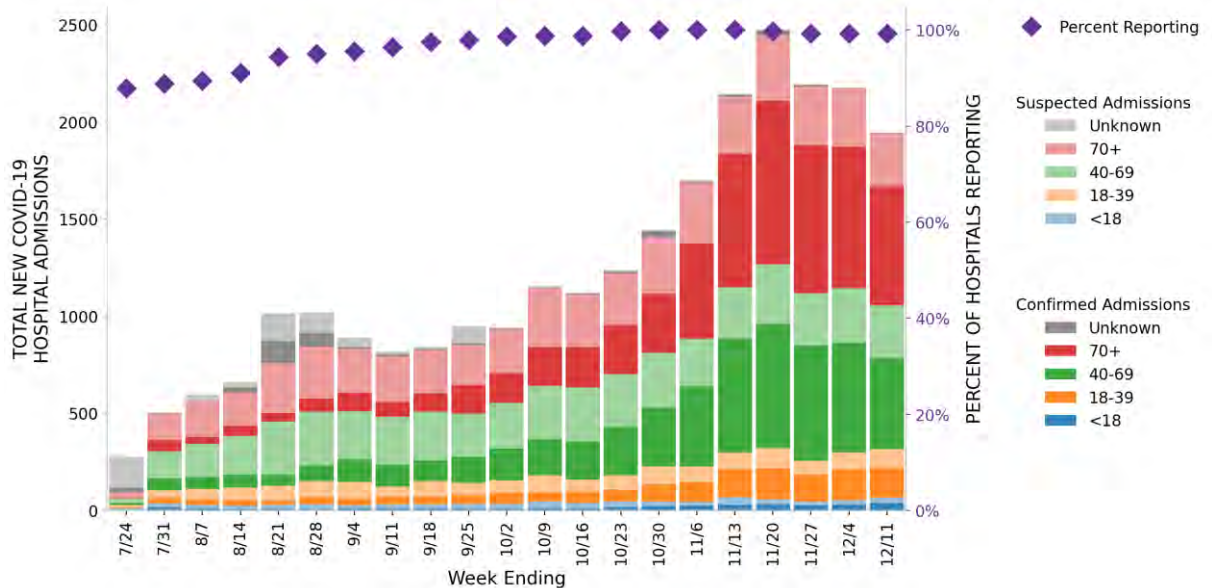


# MINNESOTA

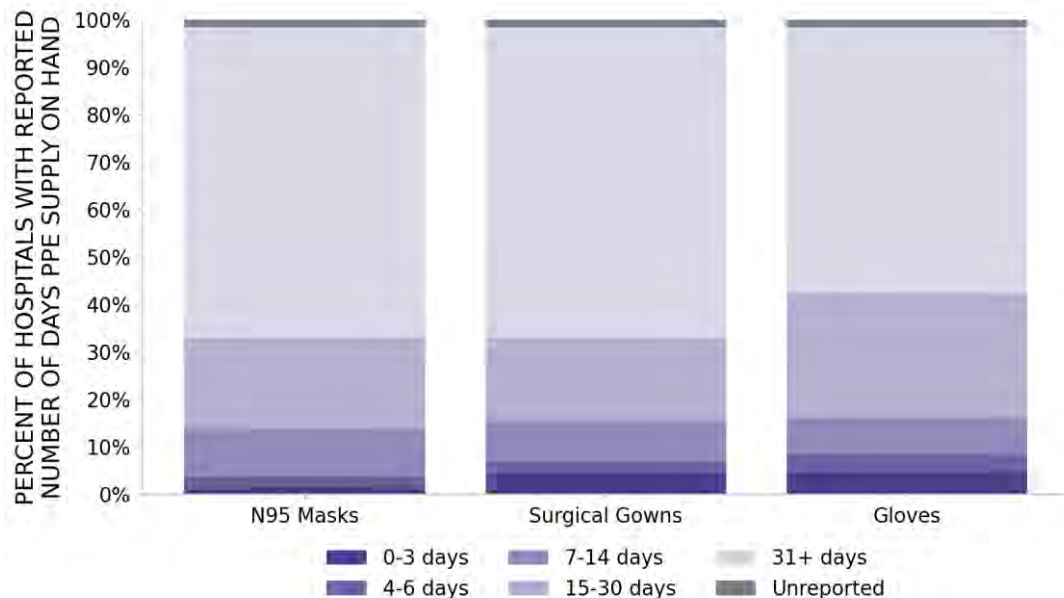
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# MINNESOTA

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA)

### COUNTIES

LOCALITIES IN RED ZONE	16 ▼ (-9)	Minneapolis-St. Paul-Bloomington St. Cloud Duluth Brainerd Willmar Alexandria Hutchinson Red Wing Bemidji Marshall Austin Grand Rapids	60 ▼ (-17)	Hennepin Ramsey Dakota Anoka Washington Stearns St. Louis Wright Scott Sherburne Olmsted Carver
	7 ▲ (+6)	Rochester Mankato Fergus Falls Grand Forks Winona New Ulm Wahpeton	17 ▲ (+9)	Otter Tail Blue Earth Chisago Polk Winona Becker Brown Nicollet Wabasha Hubbard Pennington Fillmore
	3 ▲ (+3)	Fargo Faribault-Northfield Albert Lea	9 ▲ (+7)	Rice Carlton Freeborn Pope Lake Lincoln Mahnomen Norman Lake of the Woods
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

**All Red CBSAs:** Minneapolis-St. Paul-Bloomington, St. Cloud, Duluth, Brainerd, Willmar, Alexandria, Hutchinson, Red Wing, Bemidji, Marshall, Austin, Grand Rapids, Owatonna, Fairmont, Worthington, La Crosse-Onalaska

**All Red Counties:** Hennepin, Ramsey, Dakota, Anoka, Washington, Stearns, St. Louis, Wright, Scott, Sherburne, Olmsted, Carver, Kandiyohi, Clay, Crow Wing, Douglas, McLeod, Benton, Goodhue, Beltrami, Isanti, Lyon, Mower, Itasca, Meeker, Steele, Morrison, Pine, Mille Lacs, Cass, Roseau, Renville, Le Sueur, Todd, Cottonwood, Martin, Redwood, Nobles, Chippewa, Houston, Wadena, Rock, Kanabec, Waseca, Jackson, Aitkin, Faribault, Sibley, Swift, Marshall, Watonwan, Wilkin, Clearwater, Pipestone, Stevens, Murray, Koochiching, Kittson, Big Stone, Red Lake

**All Orange Counties:** Otter Tail, Blue Earth, Chisago, Polk, Winona, Becker, Brown, Nicollet, Wabasha, Hubbard, Pennington, Fillmore, Dodge, Yellow Medicine, Lac qui Parle, Grant, Cook

\* 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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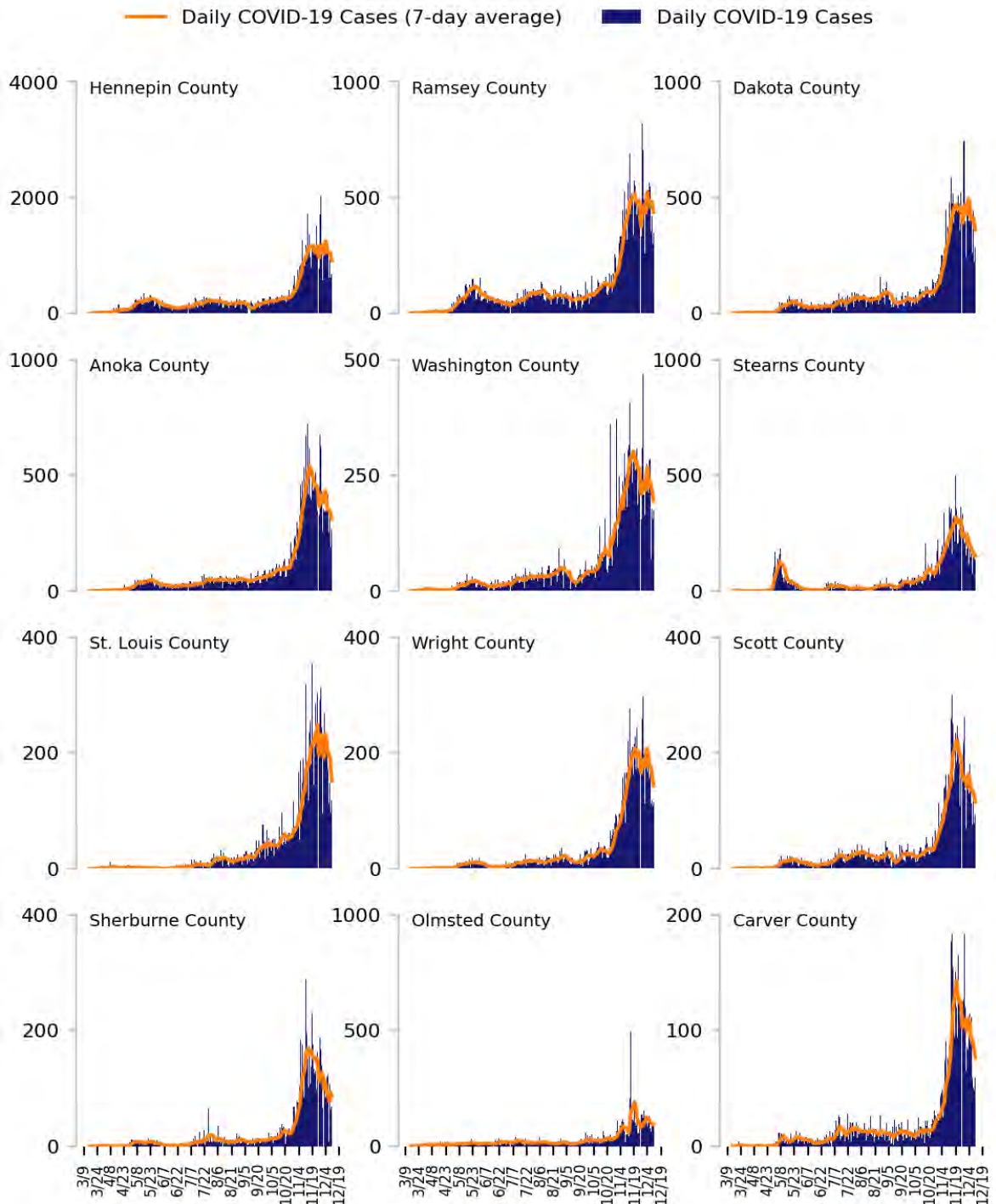
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.

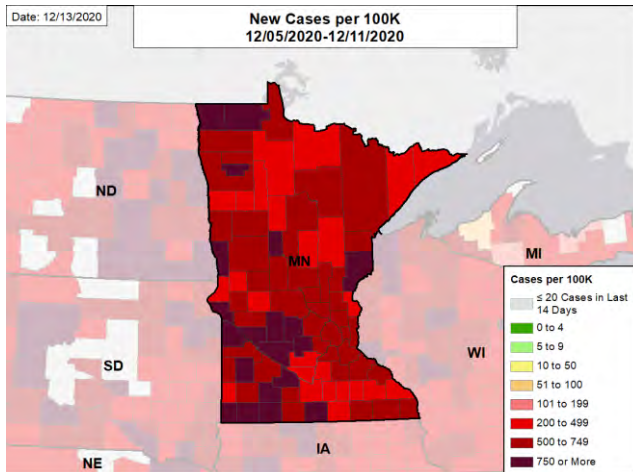


# MINNESOTA

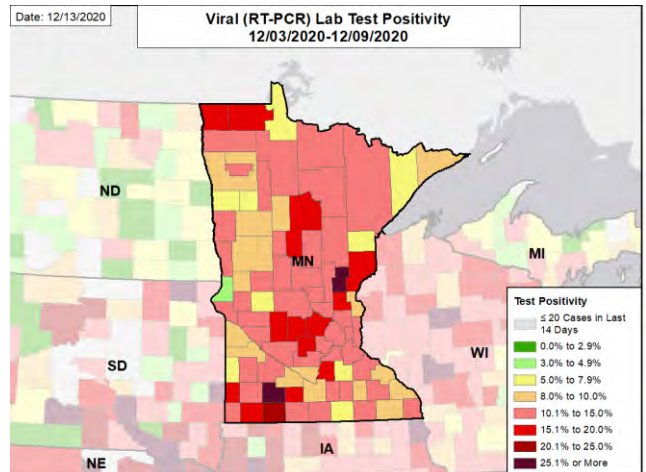
STATE REPORT | 12.13.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY

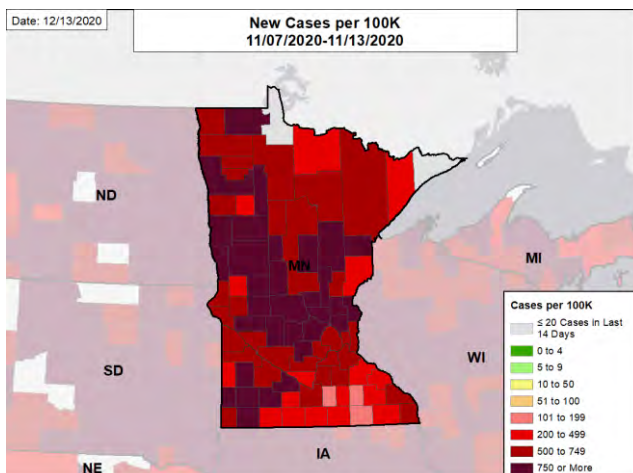
### NEW CASES PER 100,000



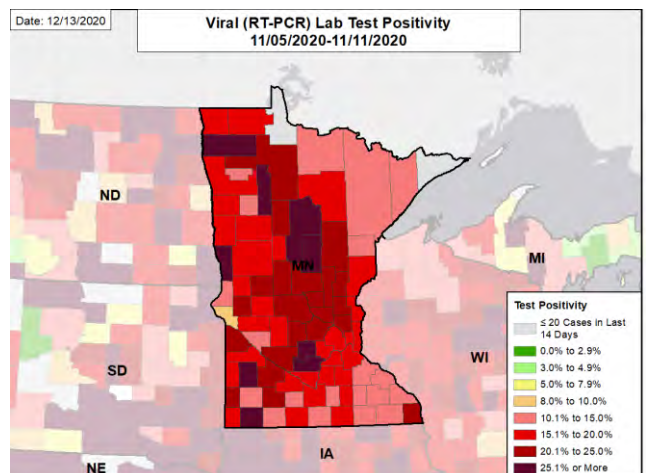
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.



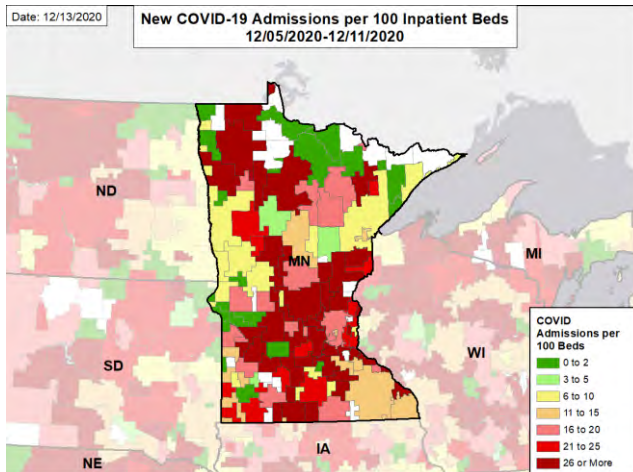


# MINNESOTA

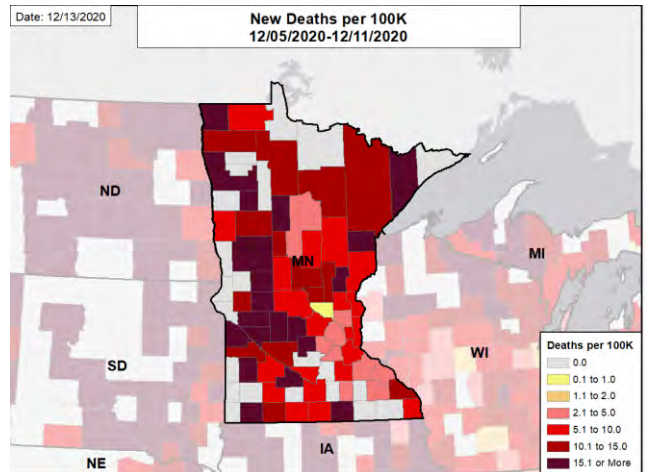
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

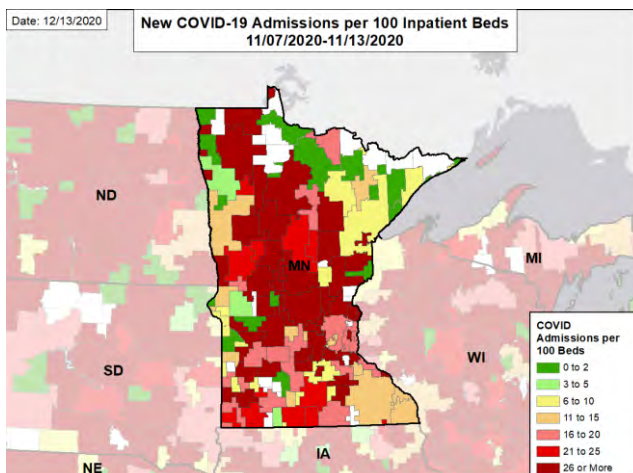
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



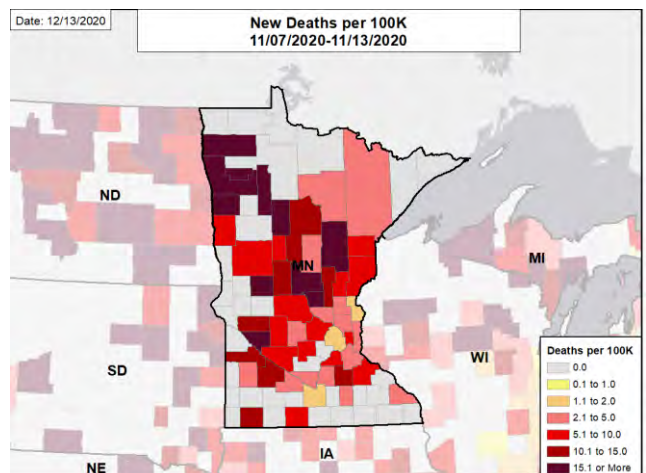
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





## STATE REPORT

12.13.2020

Issue 26

# MISSISSIPPI

## SUMMARY

- Mississippi 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. Mississippi is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 13th highest rate in the country.
- Mississippi 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. DeSoto County, 2. Hinds County, and 3. Rankin County. These counties represent 18.6% of new cases in Mississippi.
- 96% of all counties in Mississippi have moderate or high levels of community transmission (yellow, orange, or red zones), with 89% having high levels of community transmission (red zone).
- During the week of Nov 30 - Dec 6, 30% of nursing homes had at least one new resident COVID-19 case, 50% had at least one new staff COVID-19 case, and 11% had at least one new resident COVID-19 death.
- Mississippi had 463 new cases per 100,000 population, compared to a national average of 451 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 22 to support medical activities from VA.
- Between Dec 5 - Dec 11, on average, 133 patients with confirmed COVID-19 and 39 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Mississippi. This is a minimal change in total new COVID-19 hospital admissions.

## RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- **Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- **For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- New hospital admissions continue at a high level; Mississippi must increase testing. Aggressive impact testing of adults under 40 is needed to rapidly identify those who became infected through gatherings before they spread the virus to more vulnerable individuals, driving another round of increasing hospitalizations and fatalities.
- Ensure all universities returning after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Ongoing high levels of positive staff at LTCFs indicate 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



# MISSISSIPPI

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	13,766 (463)	+5%	269,312 (403)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	16.0%	-0.8%*	11.7%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	32,554** (1,094**)	+35%**	1,627,814** (2,433**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	208 (7.0)	+41%	2,498 (3.7)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	30%	N/A*†	27%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	50%	N/A*†	48%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	11%	N/A*†	11%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,205 (15)	-3% (-3%)	29,232 (19)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	30 (31%)	+2% (+7%*)	163 (18%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	30 (31%)	-2% (-6%*)	215 (23%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

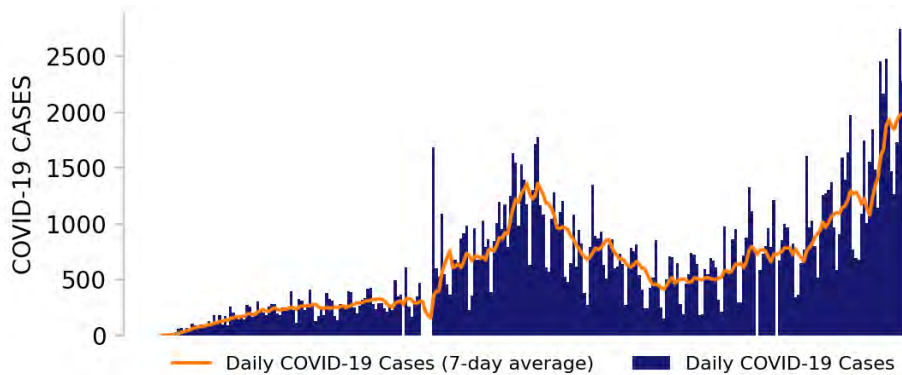
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



# MISSISSIPPI

STATE REPORT | 12.13.2020

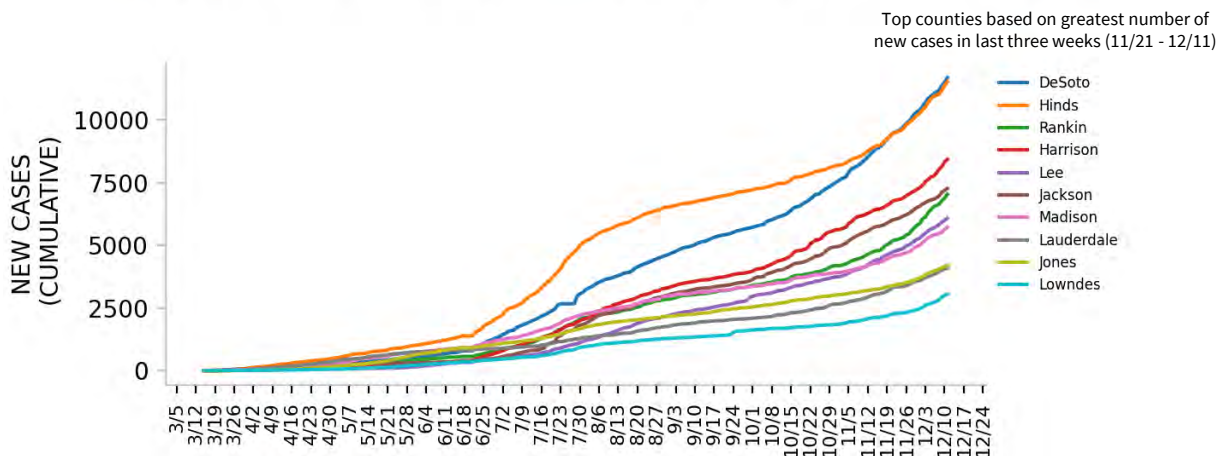
## NEW CASES



## 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 12/9/2020.

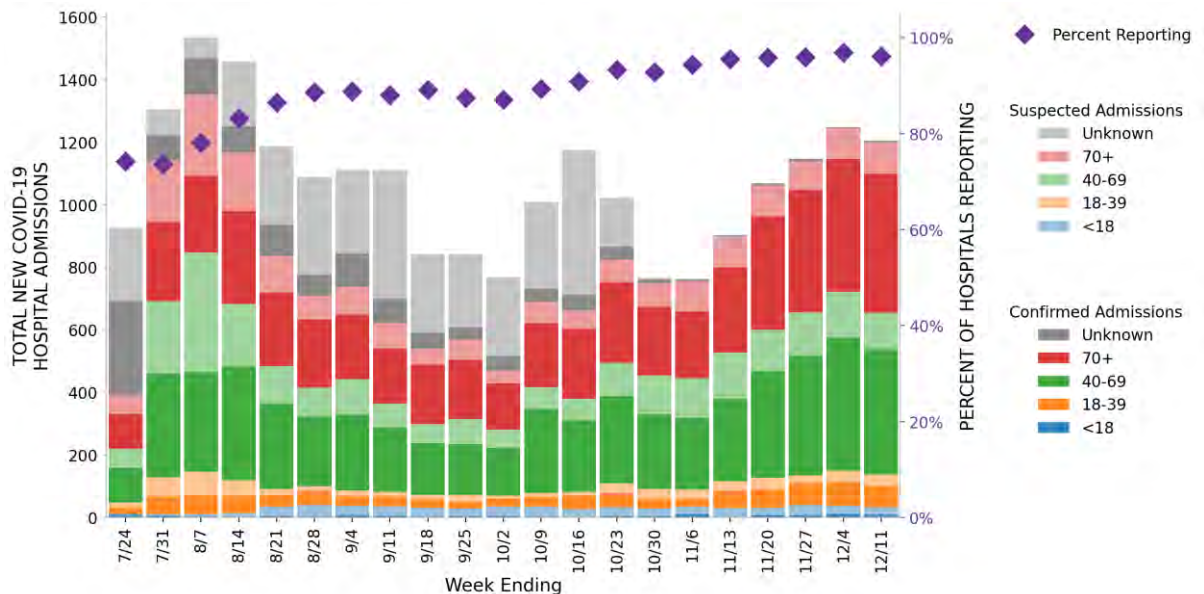


# MISSISSIPPI

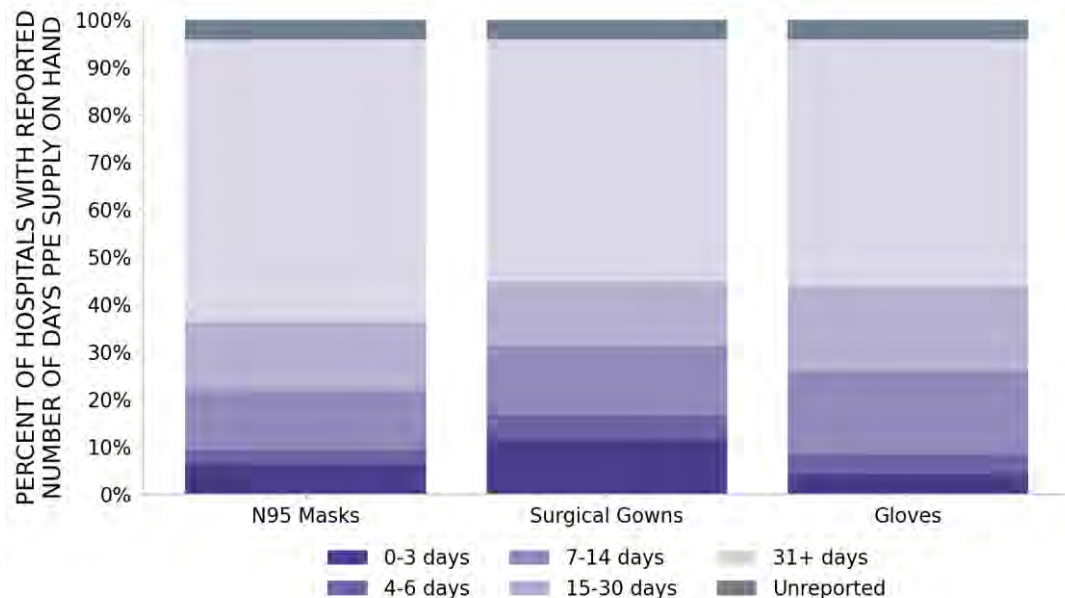
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# MISSISSIPPI

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA)

### COUNTIES

LOCALITIES IN RED ZONE	22 ▲ (+1)	Jackson Gulfport-Biloxi Memphis Tupelo Hattiesburg Meridian Laurel Columbus Starkville Greenville Picayune Greenwood	73 ▲ (+3)	DeSoto Hinds Rankin Harrison Lee Jackson Madison Lauderdale Jones Lowndes Forrest Lamar
LOCALITIES IN ORANGE ZONE	0 ▼ (-1)	N/A	3 ▼ (-2)	Hancock Yalobusha Walthall
LOCALITIES IN YELLOW ZONE	1 ■ (+0)	Oxford	3 ▼ (-1)	Lafayette Yazoo Wilkinson
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

**All Red CBSAs:** Jackson, Gulfport-Biloxi, Memphis, Tupelo, Hattiesburg, Meridian, Laurel, Columbus, Starkville, Greenville, Picayune, Greenwood, Cleveland, Brookhaven, Vicksburg, Corinth, McComb, Grenada, Clarksdale, Natchez, Indianola, West Point

**All Red Counties:** DeSoto, Hinds, Rankin, Harrison, Lee, Jackson, Madison, Lauderdale, Jones, Lowndes, Forrest, Lamar, Washington, Panola, Pontotoc, Union, Pearl River, Monroe, Oktibbeha, Tate, Marshall, Bolivar, Lincoln, Covington, Itawamba, Warren, Neshoba, Winston, Scott, Prentiss, Marion, Attala, Alcorn, Tippah, Copiah, Leflore, Leake, Newton, Pike, Grenada, Simpson, Wayne, Coahoma, Stone, Adams, Greene, Chickasaw, Tishomingo, Amite, Jasper, Sunflower, Clay, Holmes, Calhoun, Kemper, Smith, Clarke, Montgomery, Carroll, Webster, Franklin, Lawrence, Tallahatchie, Jefferson Davis, Choctaw, Noxubee, Perry, Humphreys, Jefferson, Tunica, Benton, Quitman, Sharkey

\* 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

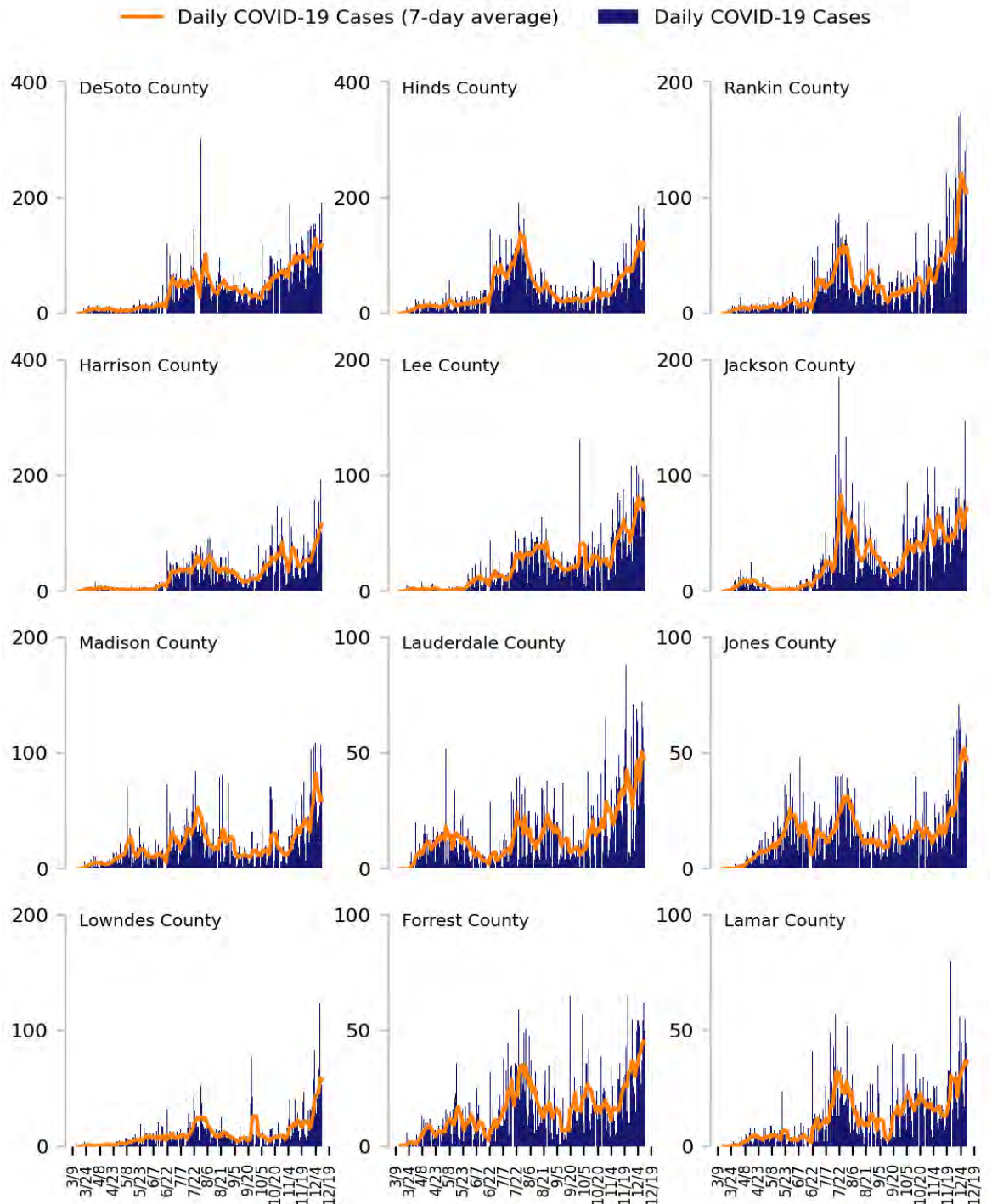
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

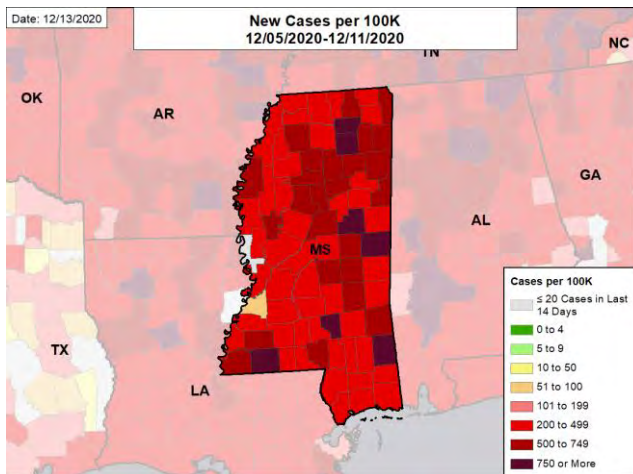
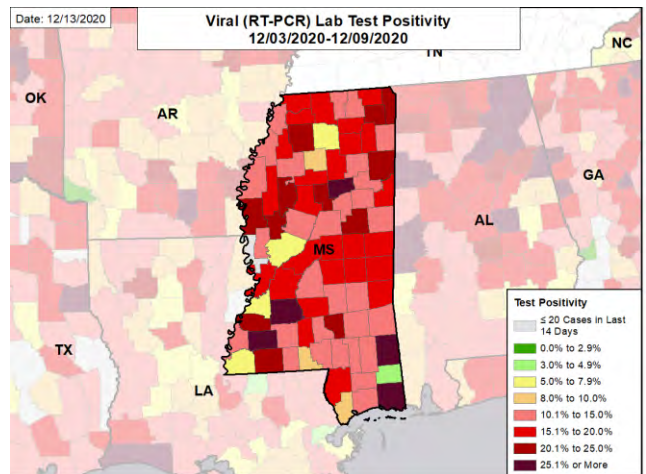
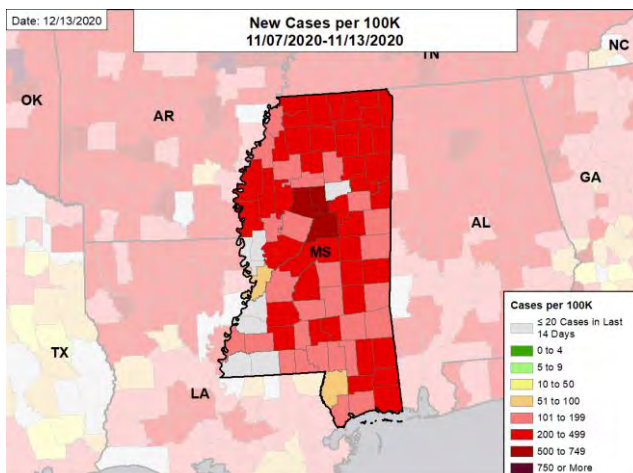
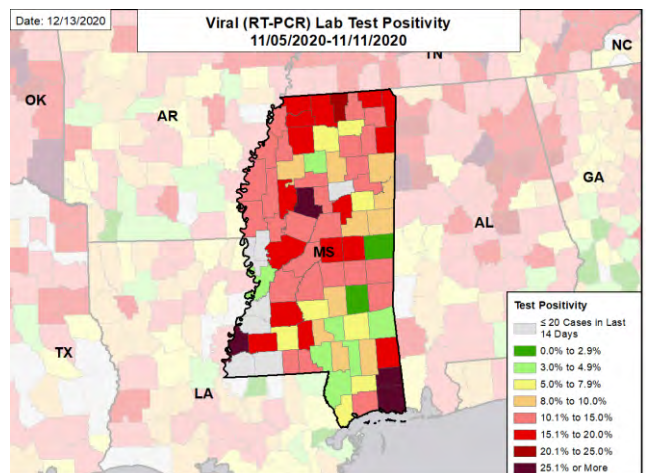
**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.



# MISSISSIPPI

STATE REPORT | 12.13.2020

## 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.



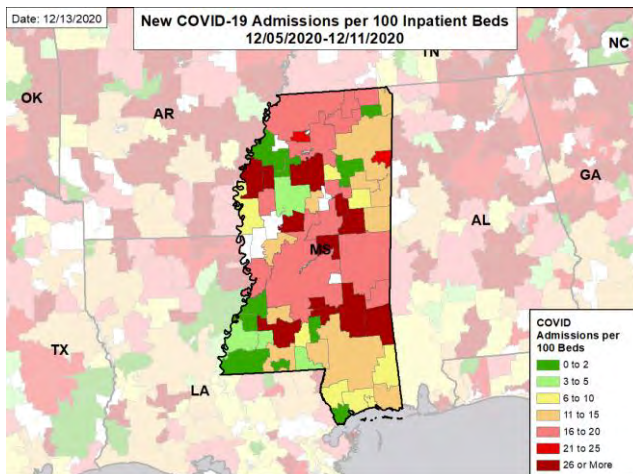


# MISSISSIPPI

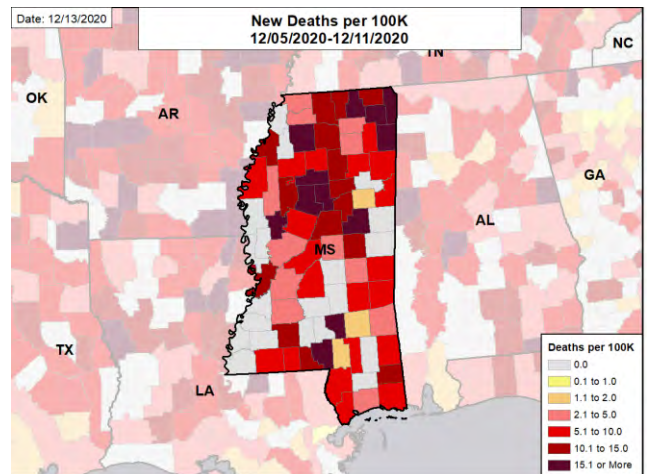
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

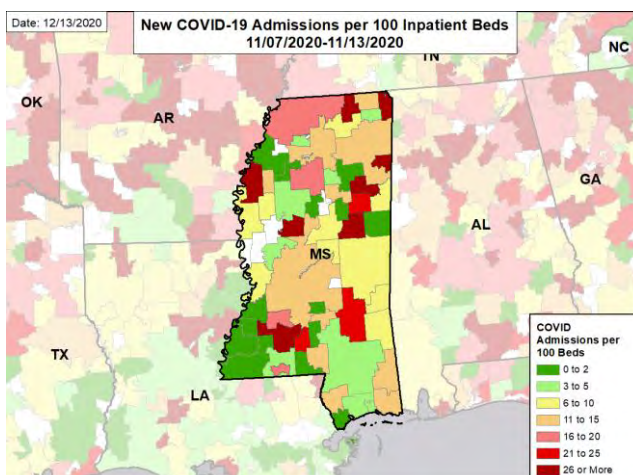
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



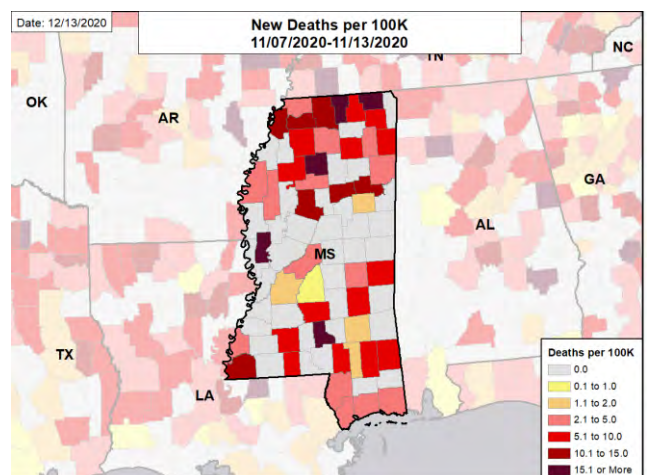
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 ONE MONTH BEFORE



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

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**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





# MISSOURI

## STATE REPORT

12.13.2020

Issue 26

### SUMMARY

- Missouri 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. Missouri is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 6th highest rate in the country.
- Missouri 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. St. Louis County, 2. Jackson County, and 3. St. Charles County. These counties represent 38.3% of new cases in Missouri.
- 93% of all counties in Missouri have moderate or high levels of community transmission (yellow, orange, or red zones), with 88% having high levels of community transmission (red zone).
- During the week of Nov 30 - Dec 6, 33% of nursing homes had at least one new resident COVID-19 case, 52% had at least one new staff COVID-19 case, and 17% had at least one new resident COVID-19 death.
- Missouri had 404 new cases per 100,000 population, compared to a national average of 451 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 86 to support operations activities from FEMA; 5 to support operations activities from ASPR; 1 to support testing activities from CDC; and 6 to support epidemiology activities from CDC.
- The federal government has supported surge testing in Columbia, Cape Girardeau, Branson, Lee's Summit, and St. Louis.
- Between Dec 5 - Dec 11, on average, 296 patients with confirmed COVID-19 and 235 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Missouri. This is a minimal change in total new COVID-19 hospital admissions.
- Hospitals are reporting critical staffing shortages, but the state is managing and is working on a staffing contract.

### RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- **Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- **For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

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**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Virus levels remain high. Throughout the holiday season, all media platforms should remain saturated with messaging on the risks of indoor social gatherings without masks. Find ways to keep testing levels high through holiday season to remove asymptomatic transmission over the next 4 weeks.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Universities must have testing plans in place for spring semester, mandatorily testing all students weekly to prevent spread in the community.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. There continue to be high levels of positive staff members at LTCFs, indicating 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



# MISSOURI

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	24,820 (404)	-14%	64,662 (457)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	17.5%	-1.1%*	16.8%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	86,231** (1,405**)	+18%**	276,492** (1,955**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	329 (5.4)	-25%	1,340 (9.5)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	33%	N/A*†	32%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	52%	N/A*†	54%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	17%	N/A*†	19%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,717 (25)	+0% (-2%)	7,228 (20)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	28 (24%)	+0% (+0%*)	134 (30%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	54 (47%)	+2% (+4%*)	132 (29%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

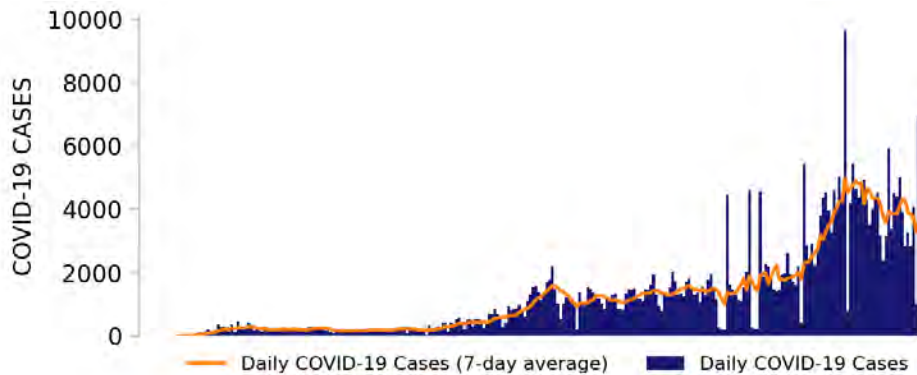
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



# MISSOURI

STATE REPORT | 12.13.2020

## NEW CASES

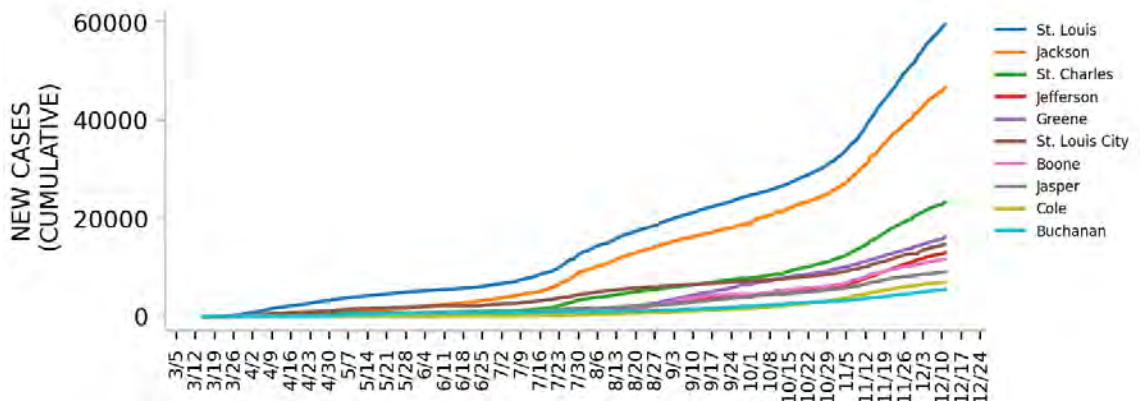


## TESTING



Top counties based on greatest number of new cases in last three weeks (11/21 - 12/11)

## TOP COUNTIES



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

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

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**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 12/9/2020.

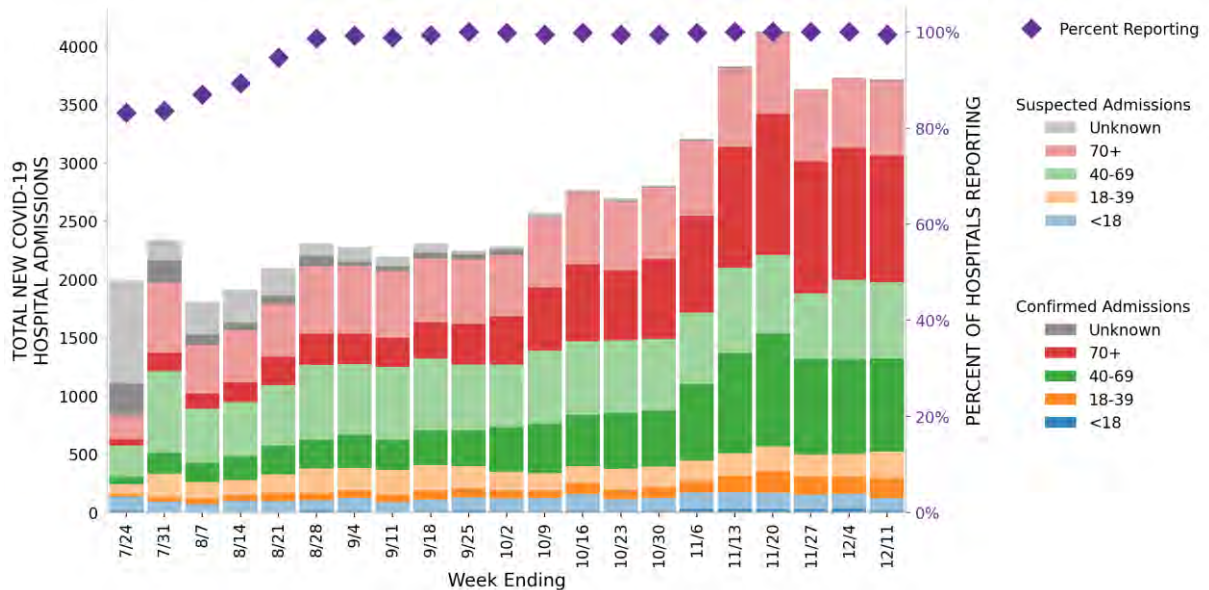


# MISSOURI

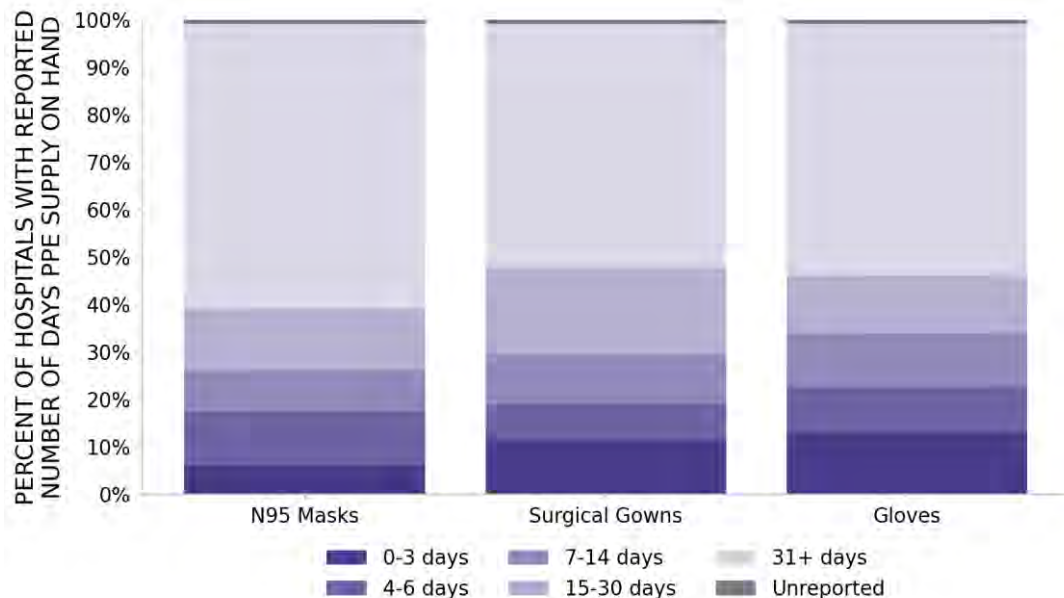
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# MISSOURI

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA)

### COUNTIES

LOCALITIES IN RED ZONE	24 ■ (+0)	St. Louis Kansas City Springfield Jefferson City Columbia Joplin St. Joseph Cape Girardeau Branson Poplar Bluff Sikeston Fort Leonard Wood	101 ▲ (+6)	St. Louis Jackson St. Charles Jefferson Greene St. Louis City Boone Jasper Cole Buchanan Franklin Cass
	1 ■ (+0)	Sedalia	3 ■ (+0)	Pettis Polk Osage
	1 ▲ (+1)	Farmington	3 ▼ (-4)	St. Francois Gasconade Hickory
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

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

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

\* 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

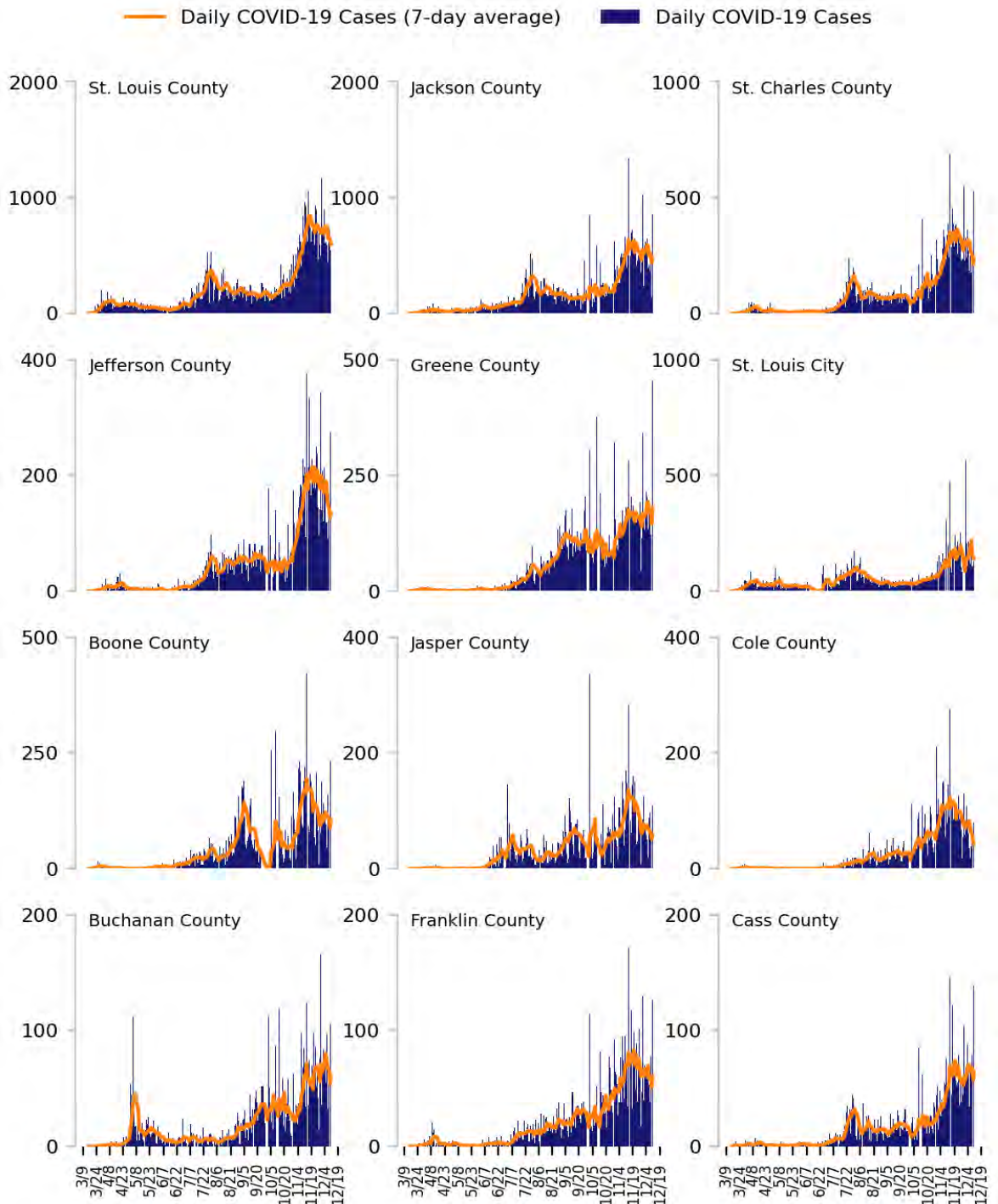
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 12/9/2020.



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

TOTAL DAILY CASES



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

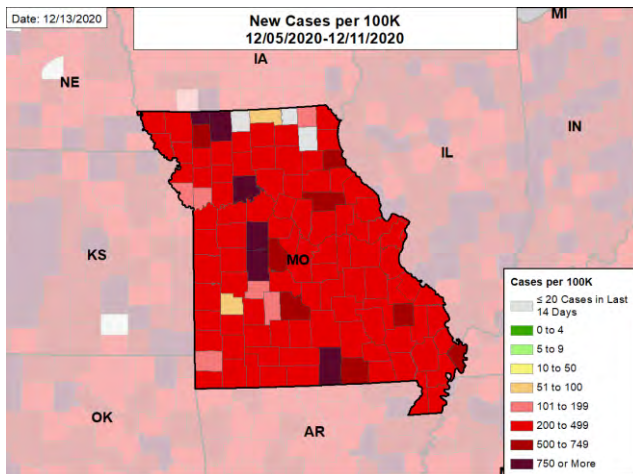
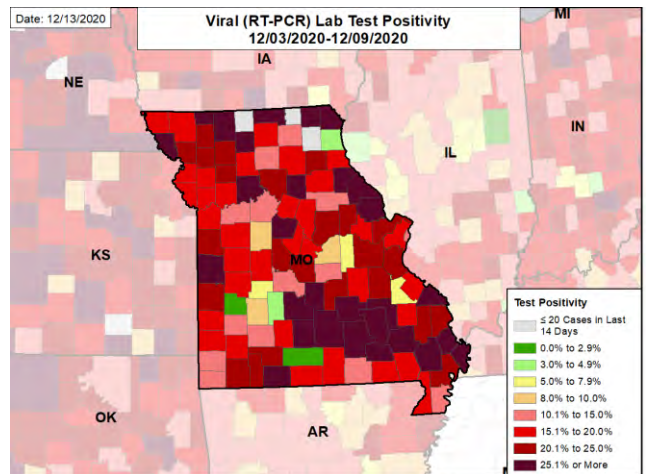
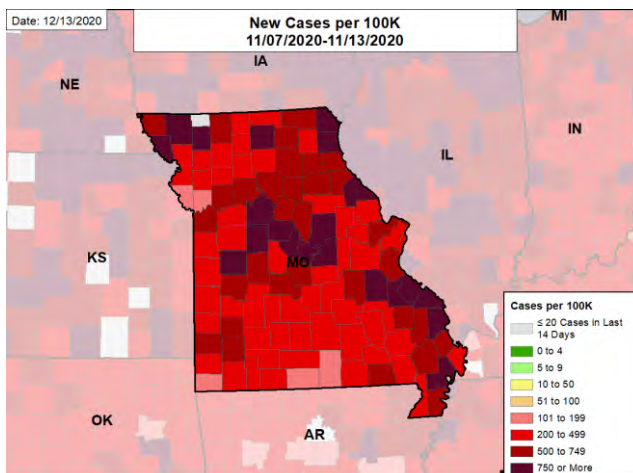
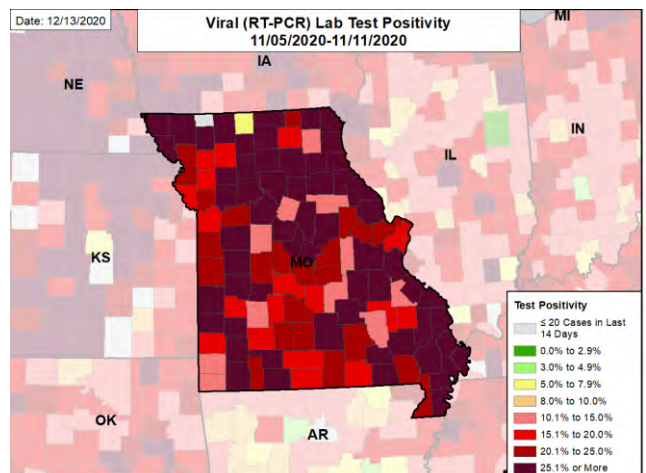
**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.



# MISSOURI

STATE REPORT | 12.13.2020

## 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 12/9/2020. The week one month before is 11/5 - 11/11.



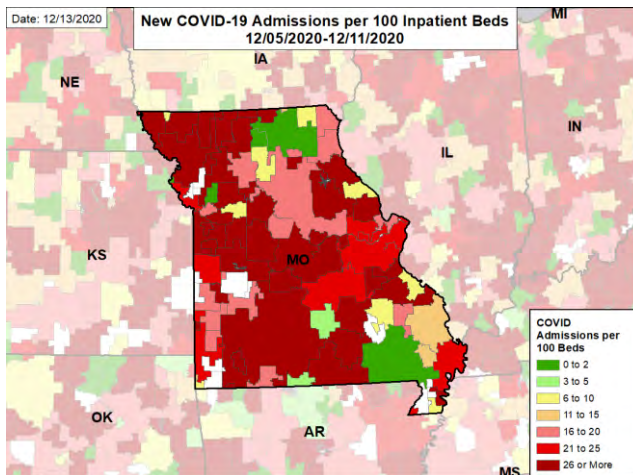


# MISSOURI

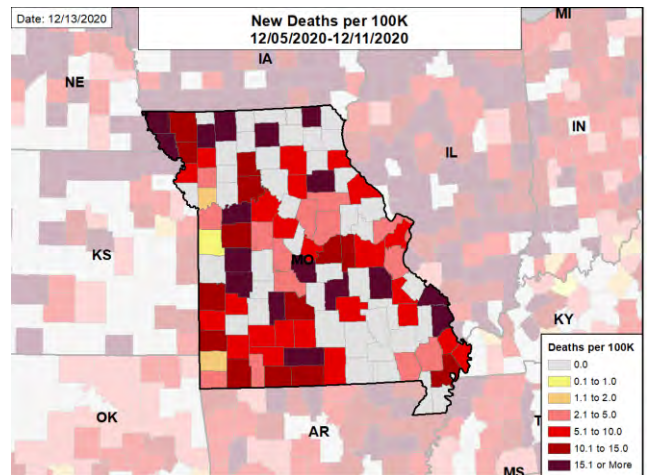
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

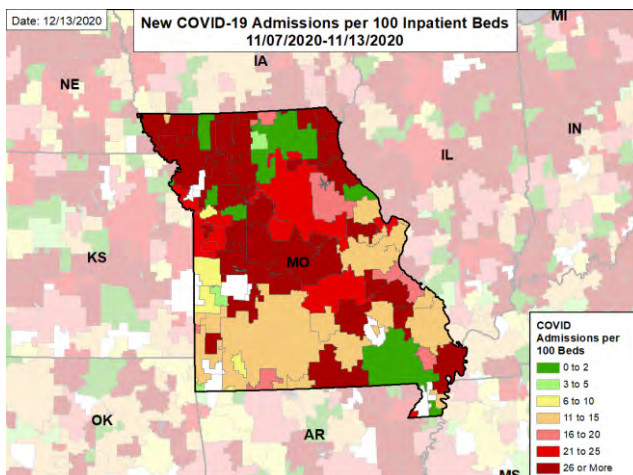
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



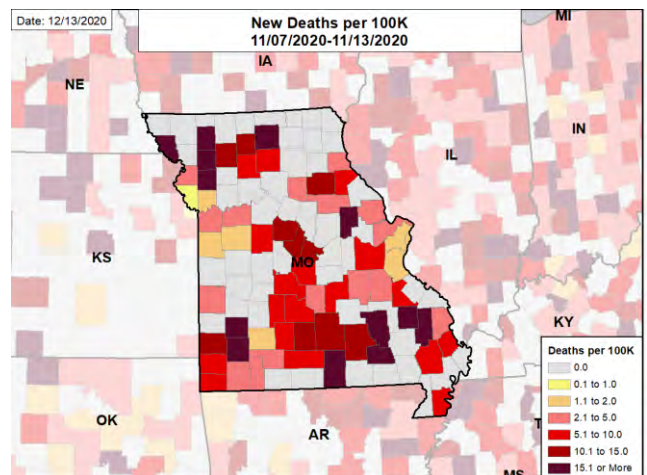
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





## STATE REPORT

12.13.2020

Issue 26

# MONTANA

## SUMMARY

- Montana 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. Montana is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 10th highest rate in the country.
- Montana has seen a decrease in new cases and a decrease in test positivity. Compared to the week before, case rates have continued to decrease in 24 counties and test positivity has decreased in 29 counties; nonetheless, test positivity remains above 10% in 47 counties, indicating extremely high levels of virus.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Yellowstone County, 2. Flathead County, and 3. Gallatin County. These counties represent 36.6% of new cases in Montana.
- 71% of all counties in Montana have moderate or high levels of community transmission (yellow, orange, or red zones), with 62% having high levels of community transmission (red zone).
- During the week of Nov 30 - Dec 6, 29% of nursing homes had at least one new resident COVID-19 case, 53% had at least one new staff COVID-19 case, and 14% had at least one new resident COVID-19 death.
- Montana had 508 new cases per 100,000 population, compared to a national average of 451 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; 8 to support testing activities from CDC; 16 to support epidemiology activities from CDC; and 3 to support operations activities from CDC.
- Between Dec 5 - Dec 11, on average, 59 patients with confirmed COVID-19 and 24 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Montana. This is a decrease of 6% in total new COVID-19 hospital admissions.

## RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- **Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- **For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Encouraging signs as the case rate appears to be plateauing, but given the extremely high levels of virus throughout Montana and possibility for acceleration in transmission over the holidays, further restrictions on indoor capacity should be considered, especially in bars, restaurants, coffee shops, etc.
- Ensure all hospitals and clinical sites have remote expert clinical consultation; establish outpatient infusion centers ensuring equitable distribution of monoclonal antibodies to communities with the highest concentration of individuals at high risk for disease progression.
- Ensure all media platforms are saturated with messages that report local hospital capacity, promote continued mitigation efforts and civic responsibilities, and encourage reporting of businesses that are not compliant. Maintain contact tracing by automating process as much as possible: collecting contact information of the person being tested at time of testing and automating emails/texts to educate, elicit and reach contacts, and log isolation/quarantine.
- Develop now contingency triage protocols for hospital resources that anticipate worsening epidemic.
- Ensure all Tribal communities have sufficient access to testing (all multigenerational households are tested regularly), and adequate spaces and supplies for isolation and quarantine.
- 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 | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	5,433 (508)	-18%	67,460 (550)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	16.7%	-4.5%*	12.6%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	31,489** (2,946**)	+22%**	500,014** (4,079**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	79 (7.4)	+13%	1,025 (8.4)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	29%	N/A*†	39%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	53%	N/A*†	59%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	14%	N/A*†	20%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	580 (20)	-6% (-6%)	4,616 (19)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	19 (30%)	-2% (-10%*)	74 (22%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	19 (30%)	+2% (+12%*)	72 (22%)	1,334 (26%)

\* Indicates absolute change in percentage points.

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

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**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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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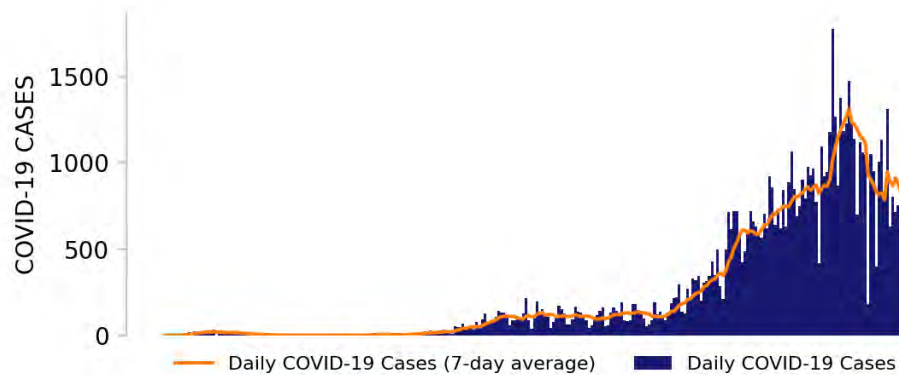
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# MONTANA

STATE REPORT | 12.13.2020

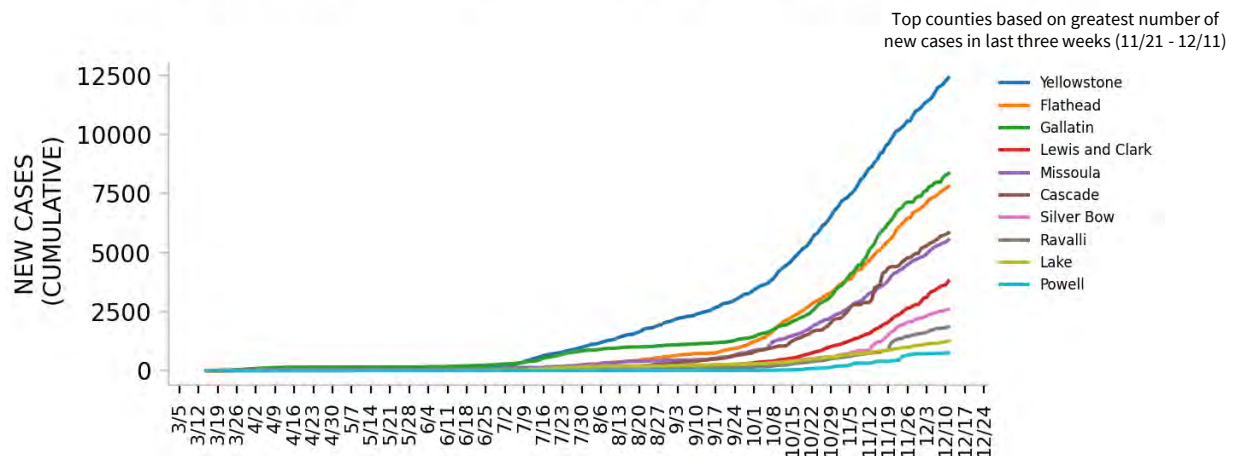
## NEW CASES



## TESTING



## TOP COUNTIES



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

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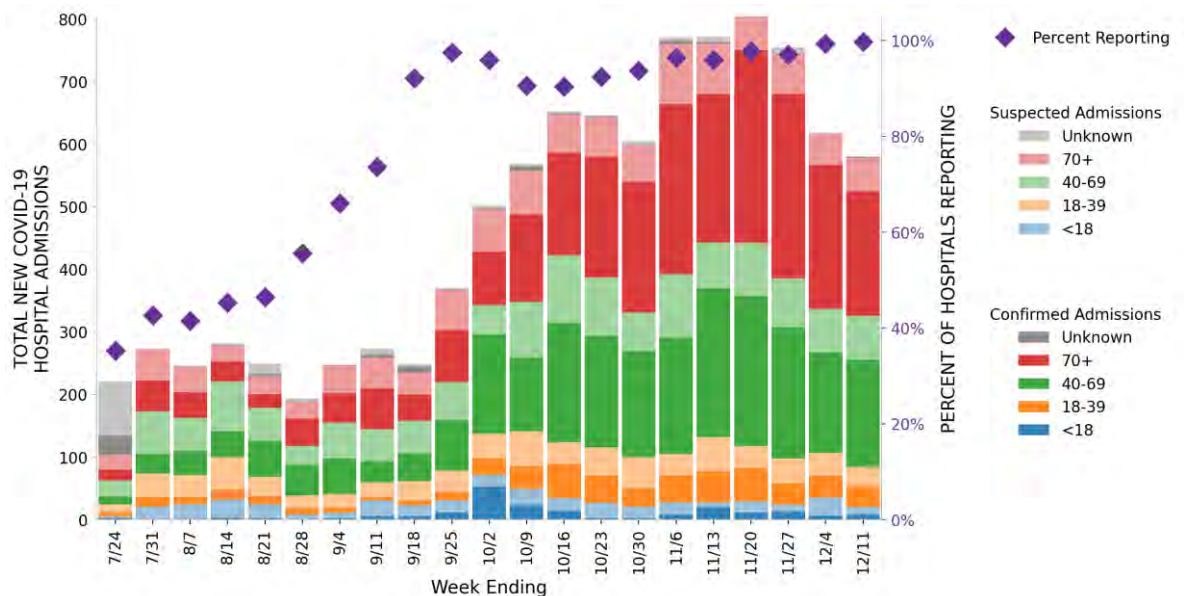


# MONTANA

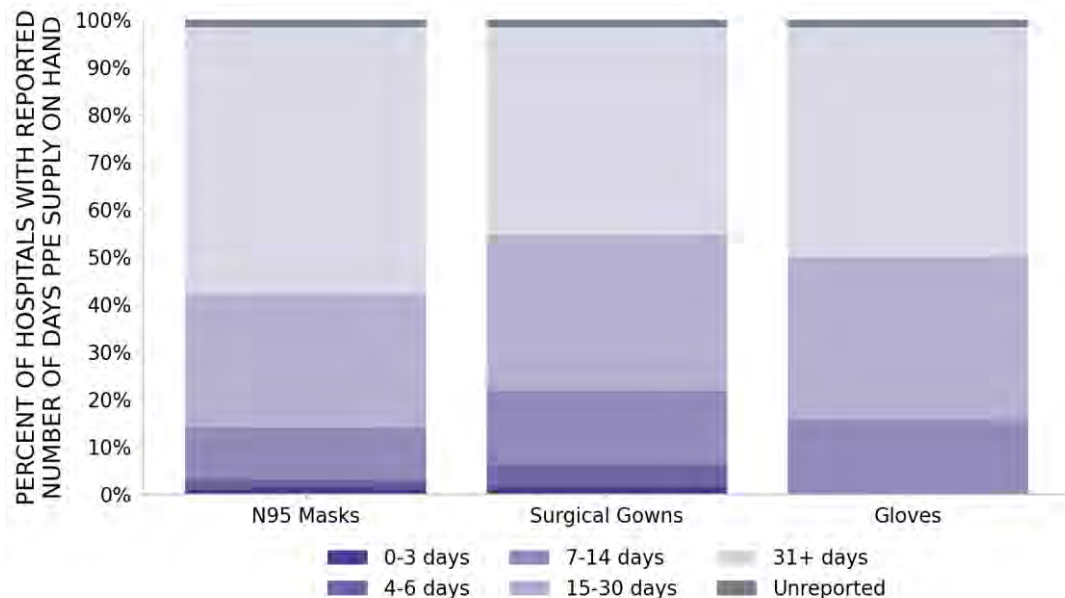
STATE REPORT | 12.13.2020

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.

**PPE:** Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# MONTANA

STATE REPORT | 12.13.2020

## 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 Kalispell Bozeman Helena Missoula Great Falls Butte-Silver Bow	35 ▼ (-8)	Yellowstone Flathead Gallatin Lewis and Clark Missoula Cascade Silver Bow Ravalli Lake Fergus Dawson Hill
LOCALITIES IN ORANGE ZONE	0 ■ (+0)	N/A	1 ■ (+0)	Powell
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	4 ▲ (+1)	Deer Lodge Valley Glacier Fallon
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

**All Red Counties:** Yellowstone, Flathead, Gallatin, Lewis and Clark, Missoula, Cascade, Silver Bow, Ravalli, Lake, Fergus, Dawson, Hill, Park, Richland, Lincoln, Jefferson, Custer, Big Horn, Beaverhead, Rosebud, Roosevelt, Sanders, Carbon, Phillips, Teton, Stillwater, Blaine, Madison, Broadwater, Chouteau, Sweet Grass, Musselshell, Mineral, McCone, Granite

\* 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

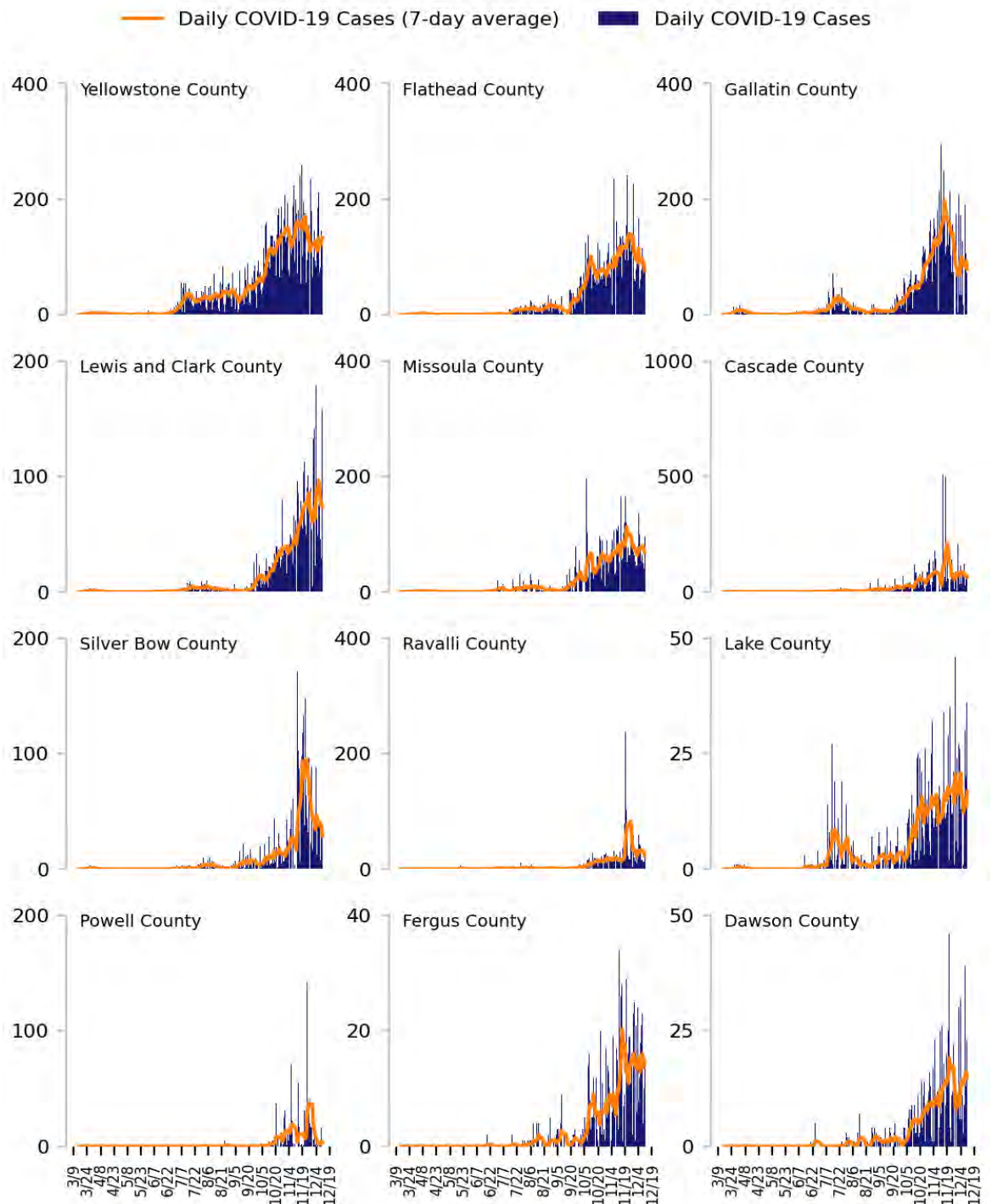
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.

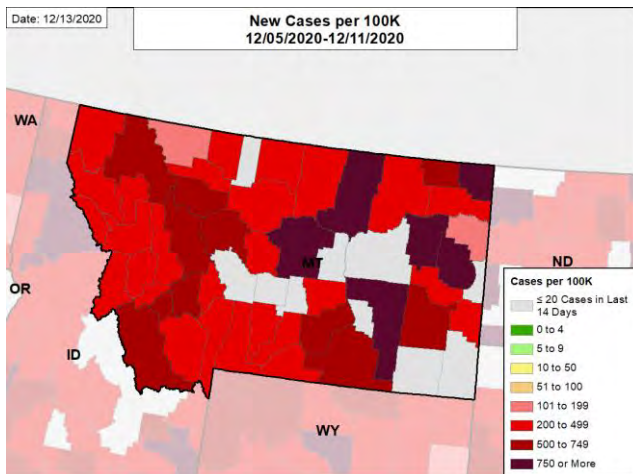


# MONTANA

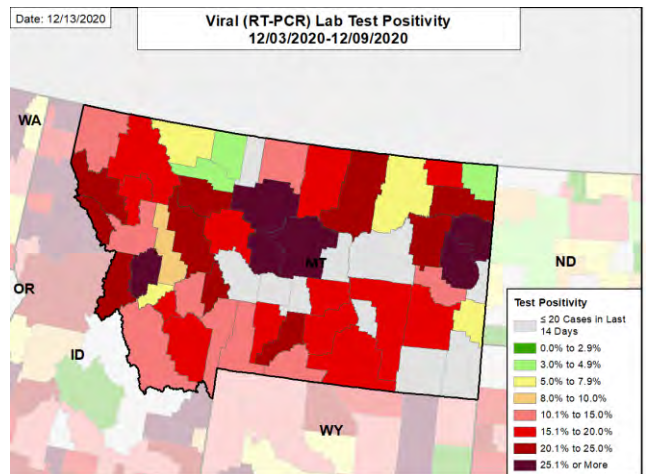
STATE REPORT | 12.13.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY

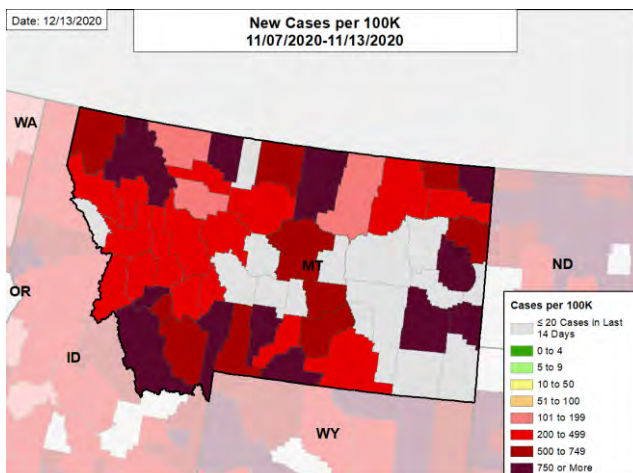
### NEW CASES PER 100,000



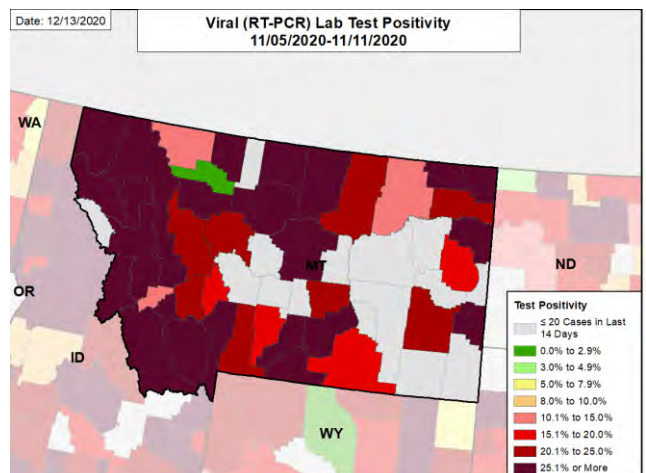
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.



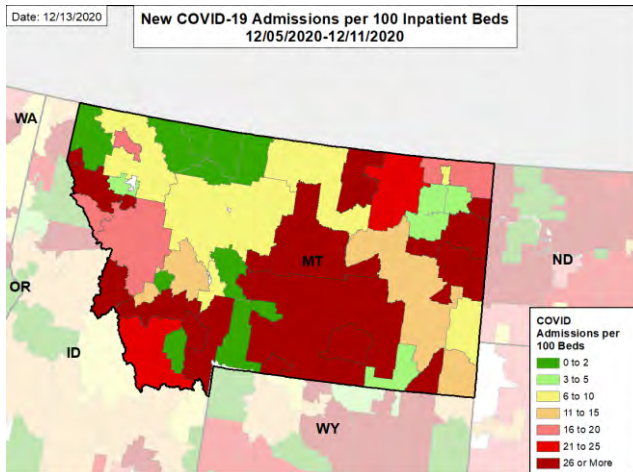


# MONTANA

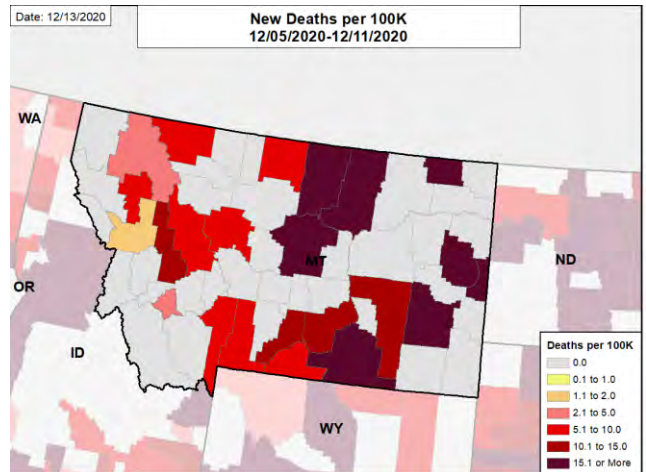
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

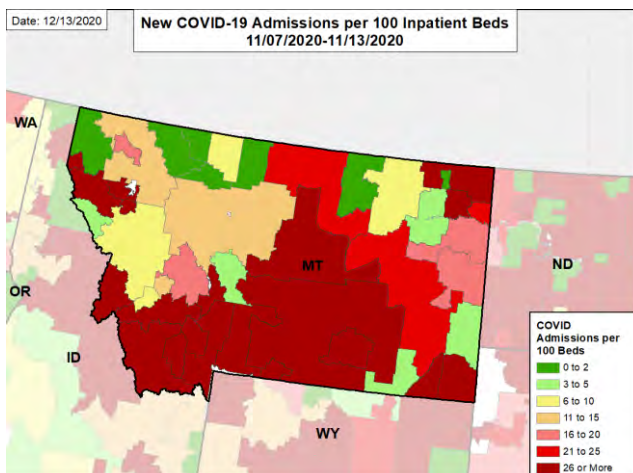
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



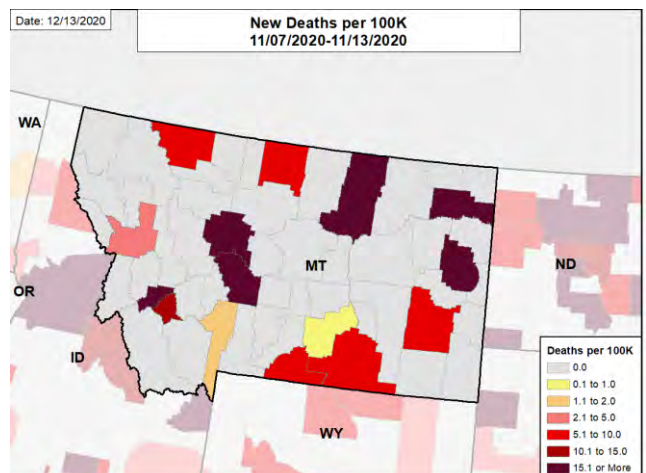
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





## STATE REPORT

12.13.2020

Issue 26

# NEBRASKA

## SUMMARY

- Nebraska 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. Nebraska is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 5th highest rate in the country.
- Nebraska 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. Douglas County, 2. Lancaster County, and 3. Sarpy County. These counties represent 56.6% of new cases in Nebraska.
- 76% of all counties in Nebraska have moderate or high levels of community transmission (yellow, orange, or red zones), with 76% having high levels of community transmission (red zone).
- During the week of Nov 30 - Dec 6, 31% of nursing homes had at least one new resident COVID-19 case, 55% had at least one new staff COVID-19 case, and 21% had at least one new resident COVID-19 death.
- Nebraska had 546 new cases per 100,000 population, compared to a national average of 451 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 Dec 5 - Dec 11, on average, 80 patients with confirmed COVID-19 and 38 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Nebraska. This is a decrease of 15% in total new COVID-19 hospital admissions.

## RECOMMENDATIONS

**Treatment Alerts:** Early diagnosis and treatment is essential for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** FDA EUA Monoclonal antibodies (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- **Patients who require hospitalization:** FDA approved Remdesivir: best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). Anticoagulation: given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- **For late-stage inpatients:** Dexamethasone 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Virus levels are decreasing in Nebraska but are still at high levels. Throughout the holiday season, all media platforms should remain saturated with messaging on the risks of indoor social gatherings without masks. Find ways to keep testing levels high through holiday season to remove asymptomatic transmission over the next 4 weeks.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Universities must have testing plans in place for spring semester, mandatorily testing all students weekly to prevent spread in the community.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. There continue to be high levels of positive staff members at LTCFs, indicating continued and unmitigated community spread in these geographic locations.
- In Tribal Nations, conduct weekly testing of Tribal communities living on and off the reservation. Test results should be rapid, and isolation and contact tracing conducted immediately. Ensure sufficient facilities for isolation/quarantine with support 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



## NEBRASKA

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	10,553 (546)	-14%	64,662 (457)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	17.8%	-4.3%*	16.8%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	54,783** (2,832**)	+18%**	276,492** (1,955**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	158 (8.2)	-24%	1,340 (9.5)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	31%	N/A*†	32%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	55%	N/A*†	54%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	21%	N/A*†	19%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	824 (17)	-15% (-15%)	7,228 (20)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	36 (39%)	-1% (-3%*)	134 (30%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	26 (28%)	-3% (-10%*)	132 (29%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

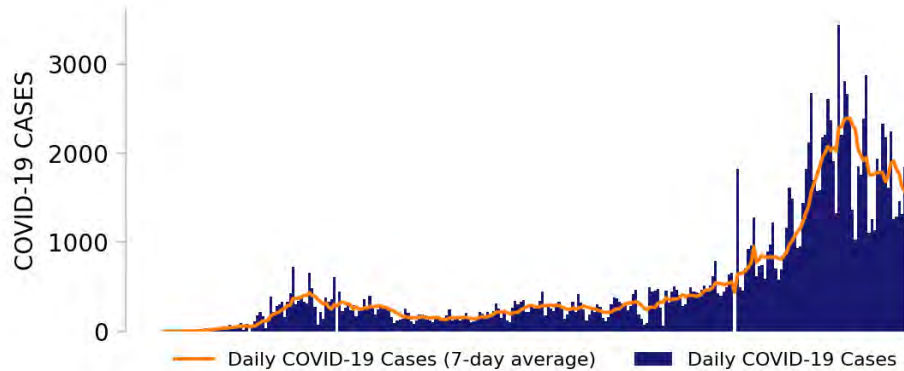
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



# NEBRASKA

STATE REPORT | 12.13.2020

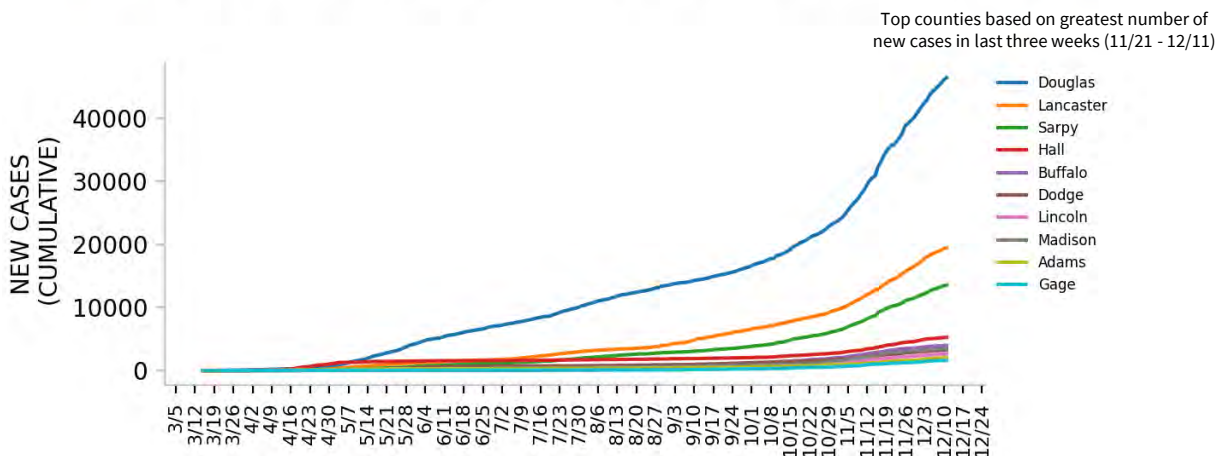
## NEW CASES



## TESTING



## TOP COUNTIES



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

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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.

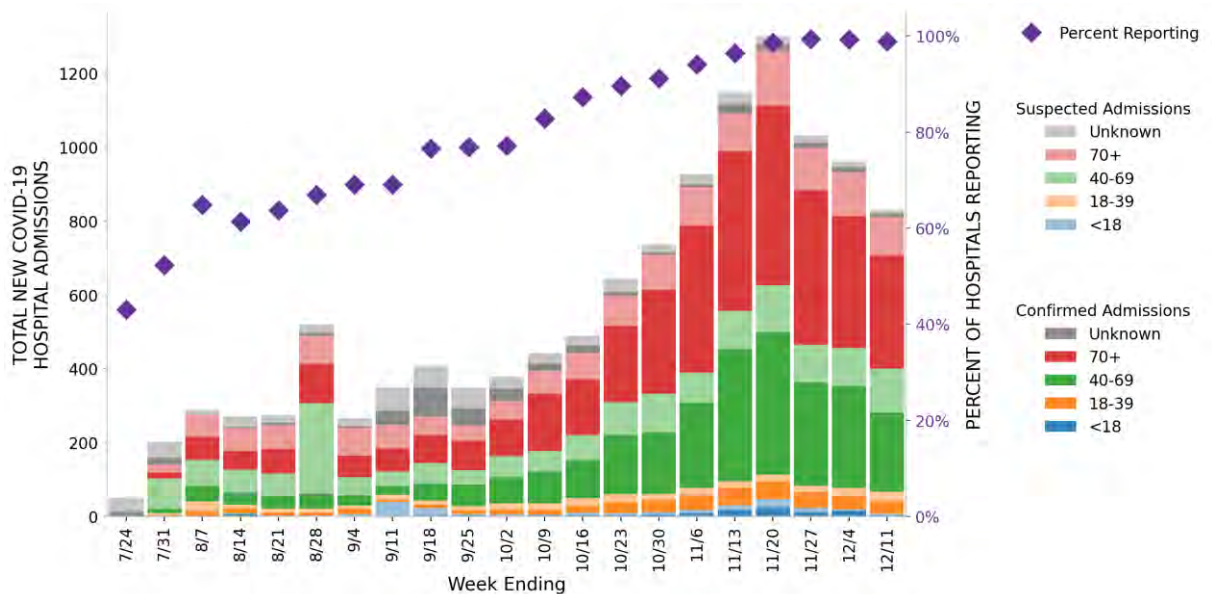


# NEBRASKA

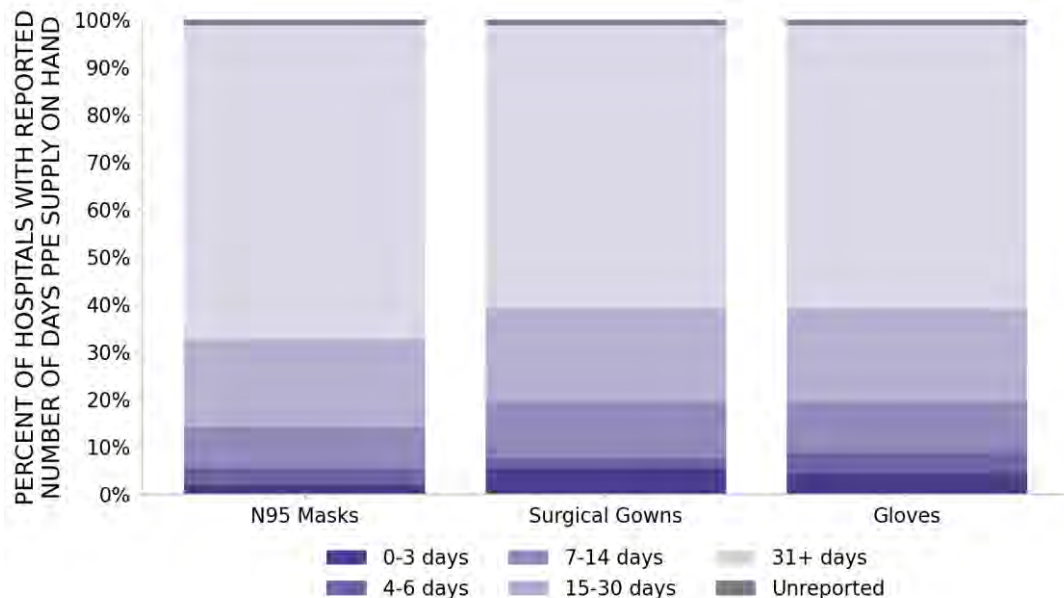
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# NEBRASKA

STATE REPORT | 12.13.2020

## 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 Kearney North Platte Fremont Hastings Beatrice Columbus Sioux City Lexington	71 ▲ (+1)	Douglas Lancaster Sarpy Hall Buffalo Dodge Lincoln Madison Adams Gage Platte Saunders
	0 ■ (+0)	N/A	0 ▼ (-2)	N/A
	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, Kearney, North Platte, Fremont, Hastings, Beatrice, Columbus, Sioux City, Lexington, Scottsbluff

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

\* 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

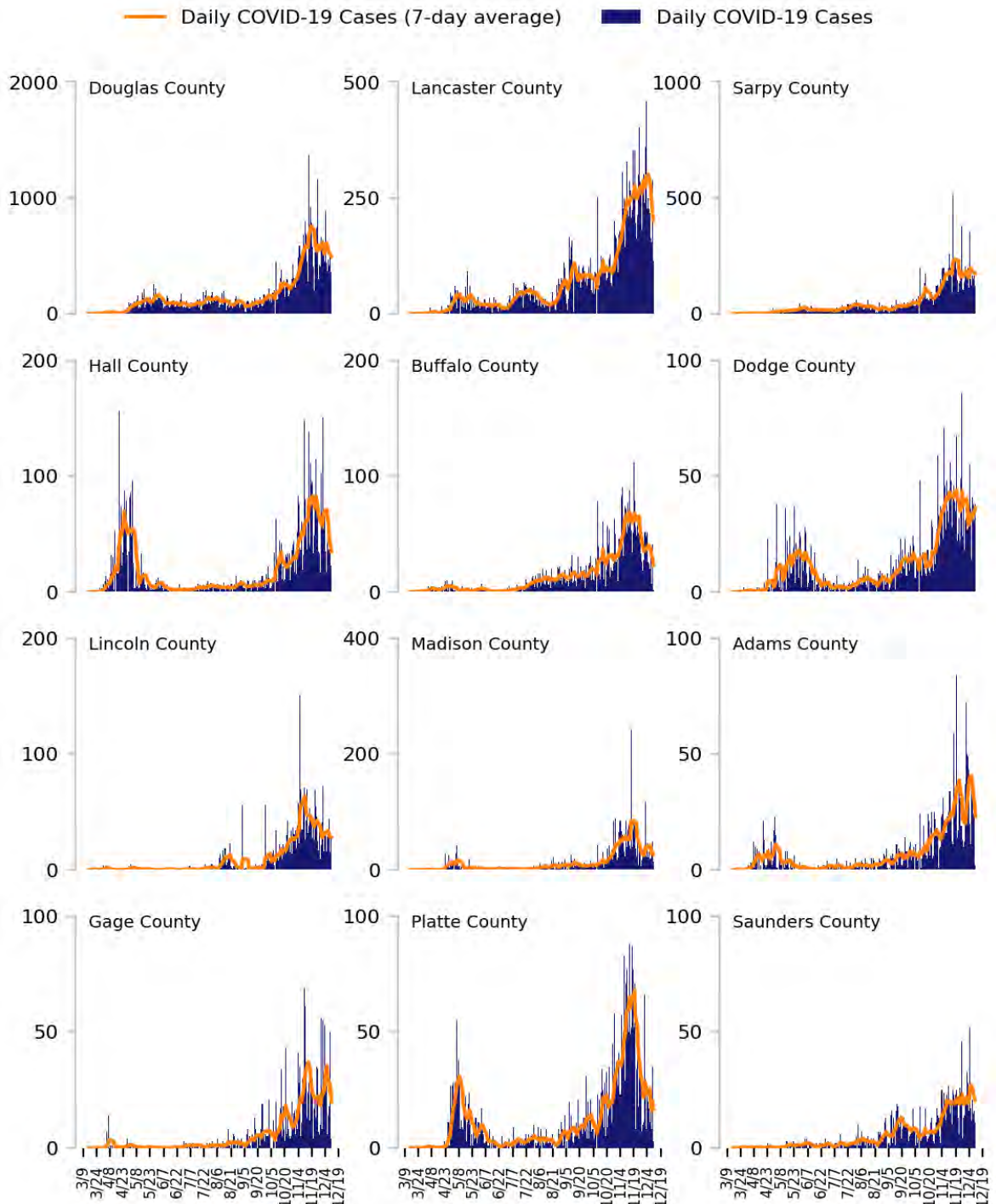
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

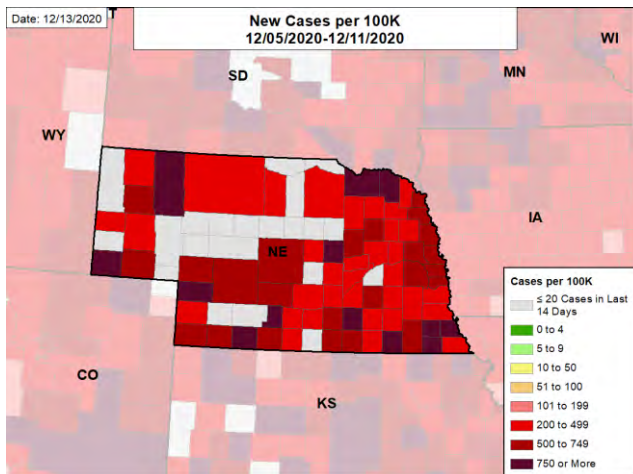
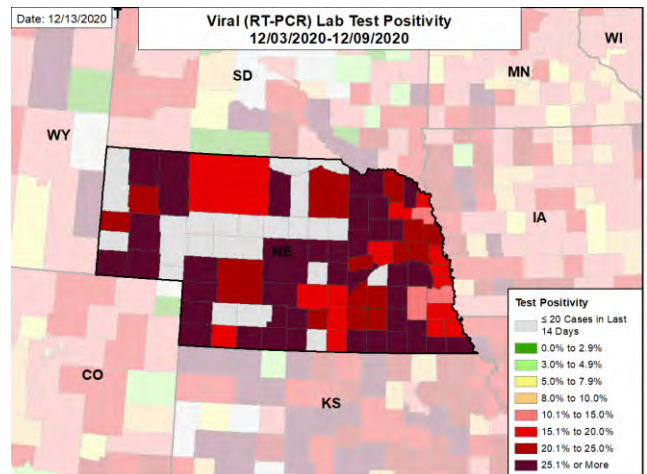
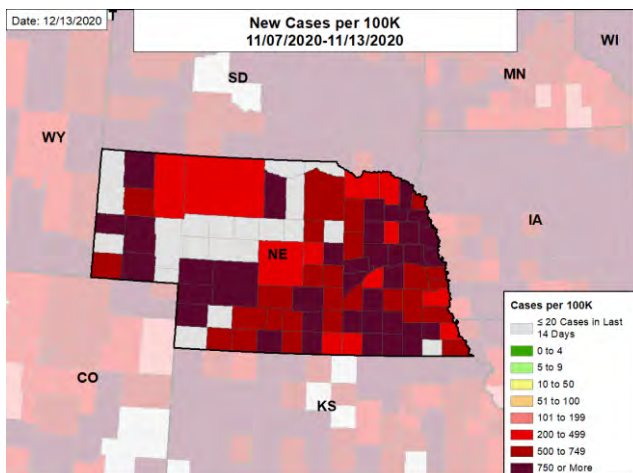
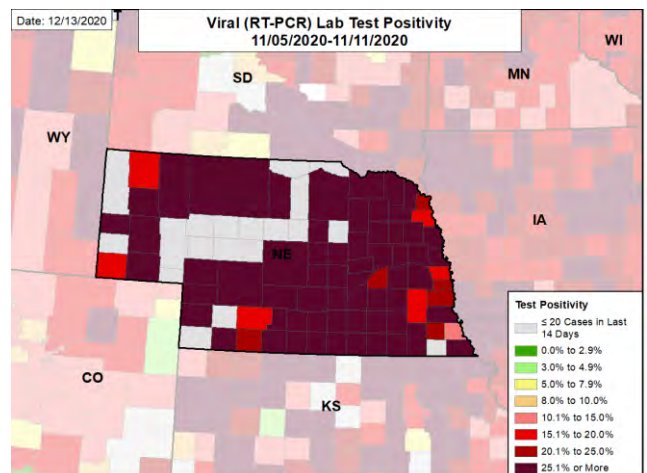
**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.



# NEBRASKA

STATE REPORT | 12.13.2020

## 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.



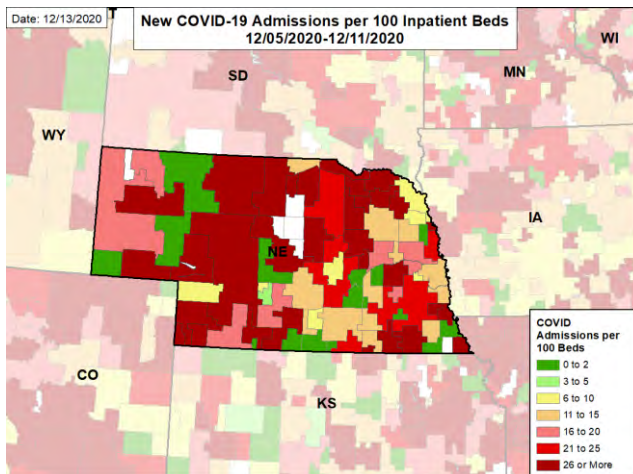


# NEBRASKA

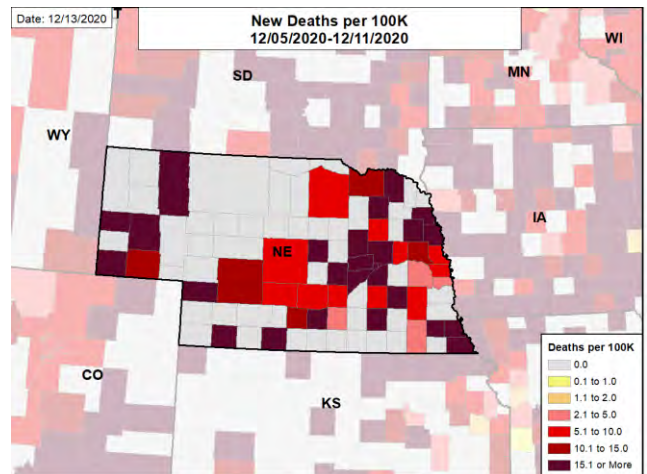
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

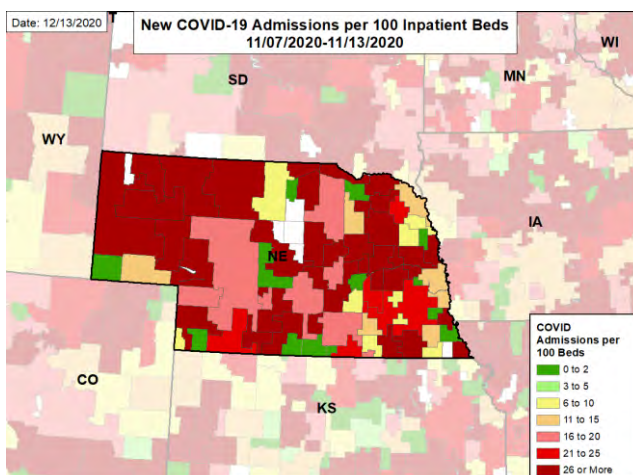
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



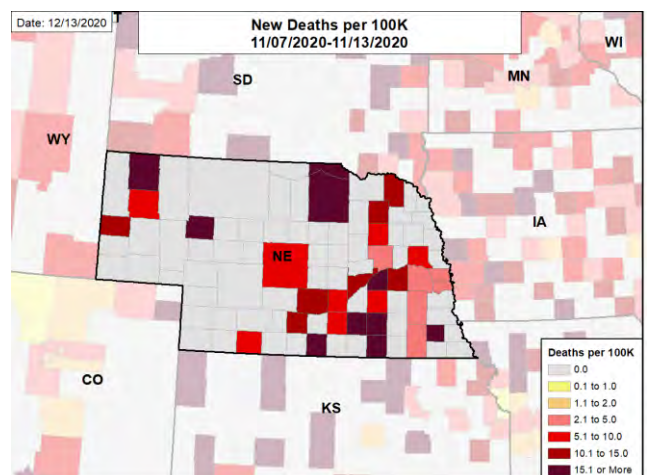
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





# NEVADA

## STATE REPORT

12.13.2020

Issue 26

### SUMMARY

- Nevada 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. Nevada is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 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 90.5% of new cases in Nevada.
- 82% of all counties in Nevada 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 30 - Dec 6, 55% of nursing homes had at least one new resident COVID-19 case, 72% had at least one new staff COVID-19 case, and 21% had at least one new resident COVID-19 death.
- Nevada had 614 new cases per 100,000 population, compared to a national average of 451 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 9 to support operations activities from FEMA and 1 to support epidemiology activities from CDC.
- Between Dec 5 - Dec 11, on average, 166 patients with confirmed COVID-19 and 115 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Nevada. This is a minimal change in total new COVID-19 hospital admissions.

### RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Virus levels remain high. Throughout the holiday season, all media platforms should remain saturated with messaging on the risks of indoor social gatherings without masks. Find ways to keep testing levels high through holiday season to remove asymptomatic transmission over the next 4 weeks.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Universities must have testing plans in place for spring semester, mandatorily testing all students weekly to prevent spread in the community.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. There continue to be high levels of positive staff members at LTCFs, indicating continued and unmitigated community spread in these geographic locations.
- In Tribal Nations, conduct weekly testing of Tribal communities living on and off the reservation. Test results should be rapid, and isolation and contact tracing conducted immediately. Ensure sufficient facilities for isolation/quarantine with support 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



## NEVADA

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	18,907 (614)	+17%	276,420 (539)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	21.8%	-0.4%*	11.5%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	95,149** (3,089**)	+8%**	1,621,379** (3,161**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	207 (6.7)	+16%	1,705 (3.3)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	55%	N/A*†	20%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	72%	N/A*†	35%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	21%	N/A*†	6%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,968 (26)	-2% (-2%)	22,941 (26)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	7 (15%)	-2% (-22%*)	112 (21%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	14 (30%)	+0% (+0%*)	176 (33%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

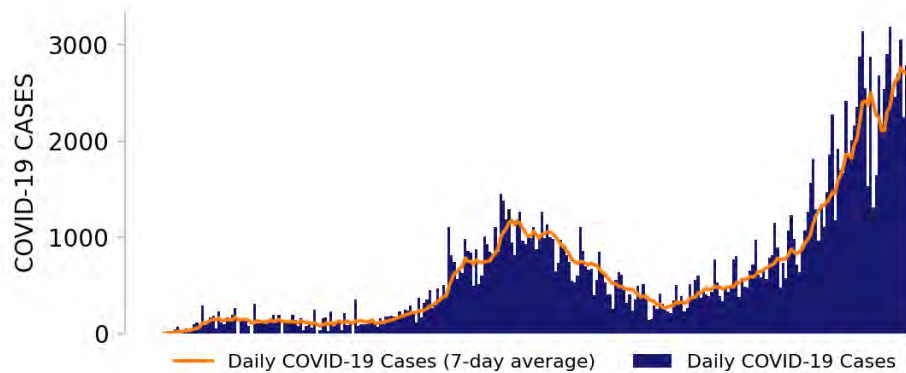
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



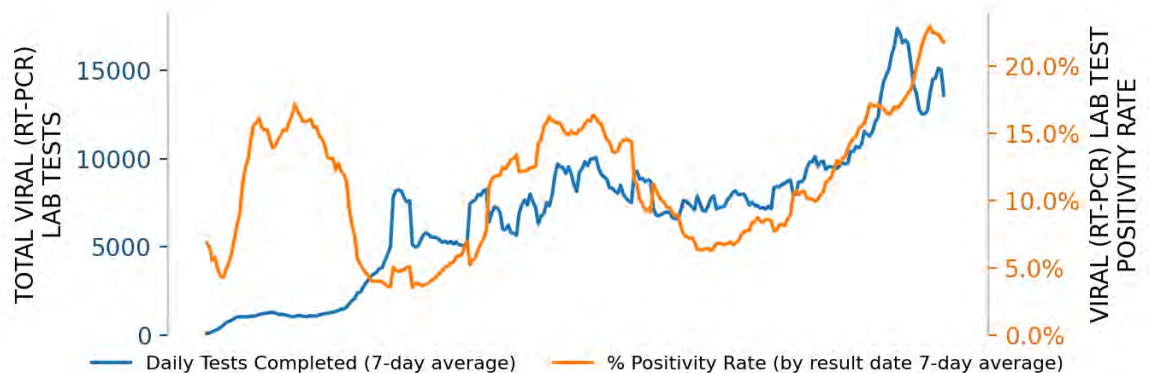
# NEVADA

STATE REPORT | 12.13.2020

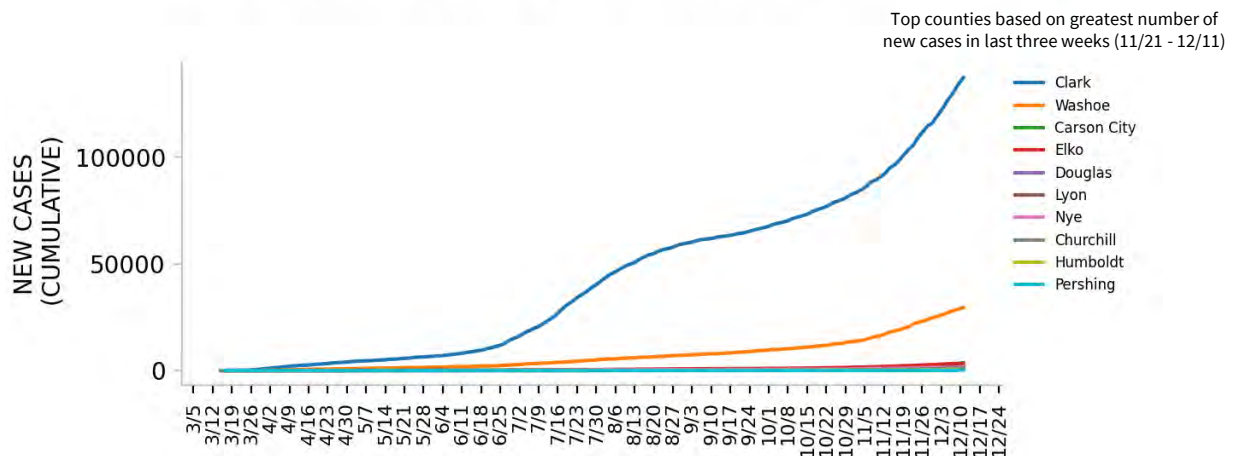
## NEW CASES



## TESTING



## TOP COUNTIES



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

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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.

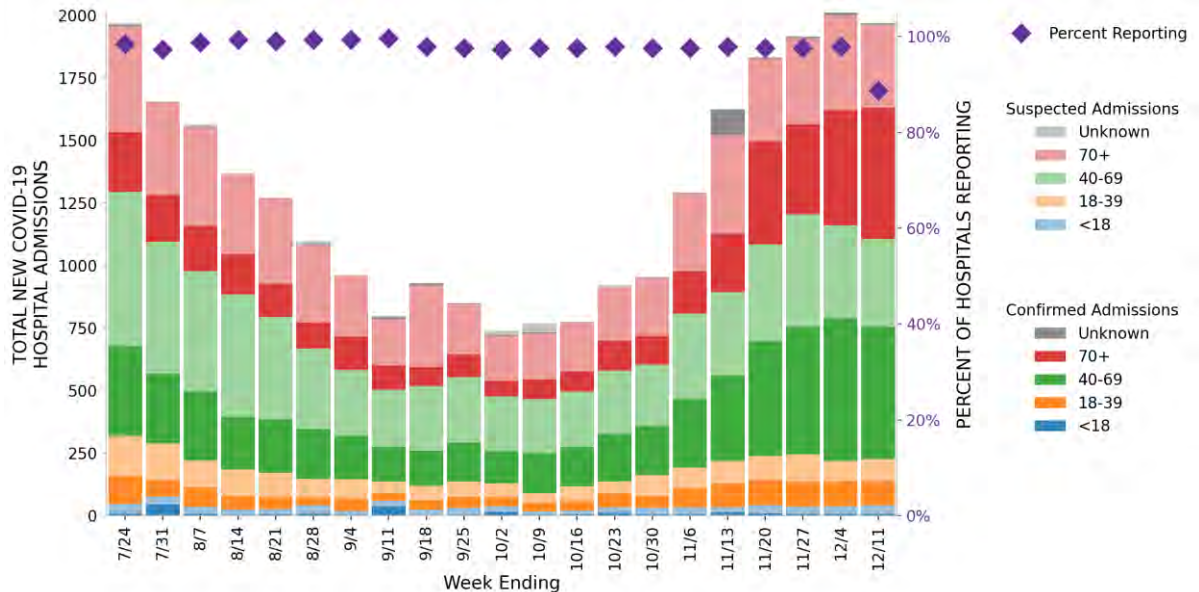


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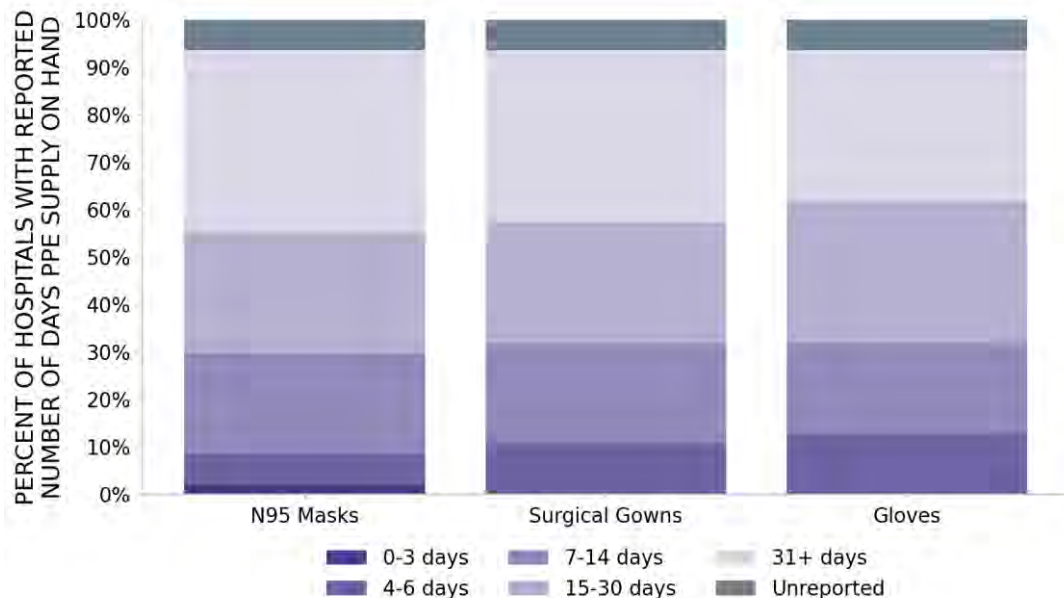
STATE REPORT | 12.13.2020

47 hospitals are expected to report in Nevada

## HOSPITAL ADMISSIONS



## HOSPITAL PPE SUPPLIES



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

**Hospitalizations:** Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. 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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# NEVADA

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA)

### COUNTIES

LOCALITIES IN RED ZONE	9 ■ (+0)	Las Vegas-Henderson-Paradise Reno Carson City Elko Gardnerville Ranchos Fernley Pahrump Fallon Winnemucca	14 ▲ (+1)	Clark Washoe Carson City Elko Douglas Lyon Nye Churchill Humboldt Pershing Lander Mineral
	0 ■ (+0)	N/A	0 ■ (+0)	N/A
	0 ■ (+0)	N/A	0 ■ (+0)	N/A
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

**All Red Counties:** Clark, Washoe, Carson City, Elko, Douglas, Lyon, Nye, Churchill, Humboldt, Pershing, Lander, Mineral, Lincoln, Esmeralda

\* 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

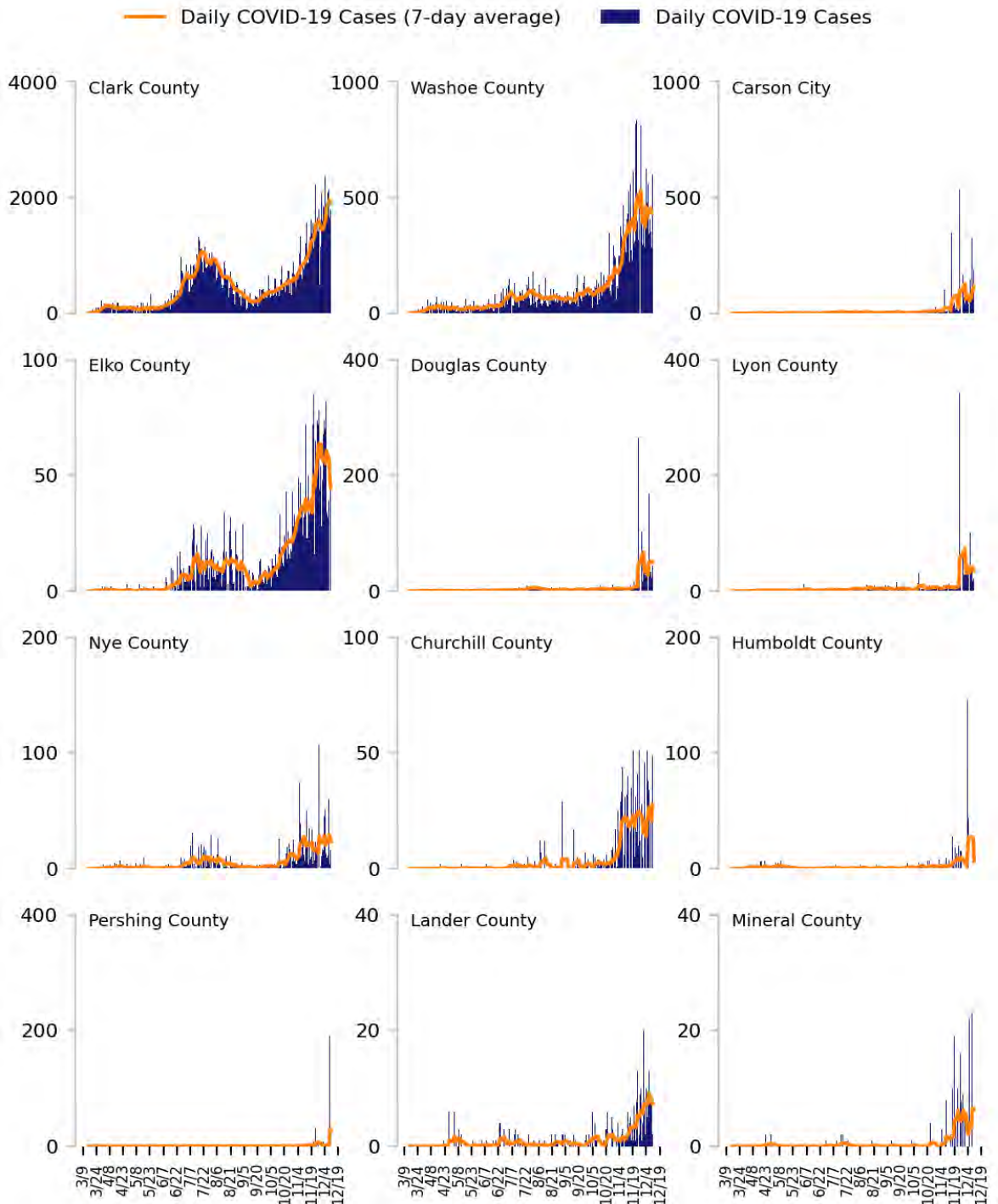
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

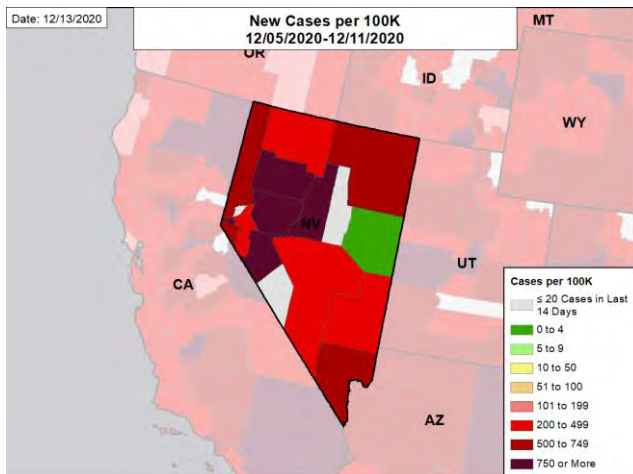
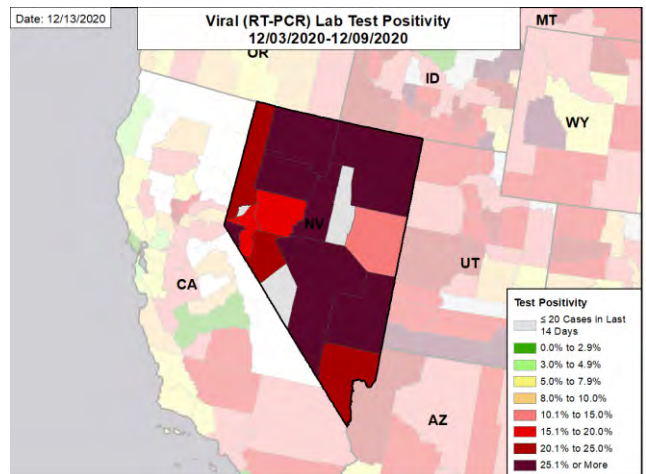
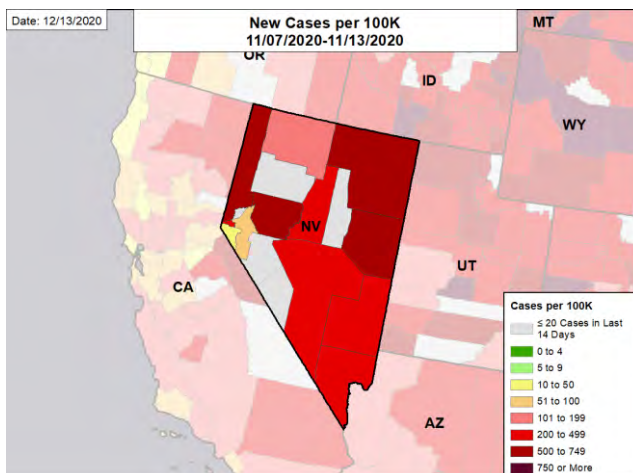
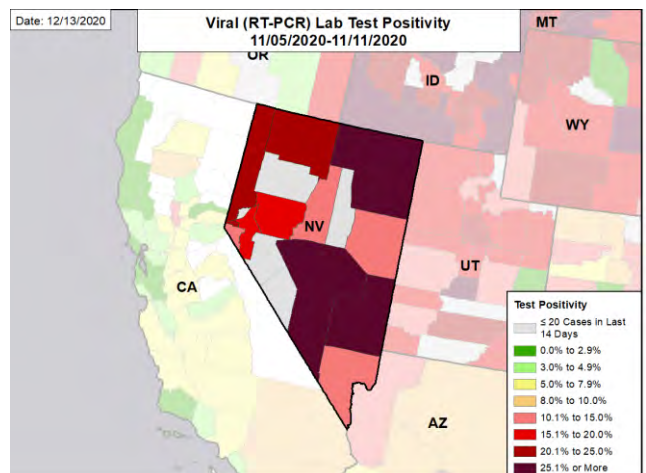
**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.



# NEVADA

STATE REPORT | 12.13.2020

## 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.

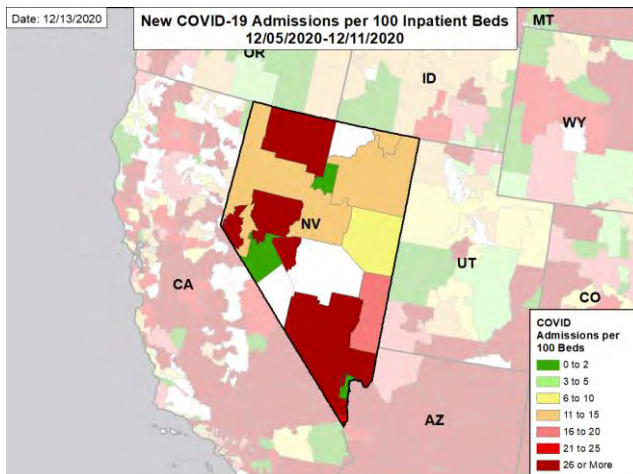


# NEVADA

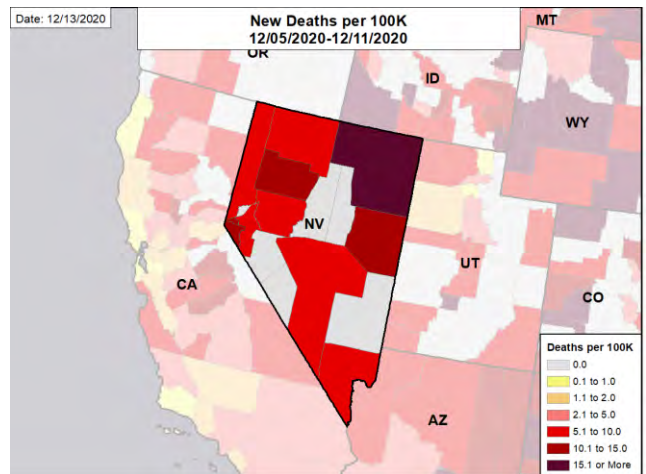
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

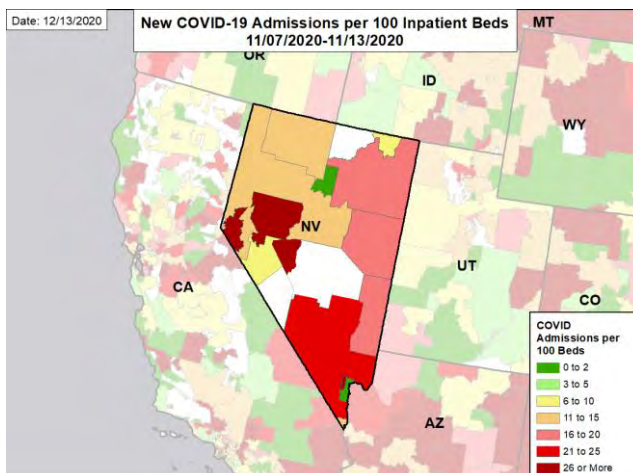
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



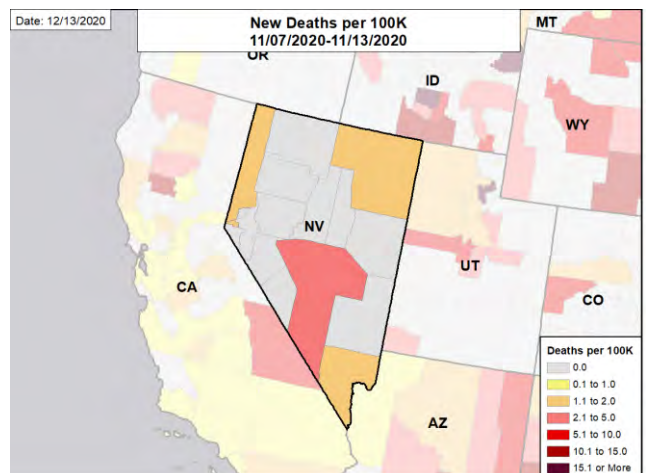
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 ONE MONTH BEFORE



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

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**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





# NEW HAMPSHIRE

## SUMMARY

- New Hampshire's surge continues to worsen. The state 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. New Hampshire is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 19th highest rate in the country.
- New Hampshire has seen an increase in new cases and a progressive multi-week increase in test positivity. Reported 7-day average daily cases reached new highs last week. Reported 7-day average of current hospitalizations also increased last week, nearly doubling over that period. Another 14 outbreaks in institutional settings were reported. Deaths continued to increase and included a prominent state legislator.
- 90% of all counties in New Hampshire have moderate or high levels of community transmission (yellow, orange, or red zones), with 60% having high levels of community transmission (red zone). The following three counties had the highest number of new cases over the last 3 weeks: 1. Hillsborough County, 2. Rockingham County, and 3. Merrimack County. These counties represent 78.5% of new cases in New Hampshire.
- During the week of Nov 30 - Dec 6, 18% of nursing homes had at least one new resident COVID-19 case, 40% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death.
- New Hampshire had 418 new cases per 100,000 population, compared to a national average of 451 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; 10 to support medical activities from ASPR; 3 to support operations activities from ASPR; and 9 to support medical activities from VA.
- Between Dec 5 - Dec 11, on average, 41 patients with confirmed COVID-19 and 25 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Hampshire. This is an increase of 28% in total new COVID-19 hospital admissions.
- Hospitals are reporting critical staffing shortages, but the state is exploring sourcing options.

## RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

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- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Ensure all clinical facilities have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; maximal access to medications, supplies, and staffing; and are accurately reporting current status of each resource. Continue to support a platform for efficient patient transfers.
- Continue to prioritize efforts toward marginalized communities that are disproportionately being impacted by COVID-19, including a strategy that prioritizes the allocation of the monoclonal antibody preparations to outpatient centers that serve more marginalized populations with higher levels of risk factors.
- Increase frequency of LTCF testing and rapid implementation of vaccination in LTCFs as vaccine becomes available given continuing outbreaks and deaths.
- Ensure all K-12 schools are following CDC guidelines; use BINAX tests to routinely test all teachers as indicator of community spread. Ensure IHEs returning after winter break move to mandatory weekly testing of all on and off campus students. Begin planning now.
- 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 HAMPSHIRE

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	5,685 (418)	+28%	70,722 (476)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	14.2%	+2.2%*	6.6%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	26,656** (1,960**)	+5%**	786,372** (5,297**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	38 (2.8)	+9%	745 (5.0)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	18%	N/A*†	24%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	40%	N/A*†	48%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	N/A*†	9%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	462 (17)	+28% (+28%)	5,119 (15)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	10 (38%)	+1% (+11%*)	51 (28%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	7 (27%)	+1% (+17%*)	26 (14%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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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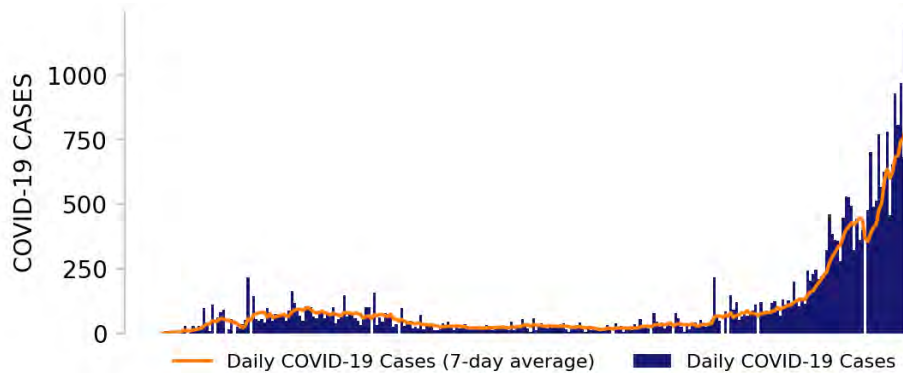
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



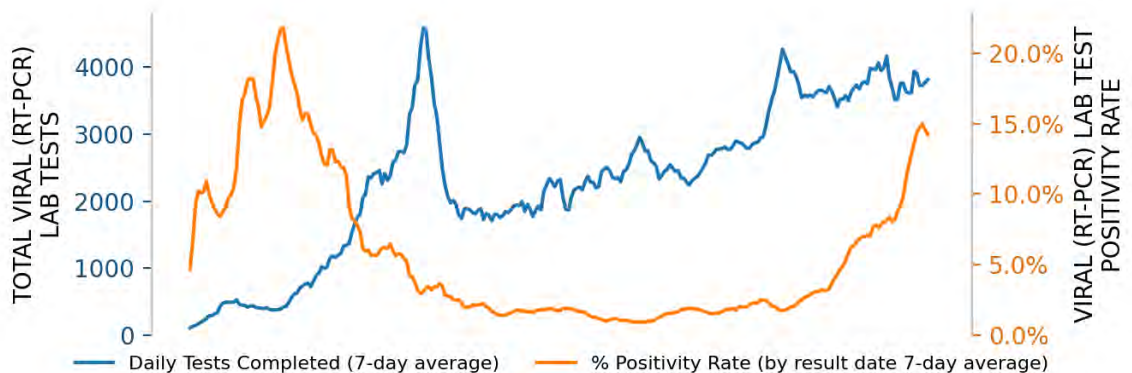
# NEW HAMPSHIRE

STATE REPORT | 12.13.2020

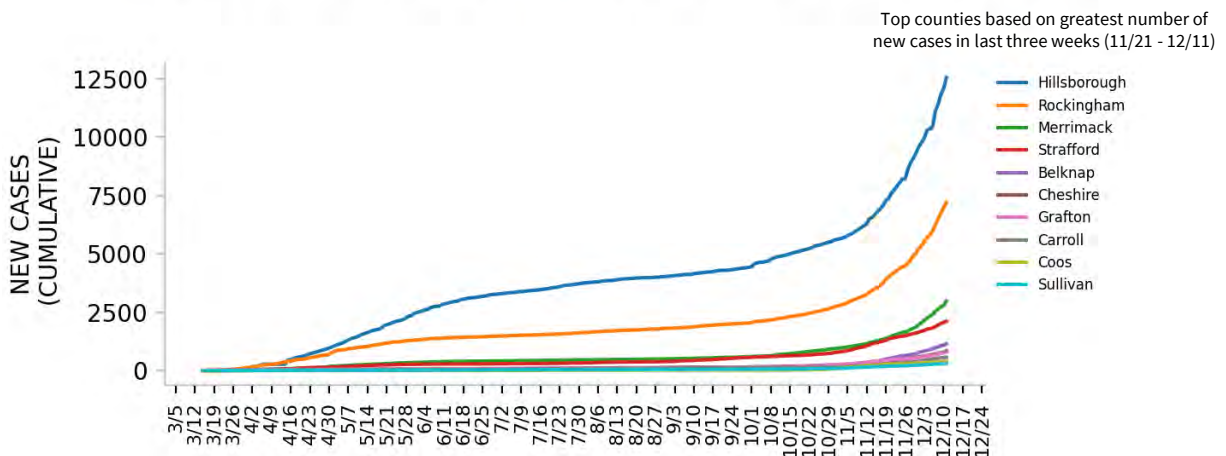
## NEW CASES



## TESTING



## TOP COUNTIES



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

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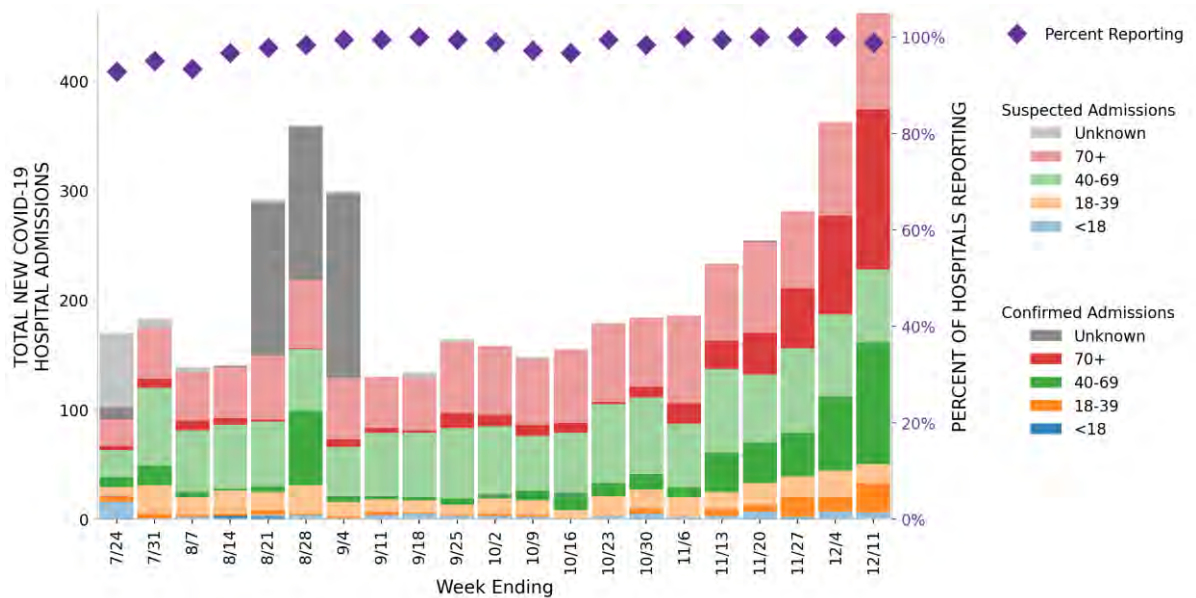


# NEW HAMPSHIRE

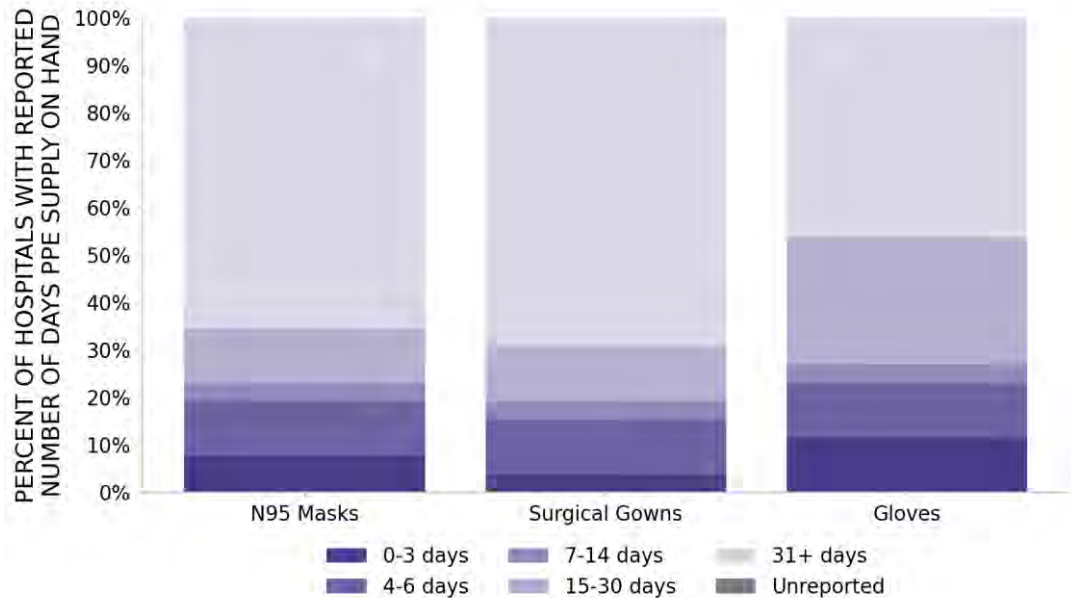
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# NEW HAMPSHIRE

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA)

### COUNTIES

LOCALITIES IN RED ZONE	4 ▲ (+1)	Manchester-Nashua Concord Laconia Keene	6 ▲ (+2)	Hillsborough Rockingham Merrimack Strafford Belknap Cheshire
LOCALITIES IN ORANGE ZONE	0 ▼ (-1)	N/A	2 ▼ (-1)	Grafton Carroll
LOCALITIES IN YELLOW ZONE	2 ▲ (+1)	Boston-Cambridge-Newton Lebanon	1 ▼ (-1)	Sullivan
Change from previous week's alerts:      ▲ Increase      ■ Stable      ▼ Decrease				

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

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

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

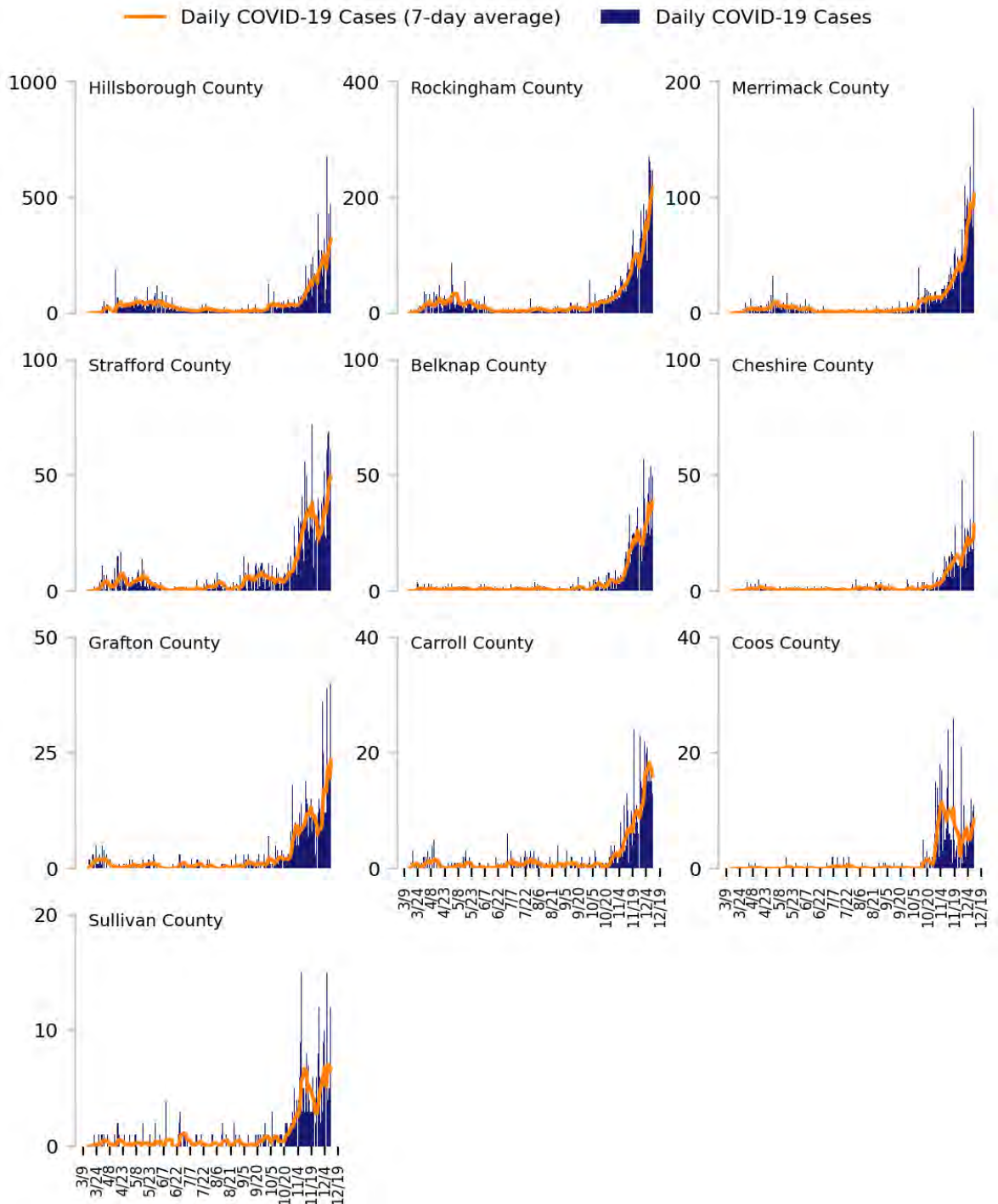
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.

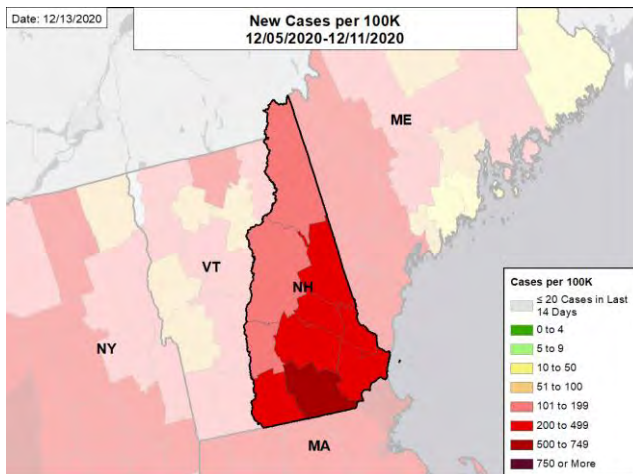


# NEW HAMPSHIRE

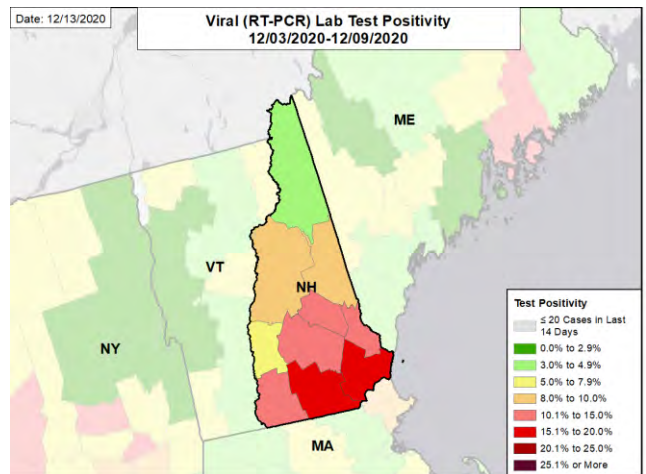
STATE REPORT | 12.13.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY

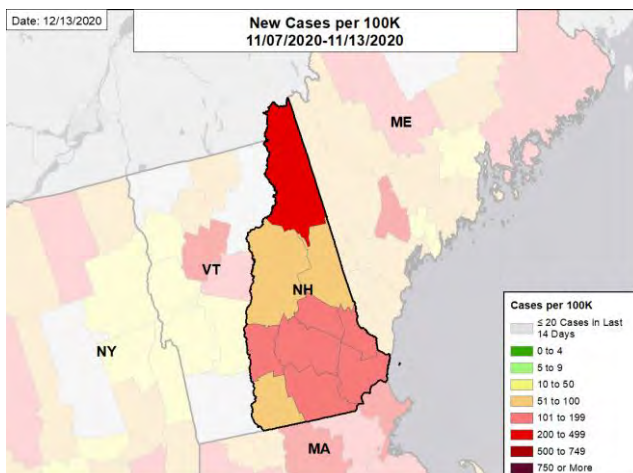
### NEW CASES PER 100,000



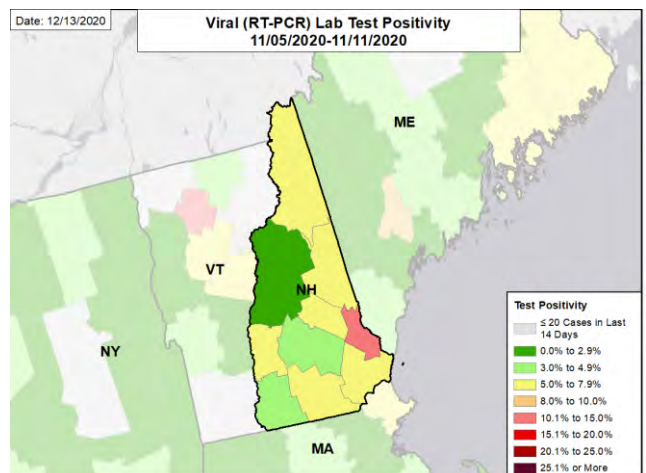
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.

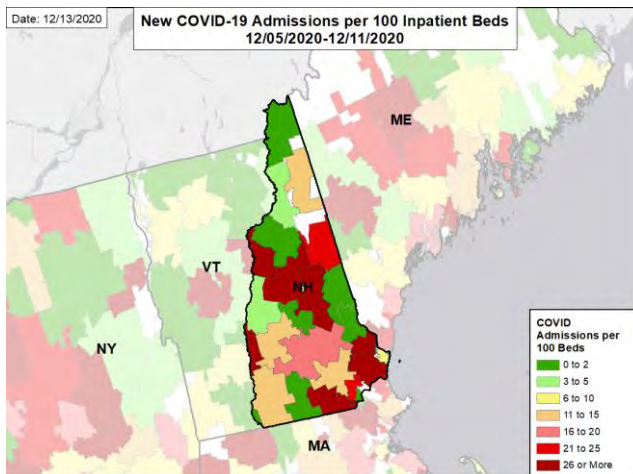


# NEW HAMPSHIRE

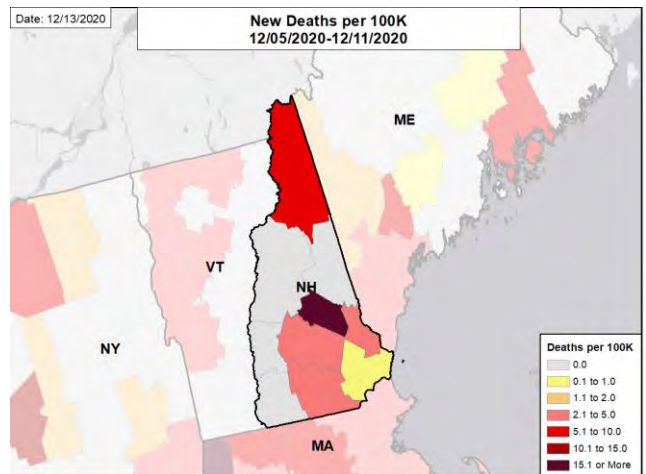
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

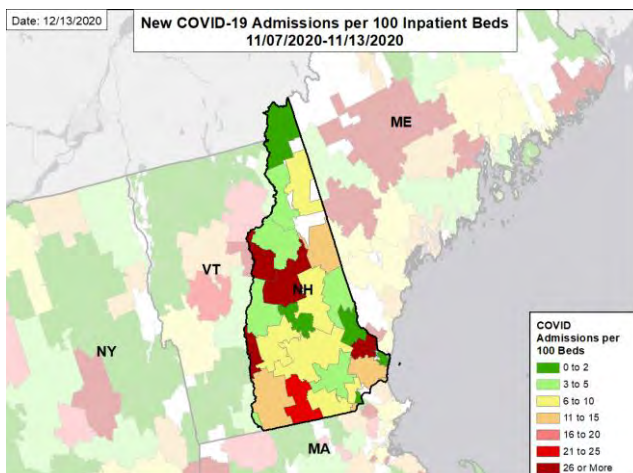
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



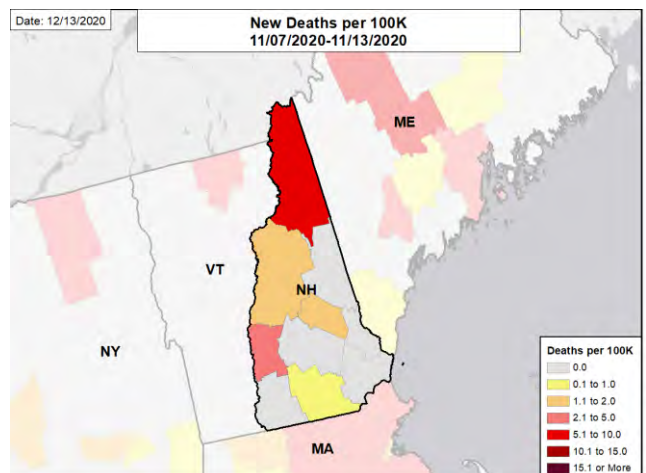
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





## NEW JERSEY

## SUMMARY

- New Jersey 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. New Jersey is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 25th 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. Bergen County, 2. Middlesex County, and 3. Essex County. These counties represent 27.0% 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 86% having high levels of community transmission (red zone).
- During the week of Nov 30 - Dec 6, 28% of nursing homes had at least one new resident COVID-19 case, 53% had at least one new staff COVID-19 case, and 10% had at least one new resident COVID-19 death.
- New Jersey had 378 new cases per 100,000 population, compared to a national average of 451 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 59 to support operations activities from FEMA; 20 to support operations activities from USCG; and 5 to support medical activities from VA.
- Between Dec 5 - Dec 11, on average, 443 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 8% in total new COVID-19 hospital admissions.

## RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Virus levels remain high. Throughout the holiday season, all media platforms should remain saturated with messaging on the risks of indoor social gatherings without masks. Find ways to keep testing levels high through holiday season to remove asymptomatic transmission over the next 4 weeks.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Universities must have testing plans in place for spring semester, mandatorily testing all students weekly to prevent spread in the community.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. There continue to be high levels of positive staff members at LTCFs, indicating 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 JERSEY

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	33,594 (378)	+11%	102,067 (360)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	12.1%	+0.2%*	7.6%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	256,937** (2,893**)	-14%**	1,358,903** (4,796**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	407 (4.6)	+29%	934 (3.3)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	28%	N/A*†	27%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	53%	N/A*†	53%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	10%	N/A*†	10%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	4,596 (23)	+8% (+8%)	13,843 (17)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	22 (30%)	+2% (+10%*)	74 (24%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	8 (11%)	-1% (-11%*)	38 (12%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

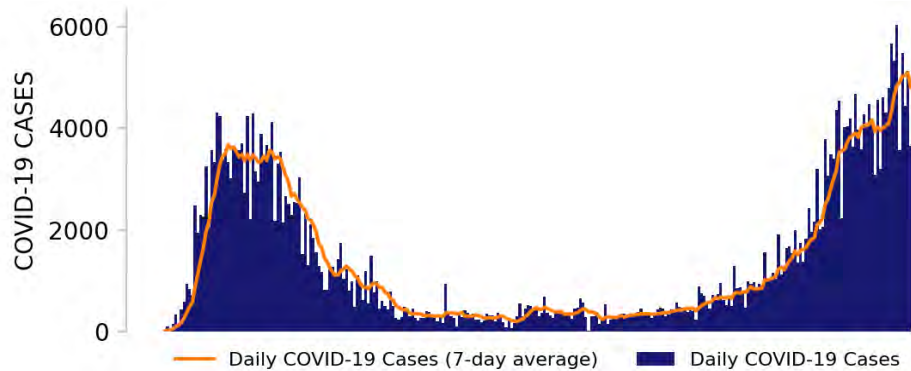
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



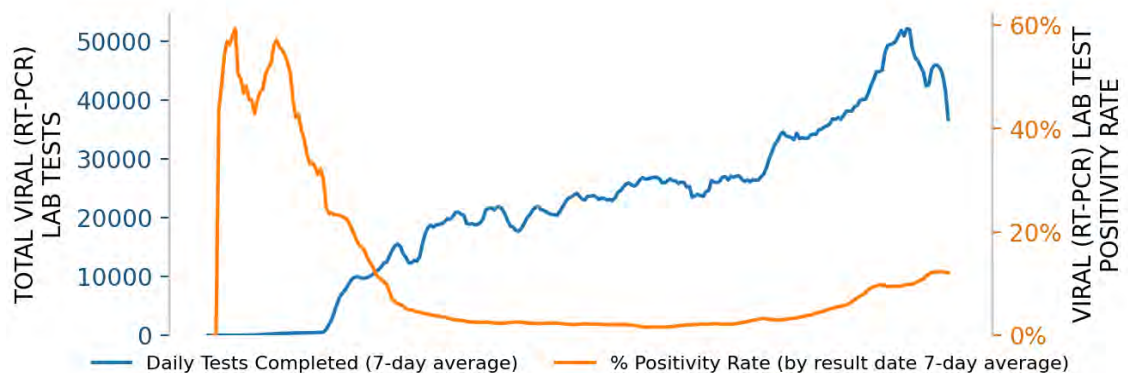
# NEW JERSEY

STATE REPORT | 12.13.2020

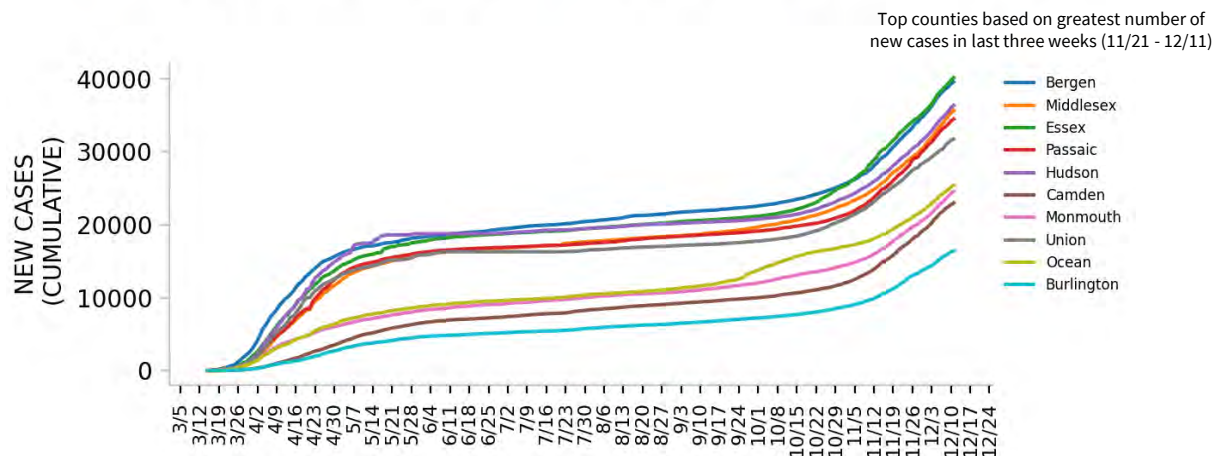
## NEW CASES



## TESTING



## TOP COUNTIES



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

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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.

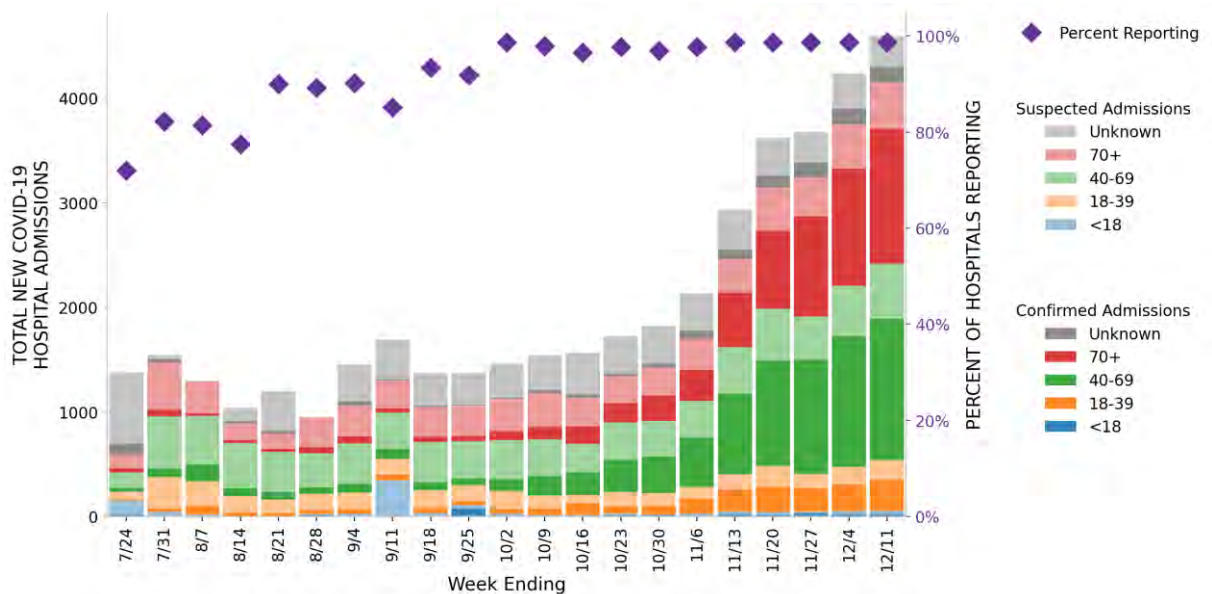


# NEW JERSEY

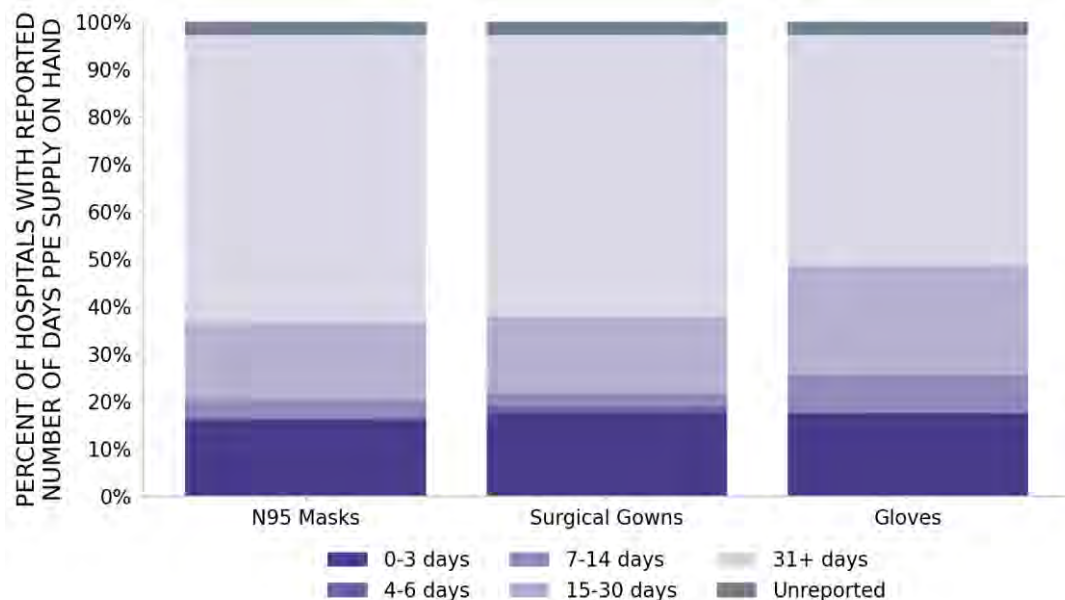
STATE REPORT | 12.13.2020

74 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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# NEW JERSEY

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)	COUNTIES
LOCALITIES IN RED ZONE	<b>5</b> ■ (+0) Philadelphia-Camden-Wilmington Trenton-Princeton Atlantic City-Hammonton Vineland-Bridgeton Allentown-Bethlehem-Easton	<b>18</b> ▲ (+3) Bergen Middlesex Essex Passaic Hudson Camden Monmouth Union Ocean Burlington Morris Mercer
LOCALITIES IN ORANGE ZONE	<b>0</b> ■ (+0) N/A	<b>2</b> ▼ (-2) Somerset Hunterdon
LOCALITIES IN YELLOW ZONE	<b>2</b> ■ (+0) New York-Newark-Jersey City Ocean City	<b>1</b> ▼ (-1) Cape May
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease		

**All Red Counties:** Bergen, Middlesex, Essex, Passaic, Hudson, Camden, Monmouth, Union, Ocean, Burlington, Morris, Mercer, Gloucester, Atlantic, Cumberland, Sussex, Warren, Salem

\* 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

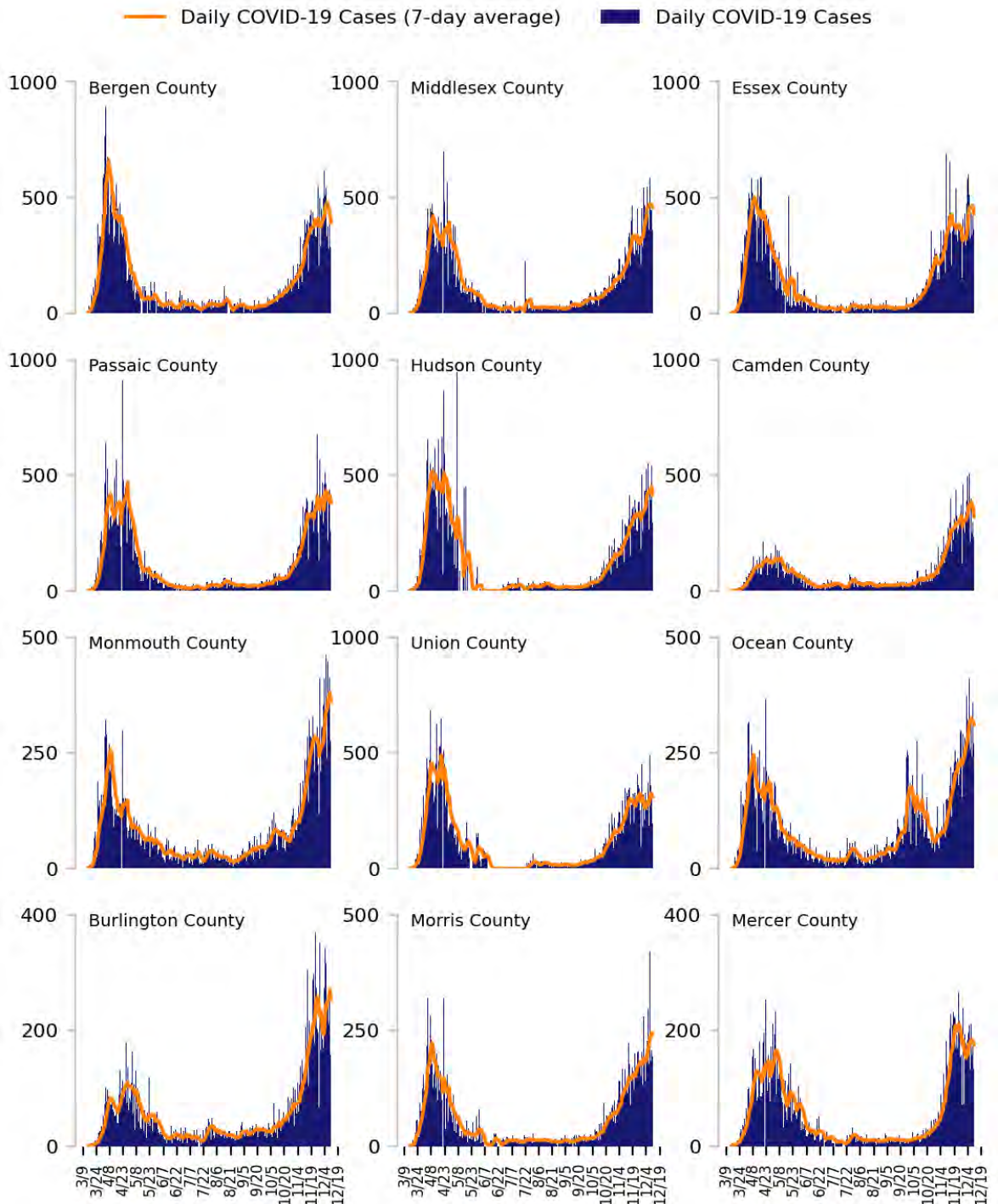
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.

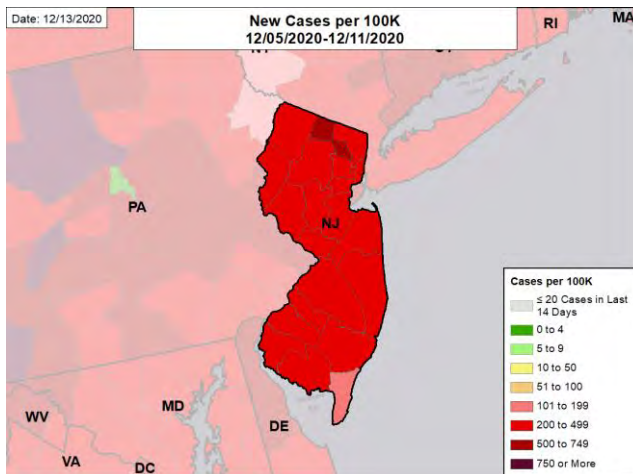


# NEW JERSEY

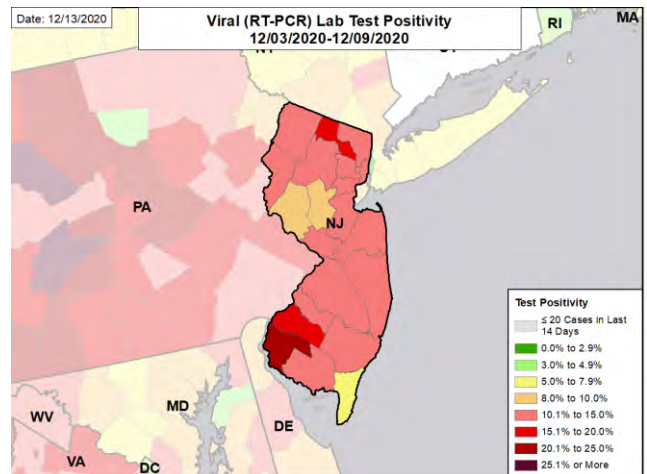
STATE REPORT | 12.13.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY

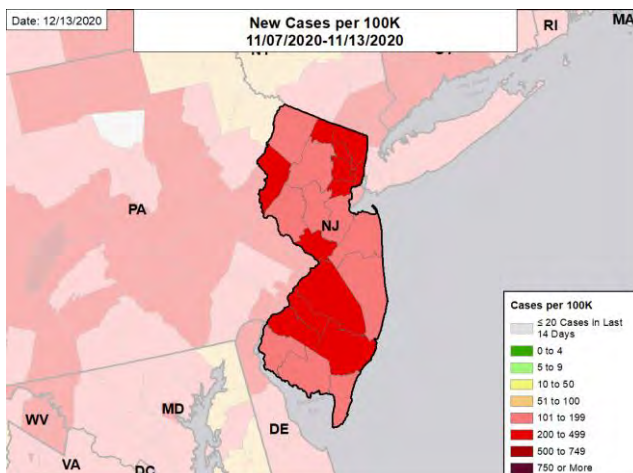
**NEW CASES PER 100,000**



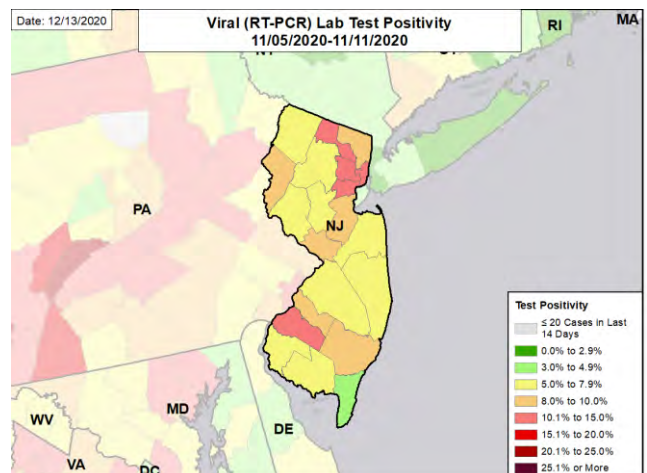
**VIRAL (RT-PCR) LABORATORY TEST POSITIVITY**



**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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.



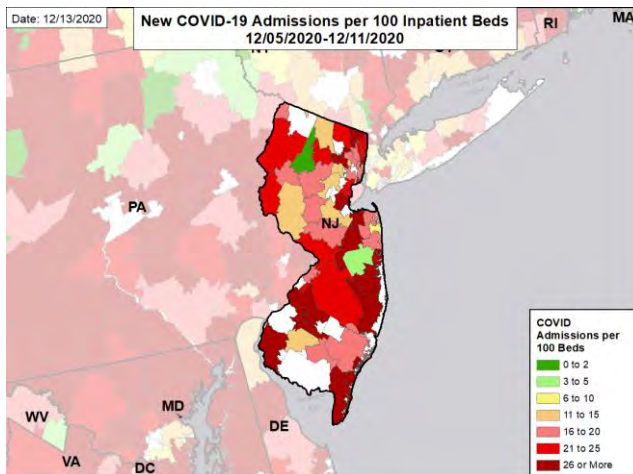


# NEW JERSEY

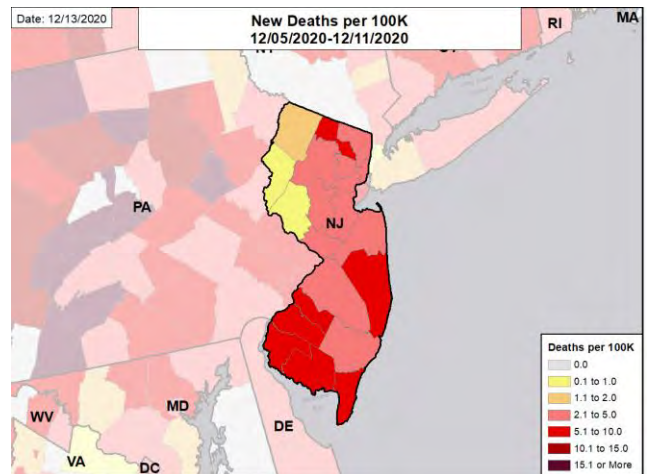
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

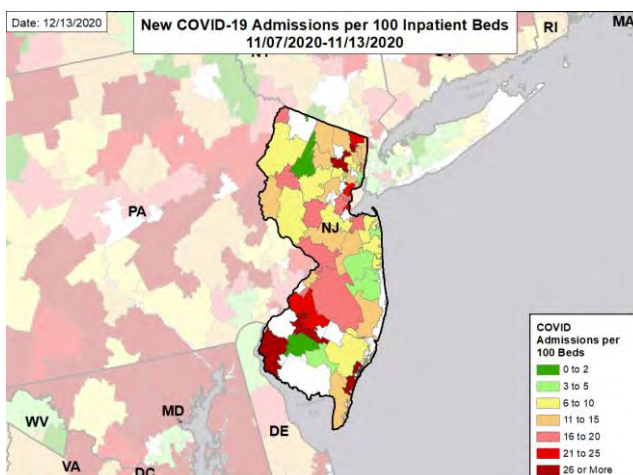
**TOTAL NEW COVID-19 ADMISSIONS  
PER 100 INPATIENT BEDS**



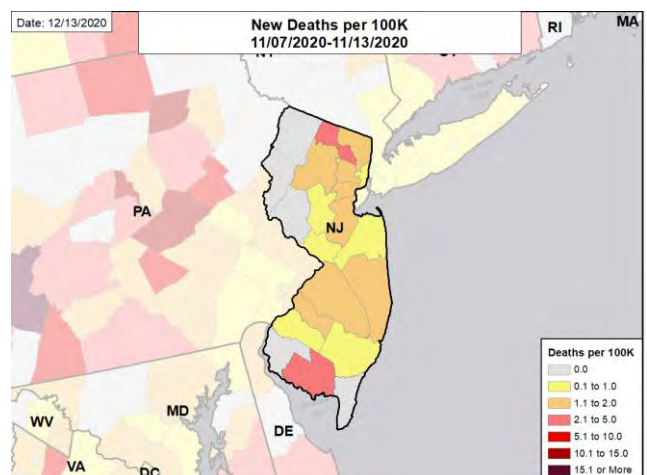
**NEW DEATHS PER 100,000**



**TOTAL NEW COVID-19 ADMISSIONS PER 100  
INPATIENT BEDS ONE MONTH BEFORE**



**NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.



# NEW MEXICO

STATE REPORT

12.13.2020

Issue 26

## SUMMARY

- New Mexico 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. New Mexico is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 17th highest rate in the country. New Mexico has seen a decrease in new cases and stability in test positivity, with suggestion of a plateau in hospitalizations. Excellent mitigation measures must continue.
- 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. San Juan County. These counties represent 48.2% of new cases in New Mexico.
- 94% of all counties in New Mexico 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 30 - Dec 6, 32% of nursing homes had at least one new resident COVID-19 case, 52% had at least one new staff COVID-19 case, and 20% had at least one new resident COVID-19 death.
- New Mexico had 555 new cases per 100,000 population, compared to a national average of 451 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 operations activities from ASPR.
- The federal government has supported surge testing in Albuquerque, Santa Fe, Las Cruces, Sunland Park, and Socorro.
- Between Dec 5 - Dec 11, on average, 125 patients with confirmed COVID-19 and 34 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New Mexico. This is an increase of 8% in total new COVID-19 hospital admissions.
- Hospitals are reporting critical staffing shortages, but the state is managing.

## RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- For non or prior to hospitalization of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- New hospital admissions continue at a high level; increase testing. Aggressive impact testing of adults under 40 is needed to rapidly identify those who became infected through gatherings before they spread the virus to the more vulnerable individuals, driving another round of increasing hospitalizations and fatalities.
- Contact all hospitals reporting <1 week's supply to confirm data; contact the regional FEMA office for support if supplies are an issue.
- Ensure all universities returning after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Ongoing high levels of positive staff at LTCFs indicate continued and unmitigated community spread in these geographic locations.
- Increase support to Tribal Nations for vaccination, testing, and clinical support; this is essential as they represent the highest risk group after LTCF residents.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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



COVID-19



# NEW MEXICO

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	11,630 (555)	-11%	154,367 (361)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	14.4%	-0.3%*	12.8%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	65,788** (3,137**)	-4%**	956,742** (2,240**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	183 (8.7)	-9%	2,155 (5.0)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	32%	N/A*†	27%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	52%	N/A*†	46%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	20%	N/A*†	13%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,110 (29)	+8% (+9%)	18,999 (20)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	9 (20%)	+0% (+0%*)	235 (27%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	19 (41%)	-1% (-5%*)	304 (35%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

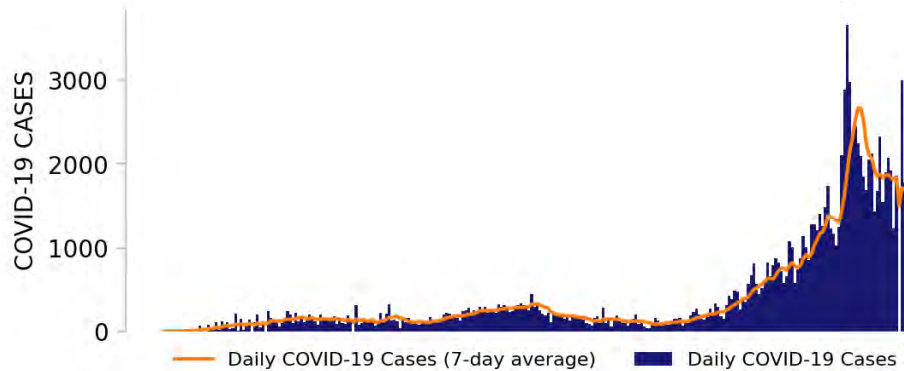
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



# NEW MEXICO

STATE REPORT | 12.13.2020

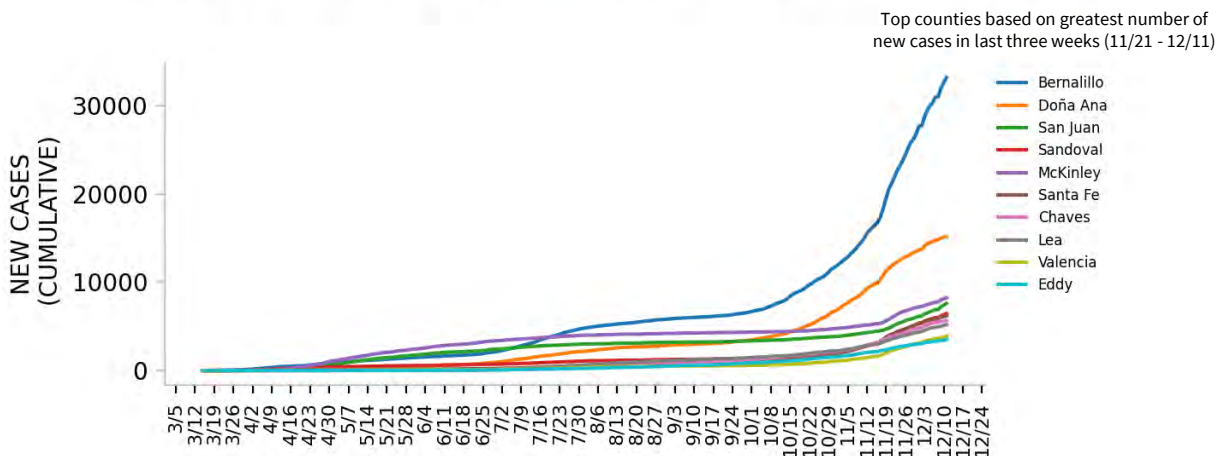
## NEW CASES



## 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 12/9/2020.

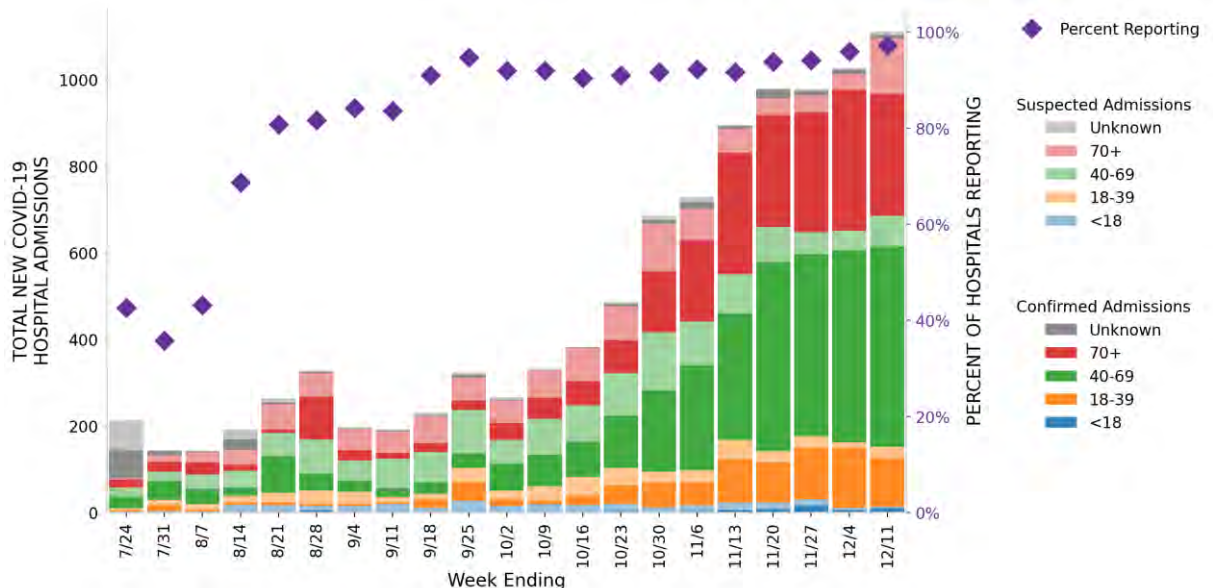


# NEW MEXICO

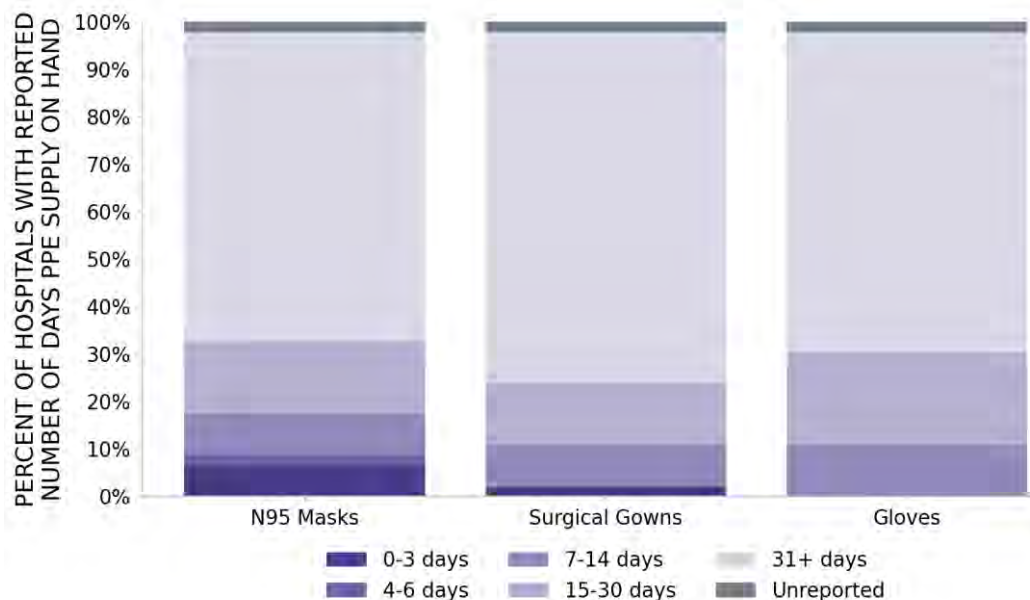
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# NEW MEXICO

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)	COUNTIES
LOCALITIES IN RED ZONE	<b>15</b> ▲ (+1) Albuquerque Las Cruces Farmington Gallup Santa Fe Roswell Hobbs Carlsbad-Artesia Clovis Española Alamogordo Grants	<b>28</b> ▲ (+5) Bernalillo Doña Ana San Juan Sandoval McKinley Santa Fe Chaves Lea Valencia Eddy Curry Rio Arriba
LOCALITIES IN ORANGE ZONE	<b>2</b> ▲ (+1) Portales Las Vegas	<b>2</b> ■ (+0) Roosevelt San Miguel
LOCALITIES IN YELLOW ZONE	<b>1</b> ▼ (-2) Los Alamos	<b>1</b> ▼ (-3) Los Alamos
Change from previous week's alerts:      ▲ Increase      ■ Stable      ▼ Decrease		

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

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

\* 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

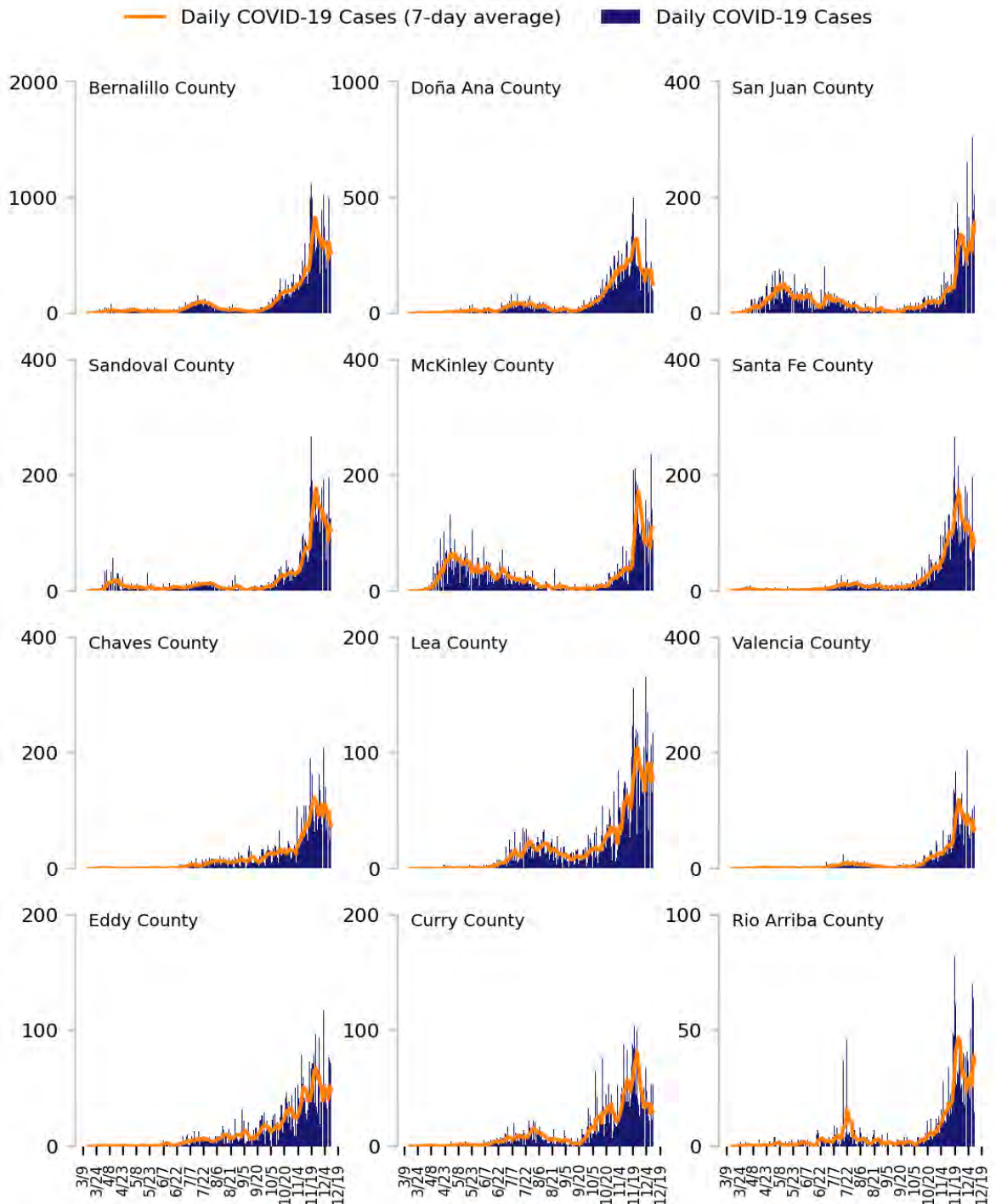
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

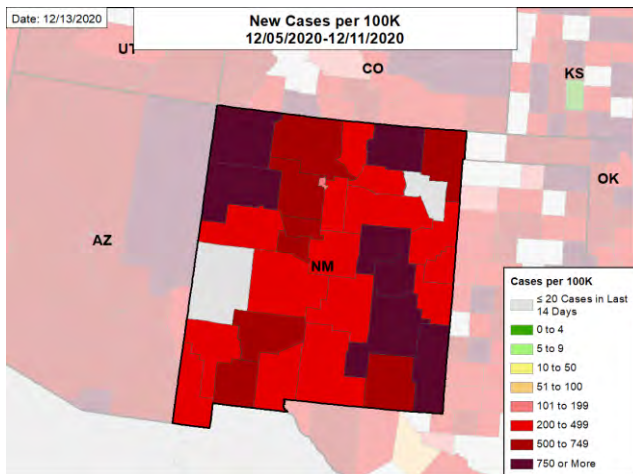
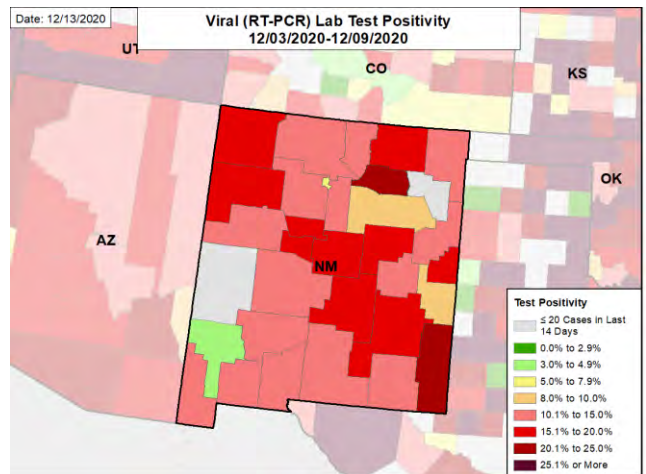
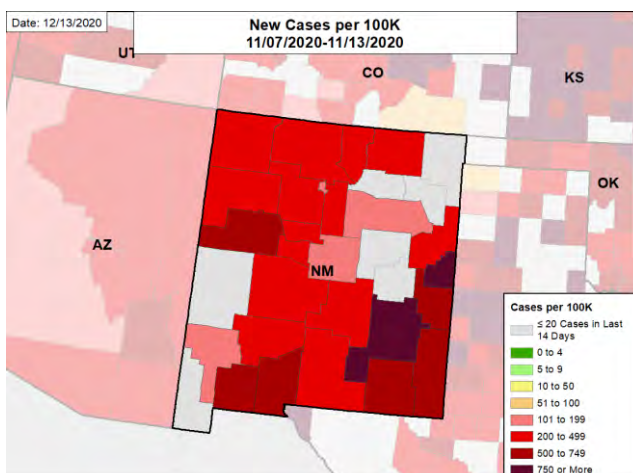
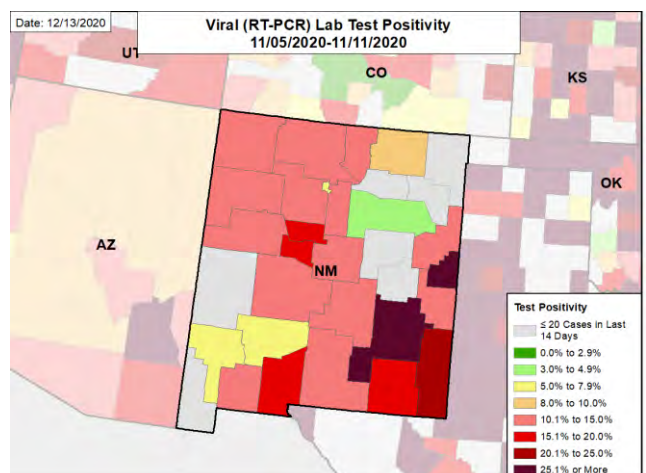
**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.



# NEW MEXICO

STATE REPORT | 12.13.2020

## 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.



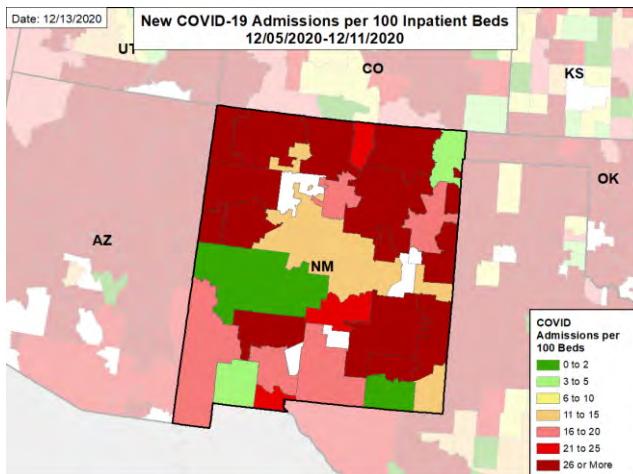


# NEW MEXICO

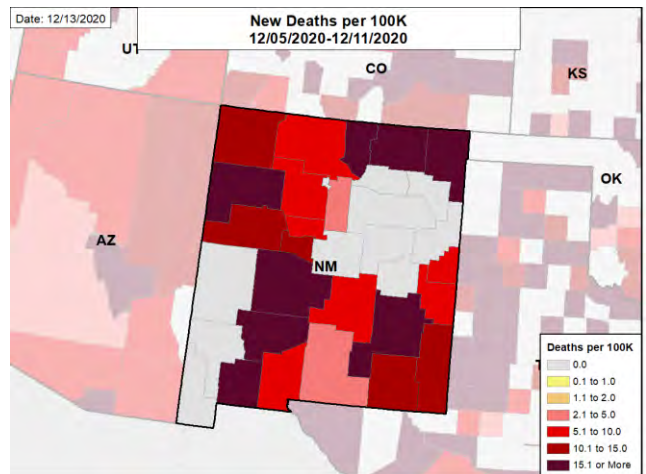
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

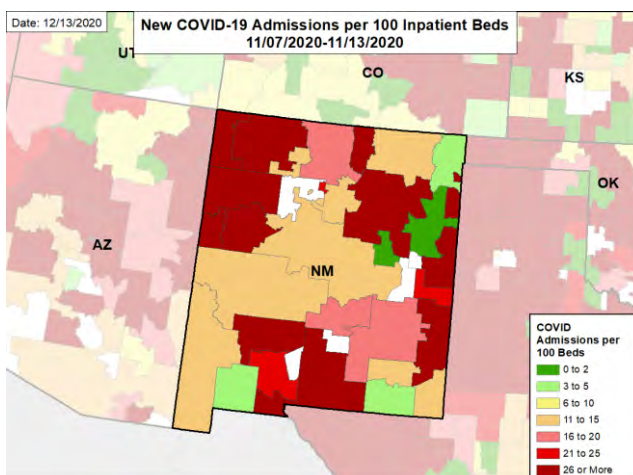
**TOTAL NEW COVID-19 ADMISSIONS  
PER 100 INPATIENT BEDS**



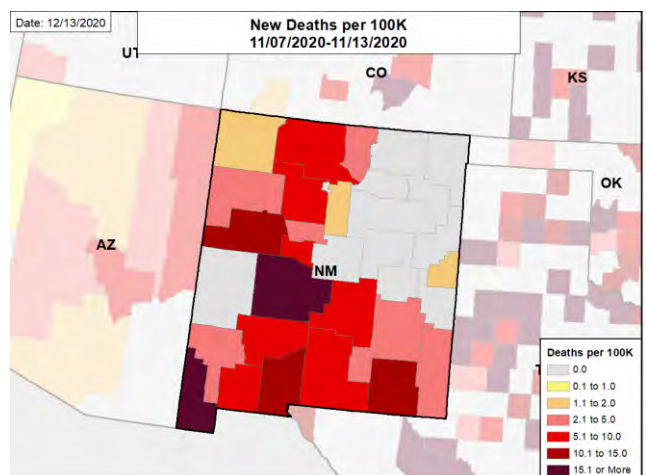
**NEW DEATHS PER 100,000**



**TOTAL NEW COVID-19 ADMISSIONS PER 100  
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**NEW DEATHS PER 100,000 ONE  
MONTH BEFORE**



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**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





## STATE REPORT

12.13.2020

Issue 26

# NEW YORK

## SUMMARY

- New York 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. New York 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.
- New York has seen an increase in new cases and an increase in test positivity. Case rates increased in all but 2 counties and test positivity increased in 47 counties; 52 counties had test positivity >5% and test positivity was >10% in 9 counties.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Suffolk County, 2. Queens County, and 3. Kings County. These counties represent 28.1% of new cases in New York.
- 84% of all counties in New York have moderate or high levels of community transmission (yellow, orange, or red zones), with 18% having high levels of community transmission (red zone).
- During the week of Nov 30 - Dec 6, 27% 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.
- New York had 352 new cases per 100,000 population, compared to a national average of 451 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 74 to support operations activities from FEMA; 4 to support operations activities from ASPR; 2 to support testing activities from CDC; and 27 to support operations activities from USCG.
- Between Dec 5 - Dec 11, on average, 863 patients with confirmed COVID-19 and 359 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in New York. This is an increase of 10% in total new COVID-19 hospital admissions.
- Hospitals are reporting critical staffing shortages, but the state is managing.

## RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- For non or prior to hospitalization of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Expansion of testing capacity is a critical success; focus on efficiencies in returning test results, with a goal to report <48 hours. Red Zone designation based on hospital capacity is an important advance; ensure that all such hospitals have contingency triage protocols for hospital resources, remote expert clinical consultation, enhanced outpatient treatment protocols (e.g., infusion centers for outpatient therapies), and expansion plans.
- Maintain contact tracing by automating the process as much as possible: collecting contact information of the person being tested at time of testing and automating emails/texts to educate, elicit, and reach the contacts, and log isolation/quarantine.
- Throughout the holidays, saturate all media platforms with messaging on hospital shortages and appeals to civic responsibility and social cohesion; provide instructions to report non-compliance of local businesses. Messages should be culturally and community relevant.
- 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 | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	68,473 (352)	+20%	102,067 (360)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	6.6%	+0.6%*	7.6%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	1,101,966** (5,665**)	+6%**	1,358,903** (4,796**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	527 (2.7)	+48%	934 (3.3)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	27%	N/A*†	27%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	54%	N/A*†	53%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	10%	N/A*†	10%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	8,558 (16)	+10% (+10%)	13,843 (17)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	12 (7%)	-2% (-14%*)	74 (24%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	22 (13%)	+7% (+47%*)	38 (12%)	1,334 (26%)

\* Indicates absolute change in percentage points.

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

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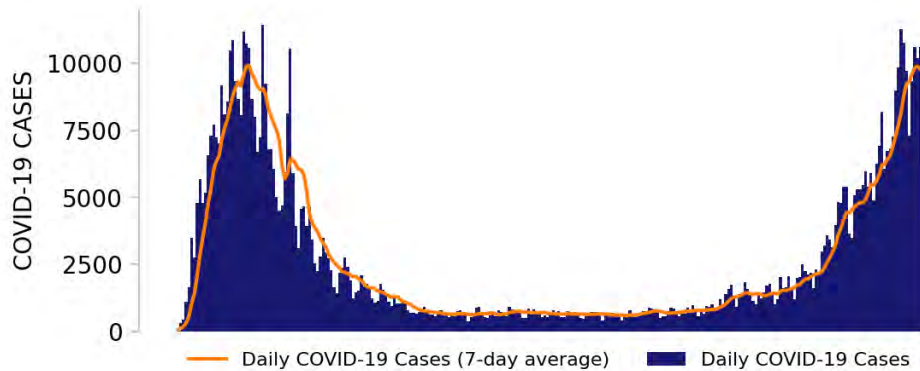
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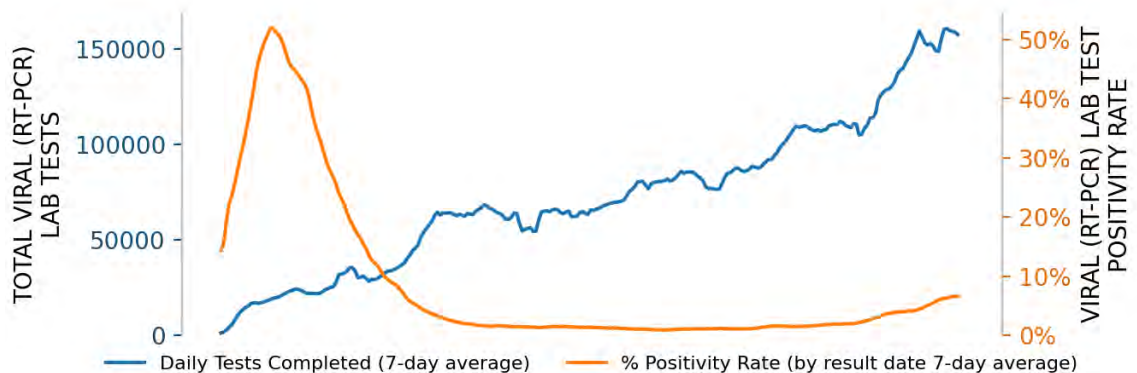
# NEW YORK

STATE REPORT | 12.13.2020

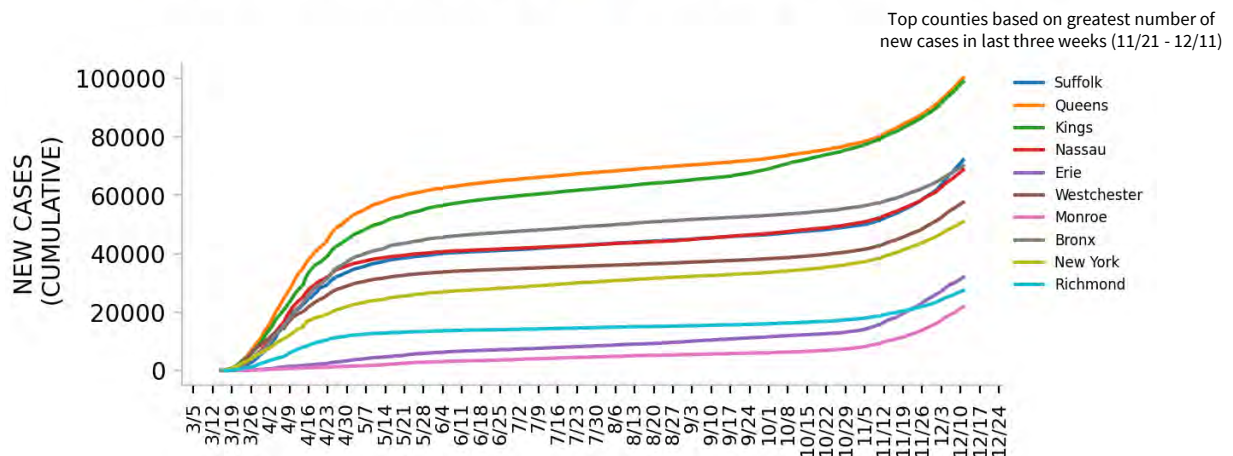
## NEW CASES



## TESTING



## TOP COUNTIES



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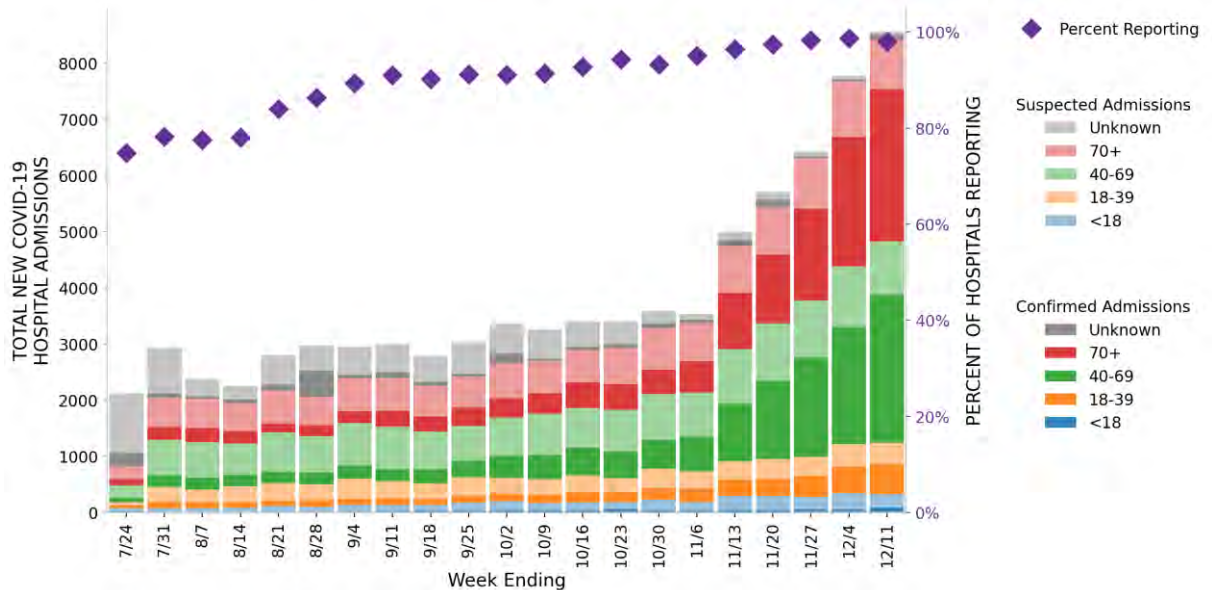


# NEW YORK

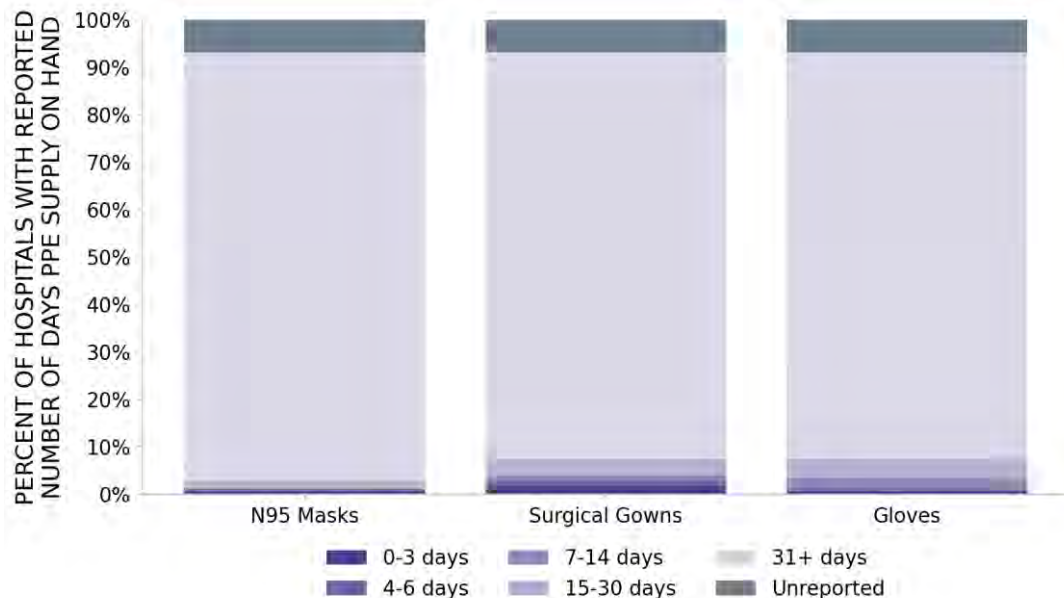
STATE REPORT | 12.13.2020

174 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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# NEW YORK

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)	COUNTIES
LOCALITIES IN RED ZONE	<b>3</b> ▲ (+2) Syracuse Olean Gloversville	<b>11</b> ▲ (+8) Monroe Onondaga Oneida Schenectady Putnam Cattaraugus Madison Allegany Livingston Fulton Orleans
LOCALITIES IN ORANGE ZONE	<b>9</b> ▲ (+4) Buffalo-Cheektowaga Rochester Poughkeepsie-Newburgh-Middletown Utica-Rome Jamestown-Dunkirk-Fredonia Batavia Auburn Cortland Seneca Falls	<b>15</b> ▲ (+6) Erie Westchester Richmond Orange Albany Niagara Oswego Ontario Chautauqua Genesee Cayuga Cortland
LOCALITIES IN YELLOW ZONE	<b>10</b> ▼ (-2) New York-Newark-Jersey City Albany-Schenectady-Troy Binghamton Kingston Elmira Corning Ogdensburg-Massena Amsterdam Oneonta Malone	<b>26</b> ■ (+0) Suffolk Queens Kings Nassau Bronx Rockland Dutchess Broome Saratoga Ulster Chemung Rensselaer
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease		

**All Orange Counties:** Erie, Westchester, Richmond, Orange, Albany, Niagara, Oswego, Ontario, Chautauqua, Genesee, Cayuga, Cortland, Wyoming, Seneca, Schoharie

**All Yellow Counties:** Suffolk, Queens, Kings, Nassau, Bronx, Rockland, Dutchess, Broome, Saratoga, Ulster, Chemung, Rensselaer, Steuben, Wayne, St. Lawrence, Herkimer, Sullivan, Montgomery, Otsego, Tioga, Chenango, Lewis, Greene, Franklin, Delaware, Yates

\* 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

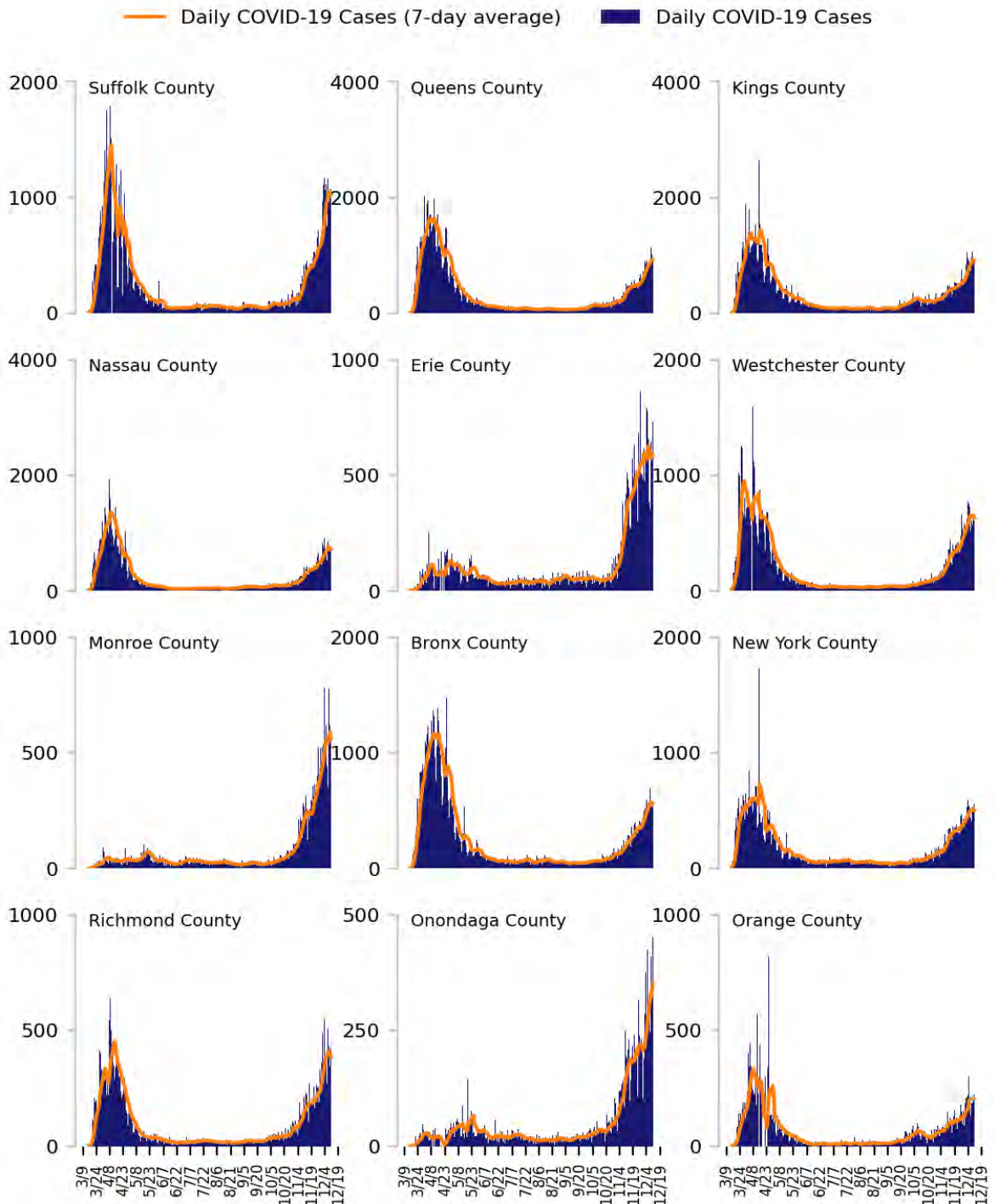
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.

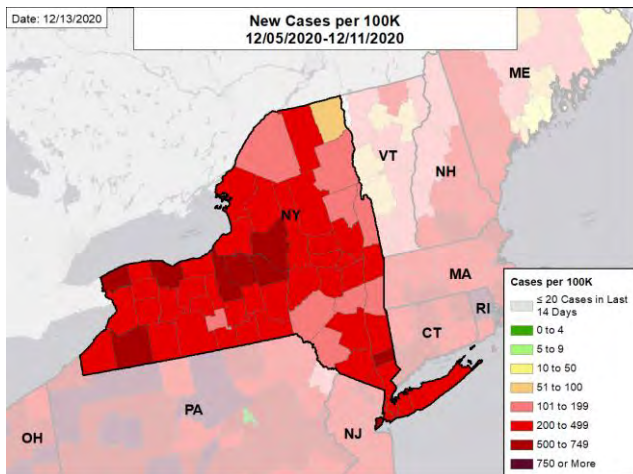


# NEW YORK

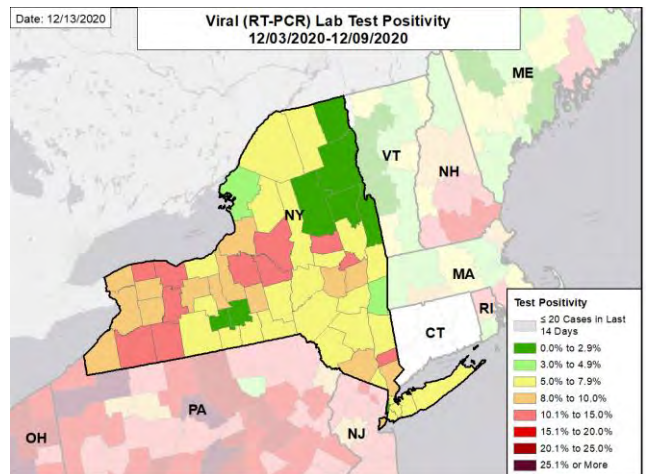
STATE REPORT | 12.13.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY

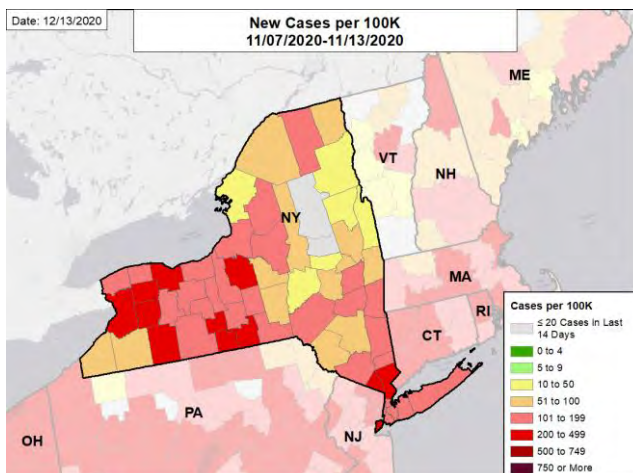
### NEW CASES PER 100,000



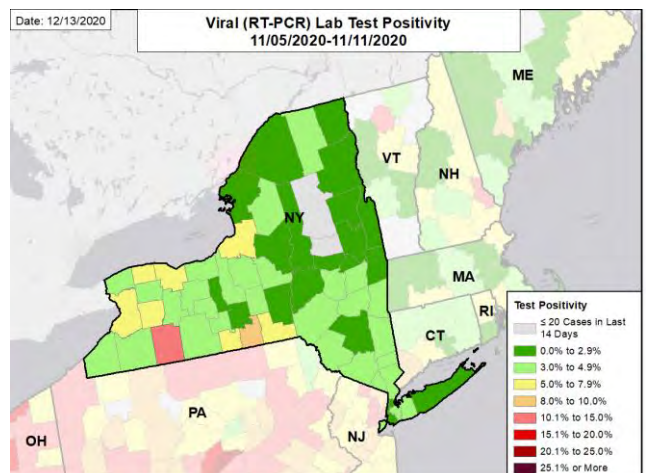
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.



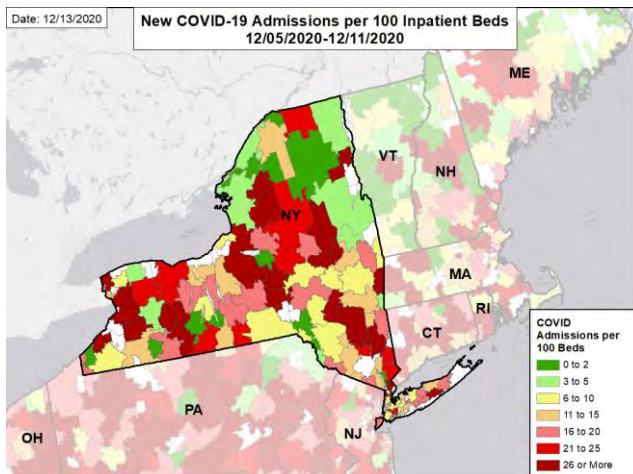


# NEW YORK

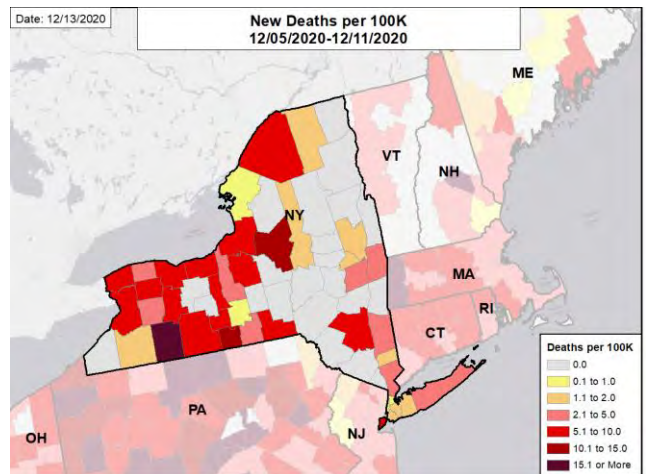
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

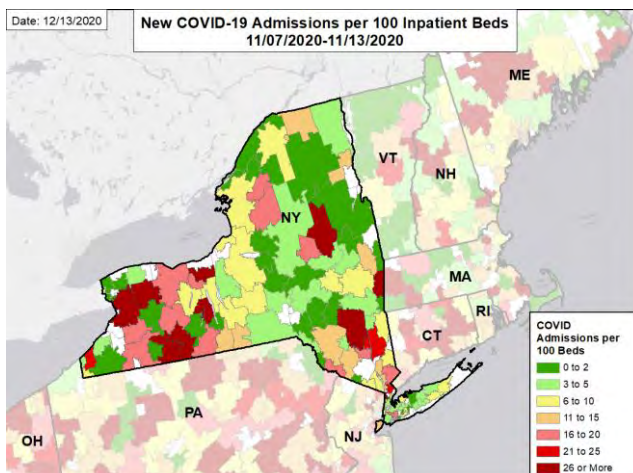
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



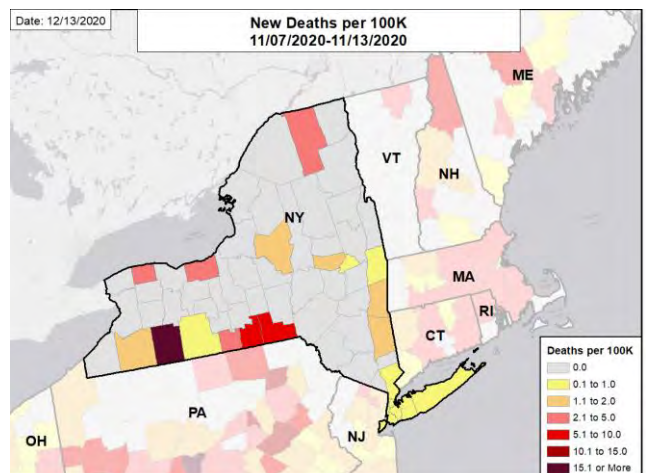
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





## STATE REPORT

12.13.2020

Issue 26

# NORTH CAROLINA

## SUMMARY

- North Carolina 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. North Carolina is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 31st highest rate in the country. North Carolina has seen an increase in new cases and stability in test positivity. Case rates increased in all but 5 counties; test positivity increased in 65 counties and was >10% in 67 counties.
- 98% of all counties in North Carolina have moderate or high levels of community transmission (yellow, orange, or red zones), with 60% having high levels of community transmission (red zone). 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 23.7% of new cases in North Carolina.
- During the week of Nov 30 - Dec 6, 24% of nursing homes had at least one new resident COVID-19 case, 47% had at least one new staff COVID-19 case, and 11% had at least one new resident COVID-19 death.
- North Carolina had 392 new cases per 100,000 population, compared to a national average of 451 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; 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 Dec 5 - Dec 11, on average, 302 patients with confirmed COVID-19 and 310 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in North Carolina. This is an increase of 8% in total new COVID-19 hospital admissions.
- Hospitals are reporting critical staffing shortages, but the state is managing and has a strong system in place to support requests from facilities. State teams are available if support is needed.

## RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- The epidemic in North Carolina is still on an upward trajectory heading into the holidays; the recent modified stay-at-home order is warranted. It may be wise to impose additional temporary limitations on restaurants, bars, coffee shops, etc.
- Recent expansion of testing is highly commendable. It is important to focus on efficiencies in returning results; aim for a goal of test reporting <48 hours.
- Throughout the holidays, saturate all media platforms with messaging on hospital shortages and appeals to civic responsibility and social cohesion; provide instructions to report non-compliance of local businesses. Messages should be culturally and community relevant.
- Consider defining and standardizing risk category for hospital service areas likely to face capacity shortages based on epi and hospital trends; ensure that all such hospital service areas have contingency triage protocols for hospital resources, remote expert clinical consultation, enhanced outpatient treatment protocols (e.g., infusion centers for outpatient therapies), and staffing expansion plans.
- 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 | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	41,088 (392)	+47%	269,312 (403)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	11.2%	+0.5%*	11.7%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	347,884** (3,317**)	+49%**	1,627,814** (2,433**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	285 (2.7)	+11%	2,498 (3.7)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	24%	N/A*†	27%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	47%	N/A*†	48%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	11%	N/A*†	11%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	4,288 (20)	+8% (+8%)	29,232 (19)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	11 (10%)	+0% (+0%*)	163 (18%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	10 (9%)	+4% (+67%*)	215 (23%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

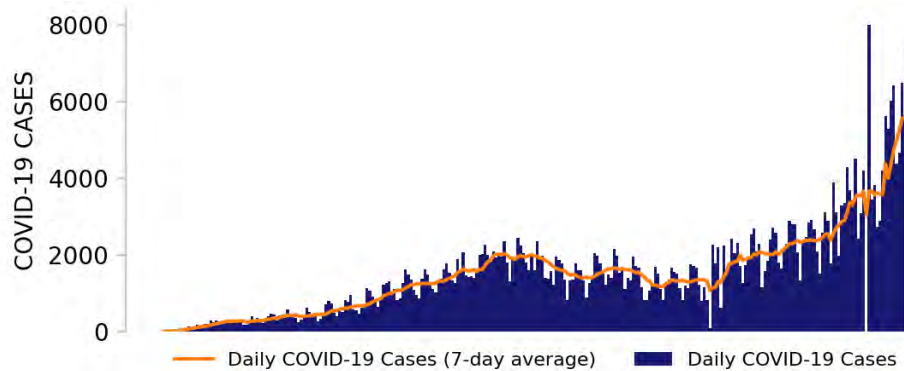
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



# NORTH CAROLINA

STATE REPORT | 12.13.2020

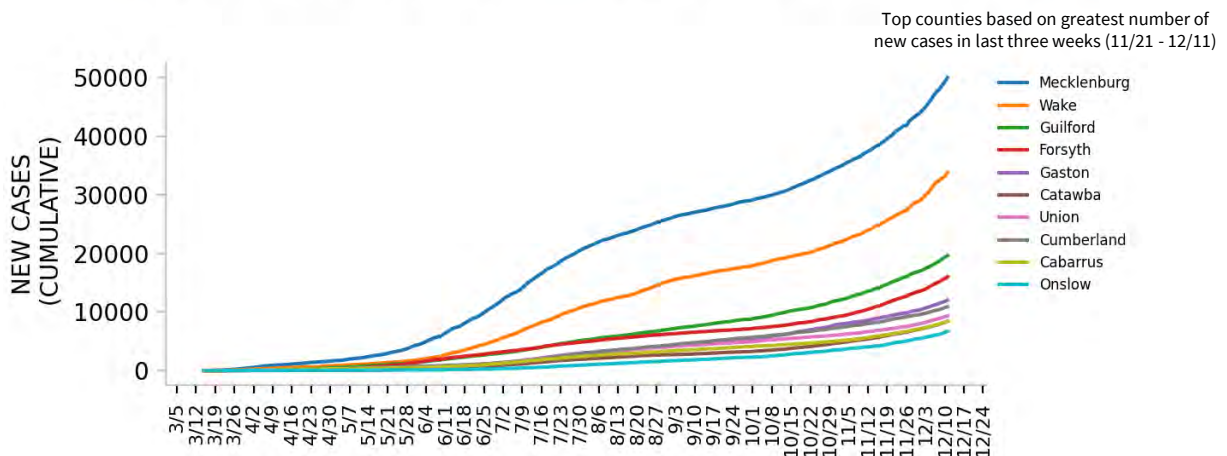
## NEW CASES



## TESTING



## TOP COUNTIES



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

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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.

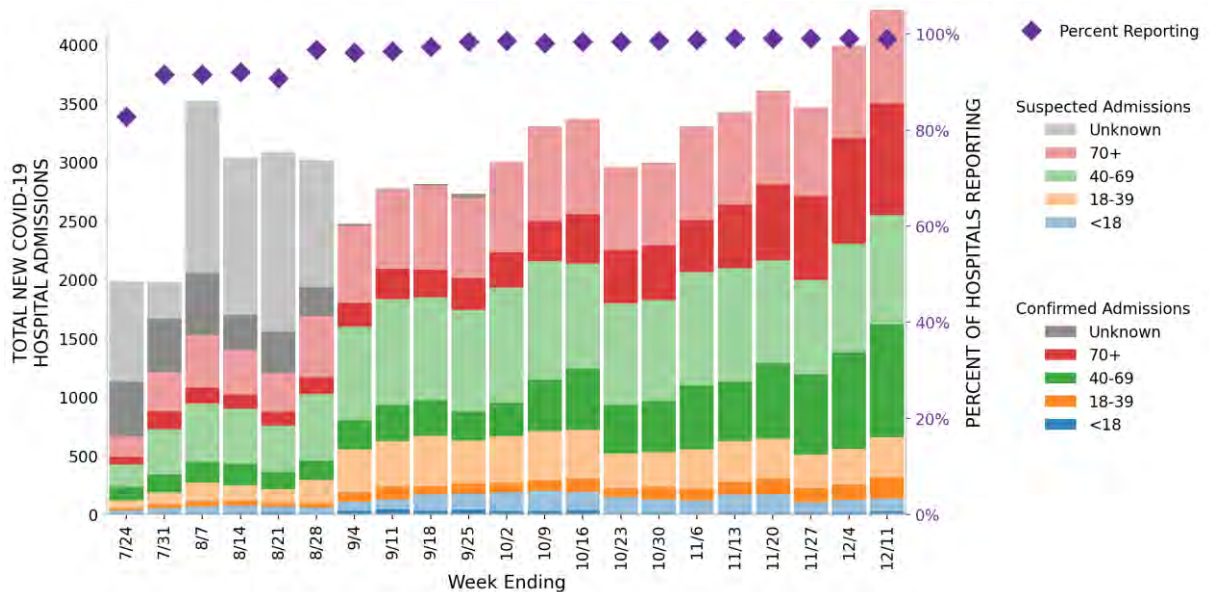


# NORTH CAROLINA

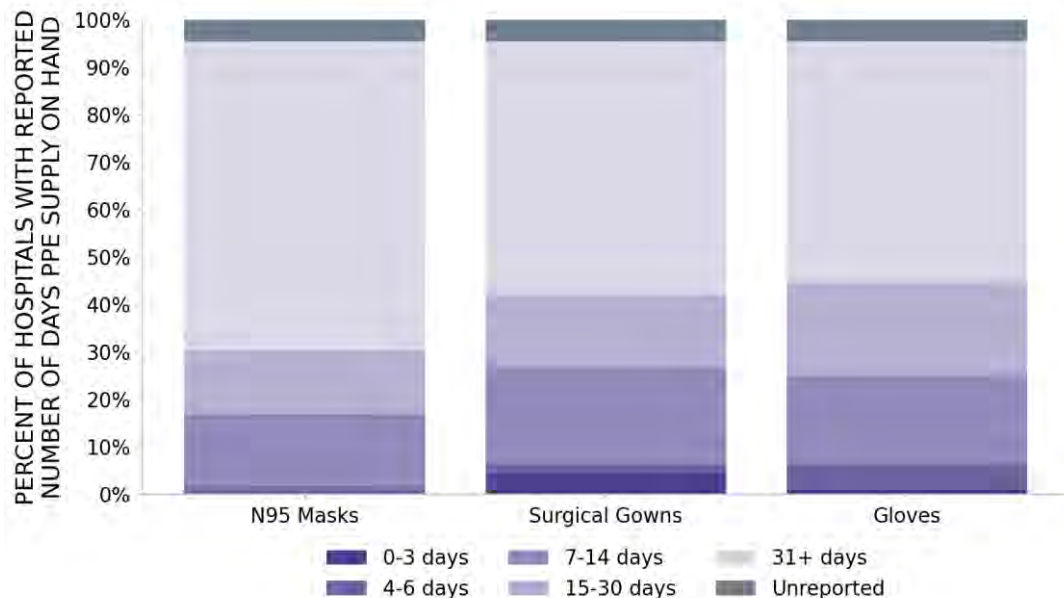
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# NORTH CAROLINA

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA)

### COUNTIES

LOCALITIES IN RED ZONE	25 ▲ (+1)	Charlotte-Concord-Gastonia Winston-Salem Greensboro-High Point Hickory-Lenoir-Morganton Fayetteville Jacksonville Greenville Burlington Rocky Mount Lumberton Shelby New Bern	60 ■ (+0)	Mecklenburg Guilford Forsyth Gaston Catawba Union Cumberland Cabarrus Onslow Iredell Johnston Pitt
	10 ▲ (+1)	Raleigh-Cary Asheville Wilmington Goldsboro Wilson Kinston North Wilkesboro Roanoke Rapids Morehead City Henderson	23 ▲ (+2)	Wake Durham New Hanover Burke Wayne Wilson Nash Brunswick Henderson Lenoir Wilkes Columbus
	4 ▼ (-1)	Durham-Chapel Hill Boone Laurinburg Kill Devil Hills	15 ▲ (+2)	Buncombe Watauga Duplin Scotland Chatham Northampton Dare Cherokee Macon Chowan Pamlico Polk
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

**All Red CBSAs:** Charlotte-Concord-Gastonia, Winston-Salem, Greensboro-High Point, Hickory-Lenoir-Morganton, Fayetteville, Jacksonville, Greenville, Burlington, Rocky Mount, Lumberton, Shelby, New Bern, Forest City, Pinehurst-Southern Pines, Myrtle Beach-Conway-North Myrtle Beach, Mount Airy, Marion, Albemarle, Cullowhee, Rockingham, Sanford, Washington, Elizabeth City, Virginia Beach-Norfolk-Newport News, Brevard

**All Red Counties:** Mecklenburg, Guilford, Forsyth, Gaston, Catawba, Union, Cumberland, Cabarrus, Onslow, Iredell, Johnston, Pitt, Alamance, Rowan, Davidson, Randolph, Robeson, Cleveland, Harnett, Caldwell, Lincoln, Craven, Rutherford, Moore, Rockingham, Surry, Sampson, McDowell, Stanly, Alexander, Haywood, Yadkin, Richmond, Davie, Edgecombe, Halifax, Lee, Pender, Hoke, Beaufort, Jackson, Warren, Avery, Yancey, Bladen, Ashe, Pasquotank, Montgomery, Anson, Mitchell, Bertie, Hertford, Currituck, Transylvania, Swain, Perquimans, Gates, Alleghany, Camden, Tyrrell

**All Orange Counties:** Wake, Durham, New Hanover, Burke, Wayne, Wilson, Nash, Brunswick, Henderson, Lenoir, Wilkes, Columbus, Carteret, Franklin, Vance, Granville, Stokes, Person, Madison, Greene, Martin, Caswell, Clay

**All Yellow Counties:** Buncombe, Watauga, Duplin, Scotland, Chatham, Northampton, Dare, Cherokee, Macon, Chowan, Pamlico, Polk, Jones, Washington, Graham

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

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

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

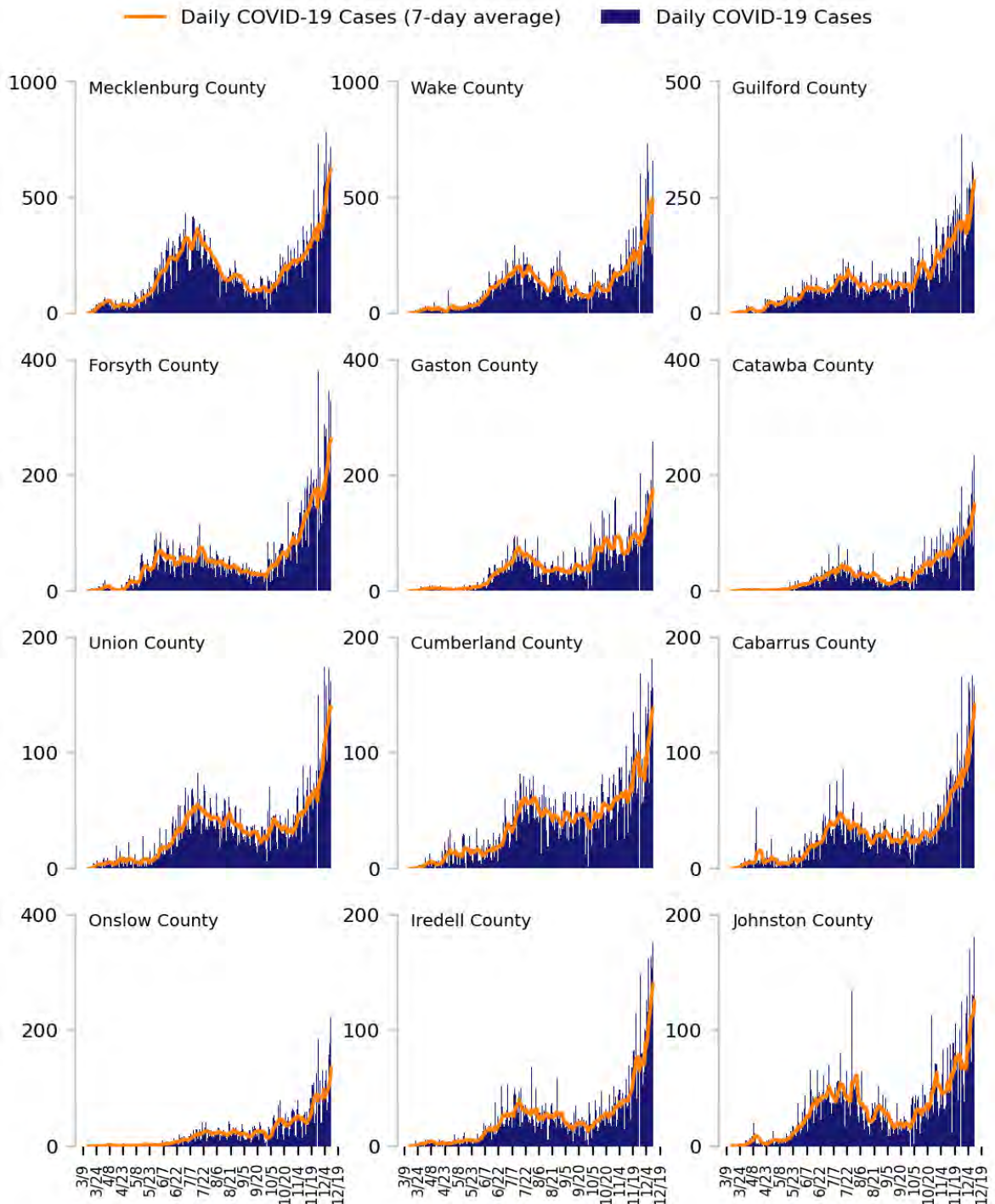
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

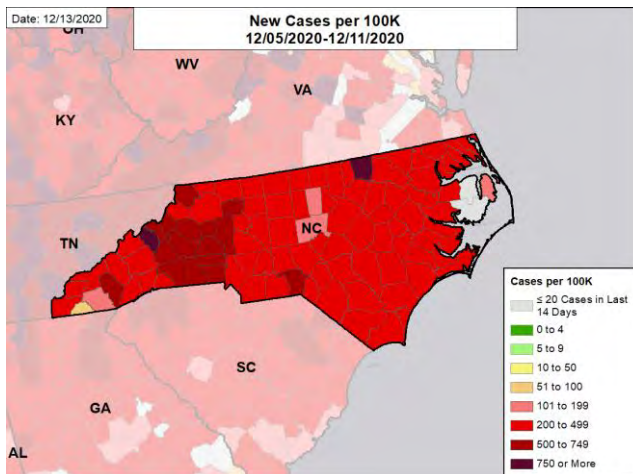
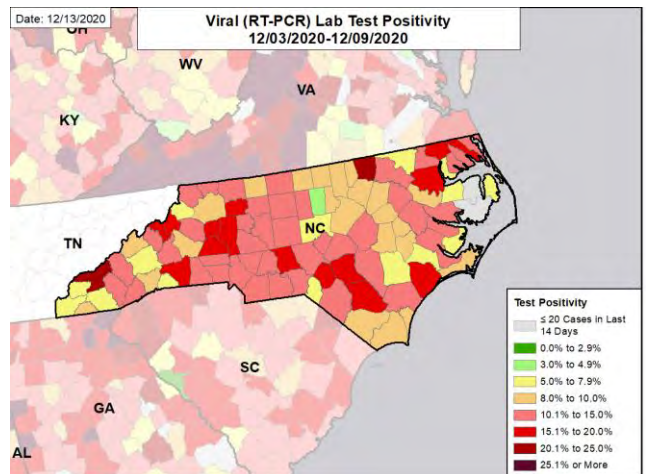
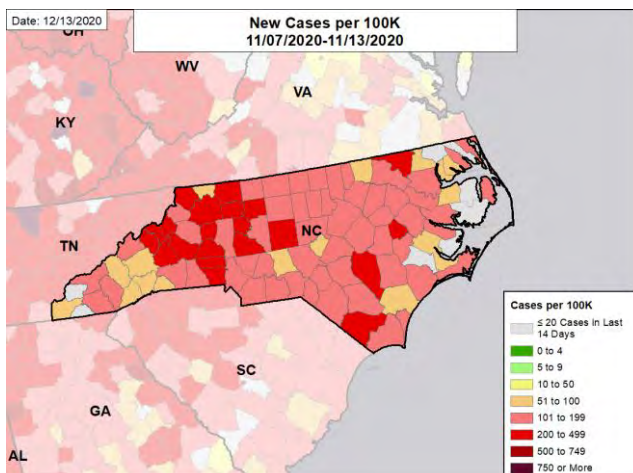
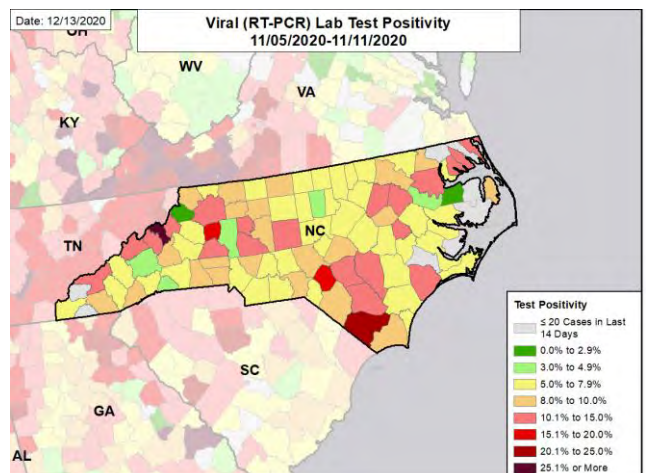
**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.



# NORTH CAROLINA

STATE REPORT | 12.13.2020

## 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.



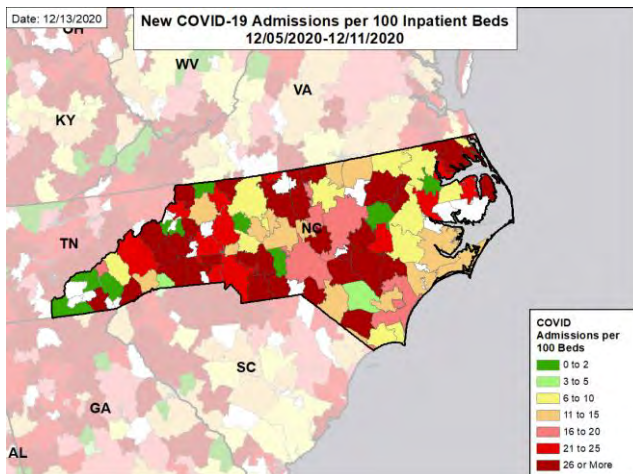


# NORTH CAROLINA

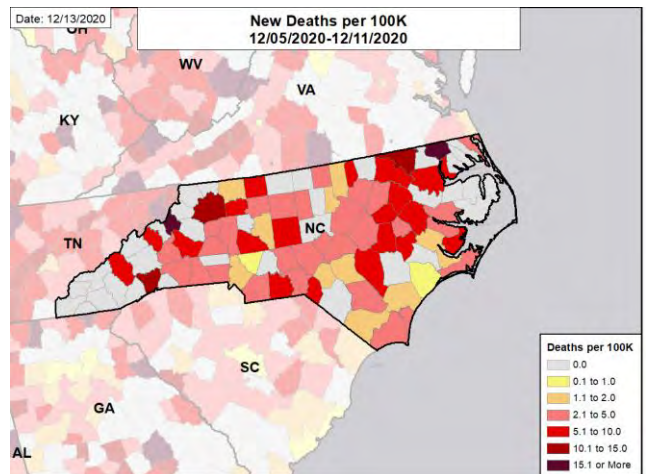
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

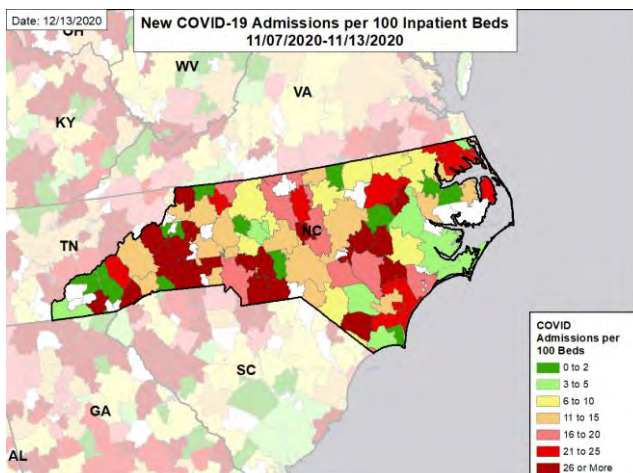
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



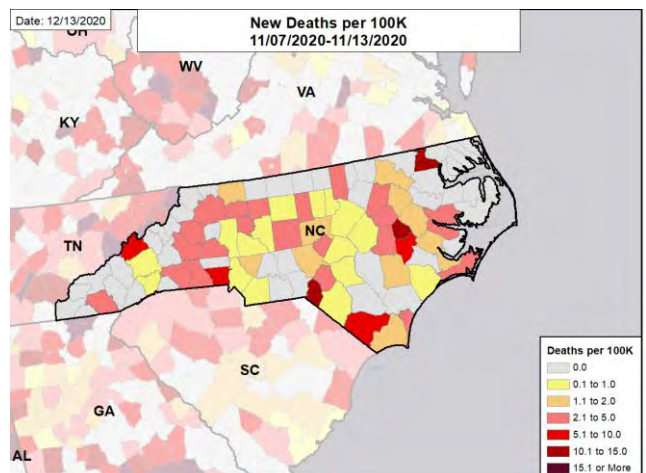
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





## NORTH DAKOTA

## SUMMARY

- North 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. North Dakota 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.
- North Dakota has seen an increase in new cases and a decrease in test positivity but is slowly improving overall since instituting the mask mandate.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Cass County, 2. Burleigh County, and 3. Grand Forks County. These counties represent 45.0% of new cases in North Dakota.
- 51% of all counties in North Dakota have moderate or high levels of community transmission (yellow, orange, or red zones), with 15% having high levels of community transmission (red zone).
- During the week of Nov 30 - Dec 6, 45% of nursing homes had at least one new resident COVID-19 case, 66% had at least one new staff COVID-19 case, and 27% had at least one new resident COVID-19 death.
- North Dakota had 691 new cases per 100,000 population, compared to a national average of 451 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 60 to support medical activities from DoD; 2 to support epidemiology activities from CDC; and 1 to support operations activities from CDC.
- Between Dec 5 - Dec 11, on average, 35 patients with confirmed COVID-19 and 14 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in North Dakota. This is a decrease of 18% in total new COVID-19 hospital admissions.

## RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- **Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- **For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Ensure all universities returning after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Ongoing high levels of positive staff at LTCFs indicate continued and unmitigated community spread in these geographic locations.
- Support to Tribal Nations for vaccination, testing, and clinical support is essential; they represent the highest risk group after LTCF residents.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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





# NORTH DAKOTA

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	5,265 (691)	+12%	67,460 (550)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	5.9%	-3.2%*	12.6%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	35,130** (4,610**)	+3%**	500,014** (4,079**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	135 (17.7)	+55%	1,025 (8.4)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	45%	N/A*†	39%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	66%	N/A*†	59%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	27%	N/A*†	20%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	343 (16)	-18% (-19%)	4,616 (19)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	12 (25%)	+0% (+0%*)	74 (22%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	19 (40%)	-1% (-5%*)	72 (22%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4. Probable cases are included beginning 12/9.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

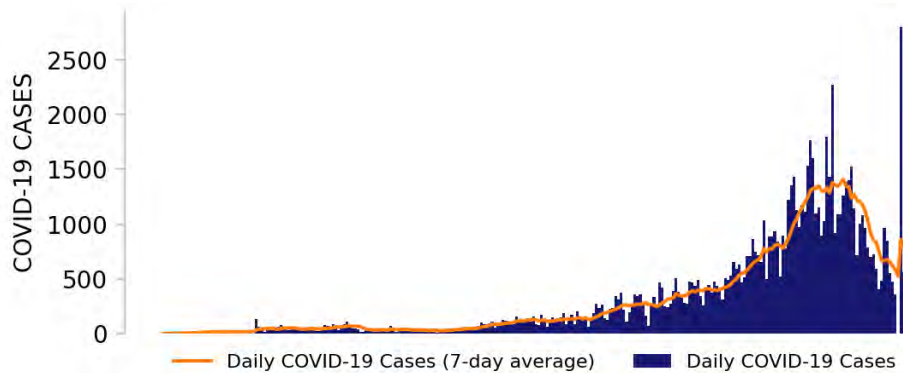
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



# NORTH DAKOTA

STATE REPORT | 12.13.2020

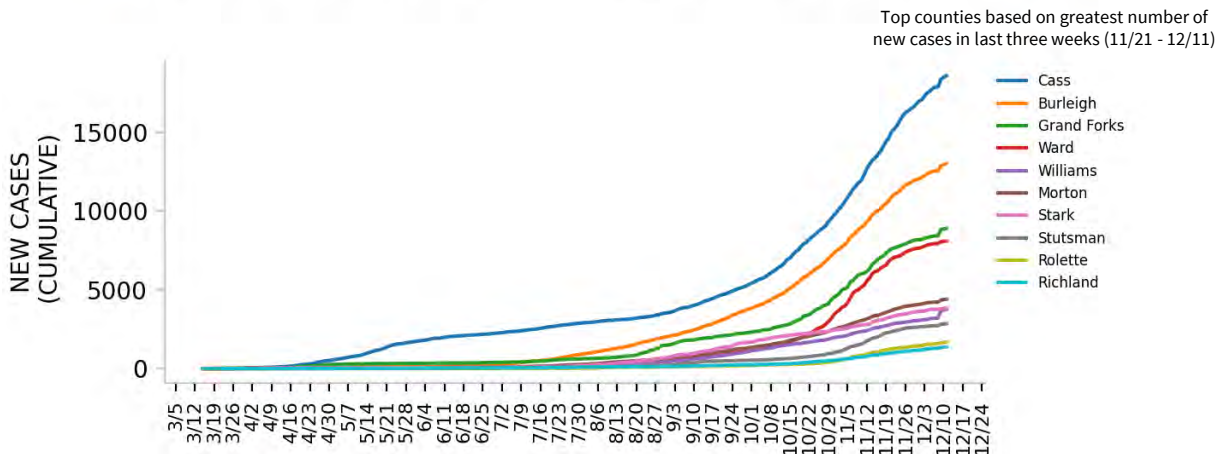
## NEW CASES



## 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 12/9/2020.

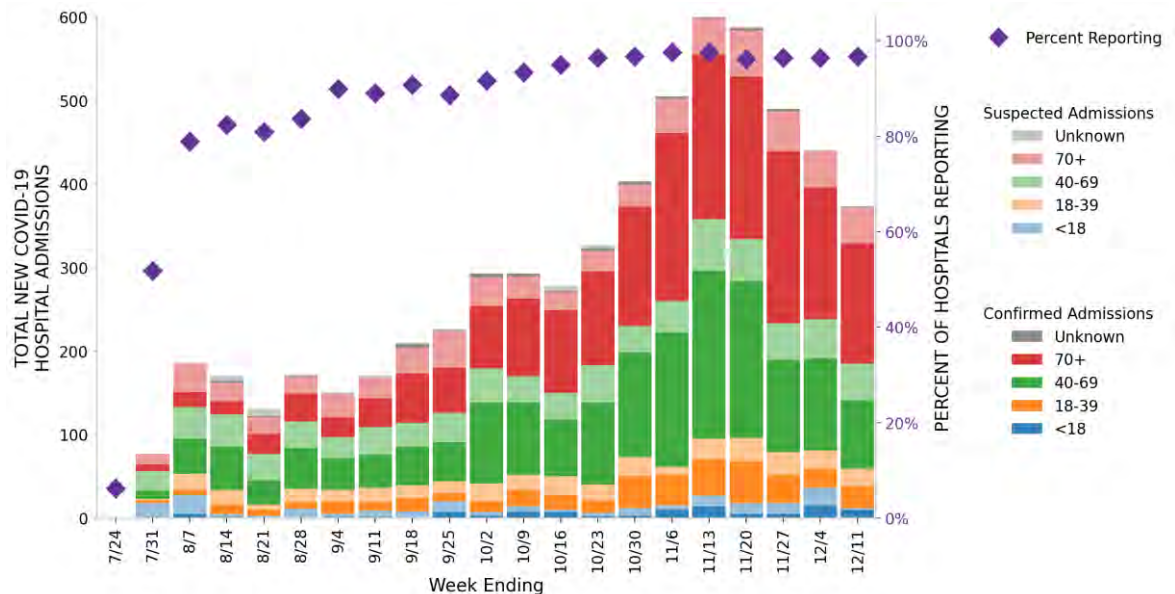


# NORTH DAKOTA

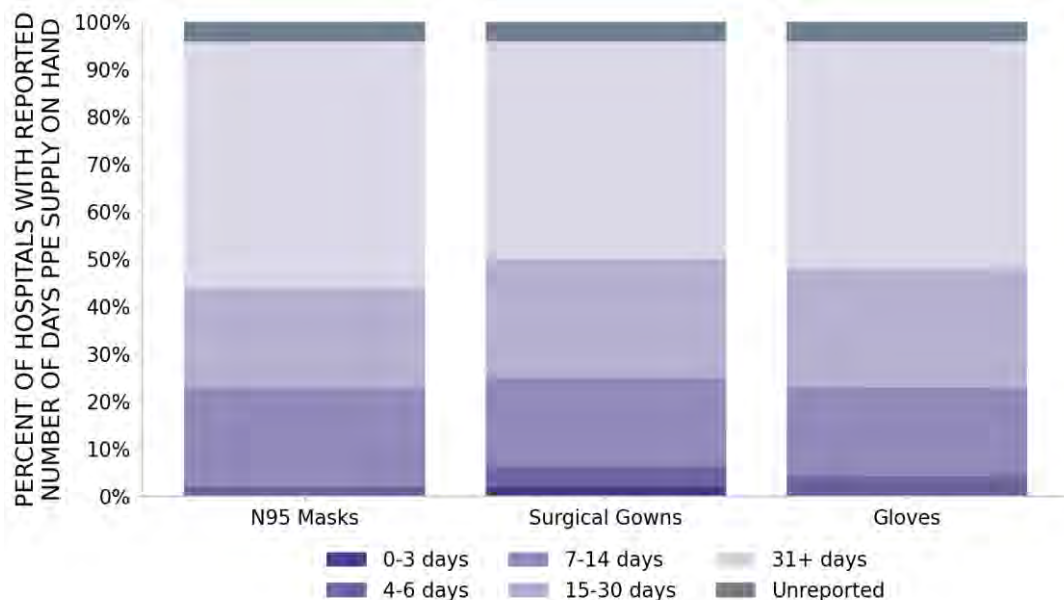
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# NORTH DAKOTA

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA)

### COUNTIES

LOCALITIES IN RED ZONE	<b>1</b> ▼ (-3)	Minot	<b>8</b> ▼ (-15)	Ward Rolette Ramsey McHenry Towner Logan Burke Sheridan
	<b>3</b> ▲ (+1)	Grand Forks Williston Wahpeton	<b>6</b> ▼ (-2)	Williams Benson Mercer Pembina Sioux Kidder
	<b>2</b> ■ (+0)	Fargo Bismarck	<b>13</b> ▲ (+6)	Cass Burleigh Grand Forks Richland Walsh McLean LaMoure Foster Bottineau Dickey Griggs Steele
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

**All Yellow Counties:** Cass, Burleigh, Grand Forks, Richland, Walsh, McLean, LaMoure, Foster, Bottineau, Dickey, Griggs, 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

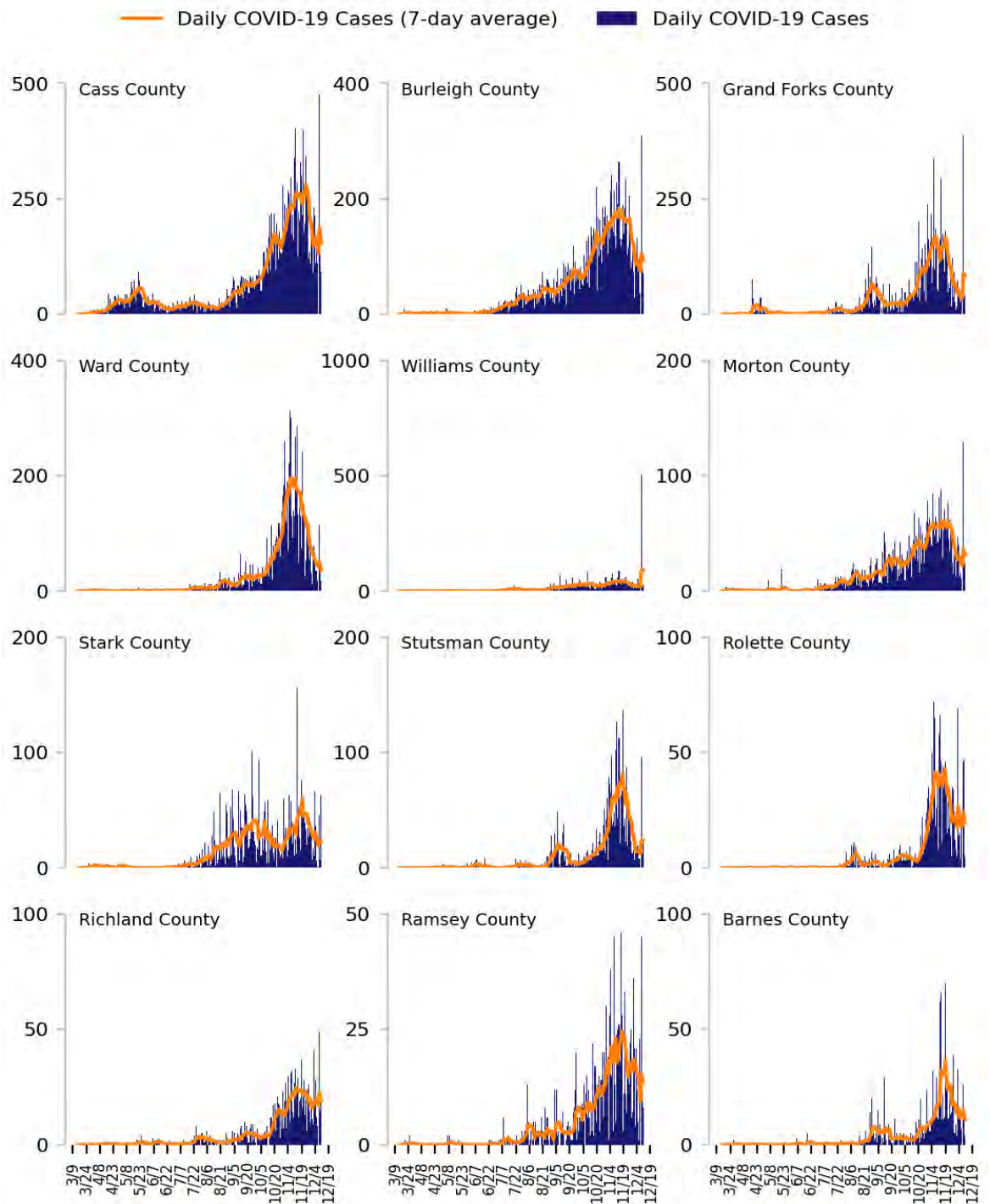
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Probable cases are included beginning 12/9.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11. Probable cases are included beginning 12/9.

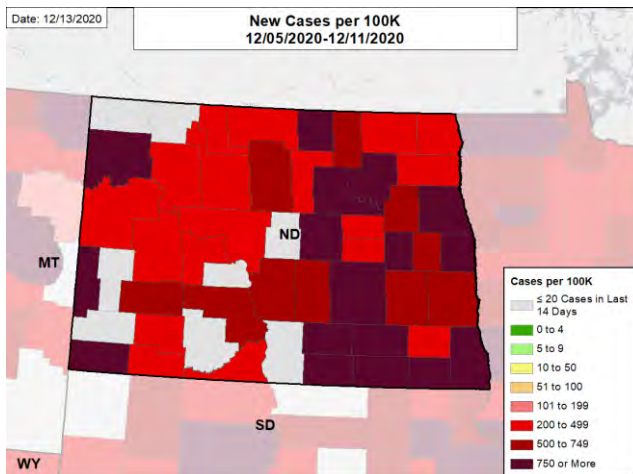


# NORTH DAKOTA

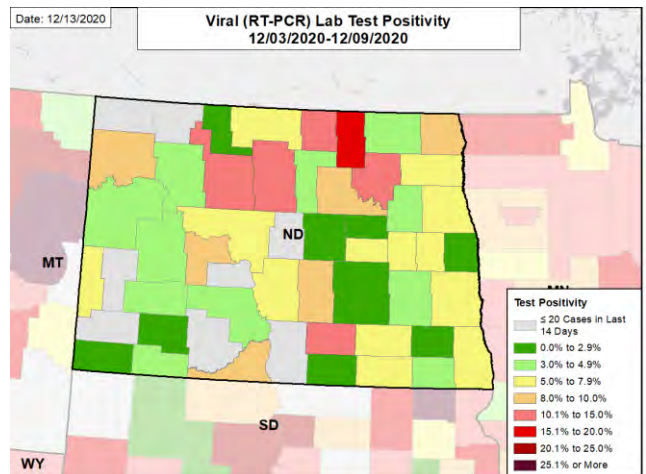
STATE REPORT | 12.13.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY

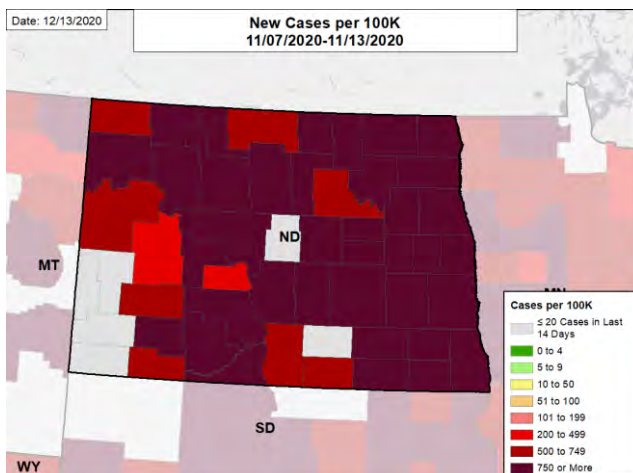
### NEW CASES PER 100,000



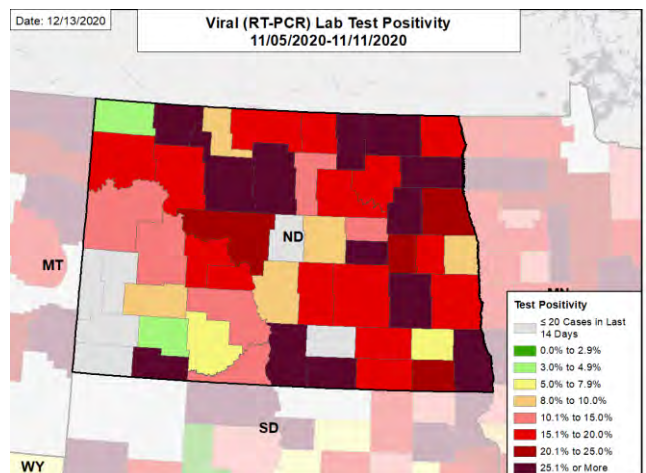
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### 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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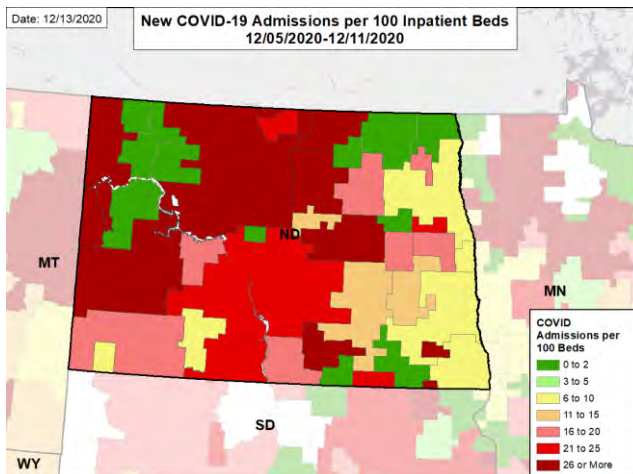


# NORTH DAKOTA

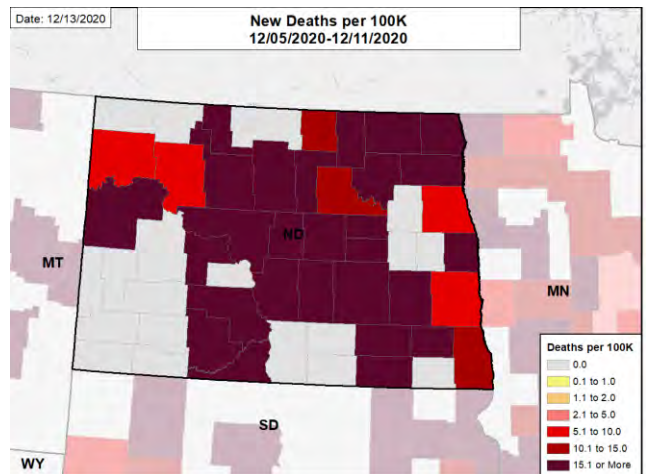
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

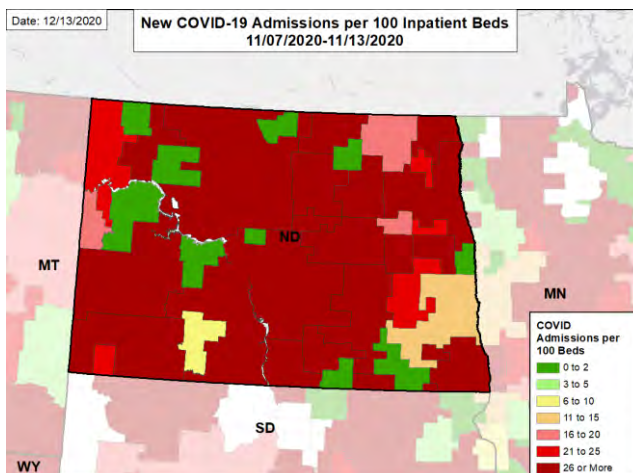
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



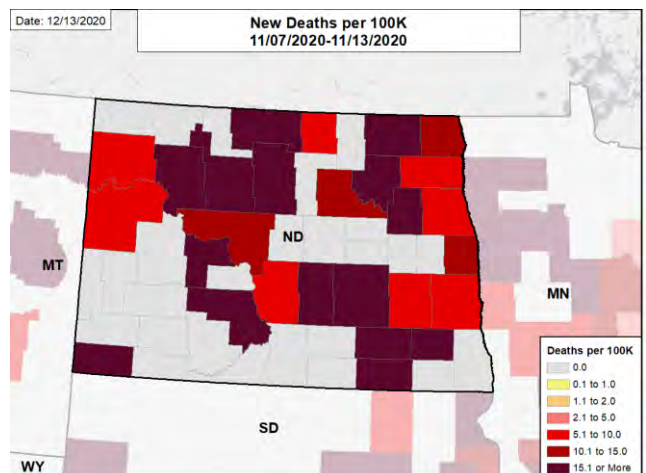
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13. Probable cases are included beginning 12/9.

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# OHIO

## STATE REPORT

12.13.2020

Issue 26

### SUMMARY

- Ohio 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. Ohio is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 15th highest rate in the country.
- Ohio has seen an increase in new cases and test positivity. Watch for a post-Thanksgiving surge, as hospital admissions were finally stabilizing.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Cuyahoga County, 2. Franklin County, and 3. Hamilton County. These counties represent 27.0% 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 95% having high levels of community transmission (red zone).
- During the week of Nov 30 - Dec 6, 46% of nursing homes had at least one new resident COVID-19 case, 67% had at least one new staff COVID-19 case, and 23% had at least one new resident COVID-19 death.
- Ohio had 729 new cases per 100,000 population, compared to a national average of 451 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 9 to support operations activities from FEMA; 4 to support epidemiology activities from CDC; and 4 to support operations activities from USCG.
- Between Dec 5 - Dec 11, on average, 698 patients with confirmed COVID-19 and 425 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Ohio. This is a minimal change in total new COVID-19 hospital admissions.
- Hospitals are reporting critical staffing shortages, but the state is managing.

### RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
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- **For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

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- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- New hospital admissions continue at a high level; Ohio must increase testing. Aggressive impact testing of adults under 40 is needed to rapidly identify those who became infected through gatherings before they spread the virus to the more vulnerable individuals, driving another round of increasing hospitalizations and fatalities.
- Contact all hospitals reporting <1 week's supply to confirm data; contact the regional FEMA office for support if supplies are an issue.
- Ensure all universities returning after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Ongoing high levels of positive staff at LTCFs indicate 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



## OHIO

STATE REPORT | 12.13.2020

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NEW COVID-19 CASES (RATE PER 100,000)	85,246 (729)	+49%	294,147 (560)	1,479,712 (451)
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SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	46%	N/A*†	40%	30%
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SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	23%	N/A*†	21%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	7,861 (26)	-4% (-5%)	28,394 (24)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	30 (16%)	+0% (+0%*)	208 (23%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	60 (32%)	+10% (+20%*)	240 (27%)	1,334 (26%)

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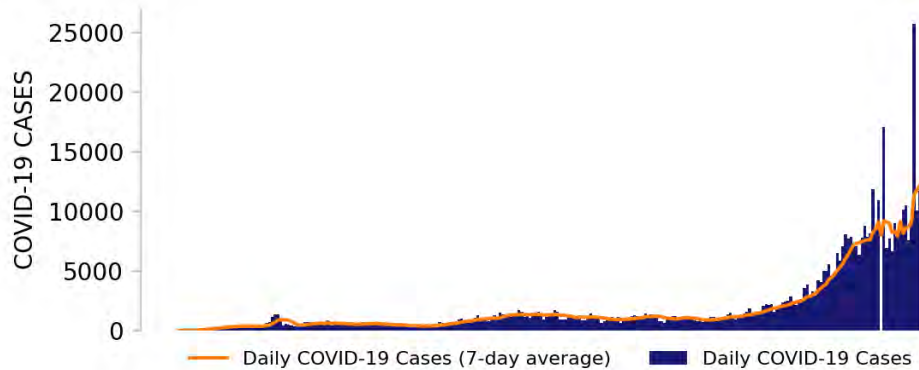
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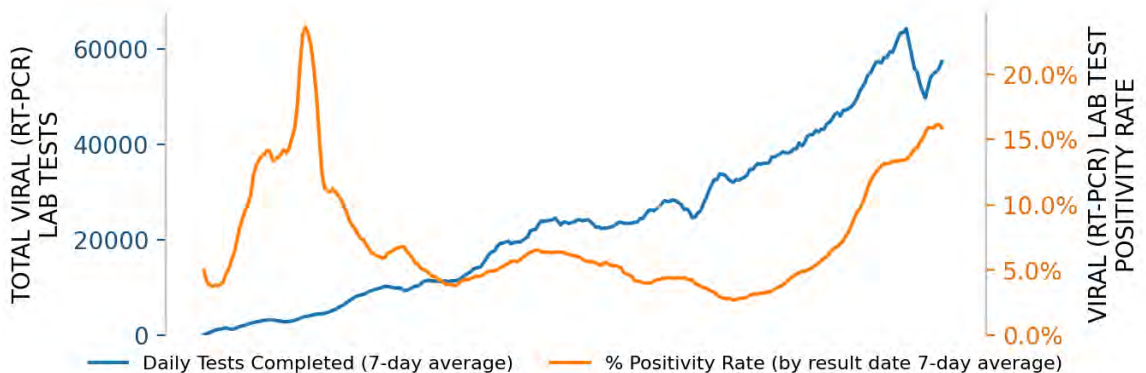
# OHIO

STATE REPORT | 12.13.2020

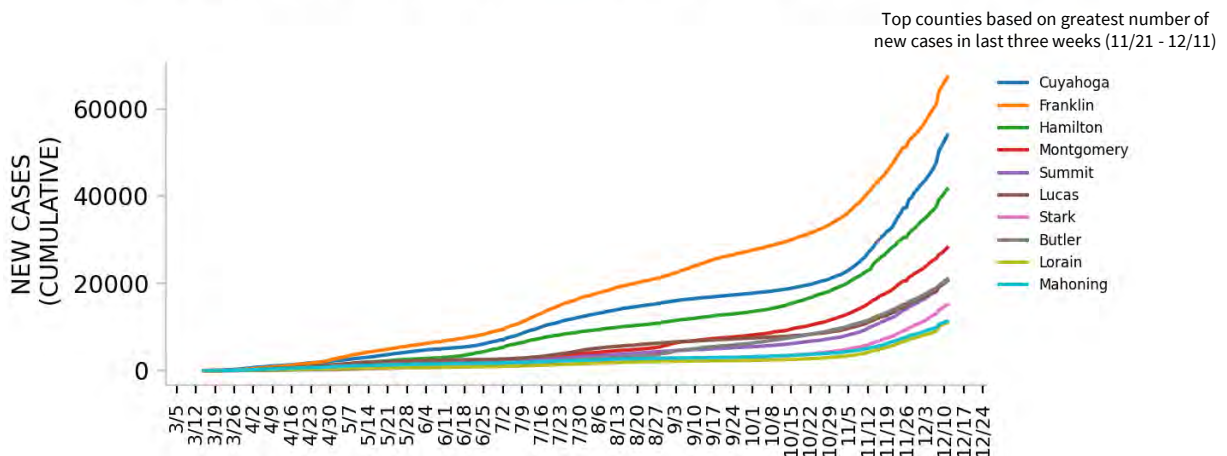
## NEW CASES



## TESTING



## TOP COUNTIES



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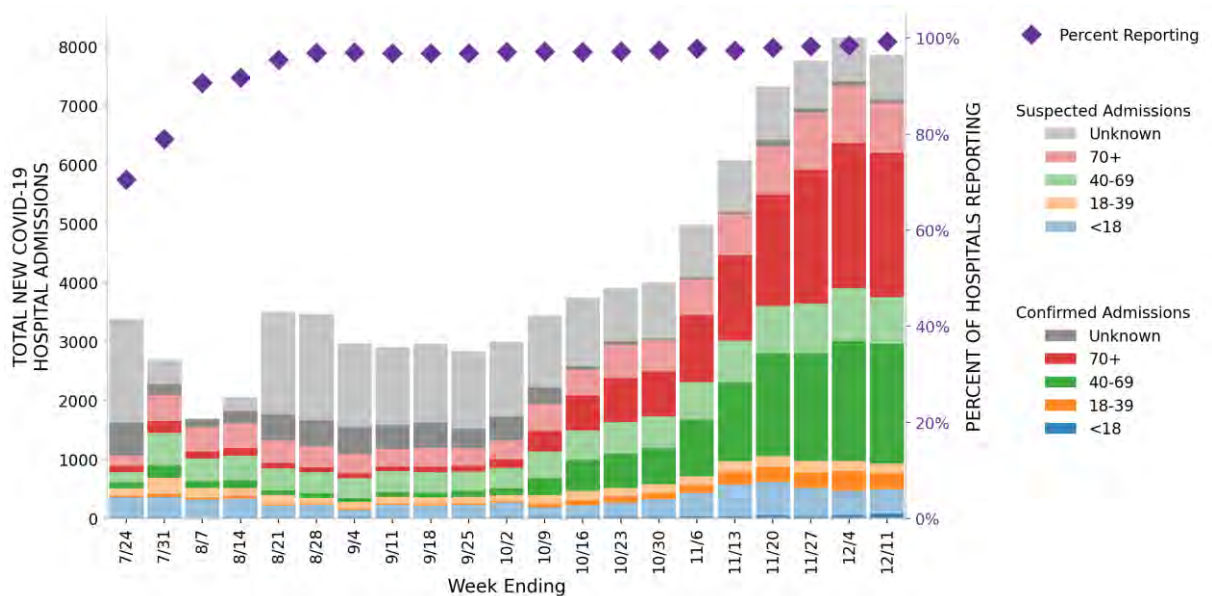


# OHIO

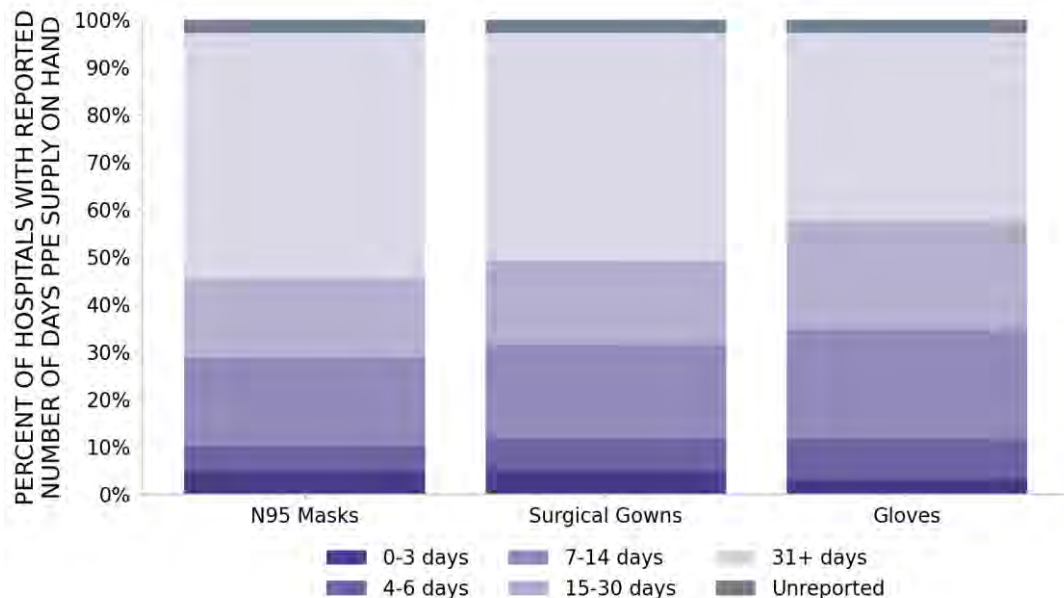
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





## OHIO

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

## METRO AREA (CBSA)

## COUNTIES

LOCALITIES IN RED ZONE	46 ▲ (+1)	Cleveland-Elyria Columbus Cincinnati Dayton-Kettering Akron Toledo Youngstown-Warren-Boardman Canton-Massillon Mansfield Springfield Lima New Philadelphia-Dover	84 ■ (+0)	Cuyahoga Franklin Hamilton Montgomery Summit Lucas Stark Butler Lorain Mahoning Warren Lake
	0 ■ (+0)	N/A	2 ▼ (-1)	Fairfield Vinton
	0 ▼ (-1)	N/A	2 ▲ (+1)	Lawrence Adams
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease				

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

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

\* 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

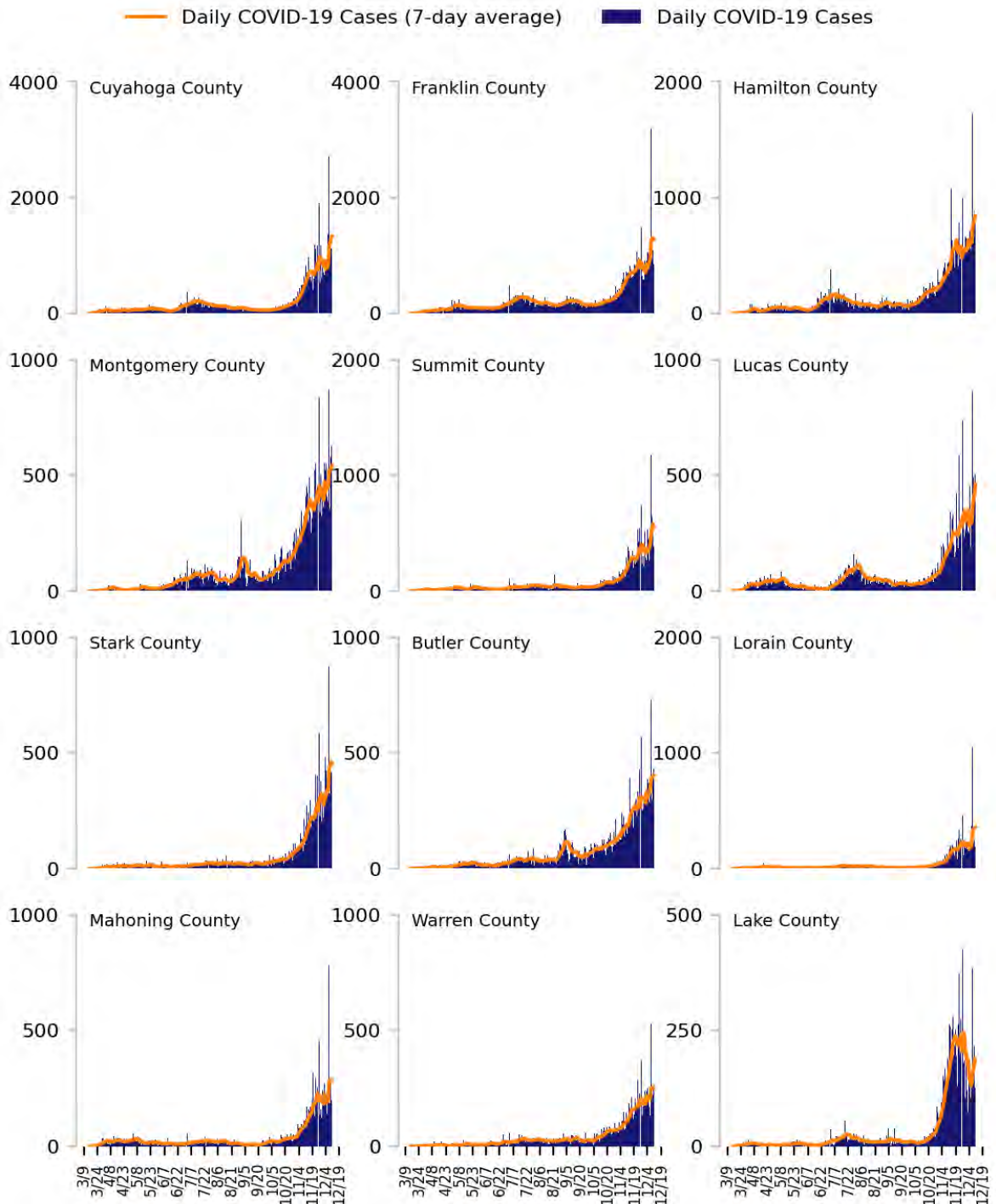
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 12/9/2020.



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

TOTAL DAILY CASES



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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.

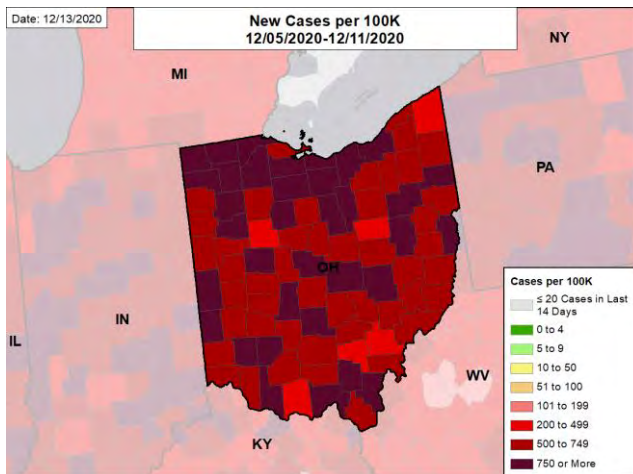


# OHIO

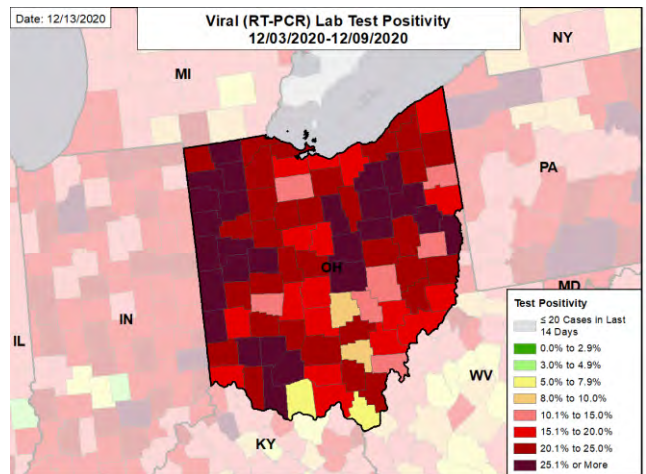
STATE REPORT | 12.13.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY

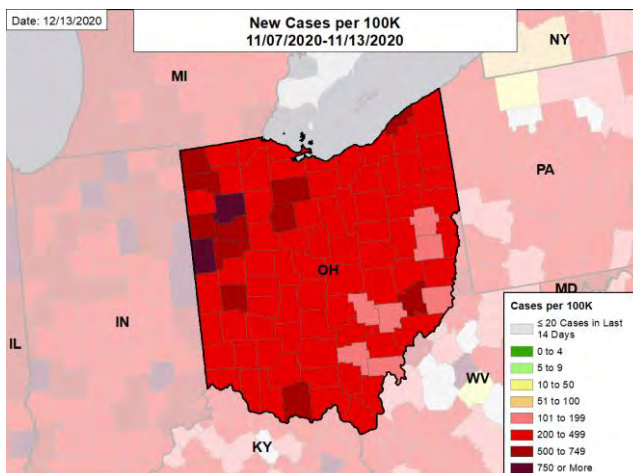
### NEW CASES PER 100,000



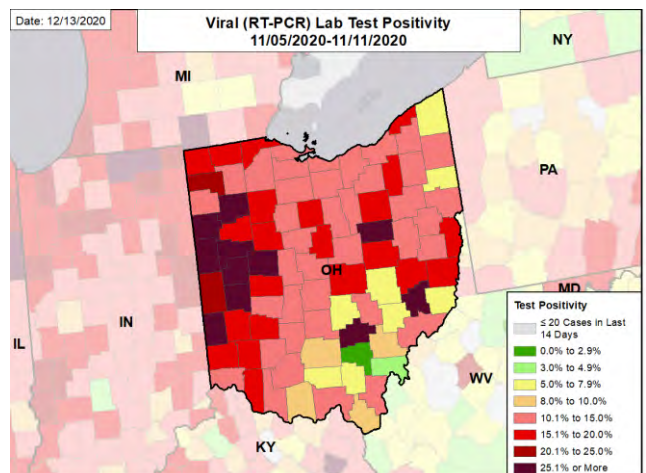
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 12/9/2020. The week one month before is 11/5 - 11/11.



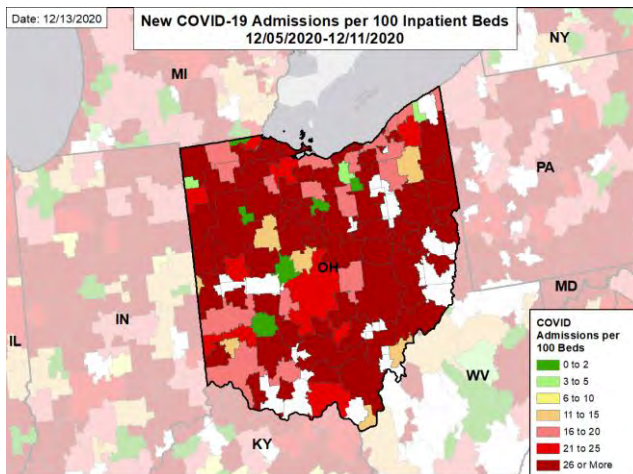


# OHIO

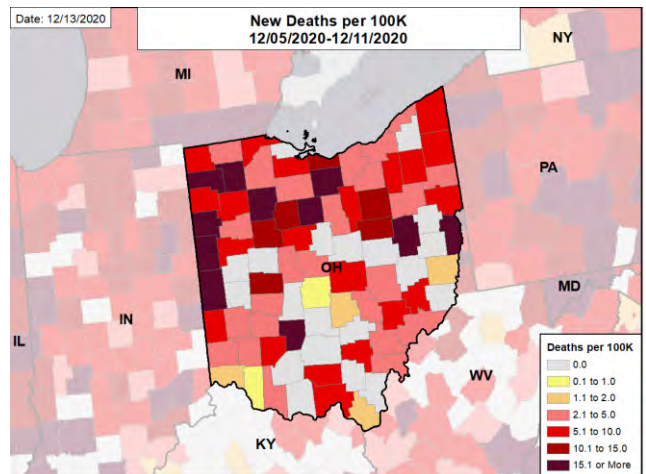
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

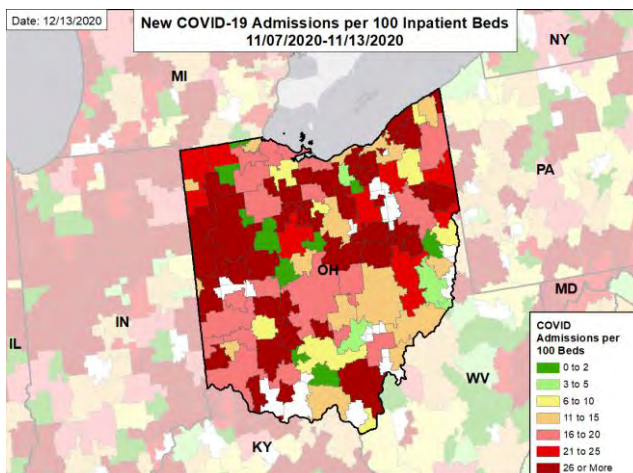
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



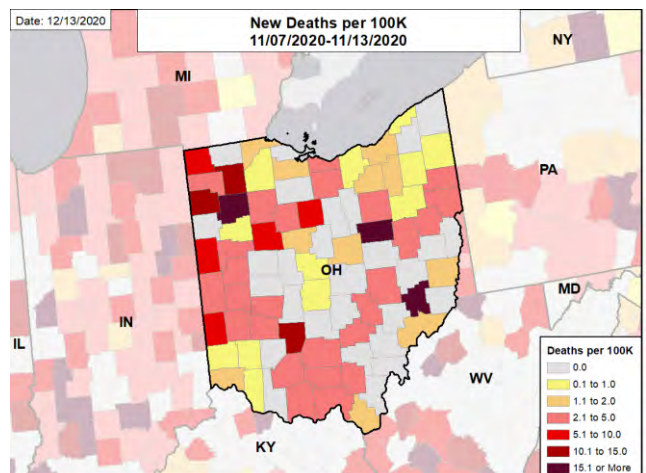
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





# OKLAHOMA

## STATE REPORT

12.13.2020

Issue 26

### SUMMARY

- Oklahoma is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 21st highest rate in the country. Oklahoma is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 3rd highest rate in the country.
- Oklahoma 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. Oklahoma County, 2. Tulsa County, and 3. Cleveland County. These counties represent 43.7% 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 92% having high levels of community transmission (red zone).
- During the week of Nov 30 - Dec 6, 36% of nursing homes had at least one new resident COVID-19 case, 49% had at least one new staff COVID-19 case, and 19% had at least one new resident COVID-19 death.
- Oklahoma had 518 new cases per 100,000 population, compared to a national average of 451 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 2 to support operations activities from CDC.
- The federal government has supported surge testing in several cities across the state.
- Between Dec 5 - Dec 11, on average, 293 patients with confirmed COVID-19 and 81 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oklahoma. This is a decrease of 12% in total new COVID-19 hospital admissions.

### RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Virus levels remain high. Throughout the holiday season, all media platforms should remain saturated with messaging on the risks of indoor social gatherings without masks. Find ways to keep testing levels high through holiday season to remove asymptomatic transmission over the next 4 weeks.
- Conduct active testing in schools where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. IHEs must have testing plans in place for spring semester, mandatorily testing all students weekly to prevent community spread.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. There continue to be high levels of positive staff members at LTCFs, indicating continued and unmitigated community spread in these areas.
- In Tribal Nations, conduct weekly testing of Tribal communities living on and off the reservation. Test results should be rapid, and isolation and contact tracing conducted immediately. Ensure sufficient facilities for isolation/quarantine with support 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



## OKLAHOMA

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	20,478 (518)	-4%	154,367 (361)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	19.5%	-2.2%*	12.8%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	47,882** (1,210**)	+16%**	956,742** (2,240**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	147 (3.7)	-6%	2,155 (5.0)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	36%	N/A*†	27%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	49%	N/A*†	46%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	19%	N/A*†	13%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	2,613 (27)	-12% (-13%)	18,999 (20)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	42 (32%)	-1% (-2%*)	235 (27%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	53 (40%)	+3% (+6%*)	304 (35%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

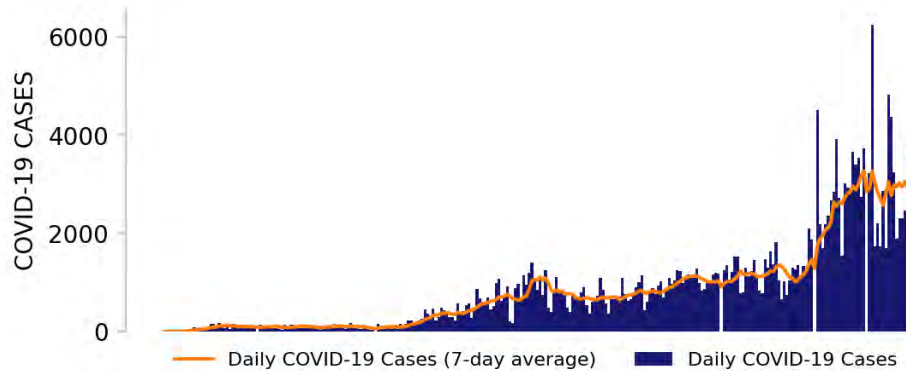
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



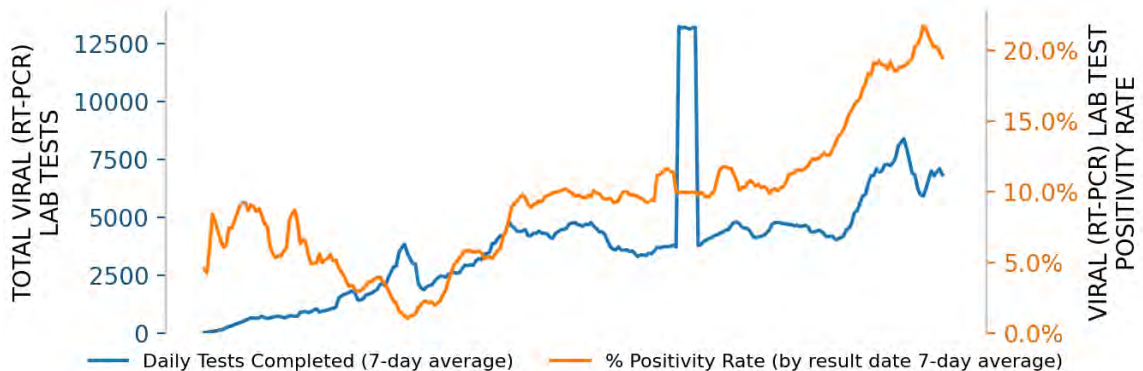
# OKLAHOMA

STATE REPORT | 12.13.2020

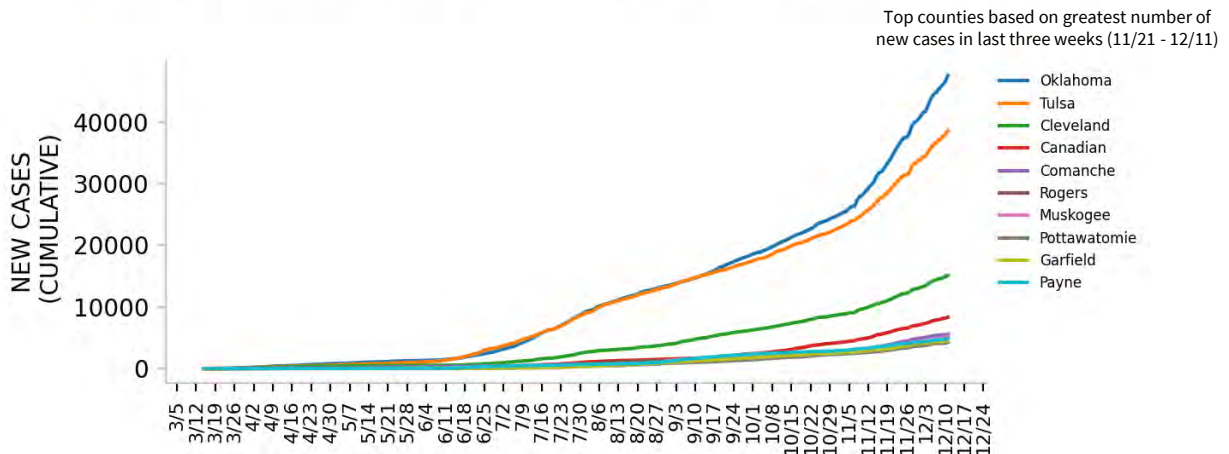
## NEW CASES



## TESTING



## TOP COUNTIES



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

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

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**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 12/9/2020.

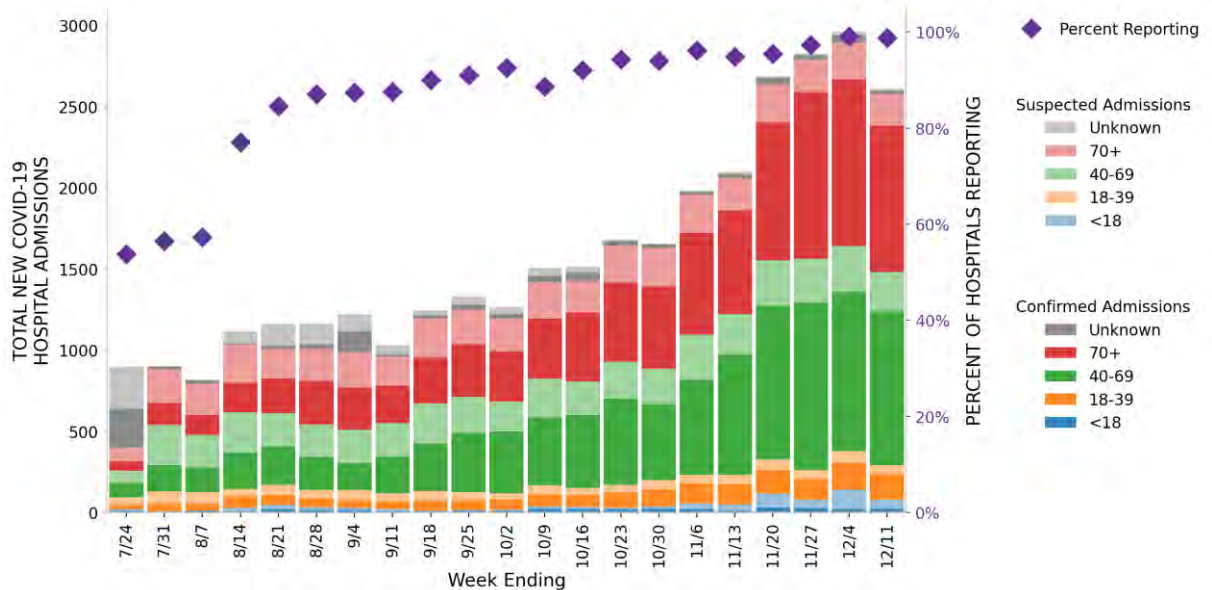


# OKLAHOMA

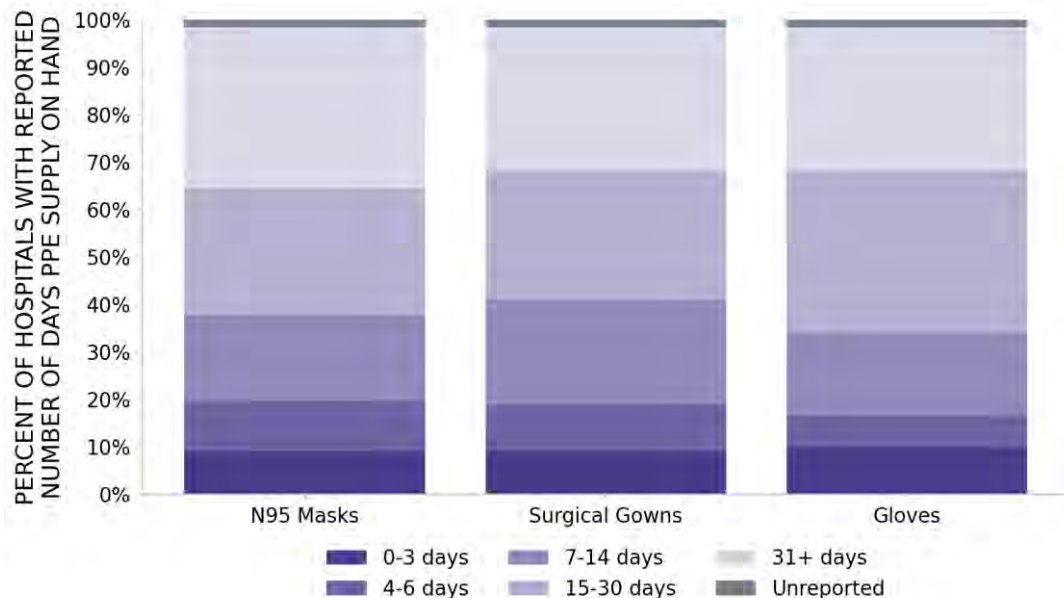
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# OKLAHOMA

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA)

### COUNTIES

LOCALITIES IN RED ZONE	22 ■ (+0)	Oklahoma City Tulsa Lawton Muskogee Shawnee Enid Stillwater Ardmore Ponca City Duncan Weatherford Tahlequah	71 ▼ (-4)	Oklahoma Tulsa Cleveland Canadian Comanche Rogers Muskogee Pottawatomie Garfield Payne Creek Kay
	0 ■ (+0)	N/A	5 ▲ (+5)	Grady Marshall Atoka Harmon Pushmataha
	0 ■ (+0)	N/A	0 ■ (+0)	N/A
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

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

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

\* 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

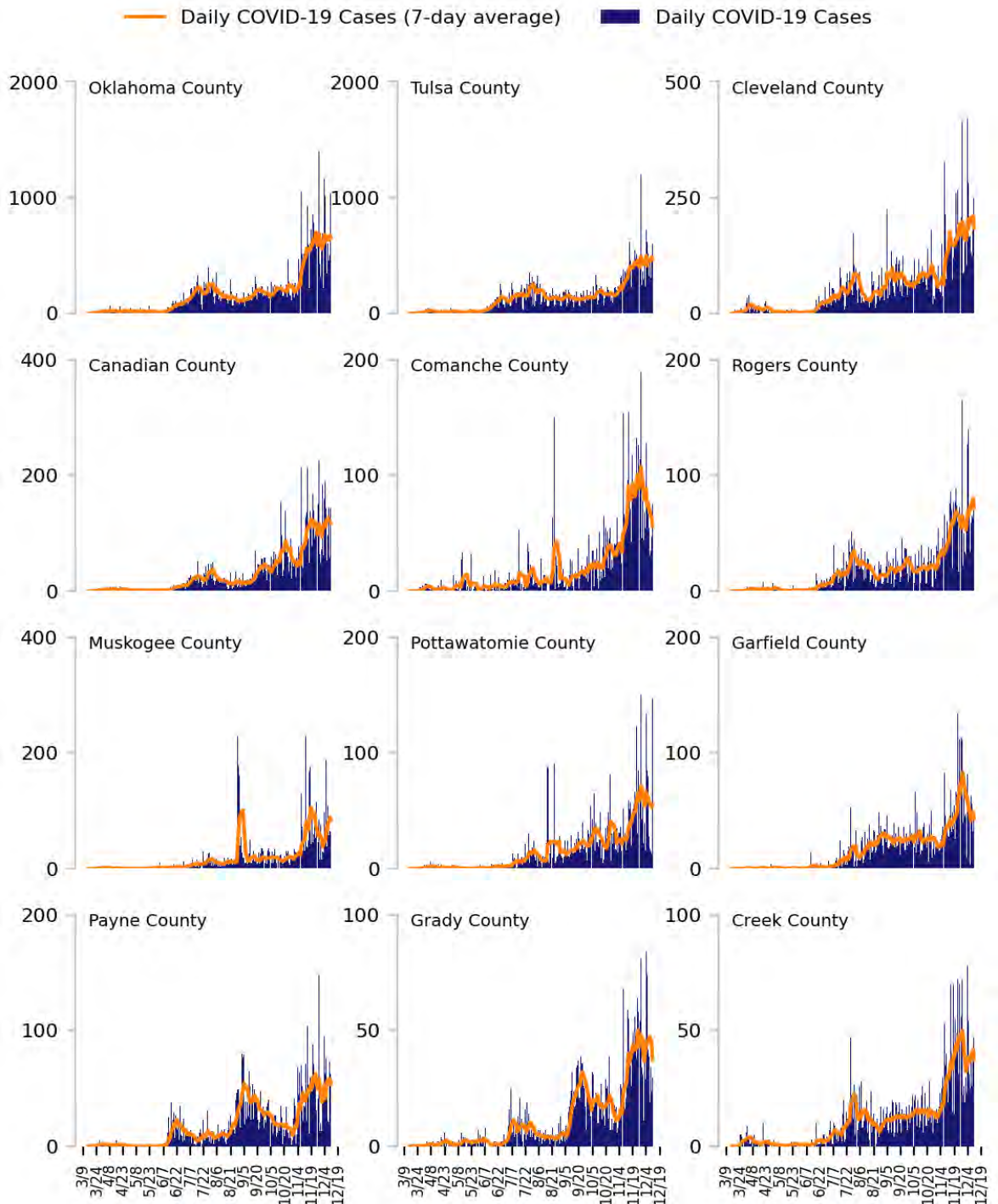
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 12/9/2020.



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

TOTAL DAILY CASES



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

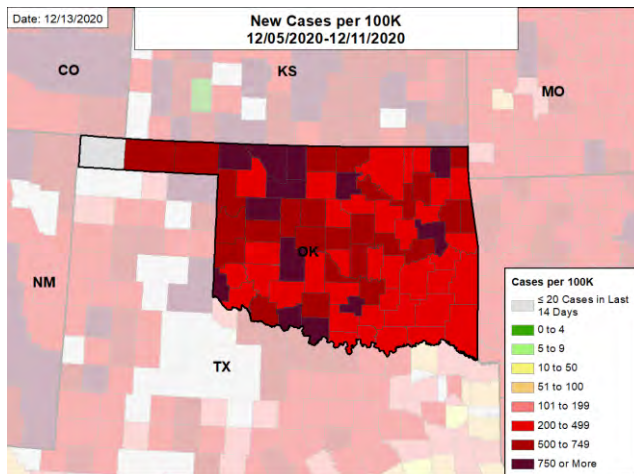
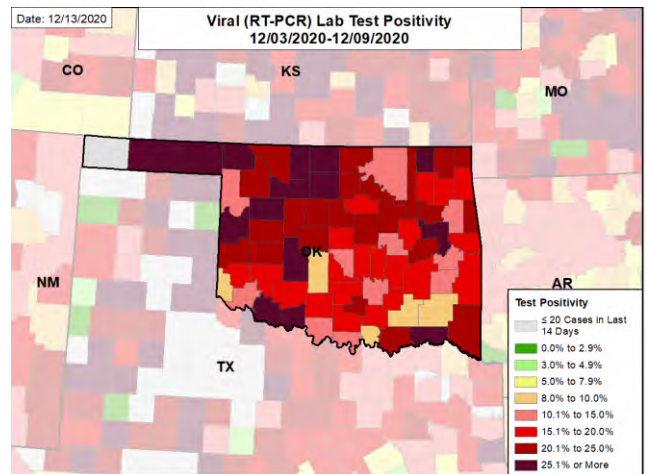
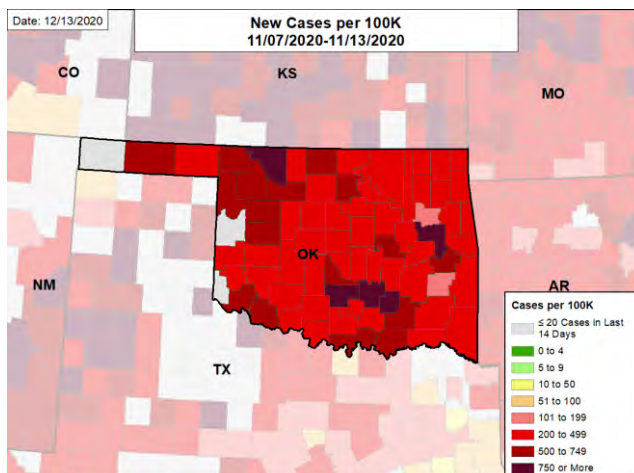
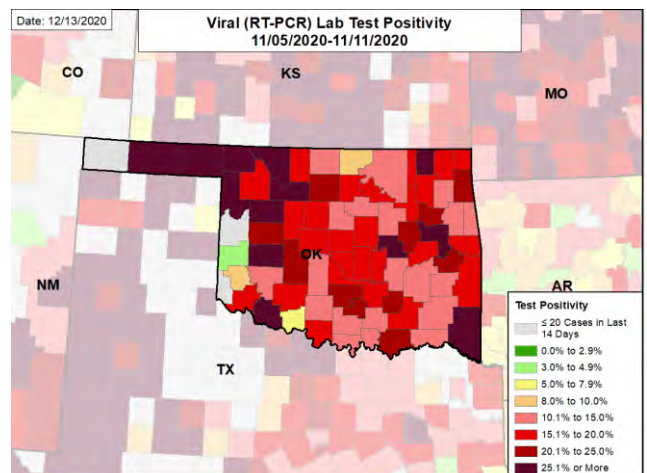
**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.



# OKLAHOMA

STATE REPORT | 12.13.2020

## 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 12/9/2020. The week one month before is 11/5 - 11/11.



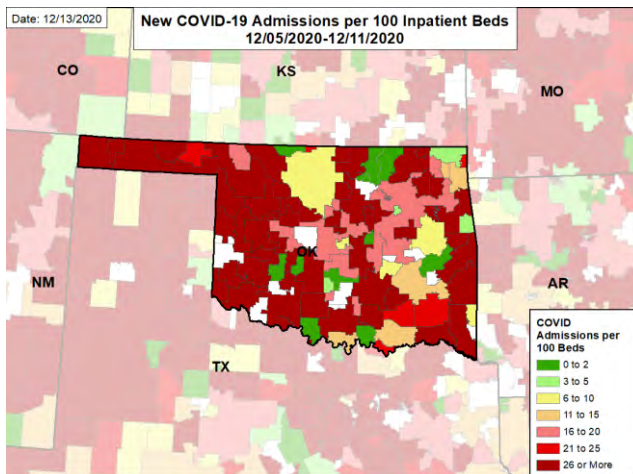


# OKLAHOMA

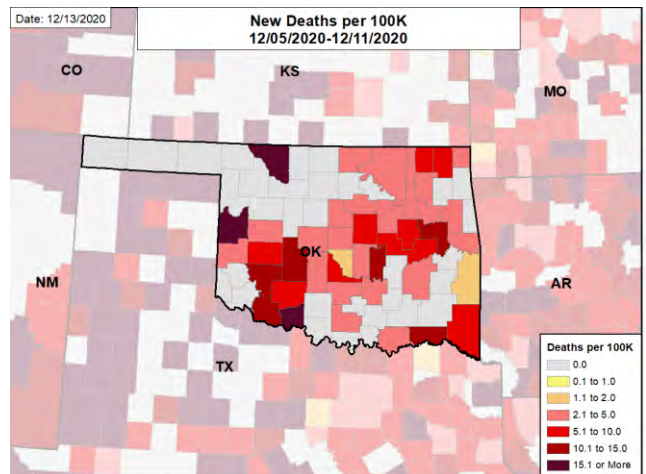
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

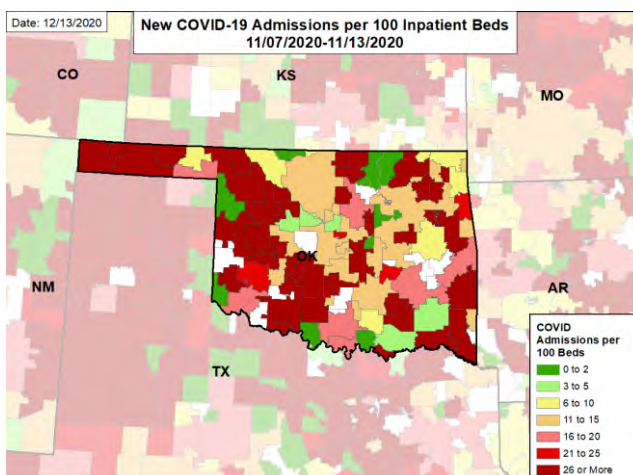
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



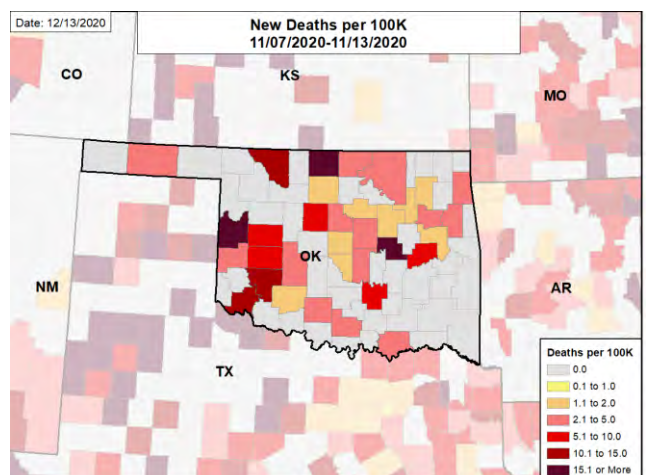
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





## STATE REPORT

12.13.2020

Issue 26

# OREGON

## SUMMARY

- Oregon 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. Oregon is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 41st highest rate in the country.
- Oregon has seen stability in new cases and a decrease in test positivity. Case rates were >250 per 100K population per week in 15 counties; largest increases in test positivity were in less populous counties like Harney, Grant, Wasco, Jefferson, and Sherman. 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.
- Counties with >20% Hispanic population have higher case rates and test positivity. 75% of all counties in Oregon 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 30 - Dec 6, 16% 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.
- Oregon had 237 new cases per 100,000 population, compared to a national average of 451 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 and 8 to support operations activities from USCG.
- The federal government has supported surge testing in several cities across the state.
- Between Dec 5 - Dec 11, on average, 65 patients with confirmed COVID-19 and 103 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Oregon. This is a decrease of 5% in total new COVID-19 hospital admissions.

## RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalization of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- **Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- **For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Expansion of testing capacity should continue with a focus on efficiencies in returning test results (goal to report <48 hours). Maintain contact tracing by automating the process as much as possible.
- Consider developing models to predict hospital service areas likely to face capacity shortages based on epi and hospital trends; ensure that all such hospitals have contingency triage protocols for hospital resources, remote expert clinical consultation, enhanced outpatient treatment protocols (e.g., infusion centers for outpatient therapies), and expansion plans.
- Throughout the holidays, saturate all media platforms with messaging on hospital shortages and appeals to civic responsibility and social cohesion; provide instructions to report non-compliance of local businesses. Messages should be particularly intense in communities with high numbers of essential workers and those in the service industry (Hispanic communities) and should be culturally and community relevant. Continue outreach to religious and community organizations to ensure compliance with mitigation restrictions.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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



COVID-19



# OREGON

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	9,983 (237)	-6%	47,204 (329)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	8.5%	-1.4%*	10.0%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	170,204** (4,035**)	+37%**	409,504** (2,853**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	135 (3.2)	+14%	363 (2.5)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	16%	N/A*†	21%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	39%	N/A*†	36%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	N/A*†	10%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,178 (18)	-5% (-3%)	3,277 (14)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	17 (27%)	-1% (-6%*)	51 (23%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	6 (10%)	+1% (+20%*)	30 (14%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

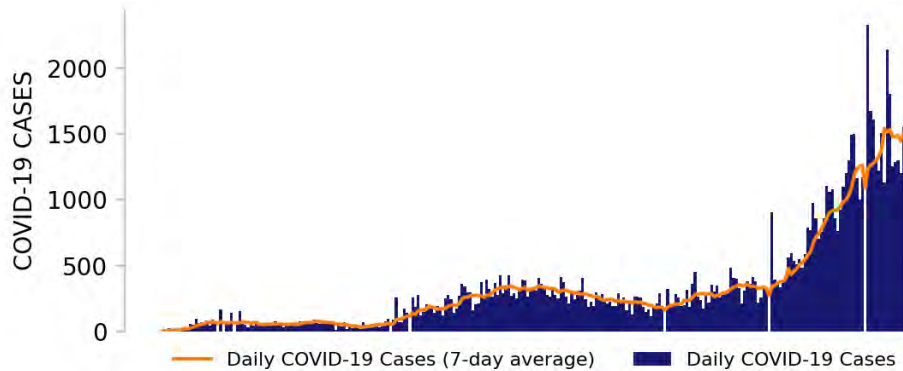
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



# OREGON

## STATE REPORT | 12.13.2020

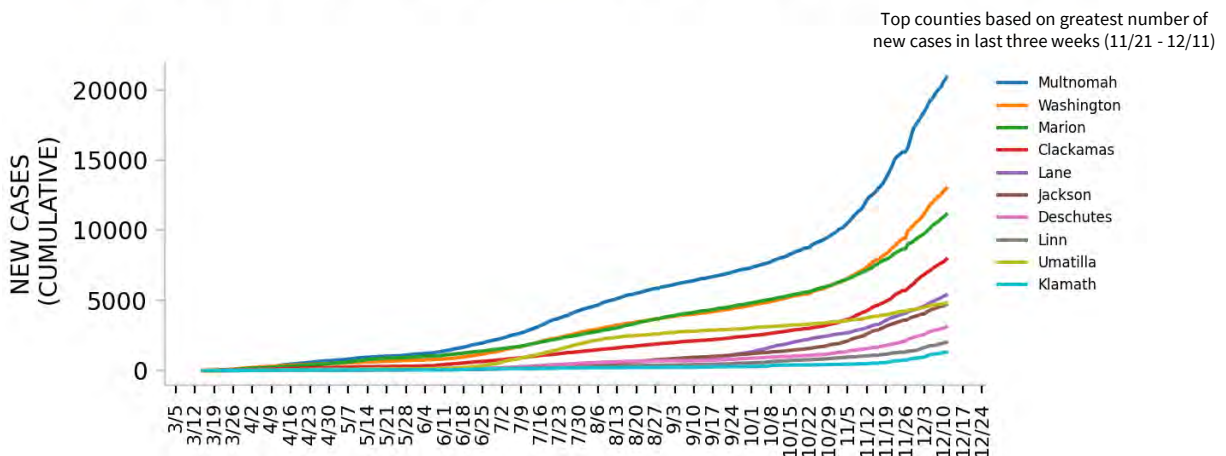
### NEW CASES



### TESTING



### TOP COUNTIES



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

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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.

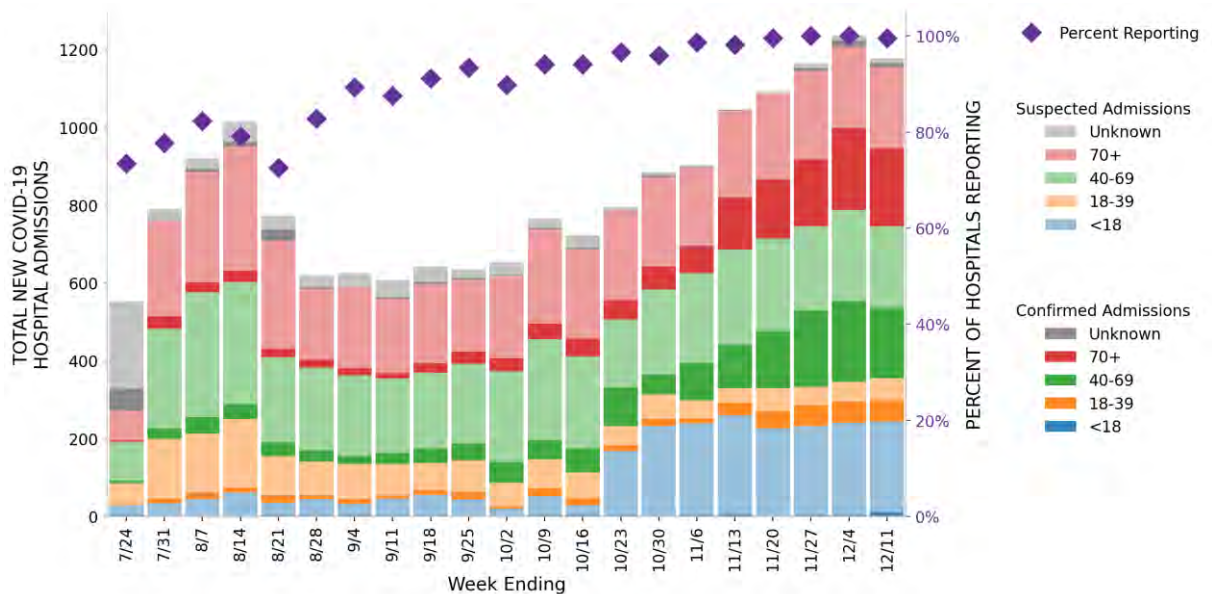


# OREGON

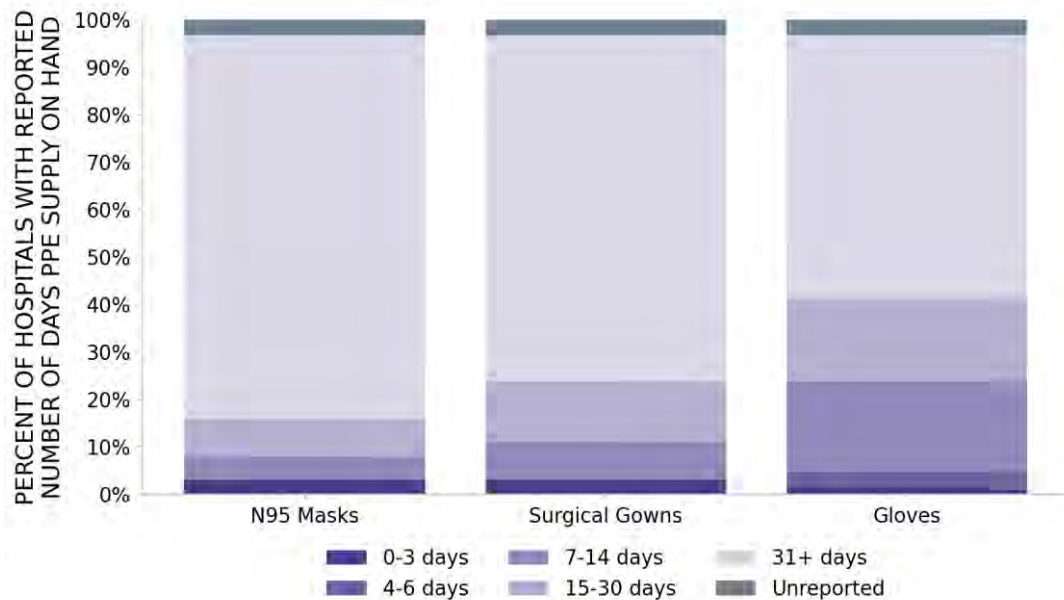
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# OREGON

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)	COUNTIES
LOCALITIES IN RED ZONE	<b>6</b> ▼ (-5) Salem Medford Bend Ontario Prineville Astoria	<b>8</b> ▼ (-9) Marion Jackson Deschutes Jefferson Malheur Crook Morrow Clatsop
LOCALITIES IN ORANGE ZONE	<b>6</b> ▲ (+5) Portland-Vancouver-Hillsboro Hermiston-Pendleton Albany-Lebanon Klamath Falls The Dalles Brookings	<b>11</b> ▲ (+7) Multnomah Washington Clackamas Linn Umatilla Klamath Yamhill Polk Wasco Baker Curry
LOCALITIES IN YELLOW ZONE	<b>5</b> ▲ (+1) Roseburg Grants Pass La Grande Hood River Newport	<b>8</b> ▲ (+4) Douglas Josephine Columbia Union Hood River Lincoln Lake Grant
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

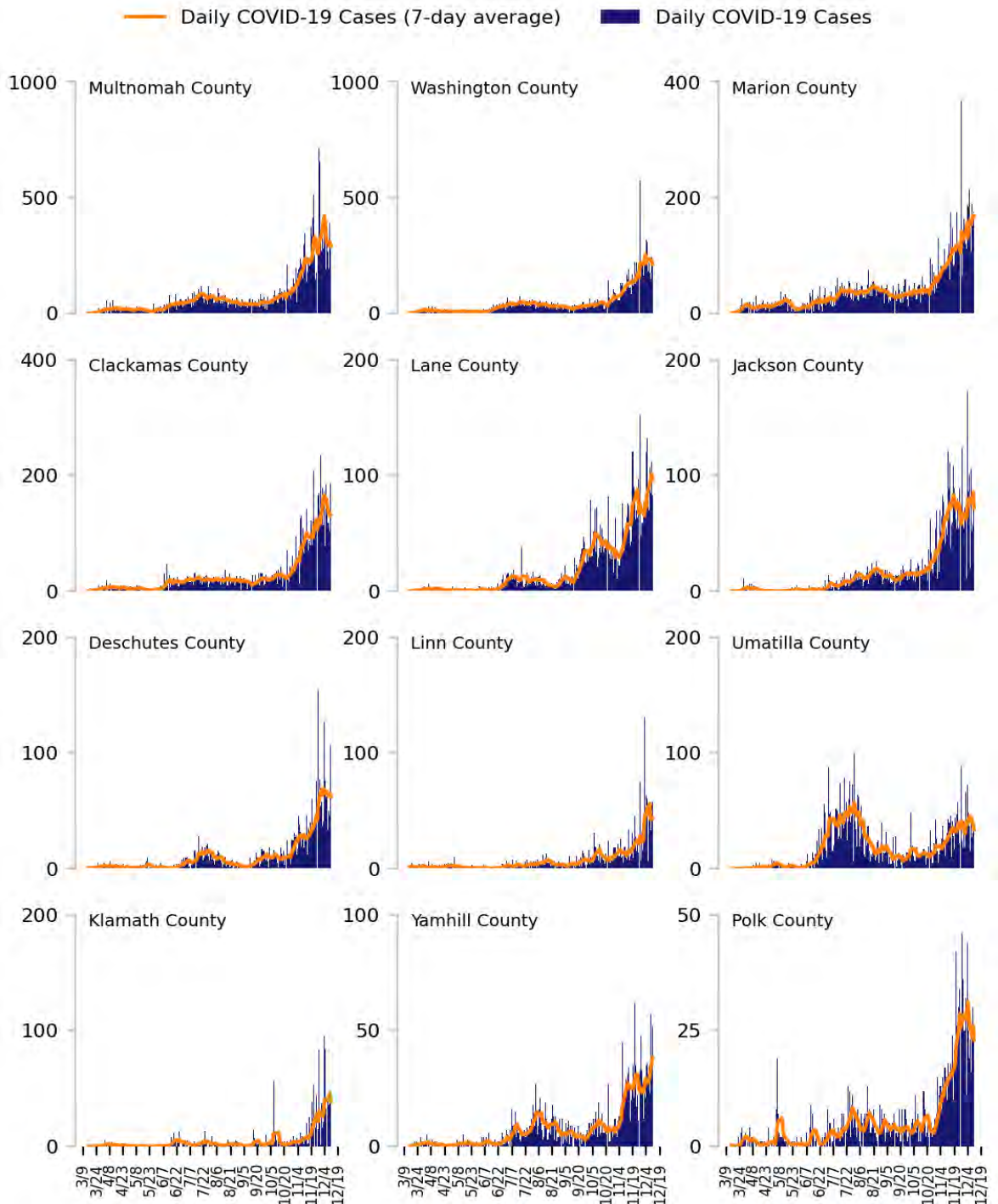
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.

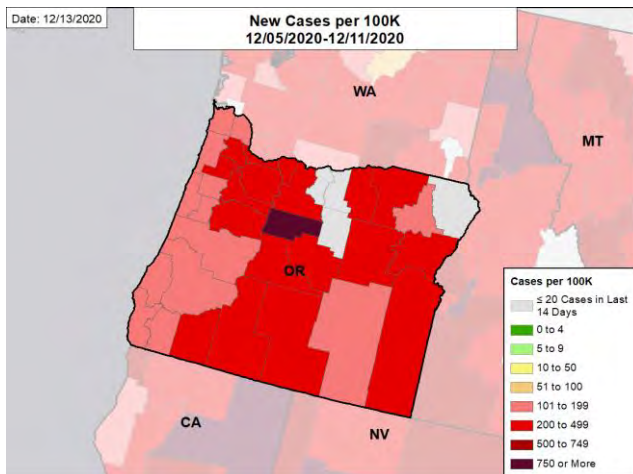


# OREGON

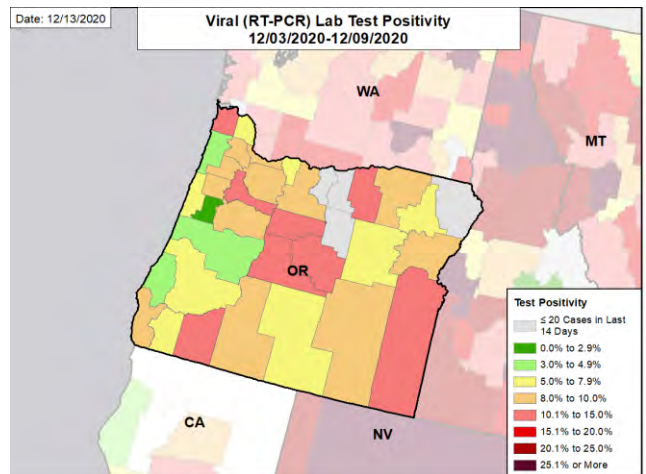
STATE REPORT | 12.13.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY

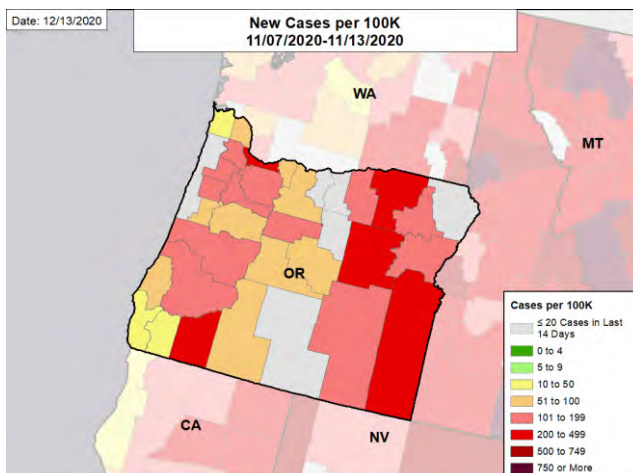
### NEW CASES PER 100,000



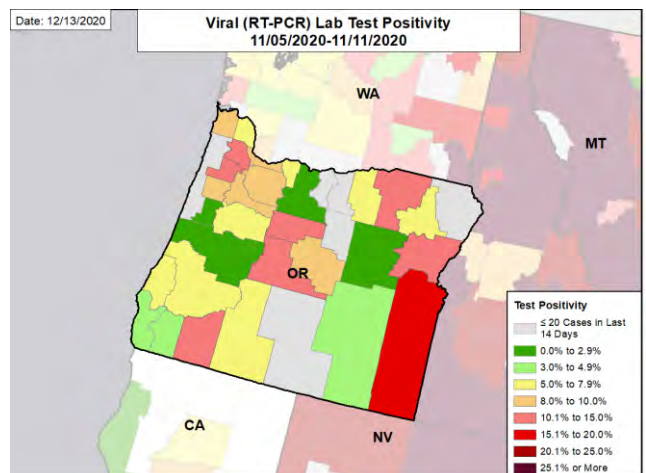
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.

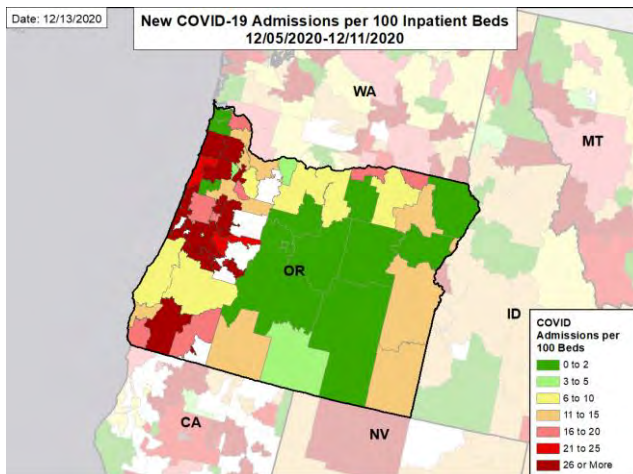


# OREGON

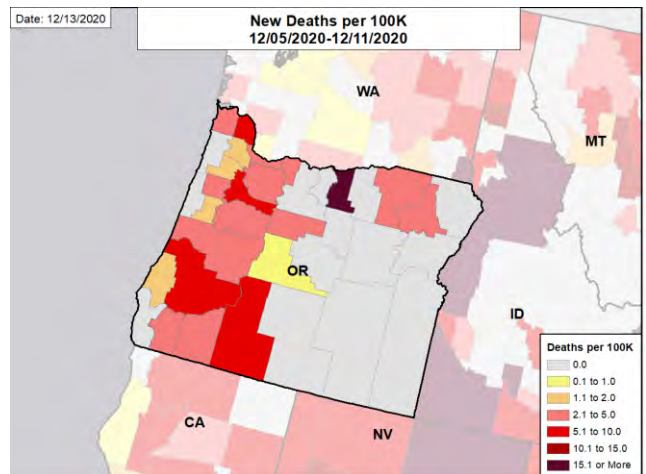
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

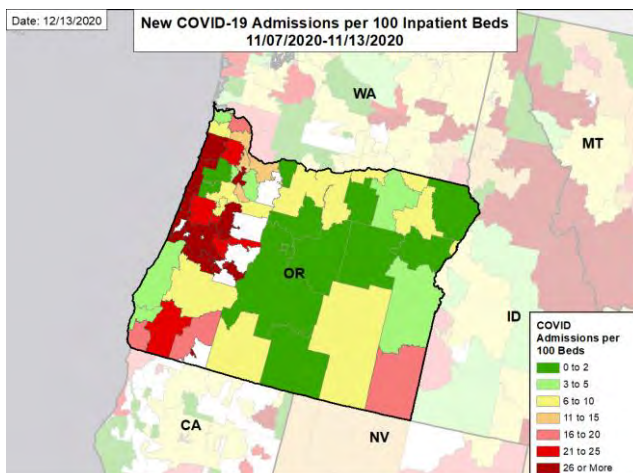
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



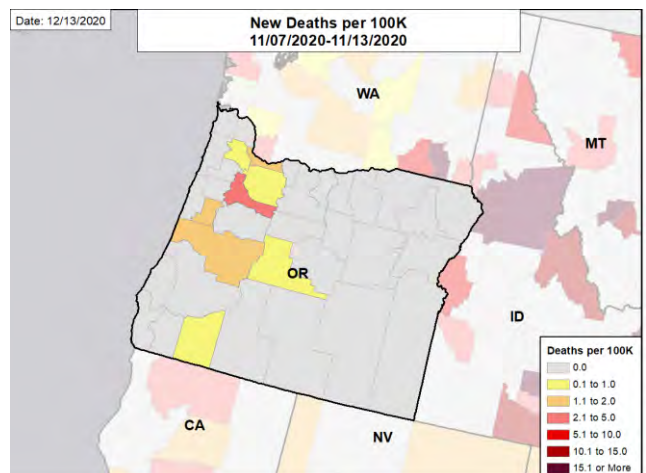
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





## STATE REPORT

12.13.2020

Issue 26

# PENNSYLVANIA

## SUMMARY

- Pennsylvania 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. Pennsylvania is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 14th highest rate in the country.
- Pennsylvania has seen an increase in new cases and an increase in test positivity. Case rates increased in all but 4 counties; test positivity increased in 52 counties. The following three counties had the highest number of new cases over the last 3 weeks: 1. Philadelphia County, 2. Allegheny County, and 3. Bucks County. These counties represent 25.6% of new cases in Pennsylvania.
- 97% of all counties in Pennsylvania 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 30 - Dec 6, 42% of nursing homes had at least one new resident COVID-19 case, 69% had at least one new staff COVID-19 case, and 18% had at least one new resident COVID-19 death.
- Pennsylvania had 556 new cases per 100,000 population, compared to a national average of 451 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 48 to support operations activities from FEMA; 8 to support operations activities from ASPR; 5 to support epidemiology activities from CDC; and 4 to support operations activities from USCG.
- Between Dec 5 - Dec 11, on average, 741 patients with confirmed COVID-19 and 594 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Pennsylvania. This is a minimal change in total new COVID-19 hospital admissions.

## RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- **Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- **For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- The testing expansion across November has been a remarkable achievement; ensure recent expansion is also to communities that have been under-testing. Focus on finding efficiencies in reporting of results, aiming to get results reported <48 hours. Maintain contact tracing by automating the process as much as possible.
- Maintain saturation of all media platforms with local hospital capacity data, appeals to social/civic responsibility, and instructions on reporting non-compliant local businesses. Messages should be particularly intense in, and culturally relevant to, communities with high proportions of essential workers.
- Consider developing models to predict hospital service areas likely to face imminent capacity shortages based on epi and hospital trends; ensure that all such hospitals have contingency triage protocols for hospital resources, remote expert clinical consultation, enhanced outpatient treatment protocols (e.g., infusion centers for outpatient therapies), and expansion plans. Consider additional restrictions in hospital service areas facing imminent capacity shortages (or additional temporary limitations state-wide in restaurants, bars, coffee shops).
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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



COVID-19



# PENNSYLVANIA

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	71,224 (556)	+29%	133,351 (432)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	16.0%	+1.6%*	13.4%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	468,331** (3,658**)	+14%**	1,139,493** (3,693**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	1,131 (8.8)	+32%	1,798 (5.8)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	42%	N/A*†	33%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	69%	N/A*†	57%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	18%	N/A*†	15%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	9,349 (29)	+4% (+4%)	18,662 (26)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	29 (16%)	-7% (-19%*)	79 (20%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	36 (20%)	+11% (+44%*)	101 (26%)	1,334 (26%)

\* Indicates absolute change in percentage points.

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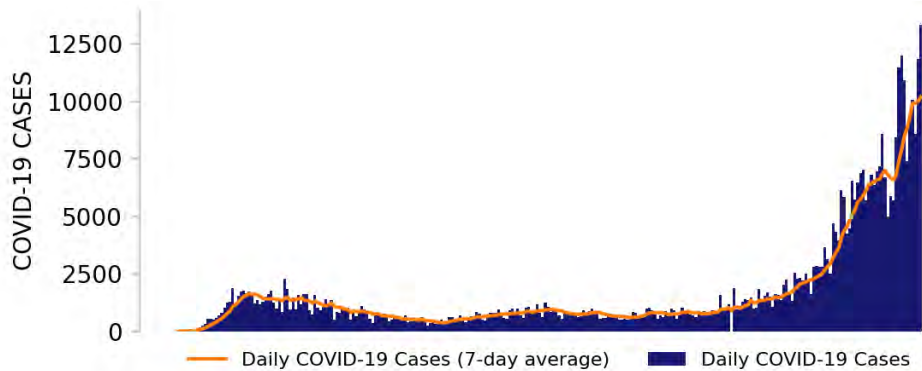
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



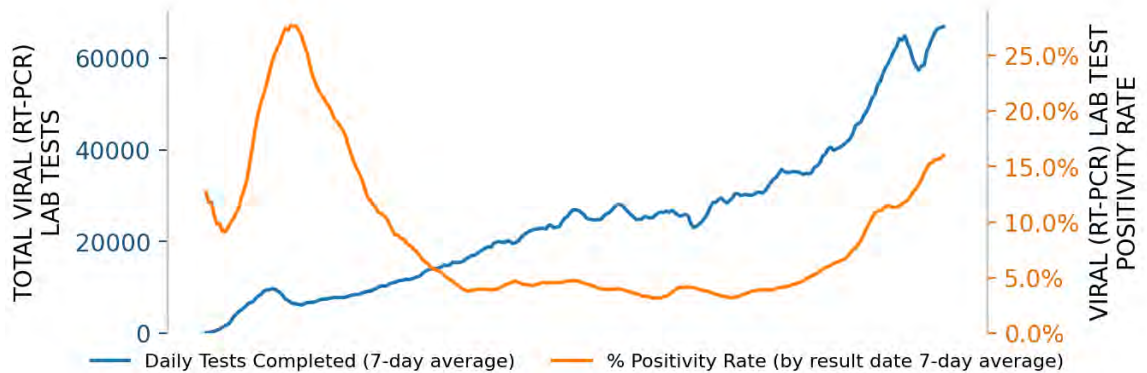
# PENNSYLVANIA

STATE REPORT | 12.13.2020

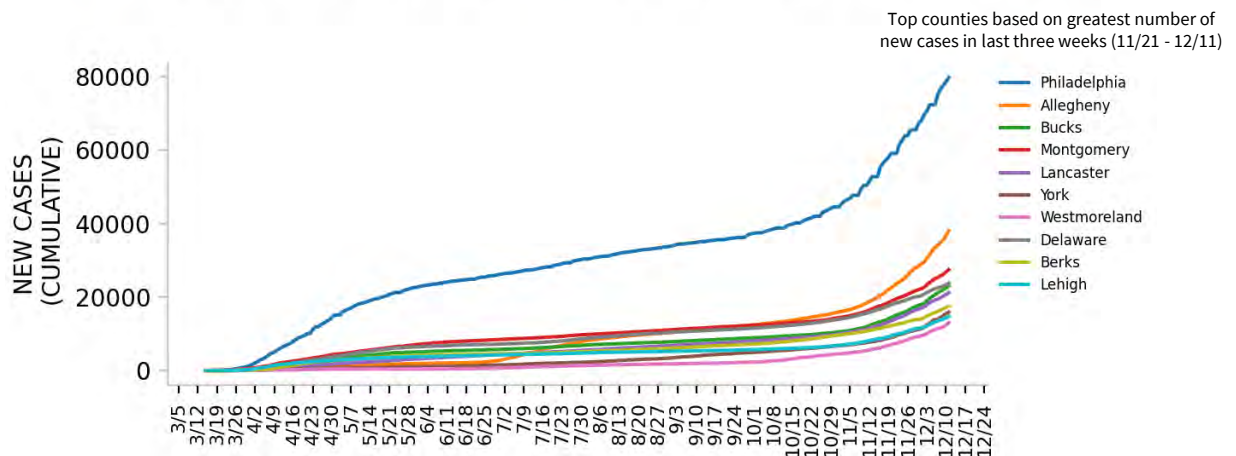
## NEW CASES



## 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.

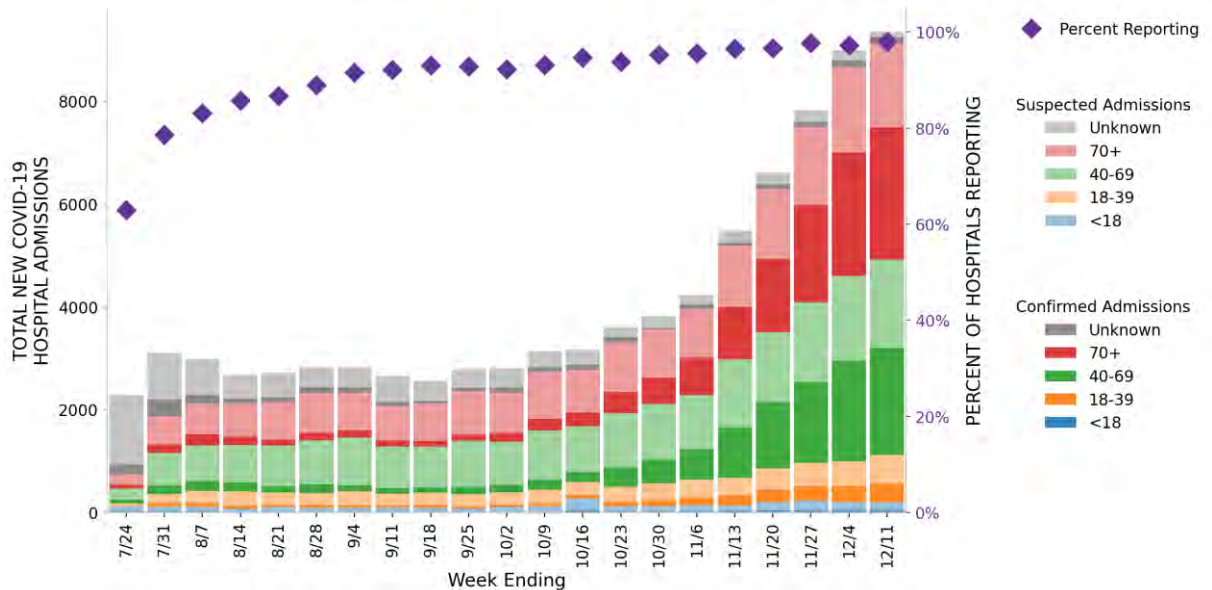


# PENNSYLVANIA

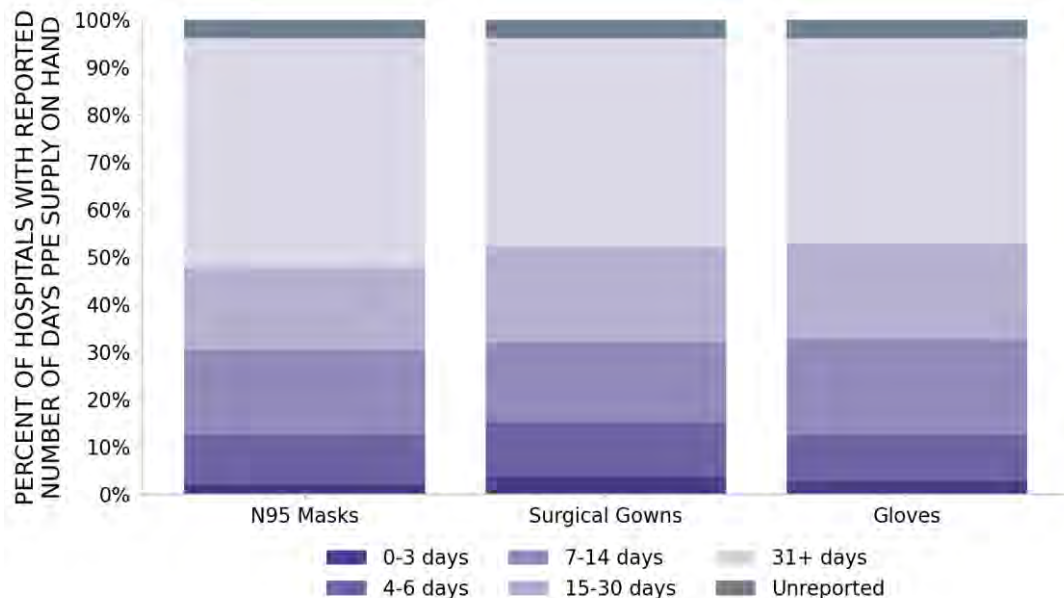
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# PENNSYLVANIA

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA)

### COUNTIES

LOCALITIES IN RED ZONE	35 ▲ (+1)	Philadelphia-Camden-Wilmington Pittsburgh Allentown-Bethlehem-Easton Lancaster Harrisburg-Carlisle York-Hanover Scranton--Wilkes-Barre Reading Johnstown Erie Altoona Chambersburg-Waynesboro	62 ▲ (+1)	Philadelphia Allegheny Bucks Montgomery Lancaster York Westmoreland Delaware Berks Lehigh Chester Luzerne
	1 ▼ (-1)	St. Marys	3 ■ (+0)	Elk Pike Forest
	1 ■ (+0)	New York-Newark-Jersey City	0 ▼ (-2)	N/A
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease				

**All Red CBSAs:** Philadelphia-Camden-Wilmington, Pittsburgh, Allentown-Bethlehem-Easton, Lancaster, Harrisburg-Carlisle, York-Hanover, Scranton--Wilkes-Barre, Reading, Johnstown, Erie, Altoona, Chambersburg-Waynesboro, Lebanon, Pottsville, Meadville, Youngstown-Warren-Boardman, State College, Williamsport, Somerset, East Stroudsburg, DuBois, Lewistown, Sunbury, New Castle, Gettysburg, Indiana, Lewisburg, Bloomsburg-Berwick, Oil City, Sayre, Lock Haven, Huntingdon, Bradford, Warren, Selinsgrove

**All Red Counties:** Philadelphia, Allegheny, Bucks, Montgomery, Lancaster, York, Westmoreland, Delaware, Berks, Lehigh, Chester, Luzerne, Northampton, Cambria, Erie, Dauphin, Cumberland, Butler, Blair, Franklin, Washington, Beaver, Fayette, Lebanon, Schuylkill, Crawford, Mercer, Centre, Lycoming, Somerset, Lackawanna, Monroe, Clearfield, Mifflin, Northumberland, Lawrence, Adams, Indiana, Bedford, Union, Armstrong, Carbon, Clarion, Tioga, Venango, Jefferson, Bradford, Clinton, Huntingdon, McKean, Columbia, Warren, Snyder, Greene, Wayne, Perry, Juniata, Fulton, Potter, Susquehanna, Wyoming, Cameron

\* 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

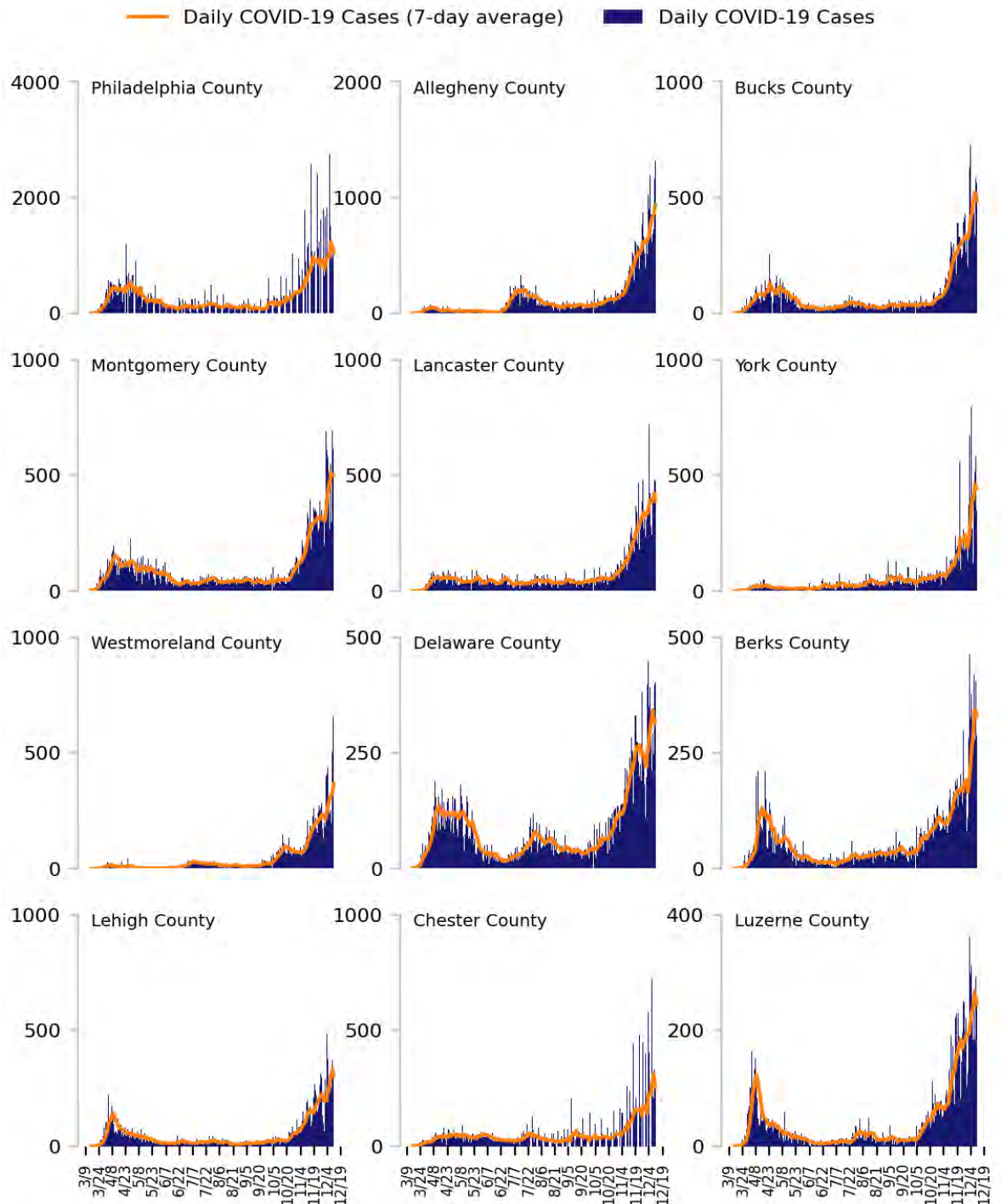
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

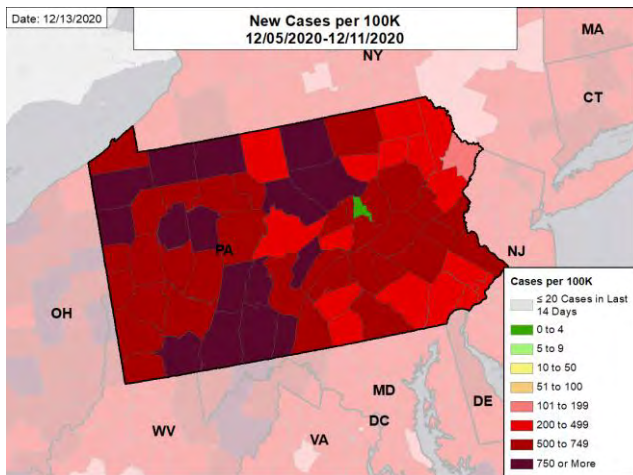
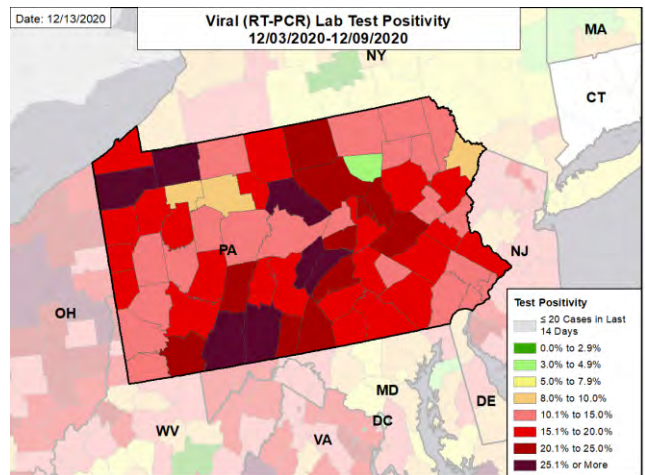
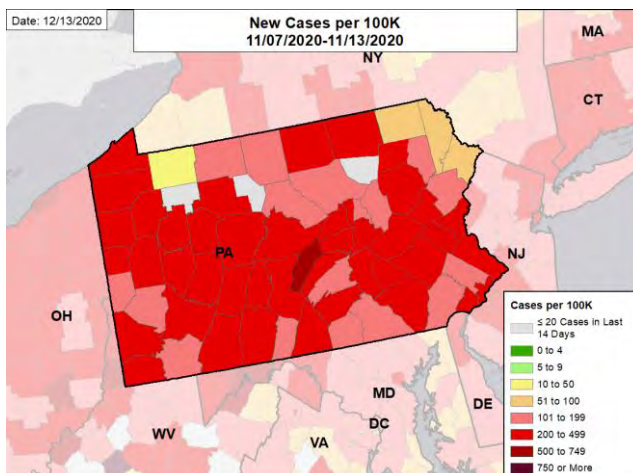
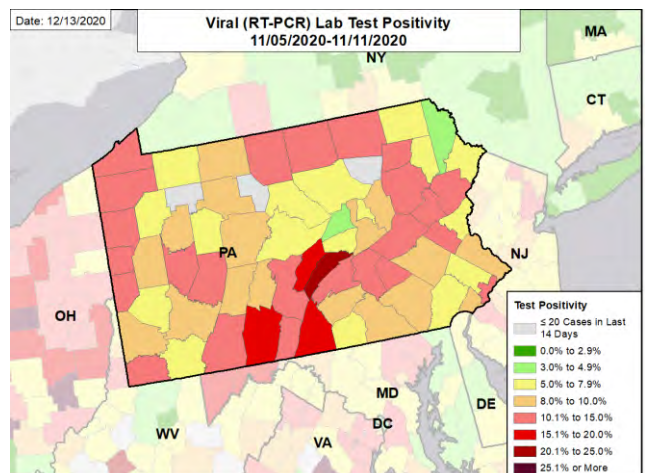
**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.



# PENNSYLVANIA

STATE REPORT | 12.13.2020

## 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.



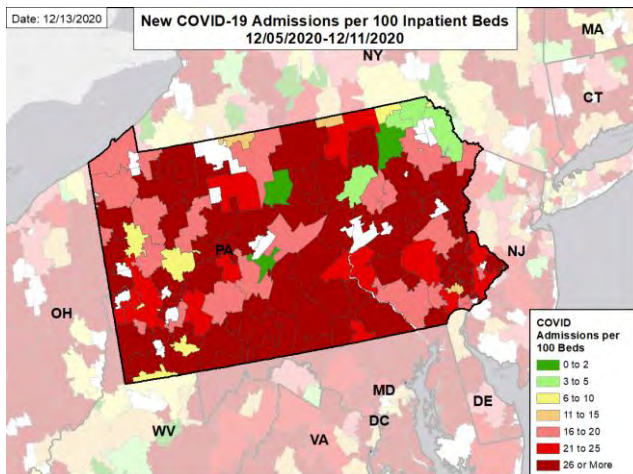


# PENNSYLVANIA

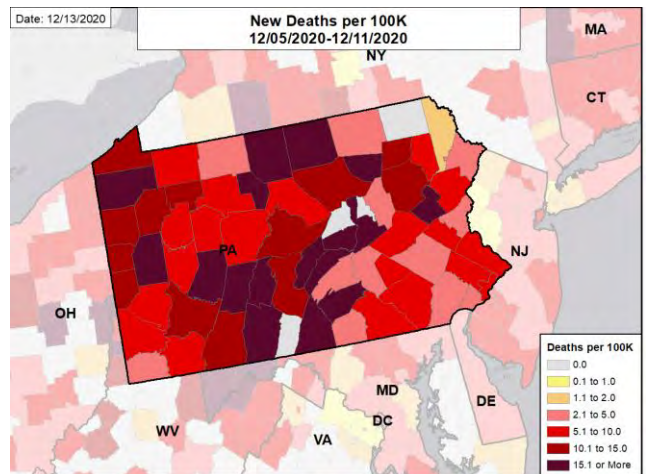
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

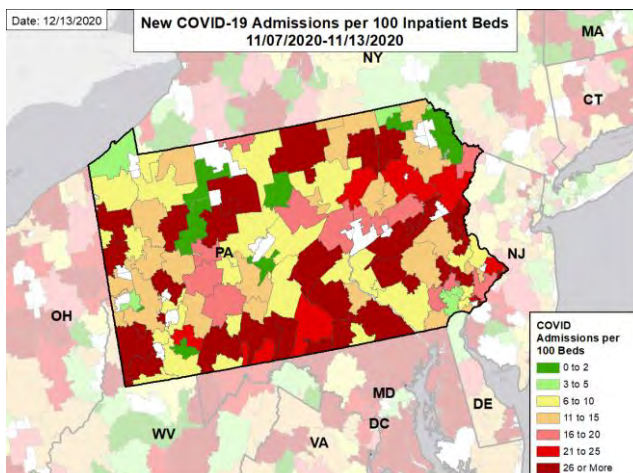
**TOTAL NEW COVID-19 ADMISSIONS  
PER 100 INPATIENT BEDS**



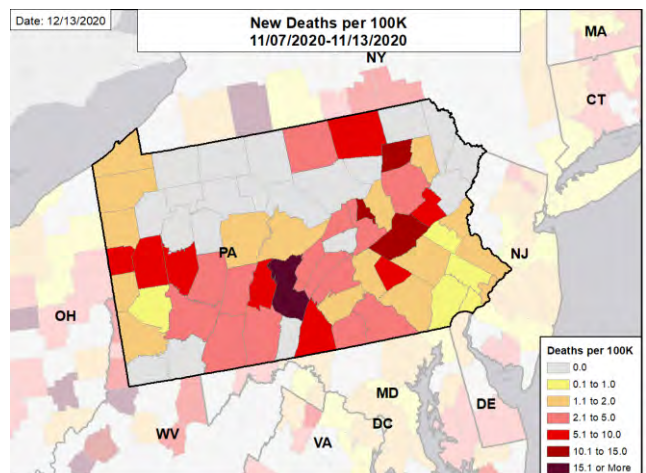
**NEW DEATHS PER 100,000**



**TOTAL NEW COVID-19 ADMISSIONS PER 100  
INPATIENT BEDS ONE MONTH BEFORE**



**NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





# RHODE ISLAND

STATE REPORT

12.13.2020

Issue 26

## SUMMARY

- Rhode Island is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the highest rate in the country. Rhode Island 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.
- Rhode Island has seen stability in new cases and stability in test positivity. Test positivity increased in 4 counties and is now > 5% in all counties and over 10% in Providence.
- 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 83.9% of new cases in Rhode Island.
- 80% of all counties in Rhode Island have moderate or high levels of community transmission (yellow, orange, or red zones), with 20% having high levels of community transmission (red zone).
- During the week of Nov 30 - Dec 6, 39% of nursing homes had at least one new resident COVID-19 case, 69% had at least one new staff COVID-19 case, and 17% had at least one new resident COVID-19 death.
- Rhode Island had 819 new cases per 100,000 population, compared to a national average of 451 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 Dec 5 - Dec 11, on average, 38 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 7% in total new COVID-19 hospital admissions.
- Hospitals are reporting PPE shortages but the state has a process in place for facilities to contact the Governor's office to request from the stockpile.

## RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- **Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- **For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). [Dexamethasone](#) 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Positivity data suggests increasing transmission (and not just expanded testing) is driving case rates. Rhode Island is deploying many effective mitigation policies; consider additional, temporary restrictions on high-transmission environments (restaurants, bars, coffee shops, etc.).
- Focus on finding efficiencies in reporting of test results so that results are returned <48 hours. Maintain contact tracing by automating the process as much as possible: collecting contact information of the person being tested at time of testing, automate emails/texts to educate, elicit, and reach the contacts, and log isolation/quarantine. Ensure that all hospitals have contingency protocols to triage patients for hospital resources, remote expert clinical consultation, enhanced outpatient treatment protocols (e.g., infusion centers for outpatient therapies), and staffing expansion plans.
- Engage marketing agencies to enhance messaging and roll-out [shoplocalRI.com](#) and [Crush COVID RI](#); impose limitations on shopping center capacity.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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



COVID-19



# RHODE ISLAND

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	8,681 (819)	+6%	70,722 (476)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.2%	+0.2%*	6.6%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	95,358** (9,001**)	+23%**	786,372** (5,297**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	96 (9.1)	+43%	745 (5.0)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	39%	N/A*†	24%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	69%	N/A*†	48%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	17%	N/A*†	9%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	277 (13)	+7% (+3%)	5,119 (15)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	6 (50%)	+0% (+0%*)	51 (28%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	2 (17%)	+0% (+0%*)	26 (14%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

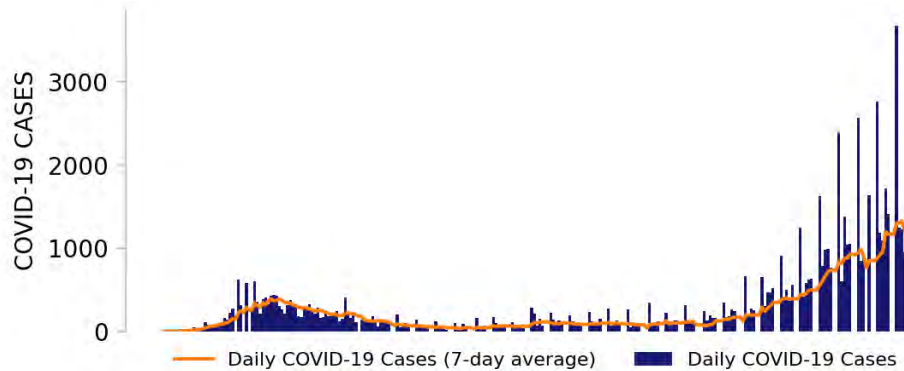
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



# RHODE ISLAND

STATE REPORT | 12.13.2020

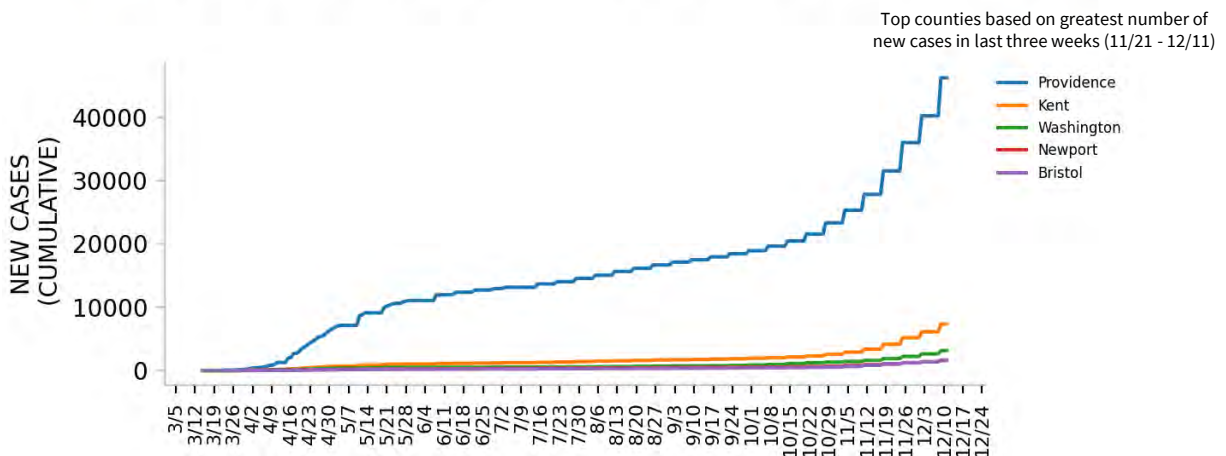
## NEW CASES



## TESTING



## TOP COUNTIES



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

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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.

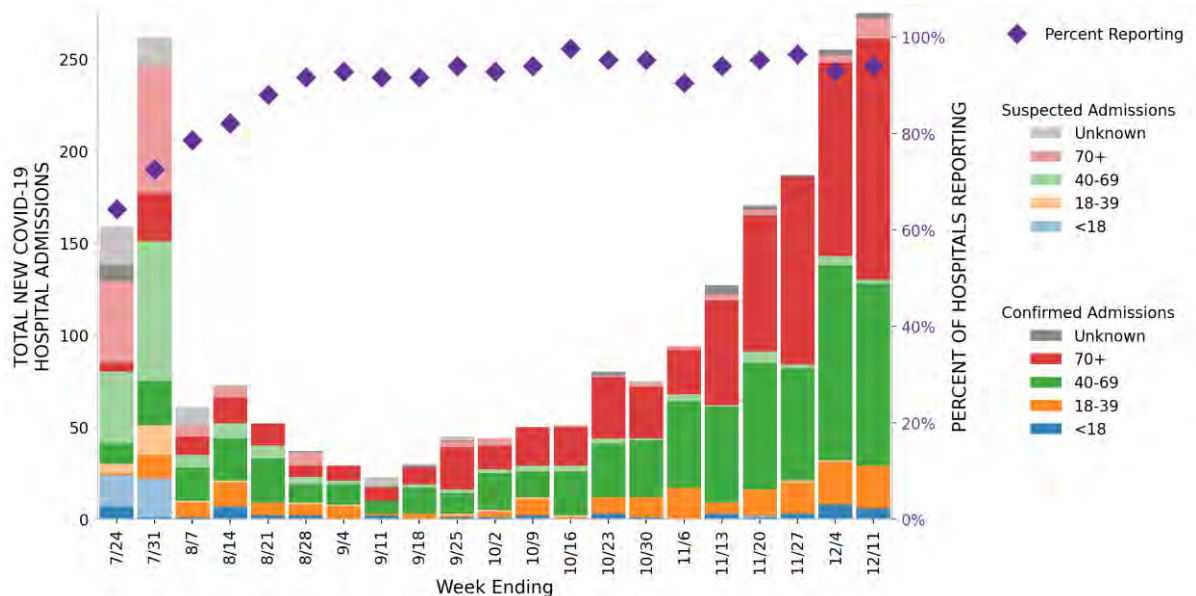


# RHODE ISLAND

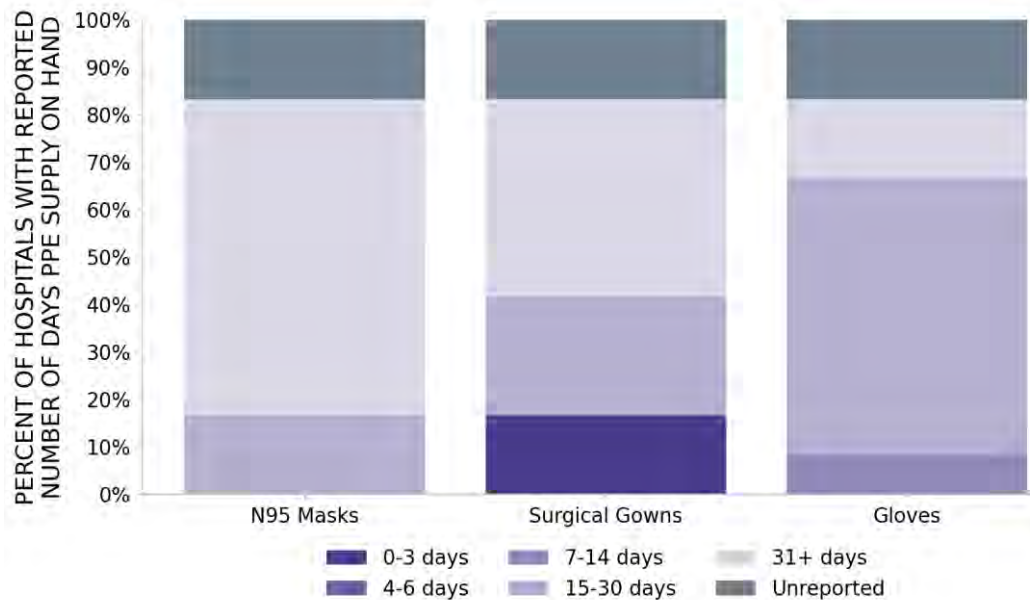
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# RHODE ISLAND

STATE REPORT | 12.13.2020

## 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)	Providence
LOCALITIES IN ORANGE ZONE	1 ■ (+0)	Providence-Warwick	1 ■ (+0)	Kent
LOCALITIES IN YELLOW ZONE	0 ■ (+0)	N/A	2 ▲ (+1)	Newport Bristol
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.

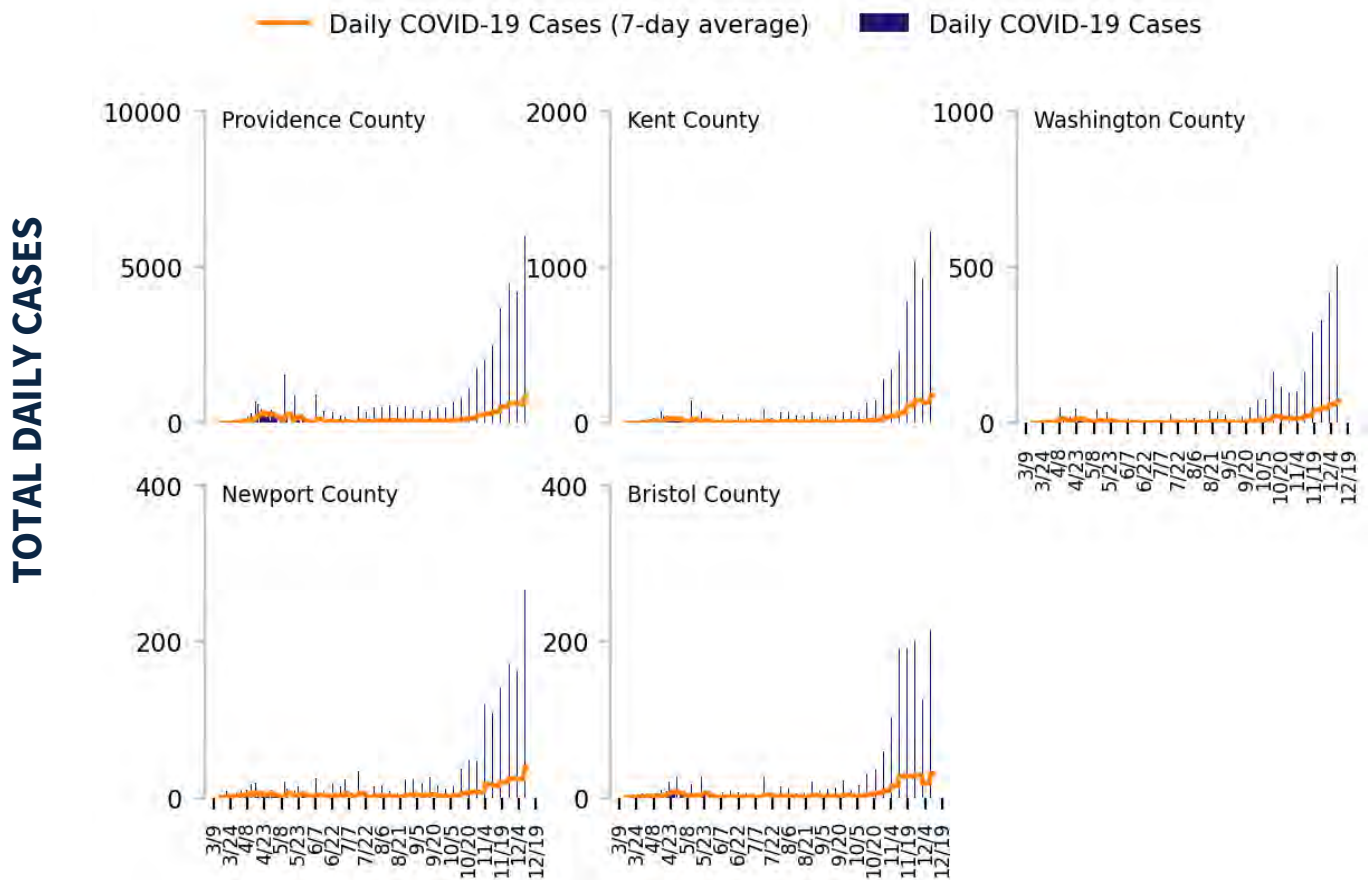
**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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



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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.

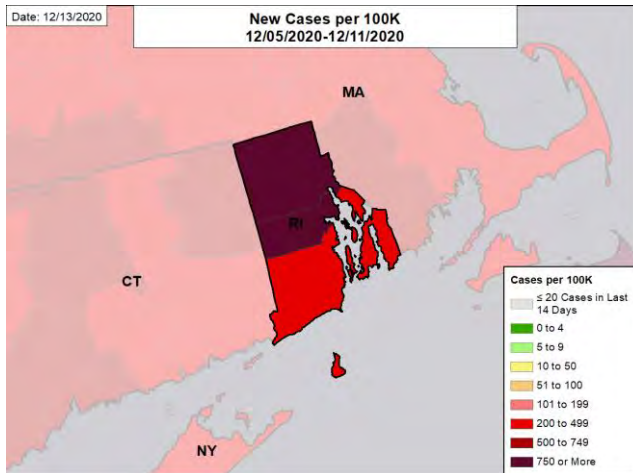


# RHODE ISLAND

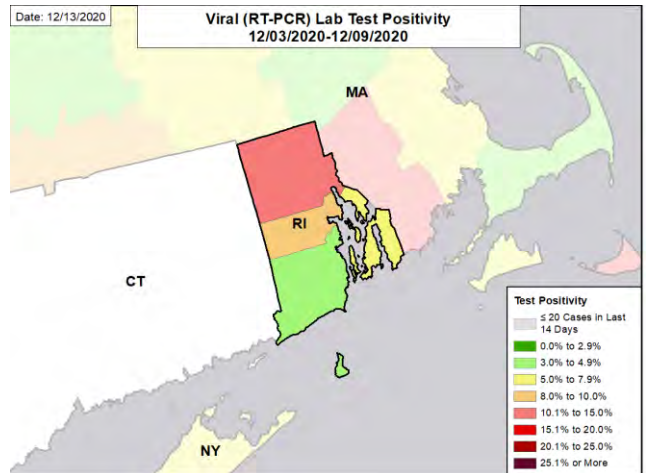
STATE REPORT | 12.13.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY

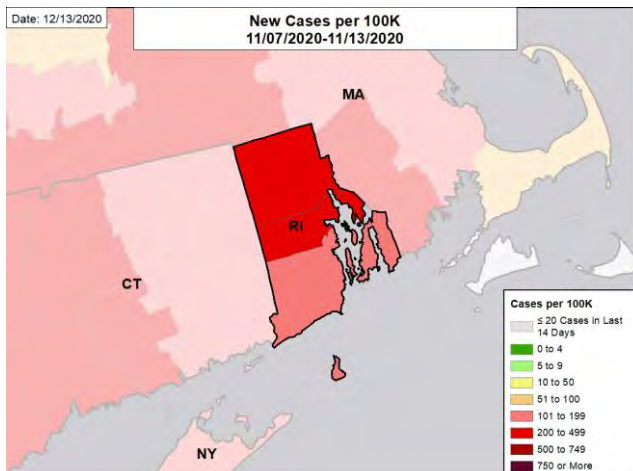
### NEW CASES PER 100,000



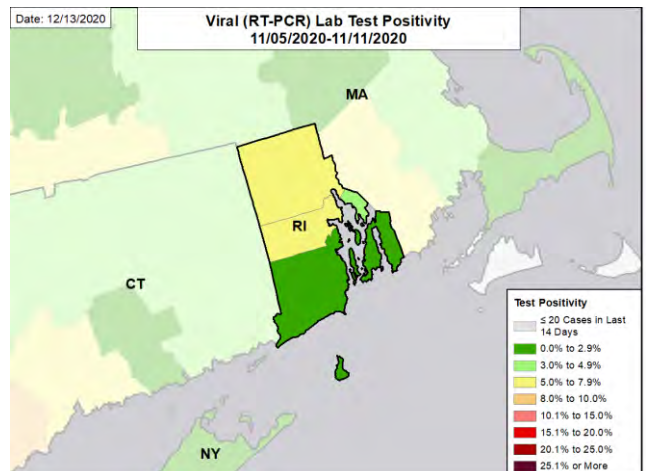
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.

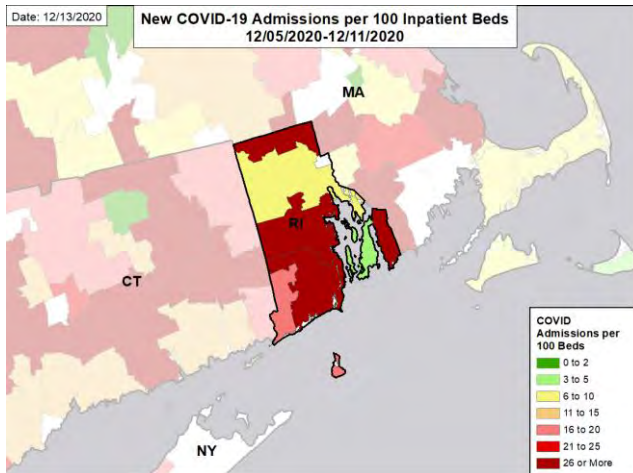


# RHODE ISLAND

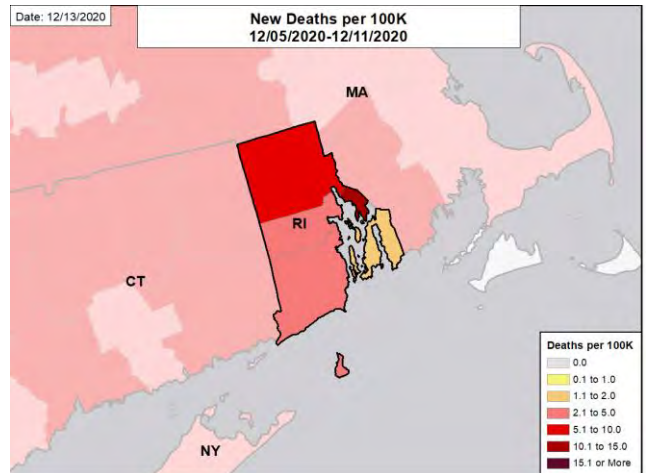
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

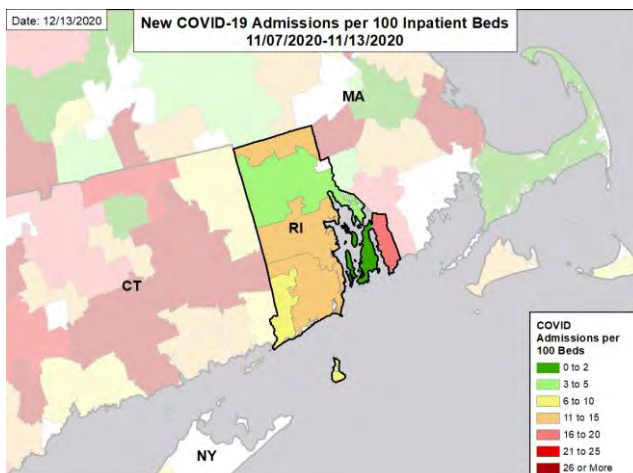
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



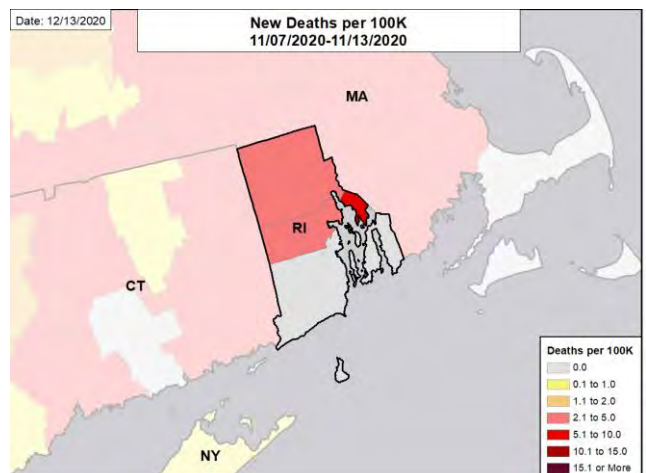
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





# SOUTH CAROLINA

STATE REPORT

12.13.2020

Issue 26

## SUMMARY

- South Carolina 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. South Carolina is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 20th highest rate in the country.
- South Carolina has seen an increase in new cases and hospitalizations and must continue to increase mitigation efforts.
- 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 29.8% of new cases in South Carolina.
- 98% of all counties in South Carolina 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 30 - Dec 6, 21% of nursing homes had at least one new resident COVID-19 case, 42% had at least one new staff COVID-19 case, and 8% had at least one new resident COVID-19 death.
- South Carolina had 369 new cases per 100,000 population, compared to a national average of 451 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 Dec 5 - Dec 11, on average, 148 patients with confirmed COVID-19 and 109 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in South Carolina. This is an increase of 16% in total new COVID-19 hospital admissions.
- Hospitals are reporting critical staffing shortages, but the state is managing. There are county, region, and state level plans for submitting requests.

## RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab); early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- **Patients who require hospitalization:** [FDA approved Remdesivir](#); best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- **For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- New hospital admissions are increasing; South Carolina must increase testing. Aggressive impact testing of adults under 40 is needed to rapidly identify those who became infected through gatherings before they spread the virus to the more vulnerable individuals, driving another round of increasing hospitalizations and fatalities.
- Contact all hospitals reporting <1 week's supply to confirm data; contact the regional FEMA office for support if supplies are an issue.
- Ensure all universities returning after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Ongoing high levels of positive staff at LTCFs indicate 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



# SOUTH CAROLINA

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	19,001 (369)	+18%	269,312 (403)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	14.1%	+0.5%*	11.7%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	96,956** (1,883**)	+35%**	1,627,814** (2,433**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	124 (2.4)	-25%	2,498 (3.7)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	21%	N/A*†	27%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	42%	N/A*†	48%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	8%	N/A*†	11%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,801 (18)	+16% (+15%)	29,232 (19)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	19 (28%)	-1% (-5%*)	163 (18%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	29 (43%)	+2% (+7%*)	215 (23%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

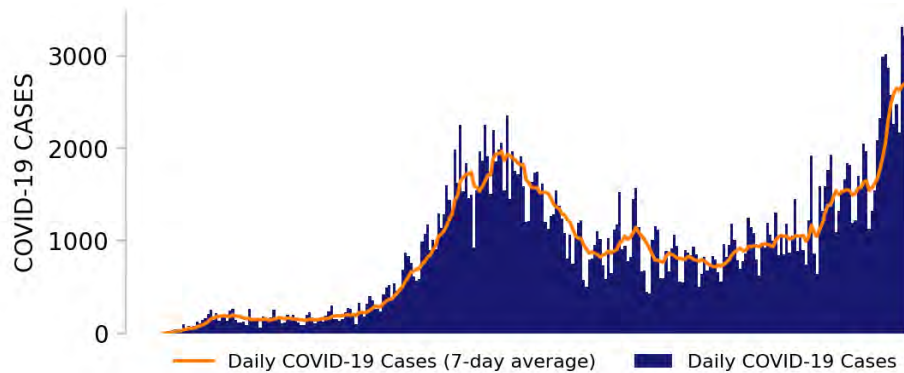
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



# SOUTH CAROLINA

STATE REPORT | 12.13.2020

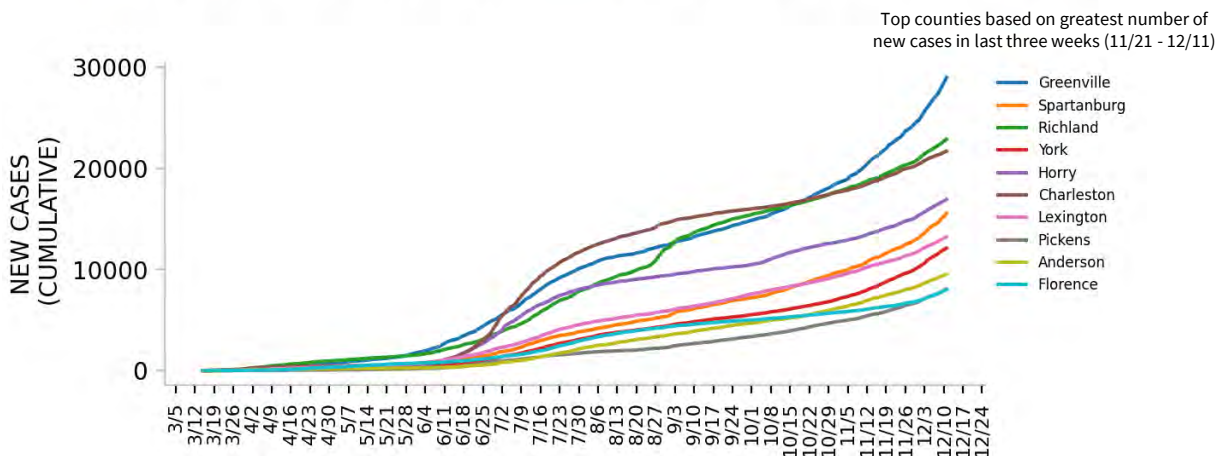
## NEW CASES



## TESTING



## TOP COUNTIES



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

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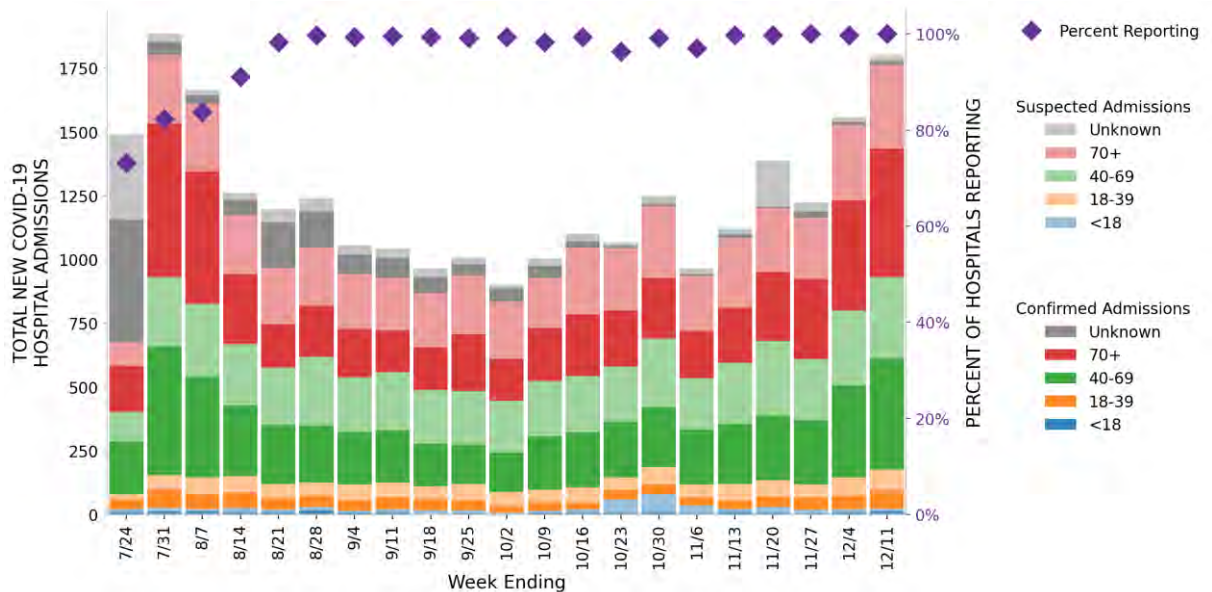


# SOUTH CAROLINA

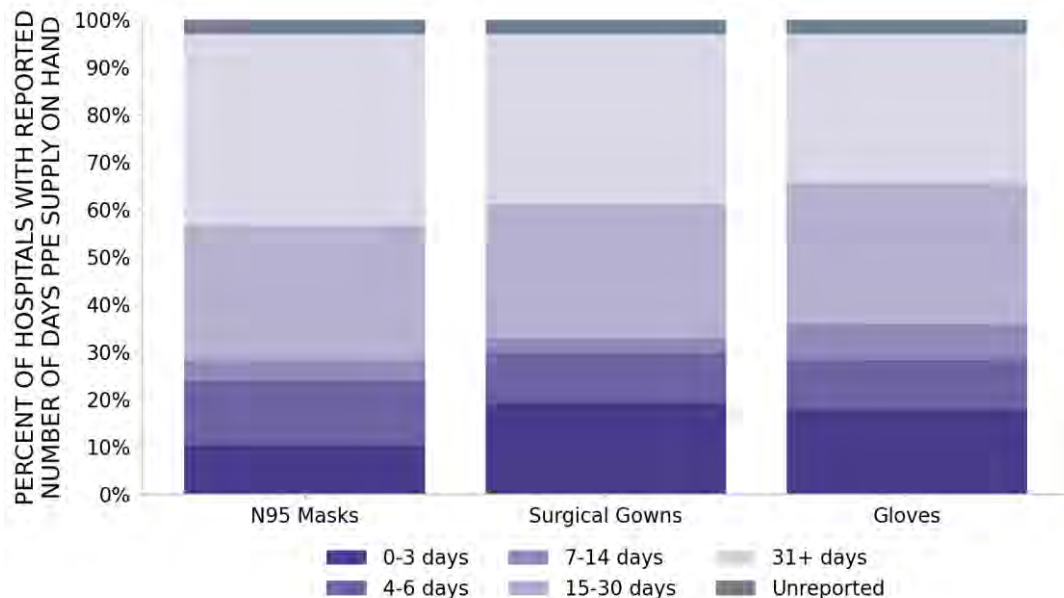
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# SOUTH CAROLINA

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA)

### COUNTIES

LOCALITIES IN RED ZONE	15 ■ (+0)	Greenville-Anderson Charleston-North Charleston Charlotte-Concord-Gastonia Spartanburg Myrtle Beach-Conway-North Myrtle Beach Florence Augusta-Richmond County Hilton Head Island-Bluffton Seneca Sumter Orangeburg Greenwood	38 ▲ (+2)	Greenville Spartanburg York Horry Charleston Lexington Pickens Anderson Florence Aiken Beaufort Dorchester
	2 ▲ (+1)	Columbia Bennettsville	4 ▼ (-2)	Richland Marlboro Chesterfield Clarendon
	1 ▼ (-1)	Newberry	3 ■ (+0)	Newberry Abbeville Allendale
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

**All Red CBSAs:** Greenville-Anderson, Charleston-North Charleston, Charlotte-Concord-Gastonia, Spartanburg, Myrtle Beach-Conway-North Myrtle Beach, Florence, Augusta-Richmond County, Hilton Head Island-Bluffton, Seneca, Sumter, Orangeburg, Greenwood, Gaffney, Georgetown, Union

**All Red Counties:** Greenville, Spartanburg, York, Horry, Charleston, Lexington, Pickens, Anderson, Florence, Aiken, Beaufort, Dorchester, Oconee, Berkeley, Lancaster, Sumter, Darlington, Orangeburg, Greenwood, Cherokee, Laurens, Kershaw, Georgetown, Chester, Dillon, Union, Williamsburg, Marion, Edgefield, Colleton, Barnwell, Fairfield, Jasper, Lee, Calhoun, Bamberg, Hampton, Saluda

\* 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

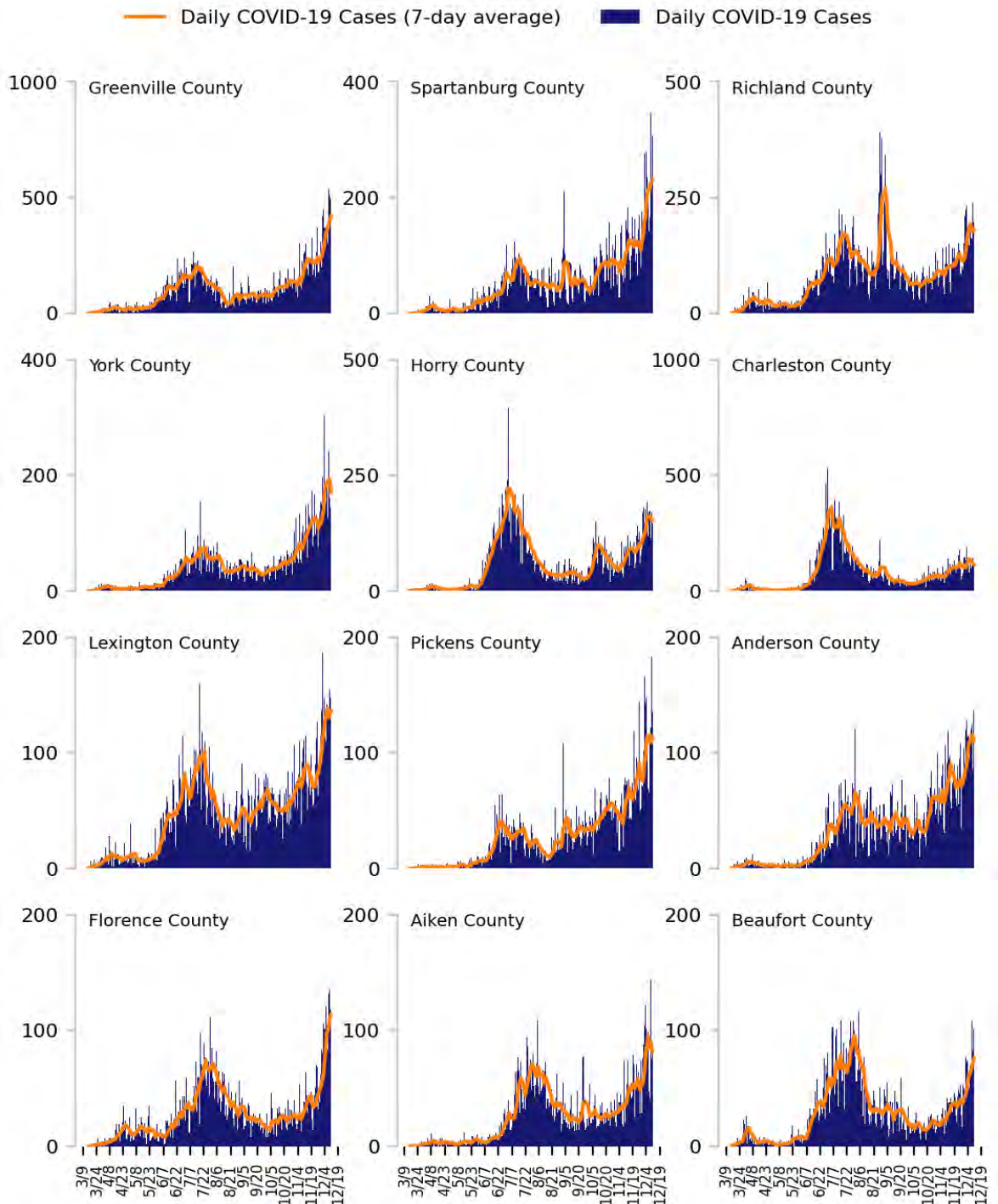
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

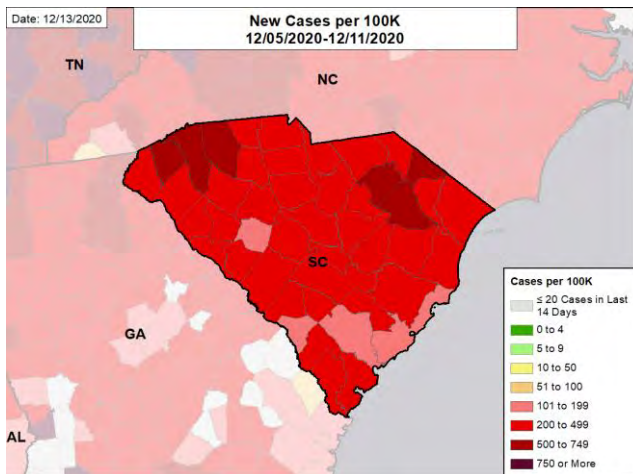
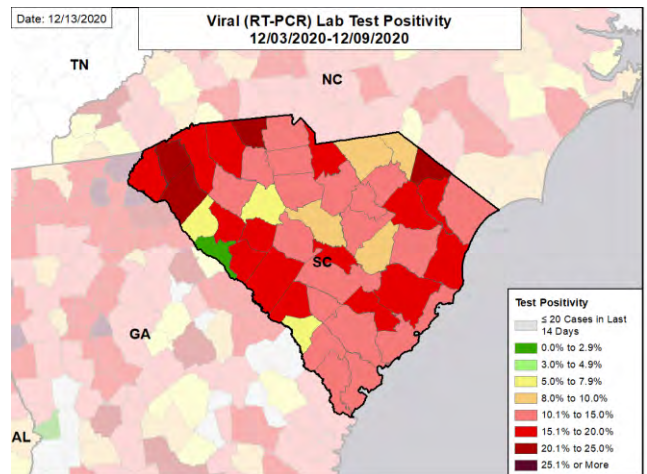
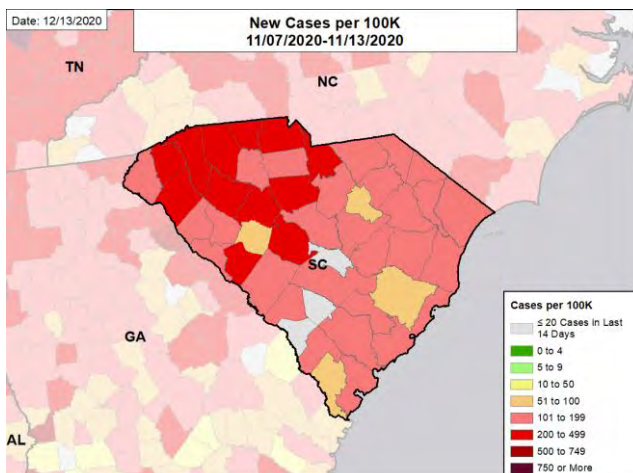
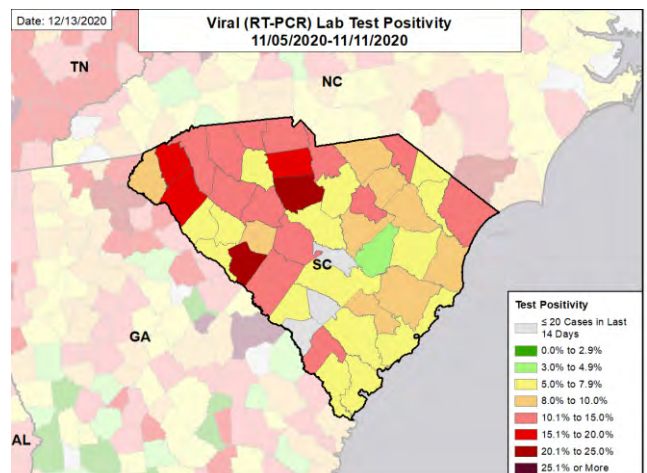
**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.



# SOUTH CAROLINA

STATE REPORT | 12.13.2020

## 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.



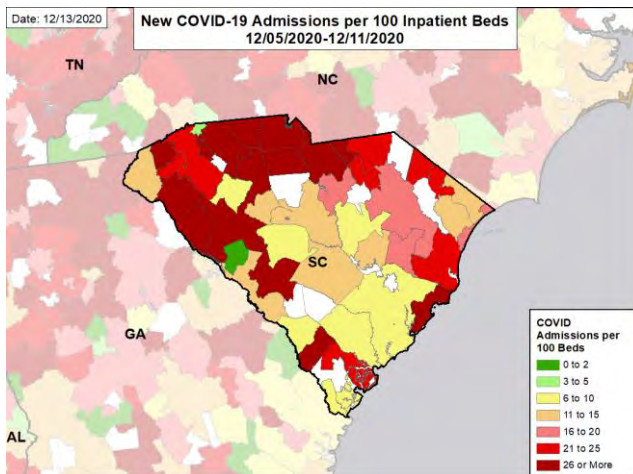


# SOUTH CAROLINA

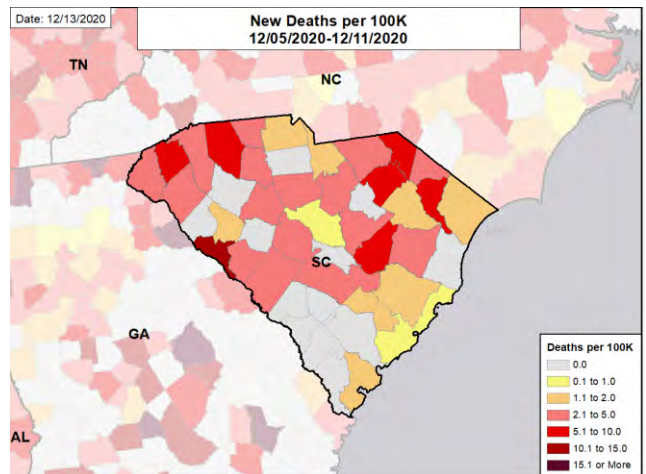
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

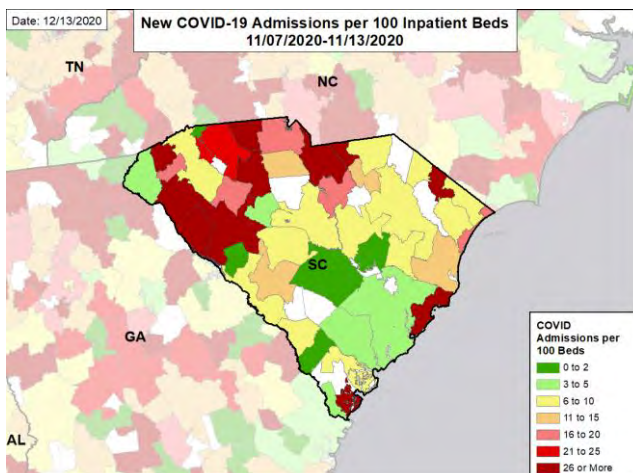
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



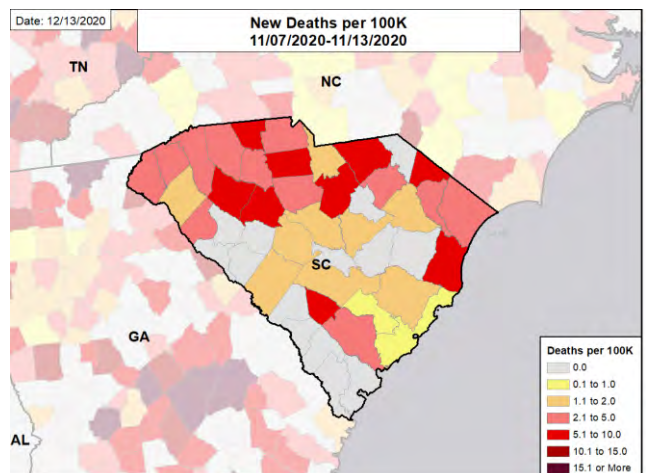
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 ONE MONTH BEFORE



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**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. Totals include confirmed and suspected COVID-19 admissions.





## STATE REPORT

12.13.2020

Issue 26

# SOUTH DAKOTA

## SUMMARY

- South Dakota 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. South Dakota is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 16th highest rate in the country.
- South Dakota has seen a decrease in new cases and a decrease in test positivity. Case rates and test positivity are decreasing in the majority of counties; test positivity increased in 24 counties, most notably where testing has been limited. 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 42.3% of new cases in South Dakota.
- 70% of all counties in South Dakota have moderate or high levels of community transmission (yellow, orange, or red zones), with 59% having high levels of community transmission (red zone).
- During the week of Nov 30 - Dec 6, 40% of nursing homes had at least one new resident COVID-19 case, 48% had at least one new staff COVID-19 case, and 23% had at least one new resident COVID-19 death.
- South Dakota had 597 new cases per 100,000 population, compared to a national average of 451 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 Dec 5 - Dec 11, on average, 45 patients with confirmed COVID-19 and 15 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in South Dakota. This is a decrease of 17% in total new COVID-19 hospital admissions.
- LTCFs are reporting critical staffing shortages. State is working on solutions to support.

## RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
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- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- It appears that the volume of testing has waned considerably, which is concerning as we head deeper into the winter holidays; testing should be continually expanded and with a focus on quick turnaround times (<48 hours). Use of at-home saliva tests should be expanded as much as possible with proper caveats on sensitivity. Maintain contact tracing by automating the process as much as possible: collecting contact information of the person being tested at time of testing and automating emails/texts to educate, elicit, and reach contacts, and log isolation/quarantine.
- Ensure that all hospitals have contingency protocols to triage patients for hospital resources, remote expert clinical consultation, enhanced outpatient treatment protocols (e.g., infusion centers for outpatient therapies), and staffing expansion plans.
- Tribal Nations should be fully supported in their efforts to minimize transmission; they should be permitted to install checkpoints, adequately supplied to conduct regular testing of all Tribal members, and capacitated to provide shelter and supplies for isolation and quarantine.
- 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 | 12.13.2020

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COVID-19 DEATHS (RATE PER 100,000)	147 (16.6)	-16%	1,025 (8.4)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	40%	N/A*†	39%	30%
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SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	23%	N/A*†	20%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	420 (17)	-17% (-18%)	4,616 (19)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	8 (15%)	+0% (+0%*)	74 (22%)	1,181 (23%)
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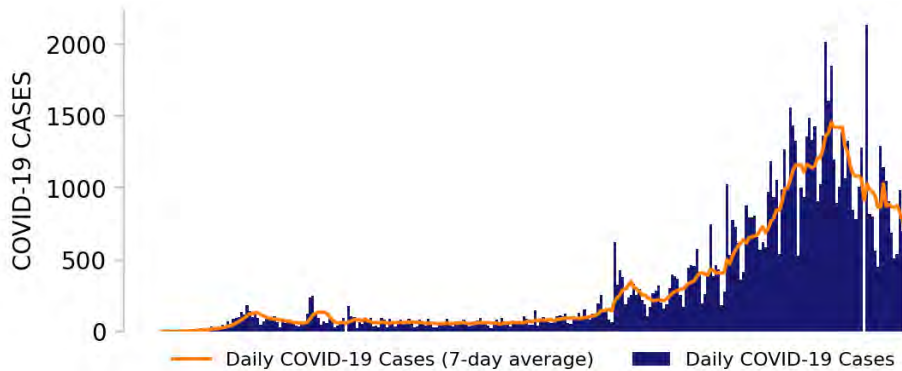
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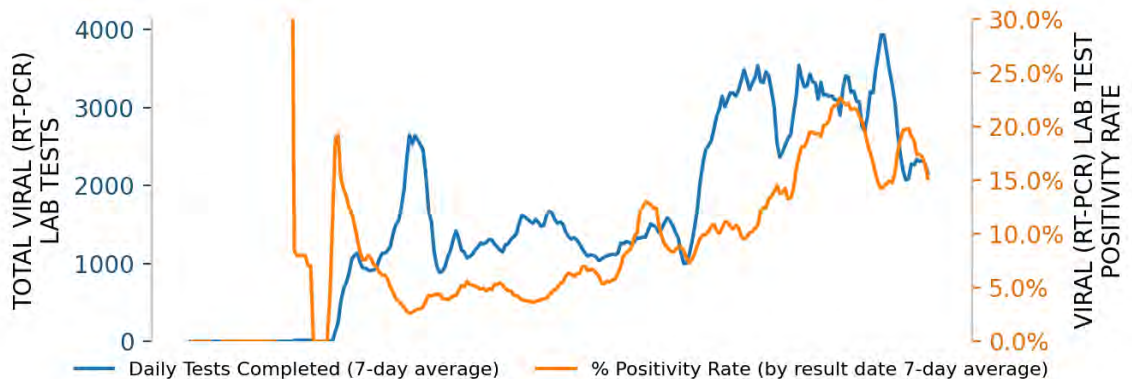
# SOUTH DAKOTA

STATE REPORT | 12.13.2020

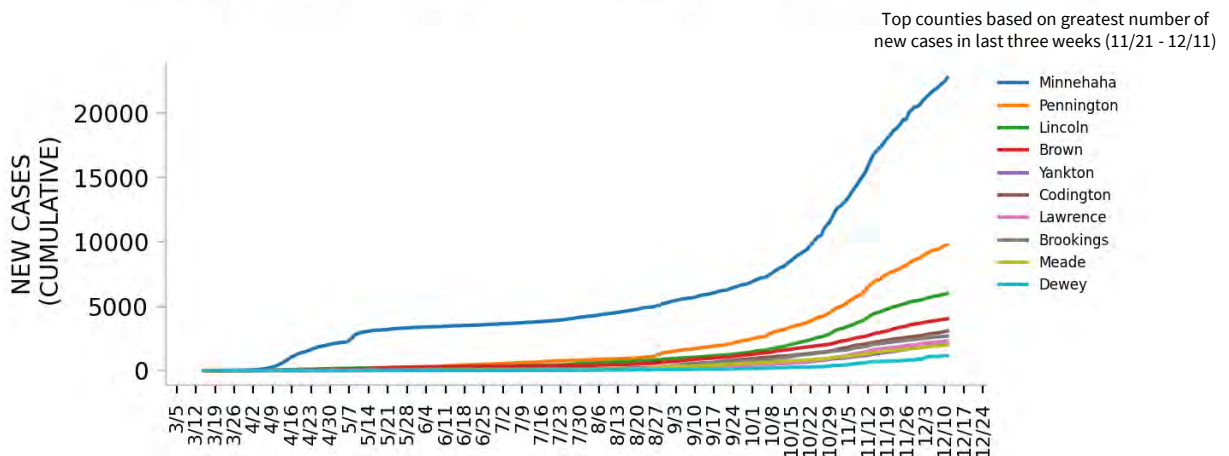
## NEW CASES



## TESTING



## TOP COUNTIES



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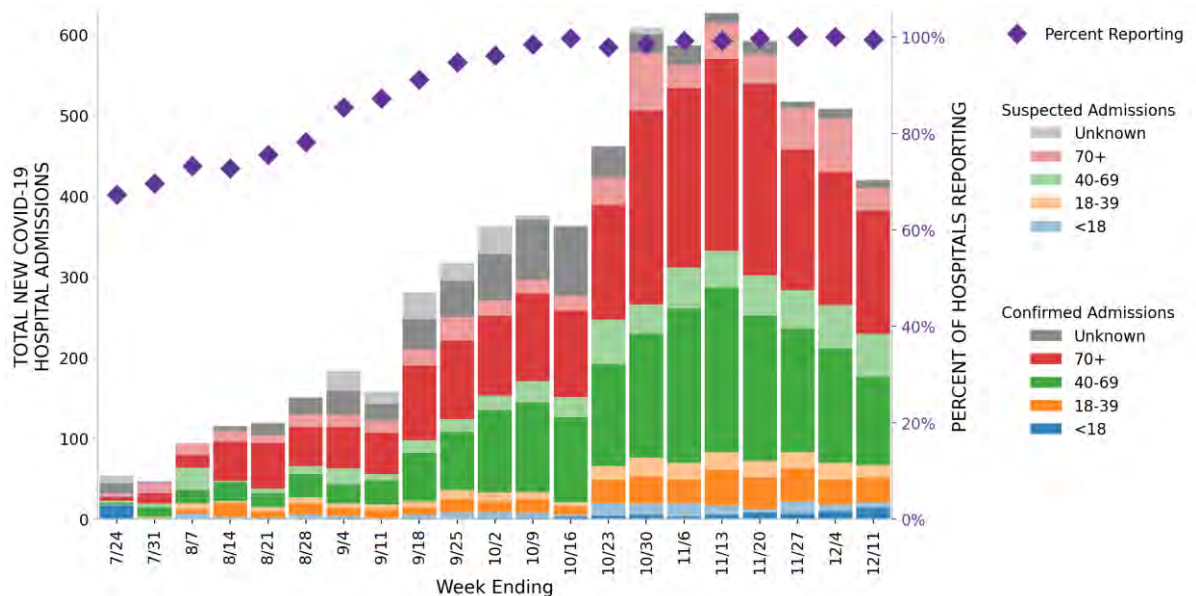


# SOUTH DAKOTA

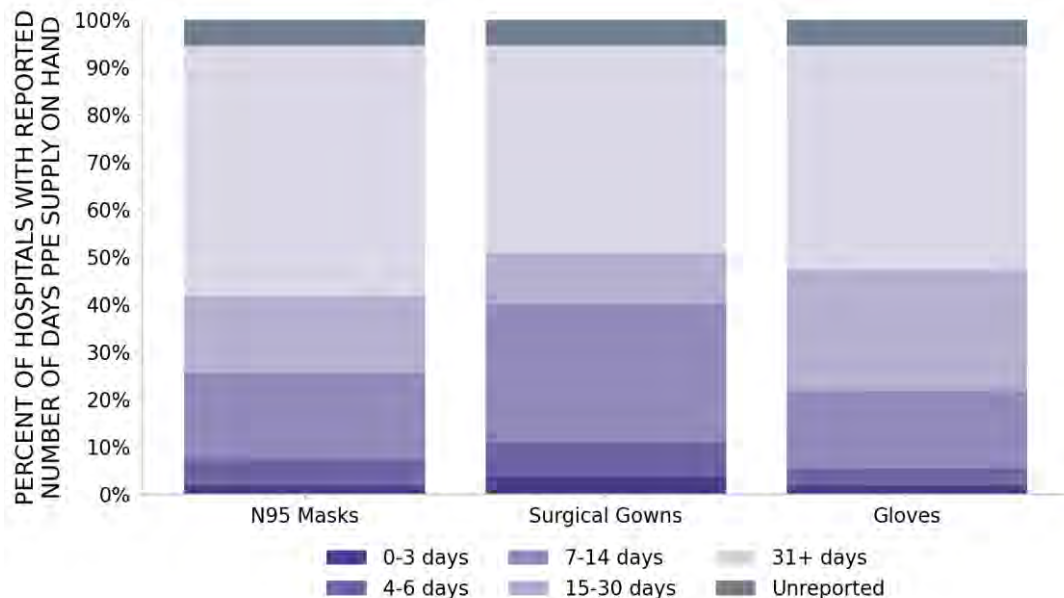
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# SOUTH DAKOTA

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA)

### COUNTIES

LOCALITIES IN RED ZONE	10 ■ (+0)	Sioux Falls Rapid City Aberdeen Yankton Spearfish Brookings Mitchell Pierre Vermillion Sioux City	39 ▼ (-10)	Minnehaha Pennington Lincoln Brown Yankton Lawrence Brookings Meade Dewey Davison Hughes Charles Mix
LOCALITIES IN ORANGE ZONE	1 ▲ (+1)	Watertown	5 ▲ (+3)	Codington Corson Edmunds Haakon Buffalo
LOCALITIES IN YELLOW ZONE	0 ▼ (-2)	N/A	2 ▼ (-2)	Day Jackson
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

**All Red Counties:** Minnehaha, Pennington, Lincoln, Brown, Yankton, Lawrence, Brookings, Meade, Dewey, Davison, Hughes, Charles Mix, Clay, Oglala Lakota, Union, Grant, Roberts, Butte, Hutchinson, Custer, Walworth, Turner, Tripp, Spink, Bon Homme, Moody, Deuel, Brule, Kingsbury, Marshall, McCook, Lyman, Sanborn, Aurora, Mellette, Fall River, Stanley, Miner, Faulk

\* 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

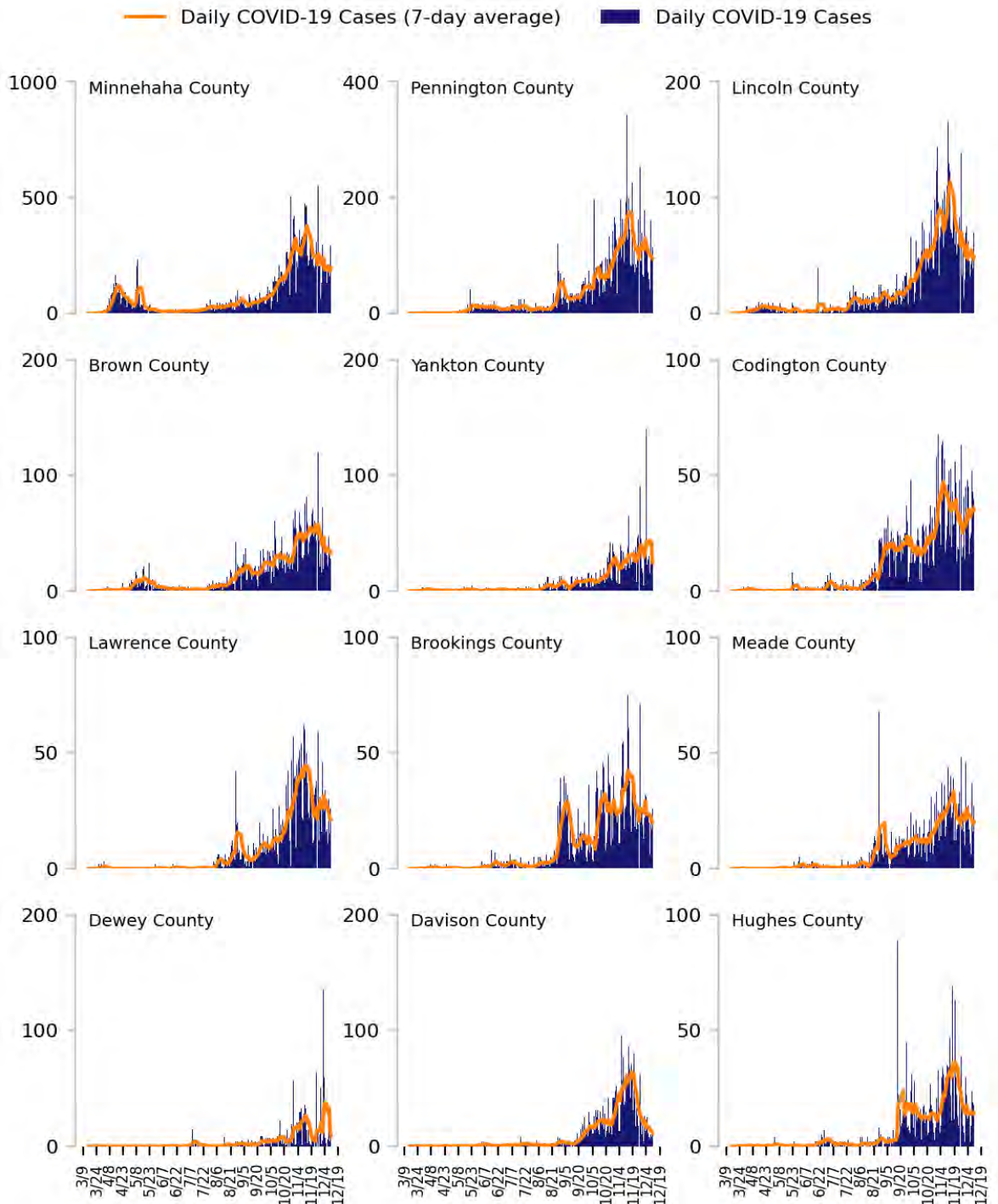
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.

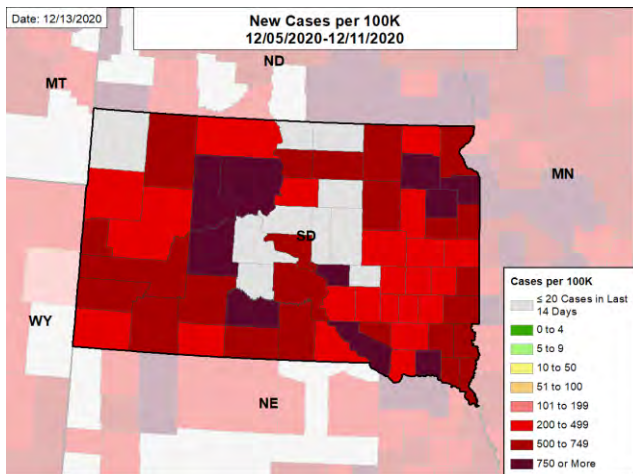


# SOUTH DAKOTA

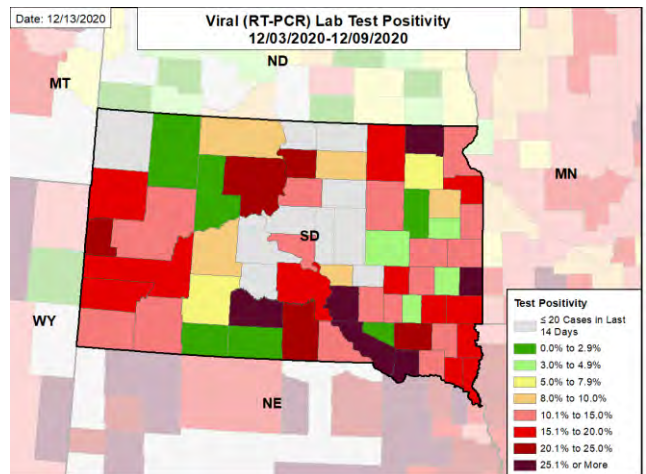
STATE REPORT | 12.13.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY

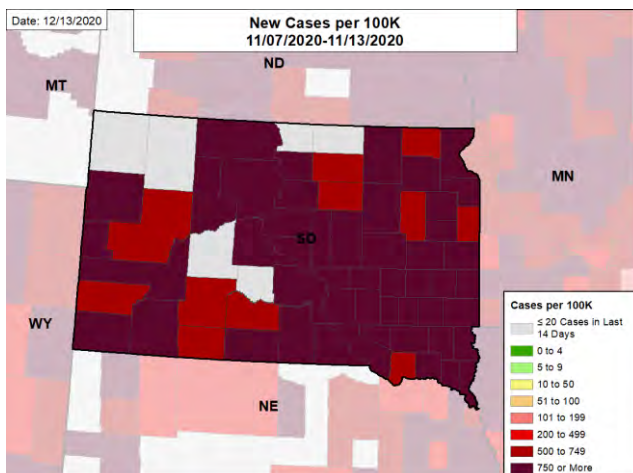
NEW CASES PER 100,000



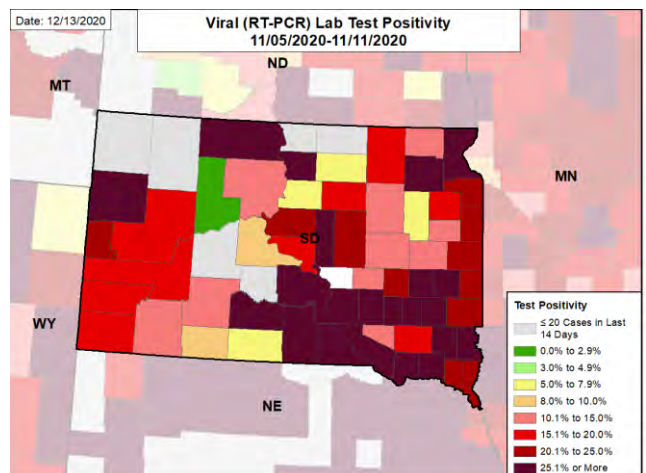
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.



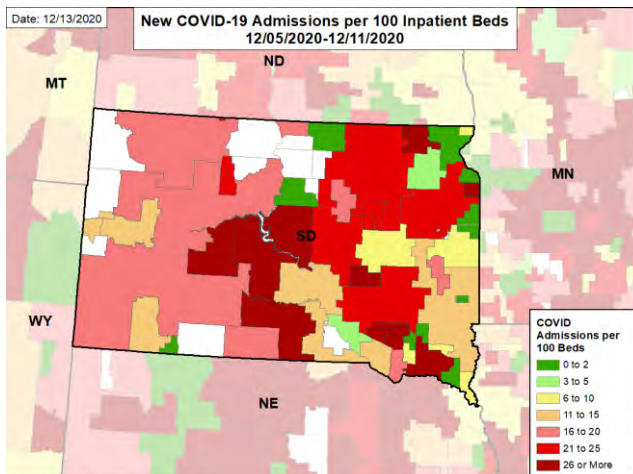


# SOUTH DAKOTA

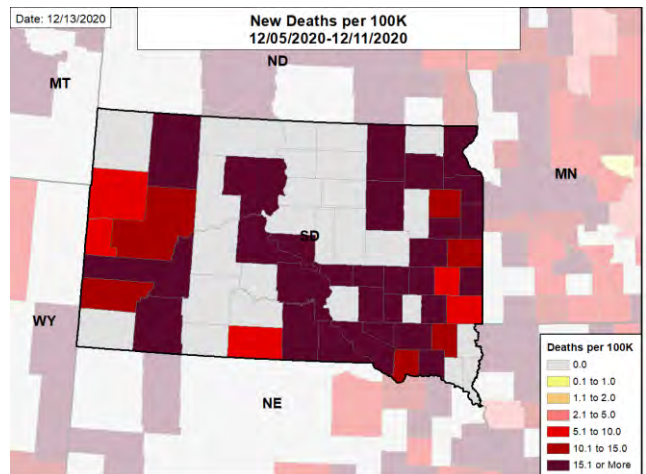
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

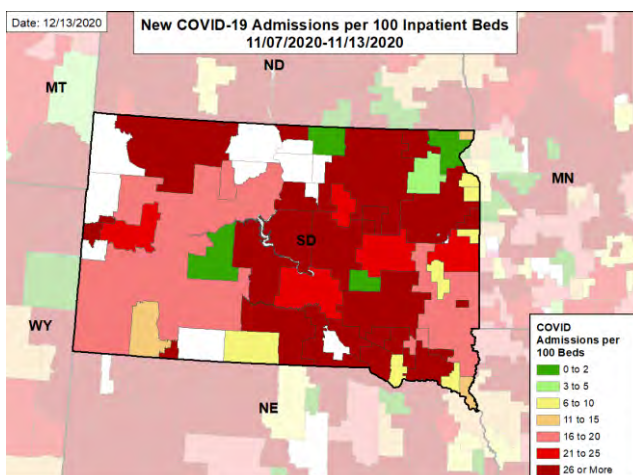
**TOTAL NEW COVID-19 ADMISSIONS  
PER 100 INPATIENT BEDS**



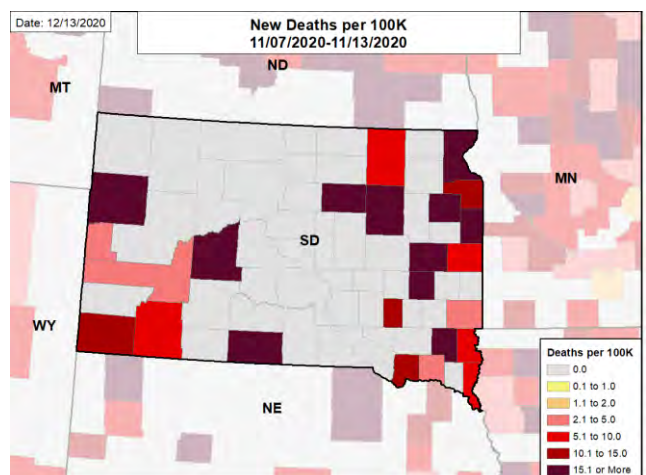
**NEW DEATHS PER 100,000**



**TOTAL NEW COVID-19 ADMISSIONS PER 100  
INPATIENT BEDS ONE MONTH BEFORE**



**NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





# TENNESSEE

## SUMMARY

- Tennessee 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. Tennessee has seen an increase in new cases. Test positivity is unavailable this week due to incomplete data.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Shelby County, 2. Davidson County, and 3. Knox County. These counties represent 23.3% 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 97% having high levels of community transmission (red zone).
- During the week of Nov 30 - Dec 6, 40% of nursing homes had at least one new resident COVID-19 case, 68% had at least one new staff COVID-19 case, and 21% had at least one new resident COVID-19 death.
- Tennessee had 639 new cases per 100,000 population, compared to a national average of 451 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; 24 to support medical activities from ASPR; and 12 to support operations activities from ASPR.
- Between Dec 5 - Dec 11, on average, 319 patients with confirmed COVID-19 and 140 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Tennessee. This is an increase of 5% in total new COVID-19 hospital admissions.
- Hospitals are reporting critical staffing shortages, but the state is managing and exploring solutions.

## RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Virus levels remain high and continue to increase, with new hospital admissions at all-time high. Face masks must be required in all public settings statewide to reduce transmission across the state. Throughout the holiday season, all media platforms should remain saturated with messaging on the risks of indoor social gatherings without masks. Find ways to keep testing levels high through the holiday season to remove asymptomatic transmission.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Universities must have testing plans in place for spring semester, mandatorily testing all students weekly to prevent spread in the community.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. There continue to be high levels of positive staff members at LTCFs, indicating 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.*





# TENNESSEE

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	43,654 (639)	+22%	269,312 (403)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	N/A	N/A*	11.7%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	46,629** (683**)	-71%**	1,627,814** (2,433**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	457 (6.7)	+32%	2,498 (3.7)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	40%	N/A*†	27%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	68%	N/A*†	48%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	21%	N/A*†	11%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,212 (19)	+5% (+5%)	29,232 (19)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	30 (29%)	+3% (+11%*)	163 (18%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	40 (39%)	+6% (+18%*)	215 (23%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2. Testing data were incomplete for this time period and percent positivity cannot be calculated.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

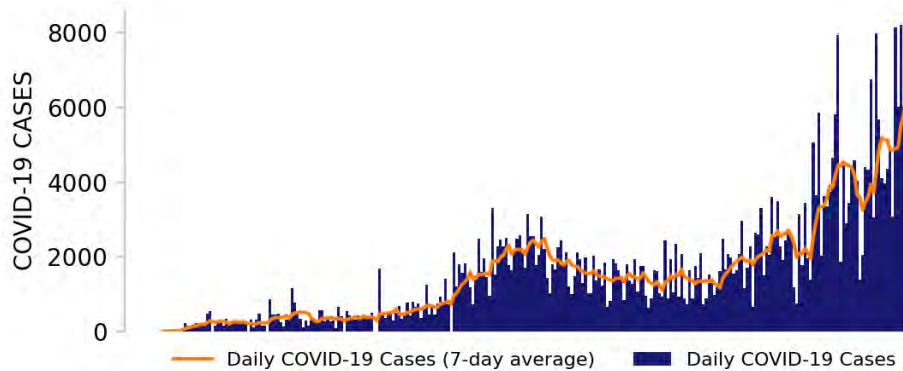
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



# TENNESSEE

STATE REPORT | 12.13.2020

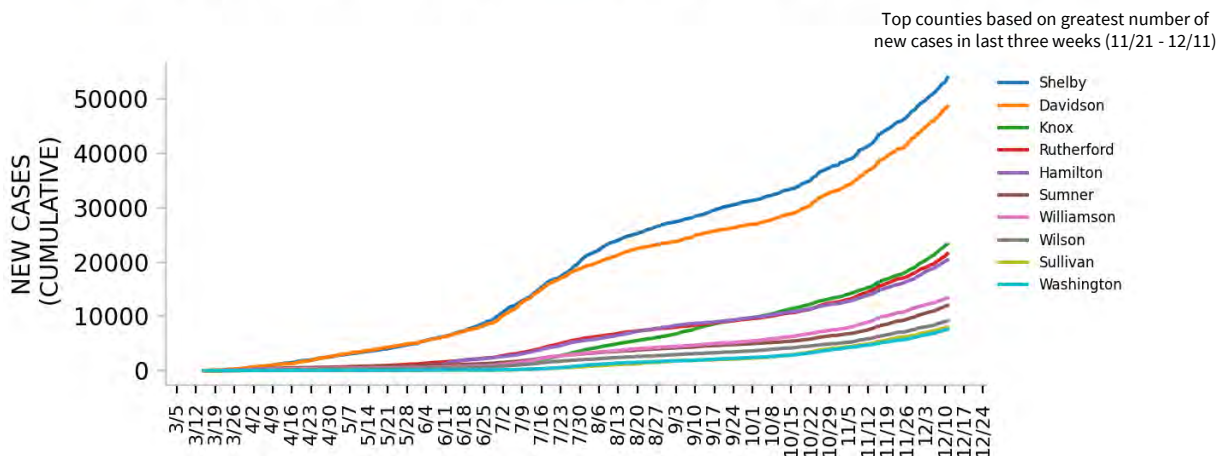
## NEW CASES



## TESTING



## TOP COUNTIES



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

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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Testing data were incomplete for this time period and percent positivity cannot be calculated.

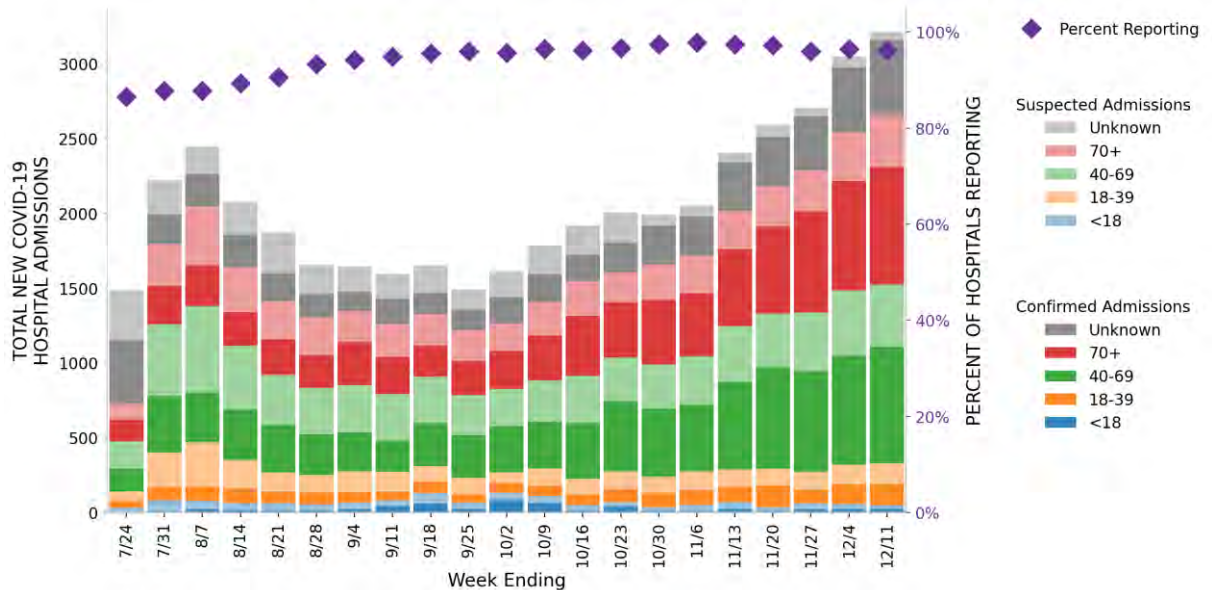


# TENNESSEE

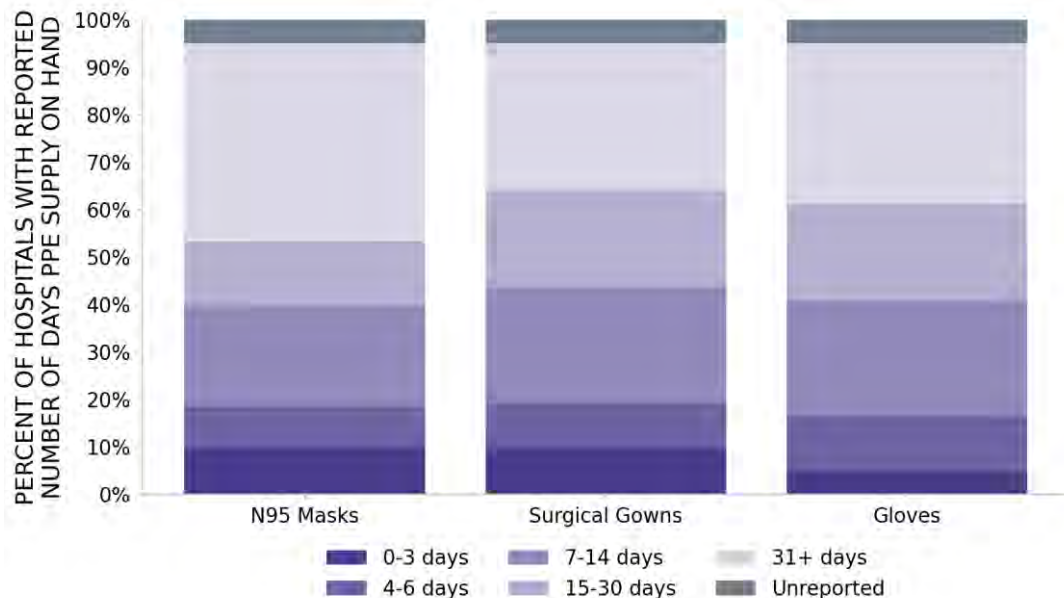
STATE REPORT | 12.13.2020

103 hospitals are expected to report in Tennessee

## HOSPITAL ADMISSIONS



## HOSPITAL PPE SUPPLIES

**DATA SOURCES** – Additional data details available under METHODS**Hospitalizations:** Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. 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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# TENNESSEE

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA)

### COUNTIES

LOCALITIES IN RED ZONE	27 ■ (+0)	Nashville-Davidson--Murfreesboro--Franklin Knoxville Memphis Chattanooga Johnson City Kingsport-Bristol Jackson Clarksville Morristown Cleveland Tullahoma-Manchester Sevierville	92 ▲ (+2)	Shelby Davidson Knox Rutherford Hamilton Sumner Williamson Wilson Sullivan Washington Montgomery Blount
	0 ■ (+0)	N/A	2 ▼ (-1)	Claiborne Houston
	0 ■ (+0)	N/A	0 ▼ (-1)	N/A
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

**All Red CBSAs:** Nashville-Davidson--Murfreesboro--Franklin, Knoxville, Memphis, Chattanooga, Johnson City, Kingsport-Bristol, Jackson, Clarksville, Morristown, Cleveland, Tullahoma-Manchester, Sevierville, Cookeville, Greeneville, Shelbyville, Athens, Lawrenceburg, McMinnville, Crossville, Dayton, Union City, Dyersburg, Lewisburg, Paris, Newport, Martin, Brownsville

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

Alerts in this table may be incorrect or incomplete due to incomplete testing data for this time period.

\* 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

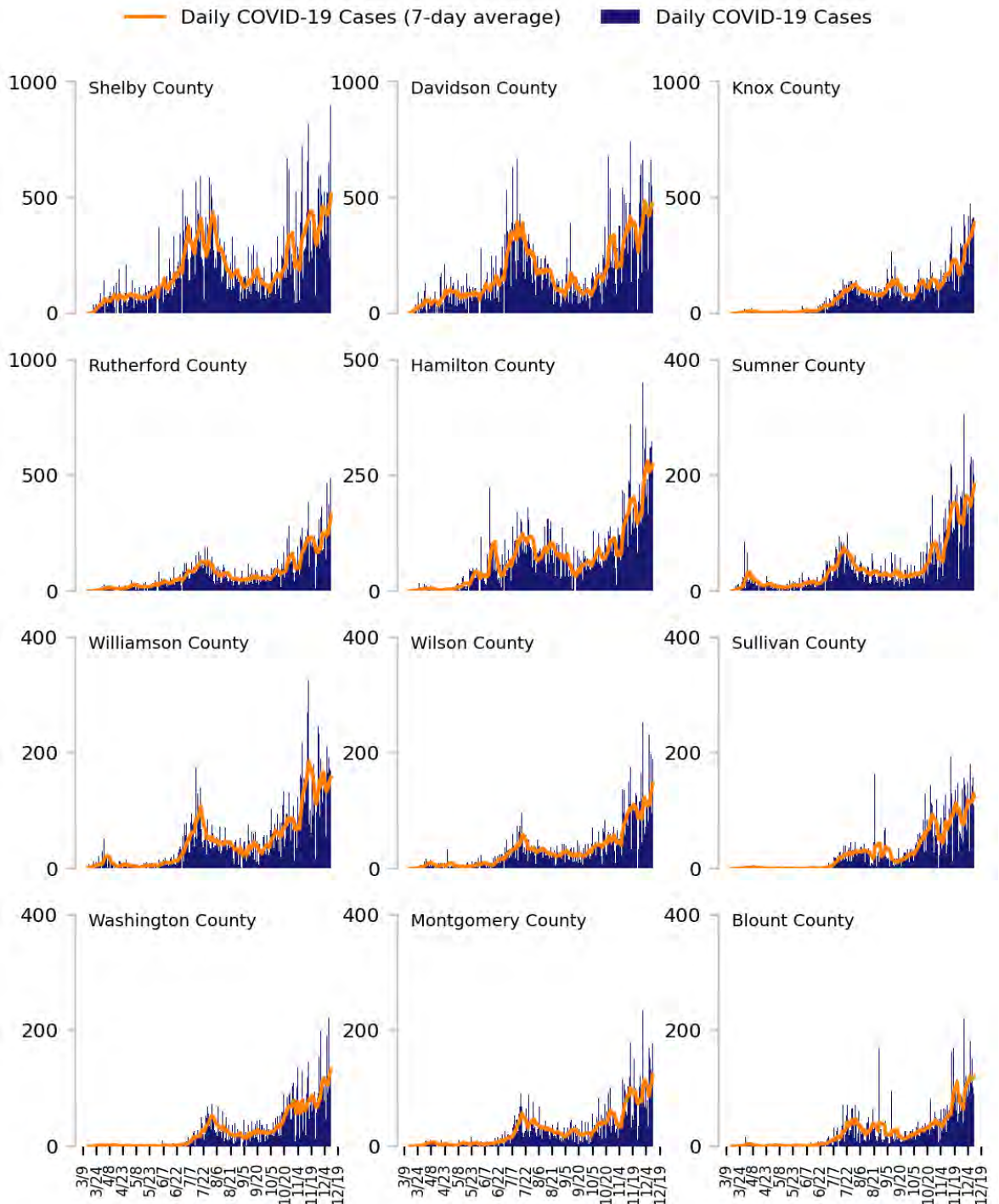
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Testing data were incomplete for this time period and percent positivity cannot be calculated.



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

TOTAL DAILY CASES



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

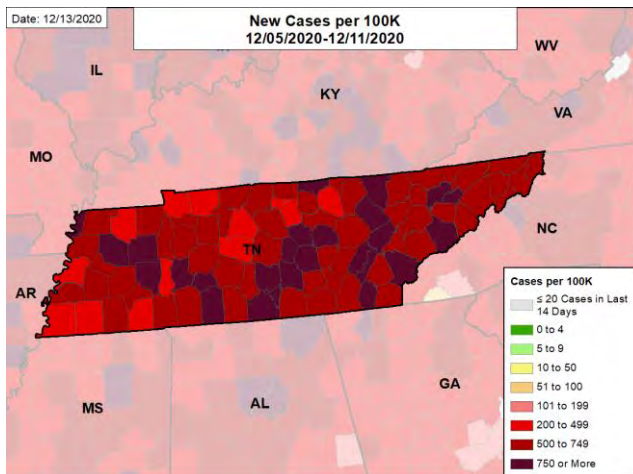
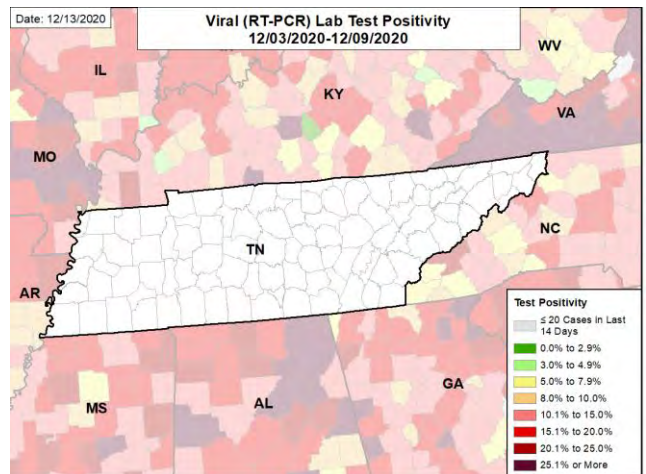
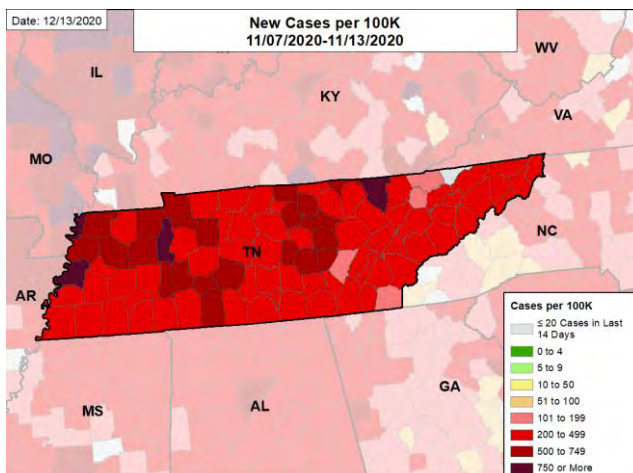
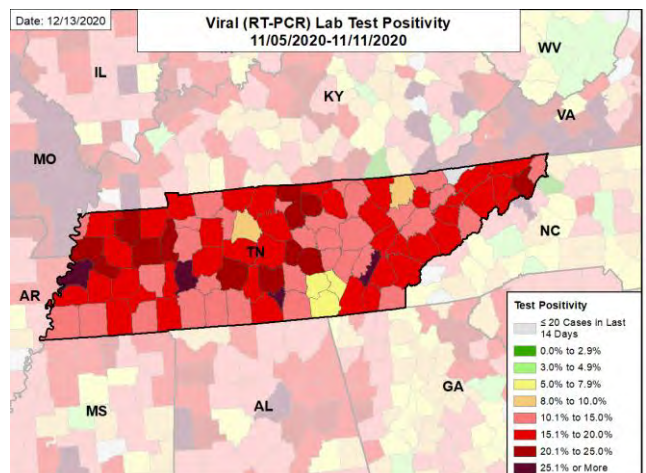
**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.



# TENNESSEE

STATE REPORT | 12.13.2020

## 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11. Testing data were incomplete for this time period and percent positivity cannot be calculated.



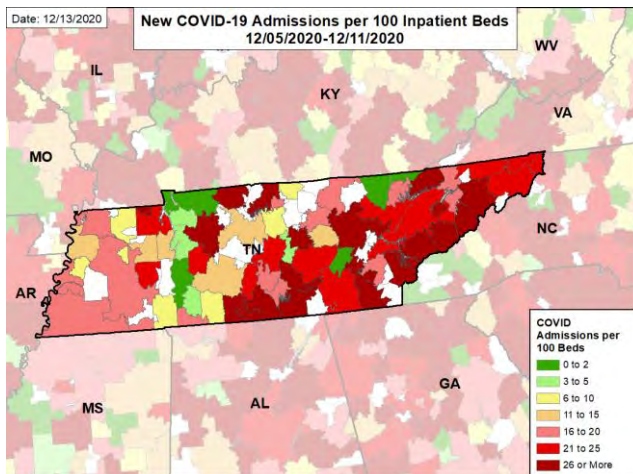


# TENNESSEE

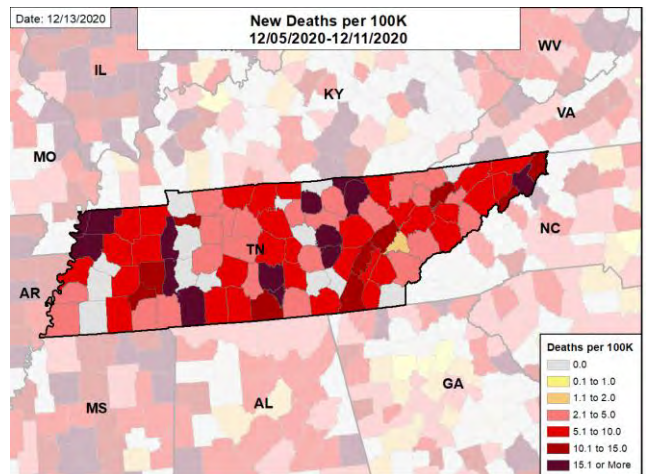
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

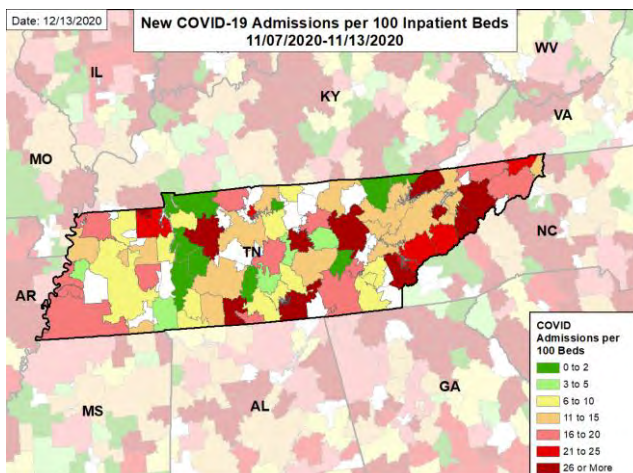
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



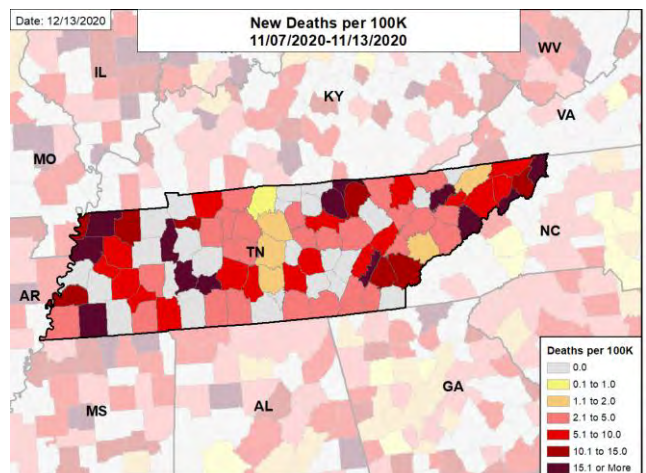
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





# TEXAS

## STATE REPORT

12.13.2020

Issue 26

### SUMMARY

- Texas 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. 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 stability in new cases, test positivity, and new hospitalizations, demonstrating the impact of mitigation.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Dallas County, 2. Tarrant County, and 3. Harris County. These counties represent 32.2% of new cases in Texas.
- 74% of all counties in Texas 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 30 - Dec 6, 24% of nursing homes had at least one new resident COVID-19 case, 43% had at least one new staff COVID-19 case, and 11% had at least one new resident COVID-19 death.
- Texas had 313 new cases per 100,000 population, compared to a national average of 451 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 17 to support medical activities from DoD; 52 to support operations activities from FEMA; 9 to support operations activities from ASPR; and 16 to support operations activities from USCG.
- The federal government has supported surge testing in Houston, Waco, and Harris County.
- Between Dec 5 - Dec 11, on average, 1003 patients with confirmed COVID-19 and 591 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Texas. This is a decrease of 5% in total new COVID-19 hospital admissions.

### RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- **Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- **For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Ensure all universities returning after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Ongoing high levels of positive staff at LTCFs indicate continued and unmitigated community spread in these geographic locations.
- Increase support to Tribal Nations for COVID vaccination, testing, and clinical support; this is essential as they represent the highest risk group after LTCF residents.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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



COVID-19



# TEXAS

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	90,748 (313)	-1%	154,367 (361)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	13.0%	-0.4%*	12.8%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	613,620** (2,116**)	+3%**	956,742** (2,240**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	1,315 (4.5)	+16%	2,155 (5.0)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	24%	N/A*†	27%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	43%	N/A*†	46%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	11%	N/A*†	13%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	11,156 (18)	-5% (-6%)	18,999 (20)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	96 (21%)	-58% (-38%*)	235 (27%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	156 (34%)	+7% (+5%*)	304 (35%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

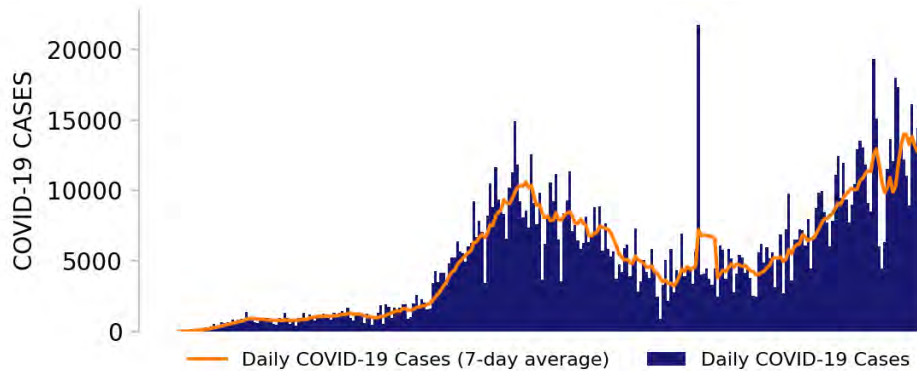
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



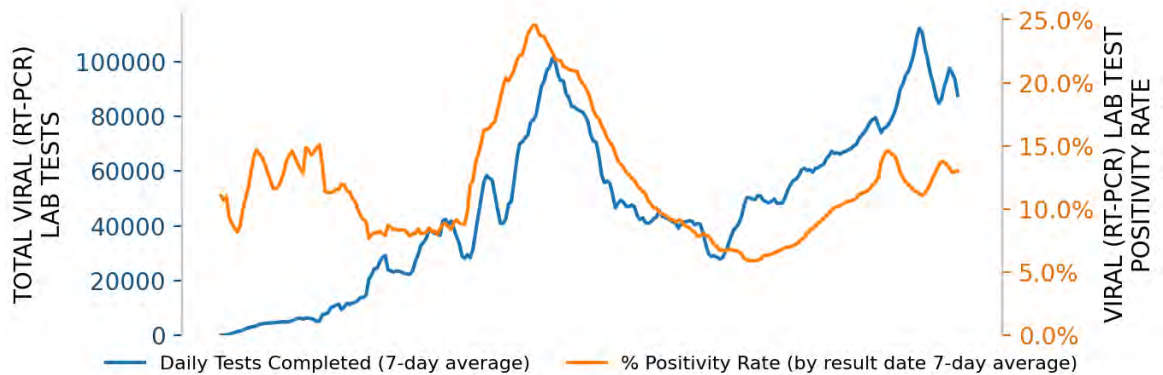
# TEXAS

STATE REPORT | 12.13.2020

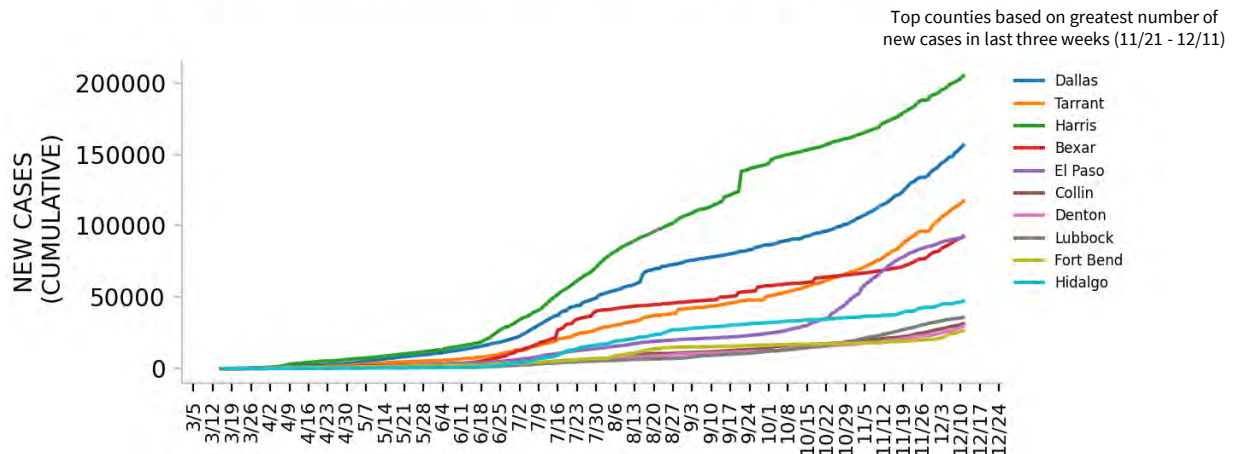
## NEW CASES



## TESTING



## TOP COUNTIES



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

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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.

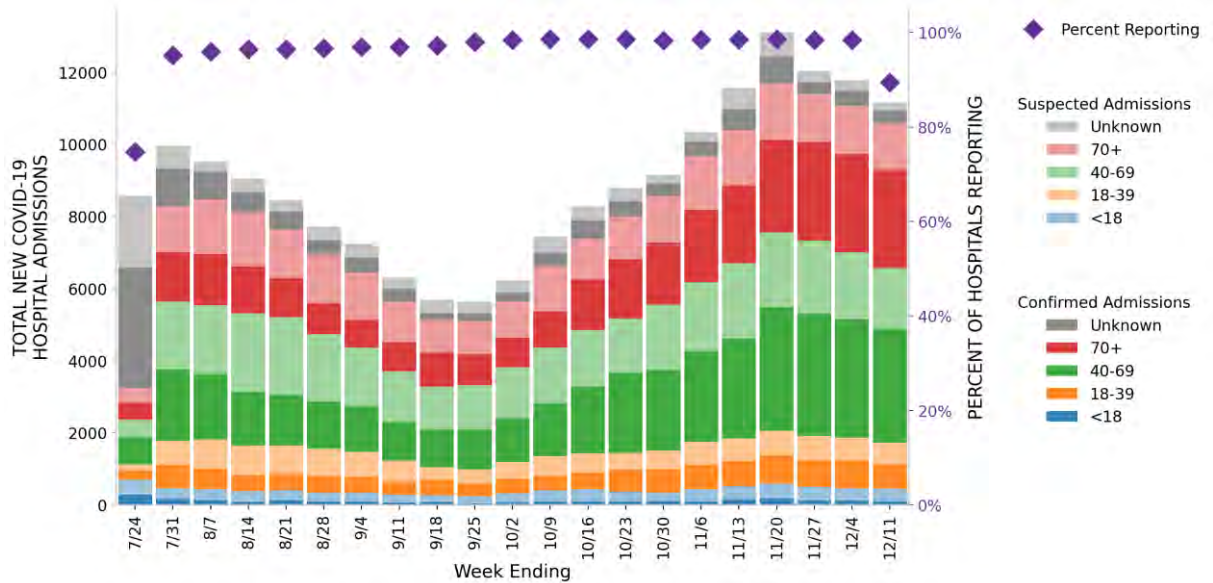


# TEXAS

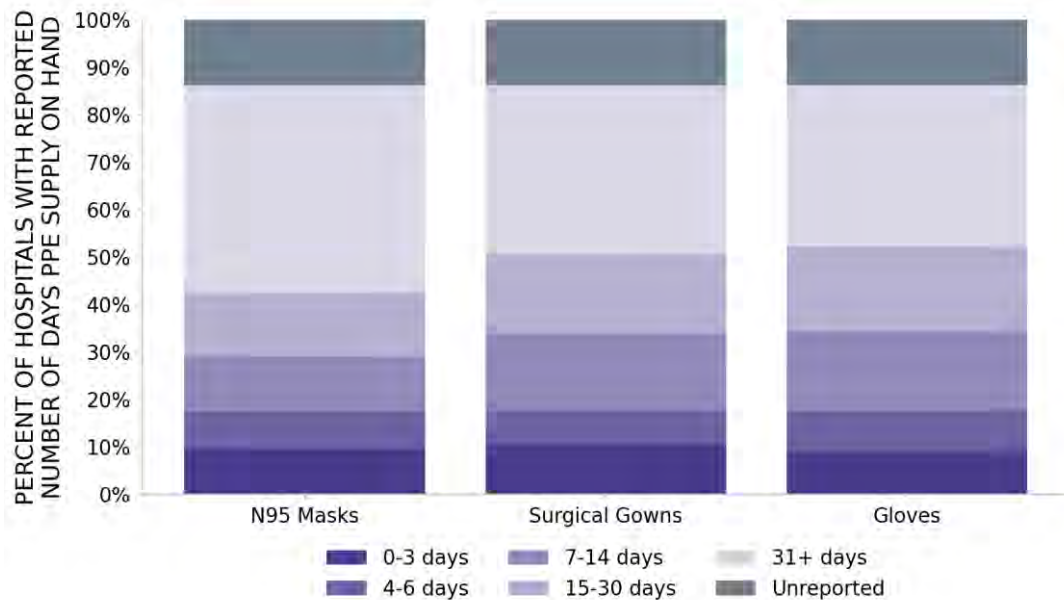
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# TEXAS

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA)

### COUNTIES

LOCALITIES IN RED ZONE	<b>61</b> ▼ (-1)	Dallas-Fort Worth-Arlington Houston-The Woodlands-Sugar Land San Antonio-New Braunfels El Paso Lubbock McAllen-Edinburg-Mission Amarillo Laredo Corpus Christi Waco Killeen-Temple Wichita Falls	<b>159</b> ▲ (+1)	Dallas Tarrant Harris Bexar El Paso Collin Denton Lubbock Hidalgo Montgomery Webb Randall
	<b>5</b> ▼ (-1)	Austin-Round Rock-Georgetown College Station-Bryan Pecos Brenham Paris	<b>18</b> ▼ (-11)	Fort Bend Williamson Brazos Reeves Kendall Washington Lavaca Burleson Milam Cass Harrison Polk
	<b>4</b> ▲ (+1)	Huntsville Corsicana Palestine Jacksonville	<b>10</b> ▼ (-3)	Travis Walker Navarro Anderson Ward Limestone Cherokee Upshur Hamilton Jasper
Change from previous week's alerts:		▲ Increase      ■ Stable      ▼ Decrease		

**All Red CBSAs:** Dallas-Fort Worth-Arlington, Houston-The Woodlands-Sugar Land, San Antonio-New Braunfels, El Paso, Lubbock, McAllen-Edinburg-Mission, Amarillo, Laredo, Corpus Christi, Waco, Killeen-Temple, Wichita Falls, San Angelo, Odessa, Beaumont-Port Arthur, Midland, Brownsville-Harlingen, Sherman-Denison, Abilene, Tyler, Plainview, Longview, Gainesville, Eagle Pass, Del Rio, Big Spring, Victoria, Rio Grande City-Roma, Granbury, Stephenville, Hereford, Mineral Wells, Alice, Athens, Fredericksburg, Lufkin, Kerrville, Snyder, Sweetwater, Vernon, Levelland, Bonham, El Campo, Texarkana, Uvalde, Pampa, Mount Pleasant, Bay City, Andrews, Brownwood, Dumas, Nacogdoches, Zapata, Pearsall, Beeville, Borger, Kingsville, Sulphur Springs, Raymondville, Rockport, Port Lavaca

**All Red Counties:** Dallas, Tarrant, Harris, Bexar, El Paso, Collin, Denton, Lubbock, Hidalgo, Montgomery, Webb, Randall, McLennan, Nueces, Brazoria, Potter, Ellis, Tom Green, Wichita, Ector, Johnson, Galveston, Bell, Midland, Jefferson, Kaufman, Cameron, Parker, Rockwall, Grayson, Hays, Wise, Taylor, Smith, Hale, Guadalupe, Cooke, Maverick, Val Verde, Howard, Starr, Hood, Victoria, Hunt, Comal, Gregg, Coryell, Chambers, Erath, Deaf Smith, Palo Pinto, Montague, Bastrop, Henderson, Gillespie, Angelina, Orange, Medina, Kerr, Atascosa, Liberty, Lamb, Burnet, Brewster, Scurry, Van Zandt, Hill, Jim Wells, Nolan, Waller, Wilbarger, Young, Hockley, Fannin, Wilson, Wharton, Terry, Bowie, Uvalde, Ochiltree, San Patricio, Gray, Comanche, Childress, Gaines, Matagorda, Andrews, Fayette, Brown, Pecos, Caldwell, Clay, Moore, Nacogdoches, Zapata, Colorado, Wood, Rusk, Grimes, Frio, Zavala, Bee, Hutchinson, Titus, Hardin, Gonzales, Hudspeth, Austin, Kleberg, Hopkins, Willacy, DeWitt, Stephens, Jackson, Lampasas, Lynn, Falls, Runnels, Live Oak, Archer, Mitchell, Duval, Llano, Eastland, Robertson, Yoakum, Somervell, Martin, Aransas, Castro, Bandera, Collingsworth, Jones, Winkler, Swisher, Jack, Hall, Calhoun, Wheeler, Dimmit, Bosque, Panola, Karnes, Leon, Lipscomb, Camp, Carson, Mills, La Salle, Rains, Edwards, Fisher, Refugio, Madison, Floyd, Crosby, San Saba, Terrell, Baylor

**All Orange Counties:** Fort Bend, Williamson, Brazos, Reeves, Kendall, Washington, Lavaca, Burleson, Milam, Cass, Harrison, Polk, Lee, Tyler, Lamar, Red River, Shelby, Sabine

\* 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

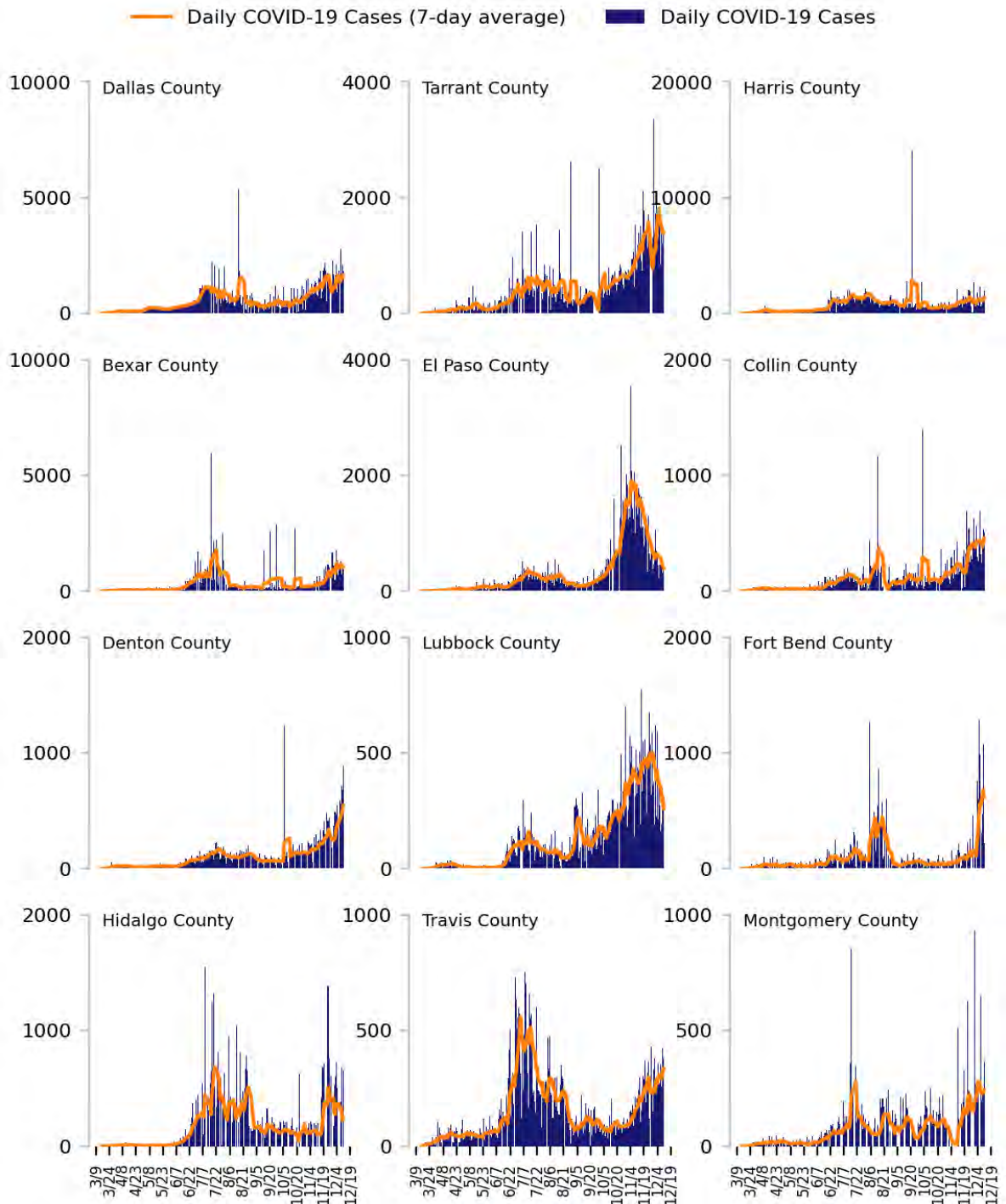
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

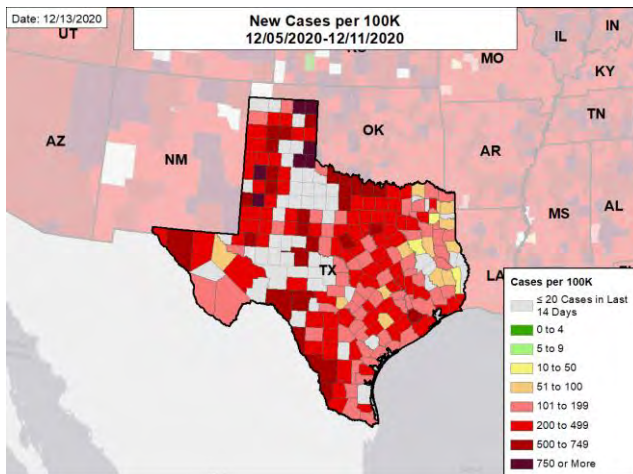
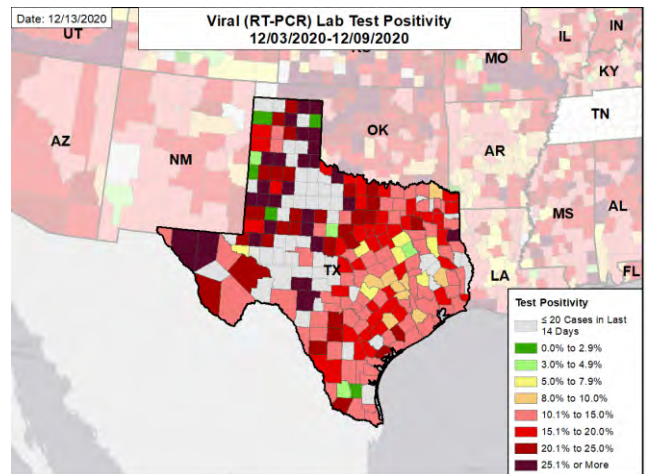
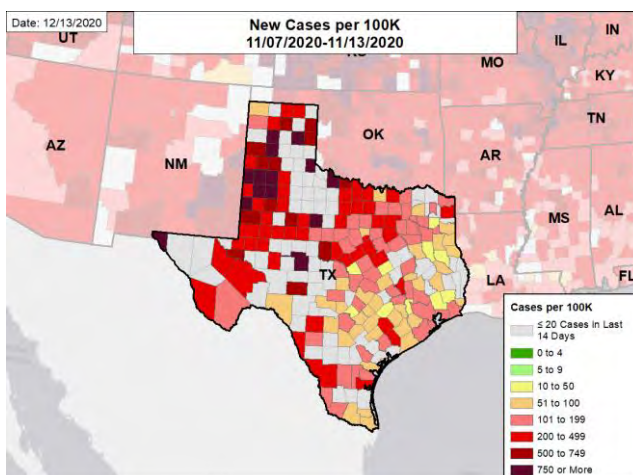
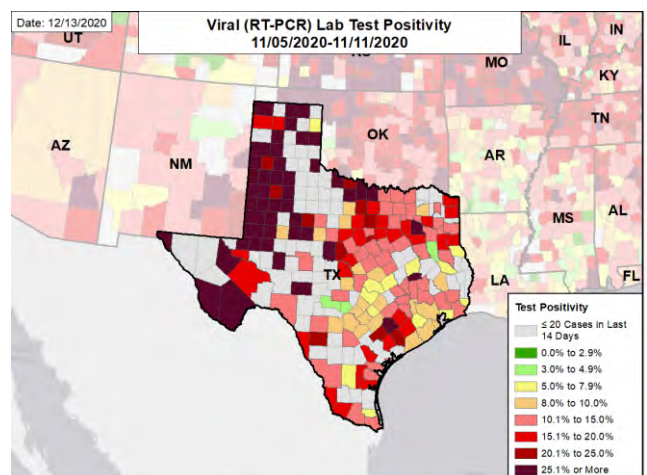
**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.



# TEXAS

STATE REPORT | 12.13.2020

## 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.



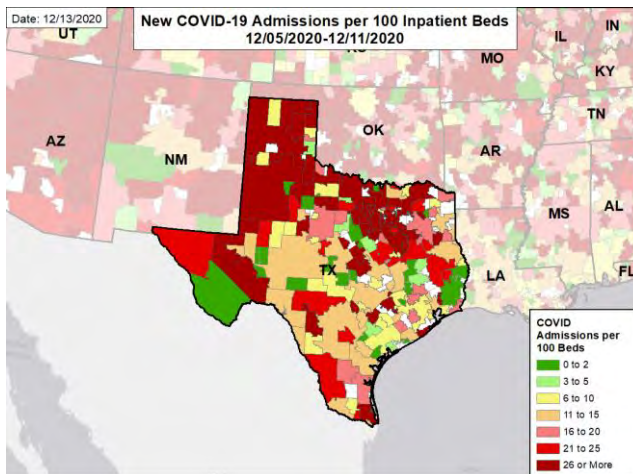


# TEXAS

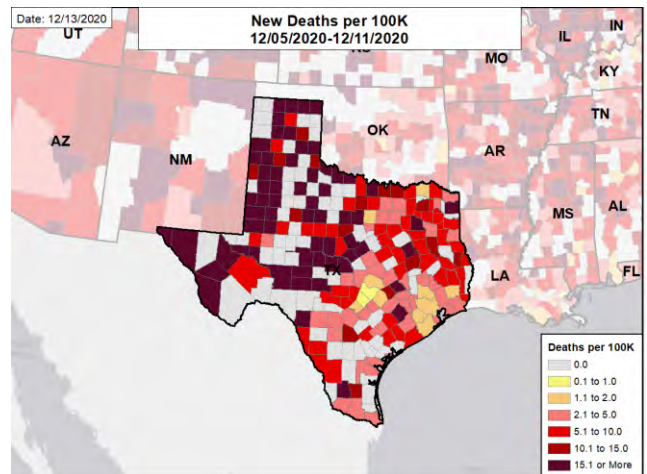
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

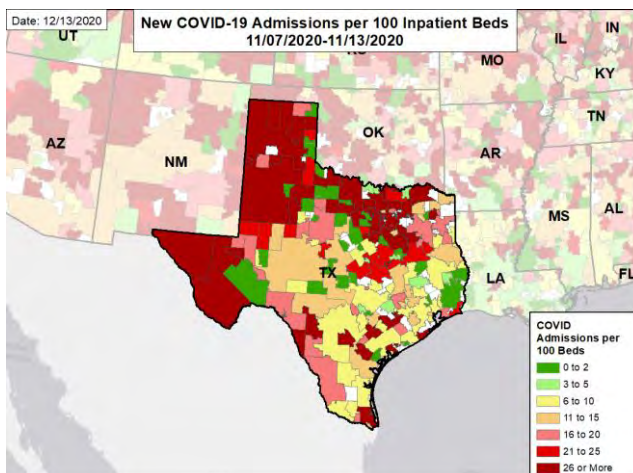
**TOTAL NEW COVID-19 ADMISSIONS  
PER 100 INPATIENT BEDS**



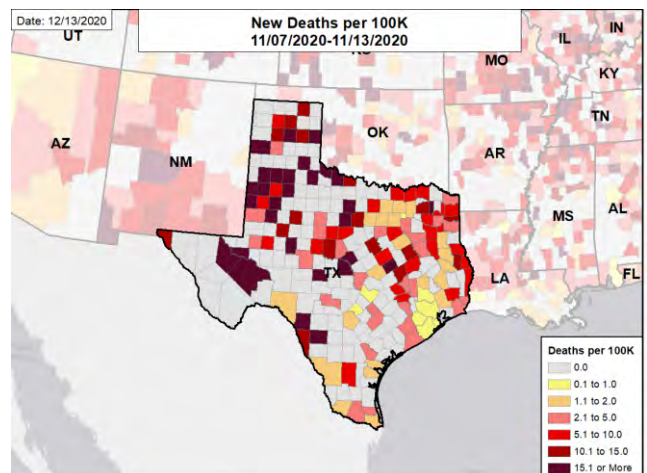
**NEW DEATHS PER 100,000**



**TOTAL NEW COVID-19 ADMISSIONS PER 100  
INPATIENT BEDS ONE MONTH BEFORE**



**NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions. 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.





# UTAH

## STATE REPORT

12.13.2020

Issue 26

### SUMMARY

- Utah is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 11th highest rate in the country. Utah is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 8th highest rate in the country.
- Utah has seen stability in new cases and a decrease in test positivity. Test positivity increased in 10 counties and decreased in 20; the biggest increases were seen in smaller counties, but substantial increases were also seen in Utah and Washington 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 68.1% of new cases in Utah.
- 86% of all counties in Utah have moderate or high levels of community transmission (yellow, orange, or red zones), with 79% having high levels of community transmission (red zone).
- During the week of Nov 30 - Dec 6, 28% of nursing homes had at least one new resident COVID-19 case, 56% had at least one new staff COVID-19 case, and 12% had at least one new resident COVID-19 death.
- Utah had 590 new cases per 100,000 population, compared to a national average of 451 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; 1 to support testing activities from CDC; 17 to support epidemiology activities from CDC; and 1 to support operations activities from CDC.
- The federal government has supported surge testing in Grantsville, UT.
- Between Dec 5 - Dec 11, on average, 86 patients with confirmed COVID-19 and 7 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Utah. This is a minimal change in total new COVID-19 hospital admissions.
- Hospitals are reporting PPE shortages, but the state has resources and systems in place for facilities to request assistance from the state distribution center.

### RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- **Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- **For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Continue efforts to expand capacity and make testing easily accessible to all populations, particularly in communities that are under-testing and in those with a high proportion of service industry and essential workers (e.g., Hispanic communities). Use all media platforms to report local hospital capacity, promote continued mitigation efforts and civic responsibilities, and encourage reporting of businesses that are not compliant.
- Ensure that all hospitals have contingency protocols to triage patients for hospital resources, remote expert clinical consultation, enhanced outpatient treatment protocols (e.g., infusion centers for outpatient therapies), and staffing expansion plans.
- Maintain contact tracing by automating the process as much as possible: collecting contact information of the person being tested at time of testing and automating emails/texts to educate, elicit and reach the contacts, and log isolation/quarantine.
- 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 | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	18,928 (590)	-2%	67,460 (550)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	17.0%	-2.7%*	12.6%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	115,718** (3,609**)	+26%**	500,014** (4,079**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	101 (3.2)	+38%	1,025 (8.4)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	28%	N/A*†	39%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	56%	N/A*†	59%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	12%	N/A*†	20%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	650 (12)	-2% (-2%)	4,616 (19)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	16 (33%)	-1% (-6%*)	74 (22%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	3 (6%)	+0% (+0%*)	72 (22%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

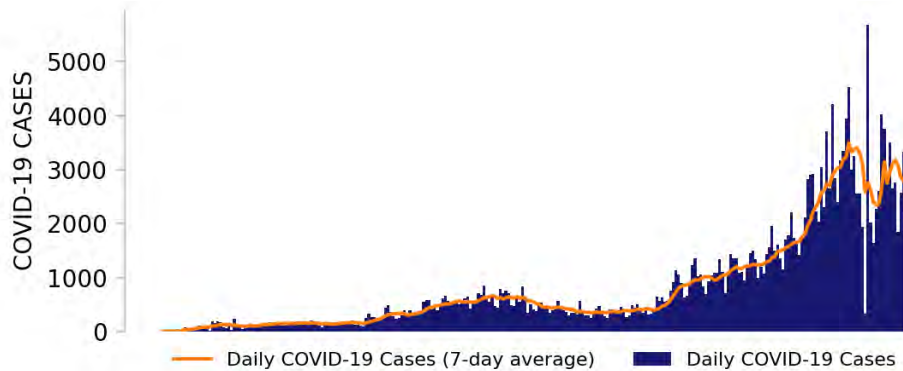
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



# UTAH

STATE REPORT | 12.13.2020

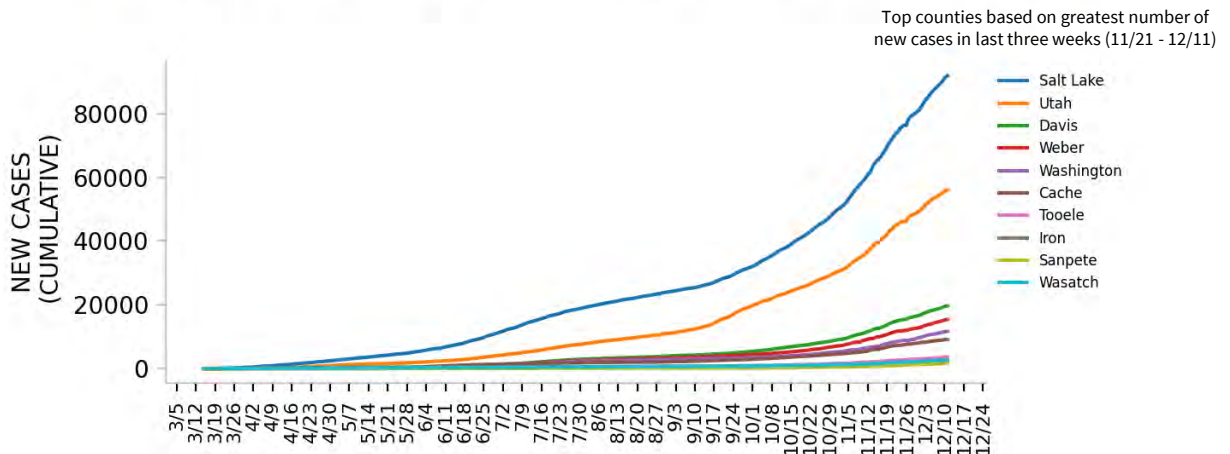
## NEW CASES



## TESTING



## TOP COUNTIES



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

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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.

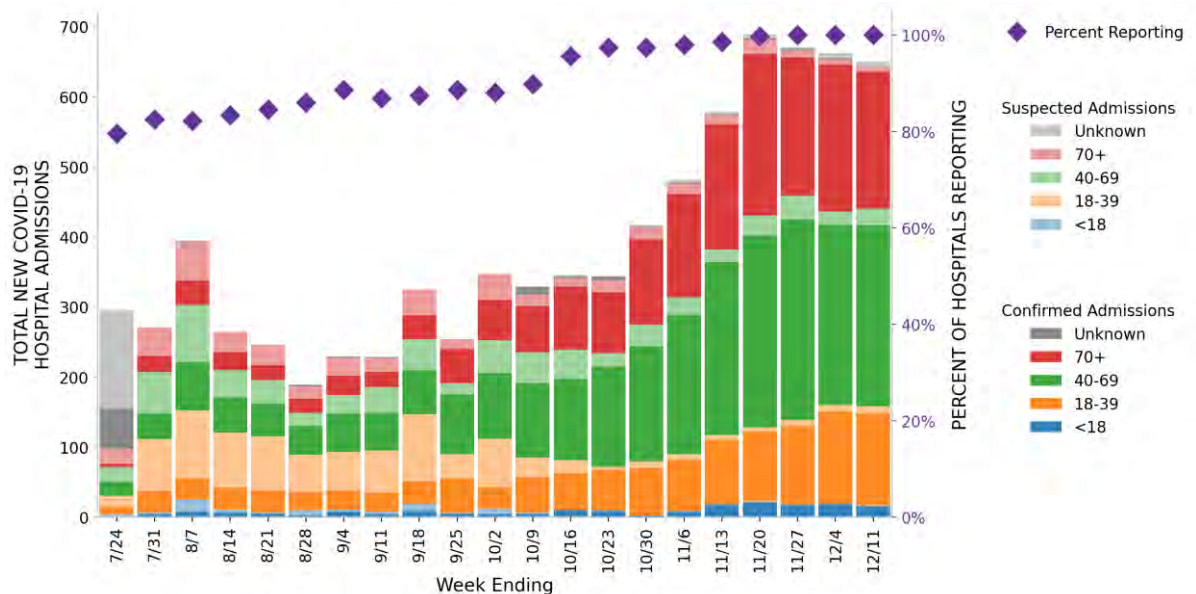


# UTAH

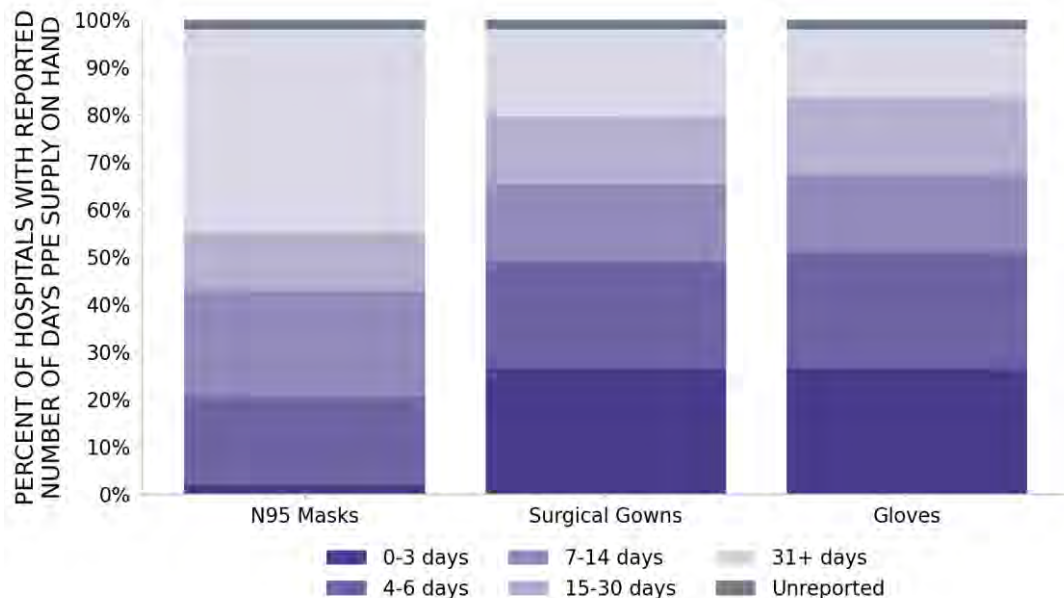
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# UTAH

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

	METRO AREA (CBSA)	COUNTIES
LOCALITIES IN RED ZONE	<b>9</b> ■ (+0) Salt Lake City Provo-Orem Ogden-Clearfield St. George Logan Heber Cedar City Vernal Price	<b>23</b> ▼ (-1) Salt Lake Utah Davis Weber Washington Cache Tooele Iron Sanpete Wasatch Box Elder Summit
LOCALITIES IN ORANGE ZONE	<b>0</b> ■ (+0) N/A	<b>1</b> ■ (+0) Emery
LOCALITIES IN YELLOW ZONE	<b>0</b> ■ (+0) N/A	<b>1</b> ▲ (+1) Grand
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease		

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

\* 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

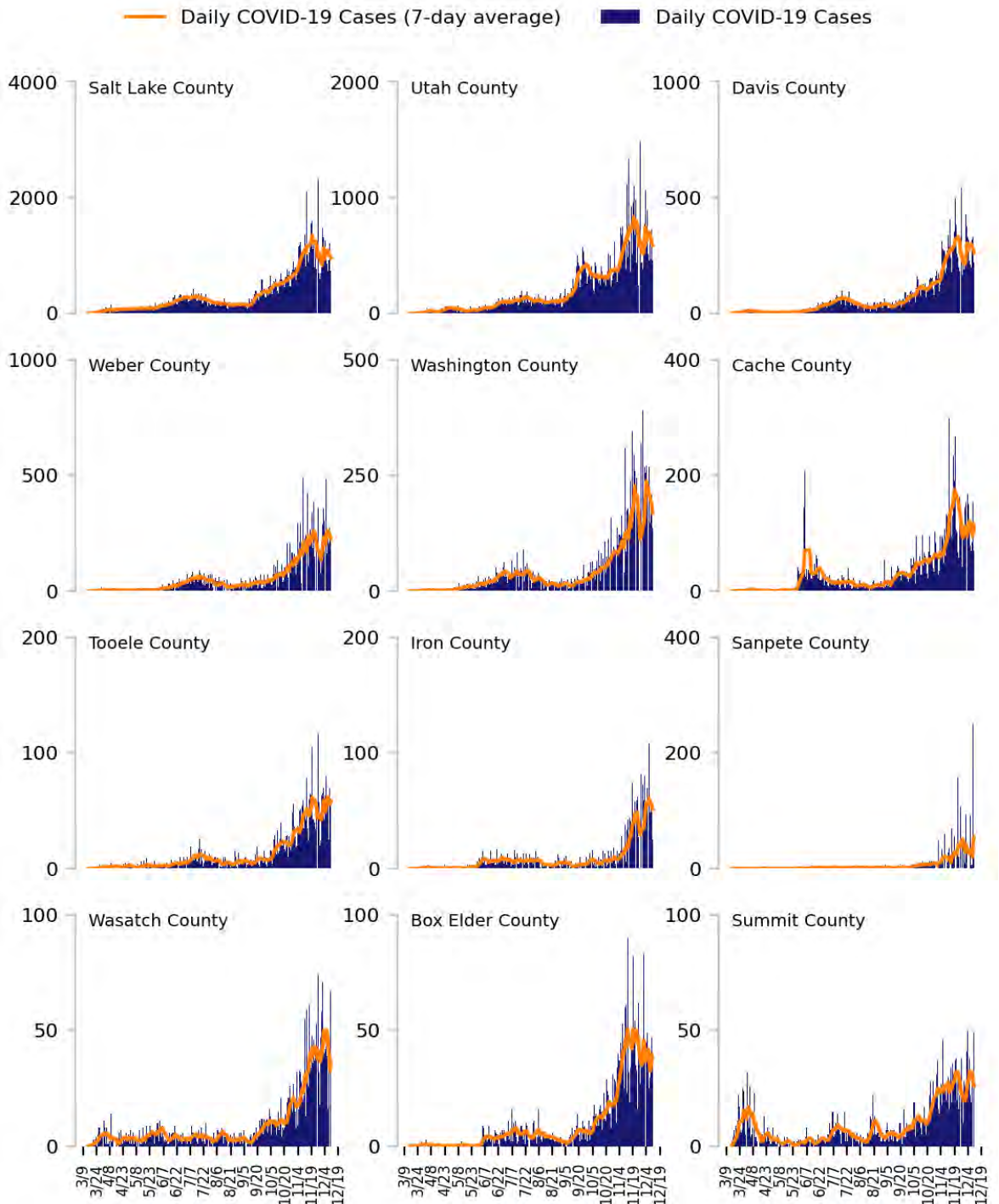
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.

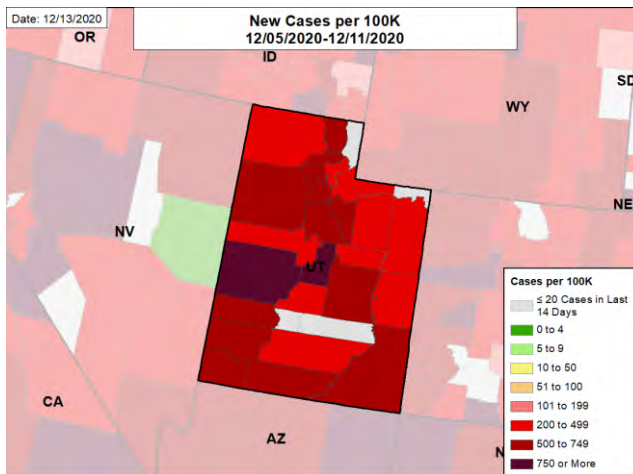


# UTAH

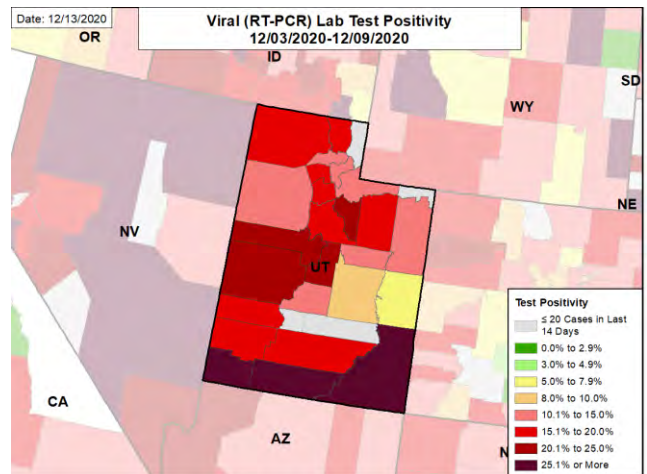
STATE REPORT | 12.13.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY

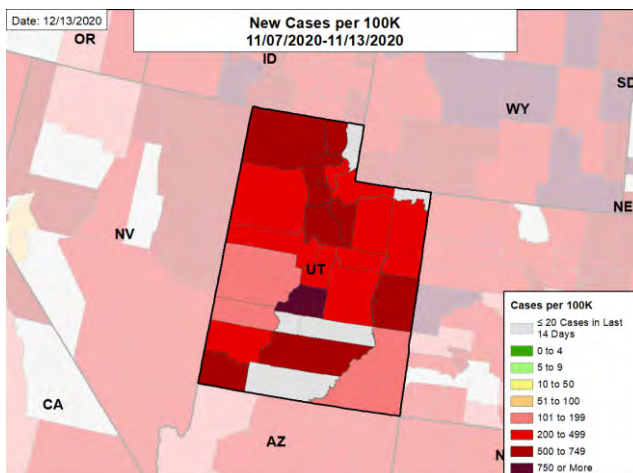
### NEW CASES PER 100,000



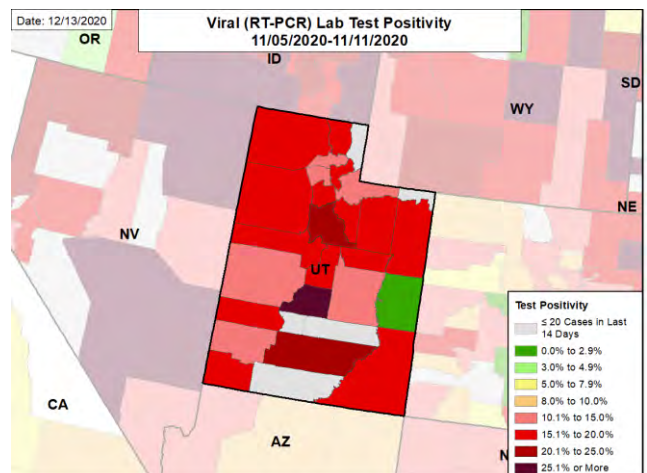
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.



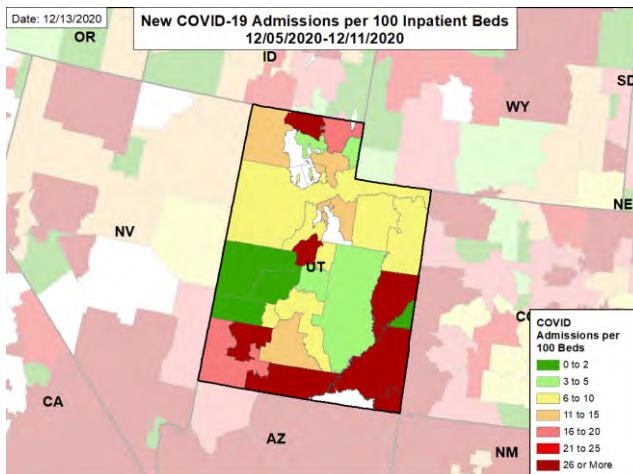


# UTAH

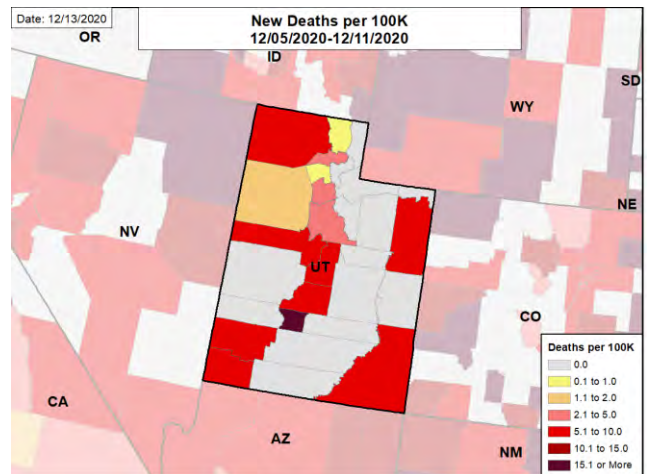
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

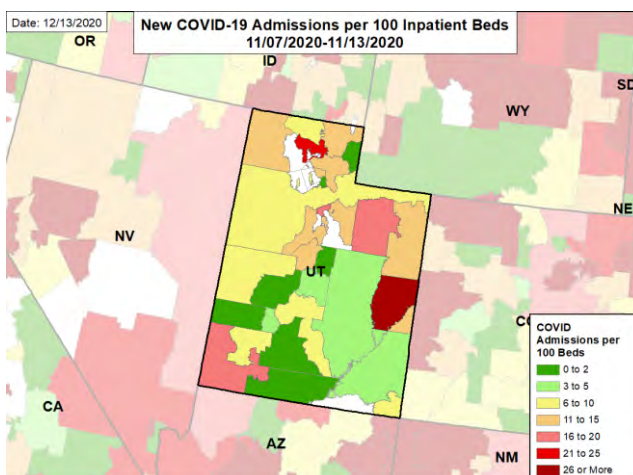
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



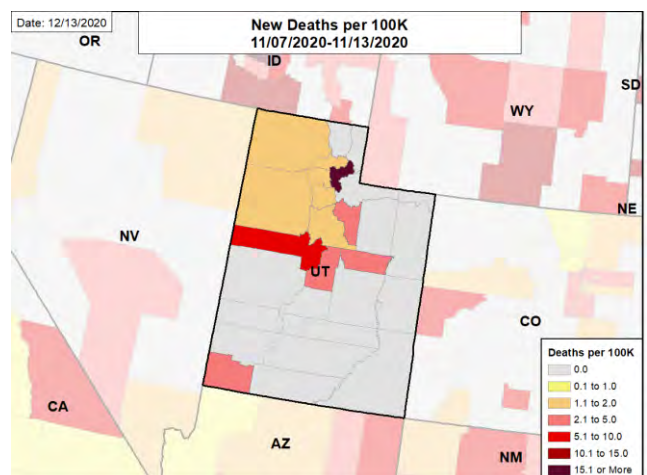
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





# VERMONT

## STATE REPORT

12.13.2020

Issue 26

### SUMMARY

- Vermont's viral surge appeared to stabilize last week. The state is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 50th highest rate in the country. Vermont is in the green zone for test positivity, indicating a rate at or below 4.9%, with the 48th highest rate in the country.
- Vermont has seen stability in new cases and stability in test positivity. No clusters of cases were reported to have resulted from Thanksgiving gatherings.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. Chittenden County, 2. Washington County, and 3. Franklin County. These counties represent 53.4% of new cases in Vermont.
- 21% 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 30 - Dec 6, 11% of nursing homes had at least one new resident COVID-19 case, 31% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death. In response to several outbreaks at LTCFs, the state is preparing an intensified testing program with increased weekly and daily testing using both antigen and PCR testing. Additional contact tracing capacity is being added as well. Recently instituted surveillance testing of school workers will be extended to medical workers.
- Vermont had 125 new cases per 100,000 population, compared to a national average of 451 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 Dec 5 - Dec 11, on average, 4 patients with confirmed COVID-19 and 7 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Vermont. This is a decrease of 22% in total new COVID-19 hospital admissions.

### RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- **Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- **For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Ensure all clinical facilities have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; maximal access to medications, supplies, and staffing; and are accurately reporting current status of each resource. Continue to support a platform for efficient patient transfers.
- Continue to prioritize efforts toward marginalized communities that are disproportionately being impacted by COVID-19, including a strategy that prioritizes the allocation of the monoclonal antibody preparations to outpatient centers that serve more marginalized populations with higher levels of risk factors.
- Increase frequency of LTCF testing and rapid implementation of vaccination in LTCFs as vaccine becomes available given continuing outbreaks and deaths.
- Ensure all K-12 schools are following CDC guidelines; use BINAX tests to routinely test all teachers as indicator of community spread. Ensure IHEs returning after winter break move to mandatory weekly testing of all on and off campus students. Begin planning now.
- 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 | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	778 (125)	+3%	70,722 (476)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.1%	+0.0%*	6.6%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	35,194** (5,640**)	+23%**	786,372** (5,297**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	16 (2.6)	+60%	745 (5.0)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	11%	N/A*†	24%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	31%	N/A*†	48%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	N/A*†	9%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	73 (6)	-22% (-22%)	5,119 (15)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	13 (87%)	+0% (+0%*)	51 (28%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	1 (7%)	+0% (+0%*)	26 (14%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

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

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**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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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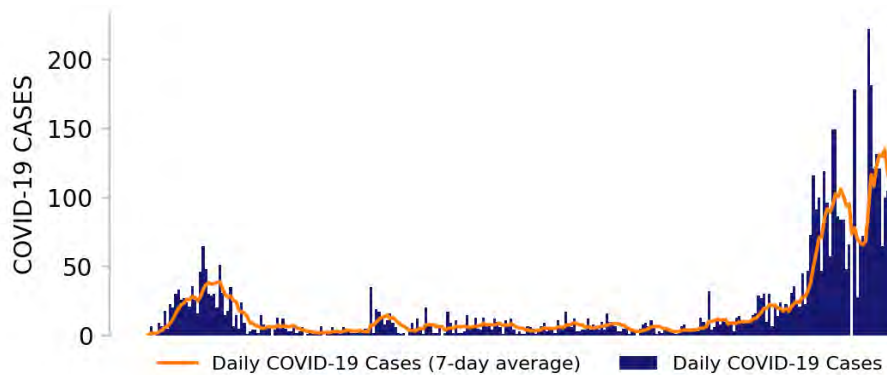
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



# VERMONT

STATE REPORT | 12.13.2020

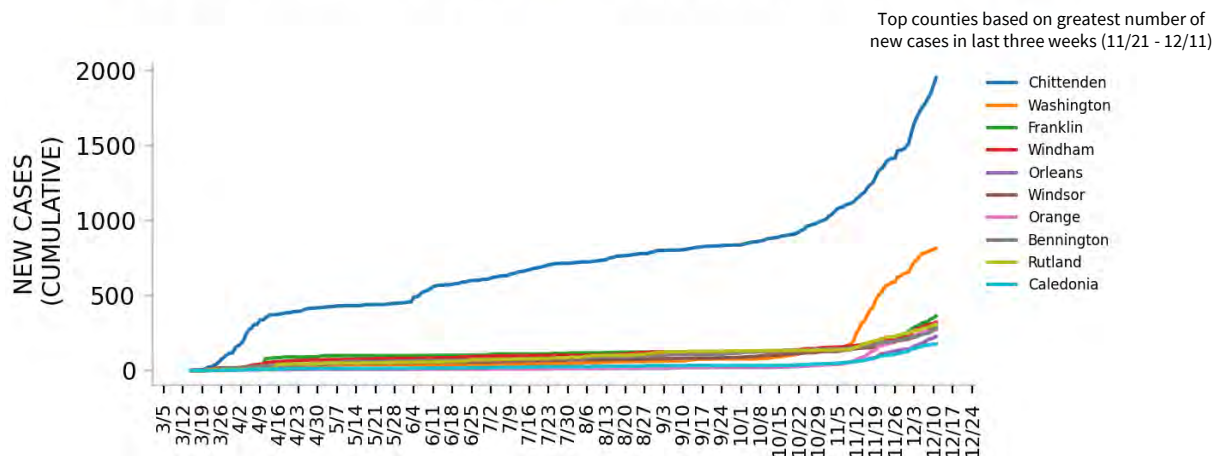
## NEW CASES



## TESTING



## TOP COUNTIES



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

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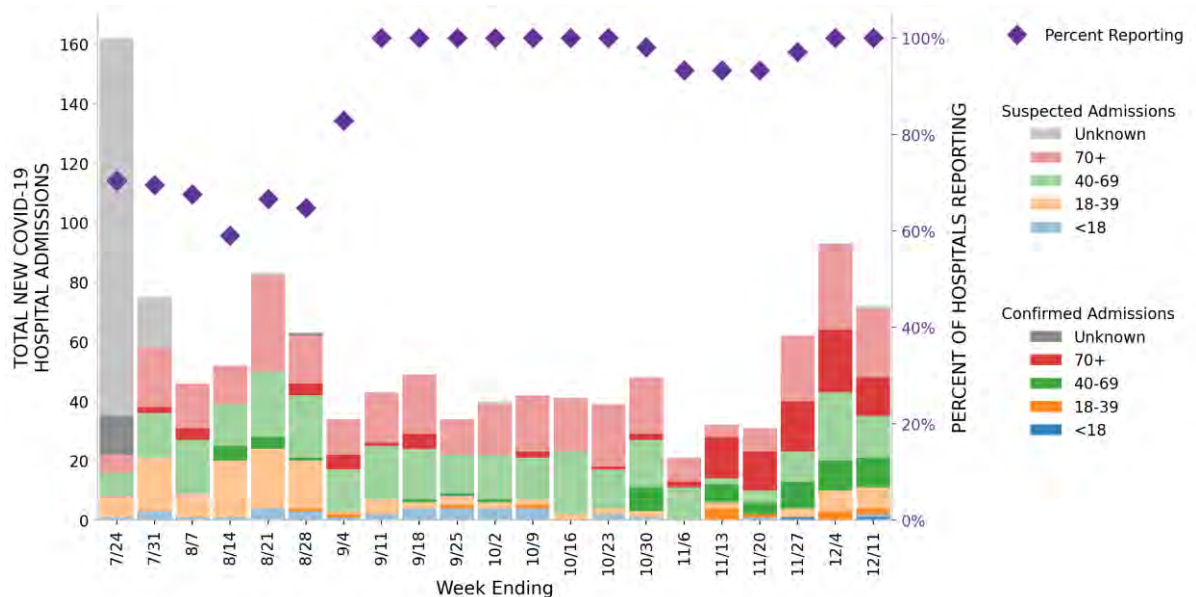


# VERMONT

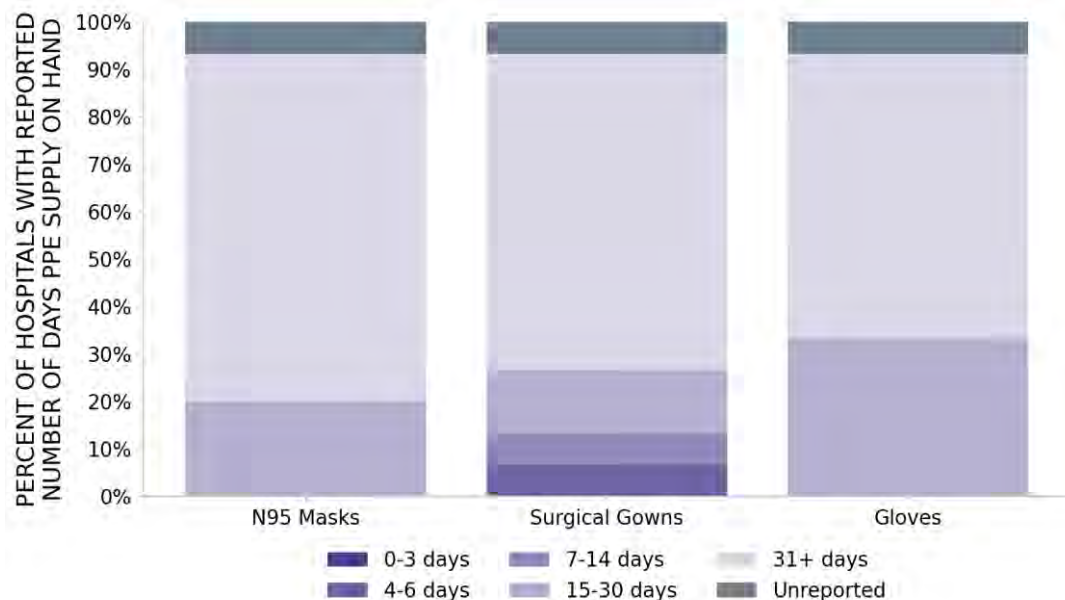
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# VERMONT

STATE REPORT | 12.13.2020

## 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	2 ▲ (+2)	Lebanon Bennington	3 ▼ (-1)	Franklin Orange Bennington
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

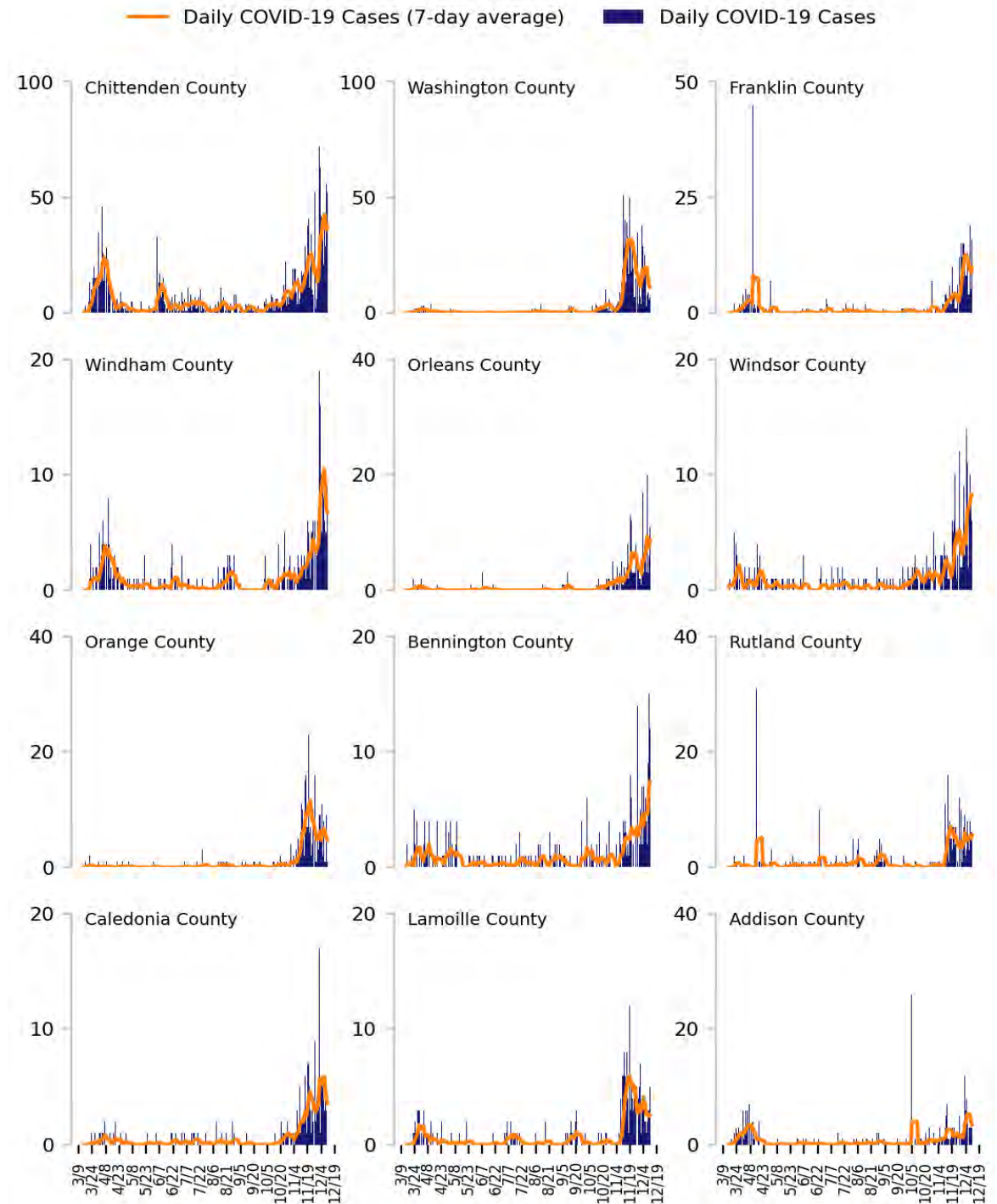
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.

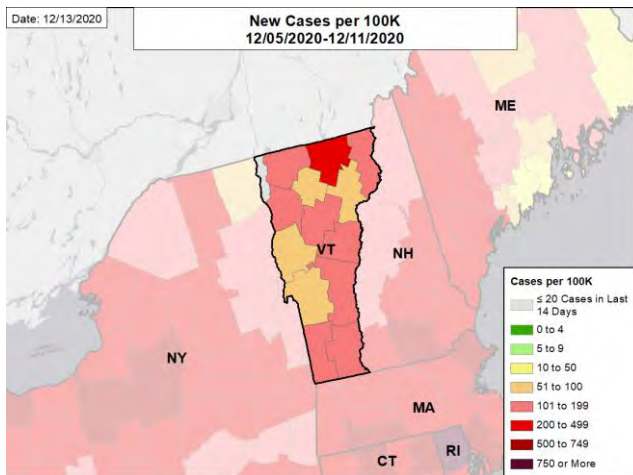


# VERMONT

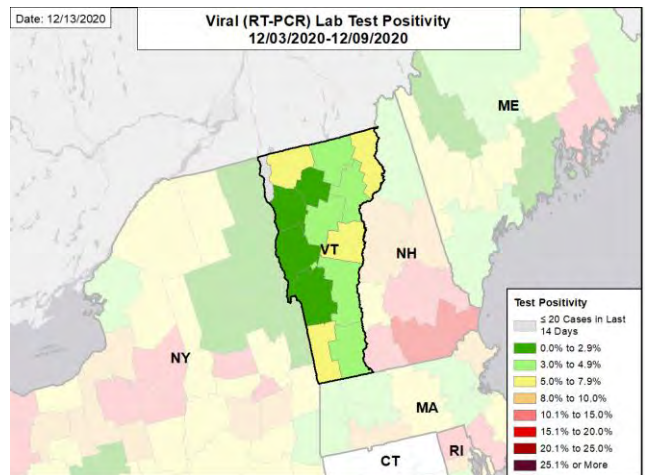
STATE REPORT | 12.13.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY

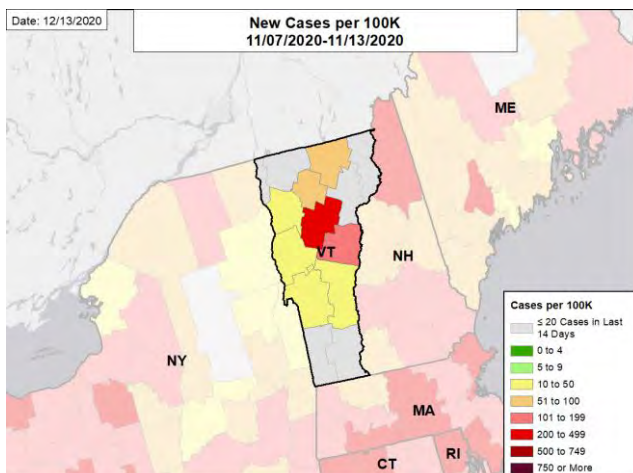
### NEW CASES PER 100,000



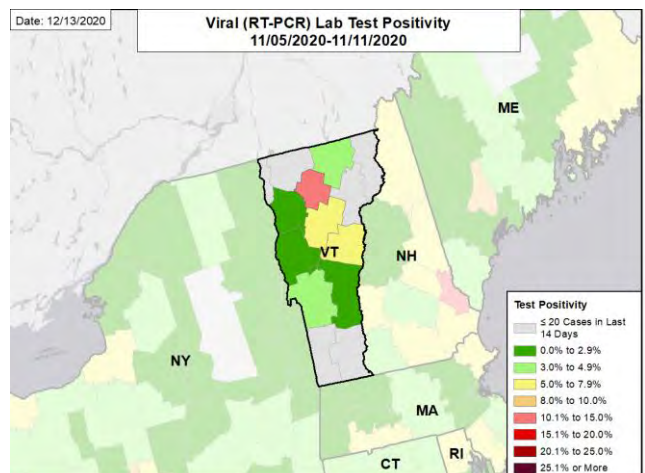
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.

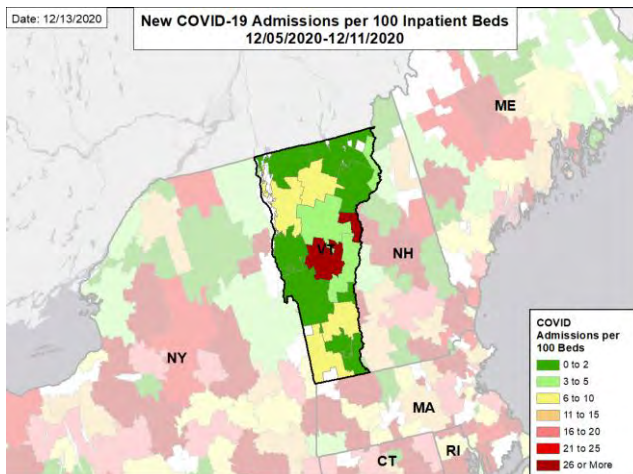


# VERMONT

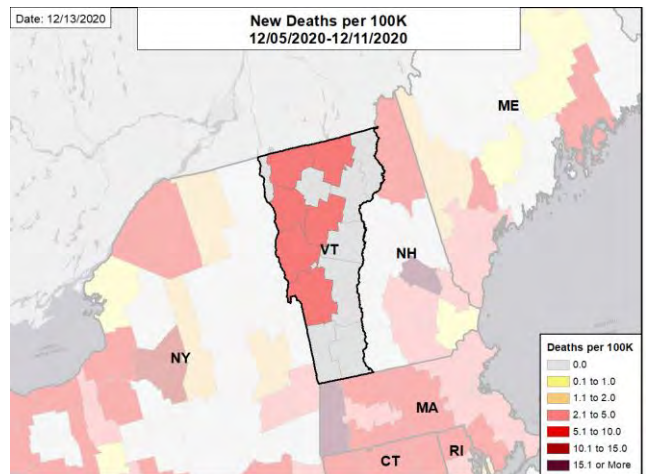
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

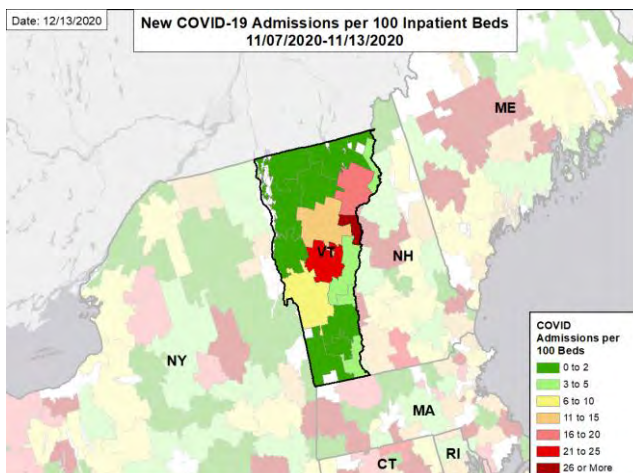
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



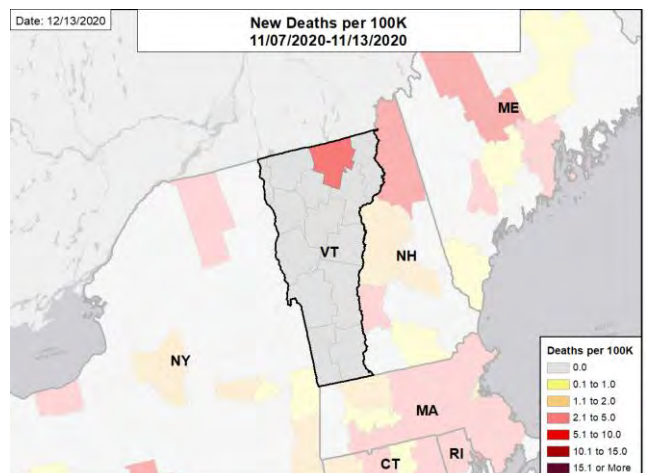
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

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# VIRGINIA

## SUMMARY

- Virginia 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. Virginia is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 12th highest rate in the country.
- Virginia has seen an increase in new cases, rising hospitalizations, and must increase mitigation efforts.
- 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 24.5% of new cases in Virginia.
- 92% of all counties in Virginia have moderate or high levels of community transmission (yellow, orange, or red zones), with 77% having high levels of community transmission (red zone).
- During the week of Nov 30 - Dec 6, 27% of nursing homes had at least one new resident COVID-19 case, 48% had at least one new staff COVID-19 case, and 10% had at least one new resident COVID-19 death.
- Virginia had 317 new cases per 100,000 population, compared to a national average of 451 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 33 to support operations activities from FEMA; 106 to support operations activities from USCG; and 11 to support medical activities from VA.
- The federal government has supported surge testing in Harrisonburg, Lexington, and Saunton.
- Between Dec 5 - Dec 11, on average, 202 patients with confirmed COVID-19 and 277 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Virginia. This is an increase of 7% in total new COVID-19 hospital admissions.

## RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- **Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- **For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- New hospital admissions continue to increase; Virginia must increase testing. Aggressive impact testing of adults under 40 is needed to rapidly identify those who became infected through gatherings before they spread the virus to the more vulnerable individuals, driving another round of increasing hospitalizations and fatalities.
- Contact all hospitals reporting <1 week's supply to confirm data; contact the regional FEMA office for support if supplies are an issue.
- Ensure all universities returning after winter break move to mandatory weekly testing of all on and off campus students; begin planning now.
- Ongoing high levels of positive staff at LTCFs indicate 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 | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	27,085 (317)	+60%	133,351 (432)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	16.3%	+0.3%*	13.4%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	209,949** (2,460**)	+43%**	1,139,493** (3,693**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	211 (2.5)	+76%	1,798 (5.8)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	27%	N/A*†	33%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	48%	N/A*†	57%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	10%	N/A*†	15%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,351 (19)	+7% (+7%)	18,662 (26)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	11 (13%)	+2% (+22%*)	79 (20%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	35 (41%)	+4% (+13%*)	101 (26%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

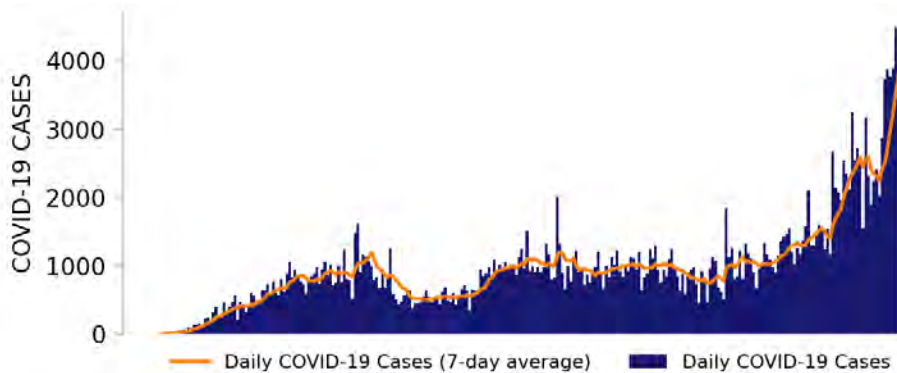
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



# VIRGINIA

STATE REPORT | 12.13.2020

## NEW CASES

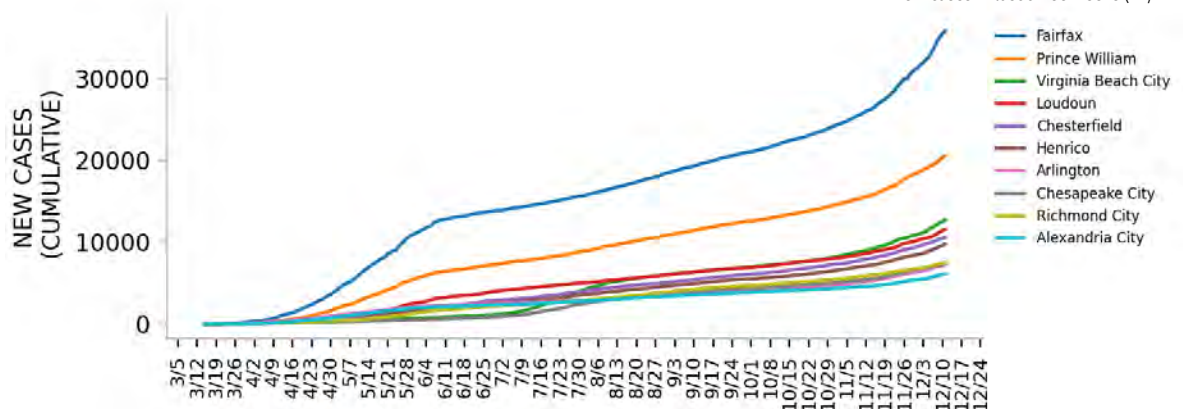


## TESTING



Top counties based on greatest number of new cases in last three weeks (11/21 - 12/11)

## 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 12/9/2020.

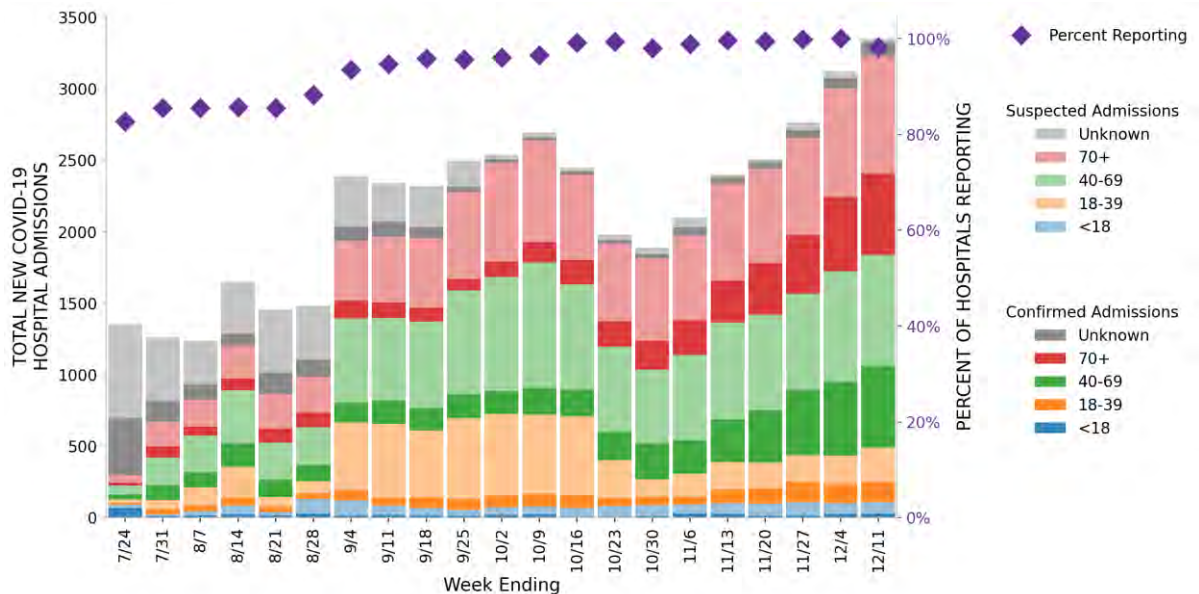


# VIRGINIA

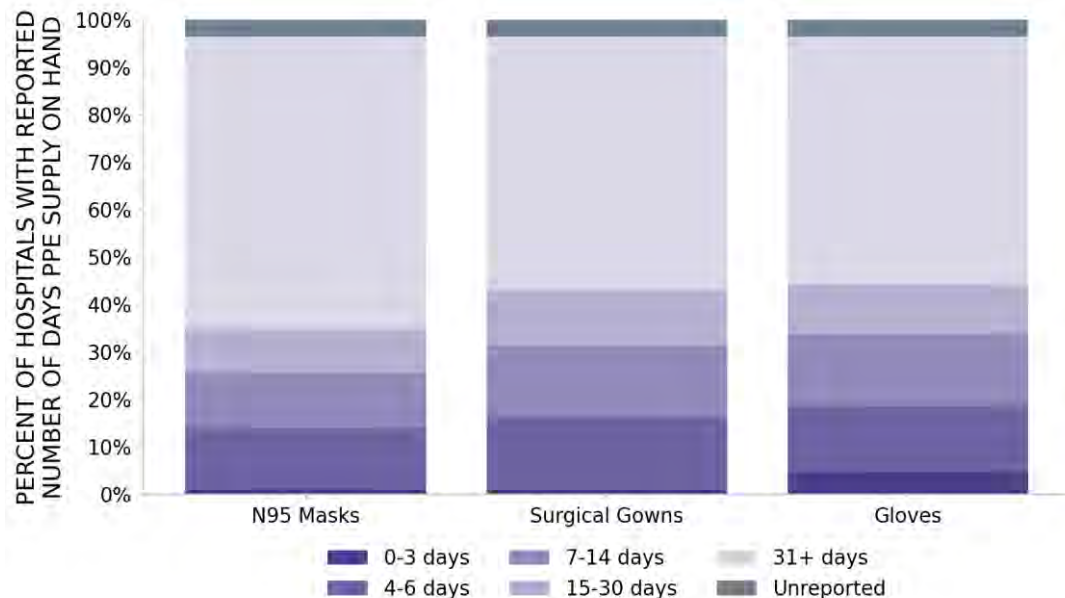
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# VIRGINIA

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA)

### COUNTIES

LOCALITIES IN RED ZONE	14 ▲ (+13)	Washington-Arlington-Alexandria Virginia Beach-Norfolk-Newport News Richmond Roanoke Lynchburg Staunton Blacksburg-Christiansburg Winchester Harrisonburg Kingsport-Bristol Danville Bluefield	103 ▲ (+103)	Fairfax Prince William Virginia Beach City Loudoun Chesterfield Henrico Arlington Chesapeake City Richmond City Alexandria City Roanoke Norfolk City
	0 ■ (+0)	N/A	13 ▲ (+13)	Staunton City Albemarle James City Orange Mecklenburg Southampton Greene Franklin City Madison King William Rappahannock Lancaster
	1 ▼ (-1)	Charlottesville	7 ▲ (+7)	Halifax Fluvanna Prince Edward Brunswick Charlottesville Surry Cumberland
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

**All Red CBSAs:** Washington-Arlington-Alexandria, Virginia Beach-Norfolk-Newport News, Richmond, Roanoke, Lynchburg, Staunton, Blacksburg-Christiansburg, Winchester, Harrisonburg, Kingsport-Bristol, Danville, Bluefield, Martinsville, Big Stone Gap

**All Red Counties:** Fairfax, Prince William, Virginia Beach City, Loudoun, Chesterfield, Henrico, Arlington, Chesapeake City, Richmond City, Alexandria City, Roanoke, Norfolk City, Frederick, Stafford, Augusta, Lynchburg City, Spotsylvania, Montgomery, Roanoke City, Hanover, Newport News City, Hampton City, Rockingham, Washington, Culpeper, Bedford, Pittsylvania, Suffolk City, Tazewell, Franklin, Pulaski, Fauquier, Portsmouth City, Henry, Campbell, Harrisonburg City, Danville City, Winchester City, Wythe, Smyth, Shenandoah, Wise, Carroll, Waynesboro City, Russell, Nottoway, Amherst, Lee, Manassas City, Scott, Warren, Botetourt, Buckingham, York, Caroline, Dickenson, Bland, Salem City, Powhatan, Prince George, Radford City, Buchanan, Alleghany, Isle of Wight, Martinsville City, Gloucester, Buena Vista City, Accomack, Louisa, Giles, King George, Page, Petersburg City, Fredericksburg City, Bristol City, Richmond, Patrick, Grayson, Rockbridge, Westmoreland, Covington City, Galax City, Colonial Heights City, Amelia, Hopewell City, Dinwiddie, Appomattox, Goochland, Lexington City, Manassas Park City, New Kent, Floyd, Poquoson City, Clarke, Nelson, Bath, Falls Church City, Emporia City, Williamsburg City, Norton City, Middlesex, Mathews, Craig

**All Orange Counties:** Staunton City, Albemarle, James City, Orange, Mecklenburg, Southampton, Greene, Franklin City, Madison, King William, Rappahannock, Lancaster, Northampton

\* 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

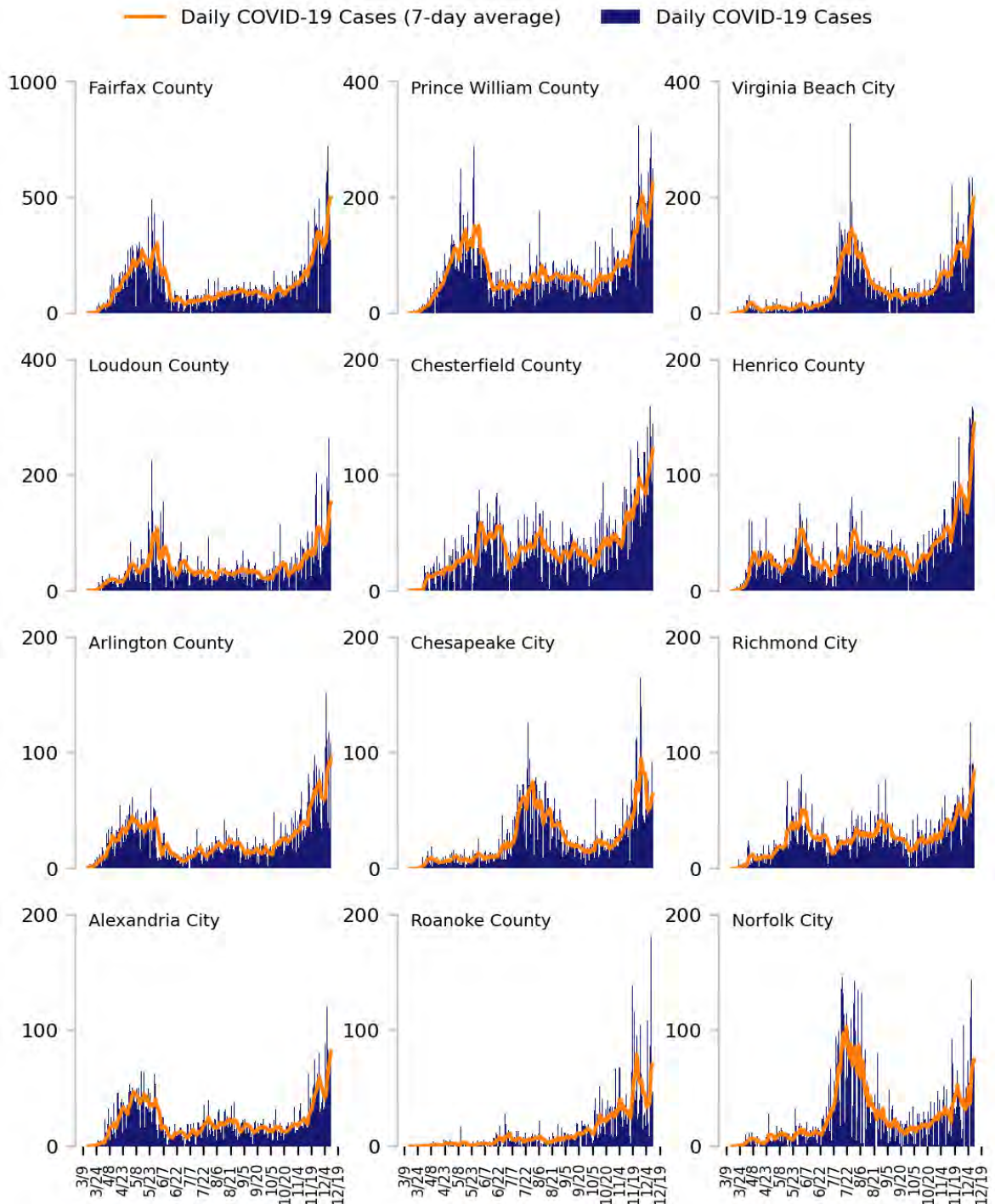
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.

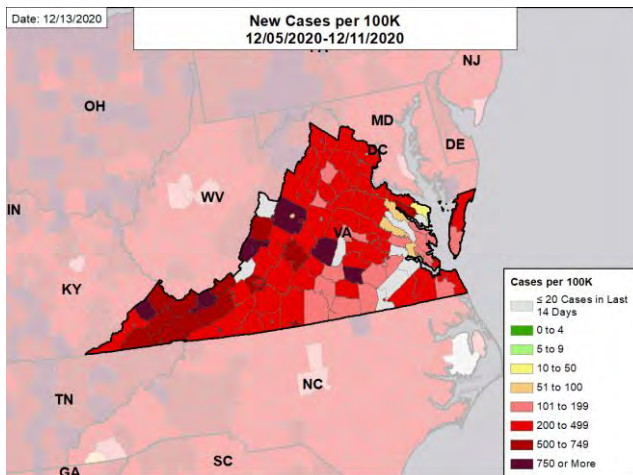


# VIRGINIA

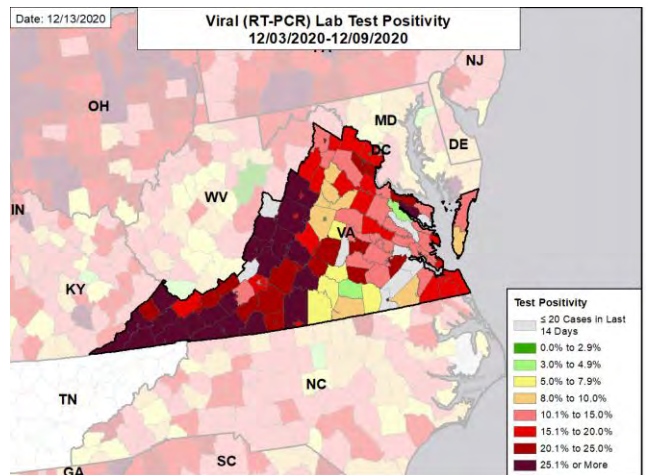
STATE REPORT | 12.13.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY

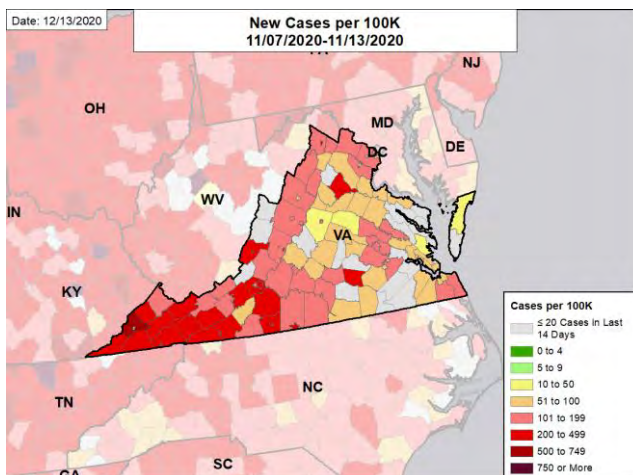
**NEW CASES PER 100,000**



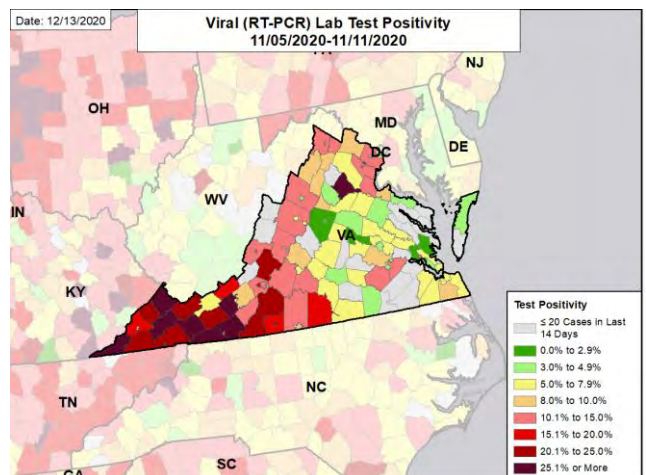
**VIRAL (RT-PCR) LABORATORY TEST POSITIVITY**



**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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.



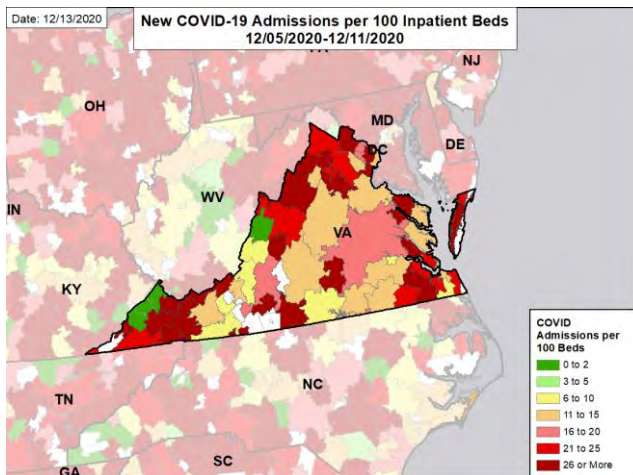


# VIRGINIA

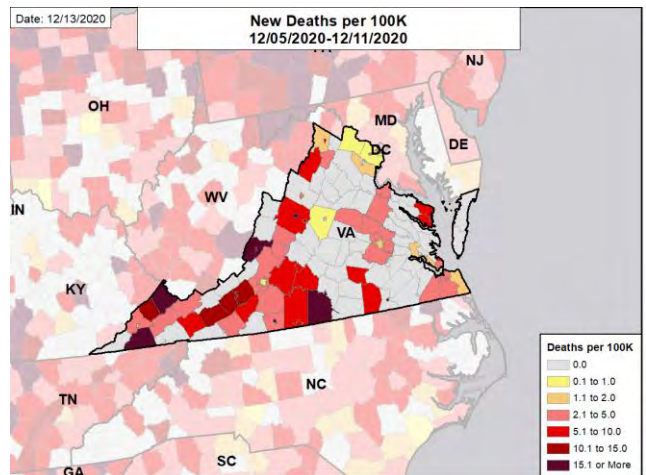
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

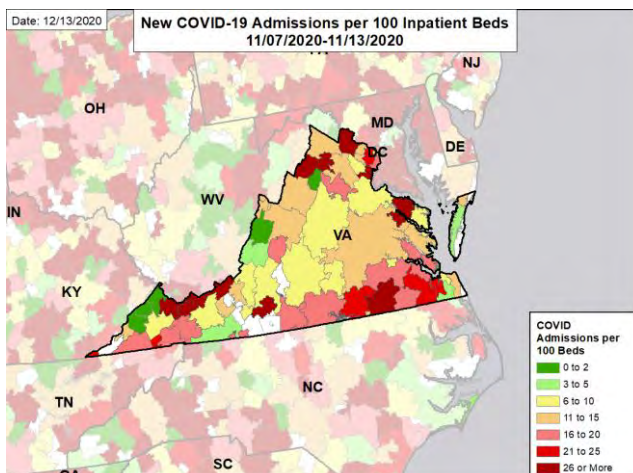
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



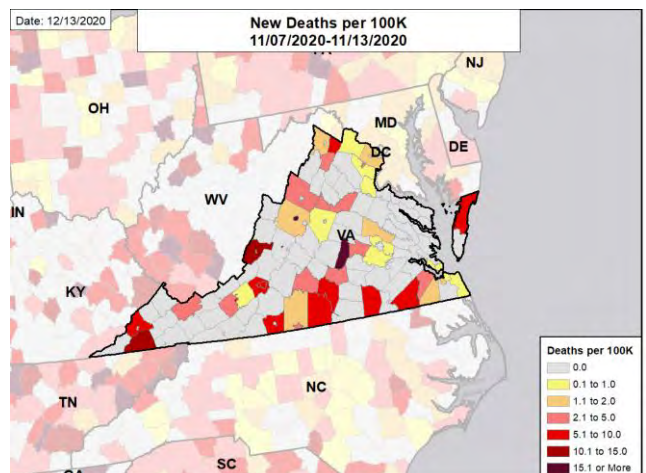
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 ONE MONTH BEFORE



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

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**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





## STATE REPORT

12.13.2020

Issue 26

# WASHINGTON

## SUMMARY

- Washington 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. Washington 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.
- Washington has seen a substantial increase in new cases and stability in test positivity. Viral transmission is at high levels in a majority of counties throughout the state. The highest incidence continues to be in eastern Washington but very few counties reported <100 cases per 100K population last week. Current hospitalizations continued to increase.
- 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 50.9% of new cases in Washington.
- 82% of all counties in Washington have moderate or high levels of community transmission (yellow, orange, or red zones), with 46% having high levels of community transmission (red zone).
- During the week of Nov 30 - Dec 6, 19% of nursing homes had at least one new resident COVID-19 case, 27% had at least one new staff COVID-19 case, and 13% had at least one new resident COVID-19 death.
- Washington had 280 new cases per 100,000 population, compared to a national average of 451 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; 3 to support operations activities from ASPR; and 21 to support operations activities from USCG.
- Between Dec 5 - Dec 11, on average, 101 patients with confirmed COVID-19 and 113 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Washington. This is an increase of 5% in total new COVID-19 hospital admissions.

## RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
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- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Ensure all clinical facilities have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; maximal access to medications, supplies, and staffing; and are accurately reporting current status of each resource. Continue to support a platform for efficient patient transfers.
- Continue to prioritize efforts toward marginalized communities that are disproportionately being impacted by COVID-19, including a strategy that prioritizes the allocation of the monoclonal antibody preparations to outpatient centers that serve more marginalized populations with higher levels of risk factors.
- Increase frequency of LTCF testing and rapid implementation of vaccination in LTCFs as vaccine becomes available given continuing outbreaks and deaths.
- Ensure all K-12 schools are following CDC guidelines; use BINAX tests to routinely test all teachers as indicator of community spread. Ensure IHEs returning after winter break move to mandatory weekly testing of all on and off campus students. Begin planning now.
- 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 | 12.13.2020

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VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	9.1%	-0.5%*	10.0%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	141,829** (1,863**)	+30%**	409,504** (2,853**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	92 (1.2)	-25%	363 (2.5)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	19%	N/A*†	21%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	27%	N/A*†	36%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	13%	N/A*†	10%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,498 (12)	+5% (+4%)	3,277 (14)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	22 (24%)	+1% (+5%*)	51 (23%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	15 (16%)	-5% (-25%*)	30 (14%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

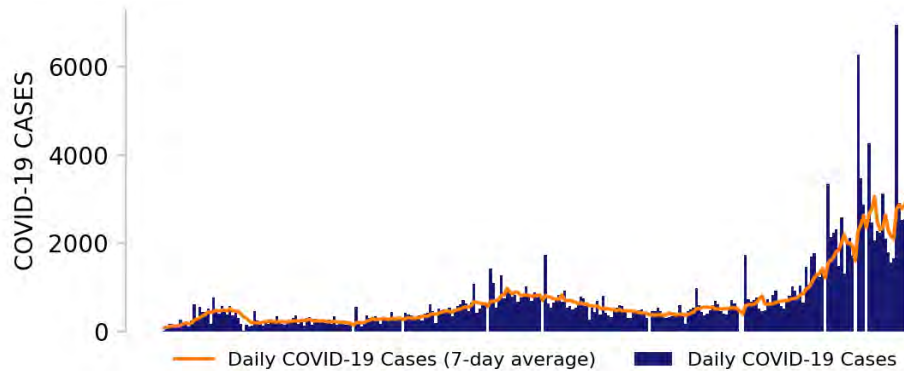
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



# WASHINGTON

STATE REPORT | 12.13.2020

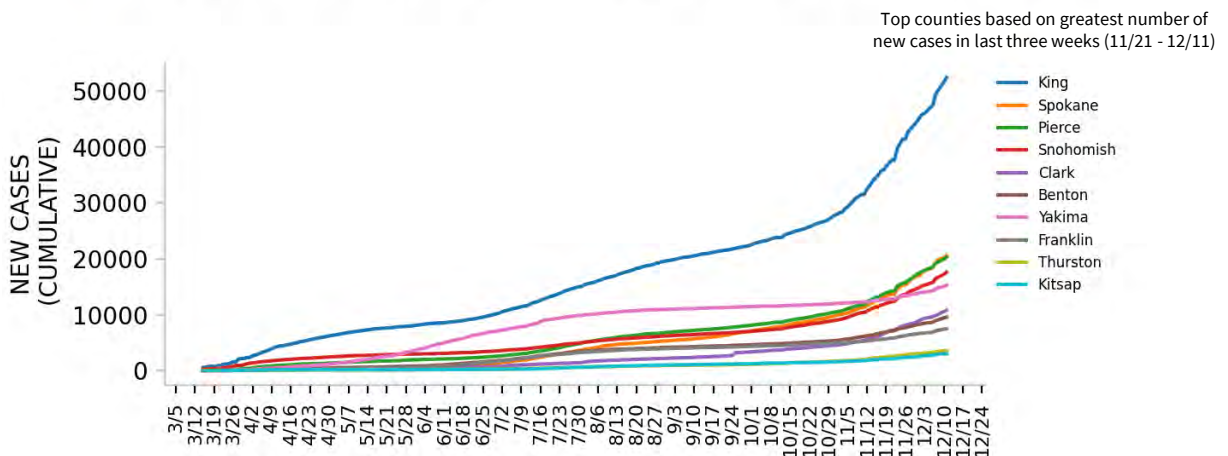
## NEW CASES



## TESTING



## TOP COUNTIES



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

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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 12/9/2020.

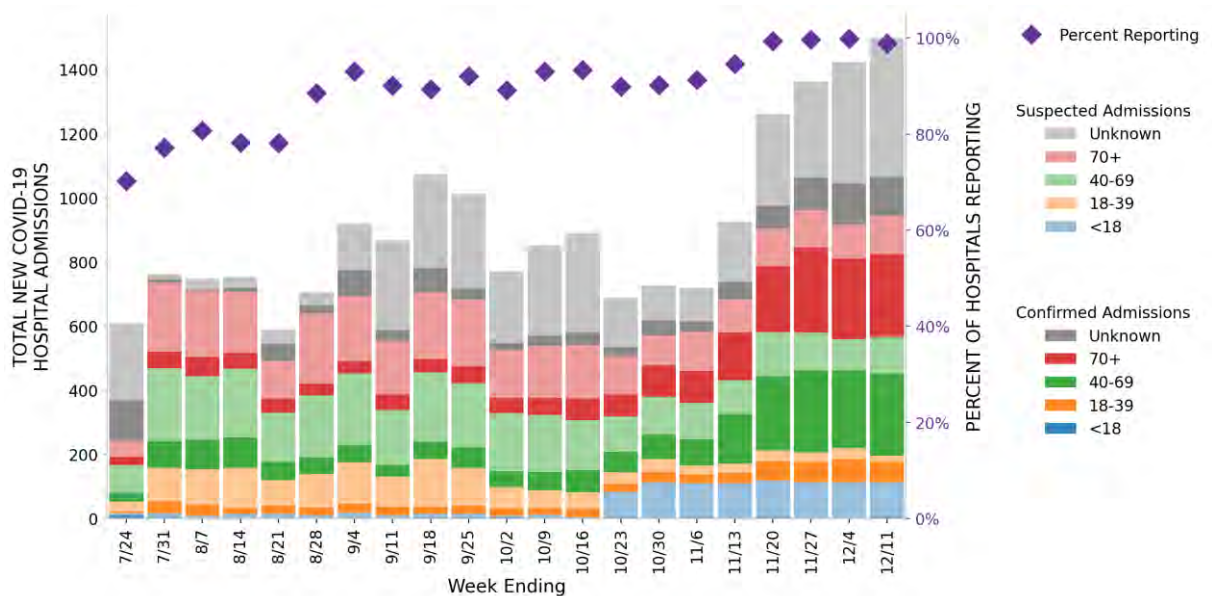


# WASHINGTON

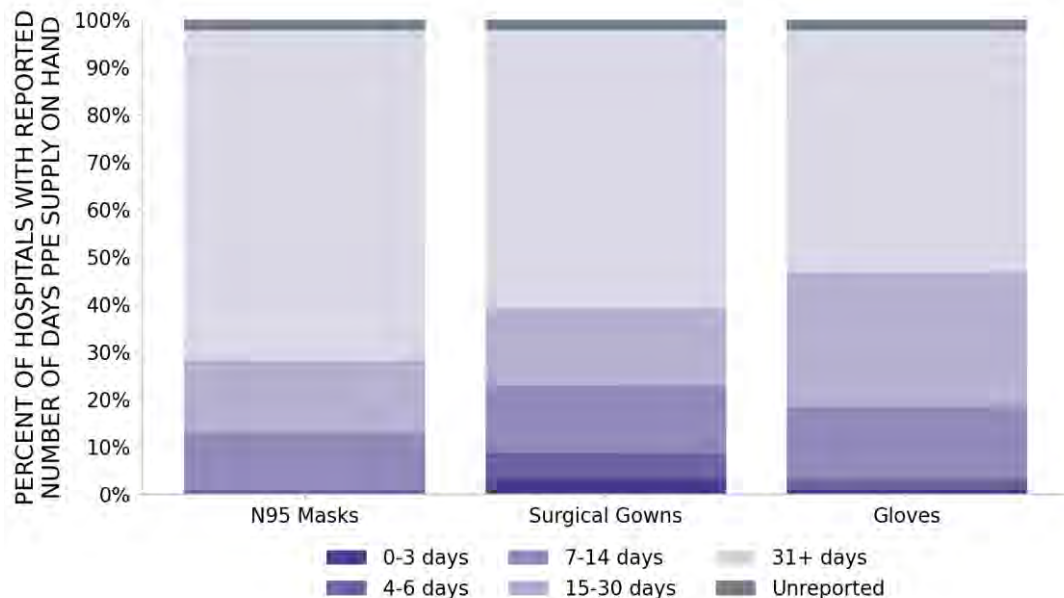
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# WASHINGTON

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA)

### COUNTIES

LOCALITIES IN RED ZONE	10 ▼ (-1)	Spokane-Spokane Valley Kennewick-Richland Yakima Moses Lake Walla Walla Longview Ellensburg Aberdeen Lewiston Othello	18 ▲ (+1)	Spokane Clark Benton Yakima Franklin Grant Walla Walla Cowlitz Kittitas Grays Harbor Chelan Stevens
	4 ▼ (-1)	Seattle-Tacoma-Bellevue Portland-Vancouver-Hillsboro Wenatchee Shelton	7 ■ (+0)	King Pierce Mason Okanogan Douglas Lincoln Columbia
	5 ▲ (+4)	Olympia-Lacey-Tumwater Bremerton-Silverdale-Port Orchard Mount Vernon-Anacortes Centralia Pullman	7 ▲ (+4)	Snohomish Thurston Kitsap Skagit Lewis Whitman Pend Oreille
Change from previous week's alerts: ▲ Increase ■ Stable ▼ Decrease				

**All Red Counties:** Spokane, Clark, Benton, Yakima, Franklin, Grant, Walla Walla, Cowlitz, Kittitas, Grays Harbor, Chelan, Stevens, Asotin, Adams, Pacific, Ferry, Klickitat, Skamania

\* 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

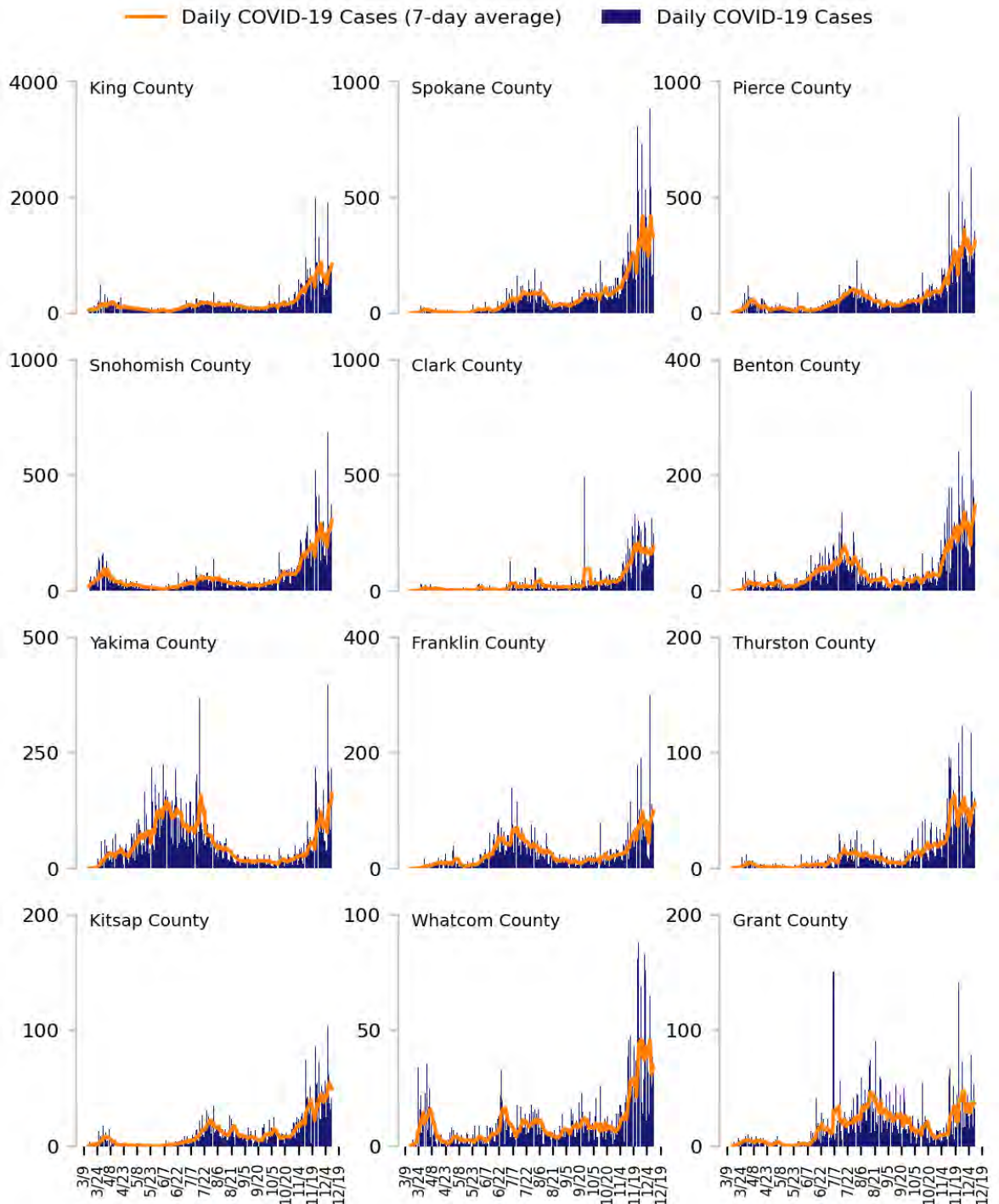
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 12/9/2020.



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

TOTAL DAILY CASES



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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.

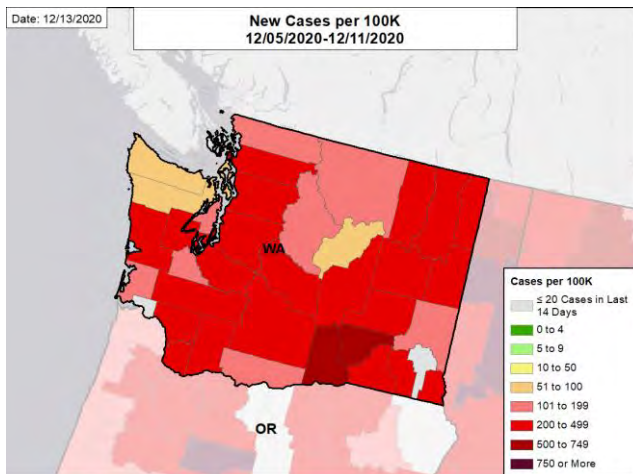


# WASHINGTON

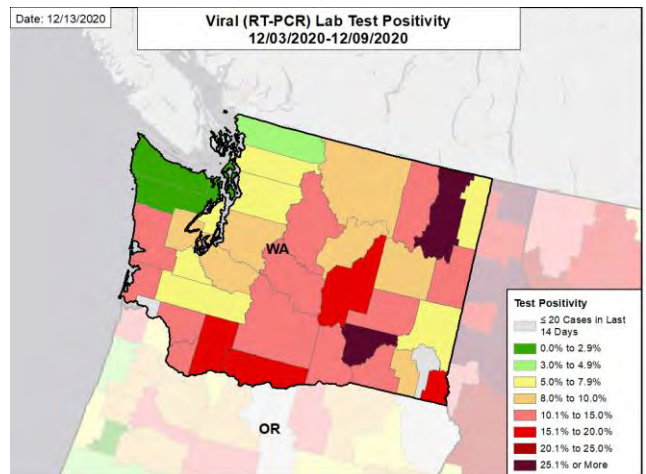
STATE REPORT | 12.13.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY

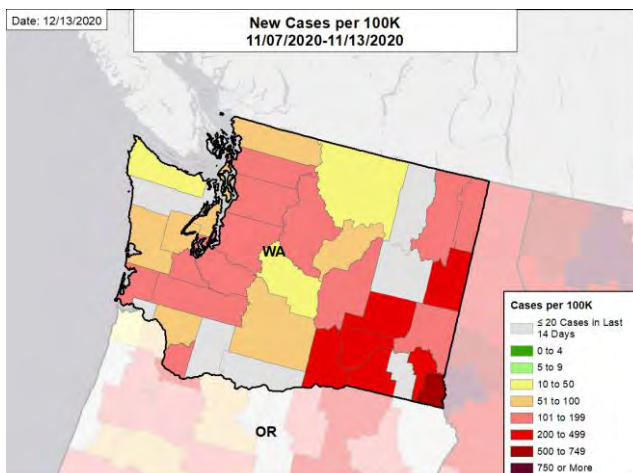
### NEW CASES PER 100,000



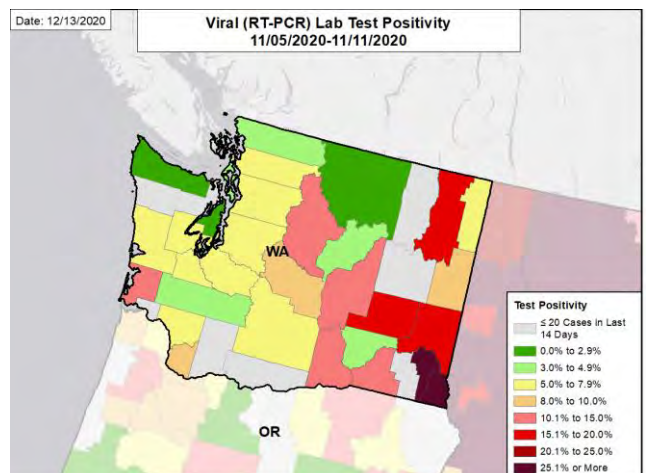
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 12/9/2020. The week one month before is 11/5 - 11/11.



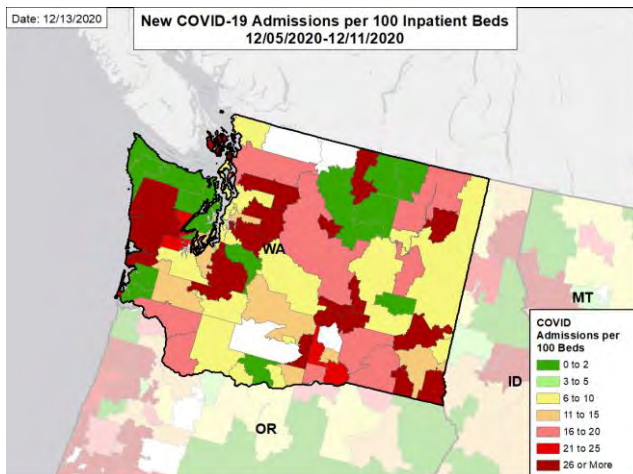


# WASHINGTON

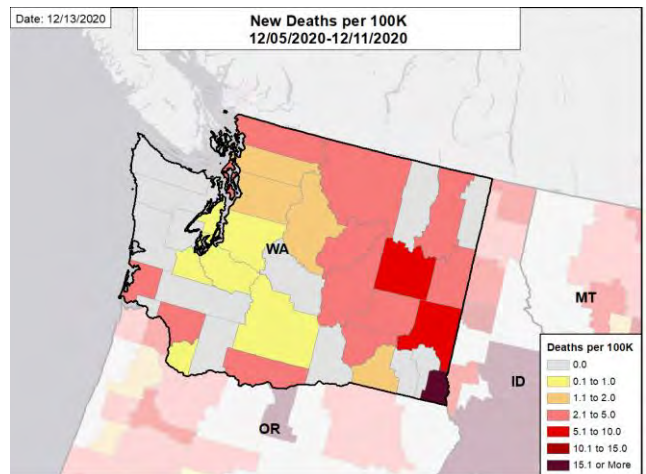
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

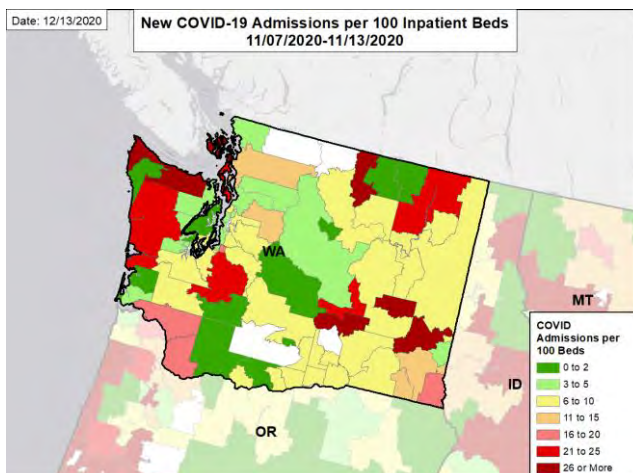
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



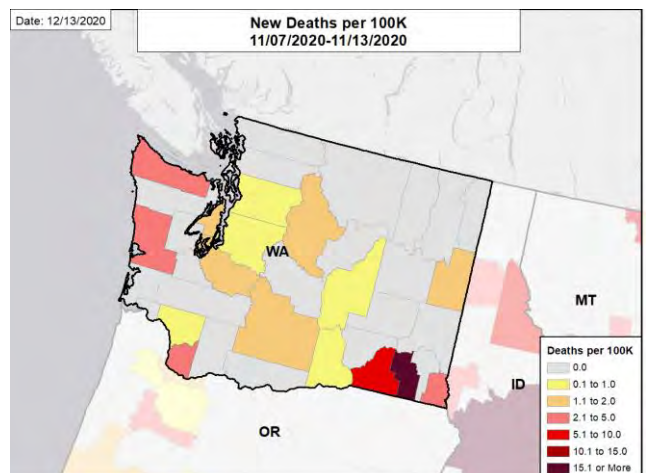
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





## WEST VIRGINIA

STATE REPORT

12.13.2020

Issue 26

### SUMMARY

- West Virginia 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. West Virginia is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 33rd 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. Kanawha County, 2. Berkeley County, and 3. Wood County. These counties represent 22.4% of new cases in West Virginia.
- 96% of all counties in West Virginia have moderate or high levels of community transmission (yellow, orange, or red zones), with 62% having high levels of community transmission (red zone).
- During the week of Nov 30 - Dec 6, 25% of nursing homes had at least one new resident COVID-19 case, 55% had at least one new staff COVID-19 case, and 9% had at least one new resident COVID-19 death.
- West Virginia had 472 new cases per 100,000 population, compared to a national average of 451 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; 5 to support epidemiology activities from CDC; and 29 to support operations activities from USCG.
- Between Dec 5 - Dec 11, on average, 78 patients with confirmed COVID-19 and 57 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in West Virginia. This is an increase of 8% in total new COVID-19 hospital admissions.

### RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- **Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- **For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Virus levels remain high. Throughout the holiday season, all media platforms should remain saturated with messaging on the risks of indoor social gatherings without masks. Find ways to keep testing levels high through holiday season to remove asymptomatic transmission over the next 4 weeks.
- Conduct active testing in schools for teachers and students where cases are increasing. In accordance with CDC guidelines, masks must be worn by students and teachers in K-12 schools. Universities must have testing plans in place for spring semester, mandatorily testing all students weekly to prevent spread in the community.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. There continue to be high levels of positive staff members at LTCFs, indicating 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



# WEST VIRGINIA

STATE REPORT | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	8,465 (472)	+19%	133,351 (432)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.8%	+1.6%*	13.4%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	91,381** (5,099**)	+16%**	1,139,493** (3,693**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	142 (7.9)	+65%	1,798 (5.8)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	25%	N/A*†	33%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	55%	N/A*†	57%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	9%	N/A*†	15%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	946 (18)	+8% (+8%)	18,662 (26)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	32 (59%)	+1% (+3%*)	79 (20%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	19 (35%)	+1% (+6%*)	101 (26%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

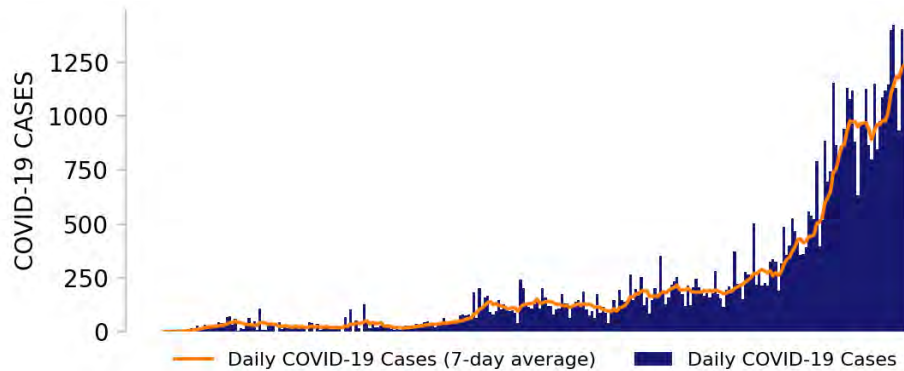
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



# WEST VIRGINIA

STATE REPORT | 12.13.2020

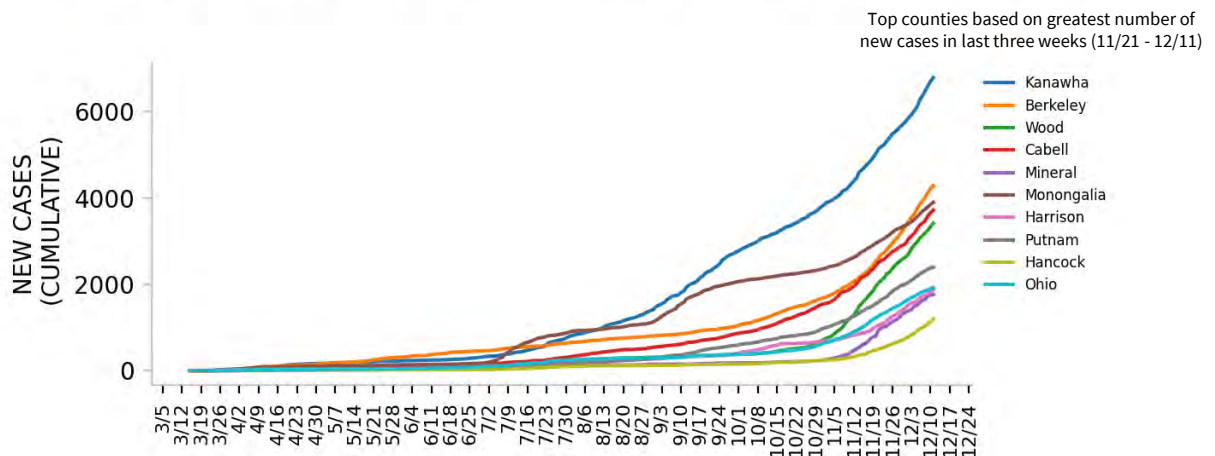
## NEW CASES



## TESTING



## TOP COUNTIES



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

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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.

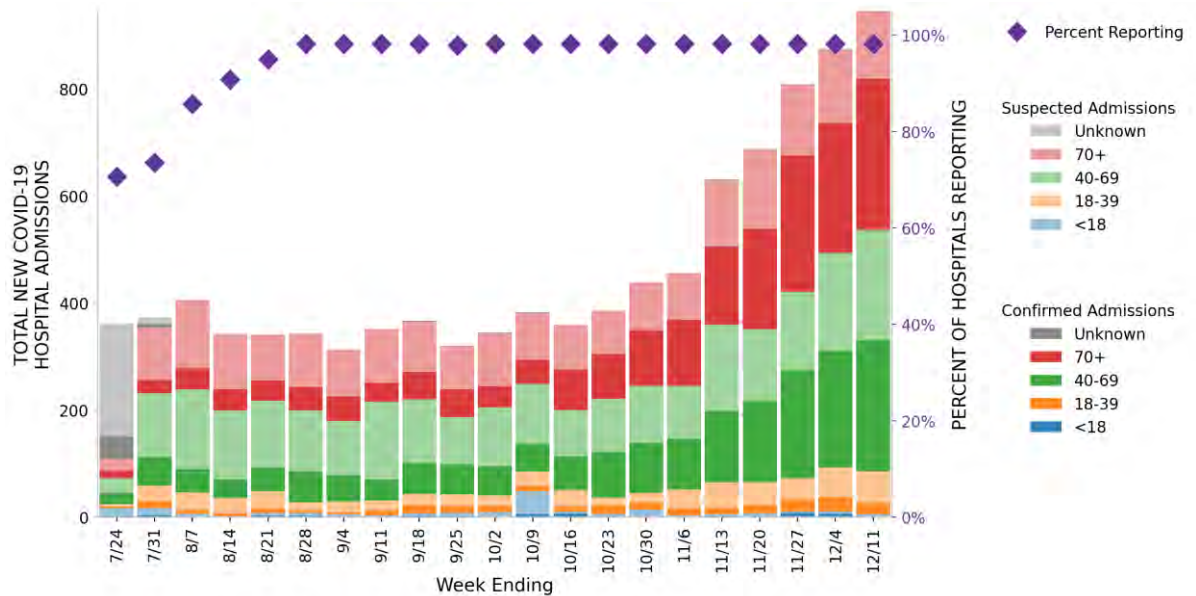


# WEST VIRGINIA

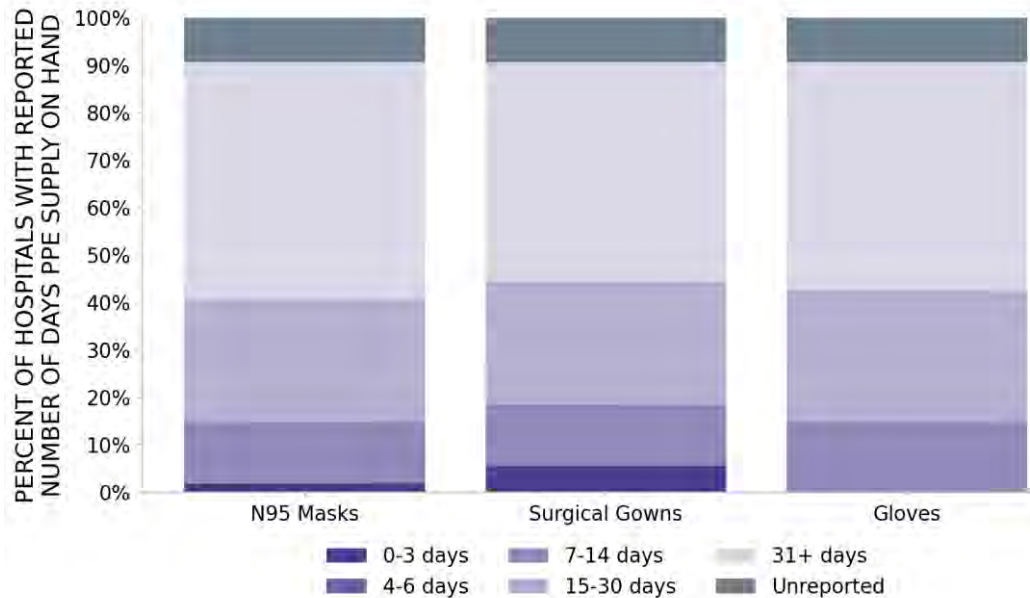
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# WEST VIRGINIA

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA)

### COUNTIES

LOCALITIES IN RED ZONE	12 ▲ (+5)	Huntington-Ashland Hagerstown-Martinsburg Parkersburg-Vienna Morgantown Wheeling Weirton-Steubenville Clarksburg Cumberland Washington-Arlington-Alexandria Bluefield Point Pleasant Winchester	34 ▲ (+10)	Berkeley Wood Mineral Monongalia Harrison Putnam Hancock Ohio Jefferson Marshall Preston Brooke
	3 ▲ (+2)	Charleston Fairmont Mount Gay-Shamrock	10 ▲ (+4)	Kanawha Cabell Mercer Marion Barbour Logan Nicholas Wetzel Tucker Braxton
	1 ▼ (-6)	Beckley	9 ▼ (-8)	Raleigh Fayette Monroe Lewis Roane Summers Gilmer Webster Calhoun
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

**All Red Counties:** Berkeley, Wood, Mineral, Monongalia, Harrison, Putnam, Hancock, Ohio, Jefferson, Marshall, Preston, Brooke, Mason, Greenbrier, Wayne, Wyoming, Hampshire, Hardy, Grant, Boone, Jackson, Taylor, Mingo, Pocahontas, Upshur, Morgan, Lincoln, Ritchie, Tyler, Pleasants, Clay, Wirt, Pendleton, Doddridge

\* 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

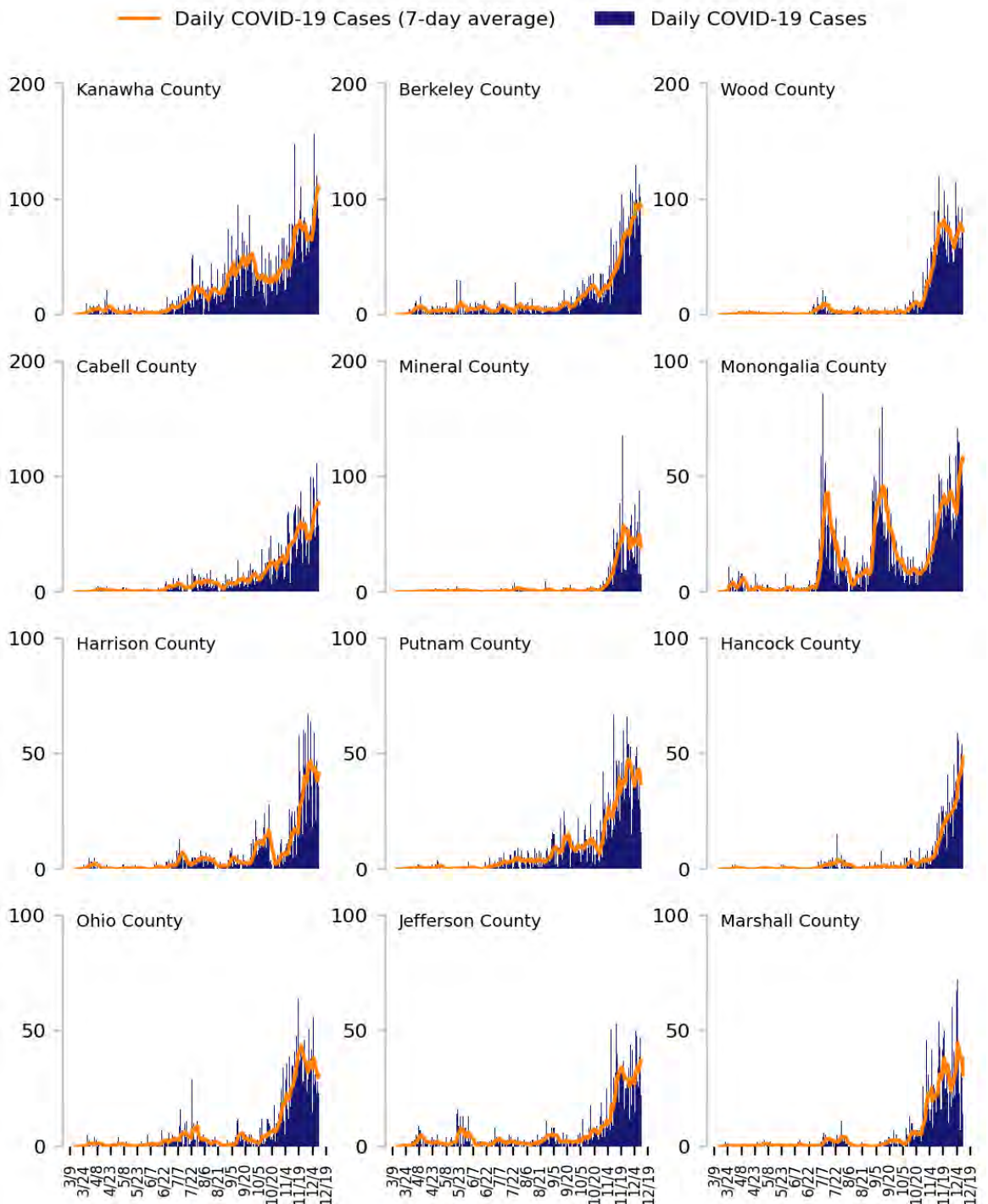
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.

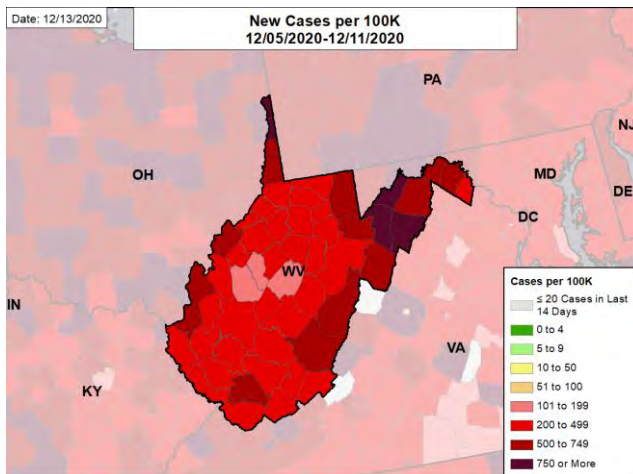


# WEST VIRGINIA

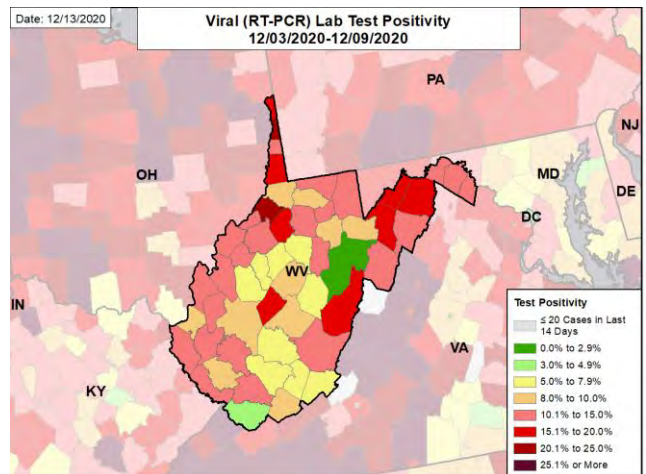
STATE REPORT | 12.13.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY

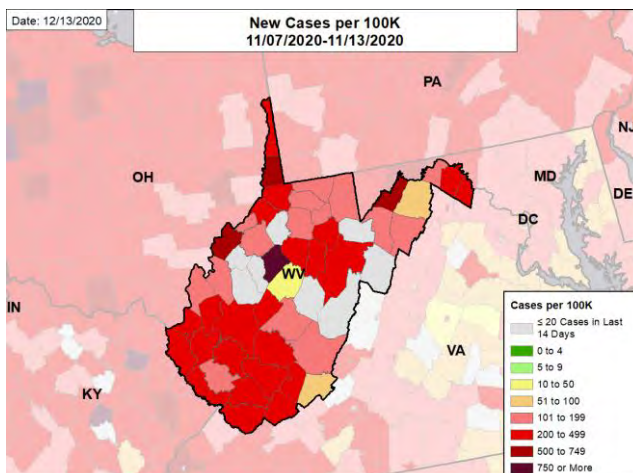
NEW CASES PER 100,000



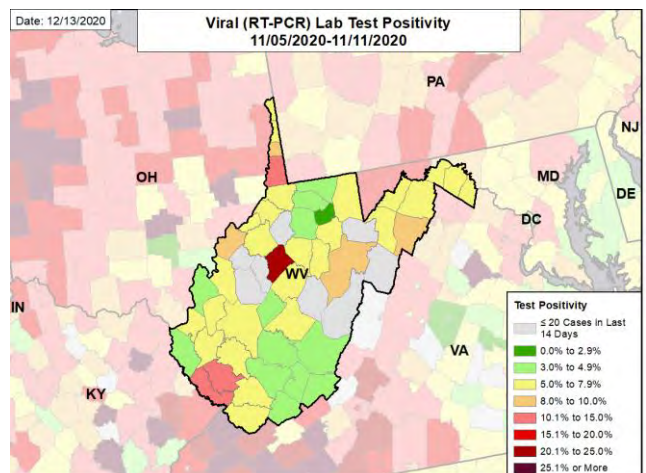
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.



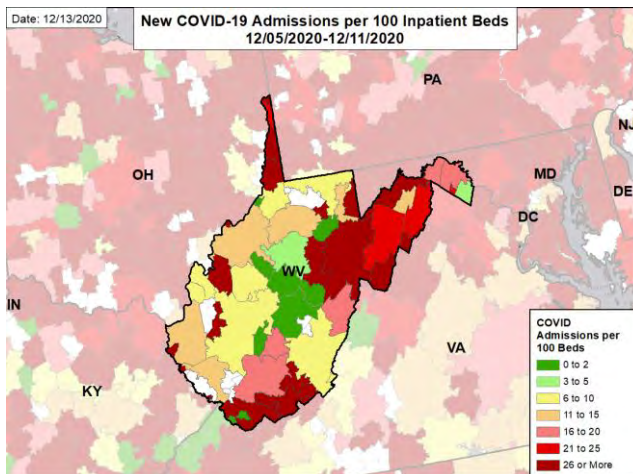


# WEST VIRGINIA

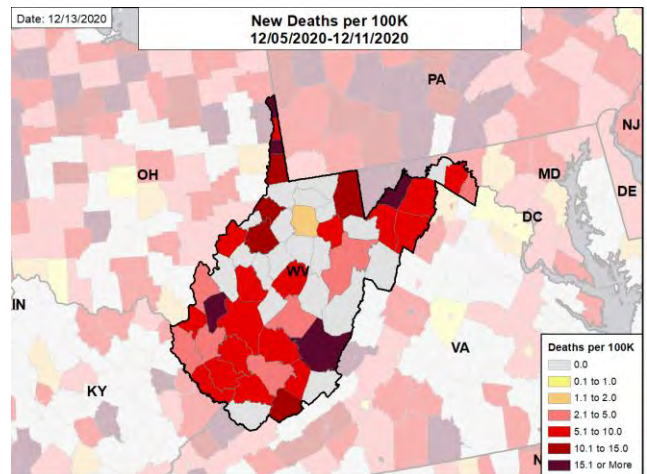
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

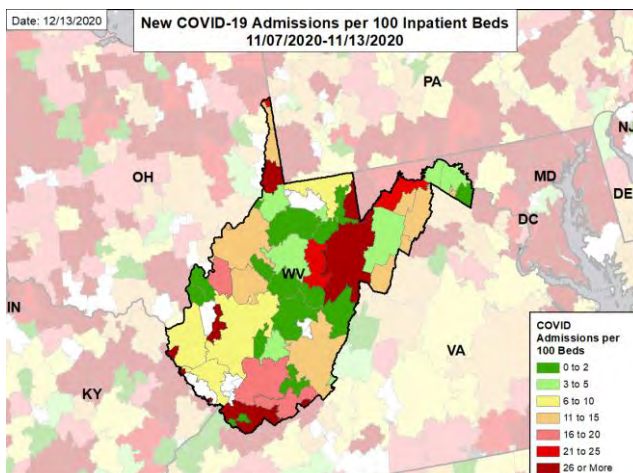
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



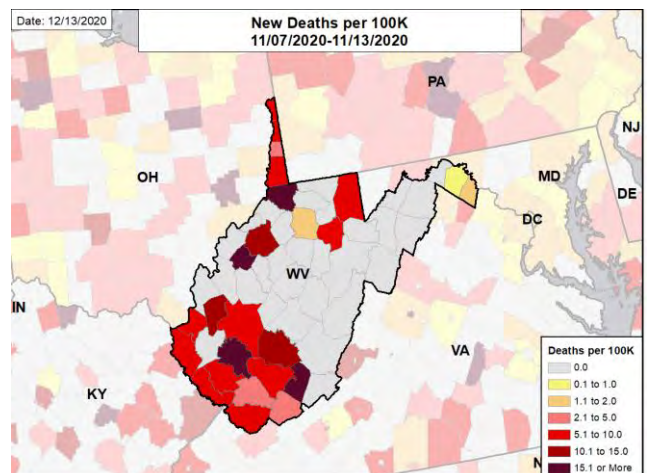
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**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. Totals include confirmed and suspected COVID-19 admissions.





# WISCONSIN

## STATE REPORT

12.13.2020

Issue 26

### SUMMARY

- Wisconsin is seeing slow but significant declines in disease activity, although virus levels remain extremely high and deaths continue to rise. The state 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. Wisconsin is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 28th highest rate in the country.
- Wisconsin has seen a decrease in new cases and a decrease in test positivity. Testing volume decreased. New and current hospitalizations declined again but are still high with continued strain on the health care system.
- None of 72 counties reported <100 cases per 100K population. 2 counties reported >1,000 cases per 100K population last week. 99% of all counties in Wisconsin have moderate or high levels of community transmission (yellow, orange, or red zones), with 83% having high levels of community transmission (red zone). 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 31.8% of new cases in Wisconsin.
- During the week of Nov 30 - Dec 6, 31% of nursing homes had at least one new resident COVID-19 case, 57% had at least one new staff COVID-19 case, and 18% had at least one new resident COVID-19 death.
- Wisconsin had 501 new cases per 100,000 population, compared to a national average of 451 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; 39 to support medical activities from ASPR; 13 to support operations activities from ASPR; 1 to support testing activities from CDC; 12 to support epidemiology activities from CDC; 1 to support operations activities from USCG; and 1 to support operations activities from VA.
- The federal government has supported surge testing at the University of Wisconsin System, in Neenah, and in surrounding towns.
- Between Dec 5 - Dec 11, on average, 337 patients with confirmed COVID-19 and 107 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Wisconsin. This is a decrease of 13% in total new COVID-19 hospital admissions.
- Hospitals are reporting critical staffing shortages, and federal support is being provided.

### RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
- **Patients who require hospitalization:** [FDA approved Remdesivir](#): best early in admission. The benefit is most evident in those who require supplemental oxygen (but not delivered through high-flow device or mechanical ventilation). [Anticoagulation](#): given in accordance with protocols for routine prophylaxis of VTE in hospitalized patients.
- **For late-stage inpatients:** [Dexamethasone](#) 6mg (or glucocorticoid equivalent if dexamethasone is not available: Prednisone 40 mg, Methylprednisolone 32 mg, Hydrocortisone 160 mg - dosed appropriately). Dexamethasone 6 mg daily (or glucocorticoid equivalent) for up to 10 days is recommended in patients with severe COVID-19 who require oxygen support, especially ventilation. There was no observed benefit of dexamethasone in patients who did not require oxygen support.

**Testing Alerts:** Please utilize all antigen tests during this current surge to find community asymptomatic spread. Ag tests, especially BINAX, may be in storage or at LTCF and unused; these are essential for testing now. 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. Proactive weekly testing of groups representative of the community (teachers, community college students, county workers, staff in crowded or congregate settings, hospital personnel, large private sector employers) will help identify the depth and breadth of community infection. These cases should be triangulated with cases among LTCF staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread testing, identification, and isolation of positive cases among community members, stopping ongoing spread. Efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.

**Pandemic Alerts:** Stabilization in the Northern Plains, Upper Midwest, and some Rocky Mountain and Heartland states is being offset by significant deterioration in more populous states (82% of the population); please see national maps. This current fall to winter surge continues to spread to every corner of the US, from small towns to large cities and from farms to beach communities. The fall surge is merging with the post-Thanksgiving surge to create a winter surge with the most rapid increase in cases; the widest spread, with more than 2,000 counties in COVID red zones; and the longest duration, now entering the 9th week, we have experienced.

- Despite the severity of this surge and the threat to the hospital systems, many state and local governments are not implementing the same mitigation policies that stemmed the tide of the summer surge. Many Americans continue to gather indoors, creating private spreading events outside of public spaces. Mitigation efforts must increase, including key state and local policies; increase physical distancing through significant reduction in capacity or closure in public and private indoor spaces, including restaurants and bars. Focus on uniform behavioral change including masking, physical distancing, hand hygiene, no indoor gatherings outside of the immediate households, and ensuring every American understands the clear risks of ANY family or friend interactions outside of their immediate household indoors without masks.
- Ensure comprehensive analysis of next tier priority of vaccinations; understand immunization of individuals over 65 will have the greatest impact on hospitalizations and deaths. For those over 70 with COVID infection, 20% or more are admitted and nearly 10% die.
- All public health officials must make it clear that if you are over 65 or with significant health conditions, you should not enter any indoor public spaces where anyone is unmasked due to the immediate risk to your health; you should have groceries and medications delivered. If you are under 40, you need to assume you became infected if you gathered beyond your immediate household. Most likely, you will not have symptoms; however, you are dangerous to others and you must isolate away from anyone at increased risk for severe disease and get tested. If you are over 65 or with significant medical conditions and you gathered outside of your immediate household, you are a significant risk for serious COVID infection; if you develop any symptoms, you must be tested immediately as the majority of therapeutics work best early in infection. Warn about any gathering during December holidays.
- Ensure all clinical facilities have expansion and contingency plans and up-to-date treatment protocols, including outpatient management; maximal access to medications, supplies, and staffing; and are accurately reporting current status of each resource. Continue to support a platform for efficient patient transfers.
- Continue to prioritize efforts toward marginalized communities that are disproportionately being impacted by COVID-19, including a strategy that prioritizes the allocation of the monoclonal antibody preparations to outpatient centers that serve more marginalized populations with higher levels of risk factors.
- Increase frequency of LTCF testing and rapid implementation of vaccination in LTCFs as vaccine becomes available given continuing outbreaks and deaths.
- Ensure all K-12 schools are following CDC guidelines; use BINAX tests to routinely test all teachers as indicator of community spread. Ensure IHEs returning after winter break move to mandatory weekly testing of all on and off campus students. Begin planning now.
- 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 | 12.13.2020

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	29,160 (501)	-11%	294,147 (560)	1,479,712 (451)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	11.7%	-0.7%*	13.4%	11.5%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	167,925** (2,884**)	-27%**	2,108,921** (4,014**)	10,785,634** (3,286**)
COVID-19 DEATHS (RATE PER 100,000)	427 (7.3)	+5%	4,106 (7.8)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	31%	N/A*†	40%	30%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	57%	N/A*†	60%	51%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	18%	N/A*†	21%	14%
TOTAL NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	3,110 (25)	-13% (-13%)	28,394 (24)	152,311 (21)
NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	38 (29%)	-3% (-7%*)	208 (23%)	1,181 (23%)
NUMBER OF HOSPITALS WITH STAFF SHORTAGES (PERCENT)	53 (41%)	-3% (-5%*)	240 (27%)	1,334 (26%)

\* 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.

† Skilled nursing facility data entry is experiencing a lag due to the Thanksgiving holiday and changes to the questionnaire. Therefore, the most current week's data should not be compared to previous data.

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

**Note:** 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020; previous week is 11/28 - 12/4.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

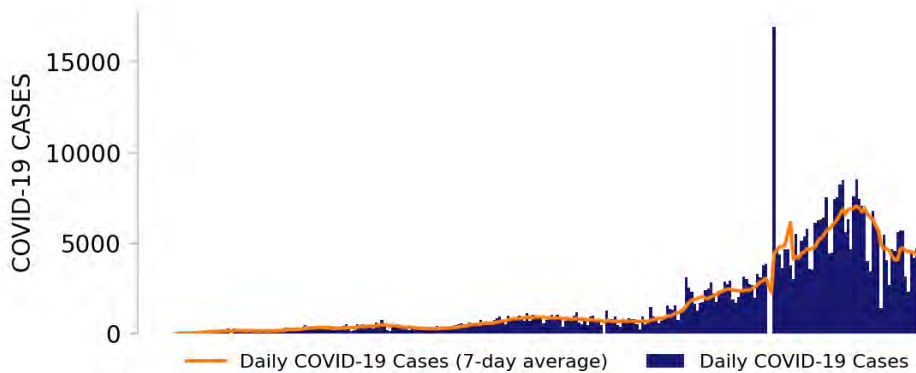
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



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STATE REPORT | 12.13.2020

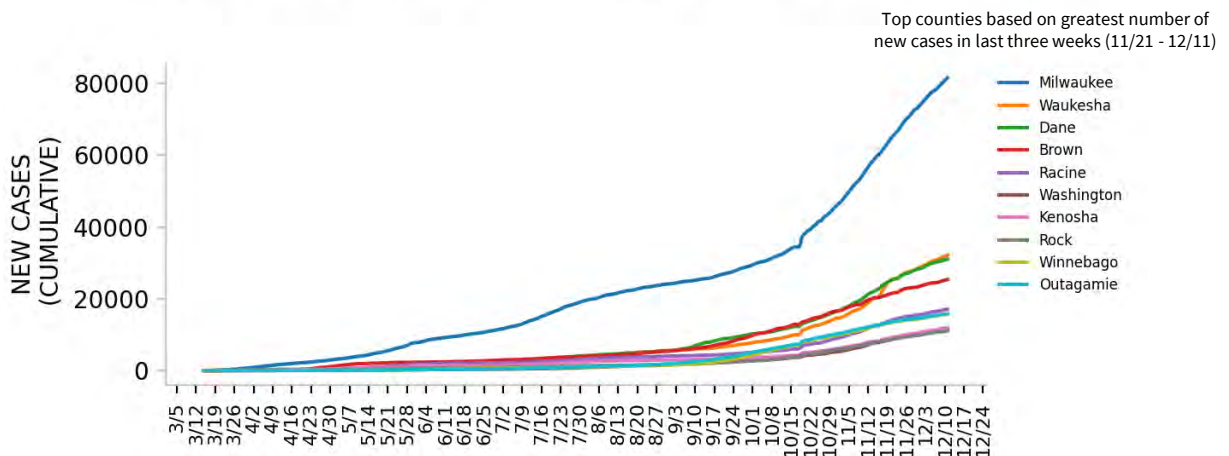
## NEW CASES



## TESTING



## TOP COUNTIES



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**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.

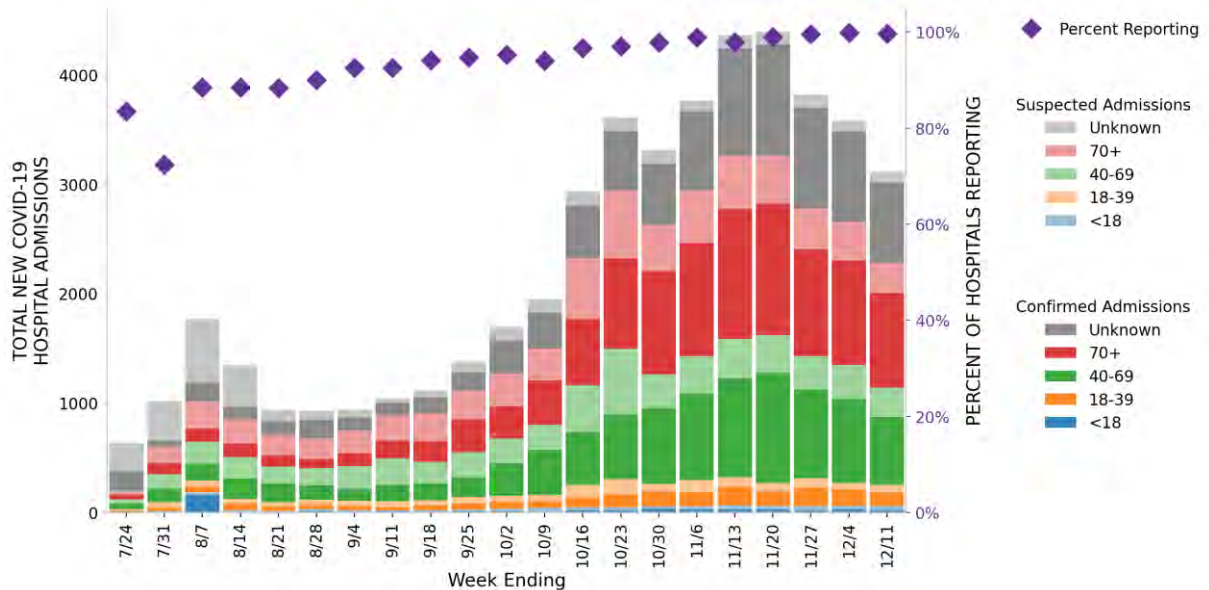


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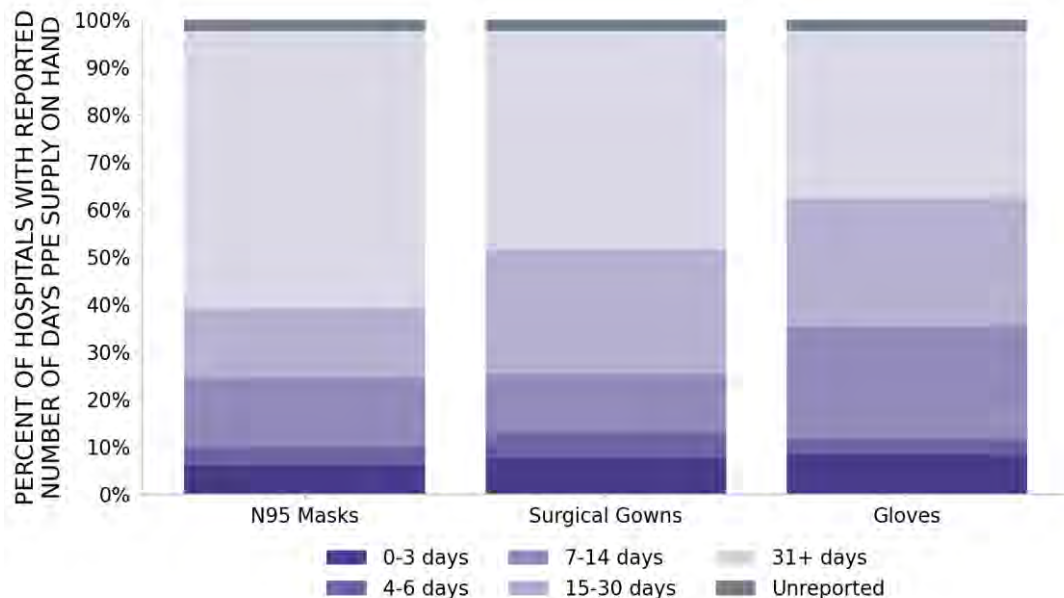
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# WISCONSIN

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA)

### COUNTIES

LOCALITIES IN RED ZONE	25 ■ (+0)	Milwaukee-Waukesha Green Bay Racine Appleton Eau Claire Wausau-Weston Chicago-Naperville-Elgin Janesville-Beloit Oshkosh-Neenah Minneapolis-St. Paul-Bloomington Beaver Dam La Crosse-Onalaska	60 ▲ (+3)	Milwaukee Waukesha Brown Racine Washington Kenosha Rock Winnebago Outagamie Marathon Dodge La Crosse
	1 ▼ (-1)	Platteville	7 ▼ (-3)	Columbia Grant Calumet Vernon Price Waushara Bayfield
	1 ▲ (+1)	Madison	4 ■ (+0)	Dane Waupaca Richland Pepin
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

**All Red CBSAs:** Milwaukee-Waukesha, Green Bay, Racine, Appleton, Eau Claire, Wausau-Weston, Chicago-Naperville-Elgin, Janesville-Beloit, Oshkosh-Neenah, Minneapolis-St. Paul-Bloomington, Beaver Dam, La Crosse-Onalaska, Whitewater, Fond du Lac, Sheboygan, Watertown-Fort Atkinson, Wisconsin Rapids-Marshfield, Manitowoc, Duluth, Stevens Point, Menomonie, Baraboo, Marinette, Shawano, Iron Mountain

**All Red Counties:** Milwaukee, Waukesha, Brown, Racine, Washington, Kenosha, Rock, Winnebago, Outagamie, Marathon, Dodge, La Crosse, Walworth, Fond du Lac, Sheboygan, Eau Claire, Jefferson, Chippewa, St. Croix, Ozaukee, Wood, Manitowoc, Douglas, Pierce, Portage, Dunn, Sauk, Barron, Polk, Monroe, Clark, Crawford, Trempealeau, Marinette, Jackson, Oconto, Shawano, Oneida, Taylor, Lincoln, Green, Juneau, Vilas, Washburn, Kewaunee, Iowa, Rusk, Door, Ashland, Burnett, Sawyer, Adams, Langlade, Buffalo, Lafayette, Marquette, Menominee, Forest, 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

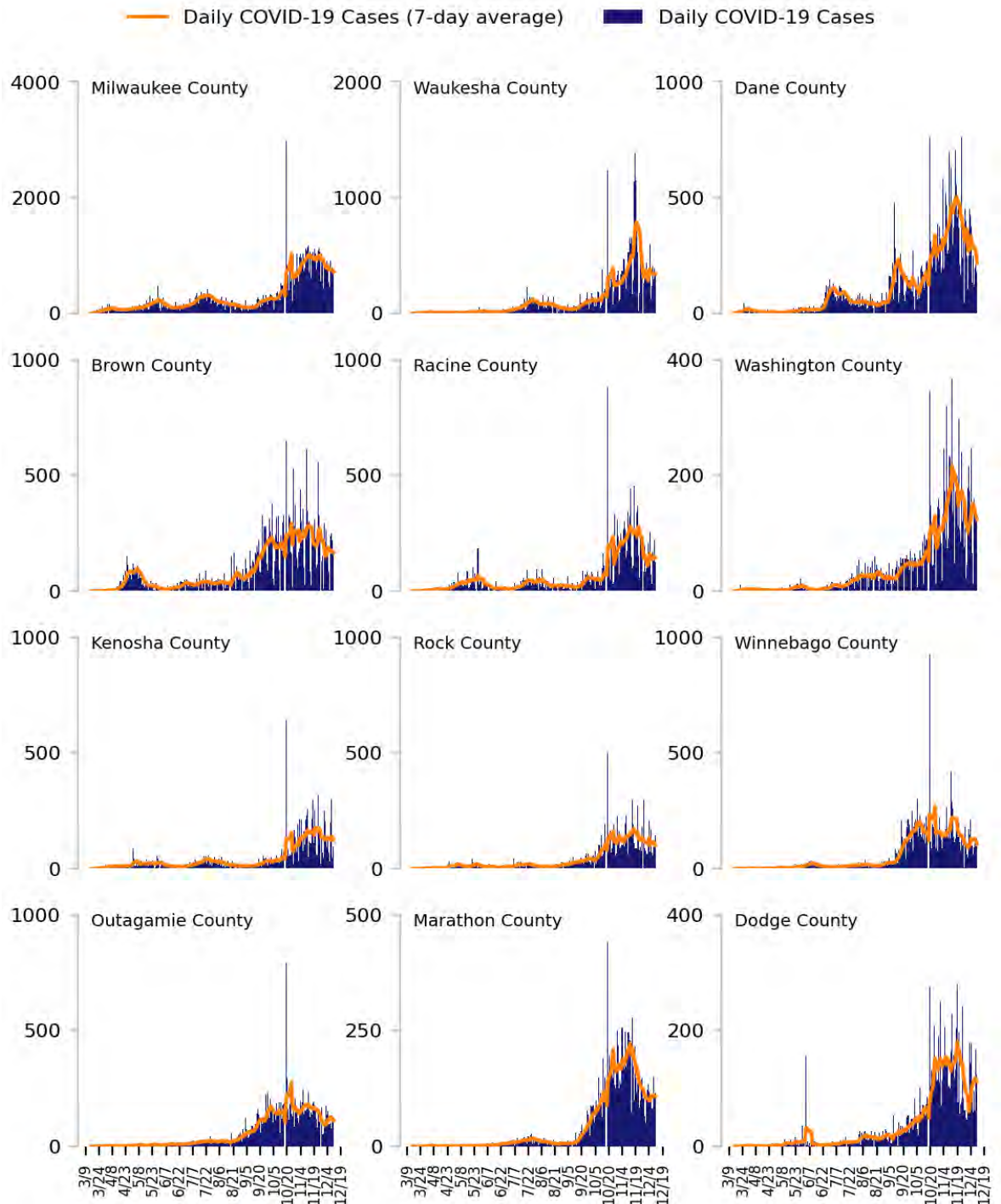
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.



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

TOTAL DAILY CASES



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

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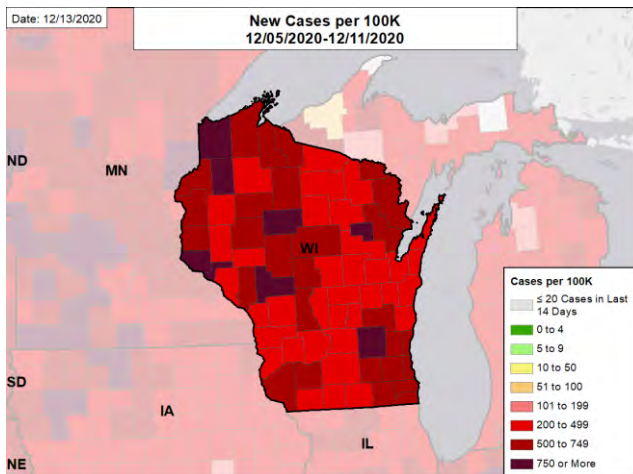


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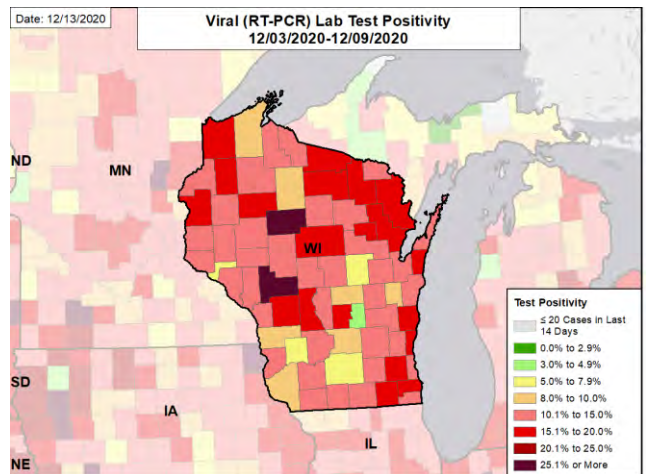
STATE REPORT | 12.13.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY

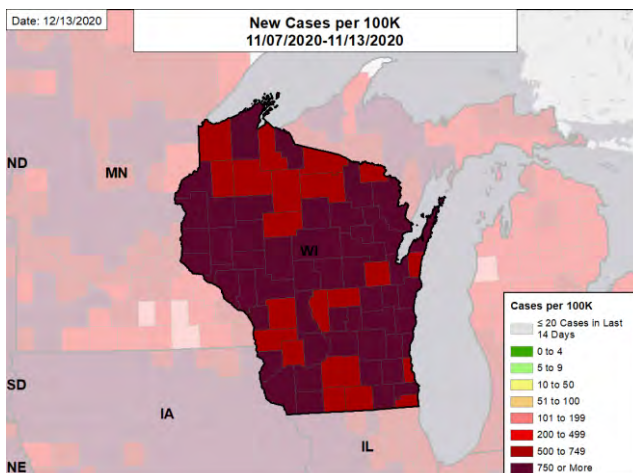
### NEW CASES PER 100,000



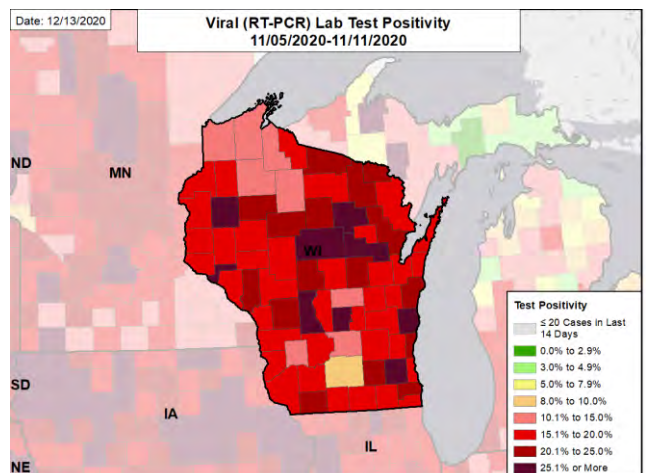
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. The week one month before is 11/5 - 11/11.



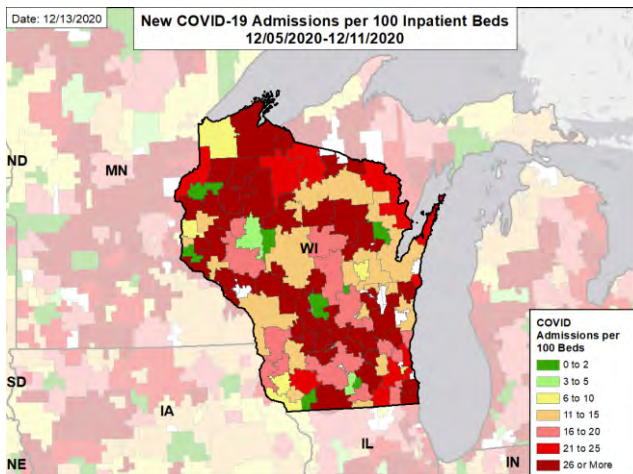


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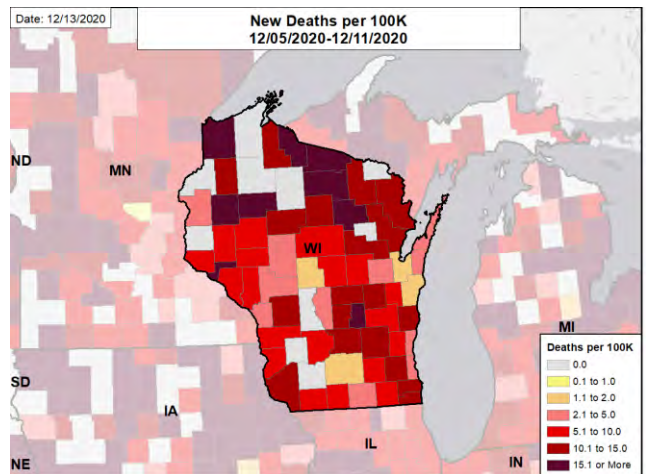
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

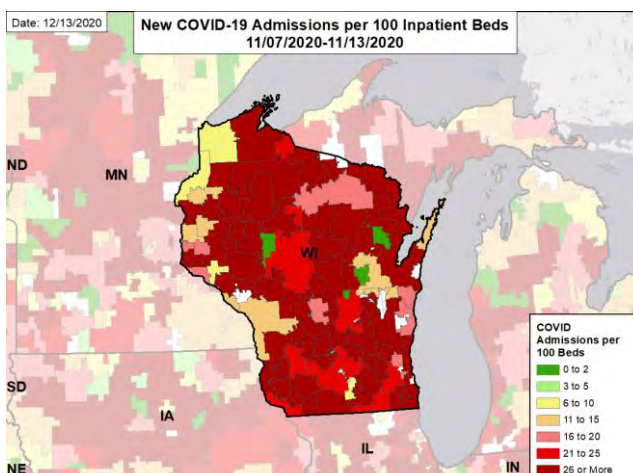
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



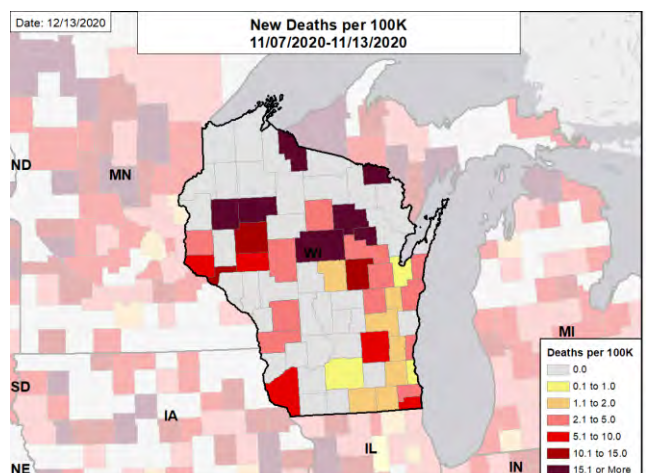
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 ONE MONTH BEFORE



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## WYOMING

## SUMMARY

- Wyoming 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. Wyoming is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 27th highest rate in the country.
- Wyoming has seen a decrease in new cases and a decrease in test positivity. Test positivity increased in 8 counties and decreased in 16. Case rates increased in only 4 counties; counties where Hispanics were over 10% of the population had substantially higher case rates.
- 91% of all counties in Wyoming have moderate or high levels of community transmission (yellow, orange, or red zones), with 78% having high levels of community transmission (red zone). The following three counties had the highest number of new cases over the last 3 weeks: 1. Laramie County, 2. Natrona County, and 3. Sweetwater County. These counties represent 43.7% of new cases in Wyoming.
- During the week of Nov 30 - Dec 6, 38% of nursing homes had at least one new resident COVID-19 case, 65% had at least one new staff COVID-19 case, and 18% had at least one new resident COVID-19 death.
- Wyoming had 537 new cases per 100,000 population, compared to a national average of 451 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; 26 to support medical activities from ASPR; and 7 to support operations activities from ASPR.
- Between Dec 5 - Dec 11, on average, 27 patients with confirmed COVID-19 and 13 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Wyoming. This is a decrease of 14% in total new COVID-19 hospital admissions.

## RECOMMENDATIONS

**Treatment Alerts:** [Early diagnosis and treatment is essential](#) for those at risk for adverse outcomes.

- **For non or prior to hospitalized of individuals with mild-moderate COVID-19 but who are at high risk of severe outcomes:** [FDA EUA Monoclonal antibodies](#) (bamlanivimab and casirivimab+imdevimab): early use may be associated with reduced hospitalization and improved outcomes. Monoclonal antibodies have not been shown to be of benefit, and may be harmful, in late-stage patients, esp. those requiring high-flow oxygen or assisted ventilation.
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- Encouraging epidemiologic trends suggest transmission may be decreasing in Wyoming overall; in order to consolidate these gains over the holiday season, ensure aggressive public health messaging and maintain mitigation efforts. Use all media platforms to report local hospital capacity, promote continued mitigation efforts and civic responsibilities, and encourage reporting of businesses that are not compliant with state or local ordinances.
- Ensure that all communities with multigeneration households and/or high proportion of essential and service industry workers (e.g., Hispanic communities) have easy access to testing and contact tracing services; continue efforts to make reporting of results more efficient, ideally under 48 hours.
- Maintain contact tracing by automating the process as much as possible: collecting contact information of the person being tested at time of testing and automating emails/texts to educate, elicit and reach the contacts, and log isolation/quarantine.
- Ensure that all hospitals have contingency protocols to triage patients for hospital resources, remote expert clinical consultation, enhanced outpatient treatment protocols (e.g., infusion centers for outpatient therapies), and staffing expansion plans.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

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COVID-19 DEATHS (RATE PER 100,000)	55 (9.5)	+8%	1,025 (8.4)	16,669 (5.1)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	38%	N/A*†	39%	30%
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SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	18%	N/A*†	20%	14%
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NUMBER OF HOSPITALS WITH SUPPLY SHORTAGES (PERCENT)	9 (32%)	-1% (-10%*)	74 (22%)	1,181 (23%)
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\* Indicates absolute change in percentage points.

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**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020. Previous week is 11/26 - 12/2.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 12/6/2020, previous week is 11/23-11/29. 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.

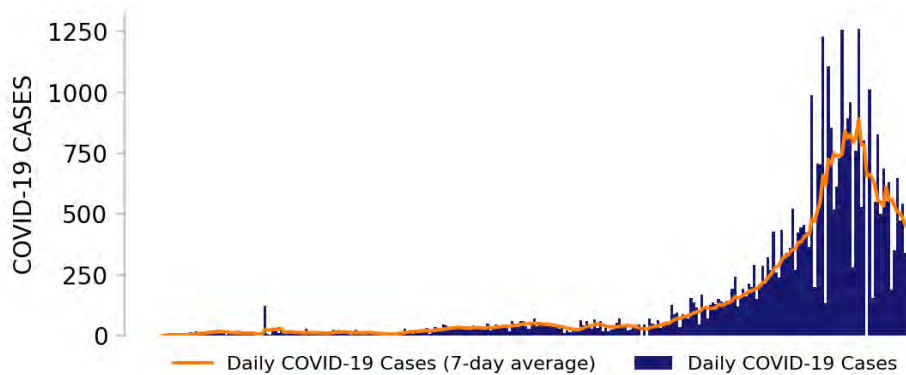
**Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Values presented show the latest reports from hospitals in the week ending 12/11/2020.



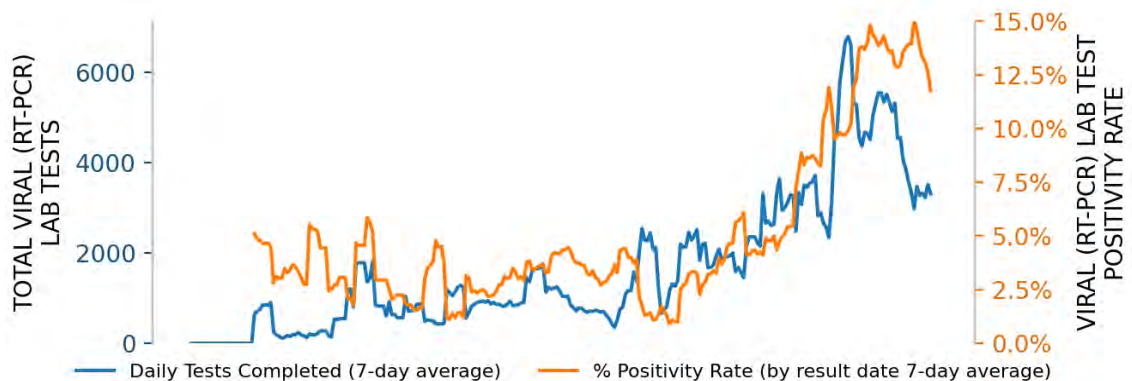
# WYOMING

STATE REPORT | 12.13.2020

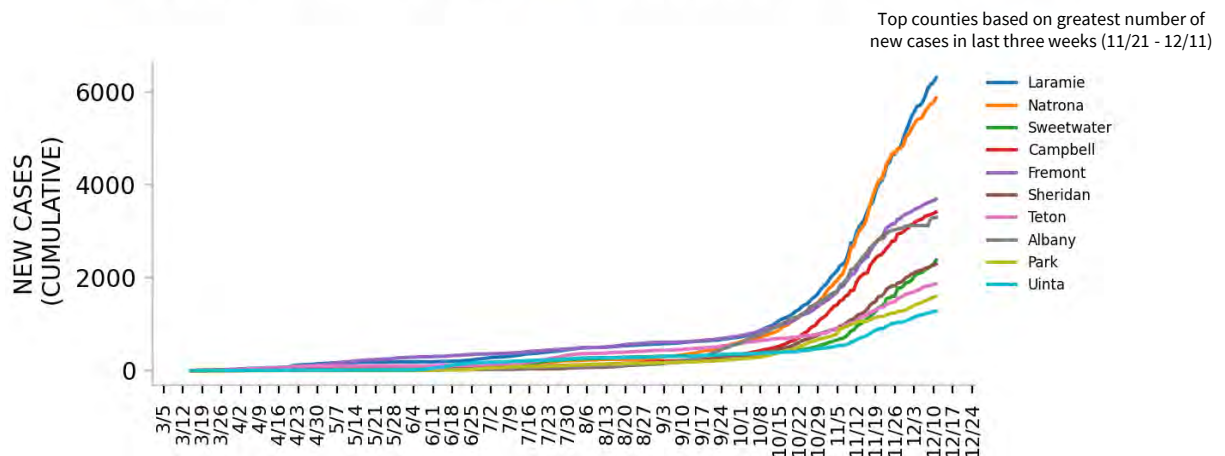
## NEW CASES



## TESTING



## TOP COUNTIES



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

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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 12/9/2020.

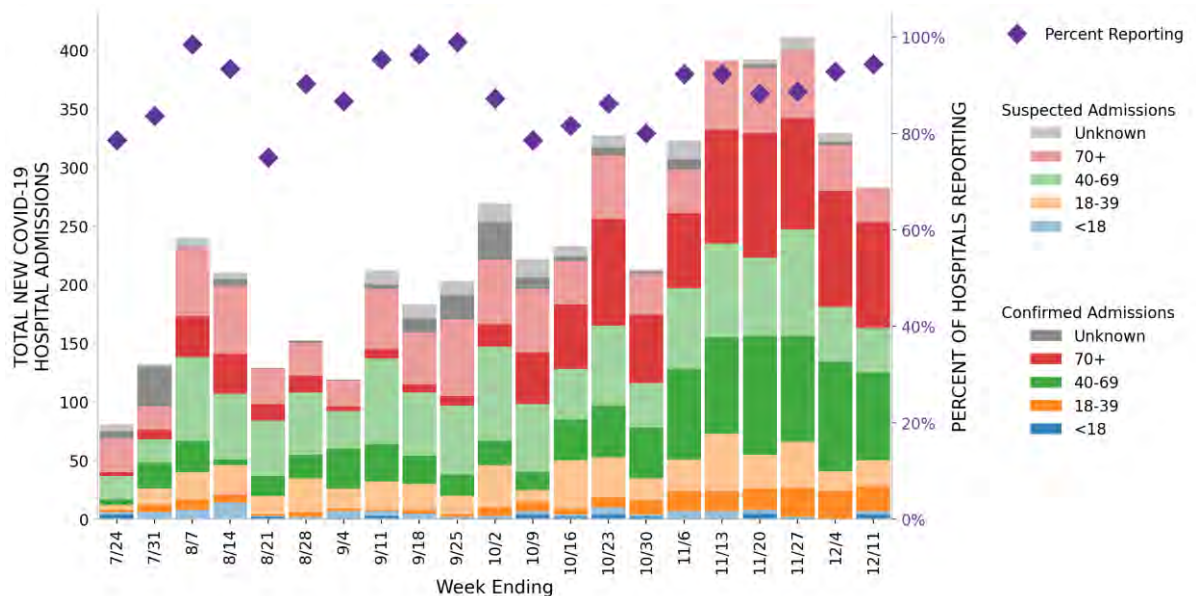


# WYOMING

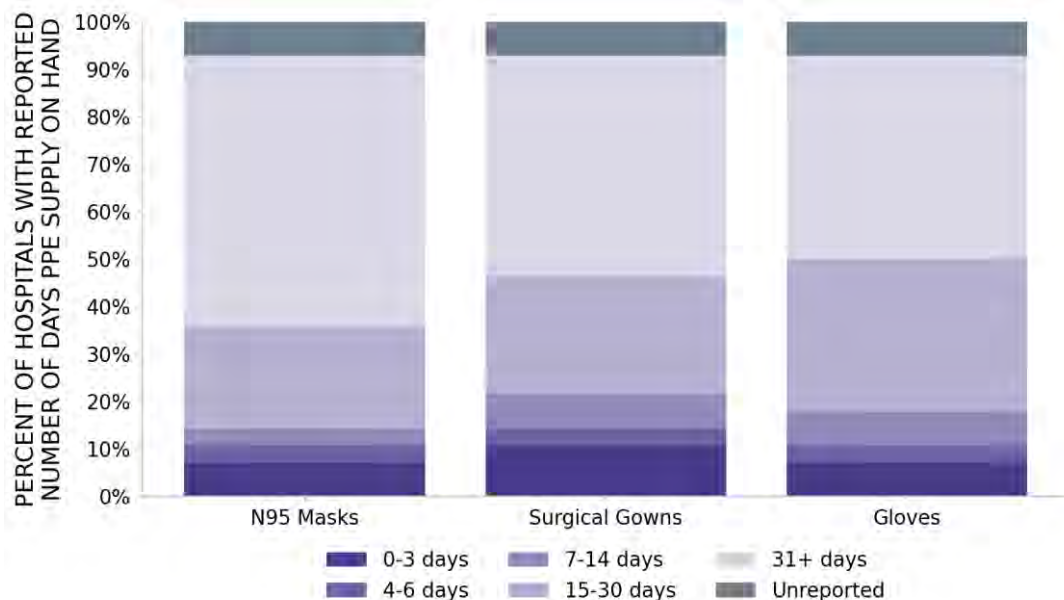
STATE REPORT | 12.13.2020

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. Values presented show the latest reports from hospitals in the week ending 12/9/2020.





# WYOMING

STATE REPORT | 12.13.2020

## COVID-19 COUNTY AND METRO ALERTS\*

Top 12 shown in table (full lists below)

### METRO AREA (CBSA)

### COUNTIES

LOCALITIES IN RED ZONE	7 ■ (+0)	Cheyenne Casper Gillette Rock Springs Sheridan Jackson Evanston	18 ▲ (+1)	Laramie Natrona Sweetwater Campbell Sheridan Teton Park Uinta Goshen Carbon Lincoln Sublette
	0 ▼ (-1)	N/A	0 ▼ (-1)	N/A
	2 ▲ (+1)	Riverton Laramie	3 ▼ (-1)	Fremont Albany Washakie
Change from previous week's alerts:           ▲ Increase           ■ Stable           ▼ Decrease				

**All Red Counties:** Laramie, Natrona, Sweetwater, Campbell, Sheridan, Teton, Park, Uinta, Goshen, Carbon, Lincoln, Sublette, Big Horn, Converse, Johnson, Platte, Crook, 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

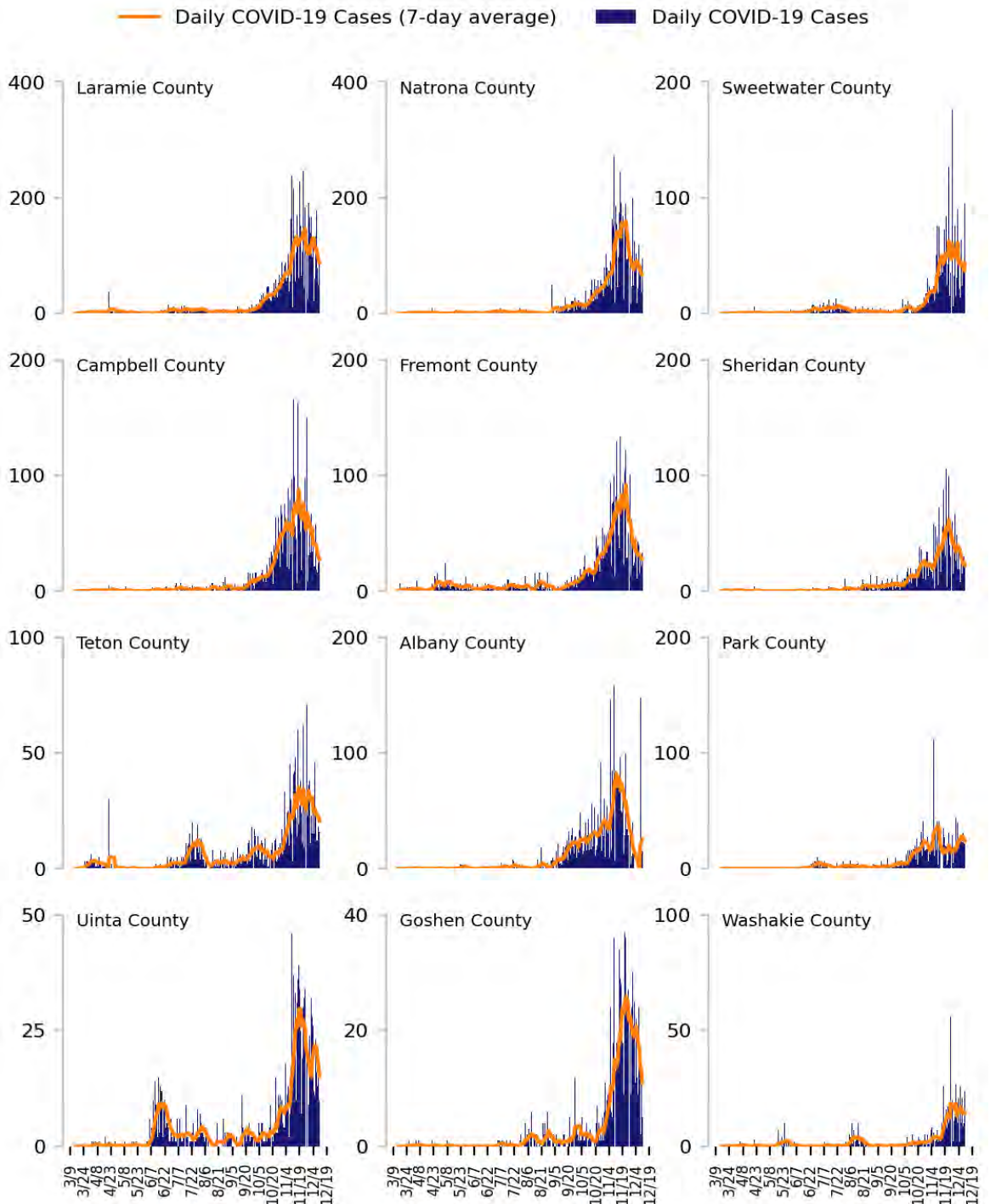
**Cases and Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 12/9/2020.



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

TOTAL DAILY CASES



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

**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. Last 3 weeks is 11/21 - 12/11.

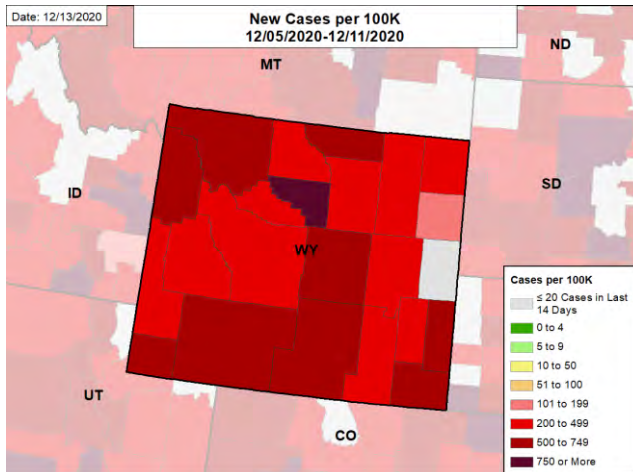


# WYOMING

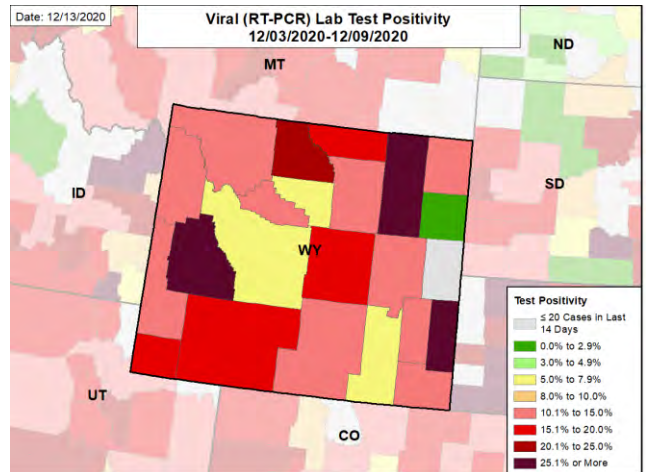
STATE REPORT | 12.13.2020

## CASE RATES AND VIRAL LAB TEST POSITIVITY

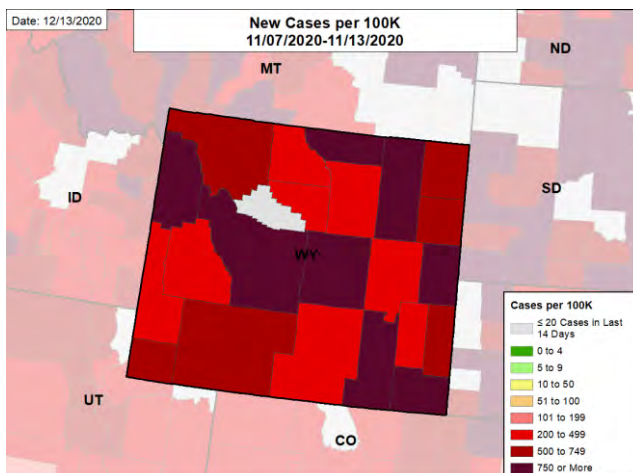
### NEW CASES PER 100,000



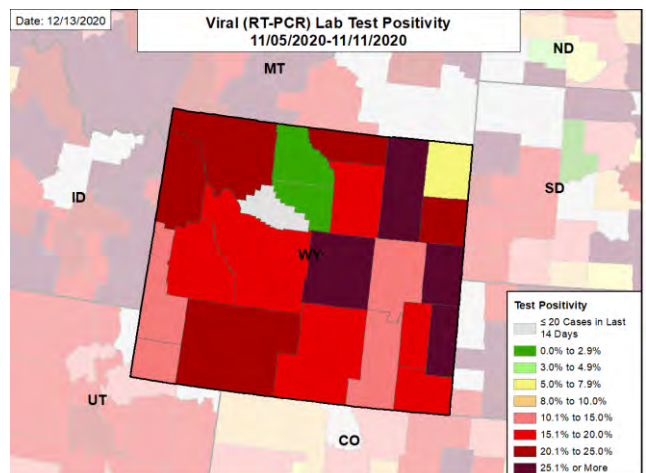
### VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



### 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 a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

**Testing:** HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 12/9/2020. The week one month before is 11/5 - 11/11.

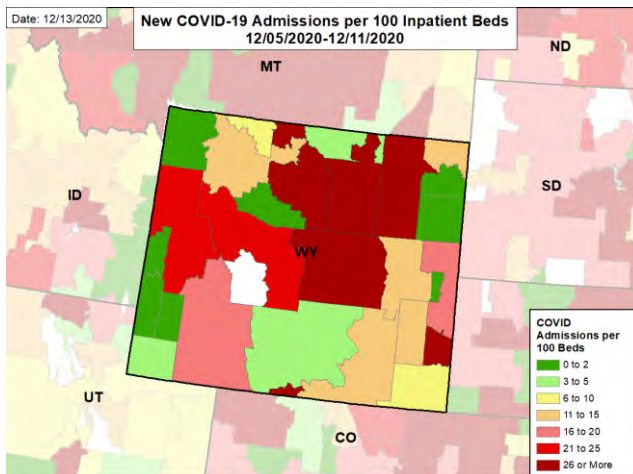


# WYOMING

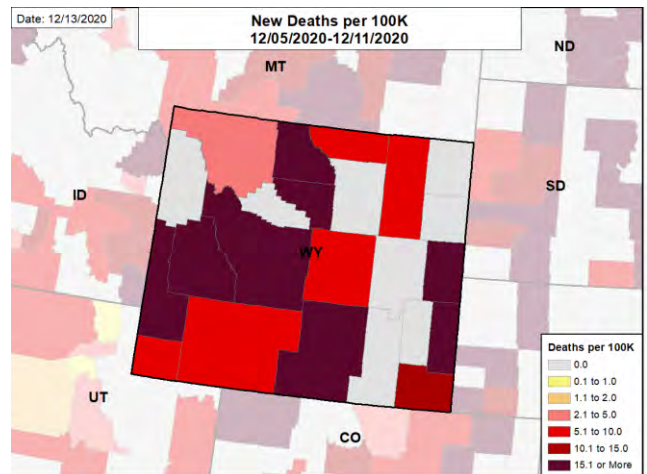
STATE REPORT | 12.13.2020

## HOSPITAL ADMISSIONS AND DEATH RATES

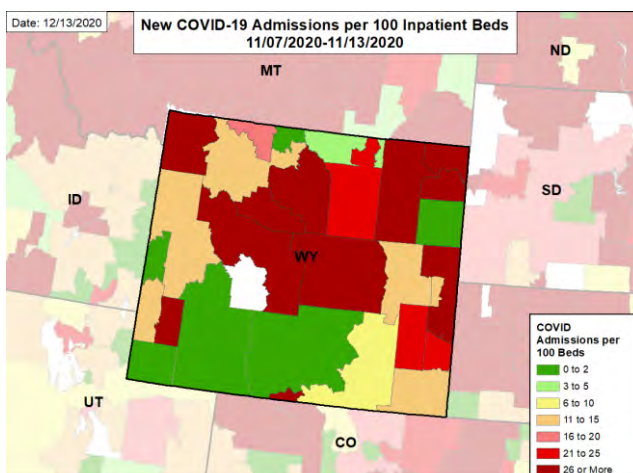
### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS



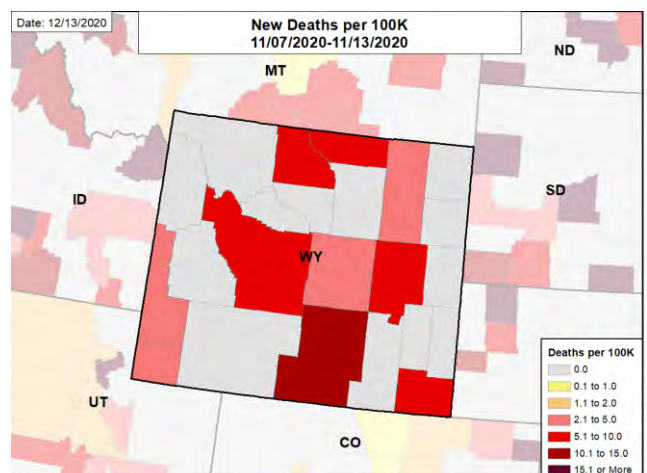
### NEW DEATHS PER 100,000



### TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS ONE MONTH BEFORE



### NEW DEATHS PER 100,000 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.

**Deaths:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. The week one month before is 11/7 - 11/13.

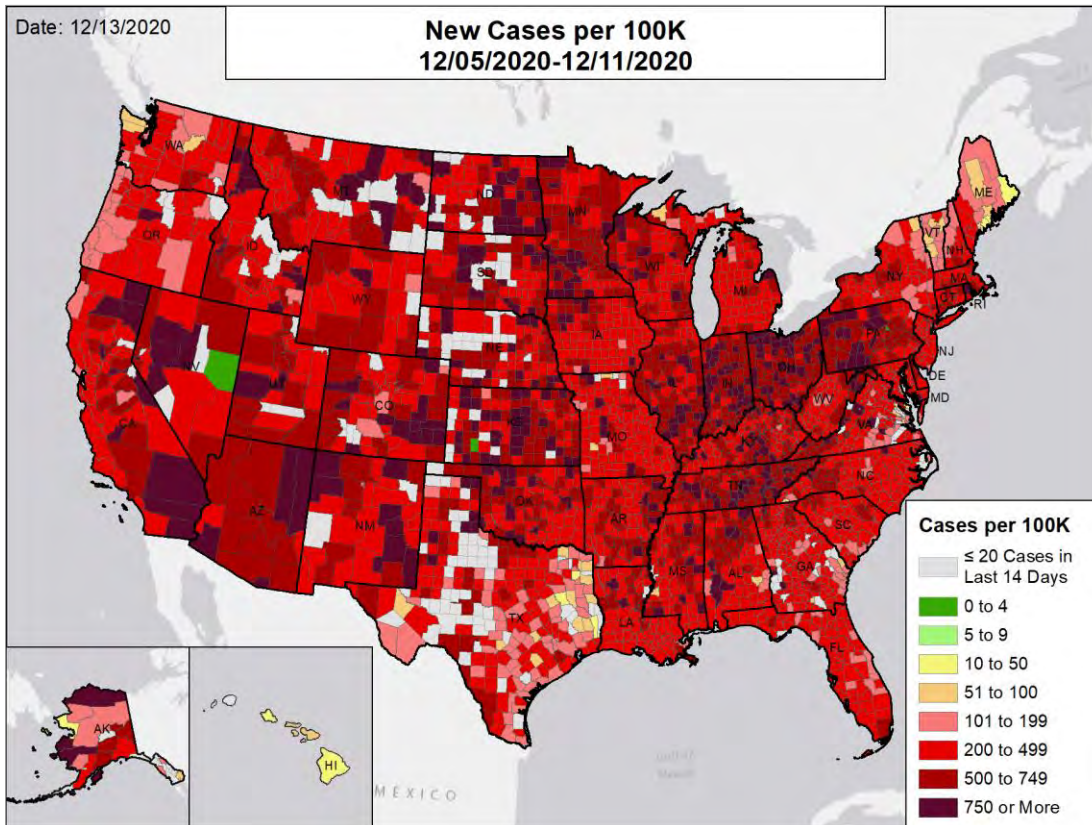
**Hospitalizations:** Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.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





# National Picture

## NEW CASES PER 100,000



## NATIONAL RANKING OF NEW CASES PER 100,000

National Rank	State
1	RI
2	OH
3	ND
4	IN
5	TN
6	AK
7	ID
8	NV
9	SD
10	KS
11	UT
12	AZ
13	MN
14	DE
15	PA
16	NM
17	NE
18	CA
19	WY
20	CT
21	OK
22	KY
23	CO
24	MT
25	WI
26	AL
27	IL
28	MA
29	AR
30	WV
31	MS
32	NH
33	MO
34	MI
35	NC
36	IA
37	NJ
38	SC
39	LA
40	NY
41	GA
42	MD
43	VA
44	FL
45	TX
46	WA
47	DC
48	OR
49	ME
50	VT
51	HI

Europe is experiencing a fall surge similar to the USA and is showing early signs of improvement through country-specific mitigation efforts.

- 80% (48/60 countries) require wearing masks in all public settings
  - Most countries have imposed fines for non-compliance
- 93% (56/60) have significant restrictions on gathering size
- 63% (38/60) have some form of nonessential business closures, initially focused on bars and reducing restaurant capacity
- 60% (37/60) have some form of entertainment or public space restriction
- 65% (39/60) have deployed a contact tracing app

### DATA SOURCES

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

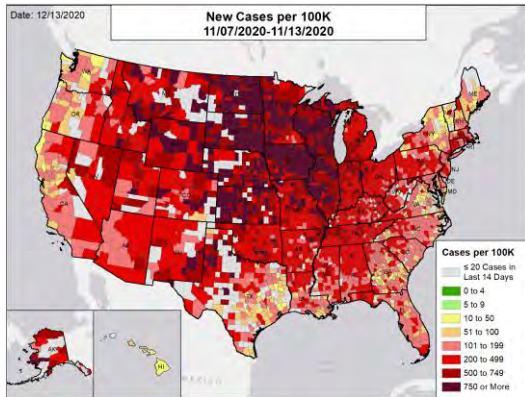
**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. Data is through 12/11/2020. European community mitigation information sourced from European CDC — Situation Update Worldwide.



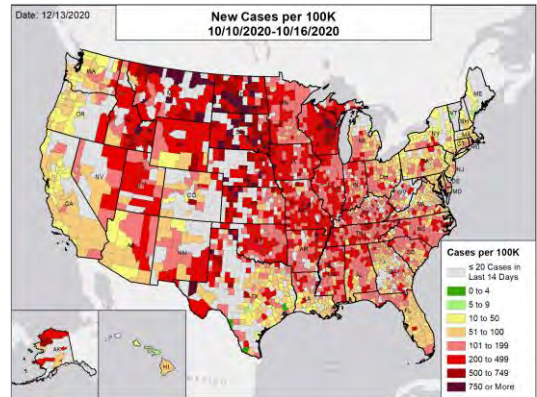
# National Picture

NEW CASES PER 100,000 IN THE WEEK:

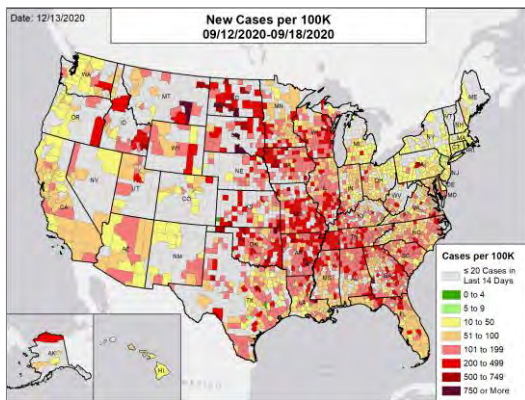
ONE MONTH BEFORE



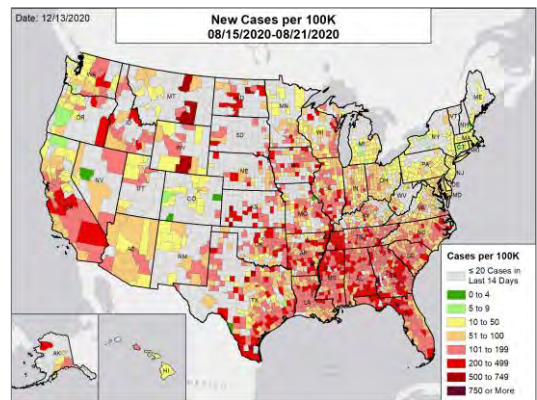
TWO MONTHS BEFORE



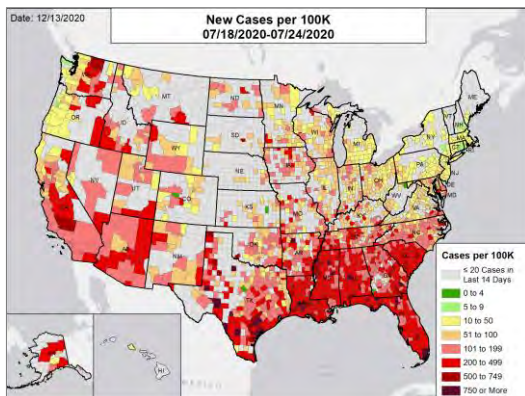
THREE MONTHS BEFORE



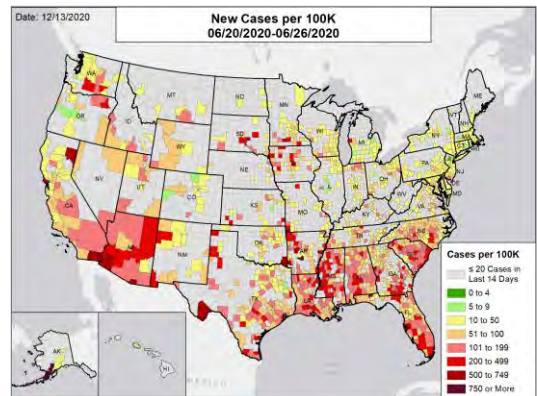
FOUR MONTHS BEFORE



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.

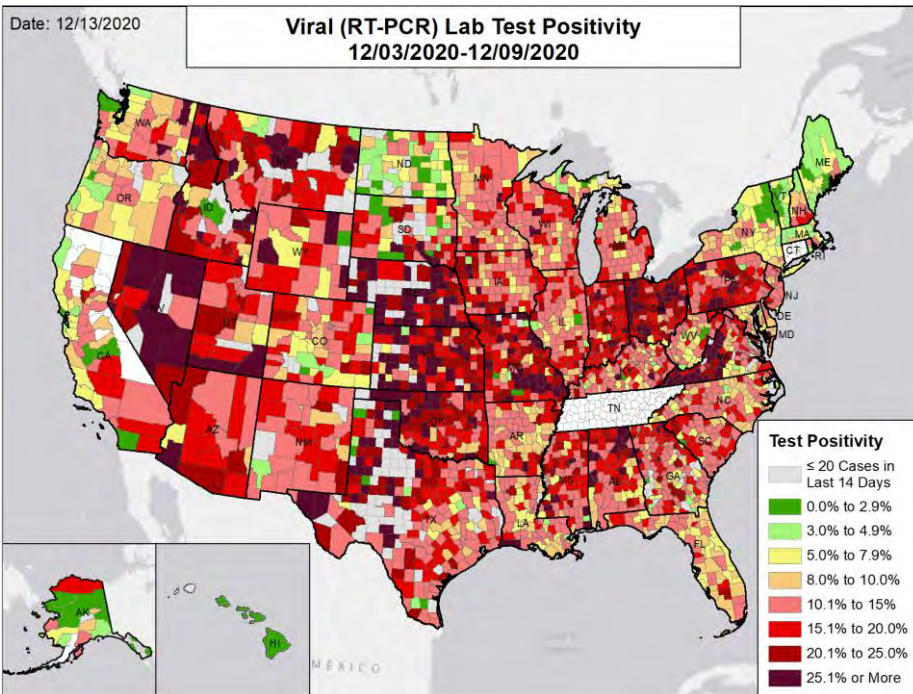
**Cases:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state. The week one month before is 11/7 - 11/13; the week two months before is 10/10 - 10/16; the week three months before is 9/12 - 9/18; the week four months before is 8/15 - 8/21; the week five months before is 7/18 - 7/24; the week six months before is 6/20 - 6/26.





# National Picture

## VIRAL (RT-PCR) LAB TEST POSITIVITY

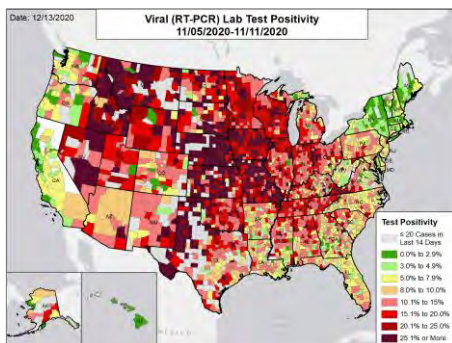


## NATIONAL RANKING OF TEST POSITIVITY

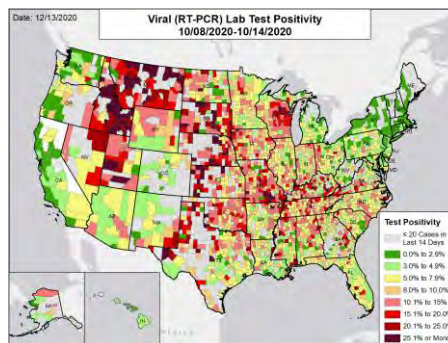
National Rank	State	National Rank	State
1	NV	27	WY
2	ID	28	WI
3	OK	29	AR
4	KS	30	MN
5	NE	31	NC
6	MO	32	CO
7	AL	33	WV
8	UT	34	FL
9	AZ	35	CA
10	MT	36	LA
11	IN	37	DE
12	VA	38	RI
13	MS	39	WA
14	PA	40	MD
15	OH	41	OR
16	SD	42	AK
17	NM	43	NY
18	IA	44	MA
19	NH	45	ND
20	SC	46	ME
21	TX	47	DC
22	KY	48	VT
23	MI	49	HI
24	GA	--	CT
25	NJ	--	TN
26	IL		

## VIRAL (RT-PCR) LAB TEST POSITIVITY IN THE WEEK:

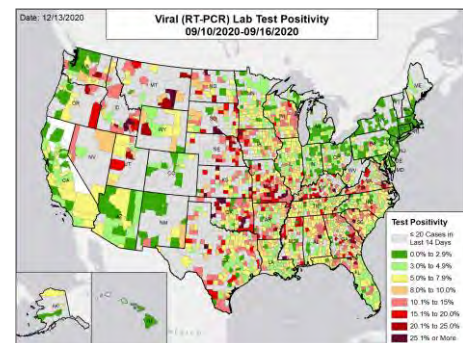
### ONE MONTH BEFORE



### TWO MONTHS BEFORE



### THREE MONTHS BEFORE



## DATA SOURCES

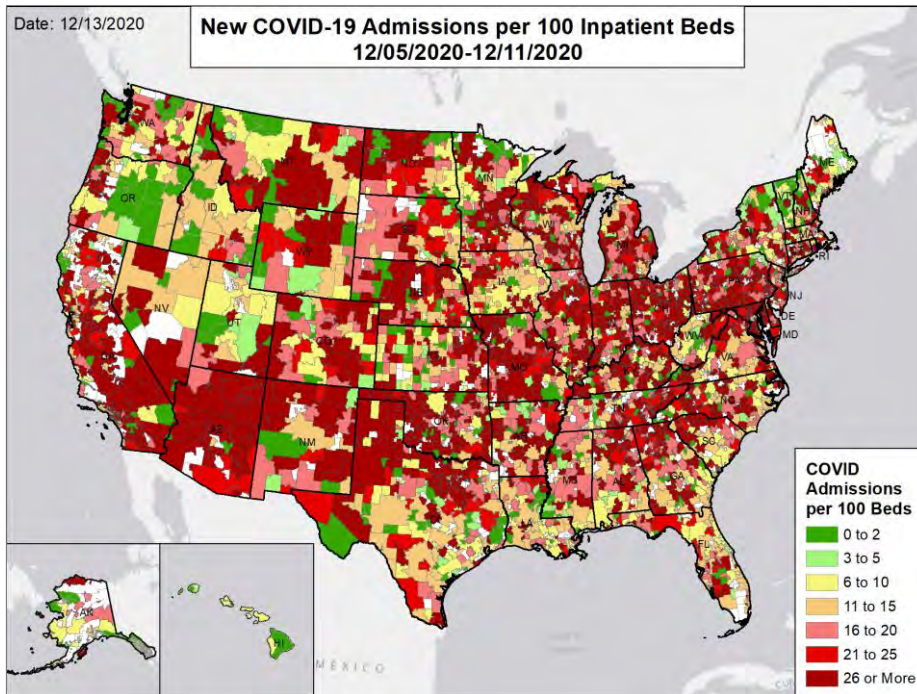
**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

**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 12/9/2020. The week one month before is 11/5 - 11/11; the week two months before is 10/8 - 10/14; the week three months before is 9/10 - 9/16.



# National Picture

## TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS

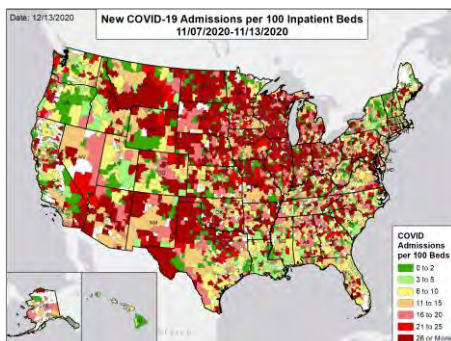


## NATIONAL RANKING OF ADMISSIONS PER 100 BEDS

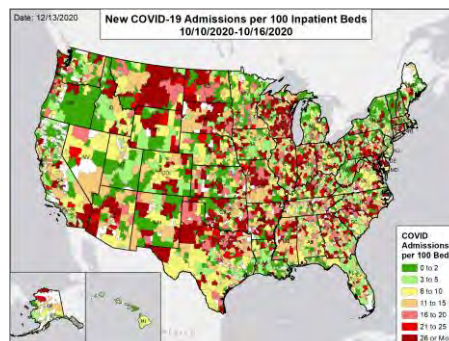
National Rank	State	National Rank	State
1	AZ	27	CT
2	MD	28	MN
3	AR	29	TN
4	KY	30	TX
5	NM	31	SC
6	PA	32	OR
7	OK	33	WV
8	DC	34	NE
9	NV	35	SD
10	OH	36	NH
11	MO	37	ND
12	WI	38	NY
13	CA	39	MA
14	IL	40	MS
15	GA	41	ID
16	IN	42	FL
17	NJ	43	RI
18	CO	44	IA
19	DE	45	UT
20	KS	46	LA
21	AL	47	WA
22	MI	48	ME
23	MT	49	AK
24	NC	50	HI
25	WY	51	VT
26	VA		

## TOTAL NEW COVID-19 ADMISSIONS PER 100 INPATIENT BEDS IN THE WEEK:

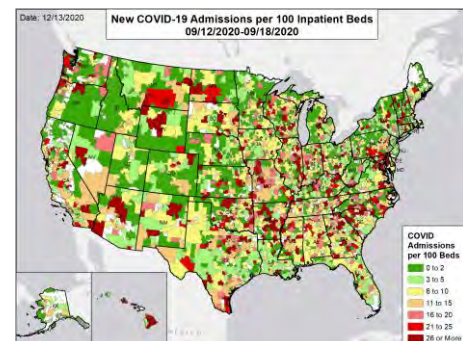
### ONE MONTH BEFORE



### 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.

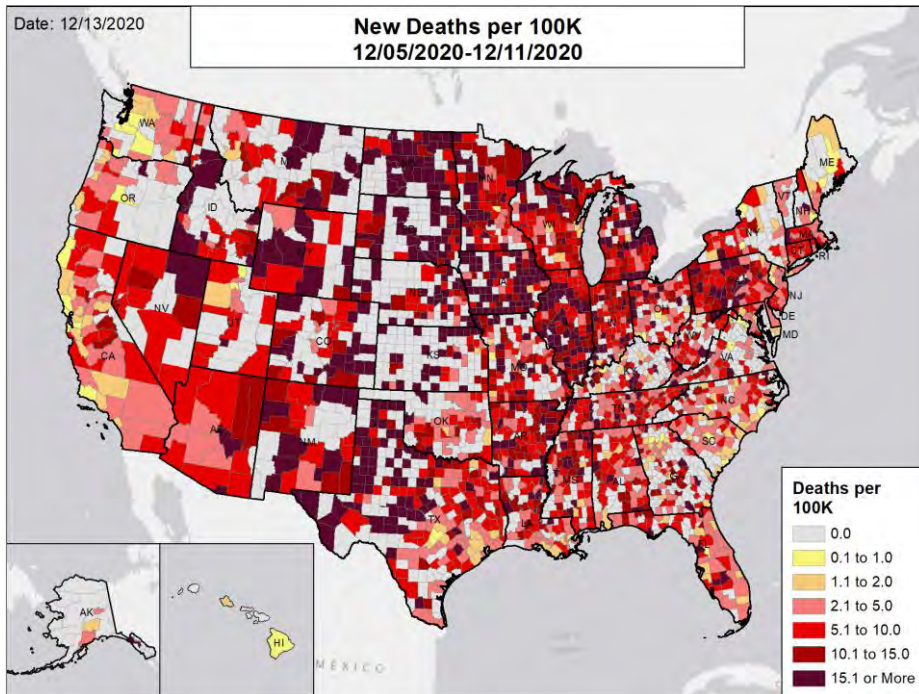
**Admissions:** Unified hospitalization dataset in HHS Protect through 12/11/2020. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the totals. Totals include confirmed and suspected COVID-19 admissions. The week one month before is 11/7 - 11/13; the week two months before is 10/10 - 10/16; the week three months before is 9/12 - 9/18.





# National Picture

## NEW DEATHS PER 100,000

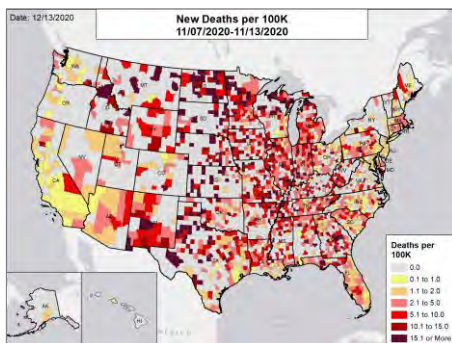


## NATIONAL RANKING OF NEW DEATHS PER 100,000

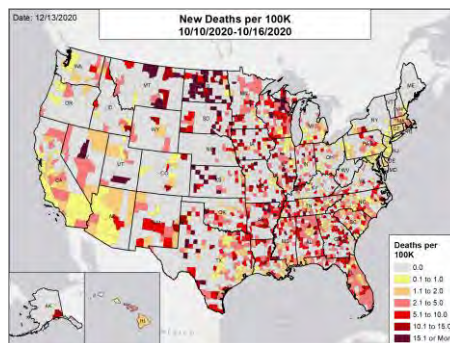
National Rank	State	National Rank	State
1	IA	27	AZ
2	ND	28	LA
3	SD	29	OH
4	IL	30	NJ
5	KS	31	TX
6	AR	32	MD
7	WY	33	OK
8	RI	34	FL
9	PA	35	OR
10	CO	36	UT
11	NM	37	GA
12	MI	38	KY
13	IN	39	CA
14	NE	40	NH
15	MN	41	NC
16	WV	42	NY
17	MT	43	DE
18	WI	44	VT
19	MS	45	VA
20	NV	46	SC
21	ID	47	ME
22	TN	48	DC
23	CT	49	AK
24	MO	50	WA
25	AL	51	HI
26	MA		

## NEW DEATHS PER 100,000 IN THE WEEK:

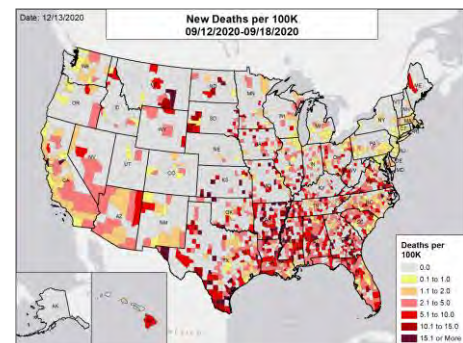
### ONE MONTH BEFORE



### 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:** State values are calculated by aggregating county-level data from a CDC managed aggregate county dataset that is compiled from state and local health departments; therefore, the values may not match those reported directly by the state.. The week one month before is 11/7 - 11/13; the week two months before is 10/10 - 10/16; the week three months before is 9/12 - 9/18.



# METHODS

## STATE REPORT | 12.13.2020

Metric	Dark Green	Light Green	Yellow	Orange	Light Red	Red	Dark Red	Darkest Red
New cases per 100,000 population per week	≤4	5 – 9	10 – 50	51 – 100	101 – 199	200 – 499	500 – 749	≥750
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% – 15.0%	15.1% – 20.0%	20.1% – 25.0%	≥25.1%
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	≥5000	3001 – 4999	2000 – 2999	1000 – 1999	500 – 999		≤499	
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 – 5.0	5.1 – 10.0	10.1 – 15.0	≥15.1
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 – 15	16 – 20	21 – 25	≥26	
Change in total new COVID-19 hospital admissions per 100 beds	≤-26%	-25% – -11%	-10% – 0%	1% – 10%	11% – 25%		≥26%	
Percent of hospitals with supply/staff shortages	≤0%		1% – 9%	10% – 19%	20% – 24%	25% – 29%	≥30%	
Change in percent of hospitals with supply/staff shortages	≤-10%	-9% – -5%	-4% – 0%	1% – 4%	5% – 9%		≥10%	

- 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 CDC managed aggregate county dataset as of 16:14 EST on 12/13/2020. State values are calculated by aggregating county-level data. 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 12/3 to 12/9; previous week data are from 11/26 to 12/2; the week one month before data are from 11/5 to 11/11. HHS Protect data is recent as of 11:40 EST on 12/13/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EST on 12/12/2020.
- 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 16:31 EST on 12/13/2020.
- 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 15:20 EST on 12/13/2020.
- Skilled Nursing Facilities:** National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 11/30-12/6, previous week is 11/23-11/29. 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.”
- Shortages:** Unified hospital dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. Includes hospitals reporting a staffing shortage currently or projected within one week. Low supply is defined as a hospital reporting 0 or 1-3 days' supply, not able to obtain, or not able to maintain a 3-day supply of N95s, face masks, gloves, gowns, or eye protection. Data is recent as of 15:20 EST on 12/13/2020.